



Central New Hampshire Health Partnership 2023

Community Health Needs Assessment



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Executive Summary

The Central New Hampshire Health Partnership (“CNHHP” or the “Organization”) performed a Community Health Needs Assessment (CHNA) together in partnership with Ovation Healthcare (“Ovation”) to determine the health needs of the local community and an accompanying implementation plan to address these identified health needs. Central New Hampshire Health Partnership member organizations include Speare Memorial Hospital, Mid-State Health Center, Lakes Region Mental Health Center (LRMHC), Pemi-Baker Hospice and Home Health, Newfound Area Nursing Association, Communities for Alcohol- and Drug-free Youth (CADY) and Community Action Program Belknap-Merrimack Counties (CAPBM).

This CHNA report consists of the following information:

- 1) a definition of the community served by CNHHP and a description of how the community was determined;
- 2) a description of the process and methods used to conduct the CHNA;
- 3) a description of how the Organization solicited and considered input received from persons who represent the broad interests of the community it serves;
- 4) commentary on the 2020 CHNA Assessment and Implementation Strategy efforts;
- 5) a prioritized description of the significant health needs of the community identified through the CHNA along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs; and
- 6) a description of resources potentially available to address the significant health needs identified through the CHNA.

Data was gathered from multiple well-respected secondary sources to build an accurate picture of the current community and its health needs. A broad community survey was performed to review and provide feedback on the prior CHNA and to support the determination of the Significant Health Needs of the community in 2023.

The Significant Health Needs identified for the Central New Hampshire region are:

- *Access to Behavioral Health Services*
- *Management of Chronic Diseases*
- *Access to Healthcare for Seniors*
- *Addressing the Social Determinants of Health*

In the Implementation Strategy section of the report, the Organization addresses these areas through identified programs and resources with metrics included for each health need to track progress towards improved community health outcomes.

Community Health Needs Assessment

Overview

CHNA Purpose

A CHNA is part of the required hospital documentation of "Community Benefit" under the Affordable Care Act for 501(c)(3) hospitals and meets the requirement of RSA 7:32-e, RSA 7:32-f, and RSA 7:32-g for New Hampshire Health Care Charitable Trust organizations. It provides comprehensive information about the community's current health status, needs, and disparities and offers a targeted action plan to address these areas, including programmatic development and partnerships.

Organizational Benefits

- Identify health disparities and social determinants to inform future outreach strategies
- Identify key service delivery gaps
- Develop an understanding of community member perceptions of healthcare in the region
- Target community organizations for collaborations

CHNA Process



Process & Methods

This assessment takes a comprehensive approach to determine community health needs and includes the following methodology:

- Several independent data analyses based on secondary source data
- Augmentation of data with community opinions
- Resolution of any data inconsistency or discrepancies by reviewing the combined opinions formed by local expert advisors and community members

Data Collection and Analysis

This assessment relies on secondary source data, which primarily uses the county as the smallest unit of analysis and ZIP code-based data when available. Most data used in the analysis is available from public internet sources and proprietary data. Any critical data needed to address specific regulations or developed by the Local Expert Advisor individuals cooperating in this study are displayed in the CHNA report appendix.

Data sources are detailed in the appendix of this report and include:

- Syntellis, ESRI
- www.countyhealthrankings.org
- CDC Final Deaths
- Bureau of Labor Statistics
- New Hampshire Department of Health & Human Services
- National Alliance on Mental Illness – NAMI
- Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population
- American Diabetes Association
- Centers for Disease Control and Prevention – CDC
- Center for Housing Policy
- Economic Policy Institute
- Health Affairs: Leigh, Du

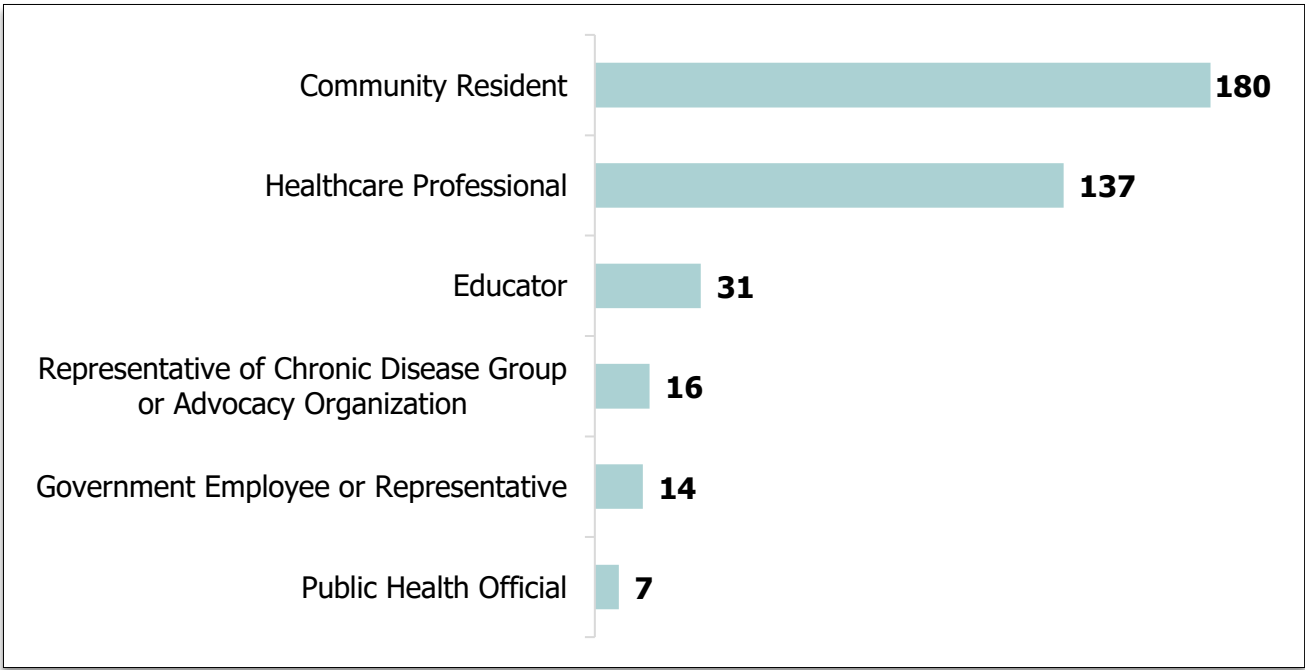
A standard process of gathering community input was utilized. In addition to gathering data from the above sources:

- A CHNA survey was deployed to local expert advisors and the general public to gain input on local health needs and the needs of priority populations. Local expert advisors were local individuals selected according to criteria required by the Federal guidelines and regulations and the Organization’s desire to represent the region’s economic, racial, and geographically diverse population. Three hundred thirty-five (335) survey responses from community members were gathered between May and June 2023.

Community Input

Input was obtained from the required three minimum sources and expanded to include other representative groups. The Organization asked all those participating in the written comment solicitation process to self-identify into any of the following representative classifications, which are detailed in the appendix to this report. Additionally, survey respondents were asked to identify their age, race/ethnicity, and income level to ensure a diverse range of responses were collected. The breakdown of these responses can be found in the demographics section of this report.

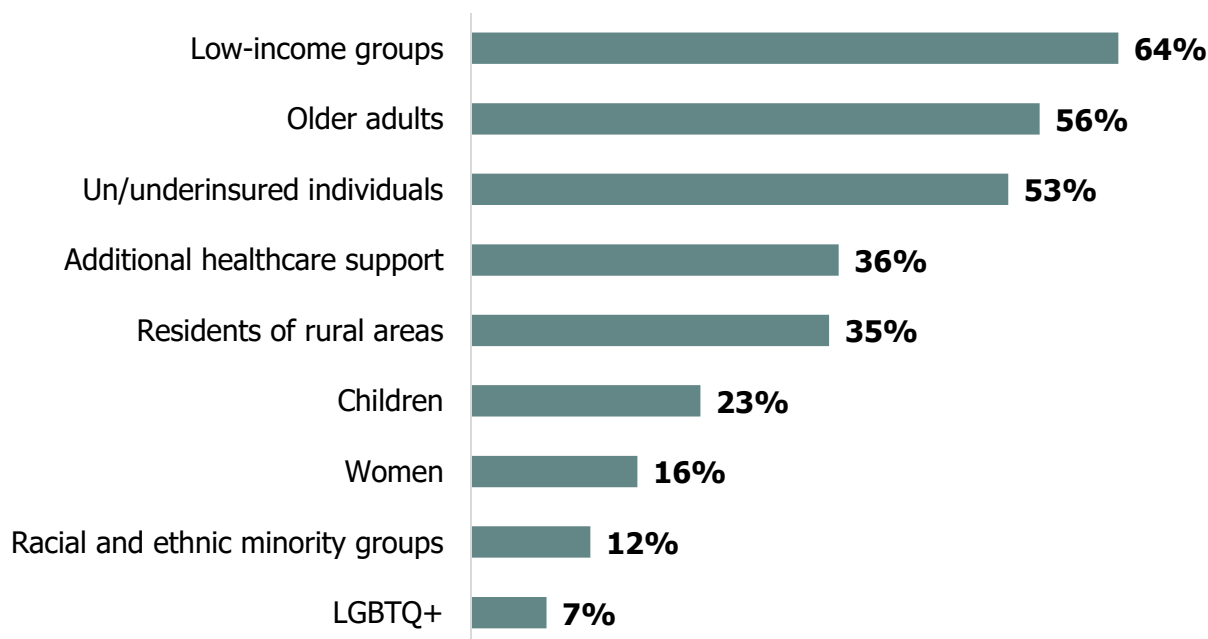
Survey Question: Please select all roles that apply to you (n=329)



Input on Priority Populations

Information analysis augmented by local opinions showed how Central New Hampshire compares to its peers in terms of primary and chronic needs and other issues of uninsured persons, low-income persons, and minority groups. Respondents commented on whether they believe certain population groups (“Priority Populations”) would benefit from additional focus and elaborated on their key needs.

Survey Question: Which groups would you consider to have the greatest health needs (rates of illness, trouble accessing healthcare, etc.) in your community? (please select your top 3 responses if possible)



Local opinions of the needs of Priority Populations, while presented in their entirety in the appendix, were abstracted into the following “take-away” bulleted comments:

- The top three priority populations identified by the local experts were low-income groups, older adults, and un/underinsured individuals.
- Summary of unique or pressing needs of the priority groups identified by the respondents:

Affordable
Healthcare

Lack of
Transportation

Access to
Specialists

Input on 2020 CHNA

CNHHP considered written comments received on the prior CHNA and Implementation Strategy as a component of the development of the 2023 CHNA and Implementation Strategy. Comments were solicited from community members to providing feedback on any efforts and actions taken by the CNHHP organizations since the 2020 CHNA and Implementation Plan were conducted. These comments informed the development of the 2023 CHNA and Implementation Plan and are presented in the appendix of this report. The health priorities identified in the 2020 CHNA are listed below:



Affordability of health insurance and cost of care and prescription medications



Access to mental health care



Domestic violence and childhood trauma



Affordability of and access to healthy foods



Substance misuse prevention, treatment, and recovery



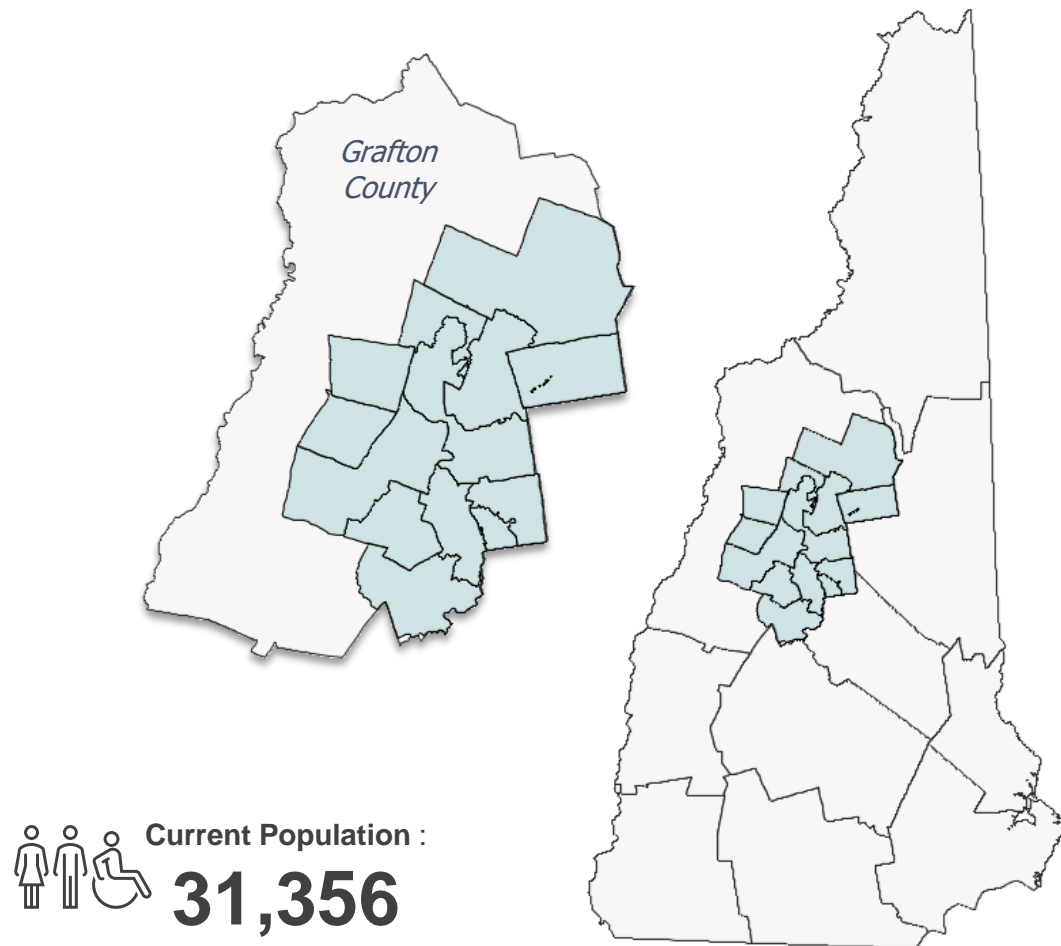
Social determinants of health

Community Served

For the purpose of this study, CNHHP defines its service area as the following Town and ZIP Codes in the Central New Hampshire region. The data presented in this report uses this ZIP code–based service area whenever available and Grafton County when ZIP code–level data is not available.

CNHHP Service Area

03222 – Alexandria	03217 – Ashland	03222 – Bristol	03223 – Campton
03223 – Ellsworth	03241 – Groton	03241 – Hebron	03245 – Holderness
03251 – Lincoln	03251 – Livermore	03264 – Plymouth	03266 – Rumney
03285 – Thornton	03282 – Wentworth	03262 – Woodstock	03215 – Waterville Valley
03238/03279 – Warren		03222/03264 – Bridgewater	



CNHHP Service Area Demographics

Race / Ethnicity

	CNHHP Service Area	New Hampshire	Survey Respondents
White	91.6%	87.6%	96.4%
Black	0.5%	1.6%	0.3%
Asian & Pacific Islander	1.4%	2.8%	1.2%
Other	6.5%	8.1%	2.4%
Hispanic*	2.4%	4.8%	0.9%

*Ethnicity is calculated separately from Race

Age

	CNHHP Service Area	New Hampshire	Survey Respondents
0 – 17	15.3%	18.8%	n/a*
18 – 44	35.1%	32.9%	44.5%
45 – 64	28.0%	28.5%	36.1%
65 +	21.6%	19.7%	19.4%

*Survey was offered to community members 18+

Source: Syntellis, ESRI (2023)

Income

	CNHHP Service Area	New Hampshire	Survey Respondents
Under \$15,000	5.7%	4.9%	5.3%
Between \$15,000 and \$49,999	22.5%	17.2%	22.7%
Between \$50,000 and \$74,999	16.5%	12.8%	19.9%
Between \$75,000 and \$99,999	13.1%	11.4%	16.5%
Between \$100,000 and \$149,999	22.1%	24.6%	19.3%
Over \$150,000	20.2%	29.0%	16.2%

Education

	CNHHP Service Area	New Hampshire
Some High School or Less	5.4%	5.0%
High School Diploma / GED	28.4%	27.1%
Some College / Associate's Degree	28.3%	27.0%
Bachelor's Degree or Greater	37.9%	40.9%

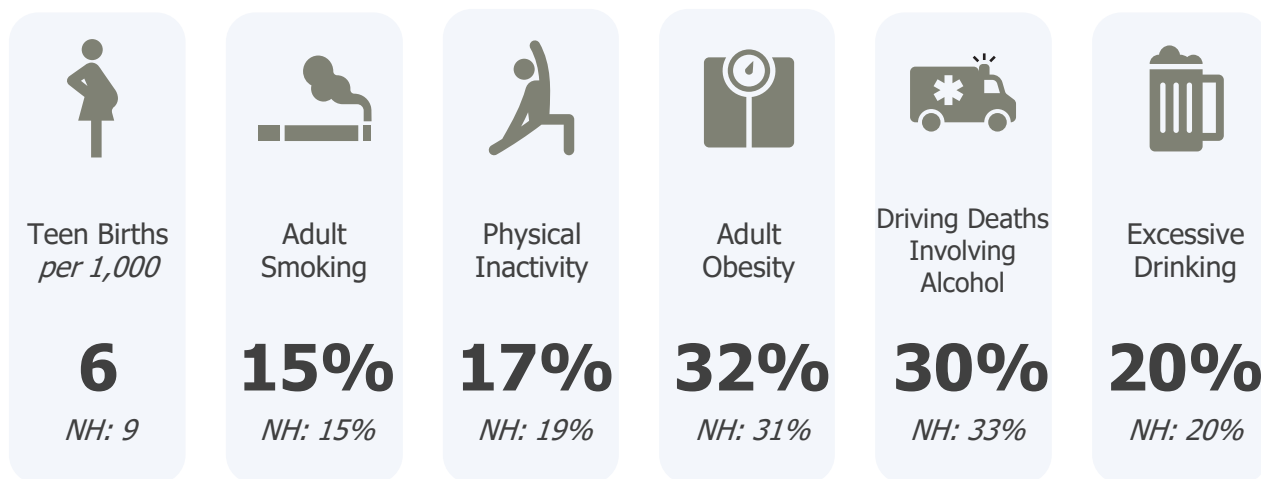
Source: Syntellis, ESRI (2023)

Community Health Characteristics

The data below provides an overview of Grafton County's strengths and weaknesses regarding health behaviors, quality of life, socioeconomic factors, access to health, and physical environment. For descriptions of each measure and dates of when the data was obtained, please visit <https://www.countyhealthrankings.org>.

