



# Frisbie Memorial Hospital

## Community Health Needs Assessment



*January 2019*

Presented by

crescendo | 

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# Introduction

## *Background – History of Frisbie Memorial Hospital*



Frisbie Memorial Hospital has been providing health care services for over one hundred years. Its long-standing commitment to improving community health began in 1916. Before Frisbie's incorporation, Eagle Hospital - with only ten beds, one physician and four nurses - provided the health care services to the greater Rochester community. In 1929, Dr. Jesse Frisbie left the greater part of his estate to fund a new, better equipped hospital to meet the increased demand for medical services. To this day, Frisbie continues to provide quality medical care services to all residents of greater Rochester.

### Frisbie Memorial Hospital Today

Frisbie Memorial Hospital is an 88-bed not-for-profit acute care community hospital in Rochester, New Hampshire that provides inpatient and outpatient services to over 100,000 people located in five Primary Service Area (PSA) and eight Secondary Service Areas (SSA) towns. Frisbie's comprehensive network of primary, specialty, walk-in care and occupational health medical offices includes six family and internal medicine practices (over 40 providers), 10 specialty care practices (nearly 30 providers), two walk-in care facilities and one occupational health medical office.

Frisbie Memorial Hospital's highly skilled, multidisciplinary medical team has extensive experience in a broad spectrum of specialties, including geriatric psychiatry, general surgery, oncology and hematology, wound care, diabetes and endocrinology, rehabilitation services, and total joint replacement.

Frisbie Memorial Hospital has been recognized nationally for earning the highest rating on quality measures including:

- Achieving the nation’s top honor for patient safety and sustaining that performance over time, earning its sixth consecutive “A” in the fall 2018 Leapfrog Group’s Hospital Safety Grade. Of the 2,600 hospitals graded, only 32 percent earned an “A”.
- Frisbie also received the Centers for Medicare and Medicaid Services five-star rating, which is the highest overall rating for performing above average overall to all hospitals across the country for safety of care, readmission rates, patient experience, and efficient use of medical imaging. Of the 4,000 hospitals nationwide, fewer than 10 percent receive the five-star rating.
- Frisbie was recognized as one of America’s Best Hospitals for Patient Safety, earning the 2018 Women’s Choice Award, which identifies the country’s best hospitals based on robust criteria that consider patient satisfaction, clinical performance, patient recommendation rating, and what women say they want from a hospital. This is the second year in a row Frisbie has received the Women’s Choice Award for Patient Safety.
- Frisbie also earned top ratings in the state on its HCAHPS patient satisfaction surveys for nurse communication and doctor communication. The HCAHPS Survey measures patients’ overall experience during their hospital stay. Measures include how well nurses and doctors communicated with the patient, staff responsiveness to patient needs, how well the hospital managed pain, and cleanliness and quietness of the hospital environment.

### SUMMARY OF PRIORITIZED NEEDS

Health needs were identified as being significant when reported in both quantitative and qualitative research including secondary data sources and primary data sources such as community surveys, interviews and a discussion group. Through this process, health needs are rated and ranked.

|    |  |
|----|--|
| 1  | Mental illness prevention and treatment  |
| 2  | Substance misuse prevention and treatment services - especially for alcohol, opioids, and tobacco  |
| 3  | Access to affordable health care and prescription medications  |
| 4  | Senior services  |
| 5  | Chronic disease education, treatment, and coordination of care for conditions such as diabetes, heart disease, cancer, and obesity                                   |
| 6  | Health screenings (mammograms, cancer, diabetes)   |
| 7  | Community engagement and support for lifestyle-related activities that positively impact obesity, access to nutritious foods, physical activity, and risky behaviors |
| 8  | Access to dental health care   |
| 9  | Teen pregnancy   |
| 10 | Access to prenatal services  |

## Executive Summary

Federal regulations require that charitable hospitals conduct a Community Health Needs Assessment (CHNA) every three years. The purpose of the CHNA is to evaluate health issues and engage in collaborative planning with community partners to develop integrative strategies to effectively coordinate services and programs to address significant health needs. Each year, Frisbie Memorial Hospital reports in its community benefits report activities undertaken to address prioritized needs identified through the community health needs process.

Community benefit activities can be classified in nine broad categories:

- A. Community health services
- B. Health professions education
- C. Subsidized health services
- D. Research
- E. Financial contributions
- F. Community building activities
- G. Community benefit operations
- H. Charity care
- I. Government-sponsored health care

The Community Health Needs Assessment includes the following components: Methodology, Community definition, and Community Engagement. The approach used to explore each is described below.

### Methodology

Data was collected using the following sources:

- Secondary data assessment
- Digital trends review
- Qualitative and primary data assessment:
  - Input from community stakeholders (Leadership Team) acquired through discussion groups and interviews
  - Input from patients and community members acquired through community surveys
- Needs prioritization using a proprietary process

Community Definition: A definition of the community served and how the community was determined

Defining the community is fundamental to the CHNA process and includes the following elements:

- *Geographic area served by the hospital:* Defined by proximity, and referred to as Primary Service Area and Secondary Service Area. Frisbie Memorial Hospital's PSA and SSA total target population accounts for over 100,000 people.
- *Population served by the hospital:* Individuals utilizing hospital services including ambulatory, inpatient and emergency and ancillary services.

Community Engagement

- Input from community stakeholders and residents representing the broad interests of the community were obtained through community surveys, discussion groups and interviews.

FMH leaders will work to establish a formal Implementation Plan, as per regulatory requirements, under separate cover.

## CHNA Community Participants

Frisbie Memorial Hospital developed a community-driven leadership team that provided project oversight, feedback regarding perceptions of area health needs, data evaluation, and other guidance throughout the CHNA process. These individuals had a breadth of community health visions, knowledge, and power to impact the well-being of the service area. The Leadership Group included the following members:

- Julie Reynolds, Cornerstone VNA
- Gary Brock, Frisbie Memorial Hospital
- Marla Snow, Frisbie Memorial Hospital
- Elaine M. Lauterborn, Counselor Elaine M. Lauterborn
- Diana Denitto, School Administration Unit #61
- Chis Kozak, Community Partners Behavioral Health
- John Burns, SOS Recovery Community Organization
- Anne Marie Olsen-Hayward, Frisbie Memorial Hospital
- Emily-Anne Garland, Frisbie Memorial Hospital
- Dean Graziano, J.D., Spaulding High School
- Michelle Halligan-Foley, R.W. Creteau Tech Center at Spaulding High School
- Jocelyn Caple, Community Member
- Lesley Hume, Community Member
- Barbara Badger, Homeless Center for Strafford County
- Chris Blair, Community Member
- Barbara Badger, Community Member

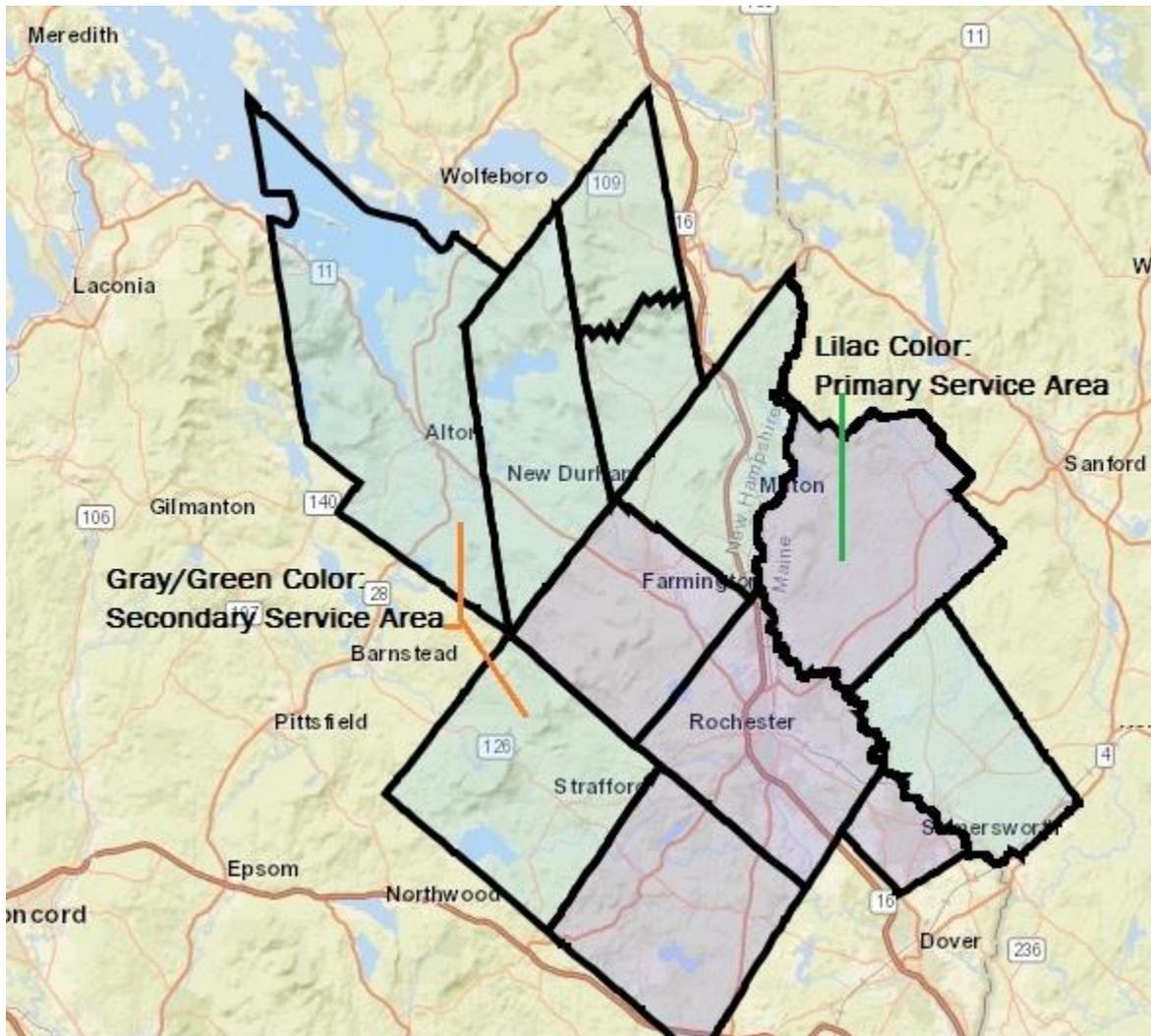
## Description of the Community Served

The Frisbie Memorial Hospital Primary Service Area (PSA) and Secondary Service Area (SSA) include a population of 100,664 in Strafford County and Carroll County, New Hampshire plus two towns in southwestern Maine. Frisbie Memorial Hospital's PSA includes seven towns, and the SSA includes nine towns plus some additional affiliated regions.

The Frisbie Memorial Hospital total service area includes the following towns in addition to other regions included in the map on the next page.

| Table 1: Service Area List of Cities and Towns                          |            |             |            |
|---|------------|-------------|------------|
| Town/City - Primary Service Area (PSA) and Secondary Service Area (SSA) |            |             |            |
| PSA   | Population | SSA         | Population |
| Barrington  | 9,270      | Alton       | 5,726      |
| Farmington  | 7,197      | Berwick, ME | 8,017      |
| Lebanon, ME   | 6,542      | Brookfield  | 730        |
| Rochester   | 31,307     | Middleton   | 1,914      |
| Somersworth   | 12,261     | Milton      | 5,169      |
|   |            | New Durham  | 2,946      |
|   |            | Strafford   | 4,195      |
|   |            | Wakefield   | 5,390      |
| SOURCE: ESRI Data, 2018   |            |             |            |

Figure 1: FMH Primary and Secondary Service Areas



\*Note: In the map above, the Frisbie Memorial Hospital PSA is shaded in the lilac color; the SSA is shaded in the light gray/green color.

## Key Measures

Frisbie Memorial Hospital's service area has substantial socioeconomic and demographic diversity. From 2010 to 2018, the population grew 9.5% with pockets in Carroll County (e.g., Middleton) growing nearly twice as fast.

**Table 2: Key Measures and Demographic Characteristics**

| Measure                                  | New Hampshire | Primary Service Area | Secondary Service Area | Total Service Area |
|--|---------------|----------------------|------------------------|--------------------|
| Population                               | 1,374,067     | 66,577               | 34,087                 | 100,664            |
| Population Growth (2010-2018)            | 4.4%          | 6.4%                 | 11.4%                  | 9.5%               |
| Median Age                               | 42.9          | 41.1                 | 45.6                   | 43.8               |
| Median Household Income                  | \$71,195      | \$63,556             | \$68,168               | \$66,394           |
| Percent Living in Poverty:               | 8.5%          | 9.5%                 | 5.2%                   | 6.9%               |
| % White Population                       | 92.3%         | 93.8%                | 97.0%                  | 95.7%              |
| % Black Population                       | 1.4%          | 0.9%                 | 0.4%                   | 0.6%               |
| % Hispanic Population                    | 3.9%          | 2.1%                 | 1.4%                   | 1.7%               |
| % Asian Population                       | 2.8%          | 2.4%                 | 0.6%                   | 1.4%               |
| Percent with bachelor's degree or Higher | 37.3%         | 25.2%                | 27.3%                  | 26.5%              |
| Percent 16+ Unemployed                   | 3.0%          | 3.4%                 | 3.1%                   | 3.2%               |

SOURCE: ESRI Data 2018, American Community Survey

- People in the Primary Service Area (PSA) tend to be slightly younger and have lower income than people in the Secondary Service Area (SSA) or in the New Hampshire average.
  - The Primary Service Area has a much lower median age (41.1) than the Secondary Service Area (45.6).
  - More people in the Primary Service Area (9.5%) live in poverty than do residents of the Secondary Service Area (5.2%)
  - Fewer people in the Total Service Area have a bachelor's degree or higher (26.5%) than the state average (37.3%).

# Assessment Methodology

## Research Modalities and Descriptions

The Frisbie Memorial Hospital CHNA methodology includes a combination of quantitative and qualitative research methods designed to evaluate perspectives and opinions of area stakeholders and healthcare consumers – including those from underserved populations. The methodology used helps prioritize the needs and establish a basis for continued community engagement.

The major sections of the methodology include the following:

- Strategic secondary research
- Qualitative group discussion with Leadership Team members
- In-depth stakeholder interviews
- Community surveys
- Needs prioritization using a modified Delphi process

Each of the components of the CHNA methodology is described below.

### Strategic Secondary Research.

This type of research includes a thorough analysis of previously published materials that provide insight regarding the community profile and health-related measures. The “Key Measures” table is shown above while others follow. A sample of the data sources used to produce the CHNA (along with a description of the focus, or, “data goals” of each) is shown below.

| Table 3: Strategic Secondary  |  |
|---|--|
| Data Source Examples  | Data Goal  |
| <ul style="list-style-type: none"><li>• <b>Census Data and State Health Databases</b><ul style="list-style-type: none"><li>○ U.S. Census</li><li>○ State of New Hampshire, Department of Health and Human Services</li><li>○ State of New Hampshire HealthWRQS database</li></ul></li><li>• <b>Health Risk Behavior Data from the U.S. Centers for Disease Control and Prevention</b><ul style="list-style-type: none"><li>○ Behavioral Risk Factor Surveillance System Survey (BRFSS)</li></ul></li><li>• <b>Birth and Death Statistics</b></li><li>• <b>Cancer Registry</b></li></ul> | <p>Strategic secondary research data goals include properly framing the service area in terms of lifestyle, demographic factors, and general health trends, and to better understand previous research conducted for the hospital.</p> <p>In addition, goals include developing a better understanding of community health, morbidity and mortality data, key health-related factors that impact the PSA, and disease-based incidence levels that exceed the New Hampshire or national averages.</p> |

## Qualitative Research

Qualitative research included group discussions with Leadership Team members and in-depth stakeholder interviews. Group members and key stakeholders who took part in interviews and the group meeting included healthcare consumers, service providers, and other community opinion leaders. The qualitative research represented a span of healthcare consumers in the PSA.

| Table 4: Qualitative Research<br>Data Source Examples   | Data Goal  |
|---|--|
| <p><b>Discussion group and key stakeholder interviewees represented a breadth of organization and communities heavily engaged with the general population – with particular emphasis on underserved groups. They include the following:</b></p> <ul style="list-style-type: none"> <li>Community Action Partnership</li> <li>Community Partners Behavioral Health</li> <li>SHARE Fund</li> <li>SOS Recovery Community Organization</li> <li>Frisbie Memorial Hospital</li> <li>Somersworth Housing Authority</li> <li>Homeless Shelter for Strafford County</li> <li>Spaulding High School</li> <li>Cornerstone VNA</li> <li>Rochester Police Department</li> </ul> | <p>Qualitative research goals involve creating a broad list of community health needs. To thoroughly do so, the research worked to “cast a broad net” across the service area, especially among the underserved.</p> |

## Community Surveys.

An online survey of Community Health Needs was completed by the leadership group members in order to identify and help prioritize the top health needs of the community.

Survey respondents represented a breadth of community members.

- Of the survey respondents, 72% were female and 28% were male.
- Most respondents rated their health as very good or excellent.
- Approximately 47% of respondents reported a household income of over \$75,000 a year while less than 10% of respondents reported a household income of less than \$25,000 a year.

| Table 5: Data Source Examples  | Data Goal   |
|--|---|
| The survey was conducted in October and November 2018. A copy of the survey is included in Appendix C. | The goal of the survey was to further engage healthcare consumers – especially those who may be higher-risk for health care services. The results of the surveys were integrated with the data-driven secondary research, qualitative interviews and group discussions, and other research to help form the comprehensive list of community health needs. |

Based on the breadth of quantitative and qualitative research techniques described above, an extensive list of 67 community needs was identified. As per the requirements of the Affordable Care Act, Frisbie Memorial Hospital prioritized the list. The methodology used to prioritize the list is described below.

**Needs prioritization process.** Crescendo’s prioritization method includes a comprehensive, quantitative and qualitative approach to review the information gleaned throughout the research process.

In this phase of the research, Leadership Group members rated 67 health initiatives and provided qualitative feedback. The prioritization method included two steps.

- Crescendo aggregated the lists of needs identified in the community survey, Leadership Group meetings, and secondary data sources.
- Needs were prioritized based on the following:
  - Analysis of secondary research data and trends
  - Quantitative analysis is survey results
  - Insight gained from qualitative research – group discussion and in-depth stakeholder interviews.

## Summary Results of the Prioritization Process

The following table illustrates the highest health needs identified by each research modality and in total (far right column).

| Table 6: Leading Health Needs by Research Modality and in Total   |   |  |  |
|---|---|--|--|
| Secondary Research  | Qualitative Research  | Community Survey   | Overall Prioritized List of Needs  |
| Mental Health and Substance Use Disorder prevention and treatment (including Opioids)   | Access to care (including more providers, transportation, and other access issues)    | Mental illness prevention and treatment                          | Mental illness prevention and treatment  |
| Access to care (including more providers, transportation, and other access issues)  | Mental Health and Substance Use Disorder prevention and treatment (including Opioids) | Alcohol & drug misuse / access to treatment services             | Substance misuse prevention and treatment services – especially for alcohol, opioids, and tobacco                                  |
| Chronic disease prevention and treatment (including care coordination for higher-need patients) – especially for people with diabetes | Senior services   | Access to affordable health care / insurance                     | Access to affordable health care and prescription medications  |
| Senior services   | Access to affordable health care  | Heroin and pain medication misuse / access to treatment services | Senior services  |
| School-based health and wellness education including sexual health  | Access to affordable prescription medications   | Access to affordable prescription medications                    | Chronic disease education, treatment, and coordination of care for conditions such as diabetes, heart disease, cancer, and obesity |

**Table 6: Leading Health Needs by Research Modality and in Total**

| Secondary Research   | Qualitative Research   | Community Survey   | Overall Prioritized List of Needs  |
|--|--|--|--|
| Community engagement and support for lifestyle-related activities that positively impact obesity, access to nutritious foods, physical activity, and risky behaviors | Chronic disease education, treatment, and coordination of care for conditions such as diabetes, heart disease, cancer, and obesity                                   | Senior services  | Health screenings (mammograms, cancer, diabetes)   |
| Access to prenatal services  | Health literacy and access to health and wellness information  | Health screenings (mammograms, cancer, diabetes)                         | Community engagement and support for lifestyle-related activities that positively impact obesity, access to nutritious foods, physical activity, and risky behaviors |
| Alcohol awareness and education  | Health screenings (mammograms, cancer, diabetes)   | Obesity / access to nutritious foods / physical inactivity               | Access to dental health care   |
| Health screenings (mammograms, cancer, diabetes)   | Community engagement and support for lifestyle-related activities that positively impact obesity, access to nutritious foods, physical activity, and risky behaviors | Access to dental health care   | Teen pregnancy prevention services   |
| Tobacco and e-cigarette education  | Obesity / access to nutritious foods / physical inactivity   | Access to specialized care for people with diabetes and/or heart disease | Access to prenatal services  |

## Detailed Research Results

The research results associated with the methods above are represented in the following section – the summary of which includes the prioritized list of community health needs for the Frisbie Memorial Hospital service area.

### Secondary Research Data

*“Strafford County is a great place to live. We love it here. There is plenty going on [i.e., things to do], and if you want the mountains or the big city, it is a short drive to get there.”*

*– Leadership group member*

Population, age, and other demographic measures, as well as social, environmental, and risk / lifestyle factors impact the health status of a community and its needs. The following analysis highlights the growing need for healthcare services in the area, as well as identifies structural causes of health care service usage.

As identified in the most recent U.S. Census, service area residents tend to have several characteristics that heighten the urgency of developing a clear, proactive approach to meeting the health needs in their service area (e.g., high median age, diverse median household income, and a broad degree of educational attainment). The extensive amount of secondary research yielded several key areas of health-related needs such as the following: access to care, chronic disease prevention and treatment (including care coordination for higher-need patients) – especially for people with diabetes, mental health and substance use disorder (including opioids), school-based health and wellness including sexual health, and senior services.

In order to analyze these and other characteristics, the research domains included in the Frisbie Memorial Hospital secondary research include the following:

- **Demographics of service area**
- **Social and physical environment factors**
- **Health status profile and disease burden**
- **Risk and protective lifestyle behaviors**

The tables and discussion below present key data reflecting these summary points and some of the impact on community needs and the prioritization of issues.

