Central
New Hampshire
HEALTH
PARTNERSHIP

Central NH Health Partnership
Community Health Needs Assessment
-2020-












Community Input on Health Issues and Priorities,
Selected Service Area Demographics and Health Status Indicators

Central New Hampshire Health Partnership
Community Health Needs Assessment
2020

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Please direct comments or questions to:

Kate Tarbox, MA, APR
Director of Marketing & Community Relations
Speare Memorial Hospital
16 Hospital Road,
Plymouth, NH 03264
603-238-6468

or

Samantha Hooper
Central New Hampshire Health Partnership
101 Boulder Point Drive,
Plymouth, NH 03264
603-238-3510

Central New Hampshire Health Partnership member organizations include Speare Memorial Hospital, Mid-State Health Center, Lakes Region Mental Health Center, Pemi-Baker Community Health, Newfound Area Nursing Association, Communities for Alcohol- and Drug-free Youth (CADY) and Community Action Program Belknap-Merrimack Counties

Central New Hampshire Health Partnership
Community Health Needs Assessment
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Executive Summary

During the period February through September 2020, an assessment of Community Health Needs Assessment of the Central New Hampshire region was completed by the Central New Hampshire Health Partnership. The purpose of the assessment was to

- Better understand the health-related issues and concerns impacting the well-being of Central NH residents;
- Inform community health improvement plans, partnerships and initiatives; and
- Satisfy Community Health Needs Assessment requirements for Community Benefit reporting.

For the purpose of the assessment, the geographic area of interest was 17 municipalities comprising the Central New Hampshire Public Health Region with a total resident population of 30,332 and served by the member agencies of the Central New Hampshire Health Partnership (www.cnhhp.org). Methods employed in the assessment included: surveys of community residents made available through social media, email distribution and website links through multiple channels throughout the region (paper survey collection was curtailed for this community health needs assessment cycle due to the COVID-19 pandemic); a direct email survey of key stakeholders and community leaders representing multiple community sectors; a set of community discussion groups and individual interviews; and a review of available population demographics and health status indicators. All information collection activities and analyses sought to focus assessment activities on vulnerable and disproportionately served populations in the region including populations that could experience limited access to health-related services or resources due to income, age, disability, and social or physical isolation. The table below provides a summary of community health needs and issues identified through these methods.

The Table on the next page includes the highest priority needs and areas for community health improvement along with a summary of supportive data and findings from the community health needs assessment activities.

SUMMARY OF COMMUNITY HEALTH NEEDS AND ISSUES BY INFORMATION SOURCE			
Community Health Issue	**Community Surveys**	**Community Health Status Indicators**	**Qualitative Information; Interviews, Discussions and Open-Ended Comments**
Affordable of health insurance, cost of care and prescription drugs	Affordability of health care services including health insurance and prescription drug costs was the highest priority identified by community survey respondents and by Community Leaders. It was also the most frequently mentioned topic area in an open-ended question about 'one thing you would change'	The estimated proportion of people with no health insurance (9.6%) is higher than the overall percentage in NH (6.5%) and is essentially unchanged from the last community health assessment in 2017.	Community discussion participants also identified health care costs and financial barriers to care as significant concerns and barrier to services.
Availability of mental health services	Availability of mental health care was the second highest priority identified by community respondents and the top priority among community leader survey respondents with 86% considering the issue a 'high priority' or 'very high priority'	The rate of Self Harm-related Emergency Department visits including self-intentional poisonings due to drugs, alcohol or other toxic substances among Central NH residents in 2018 was 144.6 per 100,000 population.	Identified as a high and continuing priority for community health improvement by all community discussion groups including concerns for insufficient access to inpatient psychiatric care
Domestic violence and childhood trauma	Child abuse or neglect and domestic violence were identified as a high priority or very high priority by about three quarters of community survey respondents	The annual rate of Civil Domestic Violence Petitions per 1,000 population in Grafton County (3.1) is similar to the overall NH rate (3.0). The rate of substantiated child maltreatment victims per 1,000 children under age 18 (3.9) is also similar The overall rate in NH (3.5)	Community discussion group participants reported concerns about worsening issues of domestic violence, childhood trauma and need for early intervention to prevent adverse childhood experiences.
Cost of living including affordable housing and affordable, high quality child care	Affordable housing was the top issue identified by community leaders as an area for focusing resources that support a healthy community. Affordable housing and child care were also identified as high or very high priorities by about 70% of community survey respondents.	About 31% of households in the Central NH region have housing costs >30% of household income and about 31% of housing units are categorized as 'substandard'.	Financial stress was a factor noted in discussion groups related to a variety of health related issues including lack of affordable housing, inadequate capacity of affordable child care options, costs of elder care and related family caregiving stress.

Community Health Issue	Community Surveys	Community Health Status Indicators	Qualitative Information; Interviews, Discussions and Open-Ended Comments
Affordability of and access to healthy foods	Affordability of food and access to enough food was the second highest concern after cost of health care among households with incomes under $50,000.	About 10% of the population of Grafton County are estimated to experience food insecurity (limited or uncertain access to adequate food). About 55% of adults in the Central NH region are overweight or obese.	Community discussion participants identified local improvements in this area including community food and summer lunch programs.
Availability of primary care and specialty medical services	Availability of primary care services was the 5th highest priority among all community survey respondents and 3rd highest among those age 65 or older. About 11% of all respondents reported difficulty accessing specialty services they needed.	About 12% of adults reported having delayed or avoided health care visit because of cost and about 9% reported not having a personal doctor or health care provider.	Community discussion participants described challenges in this area from the perspective of cost, transportation challenges and hardships associated with traveling long distances for specialty referral services.
Services and supports for older adults including adult day care and Dementia/Alzheimer's care	Health care for seniors was a top 10 priority identified by community survey respondents and support for older adults was the second most commonly cited area for focusing resources that support a healthy community.	The service area population has proportionally more seniors (17.7% are 65+) compared to NH overall (15.3%). About 38% of the 65+ population in the Central NH region reported having one or more physical disability.	Challenges of aging in a rural community were described including insufficient resources for in-home care and housekeeping, transportation barriers and isolation, and the need for family caregiving supports.
Alcohol and drug use prevention, treatment and recovery	Prevention of substance misuse, addiction and access to substance misuse treatment and recovery services were top issues community leader respondents in particular and by community survey respondents to a lesser extent relative to other priorities for community health improvement.	In 2018, the rate of Drug and Alcohol Related Emergency Department Visits per 100,000 population of the Central NH region (111.5) was somewhat lower than for NH overall (140.1) as was the rate of Drug and Alcohol Related Inpatient Admissions (12.0 compared 24.2 per 100,000 population).	Participants identified improvements in resources for substance misuse prevention, treatment and recovery, but also noted that the need is still very high and there are gaps in services for detox and sober living.
Planning and Responding to Public Health Emergencies	Planning for Public Health Emergencies was a top 10 priority in the 2020 CHNA, much higher than previous years and most likely a reflection of the ongoing Covid-19 pandemic.	The cumulative rate of Covid-19 cases in the Central NH region through September 2020 (159 per 100,000 population) was significantly lower than in NH overall (621 per 100,000 population).	Community discussions highlighted concerns for the impact of the current pandemic on mental and emotional health, substance misuse and isolation.

Central New Hampshire Health Partnership

2020 Community Health Needs Assessment

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A. GENERAL COMMUNITY AND COMMUNITY LEADER SURVEY RESULTS WITH SELECTED SERVICE AREA DEMOGRAPHICS

The total population of the primary service area of the Central New Hampshire Health Partnership in 2018 was 30,32 according to the United States Census Bureau, which is a increase of 0.9% or about 300 people since the last community heath needs assessment (CHNA) in 2017. The FY2020 Community Health Needs Assessment Survey conducted by the Central NH Health Partnership yielded 505 individual responses of which 80% were residents of towns within the primary service area or approximately 1.7% of the total adult population. As shown by Table 1, survey respondents from the service area are represented in relatively close proportion overall to the service area population by town except for relative under representation from the Bristol / Alexandria area and over representation from Campton residents. It is also important to note that FY2020 survey respondents were much more likely to be female (84% of respondents) than male.

Table 1: Service Area Population by Town;
Comparison to Proportion of FY2020 Community Survey Respondents

	2018 Population	Zip Code*	% Service Area Population	% of Respondents
CNNHP Service Area	**30,332**			
Plymouth, Bridgewater	7,454	03264	24.6%	20.7%
Bristol, Alexandria, Bridgewater	5,550	03222	18.3%	6.7%
Campton, Ellsworth	3,374	03223/19	11.1%	16.8%
Holderness	2,336	03245	7.7%	6.3%
Rumney	1,486	03266	4.9%	5.3%
Thornton	2,511	03285	8.3%	6.3%
Ashland	2,142	03217	7.1%	7.2%
Hebron, Groton	1,110	03241	3.7%	3.1%
Lincoln, Livermore	1,229	03251	4.1%	2.9%
Woodstock	1,094	03262	3.6%	2.2%
Wentworth	876	03282	2.9%	0.7%
Warren	977	03279/38	3.2%	1.2%
Waterville Valley	183	3215	0.6%	0.2%
Other / Unknown	Laconia (3.1%), Meredith (1.7%, New Hampton (1.7%), Sandwich (1.7%)			20.0%

*Survey respondents were asked to indicate the zip code of their current local residence.

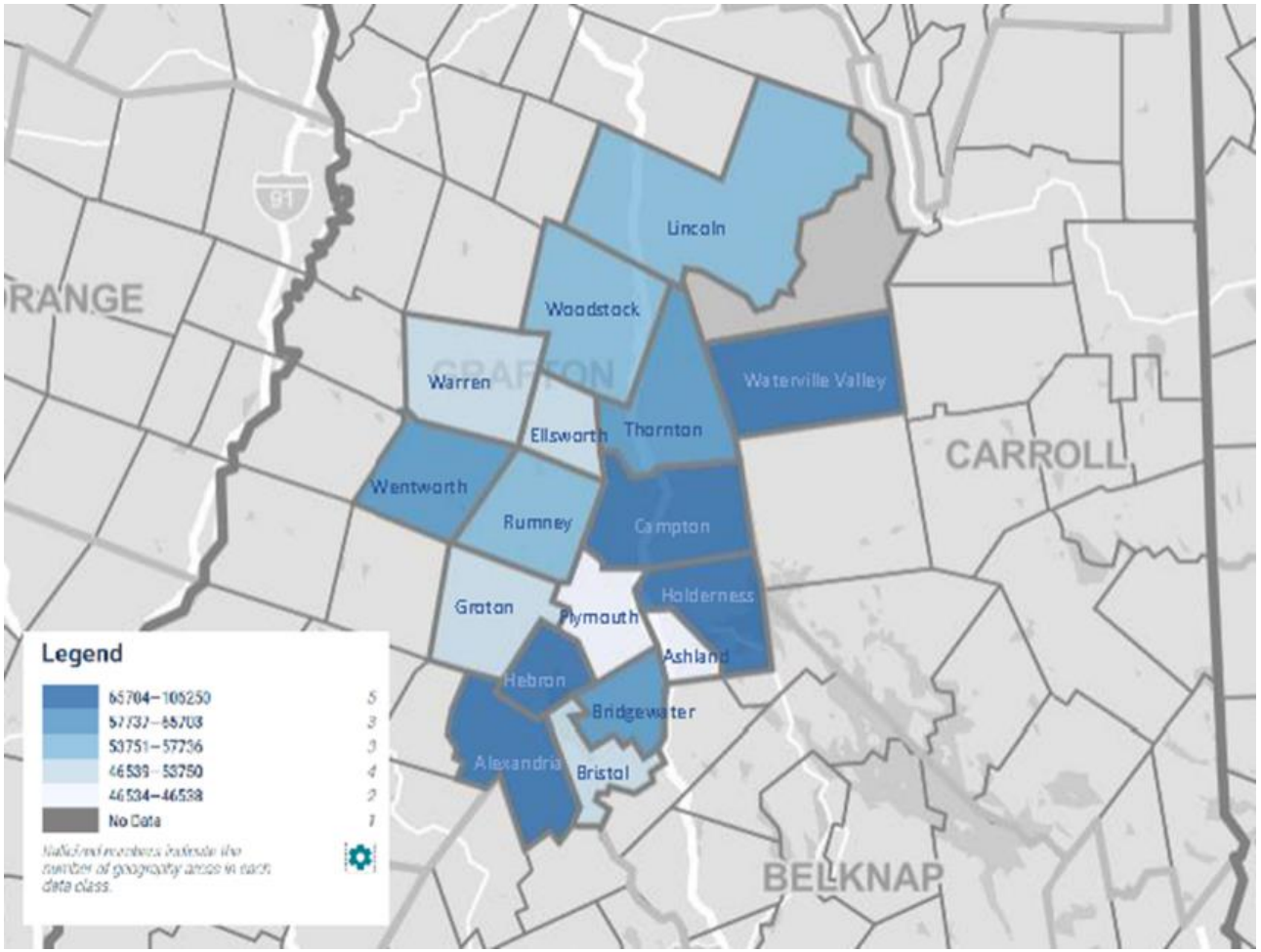
Table 2 below displays additional demographic and economic information for the towns of the CNHHP Service Area. On this table, municipalities are displayed in order of median household income with comparison to the median household income in the region and state overall. As displayed by the table, all towns in the service area except Waterville Valley have lower median household incomes than the State of New Hampshire overall. In addition, all except 3 towns have a higher proportion of individuals with household incomes at 200% of the federal poverty level or less when compared to the state overall. Figure 1 following this table displays a map of the service area with shading depicting the median household income by town in 5 categories from low to high median household income.

