LRGHealthcare

HEALTH FIRST

Central NH VNA & HOSPICE

PARTNERSHIP FOR PUBLIC HEALTH

Lakes Region
Community Health Needs Assessment
-2020-












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

Lakes Region of New Hampshire

Community Health Needs Assessment

2020

Community Input on Health Issues and Priorities,

Selected Service Area Demographics and Health Status Indicators

Please direct comments or questions to:

Carolyn Muller, CCP

Community Health Improvement Specialist

LRGHealthcare

80 Highland Street

Laconia, NH 03246

Partner organizations for the 2020 Community Health Needs Assessment include Central New Hampshire VNA & Hospice, HealthFirst Family Care Center, LRGHealthcare and the Partnership for Public Health with technical support from the Community Health Institute/JSI

LRGHealthcare HEALTH FIRST

Central NH VNA & HOSPICE PARTNERSHIP FOR PUBLIC HEALTH

Lakes Region
2020 Community Health Needs Assessment

Executive Summary

During the period September through December 2020 an assessment of Community Health Needs in the Lakes Region of New Hampshire region was completed by a collaborative of four organizations serving the region including Central New Hampshire VNA & Hospice, HealthFirst Family Care Center, LRGHealthcare and the Partnership for Public Health. The purpose of the assessment was 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
- Satisfy state and federal Community Health Needs Assessment requirements for Community Benefit reporting.

For the purpose of the assessment, the geographic area of interest is 26 cities and towns in central New Hampshire known generally as the Lakes Region, with a total resident population of 101,227 served by the LRGHealthcare system including Lakes Region General Hospital and Franklin Regional Hospital. Methods employed in the assessment included: surveys of community residents made available through social media, email distribution and website links through multiple channels throughout the region (paper survey collection was curtailed for this community health needs assessment cycle due to the COVID-19 pandemic); a direct email survey of community leaders representing multiple community sectors; a set of three community discussion groups; and a review of available population demographics and health status indicators.

All information collection activities and analyses sought to focus assessment activities on vulnerable and disproportionately served populations in the region including populations that could experience limited access to health-related services or resources due to income, age, disability, and social or physical isolation. The community health needs assessment also acknowledged the significant impact of the COVID-19 pandemic, which was an over-arching concern affecting both the community health needs assessment process and the content of community input. About three of every four community survey respondents indicated that they had experienced increased stress or anxiety as a result of the COVID-19 pandemic, one in three had experienced a loss or decrease in employment and one in four had experienced increases in family caregiving responsibilities and difficulty accessing health care services. 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**	**Qualitative Information; Interviews, Discussions and Open-Ended Comments**
Affordable health insurance, cost of care and prescription drugs	Affordability of health care services including health insurance and prescription drug costs was the highest priority identified by community survey respondents and by community leaders.	The estimated proportion of people with no health insurance (7.7%) is higher than the overall percentage in NH (5.9%) and is similar to the estimate from the last community health assessment in 2017 (8.8%).	Community discussion participants also identified health care costs and financial barriers to care as significant and ongoing concerns. It was also a frequently mentioned topic area in an open-ended question about 'one thing you would change to improve health'
Availability of mental health services	Availability of mental health care was the second highest priority identified by both community respondents and community leader survey respondents.	The rate of Self Harm-related Emergency Department visits including self-intentional poisonings due to drugs, alcohol or other toxic substances among Lakes Region residents in 2018 was significantly higher than for NH overall.	Identified as a high and continuing priority for community health improvement by all community discussion groups including concerns for insufficient local capacity and increased need including anxiety, stress and isolation impacts of COVID-19.
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 both community respondents and community leader as priorities for community health improvement.	In 2018, the rate of Drug and Alcohol Related Emergency Department Visits per 100,000 population of the Lakes Region was significantly higher than in NH overall.	Participants identified improvements in resources for substance misuse prevention, treatment and recovery, but also noted that the need is still high, there are still issues with stigma in certain settings and gaps in services for detox.
Availability of primary care and specialty medical services	Availability of primary care services was the 4th highest priority among all community survey respondents and 2nd highest among those age 65 or older. About 11% of all respondents reported difficulty accessing specialty services they needed.	About 11% of adults reported having delayed or avoided health care visit because of cost and about 9% reported not having a personal doctor or health care provider.	Community discussion participants described challenges in this area primarily from the perspective of cost.

Community Health Issue	Community Surveys	Community Health Status Indicators	Qualitative Information; Interviews, Discussions and Open-Ended Comments
Services and supports for older adults including health care, home health care and assisted living	Health care for seniors was a top 7 priority concern identified by community survey respondents. Resources for assisted living and long term care was the 6th most commonly cited need by community leaders.	The service area population has proportionally more seniors (about 22% are 65+) compared to NH overall (18%). About 32% of the 65+ population in the Lakes Region report having one or more physical disability.	All discussion groups confirmed that home health services and other resources to support aging in place should remain top priorities for community health improvement
Economic determinants of health including affordable housing, livable wages, and affordable, high quality child care	Affordable housing, livable wages, public transportation and affordable, high quality child care were identified as top resources supporting a healthy community that are in need of improvement.	About 31% of households in the Lakes region have housing costs >30% of household income.	Homelessness was identified in all 3 community discussion groups as an increasing concern for the region that should be included as an important issue impacting the community.

Lakes Region

2020 Community Health Needs Assessment

TABLE OF CONTENTS

A. COMMUNITY OVERVIEW WITH SELECTED SERVICE AREA DEMOGRAPHICS

The total population of the combined LRGHealthcare Service area in 2019 was 101,227 according to the United States Census Bureau (American Community Survey, 5 year estimate). The service area population has increased by approximately 0.7% since 2015. Table 1 displays the service area population distribution by town / city, as well as the proportion of residents who are under 18 years of age and the proportion who are 65 and older. The information is further grouped by the two hospital services area – Lakes Region General Hospital and Franklin Region Hospital – comprising the LRGHealthcare system.

Compared to New Hampshire overall, the service area population has proportionally more seniors (about 22% are 65+ compared to about 18% in NH overall). A substantial range is observed for this statistic within the region from 11% of Northfield residents age 65+ to about half of residents (51%) in Hebron. The service area has a similar proportion of children and youth compared to the state (18% under 18 compared to 19% in NH overall) ranging from about 6% of Hebron residents under age 18 to about 23% of Ashland residents.

TABLE 1: Service Area Population by Town and Hospital Service Area

	2019 Population	% Total Population	% Under 18 Years of age	% 65+ years of age
LRGH Service Area	**64,122**	**63.3%**	**18.4%**	**22.8%**
Alton	5,303	5.2%	21.3%	27.9%
Ashland	2,017	2.0%	22.8%	20.6%
Belmont	4,680	4.6%	19.8%	12.5%
Barnstead	7,311	7.2%	19.8%	15.7%
Center Harbor	1,056	1.0%	13.9%	30.3%
Gilford	7,153	7.1%	19.5%	23.1%
Gilmanton	3,738	3.7%	21.0%	20.0%
Laconia	16,476	16.3%	17.9%	22.1%
Meredith	6,391	6.3%	18.4%	24.1%
Moultonborough	4,099	4.0%	15.4%	29.3%
New Hampton	2,245	2.2%	14.8%	24.1%
Sandwich	1,440	1.4%	11.5%	36.0%
Tuftonboro	2,213	2.2%	13.4%	37.8%

	2019 Population	% Total Population	% Under 18 Years of age	% 65+ years of age
FRH Service Area	**37,105**	**36.7%**	**17.9%**	**19.9%**
Alexandria	2,006	2.0%	15.9%	19.0%
Andover	2,782	2.7%	21.4%	17.0%
Boscawen	4,004	4.0%	18.9%	21.3%
Bridgewater	1,188	1.2%	16.9%	32.4%
Bristol	3,079	3.0%	14.9%	19.4%
Danbury	1,129	1.1%	21.9%	14.1%
Franklin	8,623	8.5%	16.6%	21.7%
Hebron	537	0.5%	6.1%	51.0%
Hill	920	0.9%	17.5%	18.5%
Northfield	4,881	4.8%	21.7%	10.8%
Salisbury	1,422	1.4%	17.8%	21.0%
Sanbornton	2,983	2.9%	18.1%	17.3%
Tilton	3,551	3.5%	16.4%	24.4%

Table 2 on the next page displays additional demographic information for the towns and cities of the Lakes Region service area. On this table, municipalities are categorized in lower, middle and higher income categories according to median household income (Note: These categories are only relative within the service area and were created to inform understanding of factors that influence health disparities within the region). At the end of the table, service area and sub-regional averages are also provided for these demographic indicators.

As displayed by the table, the region overall has a higher proportion of family households with children that are headed by single parents (33.9% compared with 28.3% for NH) and individuals with a disability[1] (16.4% compared with 12.8% for NH). Figure 1

[1] Disability includes individuals who report difficulty with hearing, vision, cognition, ambulation, self-care or independent living.

following this table (continues on the next page) displays a map of the service area with shading depicting the median household income by town in 5 categories from low to high median household income.

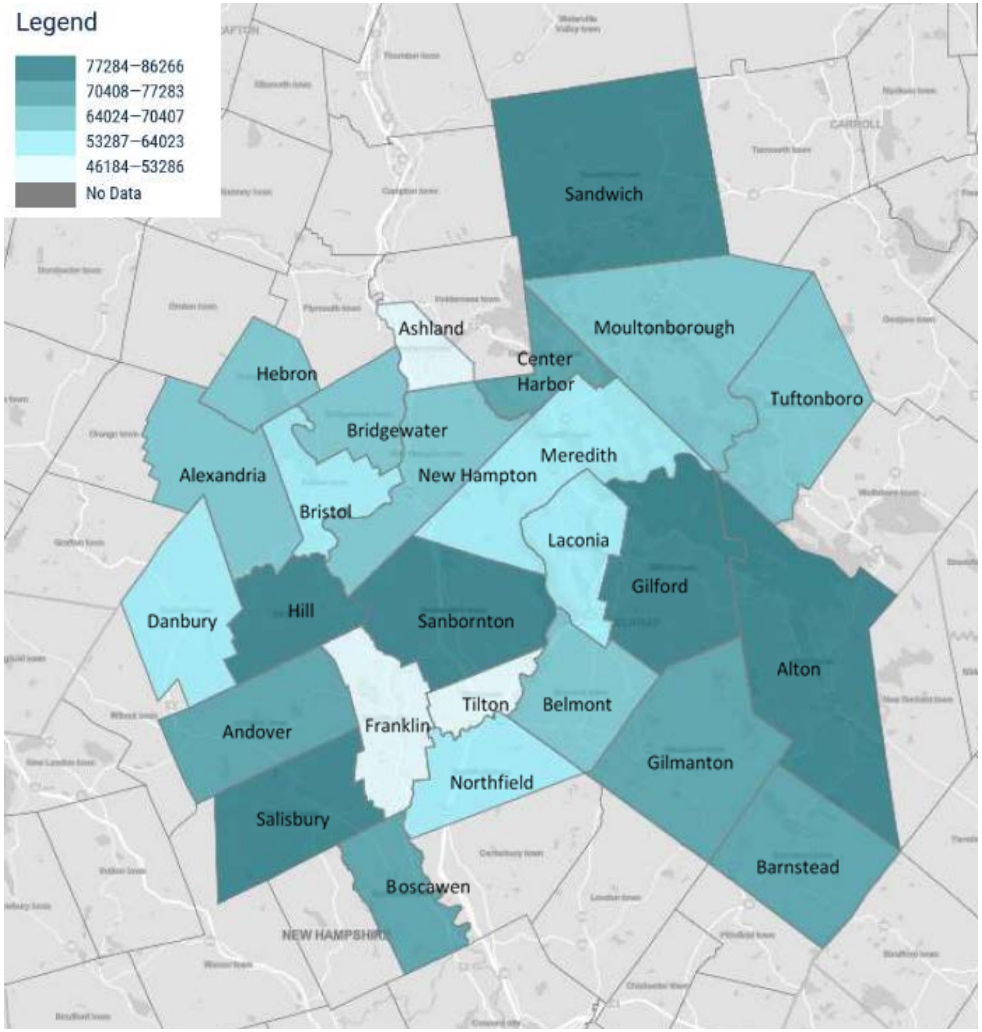
TABLE 2: Selected Demographic and Economic Indicators