# Demographics of the Primary Service Area and Secondary Service Area

The Frisbie Memorial Hospital service area has had a 9.5% population growth since 2010 with the largest increase in the secondary service area. Additionally, the service area has little diversity with approximately 96% of the service area residents are white. The primary service area has a slightly younger (41.1) median age while the secondary service area has a slightly older (45.6) median age compared to the state (42.9) indicating that different services may be needed in different geographic areas. The median household income is slightly lower than the state average.

**Table 7: Population and Race**

| Measure                       | New Hampshire | Primary Service Area | Secondary Service Area | Total Service Area |
|-------------------------------|---------------|----------------------|------------------------|--------------------|
| Population (2010)             | 1,313,609     | 62,316               | 30,201                 | 92,517             |
| Population (2018)             | 1,374,067     | 66,577               | 34,087                 | 100,664            |
| Population Change (2010-2018) | 4.4%          | 6.4%                 | 11.4%                  | 9.5%               |
| % White Population            | 92.3%         | 93.8%                | 97.0%                  | 95.7%              |
| % Black Population            | 1.4%          | 0.9%                 | 0.4%                   | 0.6%               |
| % Hispanic Population         | 3.9%          | 2.1%                 | 1.4%                   | 1.7%               |
| % Asian Population            | 2.8%          | 2.4%                 | 0.6%                   | 1.4%               |

SOURCE: ESRI Data 2018

- The Service Area’s population growth from 2010-2018 (9.5%) was more than double the amount of the state average (4.4%).
- The service area has a slightly higher white population (95.7%) than the state average (92.3%).

**Table 8: Age, Gender, Income, Education**

| Measure                     | New Hampshire | Primary Service Area | Secondary Service Area | Total Service Area |
|-----------------------------|---------------|----------------------|------------------------|--------------------|
| Median Age                  | 42.9          | 41.1                 | 45.6                   | 43.8               |
| % Men                       | 49.5%         | 48.9%                | 49.9%                  | 49.2%              |
| % Women                     | 50.5%         | 51.1%                | 50.1%                  | 50.8%              |
| Median Household Income     | \$71,195      | \$63,556             | \$68,168               | \$66,394           |
| Bachelor’s Degree or Higher | 37.3%         | 25.2%                | 27.3%                  | 26.5%              |

SOURCE: ESRI Data 2018

- The Primary Service Area is on average a lower earning demographic (\$63,556) than the Secondary Service Area (\$68,168).
- The Total Service Area is, on average, a lower earning demographic than the state average (\$71,195).
- For additional age cohort data, please see the Appendices.

## Social and Physical Environment Factors

Social and environmental factors include “poverty status” and other factors that may impact poverty status.

Health needs related to poverty status may be elevated in the FMH service area compared with the state average.

Shown below, Strafford County and Carroll County have slightly higher rates of poverty than the New Hampshire state average. Housing, employment status, and education attainment can all impact poverty status of an individual. Overall, Strafford and Carroll Counties have slightly higher percentage of people living in inadequate housing, and approximately 15% of Strafford County residents do not have a high school diploma compared to 5.8% of Carroll County residents.

**Table 9: Poverty Related Factors, Violent Crime, Physical Environment**

| Measure                        | New Hampshire | Strafford County | Carroll County |
|--------------------------------|---------------|------------------|----------------|
| % No High School Diploma       | 12.2%         | 15.2%            | 5.8%           |
| Bachelor's Degree or Higher    | 37.3%         | 25.2%            | 27.3%          |
| Unemployment Rate              | 2.8%          | 2.5%             | 3.0%           |
| % Living in Poverty            | 8.5%          | 10.1%            | 10.1%          |
| % Under 18 in Poverty          | 11.0%         | 11.0%            | 13.1%          |
| % Living in Inadequate Housing | 16%           | 19%              | 19%            |
| Total Population               | 1,374,067     | 123,350          | 41,595         |
| Violent Crimes                 | 2,479         | 288.0            | 87.0           |

SOURCE: Community Commons, <https://engagementnetwork.org/assessment/?REPORT>, County Health Rankings, [http://www.countyhealthrankings.org/app/new-hampshire/2018/compare/snapshot?counties=33\\_017%2B33\\_003](http://www.countyhealthrankings.org/app/new-hampshire/2018/compare/snapshot?counties=33_017%2B33_003)

- High school graduation rates are much higher in Carroll County (5.8% with no diploma) than Strafford County (15.2% with no diploma).
- Slightly more people are living in poverty in Strafford (10.1%) and Carroll (10.1%) counties than the New Hampshire Average (8.5%).
- Slightly more people in Strafford and Carroll counties are living in inadequate housing (19%) than the New Hampshire average (16%).
- The violent crime rate in Strafford County is more than 10% higher than Carroll County and the state of New Hampshire. Elevated crime rates may be associated with various community needs which may include socio-economic factors, substance misuse, and others.
- Strafford County has a higher violent crime rate (233.2) than Carroll County (209.2) and the state rate (204.9).

The environment – air and water quality, healthful food related issues, and others – are generally strengths among northern New England states. They are also strong in Strafford County and Carroll County. Most area residents, especially those in Carroll County, have access to healthy food within a half mile of their home.

**Table 10: Physical Environment**

| Measure   | New Hampshire | Strafford County | Carroll County |
|---|---------------|------------------|----------------|
| Air Pollution – Particulate Matter <sup>1</sup> | 7.8           | 8.5              | 7.5            |
| Drinking Water Violations                       | ND            | Yes              | Yes            |
| Limited Access to Healthy Food <sup>2</sup>     | 28.8%         | 25.1%            | 1.8%           |

SOURCE: Community Commons, <https://engagementnetwork.org/assessment/?REPORT>

- The general physical environment of Strafford and Carroll Counties is similar to the state average.
- Most Carroll County residents have access to healthy food.

Households in the Primary Service Area tend to spend less money on medical care and health insurance than the New Hampshire average.

**Table 11: Medical Expenditures (Average Annual Household Spending)**

| Measure                             | New Hampshire | Primary Service Area | Secondary Service Area | Total Service Area |
|-------------------------------------|---------------|----------------------|------------------------|--------------------|
| Physician Services                  | \$287         | \$237                | \$282                  | \$269              |
| Dental Services                     | \$431         | \$348                | \$400                  | \$380              |
| Eye Care Services                   | \$70          | \$58                 | \$69                   | \$65               |
| Hospital Room and Hospital Services | \$195         | \$159                | \$200                  | \$185              |
| Nursing Home Care                   | \$33.93       | \$30.78              | \$36.84                | \$34.51            |
| Nonprescription Drugs               | \$151.04      | \$125.22             | \$150.59               | \$140.83           |

<sup>1</sup> Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)

<sup>2</sup> This indicator reports the percentage of the population with low food access. Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store.

**Table 11: Medical Expenditures (Average Annual Household Spending)**

| Measure                     | New Hampshire | Primary Service Area | Secondary Service Area | Total Service Area |
|-----------------------------|---------------|----------------------|------------------------|--------------------|
| Medicare Prescription Drugs | \$145.38      | \$120.43             | \$151.68               | \$139.66           |
| Health Insurance            | \$4293.18     | \$3554.61            | \$4181.96              | \$3940.67          |
| Blue Cross/Blue Shield      | \$36.83       | \$30.07              | \$30.70                | \$30.45            |

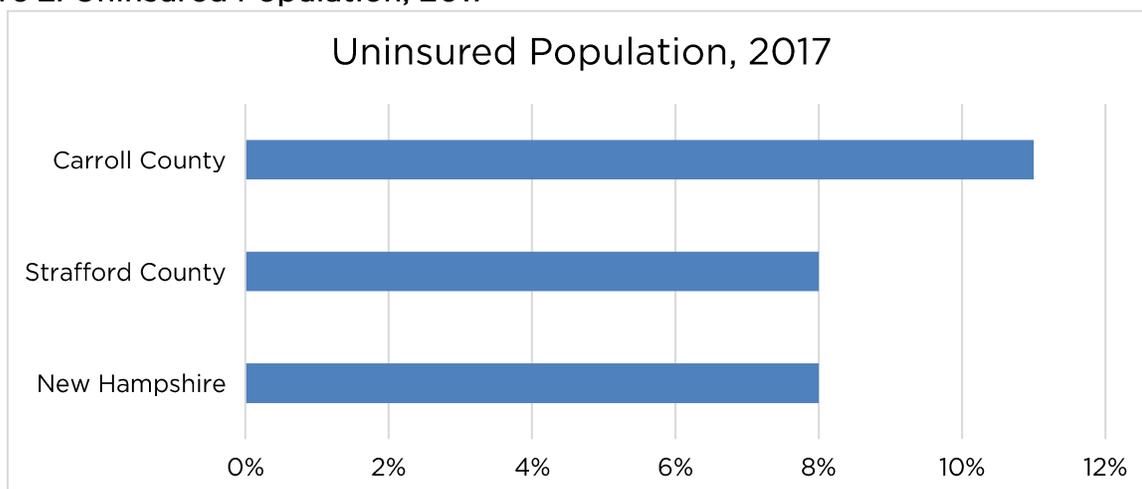
SOURCE: ESRI Data, 2018

- Overall, the Total Service Area spent less on medical expenditures than the New Hampshire average.
- Expenditures for Nursing Home Care were the only measure where more was spent in the Total Service Area (\$34.51) than the state average (\$33.93).
- Expenditures in the Primary Service Area were lower than in the Secondary Service Area.

## Access to Care – Insured Rates

Carroll County has a slightly higher uninsured rate (11%) compared to both Strafford County (8%) and New Hampshire (8%). Individuals without health insurance may not seek medical treatment until the issue becomes critical or seeks medical treatment in the emergency department. Access to affordable healthcare may be a reflected need based on the information below.

Figure 2: Uninsured Population, 2017



SOURCE: County Health Rankings, [http://www.countyhealthrankings.org/app/new-hampshire/2018/compare/snapshot?counties=33\\_003%2B33\\_017](http://www.countyhealthrankings.org/app/new-hampshire/2018/compare/snapshot?counties=33_003%2B33_017)

Reflecting relatively somewhat low system capacity, there are fewer providers per 100,000 population in Carroll and Strafford Counties than in the New Hampshire average.

| Measure                 | New Hampshire | Strafford County | Carroll County |
|-------------------------|---------------|------------------|----------------|
| Primary Care Physicians | 102.0         | 76.4             | 86.5           |
| Dentists                | 70.9          | 67.0             | 59.2           |
| Mental Health Providers | 258.1         | 207.8            | 229.9          |

SOURCE: Community Commons, <https://engagementnetwork.org/assessment/?REPORT>

- Strafford County has a lower concentration of primary care physicians, dentists, and mental health providers than New Hampshire and Carroll County.
- New Hampshire has a higher concentration of providers than Carroll County.

<sup>3</sup> Rate per 100,000 Population

## Health Status Profile and Disease Burden

Chronic diseases can increase long-term system demand for services. Elevated chronic disease rates in Strafford County highlight the priority of community needs – awareness, education, treatment, support – related to these conditions.

Strafford County has a slightly higher rate of chronic disease prevalence than the New Hampshire average with the exception of asthma. Carroll County has a lower prevalence rate than the state for all chronic disease measures.

**Table 13: Chronic Disease Prevalence**

| Measure <sup>4</sup> | New Hampshire | Strafford County | Carroll County |
|----------------------|---------------|------------------|----------------|
| Heart Disease        | 3.9%          | 4.6%             | 3.1%           |
| High Blood Pressure  | 26.2%         | 27.6%            | 25.7%          |
| Obesity              | 27.7%         | 28.6%            | 26.4%          |
| Diabetes             | 7.9%          | 9.6%             | 7.2%           |
| Asthma               | 14.7%         | 13.9%            | 11.3%          |

SOURCE: Community Commons, <https://engagementnetwork.org/assessment/?REPORT>

- Overall, Carroll County has a lower rate of chronic disease prevalence than both Strafford County and the New Hampshire average.
- Strafford County has a slightly higher rate of chronic disease prevalence than the New Hampshire average.

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<sup>4</sup> Percentage Total Population

Cancer rates in Strafford County are also relatively high – higher than the U.S. and New Hampshire averages for three of the more common forms of cancer. Carroll County residents have lower rates of breast, colon, and lung cancer compared to Strafford County and New Hampshire.

| Table 14: Cancer Incidence <sup>5</sup> |               |               |                  |                |
|---|---------------|---------------|------------------|----------------|
| Measure                                 | United States | New Hampshire | Strafford County | Carroll County |
| Breast                                  | 124.7         | 143.9         | 144.6            | 126.0          |
| Colon                                   | 39.2          | 38.1          | 42.7             | 34.8           |
| Lung                                    | 60.2          | 65.7          | 76.6             | 60.4           |
| Prostate                                | 109           | 116.1         | 105.5            | 117.0          |

SOURCE: Community Commons, <https://engagementnetwork.org/assessment/?REPORT>

- New Hampshire averages a higher rate of cancer incidence (all leading types) than the national average.
- Carroll County averages a higher rate of prostate cancer incidence than Strafford County, but a lower rate for all other (leading) types.

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<sup>5</sup> Per 100,000 Population

Strafford County residents report slightly poorer health outcomes than Carroll County and the New Hampshire average. Correlatively, Strafford County has a slightly higher rate of preventable hospital stays.

**Table 15: Population Health Lifestyle Indicators (2018)**

| Measure                                 | New Hampshire | Strafford County | Carroll County |
|---|---------------|------------------|----------------|
| Poor or Fair Health Status <sup>6</sup> | 14%           | 15%              | 13%            |
| Poor Physical Health Days <sup>7</sup>  | 3.7           | 3.8              | 3.8            |
| Poor Mental Health Days <sup>8</sup>    | 4.2           | 4.2              | 4.3            |
| Preventable Hospital Stays <sup>9</sup> | 47            | 51               | 41             |
| Physical Inactivity <sup>10</sup>       | 21%           | 21%              | 18%            |
| Heavy or Binge Drinking <sup>11</sup>   | 20%           | 20%              | 17%            |
| Tobacco Users (Smoking) <sup>12</sup>   | 17%           | 19%              | 20%            |

SOURCE: County Health Rankings, [http://www.countyhealthrankings.org/app/new-hampshire/2018/compare/snapshot?counties=33\\_017%2B33\\_003](http://www.countyhealthrankings.org/app/new-hampshire/2018/compare/snapshot?counties=33_017%2B33_003), Community Commons, <https://engagementnetwork.org/assessment/?REPORT>

- Strafford County averages more preventable hospital stays (51) than the New Hampshire average (47) and Carroll County (41).
- Carroll County averages a slightly higher number of tobacco users (20%) than the state average (17%) and Strafford County (19%).

<sup>6</sup> Percent of adults reporting Poor or Fair general health status

<sup>7</sup> Average Number of Physically Unhealthy Days Reported in Past 30 Days (Age Adjusted)

<sup>8</sup> Average Number of Mentally Unhealthy Days Reported in Past 30 Days (Age Adjusted)

<sup>9</sup> Number of Hospital Stays For Ambulatory Care Sensitive Conditions Per 1,000 Medicare Enrollees

<sup>10</sup> Physical Inactivity is the percentage of adults age 20 and over reporting no leisure-time physical activity. Examples of physical activities provided include running, calisthenics, golf, gardening, or walking for exercise.

<sup>11</sup> Excessive Drinking is the percentage of adults that report either binge drinking, defined as consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days, or heavy drinking, defined as drinking more than one (women) or 2 (men) drinks per day on average.

<sup>12</sup> The percent of adults who are current smokers and have smoked at least 100 cigarettes in their lifetime

## Substance Abuse and Mental Health

There is a higher percentage of people living with depression in Strafford County than in New Hampshire (on average), but there are fewer providers per capita to meet the needs.

Table 16: Mental Health

| Measure                              | New Hampshire | Strafford County | Carroll County |
|--------------------------------------|---------------|------------------|----------------|
| Mentally Unhealthy Days              | 4.2           | 4.2              | 4.3            |
| Adults with Depression <sup>13</sup> | 18.8%         | 20.4%            | 14.4%          |
| Population per Provider              | 370:1         | 460:1            | 440:1          |

SOURCE: County Health Rankings, [http://www.countyhealthrankings.org/app/new-hampshire/2018/compare/snapshot?counties=33\\_003%2B33\\_017](http://www.countyhealthrankings.org/app/new-hampshire/2018/compare/snapshot?counties=33_003%2B33_017), Community Commons, <https://engagementnetwork.org/assessment/?REPORT>

- Strafford County reports a higher rate of adults with depression (20.4%) than Carroll County (14.4%) or the New Hampshire average (18.8%).
- The New Hampshire average (18.8%) is higher than the national average of adults with depression (16.7%).
- There is one mental health provider for every 460 Strafford County residents (on average) - 20% higher than the state average.

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<sup>13</sup> Medicare Population

The FMH service area (primarily the Strafford County portion) has ongoing challenges related to substance misuse.

| Table 17: Substance Use   |               |                  |                |
|---|---------------|------------------|----------------|
| Measure   | New Hampshire | Strafford County | Carroll County |
| Currently took a prescription drug without a prescription in the past 30 days <sup>14</sup> | 5.2%          | 5.5%             | NA             |
| Marijuana Use in the Past Year <sup>15</sup>  | 23.1%         | 26.7%            | NA             |
| Emergency Department Opioid-related visits <sup>16</sup>                                    | 48.64         | 71.22            | 22.34          |
| Excessive Drinking <sup>17</sup>  | 20%           | 20%              | 17%            |

- Substance abuse measures across the board are higher in New Hampshire and the presented sub areas than the national average.
- The NH Central (Belknap and Strafford counties) and NH Northern (Carroll, Coos, and Grafton counties) divisions determined by SAMHSA report similar rates of substance use.

<sup>14</sup> NH WISDOM, High school age youth who have used prescription drugs without a prescription in past 30 days Available at [https://wisdom.dhhs.nh.gov/wisdom/#Topic\\_F0D9E6C130F24AA0A358171184A69558\\_Anon](https://wisdom.dhhs.nh.gov/wisdom/#Topic_F0D9E6C130F24AA0A358171184A69558_Anon)

<sup>15</sup> NH WISDOM, High school age youth who used marijuana in past 30 days (2017). Available at [https://wisdom.dhhs.nh.gov/wisdom/#Topic\\_15EF27AEE5F2432C90A123A3A409FFCB\\_Anon](https://wisdom.dhhs.nh.gov/wisdom/#Topic_15EF27AEE5F2432C90A123A3A409FFCB_Anon)

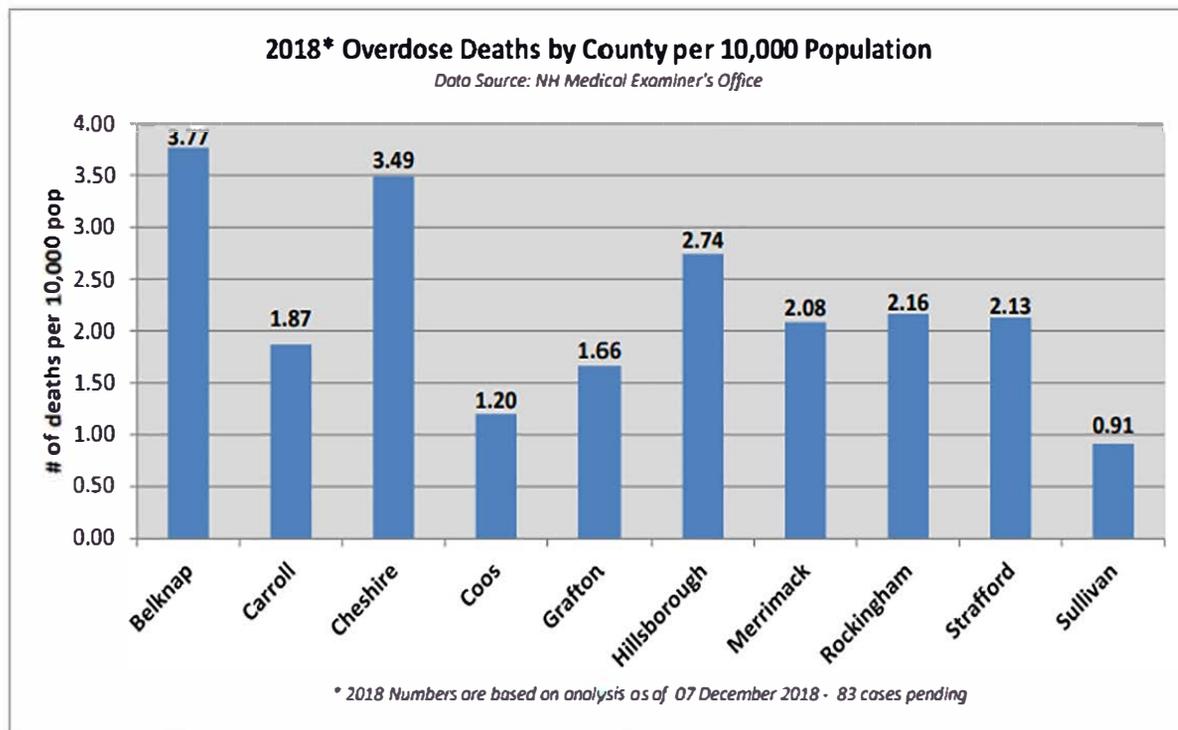
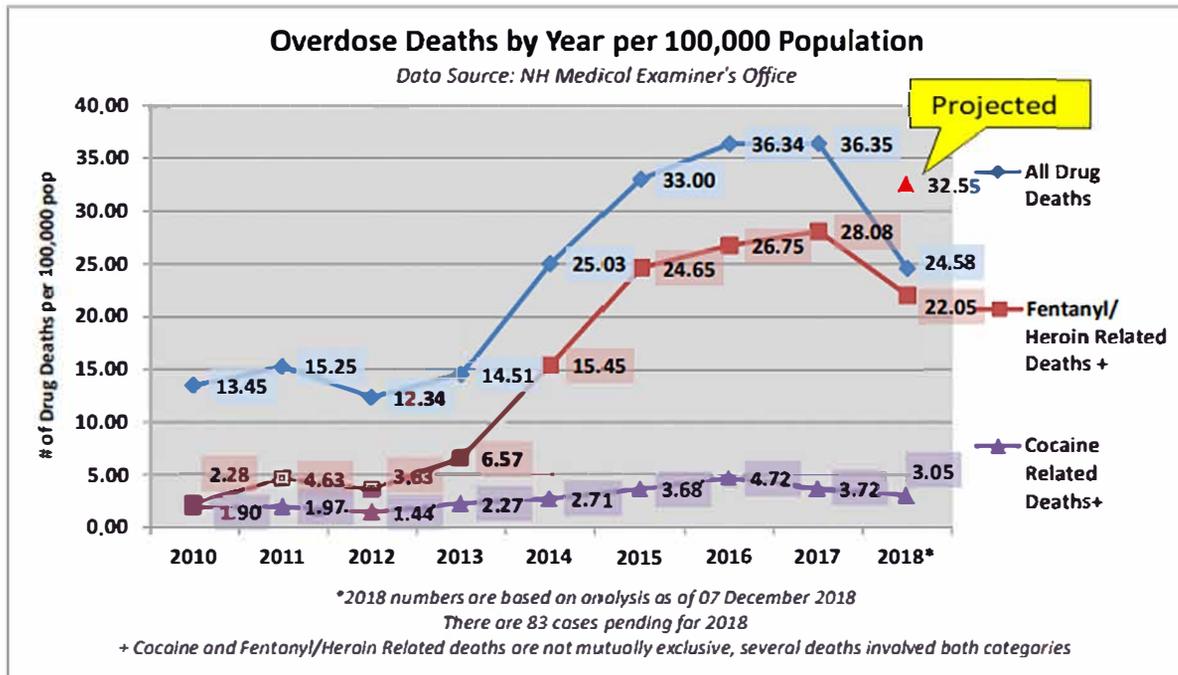
<sup>16</sup> New Hampshire Drug Monitoring Initiative, Per 10,000 population (2016-2017). Available at <https://www.dhhs.nh.gov/dcbcs/bdas/documents/dmi-2017-overview.pdf>

<sup>17</sup> County Health Rankings & Roadmaps. Available at <http://www.countyhealthrankings.org/app/new-hampshire/2018/measure/factors/49/map>

Opioids remain major health challenge in Strafford County, however, some positive signs have emerged.

