Concord and Lakes Region

Community Health Needs Assessment

September 2023

Approved by Concord Hospital Board of Trustees on September 18, 2023

Community Input on Health Issues and Priorities

Selected Service Area Demographics and Health Status Indicators

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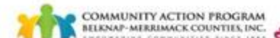
Your input is valuable!

Please share your comments and questions about our Community Health Needs Assessment and our Community Benefits Action Plan by emailing:

communitybenefits@crhc.org

The 2023 Concord and Lakes Region Community Health Needs Assessment Partnership includes Concord Hospital, the Community Action Program Belknap-Merrimack Counties, the Capital Area Public Health Network-Granite United Way, Granite VNA, HealthFirst Family Care Center, Lakes Region Mental Health Center, the Partnership for Public Health, Riverbend Community Mental Health, Foundation for Healthy Communities, and the New Hampshire Department of Health and Human Services with technical support from the New Hampshire Community Health Institute/JSI.



Concord & Lakes Region

2023 Community Health Needs Assessment

Executive Summary

During the period November 2022 through August 2023, an assessment of Community Health Needs in the Concord and Lakes Region service area was completed by Concord Hospital in partnership with the Community Action Program [Belknap-Merrimack Counties], the Capital Area Public Health Network - Granite United Way, Granite VNA, HealthFirst Family Care Center, Lakes Region Mental Health Center, the Partnership for Public Health, Riverbend Community Mental Health, Foundation for Healthy Communities, and the New Hampshire Department of Health and Human Services, with technical support from the New Hampshire Community Health Institute/JSI. The purpose of the assessment is to:

- Better understand the health-related issues and concerns impacting the well-being of area residents;
- Inform community health improvement plans, partnerships and initiatives; and
- Guide community benefit activities of Concord Hospital and partner organizations.

For the purpose of the assessment, the geographic area of interest was 49 municipalities comprising the Concord and Lakes Region service area with a total resident population of 249,846 people. Methods employed in the assessment included: surveys of community residents made available through direct mailing, social media, email distribution and website links through multiple channels throughout the region; a direct email survey of community leaders and service providers representing multiple community sectors; a survey of all staff of the Concord Hospital system and the HealthFirst Family Care Center; a set of 11 community discussion groups convened in-person across the region; and a review of available population demographics and health status indicators.

Community engagement and information gathering 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 quantitative and qualitative information gathered through the different sources and methods was then synthesized to understand different perspectives, identify common themes and inform priorities for improvement.

The table on the next page provides a summary of the priority community health needs and issues identified through this assessment.

Summary of Community Health Needs and Issues by Information Source			
Community Health Issue	**Community Surveys**	**Community Health Status Indicators**	**Community Discussions and Open Comments**
Availability of mental health services	'Ability to get mental health services for children and youth' and 'Ability to get mental health services for adults' are the top 2 priorities identified by community leader survey respondents, by Concord Hospital staff survey respondents, and the top issue identified by community residents under age 45; 24% of community survey respondents indicated difficulty accessing needed mental health services in the past year.	The rate of Self Harm-related Emergency Department visits is significantly higher for residents of Merrimack (578 visits per 100,000 population) and Belknap Counties (494) compared to the state overall (347). Rates are highest among female residents.	Mental health care was identified as a continuing and top priority for community health improvement in community discussion groups including concerns for insufficient local capacity, ongoing concerns of stigma, and increased needs resulting from anxiety, stress and isolation impacts of COVID-19, particularly among school-age youth.
Cost of health care services including medications, affordability of health insurance	Cost of health care services including health insurance and prescription drug costs are the highest priorities identified by community residents overall and a top 5 priority identified by community leaders.	The estimated proportion of people with no health insurance (6.0%) is similar to the overall percentage in NH (5.9%). About 14% of area residents reported delaying or avoiding health care because of cost.	Community discussion participants identified health care costs and financial barriers to care as significant. It was also the second most frequently mentioned topic area in an open-ended question about 'one thing you would change to improve health'
Availability of primary care and medical sub-specialty services	Primary Health Care was the second most frequently mentioned service type people had difficulty accessing (25%). Primary care including Pediatrics and OB/GYN was also the second most frequently service type identified by Concord Hospital staff as being difficult to access. About 20% of community survey respondents also reported difficulty accessing Specialty Medical Care. 'Wait time too long' was the top reason cited for access difficulty for both primary care and sub-specialties.	The Winnipesaukee Public Health Region has less than half the FTE capacity of primary care physicians compared to the Capital Area Public Health Region or New Hampshire overall. The Winnipesaukee region has a higher percentage of primary medical care visits requiring one way travel times greater than 30 minutes (35%) than any other region in the state.	Issues related to health care provider availability including turnover, choice, wait time and responsiveness was the topic area with the most comments – about one-third of more than 500 different comments - on an open-ended question about 'one thing you would change to improve health'

Summary of Community Health Needs and Issues by Information Source			
Community Health Issue	**Community Surveys**	**Community Health Status Indicators**	**Community Discussions and Open Comments**
Difficulty navigating the health care system and health care workforce shortages	Barriers to services most frequently selected by community leaders were 'Difficulty navigating the health care system' and 'Service not available / Not enough local capacity'	Difficulty navigating the health care system and the related issue of workforce shortages manifests in measures of population health such as delayed care and inpatient stays for diagnoses potentially treatable in outpatient settings such as diabetes, hypertension or asthma.	This theme emerged across most discussion groups. Frustration was expressed about accessing or utilizing patient portals, difficulty connecting with provider staff, deterioration in customer service, challenges with understanding or getting assistance with insurance issues, complexity of the health care system for new residents, and difficulties navigating the process of finding and connecting with local specialists
Affordability and availability of dental care services	'Dental Care for Adults' was the most frequently selected service people had difficulty accessing (26% of community resident survey respondents). 65% of respondents who indicated difficulty accessing Dental Care for Adults also selected "Cost too much" as a reason. Residents of Greater Franklin were most likely to select Dental Services as a resource they would use if more available.	About 1 in 3 area residents report not having visited a dentist or dental clinic in the past year. Both the Capital Area and the Winnipesaukee Public Health Regions experience significantly more hospital emergency department visits for non-traumatic reasons than in the state overall.	Affordability and availability of dental care was raised as an issue in multiple discussion groups. 'Dental care is not available and, where it is available, it's not affordable' was a common theme in discussions and open-ended survey comments.
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 identified by respondents to both the community leader and community resident surveys. Residents of the Greater Franklin area in particular selected this area as a top concern.	The Winnipesaukee region in particular has experienced a significantly higher rate of emergency department utilization due to accidental opioid overdose compared to the state overall. The rate of Opioid Overdose Deaths (40.6 per 100,00) in the Winnipesaukee region was also higher than in New Hampshire overall (27.0) over the 5 year time period from 2017 to 2021,	Substance misuse prevention and treatment is the one area discussion participants were most likely to note has having observed some improvements. However, discussions also noted that the need is still high with the current opioid epidemic, as well as emphasizing the links between substance use, mental health and homelessness.

Summary of Community Health Needs and Issues by Information Source			
Community Health Issue	**Community Surveys**	**Community Health Status Indicators**	**Community Discussions and Open Comments**
Services and supports for older adults including transportation, opportunities for social interaction and in-home supports for aging in place	About 10% of community survey respondents indicated difficulty accessing in-home support services. 'Services and resources for aging in a safe and supportive environment' was one of the most frequently identified areas by community leaders for focusing resources in support of a healthy community.	The service area population has a relatively high proportion of more seniors (about 20% are 65+ overall with some service area towns exceeding 30% of residents over 65). About 30% of the 65+ population in the Concord & Lakes Region service area report having serious activity limitations resulting from one or more disability.	Ability to age in place was a concern for raised in discussion groups with concerns expressed about shortages of workers to provide home, issues of cost, lack of options for transportation to medical appointments and related concerns around social isolation.
Socio-economic conditions affecting health and well-being such as housing affordability, access to healthy foods and affordable, dependable child care	'Ability to buy and eat healthy foods' is a top 10 concern among community residents and Affordable Housing was by far the top issue selected by community leader respondents (71%) as a priority focus area for improvement to support a healthy community. Other top focus areas were 'Affordable, high quality child care' and 'Livable Wages'.	Nearly 1 in 10 area residents experience food insecurity in the past year and about 1 of every 3 households in the service area have housing costs >30% of household income. A wide range in community wealth also characterizes the service area where median household income in the wealthiest communities is about 2.5 times higher than communities with the lowest median household incomes.	Affordability and availability of housing was a common denominator across discussion groups addressing concerns of aging, substance use recovery, mental health, New Americans and workforce shortages. Availability and affordability of other resources such as groceries, child care and other family supports, and transportation were described as significant challenges.

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A. Community Overview with Selected Service Area Demographics

The total population of the Concord & Lakes Region primary service area in 2021 was 249,846 according to the United States Census Bureau (American Community Survey) or about 18% of the total population of New Hampshire. The service area population has increased by approximately 3.5% or about 8,400 people over the last 3 years. New Hampshire's population grew by about 2% over the same time frame. Table 1 displays the service area population distribution by municipality, as well as the proportion of residents who are under 18 years of age and the proportion who are 65 and older.

Compared to New Hampshire (NH) overall, the service area population has proportionally more seniors (about 20% are 65+ compared to about 18% in NH overall). A substantial range is observed for this statistic within the region from 12% of residents in both Weare and Pembroke aged 65+ to about 47% of Center Harbor residents. The service area's population of residents under 18 years of age is proportionally the same as NH at 19%. This range is less wide than the range in population who are 65 and older: from 6% of residents in Windsor who are aged under 18 to about 29% of Ashland residents.

TABLE 1: Service Area Population by Municipality

Municipality (in alphabetical order)	2021 Population	% Total Service Area Population	% Under 18 years of age	% 65+ years of age
Alexandria	1,934	1%	12%	23%
Allenstown	4,704	2%	22%	15%
Alton	5,826	2%	16%	24%
Andover	2,558	1%	23%	21%
Ashland	2,365	1%	29%	19%
Barnstead	4,902	2%	18%	18%
Belmont	7,318	3%	21%	20%
Boscawen	3,947	2%	19%	24%
Bow	8,227	3%	26%	16%
Bradford	1,543	1%	20%	20%
Bridgewater	1,143	1%	10%	29%
Bristol	3,248	1%	21%	18%
Canterbury	2,280	1%	17%	20%
Center Harbor	825	<1%	10%	47%
Chichester	2,677	1%	21%	16%
Concord	43,552	17%	18%	17%
Danbury	1,366	1%	18%	22%
Deering	1,789	1%	17%	18%
Dunbarton	3,006	1%	25%	15%
Epsom	4,843	2%	22%	17%

Municipality (in alphabetical order)	2021 Population	% Total Service Area Population	% Under 18 years of age	% 65+ years of age
Franklin	8,766	4%	15%	22%
Gilford	7,642	3%	20%	21%
Gilmanton	3,929	2%	22%	17%
Hebron	718	<1%	10%	37%
Henniker	5,671	2%	19%	20%
Hill	819	<1%	13%	21%
Hillsborough	5,962	2%	18%	17%
Hooksett	14,772	6%	20%	15%
Hopkinton	5,941	2%	19%	17%
Laconia	16,786	7%	20%	21%
Loudon	5,601	2%	14%	24%
Meredith	6,630	3%	15%	29%
Moultonborough	4,846	2%	16%	33%
New Hampton	2,572	1%	17%	24%
Northfield	4,895	2%	21%	14%
Northwood	4,601	2%	18%	22%
Pembroke	7,298	3%	22%	12%
Pittsfield	4,129	2%	19%	23%
Salisbury	1,577	1%	20%	26%
Sanbornton	3,036	1%	18%	19%
Sandwich	1,730	1%	10%	44%
Sutton	2,147	1%	19%	23%
Tilton	3,929	2%	17%	22%
Tuftonboro	2,479	1%	19%	36%
Warner	2,923	1%	19%	20%
Washington	1,107	<1%	13%	27%
Weare	9,072	4%	23%	12%
Webster	2,016	1%	22%	14%
Windsor	199	<1%	6%	13%
Total Service Area	**249,846**	**100%**	**19%**	**20%**
New Hampshire	**1,372,175**	**---**	**19%**	**18%**

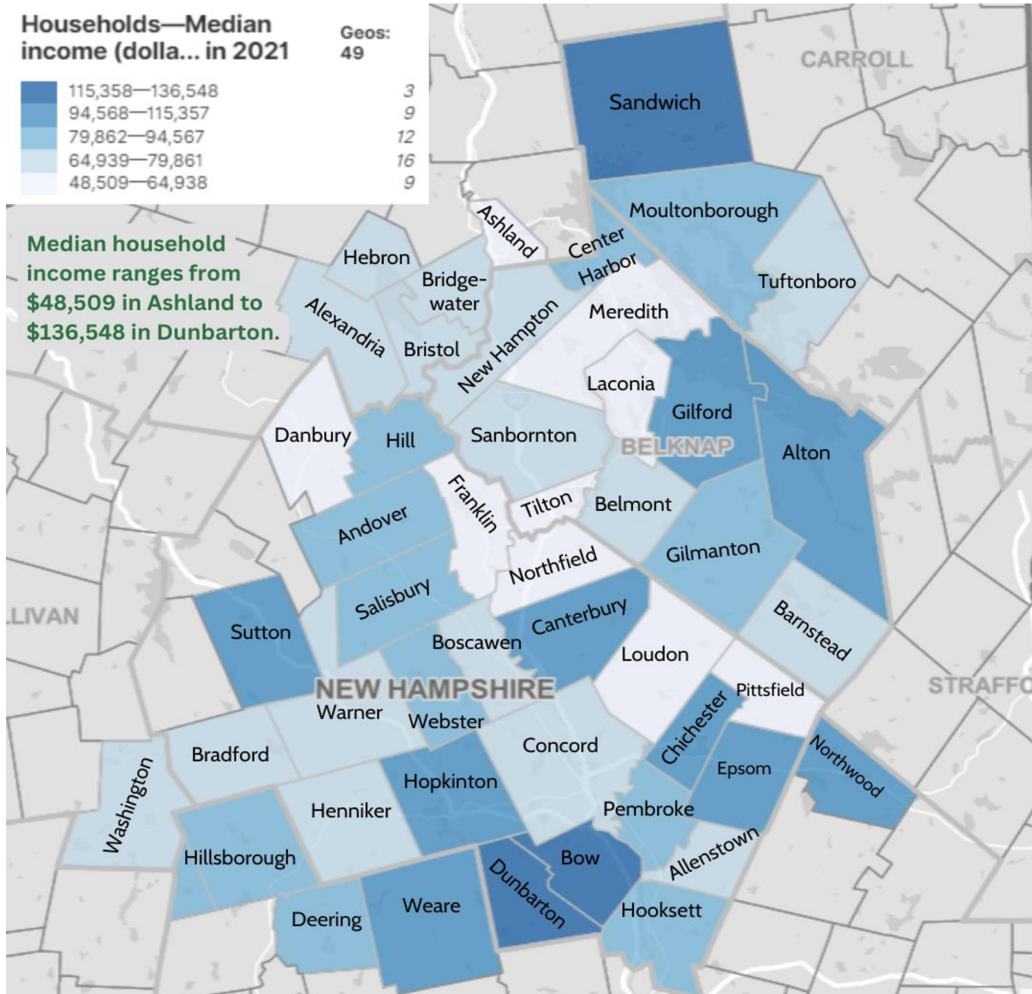
Table 2 displays additional demographic information for the towns and cities of the Concord & Lakes Region service area. The region has slightly lower median household income ($81,063) compared to New Hampshire overall ($83,449). However, there is a substantial range within the region on this measure with the highest median household income community (Dunbarton [$136,548]) having median household income over 2.5 times higher than the lowest income community (Ashland [$48,509]). Similarly, a substantial range is observed for the percent of people living below the federal poverty level (FPL) with less than 1% of Center Harbor living below the poverty level compared to about 24% of Ashland residents. Overall, the percent of residents within the service area living below the federal poverty level mirrors NH's overall percentage at about 7% of households. The map on the next page displays the distribution of median household income across towns in the service area.

TABLE 2: Selected Demographic and Economic Indicators

Municipality (highest to lowest median household income)	Median Household Income	% with income under 100% FPL	% of family households with children headed by a single parent	% of population with a disability
Dunbarton	$136,548	2%	6%	9%
Bow	$132,774	2%	6%	11%
Sandwich	$120,179	3%	6%	13%
Sutton	$115,357	2%	6%	8%
Chichester	$110,291	3%	23%	10%
Northwood	$104,653	7%	13%	9%
Gilford	$102,358	5%	22%	13%
Weare	$101,773	3%	21%	11%
Alton	$101,604	5%	22%	14%
Canterbury	$101,429	4%	23%	12%
Hopkinton	$100,665	6%	23%	11%
Epsom	$96,607	4%	17%	13%
Webster	$94,567	8%	17%	10%
Center Harbor	$91,071	<1%	2%	18%
Gilmanton	$90,848	9%	26%	10%
Pembroke	$90,288	5%	36%	11%
Hooksett	$88,238	4%	18%	10%
Windsor	$87,917	12%	13%	6%
Hillsborough	$86,895	5%	21%	13%
Deering	$84,063	14%	24%	15%
New Hampshire	**$83,449**	**7.4%**	**28.0%**	**12.7%**

Municipality (highest to lowest median household income)	Median Household Income	% with income under 100% FPL	% of family households with children headed by a single parent	% of population with a disability
Salisbury	$83,393	8%	18%	12%
Moultonborough	$82,577	2%	44%	18%
Andover	$82,083	16%	26%	11%
Hill	$81,563	5%	16%	20%
Total Service Area	**$81,063**	**7.3%**	**29.4%**	**14.5%**
Hebron	$79,861	16%	46%	14%
Boscawen	$79,691	8%	26%	15%
Henniker	$79,500	15%	43%	9%
Washington	$78,542	4%	32%	8%
Bradford	$77,750	1%	32%	8%
Barnstead	$77,097	3%	51%	12%
Tuftonboro	$76,176	7%	18%	15%
Alexandria	$74,596	8%	18%	17%
New Hampton	$74,509	9%	13%	22%
Bridgewater	$73,158	12%	36%	16%
Concord	$73,156	9%	36%	16%
Sanbornton	$71,771	5%	18%	27%
Warner	$71,346	9%	36%	14%
Allenstown	$69,710	10%	30%	18%
Belmont	$68,618	11%	32%	15%
Bristol	$67,985	9%	36%	17%
Northfield	$64,938	7%	48%	23%
Loudon	$64,556	9%	23%	12%
Laconia	$63,711	10%	45%	19%
Franklin	$61,664	5%	40%	20%
Meredith	$61,359	11%	49%	17%
Danbury	$60,268	13%	28%	17%
Tilton	$58,588	7%	43%	16%
Pittsfield	$58,036	9%	33%	21%
Ashland	$48,509	24%	58%	19%

Figure 1 – Median Household Income by Town, Concord & Lakes Region



B. Community Input on Health Issues and Priorities

Between February and June 2023, the Community Health Needs Assessment committee fielded two surveys: one survey with targeted distribution to community leaders and service providers and one survey broadly disseminated to residents across the region. The survey instruments were designed to have many questions in common to facilitate comparisons and contrasts in the analysis.

The Community Leader Survey was distributed via a unique email link to 239 individuals in key positions of formal or informal leadership in agencies, municipalities, business, civic and volunteer organizations across the Concord and Lakes Region. The survey distribution list was developed by the Community Health Needs Assessment Steering Committee comprised of representatives from each of the partner organizations. With the understanding that some organizational leaders may be more familiar with some areas than others in the relatively large region, the survey instrument asked respondents to identify 'the areas you primarily serve or are most familiar with'. Of the 239 partners invited to participate in the Community Leader Survey, 132 completed surveys (55% response).

| Figure 2: Community Sectors Represented in Community Leader Surveys |

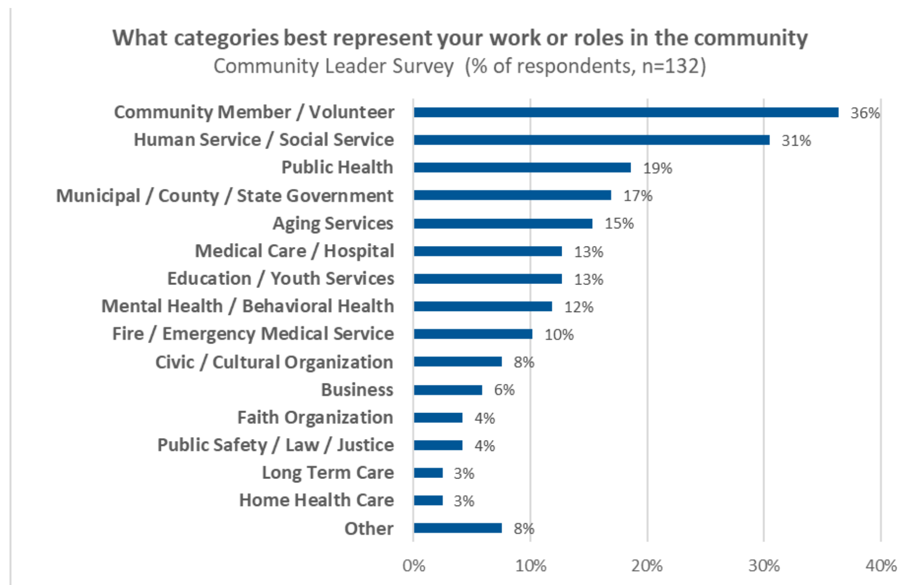


Figure 2 displays the range of community sectors represented by these individuals. Respondents could select more than one sector and more than one geographic area to reflect their community role or work.

Please select the areas you primarily serve or with which you are most familiar.	
Greater Concord area	54% (72 respondents)
Greater Laconia area	40% (53)
Greater Franklin area	33% (43)
Greater Hillsborough area	8% (11)
All of the above	8% (10)
Other area	9% (12)

The community resident survey was distributed electronically through email and social media communication channels, as a pop up on the Concord Hospital website, promoted through posters and fliers with links and QR codes posted around the region, and by paper copies made available at a variety of distribution points throughout the region including clinics and community meetings.

A total of 1,012 community members completed the Community Resident Survey representing all 47 of the 49 towns of the Concord Hospital primary service area (no surveys were received from residents of Hebron or Washington) as well as a number of other communities. Table 3 displays the grouping of respondents by community. The most common locations outside the primary service from which responses were received included Manchester (10 responses), New London (5), Newbury (4), Deerfield (4) and Holderness (4).

| Table 3: Survey Response Totals by Community |

City / Town	# of respondents	% of total*
Concord	179	21%
Laconia	68	8%
Boscawen, Concord-Penacook, Webster (03303)	49	6%
Franklin	47	6%
Gilford	36	4%
Allenstown, Pembroke, Suncook (03275)	30	4%
Bow	29	3%
Loudon	28	3%
Hopkinton	26	3%
Northfield, Tilton (03246)	26	3%
Meredith	24	3%
Hillsborough, Deering, Windsor (03244)	20	2%
Belmont	19	2%
Weare	17	2%
Epsom	13	2%
Pittsfield	13	2%
Moultonborough	12	1%
Barnstead	11	1%
Canterbury	11	1%
Chichester	10	1%
Gilmanton	10	1%
Northwood	10	1%
Towns with 1 to 9 respondents: Sanbornton Alexandria, Bristol, Bridgewater, Hill, Alton, Sandwich, Center Harbor, Tuftonboro, New Hampton, Ashland, Henniker, Sutton, Bradford, Andover, Salisbury, Danbury, Warner, Dunbarton, Hooksett	73	9%
Other locations not in the primary service area	89	10%
***Percent of respondents who provided information on the location of their residence. About 16% of respondents did not provide this information.**		

Table 4 below displays selected characteristics of respondents to the community survey. Compared to the general population, respondents included a higher proportion of females and people ages 65 years and over (about 37% of respondents compared to 24% all adults who are 65+) of the general population Approximately 29% of respondents have household income of less than $50,000 about 60% or less of the median household income in the service area).

| Table 4: Demographic Characteristics Community Resident Survey Respondents |

Age < 65 years	Female	Black, Indigenous and People of Color	Current military service or veteran
63%	68%	5%	11%
Household Income < $50K	**Currently Uninsured**	**Currently has Medicaid coverage**	**Hard to do some Daily Tasks without help**
29%	2%	17%	14%

Percentages are of the total respondents who answered the question.

1. Priority Community Health Issues

Respondents to the community resident survey were asked to select the top 5 most urgent health needs or issues in the community from a list of 29 potential topics (plus an open-ended 'other' option). On the survey instrument, the topics were organized into 6 overall conceptual groups with 'plain language' descriptions as follows: Promote Health and Wellness, Make Health Care Services Easier to Get, Address Costs of Care, Prevent and Treat Substance Misuse, Prevent and Treat On-going Conditions, and Prevent Abuse and Violence. Survey respondents could select any of the individual topics from across the different topic groups.

