SOUTH CENTRAL NH
PUBLIC HEALTH NETWORK
The healthiest and safest communities in New Hampshire!

Community Health Needs Assessment

2020













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

South Central New Hampshire Public Health Network

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:

Greater Derry Community Health Services, Inc.
14A Tsienneto Road – Suite 301
Derry, NH 03038
Attn: D. Tighe

The South Central NH Public Health Network partner organizations include Granite United Way, Center for Life Management, Greater Derry Community Health Services, Community Alliance for Teen Safety, Parkland Medical Center and The Upper Room, a Family Resource Center

South Central New Hampshire Public Health Network
Community Health Needs Assessment
2020

Executive Summary

During the period June 2019 through January 2020, a Community Health Needs Assessment was completed by the South Central New Hampshire Public Health Network. The purpose of the assessment was to identify community health concerns, priorities and opportunities for community health and health care delivery systems improvement. Partner organizations in this effort include Greater Derry Community Health Services, Granite United Way, Center for Life Management, Community Alliance for Teen Safety, Parkland Medical Center, The Upper Room, a Family Resource Center and assistance from the New Hampshire Community Health Institute. The geographic area of interest for this assessment was the 10 municipalities comprising the regional service area of the South Central New Hampshire Public Health Network with a total resident population of 141,788 people.

Methods employed in the assessment included surveys of community residents made available on-line and paper surveys placed in numerous locations throughout the region; a direct email survey of key stakeholders and community leaders representing multiple community sectors; a set of 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 table on the next page provides a summary of community health needs and issues identified through these methods.

SUMMARY OF COMMUNITY HEALTH NEEDS AND ISSUES BY INFORMATION SOURCE			
Community Health Issue	**Community and Key Stakeholder Surveys**	**Community Discussion Groups**	**Community Health Status Indicators**
Access to affordable health insurance, health care services and prescription drugs	Availability of affordable health insurance was the highest priority identified by community survey respondents and by key stakeholders along with the related issue of cost of prescription drugs. It was also the most frequently mentioned topic area in an open-ended question about 'one thing you would change'	Community discussion groups also identified health care costs and affordability insurance as significant concerns and barrier to services.	The estimated proportion of people with no health insurance has declined in the service area to about 5%.
Access to mental health services	Access to mental health care was the second highest priority issue identified by both community survey and key stakeholder survey respondents. 'People in need of mental health care' was at the top of underserved population identified by key stakeholders and mental health care was the most frequently reported service type that people had difficulty accessing.	Identified as a high and continuing priority for community health improvement by all community discussion groups including school counselors who identified this topic as the top priority.	On average, adults in the service area report about 4 days in the past 30 days when their mental health was not good, a measure that is correlated with depression and other chronic mental health concerns as well as overall health-related quality of life
Alcohol and drug misuse prevention, treatment and recovery	Prevention of substance misuse (#4) and access to substance misuse treatment and recovery services (#5) were top issues identified in combined responses of community survey respondents and key stakeholders. 'People under the influence of alcohol or drugs' was also the top community safety concern.	All community discussion groups identified substance misuse issues as a high and continuing priority for community health improvement.	The rate of drug overdose deaths in Rockingham County was similar to the overall NH rate over the three year period 2016 to 2018. During this time period, there were 289 drug induced deaths in Rockingham County.
Family strengthening including addressing poverty and adverse childhood experiences	Community survey respondents identified 'meeting basic family needs' as top 3 area for focusing resources that support a healthy community. Addressing adverse childhood experiences and childhood trauma was also among the top 10 most pressing issues for community health improvement identified by community survey and key stakeholder respondents.	Discussion group participants reported concerns about the effects of family stress and technological change on healthy child development and welfare.	About 26% of family households with children in the South Central region are headed by a single parent and about 16% of children in the region live in households with incomes below 200% of the federal poverty level

SUMMARY OF COMMUNITY HEALTH NEEDS AND ISSUES BY INFORMATION SOURCE (continued)			
Community Health Issue	**Community and Key Stakeholder Surveys**	**Community Discussion Groups**	**Community Health Status Indicators**
Financial stress, affordable housing, cost of living	Affordable housing was the top concern identified by community survey respondents and second priority identified by community leaders (after public transportation) for focusing resources that support a healthy community. Stress related to financial issues / difficulties was a top 4 priority among respondents with household income under $75K.	Financial stress was a factor noted in discussion groups related to a variety of health related issues including mental health, substance misuse, family stress and healthy childhood development	About 24% of households in the South Central region have housing costs >30% of household income and about 29% of housing units are categorized as 'substandard'.
Health care for seniors including Dementia / Alzheimer's services and caregiver support	Health care for seniors was a top 5 priority identified by community survey respondents aged 55 years and older. 'Frail elders at home' was also a top community safety concern identified key stakeholders.	Discussion groups identified a need for more elderly care services including dementia / Alzheimer's services. Participants also highlighted the need for continued falls prevention services and programs.	About 15% of the South Central region population is age 65 and older compared to 18.% statewide although the median age for the region and state are the same (42.7 years). The number of deaths due to falls in older adults has been increasing over time as the population of the state ages.
Availability of affordable adult dental care	Availability of adult dental services was a top 5 community health improvement priority for survey respondents with household income under $75K and was the second most common service people reported having difficulty accessing (after mental health services)	'Less expensive dental care' and promotion of school-based dental services were topics raised in community discussion groups.	About 1 in 4 adults in the South Central region report not having visited a dentist or dental clinic in the past year and about 2 in 5 report having had some permanent teeth removed due to tooth decay, gum disease, or infection.
Access to transportation	Lack of transportation was identified as one of the most significant barriers preventing people from accessing health care services. Public transportation was the #1 area selected by key stakeholders for focusing resources to support a healthy community and 1 in 4 community respondents selected transportation as a service they would use if more available in the community.	Transportation was not specifically raised as an issue in the community discussions, although improved transportation services, public transportation and medical transportation were common topics raised by survey respondents as 'one thing they would change'.	About 2% of households in the service area report not having access to any vehicle.

South Central New Hampshire Public Health Network
Community Health Needs Assessment
2020

Table of Contents

A. COMMUNITY AND KEY STAKEHOLDER SURVEY RESULTS WITH SELECTED SERVICE AREA DEMOGRAPHICS

The total population of the South Central New Hampshire Public Health Network region is 141,788 people according to the United States Census Bureau (America Community Survey, 2018, 5 year estimate), which is an increase of 3.0% or about 4,000 people since the year 2010. The Community Health Needs Assessment Survey conducted by South Central New Hampshire Public Health Network (South Central NHPHN) was conducted in the fall of 2019 yielding 336 individual responses of which 77% were residents of towns within the primary service area. As shown by Table 1, survey responses were received from throughout the service area, although Salem and Windham are relatively over-represented among survey respondents in comparison to their proportion of the overall service area population, while Londonderry is relatively under-represented. It is also important to note that community survey respondents, compared to the overall adult population in the service area, were more likely to be female (75% of respondents) and slightly younger (10.4% or respondents age 65 years or more compared to 14.5% of the service area population).

Table 1: Service Area Population by Town;
Comparison to Proportion of 2019 Community Survey Respondents

	2018 Population	% Service Area Population	% of Survey Respondents
South Central NHPHN Region	**141,788**		
Londonderry	25,529	18.0%	25.6%
Derry	33,515	23.6%	24.5%
Salem	29,133	20.5%	6.9%
Hampstead	8,625	6.1%	5.1%
Chester	5,039	3.6%	4.3%
Plaistow	7,677	5.4%	3.6%
Sandown	6,350	4.5%	2.9%
Windham	14,508	10.2%	2.2%
Atkinson	6,897	4.9%	1.1%
Danville	4,515	3.2%	0.7%
PHN region subtotal			76.9%
Other	Manchester (7.9%), Hudson (1.8%), Hooksett (1.4%), Bedford (1.4%), Auburn (1.1%), Goffstown (1.1%), Litchfield (1.1%), 15 other locations (7.2%)		

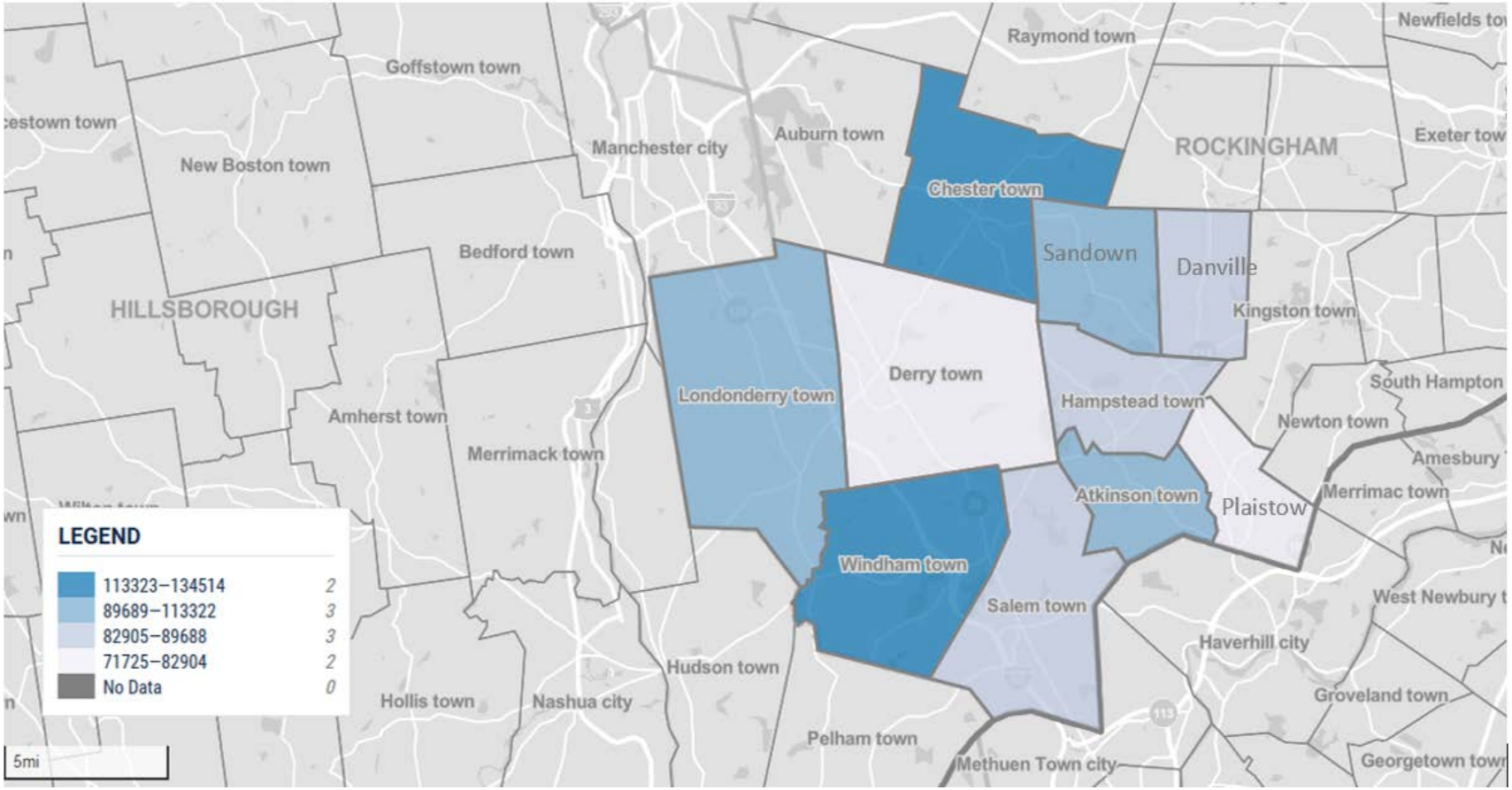
Table 2 below displays additional demographic and economic information for the towns of the South Central NHPHN region. On this table, municipalities are displayed in order of median household income with comparison to the median household income in the region and New Hampshire overall. As displayed by the table, the median household income in the South Central service area overall is notably higher than the median household income in New Hampshire. Derry is the only community with median household income less than for New Hampshire overall. The proportion of households with incomes under 200% of the federal poverty ranges from 7.9% (Windham) to 17.1% (Derry). Figure 1 following this table displays a map of the service area with shading depicting the median household income by town in 4 categories from low to high median household income.

Table 2: Selected Demographic and Economic Information

	Median Household Income	% with income under 200% Poverty Level	% family households with children headed by a single parent	% population with a disability
Chester	$134,514	8.4%	9.5%	8.0%
Windham	$133,222	7.9%	16.7%	5.9%
Atkinson	$113,322	6.7%	15.7%	11.2%
Sandown	$106,270	9.4%	24.7%	9.4%
Londonderry	$101,500	9.8%	23.2%	10.0%
South Central NHPHN	**$92,968**	**12.0%**	**25.6%**	**10.0%**
Hampstead	$89,688	16.6%	40.3%	9.3%
Danville	$87,708	13.7%	24.6%	13.0%
Salem	$83,343	10.6%	24.5%	9.8%
Plaistow	$82,904	12.4%	32.0%	10.6%
New Hampshire	$74,057	20.1%	28.7%	16.0%
Derry	$71,725	17.1%	21.2%	11.9%

