Capital Region Community Health Needs Assessment

A Collaborative Partnership to Identify Community Health Needs Facilitated by Concord Hospital

Facilitator Contact Information:
Ms. Pamela Puleo, Vice President Community Affairs;
Executive Director Concord Hospital Trust
Concord Hospital — 250 Pleasant Street Concord, NH 03301
T: (603) 230-6064
# CONTENTS

## Executive Summary 3

## Introduction 4

### Project Methodologies 6

- Communities Assessed * 6
- Data Sets 7
- Stakeholder Interviews 8
- Community Listening Sessions 9
- Focus Groups 10
- Telephone Survey 11
- Online Survey 12
- Written Survey 13
- Methodologies Summary 14

## Findings 15

- Notable Strengths and Improvements 15
- Vulnerable Populations 18
- Priority Health Needs 24

## Next Steps 30
Executive Summary

The health of a community is the collective result of many partnerships working to assure optimal health outcomes for the people it serves. This Capital Region Community Health Needs Assessment would not have been possible without the input, commitment and engagement of members across the community who graciously served on the Capital Region Health Needs Assessment Workgroup that produced this report. Concord Hospital is grateful for their insights throughout the process and in many cases, their time collecting primary data from those we serve. Our hope is that these partnerships will strengthen as we move forward and work together on opportunities to address the needs identified.

In its study of the population, the Workgroup relied upon both quantitative and qualitative data to formulate this report. The needs that have been identified reflect a broad and holistic definition of health based on various social determinants.

The Capital Region is fortunate to enjoy a high level of general health, available primary and dental care, perceived improvements in transportation and characteristics that result in a high quality of life. However, the data reveals pockets of vulnerable populations present throughout the service area who face particular challenges over the general population. The elderly, food insecure, refugees and those dependent on public transportation are at greatest risk for not obtaining necessary services due to access, communication and/or socioeconomic factors.

The data points to several priority health needs in the service area. Affordability continues to be a primary barrier to obtaining needed health care. Drug and substance abuse is rising at an alarming rate. Behavioral health access and affordability is a top concern. Many risk factors point to unfavorable rates concerning cardiovascular health. And, a lack of understanding of insurance products and navigating the healthcare system may result in people forgoing needed health care. Strategies for identifying transformative solutions to address these needs are offered.
Introduction

In order to direct its work on this assessment, the Capital Region Health Needs Assessment Workgroup adopted the Healthy People 2020 approach to the social determinants of health. Doing so places the responsibility for the overall health of the community on multiple agencies and entities who all play a role in the fragile network of services that determine the health of one’s community. While Concord Hospital’s charitable mission is to meet the health needs of individuals within the communities it serves, it is however but one piece of the network.

This needs assessment responds to provisions of the Patient Protection and Affordable Care Act and New Hampshire statute requiring comprehensive community needs assessments. The results of the periodic assessments serve to ensure that our collective resources are directed at meeting prioritized needs for those we serve.

But even in advance of state and federal mandates, Concord Hospital has a longstanding history of working collaboratively with other organizations to assess and address community needs. In 1994, Capital Region HealthCare, Concord Hospital’s parent organization, initiated the Concord Region Community Health Needs Assessment Project. This project brought together health and human service providers to undertake a collaborative health needs assessment to understand the crucial health issues in the community, prioritize the needs for which there was a reasonable opportunity to have a positive effect, and to develop and implement action plans to improve health. This assessment, using both primary and secondary data sources, became a model for subsequent community needs assessments conducted every three to five years, each resulting in a more comprehensive and sophisticated assessment. Over time, the core group of organizations and partners expanded to include representation from organizations that serve specific constituents including but not limited to the refugee population, the homeless, elderly and community members at large.
This 2015 community health needs assessment draws upon successful approaches from the past and builds in robust quantitative and qualitative data to arrive at conclusions about contemporary health issues in the Greater Concord area. This document outlines the methodology employed, project findings and our strategy for responding to the needs identified.
Project Methodologies

A foundational piece of the project entailed the formation of the Capital Region Health Needs Assessment Workgroup (Appendix A). The Workgroup is comprised of individuals who are at the frontline of delivering services and providing programs to meet the needs of patients and residents in the Greater Concord area. Participation is voluntary and each member commits to setting aside professional and personal agendas and judgment to ensure an objective outcome. Their engagement with the assessment process is vital because each member brings direct knowledge of the populations served, their needs, and the programs currently available to address the needs.

