



# Community Health Needs Assessment

2015

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



**New London Hospital**  
**Community Health Needs Assessment**  
**June 30, 2015**

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

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Technical Assistance for this report was provided by the Community Health Institute/JSI



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# **New London Hospital Community Health Needs Assessment June 30, 2015**

## **EXECUTIVE SUMMARY**

During the period March through June, 2015, a Community Health Needs Assessment in the New London Hospital service area of New Hampshire was conducted by New London Hospital in partnership with Valley Regional Hospital, Alice Peck Day Memorial Hospital, Dartmouth-Hitchcock, and Mt. Ascutney Hospital and Health Center. 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 purposes of this assessment report, the geographic area of interest was 15 towns in the Ragged-Kearsarge-Sunapee-Newport area of New Hampshire, with a total resident population of 32,715 served by New London Hospital. Methods employed in the assessment included a survey of area residents made available through direct mail and website links, a survey of key community stakeholders who are agency, municipal or community leaders, a series of community discussion groups convened in the New London Hospital region, and a review of available population demographics and health status indicators. The table on the next page provides a summary of high priority community health needs and issues identified through these assessment methods.

SUMMARY OF COMMUNITY HEALTH NEEDS AND ISSUES BY INFORMATION SOURCE			
Community Health Issue	Community and Key Leader Surveys	Community Discussion Groups	Community Health Status Indicators
<b>Access to mental health care</b>	Selected as the highest priority issue by key stakeholders; third highest issue identified by community survey respondents; about 8% of community respondents indicated difficulty accessing mental health services in the past year	Identified as the highest priority issue by community discussion participants, who discussed lack of capacity, difficulty getting appointments and lack of service coordination for mental health services	The suicide rate in the region is similar to the rate for NH overall in recent years; the rate of emergency department utilization for mental health conditions is lower than the rate for NH overall
<b>Alcohol and drug misuse including heroin and misuse of pain medications</b>	Selected as the second highest priority issue by key stakeholders; also the second highest issue identified by community survey respondents from towns with lower median household income and; 35% of respondents identified substance abuse recovery programs as an important area of focus	Identified as the second highest priority issue by community discussion participants, who described substance abuse as “an epidemic” and discussed impact on families and community safety	Rates of excessive alcohol use among adults in the region are similar to NH overall; alcohol use by high school age youth is higher than the state average; the rate of emergency department utilization for substance abuse related mental health conditions is lower than the rate for NH overall
<b>Access to enough and affordable health insurance; cost of prescription drugs</b>	Selected as the top community health issues by community survey respondents overall and in each age group	Not specifically prioritized as a top issue by community discussion group participants, but access to certain services due to limited ability to afford services was a significant topic	The uninsured rate in the NLH service area (10.6%) is similar to the NH state rate (10.7%)
<b>Lack of physical activity; need for recreational opportunities, active living</b>	Identified as the fourth most pressing health issue by community survey respondents; Recreation, fitness programs and Biking/walking trails were the top 2 resources people would use if more available	Identified as a top 10 issue by community discussion group participants	More than 1 in 5 adults in the New London Hospital Service Area can be considered physically inactive on a regular basis – a rate similar to the rest of New Hampshire

SUMMARY OF COMMUNITY HEALTH NEEDS AND ISSUES BY INFORMATION SOURCE (continued)			
Community Health Issue	Community and Key Leader Surveys	Community Discussion Groups	Community Health Status Indicators
<b>Poor nutrition/ unhealthy food</b>	Selected as an important community health issue by 29% of survey respondents and one of the major commentary themes in response to the question of 'one thing you would change to improve health'	Diet and nutrition and access to healthy foods identified as a top 10 issue by community discussion group participants	About 65% of adults in the NLH service area are considered Overweight or Obese; portions of the NLH service area are considered to have 'low food access'
<b>Health care for seniors</b>	Selected as a top 5 issue by key stakeholders and an important community health issue by 22% of community survey respondents	identified as a top 10 issue by community discussion group participants	The proportion of the NLH service area population that is 65 or older substantially exceeds the state average; similarly the percentage of the population with at least one functional disability (13%) exceeds the state rate
<b>Income, poverty and family stress</b>	40% of community respondents with annual household income under \$25,000 reported difficulty accessing services; 45% of those with difficulty accessing primary care or mental health care cited 'could not afford to pay' as a barrier	Identified as the third most important community health issue by community discussion group participants	22% of families and 26% of children in the NLH service area are living with incomes less than 200% of the federal poverty level
<b>Access to dental health care</b>	Selected as a top 10 issue by community respondents overall and top 5 among those age 45-64; dental care was most frequently cited for access difficulties by respondents from towns with lower median household incomes	Some discussion group participants noted the importance of oral health to overall wellness, but not identified as one of the top priorities	The dentist to population ratio is lower than for the state of NH overall; approximately 1 in 6 adults in the NLH service area are considered to have poor dental health
<b>Transportation</b>	Selected as a the top resource supporting a healthy community that needs more attention; selected by those 65 and over as the top service they would use if more available; key stakeholders identified transportation as the most significant barrier that keeps people from accessing services they need	Identified as a top 5 issue by community discussion group participants	About 3% of persons aged 16+ live in households with no vehicle available

## A. COMMUNITY SURVEY RESULTS WITH SELECTED SERVICE AREA DEMOGRAPHICS

The total population of the New London Hospital Service area in 2013 (most recent estimate available) was 32,715 according to the United States Census Bureau, which is an increase of about 4,380 people or 13.4% since the year 2000. The 2015 Healthcare Community Needs Assessment Survey conducted by New London Hospital (NLH) yielded 494 individual responses including 423 from towns within the service area or approximately 1.6% of the total adult population. (A total of 71 survey respondents were from towns outside the region or did not identify their town of residence). As shown by Table 1, survey respondents from the NLH service area are represented in close proportion to the service area population by town, although residents of New London are somewhat over-represented in proportion to their total population, while residents of Andover and Sutton in particular are under-represented. It is also important to note that 2015 survey respondents were older on average than the general population (29.7% of respondents were 65 or more years of age) and more likely to be female (72.3% of respondents).

**TABLE 1: Service Area Population by Town;  
Comparison to Proportion of 2015 Community Survey Respondents**

	2013 Population	% Total Population	% of Respondents	Difference
<b>NLH Service Area</b>	<b>32,715</b>		<b>85.6% (423)</b>	
Andover	2451	7.5%	1.4%	-6.1%
Bradford	1532	4.7%	3.2%	-1.4%
Danbury	1302	4.0%	0.8%	-3.2%
Goshen	728	2.2%	2.0%	-0.2%
Grantham	2960	9.0%	9.5%	0.5%
Lempster	1189	3.6%	2.0%	-1.6%
New London	4477	13.7%	20.0%	6.4%
Newbury	1960	6.0%	5.1%	-0.9%
Newport/Croydon (note: shared zip code)	7088	21.7%	24.7%	3.0%
Springfield	1341	4.1%	3.2%	-0.9%
Sunapee	3348	10.2%	9.1%	-1.1%
Sutton	1910	5.8%	1.4%	-4.4%
Washington	1074	3.3%	0.2%	-3.1%
Wilmot	1355	4.1%	2.8%	-1.3%
<b>Other/Unknown</b>			<b>14.4% (71)</b>	

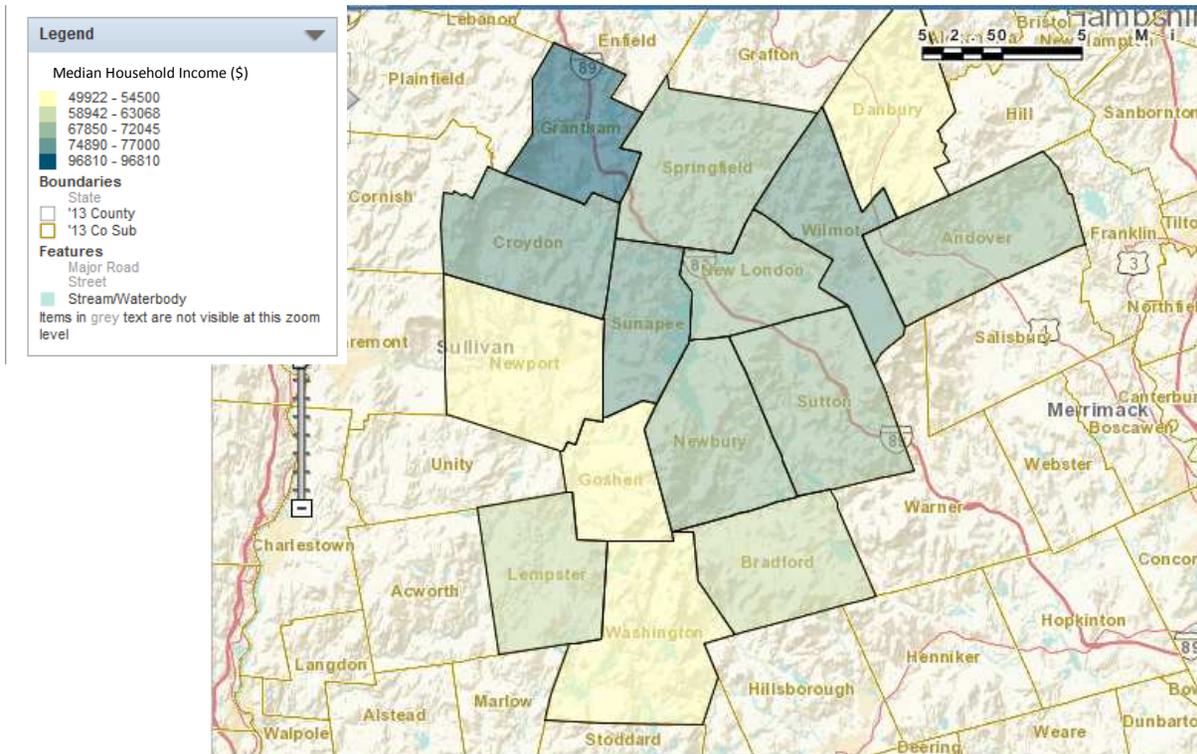
Table 2 displays additional demographic information for the towns of the NLH Service Area. On this table, municipalities are displayed in order of median household income with comparison to the median household income in New Hampshire. As displayed by the table, nine towns in the service area have higher median household incomes than the state, while 6 have median household incomes less than the state median. In addition, four towns (Washington, Lempster, Goshen and Danbury) have a higher proportion of individuals with household incomes at 200% of the federal poverty level or less when compared to the State of New Hampshire overall. 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 Indicators**

Area	Median Household Income	Percent of Families in Poverty (100% FPL)	Percent of Families with income less than 200% of the Poverty level (200% FPL)
Grantham	\$96,810	0.9%	6.5%
Croydon	\$77,000	3.3%	17.9%
Wilmot	\$75,625	6.5%	13.3%
Sunapee	\$74,890	1.1%	4.7%
New London	\$72,045	3.4%	11.4%
Springfield	\$71,797	2.3%	9.4%
Andover	\$70,517	2.9%	13.0%
Newbury	\$70,000	7.5%	14.2%
Sutton	\$67,850	2.5%	6.4%
<b>New Hampshire</b>	<b>\$64,916</b>	<b>8.7%</b>	<b>22.4%</b>
Bradford	\$63,068	3.4%	13.5%
Lempster	\$58,942	7.4%	28.0%
Washington	\$54,500	8.5%	29.2%
Goshen	\$51,563	9.5%	27.1%
Newport	\$51,000	5.8%	20.6%
Danbury	\$49,922	6.4%	25.0%

*Data Source: U.S. Census Bureau, 2009 – 2013 American Community Survey 5-Year Estimates.*

**Figure 1 – Median Household Income by Town, NLH Service Area**  
 2009-2013 American Community Survey; Map source: American Factfinder



Source: U.S. Census Bureau, 2009-2013 5-Year American Community Survey

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

Table 3 displays the most important health issues as selected by respondents to the 2015 NLH Community Needs Assessment Survey. Community survey respondents were asked to select the top 5 most important health issues from a list of 24 potential issues including “Other”. The complete responses with comments are included in Appendix A to this report.

**Table 3: Top 12 Most Pressing Community Health Issues; Community Respondents**

<b>% of All Respondents selecting the issue (n=494)</b>	<b>Community Health Issue</b>
45.7%	<b>Cost of prescription drugs</b>
42.3%	<b>Access to enough, affordable health insurance</b>
38.3%	<b>Access to mental health care</b>
33.6%	<b>Lack of physical activity</b>
31.2%	<b>Alcohol and drug misuse</b>
29.1%	<b>Poor nutrition/unhealthy food</b>
28.3%	<b>Access to dental health care</b>
28.3%	<b>Heroin and misuse of pain medications</b>
27.1%	<b>Access to primary health care</b>
25.7%	<b>Cancer</b>
23.5%	<b>Mental illness</b>
21.9%	<b>Health care for seniors</b>

In order to examine more closely the question of top community health issues as identified by survey respondents, two groups were created corresponding to towns with median household incomes either higher or lower than the New Hampshire median. Table 4 displays differences and similarities between the responses of these two groups (note: color coding corresponds to the overall order of priorities on the previous table.) The most notable difference is that respondents from lower income communities were nearly twice as likely to cite “alcohol and drug misuse” and “heroin and misuse of pain medications” as pressing issues than respondents from higher income communities.