Figure 1 – Median Household Income by Town, South Central NH PHN Region

2014-2018 American Community Survey



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

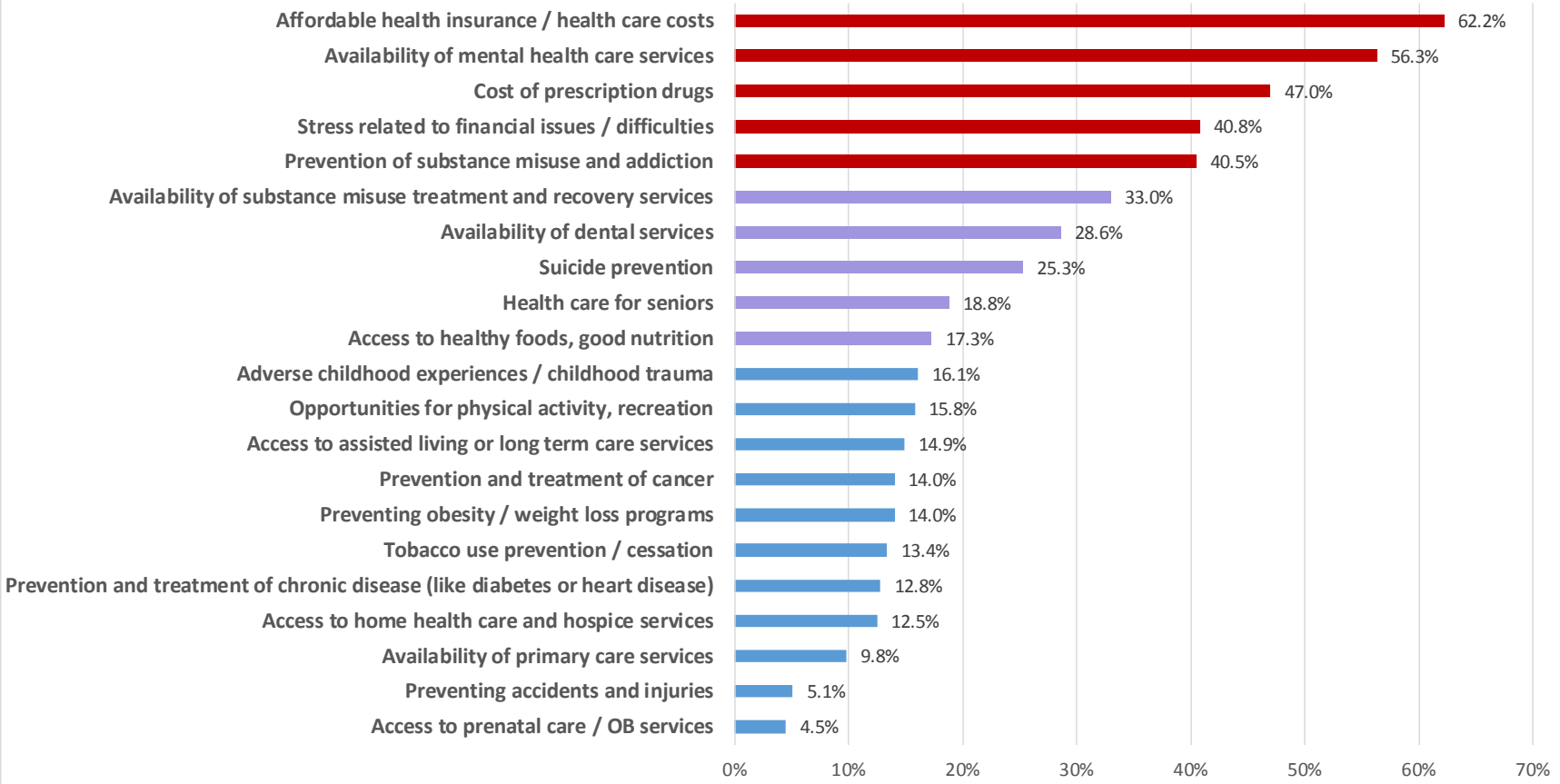
Community survey respondents were asked to select the "***most pressing health needs or issues in your community today'*** from a list of 21 potential issues (respondents were instructed to select the top 5 needs or issues from their perspective). Chart 1 on the next page displays the most important health issues as identified by respondents to the 2019 Community Needs Assessment Survey. The complete responses including additional written suggestions for high priority health issues are included in Appendix A to this report.

As displayed on Chart 1, the most pressing health needs or issues are those relating to cost – such as cost of care and insurance affordability, cost of prescription drugs and 'stress related to financial issues. Also selected by a large proportion of respondents were items related to behavioral health including availability of mental health care services and prevention and treatment of misuse and addiction.

Access to prenatal care / OB services, preventing accidents and injuries, and availability of primary care services were the health topics least likely to be identified as pressing health needs or issues by community respondents.

Chart 1: Most Pressing Community Health Issues

Community Respondents (n=336)



The table below displays the top community health issues and needs identified by community survey respondents **by age group**. The percentages shown are the total percentages within each age group selecting a topic as a pressing need or issue. In general, there is similarity across age groups for the highest community health improvement priorities. Among respondents under age 35, 'suicide prevention' was selected by a higher proportion of respondents than other age groups. Among respondents 55 year and older, 'cost of prescription drugs' was selected by a higher proportion of respondents than other age groups.

Table 3: TOP COMMUNITY HEALTH ISSUES BY AGE GROUP; Community respondents

Under 35 years	n=91	35-54years	n=109	55+ years	n=98
Affordable health insurance / health care costs	58.2%	Availability of mental health care services	68.8%	Affordable health insurance / health care costs	68.4%
Availability of mental health care services	54.9%	Affordable health insurance / health care costs	57.8%	Cost of prescription drugs	59.2%
Prevention of substance misuse and addiction	47.3%	Cost of prescription drugs	48.6%	Availability of mental health care services	48.0%
Stress related to financial issues / difficulties	47.3%	Stress related to financial issues / difficulties	45.0%	Prevention of substance misuse and addiction	34.7%
Cost of prescription drugs	36.3%	Prevention of substance misuse and addiction	38.5%	Health care for seniors	32.7%
Suicide prevention	34.1%	Availability of substance misuse treatment and recovery services	35.8%	Stress related to financial issues / difficulties	31.6%

The table below displays the top community health priorities identified by community survey respondents **by household income group**. As with the previous table, the percentages shown are the total percentages within each group selecting the topic as a as a pressing need or issue. A notable difference is the selection of 'Availability of dental services' as a pressing issue by over 40% of respondents with household incomes $75,000 or less, while dental service availability was identified as a need by few respondents in the highest income category (8%). Similarly, 'Access to healthy foods, good nutrition' was more likely to be identified as a need by respondents with lower household income than those in the highest income group (where 7% of respondents identified access to healthy foods' as a top issue).

Table 4: TOP COMMUNITY HEALTH ISSUES BY HOUSEHOLD INCOME CATEGORY; Community respondents

$30,000 or less	n=66	$30,001 to $75,000	n=103	More than $75,000	n=112
Affordable health insurance / health care costs	57.6%	Affordable health insurance / health care costs	61.2%	Availability of mental health care services	62.5%
Availability of mental health care services	51.5%	Cost of prescription drugs	57.3%	Affordable health insurance / health care costs	61.6%
Stress related to financial issues / difficulties	50.0%	Availability of mental health care services	56.3%	Prevention of substance misuse and addiction	54.5%
Availability of dental services	43.9%	Stress related to financial issues / difficulties	55.3%	Cost of prescription drugs	46.4%
Cost of prescription drugs	37.9%	Availability of dental services	45.6%	Availability of substance misuse treatment and recovery services	42.0%
Access to healthy foods, good nutrition	24.2%	Prevention of substance misuse and addiction	30.1%	Stress related to financial issues / difficulties	27.7%

Table 5 below displays the top community health needs and issues identified by community survey respondents by geographic sub-regions. Geographic sub-regions were created by grouping service area towns with 1) more than 10,000 population, which are also those communities most directly along the I-93 corridor (Derry, Salem, Londonderry and Windham); 2) relatively smaller towns in the service area (those with less than 10,000 population: Hampstead, Chester, Plaistow Sandown, Atkinson and Danville); and survey respondents who indicated residing outside the SC PHN region (although they may work and / or seek services in the region).

As with age and income, there is substantial similarity across groups by geography, although a higher proportion of respondents from the larger communities identified 'Availability of substance misuse treatment and recovery services' as a top priority, while respondents from outside the service area were somewhat more likely to select 'Availability of dental services' as a top need.

Table 5: TOP COMMUNITY HEALTH ISSUES BY GEOGRAPHIC SUB-REGION; Community respondents

SC PHN Town Population >10,000	n=164	SC PHN Town Population <10,000	n=49	Residence Outside South Central PHN region	n=64
Affordable health insurance / health care costs	61.0%	Affordable health insurance / health care costs	59.2%	Affordable health insurance / health care costs	60.9%
Availability of mental health care services	59.1%	Availability of mental health care services	49.0%	Availability of mental health care services	53.1%
Cost of prescription drugs	53.7%	Stress related to financial issues / difficulties	46.9%	Cost of prescription drugs	48.4%
Prevention of substance misuse and addiction	47.0%	Cost of prescription drugs	40.8%	Stress related to financial issues / difficulties	43.8%
Availability of substance misuse treatment and recovery services	38.4%	Preventing obesity / weight loss programs	32.7%	Availability of dental services	37.5%
Stress related to financial issues / difficulties	37.2%	Prevention of substance misuse and addiction	28.6%	Prevention of substance misuse and addiction	31.3%

SC PHN Towns with >10,000 population are those directly along the I-93 corridor including Derry, Salem, Londonderry and Windham. SC PHN Towns with <10,000 population are east of I-93 and include Hampstead, Chester, Plaistow Sandown, Atkinson and Danville.

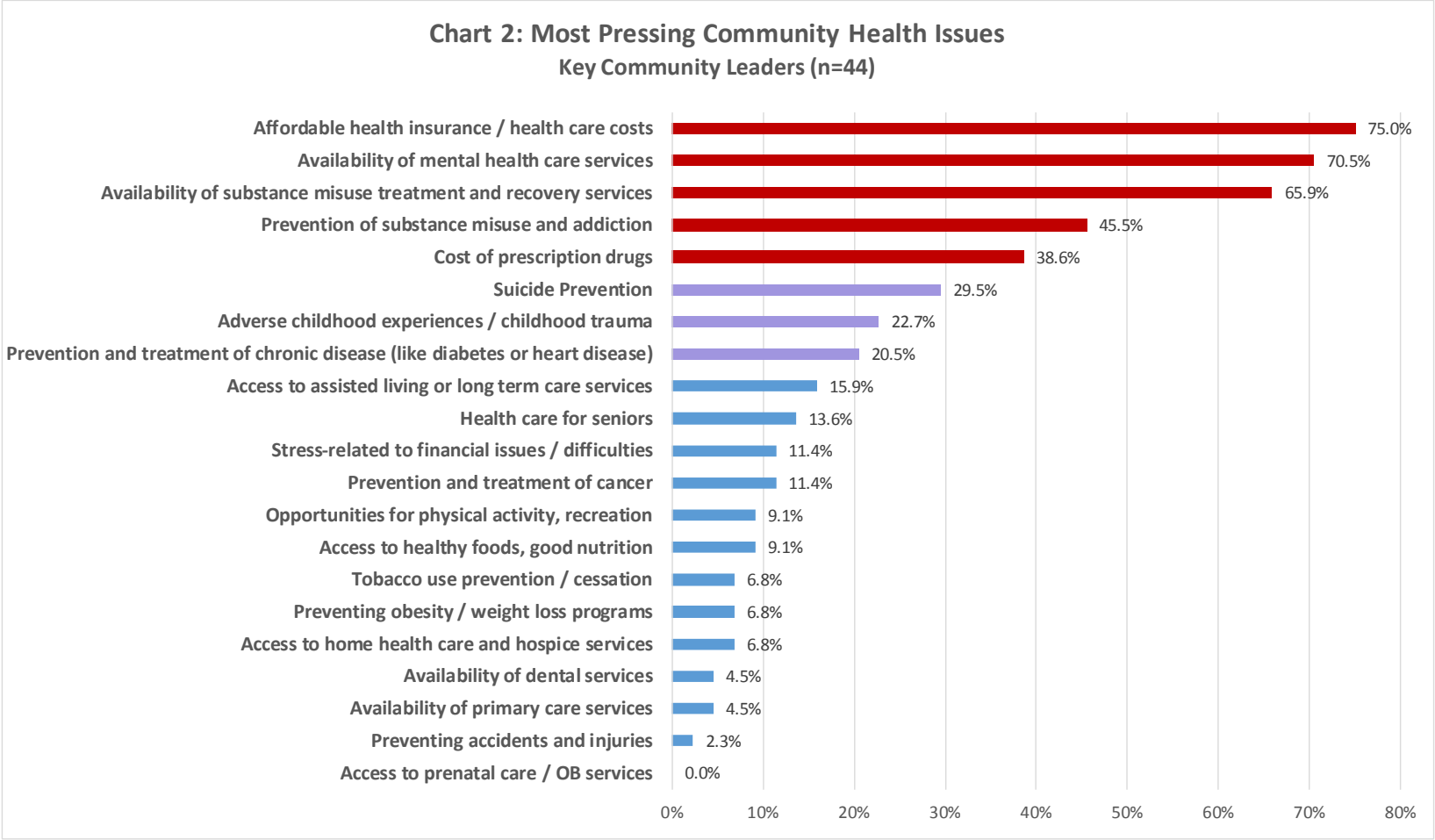
2. Most Important Community Health Issues Identified by Key Leader Survey Respondents

In addition to the survey of community residents, the 2020 Community Health Needs Assessment included a similar survey sent by direct email to key stakeholders and community leaders from around the region. This activity also occurred in the Fall of 2019 yielding 44 completed responses (48.9% response rate). Table 6 displays the distribution of respondents by community sector. (Respondents self-identified the category that best represented their work or affiliation in the community).

Table 6: Key Leader Survey Respondents by Community Sector

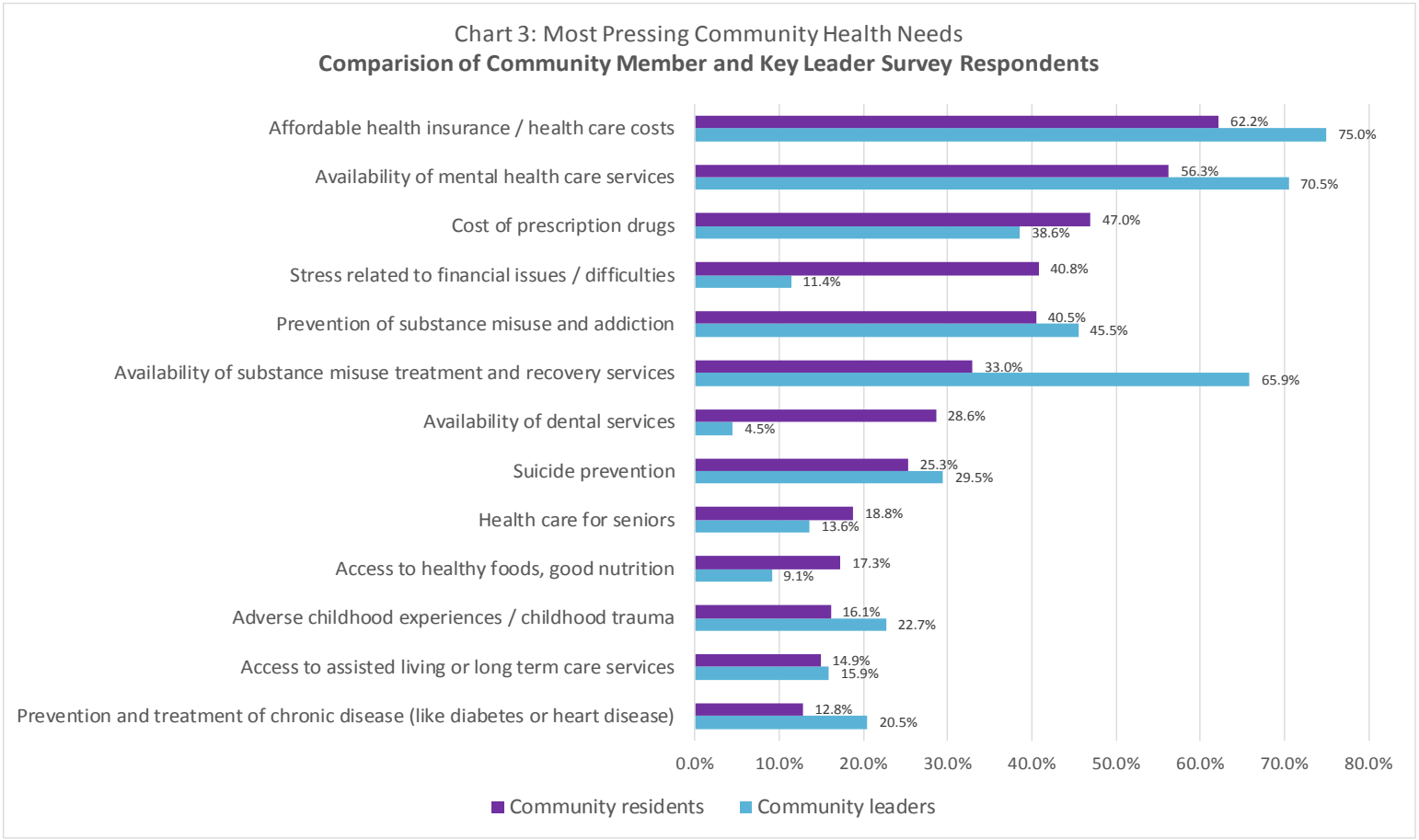
Percent of Respondents	Community Sector
25.9%	Municipal / County / State Government (11 respondents)
13.6%	Community member / Volunteer (6)
11.4%	Business (5)
11.4%	Education / Youth Services (5)
11.4%	Mental Health / Behavioral Health (5)
9.1%	Human Service / Social Service (4)
9.1%	Public Safety / Law / Justice (4)
6.8%	Fire / Emergency Medical Service (3)
6.8%	Public Health (3)
4.5%	Faith organization (2)
4.5%	Primary Health Care (2)
4.5%	Dental / Oral Health Care (2)
4.5%	Long Term Care (2)
0.0%	Civic / Cultural Organization
0.0%	Medical Sub-Specialty
0.0%	Home Health Care
	Other: “Other Health Care”

