



Huggins Hospital
Community Health Needs Assessment
September 2013



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Background

During the past century, visionary community leaders conceived the beginnings of a health care system that would serve southern Carroll and eastern Belknap counties. They had one purpose in mind; to benefit the communities by providing quality medical care close to home.

As not-for-profit, tax-exempt, charitable organizations, Central NH VNA & Hospice and Huggins Hospital serve all community members in medical need, regardless of ability to pay. Our organizations are governed by volunteer Boards of Directors committed to balancing community needs with our available resources to meet those needs while keeping our missions in focus.

Our Boards follow a strategic-planning process that involves assessing community health needs, reaffirming our respective mission and vision, establishing strategic priorities and routinely monitoring our organization's progress in achieving them.

The Affordable Care Act of 2010 requires not-for-profit hospitals to conduct a Community Health Needs Assessment (CHNA) every three years. In addition, the State of New Hampshire requires one to be done every five years. Huggins Hospital teamed up with the Central NH VNA & Hospice (VNA) to bring together key healthcare and public service stakeholders, collect quantitative and qualitative data, and reach out to the community in order to elicit feedback directly from them and their service providers. The quantitative and qualitative findings included in this report are based on the most currently available data from the community resources, the State of New Hampshire, and other regional sources.

Leadership Group

Huggins Hospital and VNA convened a leadership group to conduct the Community Health Needs Assessment. Members of the leadership group included:

- Bette Coffey, RN, Branch Director, Central NH VNA & Hospice
- Patricia DiPadova, Senior Consultant, Community Health Institute
- Mariann Murphy, Senior Director of Marketing & Communications, Huggins Hospital
- Mary Reed, Executive Director, Carroll County Coalition for Public Health

Assessment Methodology

The methodology used to conduct the 2013 Community Health Needs Assessment included both quantitative and qualitative elements. The primary elements included:

Secondary Research

The analysis includes data gleaned from the following main sources:

- **Demographic Data**
 - U.S. Census – including the American Community Survey information
 - U.S. Department of Education
 - New Hampshire State Employment Security
- **Health Data**
 - U.S. Census Bureau, 2008-2011 American Community Survey 5-Year Estimates
 - U.S. Census Bureau, Small Area Health Insurance Estimates, 2010
 - New Hampshire Department of Health & Human Services Behavioral Risk Factor Surveillance System, 2008-2010
 - U.S. Health Resources & Services Administration, Area Health Resource File (AHRF) 2011, 2012-2013
 - U.S. Department of Health & Human Services, Bureau of Health Professions
 - Dartmouth Atlas of Health Care, 2010 Medicare Data
 - New Hampshire Department of Health & Human Services Hospital Discharge Data Collection System
 - Centers for Disease Control and Prevention, National Center for Health Statistics
 - Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2007, 2009
 - National Center for Health Statistics, 2008-2010
 - Centers for Disease Control and Prevention, Pediatric Nutrition Surveillance System, 2011
 - New Hampshire Third Grade Healthy Smiles – Healthy Growth Survey, 2008-2009

Focus Group Discussions & Interviews

To understand the perspective of both health care professionals and health care consumers, Huggins Hospital and VNA conducted several focus groups and interviews. The following is a list of those who participated in that process:

- **Community Survey**

Huggins Hospital and VNA conducted a Community Health Needs Assessment Survey (See Attachment A). We received input from 574 respondents. The terms of gaining input stipulated that each respondent would remain anonymous. The internet-based survey was

promoted on the hospital website, in e-newsletters, email blasts, and the local newspapers. Each of the 12 hospital-affiliated physician practices and the ancillary services (rehab, lab, and medical imaging) provided paper surveys to patients in the waiting area to complete. The paper surveys were then entered into the internet-based survey tool.

Most of the respondents were health care consumers with a smaller portion of health care professionals, community business leaders, and local government employees. All of the towns in the Huggins Service Area were represented among the respondents. The respondents were 68% female and 32% male. They were mostly in the 35 to 75 age range, which is consistent with our population age range.

The majority of respondents rated their health as “Good” or “Very Good” and the next highest ranking was rating their health as “Fair.” The majority of the respondents get their health-related information from their doctor, nurse, or pharmacist. The second highest percentage of the respondents gets their information from the Internet. While 80% of the respondents reported having adequate health insurance, 20% of them do not.

▪ **Focus Groups**

- Emergency Management Personnel from Moultonborough, Ossipee, Tuftonboro, Wakefield & Wolfeboro Fire Departments
- Alton Senior Center
- Ossipee Concern Citizens Senior Center – focus group included both seniors and volunteers
- VNA Home Health Nurses and Physical Therapists
- Emergency Department Personnel
- Service Area School Nurses

The Focus Group Guide and Health Needs Rating Sheet used for the Focus Groups are included as Attachments B and C.

▪ **Interviews**

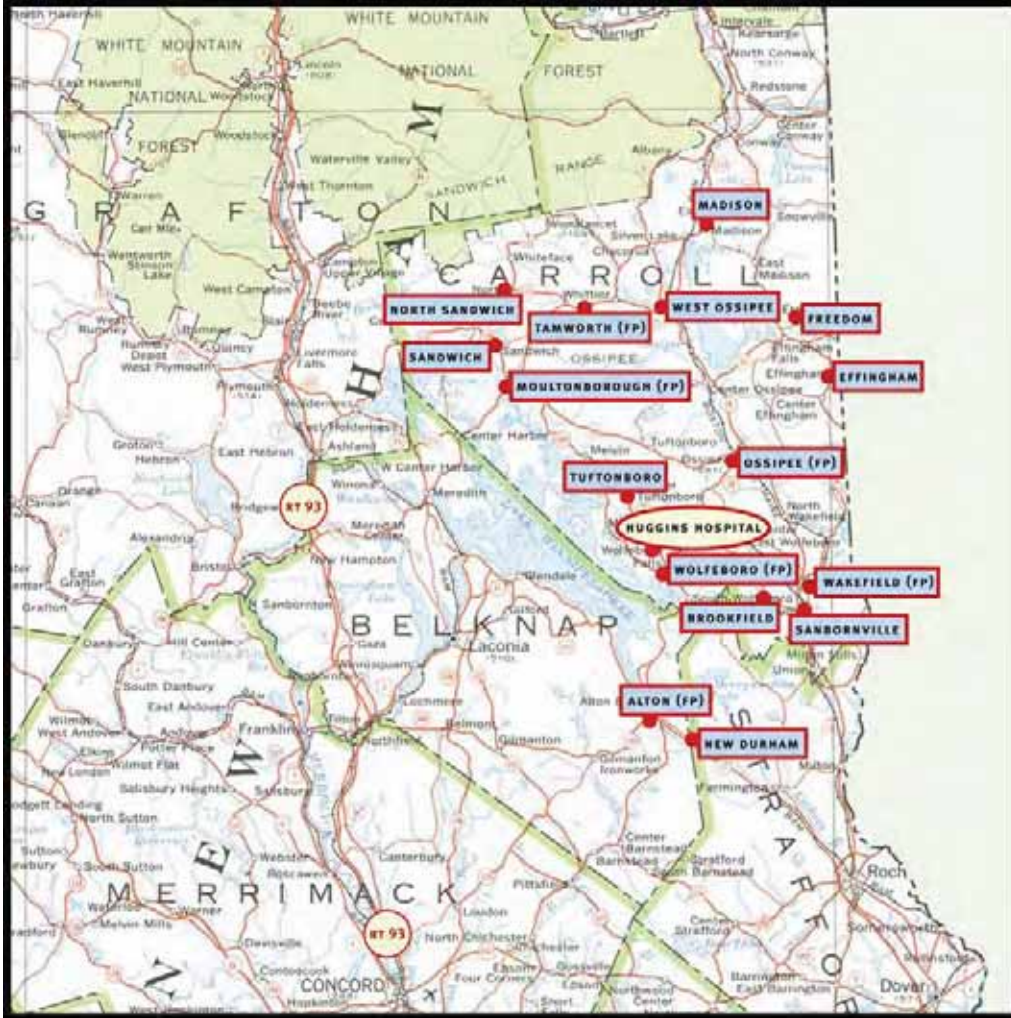
- Janice Hempel, Registered Dental Hygienist – Tamworth Dental Clinic and School Smiles Program
- Dr. James Manning, Dentist - Brookfield
- Eve Klotz, Clinical Director – Northern Human Services (Behavioral Health Facility)
- Elizabeth Kelley, President - Child Advocacy Center of Carroll County
- Susan Whiting, Executive Director - Wolfeboro Area Children’s Center
- Schelley Rondeau, RN, Program Manager - Healthy Families of Carroll County


Description of the Community Served

Huggins Hospital and the VNA currently provide health care services the following communities: Alton, Brookfield, Effingham, Freedom, Gilmanton, Milton, Moultonborough, New Durham, Ossipee, Sandwich, Tamworth, Tuftonboro, Wakefield, and Wolfeboro.

The area is considered the Eastern Lakes Region. Most of the towns in the Huggins Service Area are in southern Carroll County. Two of the towns, Alton and Gilmanton are in Belknap County. One of the towns, New Durham, is in Strafford County. It is a rural area and a section of the state that has seasonal population changes. The year round population is approximately 40,000 citizens. This population expands in the tourist season [summer months] to about 120,000. The major employers for this area are the hospital and the local private and public school systems. The closest metropolitan area is Concord, NH which is 43 miles away with a travel time of approximately one hour.

The chart on the next page illustrates the service area. Towns highlighted with an “FP” indicate those towns with a hospital affiliated family medical practice.



	HUGGINS HOSPITAL SERVICE AREA
(FP)	FAMILY PRACTICE



Demographics and Social Determinants of Health

The demographic and social characteristics of a population, including such factors as prosperity, education, and housing influence the health status of the population. Similarly, factors such as age, disability, language and transportation can have a determining role in the characteristics of health and social services needed by communities.

General Population Characteristics

Compared to the New Hampshire population overall, the population of the Huggins Hospital Service Area (HSA) is somewhat older, growing at a slightly faster rate, and lives in a more rural (less densely populated) setting.

