



**Harrington**  
**HEALTHCARE SYSTEM**  
*Compassionate Quality Care*

## **2019 Community Benefits Report**

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## ABOUT HARRINGTON

Harrington HealthCare System services approximately 200,000 residents across south central Massachusetts and northeastern Connecticut.

The regional healthcare system includes:

- two anchor locations and emergency care centers in Southbridge and Webster;
- a physician group with over two dozen office locations;
- three outpatient physical therapy/occupational therapy sites;
- a free-standing cancer center (jointly operated by 21<sup>st</sup> Century Oncology) with infusion, hematology, care management, nurse navigators and radiation treatment;
- behavioral health continuum of care including inpatient, outpatient, step-down programs, mental health and addiction treatment;
- wound care;
- imaging;
- inpatient adult care and other critical outpatient and ancillary services.

### About the Harrington Community

The communities Harrington services are largely split between predominantly white, middle-class Americans and communities of larger Latino/Hispanic descent with lower socioeconomic indicators. This combination provides a challenging but eclectic population to customize different outreach programs and services.

Town	Census (2010)
Brimfield	3609
Brookfield	390
Charlton	12981
Douglas	8500
Dudley	11390
East Brookfield	2183
Eastford, CT	1749
Fiskdale	2974
Holland	2481
Killingly, CT	17370
Monson	8560
Oxford	11291
N. Brookfield	4680
N. Grosvenordale, CT	1424
N. Oxford	2248
Palmer	8469
Pomfret, CT	4247
Putnam, CT	9584
Quinebaug, CT	586
Southbridge	16719
Spencer	11688
Stafford, CT	12192
Sturbridge	6294
Sutton	8963
Thompson, CT	4140
Union, CT	854
Wales	1698
Warren	2888
Webster	15767
West Brookfield	4554
Woodstock, CT	6930
	<b>207,397</b>

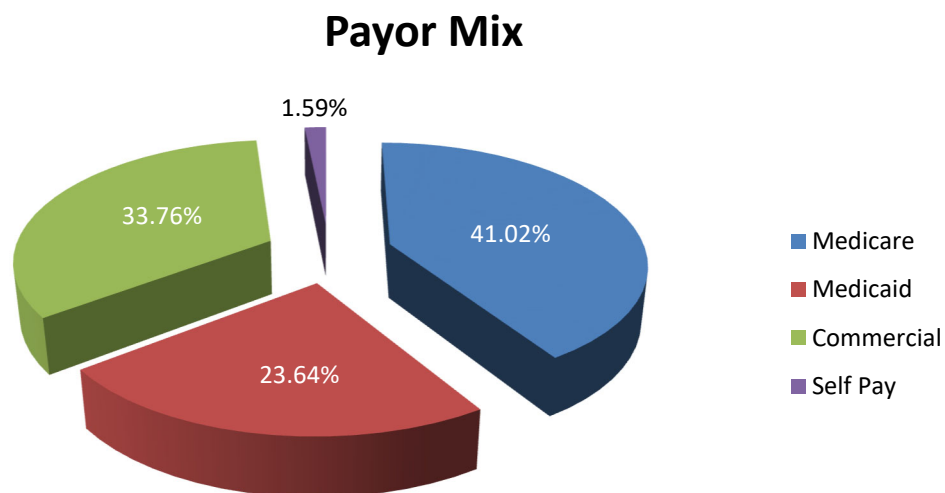
Southbridge has a large Spanish-speaking population. Southbridge and Webster, specifically, are also populated by those who may be at a greater disadvantage to receive adequate health care and quality of life. Many have lower overall household incomes, live in poorly managed multi-family apartments or complexes and have transportation barriers and limited access to healthy food, among other challenges.

Among our Latino population(s), a cultural difference still prevails, with a high teen pregnancy rate and individuals without resources to get to appointments or pay for medication.

Conversely, our higher-income areas such as Sturbridge and Charlton are seeing a higher prevalence of troubled youth and adolescent behavior, including cyberbullying and e-vaping, and young adults seeking addiction therapy.

Harrington offers support in a number of ways to these and other disadvantaged populations, including public health screenings, navigation resources and partnerships with local agencies.

*See Appendix K for additional demographic data.*



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## COMMUNITY BENEFITS ADVISORY COMMITTEE (CBAC)

Harrington recently restructured its Community Benefits Advisory Committee and now includes members of its Community/Government Relations Committee (CGR) and Patient-Family Advisory Council (PFAC). These committees include Members of the healthcare system, internal employees and community members at large. The committees represent small business employees, corporate leaders and general residents.

Each group meets four times per year, at which updates are given about community benefit programs or a new health assessment survey as appropriate.

We are looking to grow our CBAC membership in 2020 to include municipal leaders, school employees and representatives from the senior/elder population.

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## COMMUNITY HEALTH NEEDS ASSESSMENT

### CHNA: Methodology

The last time Harrington completed a Community Health Needs Assessment was 2016, so the healthcare system began 2019 knowing it needed to update its data before December 31.

Data collection for our 2019 CHNA included an online survey, distributed via digital, social and electronic methods, internal hospital data collection on diagnoses codes and support programs, national cancer registry data and the U.S. Census Data.

### CHNA: Survey Results

The survey began on September 1 and closed on October 15. Over a series of 21 questions, participants were asked their age, income and other demographic indicators, as well as specific questions about healthcare in the community.

- We surpassed our goal of 500 responses with a total of **635**;
- Responses skewed largely female at 88% (out of 608 responses);
- 94.79% of participants selected their age as between 18 and 69 (out of 609 responses);
- 46.82% of voluntary responses (581) selected over \$75,000 for annual household income.

We were happy to receive a higher percentage of female responses, as studies have shown women are the healthcare decision-makers in the household, and by capturing those who influence others in their family, we felt confident there was a level of education and interest in sharing their thoughts about health deficits and improvements.

The top five zip codes in which respondents lived were Southbridge (143), Dudley (46), Sturbridge (41), Charlton (38) and Webster (41). Due to a large number of different responses for this question (a lot of suburban areas have unique zip codes), we grouped any zip code that appeared less than 3 times together in one “other” bucket, which counted for 54 responses.

The survey asked individuals to identify their top health concerns across three main groups: **Overall Community**, **Seniors** and **Youth/Adolescents**. The top five answers per category are displayed below (see also: *Appendix C-E*):

OVERALL HEALTH CONCERNS	SENIOR HEALTH CONCERNS	ADOLESCENT/YOUTH HEALTH CONCERNS
Mental Illness/Depression	Alzheimer’s/Dementia	Depression & Mental Illness
Substance Use/Addiction	Diabetes	Substance Use/Addiction
Obesity	Heart Disease/Stroke	Bullying/Cyberbullying
Diabetes	Depression & Mental Illness	Smoking
Smoking	Cancer	Teen Pregnancy

We also asked participants what changes they thought would make the most impact in improving the health of the **overall community**. The top five suggestions were:

1. Better Access to Mental Health Services (62.85%)
2. More or Better Recreational Facilities/Safe Places to Walk & Play (48.12%)
3. Better Access to Healthier Food (46.32%)
4. Better Access to Drug Rehab/Addiction Services (43.04%)
5. More Job Opportunities (37.1%)

Affordable health care and affordable housing were “written-in” several times as a suggestion in addition to these and other pre-selected answers.

*See Appendices F-G for additional data.*

### CHNA: Troubleshooting

While we felt our survey was successful, we do believe there were areas for improvement:

Harrington is based in Southbridge, which has a 26.6% Latino population (*2010 U.S. Census*), yet the majority of our respondents (88.9%) identified as Caucasian. While we did receive the majority of our responses from the Southbridge zip code, there was a strong possibility that individuals were putting this location as their work zip code and not the town they actually live in, especially considering we encouraged our own employees to fill out this survey, and many are based at our Southbridge location. We did receive support from our Community Health Network Area to help distribute this survey to local nonprofit agencies where Latino members frequent, but we were unable to measure how much interest was generated. In addition, the survey was not available in Spanish. Overall, we don’t feel the Latino population was accurately represented in this project.

We discussed providing paper surveys and having a ‘grassroots’ team out in the community, but ultimately found this method labor-intensive and impractical.



In asking the respondents about specific populations, there were participants who selected that they weren't familiar enough with those services to answer.

## Secondary Data

### HOSPITAL DATA – EMERGENCY CARE & BEHAVIORAL HEALTH

Based on diagnosis codes from Emergency Department visits year over year, Harrington has been able to summarize that an average of 7% of the patients seen in Harrington Emergency Care Centers have a Behavioral Health or Substance Use diagnosis.

In each of the past three years, Harrington Emergency Care Center staff has treated an average of eight patients per day with Behavioral Health-related diagnoses; approximately 2,900 each year.

The year-over-year data shown below does indicate a slight decrease in these patients, which may be partially attributable to the increase in Harrington's partial hospitalization and outpatient Behavioral Health & Substance Use service offerings.

In 2016, data reported by the HCUP through AHRQ noted that one in eight visits (12.5%) to Emergency Departments in the United States involve mental and substance use disorders.<sup>1</sup> The Harrington data reported here are based on primary diagnosis alone but as suggested in the same report, if conditions are adequately managed through appropriate outpatient care, ED visits will likely be rarer<sup>2,3</sup>.

	Total ED Encounters	Behavioral Health Diagnoses	% BH	Avg. BH Pt/Day
<b>FY17</b>	42,377	2,901	6.85%	7.95
<b>FY18</b>	41,637	3,065	7.36%	8.40
<b>FY19</b>	39,778	2,732	6.87%	7.48

<sup>1</sup> <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb216-Mental-Substance-Use-Disorder-ED-Visit-Trends.pdf>

Owens PL, Mutter R, Stocks C. Mental Health and Substance Abuse-Related Emergency Department Visits Among Adults, 2007. HCUP Statistical Brief #92. July 2010. U.S. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.hcup-us.ahrq.gov/reports/statbriefs/sb92.pdf>. Accessed June 28, 2016.

<sup>2</sup> Rockett IRH, Putnam SL, Jia H, Chang C, Smith GS. Unmet substance abuse treatment need, health services utilization, and cost: a population-based emergency department study. *Annals of Emergency Medicine*. 2005;45(2):118–27.

<sup>3</sup> Yoon J, Yano EM, Altman L, Coradisco KM, Stockdale SE, Chow A, et al. Reducing costs of acute care for ambulatory caresensitive medical conditions: the central roles of comorbid mental illness. *Medical Care*. 2012;50(8):705–13.

<sup>4</sup> <https://gis.cdc.gov/Cancer/USCS/DataViz.html>

## HOSPITAL DATA – CANCER CENTER

Information obtained by the Harrington Cancer Registrar revealed from 2016-2018, Harrington diagnosed over 800 cancer cases, mostly in breast, lung, prostate and colon.

Our demographics indicate a fairly equal divide between female and male patients over those three years. The top five towns from where we receive the most patients are Southbridge, Webster, Charlton, Sturbridge and Dudley, MA.

For the purposes of the town and site graphs, we did not include cases or zip codes that only totaled 1.

*See Appendix J for additional charts.*

## NATIONAL DATA – CANCER CASES

According to the Centers for Disease Control and Prevention Data Visualization Maps<sup>4</sup>, From 2012-2016, over 8.1 million new cases of cancer were reported, and 2.9 million people died of cancer in the United States. In Massachusetts, over 180,000 cancer cases were reported.

In state-specific data, the top four cancers (by new cancer case) for men and women for the same range was Female Breast, Prostate, Lung, Colon/Rectum and Uterine. The top four cancers by rate of cancer death were Lung, Prostate, Female Breast and Colon/Rectum.

*See Appendix J for additional charts.*

## CENSUS DATA

The Harrington HealthCare community footprint includes over 24 zip codes and approximately 200,000 individuals. Based on data from the Department of Public Health, the leading cause of death for individuals across Harrington's major zip codes is heart disease, with cancer coming in a close second. Median income for the overall Harrington HealthCare Service area is \$58,747 and the median poverty level is 7.6%. In the 21 zip codes, an average of 87.2% of residents over 18 years old have graduated from high school and 23.4% have a minimum of a bachelors' degree. We anticipate seeing this how data changes with the 2020 Census.

*See Appendix K for demographic data by town.*



## COMMUNITY HEALTH IMPLEMENTATION PLAN

Harrington is finishing Year 3 of its last Community Health Needs Assessment. We continued to focus our 2019 community benefits programs, prevention, outreach and screenings toward at-risk youth/teens, seniors at-risk of cardiac disease, and cancer patients, examples as below:

<b>AT-RISK YOUTH/TEEN, FOCUS IN SOUTHBRIDGE</b>		
Mission: Education, information and navigation of local resources for ages 13-26	Anti-bullying, safe relationships, pregnancy, nutrition, technology safety, vaping	Major Partners: HeadStart, YMCA, You, Inc. CHNA5, Local Schools, Harrington Educators
<b>SENIORS, ESP. LOW INCOME, AT RISK OF CARDIAC DISEASE</b>		
Mission: Provide education and screenings to the senior population to promote heart-healthy lifestyles	Blood pressure screening, Stroke education, cardiac health, nutrition	Major Partners: YMCA, Senior Centers, SALT, YMCA, The Overlook, Los Hermanos, Big Bunny
<b>PATIENTS DIAGNOSED WITH CANCER, OR CANCER SURVIVORS</b>		
Mission: Support for patients in cancer treatment or survivorship management navigation	Support groups, on-site resource library, co-pay assistance, pharmacy and medication comparison/co-pay reduction, Reiki	Major Partners: American Cancer Society, Oncology Social Worker, Care Management, Senior Centers, The Overlook

In addition to the above, mental wellness and substance use have become a prevalent concern in our communities, and we have made progress in identifying additional services and programs that can help connect patients to treatment and remove barriers to care:

- A new program staffed by community health navigators follows patients identified with behavioral health disorders through a variety of supportive service assistance, including transportation and co-pay assistance, medication management, elder services and occupational needs. The program has a goal to reduce the readmission rate(s) of these patients in our Southbridge and Webster Emergency Departments. The program began in October 2018 and is on track to be successful over the next 2-4 years. Future reporting of this program will continue.
- We also secured transportation contacts with different organizations to provide rides, free of charge, for patients in the Webster/Dudley/Oxford market who need to get to Intensive Outpatient and Partial Hospitalization appointments. Since 2017, we have assisted over 480 patients with rides they may have otherwise missed or canceled.

## Looking Ahead: 2019-2021

With our new CHNA data, we are actively working to identify our main target populations for 2020-2022. Our CBAC will help decide if our current community benefits programs or outreach services should be changed, modified or phased out and whether new programs should be considered based on our most at-risk populations and priority to statewide disparities.

### *Possible New Target Population: Adolescents Facing Mental Health Issues*

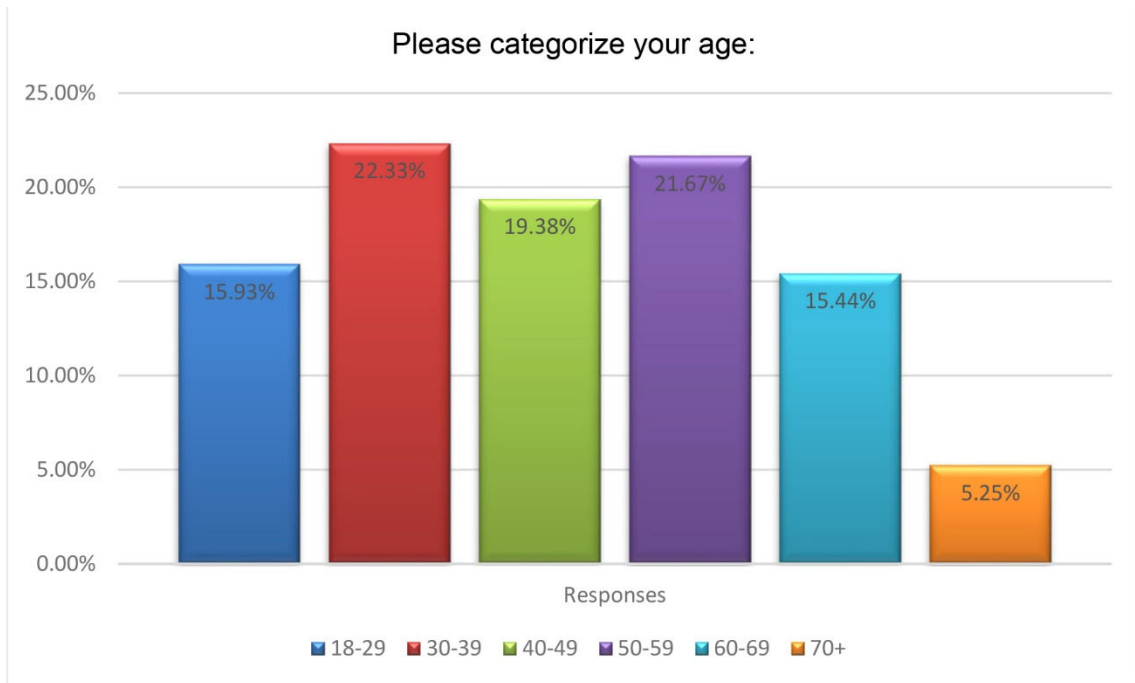
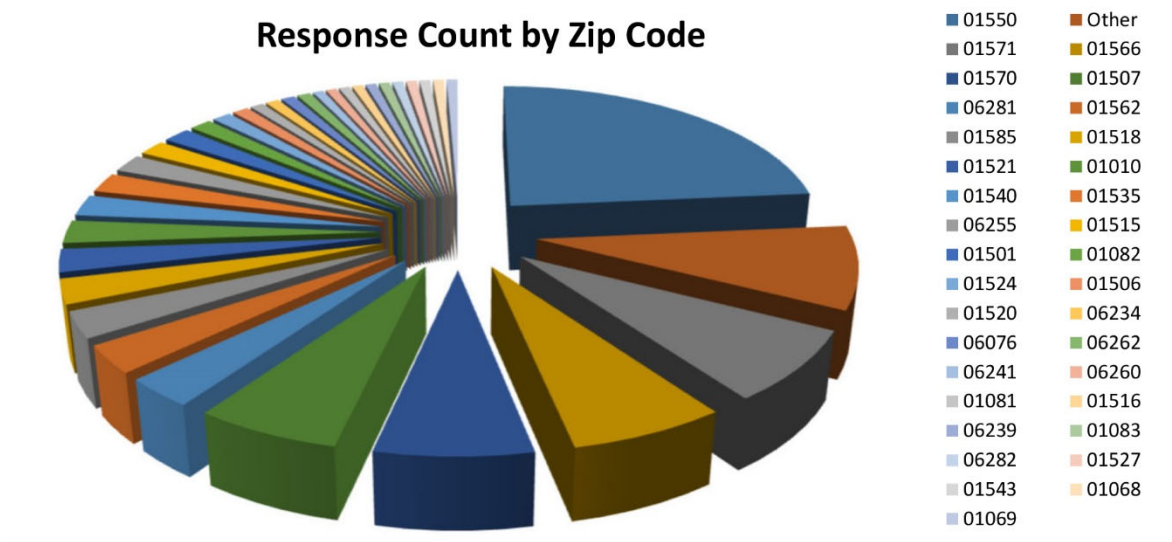
As we have seen, and as the new CHNA data has shown, Mental Health is widely recognized as a health concern across all demographics. We also noticed mental health and depression emerged again as the top concern for the adolescent category. Knowing this, we are exploring additional outreach into our communities. Facing staffing issues within our Behavioral Health Department, we plan to utilize our health educators to distribute globally adopted screening tools, mindfulness education and family-based literature into communities and local school districts to help promote education about mental wellness in addition to physical wellness.

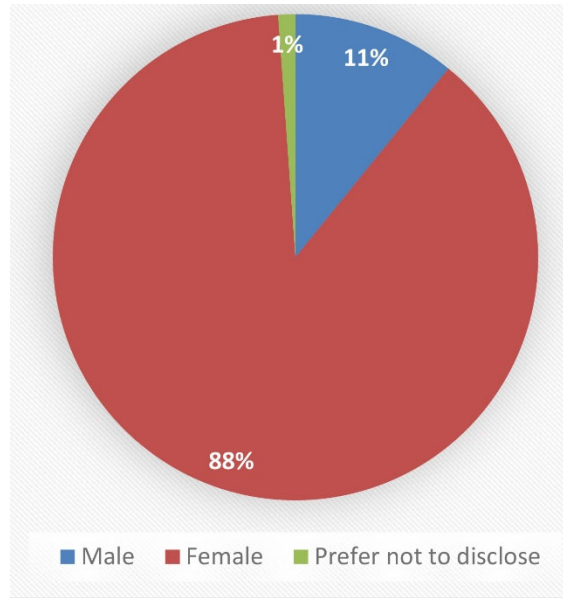
### *Possible Additional Target Populations:*

- We will continue to provide outreach for ages 13-26 with educational programs and 1:1 counseling on bullying/cyberbullying, vaping and safe relationships.
- Our focus on mental health and substance use populations continues to grow with continued reporting from community health workers on offering wraparound services and free navigation to reduce barriers to care. These populations will be a critical focal point for the next three years to help reduce mental illness, opioid overdoses and substance use disorders.
- A new Boston Accountable Care Organization (BACO)-driven program began in January 2019 follows patients with CHF and COPD to receive better access to services post-discharge, reduce re-admissions and provide easier access to outpatient appointments for follow-up care.
- We will continue to focus efforts on the senior population, educating about heart disease, stroke and blood pressure by engaging in more speaker sessions at local businesses, as well as provide free screenings in the community.
- We are exploring how to best connect our Diabetic population with instant resources and education to increase the success of self-managing their disease at home.
- Our support for Cancer patients continues with regular support groups, wraparound services including free Reiki and depression screening tool identifiers, as well as assistance with transportation and medication costs.