Health Status Indicators

Health Behaviors



Quality of Life

Suicide Rate: **15.1**

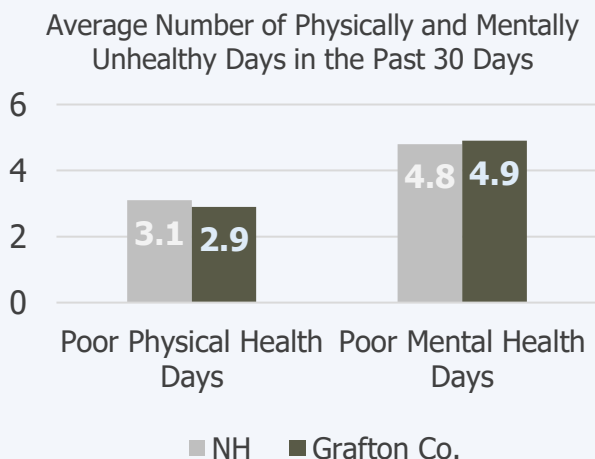
Per 100,000
Compared to 13.0 in NH

Poor or Fair Health: **11%**

Compared to 11% in NH

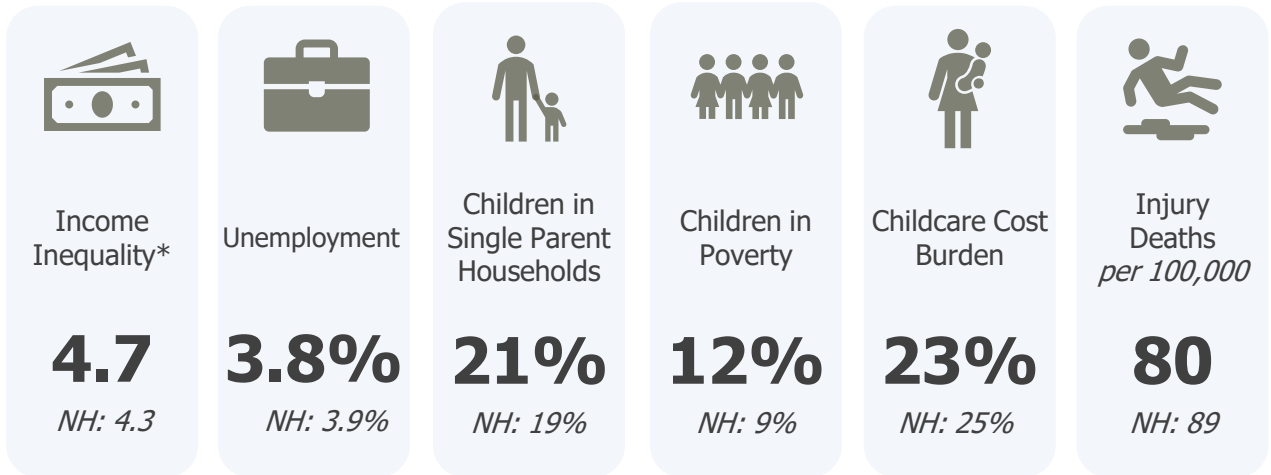
Low Birthweight: **7%**

Compared to 7% in NH



Source: County Health Rankings 2023 Report, CDC Final Deaths 2021

Socioeconomic Factors



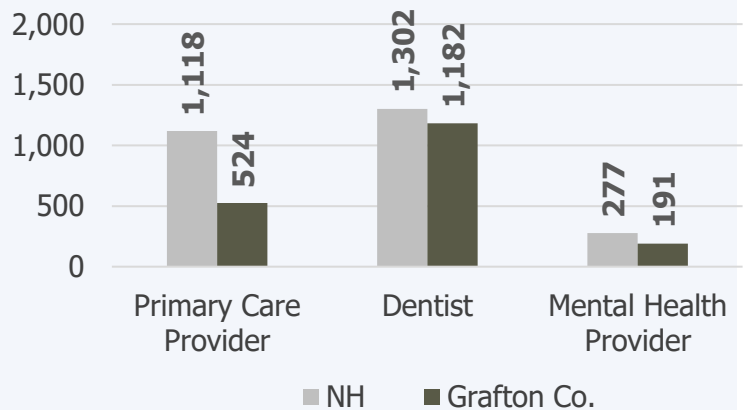
Access to Health

Uninsured: **9%**
Compared to 8% in NH

Preventable Hospital Stays: **2,152**
Per 100,000
Compared to 2,578 in NH

Access to Exercise Opportunities: **85%**
Compared to 84% in NH

Number of People per 1 Provider
(Lower number indicates better access to providers)



Physical Environment

Air Pollution
($\mu\text{g}/\text{m}^3$)
4.9
NH: 5.3

Severe Housing Problems**
14%
NH: 14%

Driving to Work Alone
71%
NH: 77%

Broadband Access
85%
NH: 90%

Source: County Health Rankings 2023 Report, U.S. Bureau of Labor Statistics (2022), Syntellis, ESRI (2023)

Notes: *Ratio of household income at the 80th percentile to income at the 20th percentile

**Overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities

Methods of Identifying Health Needs

Collect & Analyze

Analyze existing data and collect new data



737 indicators collected from data sources



335 surveys completed by community members

Evaluate

Evaluate indicators based on the following factors:



Worse than benchmark



Identified by the community



Impact on health disparities



Feasibility of being addressed

Select

Select priority health needs for implementation plan



Prioritizing Significant Health Needs

The survey respondents participated in a structured communication technique called the "Wisdom of Crowds" method. This approach relies on the assumption that the collective wisdom of participants is superior to the opinion of any one individual, regardless of their professional credentials.

In the Organization's process, each survey respondent had the opportunity to prioritize community health needs. A list of all needs was developed based on findings from the analysis. The survey respondents then ranked the importance of addressing each health need on a scale of 1 (not important) to 5 (very important), including the opportunity to list additional needs that were not identified.

The ranked needs were divided into "Significant Needs" and "Other Identified Needs." The determination of the breakpoint — "Significant" as opposed to "Other" — was a qualitative interpretation where a reasonable breakpoint in rank order occurred. The Organization analyzed the health issues that received the most responses and established a plan for addressing them.

Ranked Health Priorities

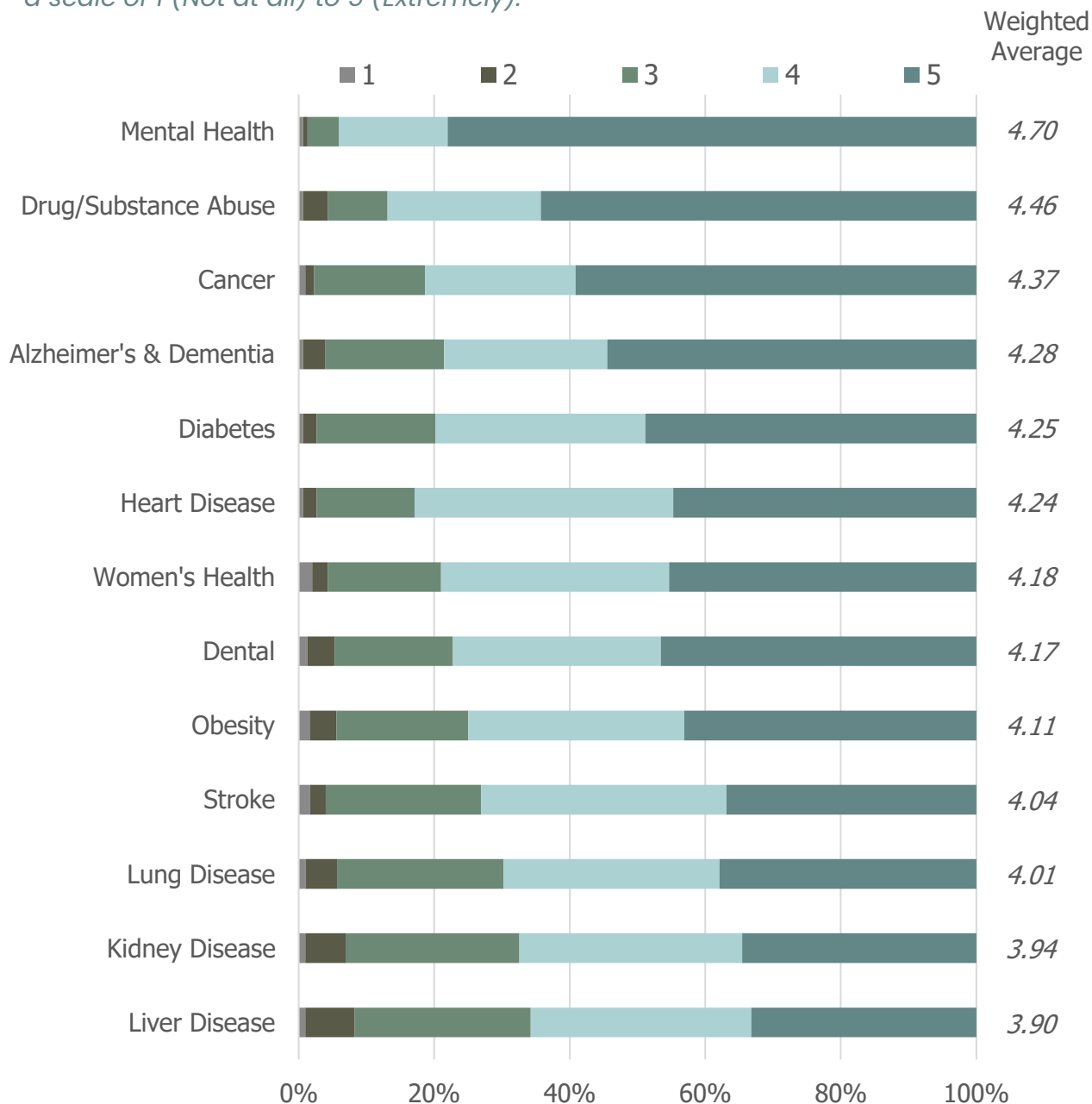
This process included an evaluation of health factors, community factors, and personal factors, given they each uniquely impact the overall health and health outcomes of a community:

- Health factors include chronic diseases, health conditions, and the physical health of the population.
- Community factors are the external social determinants that influence community health.
- Behavioral factors are the individual decisions that affect health outcomes.

In our community survey, each broad factor was broken out into more detailed components, and respondents rated the importance of addressing each component in the community on a scale from 1 to 5. The results of the health priority rankings are outlined below:

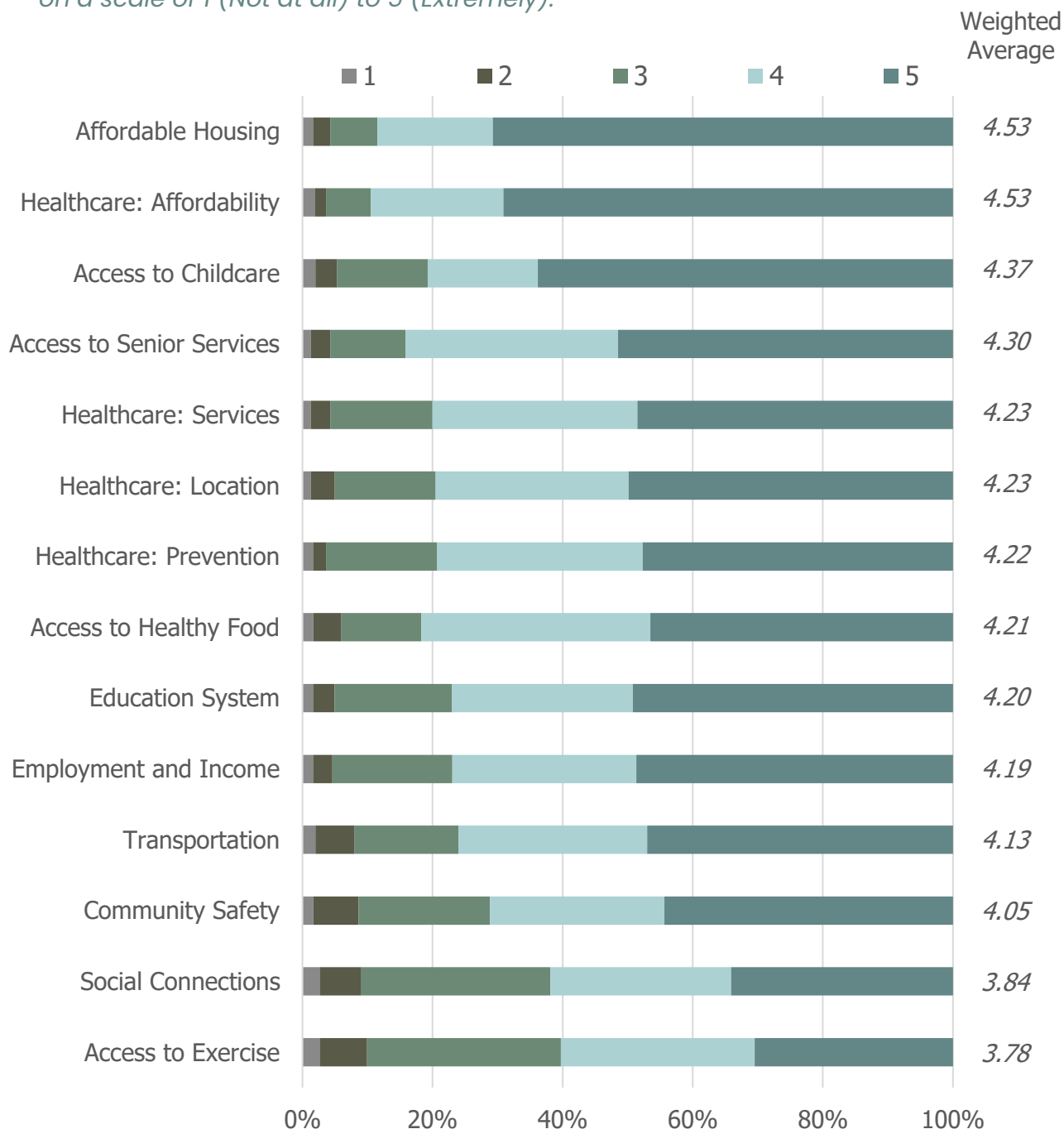
Health Factors

Survey Question: Please rate the importance of addressing each health factor on a scale of 1 (Not at all) to 5 (Extremely).



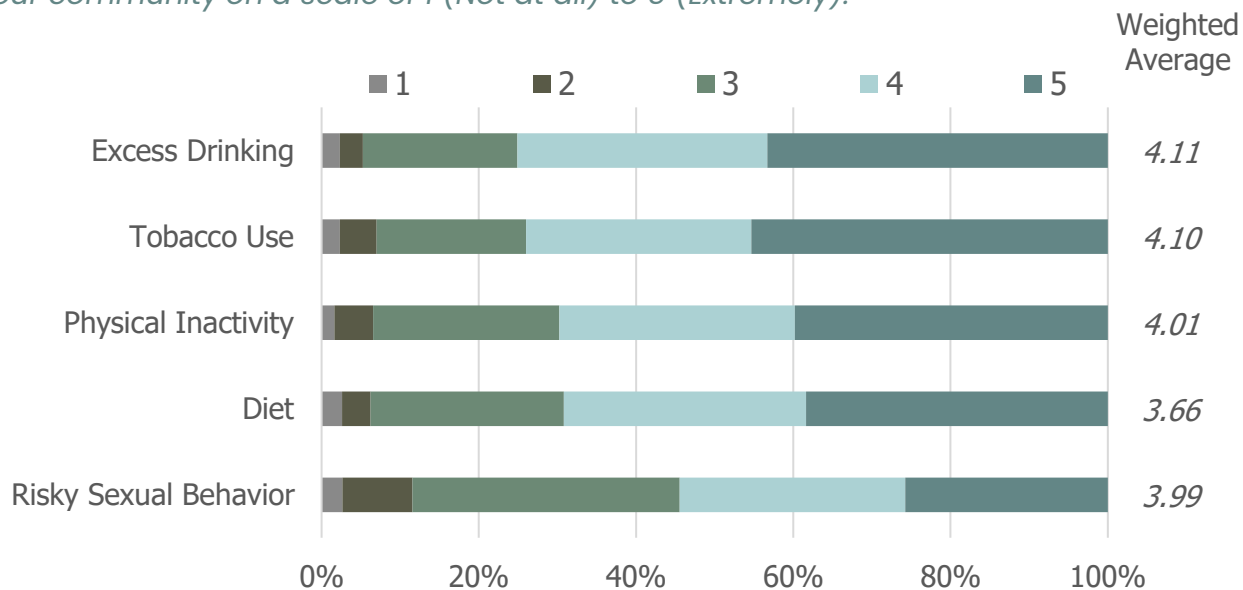
Community Factors

Survey Question: Please rate the importance of addressing each community factor on a scale of 1 (Not at all) to 5 (Extremely).



