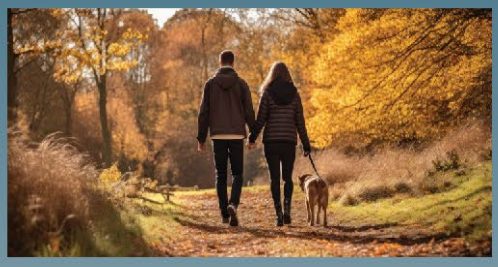
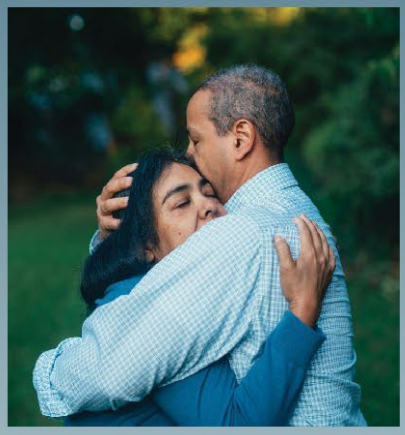
Community Health Needs Assessment

2025





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

SOUTH CENTRAL NH
PUBLIC HEALTH NETWORK
The healthiest and safest communities in New Hampshire!
AN INITIATIVE OF GRANITE UNITED WAY

South Central NH Public Health Network

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Community Input on Health Issues and Priorities,

Selected Service Area Demographics and Health Status Indicators

Please direct comments or questions to:

Public Health Advisory Council

South Central NH Public Health Network

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The 2025 Community Health Needs Assessment Partnership includes **Center for Life Management * Greater Derry Community Health Services * Marion Gerrish Community Center * NH Hunger Solutions * Parkland Medical Center * Southern NH Services * The Upper Room, a Family Resource Center** with technical support from the New Hampshire Community Health Institute/JSI.

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2025 Community Health Needs Assessment

Executive Summary

From May through December 2025 an assessment of Community Health Needs was completed by the South Central New Hampshire Public Health Network in collaboration with Center for Life Management, Greater Derry Community Health Services, Marion Gerrish Community Center, NH Hunger Solutions, Parkland Medical Center, Southern NH Services, and The Upper Room, a Family Resource Center, with technical support from the New Hampshire Community Health Institute/JSI. The aims of the assessment are to:

- Better understand the health-related issues and concerns impacting the well-being of area residents;
- Inform community health improvement plans, partnerships and initiatives; and
- Guide community benefit activities of the South Central NH Public Health Network and partner organizations.

For the purpose of the assessment, the geographic area of interest is 10 municipalities of Rockingham County comprising the service area of the South Central NH Public Health Region. The total resident population of the service area is estimated to be 147,596 people. Methods employed in the assessment included: surveys of community residents made available through social media, email distribution, website links and through paper surveys widely distributed in multiple locations and gatherings across the region; a direct email survey of community leaders and service providers representing multiple community sectors; and assembly of available population demographics and health status indicators including drivers of health characteristics of the service area communities.

Information gathering and community engagement 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, or social or physical isolation. The quantitative and qualitative information gathered through the different sources and methods was then synthesized to understand different perspectives, identify common themes and inform priorities for improvement. The table below 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 Survey Results**	**Community Health Status Indicators**	**Qualitative Input / Open Comments**
Availability of mental health services	Mental Health Care was the second most frequently mentioned health care service type people had difficulty accessing (25% of community resident survey respondents). Among people who had difficulty accessing mental health care, top reasons cited were 'Wait time too long (82%), and 'No insurance or not enough insurance' (55%). About 38% of community resident and 34% of community leader survey respondents think ability to get mental health services has gotten worse in the last few years. About 26% of community residents indicated mental health as a service they would use if more available in the community.	The rate of Emergency Department (ED) visits involving self-inflicted harm in the South Central region is significantly lower than the state rate over this period of time, while the inpatient hospitalization rate was similar. Overall, rates of ED visits and hospitalizations related to self-harm are significantly higher among females than males in the region and across the state.	Mental health care was identified as a continuing and top priority for community health improvement in qualitative survey input including concerns for insufficient local capacity and long wait times, particularly for children and youth, and insurance coverage limitations.
Access to affordable adult dental care	'Dental Care for Adults' was the most frequently selected service people had difficulty accessing (31% of community resident survey respondents). Top reasons cited for access difficulty were 'Cost too much' (90%) and 'No insurance or not enough insurance' (66%).	Nearly one-third of adults in Rockingham County report not having had a dental visit in the past year. Ambulatory care sensitive dental conditions represent approximately 3% of all emergency department visits in New Hampshire. The rate of ED visits for non-traumatic dental reasons (i.e., not resulting from an acute injury) is lower in the South Central NH region.	Dental care was identified as a high priority for community health improvement in qualitative survey input including concerns for insufficient local capacity, particularly for adults, insurance coverage limitations, and full payment at time of service requirements.

Summary of Community Health Needs and Issues by Information Source (continued)			
Community Health Issue	**Community Survey Results**	**Community Health Status Indicators**	**Qualitative Input / Open Comments**
Cost of health care services including medications, affordability of health insurance:	About 72% of community resident and 68% community leader survey respondents indicated that the cost of health care and health insurance has 'gotten worse' over the last few years. Only 4% of community residents and 0% of community leaders thought this issue has 'gotten better'. 'Can't afford out of pocket expenses' was the most frequently identified barrier preventing people from accessing the health care services they need by community leaders (66%).	The estimated proportion of people with no health insurance (4%) is similar to the percent of people who are uninsured in NH overall (6%).	Health care costs and financial barriers to care were cited as significant issues in open comments including an open-ended question about 'one thing you would change to improve health'. Obstacles include high cost of private pay insurance, misalignment of coverage with the types of insurance providers accept, and high deductibles.
Availability of primary care and medical sub-specialty services	About 1 in 5 (19%) community resident survey respondents reported difficulty accessing Primary Health Care and about 17% reported difficulty accessing medical sub-specialty care. 'Wait time too long' was the top reason cited for access difficulty for both primary care (73%) and sub-specialties (86%).	The ratio of population to Primary Care Physicians in Rockingham County (1,273:1) is higher than in NH overall (1,149:1).	Issues related to health care provider availability including turnover, wait times and responsiveness was a common topic area on an open-ended question asking 'one thing you would change to improve health in your community'.

Summary of Community Health Needs and Issues by Information Source (continued)			
Community Health Issue	**Community Survey Results**	**Community Health Status Indicators**	**Qualitative Input / Open Comments**
Services for older adults including opportunities for social interaction and supports for aging in place:	About 21% of community survey respondents indicated difficulty getting 'help caring for aging family members' and 22% reported difficulty accessing in-home support services. About 21% of respondents selected 'Caregiver support; respite care' as service they would use if more available in the community. 'Services and resources for aging in a safe and supportive environment' was selected by 37% of community leaders as a priority for focusing efforts to support a healthy community and 31% identified 'Isolated populations such as homebound or very rural' as an underserved population.	Similar to NH overall, the service area population is aging with about 17% of residents aged 65 years or older. About 28% of the 65+ population in the South Central region report having serious activity limitations resulting from one or more disability. About 1 in 5 area residents (21%) age 65+ report having experienced a fall in the past 12 months.	Ability to age in place was a topic frequently raised in written comments with concerns expressed about shortages of qualified workers to help with home care, issues of cost, lack of options for transportation to medical appointments and related concerns around social isolation, and the need for more help to plan ahead for long-term caregiving needs.
Social drivers of health and well-being such as affordable access to housing, healthy foods and affordable child care:	Affordable Housing was by far the top issue selected by community leader respondents (89%) as a priority area for improvement to support a healthy community. About 86% of community resident survey respondents said housing affordability has 'gotten worse' over the last few years. About 29% of respondents 'sometimes worried' and 6% 'often worried' that their 'food would run out before we got money to buy more'. About 18% of community resident survey respondents reported difficulty accessing child care / day care and 56% of community leaders selected 'Affordable, high quality child care' as a priority for focusing efforts to support a healthy community.	About 9% of area residents experienced food insecurity in the past year. About 1 in 4 owner occupied housing units (24%) and 1 in 2 renters (49%) in the service area have housing costs >30% of household income.	Socioeconomic issues and their effect on health and wellbeing were common themes in open ended comments. Issues included cost of living outpacing income, housing, childcare, food insecurity, transportation, and cost of health care. Limited availability of affordable housing options included specific concerns for young adults / families and senior housing was also a common theme.

Summary of Community Health Needs and Issues by Information Source (continued)			
Community Health Issue	**Community Survey Results**	**Community Health Status Indicators**	**Qualitative Input / Open Comments**
Improved services and supports for pursuing healthy and active lifestyles	'Recreation and fitness programs' was the top service or program type people would use if more available in their community (42%). Other top services or resources people would use more included 'Arts, music and cultural events' (30%), 'Biking and walking paths' (29%), and Nutrition and cooking programs (25%).	About 1 in 5 adults in Rockingham County can be considered physically inactive. One in four adults (25%) in the region are considered obese and an additional 38% are considered overweight, percentages similar to adult population in NH overall. Heart disease is the leading cause of mortality in the region and the heart disease mortality rate (160.8 per 100,000 people; NH Vital Records 2020 to 2024) is significantly higher than the rate in the rest of New Hampshire (147.6).	Common topics from survey comments included improved resources and outlets for healthy food and nutrition, as well as improved community resources for active living, affordable physical activity and safe walking routes including more sidewalks.
Health and human service workforce shortages and challenges navigating the health care system	After out of pocket expenses, the top barriers identified by community leaders and service providers preventing people from accessing the health care services they need are 'Service not available; not enough local capacity' (65%) and 'Difficulty navigating the health care system' (59%).	Difficulty navigating the health care system and the related issue of workforce shortages can manifest in measures of population health such as delayed care and inpatient stays for diagnoses potentially treatable in outpatient settings such as diabetes, hypertension or asthma. The rate of preventable hospital stays for Medicare enrollee residents of Rockingham County (2,451 hospital stays for ambulatory care sensitive conditions per 100,000 Medicare enrollees) was similar to the statewide rate (2,348) in 2022.	This theme emerged in survey comments describing shortages of health and human service providers in the region, insufficient access to primary care leading to unnecessary use of urgent care, difficulties navigating the process of finding and connecting with local specialists, and other complexities of the health care system.

South Central NH Public Health Network

2025 Community Health Needs Assessment

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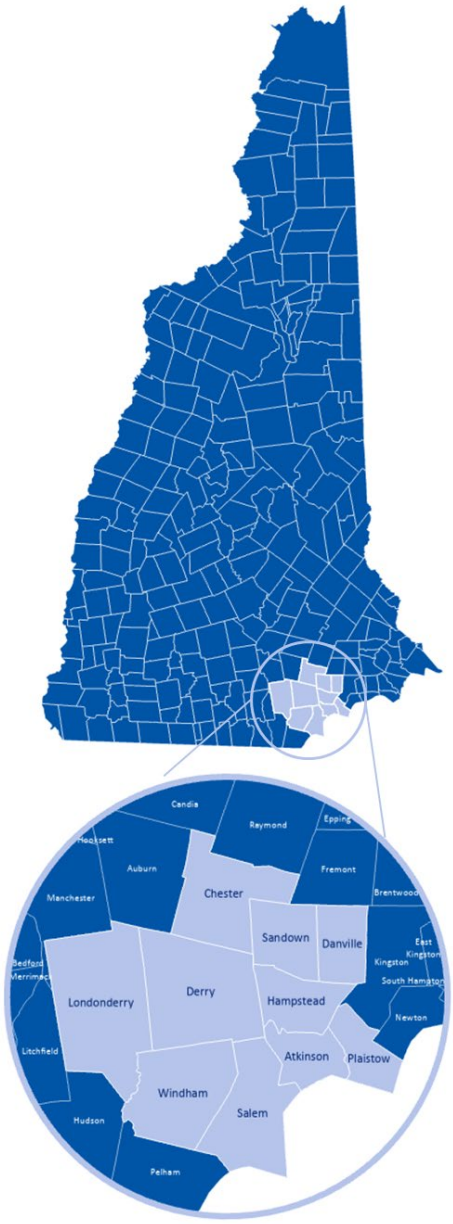
A. COMMUNITY OVERVIEW WITH SELECTED SERVICE AREA DEMOGRAPHICS

The total resident population of the South Central NH Public Health Region is estimated as 147,596 people (United States Census Bureau, American Community Survey, 5 year estimates, 2023). The service area population has increased by about 5,800 people or 4.1% over the five years since the last Community Health Needs Assessment in 2020. Table 1 displays the service area population distribution by municipality, as well as the median age, the proportion of residents who are under 18 years of age and the proportion who are 65 and older.

Compared to New Hampshire overall, the service area population has a slightly lower proportion of older adults - about 17% are 65+ compared to about 19% in New Hampshire overall – while the median age of service area residents is similar at about 43 years of age. A substantial range is observed within the region for the percentage of residents under the age of 18 from about 14% of residents in Atkinson to 26% of Windham residents. A similar, inverse range is observed for the percentage of residents who are 65 years of age or older ranging from about 12% of residents in Sandown and 14% in Derry to about 26% of Atkinson residents who are 65 or older.



| TABLE 1. Service Area Population by Municipality |

Municipality (in alphabetical order)	2023 Population Estimate	% of Service Area Population	Median age	% Under 18 years of age	% 65+ years of age
Atkinson	7,222	5%	55	14%	26%
Chester	5,263	4%	47	19%	15%
Danville	4,489	3%	44	21%	18%
Derry	34,335	23%	40	20%	14%
Hampstead	9,062	6%	46	21%	20%
Londonderry	26,217	18%	43	21%	16%
Plaistow	7,850	5%	42	20%	17%
Salem	30,646	21%	45	17%	20%
Sandown	6,590	4%	39	23%	12%
Windham	15,922	11%	43	26%	17%
South Central NH PHR	**147,596**	**100%**	**43**	**20%**	**17%**
New Hampshire	1,387,834		43	19%	19%

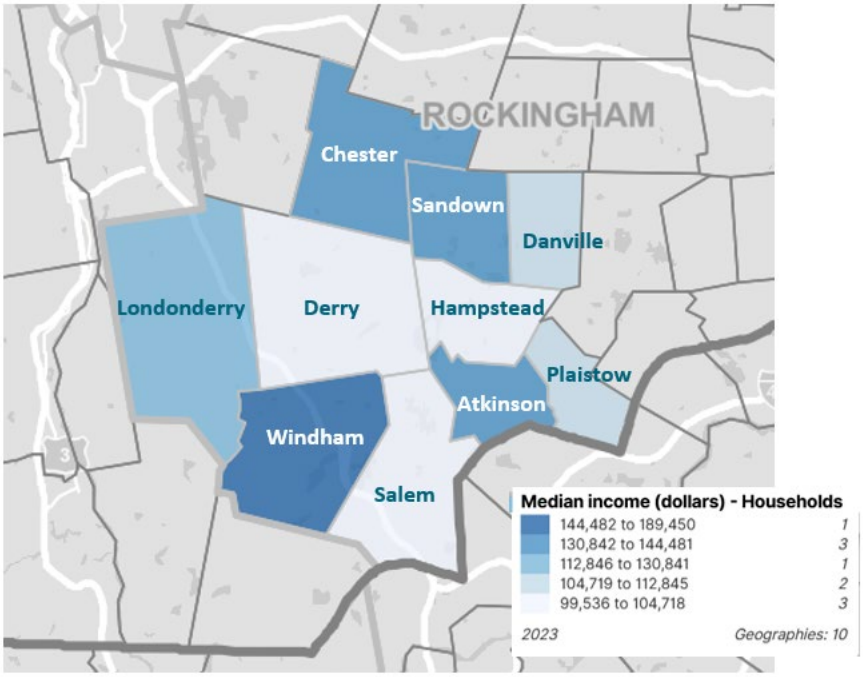
Table 2 displays additional demographic information for the towns of the South Central New Hampshire region. In general, the region has substantially higher median household income ($121,298) compared to New Hampshire ($95,628) overall; and all towns in the region have median household income exceeding the statewide median.

The percent of people living in poverty (about 4%) is also somewhat lower than the New Hampshire statewide statistic (7%). Within the region there is a substantial range on this and other related measures. For example, the town with the highest median household income (Windham, $189,450) has median household income nearly double the lowest income community in the region (Hampstead, $99,536). Similarly, a substantial range is observed for the percent of people living below the federal poverty level (FPL) with an estimate of 2% in four service area towns compared to about 11% of residents in Danville. The map following Table 2 displays the distribution of median household income across towns in the service area.

| TABLE 2. Selected Demographic and Economic Indicators |

Municipality (highest to lowest median household income)	Median Household Income	% with income under 100% FPL	% of family households with children headed by a single parent	% of population with a disability
Windham	$189,450	2%	16%	5%
Atkinson	$144,481	2%	8%	13%
Chester	$138,606	2%	22%	8%
Sandown	$137,813	10%	41%	13%
Londonderry	$130,841	2%	22%	12%
South Central NH PHR	**$121,298**	**4%**	**26%**	**11%**
Danville	$112,845	11%	34%	11%
Plaistow	$109,040	5%	40%	13%
Derry	$104,718	5%	32%	14%
Salem	$101,339	5%	26%	11%
Hampstead	$99,536	3%	13%	13%
New Hampshire	$95,628	7%	27%	13%

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



Median Household Income ranges from $99,536 in Hampstead to $189,450 in Windham.

As displayed by Table 3, about 91% of the population of the South Central region identify as 'White' and about 4% identify as '2 or more races' according to the U.S. Census Bureau. About 5% identify as Hispanic ethnicity (any race). In general, the service area population is similar to New Hampshire overall with regard to diversity of race and ethnicity.

| TABLE 3. Race and Ethnicity Characteristics |

Area	Race							Ethnicity
	White	2 or more races	Asian	Black / African American	American Indian / Alaska Native	Native Hawaiian / Pacific Islander	Other Race	Hispanic or Latino
South Central NH PHR	90.6%	4.4%	2.5%	0.8%	0.2%	<0.1%	1.4%	4.7%
New Hampshire	88.9%	5.5%	2.6%	1.5%	0.1%	<0.1%	1.3%	4.5%

Drivers of Health: The 2025 Community Health Needs Assessment is based on the understanding that the conditions of communities where we are born, live, age, work, and play are as important to achieving good health as receiving regular health care services, proper nutrition, and adequate physical activity. These conditions can be described as drivers of health that can directly or indirectly affect risks and outcomes related to health and wellness. Drivers of health can include characteristics such as: household wealth; availability of quality health care; access to affordable, healthy food; educational attainment; safe, quality housing; employment status and opportunities; transportation and public infrastructure; and other social, economic, and environmental factors.

The term "drivers" reflects a shift from perhaps more familiar terminology of Social Determinants of Health since "determinants" can imply health outcomes are pre-determined. Instead, our focus is on how these factors can actively influence health outcomes while emphasizing the potential for interventions that can positively affect health and well-being. The collective efforts of community organizations, policymakers, and individuals can have profound effects on the health and happiness of community members.