As displayed by Figure 3 on the next page, cost of healthcare services (44%), cost of health insurance (38%), and cost of prescription drugs (36%) were among the most frequently selected as the most urgent health needs or issues by respondents to the community survey. Ability to 'get primary care services' (37%) and ability to 'get mental health services' for adults (36%) or for children and youth (36%) were also among the top health needs or issues identified by respondents to the community resident survey.

"Cost of healthcare is too high. we avoid going to the doctors because the bills are too much, even with insurance. Medications are too much, even with insurance. I wish we had universal healthcare."

- ***Community Resident Survey Respondent***

| Figure 3: Most Urgent Health Needs or Issues – Community Resident Survey |

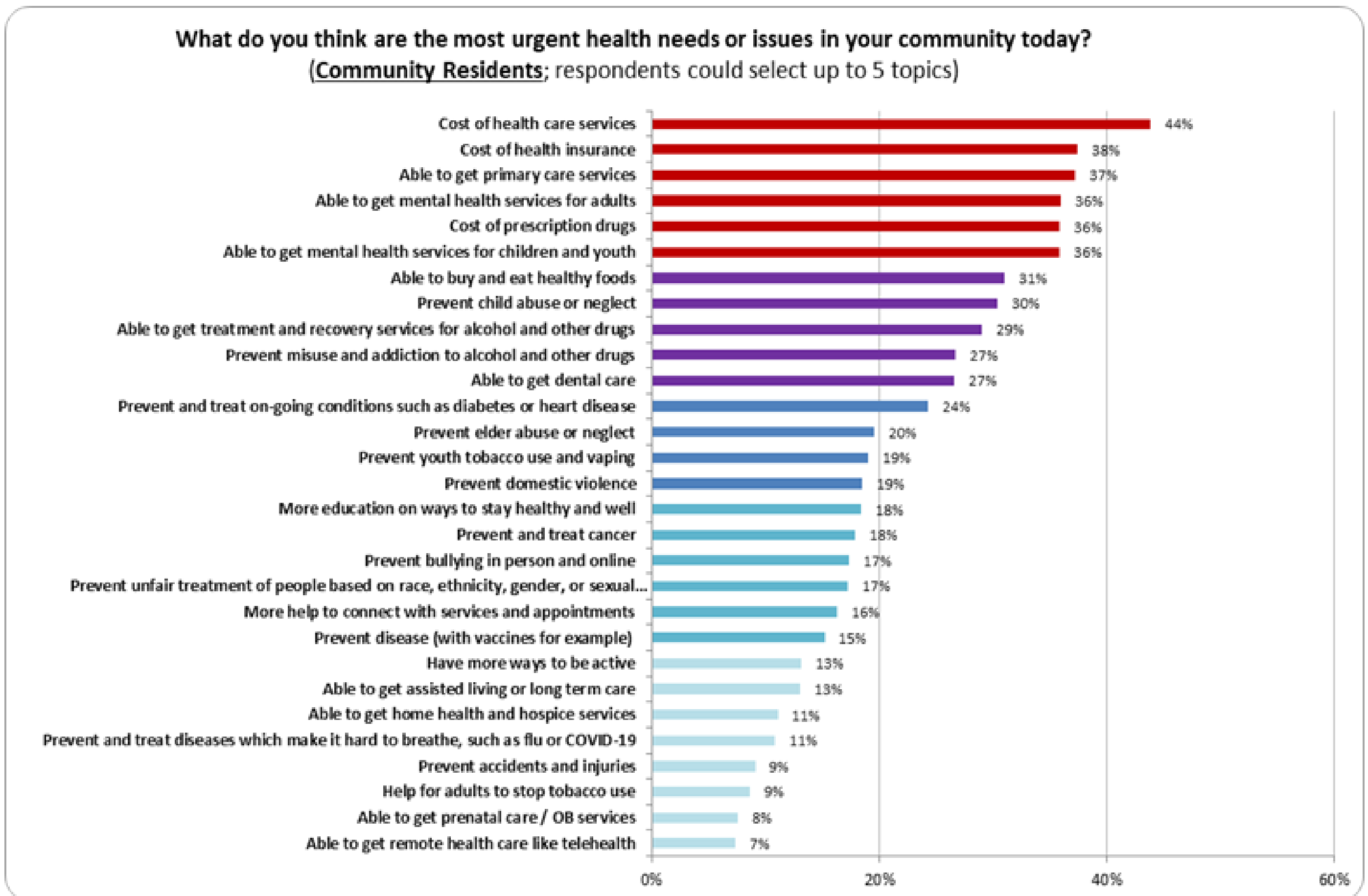


Table 5 on the next page displays the top needs identified by age group. The most frequently selected needs or issues were similar across age groups in general although respondents under the age of 65 were more likely than respondents age 65 years and older to select ‘Able to get mental health services for adults’ or ‘Able to get mental health services for children and youth’ as top needs. Respondents ages 45 or older were more likely to select ‘Able to get primary care services’ and ‘Cost of prescription drugs’ as top issues.

> ***“More primary care and mental health care providers and ability to see same without undue hurdles (such as long waits, insurance company prior approval hassles) and would love ability to see these providers without feeling rushed or that you are placing a burden on them when they are already overburdened.”***
>
> - ***Community Resident Survey Respondent***

| Table 5: Top Community Health Needs by Age Group |

Age 18-44 (n=204)		Age 45-64 (n=333)		Age 65+ (n=324)	
Able to get mental health services for children and youth	50%	Cost of healthcare services	52%	Cost of healthcare services	43%
Able to get mental health services for adults	42%	Cost of health insurance	46%	Able to get primary care services	41%
Cost of healthcare services	39%	Able to get mental health services for adults	45%	Cost of prescription drugs	39%
Prevent child abuse or neglect	39%	Able to get mental health services for children and youth	44%	Cost of health insurance	35%
Cost of health insurance	35%	Cost of prescription drugs	43%	Able to get mental health services for adults	30%
Prevent youth tobacco use and vaping	33%	Able to get primary care services	40%	Prevent and treat on-going conditions such as diabetes or heart disease	30%
Able to buy and eat healthy foods	32%	Able to get treatment and recovery services for alcohol and other drugs	37%	Able to buy and eat healthy foods	30%

Table 6 on the next page displays the top priorities on the same question with respondents grouped into 4 subregions of service area cities and towns. The first group are communities closest to the Concord campus of Concord Hospital (less than 15-minute drive). The second group are the remaining communities within the primary service area of the Concord Hospital system that are closest to the Concord campus. The third group are communities that are closest to the Laconia campus and the fourth group are communities closest to the Franklin campus of the Concord Hospital system. See the note below the table for the list of towns included in each group.

As observed with the age group breakdown, there is more similarity than difference overall between the responses across the town groupings. Issues related to **health care cost** are concerns across all subregions of the Concord Hospital system service area; as are concerns regarding access to **mental health services**. Ability to get **primary care services** was the top issue identified by respondents from Lakes Region towns (48%) while respondents from Franklin area communities were somewhat more likely to identify ability 'to get **treatment and recovery services for alcohol and other drugs**' as a top concern (36%). **Prevention of child abuse or neglect** was selected as a top 5 health-related concern by 41% of respondents from Concord and nearby communities.

TABLE 6: Top Needs by Service Area Sub-region

Group 1 Cities and Towns (Concord Central; n=283)		Group 2 Cities and Towns (Greater Concord, n=172)		Group 3 Cities and Towns (Greater Laconia, n=199)		Group 4 Cities and Towns (Greater Franklin, n=106)	
Cost of healthcare services	46%	Cost of healthcare services	51%	Able to get primary care services	48%	Cost of healthcare services	43%
Prevent child abuse or neglect	41%	Cost of prescription drugs	46%	Cost of health insurance	44%	Able to get mental health services for adults	39%
Able to get mental health services for children and youth	41%	Cost of health insurance	45%	Cost of healthcare services	42%	Able to get treatment and recovery services for alcohol and other drugs	36%
Able to get mental health services for adults	38%	Able to get mental health services for children and youth	41%	Able to get mental health services for adults	40%	Cost of prescription drugs	35%
Cost of health insurance	36%	Able to get mental health services for adults	38%	Cost of prescription drugs	37%	Able to get primary care services	32%
Cost of prescription drugs	35%	Able to get primary care services	38%	Able to get mental health services for children and youth	36%	Able to get mental health services for children and youth	32%
Able to get primary care services	35%	Able to buy and eat healthy foods	37%	Able to buy and eat healthy foods	36%	Cost of health insurance	31%

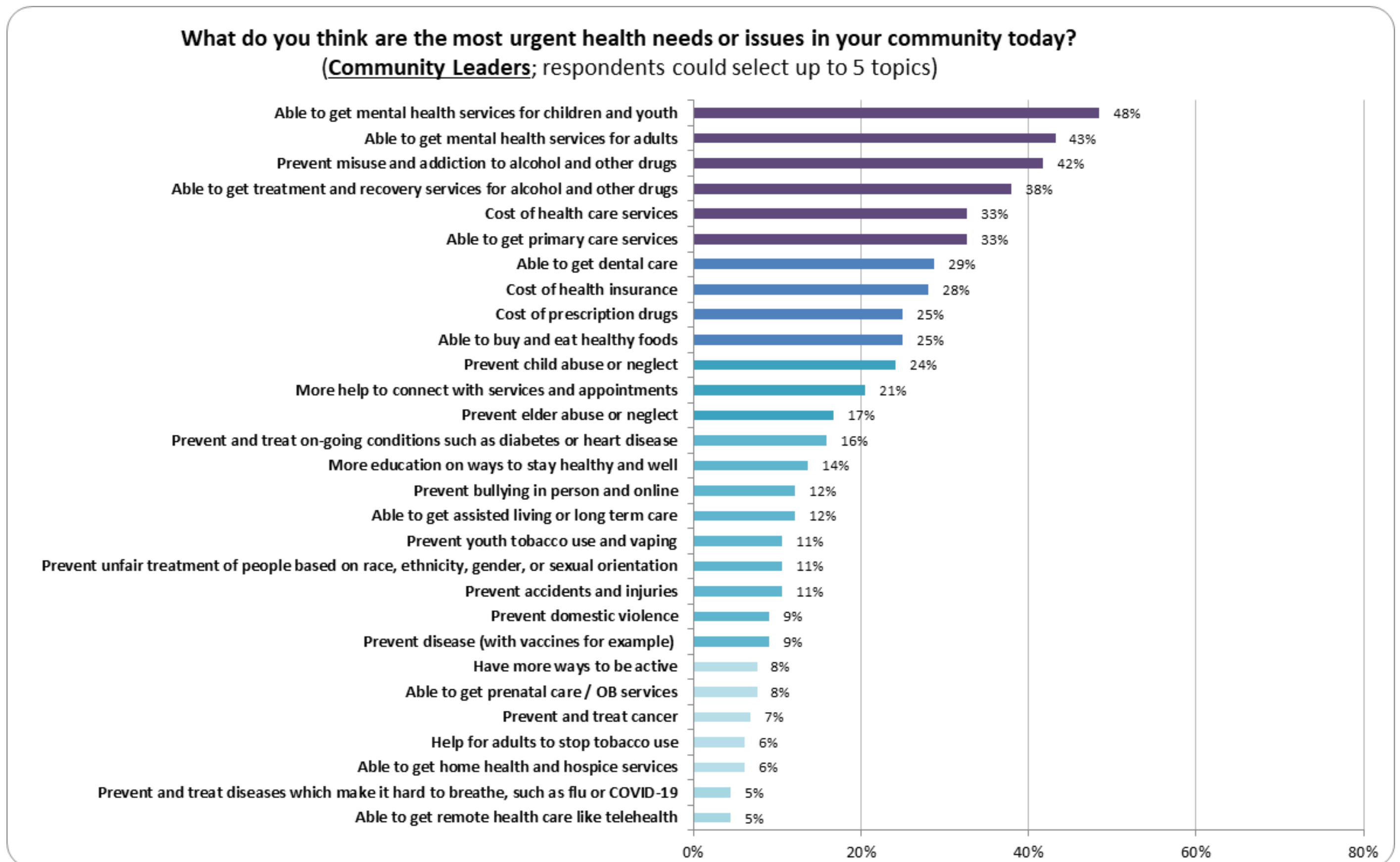
Group 1 Towns (Concord Central): Concord (includes zip code 03303-Concord, Boscawen, Webster), Bow, Hopkinton
Group 2 Towns (Greater Concord): Allenstown, Barnstead, Bradford, Canterbury, Chichester, Deering, Dunbarton, Epsom, Henniker, Hillsboro, Hooksett, Loudon, Northwood, Pembroke, Pittsfield, Sutton, Warner, Weare, Windsor
Group 3 Towns (Greater Laconia): Alton, Ashland, Belmont, Center Harbor, Gilford, Gilmanton, Laconia, Meredith, Moultonborough, New Hampton, Sandwich, Tuftonboro
Group 4 Towns (Greater Franklin): Alexandria, Andover, Bridgewater, Bristol, Danbury, Franklin, Hill, Northfield, Salisbury, Sanbornton, Tilton

"I am very concerned about the level of drug/alcohol use in the community and the consequences on child welfare/child abuse."

- ***Community Resident Survey Respondent***

The figure below displays the results from the Community Leader and Service Provider survey on the same question regarding most urgent health needs with the same response options. **Community Leaders were somewhat more likely to select 'ability to get mental health services'** as being among the most urgent health needs along with **substance use prevention, treatment and recovery**. Issues related to cost and access to primary care were also among the issues most frequently selected as a top concern by community leaders.

Figure 4: Most Urgent Health Needs or Issues - Community Leader/Service Providers



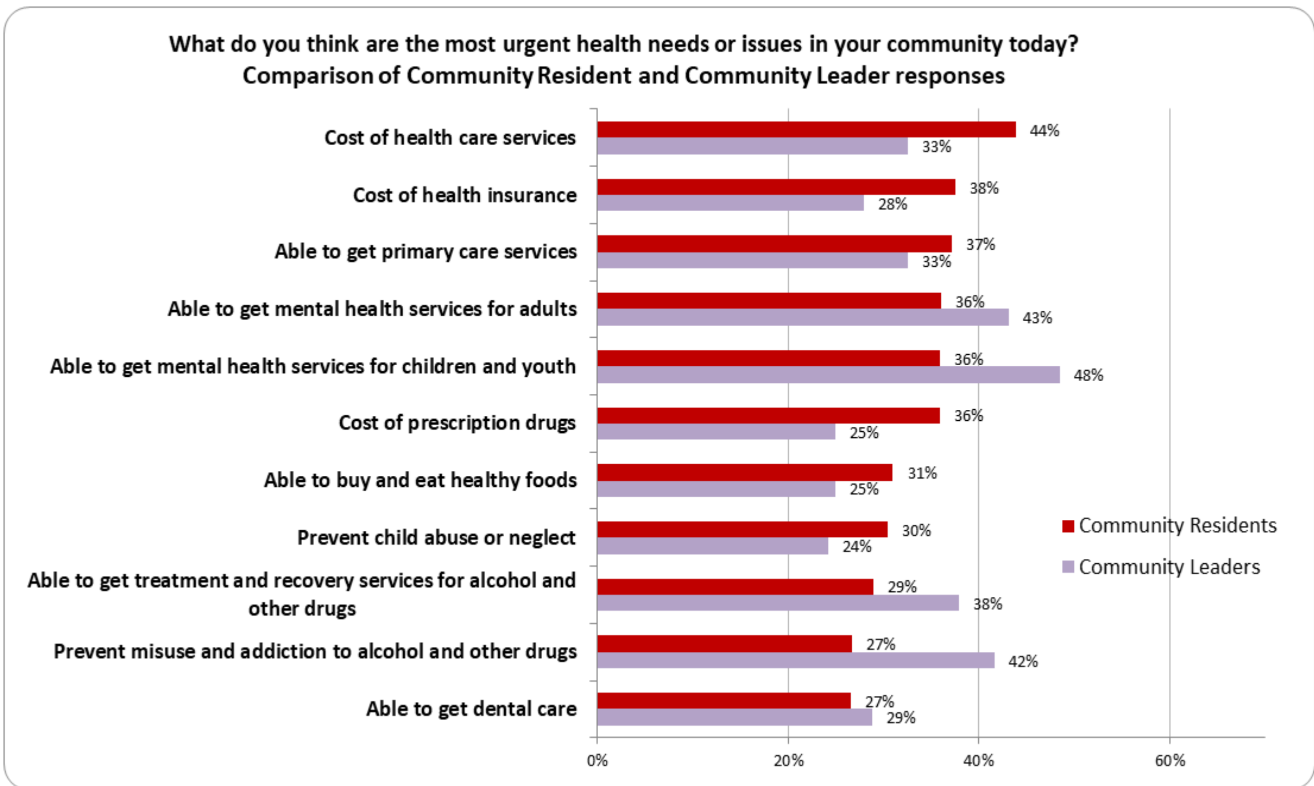
"There is a lack of available options for mental health problems in adults and especially children. With everything going on in schools from Covid-19 to school shootings across our nation, there are more children than ever that are in need of mental health options. Wait times at emergency departments or urgent care facilities is a huge deterrent for people seeking medical care and as such they are putting off being seen until the symptoms are more critical."

- *Community Service Provider (Fire / EMS)*

Figure 5 displays a comparison of the top 10 most urgent health issues selected by respondents to the Community Resident survey compared to the responses from Community Leaders on the same topics. Within the set of top 10 needs and issues, some differences are noted in emphasis and order of priority (as measured by response frequencies). For example, community residents were more likely to select issues related to cost – cost of care, insurance, prescription drugs – than community leaders. In comparison, community leaders were relatively more likely to select access to mental health services for children, youth and adults as top priorities.

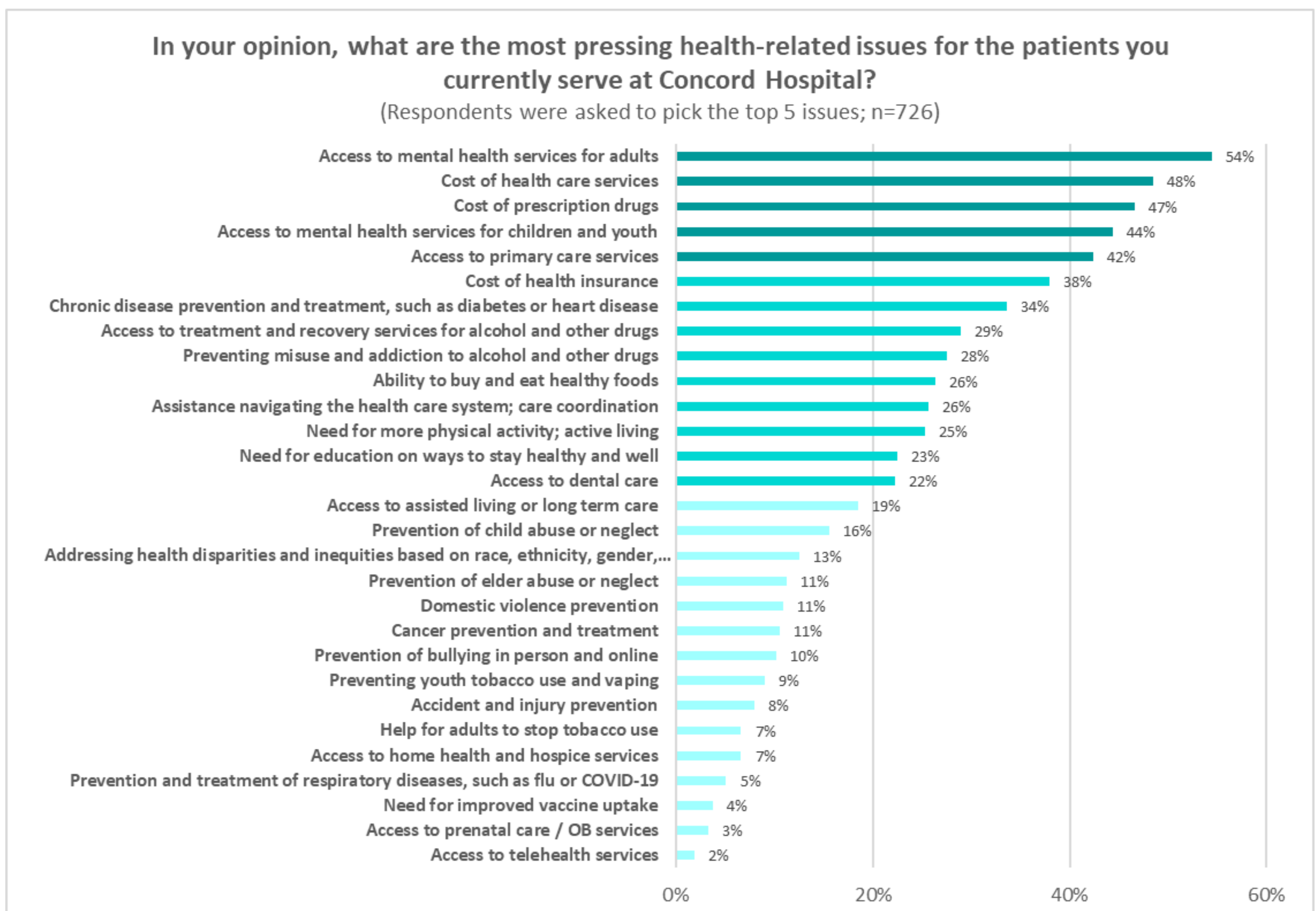
However, it should be noted that **9 of the top 10 most urgent issues** (out of 29 possible topics) selected most frequently by community residents **are the same** as those selected by respondents to the community leader survey. The specific topic differences between the two sets of top 10 issues are 'Prevent child abuse or neglect' (selected by 30% of community residents versus 24% of community leaders) and 'Able to get dental care' (selected by 29% of community leaders versus 27% of community residents).

Figure 5: Most Urgent Health Issues – Comparison of Community Resident and Community Leader Responses



Staff members of the Concord Hospital system were asked a similar question on the 'most pressing health-related issues for the patients you currently serve at Concord Hospital?' Staff survey respondents (n=726) were presented with a similar list of potential topics and asked to select the top 5 most pressing issues for their patients. As shown by Figure 6, staff responses are also similar to the findings from the community resident and community leader surveys with the top issues selected being access to **mental health services, cost concerns and access to primary care services**. More than half of staff respondents (54%) selected 'access to mental health services for adults' as one of the most pressing health-related issues for patients. The most notable difference compared to community responses is the lower frequency in which staff selected 'Prevention of child abuse or neglect' as a top 5 health concern (16%).

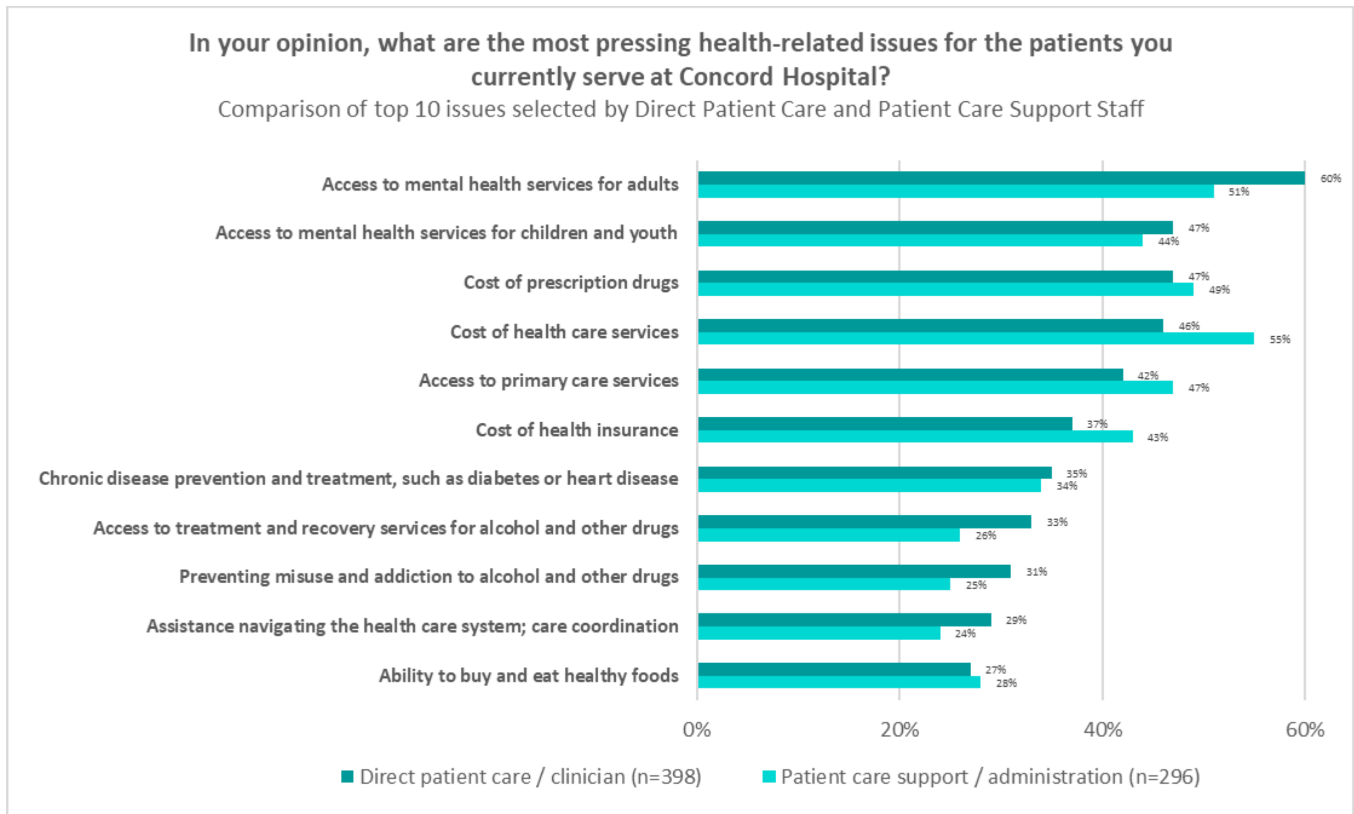
Figure 6: Concord Hospital Staff - Most Urgent Health-Related Issues for Patients



The staff survey included a question asking respondents to self-identify how their work was best categorized - as 'Direct patient care / clinician' (n=398) or 'Patient care support / administration' (n=296). Figure 7 displays results for the top 10 most pressing health issues broken out by these two job categories. Staff in direct patient care roles were more likely to select 'access to mental health services for adults' as a top concern (60%), while staff in patient care support roles were most likely to select 'cost of healthcare services' as one of the most pressing issues (55%).

