Foundation *for* Healthy Communities

New Hampshire Hospital Association

2015 Report on NH Community Health Needs & Benefits: An Overview of Hospital Activities

This report summarizes the most recent community health needs assessment information collected by hospitals in New Hampshire for reporting to the NH Attorney General's Division of Charitable Trusts, and community benefits information reported to the US Internal Revenue Service (IRS 990, Schedule H). The Foundation for Healthy Communities gathered this information on community health needs and benefits to provide a statewide overview of the individual hospital community reports. In addition, as the health care system shifts toward a framework that addresses total population health, we want to increase awareness of new opportunities that align community health needs assessments and community benefit activities to support healthier communities.

Community Health Needs Assessment

Since 2000, non-profit hospitals and other health care charitable trusts in New Hampshire are required to identify the priority health needs and concerns of their community based on a needs assessment and community engagement process. The Community Needs Assessment must be done and reported to the State every five years (RSA 7:32-f). These community needs assessments are intended to help guide health care trusts in New Hampshire in determining activities to be included in their community benefits plans. In 2012, the Patient Protection and Affordable Care Act (ACA) initiated a new requirement that non-profit hospitals must conduct a community health needs assessment every three years (Section 9007, IRS Code, 501r) and report to the Federal government.

The Foundation for Healthy Communities has worked with non-profit hospitals and other health care charitable trusts for more than 15 years to support community needs assessment efforts. We have used the information collected in these assessment efforts to address needs that extend beyond individual hospital service areas. For instance, community health needs such as lack of access to affordable prescription medicine led to establishing the NH Medication Bridge Program, and the need for more affordable medical care led to creating the NH Health Access Network.

In 2015, the Foundation coordinated a unique opportunity for a community health needs assessment (CHNA), where the 24 non-profit acute care hospitals in New Hampshire were invited to partner to create a common telephone survey instrument administered through a

random-digit dialing (RDD) methodology. All but one hospital had conducted their CHNA survey by convenience sample on a website or by distributing paper surveys to health facilities or by mail. Survey instruments from 13 hospitals were studied and compared in creating a RDD survey instrument. The group discussed various social determinants of health and included specific questions to better understand them. Also, the group sought to eliminate questions that resulted in data already collected through other surveys, such as the Behavioral Risk Factor Surveillance Survey (BRFSS). A Request for Proposals was developed to solicit bids from vendors to conduct the survey. Six vendors submitted bids and the group selected RKM Research from Portsmouth, NH to conduct the NH Collaborative Community Health Needs Assessment (NH Collaborative CHNA) survey. The RDD survey was conducted between September 21 and November 6, 2015.

The ten hospitals that participated in the NH Collaborative CHNA survey are:

Androscoggin Valley Hospital – Berlin
Concord Hospital - Concord
Dartmouth-Hitchcock Medical Center – Lebanon
Franklin Regional Hospital – Franklin
Lakes Region General Hospital – Laconia
Littleton Regional Healthcare – Littleton
Monadnock Community Hospital – Peterborough
Upper Connecticut Valley Hospital – Colebrook
Weeks Medical Center – Lancaster
Wentworth-Douglass Hospital – Dover

Their combined primary service areas included 120 of the 234 cities and towns in the State. One or more of the 120 municipalities were located in all counties except Rockingham County. The cities of Manchester and Nashua were not in the NH Collaborative CHNA survey because the four hospitals in those cities use a survey process led by their respective city public health departments. Other hospitals that did not participate in the NH Collaborative CHNA survey cited reasons of cost and the timing of the RDD survey in relation to their on-going processes. There are two for-profit acute care community hospitals in New Hampshire that are not required to do a survey.

This report summarizes findings from telephone interviews with 2,691 New Hampshire residents that live in the primary service areas of the ten hospitals that participated. The sampling margin of error for the 2,691 respondents was +/- 1.9 percent. The margin of error for individual hospitals varied based on the sample size and population in their primary service areas. The total sample and individual hospital sampling were weighted by post-stratification weights for age and gender to match known parameters from the US Census.

There is a significant amount of information from this survey and each hospital has more detailed results for their service area. Some summary highlights from the following Figures include:

- **Self-reported overall health** was excellent or very good by more than half (58%) of all respondents but amongst lower income (<$35K) people this number was 45% and among adults with only a high school or less it was 46%.
- Respondents identified the top three problematic (fair or poor) **social determinants of health** in their communities as access to good jobs (55%), good public transportation (48%) and affordable housing (38%). Clean air and water was identified as the least problematic with 71% of people rating it excellent or very good.
- Serious (extremely/moderately) **behavior problems** identified in the health of the community were drug use (48%), poor eating habits (25%), alcohol use (24%), tobacco use (24%), lack of exercise (22%) and stress/anxiety (20%). Neighbors not looking out for each other was identified as not a serious problem by 65% of respondents. Social capital or connectivity among neighbors was positive.
- A large number of Non-White respondents reported **getting needed health services** in their community to be an extremely serious problem (14%) compared to white respondents (5%).
- Respondents were asked to recommend **funding priorities to improve health** and the top five priorities were: drug treatment and recovery services (48%); home health care services for elders (36%); alcohol treatment and recovery services (34%); food assistance programs (28%) and mental health care (27%).
- Examining **recommended funding priorities by race** illustrates some variation with Non-Whites ranking access to mental health care, food assistance programs and access to medical care as the top three priorities compared to drug treatment and recovery services, alcohol treatment and recovery services and food assistance programs among White respondents.
- Access to routine **dental care** was assessed based on the last time a person visited a dentist with 25% of adults reporting a year or more since their last visit and 3% could not recall their last dental visit. For children in the household, 4% reported a year or more since visiting a dentist and 8% of respondents could not recall when they visited the dentist.
- More than one in four respondents (26%) reported an increase in difficulty in their **ability to get health care** in the past few years with half of respondents reporting no change and 24% of people reporting it is less difficult to get health care.
- **Poor eating habits** were identified as an extremely serious problem by 8% of white respondents and 0% by non-white respondents. More than 1 of 5 non-white (23%) respondents were unsure about the problem of poor eating habits in their community compared to 6% unsure among white respondents.

