

Project Summary

Situation Analysis

New Hampshire's community benefit legislation was established in 1999...*"to ensure that the healthcare charitable trusts provide the communities they serve with benefit in keeping with the charitable purposes for which the trusts were established and in recognition of the advantages the trusts enjoy."*

The statute requires healthcare charitable trusts to conduct comprehensive community health needs assessments at least every five years to identify priority health needs and further develop and report on programs and services to meet those needs.

Concord Hospital has a longstanding history, in advance of the community benefits statute, of working collaboratively with other organizations to assess and address community needs. In 1994, Capital Region Health Care, Concord Hospital's parent organization, initiated the Concord Region Community Health Assessment Project. This project brought together representatives of many health and human service provider agencies to undertake a collaborative health assessment project to understand the crucial health issues in the community, to prioritize those problems for which there was a reasonable opportunity to have a positive effect, and to develop and implement action plans to improve health. They examined both primary and secondary data, and Concord Hospital provided the resources for project activities. That informal collaboration became a foundation for the 1998 and 2000 community needs assessments and community benefit plans.

In 2003, Concord Hospital and its affiliated partners undertook another systematic assessment of the health needs of the Capital Region community. While earlier versions of this effort drew heavily upon the work of external researchers, the 2003 effort was designed, implemented, and reviewed by a workgroup of internal stakeholders selected from among those who would be most closely involved with the design and implementation of plans to address the community health needs revealed by the assessment.

In 2008, representatives from Concord Hospital, Concord Regional Visiting Nurse Association (CRVNA), Riverbend Community Mental Health (Riverbend), Dartmouth Hitchcock-Concord and other community partners joined together to conduct an assessment and prioritize the health care needs of residents in Concord and the surrounding communities that make up the organizations' primary service area. The research study employed numerous methodologies to produce both quantitative and qualitative data to determine met, partially met and unmet community needs.

2008 Capital Region Health Needs Assessment Workgroup

The Capital Region Health Needs Assessment Workgroup (see appendix A) comprises individuals who are, in effect, at the frontline of delivering services and providing programs to meet the needs of patients and residents in the Greater Concord Area. Their engagement with the assessment process is vital because each member brings a direct knowledge of the populations served, their needs, and the programs currently available to address needs.

Participation in the Workgroup is voluntary; each member commits to setting aside professional agendas and suspending individual judgment toward an objective outcome. At the completion of the Assessment report and following input from organizational leadership, many of the Workgroup members, working collectively and individually, will be charged with the responsibility of programmatic changes to respond to survey results.

Methodology

The results of this report draw upon findings from the following methodologies:

- Review of County, State and Hospital data sets;
- Stakeholder Interviews;
- Focus Groups;
- Community Listening Sessions;
- Telephone Survey;
- Written Survey;
- Online Survey.

Data Sets

Vital to ensuring an analytical focus, data sets provide a foundation upon which to build in this study. Workgroup members analyzed information from State, County and Hospital reports and worked to secure many of the same sets used in the 2003 assessment project. There were a few limitations noted during the data analysis including the age of the data sets given that a few were more than four years old and the availability of data in that several data sets used in the previous needs assessment had not been updated.

The following data sets were reviewed for pertinent and applicable trends related to the community's health in the Capital Region service area:

- Behavioral Risk Factor Surveillance System, Bureau of Health Statistics and Data Management, NH DHHS 2006
- Community Health Profile, Capital Area Public Health Network, 2006.
- Youth Risk Behavior Survey, NH Department of Education, 2007
- Needs Assessment, United Way of Merrimack County, 2007
- Emergency Room Visits, Concord Hospital, FY 2008
- Birth Data, NH Division of Vital Records, Birth Certificate data, 2003
- Mortality Data, NH Division of Vital Records, Death Certificate data, 2005
- Cancer Data, NH State Cancer Registry, 2001
- Hospital Discharge Data, NH DHHS Hospital Discharge Data Collection System, 2002

Stakeholder Interviews

Workgroup members identified sixteen key stakeholders as interview candidates. Stakeholders represented elected and appointed City and State officials together with influential, knowledgeable representatives from various constituency groups. Of those 16 candidates, 13 interviews were successfully completed (see appendix B).