Behavioral Factors

Survey Question: Please rate the importance of addressing each behavioral factor in your community on a scale of 1 (Not at all) to 5 (Extremely).



Overall Health Priority Ranking (top 10 highlighted)

Answer Choices	Weighted Average of Votes (out of 5)
Mental Health	4.70
Healthcare: Affordability	4.53
Affordable Housing	4.53
Drug / Substance Abuse	4.46
Cancer	4.37
Access to Childcare	4.37
Access to Senior Services	4.30
Alzheimer's and Dementia	4.28
Diabetes	4.25
Heart Disease	4.24
Healthcare: Location of Services	4.23
Healthcare: Types of Services Provided	4.23
Healthcare: Prevention	4.22
Access to Healthy Food	4.21
Education System	4.20
Employment and Income	4.19
Women's Health	4.18
Dental	4.17
Transportation	4.13
Obesity	4.11
Excess Drinking	4.11
Smoking / Vaping / Tobacco Use	4.10
Community Safety	4.05
Stroke	4.04
Lung Disease	4.01
Physical Inactivity	4.01
Diet	3.99
Kidney Disease	3.94
Liver Disease	3.90
Social Connections	3.84
Access to Exercise/Recreation	3.78
Risky Sexual Behavior	3.66
Social Connections	3.82

Overview of Health Needs

This section highlights health status indicators, outcomes, and relevant data of the health needs in the CNHHP service area. The ZIP code-based service area is used whenever possible to provide input into the health needs of the area and is supplemented with data of Grafton County as needed. Data for the CNHHP service area that are displayed in black text represent data that is not significantly different from state rates. Data displayed in green text represent data that is significantly lower than state rates. And data displayed in red text represent data that is significantly higher than state rates.

Behavioral Health

Mental Health

Mental health was the #1 community-identified health priority with 94% of respondents rating it as important to be addressed in the community (important is categorized as a 4 or 5 rating on the community survey). Suicide is the 10th leading cause of death in Grafton County with a rate slightly higher than the New Hampshire State average (CDC Final Deaths 2021).

Poor mental health disproportionately affects people in priority populations like racial and ethnic minority groups, residents of rural areas, and LGBTQ+ communities due to a lack of access to providers and an inclusive behavioral health workforce ([NAMI](#)).

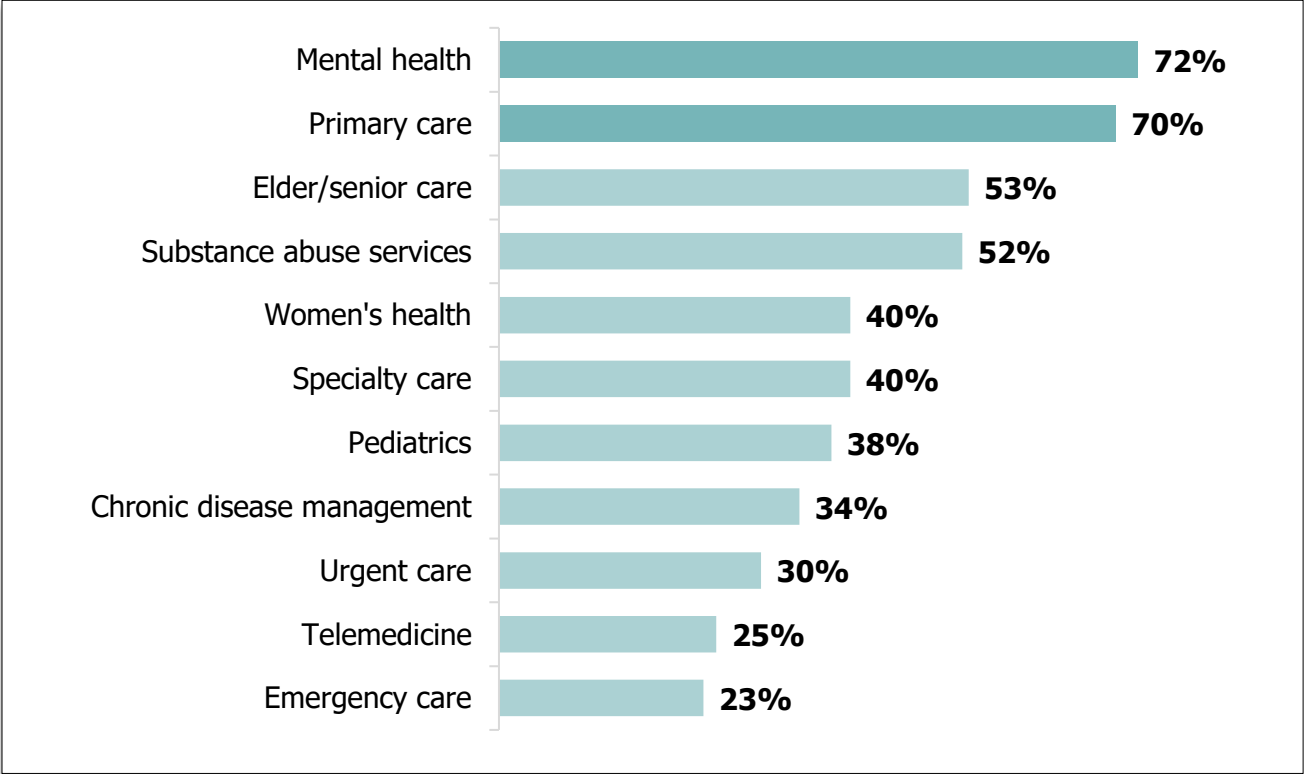
While it's difficult to measure the true rate of mental illness in the community, the following data points give insight into the health priority:

	CNHHP Service Area	New Hampshire
Suicide mortality rate per 100,000 (2017-2021)	12.9	16.6
High school students who attempted suicide in the past year (2021)	8.5%	9.8%
Suicide or self-harm-related ED visits per 100,000 (2016-2020)	270.5	375.2
Suicide or self-harm-related inpatient stays per 100,000 (2016-2020)	63.1	114.3

Source: New Hampshire Department of Health and Human Services

In the community survey, respondents were asked to identify what healthcare services and programs would be most important to support community health in the future. Mental health was identified as the top service needed to support community health, followed by primary care, which is often where mental health concerns first present ([JNP](#)).

Survey Question: What healthcare services / programs will be most important to supporting community health as we move into the future?



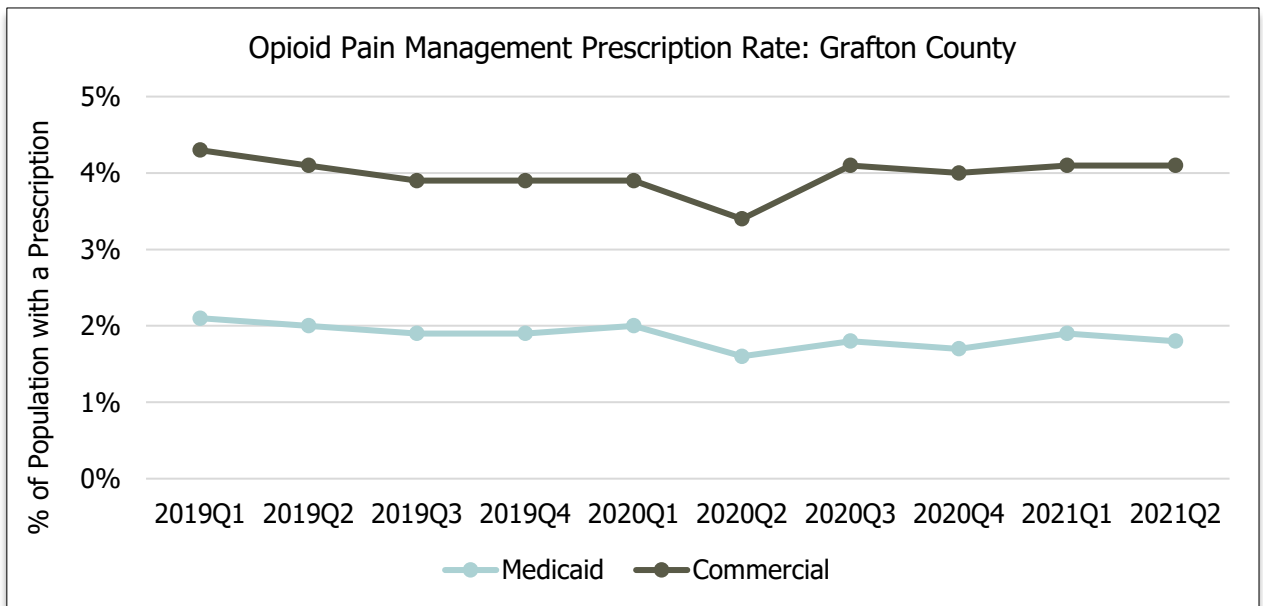
Drug / Substance Abuse

Drug / substance abuse was identified as the #4 priority with 86% of survey respondents rating it as an important factor to address in the community.

Central New Hampshire has lower rates of opioid overdose deaths and emergency department (ED) visits. When looking at opioid prescriptions for pain management, commercial patients in Grafton County have over twice as many prescriptions compared to Medicaid patients (4.1% and 1.8% respectively), and both these rates have remained relatively stable in recent years.

	CNHHP Service Area	New Hampshire
Opioid overdose deaths per 100,000 (2017-2021)	22.1	27.0
Opioid overdose ED visits per 100,000 (2016-2020)	212.2	299.7
High school students who have ever used heroin per 100,000 (2021)	1.4	1.4

Source: New Hampshire Department of Health and Human Services



Source: New Hampshire Department of Health and Human Services

Chronic Diseases

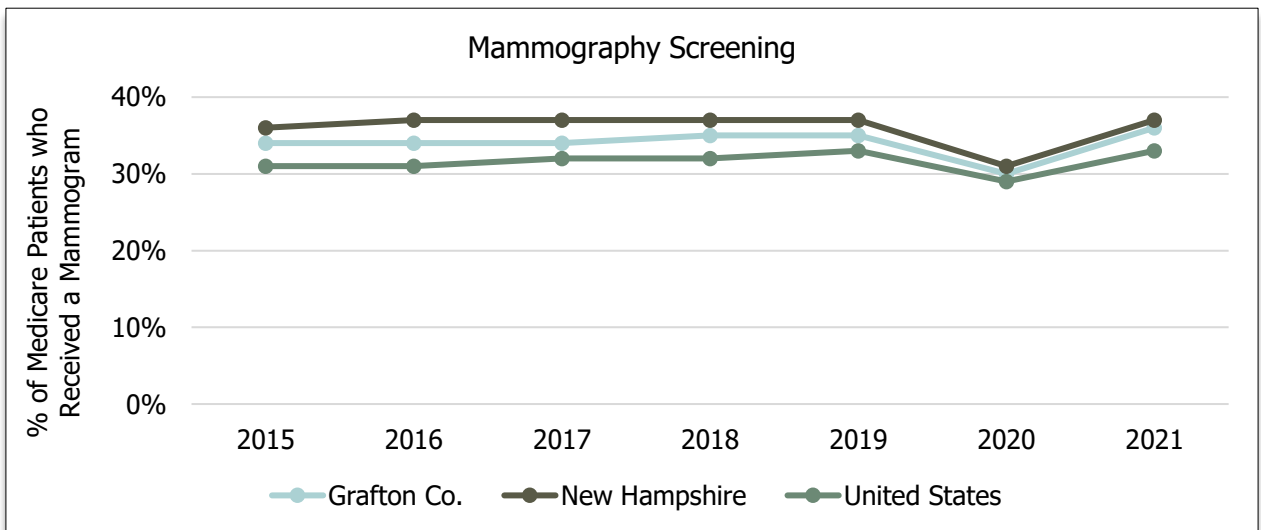
Cancer

Cancer was identified as the #5 health priority with 81% of survey respondents rating it as important to be addressed. Cancer is the 2nd leading cause of death in Grafton County and ranks 10th out of 10 counties (with 1 being the worst in the state) in New Hampshire for cancer death rate ([CDC Final Deaths](#)).

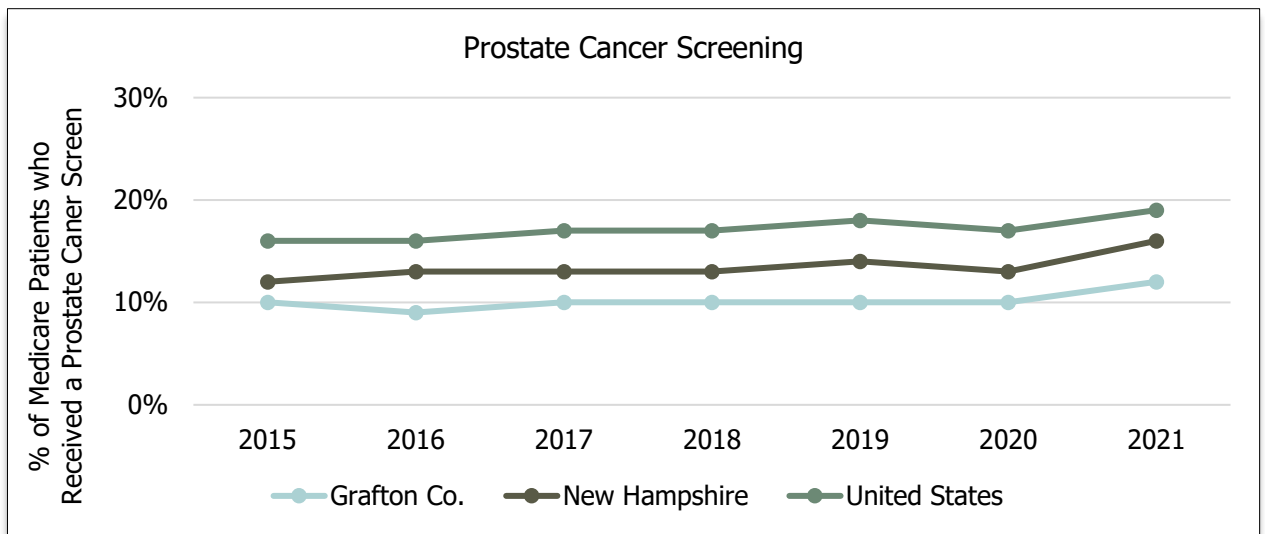
Central New Hampshire has a higher cancer mortality rate than New Hampshire overall but a lower prevalence of cancer. Rates of Medicare enrollees (women age 65+) who have received a mammogram in the past year have remained relatively stable over the past decade with rates dipping downward during the COVID-19 pandemic. Among Medicare enrollees (men age 65+), 12% received a prostate cancer screening in the past year, which is lower than rates for New Hampshire and the U.S. (16% and 19% respectively).

	CNHHP Service Area	New Hampshire
Cancer incidence rate per 100,000 (2015-2019)	471.2	485.3
Cancer mortality rate per 100,000 (2017-2021)	142.6	137.4

Source: New Hampshire Department of Health and Human Services



Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population



Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

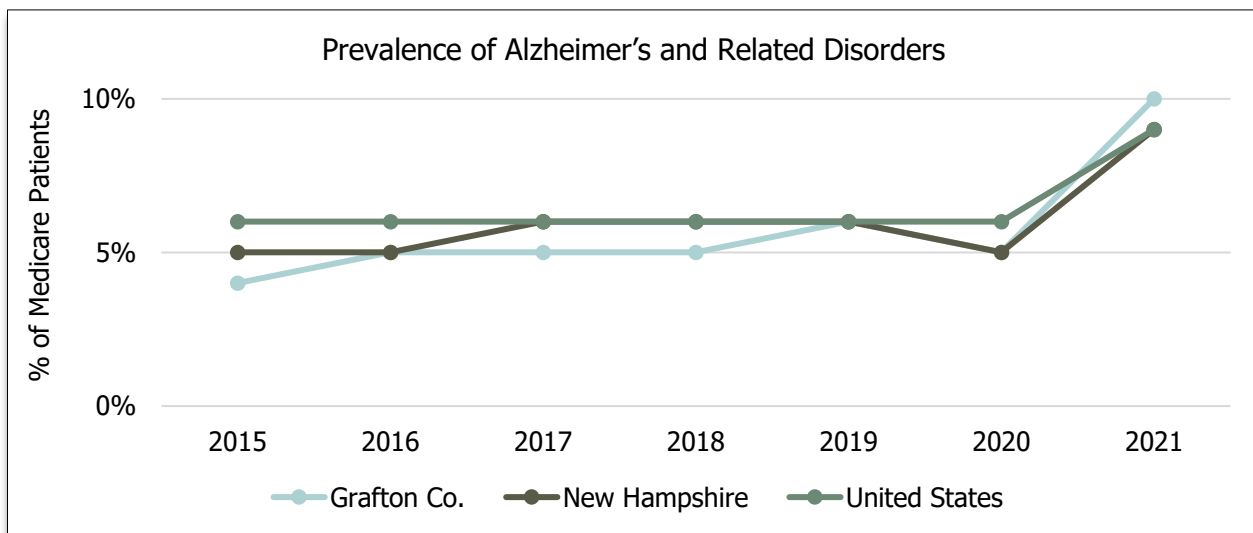
Alzheimer's and Dementia

In the community survey, Alzheimer's and dementia were identified as the #8 health priority with 79% of respondents rating it as important to address. Alzheimer's is the 7th leading cause of death in Grafton County (CDC Final Deaths).

Grafton County has a higher mortality rate from Alzheimer's than New Hampshire. In the Medicare population, Grafton County also has a higher prevalence of Alzheimer's and related disorders than New Hampshire and the U.S.

	Grafton County	New Hampshire
Alzheimer's mortality rate per 100,000 (2021)	27.4	23.5

Source: CDC Final Deaths



Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Diabetes

Diabetes was identified as the #8 health priority with 80% of respondents rating it as important to be addressed. Diabetes is the 8th leading cause of death in Grafton County and ranks 8th out of 10 counties in New Hampshire for diabetes death rate ([CDC Final Deaths](#)).