Figure # 1 NH Collaborative CHNA

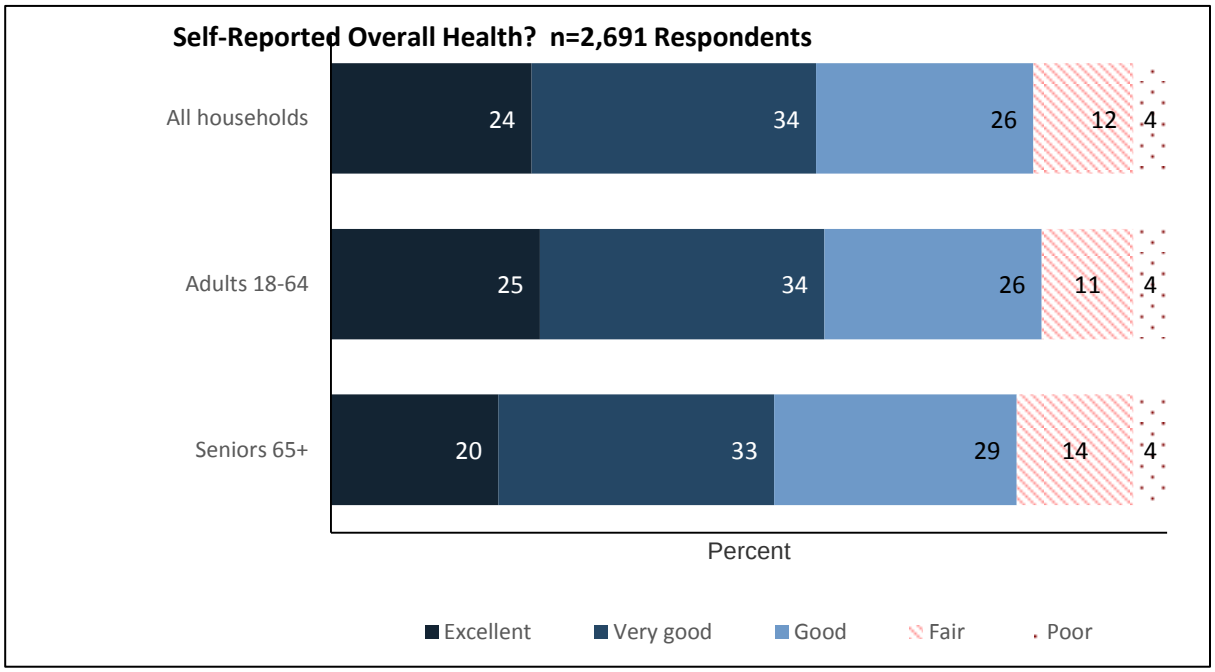


Figure # 2 NH Collaborative CHNA

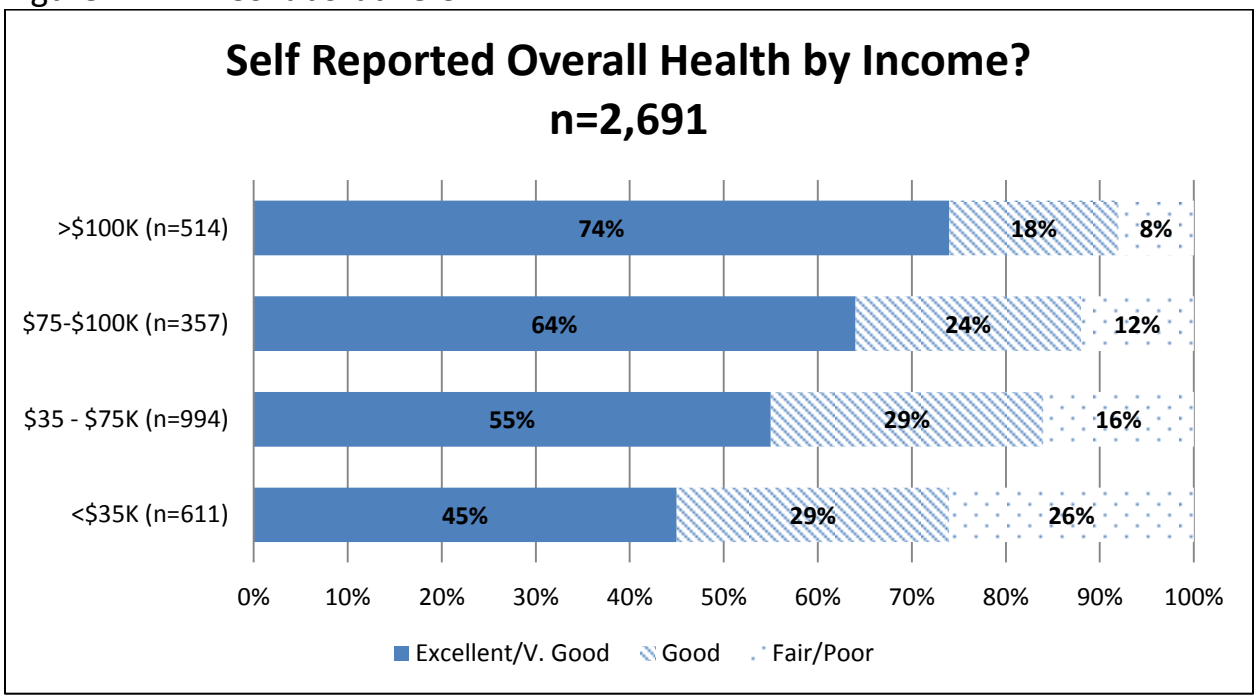
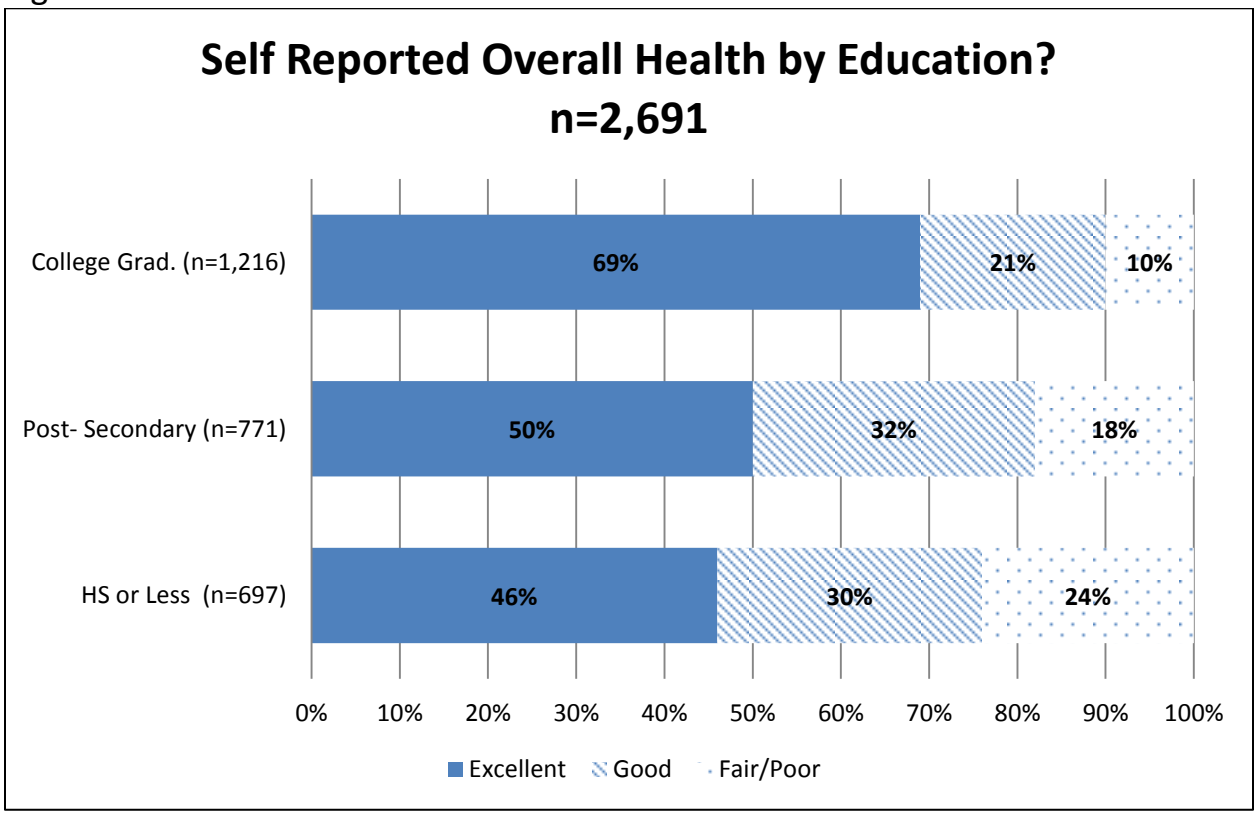


Figure # 3 NH Collaborative CHNA



This survey incorporated questions about social determinants of health because the participating hospitals and health systems recognize that total population health requires more than a focus on only medical, nursing and other clinical care. Total population health addresses the health outcomes of a group of individuals including the distribution of such outcomes within a geographic area according to the National Quality Forum, Jacobson & Teutsch. The World Health Organization defines the social determinants of health as conditions in which people are born, grow, work, live and age, and the wider set of forces and systems that shape daily life. Specific factors among social determinants of health that contribute to an individual's current state of health include: socioeconomic (40%); individual behavior (30%); clinical (20%); and physical environment (10%) according to the University of Wisconsin Population Health Institute, 2010.

