Monadnock Region
Community Benefits Needs Assessment 2008

Participating Organizations:

Cedarcrest Center for Children with Disabilities
Cheshire Medical Center/Dartmouth-Hitchcock Keene
Crotched Mountain Rehabilitation Center
Good Shepherd Rehabilitation and Nursing Center
Home Healthcare Hospice and Community Services
Monadnock Community Hospital
Monadnock Family Services
Monadnock United Way
Prospect Place Assisted Living
Rivermead
Scott Farrar Home

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1. Introduction

As required by RSA 7:32-f, "Every health care charitable trust shall, either alone or in conjunction with other health care charitable trusts in its community, conduct a community needs assessment to assist in determining the activities to be included in its community benefits plan. The needs assessment process shall include consultation with members of the public, community organizations, service providers, and local government officials in the trust's service area, in the identification and prioritization of community needs that the health care charitable trust can address directly, or in collaboration with others. The community needs assessment shall be updated at least every 5 years." Source: 1999, 312:1, eff. Jan 1, 2000. 2004, 213:2, eff. August 10, 2004.

The first community needs assessments in the Monadnock Region resulting from this statute were issued in 2000: one led by Cheshire Medical Center; another led by Monadnock Community Hospital. Each of these documents was updated in 2003, in keeping with the timetable of the original statute. The 2008 Community Needs Assessment coincides with the amended timetable that an update be conducted "at least every 5 years."

On September 17, 2007, a Regional Community Benefits Steering Committee was formed to prepare a single 2008 Community Benefits Needs Assessment for the Monadnock Region. Since the group's inception, it continued to meet on a regular basis: October 22, 2007, January 21, 2008, February 25, 2008 and June 18, 2008. These regular meetings were coupled with much electronic communication in between meetings. The work group consisted of representatives from the following organizations:

- Cedarcrest Center for Children with Disabilities
- Cheshire Medical Center/Dartmouth-Hitchcock Keene
- Crotched Mountain Rehabilitation Center
- Good Shepherd Rehabilitation and Nursing Center
- Home Healthcare Hospice and Community Services
- Monadnock Community Hospital
- Monadnock Family Services
- Monadnock United Way
- Prospect Place Assisted Living
- Rivermead
- Scott Farrar Home

Several regional initiatives started over the five years since the last assessment, including the Cheshire Public Health Network, the SPF-SIG substance abuse planning initiative, the state-wide public health regionalization initiative, and regional transportation planning. These efforts pull together the entire Monadnock region as a planning and program implementation area. In addition, the Steering Committee recognized the regional nature of many of the areas of need first identified in 2000 and again in the 2003 assessment, and decided to work together toward one regional assessment rather than conducting individual assessments at each organization.

Our 2008 process had three components:

- Review the needs identified in the 2003 assessment. Identify collaborative efforts to address these needs. Identify any remaining gaps that require continued attention.
- Review health status information to identify health issues that might be of concern.
- Use focus groups to further define the healthcare related findings from the 2007 Monadnock United Way / Southwestern Community Services community needs assessment.

This report summarizes the work of our Regional Community Benefit Assessment Steering Committee. It identifies health care needs and summarizes our collaborative plan to address some of the most pressing regional needs. Our collaborative approach does not intend to supplant the efforts of each participating organization to address needs as may be prioritized by individual organizations. Rather, our work represents our recognition of the efficiencies gained through sharing limited resources, and our acknowledgement of the regional nature of many of our health related community concerns.

2. Summary of Activities in Response to 2003 Needs Assessments

As noted above, Monadnock area healthcare organizations conducted separate Community Benefits Assessment processes in 2003 for the Keene and Peterborough areas led by the two Monadnock area hospitals, Monadnock Community Hospital and Cheshire Medical Center. Other community organizations that provide service across both hospital service areas participated in both assessment processes including Home Healthcare Hospice and Community Services, Monadnock Family Services, and Monadnock United Way. Several community need reports and documents were used to identify critical issues including:

- 2003 Monadnock United Way Community Assessment
- 2002 City of Keene Community Goals Telephone Survey
- 2002 City of Keene Transportation Master Plan
- 2002 Monadnock Region Housing Focus Group (subgroup of the Council for a Healthier Community)
- 2003 City of Keene Community Goals
- 2003 Dartmouth-Hitchcock Community Health Profile
- Various local focus groups of healthcare providers and consumers from the Monadnock region

Top areas of concern identified from these efforts included:

- Family support in ensuring the safety of children and adolescents (childcare)
- Connecting members of the community with existing health resources (healthcare access)
- Affordable assisted living and housing options for the elderly and disabled
- Dental care access for all age groups
- Transportation to healthcare providers and other service agencies
- Access to primary healthcare
- Information and referral
- Childhood obesity

Each participating organization identified programs and collaborations initiated or strengthened since the 2003 assessment. We catalogued these efforts and identified the area of need to which they respond. It is clear that organizations in the Monadnock region have come together to create many collaborative efforts that address areas of need.

It is the consensus of the Steering Committee members that these initiatives should continue. While we are beginning to meet some of the needs of our region and have made progress, it is too early to say that these efforts have abated needs enough to warrant discontinuing or reallocating resources away from these problems. Efforts to measure the effectiveness of these collaborations, coalitions and programs are underway.

In addition, as noted below in Table 3, the 2008 Monadnock United Way / Southwestern Community Services Community Needs Assessment shows that five out of seven of the top areas of need identified in 2003 remain in the top seven areas of need in 2007: housing, transportation, physical health, mental health, childcare (see Section 4).

3. Summary of Health Status Information

Table 1 summarizes the leading causes of death in New Hampshire in 1950 and 2000. It is clear that many of the same health issues of concern fifty years ago remain of concern today.

Table 1: New Hampshire Leading Causes of Death 1950 and 2000

Top Ten Leading Causes of Death in New Hampshire							
New Hampshire 1950				New Hampshire 1999–2000			
Rank	Cause of Death	Count of Deaths	% of All Deaths	Rank	Cause of Death	Count of Deaths	% of All Deaths
1	Heart Disease	2,119	35%	1	Heart Disease	8,408	29%
2	Cancer	971	16%	2	Invasive Cancer	7,287	25%
3	Cerebral Hemorrhage	480	8%	3	Cerebrovascular Disease	1,968	7%
4	Accidents	303	5%	4	Chronic Lower Respiratory	1,791	6%
5	Influenza and Pneumonia	154	3%	5	Accidents	1,038	4%
6	Aterio Sclerosis	153	3%	6	Diabetes	885	3%
7	Diabetes	120	2%	7	Alzheimer's Disease	846	3%
8	Suicide	87	1%	8	Influenza and Pneumonia	591	2%
9	Nephritis	74	1%	9	Suicide	455	2%
10	Congenital Malformations	73	1%	10	Nephritis	335	1%

Sources: Public Health Statistics, New Hampshire State Department of Public Health, 1950 [36].
Bureau of Disease Control and Health Statistics, Leading Causes of Death of NH Residents (1999–2001), 2005 [35].

Examining disease indicators for Cheshire and Hillsborough counties shows that in general, both areas are similar to the rest of the state, with Cheshire County having slightly higher age-adjusted death rates due to diabetes as compared to Hillsborough and the State, and Hillsborough County having slightly higher age-adjusted death rates due to heart disease as compared to Cheshire County and the State (see Table 2).

As identified in the document " A Pound of Prevention", by the New Hampshire Citizen's Health Initiative Health Promotion Disease Prevention Workgroup, leading causes of death can be attributed to underlying, or preventable, causes of death including:

- Tobacco use
- Physical activity
- Nutrition
- Alcohol use
- Environmental influences
- Preventable injuries
- Mental health

We examined risk factors associated with these underlying causes of death including: percent of overweight and obesity, amount of physical activity, self reported fair to poor health, and consumption of fruits and vegetables. Risk factor estimates for both Cheshire County and Hillsborough County are not significantly different from the balance of the state. However, the percent of persons with obesity in Hillsborough County was slightly higher than Cheshire County or the State (see Table 2.)