As noted for the comparison of community residents and leaders, **9 of the top 10 most pressing issues** (out of 29 possible topics) selected most frequently by direct patient care staff and patient care support staff **are the same**. The specific topic differences between the two sets of top 10 issues are 'Assistance navigating the healthcare system; care coordination' (selected by 29% of direct care staff versus 24% of support staff) and 'Ability to buy and eat healthy foods' (selected by 28% of support staff versus 27% of direct care staff).

Figure 7: Most Urgent Health Issues Based on Your Current Patients by Role



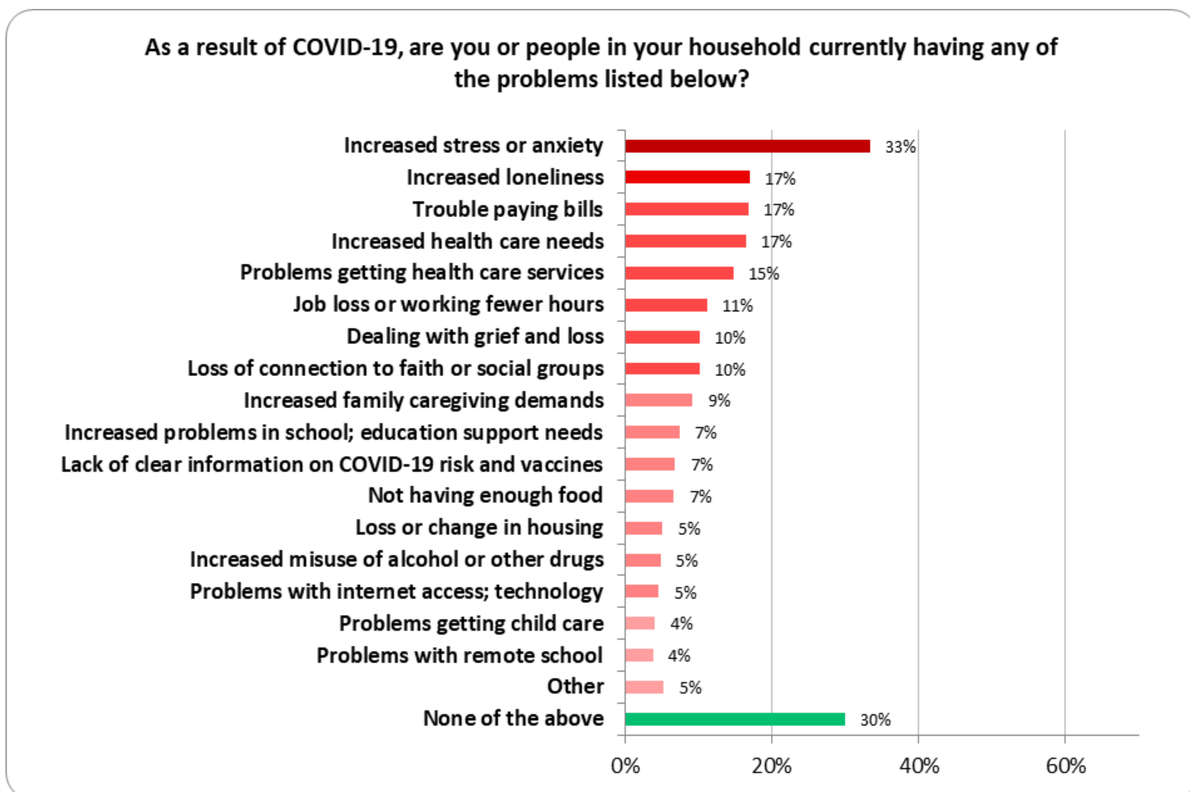
2. COVID-19 Pandemic Impact

The COVID-19 pandemic has had a significant impact on many community members and was an over-arching consideration potentially affecting the community health needs assessment process and the focus of community input. Consequently, the planning committee felt it important to specifically ask community members for input on how COVID-19 was currently affecting them or people in their household. (Most community survey responses were received between April and June 2023.)

About 33% of survey respondents indicated they were currently experiencing increased stress or anxiety as a result of the COVID-19 pandemic and about 1 in every 6 respondents (17%) were currently experiencing loneliness. About 17% of respondents indicated increased health care needs and a similar percentage (15%) indicated ‘problems getting health care services’ as a result of COVID-19. About one-third of respondents (30%) indicated not currently experiencing any of the impacts of COVID-19 listed as options on the question.

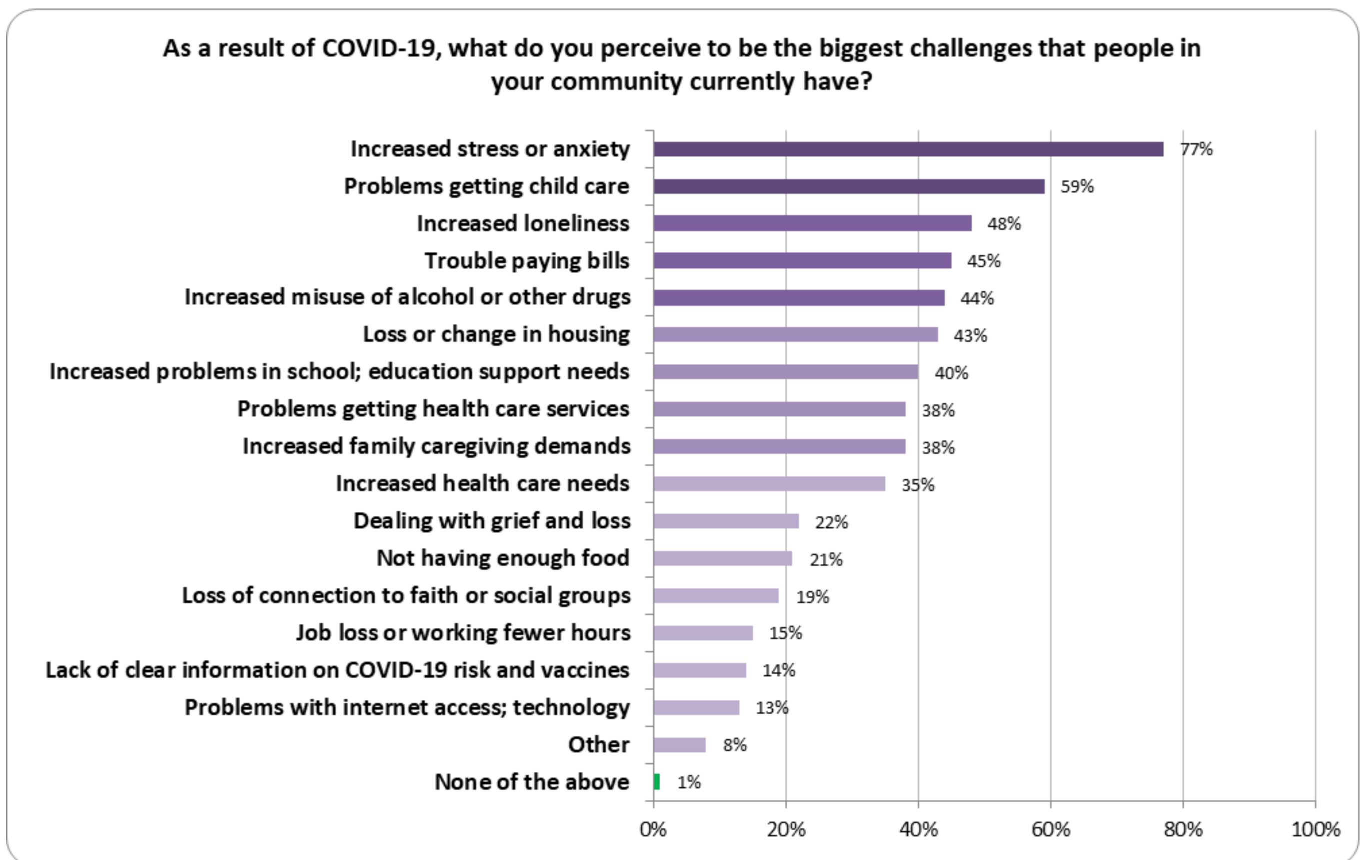
Among respondents with children in their household (n=247), 20% indicated they were having ‘increased problems in school; education support needs’, 18% reported’ increased family caregiving demands’ and 10% indicated ‘having problems getting child care’ as a result of COVID-19. Among respondents with household income less than $50,000, 26% reported having difficulty paying bills and 10% reported not having enough food as a result of COVID-19.

Figure 8: Current Health-Related Issues Due to COVID-19 – Community Residents



The survey of Community Leaders and Service Providers asked a similar question about the current impact of the COVID-19 pandemic on people in the community. Community Leaders were asked what are the 'biggest challenges' people in the community currently have as a result of COVID-19 (somewhat different than asking what proportion of people have a particular problem). 'Increased stress or anxiety' was also identified by Community Leaders most frequently as the biggest current challenge of the pandemic; along with increased loneliness, problems getting child care and increased misuse of alcohol or other drugs (respondents could select all that apply).

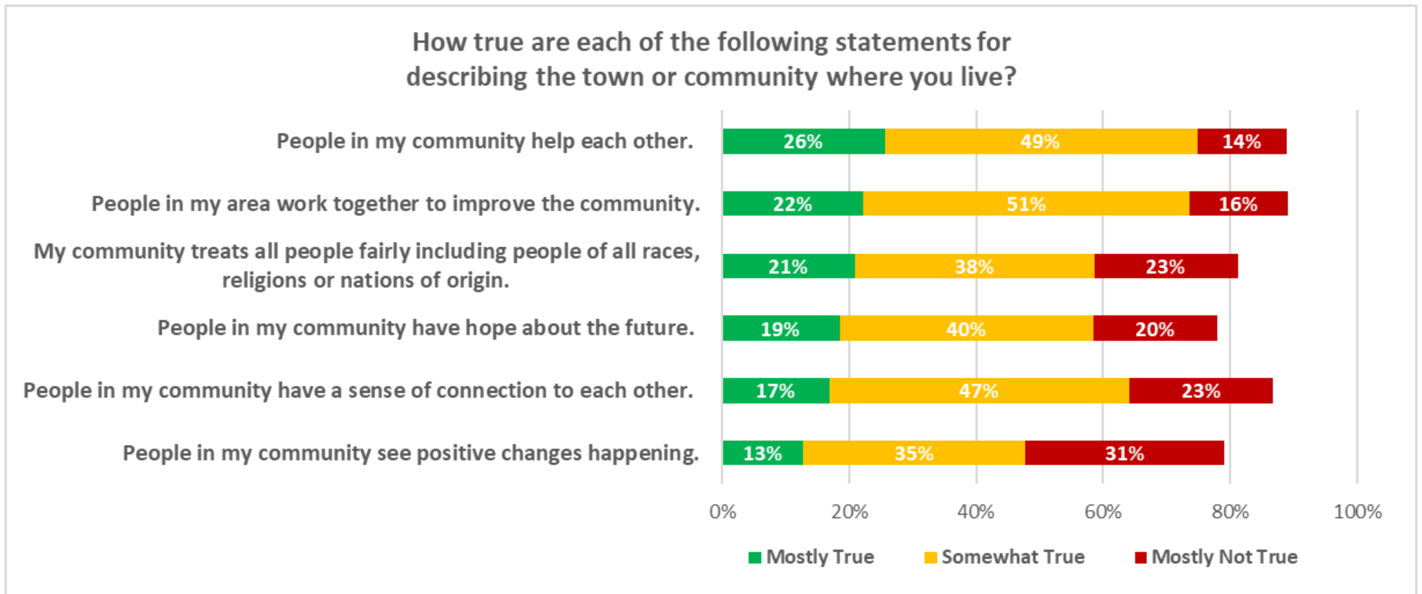
Figure 9: Current Health-Related Challenges Due to COVID-19 - Community Leader Responses



3. Characteristics of a Resilient Community

The Community Resident survey asked people to indicate how true certain characteristics of a resilient community were for the community in which they live. As displayed by Figure 10, 26% of respondents thought the statement, "People in my community help each other" is 'mostly true' and 49% thought the statement was 'somewhat true'. About 1 in 6 respondents indicated that it is 'mostly true' that "People in my community have a sense of connection to each other.' Nearly 1 in 3 respondents (31%) think it is 'mostly not true' that 'People in my community see positive changes happening.'

Figure 10: Perceptions of Characteristics Related to Community Resilience



Totals do not equal 100%. Response choice of "Don't Know" not displayed.

Further analysis of this set of questions was conducted by calculating a composite 'Community Resilience Score' for each respondent with possible scores ranging from zero to 12 (6 questions, each question with possible values of 2, 1 or 0). A score of 12 results when a respondent indicates that each of the 6 statements describing a resilient community are 'Mostly True'. Scores were then aggregated for 3 sets of communities within the service area: (1) communities with median household income below $71,000 (Lower Income Towns on the chart below) (2) communities with median household income between $71,000 and $91,000 (Middle Income Towns; median household income in the service area=$81,062); and (3) communities with median household incomes above $91,000 (Higher Income Towns; see Table 2 on page 6 for a list of towns by median household income).

Figure 11 displays the mean Community Resilience Score calculated from responses of residents for each of these community groupings. The mean scores for the middle- and highest-income groups are not significantly different from each other, while the mean score for the lowest median

household income group is significantly different and lower than both of the other town groupings (One-Way ANOVA, p<.05). (Note: Responses were excluded from this analysis from respondents not reporting a residential location or who reported locations outside the service area or who did not provide a response on all 6 questions comprising the composite score).

Figure 12 displays a similar analysis of the Community Resilience Score calculated from responses of residents for each of the service area sub-regional groupings defined on page 14. The mean community resilience score for respondents from Greater Franklin communities is significantly different and lower than each of the other town groupings (p<.01).

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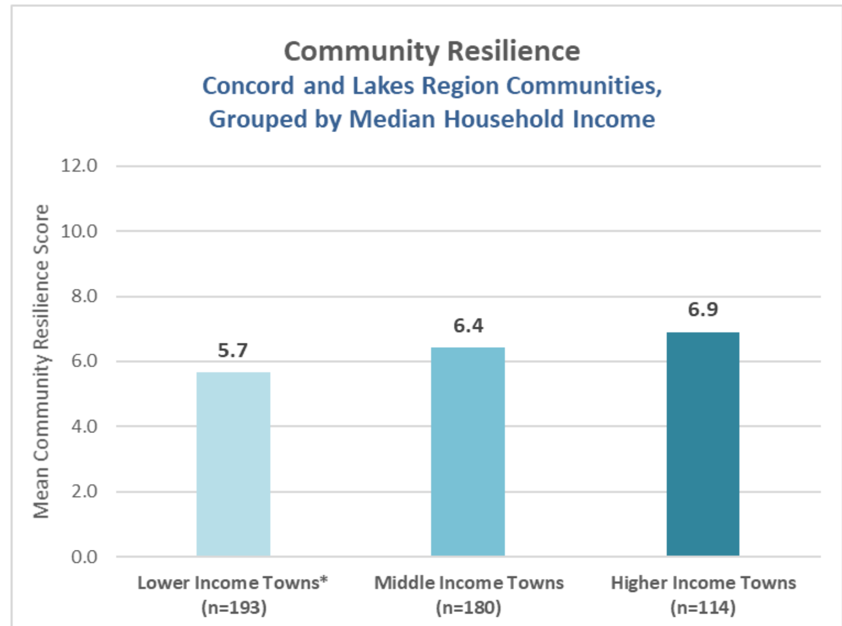
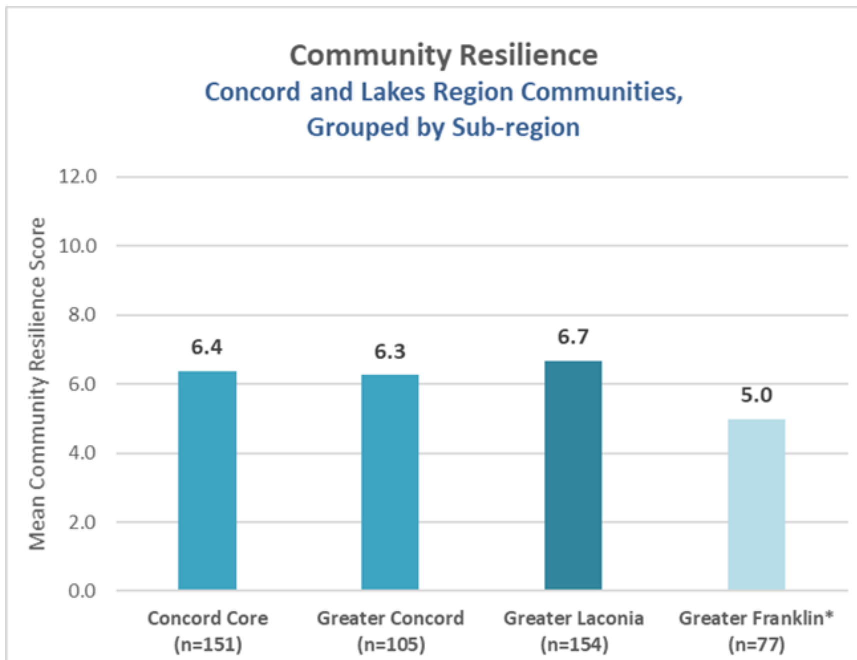
| Figure 11: Community Resilience Score by Household Income |



*Mean Score is significantly different and lower than the other mean scores

| Figure 12: Community Resilience by Sub-Region|



*Mean Score is significantly different and lower than the other mean scores

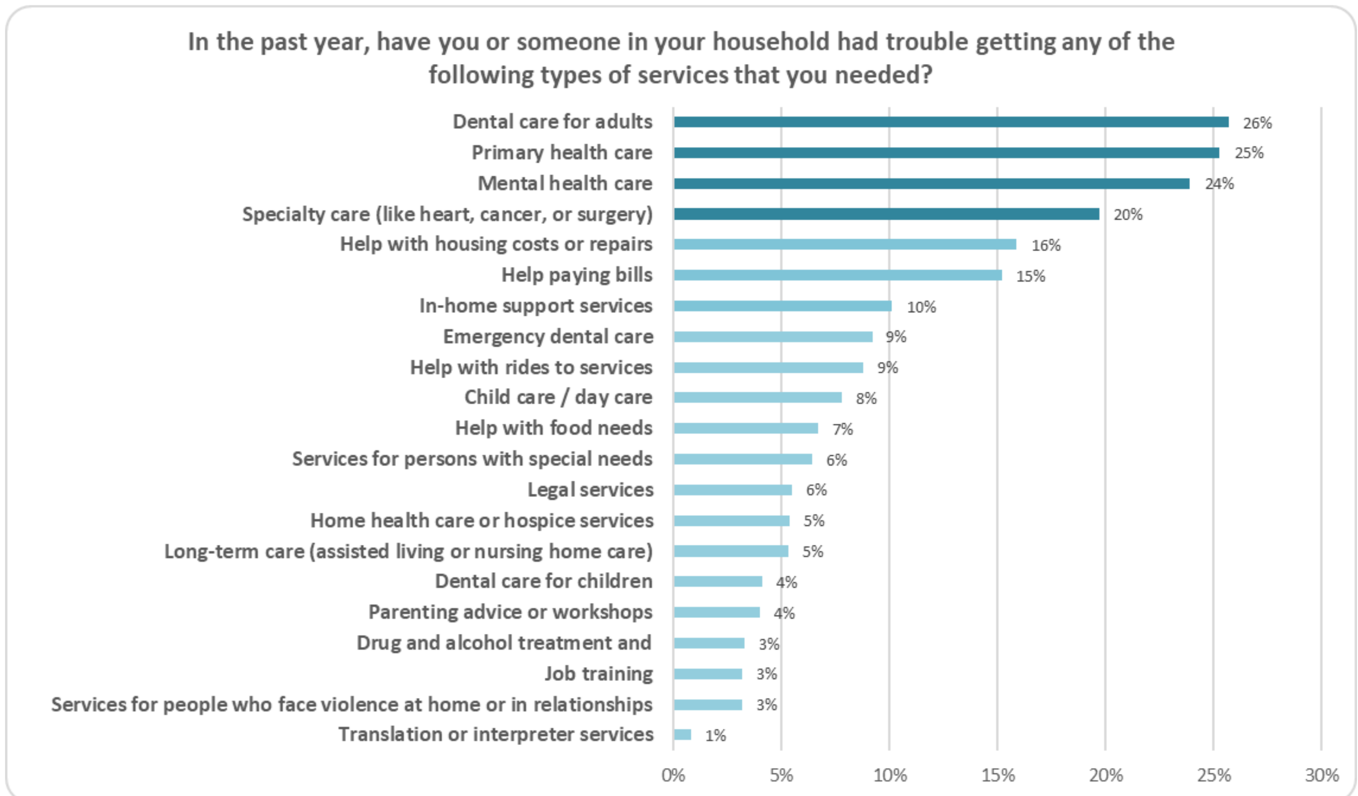
> ***"Create more opportunity to reduce isolation. This could lead to many benefits for residents of all ages."***
> - ***Community Resident Survey Respondent***

4. Barriers to Services

Respondents to the Community Resident survey were presented with a list of potential health and human services and asked, *"In the past year, have you or someone in your household had trouble getting any of the following types of services that you needed?".* Items were organized into several categories including Medical Care, Dental Care, Home Health or Long Term Care, Help with Parenting, Social Services, and Financial Help.

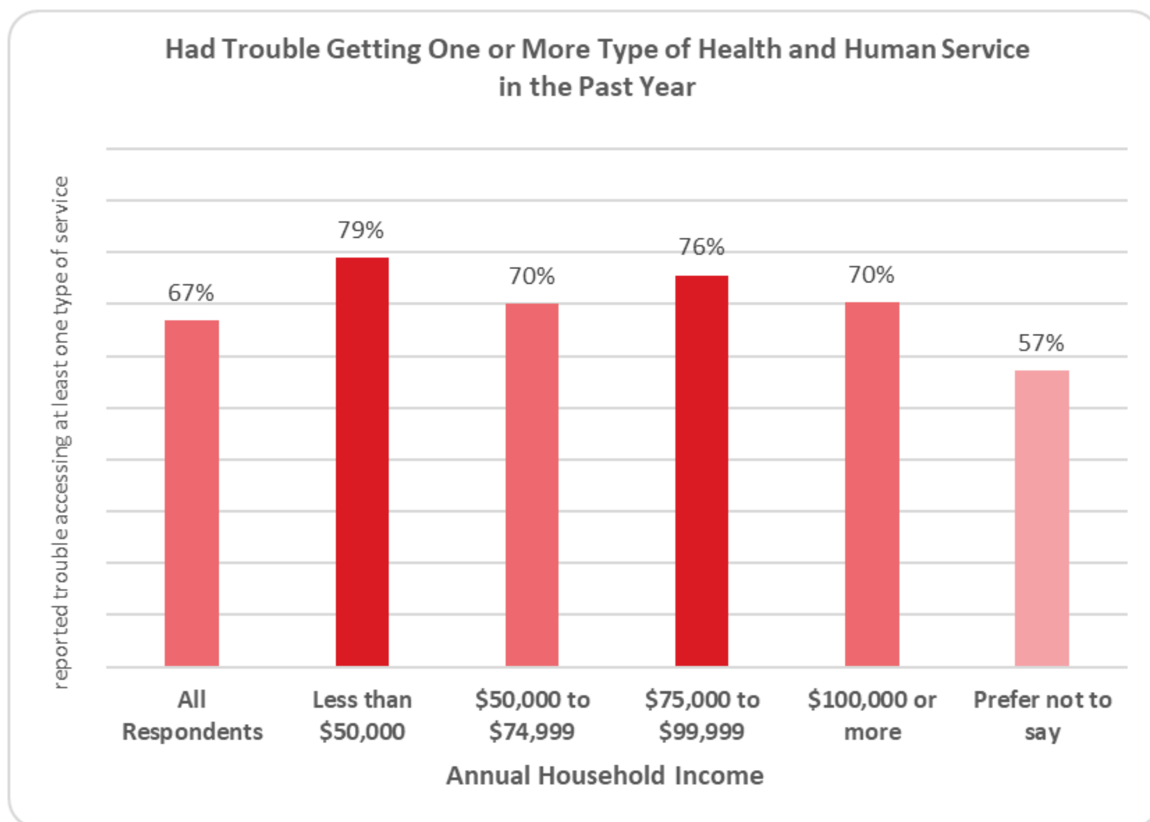
As displayed by Figure 13, about 26% of survey respondents reporting having difficulty getting 'Dental care for adults' over the past year; 25% of respondents indicated have difficulty getting 'Primary health care services'; 24% had difficulty getting 'Mental health care'; and about 20% had difficulty getting 'Specialty care (like heart, cancer, or surgery)'. Overall, about 63% of all respondents indicated having difficulty getting at least one type of service for themselves or someone in their household over the past year. This statistic is relatively high and may be reflective of the impact of COVID-19 on need, availability, and accessibility of some health and human services, as well as ongoing health care workforce challenges across New Hampshire.