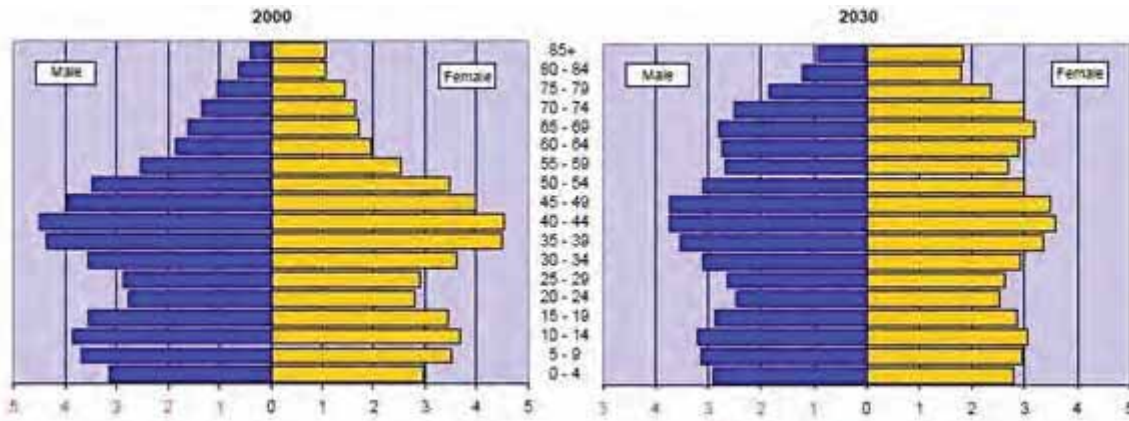
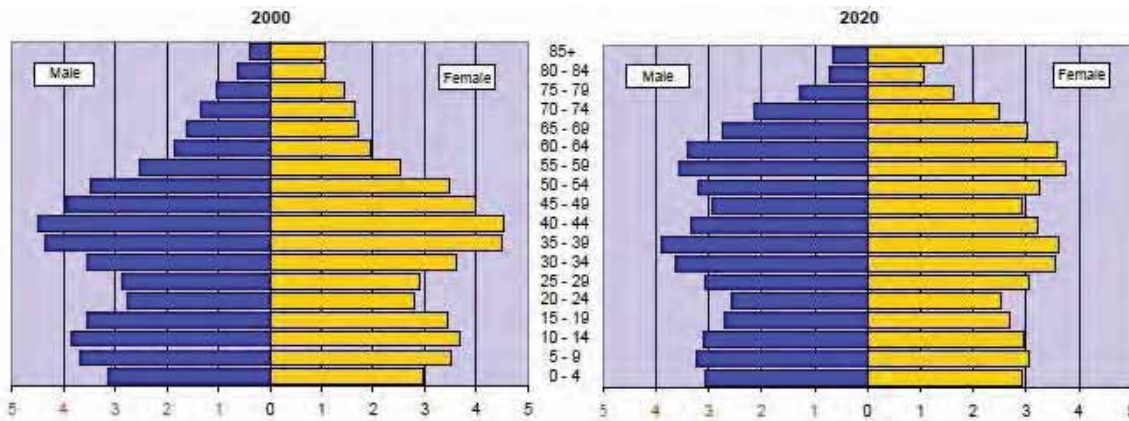
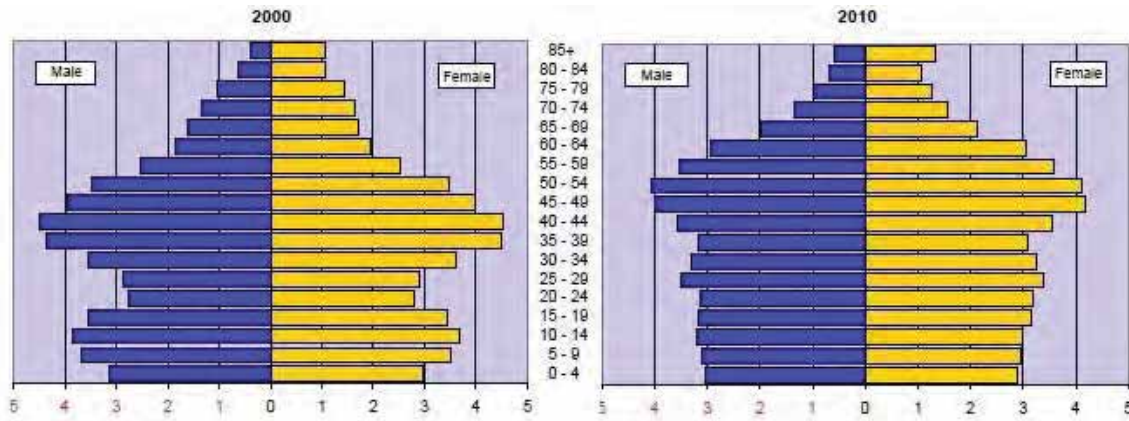
Area	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Huggins Service Area	41,846	745.6	56.1
New Hampshire	1,315,911	8,952.7	147.0

Data Sources: U.S. Census Bureau, 2007-2011 American Community Survey 5-Year Estimates
Land Area - NH Employment Security (NHES), NH Community Profiles

According to the 2010 census, NH’s population of 65 and older is expected to increase by 29%. The highest projected increase between 2000 and 2020 will be in the 60 to 75 age range. Their projections show a 126% increase for the 60-64 age range, a 114% increase for the 65-69 age range; and an 87% increase for the 70-74 age range.

According to the NH Office of Energy & Planning, the largest population percentage growth in the state will be in Carroll County. They are projecting a growth rate of 37% by 2020.

The graphs below illustrate the population shift in the New Hampshire population's age from 2000 to 2030. It is interesting to note that the 2030 projections show a 140% increase in the 60-64 age range and a 143% increase for the 65-69 age range. However, the largest increase is in the 86+ age range at 146%.



Data Source: U.S. Census Bureau, 2010 Census

The 2010 Census data for the Huggins Hospital market area shows the highest percentage of the population in 2010 to be in the 45 to 64 age range. While there are four towns with the 65+ age range as the second highest population, most of the towns have the 21 to 44 age range in the second highest population.

2013 Community Health Needs Assessment - Population

Service Area	Population Count			% Breakdown of 2010 Population by Age				% Breakdown by Gender (2010)	
	2000 Census	2010 Census	% Change	<20	21-44	45-64	65+	Male	Female
Alton-03809 Alton Bay-03810	4,502	5,254	16.7%	23%	25%	35%	17%	50.2%	49.8%
Effingham-03882	1,273	1,465	15.1%	22%	27%	36%	15%	49.7%	50.3%
Freedom-03836	1,303	1,489	14.3%	18%	20%	36%	27%	50.4%	49.6%
Gilmanton-03237 Gilmanton Iron Works-03837	3,060	3,773	23.3%	25%	28%	31%	12%	49.8%	50.2%
Madison-03849	1,984	1,585	-20.1%	23%	25%	37%	15%	50.2%	49.8%
Milton-03851 Milton Mills-03852	3,910	4,598	17.6%	25%	30%	33%	11%	49.2%	50.8%
Moultonborough-03254	4,484	4,049	-9.7%	20%	19%	38%	22%	49.6%	50.4%
New Durham-03855	2,220	2,638	18.8%	25%	26%	36%	12%	51.1%	48.9%
Ossipee-03864 Center Ossipee-03814 West Ossipee-03890	4,211	4,352	3.3%	21%	25%	34%	19%	50.2%	49.8%
Center Sandwich-03227 North Sandwich-03259	1,286	1,293	0.5%	18%	18%	41%	25%	49.0%	51.0%
Tamworth-03886 South Tamworth-03883	2,510	2,290	-8.8%	22%	26%	35%	18%	49.0%	51.0%
Tuftonboro-03816 Melvin Village-03850 Mirror Lake-03853	2,148	2,342	9.0%	20%	21%	35%	24%	50.1%	49.9%
(Wakefield) Sanbornville-03872 East Wakefield -03830	4,856	5,419	11.6%	22%	26%	35%	18%	49.8%	50.2%
Wolfeboro-03894	6,083	6,314	3.8%	23%	16%	34%	28%	47.8%	52.2%

KEY: 43,830

Highest Percentage Age
Next Highest Percentage Age
Higher Male Percentage
Higher Female Percentage

Data Source: U.S. Census Bureau, 2010 Census

Overall, the Huggins Hospital market area currently has an older population and that trend will continue. The older population will also continue to increase for both Carroll and Belknap counties. The increase in the aging population will require health care specific to their needs. According to the NH Department of Health and Human Services, this will include chronic diseases, such as diabetes, and acute conditions, such as falls.

Income and Poverty Levels

The correlation between economic prosperity and good health status is well established. Inversely, the lack of economic prosperity, or poverty, can be associated with barriers to accessing health services, healthy food, and healthy physical environments that contribute to good health. The majority of Huggins Service Area communities have median household incomes less than the median for New Hampshire overall. A related observation is that a higher proportion of people in the Huggins Service Area, including children, are living near or below the federal poverty level.

2013 Community Health Needs Assessment - Economic Indicators

Service Area	Median Household Income ¹	Families Below Poverty Level ¹	% of All People Under 18 Below Poverty Level ²
New Durham-03855	\$82,212	3.1%	7.0%
Moultonborough-03254	\$71,550	3.0%	10.4%
State of NH	\$64,644	5.2%	
Wolfeboro-03894	\$64,084	4.4%	5.8%
Gilmanton-03237			
Gilmanton Iron Works-03837	\$63,947	8.9%	9.1%
Alton-03809			
Alton Bay-03810	\$60,045	3.6%	5.8%
Tuftonboro-03816			
Melvin Village-03850			
Mirror Lake-03853	\$59,028	5.5%	21.7%
Milton-03851			
Milton Mills-03852	\$58,958	6.5%	17.0%
Center Sandwich-03227			
North Sandwich-03259	\$53,750	4.1%	8.6%
Madison-03849	\$53,333	0.8%	3.2%
Tamworth-03886			
South Tamworth-03883	\$48,542	8.6%	33.6%
Effingham-03882	\$47,500	3.7%	0.0%
Freedom-03836	\$47,375	6.0%	13.4%
Ossipee-03864			
Center Ossipee-03814			
West Ossipee-03890	\$43,493	18.5%	25.6%
(Wakefield) Sanbornville-03872			
East Wakefield -03830	\$42,558	4.6%	2.9%

¹Obtained from the 2007-11 ACS (via <http://www.nhes.nh.gov/elmi/products/cp/index.htm>)

²Obtained from the 2007-11 ACS (via <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml###>)

Education

Educational attainment is also considered a key driver of health status with lower levels of education linked to both poverty and poor health. Carroll County has a higher on-time graduation rate in recent years; 94% compared to New Hampshire's overall rate of 87%.

2013 Community Health Needs Assessment - Education

Service Area	Education Level ¹	
	HS Diploma or Higher ²	Bachelor's or Higher ²
Alton-03809 Alton Bay-03810	90.5%	29.4%
Effingham-03882	80.7%	17.3%
Freedom-03836	94.6%	31.4%
Gilmanton-03237 Gilmanton Iron Works-03837	89.4%	25.7%
Madison-03849	92.9%	28.9%
Milton-03851 Milton Mills-03852	89.6%	16.0%
Moultonborough-03254	93.7%	44.0%
New Durham-03855	89.8%	26.4%
Ossipee-03864 Center Ossipee-03814 West Ossipee-03890	88.0%	16.0%
Center Sandwich-03227 North Sandwich-03259	97.7%	52.1%
Tamworth-03886 South Tamworth-03883	87.7%	22.3%
Tuftonboro-03816 Melvin Village-03850 Mirror Lake-03853	94.7%	34.1%
(Wakefield) Sanbornville-03872 East Wakefield -03830	89.6%	12.6%
Wolfboro-03894	97.6%	43.1%

¹Obtained from the 2007-11 ACS (via <http://www.nhes.nh.gov/elmi/products/cp/index.htm>)

²Ages 25 years and over

Language

An inability to speak English well can create barriers to accessing services, communicating with service providers, and the ability to understand and apply health information (health literacy).

Linguistically Isolated Population

The table below reports the percentage of the population aged 5 and older who speak a language other than English at home and speak English less than "very well." Although the Huggins Service Area has a very low percentage of a linguistically isolated population, Huggins Hospital has access to a translation service when needed.