Table 2 summarizes population characteristics, disease indicators and risk factors for Cheshire and Hillsborough Counties. We understand that data at the county level, may not fully represent the Monadnock Region as the Peterborough area falls in Hillsborough County which also includes the more urban areas of Manchester and Nashua.

Table 2: Cheshire County, Hillsborough County and New Hampshire Population Characteristics, Disease Indicators, and Risk Factor Estimates

Population Characteristics	**Cheshire County**	**Hillsborough County**	**NH**
2006 Population estimate	77,393	402,789	1,314,895
Population percent change, 4/2000-7/2006	4.8%	5.8%	6.4%
Persons under 18, 2006 (%)	20.3%	24.6%	22.6%
Persons 65 and over, 2006 (%)	14.0%	11.0%	12.4%
High school graduates, percent of persons age 25+, 2000	86.2%	87.0%	87.4%
Bachelor's degree or higher, percent of per age 25+, 2000	26.6%	30.1%	28.7%
Median Household income, 2004	$46,428	$57,228	$53,377
Persons below poverty, 2004 (%)	7.0%	6.6%	6.6%
Land area, 2000 (square miles)	707.40	876.36	8,968.10
Persons per square mile, 2000	104.4	434.8	137.8
Disease Indicator (Rates per 100,000)	**Cheshire County**	**Hillsborough County**	**NH**
Diabetes emergency department visits, 2005			
Crude Rate	138.4	123.4	131.8
Age-adjusted Rate	132.4	120.9	127.0
Diabetes inpatient discharges, 2005			
Crude Rate	85.4	97.7	109.2
Age-adjusted Rate	80.5	96.6	105.0
Diabetes-related inpatient discharges, 2005			
Crude Rate	1,391.2	1,372.8	1,472.0
Age-adjusted Rate	1,572.1	1,418.7	1,403.9
Diabetes deaths, 2003- 2005			
Crude Rate	32.1	21.6	23.6
Age-adjusted Rate	28.8	23.4	23.1
Estimated years of life lost (under 75) from diabetes, 2002-2005	155.9	153.5	140.3
Heart disease emergency department visits, 2005			
Crude Rate			
Age-adjusted Rate	23.3	17.7	24.0

Table 2: Cheshire County, Hillsborough County and New Hampshire Population Characteristics, Disease Indicators, and Risk Factor Estimates

	21.7	17.9	23.6
Heart disease inpatient discharges, 2005 Crude Rate Age-adjusted Rate	 164.3 146.4	 177.4 186.8	 179.2 173.4
Heart disease deaths, 2003- 2005 Crude Rate Age-adjusted Rate	 192.8 168.8	 174.4 185.4	 191.8 184.2
Estimated years of life lost (under 75) from heart disease, 2002-2005	895.1	625.7	787.5
Risk Factor Estimates (95% CI)	**Cheshire County**	**Hillsborough County**	**NH**
Self-reported diabetes, 2006	7.6% (5.1, 10.0)	6.8% (5.4, 8.2)	7.4% (6.7, 8.2)
Overweight, 2006	35.9% (30.1, 41.7)	38.3 %(35.2, 41.1)	38.4% (36.7, 40.0)
Obese, 2006	24.2 %(19.1, 29.3)	39.5 %(36.3, 42.7)	22.4% (21.0, 23.7)
No physical activity in past 30 days, 2005	21.4% (17.0, 25.9)	11.6% (9.5, 13.6)	19.6% (18.4, 20.9)
Fair to poor health status, 2006	11.6% (8.3, 14.9)	10.7%(8.9, 12.5)	11.2% (10.2, 12.1)
Does not consume at least 5 servings of fruits and vegetables a day, 2005	68.2% (63.7, 7206)	72.3 %(69.6, 75.0)	70.9% (69.5, 72.3)

Sources: US Census; Quick Facts, available at http://quickfacts.census.gov; accessed 9/15/08. NH HealthWRQS , NH DHHS, NH Behavioral Risk Factor Surveillance System available at www.nhhealthwrqs.org; accessed 9/15/08.

