

FY 2022

Exeter Hospital Community Health Needs Assessment

**Conducted by
Exeter Hospital
Community Relations
in collaboration with:**

- Exeter Area YMCA
- Exeter Rotary Club
- Gather
- Lamprey Health Care
- Leadership Seacoast
- Plaistow Community YMCA
- Racial Unity Team
- Seacoast Family Promise
- Seacoast Mental Health Center
- Society of St. Vincent de Paul Exeter
- Transportation Assistance for Seacoast Citizens
- University of New Hampshire
- Waypoint at the Richie McFarland Children's Center



**EXETER
HOSPITAL**



Table of Contents

Foreward	3
Executive Summary	4
Background	
Overview of Exeter Hospital	5
Steering Committee	5-6
Definition of Area Served	6
Population Trends	6
Demographics of Rockingham County	7-8
Unemployment	9
Childcare	9-10
Methods & Data	
Community Health Forums	11
Community Health Survey	12-14
Key Leader Interviews	14-15
Exeter Hospital Community Call	16
Data Limitations & New Additions	17
Overview of the COVID-19 Pandemic	18-22
Results & Key Findings	
1. Mental & Behavioral Health	23-27
– Substance Use Disorder Overview	28
– Pet Therapy	29
2. Access to Care	30-32
3. Transportation	33-34
4. Social Drivers of Health	35-37
– Food Security	37
– Housing	38-39
5. Needs of Older Adults & Other Underserved Populations	40-45
– LGBTQ+	46
– Health Equity	46
Evaluation of Impact of 2020 Implementation Strategy	47-48
FY23-FY25 Implementation Strategy	49-57
Appendix	
A. Additional Resources	58
B. Steering Committee Contact Information	59
C. Participating Organizations	60-62
D. Key Leader Interview Roster	63
E. Interview Questions	64
F. Community Health Forums Flyer	65
G. Social Needs Screening Tool	66-67
H. Exeter Hospital Community Health Survey Flyer	68
I. Exeter Hospital Community Health Survey	69-89
J. Age Friendly Survey Results	90-93
K. Intellectual and Developmental Disabilities (IDD)	94-95
L. Profile of Long-Term Services & Supports in New Hampshire	96-99
M. We Need This Here	100-106
N. Seacoast Bark Magazine Article	107-108
O. Other Community Resources	109-122



Foreward

As required by Internal Revenue Code 501(r)(3) Exeter Hospital, in collaboration with a representation of community partners, has compiled the following report outlining the findings of its 2022 Community Health Needs Assessment (CHNA). Section 501 of the Code requires tax-exempt “hospital organizations” to conduct a CHNA at least once every three taxable years. The report and its findings are specific to the hospital's geographic service area of 36 towns located within Rockingham County. The purpose of the CHNA is to identify and assess the significant health needs of the communities served by the hospital, and to *“prioritize those health needs and identify potential measures and resources available to address the health needs.”* (26 CFR)

The Report Includes:

(1) a definition of the communities served by the hospital facility and a description of how the communities were determined; (2) a description of the process and methods used to conduct the CHNA; (3) a description of how the hospital facility took into account input from persons who represent the broad interests of the community; (4) a prioritized description of the significant health needs identified through the CHNA; and (5) a description of potential measures and resources identified through the CHNA to address significant health needs.

Although this report is a requirement, it is a valuable tool. Resources are strengthened to support identified needs, and community partners can draw on the research and conclusions to seek additional funding. In light of this, efforts were made to deepen the data and conclusions outlined in this report.



Executive Summary

The last three years have been marked by the COVID-19 pandemic. Supply chain issues, inflation, and unfilled positions continue to cause major disruption in daily life. The impact of the pandemic is woven throughout this report.

The following five issues were identified as the greatest health needs in Rockingham County after nine months of research, data collection and evaluation.

Mental & Behavioral Health

Substance use disorder and mental health services remain significant concerns for Seacoast residents. According to the 2022 State of Mental Health in America, New Hampshire is ranked 6th in the country for youth mental illness and access to care, indicating a higher prevalence of mental illness and lower availability of services.

Access to Care

The Community Health Survey clearly showed people cannot afford preventative care and delay appointments. Obesity in Rockingham County increased 14% from 2019-2022 while preventative wellness visits were down by 20%.

Transportation

Transportation remains both a health need priority and a barrier to care, most prominently for older adults and disabled community members. When asked about the primary reason Seacoast residents are not able to access healthcare, the second leading answer in 2022 (20%) was transportation. This is more than double from 2016, when 9% of respondents chose that category. Lack of transportation leads to social isolation and declining health outcomes.

Social Determinants of Health

Good health cannot be attributed solely to high quality medical care. We now know that social and economic factors contribute up to 80% of an individual's health status. For example, individuals under financial strain are more likely to be depressed and may forgo medical care or prescriptions.

Needs of Older Adults & Other Underserved Populations

New Hampshire has the second-oldest population in the nation, with one out of every five residents currently over the age of 60. This trend is set to continue. Members of the LGBTQ+ community have specific health care concerns and often find it difficult to find a provider to meet their needs.



Background

Overview of Exeter Hospital

Exeter Hospital is a 100-bed, community-based hospital serving New Hampshire's Seacoast Region. The mission of Exeter Hospital is to improve the health of the community. The hospital's scope of care includes comprehensive medical and surgical health care services including, but not limited to: breast health, maternal/child and reproductive medicine, cardiovascular, gastroenterology, sleep medicine, occupational and employee health, oncology, orthopedics, general surgery and emergency care services. Exeter Hospital is accredited by DNV Healthcare, Inc., and is a Magnet®-recognized hospital. Magnet designation from the American Nurses Credentialing Center is the most prestigious distinction a health care organization can receive for nursing excellence and high-quality patient care.

The findings noted within this report provide insight to the health and well-being of the communities served by Exeter Hospital and its community partners. These findings allow the hospital to advance its mission of improving the health of the community by allocating resources to the greatest needs.

2022 Steering Committee

To complete the assessment, a steering group convened in January 2022 composed of Seacoast area leaders with deep working knowledge of community health needs. Exeter Hospital Community Impact Officer Jennifer McGowan led the project, in collaboration with Director of Public Relations Debra Vasapolli and 2022 Administrative Intern Cait McAllister.

Jo-Ann Baker, Advancement Representative, Exeter Hospital

Seneca Bernard, Associate Executive Director, Gather

Kathy Flygare, Exeter Rotary

Pati Frew-Waters, Executive Director, Seacoast Family Promise

Tracy Fuller, Regional Executive Director, Plaistow Community YMCA

Carol Gulla, Executive Director, Transportation Assistance for Seacoast Citizens

Darren A. Guy, DO, Chief Population Health Officer, Core Physicians, LLC;
Executive Director, NH-Cares ACO, LLC

Kelly Hartnett, Vice President, Community Relations, Seacoast Mental Health Center

Ken LaValley, Vice Provost, Outreach & Engagement, Director UNH Extension, UNH

Mark Lefebvre, Director, Community Engagement, Pinetree Institute

Cait McAllister, Administrative Intern, Exeter Health Resources

Jennifer McGowan, Community Impact Officer, Exeter Health Resources



Ken Mendis, Chair, Racial Unity Team

Elizabeth Miller, Program Director, Pinetree Institute

Kimberly Meyer, Chief Executive Officer, Exeter Area YMCA

Anita Rozeff, Grants and Contracts Manager/Compliance Officer, Lamprey Health Care

Peggy Small-Porter, Development Coordinator, Waypoint at The Richie McFarland Children's Center

Lori Waltz-Gagnon, Executive Director, Leadership Seacoast

Debra Vasapolli, Director, Public Relations, Exeter Health Resources

Molly Zirillo, Executive Director, Society of St. Vincent de Paul Exeter

Definition of Area Served

Exeter Hospital's Community Health Needs Assessment was conducted using the service area consistent with its system of care practice locations, Rockingham County. Covering the southeast corner of the state, Rockingham County is home to the state's entire seacoast and features several popular resorts towns. The Piscataqua River and Portsmouth Harbor separate it from Maine on a nine-mile stretch to the northeast, and it shares a 56-mile border to the south with Massachusetts. Note, for the purpose of the report, Rockingham County level data is used as many statistics are only available at that level. Exeter Hospital's service locations are as follows:

Central – Brentwood, Exeter, Newfields, Newmarket

East South East – Hampton, Hampton Falls, North Hampton, Seabrook

North East – Greenland, New Castle, Newington, Portsmouth, Rye, Stratham

South West – Atkinson, Danville, East Hampstead, East Kingston, Hampstead, Kensington, Kingston, Newton, Newton Junction, Plaistow, Sandown

West – Deerfield, Epping, Fremont, Nottingham, Raymond



Population Trends

The Rockingham County estimated population is 317,966 with a growth rate of .6% in the past year according to the most recent United States census data. Rockingham County is the second largest county in New Hampshire. The 2010 Population was 295,223 and has seen a growth of 7.70% since this time.

<https://worldpopulationreview.com/us-counties/nh/rockingham-county-population>



Demographics of Rockingham County

The following demographic information is from the United States Census Bureau.

U.S. Census Bureau QuickFacts: Rockingham County, New Hampshire

- Nearly 40% of Rockingham County residents are under 18 (18.8%) or older than age 65 (19.2%). Although individual health status varies widely, these age groups utilize more healthcare services.
- Roughly 95% of residents are white, with 3.6% Hispanic or Latino, 2.4% Asian, and 1.2% Black or African American descent. Health disparities by race are well documented at the national level.
- Approximately 9% of Rockingham County residents live with a disability, which can lead to increased need for services, difficulties accessing transportation, and social isolation.
- It should be noted that 6.3% of people under age 65 do not have insurance. Uninsured adults have less access to recommend care and are more likely to face poor health outcomes. Nationally, adults ages 19 to 34 had the highest uninsured rates of any age group in the United States, according to the 2019 American Community Survey (ACS). Uninsured Rates Highest For Young Adults Aged 19 to 34 (census.gov)
- Although the lowest rate in the state, 4.6% of residents live in poverty. This is a leading Social Determinants of Health (SDOH) indicator because access to services that contribute to a healthy lifestyle are limited when living at lower income levels.

Rockingham County has the highest net worth among New Hampshire's 10 counties.

<https://www.fosters.com/story/news/2020/02/14/study-rockingham-residents-have-nhs-highest-net-worth/1708300007/>



United States Census – Rockingham County, New Hampshire

4 Population Estimates, July 1 2021, (V2021)	316,947
Population estimates base, April 1, 2020, (V2021)	314,176
Population, percent change - April 1, 2020 (estimates base) to July 1, 2021, (V2021)	0.9%
Population, Census, April 1, 2020	314,176
Population, Census, April 1, 2010	295,223
Age and Sex	
Persons under 5 years, percent	4.5%
Persons under 18 years, percent	18.8%
Persons 65 years and over, percent	19.2%
Female persons, percent	50.1%
Race and Hispanic Origin	
White alone, percent	94.6%
Black or African American alone, percent (a)	1.2%
American Indian and Alaska Native alone, percent (a)	0.2%
Asian alone, percent (a)	2.4%
Native Hawaiian and Other Pacific Islander alone, percent (a)	0.1%
Two or More Races, percent	1.6%
Hispanic or Latino, percent (b)	3.6%
White alone, not Hispanic or Latino, percent	91.6%
Population Characteristics	
Veterans, 2016-2020	20,965
Foreign born persons, percent, 2016-2020	4.8%
Housing	
Housing units, July 1, 2021, (V2021)	136,725
Owner-occupied housing unit rate, 2016-2020	77.8%
Median value of owner-occupied housing units, 2016-2020	\$344,000
Median selected monthly owner costs -with a mortgage, 2016-2020	\$2,223
Median selected monthly owner costs -without a mortgage, 2016-2020	\$908
Median gross rent, 2016-2020	\$1,274
Building permits, 2021	1,148
Families & Living Arrangements	
Households, 2016-2020	122,520
Persons per household, 2016-2020	2.50
Living in same house 1 year ago, percent of persons age 1 year+, 2016-2020	89.8%
Language other than English spoken at home, percent of persons age 5 years+, 2016-2020	6.1%
Computer and Internet Use	
Households with a computer, percent, 2016-2020	95.5%
Households with a broadband Internet subscription, percent, 2016-2020	92.3%
Education	
High school graduate or higher, percent of persons age 25 years+, 2016-2020	95.4%
Bachelor's degree or higher, percent of persons age 25 years+, 2016-2020	41.9%
Health	
With a disability, under age 65 years, percent, 2016-2020	7.2%
Persons without health insurance, under age 65 years, percent	6.3%
Economy	
In civilian labor force, total, percent of population age 16 years+, 2016-2020	70.2%
In civilian labor force, female, percent of population age 16 years+, 2016-2020	65.2%
Total accommodation and food services sales, 2017 (\$1,000) (c)	1,001,384
Total health care and social assistance receipts/revenue, 2017 (\$1,000) (c)	2,047,912
Total transportation and warehousing receipts/revenue, 2017 (\$1,000) (c)	674,308
Total retail sales, 2017 (\$1,000) (c)	7,783,565
Total retail sales per capita, 2017 (c)	\$25,356
Transportation	
Mean travel time to work (minutes), workers age 16 years+, 2016-2020	30.5
Income & Poverty	
Median household income (in 2020 dollars), 2016-2020	\$93,962
Per capita income in past 12 months (in 2020 dollars), 2016-2020	\$48,675
Persons in poverty, percent	4.6%



Unemployment Rate by Town

Unemployment in Rockingham County is low and employers struggle to meet workforce demands. The unemployment rate is the percentage of workers who are not working. The State of New Hampshire is getting older, which poses challenges for the market including issues with recruiting, retaining, and expanding the workforce.

2019 Annual Average Unemployment Rate by Town					
Atkinson	3.1%	Hampstead	3.0%	Nottingham	2.1%
Auburn	2.2%	Hampton	2.3%	Plaistow	3.7%
Brentwood	2.3%	Hampton Falls	2.9%	Portsmouth	2%
Candia	1.8%	Kensington	2.8%	Raymond	2.9%
Chester	2.4%	Kingston	3.2%	Rye	2%
Danville	3.0%	Londonderry	2.8%	Salem	3.4%
Deerfield	2.2%	New Castle	1.8%	Sandown	2.8%
Derry	2.9%	Newfields	2.2%	Seabrook	3.8%
East Kingston	2.4%	Newington	2.1%	So. Hampton	2.9%
Epping	2.4%	Newmarket	2.3%	Stratham	2.2%
Exeter	2.4%	Newton	2.9%	Windham	2.9%
Fremont	2.6%	No. Hampton	2.3%		
Greenland	2.5%	Northwood	2.4%		

Economic & Labor Market Information Bureau, NH Employment Security, 2020.
<https://www.nhes.nh.gov/elmi/products/cp/documents/rockingham-cp.pdf>

Childcare

Labor demand is further exasperated by the childcare shortage and rising housing costs. These challenges existed before the pandemic, but greatly increased. In addition, nationwide many have left the labor force to retire early or due to burnout.

<https://carsey.unh.edu/what-is-new-hampshire/sections/economy#labor-force>

Prior to COVID-19, there was a 60% gap between the licensed childcare spots available for children under six and the number needed. Parents of young children knew firsthand that New Hampshire did not have enough childcare options, but there was little media coverage until the problem was exacerbated during the pandemic.

According to a report published by the Carsey School of Public Policy at UNH, “the following pressures are causing turmoil for families and within the childcare industry:

- A desire to enhance the quality of care leads to ever-higher standards for early childhood educators which, coupled with a stubbornly low pay scale and other negative job features, creates shortages of these educators and of available Early Childhood Care and Education (ECCE) slots.
- Licensing regulations, put in place to ensure a safe and enriching ECCE environment, mandate low child-staff ratios and minimum square footage for children, effectively putting a floor on what ECCE providers can afford to charge.
- Although subsidies exist for low-income families, research shows that these subsidies reach a fraction of those who would benefit and that families with incomes much higher than the eligibility threshold struggle with the cost of care.

<https://carsey.unh.edu/what-is-new-hampshire/sections/economy#labor-force>





Methods & Data

Community Health Forums

Four community forums were planned and promoted to the public via email, social media and paid advertisement. In total 38 participants attended the four forums, with the highest participation recorded at Exeter Housing Authority's 277 Water Street location.

2022 Forums

Tuesday, June 14, 2022, 12:00pm–1:00pm, virtual

Wednesday, June 15, 2022, 5:30pm–6:30pm, Exeter Area YMCA

Wednesday, June 22, 2022, 5:30pm–6:30pm, Plaistow YMCA

Thursday, May 19, 2022, 12:00pm–1:30pm, 277 Water Street, Exeter Housing Authority

During each community forum, an overview of the CHNA requirements and the process for gathering information was reviewed. The overview included the timeline, themes from 2019, and notification about how to review the draft on Exeter Hospital's website for feedback. Following the overview, community members engaged in an open discussion and provided insight into the significant health needs of the community. Themes from the forums follow below.

Forum Discussion Themes:

- Mental and behavioral health
- Availability and cost of transportation
- Need for more specialized geriatric care in service area
- Lack of affordable housing
- Behavioral health
- Timely access to care from Primary and Specialty Care Physicians
- Cost of dental services
- Geriatric mental health and specialists in dementia
- Cost of insurance premiums and deductibles
- Affordability of prescription and over the counter medications

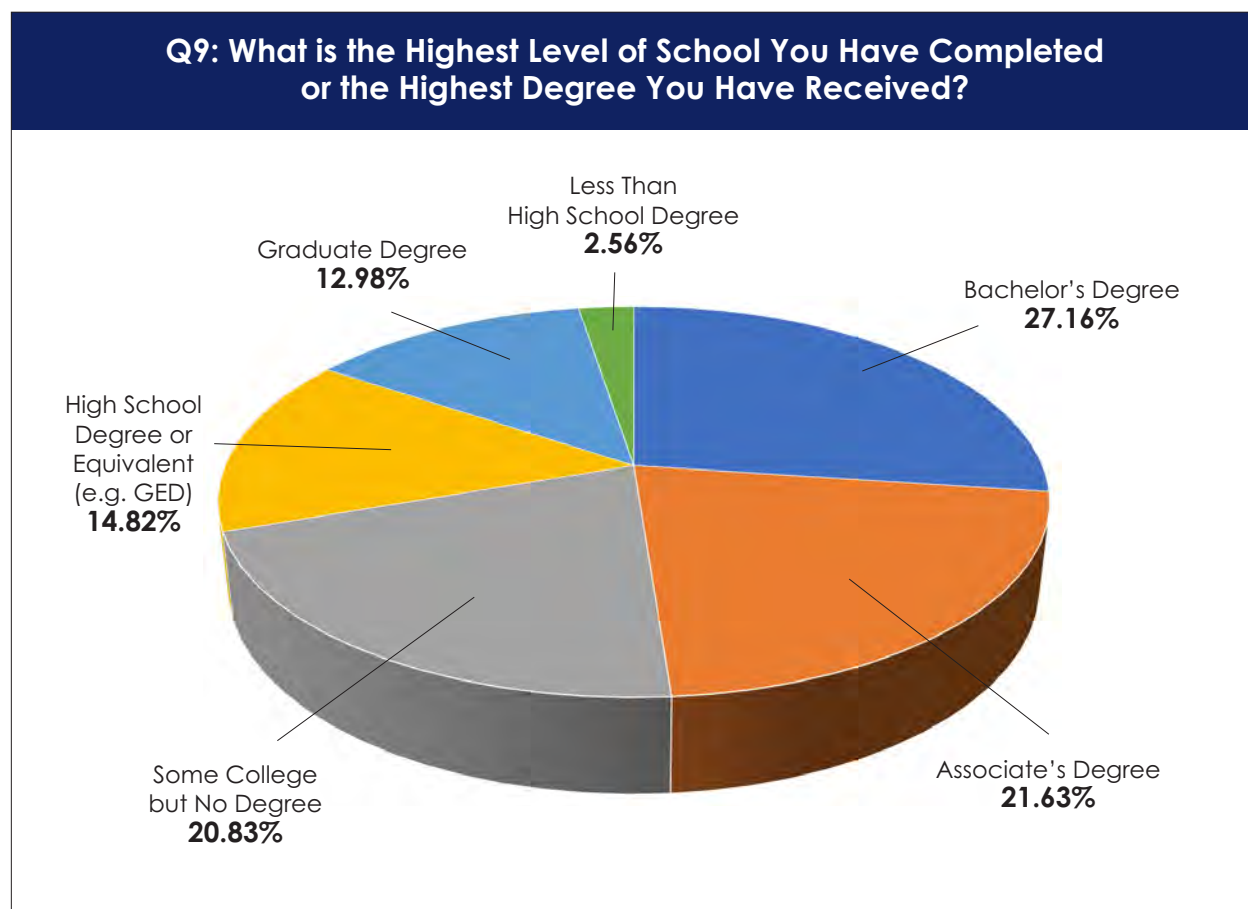
The forum at 277 Water Street provided targeted feedback that in some cases Community Relations staff took action on immediately. Transportation was mentioned as an ongoing struggle by the older adults in attendance. Exeter Hospital and Exeter Parks and Recreation collaborated to make discounted taxi vouchers available to residents, distributed by leadership at Exeter Housing Authority. Although a positive step, more needs to be done to ensure access to transportation. Currently in a pilot phase, there is hope that the model can expand to additional towns to remove financial and logistical obstacles for residents at senior housing sites. Exeter Hospital's Community Impact Officer also worked with residents to highlight information on emergency funding sources in their newsletter, and is connecting speakers to educate residents at their monthly meetings on topics they identify. For example, the Alzheimer's Association recently presented information and resources.



Community Health Survey

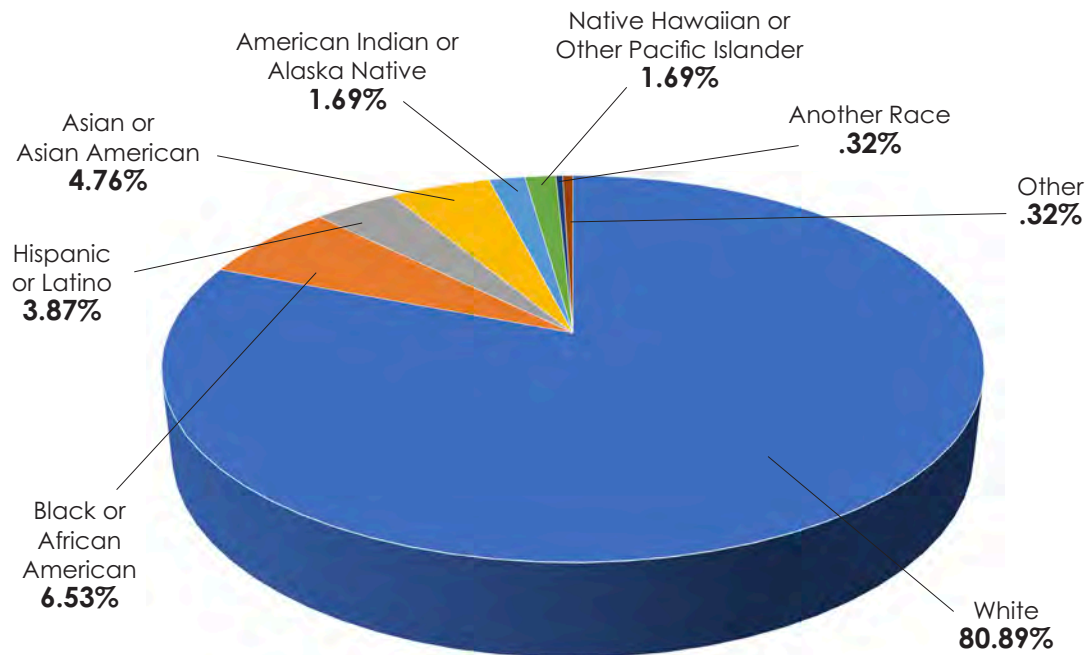
Exeter Hospital released an online Community Health Survey to the public that was open from May 10, 2022 to August 17, 2022. The survey asked 12 questions and encouraged additional comments. Although longer than the 2019 survey, it took under five minutes to complete and it was intentionally brief to maximize participation. In total, 1,255 people completed the survey. The majority of responses were collected in June (994 responses), with an additional 227 collected in July and August. Respondents reported receiving the survey from 23 organizations, most notably Exeter Hospital, Exeter School District/SAU-16, and Lamprey Health Care. The complete survey information can be viewed in [Appendix I](#), while individual questions are highlighted throughout the Results & Key Themes section.

Optional demographic information questions were a new addition to the 2022 survey (Q9, Q10, Q11).

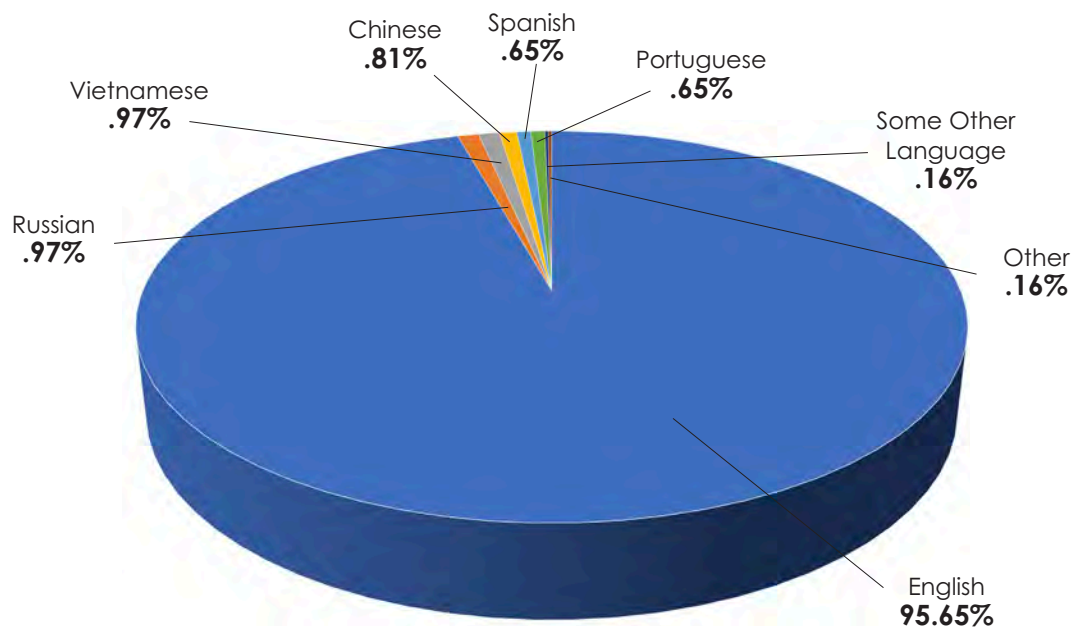




Q10: What is Your Race?



Q11: What Language Do You Mainly Speak at Home?





Q12: Name of the Organization That Sent This Survey to You?

Seacoast Mental Health Exeter Area
Chamber of Commerce **Waypoint** Exeter
Hospital **Portsmouth Area Chamber of**
Commerce Exeter Health Resources
Facebook Core Physicians **Girls on the**
Run Lamprey Healthcare **Google** SAU16
Hampton Area Chamber of Commerce

Key Leader Interviews

Community interviews remained an important focus of the 2022 assessment process. The committee identified leaders with broad knowledge of the health needs of area residents, focusing on underserved and low-income populations. Interview questions can be found in [Appendix E](#) of this document.

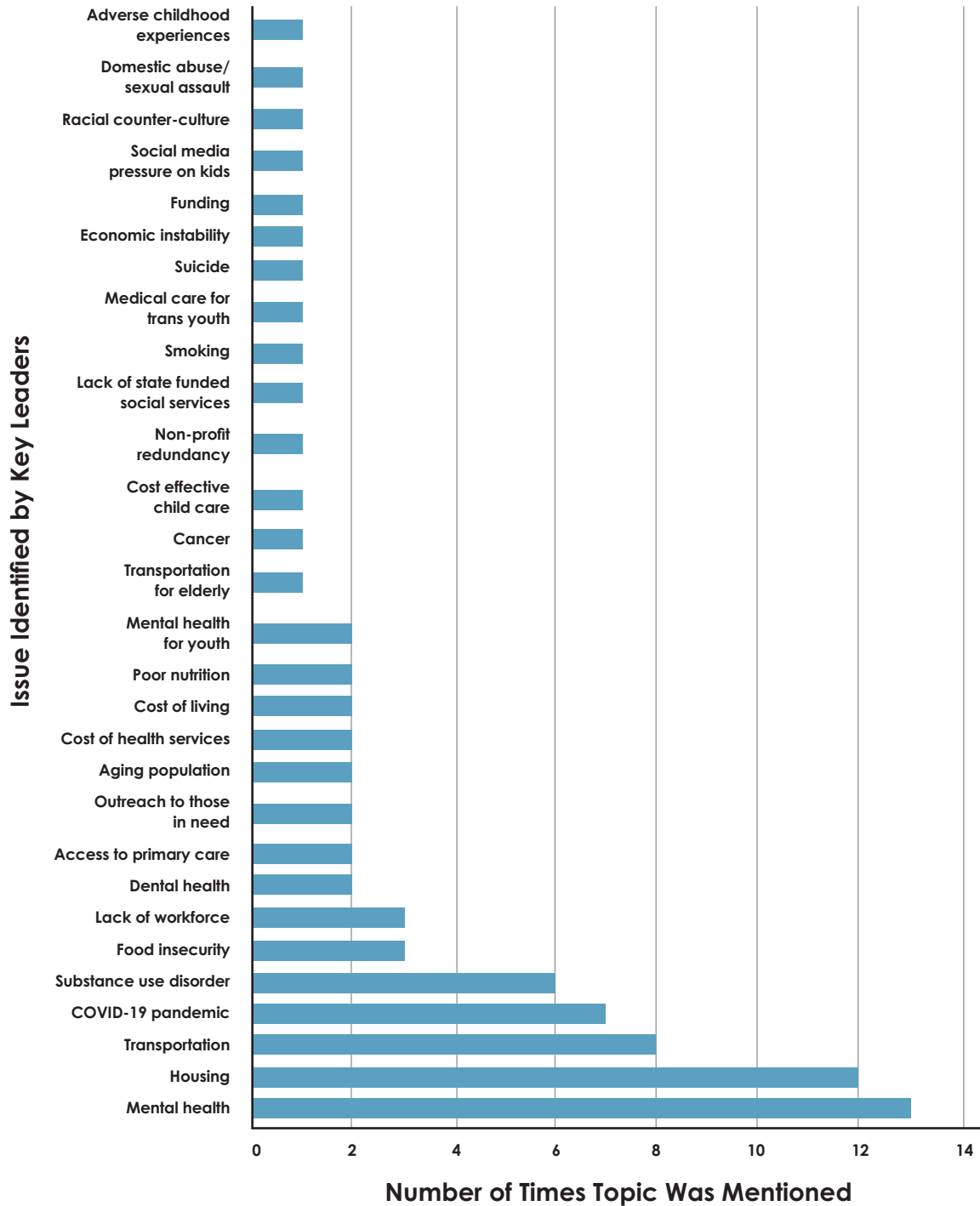
In total, 28 key leader interviews were conducted from April to August, 2022. Significant health needs are listed in order of their frequency mentioned in the chart on the following page. Although this information aligns with other data sources, the sample size was limited and not randomized. Because of this, interviews are used to help understand the nuances of community needs. For instance, although the tight housing market and issues with rapidly increasing rents are well understood through secondary data, an interview with an area social worker highlighted a different aspect of the shifting housing market:

Quote from Key Leader Interviews:

“Some of our most socially vulnerable families were previously able to stayed housed in winter through seasonal rentals (motels in poor shape for instance). Now, those motels are being redeveloped and rented at much higher rates. This creates a big gap for these families. Another issue with seasonal rentals on the seacoast: if a home gets flooded and you own it, you probably have coverage. Seasonal renters do not have insurance. They loose everything, and might get a \$250 gift card. There is no safety plan for these vulnerable families.”