Area	Total Population (For Whom Linguistic Isolation is Determined)	Total Linguistically Isolated Population	Percent Linguistically Isolated Population
Huggins Service Area	45812	182	0.4%
New Hampshire	1,244,973	30,367	2.4%

Data Source: U.S. Census Bureau, 2007-2011 American Community Survey 5-Year Estimates

Housing

Housing characteristics, including housing qualities and location, cost burden as a proportion of income, transiency, and community affinity can influence the health of families and communities. The Huggins Service Area has a higher homeownership rate and somewhat less transient population than New Hampshire overall.

Area	Home Ownership Rate	Living in Same House 1 Year or More	Percent of households with housing costs \geq 30% of household income
Huggins Service Area	80.5%	89.6%	36.2%
New Hampshire	72.5%	86.6%	38.1%

Data Source: U.S. Census Bureau, 2007-2011 American Community Survey 5-Year Estimates

Local Health Status Profile

Disability Status

Disability is defined as the product of interactions among individuals' bodies; their physical, emotional, and mental health; and the physical and social environment in which they live, work, or play. Disability exists where this interaction results in limitations of activities and restrictions to full participation at school, at work, at home, or in the community. In an attempt to capture a variety of characteristics that encompass the definition of disability, the US Census Bureau (American Community Survey) identifies people reporting serious difficulty with four basic areas of functioning – hearing, vision, cognition, and ambulation. Carroll County's percent of population with a disability is higher than New Hampshire's disability rates for the total and for each category of male and female.

Percent of Population with a Disability

Demographics	Carroll County	NH
Total	14.3%*	11.3%
Males	15.2%*	11.4%
Females	13.5%*	11.2%
Under 5 years	1.2%	0.6%
5 to 17 years	5.7%	5.7%
18 to 64 years	11.3%	9.1%
65 years and over	32.4%	33.7%

Data Source: U.S. Census Bureau, 2007-2011 American Community Survey 5-Year Estimates

*Rate is statistically different and higher than the overall NH rate

Access to Care

Access to care refers to the ease with which an individual can obtain needed services. Access is influenced by a variety of factors including affordability and adequacy of insurance coverage for services, provider capacity in relationship to population need, and demand for services, and related concepts of availability, proximity, and appropriateness of services.

Health Insurance Coverage

The estimated proportion of the population under 65 years of age without health insurance is higher for Carroll County (17.9%) than for New Hampshire overall (13.0%). When the age group is further separated, Huggins Service Area is also higher for those between 18 and 64 years of age and those under 19 years of age.

Area	% Uninsured under 65 years of age	% Uninsured between 18 - 64 years of age	% Uninsured under 19 years of age
Carroll County	17.9%*	21.0%*	7.6%
New Hampshire	13.0%	15.8%	5.2%

Data Source: US Census Bureau, Small Area Health Insurance Estimates (SAHIE), 2010

*Rate is statistically different and higher than the overall NH rate

Ambulatory Medical Care Capacity

Primary Care Provider Availability

This indicator reports the number of area residents per primary care physician. A shortage of primary care health professionals can contribute to reduced access and lower health status. The ration of population per PCP is higher in the Huggins Service Area than that for the state of New Hampshire.

Area	Total Population	Total Primary Care Providers (PCP)	Ratio of population per PCP
Carroll County	47,817	34	1,406
New Hampshire	1,315,911	1,211	1,087

Data Source: Area Health Resource File (AHRF) 2012-2013. US DHHS, HRSA, Bureau of Health Professions.

Adults Without a Personal Health Care Provider

This indicator reports the percentage of adults aged 18 and older who self-report that they do not have at least one person who they think of as a personal doctor or health care provider. This indicator highlights insufficient availability of medical providers. It may also highlight a lack of awareness or health knowledge or other barriers preventing formation of a relationship with a

particular medical care provider. A higher percentage of Carroll County residents report not having a personal health care provider than those for New Hampshire overall.

Area	Percent of adults who report not having a personal doctor or health care provider
Carroll County	16.8%*
New Hampshire	10.6%

Data Source: NH DHHS, Behavioral Risk Factor Surveillance System, 2008-2010

*Rate is statistically different and higher than the overall NH rate

Preventable Hospitalization

Hospitalization for diagnoses treatable in outpatient services suggests that access to or quality of care in the outpatient setting was not optimal. The measure may also represent a tendency to overuse hospitals as a main source of care. Preventable hospital stays are measured here as the hospital discharge rate for ambulatory care-sensitive conditions per 1,000 Medicare enrollees.

Area	Hospitalization rate for ambulatory care sensitive conditions per 1,000 Medicare enrollees
Carroll County	52.4
New Hampshire	56.0

Data Source: Dartmouth Atlas of Health Care, 2010 Medicare data

Rates are not statistically significantly different

Behavioral Health Care Capacity

Behavioral Health Care Provider Availability

This indicator reports the number of Carroll County residents per Behavioral Health Care Provider (Includes Psychiatrists (MD and DO), and Clinical Psychologists). A shortage of behavioral health professionals can contribute to reduced access and poorer health outcomes. This measure includes doctoral level providers and does not include all types of Behavioral Health Care Providers; however, compared to New Hampshire, Carroll County providers of this

type have a population to provider ratio 2.4 times that of New Hampshire, demonstrating a critical shortage of these provider types.

Area	Total Population	Total Behavioral Health Care Providers	Ratio of population per Behavioral Health Provider
Carroll County	47,641	10	4,764
New Hampshire	1,318,194	662	1,991

Data Source: Area Health Resource File (AHRF) 2012-2013. US DHHS, HRSA, Bureau of Health Professions.

Medical Doctors, Non-Federal, Psychiatry, Total Patient Care (2011)

Medical Doctors, Non-Federal, Child Psychiatry, Total Patient Care (2011)

Doctors of Osteopathy, Non-Federal, Psychiatry, Total Patient Care (2011)

Psychologists, State Boards of Licensure (2009)

Note: Does not include Clinical Social Workers, Clinic Mental Health Counselors, Marriage and Family Therapists and LADCs

Emergency Department Utilization for Mental Health Conditions

Overutilization or dependence on emergency departments for care of individuals with mental health conditions can be an indication of limited access to or capacity of outpatient mental health services. Utilization of emergency departments for mental health conditions is lower overall for Huggins Service Area communities compared to New Hampshire. This lower utilization is observed particularly for children through young adults.

Mental Health Condition ED Visits and Observation Stays (per 100,000 people)			
Area	All Ages	Ages 5 - 14	Ages 15-24
Huggins Service Area	811.5	1,404.2*	1,157.3*
New Hampshire	943.6	1,607.6	1,557.6

Data Source: NH DHHS Hospital Discharge Data Collection System, 2005-2007

*Rates are statistically different and lower than the overall NH rate

(Other age ranges not displayed do not differ from the state rate at a threshold of statistical significance)

Adequate Social or Emotional Support

This indicator reports the percentage of adults aged 18 and older who self-report receiving sufficient social and emotional support all or most of the time. Social and emotional support is essential for navigating the challenges of daily life as well as for good mental health. Social and emotional support is also linked to educational achievement, economic stability and communities with high levels of social capital.

Area	Percent Adults Reporting No Social or Emotional Support
Carroll County	17%
New Hampshire	18%

Data Source: NH DHHS, Behavioral Risk Factor Surveillance System, 2008-2010

Suicide

This indicator reports the rate of death due to intentional self-harm (suicide) per 100,000 people. Suicide rates can be an indicator of access to mental health care.

Area	Total Population, 2006-2010 Average	Average Annual Deaths, 2006-2010	Average Age-Adjusted Death Rate (Per 100,000 Pop.)
Carroll County	47,817	8	15.5
New Hampshire	1,315,911	162	11.3

Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death, 2006-2008. Carroll County is not significantly different from New Hampshire

Oral Health Care Capacity

Dental Provider Availability

This indicator reports the number of residents per dentist. A shortage of dental professionals can contribute to reduced access and lower oral health status.

Area	Total Population	Total Dentist	Ratio of population per dentist
Carroll County	47,817	22	2,174
New Hampshire	1,315,911	826	1,593

Data Source: U.S. Health Resources and Services Administration Area Resource File, 2011.

The next three indicators highlight insufficient access to preventive oral health care, a lack of health knowledge or other barriers preventing utilization of dental services by adults and children.

Dental Care Utilization (Adult)

This indicator reports the percentage of adults aged 18 and older who self-report that they have not visited a dentist, dental hygienist or dental clinic within the past year.

Area	Percent visiting a dentist or dental clinic within the past year
Carroll County	67.8%
New Hampshire	75.7%

Data Source: Oral Health in NH Data Brief, 2012; NH DHHS, Behavioral Risk Factor Surveillance System, 2010

Regional rates are not significantly different than overall NH rate.

Poor Dental Health

This indicator reports the percentage of adults 65 years old and older reporting complete tooth loss due to tooth decay, gum disease, or infection.

Area	Percent 65 years old and older reporting complete tooth loss
Carroll County	11.9%
New Hampshire	17.5%

Data Source: Oral Health in NH Data Brief, 2012; NH DHHS, Behavioral Risk Factor Surveillance System, 2010

Regional rates are not significantly different than overall NH rate.

Children in Need of Dental Care

Area	Percent of 3rd Grade Students in Need of Dental Treatment	Percent of 3rd Grade Students in Urgent Need of Dental Treatment
Carroll County	16.7%	2.5%
New Hampshire	12.0%	1.0%

Data Source: NH 2008-2009 Third Grade Healthy Smiles-Healthy Growth Survey, NH DHHS.

Regional rates are not significantly different than overall NH rate.

Disease Prevention

Adopting healthy practices, in areas such as receiving recommended immunization, regular check-ups, and behaviors can prevent or control the effects of disease and injury. For example, regular physical activity not only builds fitness, but helps to maintain balance, promotes relaxation, and reduces the risk of disease. Similarly, eating a healthy diet rich in fruits, vegetables and whole grains can reduce risk for diseases like heart disease, certain cancers, diabetes, and osteoporosis.

Fruit And Vegetable Intake

Inadequate Fruit/Vegetable Consumption (Adult)

This indicator reports the percentage of adults aged 18 and older who self-report consuming less than 5 servings of fruits and vegetables each day. Unhealthy eating habits contribute to significant health issues such as obesity and diabetes.

Area	Percent of adults consuming fruits and vegetables less than five times per day
Carroll County	73.5%
New Hampshire	72.0%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2007, 2009

Regional rates are not significantly different than overall NH rate.

Physical Activity

Physical Activity and Inactivity (Adult)

This indicator reports the percentage of adults aged 18 and older who self-report leisure time physical activity, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?" Lack of physical activity can lead to significant health issues such as obesity and poor cardiovascular health. About 1 in 5 adults in Carroll County can be considered physically inactive – a rate similar to the rest of New Hampshire.

Area	Moderate or vigorous physical activity, % of adults	Physical inactivity, % of adults
Carroll County	56.3%	22%
New Hampshire	53.5%	21%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2007, 2009. Regional rates are not significantly different than overall NH rate.

Vaccine Preventable Diseases

Pneumonia and Influenza Vaccinations (Adults)

This indicator reports the percentage of adults who self-report that they have ever received a pneumonia vaccine or received influenza vaccine in the past year. In addition to measuring the population proportion receiving preventive vaccines, this indicator can also highlight a lack of access to preventive care, a lack of health knowledge, or other barriers preventing utilization of services. Carroll County residents ages 18 and older have a higher reported pneumococcal vaccination rates than the New Hampshire average.