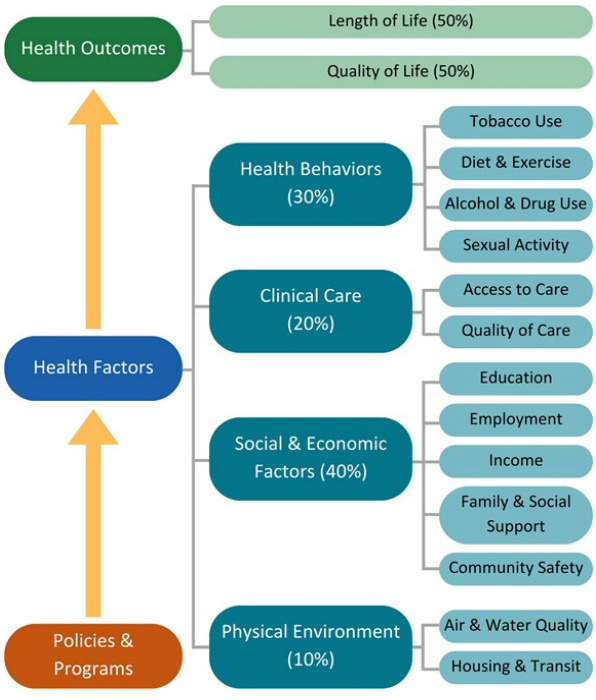


Figure 2: County Health Rankings Model

The County Health Rankings Model (Figure 2), developed by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute[1], provides a framework for population health that emphasizes the many drivers of health which, if improved, can help make communities healthier places to live.

The factors fall into four domains—health behaviors, clinical care, social and economic factors, and physical environment—which together encompass a broad set of modifiable factors influencing individual and community health. The 2025 Community Health Needs Assessment was developed with these considerations in mind, as well as considerations for findings of previous needs assessments and collaborative efforts for community health improvement that are ongoing across the region.

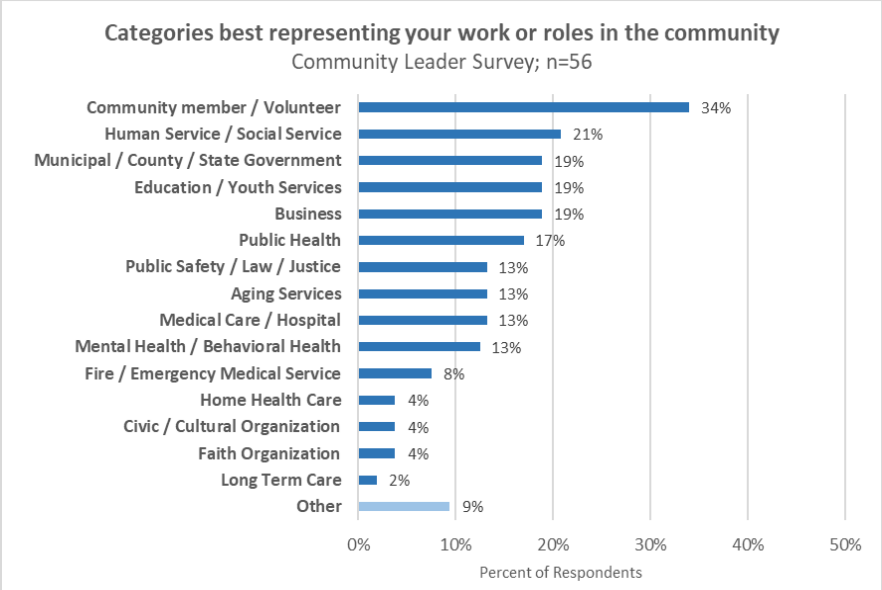
B. COMMUNITY INPUT ON HEALTH ISSUES AND PRIORITIES

Between July and November 2025, the South Central NH Public Health Network fielded two surveys; one with targeted distribution to community leaders and service providers, and one broadly disseminated to residents across the region. The survey instruments were designed to have some questions in common to facilitate comparisons and contrasts in the analysis.

The community leader survey was distributed via a unique email link to 151 individuals in positions of community service and leadership in health and human service agencies, education, business, government, civic and volunteer organizations across the South Central region. The survey distribution list was developed by the planning committee. A total of 56 completed responses were received to the Community Leader Survey (37% response). Figure 3 displays the range of community sectors represented by these individuals.

Note: Respondents could identify as representatives of more than one sector.

| Figure 3 |



[1] The University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, 2024. www.countyhealthrankings.org

The community resident survey was distributed electronically through email and social media communication channels, promoted through posters and fliers with links and QR codes posted around the region, and by paper copies made available at a variety of distribution points throughout the region including food distribution sites and community meeting spaces.

A total of 256 community members completed the Community Resident Survey, representing all 10 towns of the South Central NH region. Table 4 displays the grouping of respondents by community. Among respondents who provided information on their current local residence, about 41% are residents of Derry and 17% are residents of Londonderry. The most common locations for survey responses from outside the service area were Manchester (4 responses) Nashua (3), and Goffstown (3).

| TABLE 4 |

Town	# of respondents	% of total*
Derry	104	41%
Londonderry	43	17%
Chester	15	6%
Windham	13	5%
Salem	11	4%
Atkinson	9	4%
Plaistow	6	2%
Hampstead	6	2%
Sandown	3	1%
Danville	1	1%
Other Locations	24	10%

***Percent of respondents who provided information on the location of their residence. About 8% of respondents did not provide this information.**

Compared to regional demographics overall, community survey respondents were proportionally more likely to be female and 65 years of age or more. Approximately 20% of respondents have household income of less than $50,000, while 24% reported household income of $100,000 or more. About 17% of respondents did not provide household income information. Table 5 displays selected characteristics of respondents to the community survey.

| TABLE 5 |

Age < 45 years	Age >= 65 years
20%	50%
Woman	**Black, Indigenous and People of Color**
74%	4%
Household Income < $50K	**Household Income > $100K**
36%	30%
Currently Uninsured	**Currently has Medicaid coverage**
7%	12%

1. Progress on Community Health Priorities and Concerns

Assessments of community health needs are conducted regularly by the South Central NH Public Health Network and partner organizations. Over the course of these assessments, a relatively consistent pattern has been observed with regard to priority issues and concerns identified for health improvement by the community. Among these priorities have been:

- cost of health care services including health insurance and prescription drugs;
- access to behavioral health services including mental health care and substance use treatment;
- availability of health care services including primary care and medical sub-specialties;
- senior services and concerns of aging;
- availability and affordability of dental services; and
- affordability and availability of basic needs including housing, healthy food, and child care.

In consideration of this observed consistency over time, the 2025 Community Health Needs Assessment asked respondents to the Community Resident and Community Leader surveys to reflect on a set of statements describing the main priorities and themes identified in the recent past by indicating if there has been improvement or not in those areas. Specifically, the surveys included the following statement and question:

> *"In past surveys like this one, people have said that the health needs listed below are the most important for us to work on. Do you think these needs have gotten better, are about the same, or have gotten worse in the last few years or so?"*

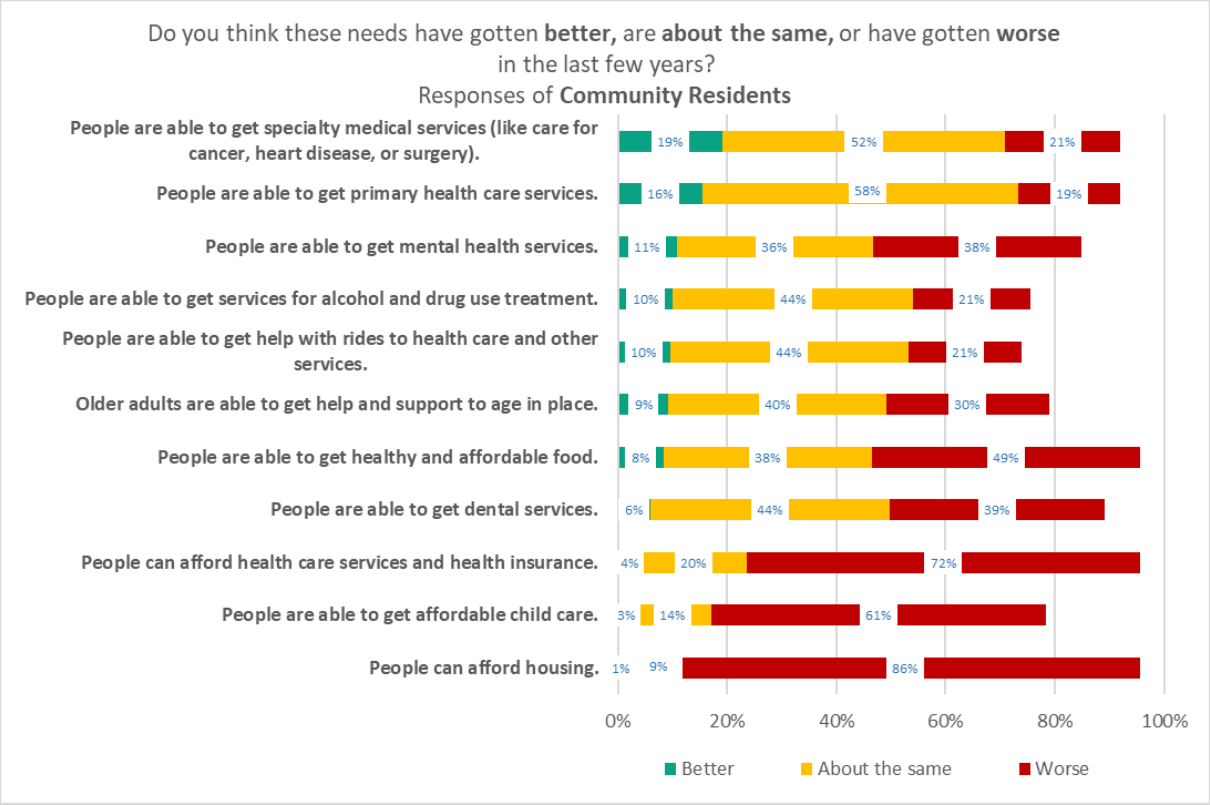
Figure 4 on the next page displays the results for this question set from respondents to the community resident survey. Ability to get specialty medical care services was reported to be 'Better' by 19% of survey respondents, which was the highest percentage for any of the areas of need listed. Ability to get primary care services was reported as 'Better' by about 16% of respondents and ability to get mental health services was reported 'Better' by about 11% of respondents.

In general, more community residents reported needs getting worse than those reporting needs getting better in each of the topic areas over the last few years. In particular, a majority of survey respondents indicated that affordability of health care, child care, and housing have gotten worse.

> *"Cost of living including health care costs are too high."*
>
> *- Community Resident Survey Respondent*

> *"Financial and legal struggles have been leading to more stress and the costs (even just co-pays) are keeping people away from preventive and chronic conditions care."*
>
> *- Community Leader, Public Safety / Law / Justice*

| Figure 4 |



Note: Statements are re-ordered from the original survey instrument. Items are listed in order of highest to lowest percentage of respondents indicating the need is Better. Totals do not equal 100% because the response choice of "Don't Know" is not displayed.

Figure 5 displays the results for the same set of questions from respondents to the survey of community leaders and service providers. A similar pattern is observed with community leaders also being more likely to indicate needs overall have gotten worse than better.

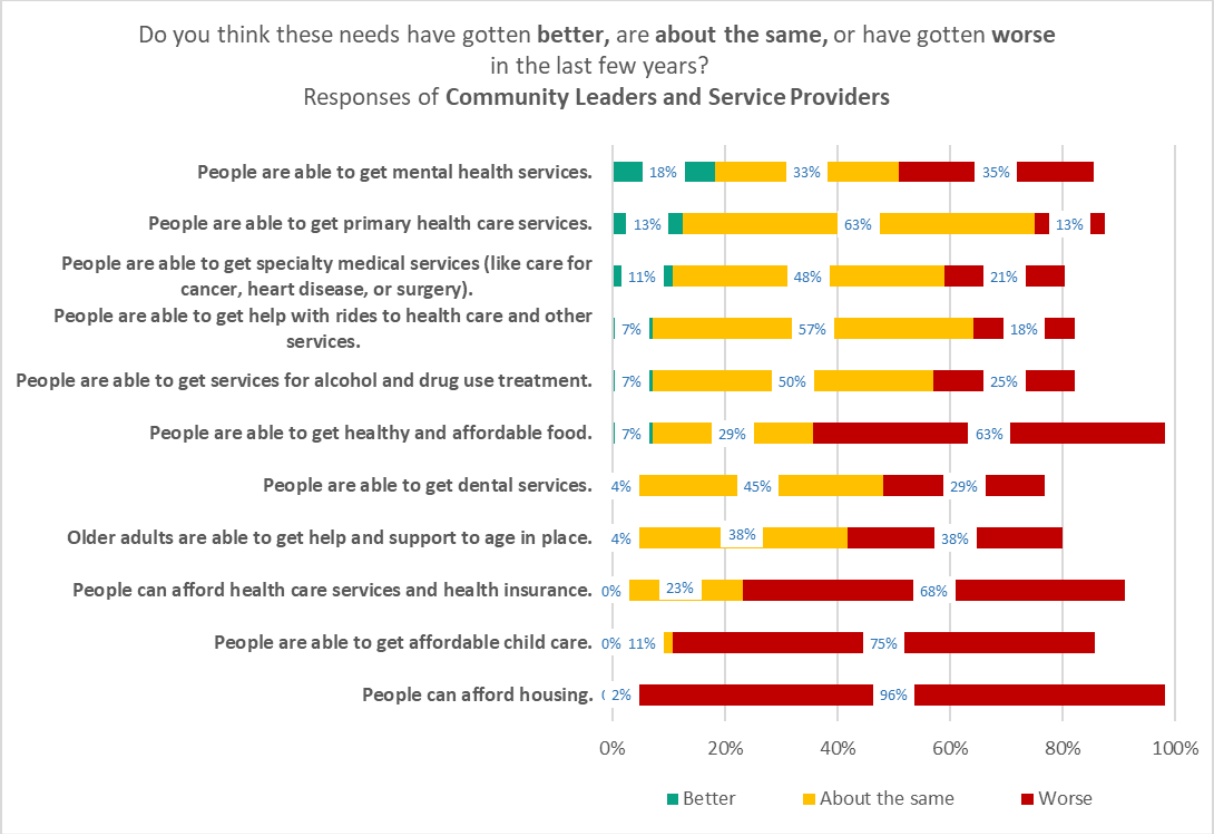
> *"Basic need access is getting worse because there is no way to balance the increase in costs with income in households."*
>
> *- Community Resident Survey Respondent*

Nearly all community leader survey respondents indicated the ability to afford housing has gotten worse and a majority of community leader respondents also indicated that affordability of child care and health care services have gotten worse. Similar to the responses on the community resident survey, community leaders were most likely to indicate that ability to get health services has improved over the past few years including mental

> *"We need an increase in accessible and affordable treatment for people with co-occurring substance use disorder and mental health issues."*
>
> *- Community Leader, Faith organization*

health services (18% selected 'Better'), primary care (13%, 'Better'), and specialty medical services (11%, 'Better').

| Figure 5 |



Note: Statements are re-ordered from the original survey instrument. Items are listed in order of highest to lowest percentage of respondents indicating the needs are Better. Totals do not equal 100% because the response choice of "Don't Know" is not displayed.

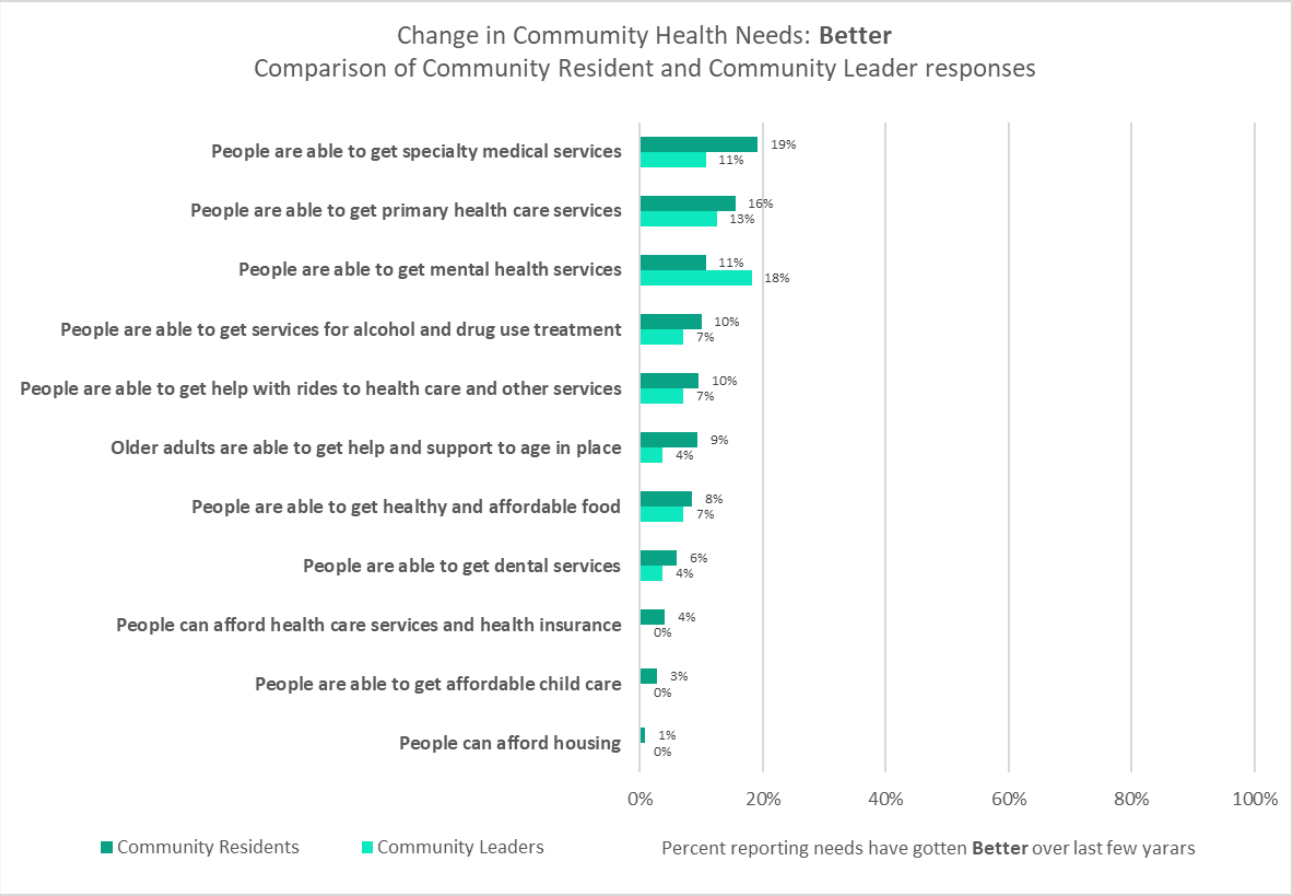
"We need to have the availability of primary care providers at a reasonable cost with open appointments in a reasonable amount of time. I've heard people who can't get to see their primary for 2 to 3 weeks. Also, we need to have a specialist with open appointments at reasonable amount of time. I've heard people who had to wait three or four months to get to see specialist in Derry."