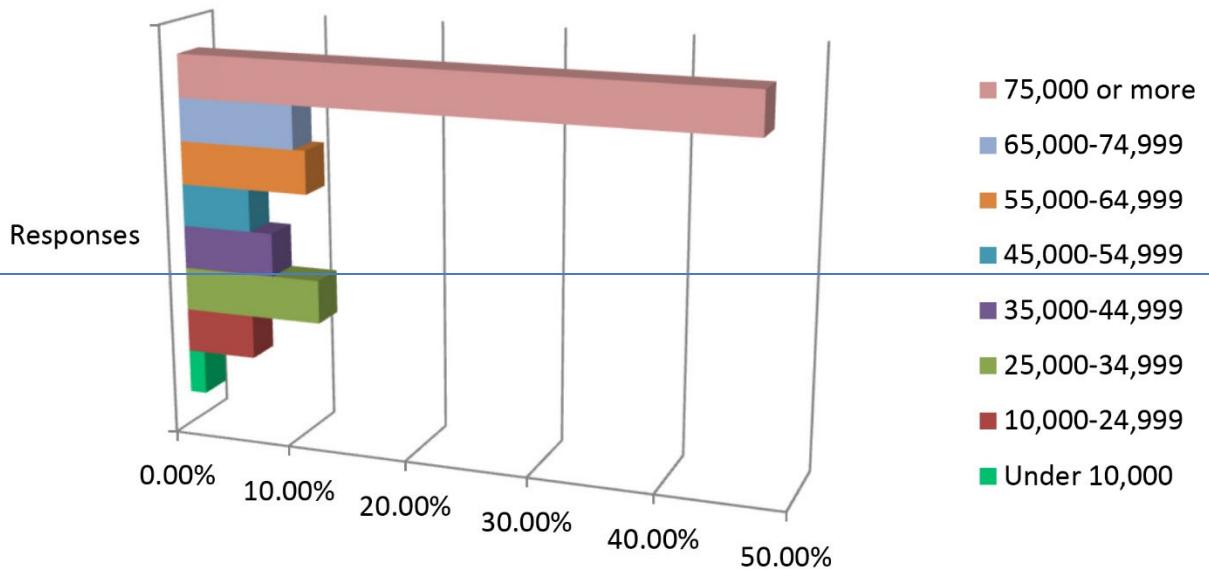
APPENDIX A: 2019 Health Needs Assessment (See attached PDF).

APPENDIX B: Survey Responses: Zip Code/Age/Gender/Income

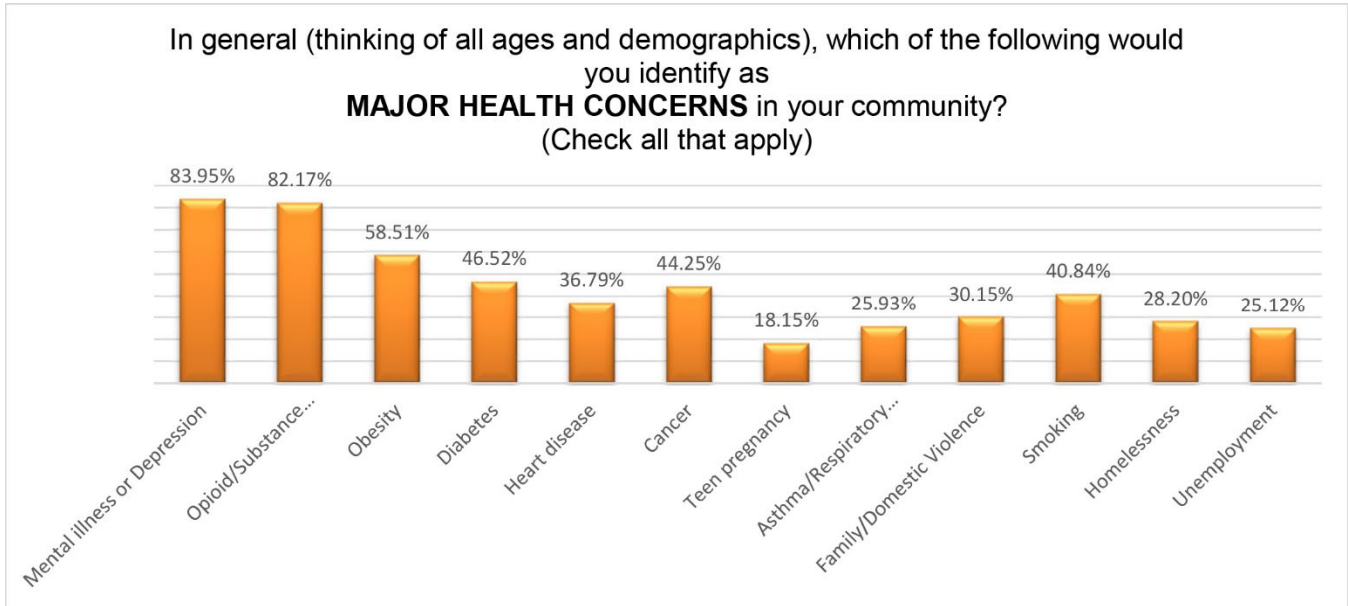




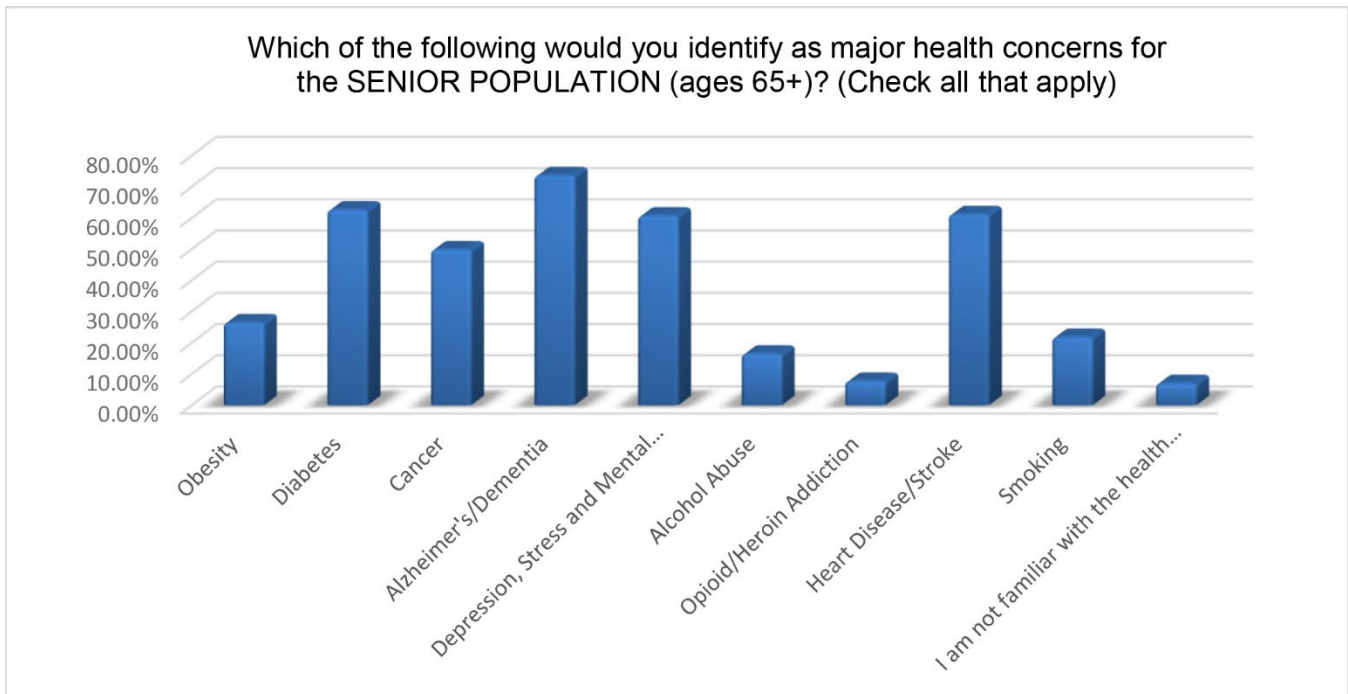
### What category best describes your annual household income?



## APPENDIX C: Survey Responses: Overall Community Health Concerns

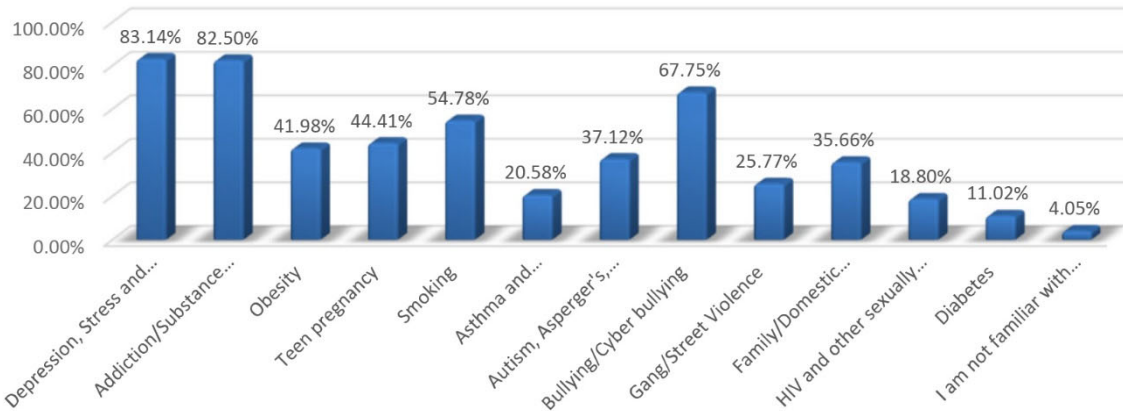


## APPENDIX D: Survey Responses: Overall Senior Health Concerns



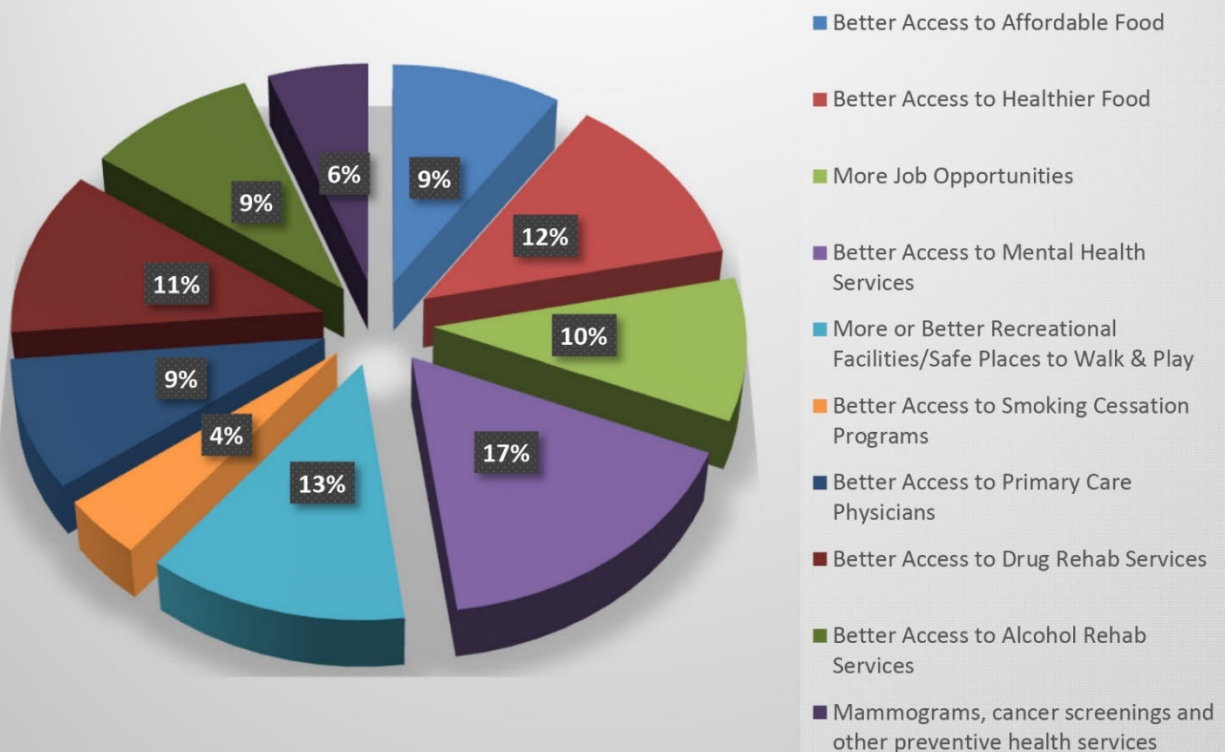
## APPENDIX E: Survey Responses: Overall Adolescent Health Concerns

Which of the following would you identify as being major health concerns for the **YOUTH AND ADOLESCENT POPULATION** (17 years and younger)? Check all that apply.



## APPENDIX F: Survey Responses: Ways to Improve Community Health

In your opinion, what is **MOST** needed to improve the health of your family and your neighbors? (Check all that apply).





## APPENDIX G: Survey Responses: Barriers to Health Care



## APPENDIX H: FY2019 ER Visits by Age, Gender

Patient Ages	
<10 yrs old	3,421
11-19 yrs old	3,904
20-29 yrs old	6,310
30-39 yrs old	5,800
40-49 yrs old	5,059
50-59 yrs old	5,266
60-69 yrs old	3,944
70-79 yrs old	3,109
80+ yrs old	2,965
Patient Gender	
Female	21,195
Male	18,582
Unspecified	1

## APPENDIX I: Top 10 Diagnoses for ER Visits FY2019

<b>Principle ED Diagnosis</b>	<b>Visit Count</b>
<b>OTHER CHEST PAIN</b>	<b>1389</b>
<b>NAUSEA WITH VOMITING, UNSPECIFIED</b>	<b>926</b>
<b>ACUTE UPPER RESPIRATORY INFECTION, UNSPECIFIED</b>	<b>807</b>
<b>URINARY TRACT INFECTION, SITE NOT SPECIFIED</b>	<b>694</b>
<b>UNSPECIFIED ABDOMINAL PAIN</b>	<b>638</b>
<b>LOW BACK PAIN</b>	<b>573</b>
<b>SYNCOPE AND COLLAPSE</b>	<b>455</b>
<b>CHRONIC OBSTRUCTIVE PULMONARY DISEASE W (ACUTE) EXACERBATION</b>	<b>455</b>
<b>UNSPECIFIED ASTHMA WITH (ACUTE) EXACERBATION</b>	<b>454</b>
<b>MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED</b>	<b>441</b>

## APPENDIX J: Cancer Center Statistics

### HARRINGTON HEALTHCARE SYSTEM CANCER CASES 2016 - 2018

YEAR	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
2016	23	29	20	25	21	27	21	21	22	23	14	16	262
2017	22	19	27	25	21	25	23	23	20	24	20	26	275
2018	22	24	24	21	29	24	32	22	20	23	19	22	282
<b>TOTALS</b>	<b>67</b>	<b>72</b>	<b>71</b>	<b>71</b>	<b>71</b>	<b>76</b>	<b>76</b>	<b>66</b>	<b>62</b>	<b>70</b>	<b>53</b>	<b>64</b>	<b>819</b>

### HARRINGTON HEALTHCARE SYSTEM 2016 - 2018 Analytic Cases by Sex

YEAR	Female	Male	TOTAL
2016	127	135	262
2017	134	141	275
2018	155	127	282
<b>TOTALS</b>	<b>416</b>	<b>403</b>	<b>819</b>

### HARRINGTON HEALTHCARE SYSTEM 2016 - 2018 CANCER CASES BY AGE GROUP

YEAR	18 - 19	20 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70 - 79	80 - 89	90 - 99	TOTAL
2016	0	1	5	19	36	86	67	39	9	262
2017	1	3	6	18	60	83	72	21	11	275
2018	0	2	2	14	52	81	85	36	10	282
<b>TOTALS</b>	<b>1</b>	<b>6</b>	<b>13</b>	<b>51</b>	<b>148</b>	<b>250</b>	<b>224</b>	<b>96</b>	<b>30</b>	<b>819</b>

**HARRINGTON HEALTHCARE SYSTEM  
2016 - 2018 ANALYTIC CASES BY SITE**

<b>SITE</b>	<b>2017</b>	<b>2016</b>	<b>2018</b>	<b>TOTAL</b>
Breast	59	46	69	174
Bronchus & Lung	50	49	48	147
Prostate Gland	48	29	32	109
Colon	21	16	19	56
Lymph Nodes	13	14	17	44
Blood & Bone Marrow	14	16	13	43
Urinary Bladder	10	14	11	35
Pancreas	7	7	6	20
Rectum	6	7	7	20
Liver & Bile Ducts	8	7	5	20
Skin	4	7	5	16
Esophagus	3	6	6	15
Unknown Primary	5	1	7	13
Thyroid Gland	3	5	4	12
Kidney	2	4	5	11
Corpus Uteri	2	4	5	11
Larynx	1	4	2	7
Stomach	1	4	1	6
Ovary	0	4	1	5
Other Ill Defined Sites	2	1	2	5
Testis	1	1	2	4
Heart Mediastinum Pleura	0	3	1	4
Gallbladder	0	1	3	4
Tonsil	2	2	0	4
Retroperitoneum & Peritoneum	0	2	1	3
Meninges	2	0	1	3
Brain	0	2	0	2
Connective Subcutaneous Other Soft Tissue	2	0	0	2
Parotid Gland	2	0	0	2
Pyriform Sinus	0	2	0	2
Base Of Tongue	2	0	0	2
Other Parts Of Tongue	1	1	0	2
Small Intestine	0	1	1	2
Rectosigmoid Junction	1	0	0	1
<b>TOTALS</b>	<b>272</b>	<b>260</b>	<b>274</b>	<b>806</b>

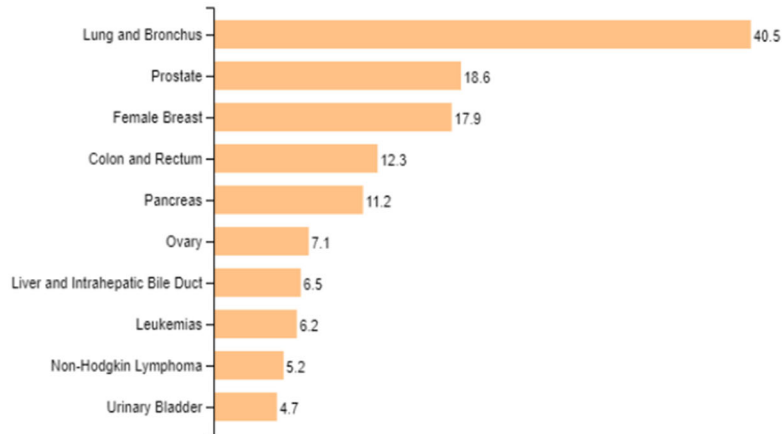
**HARRINGTON HEALTHCARE SYSTEM  
2016 - 2018 ANALYTIC CASES BY CITY/TOWN**

<b>City/Town</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>TOTALS</b>
SOUTHBRIDGE	55	65	73	193
WEBSTER	36	28	33	97
CHARLTON	23	20	25	68
STURBRIDGE	18	21	25	64
DUDLEY	17	22	17	56
BRIMFIELD	16	7	9	32
SPENCER	5	12	10	27
HOLLAND	4	12	10	26
FISKDALE	7	6	10	23
NORTH BROOKFIELD	8	9	6	23
WEST BROOKFIELD	4	10	8	22
OXFORD	4	6	10	20
EAST BROOKFIELD	6	4	7	17
BROOKFIELD	5	6	5	16
WARREN	6	5	3	14
WALES	7	2	4	13
WOODSTOCK	3	4	3	10
QUINEBAUG	2	4	3	9
CHARLTON CITY	3	3	2	8
NORTH GROSVENORDALE	3	3	1	7
WORCESTER	2	2	3	7
LEICESTER	2	3	1	6
THOMPSON	3	2	0	5
PUTNAM	1	2	0	3
UNION	1	0	2	3
WEST WARREN	1	0	2	3
AUBURN	2	1	0	3
PALMER	2	1	0	3
RUTLAND	0	1	2	3
NEW BRAINTREE	1	1	0	2
BROOKLYN	1	1	0	2
ASHFORD	2	0	0	2
DOUGLAS	0	1	1	2
EASTFORD	0	0	2	2
WOODSTOCK VALLEY	2	0	0	2
SUTTON	1	1	0	2
<b>TOTALS</b>	<b>253</b>	<b>265</b>	<b>277</b>	<b>795</b>



**Top 10 Cancers by Rates of Cancer Deaths**

All Types of Cancer, Massachusetts, 2012-2016



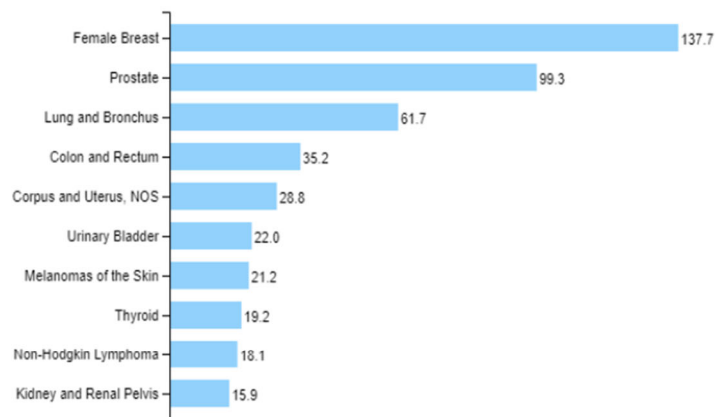
Rate per 100,000 people

Data source – U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on November 2018 submission data (1999-2016): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; <https://www.cdc.gov/cancer/dataviz>, June 2019.