The broadened definition of health discussed in the introduction not only helped to shape the selection of the Workgroup but also the data collection and methodologies employed. The Workgroup used both quantitative and qualitative studies to conduct the assessment in order to be thorough and to give various population groups the opportunity to provide their thoughts:

<table>
<thead>
<tr>
<th>Communities Assessed *</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allenstown</td>
</tr>
<tr>
<td>Andover</td>
</tr>
<tr>
<td>Barnstead</td>
</tr>
<tr>
<td>Boscawen</td>
</tr>
<tr>
<td>Bow</td>
</tr>
<tr>
<td>Bradford</td>
</tr>
<tr>
<td>Canterbury</td>
</tr>
<tr>
<td>Center Barnstead</td>
</tr>
<tr>
<td>Chichester</td>
</tr>
<tr>
<td>Concord</td>
</tr>
<tr>
<td>Deering</td>
</tr>
<tr>
<td>Dunbarton</td>
</tr>
<tr>
<td>Epsom</td>
</tr>
<tr>
<td>Henniker</td>
</tr>
</tbody>
</table>

*People seeking care from outside of the primary Capital Region service area towns are not factored in to the demographics or rates contained within the assessment.

Each methodology is discussed in detail in the sections that follow.

- **Data Sets**
- **Stakeholder Interviews**
- **Focus Groups**
- **Community Listening Sessions**
- **Surveys**
  - Online
  - Telephone
  - Written
Data Sets

Vital to ensuring an analytic focus, data sets provide an important foundation for objective study. The determinants of health, and therefore health needs in a population, are varied and multifactorial. A diverse array of data is therefore required to adequately draw conclusions about the communities’ health needs. As important as access to primary care, insurance and prescriptions are to one’s health, so are food security, personal safety and environmental conditions.

Concord Hospital relied up Community Commons, a web site tool built to assist hospitals and organizations seeking to better understand the needs and assets of their communities as well as collaborate to make measurable improvements in community health and well-being (Appendix B http://www.communitycommons.org/). Community Commons draws data from numerous sources that have been used to create the findings found in this report. A complete list of data sources used may be found in Appendix C.

Key Demographic Highlights:

- Capital Region service area population: 134,711
- Population over age 65 (13.14 percent) compares favorably to the state as a whole (14.18 percent)
- Specific pockets of the population with higher rate of disability (over 18 percent)
- Population in linguistically isolated households is low (.93 percent) compared to New Hampshire (1.38 percent) and the U.S. (4.76 percent) but exceeds three percent in some subsets of the service area
- Families reporting an income of $75,000 or greater: 53.5 percent
- Children living in households below 100 percent of Federal Poverty Level: 8.69 percent
- Children living in households below 200 percent of Federal Poverty Level: 24.85 percent

DATA SETS TOP NEEDS IDENTIFIED:

- Behavioral Health and Substance Use Including Stress and Depression
- Socioeconomic Needs Pertaining to Access to Food, Transportation
- Cardiovascular Risk Factors
Stakeholder Interviews

Stakeholder interviews were used as a way to connect with those in leadership positions within the state and region and served a dual purpose of bringing visibility and awareness of the needs assessment work to a broader audience. Workgroup members identified thirty-four key stakeholders as interview candidates representing influential, knowledgeable individuals across a variety of constituent groups.