**Table 4: Most Important Health Issues by Community Income Category (median household income)**

<b>% of Respondents selecting the issue (n=163)</b>	<b>Towns with Lower Median Household Income</b>	<b>% of Respondents selecting the issue (n=260)</b>	<b>Towns with Higher Median Household Income</b>
49.1%	<b>Cost of prescription drugs</b>	45.8%	<b>Cost of prescription drugs</b>
44.2%	<b>Alcohol and drug misuse</b>	45.8%	<b>Access to enough, affordable health insurance</b>
39.3%	<b>Heroin and misuse of pain medications</b>	38.5%	<b>Access to mental health care</b>
37.4%	<b>Access to enough, affordable health insurance</b>	36.2%	<b>Lack of physical activity</b>
37.4%	<b>Access to mental health care</b>	30.8%	<b>Cancer</b>
35.0%	<b>Access to dental health care</b>	30.0%	<b>Poor nutrition/unhealthy food</b>
33.3%	<b>Lack of physical activity</b>	28.5%	<b>Access to primary health care</b>
28.8%	<b>Poor nutrition/unhealthy food</b>	24.2%	<b>Access to dental health care</b>
25.8%	<b>Access to primary health care</b>	24.2%	<b>Mental illness</b>
22.7%	<b>Mental illness</b>	23.1%	<b>Alcohol and drug misuse</b>
21.5%	<b>Cancer</b>	23.8%	<b>Health care for seniors</b>
18.4%	<b>Health care for seniors</b>	22.3%	<b>Heroin and misuse of pain medications</b>

Chart 1 below displays the health issues with the greatest variation between the two sub-regions. For example, a higher proportion of respondents from lower income towns (44.2%) indicated that “alcohol and drug misuse” was among the most important health issues than respondents from higher income towns (23.1%; difference=21.1%). The greatest variation in the other direction was for “cancer” where higher income area residents were somewhat more likely to indicate cancer as an important health issue (30.8%) compared with lower income area residents (21.5%; difference=9.3%).

**CHART 1**

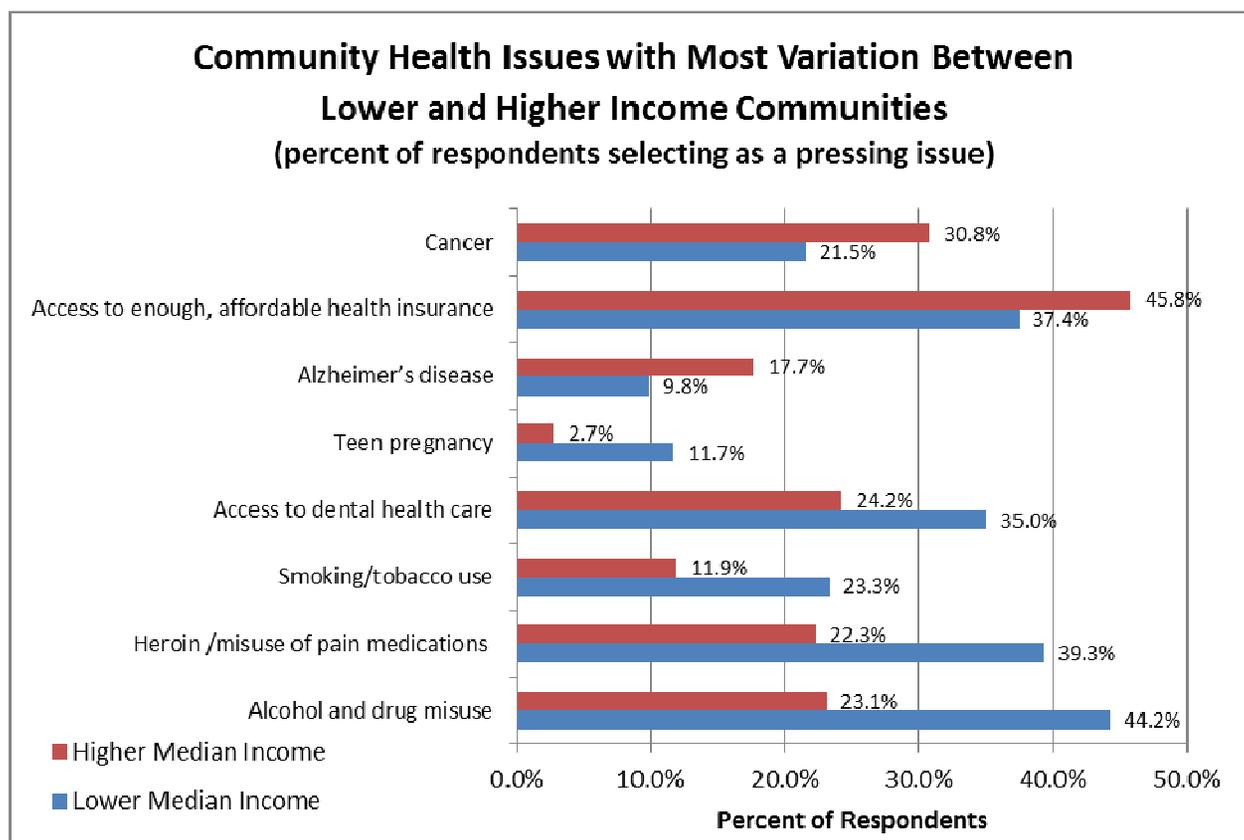


Table 5 shows the top 7 responses to the question of most important health issues by age group. While different age groups were more similar than different in their responses overall, 'Access to Mental Health Care' and 'Alcohol and Drug Misuse' were selected more frequently by respondents in younger age groups as important issues compared to older respondents. Respondents in older age groups were more likely to identify 'Healthcare for Seniors', 'Cancer' and 'Access to Primary Health Care' as top health issues in the community. 'Access to Dental Health Care' was the fifth most frequent response for people between the ages of 45 and 64.

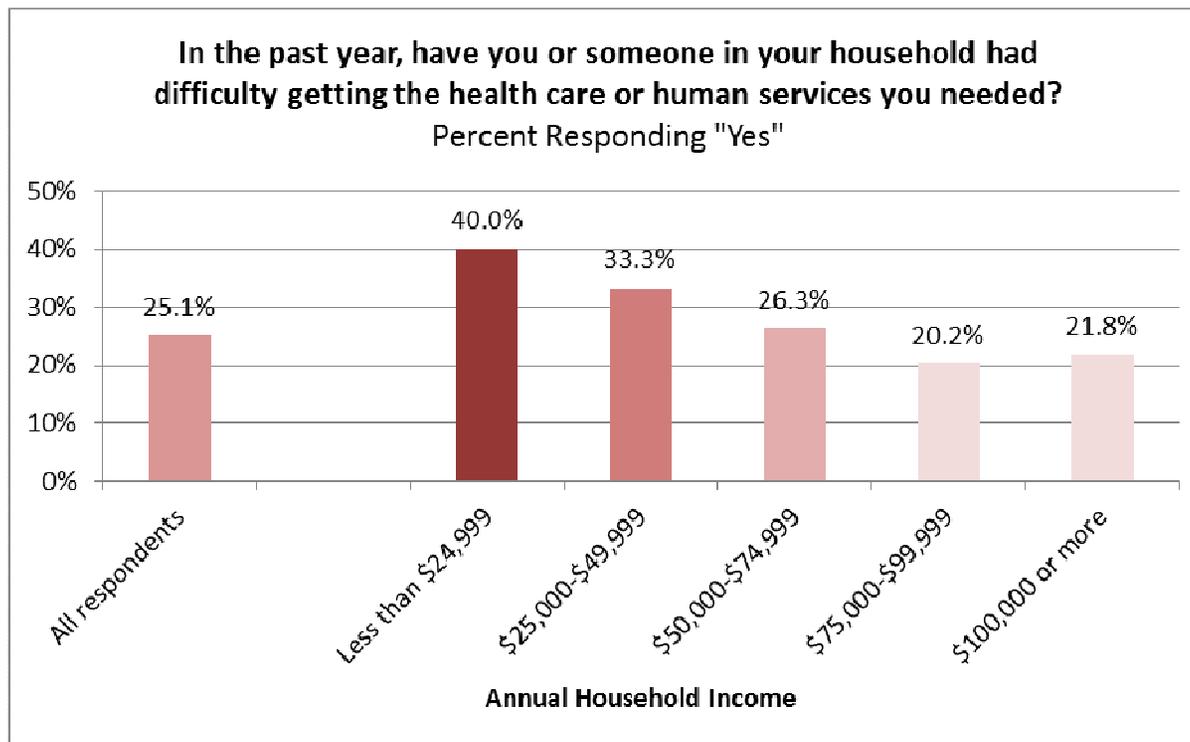
**TABLE 5: Most Important Health Issues by Respondent Age**

<b>18-44 years</b>	<b>n=123</b>	<b>45-64 years</b>	<b>n=205</b>	<b>65+ years</b>	<b>n=139</b>
<b>Access to enough, affordable health insurance</b>	47.2%	<b>Cost of prescription drugs</b>	50.7%	<b>Cost of prescription drugs</b>	46.8%
<b>Access to mental health care</b>	39.8%	<b>Access to mental health care</b>	47.3%	<b>Health care for seniors</b>	32.4%
<b>Cost of prescription drugs</b>	39.8%	<b>Access to enough, affordable health insurance</b>	47.3%	<b>Access to enough, affordable health insurance</b>	30.2%
<b>Poor nutrition/unhealthy food</b>	39.8%	<b>Lack of physical activity</b>	36.1%	<b>Cancer</b>	29.5%
<b>Lack of physical activity</b>	39.0%	<b>Access to dental health care</b>	35.1%	<b>Access to primary health care</b>	28.8%
<b>Heroin and misuse of pain medications</b>	38.2%	<b>Alcohol and drug misuse</b>	35.1%	<b>Lack of physical activity</b>	28.1%
<b>Alcohol and drug misuse</b>	37.4%	<b>Heroin and misuse of pain medications</b>	33.7%	<b>Access to mental health care</b>	24.5%

## 2. Barriers to Services Identified by Survey Respondents

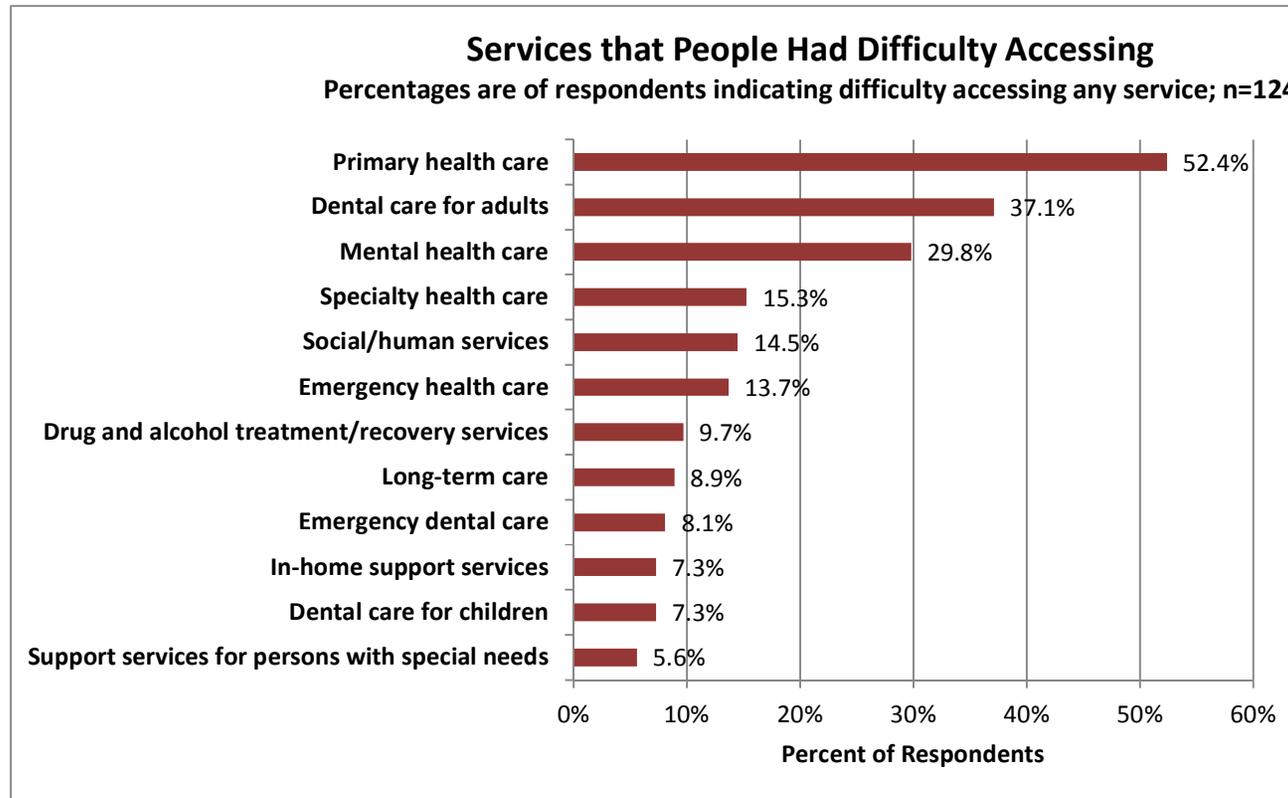
Respondents to the 2015 Community Needs Assessment Survey were asked, “In the past year, have you or someone in your household had difficulty getting the health care or human services you needed?” Overall, 25.1% of survey respondents indicated having such difficulty. As Chart 2 displays, there is a significant relationship between reported household income category and the likelihood that respondents reported having difficulty accessing services.

CHART 2



The survey also asked people to indicate the areas in which they had difficulty getting services or assistance. As displayed by Chart 3, the most common service type that people had difficulty accessing were primary health care (52.4% of those respondents indicating difficulty accessing any services); dental care for adults (37%) and mental health care (30%). Note that percentages on this chart are of the subset of respondents who indicated any difficulty accessing services (25% of all respondents; n=124).

