New London Hospital
Dartmouth-Hitchcock

Community Health Needs Assessment 2018














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

New London Hospital
Community Health Needs Assessment
2018

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Executive Summary

During the period January through June 2018, a Community Health Needs Assessment of the New London Hospital service area was completed by New London Hospital in partnership with Dartmouth-Hitchcock Alice Peck Day Memorial Hospital, Valley Regional Healthcare, Mt. Ascutney Hospital and Health Center, Visiting Nurse and Hospice for VT and NH, and the New Hampshire Community Health Institute. The purpose of the assessment was to identify community health concerns, priorities and opportunities for community health and health care delivery systems improvement. For the purpose of the assessment, the geographic area of interest was 15 municipalities comprising the New London Hospital service area with a total resident population of 32,912 people. Methods employed in the assessment included surveys of community residents made available on-line and paper surveys placed in numerous locations throughout the region; a direct email survey of key stakeholders and community leaders representing multiple community sectors; a set of community discussion groups; compilation of results from assessment activities focused specifically on behavioral health needs and gaps; and a review of available population demographics and health status indicators. All information collection activities and analyses sought to focus assessment activities on vulnerable and disproportionately served populations in the region including populations that could experience limited access to health-related services or resources due to income, age, disability, and social or physical isolation. The table below provides a summary of community health needs and issues identified through these methods.

SUMMARY OF COMMUNITY HEALTH NEEDS AND ISSUES BY INFORMATION SOURCE			
Community Health Issue	**Community and Key Stakeholder Surveys**	**Community Discussion Groups**	**Community Health Status Indicators**
Access to affordable health insurance, health care services and prescription drugs	Availability of affordable health insurance was the highest priority identified by community survey respondents and a high priority for key stakeholders along with the related issue of cost of prescription drugs.	Community discussion groups also identified health care affordability including high deductibles as a significant concern and barrier to services	The estimated proportion of people with no health insurance has declined in the NLH service area from 10.6% in the last community health assessment to 8.1%; a proportion similar to the overall uninsurance rate estimated for NH (8.4%)

SUMMARY OF COMMUNITY HEALTH NEEDS AND ISSUES BY INFORMATION SOURCE (continued)			
Community Health Issue	**Community Health Issue**	**Community Health Issue**	**Community Health Issue**
Access to mental health services	Access to mental health care was the highest priority issue identified by key stakeholders and the second highest issue identified by community survey respondents	Identified as a high and continuing priority for community health improvement by all community discussion groups including concerns for insufficient access to psychiatric care	About 10% of adults in the service area report 14 or more days in the past 30 days when their mental health was not good, a measure that is correlated with depression and other chronic mental health concerns as well as overall health-related quality of life
Alcohol and drug misuse prevention, treatment and recovery	Prevention of substance misuse, addiction and access to substance misuse treatment and recovery services were top 5 issues identified by both community survey respondents and key stakeholders	Substance misuse issues were identified as a high and continuing priority for community health improvement by all community discussion groups	16% of adults in the service area reported binge drinking in the past 30 days including 21% of adult males
Family strengthening including poverty, domestic violence and childhood trauma	Child abuse or neglect and domestic violence were identified in the top 5 priorities by respondents with household incomes under $50,000	Discussion group participants reported concerns about the effects of parental substance use on children in the community and also noted the health-related effects of family stress	About 22% of children in the NLH service area live in households with incomes below 200% of the federal poverty level
Availability of primary care services	Availability of primary care services was a high priority for community respondents and about 9% cited difficulty accessing primary care services in the past year	The Newport Health Center was identified as an improvement and availability of primary care was not a general topic raised by discussion group participants	86.5% of adults in the service area report having a personal doctor or health care provider, a proportion similar to NH overall, as is the rate of hospital stays for ambulatory care sensitive conditions for Medicare enrollees (43.3 per 1,000)
Senior services including assisted living or long term care services	Improved resources for senior health care services in general and home health care, assisted living or long term care were top 10 issues identified by community survey and key stakeholder respondents	Local access to assisted living and long term care were concerns identified in several discussions with the closing of the Clough Center of particular note	The service area population has a substantially higher proportion of seniors (22.9% are 65+) compared to NH overall (15.8%)
Availability of affordable adult dental care	Availability of dental services was a mid-tier priority identified in the surveys relative to other priorities. However, it was the top service that people report leaving the local area to access.	Access to affordable dental care for adults was identified as 'a huge issue' by discussion group participants from the Newport area	The percent of adults in the service area who report having six or more of their permanent teeth removed is 17.9% compared to 15.5% in NH overall

New London Hospital

2018 Community Health Needs Assessment

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

The total population of the primary service area of New London Hospital is 32,912 people according to the United States Census Bureau (2016), which is an increase of 0.9% or about 300 people since the year 2010. The 2018 Community Health Needs Assessment Survey conducted by New London Hospital yielded 717 individual responses of which 80% were residents of towns within the primary service area or approximately 2% of the total adult population. As shown by Table 1, survey respondents from the service area are represented in similar proportion overall to the service area population by town, although New London is relatively over-represented among survey respondents in comparison to its proportion of the overall service area population. It is also important to note that 2018 survey respondents were more likely to be female (73.0% of respondents) and older (45.5% age 65 years or more) compared to the overall adult population in the service area.

Table 1: Service Area Population by Town;
Comparison to Proportion of 2018 Community Survey Respondents

	2016 Population	Zip Code*	% Service Area Population	% of Survey Respondents
NLH Service Area	**32,912**			
Newport / Croydon	7141	03773	21.7%	15.7%
New London	4594	03257/03233	14.0%	28.3%
Sunapee	3388	03782/03751	10.3%	7.6%
Grantham	2963	03753	9.0%	4.0%
Andover	2658	03216	8.1%	2.8%
Sutton	1958	03260 / 03273	5.9%	2.3%
Newbury	1885	03255	5.7%	6.4%
Bradford	1633	03221	5.0%	2.2%
Wilmot	1510	03287	4.6%	4.1%
Danbury	1294	03230	3.9%	0.7%
Springfield	1171	03284	3.6%	2.1%
Washington	1028	03280	3.1%	0.9%
Lempster	982	03605	3.0%	1.6%
Goshen	707	03752	2.1%	1.6%
Other	Claremont (4.6%), Warner (2.1%), Lebanon (1.6%), Charlestown (1.0%), Hanover (1.0%), Hopkinton (0.7%), 32 other locations			19.7%

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

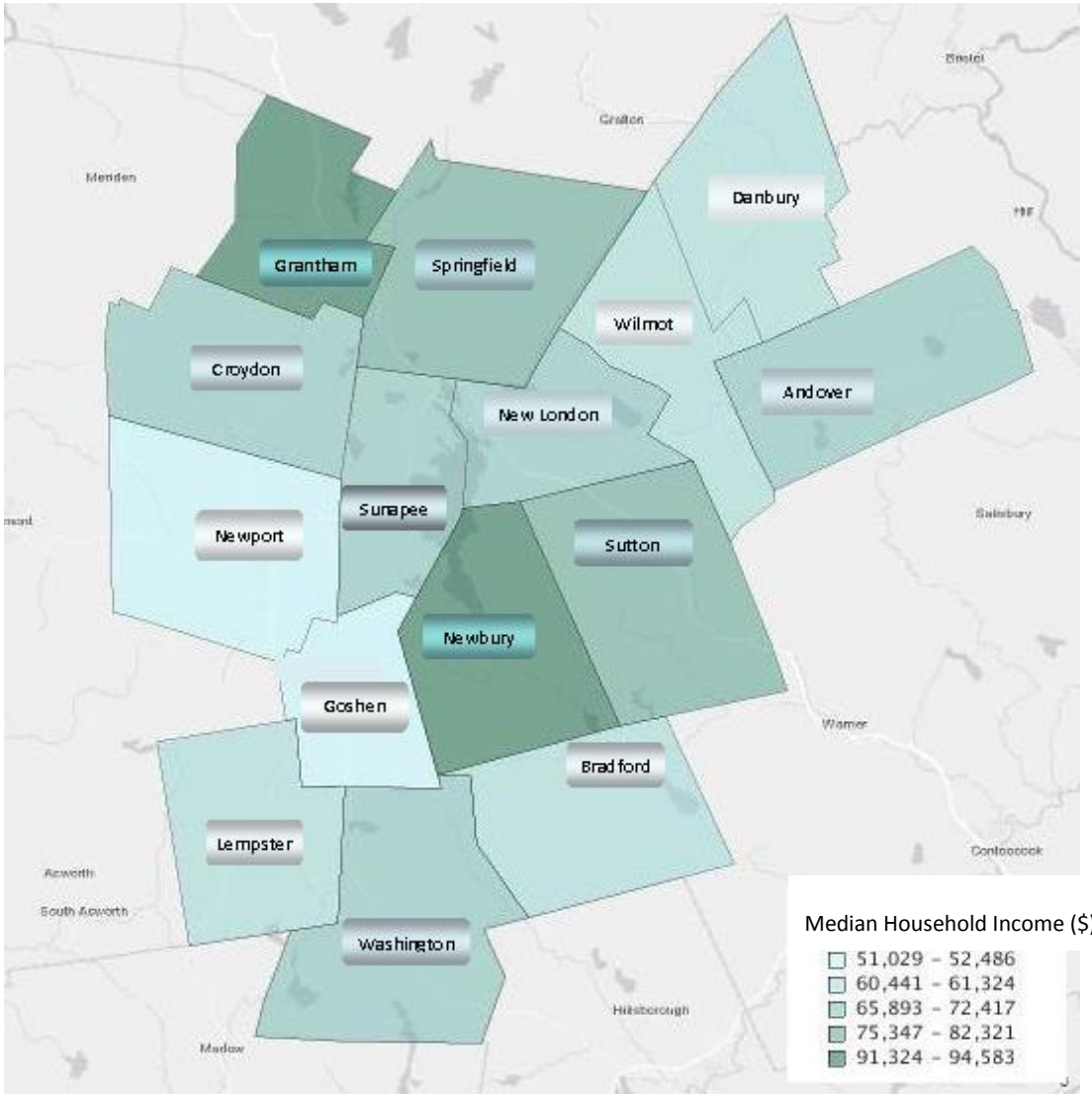
Table 2 below displays additional demographic and economic information for the towns of the New London Hospital Service Area. On this table, municipalities are displayed in order of median household income with comparison to the median household income in the region and state overall. As displayed by the table, the median household income in the NLH service area overall is similar to the median household income in New Hampshire. The proportion of households with incomes under 200% of the federal poverty ranges from 2.9% (Grantham) to 29.5% (Newport). Figure 1 following this table displays a map of the service area with shading depicting the median household income by town in 5 categories from low to high median household income.

Table 2: Selected Demographic and Economic Information

	Median Household Income	% with income under 200% Poverty Level	% family households with children headed by a single parent	% population with a disability
Grantham NH	$94,583	2.9%	34.4%	9.2%
Newbury NH	$91,324	9.5%	19.4%	7.4%
Sutton NH	$82,321	16.1%	28.0%	8.2%
Springfield NH	$75,347	17.1%	28.5%	7.4%
Croydon NH	$72,417	20.0%	37.9%	10.4%
New London NH	$70,893	19.5%	25.4%	14.2%
Washington NH	$69,583	20.9%	30.9%	9.8%
Andover NH	$69,489	17.2%	10.9%	18.6%
New Hampshire	**$68,485**	**21.7%**	**29.1%**	**12.3%**
NLH Service Area	**$67,441**	**19.1%**	**33.6%**	**13.4%**
Sunapee NH	$65,893	18.0%	43.5%	11.7%
Bradford NH	$61,324	16.6%	19.5%	12.3%
Danbury NH	$61,058	22.4%	39.1%	16.7%
Wilmot NH	$60,673	19.8%	10.7%	11.6%
Lempster NH	$60,441	27.1%	32.4%	17.4%
Newport NH	$52,486	29.5%	52.8%	18.1%
Goshen NH	$51,029	28.3%	57.4%	16.0%

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

2012-2016 American Community Survey; Map source: American Factfinder



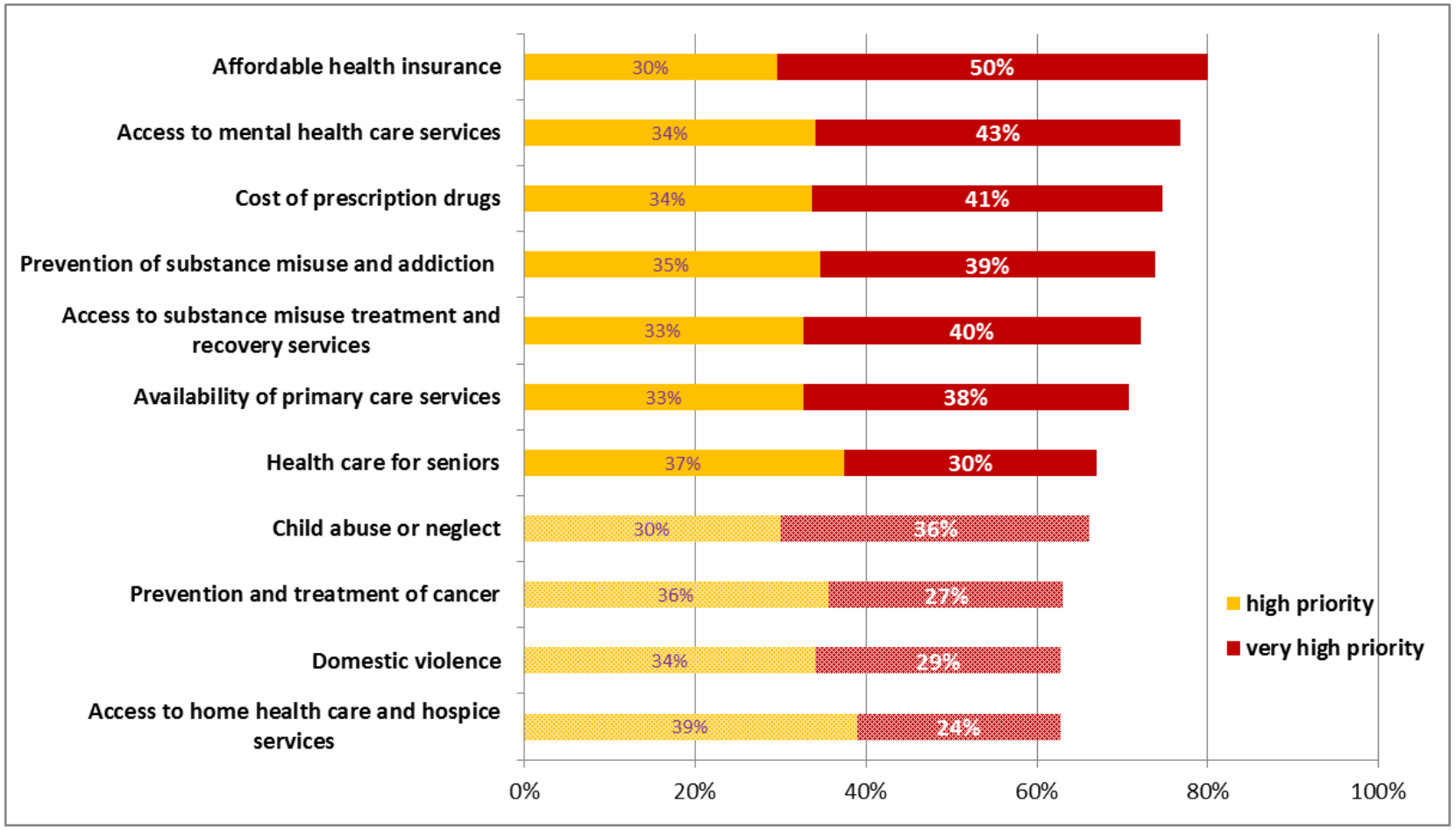
1. Most Important Community Health Issues Identified by Community Survey Respondents

Community respondents to the 2018 Community Health Needs Survey were presented with a list of 14 health-related topics that have been identified as priorities in previous community health assessments in the greater Upper Valley region of New Hampshire and Vermont including the NLH service area. For each topic, respondents were asked to indicate the extent to which they thought it should remain a priority for community health improvement work relative to other potential priorities. A second question presented respondents with a list of 14 more topics, including an "other' write-in option, which could be considered priorities for the region. Respondents were again asked to indicate the extent to which they thought each topic should become a priority for community health improvement work relative to other potential priorities.