Respondents to the key leader survey were presented with the same list of 21 health-related topics and were asked to select what were the "**most pressing health needs or issues in your community today**' (respondents were instructed to select the top 5 needs or issues from their perspective). Chart 2 on the next page displays the most important health issues as identified by key leader respondents. The complete responses including additional written suggestions for high priority health issues are included in Appendix B to this report. As displayed on Chart 2, the most pressing health needs or issues identified by key leaders also related primarily to cost of care and behavioral health related needs.

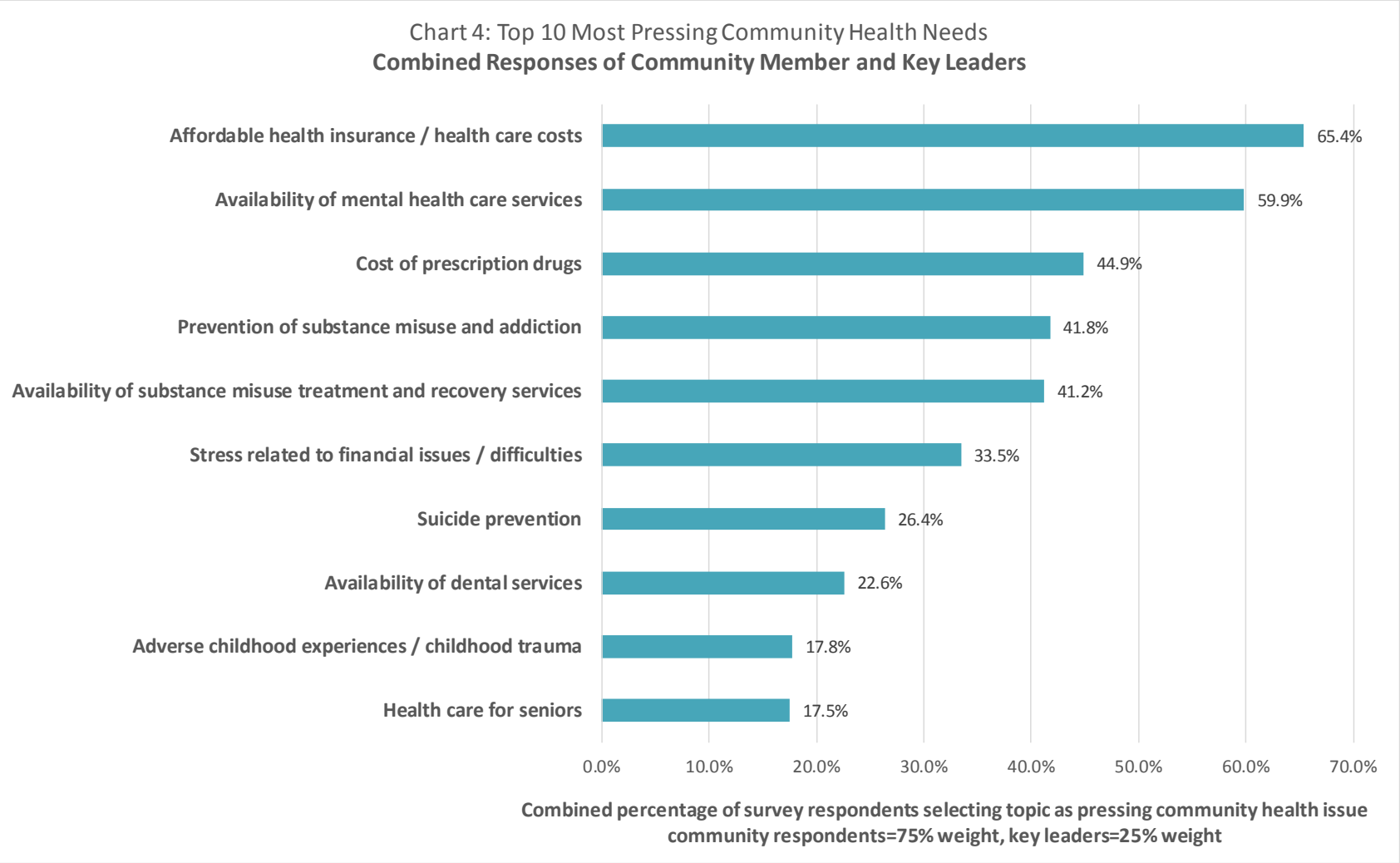


3. Comparison of Most Important Community Health Issues; Community and Key Leader Respondents

The chart below displays a comparison of the responses between community and key leader surveys for the highest priority community health issues. Blue bars on the chart display the percentage of key leader selecting the topic as high priority or very priority and violet bars display the results from community respondents (topics are arrayed overall high to low according to the community respondent percentages; top 10 topics for each group are included resulting in 13 total topics displayed). The results are similar although community survey respondents were more likely to identify 'stress related to financial issues' and 'availability of dental services' as top issues, while a higher proportion of key stakeholders selected availability of substance misuse treatment and recovery services as a pressing need.



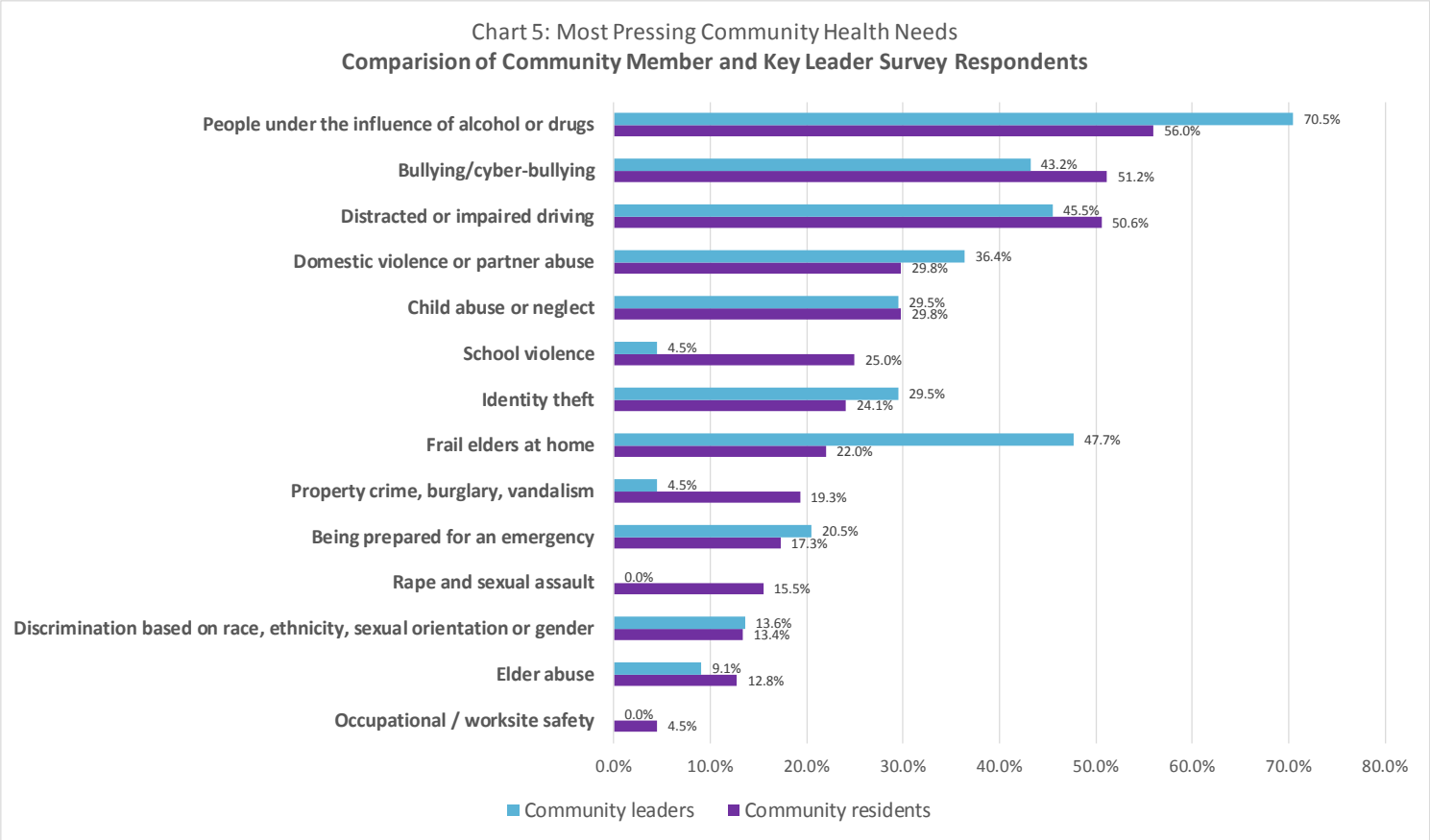
The chart below displays the combined results from the questions on community health improvement priorities from the perspective of community and key stakeholder survey respondents. The response percentages from community respondents were given 75% weight in the computation of combined responses and the key stakeholder / community leader responses were given 25% weight. The top community health issues are displayed (from 21 total topics included on the surveys) where each percentage represents the combined proportion of respondents who selected the topic among their top 5 most pressing issues or needs.



4. Community Safety Issues

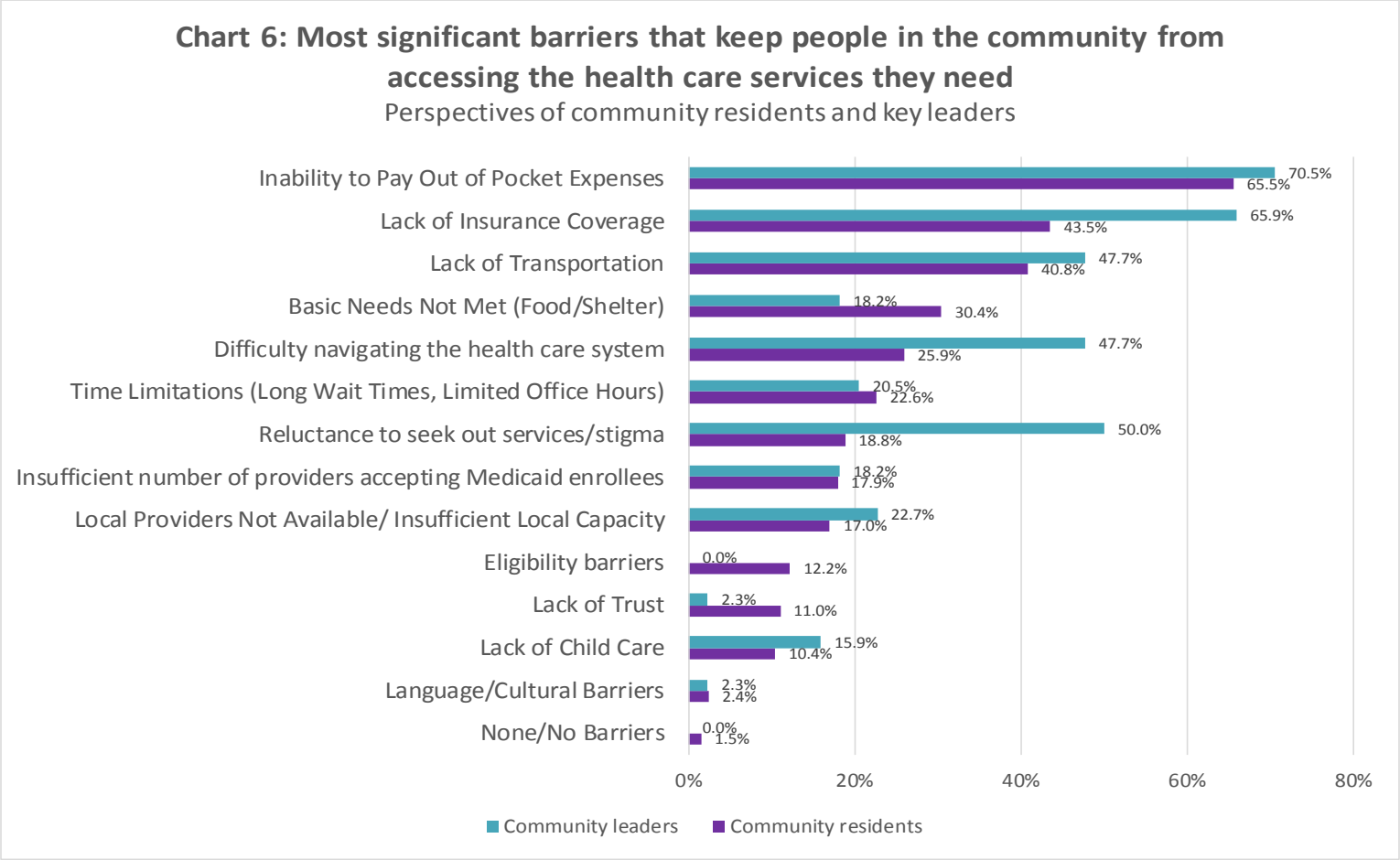
In addition to the community health needs and issues described in the previous section, community survey and key leader surveys also asked to provide their perspectives on community safety issues. Survey respondents were presented a list 14 topics and asked to pick the top 4 **"most pressing safety issues in your community today".**

Chart 5 displays the most important community safety issues as identified by survey respondents (violet bars=community survey respondents, blue bars=key leader survey respondents; percentages in each case are the proportion of respondents selecting the issue as a top 4 community safety issue.) 'People under the influence of alcohol or drugs' is the top community safety concern among both groups of respondents. Community survey respondents were more likely to select school violence as top 4 community safety concern, while community leaders were somewhat more likely to identify 'frail elders at home' as a top community safety concern.