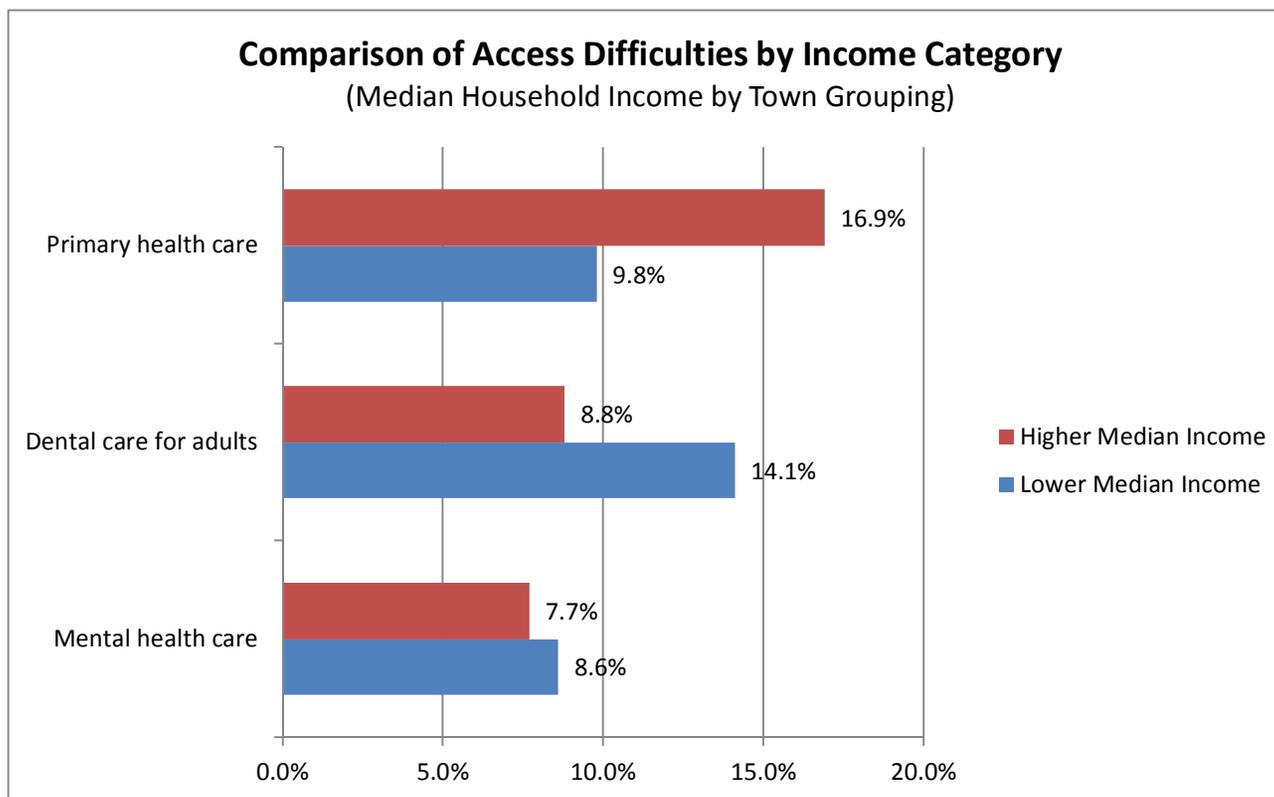
**CHART 3**



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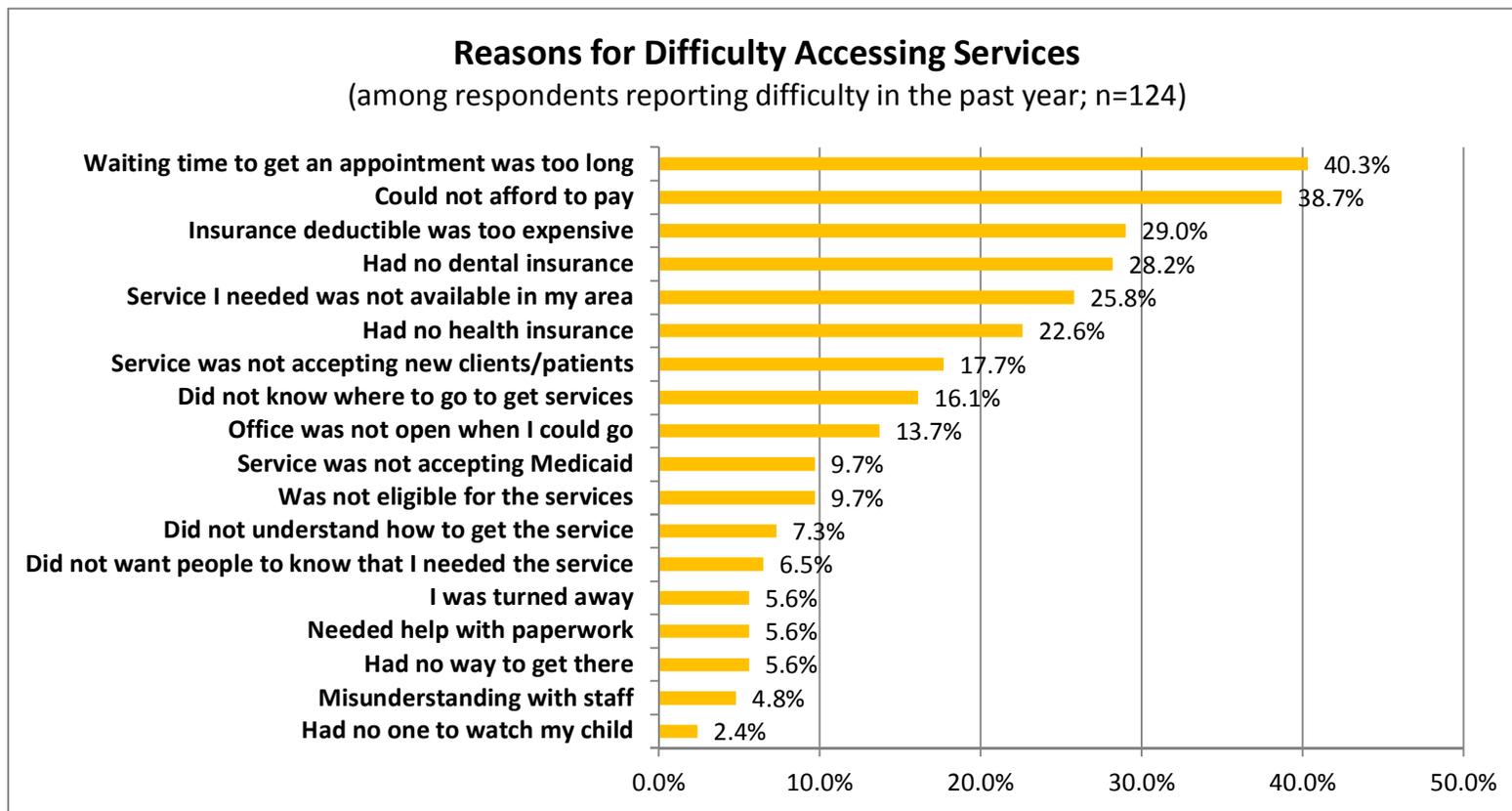
Chart 4 provides a comparison of reported access difficulties for the top three service types between higher income communities (includes New London) and lower income communities (includes Newport). As displayed by the chart, respondents from the higher income town group were more likely to report difficulty accessing primary health care, while those from the lower income town group were more likely to report difficulty accessing adult dental care. Note that percentages on this chart are of all survey respondents (e.g. 16.9% of all respondents from higher income towns reported difficulty accessing primary health care services.)

**CHART 4**



Respondents who reported difficulty accessing services in the past year for themselves or family member were also asked to indicate the reasons why they had difficulty. As shown on Chart 5, the top reasons cited were waiting time for an appointment (40%) and could not afford the service (39%).

**CHART 5**



Further analysis of these two questions addressing access to specific types of services is shown by Table 6. Among respondents indicating difficulty accessing adult dental care, the top reason indicated for difficulty accessing services was lack of dental insurance (64%). Among respondents indicating difficulty accessing primary health care, about 45% indicated they had difficulty accessing services in the past year due to affordability of services and 38% had difficulty due to waiting time for an appointment. These were also the top two reasons selected by respondents having difficulty accessing mental health care. However, “service I needed was not available in my area” was the third most common reason for access difficulties cited by both those having difficulty with mental health care and adult dental care. In a separate question, about 36% of survey respondents indicated that they or someone in their household had to travel outside of the local area in the past year to get the services they needed. In an open-ended follow-up question, dental care and mental health care were two of the most commonly cited services for which people were traveling outside of the area. (See Appendix A for complete survey responses.)

**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)

<b>Primary Health Care (n=65, 13.2% of all respondents)</b>	<b>Dental Care for Adults (n=50, 10.1% of all respondents)</b>	<b>Mental Health Care (n=37, 7.5% of all respondents)</b>
<b>44.6%</b> of respondents who had trouble receiving primary health care also reported they <i>Could not afford to pay</i>	<b>64.0%</b> of respondents who had trouble receiving adult dental care also reported they <i>Had no dental insurance</i>	<b>45.0%</b> of respondents who had trouble receiving mental health care also reported they <i>Could not afford to pay</i>
<b>38.5%</b> <i>Waiting time to get an appointment was too long</i>	<b>60.0%</b> <i>Could not afford to pay</i>	<b>45.9%</b> <i>Waiting time to get an appointment was too long</i>
<b>35.4%</b> <i>insurance deductible was too expensive</i>	<b>42.0%</b> <i>Service I needed was not available in my area</i>	<b>40.5%</b> <i>Service I needed was not available in my area</i>
<b>29.2%</b> <i>Had no health insurance</i>	<b>38.0%</b> <i>Waiting time to get an appointment was too long</i>	<b>37.8%</b> <i>Had no health insurance</i>
<b>21.5%</b> <i>Service was not accepting new clients/patients</i>	<b>30.0%</b> <i>Insurance deductible was too expensive</i>	<b>37.8%</b> <i>Insurance deductible was too expensive</i>

### 3. Community Health Resources Needing More Attention

The 2015 NLH Community Needs Assessment Survey also asked people to select from a list of services or resources that support a healthy community that should receive more focus. As shown by Chart 6, the top resources identified by survey respondents as needing more attention were public transportation; substance abuse recovery programs; access to healthy, affordable food; and affordable, high quality child care.

CHART 6

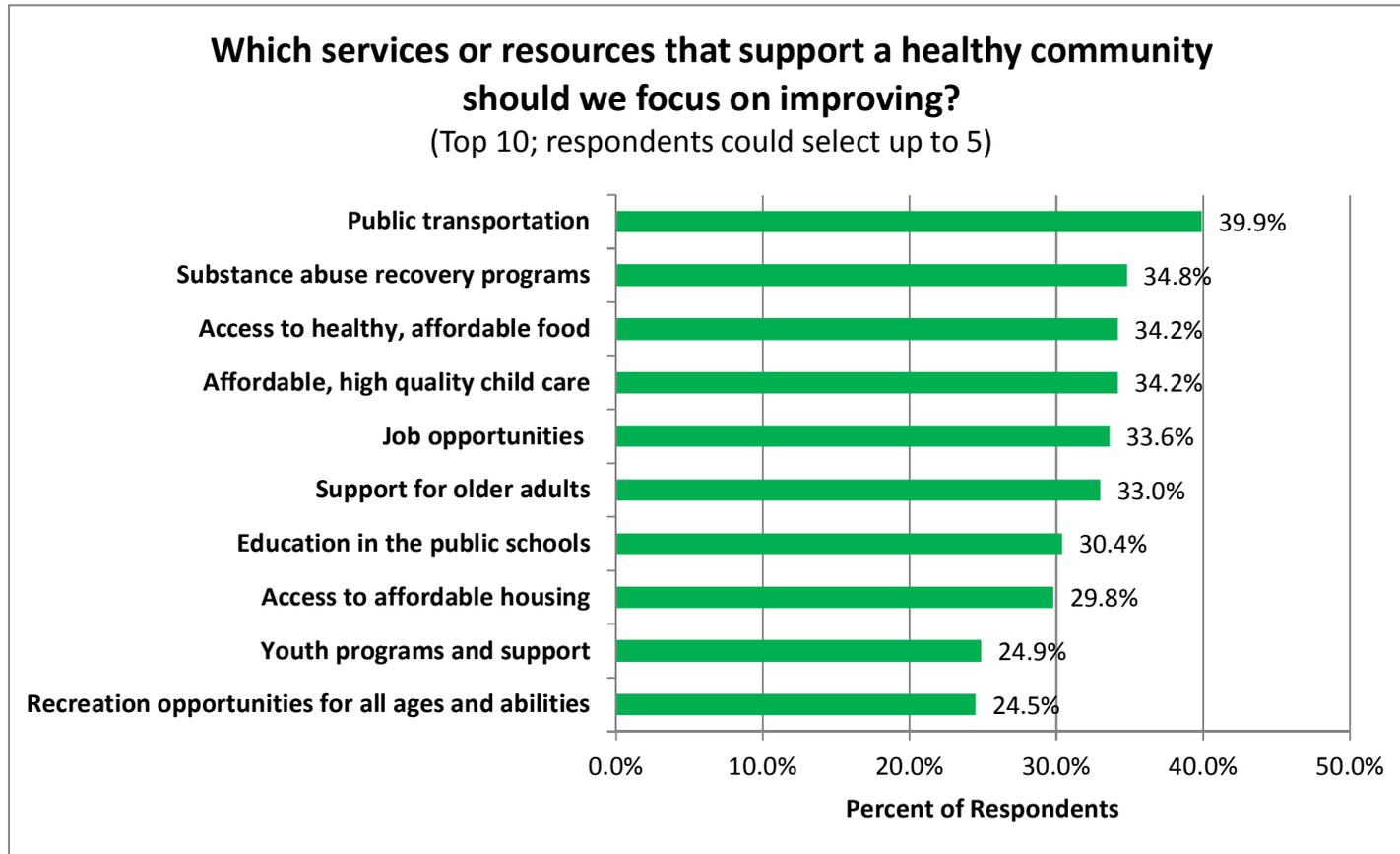
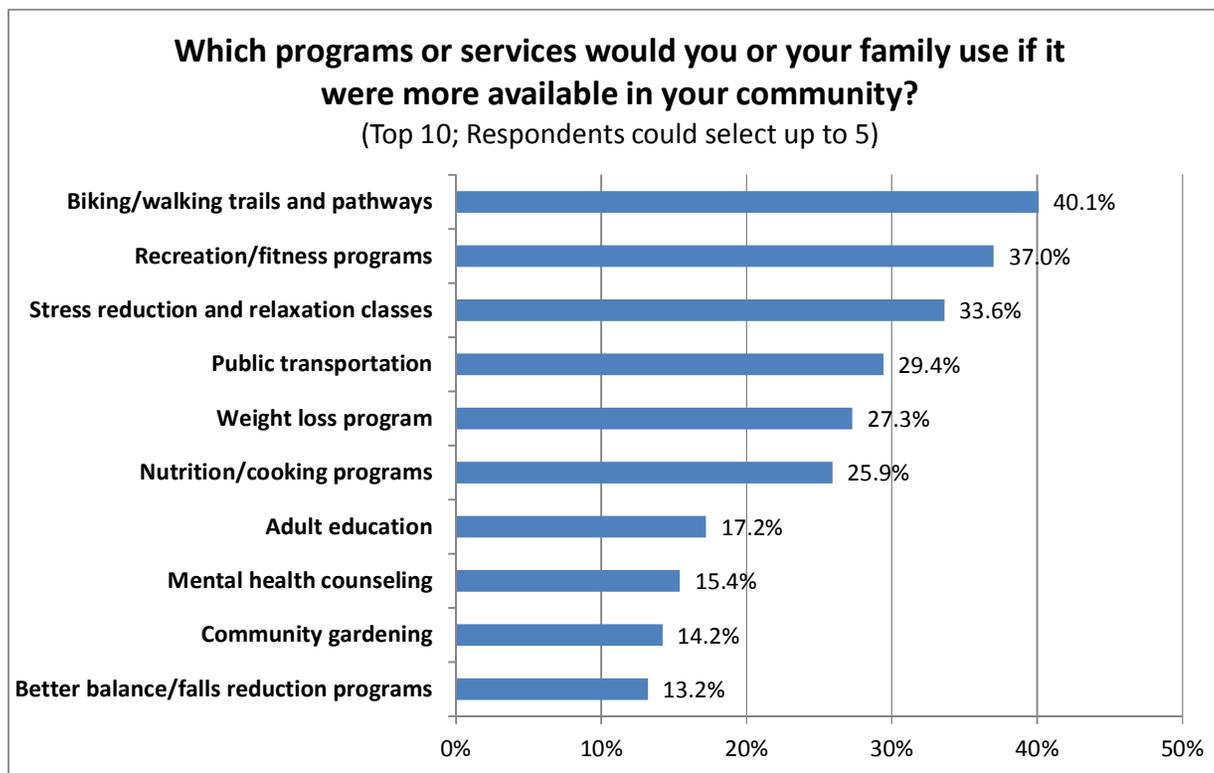