- Community Resident Survey Respondent

The next two charts display comparisons of community residents and community leaders for the percentage of respondents who report needs have gotten better (Figure 6) and the percentage who report needs have gotten worse (Figure 7). In general, there is a high degree of agreement

and consistency between the two response groups: agreement with regard to more respondents reporting needs have gotten worse for each topic than those who report needs are better; and general consistency in the order of topics with the greatest number of respondents indicating a need has gotten worse (e.g., issues of affordability are at the top including housing, child care, and health care). Community residents were somewhat more likely to report improvement in ability to get specialty medical services while Community leaders were somewhat more likely to report improvement in ability to get mental health services.

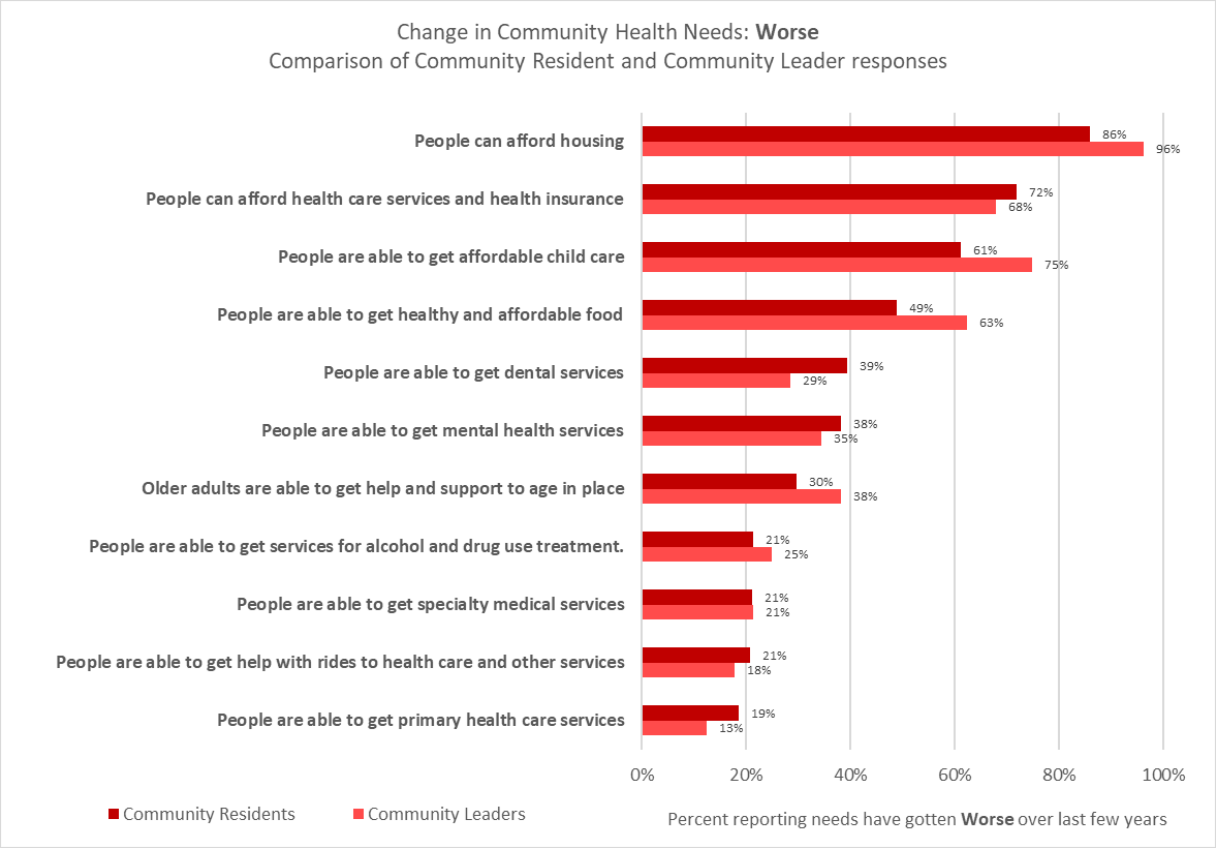
| Figure 6 |



Note: Statements are shown in order of highest to lowest percentage of community resident respondents indicating the needs are Better.

> *"Everything is for profit. Most medical offices cram appointments 10 minutes apart, leaving less time for a quality assessment."*
>
> - *Community Leader, Aging Services*

| Figure 7 |



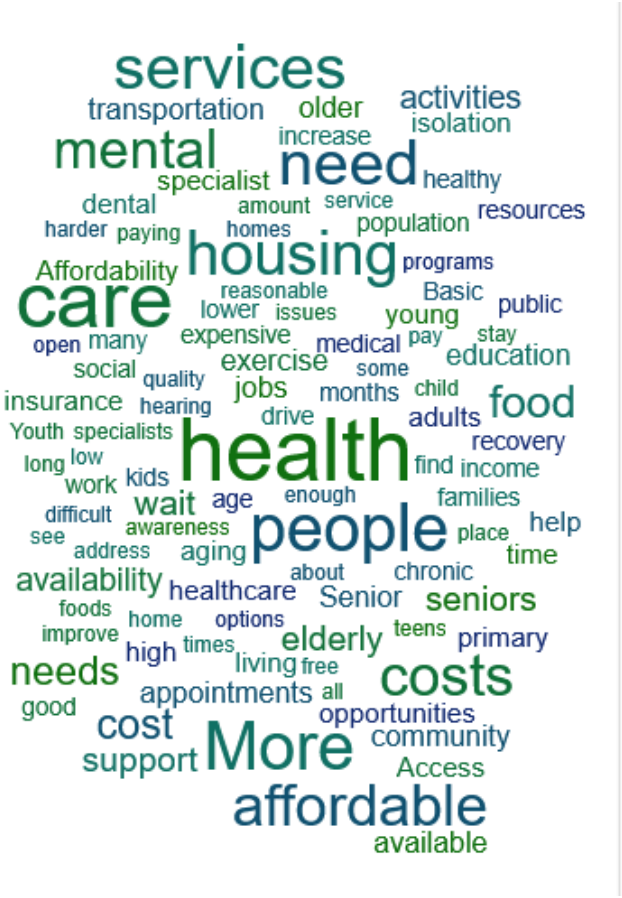
Note: Statements are shown in order of highest to lowest percentage of community resident respondents indicating the needs are Worse.

> *"*(Important for our community to address) *Aging in place, support for individuals and families for decision making sooner than later so as to avoid prolonged unnecessary inpatient hospital stays and guardianships; address the three night stay rule that prevents placement from the ED to a nursing home."*
>
> *- Community Resident Survey Respondent*

> *"*(Need) *More focus on mental health and how it impacts youth and their ability to navigate school and social situations."*
>
> - *Community Leader, Education / Youth Services*

Each survey also included an open-ended question following the list of historical priority areas asking, *"Are there other health needs that you think are important for your community to address now?"* A total of 127 comments were received in response to this question. The most common topic areas included:

1. Cost of living, Basic Needs and Jobs (14% of all comments addressed this area of concern)
2. Housing affordability and availability (an additional 10% of all comments specific to the issue of housing)
3. Senior services and concerns of aging including transportation assistance
4. Availability of mental health care services
5. Health care provider availability and wait times; service delivery improvements
6. Affordability of health care services and health insurance
7. Opportunities for social interaction; reducing social isolation



8. Healthy lifestyles, focus on wellness and exercise; chronic disease management
9. Affordability of healthy foods; nutrition education
10. Youth services and supports; building protective factors

> *"Cost of living is too high. It's hard for young families to get by."*
>
> *- Community Resident Survey Respondent*

> *"*(Need) *Affordable and reliable transportation for the elderly to be able to get to a health care provider."*
>
> - *Community Leader, Local government*

2. Characteristics of a Healthy Community

The Community Resident survey included a series of fourteen statements that collectively can describe characteristics of a healthy and resilient community. The statements addressed topics such as availability and affordability of basic needs, availability of health services, social opportunities, sense of community connection, and perceptions of the community as a good place to live (e.g., a good place to raise children; a good place to grow old). Survey respondents were asked to think of the area they consider to be their community and to then indicate whether they Agree or Disagree with each statement.

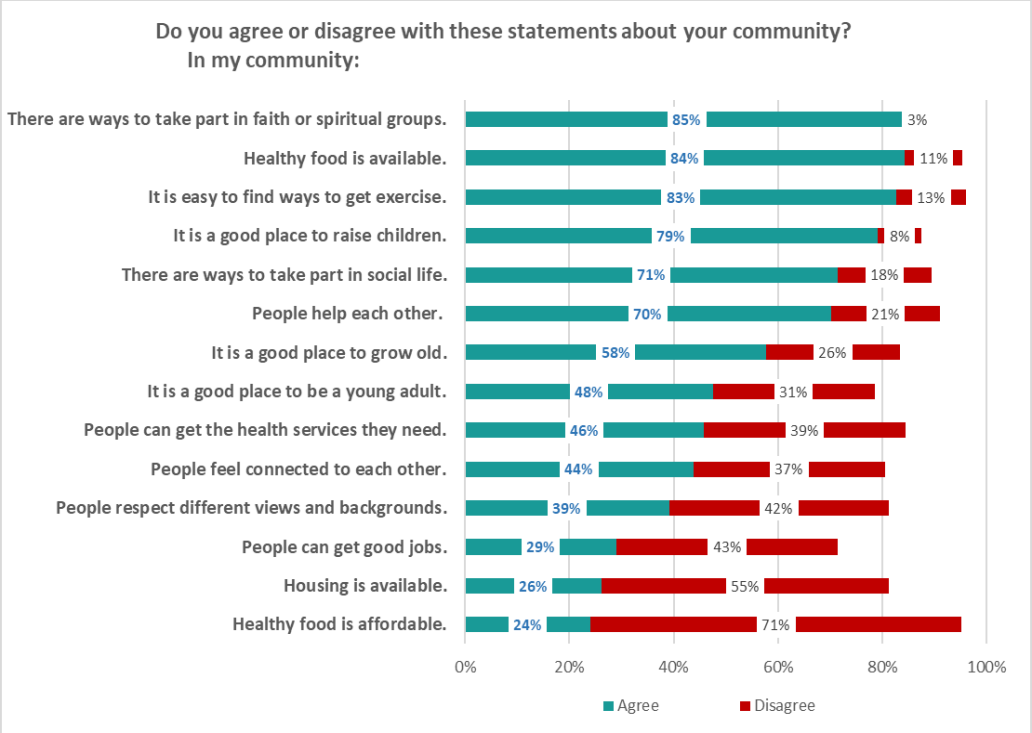
Figure 8 displays the results for this set of questions. Community residents overall were most likely to agree that 'in my community':

- There are ways to take part in faith or spiritual groups (85% of survey respondents agree)
- Healthy food is available (84% agree)
- It is easy to find safe ways to get exercise (83% agree).

Community residents overall were least likely to agree that 'in my community':

- Healthy food is affordable (71% disagree)
- Housing is available (55% disagree)
- People can get good jobs (43% disagree).

| Figure 8 |



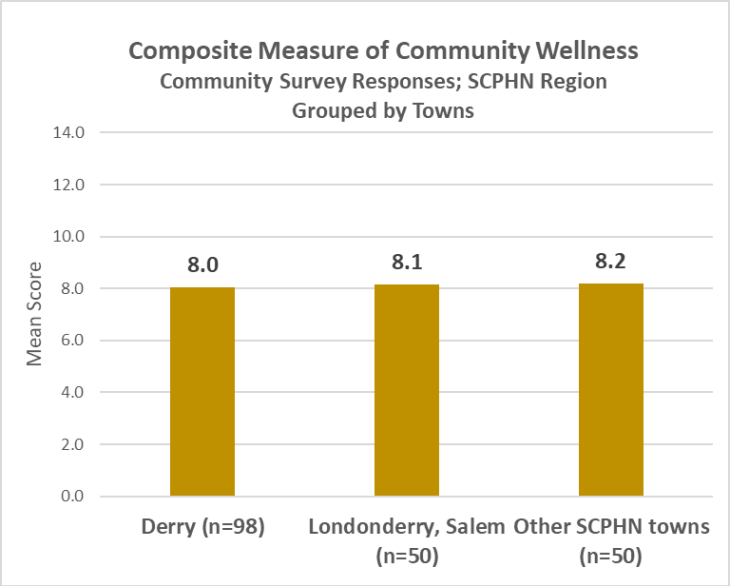
Note: Statements are re-ordered from the original survey instrument. Items are listed in order of highest to lowest percentage of respondents who Agree with each statement. Totals do not equal 100% because the response choice of "Don't Know/Not Sure" is not displayed.

Further analysis of this set of questions was conducted by calculating a composite measure of 'community wellness' for each respondent. Possible scores range from zero to fourteen (14 questions, each question with possible values of 1 or 0) where a score of 14 results when a respondent indicates agreement with each of the 14 statements describing characteristics of a healthy and resilient community. Scores were then aggregated for analysis by certain respondent characteristics as follows.

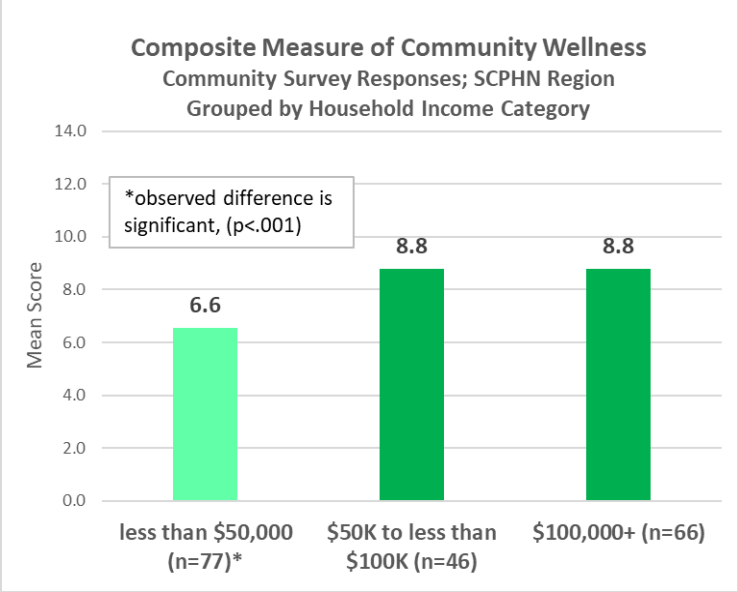
1. Figure 9 displays the results for perceptions of Community Wellness for three sets of communities within the SCPHN region: 1) Derry (the largest community and a central point for many health and human service organizations including Parkland Medical Center), 2) Londonderry and Salem (the next two largest towns in terms of population and service locations), and 3) seven other service area towns with less population relatively. As displayed by Figure 9, there was no significant difference in the composite scores of Community Wellness across these three sets of towns in the service area.

2. While no difference was found in scores grouped by town of residence, significant differences were found when responses are grouped by certain demographics. Specifically, respondents with household income less than $50,000 reported significantly lower scores for perceptions of Community Wellness compared to respondents with more household income (Figure 10). Similarly,

| Figure 9 |

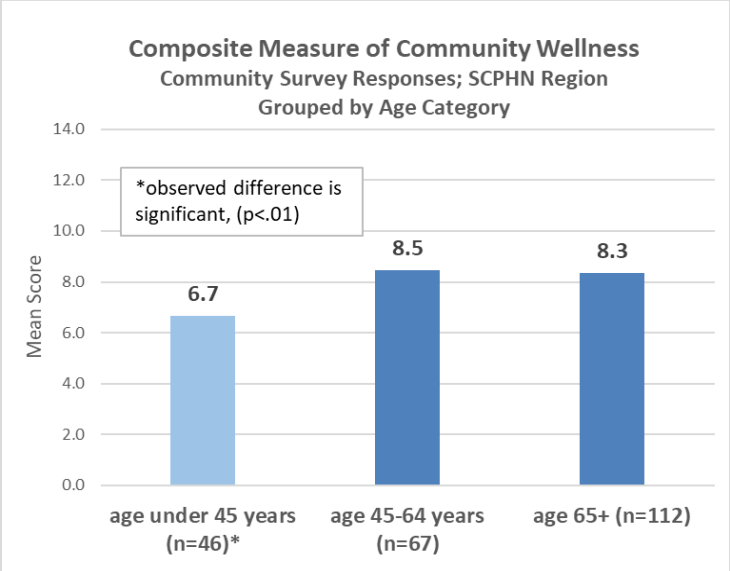


| Figure 10 |



younger respondents (under age 45) reported significantly lower scores than older respondents (Figure 11). These results suggest that perceptions of Community Wellness in the South Central NH region are affected more by individual socio-economic characteristics than general community characteristics.

| Figure 11 |



"Help to make Derry a place a (young adult) could afford if I wanted to stay to be close to family and friends. Why should I have to move to (another community)?

- Community Resident Survey Respondent

"There are virtually no programs for children with disabilities in rural areas such as ours."

- Community Resident Survey Respondent

"My town needs a community center and some sidewalks to facilitate safe pedestrian opportunities."

- Community Resident Survey Respondent

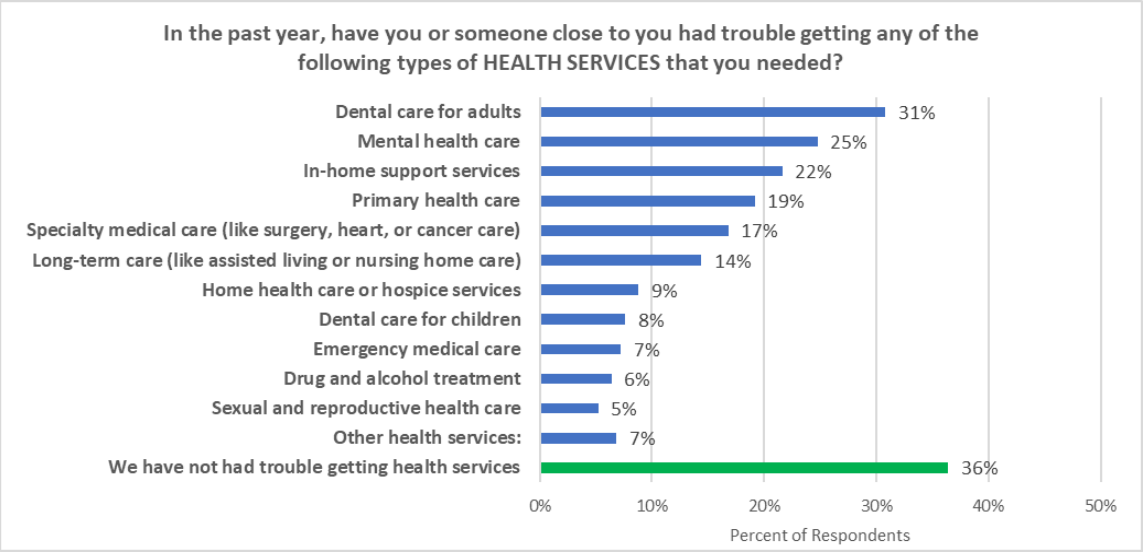
"Our region needs a space where young adults, parents, and seniors can address isolation and improve their mental health by connecting to others."