Figure 13: Access Difficulties by Service Type



Respondents with annual household income less than $50,000 were most likely to report access difficulties compared to other income categories. However, this difference is not statistically significant and a relatively high proportion of respondents in all income categories reported difficulty accessing at least one type of service. Respondents who selected ‘prefer not to say’ on the household income question (17% of survey respondents) were the least likely to report having had trouble accessing at least one type of service in the past year (57%).

Figure 14: Difficulty Obtaining Health-Related Services by Annual Household Income



Survey respondents who reported access difficulties in the past year for themselves or a household member were asked a follow-up question for each type of service selected about the reasons why they had difficulty. Table 7 displays the most frequently selected reasons cited for the four most commonly reported service types that people reported having difficulty accessing. The top reason cited for difficulty accessing dental care for adults was ‘cost too much’ (selected by 65% of survey respondents who indicated difficulty accessing dental care). For Primary Health Care, Mental Health Care, and Specialty Medical Care the top reason cited for access difficulty was ‘wait time too long’. About half of people who reported difficulty accessing primary care or mental health care indicated a reason for the difficulty was ‘not accepting new patients’.

Table 7: Top Reasons Respondents Had Difficulty Accessing Services by Type of Service

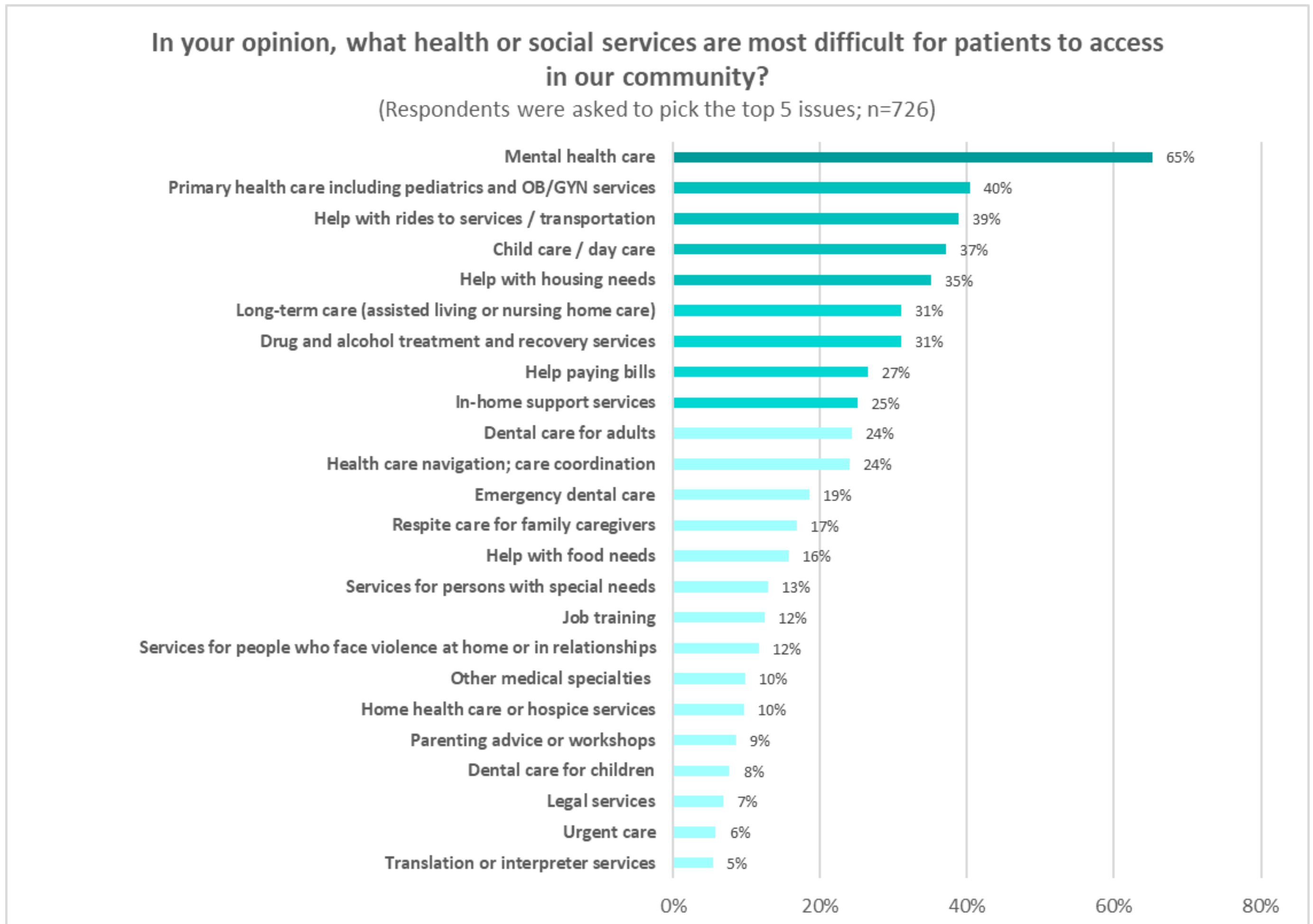
Percentages are of the total number of respondents who reported difficulty accessing a particular type of service.

DENTAL CARE FOR ADULTS (n=247, 26% of respondents)	PRIMARY HEALTH CARE (n=243, 25% of respondents)	MENTAL HEALTH CARE (n=229, 24% of respondents)	SPECIALTY MEDICAL CARE (n=187, 20% of respondents)
65% of respondents who indicated difficulty accessing Dental Care for Adults also selected "**Cost too much"** as a reason	**66%** of respondents who indicated difficulty accessing Primary Health Care also selected **"Wait time too long"** as a reason	**59%** of respondents who indicated difficulty accessing Mental Health Care also selected **"Wait time too long"** as a reason	**69%** of respondents who indicated difficulty accessing Specialty Medical Care also selected **"Wait time too long"** as a reason
No dental insurance or not enough dental insurance (60%)	**Not accepting new patients (49%)**	**Not accepting new patients (52%)**	**Service not available (42%)**
Wait time too long (32%)	**Service not available (33%)**	**Service not available (48%)**	**Not accepting new patients (34%)**
Not accepting new patients (27%)	**Cost too much (22%)**	**Cost too much (29%)**	**Cost too much (20%)**
Service not available (23%)	**Not open when I could go (17%)**	**No health insurance or not enough health insurance (22%)**	**No health insurance or not enough health insurance (13%)**

Note: Other available choices on the survey instrument included: 'Did not know where to go', 'Not eligible for the service', 'Discrimination/unfair treatment', 'Not culturally appropriate' and an open ended write-in option.

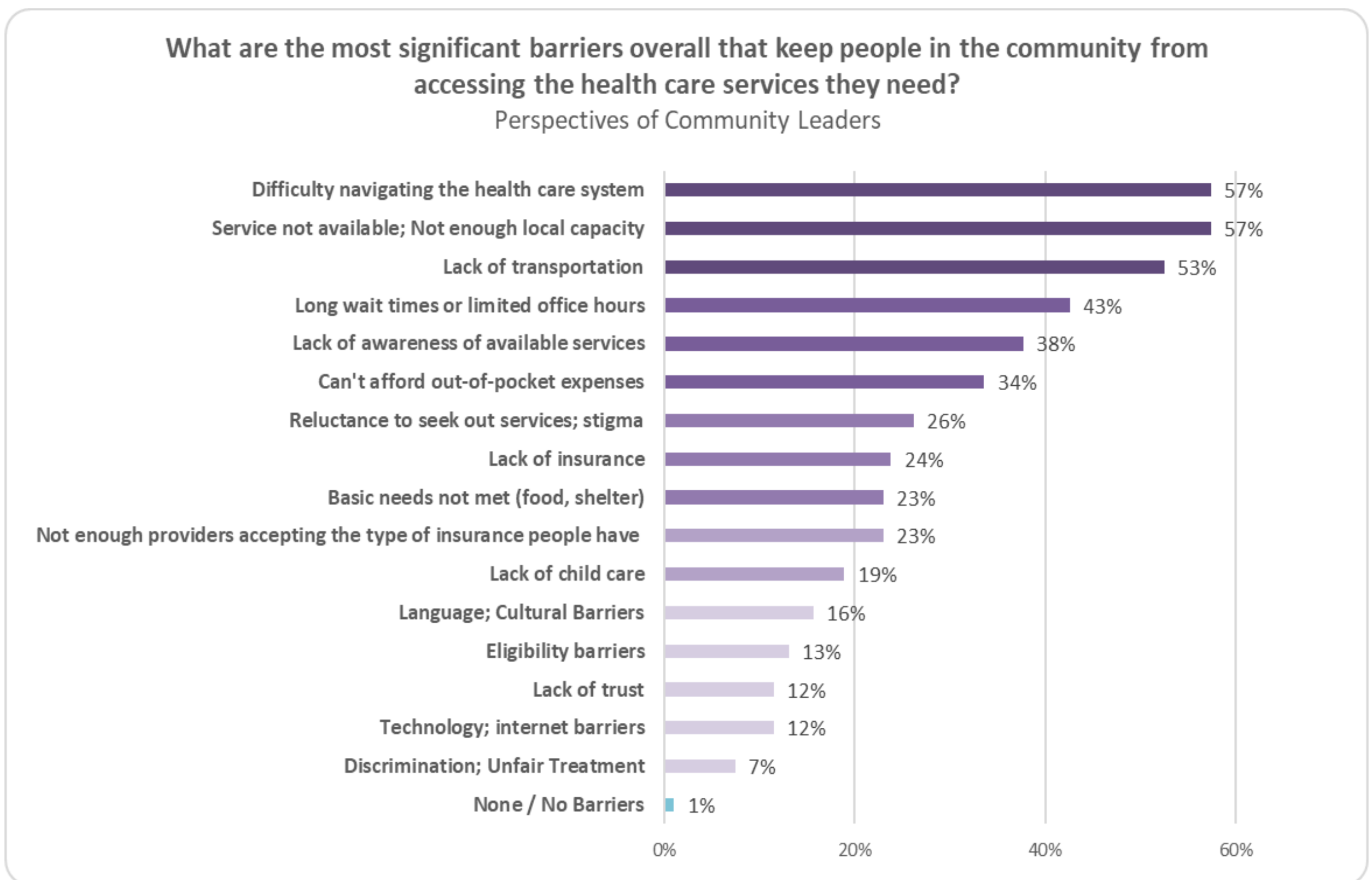
The Concord Hospital staff survey also included a question asking 'what health or social services are most difficult for patients to access in our community?' As displayed by Figure 15, mental health care was by far the most frequently selected service (65% of respondents) followed by primary health care (40%), help with rides to services (39%), child care (37%) and help with housing needs (35%).

Figure 15: Services Patients Have Difficulty Accessing - Service Provider Responses



In a related question, respondents to the Community Leader and Service Provider survey were asked to identify the most significant barriers overall that prevent people in the community from accessing needed health care services. Survey respondents were presented with a list to select from (plus a write in option) and asked to choose the top 4 barriers. The issues most frequently selected were 'Difficulty navigating the health care system,' 'Service not available / Not enough local capacity'; 'Lack of transportation'; and 'Long wait times or limited office hours.'

Figure 16: Most Significant Barriers to Access - Leader/Service Provider Responses

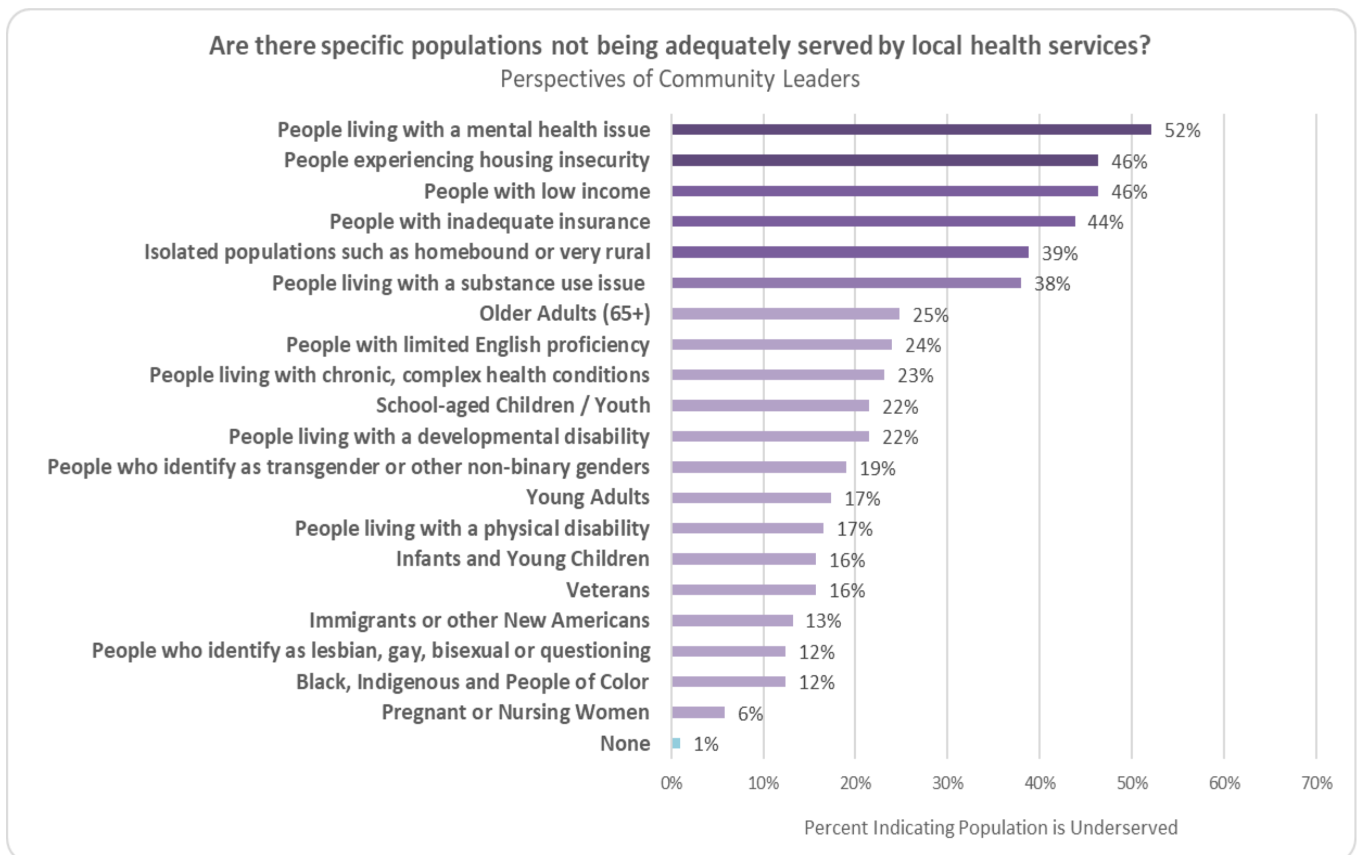


"Our New American community is in desperate need of case workers who will help our families navigate our complicated healthcare system in order to access necessary care. They are essentially stranded with enormous barriers and complex trauma without enough support to help them access the help they need."

- ***Community Service Provider (Education / Social Service)***

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 17, populations most frequently identified by Community Leader respondents as being underserved were ‘people living with a mental health issue,’ ‘people experiencing housing insecurity,’ ‘people with low income’ and ‘people with inadequate insurance.’

Figure 17: Inadequately Served Populations - Community Leader Responses



In a related question, Community Leaders were asked, “Are there particular types of health providers, specialties or services that are needed in the community due to insufficient capacity or availability?” About 67% of community leaders responded “Yes” (28% were ‘not sure’). In an open-ended follow up question asking ‘what specific types of health providers, specialties or services are needed in the

> ***“The wait times for services for (school-aged children and youth) is outrageously long. To have a child seek therapy the wait list is 7-12 months unless you are traveling 30+ minutes from the Lakes Region/Three Rivers area. It is extremely hard for those in average income thresholds that make just over the eligibility for assistance, as those receiving assistance tend to have more guided access through the healthcare system of available resources.”***
>
> - ***Community Leader (Business / Education & Youth Services)***

community due to lack of capacity or availability' the most commonly mentioned provider or service types were mental health care and primary health care.

> ***"Long wait times, PCP/Urgent Care facilities unnecessarily referring people to the ED makes the overcrowding in the ED's a greater problem. That said, Mental Health Services, are one of many issues that lead to long wait times in the ED's. As psychiatric patients are frequently occupying beds while they wait to be accepted at another facility. The Emergency Department is no place to hold people and efforts need to be made to place psychiatric patients sooner.***
> - ***Community Service Provider (Public Health / EMS)***

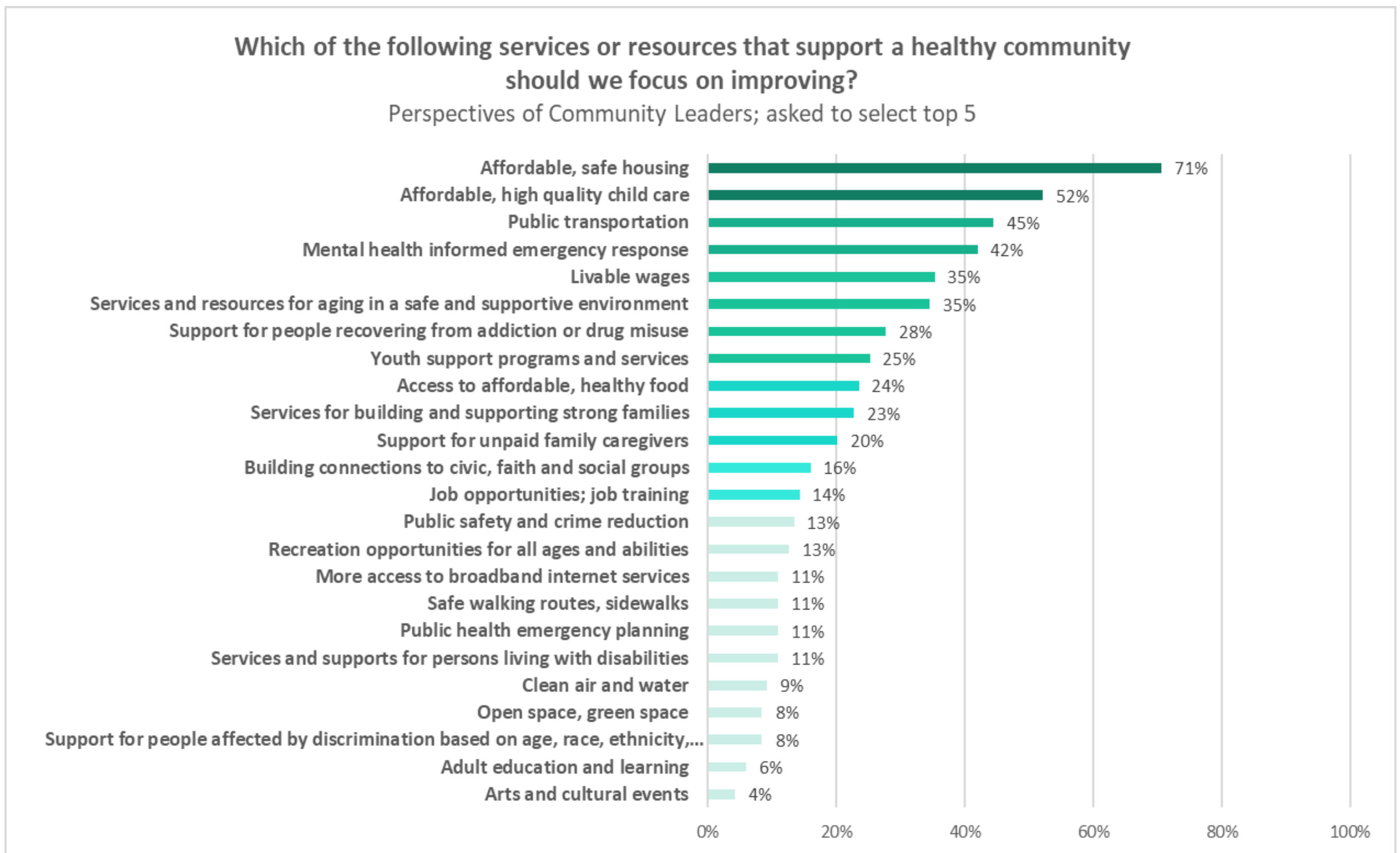
5. Services and Resources to Support a Healthy Community

Community leaders were asked to select the top 5 services or resources supporting a healthy community that should be focused on from a list of 25 potential topics (plus an open-ended 'other' option). Sometimes described as social determinants of health, the items included in this question generally describe underlying community attributes that indirectly support the health and well-being of individuals and families.

On the survey instrument, topics were organized into six overall conceptual groups described as follows: Basic Needs; Community Safety; Family Services and Supports; Infrastructure and Environment; Jobs and Economy; Welcoming Community. Survey respondents could select any of the individual topics from across the different groups.

As displayed by Figure 18 on the next page, Affordable Housing was selected by a large majority (71%) of community leader respondents as a resource the community should focus on to support community health improvement. Other top focus areas were 'Affordable, high quality child care', 'Public transportation', and 'Mental health informed emergency response.'

Figure 18: Top Healthy Community Focus Areas - Community Leader Responses



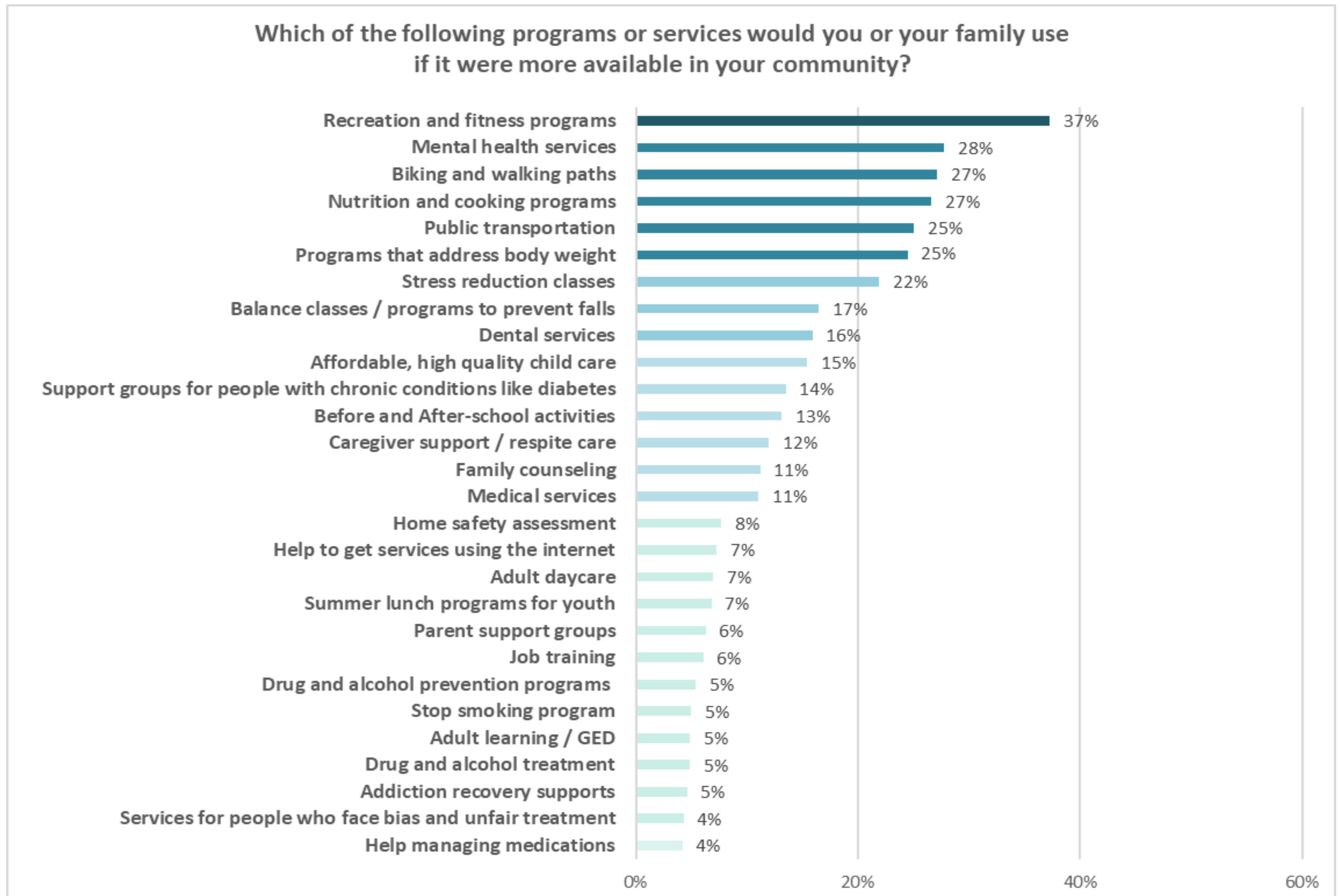
"Housing resources are an incredible need in this community, there just aren't enough. Affordable child care options are another need that impacts a family's ability to work and ensure their child is cared for."