Health Concerns Identified in Key Leader Interviews





Exeter Hospital Community Call

Early in the pandemic, Exeter Hospital recognized the need to create new ways to stay connected with community partners and to share reliable information about COVID-19 directly from medical staff. The bi-weekly call began in June 2020, and it quickly grew to include more than 100 participants from 50+ organizations. Participants represented various sectors including administrators in education, town officials, community non-profit leadership, the Region 6 IDN, area Chambers of Commerce, and more.

In FY 2021, Neil Meehan, DO, Exeter Health Resources, Chief Physician Executive hosted seven calls, balancing the at times difficult news from the field with the newest data and CDC recommendations. The calls also featured valued community partners and guests addressing some of the greatest needs during the pandemic such as mental health, substance use disorder, and violence prevention. The notes from these calls were also used as a source for this assessment.

Sample of Community Call Guests:

- John Burns, MBA, SOS Recovery Center (substance misuse)
- Peter Clark, Office of U.S. Senator Shaheen
- Gayle Davis, Senior Helpers (needs of seniors)
- Corey Garry, Deputy State Director, Office of U.S. Senator Maggie Hassan
- Carol Gulla, Director of TASC (needs of seniors)
- Bobby Kelly, MD, MPH, (LGBTQ awareness, inclusion and education)
- Captain Darick Krause, National Guard (vaccination sites)
- John Nyhan, President, Hampton Chamber of Commerce
- William McGowan, M.Ed., Principal, Winnacunnet High School
- Debbie Perou, Rockingham Meals on Wheels (needs of seniors)
- Candice Porter, MSW, Connor's Climb Foundation (mental health)
- David Ryan, Ed.D, Superintendent, SAU-16
- Christian Seasholtz, Office of Congressman Chris Pappas (NH-01)
- Sarah Shanahan, HAVEN (violence prevention)
- Corey Towne-Kerr, The Chase Home for Children
- Jennifer Wheeler, President, Exeter Area Chamber of Commerce

Quote from Community Partner:

“As the leader of a small nonprofit organization, the Exeter Hospital Community Call has been incredibly valuable during the pandemic. Hearing directly from medical specialists and being able to ask questions about the changing landscape helped our organization feel more confident as we navigated the many decisions needed to provide home-based services safely for infants and toddlers, their families as well as our staff.”

Data Limitations & New Additions

The data used for this report is considered to be from reputable sources, although it should be noted that the assumptions and collection methods likely vary across studies. Focus groups and interviews provide valuable insight, but they represent a small sample size and the results are not generalizable. Finally, new sources were added for this assessment, while one major source used in previous years was eliminated. The UNH telephone survey was discontinued in 2019 due to decreasing returns. New sources include SG2 claims data from Rockingham County, Exeter Age Friendly Community Survey, Rockingham VNA & Hospice and Core Physicians Social Determinant of Health data, Exeter Hospital Emergency Department data, Exeter Police Department behavioral health calls, and more. This localized data creates a more detailed picture of the health landscape than previous reports were able to provide.





Overview of the COVID-19 Pandemic

The COVID-19 pandemic left no one unchanged. Sadly, thousands of Rockingham County residents lost their lives while many continue to deal with health impacts from the novel coronavirus. Some lost employment, some had to support their children through online learning while working from home, and most were isolated from friends and family. First responders and medical care providers worked overtime in incredibly overwhelming circumstances. More than 2 ½ years later, supply chain issues, inflation, and unfilled positions continue to cause major disruption in daily life.

Quote from Key Leader Interviews:

“Staffing levels at the social service agencies we depend on is tough. People are overworked and things get missed. Our (municipal government) department is working huge amounts of mandatory overtime. We are an essential resource for the community but we are so overworked. Personnel shortages have done a number on us and it’s showing.”

Quote from Community Health Survey:

“Mentally not good – overworked, under paid, pulled in all directions, overtime, no help due to people leaving since unhappy.”

Hospitals are seeing more high acuity, inpatient cases – including COVID-19 patients – requiring longer lengths of stay than prior to the pandemic in 2019. While such cases are contributing to revenue increases, any gains are offset by higher care costs for treating patients with more severe conditions.

Expenses are rising across the board, as hospitals face increasing costs for labor, pharmaceuticals, purchased services, personal protective equipment (PPE), and other medical and safety supplies needed to care for higher acuity patients. Outpatient visits – which tend to have lower expenses and higher margins – remain depressed compared to 2019 levels. <https://www.aha.org/guidesreports/2021-09-21-financial-effects-covid-19-hospital-outlook-remainder-2021#:~:text=Hospitals%20are%20seeing%20more%20high,Higher%20expenses.>



This can be seen in Rockingham County claims data. Many people missed visits to the doctor or avoided hospitals early in the pandemic. At the same time, they were under more stress and had less resources to manage chronic conditions. The following data is sourced from SG2, a searchable claims data archive. This data represents Rockingham County and is not limited to data from Exeter Hospital and its affiliates. Obesity in Rockingham County was up 14% from 2019-2022. Preventative wellness visits were down by 20%, and screenings and follow-up encounters were up 5%, which encompasses cancer diagnosis. This data ties in with the Community Health Survey. People cannot afford preventative care visits and have more serious health outcomes as a result.

SG2 Claims Data – Rockingham County

Service Group/Care Families	Sum of 2018	Sum of 2019	Sum of 2020	Sum of 2021	% Change CY18-19	% Change CY19-20	% Change CY20-21
Medicine	307489	292262	273615	277796	-5%	-7%	2%
Preventative Wellness Visits	62705	60527	56640	54027	-4%	-7%	-5%
Screenings and Follow-Up Encounters	39644	38335	43152	49520	-3%	11%	13%
Dermatitis and Rashes	13498	12744	10555	11450	-6%	-21%	8%
Other Infectious and Parasitic Diseases	7952	6857	14016	9672	-16%	51%	-45%
Abdominal Pain	11635	10900	8783	8978	-7%	-24%	2%
Hypertension	9695	9190	8440	8964	-5%	-9%	6%
Diabetes Mellitus	10183	8865	8433	8955	-15%	-5%	6%
Nonspecific Clinical and Laboratory Findings	12939	12164	10400	8118	-6%	-17%	-28%
Skin Infection	9947	9075	7134	7616	-10%	-27%	6%
Allergy	8411	8246	7009	6948	-2%	-18%	-1%
Dermatologic Disorders	7639	7315	6242	6860	-4%	-17%	9%
Bronchitis and Other Upper Respiratory Disease	13253	10457	6064	6536	-27%	-72%	7%
COVID-19 Infection			2069	6353		100%	67%
Respiratory Conditions, including Pleural Effusions	6569	6298	6244	6051	-4%	-1%	-3%
Benign Skin Neoplasms	6354	6295	5295	5550	-1%	-19%	5%
Other Connective Tissue Disorders	4534	4308	3720	4455	-5%	-16%	16%
Asthma	6331	6281	4945	4286	-1%	-27%	-15%
Urinary Tract Infection	5063	5000	4277	3981	-1%	-17%	-7%
Esophageal Disease Including GERD	4480	4449	4102	3862	-1%	-8%	-6%
Other Therapy and Education	3618	3706	3612	3807	2%	-3%	5%
Other Gastrointestinal Diagnosis	3907	3863	3257	3441	-1%	-19%	5%
Fatigue	2595	3845	3237	3363	33%	-19%	4%
Sleep Apnea	3344	3703	2880	2955	10%	-29%	3%
Inflammatory and Autoimmune Diseases	2569	3048	2774	2879	16%	-10%	4%
Obesity	2073	2259	2235	2770	8%	-1%	19%
Hyperlipidemia	3625	3486	2764	2563	-4%	-26%	-8%
Thyroid Disorders	3194	2961	2670	2470	-8%	-11%	-8%
Oral and Dental Disease	3133	2652	2471	2440	-18%	-7%	-1%
Nutritional Deficiencies	2565	2107	2184	1982	-22%	4%	-10%

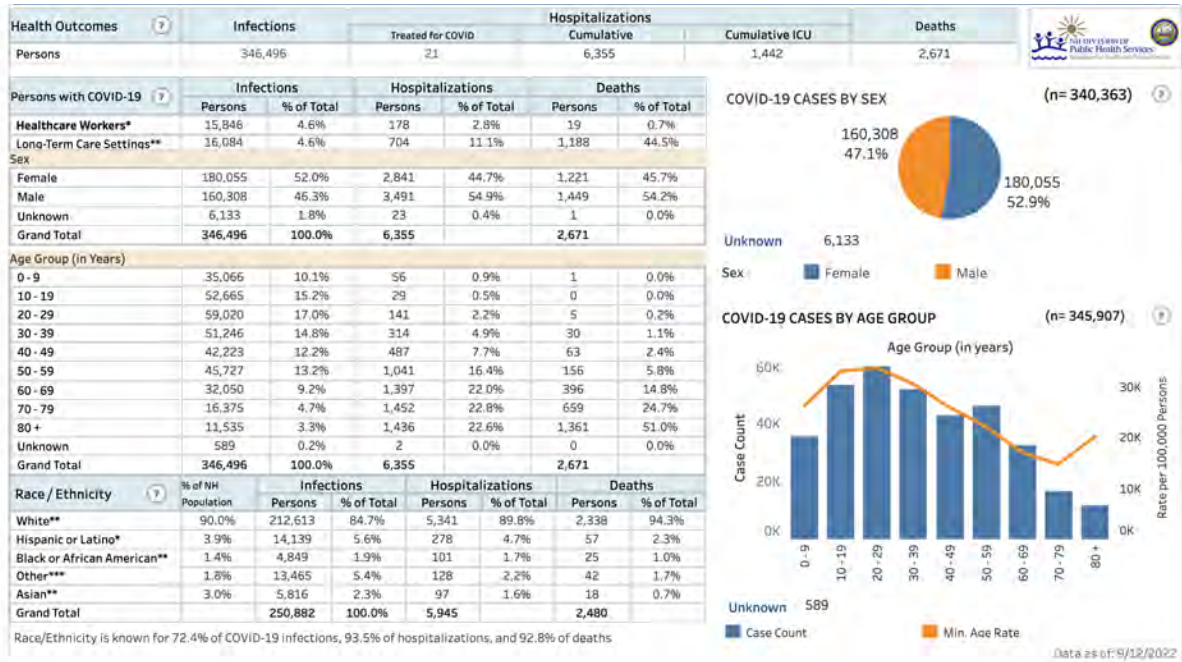


SG2 Claims Data – Rockingham County

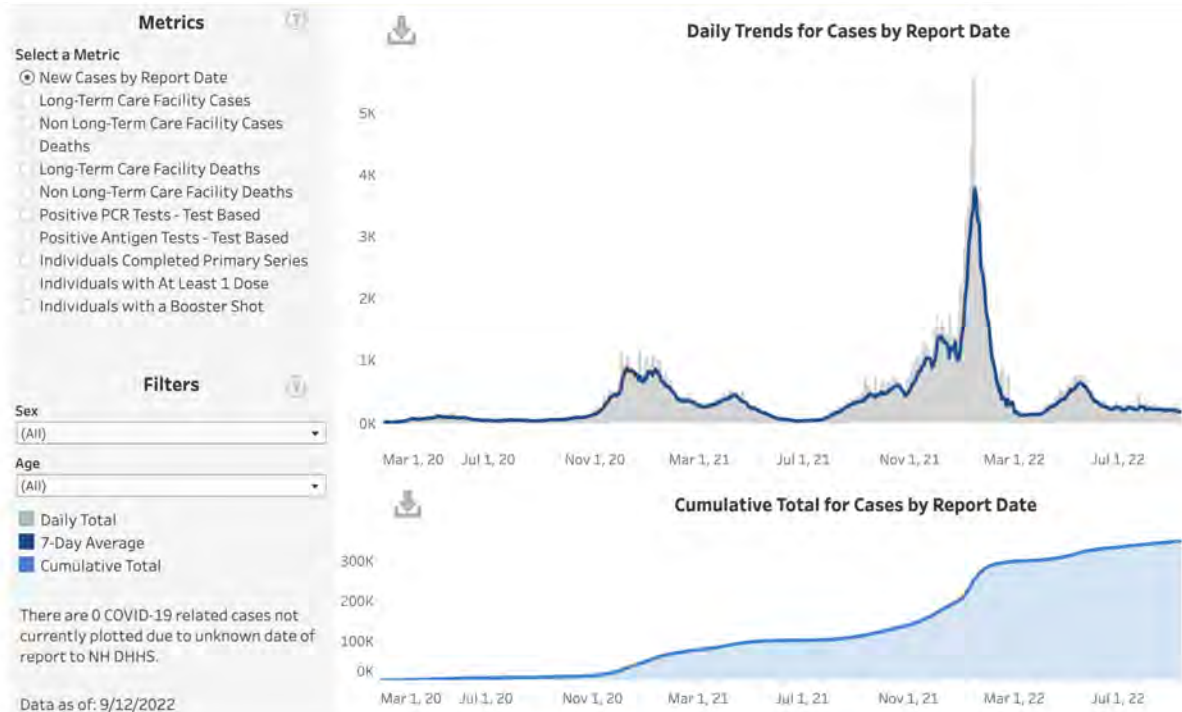
Service Group/Age Co-horts	Sum of 2018	Sum of 2019	Sum of 2020	Sum of 2021	% Change CY18-19	% Change CY19-20	% Change CY20-21
Medicine	307489	292262	273615	277796	-5%	-7%	2%
45-64	139128	134210	125210	121868	-4%	-7%	-3%
18-44	83516	77160	77160	79927	-8%	0%	3%
00-17	67627	65725	57955	60980	-3%	-13%	5%
65-UP	17218	15167	13290	15021	-14%	-14%	12%
Orthopedics	217973	210742	178742	194357	-3%	-18%	8%
45-64	119929	114809	99517	108896	-4%	-15%	9%
18-44	57458	54861	48435	50617	-5%	-13%	4%
00-17	27595	28401	20349	21340	3%	-40%	5%
65-UP	12991	12671	10441	13504	-3%	-21%	23%
Spine	160255	150503	132108	128261	-6%	-14%	-3%
45-64	87486	81255	70217	66819	-8%	-16%	-5%
18-44	57974	53854	50183	49341	-8%	-7%	-2%
65-UP	6427	7312	5444	6277	12%	-34%	13%
00-17	8368	8082	6264	5824	-4%	-29%	-8%
Surgery	116064	110404	84803	86610	-5%	-30%	2%
45-64	47633	45017	37804	38508	-6%	-19%	2%
18-44	32788	31303	25063	25976	-5%	-25%	4%
00-17	27226	26258	16429	15443	-4%	-60%	-6%
65-UP	8417	7826	5507	6683	-8%	-42%	18%
Behavioral Health	58735	57348	64675	69371	-2%	11%	7%
00-17	24514	25668	25479	28754	4%	-1%	11%
18-44	22120	20474	26026	27476	-8%	21%	5%
45-64	11266	10441	12322	12171	-8%	15%	-1%
65-UP	835	765	848	970	-9%	10%	13%
Women's Health	42098	41259	37411	37872	-2%	-10%	1%
18-44	26249	25500	24346	24605	-3%	-5%	1%
45-64	13752	13843	11521	11632	1%	-20%	1%
00-17	1363	1261	946	933	-8%	-33%	-1%
65-UP	734	655	598	702	-12%	-10%	15%
Neurosciences	41120	38908	34296	34518	-6%	-13%	1%
45-64	14440	14095	13102	11761	-2%	-8%	-11%
00-17	12859	11597	9438	10256	-11%	-23%	8%
18-44	10969	10777	9523	9913	-2%	-13%	4%
65-UP	2852	2439	2233	2588	-17%	-9%	14%
Cardiovascular	27462	25426	22801	24830	-8%	-12%	8%
45-64	16371	15693	14068	14171	-4%	-12%	1%
18-44	6463	5634	5711	6848	-15%	1%	17%
65-UP	3486	3124	2359	3049	-12%	-32%	23%
00-17	1142	975	663	762	-17%	-47%	13%
Cancer	20126	18433	18351	18129	-9%	0%	-1%
45-64	14706	13283	13843	12811	-11%	4%	-8%
65-UP	3043	2588	2244	2609	-18%	-15%	14%
18-44	2243	2427	2129	2570	8%	-14%	17%
00-17	134	135	135	139	1%	0%	3%
Other	636	600	809	10956	-6%	26%	93%
18-44	158	207	322	3961	24%	36%	92%



New Hampshire Laboratory-Confirmed COVID-19 Cases

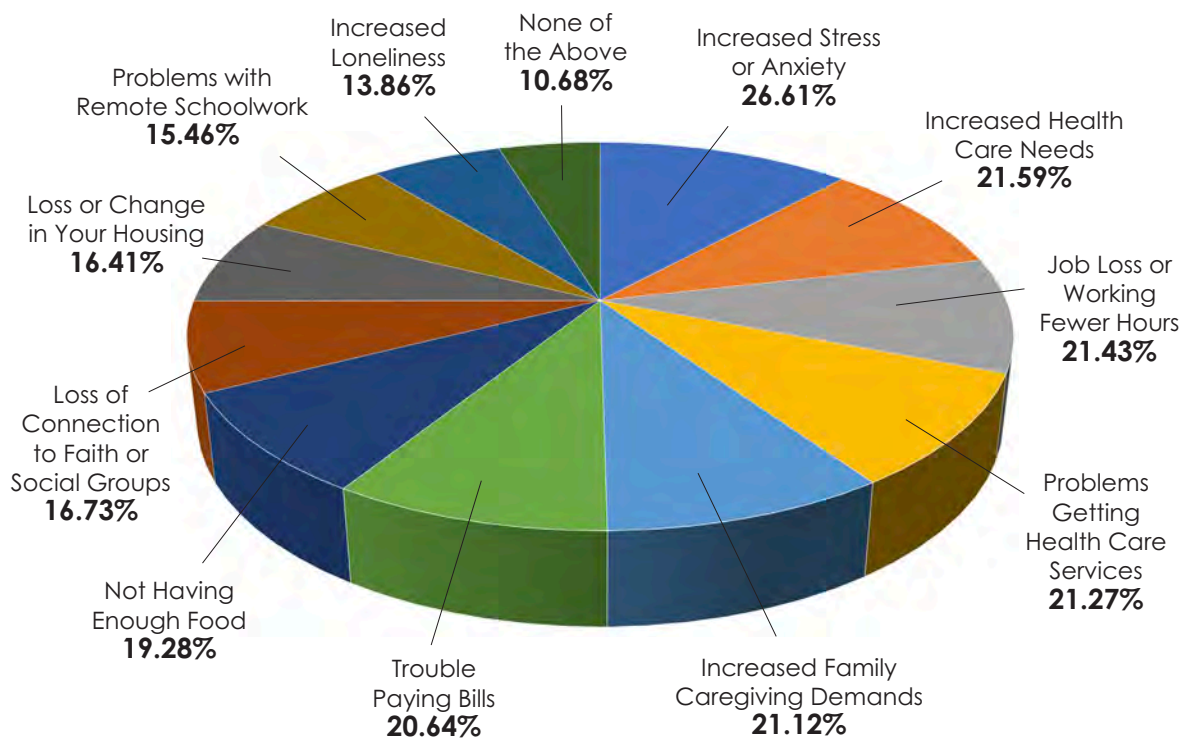


COVID-19 Trends





Q5: As a Result of COVID-19, Are You or People in Your Household Currently Having Any of the Problems Listed?



Federal and State Relief Programs

A number of Federal and State programs were put in effect including Advance Child Tax Credits, Economic Impact Stimulus Checks, COVID-19 Unemployment Benefits, and Financial Assistance for food, housing and some bills. [COVID-19 | USAGov](#) The affiliates of Exeter Health Resources initiated multiple new services and programs to support the community through this time, often with limited funding. Examples include drive through testing sites, investments in social distancing, patient and employee screening, and the Community Call.

More information about current 2022 programs and programs under development:
[2022 Programs | Governor's Office for Emergency Relief and Recovery \(nh.gov\)](#)



It should also be noted that Exeter Hospital's Community Benefits staff have mechanisms in place to receive written comments on the most recent CHNA and IS, although no comments have been received since the last CHNA and IS were made available.

Questions regarding the 2022 assessment and planning process or past assessment processes should be directed to: Christine Healey Director, Community Benefits and Community Relations Christine.Healey@bilh.org; Nancy Kasen Vice President, Community Benefits and Community Relations Beth Israel Lahey Health Nancy.Kasen@bilh.org (617) 667-2607.

Results & Key Findings

1. Mental & Behavioral Health

Consistent with published secondary data at the state and national level, substance use disorder and mental health services remain significant concerns for Seacoast residents.

According to the 2022 State of Mental Health in America, New Hampshire is ranked 6th in the country for youth mental illness and access to care. *"A low overall ranking indicates a higher prevalence of mental illness and lower rates of access to care."* (2022 Mental Health in America). The Access Ranking indicates how much access to mental health care exists within a state. The access measures include access to insurance, access to treatment, quality and cost of insurance, access to special education, and workforce availability. In 2019, New Hampshire was ranked 10th.

Mental Health America's 2022 Ranking for New Hampshire

A low overall ranking indicates a higher prevalence of mental illness and lower rates of access to care (Mental Health of America).

- Adult Ranking = 30
- Adult Prevalence of Mental Illness (AMI) = 38 (22.4%)
- Adult with Substance Use Disorder = 40 (8.8%)
- Adults with Serious Thoughts of Suicide = 21 (4.7%)

The youth ranking is of particular concern:

- **Youth Ranking = 6**
- **Youth with at Least One Major Depressive Episode (MDE) = 31 (15.9%)**
- **Youth with Severe Major Depressive Episode = 19 (10.2%)**
- Youth with Substance Use Disorder = 34 (4.57%)
- Youth with MDE Who Did Not Receive Mental Health Services = 8 (46.6%)
- Youth with Severe MDE Who Received Some Consistent Treatment = 3 (47.6%)
- Children with Private Insurance that Did Not Cover Mental or Emotional Problems = 6 (4.3%)
- Students Identified with Emotional Disturbance for an Individualized Education Program = 9 (13.2%)



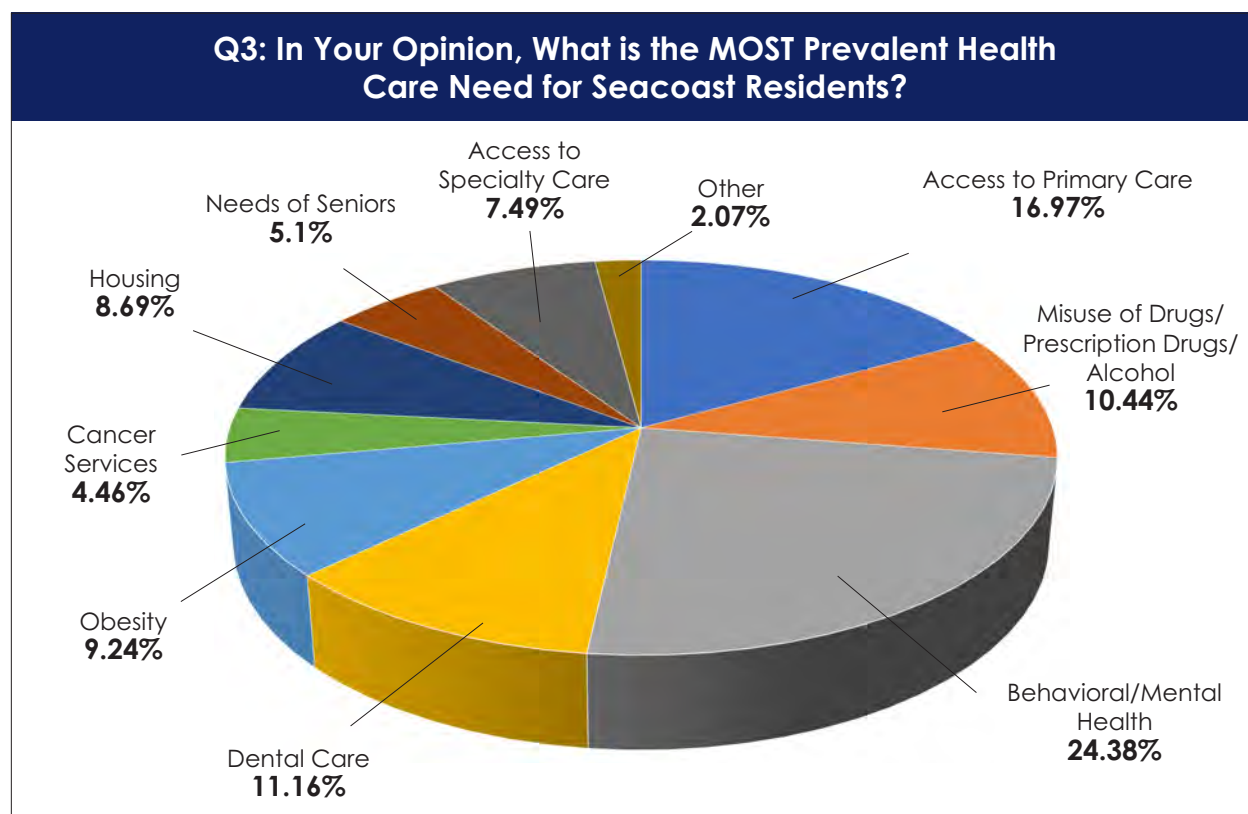
These quotes were taken from Community Call notes from early in the pandemic, soon after students switched to e-learning from home. At that point, it was difficult to get mental health appointments, but still possible with extra time and perseverance. A percentage of students were struggling with their mental health, but that was the minority. This quickly changed in the coming months when pediatricians, schools, and mental health professionals became overwhelmed.

Quote from a Local Mental Health Professional:

***“Kids that were already isolated might be doing okay, but other kids who we aren’t thinking about, who weren’t previously struggling, who lost their support network, who lost their teams, those kids are having a hard time. They’re incrementally more at-risk. We need to find a way to help all kids.*”**

Quote from a Core Pediatrician:

“For families, e-learning is stressful to balance with work and other responsibilities. There are a cohort of kids who were school resistant, and some of those kids might be doing okay with these changes. Students who are missing milestones, etc., whose families are newly stressed and were doing fine before... We have to find a way to support those families through the grief and change of life that is happening, too.”





Electronic Medical Record Data compiled by Exeter Hospital mirrors this trend, with the highest number of patients seeking mental health treatment falling in the 15-24 age range (37%). The same age range is also the most likely to be diagnosed with a major depressive disorder.