There is some evidence that deaths due to opioid use appears to be decreasing. Even considering the 83 “pending cases” in December 2018, overdose death rates declined 10% to 20% in New Hampshire in 2018 compared to 2017.

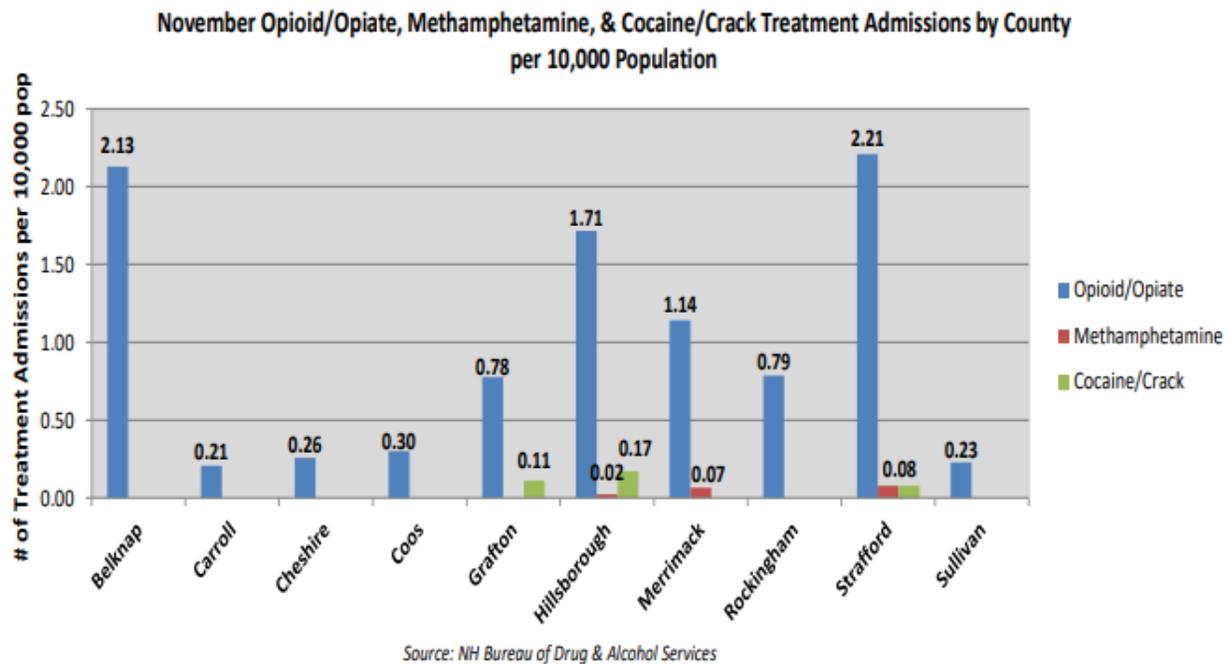
Figure 3: Overdose Deaths by Year



- The Strafford County substance overdose death rate is slightly above the median value of 2.11 deaths per 10,000 population. This is a relative decrease, as in 2017 Strafford County had the second highest death rate among New Hampshire counties.<sup>18</sup>
- Males are more likely to be admitted for opioid related ED visits than females. Transgender patients account for a small but not insignificant percentage of ED admissions.
- Fentanyl has been a rapidly increasing factor in opioid-related deaths. In 2012, fentanyl was involved in 10.8% of opioid-related deaths; in 2016, that percentage rose to 73.6%.<sup>19</sup>

Strafford County hospital admissions due to opioid use is the highest in the state (though, as shown above, mortality tends to be lower than many counties).

Figure 4: November Opioid/Opiate, Methamphetamine & Cocaine/Crack Treatment Admission by County per 10,000 Population



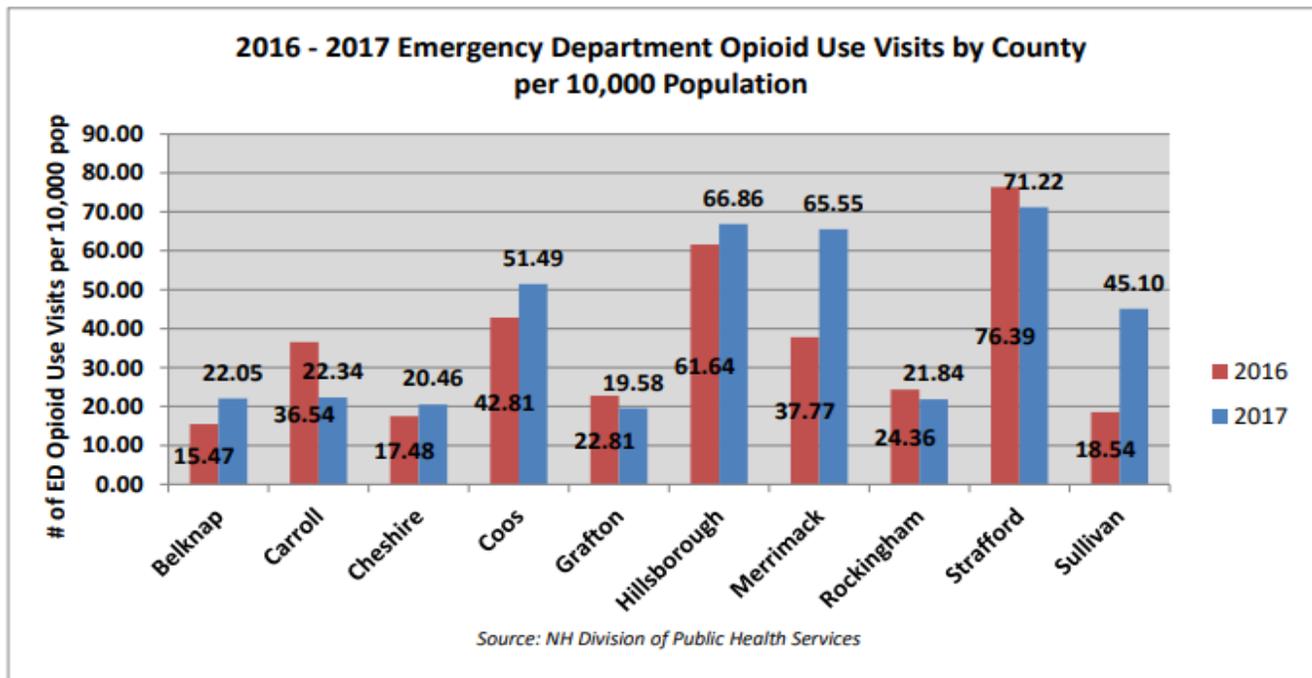
<sup>18</sup> New Hampshire Department of Health and Human Services, Drug Monitoring Initiative <https://www.dhhs.nh.gov/dcbcs/bdas/documents/>

<sup>19</sup> Office of the Medical Examiner. Available at <https://www.nhpr.org/post/mapping-epidemic-where-did-overdose-deaths-happen-nh-last-year#stream/0>

- In November 2018, residents from Strafford County were admitted most often for opioid/opiate treatment per capita with 2.21, followed closely by Belknap County with 2.13 admissions per 10,000 population.<sup>20</sup>
- More males than females were admitted to treatment programs in November for opioid/opiate, Methamphetamine, & Cocaine/Crack use.
- Methamphetamine treatment admissions decreased by 52% from October to November.
- Cocaine/Crack treatment admissions increased by 10% from October to November.
- Heroin/Fentanyl treatment admissions decreased by 10% from October to November.

Though the highest in the state, Strafford County Emergency Department visits due to opioid use declined about 7% from 2016 to 2017.

Figure 5: 2016-2017 Emergency Department Opioid Use Visits by County per 10,000 Population



- Strafford County has averaged the highest rate of opioid related ED admissions from 2016-2017.
- Carroll County has one of the lower opioid related ED admission rates.

<sup>20</sup> Verbatim from the New Hampshire Drug Monitoring Program, November 2018. Available at <https://www.dhhs.nh.gov/dcbcs/bdas/documents/dmi-november-2018.pdf>

- Merrimack, Coos, and Sullivan Counties had large increases in 2016 to 2017.<sup>21</sup>
- Approximately 60% of opioid-related E.D. visits were by males.
- About two of five visits were by people age 20-29; approximately three-fourths of visits were by people under age 40.

**Table 18: No Access to Vehicle**

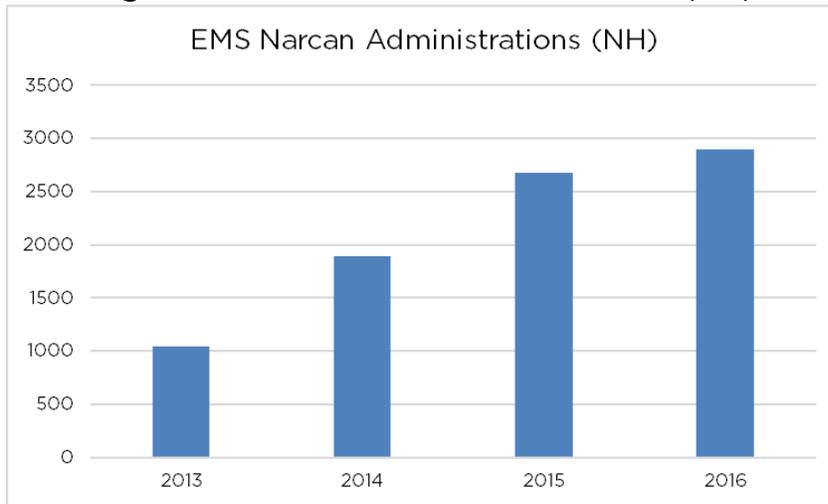
| PSA                     | % With No Access | SSA              | % With No Access |
|-------------------------|------------------|------------------|------------------|
| Barrington              | 0.5%             | Alton            | 0.0%             |
| Farmington              | 3.1%             | Berwick, ME      | 1.7%             |
| Lebanon, ME             | 2.1%             | Brookfield       | 2.8%             |
| Rochester               | 0.9%             | Middleton        | 1.6%             |
| Somersworth             | 2.7%             | Milton           | 4.5%             |
|                         |                  | New Durham       | 1.1%             |
|                         |                  | Strafford        | 0.4%             |
|                         |                  | Wakefield        | 7.1%             |
| <b>Total PSA</b>        | <b>1.9%</b>      | <b>Total SSA</b> | <b>2.4%</b>      |
| SOURCE: ESRI Data, 2018 |                  |                  |                  |

- SSA towns on average have less access than PSA towns.
- Wakefield has the least amount of vehicle access, at 7.1%
- Farmington averages the least vehicle access of PSA towns, at 3.1%.

<sup>21</sup> New Hampshire Drug Monitoring Program. Available at <https://www.dhhs.nh.gov/dcbcs/bdas/documents/dmi-2017-overview.pdf>

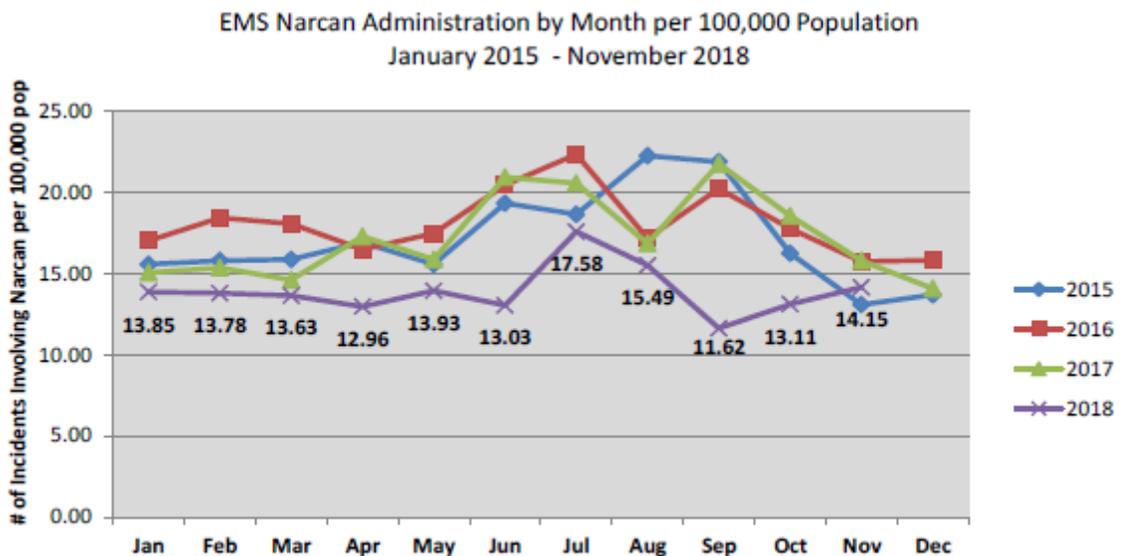
Narcan administration rose steadily in New Hampshire from 2013 to 2016. However, Narcan doses administered by EMS (measured as a percent of total EMS incidents per 100,000 population) by month since 2016 have generally declined.<sup>22</sup>

Figure 6: EMS Narcan Administrations (NH)



SOURCE: New Hampshire Department of Health and Human Services, Drug Monitoring Initiative <https://www.dhhs.nh.gov/dcbcs/bdas/documents/>

Figure 7: EMS Narcan Administration by Month per 100,000 Population

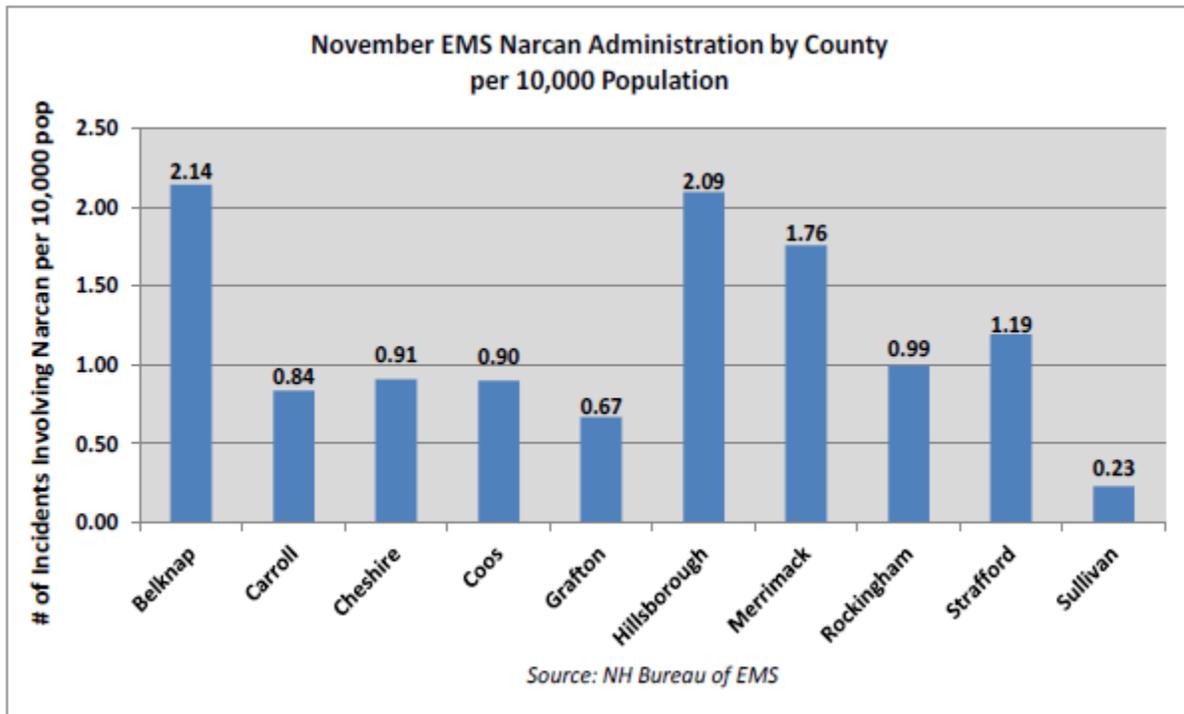


Source: NH Bureau of EMS

<sup>22</sup> Ibid. Available at <https://www.dhhs.nh.gov/dcbcs/bdas/documents/dmi-november-2018.pdf>

Total Narcan administrations in November 2018 in Strafford County (1.19 cases per 10,000 population) are slightly above the New Hampshire county median value (0.95 cases per 10,000 population).

Figure 8: November EMS Narcan Administration by County per 10,000 Population



- There is a polarized variation of Narcan use rates with Merrimack, Hillsborough, and Belknap Counties approximately double the rates in other counties.
- In November, Belknap County had the most EMS Narcan administration incidents per capita with 2.14 incidents per 10,000 population, followed closely by Hillsborough County with 2.09 incidents per 10,000 population.<sup>23</sup>
- The age group with the largest number of EMS Narcan administration incidents was 30-39 which represents 37% of all EMS Narcan administration incidents for November.<sup>24</sup>

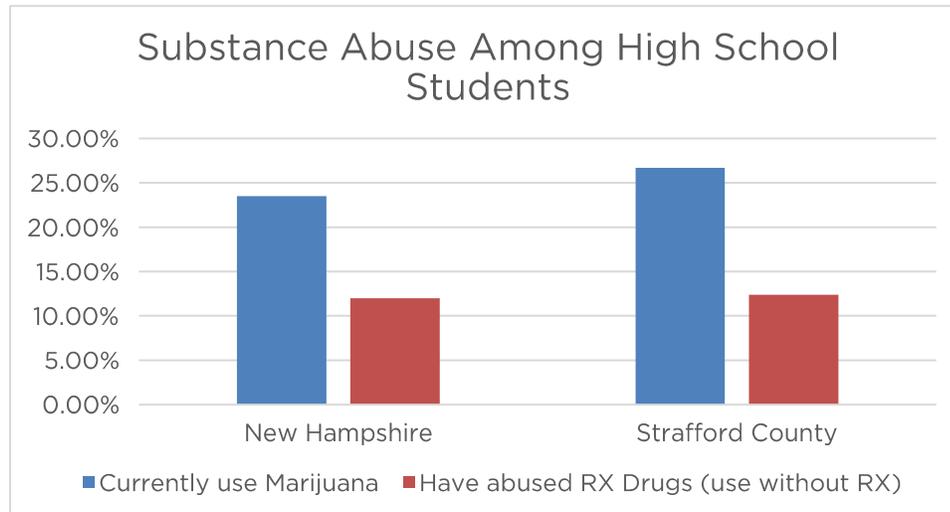
<sup>23</sup> Verbatim from the New Hampshire Drug Monitoring Program, November 2018. Available at <https://www.dhhs.nh.gov/dcbcs/bdas/documents/dmi-november-2018.pdf>. New Hampshire Department of Health and Human Services, Drug Monitoring Initiative, <https://www.dhhs.nh.gov/dcbcs/bdas/documents/>

<sup>24</sup> Ibid.

## School-based Substance Misuse

Marijuana use among Strafford County high school students is high – but approximately equal to the New Hampshire average.

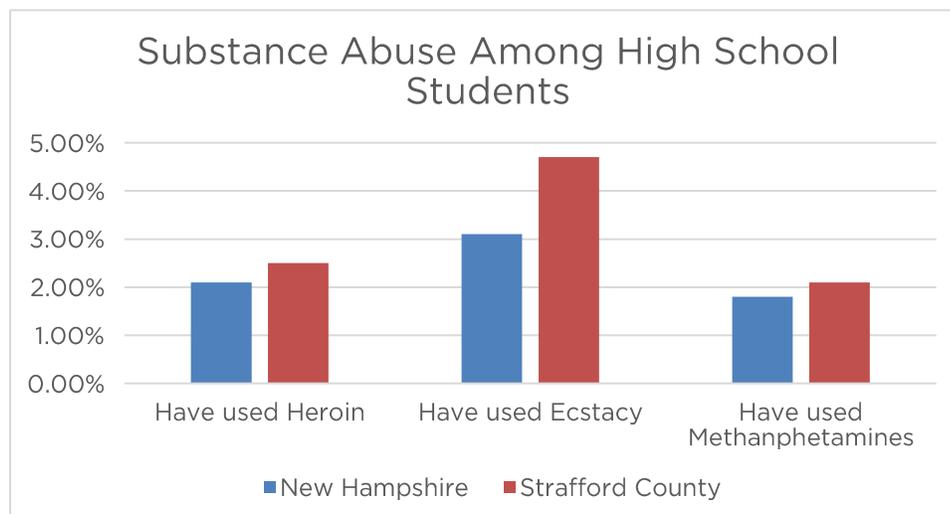
Figure 9: Substance Abuse Among High School Students



SOURCE: NH Health Wisdom, <https://wisdom.dhhs.nh.gov/wisdom/>

- Many substance abuse measures from New Hampshire health wisdom datasets were not available for Carroll County.
- Approximately 27% of high school students currently use marijuana compared to 23.5% of all New Hampshire high school students.