	Median Household Income	% with income under 100% Poverty Level	% family households with children headed by a single parent	% population with a disability
Lower Income Communities (Median Household Income < $65,000; total population = 46,147)				
Ashland	$46,184	19.8%	39.4%	17.1%
Franklin	$52,795	8.9%	43.7%	19.5%
Tilton	$53,286	8.4%	26.5%	18.5%
Laconia	$57,960	11.3%	38.0%	17.4%
Danbury	$61,250	6.4%	9.9%	13.4%
Bristol	$61,484	10.4%	23.1%	16.3%
Northfield	$61,859	5.8%	51.3%	17.3%
Meredith	$64,023	13.1%	44.1%	18.9%
Middle Income Communities (Median > $65,000 & < NH median household income; total population =33,077)				
Tuftonboro	$65,114	5.9%	15.9%	15.6%
Hebron	$66,875	8.9%	15.8%	19.4%
Bridgewater	$67,167	9.3%	25.0%	15.0%
New Hampton	$67,938	8.8%	15.3%	18.8%
Alexandria	$69,718	8.2%	11.9%	14.7%
Moultonborough	$69,978	5.9%	45.2%	14.0%
Belmont	$70,407	9.5%	31.2%	16.0%
Barnstead	$71,903	5.0%	33.1%	14.3%
Gilmanton	$73,209	11.9%	40.8%	13.3%
Boscawen	$74,500	3.5%	35.7%	18.7%
Center Harbor	$76,528	6.5%	16.7%	15.5%
New Hampshire	**$76,768**	**7.6%**	**28.3%**	**12.8%**

	Median Household Income	% with income under 100% Poverty Level	% family households with children headed by a single parent	% population with a disability
Higher Income Communities (Median Income > NH median household income; total population =22,0003)				
Andover	$77,283	10.7%	22.4%	14.1%
Hill	$80,292	9.6%	30.1%	15.3%
Sandwich	$80,739	5.5%	22.6%	14.6%
Gilford	$84,192	5.5%	32.6%	9.8%
Salisbury	$84,844	4.4%	25.4%	11.4%
Sanbornton	$85,250	3.8%	13.7%	18.6%
Alton	$86,266	2.3%	25.5%	19.8%
Service Area Total	**$67,308**	**8.4%**	**33.9%**	**16.4%**
FRH Sub-Region	$64,584	7.5%	32.9%	17.3%
LRGH Sub-Region	$68,830	8.9%	34.5%	15.9%

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

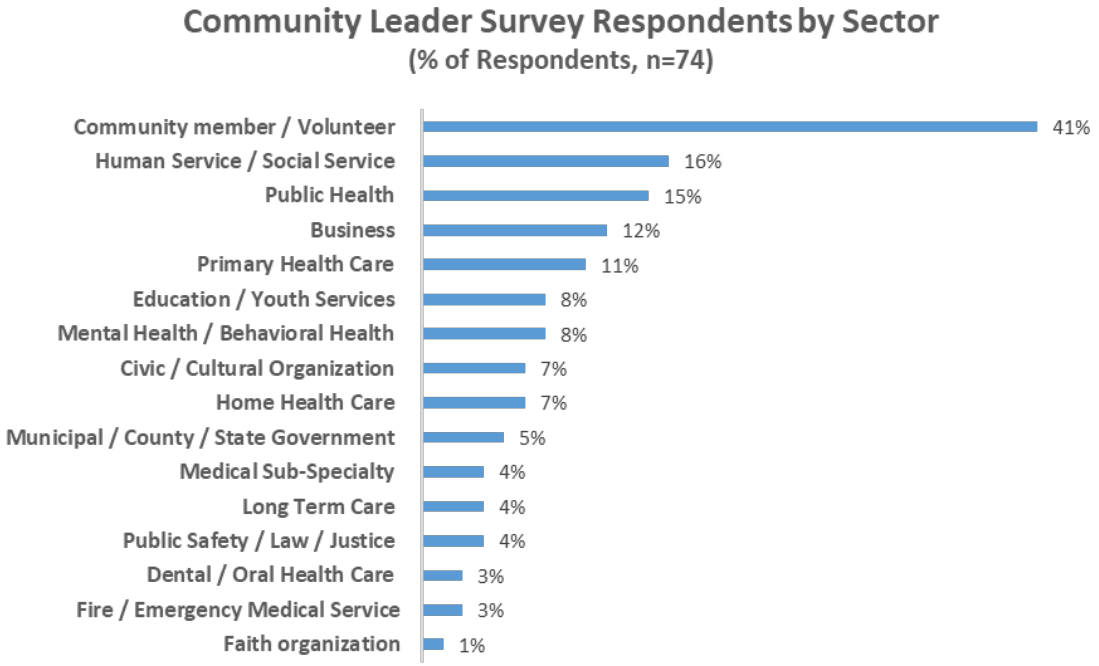
Data Source: U.S. Census Bureau, 2015 – 2019 American Community Survey 5-Year Estimates



B. COMMUNITY INPUT ON HEALTH ISSUES AND PRIORITIES

In October 2020, an interagency Community Health Needs Assessment committee fielded two surveys: one with targeted distribution to community leaders and one 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 unique email link to 117 individuals in positions of leadership in agencies, municipalities, business, civic and volunteer organizations serving the Greater Franklin, Laconia, and Meredith communities. The survey distribution list was developed by the planning committee. Of the 117 partners invited to participate in the Community Leader Survey, 74 completed surveys (63% response). Those respondents represented a wide range of sectors in the community as illustrated in the chart below. (Note: Respondents could identify as representatives of more than one sector).



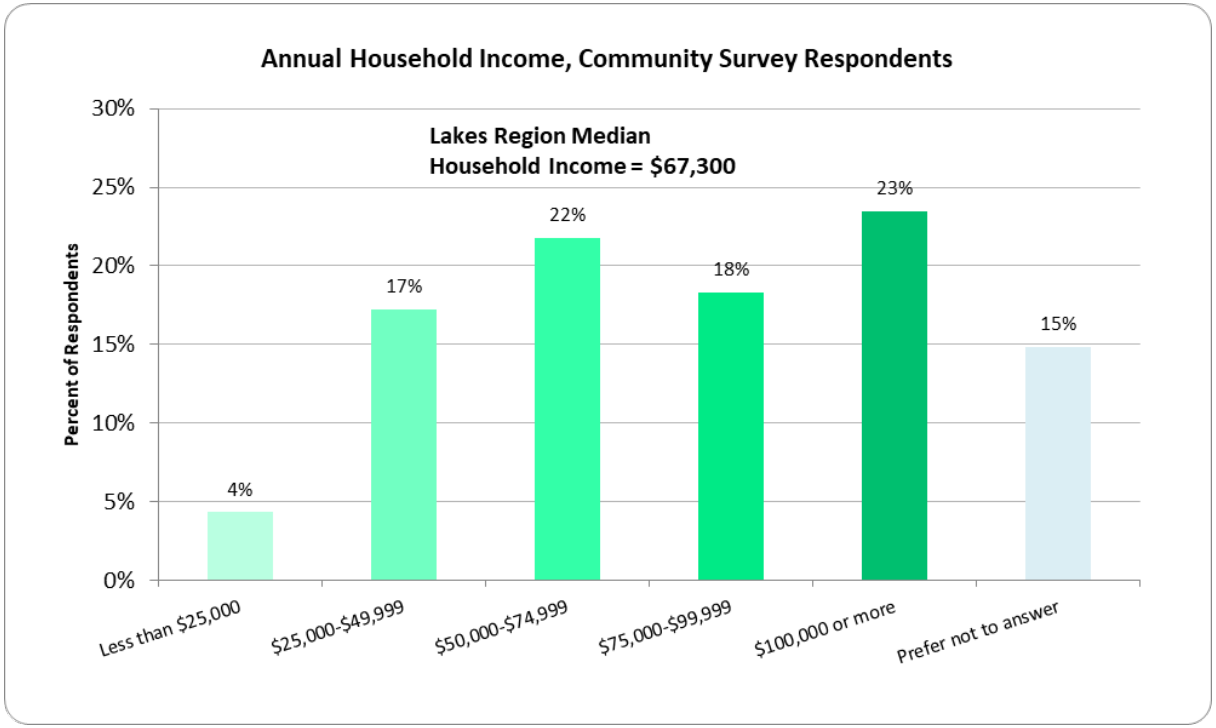
The community resident survey was distributed by the partner organizations through their electronic and other social media communication channels, as well as promoted through a paid Facebook promotional campaign. A dissemination toolkit was created to support partners' engagements that included posters, QR codes, sample social media and email language. Over the course of 14 days, the paid Facebook campaign reached 9,452 people for a total of 25,683 impressions. Those impressions resulted in 363 clicks bringing respondents directly to the survey.

A total of 537 community members completed the Community Resident Survey, representing all 26 towns and cities of the Lakes Region service area as well as a number of bordering communities. The Table below displays the grouping of respondents from three service area sub-regions around Laconia, Franklin, and Meredith.