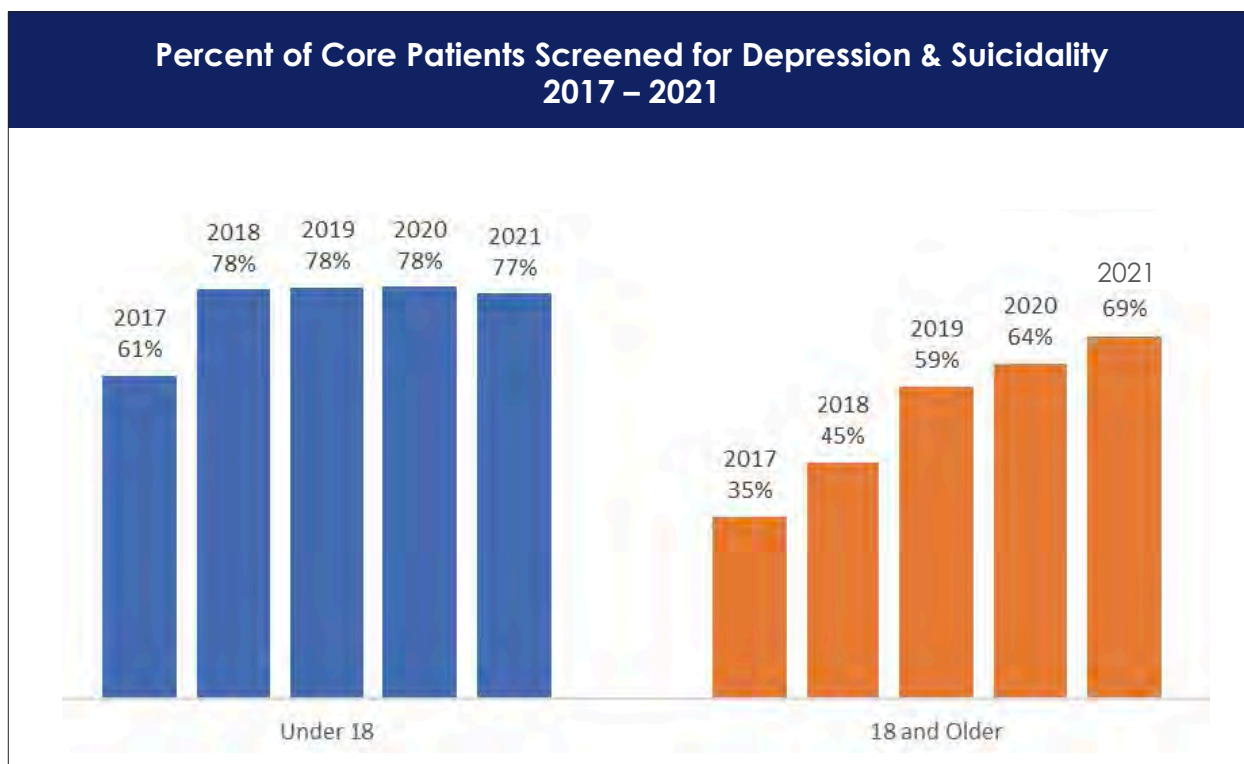
Exeter Hospital's Emergency Department Diagnosis Codes FY 2019 through Q2 FY 2022																	
Unique Patient Count																	
Descrip/Age Range	FY2019			FY2020			FY2021			FY2022			Grand Total				
	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4		
SUICIDAL IDEATIONS	11	10	14	21	38	24	43	56	31	32	32	35	21	36	3	407	
15-24	3	7	7	9	13	6	18	19	16	9	5	15	7	15	1	150	
25-34	2		3	2	8	9	11	14	7	6	11	3	2	6		84	
00-14	1	1	1	6	6	4	5	9	5	4	6	8	6	6		68	
45-54	2			1	4		5	5	2	6	2	1	1	2		31	
55-64	1	1			2	3	4	4	1	3	4	1	1	4	1	30	
35-44	2	1	3	2	5	2				3	4	3	1	3	1	30	
65+				1				5		1		4	3			14	
MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	43	46	41	33	22	27	20	20	14	27	12	1	6	3		315	
15-24	23	25	23	16	8	11	10	7	5	12	7	1	2			150	
25-34	5	7	5	5	2	8	4	4	2	9	1		1			53	
00-14	3	5	2	2	7	2	2	1	1	3	1		1	1		31	
55-64	3	2	4	2	3	2		2	1	3			2			24	
65+	2	5	3	3		1		3	2		3					22	
45-54	5	1	3	1		3	3	1	1							18	
35-44	2	1	1	4	2		1	2	2					2		17	
SUICIDE ATTEMPT, INITIAL ENCOUNTER	1		1	1	1	1	1		1	1	1					10	
00-14				1	1	1			1							4	
15-24	1						1			1						3	
45-54																1	
55-64			1														
35-44											1						

The Exeter Hospital Emergency Department (ED) has worked diligently over recent years to improve the provision of care process to assess and treat patients with suicidal ideation. The improvement work includes: physical environment enhancements for patients with suicidal ideation to ensure their safety, participation in a New Hampshire State Behavioral Health Learning Collaborative sponsored by the New Hampshire Foundation for Healthy Communities, and extensive collaboration with various regional hospitals to share best practices of assessing and treating patients with suicidal ideation.



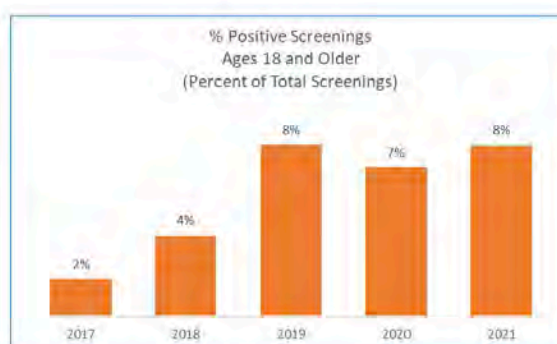
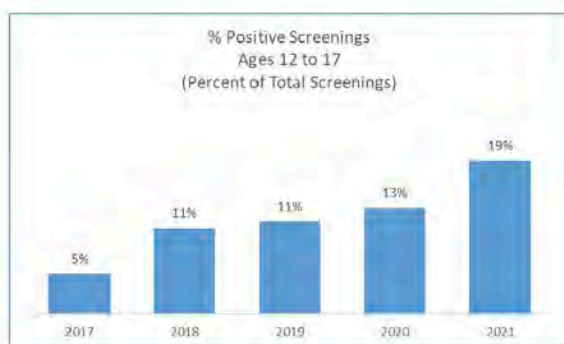
In 2021, Exeter Health Resources engaged Atrium Health to conduct a cross-organizational needs assessment, gap analysis, and 3-5 year strategic road map to address the care of behavioral health patients. A final report was completed on August 17, 2022. The following is excerpted from the report:

Patient visits to an ED as a result of behavioral health crisis may be due in part to poor access to adequate community-based care post-discharge, and challenges in obtaining psychiatric medications (<http://www.shepscenter.unc.edu/hp/index.html>). Due to the lack of coordinated resources and high recidivism, many patients are admitted to a psychiatric facility perhaps unnecessarily, rather than receiving the care coordination that could prevent this highest level of care. Virtual care offers an efficient means for patient evaluation, treatment recommendations, and follow-up care due to the remoteness of rural EDs and lower volume of patients needing services. Integrating patient navigation into emergency mental health care delivery may address many of the barriers to patient success post-discharge. Patient navigation has a growing evidence base for improving patient outcomes. <https://www.ncbi.nlm.nih.gov/pubmed/28505217>

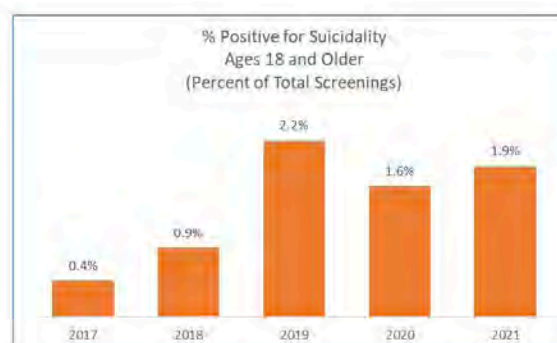
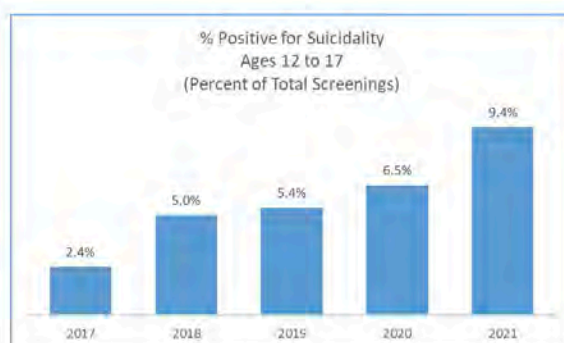




Percent Positive Screenings



Percent Positive for Suicidality



National Suicide Prevention Lifeline's New Phone Number (NSPL)

In July of 2021, New Hampshire announced the launch of **988**, the new three-digit dialing code that routes callers to the National Suicide Prevention Lifeline. People can call 988 to be connected with trained counselors that are part of the existing NSPL network. The 988 code is a national system that routes calls by area code, which means that someone calling from an area code outside of New Hampshire will reach a call center in the area code's corresponding state. For a response from a New Hampshire provider, regardless of your area code, people can dial or text New Hampshire Rapid Response at 833-710-6477. <https://www.nh988.com/>

Exeter Police Department Behavioral Health Calls

The following information was provided by the Exeter Police Department. Although this data is in the early stage of collection an upward trend is apparent.

EPD Behavioral Health Calls * 2020 (Q3) – 2022 (Q2)		
Year	Avg. # of Calls per Quarter	% Growth
2020	53	n/a
2021	54	2%
2022	70	29%

* Partial data.



Substance Use Disorder Overview

Substance Use Disorder (SUD) has a profound impact on Rockingham County. Despite the network of recovery community organizations (SOS & Safe Harbor), outpatient treatment service organizations, and recovery residences available in the area, there are gaps in the continuum of care. Substance Use Disorder may lead to loss of life in the community, a decrease in productivity, and an impact on public safety.

- From 2020-2021, overdose deaths were down 15%, ER visits remained flat and Narcan administrations increased. This implies opioid use increased in 2021.
- Exeter, Hampton, Portsmouth, and Seabrook each ranged between 6-10 overdose deaths in 2020.

Source: NH Medical Examiner's, September 2021, excerpted from a presentation by the Pinetree Institute, Exeter SUD Presentation 012522

Percentage of Adolescents Reporting Drug Use Decreased Significantly in 2021 as the COVID-19 Pandemic Endured*

The percentage of adolescents reporting substance use decreased significantly in 2021, according to the latest results from the Monitoring the Future survey of substance use behaviors and related attitudes among eighth, 10th, and 12th graders in the United States. In line with continued long-term declines in the use of many illicit substances among adolescents previously reported by the Monitoring the Future survey, these findings represent the largest one-year decrease in overall illicit drug use reported since the survey began in 1975. The 2021 survey reported significant decreases in use across many substances, including those most commonly used in adolescence – alcohol, marijuana, and vaped nicotine. The 2021 decrease in vaping for both marijuana and tobacco follows sharp increases in use between 2017 and 2019, which then leveled off in 2020.

This year, the study surveyed students on their mental health during the COVID-19 pandemic. The study found that students across all age-groups reported moderate increases in feelings of boredom, anxiety, depression, loneliness, worry, difficulty sleeping, and other negative mental health indicators since the beginning of the pandemic.

"We have never seen such dramatic decreases in drug use among teens in just a one-year period. These data are unprecedented and highlight one unexpected potential consequence of the COVID-19 pandemic, which caused seismic shifts in the day-to-day lives of adolescents," said Nora Volkow, M.D., NIDA director.

"Moving forward, it will be crucial to identify the pivotal elements of this past year that contributed to decreased drug use – whether related to drug availability, family involvement, differences in peer pressure, or other factors – and harness them to inform future prevention efforts."

* National Institute on Drug Abuse



Pet Therapy

Cinnamon is one of five therapy dogs who visit Exeter Hospital regularly. Visiting with a friendly pet can lower blood pressure and relieve stress, something needed more than ever during the pandemic. The visits have lasting impact. Roseann Swanson, Patient Relations Coordinator, rounds with staff and patients throughout the hospital daily where the pet therapy visits frequently come up. "They always ask about the dogs and want me to know how much it helps. All staff, no matter what department I am visiting are impacted. It rejuvenates their spirits and that ripples throughout the organization. It's another thing to help get people through their day during a very challenging time."

Pet Partners' volunteer Erin O'Malley has three certified dogs at home that visit the health system regularly. Stig, a much loved Bernese Mountain Dog weighing in at 110 pounds, settles in for long visits with patients and staff. He often leaves stuffed animals behind that look like miniature versions of himself (and maybe a little extra dog fur).

The dogs look forward to their visits because the shift always ends in a fast food cheeseburger. Their favorite? A bacon jr. cheeseburger. The pups look forward to working, but after their cheeseburger they also need a long nap to recharge. [See the Seacoast Bark Magazine article in Appendix N.](#)





2. Access to Care

Access to care continues to be a notable concern. The 2022 Community Health survey showed a decline in how people ranked their personal health. In 2019, 91% (644/710) of respondents claimed that their health was good or very good. In 2022, only 80% of people choose those categories. In 2019, 9% (66/710) of people reported their health as fair or poor, while in 2022 that number increased to 20% (248/1255).

Quotes from Community Health Survey:

“The cost of monthly health care should not be the largest expense in a family budget. Health care is tragically broken on every level. The general population have lost trust in the system.”

“Limitations placed on us by insurance.”

“I usually hear a combination of insurance, transportation, and mental health issues leading to inability to navigate the healthcare system.”

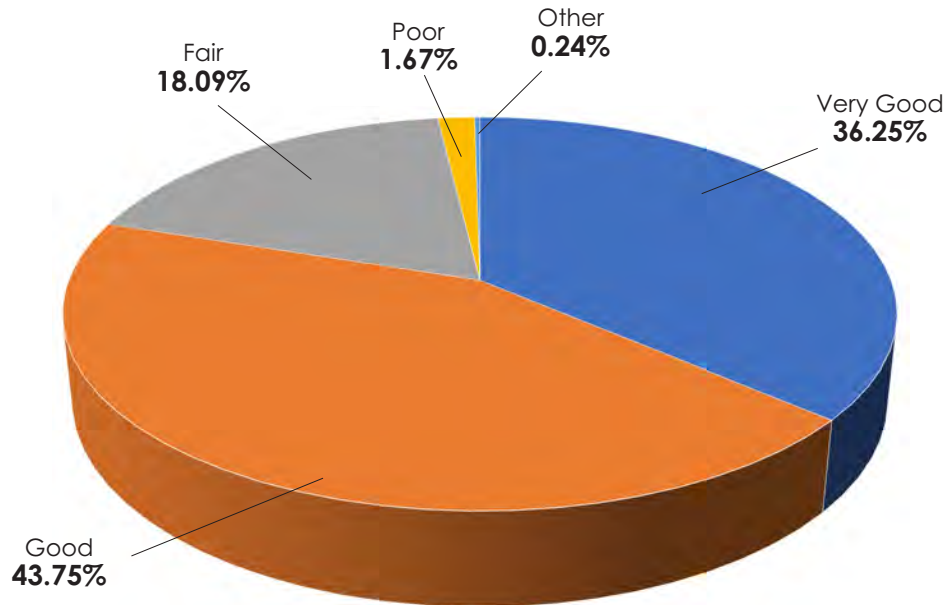
“I find it impossible to get an appointment with my doctor. I was forced to go to the ER due to this last weekend, and waited hours and hours without being seen.”

“My PCP is retiring at a time when my health is compromised (long COVID) and I don’t have a clear path forward to address my many symptoms.”

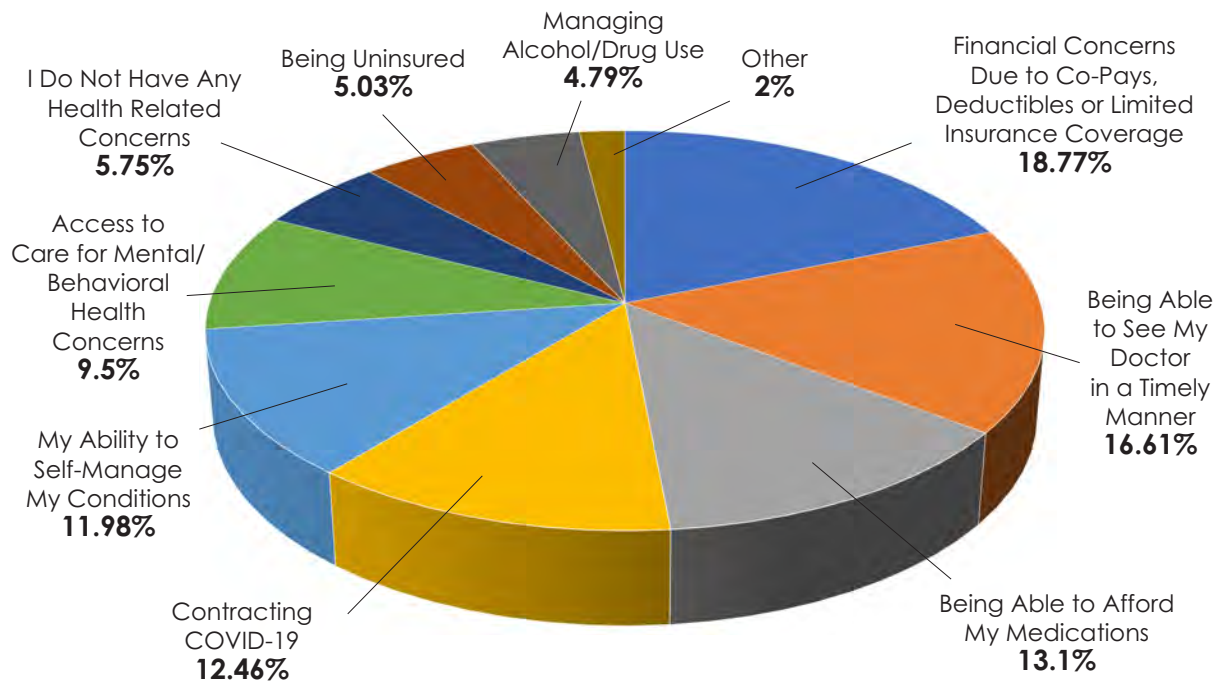
“My issue is a combination of high cost and provider availability.”



Q1: In General Would You Say Your Health Is...?

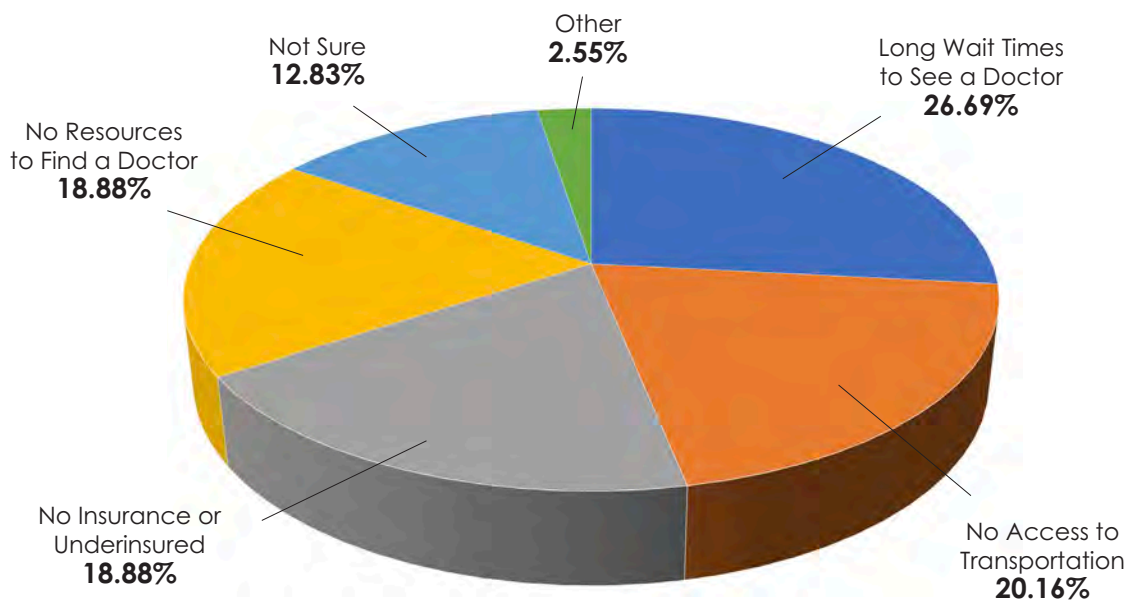


Q2: Please Tell Us What is the MOST Important Health-Related Concern You Have for You and Your Family?





Q4: In Your Opinion, What is the PRIMARY Reason Seacoast Residents are NOT Able to Access Health Care Services?





3. Transportation

Transportation remains both a health need priority and a barrier to care, most prominently for older adults and disabled community members. When asked about the primary reason Seacoast residents are unable to access healthcare, the second leading answer in 2022 (20%) was transportation. This is more than double from 2016, when 9% of respondents chose that category. Lack of transportation leads to social isolation and declining health outcomes.

The Exeter Age Friendly Community Survey was adopted from a national model developed by the AARP and promoted in 2022 by Exeter Parks and Recreation and other partners. When asked what concerns residents had about growing older in Exeter, 54% of the 332 respondents chose “having transportation options once I stop driving,” while 59% of respondents rated public transportation as fair or poor. It is worth noting that the town of Exeter has more resources available than other towns in Rockingham County, such as discount taxi vouchers and robust nonprofit ride-sharing programs. Increased outreach about available program has been identified as a needed outcome.

Quote from Community Health Survey:

“I am most concerned with being able to afford and get to appointments, pharmacies, prcedures, dentists and physical rehab. I am too young for transportation services, don’t make enough money for taxis and Ubers, and have co-pays to pay!”

Quotes from Key Leader Interviews:

“The kind of [transportation] services we provide are important and needed, but there is not enough funding to provide it for everyone who needs it. So people may miss their doctor’s appointment or their grocery trip and have to wait until next week’s trip. Some of these trips are just too infrequent due to these [financial] constraints.”

“Not specific to Rockingham county, but there is more and more suburban sprawl development which makes it difficult to provide transportation efficiently. If everyone is car dependent, this will pose significant challenge.”

“Transportation for the elderly or other low-income people without personal vehicles is the biggest challenge we see. The demographics appear to be getting older, and I don’t think we are set up to accommodate the aging population and the associated needs of those without nearby family members.” (Human Services Manager for Rockingham County town)

“We need people to know about our services, but the biggest barrier is having enough volunteers available to fill all of the need. We provided just shy of 3,500 rides in 2021 but we still had 7% unmet trips – that’s about 240 rides that people couldn’t get where they needed to go. There is virtually no public transportation, and in some of the towns we serve we are the only option. Another issue is income eligibility – a lot of the people we work with are at the upper end of low income or at the low end of moderate income so they have just enough income where they don’t qualify for services like Medicaid where transportation is provided, but they don’t have enough to be able to regularly afford a taxi or uber to get where they need to go. That is a growing problem for us.”





4. Social Determinants of Health (SDOH)

Good health cannot only be attributed to high quality medical care. We now know that social and economic factors contribute up to 80% of an individual's health status. These factors are called the Social Determinants of Health (SDOH), defined as *"conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks."*

(Healthy People, 2020)

The Five Key Social Determinants of Health and Their Contributing Factors Are:

1. Economic Stability

- Employment
- Food Insecurity
- Housing Instability
- Poverty

2. Education

- Early Childhood Education and Development
- Enrollment in Higher Education
- High School Graduation
- Language and Literacy

3. Social and Community Context

- Community Participation
- Discrimination
- Social Connection

4. Health and Health Care

- Access to Health Care
- Access to Primary Care
- Health Literacy

5. Neighborhood and Built Environment

- Access to Healthy Foods
- Violence & Trauma
- Environmental Conditions
- Quality of Housing



Addressing SDOH in a healthcare setting can improve care, patient experience, and health outcomes. Core Physicians conducted 455 patients screenings in 2021. Since social determinants of health are interrelated, a positive screen could indicate the need for an in-depth conversation about the challenges. Increased stress from multiple social determinants further impacts health, and triggers referral to the appropriate community resources.

As illustrated below, the categories of finances and education were the domains that Core patients screened positive for most frequently. Financial strain includes emotional and behavioral responses to hardship when an individual cannot meet financial obligations. It encompasses housing instability and food insecurity. Individuals under financial strain may forgo medical care or prescriptions, and it has been linked to depression in both parents and children.

Core Physicians SDOH Screenings		
455 Patients Screened – April 2021 to December 2021		
Finance – 9%	Food Insecurity – 4%	Utilities – 2%
Education – 6%	Transportation – 4%	Child Care – 1%
	Housing – 4%	

Lower education levels are correlated with lower income, higher likelihood of smoking, and shorter life expectancy. Individuals with lower levels of education are less likely to engage with their physicians, tend to have poorer medical compliance, and have higher rates of hospitalization.

https://www.aafp.org/dam/AAFP/documents/patient_care/everyone_project/hops19-physician-guide-sdoh.pdf

A 2018 issue brief from the Henry J. Kaiser Family Foundation explains that “children born to parents who have not completed high school are more likely to live in an environment that poses barriers to health such as lack of safety, exposed garbage, and substandard housing. They also are less likely to have access to sidewalks, parks or playgrounds, recreation centers, or a library. Further, evidence shows that stress negatively affects health across the lifespan and that environmental factors may have multi-generational impacts.” Addressing social and economic disadvantages such as the providing early childhood education to low-income families and communities of color helps to reduce achievement gaps and promotes health equity.

[Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity](#)
[| KFF](#)



In areas with a large percentage of people earning middle and higher incomes such as Rockingham County, poorer residents find themselves dealing with inflated prices for basics such as housing, healthcare, and transportation. This environment impacts the ability for Seacoast residents to move out of a position of poverty.

Food Security

Analysis by the New Hampshire Fiscal Policy Institute estimates that only 30% of eligible Granite Staters are using the Supplemental Nutrition Assistance Program (SNAP), the country's first line of defense against hunger (reference: New Hampshire last among neighbors in SNAP enrollment, new analysis finds – New Hampshire Bulletin). The federal government boosted the program during the pandemic, increasing benefits by 21% in 2021. Neighboring states of Vermont and Maine have seen greater enrollment in the program, perhaps because of broader outreach plans, according to the report. Under-enrollment in New Hampshire leaves families and individuals to struggle with food insecurity, while ignoring federal funds that would boost the local economy. In fact, New Hampshire Hunger Solutions estimates that every dollar in SNAP benefits spent generates at least \$1.54 in local economic activity. Reference: What do we know about SNAP in New Hampshire? (nhhungersolutions.org).

Quotes from Key Leader Interviews:

“There are not a lot of services for homeless folks, including transportation services. Low-income rentals. We don’t have enough resources for homeless individuals.”

“We are having a housing crisis currently and the cost of living here is high. Our ‘middle class’ is unable to afford to live here so services are losing their workforce.”

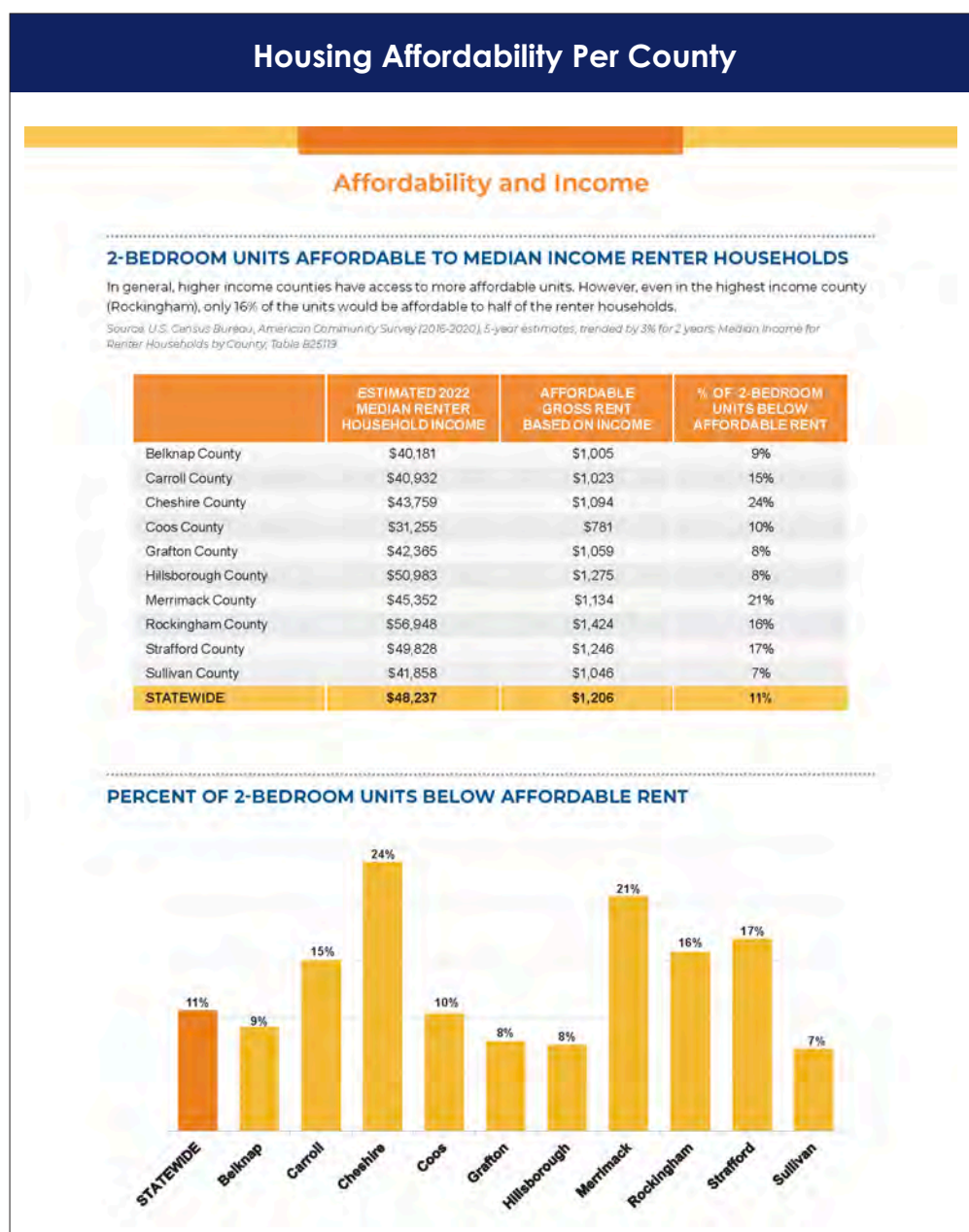




Housing

Strong demand and low vacancy rates have pushed apartment rents and housing prices up rapidly over the past three years. The county's rental vacancy rate in 2022 was .4% for all size units, strikingly below a balanced rental market rate of 5%. With this exceptionally low rate, finding an apartment involves persistence, luck, and a lot of time. In comparison, the vacancy rate nationally is 5.8% and 4.9% in the Northeast, according to the U.S. Census Bureau. The median gross rent for a 2-bedroom unit in Rockingham County in 2022 was \$1,708, a 21% increase since 2017.