Chart 7 displays the top 10 program or services survey respondents indicated they would use if more available in their community. Table 7 on the next page displays the top programs or resources of interest by age category. Biking/walking trails, recreation/fitness programs and stress reduction classes were of interest to all age groups. However, the top two services of interest for seniors were public transportation and better balance/falls reduction programs.

**CHART 7**



**TABLE 7: Programs or Services of Interest by Age Category**

18-44 years	n=123	45-64years	n=205	65+ years	n=139
Recreation/fitness programs	48.0%	Biking/walking trails and pathways	50.7%	Public transportation	39.6%
Biking/walking trails and pathways	42.3%	Stress reduction and relaxation classes	39.0%	Better balance/falls reduction programs	33.8%
Stress reduction and relaxation classes	41.5%	Recreation/fitness programs	39.0%	Biking/walking trails and pathways	28.9%
Nutrition/cooking programs	36.6%	Weight loss program	30.2%	Recreation/fitness programs	28.8%
Weight loss program	33.3%	Public transportation	29.3%	Stress reduction and relaxation classes	23.7%

The 2015 NLH Community 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 301 survey respondents (61%) provided written responses to this question. Table 8 on the next page provides a summary of the most common responses by topic theme. Comment detail can be found in Appendix A of this report.

**TABLE 8****“If you could change one thing that you believe would contribute to better health in your community, what would you change?”**

<b>Improved Resources, Programs or Environment for Healthy Eating, Nutrition; Food Affordability; Health Education</b>	<b>16.9% of all respondents</b>
<b>Improved Resources, Programs or Environment for Physical Activity; Active Living; Affordable Recreation and Fitness</b>	<b>8.6%</b>
<b>Health Care Provider Availability Including Certain Specialties; Hours And Wait Time; Health Care Delivery System Improvements</b>	<b>16.3%</b>
<b>Affordability Of Health Care/Low Cost Or Subsidized Services; Health Care Payment Reform</b>	<b>14.0%</b>
<b>Accessibility/Availability Of Mental Health And Substance Abuse Services; Substance Misuse Prevention</b>	<b>9.3%</b>
<b>Tobacco Cessation And Prevention</b>	<b>1.0%</b>
<b>Programs For Youth And Families; Parenting Support</b>	<b>5.3%</b>
<b>Transportation Services</b>	<b>5.3%</b>
<b>Personal Responsibility/Reduce Dependence</b>	<b>3.0%</b>
<b>Community Services/Supports; Social Opportunities</b>	<b>2.7%</b>
<b>Accessibility/Affordability Of Dental Care</b>	<b>2.3%</b>
<b>Employment Opportunities/Benefits; Economy</b>	<b>2.3%</b>
<b>Communication/Awareness Of Services</b>	<b>2.3%</b>
<b>Senior Services</b>	<b>2.0%</b>

## B. KEY STAKEHOLDER SURVEY

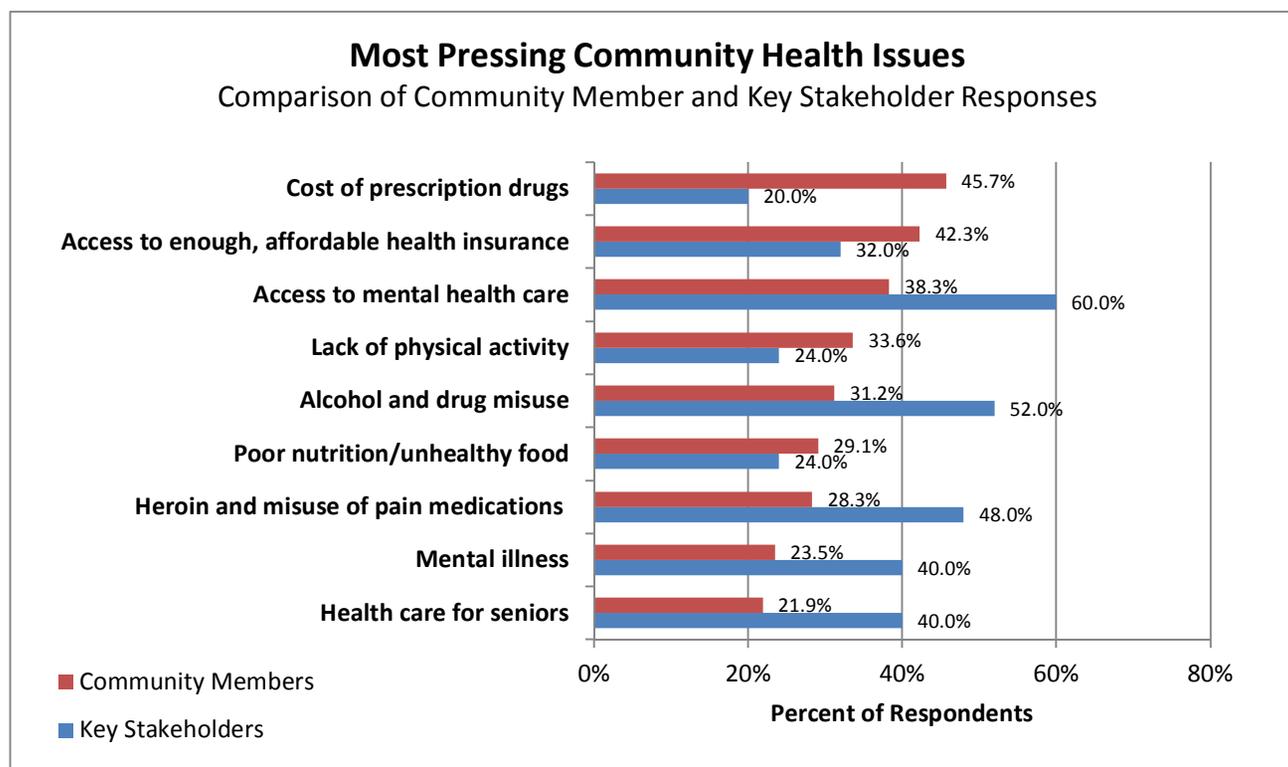
In addition to the survey of community residents, the 2015 NLH Community Health Needs Assessment included an online survey of key stakeholders representing different community sectors and agencies. This survey was conducted to supplement the community survey by gathering input on needs from the perspective of community leaders and service providers. The survey was conducted in conjunction with Valley Regional Hospital, Alice Peck Day Memorial Hospital, Dartmouth-Hitchcock, and Mt. Ascutney Hospital and Health Center. At the beginning of the survey, respondents were asked to indicate the region they primarily serve or are most familiar with, which could be multiple and overlapping regions. A total of 25 key stakeholder respondents indicated that their responses were reflective of the NLH service area. Respondents represented the following sectors: Primary Health Care (12%), Mental/Behavioral Health (4%), Home Health Care (12%), Long Term Care (4%), Public Safety/Fire (4%), Human Service/Social Service (8%), Faith-Based/Cultural Organization (12%), Education/Youth Services (12%), Municipal/County Government (16%), Community Member/Volunteer (8%), and Other (8%).

Table 9 displays the top 6 most pressing community health issues from the perspective of key stakeholders. Chart 8 on the next page compares these responses with the top 6 community health issues identified by respondents to the community survey. Three of the six top priorities were the same between these two groups of respondents. Community health issues identified by community members that were ranked somewhat lower by key stakeholders were ‘Cost of Prescription Drugs’, ‘Lack of physical activity’, and ‘Poor nutrition/unhealthy food’. Community health issues ranked in the top 6 by key stakeholders that were ranked somewhat lower by community members (although still in the top 12) were ‘Heroin and misuse of pain medications’, ‘Mental illness’ and ‘Health care for seniors’.

**Table 9: Top 6 Most Pressing Community Health Issues; Key Stakeholders**

<b>% of All Respondents selecting the issue (n=25)</b>	<b>Community Health Issue</b>
<b>60.0%</b>	<b>Access to mental health care</b>
<b>52.0%</b>	<b>Alcohol and drug misuse</b>
<b>48.0%</b>	<b>Heroin and misuse of pain medications</b>
<b>40.0%</b>	<b>Mental illness</b>
<b>40.0%</b>	<b>Health care for seniors</b>
<b>32.0%</b>	<b>Access to enough, affordable health insurance</b>

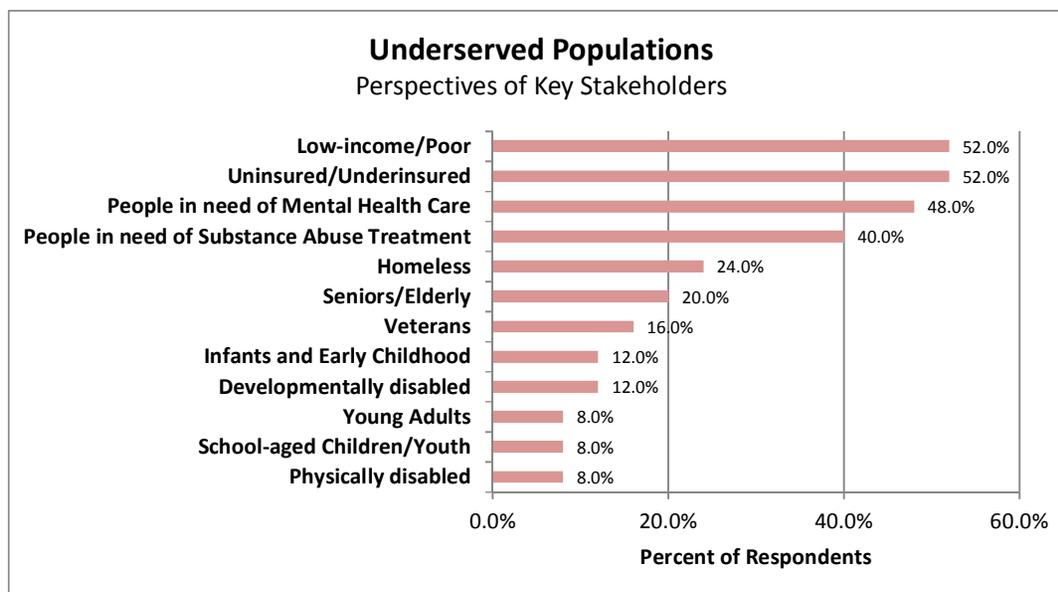
**CHART 8**



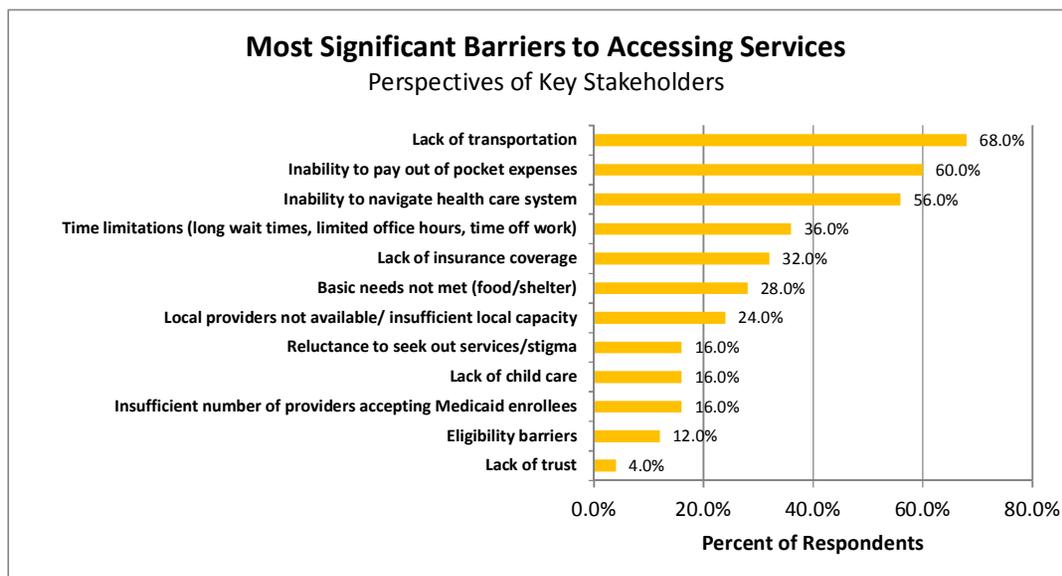
Key stakeholders were also asked if there are specific populations in the community that are not being adequately served by local health services. About 70% of respondents indicated that there are and the remainder were ‘not sure’. Chart 9 displays results from key stakeholder responses on specific populations thought to be currently underserved. ‘Low Income/Poor’, ‘Uninsured/Underinsured’, and ‘People in need of Mental Health Care’ are the most frequently indicated populations perceived to be currently underserved.