Total Community Member Respondents	537
Greater Laconia area (e.g. Laconia, Belmont, Gilford, Gilmanton, Alton)	192
Greater Franklin area (e.g. Franklin, Bristol, Tilton, Northfield, New Hampton)	75
Greater Meredith area (e.g. Meredith, Center Harbor, Sandwich, Moultonborough, Tuftonboro)	143
Other	127

The age, self-identified race and ethnicity, and income level of respondents were generally representative of the region, with approximately 30% falling within 18-44 years of age, 46% of respondents between 45-64, and 23% older than 65 years. Nearly all respondents identified their race as White/European or declined to answer the question. About 1% of respondents indicated their race as Native American/Alaskan Native and about 1% indicated their race as 'Multi-race'. The number of female respondents (81%) far outweighed male respondents (16%), although adjustments were made in the targeted advertising campaign to better balance the mix. The remaining 3% identified as gender-fluid, or other.

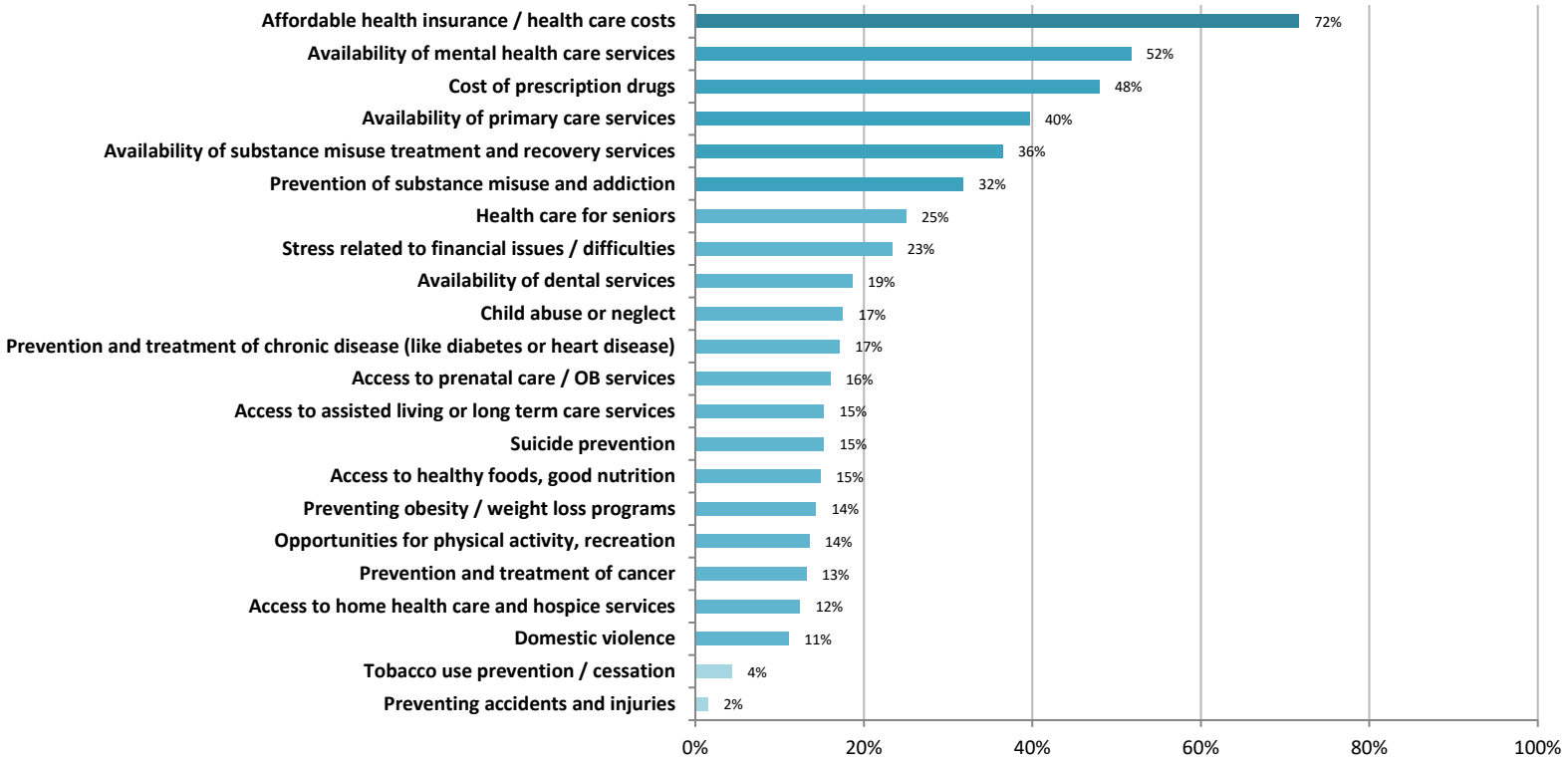
Approximately 22% of respondents have a household income of less than $50,000, 40% have an income of $50,000 to $100,000, and 23% reported household income of $100,000 or more.



1. Priority Community Health Issues

Respondents to the community leader and general community resident surveys were asked to select the top 5 most pressing health needs or issues in the community from a list of 22 potential topics (plus an open-ended 'other' option). Affordability of health insurance and health care costs, along with the related issue of prescription drug costs, were top issues identified by community respondents. Other top concerns identified by community survey respondents were availability of mental health services, substance use prevention and treatment, and availability of primary care services.

What do you think are the most pressing health needs or issues in your community today?
(Respondents could select up to 5 topics)



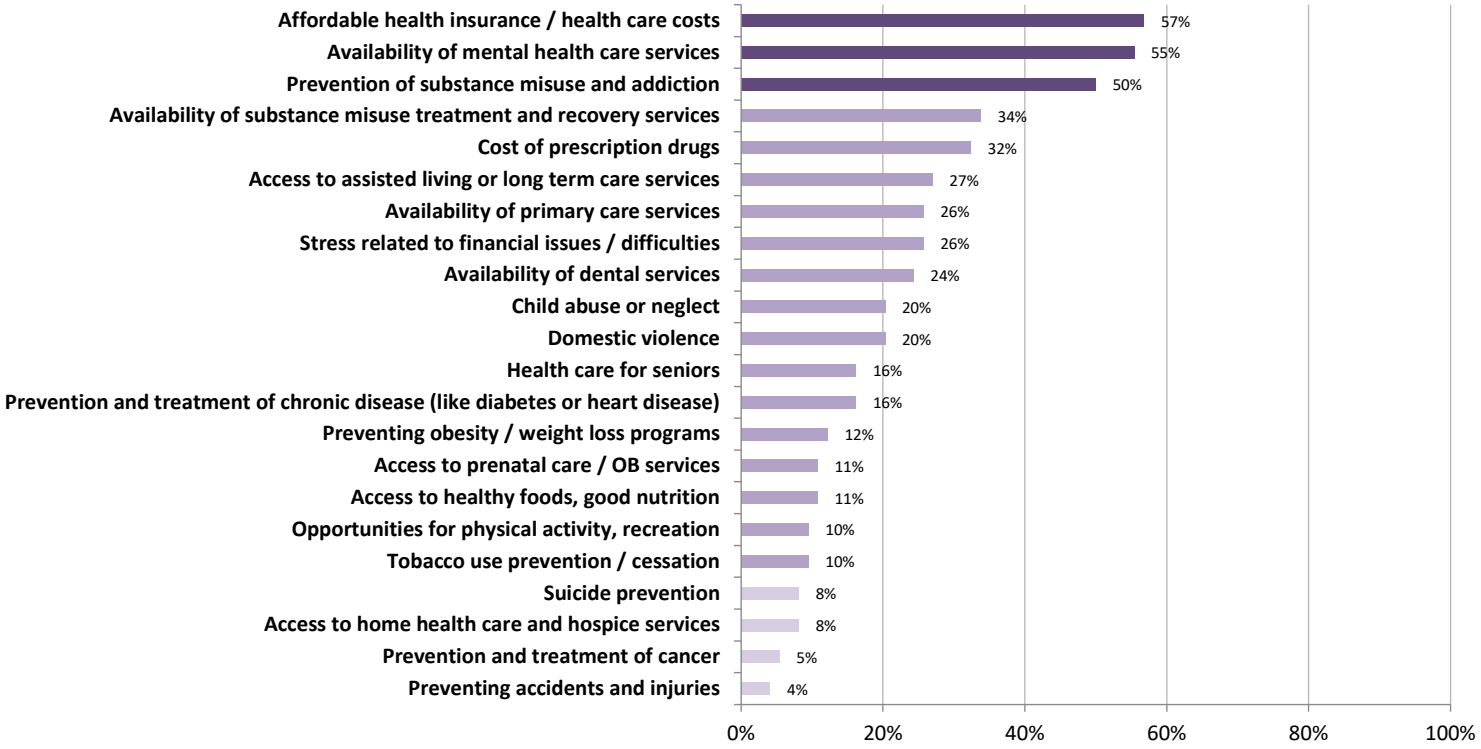
The results from analysis of community resident responses to the question of most pressing health issues also align with open-ended responses of community members when prompted to share the 'the one health-related topic that has had the most impact on you or your family in recent years'. The most prominent themes were health care related costs, availability of local primary and specialty health care, mental health and health issues related to COVID-19. The following word cloud created by offers a visual representation of the issues reported by 339 community members in their surveys.

Analysis of community survey responses by age and income categories shows some variability in priorities across groups, although the responses are more similar than different overall. Respondents 65 years of age or older were more likely than younger age groups to identify availability of primary care as a pressing health need, while respondents in the higher income category were more likely to identify availability of mental health services as a concern.