A stakeholder interview template (Appendix D) was developed and used to ensure consistency in how and what questions were asked and to facilitate the recording of data. Forty-five minutes were allowed for each interview with questions ranging from general information to specific thoughts and ideas. Interviews were conducted over the summer of 2015.

First, stakeholders were asked to identify vulnerable populations and the individuals and organizations that serve those populations. Next, they were asked about the current, most important health needs in their community and encouraged to think broadly. For all of the needs identified, the interview sought to determine if the need was currently being met, was unmet, or partially met. Stakeholders were then asked to prioritize the top three needs of the region and provide specific ideas about what ought to be done to address the needs.

Stakeholders Interviewed

- Pittsfield School District
- City of Concord Manager
- State Senator
- NH Center for Non Profits
- Grappone Automotive (key employer)
- Concord Chief of Police
- NH Community Loan Fund
- Concord Housing Authority
- Community Development Finance Authority
- NH Technical Institute, Student Health Services
- Federal Reserve Bank of Boston

STAKEHOLDER TOP NEEDS IDENTIFIED:

▲ BEHAVIORAL HEALTH AND SUBSTANCE USE CONCERNS
▲ AFFORDABILITY OF CARE, PARTICULARLY DENTAL CARE
▲ VULNERABLE POPULATIONS SUCH AS LOW-INCOME ELDERLY, REFUGEES, HOMELESS AT GREATER RISK
▲ UNDERSTANDING INSURANCE
▲ SAFE, AFFORDABLE HOUSING
Community Listening Sessions

The purpose of the community listening sessions was to allow opportunities at various sites throughout the community for anyone to stop by and express concerns and weigh in on health needs and gaps in the community. They were used to try to make it convenient for those interested in sharing concerns to do so. Seven listening sessions were scheduled garnering responses from forty participants. The opportunity to attend a listening session was promoted in local media and open to anyone who wanted to provide input and feedback.

Listening Session Locations

- Centennial Senior Center
- Hillsboro-Deering Family Health Center (provider session)
- Hillsboro-Deering Family Health Center (patient session – no participants)
- NH Association for the Blind
- Epsom Family Medicine (provider session)
- Osram Sylvania, Hillsborough (employees)
- Concord Hospital Volunteers

COMMUNITY LISTENING SESSIONS TOP NEEDS IDENTIFIED:

- a SubSTANCE USE AND BEHAVIORAL HEALTH COUNSELING
- a INSURANCE EDUCATION NEEDS
- a ACCESS TO AFFORDABLE DENTAL CARE
- a TRANSPORTATION FOR AT-RISK POPULATIONS
Focus Groups

The Workgroup decided upon using focus groups as a way to connect with very specific populations in order to hear directly from those who serve them or from the people themselves. Youth, cancer patients, workers, clergy and those serving vulnerable populations such as refugees and the homeless were invited to take part in a series of focus groups to engage and elicit thoughts from key populations and those who serve these groups. Nearly 200 people participated in one of twelve focus group sessions, which were designed as in-depth dialogs regarding the specific needs of constituent groups and community members broadly. Participants were recruited via mailed invitations, telephone calls and personal invitations. The sessions followed a standard script and set of questions to engage in dialog to elicit top community health concerns from participants. The sessions were conducted by Workgroup members over the summer of 2015.

FOCUS GROUP TOP NEEDS IDENTIFIED:

▲ MENTAL HEALTH AND SUBSTANCE USE ACCESS AND AFFORDABILITY
▲ EDUCATION NEEDS RELATIVE TO INSURANCE BENEFITS
▲ DENTAL AND VISION CARE AFFORDABILITY
▲ ISOLATION CREATED BY COMMUNICATION AND LANGUAGE BARRIERS

196 PARTICIPANTS
Telephone Survey

A professional administered telephone survey provided a means to obtain reliable, quantitative data. An extensive telephone survey was conducted by RKM Research and Communications, Inc. The purpose of the phone research was to provide systematic information that can be used to understand the healthcare needs of residents who live in Concord Hospital’s primary service area (PSA). The survey was conducted September 21-30, 2015. The survey reached 407 randomly selected men and women aged 18+ who make the healthcare decisions in their homes.