A stakeholder interview template was developed and used to ensure consistency in how and what questions were asked and to make it easier to record data. Forty-five minutes were allowed for each interview, with questions ranging from general information to more specific thoughts and ideas. First, stakeholders were asked to identify vulnerable populations and the individuals and organizations that serve those populations.

Stakeholders were asked about the current, most important health needs in their community and encouraged to think broadly. For all of the needs identified, the interviewer sought to determine if the need was currently being met, was unmet, or a combination of the two. Stakeholders were then asked to prioritize the top three needs of the region and further, provide some specific ideas about what ought to be done to address the needs.

Focus Groups

A series of focus groups were conducted to engage key constituent groups and those who support those groups. Participants were recruited via mailed invitations, telephone calls and personal conversations. The sessions were conducted by a professionally trained facilitator from May 28 - July 21, 2008, and included:

- Senior citizens, on June 16, 2008 (60 participants)
- Members of the Community Provider Network of Central New Hampshire, on July 21, 2008 (17 participants)
- Young teens, on July 18, 2008 (7 participants)
- Boys and Girls Club teens, on May 28, 2008 (20 participants)
- Young mothers, on June 16, 2008 (9 participants)
- School teachers and guidance counselors, on June 9, 2008 (3 participants)
- Clergy from a variety of faith communities, on September 10, 2008 (19 participants)

Community Listening Sessions

A new methodology this year, listening sessions were conducted to outreach beyond Concord and be visible in the outlying communities. Early on it was recognized that the sessions would have limited attendance and that the results would be highly qualitative in nature. Still, this methodology was considered worthwhile, resulting in a positive presence that was well-received by those residents in attendance.

The listening sessions, open to anyone who wanted to provide input and feedback, were well-publicized in area newspapers, attracted between three and 12 attendees each and held in the following six communities:

- Bow, July 22, 2008
- Warner, July 30, 2008
- Canterbury, August 20, 2008
- Henniker, July 29, 2008
- Allenstown, August 13, 2008
- Concord, August 18, 2008

Telephone Survey

RKM Research and Communications, Inc. administered a telephone survey from August 4 -10, 2008. This survey used a random probabilistic technique to select respondents from 24 communities in the Hospital's service areas.

This survey was administered using a computer-assisted telephone interviewing (CATI) system. The CATI system allows data to be entered directly into a computerized database as interviews are conducted, providing a highly reliable system of data collection. A central polling facility in Portsmouth, New Hampshire was used to administer the survey. Paid, trained and professionally supervised interviewers conducted all interviews.

Each telephone interview featured questions regarding:

- Access to primary care
- Inappropriate use of the emergency room
- Unmet medical needs
- Healthcare information sources
- Perceived community needs

The results of the telephone survey are based on completed useable interviews with 401 healthcare decision-makers in communities in the Capital Region. The maximum margin of error for a survey of 401 individuals is +/- 4.9 percent. That means, in theory, in 19 times out of 20, the results found in the sample will differ by no more than plus or minus 4.9 percentage points in either direction from what would be obtained by interviewing all community members.

Written Survey

Self-administered written surveys were distributed to adults and teens from August 18 – 22, 2008 at 21 locations including:

- Concord Hospital Family Health Center
- Concord Public Library
- Pittsfield Food Pantry
- Concord Hospital Surgical Associates
- Dartmouth Hitchcock-Concord Pediatrics
- Concord Family Medicine
- Family Care of Concord
- Concord Hospital Family Health Center – Hillsboro Deering
- Concord Hospital Pulmonary Medicine
- Concord Hospital Center for Urologic Care
- Cholesterol Treatment Center
- Woman's Reproductive Health & Fertility
- Family Physicians of Pembroke
- Family Tree Health Care (Concord, Hopkinton and Warner offices)
- Internal Medicine
- Pleasant Street Family Medicine
- Pittsfield Medical Center
- Community Medical Associates
- Penacook Family Physicians
- CRVNA Senior Health Clinics

Respondents were asked to identify their own health needs, the health needs of the members of their household, their perceptions of the health needs of the community and their preferred source for health services information.