Grafton County has slightly lower rates of diabetes prevalence and mortality than New Hampshire but a slightly higher rate of prediabetes.

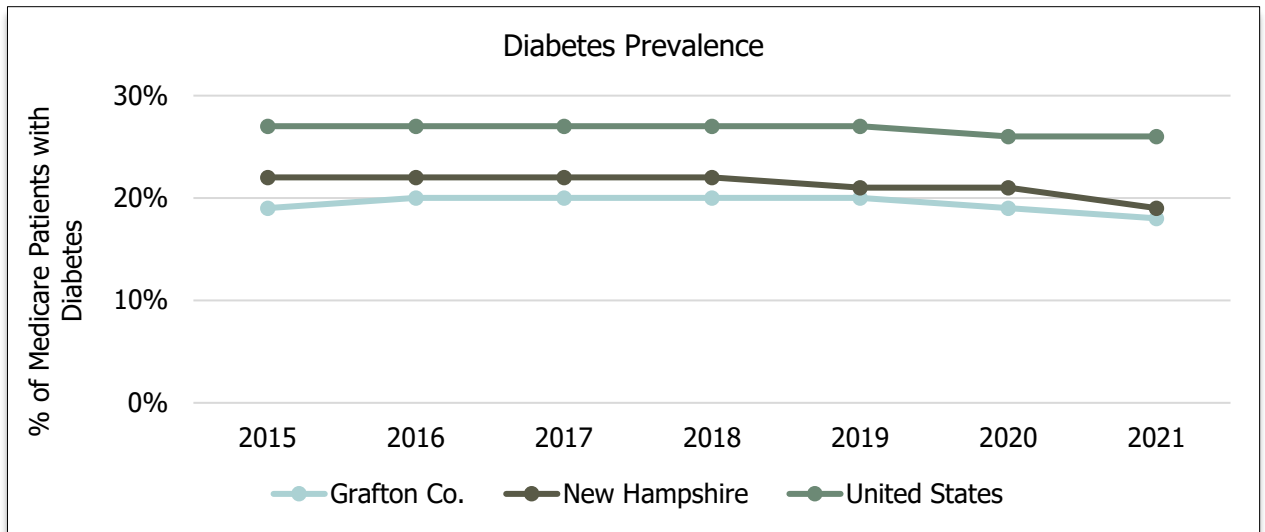
In the Central New Hampshire region, adults fare slightly better than the state when it comes to rates of obesity and physical activity but the rate of obesity in high school-aged students has been slightly above the state average in recent years. Both obesity and physical inactivity are well-established risk factors for type 2 diabetes development ([American Diabetes Association](#)). In the Medicare population, 18% of patients in Grafton County have diabetes, and this rate has remained stable in recent years.

	Grafton County	New Hampshire
Diabetes mortality (2021)	18.2	20.8
Diabetes prevalence (2020)	7.4%	8.8%
Prediabetes prevalence (2017)	9.8%	8.9%

Source: CDC Final Deaths, New Hampshire Department of Health and Human Services

	CNHHP Service Area	New Hampshire
Diabetes-related inpatient stays per 100,000 (2016-2020)	2,881.4	3,197.1
Adult obesity (2020)	29.7%	29.9%
High school age obesity (2021)	14.5%	13.3%
Physical activity (2019)	61.6%	56.9%

Source: New Hampshire Department of Health and Human Services



Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

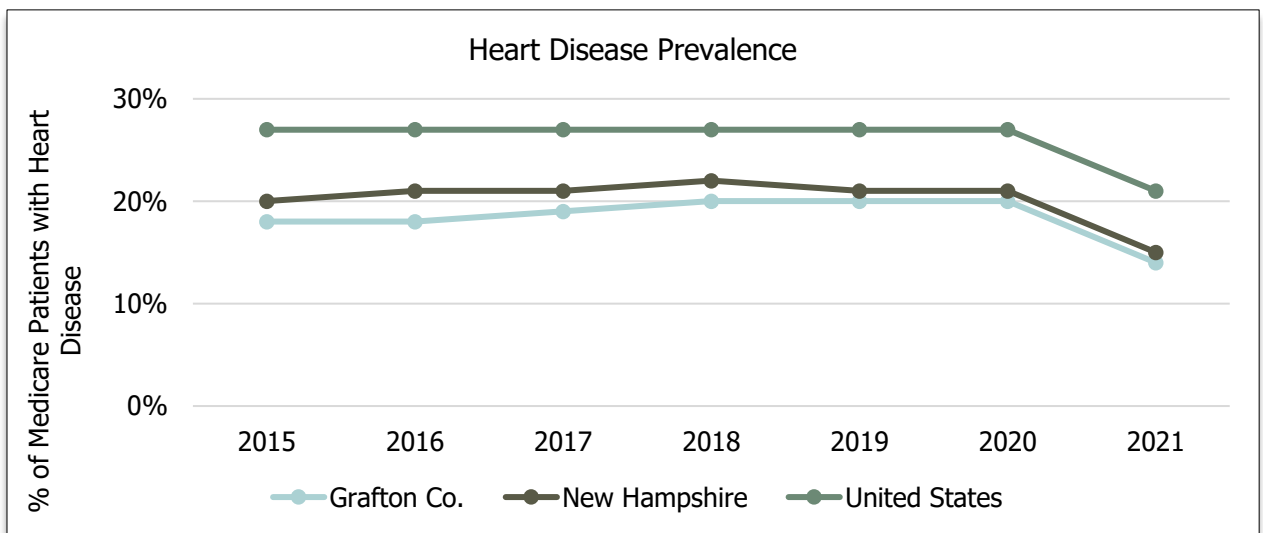
Heart Disease

In the community survey, heart disease was identified as the #10 health priority with 83% of respondents rating it as important to address. Heart disease is the leading cause of death in Grafton County ([CDC Final Deaths 2020](#)).

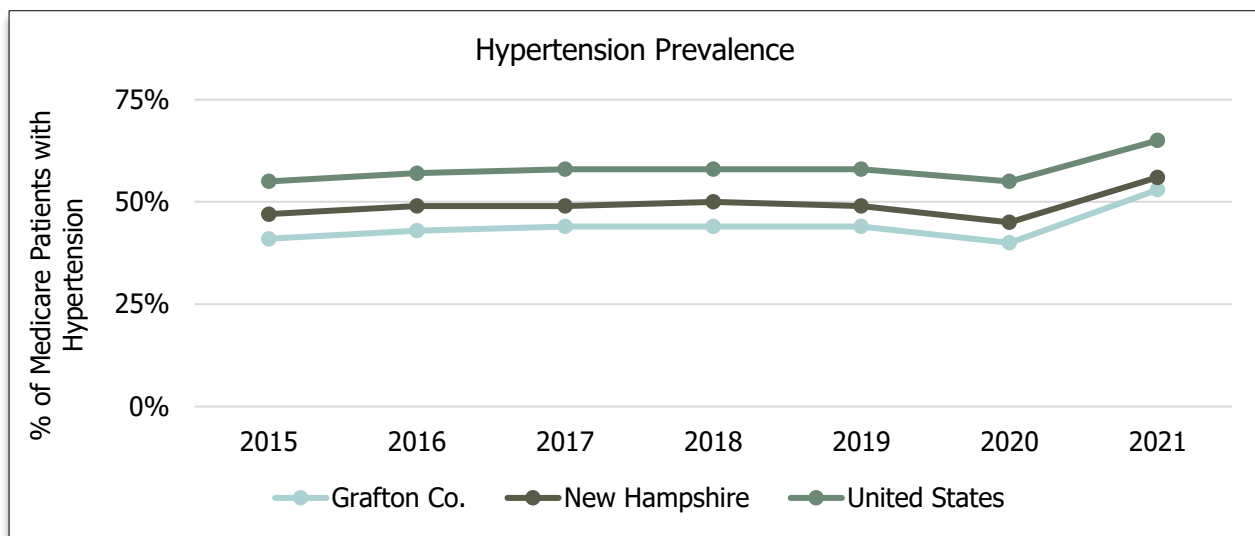
Central New Hampshire has a higher mortality rate from heart disease and heart attack than New Hampshire as a whole. Additionally, the Medicare population in Grafton County has a slightly lower prevalence of heart disease and hypertension than both New Hampshire and the U.S. It is important to understand that when it comes to health disparities, racial and ethnic minority groups are more likely to die of heart disease than their white counterparts ([CDC](#)).

	CNHHP Service Area	New Hampshire
Coronary heart disease mortality per 100,000 (2017-2021)	98.8	82.2
Congestive heart failure mortality per 100,000 (2017-2021)	12.3	17.0
Heart attack mortality per 100,000 (2017-2021)	25.0	17.7

Source: New Hampshire Department of Health and Human Services



Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

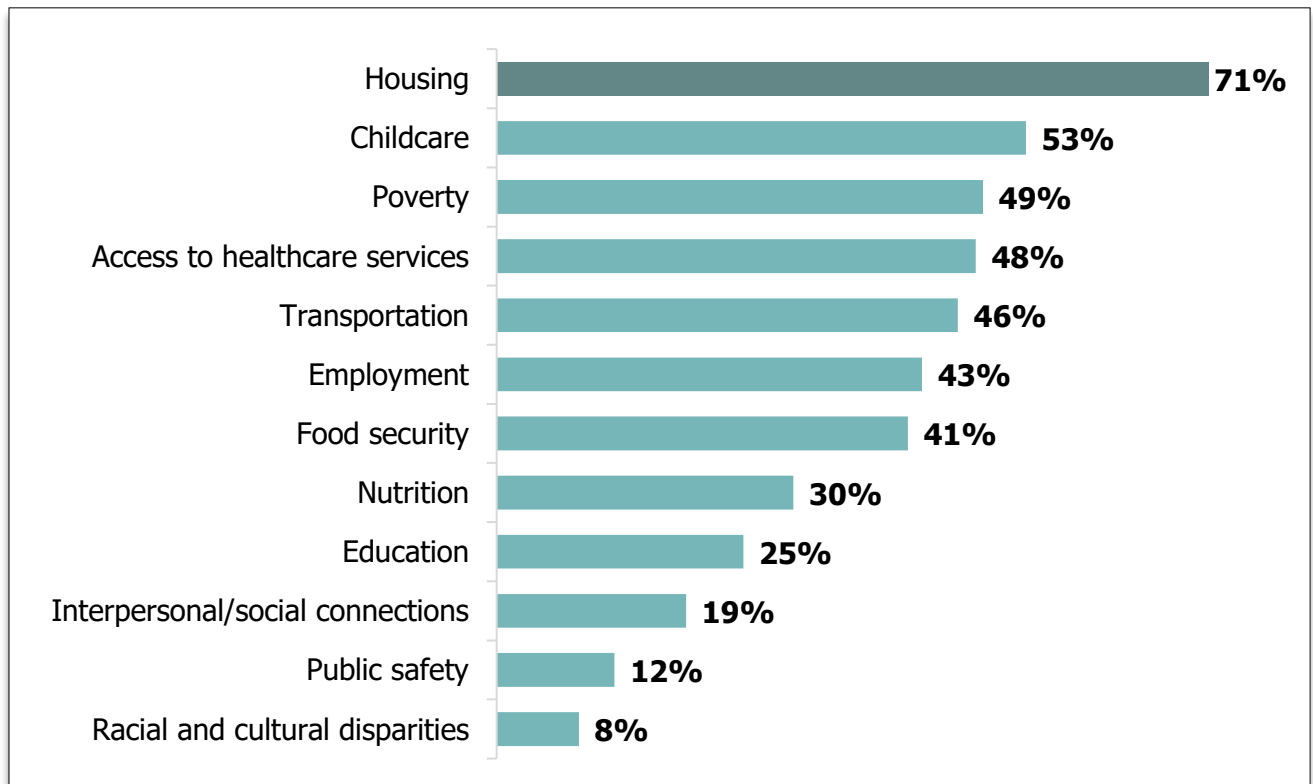


Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Social Determinants of Health

Survey respondents were asked to identify the key social determinants of health (SDoH) that negatively impact the health of people in the Central New Hampshire Region. The top SDoH identified was housing with 71% of survey respondents identifying it as negatively impacting the health of the community followed by childcare, poverty, access to healthcare, and transportation.

Survey Question: Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes. Please select the key social determinants that negatively impact the health of you or your community (please select all that apply):

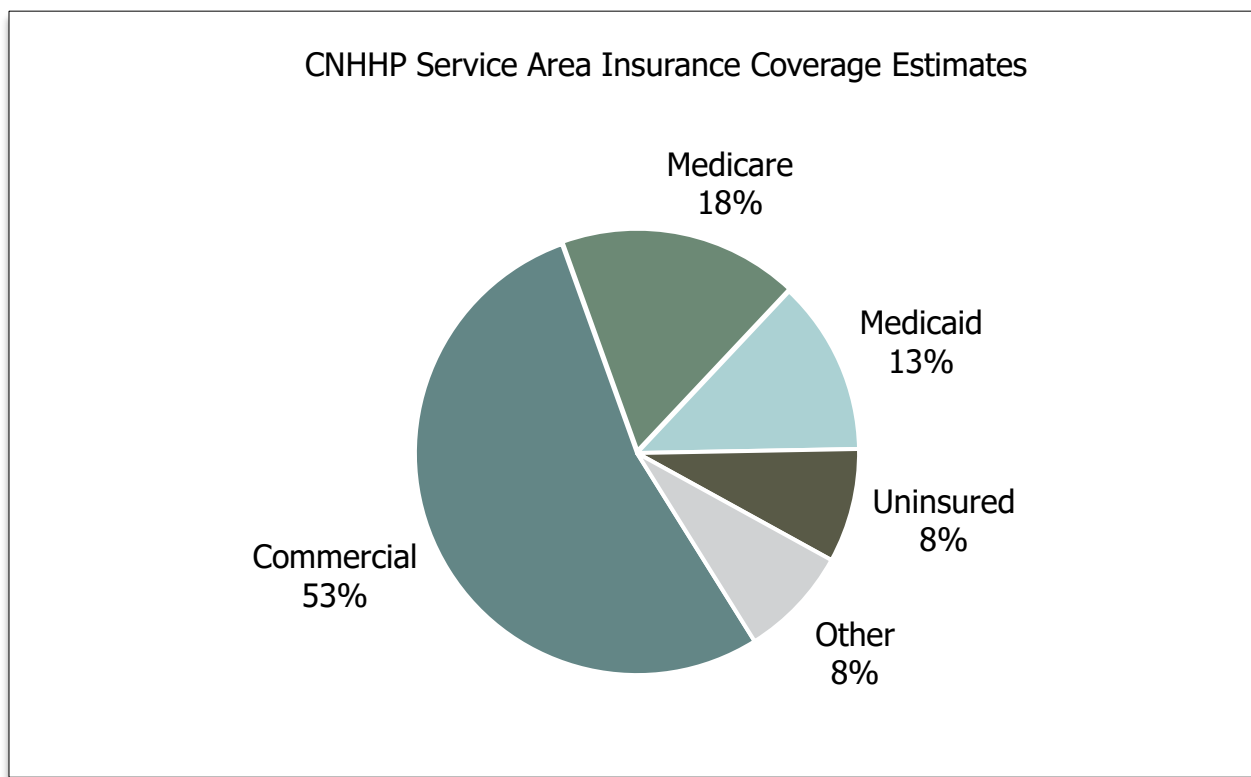


Healthcare Affordability

Affordability of healthcare services was the #2 identified health need in the community with 89% of survey respondents rating it as important to be addressed. The Central New Hampshire region has a higher uninsured rate than the state. Additionally, low-income groups were identified as the top priority population in the community making the affordability of healthcare services an important need.

	CNHHP Service Area	New Hampshire
Uninsured	8.3%	5.8%
Median household income	\$73,572	\$90,564

Source: Syntellis, ESRI (2023)

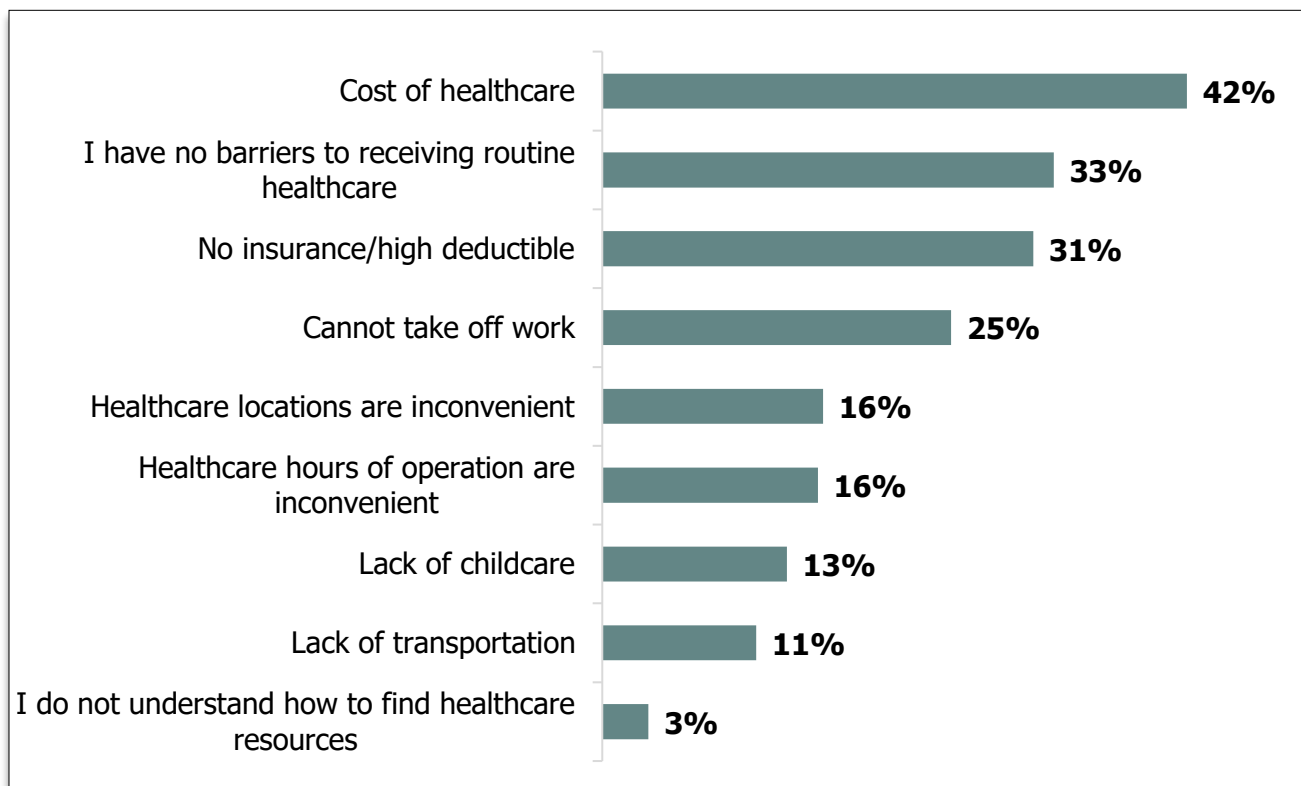


Source: Syntellis, ESRI (2023)

Note: Medicare includes traditional Medicare and Medicare Advantage

The two largest barriers to receiving routine healthcare identified from the community survey were the cost of healthcare and no insurance/high deductible. This demonstrates the importance of healthcare affordability as a significant health need in the community.