**Top 10 Cancers by Rates of New Cancer Cases**

All Types of Cancer, Massachusetts, 2012-2016

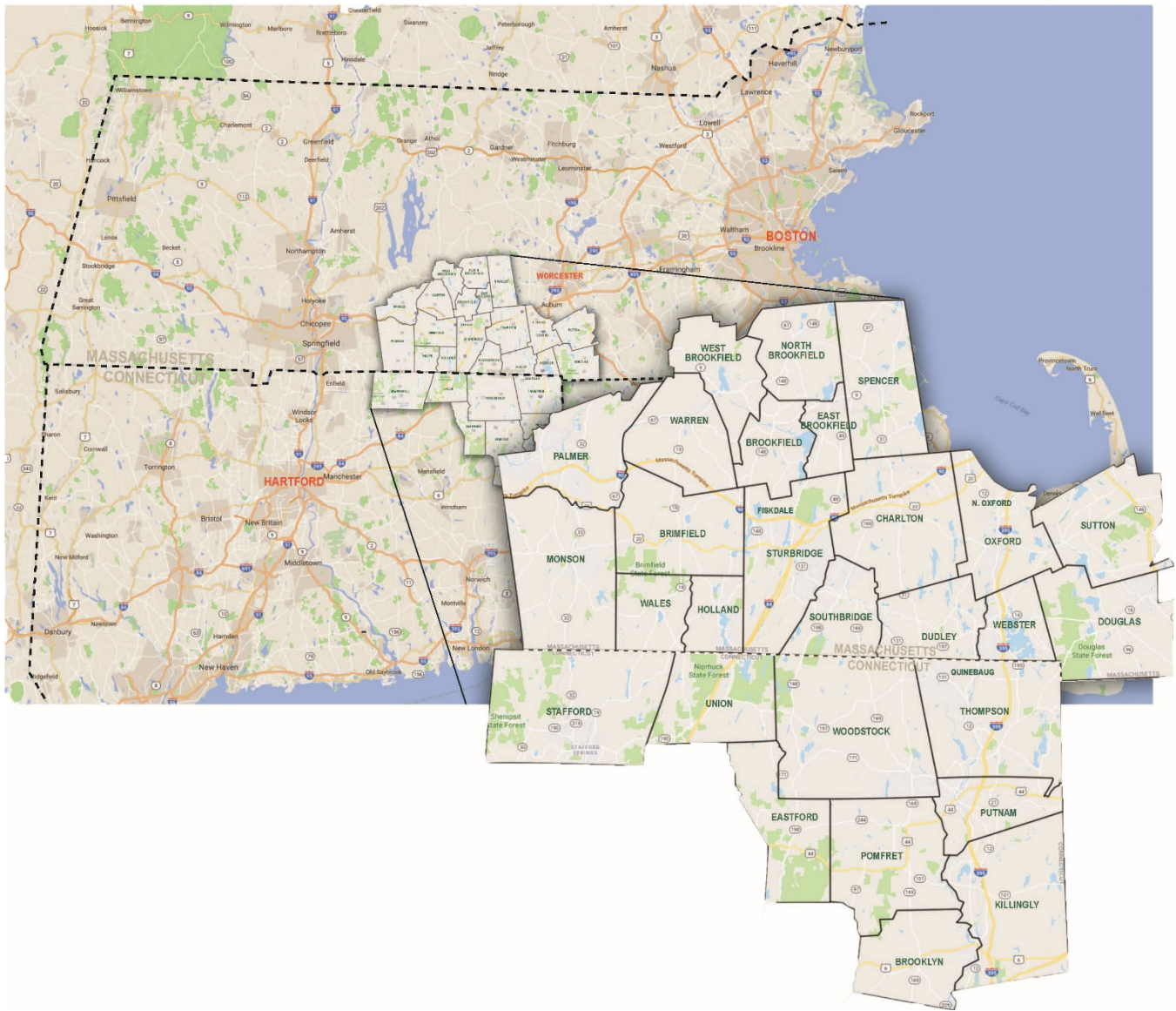


Rate per 100,000 people

Data source – U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on November 2018 submission data (1999-2016): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; <https://www.cdc.gov/cancer/dataviz>, June 2019.



## APPENDIX K: Regional Map of Communities Served by Harrington



## APPENDIX L: Communities Served: Demographic Data (1 of 3)

	<b>Brimfield</b>	<b>Brookfield</b>	<b>Charlton</b>	<b>Douglas</b>	<b>Dudley</b>	<b>E.Brookfield</b>	<b>Fiskdale</b>
<b>Zip Code</b>	01010	01506	01507	01516	01571	01515	01518
<b>Census (2010)</b>	3,609	3,390	12,981	8,500	11,390	1,323	2,583
<b>Male</b>	1790	1679	6378	4215	5702	647	1107
<b>Female</b>	1819	1711	6603	4256	5688	676	1476
<b>&lt;18 Yrs Old</b>	985	878	3894	2516	3930	339	703
<b>65 &amp; Over</b>	397	458	1000	655	1196	176	359
<b>Median Income</b>	\$50,181	\$59,587	\$82,268	\$79,000	\$63,433	\$61,711	\$52,642
<b>Per Capita Income</b>	\$23,711	\$26,944	\$31,601	\$30,812	\$28,819	\$27,888	\$29,611
<b>% in Poverty</b>	4.4%	6.1%	5.6%	4.6%	5.6%	3.9%	11.4%
<b>High School Graduate</b>	85.6%	83.2%	86.8%	90.8%	83.4%	92.8%	93.8%
<b>Bachelors or more</b>	27.9%	16.8%	26.4%	24.0%	21.0%	22.2%	33.3%
<b>White alone</b>	97.7%	96.3%	94.2%	95.3%	93.8%	94.8%	92.8%
<b>Black /African American alone</b>	0.5%	0.3%	0.6%	0.4%	1.0%	0.6%	0.6%
<b>American Indian /Alaska Native</b>	0.4%	0.1%	0.2%	0.2%	0.1%	0.2%	0.5%
<b>Asian alone</b>	0.1%	0.2%	0.9%	0.9%	0.8%	0.2%	2.0%
<b>Native Hawaiian / Pacific Islander</b>	0.1%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%
<b>Two or more races</b>	0.6%	1.8%	1.1%	1.4%	1.2%	1.5%	1.2%
<b>Hispanic/Latino</b>	1.3%	1.3%	2.9%	1.6%	2.9%	2.6%	2.6%
<b>Opioid Deaths 2012*</b>	0	0	1	2	1	0	-
<b>Opioid Deaths 2013*</b>	0	1	1	0	3	0	-
<b>Opioid Deaths 2014*</b>	0	2	1	0	2	0	-
<b>Opioid Deaths 2015*</b>	0	0	0	2	0	0	-
<b>Top Cause of Death **</b> <b>1= Heart Disease, 2=Cancer</b>	2	1	1	2	1	2	-

## APPENDIX L: Communities Served: Demographic Data (2 of 3)

	Holland	N.Brookfield	Oxford	Quinebaug, CT	Southbridge	Spencer	Sturbridge
Zip Code	01521	01535	01537, 01540	06262	01550	01562	01566
Census (2010)	1,464	2,265	11,291	1,133	16,719	11,688	6,294
Male	784	1105	5566	525	8059	5669	3214
Female	680	1160	5725	608	8660	6019	3403
<18 Yrs Old	408	616	2574	255	3862	2595	1605
65 & Over	126	292	1558	230	2291	1648	843
Median Income	\$69,758	\$46,671	\$64,914	\$57,162	\$43,870	\$45,750	\$56,519
Per Capita Income	\$34,717	\$23,527	\$29,241	\$31,669	\$23,291	\$23,597	\$25,559
% in Poverty	7.3%	5.5%	5.8%	4.1%	16.9%	16.9%	6.1%
High School Graduate	92.1%	87.4%	92.6%	87.0%	81.2%	80.6%	94.4%
Bachelors or more	34.5%	15.4%	25.8%	20.4%	16.3%	17.6%	45.0%
White alone	93.9%	95.2%	96.6%	96.0%	81.2%	95.1%	93.3%
Black /African American alone	0.8%	0.4%	0.6%	0.5%	2.6%	0.8%	0.6%
American Indian /Alaska Native	0.7%	0.6%	0.2%	0.0%	0.5%	0.3%	0.1%
Asian alone	0.8%	0.2%	0.8%	0.5%	1.9%	0.8%	2.3%
Native Hawaiian / Pacific Islander	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%
Two or more races	1.6%	1.3%	1.2%	0.8%	2.9%	1.6%	0.9%
Hispanic/Latino	2.2%	2.3%	2.3%	2.1%	26.6%	4.3%	2.6%
Opioid Deaths 2012*	0	2	3	-	2	0	0
Opioid Deaths 2013*	0	0	1	-	2	1	1
Opioid Deaths 2014*	0	1	5	-	3	3	1
Opioid Deaths 2015*	1	0	3	-	6	8	1
Top Cause of Death ** 1= Heart Disease, 2=Cancer	1	1 / 2 (tie)	1	-	1	2	1

## APPENDIX L: Communities Served: Demographic Data (3 of 3)

	Thompson, CT	Union/ Stafford, CT	W. Brookfield	Wales	Warren	Webster	Woodstock, CT
Zip Code	06277	06076	01585	01081	01083	01570	06281, 06262
Census (2010)	9,458	12087	4,554	1,698	1,405	15,767	7,964
Male	4729	5959	2095	861	669	7505	3942
Female	4729	6128	2459	837	736	8262	4022
<18 Yrs Old	2062	2695	1043	425	377	3485	1840
65 & Over	1381	1632	952	124	185	2397	1067
Median Income	\$69,924	\$62,371	\$49,135	\$60,144	\$36,938	\$43,116	\$78,594
Per Capita Income	\$33,643	\$30,952	\$25,191	\$28,324	\$19,797	\$22,329	\$35,502
% in Poverty	5.2%	11.4%	6.8%	3.5%	6.1%	19.2%	3.3%
High School Graduate	88.2%	87.4%	83.1%	85.3%	80.1%	79.6%	96.5%
Bachelors or more	24.9%	20.4%	19.4%	14.8%	6.2%	17.5%	42.0%
White alone	95.9%	95.5%	95.3%	95.8%	95.0%	89.1%	97.2%
Black /African American alone	0.6%	0.7%	1.1%	0.9%	0.6%	3.8%	0.4%
American Indian /Alaska Native	0.4%	0.2%	0.1%	0.2%	0.0%	0.4%	0.3%
Asian alone	0.7%	1.1%	0.4%	0.2%	0.0%	1.0%	0.7%
Native Hawaiian / Pacific Islander	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%
Two or more races	1.7%	1.8%	1.1%	1.3%	1.8%	2.6%	1.0%
Hispanic/Latino	1.8%	2.9%	1.9%	1.6%	2.5%	8.9%	1.5%
Opioid Deaths 2012*	0	3	0	0	1	4	0
Opioid Deaths 2013*	0	4	1	0	1	3	0
Opioid Deaths 2014*	0	7	2	0	2	4	1
Opioid Deaths 2015*	4	11	0	0	2	5	1
Top Cause of Death ** 1= Heart Disease, 2=Cancer	1	1	2	1	1	2	1

\* MA Town data reported by MA Department of Public Health - Posted November 2016, CT Town data reported by overdose.trendct.org

\*\* MA data reported by MA Department of Public Health; CT data reported by CT Department of Public Health

The image features six stylized human figures arranged in a circle, each in a different color: purple, red, orange, yellow, teal, and green. The figures are simplified, with circular heads and curved bodies, and are positioned as if they are interacting or supporting each other. The text is centered over the middle of the circle.

**Harrington HealthCare System  
Community Health Needs Assessment  
2019**

# Community Benefits (CB) Recap

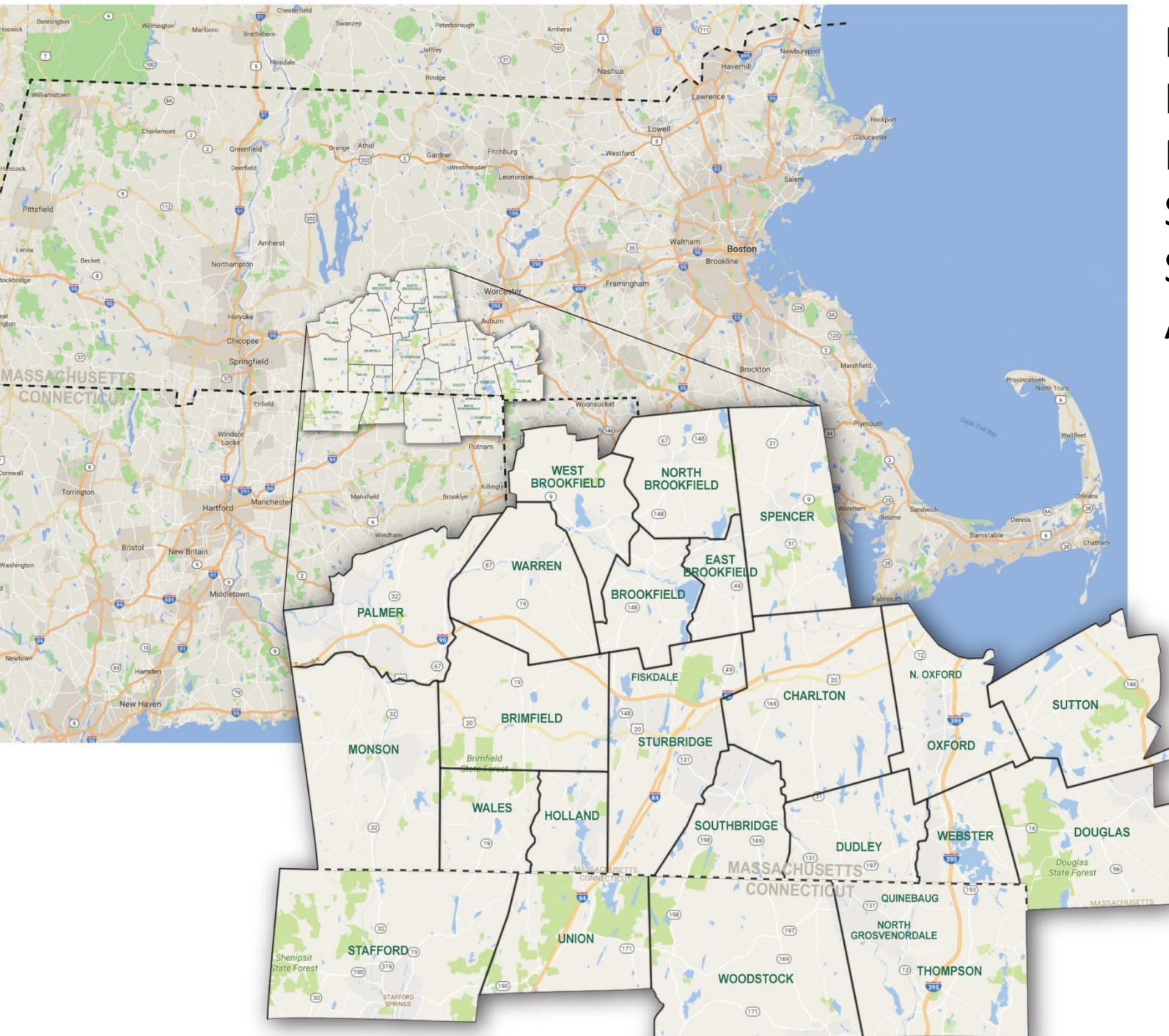
“The Attorney General's Community Benefits Guidelines set forth expectations on how hospitals and HMOs should assess the health care needs of their communities, plan programs in concert with community partners, and report those activities to the Attorney General's Office.”

*<http://www.mass.gov/ago/doing-business-in-massachusetts/health-care/community-benefits.html>*

Harrington CB Mission Statement: **The mission of Harrington HealthCare is to build healthier communities by providing education and outreach for identified health deficits through collaborative initiatives and programs.**



# Harrington HealthCare Primary & Secondary Service Areas



# 2016 CHNA Recap

- Partner: DataStar, Inc. Market Researchers
- Method: 19 question survey – available in both English and Spanish
- Goal: 500 responses
- Distribution approach:
  - Internal email database (HHS and HPS patients: 15,000)
  - Social media sharing
  - Direct emails to community group leaders, Board of Directors, Auxiliary, etc.

# 2019 CHNA Recap

- Method: 21 question survey distributed to seven towns in Harrington community
- Goal: 500 responses
- Distribution:
  - Internal email database (HHS and HPS patients: 15,000)
  - Social media sharing
  - Direct emails to community group leaders, Board of Directors, Auxiliary, etc.
- Outcome: 635 responses



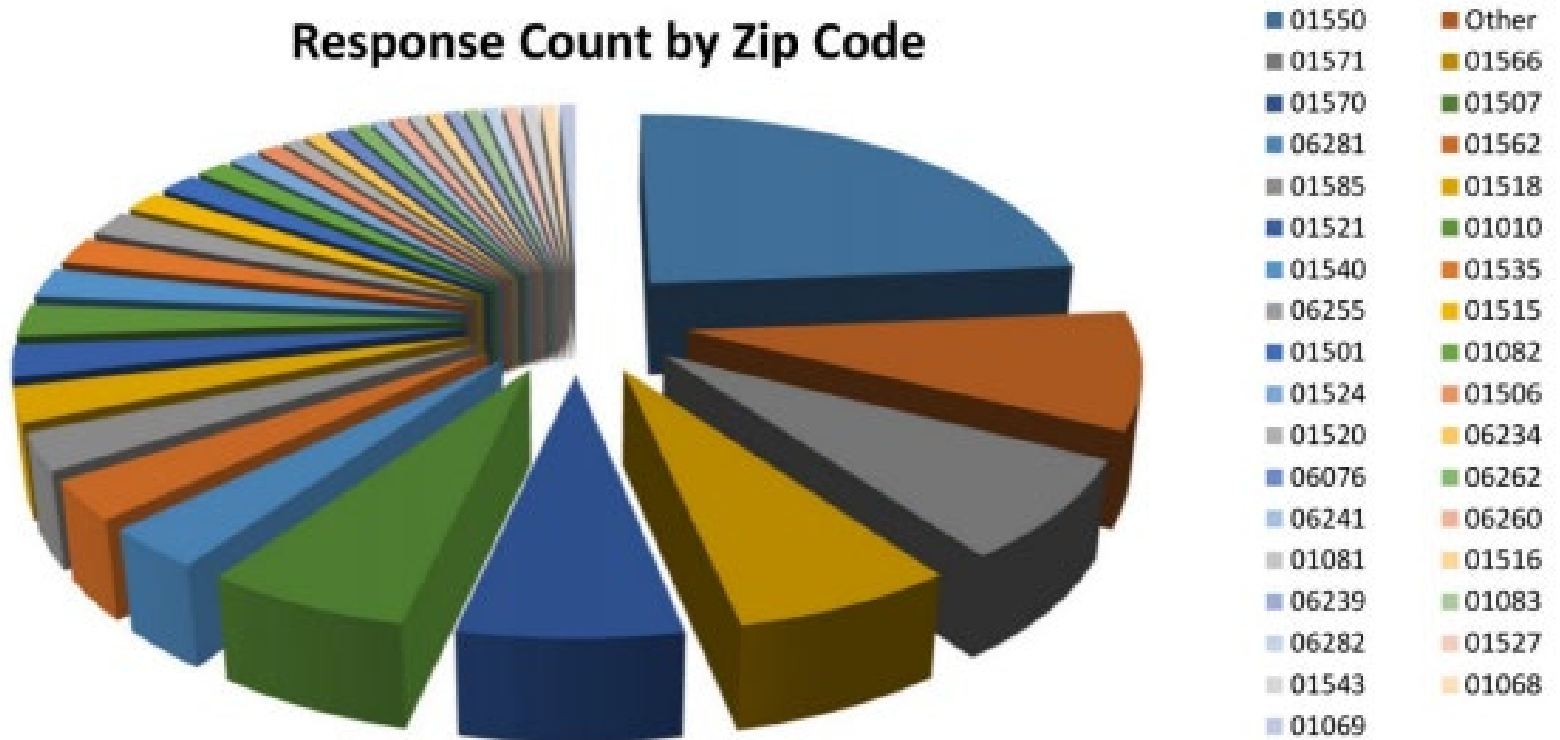
# 2019 CHNA Results

- Result: 635 Total Responses
  - 88% responses were female (608 responses)
  - 94.79% participants selected their age as between 18 and 69 (609 responses)
  - Highest volume of responses from
    1. Southbridge
    2. Dudley
    3. Sturbridge
    4. Charlton
    5. Webster