Respondents were selected randomly from a sample of landline and wireless telephone numbers. The survey was administered using a computer-assisted telephone interviewing (CATI) system. The CATI system allowed data to be entered directly into a computerized database as interviews were conducted, providing a highly reliable system of data collection. All interviews were conducted by paid, trained and professionally supervised interviewers.

Each telephone interview featured questions regarding access to primary care, inappropriate use of the emergency department, unmet medical needs, healthcare information sources and perceived community needs (Appendix E).

Telephone Survey Participant Demographics

- Males: 49 percent, Females: 51 percent
- Percent over the age of sixty-five: 17.2 percent
- College graduates: 49 percent
- Annual income less than $35,000: 28 percent
- Annual income more than $75,000: 31 percent

Telephone Survey Top Needs Identified:

- Affordability of primary and dental care
- Increasing rates of drug use and the need for more drug treatment and recovery services
- Food assistance for the food insecure
- Home care services for the elderly

407 PARTICIPANTS
Online Survey

An online survey provided a mechanism to connect broadly and conveniently with many people in the community. An online survey was promoted on Concord Hospital's web site, as well as via the Hospital's Facebook and Twitter accounts. Workgroup member organizations were also asked to promote the survey on their web and social sites. There was a prize incentive for completing the survey. The survey asked respondents to rate the importance of various health indicators to themselves and their family and the community as a whole (Appendix F). It was conducted from July 7 – September 13, 2015.

Online Survey Participant Demographics

- Males: 15 percent, Females: 85 percent
- Percent over the age of sixty-five: 7.8 percent
- Nearly half of respondents graduated college
- Annual income less than $35,000: 11 percent
- Annual income more than $75,000: 30 percent

ONLINE SURVEY TOP NEEDS IDENTIFIED:

- AFFORDABLE MEDICAL AND DENTAL CARE
- AFFORDABLE PRESCRIPTIONS
- ACCESS TO HOME CARE PROVIDERS

987 PARTICIPANTS
Written Survey

With a goal of reaching vulnerable populations, a written survey was administered at twelve sites in the Greater Concord area and asked the same questions as the online survey. Self-administered written surveys were distributed to the sites between August 24 – September 22, 2015. These sites were chosen to reach populations that may not have telephones, access to a computer, do not speak English and might not otherwise be included in the assessment. Surveys were translated into Nepali, Kinyarwanda, Swahili, French and Arabic. A total of one hundred and seven surveys were returned. The sites consisted of:

- CITY OF CONCORD WELFARE OFFICE
- COMMUNITY ACTION PROGRAM - CONCORD REGIONAL VNA
- EPSOM FAMILY MEDICINE
- FHC - CONCORD
- FHC - HILLSBORO
- FRIENDLY KITCHEN
- FRIENDS SHELTER
- HOMELESS RESOURCE CTR.
- HOPE RESOURCE CENTER
- McKENNA HOUSE – SALVATION ARMY
- NEW AMERICAN AFRICANS

Written Survey Participant Demographics

- Males: 24 percent, Females: 75 percent, Preferred not to answer: 1 percent
- Percent over the age of sixty-five: 32 percent
- Respondents graduated college: <10 percent
- Annual income less than $35,000: 54 percent
- Annual income more than $75,000: <3 percent

WRITTEN SURVEY TOP NEEDS IDENTIFIED:

- AFFORDABLE DENTAL AND MEDICAL CARE
- AFFORDABLE PRESCRIPTIONS
- ACCESS TO HEALTHCARE PROVIDERS AND APPOINTMENTS

107 PARTICIPANTS
**Methodologies Summary**

This research undertook several separate types of data collection to build a comprehensive picture of the community health needs in the Capital Region. A key component of objectively measuring community health needs relied on the Community Commons website, which draws from an extensive list of data sets incorporating socioeconomic, clinical, and demographic and public health data. These sources allowed a comprehensive assessment of the various social determinants of health.