Adults 18 years and older who have received a flu shot in past 12 months and those who ever received		
Area	Influenza Vaccination	Pneumococcal Vaccination
Carroll County	46.4%	31.0%*
New Hampshire	48.0%	28.5%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2008-2010; *Indicates significant difference

Adults 65 years and older who have received a flu shot in past 12 months and those who ever received		
Area	Influenza Vaccination	Pneumococcal Vaccination
Carroll County	73.4%	73.1%
New Hampshire	73.5%	71.8%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2008-2010; No significant difference

Illness and Injury

Traditional measures of population health status focus on rates of illness or disease (morbidity) and death (mortality) from specific causes. Advances in public health and medicine through the 20th Century have reduced infectious disease and complications of child birth as major contributors to or causes of death and disease. Chronic diseases, such as heart disease, cancer, respiratory disease, and diabetes, along with injury and violence, are now the primary burdens on the health and wellbeing of individuals, families, and communities. In addition to considering the absolute magnitude of specific disease burdens in a population, examination of disparities in disease rates can help to identify areas of need and opportunities for intervention.

Premature Mortality

An overall measure of the burden of disease is premature mortality or years of potential life lost. The indicator below expresses premature mortality as the years of potential life lost, regardless of cause, where age is less than 75 years at the time of death.

Area	Premature death (years of potential life lost before age 75 per 100,000 pop)
Carroll County	6,264
New Hampshire	5,267

Data Source: County Health Rankings, National Center for Health Statistics, 2008 - 2010

No significant difference

Obesity

Excess weight has become a prevalent problem in the United States. Being overweight or obese can indicate an unhealthy lifestyle that puts individuals at risk for a variety of further health issues including hypertension, heart disease, and diabetes.

Adult Obesity

These indicators report the percentage of adults aged 18 and older who self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese) or greater than 25.0 (overweight or obese).

Area	Percent Overweight	Percent Obese
Carroll County	35.7%	23.6%
New Hampshire	37.2%	25.8%

Data Source: NHDHHS, Behavioral Risk Factor Surveillance System 2009 and 2010. County rates are not significantly different than the overall NH rates.

Childhood Obesity

Healthy lifestyles begin at an early age and can be linked to a number of factors including the social and physical environment. The societal trend toward unhealthy body weight has also occurred among children. The indicator below displays the rates of obesity for children from lower income families in Carroll County who are served by federally funded WIC and maternal and child health programs. The indicator that follows displays the results of a sample of third grade students from Carroll and Grafton Counties combined.

Low Income Children ages 2-5		
Area	Percent Overweight	Percent Obese
Carroll County	16.7%	14.1%
New Hampshire	17.3%	14.4%

Data Source: Centers for Disease Control and Prevention, Pediatric Nutrition Surveillance System, 2011

No significant differences.

Third Grade Children		
Area	Percent Overweight	Percent Obese
Carroll and Grafton Counties	16.9%	17.7%
New Hampshire	15.4%	18.0%

Data Source: NH Third Grade Healthy Smiles – Healthy Growth Survey, 2008-09
 No significant differences.

Heart Disease

Coronary heart disease is a leading cause of death in the United States and is closely related to unhealthy weight, high blood pressure, high cholesterol, and heart attacks.

Heart Disease Prevalence

This indicator reports the percentage of adults aged 18 and older who have ever been told by a doctor that they have coronary heart disease or angina. The second table reports this statistic by gender.

Area	Total Population (Age 18)	Number of Adults with Heart Disease (self-reported)	Percent of Adults with Heart Disease (self-reported)
Carroll County	38,901	1,673	4.3%
New Hampshire	1,029,236	43,228	4.2%

Data Source: NH DHHS, Behavioral Risk Factor Surveillance System, 2008-2010
 No significant difference

Adults with Heart Disease, Percentage by Gender		
Area	Male	Female
Huggins Service Area	5.40%	3.20%
New Hampshire	5.60%	2.80%

Data Source: NH DHHS, Behavioral Risk Factor Surveillance System, 2008-2010
 Regional rate is not significantly different than overall NH rate

Cholesterol Screening

High levels of total cholesterol and low density lipoprotein-cholesterol (LDL-C) and low levels of high density lipoprotein-cholesterol (HDL-C) are important risk factors for coronary heart disease. Periodic cholesterol screening for adults, particularly those with other risk factors, is a beneficial procedure for early identification of heart disease that can be treated with preventive therapy. The next table displays the proportion of adults who report that they have had their cholesterol levels checked at some point within the past 5 years.

Area	Percent of adults who have had their cholesterol levels checked within the past 5 years
Carroll County	77.5%
New Hampshire	81.4%

Data Source: NH DHHS, Behavioral Risk Factor Surveillance System, 2005, 2007, 2009
Regional rate is not significantly different than overall NH rate

Heart Disease Morbidity and Mortality

Huggins Service Area's Heart Disease ED rate is significantly higher than the New Hampshire average; however, the inpatient discharges for heart disease are not significantly different. This is due to the fact that heart patients are typically stabilized in the Huggins Hospital Emergency Department and then transferred to a larger, tertiary care facility. The Heart Disease related death rate for the Huggins Service Area is lower than the New Hampshire rate.

Heart Disease-Related Emergency Department and Inpatient Utilization (per 100,000 people)		
Area	Heart Disease Inpatient Discharges, age adjusted	Heart Disease ED Visits and Observation Stays, age adjusted
Huggins Service Area	195.5	63.5*
New Hampshire	213.2	48.1

Data Source: NH DHHS Hospital Discharge Data Collection System, 2006-2008 for inpatient discharges; 2005-2007 for ED visits and observation stays. *Indicates regional rate is significantly different than overall NH rate

Heart Disease Related Deaths (per 100,000 people)	
Area	All ages
Huggins Service Area	140.1*
New Hampshire	168.1

Data Source: NH DHHS Hospital Discharge Data Collection System, 2006-2008
Regional rate is significantly lower than NH rate

Diabetes

Diabetes is an increasingly prevalent chronic health condition that puts individuals at risk for further health complications, but is also amenable to control through diet and adequate clinical care.

Diabetes Prevalence

This indicator reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes.

Area	Total Population (Age 18)	Number of Adults with Diabetes (self-reported)	Percent of Adults with Diabetes (self-reported)
Carroll County	38,901	3,345	8.6%
New Hampshire	1,029,236	77,193	7.5%

Data Source: NH DHHS, Behavioral Risk Factor Surveillance System, 2008-2010
Regional rate is not significantly different than overall NH rate

Adults with Diabetes, Percentage by Gender		
Area	Male	Female
Huggins Service Area	8.1%	9.1%
New Hampshire	8.2%	6.7%

Data Source: NH DHHS, Behavioral Risk Factor Surveillance System, 2008-2010
Regional rate is not significantly different than overall NH rate

Diabetes-related Morbidity and Mortality

The rate of emergency department utilization due to diabetes is higher among Huggins Service Area residents compared to the New Hampshire population overall. Inpatient utilization resulting from diabetes is lower for residents in the Huggins Service Area than for the New Hampshire population overall. The rate of death due to diabetes among Huggins Service Area residents is similar to the overall rate for New Hampshire.

Diabetes-Related Emergency Department and Inpatient Utilization (per 100,000 people)		
Area	Diabetes Inpatient Discharges, age adjusted	Diabetes ED Visits and Observation Stays, age adjusted
Huggins Service Area	1,310	208.2*
New Hampshire	1,433	147.1

Data Source: NH DHHS Hospital Discharge Data Collection System, 2006-2008 for inpatient discharges; 2005-2007 for ED visits and observation stays. *Denotes regional rate is significantly different than overall NH rate

Diabetes Related Deaths (per 100,000 people)	
Area	All ages
Huggins Service Area	22.2
New Hampshire	20.0

Data Source: NH DHHS Hospital Discharge Data Collection System, 2006-2008
Regional rate is not significantly different than overall NH rate

Asthma

Asthma is a prevalent condition that can be exacerbated by poor environmental conditions.

Asthma Prevalence

This indicator reports the percentage of adults aged 18 and older who self-report that they have ever been told by a doctor, nurse, or other health professional that they had asthma.

Area	Total Population (Age 18)	Number of Adults with Asthma (self-reported)	Percent of Adults with Asthma (self-reported)
Carroll County	38,901	3,229	8.3%
New Hampshire	1,029,236	106,011	10.3%

Data Source: NH DHHS, Behavioral Risk Factor Surveillance System, 2008-2010

Regional rate is not significantly different than overall NH rate

Adults with Asthma, Percentage by Gender		
Area	Male	Female
Huggins Service Area	5.5%	11.0%
New Hampshire	7.2%	13.2%

Data Source: NH DHHS, Behavioral Risk Factor Surveillance System, 2008-2010

Regional rate is not significantly different than overall NH rate

Asthma-related Morbidity

The rate of utilization of the emergency department for asthma care can indicate a variety of concerns including poor environmental conditions, limited access to primary care, and difficulties with asthma self-management skills. The rate of emergency department utilization for asthma care by Huggins Service Area residents is similar to the overall New Hampshire rate.

Asthma ED Visits and Observation Stays (per 100,000 people)	
Area	All ages
Huggins Service Area	537.4
New Hampshire	499.7

Data Source: NH DHHS Hospital Discharge Data Collection System, 2006-2008
Regional rate is not significantly different than overall NH rate

Emergency Department Utilization and Injury

Emergency Department Utilization

Most Common Reasons for ED Visits and Observation Stays Per 100,000 People by Condition (All Ages)			
Outpatient Condition	Huggins Service Area Crude Rate	New Hampshire Crude Rate	Difference
Acute upper respiratory infection, excluding pharyngitis	2,703.20	1,629.60	Significant
Open wound, excluding head	2,321.10	1,827.20	Significant
Contusion with intact skin surface	2,298.20	1,976.90	Significant
Chest pain	1,597.90	1,556.60	Not Significant
Abdominal pain	1,525.80	1,502.40	Not Significant

Data Source: NH DHHS Hospital Discharge Data Collection System, 2005-2007
Significant=Difference between regional rate and overall NH rate is statistically significant

Unintentional Injury

As shown by the table on the next page, unintentional injuries causing emergency department visits and observation stays are also significantly higher for Huggins Service Area residents overall and for every age category.