- ***Community Service Provider (Mental Health)***

6. Interest in Specific Community Health Programs or Services

Community members were asked a variation on the question of community services or resources to support health and wellness. The survey asked community residents what programs or services they or their family would use if more available in the community. The survey instrument included a list of 28 topics organized into six overall conceptual groups as follows: Services for Children and Parents; Services for Older Adults; Healthy Lifestyle Programs; Counseling and Mental Health Services; Health Care Services; Community Services and Supports. Survey respondents could select any number of individual topics from across the different topic groups. As displayed by Figure 19, the highest amount of interest was reported for Recreation and Fitness programs, followed by Mental Health Services. Other services or resources most frequently selected were biking and walking paths, nutrition and cooking programs, public transportation, programs that address body weight, and stress reduction classes.

Figure 19: Programs or Services People Would Use if More Available



The table below displays the top programs or services of interest by age group. 'Recreation and Fitness programs' and 'Biking and Walking Paths' were frequently selected across age groups as resources that people would use if more were available. Respondents under age 45 were more likely than older respondents to select 'Mental health services' and 'Stress reduction classes,' as well as 'Affordable, High Quality Child Care.' In comparison, the second most frequently selected service by people ages 65 and older was 'Balance classes / programs to prevent falls' followed by public transportation.

Table 8: Top services or resources people would use if more available, by Age Group

Age 18-44 (n=204)		Age 45-64 (n=333)		Age 65+ (n=324)	
Mental health services	45%	**Recreation and fitness programs**	45%	**Recreation and fitness programs**	33%
Recreation and fitness programs	45%	**Biking and walking paths**	34%	**Balance classes / programs to prevent falls**	28%
Affordable, high quality child care	37%	**Mental health services**	34%	**Public transportation**	25%
Nutrition and cooking programs	36%	**Programs that address body weight**	32%	**Biking and walking paths**	23%
Stress reduction classes	34%	**Nutrition and cooking programs**	31%	**Programs that address body weight**	22%
Biking and walking paths	32%	**Public transportation**	29%	**Nutrition and cooking programs**	21%
Before and After-school activities	28%	**Stress reduction classes**	26%	**Mental health services**	18%

Table 9 on the next page displays results for the same question about services or resources people would use if more available by sub-regional groups of cities and towns in the Concord Hospital system service area. The sub-regional groups are the same as for the question about top priorities for community health improvement described on page 14. The most frequently selected topics are similar across town groups with 'Recreation and Fitness Programs' at the top for each town group. Residents of Greater Franklin were more likely to select Dental Services as a resource they would use if more available.

Table 10, also on the next page, displays top responses on the same question for Families with Children in the household and for survey respondents indicating they had difficulty with some activities of daily living. Respondents with children in the household selected 'Recreation and fitness programs most frequently. Both groups selected 'Mental Health Services' at the same frequency (39%), while the second most common selection for respondents with activities of daily living challenges was 'Public Transportation'.

Table 9: Top Services or Resources People Would Use by Service Area Sub-region

Group 1 Cities / Towns (Concord Core; n=283)		Group 2 Cities / Towns (Greater Concord, n=172)		Group 3 Cities / Towns (Greater Laconia, n=199)		Group 4 Cities / Towns (Greater Franklin, n=106)	
Recreation and fitness programs	30%	Recreation and fitness programs	51%	Recreation and fitness programs	44%	Recreation and fitness programs	47%
Mental health services	30%	Biking and walking paths	34%	Public transportation	34%	Nutrition and cooking programs	33%
Nutrition and cooking programs	27%	Nutrition and cooking programs	33%	Biking and walking paths	34%	Biking and walking paths	31%
Biking and walking paths	25%	Programs that address body weight	31%	Mental health services	34%	Public transportation	28%
Stress reduction classes	25%	Public transportation	29%	Programs that address body weight	29%	Dental services	27%
Programs that address body weight	25%	Balance classes / programs to prevent falls	27%	Nutrition and cooking programs	25%	Programs that address body weight	25%
Public transportation	20%	Mental health services	26%	Stress reduction classes	23%	Mental health services	20%

Table 10: Top services or resources people would use if more available

Families with children; People reporting difficulty with Activities of Daily Living

Families with children in the household (n=247)		People reporting 'it is hard to do some daily tasks without help' (n=122)	
Recreation and fitness programs	44%	Mental health services	39%
Mental health services	39%	Public transportation	38%
Nutrition and cooking programs	34%	Recreation and fitness programs	33%
Biking and walking paths	31%	Support groups for people with chronic conditions like diabetes	33%
Affordable, high quality child care	31%	Balance classes / programs to prevent falls	31%
Before and After-school activities	30%	Programs that address body weight	29%
Stress reduction classes	30%	Dental services	27%

The 2023 Community Health Needs Assessment Survey asked people to respond to the question, "If you could change one thing that you believe would improve health in your community, what would you change?" A total of 564 respondents to the community resident survey (56% provided written responses to this question. Nearly one third of all comments (30%) addressed issues related to insufficient availability of primary care and other medical care providers, wait times for appointments and emergency department visits, and patient-provider communication challenges. Table 11 provides a summary of the most common responses by topic theme.

Table 11: Community Residents – 'One thing to community health and wellness'

"If you could change one thing that you believe would improve health and wellness in your community, what would you change?"	
Health care provider availability including primary care and other specialties; workforce shortages; health care delivery system improvements including wait times, patient-provider communication, quality and options	**30% of all comments**
Affordability of health care including prescriptions, low cost or subsidized services; health insurance costs; health care payment reform	**14%**
Caring community, culture; community diversity and acceptance; facilities and opportunities for social interaction	**8%**
Affordable, safe housing; homelessness and basic needs; cost of living, poverty and employment	**6%**
Availability, affordability of mental health services; mental health awareness and stigma	**6%**
Healthy lifestyle awareness and education; overall focus on wellness and prevention; improved awareness of available services and resources	**6%**
Accessibility, availability of substance use treatment services; substance misuse prevention including tobacco; illegal drug availability	**4%**
Improved resources, programs or environment for physical activity, active living; affordable recreation and fitness	**4%**
Improved transportation services, public transportation; medical transportation	**4%**
Services or resources for youth and families; affordable child care	**3%**
Senior services; concerns of aging; home health care, assisted living	**3%**
Community Safety; physical infrastructure and accessibility	**3%**

“If you could change one thing that you believe would improve health and wellness in your community, what would you change?”	
Improved resources, programs or environment for healthy eating; nutrition and food affordability	**2%**
Affordability, availability of dental services	**2%**
Sustainable community, natural environment; climate change, air and water quality	**1%**
Public health policy and investment; vaccines	**1%**
No changes; other comments	**2%**

“The overriding need is more health providers and support staff. Every medical facility we interact with has personnel shortages. This is a country wide issue. I don't know the solution. Higher pay for full time staff is quite likely more economical than the current solution of paying traveling workers extra high pay.”

- ***Community Resident Survey Respondent***

C. Community Health Discussion Themes and Priorities

This Community Health Needs Assessment's Steering Committee worked with community partners to convene 11 discussion groups between May 2023 and July 2023. The discussion groups engaged a broad cross-section of the region and different community interests to identify common health needs and issues; to discuss how COVID-19 has impacted or continues to impact the lives of those in our communities; to identify perceived improvements in services, supports, or resources; and to gather suggestions from participants about what healthcare organizations could do better to support our communities' health. As part of the discussion activities, priority issues from the most recent Community Health Needs Assessments (Lakes Region in 2020, Concord Region in 2021) were shared and participants were asked if they thought those issues were still the most important and if there are new or different issues that are a higher priority.

In total, the discussion groups had 88 participants. Of the 88 participants, 62 (70%) opted to fill out and return the optional participant demographic information handout. Table 3 offers a summary of those group participants by age and sex. As with the community resident survey, seniors (age 65+) are somewhat disproportionately represented among discussion group participants.

TABLE 12: Discussion Group Participant Demographics

Identified Sex	Participants	18-34	35-54	55-64	65+
Identify as Female	65% (40)	20%	23%	10%	48%
Identify as Male	35% (22)	32%	18%	9%	41%
Groups Total	100%	24%	21%	10%	45%

The 11 discussion groups were recruited and convened with intentionality in the sense that the Steering Committee sought to hear the voices of people with lived experience and perspectives on particular dimensions of community health. The groups can be generally characterized as the following:

- Community members in treatment and recovery from substance use
- Caregivers and educators for young children
- Seniors within the community
- Community faith groups
- Community refugees, secondary migrants, and asylees
- Individuals receiving community mental health services
- Young adults within the community
- Members and/or allies of the LGBTQ+ community

The purpose of each discussion group was to get further in-depth qualitative input on health issues that matter to the community, if various health-related concerns identified in the most recent Community Health Needs Assessments have evolved or improved, observations on past community health improvement efforts, and suggestions for new or continuing areas of focus.

1. High Priority Issues for Community Health Improvements

At the outset of each discussion group, the group facilitator read top priority areas identified in recent Community Health Needs Assessment for the region. The reason for naming these priorities as a starting point for group input is the relatively recent completion of similar needs assessments (Lakes Region in 2020, Concord Region in 2021) such that it seemed more respectful to the community engagement process to acknowledge the relatively recent community input from these prior efforts involving community input.

The priorities named in the discussion were:

- Affordable access to health services
- Aging population and supports for older adults
- Availability of mental health services
- Help navigating the healthcare system
- Alcohol and drug use prevention and treatment
- Social and economic factors affecting health (like affordable housing, food and child care)

With some additions to the list, when asked if these six priorities were still the most important health-related issues within our community, participants in each group generally expressed agreement that these remained the most important, with various modifications on emphasis.

The table on the next several pages summarize the overall priorities, concerns, and areas of improvement identified by each of the discussion groups.

Table 13. Summary of Community Health Needs and Issues by Discussion Group

Discussion Group	Top issues from recent assessments that are still a priority?	What are other/new priorities?	Have you noticed improvements?
Family Health Center Clinicians (2)	• Affordability of basic needs and medical care is a top priority. • The aging population needs transportation support to avoid social isolation, especially in rural areas of NH. • Need for more social workers, BH counselors, training, etc.	• Respite programs are few and far between, and are cost prohibitive to most. • Available resources need to be up front: educate staff and have an easily navigable website. • LGBTQ+ need to feel safe and supported. • Increased anxiety and mental health concerns in the adolescent population. • Misuse of emergency care occurs due to an overwhelmed workforce and limited resources.	• There are more SUD programs available than ever before.
HealthFirst Medication Assistance Treatment Group (5)	• Affordable access to healthcare, especially those without insurance, is a huge issue. • Availability of mental health services is limited - wait times are extensive. • Affordable housing for low income residents is lacking greatly – many participants have experienced homelessness.	• Dental care is not available and, where it is available, it's not affordable. • Lack of public transportation is an ongoing problem for people to get healthcare services, groceries, job opportunities, etc. • Assistance for domestic violence victims and survivors as well as case management services for those experiencing abuse. • Assistance with insurance questions and billing issues.	• Increases in services for SUD and funding assistance for SUD services.
Greater Concord Interfaith Council Group (17)	• Affordable healthcare is the biggest issue, and is connected to so much. • Reliable home healthcare for lower income seniors, elder isolation, etc. all still issues. • Lack of affordable healthcare causes people to put off services until they turn into bigger, often more expensive issues.	• Homelessness has become a greater issue. Lack of affordable housing also contributes to a lack of staffing for many jobs. • No transparency or it's unclear how certain healthcare services are billed. • Price of medication. • Reproductive rights and access to care. • Concerns regarding legislation coming between a person and their physician/a person's ability to make their own decisions.	• Greater availability and awareness around mental health care. • Better general communication throughout the community. • Virtual visits are very helpful.

Discussion Group	Top issues from recent assessments that are still a priority?	What are other/new priorities?	Have you noticed improvements?
Granite State Independent Living Group (8)	● Transportation options are very limited when it comes to accessing health services. ● Mental health care needs have only increased in the last three years. ● Affordable healthcare has always been a top priority.	● Handicap accessibility is severely lacking. ○ The way hospitals, offices, care buildings, parking, etc. is designed creates barriers. ○ Lack of handicap solutions for receiving certain diagnostic services. ● Diagnostic services are not readily available to more rural or remote locations. ● Hospital staff need to be trained and re-educated on how to provide service, especially to handi-capable population.	● None noted.
White Birch Community Center Senior Group (10)	● Help navigating the healthcare system is a top priority, and manifests in many ways: ○ Aggravating to get a real person on the phone who is familiar with your chart. ○ Patient portals seem 50/50: sometimes they help expedite, but only if you know how to use them/have the technology to access it all. ● Transportation support for seniors. ● Affordable health care services.	● Prescriptions are expensive, and take forever to get filled ● Wait times at the emergency room are extensive, they are always packed with people, and room availability/privacy is a serious issue. ○ Pervasive misuse/ misunderstanding of ER use. ● Internal communication amongst doctors, healthcare systems, insurance, etc. is nonexistent. ● Less individualized, more “corporate” healthcare experience – the feeling of being processed. ○ Focus on a more holistic, wellness-centered approach. ● Aging in place/care in residential homes is unreliable.	● Greater discussion surrounding mental health and the services needed to help.

Discussion Group	Top issues from recent assessments that are still a priority?	What are other/new priorities?	Have you noticed improvements?
White Birch Community Center Childcare Group (6)	• Affordable of health care services. • Availability for mental health services (counselors, therapists, etc.), especially for young people. • Substance use disorders have increased. • Housing insecurity affects children and families in myriad ways.	• Specialized care is not accessible and often very expensive (e.g. dementia/Alzheimer's). • Parenting resources for unconventional caregivers. • Insurance matching support and resources are unclear or confusing. • Financial support to communities/families needs to be more reliable and consistent. • Availability of dental care services is lacking or expensive. • Should be more education about health care starting in high school.	• Perception that drug and alcohol use has lessened since COVID.
Ascentria Services for New Americans Group (7)	• The availability of mental health services and alcohol and drug use prevention and treatment go hand in hand. • Affordable housing is a pressing issue, and costs keep rising. • Wait times for mental health services are extremely long, and lead to further misuse of emergency rooms.	• Refugees have a hard time navigating the healthcare system. There is often confusion over what healthcare notices they receive actually are, what insurance options they have, etc. • Public transportation services are inadequate. • Interpretation services: Language barriers for refugees seep into every aspect of their life and ability to thrive, and often leads to further isolation. • Services to support victims of domestic and familial violence (e.g. corporal punishment). • Lack of cultural sensitivity training and awareness.	• Overall agreement that there have been no improvements

Discussion Group	Top issues from recent assessments that are still a priority?	What are other/new priorities?	Have you noticed improvements?
Riverbend Intensive Outpatient Treatment Group (6)	● Affordable health care and prescriptions are a big issue (even with insurance, prescriptions aren't covered or are expensive). ● Affordable housing - homelessness has become a bigger issue. ● The availability of mental and behavioral health services are low. ● Services for seniors and an aging population.	● Unable to get a PCP due to a lack of physicians accepting patients/out of network physicians. ○ Similar issues with dental care. ○ High turnover of healthcare staffs. ● Emergency room waits are extensive and the service is frequently misused. ● Healthcare systems need to streamline internal communication and patient records. ● Food insecurity is an issue as the price of everything continues to go up (and a general lack of awareness about what services or programs are available). ● Lack of awareness of homeopathic solutions.	● There has been a lot of progress with SUD programs and treatment. ● Drug prevention has improved.
Family Medicine Resident Group (4)	● Food insecurity affects downstream impacts on health and incurred costs. ● Access to affordable mental health services are desperately needed. ○ Mental health services for teens and young people are especially necessary. ● Navigating the health system, especially how things are paid, how much services cost, what insurance covers, etc.	● There's a need for social supports for youth populations. ● Increased care coordination and interpretation for non-English speaking populations. ● There are significant health inequities due to how rural many NH communities are. ● Healthcare workers need increased support, education, and training opportunities. ● Cost of living and cost of health services, including medications.	● Telehealth/ telemedicine has been very useful. ● Developments in integrated behavioral health, Nurse Navigation, financial assistance coordinators, etc.

Discussion Group	Top issues from recent assessments that are still a priority?	What are other/new priorities?	Have you noticed improvements?
Tilton Senior Center Group (14)	● Public transportation services are badly needed. ● Affordable housing at every age, but starts with young people who can't even afford an apartment. ● Availability of specialty services or physicians in general has depleted. ● Affordable health services – insurance should cover more.	● Affordable, quality daycare and childcare options and summer programming for kids. ● Health care service experience: ○ There is less human interaction. ○ More back and forth "ping ponging." ○ Losing dedicated PCPs and being unable to find a new one. ● Lack of availability of everyday necessities. ● People worry about keeping their job, inflation, being able to afford growing old, etc. ● Lack of awareness or understanding of available resources.	● None noted.
Lakes Region LGBTQ+ Group (9)	● Mental health services are still in high demand and there is a definite lack of counselors/services available – especially for youth in NH. ● Affordable health care and prescription medications is a high priority. ● Public and state-funded transportation needs desperately to improve. ● Affordable housing is an issue: people keep getting priced out of communities and as a result there is no staffing anywhere/high levels of homelessness.	● Schools need education for teachers, counselors, admins., etc. that will trickle down to the students as a result ○ There is a lot of bullying happening to students in the LGBTQ+ community, transgender intolerance, racial bullying, etc. ○ Teachers who mean well and are empathetic/try to help can end up doing unintentional harm if they don't have the right education and training. ● Overhaul of our healthcare system: ○ Use ERs correctly, provide fair pay and healthy working environment to healthcare workers, etc. ● Teen resources for communities should be a priority.	● None noted.

2. Community Health Issues Discussion

The first set of discussion group questions included: “Do you think these [six previously-identified health issues] are still the most important issues for our community to address?”. This question was followed up with questions of: “What other issues do you think are higher priorities now? What issues should be added to this list?” and: “Besides COVID-19, what do the people you know worry about most when it comes to their health and their family’s health?”. This aspect of the discussion groups generated conversations among participants that revealed common themes. Many of these themes could be considered to fall within categories of the six previously-identified health issues. Those will be discussed in this section of the assessment report, as well as new health priorities identified which do not readily fall within the categories established in the 2020 and 2021 Community Health Needs Assessments.

Affordable access to health services

This issue was split among two main themes of discussion:

1. Accessibility
2. Affordability

Accessibility

Many discussion group participants noted extreme difficulty in both finding and then accessing health services, either for themselves or their children.

- Shortages of primary care providers have led to longer wait times for appointments, required people to see out-of-network providers, and added a strain on emergency departments for non-urgent issues.
- The need for mental health providers, specifically for teens/children was a recurring theme, with many participants noting how difficult it was to find their child a therapist or counselor without waiting months on a wait list.
- Similar shortages with specialists require patients to travel long distances and wait months even for an intake appointment.
  - The higher the acuity, the greater the shortage it seems.
- Difficulty finding a dentist that is accepting new patients within an individual's insurance was noted in several groups.
- A lack of preventive care services or insufficient emphasis on preventive care and screenings.

> ***“I had a tooth that kept getting infected and it hurt so bad that I pulled it out myself because I couldn’t find a dentist that takes my insurance.”***
> - ***Community Discussion Group Participant***

Nearly every group noted issues within emergency departments due to non-emergency use fueled by the broader inaccessibility of services.

- Long wait times: wait times of six plus hours were brought up in several discussion groups.

- Strain on resources: many participants noted that once they were seen during their emergency room visit, there often were no rooms available, forcing them to wait in the hallways (sometimes for up to several hours). Limited equipment availability, lack of privacy when discussing personal health information, only being seen by nurses or medical assistants and never a doctor were all mentioned as well.
- Care continuity: participants noted that they didn't receive appropriate follow-up care, their medical records were not updated in a comprehensive way, or a general lack of communication between healthcare systems or providers.

> ***"The work we do day in and day out is exhausting. We are dealing with people's lives. If I mess up or miss a client's phone call, it can mean the client doesn't eat that night. It's a lot to go home with."***
>
> - ***Lakes Region MAT Group Participant***

Staffing shortages and misuse of the ER was noted by several participants who identified as healthcare workers, with an emphasis on the physical, mental, and emotional toll such staffing issues create for those working to care for an abundance of patients. Preventing burnout and providing support services for healthcare workers was discussed.

Affordability

A recurring theme throughout discussion groups centered on financial barriers, both for those who are uninsured and those who have insurance of some form.

> ***'Medication affordability is a big one. It affects our decision making as a provider too; can change our treatment plans that may not be optimal. I think more than 50% of our patients have had financial challenges impacting decision making regarding care or where to get care, the number of visits they can afford . . . . The way healthcare is paid for is so convoluted. This really impacts accessing care. People have no idea what things cost."***
>
> - ***Health Care Provider Discussion Group Participant***

- People without health insurance or with inadequate coverage note delaying or forgoing necessary medical care due to concerns about high costs.
- High out-of-pocket costs like copays, deductibles, and coinsurance were noted as issues.
- Insurance matching was mentioned as an issue by several participants, noting how many specialty services were not covered by their insurance.
- The cost of insurance was a recurring issue, especially for those unemployed or whose jobs don't provide benefits.

Supports for older adults and the aging population

As nearly half of the total discussion group participants were seniors (45% were aged 65+), supports for older adults and the aging population was among one of the most discussed topics.

- Social isolation for seniors was a priority topic, with many noting that the COVID-19 pandemic changed a lot about how they socialize or are able to interact with others.

- Aging in place was a concern for many, with participants noting that they were unsure if they will have the option given the shortage of healthcare workers and aides to provide home and community-based support and whether it would be cost prohibitive.
- A general lack of public transportation was a recurring issue for participants in different age groups across the different discussion groups. However, seniors often rely on public transportation for essential medical appointments, and may end up delaying care because of it. Lack of public transport options to social opportunities also lends to the sense of social isolation. When existing rideshare or transportation solutions were discussed, participants either a) were unaware of those resources and services (with suggestions that circumstance should be remedied), or b) had utilized them in the past and found them lacking/unreliable.
- Having some type of liaison for navigating newer technology that healthcare systems are using was a recurring issue. Many seniors noted not knowing how to access or log into their patient portal, frustrations with navigability of a portal, or simply not possessing the technology to even use a patient portal.

"At a certain point during COVID, seeing my grandchildren was more important to me than how long I would be on earth."
- ***Senior Center Group Participant***

"Everyone wants everything to be digital now. It's aggravating trying to get anyone on the phone and, once someone gets on the phone, it's hard to get a straight answer."
- ***Senior Center Group Participant***

Navigating the healthcare system

Navigating the healthcare system was a recurring concern identified as a continued priority from the 2021 Health Assessment. This theme emerged across almost all discussion groups in diverse ways. For instance, seniors raised this matter while expressing frustration about accessing or utilizing patient portals. Similarly, participants who faced challenges with insurance alignment or finding suitable insurance coverage touched upon it. Additionally, those who sought specialists for themselves or their children shared difficulties in navigating the process of locating relevant specialists. Problems navigating healthcare systems can be traced through many of the other health priorities raised throughout the discussion groups.