Table 2: Selected Demographic and Economic Information

	Median Household Income	% with income under 100% Poverty Level	% family households with children headed by a single parent	% population with a disability
Ashland	$46,534	16.4%	44.6%	19.0%
Plymouth	$46,538	13.0%	38.2%	16.8%
Ellsworth	$50,250	1.6%	100.0%	9.8%
Warren	$50,962	18.2%	36.4%	18.1%
Bristol	$53,286	12.5%	42.7%	15.1%
Groton	$53,750	15.7%	69.6%	22.8%
Lincoln	$57,656	11.5%	59.5%	20.6%
Woodstock	$57,667	8.1%	30.7%	11.1%
Rumney	$57,736	13.4%	47.5%	15.7%
CNNHP Service Area	**$58,383**	**10.6%**	**33.7%**	**15.7%**
Thornton	$63,848	1.9%	15.8%	9.8%
Bridgewater	$65,662	8.8%	11.8%	15.4%
Wentworth	$65,703	11.5%	23.3%	19.5%
Alexandria	$67,500	11.4%	10.4%	16.8%
Hebron	$67,500	9.5%	17.6%	15.0%
Campton	$68,182	4.6%	27.5%	14.5%
Holderness	$68,977	10.5%	28.1%	14.3%
New Hampshire	**$74,057**	**7.9%**	**28.7%**	**12.6%**
Waterville Valley	$106,250	0.0%	25.0%	6.6%

Figure 1 – Median Household Income by Town, CNHHP Service Area

Data Source: U.S. Census Bureau, 2014 – 2018 American Community Survey 5-Year Estimates



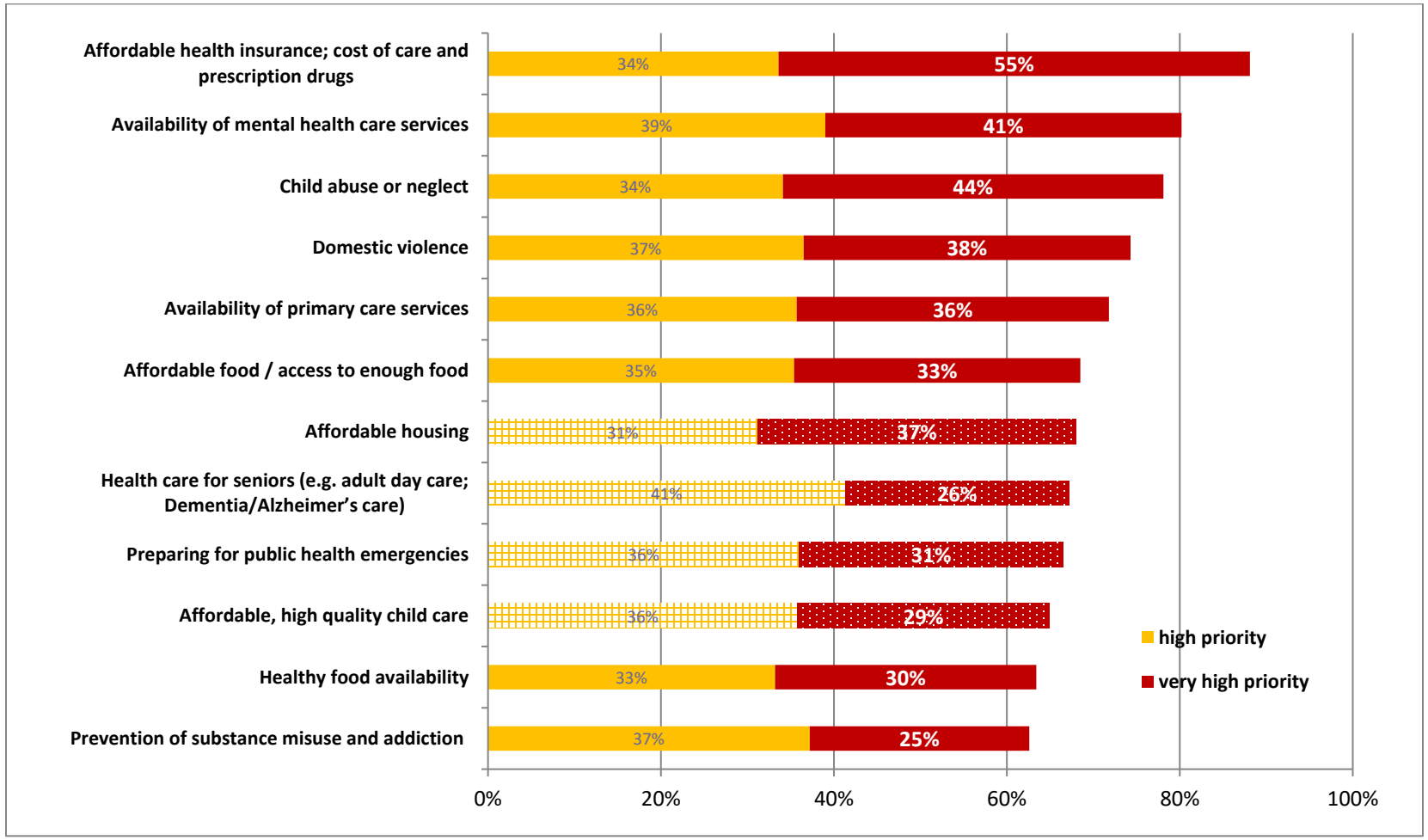
1. Most Important Community Health Issues Identified by Community Survey Respondents

Community respondents to the 2020 Community Health Needs Survey were presented with a list of 14 health-related topics that have been identified as priorities in previous community health assessments in the Central New Hampshire region. For each topic, respondents were asked to indicate the extent to which they thought it should remain a priority for community health improvement work relative to other potential priorities. A second question presented respondents with a list of 15 more topics, including an "other' write-in option that could be considered priorities for the Central New Hampshire region. Respondents were then asked to indicate the extent to which they thought each topic should become a priority for community health improvement work relative to other potential priorities.

Table 3 on the next page displays the top priority topics for health improvement efforts identified by community respondents. The topics displayed with solid colors are topics that had been identified in previous needs assessment and remained top priorities in this assessment. Those topics shown with dotted coloring are topics that rose to a high level priority from the second set of potential topics. The chart displays the percentage of respondents indicating the topic as a high priority or very high priority (needs are mostly unmet). Other response choices were moderate priority, somewhat low priority and low priority (needs are mostly met).

Cost of health care include affordability of health insurance and prescription drug costs was the top issue identified by community respondents followed by availability of mental health care services and child abuse or neglect. These issues were identified in previous needs assessments as high priority community concerns. High priorities for community health improvement efforts not specifically identified in prior needs assessments were affordable housing, health care for seniors (e.g. adult day care; Dementia/Alzheimer's care), preparing for public health emergencies affordable (perhaps reflective of the CoV-19 pandemic) and affordable, high quality child care.

Figure 2: High Priority Community Health Issues; Community Respondents



The chart displays the percentage of respondents indicating the topic is a high priority (yellow) or very high priority (red; needs are mostly unmet). Other response choices were moderate priority, somewhat low priority and low priority; needs are mostly met.

The table below displays the top 5 community health improvement priorities identified by community survey respondents by age group. The percentages shown are the total percentages within each age group selecting the topic as a high priority or very high priority. In general, there are more similarities than differences across age groups. For example, affordability of health care including insurance and prescription drug costs was selected as the top issue across all age groups. Among respondents age 65 years or older, health care for seniors was a higher priority on the list compared to other age groups, while affordable food / access to enough food was among the top 5 concerns for respondents age 18-44 years.

Table 3: COMMUNITY HEALTH IMPROVEMENT PRIORITIES
BY AGE GROUP; Community respondents

18-44 years	n=130	45-64years	n=223	65+ years	n=101
Affordable health insurance; cost of care and prescription drugs	88%	Affordable health insurance; cost of care and prescription drugs	89%	Affordable health insurance; cost of care and prescription drugs	90%
Availability of mental health care services	84%	Availability of mental health care services	81%	Child abuse or neglect	78%
Child abuse or neglect	76%	Child abuse or neglect	77%	Availability of primary care services	78%
Domestic violence	75%	Domestic violence	73%	Health care for seniors (e.g. adult day care; Dementia/Alzheimer's care)	76%
Affordable food / access to enough food	72%	Availability of primary care services	72%	Availability of mental health care services	76%

The table below displays the top community health improvement priorities identified by community survey respondents by income group. As with the previous table, the percentages shown are the total percentages within each age group selecting the topic as a high priority or very high priority. Health care cost was again the top priority across all groups. Respondents with household income less than $50,000 were more likely to identify food and housing affordability than other income groups. Preparing for public health emergencies was selected as a relative high priority by respondents in the middle income group, while affordable, high quality child care was a relative priority for those in the highest income group.

Table 4: COMMUNITY HEALTH IMPROVEMENT PRIORITIES
BY INCOME CATEGORY; Community respondents

Less than $50,000	n=96	$50,000 to $99,999	n=197	$100,000 or more	n=123
Affordable health insurance; cost of care and prescription drugs	92%	Affordable health insurance; cost of care and prescription drugs	89%	Affordable health insurance; cost of care and prescription drugs	88%
Affordable food / access to enough food	80%	Availability of mental health care services	85%	Availability of mental health care services	78%
Domestic violence	79%	Child abuse or neglect	81%	Child abuse or neglect	74%
Availability of mental health care services	78%	Domestic violence	77%	Affordable, high quality child care	71%
Child abuse or neglect	77%	Preparing for public health emergencies	72%	Availability of primary care services	70%
Affordable housing	76%	Availability of primary care services	72%	Domestic violence	69%
Availability of primary care services	76%	Affordable food / access to enough food	70%	Prevention of substance misuse and addiction	66%

2. Most Important Community Health Issues Identified by Community Leaders

In addition to the survey of community residents, the 2020 Community Health Needs Assessment included a similar survey sent by direct email to key stakeholders and community leaders from around the region. A total of 79 completed responses were received (46% response rate) representing the following community sectors.

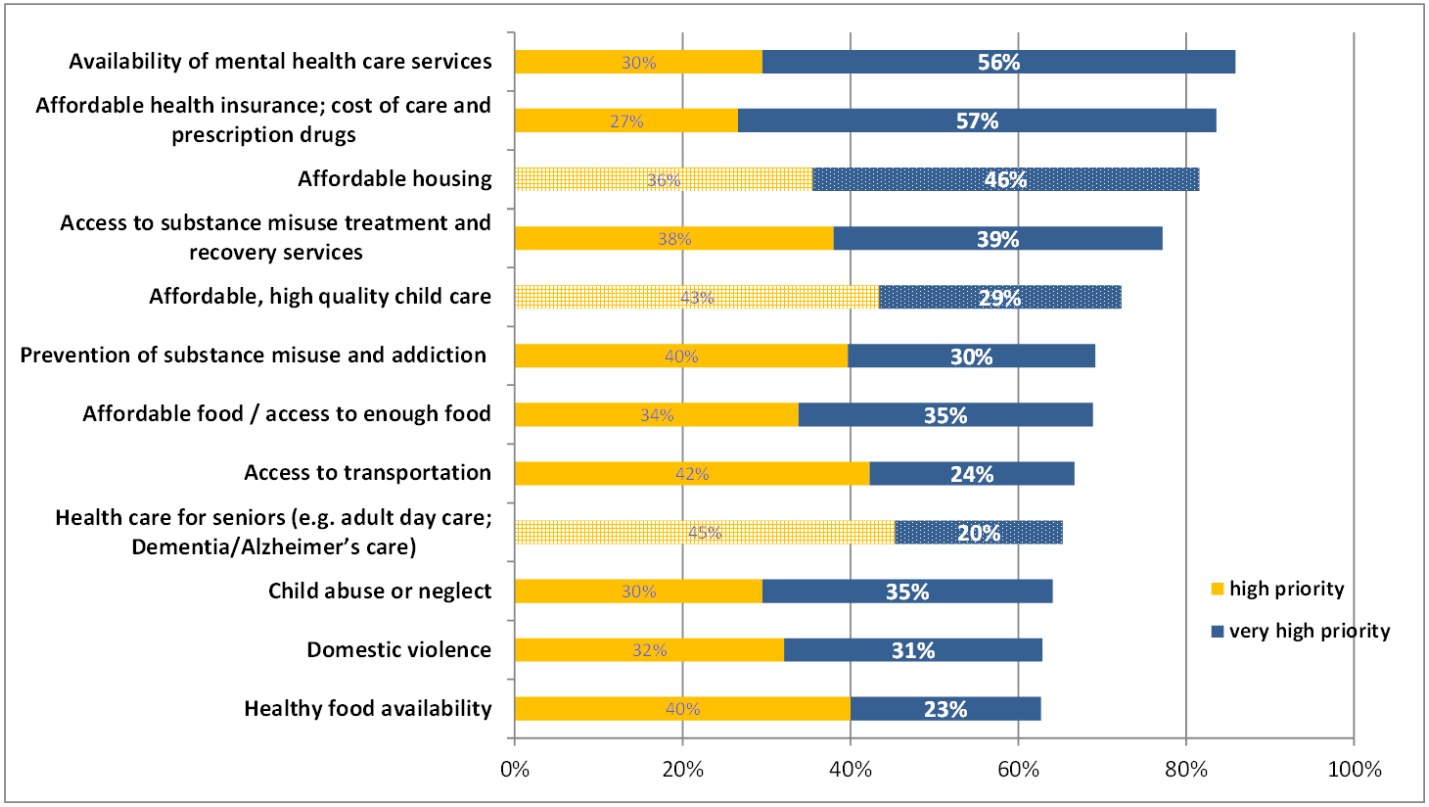
Table 5: Community Leader Survey Respondents

Percent of Respondents	Community Sector
25.3%	Community member / Volunteer
17.7%	Education / Youth Services
17.7%	Public Health
13.9%	Municipal / County / State Government
10.1%	Human Service / Social Service
8.9%	Mental Health / Behavioral Health
8.9%	Fire / Emergency Medical Service
7.6%	Business
6.3%	Faith organization
6.3%	Primary Health Care
5.1%	Hospital
3.8%	Civic / Cultural Organization
2.5%	Medical Sub-Specialty
2.5%	Dental / Oral Health Care
2.5%	Home Health Care
2.5%	Public Safety / Law / Justice

Respondents to the community leader survey were presented with the same two lists of health-related topics as included in the general community survey; namely the list of topics identified as priorities in previous community health assessments in the Central New Hampshire region; and a second list of topics that could be considered priorities for health improvement efforts in the region. The chart on the next page displays the results of the community leader responses.

The top issue identified by community leaders was availability of mental health care services followed by cost of health care. Community leaders as a group also selected affordable housing as a top issue for community health improvement, as well as affordable, high quality child care. Community leaders were more likely to select substance use treatment and substance use prevention as high priority areas for improvement compared to respondents to the general community survey.