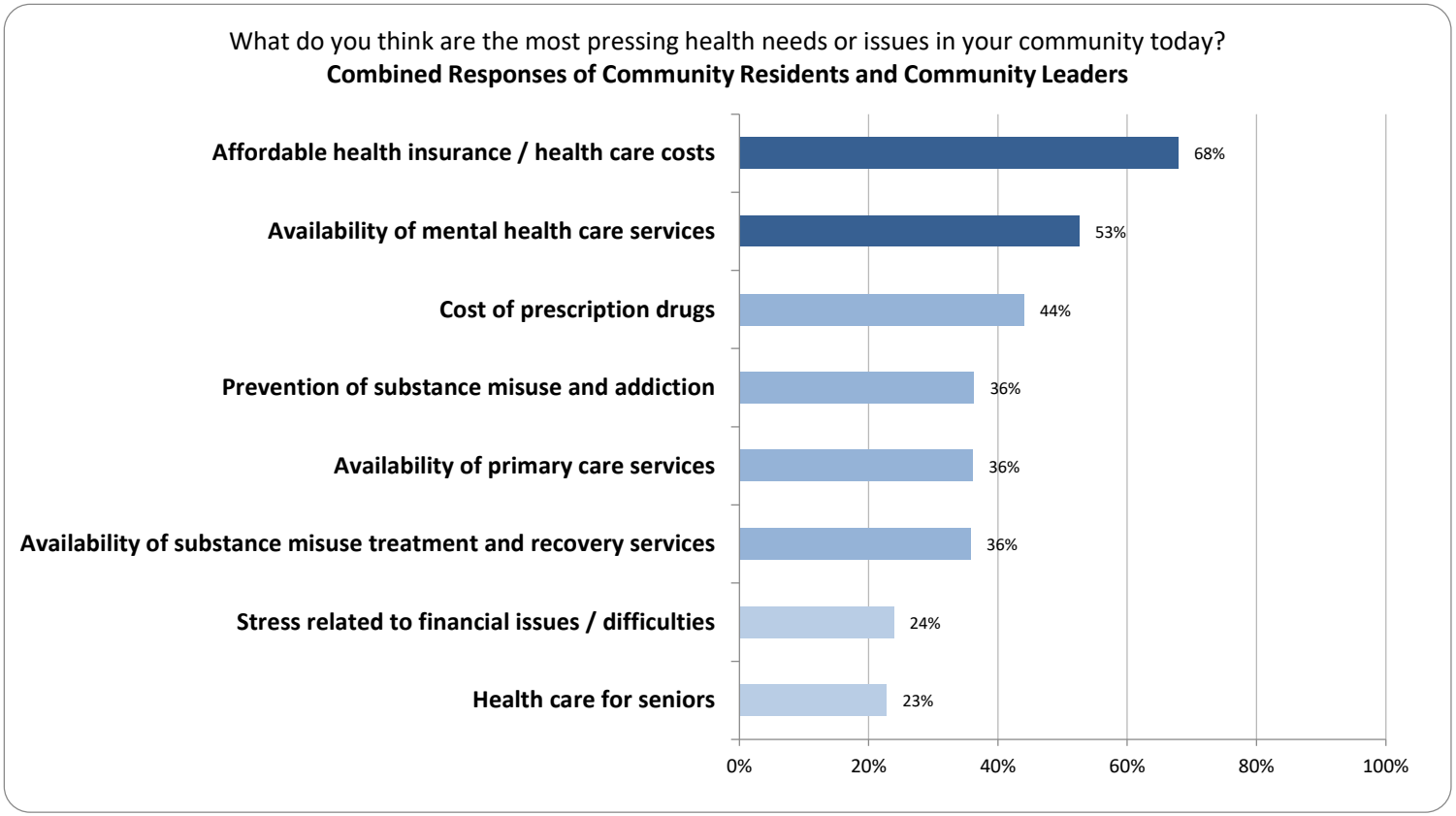
What do you think are the most pressing health needs or issues in your community today?	Community Residents (All)	By AGE			By INCOME		
		18-44	45-64	65+	<$50,000	$50,000-$99,999	>$100,000
Affordable health insurance / health care costs	71%	69%	72%	69%	72%	75%	63%
Availability of mental health care services	52%	62%	53%	35%	47%	50%	66%
Cost of prescription drugs	48%	40%	53%	47%	51%	48%	40%
Availability of primary care services	40%	33%	37%	51%	34%	39%	37%
Drug and alcohol treatment	37%	45%	34%	32%	36%	35%	45%
Drug and alcohol prevention programs	32%	37%	32%	26%	23%	30%	43%
Health care for seniors	25%	14%	22%	39%	24%	20%	23%
Stress related to financial issues / difficulties	23%	32%	19%	17%	31%	24%	17%
Availability of dental services	18%	21%	18%	13%	28%	15%	12%
Child abuse or neglect	17%	26%	14%	13%	16%	18%	16%
Prevention and treatment of chronic disease	17%	14%	14%	20%	12%	17%	16%

The chart below displays the responses of community leaders to the same question on most pressing health needs or issues in the community. The top issues identified are similar to those identified by respondents to the community resident survey including health care affordability and availability of mental health and substance misuse services. Community leaders were somewhat more likely to also identify access to assisted living or long term care services as a top priority.

What do you think are the most pressing health needs or issues in your community today?
(Community Leaders; Respondents could select up to 5 topics)

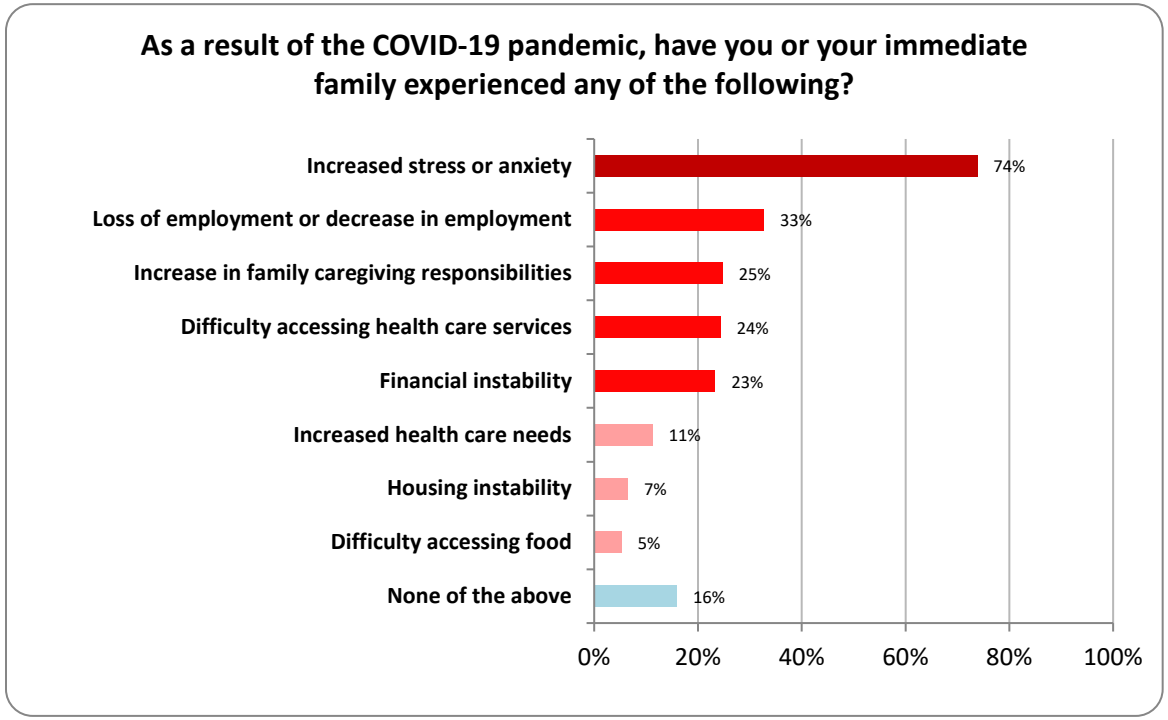


The chart below displays the combined results for most pressing health needs or issues from the perspective of community and community leader respondents. The response percentages from community respondents were given triple weight in the computation of combined responses. The top 8 community health priorities are displayed.



2. COVID-19 Pandemic Impact

The COVID-19 pandemic has clearly had a significant impact on many community members and was an over-arching concern affecting both the community health needs assessment process and the content of community input. As such, the planning committee felt it important to specifically ask community members for input on how COVID-19 has affected them and their communities. About three of every four respondents indicated that they had experienced increased stress or anxiety as a result of the COVID-19 pandemic, one in three had experienced a loss or decrease in employment and one in four had experienced increases in family caregiving responsibilities and difficulty accessing health care services. Just 16% of respondents indicated not experiencing any of the impacts of COVID-19 listed as options on the question. Other impacts noted by both community resident and community leaders included social isolation and internet connectivity issues.



3. Services and Resources to Support a Healthy Community

Following the question on the most pressing health needs or issues, respondents were asked about services or resources the community, as a whole, should focus on improving. Sometimes described as social determinants of health, the items included in this question generally describe underlying community conditions that support health of individuals and families. As with the first question, respondents were asked to select the top four services or resources from a set of 22 options that the community should focus on improving.

Community members and leaders were consistent in their identification of the top three resources to focus community improvement efforts on: affordable housing, livable wages and public transportation. Other resources that were rated highly by both community members and leaders were job opportunities/job training, meeting basic family needs, and affordable, high quality child care.

What services or resources that support a healthy community should the community, as a whole, focus on improving?	General Community	Community Leaders
Affordable housing	56%	65%
Livable wage	46%	46%
Public transportation	34%	50%
Job opportunities / job training	29%	38%
Meeting basic family needs	29%	34%

Sub-regional analysis of this question produced similar, consistent results with the exception of the Greater Meredith community where 'services and supports for older adults' was identified as a top-five community health improvement priority.

While sub-regions shared the same top priorities for improvement of community conditions that support health, there was some notable variation for intermediate priorities including:

- Greater Franklin community members were more likely to prioritize strengthening and supporting families, and safe walking routes and sidewalks.
- Greater Laconia community members reported a higher interest in improving public safety and crime reduction, and also open or green space
- Greater Meredith community members were somewhat more likely to select as a priority improving preparations for public health emergencies.

4. Barriers to Services

Respondents to the community resident and community leader surveys were asked what the most significant barriers were to accessing needed health care services. As displayed by the table below, the top five barriers reported by both community members and leaders were in alignment, although Community Leaders were more likely to select 'Lack of Transportation' as a barrier to accessing needed health care services (69% of community leaders compared to 44% of community residents).

What are the most significant barriers that keep people in the community from accessing the health care services they need?	Community Residents (All)	Community Leaders
Inability to Pay Out of Pocket Expenses	68%	62%
Lack of Insurance Coverage	57%	46%
Providers Not Available/ Insufficient Local Capacity	49%	46%
Lack of Transportation	44%	69%
Inability to Navigate Health Care System	42%	54%

Community respondents to the 2020 Community Health Needs Assessment Survey were also asked specifically about their own experiences with accessing services through the following question: "In the past year, have you or someone in your household had difficulty getting the health care or human services you needed?" Overall, 34% of survey respondents indicated having such difficulty. Respondents with household incomes of $50,000 were significantly more likely (49%) to report having experienced difficulty accessing needed services.

The survey also asked people to indicate the areas in which they had difficulty getting services or assistance. As displayed by the table on the next page, the most common service types that people had difficulty accessing were: primary health care (46% of those respondents indicating difficulty accessing any services); specialty health care (35%) and mental health care (30%). Respondents with household income less than $50,000 were more likely to report difficulty accessing routine dental care for adults. Respondents under the age of 65 were more likely to report difficulty accessing mental health services. Note that percentages on this chart are of the subset of respondents who indicated any difficulty accessing services (34% of all respondents; n=165).