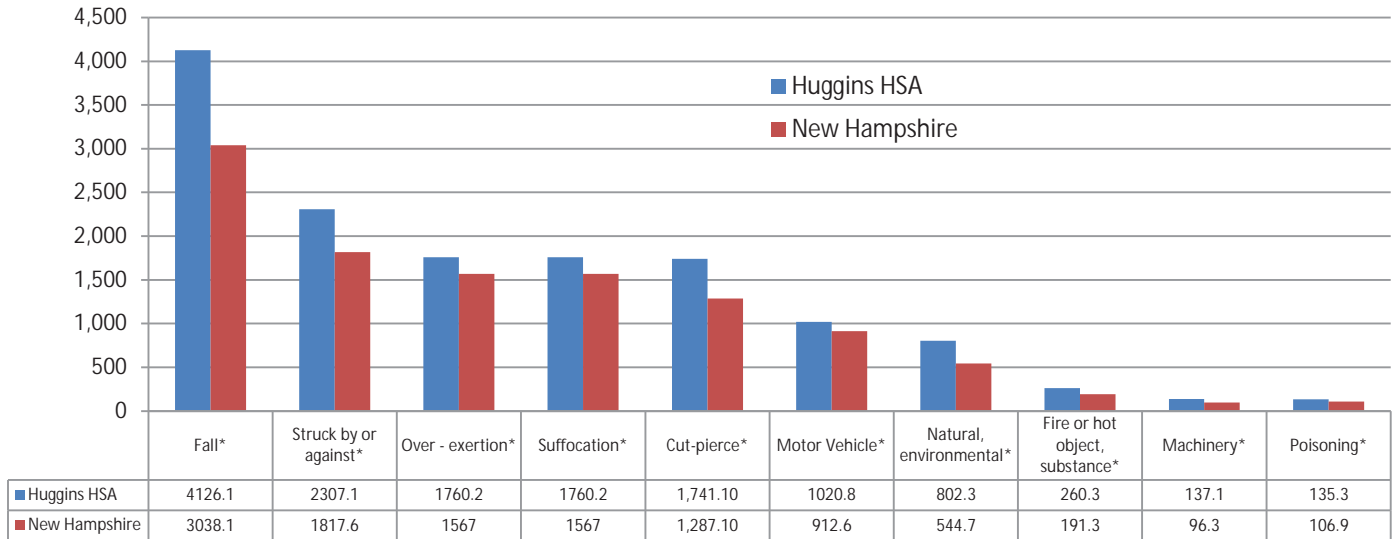
Unintentional Injury ED Visits and Observation Stays per 100,000 People by Any Cause/Mechanism; 2006 – 2008			
Age	Huggins Service Area Age Adjusted Rate	New Hampshire Age Adjusted Rate	Difference
Overall	9,011.20	7,288.50	Significant
0 To 4	9,298.60	7,850.70	Significant
05 To 14	11,186.70	7,866.70	Significant
15 To 24	12,988.50	10,238.30	Significant
25 To 34	10,309.60	9,566.90	Significant
35 To 44	8,387.40	6,967.20	Significant
45 To 54	6,674.10	5,345.80	Significant
55 To 64	5,192.00	4,167.90	Significant
65 To 74	5,108.50	4,114.90	Significant
75 To 84	6,949.30	5,920.10	Significant
85 Plus	11,332.30	8,353.00	Significant

Data Source: NH DHHS Hospital Discharge Data Collection System, 2005-2007

Significant=Difference between regional rate and overall NH rate is statistically significant

The chart below displays categories of causes of unintentional injury leading to emergency department utilization such as falls, striking or being struck by an object (e.g. striking furniture, falling objects, sports injuries), and suffocation (e.g. choking on a foreign object). Again, for each category of unintentional injury and rates of emergency department utilization among Huggins Service Area residents significantly exceeds overall state rates.

Unintentional Injury ED Visits and Observation Stays by Cause/Mechanism per 100,000 People; 2005-2007



Data Source: NH DHHS Hospital Discharge Data Collection System, 2005-2007

*Denotes regional and state rates are significantly different

Substance Abuse

Substance abuse, involving alcohol, illicit drugs, misuse of prescription drugs, or combinations of all of these behaviors, is associated with a complex range of negative consequences for health and well-being of individuals, families, and communities. In addition to contributing to both acute and chronic disease and injury, substance abuse is associated with destructive social conditions, including family dysfunction, lower prosperity, domestic violence, and crime.

Adult Substance Abuse

Excessive drinking

Excessive alcohol use, either in the form of heavy drinking (drinking more than two drinks per day on average for men or more than one drink per day on average for women), or binge drinking (drinking 5 or more drinks on an occasion for men or 4 or more drinks on an occasion for women), can lead to increased risk of health problems such as liver disease or unintentional injuries.

Engaged in Binge Drinking in Past 30 days, Percent of Adults			
Area	Male	Female	Total
Carroll County	16.4%	10.9%	13.6%
New Hampshire	21.7%	10.3%	15.8%

Data Source: NH DHHS, Behavioral Risk Factor Surveillance System, 2008-2010
Regional rate is not significantly different than overall NH rate

Heavy Alcohol Use Risk Factor, Percent of Adults			
Area	Male	Female	Total
Carroll County	5.8%	8.2%	7.0%
New Hampshire	6.5%	5.8%	6.1%

Data Source: NH DHHS, Behavioral Risk Factor Surveillance System, 2008-2010
Regional rate is not significantly different than overall NH rate

Substance Abuse-related Morbidity

The rate of utilization of the emergency department for substance abuse-related conditions can indicate a variety of concerns including prevalence of substance abuse in the community, community norms, and limited access to treatment. The rate of emergency department utilization for substance abuse related mental health conditions by Huggins Service Area residents is significantly lower than the overall New Hampshire rate.

Substance Abuse Related Mental Health Condition ED Visits and Observation Stays (per 100,000 people)	
Area	All Ages
Carroll County	408.2*
New Hampshire	502.9

Data Source: NH DHHS Hospital Discharge Data Collection System, 2006-2008

*Indicates significantly lower than NH

Cigarette Smoking

Tobacco use is a primary contributor to leading causes of death such as lung cancer, respiratory disease, and cardiovascular disease. This indicator reports the percentage of adults aged 18 and older who self-report currently smoking cigarettes some days or every day.

Area	Percent of Adults who are Current Smokers
Huggins Service Area	17.8%
New Hampshire	16.6%

Data Source: NH DHHS, Behavioral Risk Factor Surveillance System, 2008-2010

Regional rate is not significantly different than overall NH rate

Youth Substance Abuse

In New Hampshire and nationally, significant attention is placed on early prevention of substance abuse problems through youth education to instill understanding of risks and skill building to promote risk reduction and resiliency strategies and abilities. A source of measurement of youth attitudes and practices regarding substance abuse is the biannual Youth Risk Behavior Survey (YRBS) administered in high schools. The following charts and tables

display selected results from the 2005 and 2007 YRBS and include a sample of students from two Huggins HSA public high schools.

Past 30 Day Substance Use

The table below displays the percentage of Huggins Service Area high school students who reported using certain substances at least once in the 30 days prior to the survey administration date. The rates of reported substance use among Huggins Service Area youth are similar to the Carroll County rates and the overall New Hampshire rates.

The Lakes Region-Mount Washington Valley Regional Network (LRMWV), or Partners in Prevention, consists of individual and community agencies working together as coalitions to develop and implement substance abuse prevention activities. Of the 32 municipalities represented, 14 are within the Huggins Hospital Service Area. The towns represented are: Albany, Alton, Barnstead, Bartlett, Belmont, Brookfield, Canterbury, Center Harbor, Chatham, Conway, Eaton, Effingham, Freedom, Gilford, Gilmanton, Hales Location, Harts Location, Jackson, Laconia, Livermore, Madison, Meredith, Moultonboro, New Durham, Northfield, Ossipee, Sanbornton, Sandwich, Tamworth, Tilton, Tuftonboro, Wolfeboro. Youth Risk Behavior Survey data is compiled for this region in the Lakes Region-Mount Washington Valley Region Community Data Profile. (Underlined towns are within Huggins Service Area.)

Youth Substance Use in Past 30 Days					
Area	Alcohol	Binge Drinking	Cigarette Smoking	Marijuana	Rx Drug
LRMWVR	44.9%	27.4%	19.8%	26.4%	11.4%
New Hampshire	38.1%	24.8%	18.7%	24.3%	9.3%

Data Sources: Youth Risk Behavior Survey (YRBS), 2009, calculated for LRMWVR Community Data Profile

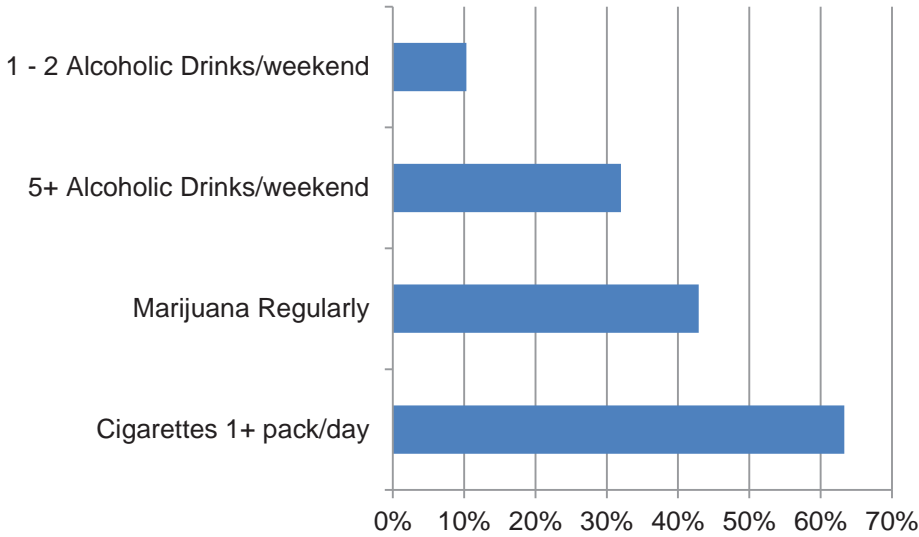
Confidence intervals were not available

Perception of Risk

There is a substantial body of evidence demonstrating that youth substance use behavior is strongly correlated with the perceived risks entailed in using the substance. Youth who perceive a significant risk of negative consequences including physical harm are significantly less likely to engage in substance use behavior.

The chart and graph below displays the percentage of high school students in the LRMWV region who reported perceiving “great risk” in using certain substances.

Lakes Region-Mount Washington Valley (LRMWV) Perception of Risk by Substance



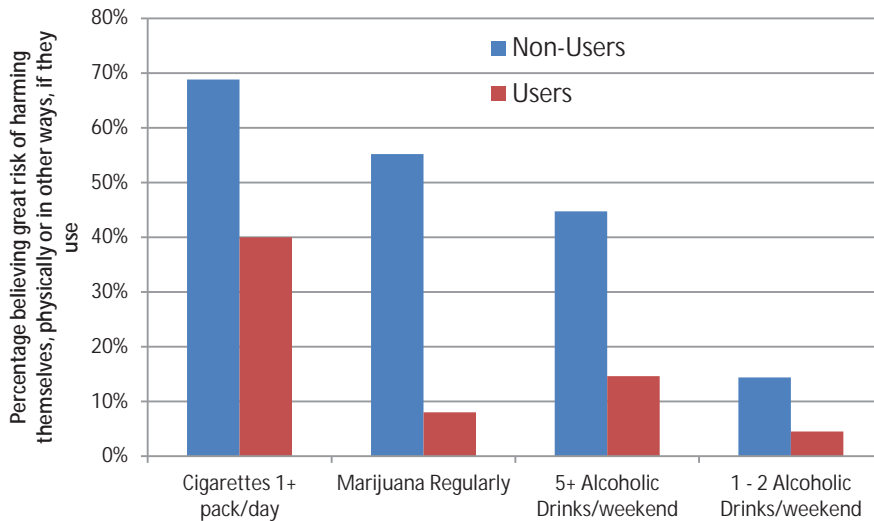
Data Sources: Youth Risk Behavior Survey (YRBS), 2009, calculated for LRMWVR
Community Data Profile

Confidence intervals were not available

Great risk - students who think people are at great risk of harming themselves, physically or in other ways, if they use

The following chart displays the relationship between perception of risk and substance abuse behavior where youth who perceive great risk in the behavior are substantially and significantly less likely to report engaging in that behavior. Non-users are those youth who reported they did not use the substance in the past 30 days. Users are youth who reported using the substance at least one time in the past 30 days.