Chart 1 on the next page displays the top priority topics for health improvement efforts identified by community respondents. The topics displayed with solid colors are topics that had been identified in previous needs assessment. Those topics shown with dotted coloring are topics that rose to a high level priority from the second set of potential topics. The chart displays the percentage of respondents indicating the topic as a high priority or very high priority (needs are mostly unmet). Other response choices were moderate priority, somewhat low priority and low priority (needs are mostly met).

Affordable health insurance, access to mental health services, cost of prescription drugs and substance misuse prevention, treatment and recovery are each top priorities from prior community health needs assessments that remain among the highest priorities. Child abuse or neglect and domestic violence are two high priorities not specifically identified in prior needs assessments, although 'strengthening and supporting families' is a related topic that was previously identified as a high priority for community health improvement efforts. Other new priorities identified in the community survey are prevention and treatment of cancer and access to home health care and hospice services.

Chart 1: High Priority Community Health Issues; Community Respondents



Low Priority	Somewhat Low Priority	Moderate Priority	High Priority	Very High Priority
Needs are Mostly Met	←	→		Needs are Mostly Unmet

The table below displays the top community health improvement priorities identified by community survey respondents by age group. The percentages shown are the total percentages within each age group selecting the topic as a high priority or very high priority. In general, there is substantial similarity across age groups for the highest community health improvement priorities. Among respondents age 18-44 years or older, 'child abuse or neglect' was reported as a higher priority (relatively) than other age groups, while 'availability of primary care services' was higher on the list for older age groups.

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

18-44 years	n=111	45-64years	n=230	65+ years	n=284
Access to mental health care services	82%	Affordable health insurance	82%	Affordable health insurance	80%
Affordable health insurance	78%	Access to mental health care services	77%	Cost of prescription drugs	77%
Prevention of substance misuse and addiction	72%	Cost of prescription drugs	77%	Availability of primary care services	75%
Access to substance misuse treatment and recovery services	71%	Availability of primary care services	75%	Access to substance misuse treatment and recovery services	74%
Child abuse or neglect	68%	Prevention of substance misuse and addiction	73%	Prevention of substance misuse and addiction	74%
Cost of prescription drugs	68%	Access to substance misuse treatment and recovery services	71%	Access to mental health care services	74%

The table below displays the top 5 community health improvement priorities identified by community survey respondents by income group. As with the previous table, the percentages shown are the total percentages within each age group selecting the topic as a high priority or very high priority. Across income groups, 'affordable health insurance' was the highest priority. 'Child abuse and neglect' and 'domestic violence' were issues near the top of improvement priorities for respondents with household income under $50,000. 'Availability of primary care services' was identified as a relatively higher priority by respondents in the middle and higher income groups.

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

Less than $50,000	n=160	$50,000 to $99,999	n=207	$100,000 or more	n=187
Affordable health insurance	83%	Affordable health insurance	81%	Affordable health insurance	79%
Cost of prescription drugs	80%	Access to mental health care services	80%	Access to mental health care services	77%
Access to mental health care services	75%	Cost of prescription drugs	75%	Access to substance misuse treatment and recovery services	77%
Prevention of substance misuse and addiction	75%	Availability of primary care services	72%	Prevention of substance misuse and addiction	75%
Child abuse or neglect	73%	Prevention of substance misuse and addiction	71%	Cost of prescription drugs	72%
Domestic violence	72%	Access to substance misuse treatment and recovery services	71%	Availability of primary care services	71%

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

In addition to the survey of community residents, the 2018 Community Health Needs Assessment included a similar survey sent by direct email to key stakeholders and community leaders from around the region. This activity occurred in conjunction with all the Community Health Needs Assessment partners with the survey going to 265 individuals across the greater Upper Valley region of NH and VT including the New London region. A total of 153 completed responses were received (58%), of which 35 respondents indicated serving or being most familiar with the New London region.

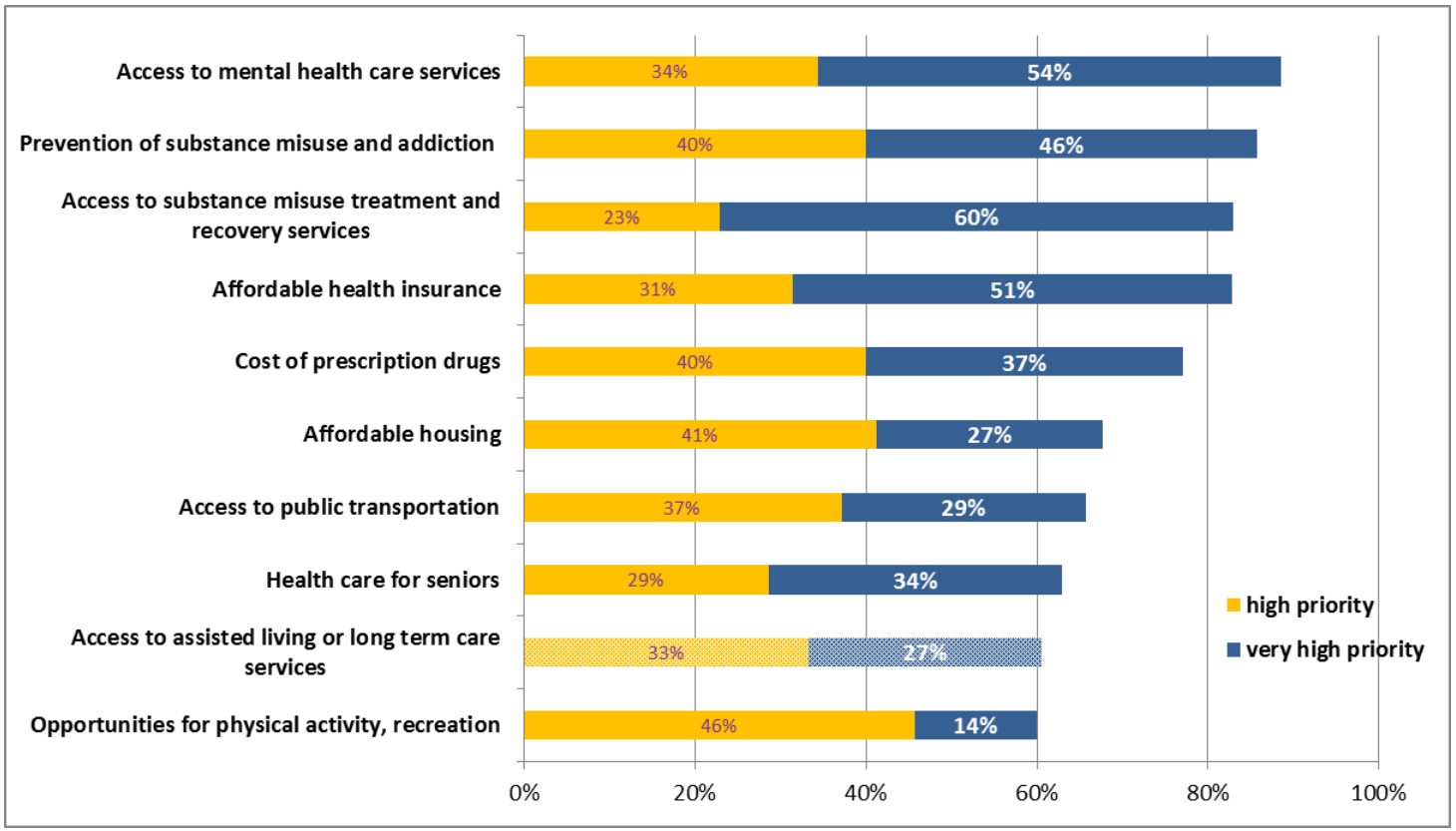
Table 5: Key Stakeholder Survey Respondents, Greater New London region

Percent of Respondents	Community Sector
28.6%	Education / Youth Services (10 respondents)
22.9%	Community member / volunteer (8)
20.0%	Human Service / Social Service (7)
17.1%	Business (6)
11.4%	Home Health Care (4)
8.6%	Faith organization (3)
8.6%	Primary Health Care (3)
8.6%	Mental Health / Behavioral Health (3)
8.6%	Municipal / County / State Government (3)
5.7%	Long Term Care (2)
5.7%	Public Health (2)
5.7%	Medical Sub-Specialty (2)
2.9%	Civic / Cultural Organization (1)
2.9%	Fire / Emergency Medical Service (1)
2.9%	Public Safety / Law / Justice (1)

Respondents to the key stakeholder survey were presented with the same two lists of health-related topics: the list of topics identified as priorities in previous community health assessments in the region and a second list of topics (including 'other') that could be considered priorities for health improvement efforts in the region. The chart on the next page displays the results of these questions from key stakeholder responses.

The top five issues identified by key stakeholders are the same as those identified by community respondents with even higher priority ratings (approximately 4 of every 5 key stakeholder respondents identified these areas as high or very high priority). Key stakeholders were more likely to identify affordable housing and access to public transportation as high priorities (relatively) compared to community survey respondents.

Chart 2: Community Health Improvement Priorities
Key Stakeholder Survey Respondents

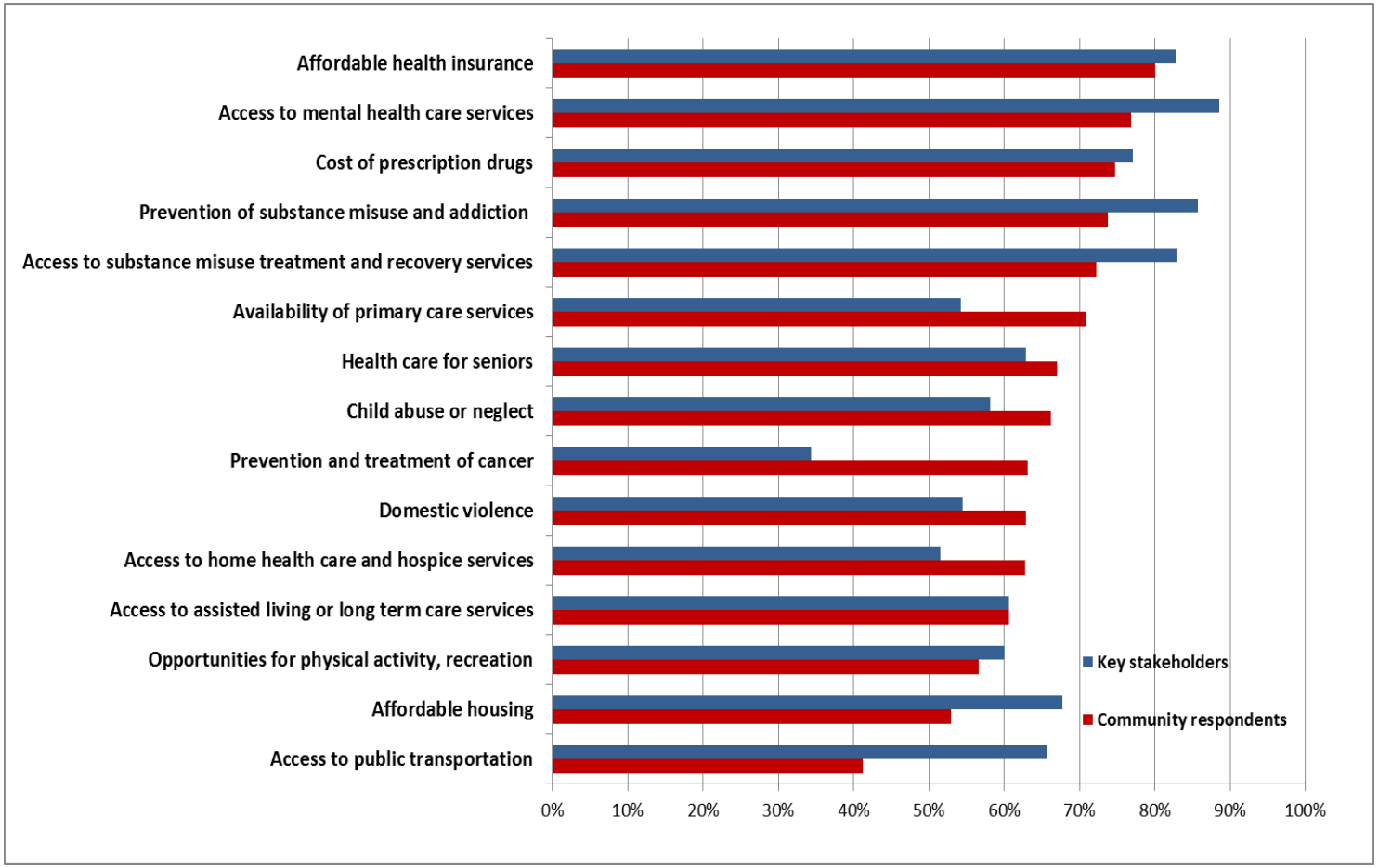


Low Priority	Somewhat Low Priority	Moderate Priority	High Priority	Very High Priority
Needs are Mostly Met ⟷				Needs are Mostly Unmet

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

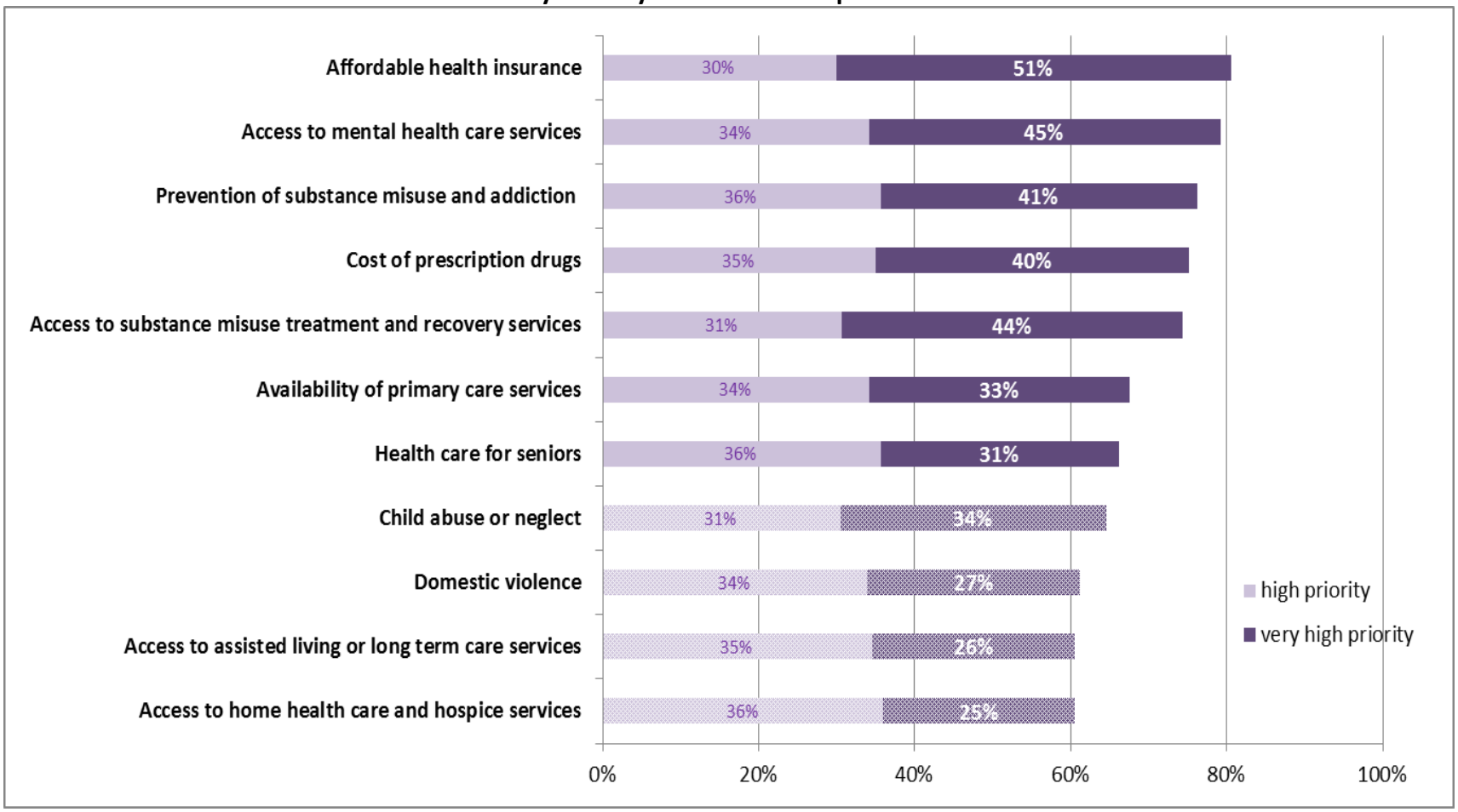
The chart below displays a comparison of the responses between community and key stakeholder surveys for the highest priority community health issues. Blue bars on the chart display the percentage of key stakeholders selecting the topic as high priority or very priority and red bars display the results from community respondents (topics are arrayed overall high to low according to the community respondent percentages).