What services did you have trouble accessing?	All respondents with access difficulties (n=165)	By AGE			By INCOME		
		18-44	45-64	65+	<$50,000	$50,000-$99,999	>$100,000
Primary Health Care	46%	46%	50%	44%	46%	44%	50%
Specialty Health Care (please specify)	35%	46%	33%	28%	37%	37%	31%
Mental Health Care	30%	44%	32%	4%	41%	26%	42%
Routine dental care for adults	25%	29%	21%	32%	37%	23%	12%
Emergency dental care	9%	13%	6%	8%	13%	11%	0%

Respondents who reported difficulty accessing services in the past year for themselves or a family member were also asked to indicate the reasons why they had difficulty. As shown by the table below, the top reasons cited were: 'waiting time to get an appointment was too long' (36%), 'service I needed was not available in my area' (35%) and 'office was not open when I could go' (24%). Percentages are again calculated from the subset of respondents who indicated difficulty accessing services.

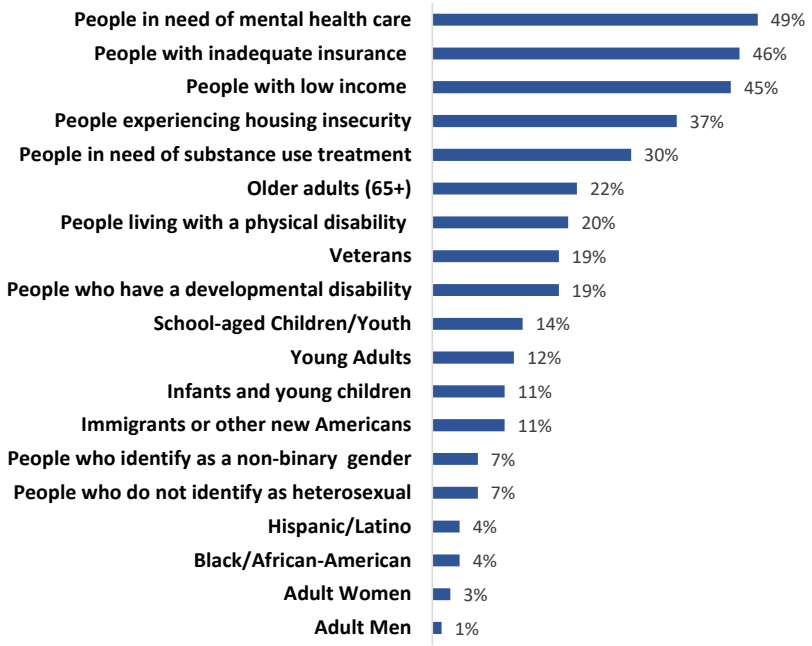
For those community members who had difficulty accessing services, what were the barriers?	All respondents with access difficulties (n=165)	By AGE			By INCOME		
		18-44	45-64	65+	<$50,000	$50,000-$99,999	>$100,000
Waiting time to get an appointment was too long	36%	38%	36%	28%	35%	37%	46%
Service I needed was not available in area	35%	38%	30%	44%	28%	33%	46%
Office was not open when I could go	24%	30%	24%	4%	28%	18%	31%
Could not afford to pay	22%	35%	19%	16%	35%	25%	8%
Insurance deductible too expensive	16%	27%	10%	20%	28%	16%	8%

In a separate question, nearly half (48%) of community survey respondents indicated that 'they or someone in their household had to travel outside of the local area to get the services they needed in the past year'. The word cloud illustrates the qualitative responses to an open-ended follow up question on the type of services respondents had traveled outside the area to receive.

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?" Nearly two-thirds of respondents (64%) responded affirmatively with the most commonly cited services with insufficient capacity or availability being mental health (15 respondents), primary care (11), substance use treatment (9), maternity care (7), and dental care (6).

Community leaders were also asked to identify population groups within the region who may be under-resourced by the existing network of health care and other services in the region. The most commonly identified groups were people needing mental health care, underinsured, people with low-income or experiencing housing insecurity, or needing substance use treatment.

Populations receiving inadequate supports, as perceived by community leaders



5. Community Interest in Specific Community Health Programs or Services

Community members were asked what types of programs or services they would use if more available in the community. The table displays the responses for each type of service. With future planning in mind, results are highlighted when a residents from a sub-region were more likely to report interest in a particular program or service (5% or more interest than the lowest result). Not surprisingly, considering the COVID experience shared by the community in the last year, stress reduction and relaxation classes were most commonly reported as a service people would consider using, followed closely by recreation/fitness programs and more outdoor recreation trails and pathways.

Which of the following programs or services would you or your family use if it were more available in your community? (Check all that apply)	All Respondents	Franklin Regional Hospital Service Area / Greater Franklin	Lakes Region General Hospital Service Area	
			Greater Laconia	Greater Meredith
Stress reduction and relaxation classes	33%	37%	40%	36%
Recreation/fitness programs	31%	35%	37%	34%
Biking/walking trails and pathway	30%	35%	34%	34%
Programs that address body weight	22%	27%	27%	22%
Mental health counseling	22%	23%	27%	22%
Public transportation	20%	24%	21%	21%
Nutrition/cooking programs	19%	23%	22%	15%
Affordable childcare	14%	23%	12%	15%
After-school activities	13%	19%	11%	15%
Financial education; tax preparation services	12%	13%	15%	8%
Caregiver support / respite care	11%	9%	14%	12%
Dental services (please specify)	9%	13%	12%	8%
Job training	9%	16%	10%	8%
Family counseling	8%	7%	11%	9%
Drug and alcohol treatment	8%	12%	11%	6%
Drug and alcohol prevention programs	8%	15%	8%	6%
Medical services (please specify)	7%	4%	10%	7%
Better balance/falls reduction programs	7%	7%	5%	11%
Adult education/GED	7%	9%	8%	8%
Stop smoking program	6%	13%	7%	3%
Diabetes support group	6%	9%	4%	8%
Lesbian, gay, trans-gender and bisexual support services	5%	4%	7%	3%
Summer lunch programs for youth	5%	5%	7%	4%
Parenting support groups	5%	5%	5%	6%

Additional variation between programs of interest is observed when analyzing these responses by age and income categories, as shown by the table below. Overall, community members who fall within the 18 to 44 age range or have a household income of less than $50,000 are more likely to report an interest or need for a variety of different types of services than other demographic groups.

Which of the following programs or services would you or your family use if it were more available in your community? (Check all that apply)	By AGE			By INCOME		
	18-44	45-64	65+	<$50,000	$50,000-$99,999	>$100,000
Stress reduction and relaxation classes	45%	40%	27%	47%	35%	36%
Recreation/fitness programs	46%	33%	28%	30%	37%	36%
Biking/walking trails and pathway	42%	36%	24%	25%	36%	42%
Programs that address body weight	27%	24%	26%	34%	20%	23%
Mental health counseling	32%	25%	13%	33%	21%	23%
Public transportation	19%	22%	25%	33%	20%	20%
Nutrition/cooking programs	25%	22%	16%	26%	20%	27%
Affordable childcare	32%	12%	6%	15%	17%	19%
After-school activities	37%	13%	2%	14%	17%	16%
Financial education; tax preparation services	21%	12%	8%	13%	13%	15%
Caregiver support / respite care	12%	13%	15%	17%	12%	15%
Dental services (please specify)	12%	10%	9%	19%	9%	5%
Job training	12%	12%	7%	15%	10%	7%
Family counseling	17%	7%	4%	13%	7%	8%
Drug and alcohol treatment	7%	12%	8%	16%	10%	5%
Drug and alcohol prevention programs	10%	9%	7%	13%	7%	8%
Medical services (please specify)	7%	10%	4%	7%	9%	9%
Better balance/falls reduction programs	4%	5%	19%	8%	6%	6%
Adult education/GED	4%	9%	7%	14%	7%	2%
Stop smoking program	7%	8%	5%	11%	7%	3%
Diabetes support group	4%	7%	8%	16%	5%	2%
Lesbian, gay, trans-gender and bisexual support services	11%	5%	3%	6%	6%	8%
Summer lunch programs for youth	7%	5%	6%	11%	5%	3%
Parenting support groups	11%	4%	1%	9%	5%	6%

C. COMMUNITY HEALTH DISCUSSION THEMES AND PRIORITIES

Convening community discussion groups was challenging during the 2020 Community Health Needs Assessment due to the Covid-19 pandemic, however the Lakes Region community health assessment team was successful at convening 3 well attended discussion groups. These groups were:

- Strong Women Strength Training Group (8 participants)
- Compass House Residents (7 participants)
- Reverence House Residents (11 participants)

The purpose of the discussions was to get more in-depth qualitative input on health issues that matter to the community and thoughts and perceptions about the health of the community. The following paragraphs summarize the main themes with illustrative quotes.

High Priority Health Issues: Community discussion participants were asked to reflect on the top priority areas identified in the 2017 Community Health Needs Assessment and were asked if they were: a) if they thought these are still the most important issues for the community to address for improving health or if there are new, different priorities; and b) if they had noticed any improvements in these areas; The priorities from 2017 were:

1. Alcohol and drug misuse including prevention, treatment and recovery
2. Access to mental health services
3. Cost of health care services including the cost of health insurance
4. Access to home health care services

> **"There has been improvement around SUD. There is quite a bit of help out there, you just have to go get it, it won't come to you."**
>
> - *Reverence House Discussion Group Participant*

The consensus in each of the discussion groups was that these topics remain high priorities for community health improvement. Some observations included:

> ***"LRMHC has limited capacity to provide services that has caused delays in receiving treatment. There are not enough mental health beds to fulfill the need in the community."***
>
> - *Compass House Discussion Group Participant*

Substance Misuse: There is heightened awareness of issues associated with substances and substance use. However,

there is a lack of capacity and long wait times before care is obtained when experiencing withdrawal / detoxing from substance use.

Mental Health: Mental health services are still a challenge to obtain in a timely manner.

Cost of health care: It was observed that health insurance is "still not affordable and hard to obtain", although it was noted that there is assistance available to help uninsured individuals apply for health insurance and that "health coverage from the state is easier to obtain than in the past". It was also commented that without health insurance "there is no way to get a PCP", because out-of-pocket costs are too high.

Home health care: Home healthcare is still very important as "it continues to affect a lot of people in the area that depend on it".

Homelessness: All three discussion groups recommended that addressing homelessness should specifically be added as a community health improvement priority.

> ***"There is not enough mental health services to support the need here."***
> - *Reverence House Discussion Group Participant*

> ***"We had the VNA in to our house for my significant other and they did a fabulous job. They were excellent."***
> - *Strong Women Discussion Group Participant*

> ***"I think all of those are still really important. But I also think homelessness is a big issue in our community."***
> - *Strong Women Discussion Group Participant*

> ***"Homelessness supports and services are badly needed, there is not enough in the area."***
> - *Reverence House Discussion Group Participant*

> ***"Homelessness is an increasing concern for the region and should be included as an important issue impacting our community."***
> - *Compass House Discussion Group Participant*

Impact of COVID-19: Community discussion group participants were asked how the Coronavirus pandemic has impacted the people they know the most. Participants described impact on mental health and ability to access mental health services, difficulty finding work and related economic stress, challenges of sustaining recovery in an environment requiring social distancing.