Lakes Region-Mount Washington Valley (LRMWW) Perception of Risk by Substance: Users versus Non-Users



Data Sources: Youth Risk Behavior Survey (YRBS), 2009, calculated for LRMWVR
Community Data Profile

Confidence intervals were not available

PUBLIC SAFETY

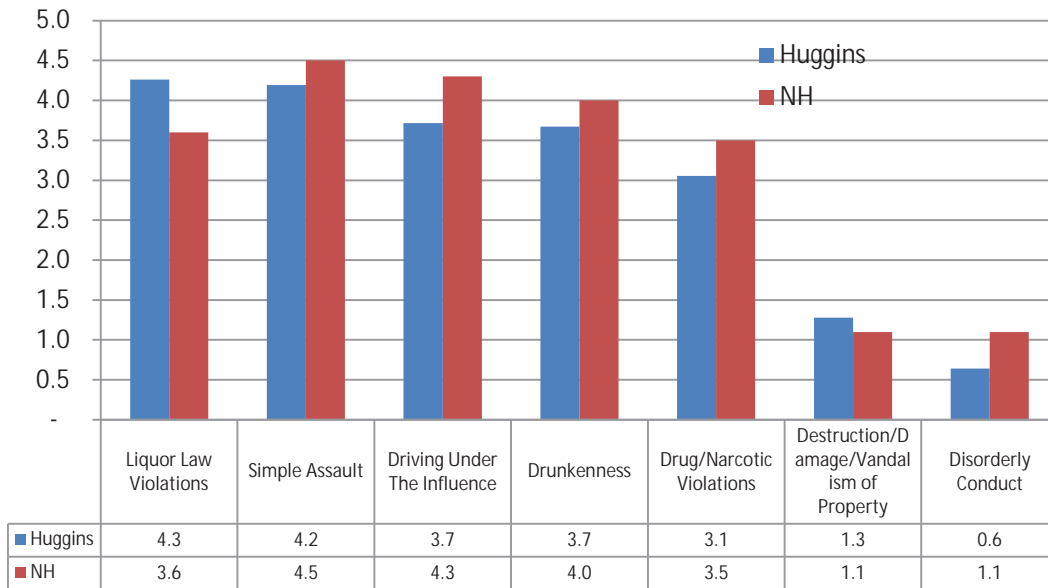
Community health and public safety are closely intertwined in that many of the same social and environmental factors which correlate with health and wellbeing also correlate with variation in crime rates. The sense of a safe community is associated with higher levels of social capital and social organization. Inversely, the effects of higher rates of crime and reduced perceptions and experiences regarding personal and public safety include negative consequences for acute and chronic measures of physical and mental health.

Substance Abuse-Related Crime

As described in the prior section, substance abuse behavior contributes to criminal behavior. The chart below displays the rate of arrests per 1,000 population in 2011 for selected substance-abuse related crimes. A comparison of the Huggins Service Area (12 of 15 municipalities reporting representing 89% of the population) with the overall New Hampshire rates shows that the rates are similar for each arrest type.

Substance Abuse Related Arrest Data, 2011

Arrest Rate per 1,000 Population



Data Source: Arrest Data, National Incident-Based Reporting System (NIBRS) Uniform Crime Reporting, 2011

Assault

Emergency department utilization by Huggins Service Area residents where “assault” is listed as the cause of the visit or observation stay is similar to the overall state rate. There are no significant differences by age group.

Assault Injury ED Visits and Observation Stays (per 100,000 people)	
Area	All Ages
Huggins Service Area	239.0
New Hampshire	263.5

Data Source: NH DHHS Hospital Discharge Data Collection System, 2005-2007

Regional rate is not significantly different than overall NH rate

Domestic Violence

Between 2001 and 2010, the homicide rate in Carroll County was 1.68 per 100,000 people (9 total homicides). This rate is somewhat higher than the statewide rate over the same period (1.29) and is the third highest rate among NH’s 10 counties. One of the homicides in Carroll County was domestic violence.

Carroll County residents filed civil domestic violence petitions at a rate of 418 per 100,000 population in 2011, as compared to an average of 351 per 100,000 population for New Hampshire. Carroll County had the fourth highest rate of civil domestic violence petitions by county in the state.

Community Health Needs Assessment Results

Behavioral/Mental Health

As shown in the Local Health Status Profile section of this report, Carroll County has a significant shortage of behavioral health care providers (10 providers per a population of 4,764). The Huggins Service area is supported by Northern Human Services' Community Health Center which has a facility in Wolfeboro. However, it does not have sufficient resources to meet the current needs.

In the Community Health Needs Assessment Survey, respondents were asked if they felt there was sufficient availability of behavioral/mental health services. Of the respondents who had an opinion either way, 58% either disagreed or strongly disagreed that there is a sufficient availability of behavioral/mental health services.



In each of the focus groups and interviews, the lack of sufficient behavioral mental health services came up as a significant issue. During the focus group with the Huggins Hospital Emergency Department, the doctors and nurses expressed their challenges with mental health patients. They talked about patients arriving in crisis periods when the patients could have prevented a crisis period and hospitalization with out-patient behavioral/mental health services.

Hospitals, including Huggins Hospital, throughout New Hampshire are facing the difficulty in holding patients while securing a bed in a behavioral/mental health hospital. Patients have been held in emergency departments for several days at a time. Due to this lack of behavioral/mental health services at rural, community hospitals like Huggins Hospital, patients can only be held in the emergency department without mental health treatment. There is also an issue of non-compliance on the part of the patient with their medications. Often, there is little to no support at home and these patients lack the mental capacity to help themselves.

The VNA focus group also brought up the fact that patients face barriers in accessing the available services. Home bound elderly have difficulty accessing services due to long waiting

lists and limited resources. These barriers impact the treatment of individuals with mental health needs.

The Emergency Management Personnel and School Nurses focus groups and each of the interviews also brought up the health problems caused by the lack of sufficient behavioral/mental health services in the Huggins Service Area and Carroll County.

In the Community Health Needs Assessment Rating Sheet across all of the focus groups and interviews, availability of behavioral/mental health services ranked the highest.

Dental Care

The issue with dental care is affordability and lack of insurance or coverage. Over 75% of the Community Health Needs Assessment Survey respondents agreed or strongly agreed that there is sufficient availability of dental/oral health care. However, the focus groups and interviews indicated different barriers to dental care. The Senior Center focus group participants talked about the lack of coverage for dental care from Medicare and Medicaid. Given this lack of coverage, the cost of dental care, in most cases, is prohibitive.

The Emergency Department focus group brought up the affordability issue as well. Patients are coming into the Emergency Department with advanced dental issues that could have been avoided with regular dental care. Often times, it is an affordability issue. Patients know they can come into the Emergency Department for free care. However, the Emergency Department can only provide antibiotics and pain medication. Generally, the patient does not follow up with a dentist to treat the underlying issue.

Within the Huggins Hospital Service Area, there is one dental clinic available in Tamworth. The barriers to access include transportation, awareness, and prioritizing dental health. Some focus group participants brought up the fact that many low income people will put dental health at the bottom of their priority list. Food, shelter, and, transportation are the substantial components of their monthly expenses.

Obesity/Nutrition

The issue of obesity/nutrition was most prevalent in the focus group with the School Nurses for the Huggins Service Area. While there are state and national initiatives to increase fiber and nutrition in school lunches, much of that food (predominantly the fruit and milk that is required on each lunch tray) is thrown away. For the students bringing lunch from home, the nurses noted higher level of “junk food” brought for lunch from lower income families. The group felt that

while the intent of the programs to improve nutrition are good, the reality is that lower income students are not used to eating fruits and vegetables at home so they won't eat it at school.

In the Community Health Needs Assessment Rating Sheet used with the focus groups and interviews, 38% of respondents included Obesity in their top three health issues.

The Community Health Needs Assessment Survey asked respondents if they would participate in community education programs. There were eleven different topics. The leading "yes" response by a significant margin was for "Diet, Nutrition, Weight Loss" programming. Over 50% of the respondents chose that one out of the eleven options.

Diabetes

As shown in the Local Health Status section, the rate of diabetes for Carroll County is slightly higher than the rate for the State of New Hampshire. However, the rate for the Huggins Service Area for women is significantly higher. According to the American Diabetes Association's 2007 report on the economic impact of diabetes in the U.S., the annual health care cost for a person with diabetes is \$11,744. That amount is 300% more than the average health care cost for a person without diabetes.

In addition, the rate of Emergency Department utilization due to Diabetes is higher within the Huggins Service Area as compared to the rest of the State of New Hampshire.

Unintentional Injury

As noted in the Local Health Status section, the rate of unintentional injury is significantly higher for the Huggins Service Area. The population of the Huggins Service Area increases dramatically during the summer months with summer residents and tourists. With the lakes and mountains throughout the area, the level of outdoor recreational activities and sports is higher than many other areas in the state.

The other high rate of unintentional injury is for the 85 plus age range. Falls account for the highest level in terms of causes of unintentional injuries. While falls did not come up in the focus groups and interviews, it was noted in the Community Health Needs Assessment Survey. When asked to rank community safety issues, more than half of the respondents ranked "Fall Injuries" as "Important."

Another risk factor is that the seatbelt and helmet laws in New Hampshire are less restrictive. Adults over the age of 18 are not required to wear a seatbelt and bicycle helmets are only required for children up to age 16. New Hampshire also has no helmet law for motorcycles.

Elder Care

The fastest growing segment of the population for the Huggins Service Area is the elder population. As noted in the Demographics section of this report, the 2010 census projected New Hampshire's population of ages 60-64 to increase by 126% and an increase of 114% for the 65-69 age range between 2010 and 2020. This increase in the older population will require health care specific to their needs. According to the New Hampshire Department of Health and Human Services, this will include chronic diseases such as diabetes and acute conditions such as falls.

The need for affordable care for this growing population will be critical, as will the need for skilled caregivers. There two skilled nursing facilities in the Huggins Service Area. There are several private home care service providers in the area, however, the barrier to care is often a matter of affordability.

The focus group with the Emergency Management Personnel noted that elders are choosing to "age in place" which can cause isolation leading to advanced health issues.

The Senior Center focus group stated that many of the housing options for the elderly include the mentally disabled. The seniors stated that they would not seek out those housing options because they don't want to be co-mingled with the mentally disabled residents. In addition, they talked about the lack of affordable options for assisted living.

The VNA focus group stated that there is a substantial gap between when VNA services end and when that level of care is still needed but not covered by Medicare. During that time, health issues can escalate quickly.

Substance Abuse/Domestic Violence

The issue of substance abuse was raised during the focus group with the Emergency Department personnel. They noted an increase of patients coming into the Emergency Department in search of prescription drugs. These patients often do not have insurance or the ability to pay for their care so, in addition to taking up the valuable time of the physicians and nursing staff, their care has to be covered by the hospital.