Survey Question: What barriers keep you or anyone in your household from receiving routine healthcare? (Please select all that apply)

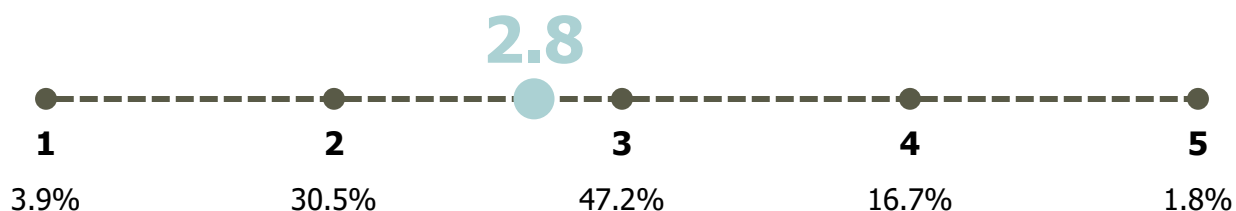


Access to Healthcare and Social Services

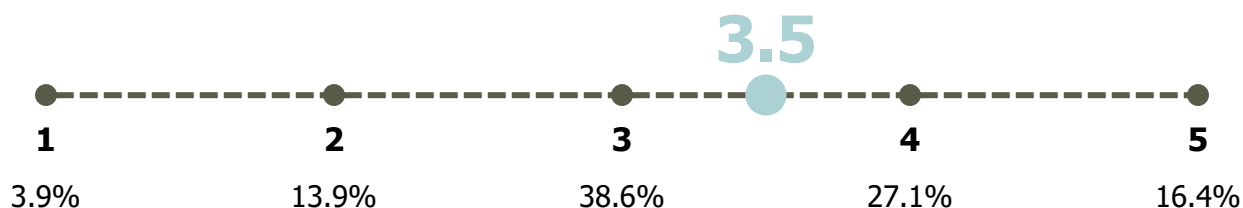
The CNHHP Service Area has the lowest percentage of full-time medical employees compared to other regions in New Hampshire with only 1.5% of Physicians, 1.0% of Physician Assistants (PAs), and 1.8% of Advance Practice Registered Nurses (APRNs) in the state though the population in this region comprises 2.2% of the state population ([NH DHHS](#)). Additionally, the majority of the Central New Hampshire region is designated as a Health Professional Shortage Area (HPSA) for primary care, mental health, and dental (see next page for HPSA maps).

In the community survey, respondents were asked to assess the availability of social services in their community as well as how difficult it is to access these social services. 34.4% of respondents perceive that social services are limited (1 or 2 rating) in the community while 43.6% said that it is difficult (4 or 5 rating) to access the social services that are available.

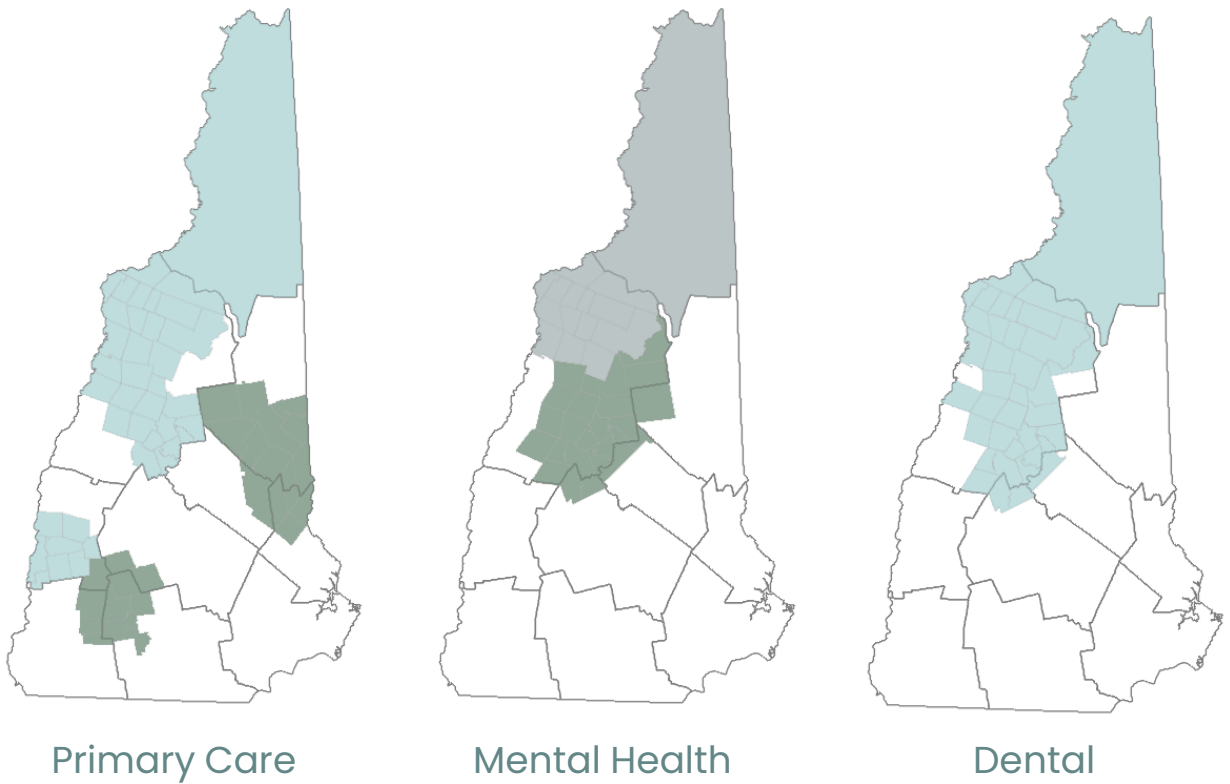
Survey Question: On a scale of 1 to 5, how would you rate the availability of social services related to SDoH in your community? (with 1 being not at all available and 5 being abundantly available)



Survey Question: On a scale of 1 to 5, how difficult is it to access social services in your community when you need them? (with 1 being not at all difficult and 5 being extremely difficult)



New Hampshire Health Professional Shortage Areas (HPSA)



Source: data.hrsa.gov

Affordable Housing

Affordable housing was identified as the #3 priority with 88% of respondents rating it as important to address in the community. While affordable housing is not traditionally a health priority, there is evidence that a lack of access to affordable and stable housing can lead to negative health outcomes such as mental illnesses, exposure to environmental hazards, and limited funds to afford healthcare ([Center for Housing Policy](#)).

	CNHHP Service Area	New Hampshire
Crowded housing (2016-2020)	1.6%	1.5%
Housing that is renter occupied (2016-2020)	26.4%	28.8%
Single unit housing (2016-2020)	75.4%	68.8%
Median home value (2016-2020)	\$216,902	\$272,300
Housing cost above 30% of household income (2016-2020)	29.3%	30.5%
Rent above 30% of household income (2016-2020)	39.5%	43.9%

Source: New Hampshire Department of Health and Human Services

Access to Childcare

Access to childcare was identified as the #6 priority with 81% of respondents identifying it as being important to address in the community. The average yearly cost of childcare in New Hampshire is \$12,791. The U.S. Department of Health and Human Services defines affordable childcare as being no more than 7% of a family's income ([Economic Policy Institute](#)). In Grafton County, 23% of household income is required for childcare expenses. There are 11 childcare centers for every 1,000 population under 5 years old in Grafton County compared to 10 in the state.

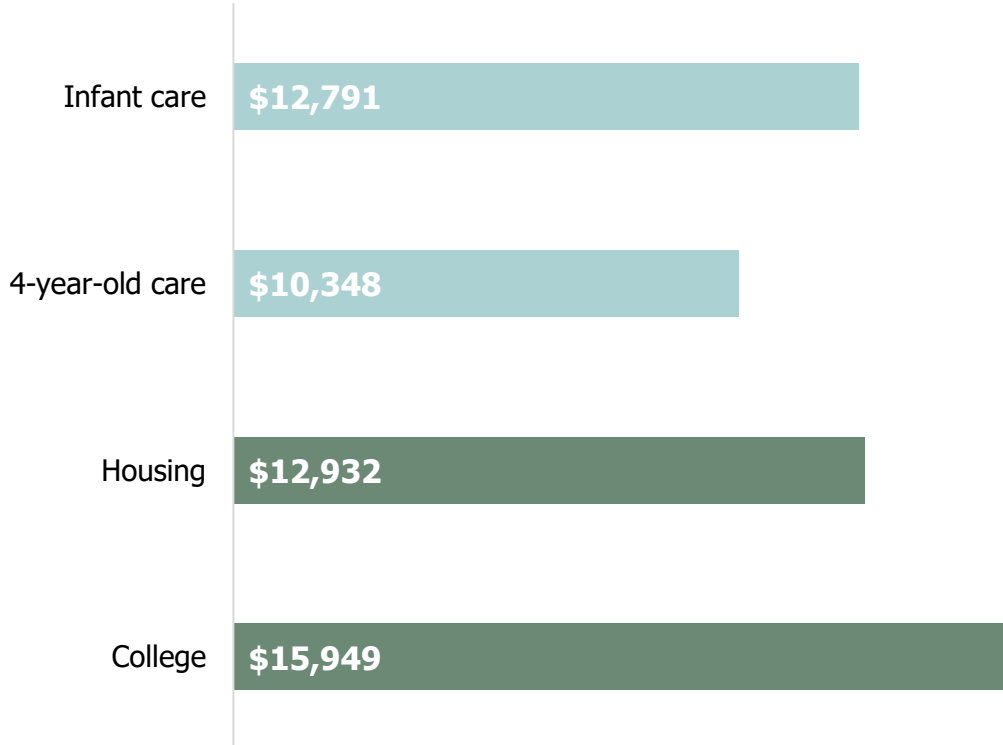
	CNHHP Service Area	New Hampshire
Population under age 10 (2023)	7.6%	9.4%
Single parent households with children (2016-2020)	37.1%	30.5%
No access to a vehicle (2016-2020)	6.0%	5.0%

Source: Syntellis, ESRI, New Hampshire Department of Health and Human Services

	Grafton County	New Hampshire
Household income required for childcare expenses (2021-2022)	23%	25%
Childcare centers per 1,000 children (2010-2022)	11	10
Children enrolled in free or reduced lunch (2020-2021)	24%	21%

Source: County Health Rankings 2023 Report

Annual Cost in New Hampshire



Source: Economic Policy Institute (2020)

Access to Senior Services

Access to senior services was identified as the #7 priority with 84% of survey respondents rating it as an important factor to address in the community. Older adults were identified as the top priority population in the community making access to senior services an important need. Additionally, the population of people 65+ is projected to greatly increase in the service area over the next five years.

	CNHHP Service Area	New Hampshire
Population 65+ (2023)	21.6%	19.7%
5-year projected increase in 65+ population (2023)	+11.9%	+16.6%
Fall-related deaths per 100,000 (2017-2021)	106.6	96.1
Elderly living alone (2016-2020)	24.3%	25.4%

Source: Syntellis, ESRI, New Hampshire Department of Health and Human Services

Employment & Livable Wage

Though employment and livable wage were not specifically identified as top priorities in the community survey, these social indicators play a role in the community's ability to afford healthcare and impact health outcomes. A lack of employment and a livable wage can impact health by affecting mental health through poverty and unstable work environments, health behaviors like smoking, diet, and exercise, and access to health insurance (HealthAffairs). Additionally, employment and income impact people's ability to afford services to live healthy and happy lives like safe housing, transportation, childcare, and healthy food.

	CNHHP Service Area	New Hampshire
Median household income (2023)	\$73,572	\$90,564
Adults with a 4-year degree or higher (2016-2020)	36.0%	37.6%
Households who receive Food Stamps (2016-2020)	7.3%	6.4%
Population living below the poverty level (2016-2020)	10.6%	7.4%
Unemployed age 25-64 (2016-2020)	2.5%	3.1%

Source: Syntellis, ESRI, New Hampshire Department of Health and Human Services

Evaluation & Selection Process

Worse than Benchmark Measure	Identified by the Community	Feasibility of Being Addressed	Impact on Health Disparities
			
Health needs were deemed “worse than the benchmark” if the supported county data was worse than the state and/or U.S. averages	Health needs expressed in the online survey and/or mentioned frequently by community members	Growing health needs where interventions are feasible, and the Organizations could make an impact	Health needs that disproportionately affect vulnerable populations and can impact health equity if addressed

Health Need Evaluation

	Worse than Benchmark	Identified by the Community	Feasibility	Impact on Health Disparities
Mental Health		✓	✓	✓
Healthcare Affordability	✓	✓	✓	✓
Affordable Housing	✓	✓		✓
Drug/Substance Abuse		✓	✓	✓
Cancer		✓	✓	✓
Access to Childcare	✓	✓	✓	✓
Access to Senior Services	✓	✓	✓	✓
Alzheimer's and Dementia	✓	✓	✓	✓
Diabetes		✓	✓	✓
Heart Disease	✓	✓	✓	✓

Implementation Plan

Implementation Plan Framework

The CNHHP has determined that the action plan to address the identified health priorities will be organized into key groups in order to adequately address the health needs with available time and resources.

Access to Behavioral Health Services

Goal: Increase community access and coordination of mental and substance abuse services across the region.

Management of Chronic Diseases

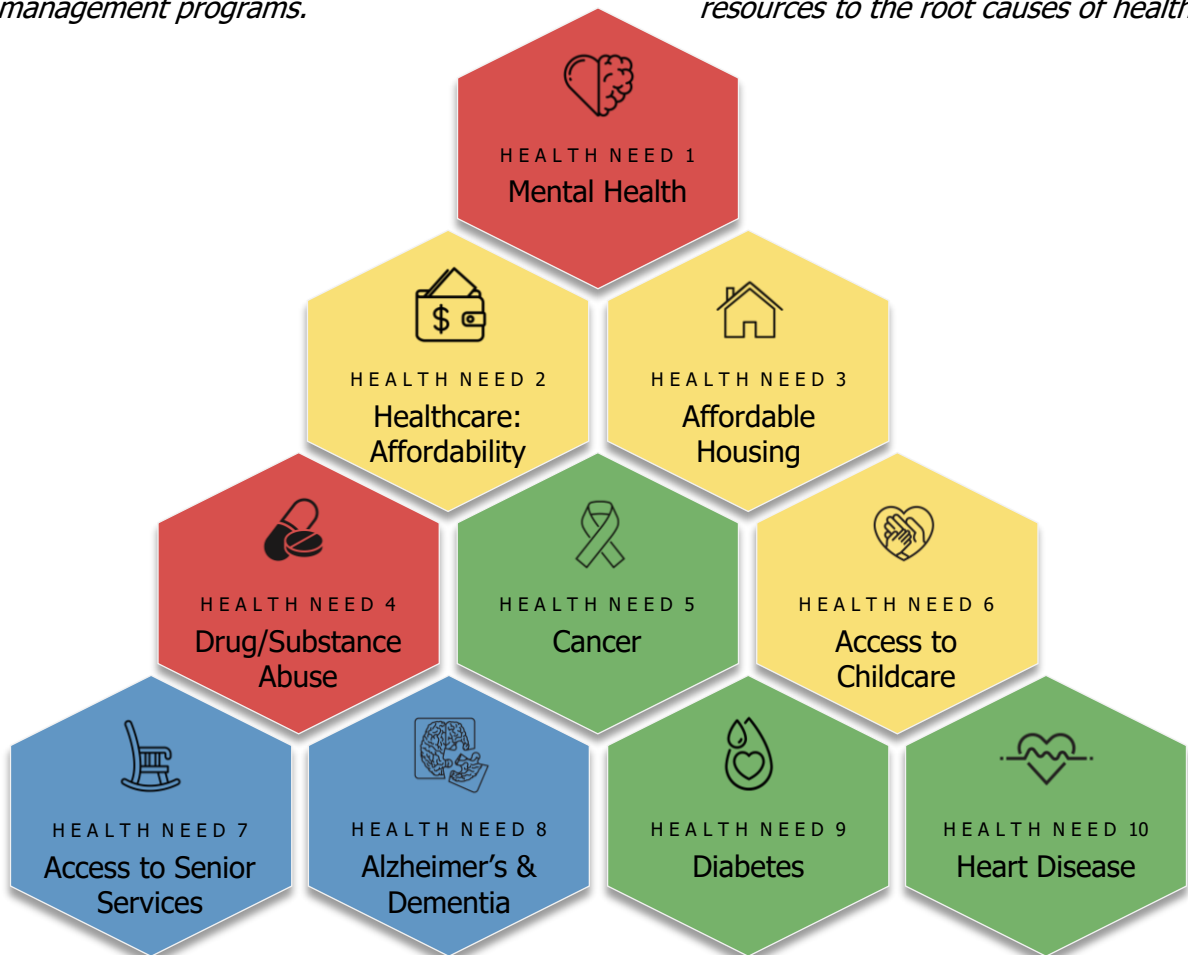
Goal: Reduce the onset of chronic diseases through meaningful and impactful prevention, education, and management programs.