Figure 10: Heroin, Ecstasy & Methamphetamines Use Among High School Students

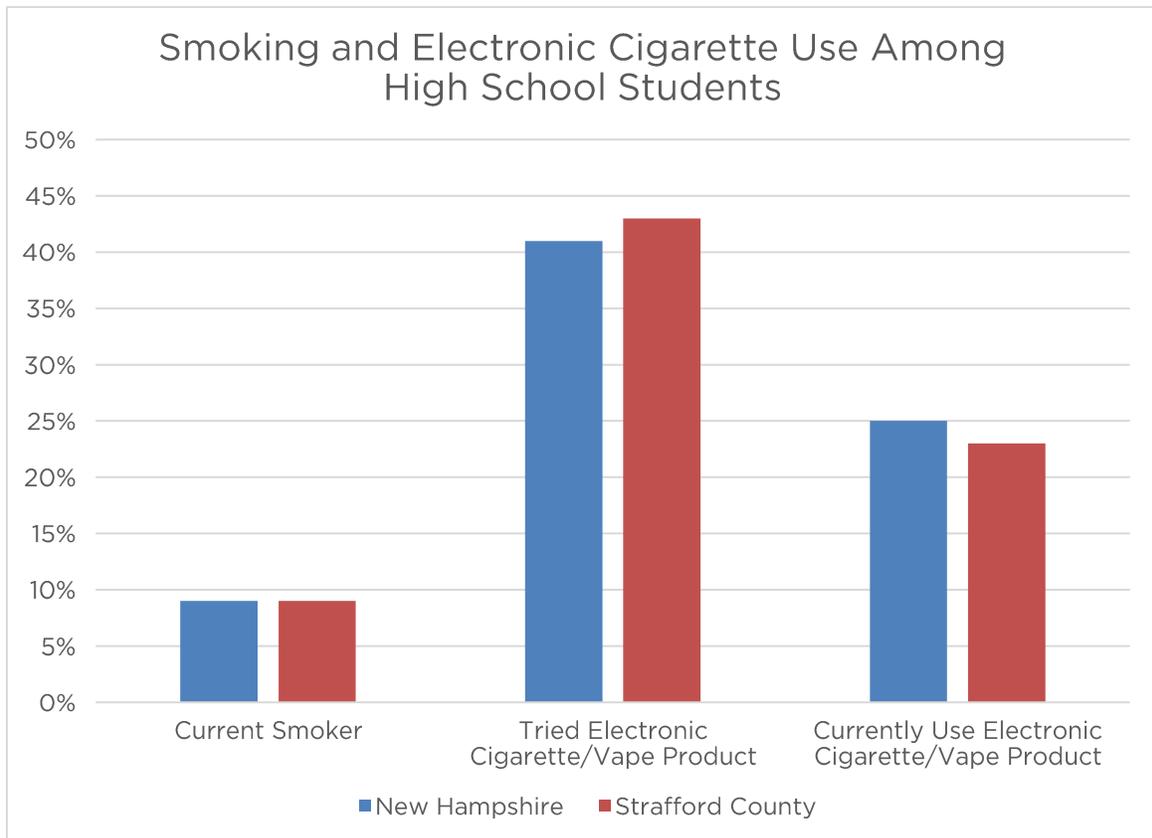


SOURCE: NH Health Wisdom, <https://wisdom.dhhs.nh.gov/wisdom/>

- Approximately 4.5% of high school students in Strafford County have reported using Ecstasy compared to 3% of all New Hampshire high school students.

- Slightly more Strafford County high students have used Heroin and Methamphetamines than New Hampshire high school students.

**Figure 11: Smoking and Electronic Cigarette Use Among High School Students**



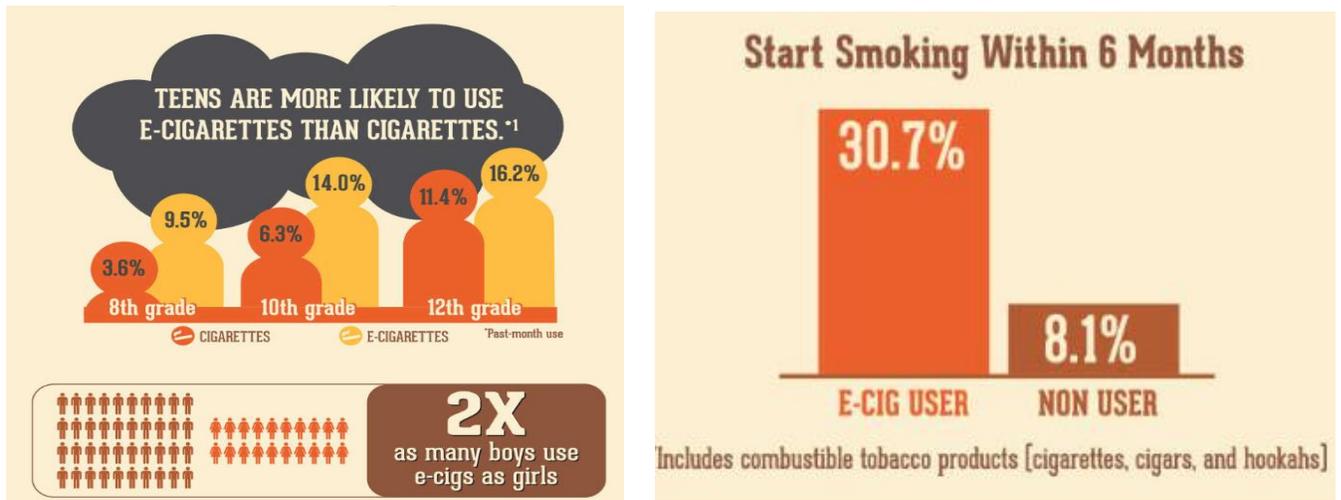
SOURCE: NH Health Wisdom, <https://wisdom.dhhs.nh.gov/wisdom/>

- Use of tobacco and e-cigarettes is a rising concern in the FMH service area.
- The percentage of Strafford County high schoolers who report regularly using Electronic Cigarettes is slightly higher than the New Hampshire average.

Nationally, teens are approximately twice as likely to use e-cigarettes as cigarettes. However, nearly one of three e-cigarette users begin smoking tobacco products within six months.<sup>25</sup>

<sup>25</sup> NIH, National Institute on Drug Abuse (NIDA). Available at <https://www.drugabuse.gov/related-topics/trends-statistics/infographics/teens-e-cigarettes>

Figure 12: e-Cigarette Statistics in High School Students



## Risk and Protective Lifestyle Behaviors

Similar to New Hampshire (statewide) trends, many Strafford County and Carroll County residents are exhibiting high levels of risky behaviors.

Table 19: Protective Behaviors

| Measure                            | New Hampshire | Strafford County | Carroll County |
|------------------------------------|---------------|------------------|----------------|
| Mammogram Screenings <sup>26</sup> | 69.5%         | 63.2%            | 66.2%          |
| Regular Pap Testing                | 67.3%         | 77.0%            | 79.7%          |
| Colon Cancer Screenings            | 78.8%         | 63.2%            | 66.4%          |

SOURCE: National Cancer Institute, <https://statecancerprofiles.cancer.gov/risk/index>, County Health Rankings

- The Frisbie service area counties have better pap testing numbers than the New Hampshire average.
- Strafford and Carroll Counties lag the New Hampshire average in colon cancer screenings.

<sup>26</sup> CARES Engagement Network, Female Medicare enrollees, age 67-69, who have received one or more mammograms in the past two years. Data extracted in 2018 based on the most recent (2015) data. Available at [https://engagementnetwork.org/assessment/?REPORT=%7B%22indicator%22%3A%5B55%2C64%5D%2C%22name%22%3A%22Health%20Indicators%20Report%22%2C%22contentId%22%3A%22%23cdt-report-content%22%2C%22output%22%3A%7B%22countylist%22%3Atrue%2C%22map%22%3Afalse%2C%22breakout%22%3Afalse%7D%2C%22location%22%3A%7B%22key%22%3A%22county%22%2C%22type%22%3A%22county%22%2C%22s how\\_county%22%3Atrue%2C%22id%22%3A%5B%2233017%22%5D%2C%22name%22%3A%5B%22Strafford%20County%2C%20NH%22%5D%7D%7D](https://engagementnetwork.org/assessment/?REPORT=%7B%22indicator%22%3A%5B55%2C64%5D%2C%22name%22%3A%22Health%20Indicators%20Report%22%2C%22contentId%22%3A%22%23cdt-report-content%22%2C%22output%22%3A%7B%22countylist%22%3Atrue%2C%22map%22%3Afalse%2C%22breakout%22%3Afalse%7D%2C%22location%22%3A%7B%22key%22%3A%22county%22%2C%22type%22%3A%22county%22%2C%22s how_county%22%3Atrue%2C%22id%22%3A%5B%2233017%22%5D%2C%22name%22%3A%5B%22Strafford%20County%2C%20NH%22%5D%7D%7D)

Carroll County residents tend to have higher rates of risky behaviors than Strafford County residents and New Hampshire average.

**Table 20: Risky Behaviors**

| Measure                          | New Hampshire | Strafford County | Carroll County |
|----------------------------------|---------------|------------------|----------------|
| Smokers                          | 17.1%         | 18.6%            | 19.7%          |
| Binge or Heavy Drinking          | 18.4%         | 16.5%            | 19.6%          |
| Driving Deaths Involving Alcohol | 32%           | 35%              | 24%            |
| HIV Prevalence <sup>27</sup>     | 107.6         | 97.9             | 62             |
| Uninsured Adults                 | 8%            | 8%               | 11%            |
| Uninsured Children               | 9%            | 9%               | 11%            |

SOURCE: Community Commons, <https://engagementnetwork.org/assessment/?REPORT>

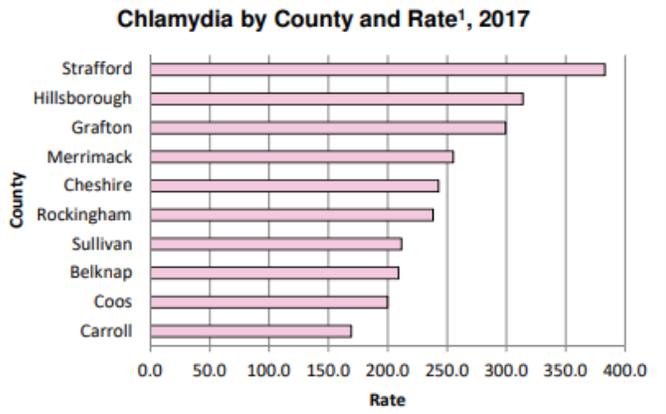
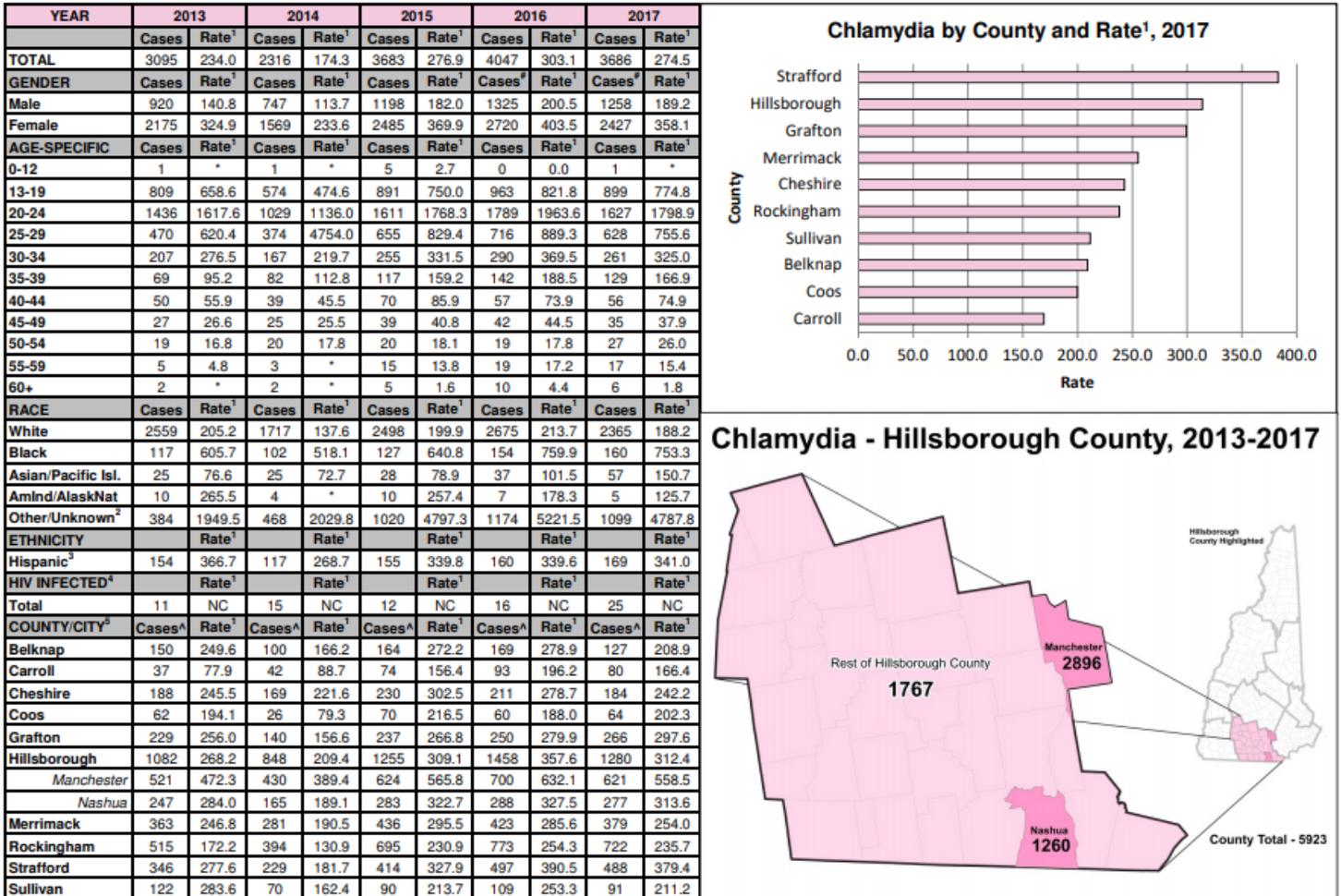
- Carroll County has a higher rate of uninsured children (11%) than Strafford County (9%).
- Strafford County averages a higher number of driving deaths involving alcohol (35%) than the state average (32%) and Carroll County (24%).
- The state average of HIV prevalence (107.6 per 100,000 population) is higher than Strafford (97.9) and Carroll Counties (62).

<sup>27</sup> Ibid; Rate per 100,000 population

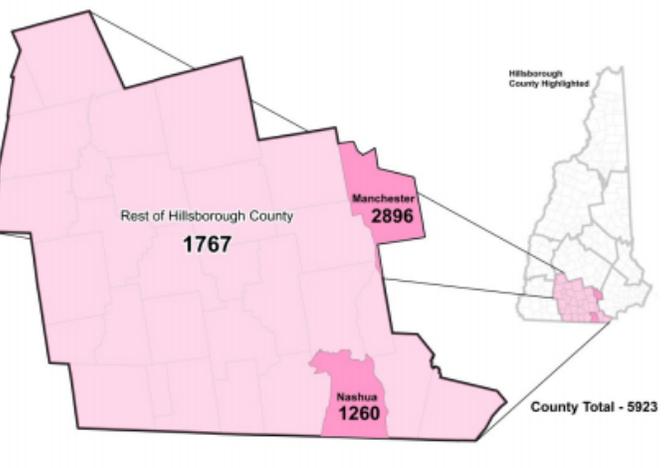
Although there were only a few new cases of HIV (N=3) or AIDS (N=0) in Strafford County in 2017, chlamydia rates were among the highest in the state.

Figure 13: Chlamydia Report, 2013-2017

New Hampshire Infectious Disease Surveillance Section  
STD/HIV Summary Report  
2013-2017  
Chlamydia



Chlamydia - Hillsborough County, 2013-2017



<sup>1</sup>Cases excluded due to unknown gender in 2016 (2) and 2017 (1)  
<sup>A</sup>Cases excluded due to unknown county in 2013 (1), 2014 (17), 2015 (18), 2016 (4), and 2017 (5)

- Strafford County had 379.4 cases per 100,000 population in 2017 – a 36.3% increase since 2013.
- Though on a county-level, Strafford had the highest chlamydia incidence rate in the state, the city of Manchester had a rate nearly 50% (47.5%) higher than the Strafford County average.<sup>28</sup>

<sup>28</sup> New Hampshire STD/HIV Surveillance Program 5 Year Data Summary Report 2013-2017. Available at <https://www.dhhs.nh.gov/dphs/bchs/std/documents/std-hiv-aids-2013-17.pdf>

Considering a broad spectrum of indicators correlated to healthy communities, Strafford County residents are at slightly greater risk than the New Hampshire average. A somewhat higher percentage of Carroll County residents report healthier lifestyles than the New Hampshire average.

| Table 21: Healthy Lifestyle/Physical Activity |               |                  |                |
|---|---------------|------------------|----------------|
| Measure                                       | New Hampshire | Strafford County | Carroll County |
| Obesity                                       | 28%           | 29%              | 26%            |
| No Leisure Time                               | 19.1%         | 20.5%            | 18.5%          |
| Access to locations for physical activity     | 82%           | 85%              | 89%            |
| Membership Associations <sup>29</sup>         | 10.4          | 8.6              | 12.1           |

SOURCE: Community Commons, <https://engagementnetwork.org/assessment/?REPORT>

- Carroll County reports the highest amount of access locations for physical activity (89%) higher than Strafford County (85%) and the state average (82%).
- Strafford County has a slightly higher average of obese residents (29%) than Carroll County (26%) and New Hampshire (28%).

Teen birth rates have fallen in the past years, most notably in Strafford county.

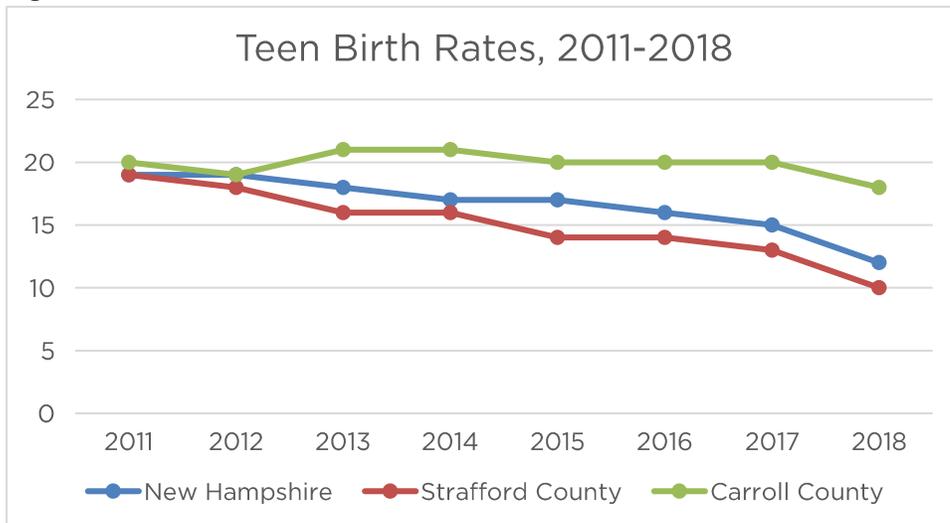
| Table 22: Teen Birth Rate <sup>30</sup> |               |                  |                |
|---|---------------|------------------|----------------|
| Measure                                 | New Hampshire | Strafford County | Carroll County |
| Female Population, Age 15-19 (2018)     | 45,852        | 5,619            | 1,257          |
| Teen Birth Rate                         | 12            | 10               | 18             |

SOURCE: County Health Rankings, [http://www.countyhealthrankings.org/app/new-hampshire/2018/compare/snapshot?counties=33\\_017%2B33\\_003](http://www.countyhealthrankings.org/app/new-hampshire/2018/compare/snapshot?counties=33_017%2B33_003)

<sup>29</sup> Per 10,000 Population

<sup>30</sup> Per 1,000 Female Population, age 15-19

Figure 14: Teen Birth Rates, 2011-2018



SOURCE: County Health Rankings, [http://www.countyhealthrankings.org/app/new-hampshire/2018/compare/snapshot?counties=33\\_017%2B33\\_003](http://www.countyhealthrankings.org/app/new-hampshire/2018/compare/snapshot?counties=33_017%2B33_003)

- Rates in Carroll County have remained relatively unchanged from 2011 to 2018, and they are nearly twice the Strafford County rate.

## Digital Trends Review

Over four billion people across the globe use the internet with approximately 3.2 billion using social media in 2018.<sup>31</sup> The internet and social media has become a powerful channel to share information at home and around the world.

Approximately two-thirds of all U.S. adults (68%) are Facebook users and of those users, 75% access Facebook at least daily. YouTube, while not considered a traditional social media platform, has increased in popularity in the recent years with 73% of U.S. adults reported using the platform<sup>32</sup>. Google continues to be the top search engine with 70% of all search market share.

With an abundance of information at an individual's fingertips, one in three Americans have searched online to learn more about a medical condition.<sup>33</sup> Of those who seek medical information online, nearly half (46%) of the individuals sought attention from their medical provider about issues related to their search topic. Reviewing online search interest and social media can help identify the most common, emerging, and surging healthcare-related issues in the local community.

### ***Approach:***

As noted, Crescendo deployed data analysis and reporting techniques based on digital communications resources such as the following:

- Facebook Business Manager
- Meltwater Social Media Insight
- Google Analytics and Trend Analysis

### **Goal:**

To better understand general interest in chronic disease, mental health and substance use disorder topics by identifying the most common, emerging, and/or surging health issues included in publicly available online discussions.

Digital tools, such as Google Trends, Meltwater Services, and others can help identify health issues that are increasingly pertinent in online discussions across social media and the internet.