Figure 3: Community Health Improvement Priorities
Community Leader Survey Respondents

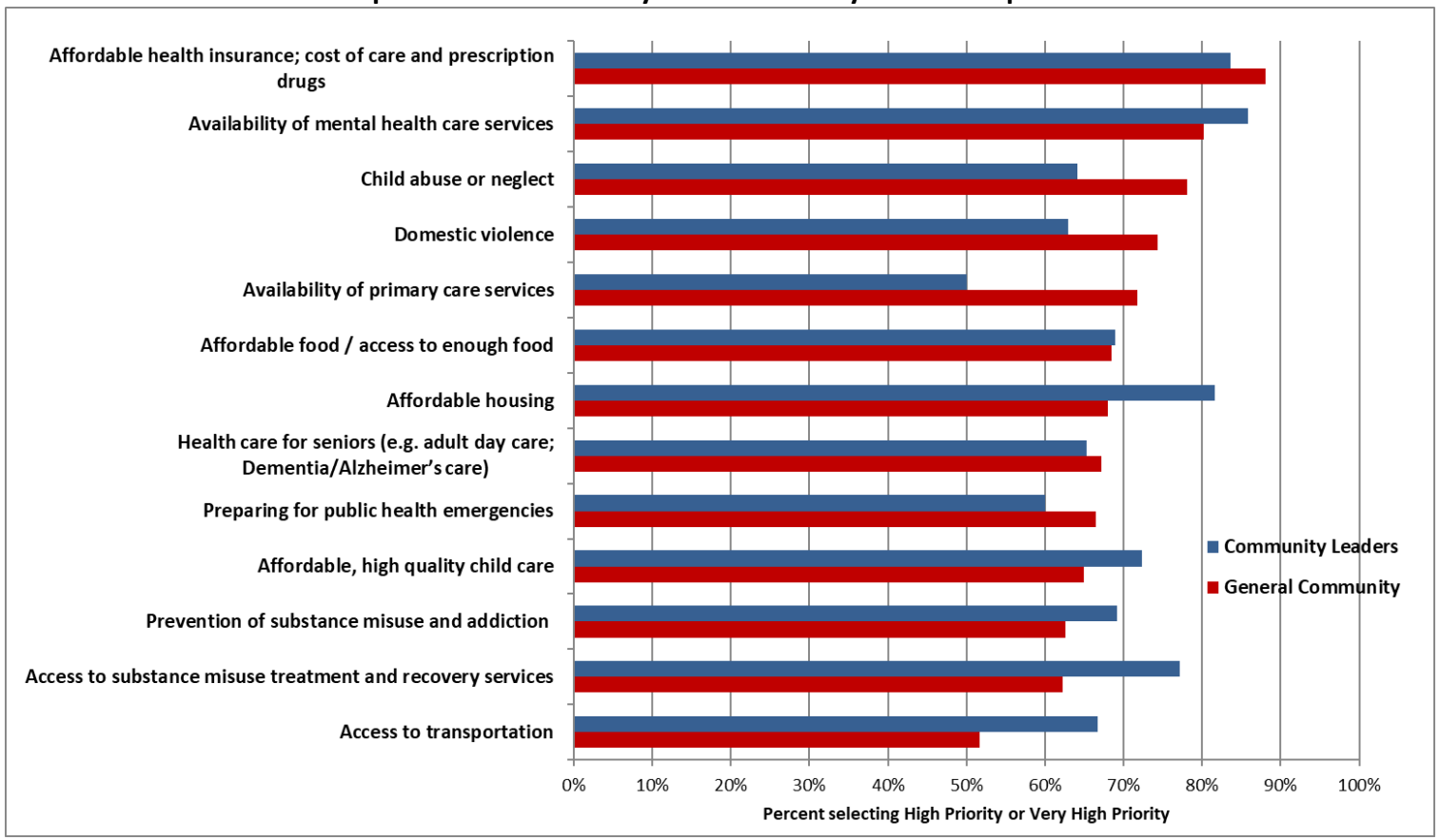


The chart displays the percentage of respondents indicating the topic is a high priority (yellow) or very high priority (red; needs are mostly unmet). Other response choices were moderate priority, somewhat low priority and low priority; needs are mostly met.

3. Comparison of Most Important Community Health Issues; General Community and Community Leader Respondents

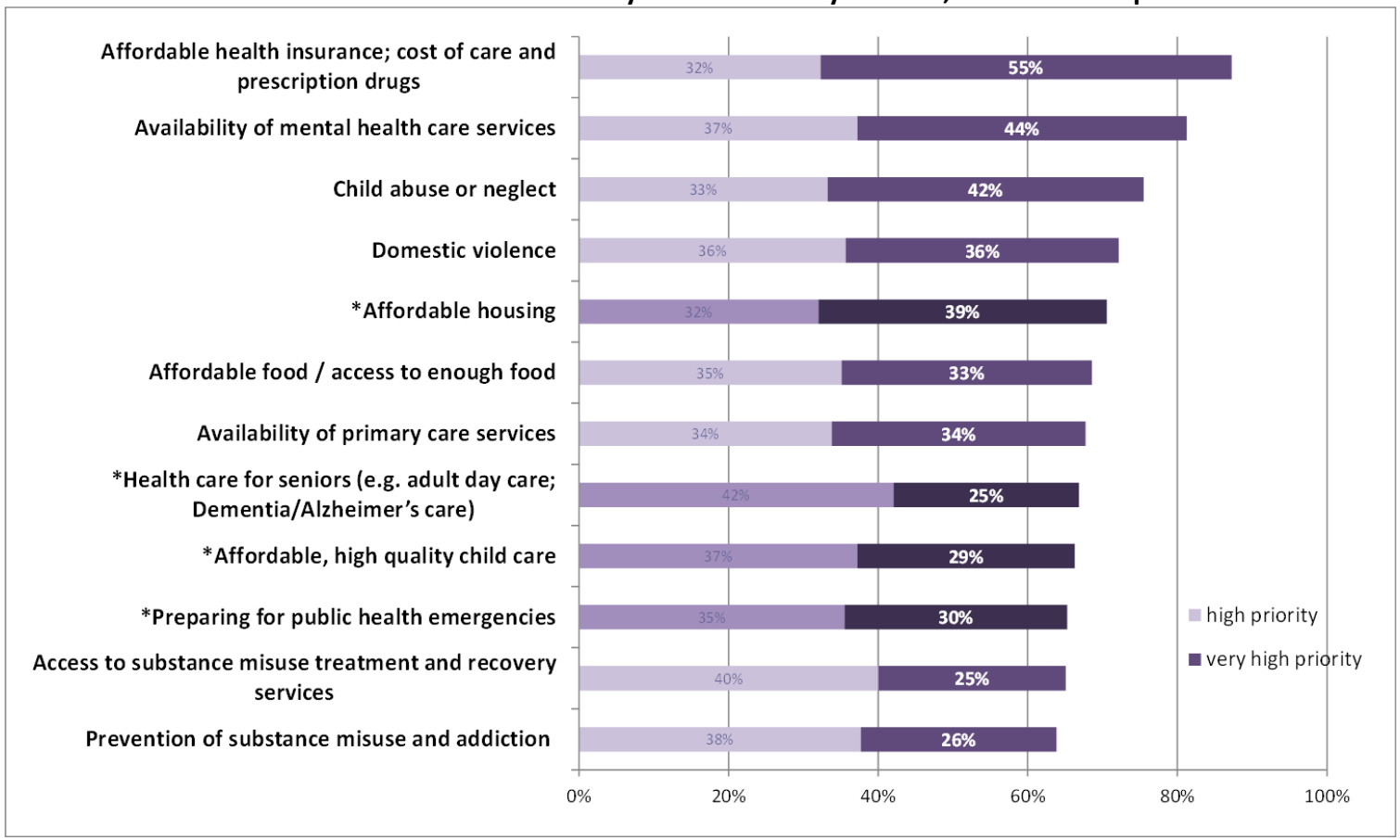
The chart below displays a comparison of the responses between general community and community leader survey responses for the highest priority community health issues. Blue bars on the chart display the percentage of community leaders selecting the topic as high priority or very priority and red bars display the results from community respondents. Topics are arrayed overall high to low according to the community respondent percentages and the top 10 issues from each group are shown (see complete survey results in the Appendices for remaining topics identified as relatively lower priorities).

Figure 4: Community Health Improvement Priorities
Comparison of Community and Community Leader Respondents



The chart below displays the **combined results** for community health improvement priorities from the perspective of community and community leader respondents. The response percentages from community respondents were given triple weight in the computation of combined responses. The top 10 community health priorities are displayed. Bars depicted with darker color and an asterisk (*) are topics that were not specifically identified as top priorities in previous needs assessments. Those topics include affordable housing, health care for seniors, affordable child care, and preparing for public health emergencies. As in previous years, cost of health care and availability of mental health services are high priorities while substance use prevention and treatment have dropped relative to other priorities, although still considered high priorities for community health improvement efforts.

Figure 5: Community Health Improvement Priorities
General Community and Community Leaders, Combined Responses



4. Barriers to Services Identified by Community Survey Respondents

Respondents to the FY2020 Community Needs Assessment Survey were asked, "In the past year, have you or someone in your household had difficulty getting the health care or human services you needed?" Overall, 32.4% of survey respondents indicated having such difficulty, which is similar to the result from the 2017 assessment (30.4%, also displayed). As Figure 6 shows, there is a significant relationship between reported household income category and the likelihood that respondents reported having difficulty accessing services. Figure 7 examines responses to this question by sub-region within the CNHHP service area. In general, the proportion of respondents indicating difficulty accessing services was similar across the region.

Figure 6: Access to Services
Community Survey Responses

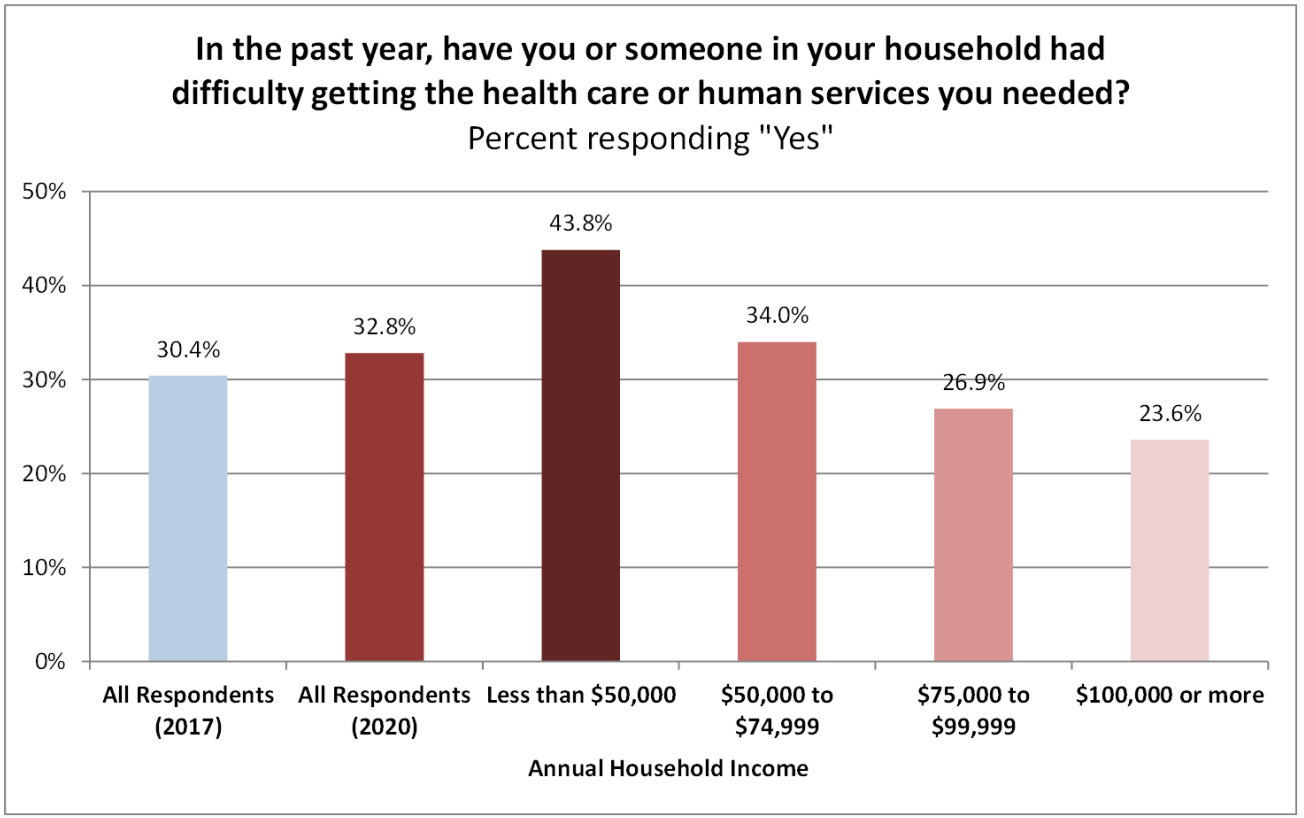
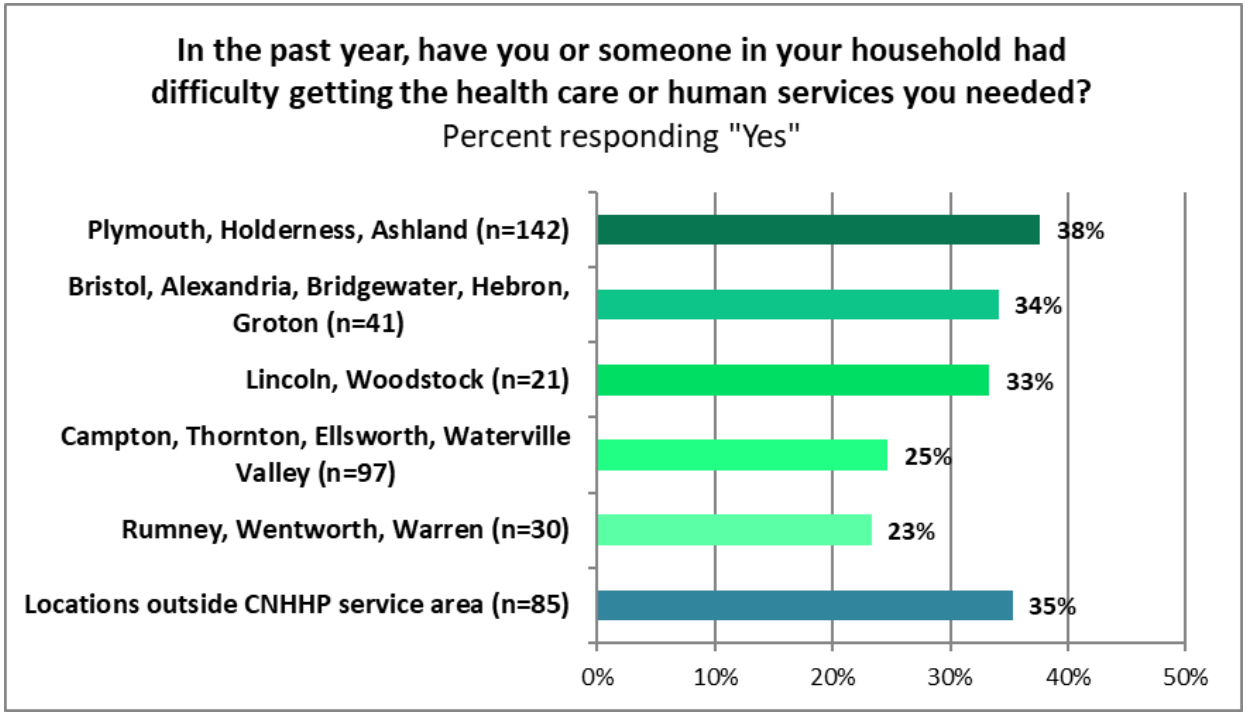
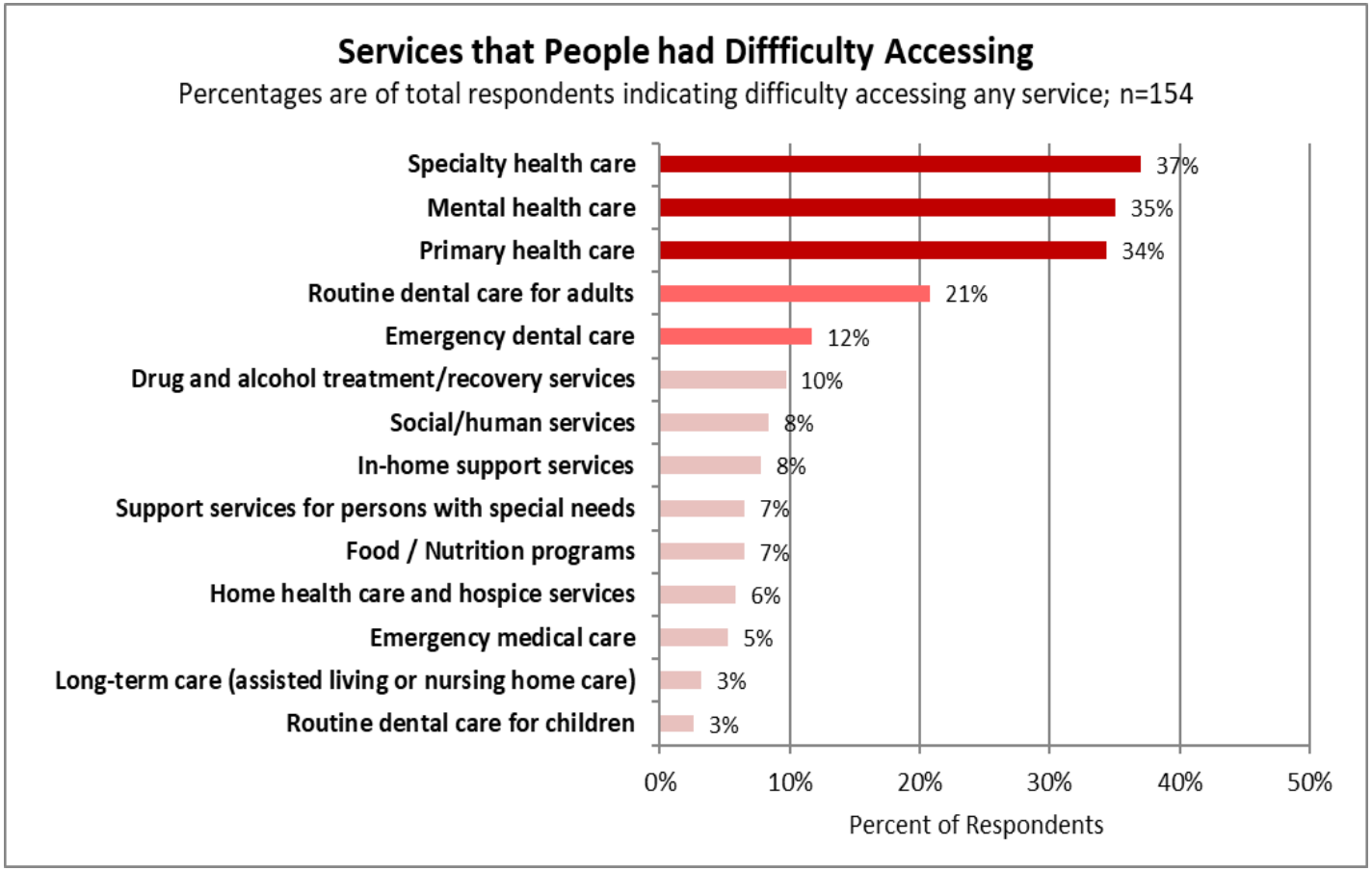