Chart 3: Community Health Improvement Priorities
Comparison of Community and Key Stakeholder Respondents



The chart below displays the combined results from the questions on community health improvement priorities from the perspective of community and key stakeholder survey respondents. The response percentages from community respondents were given 80% weight in the computation of combined responses and the key stakeholder / community leader responses were given 20% weight. The top 11 community health priorities are displayed. As in previous charts, bars depicted with solid color are topics that had been identified in previous needs assessment. Those topics shown with dotted coloring (child abuse or neglect, domestic violence, assisted living or long term care, home health and hospice) are topics that rose to a high priority from the second set of potential topics.

Chart 4: Community Health Improvement Priorities
Community and Key Stakeholder Responses Combined



4. Barriers to Services Identified by Community Survey Respondents

Respondents to the FY2018 Community Needs Assessment Survey were asked, "In the past year, have you or someone in your household had difficulty getting the health care or human services you needed?" Overall, 23.7% of survey respondents indicated having such difficulty. As Chart 5 displays, there is a significant relationship between reported household income and the likelihood that respondents reported having difficulty accessing services. In particular, respondents in the middle income category of $25,000 up to $49,999 were most likely to report difficulty accessing services and twice as likely compared to respondents with household income of $100,000 or more.

Chart 5: Access to Services
Community Survey Responses

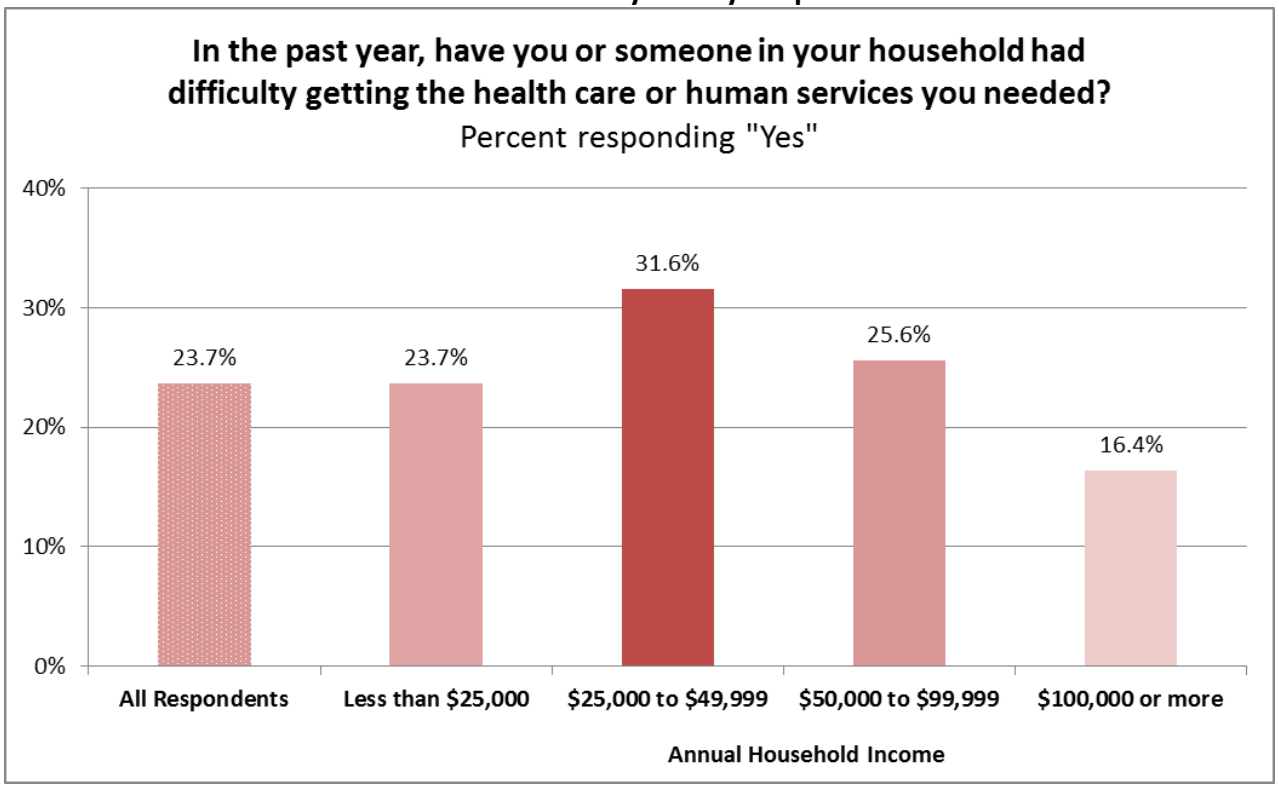
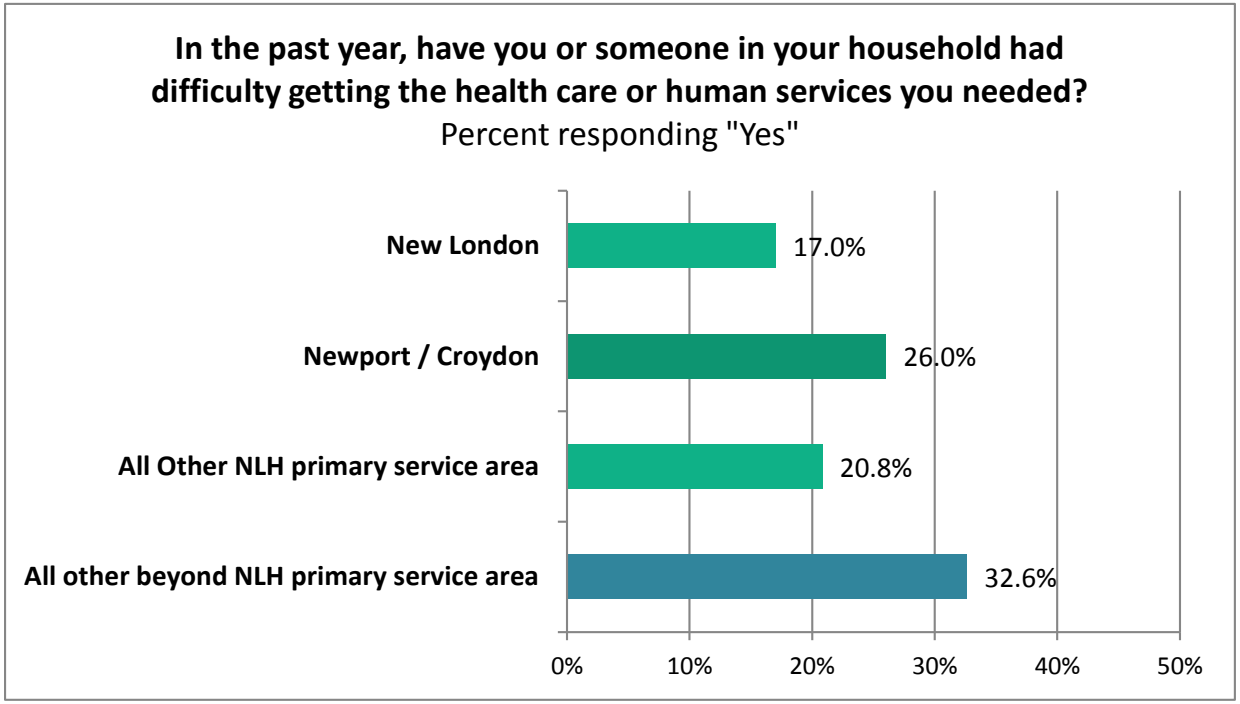


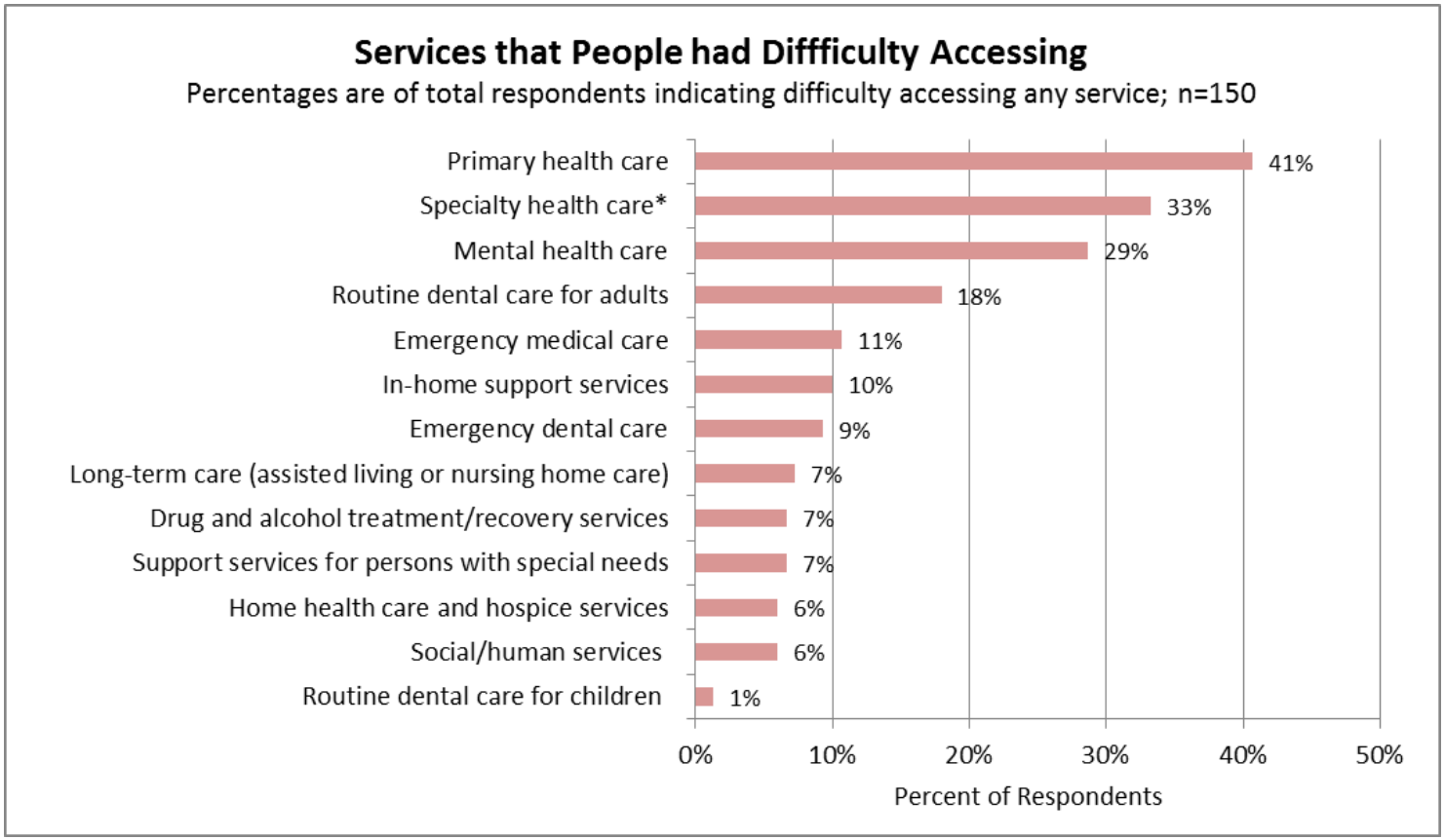
Chart 6 examines responses to this question by sub-region within the NLH service area. Within the primary service area of New London Hospital, residents of New London were least likely to report difficulty accessing services, while residents of Newport / Croydon (zip code 03773) were more likely to report access difficulties. Survey respondents from communities outside the primary service area of NLH were most likely of all to report having had access difficulties in the past year.

Chart 6: Access to Services by Sub-region



The survey also asked people to indicate the areas in which they had difficulty getting services or assistance. As displayed by Chart 7, the most common service types that people had difficulty accessing were: primary health care (41% of those respondents indicating difficulty accessing any services); specialty health care (33%); mental health care (29%); and routine dental care for adults (18%). Note that percentages on this chart are of the subset of respondents who indicated any difficulty accessing services (23.7% of all respondents; n=150).

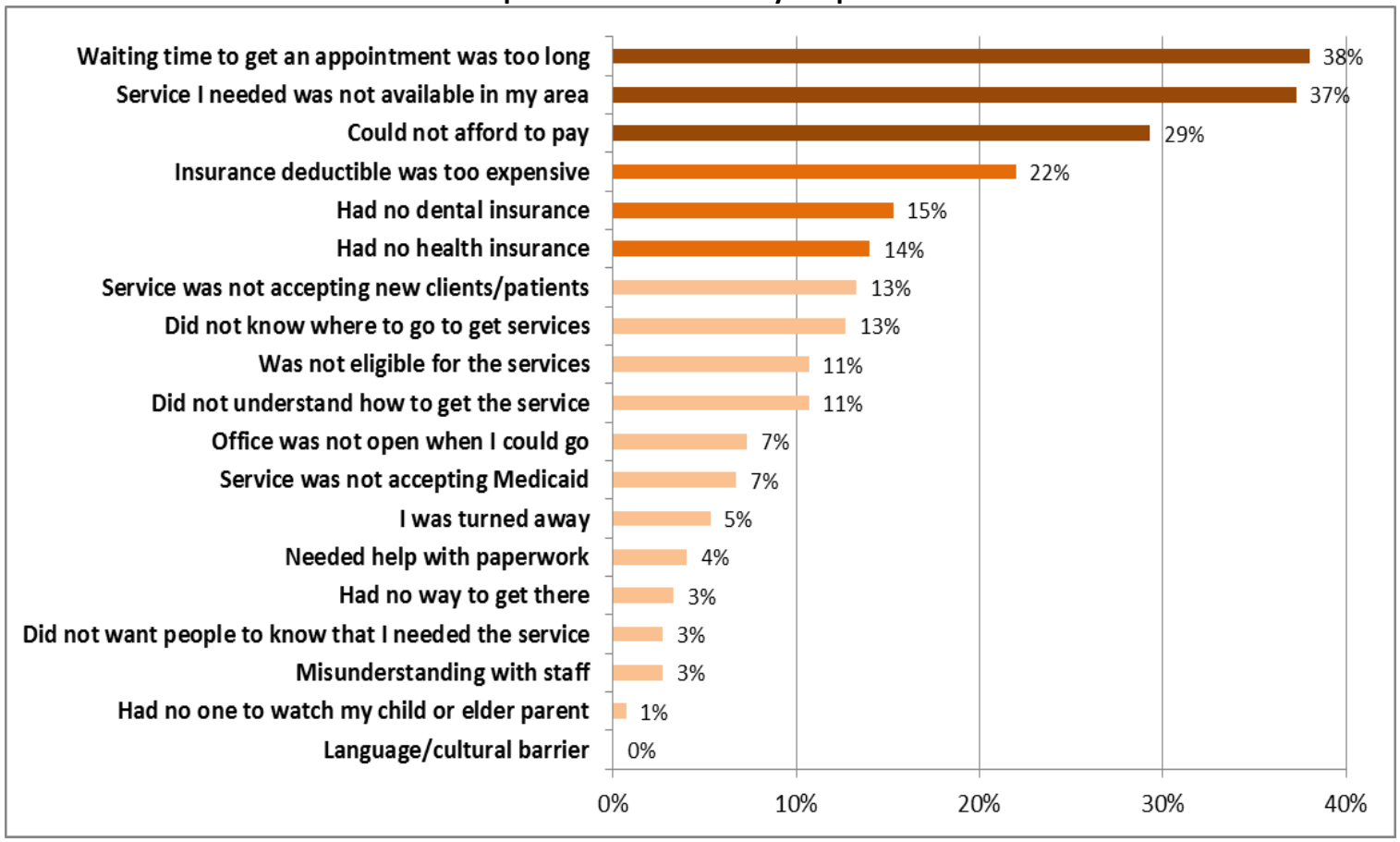
Chart 7



*Most frequently cited specialty health care services were Orthopedics (4), Dermatology (4), Gastroenterology (3) and Ob/Gyn (3)

Respondents who reported difficulty accessing services in the past year for themselves or a family member were also asked to indicate the reasons why they had difficulty. As shown on Chart 8, the top reasons cited were: 'waiting time to get an appointment was too long' (38%); 'service I needed was not available in my area' (37%); 'could not afford to pay' for the service (29%); and 'insurance deductible was too expensive' (22%). Percentages are again calculated from the subset of respondents who indicated difficulty accessing services.