- Community Resident Survey Respondent

3. Barriers to Services

Respondents to the Community Resident survey were presented with a list of potential health services and asked, *"In the past year, have you or someone in your household had trouble getting any of the following types of **health services** that you needed?"*. As displayed by the chart below, about 31% of respondents reported having difficulty getting 'Dental care for adults' 'and 25% had difficulty getting 'Mental health care' over the past year. Other more frequently cited services for access difficulty included 'In-home support services' (22%), Primary health care (19%), and 'Specialty medical care' (17%).

| Figure 12 |

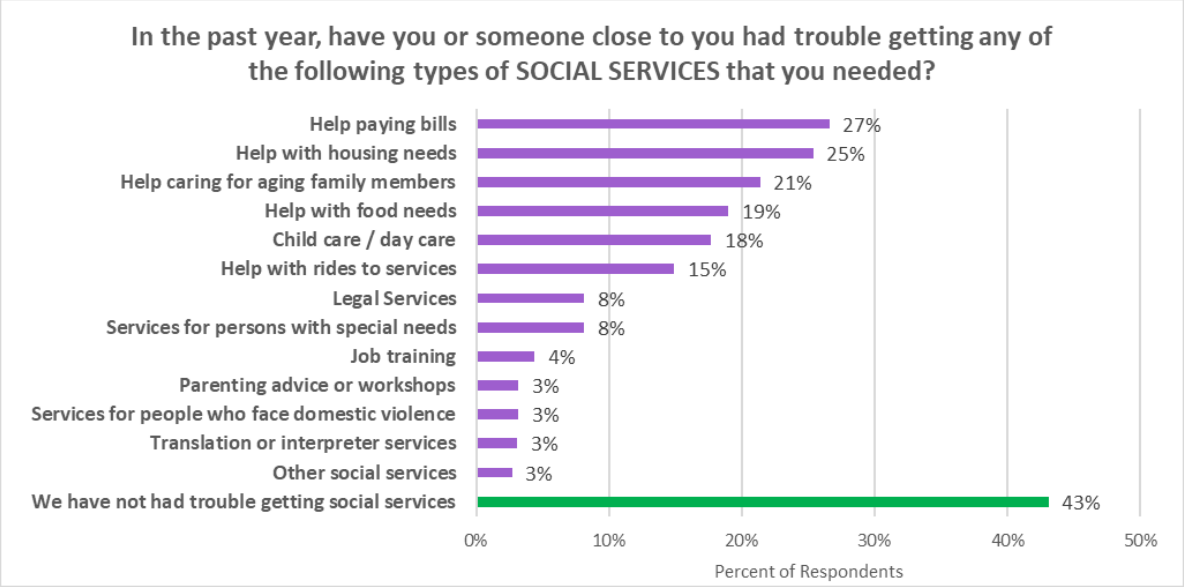


> *"Need more affordable dental care. . . . Also need a local practice in Derry that accepts Charitable Care for under-insured or uninsured patients."*
>
> *- Community Resident Survey Respondent*

> *"Primary care is getting harder to enroll in and many behavioral health providers are either closed to new patients, do not accept insurance or have 6 - 8 month waits for new patients.*
>
> *- Community Leader, Mental Health*

On a similar question, the Community Resident survey asked, *"In the past year, have you or someone in your household had trouble getting any of the following types of **social services** that you needed?"*. As displayed by Figure 13, about 27% of respondents indicated having difficulty getting 'Help paying bills' and 25% had difficulty getting 'Help with housing needs' over the past year. Other more frequently cited social services for access difficulty included 'Help caring for aging family members (21%), 'Help with food needs' (19%), getting 'Child care / Day care' (18%), and getting 'Help with rides to services' (15%).

| Figure 13 |



"I'm happy where I live and have met a lot of nice people and I feel connected because my little community area is lovely, but I see other people who are alone and don't know where to go or anything."

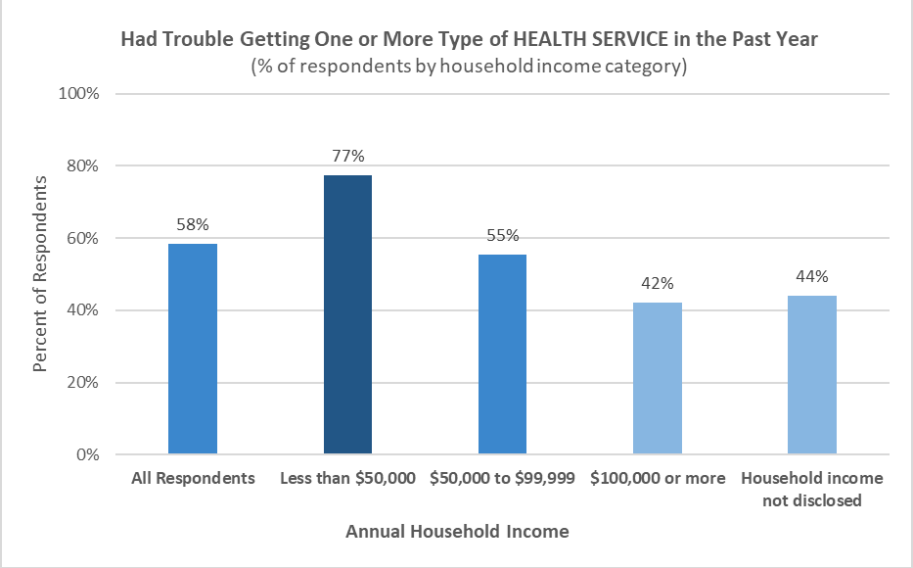
- Community Resident Survey Respondent

"I wish there were a service in place that would check in with some seniors, with their prior approval, during weather emergencies like snow, storms or heat waves. I know Caregivers does a great job to serve as many people as possible, but I think there's a lot of people who don't reach out for help, but would accept it if offered."

- Community Resident Survey Respondent

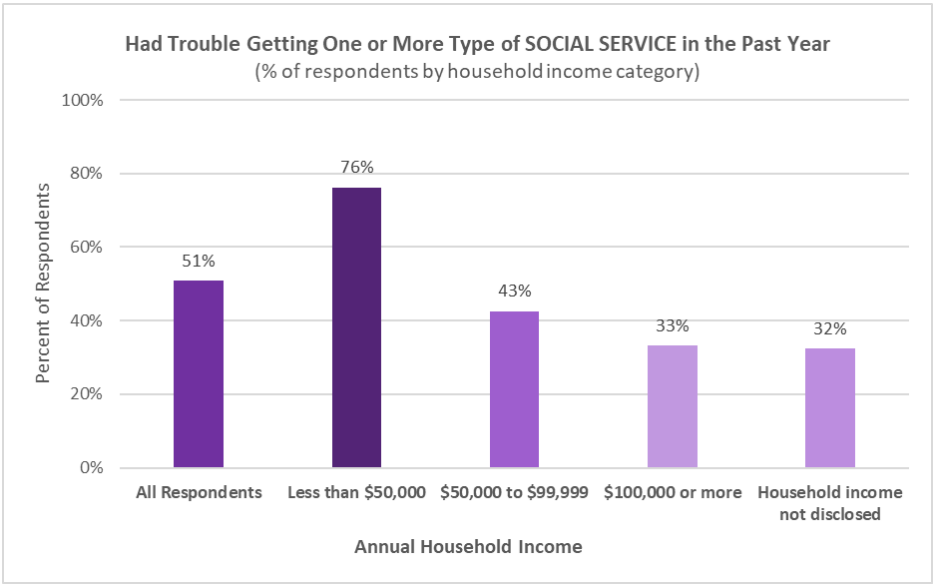
In general, survey respondents were somewhat more likely to report difficulties accessing health services than social services. About 58% of all survey respondents reported having difficulty accessing at least one type of health service. Figure 12 displays the percentage of survey respondents reporting any access difficulty by income category. Survey respondents reporting household income less than $50,000 were significantly more likely to report difficulty accessing health services (77%) compared to respondents with higher household income.

| Figure 14 |



As displayed by Figure 15, about 51% of all survey respondents reported having difficulty accessing at least one type of social service. As with health services, respondents with household incomes less than $50,000 were significantly somewhat more likely to report difficulty accessing at least one type of social service (76%) compared to respondents with higher income.

| Figure 15 |



Survey respondents who reported difficulty accessing **health services** in the past year for themselves or a household member were asked a follow-up question about the reasons why they had difficulty for each type of service selected. As displayed by Table 6, issues of cost and insurance were the top reasons cited for difficulty accessing Dental Care for Adults and In-Home Support Services. "Wait time too long" was the top reason cited for difficulty accessing Mental Health Care and Primary Health Care.

| TABLE 6. Top Reasons Respondents Had Difficulty Accessing Health Care Services by Type of Service |

(Percentages are of those respondents who reported difficulty accessing the particular type of service)

DENTAL CARE FOR ADULTS (n=77, 31% of respondents)	**MENTAL HEALTH CARE** (n=62, 25% of respondents)	**IN-HOME SUPPORT SERVICES** (n=54, 22% of respondents)	**PRIMARY HEALTH CARE** (n=48, 19% of respondents)
90% of respondents who indicated difficulty accessing Dental Care for Adults also selected **"Cost too much"** as a reason	**82%** of respondents who indicated difficulty accessing Mental Health Care also selected **"Wait time too long"** as a reason	**73%** of respondents who indicated difficulty accessing In-home Support Services also selected **"Cost too much"** as a reason	**73%** of respondents who indicated difficulty accessing Primary Health Care also selected **"Wait time too long "** as a reason
No insurance or not enough insurance (66%)	**No insurance or not enough insurance (55%)**	**No insurance or not enough insurance (54%)**	**Not accepting new patients (62%)**
Wait time too long (23%)	**Cost too much (50%)**	**Wait time too long (31%)**	**No insurance or not enough insurance (46%)**
Not accepting new patients (16%)	**Not accepting new patients (37%)**	**Service not available (31%)**	**Cost too much (42%)**
Service not available (14%)	**Service not available (31%)**	**Did not know where to go / who to call (24%)**	**Service not available (31%)**
Did not know where to go (9%)	**Did not know where to go (24%)**	**Not accepting new patients (14%)**	**Had no way to get there (19%)**

Other survey options included: Not open when I could go, No internet access, Language barriers, My race or ethnicity not welcome, My gender or sexual orientation not welcome, My culture or religion not welcome, Other reasons (write-in).

"Mental health care for teens is a struggle. They end up going to the ER or doing without. For teens who do have access to therapy or counselors, turnover in those positions is very high, which reduces the impact."

- *Community Leader, Education / Youth Services*

Survey respondents who reported difficulty accessing **social services** were asked a similar follow-up question for each type of service selected. As displayed by Table 7, among the social services most frequently selected for access difficulties, "Cost too much" was the most common reason cited. Other common reasons were long wait times or waitlists and lack of service availability.

| TABLE 7. Top Reasons Respondents Had Difficulty Accessing Social Services by Type of Service |

(Percentages are of those respondents who reported difficulty accessing a particular type of service)

HELP PAYING BILLS (n=66, 27% of respondents)	HELP WITH HOUSING NEEDS (n=63, 25% of respondents)	HELP CARING FOR AGING FAMILY MEMBERS (n=53, 21% of respondents)	HELP WITH FOOD NEEDS (n=47, 19% of respondents)
46% of respondents who indicated difficulty accessing Help Paying Bills also selected **"Cost too much"** as a reason	**81%** of respondents who indicated difficulty accessing Help with Housing Needs also selected **"Cost too much"** as a reason	**76%** of respondents who indicated difficulty accessing Help with rides to services also selected **"Cost too much"** as a reason	**77%** of respondents who indicated difficulty accessing Child Care / Day Care also selected **"Cost too much"** as a reason
Service not available (24%)	**Wait time / Waitlist too long (41%)**	**Wait time too long (34%)**	**Wait time too long (23%)**
Did not know where to go or who to call (24%)	**Service not available (21%)**	**Did not know where to go or who to call (30%)**	**Service not available (17%)**
Did not qualify for help (15%)	**Did not know where to go or who to call (14%)**	**Service not available (28%)**	**Did not know where to go or who to call (19%)**
Wait time too long (14%)	**Not accepting new clients (6%)**	**Not accepting new clients (26%)**	**Did not qualify for SNAP benefits (10%)**

Other survey options included: Had no way to get there, No internet access, Language barriers, My race or ethnicity not welcome, My gender or sexual orientation not welcome, My culture or religion not welcome, Other reasons (write-in) shame

> *"(It's difficult to find) Reliable caregivers to help and support one in their home, cost is a factor along with the need for more professionals trained."*
>
> *- Community Resident Survey Respondent*

> *"Focus on aging. We are an old state. The healthcare system cannot support big increases in demand. How can we make it better and more affordable for our seniors?"*
>
> *- Community Resident Survey Respondent*

The Community Resident survey included two questions specifically related to food security. Respondents were asked to indicate how often in the past year the following statements were true for their household:

- I worried that our food would run out before we got money to buy more.
- The food that we bought just didn't last and we didn't have money to get more.

As displayed by Figure 16, about 6% of respondents worried "Often" that their food would run out before they had enough money to buy more. The same percent of respondents also reported that in the past year their food did often run out before they had money to get more.

| Figure 16 |

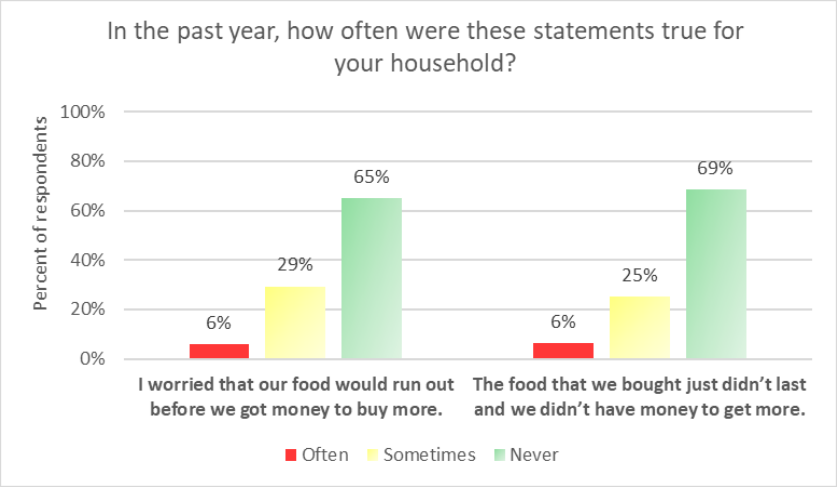
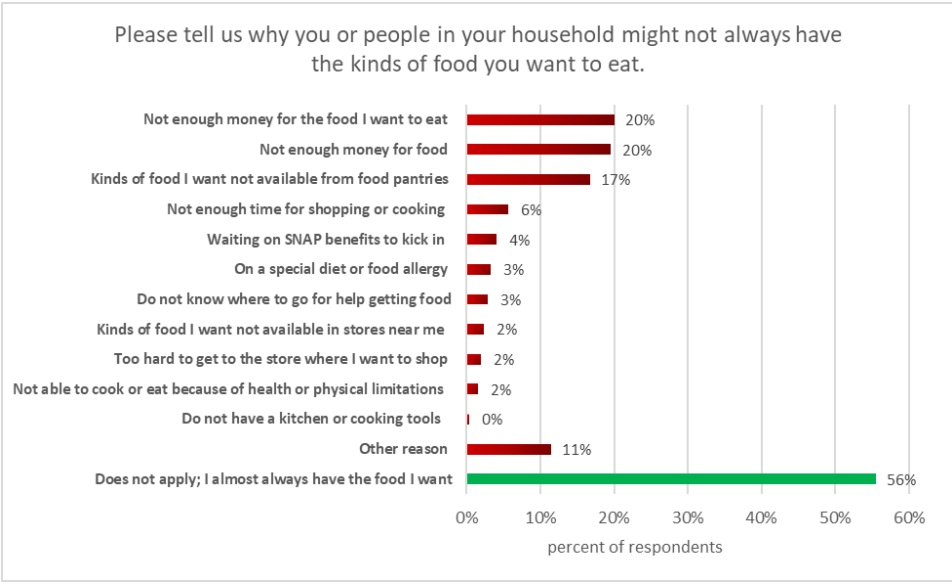


Figure 17 displays results on a related question asking reasons why people may not always have the food they want. 'Not enough money' and 'Kinds of food I want not available from food pantries are the most common reasons among people who do not 'almost always' have the food they want.

| Figure 17 |

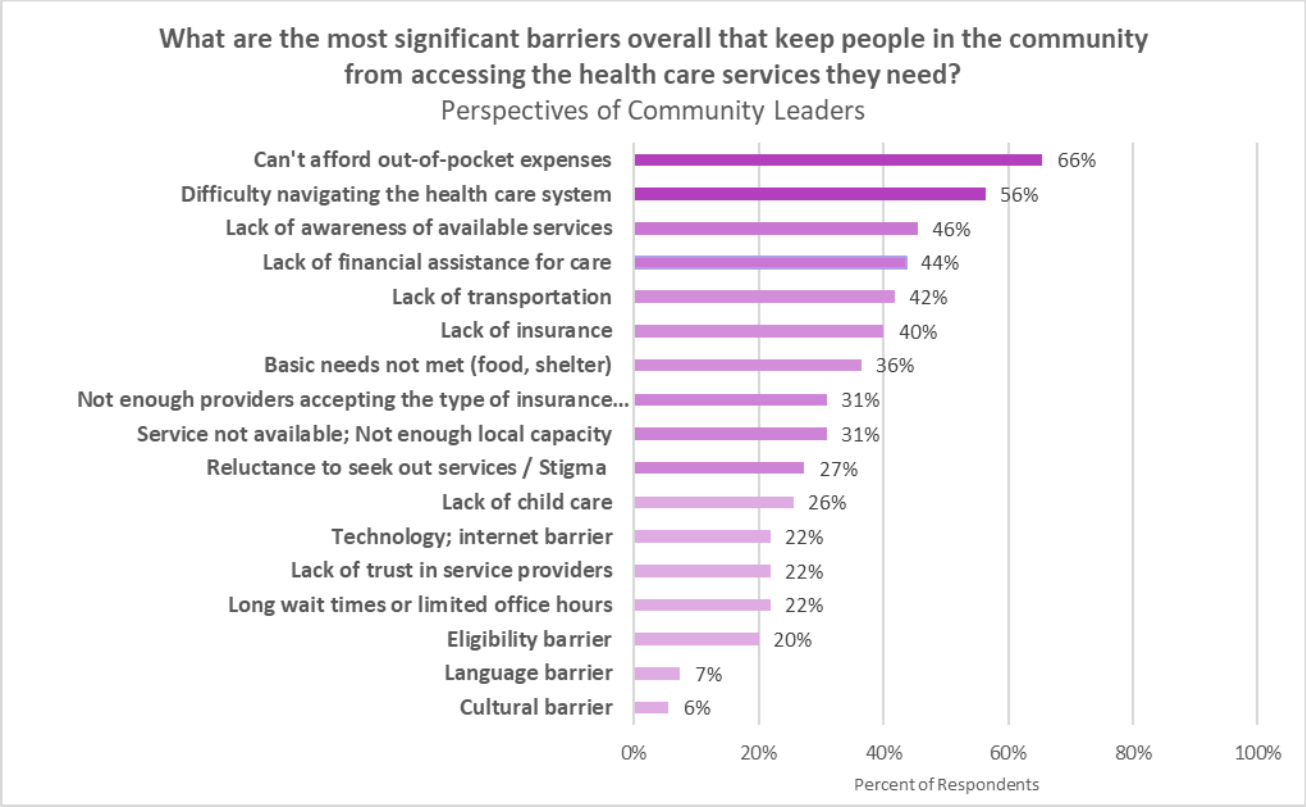


"Additional food services support for all in need - from young children to seniors. While there are a few soup kitchens locally and school meal plans, there needs to be more done to address food insecurity."