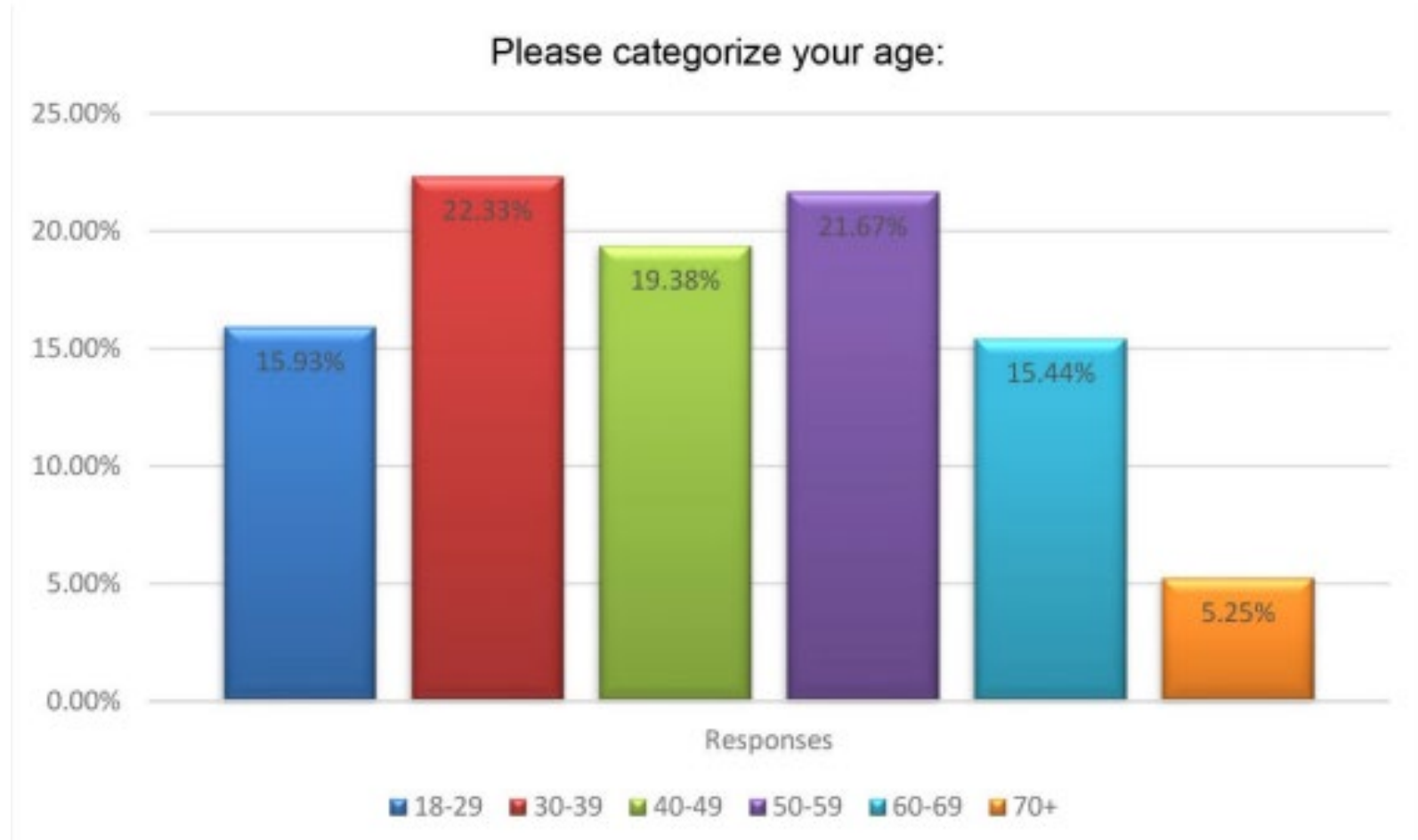


# 2019 CHNA Results

## Response Count by Zip Code

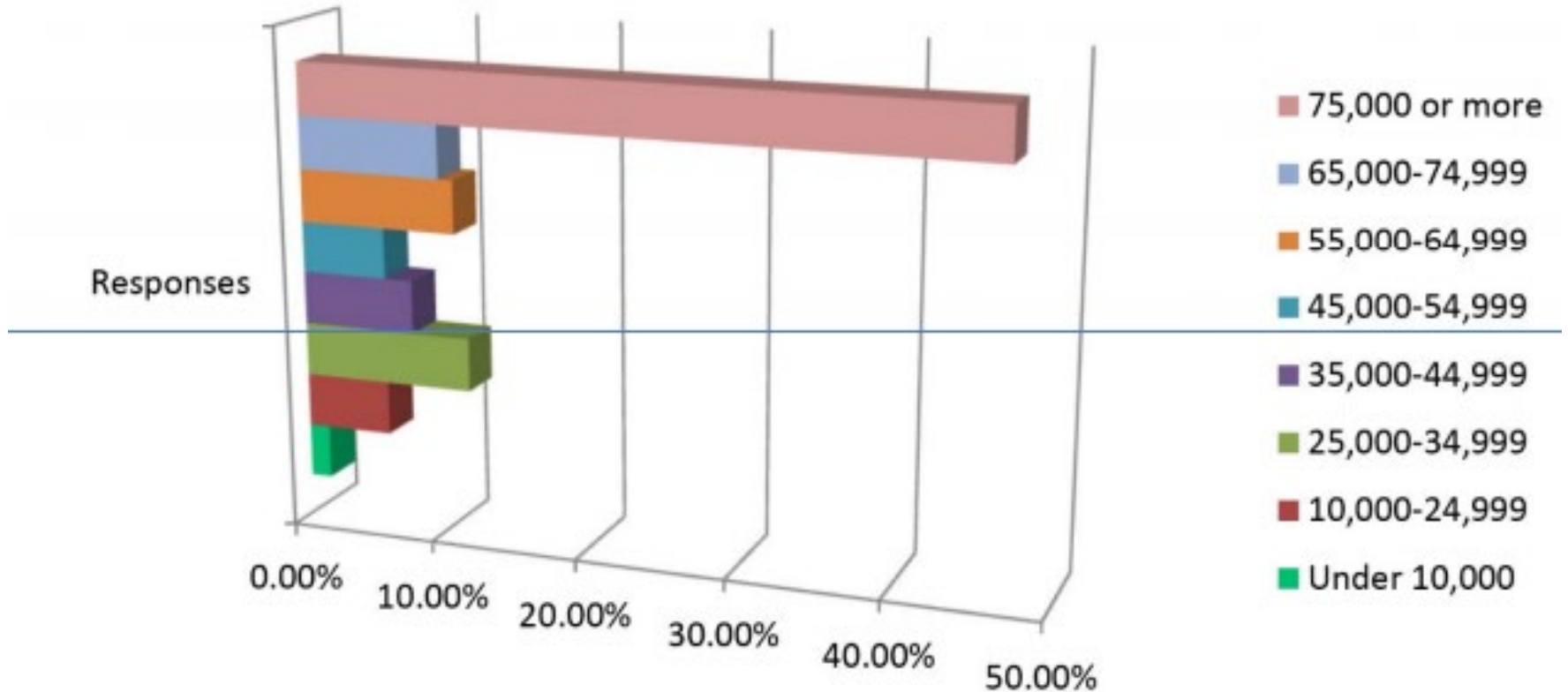


# Total Respondents by Age





# Total Respondents by Income

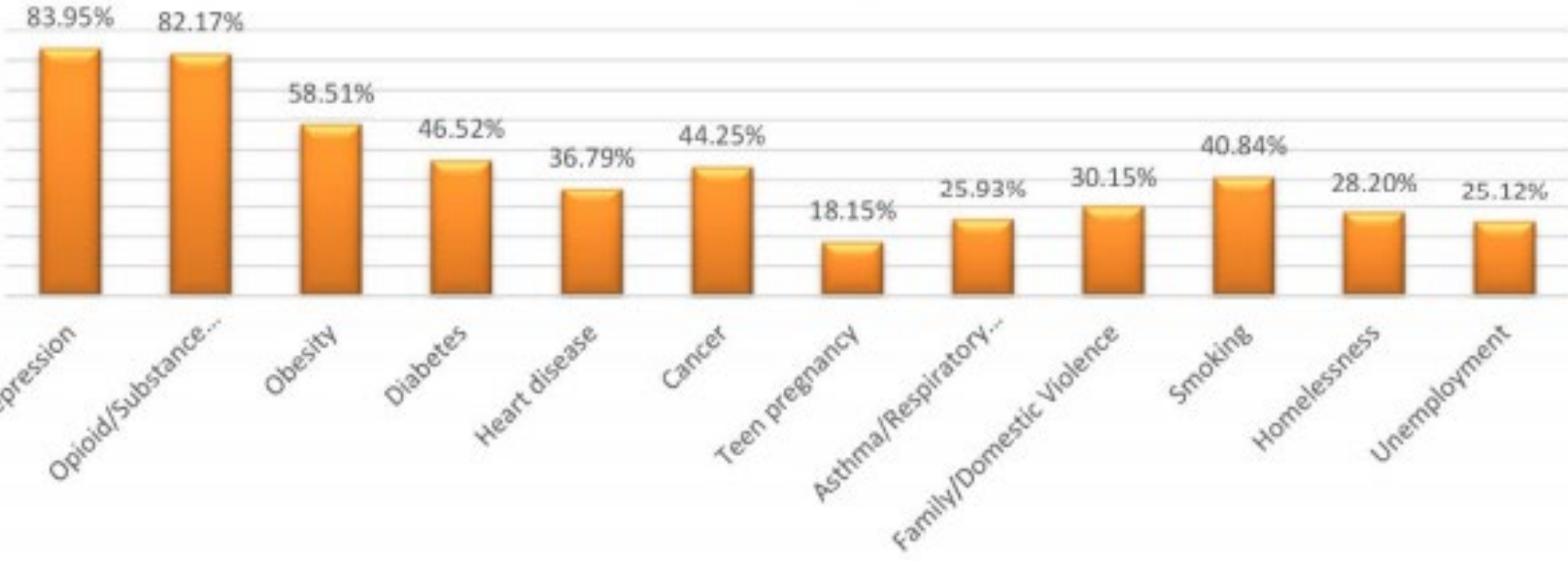


**46.82% of voluntary responses (581) selected over \$75,000 for annual household income.**

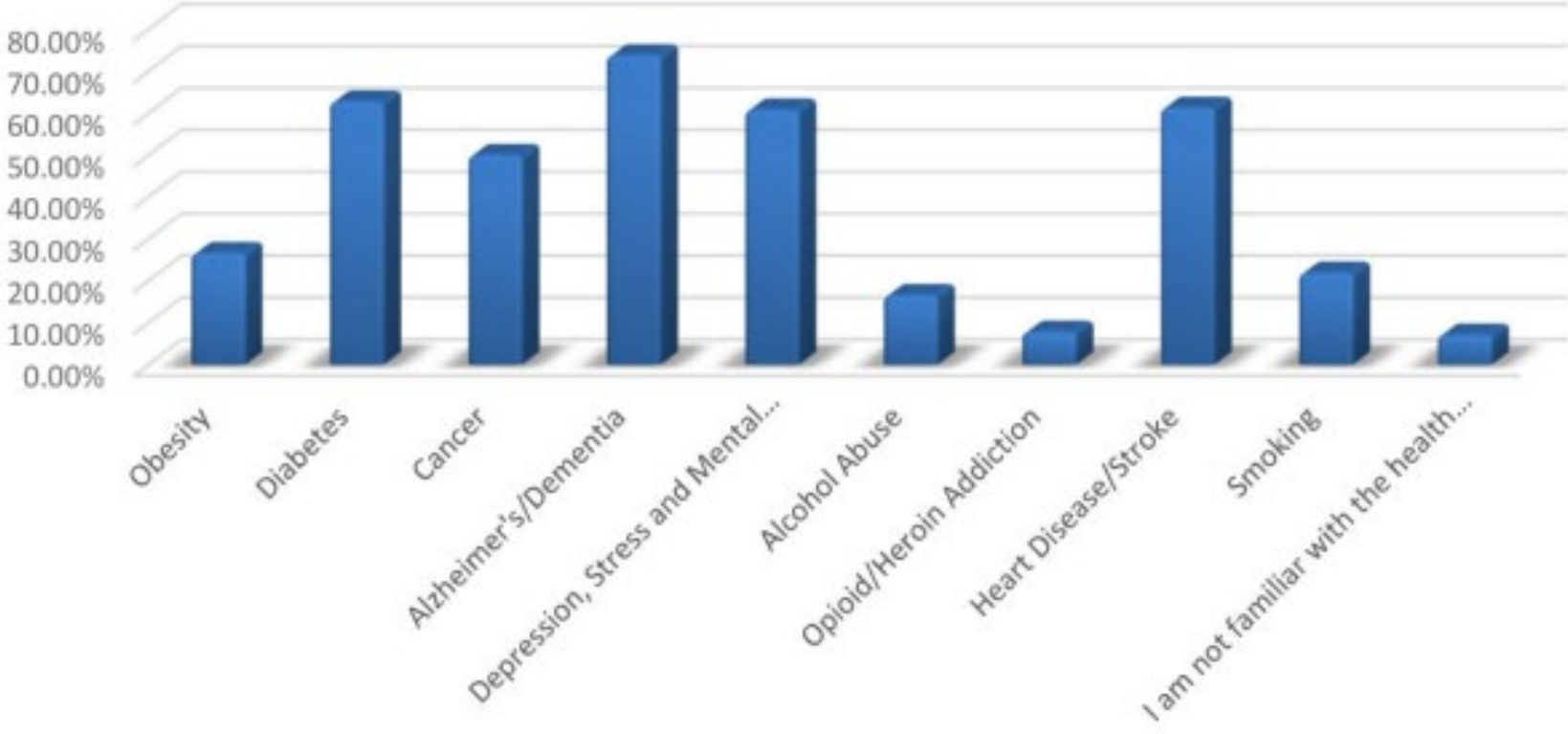
# Survey Topics

- Overall Community Health Concerns
- Senior Health
- Adolescent Health
- Barriers to Treatment
- Ways to Improve Overall Health

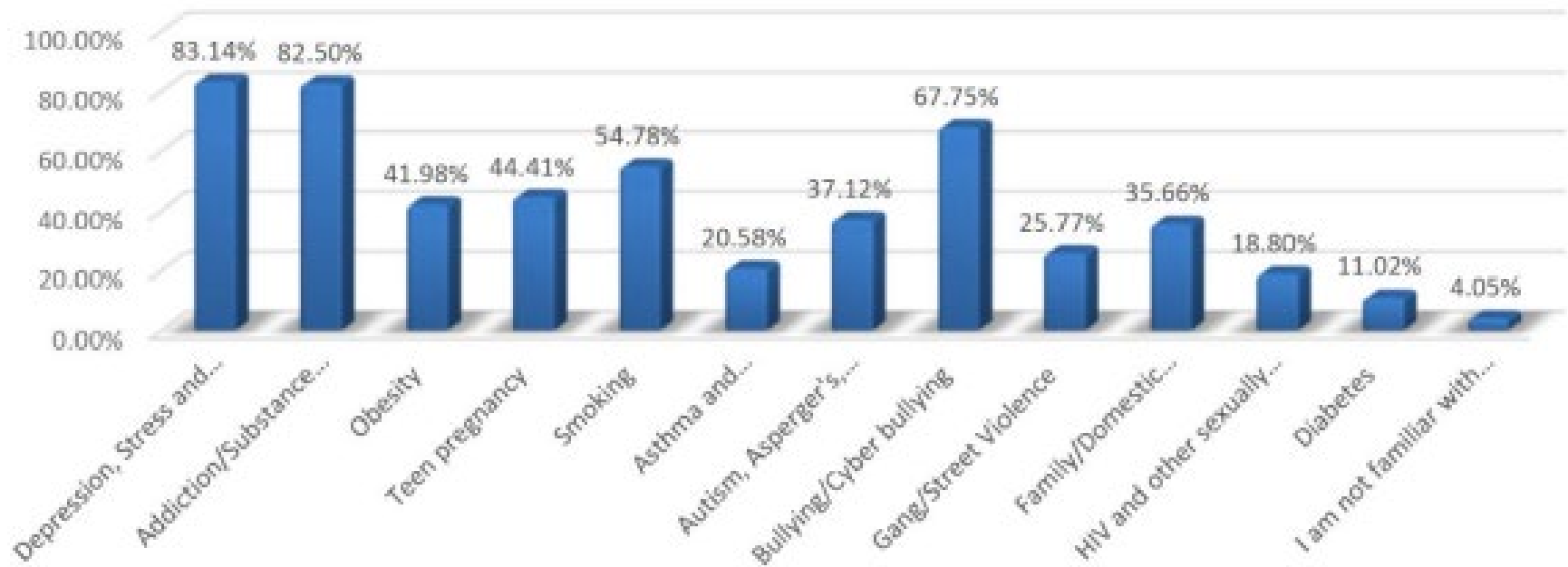
# Overall Community Health Concerns



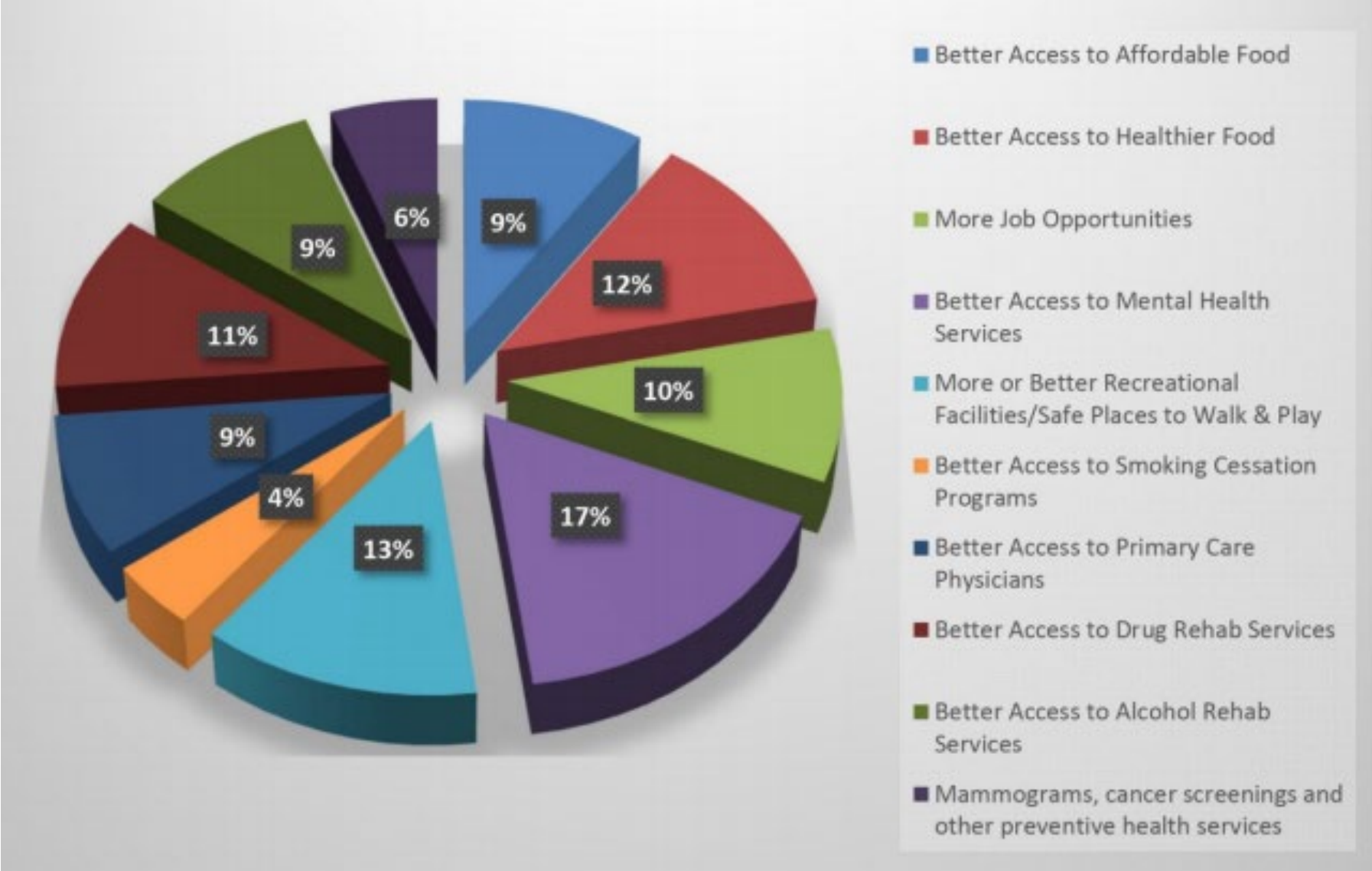
# Senior Health Concerns



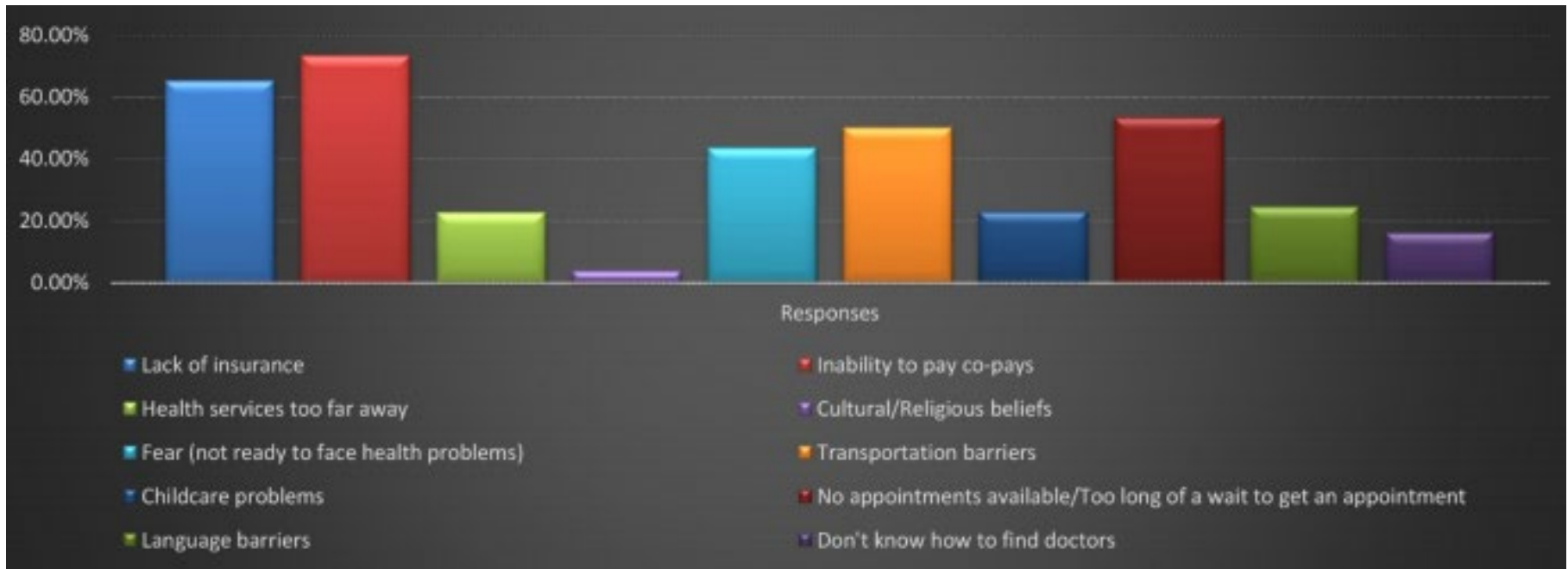
# Adolescent Health Concerns



# Ways to Improve Community Health



# Barriers to Treatment





# Community Benefit Focuses Identified

- Transportation barriers
- Language barriers
- Lack/affordable insurance
- Population health