The results of the adult survey are based on 163 completed written survey returns, and the results of the teen survey are based on 46 completed written survey returns. The maximum margin of error for the adult survey with 163 individuals is +/- 7.7 percent. That means, in theory, in 19 times out of 20, the results found in the sample will differ by no more than plus or minus 7.7 percentage points in either direction from what would be obtained by interviewing all adult community members. The maximum margin of error for the teen survey with 46 individuals is +/- 14.6 percent. That means, in theory, in 19 times out of 20, the results found in the sample will differ by no more than plus or minus 14.6 percentage points in either direction from what would be obtained by interviewing all teen community members. It is important to recognize that the results of the written survey are based on a self-selected (people who chose to respond to the survey versus random selection) sample of respondents and may not be fully representative of the population under investigation.

Online Survey

Also a new methodology this year, an online survey was conducted using **zoomerang.com** from August 6 – September 10, 2008. Respondents accessed the survey via links posted on the Concord Hospital Internet and Intranet Web sites, as well as on the Web sites of other participating organizations including Riverbend Community Mental Health (Riverbend), Concord Regional Visiting Nurse Association (CRVNA), Dartmouth Hitchcock - Concord and the United Way of Merrimack County.

Respondents were asked a series of questions pertaining to their health needs, healthcare access and their healthcare providers and those of their family members. The results of this survey are based on 212 of completed interviews. The maximum margin of error for a survey of 212 individuals is +/- 6.8 percent. That means, in theory, in 19 times out of 20, the results found in the sample will differ by no more than plus or minus 6.8 percentage points in either direction from what would be obtained by interviewing all community members. It is important to recognize that the results of the online survey are based on a self-selected sample of respondents and may not be fully representative of the population under investigation.

Methodology Summary

This research undertook several separate types of data collection processes to build a comprehensive picture of the community health needs in the Capital Region. The Assessment acknowledges state, regional and organizational data sets concerning health need, service utilization and behavior risk patterns. This research utilized both primary empirical data as well as secondary data from focus group meetings with key community groups and community listening sessions in the service area, which enabled this research to access the input of a wide variety of residents across different community populations. However, it is important to note that this Assessment considers empirical data about health needs over impressions and qualitative evidence. The empirical results of the systematic telephone survey are relied on more heavily than the results of the online and written survey, which are based on a self-selected sample of respondents and may not be fully representative of the population under investigation. This Assessment is the result of the comprehensive picture of the Capital Region's community health needs.

A Review of the Previous (2003) Capital Region Health Needs Assessment Results

The primary health needs of the community that emerged from the 2003 assessment were those that were identified by all of methodologies employed or identified as very significant in one or more of the methodologies. They were:

Health Service Needs

Affordability of health care was an overarching health issue, especially for the uninsured and underinsured members of the community. The issue of access to health care emerged in surveys, focus groups, and interviews; however, a deeper analysis revealed that “access” really meant “affordability.” Affordability and access to the following health services were the most important unmet or incompletely met health service needs:

- Mental health
- Substance abuse prevention and treatment
- Dental care, for routine and emergency care, and for prevention
- Prescription assistance

Health Education/Prevention and Health Information Needs

The community health needs assessment also revealed unmet or only partially met needs for:

- Ready access to information about health services that are available in the community
- Health education for prevention overall, smoking, obesity, and parenting education
- Injury prevention

Also, there was some direct evidence that health needs are currently being met more successfully for most residents of the community than in the earlier assessments. Specifically, whereas access to primary care was the most important health need identified in the 1995 assessment, 90% of respondents to the 2003 written survey reported that they have access to primary care. This figure should be viewed in the context that 5% of all 2003 telephone survey respondents reported they do not have health insurance, and other data sources suggest that approximately 9-10% of community members overall do not have health insurance.

Appendix (A)

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Jackie Whatmough, City of Concord, Concord Human Services

Appendix (B)

Thomas Aspell, Jr., Concord City Manager
Sylvia Larson, State Senator
Mike Palmeiro, Chair of Merrimack County Provider Network
Christine Rath, Superintendent of Concord School District
Rachel Rowe, Executive Director, Foundation for Healthy Communities
Elizabeth Hager, Executive Director, United Way of Merrimack County
Susan Lynch, MD, NH First Lady
Bob Barry, Police Chief, Concord
Tim McGinley, Acting Fire Chief, Concord
Jackie Watmough, Director of Concord Human Services
Nick Toumpas, DHHS Commissioner
Steve Shurtleff, State Legislator
Tim Sink, President of the Greater Concord Chamber of Commerce