- Community Leader, *Business sector*

Respondents to the Community Leader survey were asked to identify the most significant barriers overall that prevent people in the community from accessing needed health care services. The survey included a list of 17 potential barriers (and a write-in option) from which respondents were asked to select the top 4 barriers to health care access. The top issue identified by this group was 'Can't afford out-of-pocket expenses' (66% of community leaders chose this barrier) followed by 'Difficulty navigating the health care system (56%), 'Lack of awareness of available services' (46%) and 'Lack of financial assistance for care' (42%).

| Figure 18 |

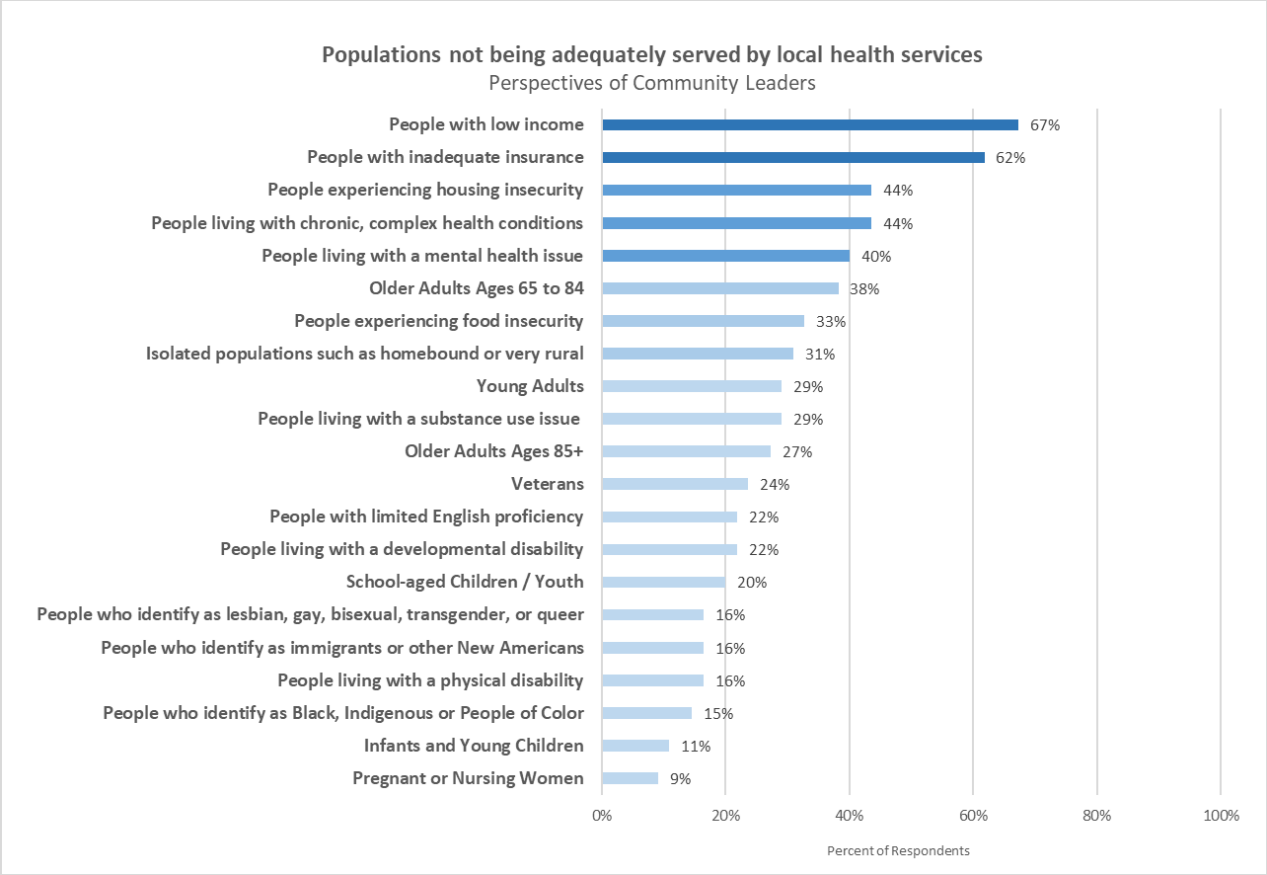


> *"I believe with healthcare costs and co-pays donut holes or pay down it is an expensive cost. For mental health services there is such a wait list or they don't take your insurance."*
>
> - *Community Leader, Social services*

Community Leaders were also asked if there are specific populations in the community that are not being adequately served by local health services. Populations most frequently identified by Community Leader survey respondents as underserved (Figure 19) were people with low income, people with inadequate insurance, people experiencing housing insecurity, people with chronic, complex health conditions, and people living with a mental health issue.

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?"* A majority of respondents were 'not sure' (52%) although 39% did indicate there are particular health services with insufficient capacity. Asked to comment in an open-ended follow up question, mental health was the most commonly cited service with insufficient capacity or availability followed substance use treatment and a need for additional primary care provider capacity.

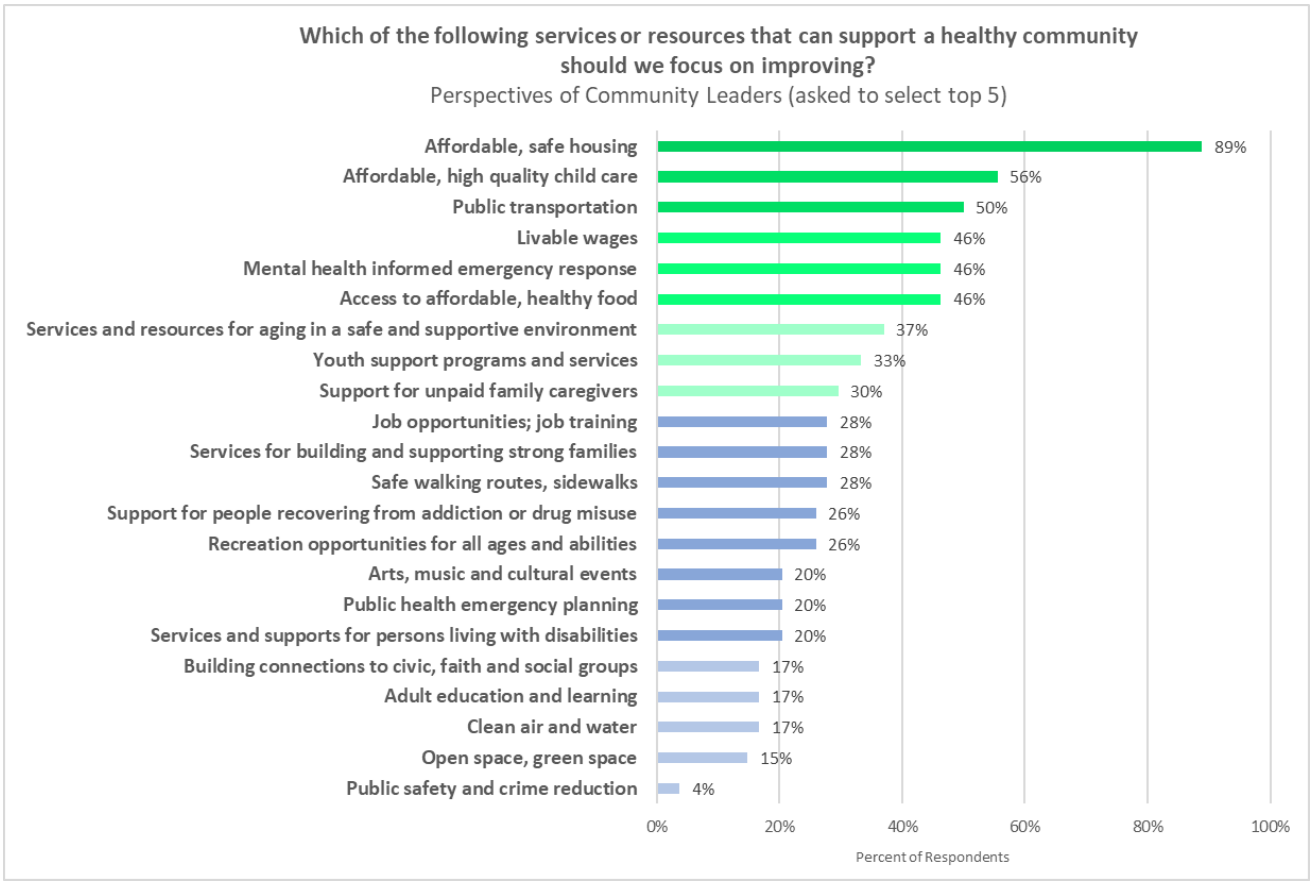
| Figure 19 |



4. Services and Resources to Support a Healthy Community

Community leaders were asked to select the top 5 services or resources supporting a healthy community that should be focused on from a list of 22 potential topics (plus an open-ended 'other' option). Sometimes described as drivers of health, the items included in this question generally describe underlying community attributes that indirectly support the health and well-being of individuals and families. On the survey instrument, the topics were organized into 6 overall conceptual groups described as follows: Basic Needs; Community Safety; Family Services and Supports; Infrastructure and Environment; Jobs and Economy; Welcoming Community. Survey respondents could select any of the individual topics from across the different topic groups.

| Figure 20 |



As displayed by Figure 20, 'Affordable, safe housing' was by far the most frequently selected resource; identified by 89% of respondents as an area the community should focus on to support community health improvement. Other top focus areas are Affordable, high quality child care; Public Transportation; Livable wages; Mental health informed emergency response; and Access to affordable, healthy food.

5. Interest in Specific Community Health Programs or Services

Community members were asked a variation on the question of community services or resources to support health. Community residents were asked, *"Would you or your family use any of these services if they were more available in your community?".* The survey instrument included a list of 31 topics organized into 6 overall conceptual groups as follows: Services for Children and Parents; Services for Older Adults; Healthy Living Programs; Counseling and Mental Health Services; Health Care Services; Community Services and Supports. Survey respondents could select any number of individual topics from across the different topic groups. The highest amount of interest was reported for Recreation and Fitness programs (Figure 21). Other services most frequently mentioned were Public transportation; Arts, music and cultural events; and Bike and walking paths.

| Figure 21 |

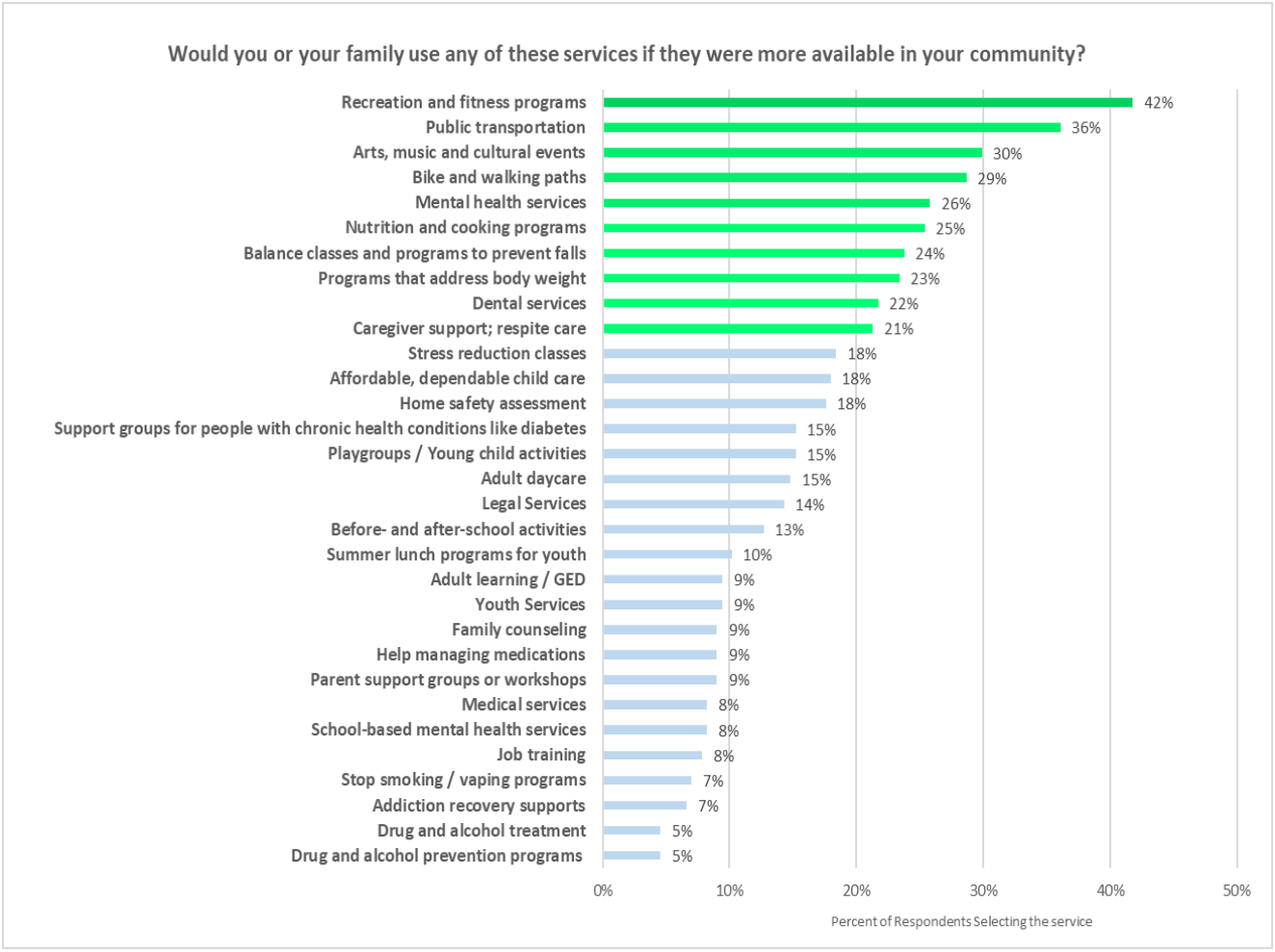


Table 8 displays the top services or resources of interest by age group. 'Mental health services' was selected by half of survey respondents under age 45 as a service they would use if more available in the community. In contrast, 'Recreation and Fitness programs' was the most frequently selected resource by people between the ages of 45 and 64, while 'Public Transportation' was the service most frequently selected by people 65 years or older. Similar percentages of people in the older age group also selected 'Recreation and fitness programs' and 'Balance classes and programs to prevent falls'. Table 8 also includes a breakout of responses from people with children in their household. 'Affordable, dependable child care' was the top service selected by this group of respondents followed by 'Recreation and fitness programs', and 'Bike and walking paths'.

| TABLE 8. Top services or resources people would use if more available, by Age Group |

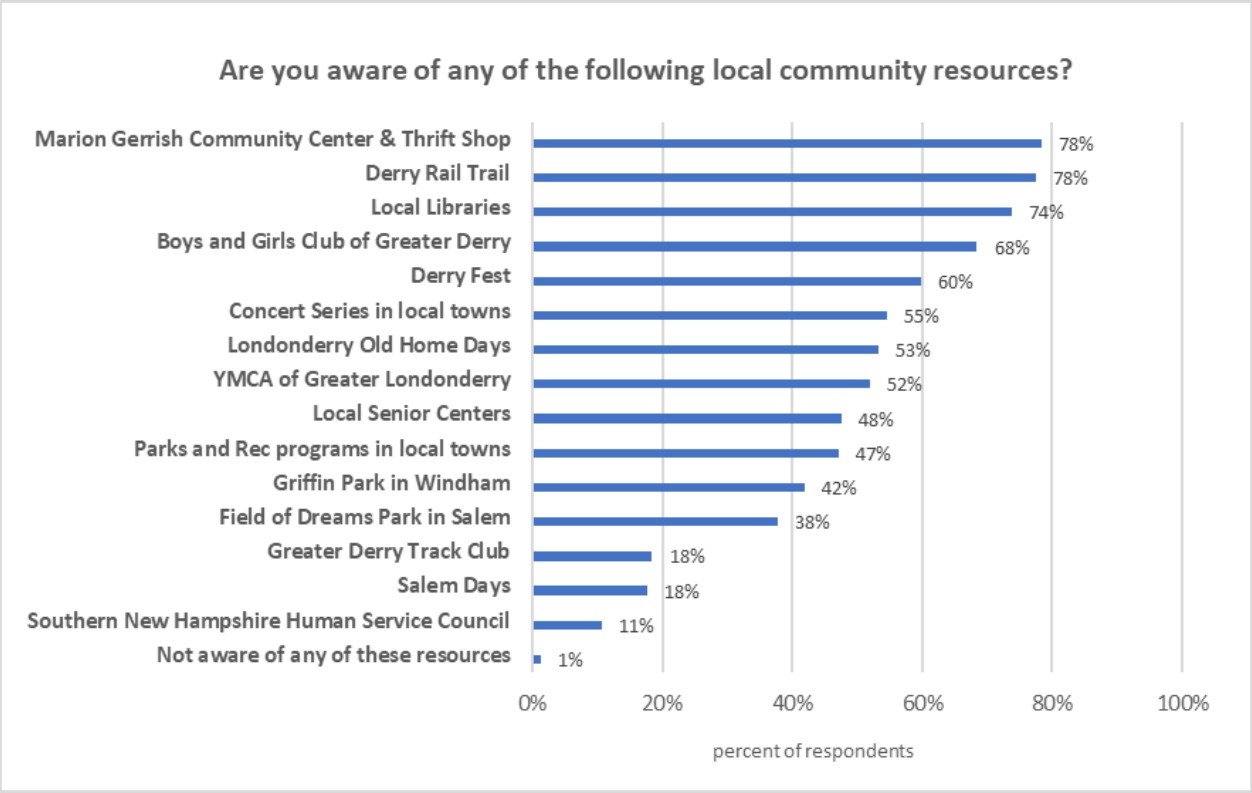
Age 18-44 (n=112)		Age 45-64 (n=158)		Age 65+ (n=143)		Households with children (n=122)	
Mental health services	50%	**Recreation and fitness programs**	51%	**Public transportation**	40%	**Affordable, dependable child care**	43%
Affordable, dependable child care	42%	**Bike and walking paths**	46%	**Recreation and fitness programs**	38%	**Recreation and fitness programs**	39%
Playgroups / Young child activities	38%	**Arts, music and cultural events**	37%	**Balance classes and programs to prevent falls**	38%	**Bike and walking paths**	37%
Recreation and fitness programs	35%	**Public transportation**	36%	**Dental services**	26%	**Mental health services**	33%
Arts, music and cultural events	33%	**Nutrition and cooking programs**	30%	**Programs that address body weight**	25%	**Playgroups / Young child activities**	33%
Bike and walking paths	29%	**Caregiver support; respite care**	30%	**Arts, music and cultural events**	24%	**Public transportation**	31%
Nutrition and cooking programs	29%	**Mental health services**	27%	**Home safety assessment**	23%	**Arts, music and cultural events**	31%

"Rec programs should be free to lower income. It covers supervised time for kids for many of us who have to be at work."