> ***(An impact of COVID has been) "Increased isolation and decreased connection, which is not good for those who need connection and must avoid isolation to sustain their recovery."***
>
> - *Compass House Discussion Group Participant*

> ***"I am not allowed to see my grandchildren. It's very sad."***
>
> - *Strong Women Discussion Group Participant*

What organizations could be doing better: Community discussion group participants were asked what they thought the health care organizations in the community could be doing better or differently to have a positive impact on the health issues discussed. Participants identified needs for increased provider capacity to address long wait times particularly with regard to mental health and substance use treatment, reduced stigma and less judgmental attitudes of some providers, improved communication around what services are open or closed as a result of the pandemic, and consideration that 'not everyone has a cell phone' when it comes to calling people in for appointments from a parking lot. Discussion group participants also complimented and expressed appreciation for the work of area health care organizations and individual providers.

> ***"HealthFirst is pretty amazing, it has everything under one roof . . . The Recovery Clinic at LRGH is also amazing and fantastic."***
>
> - *Compass House Discussion Group Participant*

D. COMMUNITY HEALTH STATUS INDICATORS

This section of the 2020 Community Health 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 26 town hospital service area identified by LRGHealthcare. In some instances, data are only available at the county or public health region level. Regarding the latter, the Winnipesaukee Public Health region is the core public health region contiguous with the LRGHealthcare service area and includes 76% of the resident population of the hospital's service area including Laconia and Franklin.

1. Demographics and Social Determinants of Health

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

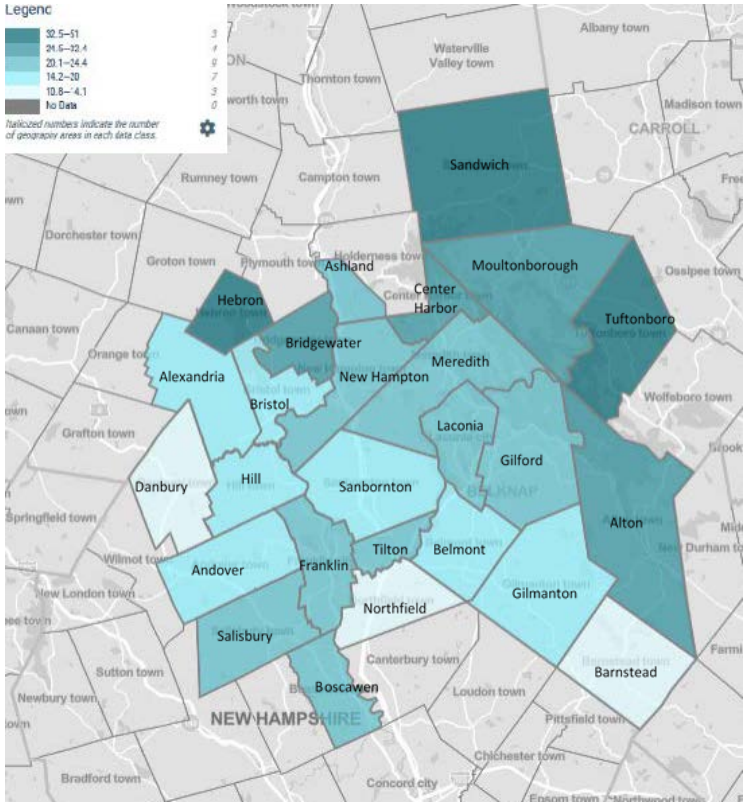
a. General Population Characteristics

According to the 2019 American Community Survey, the population of the LRGHealthcare Service Area is older on average than in New Hampshire overall. The service area map on the next page displays the percent of the population 65 years of age and older by town. Between 2015 and 2019, the population of the LRGHealthcare Service Area grew 0.7%; a slower pace than the New Hampshire population growth overall.

Indicators	LRGHealthcare Service Area	New Hampshire
Population Overview		
Total Population	101,227	1,348,124
Over age of 65	21.7%	17.5%
Under age of 18	18.2%	19.3%
Change in population (2015 to 2019)	+0.7%	+2.2%

Figure 2 - Percent of Population 65 years of age and older, LRGHealthcare Service Area Towns

Data Source: U.S. Census Bureau, 2015 – 2019 American Community Survey 5-Year Estimates



b. Poverty

The correlation between economic prosperity and good health status is well established. Inversely, the lack of economic prosperity, or poverty, can be associated with barriers to accessing health services, healthy food, and healthy physical environments that contribute to good health. Information describing household income and poverty status was included in the first section of this report. The table below presents the percent of people in the LRGHealthcare Service Area living in households

with income below the federal poverty level and the percent of children under age 18 in households with income below the Federal Poverty Level. Two towns have child poverty estimates over 25%: Meredith (27.1%) and Ashland (40.1%).

Area	Percent of people with household income below the federal poverty level (Income < 100% FPL)	Percent of children (under 18) in households below the federal poverty level (Income < 100% FPL)
LRGHealthcare Service Area	**8.4%**	**13.0%**
New Hampshire	7.6%	9.2%

Data Source: U.S. Census Bureau, 2015 – 2019 American Community Survey 5-Year Estimates.

c. Education

Educational attainment is also considered a key driver of health status with lower levels of education linked to both poverty and poor health. A similar proportion of the population of the LRGHealthcare Service Area have earned at least a high school diploma or equivalent compared to New Hampshire overall. The table below presents data on the percentage of the population aged 25 and older with a high school diploma (or equivalent).

Area	Percent of Population Aged 25+ with High School Diploma or Equivalency
LRGHealthcare Service Area	92.8%
New Hampshire	93.1%

Data Source: U.S. Census Bureau, 2015 – 2019 American Community Survey 5-Year Estimates.

d. Language

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

Area	Percent of Population Aged 5+ Who Speak English Less Than "Very Well"
LRGHealthcare Service Area	0.2%*
New Hampshire	1.0%

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

e. Housing

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

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

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

Area	Percent of Housing Units Categorized As "Substandard"	Percent of Households with Housing Costs >30% of Household Income
LRGHealthcare Service Area		31.0%
Belknap County	31.1%	
New Hampshire	30.9%	31.3%

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

f. Transportation

Individuals with limited transportation options also have limited employment options, greater difficulty accessing services, and more challenges to leading independent, healthy lives. The next table presents data on the percent of households that have no vehicle available. It is estimated that about 4% of households in the LRGHealthcare region have no vehicle available.

Area	Percent of Households with No Vehicle Available
LRGHealthcare Service Area	4.4%
New Hampshire	5.1%

Data Source: U.S. Census Bureau, 2015 – 2019 American Community Survey 5-Year Estimates.

g. Disability Status

Disability is defined as the product of interactions among individuals' bodies; their physical, emotional, and mental health; and the physical and social environment in which they live, work, or play. Disability exists where this interaction results in limitations of activities and restrictions to full participation at school, at work, at home, or in the community. The US Census Bureau (American Community Survey) identifies people reporting serious difficulty with four basic areas of functioning – hearing, vision, cognition, and ambulation. A higher percentage of residents under 65 years of age in the LRGH region report having at least one disability compared to NH overall.

	Percent of Population Reporting Serious Difficulty With Hearing, Vision, Cognition and/or Ambulation	
Age Group	**LRGHealthcare Service Area**	**New Hampshire**
Percent Disabled <18	**7.4%***	4.8%
Percent Disabled 18-64	**13.6%***	10.1%
Percent Disabled 65+	33.2%	31.9%

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

**Percentage estimate is significantly higher than the NH statewide estimate.*

2. Access to Care

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

a. Insurance Coverage

Table 3 below and continued on the next page displays estimates of the proportion of residents who do not have any form of health insurance coverage by municipality, as well as the proportion of residents with Medicare, Medicaid or Veterans Administration coverage.

It is important to note that the data source for these municipal level estimates is a 5 year span of the American Community Survey. A combination of five years of data is required to produce reasonably stable estimates on these and other measures from the survey samples. As such, the estimates may not fully reflect shorter term economic or policy conditions influencing fluctuations in insurance benefit coverage. Compared to estimates from the last community health needs assessment in 2017, the percentage of uninsured residents has decreased slightly (8.7% uninsured estimate in 2017; 7.6% current estimate). In combination, the percentage of the population with Medicaid or no insurance coverage (18.9%) is similar to New Hampshire overall (19.2%).

Table 3: 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*
Tuftonboro	15.0%	38.3%	12.4%	4.4%
Bristol	11.5%	23.3%	21.0%	3.4%
Ashland	10.2%	25.9%	26.8%	5.2%
New Hampton	9.6%	24.9%	12.6%	3.2%
Belmont	9.2%	18.6%	18.5%	3.0%
Moultonborough	8.8%	28.8%	14.6%	0.5%
Alexandria	8.8%	21.3%	17.0%	2.3%

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*
Barnstead	8.6%	14.7%	16.9%	3.4%
Salisbury	8.3%	22.8%	11.4%	4.0%
Tilton	8.2%	22.0%	16.6%	2.8%
Franklin	8.0%	25.7%	20.6%	3.1%
Meredith	7.9%	26.6%	18.4%	2.9%
Sandwich	7.6%	36.6%	12.5%	2.6%
Danbury	7.3%	16.8%	15.9%	4.8%
LRGHealthcare Region	7.6%	17.2%	11.3%	3.4%
Hill	7.0%	20.0%	12.3%	3.7%
Laconia	6.9%	22.8%	23.2%	3.7%
Northfield	6.5%	14.1%	19.4%	2.9%
State of NH	5.9%	19.1%	13.3%	2.7%
Gilford	5.4%	24.4%	7.9%	2.2%
Andover	5.3%	20.5%	7.1%	2.7%
Boscawen	4.1%	17.7%	19.4%	3.1%
Center Harbor	4.0%	32.0%	19.5%	0.8%
Bridgewater	4.0%	33.5%	20.7%	3.8%
Gilmanton	3.5%	19.5%	16.1%	2.5%
Sanbornton	3.5%	21.5%	11.8%	1.7%
Alton	3.3%	29.0%	9.7%	4.8%
Hebron	2.0%	50.8%	9.3%	4.3%

Data Source: U.S. Census Bureau, 2015 – 2019 American Community Survey 5-Year Estimates.

**Coverage alone or in combination*

b. Delayed or avoided health care visit because of cost

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

Area	Percent of adults who report having delayed or avoided health care visit because of cost in the past year
Winnipesaukee Public Health Region[2]	10.8%
New Hampshire	9.3%

Data Source: NHDHHS, Behavioral Risk Factor Surveillance System 2017.