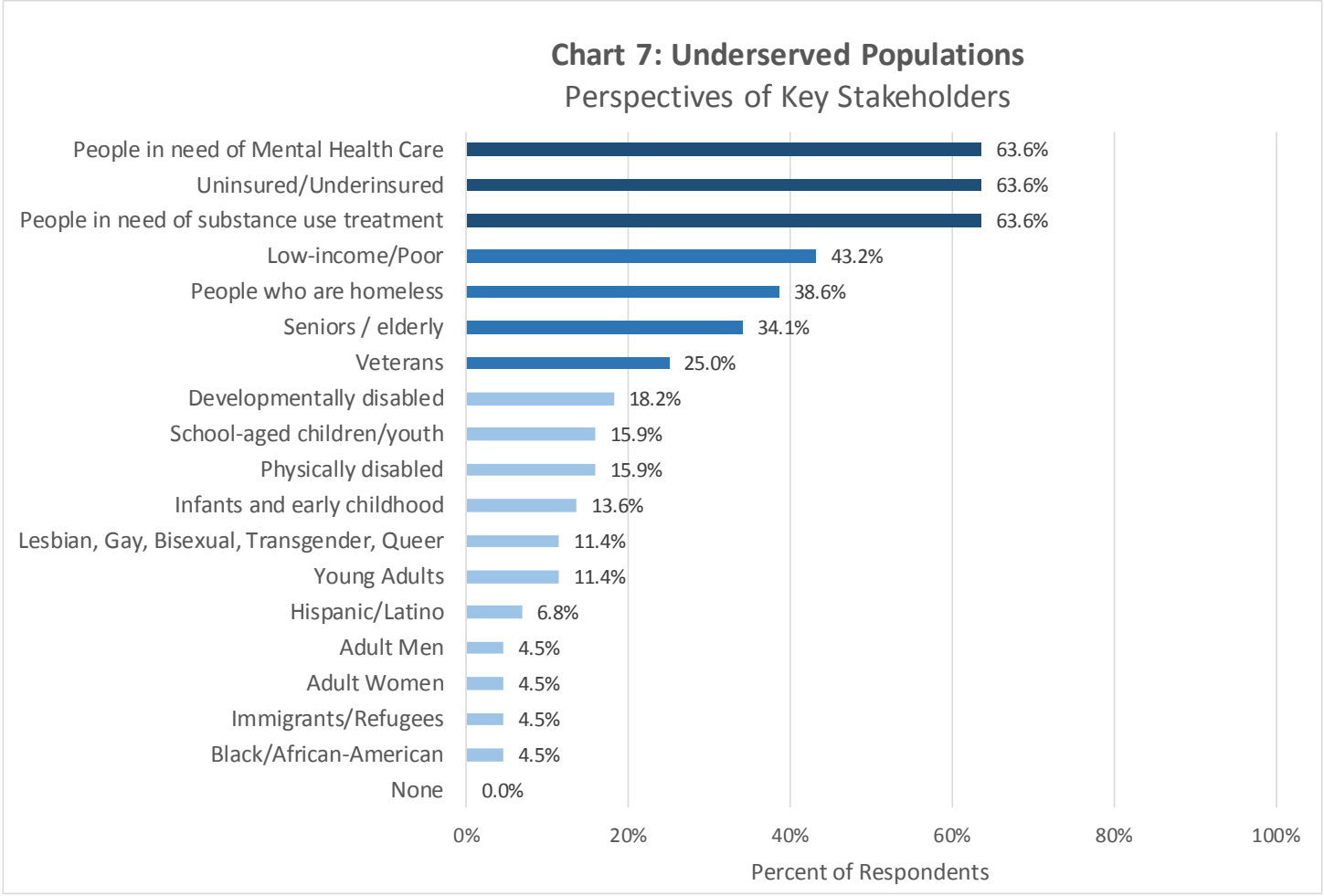


5. Barriers to Services, Perspective of all Community and Key Leader Survey Respondents

Respondents to the community and key stakeholder surveys were asked to identify the most significant barriers that prevent people in the community from accessing needed health care services. Each group were presented a list of 14 potential barriers (including none) and asked to pick the top 4 most significant barriers to services. Top issues identified by each group were *inability to pay out of pocket expenses*, *lack of insurance coverage* and *lack of transportation*. Community leaders were somewhat more likely to include *difficulty navigating the health care system* and *reluctance to seek out services / stigma* as top barriers, while community residents were somewhat more likely to identify *basic needs not met* and *eligibility barriers*.



Key stakeholders were also asked if there are specific populations in the community that are not being adequately served by local health services. Chart 7 displays results from key stakeholder responses on specific populations thought to be currently underserved. 'People in need of Mental Health care', 'Uninsured / Underinsured', and 'People in need of substance use treatment' were the most frequently indicated populations perceived to be currently underserved.



6. Barriers to Services, Reported Experience of Community Survey Respondents

Community survey respondents were asked about their personal experience accessing services with the question, “In the past year, have you or someone in your household had difficulty getting the health care or human services you needed?” Overall, 27.8% of survey respondents indicated having difficulty accessing services. As Chart 8 displays, there is a significant relationship between reported household income and the likelihood that respondents reported having difficulty accessing services with respondents in the highest income category substantially about one third less likely to report difficulty accessing services in the past year compared to respondents with household income under $75,000.

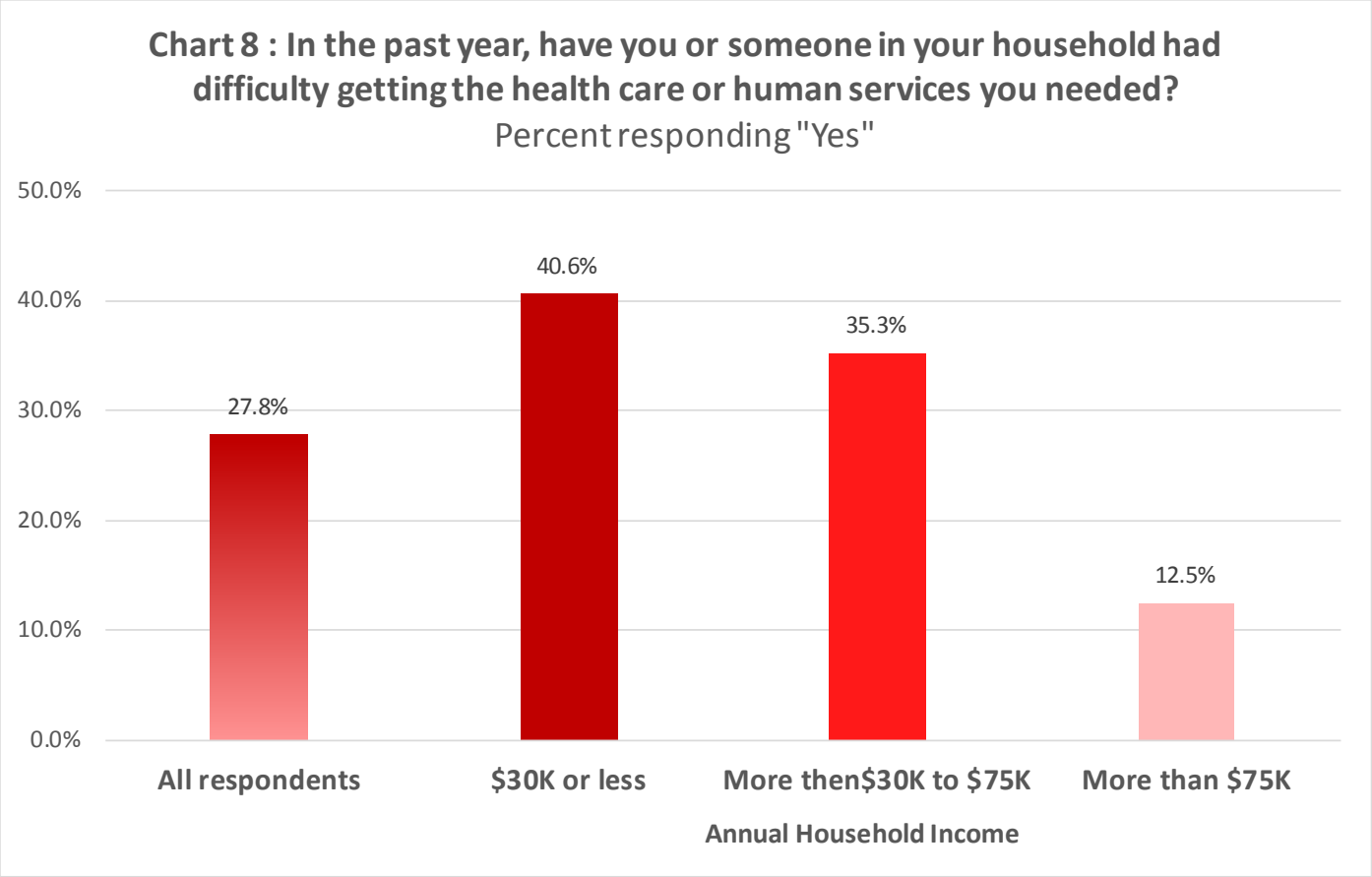
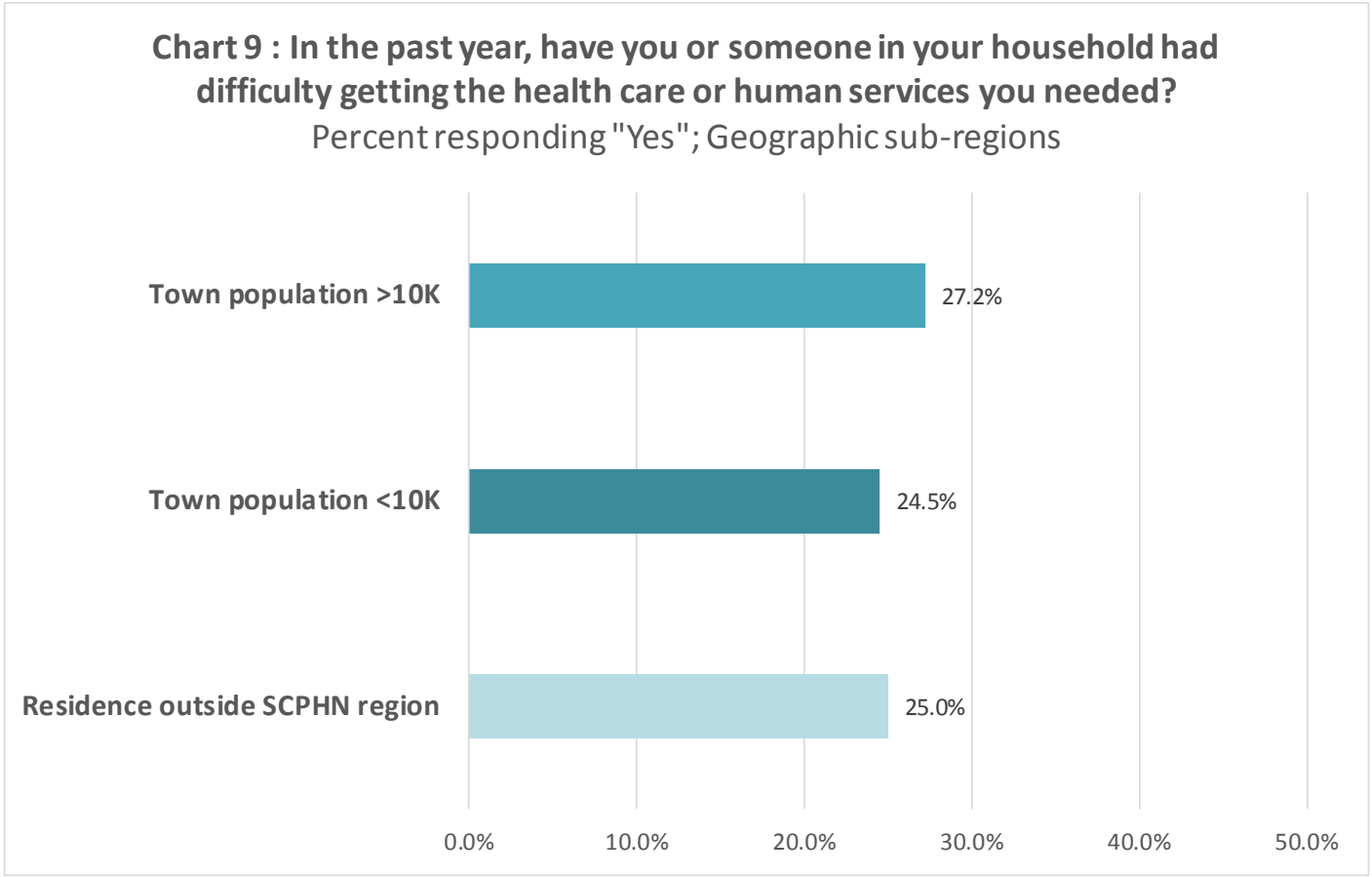
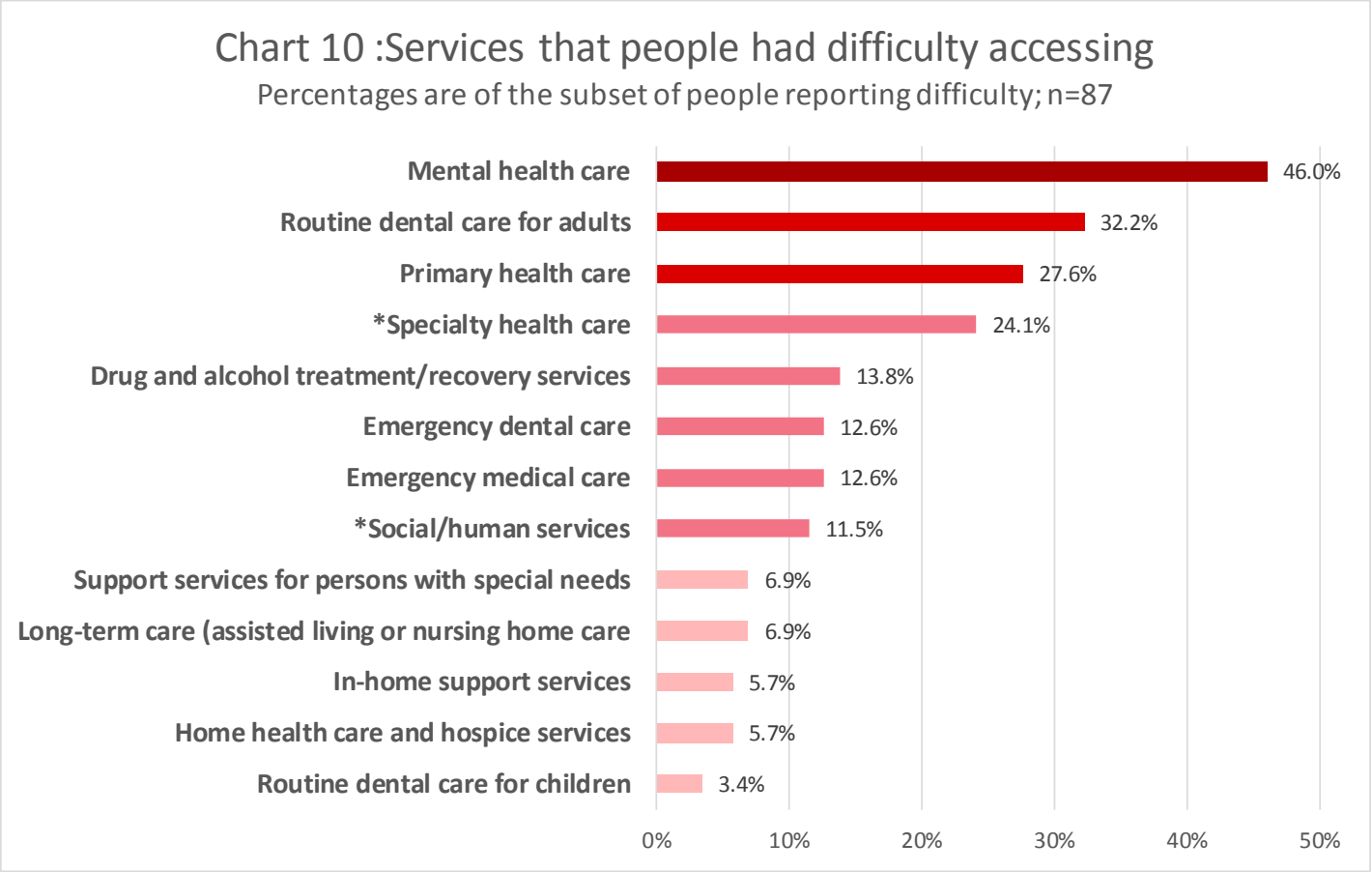