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<sup>31</sup> We Are Social. *Digital in 2018: World's Internet User Pass the 4 Billion Mark*. <https://wearesocial.com/blog/2018/01/global-digital-report-2018>

<sup>32</sup> Pew Research Center. *Social Media Use in 2018*. <http://www.pewinternet.org/2018/03/01/social-media-use-in-2018/>

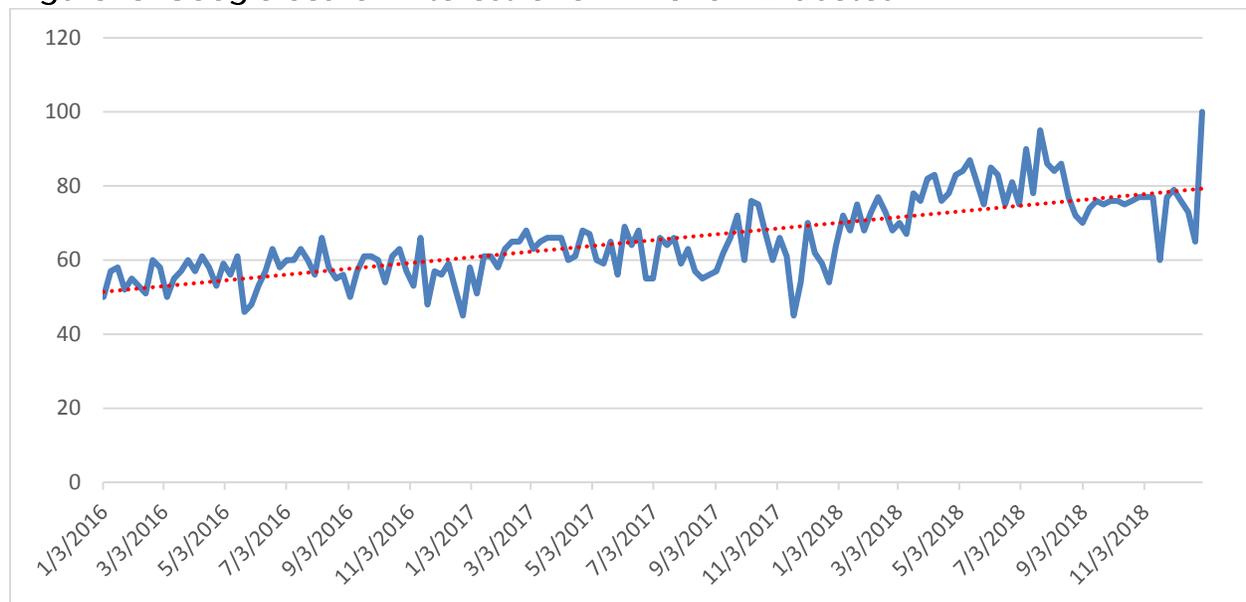
<sup>33</sup> Pew Research Center. *Health Online 2013*. <http://www.pewinternet.org/2013/01/15/health-online-2013/>

## About Google Trends

Google Trends is a search trends feature from Google that shows how frequently a given search term is entered into Google’s search engine relative to the site’s total search volume over a given time period. Google uses a relative score to measure the index of search activity. The maximum value, or peak popularity, is 100. For example, if the value for “diabetes” for the week of 11/3/2018 is 100 and the value for “diabetes” for the week of 10/29/2017 is 60, then the number of searches for “diabetes” increased substantially (67%) in the one year time period. A score of 0 means there was not enough data for the term.

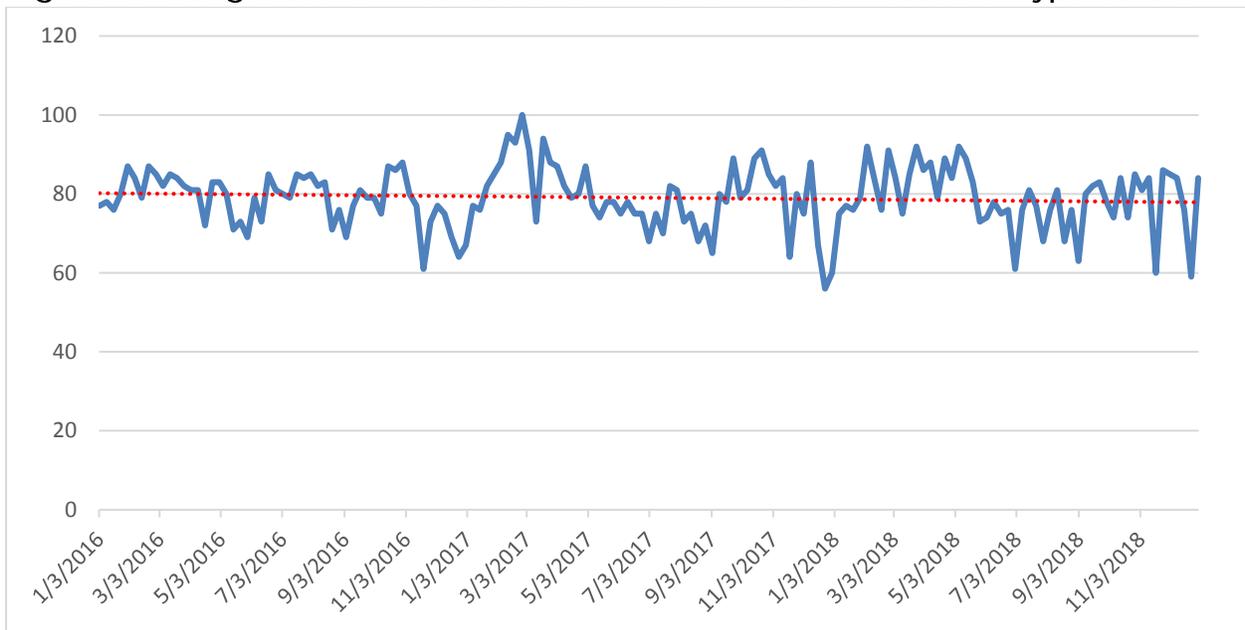
The following charts depict the search interest for health issues in the Boston, MA – Manchester, NH area over a specific time period. Note: Google defines the geographic regions where data is available. FMH’s PSA falls in this geographic location.

**Figure 15: Google Search Interest Over Time for “Diabetes”**



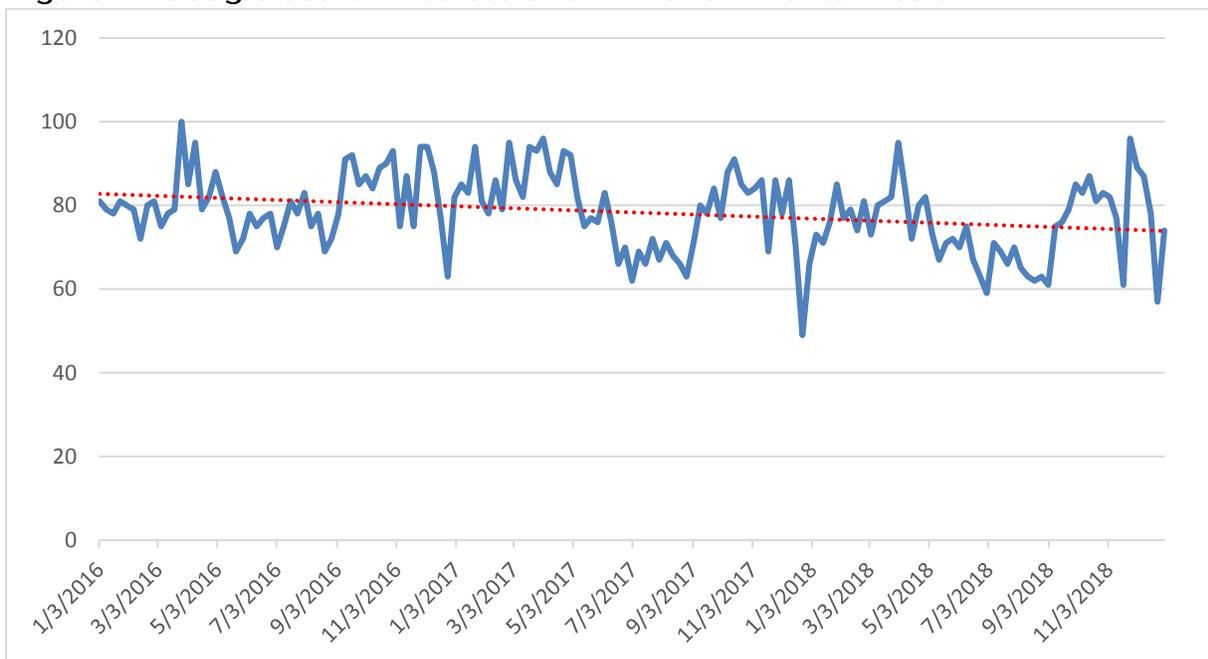
- From January 1, 2016 through December 31, 2018, “diabetes” as a search term increased 100%. Search interest started to rise consistently in late 2017, hit a short-term peak in July 2018, and peaked again at its highest level in late 2018. The rise is correlated to the rise of the keto diet in popularity in 2018 as many of the most popular search terms include the keto diet and keto recipes.

Figure 16: Google Search Interest Over Time for “Heart Disease & Hypertension”



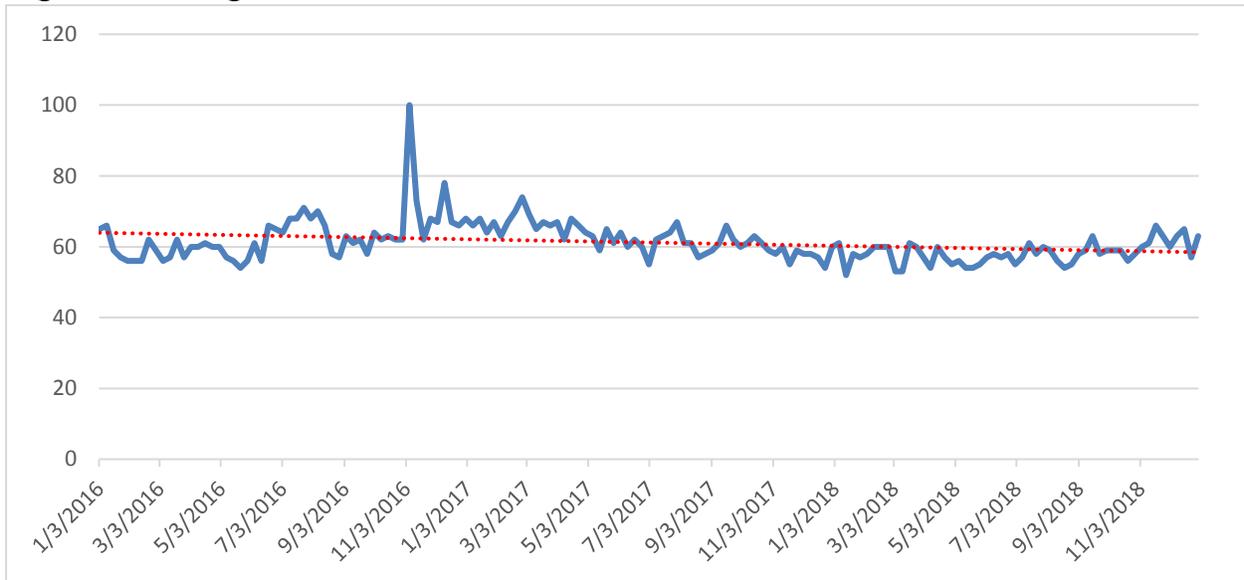
- From January 1, 2016 through December 31, 2018, search interest for the category “heart disease & hypertension” remained relatively stable with few peaks and troughs over the three-year time period.
- Popular search terms include heart, blood pressure, high blood pressure, hypertension, and blood clot indicating that most individuals were looking for more information on heart conditions that may affect them or their loved ones.

Figure 17: Google Search Interest Over Time for “Mental Health”



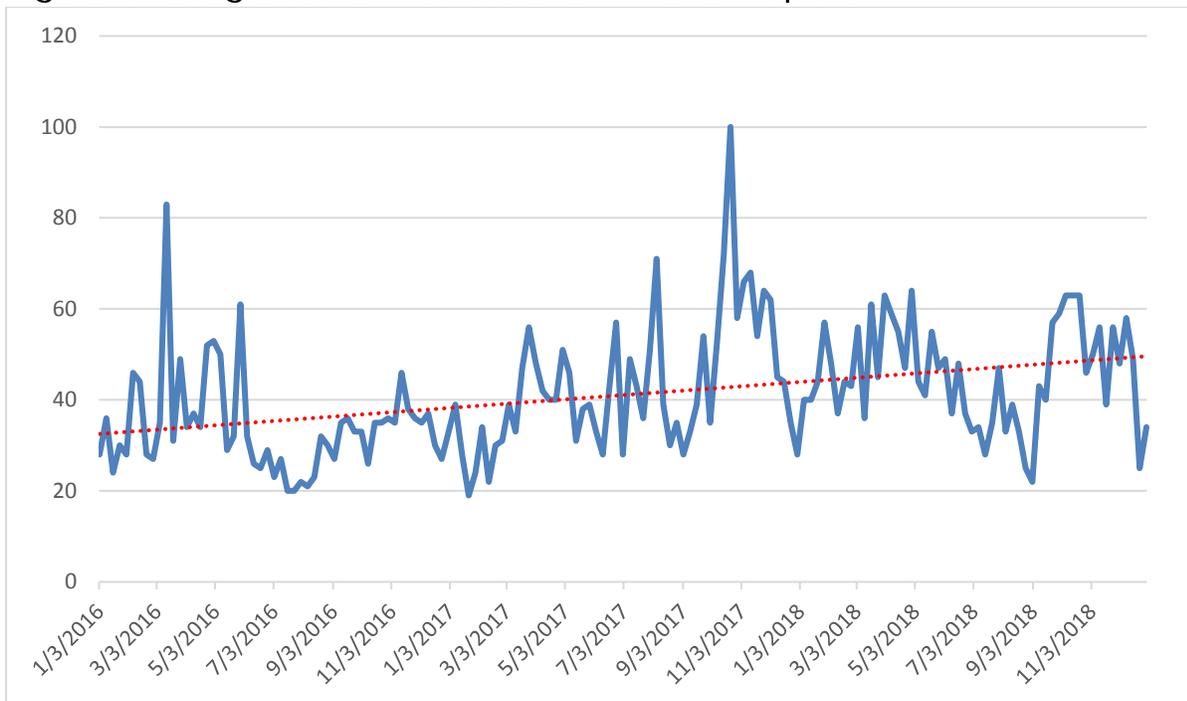
- Over the course of three years, the search interest for the category “mental health,” which includes anxiety, depression, autism, and more, has decreased about 12%. However, interest levels substantially vary from month to month. Variability is partially driven by national news events (e.g., President Trump talking about an opioid or mental health crisis in America) and local issues involving mental health and crime-related issues.

**Figure 18: Google Search Interest Over Time for “Substance Abuse”**



- From January 1, 2016 through December 31, 2018, search interest for the general term of “substance abuse” decreased approximately 8% over the time period. Search interest peaked on November 6, 2016, which was a few days prior to the 2016 Presidential election. Substance abuse, such as the opioid crisis, and illegal drug trafficking were common issues discussed by the Presidential candidates leading up to Election Day. Note, though, that interest in “opioid” issues was very different (see the following chart).

Figure 19: Google Search Interest Over Time for “Opioid”



- Over the past three years, search interest for “opioids” as increased approximately 56%. The Northeast (especially New Hampshire) and parts of the Midwest have been particularly hard hit by the opioid crisis.
- Of those who searched for information about opioids, individuals searched for information on opioid addiction, opioid overdose, CDC opioid guidelines, and more.
- Opioid search interest peaked around late October 2017 when President Trump declared the opioid crisis a National Emergency, which made funding to combat the opioid crisis more readily available for some organizations.

## Leadership Group Discussion and In-depth Stakeholder Interviews

Crescendo conducted one-on-one interviews with a diverse group of community stakeholders to provide additional perspective on key community needs and issues. Frisbie Memorial Hospital provided Crescendo with the names and contact information for the hospital staff, local organization leaders, and other key community members as possible interview subjects.

The discussion guide (see Appendix D) for the community stakeholder interviews consisted of approximately 15 questions covering topics such as access, availability, and delivery of services (e.g., chronic disease, mental health, substance misuse, preventive care, senior services, and others); housing, unemployment, housing, and transportation; communications and information; and affordability of healthcare and basic needs. Interview duration varied by participant but were approximately 15-20 minutes in length.

Throughout the stakeholder interview process, several key themes emerged. Some of the top categories of needs among the qualitative research participants include senior services, access to care, and mental health and substance use disorder (including opioids). Below is a summary of the top community needs with direct quotes from stakeholders.

### Senior Services

The state and service area's aging population have a growing need for services, and some community members indicate that current programs may need to be expanded in order to fully meet the increased healthcare demands of an aging population. In addition to chronic disease care and behavioral health issues, seniors are the most likely population to utilize transportation services – especially those with lower household incomes. Some illustrative comments from the qualitative research follow:

- *“There is no system of care for seniors - no state program for people needing long-term care, unlike Massachusetts. Some service centers encourage people to move to Massachusetts so they can qualify for better state services.”*
- *“We need home healthcare for people.”*
- *“Isolated locations make it hard to connect with services.”*

## Access to Care

Access to care is a broad term that can best be described in four sections.

1. **Awareness:** Awareness and education that helps community members know that a particular health-related issue may require treatment or additional insight from a third-party. This would include knowledge of where to get treatment or additional insight from a third-party, if needed.
2. **Capacity:** Available system capacity – doctors, counselors, and other direct care providers – currently in practice and accepting patients to care for people with the variety of community health needs present in a particular area. This also includes convenient hours of operation and available appointment times.
3. **Logistics:** Patient ability to attain required services – transportation, financial capability, home support, and other issues.
4. **Patient motivation and coordination of care.** Care navigators, Community Health Workers, care coordinators, social workers, and others are sometimes helpful – especially with higher-risk patients – when trying to manage care for community members in need of services.

Access to care needs in the Frisbie Memorial Hospital service area are broad-based. Qualitative research participants indicate that there are needs in all four of these pieces of “access to care.” Note the comments below:

### Awareness

- *“Awareness is a big issue. [People] are not aware of where to go. Primary care offices are a good place to find information.”*
- *“Every town in New Hampshire has a Department of Human Services – not just fuel, food, etcetera. Expand it to be an information center – healthcare resources, education, DME, transportation.”*
- *“There are no good resources to provide quick access to care.”*
- *“Several elderly people that I know who live near me have a lot of [co-morbid] health needs – including some mental health things, mostly just because they are by themselves and lonely. What they need is someone to help them figure out how to get the services they need. It is hard enough for us younger people!”*
- *“Someone from the hospital called my wife a week or so after she got home from the hospital. That really made a world of difference – not only did she feel like someone cared about her, but she had forgotten some of the things that the discharge nurse told her. Now after the call, she was better able to do what she was supposed to do.”*
- *“The only way [someone] is going to take better care of [their complex medical condition] is for someone to help her; she needs a case manager of some sort.”*
- *“Service Link needs to be more highly promoted.”*

### Capacity

- *“Not enough local Primary Care Providers.”*
- *“There is a big gap between the very poor (who get free services) and the wealthy. The wealthy can pay for whatever care they need; the poor get it for free. The 90% of us in the middle find it difficult sometime – especially if you need something other than a regular doctor visit.”*
- *“A dentist? Good luck finding one”*
- *“Most regular health services are available right here through the hospital [Frisbie Memorial Hospital], but if you need specialized care, you need to travel to Manchester or Boston.”*
- *“A lot of folks don’t have continuity of insurance providers.”*

### Logistics

- *“Prescription drugs are just so darn expensive – especially for the elderly and people with long-term health issues like diabetes, COPD, and asthma.”*
- *“A lot of people make too much to get free care and not enough to be able to afford care themselves. There are tons of us in the middle facing steep medical bills or simply not getting care we need.”*
- *“Especially if you are outside of Rochester, it is really difficult to get to a doctor if you don’t have a car. The sad thing is that sometimes the people who need help the most – like the elderly – are the least able to call an Uber or find some other way to get to the doctor or clinic.”*

### Mental Health and Substance Use Disorder (including Opioids)<sup>34</sup>

The opioid epidemic is one of the most pervasive challenges facing the Frisbie Memorial Hospital service area. Although there appears to be some improvement in opioid death rates in the area (shown by data above), ongoing challenges exist, as reflected in the following quotations (or paraphrases remarks):

- *“There are not enough treatment programs for opioids and SUD.”*
- *“Opioids patients taking up services for others. We went to the hospital for my uncle, and they made him lie in a cot in the hallway. I asked, ‘Does he not have a bed because opiate addicts are in there?’ They said yes. Now, these people need services too, I’m just saying.”*
- *“Maybe school-based services. Marijuana, meth, and opioids are everywhere.”*

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<sup>34</sup> NOTE: In conversations with community leaders, several individuals identified a lack of a full, more holistic perspective on ways to manage the opioid crisis. For instance, some stakeholders mentioned efforts to curb this issue through education awareness in the schools. Others spoke exclusively about the link with co-occurring mental health issues. While others focused on the regional economic aspects, the impact on families, and / or addressing addiction stigma. Many stakeholders indicated that a holistic view of the opioid issue – education and awareness, intervention, treatment, after-care, and related community issues (including the impact on the employer base) would be helpful.

- “It [opioid use] used to be seen as something ‘the people with long-standing addiction issues’ have. Now, though, it is everywhere. My CPA neighbor was taken to the hospital two weeks ago.”
- “I think that the hospital [Frisbie Memorial Hospital] does a good job responding to drug related overdoses and treatment needs. I’ve also seen them become more active in community outreach, education and preventive activities, and caring for the families of people who were sick or died from opioids. They do a really good job ... but, we need much more.”

The following section presents the results of the Community Survey.

## Community Survey

Frisbie Memorial Hospital and Crescendo conducted an online community survey in October and November 2018 in order to collect leadership team opinions regarding community needs. The survey was administered online and was completed by 31 individuals.

- Approximately 72% of survey respondents were female while 28% were male.
- Over 37% of survey respondents were 18 to 39 years, 43.8% were 40 to 64, and 18.8% were 65 years or older.
- About 33% of all survey respondents reported that their health was excellent and 50% reported their health was very good. Approximately 16% of respondents reported their health was good or fair.
- Over two-thirds of survey respondents earn a household income of over \$75,000.

| Household Income      | Percent of Respondents |
|-----------------------|------------------------|
| Less than \$15,000    | 5.6                    |
| \$15,000 to \$20,000  | 0.0                    |
| \$20,001 to \$25,000  | 5.6                    |
| \$25,001 to \$50,000  | 11.1                   |
| \$50,001 to \$75,000  | 11.1                   |
| \$75,001 to \$100,000 | 38.9                   |
| Over \$100,001        | 27.8                   |

- Over two-thirds of survey respondents reported that the health of the Greater Rochester community is unhealthy. Only 5.88% of survey respondents reported the health of the community to be very unhealthy and 23.5% reported the health of the community to be healthy.