<https://www.nhhfa.org/wp-content/uploads/2022/08/NHHousing-2022-Rental-Cost-Report.pdf>





Quote from Key Leader Interviews:

“Two areas of concern in our communities that continue to be top of mind are behavioral health and social drivers of health. They can determine a person’s overall health more so than access to clinical care. These two areas of need are not new and the pandemic broadened the gap that has existed between the demand and supply of those resources. Many great community organizations are doing their best to provide access and resources, however more investment and reimbursement is needed for us to truly address these community health concerns.”

Excerpt from Community Call Notes with Sarah Shanahan, HAVEN, October 8, 2020

- When COVID-19 hit, it became “deadly” quiet for a few weeks. What became clear was that survivors HAVEN had been working with, and people who hadn’t yet reached out were experiencing a lot more barriers. They were now sheltering at home with their abusers. Kids who would have sought help after a presentation were now home.
- HAVEN’s work became increasingly complex with more requests for shelter, leaving staff to figure out how to meet the need safely.
- They saw a rise in homelessness and an increase in mental health needs. HAVEN quickly launched a tech hotline with lots more young people reaching about physical abuse, or mental health issues related to previous assaults. Teenagers and college students who had gotten away were now back in an abusive environment and they started to reach out through this new tech line.
- CARC trauma informed interviews picked up but mostly physical assault, not sexual. 90-96% of children are sexually abused by someone with regular access. And they weren’t reaching those kids.
- HAVEN initially thought it would be temporary. Over the course of the summer it became clear this was not the case.
- The pivot – HAVEN decided to focus on reaching elementary age students while in school. They are the most at-risk with the least unsupervised access to reach out for help. Teens and older were reaching out, young kids could not. They created a virtual version of presentations for kids focusing on K-4.
- They started teacher training using zoom training covering topics like how can teachers maximize face time with students when they have concerns. Also how to recognize signs of abuse.
- Isolation is very challenging on all segments of the population and mental health issues are exacerbated. People who were getting mental health support transitioned okay to telehealth. People who had coexisting conditions with behavioral health were not as successful.



5. Needs of Older Adults & Other Underserved Populations

New Hampshire has the second-oldest population in the nation, with one out of every five residents currently over the age of 60. This trend is set to continue. According to AARP, 1 in 5 Americans over the age of 65 does not drive. That equates to 75,000 non-driving older adults in New Hampshire by 2030, based on population projections.

See data chart in Appendix J.

Quote from Community Health Survey:

"I would like more active programs for seniors like Pickleball, walking programs, and other programs for seniors."

Prior to 2019, seniors in the community relied on a host of services that were immediately impacted. For instance, Rockingham Meals on Wheels and Lamprey Health Care had to cease transportation completely for a time (Lamprey has since terminated the transportation program). Seniors are a population with gaps in technology access and it was difficult to get information out quickly. Notes from an April 2020 Community Call documented seniors were feeling isolated and not getting the help they needed with groceries, shopping, medications, and more.

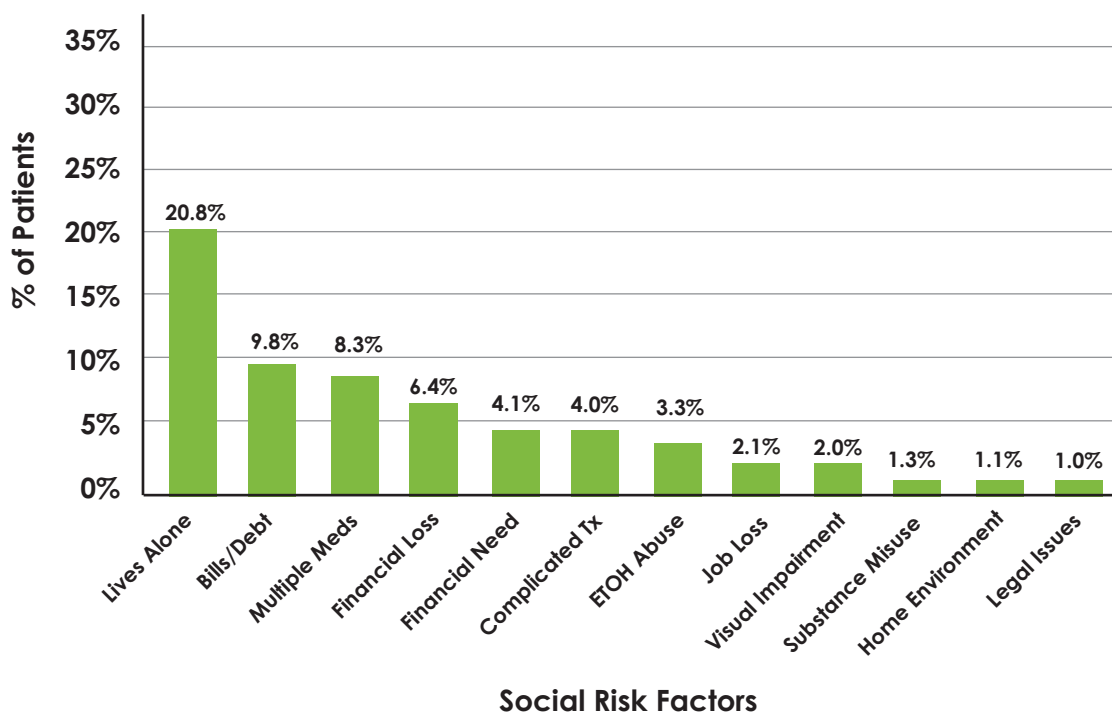
Rockingham Visiting Nurse Association & Hospice (RVNA) is a community-based, non-profit Home Health agency that serves the adult population of Rockingham County as well as the communities of Barrington, Durham and Lee, New Hampshire. RVNA is an affiliate of Exeter Health Resources, providing high quality home care, community outreach programs and services.

"Older adults now have the most diverse life experiences of any age group," Ina Jaffe, a reporter at NPR who covers aging, told me in an email. "Some are working, some are retired, some are hitting the gym every day, others suffer with chronic disabilities. Some are traveling around the world, some are raising their grandchildren, and they represent as many as three different generations. There's no one term that can conjure up that variety."

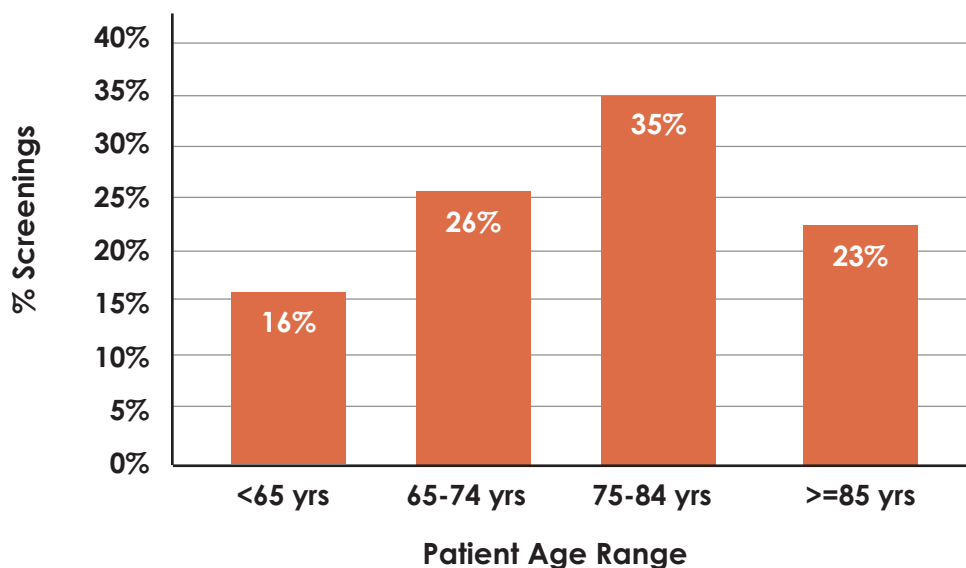
– Joe Pinsker, The Atlantic



RVNA Social Risk Factors – September 2021 to April 2022



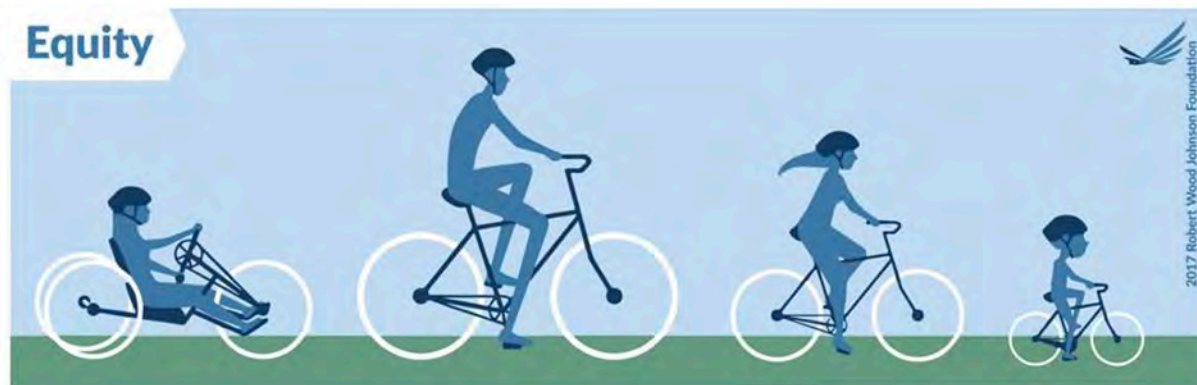
RVNA Screening for Social Risk Factors by Age – September 2021 to April 2022



Disability Demographics

Compared to New Hampshire adults without mobility disabilities, individuals with mobility disabilities are...

- Slightly more likely to have health insurance
- Slightly more likely to identify a primary care provider
- Twice as likely to delay needed medical care due to cost
- 1.5 times more likely not to have seen a dentist in the last 12 months



Disability Demographics

How many adults in New Hampshire (NH) have mobility disabilities?

1 in 4

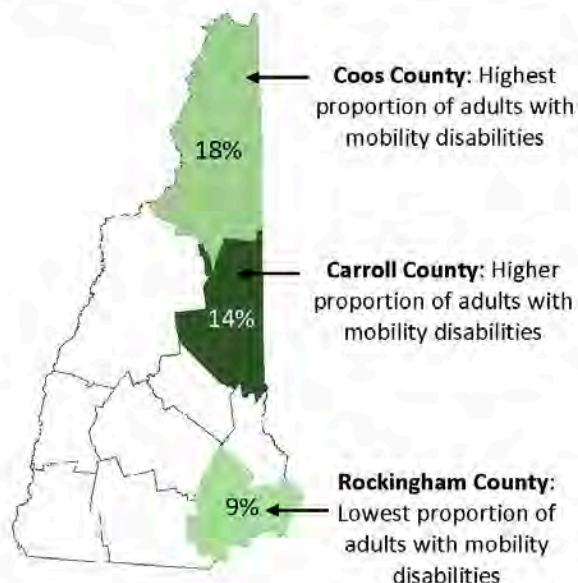


NH adults has any disability

1 in 10

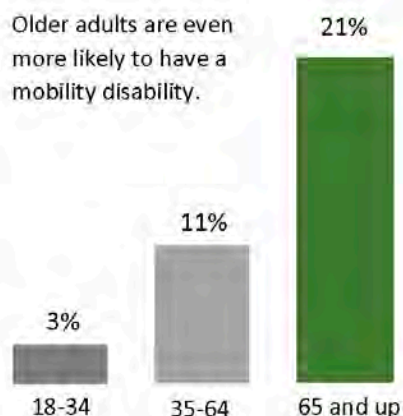


has a mobility disability



- 1 in 4 NH adults has any kind of disability, and 1 in 10 has a mobility disability.
- Mobility disabilities are more common among older adults. 2 in 10 NH adults (21%) ages 65 and up have a mobility disability.
- In NH, Coos County has the highest proportion of adults with mobility disabilities, at 18%. In Carroll County, 14% of adults have mobility disabilities. Rockingham County has the lowest proportion of adults with mobility disabilities, at 9%.

Older adults are even more likely to have a mobility disability.



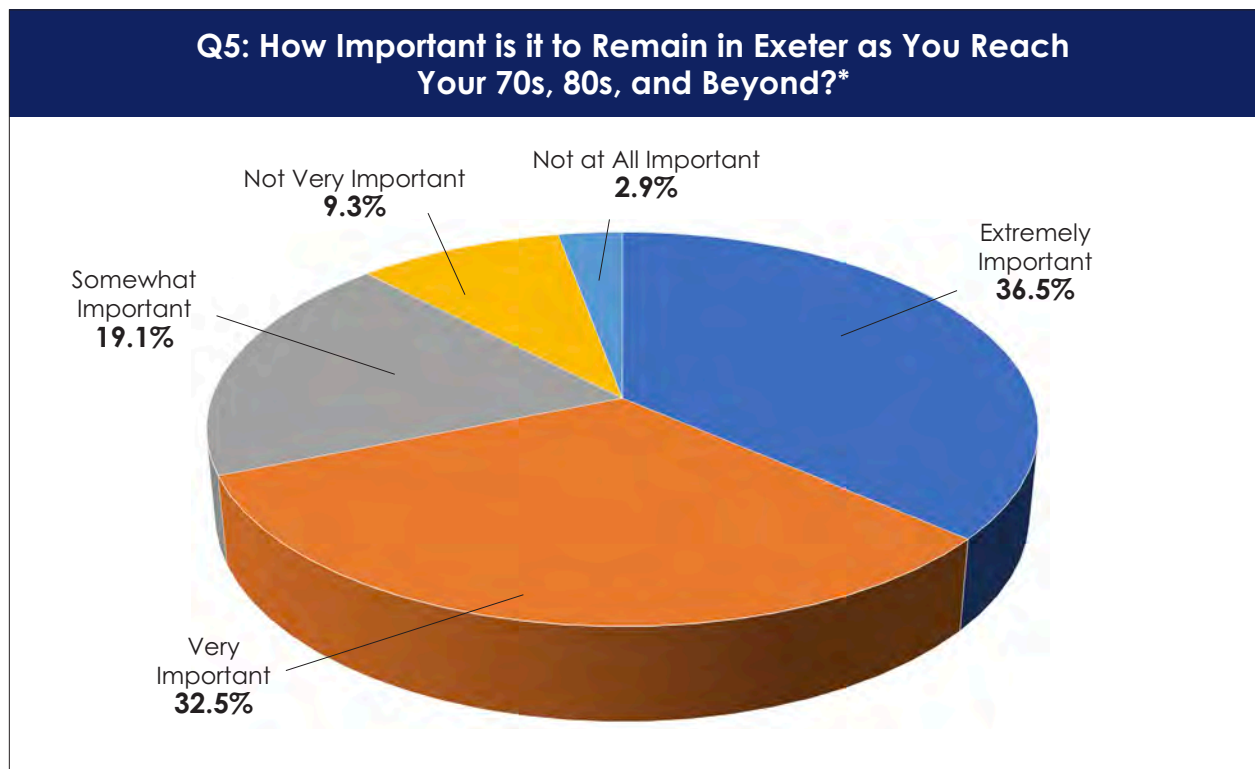
For information about adults with Intellectual and Developmental Disabilities (IDD) see [Appendix K](#).



As the population of older adults rises, more social services are necessary to support their specific needs. These services include adult day programs, transportation, legal services, home health services, prevention and wellness programs, dental services, and end of life care.

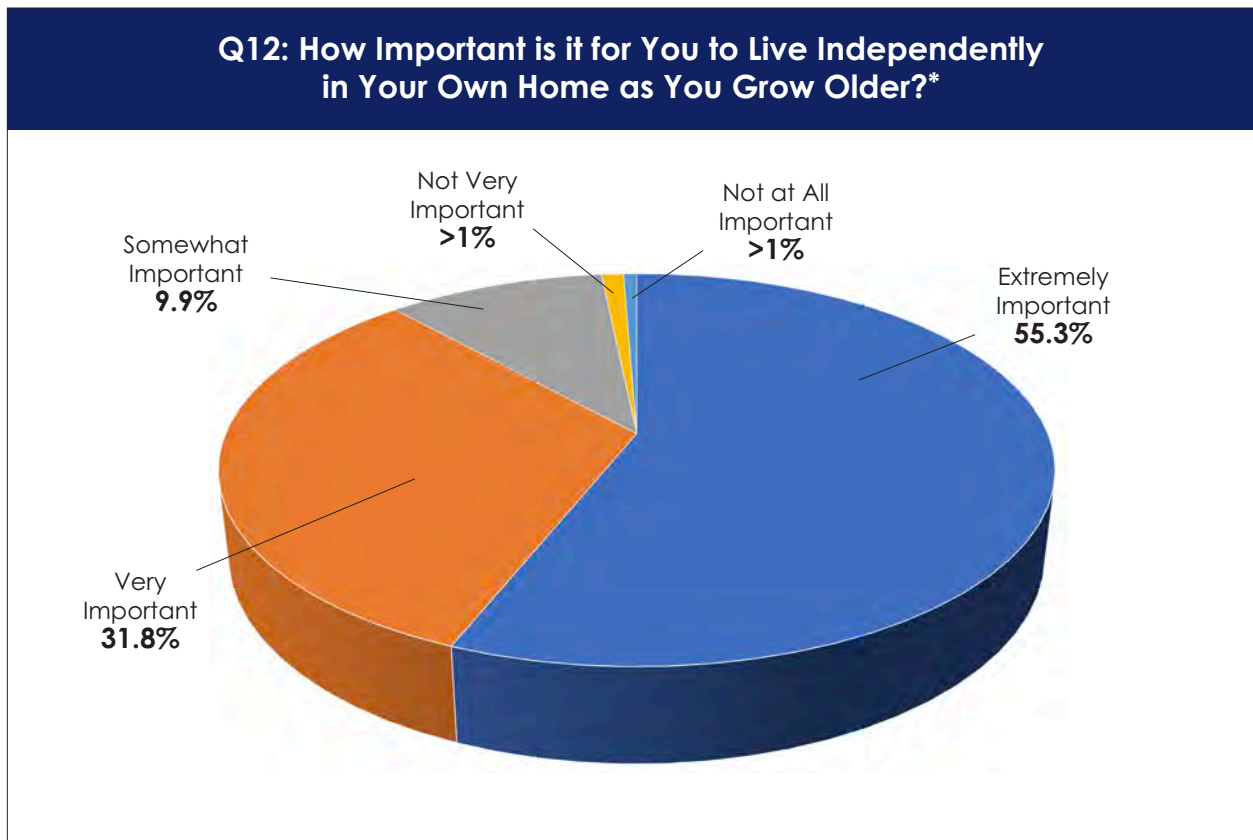
Exeter Age Friendly Community Survey, 2022

Findings from Exeter's 2022 Age Friendly Communities survey show that residents wish to remain in the community as they age. 36.5% of respondents said it was "Extremely Important" to remain in Exeter in their 70s, 80s, and beyond while 32.5% answered that it was "Very Important."



***Exeter Age Friendly Community Survey, 2022**

Likewise, 55.3% of respondents said it is “Extremely Important” to live independently in their own home as they grow older and 31.8% reported that it is “Very Important.”



*Exeter Age Friendly Community Survey, 2022



LGBTQ+

Members of the LGBTQ+ community have specific health care concerns and often find it difficult to find a provider to meet their needs. Patients of all ages often travel to urban areas in other states to access services. Awareness about the need for inclusive, gender affirming care was heightened during the pandemic. In the last three years, Core Physicians has greatly expanded the services and programs offered for LGBTQ+ patients.

<https://www.corephysicians.org/Services/Other-Services/LGBTQ-Health>.

Read the Portsmouth Herald “We Need This Here” article in Appendix M.

Health Equity

Health equity is achieved when every person has the opportunity to “attain his or her full health potential” and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances.” Health inequities are reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment.

Excerpted from: <https://www.cdc.gov/chronicdisease/healthequity/index.htm>

The data show that racial and ethnic minority groups, throughout the United States, experience higher rates of illness and death across a wide range of health conditions, including diabetes, hypertension, obesity, asthma, and heart disease, when compared to their White counterparts. Additionally, the life expectancy of non-Hispanic/Black Americans is four years lower than that of White Americans. The COVID-19 pandemic, and its disproportionate impact among racial and ethnic minority populations is another stark example of these enduring health disparities.

Excerpted from: <https://www.cdc.gov/minorityhealth/racism-disparities/index.html>



Evaluation of Impact of 2020-2022 Implementation Strategy

Hospital: Exeter Hospital

Below is the evaluation of Exeter Hospital's 2020-2022 Implementation Strategy (IS). This process allowed the hospital to better understand the effectiveness of their community benefits programming and to identify which programs should or should not continue.

Since 2020, many of the programs that would normally be conducted in-person were postponed or canceled because of COVID-19. When possible, programs were delivered virtually to ensure that the community was able to receive services to improve health and wellness.

For the 2020-2022 IS process, Exeter Hospital (EH) planned for a comprehensive strategy to address the prioritized health needs of the CBSA as outlined in the 2019 CHNA report. These strategies included funding, in-kind support, partnerships, internal hospital programming, and advocacy.

Priority	FY 20-22 Accomplishments and outcomes
Access to Care	<p>Continuance of existing Financial Assistance Plan including catastrophic coverage at both Exeter Hospital (EH) and its affiliate Core Physicians</p> <p>Supported the reauthorization of the Medicaid expansion program.</p> <p>Participation in broad spectrum of Medicare and Medicaid programs below the cost of care or existing market rates.</p> <p>Provided support for Lamprey Health Care.</p> <p>Exeter Hospital's Community Call: A bi-weekly call to stay connected with community partners during the pandemic and share reliable information. The call began in June 2020 and grew to include over 100 participants for 50+ organizations.</p>
Substance Misuse and Addiction	<p>Exeter Hospital distributed <i>Zero Left</i> disposal bags to patients and the community and initiated an internal opioid task force.</p> <p>In-kind and financial support of initiatives in concert with New Hampshire Hospital Association and the New Hampshire Integrated Delivery Network.</p> <p>Ongoing community calls and outreach to support organizations involved in addressing gaps in substance misuse.</p>
Access to Mental Health Services	<p>Exeter Hospital subsidized Emergency Department access program with Seacoast Mental Health.</p> <p>Advocated for the expansion of access to mental health services in concert with Seacoast Mental Health and the New Hampshire Integrated Delivery Network.</p>
Youth Suicide Prevention	<p>Exeter Hospital sponsored education and awareness campaigns and supported <i>Zero Suicide</i> programming across hospital affiliates.</p>



	<p>Exeter Hospital actively participated with NAMI on the Governor's Council on Suicide Prevention.</p> <p>Exeter Hospital provided sponsorships in support of local area not for profits that address suicide prevention.</p>
Transportation (Health Care Related)	<p>Exeter Hospital supported limited subsidized transportation program via taxi voucher program.</p> <p>Exeter Hospital provided support for Lamprey transportation services.</p> <p>Provided support for the Transportation Assistance for Seacoast Citizens program.</p>
Elder Care and Support Services	<p>Ongoing Community Calls and outreach to support organizations involved with addressing gaps in aging population.</p> <p>Provided grants to Rockingham Meals on Wheels; Community Toolbox, Society of St. Vincent de Paul; New Hampshire Hospice & Palliative Care; Gather.</p>



FY23-FY25 Implementation Strategy

About the Hospital and 2022 Community Health Needs Assessment Process

Exeter Hospital is a 100-bed, community-based hospital serving New Hampshire's Seacoast Region. The mission of Exeter Hospital is to improve the health of the community. The hospital's scope of care includes comprehensive medical and surgical health care services including, but not limited to: breast health, maternal/child and reproductive medicine, cardiovascular, gastroenterology, sleep medicine, occupational and employee health, oncology, orthopedics, general surgery and emergency care services. Exeter Hospital is accredited by DNV Healthcare, Inc., and is a Magnet®-recognized hospital. Magnet designation from the American Nurses Credentialing Center is the most prestigious distinction a health care organization can receive for nursing excellence and high-quality patient care.

To complete the assessment, a steering group convened in January 2022 composed of Seacoast area leaders with deep working knowledge of community health needs. In conducting this assessment and planning process, it would be difficult to overstate Exeter Hospital's commitment to community engagement and a comprehensive, data-driven, collaborative, and transparent assessment and planning process. Exeter Hospital's Steering Committee dedicated hours to ensuring a sound, objective, and inclusive process. This approach involved extensive data collection activities, substantial efforts to engage partners and community residents, and a thoughtful prioritization, planning, and reporting process.

Exeter Hospital collected a wide range of quantitative data to characterize the communities served across its Community Benefits Service Area (CBSA). The hospital also gathered data to help identify leading health-related issues, barriers to accessing care, and service gaps. Whenever possible, data was collected for specific geographic, demographic, or socioeconomic segments of the population to identify disparities and clarify the needs for specific communities.

Prioritization and Implementation Strategy Process

Federal community benefits guidelines require a nonprofit hospital to rely on their analysis of their CHNA data to determine the community health issues and priority cohorts on which it chooses to focus its Implementation Strategy (IS). By analyzing assessment data, hospitals can identify the health issues that are particularly problematic and rank these issues in order of priority. This data can also be used to identify the segments of the community that face health-related disparities or are disproportionately impacted by systemic racism or other forms of discrimination.

Led by Exeter Hospital's Community Impact Officer, the Director of Public Relations along with a steering group comprised of Seacoast area leaders, data were reviewed, and the below priorities were selected.



Definition of Area Served

Exeter Hospital's Community Health Needs Assessment was conducted using the service area consistent with its system of care practice locations, Rockingham County. Covering the southeast corner of the state, Rockingham County is home to the state's entire seacoast and features several popular resorts towns. The Piscataqua River and Portsmouth Harbor separate it from Maine on a nine-mile stretch to the northeast, and it shares a 56-mile border to the south with Massachusetts. Exeter Hospital's service locations are as follows:

Central – Brentwood, Exeter, Newfields, Newmarket

East South East – Hampton, Hampton Falls, North Hampton, Seabrook

North East – Greenland, New Castle, Newington, Portsmouth, Rye, Rye Beach, Stratham

South West – Atkinson, Danville, East Hampstead, East Kingston, Hampstead, Kensington, Kingston, Newton, Newton Junction, Plaistow, Sandown

West – Deerfield, Epping, Fremont, Nottingham, Raymond, West Nottingham



Prioritized Community Health Needs and Cohorts

Exeter Hospital is committed to promoting health, enhancing access and delivering the best care for those in its CBSA. Over the next three years, the hospital will work with its community partners to develop and/or continue programming geared to improving overall well-being and creating a healthy future for all individuals, families and communities.

Needs Not Prioritized by the Hospital

There are community health needs identified by Exeter Hospital's assessment not prioritized for investment or included in the IS. Specifically, childcare and housing were identified. While these issues are important, Exeter Hospital decided it was outside of the organization's sphere of influence and investment.



Recognizing that community benefits planning is ongoing and will change with continued community input, Exeter Hospital's IS will evolve. Circumstances may change with new opportunities, requests from the community, community and public health emergencies and other issues that may arise, which may require a change in the IS or the strategies documented within it. Exeter Hospital is committed to assessing information and updating the plan as needed.

Implementation Strategy Details

The last three years have been marked by the COVID-19 pandemic. Supply chain issues, inflation, and unfilled positions continue to cause major disruption in daily life. The impact of the pandemic is woven throughout this report. The following five issues were identified as the greatest health needs in Rockingham County after months of research, data collection and evaluation.

Priority: Mental and Behavioral Health

Substance use disorder and mental health services remain significant concerns for residents living or working in the seacoast region or area.

Consistent with published secondary data at the state and national level, substance use disorder and mental health services remain significant concerns for Seacoast residents. According to the 2022 State of Mental Health in America, New Hampshire is ranked 6th in the country for youth mental illness and access to care. "A low overall ranking indicates a higher prevalence of mental illness and lower rates of access to care." The Access Ranking indicates how much access to mental health care exists within a state. The access measures include access to insurance, access to treatment, quality and cost of insurance, access to special education, and workforce availability. In 2019, New Hampshire was ranked 10th.

Priority: Access to Care

The Community Health Survey clearly showed people cannot afford preventative care and delay appointments. Obesity in Rockingham County increased 14% from 2019-2022 while preventative wellness visits were down by 20%.

Access to care continues to be a notable concern. The 2022 Community Health survey showed a decline in how people ranked their personal health. In 2019, 91% (644/710) of respondents claimed that their health was good or very good. In 2022, only 80% of people choose those categories. In 2019, 9% (66/710) of people reported their health as fair or poor, while in 2022 that number increased to 20% (248/1255).



Priority: Transportation

Transportation remains both a health need priority and a barrier to care, most prominently for older adults and individuals living with disabilities in the community. When asked about the primary reason Seacoast residents are unable to access healthcare, the second leading answer in 2022 (20%) was transportation. This is more than double from 2016, when 9% of respondents chose that category. Lack of transportation leads to social isolation and declining health outcomes.

The Exeter Age Friendly Community Survey was adopted from a national model developed by the AARP and promoted in 2022 by Exeter Parks and Recreation and other partners. When asked what concerns residents had about growing older in Exeter, 54% of the 332 respondents chose “having transportation options once I stop driving,” while 59% of respondents rated public transportation as fair or poor. It is worth noting that the town of Exeter has more resources available than other towns in Rockingham County, such as discount taxi vouchers and robust nonprofit ride-sharing programs.

Priority: Social Determinants of Health

Good health cannot be attributed solely to high quality medical care. We know that social and economic factors contribute up to 80% of an individual's health status. For example, individuals under financial strain are more likely to be depressed and may forgo medical care or prescriptions.