Chart 8: Access Barriers
Perspectives of Community Respondents



Further analysis of these two questions addressing access to specific types of services is shown by Table 6. Among respondents indicating difficulty accessing primary health care or specialty health care, the top reason indicated for difficulty accessing (any) services was 'waiting time to get an appointment too long'. Among respondents indicating difficulty accessing mental health care, the top reason cited was 'service not available in my area'. Among respondents indicating difficulty accessing adult dental care, the top reason cited for access difficulties was 'could not afford to pay'.

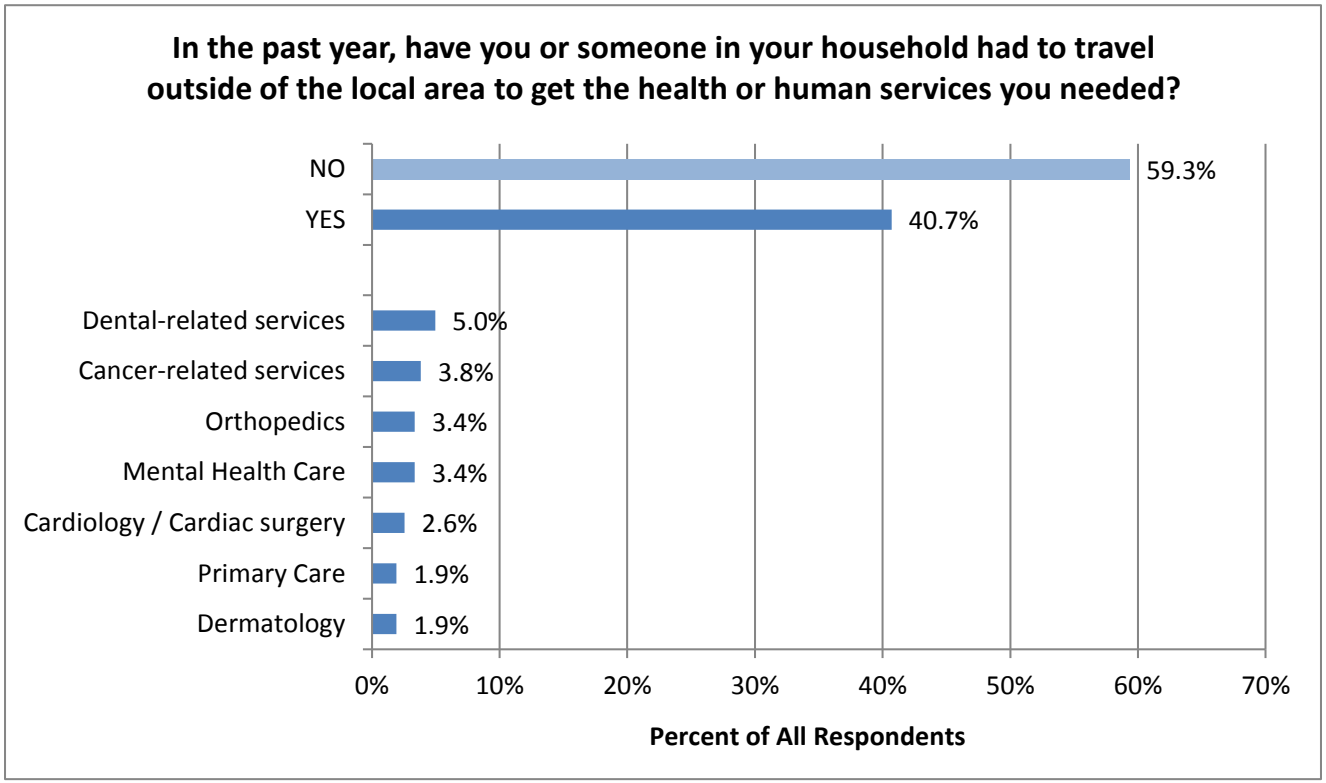
TABLE 6: TOP REASONS RESPONDENTS HAD DIFFICULTY ACCESSING SERVICES BY TYPE OF SERVICE

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

Primary Health Care (n=62, 8.6% of all respondents)	Specialty Health Care (n=51, 7.1% of all respondents)	Mental Health Care (n=46, 6.4% of all respondents)	Routine Dental Care for Adults (n=28, 3.9% of all respondents)
43.5% of respondents who had difficulty receiving primary health care also reported the ***Waiting time to get an appointment was too long***	**51.0%** of respondents who had difficulty receiving specialty health care also reported the ***Waiting time to get an appointment was too long***	**45.7%** of respondents who had difficulty receiving mental health care also reported the ***Service I needed was not available in my area***	**71.4%** of respondents who had difficulty receiving routine adult dental care also reported they ***Could not afford to pay***
33.9% Could not afford to pay	***43.1% Service I needed was not available in my area***	***39.1% Waiting time to get an appointment was too long***	***64.3% Had no dental insurance***
30.6% Service I needed was not available in my area	***31.4% Insurance deductible was too expensive***	***37.0% Could not afford to pay***	***46.4% Insurance deductible was too expensive***
29.0% Service was not accepting new patients	***29.4% Could not afford to pay***	***32.6% Insurance deductible was too expensive***	***28.6% Waiting time to get an appointment was too long***
24.1% Had no health insurance	***15.7% Did not know where to go to get services***	***26.1% Had no health insurance***	***21.4% Service was not accepting new patients***

In a separate question, survey respondents were asked, “In the past year, have you or someone in your household had to travel outside of the local area to get the health or human services you needed?” About 41% of all survey respondents indicated traveling outside of the ‘local area’ for health and human services in the past year. In an open-ended follow-up question, respondents were asked what type of services they had traveled outside of the area to get. Dental care, cancer-related care, orthopedics and mental health care were the most frequently mentioned types of services.

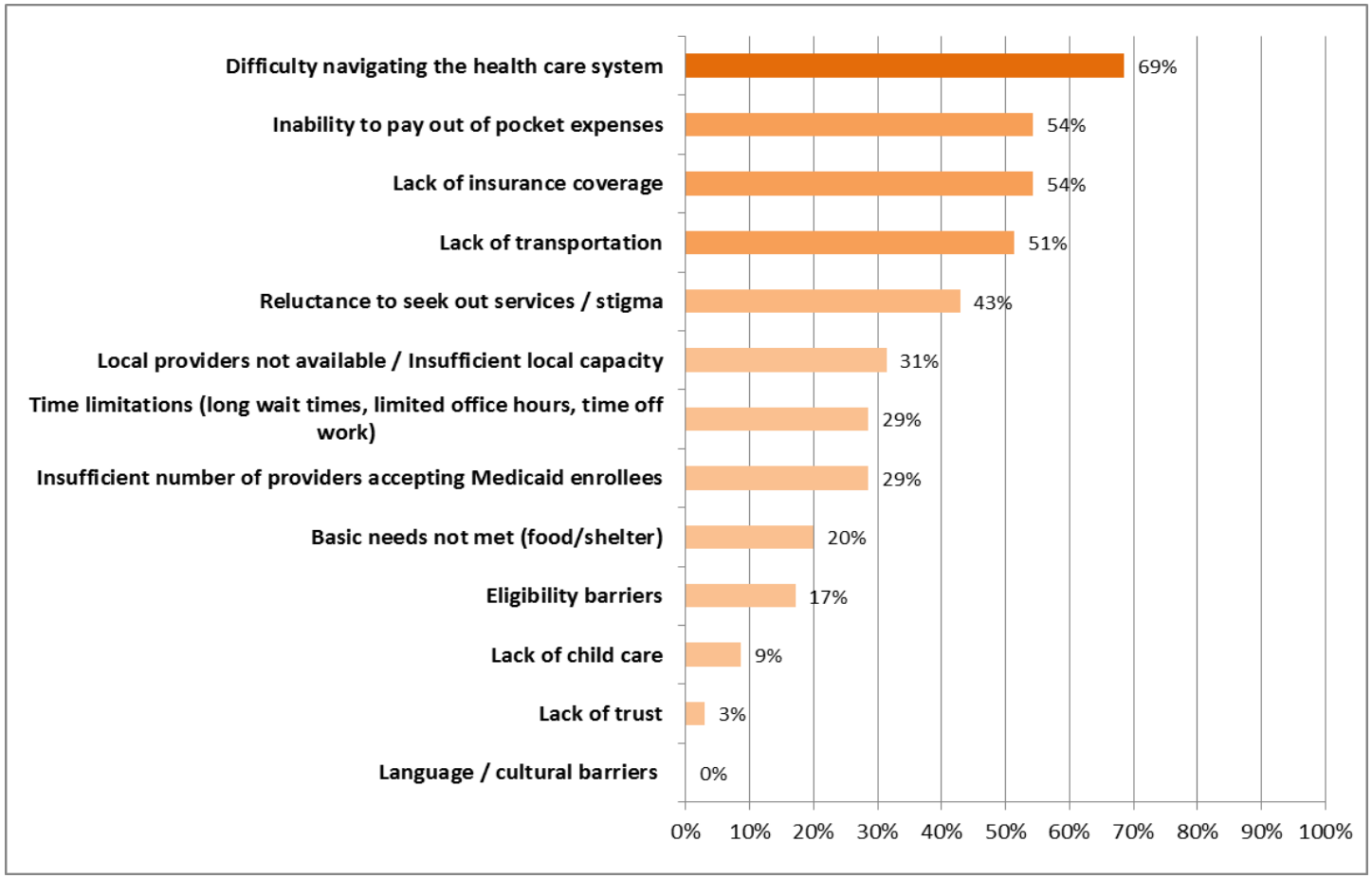
Chart 9



5. Barriers to Services Identified by Key Stakeholder Survey Respondents

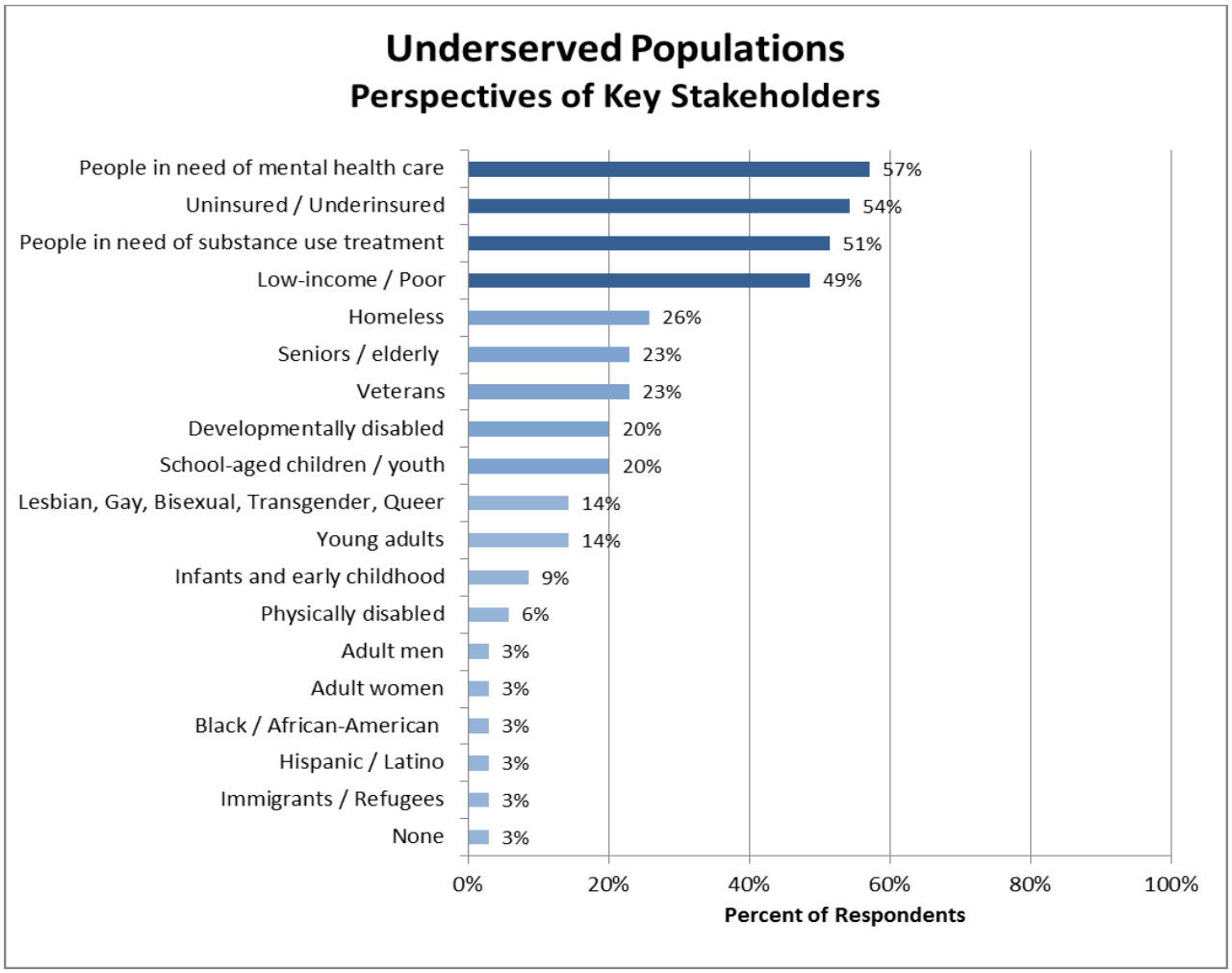
Respondents to the key stakeholder survey were also asked to identify the most significant barriers that prevent people in the community from accessing needed health care services. The top issue identified by this group was 'inability to navigate the health', followed by out of pocket expenses, lack of insurance coverage, and lack of transportation.

Chart 10: Most Significant Barriers to Accessing Services
Perspectives of Key Stakeholders



Key stakeholders were also asked if there are specific populations in the community that are not being adequately served by local health services. Chart 11 displays results from key stakeholder responses on specific populations thought to be currently underserved. 'People in need of Mental Health Care', 'Uninsured/Underinsured", 'People in need of substance abuse treatment' and 'Low Income/Poor' were the most frequently indicated populations perceived to be currently underserved.

Chart 11

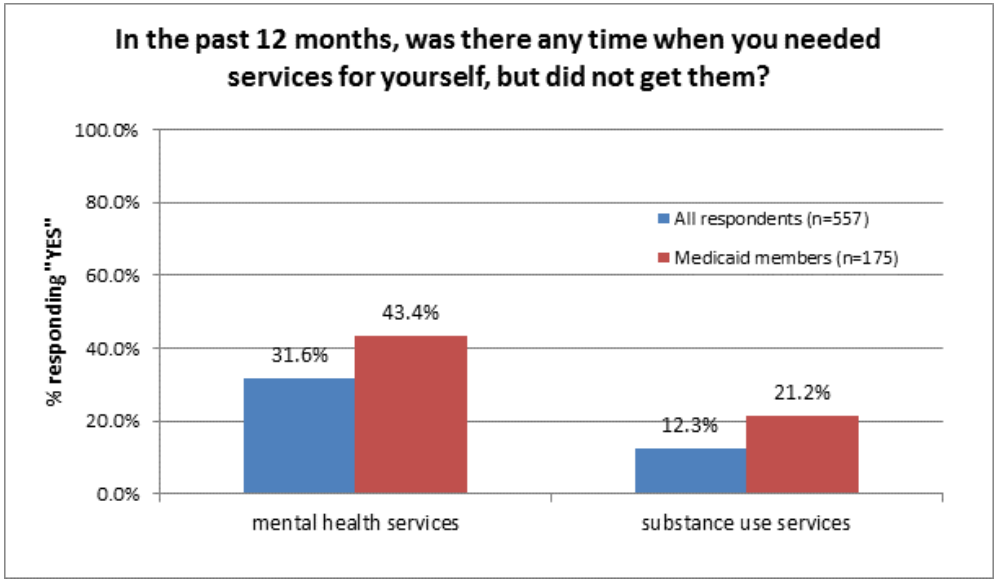


6. Behavioral Health Needs Survey Findings

Recognizing the continued importance of mental health and substance misuse as community identified priorities for improvement, the organizational partners involved in this Community Health Needs Assessment partnered with other health and human service providers in the fall of 2016 to conduct an assessment specifically focused on behavioral health needs. The results of that assessment were used to inform the development of an Integrated Delivery Network for behavioral health care services in the Southwestern and Upper Valley region of New Hampshire including the NLH service area. One aspect of this assessment was a consumer survey of area residents targeted to high need locations and populations with a particular emphasis on reaching populations covered by Medicaid. Some of key findings of this behavioral health needs assessment relevant to the 2018 NLH Community Health Needs Assessment are presented here.