In the Community Health Needs Assessment Survey, when respondents were asked which mental health and lifestyle issues are not being met adequately, Substance Abuse, Youth Alcohol Abuse, and Adult Alcohol Abuse rated a close second to Mental Health issues.

In the Community Health Needs Assessment Rating Sheet used with the focus groups and interviews, “Alcohol and Drug Abuse” was rated highest in the list of “Diseases and Behaviors” for their top three issues.

As noted in the Public Safety section of the Local Health Status Profile section of this report, community health and public safety are closely intertwined. In the focus groups and interviews, when asked about socio-economic factors in community health, more than half identified family stress as one of their top issues.

Obstacles to Care

In addition to affordability, there were a couple of other factors that came up during the focus groups and interviews that represent obstacles to health care.

Transportation

The Huggins Service Area is a rural area. As noted in the Demographics and Social Determinants of Health section of this report, the Huggins Service Area has a population density of 61.5 per square mile. This is less than half of the rate of 147 per square mile for the State of New Hampshire.

There are very few options for public transportation and in some areas there is no public transportation available. Residents must rely on family members and the kindness of neighbors and volunteers. Individuals with limited transportation options also have limited employment options, greater difficulty accessing services, and more challenges to leading independent, healthy lives.

The focus group with the Emergency Management Personnel stated that patients with no means of transportation have a greater tendency to call 911 for non-emergency health issues. Many times, they need a ride to their doctor or they need health care attention but refuse to be taken to the hospital because they won't have any means to get back home.

This problem escalates for the older population who can no longer drive. Some of the participants at the Senior Center focus groups expressed anxiety at the thought of no longer being able to drive.

On the rating sheet used with the focus groups and interviews, “Transportation” was the rated as the highest in the “Socio-economic Factors” affecting health care. “Lack of Transportation Options” was also rated as the second highest in the Community Health Needs Assessment Survey when asked about the most important socio-economic issues. This rated second to “Lack of Adequate Health Insurance.”

Education/Awareness/Access to Information

While the Huggins Service Area does have a wide variety of services, an issue that was raised in the focus groups was a lack of awareness of these services. The Emergency Management Personnel expressed a desire to have a listing of services and contacts that they could leave with patients and their families.

In terms of Education, the Emergency Department focus group and the Emergency Management Personnel focus group both stated that education on medications was lacking. Patients did not understand the medications they were taking which caused some health issues and complicated the treatment for the health care professionals.

The Emergency Management Personnel also felt that the community needs education on what constitutes emergency care. Coupled with the transportation issue, patients are using 911 for a ride to the hospital when an ambulance or first responder is not really necessary.

The Emergency Department focus group discussed patient and family education. Caregivers are not equipped to handle the challenges of caring 24/7 for a patient. Medicare and 3rd party payors have strict guidelines on payment and will not cover a “social admission.” Caregivers often arrive in the Emergency Department with an elderly patient because of a lack of resources to care for them in their home.

Next Step

There were many health issues and obstacles to care that were raised in the Community Health Needs Assessment Survey, focus groups, and interviews. Most of the issues and obstacles were brought up repeatedly throughout this study. The next step in this Community Health Needs Assessment will be the Implementation Plan to address these issues within Huggins Hospital’s mission. Huggins Hospital will work with community partners on meeting the health care needs of the hospital’s service area. The Implementation Plan will be adopted by the Huggins Hospital Board of Trustees and posted publicly on the Huggins Hospital website by February 15, 2014.

Attachments

Purpose of This Survey

The purpose of this survey is to learn more about the health care needs and quality of life of those in the communities served by Huggins Hospital and the Central NH VNA & Hospice. Our organizations will use the results to help develop plans to address major health and community needs.

This survey is completely voluntary. It should take no longer than 10 minutes to complete. Your individual answers will not be shared in the report. The completed surveys will help us get an overall picture of the state of health care and health needs in our communities. All individual answers will remain anonymous.

Thank you for your assistance in this Community Health Needs Assessment.

1. I am completing this survey primarily as a:

- Consumer of Health Care/Local Resident
- Health Care Professional
- Mental/Behavioral Health Care Professional
- Dental Health Care Professional
- Community Business Person
- Local Government Employee

2. Which town do you live in?

3. Are you male or female?

- Male
- Female

4. How old are you?

- 18-24
- 25-34
- 35-50
- 51-75
- 76+

Your Health Care

1. How would you rate your own health?

- Poor
- Fair
- Good
- Very Good
- Excellent

2. Where do you get most of your health-related information?

- Books/magazines
- Doctor/nurse/pharmacist
- Friends/family
- Help lines
- Hospital
- Internet
- School
- Other (please specify)

3. Where do you go most often when you are sick or need advice about your health or your family's health?

- My Doctor's Office
- Hospital Emergency Department
- Walk-in Health Center
- School Health Department
- Internet

4. In the past 12 months, did you have a problem getting the health care you needed from any type of health care provider or facility?

- Yes
- No

5. If you answered "Yes" to question 4, was it:

- Primary Care
- Emergency Care
- Mental/Behavioral Care
- Dental Care

6. I am able to afford health care.

- Yes
- No

7. I have adequate health insurance.

- Yes
- No

8. My family and I receive the recommended immunizations.

- Yes
- No
- I don't know

9. I have been able to obtain my prescription medications.

- Yes
- No

Community Needs assessment

When you look at your community, how do you feel about access and availability of health care services?

1. There is quality home and hospice care available locally.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree
- I don't know

2. There is quality health care i.e (preventative, acute, hospital, physicians, emergency services) available locally.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree
- I don't know

3. There is sufficient availability of dental/oral health care.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree
- I don't know

4. There is sufficient availability of behavioral/mental health services.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree
- I don't know

5. There is adequate access for mothers and children to health care.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree
- I don't know

6. There is adequate access for mothers and children to healthcare at convenient times.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree
- I don't know

7. Please rate the adequacy of resources to treat the following in your community.

	Adequate	Not adequate	I don't know
Aging Issues (hearing loss, vision loss, arthritis, falls, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic Diseases such as COPD, MS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hypertension/High Blood Pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Injuries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental/Behavioral Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

8. I would participate in community education regarding the following.

	Yes	No
Aging Issues: hearing loss, vision loss, arthritis, falls	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Obstructive Pulmonary Disease	<input type="checkbox"/>	<input type="checkbox"/>
Dental Health	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Diet, Nutrition, Weight Loss	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension/High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>
Smoking Cessation	<input type="checkbox"/>	<input type="checkbox"/>
Women's Health Issues	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

9. In your opinion which mental health and life style issues in your community are not being met adequately?

	Adequately	Not adequate	I don't know
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychiatric Disorders: Prevention and Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alzheimers/Dementia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child and Adolescent Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth Alcohol Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adult Alcohol Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity/Overweight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Childhood Obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV/AIDS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexually Transmitted Diseases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. In your opinion, what are the most important socio-economic issues in your community that are not being met adequately?

	Adequately	Not adequately	I don't know
Affordable Housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aging Population	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of Adequate Health Insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of Health Care Providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of Transportation Options	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low Income/Poverty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neglect and Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unemployment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. If you selected " Neglect and Abuse" from the question above, what type are you referring to?

- Elder
- Child
- Both

12. How would you rank the following community safety issues where you live?

	Unimportant	Slightly important	Important	Very Important	Critical
Local Emergency Readiness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fall Injuries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bioterrorism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safe Neighborhoods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of Recreational Facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violent Crimes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Senior Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription Assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

***Thank you for participating in our Community Health Needs survey!
We look forward to serving your health care needs.***

***Huggins Hospital
Central NH VNA & Hospice***

Focus Group Discussion Guide

Introduction

Attachment B

- Welcome participants and introduce yourself.* Thank you for taking the time to join us for this important discussion.
- Explain the general purpose of the discussion.* 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 and confidentiality.* We will be taking notes for a summary of the session which will indicate the themes that emerged. However, specific comments and experiences will not be attributed to any one individual in the summary report. Please consider what you hear here to be confidential.
- Seek participants' honest thoughts and opinions.* Frank opinions are the key to this process. There is 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.
- Describe protocol for those who have not been to a group before.* We would like the discussion to be informal, so there's no need to wait for us to call on you to respond. In fact, I'd 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.
- Questions?* Do you have any questions for me before we start?

Please note: We will not address every issue with every person or even every group, but we will cover the subject areas as they arise. Also, specific topics may be emphasized for specific user insight.

CURRENT NEEDS

I'd like to talk about the most **critical community health** needs and their impact – particularly as they relate to activities where Huggins Hospital may be able to contribute.

What do you see, in your line of work, as the most critical community health needs?

GAPS

1. Which of the issues that you mentioned would you say affect the largest numbers of people?
2. Given the community health needs that we've discussed, describe the gap between the community need and the services available to meet the need.
3. Where should we be more vigilant?
4. Over the next three to five years, what community health needs do you expect to grow fastest?
5. Are there any other community health objectives that are unique to this area? If so, what are they and why are they unique?
6. Is there anything about the area that makes it easier or more difficult to meet community health needs compared to other places?

ADDRESSING GAPS

Now I would like to speak a little about the ways to better meet community health needs, as well as the role of Huggins Hospital and your organization or the target populations you serve.

1. Regarding the needs and gaps that we've discussed, where do you think Huggins Hospital could make an impact? Why? How?
2. If there was ONE project that Huggins Hospital would develop that impacted target populations with whom **YOU** provide services, what would be your first choice?
 - a. PROBE: Why? What do you think that Huggins Hospital could bring to the table?
 - b. Is this a short-term project or a long-term project?
3. Are there any other community health objectives that are unique to this area? If so, what are they and why are they unique?

Closing

Finally, if you could change one thing with COMMUNITY HEALTH in the area, what would it be?