## Survey Results

In the following tables include the 13 community health needs ranked by at least one subpopulation group as being among the top five needs requiring more focus or attention. Shaded areas in each column indicate that the subpopulation ranked a referenced need among the top five health issues requiring more focus and attention.

Based on the survey responses, there were some notable variations based on gender.

**Table 24: Survey Results by Gender**

| Select Needs Evaluated   | Total | Males | Females |
|--|-------|-------|---------|
| Access to affordable health care / insurance                     |       |       |         |
| Access to dental health care                                     |       |       |         |
| Access to prenatal services                                      |       |       |         |
| Alcohol & drug misuse / access to treatment services             |       |       |         |
| Cancer   |       |       |         |
| Cost of prescription drugs                                       |       |       |         |
| Health screenings (mammograms, cancer, diabetes)                 |       |       |         |
| Heart disease  |       |       |         |
| Heroin and pain medication misuse / access to treatment services |       |       |         |
| Lack of elder services   |       |       |         |
| Mental illness   |       |       |         |
| Obesity / access to nutritious foods / physical inactivity       |       |       |         |
| Teen pregnancy   |       |       |         |

- Females tend to be more likely to indicate that heart disease treatment and the cost of prescription drugs are among the top five community health needs.
- Males are more likely to say that affordable healthcare and elder service are among the top five community health needs.
- Both genders agree that mental health and substance misuse issues are among the leading needs.

There were few differences based on age.

Table 25: Survey Results by Age Group

| Select Needs Evaluated   | Total | Age Group |          |     |
|--|-------|-----------|----------|-----|
|  |       | Under 45  | 45 to 64 | 65+ |
| Access to affordable health care / insurance                     |       |           |          |     |
| Access to dental health care                                     |       |           |          |     |
| Access to prenatal services                                      |       |           |          |     |
| Alcohol & drug misuse / access to treatment services             |       |           |          |     |
| Cancer   |       |           |          |     |
| Cost of prescription drugs                                       |       |           |          |     |
| Health screenings (mammograms, cancer, diabetes)                 |       |           |          |     |
| Heart disease  |       |           |          |     |
| Heroin and pain medication misuse / access to treatment services |       |           |          |     |
| Lack of elder services   |       |           |          |     |
| Mental illness   |       |           |          |     |
| Obesity / access to nutritious foods / physical inactivity       |       |           |          |     |
| Teen pregnancy   |       |           |          |     |

- Younger people (under age 45) were slightly more likely to indicate that Obesity / access to nutritious foods / physical inactivity was among the top community needs requiring more focus and attention.
- Regardless of age, people agree that mental health and substance misuse issues are among the leading needs.

There were several needs ranking variations based on one’s general health status.

**Table 26: Survey Results by General Health Status**

| Select Needs Evaluated   | Total | General Health Status  |              |
|--|-------|------------------------|--------------|
|  |       | Very Good or Excellent | Fair or Poor |
| Access to affordable health care / insurance                     |       |                        |              |
| Access to dental health care                                     |       |                        |              |
| Access to prenatal services                                      |       |                        |              |
| Alcohol & drug misuse / access to treatment services             |       |                        |              |
| Cancer   |       |                        |              |
| Cost of prescription drugs                                       |       |                        |              |
| Health screenings (mammograms, cancer, diabetes)                 |       |                        |              |
| Heart disease  |       |                        |              |
| Heroin and pain medication misuse / access to treatment services |       |                        |              |
| Lack of elder services   |       |                        |              |
| Mental illness   |       |                        |              |
| Obesity / access to nutritious foods / physical inactivity       |       |                        |              |
| Teen pregnancy   |       |                        |              |

- People in fair or poor health status were more likely to say that access to dental and prenatal services, as well as cancer treatment were needs requiring more focus and attention.
- Others, those in very good or excellent general health, said that mental health and substance use disorder related issues were higher ranking priority needs.

***Top categories of Needs: Community Survey***

- Access to affordable health care / insurance
- Alcohol & drug misuse / access to treatment services
- Cost of prescription drugs
- Heroin and pain medication misuse / access to treatment services
- Mental illness

## Needs Prioritization Process

Leadership group discussion, healthcare consumer surveys, interviews with other community stakeholders, and secondary research identified 24 community health needs. Leadership Group members rated each of the needs on a 4-point scale (with 1 = the greatest need) during the prioritization process described above in order to develop a ranked list. The community needs evaluated are contained in the table below in alphabetical order. A prioritized list of needs – the results of the research – is shown afterwards.

| Table 27: Community Needs Identified                             |
|--|
| Access to affordable health care / insurance                     |
| Access to dental health care                                     |
| Access to prenatal services                                      |
| Alcohol & drug misuse / access to treatment services             |
| Cancer   |
| Cost of medical services / medications                           |
| Cost of prescription drugs                                       |
| Crime / violence   |
| Diabetes   |
| Food insecurity (cost of food, access to nutritious food)        |
| Health screenings (mammograms, cancer, diabetes)                 |
| Heart disease  |
| Heroin and pain medication misuse / access to treatment services |
| Homelessness   |
| Lack of affordable health insurance                              |
| Lack of affordable housing                                       |
| Lack of elder services   |
| Mental illness   |
| Obesity / access to nutritious foods / physical inactivity       |
| Other  |
| Poverty  |
| Teen pregnancy   |
| Tobacco use / smoking  |
| Transportation   |

The prioritization process results are combined with secondary data analyses and executive interviews to develop a prioritized list of community health needs.

## List of Prioritized Needs

Based on input from the Leadership Group meetings; analysis of local, State of New Hampshire, and federal quantitative data; community input; and, the needs evaluation process, the prioritized list of the top 15 community needs is shown in the table below.

| Table 28: List of Prioritized Needs by Rank |  |
|---|--|
| Rank  | Leading, Prioritized Community Needs                             |
| 1   | Mental illness   |
| 2   | Alcohol & drug misuse / access to treatment services             |
| 3   | Heroin and pain medication misuse / access to treatment services |
| 4   | Access to affordable health care / insurance                     |
| 5   | Cost of prescription drugs                                       |
| 6   | Lack of elder services   |
| 7   | Health screenings (mammograms, cancer, diabetes)                 |
| 8   | Obesity / access to nutritious foods / physical inactivity       |
| 9   | Access to dental health care                                     |
| 10  | Diabetes   |
| 11  | Heart disease  |
| 12  | Tobacco use / smoking  |
| 13  | Teen pregnancy   |
| 14  | Access to prenatal services                                      |
| 15  | Cancer   |

When aggregating similar classes of needs, the top ten prioritized list of community health needs shows the following:

| Table 29: Top 10 Prioritized Community Health Needs |  |
|---|--|
| <u>Rank</u>   | <u>Health Need</u>   |
| 1   | Mental illness prevention and treatment  |
| 2   | Substance misuse prevention and treatment services – especially for alcohol, opioids, and tobacco                                  |
| 3   | Access to affordable health care and prescription medications  |
| 4   | Elder care services  |
| 5   | Chronic disease education, treatment, and coordination of care for conditions such as diabetes, heart disease, cancer, and obesity |

**Table 29: Top 10 Prioritized Community Health Needs**

| <i>Rank</i> | <i>Health Need</i>   |
|-------------|--|
| 6           | Health screenings (mammograms, cancer, diabetes)   |
| 7           | Community engagement and support for lifestyle-related activities that positively impact obesity, access to nutritious foods, physical activity, and risky behaviors |
| 8           | Access to dental health care   |
| 9           | Teen pregnancy   |
| 10          | Access to prenatal services  |

## Implementation Strategies List

The Affordable Care Act states that each non-profit hospital must complete a Community Health Needs Assessment (as concluded above). It also states that hospitals must complete an Implementation Plan which indicates which community needs the hospital will address (and how) and which ones it will not address (and why not). At Frisbie Memorials Hospital, there are many ongoing strategies to address high priority community health issues such as those noted above (and many others).

When considering moving forward with the Implementation Plan (to be developed by Frisbie Memorial Hospital after the CHNA is approved), the following general strategies have the ability to simultaneously address several of the Prioritized Community Needs shown above.

- Continue and (where helpful) consider enhancements to programs targeting the needs of community members facing mental health and/or substance use disorder needs.
- Review and revise (if necessary) services designed to meet the needs of the elderly and higher-risk chronic disease patients.
- Provide community health and access to care education, communications, and other enhanced information exchanges (including social media).
- Support wellness and preventive services
- Further support initiative to review expanded integrated care and care coordination activities.

Implementation Plan strategies will be developed and communicated under separate cover. The document will identify which community the medical center will not address (and state why not) and the ones that it will address (and strategies for doing so).

# Appendices

The following appendices are included in this section:

- Appendix A: The Community Resources List
- Appendix B: Community Benefit Report (Activities Addressing Needs Identified in the Prior CHNA)
- Appendix C: Community Survey Instrument
- Appendix D: Stakeholder Interview Guide
- Appendix E: Detailed Demographics Profile Tables

*Appendix A: The Community Resources List*





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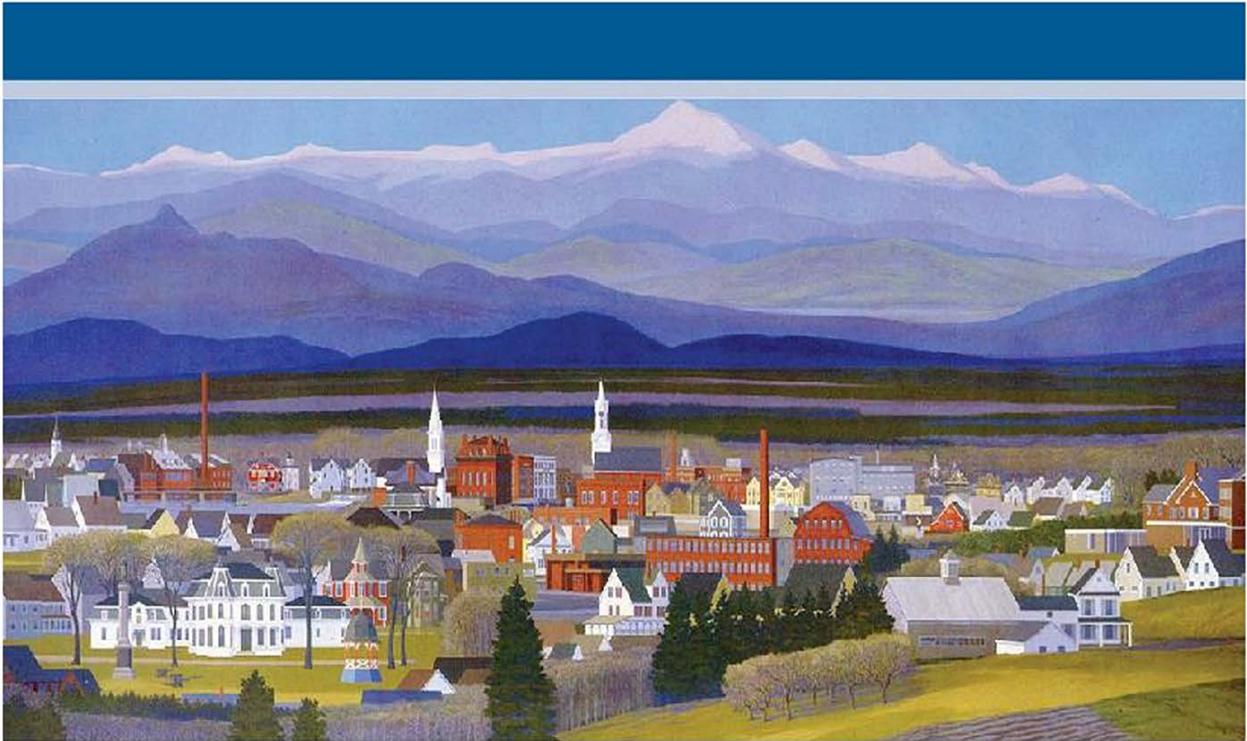
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The Community Resource guide is a compilation of local and national resources available to you, including classes, support groups, services as well as a listing of online resources.

Please note information is subject to change. You may want to verify with the organization current class or support group meeting times, etc.

Last updated January 2019

## **SUBSTANCE ABUSE, MISUSE & OTHER ADDICTION**

The following support groups and services are available in Rochester and surrounding communities.

### **NH ALCOHOL AND DRUG TREATMENT LOCATOR**

A resource that provides a listing of treatment agencies and individual practitioners offering substance use disorder services, including evaluation (this is the first step to determine level of treatment needed), withdrawal management (detoxification), outpatient counseling, residential treatment, recovery supports and other services.

### **AL-ANON**

Support group meets on Wednesdays at 7:30 pm at the Trinity Anglican Church, 180 Rochester Hill Road in Rochester.

### **FOOD ADDICTS IN RECOVERY**

Group meets each Wednesday from 6:30 – 8:00 pm in the First Floor Conference Room at Frisbie Memorial Hospital. For more information call Cathy Meal at (603) 350-0646.

### **HOPE (HELPING OTHERS POSITIVE ENCOURAGEMENT)**

HOPE is a peer self-help group for families of loved ones suffering from substance abuse. HOPE's mission is to provide a safe and confidential environment for families suffering from addiction. Meetings are held the first and third Wednesday of each month from 7:00 – 8:30 pm at St. Peter's Church, 88 Central Street in Farmington. For more information contact Lynn at (603) 817-6174 or email [circlofhope603@yahoo.com](mailto:circlofhope603@yahoo.com) or Facebook/Circle of Hope.

### **NARCOTICS ANONYMOUS**

Group meets on Saturdays at 7:30 pm at the First Congregational Church, 63 South Main Street in Rochester. [Click here](#) for listing of meetings throughout the state.

### **OVEREATERS ANONYMOUS**

Group meets on Thursdays from 7:15 – 8:15 pm at the First Congregational Church, 63 South Main Street in Rochester.

### **SOUTHERN NEW HAMPSHIRE ALCOHOL & DRUG ABUSE SERVICES**

Organization provides a full range of services to help people recover from addictive disorders, regardless of ability to pay. For more information call (603) 516-8160.

## GENERAL SUPPORT GROUPS

The following support groups and services are available in Rochester and surrounding communities.

### THE ALZHEIMER'S DISEASE CAREGIVER SUPPORT NETWORK

The Alzheimer's Disease Caregiver Support Network provides caregivers with a variety of resources such as education, support, and counseling. The Network is a closed group. Visit [www.facebook.com/adcsnetwork](http://www.facebook.com/adcsnetwork) for more information or to request to join the Alzheimer's Disease Caregiver Support Network.

### ALZHEIMER'S SUPPORT GROUP

Group meets on the second Thursday of the month from 10:00 am – 12:00 pm in the Carroll Room at Frisbie's Community Education & Conference Center, located on the hospital campus. For more information call Hannah Jacoby at (603) 742-7136

### BRAIN INJURY/BRAIN TUMOR SUPPORT GROUP

Group provides support to individuals with a brain injury. Meets on the fourth Thursday of the month from 6:00 – 7:30 pm at the First Congregational Church, 63 Main Street in Rochester. For more information call Ellen Edgerly at (603) 332-9891.

### THE GRANDFAMILY SUPPORT GROUP: FOR GRANDPARENTS RAISING GRANDCHILDREN

Are you one of the nearly 8,000 NH grandparents raising a grandchild or grandchildren? Join us weekly for sharing, support and information. Group meets on Mondays (beginning October 15, 2018) from 7:00 pm – 8:00 pm at The Triangle Club located at 120 Broadway Street in Dover. No registration required. For more details, call/text Paula at (603) 923-7871.

### MESOTHELIOMA CANCER ALLIANCE

The Mesothelioma Cancer Alliance is the web's most trusted information resource for individuals who have been diagnosed with mesothelioma and their families. Our mission, as a leading authority on this topic, is to continually provide relevant, timely, and factual information about asbestos exposure and its causal links to mesothelioma cancer. For more information visit [www.mesothelioma.com](http://www.mesothelioma.com)

### MESOTHELIOMA GUIDE

An advocacy organization dedicated to helping patients diagnosed with asbestos illnesses. They specialize in connecting patients with doctors and treatment options that are best suited for them. The services and resources are 100% free to patients and family members. For more information, visit the Mesothelioma Guide website at [www.mesotheliomaguide.com/mesothelioma/](http://www.mesotheliomaguide.com/mesothelioma/)

**MYASTHENIA GRAVIS SUPPORT GROUP**

If you are a patient, caregiver, family member, friend or member of the medical profession, you are invited to participate, or learn more about myasthenia gravis (MG) and/or share your experiences with MG. Group meets every third Thursday of the month at 6:30 pm in the York Room at Frisbie's Community Education and Conference Center, located on the hospital campus. To RSVP, contact Deb Correia at (603) 312-6294 or [deblcorreia@yahoo.com](mailto:deblcorreia@yahoo.com). Follow the MG support group on Facebook or visit the Myasthenia website to learn more.

**NAMI FOR FAMILIES OF THE MENTALLY ILL SUPPORT GROUP**

Group meets on the third Monday of the month from 6:30 – 8:30 pm in the First Floor Conference Room at Frisbie Memorial Hospital (does not meet in July & August). For more information call Fran Reynolds at (603) 332-1064.

**PARENTS MEETING THE CHALLENGE/NAMI-CAN**

Group meets on the second Thursday of each month from 6:30 – 8:30 pm in the First Floor Conference Room at Frisbie Memorial Hospital (No group meetings in July and August). For more information call Carol Lemelin at (603) 664-2116 (Secondary contact is Lori Foster at 603-568-7280).

**PARKINSON'S DISEASE GROUP**

Group meets on the third Thursday (beginning January, 2019) of each month from 2:00 – 3:30 pm in the Belknap Room at Frisbie's Community Education & Conference Center, located on the hospital campus. For more information contact Christie Goodwin ([c.goodwin@fmhospital.com](mailto:c.goodwin@fmhospital.com)) or Josh Vance ([j.vance@fmhospital.com](mailto:j.vance@fmhospital.com)) at (603) 330-8952.

**LOSS & GRIEVING**

The following support groups and services are available in Rochester and surrounding communities.

**GAP – GRIEVING ASSISTANCE SUPPORT GROUP**

GAP is for people in various stages of grief who have experienced the loss of a loved one. Meets on the first and third Monday of each month from 6:30 – 9:00 pm in the Belknap Room at Frisbie's Community Education & Conference Center, located on the hospital campus. For more information, or to register, call (603) 335-7777.

### **SEACOAST PREGNANCY AND INFANT LOSS COUNCIL**

A support group for families who have experienced a loss of a baby through miscarriage, ectopic pregnancy, stillbirth, or newborn death. Meetings are held every week for a 6-week period. The groups are facilitated by persons trained in pregnancy and infant loss. To register or for more information, contact Sarge Dillon at (603) 330-7941.

The SPILC is a collaboration of the seacoast hospitals, represented by Exeter Hospital, Frisbie Memorial Hospital, Portsmouth Regional Hospital, Wentworth-Douglass Hospital and York Hospital.

### **Online Pregnancy & Infant Loss Resources**

#### **CENTER FOR MATERNAL & INFANT HEALTH: PERINATAL LOSS: RESOURCES FOR FAMILIES**

Visit [www.mombaby.org/wp-content/uploads/2016/09/perinatal-loss-resources-for-families-1.pdf](http://www.mombaby.org/wp-content/uploads/2016/09/perinatal-loss-resources-for-families-1.pdf)

#### **AMERICAN ACADEMY OF PEDIATRICS: BEREAVEMENT RESOURCES**

Visit [www.txpeds.org/sites/txpeds.org/files/documents/beravement-resources.pdf](http://www.txpeds.org/sites/txpeds.org/files/documents/beravement-resources.pdf)

#### **HAND (HELPING AFTER NEONATAL DEATH)**

Online Resources and Suggested Reading. Visit [www.handonline.org/resources/](http://www.handonline.org/resources/)

#### **SHARE PREGNANCY & INFANT LOSS SUPPORT**

For more information visit [www.nationalshare.org](http://www.nationalshare.org)

#### **THE TEARS FOUNDATION**

For more information visit [www.thetearsfoundation.org](http://www.thetearsfoundation.org)

#### **HEALING HEARTS BABY LOSS COMFORT**

For more information visit [www.babylosscomfort.com](http://www.babylosscomfort.com)

#### **FIRST CANDLE: ONLINE SUPPORT GROUPS**

For more information visit [www.firstcandle.org](http://www.firstcandle.org)

#### **FIRST CANDLE: SURVIVING STILLBIRTH**

For more information visit [www.firstcandle.org](http://www.firstcandle.org)

#### **CRIBS FOR KIDS: HEALING HEARTS RESOURCE BOOK**

For more information visit [www.cribsforkids.org](http://www.cribsforkids.org)

## COMMUNITY KITCHENS

The following services are available in the greater Rochester area.

### THE COMMUNITY MEAL (ROCHESTER)

Hosted by Frisbie Memorial Hospital. The Community Meal is free and provided to residents in need on Saturdays from 4:00 – 5:00 pm at Grace Community Church, 57 Wakefield Street in Rochester. Please enter Church on parking lot side.

### TABLE OF PLENTY COMMUNITY KITCHEN

The Table of Plenty provides healthy, home-cooked meals for people having difficulty putting food on their tables. For more information visit [www.thetableofplenty.com](http://www.thetableofplenty.com). Community Kitchens are available in three communities:

- York, Maine: Tuesdays, 5-6pm at the First Parish Church, York Street
- Berwick, Maine: Wednesdays, 5-6pm at Berwick United Methodist Church, Rte. 9
- Kittery, Maine: Thursdays, 5-6pm at St. Raphael Church, Whipple Road

## TRANSPORTATION SERVICES

The following organizations provide transportation services to eligible persons (riders may need to complete application process in advance to determine eligibility). Most require at least 48 hours' notice, so plan ahead. Information is subject to change. For route information and schedules, eligibility requirements and fees, call the transportation company at the telephone number listed below. Note: Transportation services listed below are for non-emergency medical appointments. If you are experiencing a medical emergency, call 9-1-1.