The behavioral health-focused assessment included a survey of consumers of behavioral health services. About 32% of consumer survey respondents indicated having difficulty getting the mental health services they needed in the past 12 months, including about 43% of Medicaid members; while 12% indicated they had difficulty getting substance use services they needed including about 21% of Medicaid eligible respondents.

Chart 12



Further analysis of these results showed that of those respondents who did receive some type of mental health services in the past 12 months, about 44% also indicated having difficulty getting the mental health services they needed. Among respondents who received no mental health services in the past 12 months, nearly 1 in 5 (about 19%) indicated a need for mental health services that they did not get. These findings may reflect different challenges to receiving services such as waiting lists (e.g. respondents may have had difficulty getting services initially, but eventually did so), gaps in the appropriateness or acceptability of services, financial obstacles to care and respondent readiness to seek services.

Similar findings were observed for respondents indicating difficulty accessing substance use services where nearly half of respondents (46%) who did receive substance use services in the prior 12 months also indicated difficulty in getting services they needed. Among those respondents who did not access substance use services in the prior 12 months, about 5% reported a need for services that they did not get.

Chart 13

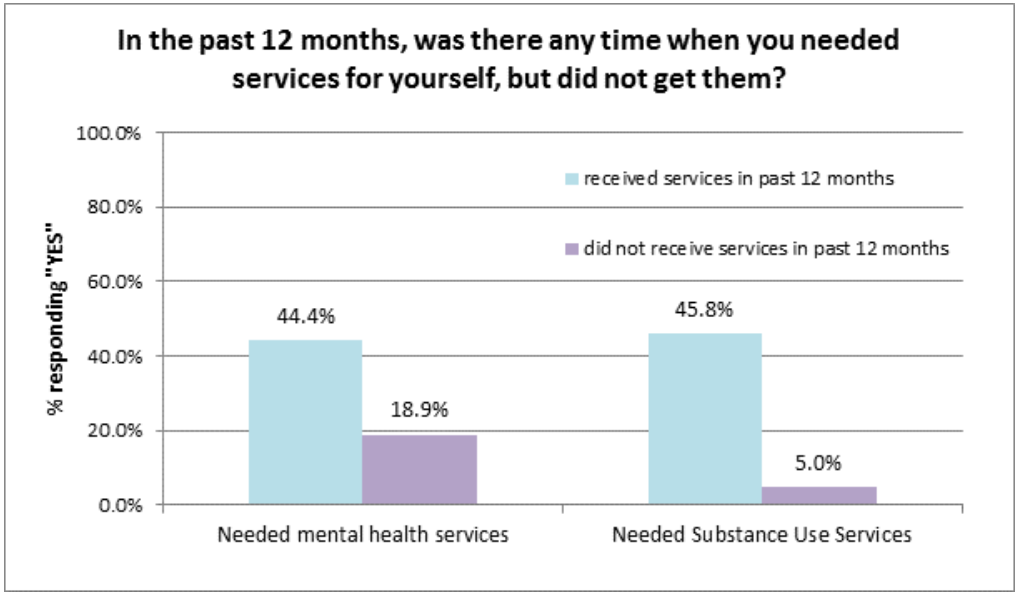


Chart 14 displays the finding that the top reasons reported for not getting needed mental health services are "I thought I could handle the problem without treatment" and "There were no openings or I could not get an appointment". The top mental health services that people reported having difficulty accessing (Chart 15) are individual therapy or counseling and assistance with medication management.

Chart 14

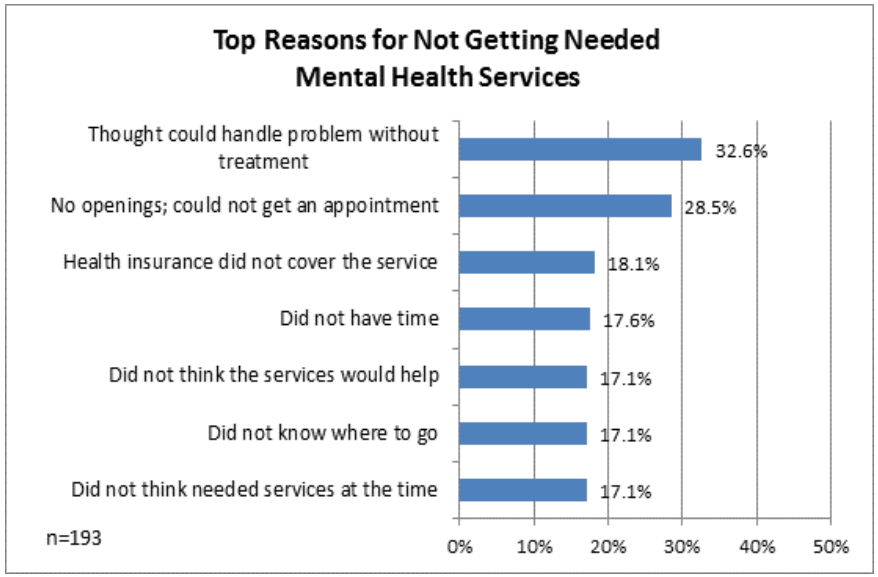
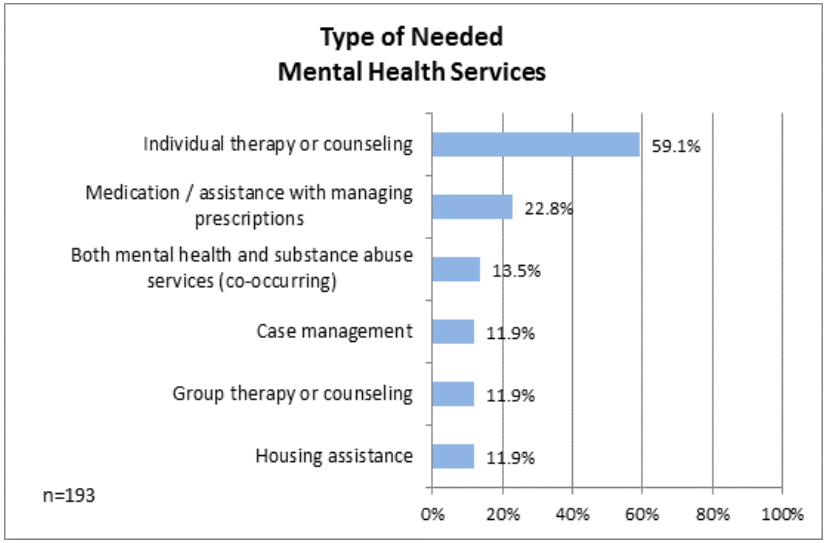


Chart 15



Reported reasons for substance use service access difficulties are similar with the top reasons being “I was not ready to stop using alcohol or drugs”, “I thought I could handle the problem without treatment”, and “There were no openings or I could not get an appointment”. However, some differences are observed for the type of services respondents had difficulty getting (Chart 19). While ‘individual therapy or counseling’ was again the top service mentioned, it was mentioned by a smaller proportion of respondents and a more diverse array of services were mentioned with higher frequency including co-occurring mental health and substance use services, peer and recovery support services, intensive outpatient treatment and opioid treatment.

Chart 16

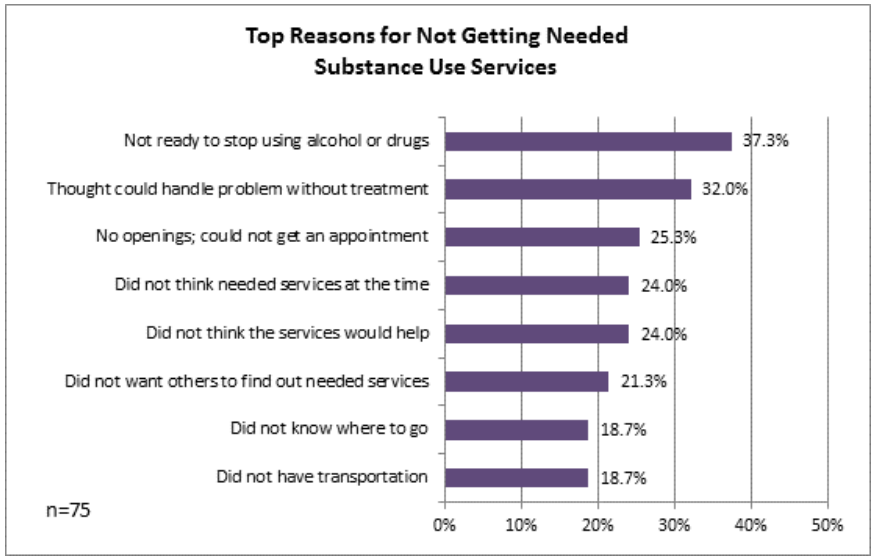
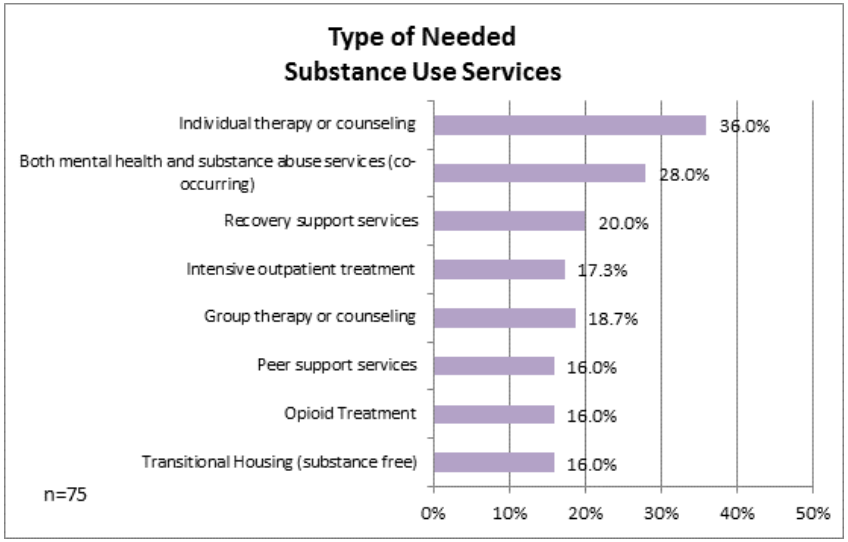
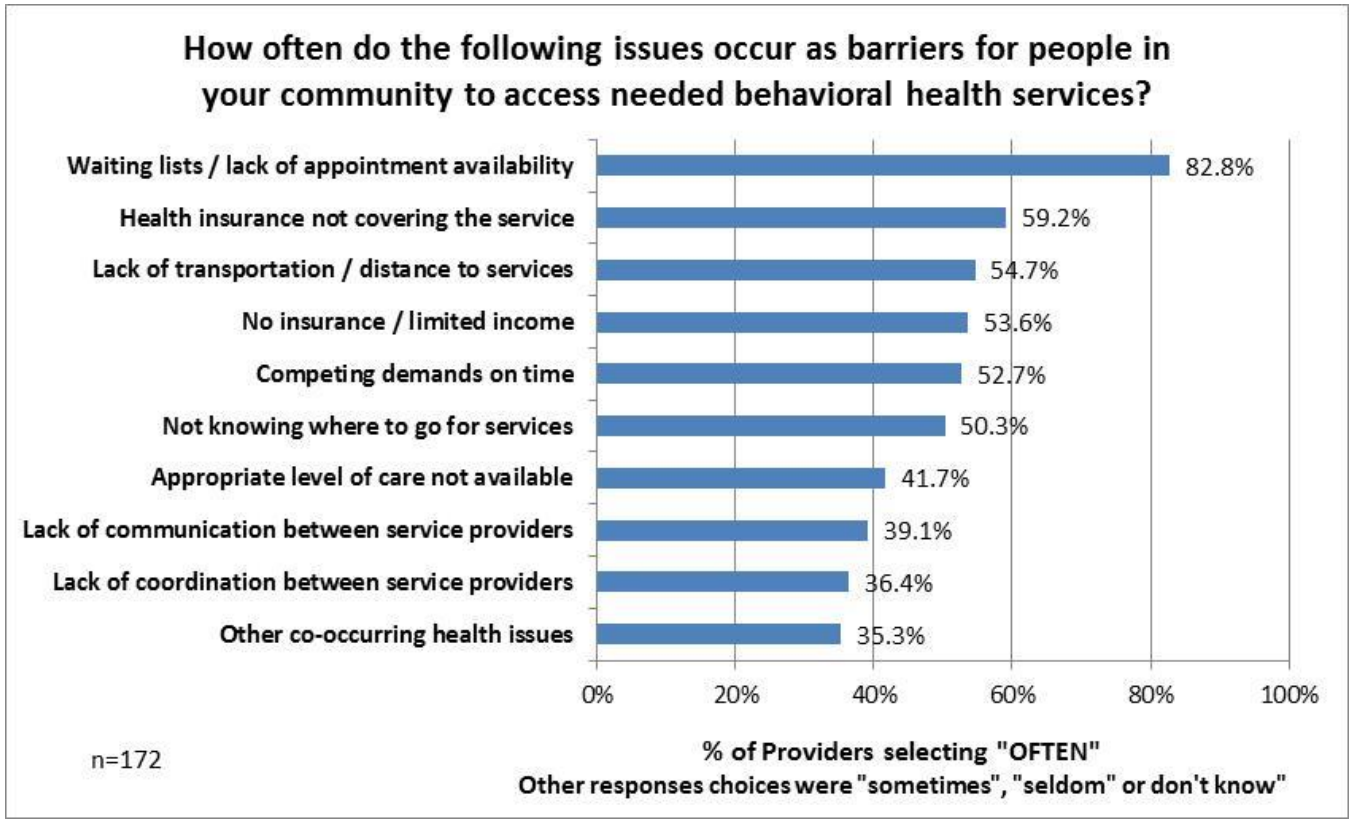


Chart 17



The focused assessment of behavioral health needs also included a survey of area health and human service providers (n=172). As displayed by Chart 18, respondents to the provider survey also reflect the observation that workforce capacity is an important concern with 'waiting lists / lack of appointment availability' cited as a top barrier to accessing behavioral health services in the region. Health insurance coverage limitations and lack of transportation / distance to services also noted as substantial barriers to accessing needed behavioral health services.