- Community Resident Survey Respondent

The Community Resident survey also asked people if they were aware of specific community resources and events that can contribute to community connections and wellness. The most frequently recognized resources were the Marion Gerrish Community Center, the Derry Rail Trail, Local Libraries, and the Boys and Girls Club of Greater Derry.

| Figure 22 |



"In the spring, summer, and fall, there are many great free or low-cost events for all ages to attend such as Old Home Days, fairs, concerts on the common, etc. Free winter activities are harder to come by.

- *Community Leader, Medical Care*

"There are many programs out there, but the community is unaware. Create a way for educating people about all the great programs that do exist.

- Community Resident Survey Respondent

The 2025 Community Health Needs Assessment Survey asked people to respond to the question, *"If you could change one thing that you think would improve health in your community, what would you change?"* A total of 144 survey respondents (56%) provided written responses to this question. Table 9 provides a summary of the responses by theme.

| TABLE 9 |
"If you could change one thing that you believe would improve health in your community, what would you change?"

Senior services, supports and activities; concerns of aging; home health care, assisted living	**19 comments (11% of total)**
Caring community, culture; community diversity and acceptance; facilities and opportunities for social interaction; reducing social isolation	**16 (10%)**
Affordable housing; workforce housing	**15 (9%)**
Affordability of healthy foods; Improved resources or environment for healthy eating, nutrition	**14 (8%)**
Affordability of health care including prescriptions, low cost or subsidized services; health insurance costs; health care payment reform	**12 (7%)**
Resources and activities for supporting healthy youth and families; affordable child care	**12 (7%)**
Cost of living, financial insecurity, basic needs; livable wages; taxes	**12 (7%)**
Improved transportation services, public transportation; medical transportation	**12 (7%)**
Improved resources, programs or environment for physical activity, active living; affordable recreation and fitness	**10 (6%)**
Health care provider availability including primary care and other specialties; delivery system improvements including wait times and navigation assistance	**9 (5%)**
Availability of mental health services in general and for youth in particular; mental health awareness	**8 (5%)**
Community safety, physical infrastructure and accessibility including safer sidewalks, places to walk	**8 (5%)**
Improved awareness, communication and coordination of available services and resources	**7 (4%)**
More funding, support for public health programs and services	**5 (3%)**
Substance misuse prevention, treatment and recovery; homelessness	**4 (2%)**
Availability of Dental Services	**2 (1%)**

C. COMMUNITY HEALTH STATUS INDICATORS

This section of the 2025 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 Region. In some instances, population health data are only available at the county level.

1. Demographics and Drivers of Health

Drivers of health are the conditions in which individuals are born, age, work, and live and how these factors can influence health, wellness and quality of life. As described earlier in this report, drivers of health include a number of primarily nonmedical factors that can have direct or indirect influence on health outcomes such as economic status, community infrastructure and access to quality housing, food, and education. Similarly, factors such as age, disability, and language can influence the types of health and social services needed by communities in order to thrive.

General Population Characteristics

The prevalence of many health conditions varies by age and different age groups can have different health-related needs and priorities. Awareness of the age distribution within a population can help to anticipate healthcare needs, allocate resources appropriately, and plan for future healthcare demand.

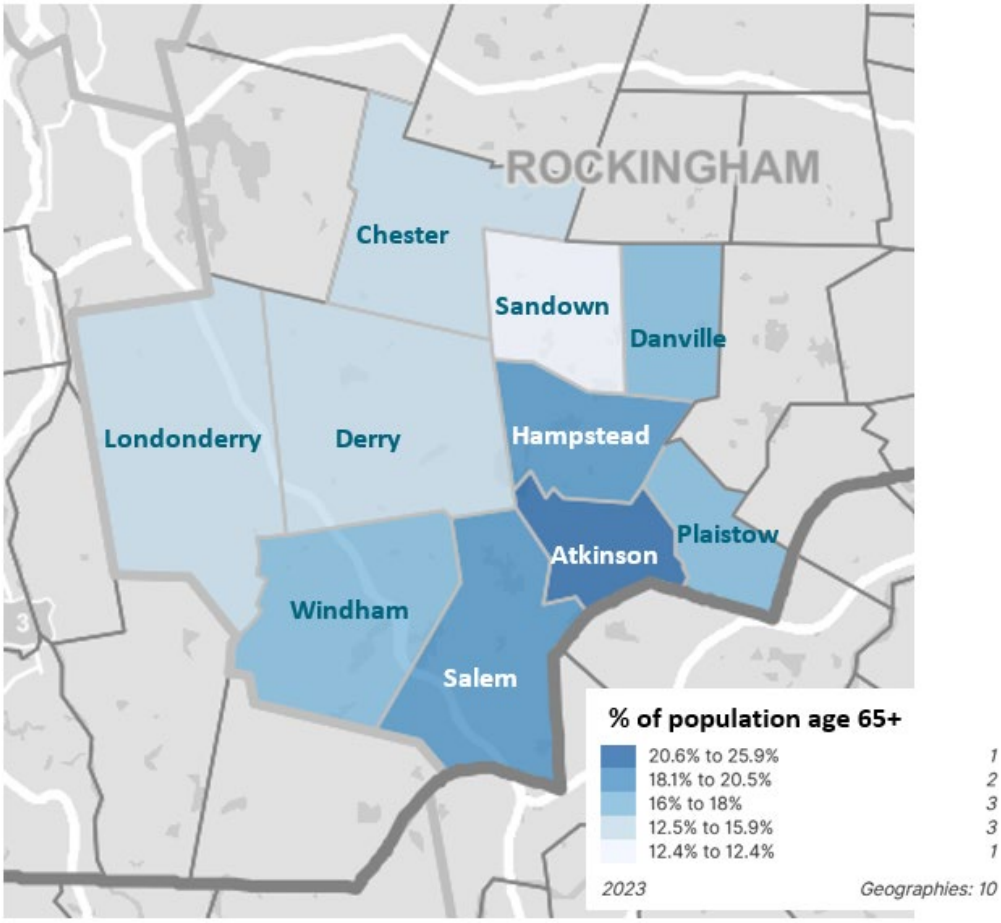
Between 2020 and 2025, the population of the service area grew by about 5,800 people or 4.1% overall. The population of the South Central NH region is somewhat younger on average than in New Hampshire overall (Table 11) The service area map on the next page (Figure 18) displays the percent of the population 65 years of age and older by town.

| TABLE 10 |

Indicators	South Central NH Region	New Hampshire
Total Population	147,596	1,387,834
Age under 5 years	5.2%	4.6%
Age 5 to 17 years	14.9%	14.0%
Age 65 and older	17.1%	19.5%
Age 85 and older	1.4%	2.0%
Change in population (2019 to 2023)	+4.1%	+2.4%

Data Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019 - 2023

| Figure 23. Percent of Service Area Population 65 years of age and older |



The estimated percentage of service area residents age 65 years and older ranges from about 12% in Sandown to about 26% in Atkinson.

Disability Status

Disability is defined by the U.S. Census Bureau as a person who has any of the following long-term conditions: (1) deafness serious difficulty hearing; (2) blindness or serious difficulty seeing (3) cognitive difficulty because of a physical, mental, or emotional problem (4) serious difficulty walking or climbing stairs, (5) difficulty with self-care such as dressing or bathing, or (6) difficulty living independently such as being able to do errands or visit a doctor's office alone.

The percentage of residents in the South Central NH region who report having at least one disability - about 12% - is slightly lower than in New Hampshire overall.

| TABLE 11 |

Total Population (Noninstitutionalized) with a Disability		
Age Group (in years)	**South Central NH Public Health Region**	New Hampshire
Age <18 with a disability	5.7%	4.9%
Age 18-64 with a disability	8.9%	10.7%
Age 65+ with a disability	27.8%	28.6%
Total population (%) with a disability	11.5%	13.3%

Data Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019 – 2023

Education

Educational attainment is also considered a key driver of health status. One reason education level is associated with health status is adults with more education tend historically to have more opportunities for earning higher income and access to more comprehensive health-related benefits. The percent of service area residents ages 25 and older who have earned at least a high school diploma (Table 12) is similar to New Hampshire overall. The percent of the population with a Bachelor's degree or higher is also similar to the statewide statistic.

| TABLE 12 |

Percent of Population Aged 25+	South Central NH	New Hampshire
High School Diploma (or Equivalent) and Higher	96%	94%
Some College or Associate's Degree	27%	27%
Bachelor's Degree or Higher	42%	40%

Data Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019 – 2023

Income and Poverty

The strong connection between economic prosperity and health is widely recognized. For example, the absence of economic prosperity or poverty can lead to obstacles in obtaining health services, nutritious food, and a healthy physical environment, all of which are fundamental for maintaining good health.

Some information describing household income and poverty status was included in the first overview section of this report. Table 13 displays the percent of people in the service area living in households with income below the Federal Poverty Level (FPL), the percent of children under age 18 in households with income below the FPL, and the percent of adults 65+ years in households with income below the FPL. For context, the Federal Poverty Level for an individual in 2023 was $14,580 and for a family of four was $30,000.

The regional estimates of households with income below the poverty level, including households with children and households with seniors (age 65+), are substantially lower than the comparable statewide statistics.

| TABLE 13 |

Percent of people in households with income below the Federal Poverty Level (FPL)		
Population Group	**South Central NH**	**New Hampshire**
All people with household income below the FPL	4.2%	7.2%
Children (under 18) in households with income below the FPL	5.0%	7.8%
Adults 65+ years in households with income below the FPL	4.8%	7.4%

Data Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019 – 2023

Language

Limited ability to speak English well can create barriers to accessing services, communication with service providers, and ability to understand and apply health information (health literacy). Language barriers can also contribute to feelings of isolation, frustration, and anxiety; especially when unable to effectively express health concerns or understand information provided by healthcare professionals. An estimated 225 households in the service area (0.4%) are considered limited-English speaking households. A limited English speaking household is defined as one in which no member 14 years old or older either speaks only English or speaks a non-English language and speaks English very well.

| TABLE 14 |

Indicator	South Central NH Region	New Hampshire
Limited English Speaking Households (%)	**0.4%**	**1.2%**

Data Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019 – 2023

Housing

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

Table 15 displays the percentage of households with housing costs (with or without a mortgage) or rental costs exceeding 30% of household income. The U.S. Department of Housing and Urban Development defines affordable housing as housing for which the occupant is paying no more than 30 percent of gross income including mortgage or rent, utilities, taxes and insurance. About 1 in 4 owner occupied housing units and nearly 1 in 2 renters in the service area have housing costs exceeding this threshold.

Physical housing conditions can also contribute to health hazards. Some examples include inadequate ventilation, which can lead to exposure to mold, pests, or lead-based paint; incomplete kitchen facilities, which can limit nutritional options and increase reliance on heavily processed foods; and complete plumbing facilities, which can cause sanitation and hygiene challenges and increased exposure to sewage or waste. Table 15 also presents data on the percentage of occupied housing units in the service area that have characteristics of sub-standard housing such as lacking complete plumbing facilities or complete kitchen facilities.

| TABLE 15 |

Percent of Households with High Cost Burden or Substandard Housing	South Central NH Region	New Hampshire
Housing Costs >30% of Household Income (%)	**24.4%**	24.8%
Rental Costs >30% of Household Income (%)	**48.8%**	47.6%
Occupied Housing Units Lacking Complete Plumbing Facilities (%)	**0.7%**	0.5%
Occupied Housing Units Lacking Complete Kitchen Facilities (%)	**0.9%**	0.7%

Data Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019 – 2023

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

New Hampshire has a relatively high percentage of older structures in general, with more than half of occupied housing units within structures that were built before 1980. In the South Central region, the percent is less with about 42% of housing units built before 1980.

| TABLE 16. Housing Units – Year Structure was Built |

Area	1939 or earlier	1940 to 1959	1960 to 1979*	1980 to 1999	2000 to 2019	2020 or later
South Central NH Region	7%	7%	28%	36%	20%	<1%
New Hampshire	19%	10%	23%	29%	18%	<1%

Data Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates.

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

Transportation

Individuals with limited transportation options also have limited employment options, greater difficulty accessing services, and more challenges to leading independent, healthy lives. About 3% of households in the service area report having no vehicle available, a percentage somewhat lower than in New Hampshire overall. Salem has the highest estimate among service area towns for households with no vehicle available (3.9%).

| TABLE 17 – Vehicle Availability|

Area	Percent of Households with No Vehicle Available
South Central NH Public Health Region	2.6%
New Hampshire	4.5%

Data Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates.

2. Access to Care

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

Insurance Coverage

Table 18 displays town level estimates of the proportion of residents in the South Central New Hampshire region who do not have any form of health insurance coverage, as well as the proportion of residents with Medicare, Medicaid or Veterans Administration coverage. The percent of the service area population with no insurance (4%) is less than the percent in New Hampshire overall (6%) although there is a notable range in the region from 9% without health insurance in Sandown to about 1% in Chester. A similar range is observed for the percentage of residents with Medicaid coverage from about 3% in Chester to 14% in Sandown and 15% in Danville. The map on the next page (Figure 24) displays the percent of residents with Medicaid coverage by municipality.

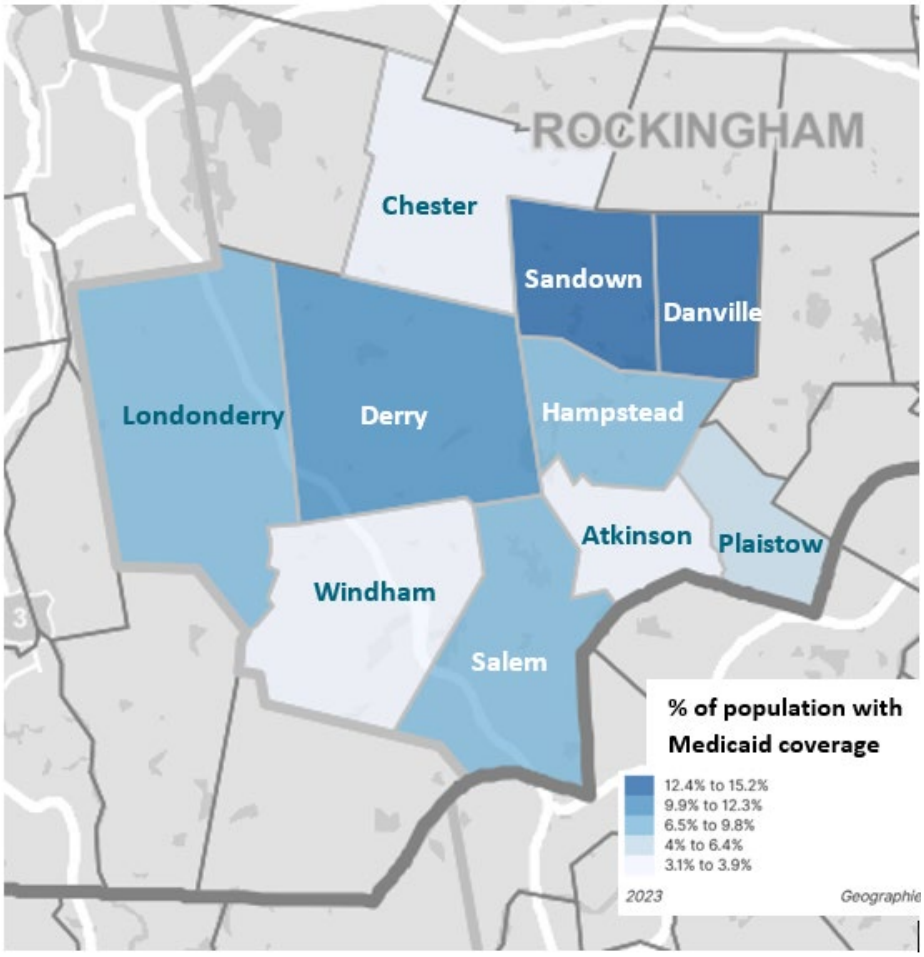
| TABLE 18: Health Insurance Coverage Estimates |

Area (in order of highest to lowest % uninsured)	Percent of the total population with No Health Insurance Coverage	Percent with Medicare Coverage*	Percent with Medicaid Coverage*	Percent with VA health care coverage*
Sandown	9%	16%	14%	2%
Derry	6%	16%	12%	3%
New Hampshire	6%	21%	13%	2%
South Central NH	**4%**	**18%**	**9%**	**2%**
Plaistow	4%	18%	6%	1%
Salem	4%	20%	10%	1%
Londonderry	4%	16%	8%	2%
Hampstead	4%	24%	8%	2%
Windham	3%	16%	4%	1%
Atkinson	2%	26%	4%	2%
Danville	2%	19%	15%	3%
Chester	1%	15%	3%	3%

Data Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023.

**Coverage alone or in combination*

| Figure 24. Percent of Residents with Medicaid Coverage, South Central NH Towns |



The estimated percentage of service area residents with Medicaid coverage ranges from 3% in Chester to 15% in Danville. The percentage of residents with no health insurance coverage ranges from 1% in Chester to 9% in Sandown.

Delayed or Avoided Care Due to Cost

This indicator reports the percentage of adults aged 18 and older who self-report that they have delayed or avoided a healthcare visit in the past year because of cost. A higher rate on this measure is reflective of limitations of household income or health insurance benefits inhibiting access to care. The most recently available statistic for this indicator is for all of Rockingham and Strafford counties combined (a Metropolitan Division defined by the U.S. Census Bureau). About 8% of respondents to the NH Behavioral Risk Factor Survey from these counties reported being unable to see a doctor in the past 12 months because of cost.

| TABLE 19 |

Area	Percent of Population Who Could Not See a Doctor Because of Cost
Rockingham-Strafford County NH	8%
New Hampshire	8%

Data Source: Centers for Disease Control, Behavioral Risk Factor Surveillance System, 2023

The survey question is: "Was there a time in the past 12 months when you needed to see a doctor but could not because you could not afford it?"

Provider Capacity

Access to high-quality, cost-effective healthcare is influenced by adequate health care professional availability in balance with population needs. Table 20 displays a measure of availability – population to provider ratio – at the county level for primary care physicians, dentists, and mental health professionals. Rockingham County has somewhat higher ratios (more people per provider) of primary care and mental health providers compared to NH statewide ratios.

| TABLE 20 |

Area	Ratio of Population to Primary Care Physicians	Ratio of Population to Dentists	Ratio of Population to Mental Health Providers
Rockingham County	1,273:1	1,309:1	313:1
New Hampshire	1,149:1	1,302:1	250:1

Data Source Area Health Resources Files, US DHHS via County Health Rankings, 2021-2024

The next table displays the percentage of adults who self-reported not having a primary care provider. About 8% of respondents to the NH Behavioral Risk Factor Survey from Rockingham and Strafford counties reported that they do not have a 'personal doctor or health care provider', the same percentage of respondents who reported being unable to see a doctor due to cost.

| TABLE 21 |

Area	Percent of Population (18+) Without a Primary Care Provider
Rockingham-Strafford County NH	8%
New Hampshire	8%

Data Source: *Data Source: Centers for Disease Control, Behavioral Risk Factor Surveillance System, 2023*

The survey question is: "Do you have one person (or a group of doctors) that you think of as your personal health care provider?"