Figure 7: Access to Services
Community Survey Responses by Sub-region



The survey also asked people to indicate the areas in which they had difficulty getting services or assistance. As displayed by Figure 8 on the next page, the most common service types that people had difficulty accessing were: specialty health care (37% of those respondents indicating difficulty accessing any services); mental health care (35%), and primary health care (34%). Note that percentages on this chart are of the subset of respondents who indicated any difficulty accessing services (33% of all respondents; n=154).

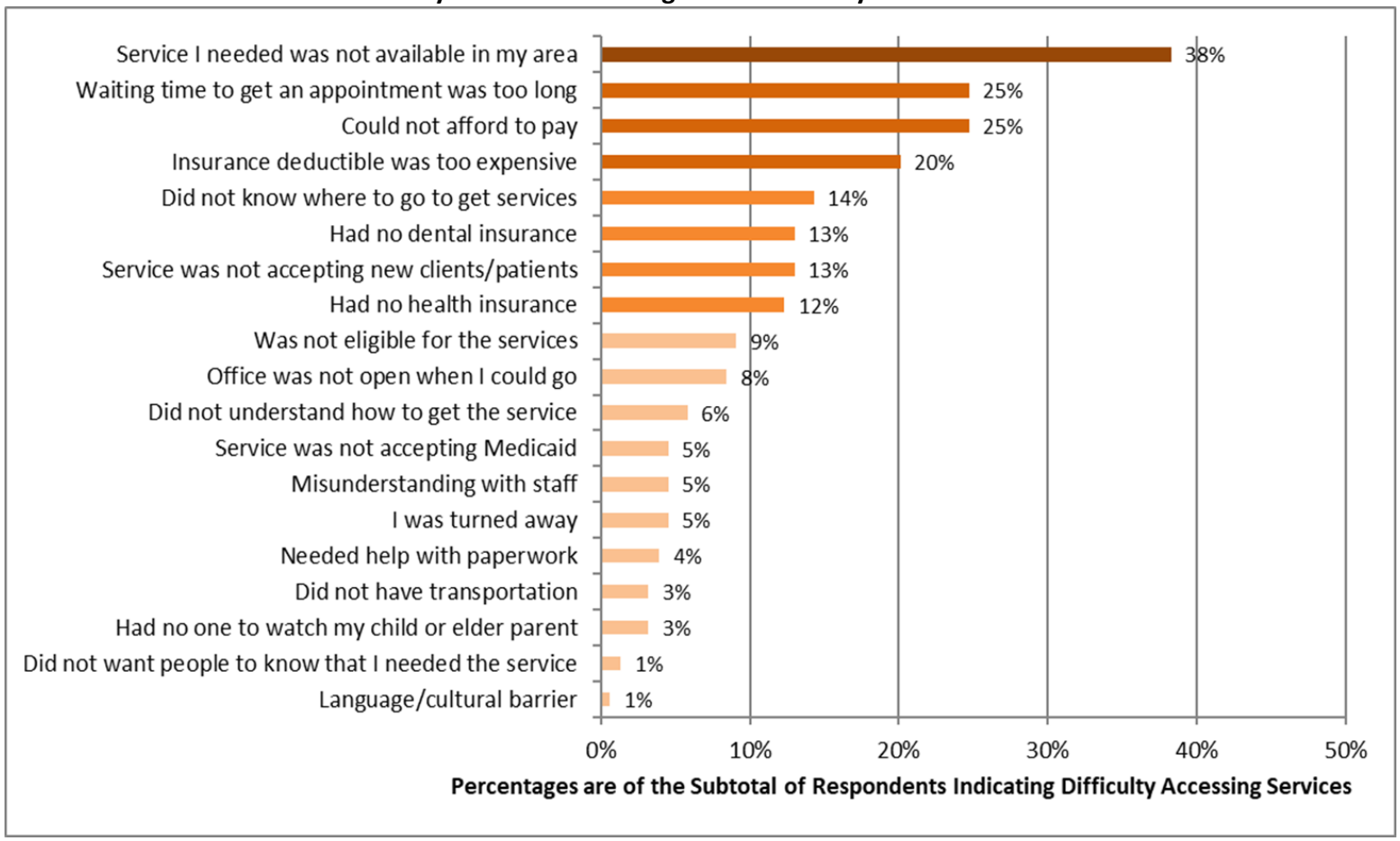
Figure 8: Services People Reported Having Difficulty Accessing



In a separate question, 46.9% of community survey respondents indicated that 'they or someone in their household had to travel outside of the local area to get the services they needed in the past year'. In an open-ended follow-up question, dermatology (15.6% of those indicating traveling outside the local area for care), orthopedic care / surgery (11.8%) and cancer treatment (11.4%), were the most commonly cited services for which people were traveling outside of the area. (See Appendix A for complete survey responses.)

Respondents who reported difficulty accessing services in the past year for themselves or a family member were also asked to indicate the reasons why they had difficulty. As shown on Figure 9, the top reasons cited were: 'service I needed was not available in my area' (38%); 'waiting time to get an appointment was too long' (25%); and 'could not afford to pay' (15%). Percentages are again calculated from the subset of respondents who indicated difficulty accessing services.

Figure 9: Access Barriers
Why was it difficult to get the services you needed?



Further analysis of these two questions addressing access to specific types of services is shown by Table 6. Among respondents indicating difficulty accessing specialty health care, the top reason indicated for difficulty accessing services was 'service I needed was not available in my area' (60%). Similarly, among respondents indicating difficulty accessing mental health care was 'service I needed was not available in my area'(59%) followed by 'waiting time to get an appointment was too long (33%). In contrast, the top reasons cited by respondents indicating difficulty accessing primary health care or adult dental care were inability to pay and lack of insurance.

TABLE 6: TOP REASONS RESPONDENTS HAD DIFFICULTY ACCESSING SERVICES BY TYPE OF SERVICE

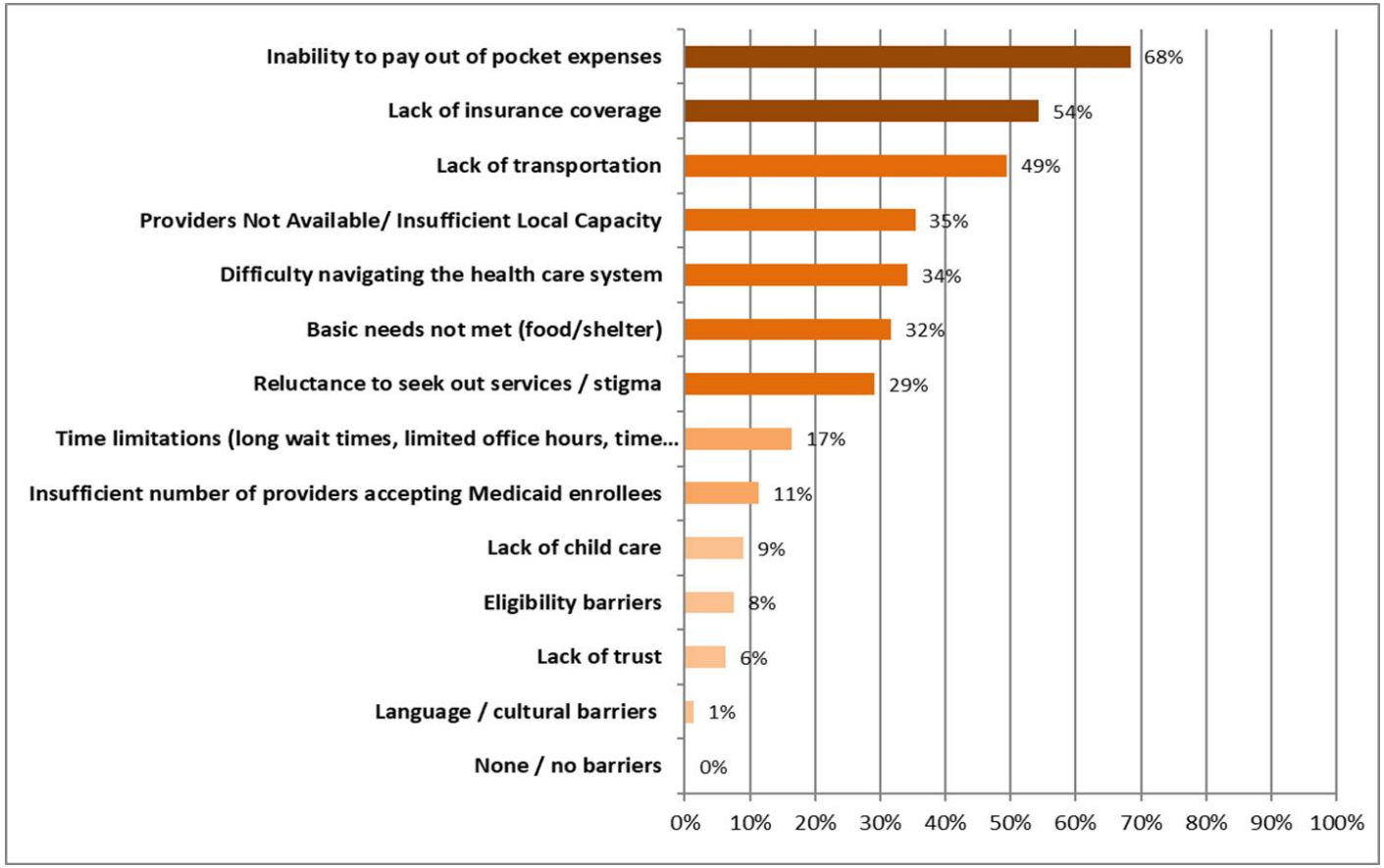
(Percentage of respondents who reported difficulty accessing a particular type of service)

Specialty Health Care (n=57, 11.3% of all respondents)	**Mental Health Care** (n=54, 10.7% of all respondents)	**Primary Health Care** (n=53, 10.5% of all respondents)	**Dental Care for Adults** (n=32, 6.3% of all respondents)
60% of respondents who had difficulty receiving **Specialty Health Care** also reported the ***Service I needed was not available in my area***	**59%** of respondents who had difficulty receiving **Mental Health Care** also reported the ***Service I needed was not available in my area***	**28%** of respondents who had difficulty receiving **Primary Health Care** also reported they ***Could not afford to pay***	**44%** of respondents who had difficulty receiving **Dental Care for Adults** also reported they ***Could not afford to pay***
30% Insurance deductible was too expensive	**39% Waiting time to get an appointment was too long**	**26% Had no health insurance**	**41% Had no dental insurance**
28% Waiting time to get an appointment was too long	**26% Could not afford to pay**	**26% Insurance deductible was too expensive**	**34% Insurance deductible was too expensive**
18% Service was not accepting new clients/patients	**26% Had no health insurance**	**26% Service I needed was not available in my area**	**28% Service I needed was not available in my area**
16% Could not afford to pay	**26% Service was not accepting new clients/patients**	**23% Waiting time to get an appointment was too long**	**19% Waiting time to get an appointment was too long**