# That's Interesting... Now What?

- We believe that there are programs / classes / projects already in place that we may be able to partner in or help expand to help with the community needs identified in the study.
  - Primary Care Physician expansion
  - Mental Health expansion
  - Preventive Health Investment
  - Self Wellness Program
  - Community-based hiring

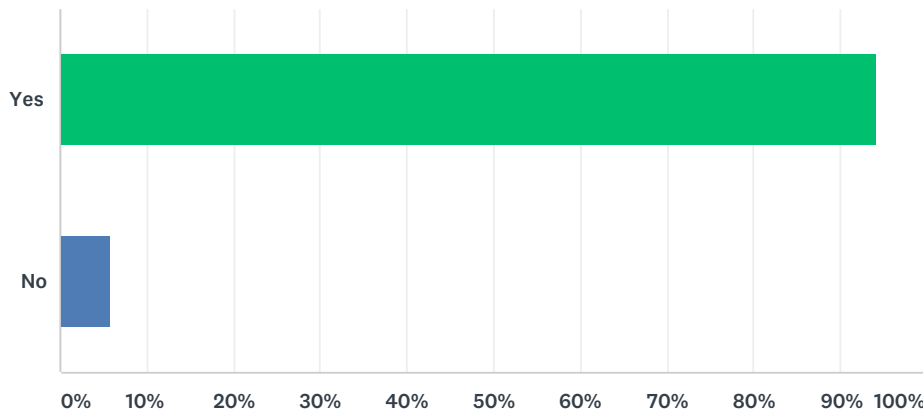
# References

[harringtonhospital.org/communitybenefits](https://harringtonhospital.org/communitybenefits)

- Statewide Initiatives
  - Mission Statement
- Full 2019 PDF Survey (English)
  - Full 2019 HNA Report
- Updates to possible CB programs

### Q3 Do you have a regular medical practitioner (doctor, nurse, physician assistant) that you see for check-ups and medical problems?

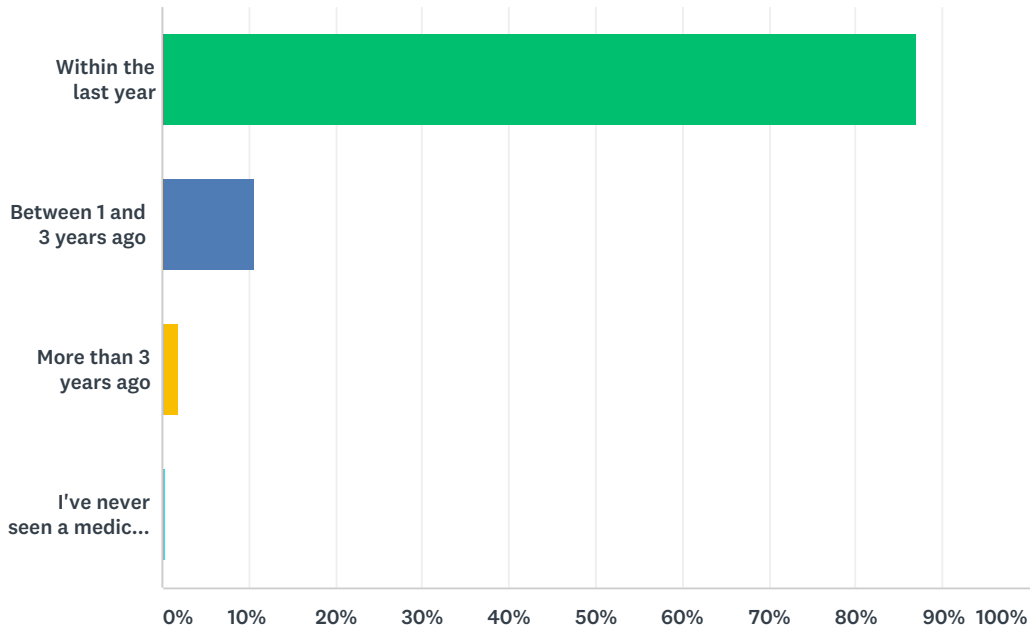
Answered: 623 Skipped: 12



ANSWER CHOICES	RESPONSES	
Yes	94.22%	587
No	5.78%	36
TOTAL		623

### Q4 When was the last time you saw a regular medical practitioner, either for a regular check-up or a specific health condition?

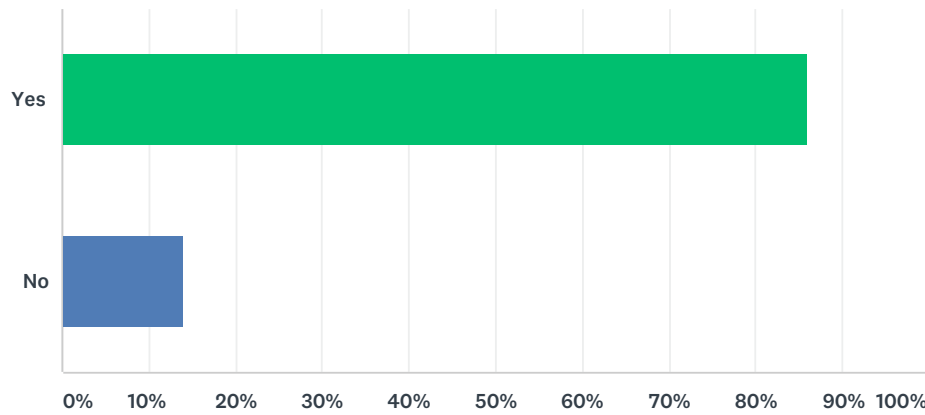
Answered: 622 Skipped: 13



ANSWER CHOICES	RESPONSES	
Within the last year	86.98%	541
Between 1 and 3 years ago	10.77%	67
More than 3 years ago	1.93%	12
I've never seen a medical practitioner for a check-up or a specific condition.	0.32%	2
<b>TOTAL</b>		<b>622</b>

### Q5 Do you have a regular dental practitioner that you see for check-ups or dental problems?

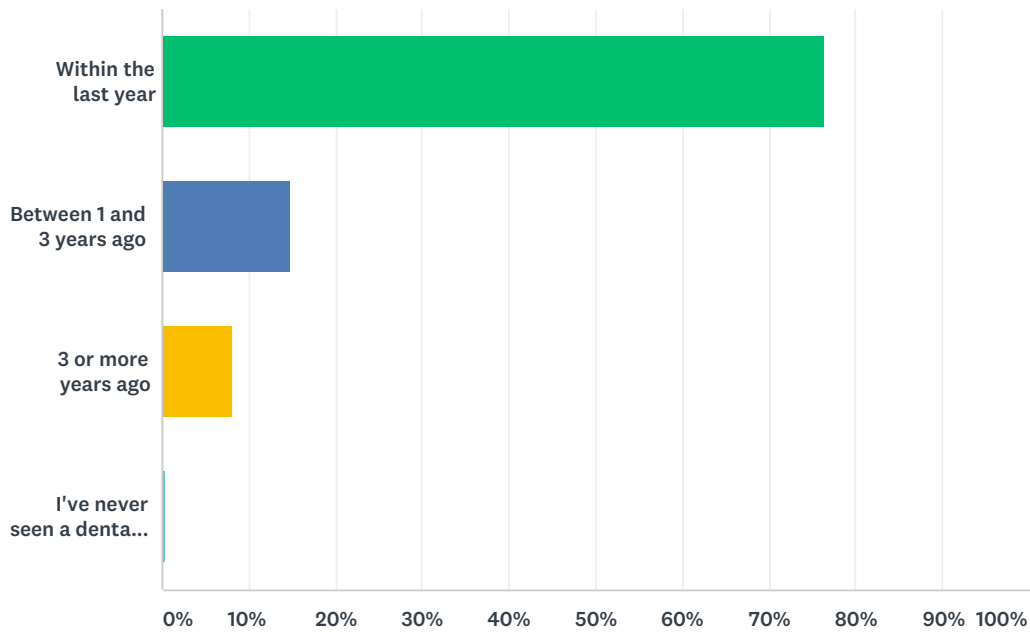
Answered: 623 Skipped: 12



ANSWER CHOICES	RESPONSES	
Yes	86.04%	536
No	13.96%	87
TOTAL		623

### Q6 When was the last time you saw a dental practitioner either for a regular check-up or a specific condition?

Answered: 623 Skipped: 12

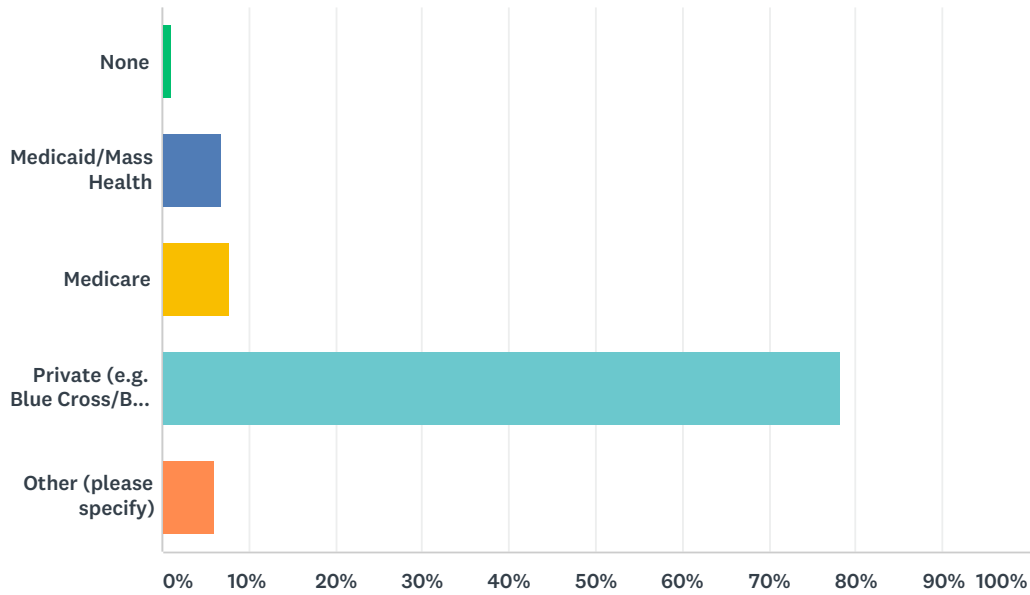


ANSWER CHOICES	RESPONSES	
Within the last year	76.40%	476
Between 1 and 3 years ago	14.93%	93
3 or more years ago	8.19%	51
I've never seen a dental practitioner for a check-up or a specific condition.	0.48%	3
<b>TOTAL</b>		<b>623</b>



## Q7 What kind of health insurance do you have?

Answered: 623 Skipped: 12



ANSWER CHOICES	RESPONSES
None	0.96% 6
Medicaid/Mass Health	6.90% 43
Medicare	7.70% 48
Private (e.g. Blue Cross/Blue Shield, Harvard Pilgrim, Fallon Health, etc.)	78.33% 488
Other (please specify)	6.10% 38
<b>TOTAL</b>	<b>623</b>

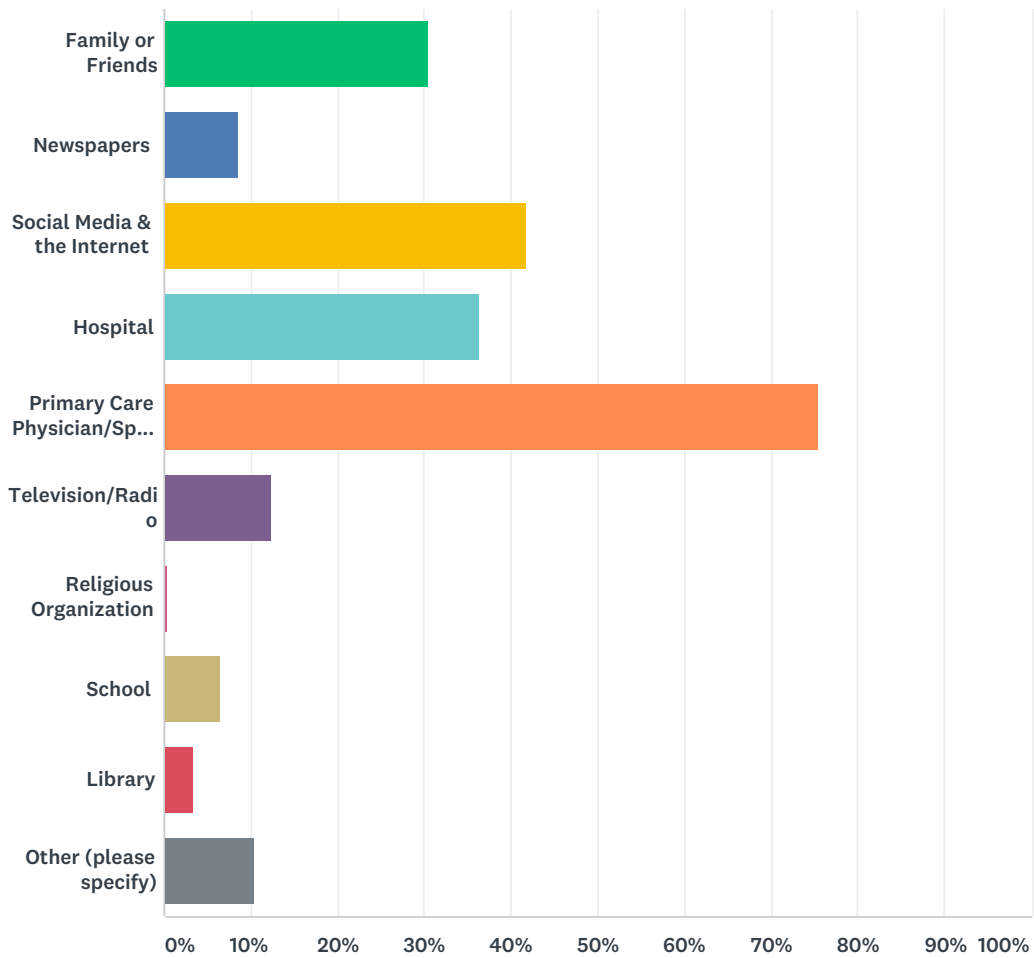
#	OTHER (PLEASE SPECIFY)	DATE
1	Cigna	10/14/2019 9:00 PM
2	fallon	10/8/2019 9:06 PM
3	FALLON HARRINGTON ADVANTAGE	10/8/2019 12:29 PM
4	Employer-fallon Harrington advantage	10/8/2019 1:53 AM
5	VA	10/7/2019 3:48 PM
6	BMC	10/7/2019 2:07 PM
7	fallon through work	10/7/2019 1:37 PM
8	harrington advantage	10/7/2019 1:28 PM
9	Health connector	10/7/2019 1:16 PM
10	tufts	9/24/2019 3:31 PM
11	fallon	9/24/2019 7:40 AM
12	fallon	9/23/2019 11:46 AM
13	harrington	9/23/2019 11:31 AM

## 2019 Community Health Needs Assessment

14	health connector	9/23/2019 11:28 AM
15	tricare	9/17/2019 7:50 PM
16	military - tricare	9/17/2019 7:53 AM
17	Can not afford work INS	9/17/2019 6:57 AM
18	Fallon	9/16/2019 4:33 PM
19	Fallon through Harrington	9/16/2019 4:20 PM
20	Fallon(Harrington Advantage)	9/16/2019 4:04 PM
21	Tufts health direct	9/16/2019 3:50 PM
22	through employer	9/16/2019 3:49 PM
23	CT MEDICAID	9/16/2019 3:46 PM
24	Fallon PPO	9/16/2019 3:42 PM
25	Cigna	9/13/2019 3:17 PM
26	Tricare	9/13/2019 1:49 PM
27	VA & medicare	9/7/2019 10:05 AM
28	W	9/6/2019 12:00 PM
29	Aetna	9/6/2019 10:45 AM
30	Husband	9/6/2019 10:20 AM
31	GIC	9/5/2019 10:16 AM
32	Medicare supplement	9/4/2019 8:54 AM
33	Health connect	9/4/2019 12:16 AM
34	medicare--fallon-- VA	9/3/2019 11:57 PM
35	United Health	9/3/2019 6:28 PM
36	MEDICARE PART-C ALSO & TRICARE	9/3/2019 6:09 PM
37	Health New England	9/3/2019 5:41 PM
38	BMC Connector Care	9/3/2019 3:11 PM

## Q8 Where do you and your family get most of your health information? (Check all that apply)

Answered: 623 Skipped: 12



ANSWER CHOICES	RESPONSES	
Family or Friends	30.50%	190
Newspapers	8.51%	53
Social Media & the Internet	41.89%	261
Hospital	36.44%	227
Primary Care Physician/Specialist	75.44%	470
Television/Radio	12.36%	77
Religious Organization	0.32%	2
School	6.42%	40
Library	3.37%	21
Other (please specify)	10.43%	65