Travel Time or Distance

The NH State Office of Rural Health (SORH) classifies Public Health Network regions throughout the state as rural (7 regions) or non-rural (6 regions) including the South Central NH Public Health Region, which is classified as non-rural. One measure of access to primary care is travel time to health care visits. As displayed by Table 22, about twice as many primary care visits for rural populations require one-way travel time of 30 minutes or more compared to non-rural populations. In the South Central NH region, about 14% of health care visits require one way travel time of 30 minutes or more, which is similar to the percent for all non-rural Public Health Network regions.

| TABLE 22 |

Area	Percentage of primary medical care visits with travel times greater than 30 minutes, one way
South Central Public Health Region	13.6%
All Non-Rural New Hampshire	15.3%
All Rural New Hampshire	27.5%

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

The number of hospitals providing obstetric services has been in decline in New Hampshire and across the country. The loss of hospital-based obstetric services is associated with increases in out-of-hospital births and pre-term births, which may contribute to poor maternal and infant outcomes.[2] In Rockingham County, about 7% of the population lives greater than 15 miles to the nearest hospital providing birthing services.

| Table 23 |

Area	Greater than 15 Miles to Nearest Birthing Center, % of total population
Rockingham County	7%
All Rural New Hampshire	41%
All Non-Rural New Hampshire	5%

Data Source: New England Rural Health Association, Rural Data Analysis Dashboard, 2023

Preventable Hospital Stays

Preventable Hospital Stays are hospital discharges for diagnoses potentially treatable in outpatient settings, also known as ambulatory care sensitive conditions, such as diabetes, hypertension, asthma and chronic obstructive pulmonary disease. A high rate of inpatient stays for ambulatory care sensitive conditions may indicate limited access, availability, or quality of primary and outpatient specialty care in a community. This measure is reported below for Medicare enrollees. The rate of preventable hospital stays for Medicare enrollee residents of Rockingham County was similar to the statewide rate in 2022.

| Table 24 |

Area	Number of hospital stays for ambulatory care sensitive conditions per 100,000 Medicare enrollees
Rockingham County	2,451
New Hampshire	2,348

Data Source: Centers for Medicare & Medicaid Services; accessed through County Health Rankings, 2022 data

[2] Maternal Health: Availability of Hospital-Based Obstetric Care in Rural Areas. Government Accountability Office, GAO-23-105515, Oct 19, 2022.

Dental Care Utilization (Adult)

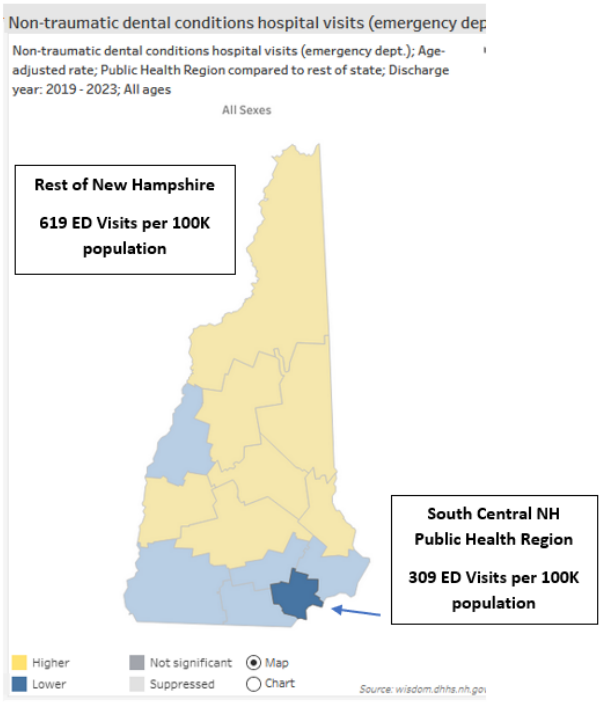
This indicator reports the percentage of adults aged 18 and older who self-report that they have visited a dentist, dental hygienist, or dental clinic within the past year. Nearly one-third of adults in Rockingham County report not having had a dental visit in the past year.

| Table 25 |

Area	Percent of adults who visited a dentist or dental clinic in the past year
Rockingham County	71%
New Hampshire	69%

Data Source: CDC, Population Level Analysis and Community Estimates (PLACES), Behavioral Risk Factor Surveillance System 2022

Emergency department visits for non-traumatic dental conditions provides a measure of unmet oral health needs where timely primary dental care could potentially prevent the need for emergency care. Ambulatory care sensitive dental conditions represent approximately 3% of all emergency department visits in New Hampshire. The South Central NH region experiences significantly fewer hospital emergency department dental visits - about 50% of the statewide rate - for non-traumatic reasons (i.e., not resulting from an acute injury).



| Table 26 |

Area	Emergency Department visits for non-traumatic dental condition; Age-adjusted rate per 100,000
South Central NH Public Health Region	**309***
All other New Hampshire	619

Data Source: NH Hospital Discharge Data, 2019-2023

**Regional rate is significantly different and lower than the state rate*

3. Health Promotion and Disease Prevention

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

This section encompasses both environmental conditions and individual behaviors that influence personal health and well-being. It also highlights indicators of clinical prevention practices including cancer and heart disease screenings.

Food Insecurity

Food insecurity is described by the United States Department of Agriculture as the lack of access, at times, to enough food for an active, healthy life. About 9% of households in Rockingham County experienced food insecurity in the past year (2023 data) defined as the percentage of households unable to provide adequate food for one or more household members due to lack of resources.

| TABLE 27 |

Area	Percent of Households Experiencing Food Insecurity
Rockingham County	9.0%
New Hampshire	10.7%

Data Source: Feeding America, Map the Meal Gap, 2023

Table 28 shows the percent of households receiving support through the Supplemental Nutrition Assistance Program (SNAP). About 3% of households in the South Central region receive SNAP support. Among these households about 63% have children in the household and about 42% have at least one household member aged 60 years or older.

| TABLE 28 |

Area	Percent of All Households Receiving SNAP	With Children Under 18 (% of households receiving SNAP)	With one or more people in the household 60 years and over (% of households receiving SNAP)
South Central Public Health Region	**3%**	**63%**	**42%**
New Hampshire	6%	45%	39%

Data Source: Data Source: U.S. Census Bureau, 2023 American Community Survey 5-Year Estimates

Physical Activity (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 Rockingham County self-report lack of physical activity ('past month').

| TABLE 29 |

Area	Percent of Adults Participating in Physical Activity Outside of Work, past month
Rockingham County	81%
New Hampshire	81%

Data Source: CDC, Population Level Analysis and Community Estimates (PLACES), BRFSS 2022; State estimates, BRFSS via County Health Rankings, 2022

Pneumonia and Influenza Vaccinations (Adults)

The table below displays the percentage of adults who self-report that they received an influenza vaccine (either shot or sprayed in their nose) in the past year (at the time of the survey) or have ever received a pneumococcal vaccine. In addition to measuring the population proportion receiving preventive vaccines, these measures can also highlight access to preventive care issues or opportunities for health education including addressing concerns for vaccine safety and efficacy.

| TABLE 30 |

Area	+Percent of Medicare enrollees receiving an annual flu vaccine	^Ever Had a Pneumococcal Vaccination, ages 65+
Rockingham County	56%	76%
New Hampshire	53%	76%

^New England Rural Health Association, Rural Data Dashboard, 2020
+Data Source: Centers for Medicare & Medicaid Services via County Health Rankings, 2022

Substance Misuse

Substance misuse, involving alcohol, illicit drugs and misuse of prescription drugs, or combination of these behaviors, is associated with a complex range of negative health consequences for individuals, families, and communities. Detrimental effects range from physical health issues, both acute and chronic; impaired cognitive functioning including memory, attention, and decision-making deficits; mental health disorders such as depression, anxiety, and psychosis; addiction and dependence; and destructive social conditions such as family dysfunction, financial strain, domestic violence, and social isolation.

Excessive alcohol use

Excessive alcohol use, either in the form of heavy drinking (drinking 15 or more drinks per week for men or eight drinks or more per week for women), or binge drinking (drinking 5 or more drinks on an occasion for men or 4 or more drinks on an occasion for women where one occasion means within 2-3 hours), can lead to increased risk of health problems such as liver disease or unintentional injuries.

Table 31 shows the percentage of adults who reported binge and heavy alcohol use. Regional estimates are somewhat lower, although not statistically differnt than statewide percentages for excessive drinking among adult residents.

| TABLE 31 |

Area	Binge Alcohol Use			Heavy Alcohol Use, All Adults
	All Adults	Adult females	Adult males	
South Central Public Health Region	12%	8%	16%	6%
New Hampshire	16%	11%	20%	8%

Data Source: NH DHHS, Behavioral Risk Factor Surveillance System, 2024 (female statistic for region imputed)

Although underage drinking is illegal, alcohol is the most commonly used and misused drug among youth (with marijuana a close second in recent years). On average, underage drinkers also consume more drinks per drinking occasion than adult drinkers.

The percentages of high school aged youth who self- report recent alcohol use and binge drinking are similar to the overall state rate, as is the percentage of high school students who feel it would be ‘very easy’ to get alcohol.

| TABLE 32 |

Area	High School Students		
	Currently Drink Alcohol (in past 30 days)	Reported Binge Drinking (in past 30 days)	Think it would be 'very easy' to get alcohol
South Central Public Health Region	26%	15%	30%
New Hampshire	23%	12%	28%

Data Source: Youth Behavior Risk Survey (YRBS), South Central Region, 2019, NH statewide 2023. Note: Data for the South Central region are not available from the 2021 or 2023 YRBS due to insufficient survey participation.

Prescription Drugs & Opioids

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

- *Over-prescription of Opioids*: The misuse of prescription drugs, particularly prescription pain relievers, poses significant risk to individual health and can be a contributing factor leading to misuse of other drugs and a cause of unintentional overdose and mortality.
- *Transition to Heroin and Fentanyl*: As prescription opioids became harder to obtain due to increased awareness of their addictive potential, individuals turned to illicit use of potent synthetic opioids such as fentanyl.
- *Access to Treatment and Suppo*rt: Access to addiction treatment services, including medication-assisted treatment (MAT), counseling, and support programs, has not always been readily available to those who need it.
- *Stigma*: Opioid addiction is often accompanied by stigma and misconceptions, deterring individuals from seeking help.

Table 33 on the next page shows an estimate for the percent of NH adults who have ever taken prescription pain relievers and the percent who also reported having ever used a prescription pain medication more frequently or in higher doses than directed by their doctor.

| TABLE 33 |

Area	Ever taken prescription pain relievers, all adults	Ever used pain relievers in higher doses than prescribed, all adults (% of total ever prescribed pain relievers)
South Central Public Health Region	29%	Data suppressed, insufficient sample size
New Hampshire	24%	2%

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

According to results from the 2019 Youth Risk Behavior Survey (most recently available data), 9% of high school students in the South Central region reported having ever taken a prescription drug without a doctor's prescription and about 3% had done so at least once in the 30 days prior to the survey administration.

| TABLE 34 |

Area	High School Students	
	Ever took prescription drugs without a doctor's prescription	Took a prescription drug without a doctor's prescription, in past 30 days
South Central Public Health Region	9%	3%
New Hampshire	9%	5%

Data Source: Youth Behavior Risk Survey (YRBS), South Central Region, 2019, NH statewide 2023. Note: Data for the South Central region are not available from the 2021 or 2023 YRBS due to insufficient survey participation.

Marijuana

Results from the 2019 YRBS indicate that about 1 in 4 students self-report having used marijuana in the past 30 days prior to survey administration. About 1 in 5 high school age youth report having been offered, sold, or given an illegal drug on school property.

| TABLE 35 |

Area	High School Students		
	Currently use marijuana	Tried marijuana for the first time before age 13 years	Were offered, sold, or given an illegal drug on school property*
South Central Public Health Region	24%	3%	21%
New Hampshire	20%	3%	21%

Data Source: Youth Behavior Risk Survey (YRBS), South Central Region, 2019, NH statewide 2023. Note: Data for the South Central region are not available from the 2021 or 2023 YRBS due to insufficient survey participation.

Cigarette Smoking / Tobacco Use

Tobacco use is a primary contributor to leading causes of death such as lung cancer, respiratory disease and cardiovascular disease. Smoking during pregnancy also confers significant short and long term risks to the health of an unborn child.

The estimated percent of adults in the region who currently smoke cigarettes – about 7% - is similar to the statewide statistic and is substantially lower than prior estimates from recent years (about 14% between 2020 and 2023).

| TABLE 36 |

Area	Percent of High School Students Who Currently Smoke Cigarettes	Percent of Adult Population Who Currently Smokes Cigarettes
South Central Public Health Region	4%	7%
New Hampshire	4%	9%

Data Sources: Behavioral Risk Factor Surveillance System, NH 2024; Youth Risk Behavior Survey, 2019 (region) and 2023 (state)

As displayed by Table 37, use of an electronic vapor product among high school age students is substantially more common than cigarette use in New Hampshire.

| TABLE 37 |

Area	Percent of High School Students Who Currently Use an Electronic Vapor Product
South Central Public Health Region	32%
New Hampshire	17%

Data Source: Youth Behavior Risk Survey (YRBS), South Central Region, 2019, NH statewide 2023. Note: Data for the South Central region are not available from the 2021 or 2023 YRBS due to insufficient survey participation.

Smoking during pregnancy can have a significant impact on preterm birth and other birth outcomes. Between 2020 and 2024, about 2% of births in the region were to mothers who indicated smoking during pregnancy, a percentage significantly lower than the statewide statistic (about 5%) over this time period. and the state about 13% of percent of births associated with smoking during pregnancy were preterm.

| TABLE 38 |

Area	Percent of Female Population that Reported Smoking During Pregnancy (all ages)	Percent of births associated with smoking during pregnancy that were preterm
South Central Public Health Region	**2.2%***	14.0%
New Hampshire	5.2%	13.9%

Data Sources: NH Vital Records Birth Certificate Data, 2020-2024

**Percent is significantly different and lower than the state percent.*

Prenatal Care

Prenatal care is health care and guidance provided to pregnant individuals before the birth of their baby. Prenatal care is essential for a variety of reasons, including monitoring fetal development, providing nutritional and exercise guidance, screening for complications, providing emotional and mental health support as well as educational support, and reducing maternal and infant mortality. Regular medical check-ups, screenings, and guidance from healthcare professionals contribute to a healthier pregnancy, a smoother childbirth experience, and better long-term outcomes for both the mother and the baby.

Table 39 shows the percentage of females who have given birth who received no or late prenatal care. Late prenatal care refers to the initiation of prenatal medical care after the second trimester. Over the five year period from 2017 to 2021, the percent of births to females in the South Central Public Health Region who received no or late prenatal care (3%) was similar to the proportion in New Hampshire overall.

| TABLE 39 |

Area	Percent of Female Population that Received No or Late Prenatal Care
South Central Public Health Region	3.0%
New Hampshire	3.5%

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

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

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age 5 who are found to be at nutritional risk.

The indicator shown on the next page reports the percentage of newborns considered to have a low birthweight (<2,500g or about 5.5 pounds) born by pregnant women enrolled in the WIC program. For some infants, a low weight at birth can contribute to complications for healthy development.

| TABLE 40 |

Area	Full term low birthweight among WIC enrolled pregnant women	Low and Very Low Birthweight among WIC enrolled pregnant women, all births
Rockingham County	6.0%	8.1%
New Hampshire	6.4%	9.3%

Data Sources: NH Pregnancy Nutrition Surveillance System (PNSS), 2022

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 Public Health Region is similar to the overall NH state rate.

| TABLE 41|

Area	Teen Birth Rate (per 1,000 female teens)		
	Total (ages 15-19)	Ages 15-17	Ages 18-19
South Central Public Health Region	**2.0***	**0.6***	**4.8***
New Hampshire	5.6	1.8	9.8

Data Source: NH Vital Records Birth Certificate Data, 2020 – 2024

Rate is significantly different and lower than the state rate.

Child Safety

Measures of child safety or child abuse and neglect in a community include the rate of child maltreatment victims substantiated by state child protection agencies, as well as the rate of children in temporary, out of home placement. As displayed by the table below, the rates of child maltreatment, both screened-in* and substantiated were lower in Rockingham County than across NH overall in 2020.

| TABLE 42 |

Area	Substantiated child maltreatment victims, rate per 1,000 children under age 18	Screened-in reports of child maltreatment, rate per 1,000 children under age 18	Foster Care Entries, rate per 1,000 children
Rockingham County	2.2	36.4	1.0
New Hampshire	4.7	63.0	2.7

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

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

Childhood Blood Lead Level Testing

Lead is a toxic metal that can have severe and long-lasting effects on children's health and development. Lead exposure can have significant negative effects on neurological and cognitive development. Even low levels of lead exposure have been associated with learning disabilities, attention deficits, and behavioral problems. Early detection and intervention are essential to minimize the potential for long-term cognitive and developmental impairments.

New Hampshire is a universal pediatric blood lead level testing state, requiring all children, with parental consent, to have a blood lead level (BLL) test at age one, and a second test at age two. The 'action level' is a blood lead level of 5 micrograms per deciliter (µg/dL) for a child 72 months and younger. When a child has a blood lead level of 5µg/dL or higher this triggers nurse case management and an environmental investigation. In 2021, the Centers for Disease Control established a screening reference level for blood lead in young children at 3.5 µg/dL.

In 2024, about four of every five children ages 1 or 2 years old in the South Central region had been tested for elevated BLL (Table 46). Of the children tested in the region, 20 children (0.9%) had elevated BLL of 3.5µg/dL or higher, a percentage substantially lower than the overall statewide statistic of 4.3% testing positive for elevated blood lead levels.

| TABLE 46 |

Area	Percent Tested, Age 1 or 2 years (12-35 months old)	% EBLL 3.5µg/dL or higher
South Central Public Health Region	79%	0.9%
New Hampshire	76%	4.3%

Source: NH DHHS, Division of Public Health Services, Healthy Homes & Lead Poisoning Prevention Program, 2024

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 childbirth as major contributors to or causes of death and disease. Chronic diseases, such as heart disease, cancer, respiratory disease and diabetes, along with behavioral health, injury and violence, are now the primary burdens on the health and wellbeing of individuals, families and communities. In addition to considering the magnitude of specific disease burdens in a population, examination of disparities in disease rates can help to identify areas of need and opportunities for intervention.

Overweight and Obesity

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

The next two tables below report the percentage of adults and high school students who self-report characteristics of age, sex, height, and weight that are indicative of obesity. Overweight in adults is defined as Body Mass Index (BMI) between 25.0 and 29.9 kg/m² and obesity is defined as BMI >=30.0 kg/m². For people under the age of 19, obesity is defined as body mass index at or above the 95th percentile on standardized growth charts for age and sex.