Access to Healthcare for Seniors

Goal: Enhance access to healthcare that promotes health, independence, and quality of life of seniors.

Addressing the Social Determinants of Health

Goal: Improve health outcomes through thoughtful investment of time and resources to the root causes of health.



Access to Behavioral Health Services

Mental Health, Drug/Substance Abuse

CNHHP services available to respond to this need:

- 988 Suicide Prevention and Crisis Lifeline is available to Central New Hampshire residents who are experiencing suicidal, mental health, or substance misuse-related crisis
- Permanent prescription medication drop boxes are located at the police departments in Plymouth, Bristol, Lincoln, and Thornton
 - Community-wide medication take-back events are hosted quarterly in partnership with the CNHHP organizations
- CADY offers:
 - Community resources and educational materials for youth drug and alcohol use prevention
 - A broad array of programs focused on alcohol and drug use prevention including the Youth Advisory and Advocacy Council (YAAC), Junior Action Club, (JAC), Central NH Community Opioid Response, Parent Advisory Council (PAC), and more
 - An Annual Prevention Summit where regional stakeholders gather to share knowledge and resources
 - Prevention Accelerator Media Campaigns for consistent drug-free messaging
 - Screening and referrals for mental health and substance misuse
- Community Action Program Belknap-Merrimack Counties offers:
 - Education and connection to local resources to assist local residents who may be experiencing poverty, homelessness, and food insecurity
- Lakes Region Mental Health Center offers:
 - 24/7 emergency and mobile crisis response services
 - Children and family services, including case management, counseling, medication management, and school/community supports
 - Adult and elder services including counseling, psychiatric evaluations, case management, and medication management
 - Telehealth services
 - Substance use disorder treatment services
 - Mental health first-aid training
- Mid-State Health Center offers:
 - Free Naloxone at-home drug disposal kits in Plymouth and Bristol
 - Integrated behavioral health and primary care services
 - RISE Recovery services including Medication Assisted Treatment (MAT) Program, Intensive Outpatient Treatment (IOP), and Recovery Support Services

- Screening and referrals for mental health and substance misuse
- Pemi-Baker offers:
 - Caregiver support groups
 - Grief and loss support groups
- Speare Memorial Hospital offers:
 - Mental health services provided to patients through Speare Primary Care and Plymouth Pediatric and Adolescent Medicine
 - 24/7 emergency services
 - Screening and referrals for mental health and substance misuse

Additionally, CNHHP plans to take the following steps to address this need:

- Continuously recruit behavioral health workers to the Central New Hampshire region to increase access to providers and decrease wait times for appointments
 - This includes supporting the current workforce in pursuing additional behavioral health education and advocating for student loan forgiveness
- Increase awareness and outreach on available mental health and drug/substance use resources in the community and expand educational materials for priority populations including the LGBTQ+ community and seniors
- Evaluate offering bystander intervention training to build confidence in the community to prevent high-risk behavior and harm
- Work to develop a coalition of behavioral health providers in the region to align public health and safety services and work together towards increasing access to behavioral health resources

Metrics to track progress:

- Number of behavioral health providers serving the community
- Number of sites screening for mental health concerns and substance misuse
- Number of referrals of individuals to behavioral health services
- Number of community education and outreach opportunities conducted

Community organizations also available to address this need:

Organization	Information
Local Police Departments	<p>Plymouth: 334 Main Street Plymouth, NH (603) 536-1804</p> <p>Bristol: 230 Lake Street Bristol, NH (603) 744-3354</p> <p>Lincoln: 148 Main Street Lincoln, NH (603) 745-2238</p> <p>Thornton: 16 Merrill Access Road Thornton, NH (603) 726-4222</p>
Plymouth State University	<p>Campus Counseling Center: (603) 535-2461</p>

Management of Chronic Diseases

Cancer, Diabetes, Heart Disease

CNHHP services available to respond to this need:

- CADY offers:
 - Educational resources and programs on smoking, alcohol, and other drug use prevention
- Community Action Program Belknap-Merrimack Counties offers:
 - Programs to provide nutritious food to the community like the Commodity Supplemental Food Program, Summer Food Service Program, and more
- Lakes Region Mental Health Center offers:
 - InSHAPE program to improve physical health and quality of life, reduce the risk of preventable diseases, and enhance the life expectancy of individuals with serious mental illness
 - Genoa Pharmacy, a full-service pharmacy that allows patients to easily fill medications
- Mid-State Health Center offers:
 - Primary care services including chronic disease management, nutrition, integrated behavioral health counseling, cancer screenings, care coordination, prevention, and long-term healthcare support throughout a patient's life
 - Chronic Care Management program available for Medicare patients managing chronic diseases
 - Nutrition services with a registered dietitian for diabetes management, weight management, and healthy living
 - Aquatics and fitness programs providing cardiovascular and muscle training
 - Dental services including exams, cleaning, fillings, crowns, extractions, and more
 - Physical and occupational therapy to improve mobility and recovery
 - Cervical, breast, and colon cancer screening programs
 - Health education for managing chronic diseases
- Pemi-Baker offers:
 - Home health to help patients manage chronic health conditions specializing in diabetes, COPD, and congestive heart failure
- Speare Memorial Hospital offers:
 - Speare Primary Care
 - Care Coordination services for patients recently discharged from the Emergency Room or an inpatient stay, including a follow-up appointment and assistance with referrals to specialists not available in our community

- RehabFit Medical Fitness center with individual workout programs and group exercise classes focused on improving overall health and wellness
- Weight Loss Center
- Cardiac Rehab and rotating cardiology specialist
- Nutrition counseling with registered dietitians
- Oncology Clinic providing case management, chemotherapy, anemia treatments, blood transfusions, phlebotomy, and infusions
- Wound Care Center and Hyperbaric Medicine Center

Additionally, CNHHP plans to take the following steps to address this need:

- Engage in community events by providing education and information on services for chronic diseases and healthy living
- Continue to enhance primary care availability to connect patients with prevention services, screenings, and follow-up care

Metrics to track progress:

- Number of health education and promotion opportunities offered
- Number of screening modalities offered and promoted

Access to Healthcare for Seniors

Access to Senior Services, Alzheimer's & Dementia

CNHHP services available to respond to this need:

- CADY offers:
 - Substance use disorder education
- Community Action Program Belknap-Merrimack Counties offers:
 - ServiceLink Aging and Disability Resource Center provides Medicare education and counseling, long-term care options, and caregiver support
 - Meals on Wheels program provides home-delivered meals to older adults and adults with disabilities
 - Senior Companion Program provides visitation, transportation, and caregiver support to homebound adults
 - Community Connections for Independent Living program
 - Commodity Supplemental Food program and the Senior Farmers Market Nutrition program
 - Transportation for shopping, errands, appointments, and activities
- Lakes Region Mental Health Center offers:
 - REAP (Referral Education Assistance and Prevention Program for Older Adults) program provides prevention and education to support older adults in living a happy, healthy, and independent lifestyle
 - Older Adult and Neurocognitive Program provides collaborative, compassionate, and evidence-based care to older adults and their families affected by mental illness and neurological disorders
 - Transportation services to medical appointments
- Mid-State Health Center offers:
 - Visiting specialists to provide services close to home and limit patients' need to travel for care
 - Chronic Care Management program available for Medicare patients managing chronic diseases
 - Advance care planning with patient support specialists
 - Transportation services to medical appointments
- Pemi-Baker offers:
 - Home Health to provide skilled medical services in patients' homes
 - Palliative care
 - Hospice care including home visits, pain management, bereavement services, caregiver respite, and more

- Community support and resources including caregiver support groups, advance care planning, Hospice volunteer opportunities, American Red Cross Training, and educational sessions at the local senior center
- Speare Memorial Hospital offers:
 - Rotating specialists to provide services close to home and limit patients' need to travel for care
 - Funding to Transport Central and the Grafton County Senior Ride program to help address the transportation needs of the community's elders

Additionally, CNHHP plans to take the following steps to address this need:

- Engage with the local senior centers to provide education and connect local seniors with healthcare resources in the community
- Continuously seek to bring additional specialty care providers to the area to reduce the need to travel far for care

Metrics to track progress:

- Number of specialty care providers available
- Number of health and education events provided for seniors
- Participation in local senior center events

Community organizations also available to address this need:

Organization	Information
Grafton County Senior Citizens Council	<p>Lin-Wood Area Senior Services: 194 Pollard Road P.O. Box 461 Lincoln, NH 03251 (603) 745-4705</p>
	<p>Newfound Area Senior Services: Bristol United Church of Christ 15 Church Street P.O. Box 266 Bristol, NH 03222 (603) 744-8395</p>
	<p>Plymouth Regional Senior Services: 8 Depot Street P. O. Box 478 Plymouth, NH 03264 (603) 536-1204</p>
ServiceLink ADRC	<p>262 Cottage Street Suite G-25 Littleton, NH 03561 (603) 444-4498</p>

Addressing the Social Determinants of Health

Healthcare Affordability, Affordable Housing, Access to Childcare

CNHHP services available to respond to this need:

- CADY offers:
 - Restorative Justice Program provides a second chance for first-time youth offenders who commit non-violent offenses by offering strength-based community service, identifying needed social services, and providing targeted education
- Community Action Program Belknap-Merrimack Counties offers:
 - Early Head Start, Head Start, and Childcare programs
 - Fuel Assistance program for low-income households to heat their homes in the winter months
 - Weatherization Assistance Program provides energy conservation services to low-income households
 - Electric Assistance Program provides eligible households with discounts on their electric bills
 - Summer Food Service Program provides children with healthy lunches during the summer months
 - Rental Assistance Programs assist eligible households with monthly rental assistance, security deposit, first-month rent, and other housing-related services
 - Affordable Housing Program provides housing to income-eligible residents
 - Homeless Street Outreach Teams provide support and case management services to people experiencing or at risk of experiencing homelessness
 - Workforce development programs providing residents with education, skills, and experience to obtain paid employment
- Lakes Region Mental Health Center (LRMHC) offers:
 - Transportation services to medical appointments
 - Supportive housing for homeless adults with mental illness
 - Care management services to provide patients with referrals to medical, social, and educational resources
 - Supported employment to assist patients in finding meaningful work in the community, changing jobs, or pursuing higher education
- Mid-State Health Center offers:
 - Little Antlers Learning Center, a childcare center for children up to six years of age
 - Community Health Worker available to provide outreach, community education, resource counseling, social support, and advocacy
 - Transportation services to medical appointments

- Feed the Need, a program that provides patients who screen food insecure with resources like a bag of healthy groceries and gift cards to local grocery stores
- Discount prescription drug program for qualifying patients
- Patient Support Services are available to help with financial assistance for services, transportation, affordable medications, Marketplace, Medicare and Medicaid applications, and connections to outside resources for fuel assistance, housing, and more
- Pemi-Baker offers:
 - Community support, education, and resources to area seniors and their families who need health and social assistance
- Speare Memorial Hospital offers:
 - Community Health Worker available to provide outreach, community education, resource counseling, social support, and advocacy
 - Financial Counselors to help patients apply for assistance, determine payment plans, and answer insurance questions
 - Free and discounted health services through the charity care program
 - Plymouth OB/GYN offers free breast/cervical cancer screenings and dental care to eligible patients
 - Funding to Transport Central and the Grafton County Senior Ride program to help address the transportation needs of the community's elders
 - Dental Health Program provides free or low-cost dental health services to local school children

Additionally, CNHHP plans to take the following steps to address this need:

- Maintain and grow Community Health Worker programs to help more patients get connected with community resources
- Explore grant opportunities for additional programs to address the SDoH including transportation for rural residents and affordable childcare

Metrics to track progress:

- Number of Community Health Workers
- Number of sites screening for SDoH
- Number of individuals screened for SDoH
- Number of referrals made for individuals who screened for SDoH

Community organizations also available to address this need:

Organization	Information
Whole Village Family Resource Center	258 Highland Street STE 1 Plymouth, NH 03264 (603) 536-3720
Tapply-Thompson Community Center	30 North Main Street Bristol, NH 03222 (603) 744-2713
Bridge House – Homeless Shelter and Veterans’ Support	260 Highland Street Plymouth, NH 03264 (603) 536-7631
Tri-County Community Action	30 Exchange Street Berlin, NH 03570 (603) 752-7001
ServiceLink ADRC	262 Cottage Street Suite G-25 Littleton, NH 03561 (603) 444-4498

Appendix

Community Data Tables

Community Demographics

Demographic Profile

	Central New Hampshire Health Partnership PSA				New Hampshire				US AVG.	
	2023	2028	% Change	% of Total	2023	2028	% Change	% of Total	% Change	% of Total
Population										
Total Population	31,356	31,264	-0.3%	100.0%	1,401,426	1,418,360	1.2%	100.0%	3.6%	100.0%
By Age										
00 - 17	4,794	4,663	-2.7%	15.3%	263,917	257,525	-2.4%	18.8%	-0.2%	21.6%
18 - 44	11,015	10,904	-1.0%	35.1%	461,391	464,484	0.7%	32.9%	0.4%	36.0%
45 - 64	8,767	8,107	-7.5%	28.0%	399,883	374,308	-6.4%	28.5%	-3.5%	24.6%
65+	6,780	7,590	11.9%	21.6%	276,235	322,043	16.6%	19.7%	12.9%	17.8%
Female Childbearing Age (15-44)	5,910	5,800	-1.9%	18.8%	252,693	252,114	-0.2%	18.0%	0.2%	19.5%
By Race/Ethnicity										
White	28,735	28,472	-0.9%	91.6%	1,227,202	1,225,056	-0.2%	87.6%	-1.5%	60.6%
Black	159	166	4.4%	0.5%	22,260	25,387	14.0%	1.6%	2.4%	12.5%
Asian & Pacific Islander	437	462	5.7%	1.4%	38,939	42,833	10.0%	2.8%	8.4%	6.5%
Other	2,025	2,164	6.9%	6.5%	113,025	125,084	10.7%	8.1%	7.9%	20.4%
Hispanic*	751	865	15.2%	2.4%	67,200	78,176	16.3%	4.8%	6.4%	19.4%
Households										
Total Households	13,082	13,103	0.2%		569,073	580,603	2.0%			
Median Household Income	\$ 73,572	\$ 83,562			\$ 90,564	\$ 104,740			US Avg. \$64,730 \$72,932	
Education Distribution										
Some High School or Less				5.4%				5.0%		9.6%
High School Diploma/GED				28.4%				27.1%		27.0%
Some College/Associates Degree				28.3%				27.0%		27.2%
Bachelor's Degree or Greater				37.9%				40.9%		36.1%

*Ethnicity is calculated separately from Race

Source: Syntellis, ESRI (2023)

Leading Cause of Death


































The Leading Causes of Death are determined by the official Centers for Disease Control and Prevention (CDC) final death total. New Hampshire's Top 15 Leading Causes of Death are listed in the tables below in Grafton County's rank order. Grafton County was compared to all other New Hampshire counties, the New Hampshire state average, and whether the death rate was higher, lower, or as expected compared to the U.S. average.