The Five Key Social Determinants of Health are:

- 1.Economic Stability
- 2.Education
- 3.Social and Community Context
- 4.Health and Health Care Access
- 5.Neighborhood and Built Environment

Priority: Needs of Older Adults & Other Underserved Populations

New Hampshire has the second-oldest population in the nation, with one out of every five residents currently over the age of 60. This trend is set to continue. Members of the LGBTQIA+ community have specific health care concerns and often find it difficult to find a provider to meet their needs.

Resources

Resources/Financial Investment: Exeter Hospital expends substantial resources on its community benefits program to achieve the goals and objectives in its IS. These resources are expended, according to its current IS, through direct and in-kind investments in programs or services operated by Exeter Hospital and/or its partners to improve the health of those living in its CBSA. Additionally, Exeter Hospital works on its own or with its partners to leverage funds through public or private grants and other funding sources. Finally, Exeter Hospital supports residents in its CBSA by providing “charity” care to individuals who are low-resourced and/or who are unable to pay for care and services. Moving forward, Exeter Hospital will continue to commit resources through the same array of direct, in-kind, leveraged, or “charity” care expenditures to carry out its community benefits mission.



Priority: Access to Care

Goal: Provide comprehensive access to high-quality health care services including primary care and specialty care particularly for those who face cultural, linguistic, and economic barriers.					
Strategies	Cohort(s)	Initiatives to address the priority	Metrics/What we are measuring	Identified Partners	Secondary priority
Promote access to health care, health insurance, patient financial counselors, and needed medical services for patients who are uninsured or underinsured.	Low-resourced populations Racially, ethnically, & linguistically diverse populations	Patient financial counselors Primary Care Support Supporting Access to Primary Medical and Behavioral Health Care for Underserved Populations	# patients and clients assisted # referrals to services	Lamprey Health Care	
Promote equitable care, health equity, health literacy, and cultural humility for patients, especially those who face cultural and linguistic barriers	Racially, ethnically, & linguistically diverse populations LGBTQIA+	Interpreter Services	# of patients assisted # of languages provided	Exeter Hospital Interpreter Services	Not Applicable

Priority: Transportation

Goal: Provide access to care through transportation services					
Reduce barriers to care by providing/supporting free or reduced cost transportation for homebound residents needed care.	Low-resourced populations Racially, ethnically, & linguistically	Continued subsidization of Paramedicine program intercept vehicle Taxi voucher program	# patients assisted # rides provided	Cooperative Alliance for Seacoast Transportation (COAST)	Access to Care Social Determinants of Health Older adults



	diverse populations LGBTQIA+	Community grants to support transportation access and infrastructure		Transportation Assistance for Seacoast Citizens (TASC)	
--	-------------------------------------	--	--	--	--

Priority: Social Determinants of Health (particularly food security and housing)

Goal: Enhance the built, social, and economic environments where people live, work, play, and learn in order to improve health and quality-of-life outcomes.					
Strategies	Cohort(s)	Initiatives to address the priority	Metrics/What we are measuring	Identified Partners	Secondary priority
Support impactful programs that address issues associated with the social determinants of health.	Youth Low-resourced populations Racially, ethnically, & linguistically diverse populations LGBTQIA+	Community grants to support emergency food to low-income individuals and families, seniors only food pantry, senior food delivery and Emergency Financial Assistance	# of grantees length of grant period \$ amount invested grant outcomes	St. Vincent de Paul	Not Applicable



Priority: Mental Health and Substance Use

Goal: Promote social and emotional wellness by fostering resilient communities and building equitable, accessible, and supportive systems of care to address mental health and substance use.

Strategies	Cohort(s)	Initiatives to address the priority	Metrics/What we are measuring	Identified Partners	Secondary priority
Support impactful programs that promote healthy development and increase mental health to children, youth, families, and community residents.	Youth Low-resourced populations Racially, ethnically, & linguistically diverse populations LGBTQIA+	Support for mental health services provided by Seacoast Mental Health in Exeter Emergency Department Mental Health First Aid Trainings Community grants to support behavioral health access and suicide prevention	# of people trained # of community grants # of community residents served	Seacoast Mental Health Austin 17 House NAMI NH Arts in Reach Chase Home Haven Big Brothers Big Sisters New Hampshire Girls on the Run Key Collective Connors Climb Foundation	Equitable access to care



Priority: Older Adults and other underserved populations

Goal: Enhance access to screening, referral services, coordinated health and support services for older adults and other underserved populations.

Strategies	Cohort(s)	Initiatives to address the priority	Metrics/What we are measuring	Identified Partners	Secondary priority
Provide preventive health information, services, and support for older adults and other underserved populations	Low-resourced populations Racially, ethnically, & linguistically diverse populations LGBTQIA+ Youth	Community grant support for Senior Luncheons, Health, wellness & Fitness Classes, Senior trips and Part Time Senior Coordinator	# clients assisted and their demographics # of grants issued	Exeter Senior Center	Equitable Access to Care



Questions regarding the FY 2022 assessment, planning process, Implementation Strategy or past assessment processes

should be directed to: Christine Healey

Director, Community Benefits Community Relations

Christine.healey@bilh.org

(781) 901-4701

General Regulatory Information

Contact Person:	Christine Healey
Date of written plan:	September 2022
Date written plan was adopted by authorized governing body:	Approved by the Board of Trustees September 30, 2022
Date written plan was required to be adopted	September 30, 2022
Date updated written plan was adopted by authorized governing body:	September 13, 2024
Authorized governing body that adopted the written plan:	Exeter Hospital Board of Trustees
Was the written plan adopted by the authorized governing body on or before the 15th day of the fifth month after the end of the taxable year the CHNA was completed?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Date facility's prior written plan was adopted by organization's governing body:	September 27, 2019
Name and EIN of hospital organization operating hospital facility:	Exeter Hospital 222674014
Address of hospital organization:	Exeter Hospital 5 Alumni Drive Exeter, New Hampshire 03833



Appendix A: Additional Resources

- Behavioral Health Barometer New Hampshire, Volume 5
- 2022 County Health Rankings Report
www.countyhealthrankings.org
- Healthy Aging Data Report – Highlights from New Hampshire 2019
www.HealthyAgingDataReports.org
- NH 10 Year Mental Health Plan 2019
<https://www.dhhs.nh.gov/dcbcs/bbh/documents/10-year-mh-plan.pdf>
- The Commonwealth Fund
<https://interactives.commonwealthfund.org/2018/state-scorecard/state/new-hampshire>
- Health Indicators Report – Rockingham County, NH
- The State of Mental Health in America
www.mentalhealthamerica.net/issues/ranking-states
- The Impact of the Covid-19 Pandemic on Youth Mental Health – How Adults and Caregivers Can Provide Support
<https://extension.unh.edu/blog/2022/05/impact-covid-19-pandemic-youth-mental-health>
- Americas Health Rankings
https://www.americashealthrankings.org/explore/annual/measure/Health_Status/state/NH
- New Hampshire Health and Human Services Data Portal
https://wisdom.dhhs.nh.gov/wisdom/#Topic_3F54F8F2E02642689C27A24167B37ADE_Anon
- Economic Impact of COVID-19 on New Hampshire
<https://carsey.unh.edu/what-is-new-hampshire/sections/economy/covid-19>
- [Exeter Hospital Updated FY23- FY25 Implementation Strategy, July 26, 2024](#)



Appendix B: Steering Committee Contact Information

Seneca Bernard, Associate Executive Director

Gather
210 West Road, Portsmouth, NH 03801

Kathy Flygare, Member

Rotary Club of Exeter
P.O. Box 861, Exeter, NH 03833

Pati Frew-Waters, Executive Director

Seacoast Family Promise
27 Hampton Road, Exeter, NH 03833

Tracy Fuller, Regional Executive Director

Plaistow Community YMCA
175 Plaistow Road, Plaistow, NH 03865

Carol Gulla, Executive Director

Transportation Assistance for Seacoast Citizens
200 High Street, Hampton, NH 03842

Darren A. Guy, DO, Chief Population Health Officer, Executive Director of NH Cares ACO

Core Physicians, LLC
7 Holland Way, Exeter NH 03833

Kelly Hartnett, Vice President of Community Relations

Seacoast Mental Health Center
1145 Sagamore Avenue, Portsmouth, NH 03801

Ken La Valley, Vice Provost of Outreach & Engagement

UNH Cooperative Extension
Durham, NH 03824

Mark Lefebvre, Director of Community Engagement

Pinetree Institute
ACES Master Trainer
206 Old Rd, Eliot, ME 03903

Cait McAllister, Administrative Intern

Summer 2022
5 Alumni Drive, Exeter, NH 03833

Jennifer McGowan, Community Impact Officer

Exeter Health Resources
5 Alumni Drive, Exeter, NH 03833

Ken Mendis, Executive Director

Racial Unity Team
Stratham, NH 03885

Elizabeth Miller, Program Director

Pinetree Institute
206 Old Rd, Eliot, ME 03903

Kimberly Meyer, Chief Executive Officer

Exeter YMCA
56 Linden Street, Exeter, NH 03833

Anita Rozeff, Compliance Officer

Lamprey Health Care
207 South Main Street, Newmarket, NH 03857

Peggy Small-Porter, Development Coordinator

Waypoint at The Richie-McFarland
Children's Center
11 Sandy Point Road, Stratham, NH 03885

Lori-Waltz Gagnon, Executive Director

Leadership Seacoast
P.O. Box 131, Portsmouth, NH 03802

Debra Vasapolli, Director

Exeter Health Resources
5 Alumni Drive, Exeter, NH 03833

Molly Zirillo, Executive Director

Society of St. Vincent de Paul Exeter Center
53 Lincoln Street, Exeter, NH 03833



Appendix C: Participating Organizations

Exeter Hospital is a 100-bed, community-based hospital serving New Hampshire's Seacoast Region. The hospital's scope of care includes comprehensive medical and surgical health care including breast health, maternal/child and reproductive medicine, cardiovascular, sleep medicine, occupational and employee health, oncology, orthopedics and emergency care. Exeter Hospital is accredited by DNV Healthcare, Inc., and is a designated Magnet[®] hospital by the American Nurses Credentialing.

www.ExeterHospital.com

Gather is a non-profit that for 200 years, has been serving Seacoast residents facing hunger. The agency was founded in 1816 by a small group of women committed to feeding the families of fishermen. Today, Gather is committed to ending local hunger through collaboration and leadership. Gather serves those in our community experiencing hunger by providing nutritious food through innovative distribution programs and a Pantry Market. Gather offers nutrition education and recipes for healthy living. Gather collaborates with community partners to address the root causes of hunger throughout the Seacoast in New Hampshire and Maine.

<https://www.gathernh.org/>

Seacoast Family Promise is an organization that looks to empower families with children experiencing homelessness to achieve sustainable independence through a community-based response. Seacoast Family Promise can help them regain a sense of stability with their family. They can have hope for a brighter future. Seacoast Family Promise offers essential, results-proven strategies ensuring family success. After returning to the community with stable housing and employment, families receive aftercare support through Home Again, a continuing system of case management and support services.

<https://www.seacoastfamilypromise.org/>

The Plaistow Community YMCA is the leading nonprofit committed to strengthening community by empowering young people, improving the health and well-being of people of all ages and inspiring action in and across communities. As a part of the YMCA of the North Shore is a part of setting an ambitious course for the future with over 55,000 members regionally. Our YMCA is poised to create positive change in the communities we serve for decades to come.

<https://www.northshoreymca.org/locations/plaistow-community-ymca>

Transportation Assistance for Seacoast Citizens helps people maintain their health, independence and dignity by mobilizing volunteer drivers to provide rides to eligible adult residents of Exeter, Greenland, Hampton, Hampton Falls, Kensington, North Hampton, Rye, Seabrook, and Stratham, NH. Eligible residents are adults who are age 55 or better or have



a disability or medical challenge that prevents them from driving. There is no charge for rides with TASC so that cost is not another obstacle for accessing needed transportation. <https://www.tasc-rides.org/>

UNH Extension is staffed by specialists, educators, support personnel and volunteers and located in each of the state's 10 counties. UNH Extension works in four broad topic areas: Youth and Family Development, Community and Economic Development, Natural Resources and Food and Agriculture. By working in collaboration with county, state and federal governments, UNH Extension is at work in every New Hampshire County, making the state's key industries stronger, developing vibrant communities and municipal leaders, fostering healthy families and an informed and engaged citizenry, and keeping the state's natural resources healthy and productive. <https://extension.unh.edu/>

Racial Unity Team was formed because of the tragic June 2015 shooting of nine Black people at a church in Charleston, SC. The shooter wanted to start a revolution of hate. A small group of people in Exeter decided to start a revolution of love. Our mission is to advance relationships among people of different racial identities, increase understanding, and reduce racial bias in our communities. Our vision is to lay a foundation for developing racial understanding by establishing a transformational goal of developing communities that promote racial diversity and understanding. <https://racialunityteam.com/>

Rotary Club of Exeter New Hampshire has been a non-profit member of the Exeter Area Community since 1959. The Club conducts many community projects and supports local non-profits whose work benefits those that live and work in Exeter area. Contributions to Exeter Rotary have helped support area food banks, The St. Vincent de Paul Community Assistance Center Dental Van, Hospice, Special Olympics, The Salvation Army, Seacoast Family Promise, The Chamber Children's Fund, Cross Roads House, YMCA programs, NHSPCA, Exeter Parks & Recreation teams, Rotary Youth Leadership Awards, scholarships and many more community focused initiatives, as well as international humanitarian projects that include helping to eradicate polio, clean water projects, education initiatives and food and shelter for children and families all over the world. <https://www.exeterrotary.org/>

Seacoast Mental Health Center is the state designated Community Mental Health Center for Region VIII, encompassing 24 towns in the eastern half of Rockingham County. The Center provides the full spectrum of mental health services to persons of all ages living in this region, substance misuse services including Medically Assisted Treatment for adults and 24/7 emergency services to those experiencing a psychiatric emergency. Services include prevention programs for older adults and treatment programs for all ages and acuity. www.smhc-nh.org



Society of St. Vincent de Paul Exeter offers food and emergency financial assistance to low income residents of Brentwood, East Kingston, Exeter, Kensington, Newfields, and Stratham. Their Food Pantry is one of the largest in the Seacoast and offers fresh produce, milk, pantry items, eggs, butter and bakery items. The Cleo Castonguay Community Assistance Center offers the following services to qualified low-income residents: urgent dental care, medical care, homeless support, fuel assistance, jail release programs and tax preparation. They are a source of financial assistance when all other resources have been exhausted. The Community Assistance Center hosts various local agencies five days a week to offer additional services to the community.

www.svdpxeter.com

Southern District YMCA provides opportunities for youth development, healthy living and social responsibility in our southern New Hampshire community. We achieve this by putting Christian principles into practice through programs that build healthy spirit, mind and body for all – regardless of age, gender, sexuality, race, ability, religion or income. In all our locations, youth, adults, and families can connect with others, engage in programming to better their mental and physical health, and strengthen the community as a whole.

www.sdymca.org

Lamprey Health Care provides high quality primary medical care and health related services, with an emphasis on prevention and lifestyle management, to all individuals regardless of ability to pay. With centers located in Newmarket, Raymond and Nashua, Lamprey Health Care provides the following services: primary care, prenatal care, OB/GYN, pediatrics, integrated behavioral health care and substance use disorder treatment as well as chronic care management, health education, social services, and case management. Programs and services are designed to meet the needs of our communities, and remove barriers to care. Lamprey Health Care offers a sliding fee scale program for qualifying patients, interpretation services, and coordination of transportation.

www.lampreyhealth.org

Leadership Seacoast was founded in 1988 by a group of Seacoast community residents concerned about furthering civic engagement in the community. Leadership Seacoast is a nonprofit civic engagement organization dedicated to enriching and inspiring both emerging and existing leaders within the Seacoast Community.

<https://www.leadershipseacoast.org/>

Waypoint at The Richie McFarland Children's Center is an early childhood program whose purpose is to help young children reach their full developmental potential and to support their families through that process. The Center provides developmental and therapy services for children (ages birth through five years of age) with and without special needs, support and education to their families and guidance in accessing community and health resources.

www.richiemcfarland.org



Appendix D: Key Leader Interview Roster

Contact	Title	Organization	Priority Area
Matt Chapman	Executive Director	Housing Partnership	SDOH
Ellen Faulconer	Human Services Director	Town of Kingston	Municipal Govt.
Russell Dean	Town Manager	Town of Exeter	Municipal Govt.
Drew Olick		Exeter Hospital	Access to Care
Susan Turner	Certified Applications Counselor	Families First Health and Support Center	Access to Care
Shamera Simpson	Area Director	AFSP	Behavioral Health
Sonya Robicheau	Officer	Exeter Police Department	Municipal Govt.
Pam McElroy	Human Services Administrator	Exeter Town Welfare	Municipal Govt.
Hershey Hirschkop	Executive Director	Seacoast Outright	SDOH
Kristen Welch	Director of Development	NAMI-NH	Behavioral health
Peggy Small-Porter	Coordinator, Development	Waypoint NH	SDOH
Beth Wheeler	Director of Population Health	Foundation for Healthy Communities	Access to Care
Carol Gulla	Executive Director	TASC	Transportation
Charlotte Scott	Program Director	SoRock	Behavioral Health
Jeff Donald	Community Transportation Manager	COAST	Transportation
Jen Hubbell	Executive Director	GOTR NH	SDOH
Jennifer Wheeler	President	Exeter Area Chamber of Commerce	SDOH
Ken Mendis	Chair	Racial Unity Team	SDOH
Molly Zirillo	Executive Director	Society of St Vincent de Paul	SDOH
Sarah Gould	Training & Program Coordinator	Connor's Climb Foundation	Behavioral Health
Sarah Shanahan	Education and Training Director	HAVEN	SDOH
Seneca Bernard	Associate Executive Director	Gather	SDOH
Mark Lefebvre	Director of Community Engagement	Pinetree Institute	SDOH
Maria Reyes	Continuum of Care Coordinator	Seacoast Public Health Network	Public Health
Justin Pizon	Exeter Fire Department	Exeter Fire Department	Municipal Govt.
Talley Westerberg	Social Worker	Winnacunett High School	Behavioral Health
Darren A. Guy, DO	Chief Population Health Officer	Core Physicians, LLC	Access to Care



Appendix E: Interview Questions

Questions for Service Providers

*(*All questions pertain to residents of Rockingham County)*

1. What services does your agency/organization provide for the residents in Rockingham County?
2. How do residents hear about your services?
3. What are some of the barriers you see in accessing these services?
4. What does your agency do to meet the cultural and language needs of people who use your services?
5. What, if any, are some possible methods to increase the use of your services by the community members in this county?
6. What are some special accommodations that you provide for citizens who require special services? (e.g., language/cultural or handicapped issues?)
7. Has your funding been affected since the pandemic?
8. How are the programs in your organization evaluated?
9. What are some of the strengths you see in Rockingham County?
10. What are some of the challenges you see in Rockingham County?
11. What are some of the needs for residents that are not being addressed?
12. In your opinion, what are the major health concerns for community members?
13. Is there any literature or other information about your organization that you would like to share?
14. Suggestions for other key leader interviews?



Appendix F: Community Health Forums Flyer

The online Community Health Survey was promoted to Rockingham County community members via email, Facebook and external web postings. In addition the survey was emailed to town managers and administrators in surrounding towns and to area school districts. It was further distributed through paid marketing e-blasts to the three area chambers: Exeter Area Chamber of Commerce, the Chamber Collaborative of Greater Portsmouth, and the Hampton Area Chamber of Commerce. In total 1,255 people completed the survey.



COMMUNITY HEALTH FORUMS

Exeter Hospital invites you to attend one of three
Community Health Forums to provide input on what you consider
to be the most important health needs in our community.



Your input will be a valuable contribution to the
2022 Community Health Needs Assessment.

<p>Tuesday, June 14 12:00 – 1:00 pm Scan to join Forum:</p>  <p>exeterhospital.com/about-us/ community-benefits</p>	<p>Wednesday, June 15 5:30 – 6:30 pm Exeter Area YMCA 56 Linden Street Exeter, NH</p>	<p>Wednesday, June 22 5:30 – 6:30 pm Plaistow Community YMCA 175 Plaistow Road Plaistow, NH</p>
---	---	---

**To reserve your spot please call 603-580-6668
or email advancement@ehr.org.**

*Space is limited at each presentation.
These Forums are open to the public and walk-ins are welcome.
Please be sure to indicate which Forum you plan to attend.*

**EXETER HOSPITAL**

5 Alumni Drive, Exeter, NH 03833 | exeterhospital.com

Like us on Facebook
for news, healthy tips
& medical information.





Appendix G: Social Needs Screening Tool



Social Needs Screening Tool

(PHYSICIAN LONG VERSION)

SCORING INSTRUCTIONS:

For the housing, food, transportation, utilities, child care, employment, education, and finances questions: Underlined answers indicate a positive response for a social need for that category.

For the personal safety questions: A value greater than 10 when the numerical values are summed for answers to these questions indicates a positive response for a social need for personal safety.

HOUSING

- What is your housing situation today?¹
 - ☐ I do not have housing (I am staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)
 - ☐ I have housing today, but I am worried about losing housing in the future
 - ☐ I have housing
- Think about the place you live. Do you have problems with any of the following? (check all that apply)²
 - ☐ Bug infestation
 - ☐ Mold
 - ☐ Lead paint or pipes
 - ☐ Inadequate heat
 - ☐ Oven or stove not working
 - ☐ No or not working smoke detectors
 - ☐ Water leaks
 - ☐ None of the above

FOOD

- Within the past 12 months, you worried that your food would run out before you got money to buy more.³
 - ☐ Often true
 - ☐ Sometimes true
 - ☐ Never true
- Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.³
 - ☐ Often true
 - ☐ Sometimes true
 - ☐ Never true

TRANSPORTATION

- In the past 12 months, has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? (check all that apply)¹
 - ☐ Yes, it has kept me from medical appointments or getting medications
 - ☐ Yes, it has kept me from non-medical meetings, appointments, work, or getting things that I need
 - ☐ No

UTILITIES

- In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?⁴
 - ☐ Yes
 - ☐ No
 - ☐ Already shut off

CHILD CARE

- Do problems getting child care make it difficult for you to work or study?⁵
 - ☐ Yes
 - ☐ No

EMPLOYMENT

- Do you have a job?⁶
 - ☐ Yes
 - ☐ No

EDUCATION

- Do you have a high school degree?⁶
 - ☐ Yes
 - ☐ No

FINANCES

- How often does this describe you? I don't have enough money to pay my bills.⁷
 - ☐ Never
 - ☐ Rarely
 - ☐ Sometimes
 - ☐ Often
 - ☐ Always

The EveryONE Project™
Advancing health equity in every community

© 2018, AMERICAN ACADEMY OF FAMILY PHYSICIANS



PERSONAL SAFETY

11. How often does anyone, including family, physically hurt you?^a
- ☐ Never (1)
 - ☐ Rarely (2)
 - ☐ Sometimes (3)
 - ☐ Fairly often (4)
 - ☐ Frequently (5)

12. How often does anyone, including family, insult or talk down to you?^a
- ☐ Never (1)
 - ☐ Rarely (2)
 - ☐ Sometimes (3)
 - ☐ Fairly often (4)
 - ☐ Frequently (5)

13. How often does anyone, including family, threaten you with harm?^a
- ☐ Never (1)
 - ☐ Rarely (2)
 - ☐ Sometimes (3)
 - ☐ Fairly often (4)
 - ☐ Frequently (5)

14. How often does anyone, including family, scream or curse at you?^a
- ☐ Never (1)
 - ☐ Rarely (2)
 - ☐ Sometimes (3)
 - ☐ Fairly often (4)
 - ☐ Frequently (5)

Sum of questions 11-14: 0
Greater than 10 equals positive screen for personal safety.

ASSISTANCE

15. Would you like help with any of these needs?
- ☐ Yes
 - ☐ No

Questions 1-6 and 11-14 originated from the sources listed in the reference section. Those 10 questions were adapted by the National Academy of Medicine (NAM) and reprinted in this document with permission. The NAM questions can be found at:

Billieux A., Verlander K, Anthony S, Alley D. Standardized screening for health-related social needs in clinical settings. The accountable health communities screening tool. Discussion paper. National Academy of Medicine. Washington, DC. www.nam.edu/wp-content/uploads/2017/05/Standardized-Screening-for-Health-Related-Social-Needs-in-Clinical-Settings.pdf. Accessed October 3, 2018.

Questions 7-10 originated from the sources listed in the reference section. Those four questions were adapted by Health Leads and reprinted in this document. The Health Leads questions can be found at:

Health Leads. Social needs screening toolkit. www.healthleadsusa.org/wp-content/uploads/2016/07/Health-Leads-Screening-Toolkit-July-2016.pdf. Accessed October 3, 2018.

REFERENCES

- Created in part under license of PRAPARE™ from the National Association of Community Health Centers. © 2018. PRAPARE is developed and owned by the National Association of Community Health Centers (NACHC), in partnership with the Association of Asian Pacific Community Health Organization (AAPCHO), the Oregon Primary Care Association (OPCA), and the Institute for Alternative Futures (IAF). For more information, visit www.nacho.org/prapare.
- Nuruzzaman I, Broadwin M, Kourouma K, Olson DP. Making the social determinants of health a routine part of medical care. *J Health Care Poor Underserved*. 2015;26(2):321-327.
- Hager ER, Quigg AM, Black MM, et al. Development and validity of a 2-item screen to identify families at risk for food insecurity. *Pediatrics*. 2010;126(1):e26-e32.
- Cook JT, Frank DA, Cassey PH, et al. A brief indicator of household energy security: associations with food security, child health, and child development in US infants and toddlers. *Pediatrics*. 2008;122(4):e867-e876.
- Children's HealthWatch. Final 2019 Children's Healthwatch survey. <http://www.childrenshealthwatch.org/methods/oursurvey/>. Accessed October 3, 2018.
- Garg A, Butz AM, Dworkin PH, Lawie RA, Thompson RE, Serwint JR. Improving the management of family psychosocial problems at low-income children's well-child care visits: the WE CARE project. *Pediatrics*. 2007;120(3):547-558.
- Aldane SG, Liljenquist W. Validity and reliability of a financial strain survey. *J Financ Couns Pract*. 1998;9(2):11-19.
- Sherin KM, Sinapora JM, Li XQ, Zitter RE, Shakil A. HITS: a short domestic violence screening tool for use in a family practice setting. *Fam Med*. 1998;30(7):509-512.

Use Restrictions — The EveryONE Project materials are copyrighted, and The EveryONE Project is a pending registered trademark of the American Academy of Family Physicians (AAFP). By downloading any of these materials, you agree that you will only use The EveryONE Project materials for the purposes of education and advancing health equity. The EveryONE Project materials may not be modified in any way and may not be used to state or imply the AAFP's endorsement of any goods or services.

AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDATION Supported in part by a grant from the AAFP Foundation

The EveryONE Project™
Advancing health equity in every community

© 2018 AMERICAN ACADEMY OF FAMILY PHYSICIANS

HCP17091665



Appendix H: Exeter Hospital Community Health Survey Flyer



WE NEED YOUR INPUT

Exeter Hospital Community Health Survey

The survey asks about:

- ▼ Health issues in your community
- ▼ Any challenges you face in getting and staying fit
- ▼ Availability of health / community programs

Things to know:

- ▼ The survey takes less than ten minutes
- ▼ Your answers will be private
- ▼ You can provide answers by phone or paper survey (see below)
- ▼ You will help build a healthier community

As a nonprofit hospital, Exeter Hospital assesses the health of our community every three years. Hospitals have many ways to improve the health of the community, such as supporting and promoting programs and services. You can help prioritize the issues that receive greatest focus.

You will be entered to win one of ten \$25 VISA gift cards



Scan this
code



<https://www.surveymonkey.com/r/EHCHNA>

For more information, to answer survey questions by phone, or to get a paper survey in the mail, please contact: 603-580-6668 or email advancement@ehr.org



EXETER HOSPITAL

an exeter health resource

The Art of Wellness

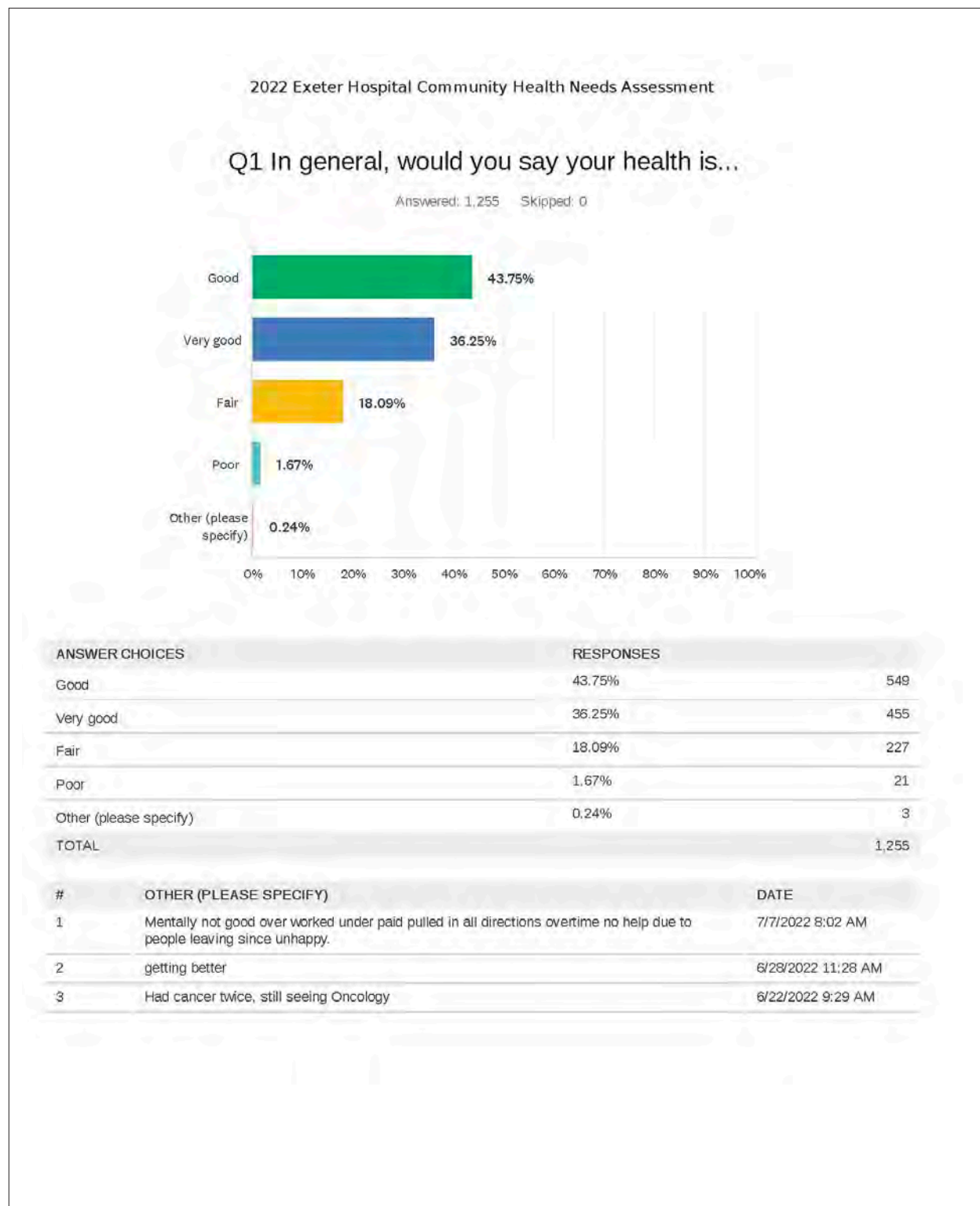


Like us on Facebook for news,
healthy tips & medical information.