Figure # 4 NH Collaborative CHNA

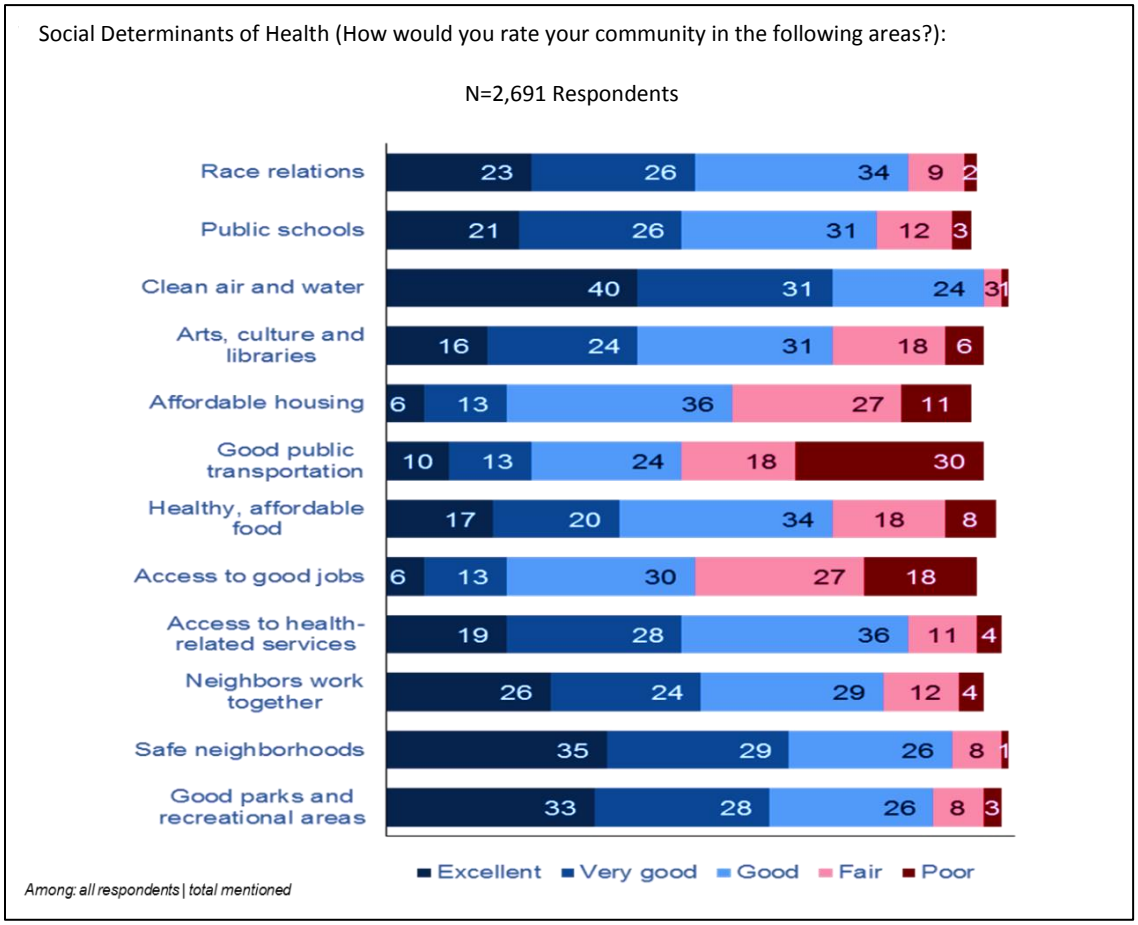


Figure # 5 NH Collaborative CHNA

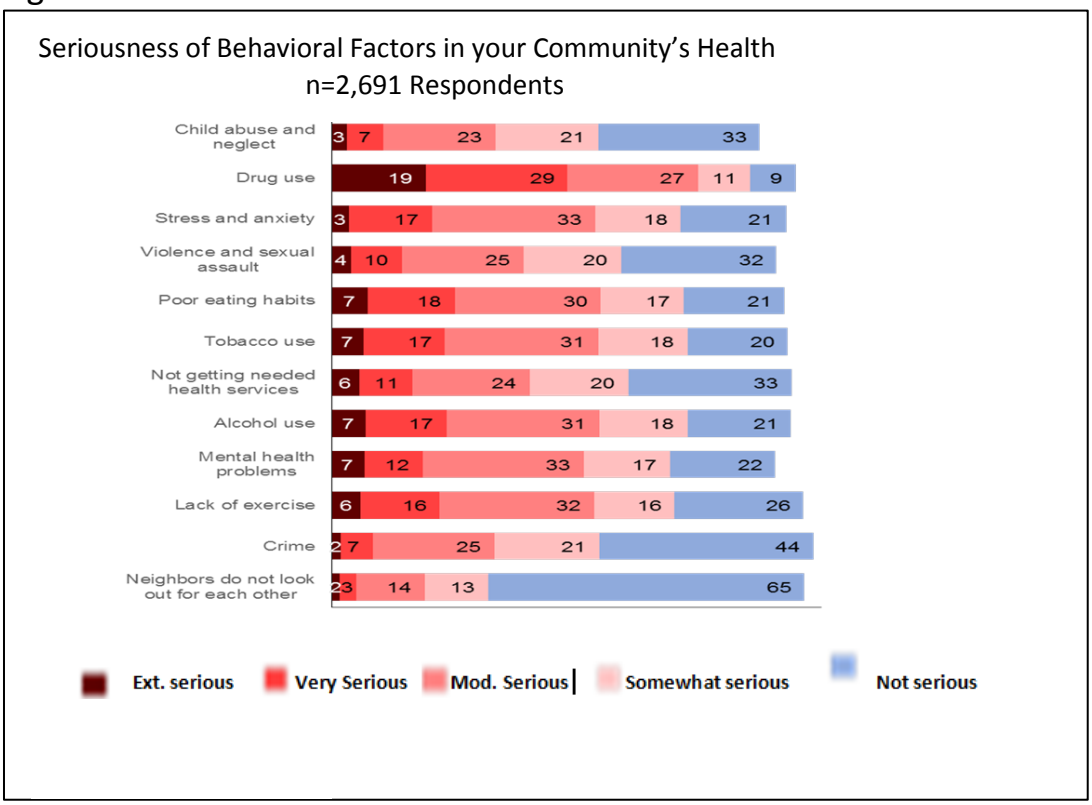


Figure # 6 NH Collaborative CHNA

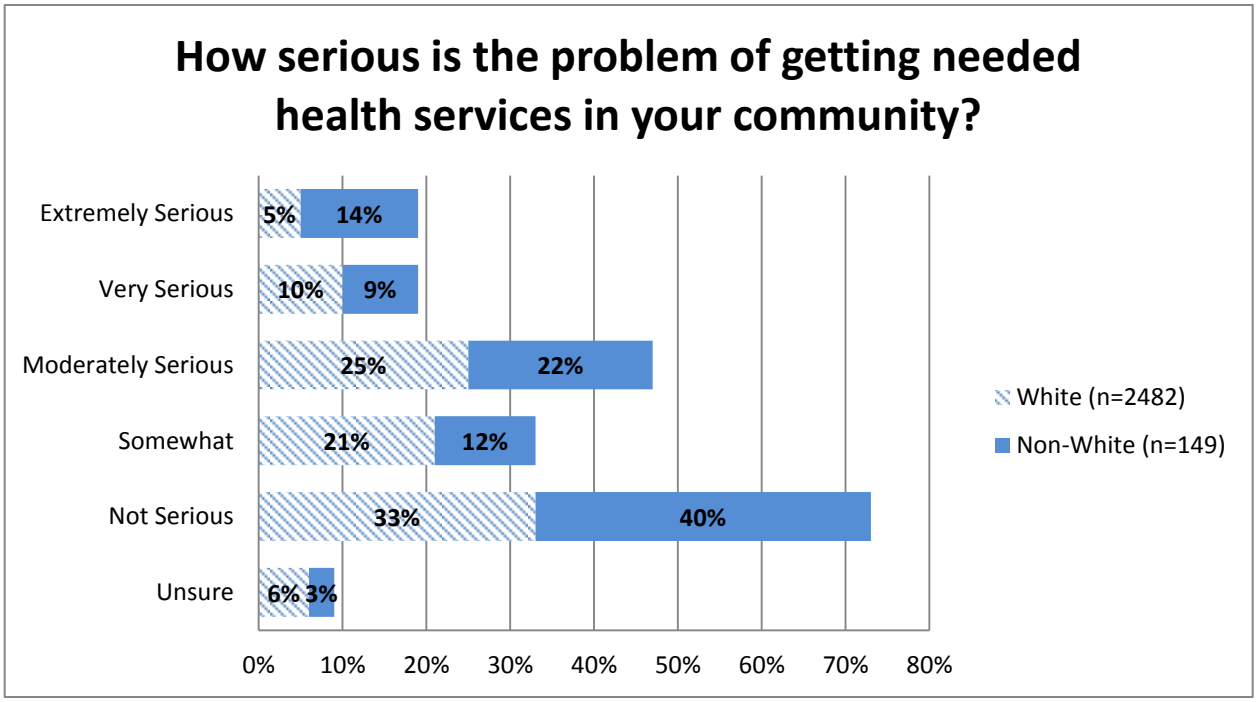


Figure # 7 NH Collaborative CHNA

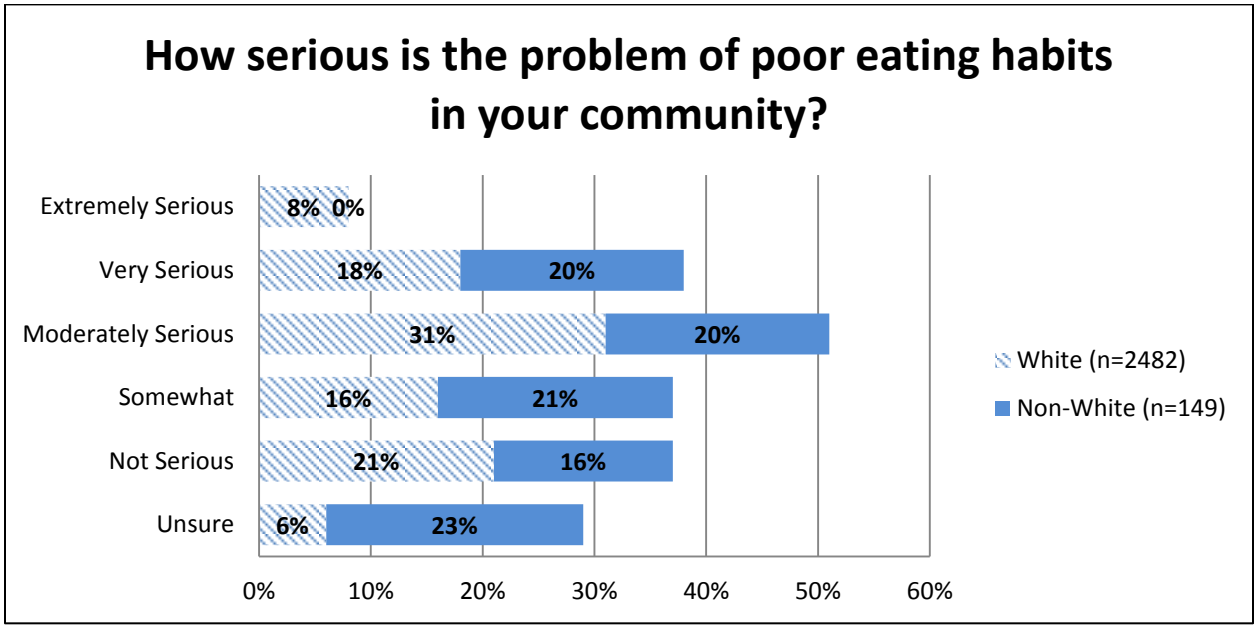
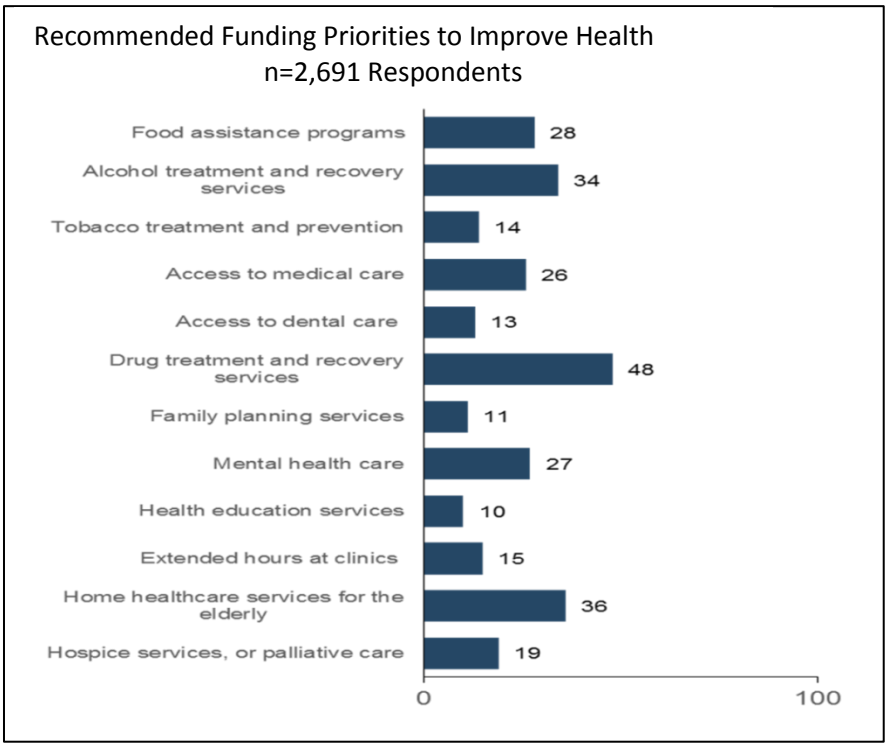


Figure # 8 NH Collaborative CHNA



A general comparison between asking community members about recommended funding priorities for this report, based on the NH Collaborative CHNA by ten hospitals, with the priority community health needs identified by community members for the '2014 Report on Community Health Needs & Benefits: An Overview of Hospital Activities' found that:

- Substance abuse ranked first in 2015 and ranked third among priorities in the 2014 Report;
- Access to health care ranked first in the 2014 Report and ranked sixth among all priorities in the 2015 NH Collaborative CHNA; and
- Mental health care ranked third in the 2014 Report and ranked fifth among all priorities in the 2015 NH Collaborative CHNA.

The survey methodology for the NH Collaborative CHNA was more specific than the convenience sampling methods used by hospitals for the 2014 Report.

Figure # 9 NH Collaborative CHNA

Recommended Funding Priorities to Improve Health in your Community by Race?			
White (n=2,482)		Non-White (n=149)	
1. Drug treatment and Recovery Services	50%	1. Access to Mental Health Care	32%
2. Alcohol treatment and Recovery Services	35%	2. Food Assistance Programs	28%
3. Food Assistance Programs	28%	3. Access to Medical Care	25%