Chart 9 examines responses to this question by sub-region within the South Central PHN region. No significant differences were observed between sub-regions in the percentage of respondents indicating access difficulties in the past year.



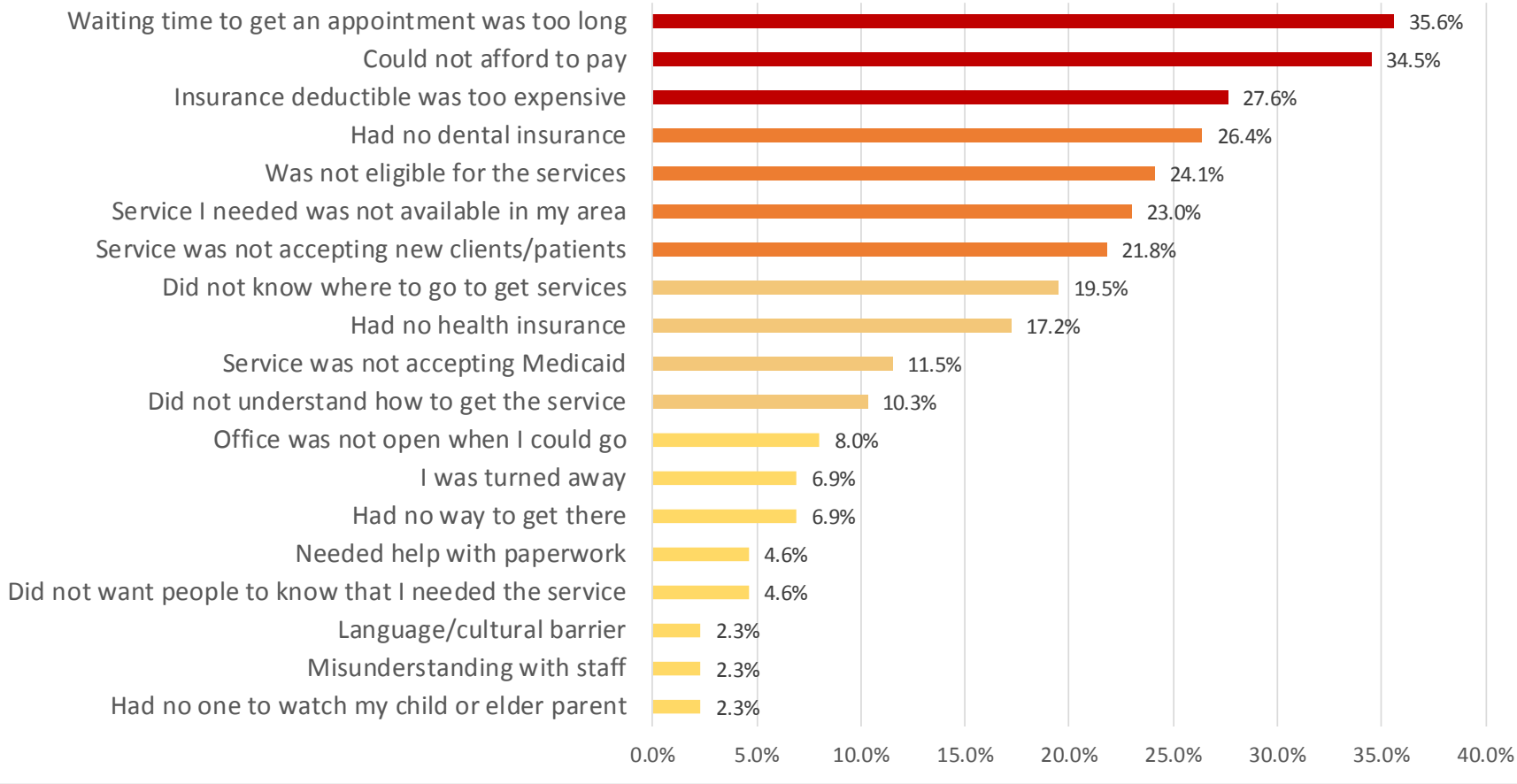
The community survey also asked people to indicate the areas in which they had difficulty getting services or assistance. As displayed by Chart 10, the most common service type that people had difficulty accessing was mental health care (46% of those respondents indicating difficulty accessing any services), followed by routine dental care for adults (32%) and primary health care (28%). Respondents indicating access difficulties with 'specialty health care' or 'social / human services' were asked to provide further comment on the type of service. See Appendix A for these additional comments. Note that percentages on this chart are of the subset of respondents who indicated any difficulty accessing services (27.8% of all respondents; n=87).



Respondents who reported difficulty accessing services in the past year for themselves or a family member were also asked to indicate the reasons why they had difficulty. As shown on Chart 11, the top reasons cited were 'waiting time to get an appointment was too long' (36%); 'could not afford to pay' for the service (34%); and 'insurance deductible was too expensive' (28%). Percentages are again calculated from the subset of respondents who indicated difficulty accessing services.

Chart 11: Reasons cited for difficulty getting needed health care or human services

Percent of respondents reporting access difficulty in past year; n=87)



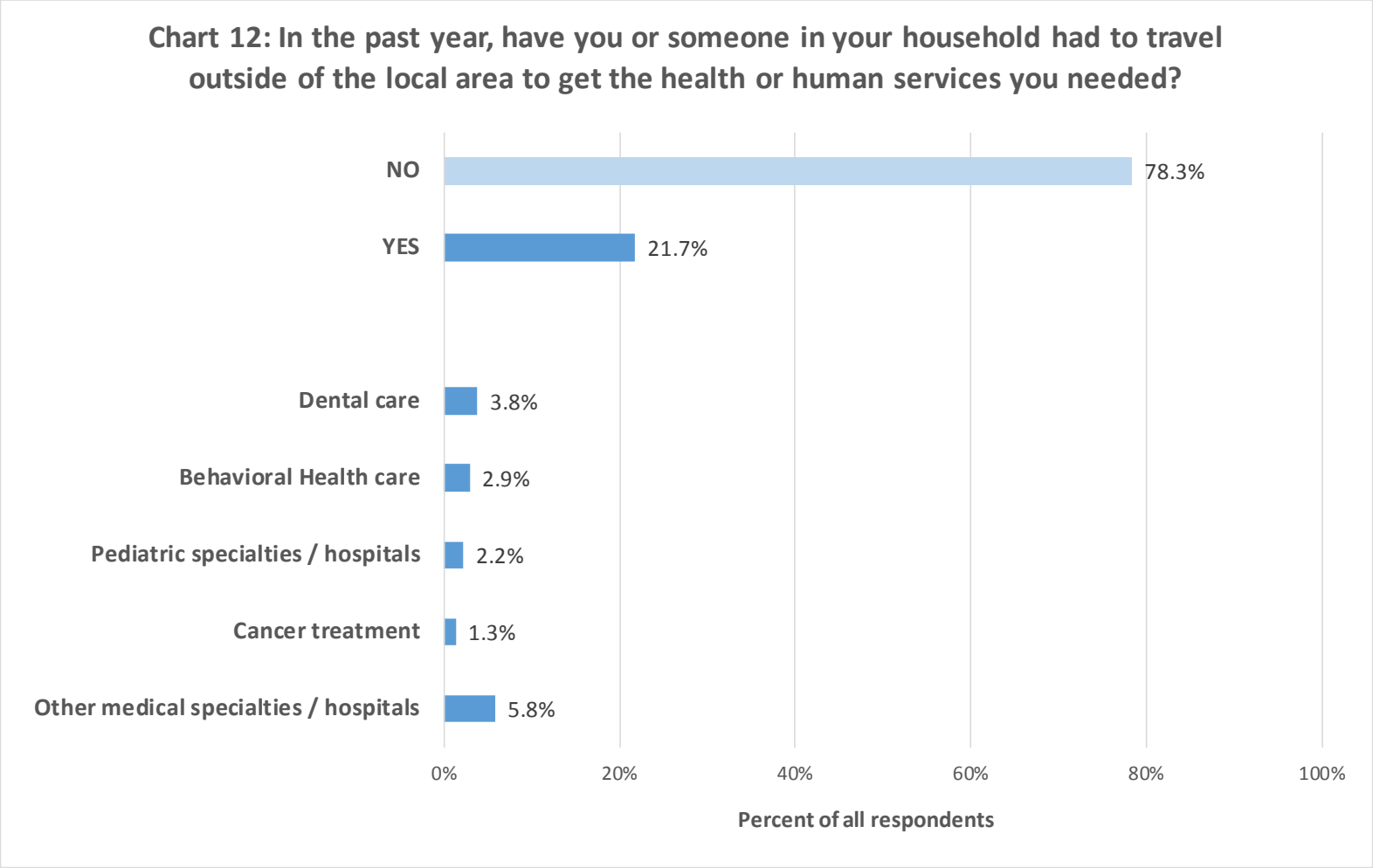
Further analysis of these two questions addressing access to specific types of services is shown by Table 7. Among respondents indicating difficulty accessing mental health care, the top reason indicated for difficulty accessing (any) services was *'waiting time to get an appointment too long'*. Among respondents indicating difficulty accessing adult dental care, the top reason cited for access difficulties was '*had no dental insurance'*. Among respondents indicating difficulty primary health care, the top reason cited for access difficulties was *'could not afford to pay'*.

TABLE 7: TOP REASONS RESPONDENTS HAD DIFFICULTY ACCESSING SERVICES BY TYPE OF SERVICE

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

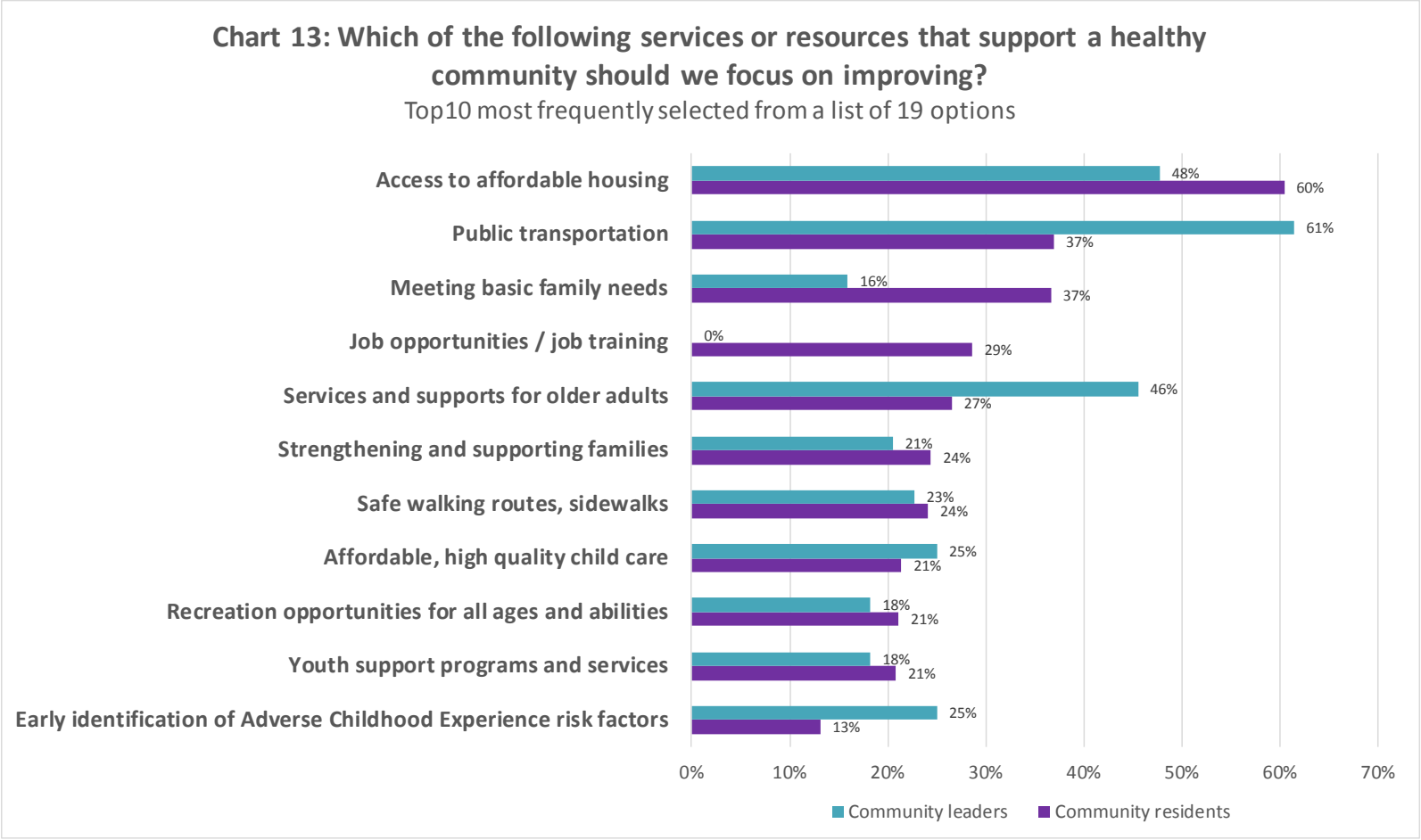
Mental Health Care (n=41, 13% of all respondents)	**Routine Dental Care for Adults** (n=28, 9% of all respondents)	**Primary Health Care** (n=24, 8% of all respondents)
58.5% of respondents who had difficulty accessing mental health care also reported **Waiting time to get an appointment was too long**	**67.9%** of respondents who had difficulty accessing Routine Dental Care for Adults also reported **Had no dental insurance**	**62.5%** of respondents who had difficulty accessing Primary Health Care also reported **Could not afford to pay**
Service I needed was not available in my area, 36.6%	**Could not afford to pay, 53.6%**	**Insurance deductible was too expensive, 54.2%**
Service was not accepting new clients/patients, 36.6%	**Waiting time to get an appointment was too long, 46.4%**	**Had no health insurance, 50.0%**
Did not know where to go to get services - 34.1%	**Insurance deductible was too expensive, 46.4%**	**Was not eligible for the services, 41.7%**
Was not eligible for the services, 31.7%	**Service I needed was not available in my area, 39.3%**	**Waiting time to get an appointment was too long, 29.2%**