## 2019 Community Health Needs Assessment

Total Respondents: 623

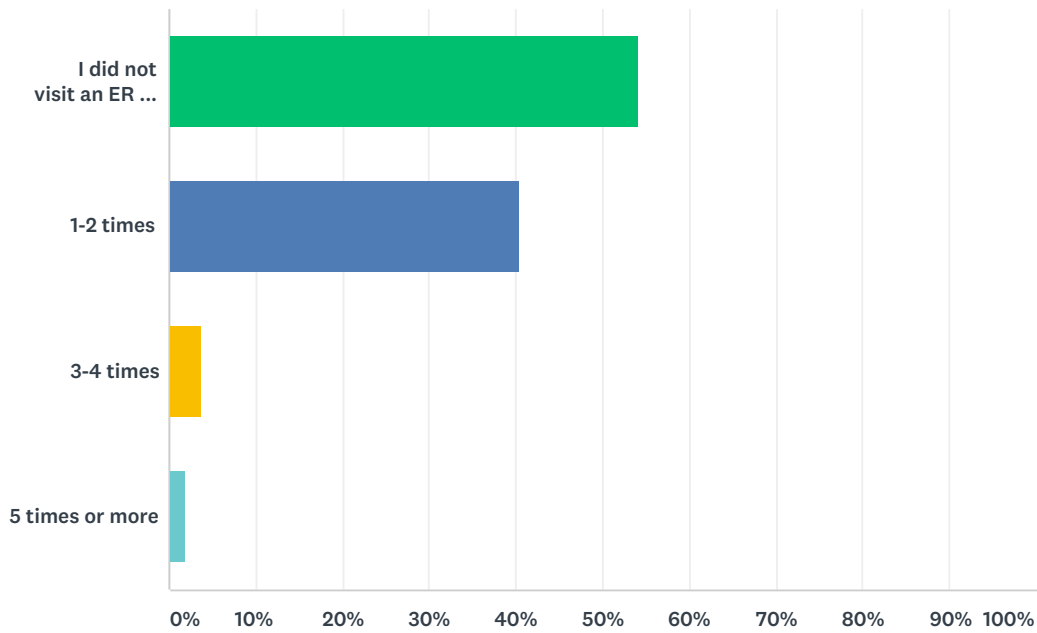
#	OTHER (PLEASE SPECIFY)	DATE
1	self knowledge-I am an RN	10/11/2019 2:33 PM
2	doctor	10/9/2019 11:46 PM
3	I'm a RN	10/9/2019 1:43 PM
4	Health journals	10/8/2019 5:14 PM
5	FAMILY HEALTH CARE WORKERS	10/8/2019 6:36 AM
6	NEJM	10/7/2019 3:48 PM
7	medial journal	10/7/2019 2:25 PM
8	i'm in the medical field - NP	10/7/2019 2:04 PM
9	personal research/peer reviewed info	10/7/2019 1:46 PM
10	Medical books	10/7/2019 1:27 PM
11	work	10/7/2019 1:19 PM
12	books	9/27/2019 10:24 AM
13	I'm a nurse	9/23/2019 5:20 PM
14	medical websites ie webmd	9/23/2019 3:10 PM
15	internet	9/23/2019 2:18 PM
16	I research...Google etc.	9/23/2019 12:19 PM
17	UpToDate	9/23/2019 11:43 AM
18	RN	9/23/2019 11:24 AM
19	online research	9/21/2019 11:05 AM
20	NO SOCIAL MEDIA	9/20/2019 2:58 PM
21	co-workers. I work in the medical field	9/19/2019 2:16 PM
22	On line research	9/19/2019 5:56 AM
23	Google Scholar, Mayo Clinic	9/18/2019 3:16 PM
24	medical references at work	9/18/2019 7:30 AM
25	usually online Mayo Clinic	9/17/2019 5:06 PM
26	internet	9/17/2019 10:28 AM
27	medical journal articles and reviews	9/17/2019 9:18 AM
28	myself	9/17/2019 8:13 AM
29	Work, through articles etc, as I am a healthcare employee	9/17/2019 8:10 AM
30	doing my own investigation	9/17/2019 7:09 AM
31	internet	9/17/2019 7:02 AM
32	private research- occupied as RN	9/16/2019 5:35 PM
33	medical resources	9/16/2019 5:00 PM
34	my daughter .she is a nurse	9/16/2019 4:36 PM
35	Work. I work in a hospital	9/16/2019 4:15 PM
36	UpToDate, journals	9/16/2019 3:57 PM
37	work	9/16/2019 3:53 PM
38	Mayo Clinic	9/16/2019 3:52 PM

## 2019 Community Health Needs Assessment

39	me	9/16/2019 3:48 PM
40	me	9/16/2019 3:47 PM
41	my own research	9/16/2019 3:46 PM
42	work	9/16/2019 3:44 PM
43	FROM THE HEALTH INSURANCE	9/16/2019 3:42 PM
44	Nursing Journals/Medical Journals	9/16/2019 3:42 PM
45	mass.gov and cdc.gov	9/16/2019 2:21 PM
46	internet, but NOT social media	9/16/2019 12:07 PM
47	Online	9/13/2019 3:17 PM
48	don't get any info	9/13/2019 2:21 PM
49	From my Fallon ins	9/12/2019 12:32 PM
50	health magazines and e-mail newsletters	9/7/2019 1:42 PM
51	Research myself	9/7/2019 11:04 AM
52	I was a RDH, until disabled	9/7/2019 10:05 AM
53	Our own research	9/6/2019 1:54 PM
54	Harrington	9/6/2019 10:52 AM
55	Husband is a physician I'm a registered nurse	9/6/2019 10:20 AM
56	National Institutes of Health Library	9/6/2019 10:06 AM
57	Retired RN...various publications etc	9/5/2019 10:16 AM
58	Own research	9/4/2019 3:42 PM
59	Community health agencies	9/4/2019 2:21 PM
60	Medical journals on line	9/4/2019 2:17 PM
61	Reputable medical websites	9/3/2019 7:36 PM
62	Coworkers	9/3/2019 5:41 PM
63	Several of the above not one	9/3/2019 5:28 PM
64	NEJM, Web MD, Mayo Clinic Website	9/3/2019 3:22 PM
65	Doctor	9/3/2019 2:10 PM

### Q9 How many times in the past 12 months have you visited an EMERGENCY ROOM (for yourself or a loved one)?

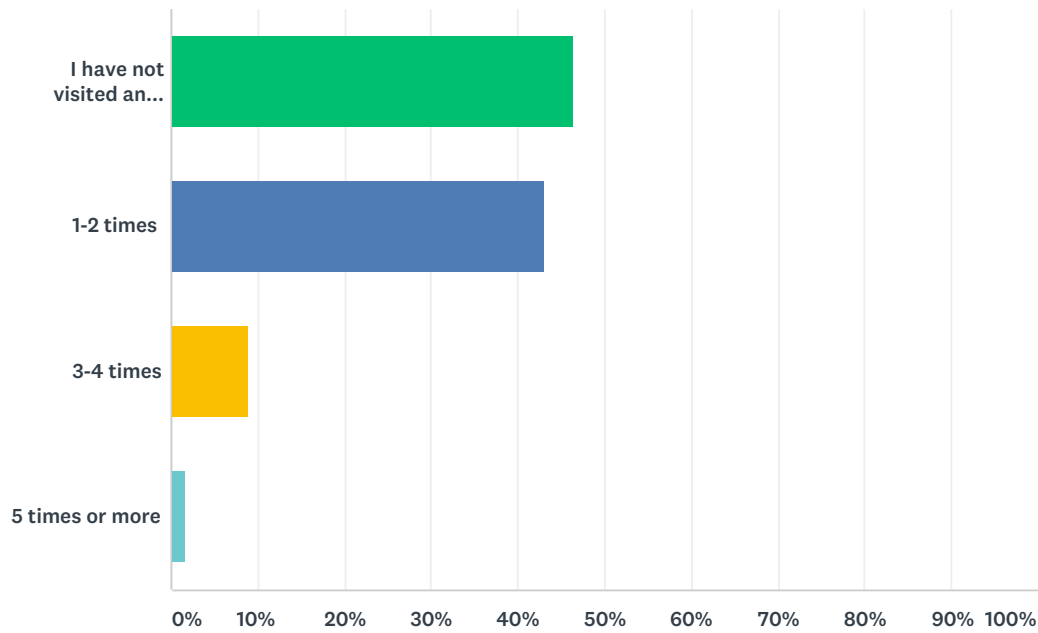
Answered: 623 Skipped: 12



ANSWER CHOICES	RESPONSES	
I did not visit an ER In the last 12 months	54.09%	337
1-2 times	40.29%	251
3-4 times	3.69%	23
5 times or more	1.93%	12
<b>TOTAL</b>		<b>623</b>

## Q10 How many times in the past 12 months have you visited an URGENT CARE CENTER (for yourself or a loved one)?

Answered: 623 Skipped: 12

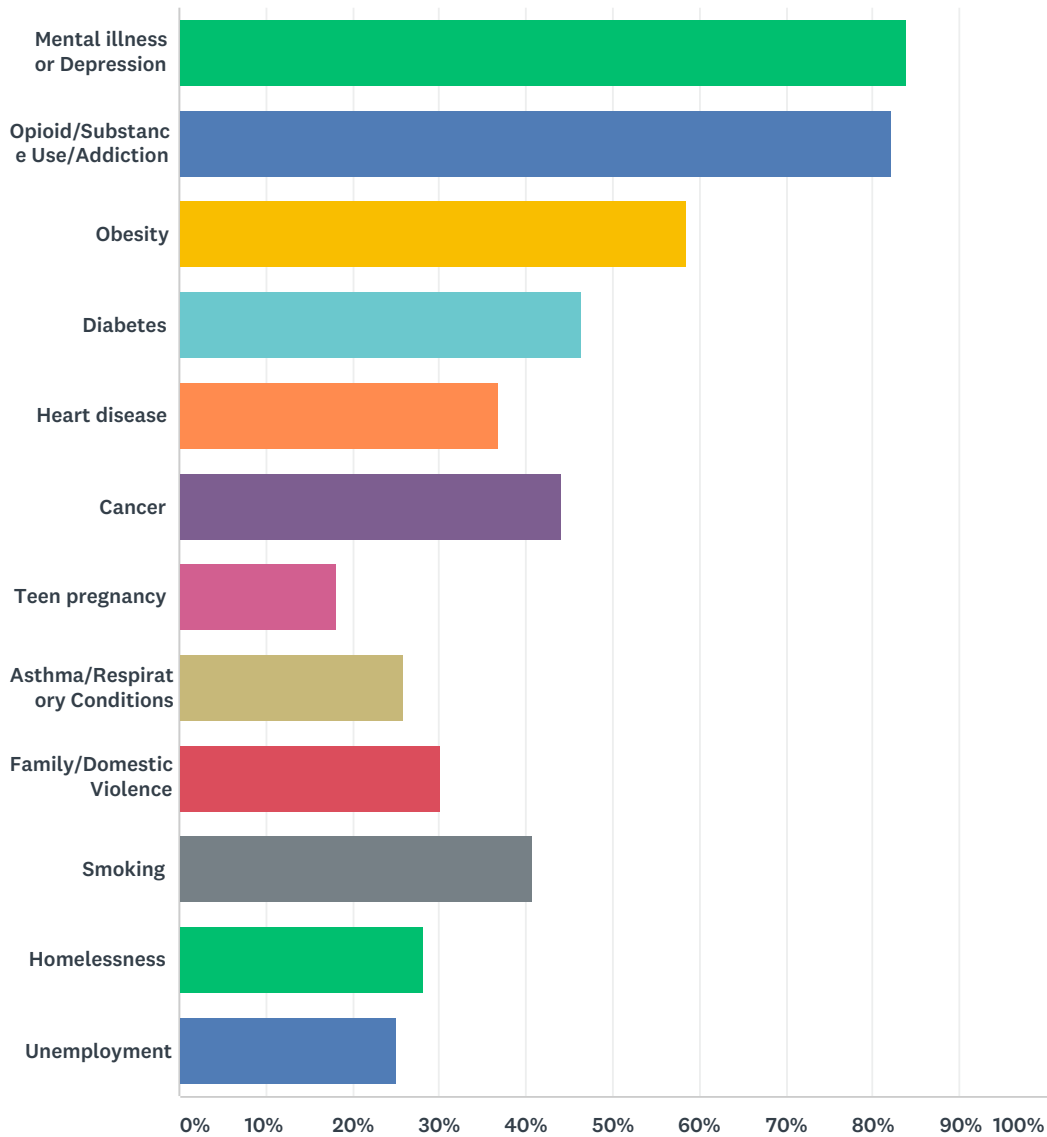


ANSWER CHOICES	RESPONSES	
I have not visited an Urgent Care Center in the past 12 months	46.39%	289
1-2 times	43.02%	268
3-4 times	8.99%	56
5 times or more	1.61%	10
<b>TOTAL</b>		<b>623</b>



**Q11 In general (thinking of all ages and demographics), which of the following would you identify as MAJOR HEALTH CONCERNS in your community? (Check all that apply)**

Answered: 617 Skipped: 18



ANSWER CHOICES	RESPONSES	
Mental illness or Depression	83.95%	518
Opioid/Substance Use/Addiction	82.17%	507
Obesity	58.51%	361
Diabetes	46.52%	287
Heart disease	36.79%	227
Cancer	44.25%	273

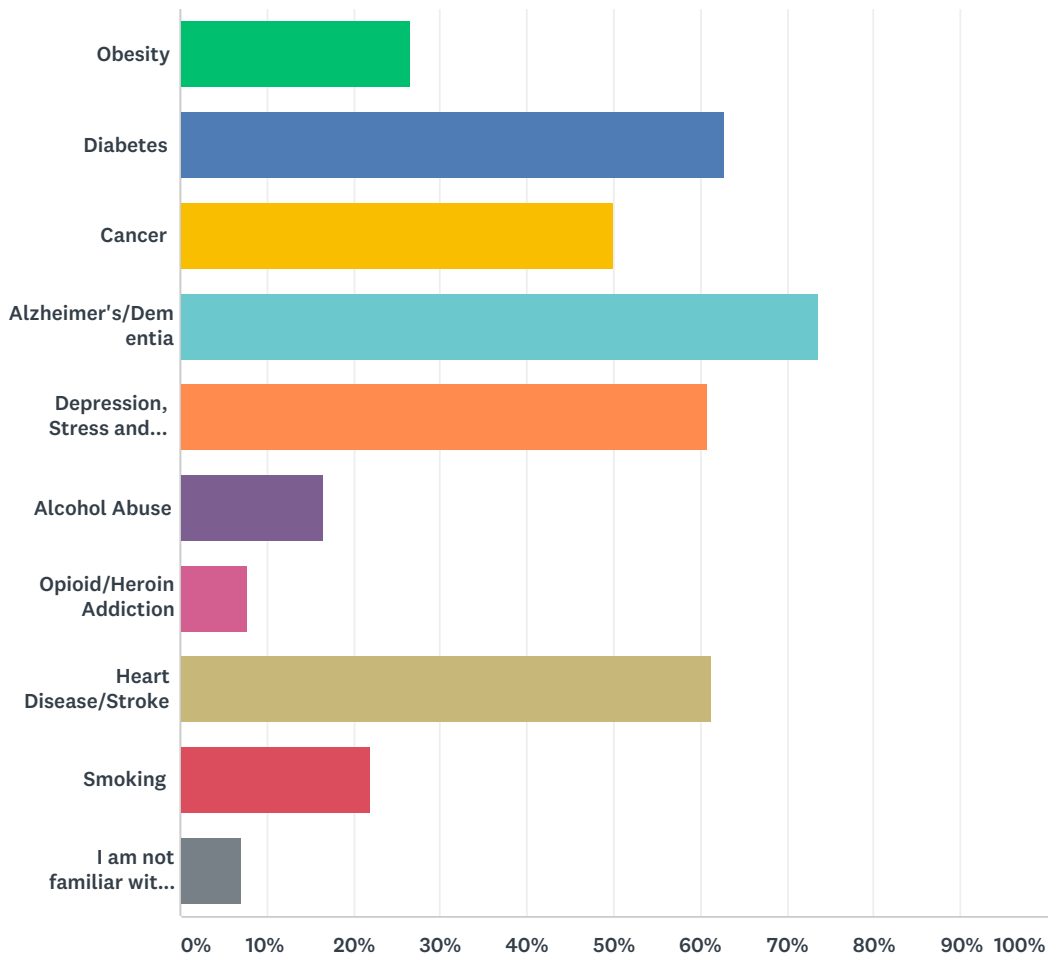
## 2019 Community Health Needs Assessment

Teen pregnancy	18.15%	112
Asthma/Respiratory Conditions	25.93%	160
Family/Domestic Violence	30.15%	186
Smoking	40.84%	252
Homelessness	28.20%	174
Unemployment	25.12%	155
Total Respondents: 617		

#	OTHER: (PLEASE SPECIFY)	DATE
1	healthcare for veterans	10/8/2019 7:15 AM
2	vaping	9/23/2019 11:25 AM
3	lack of physical activity, no sidewalks, oral health, senior care, transportation to appointments, poor housing conditions for low income renters	9/21/2019 11:10 AM
4	EPILEPSY	9/18/2019 5:38 PM
5	arthritis, Alzheimer's	9/17/2019 9:43 AM
6	Sexual Abuse	9/17/2019 9:19 AM
7	alcohol abuse; lack of healthcare management services for the entire population	9/16/2019 5:03 PM
8	EEE	9/16/2019 3:50 PM
9	Inability to afford necessary medications	9/16/2019 3:44 PM
10	Alcohol related injuries	9/12/2019 10:43 PM
11	LGBTQ+ Related Healthcare	9/9/2019 11:24 AM
12	Limited transportation for access	9/7/2019 10:10 AM
13	Maternal child health. Childbirth services.	9/6/2019 10:08 AM
14	All of the above apply, sadly.	9/6/2019 10:08 AM
15	HOUSING INEQUALITY	9/4/2019 3:14 PM
16	Teen vaping	9/4/2019 1:50 PM
17	Arthritis	9/4/2019 8:55 AM
18	kidney-neuropathy-gout-	9/3/2019 11:59 PM

### Q12 Which of the following would you identify as major health concerns for the SENIOR POPULATION (ages 65+)? (Check all that apply)

Answered: 617 Skipped: 18



ANSWER CHOICES	RESPONSES	
Obesity	26.58%	164
Diabetes	62.72%	387
Cancer	49.92%	308
Alzheimer's/Dementia	73.74%	455
Depression, Stress and Mental Illness	60.78%	375
Alcohol Abuse	16.53%	102
Opioid/Heroin Addiction	7.78%	48
Heart Disease/Stroke	61.26%	378
Smoking	21.88%	135
I am not familiar with the health problems for the senior population.	7.13%	44

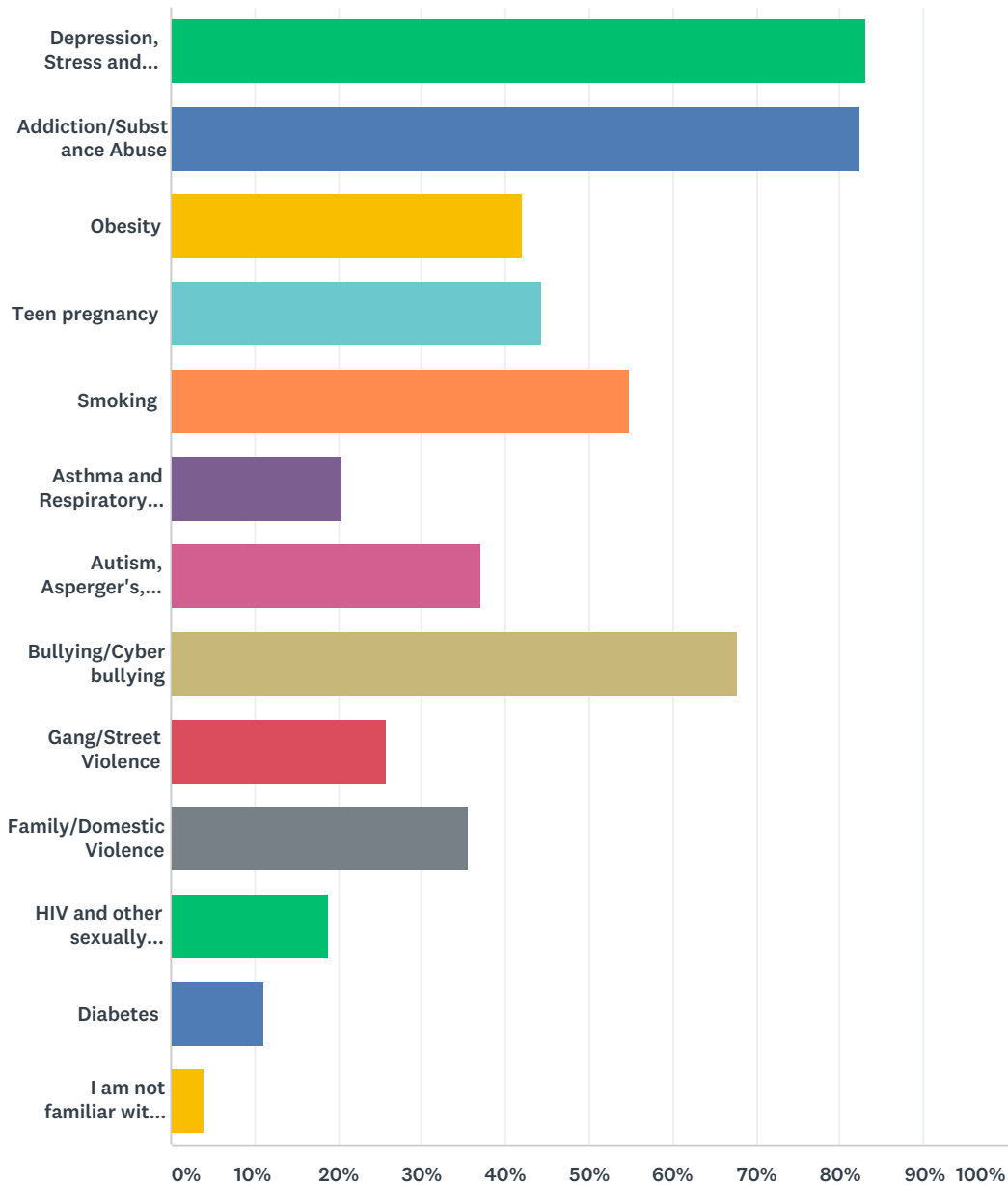
## 2019 Community Health Needs Assessment

Total Respondents: 617

#	OTHER: (PLEASE SPECIFY)	DATE
1	falls	9/24/2019 9:05 AM
2	loneliness, social isolation, lack of physical activity, no sidewalks	9/21/2019 11:10 AM
3	heart disease	9/18/2019 2:45 PM
4	Pneumonia	9/17/2019 10:57 AM
5	financial struggles for copays and food	9/17/2019 10:04 AM
6	Lack of care and management of their chronic health conditions	9/16/2019 5:03 PM
7	STD HIV AIDS	9/16/2019 4:48 PM
8	Treatment transportation access	9/7/2019 10:10 AM
9	Food insecurity	9/6/2019 10:56 AM
10	NOT BEING ABLE TO AGE IN PLACE	9/4/2019 3:14 PM
11	kidney failure	9/3/2019 11:59 PM
12	Respiratory conditions	9/3/2019 5:17 PM

Q13 Which of the following would you identify as being major health concerns for the YOUTH AND ADOLESCENT POPULATION (17 years and younger)? (Check all that apply.)