Regional rate is not significantly different than the overall NH rate.

c. Adults with a Personal Health Care Provider

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

Area	Percent of adults who report having a personal doctor or health care provider
Winnipesaukee Public Health Region	90.7%
New Hampshire	87.5%

Data Source: NHDHHS, Behavioral Risk Factor Surveillance System 2017.

Regional rate is not significantly different than the overall NH rate.

[2] Note: Some population health data is only available for the Winnipesaukee Public Health Region, which is a geographic subset of 16 communities in the overall LRGHealthcare region comprising 76% of the hospital service area population including Alton, Barnstead, Belmont, Center Harbor, Danbury, Franklin, Gilford, Gilmanton, Hill, Laconia, Meredith, Moultonborough, New Hampton, Northfield, Sanbornton, and Tilton

d. Preventable Hospital Stays

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

Area	Number of hospital stays for ambulatory care sensitive conditions per 1,000 Medicare enrollees
Belknap County	32.3
New Hampshire	40.3

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

e. Dental Care Utilization (Adult)

This indicator reports the percentage of adults aged 18 and older who self-report that they have visited a dentist, dental hygienist or dental clinic within the past year. The percentage of adults in the Winnipesaukee Public Health Region who report not having seen a dentist is similar to the state overall.

Area	Percent of adults who visited a dentist or dental clinic in the past year
Winnipesaukee Public Health Region	70.8%
New Hampshire	72.0%

Data Source: NHDHHS, Behavioral Risk Factor Surveillance System 2016.
Regional rate is not significantly different than the overall NH rate

3. Health Promotion and Disease Prevention

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

a. Food Insecurity

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

Area	Experienced food insecurity, past year
Belknap County	9.4%
New Hampshire	9.3%

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

b. Physical Inactivity (Adults)

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

Area	Physically inactive in the past 30 days, % of adults
Belknap County	23.0%
New Hampshire	21.0%

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

c. Pneumonia and Influenza Vaccinations (Adults)

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

Area	Adults who have received a flu shot in past 12 months and those who have ever received a pneumococcal vaccination	
	Influenza Vaccination 18 years of age or older	Pneumococcal Vaccination 65 year of age or older
Winnipesaukee Public Health Region	39.7%	80.8%
New Hampshire	44.0%	82.1%

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

d. Substance Misuse

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

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

Area	Excessive Drinking in Past 30 days, Percent of Adults
Belknap County	19.0%
New Hampshire	21.0%

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

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

Area	Engaged in Binge Drinking in Past 30 days, Percent of High School Youth		
	Male	Female	Total
Winnipesaukee Public Health Region	13.6%	15.1%	14.5%
New Hampshire	17.1%	14.4%	16.0%

Data Source: NH Youth Risk Behavior Survey, 2017

The misuse of prescription drugs, particularly prescription pain relievers, poses significant risk to individual health and can be a contributing factor leading to misuse of other drugs and a cause of unintentional overdose and mortality. About 13% of high school youth in the Winnipesaukee Public Health Region report having ever used a prescription drug that was not prescribed to them.

Area	Ever used prescription drugs 'not prescribed to you', Percent of High School Youth		
	Male	Female	Total
Winnipesaukee Public Health Region	13.4%	13.3%	13.4%
New Hampshire	12.1%	10.5%	11.5%

Data Source: NH Youth Risk Behavior Survey, 2017

e. Cigarette Smoking

Tobacco use is a primary contributor to leading causes of death such as lung cancer, respiratory disease and cardiovascular disease. Smoking during pregnancy also confers significant short and long term risks to the health of an unborn child. Nearly 1 in 5 adults (18%) in the communities of the Winnipesaukee Public Health Region are estimated to be current smokers, a percentage that has decreased notably from the estimate of 23% recorded in the 2017 Community Health Needs Assessment. During the period 2015 to 2018, the rate of births where smoking was indicated during pregnancy was 18.7 per 100 births in the Winnipesaukee Public Health Region, a rate significantly higher than for NH overall.

Area	Percent of Adults who are Current Smokers+	Smoked during pregnancy, rate per 100 births^
Winnipesaukee Public Health Region	18.1%	**18.7***
New Hampshire	15.7%	11.0

+Data Source: NHDHHS, Behavioral Risk Factor Surveillance System 2017.

^Data Source: New Hampshire Vital Records Birth Certificate Data, NHDHHS Office of Health Statistics, 2015-2018.

Regional rate is significantly different and higher than the overall NH rate.

f. Teen Birth Rate

Teen pregnancy is closely linked to economic prosperity, educational attainment, and overall infant and child well-being. The teen birth rate in the Lakes Region is higher than the rate in New Hampshire overall.

Area	Teen Birth Rate per 1,000 Women Age 15-19
Winnipesaukee Public Health Region	**15.0***
New Hampshire	9.8

Data source: NH Division of Vital Records Administration birth certificate data; 2014-2016.

Regional rate is significantly different and higher than the overall NH rate.

g. Child Safety

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

Area	Substantiated child maltreatment victims, rate per 1,000 children under age 18	Children in out-of-home placements, rate per 1,000 children under age 18
Belknap County	**7.1**	**9.0**
New Hampshire	3.5	4.6

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

h. Domestic Violence

Domestic violence or intimate partner violence can be defined as a pattern of coercive behaviors used by one partner against another in order to gain power and control over the other person. The coercive behaviors may include physical assault, sexual assault, stalking, emotional abuse or economic abuse. There were 494 civil domestic violence petitions filed in Belknap County courts in 2014 and 2015 (most current data available). In New Hampshire overall, 76% of civil domestic violence petitioners in 2014 and 2015 were granted a temporary order of protection (statistics by County not known).

Area	Civil Domestic Violence Petitions, 2014 - 2015	
	Number	Annual Rate per 1,000 population
Belknap County	**494**	**4.1**
New Hampshire	8,025	3.0

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

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.

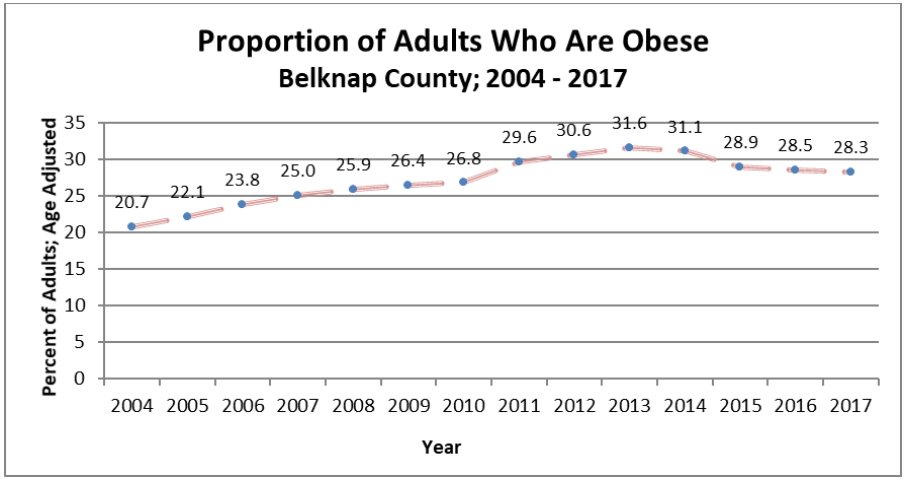
a. Overweight and Obesity

Being overweight or obese can indicate an unhealthy lifestyle that puts individuals at risk for a variety of significant health issues including hypertension, heart disease and diabetes. The indicators below report the percentage of adults aged 18 and older who self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese) or greater than 25.0 (overweight or obese). The chart on the next page displays the trend in Belknap County since 2004. After increasing for about a decade, estimates for the percentage of adults who are obese appear to have reached a plateau around 2014 with slight declines in recorded estimates since that time.

Area	Adults Aged 20+ Years Percent Obese	High School Students Percent Obese
Belknap County	28.3%	19.3%
New Hampshire	26.4%	12.8%

Data Sources: Centers for Disease Control and Prevention, National Diabetes Surveillance System 2017; NH Youth Risk Behavior Survey 2017

Regional rates are not significantly different than the overall NH rate.



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

b. Heart Disease

Heart disease was the leading cause of death in the Winnipesaukee Public Health Region between 2012 and 2016. In New Hampshire overall, heart disease is now the second leading cause of death after all forms of Cancer. Heart disease is closely related to unhealthy weight, high blood pressure, high cholesterol, and substance abuse including tobacco use. Over the 5 year period from 2012 to 2016, Diseases of the Heart was the cause of 948 deaths in the Winnipesaukee Public Health Region.

Heart Disease Risk Factors: About 32% of adults in the Winnipesaukee Public Health Region self-report that they have been told by a doctor that they have high blood pressure or and 36% have been told they high blood cholesterol; percentages that are similar to estimates for NH adults overall.

Area	Percent of adults who have high blood pressure	Adults told by a health professional that their blood cholesterol was high
Winnipesaukee Public Health Region	32.3%	36.4%
New Hampshire	30.1%	32.9%

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

Heart Disease-Related Hospitalization: The table below displays age adjusted rates of inpatient hospitalization of residents of the Winnipesaukee Public Health Region for hypertension and heart failure in 2018. The inpatient hospitalization rate for heart failure was significantly higher for residents of the region compared to rates among NH adults overall.

Area	Hypertension – Inpatient, age adjusted rate per 100,000 population; 18+ years of age	Heart Failure – Inpatient, age adjusted rate per 100,000 population; 18+ years of age
Winnipesaukee Public Health Region	34.1	**372.1***
New Hampshire	30.8	320.5

Data Source: NH Uniform Healthcare Facility Discharge Dataset, HDHHS Office of Health Statistics and Data Management, 2018

***Rate is statistically different and higher than the overall NH 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 death due to coronary heart disease among Winnipesaukee Public Health Region residents was significantly higher than the overall rate for New Hampshire in the 2012 to 2016 time period. Cerebrovascular disease (stroke), which happens when blood flow to a part of the brain stops, is the fifth leading cause of death in New Hampshire and in the Winnipesaukee Public Health Region.

Area	Coronary Heart Disease Mortality (per 100,000 people, age-adjusted)	Cerebrovascular Disease Mortality (per 100,000 people, age-adjusted)
Winnipesaukee Public Health Region	**117.3***	29.0
New Hampshire	94.6	27.9

Data Source: NH Division of Vital Records death certificate data, 2012-2016

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

c. Diabetes

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

Diabetes Prevalence: This indicator reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. About one in twelve adults (8%) in the Winnipesaukee Public Health Region and New Hampshire overall report having been told by a health professional that they have diabetes.