5 Alumni Drive, Exeter, NH 03833 | exeterhospital.com



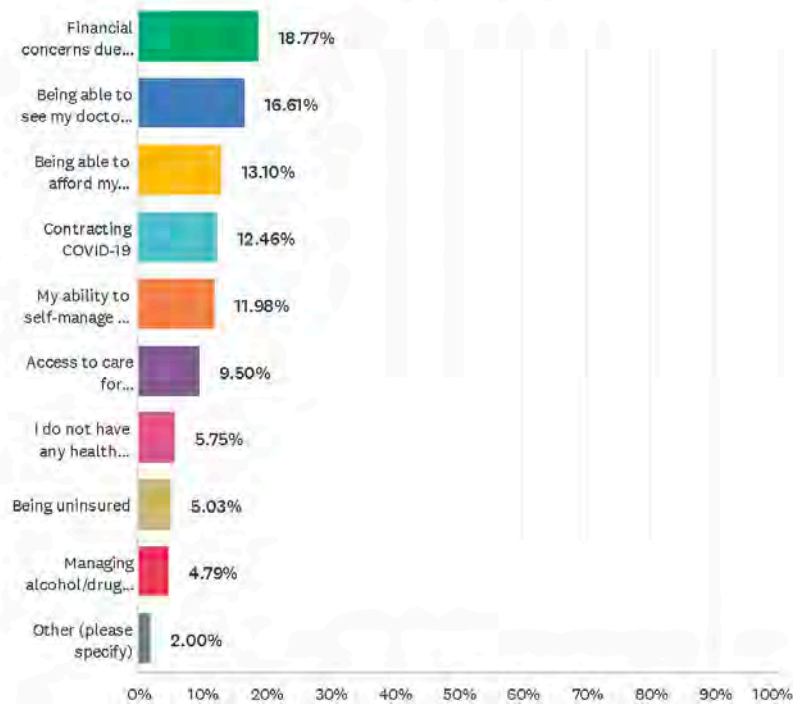
Appendix I: Exeter Hospital Community Health Survey



2022 Exeter Hospital Community Health Needs Assessment

Q2 Please tell us what is the MOST important health-related concern you have for you and your family

Answered: 1,252 Skipped: 3





2022 Exeter Hospital Community Health Needs Assessment

ANSWER CHOICES	RESPONSES	
Financial concerns due to co-pays, deductibles or limited insurance coverage	18.77%	235
Being able to see my doctor in a timely manner	16.61%	208
Being able to afford my medications	13.10%	164
Contracting COVID-19	12.46%	156
My ability to self-manage my conditions	11.98%	150
Access to care for mental/behavioral health concerns	9.50%	119
I do not have any health related concerns	5.75%	72
Being uninsured	5.03%	63
Managing alcohol/drug use	4.79%	60
Other (please specify)	2.00%	25
TOTAL		1,252

#	OTHER (PLEASE SPECIFY)	DATE
1	Chiropractor and Naturopathic Physician access, which I secure on my own.	8/11/2022 10:55 AM
2	co pay has gone up so much higher	8/8/2022 10:37 AM
3	In person visits....NOT telehealth.	7/18/2022 10:13 AM
4	Mental Health Evals and providers are difficult to find.	7/16/2022 6:58 AM
5	cost of insurance coverage	7/13/2022 10:05 AM
6	getting high quality health care.	7/12/2022 5:26 PM
7	age related problems	6/28/2022 11:39 AM
8	Quality of healthcare physicians	6/28/2022 10:16 AM
9	I find it impossible to get an appointment with my doctor. I was forced to go to the ER due to this last weekend and waited hours and hours without being seen.	6/28/2022 9:06 AM
10	Paying on Medical bills due to Cancer. And "ongoing" Bill.	6/22/2022 9:29 AM
11	Obtaining an specific diagnosis and subsequent path to recovery.	6/20/2022 12:29 PM
12	Losing weight successfully and maintaining a healthier lifestyle	6/20/2022 7:15 AM
13	Blood pressure	6/17/2022 6:58 PM
14	Being able to continually have "checks" for possible recurrence of my colon cancer. ie blood work, CAT Scans.	6/17/2022 1:11 PM
15	Being insured but keeping the same quality of insurance if I change jobs	6/17/2022 1:08 PM
16	Availability of providers, responsiveness of providers, trust that providers are looking at holistic approaches to treating the interconnectedness of conditions, medications, and physical/mental health. I am finding that providers are increasingly myopic and unwilling / unable to look at the whole picture of health.	6/17/2022 12:40 PM
17	manage my weight and stress.	6/17/2022 8:54 AM
18	The abuse I have to take from the criminals running our government.	6/17/2022 8:47 AM
19	PCP is retiring, at a time when my health is compromised (long Covid) and I don't have a clear path forward to address my many symptoms.	6/16/2022 6:28 PM



2022 Exeter Hospital Community Health Needs Assessment

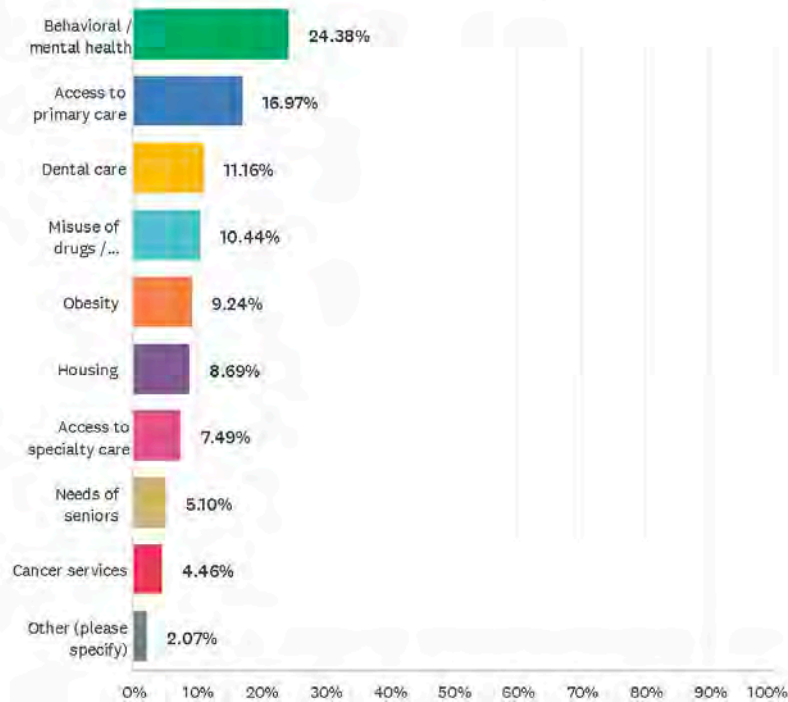
20	Understanding costs and transparency around in network vs out of network care.	6/16/2022 1:25 PM
21	paying co-pays	6/15/2022 3:56 PM
22	The need for a proper assessment, no matter how long it takes. I start to feel like a hypochondriac, when I know there is something wrong (and my body is telling me so).	6/15/2022 3:51 PM
23	A combination of high cost and provider availability.	6/14/2022 4:03 PM
24	I am most concerned with being able to afford and get to appointments, pharmacies, procedures, dentists and physical rehab. I am too young for transportation services, don't make enough for taxis and Ubers and have co-pays to pay!	5/31/2022 3:48 PM
25	More active programs for Seniors like Pickleball, walking programs, other programs for seniors	5/27/2022 12:26 PM



2022 Exeter Hospital Community Health Needs Assessment

Q3 In your opinion, what is the MOST prevalent health care need for Seacoast residents?

Answered: 1,255 Skipped: 0





2022 Exeter Hospital Community Health Needs Assessment

ANSWER CHOICES	RESPONSES	
Behavioral / mental health	24.38%	306
Access to primary care	16.97%	213
Dental care	11.16%	140
Misuse of drugs / prescription drugs / alcohol	10.44%	131
Obesity	9.24%	116
Housing	8.69%	109
Access to specialty care	7.49%	94
Needs of seniors	5.10%	64
Cancer services	4.46%	56
Other (please specify)	2.07%	26
TOTAL		1,255

#	OTHER (PLEASE SPECIFY)	DATE
1	Access to care in a timely manner	8/9/2022 12:53 PM
2	Access to primary care that is promotional in nature and allows for time for the PCP to care for AND educate patients as well as time for the PCP to more fully explore the overall health and wellness of the patient, not just checking of the boxes/cpt codes that will fly through the insurance claim process. It is not the PCPs fault, it is the health care system that needs to be fixed.	7/20/2022 8:51 AM
3	The new generation has obesity problems and the doctors are shamed when they say they are overweight.	7/18/2022 10:13 AM
4	Drugs costs are too high	7/15/2022 8:22 AM
5	Specialty care around here has ridiculous wait times. 6 months for necessary care I've seen recently.	7/14/2022 4:05 PM
6	Access to Mental Health Services	7/13/2022 2:22 PM
7	Having ability to have lab work, x-rays and other basic health care procedures done when visiting Primary care doctor; also not having a team of physicians that communicate, so patient care is not so scattered.	7/13/2022 11:26 AM
8	primary care, behavioral, dental care for poor, housing, seniors.	7/12/2022 5:26 PM
9	All the above.	7/12/2022 3:46 PM
10	Cost of services/prescriptions	7/5/2022 2:34 PM
11	The most unmet need is social services.	6/30/2022 1:28 PM
12	it is hard to pick just one there all prevalent it all depends who you pick	6/28/2022 11:28 AM
13	Being able to see the PCP without having to wait weeks or months for an appointment.	6/28/2022 9:34 AM
14	The cost of health care. Uninsured and Medicaid pts use the Emergency room as a PCP. Health care is too expensive, even for those lucky enough to have access to great coverage. The cost of monthly health care should not be the largest expense in a family budget.	6/25/2022 5:15 PM
15	Cost of care	6/24/2022 10:55 AM
16	Just a shot in the dark.	6/20/2022 12:29 PM
17	Both the misuse of the drugs and behavioral health concerns.	6/20/2022 10:24 AM



2022 Exeter Hospital Community Health Needs Assessment

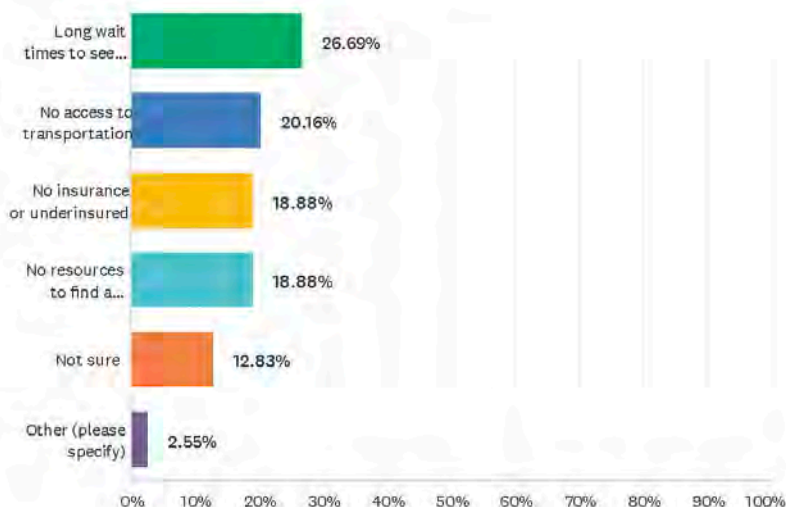
18	Long wait at ER	6/17/2022 6:58 PM
19	Outside of core monopoly network	6/17/2022 3:23 PM
20	Being able to maintain a high quality of life while trying to work and pay bills and take care of family	6/17/2022 1:08 PM
21	Access to holistic health options	6/17/2022 1:06 PM
22	Lack of food	6/17/2022 8:47 AM
23	Appropriate dementia assessment, education, case management and support for people living with dementia and their care partners,	6/15/2022 3:28 PM
24	Affordable services	5/31/2022 2:31 PM
25	Encouragement of attending routine care appts	5/26/2022 8:21 AM
26	Social isolation	5/25/2022 9:06 PM



2022 Exeter Hospital Community Health Needs Assessment

Q4 In your opinion, what is the PRIMARY reason Seacoast residents are NOT able to access health care services?

Answered: 1,255 Skipped: 0



ANSWER CHOICES	RESPONSES	
Long wait times to see a doctor	26.69%	335
No access to transportation	20.16%	253
No insurance or underinsured	18.88%	237
No resources to find a doctor	18.88%	237
Not sure	12.83%	161
Other (please specify)	2.55%	32
TOTAL		1,255

#	OTHER (PLEASE SPECIFY)	DATE
1	We must have National Health Care. Pharmaceutical Companies have far too much power and control of our health care industry, doctor training, etc..	8/11/2022 10:55 AM
2	Financial limitations of specialty care and insurance "coverage"	8/10/2022 2:55 PM
3	finding a provider that takes their insurance	7/18/2022 2:30 PM
4	And cost, cost, cost	7/14/2022 4:05 PM
5	Seacoast health network	7/14/2022 8:51 AM
6	Fear of the cost of insurance AND services	7/13/2022 2:22 PM



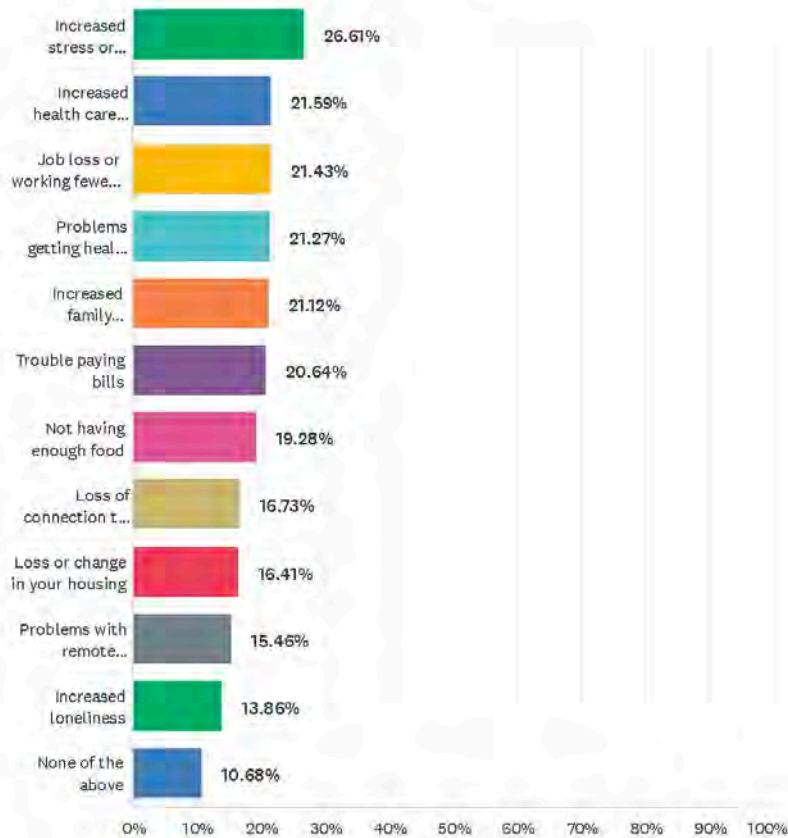
2022 Exeter Hospital Community Health Needs Assessment

7	I had a difficult time finding a PCP when moving to the area because many were not taking new patients or wait times were too long.	7/13/2022 11:26 AM
8	Health care has become very expensive and residents must prioritize the economic impact of inflation and other social determinants of health before our own health. Seniors, especially those in their 60's are feeling the impact of lack of affordable housing and other basic needs.	7/13/2022 9:20 AM
9	I usually hear of a combination of insurance, transportation and MH issues (inability to navigate the healthcare system)	7/13/2022 9:04 AM
10	medical industrial complex is absurd	7/13/2022 8:16 AM
11	All the above.	7/12/2022 3:46 PM
12	Affordable Insurance does not apparently allow for access to 90% of CORE physicians unless one is on Medicare...	7/9/2022 3:46 PM
13	Exeter hospital patient dumping	7/6/2022 12:39 PM
14	Mental health professionals and Facilities to take mental health patients are at a minimum	7/3/2022 12:55 PM
15	lack of mental health services available statewide	7/2/2022 10:18 PM
16	Two: under insurance issues and consequently transportation issues	6/30/2022 1:28 PM
17	You tell me, I have never had a problem before, now it all out of control. Government need to pay tuition for more PC doctors, not those with liberal arts .	6/29/2022 8:45 AM
18	no access ti transportation and long wait times to see doctors, lack of elder services	6/28/2022 1:18 PM
19	Transportation and lack of 1:1 advocacy for the very old, disabled and isolated living arrangements. Many are solo, unable to self transport and need DME to leave their homes. Great opportunity for Exeter Hospital to create a supportive network for these people.	6/28/2022 11:32 AM
20	for residential mental health and intensive out patient day programs, lack of availability.	6/28/2022 9:33 AM
21	No availability to get an appointment.	6/28/2022 9:06 AM
22	Esx	6/28/2022 8:59 AM
23	The cost of monthly health care should not be the largest expense in a family budget. Health care is tragically broken on every level. The general population have lost trust in the system.	6/25/2022 5:15 PM
24	Not enough mental health specialists, especially for children.	6/25/2022 6:43 AM
25	Not enough mental health resources.	6/22/2022 5:47 PM
26	Government tyranny	6/17/2022 8:47 AM
27	Therapists are not taking new clients as they have a full docket	6/17/2022 8:46 AM
28	Long Wait times and no resources.	6/15/2022 3:53 PM
29	Limited access with PCP	6/14/2022 3:32 PM
30	Limitations placed on us by insurance	5/31/2022 2:31 PM
31	Education of services.	5/26/2022 10:36 PM
32	No primary care	5/25/2022 9:06 PM

2022 Exeter Hospital Community Health Needs Assessment

Q5 As a result of COVID-19, are you or people in your household currently having any of the problems listed? (Select all that apply)

Answered: 1,255 Skipped: 0





2022 Exeter Hospital Community Health Needs Assessment

ANSWER CHOICES	RESPONSES	
Increased stress or anxiety	26.61%	334
Increased health care needs	21.59%	271
Job loss or working fewer hours	21.43%	269
Problems getting health care services	21.27%	267
Increased family caregiving demands	21.12%	265
Trouble paying bills	20.64%	259
Not having enough food	19.28%	242
Loss of connection to faith or social groups	16.73%	210
Loss or change in your housing	16.41%	206
Problems with remote schoolwork	15.46%	194
Increased loneliness	13.86%	174
None of the above	10.68%	134
Total Respondents: 1,255		

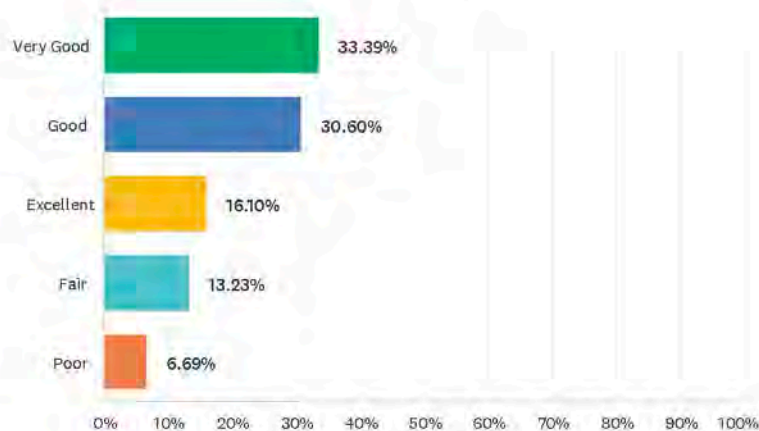
#	OTHER (PLEASE SPECIFY)	DATE
1	But, I hear that there are many adverse "side effects" of the shots that we are not being told about. And, why do "they" need 75 years to submit their findings of "test results" ?	8/11/2022 10:55 AM
2	Above applies to my inlaws	8/1/2022 11:43 PM
3	**problems getting health care services in a "timely" manner with an MD	7/20/2022 8:43 AM
4	It is a result of the Biden administration polycys. They are anti small business and shut down Farms, defund police, and shut down domestic energy.	7/18/2022 10:13 AM
5	both household workers had hours cut during the pandemic x 1 year but was not cut "enough" to qualify for any extra benefits/unemployment/stimulus but still expected to pay all the same bills on decreased income	7/13/2022 11:15 AM
6	Because I have no staff and haven't been able to get any, I work a ridiculous amount of hours	7/13/2022 9:04 AM
7	-my sister is having a lot of difficulty getting in to see a therapist	7/11/2022 10:17 AM
8	Family concerns outside of household.	6/28/2022 11:52 AM
9	Loss of physical fitness since gyms (SYNERGY!! even before) closed and costs high for individual therapy — so much of it indoors.	6/28/2022 9:33 AM
10	general economic hardship due to the rippling effects of the pandemic	6/27/2022 12:16 PM
11	Due to long-term effects of covid	6/17/2022 1:08 PM
12	I think its time to get back to normal. stop worrying about covid and treat patients that need it for other reasons.	6/17/2022 11:49 AM
13	I have been having blood clots since my second Moderna vax which is causing pulmonary embolisms	6/17/2022 8:47 AM
14	We are very fortunate.	6/15/2022 3:33 PM
15	inflation is hurting our family budget	6/15/2022 10:02 AM
16	Problem with Pediatric Mental Health providers not taking new patients, long wait lists with no follow up	6/2/2022 10:47 AM
17	Personally not effected - but being connected to many in the seacoast - almost all of the above are effecting seacoast families	5/27/2022 9:49 AM



2022 Exeter Hospital Community Health Needs Assessment

Q6 In general, how would you rate your overall mental or emotional health?

Answered: 1,255 Skipped: 0



ANSWER CHOICES	RESPONSES	
Very Good	33.39%	419
Good	30.60%	384
Excellent	16.10%	202
Fair	13.23%	166
Poor	6.69%	84
TOTAL		1,255



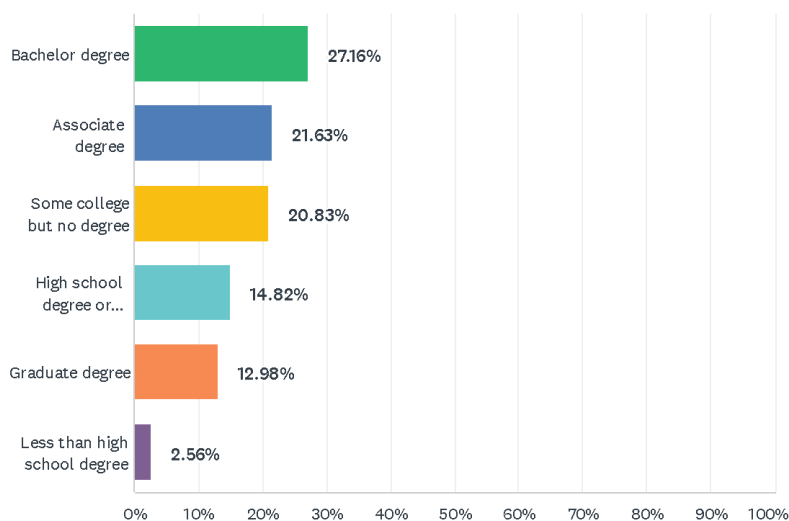
Q7. Your name?

Q8. Your email address?

2022 Exeter Hospital Community Health Needs Assessment

Q9 What is the highest level of school you have completed or the highest degree you have received (optional)?

Answered: 1,248 Skipped: 7



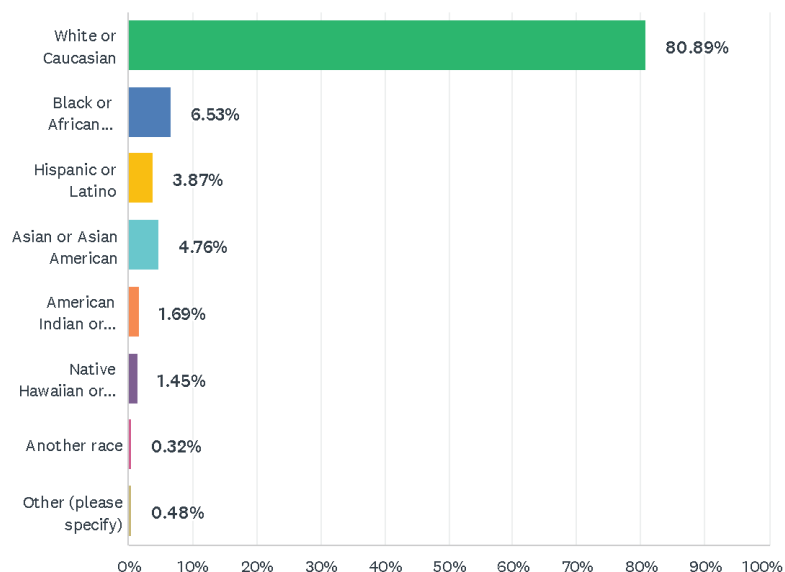
ANSWER CHOICES	RESPONSES	
Bachelor degree	27.16%	339
Associate degree	21.63%	270
Some college but no degree	20.83%	260
High school degree or equivalent (e.g., GED)	14.82%	185
Graduate degree	12.98%	162
Less than high school degree	2.56%	32
TOTAL		1,248



2022 Exeter Hospital Community Health Needs Assessment

Q10 What is your race? Please choose one or more (optional).

Answered: 1,240 Skipped: 15



ANSWER CHOICES	RESPONSES	
White or Caucasian	80.89%	1,003
Black or African American	6.53%	81
Hispanic or Latino	3.87%	48
Asian or Asian American	4.76%	59
American Indian or Alaska Native	1.69%	21
Native Hawaiian or other Pacific Islander	1.45%	18
Another race	0.32%	4
Other (please specify)	0.48%	6
TOTAL		1,240

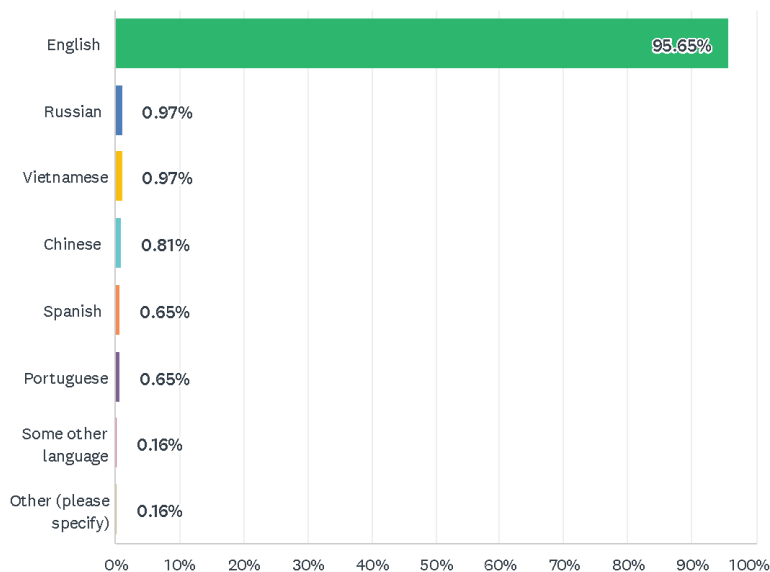
#	OTHER (PLEASE SPECIFY)	DATE
1	white/black	7/18/2022 2:30 PM
2	100% American	6/29/2022 8:45 AM
3	If your born in the us your a Native American	6/24/2022 10:55 AM
4	Human	6/18/2022 8:50 PM
5	Bi racial	6/18/2022 10:40 AM
6	Human race	6/17/2022 8:47 AM



2022 Exeter Hospital Community Health Needs Assessment

Q11 What language do you mainly speak at home (optional)?

Answered: 1,240 Skipped: 15



ANSWER CHOICES	RESPONSES	
English	95.65%	1,186
Russian	0.97%	12
Vietnamese	0.97%	12
Chinese	0.81%	10
Spanish	0.65%	8
Portuguese	0.65%	8
Some other language	0.16%	2
Other (please specify)	0.16%	2
TOTAL		1,240

#	OTHER (PLEASE SPECIFY)	DATE
1	Bilingual	6/20/2022 10:24 AM
2	INDONESIA	6/13/2022 9:11 PM



Q12. Name of organization that sent this survey to you?