Answered: 617 Skipped: 18



ANSWER CHOICES	RESPONSES	
Depression, Stress and Mental Illness	83.14%	513
Addiction/Substance Abuse	82.50%	509
Obesity	41.98%	259
Teen pregnancy	44.41%	274

## 2019 Community Health Needs Assessment

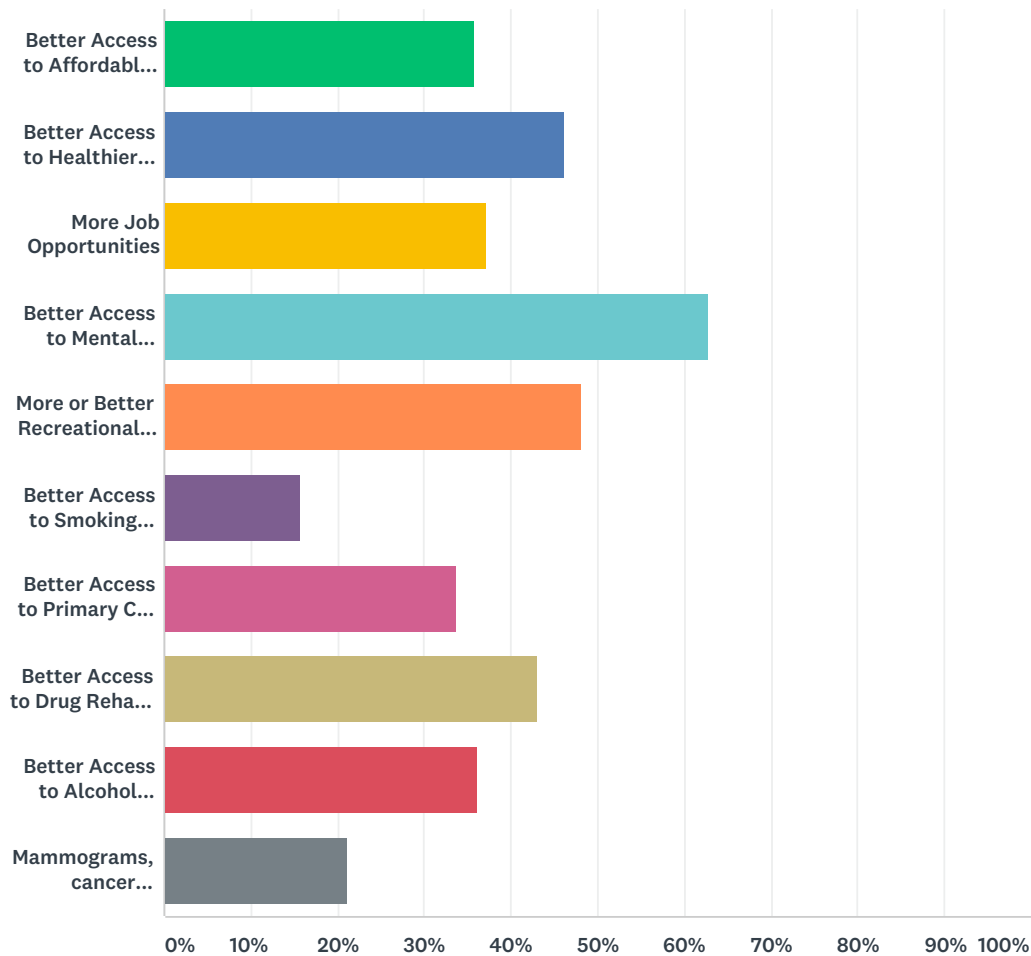
Smoking	54.78%	338
Asthma and Respiratory Conditions	20.58%	127
Autism, Asperger's, ADHD and other related conditions	37.12%	229
Bullying/Cyber bullying	67.75%	418
Gang/Street Violence	25.77%	159
Family/Domestic Violence	35.66%	220
HIV and other sexually transmitted infections	18.80%	116
Diabetes	11.02%	68
I am not familiar with the health issues for the youth and adolescent population.	4.05%	25

Total Respondents: 617

#	OTHER: (PLEASE SPECIFY)	DATE
1	We need more pediatric caregivers, especially specialties	9/23/2019 11:41 AM
2	vaping	9/23/2019 11:25 AM
3	these are all important. I would add lack of physical activity, no sidewalks or can't afford sports, way too much time on phones and electronic devices, not enough reading	9/21/2019 11:10 AM
4	EPILEPSY	9/18/2019 5:38 PM
5	Vaping	9/16/2019 6:08 PM
6	vaping	9/16/2019 3:56 PM
7	Vaping	9/16/2019 3:41 PM
8	LGBTQ+ Related Healthcare	9/9/2019 11:24 AM
9	Vaping nicotine and other substances	9/6/2019 7:50 AM
10	Vaping	9/4/2019 1:50 PM
11	birth control and sexual issues	9/3/2019 5:17 PM
12	VAPING/USE OF MARIJUANA/DABS	9/3/2019 2:50 PM
13	Vaping!!!	9/3/2019 2:48 PM

### Q14 In your opinion, what is MOST needed to improve the health of your family and your neighbors? (Check all that apply).

Answered: 611 Skipped: 24



ANSWER CHOICES	RESPONSES	
Better Access to Affordable Food	35.84%	219
Better Access to Healthier Food	46.32%	283
More Job Opportunities	37.15%	227
Better Access to Mental Health Services	62.85%	384
More or Better Recreational Facilities/Safe Places to Walk & Play	48.12%	294
Better Access to Smoking Cessation Programs	15.71%	96
Better Access to Primary Care Physicians	33.72%	206
Better Access to Drug Rehab Services	43.04%	263
Better Access to Alcohol Rehab Services	36.17%	221
Mammograms, cancer screenings and other preventive health services	21.11%	129



## 2019 Community Health Needs Assessment

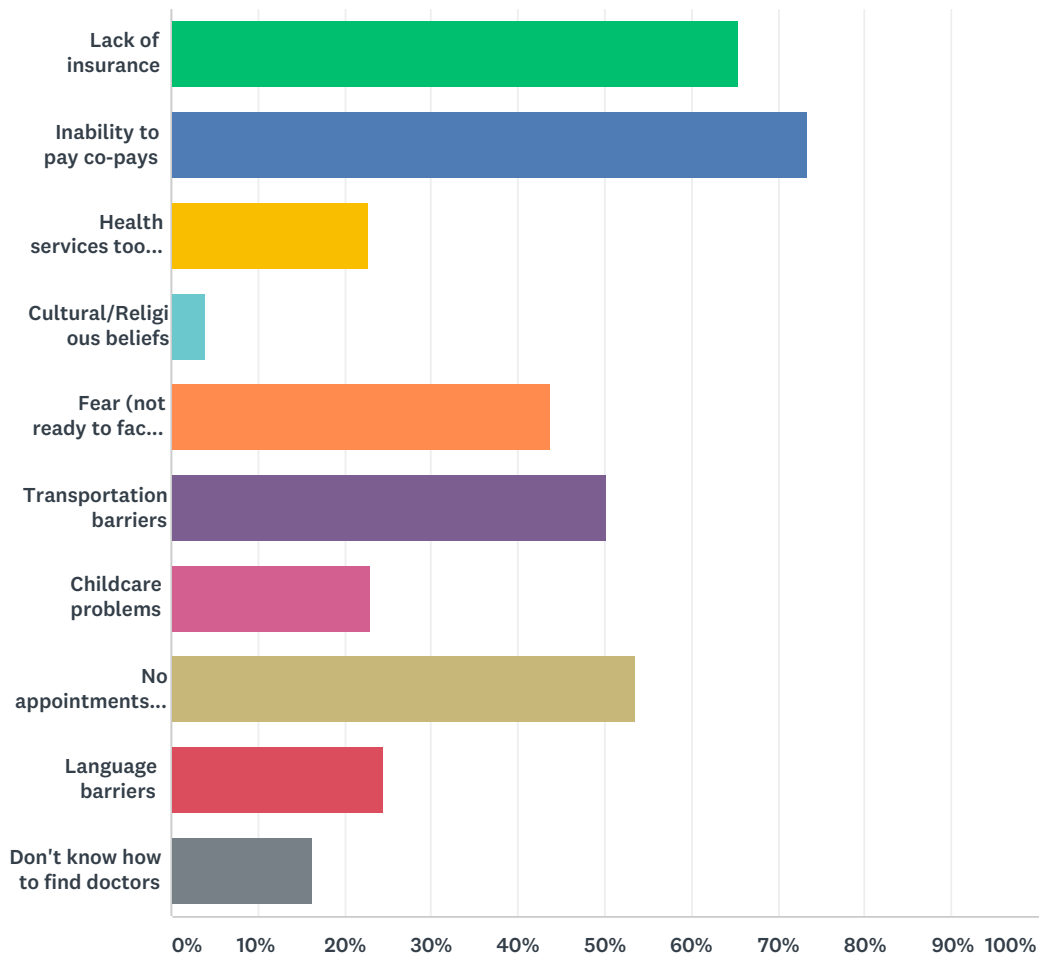
Total Respondents: 611		
#	ADDITIONAL COMMENTS:	DATE
1	More reasonable medical costs. Out of pocket (with insurance) gets crazier and crazier.	10/14/2019 1:07 PM
2	ASSISTANCE FOR FAMILIES OF PERSONS WITH DEPRESSION/COPING TECHNIQUES/ PARENTS WITH KIDS WITH DEPRESSION/MH ISSUES	10/8/2019 8:58 AM
3	Family connection programs -family counseling	10/8/2019 1:56 AM
4	There is a bill on the senate floor for insurance companies to stop denying medications and/or treatments for patients based on time increments instead of doctors recommendations. My husband has rheumatoid arthritis and many times he has not responded well to a particular medication and must wait 3-6 months before they will pay for another medication which may or may not work. This is several months of pain and unnecessary agony. Insurance companies should not have this kind of control, this is between a patient and his doctor. Everyone is different and responds differently. This change is necessary to improve the health of my family.	10/7/2019 2:37 PM
5	affordability of health care/programs depending upon pt's insurance	10/7/2019 2:27 PM
6	Education!!! Health, drugs, life skills	10/7/2019 2:06 PM
7	Motivation to make change	10/7/2019 2:01 PM
8	I think all the resources are there, it's just getting people to actually use them.	10/7/2019 1:17 PM
9	Affordable insurance	9/24/2019 9:51 AM
10	sidewalks, more farmers markets/fresh vegetables, better community regulations restricting marijuana, family friendly activities	9/21/2019 11:14 AM
11	access for a safe environment for kids	9/18/2019 2:48 PM
12	better access to housing.	9/17/2019 9:21 AM
13	Moving from worcester to N brookfield there are not many healthy on the go options.	9/17/2019 8:31 AM
14	drug stores that deliver medications; lower dental rates for seniors or those on limited income	9/17/2019 8:11 AM
15	Better pay and reduced caseloads for mental health professionals so that turnover is reduced and patients are not negatively affected	9/17/2019 7:40 AM
16	access to more specialized care when needed- ability to go where needed for healthcare	9/17/2019 7:17 AM
17	shorter wait times into consistent Primary Care Providers	9/16/2019 5:36 PM
18	parenting classes; financial responsibility education; limiting cell phone and online screen usage	9/16/2019 5:06 PM
19	Mental Health services especially	9/16/2019 3:49 PM
20	Help understanding health insurance coverage	9/15/2019 10:13 AM
21	Hours for primary care is impossible. I have to work and can't come in the middle of the day.	9/14/2019 7:56 PM
22	Better/more accessible translation services	9/14/2019 7:31 AM
23	no concerns	9/13/2019 2:25 PM
24	waiting list to see a psychologist? honestly!	9/13/2019 2:12 PM
25	LGBTQ+ Healthcare access	9/9/2019 11:26 AM
26	Transportation access...	9/7/2019 10:15 AM
27	We have all of these things in our community, we just need more. Our need is greater than other communities and we're not getting it.	9/6/2019 11:09 AM
28	Our hospital has closed inpatient obstetrics and pediatricsour community	9/6/2019 10:36 AM
29	AFFORDABLE HOUSING	9/4/2019 3:15 PM
30	vaping programs	9/4/2019 7:19 AM
31	Affordable health care	9/3/2019 7:39 PM
32	Affordable and accessible Care	9/3/2019 5:43 PM

## 2019 Community Health Needs Assessment

33	Insurance	9/3/2019 5:21 PM
34	Along with education on nutritional needs, exercise and mental health.	9/3/2019 4:42 PM
35	better access to alternative medical treatments	9/3/2019 3:13 PM
36	SUPPORT FOR FAMILY MEMBERS AROUND CRISIS OF MENTAL HEALTH	9/3/2019 2:55 PM
37	Help managing diabetes	9/3/2019 2:54 PM

### Q15 What do you think keeps people in your community from seeking medical treatment? (Check all that apply).

Answered: 611 Skipped: 24



ANSWER CHOICES	RESPONSES	
Lack of insurance	65.47%	400
Inability to pay co-pays	73.49%	449
Health services too far away	22.75%	139
Cultural/Religious beliefs	3.93%	24
Fear (not ready to face health problems)	43.70%	267
Transportation barriers	50.25%	307
Childcare problems	23.08%	141
No appointments available/Too long of a wait to get an appointment	53.52%	327
Language barriers	24.55%	150
Don't know how to find doctors	16.37%	100

## 2019 Community Health Needs Assessment

Total Respondents: 611		
#	OTHER (PLEASE SPECIFY)	DATE
1	no desire/non-compliance	10/11/2019 2:35 PM
2	Offices not returning calls or needing to complete paperwork that could be done online/mailed before first appointment	10/8/2019 8:16 PM
3	Lack of primary care physicians.	10/8/2019 7:22 AM
4	Embarrassment	10/7/2019 3:57 PM
5	LAZINESS	10/7/2019 1:44 PM
6	Long wait for Doctor's appointments	9/24/2019 9:51 AM
7	In Southbridge there are more language barriers, in Charlton less so	9/21/2019 11:14 AM
8	no money for apoitments	9/18/2019 2:48 PM
9	Dr no taking patients...many on list are not taking patients...update the list...frustrating making 7 calls to find one	9/18/2019 6:41 AM
10	laziness	9/18/2019 12:46 AM
11	Not understanding the importance of good health	9/17/2019 5:03 PM
12	disinterest in connecting with the health system - not feeling a need to attend/engage	9/17/2019 1:53 PM
13	transportation is a big barrier. many people have no one to drive them and aren't eligible for medicaid. it would be great if there were more volunteer programs through the senior centers for instance.	9/17/2019 8:11 AM
14	do not know how to navigate the system and advocate for themselves and their family	9/16/2019 5:06 PM
15	Poor personal health, do not care about issues	9/16/2019 4:12 PM
16	Also just a lack of knowledge about the resources available	9/16/2019 3:49 PM
17	To difficult to figure out what doctors drugs or treatments will be acceptable to insurance companies	9/15/2019 10:13 AM
18	Mental health/substance use	9/14/2019 7:31 AM
19	no concerns	9/13/2019 2:25 PM
20	Limited belief in services offered and skillset for issues such as cardiac arrest or lung collapse at local hospital.	9/7/2019 10:15 AM
21	Stigma around mental health	9/4/2019 2:23 PM
22	Waitlists for mental health care, social stigma of mental health care, excessive cost of medical care, lack of public transit options	9/4/2019 1:52 PM
23	High deductible insurance	9/3/2019 7:39 PM
24	COST OF MEDICATIONS.	9/3/2019 6:14 PM
25	We need more family doctors in Southbridge	9/3/2019 5:21 PM

## Q16 Please share any other thoughts you have in relation to improving the health needs of the community in which you live.

Answered: 99 Skipped: 536

#	RESPONSES	DATE
1	I think the biggest part of it is better and more affordable health insurance, also easier access to mental therapy.	10/9/2019 11:51 PM
2	more exercise, healthier eating	10/9/2019 2:43 PM
3	One of the major problems in our community is lack of transportation to Dr's visits, clinics, rehab, pharmacies etc.	10/9/2019 2:27 PM
4	I believe that alcohol/recreational legal drug use are a problem for many homes. Family time is not a priority	10/9/2019 11:27 AM
5	Non-discriminatory (income) and affordable health care for all US citizens	10/9/2019 10:08 AM
6	Some people in my community don't have insurances or money to pay for co payment. LUCK OF MONEY can cause not taking meds on schedule time. people can't afford to buy expensive meds.	10/8/2019 9:11 PM
7	Na	10/8/2019 4:11 PM
8	TRANSPORTATION MAKE PUBIC TRAVEL EASIER FOR BEDROOM COMMUNITIES	10/8/2019 8:58 AM
9	Health literacy is low in my community and young people need more things to keep them occupied and out of trouble.	10/8/2019 8:22 AM
10	It would be nice to have a health club within a reasonable distance.	10/8/2019 7:22 AM
11	I truly believe mental health is a huge issue . There are not enough people who care for others mental health or take it seriously. A lot of people describe mental health as a "need for attention". Especially in younger kids and veterans . I think ours veterans mental health and substance abuse should be a huge priority .	10/8/2019 7:18 AM
12	Affordable medication, and care.	10/7/2019 5:13 PM
13	People don't want to ask for help. It would be beneficial to continue to have health fairs and health promotions to encourage people to take care of their health.	10/7/2019 3:38 PM
14	Our PES crew is amazing and very accommodating. PES has a very high volume of pts seeking counseling need more resources/members in PES	10/7/2019 3:02 PM
15	...	10/7/2019 2:46 PM
16	please see my comments on #14	10/7/2019 2:37 PM
17	having a dietitian for adolescent's to be able to reach out to for consult. more access in schools for information on where they can reach out for help.	10/7/2019 2:16 PM
18	Most people are unable to find a Doctor accepting new patients.	10/7/2019 2:10 PM
19	Much needed education about interconnection of personal health choices(food choices, smoking, drinking) and outcomes of those decisions on their health.	10/7/2019 1:55 PM
20	not enough drug and alcohol programs.	10/7/2019 1:20 PM
21	We need more addiction services. Too many people are dying from the opioid epidemic	10/7/2019 1:17 PM
22	support to all of the above	9/30/2019 4:40 PM
23	Mental Health and drug abuse are a big problem in today's society we need more access to help people that are in trouble with these illnesses. It is almost impossible to get an appointment with mental health providers.	9/24/2019 11:02 AM
24	Lower the health care prices or make a health line for someone to call that is free for people to seek guidance and information. I think a lot of people not going to the doctors could be money related but also they could have lack of knowledge about their condition or health issue.	9/23/2019 3:23 PM

## 2019 Community Health Needs Assessment

25	N/A	9/23/2019 3:04 PM
26	More affordable and accessible services in the community	9/23/2019 11:53 AM
27	n/a	9/23/2019 11:47 AM
28	This survey is ok but very limited. There needs to be a more open community process to develop a community needs assessment. This is not adequate. You can do better than this.	9/21/2019 11:14 AM
29	Improve quality of meals offered in schools	9/20/2019 8:25 AM
30	Education of the public and outreach	9/19/2019 10:15 AM
31	Community Seminars	9/18/2019 5:40 PM
32	I believe that the fragmentation of care creates issues for patients. Better coordination of care across specialties may provide better overall care for patients.	9/18/2019 4:56 PM
33	ive noticed the health community lacks in help financially for them to meet there appointments or even have any money for food to sustain there health. and not enough programs that help support low income families	9/18/2019 2:48 PM
34	I work at the emergency room in this community and there is a lot of patients who use the er as their primary doctor.	9/18/2019 12:07 PM
35	Co-pays to be less. Most people put off seeing the doctor due to high deductible.	9/18/2019 9:08 AM
36	I would like to see a free program to help people with weight loss. So something like weight watchers where people could go to check in, get support and ideas to stay on track and motivated. On another note, as a caregiver to my mother who has dementia, I feel like there aren't enough services to TRULY support the caregivers with the physical and financial struggles that we face while trying to keep our loved ones at home.	9/18/2019 1:07 AM
37	Affordable health insurance!!!	9/17/2019 5:47 PM
38	Doctors who will listen to concerns and not brush them off	9/17/2019 1:05 PM
39	Health insurance is not affordable. Healthcare is not affordable. This is creating a huge problem in healthcare in general.	9/17/2019 11:46 AM
40	I speak with elders that mention it is a challenge getting to/from their appointments (as they do not drive). Also, mental health issues seem to be increasing	9/17/2019 9:45 AM
41	Addressing housing and other financial needs for the community will allow patients to focus on their health instead of their survival day to day.	9/17/2019 9:21 AM
42	Mental health and the opioid epidemic needs to be the main focus	9/17/2019 7:57 AM
43	Encouragement of plant-based diets could be helpful. Hospital should be offering health-promoting foods in their cafeterias and to patients.	9/17/2019 7:40 AM
44	we need state wide ability to go where needed-without high out of pocket costs. We need insurance companies to be regulated and more affordable care for truely sick people with chronic diseases. Elderly need more help at home with all needs /health care coverage-- they need better access to care when loved ones can't take care of them- the criteria for admission is not working for these people- the system is ridiculous for the lay person to understand what there benefit is and how much it will really cost them- very difficult to make an informed decision.	9/17/2019 7:17 AM
45	I think our community is poor. With that often comes poor health and lack of resources. We need more choices to get to our appointments, less time to get into metal health facilities, and access to bilingual providers for health care clarity.	9/17/2019 7:03 AM
46	There is no personal connection with healthcare providers anymore. Interface is with iPads and laptops and computers. The is no longer "care" in health care. If you are seen by a health professional, follow through is rare at best. These problems are not of the individual person. There are serious voids and faults in our system. No one is held accountable, employee turnover is high and no one trusts the system anymore. If one cannot advocate for themselves or has someone trustworthy to guide them, or is unable to navigate this system... there is little hope for adequate care and /or successful outcomes.	9/16/2019 9:25 PM
47	None	9/16/2019 7:14 PM
48	none	9/16/2019 5:06 PM