4. Summary of the 2008 Community Benefits Assessment Process

The Steering Committee reviewed existing information about community needs and health status (see Attachment B: Resources). Included in this review was the Monadnock United Way/Southwestern Community Services community needs assessment completed in 2007. As summarized below in Table 3, physical health ranked in the top three areas of concern among survey respondents in both the 2003 and 2007 surveys.

Table 3 - Monadnock United Way Community Assessment
Most Compelling Need Not Being Met

Rank	2003 Survey	2007 Survey
1	Housing	Housing
2	***Physical health***	Transportation
3	Transportation	***Physical health***
4	Childcare	Mental health
5	Basic material needs	Childcare
6	Substance abuse	Employment
7	Mental health	Household/family issues

Interestingly, as depicted in Table 4, physical health was also in the top three needs most adequately being met.

Table 4 - Monadnock United Way Community Assessment
Needs Most Adequately Being Met

Rank	2003 Survey	2007 Survey
1	Basic material needs	Basic material needs
2	***Physical health***	Recreation and culture
3	Recreation and culture	***Physical health***
4	Mental health	Housing
5	Household/family issues	Childcare
6	Education	Public Safety
7	Employment	Employment

The report attributes this discrepancy to access to care versus the quality of care. "As in the 2003 report, there are once again agencies that highlight physical health as both a need being well met and not being met. The discrepancy underscores the need to focus on specific segments of physical health in future research. It is clear that for those highlighting it as a need not being met, affordable health care is the focus." (2007 Monadnock United Way Assessment, p. 36)

The Steering Committee decided to conduct focus groups to further explore issues, rather than conducting another broad-based survey. Several issues were identified for further exploration including access to healthcare, affordability/cost of health care, transportation, gaps in health information, the stigma relating to mental health services, and expectations for care. The goal of

the focus groups was to probe the knowledge of available resources, identify strategies for addressing gaps in care, and identify strategies for improving health literacy.

The Steering Committee determined that using existing groups with broad representation from the communities in the Keene area and the Peterborough area would be most useful to gather information. The Community Advisory Committee for the Cheshire Medical Center was approached to fulfill the function in the Keene area, and Monadnock Community Hospital approached a group of incorporators and other community representatives to come together in the Peterborough area.

The Cheshire Medical Center hosted a focus group on March 13, 2008, and Monadnock Community Hospital hosted a focus group on April 10, 2008. These focus groups represented people from diverse backgrounds, including consumers, clergy, businessmen and women, healthcare providers of all types, and educators. At each meeting, individual members were asked to identify the top three barriers to healthcare in their community. The group then participated in a facilitated discussion to identify the top barriers to healthcare access.

5. Summary of Results of Focus Groups

Common themes emerged from both focus groups around the barriers to access to healthcare including:

- **Affordability of healthcare**
  Both groups concluded that the lack of affordable insurance coverage, and high deductibles and co-pays for those who did have insurance coverage was a major barrier to access.

- **Transportation to healthcare resources**
  Both groups identified lack of community transportation resources as a barrier. Concern focused on populations groups, such as the elderly, single parent families, students and those with disabilities. The challenges of transportation in rural areas were identified, as well as the lack of availability of health services at times when people may have access to transportation (for example, when a family member gets home from work with the car, the doctor's office is closed.)

- **System resources**
  A number of gaps were identified in local healthcare systems, including not enough doctors available, or an individual not having a regular healthcare provider so the emergency room is used inappropriately. Both groups also identified lack of mental health services and lack of dental services in the region.

- **Navigating the maze**
  Patients may need an advocate to assist them in accessing other resources that could be available for their care.