Cause of Death			Rank among all counties in NH (#1 rank = worst in state)	Rate of Death per 100,000 age adjusted		Observation (Grafton County Compared to U.S.)
NH Rank	Grafton Rank	Condition		NH	Grafton	
1	1	Heart Disease	9 of 10	154.1	163.5	<i>Higher than expected</i>
2	2	Cancer	10 of 10	145.7	159.4	<i>Higher than expected</i>
3	3	Accidents	10 of 10	63.2	40.2	<i>Lower than expected</i>
5	4	Lung	10 of 10	35.7	37.6	<i>As expected</i>
6	5	Stroke	8 of 10	30.3	33.4	<i>As expected</i>
4	6	COVID-19	9 of 10	60.2	27.8	<i>Lower than expected</i>
7	7	Alzheimer's	4 of 10	23.5	27.4	<i>As expected</i>
8	8	Diabetes	8 of 10	20.8	18.2	<i>As expected</i>
14	9	Flu - Pneumonia	7 of 10	6.6	13.3	<i>Higher than expected</i>
9	10	Suicide	8 of 10	15.1	13.0	<i>As expected</i>
11	11	Kidney	9 of 10	10.0	9.7	<i>As expected</i>
12	12	Parkinson's	10 of 10	9.4	8.9	<i>As expected</i>
10	13	Liver	9 of 10	14.0	8.0	<i>Lower than expected</i>
15	14	Hypertension	7 of 10	6.4	5.3	<i>As expected</i>
13	15	Blood Poisoning	2 of 10	6.7	5.0	<i>As expected</i>
16	16	Homicide	3 of 10	0.0	1.8	<i>As expected</i>

*County Death Rate Observation: Higher than expected = 5 or more deaths per 100,000 compared to the US; Lower than expect = 5 or more less deaths per 100,000 compared to the US

Source: worldlifeexpectancy.com (2021)

County Health Rankings




	Grafton	New Hampshire	U.S.	Top U.S. Performers
Length of Life				
Overall Rank (<i>best being #1</i>)	2/10			
- Premature Death*	 5,926	6,360	7,300	5,600
Quality of Life				
Overall Rank (<i>best being #1</i>)	6/10			
- Poor or Fair Health	 11%	11%	12%	11%
- Poor Physical Health Days	 2.9	3.1	3.0	2.7
- Poor Mental Health Days	 4.9	4.8	4.4	4.0
- Low Birthweight	 7%	7%	8%	6%
Health Behaviors				
Overall Rank (<i>best being #1</i>)	3/10			
- Adult Smoking	 15%	15%	16%	15%
- Adult Obesity	 32%	31%	32%	30%
- Physical Inactivity	 17%	19%	22%	19%
- Access to Exercise Opportunities	 85%	84%	84%	86%
- Excessive Drinking	 20%	20%	90%	15%
- Alcohol-Impaired Driving Deaths	 30%	33%	27%	10%
- Sexually Transmitted Infections*	 193	216	481.3	152.4
- Teen Births (<i>per 1,000 female population ages 15-</i>	 6	9	19	11
Clinical Care				
Overall Rank (<i>best being #1</i>)	3/10			
- Uninsured	 9%	8%	10%	6%
- Population per Primary Care Provider	 524	1,118	1,310	1,020
- Population per Dentist	 1,182	1,302	1,380	1,200
- Population per Mental Health Provider	 191	277	340	240
- Preventable Hospital Stays	 2,152	2,578	2,809	1,666
- Mammography Screening	 39%	42%	37%	47%
- Flu vaccinations	 50%	55%	51%	57%
Social & Economic Factors				
Overall Rank (<i>best being #1</i>)	4/10			
- High school graduation	 93%	94%	89%	94%
- Unemployment	 3.3%	3.5%	5.0%	3.0%
- Children in Poverty	 12%	9%	17%	11%
- Income inequality**	 4.7	4.3	4.9	3.7
- Children in Single-Parent Households	 21%	19%	25%	13%
- Childcare Cost Burden	 23%	25%	27%	36%
- Injury Deaths*	 80	89	76	61
- Median household income	 \$77,378	\$88,268	\$69,700	\$77,400
- Suicides	 16	18	14	11
Physical Environment				
Overall Rank (<i>best being #1</i>)	1/10			
- Air Pollution - Particulate Matter (µg/m³)	 4.9	5.3	7.4	5.0
- Severe Housing Problems***	 14%	14%	17%	9%
- Driving to work alone	 71%	77%	73%	71%
- Long commute - driving alone	 31%	39%	37%	17%

*Per 100,000 Population

**Ratio of household income at the 80th percentile to income at the 20th percentile

***Overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities

Key (Legend)

-  Better than NH
-  The same as NH
-  Worse than NH

Source: County Health Rankings 2023 Report

Data and Inputs

Local Expert Groups

Survey Respondents self-identify themselves into any of the following representative classifications:

- 1) **Public Health Official** – Persons with special knowledge of or expertise in public health
- 2) **Government Employee or Representative** – Federal, tribal, regional, State, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the organizations
- 3) **Chronic Disease Groups** – Representative of or member of Chronic Disease Group or Organization, including mental and oral health
- 4) **Community Resident** – Individuals, volunteers, civic leaders, medical personnel, and others to fulfill the spirit of broad input required by the federal regulations
- 5) **Educator** – Persons whose profession is to instruct individuals on a subject matter or broad topics
- 6) **Healthcare Professional** – Individuals who provide healthcare services or work in the healthcare field with an understanding / education on health services and needs.
- 7) **Other** (please specify)

Data Sources

Website or Data Source	Data Element	Date Accessed	Data Date
Syntellis, ESRI	Assess characteristics of the primary service area, at a ZIP code level; and, to access population size, trends and socio-economic characteristics	July 2023	2023
www.countyhealthrankings.org	Assessment of health needs of the county compared to all counties in the state	July 2023	2013-2022
CDC Final Deaths	15 top causes of death	July 2023	2021
Bureau of Labor Statistics	Unemployment rates	July 2023	2022
New Hampshire Department of Health & Human Services (NH DHHS)	Health behavior, health outcome, and population data for Public Health Regions in New Hampshire	July 2023	2016-2021
National Alliance on Mental Illness – NAMI	Statistics on mental health rates and services	July 2023	2021
The Journal for Nurse Practitioners – JNP	Mental health and primary care integration	July 2023	2020
Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population	Health outcome measures and disparities in chronic diseases	July 2023	2020
American Diabetes Association	Type 2 diabetes risk factors	July 2023	2005
Centers for Disease Control and Prevention – CDC	Racial and ethnic disparities in heart disease	July 2023	2019
Human Resources & Services Administration – data.hrsa.gov	HPSA designated areas	July 2023	2023
Center for Housing Policy	Impacts of affordable housing on health	July 2023	2015
NH DHHS – Division of Public Health Services	Health Status of Rural Residents and Health Workforce	July 2023	2022
Economic Policy Institute	Childcare costs in New Hampshire	July 2023	2020
Health Affairs: Leigh, Du	Effects of low wages on health	July 2023	2022

Survey Results

Due to a high volume of survey responses, not all comments are provided in this report. All comments are unedited and are contained in this report in the format they were received.

Q1: Your role in the community (select all that apply)

Answer Choices	Responses	
Community Resident	54.7%	180
Healthcare Professional	41.6%	137
Educator	9.4%	31
Representative of Chronic Disease Group or Advocacy Organization	4.9%	16
Government Employee or Representative	4.3%	14
Public Health Official	2.1%	7
	Answered	329
	Skipped	6

Q2: Race/Ethnicity (select all that apply)

Answer Choices	Responses	
White or Caucasian	96.4%	321
Asian or Asian American	1.2%	4
American Indian or Alaska Native	1.2%	4
Hispanic or Latino	0.9%	3
Black or African American	0.3%	1
Native Hawaiian or other Pacific Islander	0.0%	0
Other (please specify)	1.2%	4
	Answered	333
	Skipped	2

Q3: Age group

Answer Choices	Responses	
18-24	3.3%	11
25-34	20.6%	69
35-44	20.6%	69
45-54	14.0%	47
55-64	22.1%	74
65+	19.4%	65
	Answered	335
	Skipped	0

Q4: What is your household income?

Answer Choices	Responses	
Under \$15,000	5.3%	17
Between \$15,000 and \$29,999	6.2%	20
Between \$30,000 and \$49,999	16.5%	53
Between \$50,000 and \$74,999	19.9%	64
Between \$75,000 and \$99,999	16.5%	53
Between \$100,000 and \$150,000	19.3%	62
Over \$150,000	16.2%	52
	Answered	321
	Skipped	14

Q5: What type of health insurance do you have?

Answer Choices	Responses	
Commercial (BCBS, Aetna, Cigna, etc)	59.0%	196
Medicare	19.3%	64
Medicaid	11.5%	38
I'm currently uninsured	3.0%	10
Veterans Administration (VA)/TriCare	1.8%	6
Other (please specify)	5.4%	18
	Answered	332
	Skipped	3

Comments:

- Humana retired military tricare select
- State insurance wellsense and am currently insured on my mom's policy health plans elevate
- Harvard and my son nh healthy families
- Marketplace
- NH healthy families
- Kids have medicaid, adults have anthem blue
- Bcbs
- Have to pay out of pocket for dental.

- Medicare and marketplace
- Medicare and medicaid
- Chm
- My parents insurance
- Self insured by smh
- Out of state
- HPI from speare/ family member has medicaid
- Health plans
- Hpi
- Amrihealth

Q6: What ZIP code do you primarily live in?

Answer Choices	Responses	
03264	17.2%	57
03223	10.3%	34
03222	10.0%	33
03217	8.2%	27
03285	7.6%	25
03266	5.7%	19
03245	5.4%	18
03253	3.6%	12
03241	3.0%	10
03246	2.4%	8
03251	1.8%	6
03256	1.8%	6
03262	1.8%	6
03276	1.5%	5
03230	1.2%	4
03254	0.9%	3
03220	0.9%	3
03235	0.9%	3
03279	0.9%	3
03243	0.9%	3
03282	0.9%	3
03215	0.6%	2
03269	0.6%	2
03110	0.6%	2
03226	0.6%	2
03249	0.6%	2
All Others (1 response)	9.7%	32
Answered		331
Skipped		4

Q7: Which groups would you consider to have the greatest health needs (rates of illness, trouble accessing healthcare, etc.) in your community? (please select your top 3 responses if possible)

Answer Choices	Responses	
Low-income groups	64.0%	206
Older adults	56.2%	181
Uninsured and underinsured individuals	53.1%	171
Individuals requiring additional healthcare support	36.3%	117
Residents of rural areas	35.4%	114
Children	22.7%	73
Women	16.5%	53
Racial and ethnic minority groups	11.8%	38
LGBTQ+	7.5%	24
	Answered	321
	Skipped	14

What do you believe to be some of the needs of the groups selected above?

- Access to healthcare without cost restrictions or state and govt restrictions on the actual healthcare
- A lot of older folks can't afford the cost
- Outreach
- Education on how to obtain needed resources, regular routine care BEFORE serious medical issues arise, access to phone, internet or people to sign up for health insurance, free clinics to help people sign up for these resources and the people there helping giving those unfortunate people coming to the clinics the same dignity respect and worthiness you would give someone in the more well off category, stog the stigma
- Postpartum care, nutrition education and help
- Better medical choice and affordable insurance
- We do not get the same care or options as those in more populated areas.
- Child care, affordable housing, accessible healthcare
- Rudimentary healthcare and basic needs like food pantries being met. Also nicer section 8 housing would be a plus.
- Equal access to healthcare
- I currently am in desperate need of health insurance, but I am considered overqualified because of my husband's income. I feel that this happens to a lot of people my age and in general. The economy is really tough right now for everyone and everyone seems to be struggling to even get food on their table. I feel like people should have better access to dental care and health care, especially in an emergency situation.

- Transportation money to pay for prescriptions
- Health care
- Insurance isn't affordable, many go without and forgo yearly physical and dentist appointments. Trying to get timely access to specialist in order to deal with health issues is a problem. Older adults on fixed incomes having trouble affording prescriptions and "extra" health appointments (not just physicals)
- Older adults require better dementia care. People who require additional healthcare support need more time to recover from major surgeries or hospital stays. Un/under insured people should have more affordable healthcare options available to them.
- Kids have lots of appointments and illness. Older adults have lots of illness and uninsured don't have the access they need to care
- If you make too much I can't get health care for my baby.
- Money
- Access to basic healthcare and complex healthcare that they can not otherwise afford.
- Low income groups struggle with getting proper care that their insurance company don't cover due to limited specialist, women struggle to just be heard and rural areas have limited resources
- Access to affordable healthcare bills are more than just rent so when they get denied cuz they "make too much money" their health decreases
- Strapped for cash so skip meds or miss appointments
- Access to affordable health care
- Insurance is ridiculous high and getting affordable services is hard in rural area.
- Support to get necessary services whether it be in the schools, doctor's offices, community centers, senior centers,
- No insurance, transportation.
- Cost of medications/co-pays. Transportation.
- Low-income groups who do not qualify for medicaid face astronomical out-of-pocket expenses. People within the plus-size community are so ostracized even within healthcare (almost especially so) my experience as a plus-sized person here has been pretty gross. Concord hospital would never be dismissive and accusatory as providers with speare have been.
- Financially - low-income and older adults may not try to go to dr. If they cannot afford payments. Insurance doesn't cover all. Terminally ill may not have individuals to help or support them.
- More access to cheaper healthcare
- Preventative health screening, education on nutrition, accessibility of care.
- Comprehensive care, availability, and transportation.
- Transportation for routine healthcare appointments.
- Travel, access to specialty care, cost.

- Lower prices on health drugs - prescriptions. Can't see a doctor if you have no insurance. Nursing home care needs to be better. Need more home care help.
- I believe many wait too long to get care and then run into a high risk situation. Intimidated by a confusing system generated by technology.
- Underinsured and low income groups sort of fall into the same category and do not seek care because they cannot afford it. There are also limited services to help keep patients home and you cannot get into office practices because they are booked out for months.
- Homeless
- Transportation, affordable care
- Outreach programs for the elderly.
- Patient access: geographically, technology, staff shortage, staff orientation/training, pcp availability
- Lack of adequate insurance for all age groups. Many older people resist going to a doctor out of fear of diagnosis.
- Mental health care access, youth supports, sud treatment access
- Access to services. Income inequality. Transportation.
- Elderly need more assistance with long-term planning. Too many in our communities have dementia without adequate home supports and no financial resources
- To be treated with dignity and respect...equality seems to be a factor as well as the appearance and attitude of the patient.
- Getting to providers getting to pharmacies
- Affordable health care
- The cost of medical services (even with insurance) may deter individuals from seeking care. For example, if a procedure will be considered out of network, or towards deductible, someone may choose to wait as they don't have the funds to pay for the service. Older adults are prone to chronic conditions.
- Help with heating oil and light bills. Parents of children who can't afford daycare
- Qualifying insurance
- Access to providers who look like the people they're serving, fear of not being able to afford care so people wait too long to be seen.
- High price for meds insurance being low income
- There are so many single women with children who are barely getting by. There is no help for housing. Also seniors have trouble getting discounts.
- Lack of money, lack of resources
- Our residents in our area have a hard time with healthcare because of transportation and lack of health care places. Can not get a PCP because its a 6-9 month waitlist.
- Transportation, expense, being able to get an appointment
- Preventative care.
- Limited choices and access

- More affordable insurance and healthcare
- Transportation, mental health (waiting lists are too long!)
- Greater access to specialists for colonoscopies, dermatology, etc
- Just general medical care
- Accessibility
- Access to medical care when needed.
- Transitional care management, medication compliance, education for how to access finances in order to obtain healthcare.
- Transportation, transportation, transportation!
- Public education about resources. Time off work for appointments. Transportation. Help with affording medication. Nutrition education and cost of food/supplements. Dental and hearing care.
- I see the majority of our health problems stemming from the foods we eat (or don't eat) and the too little exercise. Low-income groups and children are at high risk of food insecurity and having a lack of nutritious options. To tackle a wide range of ailments we, as culture, need to adjust our movement and diet. Huge impacts can come from small changes. I also firmly believe that food is medicine (but it works best with an active lifestyle!).
- Financial assistance to obtain care and coverage, in home care, long term care
- Not enough doctors means higher prices.
- Insurance
- Tough to get a basic appointment with a pcp or dentist. Medicaid not recognized by some providers. Too many barriers to regular preventative care (transportation, who to seek, managing to keep insured, etc.). Elders have special needs.
- Home support, transportation
- Transportation, support in home environment
- Transportation and funding to allow appropriate preventative and medical care
- Mental health
- Lower cost health insurance
- Lack of hope to receive care and lack of knowledge on how to apply for community care options, if available. Also lack of finances + lack of knowledge about what insurance plans to choose. Also, lack of knowledge to know if they can qualify for medicaid or medicare and how to go about applying for them. People NEED help from PEOPLE not technology.
- Access to get to appointments, personal care help at home particularly for low income
- Food security, transportation, access to primary care, acceptance of others
- I find that most low-income groups are lacking things like transportation or health insurance, a key factor in making it to their health care needs. Older adults have similar issues and I find that it is parents or families have a hard time fitting in doctors around school and sports.

- Access to healthcare; motivational interviewing to improve compliance with recommended treatment; isolation causing anxiety and depression in turn leads to not reaching out for healthcare; no access, or no desire to access technology; lack of transportation and fear of using medicaid transportation services; unhealthy habits due to fear, anxiety, depression, isolation, etc
- Support for alzheimer and dementia individuals
- Uninsured/ignored or not taken seriously
- Mental health services, substance abuse care
- Those struggling with SUD between the ages of 18 - 45
- Pyschiatric care and hospitals, access to therapy, insurance to cover therapy and psychiatric needs. Also nowhere for dementia patients to go, some have been on inpatient medical floor in hospital for 6 months waiting for placement. It is absurd, wasting hospital resources and taking beds away from those that medically need it.
- Because these populations have little visibility and vocal presence, they are regarded as negligible or even non-existent. Thus, their needs are not assessed or known.
- Insufficient access to healthcare providers, lack of financial access to healthcare, and additional expenses to leave the region to acquire healthcare.
- Access to more options for health care services and better access to good food
- Prescription coverage, wellness and primary care, urgent care that diverts them from ER utilization for minor needs
- Transportation and affordable prescriptions
- In older adults education about long term care. Many older patients and their families are not aware medicare does not pay for long term care. Many don't have DPOA set up, the local hospital becomes a housing unit for people that cannot take care of themselves. The uninsured do not seek help until they are very ill. The same is true of the low income.
- Access to services and inability to pay for the insurance they need.
- Safe abortion access, access to gender affirming care, access to quality healthcare without financial ruin.
- Birth control
- Clarity on how the system works and that all bills that you receive my not have been processed correctly.. So that large bill my not be what you owe
- Day care, long term care
- They do not have the resources or guidance to help navigate the system and even with guidance it is a challenge. If do not have medicaid you are going to have a very difficult time trying to do anything in the healthcare system.
- Help assisting seniors with medical needs when insurance does not cover all not help in this rural area for seniors or not enough!
- Access to reasonable prices for health care insurance
- Access to transportation and prescription assistance.