Chart 10 displays results from key stakeholder responses on the most significant barriers in the community that keep people from accessing the services they need. ‘Lack of transportation’, ‘Inability to pay out of pocket expenses’, and ‘Inability to navigate the health care system’ were most frequently cited. Complete survey responses for the key stakeholder survey can be found in Appendix B to this report.

**CHART 9**



**CHART 10**



## C. COMMUNITY HEALTH DISCUSSION GROUPS

A set of three discussion groups were convened in the Spring of 2015 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 discussions was to get input on health issues that matter to the community and thoughts and perceptions about the health of the community from different perspectives. Three discussion groups were convened representing a variety of important community sectors and perspectives including:

- **Newport Area Residents (11 participants)**
- **Faith Leaders (5 participants)**
- **NLH Volunteers (12 participants)**

### 1. Discussion Group Themes

The following paragraphs summarize the findings from the community discussion groups. See Appendix C for more detailed categorization of the notes from these groups. Themes from the community discussion groups include:

1. Discussion group participants comprehended and described a comprehensive, holistic perspective on health and well-being. The contributions of health behaviors, the physical environment, programs and services, and underlying determinants of health such as income and education were all discussed with respect to individual and community health outcomes.

*Community is critical to health and wellness. – Newport Discussion Group Participant*

2. Participants had mixed feelings about the overall health of the community. Positive factors cited include the perception of increased participation in physical activity and a number of specific community resources that promote health and wellness. However, there was also significant discussion of the challenges faced by individuals and families under economic stress, issues of aging, and lack of initiative for staying healthy. A number of comments also specifically cited substance abuse and barriers to accessing mental health services as highly significant negative contributors to health in the community.

*In comparison to other places I've worked people in this region are very healthy. But still don't have to scratch far before your realize all the challenges around aging. – Faith Leader*

3. Participants identified a wide variety of community strengths and resources that promote health including specific health and human service organizations including New London Hospital, outdoor activities, and informal social networks.
4. Participants identified a range of barriers to promoting good health in the community including the need for more awareness of available resources, more education, financial pressures on individuals, families, and community service organizations, substance abuse, mental and emotional health, and variability in access to services and health insurance.
5. With respect to what organizations could be doing better to support or improve community health, participants identified needs for enhanced health education, increased awareness of available resources, improved access to and availability of specific services such as mental health care and transportation, increased communication and coordination between agencies, and socio-economic improvements.

*Many people have no idea what's available to stay healthy. Programs are offered, but people don't come. There's no motivation. – Newport Discussion Group Participant*

## 2. High Priority Issues from NLH Discussion Groups

In each discussion group, a prioritization exercise was conducted to identify the most important or pressing needs for improving community health. The highest priority issues identified by the discussion groups across the region overall were:

1. *Access to Mental Health/Behavioral Health Care Services*
2. *Alcohol and Drug Abuse*
3. *Income, poverty*
4. *Fragile families, family stress*
5. *Transportation*
6. *Access to Elder Care Services*
7. *Diet and Nutrition, access to healthy foods*
8. *Physical Activity, recreational opportunities, active living*
9. *Obesity*
10. *Affordable housing*

The chart below displays these top overall regional priorities, as well as the priorities identified by each set of discussion groups. Consistent with the findings from the community and key stakeholder surveys. Access to mental health care, substance misuse, and related issues of family stress and low income are top issues of concern across the region.

**TABLE 10 – DISCUSSION GROUP COMMUNITY HEALTH PRIORITIES**

Priority Rank	Overall	Newport Group	Faith Leaders	Volunteers
1	<b>Access to Mental Health/Behavioral Health Care Services</b>	Access to Mental Health/Behavioral Health Care Services	Access to Mental Health/Behavioral Health Care Services	Transportation
2	<b>Alcohol and Drug Abuse</b>	Alcohol and Drug Abuse	Fragile families, family stress	Obesity
3	<b>Income, poverty</b>	Income, poverty	Access to Elder Care Services	Diet and Nutrition, access to healthy foods
4	<b>Fragile families, family stress</b>	Physical Activity, recreational opportunities, active living	Affordable housing	Access to Primary Health Care Services
5	<b>Transportation</b>	Access to Elder Care Services	Alcohol and Drug Abuse	Access to Specialty Care Services
6	<b>Access to Elder Care Services</b>	Access to Health Insurance	Income, poverty	Fragile families, family stress
7	<b>Diet and Nutrition, access to healthy foods</b>	Fragile families, family stress	Transportation	Alcohol and Drug Abuse
8	<b>Physical Activity, recreational opportunities, active living</b>	Access to Dental Care Services	Diet and Nutrition, access to healthy foods	Employment
9	<b>Obesity</b>	Affordable housing	Physical Activity, recreational opportunities, active living	Income, poverty
10	<b>Affordable housing</b>	Diet and Nutrition, access to healthy foods	Employment	Physical Activity, recreational opportunities, active living

## D. COMMUNITY HEALTH STATUS INDICATORS

This section of the 2015 NLH Community Health Needs Assessment report provides information on key indicators and measures of community health status. Some measures that are associated with health status have been included earlier in this report, such as measures of income and poverty. Where possible, statistics are presented specific to the 15 town NLH service area. However, some data are only available at the county level. Because the NLH service area includes towns in both Sullivan County and Merrimack County, statistics are presented for each of these counties.

### 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.

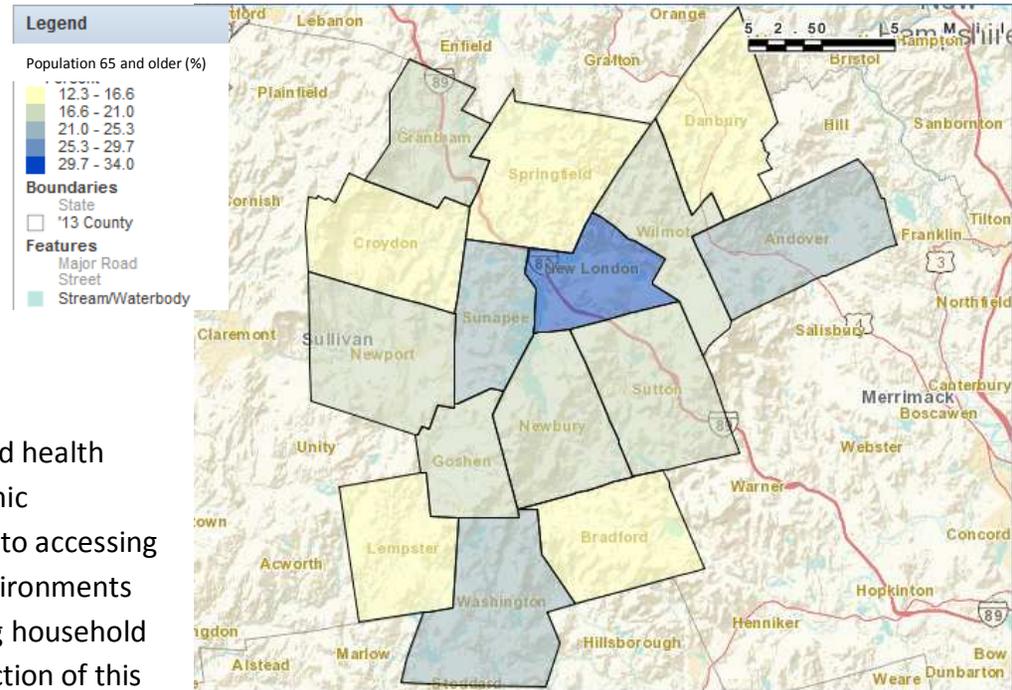
#### a. General Population Characteristics

According to the 2013 American Community Survey, the population of the New London Hospital Service Area is older than New Hampshire's population on average. The service area map on the next page displays the percent of the population 65 years of age and older by town. Between 2000 and 2013, the population of the New London Hospital Service Area also grew twice as fast as the New Hampshire population.

Indicators	New London Hospital Service Area	New Hampshire
<b>Population Overview</b>		
<b>Total Population</b>	32,715	1,319,171
<b>Over age of 65</b>	18.5%	14.2%
<b>Under age of 5</b>	4.7%	5.2%
<b>Change in population (2000 to 2013)</b>	+13.4%	+6.7%

*Data Source: U.S. Census Bureau, 2009-2013 American Community Survey 5-Year Estimates and 2000 US Census.*

**Percent of Population 65 years of age and older  
New London Hospital Service Area Towns**



**b. Income, Poverty and Unemployment**

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 following table presents the proportion of children under age 18 living below the 100 % and 200% of the Federal Poverty Level in the New London Hospital Service Area compared with New Hampshire overall.

Area	Percent of Children in Poverty Income < 100% FPL	Percent of Children in Poverty Income < 200% FPL
<b>New London Hospital Service Area</b>	7.3%	26.4%
<b>New Hampshire</b>	11.14%	27.2%

*Data Source: U.S. Census Bureau, 2009 – 2013 American Community Survey 5-Year Estimates.*

Unemployment is measured as the percent of the civilian labor force, age 16 and over that is unemployed, but seeking work. From 2009 – 2013, the unemployment rate in almost all New London Hospital Service Area communities was lower than the statewide rate. This is displayed by the table below.

Area	Percent of the Population Unemployed
<b>New Hampshire</b>	<b>7.0%</b>
Goshen	7.0%
Lempster	6.3%
Wilmot	5.7%
Washington	5.2%
<b>New London Hospital Service Area</b>	<b>4.3%</b>
Newbury	4.1%
Andover	3.9%
Danbury	3.9%
Newport	3.5%
Springfield	3.4%
Bradford	3.3%
Croydon	2.8%
Sunapee	2.5%
Grantham	1.8%
New London	1.1%
Sutton	0.9%

*Data Source: U.S. Census Bureau, 2009 – 2013 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 higher proportion of the population of the New London Hospital 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
New London Hospital Service Area	7.0%
New Hampshire	8.2%

*Data Source: U.S. Census Bureau, 2009 – 2013 American Community Survey 5-Year Estimates.*

**d. Language**

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

Area	Percent of Population Aged 5+ Who Speak English Less Than "Very Well"
New London Hospital Service Area	1.2%
New Hampshire	2.5%

*Data Source: U.S. Census Bureau, 2009 – 2013 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 owner-occupied. The New London Hospital Service Area has a higher homeownership rate than New Hampshire overall.

“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. The proportion of substandard housing units in the New London Hospital Service Area is not significantly different than the overall NH rate.

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 That Are Owner-Occupied	Percent of Housing Units Categorized As “Substandard”	Percent of Households with Housing Hosts >= 30% of Household Income
<b>New London Hospital Service Area</b>	81.5%	32.4%	36.2%
<b>New Hampshire</b>	74.9%	36.6%	42.4%

*Data Source: Owner-Occupied Housing Units/Housing Costs: U.S. Census Bureau, 2009 – 2013 American Community Survey 5-Year Estimates; Sub-standard Housing 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 workers 16 years of age and older who live in households that have no vehicle available. While the rate appears to be lower than overall NH state rate, it is important to consider the fact that overall NH rate includes more urban areas that may have more public transportation options for people to rely on.

Area	Percent of Workers Aged 16+ in Households with No Vehicle Available
<b>New London Hospital Service Area</b>	2.9%
<b>New Hampshire</b>	5.2%

*Data Source: U.S. Census Bureau, 2009 – 2013 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 2013 American Community Survey, 13.2% of New London Hospital Service Area residents report having at least one disability, a rate that is higher than the overall NH rate and possibly reflective of an older population on average.

Area	Percent of Population Reporting Serious Difficulty With Hearing, Vision, Cognition and/or Ambulation
New London Hospital Service Area	13.2%*
New Hampshire	11.6%

*Data Source: U.S. Census Bureau, 2009 – 2013 American Community Survey 5-Year Estimates. \*Rate is statistically different and higher than the overall NH rate.*

## 2. Health Promotion and Disease Prevention

Adopting healthy lifestyle practices and behaviors 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 explores health behaviors that can promote health and prevent disease.