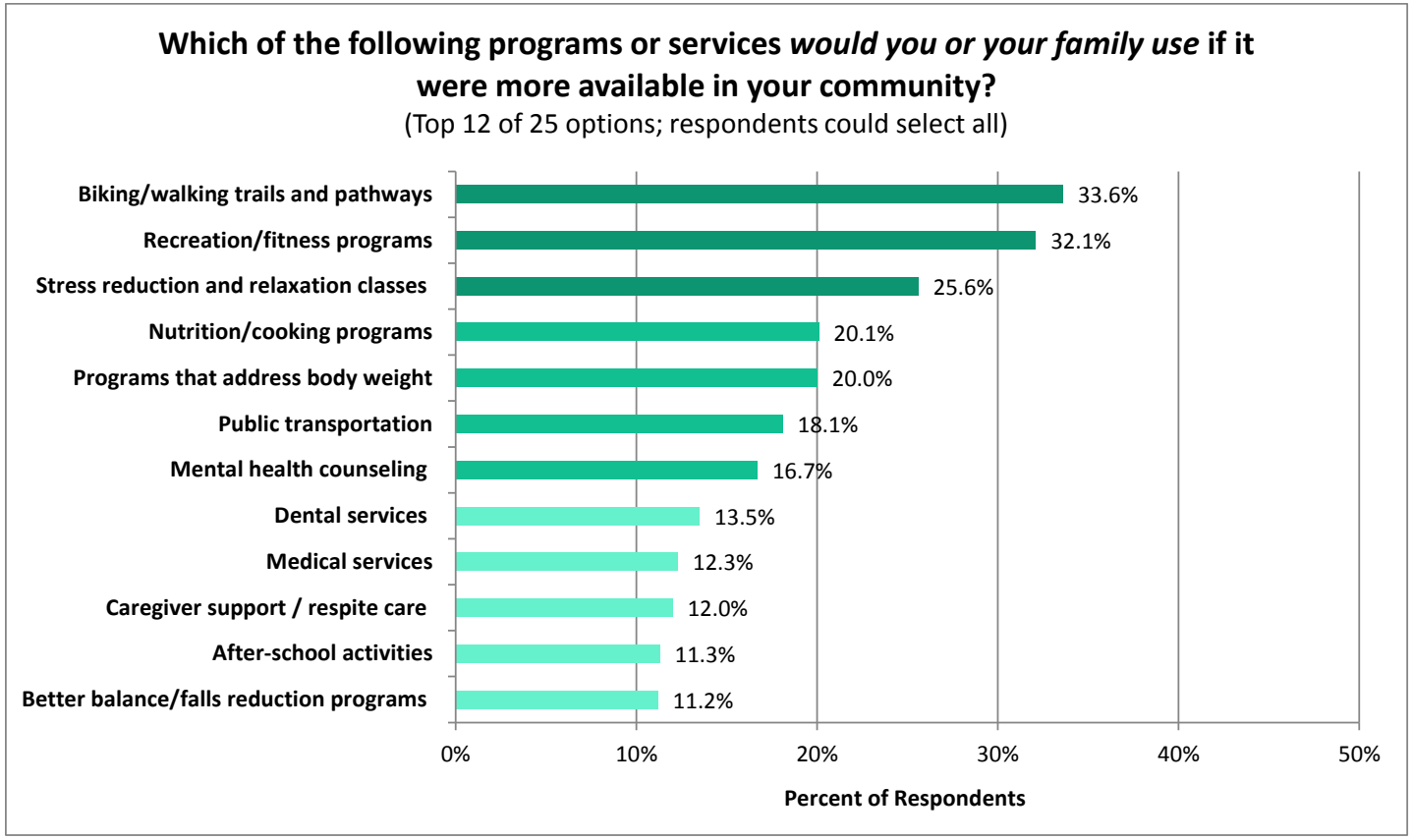
Chart 18



7. Community Health Resources and Suggestions for Improvement

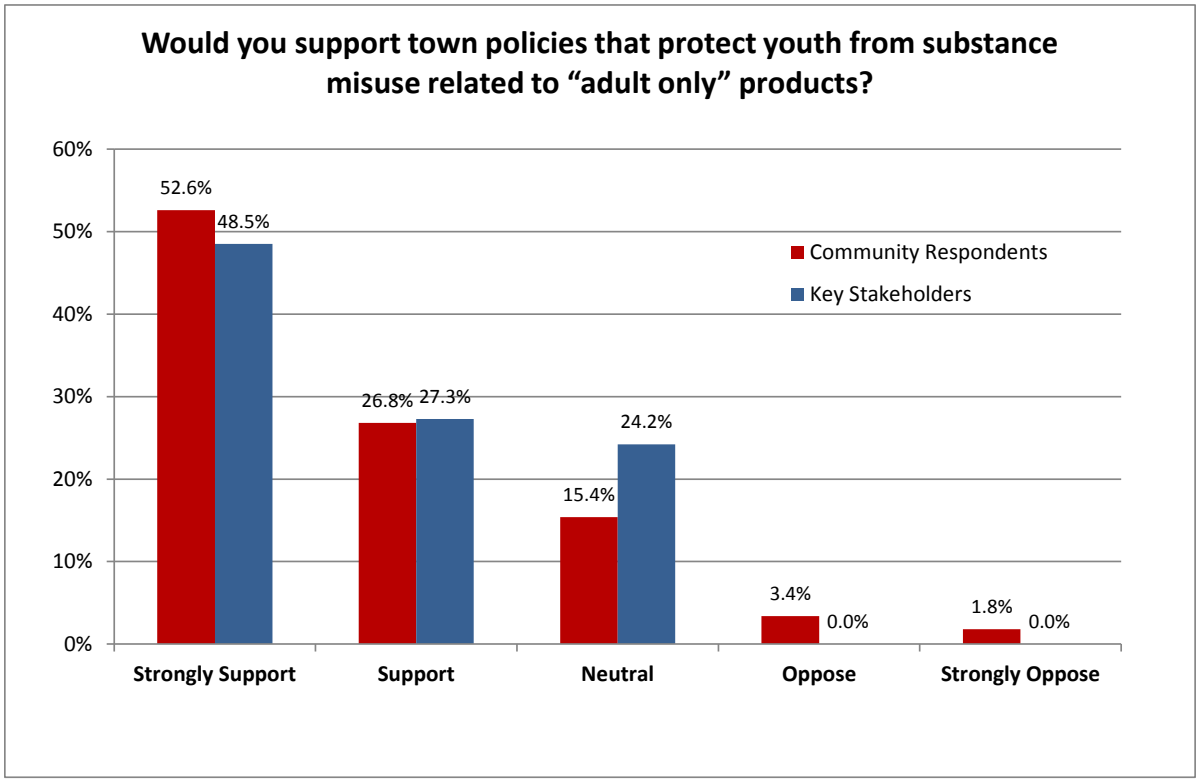
The 2018 NLH Community Needs Assessment Survey asked people to indicate from community health-related programs or services they would use if more available in the community. About one-third of respondents indicated they would use biking/walking trails, and recreation/fitness programs. 'Stress reduction and relaxation classes' was the third most common program of interest.

Chart 19



Respondents to the community survey and the key stakeholder survey were asked the question, “Would you support town policies that protect youth from substance misuse related to “adult only” products?” Examples of such policies could include policies that limit advertising, limit retail locations, or restrict use at community events of alcohol, tobacco, ‘vaping’, marijuana and related paraphernalia. Support for these types of town policies was similar on the two surveys with about three out of four community and key stakeholder respondents indicating support or strong support.

Chart 20



The 2018 Community Health Needs Assessment Survey asked people to respond to the question, ***"If you could change one thing that you believe would contribute to better health in your community, what would you change?"*** A total of 361 survey respondents (50%) provided written responses to this question. Table 7 provides a summary of the most common responses by topic theme.

TABLE 7

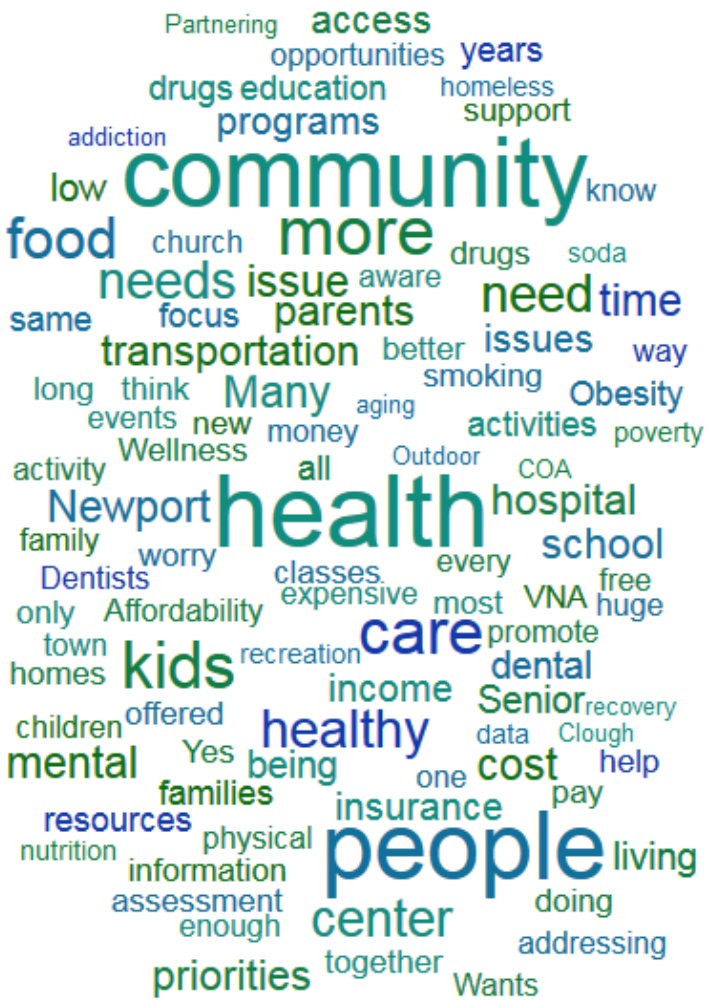
"If you could change one thing that you believe would contribute to better health in your community, what would you change?"

Affordability of health care/low cost or subsidized services; insurance; health care payment reform	**16.9% of all comments**
Health care provider availability including certain specialties; hours and wait time; health care delivery system improvements, quality and options	**16.3%**
Accessibility/availability of substance use treatment services; substance misuse prevention including tobacco	**8.6%**
Availability / affordability of mental health services; mental health awareness / stigma	**7.2%**
Improved resources, programs or environment for physical activity, active living; affordable recreation and fitness	**8.6%**
Improved resources, programs or environment for healthy eating/ nutrition/food affordability;	**8.6%**
Programs/services for youth and families; healthy lifestyle education	**5.8%**
Caring community / culture; community connections and supports	**4.4%**
Senior services / assisted living / concerns of aging	**4.4%**
Improved transportation services / public transportation; medical transportation	**3.9%**
Improved job opportunities; housing; homeless; economy	**3.0%**
Affordability / availability of dental services	**2.2%**

B. COMMUNITY HEALTH DISCUSSION GROUPS

A set of four discussion groups were convened in the spring of 2018 as part of the effort by New London Hospital to understand the health-related needs of the community and to plan programs and services that address those needs. The purpose of the discussion groups was to get input on health issues that matter to the community and thoughts and perceptions about the health of the community. Discussion groups were convened representing a variety of important community sectors and perspectives, specifically the following:

- NLH Volunteers (8 participants)
- Kearsarge Interfaith Leadership Council (8 participants)
- Newport Food Pantry (19 participants)
- Newport area parents and school personnel (6 participants)



1. Community Discussion Group Themes

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

- Discussion group participants had mixed perspectives about the overall health of the community. Positive factors cited include the increased focus of New London Hospital on community wellness activities, perception of increased opportunities for and participation in physical activity and recreation, and a number of specific community resources such as food and nutrition programs that promote health and wellness . However, there was also discussion of a divide in health outcomes, particularly families that have been in the area for many years compared to those that have moved into the community more recently such as retirees with more financial resources. A number of comments also specifically

cited substance misuse, obesity, and poor diet as problems contributing to poor health in the community, as well concerns about families under stress and associated lifestyles that contribute to poor health outcomes.

> *"People are interested in being well and taking advantage of what's out there. The college is helpful by exposing the community to more."* Volunteer Group Participant

- Participants identified a wide variety of community strengths and resources that promote health including recreation centers, senior centers, food pantry, Council on Aging, VNA, Colby Sawyer College, churches, 'hospitals and school systems working with dental practices', public safety services, the physical environment and outdoor recreational activities, and farmers' markets.

- Participants identified a range of barriers to promoting good health in the community such as affordability of care including long term care, the need for more awareness of available services ("Advertising needs to be improved – People are unaware"), access to medical specialists, the need for improved access to transportation, and addressing intergenerational poverty, substance misuse and mental health.

> *"People who retire here have good health care because they can afford it. People who are raised here normally don't have as good of health care."* Interfaith Leadership Group Participant

- With respect to what organizations could be doing better to support or improve community health, participants identified needs for "more synergy" and coordination between health and human service providers, as well as broader partnerships with schools and businesses; better communication and marketing of health-related opportunities, increased health education and life-skills education on topics such as budgeting, offering services at times that better accommodate people's work schedules, and more leadership for addressing long term community health issues.

> "*Nutrition is a huge problem. Parents will tell kids to pick out snacks and soda for dinner. It's easy and convenient. Stressful living causes lack of nutritious food*." Parent Group Participant

> *"Transportation is difficult, can't go out of Newport. There should be a transportation system to get into Claremont. There is a cheaper grocery store there."* Food Pantry Group Participant

2. High Priority Issues from Community Discussion Groups

In each of the community discussion groups convened in 2018, the discussion group facilitator read top priority areas identified in previous Community Health Needs Assessments in the region. The priorities named in the discussion groups were:

- Access to mental health care
- Alcohol and drug use prevention, treatment and recovery
- Affordability of health insurance and the cost of prescription drugs
- Lack of physical activity and the need for more recreational opportunities
- Health care services for seniors
- Support for families with low income; addressing poverty

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

> *"The obesity level has grown massively. It's easier for poor families to buy junk food. Fast food is cheaper, healthy food is expensive."* Food Pantry Group Participant

> *"There is a divide of people who are aware and unaware – it comes down the poverty line and they would benefit the most. Need to figure out a way to shatter the barrier."* Parent Group Participant

> *"Why is money only targeted towards the opioid epidemic treatment? There needs to be more workforce development strategy for mental health and substance misuse".* Interfaith Leadership Group Participant

The table below displays overall priorities, concerns and areas of improvement identified by each set of discussion groups. As noted on the previous page, the community discussion groups convened in 2018 generally endorsed the same set of priorities as identified in 2015. Some additional themes emerged in these discussions and are noted in this table as well.

TABLE 8 – COMMUNITY DISCUSSION GROUPS; MAJOR THEMES & PRIORITIES

	NLH Volunteers	Interfaith Leadership Council	Newport Food Pantry	Parents and Teachers
High priority health issues from previous assessments*	The list is still the same; but support for families with low income and addressing poverty should be a higher priority. Add healthy eating The community needs to attract younger families. More affordable housing; more housing like Bittersweet could be offered for families with a low income	Overall, the priorities are the same; "3 years is a short time to implement improvements in the focus areas" Transportation is missing Access to recreation; need a "list of recreation resources including cost and other information" "More mental health"; "Very hard to get an appointment for an emergency mental health issue. There needs to be some kind of mental health clinic."	Priorities are mostly the same Need dental care within Newport; dental care is very expensive and insurance doesn't cover dental or hearing; "maybe an opportunity for mobile units?" "Never getting away from health insurance and affordability" "Drug problem still big issue in Newport" Need to Improve the recreation center for children; "Not a lot more for kids to do"	Same areas of focus as 2015, but have shifted in regards to priorities. Depression, mental health and addiction; "Worry about long term effects (of mental health and addiction) and what it does to families. "Dental health is huge"; Many people in low and middle classes are affected by dental costs and access to dental health. Homelessness and domestic violence
***Access to mental health care; Alcohol / drug use prevention, treatment and recovery; Affordability of health insurance and cost of prescription drugs; Lack of physical activity / more recreational opportunities; Health care services for seniors; Support for families with low income; addressing poverty**				

	NLH Volunteers	Interfaith Leadership Council	Newport Food Pantry	Parents and Teachers
What people are concerned about	Affordability of health care and related resources; "Are they going to be able to afford care?" Nursing homes, since Clough Center is now closed; affordable assisted living or resources for home care	Long term care and closing of Clough; "People are traveling outside of the community for assisted living because it is more affordable, more to offer outside of the community" Money and how to pay for health care and prescription drugs, Losing insurance due to job loss, "What is next for those people?	"Worry about cost, cost of food, insurance, cost of drugs" "Deciding to either pay health insurance or buy food"; "Making choices about what to pay and what not to pay for " Drug epidemic Senior citizens transportation is only local and that is an issue	Affordability of food; "Half of pay check goes to food bill. " Cost of medicine limiting access to medication Cost of living (including taxes) and healthy living are in conflict; "Can't have both – have to pick one." "Not just low income, but includes middle income. Middle income is the new low income. "
Areas where there has been improvement	Have seen improvement in the recreation department & Council on Aging working together "Love all the (Wellness) initiatives that Catherine has been making in the hospital"	The addition of the Newport Health Center Physical activity programs have increased; Outing club, homeless shelter in Claremont; "Southwestern Community Services needs more support." "Networking pulls the community together"	There has been improvement within the Senior Center; a lot of new programs We have good mental health care, but the "waiting list to get into see a psychiatrist is very long" No improvement- "not enough time to improve"	"New London has mental health professional for Newport" "Less stigma in mental health needs."

C. COMMUNITY HEALTH STATUS INDICATORS

This section of the 2018 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 15 town service area identified as the New London Hospital Service area. In some instances, data are only available at the county level or the Public Health Network region level. Regarding the latter, the Public Health Network region that most closely corresponds to the New London Hospital Service area is the Greater Sullivan County Public Health Network, which includes 10 of the 15 towns in the hospital service area including the Town of New London.