"Receiving financial aid from Concord Hospital is very difficult, and has a completely different lattice compared to other hospitals. I'm often so confused about the process or what paperwork and requirements are needed to apply."
- ***Childcare Provider Group Participant***

Substance use prevention and treatment

Increasing substance misuse treatment and prevention services was a clear priority discussed by many participants and groups. While some did note perceived improvements in the availability of these services and awareness in general, many expressed concerns over the rising opioid epidemic

in the state and how any additions to available resources and services have not been enough. Some common themes and discussion topics in this area included:

- Not only making services known and accessible, but also affordable to those who need them was articulated as a high priority.
- Substance misuse among the unhoused, and how one issue often feeds into another.
- Services for early intervention and substance use prevention, with participants highlighting the importance of services that offer harm reduction strategies and alternatives to more dangerous practices.
- The need for continuing to educate and raise awareness surrounding substance misuse (for alcohol and drugs/opioids), with many mentioning the stigma that can be coupled with addiction.
- Providing resources for the family members of those living with addiction.

> ***"The availability of mental health services and alcohol/drug use prevention and treatment go hand-in-hand."***
> - ***Community Caseworker Group Participant***

> ***"Parents who go into SUD treatment create a lot of needs for their children, yet there is a significant lack of resources available for those kids."***
> - ***Childcare Provider Group Participant***

Improving healthcare worker communication and training

Perhaps related to the topic of challenges in navigating healthcare systems, another common theme that resulted from the group discussions focused on improving the overall communication of our healthcare systems as well as ensuring healthcare providers and workers are properly trained and educated.

Communication

Many participants emphasized frustration with the overall communication practices (or lack thereof) between healthcare systems and providers. This issue appears to manifest in three relationships:

1. Patient & Provider: participants noted that getting in touch with their doctor, or even someone familiar with their medical history, was increasingly difficult. Others noted that they often were not clear on what tests or exams they have been involved with were, their purpose, whether insurance covered them, or if there would be other incurred costs. Improving transparency when working with patients was a thread that appeared through many of these discussions.
    a. There were a few participants who noted that patient portals have helped remedy some of these access and communication

> ***"Going to the doctor's now is a whole different experience. You're there to be 'processed' and often don't get to see your actual doctor."***
> - ***Senior Center Group Participant***

issues, with secure texting or messaging through portals having better response times than calling in to the office.

2. Patient & Insurance: surprise costs and bills were frequent concerns participants noted, citing a lack of transparency about what an individual's options look like when it comes to finding insurance, what insurance covers, and what to do when faced with exorbitant out of pocket costs or inaccurate billing. Providing a liaison to assist with insurance questions or concerns (or making those services more available/increasing awareness of them if they already exist) was a suggestion to help remedy this concern.
3. Provider & Provider/Healthcare Systems: streamlined internal communication and patient records was a concern for many participants. Many cited frustrations when having to answer the same questions about their conditions or medical history over and over, and that their medical records often weren't updated appropriately or comprehensively.

> ***"There needs to be better communication between PCPs, hospitals, and urgent care. I've paid for services and tests at urgent care only to have to repay for them to be done at the ER because there's no communication or record-sharing."***
> - ***Outpatient Treatment Group Participant***

Healthcare workers training and education

The term "Corporate Healthcare" came up in a senior group discussion, and applies well to other aspects of concerns or priorities many participants mentioned. Focusing on the person, increasing holistic or homeopathic options as an approach, and understanding resources available to help individuals improve their wellness or overall hygiene practices were all discussed.

The need for cultural sensitivity and training among healthcare professionals was also mentioned several times as a community priority, specifically referring to refugees, disabled individuals, members of the LGBTQ+ community, and the unhoused.

> ***"We shouldn't have a wheelchair user being told to 'get on the table' for an exam when they have limited accessibility."***
> - ***Independent Living Group Participant***

Vulnerable population resources and community support

LGBTQ+ safety, education, and resources

Parents, family members, and guardians of students within the LGBTQ+ community remarked on how existing support systems or resources for their students can often have adverse effects. Attending or joining a Queer Student Group may inadvertently out that student to others, for example. Or a support group for students within the LGBTQ+ community may be overseen by a well-meaning advisor or teacher who is not actually trained on how to appropriately support these students or who might be unaware of the proper resources to offer.

Many participants also noted how enthusiastic they would be to have some sort of LGBTQ+ literacy group for parents and community members to better educate themselves on how to support this population.

> ***"The national as a whole, including a lot of grown-ups, has decided that this is the group of kids that we are going to target. So therefore we may not get to see some of these kids become adults."***
> - ***Lakes Region LGBTQ+ Group Participant***

Bullying members of the LGBTQ+ community was also a topic that several participants brought up, and the need for a more comprehensive approach on how to handle this type of bullying and intolerance.

Affordable housing options and supporting the unhoused population

Homelessness and affordable housing were recurring priorities that emerged from discussion groups. Several participants had personal experiences with homelessness, and described how a community's approach to dealing with homelessness can be quite backwards; creating policies that can actually cause more barriers to support or care than intended.

> ***"I went to the police department one night because it was so cold out and I couldn't find anywhere to stay. An officer told me I could sit in the PD to get warm, but if I close my eyes, I had to leave. I was so tired from being cold and walking around aimlessly that there was no way I could stay awake."***
> - ***Community Discussion Group Participant***

Public transportation again came up when discussing this health-related issue. New Hampshire's lack of affordable or reliable public transport introduces added barriers for the unhoused population to access health services, food, job opportunities, etc.

The dangers of being unhoused in NH were mentioned several times as well. With extremely cold winters and summers getting hotter, the dangers of living among those conditions and without shelter or proper clothing can be severe.

> ***"There were many nights in the winter that I thought I was going to freeze to death. One night, I was so sure I was going to die that I taped a note on my chest that said "My death is your fault, ** (name of town)."***
> - ***Community Discussion Group Participant***

Finally, unaffordable housing in NH was a priority mentioned in several discussion groups. Rent increases, expensive utilities, and other housing-related costs often prevent individuals from having money left over for food, child care, healthcare services, insurance, and so forth. The ever-increasing cost of living was a health-related concern that many remarked on when asked what they or people they knew worried about.

Awareness of community resources

Ensuring healthcare professionals across all specialties are aware of resources available in their community was an essential concern, with an emphasis on making sure the resources offered are up-to-date, relevant, and can realistically provide the support needed.

General health literacy and education

A recurring suggestion for addressing several of the perceived health priorities was to increase health literacy and education efforts. This was noted as being especially important for younger individuals, to make sure they understand prior to adulthood the importance of dental/oral care, preventive care and screenings, appropriate uses of emergency rooms, and resources available to navigate the various systems.

Lasting Impacts of COVID-19

Discussion group participants were asked the following question: "A big concern for many people has been the COVID-19 pandemic. Thinking about the people you know, how has the COVID pandemic impacted them the most?" Many discussion group participants spoke of increases in mental and behavioral health issues, misinformation, fear and uncertainty, lost jobs and staffing shortages, and disruptions in care. Below are general themes that appeared in participant responses along with illustrative quotes from the discussion groups.

> ***"We saw changes in how people interact – at our church, in the community. We saw a big drop off in youth involvement/older people being hybrid. I feel some vibrancy was lost in our community."***
> - ***Interfaith Council Group Participant***

- Nearly every group remarked on a perceived increase in mental health challenges, most notably among youth.
  - A recurring term used was: "COVID Kids."
  - Many participants used this term to describe younger children who were home during the pandemic instead of attending kindergarten, starting elementary school, etc., and, as a result, missed crucial years of social, emotional, and behavioral growth. These children often have a hard time connecting with their peers, forming friendships, sharing, emoting, etc.

> ***"We won't know the full psychosocial impact for a while."***
> - ***Interfaith Council Group Participant***

  - An increase in anxiety was noted as well, especially among teens/younger people.
  - An increase in reliance on devices, social media, and screens in general among young people was noted.
- Lost jobs created staffing shortages in nearly every industry, and the sense among participants was that this has not yet improved.
  - Participants with children and/or who care for/educate children remarked that shortages in staff have led to fewer teachers available to teach and care for children, putting undue pressure on educators and schools.
  - Lack of affordable housing solutions, especially for those who have lost their incomes due to the pandemic.

- There were many comments about the amount of misinformation regarding COVID and the vaccine, as well as an increase in conspiracy theories/ists.
  - Struggles with uncertainty have increased due to the lack of reliable information surrounding COVID.
  - COVID became political these past few years, and people make all different kinds of assumptions about who you are and what you believe just based on vaccines, masks, etc.

"It feels like a very different world when I'm out in public. And wearing a mask has all these underlying connotations. People assuming what you believe. It's become so political."
- ***Senior Center Group Participant***

- Fear and isolation have led to increases in alcohol use, substance use disorders, and anxiety/depression.
- Many people continue to put off medical care either due to fear or not having reliable/affordable access to health services (or a combination of the two).

"There's been no declaration that COVID is over.
- ***Community Center Childcare Provider***

Table 14. Summary of Common Themes Across Discussion Groups

Topic	Brief Description of Common Themes
Access to healthcare	Healthcare worker shortages including primary care dental, mental/behavioral health, medical sub-specialties and community-based care for seniors; long waitlists, availability of in-network providers for those with insurance, care continuity, and a lack of preventive care services.
Cost of healthcare	Affordable healthcare insurance, inadequate coverage, high out-of-pocket costs, medication/prescription costs, and understanding the cost associated with seeking necessary health services, insurance matching and financial aid.
Navigating healthcare systems	Telehealth and patient portals, specialty services for struggling children and teens, minoritized groups receiving necessary support or services, general literacy regarding how to access existing community resources, need for improved internal and external communications between healthcare systems, provider and patients.
Seniors/aging population	Social isolation, ability for and cost of aging in place, public transportation, navigating the shift to digital patient portals and systems, and general social and health services to support seniors across the spectrum of care.
Vulnerable populations	Needs of people who are unhoused, those struggling with a SUD, members of the LGBTQ+ community, refugees, and children struggling with emotional and social development.
Health services literacy & training	Providers unaware of available services; suggesting unrealistic or outdated resources and services; providers seeming rushed or not thorough. People not knowing where to find appropriate services/resources. Kids needing to be educated about important health information prior to becoming independent adults.

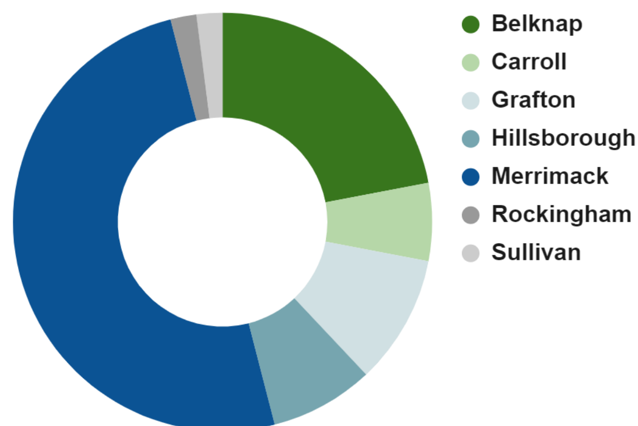
D. Community Health Status Indicators

This section of the 2023 Community Health Needs Assessment report provides information on key data indicators and measures of community health status. Some measures that are 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 49 town service area identified as the Concord & Lakes Region area. In some instances, data, are only available at the county level or the Public Health Network (PHN) region level.

This assessment will include data for Merrimack and Belknap counties for public health data only available at the county level. Although communities within the Concord & Lakes Region service area span 7 of NH's 10 counties [Figure 20], all municipalities located in Belknap County and 89% of Merrimack County communities are included in the Concord Hospital system service area. For other counties, the large majority of municipalities comprising the county are not part of the Concord Hospital service area (from 84% of Carroll County to 97% of Rockingham County) such that statistics describing those counties do not particularly reflect the population served by the Concord Hospital system.

Similarly, for data only available at the Regional PHN level, this assessment will include statistics describing the Capital Area and Winnipesaukee PHNs. Of the 49 municipalities in the Concord Hospital system primary service area, 25 are included in the Capital Area PHN and 16 are in the Winnipesaukee PHN (also referred to as the Lakes Region). Together the Capital Area and Winnipesaukee regions contain 89% of the service area population. The remaining 8 towns are distributed across 4 other PHNs (Central NH; Carroll County, Greater Manchester, and Greater Sullivan).

Figure 20: CHNA Service Area County Representation



1. Demographics and Social Determinants of Health

Social determinants of health are the conditions in which individuals are born, age, work, and live and how these factors and forces shape the conditions of quality of life. They are often nonmedical and can have a direct or indirect influence on health outcomes. Examples of social determinants of health include access to healthy food, education, and transportation; economic status and policies; housing; employment status and opportunities; infrastructure; and other social, political, and environmental factors. Similarly, factors such as age, disability, and language can influence the types of health and social services needed by communities in order to thrive.

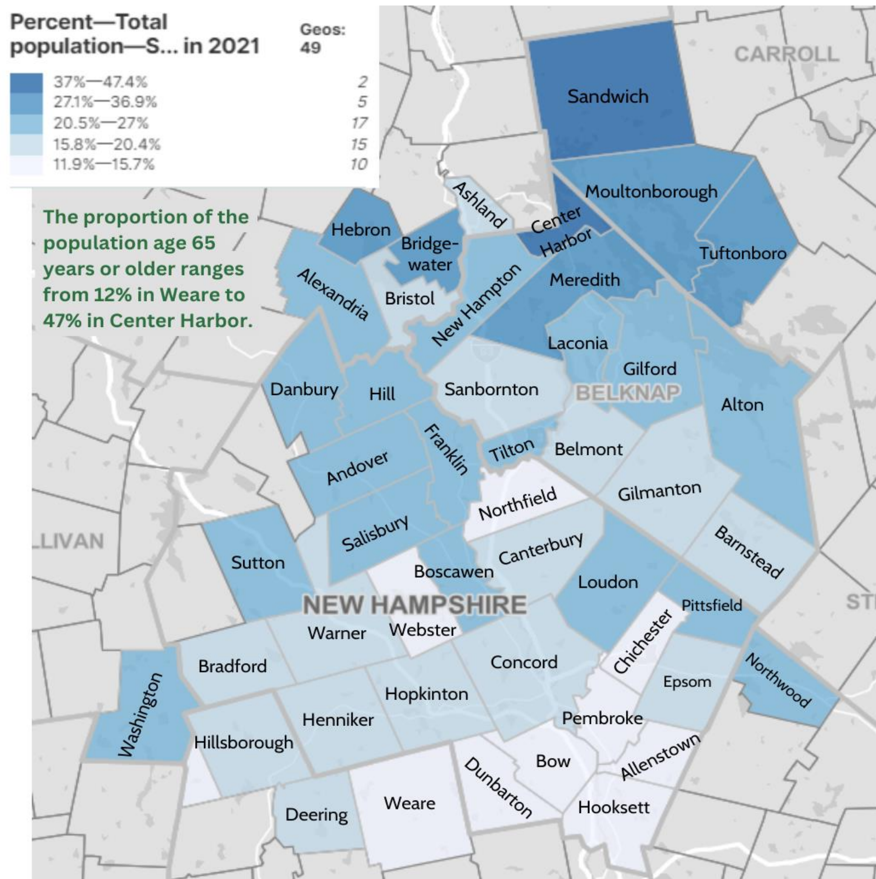
General Population Characteristics

According to the 2021 American Community Survey, the population of the Concord & Lakes Region service area has a slightly percentage of people age 65 and older compared to 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 2018 and 2021, the population of the service area grew by about 3.5%; a faster pace than New Hampshire population growth overall.

Indicators	Concord & Lakes Region Service Area	New Hampshire
Total Population	249,846	1,372,175
Age 65 and older	20%	18%
Under age of 18	19%	19%
Change in population (2018 to 2021)	+3.5%	+2.1%

Data Source: U.S. Census Bureau, 2021 American Community Survey 5-Year Estimates

Figure 21: Percent of Service Area Population 65 years of age and older



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 Concord & Lakes Region Service Area have earned at least a high school diploma or equivalent compared to New Hampshire overall. The state has a higher rate of those with a bachelor's degree or higher than the CHNA service area. The tables below present data on the percentage of the population aged 25 and older for each geographic region.

Percent of Population Aged 25+	Concord & Lakes Region Service Area	New Hampshire
High School Diploma (or Equivalent) and Higher	93.5%	93.6%
Some College/Associate's Degree	30.0%	28.1%
Bachelor's Degree and Higher	34%	38.2%

Data Source: U.S. Census Bureau, 2021 American Community Survey 5-Year Estimates

Poverty

The strong connection between economic well-being and good health is widely recognized. Conversely, the absence of economic prosperity or poverty can lead to obstacles in obtaining health services, nutritious food, and a healthy physical environment, all of which are essential for maintaining 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 Concord & Lakes Region service area living in households with income below the FPL, the percent of children under age 18 in households with income below the FPL, and the percent of adults 65+ years in households with income below the FPL.

In Franklin, more than half of children (52%) are in households with income below the poverty level. Other communities where more than 25% of children are living in households with income below the federal poverty level include Sanbornton (44%), Alton (35%), Tuftonboro (29%), Concord (29%) and Warner (28%). For context, the Federal Poverty Level for an individual in 2023 is $14,580 and for a family of four is $30,000.

Percent of people in households with income below the Federal Poverty Level (FPL)		
Population Group	**Concord & Lakes Region**	**New Hampshire**
All people with household income below the FPL	**7.3%**	7.4%
% of children (under 18) in households with income below the FPL	**9.3%**	9.6%
Adults 65+ years in households with income below the FPL	**5.8%**	6.5%

Data Source: U.S. Census Bureau, 2021 American Community Survey 5-Year Estimates.

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). Implications can range from limiting access to appropriate healthcare services; difficulty navigating health systems; reduced preventive care due to a difficulty in understanding health-related information, and medication misunderstandings including instructions, dosage, side effects.

An inability to speak English well can also have a psychological and emotional impact. Language barriers can contribute to feelings of isolation, frustration, and anxiety; especially when unable to effectively express health concerns or understand information provided by healthcare professionals.

The table below reports the percentage of limited-English speaking households by total percentage and by language spoken.

Area	Limited English Speaking Households
Concord & Lakes Region	**0.6%**
New Hampshire	1.2%

Data Source: U.S. Census Bureau, 2021 American Community Survey 5-Year Estimates.

Communities in the service area with the highest percentages of limited English speaking households are Concord (1.7%), Franklin (1.4%), Hooksett (1.3%) and Barnstead (1.2%). Concord has the largest proportion of limited English speaking households in the service area (approximately 300 of the estimated 535 limited English speaking households in the service area. The community with the next highest proportion is Hooksett with an estimated 70 limited English speaking households. Limited English speaking households are a diverse group, both linguistically and culturally, with an estimated 130 or more different languages spoken in homes and communities across New Hampshire. The prevalence and variety of languages presents indicates both needs and challenges for provision of interpretation services, multilingual healthcare materials, and cultural competency training for healthcare professionals.

Housing

Housing characteristics, including housing quality and cost burden as a proportion of income, can influence the health of families and communities. Households that spend a high proportion of their income on housing can experience financial strain, with less resources available for essential needs such as food, healthcare, education, transportation and clothing. Other implications of high housing cost burden include housing insecurity and sub-standard living conditions.

Similarly, physical housing conditions can contribute to health hazards. Some examples include inadequate ventilation, which can lead to exposure to mold, pests, or lead-based paint; incomplete kitchen facilities, which can limit nutritional options, increase reliance on heavily processed foods, limit food safety, and reduce hygiene and sanitation; and lacking complete plumbing facilities, which can cause sanitation and hygiene challenges, lead to sewage or waste exposure, increase vector-borne diseases, and limit access to clean water. All of these factors also have high mental and emotional impacts as well on overall well-being.

The table below presents data on the percentage of occupied housing units in the service area that have 1 or more of these characteristics of sub-standard housing such as lacking complete plumbing facilities or kitchen facilities, and mortgage or rental costs exceeding 30% of household income.

Percent of Households with High Cost Burden or Substandard Housing	Concord & Lakes Region	New Hampshire
Mortgage Costs >30% of Household Income (%)	**27.8%**	27.9%
Rental Costs >30% of Household Income (%)	**44.7%**	45.6%
Occupied Housing Units Lacking Complete Plumbing Facilities (%)	**0.7%**	0.5%
Occupied Housing Units Lacking Complete Kitchen Facilities (%)	**0.7%**	0.6%

Data Source: U.S. Census Bureau, 2021 American Community Survey 5-Year Estimates

The percentage of occupied housing units that lack complete plumbing facilities in the service area was similar to New Hampshire overall, but with notably higher estimates in certain towns including Bridgewater (4.5%), New Hampton (4.3%), Weare (2.6%) and Webster (2.5%). The percentage of occupied housing units that lack complete kitchen facilities in the service area is also similar to New Hampshire with highest estimates for the towns of New Hampton (4.3%), %), Danbury (3.3%) and Hebron (3%).

Another attribute of housing that can have implications for the health of families and communities is the age of structures. This could be due to the type of materials used to build the structure (insulation, paint, plumbing, etc.), inadequate ventilation systems, structural integrity, accessibility and safety.

New Hampshire has a high percentage of older structures in general, with about 53% of occupied housing units being within structures that were built in 1979* or earlier (the Concord & Lakes Region service area has a similar percentage at about 52%).

Occupied Housing Units - Year Structure was Built						
Area	1939 or earlier	1940 to 1959	1960 to 1979*	1980 to 1999	2000 to 2019	2020 or later
Concord & Lakes Region	21.9%	7.9%	22.7%	29.4%	18.0%	0.1%
New Hampshire	19.1%	10%	23.7%	30.3%	16.9%	0.1%

Data Source: U.S. Census Bureau, 2021 American Community Survey 5-Year Estimates.

**The use of lead paint and asbestos-containing materials, including pipe and block insulation, were banned in 1978.*

Transportation

Individuals with limited transportation options also have limited employment options, greater difficulty accessing services, and more challenges to leading independent, healthy lives. The next table presents data on the percent of households that have no vehicle available.

Area	Percent of Households with No Vehicle Available
Concord & Lakes Region	4.4%
New Hampshire	4.7%

Data Source: U.S. Census Bureau, 2021 American Community Survey 5-Year Estimates.

About 4.4% of households in the service area report having no vehicle available, a proportion similar to New Hampshire overall. Merrimack County has a somewhat higher percentage of households with no vehicle available (5.3%), and contains several towns or cities with the highest percentage of households with no vehicle available in the Concord & Lakes Region service area including Pittsfield (7.1%), Boscawen (7.6%), Salisbury (8.4%), Concord (9%), and Franklin (9.5%).

Disability Status

Disability is defined by the U.S. Census Bureau as a person who has any of the following long-term conditions: (1) deafness, (2) blindness, (3) a severe difficulty with hearing, seeing, or concentrating, (4) a difficulty walking or climbing stairs, (5) a difficulty dressing or bathing, (6) a difficulty doing errands alone such as visiting a doctor's office or shopping, or (7) any other type of condition causing difficulty with everyday activities. These are broadly grouped into six categories: Hearing, Vision, Cognitive, Ambulatory, Self-care and Independent living.

Compared to NH overall, a slightly higher percentage of residents in the Concord & Lakes Region service area report having at least one disability.

Percent of Total (Noninstitutionalized) Population with a Disability		
Age Group (in years)	CHNA Service Area	New Hampshire
Percent Disabled <18	**5.1%**	4.7%
Percent Disabled 18-64	**12.2%**	10.2%
Percent Disabled 65+	**31.5%**	29.8%
Total	**14.5%**	12.7%

Data Source: U.S. Census Bureau, 2021 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 relation to population need and demand for services, and related concepts of availability, proximity and appropriateness of services.

Insurance Coverage

Table 14 on the next few pages displays town level estimates of the proportion of residents who do not have any form of health insurance coverage, as well as the proportion of residents with Medicare, Medicaid or Veterans Administration coverage. Overall, the percentage of the service area population with no insurance is the same as the uninsured population in the state overall.