In a separate question, survey respondents were asked, “In the past year, have you or someone in your household had to travel outside of the local area to get the health or human services you needed?” About 22% of all survey respondents indicated traveling outside of the ‘local area’ for health and human services in the past year. In an open-ended follow-up question, respondents were asked what type of services they had traveled outside of the area to get. Dental care, behavioral health care and pediatric specialties / hospitals were the most frequently mentioned types of services in an open ended follow up question, along with a variety of medical specialties.

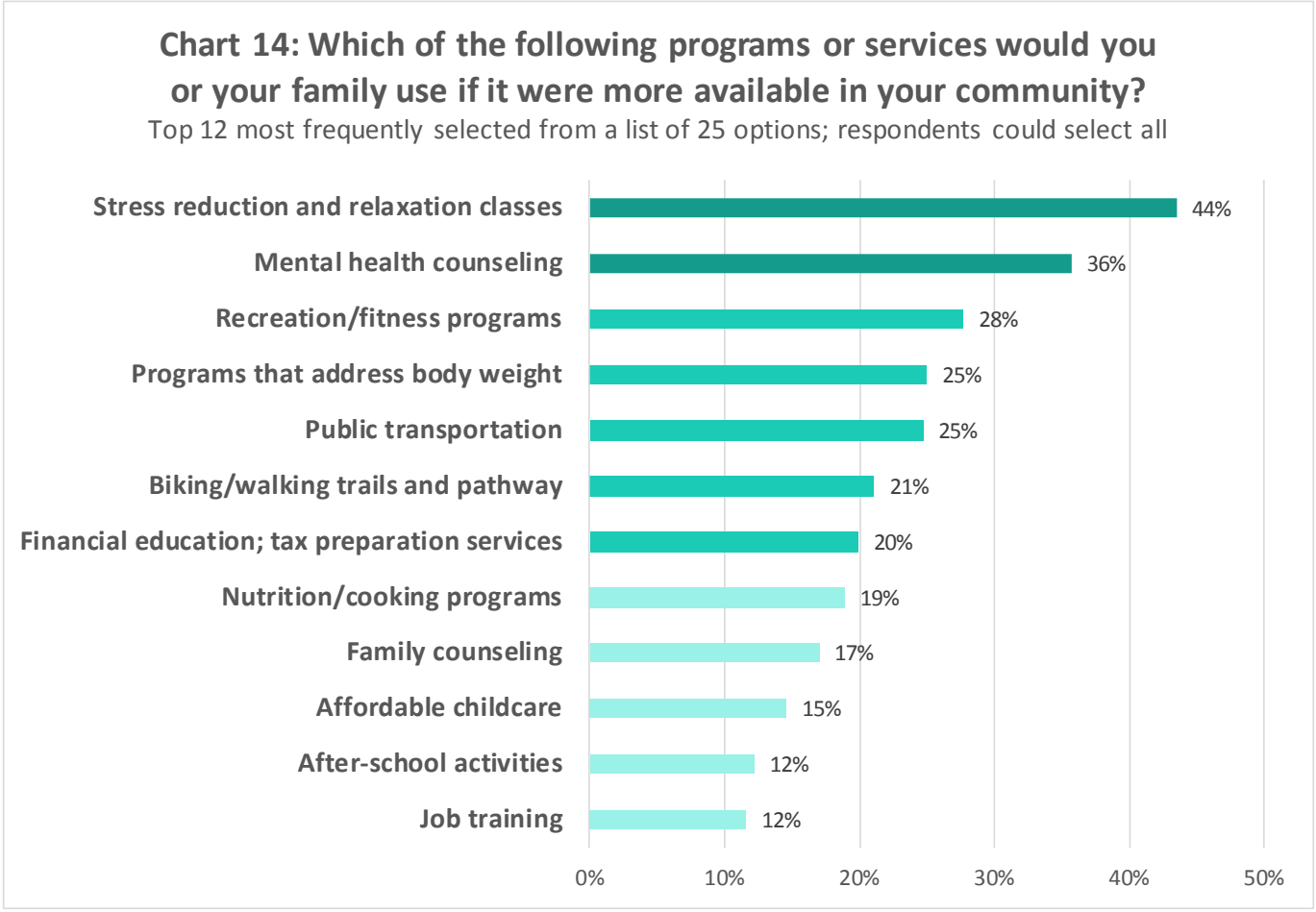


7. Healthy Community Resources and Suggestions for Improvement

Respondents to the community and key stakeholder surveys were asked to prioritize services or resources that support a healthy community that should be the focus for improvement. Each group was presented a list of 19 options (as well as a field for written comments) and asked to pick the top 4 services or resources for focusing improvement efforts. As shown by Chart 13, top issues identified by each group were *access to affordable housing* and *public transportation*. Community leaders were more likely to identify *services and supports for older adults* as a top priority, while community residents were more likely to identify *meeting basic family needs* and *job opportunities / job training* as priorities for improvement.



Respondents to the community survey were also asked to indicate community health-related programs or services they would use if more available in the community. Stress reduction and relaxation classes (44% of respondents) and mental health counseling (36%), followed recreation/fitness programs (28%), programs that address body weight (25%) and public transportation (25%).



The 2020 Community and Key Stakeholder Surveys each asked people to respond to the question, ***"If you could change one thing that you believe would contribute to better health in your community, what would you change?"*** A total of 209 survey respondents (55%) provided written responses to this question. Table 8 provides a summary of the most common responses by topic theme. Complete comment text from each survey can be found in the Appendices.

TABLE 8 "If you could change one thing that you believe would contribute to better health in your community, what would you change?"	
Affordability of health care, health insurance; low cost or subsidized services; health care payment reform	**29.7% of all comments**
Substance use treatment service accessibility, availability; substance misuse prevention including tobacco	**12.9%**
Improve transportation services / public transportation; medical transportation	**10.5%**
Mental health service accessibility, availability, quality; mental health awareness and stigma	**11.0%**
Cost of living; affordable housing, child care; jobs and economy	**6.7%**
Caring community, culture; community connections and supports; safety net funding, role of government	**6.7%**
Health care provider availability; health care delivery system improvements, care coordination and quality	**6.2%**
Improve resources, programs or environment for physical activity, active living	**5.7%**
Family strengthening; programs, services for youth and families	**5.7%**
Increase awareness of available services; health information, promotion	**3.8%**
Improve resources, programs or environment for healthy eating, nutrition	**2.9%**
Services, supports for seniors and caregivers; concerns of aging	**2.9%**

B. COMMUNITY HEALTH DISCUSSION GROUPS

A set of three discussion groups were convened in the fall of 2019 as part of the effort to understand the health-related needs of the community and to plan programs and services that address those needs. The purpose of the discussion groups was to get input on health issues that matter to the community and thoughts and perceptions about the health of the community. Discussion groups were convened representing important community sectors and perspectives, specifically the following:

- F.A.S.T.E.R. Parent Support Group (Families Advocating Substance Treatment, Education & Recovery) (3 participants)
- Elementary School Counselors in Salem School System (6 participants)
- Birch Heights Senior Community Group (10 participants)

Additionally, information from three other discussion groups convened in the fall of 2019 by the Network4Health integrated delivery network focused on behavioral health issues were was also incorporated in this assessment.

1. Community Discussion Group Themes

The following paragraphs and table summarize the findings from the community discussion groups.

- Discussion group participants described a relationship between individual health and community health, “Healthy people give back to community”. Discussion group participants also had mixed perspectives about the current health status of the overall community.

> *"Needs have changed in the past 4 to 5 years. Mental health of students is not being addressed, but is needed. Those with behavioral health problems are not as connected as other students, not joining sports, clubs, et cetera. (Students) need to learn coping skills—(they are) not learning them at home, parents are too busy or not involved. Technology is getting in the way."*
> School Counselor Group Participant

- There was consensus that, “In general, the . . . community is healthy”. However, it was also observed across groups that there are disparities within the community that contribute to poor health such as financial pressures, mental health, substance misuse and reticence to seek help. Discussions also described increased family stress and related issues of negative impacts of electronic devices such as cell phones and computer tablets on the mental and physical health of children and families.

> *“People don’t ask for help”*
> F.A.S.T.E.R. Parent Support Group Participant

- Participants identified a wide variety of community strengths and resources that promote health including First Responders, Parkland and Elliot hospitals, the Boys and Girls Club, Salem Pride and other school district events, PTA, libraries, Center for Life Management, Girls on the Run, the Performing arts center in the Salem high school: (“more kids are getting involved”), Civic organizations such as Lions club and Rotary, churches and church events, Meals on wheels, senior center meals (“sit down as a community with plenty of time to eat - good for connections”, community meetings about health / wellness topics such as nutritionist talks about diabetes, exercise programs and grief meetings. The Senior Community group also discussed their perspective that, by living in a supportive community, they are better able to care of themselves and each other compared to seniors who are living on their own. Some of the positive effects noted were proper nutrition, better chronic disease management (e.g. COPD, Diabetes), stress management, community connections and socialization, and safety of the environment reducing the potential for injury from falls or other accidents.

- Participants identified a range of barriers to promoting good health in the community including factors influenced by cost of individual and family finances such as affordability of health care and challenges obtaining or retaining health insurance. Another significant theme was around challenges associated with accessing behavioral health care services such as insufficient provider capacity and waitlists (". . . not enough medical professionals to handle the SUD Crisis"), confusing systems and lack of continuity of care. Other aspects of the discussions focused on the effects of substance misuse, concerns about adolescent mental health, stigma associated with behavioral health needs, and cultural and technological changes that have contributed to declines in family communication and strong social relationships.

> "*A lot of insurances will not cover medication. Can change coverage year to year without warning making it hard for clients to have continuity of care.*" Parkland Hospital Group Participant

- With respect to what organizations could be doing better to support or improve community health, discussion group participants recommended more awareness of community events and resources in general and of behavioral health support and recovery groups in particular ("would like . . .to be made aware of when/where they are in town"), more capacity and resources for school-based counselors and child protective services, mental health appointments after work hours, increased health education and promotion efforts on topics such as healthy food choices, more education schools on social skills, life skills, and bullying prevention, and less expensive dental care including school-based dental services.

> "*Caregivers of adult children are being left out of care/decision planning—support is critical to the success of the patient but it's hard to support when we don't know what's going on.*" NAMI Support Group Participant

> "*Mental health appointments don't work for working people. If you can get an appointment it's during the midafternoon and parents struggle with this because they have to work.*" School Counselor Group Participant

2. High Priority Issues from Community Discussion Groups

In each of the community discussion groups convened in 2019, the discussion group facilitator read top priority areas identified in the previous Community Health Improvement Plan for the region (2016). The priorities named in the discussion groups were:

- Healthy Weight Promotion
- Behavioral Healthcare Access
- Substance Misuse & Addiction Prevention, Treatment & Recovery
- Injury Prevention
- Emergency Preparedness for Individuals with Access & Functional Needs

Participants were then asked if they were: a) aware of any programs or activities that have focused on any of these areas; b) if they had noticed any improvements in these areas; and c) if they thought these are still the most important issues for the community to address for improving health or if there are new, different priorities. With some additions (see table on the next page), most participants in each group expressed the overall opinion that the priorities identified previously were still the most important issues to focus attention on for community health improvement.

Table 9 on the next page displays overall priorities, concerns and areas of improvement identified by each of discussion group. As noted, the discussion groups convened in 2019 for the community health needs assessment effort generally endorsed the same set of priorities as identified for the 2016 Community Health Improvement Plan. Some additional themes emerged in these discussions and are noted in this table as well.