1. Demographics and Social Determinants of Health

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

a. General Population Characteristics

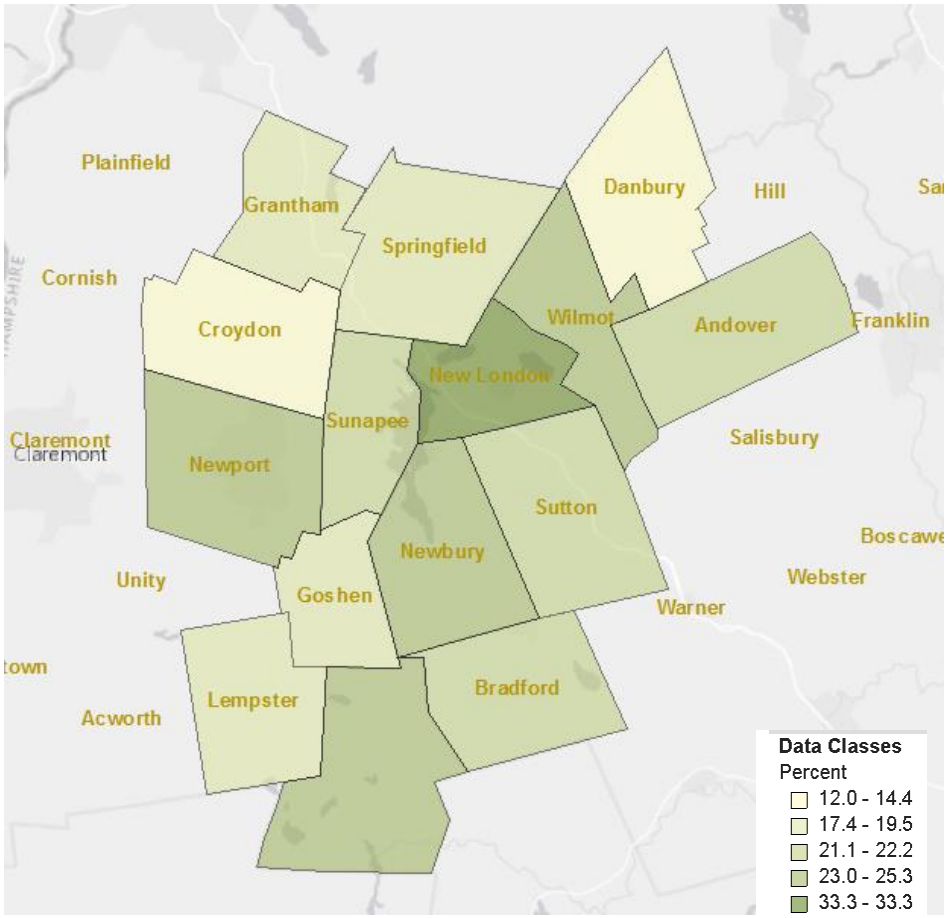
According to the 2016 American Community Survey (US Census Bureau), the population of the New London Hospital Service Area is older on average than in New Hampshire overall. The service area map on the next page displays the percent of the population 65 years of age and older by town. Between 2010 and 2016, the population of the NLH Service Area increased by almost 1%.

Population Overview	New London Hospital Service Area	New Hampshire
Total Population	**32,912**	1,327,503
Age 65 and older	**22.9%**	15.8%
Under age 18	**17.7%**	20.1%
Change in population compared to 2010 census	**+0.9%**	+0.8%

Data Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates and 2010 US Census.

The proportion of the population age 65 years or more ranges from 12.0% in Danbury to 33.3% in New London.

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



b. Poverty

The correlation between economic prosperity and good health status is well established. Inversely, the lack of economic prosperity, or poverty, can be associated with barriers to accessing health services, healthy food, and healthy physical environments that contribute to good health. Information describing household income and poverty status was included in the first section of this report. The table below presents the proportion of children under age 18 living below 100% and 200% of the Federal Poverty Level in the NLH Service Area compared with percentages for New Hampshire. Child poverty rates in the service area are lower than for the state overall.

Area	Percent of Children in Poverty Income < 100% FPL	Percent of Children in or near Poverty Income < 200% FPL
NLH Service Area	**5.4%**	**22.1%**
New Hampshire	11.0%	26.8%

Data Source: U.S. Census Bureau, 2012 – 2016 American Community Survey 5-Year Estimates.

c. Education

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

Area	Percent of Population Aged 25+ with No High School Diploma
NLH Service Area	**6.8%**
New Hampshire	7.4%

Data Source: U.S. Census Bureau, 2012 – 2016 American Community Survey 5-Year Estimates.

d. Language

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

Area	Percent of Population Aged 5+ Who Speak English Less Than "Very Well"
NLH Service Area	**0.4%**
New Hampshire	1.5%

Data Source: U.S. Census Bureau, 2012 – 2016 American Community Survey 5-Year Estimates.

e. Housing

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

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

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

Area	Percent of Housing Units Categorized As "Substandard"	Percent of Households with Housing Costs >30% of Household Income
NLH Service Area	**30.7%**	**30.8%**
New Hampshire	32.8%	33.3%

Data Source: 2012 – 2016 American Community Survey 5-Year Estimates; Sub-standard Housing and Housing Cost Burden data accessed from Community Commons.

f. Transportation

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

Area	Percent of Households with No Vehicle Available
NLH Service Area	**4.3%**
New Hampshire	5.3%

Data Source: U.S. Census Bureau, 2012 – 2016 American Community Survey 5-Year Estimates.

g. Disability Status

Disability is defined as the product of interactions among individuals' bodies; their physical, emotional, and mental health; and the physical and social environment in which they live, work, or play. Disability exists where this interaction results in limitations of activities and restrictions to full participation at school, at work, at home, or in the community. The US Census Bureau (American Community Survey) identifies people reporting serious difficulty with four basic areas of functioning – hearing, vision, cognition, and ambulation. According to the 2016 American Community Survey, 13.4% of NLH Service Area residents report having at least one disability, a rate that is slightly higher than the overall New Hampshire rate and most likely a reflection of the proportionally older population.

Area	Percent of Population Reporting Serious Difficulty With Hearing, Vision, Cognition and/or Ambulation
NLH Service Area	**13.4%**
New Hampshire	12.3%

Data Source: U.S. Census Bureau, 2012 – 2016 American Community Survey 5-Year Estimates.

2. Access to Care

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

a. Insurance Coverage

Table 9 on the next page displays estimates of the proportion of residents who do not have any form of health insurance coverage by municipality, as well as the proportion of residents covered by Medicare or Medicaid. It is important to note that the data source for these municipal level estimates is a 5 year span of the American Community Survey. A combination of five

years of data is required to produce reasonably stable estimates on these and other measures from the survey samples. This particular time period spans a period of significant change in the health insurance market with the implementation of the federal Affordable Care Act and the beginning of Medicaid expansion in New Hampshire. The overall proportion of the population without health insurance is estimated to be 8.1%. In the 2015 Community Health Needs Assessment, the estimated percentage of the service area population without health insurance was 10.6%.

TABLE 9

Area	Percent of the Total Population with No Health Insurance Coverage	Percent with Medicare Coverage Alone or in Combination	Percent with Medicaid Coverage Alone or in Combination
Croydon	14.7%	17.5%	12.3%
Goshen	13.0%	19.9%	13.2%
Springfield	11.1%	18.5%	5.6%
Washington	10.6%	23.8%	4.4%
Lempster	10.4%	22.5%	10.8%
Newport	10.3%	24.8%	18.8%
Danbury	9.9%	12.8%	13.6%
Wilmot	9.7%	24.5%	8.6%
Bradford	8.4%	22.3%	10.0%
New Hampshire	8.4%	20.0%	12.9%
Andover	8.0%	24.2%	14.0%
Sutton	7.7%	21.1%	6.4%
Newbury	7.1%	26.5%	3.6%
Sunapee	6.2%	24.3%	5.3%
New London	5.8%	32.9%	7.8%
Grantham	5.2%	19.8%	4.6%

Data Source: U.S. Census Bureau, 2012 – 2016 American Community Survey 5-Year Estimates; Kaiser Foundation State Health Facts

b. Adults with a Personal Health Care Provider

This indicator reports the percentage of adults aged 18 and older who self-report that they have at least one person who they think of as a personal doctor or health care provider. A lower percentage on this indicator may highlight insufficient access or

availability of medical providers, a lack of awareness or health knowledge or other barriers preventing formation of a relationship with a particular medical care provider.

Area	Percent of adults who report having a personal doctor or health care provider
NLH Service Area	**86.5%**
New Hampshire	86.8%

Data Source: NHDHHS, Behavioral Risk Factor Surveillance System 2014-2015; custom area estimate.
Regional rate is not significantly different than the overall NH rate statistically.

c. Preventable Hospital Stays

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

Area	Number of hospital stays for ambulatory care sensitive conditions per 1,000 Medicare enrollees
NLH Service Area	**43.3**
New Hampshire	44.8

Data Source: Dartmouth Atlas of Health Care, 2014; accessed through Community Commons
Regional rate is not significantly different than the overall NH rate

d. Behavioral Health

Overall health depends on both physical and mental well-being. The table below shows proportion of adults who self-report that their mental health was not good for 14 or more days in the past 30 days, a measure that is correlated with depression and other chronic mental health concerns as well as overall health-related quality of life. About 10% of adults in the service area report 14 or more days in the past 30 days when their mental health was not good, a proportion similar to the overall proportion in NH.

Area	Percent of adults reporting 14 or more days in the past 30 during which their mental health was not good
NLH Service Area	**10.1**
New Hampshire	11.0

Data Source: NHDHHS, Behavioral Risk Factor Surveillance System 2014-2015; custom area estimate.
Regional rate is not significantly different than the overall NH rate statistically

Overutilization or dependence on emergency departments for care of individuals with behavioral health conditions can be an indication of limited access to or capacity of outpatient mental health services. Similarly, unplanned hospital re-admissions can indicate gaps in available community and social support systems.

As part of regional planning work to develop an Integrated Delivery Network (IDN) for behavioral health, analyses were conducted with Medicaid claims data to compare emergency department utilization and hospital re-admissions for Medicaid members with evidence of a behavioral health condition based on claims history. Chart 21 displays the finding that Medicaid members residing in IDN Region 1, which includes the NLH service area, with a behavioral health (BH) condition were more likely to have had four or more visits to an emergency department in 2015 (6.7% of members with evidence of a behavioral health condition compared to 1.4% of members without). Similarly, the 30 day hospital inpatient readmission rate for behavioral health indicated Medicaid members (10.6%) was more than double the rate for non-behavioral health indicated members (4.7%).

Chart 21

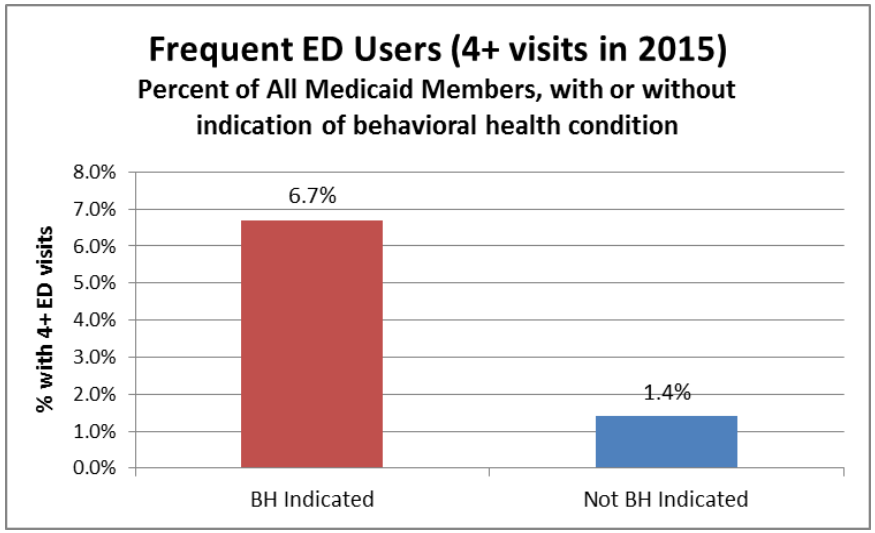
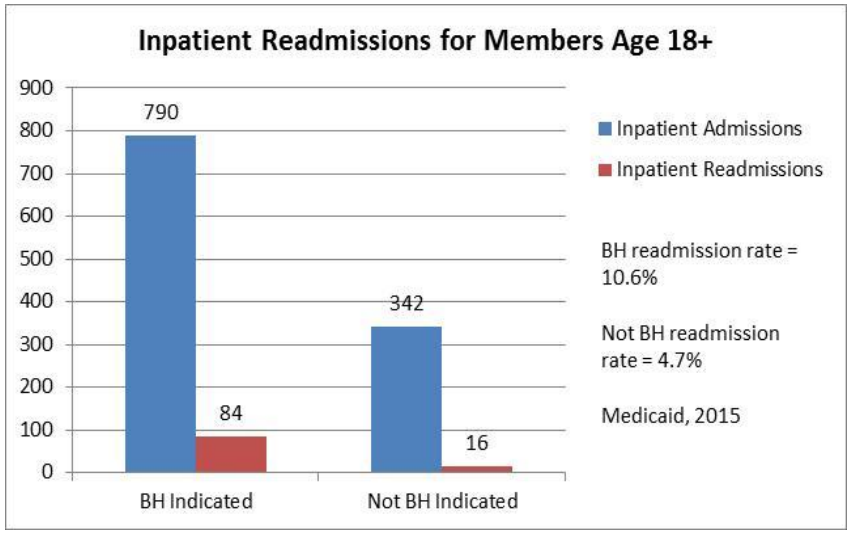


Chart 22



Data Source: NH Medicaid, 2015 claims data

e. Dental Care Utilization (Adult)

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

Area	Percent of adults who have not visited a dentist or dental clinic in the past 5 years
NLH Service Area	**12.2%**
New Hampshire	11.4%

Data Source: NHDHHS, Behavioral Risk Factor Surveillance System 2014-2015; custom area estimate.
Regional rate is not significantly different than the overall NH rate statistically

f. Poor Dental Health

This indicator reports the percentage of adults age 18 and older who self-report that six or more of their permanent teeth have been removed due to tooth decay, gum disease, or infection. In addition to highlighting needed improvements in preventive oral health care, this indicator can also highlight a lack of access to care, a lack of health knowledge, or social and economic barriers preventing utilization of services.

Area	Percent of adults who report having six or more of their permanent teeth removed
NLH Service Area	**17.9%**
New Hampshire	15.5%

Data Source: NHDHHS, Behavioral Risk Factor Surveillance System 2014; custom area estimate.
Regional rate is not significantly different than the overall NH rate statistically.

3. Health Promotion and Disease Prevention Practices

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

a. Fruit and Vegetable Consumption (Adults)

This indicator reports the percentage of adults aged 18 and older who self-report consuming less than 5 servings of fruits and vegetables each day. Unhealthy eating habits contribute to significant health issues such as obesity and diabetes.

Area	Percent of Adults Consuming Few Fruits or Vegetables
Greater Sullivan County Public Health Region	**69.5%**
New Hampshire	71.5%

Data Source: NH Health Wisdom, Behavioral Risk Factor Surveillance System, 2009 (most recent available).
Difference is not statistically significant

b. Physical Inactivity (Adults)

This indicator reports the percentage of adults aged 18 and older who self-report leisure time physical activity, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?". Lack of physical activity can lead to significant health issues such

as obesity and poor cardiovascular health. About 1 in 4 adults in the region can be considered physically inactive on a regular basis – a rate similar to the rest of New Hampshire.

Area	Physically inactive in the past 30 days, % of adults
NLH Service Area	23.8%
New Hampshire	20.8%

Data Source: NHDHHS, Behavioral Risk Factor Surveillance System 2014-2015.
Regional rate is not significantly different than the overall NH rate statistically.

c. Pneumonia and Influenza Vaccinations (Adults)

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

Area	Adults who have received a flu shot in past 12 months and those who have ever received a pneumococcal vaccination	
	Influenza Vaccination 18 years of age or older	Pneumococcal Vaccination 65 year of age or older
NLH Service Area	**46.0%**	**77.2%**
New Hampshire	43.7%	77.2%

Data Source: NHDHHS, Behavioral Risk Factor Surveillance System 2014-2015.
Regional rates are not significantly different than the overall NH rate statistically.

d. Substance Misuse

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

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

Area	Engaged in Binge Drinking in Past 30 days, Percent of Adults		
	Male	Female	Total
NLH Service Area	**21.0%**	**11.4%**	**16.1%**
New Hampshire	21.7%	12.3%	16.8%

Data Source: NHDHHS, Behavioral Risk Factor Surveillance System 2014-2015.
Regional rate is not significantly different than the overall NH rate statistically.