5. Barriers to Services Identified by Community Leaders

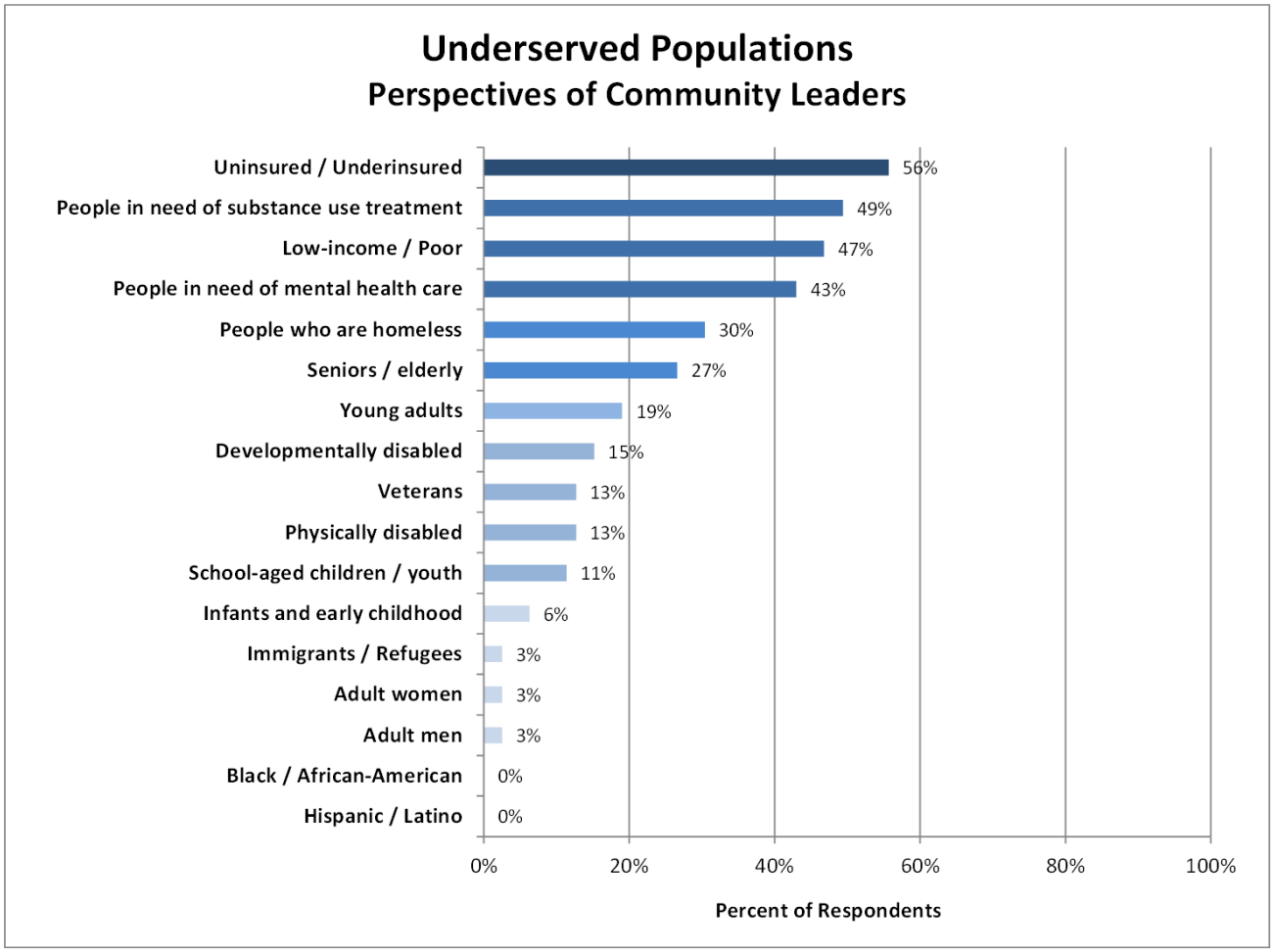
Respondents to the community leader survey were also asked to identify the most significant barriers that prevent people in the community from accessing needed health care services. The top issues identified by this group were also related to affordability and insurance coverage. Other top issues included lack of transportation, insufficient local provider capacity, and difficulty navigating the health care system.

Figure 10: Most Significant Barriers to Accessing Services
Perspectives of Community Leaders



Community leaders were also asked if there are specific populations in the community that are not being adequately served by local health services. As displayed by Figure 11, the most underserved populations from the perspective of community leaders are people who are uninsured or underinsured, people in need of substance abuse treatment or mental health care, and residents of the community with low income.

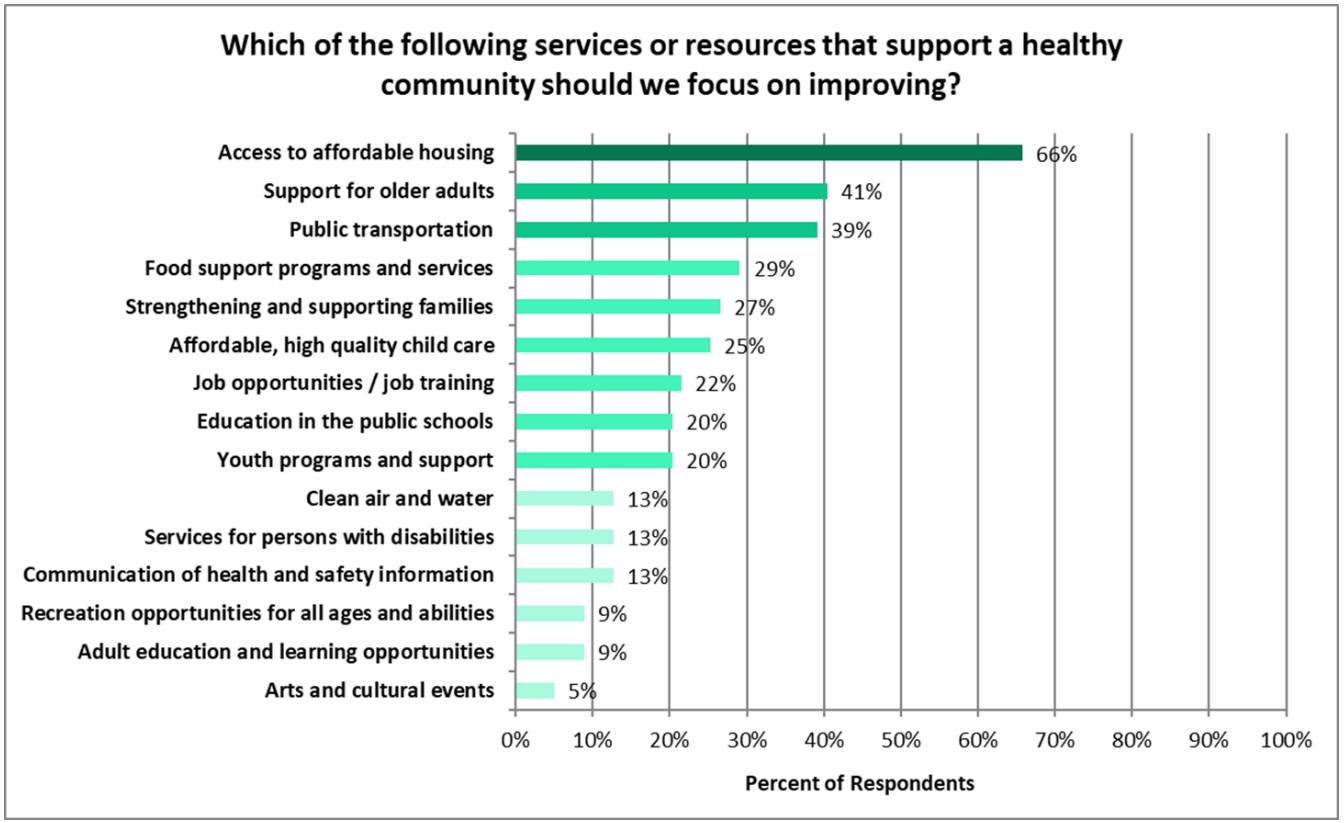
Figure 11



6. Perspectives on Services or Resources to Support a Healthy Community

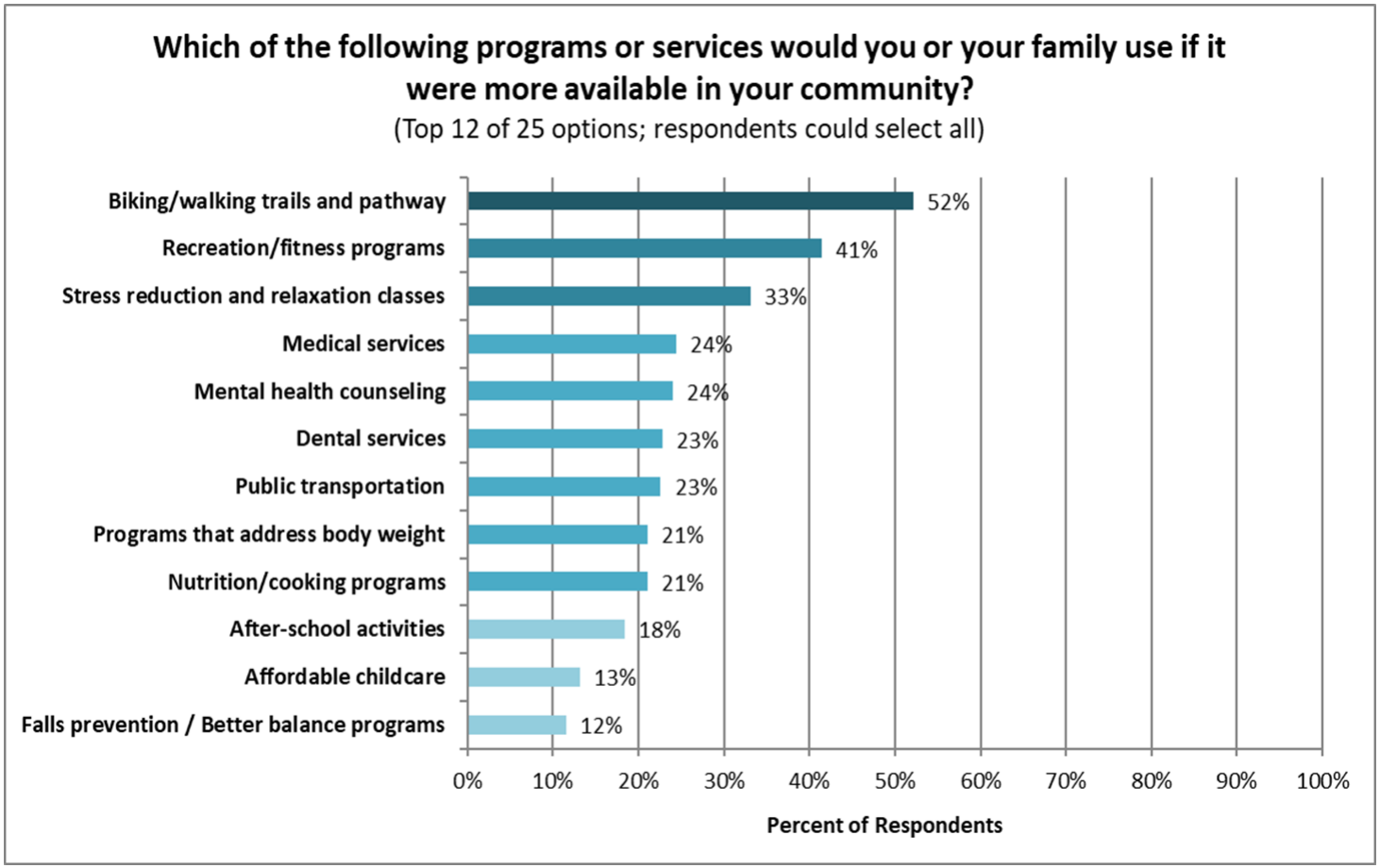
Respondents to the community leader survey were asked what services or resources that support a healthy community should the region focus on improving. Figure 12 displays the results with affordable housing identified by two thirds of respondents; the only topic selected by a majority of respondents.

Figure 12



Respondents to the general community survey were presented with a set of potential services and resources and were asked to indicate which of the programs or services they or their family would use if it were more available in the community. The highest level of interest was indicated for more biking/walking trails and pathways followed by additional recreation and fitness programs.

Figure 13



The FY2020 Community Health Needs Assessment Survey asked people to respond to the question, ***"If you could change one thing that you believe would contribute to better health in your community, what would you change?"*** A total of 279 survey respondents (55%) provided written responses to this question. Table 7 provides a summary of the most common responses by topic theme. The table also displays a comparison to percentage of comments by category for the same question in 2017. All comment detail can be found in the report Appendix A.

TABLE 7
"If you could change one thing that you believe would contribute to better health in your community, what would you change?"

	2020	2017
Affordability of health care/low cost or subsidized services; insurance; health care payment reform	**17.9% of all comments**	18.4%
Health care provider availability including certain specialties; hours and wait time; health care delivery system improvements, quality and options	**16.5%**	17.3%
Improved resources, programs or environment for physical activity, active living; affordable recreation and fitness	**11.1%**	7.1%
Healthy lifestyle education; Reduce unhealthy behaviors	**10.0%**	Responses combined with programs for youth and families in 2017
Improved resources, programs or environment for healthy eating/ nutrition/food affordability;	**8.2%**	5.5%
Accessibility/availability of mental health services	**7.5%**	8.6%
Improved job opportunities; housing; child care; economy	**5.4%**	5.1%
Caring community / culture; community connections and supports	**5.4%**	4.3%
Improved transportation services / public transportation	**4.3%**	3.9%
Programs/services for youth and families	**3.9%**	5.5%
Senior services / assisted living / concerns of aging	**3.9%**	3.5%

	2020	2017
Improved messaging and communication	**2.9%**	New category in 2020
Accessibility/availability of substance use treatment services; substance misuse prevention	**1.8%**	10.6%
Affordability / availability of dental services	**1.4%**	4.7%

B. COMMUNITY HEALTH DISCUSSION THEMES AND PRIORITIES

Convening community discussion groups proved to be challenging during the 2020 Community Health Needs Assessment due to the Covid-19 pandemic. One discussion group was held with CADY staff and community partners. Other attempts to convene discussion groups resulted instead with individual key informant interview with a social worker and volunteer coordinator representing home health care and hospice and with substance use recovery specialist. The purpose of the discussions was to get more in-depth qualitative input on health issues that matter to the community and thoughts and perceptions about the health of the community. The following paragraphs summarize the main themes with illustrative quotes.