Table 14: Health Insurance Coverage Estimates

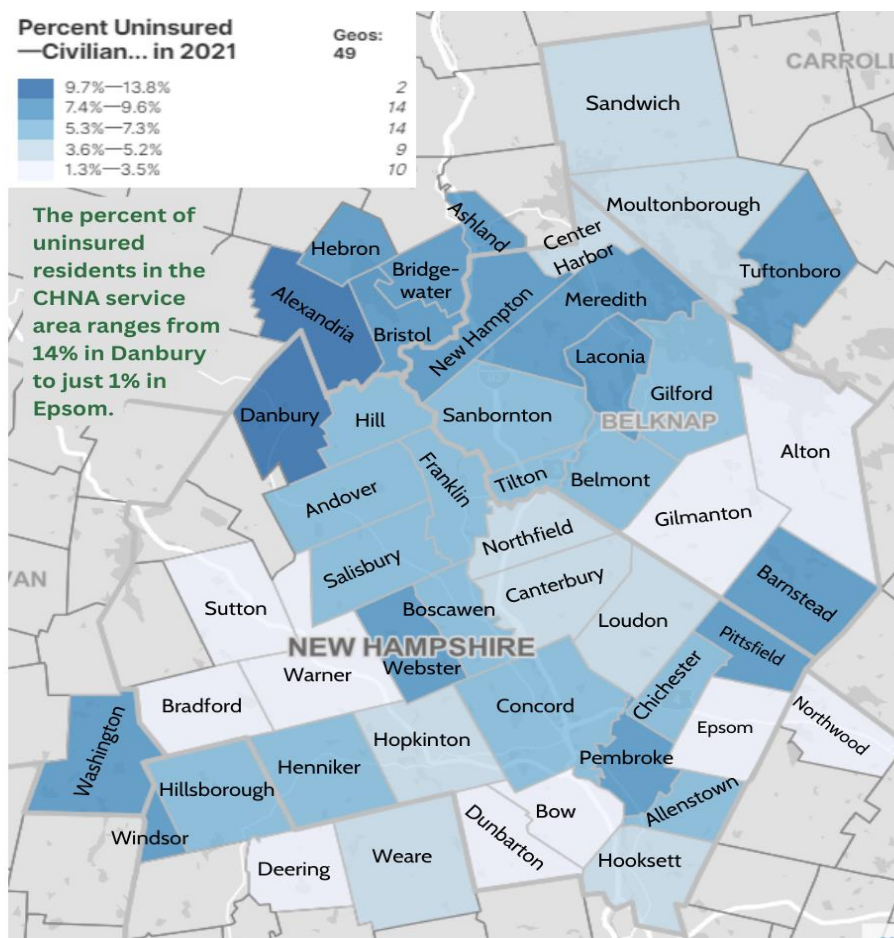
Area	Percent of the total population with No Health Insurance Coverage	Percent with Medicare Coverage	Percent with Medicaid Coverage	Percent with VA health care coverage
Danbury	14%	26%	12%	4%
Alexandria	11%	24%	19%	3%
Hebron	10%	40%	11%	2%
Washington	9%	26%	8%	4%
Pembroke	9%	13%	13%	1%
Pittsfield	9%	28%	16%	5%
Tuftonboro	9%	38%	20%	8%
Bridgewater	9%	32%	17%	4%
New Hampton	9%	24%	18%	4%
Windsor	9%	15%	18%	5%
Meredith	9%	31%	15%	3%
Bristol	8%	22%	27%	2%
Laconia	8%	23%	22%	3%
Webster	8%	14%	16%	3%
Barnstead	8%	21%	15%	2%
Ashland	7%	20%	34%	5%
Hillsborough	7%	20%	14%	3%
Franklin	7%	25%	21%	4%
Tilton	7%	21%	17%	3%

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
Concord	7%	21%	16%	2%
Boscawen	7%	22%	19%	4%
Hill	7%	24%	16%	3%
Henniker	7%	22%	14%	2%
Belmont	6%	23%	19%	4%
Salisbury	6%	26%	8%	2%
Gilford	6%	23%	7%	2%
Concord & Lakes Region	**6.0%**	**21.6%**	**14.5%**	**2.7%**
New Hampshire	**5.9%**	**19.7%**	**13.1%**	**2.4%**
Allenstown	6%	18%	22%	2%
Chichester	6%	16%	7%	4%
Sanbornton	6%	20%	15%	1%
Andover	6%	23%	6%	2%
Northfield	5%	17%	17%	3%
Weare	5%	13%	7%	3%
Loudon	5%	29%	19%	2%
Canterbury	5%	21%	4%	4%
Hooksett	5%	17%	12%	3%
Moultonborough	4%	33%	15%	2%
Hopkinton	4%	19%	11%	2%
Sandwich	4%	44%	7%	4%
Center Harbor	4%	47%	12%	2%
Sutton	4%	22%	2%	2%
Warner	3%	21%	16%	2%
Gilmanton	3%	17%	13%	2%
Deering	3%	22%	17%	2%
Alton	3%	27%	9%	3%
Bow	2%	16%	5%	1%
Northwood	2%	21%	12%	2%

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
Dunbarton	2%	15%	7%	1%
Bradford	2%	21%	10%	2%
Epsom	1%	17%	8%	2%

Data Source: U.S. Census Bureau, 2021 American Community Survey 5-Year Estimates.

Figure 22: Percent of CHNA Service Area Population Who Are Uninsured



Delayed or Avoided Care Due to Cost

This indicator reports the percentage of adults aged 18 and older who self-report that they have delayed or avoided a healthcare 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. Estimates for both public health regions are that a higher percentage of residents were unable to see a doctor because of cost when compared to the state overall.

Area	Percent of Population Who Could Not See a Doctor because of Cost
Capital Area Public Health Region	13.9%
Winnipesaukee Public Health Region	13.3%
New Hampshire	11.4%

Data Source: NHDHHS, Behavioral Risk Factor Surveillance System 2019

Provider Capacity

Access to high-quality, cost-effective healthcare is influenced by adequate physician availability in balance with population needs. The first table below reports the number of Full Time Equivalent (FTE) primary care physicians and dentists in active practice. The Winnipesaukee Public Health Region has less than half the FTE capacity of primary care physicians compared to the Capital Area Public Health Region or New Hampshire overall. The second table display a variation on this measure – population to provider ratio – at the county level and includes mental health providers. Belknap County again stands out for a higher ratio of population to primary care physicians.

Area	Primary Care FTE per 100k Population	Dental Provider FTE per 100k Population
Capital Area Public Health Region	45.3	41.6
Winnipesaukee Public Health Region	**20.8**	34.1
New Hampshire	48.8	48.1

Data Source: NHDHHS, Office of Rural Health and Primary Care, 2022

Area	Ratio of Population to Primary Care Physicians	Ratio of Population to Dentists	Ratio of Population to Mental Health Providers
Belknap County	**1,580:1**	1,470:1	190:1
Merrimack County	980:1	1,290:1	210:1
New Hampshire	1,120:1	1,300:1	280:1

Data Source Area Health Resources Files, US DHHS via County Health Rankings, 2021-2022

The next table displays the percentage of NH adults who self-reported not having a primary care physician (PCP). Winnipesaukee Public Health Region has the highest percentage of residents (18+) without a personal doctor/health care provider in the state, at 20.2%.

Area	Percent of Population (18+) Without a PCP
Capital Area Public Health Region	8.6%
Winnipesaukee Public Health Region	**20.2%**
New Hampshire	12.3%

Data Source: NHDHHS, Office of Rural Health and Primary Care, 2022

Travel Time

The NH State Office of Rural Health (SORH) has noted significant health disparities between rural and non-rural populations, observing that rural residents within the state fare worse than non-rural residents when considering population risk factors, primary care access, and overall health outcomes. The SORH has classified Regional Public Health Networks throughout the state as rural or non-rural including the Capital Area PHN classified as non-rural and Winnipesaukee as rural. Of the 49 towns included in the primary service area, 24 towns are categorized as non-rural (49%) and 25 are categorized as rural (51%).

Not surprisingly, travel times to health care visits are longer for rural populations compared to non-rural populations, as rural residents by definition face greater geographic distance to many services. However, as displayed by the next table, the Winnipesaukee region has a higher percentage of primary medical care visits requiring one way travel times greater than 30 minutes than all rural communities on average and has the highest statistic on this measure of any region in the state.

Area	Percentage of primary medical care visits with travel times greater than 30 minutes, one way
Capital Area Public Health Region	23.1%
Winnipesaukee Public Health Region	**35.2%**
All Non-Rural New Hampshire	15.3%
All Rural New Hampshire	27.5%

Preventable Hospital Stays

A high rate of inpatient stays for diagnoses potentially treatable in outpatient settings such as diabetes, hypertension, asthma or chronic obstructive pulmonary disease may indicate limited access, availability or quality of primary and outpatient specialty care in a community. This measure is reported below for Medicare enrollees.

Preventable Hospital Stays are hospital discharges for diagnoses potentially treatable in outpatient settings, also known as ambulatory care sensitive conditions, such as diabetes, hypertension, asthma and chronic obstructive pulmonary disease. 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. This measure is reported below for Medicare enrollees. The rate of preventable hospital stays in both Belknap and Merrimack County were lower than overall state rate for Medicare enrollees in 2020.

Area	Number of hospital stays for ambulatory care sensitive conditions per 1,000 Medicare enrollees
Belknap County	2,181
Merrimack County	2,390
New Hampshire	2,578

Data Source: Centers for Medicare & Medicaid Services; accessed through County Health Rankings, 2020 data

Prevention quality indicators (PQIs) are a similar measure of acute (e.g., bacterial pneumonia, urinary tract infection) and chronic (e.g., diabetes, COPD or asthma) inpatient admissions that could have been avoided with proper access to primary care. The NH State Office of Rural Health reports PQI rates for inpatient admissions of adults (ages 18+) for Public Health Regions. Overall, the PQIs for the Capital Area and Winnipesaukee Public Health Regions rates are not significantly different from the overall state rates, although their acute composite rate is significantly lower for the Winnipesaukee region.

Preventive Quality Indicators: Inpatient Admissions (age-adjusted per 100,000, NH adults 18+)			
Area	Overall Composite	Acute Composite	Chronic Composite
Capital Area Public Health Region	746.7	158.1	588.6
Winnipesaukee Public Health Region	721.5	133.3	588.2
New Hampshire	742.3	187.1	555.3

Data Source: NHDHHS, Office of Rural Health and Primary Care, 2020 data

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. About one-third of adults in the service area report not having had a dental visit in the past year.

Area	Percent of adults who visited a dentist or dental clinic in the past year
Capital Area Public Health Region	70.5%
Winnipesaukee Public Health Region	63.1%
New Hampshire	68.9%

Data Source: NHDHHS, Behavioral Risk Factor Surveillance System 2018.

Both the Capital Area and the Winnipesaukee Public Health Regions experience significantly more hospital emergency department visits for non-traumatic reasons than in the state overall. This measure provides an estimate of unmet dental needs, not necessarily of incidence or prevalence of dental conditions, where timely primary dental care can prevent the need for emergency care. Dental conditions represent approximately 3% of all emergency department visits in New Hampshire.

Area	Emergency Department visits for non-traumatic dental condition; Age-adjusted rate per 00,000;
Capital Area Public Health Region	**1,758**
Winnipesaukee Public Health Region	**2,803**
New Hampshire	1,367

Data Source: NH Hospital Discharge Data, 2016-2020, Regional rates are significantly different and higher than the state rate

3. Health Promotion and Disease Prevention

Embracing healthy lifestyle habits and behaviors can effectively prevent or manage the impact of diseases and injuries. Regular physical activity, for instance, promotes equilibrium, relaxation, and lowers the risk of developing chronic diseases. Adopting a nutrient-dense diet rich in fruits, vegetables, and whole grains can significantly decrease the likelihood of heart disease, certain cancers, diabetes, and osteoporosis. Adopting healthy behaviors, such as not smoking and limiting alcohol intake, can prevent or control the effects of disease and injury.

This section encompasses both environmental conditions and individual behaviors that influence personal health and well-being. It also highlights indicators of clinical prevention practices, including cancer and heart disease screenings, which will be further discussed in a later section that addresses population health outcomes in those specific areas.

Food Insecurity

According to the U.S. Department of Agriculture's Household Food Security in the United States Report (2019-2021), New Hampshire has the lowest percentage of food insecurity compared to all other states. This is defined in the report as the percentage of households unable to provide adequate food for one or more household members due to lack of resources. The table below reports the estimated percentage of the population that experienced food insecurity at some point during the year. Nearly 1 in 10 area residents experience food insecurity in the past year, a proportion similar to the state overall.

Area	Percent of Residents Experiencing Food Insecurity
Belknap County	9%
Merrimack County	8%
New Hampshire	7%

Data Source: County Health Rankings, 2020

In New Hampshire in 2021, 21% of children in public schools were eligible for free or reduced price lunch. Merrimack County had a similar percentage, at 22%, while higher the percentage in Belknap County was higher at 26%.

The table on the next page shows the percentage of households in NH receiving support through the Supplemental Nutrition Assistance Program (SNAP). Across the state, just under half of the households receiving SNAP have children under 18. Of those households, over 51% are female householders with no spouse. Belknap County had a significantly greater percentage of SNAP households with children under 18 (female householder, no spouse).

Area	Percent of Total Households Receiving SNAP	Households Receiving SNAP with Children Under 18		
		Percent of Total SNAP Households	Female Householder, No Spouse	Male Householder, No Spouse
Belknap County	6.8%	47%	60.6%	8.8%
Merrimack County	7.6%	44.6%	50.8%	19.5%
New Hampshire	6.1%	47.5%	51.3%	14.1%

Data Source: Data Source: U.S. Census Bureau, 2021 American Community Survey 5-Year Estimates

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. The percentage of adults reporting physical activity is higher in Merrimack County than Belknap County.

Area	Percent of Adults Participating in Physical Activity Outside of Work, past month
Belknap County	79%
Merrimack County	83%
New Hampshire	81%

Data Source: County Health Rankings, 2020

According to the 2022 County Health Rankings, 84% of adults in New Hampshire reported living close to a park or recreation facility – Merrimack County was similar, at 86%. This percentage was significantly lower in Belknap County, at 73%. Living in proximity to parks or recreation facilities can have positive impacts on health including increased physical activity and exercise, increased mental health, and stress reduction.

Pneumonia, Influenza and COVID-19 Vaccinations (Adults)

These indicators include the percentage of adults who self-report that they received an influenza vaccine (either shot or sprayed in their nose) in the past year (at the time of the survey) or have ever received a pneumococcal vaccine. In addition to measuring the population proportion receiving preventive vaccines, these measures can also highlight access to preventive care issues or opportunities for health education including addressing concerns for vaccine safety and efficacy. This latter consideration has received significant attention in recent months due to the efforts to achieve broad distribution and administration of COVID-19 vaccines.

The second table below includes the recent statistics for the percentage of age-eligible NH residents who have received a COVID-19 vaccine. The Winnipesaukee Public Health Region has lower percentages of COVID-19 vaccination coverage.

Area	Had Flu Vaccine in Past 12 Months	Ever Had a Pneumococcal Vaccination, ages 65+
Capital Area Public Health Region	47.9%	76.9%
Winnipesaukee Public Health Region	46.7%	73.4%
New Hampshire	48.1%	76.5%

Data Source: NHDHHS, Behavioral Risk Factor Surveillance System, 2019

COVID-19 Vaccination			
. Area	Percent of individuals completed primary series	Percent of individuals with at least 1 dose	Percent of Individuals with a booster shot
Capital Area Public Health Region	64.6%	69.4%	41%
Winnipesaukee Public Health Region	61.8%	67.5%	37.2%
New Hampshire	68%	78.3%	55.5%

*Data Source: NH Department of Health and Human Services, COVID-19 Response Dashboard as of May 11, 2023

Substance Misuse

Substance misuse, involving alcohol, illicit drugs and misuse of prescription drugs, or combination of these behaviors, is associated with a complex range of negative health consequences – not just for individuals, but for families and communities. Detrimental effects range from physical health issues, both acute and chronic; mental health disorders such as depression, anxiety, and psychosis; addiction and dependence; destructive social conditions such as family dysfunction, lower prosperity, domestic violence, social isolation, and more; impaired cognitive functioning including memory, attention, and decision-making deficits; financial strain; and much more.

Alcohol

Excessive drinking: Excessive alcohol use, either in the form of heavy drinking (drinking 15 or more drinks per week for men or eight drinks or more per week 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 where one occasion equals 2-3 hours), can lead to increased risk of health problems such as liver disease or unintentional injuries.

The table below shows the percentage of adults who reported binge and heavy alcohol use. The Winnipesaukee region has higher percentages for both binge and heavy alcohol use, although the estimates are not significantly different than the state percentages.

Area	Binge Alcohol Use Among Adults	Heavy Alcohol Use Among Adults
Capital Area Public Health Region	14.4%	6.6%
Winnipesaukee Public Health Region	16.9%	11.9%
New Hampshire	16.0%	7.0%

Data Source: NH DHHS Wisdom Data Portal, 2019

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 Winnipesaukee Public Health Region, the rate of binge drinking among high school aged youth is similar to the overall state rate, while the Capital Area Public Health Region has somewhat lower rates of high school students who currently drink or have reported binge drinking. The percentage of Winnipesaukee Public Health Region high school students who feel it would be very easy to get alcohol is also higher than that of the state statistic and much higher than high school students in the Capital Area Public Health Region. The Winnipesaukee region also had slightly higher rates of students who approve or strongly approve of someone their age having one or two drinks of alcohol nearly every day.

Area	High School Students		
	Currently Drink Alcohol (past 30 days)	Reported Binge Drinking (past 30 days)	Think it would be very easy to get alcohol
Capital Area Public Health Region	18.7%	9.2%	23.6%
Winnipesaukee Public Health Region	21.2%	11.6%	29.0%
New Hampshire	21.3%	11.2%	25.1%

Data Source: NH DHHS Wisdom Data Portal, Youth Behavior Risk Survey (YRBS), 2021

Area	High School Students: Approve/Strongly Approve of someone their age having one or two drinks of alcohol nearly every day		
	Total	Female	Male
Capital Area Public Health Region	5.4%	3.7%	5.6%
Winnipesaukee Public Health Region	6.7%	5.0%	6.0%
New Hampshire	5.0%	4.3%	5.8%

Data Source: NH DHHS Wisdom Data Portal, 2021

Prescription Drugs & Opioids

New Hampshire has been significantly affected by the prescription drug and opioid crisis, much like many other states in the United States, experiencing a surge in opioid-related addiction and overdose deaths. This crisis involves the misuse, addiction, and overdose of prescription opioids, as well as illicit opioids like heroin and fentanyl. Several factors have contributed to the crisis, including:

- *Over-prescription of Opioids*: 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.
- *Transition to Heroin and Fentanyl*: As prescription opioids became harder to obtain due to increased awareness of their addictive potential, individuals turned to illicit opioids like heroin. Moreover, the rise of synthetic opioids like fentanyl, which is much more potent than other opioids, has contributed to a spike in overdose deaths.
- *Lack of Treatment and Supp*ort: Access to addiction treatment services, including medication-assisted treatment (MAT), counseling, and support programs, has not always been readily available to those who need it. This has made it difficult for individuals struggling with opioid addiction to receive the help they need.
- *Stigma and Misunderstanding*: Opioid addiction is often accompanied by stigma and misconceptions, deterring individuals from seeking help and contributing to an environment where people with addiction issues are not receiving the support they require.

The table below shows the percentage of adults who have ever taken prescription pain relievers before. The service area statistics are similar to the state overall with the highest percentage reported by residents of the Winnipesaukee region.

Area	Ever taken prescription pain relievers
Capital Area Public Health Region	20.1%
Winnipesaukee Public Health Region	25.6%
New Hampshire	23.9%

Data Source: NHDHHS, Behavioral Risk Factor Surveillance System, 2019

The NH Youth Risk Behavior Survey (YRBS) monitors drug use, behaviors, and perceptions among NH high school students. Below are results from the 2021 YRBS regarding prescription drugs and other opioids.

A higher percentage of high school students in the Winnipesaukee Public Health Region reported having ever taken or having taken a prescription drug without a doctor’s prescription in the past 30 days when

compared to the Capital Area Public Health Region or New Hampshire overall. Winnipesaukee also had a higher percentage of high school students who report having ever used cocaine or inhalants. The reported percentages are not statistically different than the overall state percentages.

Area	High School Students	
	Ever took prescription drugs without a doctor's prescription	Took a prescription drug without a doctor's prescription, past 30 days
Capital Area Public Health Region	9.8%	3.5%
Winnipesaukee Public Health Region	11.8%	5.0%
New Hampshire	10.0%	4.4%

Data Source: NH Youth Risk Behavior Survey, local and statewide samples, 2021

Area	High School Students		
	Ever Used Cocaine	Every Used Heroin	Ever Used Inhalants
Capital Area Public Health Region	4.6%	1.2%	6.4%
Winnipesaukee Public Health Region	5.3%	1.3%	8.1%
New Hampshire	4.9%	1.4%	6.4%

Data Source: NH Youth Risk Behavior Survey, local and statewide samples, 2021

Marijuana

Recreational marijuana use in New Hampshire is currently illegal. It is also currently the only state in New England where recreational use is not legal, which likely influences patterns of use and attitudes regarding marijuana among New Hampshire residents.

The tables below explore data from the 2021 Youth Risk Behavior Survey. The percentage of high school students in the Winnipesaukee Public Health Region who currently use marijuana is much higher than the percentage throughout the state. This region also had a higher percentage of students reporting marijuana use before the age of 13, and of students reporting they had been offered, sold, or given an illegal drug like marijuana on school property.

Area	High School Students: Currently use marijuana	High School Students: Ever used synthetic marijuana
Capital Area Public Health Region	14.7%	10%
Winnipesaukee Public Health Region	**22.6%**	**14.3%**
New Hampshire	17.8%	10.1%

Data Source: NH Youth Risk Behavior Survey, local and statewide samples, 2021

Area	Tried marijuana for the first time before age 13 years	Were offered, sold, or given an illegal drug on school property
Capital Area Public Health Region	5.9%	15.9%
Winnipesaukee Public Health Region	**7.1%**	**17.9%**
New Hampshire	4.3%	15.9%

Data Source: NH Youth Risk Behavior Survey, local and statewide samples, 2021

Cigarette Smoking/Tobacco Use

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.

The percentage of adults who currently smoke cigarettes in Belknap and Merrimack Counties are similar to the overall state of New Hampshire. Similarly, the percentage of high school students who currently smoke cigarettes for each Public Health Region was reportedly similar to that of the state overall.

Area	Percent of Adult Population Who Currently Smokes Cigarettes
Belknap County	17%
Merrimack County	16%
New Hampshire	17%

Data Source: County Health Rankings, 2022

Area	Percent of High School Students Who Currently Smoke Cigarettes
Capital Area Public Health Region	4.5%
Winnipesaukee Public Health Region	6%
New Hampshire	5.5%

Data Source: NH Youth Risk Behavior Survey (YRBS), 2019

Other Tobacco Product (OTP) use is defined by the BRFSS as chewing tobacco, snuff, or snus. Electronic vapors and/or e-cigarettes were not included in this percentage.

Area	Prevalence of Other Tobacco Product Use Among Adult Population
Belknap County	0.5%
Merrimack County	2.5%
New Hampshire	1.8%

Data Source: Behavioral Risk Factor Surveillance Survey (BRFSS), 2020

The table below indicates the percentage of high school students in NH who reported currently using any kind of electronic vapor product in the 2019 YRBS. Neither Public Health Region was significantly different from the overall state percentage.

Area	Percent of High School Students Who Currently Use an Electronic Vapor Product
Capital Area Public Health Region	15.1%
Winnipesaukee Public Health Region	18.9%
New Hampshire	16.2%

Data Source: NH Youth Risk Behavior Survey (YRBS), 2019

Rural residents have historically had higher rates of smoking during pregnancy than their non-rural counterparts. This is reflected in the table below, where nearly 1 in 7 females in the Winnipesaukee region who were pregnant between 2017 and 2021 reported smoking during pregnancy.

Area	Percent of Female Population that Reported Smoking During Pregnancy (all ages)
Capital Area Public Health Region	8.0%
Winnipesaukee Public Health Region	13.8%
New Hampshire	10.1%

Data Source: NHDHHS, Office of Rural Health and Primary Care, 2017-2021

This table indicates the percent of preterm births associated with tobacco use. The percentage of preterm births associated with tobacco use in either county was not significantly different from that of NH overall. For all three geographies, the highest percentage of preterm births associated with tobacco use occurred with mothers between the ages of 35-39.

Area	Percent of preterm births associated with smoking during pregnancy
Belknap County	13.2%
Merrimack County	13.2%
New Hampshire	12.8%

Data Source: NH Vital Records Birth Certificate Data, 2017-2021

Pregnancy

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

According to the NH Pediatric Nutrition Surveillance System (PedNSS), the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) had 12,164 enrollees in NH in 2021. Belknap County accounted for 2.9% of those enrolled in the state, and Merrimack County accounted for 12.1%. The WIC program provides supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age 5 who are found to be at nutritional risk.

This indicator reports the percentage of infants considered to have a low birthweight (<2,500g or about 5.5 pounds) among pregnant women enrolled in the WIC. Low birthweight is the most important factor affecting neonatal mortality. Merrimack County had a lower percentage of children born full term at low birthweights than the state, and Belknap County had no reported full term low birthweight births.