## 2019 Community Health Needs Assessment

49	The major problem in the area I live is mental health and substance abuse which go hand in hand. There needs to be better access to the community, more education, and more willingness to help others.	9/16/2019 4:23 PM
50	There needs to be more mental health/drug addiction resources for our community	9/16/2019 4:15 PM
51	Due to high co payments, patient doesn't f/u regularly.	9/16/2019 4:12 PM
52	We need more awareness for services in the community. I think the biggest barrier to people is not knowing what can be accessed and where.	9/16/2019 4:09 PM
53	more social activities within the communities	9/16/2019 3:56 PM
54	Many HPS offices don't answer the phone. I actually switched to a new provider because of this and hear this complaint from family, friends and neighbors ALL the time.	9/16/2019 3:53 PM
55	I think it all starts in the home. If there are problems at home, it is hard to look beyond the day to day trials and tribulations and look ahead at preventative measures and healthcare.	9/16/2019 3:49 PM
56	Health decisions should be made by medical professionals not accountants	9/15/2019 10:13 AM
57	You need to bring back the birthing center and services at Harrington. Worcester is too far for many people. The women's health OB services offered are not on the same level as they were at Harrington.	9/14/2019 7:56 PM
58	Over booking of doctors office visits making patients have long wait time	9/14/2019 6:09 PM
59	None	9/14/2019 3:47 PM
60	Access to more physicians and more knowledgeable physicians who treat beyond just basic physical health care needs. People need to feel heard, not shamed-there has to be a level of trust and reciprocity for people to feel safe with providers and follow through with healthcare plans. Many in our community are undereducated or do not speak English proficiently so they do not self advocate and I find receive lower level of care.	9/14/2019 7:31 AM
61	Some insurances can be very difficult to follow and to keep track of these records while being very ill, just adds to the miserable situation a sick person is in makes u not want to seek help at times. Co pays, co insurance, deductibles etc. What a web!	9/13/2019 3:24 PM
62	currently there is no access to psychologists. they all have waiting lists. also drug and alcohol addicts have a lot of struggles when they finally decide to seek help. there are no beds. no room. i called places all over Massachusetts and Connecticut trying to find a program. Either nobody calls you back or they have no room. Or the cost is outrageous.	9/13/2019 2:12 PM
63	Mental health is a serious problem with a lot of people in the community. Having more resources would be beneficial	9/12/2019 10:47 PM
64	Elderly need more pca/home health help daily	9/12/2019 6:05 PM
65	None	9/12/2019 10:55 AM
66	Preventing smoking at a young age; the epidemic is sugar is a problem; treating chronic diseases like diabetes and obesity	9/10/2019 11:53 AM
67	We need more Primary Care Physicians and Specialists like Neurologists, Rheumatologists, Pulminologists & Mental Health Providers locally instead of having to travel to Worcester, Boston or Springfield	9/9/2019 11:04 PM
68	There is a serious lack of LGBTQ+ healthcare resources in the region, namely access to Transgender related healthcare. We have a huge LGBTQ+ population in the region that has to go to Boston to have their healthcare needs met,	9/9/2019 11:26 AM
69	We need a wider availability of specialists.	9/8/2019 12:12 AM
70	I consider local care more psych then anything else. I would go local for minor issues otherwise take the heart attack n drive to VA Yale Ct	9/7/2019 10:15 AM
71	Better billing system at Harrington needed. Way too many errors and miscommunication dealing with private insurance, due to bring billed incorrectly from Harrington. Not the only one I know of this happening to. Prevents me from continuing services as it it causes undue stress, financial burden that should not be happening, and time out of my work day on the phone with the billing department and insurance company	9/6/2019 9:48 PM

## 2019 Community Health Needs Assessment

72	I believe that although addiction is a huge problem in this area, the availability of help for that issue is by far the most accessible. Addicts can walk in almost anywhere and receive help. It is time to address other problem aside from substance abuse. Preventative care needs to be addressed. People need to be better educated on S/S of cancer and other chronic illnesses, not out of fear, but the reality of it. It's time for our attention in healthcare to move on from addiction and focus on other issues.	9/6/2019 8:11 PM
73	Need more access to specialists nearby.	9/6/2019 12:02 PM
74	We have many of the resources in our community, but they barely scratch the surface, the need is too great. We have big problems with all the major issues and there's just not enough money at the ground level to do things in the community. There is no education here, I believe it's cultural and until that is addressed it won't change.	9/6/2019 11:09 AM
75	Our community has a large population of low income and unemployed with transportation issues. I feel closing our local pediatric and obstetric services impacts them greatly. Ambulances are called frequently for transportation to other hospitals for this reason and lack of specialty coverage after hours for that and other specialty services ie ortho,GI, ophthalmology (not always but often.	9/6/2019 10:36 AM
76	Southbridge has big city concerns for a small town (17,000 pop approx.). There is good outreach and education but the needs are great.	9/6/2019 10:12 AM
77	Low income pregnant mothers, many with language barriers have to find a way to get to Worcester to deliver their babies. Bring back labor and delivery services to Harrington!!!	9/6/2019 10:11 AM
78	I believe that cultural learning plays a huge role in behaviors. If parents utilize the ER as opposed to regular office visits or preventive care, then those behaviors will carry on. It is easy to call the ambulance. Those who pay for insurance (myself included) are sometimes reticent to have testing done because of high deductibles on top of already outrageous deductions taken from weekly pay. I was hit with a \$900.00 bill because of BLOOD TESTS for a sudden allergic reaction to certain foods. Very hard to manage health care at times and we are a very healthy family...	9/5/2019 10:28 AM
79	More outreach programs in schools, churches, clubs etc. Free wellness clinics. Regular transportation to health facilities	9/5/2019 10:27 AM
80	Our doctors need to stop giving out the opioids so freely to the patients when they are admitted to the Hospital,	9/5/2019 12:19 AM
81	Affordable Housing Options	9/4/2019 3:15 PM
82	Lack of doctors availability, poorly set up facilities, and poor execution of referrals and RX refills	9/4/2019 11:17 AM
83	Education	9/4/2019 9:30 AM
84	No government involvement. We need to stay out of that and let each state provide the needs of their legal residents. Keep the government out....	9/4/2019 7:56 AM
85	There doesn't seem to be enough rehab/nursing homes. Why doesn't the health care industry survey the police to understand the community's problems.	9/4/2019 7:19 AM
86	More mental health programs	9/4/2019 12:25 AM
87	We need AI-ateen for kids dealing with addiction at home.	9/3/2019 11:13 PM
88	Re open the pain clinic in Southbridge. No notice No nothing !!!!!	9/3/2019 9:49 PM
89	more awareness of the benefits of a healthy diet and exercise	9/3/2019 8:39 PM
90	Single Payer health care - "Medicare for All" without high deductibles and copays	9/3/2019 7:39 PM
91	MANY PEOPLE PUT OFF HEALTH SCREENING AND FOLLOW UP CARE BECAUSE OF CO-PAYS. COST OF MEDS IS OUT OF CONTROL.	9/3/2019 6:14 PM
92	Mostly better insurance coverage, esp. dental plans.	9/3/2019 5:56 PM
93	Doctors need to explain things to the patient especially about how one disease effects the others	9/3/2019 5:21 PM
94	I am very happy with the wellness situation in Sturbridge.	9/3/2019 5:12 PM
95	Mental health system is a joke. There is 1 fulltime psychiatrist 1 part time psychiatrist and 1 nurse practitioner. While I have 20 or 30 min appointments but I am pushed in and out within 5 min.	9/3/2019 3:24 PM
96	More G P doctors	9/3/2019 3:19 PM

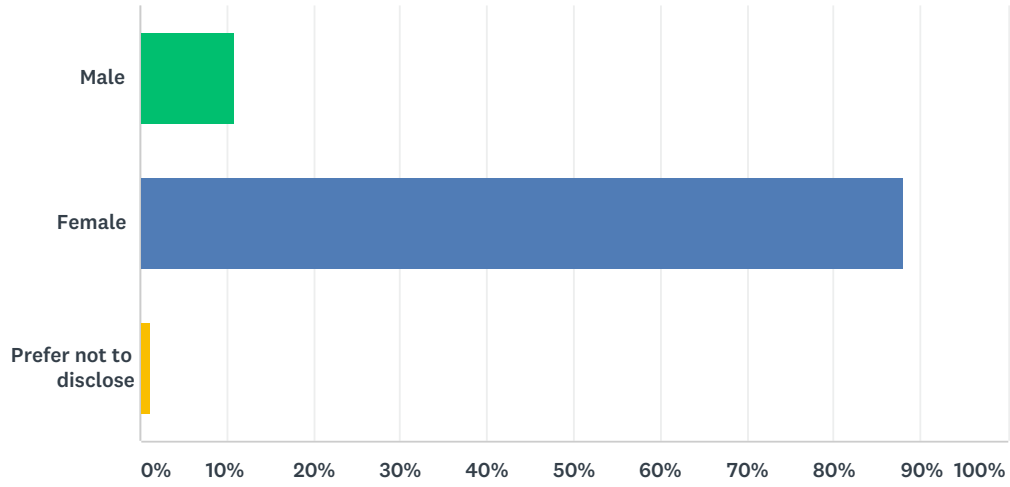


## 2019 Community Health Needs Assessment

97	We need psychological persons to help a family that is dealing with behavioral teen issues, not just keep them in the hospital for a time and send them home without supports in place. Methods on how to cope with a child who states they could be Suicidal/ or transgender/ or depressed. Teach parents/caregiver tools to use to help before it escalates to hospitalization. Get kids involved on personal levels to learn how to cope with each other. not hiding behind computer.	9/3/2019 2:55 PM
98	Have a mandatory class pertaining to managing all health issues which are prevalent today as well as cooking classes that encourage a healthy diet.	9/3/2019 2:54 PM
99	Not to sure	9/3/2019 2:10 PM

## Q17 What is your gender?

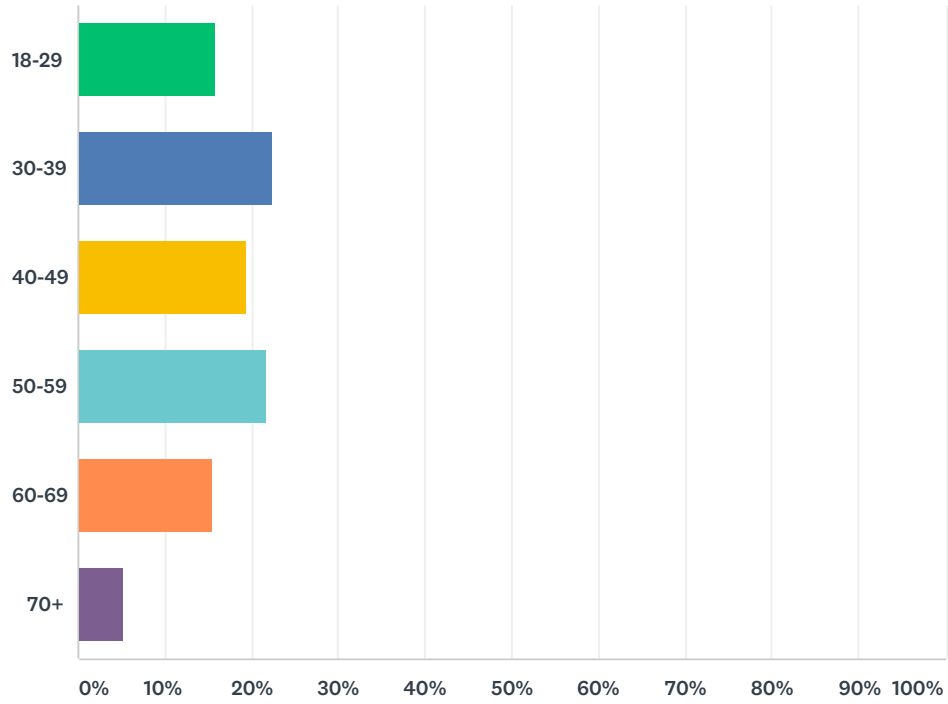
Answered: 608 Skipped: 27



ANSWER CHOICES	RESPONSES	
Male	10.86%	66
Female	87.99%	535
Prefer not to disclose	1.15%	7
<b>TOTAL</b>		<b>608</b>

### Q18 Please categorize your age:

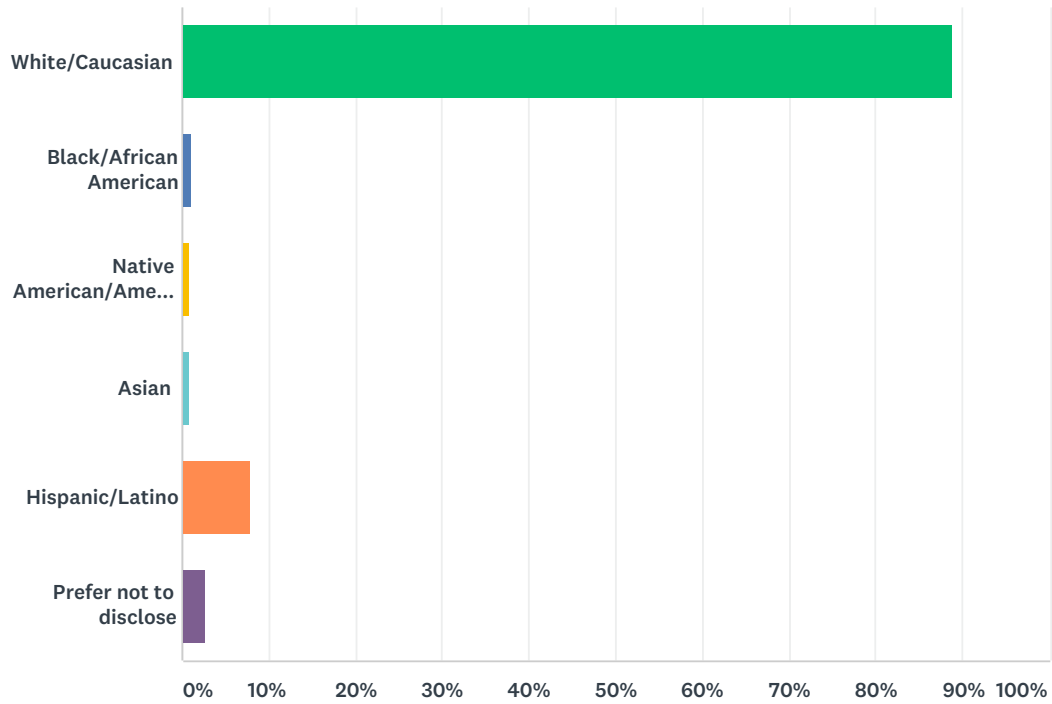
Answered: 609 Skipped: 26



ANSWER CHOICES	RESPONSES	
18-29	15.93%	97
30-39	22.33%	136
40-49	19.38%	118
50-59	21.67%	132
60-69	15.44%	94
70+	5.25%	32
<b>TOTAL</b>		<b>609</b>

### Q19 What is your racial/ethnic identification? (Check all that apply)

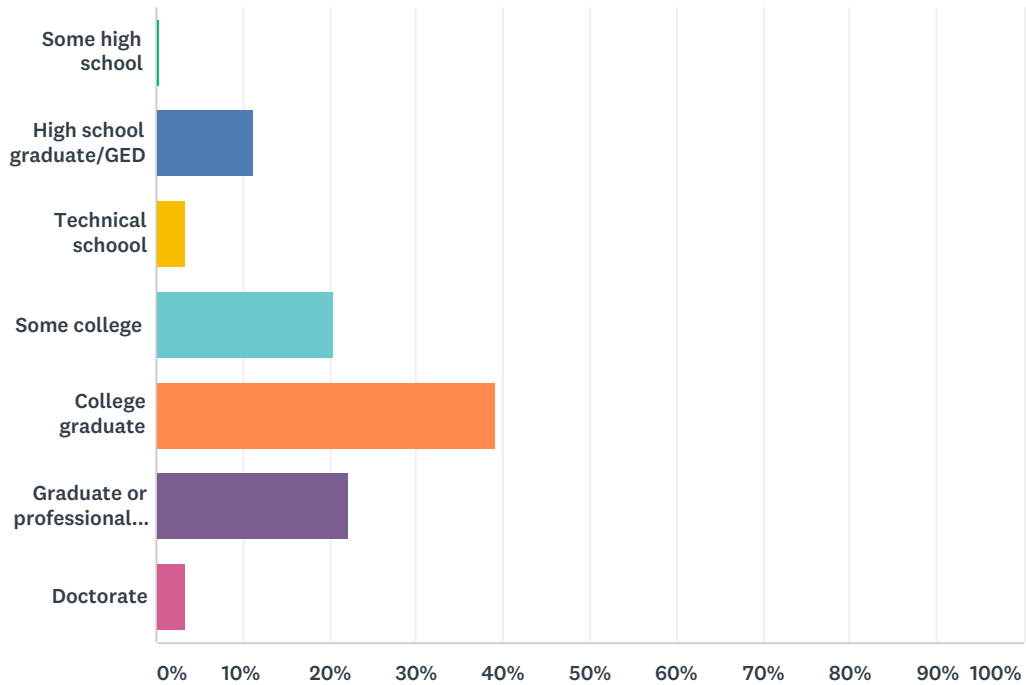
Answered: 609 Skipped: 26



ANSWER CHOICES	RESPONSES	
White/Caucasian	88.83%	541
Black/African American	0.99%	6
Native American/American Indian	0.82%	5
Asian	0.82%	5
Hispanic/Latino	7.88%	48
Prefer not to disclose	2.63%	16
Total Respondents: 609		

## Q20 What is the highest level of education you have completed?

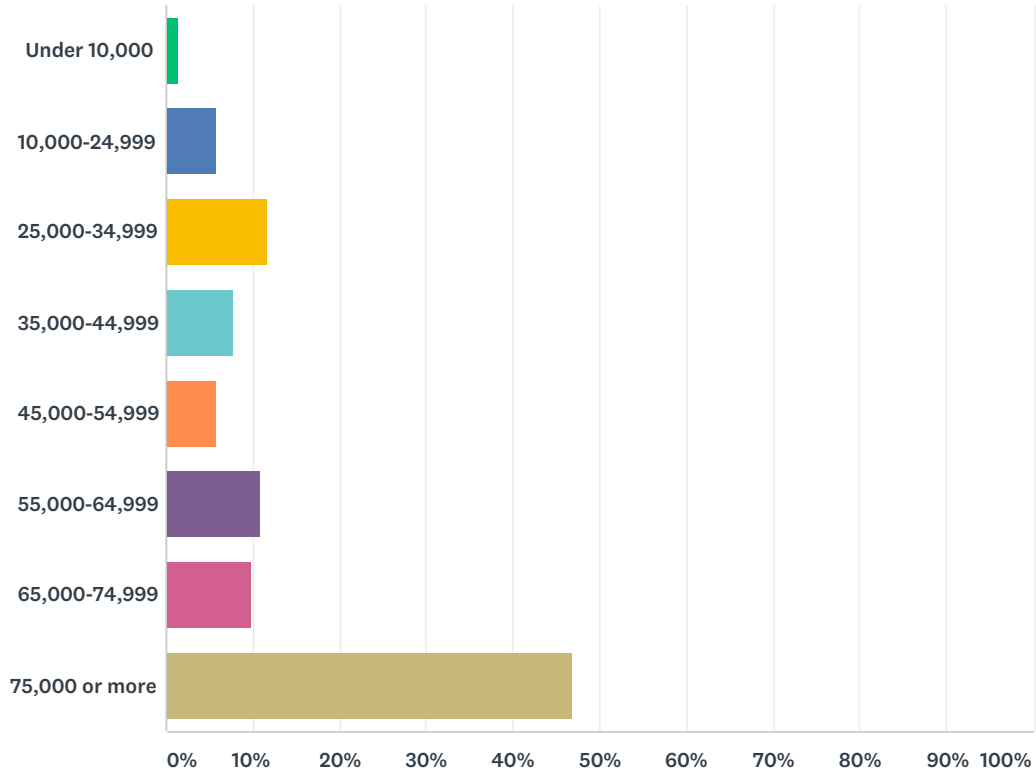
Answered: 606 Skipped: 29



ANSWER CHOICES	RESPONSES	
Some high school	0.33%	2
High school graduate/GED	11.39%	69
Technical school	3.30%	20
Some college	20.46%	124
College graduate	39.11%	237
Graduate or professional degree	22.11%	134
Doctorate	3.30%	20
<b>TOTAL</b>		<b>606</b>

## Q21 What category best describes your annual household income?

Answered: 581 Skipped: 54



ANSWER CHOICES	RESPONSES	
Under 10,000	1.38%	8
10,000-24,999	5.85%	34
25,000-34,999	11.70%	68
35,000-44,999	7.75%	45
45,000-54,999	5.85%	34
55,000-64,999	10.84%	63
65,000-74,999	9.81%	57
75,000 or more	46.82%	272
<b>TOTAL</b>		<b>581</b>