TABLE 9 – COMMUNITY DISCUSSION GROUP MAJOR THEMES & PRIORITIES

	F.A.S.T.E.R. Parent Support Group	Elementary School Counselors	Senior Community Group
What people are concerned about	Cost Insurance/co-pays. Insurance only covers so much. Costs have increased. Lack of insurance coverage Cost of prescriptions has gotten worse in recent years Doctors are over-prescribing or are too afraid to prescribe SUD treatment services aren't available or people can't afford SUD help; and treatment is not long enough	Mental health/ behavioral health Financial stress Social skills (Friendships, inclusion. More parents are asking about this) What has changed in recent years: a. Mental health needs b. More screen time c. More parents seeking therapy for children d. More mental health promotion. Not just promoting physical health anymore What is getting in the way of good health in the community: - Younger drug use e. No beds available for SUD or Mental Health f. Mental health appointments don't work for working people. If you can get an appointment it's during the midafternoon and parents struggle with this because they have to work. g. Insurance / deductible; Finances h. Waitlists are too long i. Services have decreased but need has increased j. Kid can be exhibiting self-harm behaviors (i.e. banging head against wall), brought in for evaluation but won't be admitted unless child says they will kill themselves so they are discharged without services. k. No more CHINS l. People just feel defeated and don't know what to do	Cost Falls What is getting in the way of good health in the community: - Mental health - More worried about forms / health insurance now

	F.A.S.T.E.R. Parent Support Group	Elementary School Counselors	Senior Community Group
High priority health issues from previous assessments*	Yes, these are still the high priority issues. Still need more work on these issues Need to improve public awareness of programs activities available in the area Also need more elderly care services including dementia / Alzheimer's services	Mental health should be #1 Also need to focus on: • Drugs and alcohol • Health equity • Family support systems - help families make connections. Families are too busy, there's too much technology getting in the way. Both kids and parents spending too much on time on their tablets and phones	The list of high priority issues is good. Participants highlighted the need for continued falls prevention services and programs.
*** Healthy Weight Promotion; Behavioral Healthcare Access; Substance Misuse & Addiction Prevention, Treatment & Recovery; Injury Prevention; Emergency Preparedness for Individuals with Access & Functional Needs**			
Areas where there has been improvement	Weight management programs have improved - Elderly weight management program at Marion Gerrish - Derry Medical Center offers a Keto program New Behavioral Health Unit at Parkland	Stand Up Salem coalition and events hosted by coalition New treatment/recovery resources in the area Mental health committee through the school system Center for Life Management outreach and school connection has increased The Boys and Girls Club has a program in Soule School School safety committee - promotes safer school environment New healthy eating initiatives in school lunch	Overall improvement on healthy weight programs Falls prevention program Educational programs on Chronic disease; healthy weight Flu shots - pharmacy coming to the senior center to make it easier to access, most people get the shot

C. COMMUNITY HEALTH STATUS INDICATORS

This section of the 2020 Community Health Needs Assessment report provides information on key indicators and measures of community health status. Some measures associated with health status have been included earlier in this report, such as measures of income and poverty. Where possible, statistics are presented specific to the 10 town service area identified as the South Central NH Public Health Network region (identified in the following tables as South Central PHN). In some instances, population health data are only available at the county level. For example, some indicators included here report statistics for Rockingham County, New Hampshire. All 10 municipalities of the South Central PHN region are within Rockingham County and comprise about 46% of the total population of the county. For some behavioral risk factors, the most local data available is for the Rockingham County-Strafford County, NH Metropolitan Division of which the South Central PHN region comprises 32% of the population.

1. Demographics and Social Determinants of Health

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

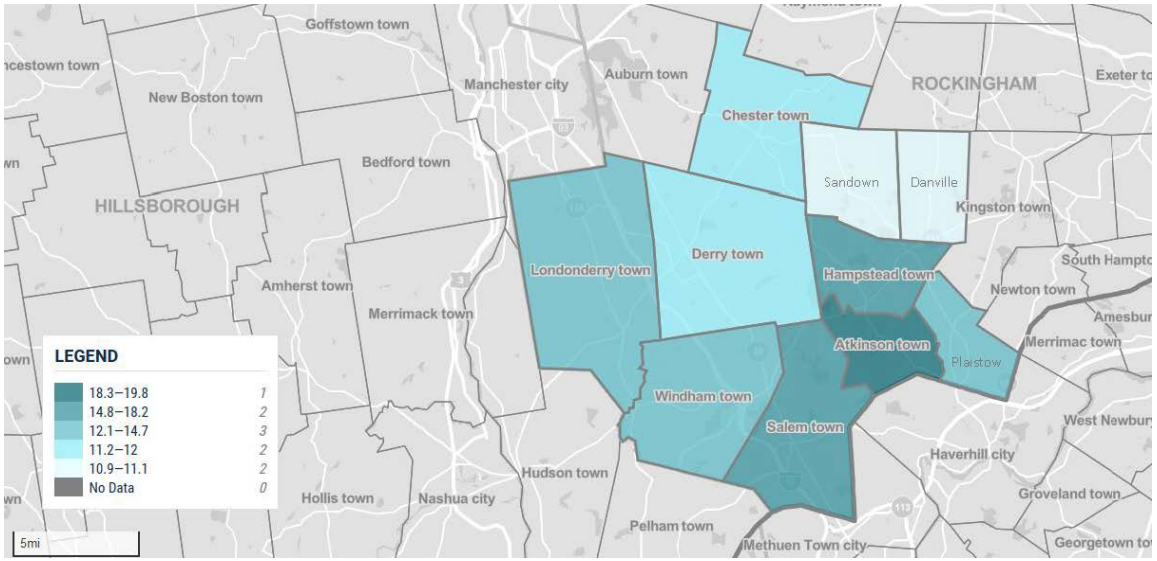
a. General Population Characteristics

According to the 2018 American Community Survey (US Census Bureau), the population of the South Central NHPHN region is younger on average than New Hampshire overall with 14.5% of the regional population age 65 and older compared to 18.1% statewide although the median age for the region and state are the same (42.7 years). The service area map on the next page displays the percent of the population 65 years of age and older by town. Between 2010 and 2018, the population of the South Central NHPHN increased by over 3%.

Population Overview	South Central PHN	New Hampshire
Total Population	**141,788**	1,359,711
Age 65 and older	**14.5%**	18.1%
Under age 18	**21.4%**	19.0%
Change in population compared to 2010 census	**3.0%**	+3.3%

Data Source: U.S. Census Bureau, 2014-2018 American Community Survey 5-Year Estimates and 2010 US Census.

Figure 2 - Percent of Population 65 years of age and older, South Central PHN Towns



The proportion of the population age 65 years or more ranges from 10.9% in Danville to 19.8% in Atkinson.

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 proportion of children under age 18 living below 100% and 200% of the Federal Poverty Level in the South Central region compared with New Hampshire overall. Child poverty rates in the service area are lower than statewide proportions of children living in or near poverty in New Hampshire overall.

Area	Percent of Children in Poverty Income < 100% FPL	Percent of Children in or near Poverty Income < 200% FPL
South Central PHN	**6.9%**	**15.7%**
New Hampshire	10.2%	24.4%

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

c. Education

Educational attainment is also considered a key driver of health status with lower levels of education linked to both poverty and poor health. A slightly higher percentage of the South Central PHN region population has earned at least a high school diploma or equivalent compared to the overall statewide proportions on this measure. The table below presents data on the percentage of the population aged 25 and older without a high school diploma (or equivalent).

Area	Percent of Population Aged 25+ with No High School Diploma
South Central PHN	**5.3%**
New Hampshire	7.1%

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

d. Language

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"
South Central PHN	**2.0%**
New Hampshire	2.5%

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

e. Housing

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

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

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

Area	Percent of Housing Units Categorized As "Substandard"	Percent of Households with Housing Costs >30% of Household Income
South Central PHN		**24.3%**
Rockingham County	**28.9%**	
New Hampshire	30.9%	31.3%

Data Source: 2014 – 2018 American Community Survey 5-Year Estimates; Sub-standard Housing and Housing Cost Burden data accessed from Community Commons.

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. About 2% of households in the service area report not having access to a vehicle, a proportion less than half in New Hampshire overall.

Area	Percent of Households with No Vehicle Available
South Central PHN	**2.2%**
New Hampshire	5.2%

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

g. Disability Status

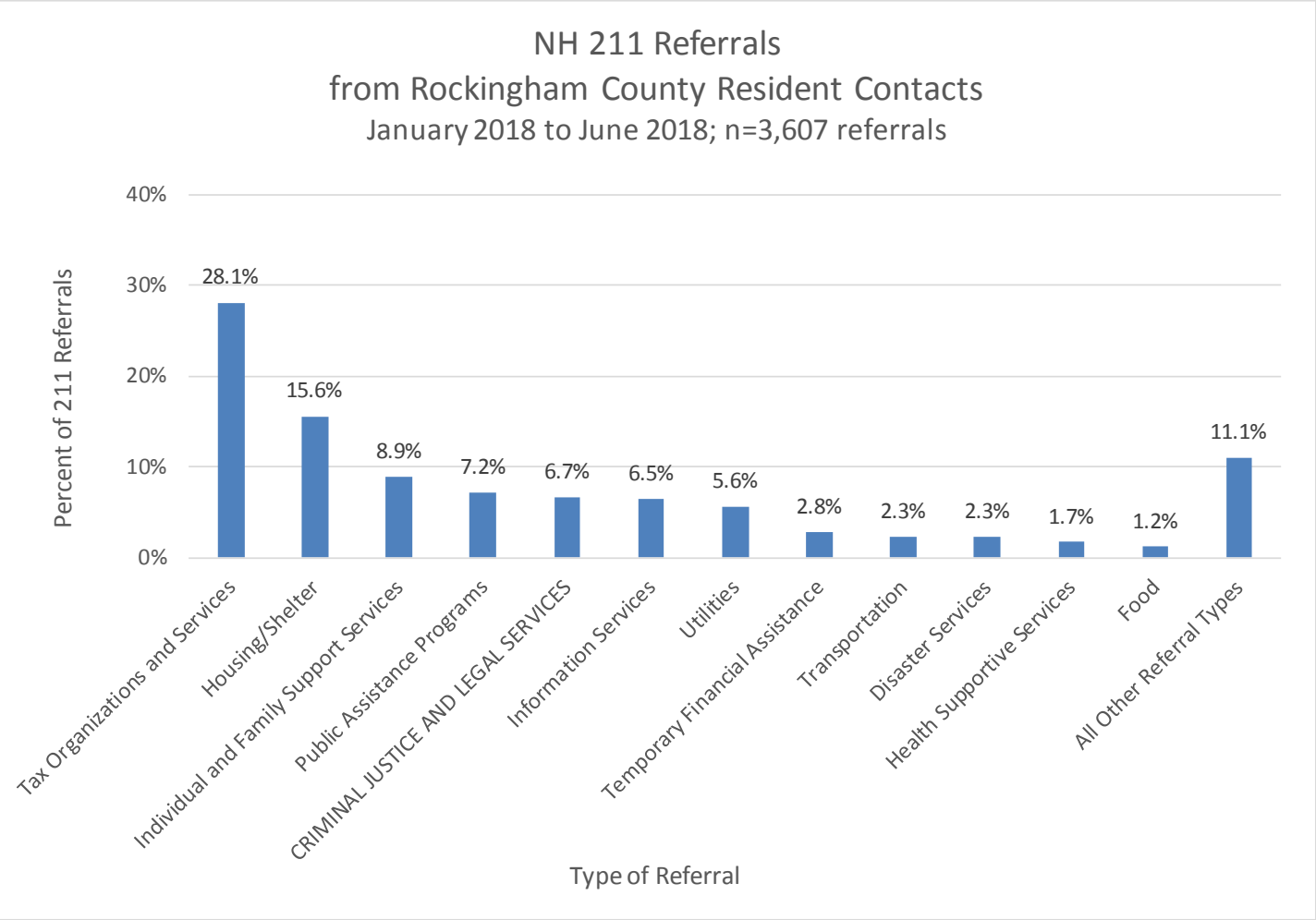
Disability is defined as the product of interactions among individuals' bodies; their physical, emotional, and mental health; and the physical and social environment in which they live, work, or play. Disability exists where this interaction results in limitations of activities and restrictions to full participation at school, at work, at home, or in the community. The US Census Bureau identifies people reporting serious difficulty with four basic areas of functioning – hearing, vision, cognition, and ambulation. According to the 2016 American Community Survey, 10% of South Central residents report having at least one disability, a percentage that is somewhat lower than the statewide proportions, which may in part be a reflection of the proportionally younger population.

Area	Percent of Population Reporting Serious Difficulty With Hearing, Vision, Cognition and/or Ambulation
South Central PHN	**10.0%**
New Hampshire	16.0%

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

h. Community Referral Needs

An additional barometer of community needs is referral activity through NH 2-1-1. During the period January 2018 through June 2018, New Hampshire 2-1-1 made 3,607 referrals as a result of calls from Rockingham County residents. The chart below displays the distribution of these referrals by referral type. The most common type of referral was for Tax Organizations and Services (28% of referrals) followed by referrals for Housing/Shelter (16%) and Individual and Family Support Services (9%).



2. Access to Care

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

a. Insurance Coverage

Table 9 on the next page displays estimates of the proportion of residents who do not have any form of health insurance coverage by municipality, as well as the proportion of residents covered by Medicare or Medicaid. 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. This particular time period spans a period of significant change in the health insurance market with the ongoing implementation of the federal Affordable Care Act and Medicaid expansion. The overall proportion of the population without health insurance is estimated to be 4.7%.

TABLE 9

Area	Percent of the Total Population with No Health Insurance Coverage	Percent of the Total Population with Public Coverage	Percent with Medicare Coverage Alone or in Combination	Percent with Medicaid Coverage Alone or in Combination
Atkinson	1.1%	23.7%	20.0%	4.5%
Windham	1.5%	16.4%	12.9%	4.1%
Chester	2.5%	20.6%	12.3%	8.4%
Londonderry	3.5%	23.0%	15.1%	7.9%
Sandown	3.7%	26.1%	12.0%	16.0%
Salem	4.6%	26.7%	19.5%	7.8%
South Central PHN region	***4.7%***	***24.1%***	***15.5%***	***9.2%***
Derry	5.2%	26.6%	13.2%	14.4%
New Hampshire	6.5%	30.1%	18.6%	12.7%
Hampstead	6.8%	27.6%	18.9%	9.7%
Danville	7.4%	19.8%	12.9%	7.1%
Plaistow	15.1%	21.4%	15.8%	5.3%

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

b. Primary Care Physician Availability

In addition to financial coverage, access to care requires sufficient availability of primary care physicians for preventive and primary care, and, when needed, referrals to appropriate specialty care. The measure below displays the number of people per primary care physician in the region.

Area	Population to primary care physician ratio
Rockingham County	**1,300:1**
New Hampshire	1,100:1

Data Source: Area Health Resource File/American Medical Association via County Health Rankings, 2016

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
Rockingham County-Strafford County, NH Metropolitan Division	**86.2%**
New Hampshire	85.2%

Data Source: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention, 2016

d. Preventable Hospital Stays

Preventable Hospital Stays describe 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 the South Central area is similar to the overall NH state rate.

Area	Number of hospital stays for ambulatory care sensitive conditions per 100,000 Medicare enrollees
Rockingham County	**3,981**
New Hampshire	3,947

Data Source: The Centers for Medicare & Medicaid Services Office of Minority Health's Mapping Medicare Disparities, 2016; accessed through County Health Rankings.

e. Behavioral Health

Overall health depends on both physical and mental well-being. The table below shows proportion of adults who self-report the number of days in the past 30 when their mental health was not good, a measure that is correlated with depression and other chronic mental health concerns as well as overall health-related quality of life.

Area	Percent of adults reporting 14 or more days in the past 30 days during which their mental health was not good
Rockingham County	**3.8**
New Hampshire	4.2

Data Source: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention, 2016.

f. Mental Health Provider Availability

As with primary care, access to mental health care requires sufficient availability of mental health care providers for preventive care and treatment. The measure below displays the number of people per mental health provider in the region.