Area	Percent of Adults with Diabetes, age adjusted
Winnipesaukee Public Health Region	8.3%
New Hampshire	7.7%

Data Source: Centers for Disease Control and Prevention, National Diabetes Surveillance System, 2017
Regional rate is not statistically different than the overall NH rate

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

Area	Uncontrolled Diabetes - Inpatient, age adjusted rate per 100,000 population, 18+ years of age	Diabetes Long -Term Complications - Inpatient, age adjusted rate per 100,000 population, 18+ years of age
Winnipesaukee Public Health Region	29.9	**95.3***
New Hampshire	24.6	55.5

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

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

Area	Deaths due to Diabetes Mellitus (per 100,000 people, age adjusted)
Winnipesaukee Public Health Region	20.4
New Hampshire	18.2

Data Source: NH Vital Records Death Certificate Data accessed through NH Health Wisdom, 2012- 2016
Regional rate is not significantly different than the overall NH rate

d. Cancer

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

Cancer Screening: The table below displays screening rates for colorectal cancer, breast cancer and cervical cancer. The United States Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy beginning at age 50 years and continuing until age 75 years. The percentage of adults from this age range in the region reporting a colonoscopy in the past 10 years was somewhat lower in 2016 than the reported percentage in overall NH although the difference is not statistically significant.

Cancer Screening Type	Winnipesaukee Public Health Region	New Hampshire
Had colonoscopy in past 10 years (ages 50 to 75)	65.2%	72.7%
Had mammogram past two years (women 40+)	71.7%	76.9%
Women 21 to 65 receiving Pap test in past 3 years	85.1%	85.1%

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

Cancer Incidence and Cancer Mortality: The table below shows cancer incidence rates by site group for the cancer types that account for the majority new cancer cases (incidence). The overall cancer incidence rate was higher in the region than for in New Hampshire overall over the 2011 to 2015 time period.

Cancer Incidence per 100,000 people, age adjusted		
	Winnipesaukee Public Health Region	**New Hampshire**
Overall cancer incidence (All Invasive Cancers)	**524.2***	497.7
Cancer Incidence by Type		
Breast (female)	148.8	145.3
Prostate (male)	137.4	120.9
Lung and bronchus	70.4	67.3
Colorectal	44.0	38.8
Melanoma of Skin	33.7	29.7
Bladder	31.4	28.3

Data Source: NH State Cancer Registry, 2011 - 2015

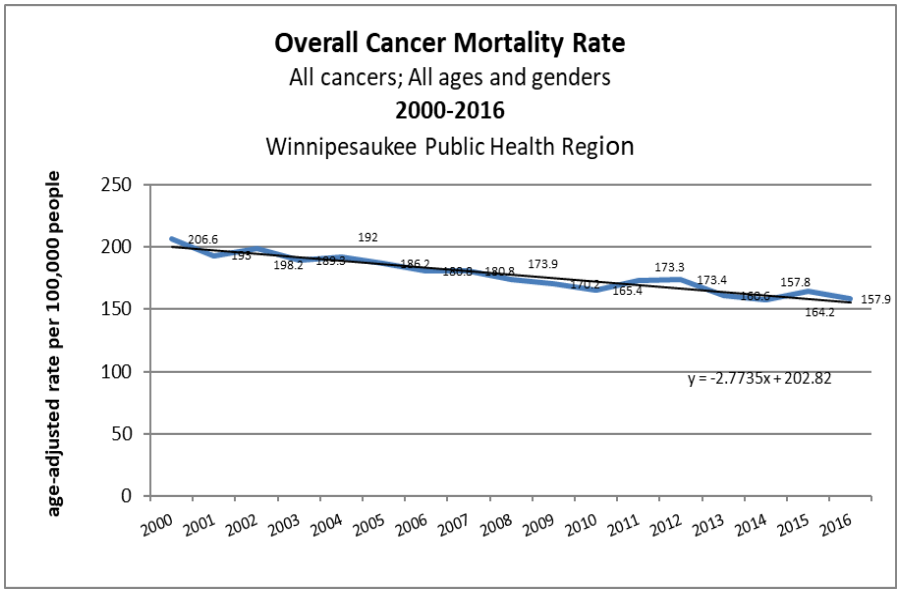
***Regional rate is significantly different and higher than the overall NH rate.**

Cancer Mortality: The table below shows the overall cancer mortality rate and for the cancer types that account for the majority cancer deaths. The overall cancer mortality rate was significantly higher than the state overall, including a higher rate of breast cancer mortality, over the time period 2012 to 2016. As displayed by the chart at the bottom of the page, the overall cancer mortality rate in the region has been declining at a linear rate of about -2.8% per year since the year 2000.

Cancer Mortality per 100,000 people, age adjusted		
	Winnipesaukee PHR	**New Hampshire**
Overall cancer mortality (All Invasive Cancers)	**180.3***	162.3
Cancer Mortality by Type		
Lung and bronchus	52.1	44.0
Breast (female)	**28.4***	19.4
Prostate (male)	20.7	20.1
Colorectal	13.3	12.8
Pancreas	11.1	10.7

Data Source: NH State Cancer Registry, 2012 - 2016

***Regional rate is significantly different and higher than the overall NH rate.**



e. Asthma

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

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

Area	Percent of Children (ages 0 to 17) with Current Asthma	Percent of Adults (18+) with Current Asthma
Winnipesaukee Public Health Region	6.2%	8.8%
New Hampshire	7.2%	10.1%

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

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

Area	Asthma in Younger Adults - Inpatient, age adjusted rate per 100,000 population
Winnipesaukee Public Health Region	10.0
New Hampshire	20.3

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

f. Intentional and Unintentional Injury

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

Substance Use-related Emergency Department Visits and Hospitalization: The table below displays rates of emergency department (ED) visits and inpatient hospitalizations for drug and alcohol related diagnoses including acute alcohol and/or drug poisoning as well as injuries/conditions related to acute drug and/or alcohol use. Not included are visit or inpatient stays involving intentional self-harm (see next table), assault or chronic drug or alcohol related conditions. In 2018, the rate of drug and alcohol-related ED visits by residents of the Winnipesaukee region was significantly higher than for NH overall.

Area	Drug and Alcohol Related - ED Visits, age adjusted rate per 100,000 population	Drug and Alcohol Related - Inpatient, age adjusted rate per 100,000 population
Winnipesaukee Public Health Region	**246.6***	21.7
New Hampshire	140.1	24.2

Data Source: NH Uniform Healthcare Facility Discharge Dataset, NHDHHS Office of Health Statistics and Data Management, 2018

***Regional rate is significantly different and higher than the overall NH rate.**

Self Harm-related Emergency Department Visits and Hospitalization: The table below displays rates of emergency department visits and inpatient hospitalizations for injury recorded as intentional including self-intentional poisonings due to drugs, alcohol or other toxic substances. In 2018, the rate of ED visits involving self-inflicted harm in the Winnipesaukee region was also significantly higher than for NH overall.

Area	Self-Inflicted Harm - ED Visit, age adjusted rate per 100,000 population	Self-Inflicted Harm - Inpatient, age adjusted rate per 100,000 population
Winnipesaukee Public Health Region	**250.9***	42.1
New Hampshire	195.9	47.3

Data Source: NH Uniform Healthcare Facility Discharge Dataset, NHDHHS Office of Health Statistics and Data Management, 2018

***Regional rate is significantly different and higher than the overall NH rate.**

Suicide: This indicator reports the rate of death due to intentional self-harm (suicide) per 100,000 people. Suicide rates can be an indicator of access to mental health care. During the period 2012 and 2016, the suicide rate in the Winnipesaukee region was higher than the overall NH rate of suicide deaths although the difference in the rates was not statistically significant.

Area	Suicide Deaths per 100,000 people; any cause or mechanism
Winnipesaukee Public Health Region	21.0
New Hampshire	15.3

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

g. Premature Mortality

An overall measure of the burden of preventable injury and disease is premature mortality. The indicator below expresses premature mortality as the total years of potential life lost before age 75 (YPLL-75). Every death occurring before the age of 75 contributes to the total number of years of potential life lost. During the period 2016 to 2018, 883 deaths in Belknap County occurred before the age of 75 and the average annual total of YPLL-75 was 7,250 years of potential life lost per 100,000 population. This total is not significantly different per 100,000 population than the total for NH overall.

Area	Years of potential life lost before age 75 per 100,000 population (age-adjusted)
Belknap County	7,250
New Hampshire	6,428

Data source: National Center for Health Statistics, National Vital Statistics System accessed via County Health Rankings, 2016-2018.
Regional rate is not significantly different than the overall NH rate.

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

The table below displays comparisons of estimated rates for key community health status indicators between the current community health assessment (2020) and the previous assessment conducted in 2017, as well as the most recent statewide statistic for each indicator. This comparison is provided for reference purposes and does not indicate that one estimate or rate is significantly different than another for the same measure unless indicated otherwise. For instances where there are statistically significant differences between recent estimates, the indicators are highlighted in bold font.

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

Community Health Indicator	Geographic Area	2017 Community Health Assessment	2020 Community Health Assessment	NH State Comparison
Access to care				
Percentage of adult population (age 18+) without health insurance coverage	LRGHealthcare service area	8.8%	7.7%	5.9%
Have a personal doctor or health care provider, percent of adults	Winnipesaukee Public Health Region	83.8%	90.7%	87.5%
Visited a dentist or dental clinic in the past year, percent of adults	Winnipesaukee Public Health Region	- - -	70.8%	72.0%
Health Promotion and Disease Prevention				
Current smoking, percent of adults	Winnipesaukee Public Health Region	23.1%	18.1%	15.7%
Physically inactive in the past 30 days, % of adults	Belknap County	22.2%	23.0%	21.0%
Excessive drinking, percent of adults	Belknap County	- - -	19.0%	21.0%
Teen Birth Rate, per 1,000 Women Age 15-19	Winnipesaukee Public Health Region	18.8	**15.0**	9.8

Community Health Indicator	Geographic Area	2014 Community Health Assessment	2017 Community Health Assessment	NH State Comparison
Health Outcomes				
Obese, percent of adults	Winnipesaukee Public Health Region	30.3%	28.3%	26.4%
Ever told had diabetes, percent of adults	Winnipesaukee Public Health Region	8.8%	8.3%	7.7%
Current asthma, percent of adults	Winnipesaukee Public Health Region	8.8%	8.8%	10.1
Coronary Heart Disease Mortality, per 100,000 people, age-adjusted	Winnipesaukee Public Health Region	116.5	**117.3**	94.6
Cancer Incidence, All sites, per 100,000 people, age-adjusted	Winnipesaukee Public Health Region	498.8	**524.2**	497.7
Cancer Deaths, All Sites, per 100,000 people, age-adjusted	Winnipesaukee Public Health Region	179.3	**180.3**	162.3
Years of potential life lost before age 75 per 100,000 population, age-adjusted	Belknap County	6,100	7,250	6,428