1. Community Discussion Group Themes Discussion group participants described a comprehensive, holistic perspective on health and well-being. The contributions of health behaviors, community partnerships, programs and services for supporting community health, and underlying determinants of health such as housing, income and education were all discussed with respect to individual and community health outcomes.

1. Participants discussed the significant impact the pandemic has had on individual and community health. Concerns were expressed for the exacerbating impact of the pandemic on the existing addiction crisis, negative consequences for mental and emotional health of youth and isolation of the

> *"Absolutely (there is a connection between the health of an individual and the health of a community). Especially now with social isolation. People coming out of this whole quarantine and connecting with others affects the health and mental health of the individual. It's tough when your routine is disrupted for one, and when everyone's lives just changed like they did, the whole community is affected."*

elderly, and cancellation of community activities that promote health and social connectedness, and the difficulty of reaching parents and others with information they need.

2. The rural nature of the region was discussed as a factor contributing to variation in health outcomes including barriers of transportation and related challenges of accessing fresh foods, providing in home supports such as housekeeping for frail elderly residents and challenges of getting people enrolled in programs they need such as Medicaid. There was also discussion of a divide in health outcomes between individuals and families with more resources, particularly income and housing, compared to those with limited resources.

> *"I believe there is a large gap between wealthy and poor and it needs to be bridged. There's too large of a percentage that aren't getting the resources that they need. And most people in charge here are wealthier, and sometimes, not always, miss the mark on the resources because they aren't in the trenches like many in our community."*

3. Positive factors that were described as supportive of the health of the community included multiple organizations that include community health within their mission, many programs and group activities that promote health, a natural environment that provides opportunities for physical activity and contributes to general wellbeing, and the influence of the university by bringing youth and vibrancy to the community.

> *"The hospital provides a lot of opportunities for health and wellbeing as far as educational outreach for women, men, and elderly. The community aspect is something they take seriously and they do a good job."*

4. Specific organizational resources that were mentioned as contributing to community health included Speare Memorial Hospital, Plymouth State University including the AllWell Center, the Educational Theater Collaborative and the Counseling Center, the Plymouth Regional Senior Center, the Pemi Youth Center, the Circle Program, the Plymouth House, Mid-State Health Center, Lakes Region Mental Health Center and the Common Man, may be too obvious of answer but for sure has a ton of resources for people to access.

> *"There is a good mix of programs for all ages . . . I do a lot of education, but people are not aware of how to access these resources. Community education is something you lack everywhere you go here."*

5. Asked what people worry most about when it comes to their health and the health of their families, concerns included aging well and caring for elderly family members,

access to sufficient financial resources, access to mental health services, the continuing epidemic of substance misuse and the need for more prevention and access to treatment, and the Covid-19 pandemic.

> *"Right now, the pandemic. Everything worries them. In general, access to good healthcare. Transportation, to get to appointments. If we need a high level of care we send them to Dartmouth and that can cause hardship on families. Its distance and time off of work."*

2. High Priority Issues from Community Discussion Groups: Community discussion participants were asked to reflect on the top priority areas identified in the 2017 Community Health Needs Assessment and were asked if they were: a) aware of any programs or activities that have focused on any of these areas; b) if they had noticed any improvements in these areas; and c) if they thought these are still the most important issues for the community to address for improving health or if there are new, different priorities. These priorities were:

- Alcohol and drug use prevention, treatment and recovery
- Affordable health care services and health insurance
- Access to mental health services
- Domestic violence and childhood trauma
- Access to healthy foods, good nutrition
- Opportunities for physical activity, recreation
- Senior services including assisted living or long term care services
- Access to transportation

Most participants in expressed the overall opinion that the priorities identified in 2017 were still the most important issues to focus attention on for community health improvement. Improvements were noted in substance use prevention, treatment and recovery although the needs are still high. Other areas where participants noted improvements were access to healthy foods ("There have been a lot of great lunch programs."); and opportunities for physical activity and recreation.

Areas where little improvement was noted included affordability of health care, access to mental health service including lack of mental health education, lack of awareness of available services and stigma, domestic

> *"Getting mental health assistance to those in crises from self-harm is still an issue. Right here in Plymouth we have patients in the ER for days at a time waiting for an open treatment facility."*

Violence ("Absolutely not. Gotten worse . . . . We just need more resources for trauma."), access to transportation and insufficient local capacity for assisted living and long term care.

Additional priorities identified by discussion participants included gerontology resources, caregiving support resources, financial resources for to reduce financial barriers to health care services, continued focus on childhood trauma and domestic violence, and expansion of mental health priorities to include an explicit focus on suicide prevention.

> *"Caregiving is a huge one. Yes, for family members of those who use opioids, but really for the baby boomers as they reach their end stage of life, people are put in these roles to take care of their families and they don't know how to or where to go to get help. Nursing homes are expensive and have a huge wait. Financial resources too, of how the heck to pay for all of this stuff they need."*

With respect to what organizations could be doing better to support or improve community health, participants identified needs for continuing to building relationships and improved communication between health care facilities, more assistance for people navigating the systems of care, and more integration of services; a need for greater focus on young children, family strengthening, early intervention services and mentoring programs in schools; more affordable child care options; more affordable housing; and more availability of detox services, substance use treatment services in jails, and sober housing.

C. COMMUNITY HEALTH STATUS INDICATORS

This section of the 2020 Community Health Needs Assessment report provides information on key indicators and measures of community health status. Some measures associated with health status have been included earlier in this report, such as measures of income and poverty. Where possible, statistics are presented specific to the 17 town service area identified by the Central New Hampshire Health Partnership. In some instances, data are only available at the county level. In these instances, information is presented for Grafton County, because the CNHHP service area is entirely within Grafton County and comprises about 34% of the total county population.

1. Demographics and Social Determinants of Health

A population's demographic and social characteristics, including such factors as prosperity, education, and housing influence its health status. Similarly, factors such as age, disability, language and transportation can influence the types of health and social services needed by communities.

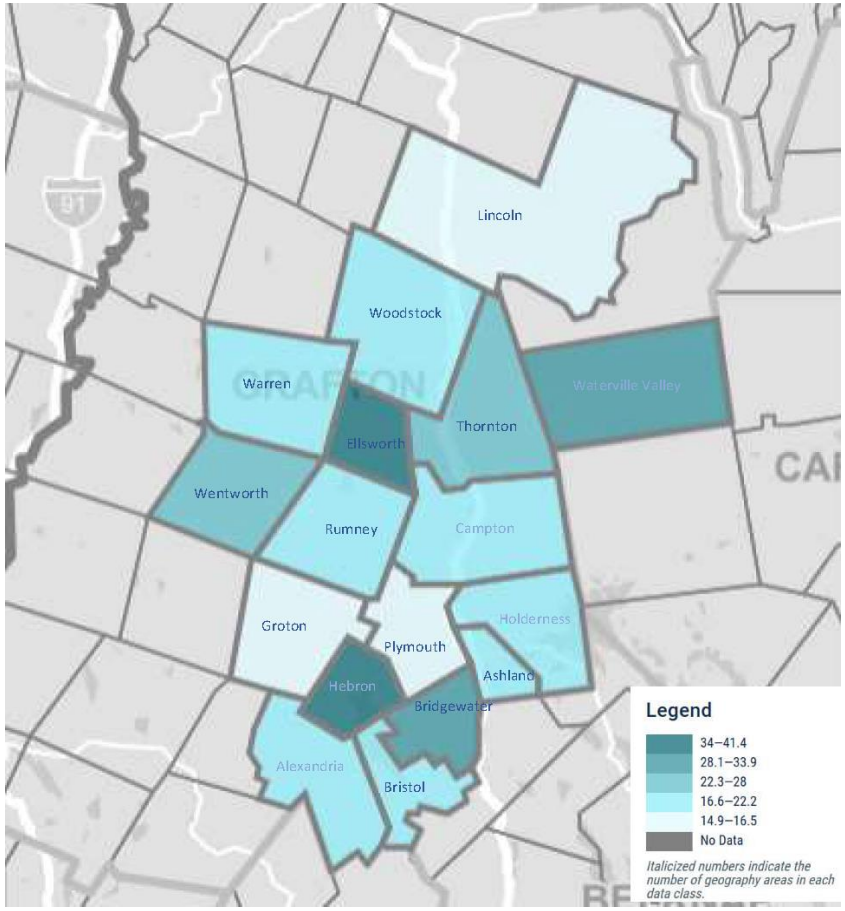
a. General Population Characteristics

According to the 2018 American Community Survey, the population of the CNHHP Service Area is older on average than in New Hampshire overall. The service area map on the next page displays the percent of the population 65 years of age and older by town. Between the 2017 and 2020 assessment, the population estimate of the CNHHP Service Area increased by about 1%.

Population Overview	Central NH Public Health Network Region	New Hampshire
Total Population	**30,322**	1,343,622
Age 65 and older	**17.7%**	15.3%
Under age 18	**17.0%**	19.9%
Change in population from 2017 Community Health Needs Assessment	**+0.9%**	+1.4%

Data Source: U.S. Census Bureau, 2014-2018 American Community Survey 5-Year Estimates.

Percent of Population 65 years of age and older
CNHHP Service Area Towns



b. Poverty

The correlation between economic prosperity and good health status is well established. Inversely, the lack of economic prosperity, or poverty, can be associated with barriers to accessing health services, healthy food, and healthy physical environments that contribute to good health. Information describing household income and poverty status was included in the first section of this report. The table below presents the percent of people in the service area living in household with income below the federal poverty level and the percent of children under age 18 in households with income below the Federal Poverty Level. Poverty rates in the service area are somewhat higher than in New Hampshire overall. Three towns have child poverty estimates over 20%: Ashland (29.8%), Wentworth (28.6%) and Warren (27.8%)

Area	Percent of people with household income below the federal poverty level (Income < 100% FPL)	Percent of children (under 18) in households below the federal poverty level (Income < 100% FPL)
CNHHP Service Area	**10.6%**	**12.6%**
New Hampshire	7.9%	10.2%

Data Source: U.S. Census Bureau, 2014 – 2018 American Community Survey 5-Year Estimates.

c. Education

Educational attainment is also considered a key driver of health status with lower levels of education linked to both poverty and poor health. A similar proportion of the population of the CNHHP Service Area have earned at least a high school diploma or equivalent compared to New Hampshire overall. The table below presents data on the percentage of the population aged 25 and older without a high school diploma (or equivalent).

Area	Percent of Population Aged 25+ with No High School Diploma or Equivalency
CNHHP Service Area	93.0%
New Hampshire	92.9%

Data Source: U.S. Census Bureau, 2014 – 2018 American Community Survey 5-Year Estimates.

d. Language

An inability to speak English well can create barriers to accessing services, communication with service providers, and ability to understand and apply health information (health literacy). The table below reports the percentage of the population aged 5 and older who speak a language other than English at home and speak English less than "very well".

Area	Percent of Population Aged 5+ Who Speak English Less Than "Very Well"
CNHHP Service Area	0.1%*
New Hampshire	1.0%

Data Source: U.S. Census Bureau, 2014 – 2018 American Community Survey 5-Year Estimates.
**Percentage estimate is significantly lower than the NH statewide estimate.*

e. Housing

Housing characteristics, including housing quality and cost burden as a proportion of income, can influence the health of families and communities. The table below presents data on the percentage of housing units that are considered substandard housing and housing cost burden.

"Substandard" housing units are housing units that have at least one of the following characteristics 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) an average of more than one occupant per room, 4) selected monthly owner costs as a percentage of household income greater than 30 percent, and 5) gross rent as a percentage of household income greater than 30 percent.

A component of the substandard housing index is the proportion of income that is spent on housing costs. According to research by the U.S. Department of Housing and Urban development, households that spend more than 30 percent of income on housing costs are less likely to have adequate resources for food, clothing, medical care, or other needs. The table below shows the proportion of households in the region for which the mortgage or rental costs exceed 30% of household income.

Area	Percent of Housing Units Categorized As "Substandard"	Percent of Households with Housing Costs >30% of Household Income
CNHHP Service Area		31.4%
Grafton County	30.8%	
New Hampshire	30.9%	31.3%

Data Source: U.S. Census Bureau, 2014 – 2018 American Community Survey 5-Year Estimates.

f. Transportation

Individuals with limited transportation options also have limited employment options, greater difficulty accessing services, and more challenges to leading independent, healthy lives. It is estimated that about 6% of households in the Central NH region have no vehicle available.

Area	Percent of Households with No Vehicle Available
CNHHP Service Area	5.8%
New Hampshire	5.2%

Data Source: U.S. Census Bureau, 2014 – 2018 American Community Survey 5-Year Estimates.

g. Disability Status

Disability is defined as the product of interactions among individuals' bodies; their physical, emotional, and mental health; and the physical and social environment in which they live, work, or play. Disability exists where this interaction results in limitations of activities and restrictions to full participation at school, at work, at home, or in the community. The US Census Bureau (American Community Survey) identifies people reporting serious difficulty with four basic areas of functioning – hearing, vision, cognition, and ambulation. A somewhat higher percentage of Central NH residents 65 years and older report having at least one disability compared to NH overall although this difference is not statistically significant.

	Percent of Population Reporting Serious Difficulty With Hearing, Vision, Cognition and/or Ambulation	
Age Group	**CNHHP Service Area**	**New Hampshire**
Percent Disabled <18	4.2%	4.8%
Percent Disabled 18-64	11.9%	10.1%
Percent Disabled 65+	38.0%	31.9%

Data Source: U.S. Census Bureau, 2014 – 2018 American Community Survey 5-Year Estimates.

2. Access to Care

Access to care refers to the ease with which an individual can obtain needed services. Access is influenced by a variety of factors including affordability of services and insurance coverage, provider capacity in relationship to population need and demand for services, and related concepts of availability, proximity and appropriateness of services.

a. Insurance Coverage

Table 9 on the next page displays estimates of the proportion of residents who do not have any form of health insurance coverage by municipality, as well as the proportion of residents with Medicare, Medicaid or Veterans Administration coverage.

It is important to note that the data source for these municipal level estimates is a 5 year span of the American Community Survey. A combination of five years of data is required to produce reasonably stable estimates on these and other measures from the survey samples. As such, the estimates may not fully reflect shorter term economic or policy conditions influencing fluctuations in insurance benefit coverage. Compared to estimates from the last community health needs assessment in 2017, the rate of uninsured in the region has remained essentially unchanged (9.2% uninsured estimate in 2017; 9.6% current estimate). The estimated percentage of the population with Medicaid coverage has also remained about the same (17.3% in 2017; 17.7% current estimate). In combination, the percentage of the population with Medicaid or no insurance coverage (27.3%) is notably higher than in New Hampshire overall (19.2%).