Table 5 - Results from Keene and Peterborough Groups

Keene	Peterborough
Affordability of healthcare: • Household income/poverty prevent people from accessing services. • Insurance plans were not affordable. • Employers did not provide insurance to workers. • High deductibles and being "under insured" make visits costly. • Lack of knowledge of insurance coverage • Lack of money for prescriptions	Affordability of healthcare: • Lack of insurance/affordability • High co-pays • Stigma for families to be on Healthy Kids • Young people in the gap • Constraints of the insurance plan
Transportation to healthcare facilities: • Ability to physically get to medical facilities, particularly for some populations including the elderly, those with disabilities, single parent families.	Transportation to healthcare facilities: • Concern for the non-elderly, particularly students • Availability/timing issues

Table 5 - Results from Keene and Peterborough Groups

Keene	Peterborough
• Transportation in a rural area is challenging. • The need to depend on someone else for transportation to access services	
System resources: • Individuals not having an assigned physician as a regular care provider • The availability of PCP's • Lack of availability of mental health services • Lack of dental health services • Lack of adequate time with the provider	System resources: • Not enough doctors so emergency room is used inappropriately • After hours care/clinic needed • Gaps in mental health services for all ages • Dental care for middle school, high school and adults
System/ navigation issues: • Individuals not having an advocate or someone to advocate on their behalf. • Individuals not knowing when they are sick enough to seek care • Fears of the institution causes procrastination in accessing services • Lack of knowledge of services that are available and where to go for them	System/ navigation issues: • Crisis intervention • Should doctor hand off to a "navigator" or patient advocate who helps with the next steps? • Awareness of services by staff at all touch points • Ability for the consumer to access services if there is no computer available

6. Collaborative Plan for Community-based Activities

As summarized in Section 4, the top four priority issues associated with access to care were identified as: affordability, transportation to healthcare resources, availability of healthcare providers, and "navigating the maze". Admitting that more resources are needed, the Steering Committee concluded that there are many existing programs to help with affordability and transportation, and that efforts are underway across the region to attract and retain providers. The Steering Committee also admitted that these are the hardest issues before our region, and that we should continue to discuss how to address these issues over time.

The Steering Committee agreed that we could tackle the "navigating the maze" issue through a regional collaborative approach. The Steering Committee outlined the plan summarized in Table 6 as a response to this assessment. We agreed that our collaborative plan will not supplant efforts underway to address the myriad of community needs as identified elsewhere, nor will it derail ongoing community benefit activities that address previously identified needs. Rather, this plan should compliment and enhance existing efforts.

Table 6: Collaborative Plan in Response to Assessment

Overall Goal: Assist patients in advocating and accessing resources that could be available for their care by developing and distributing a resource guide about "navigating the healthcare maze."	
	Planned Activities
1	*Create a workgroup with stakeholders from participating organizations*
	a. Identify other organizations to invite to participate
	b. Establish work plan, timeline and responsibilities for the workgroup
2	*Investigate available resources for various consumer groups*
	a. Work with NH 211 and ServiceLink's Refer Seven systems to avoid duplication
	b. Review sample resource directories and existing guides published about the Monadnock Region, both print and online searchable
	c. Identify financial resources and information specific to health insurance to detail of each resource
3	*Agree on potential direction/goal of the resource directory*
	a. Investigate potential for print versus online information
	b. Identify resources for publication and distribution
	c. Identify resources for sustainability

A. Summary of Collaborations by Area of Need Addressed

Attachment A: Summary of Collaborations by Area of Need

Areas of Need

A. Family support in ensuring the safety of children and adolescents (childcare)
B. Connecting members of the community with existing health resources (healthcare access)
C. Affordable assisted living and housing options for the elderly and disabled
D. Dental care access for all age groups

E. Transportation to health care providers and other service agencies
F. Access to primary health care
G. Information and referral
H. Childhood obesity
I. Other

Regional Collaborations and Programs	A	B	C	D	E	F	G	H	I
Advocates for Healthy Youth								✓	
Alzheimer's Walk Committee							✓		
Antrim Girls School	✓								✓
Cheshire Coalition for Tobacco Free Communities				✓					✓
Cheshire County After School Network	✓						✓	✓	
Cheshire County Alternative Sentencing Project	✓								
Cheshire Smiles									
Cheshire Public Health Network – Public Health Preparedness									✓
Communities and Schools Together - Winchester								✓	✓
Community Health Education Collaborative		✓					✓		✓
Community Network Team									✓
COAD – Community Organization Active in Disaster	✓	✓							✓
Council for a Healthier Community		✓	✓	✓		✓	✓	✓	✓
Creating Positive Change									✓
Dental Public Health Taskforce		✓		✓					
Disaster Behavioral Response Team	✓								✓
Early Home Support Program	✓						✓		
First Course									✓
Giving Monadnock									✓
Heading for Home			✓						
Healthy Eating Active Living (HEAL) Action Planning Group								✓	
Hinsdale Prevention Coalition									✓
Geriatric Research Group		✓	✓		✓	✓	✓		✓
It's About Us/It's About Parents	✓						✓		
Jaffrey Chamber of Commerce							✓		✓