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

Please rate the top 3 in each category

Access/Availability/Affordability Issues

- Access to Primary Health Care Services
- Access to Specialty Care Services
- Access to Mental Health/Behavioral Health Care Services
- Access to Dental Care Services
- Access to Elder Care Services
- Access to Health Insurance
- Access to Prescriptions/Medications

Diseases and Behaviors

- Obesity
- Cancer
- Chronic Diseases such as Heart Disease, Diabetes, Arthritis, Asthma, COPD
- Infectious Disease and Vaccines
- Physical Activity, Recreational Opportunities, Active Living
- Diet and Nutrition (access to healthy foods)
- Tobacco
- Alcohol and Drug Abuse

Socio-economic Factors

- Public Safety (crime, domestic violence)
- Income
- Poverty
- Employment
- Education
- Fragile Families (family stress)
- Healthy Environemtn (air and water quality)
- Transportation

Attachment D

HEALTH CARE FACILITIES - HUGGINS HOSPITAL SERVICE AREA

TYPE	FACILITY NAME	ADDRESS	TOWN	STATE	ZIP	PHONE	FAX	BEDS
HOSPITAL	HUGGINS HOSPITAL	240 SOUTH MAIN STREET	WOLFEBORO	NH	03894	(603) 569-7500	(603) 569-7509	25
NURSING	MOUNTAIN VIEW COMMUNITY	93 WATER VILLAGE ROAD	OSSIPEE	NH	03864	(603) 539-7511	(603) 539-4233	103
NURSING	WOLFEBORO BAY CENTER	39 CLIPPER DRIVE	WOLFEBORO	NH	03894	(603) 569-3950	(603) 569-6709	104
RESIDENTIAL CARE HOME FACILITY	COPP HILL RESIDENTIAL HOME FOR ELDERLY	176 COPP HILL ROAD	SANBORNVILLE	NH	03872	(603) 473-8908	(603) 473-8456	3
RESIDENTIAL CARE HOME FACILITY	WCC APPLGATE GARDENS HOME	141 MOUNTAIN ROAD	TUFTONBORO	NH	03816	(603) 539-1080	(603) 539-1080	6
SUPPORTED RESIDENTIAL CARE FACILITY	VICTORIAN HOUSE	56 MAIN STREET	CENTER OSSIPEE	NH	03814	(603) 539-3245	(603) 539-8888	11
SUPPORTED RESIDENTIAL CARE FACILITY	FREEDOM HOUSE	269 FREEDOM VILLAGE ROAD	FREEDOM	NH	03836	(603) 539-7451	(603) 539-8888	5
SUPPORTED RESIDENTIAL CARE FACILITY	THOMPSON HOUSE COMMUNITY PROGRAM	266 EATON ROAD	FREEDOM	NH	03836	(603) 539-6876	(603) 539-8888	6
SUPPORTED RESIDENTIAL CARE FACILITY	AMERICANA-WENTWORTH HOUSE	70 MOULTONVILLE ROAD	OSSIPEE	NH	03814	(603) 539-9085	(603) 539-8888	8
SUPPORTED RESIDENTIAL CARE FACILITY	COMMUNITY LIVING FOR ELDERLY TAMWORTH, L	22 MAYS WAY	W. OSSIPEE	NH	03890	(603) 323-8717	-	11
SUPPORTED RESIDENTIAL CARE FACILITY	ASSISTED LIVING @ SUGAR HILL	83 ROLLING WOOD DRIVE	WOLFEBORO	NH	03894	(603) 569-8485	(603) 569-3536	25
NON-EMERGENCY WALK-IN CARE CENTER	WHITE MOUNTAIN MEDICAL CENTER	2531 WHITE MOUNTAIN HIGHWAY	SANBORNVILLE	NH	03872	(603) 330-7900	-	
RESIDENTIAL TREATMENT CENTER	LAKEVIEW NEURO REHABILITATION CENTER	244 HIGHWATCH ROAD	EFFINGHAM	NH	03882	(603) 539-7451	(603) 539-8888	88
HOME HEALTH CARE PROVIDER	MOULTONBOROUGH VISITING NURSE SVCS	6 HOLLAND STREET	MOULTONBOROUGH	NH	03254	(603) 476-2350	(603) 476-5811	
HOME HEALTH CARE PROVIDER	INTEGRATED REHABILITATION SERVICES, LLC	1230 RTE 16 HODSDON FARM BLDG	OSSIPEE	NH	03864	(603) 539-5351	(603) 539-3531	
HOME HEALTH CARE PROVIDER	TAMWORTH COMM NURSE ASSOC	84 MAIN STREET	TAMWORTH	NH	03886	(603) 323-8511	(603) 323-2076	0
HOME HEALTH CARE PROVIDER	SB NURSING CARE MANAGEMENT SERVICES, LLC	35 CENTER STREET OFFICE #1	WOLFEBORO FALLS	NH	03896	(603) 569-0145		
AMBULATORY SURGICAL CENTER	CARROLL COUNTY ENDOSCOPY CENTER	29 UNION STREET	WOLFEBORO	NH	03894	(603) 569-9681	(603) 569-9384	
COMMUNITY RESIDENCE AT THE RCH LEVEL	MAURA COMMUNITY RESIDENCE	69 TAMWORTH ROAD	TAMWORTH	NH	03886	(603) 323-7107	(603) 323-7691	6
EDUCATIONAL HEALTH CENTER	SHORTRIDGE ACADEMY HEALTH CENTER	619 GOVERNORS ROAD	MILTON	NH	03851	(603) 755-3096	(603) 755-9096	

EDUCATIONAL HEALTH CENTER	BREWSTER ACADEMY HEALTH CENTER	205 SOUTH MAIN STREET	WOLFEBORO	NH	03894	(603) 569-7121	(603) 569-7144	
LAB COLLECTING STATIONS	ALTON FAMILY MEDICINE	82 MAIN STREET	ALTON	NH	03809	(603) 875-6151	(603) 875-2944	
LAB COLLECTING STATIONS	MOULTONBORO FAMILY MEDICINE	984 WHITTIER HIGHWAY	MOULTONBOROUGH	NH	03254	(603) 476-2216	(603) 476-5396	
LAB COLLECTING STATIONS	OSSIPEE FAMILY MEDICINE	3 WATER VILLAGE ROAD	OSSIPEE	NH	03864	(603) 539-6996	(603) 539-5284	
LAB COLLECTING STATIONS	WAKEFIELD FAMILY CARE	131 MEADOW STREET	SANBORNVILLE	NH	03872	(603) 522-5010	(603) 522-5016	
LAB COLLECTING STATIONS	TAMWORTH FAMILY MEDICINE	577 WHITE MOUNTAIN HWY	TAMWORTH	NH	03886	(603) 323-9305	(603) 323-9305	
LAB COLLECTING STATIONS	WHITE MOUNTAIN MEDICAL CENTER	2531 WHITE MOUNTAIN HIGHWAY	WAKEFIELD	NH	03872	(603) 522-3750	(603) 522-3859	
ADULT DAY CARE	HUGGINS HOSPITAL - ADULT DAY CARE	240 SOUTH MAIN STREET	WOLFEBORO	NH	03894	(603) 569-7500	(603) 569-7509	0
INDIVIDUAL HOME CARE SERVICE PROVIDER	GLENNA E FEELEY	64 ABEDNEGO ROAD	ALTON	NH	03809	(603) 875-6214	-	
INDIVIDUAL HOME CARE SERVICE PROVIDER	MARY OLIN	48 PINE STREET	ALTON	NH	03809	(603) 875-3993	-	
INDIVIDUAL HOME CARE SERVICE PROVIDER	JUDY L COVELL	20 COURTYARD CIRCLE	ALTON BAY	NH	03810	(603) 875-6284	-	
INDIVIDUAL HOME CARE SERVICE PROVIDER	LISA T HALL	42 HUCKINS STREET	CENTER OSSIPEE	NH	03814	(603) 387-0195	-	
INDIVIDUAL HOME CARE SERVICE PROVIDER	PAULA LITTLETON	10 TILTON HALEY ROAD	CTR SANDWICH	NH	03227	(603) 284-9219	-	
INDIVIDUAL HOME CARE SERVICE PROVIDER	GLORY S YOUNG	67 RYEFIELD ROAD	EFFINGHAM	NH	03882	(603) 539-9060	-	
INDIVIDUAL HOME CARE SERVICE PROVIDER	KAREN LANCASTER	50 TUFTONBORO NECK ROAD	MIRROR LAKE	NH	03853	(603) 707-1491	-	
INDIVIDUAL HOME CARE SERVICE PROVIDER	LESLIE ANN ELLIOTT	5 JOHNSON ROAD	MIRROR LAKE	NH	03853	(603) 569-3412	-	
INDIVIDUAL HOME CARE SERVICE PROVIDER	JAMES D ATTLIDGE	416 KINGS HIGHWAY	NEW DURHAM	NH	03855	(603) 569-2596	-	
INDIVIDUAL HOME CARE SERVICE PROVIDER	NANCY JANVRIN	5 UPPER BEECHAM HILL	OSSIPEE	NH	03864	(603) 539-5974	-	
INDIVIDUAL HOME CARE SERVICE PROVIDER	MARGUERITE A SCANLON	136 SUMMITVIEW DRIVE	TAMWORTH	NH	03886	(603) 323-7445	-	

INDIVIDUAL HOME CARE SERVICE PROVIDER	BONNIE PENNELL	160 MOUNTAIN RD	TUFTONBORO	NH	03816	(603) 986-6829	-	
INDIVIDUAL HOME CARE SERVICE PROVIDER	CINDY L STOCKTON	524 GOV WENTWORTH HIGHWAY	WOLFEBORO	NH	03894	(603) 581-4791	-	
INDIVIDUAL HOME CARE SERVICE PROVIDER	DEBORAH A NEPOMUCENO	10 EDGEWOOD TERRACE	WOLFEBORO	NH	03894	(603) 828-1044	-	
INDIVIDUAL HOME CARE SERVICE PROVIDER	FAE A MOORE	7 BASSETT ROAD	WOLFEBORO	NH	03894	(603) 833-0644	-	
INDIVIDUAL HOME CARE SERVICE PROVIDER	HARRY A SIMPSON	10 EDGEWOOD TERRACE	WOLFEBORO	NH	03894	(603) 651-7155	-	
INDIVIDUAL HOME CARE SERVICE PROVIDER	SUSAN T ASTLE	307 MAIN ST	WOLFEBORO	NH	03894	(603) 569-3272	-	
HOME CARE SERVICE PROVIDER	DISTINCTIVE HOME CARE SOLUTIONS, LLC	39 WHITE OAK ROAD	GILMANTON IRON WOR	NH	03837	(603) 556-7797	-	
HOME CARE SERVICE PROVIDER	ABUNDANT BLESSINGS HOMECARE, INC	27 CHURCH STREET	MILTON MILLS	NH	03852	(603) 473-2510	(603) 473-2151	
HOME CARE SERVICE PROVIDER	CURTIS QUALITY CARE LLC	8 CURTIS ROAD	TUFTONBORO	NH	03816	(603) 651-6025	(603) 569-2836	
MENTAL HEALTH PROVIDER	NORTHERN HUMAN SERVICES	70 BAY STREET	WOLFEBORO	NH	03894	(603) 569-1884	(603) 569-1882	
FREE SKILLED NURSING CARE	TAMWORTH NURSES ASSOCIATION	84R MAIN STREET	TAMWORTH	NH	03886	(603) 323-8511	(603) 323-2076	
PRIMARY CARE PROVIDER	ALTON FAMILY MEDICINE	82 MAIN STREET	ALTON	NH	03809	(603) 875-6151	(603) 875-2944	
PRIMARY CARE PROVIDER	MOULTONBOROUGH FAMILY MEDICINE	984 WHITTIER HIGHWAY	MOULTONBOROUGH	NH	03254	(603) 476-2216	(603) 476-5396	
PRIMARY CARE PROVIDER	OSSIPEE FAMILY MEDICINE	3 WATER VILLAGE ROAD	OSSIPEE	NH	03864	(603) 539-6996	(603) 539-5284	
PRIMARY CARE PROVIDER	TAMWORTH FAMILY MEDICINE	577 WHITE MOUNTAIN HWY	TAMWORTH	NH	03886	(603) 323-9305	(603) 323-9305	
PRIMARY CARE PROVIDER	WOLFEBORO FAMILY MEDICINE	240 SOUTH MAIN STREET	WOLFEBORO	NH	03894	(603) 569-7574	(603) 569-7582	
PRIMARY CARE PROVIDER	WAKEFIELD FAMILY CARE	131 MEADOW STREET	SANBORNVILLE	NH	03872	(603) 522-5010	(603) 522-5016	