TABLE 9

Area	Percent of the Total Population with No Health Insurance Coverage	Percent with Medicare Coverage*	Percent with Medicaid Coverage*	Percent with VA health care coverage*
Groton	19.6%	19.8%	11.7%	5.3%
Rumney	18.7%	21.5%	18.2%	1.9%
Ashland	14.8%	21.8%	25.1%	4.1%
Alexandria	14.0%	21.6%	18.6%	3.1%
Ellsworth	11.5%	32.8%	3.3%	0.0%
Bristol	11.1%	24.2%	19.8%	3.3%
Woodstock	10.5%	20.7%	20.6%	3.7%
CNNHP Service Area	**9.6%**	**22.7%**	**17.7%**	**3.2%**
Thornton	9.0%	28.6%	11.0%	2.5%
Plymouth	8.9%	17.7%	15.8%	3.8%
Warren	8.5%	25.9%	20.7%	3.5%
Holderness	7.5%	21.8%	16.4%	1.2%
State of NH	**6.5%**	**18.6%**	**12.7%**	**2.7%**
Lincoln	6.4%	20.3%	19.4%	2.2%
Wentworth	6.4%	30.7%	24.9%	3.9%
Hebron	5.2%	41.7%	12.9%	4.1%
Campton	5.1%	20.4%	17.5%	3.9%
Bridgewater	4.0%	32.2%	20.8%	3.5%
Waterville Valley	0.0%	33.9%	2.7%	1.1%

Data Source: U.S. Census Bureau, 2014 – 2018 American Community Survey 5-Year Estimates.

**Coverage alone or in combination*

b. Delayed or avoided health care visit because of cost

This indicator reports the percentage of adults aged 18 and older who self-report that they have delayed or avoided a health care visit in the past year because of cost. A higher rate on this measure is reflective of limitations of household income or health insurance benefits inhibiting access to care.

Area	Percent of adults who report having delayed or avoided health care visit because of cost in the past year
CNHHP Service Area	12.2%
New Hampshire	9.3%

Data Source: NHDHHS, Behavioral Risk Factor Surveillance System 2017.
Regional rate is not significantly different than the overall NH rate.

c. Adults with a Personal Health Care Provider

This indicator reports the percentage of adults aged 18 and older who self-report that they have at least one person who they think of as a personal doctor or health care provider. A lower percentage on this indicator may highlight insufficient access or availability of medical providers, a lack of awareness or health knowledge or other barriers preventing formation of a relationship with a particular medical care provider.

Area	Percent of adults who report having a personal doctor or health care provider
CNHHP Service Area	90.6%
New Hampshire	87.5%

Data Source: NHDHHS, Behavioral Risk Factor Surveillance System 2017.
Regional rate is not significantly different than the overall NH rate.

d. Preventable Hospital Stays

Preventable Hospital Stays is the hospital discharge rate for diagnoses potentially treatable in outpatient setting, also known as ambulatory care sensitive conditions, such as diabetes, hypertension, asthma and chronic obstructive pulmonary disease. This measure is reported for Medicare enrollees. A high rate of inpatient stays for ambulatory care sensitive conditions may indicate limited access, availability or quality of primary and outpatient specialty care in a community. The rate of preventable hospital stays in Belknap County is similar to the overall state rate.

Area	Number of hospital stays for ambulatory care sensitive conditions per 1,000 Medicare enrollees
Grafton County	33.3
New Hampshire	40.3

Data Source: Centers for Medicare & Medicaid Services, 2017; accessed through County Health Rankings
Regional rate is not significantly different than the overall NH rate

e. Dental Care Utilization (Adult)

This indicator reports the percentage of adults aged 18 and older who self-report that they have visited a dentist, dental hygienist or dental clinic within the past year. A higher proportion of adults in the CNHHP service area report not having seen a dentist compared to the state.

Area	Percent of adults who visited a dentist or dental clinic in the past year
CNHHP Service Area	53.4%*
New Hampshire	72.0%

Data Source: NHDHHS, Behavioral Risk Factor Surveillance System 2016.
**Regional percentage estimate is significantly different and lower than the overall NH estimate.*

3. Health Promotion and Disease Prevention

Adopting healthy lifestyle practices and behaviors, such as not smoking and limiting alcohol intake, can prevent or control the effects of disease and injury. For example, regular physical activity not only builds fitness, but helps to maintain balance, promotes relaxation, and reduces the risk of disease. Similarly, eating a healthy diet rich in fruits, vegetables and whole grains can reduce risk for diseases like heart disease, certain cancers, diabetes, and osteoporosis. This section includes indicators of environmental conditions and individual behaviors influencing personal health and wellness. Some indicators of clinical prevention practices, such as screening for cancer and heart disease, are included in a later section that also describes population health outcomes in those areas.

a. Food Insecurity

This indicator reports the estimated percentage of the population that experienced food insecurity at some point during the year. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food contributing to reduced quality, variety, or desirability of diet, disrupted eating patterns and reduced food intake.

Area	Experienced food insecurity, past year
Grafton County	9.7%
New Hampshire	9.3%

Data Source: USDA data, 2018 accessed through Feeding America, Mapping the Meal Gap.

b. Physical Inactivity (Adults)

This indicator reports the percentage of adults aged 18 and older who self-report leisure time physical activity, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?". Lack of physical activity can lead to significant health issues such as obesity and poor cardiovascular health. About 1 in 5 adults in Grafton County can be considered physically inactive on a regular basis – a rate similar to the rest of New Hampshire.

Area	Physically inactive in the past 30 days, % of adults
Grafton County	19.0%
New Hampshire	21.0%

Data Source: Behavioral Risk Factor Surveillance System accessed via County Health Rankings, 2016.
Regional estimate is not significantly different than the overall NH estimate.

c. Pneumonia and Influenza Vaccinations (Adults)

This indicator reports the percentage of adults who self-report that they have ever received a pneumonia vaccine or received influenza vaccine in the past year. In addition to measuring the population proportion receiving preventive vaccines, this indicator can also highlight a lack of access to preventive care, opportunities for health education, or other barriers preventing utilization of services.

Area	Adults who have received a flu shot in past 12 months and those who have ever received a pneumococcal vaccination	
	Influenza Vaccination 18 years of age or older	Pneumococcal Vaccination 65 year of age or older
CNHHP Service Area	34.2%	83.4%
New Hampshire	42.0%	82.1%

Data Source: NHDHHS, Behavioral Risk Factor Surveillance System 2017. Regional estimates are not significantly different than the overall NH estimates.

d. Substance Misuse

Substance misuse, involving alcohol, illicit drugs, misuse of prescription drugs, or combinations of all of these behaviors, is associated with a complex range of negative consequences for health and wellbeing of individuals, families and communities. In addition to contributing to both acute and chronic disease and injury, substance misuse is associated with destructive social conditions, including family dysfunction, lower prosperity, domestic violence and crime.

Excessive drinking: Excessive alcohol use, either in the form of heavy drinking (drinking more than two drinks per day on average for men or more than one drink per day on average for women), or binge drinking (drinking 5 or more drinks on an occasion for men or 4 or more drinks on an occasion for women), can lead to increased risk of health problems such as liver disease or unintentional injuries.

Area	Excessive Drinking in Past 30 days, Percent of Adults
Grafton County	20.0%
New Hampshire	21.0%

Data Source: Behavioral Risk Factor Surveillance System accessed via County Health Rankings, 2017.
Regional estimate is not significantly different than the overall NH estimate.

Although underage drinking is illegal, alcohol is the most commonly used and misused drug among youth. On average, underage drinkers also consume more drinks per drinking occasion than adult drinkers. In the Central NH region, the rate of binge drinking among high school aged youth is somewhat lower than the overall state rate as has been trending down for the past decade.

Area	Engaged in Binge Drinking in Past 30 days, Percent of High School Youth		
	Male	Female	Total
Pemi-Baker Region	13.0%	12.2%	12.4%
New Hampshire	17.1%	14.4%	16.0%

Data Source: NH Youth Risk Behavior Survey, 2017

The misuse of prescription drugs, particularly prescription pain relievers, poses significant risk to individual health and can be a contributing factor leading to misuse of other drugs and a cause of unintentional overdose and mortality. About 8% of high school youth in the Central NH region report having ever used a prescription drug that was not prescribed to them.

Area	Ever used prescription drugs 'not prescribed to you', Percent of High School Youth		
	Male	Female	Total
Pemi-Baker Region	7.0%	10.0%	8.3%
New Hampshire	12.1%	10.5%	11.5%

Data Source: NH Youth Risk Behavior Survey, 2017

e. Cigarette Smoking

Tobacco use is a primary contributor to leading causes of death such as lung cancer, respiratory disease and cardiovascular disease. Smoking during pregnancy also confers significant short and long term risks to the health of an unborn child. Nearly 1 in 5 adults (17%) in the communities of the Central NH Public Health Region are estimated to be current smokers, a proportion that has continued to decrease over time. During the period 2015 to 2018, the rate of births where smoking was indicated during pregnancy was 14.4 per 100 births in the Central NH region.

Area	Percent of Adults who are Current Smokers+	Smoked during pregnancy, rate per 100 births^
CNHHP Service Area	16.8%	**14.4***
New Hampshire	15.7%	11.0

+Data Source: NHDHHS, Behavioral Risk Factor Surveillance System 2017. ^Data Source: New Hampshire Vital Records Birth Certificate Data, NHDHHS Office of Health Statistics, 2015-2018. ***Regional rate is significantly different and higher than the overall NH rate.***

f. Teen Birth Rate

Teen pregnancy is closely linked to economic prosperity, educational attainment, and overall infant and child well-being. The teen birth rate in the Central NH Public Health region is significantly lower than the rate in New Hampshire overall.

Area	Teen Birth Rate per 1,000 Women Age 15-19
CNHHP Service Area	8.8
New Hampshire	11.0

Data source: NH Division of Vital Records Administration birth certificate data; 2012-2016.
Regional rate is not significantly different than the overall NH rate.

g. Child Safety

Measures of child safety or child abuse and neglect in a community include the rate of child maltreatment victims substantiated by the NH Division of Children, Youth and Families (DCYF), as well as the rate of children in temporary, out of home placement. As displayed by the table below, the rates of child maltreatment and out-of-home placements in Rockingham County during 2016 were lower than in NH overall.

Area	Substantiated child maltreatment victims, rate per 1,000 children under age 18	Children in out-of-home placements, rate per 1,000 children under age 18
Grafton County	**3.9**	**3.7**
New Hampshire	3.5	4.6

Data source: Annie E. Casey Foundation, Kids Count Data Center, 2016

h. Domestic Violence

Domestic violence or intimate partner violence can be defined as a pattern of coercive behaviors used by one partner against another in order to gain power and control over the other person. The coercive behaviors may include physical assault, sexual assault, stalking, emotional abuse or economic abuse. There were 557 civil domestic violence petitions filed in Rockingham County courts in 2014 and 2015 (most current data available). In New Hampshire overall, 76% of civil domestic violence petitioners in 2014 and 2015 were granted a temporary order of protection (statistics by County not known).

Area	Civil Domestic Violence Petitions, 2014 - 2015	
	Number	Annual Rate per 1,000 population
Grafton County	**557**	**3.1**
New Hampshire	8,025	3.0

Data Source: New Hampshire Domestic Fatality Review Committee, 2014-2015 Biennial Report

4. Selected Health Outcomes

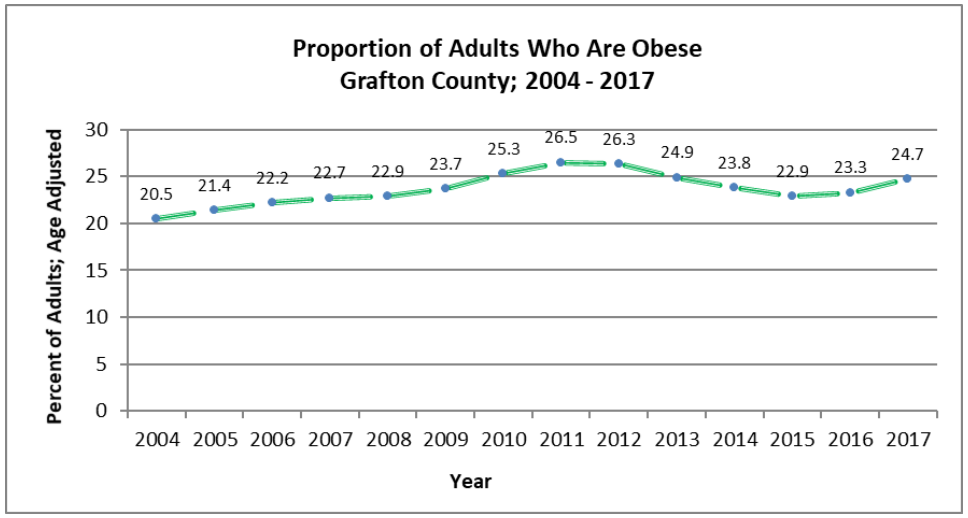
Traditional measures of population health status focus on rates of illness or disease (morbidity) and death (mortality) from specific causes. Advances in public health and medicine through the 20th Century have reduced infectious disease and complications of child birth as major contributors to or causes of death and disease. Chronic diseases, such as heart disease, cancer, respiratory disease and diabetes, along with injury and violence, are now the primary burdens on the health and wellbeing of individuals, families and communities. In addition to considering the absolute magnitude of specific disease burdens in a population, examination of disparities in disease rates can help to identify areas of need and opportunities for intervention.

a. Overweight and Obesity

Being overweight or obese can indicate an unhealthy lifestyle that puts individuals at risk for a variety of significant health issues including hypertension, heart disease and diabetes. The indicators below report the percentage of adults aged 18 and older who self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese) or greater than 25.0 (overweight or obese). The chart below displays the trend in Grafton County since 2004 including an apparent plateau of the prevalence of obesity in the adult population around 25% in recent years.

Area	Percent Obese	Percent Overweight or Obese
CNHHP Service Area	24.6%	55.2%
New Hampshire	26.4%	63.6%

Data Source: NHDHHS, Behavioral Risk Factor Surveillance System 2015
Regional rate is not significantly different than the overall NH rate.



Data Source: Centers for Disease Control and Prevention, National Diabetes Surveillance System

b. Heart Disease

Heart disease is the second leading cause of death in New Hampshire and in the Central NH Region after all forms of Cancer. Heart disease is closely related to unhealthy weight, high blood pressure, high cholesterol, and substance abuse including tobacco use. In 2016, Diseases of the Heart was the cause of 51 deaths in the Central NH Public Health Region.