Area	Full term low birthweight among WIC enrolled pregnant women	Low and Very Low Birthweight among WIC enrolled pregnant women, all births
Belknap County	0%	2.3%
Merrimack County	2.6%	5.0%
New Hampshire	4.8%	8.6%

Data Source: Data Source: NH Vital Records Birth Certificate Data, 2021

Prenatal Care

Prenatal care is the medical care and guidance provided to pregnant individuals before the birth of their baby. It plays a crucial role in ensuring the health and well-being of both the pregnant person and the baby. Prenatal care involves regular visits to healthcare professionals, such as obstetricians, midwives, and other medical experts, to monitor the progress of the pregnancy, address any potential complications, and provide essential guidance. Prenatal care is essential for a variety of reasons, including monitoring fetal development, providing nutritional and exercise guidance, screening for complications, providing emotional and mental health support as well as educational support, and reducing maternal and infant mortality. Regular medical check-ups, screenings, and guidance from healthcare professionals contribute to a healthier pregnancy, a smoother childbirth experience, and better long-term outcomes for both the mother and the baby.

The table below indicates the percentage of females who have given birth who received no or late prenatal care. Late prenatal care refers to the initiation of prenatal medical care after the first trimester. Over the time period 2017 to 2021, the Winnipesaukee Public Health Region had the highest percentage of females who received no or late prenatal care of any region - a percentage (6.7%) nearly double the state statistic (3.5%).

Area	Percent of Female Population that Received No or Late Prenatal Care
Capital Area Public Health Region	3.5%
Winnipesaukee Public Health Region	6.7%*
New Hampshire	3.5%

Data Source: NHDHHS, Office of Rural Health and Primary Care, 2017-2021

*Statistic is significantly different and higher than the state statistic.

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 Belknap County is higher than the rate in Merrimack County and in NH overall, particularly among female teens ages 18-19.

Area	Teen Birth Rate (per 1,000 female teens)		
	Total (ages 15-19)	Ages 15-17	Ages 18-19
Belknap County	10.2	2.7	19.6
Merrimack County	8.0	3.1	10.0
New Hampshire	8.7	2.3	13.2

Data Source: NH Vital Records Birth Certificate Data, 2022

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, both screened-in* and substantiated were higher in Belknap County than in Merrimack County or across the NH overall.

Area	Substantiated child maltreatment victims, rate per 1,000 children under age 18	Screened-in reports of child maltreatment, rate per 1,000 children under age 18
Belknap County	6.9	83.2
Merrimack County	5.9	73.1
New Hampshire	4.7	63.0

Data source: Annie E. Casey Foundation, Kids Count Data Center, 2020 data

*Screened-in refers to the number of children who had an abuse or neglect case opened for review by child protection agencies, whereas substantiated refers to the number of confirmed victims of child maltreatment.

Belknap County also has a significantly greater rate of children ages 0 to 17 who have entered foster care when compared to Merrimack County and the state.

Area	Foster Care Entries, rate per 1,000 children
Belknap County	6.1
Merrimack County	3.5
New Hampshire	2.7

Data source: U.S Department of Human Services, Children's Bureau, Adoption and Foster Care Analysis and Reporting System (AFCARS), 2023

Childhood Blood Lead Level Testing

Lead is a toxic metal that can have severe and long-lasting effects on children's health and development. Ensuring children are tested for blood lead levels is crucial, especially given children, particularly infants and young children, are more vulnerable to the harmful effects of lead, as their bodies are still developing. Lead can interfere with the growth and development of certain organs, including the brain and nervous system. Lead exposure can also have significant negative effects on neurological and cognitive development. Even low levels of lead exposure have been associated with learning disabilities, lower IQ scores, attention deficits, and behavioral problems. Further, the effects of lead exposure on the developing brain are often irreversible. Early detection and intervention are essential to minimize the potential for long-term cognitive and developmental impairments.

It is recommended that all NH children have their blood tested for lead at age 1, and again at age 2. Children who were not tested at those ages should have a test between 3-6 years of age.

The table below reports the percent of children (aged 24 to 35 months) who were tested for blood lead levels over the period 2016 to 2020. The regional rates are statistically the same as the state rate.

Area	Percent Children Tested for Blood Lead Levels (24 to 35 months of age)
Capital Area Public Health Region	57.9%
Winnipesaukee Public Health Region	57.1%
New Hampshire	57.1%

Data Source: NHDHHS, Office of Rural Health and Primary Care, 2016-2020
NH Healthy Homes Lead Poisoning Prevention Program (HHLPPP)

Elevated Blood Lead Level (EBLL) refers to the concentration of lead in a person's blood that exceeds a certain threshold considered to be safe for human health. The threshold for an elevated blood lead level can vary based on recommendations from health authorities and organizations. The current blood lead "action level" triggering intervention in NH is 5 micrograms or more of lead per deciliter of blood (5μg/dL).

According to the NH Healthy Homes Lead Poisoning Prevention Program, the Winnipesaukee Public Health Region had a higher rate of children (aged 0 to 72 months) with an EBLL of 5μg/dL when compared to that of the Capital Area Public Health Region or the state overall.

Area	Percent of Children (0 to 72 months) Tested with EBLL of 5μg/dL
Capital Area Public Health Region	3.7%
Winnipesaukee Public Health Region	5.6%
New Hampshire	3.9%

Data Source: NHDHHS, Office of Rural Health and Primary Care, 2016-2020
NH Healthy Homes Lead Poisoning Prevention Program (HHLPPP)

Efforts to reduce lead exposure and prevent elevated blood lead levels include measures such as identifying and remediating lead hazards in the environment, promoting lead-safe practices, improving nutrition to mitigate lead's effects, and advocating for the removal of lead from consumer products and infrastructure.

4. 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 over the last 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.

Overweight and Obesity

Being overweight or obese can have a significant impact on an individual's health, and lead to a wide range of physical and psychological complications such as cardiovascular conditions (heart disease, hypertension/high blood pressure, stroke, etc.), diabetes, mental health issues, joint issues, or respiratory problems.

The tables below report the percentage of adults (age 18 and older) and high school students who self-report characteristics of age, sex, height, and weight that are indicative of obesity. Obesity is defined as body mass index at or above the 95th percentile.

The percentage of adults who are obese is higher in Belknap County, particularly among adult males where over 40% of men report on the Behavioral Risk Factor Survey characteristics indicative of obesity. Female high school students in the Capital Area and Winnipesaukee PHNs, as well as the state of NH overall, reported lower rates of obesity than male students.

Area	Obesity Among All Adults	Obesity Among Female Adults	Obesity Among Male Adults
Belknap County	37.7%	33.4%	41.7%
Merrimack County	31.1%	31.7%	30.6%
New Hampshire	29.9%	27.9%	31.8%

Data Source: NH DHHS Wisdom Data Portal, 2020

Area	High School Students Considered Obese	Female High School Students	Male High School Students
Capital Area Public Health Region	11.9%	8.7%	14.5%
Winnipesaukee Public Health Region	15.6%	12%	18.9%
New Hampshire	13.3%	10.1%	16.2%

Data Source: NH DHHS Wisdom Data Portal, 2021 & NH Youth Behavior Risk Survey, 2021

Heart Disease

Heart disease was the second leading cause of death in 2020 across NH, Belknap County, and Merrimack County (all forms of Cancer was the number one leading cause of death for all three geographies). Heart disease is closely related to unhealthy weight, high blood pressure, high cholesterol, and substance misuse including tobacco use.

Heart Disease Risk Factors: Nearly 35% of adults in Belknap County self-report that they have been told by a doctor that they have high blood pressure, and about 36% have been told they have high blood cholesterol. These percentages are similar to the state overall where about 1 in 3 adults are have been told by a health professional that they have high blood pressure or high cholesterol.

Area	Percent of adults who have high blood pressure	Adults told by a health professional that their blood cholesterol was high
Belknap County	34.8%	35.5%
Merrimack County	33.2%	27.0%
New Hampshire	31.4%	32.5%

Data Source: NH DHHS Behavioral Risk Factor Surveillance System, 2021

The table below estimates the number of hospitalizations for congestive heart failure – often a consequence and end stage of various heart diseases. Congestive heart failure (CHF) is the leading principal diagnosis for Medicare hospital claims. Approximately 75% of persons with CHF have antecedent hypertension.

The rate of hospital inpatient discharges for CHF was significantly lower in the Capital Region compared to the rest of the state over the period 2016 to 2020. Over the same time frame, the Winnipesaukee region had significantly higher rates of hospitalizations for acute myocardial infarction (commonly called a heart attack) .

Area	CHF hospitalizations (inpatient) age-adjusted rate per 100,000	Heart attack hospitalizations (inpatient) age-adjusted per 100,000
Capital Area Public Health Region	7.6*	317
Winnipesaukee Public Health Region	12.2	377**
New Hampshire	11.9	317

Data Source: NH Hospital Discharge Data Set for NH Residents, 2016 to 2020

*Rate is significantly different and lower than the state rate.

**Rate is significantly different and higher than the state rate.

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 coronary heart disease mortality is significantly higher in the Winnipesaukee region compared to NH overall.

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. The rate of cerebrovascular disease mortality is significantly higher in the Capital Area region.

Area	Coronary Heart Disease Mortality (per 100,000 people, age-adjusted)	Cerebrovascular Disease Mortality (per 100,000 people, age-adjusted)
Capital Area Public Health Region	81.7	33.8**
Winnipesaukee Public Health Region	97.5**	27.5
New Hampshire	82.6	26.2

Data Source: NH Vital Records Death Certificate Data, 2017-2021
***Rate is significantly different and higher than the state rate.*

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, physical activity 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. Belknap County reports a higher percent of adults with diabetes than the state while Merrimack County reports a lower percent, though neither are statistically significant.

Diabetes is most prevalent among adults aged 65 years or older (NH's percent of 65+ age adults with diabetes is estimated to be 16.7%).

Area	Age	Percent of Adults with Diabetes by Age Group, age adjusted rate
Belknap County	All adults aged 20 and older	**8.3%**
	Ages 20 - 44	2.7%
	Ages 45 - 64	12.2%
	Ages 65+	18.4%
Merrimack County	All adults aged 20 and older	**6.7%**
	Ages 20 - 44	2.4%
	Ages 45 - 64	9.5%
	Ages 65+	14.9%
New Hampshire	**All adults aged 20 and older**	**7.5%**

Data Source: United States Diabetes Surveillance System (USDSS), 2020
Estimated from the Center for Disease Control and Prevention's National Health Interview Survey (NHIS)

Diabetes-Related Hospitalization: As the number of those with diabetes has increased, diabetes related hospitalizations are increasing accordingly. Complications such as cardiovascular disease, kidney failure, amputations, and ketoacidosis frequently require hospitalization.

The table below shows the age-adjusted rates of inpatient hospitalizations between 2016 and 2020 for diabetes-related discharges (primary or secondary diagnosis) and hospital admissions for long term complications of diabetes (primary diagnosis). The hospitalization rate for both of these measures is significantly higher for residents of the Winnipesaukee Public Health Region than the overall state rate.

Area	Diabetes-Related Hospital Discharges; age adjusted rate per 100,000	Diabetes Long -Term Complications - Inpatient, age adjusted rate per 100,000 population, 18+ years of age+
Capital Area Public Health Region	3,229	64
Winnipesaukee Public Health Region	3,486**	102**
New Hampshire	3,195	60

Data Source: NH Uniform Healthcare Facility Discharge Dataset, 2016-2020 (+2018 data only)
**Rate is significantly different and higher than the state rate.

Diabetes-related Mortality: The rate of death due to Diabetes Mellitus among Concord Hospital Service Area residents was higher than the state overall over the period 2017 to 2021.

Area	Deaths due to Diabetes Mellitus (per 100,000 people, age adjusted)
Capital Area Public Health Region	23.0**
Winnipesaukee Public Health Region	25.0**
New Hampshire	18.5

Data Source: NH Vital Records Death Certificate Data accessed through NH Health Wisdom 2017-2021
**Rate is significantly different and higher than the state rate.

Cancer

Cancer is the leading cause of death in the Concord & Lakes Region and in New Hampshire overall. Although not all cancers can be prevented, risk factors for some cancers can be reduced. It is estimated that about 42% of cancer cases and 45% of cancer deaths in the U.S. are linked to modifiable risk factors.[1] These risk factors and health behaviors include tobacco use and secondhand smoke, body weight, alcohol consumption, a lack of physical activity, and poor nutrition. Cigarette smoking ranks as the highest risk factor, contributing to 19% of all cancer cases in the U.S. and nearly 29% of cancer deaths.

Cancer Screening: The table below displays screening rates for several of the most common forms of cancer including colorectal cancer, breast cancer, cervical cancer and prostate cancer. Rates of cancer screening per recommended guidelines are similar in the Concord & Lakes Region to the screening rates for New Hampshire overall.

Cancer Screening Type	Capital Area Public Health Region	Winnipesaukee Public Health Region	New Hampshire
Colorectal cancer screening per USPSTF guidelines, age 50 to 75 (2020)	76.3%	76.7%	77.8%
Females age 40+ who received breast cancer screening (2020)	70.1%	67.5%	71.6%
Females ages 50-74 who had a Mammogram in the past 2 years (2020)	76.4%	71.2%	75.9%
Females ages 21-65 who have had a pap test in the past 3 years	86.0%	Data not available	84.1%
Males age 40+ who had a PSA test in the past 2 years+ (2018)	38.4%	24.9%	30.8%

Data Sources: Behavioral Risk Factor Surveillance System (BRFSS) accessed via NH DHHS Wonder, 2020; +accessed via NH WRQS, 2018

[1] Proportion and Number of Cancer Cases and Deaths Attributable to Potentially Modifiable Risk Factors in the United States; Farhad Islami et al. CA Can J Clin DOI, Jan;68(1):31-54.

Cancer Incidence: The table below shows cancer incidence rates for the cancer types that account for the majority of new cancer cases (incidence). The overall incidence rate for Belknap County is significantly higher than New Hampshire overall. Belknap County also has a statistically different and higher rate of Prostate cancer, Melanoma of the Skin, and Uterine cancer compared to the state. The incidence of Thyroid cancer was lower among Belknap County residents. Merrimack County had consistently lower cancer incidence rates when compared to Belknap County over the time period 2015 to 2019, including a significantly rate of Lung and Bronchial cancers when compared to the statewide rate.

Cancer Incidence by Type per 100,000 people, age adjusted rate			
Cancer Type	**Belknap County**	**Merrimack County**	**New Hampshire**
Overall cancer incidence (All Invasive Cancers)	**514.7****	478.4	483.3
Cancer Incidence by Type			
Breast (female)	148.0	145.9	142.6
Prostate (male)	**120.6****	113.1	114.6
Lung and bronchus	66.3	57.0*	62.6
Colorectal	42.4	34.1	36.2
Melanoma of Skin	**42.3****	35.2	32.0
Uterus (female)	**40.6****	27.7	30.9
Bladder	24.9	27.9	27.3
Non-Hodgkin Lymphoma	22.4	18.4	21.1
Kidney and Renal Pelvis	16.2	18.5	16.8
Thyroid	9.2*	14.7	14.2
Leukemia	12.4	15.5	13.6
Pancreas	14.5	12.1	13.1
Oral Cavity and Pharynx	15.7	12.9	12.1
Ovary	12.1	7.8	9.7
Brain & other CNS	6.2	8.9	7.6

Data Source: NH State Cancer Registry, 2015-2019

*****Rate is statistically different and higher** than the overall NH rate;*

**Rate is statistically different and lower than the overall NH rate; other rates not statistically different*

Cancer Mortality: The table below shows the overall cancer mortality rate and the cancer mortality rate for types that account for the majority of cancer deaths. As with incidence rates for certain cancers, Belknap County also had a statistically different and higher overall mortality rate than the overall rate across New Hampshire over the five year time frame from 2017 to 2021. The overall mortality rate from all cancer causes has decreased steadily over the past several decades – from about 195 per 100,000 people in 2001 to a rate of about 136 per 100,000 in 2021.

Cancer Mortality per 100,000 people, age adjusted			
Cancer Type	**Belknap County**	**Merrimack County**	**New Hampshire**
Overall cancer mortality (All Invasive Cancers)	**156.0***	143.5	136.7
Cancer Mortality by Type			
Lung and bronchus	**36.8***	29.2	32.7
Prostate (male)	22.7	19.5	19.3
Other	19.6	**21.9***	17.0
Breast (female)	18.7	**20.3***	16.9
Colorectal	10.8	11.5	11.1
Pancreas	**14.8***	10.9	10.8
Ovary	9.1	4.4	5.7

Data Source: NH State Cancer Registry, 2017 - 2021

***Rate is statistically different and higher** than the overall NH rate

Other regional rates are not significantly different than overall NH rate

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. About 1 in 10 adults in the region report having current asthma.

Area	Percent of Children (ages 0 to 17) with Current Asthma	Percent of Adults (18+) with Current Asthma
Capital Area Public Health Region	Not available	10.2%
Winnipesaukee Public Health Region	*Not available*	10.6%
New Hampshire	7.9%	11.5%

*Data Source: NH DHHS, Behavioral Risk Factor Surveillance System, 2020

Asthma-Related Hospitalizations: The table below displays age adjusted rates of inpatient hospitalization of all ages for complications of asthma. Belknap County's rate is significantly lower for inpatient hospitalizations than the state overall and than Merrimack County, yet much higher for emergency department visits when compared to the other two geographies.

	Capital Area Public Health Region	Winnipesaukee Public Health Region	New Hampshire
Asthma Emergency Department Visits	34.6**	42.2**	31.0
Asthma Hospitalizations (inpatient)	5.1**	2.2*	3.8

NH Uniform Healthcare Facility Discharge Dataset, 2016-2020
*Rate is significantly different and lower than the state rate.
**Rate is significantly different and higher than the state rate.

COVID-19

COVID-19 is a disease resulting from the infection of a novel strain of coronavirus called SARS-CoV-2, which had not been previously observed in humans prior to 2019. Coronaviruses belong to a large family of viruses known to cause various illnesses, ranging from common colds to more severe conditions like Severe Acute Respiratory Syndrome (SARS). This highly contagious virus led to a global pandemic, causing sickness and fatalities across the world (pandemic). Although most individuals with COVID-19 experience mild symptoms, some can develop severe illness.

In New Hampshire, the first cases of COVID-19 were reported in March 2020. Since then, the state has identified over 382,000 cases of COVID-19 infection, resulting in 3,091 deaths (as of August 2023). The rate of cumulative COVID-19 related deaths in the Winnipesaukee Public Health Region is substantially higher than the state overall (not age adjusted) and nearly twice the rate of the Capital Area Public Health Region.

. Area	Cumulative COVID-19 Cases, per 100K population+	Cumulative Deaths with COVID-19 as a Contributing Factor, per 100K population++ (not age adjusted)
Capital Area Public Health Region	26,029	183
Winnipesaukee Public Health Region	28,885	350
New Hampshire	27,396	228

+Data Source: NH Department of Health and Human Services, COVID-19 Response Dashboard as of May 2023; ++as of August 2023

Intentional and Unintentional Injury

Accidents and unintentional 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.

Unintentional Injury Deaths: Injuries happen when a place is unsafe or when people engage in unsafe behaviors. Injuries may be intentional or unintentional. Intentional injuries are usually related to violence caused by oneself or by another. Unintentional injuries are accidental in nature.

The table below reports the total Unintentional Injury Mortality Rate, which is the number of deaths that result from accidental injuries per 100,000 people. This measure includes injuries from causes such as motor vehicle accidents, falls, drowning and unintentional overdose). The Winnipesaukee region had a significantly higher rate of Unintentional Injury Mortality over the period 2017 to 2021 than in the state overall.

Area	Unintentional (accidental) Injury Mortality, all causes Age adjusted rate per 100,000
Capital Area Public Health Region	54.3
Winnipesaukee Public Health Region	77.7**
New Hampshire	55.1

Data Source: NH Vital Records Death Certificate Data accessed through NH Health Wisdom 2017-2021
***Rate is significantly different and higher than the state rate.*

Opioid Use-related Emergency Department Visits, Hospitalization: The table below displays rates of hospitalization due to accidental overdose from opioid use. Opioid misuse includes prescription opioid pain relievers, heroin, and synthetic opioids such as fentanyl. The Winnipesaukee region has experienced a significantly higher rate of emergency department utilization due to accidental opioid overdose compared to the state overall.

Area	Opioid Overdose Emergency Dept. visits; Age-adjusted rate per 100,000	Opioid Overdose Hospitalizations (inpatient) age-adjusted per 100,000
Capital Area Public Health Region	275	47.8
Winnipesaukee Public Health Region	507**	59.6
New Hampshire	300	52.3

Data Source: NH Hospital Discharge Data Set for NH Residents, 2016-2020
***Rate is significantly different and higher than the state rate.*

Drug Overdose Mortality: The table below displays the rate of opioid overdose mortality for Belknap and Merrimack County and for New Hampshire between 2017 and 2021. The Winnipesaukee region experienced a significantly higher mortality rate of opioid-related overdose deaths over the 5 year period 2017 to 2021.In 2022, the NH Office of the Chief Medical Examiner reported 486 drug overdose deaths, which was the highest total for the past 5 years. The age group with the largest number of drug overdose deaths was 30-39 years.

The table also displays the rate of alcohol-related overdose deaths (defined as having ICD-10 codes: X45, Y15, T51.0, T51.1, T51.9 (alcohol poisoning), X65 (suicide by and exposure to alcohol), and R78.0 (excessive blood level of alcohol) as the underlying cause).

Area	Opioid Overdose Deaths, age-adjusted per 100,000	Alcohol-related overdose deaths, age-adjusted per 100,000
Capital Area Public Health Region	22.7	5.2
Winnipesaukee Public Health Region	40.6	5.4
New Hampshire	27.0	4.8

Data Source: NH Division of Vital Records Death Certificate Data, 2017 to 2021+

Self Harm-related Emergency Department Visits and Hospitalization: The table below displays rates of emergency department (ED) visits and inpatient hospitalizations by sex for injury recorded as intentional, including self-intentional poisonings due to drugs, alcohol, or other toxic substances. Between 2016 and 2020, the rate of ED visits involving self-inflicted harm in the Concord Hospital Service Area was significantly higher than the overall state. Merrimack County, in particular, had significantly higher rates than the state, as well as when compared to Belknap County. The rates are especially stark for females in both counties, particularly females between the ages of 10 and 19.

Sex	Area	Suicide or self harm-related hospital visits (ED), age-adjusted rate per 100,000	Suicide or self harm-related hospitalizations (inpatient), age-adjusted rate per 100,000
Male	Belknap County	**351.4**	**101.9**
	Merrimack County	**504.9**	92.4
	New Hampshire	239.7	88.9
Female	Belknap County	**639.4**	131.3
	Merrimack County	**653.7**	141.4
	New Hampshire	457.4	137.2
All Sexes	Belknap County	**493.6**	116.9
	Merrimack County	**578.2**	115.9
	New Hampshire	346.7	112.9

Data Source: NH Hospital Discharge Data Set (HDDS) for NH Residents, 2016 to 2020

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 and other community supports. Between 2017 and 2021, the suicide mortality rate in the Capital Area Public Health Region was significantly higher than in New Hampshire overall.

Area	Suicide Mortality, age-adjusted rate per 100,000
Capital Area Public Health Region	22.8**
Winnipesaukee Public Health Region	15.5
New Hampshire	16.5

Data Source: NH Vital Records Death Certificate Data 2017 to 2021

**Rate is significantly different and higher than the state rate.

Infant Mortality

Infant mortality rate is a significant public health indicator, measuring the number of deaths of infants under the age of one year per 1,000 live births. This rate can be used to measure the health and wellbeing of a population, along with the accessibility and quality of healthcare and social services. Infant mortality is an indicator of maternal health, community nutrition and wellness, health inequalities, and access to social support systems.

New Hampshire has historically had a low infant mortality rate relative to other states and the nation. The mortality rate for infants in the Winnipesaukee Public Health region is higher than in the Capital Region and state overall (although not different statistically); perhaps related to the prior observation of a significantly higher percentage of women who received no or late prenatal care in the Winnipesaukee region.

Area	Infant Mortality Rate per 1,000 Live Births
Capital Area Public Health Region	2.88
Winnipesaukee Public Health Region	5.09
New Hampshire	3.93

Data Source: Data Source: NH Vital Records Birth Certificate Data, 2017-2021

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. Every death occurring before the age of 75 contributes to the total number of years of potential life lost.

Area	Years of Potential Life Lost before age 75, age-adjusted rate per 100,000
Belknap County	8,414**
Merrimack County	6,475
New Hampshire	6,360

Data source: Centers for Disease Control and Prevention, Premature Death Rate, 2022
***Rate is significantly different and higher than the state rate.*

Summary

The 2023 Concord & Lakes Region Community Health Needs Assessment New Hampshire provides a comprehensive overview of the health needs and priorities within the service area. Through analysis of community input from multiple methods and channels, assembly of demographic data and health indicators, the assessment highlights key health challenges and priorities for health improvement. The report identifies high priority health issues such as health care availability and capacity challenges, cost of care concerns, behavioral health needs, and disparities in access to services. Additionally, the assessment includes information on broad determinants of health including socioeconomic factors that influence community well-being. It is hoped that this assessment report will serve as a useful resource for planning program and service improvements, for guiding targeted interventions, and for strengthening collaborative partnerships to improve overall health and wellness in the Concord & Lakes Region.

2023 Concord & Lakes Region Community Health Needs Assessment

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