Area	Heavy Alcohol Use, Percent of Adults		
	Male	Female	Total
NLH Service Area	12.0%	6.8%	9.4%
New Hampshire	6.4%	6.8%	6.5%

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

Although underage drinking is illegal, alcohol is the most commonly used and misused drug among youth. On average, underage drinkers also consume more drinks per drinking occasion than adult drinkers. In the Greater Sullivan County Public Health Region, the proportion of high school aged youth reporting binge drinking behavior is slightly higher than the overall state percentage, although the difference is not statistically significant.

Area	Engaged in Binge Drinking in Past 30 days, Percent of High School Youth
Greater Sullivan County Public Health Region	19.1%
New Hampshire	15.9%

Data Source: NH Youth Risk Behavior Survey, 2017
Regional rate is not significantly different than the overall NH rate

The misuse of prescription drugs, particularly prescription pain relievers, poses significant risk to individual health and can be a contributing factor leading to misuse of other drugs and a cause of unintentional overdose and mortality. About 11% of high school youth in the Greater Sullivan County Public Health Region report having ever used a prescription drug that was not prescribed to them, a proportion similar to the state overall.

Area	Ever used prescription drugs 'not prescribed to you', Percent of High School Youth
Greater Sullivan County Public Health Region	10.8%
New Hampshire	11.5%

Data Source: NH Youth Risk Behavior Survey, 2017
Regional rate is not significantly different than the overall NH rate

e. Cigarette Smoking

Tobacco use is a primary contributor to leading causes of death such as lung cancer, respiratory disease and cardiovascular disease. This indicator reports the percentage of adults aged 18 and older who self-report currently smoking cigarettes some days or every day. Nearly 1 in 5 adults (18.4%) in the communities of the NLH service area are estimated to be current smokers. The estimate of the percent of adults statewide who are current smokers is 17%.

Area	Percent of Adults who are Current Smokers
NLH Service Area	18.4%
New Hampshire	17.0%

Data Source: NHDHHS, Behavioral Risk Factor Surveillance System 2014-2015
Regional rate is not significantly different than the overall NH rate statistically

f. Teen Birth Rate

Teen pregnancy is closely linked to economic prosperity, educational attainment, and overall infant and child well-being. The teen birth rate in the NLH service area is significantly lower than the rate in New Hampshire overall.

Area	Teen Birth Rate per 1,000 Women Age 15-19
NLH Service Area	**7.0***
New Hampshire	11.0

Data source: NH Division of Vital Records Administration birth certificate data; 2012-2016.
***Rate is statistically different and lower** than the overall NH rate

4. Selected Health Outcomes

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

a. Overweight and Obesity

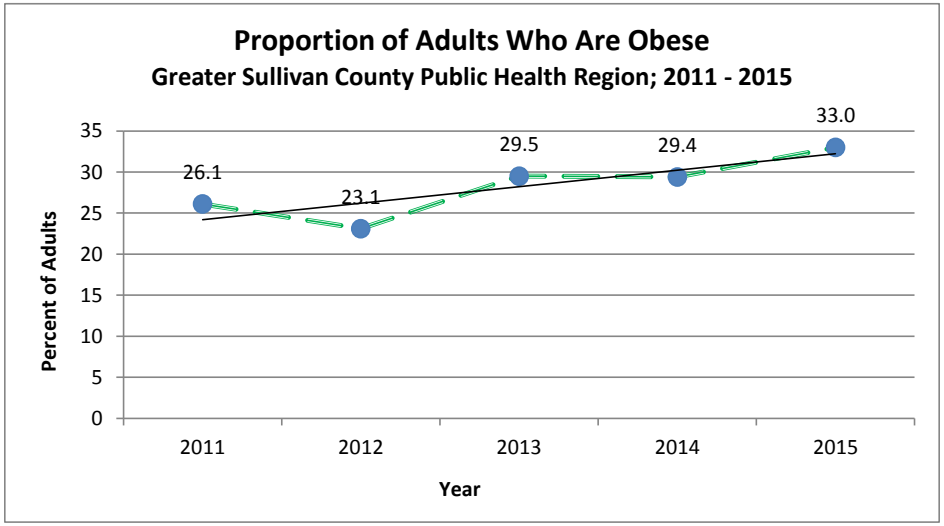
Being overweight or obese can indicate an unhealthy lifestyle that puts individuals at risk for a variety of significant health issues including hypertension, heart disease and diabetes. The indicators below report the percentage of adults aged 18 and older who self-report that they have a Body Mass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

Area	Percent Obese	Percent Overweight or Obese
NLH Service Area	**29.4%**	**64.5%**
New Hampshire	27.0%	63.6%

Data Source: NHDHHS, Behavioral Risk Factor Surveillance System 2014-2015

Regional rate is not significantly different than the overall NH rate

Chart 22



Data Source: NHDHHS, Behavioral Risk Factor Surveillance System 2011-2015

b. Heart Disease

Heart disease is the second leading cause of death in New Hampshire and in the Central NH Region after all forms of Cancer. Heart disease is closely related to unhealthy weight, high blood pressure, high cholesterol, and substance abuse including tobacco use. In 2016, Diseases of the Heart was the cause of 38 deaths in the NLH service area.

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

Area	Percent of Adults with Heart Disease (self-reported)
NLH Service Area	4.3%
New Hampshire	4.0%

Data Source: NH DHHS, Behavioral Risk Factor Surveillance System, 2014-2015

Rate is not statistically different than the overall NH rate

Cholesterol Screening: High levels of total cholesterol and low density lipoprotein-cholesterol (LDL-C) and low levels of high density lipoprotein-cholesterol (HDL-C) are important risk factors for coronary heart disease. Periodic cholesterol screening for adults, particularly those with other risk factors, is a beneficial procedure for early identification of heart disease that can be treated with preventive therapy. The table below displays the proportion of adults who report that they have had their cholesterol levels checked at some point within the past 5 years.

Area	Percent of adults who have had their cholesterol levels checked within the past 5 years
NLH Service Area	84.0%
New Hampshire	83.0%

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

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

Area	Coronary Heart Disease Mortality (per 100,000 people, age-adjusted)	Cerebrovascular Disease Mortality (per 100,000 people, age-adjusted)
NLH Service Area	**73.5***	**23.9**
New Hampshire	94.6	27.9

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

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

c. Diabetes

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

Diabetes Prevalence: This indicator reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. Nearly 11% of adults in the NLH service area report having been told by a health professional that they have diabetes.

Area	Percent of Adults with Diabetes, age adjusted
NLH Service Area	**10.7%**
New Hampshire	8.6%

Data Source: NH DHHS, Behavioral Risk Factor Surveillance System, 2014-2015.
Regional rate is not statistically different than the overall NH rate

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

Area	Percent of Medicare Beneficiaries with Diabetes with Annual Hemoglobin A1c Test
NLH Service Area	**90.5%**
New Hampshire	90.3%

Data Source: Dartmouth Atlas of Health Care, 2014; accessed through Community Commons
Regional rate is not significantly different than the overall NH rate

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

Area	Deaths due to Diabetes Mellitus (per 100,000 people, age adjusted)
NLH Service Area	**15.4**
New Hampshire	18.2

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

d. Cancer

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

Cancer Screening: The table on the next page displays screening rates for colorectal cancer, breast cancer and cervical cancer. The United States Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy, in adults, beginning at age 50 years and continuing until age 75 years. The proportion of adults age 50 to 75 who are in compliance with the USPSTF recommendations (self-report) in CNNHP region (77.8%) is similar to the overall NH rate (74.9%). The proportion of women who report being in compliance with breast and cervical cancer screening recommendations are also similar to the overall NH rate.

Cancer Screening Type	Greater Sullivan County Public Health Region	New Hampshire
Percent of adults who are aged 50+ that met USPSTF colorectal cancer screening recommendations*	76.1%	74.9%
Percent of females aged 50+ who have had a mammogram in the past two years**	74.7%	80.8%
Percent of females aged 18-64 who have had a pap test in the past 3 years**	81.7%	80.0%

*Data Source: NH DHHS, Behavioral Risk Factor Surveillance System, 2015

**Data Source: NH DHHS, Behavioral Risk Factor Surveillance System, 2014

Regional rates are not statistically different than the overall NH rate

Cancer Incidence and Cancer Mortality: The table below shows cancer incidence rates by site group for the cancer types that account for the majority new cancer cases (incidence). The incidence rate for Melanoma of the Skin was significantly higher in the NLH service area compared to the state overall between 2011 and 2015, while incidence of lung and bladder cancer was lower.

Cancer Incidence per 100,000 people, age adjusted		
	NLH Service Area	New Hampshire
Overall cancer incidence (All Invasive Cancers)	520.5	497.4
Cancer Incidence by Type		
Breast (female)	159.4	145.3
Prostate (male)	97.3	120.9
Melanoma of Skin	55.6**	29.7
Lung and bronchus	49.6*	67.3
Colorectal	37.1	38.8
Bladder	19.6*	28.3

Data Source: NH State Cancer Registry, 2011 - 2015

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

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

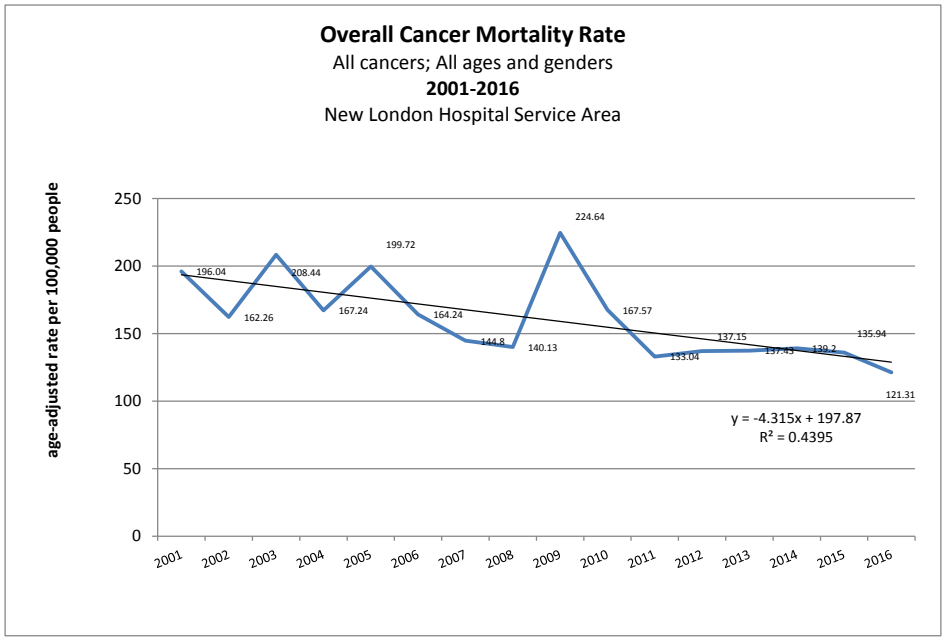
Cancer Mortality: The table below shows the overall cancer mortality rate and for the cancer types that account for the majority of cancer deaths. The overall cancer mortality rate and mortality rate from specific cancer types are similar to the state overall. As displayed by the chart at the bottom of the page, the overall cancer mortality rate in the region has been declining at a linear rate of about -2.4% per year since the year 2001.

Cancer Mortality per 100,000 people, age adjusted		
	NLH Service Area	New Hampshire
Overall cancer mortality (All Invasive Cancers)	134.1*	162.3
Cancer Mortality by Type		
Lung and bronchus	36.2	44.4
Pancreas	16.5	10.7
Prostate (male)	14.9	20.1
Breast (female)	14.3	19.4
Colorectal	7.2*	12.8

Data Source: NH State Cancer Registry, 2012 - 2016

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

Other regional rates are not significantly different than overall NH rate



e. Asthma

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

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

Area	Percent of Children (ages 0 to 17) with Current Asthma*	Percent of Adults (18+) with Current Asthma**
NLH Service Area		**10.4%**
Greater Sullivan County Public Health Region	**14.2%**	
New Hampshire	7.2%	10.1%

*Data Source: NH DHHS, Behavioral Risk Factor Surveillance System, 2015

**NH DHHS, Behavioral Risk Factor Surveillance System, 2014-2015

Regional rates are not statistically different than the overall NH rate

f. Intentional and Unintentional Injury:

Accidents and injury are the third leading cause of death in the region and in the state. Deaths due to falls in older adults have been increasing in New Hampshire as the population ages.

Area	Fall related deaths (age 65 and over) Age-adjusted rate
NLH Service Area	**88.1**
New Hampshire	97.1

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

Drug Overdose Mortality: Of particular note in recent years, New Hampshire has been among the hardest hit states by the epidemic of opioid misuse, ranking third behind West Virginia and Ohio in the number of opioid-related deaths per capita and highest for deaths per capita from synthetic opioids like fentanyl. During the period 2014 to 2016, the overall overdose mortality rate in the New London region was significantly lower than in the state overall.

Area	All drug overdose deaths (prescription , illicit, other & unspecified drugs) Age-adjusted rate per 100,000 population
NLH Service Area	**12.5***
New Hampshire	31.4

Data Source: NH Division of Vital Records death certificate data, 2014-2016
***Rate is statistically different and lower** than the overall NH rate

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

Area	Suicide Deaths per 100,000 people; any cause or mechanism
Greater Sullivan County Public Health Region	**17.4**
New Hampshire	15.3

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

g. Premature Mortality

An overall measure of the burden of preventable injury and disease is premature mortality. The indicator below expresses premature mortality as the total years of potential life lost before age 75 (YPLL-75). Every death occurring before the age of 75 contributes to the total number of years of potential life lost. During the period 2014 to 2016, 1,710 deaths in Merrimack County and 568 deaths in Sullivan County occurred before the age of 75.

Area	Years of potential life lost before age 75 per 100,000 population (age-adjusted)
Merrimack County, NH	6,106
Sullivan County, NH	6,557
New Hampshire	5,921

Data source: National Center for Health Statistics, National Vital Statistics System accessed via County Health Rankings, 2014-2016.

5. Comparison of Selected Community Health Indicators between 2015 and 2018

The table below displays comparisons of estimated rates for key community health status indicators between the current community health assessment (2018) and the previous assessment conducted in 2015, as well as the most recent statewide statistic for each indicator. This comparison is provided for informational purposes and it is important to note the differences between the 2015 and 2018 estimates for the region and the state comparison estimate are not significantly different for most indicators. In instances where there are statistically significant differences between recent estimates, the indicators are highlighted in green font.

Table 10: Comparison of Selected Community Health Indicators between 2015 and 2018 with NH State Comparison

Community Health Indicator	Geographic Area	2015 Community Health Assessment	2018 Community Health Assessment	NH State Comparison (most recent statistics available)
Access to care				
Percentage of adult population (age 18+) without health insurance coverage	NLH Service Area	10.6%	8.1%	8.4%
Do not having a personal doctor or health care provider, percent of adults	NLH Service Area	12.5%	13.5%	13.2%
Have not visited a dentist or dental clinic in the past 5 years, percent of adults	NLH Service Area	13.6%	12.2%	11.4%
Health Promotion and Disease Prevention				
Current smoking, percent of adults	NLH Service Area	18.7%	18.4%	17.0%
Physically inactive in the past 30 days, % of adults	NLH Service Area	21.4%	23.8%	20.8%
Binge drinking, percent of adults	NLH Service Area	14.2%	16.1%	16.8%
Teen Birth Rate, per 1,000 Women Age 15-19	NLH Service Area	***13.0***	***7.0***	***11.0***

Community Health Indicator	Geographic Area	2015 Community Health Assessment	2018 Community Health Assessment	NH State Comparison
Health Outcomes				
Obese, percent of adults	NLH Service Area	28.6%	29.4%	27.0%
Ever told had diabetes, percent of adults	NLH Service Area	8.0%	10.7%	8.6%
Current asthma, percent of adults	NLH Service Area	9.9%	10.4%	10.1
Coronary Heart Disease Mortality, per 100,000 people, age-adjusted	NLH Service Area	***103.9***	***73.5***	***94.6***
Cancer Incidence, All sites, per 100,000 people, age-adjusted	NLH Service Area	501.7	520.5	497.4
Cancer Deaths, All Sites, per 100,000 people, age-adjusted	NLH Service Area	142.8	***134.1***	***162.3***