Both primary empirical data as well as secondary data from community group sessions enabled the collection of a wide range of input across a variety of community populations. It should be noted however that this assessment places more weight on empirical results of the data sets and the telephone survey, which have a measurable margin of error, than the qualitative data that was derived from focus groups, listening sessions, stakeholder interviews and online and written surveys, which, due to their design and self-selecting nature may not fully represent the population under investigation.

In total, 1,748 individuals provided their input and feedback on the community health needs in the Capital Region.
Findings

The data from all assessment methodologies was reviewed to determine the highest priority health needs for the region. Added emphasis was placed on methodologies that produced quantitative data, specifically the Community Commons data and the results of the telephone survey, versus qualitative or anecdotal reports. Findings that were confirmed by multiple data sources were identified as a priority need. Specific or unique needs that pertain to subsets of the overall population were identified for certain vulnerable population groups.

Notable Strengths and Improvements

▲ HIGH LEVEL OF GENERAL HEALTH

Overall, the population served by Concord Hospital indicates that they have a high level of general health. Results of the telephone survey reveal that only 7 percent of adults reported less than good overall health. This is echoed in data from the Behavioral Risk Factor Surveillance System showing an age adjusted percentage of 10.6 percent of the population with fair or poor health which compares favorably with New Hampshire and United States. This percentage has also dropped considerably since the 2012 assessment in which 12.7 percent of adults reported less than good overall health.
AVAILABILITY OF PRIMARY AND DENTAL CARE

One factor supporting this is the favorable rate of primary care physicians available in the community. According to data from the telephone survey, routine medical care seems to be readily available. More than three-fourths (78 percent) of respondents reported visiting the doctor for a check-up in the past year. Among the approximately one-in-five respondents who have not seen a doctor in the past year, nearly two-thirds of them reported having a regular doctor and only 2 percent considered themselves in fair to poor health. Children visit the doctor’s office at least as frequently. The vast majority (85 percent) of respondents with children reported that their child has seen a doctor in the past six months (59 percent) or between 7-12 months ago (26 percent).

The results regarding dental care are similar. Approximately three-fourths (76 percent) of respondents have visited a dentist within the year, and that number increases to 89 percent for respondents’ children. In fact, the availability of dentists in the Concord Hospital service area exceeds the United States overall rate by 15 percent. Of adults that have not visited a dentist with a year, one-third of them have a regular dentist.

PERCEIVED TRANSPORTATION IMPROVEMENTS

A notable change since the 2012 Community Health Needs Assessment pertains to transportation. In 2012, 3.7 percent of telephone survey respondents indicated that transportation to get to healthcare services was a need. In the recent 2015 telephone survey, no one indicated it as a barrier to obtaining needed care. It also was not mentioned as a top ten health need for the community in general. Pockets of need exist however in certain vulnerable populations, which will be discussed in a subsequent section of this report.
QUALITY OF LIFE

Concord area residents rated their community highly for its parks and recreational areas and clean air and water. Telephone respondents were asked to rate various factors that contribute to the quality of life in their community. Respondents were most likely to rate their community as excellent in terms of its parks and recreational areas (45 percent) and clean air and water (40 percent). In fact, according to data found in the Community Commons data set, there were only .09 days per year when the air quality exceeded the National Ambient Air Quality Standard.

The area also enjoys a favorable unemployment rate and violent crime rate when compared with the state and nation as a whole.
Vulnerable Populations

Despite the overall improvements in the general health of the population and reported high quality of life, the Capital Region Community Health Needs Assessment cannot ignore the challenges faced by certain subsets of the population. Interspersed through all of the survey mechanisms are needs pertaining to various vulnerable populations whose needs are greatly magnified when studied alongside the community as a whole. These vulnerable populations are often at risk for not obtaining necessary services due to access, communication and/or socioeconomic factors.