Figure # 10 NH Collaborative CHNA

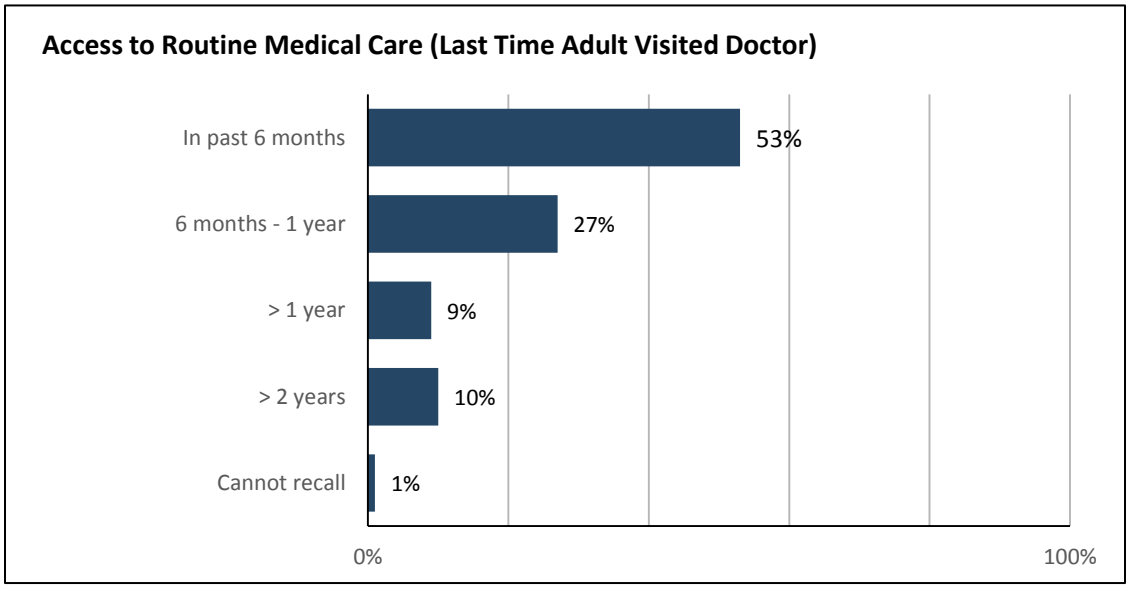


Figure # 11 NH Collaborative CHNA

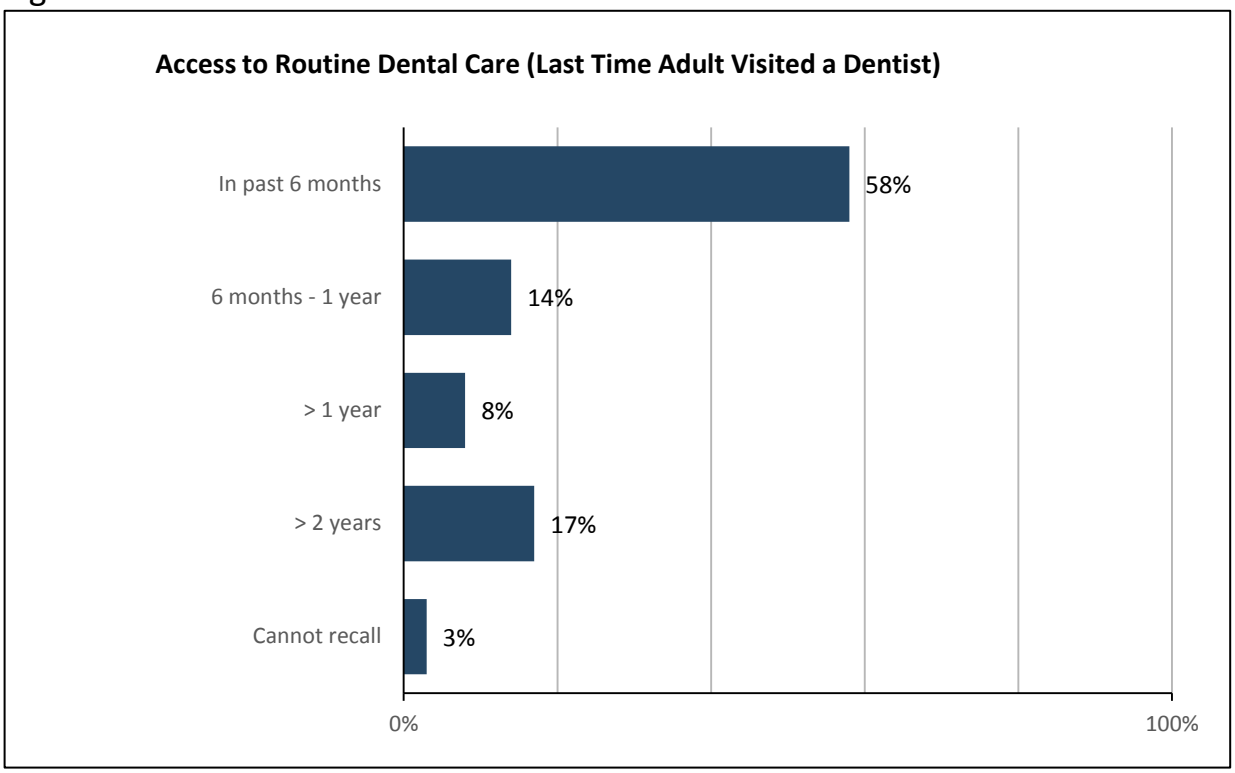


Figure # 12 NH Collaborative CHNA

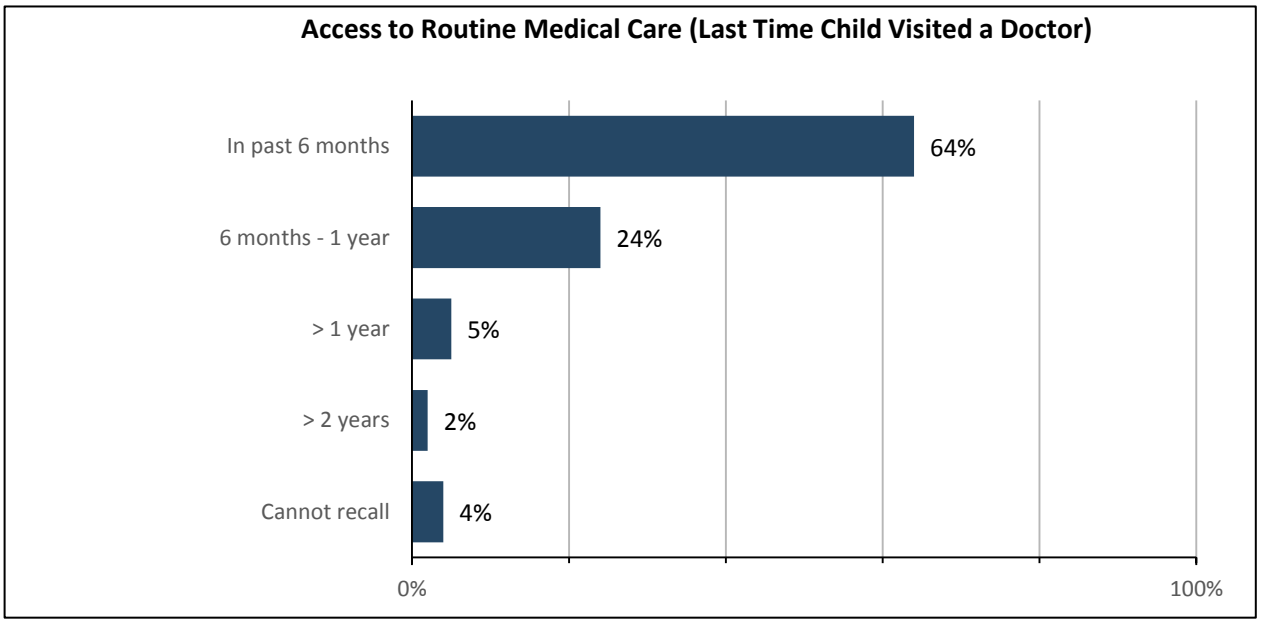