### a. Fruit and Vegetable Consumption

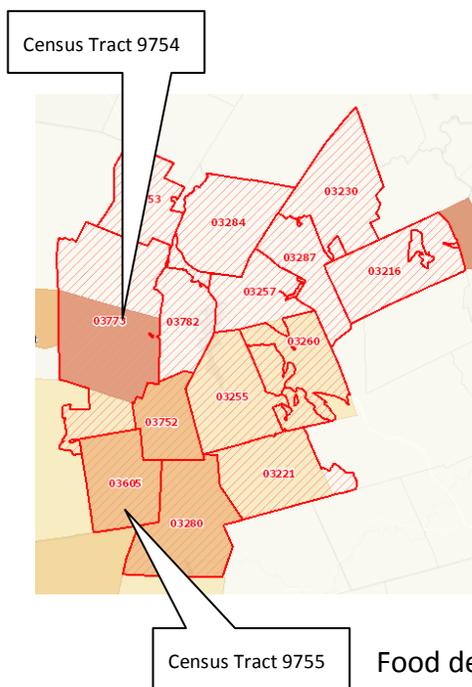
The table below reports the percentage of adults aged 18 and older who self-report consuming less than 5 servings of fruits and vegetables each day. Unhealthy eating habits contribute to significant health issues such as obesity and diabetes.

Area	Percent of Adults Consuming Few Fruits or Vegetables
New London Hospital Service Area	72.3%
Merrimack County, NH	70.1%
Sullivan County, NH	74.0%
New Hampshire	71.6%

*Data Source: Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2005, 2007, 2009. Accessed using NH HealthWRQS. County rates are not significantly different from each other or from the overall NH rate. Hospital Service Area estimates from Community Commons.*

## b. Access to Healthy Foods

Lack of access to supermarkets can contribute to low fruit and vegetable consumption. Access may be limited by distance as well as by lack of transportation. The USDA Food Access Research Atlas classifies one census tract in the New London Hospital Service area as having limited access to supermarkets based on these characteristics: In Newport Census Tract 9754, 6.3% of households report having no vehicle available although they are located at least a half a mile from the nearest supermarket.



Town	Census Tract	Proportion of Residents with No Vehicle Further Than .5 Miles from Supermarket	Proportion of Population with Low Food Access*
Newport	9754	6.3%	73.09%
Goshen, Lempster, Washington	9755	1.7%	29.01%

\*Proportion of residents located more than .5 miles (urban areas) or more than 10 miles (rural areas) from a supermarket.

Data Source: USDA Food Access Research Atlas, 2010.

Food deserts are another measure of food access. A food desert is defined as a low-income census tract where a substantial number or share of residents has low access to a supermarket or large grocery store.

Low access to supermarkets translates to less choice and potentially higher prices for food. Both Census Tract 9754 and Census Tract 9755 (which encompasses portions of Goshen, Lempster, and Washington) are classified as food deserts.

### c. Physical Inactivity

Lack of physical activity can lead to significant health issues such as obesity and poor cardiovascular health. The table below reports the percentage of adults aged 20 and older who self-report no 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?". More than 1 in 5 adults in the New London Hospital Service Area can be considered physically inactive on a regular basis – a rate similar to the rest of New Hampshire.

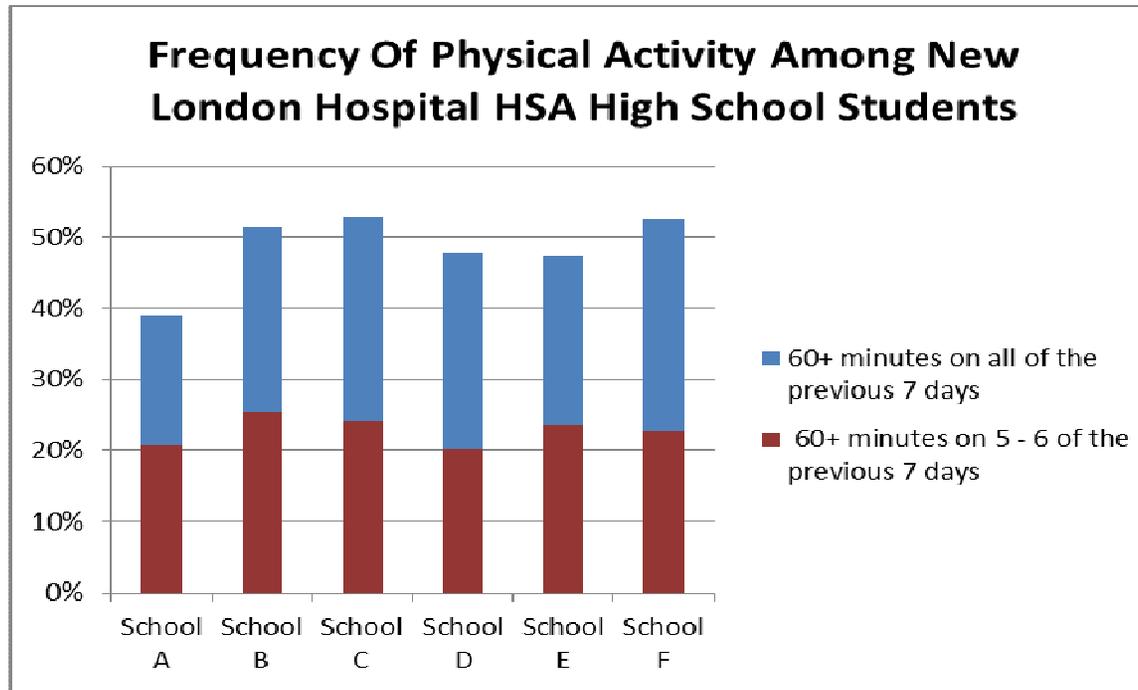
Area	Physically Inactive in the Past 30 Days
New London Hospital Service Area	21.40%
Merrimack County, NH	18.90%
Sullivan County, NH	21.60%
New Hampshire	20.17%

*Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2012. Hospital Service Area estimates from Community Commons.*

The Youth Risk Behavior Survey (YRBS) asks high school students how many of the previous 7 days they were physically active for a total of at least 60 minutes. Six of the seven schools with students from towns in the New London Hospital Service Area participated in the survey in 2013. The table and graph below present data from the 2013 YRBS on the proportion of high school students from the Hospital Service Area that report exercising for 60+ minutes on at least five of the seven days prior to the taking the survey.

School	Physically Active 60+ Minutes Per Day on 5+ of the Previous 7 Days	Physically Active 60+ Minutes per Day on All 7 of the Previous 7 Days
School A	39.0%	18.2%
School B	51.4%	25.9%
School C	52.9%	28.7%
School D	47.7%	27.5%
School E	47.5%	23.9%
School F	52.7%	29.9%
NH	47.0%	22.9%

*Data Source: Centers for Disease Control and Prevention. 2013 Youth Risk Behavior Survey.*



In addition, a majority of students in each school (range 64.2%-76.8% depending on school) said that they had zero days of physical education classes during the average school week.

#### d. Pneumonia and Influenza Vaccinations (Adults)

The next table shows the percentage of adults who self-report that they received influenza vaccine in the past year or have ever received a pneumonia vaccine. 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	Adult Immunization Rates	
	Pneumococcal Vaccination Adults Aged 65+	Influenza Vaccination Adults Aged 18+
<b>New London Hospital Service Area</b>	69.4%	Not available
<b>Merrimack County, NH</b>	69.3%	32.3%
<b>Sullivan County, NH</b>	69.5%	33.0%
<b>New Hampshire</b>	72.0%	32.1%

*Data Source: Pneumococcal Vaccination: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006 - 2010. Hospital Service Area estimates from Community Commons. Influenza Vaccination: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2011-2012. Accessed using NH HealthWRQS. Rates are not significantly different from each other or from the overall NH rate.*

**e. Cancer Screening**

Evidence suggests that cancer screening appropriate to age can reduce cancer mortality. Cancer screening rates can also reflect degree of access to preventive care, levels of health knowledge, insufficient outreach, and/or the degree to which social barriers preventing utilization of services. This table below reports the percentage of women aged 18 and older who report that they have had a Pap test in the past three years from 2006- 2010 and 2012.

Area	Percent of Women Who Have Had a Recent Pap Test	
	2006 - 2010	2012
<b>New London Hospital Service Area</b>	80.1%	Not available
<b>Merrimack County, NH</b>	82.5%	77.1%
<b>Sullivan County, NH</b>	78.2%	78.2%
<b>New Hampshire</b>	79.5%	78.6%

*Data Source: 2006-2010 Data: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Hospital Service Area estimates from Community Commons. 2012 Data: Accessed using NH HealthWRQS. Rates are not significantly different from each other or from the overall NH rate.*

The table below reports the percentage of adults 50 and older who self-report that they have ever had a sigmoidoscopy or colonoscopy 2006- 2010 and in 2012.

Area	Percent of Adults Aged 50 Or Older Ever Screened For Colon Cancer	
	2006 - 2010	2012
<b>New London Hospital Service Area</b>	67.6%	Not available
<b>Merrimack County, NH</b>	71.0%	79.1%
<b>Sullivan County, NH</b>	64.4%	73.1%
<b>New Hampshire</b>	69.7%	77.4%

*Data Source: 2006-2010 Data: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Hospital Service Area estimates from Community Commons. 2012 Data: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2012. Accessed using NH HealthWRQS. Rates are not significantly different from each other or from the overall NH rate.*

The table below reports the percentage of female Medicare enrollees, age 67-69, who have received one or more mammograms in the past two years.

Area	Percent of Medicare Enrollees Aged 67 - 69 Recently Screened For Breast Cancer
<b>New London Hospital Service Area</b>	72.4%
<b>Merrimack County, NH</b>	75.2%
<b>Sullivan County, NH</b>	69.8%
<b>New Hampshire</b>	70.7%

*Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2012. Hospital Service Area estimates from Community Commons.*

#### **f. Adult Substance Abuse**

Substance abuse, 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 abuse is associated with destructive social conditions, including family dysfunction, lower prosperity, domestic violence and crime.

The Behavior Risk Factor Surveillance Survey asks adults about the frequency of their use of alcohol by asking, “During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?” One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.

The table on the next page presents data on binge drinking rates. Binge drinking is defined as drinking 5 or more drinks on an occasion for men, or 4 or more drinks on an occasion for women.

Area	Engaged in Binge Drinking in Past 30 days, Percent of Adults		
	Male	Female	Total
<b>New London Hospital Service Area</b>		Not available	
<b>Merrimack County, NH</b>	16.0%	9.4%	12.7%*
<b>Sullivan County, NH</b>	22.5%	7.9%	15.1%
<b>New Hampshire</b>	23.2%	13.3%	18.1%*

*Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2012. Accessed using NH HealthWRQS. The rate for binge drinking for all adults is significantly lower than the state rate for all adults.*

The next table presents data on heavy alcohol use. Men are considered heavy drinkers if they report having more than 2 drinks per day. Women are considered heavy drinkers if they report having more than 1 drink per day.

Area	Heavy Alcohol Use, Percent of Adults		
	Male	Female	Total
<b>New London Hospital Service Area</b>		Not available	
<b>Merrimack County, NH</b>	7.6%	8.0%	7.8%
<b>Sullivan County, NH</b>	3.5%	5.3%	4.4%
<b>New Hampshire</b>	7.5%	6.9%	7.2%

*Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2012. Accessed using NH HealthWRQS. Rates are not significantly different from each other or from the overall NH rate.*

The rate of utilization of the emergency department for substance abuse-related conditions can indicate a variety of concerns including prevalence of substance abuse in the community, community norms, and limited access to treatment. The rate of emergency department utilization for substance abuse related mental health conditions by residents in the New London Hospital Service area was significantly lower than the overall New Hampshire rate in 2009 (most current information available).

Substance Abuse-Related Mental Health Condition ED Visits and Observation Stays (per 100,000 people)	
Area	Overall, Age Adjusted
New London Hospital Service Area	637.7*
New Hampshire	966.9

*Data Source: NH DHHS Hospital Discharge Data Collection System, 2009. Accessed using NH HealthWRQS. \*Rate is statistically different and lower than the overall NH rate.*

**g. Youth Substance Abuse**

The table on the next page presents data collected in the Youth Risk Behavior Survey (YRBS) on the proportion of high school students from the New London Hospital Service Area who reported ever using the substances listed in the left column. Six of the seven schools with students from towns in the New London Hospital Service Area participated in the YRBS in 2013.

Percent of Students Reporting They Ever Used Substance							
	School A	School B	School C	School D	School E	School F	NH
<b>Alcohol</b>	68.5%*	64.0%	58.8%	65.2%*	63.7%	67.6%*	61.4%
<b>Marijuana</b>	42.9%	41.8%	38.8%	47.0%*	34.9%**	43.4%	39.9%
<b>Synthetic Marijuana</b>	18.8%	13.6%	19.5%	22.1%	17.2%	19.2%	15.0%
<b>Prescription Drugs Without Prescription</b>	18.0%	17.7%	16.7%	23.6%*	16.2%	15.2%	16.5%
<b>Cocaine</b>	5.30%	6.50%	4.60%	10.9%*	5.30%	6.80%*	4.90%
<b>Inhalants</b>	7.50%	10.2%*	6.70%	18.8%*	5.60%**	8.30%	8.00%
<b>Ecstasy</b>	5.30%**	6.50%	6.00%	9.70%*	5.60%**	4.20%	7.40%
<b>Heroin</b>	2.20%	4.40%*	2.10%	5.80%*	1.10%**	2.40%	2.70%
<b>Methamphetamines</b>	2.50%	4.40%*	2.60%	5.80%*	2.80%	4.20%*	2.90%

*Data Source: Centers for Disease Control and Prevention. 2013 Youth Risk Behavior Survey.*

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

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

The table and graph below present data from the 2013 YRBS on the proportion of high school students from the Hospital Service Area who report using alcohol, marijuana and prescription medications without a prescription in the past 30 days. Six of the seven schools with students from towns in the New London Hospital Service Area participated in the survey in 2013. As displayed by the chart, youth from 5 of these schools reported higher rates of current alcohol use than the overall NH rate.