### For Patients with Private Insurance

Many insurance providers offer transportation to medical appointments for its members. To find out if your insurance provider offers transportation services, call the telephone number on the back of your insurance card to speak with a customer service representative.

### Referral Services

The following organizations help people access a variety of community-based services.

#### 2-1-1 NH

Eligibility: Varies

Phone: 2-1-1 or 1-866-444-4211

Web: [www.211nh.org](http://www.211nh.org)

Cost: Varies

**TRIPLINK**

Eligibility: Varies  
Phone: 603-834-6010  
Web: [www.communityrides.org](http://www.communityrides.org)  
Cost: Varies

**For General Population****COAST BUS**

Eligibility: Must be on Coast Bus route  
Phone: 603-743-5777  
Web: [www.coastbus.org](http://www.coastbus.org)  
Cost: Varies

**TAXI SERVICES**

Eligibility: No restrictions  
Phone: 603-335-4600 / 603-332-0400  
Cost: Varies

**For Medicaid Recipients & NH Healthy Families****NH HEALTHY FAMILIES**

Eligibility: Must be a NH Healthy Families member  
Eligibility Trip Purpose: Medical appointment  
Phone: 1-866-769-3085  
Web: [www.nhhealthyfamilies.com](http://www.nhhealthyfamilies.com)  
Cost: Varies

**MEDICAID TRANSPORTATION PROGRAM**

Eligibility: Must be a NH Medicaid recipient  
Eligibility Trip Purpose: Medical appointment  
Phone: 1-844-259-4780  
Web: [www.dhhs.nh.gov](http://www.dhhs.nh.gov)  
Cost: Varies

**WELL SENSE**

Eligibility: Must be a Well Sense Health Plan member  
Eligibility Trip Purpose: Medical appointment  
Phone: 1-855-739-4775  
Web: [www.wellsense.org](http://www.wellsense.org)  
Cost: Varies

## Other

### ROAD TO RECOVERY (AMERICAN CANCER SOCIETY)

Eligibility: For cancer patients

Eligibility Trip Purpose: Medical appointment

Phone: 1-800-227-2345

Web: [www.cancer.org](http://www.cancer.org)

Cost: Free

## VETERAN RESOURCES & SERVICES

Please note, information is subject to change. For more information, please call the organization's number provided below or visit their website.

### Integrative / Wellness Services

#### ACUPUNCTURE FOR PTSD

Acupuncture for Veterans is free. Classes are held at 95 South Main Street, 3rd Floor in downtown Rochester. Drop in any week. No registration necessary. Please bring military ID. Call (603) FMH-VETS (364-8387) for class updates or cancellations and schedule changes. Held on Wednesdays 10am – 12pm (last class at 11:30am; 30-minute session)

#### ALAN ROSE MASSAGE THERAPY

Free massage for Veterans. Will travel to homes to provide services. For more information, call (603) 455-8183 or email [arosemassage@yahoo.com](mailto:arosemassage@yahoo.com)

### Assistive Services for Hared of Hearing

#### NORTHEAST DEAF AND HARD OF HEARING SERVICES (NDHHS)

Serves the deaf and hard of hearing community through empowerment, education, and advocacy for equal access and opportunity. For more information, visit the NDHHS website at [www.ndhhs.org](http://www.ndhhs.org)

### Behavioral Health / Substance Misuse

#### FARNUM CENTER

The Farnum Center is a clinical, comprehensive alcohol and other drug treatment facility. For more information, call (917) 797-6714 or visit [www.farnumcenter.org](http://www.farnumcenter.org)

#### **MENTAL HEALTH CENTER OF GREATER MANCHESTER**

The Mental Health Center of Greater Manchester offers highly-accessible mental health counseling services and programs for individuals and families aimed at putting you on a path to wellness. You deserve to live well, feel capable in the face of challenges, and achieve your true potential. For more information, visit [www.mhcgcm.org](http://www.mhcgcm.org)

#### **NH NATIONAL GUARD SUICIDE PREVENTION AND RESILIENCE PROGRAM**

Contact Dana Osborne (603-892-4355 or by email at [Dana.r.osborne.mil@mail.mil](mailto:Dana.r.osborne.mil@mail.mil)) or Dale Garrow (603-227-1450 or by email at [Dale.e.garrow.ctr@mail.mil](mailto:Dale.e.garrow.ctr@mail.mil)).

#### **VET CENTERS**

Provides readjustment counseling services. Services include:

- Individual and group counseling for Veterans, service members and their families
- Family counseling for military related issues
- Military sexual trauma counseling
- Substance abuse assessment
- VBA benefits explanation and referrals as needed

Locations in Keene, Manchester and Berlin N.H. For more information, call (603) 668-7060. Vet Center Call Center (24/7): 1-877-WAR-VETS (927-8387)

#### **VETERAN & FIRST RESPONDER HEALTHCARE**

Works with Veterans and first responder needs in the areas of mental health, trauma, and substance misuse. For more information, call (603) 865-1769.

#### **Veterans with Disabilities**

##### **BUILDING DREAMS FOR MARINES**

Building Dreams for Marines is an all volunteer organization that assists former Marines and Navy corpsman with life-changing disabilities. They renovate bathrooms and kitchens for handicap accessibility, widen hallways and doorways, and install wheelchair lifts and ramps at no cost to the Veteran. For more information, visit [www.bdfm.org](http://www.bdfm.org)

##### **CAMP RESILIENCE**

Camp Resilience provides sustained, comprehensive programs to help wounded warriors recover their physical, mental and emotional well-being. For more information, call (603) 528-2920 or visit [www.prli.us](http://www.prli.us)

## **Housing / Homelessness**

### **NATIONAL CENTER OF HOMELESSNESS AMONG VETERANS**

The National Center on Homelessness among Veterans (the Center) works to promote recovery-oriented care for Veterans who are homeless or at-risk for homelessness by developing and disseminating evidence-based policies, programs, and best practices. For more information, visit the national Center of Homelessness among Veterans website at [www.va.gov](http://www.va.gov)

### **LIBERTY HOUSE**

Transitional housing for homeless Veterans. Provides housing for three months to a year (zero tolerance alcohol and drugs). Offers assistance in finding employment. For more information, call (603) 669-0761.

### **VA HOMEFRONT**

Provides toll-free (1-877-424-3838), 24/7 access to trained counselors for local resources and assistance.

## **Medical / Health Care**

### **MANCHESTER VA MEDICAL CENTER**

Manchester VA Medical Center provides healthcare services to Veterans. For more information, visit the Manchester VA Medical Center website at [manchesterva.gov](http://manchesterva.gov)

### **MESOTHELIOMA CANCER ALLIANCE**

The Mesothelioma Cancer Alliance is the web's most trusted information resource for individuals who have been diagnosed with mesothelioma and their families. Our mission, as a leading authority on this topic, is to continually provide relevant, timely, and factual information about asbestos exposure and its causal links to mesothelioma cancer. For more information visit [www.mesothelioma.com](http://www.mesothelioma.com)

### **MESOTHELIOMA GUIDE**

An advocacy organization dedicated to helping patients diagnosed with asbestos illnesses. They specialize in connecting patients with doctors and treatment options that are best suited for them. The services and resources are 100% free to patients and family members. For more information, visit the Mesothelioma Guide website at [www.mesotheliomaguide.com/mesothelioma/](http://www.mesotheliomaguide.com/mesothelioma/)

## Hotline

### VETERANS CRISIS LINE

Confidential help for Veterans and their families. Provides assistance with housing, employment, health care services, education and other Veteran benefits. Call 1-800-273-8255.

## Care Coordination

### CARE COORDINATION PROGRAM – NEW HAMPSHIRE

The Care Coordination Program – New Hampshire (CCP-NH) assists Veterans and their families who live, work or serve in N.H. by connecting Veterans to local resources. Call the Intake Line at 1-888-989-9924 or visit the CCP-NH website at [www.ccpnh.com](http://www.ccpnh.com)

## Family Supports

### DEPARTMENT OF HEALTH & HUMAN SERVICES, CHILD SUPPORT DIVISION (DCSS)

DCSS works with Veterans and military service members to address outstanding child support issues, such as paternity establishment, support order establishment and Review & Adjustment services. DCSS offers a team of staff who can help, many of whom are Veterans themselves. For more information call (603) 271-4745 or visit [www.dhhs.nh.gov](http://www.dhhs.nh.gov)

## Veteran Organizations

### THE AMERICAN LEGION DEPARTMENT OF NH VETERANS SERVICE OFFICE

The mission of the New Hampshire State Office of Veterans Services is to assist veterans who are residents of New Hampshire or their dependents in securing all benefits or preferences to which they may be entitled under any state or federal laws or regulations. For more information, visit the NH State Office of Veterans Services website at [www.legion.org/veteransbenefits/newhampshire](http://www.legion.org/veteransbenefits/newhampshire)

### AMERICAN RED CROSS

For a listing of services available to the Armed Forces visit the NH – VT American Red Cross website at [www.redcross.org](http://www.redcross.org)

### **EASTERSEALS NH MILITARY & VETERANS SERVICES**

Easterseals Military & Veterans Services, in partnership with Veterans Count, responds rapidly, efficiently and effectively to the unmet needs of Service Members, Veterans, and their Families to ensure that they can thrive in their communities. For more information, visit [www.easterseals.com](http://www.easterseals.com)

### **VETERANS OF FOREIGN WARS (VFW)**

The VFW provides support to Veterans and their families before, during and after deployment with a wide range of FREE programs and services. For more information, visit [www.vfw.org](http://www.vfw.org)

### **Other**

#### **CHRIS' PETS FOR VETS**

Manchester, Salem, and Dover Human Societies have funding for Veterans to adopt any pet from the shelter, free of cost. Bring a copy of your DD-214. For more information, visit the Chris' Pets for Vets at [www.anniesangels.org](http://www.anniesangels.org)

## **CANCER RESOURCES & SERVICES**

The following list of resources is made available to help our patient community access more easily cancer-related information. Please note, information is subject to change.

### **National & General Cancer Resources**

#### **AMERICAN CANCER SOCIETY**

A comprehensive resource that includes detailed information on cancer prevention, treatment and support services. For more information visit [www.cancer.org](http://www.cancer.org)

#### **AMERICAN SOCIETY OF CLINICAL ONCOLOGY**

A patient information website maintained by oncology professionals. For more information visit [www.cancer.net](http://www.cancer.net)

#### **AMERICAN SOCIETY OF RADIATION ONCOLOGY**

A site with information about radiation therapy. Individuals can search by cancer type and read cancer survivor stories. For more information visit [www.rtanswers.org](http://www.rtanswers.org)

**NATIONAL COALITION FOR CANCER SURVIVORSHIP**

A survivor-led advocacy group. For more information visit [www.canceradvocacy.org](http://www.canceradvocacy.org)

**CANCERCARE**

A site with information about free support services, including counseling support groups, education, and financial assistance to individuals affected by cancer. For more information visit [www.cancercare.org](http://www.cancercare.org)

**LANCE ARMSTRONG FOUNDATION**

The Foundation provides free cancer support to anyone fighting cancer. Nutrition and fitness information is available also. For more information visit [www.livestrong.org](http://www.livestrong.org)

**LEUKEMIA & LYMPHOMA SOCIETY**

A resource that provides phone support and educational materials related to blood-related cancers.

**NATIONAL CANCER INSTITUTE**

Learn about the latest initiatives in cancer research, prevention and treatments for all types of cancer. There is also a database of clinical trials searchable by disease or geographical location.

**NATIONAL LYMPHEDEMA NETWORK**

A site with information about lymphedema and available resources. For more information visit [www.lls.org](http://www.lls.org)

**SUSAN G. KOMEN FOR THE CURE**

An organization that provides research funding to find the causes and cures of breast cancer, advocates and addresses disparities in breast cancer across populations, and provides useful information for patients. For more information visit [www5.komen.org](http://www5.komen.org)

**US TOO**

A site with resources and information on the latest treatments for men with prostate cancer. For more information visit [www.ustoo.org](http://www.ustoo.org)

**VOICES OF MAMMOSITE**

A network and stories of women treated with MammoSite®. For more information visit [www.voicesofmammosite.com](http://www.voicesofmammosite.com)

**NEW HAMPSHIRE BREAST CANCER COALITION**

This organization provides education, political activism assistance, and advocacy in the fight against breast cancer. For more information visit [www.nhbcc.org](http://www.nhbcc.org)

**BETTY J. BORRY BREAST CANCER RETREATS**

This organization provides adventure-based retreats for women of all ages and stages of breast cancer with the goal of moving beyond surviving to thriving. For more information visit [www.bjbbreastcancerretreats.org](http://www.bjbbreastcancerretreats.org)

**PROSTATE CANCER COALITION OF NEW HAMPSHIRE**

This site provides information and links to other sites about prostate cancer. For more information visit [www.pccnh.org](http://www.pccnh.org)

**ON BELAY**

A unique adventure-based support program for children/teens, 10-18 years of age living with a loved one's cancer diagnosis or other life-changing illness. For more information visit [www.on-belay.org](http://www.on-belay.org)

**Nutrition & Healthy Eating Resources****AMERICAN DIETETIC ASSOCIATION**

A site for all ages with information on health improvement through diet and lifestyle changes. For more information visit [www.eatright.org](http://www.eatright.org)

**AMERICAN INSTITUTE FOR CANCER RESEARCH**

This organization provides free literature and updates on research findings related to diet, lifestyle and survivorship, with health-promoting recipes. For more information visit [www.aicr.org](http://www.aicr.org)

**DIANA DYER, MS, RD**

Diana Dyer is a three-time cancer survivor. She shares her story and provides nutrition information and resources. For more information visit [www.cancerrd.com](http://www.cancerrd.com)

**NUTRITION RESOURCE**

A site with information about healthy eating and includes a section of healthy recipes. For more information visit [www.nutritionresource.com](http://www.nutritionresource.com)

**Wigs, Hats, Turbans & Breast Prostheses**

We highly recommend that you consult with your hairstylist who may have other suggestions for you.

**AMERICAN CANCER SOCIETY WIG BANK**

Free restyled and donated wigs. In New Hampshire call (800) 227-2345 and in Maine call (800) 464-3102.

**AMERICAN CANCER SOCIETY TENDER LOVING CARE CATALOG**

Provides wigs, other hair loss products (plus how-to information), as well as mastectomy products for purchase.

**ANNE'S WIG SHOPPE**

The Mall at Granite Square, 105 Lafayette Road, B-3, Hampton Falls, NH, (603) 929-2006

**A SPECIAL PLACE**

Wigs, breast prostheses, scarves, bathing suits, fittings, compression stockings. Call for an appointment. 750 Central Ave., Dover, NH, (603) 749-4602

**POSITIVE ENERGY SALON & BOUTIQUE**

Wigs, hats, scarves and breast prostheses. 117 Water St. #9, Exeter, NH, (603) 778-3060

**BELLA INTIMATES**

Bra-fitting specialists, intimate apparel. 150 Lafayette Rd., Rye, NH, (603) 964-7775

**NEW ENGLAND HAIR ILLUSIONS, INC.**

Specializes in hair loss and post-breast surgery needs. Pondview Square, Unit 16, Middlesex Road, Tyngsboro, MA, (978) 883-5242

**CHILDBIRTH EDUCATION & PARENTING RESOURCES****BABY MASSAGE**

Learn how to soothe your baby with baby massage, calm a colicky baby, help your baby sleep longer, while encouraging bonding between you and your baby. For more information, or for class dates, call Frisbie at (603) 335-8180.

**CAR SEAT SAFETY INFORMATION CLASS**

Learn about how to purchase, install and use infant car seats. Class participants will also be offered contact information to schedule a personal car seat check. For more information, call Frisbie at (603) 335-8180.

**EXPECTING MULTIPLES, GESTATION BIRTH & ADOPTION**

We recommend calling for information between the 24th and 28th week of pregnancy. For more information, or to register, call Frisbie at (603) 335-8180 or (603) 330-7941.

**NEWBORN BABY & MOMS / DADS GROUP**

We provide continuing support, encouragement, and advice to new moms and dads of newborns (up to 8 months of age). A board certified Lactation Consultant/RN will answer your questions and address areas of concern. Discussion topics include breastfeeding challenges, caring for your newborn, coping strategies, and more. Pregnant moms are also invited to attend. Parents with toddlers are encouraged to bring quiet toys/books for their child's entertainment. Guest speakers include pediatricians, dietitians, dental hygienist, experienced moms, and more! This group meets every Wednesday from 10am – 12pm at Frisbie's Conference Center.

**Breastfeeding Classes & Resources**

Breastfeeding provides many benefits to both babies and moms. We encourage all new moms to breastfeed their newborn baby.

**PRENATAL BREASTFEEDING CLASS**

We strongly recommend you take this class before the birth of your baby to learn the advantages of breastfeeding, the importance of breastfeeding exclusively and breastfeeding soon after the baby is born, how to breastfeed successfully, how to continue breastfeeding once returning home and to work, the importance of rest, and much more. Your support person is encouraged to attend. Plan to take this class between the 32nd and 36th week of pregnancy. For more information, call Frisbie at (603) 335-8180.

**Online Resources****YOUR GUIDE TO BREASTFEEDING**

A comprehensive resource that explains the importance of breastfeeding, provides tips on how to breastfeed successfully, describes the nutritional aspects of breastmilk and the benefits to baby, and much more. To download, visit [www.womenshealth.gov/files/documents/your-guide-to-breastfeeding.pdf](http://www.womenshealth.gov/files/documents/your-guide-to-breastfeeding.pdf)

**KELLYMOM**

This site provides information on breastfeeding and parenting. Visit [www.kellymom.com](http://www.kellymom.com)

**TEXT4BABY**

A free service that text messages you personalized messages with information on a variety of topics. Visit [www.text4baby.org](http://www.text4baby.org)

**AMERICAN ACADEMY OF PEDIATRICS**

Numerous publications and links to information for families on breastfeeding. For more information visit <https://patiented.solutions.aap.org/handouts.aspx#b>

**NH DHHS BREASTFEEDING PROMOTION AND SUPPORT**

Breastfeeding promotion and support resources, including information about the New Hampshire Public Health Breastfeeding Initiatives, WIC Breastfeeding Peer Counselor Program, Worksite Breastfeeding Support, and much more. For more information visit [www.dhhs.nh.gov/dphs/nhp/wic/breastfeeding.htm](http://www.dhhs.nh.gov/dphs/nhp/wic/breastfeeding.htm)

**BREASTMILK EVERY OUNCE COUNTS**

A comprehensive site featuring education materials, blogs, testimonials, and more. For more information, visit [www.breastmilkcounts.com](http://www.breastmilkcounts.com)

**ZIPMILK**

A site that provides listings of breastfeeding resources sorted by Zip Code. For more information, visit [www.zipmilk.org](http://www.zipmilk.org)

**LACTMED**

A searchable drugs and lactation database that contains information on drugs and other chemicals to which breastfeeding mothers may be exposed. For more information visit [www.toxnet.nlm.nih.gov/newtoxnet/lactmed.htm](http://www.toxnet.nlm.nih.gov/newtoxnet/lactmed.htm)

**LELECHE LEAGUE**

Breastfeeding help, information about breastfeeding and the law, find resources for health care providers and more. For more information visit [www.llli.org/](http://www.llli.org/)

**MEDELA BREASTFEEDING TIPS & TOOLS**

Medela's Breastfeeding University is a collection of online courses and videos designed to help prepare expectant and existing mothers, fathers and even grandparents for the experience of breastfeeding. For more information visit [www.medelabreastfeedingus.com/breastfeeding-guide](http://www.medelabreastfeedingus.com/breastfeeding-guide)

**LACTATION EDUCATION RESOURCES**

A site that provides various downloadable breastfeeding information. For more information visit [www.lactationtraining.com](http://www.lactationtraining.com)

**BREASTFEEDING AFTER SURGICAL BREAST REDUCTION**

This website provides information and support to mothers who wish to breastfeed after breast or nipple surgery, and their friends and family. For more information visit [www.bfar.org](http://www.bfar.org)

**MOTHER'S MILK BANK NORTHEAST**

Provides donated, pasteurized human milk to babies in fragile health throughout the Northeastern United States. For more information visit [www.milkbankne.org](http://www.milkbankne.org)

**ACOG BREASTFEEDING YOUR BABY**

Frequently Asked Questions about breastfeeding. For more information visit [www.acog.org](http://www.acog.org)

**BIOLOGICAL NURTURING LAID-BACK BREASTFEEDING FOR MOTHERS**

A site with resources on breastfeeding techniques. For more information [www.geddesproduction.com/breast-feeding-laid-back.php](http://www.geddesproduction.com/breast-feeding-laid-back.php)

**Breastfeeding Videos & Online Resources**

Below are links to various educational breastfeeding videos for moms to view.

**BREASTFEEDING MADE SIMPLE (Animated latch video)**

<http://breastfeedingmadesimple.com/challenges/latch-videos/>

**BREASTFEEDING MADE SIMPLE (Common breastfeeding challenges)**

<http://breastfeedingmadesimple.com/challenges/>

**BREASTFEEDING MADE SIMPLE (Seven natural breastfeeding laws)**

<http://breastfeedingmadesimple.com/7-natural-laws/>

**STANFORD UNIVERSITY BREASTFEEDING VIDEOS**

<http://med.stanford.edu/newborns/professional-education/breastfeeding.html>

**WOMENSHEALTH.GOV****BREASTMILKSOLUTIONS.COM****Newborn Care Online Resources****HEALTHY CHILDREN**

Comprehensive site featuring topics on bathing and skin care, breastfeeding, sleep safety and sleep patterns, feeding and nutrition and much more. For more information visit [www.healthychildren.org](http://www.healthychildren.org)

**HOW TO KEEP YOUR SLEEPING BABY SAFE**

For more information visit [www.healthychildren.org](http://www.healthychildren.org)

**HOW TO PREPARE POWDERED INFANT FORMULA IN CARE SETTINGS**

Visit [www.who.int/foodsafety/publications/micro/PIF\\_Care\\_en.pdf](http://www.who.int/foodsafety/publications/micro/PIF_Care_en.pdf)

**CAR SEAT SAFETY TIPS**

For more information visit [www.safekids.org](http://www.safekids.org)

**WHAT IS THE PERIOD OF PURPLE CRYING?**

Visit [www.purplecrying.info/what-is-the-period-of-purple-crying.php](http://www.purplecrying.info/what-is-the-period-of-purple-crying.php)

**HOW TO KEEP YOUR BREAST PUMP KIT CLEAN**

Visit [www.cdc.gov/healthywater/pdf/hygiene/breast-pump-fact-sheet.pdf](http://www.cdc.gov/healthywater/pdf/hygiene/breast-pump-fact-sheet.pdf)

**FORMULA & FEEDING PREPARATION**

Visit [www.motherbabysummit.com/wp-content/uploads/formula-feeding-basics.pdf](http://www.motherbabysummit.com/wp-content/uploads/formula-feeding-basics.pdf)

**SAFE SLEEP FOR YOUR BABY**

Visit [www.nichd.nih.gov/sites/default/files/publications/pubs/Documents/NICHD\\_Safe\\_to\\_Sleep\\_brochure.pdf](http://www.nichd.nih.gov/sites/default/files/publications/pubs/Documents/NICHD_Safe_to_Sleep_brochure.pdf)

**Pregnancy & Infant Loss****PREGNANCY & INFANT LOSS SUPPORT GROUP**

This group is for families who have experienced the loss of an infant. You are welcome to attend no matter how long it has been since your loss. You may choose to talk or to just listen. The group is facilitated by a Registered Nurse and a Perinatal Care Coordinator. Each month will focus on a different topic.