Figure # 13 NH Collaborative CHNA

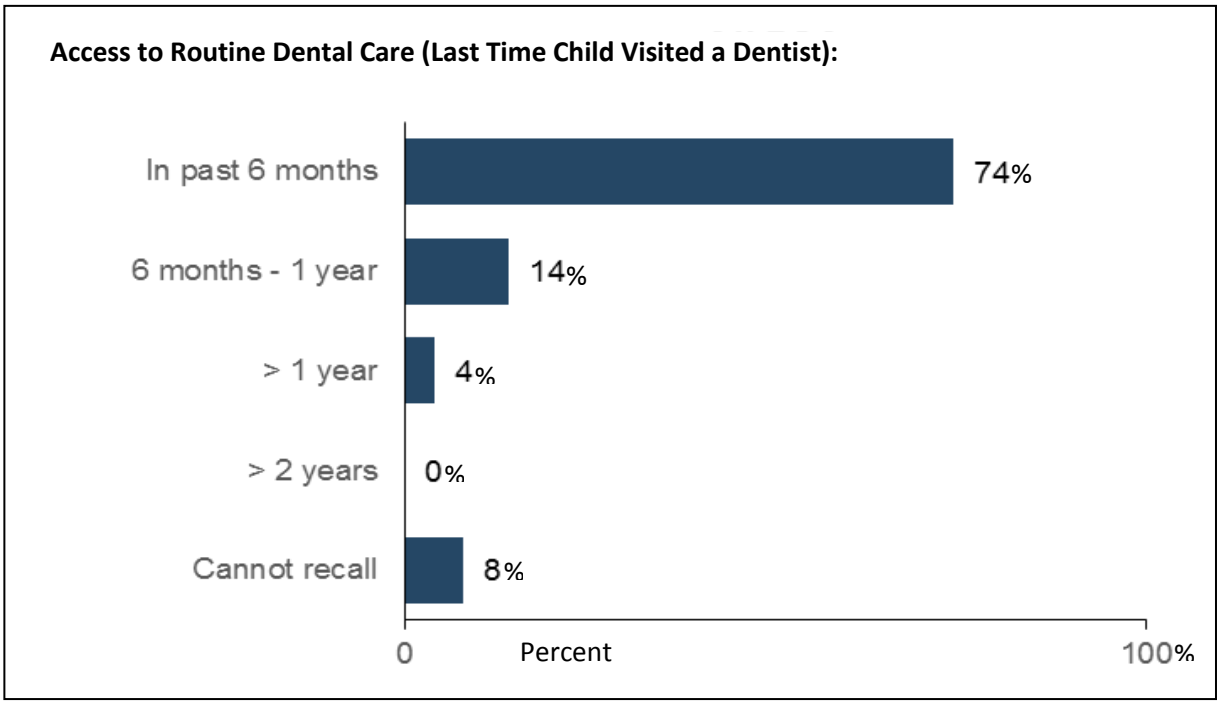
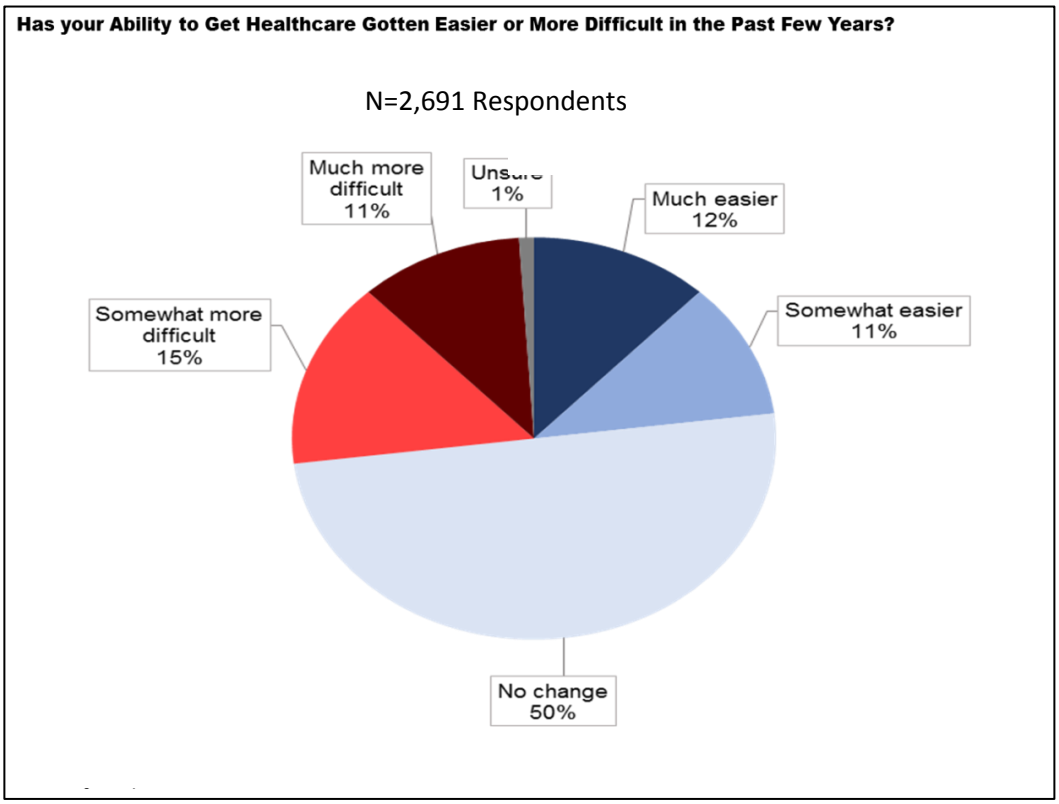


Figure # 14 NH Collaborative CHNA



General characteristics of the sample population are summarized in Figures 15-19.