▼ ELDERLY

More than any other population subset, the elderly were mentioned as a population that will impact the demand for and the type of healthcare services needed. When stakeholders were asked about unmet health needs, elderly care such as food, transportation and socialization especially for low income individuals was seen as a priority. Services to allow seniors to maintain their independence longer were also mentioned. Those seen as particularly vulnerable are seniors living in more rural areas who are low income. Other needs cited in the online and written surveys were help for those caring for an ill or disabled family member and help for those with dementia or memory issues.
FOOD INSECURE

Isolated pockets of the population face limited food access. These census-tracts contain a substantial number of residents with low access to a supermarket or large grocery store. This highlights populations suffering from food insecurity. Low grocery store rates per 100,000 population is significant in that it provides a measure of healthy food access and environmental influences on dietary behaviors. When asked about vulnerable populations in the service area, stakeholders frequently cited “people who eat poorly” and those with poor eating habits as being among the at-risk populations.
There is also a below average number of retailers who accept SNAP (Supplemental Nutrition Assistance Program) benefits, which limits access to food for families who qualify. Also concerning is the finding that 70 percent of adults report inadequate intake of fruits and vegetables.
REFUGEES

Participants in the refugee focus group expressed concern about communication and language barriers specifically mentioning language barriers at the pharmacy regarding medication usage. The data sets reveal pockets of the population with limited English proficiency and linguistically isolated households. These indicators are relevant because limited communication creates barriers to health care, and impedes access, provider communications, and health literacy/education.

Other needs expressed regarding this population group pertained to job training, employment programs and affordable housing.
THOSE DEPENDENT ON PUBLIC TRANSPORTATION

As stated earlier, in the recent 2015 telephone survey, no one indicated the lack of transportation as a barrier to obtaining needed care. Transportation also was not mentioned as a top ten health need for the community in general. However, while transportation was not listed as a barrier to care, it did receive a low rating of “Poor” when telephone survey respondents were asked to rate their community.

Pockets of need certainly exist however in the vulnerable population groups mentioned above. According to the American Community Survey 2009-2013, approximately 5.5 percent of households in the service area do not own a motor vehicle. While the data does not drill down on age, income or ethnicity, certainly the vulnerable populations mentioned above are those most likely to be impacted by gaps in the transportation infrastructure. Anecdotal reports of traditionally low funding for public transportation, limited schedules and routes and readily available forms of transportation for the disabled support the concern that need may be underreported for certain at risk populations.
Workers Traveling to Work Using Public Transit, Percent by Tract, ACS 2009-13

- Over 4.0%
- 1.1 - 4.0%
- 0.1 - 1.0%
- No Workers Using Public Transit
- No Data or Data Suppressed

Households with No Vehicle, Percent by Tract, ACS 2009-13

- Over 8.0%
- 6.1 - 8.0%
- 4.1 - 6.0%
- Under 4.1%
- No Data or Data Suppressed

Report Area
Priority Health Needs

▼ AFFORDABILITY

Small, but not insignificant numbers of people surveyed, reported unmet healthcare needs. Affordability is the primary barrier to obtaining needed health care.

When selecting the most important community health needs, needs related to affordable care – medical, dental and prescription drugs, represent three of the leading concerns across all survey instruments.

In the telephone survey, respondents were asked a series of questions asking about any unmet healthcare needs of adults and children among families. Specifically, respondents were asked to identify how many times any adults in their household needed or wanted various types of health care in the past 12 months, but did not or could not get the care they needed for any reason.

As shown, nine percent of households reported that an adult in their home did not, or could, get needed preventive care for a routine physical exam or checkup. Twelve percent of respondents did not, or could not, get needed sick care, routine dental care (19 percent), care for a tooth problem (13 percent), routine mental health counseling for anxiety, depression, substance abuse or other common problem (4 percent), mental health counseling for a crisis or urgent event (3 percent) or to get a prescription filled (12 percent).