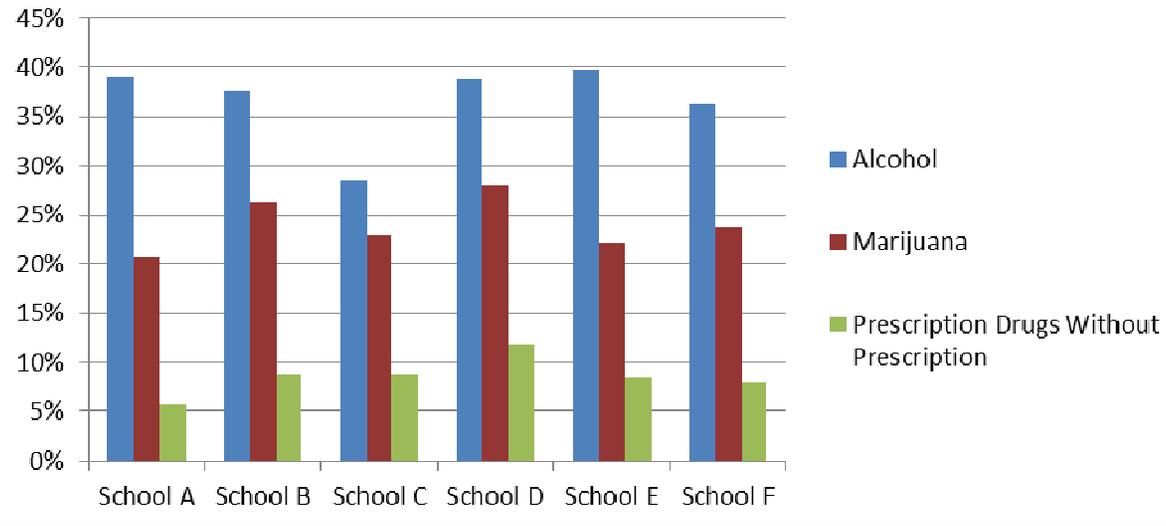
Percent of Students Reporting Any Use of Substance In Last 30 Days			
School	Alcohol	Marijuana	Prescription Drugs Without Prescription
School A	39.0%*	20.8%**	5.7%
School B	37.6%*	26.4%	8.9%
School C	28.5%**	22.9%	8.9%
School D	38.9%*	28.0%*	11.8%
School E	39.8%*	22.2%	8.5%
School F	36.3%	23.7%	8.0%
NH	32.9%	24.4%	7.6%

*Data Source: Centers for Disease Control and Prevention. 2013 Youth Risk Behavior Survey. State-level prescription drug use data from NH Department of Education website. No confidence intervals available.*

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

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

## Use Of Substances In Last 30 Days By New London HSA High School Students



## h. Cigarette Smoking

Tobacco use is a primary contributor to leading causes of death such as lung cancer, respiratory disease and cardiovascular disease. The table below reports the percentage of adults aged 18 and older who self-report currently smoking cigarettes some days or every day. Between 2006 and 2012, almost 1 in five adults in the communities of the New London Hospital Service were current smokers.

The table below presents data from the 2013 YRBS on the proportion of high school students from the Hospital Service Area who report that they are current smokers. Six of the seven schools with students from towns in the New London Hospital Service Area participated in the survey in 2013.

School	Current Smoker (1+ day/month)	Frequent Smoker (20+ days/month)
School A	16.8%*	6.7%
School B	17.8%*	6.3%
School C	11.3%	4.1%
School D	20.3%*	4.6%
School E	20.4%*	5.0%
School F	17.2%*	8.6%*
NH	13.8%	5.5%

Area	Percent of Adults Who Are Current Smokers
	2006 - 2012
New London Hospital Service Area	18.7%
Merrimack County, NH	15.7%
Sullivan County, NH	21.1%
New Hampshire	17.1%

*Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006 - 2012. Hospital Service Area estimates from Community Commons.*

**i. 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 in the New London Hospital Service Area, was estimated to be 19.4 per 1,000 women aged 15 – 19 in the 2009 – 2013 time period.

Area	Teen Birth Rate per 1,000 Women Age 15-19
New London Hospital Service Area	19.4
New Hampshire	17.0

*Data Source: American Community Survey 2009 – 2013. This rate is not significantly different from the overall NH rate.*

### 3. Illness and Injury

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. Premature Mortality

An overall measure of the burden of disease is premature mortality. The indicator below expresses premature mortality as the rate of death, regardless of cause, where age is less than 65 years at the time of death. During the period 2008 and 2010 (the most current information available), the rate of premature death in the New London Hospital Service Area was similar to the rate for New Hampshire overall.

Area	Premature Mortality (Deaths per 100,000 People Under Age 65)
New London Hospital Service Area	348.1
Merrimack County, NH	311.1
Sullivan County, NH	381.9
New Hampshire	307.2

*Data Source: University of Wisconsin Population Health Institute, County Health Rankings. Centers for Disease Control and Prevention, National Vital Statistics System. 2008-2010. Hospital Service Area estimates from Community Commons. Rates are not significantly different from each other or from the overall NH rate.*

**b. 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).

Area	Percent of Adults Obese	Percent of Adults Overweight or Obese
<b>New London Hospital Service Area</b>	28.6%	65.4%
<b>Merrimack County, NH</b>	29.0%	63.3%
<b>Sullivan County, NH</b>	28.0%	66.7%
<b>New Hampshire</b>	26.9%	62.0%

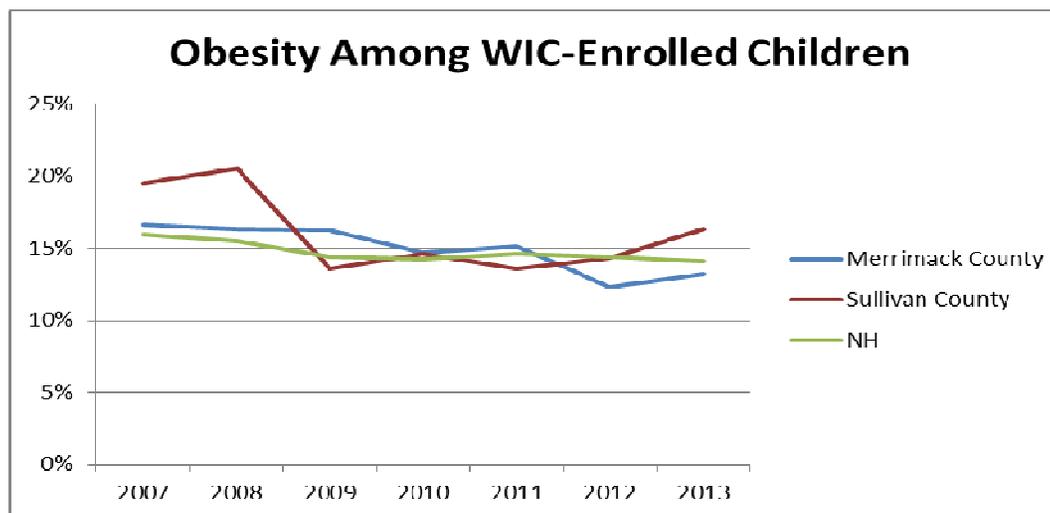
*Data source: NH DHHS, Behavioral Risk Factor Surveillance System 2011-2012. Hospital Service Area estimates from Community Commons. Rates are not significantly different from each other or from the overall NH rate.*

Children who are overweight and obese suffer both short- and long-term impacts. In addition, children who are obese are likely to be obese as adults. The table and graph below presents data on the proportion of WIC-enrolled children and 3<sup>rd</sup> graders who are obese in Merrimack and Sullivan Counties, compared with New Hampshire.

Area	Percent of WIC-enrolled Children Who Are Obese	Percent of 3 <sup>rd</sup> Graders Who Are Obese
Merrimack County, NH	13.2%	14.7%
Sullivan County, NH	16.3%	17.4%*
New Hampshire	12.6%	12.6%

*Data Source: WIC Enrollees: NH WIC Agencies, 2013. Accessed from NH WISDOM. County rates are not statistically different than the overall NH rate. Third Graders: Third Grade Survey, 2014. Accessed from NH WISDOM. \*The proportion of third-graders who are obese is significantly higher in Sullivan County compared to the New Hampshire average.*

The graph below presents trend data from NH Wisdom on the proportion of WIC-enrolled children who are obese in Merrimack and Sullivan Counties, compared with New Hampshire. While there has been no statistically significant change in obesity rates at the county level, state level rates of obesity for WIC enrolled children declined significantly from 15.9% in 2007 to 14.1% in 2013. Additionally, New Hampshire has also registered statistically significant decreases in the proportion of third graders who are obese, with rates falling from 18.0% in 2009 to 12.6% in 2014 (no county-level trend data is available for this indicator).



**c. 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. According to the New Hampshire State Health Improvement Plan, 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. The table below shows cancer incidence rates by site group for the cancer types that account for the majority New Hampshire’s cancer deaths and new cases.

	New Cancer Cases (per 100,000 people), Age Adjusted	
	New London Hospital Service Area	New Hampshire
<b>All cancers (2008)</b>	501.7	481.2
<b>2007 – 2011 Data</b>		
<b>Prostate</b>	125.7*	151.7
<b>Breast (female)</b>	125.3	134.1
<b>Lung and bronchus</b>	70.8	69.6
<b>Melanoma of skin</b>	Not available	26.7
<b>Colorectal</b>	38.8	41.3
<b>Bladder</b>	Not available	29.4

*Data Source: All cancers: NH State Cancer Registry, 2008.*

*Site-specific data: State Cancer Profiles, 2007 - 2011. Hospital Service Area estimates from Community Commons. \*Hospital Service Area estimate may be significantly lower than NH rate (Sullivan county rates are lower than NH rate: 104.8 vs.151.7)*

*Cancer Mortality:* The rate of death due to cancer in the New London Hospital Services Area was similar to the overall NH rate in 2010. It is not possible to calculate death rates for some cancer types due to low numbers of deaths from these cancers in the region.

	Cancer Deaths (per 100,000 people), Age Adjusted	
	New London Hospital Service Area	New Hampshire
<b>All cancers</b>	142.8	155.6
<b>Colorectal</b>	Not available	43.4
<b>Lung and bronchus</b>	35.4	43.2
<b>Bladder</b>	Not available	25.0
<b>Prostate</b>	Not available	19.6
<b>Breast (female)</b>	Not available	20.0
<b>Melanoma of skin</b>	Not available	24.9

*Data Source: NH State Cancer Registry, 2010. Accessed using NH HealthWRQS. Hospital Service Area rates, where available, are not significantly different from the overall NH rate.*

**d. Heart Disease**

Heart disease is the second leading cause of death in New Hampshire and in the New London Hospital Service Area after all forms of cancer. Heart disease is closely related to unhealthy weight, high blood pressure, high cholesterol, and substance abuse including tobacco use.

*Heart Disease Prevalence:* The table below 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
New London Hospital Service Area	3.9%
Merrimack County, NH	3.6%
Sullivan County, NH	4.2%
New Hampshire	4.0%

*Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2011-2012. Hospital Service Area estimates from Community Commons. Rates are not significantly different from each other or from the overall NH rate.*

*Cholesterol Screening and High Cholesterol:* 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 tables below display the proportion of adults who report that they have had their cholesterol levels checked at some point within the past 5 years and the percent of adults with high cholesterol.

Area	Percent of Adults Who Have Had Cholesterol Levels Checked Within Past 5 Years
Merrimack County, NH	82.7%
Sullivan County, NH	81.0%
New Hampshire	81.0%

*Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2011-2012. Accessed using NH HealthWRQS.*

*Rates are not significantly different from each other or from the overall NH rate.*

Area	Percent of Adults With High Cholesterol
New London Hospital Service Area	40.1%
Merrimack County, NH	37.7%
Sullivan County, NH	41.3%
New Hampshire	39.2%

*Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2011-2012. Accessed using NH HealthWRQS. Hospital Service Area estimates from Community Commons.*

*Rates are not significantly different from each other or from the overall NH rate.*

*Heart Disease Morbidity and Mortality:* The rate of inpatient hospital utilization due to heart disease is lower among residents of the New London Hospital Service Area, compared to the New Hampshire population overall, while the rate of emergency department utilization due to heart disease is similar. The rate of death due to heart disease in the New London Hospital Services Area was similar to that among the NH population in the 2009 and 2010 time period.

Area	Heart Disease Inpatient Discharges, Age Adjusted	Heart Disease ED Visits and Observation Stays, Age Adjusted
<b>New London Hospital Service Area</b>	205.3*	40.8
<b>New Hampshire</b>	271.5	49.9

*Data Source: NH DHHS Hospital Discharge Data Collection System, 2008-2009. Accessed using NH HealthWRQS. \*Rate is statistically different than the overall NH rate.*

Area	Coronary Heart Disease Deaths (per 100,000 people), Age Adjusted
<b>New London Hospital Service Area</b>	103.9
<b>New Hampshire</b>	98.8

*Data Source: NH Division of Vital Records death certificate data, 2011-2013. Accessed using NH HealthWRQS. Rate is not statistically different than the overall NH rate.*

**e. 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 18 and older who have ever been told by a doctor that they have diabetes. About 8.0% of adults in Merrimack and Sullivan Counties and 8.1% of New Hampshire adults overall report having been told by a health professional that they have diabetes.