Heart Disease Risk Factors: About 22% of adults in the Central NH region self-report that they have been told by a doctor that they have high blood pressure or and 31% have been told they high blood cholesterol; percentages that are similar to estimates for NH adults overall.

Area	Percent of adults who have high blood pressure	Adults told by a health professional that their blood cholesterol was high
CNHHP Service Area	22.4%	31.0%
New Hampshire	30.1%	32.9%

Data Source: NH DHHS, Behavioral Risk Factor Surveillance System, 2017
Estimates are not statistically different than the overall NH estimates.

Heart Disease-Related Hospitalization: The table below displays age adjusted rates of inpatient hospitalization of residents of the Central NH region for hypertension and heart failure in 2018. Inpatient hospitalization rates of residents from the region were similar to estimates for NH adults overall.

Area	Hypertension – Inpatient, age adjusted rate per 100,000 population	Heart Failure – Inpatient, age adjusted rate per 100,000 population
CNHHP Service Area	29.5	356.5
New Hampshire	30.8	320.5

Data Source: NH Uniform Healthcare Facility Discharge Dataset, HDHHS Office of Health Statistics and Data Management, 2018
Rates are not statistically different than the overall NH rates

Heart Disease and Stroke Mortality: Coronary Heart Disease, a narrowing of the small blood vessels that supply blood and oxygen to the heart, is the largest component of heart disease mortality. The rate of death due to coronary heart disease among Central NH residents was similar to the overall rate for New Hampshire in the 2012 to 2016 time period. Cerebrovascular disease (stroke), which happens when blood flow to a part of the brain stops, is the fifth leading cause of death in New Hampshire and in the Central NH region.

Area	Coronary Heart Disease Mortality (per 100,000 people, age-adjusted)	Cerebrovascular Disease Mortality (per 100,000 people, age-adjusted)
CNHHP Service Area	86.2	25.5
New Hampshire	94.6	27.9

Data Source: NH Division of Vital Records death certificate data, 2012-2016
Rates are not statistically different than the overall NH rates

c. Diabetes

Diabetes is an increasingly prevalent chronic health condition that puts individuals at risk for further health complications, but is also amenable to control through diet and adequate clinical care.

Diabetes Prevalence: This indicator reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. About 8.0% of adults in Central NH and New Hampshire overall report having been told by a health professional that they have diabetes.

Area	Percent of Adults with Diabetes, age adjusted
CNHHP Service Area	8.6%
New Hampshire	8.1%

Data Source: NH DHHS, Behavioral Risk Factor Surveillance System, 2015.
Regional rate is not statistically different than the overall NH rate

Diabetes-Related Hospitalization: The table below displays age adjusted rates of inpatient hospitalization in 2018 of residents of the Central NH region for uncontrolled diabetes and long term complications of diabetes. The hospitalization rate of residents of the Central NH region for long term complications of diabetes was significantly higher than the overall state rate in 2018.

Area	Uncontrolled Diabetes - Inpatient, age adjusted rate per 100,000 population	Diabetes Long-Term Complications - Inpatient, age adjusted rate per 100,000 population
CNHHP Service Area	31.6	**93.8***
New Hampshire	24.6	55.5

Data Source: NH Uniform Healthcare Facility Discharge Dataset, HDHHS Office of Health Statistics and Data Management, 2018
Regional rate is significantly different and higher than the overall NH rate.

Diabetes-related Mortality: The rate of death due to Diabetes Mellitus among Central NH residents is similar to the overall rate for New Hampshire and is the sixth leading cause of death in the region.

Area	Deaths due to Diabetes Mellitus (per 100,000 people, age adjusted)
CNHHP Service Area	18.2
New Hampshire	18.2

Data Source: NH Vital Records Death Certificate Data accessed through NH Health Wisdom,, 2012- 2016

Rates are not significantly different than overall NH rate

d. Cancer

Cancer is the leading cause of death in New Hampshire. Although not all cancers can be prevented, risk factors for some cancers can be reduced. It is estimated that nearly two-thirds of cancer diagnoses and deaths in the US can be linked to behaviors, including tobacco use, poor nutrition, obesity, and lack of exercise.

Cancer Screening: The table below displays screening rates for colorectal cancer, breast cancer and cervical cancer. The United States Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy, in adults, beginning at age 50 years and continuing until age 75 years. The proportion of women who report being in compliance with mammogram screening recommendations was somewhat lower in 2016 than the reported percentage in overall NH although the difference is not statistically significant.

Cancer Screening Type	CNHHP Service Area	New Hampshire
Had colonoscopy in past 10 years (ages 50 to 75)	78.3%	72.7%
Had mammogram past two years (women 40+)	65.1%	76.9%
Women 21 to 65 receiving Pap test in past 3 years	83.7%	85.1%

Data Source: NH DHHS, Behavioral Risk Factor Surveillance System, 2016.
Regional rates are not statistically different than the overall NH rates.

Cancer Incidence and Cancer Mortality: The table below shows cancer incidence rates by site group for the cancer types that account for the majority new cancer cases (incidence).

Cancer Incidence per 100,000 people, age adjusted		
	CNHHP Service Area	New Hampshire
Overall cancer incidence (All Invasive Cancers)	498.1	497.7
Cancer Incidence by Type		
Breast (female)	138.4	145.3
Prostate (male)	130.4	120.9
Lung and bronchus	63.6	67.3
Colorectal	43.7	38.8
Bladder	34.4	28.3
Melanoma of Skin	32.8	29.7

Data Source: NH State Cancer Registry, 2011 - 2015

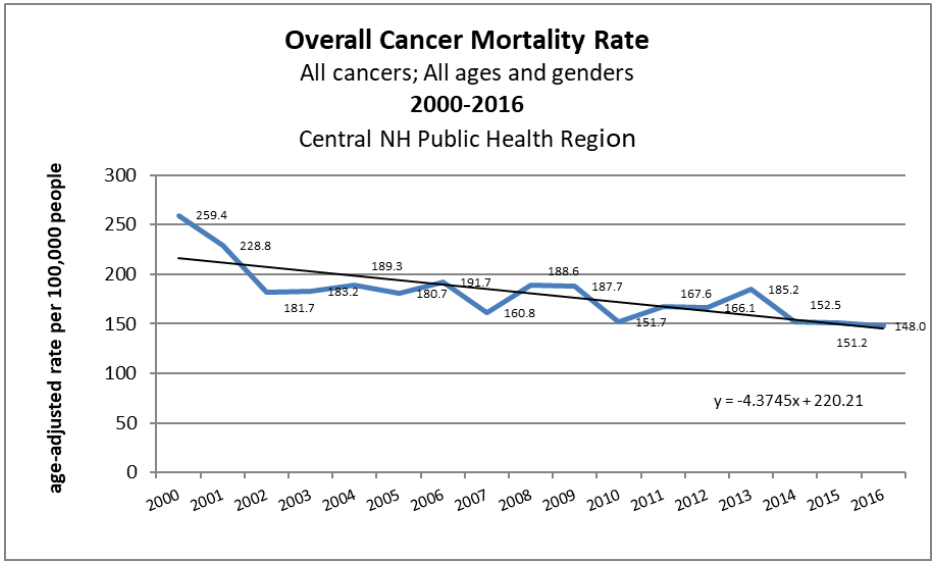
Rates are not significantly different than overall NH rate

Cancer Mortality: The table below shows the overall cancer mortality rate and for the cancer types that account for the majority cancer deaths. The overall cancer mortality rate and mortality rate from specific cancer types are similar to the state overall. As displayed by the chart at the bottom of the page, the overall cancer mortality rate in the region has been declining at a linear rate of about -4% per year since the year 2000.

Cancer Mortality per 100,000 people, age adjusted		
	CNHHP Service Area	New Hampshire
Overall cancer mortality (All Invasive Cancers)	159.7	162.3
Cancer Mortality by Type		
Lung and bronchus	39.4	44.0
Breast (female)	15.4	19.4
Prostate (male)	24.9	20.1
Colorectal	16.6	12.8
Pancreas	11.5	10.7

Data Source: NH State Cancer Registry, 2012 - 2016

Regional rates are not significantly different than overall NH rate



e. Asthma

Asthma is a chronic lung disease that inflames and narrows the airways. Asthma causes recurring periods of wheezing, chest tightness, shortness of breath, and coughing. Asthma is an increasingly prevalent condition that can be exacerbated by poor environmental conditions.

Asthma Prevalence: This indicator reports the percentage of adults aged 18 and older who self-report that they have ever been told by a doctor, nurse, or other health professional that they had asthma; also displayed is the percentage of children with current asthma as reported by a parent or guardian. The reported asthma rate in the region for children is lower than the state overall, although the observed difference is not statistically significant.

Area	Percent of Children (ages 0 to 17) with Current Asthma	Percent of Adults (18+) with Current Asthma
CNHHP Service Area	3.8%	11.3%
New Hampshire	7.2%	10.1%

*Data Source: NH DHHS, Behavioral Risk Factor Surveillance System, 2015
Regional rates are not statistically different than the overall NH rate

Asthma-Related Hospitalization: The table below displays age adjusted rates of inpatient hospitalization of younger adults, age 18-39, for complications of asthma.

Area	Asthma in Younger Adults - Inpatient, age adjusted rate per 100,000 population
CNHHP Service Area	7.0
New Hampshire	20.3

Data Source: NH Uniform Healthcare Facility Discharge Dataset,
NHDHHS Office of Health Statistics and Data Management, 2018
Regional rate is not significantly different than the overall NH rate (small numbers).

f. Unintentional and Intentional Injury:

Accidents and injury are the third leading cause of death in the region and in the state. In recent years, the epidemic of opioid and other substance misuse has been a substantial underlying cause of accidental and intentional injury and death.

Substance Use-related Emergency Department Visits and Hospitalization: The table below displays rates of emergency department visits and inpatient hospitalizations for drug and alcohol related diagnoses including acute alcohol and/or drug poisoning as well as injuries/conditions related to acute drug and/or alcohol use. Not included are visit or inpatient stays involving intentional self-harm (see next table), assault or chronic drug or alcohol related conditions.

Area	Drug and Alcohol Related - ED Visits, age adjusted rate per 100,000 population	Drug and Alcohol Related - Inpatient, age adjusted rate per 100,000 population
CNHHP Service Area	111.5	12.0
New Hampshire	140.1	24.2

Data Source: NH Uniform Healthcare Facility Discharge Dataset, NHDHHS Office of Health Statistics and Data Management, 2018
Regional rate is not significantly different than the overall NH rate

Self Harm-related Emergency Department Visits and Hospitalization: The table below displays rates of emergency department visits and inpatient hospitalizations for injury recorded as intentional including self-intentional poisonings due to drugs, alcohol or other toxic substances.

Area	Self-Inflicted Harm - ED Visit, age adjusted rate per 100,000 population	Self-Inflicted Harm - Inpatient, age adjusted rate per 100,000 population
CNHHP Service Area	144.6	25.9
New Hampshire	195.9	47.3

Data Source: NH Uniform Healthcare Facility Discharge Dataset, NHDHHS Office of Health Statistics and Data Management, 2018
Regional rate is not significantly different than the overall NH rate

Suicide: This indicator reports the rate of death due to intentional self-harm (suicide) per 100,000 people. Suicide rates can be an indicator of access to mental health care. During the period 2012 and 2016, the suicide rate in the Central NH region was similar to the overall NH rate of suicide deaths.

Area	Suicide Deaths per 100,000 people; any cause or mechanism
CNHHP Service Area	13.1
New Hampshire	15.3

Data Source: NH Division of Vital Records death certificate data, 2012-2016
Regional rate is not significantly different than the overall NH rate.

g. Premature Mortality

An overall measure of the burden of preventable injury and disease is premature mortality. The indicator below expresses premature mortality as the total years of potential life lost before age 75 (YPLL-75). Every death occurring before the age of 75 contributes to the total number of years of potential life lost. During the period 2016 to 2018, 1,015 deaths in Grafton County occurred before the age of 75 and the average annual total of YPLL-75 was 5,600 years of potential life lost per 100,000 population. This total is significantly lower per 100,000 population than the total for NH overall.

Area	Years of potential life lost before age 75 per 100,000 population (age-adjusted)
Grafton County	**5,600***
New Hampshire	6,500

Data source: National Center for Health Statistics, National Vital Statistics System accessed via County Health Rankings, 2016-2018.
Total is significantly different and lower than the overall NH total per 100,000 population

5. Comparison of Selected Community Health Indicators between 2020 and 2017

The table below displays comparisons of estimated rates for key community health status indicators between the current community health assessment (2020) and the previous assessment conducted in 2017, as well as the most recent statewide statistic for each indicator. This comparison is provided for reference purposes and does indicate that one estimate or rate is significantly different than another for the same measure unless indicated otherwise. For instances where there are statistically significant differences between recent estimates, the indicators are highlighted in bold font.

Table 10: Comparison of Selected Community Health Indicators between 2017 and 2020 with NH State Comparison

Community Health Indicator	Geographic Area	2017 Community Health Assessment	2020 Community Health Assessment	NH State Comparison
Access to care				
Percentage of adult population (age 18+) without health insurance coverage	CNHHP Service Area	9.2%	9.6%	6.5%
Have a personal doctor or health care provider, percent of adults	CNHHP Service Area	80.6%	90.5%	87.5%
Visited a dentist or dental clinic in the past year, percent of adults	CNHHP Service Area	---	**53.4%**	72.0%
Health Promotion and Disease Prevention				
Current smoking, percent of adults	CNHHP Service Area	24.2%	16.8%	15.7%
Physically inactive in the past 30 days, % of adults	Grafton County	22.7%	19.0%	21.0%
Excessive, percent of adults	Grafton County	---	20.0%	21.0%
Teen Birth Rate, per 1,000 Women Age 15-19	CNHHP Service Area	8.9	8.8	11.0

Community Health Indicator	Geographic Area	2017 Community Health Assessment	2020 Community Health Assessment	NH State Comparison
Health Outcomes				
Obese, percent of adults	CNHHP Service Area	19.8%	24.6%	26.4%
Ever told had diabetes, percent of adults	CNHHP Service Area	7.7%	8.6%	8.1%
Current asthma, percent of adults	CNHHP Service Area	11.2%	11.3%	10.1
Coronary Heart Disease Mortality, per 100,000 people, age-adjusted	CNHHP Service Area	90.9	86.2	94.6
Cancer Incidence, All sites, per 100,000 people, age-adjusted	CNHHP Service Area	489.8	498.1	497.7
Cancer Deaths, All Sites, per 100,000 people, age-adjusted	CNHHP Service Area	164.5	159.7	162.3
Years of potential life lost before age 75 per 100,000 population, age-adjusted	Grafton County	5,100	**5,600**	6,500