Respondents who reported an unmet healthcare need were asked a follow-up question asking them to identify the primary reason, or reasons, why they were unable to obtain the care they needed or wanted. Nearly 85 percent cited reasons involving affordability. Only 15 percent of respondents reported not having a regular doctor or dentist as a reason for not obtaining care. While the advances have been many, huge oral health disparities continue to exist, particularly among vulnerable and hard-to-reach populations. Finding affordable dental care is further exacerbated by the fact there are so few area dentists who accept Medicaid and that dental plans in the area tend to offer limited benefits with high copay amounts.
Primary Reason Given for Unmet Healthcare Needs

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cannot Afford</td>
<td>38%</td>
</tr>
<tr>
<td>Copay/Insurance too Expensive</td>
<td>24%</td>
</tr>
<tr>
<td>Don't have regular doctor</td>
<td>15%</td>
</tr>
<tr>
<td>Deductible too Expensive</td>
<td>11%</td>
</tr>
<tr>
<td>Other</td>
<td>2%</td>
</tr>
</tbody>
</table>

This concern was echoed in all other surveys including focus groups, stakeholder sessions, listening sessions and most notably the online and written surveys. In fact, online survey participants who reported not receiving a needed healthcare service stated issues relating to affordability as the reason 93 percent of the time. Despite the demographics of respondents to the written and online surveys, concerns for themselves and their community centered on the affordability of medical care, dental care and prescriptions with both survey groups ranking these three issues as extremely important.

Consumers have consistently expressed concern over the affordability of care. This pervasive need has been documented in all past community health needs assessments perhaps because it is so critical to the overall health of the community.

**DRUG AND SUBSTANCE USE**

Serious concern was expressed toward many health related problems associated with individual behaviors.

An alarming trend in opioid abuse in New Hampshire has now placed drug use as the most acute health care problem in Concord Hospital’s service area. Opioid deaths were up 76 percent in New Hampshire in 2014, with 325 people dying from an opioid overdose, according to state figures. Emergency room visits from heroin have more than tripled since 2013 in New Hampshire as well. Nearly all of the stakeholders interviewed and more than half of the focus groups discussed concern for the need for the treatment of substance use to be a priority within the communities served. It was also among the top concerns at the listening sessions.

Telephone respondents were asked to rate the seriousness of a list of behaviors. The results were generally favorable, with few respondents expressing deep concerns toward many of the behaviors under
Investigation. The behaviors that topped the list of concerns include drug use (rated as an extremely or very serious problem by 39 percent of respondents) and alcohol use (rated as an extremely or very serious problem by 30 percent of respondents).

### Behavioral Health Access and Affordability

Mental health problems, alcohol use and drug use were among the top three priority areas to improve.

Various data sources provide evidence that the provision of mental health services in the region is a significant community health need. In the telephone survey, mental health, alcohol use and drug use were felt to be the most serious problems in the community. When asked to identify health-related services that they or a family member could have a need for now or in the future but is not available, half of the respondents did not identify any needed services. However, for the half that did identify a needed service, 40 percent named mental health. Embedded within this is illness associated with depression, stress and self-harm. In the online survey, help for those with mental health issues and drug or alcohol use was the 6th highest concern. Also in the top ten for importance was stress.
management and suicide prevention. All but three of the twelve focus groups placed mental health counseling and drug and alcohol treatment among their top concerns. All stakeholder interviews confirmed the need for additional behavioral health resources and substance use treatment which many times is compounded by the stigma associated with seeking care.

Suicide is the second leading cause of death in New Hampshire (after accidental injury and poisoning) for individuals age 15 - 44. While the suicide mortality rate in the region (12.85 per 100,000 pop.) is slightly lower than the state rate (13.3) it is higher than the national rate (12.3) with a couple communities approaching 20 percent. Suicide prevention was specifically mentioned as a top need in online and written surveys and stakeholder interviews.