Meetings are held on the last Monday of each month from 5:00 – 6:00 PM at Frisbie's Community Education and Conference Center. To register, call: Lindsay Ginter at (603) 994-7449; Liza Hutton at (603) 994-7635; or Frisbie's Women and Children's department at (603) 335-8180.

**SEACOAST PREGNANCY & INFANT LOSS COUNCIL**

A support group for families who have experienced a loss of a baby through miscarriage, ectopic pregnancy, stillbirth, or newborn death. Meetings are held every week for a 6-week period. The groups are facilitated by persons trained in pregnancy and infant loss. To register or for more information, contact Sarge Dillon at (603) 330-7941.

The SPILC is a collaboration of the seacoast hospitals, represented by Exeter Hospital, Frisbie Memorial Hospital, Portsmouth Regional Hospital, Wentworth-Douglass Hospital and York Hospital.

### **Online Pregnancy & Infant Loss Resources**

#### **CENTER FOR MATERNAL & INFANT HEALTH: PERINATAL LOSS: RESOURCES FOR FAMILIES**

Visit [www.mombaby.org/wp-content/uploads/2016/09/perinatal-loss-resources-for-families-1.pdf](http://www.mombaby.org/wp-content/uploads/2016/09/perinatal-loss-resources-for-families-1.pdf)

#### **AMERICAN ACADEMY OF PEDIATRICS: BEREAVEMENT RESOURCES**

Visit [www.txpeds.org/sites/txpeds.org/files/documents/beravement-resources.pdf](http://www.txpeds.org/sites/txpeds.org/files/documents/beravement-resources.pdf)

#### **HAND (HELPING AFTER NEONATAL DEATH)**

Online Resources and Suggested Reading. Visit [www.handonline.org/resources/](http://www.handonline.org/resources/)

#### **SHARE PREGNANCY & INFANT LOSS SUPPORT**

For more information visit [www.nationalshare.org](http://www.nationalshare.org)

#### **THE TEARS FOUNDATION**

For more information visit [www.thetearsfoundation.org](http://www.thetearsfoundation.org)

#### **HEALING HEARTS BABY LOSS COMFORT**

For more information visit [www.babylosscomfort.com](http://www.babylosscomfort.com)

#### **FIRST CANDLE: ONLINE SUPPORT GROUPS**

For more information visit [www.firstcandle.org](http://www.firstcandle.org)

#### **FIRST CANDLE: SURVIVING STILLBIRTH**

For more information visit [www.firstcandle.org](http://www.firstcandle.org)

#### **CRIBS FOR KIDS: HEALING HEARTS RESOURCE BOOK**

For more information visit [www.cribsforkids.org](http://www.cribsforkids.org)

## ADVANCE CARE PLANNING

### FOUNDATION FOR HEALTHY COMMUNITIES

You will find information to help you complete an advance directive based on requirements under NH law. Also there is information to assist a person who is making health care decisions for another person and an explanation about Portable Do Not Resuscitate (P-DNR) medical orders and Provider Orders for Life Sustaining Treatment (POLST) in NH. For more information visit [www.healthynh.com](http://www.healthynh.com)

## MEDICATION ASSISTANCE

### FOUNDATION FOR HEALTHY COMMUNITIES

The Medication Bridge Program helps eligible uninsured and underinsured patients of all ages obtain the medications they need directly from the pharmaceutical companies through their Patient Assistance Programs. For more information about eligibility requirements, visit [www.healthynh.com](http://www.healthynh.com)

## Appendix B: Community Benefit Report (Activities Addressing Needs Identified in the Prior CHNA)

Table A1: Community Benefits and Activities to Address Needs Noted in the Previous CHNA

| PRIORITIZED HEALTH NEED (2015)   | PROCESS MEASURES TO ADDRESS 2015 HEALTH NEEDS   | PARTNERSHIPS/INITIATIVES   |
|--|---|--|
| <p><b>Affordable insurance coverage options &amp; medical care</b></p> | <ul style="list-style-type: none"> <li>- Continue to provide Marketplace and Medicaid enrollment assistance</li> <li>- Continue to partner with ServiceLink to host Medicare education &amp; enrollment workshops</li> </ul> <p>Continue to offer Financial Assistance to low-income individuals/families receiving care at FMH</p> | <ul style="list-style-type: none"> <li>- ServiceLink</li> </ul> <p>Harvard Pilgrim</p>   |
| <p><b>Affordable prescription drugs</b></p>                            | <p>Continue to offer to FMH patients information about medication assistance programs offered by towns/cities</p>   |  |
| <p><b>Health services for the homeless</b></p>                         | <ul style="list-style-type: none"> <li>- Continue to provide charity care to individuals and community assistance to organizations that provide support to homeless population</li> </ul>   | <ul style="list-style-type: none"> <li>- Since 2015, Frisbie has provided over \$7 million in charity care and community assistance</li> </ul> |

**Table A1: Community Benefits and Activities to Address Needs Noted in the Previous CHNA**

| PRIORITIZED HEALTH NEED (2015)   | PROCESS MEASURES TO ADDRESS 2015 HEALTH NEEDS   | PARTNERSHIPS/INITIATIVES   |
|--|---|--|
| <p><b>Mental health services that provide early detection of potential problem</b></p>     | <ul style="list-style-type: none"> <li>- Continue to provide financial and/or in-kind support to organizations that offer services to address mental health illness</li> </ul> <p>Continue to partner with organizations that provide mental health services in the early detection of mental health issues</p> | <ul style="list-style-type: none"> <li>- Rochester Community Counseling (in partnership with Community Partners Behavioral Health)</li> <li>- Continue to provide social worker services in the primary care and hospital settings.</li> </ul> |
| <p><b>Affordable dental services for adults</b></p>  | <ul style="list-style-type: none"> <li>- Continue to provide financial and/or in-kind support to organizations that offer dental and health services</li> </ul>   | <ul style="list-style-type: none"> <li>- Goodwin Community Health</li> </ul>   |
| <p><b>Drug and alcohol abuse treatment including heroin intervention and treatment</b></p> | <ul style="list-style-type: none"> <li>- Continue to offer Peer Support Specialist services (2018)</li> <li>- Continue to support local drug treatment and intervention organizations</li> </ul>  | <ul style="list-style-type: none"> <li>- Peer Support Specialist services</li> <li>- Hope on Haven Hill (2018)</li> <li>- Bridging the Gaps (2016)</li> </ul>  |

**Table A1: Community Benefits and Activities to Address Needs Noted in the Previous CHNA**

| PRIORITIZED HEALTH NEED (2015)                                  | PROCESS MEASURES TO ADDRESS 2015 HEALTH NEEDS   | PARTNERSHIPS/INITIATIVES   |
|---|---|--|
| <p><b>Mental health care or counseling</b></p>                  | <ul style="list-style-type: none"> <li>- - Continue to provide social worker services in the primary care and hospital settings.</li> <li>- Continue to provide financial support and explore partnership opportunities to organizations that provide mental health care and/or counseling</li> </ul>                                   | <ul style="list-style-type: none"> <li>- Rochester Community Counseling (in partnership with Community Partners Behavioral Health)</li> </ul>                    |
| <p><b>Drug and alcohol education and early intervention</b></p> | <ul style="list-style-type: none"> <li>- - Continue to provide financial support and explore partnership opportunities to organizations that provide drug and alcohol education and early intervention</li> <li>- - Continue to provide in-kind support (use of conference center space) to organizations and support groups</li> </ul> | <ul style="list-style-type: none"> <li>- Raymond Coalition for Youth (2017)</li> <li>- Rochester Youth Safe Haven (2017)</li> <li>- Bridging the Gaps</li> </ul> |

**Table A1: Community Benefits and Activities to Address Needs Noted in the Previous CHNA**

| PRIORITIZED HEALTH NEED (2015)   | PROCESS MEASURES TO ADDRESS 2015 HEALTH NEEDS  | PARTNERSHIPS/INITIATIVES   |
|--|--|--|
| <p>Other important health care needs or community characteristics identified in the development of the current community benefits plan.</p> <ul style="list-style-type: none"> <li>• Affordable dental services for children</li> <li>• Senior health services</li> <li>• Support groups for people suffering from depression or anxiety</li> <li>• Obesity and diabetes education &amp; care</li> <li>• Chronic disease prevention and treatment; care coordination for at-risk patients</li> <li>• Access to health care services</li> </ul> | <ul style="list-style-type: none"> <li>- Continue to provide financial support and explore partnership opportunities to organizations that provide medical services to seniors, dental services to children, and services that address mental illness and obesity.</li> <li>- Continue to provide health screenings at community events</li> <li>- Continue to provide free training to caregivers of patients diagnosed with Alzheimer's disease / dementia</li> <li>- Continue to provide transportation services to patients to their scheduled medical appointments</li> </ul> | <ul style="list-style-type: none"> <li>- Community Action Partnership of Strafford County</li> <li>- Cornerstone VNA</li> <li>- The Homemakers Health Services</li> <li>- FMH Mobile Integrated Healthcare Program (MIHP)</li> <li>- FMH In-school dental program, Frisbie Smiles</li> <li>- SAVVY Caregiver training</li> <li>- Diabetes Recipe of the Month class</li> </ul> <p>Patient Care-A-Van</p> |

The activities noted above tend to address needs which focus around four core themes identified in the previous CHNA: access to care (affordability and availability), alcohol and substance abuse services, other mental health services, and healthcare for the homeless.

Pending Activities Include:

Caring for Your Health Social Determinants of Health Indicator Tool is a patient level and population health management tool that:

- Provides real-time opportunities to identify socio-economic factors that can affect the patient's clinical outcomes
- Assists in identifying people with high-risk profiles and high costs through patient risk stratification
- Allows for documentation of the patient case complexity
- Can help segment patients based on their specific constellation of needs i.e. tailored care management
- Promotes health equity

The tool will be used by PPS providers with the goal of reducing unnecessary hospital admissions, reducing health-associated infections and hospital-acquired conditions, and improving quality outcomes and cost efficiency.

## Appendix C: Community Survey Instrument

|   |  |
|---|--|
|    | 2018 Frisbie Memorial Hospital, Community Health Needs Assessment Survey |
| Thank you for your assistance!  |  |
| <p>Hello! We are conducting a community healthcare services needs assessment on behalf of Frisbie Memorial Hospital. We would like to get your opinions about a few important topics so that we can better understand community needs in terms of healthcare services.</p> <p>Please complete the survey within the next two or three days.</p> <p>Thank you!</p> |  |

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Community Healthcare Services Needs

**We need your help!**

Frisbie Memorial Hospital will be conducting a Community Health Needs Assessment for 2018. We are asking members of our community to complete a brief survey in which we ask for your opinions and perceptions on health in your community.

**Thank you, we appreciate your time and participation!**

1. We would like you to evaluate a list of healthcare services or things that can impact access to services. What do you perceive are the most urgent health issues affecting the community? For each, please indicate if it is: much more needed, some more needed, or we have enough and no more of it is needed.

|  | Much more needed      | Some more needed      | No more is needed     | Don't know / not sure |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| Access to affordable health care / insurance                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Access to dental health care                                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Access to prenatal services                                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Alcohol & drug misuse / access to treatment services             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cancer   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cost of prescription drugs                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Diabetes   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Health screenings (mammograms, cancer, diabetes)                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Heart disease  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Heroin and pain medication misuse / access to treatment services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Lack of elder services   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Mental illness   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Obesity / access to nutritious foods / physical inactivity       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Teen pregnancy   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Tobacco use / smoking  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Other (please specify)

### Most Important Needs

\* 2. Which three factors do you perceive to be top community needs? (Check any three)

- Cost of medical services / medications
- Crime / violence
- Food insecurity (cost of food, access to nutritious food)
- Homelessness
- Lack of affordable housing
- Lack of affordable health insurance
- Transportation
- Poverty

### About You

**In order to better understand the survey results, we would like to ask a few basic questions about you.**

3. Gender

- Female
- Male
- Non-binary identification

4. In what year you were you born?

5. In general, how would you describe your health?

- EXCELLENT
- VERY GOOD
- GOOD
- FAIR
- POOR

6. Approximately how many people (including you) live in your household?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more
- Other (please specify)

7. What amount below is closest to your total household income for last year?

- Less than \$15,000
- \$15,000 to \$20,000
- \$20,000 to \$25,000
- \$25,000 to \$50,000
- \$50,000 to \$75,000
- \$75,001 to \$100,000
- More than \$100,000
- Other (please specify)

8. What town do you live in?

9. What is your age?

- 18 - 39 years
- 40 to 64
- 65 or older

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10. In general, how would you describe your health?

- Excellent
- Very good
- Good
- Fair
- Poor

11. How would you rate the health of the Greater Rochester community?

- Very healthy
- Healthy
- Unhealthy
- Very Unhealthy

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## ***Appendix D: Stakeholder Interview Guide***

### **Frisbie Memorial Hospital Community Health Needs Assessment**

#### **Introduction**

Good morning [or afternoon]. My name is Katelyn Michaud [or, Scott Good, or Jeremy Vandroff] from Crescendo Consulting Group. We are working with Frisbie Memorial Hospital to conduct their community health needs assessment.

The purpose of this call {or meeting} is to learn more about community strengths and resources, needs, ways that people generally seek services, and to collect your insights regarding service gaps and ways to better meet community needs.

Do you have any questions for me before we start?

*To start with, please tell me a little about ways that you interact with the community and the populations your organization (or you) serves, if any.*

#### **Access, Availability, and Delivery of Services**

When you think of the good things about living in this community, what are some of the first things that come to mind? [*PROBE: outdoor activities, lifestyle, other*]

Generally, what are some of the challenges to living here?

When people have needs – healthcare-related or otherwise – who do they tend to turn to for assistance? [Prompts: friends and family, Town Hall, their doctor, churches, others]

To what degree do people struggle with getting appropriate healthcare, or related issues?

What are some of the community-level things that can be done to make an impact on the community health and wellbeing? Are there any “low hanging fruit” that would be addressed quickly?

What organizations in the area provide services for individuals and families struggling with poverty, employment, and housing issues? What programs seem to be the most helpful?

What are the three greatest challenges the community will face in the next three years?

#### **Enhancing Communications and Information**

To what degree do you think that the community at large is aware of the breadth of available services in the area? What are the challenges to greater awareness and understanding of the availability of services and ways to access them? What might help overcome the challenges?

How do consumers generally learn about access to and availability of services in the area (e.g., On-line directory; Hotline; Word of Mouth)?

**Magic Wand Question:** If money and resources weren't an issue, what is one thing you would do for your community?

Thank you for your time.

[BRING UP EACH OF THE FOLLOWING TOPICS AND INCLUDE PROMPTS (SUBCATEGORIES) IN THE DIALOGUE. NOTE COMMENTS AND PARTICULAR AREAS OF EMPHASIS. INCLUDE COMPARISONS BETWEEN TOPICS WHERE HELPFUL, e.g., “SO WHICH DO YOU THINK REQUIRES MORE ATTENTION: SUBSTANCE ABUSE EDUCATION IN SCHOOLS OR OPIOID ABUSE INTERVENTION AMONG THE HOMELESS?”]

[NOTE – NOT ALL TOPICS WILL BE COVERED WITH ALL INTERVIEWEES. DISCUSSION CONTENT WILL BE MODIFIED TO RESPOND TO INTERVIEWEES’ PROFESSIONAL BACKGROUND AND TIME AVAILABILITY.]

Your name is not going to be asked and the responses are aggregated with many more results.

[PROBE: Note discussion about the magnitude and severity of “high focus” needs.]

| Need<br>PROMPTS   | Notes / Comments |
|---|------------------|
| Chronic disease<br>Services for adults<br>Services for adolescents / children   |                  |
| Substance Abuse<br>Education<br>Early intervention<br>Treatment / Access / Stigma<br>Post-treatment support / care                |                  |
| Homeless services   |                  |
| Alcohol Use<br>Education<br>Early intervention<br>Treatment / Access / Stigma<br>Post-treatment support / care                    |                  |
| Access to care<br>Transportation<br>Insurance / financial<br>Language barriers<br>Wait times to see a provider<br>Cultural issues |                  |
| Mental Illness and Trauma Informed Care   |                  |
| Intellectual Disability   |                  |

|   |  |
|---|--|
| Access to care (specify type: IP, OP, IOP, PHP)   |  |
| SDOH related issues   |  |
| Transitional Housing<br>Access / Availability (i.e. Group Homes)                                      |  |
| Emergency Department Care<br>Utilization, Quality, Reliance   |  |
| Geriatric Population Behavioral Health<br>Dementia, Alzheimer's Disease<br>Treatment / Access /Stigma |  |
| [OTHER TO BE ADDED, AS NEEDED]  |  |

## Appendix E: Detailed Demographics Profile Tables

| Table E1: Population Trends               |               |                      |                        |                    |
|---|---------------|----------------------|------------------------|--------------------|
| Measure                                   | New Hampshire | Primary Service Area | Secondary Service Area | Total Service Area |
| Population 2000                           | 1,235,786     | 58,310               | 26,921                 | 170,462            |
| Population 2010                           | 1,316,470     | 62,911               | 31,296                 | 188,414            |
| Population 2018                           | 1,374,067     | 66,577               | 34,087                 | 201,328            |
| Population 2023                           | 1,408,984     | 69,077               | 35,716                 | 209,586            |
| SOURCE: ESRI Data, 2000, 2010, 2018, 2023 |               |                      |                        |                    |

| Table E2: Gender        |               |                      |                        |                    |
|-------------------------|---------------|----------------------|------------------------|--------------------|
| Measure                 | New Hampshire | Primary Service Area | Secondary Service Area | Total Service Area |
| % Men                   | 49.5%         | 48.9%                | 49.9%                  | 49.2%              |
| % Women                 | 50.5%         | 51.1%                | 50.1%                  | 50.8%              |
| SOURCE: ESRI Data, 2018 |               |                      |                        |                    |

**Table E3: Age Cohort Breakdown**

| Measure                 | New Hampshire | Primary Service Area | Secondary Service Area | Total Service Area |
|-------------------------|---------------|----------------------|------------------------|--------------------|
| 0-4                     | 4.8%          | 4.9%                 | 3.8%                   | 4.6%               |
| 5-17                    | 15.0%         | 14.3%                | 12.8%                  | 13.9%              |
| 18-24                   | 9.7%          | 16.1%                | 6.5%                   | 13.5%              |
| 25-34                   | 11.8%         | 12.3%                | 8.5%                   | 12.3%              |
| 35-44                   | 11.8%         | 11.5%                | 9.9%                   | 11.1%              |
| 45-54                   | 15.4%         | 13.8%                | 14.7%                  | 14.0%              |
| 55-64                   | 15.2%         | 13.1%                | 18.6%                  | 14.6%              |
| 65+                     | 16.5%         | 13.9%                | 13.9%                  | 17.0%              |
| SOURCE: ESRI Data, 2018 |               |                      |                        |                    |

**Table E4: Race and Ethnicity**

| Measure                 | New Hampshire | Primary Service Area | Secondary Service Area | Total Service Area |
|-------------------------|---------------|----------------------|------------------------|--------------------|
| % White Population      | 92.3%         | 93.8%                | 97.0%                  | 95.7%              |
| % Black Population      | 1.4%          | 0.9%                 | 0.4%                   | 0.6%               |
| % Hispanic Population   | 3.9%          | 2.1%                 | 1.4%                   | 1.7%               |
| % Asian Population      | 2.8%          | 2.4%                 | 0.6%                   | 1.4%               |
| SOURCE: ESRI Data, 2018 |               |                      |                        |                    |

**Table E5: Educational Attainment**

| Measure                                 | New Hampshire | Primary Service Area | Secondary Service Area | Total Service Area |
|---|---------------|----------------------|------------------------|--------------------|
| Less Than 9 <sup>th</sup> Grade         | 2.1%          | 2.8%                 | 2.2%                   | 2.5%               |
| 9th-12 <sup>th</sup> Grade (No Diploma) | 4.9%          | 7.2%                 | 4.9%                   | 5.8%               |
| High School Diploma                     | 22.3%         | 27.5%                | 24.5%                  | 25.7%              |
| GED/Alternative Credential              | 4.0%          | 5.6%                 | 4.0%                   | 4.7%               |
| Some College, No Degree                 | 18.8%         | 20.2%                | 21.8%                  | 21.1%              |
| Associate Degree                        | 10.6%         | 11.5%                | 12.2%                  | 11.9%              |
| Bachelor's degree                       | 22.9%         | 17.7%                | 20.3%                  | 19.3%              |
| Graduate/Professional Degree            | 14.4%         | 7.5%                 | 10.0%                  | 9.0%               |

SOURCE: ESRI Data, 2018

**Table E6: Employment and Unemployment**

| Measure           | New Hampshire | Strafford County | Carroll County |
|-------------------|---------------|------------------|----------------|
| Labor Force       | 771,044       | 74,621           | 25,597         |
| Number Employed   | 750,733       | 72,818           | 25,009         |
| Number Unemployed | 20,311        | 1,803            | 588            |
| Unemployment Rate | 2.6%          | 2.4%             | 2.3%           |

SOURCE: Community Commons, <https://engagementnetwork.org/assessment/?REPORT>