2022 Exeter Hospital Community Health Needs Assessment

Q13 Additional comments

Answered: 165 Skipped: 1,090

#	RESPONSES	DATE
1	Thank you so much for providing for the Exeter Community !	8/11/2022 10:55 AM
2	I feel that a large need that is not being met in our community is supportive/intensive parenting programs for children from birth to three. We have HFA, but that only works for babies up to 3 months of age and we (early intervention) have so many families who could greatly benefit from this with kids who are just a little too old for HFA.	8/10/2022 5:33 PM
3	Paying balance on Bills after cancer treatments.	8/10/2022 4:21 PM
4	On paper, it seems like we make a good living, but with the rising price of everything, we are now struggling to: save, pay bills, heat our house, etc. I cannot even begin to imagine what others who make less/have worse insurance our making due today.	8/9/2022 12:53 PM
5	nothing	8/7/2022 4:25 AM
6	no	7/23/2022 3:54 AM
7	no	7/23/2022 3:53 AM
8	thank you for reaching out to community member's for feedback. Exeter Hospital truly cares about the community!! :):)	7/20/2022 8:43 AM
9	would be nice if EHR upgraded ALL aspects of inpatient care	7/18/2022 7:06 PM
10	My name is Lori Kast. My email address is: lorimbsn66@gmail.com Exeter Hospital sent this survey to be completed. I could not add the above information into the questions of 7, 8 and 12.	7/16/2022 4:32 PM
11	no	7/14/2022 10:01 PM
12	no	7/14/2022 10:01 PM
13	no	7/14/2022 10:01 PM
14	no	7/14/2022 10:01 PM
15	no	7/14/2022 10:01 PM
16	no	7/14/2022 9:57 PM
17	Suggest that next time you do this survey that you restructure Q2-Q4 (especially Q3+Q4) so respondents either place needs in rank order, rate each need on a 1-5 scale, or at least have the option to check all that apply and then you can get priorities in the aggregate. By allowing only one response you lose out on a lot of useful information.	7/14/2022 1:52 PM
18	Temporarily no	7/14/2022 5:47 AM
19	I hope to detail problem	7/14/2022 3:13 AM
20	no	7/14/2022 2:46 AM
21	no	7/14/2022 2:45 AM
22	no	7/14/2022 2:44 AM
23	No further comment at this time.	7/14/2022 2:42 AM
24	N	7/14/2022 2:31 AM
25	Google	7/13/2022 11:52 PM
26	no	7/13/2022 10:37 PM



2022 Exeter Hospital Community Health Needs Assessment

27	Progress on novel Coronavirus prevention and control.	7/13/2022 10:36 PM
28	Nothing to comment on right now.	7/13/2022 10:33 PM
29	Don't have any questions for now.	7/13/2022 10:32 PM
30	This questionnaire is very comprehensive.	7/13/2022 10:29 PM
31	I believe the many staffing issues that the community is facing is causing tremendous stress for those that are working, not just the extra work due to this but also the upset patients due to lack of ability to provide what they are accustomed to and deserve	7/13/2022 9:04 AM
32	Also needed - healthcare for the LGBTQ+ community, especially the trans community.	7/12/2022 3:46 PM
33	Focusing on keeping employees is more important than trying to find new ones to replace. We have more people leave and little new hire. Ice cream trucks are nice but save the money and give people a gift card or a dollar raise for a month.	7/7/2022 8:02 AM
34	N/a	7/3/2022 9:43 PM
35	One of my neighbors who is a senior, always seeks her medical care in MA, MGH in particular. She encourages me to do the same. Often times, when I have gone to Exeter Hospital, my out-of-pocket costs have been more than if I had gone somewhere else.	6/30/2022 5:29 PM
36	ad死大所大所多所	6/29/2022 8:39 PM
37	Thank You	6/29/2022 7:22 PM
38	Health has always been our most attaches great importance to the problem	6/29/2022 4:34 AM
39	Health has always been our most attaches great importance to the problem	6/29/2022 4:34 AM
40	Health has always been our most attaches great importance to the problem	6/29/2022 4:34 AM
41	Health has always been our most attaches great importance to the problem	6/29/2022 4:34 AM
42	Health has always been our most attaches great importance to the problem	6/29/2022 4:33 AM
43	Would love to see all Exet	6/28/2022 10:50 AM
44	Great hospital	6/28/2022 10:47 AM
45	Last appointment with a PA, she had to google my health condition just before our meeting.	6/28/2022 10:16 AM
46	Glad you are doing this survey — keep it up — work on fitness and community outdoor exercise for seniors and working parents. You also need to fix the survey because "other" in question #5 does not have a box so you will get two answers there.	6/28/2022 9:33 AM
47	My mom is a cancer patient at Exeter Hospital so I am there quite frequently.	6/28/2022 9:29 AM
48	Exeter Hospital and Core Physicans are being run so poorly that I've had to go elsewhere for medical care and I am seriously considering switching everything to Portsmouth Hospital where its easier to obtain care AND be treated in a friendly and professional manor.	6/28/2022 9:06 AM
49	None	6/28/2022 9:05 AM
50	Customers should not have to wait in the Emergency Room for 8 hours to be seen. There is no excuse for that wait time other than a mass casualty and that was not the case when I was there.	6/28/2022 8:51 AM
51	Unforgivable. I over dosed and you kicked me out on the street. I remember nothing except you throwing me out the door. You should be sued!	6/28/2022 8:49 AM
52	Want more access to health care.	6/28/2022 2:04 AM
53	There's not enough food , I hope there's a solution.	6/28/2022 2:01 AM
54	Increase family care needs.	6/28/2022 2:00 AM
55	Hopefully the housing problem can be improved.	6/28/2022 1:58 AM
56	For #3 I wanted to elaborate on access to behavioral health services, being transportation, specialty in mental health provider shortage, or limited facilities in the region For #4 I hope to	6/27/2022 12:16 PM



2022 Exeter Hospital Community Health Needs Assessment

	put no or LIMITED access to transportation	
57	Na	6/24/2022 10:55 AM
58	Being uninsured	6/24/2022 7:49 AM
59	My ability to manage my conditions.	6/24/2022 7:48 AM
60	I hope I can afford to buy medicine when I need to.	6/24/2022 7:41 AM
61	/méi yǒu/	6/24/2022 5:42 AM
62	This is a really great survey	6/23/2022 9:52 PM
63	This is a really great survey	6/23/2022 9:31 PM
64	NO	6/23/2022 1:30 PM
65	NO	6/23/2022 1:30 PM
66	NO	6/23/2022 1:30 PM
67	NO	6/23/2022 1:30 PM
68	NO	6/23/2022 1:30 PM
69	no	6/23/2022 7:43 AM
70	no	6/23/2022 7:41 AM
71	no	6/23/2022 7:40 AM
72	no	6/23/2022 7:39 AM
73	no	6/23/2022 7:38 AM
74	no	6/23/2022 7:34 AM
75	no	6/23/2022 7:26 AM
76	Remote job problems.	6/23/2022 7:17 AM
77	Financial problems caused by deductibles, deductibles or limits.	6/23/2022 7:10 AM
78	None.	6/23/2022 5:09 AM
79	None.	6/23/2022 5:09 AM
80	None.	6/23/2022 5:09 AM
81	None.	6/23/2022 5:09 AM
82	None.	6/23/2022 5:09 AM
83	None.	6/23/2022 5:09 AM
84	There is no	6/23/2022 4:43 AM
85	There is no	6/23/2022 4:43 AM
86	There is no	6/23/2022 4:43 AM
87	There is no	6/23/2022 4:43 AM
88	It must be better	6/23/2022 2:00 AM
89	It must be better	6/23/2022 2:00 AM
90	It must be better	6/23/2022 2:00 AM
91	It must be better	6/23/2022 2:00 AM
92	It must be better	6/23/2022 2:00 AM
93	Michael A. Long michael.a.long@comcast.net	6/22/2022 10:13 PM



2022 Exeter Hospital Community Health Needs Assessment

94	Without the	6/22/2022 9:44 PM
95	E-cigarettes are harmful	6/22/2022 6:36 PM
96	Increase the emphasis on health	6/22/2022 6:09 PM
97	Increase the emphasis on health	6/22/2022 6:08 PM
98	Increase awareness of health	6/22/2022 6:08 PM
99	Increase awareness of health	6/22/2022 6:08 PM
100	Smoking is bad for your health	6/22/2022 6:00 PM
101	Looking forward to passing COVID-19 as soon as possible	6/22/2022 5:00 PM
102	Preferably without COVID-19	6/22/2022 5:00 PM
103	Evaluation training, design and establishment of performance evaluation system, management mode and operation mode of community health service performance evaluation	6/22/2022 4:43 PM
104	Economic value, technical value, information value, environmental value to community health service value	6/22/2022 4:43 PM
105	Evaluation training, design and establishment of performance evaluation system, management mode and operation mode of community health service performance evaluation	6/22/2022 4:37 PM
106	Evaluation training, design and establishment of performance evaluation system, management mode and operation mode of community health service performance evaluation	6/22/2022 4:37 PM
107	Evaluation training, design and establishment of performance evaluation system, management mode and operation mode of community health service performance evaluation	6/22/2022 4:37 PM
108	The degree to which the health policy is suitable for economic development, whether the health plan meets people's health requirements, the feasibility of technology and methods, and the acceptance degree of the masses	6/22/2022 4:36 PM
109	Wish everyone best of health.	6/22/2022 4:33 PM
110	We must pay more attention to our bodies.	6/22/2022 11:12 AM
111	Medical care is very important to me, especially with Cancer Care.	6/22/2022 9:29 AM
112	I'd like to get more paramedics in here.	6/22/2022 7:28 AM
113	I wish the staff were more enthusiastic.	6/22/2022 7:27 AM
114	I hope community health is getting better and better.	6/22/2022 7:25 AM
115	no	6/22/2022 6:19 AM
116	I hope that will be helpful.	6/22/2022 1:41 AM
117	I hope the raffle gets me. I need it	6/21/2022 10:41 AM
118	no	6/21/2022 10:38 AM
119	no	6/21/2022 10:34 AM
120	no	6/21/2022 8:46 AM
121	Strengthening community health	6/21/2022 5:33 AM
122	Health has always been very important, and I hope it can be taken seriously	6/21/2022 2:49 AM
123	Health issues in the community, I want the whole community to talk about it	6/21/2022 2:49 AM
124	Community health issues should be paid close attention to	6/21/2022 2:21 AM
125	Community health issues should be paid close attention to	6/21/2022 2:21 AM
126	Focus on the health aspects of the community	6/21/2022 2:21 AM
127	Focus on the health aspects of the community	6/21/2022 2:21 AM



2022 Exeter Hospital Community Health Needs Assessment

128	I'd like to pay more attention to community health issues	6/21/2022 2:11 AM
129	Are there online channels to buy drugs? I hope to open online channels to buy drugs	6/20/2022 11:43 PM
130	Good	6/20/2022 9:44 PM
131	None	6/20/2022 10:24 AM
132	not available at the present moment	6/20/2022 3:22 AM
133	The price of drugs is able to balance	6/19/2022 11:40 PM
134	To reduce treatment time and process	6/19/2022 11:34 PM
135	Convenient is very important	6/19/2022 11:28 PM
136	Guarantee the most basic requirements	6/19/2022 11:14 PM
137	满意	6/19/2022 10:05 PM
138	nothing	6/19/2022 12:43 PM
139	Transportation is a barrier to community engagement and access to health care.	6/19/2022 9:57 AM
140	NO	6/18/2022 11:18 PM
141	NO	6/18/2022 11:18 PM
142	The health service in general is very good. Let's work together. Come on	6/18/2022 11:02 PM
143	It is of great significance to develop and perfect community service pertinently	6/18/2022 10:27 PM
144	No more comments.	6/17/2022 11:28 PM
145	No more comments.	6/17/2022 11:28 PM
146	No more comments.	6/17/2022 11:02 PM
147	No more comments.	6/17/2022 11:02 PM
148	No more comments.	6/17/2022 10:13 PM
149	No more comments.	6/17/2022 10:13 PM
150	No more comments for now.	6/17/2022 9:43 PM
151	No more comments for now.	6/17/2022 9:43 PM
152	No more comments.	6/17/2022 8:49 PM
153	No additional comments	6/17/2022 8:49 PM
154	no	6/17/2022 4:57 PM
155	Niets meer te zeggen.	6/17/2022 1:52 PM
156	I think we are seeing societal and economic problems (inequality, low wages, inadequate housing, not enough leisure time, inability to buy healthy food, etc) manifest in stress-related health issues.	6/17/2022 1:08 PM
157	none	6/17/2022 8:42 AM
158	mental health, mental health, mental health.	6/15/2022 3:57 PM
159	I hope that you will be sharing the results of the survey. Thank you EHR for your continued support of our community.	6/15/2022 3:33 PM
160	Healthcare cost makes proper healthcare unattainable for most	6/14/2022 4:03 PM
161	I'm a local pastor. I see a lot of people in my office who have mental health concerns. They are having a very hard time finding therapists and med prescribers with availability.	6/2/2022 9:21 AM
162	Very fortunate to have Exeter Hospital in town and affiliations with Boston medical services. Really miss Synergy though!!!	5/31/2022 4:35 PM



2022 Exeter Hospital Community Health Needs Assessment

163	Consider changing physical therapy billing to flat fee per treatment. I'd rather pay \$200 for all PT needed for a problem than co-pays per visit. Less inclined to finish treatment as these add up.	5/31/2022 2:31 PM
164	65 yr old white female	5/31/2022 1:50 PM
165	None	5/25/2022 9:06 PM

Appendix J: Age Friendly Survey Results

Exeter Age Friendly Community Survey

Planning for the needs of older residents now and into the future

What characteristics make Exeter a great place to grow up and grow old? What can Exeter do to better address the needs of older residents? During 2022 Exeter was one of six communities that worked with the Rockingham Planning Commission (RPC) to conduct an Age Friendly Community Assessment with funding from the Tufts Health Plan Foundation and AARP NH.

The term “Age Friendly Community” was coined by AARP and is shorthand for communities that enable residents to thrive at every age and every stage of life. Age Friendly Communities are committed to supporting their youngest residents, oldest residents, and everyone in between; however, the focus of this project was on older residents. The assessment used a national model developed by AARP that considers Eight Domains of Livability for Age Friendly Communities, including transportation, housing, design of outdoor spaces and building, opportunities for civic and social participation, respect and social inclusion, communication, health and nutrition services, and work and volunteer opportunities.

Transportation | Health & Nutrition | Outdoor Spaces & Buildings | Social & Civic Engagement



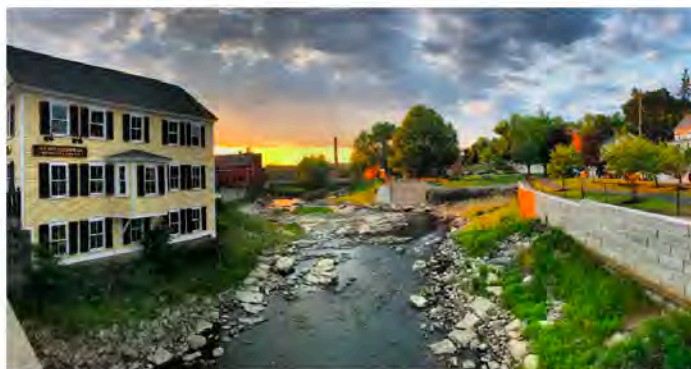
Work & Civic Opportunities | Housing | Respect & Social Inclusion | Communication & Information

Why Does it Matter?

Exeter, Rockingham County, and our entire state have an aging population. According to the 2020 Census, New Hampshire is the second oldest state, behind only Maine. Between 2015 and 2040 the population aged 65 and over in Rockingham County is projected to nearly double from 48,276 to 93,319. Residents age 65 and over will increase from 19% of the population in 2020 to over 28% by 2040. This will have impacts for workforce, housing, transportation, economic vitality, and community services.

Furthermore, findings from Exeter’s 2022 Age Friendly Communities survey show that residents wish to remain in the community as they age. 36.5% of respondents said it was “Extremely Important” to remain in Exeter in their 70s, 80s, and beyond while 32.5% answered that it was “Very Important.”

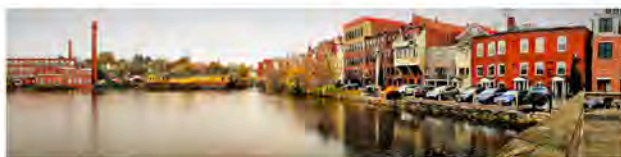
Survey Question 5. How important is it to remain in Exeter as you reach your 70s, 80s, and beyond?



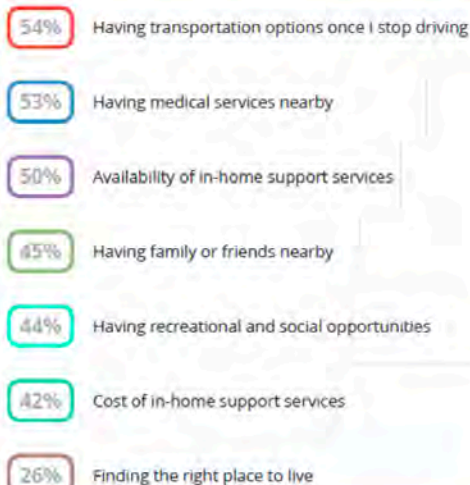
What Did We Learn?

Exeter's Age Friendly Community Survey was adapted from a national model developed by AARP and included questions related to AARP's eight dimensions of Age Friendly Communities: transportation, housing, social engagement, outdoor spaces and buildings, work and civic engagement, respect and social inclusion, health and nutrition services, and information flow. The survey was available online and in paper format. There were 263 online responses and 69 paper surveys completed. Of the 359 people who responded, 34% were 54 years old or younger, 16% were 55-64 years of age, 26% were 65-74, and 24% were 75-84. 43.6% have lived in Exeter for 10 years or less and 56.4% have lived here for 11 or more years. Survey respondents were fairly evenly distributed across income levels and were representative of Exeter's population.

Survey Question 3. How would you rate Exeter as a place for people to live as older adults?



Survey Question 7. What concerns you most about growing older in Exeter?



Key Theme—Transportation

- ◆ 59% of survey respondents rated public transportation in Exeter as Fair or Poor. However, there are a variety of community-based transportation services available to residents. In fact, Exeter has done more on senior transportation initiatives than most communities in the region. For example, the Town adopted a supplemental \$5 local vehicle registration fee, which is used to support senior transportation services including Cooperative Alliance for Seacoast Transportation (COAST), Transportation Assistance for Seacoast Citizens (TASC), Rockingham Nutrition and Meals on Wheels (RNMOW), and the Senior Taxi Voucher program. The survey responses suggest that more outreach should be done to make residents aware of these options.
- ◆ 81% of survey respondents used their personal vehicle as their primary mode of travel. However, in other assessment communities over 90% of survey respondents reported that they drove. Exeter's lower percentage of drivers may be due to the fact that Exeter survey respondents were older than those in other communities. Exeter's walkable downtown may also allow more residents to get around without driving.
- ◆ 54% of respondents were concerned about having transportation options once they stopped driving. This concern was consistent across all six assessment communities, however, it was lower in Exeter. This reflects the senior transit efforts that have already been made and the relatively walkable nature of Exeter's downtown.



Key Theme—Housing & Senior Services

Survey Question 12. How important is it for you to live independently in your own home as an older adult?

- 55% **Extremely important**
- 32% **Very important**
- 10% **Somewhat important**



- ◆ 24% said the amount of routine maintenance required on their home did not meet their needs very well or at all
- ◆ 53% were concerned about having medical services nearby
- ◆ 50% were concerned about the availability of in-home support services
- ◆ 42% were concerned about the cost of these services



Key Theme—Recreation & Social Opportunities

Survey Question 28. How often do you have contact with family & friends who you do not live with?

- 36% **Several times per week**
- 34% **Daily**
- 21% **Once per week**
- 8% **Every few weeks**

Survey Question 29. If you would like to have more social interaction, what prevents you from doing so?

- ◆ 29% were unaware of activities/events that interest them
- ◆ 24% stated scheduling conflicts
- ◆ 19% stated mobility or health issues
- ◆ 17% were not interested in socializing more
- ◆ 13% stated it was too costly
- ◆ 12% had no one to connect with
- ◆ 12% stated lack of transportation was a barrier

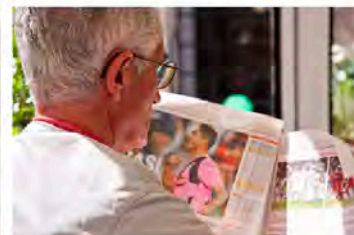
Key Theme—Information Sharing, Leadership, and Communication

Survey Question 25. How do you get info about services & events in Exeter? (top 5 results)

- 61% Word of mouth/friends/family
- 53% Internet/websites
- 45% Social media (ex. Facebook, Twitter)
- 39% Email
- 35% Newspaper/newsletter

Recommendations:

- ◆ Create a one-stop-shopping, central hub for information, such as a consolidated website and/or printed resource guide.
- ◆ Reconvene the Exeter Council on Aging.





Potential Next Steps

Step 1—Conduct an inventory of your community's existing resources. Communities tend to jump into creating new resources, but often existing assets can be utilized to meet your needs. Cast a wide net when thinking about your resources. They should include everything from individuals who have skills and expertise they can share; physical infrastructure like meeting spaces, walking trails, and park benches; to services such as transportation assistance, meal delivery, and in-home healthcare.

Step 2—Analyze your community's existing resources. For each resource in your inventory, ask the following questions:

- ✦ What is working well but is underutilized?
- ✦ What is working well but is overutilized?
- ✦ What is working well in another town that could be replicated in our town?
- ✦ What is working well but is at risk of falling apart?
- ✦ What else needs to be created?



Step 3—Set Goals. Goals should have the following characteristics:

- ✦ Specific—make sure your goals are specific and narrow for more effective planning.
- ✦ Measurable—define what evidence will prove you're making progress and reevaluate when necessary.
- ✦ Achievable—make sure you can reasonably accomplish your goal within a certain timeframe.
- ✦ Relevant—ensure your goals align with your values and long-term objectives.
- ✦ Time-bound—set a realistic timeline and end-date for your goals and prioritize tasks accordingly.

Acknowledgments

The Rockingham Age Friendly Communities Initiative is administered by the Rockingham Planning Commission and Rockingham Nutrition Meals on Wheels Program. It is supported by a two year grant from the Point32 Health Foundation (formerly Tufts Health Plan Foundation) with supplemental funding and technical assistance from AARP New Hampshire.

Exeter's Age Friendly Community Assessment was guided by a local steering committee of Exeter residents and Exeter's Assistant Parks and Recreation Director, David Tovey. Members included: Julie Gilman, Hope Godino, Bette Henneberry, Sally McRae, Francine Hall, Beverly Barney, Susan Raycraft, Leslie Haslam, and Janet Rooney.

The project is guided at the regional level by a Regional Steering Committee made up of municipal appointees from the six assessment communities. The Steering Committee includes representatives from select boards, town administration, senior services, parks and recreation, public libraries, and planning and development. The committee also benefits from the expertise of a range of agencies focused on one or more of AARP's Eight Domains of Livable Communities such as transportation, housing, respect and social inclusion, home care, and public health.





Appendix K: Intellectual and Developmental Disabilities (IDD)



Preventive Health Care Needed for Adults with IDD 2021 New Hampshire Disability & Public Health Report

Residential Status of Adults with Intellectual and Developmental Disabilities (IDD)

Compared to adults with IDD nationally, adults with IDD in New Hampshire (NH) are more likely to live in a rural area. They are more likely to live in their own home, with family, or in a foster home (versus institutions or group homes).

4 in 10
live in a rural
area in NH



compared to
3 in 10
nationally

7 in 10
live on their own,
with family, or in a
foster home in NH



compared to
4 in 10
nationally

Health Indicators for Adults with IDD in NH

In NH, many adults with IDD need support to get preventive health care and engage in healthy behaviors. Preventive health care includes regular visits with a provider to screen for health issues and share health information.

3 in 10



self-report their
health as fair or poor

1 in 10



are current smokers

4 in 10

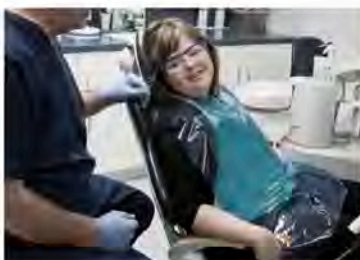


are obese

1 in 10



report no physical
activity



"Disability doesn't have to equal poor health. Staying healthy is a challenge for everyone! The key to good health is access and good support."

– Kathy, a NH resident
with a disability



Institute on Disability/UCED



Alternative formats available on request

<http://nhdisabilityhealth.org>
dph.iod@unh.edu | 603-862-4320 | Relay 711

Preventive Health Care Needs of Adults with IDD in NH

Compared to adults with IDD nationally, adults with IDD in NH are less likely to get some health screenings:

3 in 10
have not seen a
dentist in
1 year or more



compared to
2 in 10
nationally

5 in 10
have not had a
vision test in
1 year or more



compared to
4 in 10
nationally

6 in 10
have not had a
hearing test in
5 years or more



compared to
4 in 10
nationally

There are many strategies for health care providers, public health professionals, caregivers, and adults with IDD themselves that can help improve access to preventive health care.

Strategies to Improve Preventive Health Care for Adults with IDD:

- Focus health promotion and preventive health efforts in the community to reach adults with IDD where they live and help close gaps in care;
- Educate people with IDD and caregivers about the importance of preventive health care and healthy behaviors;
- Adapt physical activity and nutrition programs to make sure they are inclusive of people with different disabilities. The [National Center on Health, Physical Activity, and Disability](#) has many resources;
- Recruit people with disabilities into existing health programs by partnering with local organizations such as the [NH Council on Developmental Disabilities](#), [New Hampshire Family Voices](#), and [Granite State Independent Living](#);
- Use plain language, graphics, and large print for appointment reminders, vaccine notifications, and other health promotion materials;
- Contact the [NH Disability & Public Health Project](#) with questions or for technical assistance.



Data sources: 2017 National Core Indicators Adult Survey; [From Where I Sit](#) UNH Institute on Disability blog

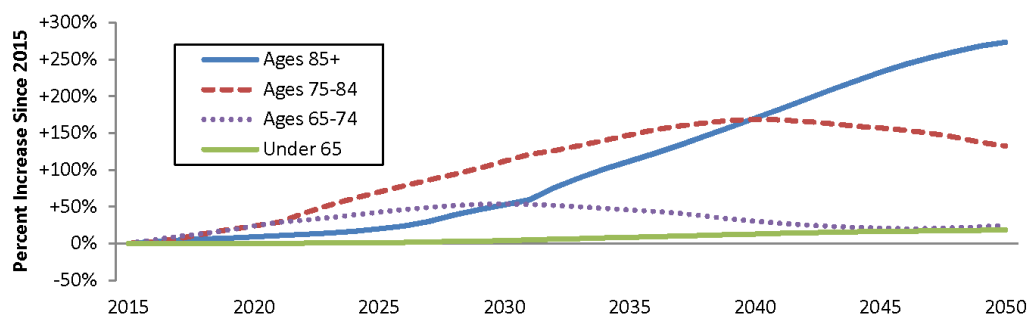
The [NH Disability & Public Health Project](#) (DPH) is funded by U.S. Centers for Disease Control and Prevention (CDC) cooperative agreement number DD000007. DPH is a collaboration between the Institute on Disability at the University of New Hampshire and the NH Division of Public Health Services. The contents of this report are the responsibility of DPH and do not necessarily represent the views of the CDC or the U.S. Department of Health and Human Services.



Appendix L: Profile of Long-Term Services & Supports in New Hampshire

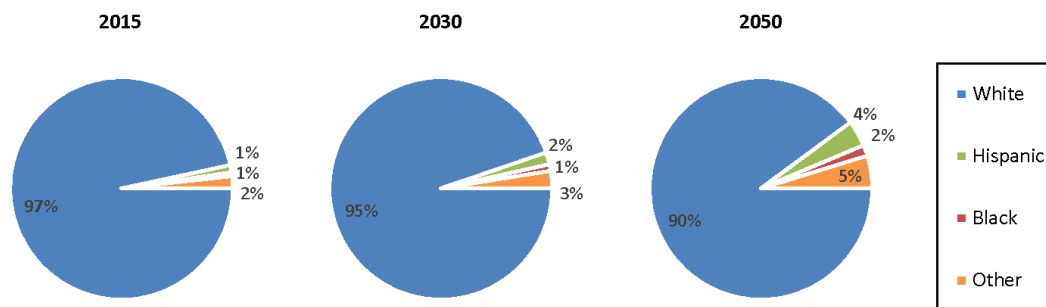
Across the States 2018: Profile of Long-Term Services and Supports in New Hampshire

Projected Population Growth in New Hampshire, by Age Group, 2015-2050



	2015			2030			2050		
	State	Rank	U.S.	State	Rank	U.S.	State	Rank	U.S.
Population (thousands)									
All Ages	1,331	41	321,419	1,527	41	358,380	1,723	40	395,882
Under 65	1,112	41	273,658	1,156	41	284,013	1,313	40	307,819
Ages 50+	531	41	110,973	630	40	134,344	745	40	160,466
Ages 65+	219	42	47,761	371	41	74,367	410	40	88,062
Ages 85+	29	41	6,287	44	42	9,300	108	38	19,385
Percent of Total Population									
Ages 50+	39.9%	3	34.5%	41.3%	3	37.5%	43.3%	4	40.5%
Ages 65+	16.5%	8	14.9%	24.3%	4	20.8%	23.8%	8	22.2%
Ages 85+	2.2%	12	2.0%	2.9%	9	2.6%	6.3%	4	4.9%
Percent Change from 2015									
All Ages				+15%	5	+11%	+29%	6	+23%
Under 65				+4%	13	+4%	+18%	6	+12%
Ages 50+				+19%	20	+21%	+40%	20	+45%
Ages 65+				+70%	5	+56%	+87%	15	+84%
Ages 85+				+52%	23	+48%	+273%	9	+208%

Projected Diversity of the Population Ages 65+ in New Hampshire, by Year



Note: Data are ranked from highest to lowest value; this does not necessarily correspond to level of performance.