About two-thirds of all adults (63%) in the region and across the state are considered overweight or obese. Among high school students, a higher percentage of males than females are considered obese.

| TABLE 41 |

Area	Percent of adults who are obese	Percent of adults who are overweight
South Central Public Health Region	25%	38%
New Hampshire	31%	37%

Data Sources: Behavioral Risk Factor Surveillance System, NH 2024

| TABLE 42 |

Area	High School Students Considered Obese	Female High School Students	Male High School Students
South Central Public Health Region	12%	6%	17%
New Hampshire	12%	10%	15%

Data Source: Youth Behavior Risk Survey (YRBS), South Central Region, 2019, NH statewide 2023. Note: Data for the South Central region are not available from the 2021 or 2023 YRBS due to insufficient survey participation.

Heart Disease and Stroke

Heart disease is the leading cause of death in New Hampshire. Heart disease is closely related to unhealthy weight, high blood pressure, high cholesterol, and substance misuse including tobacco use.

Heart Disease Risk Factors: Awareness of heart disease risk factors includes periodic screening for hypertension and high blood cholesterol. Nearly 4 in 10 adults in the region (38%) self-report that they have been told by a doctor that they have high blood pressure and a large majority of adults have been screened for blood cholesterol level within the past 5 years.

| TABLE 43 |

Area	Percent of adults told by a health professional they have high blood pressure	Percent of adults who had their blood cholesterol checked within the past 5 years
South Central Public Health Region	38%	95%
New Hampshire	33%	90%

Data Sources: Behavioral Risk Factor Surveillance System, NH 2023

Table 44 displays the rate of hospitalizations for congestive heart failure (CHF), often a consequence and end stage of various heart diseases. Approximately 75% of persons with CHF have antecedent hypertension. The rate of hospital inpatient discharges for CHF was significantly lower in the South Central Public Health Region compared to the rest of New Hampshire over the period 2019 to 2023, while the rate of hospitalization for acute myocardial infarction (commonly called a heart attack) in the region was similar to the overall state rate.

| TABLE 44 |

Area	CHF hospitalizations (inpatient) age-adjusted rate per 100,000	Heart attack hospitalizations (inpatient) age-adjusted per 100,000
South Central Public Health Region	**0.7***	147.9
New Hampshire	2.6	147.5

Data Source: NH Hospital Discharge Data Set for NH Residents, 2019 to 2023

**Rate is significantly different and lower than the rate for the rest of New Hampshire.*

Heart Disease and Stroke Mortality: Heart disease is the leading cause of mortality in New Hampshire and in the South Public Health Region where the mortality rate for heart disease was significantly higher than the statewide rate over the period 2020 to 2024.

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. 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.

| TABLE 45 |

Area	Heart Disease (all) Mortality (per 100,000 people, age-adjusted)	Coronary Heart Disease Mortality (per 100,000 people, age-adjusted)	Cerebrovascular Disease Mortality (per 100,000 people, age-adjusted)
South Central Public Health Region	**160.8****	81.3	27.9
New Hampshire	147.6	83.8	30.6

Source: NH Vital Records Death Certificate Data, 2020 – 2024

***Rate is significantly different and higher than the NH statewide rate.*

Diabetes

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

Diabetes Prevalence: This indicator reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. The proportion of people with a diabetes diagnosis increases substantially with age. The estimated prevalence of diabetes among adults in the service area is similar to the overall NH rate with nearly 12% of adults reporting on the 2024 Behavioral Risk Factor Survey having been diagnosed with diabetes.

| TABLE 46 |

Area	Percent of Adults Diagnosed with Diabetes
South Central Public Health Region	11.6%
New Hampshire	10.1%

Data Sources: Behavioral Risk Factor Surveillance System, NH 2024

Diabetes-Related Hospitalization: Complications of diabetes such as cardiovascular disease, kidney failure, amputations, and ketoacidosis frequently require hospitalization. The table below shows the age-adjusted rates of inpatient hospitalizations between 2019 and 2023 for diabetes-related conditions. The rate of diabetes-related hospitalizations in the South Central region was similar to the overall rate across New Hampshire during that time period.

| TABLE 47 |

Area	Diabetes-Related Hospital Discharges; age adjusted rate per 100,000
South Central Public Health Region	1,468
New Hampshire	1,438

Data Sources: NH Uniform Healthcare Facility Discharge Dataset, 2019-2023

Diabetes-related Mortality: The rate of death due to Diabetes Mellitus in the service area has been somewhat lower in recent years compared to overall state rates although the observed difference is not statistically significant.

| TABLE 48 |

Area	Deaths due to Diabetes Mellitus (per 100,000 people, age adjusted)
South Central Public Health Region	17.1
New Hampshire	19.6

Source: NH Vital Records Death Certificate Data, 2020 – 2024

Cancer

Cancer is the second leading cause of death in the South Central region and New Hampshire overall. Although not all cancers can be prevented, risk factors for some cancers can be reduced. It is estimated that about 42% of cancer cases and 45% of cancer deaths in the U.S. are linked to modifiable risk factors.[3] These risk factors and health behaviors include tobacco use and secondhand smoke, body weight, alcohol consumption, a lack of physical activity, and poor nutrition. Cigarette smoking ranks as the highest risk factor, contributing to 19% of all cancer cases in the U.S. and nearly 29% of cancer deaths.

Cancer Screening: Table 49 displays screening rates for several of the most common forms of cancer including colorectal cancer, breast cancer, cervical cancer and prostate cancer.

| TABLE 49 |

Cancer Screening Type	South Central Public Health Region	Rockingham-Strafford County NH	New Hampshire
Colorectal cancer screening per USPSTF guidelines, age 50 to 75 (2024)	82%		80%
Females ages 50-74 who had a Mammogram in the past 2 years (2022)	89%		81%
Females ages 21-65 who have had a pap test in the past 3 years (2020)+		78%	78%
Males age 40+ who had a PSA test in the past 2 years (2020)+		31%	31%

Data Sources: Behavioral Risk Factor Surveillance System, NH 2022;
+CDC, data for all Rockingham-Strafford County

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

Cancer Incidence: The table below shows cancer incidence rates for the cancer types that account for the majority of new cancer cases (incidence). Cancer incidence overall in the South Central region is significantly lower than the NH statewide rate.

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| TABLE 50 |

Cancer Incidence by Type per 100,000 people, age adjusted rate		
Cancer Type	**South Central Public Health Region**	**New Hampshire**
Overall cancer incidence (All Invasive Cancers)	**453***	476
Cancer Incidence by Type		
Breast (Female)	131	141
Prostate (male)	119	120
Lung and Bronchus	60	58
Melanoma of Skin	**23***	28
Colorectal	35	34
Uterus (female)	30	30
Bladder	29	26
Non-Hodgkin Lymphoma	19	20
Kidney and Renal Pelvis	17	17
Thyroid	14	14
Leukemia	12	14
Pancreas	12	14
Oral Cavity and Pharynx	12	13
Ovary	9	10

Data Source: NH State Cancer Registry, 2018-2022

**Rate is significantly different and lower than the rate for the rest of New Hampshire.*

Cancer Mortality: The table below shows the overall cancer mortality rate and the cancer mortality rate for types that account for the majority of cancer deaths. The overall mortality rate from all cancers has decreased steadily over the past several decades. For example, the rate of all cancer deaths in NH has decreased from about 195 per 100,000 people in 2001 to a rate of about 137 per 100,000 in 2024.

Cancer mortality overall and rates by cause are similar in the South Central region compared to NH statewide rates.

| TABLE 51 |

Cancer Mortality per 100,000 people, age adjusted		
Cancer Type	**South Central Public Health Region**	**New Hampshire**
Overall cancer mortality (All Invasive Cancers)	135	142
Cancer Mortality by Type		
Lung and bronchus	29	31
Breast (female)	15	18
Prostate (male)	14	18
Colorectal	11	11
Pancreas	11	11
Ovary	7	6
Brain and other CNS	5	5
Non-Hodgkin's Lymphoma	5	5
Bladder	5	4
Esophagus	5	4
Leukemia	5	5

Data Source: NH State Cancer Registry, 2020 – 2024

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. In 2024, about 14% of adults responding to the Behavioral Risk Factor Survey from the South Central Public Health Region reported they currently have asthma.

| TABLE 52 |

Area	Percent of Children (ages 0 to 17) with Current Asthma	Percent of Adults (18+) with Current Asthma
South Central Public Health Region	Not available	14%
New Hampshire	8%	14%

Data Source: NH DHHS, Behavioral Risk Factor Surveillance System, 2024

Asthma-Related Hospitalizations: The table below displays rates of emergency department visits and inpatient hospitalizations for complications of asthma. The rate of emergency department visits for asthma-related diagnoses is significantly lower in the South Central region compared to the rest of the state, while the rate of inpatient hospitalizations for asthma as the primary diagnosis is significantly higher in the region.

| TABLE 53 |

Area	Asthma Emergency Department Visits, age adjusted rate per 100,000	Asthma Inpatient Hospitalizations age adjusted rate per 100,000
South Central Public Health Region	**242***	***29****
New Hampshire	267	23

NH Uniform Healthcare Facility Discharge Dataset, 2019 - 2023
**Rate is significantly different and lower than the state rate.*
***Rate is significantly different and higher than the state rate.*

Intentional and Unintentional Injury

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

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

The table below reports the total unintentional injury mortality rate, which is the number of deaths that result from accidental injuries per 100,000 people. This measure includes injuries from causes such as motor vehicle accidents, falls, drowning and unintentional drug overdose. The mortality rate from unintentional injury is significantly lower in the South Central region in comparison to the rest of the state.

| TABLE 54 |

Area	Unintentional (accidental) Injury Mortality, all causes Age adjusted rate per 100,000
South Central Public Health Region	**39.5***
New Hampshire	59.3

Source: NH Vital Records Death Certificate Data, 2020 – 2024
**Rate is significantly different and lower than the state rate.*

Older Adult Falls: About one in four adults aged 65 years or older report falling at least once over the past 12 months. Nearly 40% of falls among older adults result in a need for medical treatment or restricted activity. Many conditions contributing to falls can be prevented such as addressing home hazards, balance and strength training exercise, vision correction and appropriate medication management. The next table displays statistics for the percent of residents aged 65 years and older who self-report having experienced a fall in the past 12 months and the rate of fall-related ED visits.

| TABLE 55 |

Area	Percent of people age 65+ who report having experienced a fall in the past 12 months	Fall-related ED visits per 100.000 people age 65 and older
South Central Public Health Region	21%	7,466
New Hampshire	27%	7,474

Data Sources: NH BRFSS, 2023. NH Hospital Discharge Data Set for NH Residents, 2019-2023

Opioid Use-related Emergency Department Visits, Hospitalization: The table below displays rates of hospitalization due to accidental overdose from opioid use. Opioid misuse includes prescription opioid pain relievers, heroin, and synthetic opioids such as fentanyl. The South Central Public Health Region experienced a significantly lower rate of emergency department visits and hospitalizations due to accidental opioid overdose compared to the rest of New Hampshire during the 5 year period from 2019 to 2023.

| TABLE 56 |

Area	Opioid Overdose ED visits; Age-adjusted rate per 100,000 population	Opioid Overdose Hospitalizations (inpatient); age-adjusted per 100,000 population
South Central Public Health Region	**65.9***	**15.6***
New Hampshire	105.9	21.8

Data Source: NH Hospital Discharge Data Set for NH Residents, 2019-2023

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

Drug Overdose Mortality: Over 90% of all accidental drug overdose deaths involve opioids. Table 57 displays the rate of opioid overdose mortality in recent years. Over the 5 year period from 2020 to 2024, the rate of opioid overdose deaths in the South Central Public Health Region was significantly lower than in the rest of New Hampshire.

The table also displays the rate of alcohol-related overdose deaths in NH over the same time frame (defined as ICD-10 codes: X45, Y15, T51.0, T51.1, T51.9 (alcohol poisoning), X65 (suicide by and exposure to alcohol), and R78.0 (excessive blood level of alcohol) as the underlying cause. The rate of alcohol-related overdose deaths in the region was also significantly lower than the rest of New Hampshire.

| TABLE 57 |

Area	Opioid Overdose Deaths, age-adjusted per 100,000	Alcohol-related overdose deaths, age-adjusted per 100,000
South Central Public Health Region	**14.4***	**1.9***
New Hampshire	27.8	4.4

Data Source: NH Division of Vital Records Death Certificate Data, 2020 to 2024

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

Self Harm-related Emergency Department Visits and Hospitalizations: Table 58 displays rates of emergency department (ED) visits for injury recorded as intentional, including self-intentional poisonings due to drugs, alcohol, or other toxic substances. The table also includes rates for inpatient hospitalizations by sex between 2019 and 2023. The rate of ED visits involving self-inflicted harm in the South Central region was significantly lower than the state rate over this period of time, while the inpatient hospitalization rate was similar. Overall, rates of ED visits and hospitalizations related to self-harm are significantly higher among females than males in the region and across the state.

| TABLE 58 |

Sex	Area	Suicide or self harm-related hospital ED visits, age-adjusted rate per 100,000 people	Suicide or self harm-related hospitalizations (inpatient), age-adjusted rate per 100,000 people
Male	South Central PHR	**75***	40
	New Hampshire	125	40
Female	South Central PHR	**164*+**	68+
	New Hampshire	240+	61+
All Sexes	South Central PHR	**119***	54
	New Hampshire	181	50

Data Source: NH Hospital Discharge Data Set (HDDS) for NH Residents, 2019 to 2023;
**Rate is significantly different and lower than the state rate.*
+Female rate is significantly different and higher than male rate.

Suicide Mortality: This indicator reports the rate of death due to intentional self-harm (suicide) per 100,000 people. Suicide rates can be an indicator of access to mental health care and other community supports. The suicide mortality rate is significantly higher for males than females in the region and across New Hampshire, inverse of the observation of higher ED visit rates among females than males.

| TABLE 59 |

Area	Suicide Mortality, age-adjusted rate per 100,000		
	Total	Female	Male
South Central Public Health Region	13.3	5.2	21.6+
New Hampshire	16.1	6.8	25.5+

Data Sources: NH Vital Records Death Certificate Data 2020 to 2024;
+Rate among males is significantly different and higher than among females.

Infant Mortality

Infant mortality rate - the number of deaths of infants under the age of one year per 1,000 live births - is a significant indicator of the health and wellbeing of a population including maternal health, community nutrition and wellness, accessibility and quality of health care services, health inequalities and access to social support systems. New Hampshire has historically had low infant mortality rates relative to the nation. Over the period 2020 to 2024, the South Central Public Health Region had the lowest infant mortality rate of all 13 Public Health Regions in the state.

| TABLE 60 |

Area	Infant Mortality Rate per 1,000 Live Births
South Central Public Health Region	**1.95***
New Hampshire	3.83

Data Source: NH Vital Records Birth Certificate Data, 2020-2024

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

Life Expectancy at Birth

Life expectancy at birth is a commonly used measure of the overall health of people in a particular location or with demographic characteristics in common. The measure estimates an average number of years a person is expected to live and can be influenced by many factors including access to quality health care and public health services, economic development, as well as personal factors such as occupation and biological sex. Over the last century, life expectancy has increased substantially due to widespread improvements in sanitation and access to clean water, adequacy of food and nutrition, advances in prevention of infectious disease, and other advances in medicine and clinical care, particularly with respect to infant and maternal mortality. In the current age, women generally have higher life expectancy than men.

| TABLE 61. Life Expectancy at Birth (years) and by Sex |

Area	Life expectancy	Male	Female
Rockingham County	80.6	78.2	83.0
New Hampshire	79.5	77.0	82.1

Sources: NH Vital Records, death data, 2016 – 2020

Premature Mortality

An overall measure of the burden of preventable injury and disease is premature mortality. The indicator below expresses premature mortality as the total years of potential life lost before age 75. Every death occurring before the age of 75 contributes to the total number of years of potential life lost. Rockingham County had a higher rate of premature mortality than in New Hampshire overall during the period 2019 to 2021.

| TABLE 62 |

Area	Years of Potential Life Lost before age 75, age-adjusted rate per 100,000
Rockingham County	**5,001***
New Hampshire	6,622

Data source: National Center for Health Statistics via County Health Rankings; 2020-2022
**Rate is significantly different and lower than the state rate.*

Leading Causes of Death

Diseases of the heart (e.g., congestive heart failure, coronary heart disease, heart attack) is the leading cause of death in the South Central region followed by Malignant neoplasms (cancer) over the five year period from 2020 to 2024. Cancer and heart disease account for more deaths than the next 10 causes of death combined. Accidents and unintentional injury is the third leading cause of death in the region and the state.

| TABLE 63 |

Cause of Death	South Central Public Health Region	New Hampshire
Diseases of heart	***160.8****	147.6
Malignant neoplasms	134.9	141.3
Accidents (unintentional injuries)	**39.5***	59.3
COVID-19	***37.2****	29.8
Chronic lower respiratory diseases	33.6	35.1
Cerebrovascular diseases	27.9	30.6
Alzheimer's disease	**17.7***	25.3
Diabetes mellitus	17.1	19.6
Intentional self-harm (suicide)	13.0	15.4
Nephritis, nephrotic syndrome and nephrosis	11.2	10.2
Influenza and pneumonia	10.2	8.5

Source: NH Vital Records Death Certificate Data, 2020 – 2024
**Rate is significantly different and lower than the state rate.*
***Rate is significantly different and higher than the state rate.*

Summary

The 2025 Community Health Needs Assessment provides a comprehensive overview of health needs and priorities in the South Central Public Health Region. Through analysis of community input from multiple methods and channels, and assembly of demographic data and health indicators, the assessment highlights key health challenges and priorities for health improvement. The report identifies high priority health issues such as health care availability and capacity challenges, cost of care concerns, behavioral health needs, and disparities in access to services. Additionally, the assessment includes information on broad drivers of health including socioeconomic factors that influence community well-being. This assessment will hopefully serve as a useful resource for planning program and service improvements, for guiding targeted interventions, and for strengthening collaborative partnerships to improve overall health and wellness in the communities served by the South Central Public Health Network and partner organizations across the region.

What is being done well in the community to support good health and wellness?

"Local organizations providing wrap around services for individuals and families. Resource organizations working with each other to make sure needs are being met as best as can be."
- Community Leader, Civic organization

"The continued collaboration of community groups to explore how to best serve residents of all ages in spite of challenges with funding to support efforts. There are wonderful resources for older adults . . . however transportation to and from these activities/resources as well as to health care appointments remains a challenge."
- Community Resident Survey Respondent

"Substance Prevention work is strong and creative especially related to youth. Emergency Preparedness appears adequate in the region and safety net services for young adults have improved."
- Community Leader, Public Health

"The Marion Gerrish Community Center in Derry offers many programs and services that addresses the health needs, interests of the Derry community and is open to people from other communities as well."
- Community Resident Survey Respondent

"Local schools at all levels aim to support students and their families with resources appropriate to meet their needs. There are many organizations that aim to help young people who may be experiencing homelessness, lack of food, pregnancy or abusive situations."
- Community Leader, Education / Youth Services

"The improvement and extensions of Rail Trails in our Region has been a great benefit to stay active in our community. An indoor multi-generational Community Center would be great to have during the cold and slippery months."
- Community Resident Survey Respondent