Figure # 15 NH Collaborative CHNA

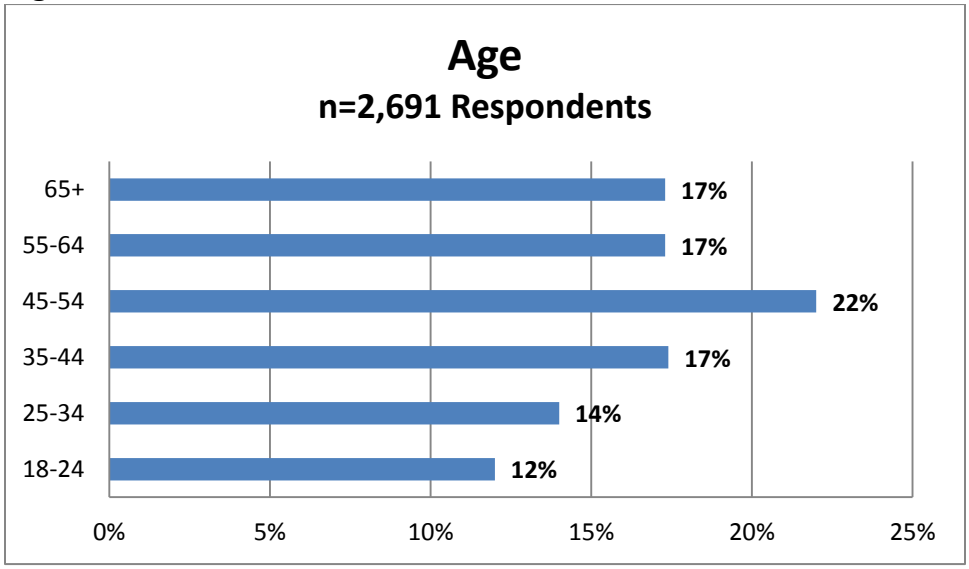


Figure # 16 NH Collaborative CHNA

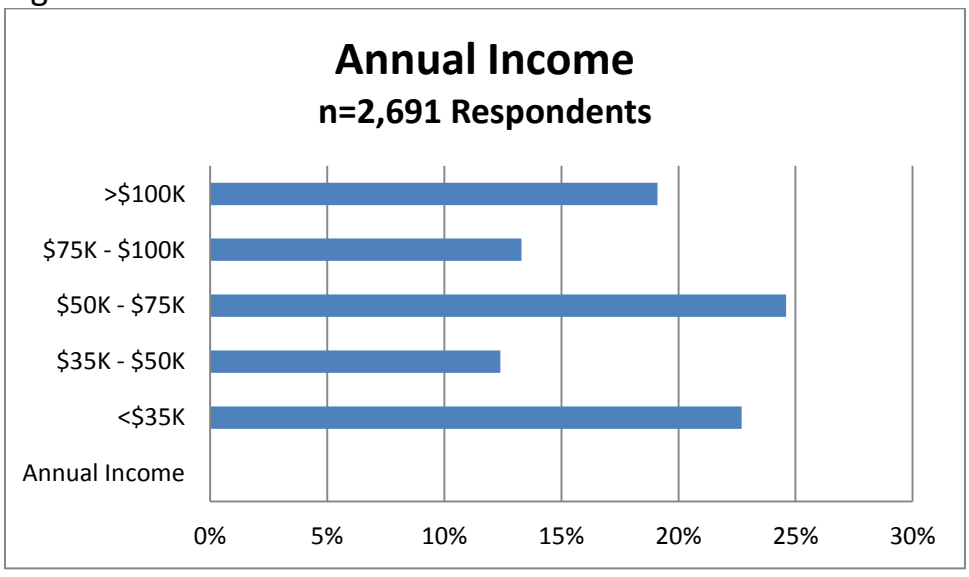


Figure # 17 NH Collaborative CHNA

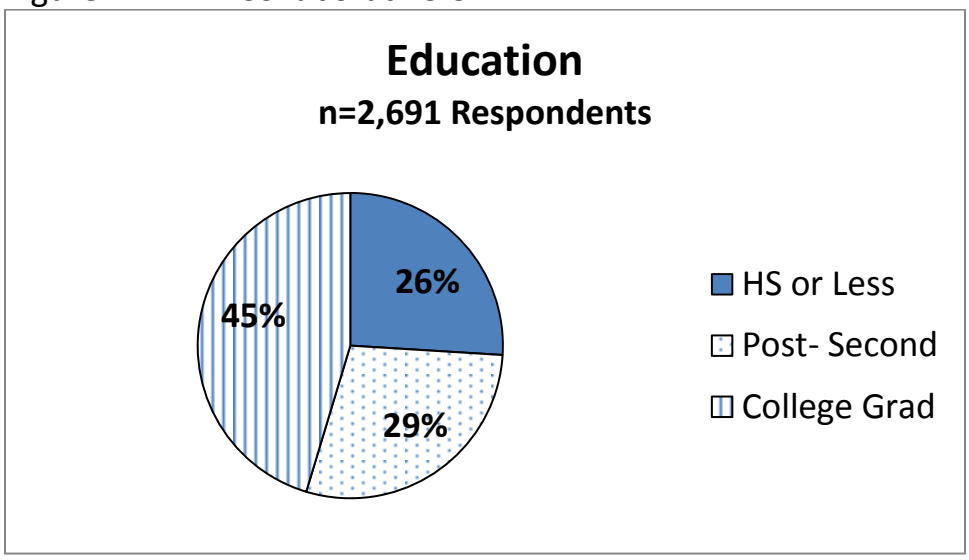


Figure # 18 NH Collaborative CHNA

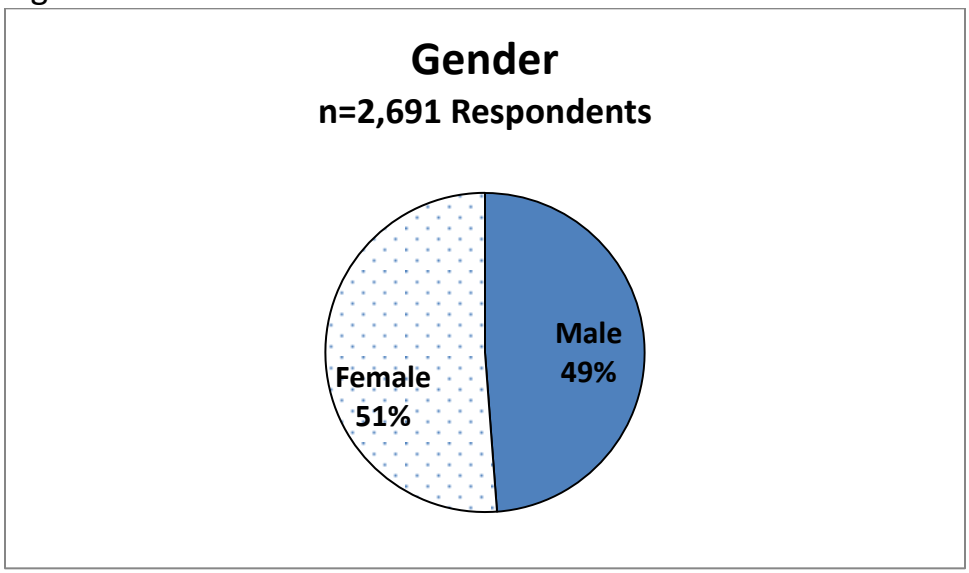
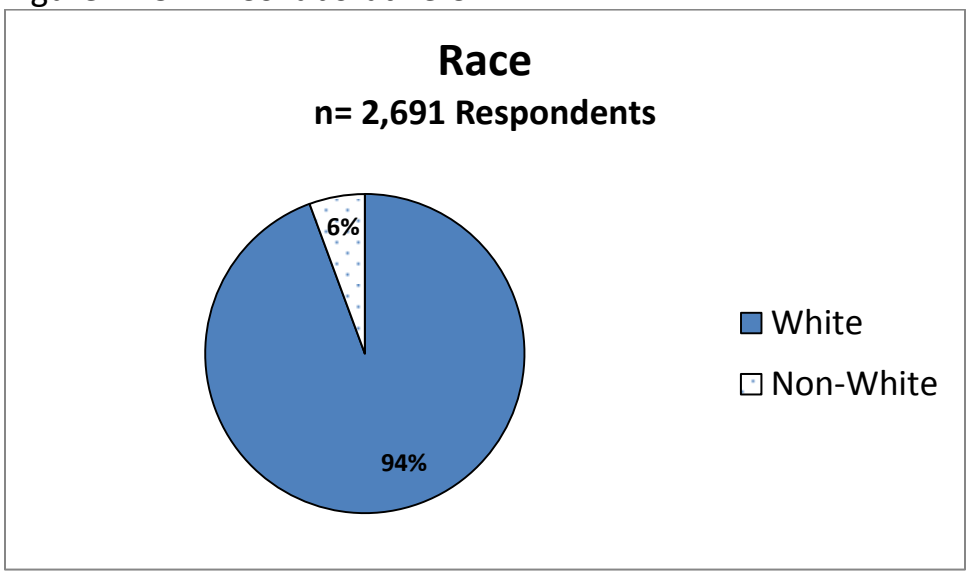


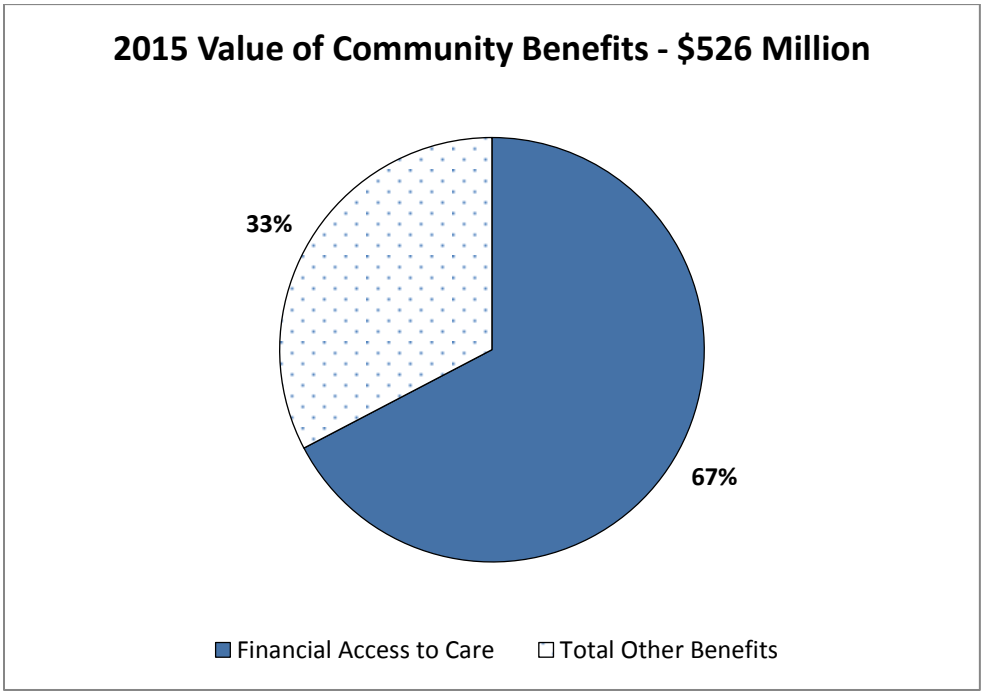
Figure # 19 NH Collaborative CHNA



Community Benefits

Community benefits reporting is organized into eight general categories for the IRS 990 Schedule H report. These categories include: Financial Assistance; Unreimbursed Medicaid; Costs of Other Means Tested Government Programs; Community Health Improvement Services; Health Professions Education, Subsidized Health Services; Research; and Cash and In-kind Contributions. The 24 non-profit community hospitals in New Hampshire provided more than half a billion dollars ($526 M) in the total value of reported community benefits according to their most current (2014) IRS 990 Schedule H reports. Figure 20 displays the total financial value for two general dimensions of community benefit expenditures.

Figure # 20



Financial assistance for access to health care (Financial Assistance; Unreimbursed Medicaid; Costs of Other Means tested Government Programs) accounted for $354.1 million (67%) of the total community benefits with another $171.8 million (33%) provided in the other five categories of community benefits. Examples of the 'Other Community Benefit' expenditures include mobile medical vans; scholarships for health careers; cash grants to community agencies for work that supports health, etc.

Examining financial access to health care more closely identified $98.7 million (28%) in direct financial assistance (e.g., charity care) at cost to low income persons and $254.9 million (72%) in unreimbursed Medicaid costs.

Hospitals reported $100.1 million in subsidized health services. These are expenditures to maintain essential community health services (subsidies to primary care practices in medically underserved areas, psychiatric services, etc.) that are not counted as direct financial assistance (e.g., charity care) or shortfalls from government insurance programs.

Medicare revenues totaled $1.1 billion among the 24 hospitals in this report. Among hospitals reporting a Medicare shortfall, the range was from $46.9 million to $216,389. Six hospitals (all designated as a Critical Access Hospital) reported no Medicare shortfall.