Other striking mental health statistics from the community studied:

- An estimated one in five Medicare beneficiaries is estimated to suffer from depression;
- Nearly one quarter of students reported feeling sad and hopeless such that they stopped normal activities;
- Eighteen percent of students reporting cutting or other forms of self-harm;
- Over 16 percent of adults self-report that they lack adequate social and emotional support to navigate challenges of daily life;
- Over 16 percent of adults self-report heavy alcohol consumption.

All of these findings point to an unmet and untreated mental and behavioral health needs.
Many risk factors in the data set point to unfavorable rates concerning cardiovascular health in the service area. An estimated 49,825.48 adults, or 50.13 percent, report ever smoking 100 or more cigarettes. This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease. Other risk factors in which the report area ranks higher than the state or nation include obesity and high cholesterol.

While concern for the cardiovascular health of the community was not explicitly stated in other survey instruments, concerns were expressed in focus groups, stakeholder interviews and online and written survey regarding obesity, physical inactivity, diabetes, healthy eating and chronic disease management.
UNDERSTANDING INSURANCE AND THE HEALTHCARE SYSTEM

The single priority finding that was not driven primarily by quantitative results pertains to the need for a better understanding of health insurance, resources available within the existing healthcare system and how best to access them. Throughout listening sessions, focus groups and written and online surveys are accounts of people reporting:

- Issues understanding the insurance benefits they have;
- Insufficient savings to cover high deductibles;
- Not knowing where to get certain services;
- Insurance was not accepted by their existing provider;
- Needing help with continuity and coordination of medical care;
- Co-pays or co-insurance that is not affordable.

These findings point to a need for better education around insurance products, maximizing benefits and navigating the healthcare system.
Next Steps

The findings and priority needs identified through this assessment are multi-factorial and exist within a complex healthcare system of providers and agencies working to meet the needs of the population. Because the needs are intertwined, it is therefore difficult to address one need without considering the needs of other population groups. Priority will be given to those strategies that address high volume, high risk and high cost needs. A general framework and strategy for addressing the needs that have been identified is discussed below.

1. **Establish a community coalition to continue to work on advancing the needs identified within this assessment.**

   In order to capitalize on the efforts invested by the Capital Region Community Health Needs Assessment Workgroup, members discussed the need to broaden its scope to form a task force with the goal of identifying and implementing strategies to address the needs contained within this report. An important next step will be to gather additional qualitative data in order to better understand needs within certain populations. Each need will then be further analyzed and transformative solutions developed.

2. **Build on existing efforts within the community.**

   Several studies are reportedly underway in the state focusing on various aspects of needs identified in this report.
   - Most notable is the NH Public Health Improvement Group, which is in the process of collecting data to update its 2008 findings. The goal is to assess needs and priorities
within the public health system in New Hampshire in order to mobilize community partnerships and actions to identify and solve health problems.

- The recently released 2015 New Hampshire Oral Health Plan provides a framework for achieving optimal oral health, as part of overall health to reach its goal of a measurable, integrated oral health plan to improve the overall health of all of New Hampshire using evidence-based and/or best practices.

- The NH State Health Improvement Plan identifies priority areas for improvement with measurable objectives and targets for health outcomes; areas for needed attention in public health capacity; and, recommendations for evidence-based interventions and actions. It includes measurable objectives, recommended strategies for improvement, and performance measures with time-framed targets for each priority.

3. **Identify best practices and models in other communities.**

In order to efficiently and effectively implement strategies to address the needs that have been identified, it will be important to learn from models successfully practiced in other communities. Comparable communities would be those areas with similar demographics and specific characteristics such as a state prison, psychiatric hospital, resettlement area and county shelter. Best practices around better alignment of primary, dental and mental health care would be of most value.

> “I alone cannot change the world, but I can cast a stone across the waters to create many ripples.”

- Mother Teresa