Area	Percent of Adults with Diabetes, Age Adjusted
Merrimack County, NH	8.0%
Sullivan County, NH	8.0%
New Hampshire	8.1%

*Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2011-2012. Accessed using NH HealthWRQS. County rates are not significantly different from each other or from the overall NH rate.*

*Diabetes-related Morbidity and Mortality:* The rate of emergency department utilization in the New London Health Service Area due to diabetes is comparable to the New Hampshire rate overall. Inpatient utilization resulting from diabetes is higher among New London Hospital Service Area residents than for the New Hampshire population overall. The rate of death due to diabetes among New London Hospital Services area residents is comparable to the overall rate for New Hampshire.

Diabetes ED Visits and Observation Stays (per 100,000 people)	
Area	Overall, Age Adjusted
New London Hospital Service Area	120.6
New Hampshire	150.2

Data Source: NH DHHS Hospital Discharge Data Collection System, 2008-2009. Accessed using NH HealthWRQS. Rate is not statistically different than the overall NH rate.

Diabetes and Diabetes-Related Inpatient Utilization (per 100,000 people), Overall, Age-Adjusted			
Area	Diabetes Inpatient Discharges	Diabetes-Related Inpatient Discharges	Diabetes-Related Lower Extremity Amputation Inpatient Discharges
New London Hospital Service Area	67.0*	981.1*	13.8
New Hampshire	99.0	1,380.2	16.4

Data Source: NH DHHS Hospital Discharge Data Collection System, 2008-2009. Accessed using NH HealthWRQS.  
 \*Rate is statistically different and lower than the overall NH rate.

Deaths Due to Diabetes or Diabetes as an Underlying Cause (per 100,000 people, age adjusted)		
Area	Diabetes Deaths	Diabetes Underlying Cause and Related Deaths
New London Hospital Service Area	13.2	48.4
New Hampshire	16.2	60.5

Data Source: NH Division of Vital Records death certificate data, 2009-2010. Accessed using NH HealthWRQS.  
 Rate is not statistically different than the overall NH rate.

**f. Asthma**

Asthma is also 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.

Area	Percent Adults with Asthma
Merrimack County, NH	9.7%
Sullivan County, NH	9.0%
New Hampshire	10.1%

*Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2011-2012. Accessed using NH HealthWRQS. Rate is not statistically different than the overall NH rate.*

*Asthma-related Emergency Department Use:* The rate of utilization of the emergency department for asthma care can indicate a variety of concerns including poor environmental conditions, limited access to primary care, and difficulties with asthma self-management skills. The rate of emergency department utilization for asthma care by New London Hospital Service Area residents was comparable to the overall New Hampshire rate during the period 2008 and 2009 (the most current information available).

Area	Asthma ED Visits and Observation Stays (per 100,000 people), Age Adjusted
New London Hospital Service Area	488.0
New Hampshire	493.3

*Date source: NH DHHS Hospital Discharge Data Collection System, 2008-2009. Accessed using NH HealthWRQS. Rate is not statistically different than the overall NH rate.*

**g. Unintentional Injury**

Unintentional injuries from any cause requiring emergency department visits and observation stays are also comparable for New London Hospital Service Area residents compared to the overall New Hampshire population.

Falls are a major source of unintentional injury, particularly affecting seniors. The table below reports the rate of unintentional injury emergency department visits and observation stays from falls for New London Hospital Service Area residents compared to the overall New Hampshire population from 2009 (the most recent data available). While there is no statistically significant difference in rates overall, New London Hospital Service Area residents aged 5 – 14 and 85 and older were significantly more likely to be seen in an emergency department due to a fall injury than their counterparts statewide.

Area	Unintentional Injury ED Visits and Observation Stays per 100,000 People Age Adjusted
<b>New London Hospital Service Area</b>	11,458.2
<b>New Hampshire</b>	11,466.3

*Data Source: NH DHHS Hospital Discharge Data Collection System, 2008-2009. Accessed using NH HealthWRQS. Rate is not statistically different than the overall NH rate.*

Area	Unintentional Injury ED Visits and Observation Stays per 100,000 People, Age Adjusted		
	All Ages	Aged 5 - 14	Aged 85+
<b>New London Hospital Service Area</b>	3165.0	4413.5*	12435.9*
<b>New Hampshire</b>	3006.9	3603.2	9383.0

*Data Source: NH DHHS Hospital Discharge Data Collection System, 2009. Accessed using NH HealthWRQS. \*Rate is statistically different than the overall NH rate.*

### h. Assault Injury

The table below shows the rate of assault injury emergency department visits and observation stays for New London Hospital Service Area residents compared to the overall New Hampshire population from 2009 (the most recent data available). New London Hospital Service Area residents were significantly less likely to experience emergency department visits and observation stays due to an assault injury than the NH population overall.

Area	Assault Injury ED Visits and Observation Stays per 100,000 People, Age Adjusted
New London Hospital Service Area	166.2*
New Hampshire	264.2

*Data Source: NH DHHS Hospital Discharge Data Collection System, 2009. Accessed using NH HealthWRQS.*

*\*Rate is statistically different than the overall NH rate.*

#### 4. 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

The table below able 11 displays recent estimates of the proportion of residents who do not have any form of health insurance coverage by municipality. The overall uninsurance rate in the New London Hospital Service Area, was estimated to be 10.6% in 2009 - 2013. In this time period, the uninsurance rate for half of communities in the service area exceeded the overall rate for New Hampshire of 10.6%.

Area	Percent of the Total Population without Health Insurance Coverage
Goshen	21.2%
Lempster	19.7%
Newport	15.2%
Bradford	14.4%
Washington	13.3%
Danbury	12.4%
Newbury	11.9%
<b>New Hampshire</b>	<b>10.7%</b>
<b>New London Hospital Service Area</b>	<b>10.6%</b>
Croydon	10.4%
Andover	10.0%
Sutton	9.9%
Grantham	8.4%
Springfield	7.8%
Wilmot	7.2%
New London	4.9%

*Data Source: American Community Survey 2009 - 2013*

**b. Availability of Primary Care Physicians and Adults without a Personal Health Care Provider**

The table below presents information on the number of primary care physicians per 100,000 population. Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. The rate for the New London Hospital Service Area is similar to the overall state rate.

The table below also provides information about the percentage of adults aged 18 and older who self-report that they do not have at least one person who they think of as a personal doctor or health care provider. 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	Primary Care Physicians per 100,000 Population	Percent Adults without Any Regular Doctor
<b>New London Hospital Service Area</b>	93.2	12.5%
<b>Merrimack County, NH</b>	119.2	10.0%
<b>Sullivan County, NH</b>	72.0	14.4%
<b>New Hampshire</b>	92.6	12.8%

*Data Source: Primary Care Physicians per 100,000 population: US Health Resources and Services Administration Area Health Resource File, 2012. Adults without a Regular Doctor: Centers for Disease Control and Prevention, Behavior Risk Factor Surveillance System, 2011- 2012. Accessed using NH HealthWRQS. Hospital Service Area estimates for both indicators from Community Commons.*

**c. Availability of Dentists and Adults without a Personal Health Care Provider**

The table below presents information on the number of dentists per 100,000 population. The estimated rate for the New London Hospital Service Area is lower than the overall state rate, although it is not possible to say whether this difference is statistically significant.

The table below also provides information about the percentage of adults aged 18 and older who self-report that they have not visited a dentist, dental hygienist or dental clinic within the past year.

Finally, the table 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	Dentists per 100,000 Population	Percent Adults with No Dental Exam in Last Year	Percent Adults with Poor Dental Health
<b>New London Hospital Service Area</b>	50.7	Not available	
<b>Merrimack County, NH</b>	72.9	21.6%	15.6%
<b>Sullivan County, NH</b>	32.6	29.4%	18.5%
<b>New Hampshire</b>	67.4	23.1%	15.2%

*Data Source: Dentists per 100,000 population: US Health Resources and Services Administration Area Health Resource File, 2013. Hospital Service Area estimates for both indicators from Community Commons. Adults With No Dental Exam, Adults With Poor Dental Health: Centers for Disease Control and Prevention, Behavior Risk Factor Surveillance System, 2012. Accessed using NH HealthWRQS. County rates are not significantly different from each other or from the overall NH rate.*

**d. Behavioral Health Care - Emergency Department Utilization for Mental Health Conditions**

Overutilization or dependence on emergency departments for care of individuals with mental health conditions can be an indication of limited access to or capacity of outpatient mental health services. Utilization of emergency departments for mental health conditions was lower overall for New London Hospital Service Area communities compared to New Hampshire during 2009 (most recent data available).

**e. 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 2009 and 2010, the suicide rate in the New London Hospital Region was not statistically different from the overall NH state rate of suicide deaths.

Mental Health Condition ED Visits and Observation Stays per 100,000 people	
Area	Overall, Age Adjusted
<b>New London Hospital Service Area</b>	1116.8*
<b>New Hampshire</b>	1511.6

*Data Source: NH DHHS Hospital Discharge Data Collection System, 2009. Accessed using NH HealthWRQS. \*Rate is statistically different and lower than the overall NH rate.*

Suicide Deaths By Any Cause Or Mechanism per 100,000 people	
Area	Overall, Age Adjusted
<b>New London Hospital Service Area</b>	14.6
<b>New Hampshire</b>	13.2

*Data Source: NH DHHS Hospital Discharge Data Collection System, 2011-2013. This rate is not significantly different from the overall NH rate.*

## E. SUMMARY OF COMMUNITY HEALTH NEEDS

The table below provides a summary of community health needs and issues identified through the 2015 surveys of community health needs and priorities, the community health discussion groups, and the collection of indicators of community health status. Appendix D to this report includes an inventory of community health resources and facilities in addition to New London Hospital that are potential community assets for addressing these needs.

SUMMARY OF COMMUNITY HEALTH NEEDS AND ISSUES BY INFORMATION SOURCE			
Community Health Issue	Community and Key Leader Surveys	Community Discussion Groups	Community Health Status Indicators
<b>Access to mental health care</b>	Selected as the highest priority issue by key stakeholders; third highest issue identified by community survey respondents; about 8% of community respondents indicated difficulty accessing mental health services in the past year	Identified as the highest priority issue by community discussion participants, who discussed lack of capacity, difficulty getting appointments and lack of service coordination for mental health services	The suicide rate in the region is similar to the rate for NH overall in recent years; the rate of emergency department utilization for mental health conditions is lower than the rate for NH overall
<b>Alcohol and drug misuse including heroin and misuse of pain medications</b>	Selected as the second highest priority issue by key stakeholders; also the second highest issue identified by community survey respondents from towns with lower median household income and; 35% of respondents identified substance abuse recovery programs as an important area of focus	Identified as the second highest priority issue by community discussion participants, who described substance abuse as “an epidemic” and discussed impact on families and community safety	Rates of excessive alcohol use among adults in the region are similar to NH overall; alcohol use by high school age youth is higher than the state average; the rate of emergency department utilization for substance abuse related mental health conditions is lower than the rate for NH overall
<b>Access to enough and affordable health insurance; cost of prescription drugs</b>	Selected as the top community health issues by community survey respondents overall and in each age group	Not specifically prioritized as a top issue by community discussion group participants, but access to certain services due to limited ability to afford services was a significant topic	The uninsured rate in the NLH service area (10.6%) is similar to the NH state rate (10.7%)

SUMMARY OF COMMUNITY HEALTH NEEDS AND ISSUES BY INFORMATION SOURCE (continued)			
Community Health Issue	Community and Key Leader Surveys	Community Discussion Groups	Community Health Status Indicators
<b>Lack of physical activity; need for recreational opportunities, active living</b>	Identified as the fourth most pressing health issue by community survey respondents; Recreation, fitness programs and Biking/walking trails were the top 2 resources people would use if more available	Identified as a top 10 issue by community discussion group participants	More than 1 in 5 adults in the New London Hospital Service Area can be considered physically inactive on a regular basis – a rate similar to the rest of New Hampshire
<b>Poor nutrition/ unhealthy food</b>	Selected as an important community health issue by 29% of survey respondents and one of the major commentary themes in response to the question of ‘one thing you would change to improve health’	Diet and nutrition and access to healthy foods identified as a top 10 issue by community discussion group participants	About 65% of adults in the NLH service area are considered Overweight or Obese; portions of the NLH service area are considered to have ‘low food access’
<b>Health care for seniors</b>	Selected as a top 5 issue by key stakeholders and an important community health issue by 22% of community survey respondents	identified as a top 10 issue by community discussion group participants	The proportion of the NLH service area population that is 65 or older substantially exceeds the state average; similarly the percentage of the population with at least one functional disability (13%) exceeds the state rate
<b>Income, poverty and family stress</b>	40% of community respondents with annual household income under \$25,000 reported difficulty accessing services; 45% of those with difficulty accessing primary care or mental health care cited ‘could not afford to pay’ as a barrier	Identified as the third most important community health issue by community discussion group participants	22% of families and 26% of children in the NLH service area are living with incomes less than 200% of the federal poverty level

SUMMARY OF COMMUNITY HEALTH NEEDS AND ISSUES BY INFORMATION SOURCE (continued)			
Community Health Issue	Community and Key Leader Surveys	Community Discussion Groups	Community Health Status Indicators
<b>Access to dental health care</b>	Selected as a top 10 issue by community respondents overall and top 5 among those age 45-64; dental care was most frequently cited for access difficulties by respondents from towns with lower median household incomes	Some discussion group participants noted the importance of oral health to overall wellness, but not identified as one of the top priorities	The dentist to population ratio is lower than for the state of NH overall; approximately 1 in 6 adults in the NLH service area are considered to have poor dental health
<b>Transportation</b>	Selected as a the top resource supporting a healthy community that needs more attention; selected by those 65 and over as the number one program or service they would use if more available; key stakeholders identified lack of transportation as the most significant barrier in the community that keeps people from accessing the services they need	Identified as a top 5 issue by community discussion group participants	About 3% of persons aged 16+ live in households with no vehicle available