Area	Population to mental health provider ratio
Rockingham County	**470:1**
New Hampshire	350:1

Data Source: CMS, National Provider Identification Registry via County Health Rankings, 2018

g. Dental Care Utilization (Adult)

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

Area	Percent of adults who have not visited a dentist or dental clinic in the past year
Rockingham County-Strafford County, NH Metropolitan Division	**26.2%**
New Hampshire	28.1%

Data Source: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention, 2016.

h. Dentist Availability

As with primary care, access to oral health care requires sufficient availability of dental providers for preventive care and treatment. The measure below displays the number of people per dentist in the region.

Area	Population to dentist ratio
Rockingham County	**1,370:1**
New Hampshire	1,370:1

Data Source: Area Health Resource File/CMS National Provider Identification Registry via County Health Rankings, 2017

i. Poor Dental Health

This indicator reports the percentage of adults who self-report having any of their permanent teeth removed due to tooth decay, gum disease, or infection. In addition to highlighting needed improvements in preventive oral health care, this indicator can also highlight a lack of access to care, a lack of health knowledge, or social and economic barriers preventing utilization of services.

Area	Percent of adults who report having any of their permanent teeth removed
Rockingham County-Strafford County, NH Metropolitan Division	**39.2%**
New Hampshire	42.8%

Data Source: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention, 2016

3. Health Promotion and Disease Prevention Practices

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 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. Access to Healthy Food Options

The Food Environment Index is a measure of the availability of economical, nutritious food options in a community. The Index was developed by the County Health Rankings program at the University of Wisconsin Population Health Institute and is comprised of two variables: Limited access to healthy foods from the USDA's Food Environment Atlas estimates the percentage of the population who are low income and do not live close to a grocery store, and; Food insecurity from Feeding America estimates of the percentage of the population who did not have access to a reliable source of food during the past year. The Food Environment Index measures the quality of the food environment in a county on a scale from 0 to 10 where 10 is the best.

Area	Food Environment Index
Rockingham County	**8.9**
New Hampshire	9.2

Data source: USDA Food Security Survey data 2015 - 2017; index developed by County Health Rankings and Roadmaps, University of Wisconsin Population Health Institute

b. Fruit and Vegetable Consumption (Adults)

This indicator reports the percentage of adults aged 18 and older who self-report consuming fruits of vegetables less than once a day. Unhealthy eating habits contribute to significant health issues such as obesity and diabetes.

Area	Percent of adults consuming VEGETABLES less than one time per day	Percent of adults consuming FRUITS less than one time per day
Rockingham County-Strafford County, NH Metropolitan Division	**13.1%**	**31.1%**
New Hampshire	13.5%	30.1%

Data Source: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention, 2017

c. Physical Inactivity (Adults)

This indicator reports the percentage of adults aged 18 and older who self-report no eisure 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

Area	No physical activity or exercise in past 30 days, % of adults
Rockingham County-Strafford County, NH Metropolitan Division	**22.2%**
New Hampshire	23.9%

Data Source: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention, 2017.

d. 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	Influenza Vaccination in past year, 65 years of age or older	Pneumococcal Vaccination ever, 65 year of age or older
Rockingham County-Strafford County, NH Metropolitan Division	**61.1%**	**83.0%**
New Hampshire	61.9%	81.9%

Data Source: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention, 2017.

e. 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	Percentage of adults reporting excessive drinking
Rockingham County	**22.2%**
New Hampshire	23.9%

Data Source: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention, 2017.

f. Cigarette Smoking

Tobacco use is a primary contributor to leading causes of death such as lung cancer, respiratory disease and cardiovascular disease. This indicator reports the percentage of adults aged 18 and older who self-report currently smoking cigarettes some days or every day. About 1 in 9 adults in the South Central service area are estimated to be current smokers, a proportion somewhat lower than the overall statewide rate (although not statistically significant).

Area	Percent of Adults who are Current Smokers
South Central PHN region	**11.5%**
New Hampshire	16.3%

Data Source: Behavioral Risk Factor Surveillance System via NH Health Wisdom, 2015.

g. 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 South Central service area is about half of the statewide rate, a difference that is statistically significant.

Area	Teen Birth Rate , Birth rate per 1,000 Women Age 15-19
South Central PHN region	**5.7***
New Hampshire	11.0

Data source: NH Division of Vital Records Administration birth certificate data; 2012-2016
**Regional rate is lower (statistically significant) than the overall state rate.*

h. Child Safety

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

Area	Substantiated child maltreatment victims, rate per 1,000 children under age 18	Children in out-of-home placements, rate per 1,000 children under age 18
Rockingham County	**1.8**	**2.1**
New Hampshire	3.5	4.6

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

i. 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 1,252 civil domestic violence petitions filed in Rockingham County courts in 2014 and 2015 (most current data available). In New Hampshire overall, 76% of civil domestic violence petitioners in 2014 and 2015 were granted a temporary order of protection (statistics by County not known).

Area	Civil Domestic Violence Petitions, 2014 - 2015	
	Number	Annual Rate per 1,000 population
Rockingham County	**1,252**	**2.0**
New Hampshire	8,025	3.0

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

4. Selected Health Outcomes

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

a. Overweight and Obesity

Being overweight or obese can indicate an unhealthy lifestyle that puts individuals at risk for a variety of significant health issues including hypertension, heart disease and diabetes. The indicator below report the percentage of adults aged 20 and older who self-report height and weight translating to a Body Mass Index (BMI) greater than 30.0 (obese).

Area	Percent of Adults Who Are Obese
South Central PHN region	**28.2%**
New Hampshire	26.4%

Data Source: Behavioral Risk Factor Surveillance System via NH Health Wisdom, 2015.

b. Heart Disease

Recent reports have shown that heart disease has become the leading cause of death in New Hampshire, surpassing cancer (all forms combined) for the first time in over a decade. Heart disease is closely related to unhealthy weight, high blood pressure, high cholesterol, and substance use including tobacco use.

Cardiovascular and Heart Disease Prevalence: This indicator reports the percentage of adults aged 18 and older who have ever been told by a doctor that they have coronary heart disease or angina.

Area	Percent of Adults with Heart Disease (self-reported)
South Central PHN region	**2.9%**
New Hampshire	3.8%

Data Source: Behavioral Risk Factor Surveillance System via NH Health Wisdom, 2015.

Cholesterol Screening: High levels of total cholesterol and low density lipoprotein-cholesterol (LDL-C) and low levels of high density lipoprotein-cholesterol (HDL-C) are important risk factors for coronary heart disease. Periodic cholesterol screening for adults, particularly those with other risk factors, is a beneficial procedure for early identification of heart disease that can be treated with preventive therapy. The table below displays the proportion of adults who report that they have had their cholesterol levels checked and have been told by a health professional that their blood cholesterol was high.

Area	Percent of adults who have had their cholesterol checked and it was high
South Central PHN region	**37.0%**
New Hampshire	35.6%

Data Source: Behavioral Risk Factor Surveillance System via NH Health Wisdom, 2015.

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 South Central residents is similar to the overall NH rate. 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 South Central region.

Area	Coronary Heart Disease Mortality (per 100,000 people, age-adjusted)	Cerebrovascular Disease Mortality (per 100,000 people, age-adjusted)
South Central PHN region	**98.8**	**26.6**
New Hampshire	94.6	27.9

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

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. Nearly 9% of adults in the South Central region report having been told by a health professional that they have diabetes.

Area	Percent of Adults with Diabetes
South Central PHN region	**8.6%**
New Hampshire	8.1%

Data Source: Behavioral Risk Factor Surveillance System via NH Health Wisdom, 2015.

Diabetes Management: This indicator reports the percentage of Medicare beneficiaries with diabetes a who have had a hemoglobin A1c (HbA1c) test, a blood test which measures blood glucose levels, administered by a health care professional in the past year. Regular HbA1C testing is important for diabetes management and prevention of diabetes-related health complications.

Area	Percent of Medicare Beneficiaries with Diabetes with Annual Hemoglobin A1c Test
Rockingham County	**91.36%**
New Hampshire	90.4%

Data Source: Dartmouth Atlas of Health Care, 2014; accessed through Community Commons

Diabetes-related Mortality: Diabetes is the seventh leading cause of death in New Hampshire and in the South Central PHN region. The rate of death due to Diabetes Mellitus among South Central area residents is lower than for New Hampshire overall (although the difference is not statistically significant).

Area	Deaths due to Diabetes Mellitus (per 100,000 people, age adjusted)
South Central PHN region	**14.5**
New Hampshire	18.2

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

d. Cancer

Cancer is the second leading cause of death in New Hampshire according to statistics released for 2018. Over the most recent period of time for which sub-state data is available (2012-2016), cancer was leading cause of death in the state and in the South Central 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, in adults, beginning at age 50 years and continuing until age 75 years. The proportion of adults age 50 to 75 who are in compliance with the USPSTF recommendations (self-report) in the region is similar to the overall state rates. The proportion of women who report being in compliance with breast and cervical cancer screening recommendations are also similar to the overall state rates.

Cancer Screening Type	South Central PHN region	New Hampshire
Percent of adults who are aged 50+ that met USPSTF colorectal cancer screening recommendations	**82.6%***	74.9%
Percent of females aged 50+ who have had a mammogram in the past two years+	**91.8%***	80.8%

* Data Source: Behavioral Risk Factor Surveillance System via NH Health Wisdom, 2014+, 2015

*Regional rate is higher (statistically significant) than the overall state rate.

Cancer Incidence and Cancer Mortality: The table below shows cancer incidence rates by site group for the cancer types that account for the majority of new cancer cases (incidence). The incidence rates in the South Central region for the most common cancers are similar to the state rates except for cancer of the lung and bronchus, which is higher than overall state rate.

	Cancer per 100,000 people, age adjusted Incidence	
	South Central PHN region	New Hampshire
Overall cancer incidence (All Invasive Cancers)	**533.9***	497.7
Cancer Incidence by Type		
Breast (female)	**152.6**	145.3
Prostate (male)	**131.1**	120.9
Lung and bronchus	**75.8***	67.3
Colorectal	**42.1**	38.8
Melanoma of Skin	**27.8**	29.7
Bladder	**30.1**	28.3

Data Source: NH State Cancer Registry, 2011 – 2015

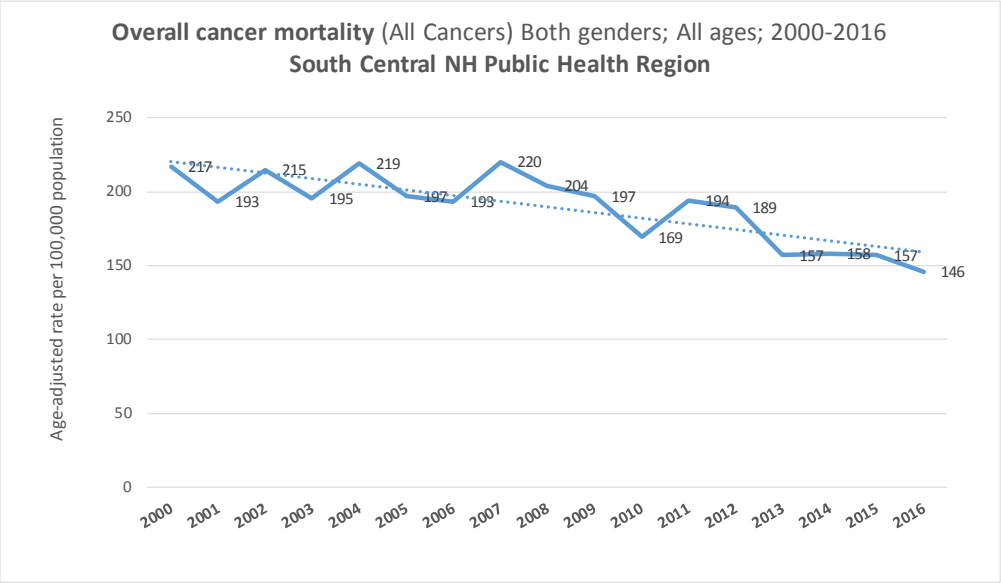
*Regional rate is higher (statistically significant) than the overall state rate.

Cancer Mortality: The table below shows the overall cancer mortality rate and for the cancer types that account for the majority of cancer deaths. The overall cancer mortality rate and mortality rates from specific cancer types are similar to the state overall except for breast cancer (female), which is lower in the region compared to the state. As displayed by the chart at the bottom of the page, the overall cancer mortality rate in the region has been trending down since the year 2000.

	Cancer Mortality per 100,000 people, age adjusted	
	South Central PHN region	New Hampshire
Overall cancer mortality (All Invasive Cancers)	**160.1**	162.3
Cancer Mortality by Type		
Lung and bronchus	**45.6**	44.4
Pancreas	**13.0**	10.7
Prostate (male)	**28.7**	20.1
Breast (female)	**13.4***	19.4
Colorectal	**12.9**	12.8

Data Source: NH State Cancer Registry, 2011 – 2015

*Regional rate is lower (statistically significant) than the overall state 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 adults appears higher 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
South Central PHN region	**5.7%**	**16.3%**
New Hampshire	7.2%	10.1%

** Data Source: Behavioral Risk Factor Surveillance System via NH Health Wisdom, 2015*

f. Intentional and Unintentional Injury:

Accidents and injury are the third leading cause of death New Hampshire. The number of deaths due to falls in older adults has been increasing over time as the population of the state ages.

Area	Fall related deaths (age 65 and over) Age-adjusted rate per 100,000
South Central PHN region	**82.3**
New Hampshire	97.1

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

Drug Overdose Mortality: New Hampshire has been among the hardest hit states by the epidemic of opioid-related misuse with NH ranking 6th among all states in 2018 for the number of drug overdose deaths per capita. The rate of drug overdose deaths in Rockingham County was similar to the overall NH rate over the three year period 2016 to 2018. During this time period, there were 289 drug induced deaths in Rockingham County.

Area	All drug-induced cause of death Age-adjusted rate per 100,000 population
Rockingham County	**34.1**
New Hampshire	38.5

Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death, 2016-2018

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 to 2016, the suicide rate in the region was similar to the overall rate of suicide deaths in New Hampshire.

Area	Suicide Deaths per 100,000 people; any cause or mechanism
South Central PHN region	**12.1**
New Hampshire	15.3

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

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. As displayed on the next page, the leading causes of premature death in Rockingham County

Area	Years of potential life lost before age 75 per 100,000 population (age-adjusted)
Rockingham County	5,624
New Hampshire	6,460

Data source: National Center for Health Statistics, National Vital Statistics System accessed via County Health Rankings, 2015-2017.

Leading Causes of Death under age 75 Rockingham County, NH; 2015 - 2017		
Leading Causes of Death Under Age 75	**Deaths**	**Age-Adjusted Rate per 100,000**
Malignant neoplasms	1027	79.1
Diseases of heart	526	40.7
Accidents	388	47.2
Chronic lower respiratory diseases	162	11.9
Intentional self-harm	146	15.7

Data source: National Center for Health Statistics, National Vital Statistics System accessed via County Health Rankings, 2015-2017.