Attachment A: Summary of Collaborations by Area of Need

Areas of Need

A. Family support in ensuring the safety of children and adolescents (childcare)
B. Connecting members of the community with existing health resources (healthcare access)
C. Affordable assisted living and housing options for the elderly and disabled
D. Dental care access for all age groups
E. Transportation to health care providers and other service agencies
F. Access to primary health care
G. Information and referral
H. Childhood obesity
I. Other

Regional Collaborations and Programs	A	B	C	D	E	F	G	H	I
Jaffrey Schools							✓		✓
Jaffrey District Court									✓
Keene Rotary Success by Six							✓		
Keene State College Community Projects							✓		✓
Monadnock Action Network for Youth	✓								
Monadnock Alcohol and Drug Abuse Coalition									✓
Monadnock Area Transitional Housing			✓						
Monadnock Assisted Living Facilities Group			✓				✓		
Monadnock Center for Violence Prevention	✓								
Monadnock Employment Project									✓
Monadnock Healthy Teeth				✓					
Monadnock Partnership	✓	✓	✓	✓	✓	✓	✓	✓	✓
Monadnock Senior Advocates							✓		✓
Monadnock Talks	✓								
Monadnock Voices for Prevention									✓
NH 2-1-1							✓		
River Center	✓						✓		
RSVP		✓				✓			✓
SAU #29 – Safe and Drug Free Schools	✓								
Southwest Regional Planning Commission - Transportation					✓				
Transportation Demand Management Committee					✓				
Transportation Advisory Committee					✓				
Traveling Adult Dental Service				✓					
Under One Roof –Contoocook Valley Transportation Cooperative					✓				

B. Resource Documents

Southwestern Community Services/Monadnock United Way Community Assessment 2006 - 2007: www.muw.org

Working Together to Assure a Healthy Public: The State of New Hampshire's Health. March 2007. New Hampshire Department of Health and Human Services, Division of Public Health Services: www.dhhs.nh.gov/DHHS/DPHS/LIBRARY/Data-Statistical+Report/healthypublic.htm

Measuring the health of the Healthcare System of New Hampshire: New Hampshire's Healthcare Dashboard. December 2007. New Hampshire Center for Public Policy Studies: www.nhpolicy.org

A Pound of Prevention. January 2007. New Hampshire Citizen's Health Initiative, Health Promotion Disease Prevention Policy Team: www.steppingupnh.org

Community Benefit Reports 2003 - 2007 for Cheshire Medical Center: www.cheshire-med.com

Community Benefit Reports 2003 - 2007 for Monadnock Community Hospital: www.monadnockhospital.org

C. Partner Organization Websites for Further Information About Ongoing Community Benefit Activities

Cedarcrest Center for Children with Disabilities: www.cedarcrest4kids.org

Cheshire Medical Center/Dartmouth-Hitchcock Keene: www.cheshire-med.com

Crotched Mountain Rehabilitation Center:
www.crotchedmountain.org/crotchedmountain/html/home.htm

Good Shepherd Rehabilitation and Nursing Center: www.nh-cc.org

Home Healthcare Hospice and Community Services: www.hcsservices.org

Monadnock Community Hospital:www.monadnockhospital.org

Monadnock Family Services: www.mfs.org

Monadnock United Way: www.muw.org

Prospect Place Assisted Living: www.prospectplacekeene.com

Rivermead: www.rivermead.org

Scott Farrar Home: www.scott-farrar.com