This is the fourth year that we have prepared an annual statewide report on community benefit expenditures for the 24 non-profit acute care hospitals in New Hampshire. Below are three figures that identify trend lines over the past four years. Financial assistance for access to health care (e.g., Financial Assistance; Unreimbursed Medicaid; Costs of Other Means tested Government Programs) increased by $90.8 million or 35% over the past four years. Total Other Community Benefits (e.g., Community Health Improvement Services; Health Professions Education, Subsidized Health Services; Research; and Cash and In-kind Contributions) increased $30.1 million or 21% and total overall value of all community benefits was $121 million or an increase of 30%.

Figure # 21

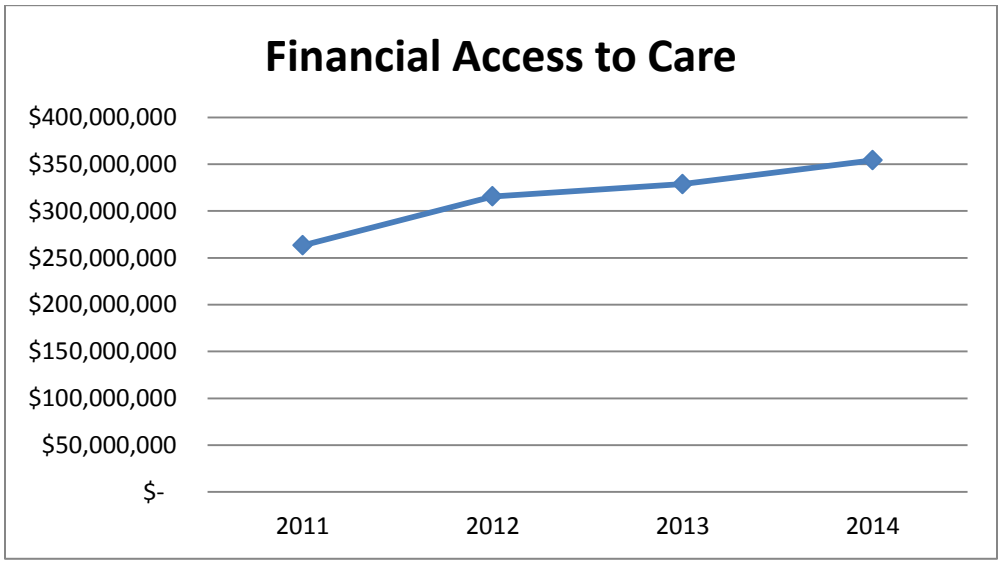


Figure # 22

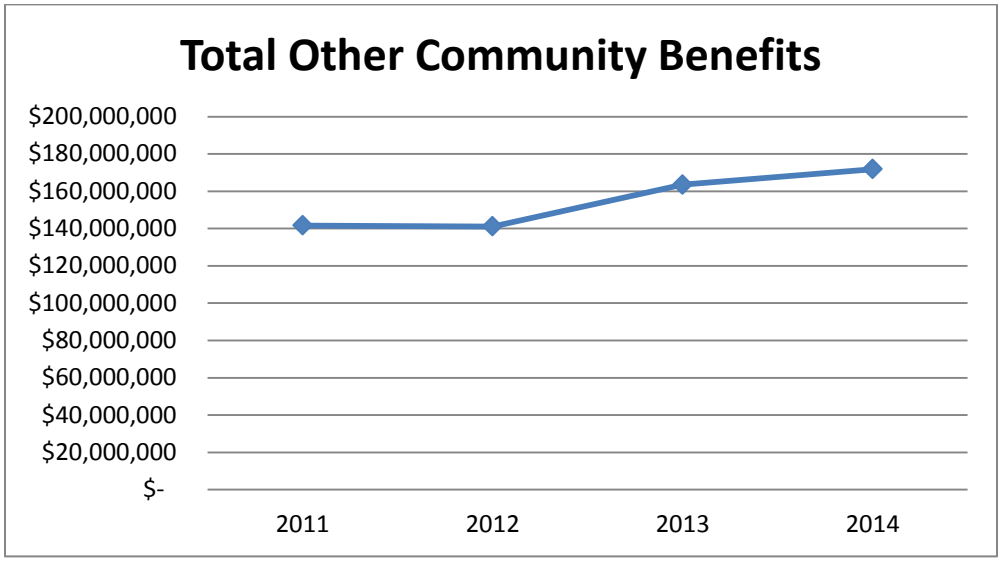
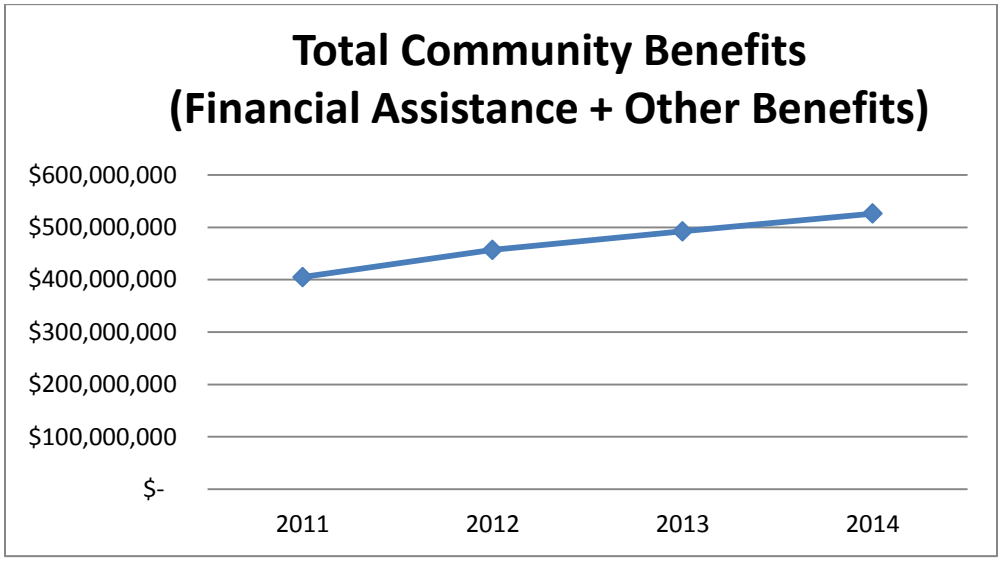


Figure # 23



Background & Data

All health care charitable trusts with fund balances of $100,000 or more in the state of New Hampshire have been required to file an annual Community Benefits Report since 2000 to the NH Division of Charitable Trusts. The reporting form is based upon requirements of RSA 7:32c-l which requires health care charitable trusts to develop an annual community benefits plan and publicly make available their community activities. The annual plan is based upon a community needs assessment that the health care charitable trust must complete every five years.

The Community Health Needs Assessment of this '2015 Report' only includes information from ten non-profit community hospitals that participated the NH Collaborative CHNA in 2015. It does not include any Community Health Needs Assessment information from the other 14 non-profit community hospitals or from all health care trusts (e.g., community health centers, visiting nurse agencies, nursing homes, etc.) that report to the State. The NH Office of the Attorney General's Division of Charitable Trusts published a Community Benefits Reporting Guide in November 2008 to help create a more consistent framework for reporting, which included a new Community Benefits Reporting Form. Community Benefit Reporting Forms from all health care charitable trusts in New Hampshire are collected by the Division of Charitable Trusts. The needs assessment data is reported in the Community Needs Assessment - Section 3 of the NH Community Benefits Reporting Form. Health care trusts are required to list high priority needs based upon the Community Needs Assessment. A common coding typology is provided by the Division of Charitable Trusts to identify community need categories.

This report study did not include Portsmouth Regional Hospital and Parkland Medical Center (Derry) because they are for-profit corporations and not subject to this State law. Information for Franklin Regional Hospital is included within the LRGHealthcare Community Benefit Report Form. Data from the US Department of Treasury's Internal Revenue Service (IRS) 990 and Schedule H forms for 2014 were used to summarize the reported community benefit financial information.

About Us

The mission of the Foundation for Healthy Communities is to improve health and health care in communities through partnerships that engage individuals and organizations, and is an affiliated organization of the New Hampshire Hospital Association. Learn more at www.healthynh.com. The mission of the New Hampshire Hospital Association is to provide leadership through advocacy, education and information in support of its member hospitals and health care delivery systems in delivering high quality health care to the patients and communities they serve. Learn more at www.nhha.org.