- More support for older adults, many live alone or have family living far away; for rural healthcare, we need more practitioners, less wait times to be seen by a doctor or PA; everyone could benefit from additional healthcare support.
- Specialty services (dermatology, endocrinology, oncology)
- Transportation, unable to take off of work for appts, lack of knowledge for medicaid type programs
- Mental health issues, housing, caregivers.
- Aid in staying in homes as we age. Providers with geriatric experience. Better ways to deal with rural patients with travel issues other than smart-phone appointments. Not everyone has reliable cellphone service or internet access.
- Low income can get medicaid but even for those insured individuals new pcp or wait times when in need are lengthy. The elderly have limited income and transportation as well as in home care are hard to come by these days.
- Affordable housing, reasonable financial growth opportunities, affordable insurance, affordable food, affordable transportation, affordable interest rates.
- The aging population in plymouth and its surrounding communities presents a real challenge. Many patients do not have their long-term healthcare plans solidified and do not have the resources they need to set them up for success when they will need it the most. In addition, the volume of patients without access to community resources is also very difficult.
- Access, finances, transportation.
- We also do not have access to a dermatologist locally. Skin cancer is becoming more prevalent, and no one to help with preventive care.
- Accessible and affordable healthcare without discrimination
- High deductible plans that don't cover much there for they don't seek treatment
- Lack of knowledge of available resources.
- Not enough home health care availability for the elderly. Not enough mental health services for rural residents. Lack of transportation availability to and from appointments for these groups.
- Timely access to get an appointment.
- Just normal health upkeep. People are refusing care because they cannot afford it
- Cheaper cost due to living on a fixed income.
- A lot of patients need assistance with transportation to and from medical visits. Patients in the older population especially those who live in low income rural areas, need assistance with medical paperwork.
- Access to providers and appointments as there are not enough to serve the size of these populations
- Deciding whether to pay their rent or to go to the doctor
- Lack of transportation in rural areas, low-income groups who cannot afford healthcare
- Help learning about their options for healthcare

Q8: Please rate the importance of addressing each health factor on a scale of 1 (Not at all) to 5 (Extremely).

	1	2	3	4	5	Total	Weighted Average
Mental Health	2	2	14	49	238	305	4.70
Drug/Substance Abuse	2	11	27	69	196	305	4.46
Cancer	3	4	50	68	181	306	4.37
Alzheimer's and Dementia	2	10	53	73	165	303	4.28
Diabetes	2	6	53	94	148	303	4.25
Heart Disease	2	6	44	116	136	304	4.24
Women's Health	6	7	50	101	136	300	4.18
Dental	4	12	53	93	141	303	4.17
Obesity	5	12	59	97	131	304	4.11
Stroke	5	7	69	109	111	301	4.04
Lung Disease	3	14	74	96	114	301	4.01
Kidney Disease	3	18	78	100	105	304	3.94
Liver Disease	3	22	79	99	101	304	3.90
Other (please specify)						22	
						Answered	306
						Skipped	29

Comments:

- Mens routine care pas screening, htn, hyperlipidemia, the access to taking and getting prescribed medications
- Birth control, more information on women bodies
- OB and physical health
- Vision - hearing
- Lgbtq+
- Geriatrics
- Autoimmune disease
- Metabolic disorders, blood disorders
- Physical activity/therapy and regular exercise
- Veteran health

- Prescription drug prices
- Mens health
- Valid nutrition information
- Early childhood development & child immunization
- Dermatology
- Lung-vaping addiction

Q9: Please rate the importance of addressing each community factor on a scale of 1 (Not at all) to 5 (Extremely).

	1	2	3	4	5	Total	Weighted Average
Healthcare: Affordability	6	5	21	62	210	304	4.53
Affordable Housing	5	8	22	54	215	304	4.53
Access to Childcare	6	10	42	51	192	301	4.37
Access to Senior Services	4	9	35	99	156	303	4.30
Healthcare: Location of Services	4	11	47	90	151	303	4.23
Healthcare: Types of Services Provided	4	9	48	96	148	305	4.23
Healthcare: Prevention	5	6	52	96	145	304	4.22
Access to Healthy Food	5	13	37	106	140	301	4.21
Education System	5	10	55	85	150	305	4.20
Employment and Income	5	9	56	86	148	304	4.19
Transportation	6	18	48	87	141	300	4.13
Community Safety	5	21	61	81	134	302	4.05
Social Connections	8	19	88	84	103	302	3.84
Access to Exercise / Recreation	8	22	90	90	92	302	3.78
Other (please specify)	13						
						Answered	306
						Skipped	29

Comments:

- Whole body care
- Community services

- For some it's not even about the affordability once they become a Medicaid recipient but location and holding them accountable for their actions are also factors the healthcare system can only help the people who want to be helped not so much as people who need to be helped
- care givers to help families who need assistance
- lacking before/aftercare/summer childcare coverage for grades 4-8; after school transportation would allow more youth to engage in social/physical activities
- Access to mental health services and drug prevention
- Everything is connected.
- Community activity center, access to walkable places
- People NEED more people contact IN Person not by technology! Access to REALLY healthy foods, Not processed or GMO or full of preservatives or chemicals or pesticides, etc. Families need to be taught about how to avoid unhealthy foods and use NO prepackaged snack foods, etc. AND food banks too need to give out ONLY foods using these guidelines. This in turn would improve overall health in all individuals, thus fewer health care needs and better attention spans, fewer behavioral problems in the schools = well educated people who can enter the workforce eventually. There is too much time, money and effort put into preventative medicine instead of doing the aforementioned care. This area also NEEDS much more Affordable, safe housing for families too.
- more elderly care, respite
- Exercise/recreation that is affordable and available. School sports for students or sneakers for adults so they can walk have a financial cost linked to them which may mean someone does not partake in the activity.
- Access to AFFORDABLE childcare - 5

Q10: Please rate the importance of addressing each behavioral factor in your community on a scale of 1 (Not at all) to 5 (Extremely).

	1	2	3	4	5	Total	Weighted Average
Excess Drinking	7	9	60	97	132	305	<i>4.11</i>
Smoking/Vaping/ Tobacco Use	7	14	57	86	136	300	<i>4.10</i>
Physical Inactivity	5	15	72	91	121	304	<i>4.01</i>
Risky Sexual Behavior	8	27	103	87	78	303	<i>3.66</i>
Diet	8	11	75	94	117	305	<i>3.99</i>
Other (please specify)	8						
						Answered	305
						Skipped	30

Comments:

- Substance abuse and mental health I believe mental health plays a factor and really the first in every item listed here.
- Drug use
- Illicit drugs
- smoking including marijuana/handling potential legalization

Q11: Please provide feedback on any actions you've seen taken by the member organizations of CNHHP to address the 2020 significant health needs.

- Voices against violence has helped me personally and showed initiative in their mission. They've also seemed to have more affordable resources in more recent months.
- There is an ongoing need for mental health services. Working in healthcare I see this first hand. We have these rules and programs in place but unfortunately it seems we have staffing issues everywhere
- I've seen programs advertised for substance abuse, the food bank offering food with their mobile program. I've seen CADY offering programs for parents to inform them and help in these areas.
- There seems to be a lot more help for drug addiction.
- We struggle
- I appreciate the ease of accessing WIC for our family. We had previously been in a state that made it very difficult with in person visits with our children every 3 months and lots of paperwork.
- Personally i have not seen any improvement in the list-mid state does have some great programs, i know they have great navigators to assist folks with medical coverage, i'm told they also have a van to pick up patients without transportation-mental health (?) healthy foods (?)
- Speare offers various programs for the public on serious health topics.
- I have actually seen access to mental health providers get much worse.
- Dr. Offices are more involved with mental care - maybe over involved but it's asked about at every visit.
- Locally there is little to no support for sud
- You would serve the community well by adding staff, taking more time to evaluate the mental health issues of your patients and providing more support for the patients who are suffering from mental illness.
- Staffing is impossible due to the shortage of skilled medical staff
- Middle class still pays way too much for healthcare
- Telehealth options. Findwell.Org. In school prevention programming. Drug RX days.
- We have lived in holderness since 1992. We have seen a tremendous number of improvements in the community in the past three decades. From the parenting conferences in the 90's, to the creation of the whole village, the creation on rehab fit, etc.,Etc. This community continues to head in the right direction when it comes to community health. I only wish there was more support in our local schools for support for family and consumer science programs. Prevention is key and FCS programs within a school system can reach thousands of students before bad habits are formed. Nutrition education, healthy meal preparation, healthy relationships, parenting, and early childhood education to name a few areas of expertise.

- In regards to mental health and drug rehab resources, we have had multiple efforts inside our community to provide increased availability to these resources.
- The needs have not changed although there is even more stress from uncertainty in 2023. All the member organizations have made heroic efforts to reach out to the public through direct mail, email, and some public media. The people who need help the most may not have secure housing or email. If funds could be raised, having health fairs or booths at public events and outreach visits to schools, senior centers, community groups/clubs, and on social media would connect with isolated or disaffected individuals and families. Also, a bristol to plymouth shuttle would make a world of difference.
- Transportation and housing are really the only factors that i would like to see addressed.
- Asking questions related to sdoh routinely, more focus on substance misuse prevention
- Additional access to health services.
- Midstate health has extended their services to provide a lovely childcare center (albeit, expensive). Also the incorporation of PT and dental services and mental health services has been very helpful to many. Speare has continued to be a key site for emergency medicine and areas of specialty care that it would be hard to have without the hospital. CADY is doing effective programming to increase awareness and produce a stream of education for the community.
- I would love to see more opportunities (group, individual, in school, and child) mental health awareness and access. I run a girls (virago) and boys (zanoba) mentoring group and we are talking about mental health, self-care and how to break the stigma.
- Improved access to prevention, treatment & recovery services. Efforts to continue medicaid coverage when covid emergency protections ended through navigator availability
- Added family support specialists at WV, UNH extension gardens and community education
- We all know what the needs are. Setting up a system of delivery is the real task
- Access to behavioral health in primary care offices. Increased services for substance misuse. Increased education from CADY. Increased low income and elderly housing.
- I have been in this state for almost 2 years, i am shocked at the lack of mental health services for these patients. They sit in our ER for days, sometimes weeks, in a room, with no windows, doors wide open, with someone sitting outside their room "watching" them. The ER is NOT a place for these patients, but there is nowhere for them to go. Also, the medical floor is constantly bombarded with dementia patients, who turn long term residents of sometimes over 6 months!
- Provided public health information throughout the region, provided emergency preparedness information throughout the region, provided hep b, covid-19, & influenza vaccinations for all ages
- CADY is working with youth and families in assisting and guiding them to work thru the issues each family has.
- I have seen a lot of things about substance misuse. I have also seen a lot things about access to mental health care.

- From the needs listed above: PARC, plymouth area recovery connections is a new program in our community. Feed the need bags at mid-state. Community action - longview farm takes part in a food incentive program, granite state market match. Individuals paying with SNAP benefits pay half the price (\$20 of fresh veggies for \$10).
- Food pantries are available although some have rule(s) to access the food - like a letter from a professional in the community as proof of need - and limits as to how many visits you can make per month.
- Insurance provider road blocks are making it difficult to get fast affordable care
- Midstate opening the child-care center, speare doing telehealth during the public health emergency
- Sdoh are done by MD offices. Mental health care provided by MCHC and speare for adults, not pediatrics (which is a great need).
- Speare has been working to educate the public on the options and available services that they provide to the public. Practices work to accommodate patients with needs to be seen. On the other hand, I feel that while midstate has added services to their practice, they have made it less accessible and is not easy to schedule appointments or see providers without pushback from their staff.
- The introduction of chw's into the community. Additional services to address SDOH needs.
- Supplying food to those who may not have or get enough of.
- Cady has continued to take the initiative in the central region for substance misuse prevention. Lakes region mental health center, speare memorial hospital and mid-state health center and voices against violence have also taken the lead on many of these community priorities.
- I work for midstate health center, and there are several programs we offer to assist members of the community. We have a food pantry that we offer to people where we give out bags of food. We also have a recovery team and several providers trained in substance abuse to assist those going through addiction. There are several other programs that MSHC offers for the community that address all of the above needs.
- Mid-state provides food bags for homeless, diabetes and general public with a 15.00 gift card
- Pcp office staff assisting with insurance and rxs, pcp offices offering food bags, naran distribution
- SDOH asked during check in process"
- They don't seem to be visible in any domain. Whether or not that's true is the responsibility of the organization to spread awareness.
- These are all very important resources within our community that have and continue to do all they can to assist those in need!!
- Food bank at mid-state health center, transportation at mid state health center
- Food pantry at midstate health, CADY and midstate and PARC recovery services for the alexandria town

Q12: Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes. Please select the key social determinants that negatively impact the health of you or your community (please select all that apply):

Answer Choices	Responses	
Housing	71.33%	199
Childcare	53.05%	148
Poverty	48.75%	136
Access to healthcare services	48.03%	134
Transportation	46.24%	129
Employment	42.65%	119
Food security	41.22%	115
Nutrition	29.75%	83
Education	24.73%	69
Interpersonal/social connections	19.00%	53
Public safety	11.83%	33
Racial and cultural disparities	8.24%	23
Other (please specify)	5.38%	15
	Answered	279
	Skipped	56

Comments:

- Outpatient substance abuse treatment
- Childrens dental insurance
- mental health
- Discrimination against people based on sociodemographic.
- Lack of safe walking and bicycling ways (human powered transportation).
- Mental health
- All of these and more. Our social services are important to our health as a community. Because NH does not have State or sales tax we have no funding for these needed services. Our health is suffering because of it.

- Age disparities; older people cannot access resources that are only available online (ie, telehealth; NHERAP for rent assistance, etc)
- Residential SUD Treatment
- Jobs are available, but do they pay a liveable wage.
- mental health issues
- Financial growth opportunities

Q13: On a scale of 1 to 5, how would you rate the availability of social services related to the social determinants of health (listed above) in your community?

1 (not at all available)	2	3	4	5 (abundantly available)	Total	Weighted Average
3.90%	30.50%	47.16%	16.67%	1.77%	282	2.82
					Answered	282
					Skipped	53

Q14: On a scale of 1 to 5, how difficult is it to access social services (affordable healthcare, food assistance, housing support, unemployment compensation) in your community when you need them?

1 (not at all difficult)	2	3	4	5 (extremely difficult)	Total	Weighted Average
3.93%	13.93%	38.57%	27.14%	16.43%	280	3.52
					Answered	280
					Skipped	55

Q15: What makes it difficult for you or members of your community to access social services?

Answer Choices	Responses	
Ineligibility (based on income, health status, age, etc.)	59.27%	163
Lack of information on what services are available	57.82%	159
Limited social services are available in the community	50.55%	139
Transportation to appointments/services	44.73%	123
Stigma around accessing services	30.91%	85
Hours of operation	24.36%	67
Lack of technology resources	22.18%	61
Lack of required documentation	17.09%	47
Language barriers	3.27%	9
Other (please specify)	9.09%	25
	Answered	275
	Skipped	60

Q16: What barriers keep you or anyone in your household from receiving routine healthcare? (Please select all that apply)

Answer Choices	Responses	
Cost of healthcare	42.22%	114
I have no barriers to receiving routine healthcare	32.59%	88
No insurance/high deductible	31.11%	84
Cannot take off work	25.19%	68
Healthcare locations are inconvenient	15.93%	43
Healthcare hours of operation are inconvenient	15.56%	42
Lack of childcare	13.33%	36
Lack of transportation	11.11%	30
I do not understand how to find healthcare resources	3.33%	9
Other (please specify)	10.74%	29
	Answered	270
	Skipped	65

Comments

- Doctor availability
- Waiting for appointments

- Not speedy care
- Wait times to get appointments. Most area providers seem to be booking a good 4-6 months out unless it's an emergency situation
- Too many hoops
- Hard to coordinate an appointment time that fits into other obligations of life (work, kids, etc.) Also, providers in the area considered "out of network" for mass based blue cross blue shield. Many high-tech positions require commuting from lakes region to boston. In addition, remote work allows nh-residents opportunity to work for companies across the country; healthcare isn't always accepted in NH.
- No appointments available with md (doctors)
- I have insurance thru work but many people on my area do not and can't afford routine health care
- Services not responding and failure to schedule
- Difficulty with scheduling tests and appt
- Finding providers who take medicare, time to an appt. Is very long.
- Lack of primary care provider options
- Primary care appointments are often 4+ months wait
- Mental health
- Available primary care and dental services.
- Difficulty in scheduling (leave message, no call back, makes people feel they don't really have a health issue if providers aren't taking it seriously; appointments booked far out
- Prescription drug prices
- Not covered by insurance
- It may take a month to be seen by a doctor
- Reduced availability of primary care providers
- Out of pocket health care expenses even with insurance are enough to prevent seeking care
- Many PCP offices do not respond to new pt requests in a timely manner
- Not enough health care providers available

Q17: What healthcare services / programs will be most important to supporting community health as we move into the future?

Answer Choices	Responses	
Mental health	72.20%	200
Primary care	69.68%	193
Elder/senior care	53.07%	147
Substance abuse services	52.35%	145
Specialty care	39.71%	110
Women's health	39.71%	110
Pediatrics/children's health	37.55%	104
Chronic disease management programming	33.94%	94
Urgent care	29.60%	82
Telemedicine/virtual care services	24.55%	68
Emergency care	23.10%	64
Other (please specify)	6.14%	17
	Answered	277
	Skipped	58

Comments

- Social workers or case managers
- Dental
- Consider 24/7 urgent care to avoid use of ER in evening/early morning hours.
- Education
- Plymouth has pretty good urgent and emergency services. We need more routine. Affordable health care
- Home health and hospice care
- They are all extremely important. I would add pharmacy services.
- Ease of scheduling
- Affordable access to a heated pool for individuals who are older or have arthritis, etc can exercise.
- I believe they are all of equal import, but mental health is key
- Same day appointments
- Expanded primary care access, increasing the quality of services
- Having health coaches on staff

Q18: How far do you or anyone in your household travel to regularly see a specialty care provider (cardiologist, surgeon, oncologist, etc.)?

Answer Choices	Responses	
None of the above	1.44%	4
Less than 20 miles	15.83%	44
20 - 49 miles	39.21%	109
50 - 100 miles	25.18%	70
I do not regularly need to see a specialist	16.19%	45
Other (please specify)	2.16%	6
	Answered	278
	Skipped	557