Across the States 2018: New Hampshire State Profile

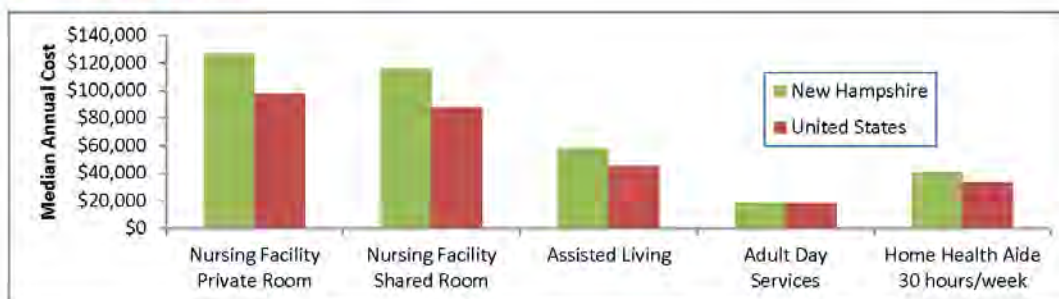
Population Characteristics

Living Arrangements and Poverty, 2016	Number (1,000's)	Percent	Rank	U.S.
People ages 75+ living alone	32	35.2%	9	31.6%
People ages 65+ living in nonmetropolitan areas	98	43.2%	12	17.3%
Below poverty level ages 65+	10	4.6%	50	9.2%
Below 250% of poverty level ages 65+	64	28%	48	37%

Household Income, 2016	State	Rank	U.S.
Median household income ages 65+	\$48,960	9	\$42,113

Disability Rates, 2016	Number (1,000's)	Percent	Rank	U.S.
People ages 65+ with disabilities				
Self-care difficulty	11	5.1%	49	8.1%
Cognitive difficulty	15	7.1%	42	8.9%
Any disability	68	31.0%	51	35.0%
People ages 18-64 with disabilities				
Self-care difficulty	13	1.6%	35	1.9%
Cognitive difficulty	37	4.4%	29	4.5%
Any disability	88	10.5%	30	10.6%

Private Pay Costs



Annualized Private Pay Costs by LTSS Type, 2017	State	Rank	U.S.
Nursing facility, private room	\$127,020	9	\$97,455
Nursing facility, shared room	\$115,888	11	\$87,600
Assisted living	\$58,260	8	\$45,000
Adult day services	\$18,720	27	\$18,200
Home health aide (30 hours/week)	\$41,153	6	\$33,540

Long-Term Care Insurance, 2015	State	Per 1,000 Ages 40+	Rank	U.S.
Private long-term care insurance policies in effect	34,707	49	23	50

Note: Data are ranked from highest to lowest value; this does not necessarily correspond to level of performance.



Across the States 2018: New Hampshire State Profile

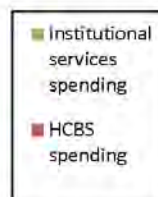
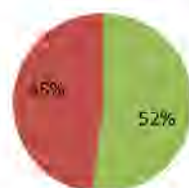
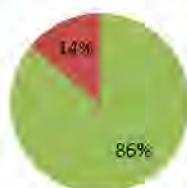
Medicaid Long Term Services and Supports

Medicaid Spending Balance	Year	State	Rank	U.S.
Medicaid HCBS spending as a percent of LTSS spending for older people and adults with physical disabilities	2011 *	19%	42	38%
	2016 *	14%	50	45%
	% change	-4.7%	49	+7.0%

Medicaid LTSS Spending Balance in New Hampshire, by Population, 2016

Older People and Adults with Physical Disabilities:

All Populations



Medicaid Expenditures (Total Federal + State)	Total (millions)	Per Person	Rank	U.S.
Medicaid LTSS spending for older people and adults with physical disabilities, 2016 *	\$400	\$299	24	\$320
Nursing facility spending	\$344	\$258	10	\$175
HCBS spending	\$56	\$42	47	\$145
Medicaid LTSS spending for all populations, 2016 *	\$747	\$559	22	\$515
Institutional services spending	\$391	\$293	17	\$223
HCBS spending	\$356	\$267	25	\$292
State-funded HCBS expenditures for older people and adults with physical disabilities, 2014	\$0.0	\$0.00	39	\$3.36

Change in Medicaid Expenditures 2011-2016 *	% Change 2011-16	Rank	U.S.
Medicaid LTSS spending for older people and adults with physical disabilities	+4%	42	+22%
Nursing facility spending	+10%	29	+8%
HCBS spending	-22%	50	+45%

Medicaid LTSS Users Ages 65+, 2013	State	Per 1,000 Ages 65+	Rank	U.S.
All Medicaid LTSS users ages 65+ **	8,003	39	27	47
Institutional services only ***	5,059	25	16	22
HCBS only **	2,488	12	29	23
HCBS and institutional services **	456	2.2	19	2.8

Medicaid LTSS Users, All Ages, 2013	State	Per 1,000 People	Rank	U.S.
All Medicaid LTSS users ***	21,853	16.5	20	16.4
Institutional services only ***	5,857	4.4	23	4.7
HCBS only ***	15,232	11.5	16	11.1
HCBS and institutional services ***	764	0.6	19	0.7

Note: Data are ranked from highest to lowest value; this does not necessarily correspond to level of performance.

* 2014 data used instead of 2016 for 4 states (AK, CA, ID, KS); base year other than 2011 for 3 states (MA, NJ, NM).

** 14 states are excluded because of missing, old, or unreliable data. The highest rank is 37.

*** 9 states are excluded because of missing, old, or unreliable data. The highest rank is 42.



Across the States 2018: New Hampshire State Profile

Family Caregivers

	State	Per 1,000 People	Rank	U.S.
Number of family caregivers, 2013	173,000	131	15	127
Economic value of family caregiving, 2013 (millions)	\$2,330	\$1.77	2	\$1.49
Economic value per hour, 2013	\$14.42		7	\$12.51
Ratio of economic value to Medicaid HCBS spending, 2013	6.1		29	6.2
Caregiver Support Ratio (age 45-64 per age 80+), 2015	7.4		16	7.0
Caregiver Support Ratio, 2050 (projected)	2.6		40	2.9

Home and Community-Based Services

Personal Care and Home Health Aides	State	Per 1,000 AWD *	Rank	U.S.
Personal care aides, 2015 **	4,497	175	14	148
Median hourly wage, 2017	\$12.07		10	\$11.11
Home health aides, 2015 **	3,649	141	4	104
Median hourly wage, 2017	\$13.38		8	\$11.16

Congregate and Home Delivered Meals, 2016	State	Per 1,000 Ages 65+	Rank	U.S.
People receiving OAA congregate meals	17,956	79	7	32
People receiving OAA home delivered meals	13,140	58	1	17
Total OAA meal expenditures (thousands)	\$15,168	\$67	5	\$31

Assisted Living Supply, 2014	State	Per 1,000 Ages 75+	Rank	U.S.
Assisted living and residential care units ***	4,800	55	20	52

Nursing Facilities

Nursing Facilities, Utilization, and Resources	State	Per 1,000 Ages 75+	Rank	U.S.
Total nursing facilities, 2016	75	0.82	25	0.76
Nursing facility beds, 2016	7,471	82	26	80
Nursing facility residents, 2016	6,664	73	21	65
Nursing facility occupancy rate, 2016	89%		6	81%
% Change in nursing facility residents, 2011-2016	-4.4%		30	-3.9%
Direct care nursing hours per resident day, 2016	4.05		28	4.03
RN hours per resident day, 2016	0.89		18	0.79
Nursing assistants, 2015 **	4,757	53	17	43
Median hourly wage, 2017	\$14.56		13	\$13.23

Nursing Facility Quality and Resident Characteristics	State	Rank	U.S.
Long-stay residents receiving an antipsychotic medication, 2017	15.0%	31	15.5%
High-risk residents with pressure sores, 2017	4.1%	42	5.6%
Long-stay residents with a hospital admission, 2014	13.7%	33	17.0%
Nursing facility residents with low care needs, 2014 ****	13.2%	17	11.5%
Residents with Medicaid as primary payer, 2016	63%	19	62%
Residents with Medicare as primary payer, 2016	16%	10	14%
Residents with "other" as primary payer, 2016	21%	36	25%

Note: Data are ranked from highest to lowest value; this does not necessarily correspond to level of performance.

* Adults With Disabilities (defined as having self-care difficulty, equivalent to ADL level of disability).

** Average of three years 2014-2016.

*** Total capacity is rounded to the nearest hundred. Data not reported for two states. The highest rank is 49.

**** Data not reported for two states. The highest rank is 49.



Appendix M: We Need This Here

LGBTQ+ Community

'We Need This Here': Exeter Practice Offering LGBTQ+ Healthcare Services

By Karen Dandurant THE PORTSMOUTH

HERALD

Sep 17, 2022

EXETER — Members of the LGBTQ+ community have specific health care concerns and often find it difficult to access a provider to meet their needs on the Seacoast.

Many patients, particularly teenagers and their parents, have needed to travel to large hospitals in urban areas like Boston to get the care they need.

This shortage of care became painfully obvious during the coronavirus pandemic, and a local medical group recently began to take on the challenge of serving this underserved community.

Dr. Robert Kelly, of Core Physicians, and several colleagues are addressing this with a more accessible practice at 21 Hampton Road.

Kelly said he took a look at area primary care practices and saw there was hesitation, or an unwillingness to become involved in treating the needs of LGBTQ patients. So he began to offer services and to bring in medical consultants as needed for his patients' needs.

"I began to move into gender-affirming care because we need this here," Kelly said.

He added he felt ready to take on the work that needed to happen, including work revolving around education.



Importance of local LGBTQ+ health care practices

How important is it for the medical community to offer care specific to this population?

“New Hampshire hospitals and their providers play a critical role in advancing the health and equity of all patients,” said Steve Ahnen, president of the New Hampshire Hospital Association. “The New Hampshire Hospital Association is very proud of the safe and supportive environments that our providers have created in support of the health and well-being of all people and stands in absolute support of LGBTQ+ community and the clinicians providing their care.”

People in the LGBTQ+ community say it is very important to find a provider who understands their needs.

“I was lucky to find a primary care physician who is excellent with trans patients, but that was by word of mouth, and he does nothing to advertise himself as such,” said Palana Belkin, a Rochester resident who is very active in her community. “I got lucky. It is not uncommon for me to hear about folks traveling two or three hours from New Hampshire to access trans-competent health care in Boston. Clinics like Planned Parenthood, Equality Health Center, and Lovering Health all do a fantastic job providing hormone replacement therapy and sexual health services — but LGBTQ folks also deserve compassionate primary care.”

Gerri Cannon is a state representative from Somersworth and serves on the Somersworth School Board. She recently had gender confirmation surgery.

“The best thing is having a medical practice that understands the needs of transgender people,” she said. “I have many specialists near me in Dover and they can care for me. But, I’ve had to make sure they know my medical history and my future plans, like surgery.”

Cannon said finding surgeons who can perform gender confirmation surgery procedures remains a challenge locally.



“I had to travel to Boston,” said Cannon. “I’ve had friends travel to Dartmouth Hitchcock. Working with transgender-knowledgeable surgeons and staff is incredibly uplifting. I constantly hear about transgender female to male people looking for top surgery or bottom surgery knowledgeable surgeons. Male to female people are looking for vaginoplasty surgical teams. We don’t have any in our corner of New Hampshire yet.”

Services offered in gender-affirming care

What is gender-affirming care?

As defined by the World Health Organization, “Gender-affirmative health care can include any single or combination of a number of social, psychological, behavioral or medical (including hormonal treatment or surgery) interventions designed to support and affirm an individual’s gender identity.”

Dr. Kelly treats adults, not children, in his gender affirming practice. As a family physician, Kelly said he treats people from birth to death, and that includes all populations.

Kelly said, in the past, the focus on gender care was mainly in prevention.

“HIV? Take a pill to help prevent it,” he said. “Anything more and patients are being referred to infectious disease doctors or other specialists, which carries a much higher price tag, higher co-pays. That’s simply because there is not a lot of care available.”

Kelly said a percentage of gay men simply want peace of mind and to know they can have safe sex.

One treatment for gay men is PrEP (Pre-Exposure Prophylaxis). It is the use of antiretroviral medication to prevent HIV infection. PrEP is used by people without HIV who may be exposed to HIV through sex or injection drug use.



According to the CDC (Centers for Disease Control and Prevention), The U.S. Food and Drug Administration has approved three medications for use as PrEP. Two consist of a combination of drugs in a single oral tablet taken daily. The third medication is a medicine given by injection every two months.

Kelly also sees patients with gender dysphoria, a condition where a person is conflicted about their gender identity and the gender their body inhabits. He said counseling is used to help the patient come to a better understanding of the condition.

Consulting colleagues treat physical traits

Physical traits are something treating gender affirming patients entails.

“I have consulting colleagues who treat top and bottom,” he said. “We do hormone therapy and integrated behavioral health therapy. We do gender diverse care and referrals for surgery. We work closely with local providers.”

Top and bottom can be defined as top dealing with breast removal or augmentation as needed. Bottom involves the genitalia that a patient feels is inappropriate for the person they identify as.

One colleague, Dr. Kimberly Marble, a plastic surgeon who does a lot of work with breast cancer patients, does “top” surgery for Kelly’s patients.

“She does removal of breast tissue, or adding it, as the case calls for,” said Kelly.

Marble, of the Kimberly Marble, MD Plastic Surgery, a Core Physicians practice, said she offers several services for the LGBTQ+ population.

“I do all forms of top surgery, including FTM (female to male), MTF (male to female) and non-binary,” said Dr. Marble. “I also offer laser hair removal, as well as free makeup consultations and skin care consultations for general skin health, anti-aging, and treatment of acne that can occur when taking testosterone.”

Dr. Evelyne Caron of Core Obstetrics and Gynecology does “bottom” surgery.



“She’s skilled in transgender medicine,” said Kelly. “She does gender-affirming hysterectomies if desired. Many of the patients I see do not ultimately elect to do surgery.”

“I work with transgender woman-to-man patients,” she said. “I provide gender-affirming surgery. As part of my day-to-day practice, I do hysterectomies, for different reasons, painful periods, bleeding and cancer. A man trapped in a woman’s body can desire removal of the uterus and ovaries. Some patients who consider themselves gender neutral don’t mind keeping their ovaries, but we will remove the fallopian tubes so they do not get pregnant. We can suppress menstruation.”

Caron said she will require a person wanting the surgery to have been living as a man for about 12 months to be sure it is the right decision for them. During that time, they will work with a therapist.

“I am the last step,” said Caron. “They will have worked with Dr. Marble for top surgery first. We work through the hormones. These are people who are uncomfortable with the body they are in.”

Caron said she sees this type of patient a lot more than she used to. She does not yet give testosterone to women, but she said it is done through the practice by another provider.

“This is more accepted now,” she said. “The more acceptance there is, the more services will follow.”

Education ongoing in serving LGBTQ+ community

Tracie Baird is the clinical supervisor for the four Core practices located at Hampton Road. She said she loves the work done at Kelly’s office and is proud to be a part of it.

“I do a lot of training with staff,” Baird said. “I also help with gender-affirming therapy like hormone injections. Some of those we can teach and the patient does at home. Others must be done in the office.”



Baird said she works a lot with parents of younger adults. And she helps with insurance billing and serves as a liaison with practices who refer patients to Kelly.

“I talk with parents, for whom this might be difficult,” said Baird. “We talk about the pronouns their person might prefer, about the name they want to be referred to as. We help foster a better understanding between family members. Sometimes parents ask, ‘What did I do wrong?’ They did nothing wrong. I tell them this is who your child is.”

Kelly works with all patient concerns.

“Right now, I am fielding a lot of questions about monkeypox,” said Kelly. “Currently cases in gay men are in a higher percentage group, even though it is not a gay disease. I have had a few dozen patients asking me about the vaccine. There is a vaccine available but New Hampshire is in a state of flux as to how to administer it because there is not enough, and no mechanism to distribute it. The FDA is looking to authorize emergency use authority, as they did with COVID vaccines, using a smaller dose to make it go further.”

“Primarily now I see patients one day a week and they are ages 11-80,” he said. “This is just part of my practice, but I am happy to be able to provide the care.”

Exeter Health Resources recognized for improving LGBTQ+ care

In 2019, The NH Foundation for Healthy Communities bestowed its Noah Lord Patient & Family Engagement Award on Exeter Health Resources to honor the work done by their LGBTQ+ Advisory Council to improve the design and delivery of care for patients in the LGBTQ+ community.

Over the past several months, the Advisory Council has been instrumental in promoting a welcoming, gender-inclusive culture throughout the health system. They have worked to update the organizations’ websites to include information about these service offerings and to reflect gender-inclusive language and photos.

Other significant achievements include removing the words “male” and “female” from Hospital patient wristbands, changing all single stall bathrooms at Exeter Hospital to be gender neutral, and providing ongoing education to staff.



Kelly recently did a podcast with Sg2 Perspectives about his practice. To learn more visit <https://sg2.podbean.com/e/exeter-health-resources-lgbtq-health-program-an-interview-with-dr-robert-kelly/>

In addition to treating LGBTQ patients, Kelly offers addiction services including medically assisted treatment, another area he feels there are not enough practitioners of in New Hampshire.

These articles are being shared by partners in The Granite State News Collaborative. For more information visit collaborativenh.org.

Appendix N: Seacoast Bark Magazine Article

feature

Pet Therapy at Exeter Hospital

By Jennifer McGowan
Community Impact Officer – Exeter Health Resources

"My favorite day of the week!" Chris Hewson smiles from the reception desk as Cinnamon the 9-pound Shih Tzu confidently walks through the doors of Exeter Hospital. "All I have to say is let's go to Exeter, and she is at the door," Julia H., Cinnamon's owner and a volunteer with the organization **Pet Partners** responds. "She looks forward to visiting the hospital every week, jumping and spinning in circles when it's time to go."

Gentle and outgoing, Cinnamon walks the halls with confidence and loves to visit her adoring hospital friends. A year into the weekly visits, staff look forward to the break it provides. "This is my favorite part of my work day. You can practically see the energy shift in the room," Sue Howarth, shift supervisor in the Emergency Department, shares.

Cinnamon is one of five therapy dogs who visit Exeter Hospital regularly. Visiting with a friendly pet can lower blood pressure and relieve stress, something needed more than ever during the pandemic. The visits have lasting impact. Rosanne Swanson, Patient Relations Coordinator, rounds with staff and patients throughout the hospital daily where the pet therapy visits frequently come up. "They always ask about the dogs and want me to know how much it helps. All staff, no matter what department I am visiting are impacted. It rejuvenates their spirits and that ripples throughout the organization. It's another thing to help get people through their day during a very difficult time."

Pet Partners volunteer Erin O'Malley has four certified dogs at home, three of which visit the health system regularly. She has three Bernese Mountain dogs ranging from 2- to 11-years-old and a one-year-old Lagotto Romagnolo, a hypoallergenic Italian water dog. Stig, a much beloved Bernese Mountain Dog weighing in at 110 pounds, settles in for long visits with patients and staff. He often leaves stuffed animals behind that look like miniature versions of himself (and maybe a little extra dog fur).

Erin began volunteering with Exeter Hospital after receiving treatment at the hospital's Michael and Jeanne Falzone Center for Cancer Care. "It seemed like the perfect opportunity. It's close to home, and I knew how impactful it would be to see a friendly pet while undergoing treatment." Her dogs look forward to the visits as well, because their shift



Cinnamon



Fenway



Stig with nurses

14 seacoastbarkmagazine.com



Nunzio at Hampton Health

"Seeing the dogs every week, watching the love and joy the dogs bring has been so inspiring to us."

always end with a fast food cheeseburger. Their favorite? A bacon junior cheeseburger. The pups look forward to working, but after their cheeseburger they also need a long nap to recharge.

Exeter Hospital has been working with Pet Partners for many years but expanded the program during COVID thanks to new wonderful volunteers. Kim Wess brings her English Cream Golden Retriever Fenway twice a week when she is local to the Seacoast. With his sunny personality and easy charm, Fenway shines when visiting patients young and old. He can tell when people need a little extra love and care and is happy to bond with everyone he meets. Kim began volunteering after learning about the large number of young people spending time in the Emergency Department as they await an open bed in nearby mental health organizations. Fenway and Kim have extra crisis intervention training to better serve communities during crisis and disaster.

The program has inspired at least two Exeter Hospital staff members to get pups of their own. Carol MacDonald works in the front lobby of the hospital, some days seeing hundreds of patients and visitors. She and her husband were not in the market for a pet,

but after seeing Cinnamon every week she realized that a dog might be just what they needed. Barkley, a Shih Tzu / Chihuahua mix joins their family later this month. "Seeing the dogs every week, watching the love and joy the dogs bring has been so inspiring to us."

The Pet Partners program was established in the 1990s by the Delta Society to ensure that "both ends of the leash," people as well as animals, were well-prepared to participate in animal-assisted activity and animal-assisted therapy programs. The Pet Partners Therapy Animal Program requires all teams to pass a skills and aptitude evaluation every two years to remain registered as a therapy animal because behaviors change over time. **ElderPet** (which administers Pet Partners locally) has more than seventy-five registered teams visiting primarily in the NH Seacoast area, but also in Maine, Massachusetts and other parts of NH. If you think your pet has what it takes to be a certified therapy pet, a good place to start is the Canine Good Citizen course offered by AKC.

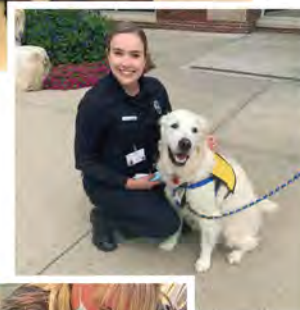
Exeter Hospital is so thankful to the volunteers and Pet Partners for making this program possible. The visits brighten the spirits of both staff and patients. The impact is simply extraordinary.

Petpartners.org
Elderpet.org

seacoastbarkmagazine.com 15



Sig



Fenway



Sue with Cinnamon



Nunzio with nurses



Appendix O: Other Community Resources

HOUSING SERVICES & UTILITIES ASSISTANCE:

CarePatrol

Description: Assists in finding independent living, “apartment style” setting and limited assistance.

Phone: (603) 560-5656

Website: <https://www.carepatrol.com/independent-living-article/>

Location: Exeter, NH

The Chase Home for Children

Description: Providing supportive and restorative residential and family services to at-risk youth in a safe and nurturing environment.

Phone: (603) 436-2216

Website: <http://www.chasehome.org>

Email: lliskow@chasehome.org

Location: 698 Middle Road, Portsmouth, NH

Community Action Partnership of Strafford County – Greater Seacoast Coordinated Access

Description: Homeless prevention and diversion services as well as shelter referrals to individuals and families.

Phone: (603) 435-2500, ext. 8139

Website: <http://www.straffordcap.org/programs/homeless-a-housing-services>

Location: 642 Central Avenue, Dover, NH

Community Action Partnership of Strafford County – Homeless Outreach

Description: Conducts outreach and intervention services to the unsheltered homeless.

Phone: (603) 435-2500, ext. 8153

Website: <http://www.straffordcap.org/programs/homeless-a-housing-services>

Location: 642 Central Avenue, Dover, NH

Community Action Partnership of Strafford County – Housing Services

Description: Assists eligible clients with first month's rent, back rent, mortgage payments (principal and interest only), utility assistance and some vehicle repairs as funding allows.

Phone: (603) 435-2500, ext. 8148

Website: <http://www.straffordcap.org/programs/homeless-a-housing-services>

Location: 642 Central Avenue, Dover, NH



Community Action Partnership of Strafford County – Security Deposit

Description: Assistance in the form of a guarantee certificate to the landlord and a loan to the client.

Phone: (603) 435-2500, ext. 8148

Website: <http://www.straffordcap.org/programs/homeless-a-housing-services>

Location: 642 Central Avenue, Dover, NH

Crossroads House

Description: Provides emergency and transitional shelter to homeless men, women and children.

Phone: (603) 436-2218

Website: <https://www.crossroadshouse.org>

Location: 600 Lafayette Road, Portsmouth, NH

Fair Tide

Description: Provides homeless individuals and families with safe, affordable housing for up to 2 years paired with support services focusing on health and financial stability sufficient to obtain and maintain permanent housing.

Phone: (207) 439-2427

Website: <http://www.fairtide.org>

Location: 15 State Road, Kittery, ME

Families First – Mobile Health Services

Description: Health and dental care can be hard to get to if you are homeless, don't have stable housing, or don't have money.

Phone: (888) 922-0005

Website: <https://www.familiesfirstseacoast.org/health-care/mobile-health-care/>

Families in Transition

Description: Provides shelter for individuals and families who face homelessness.

Phone: (603) 641-9441

Email: intake@fitnh.org

Website: <https://www.housingbenefitsnh.org/dover>

Location: Dover, NH

HAVEN

Description: Short-term emergency shelter helps to provide women and their children with a safe and supportive environment to heal from abuse and to rebuild their lives.

Phone: (603) 994-7233

Website: <https://havennh.org/get-help/safe-shelter/>

Location: 20 International Drive, Suite 300, Portsmouth, NH



Homeless Center for Strafford County

Description: Seasonal shelter providing safety, support, and self-sufficiency to women, children, and families of our community.

Phone: (603) 435-2448

Website: <http://www.homelesscenterforstraffco.org>

Location: 9 Isinglas Drive, Rochester, NH

The Housing Partnership

Description: Affordable housing.

Phone: (603) 431-3620

Website: http://www.housingpartnership.org/The_Housing_Partnership/Home.html

Location: 767 Islington Street, Portsmouth, NH

Kittery Estates

Description: Independent retirement community.

Phone: (207) 618-9750

Website: <https://www.holidaytouch.com/our-communities/kittery-estates>

Location: 220 State Road, Kittery, Maine

Living Innovations – Shared Living

Description: Supports people with disabilities: a person in need of support living with a host family in a natural home.

Phone 1: (603) 430-5430

Location 1: 1950 Lafayette Road, Building B, Portsmouth, NH

Phone 2: (603) 422-7308

Location 2: 273 Locust Street, Unit 2C, Dover, NH

Phone 3: (603) 893-7286

Location 3: 16 Route 111, Building 2, Suites 1-3, Derry, NH

Website: <https://livinginnovations.com/areas-of-service/new-hampshire/>

Lydia's House of Hope

Description: Train and equip homeless families and single women with the necessary mind-set and skill-sets required to move out of chronic homelessness into sustainable self-supporting, independent living- Customized programs in budgeting and finance, classes in parenting, cooking and nutrition, counseling and continuing educational services.

Phone: (603) 692-3100

Location: 21 Grand Street, Somersworth, NH

Website: <https://seedsoffaiethnh.org/lydias-house-of-hope/>

**My Friend's Place**

Description: Provides home like emergency shelter and transitional housing, and exceptional support for the homeless men, women, and families.

Phone: (603) 749-3017

Location: 368 Washington Street, Dover, NH

Website: <http://www.myfriendsplacenh.org>

New Generation, Inc.

Description: Providing a safe family-oriented shelter for homeless pregnant women, their babies and children.

Phone: (603) 436-4989

Email: office@newgennh.org

Website: <https://www.newgennh.org>

Location: 568 Portsmouth Avenue, Greenland, NH

New Hampshire Legal Assistance

Description: Promotes equal access to housing for NHLA clients by working on preserving their housing – helps individuals and families who are either currently without shelter or are at imminent risk of becoming homeless.

Phone: (800) 639-5290

Website: <http://www.nhla.org/content/housing-16>

Location: 154 High Street, Portsmouth, NH

Portsmouth Housing Authority

Description: Develops and manages quality affordable housing and provides rental assistance to families, seniors, and people with disabilities.

Phone: (603) 436-4310

Website: www.porthousing.org

Location: 245 Middle Street, Portsmouth, NH

Seacoast Family Promise

Description: Empowers families with children experiencing homelessness to achieve sustainable independence through a community-based response.

Phone: (603) 658-8448

Website: <http://www.exeterarea.org/list/member/seacoast-family-promise-stratham-561>

Location: 27 Hampton Road, Exeter, NH



Southern New Hampshire Services, Inc., Supportive Housing for Homeless

Description: Mary's House – non-treatment facility designed to provide subsidized single-room occupancy apartments for homeless women without children who are in need of a safe and supportive living environment assistance programs.

Description: Robinson's House – non-treatment facility designed to provide subsidized single-room occupancy apartments for homeless men over 18 who are in need of a safe and supportive living environment.

Phone: (603) 886-3562

Website: <https://www.snhs.org/programs/housing-homeless/robinson-house>

The VA Medical Center: Healthcare for Homeless Veteran's Program

Description: Online Source – Residential treatment for homeless Veterans – myriad of housing and other services that provide VA with a way to reach and assist homeless Veterans by offering them entry to VA care.

Phone: (603) 624-4366, ext. 3199

Email: Eileen.Devine@va.gov

Website: <https://www.va.gov/homeless/hchv.asp>

HOUSING/UTILITIES:

A Perfect Move

Description: Moving and storing services.

Phone: (866) 630-6740

Email: econnell@aperfectmover.net

Website: <https://www.aperfectmove.net>

Location: 240 US Route 1, Kittery, Maine

Community Action Partnership of Strafford County – Fuel Assistance

Description: Provides certified eligible households with assistance in paying their energy bills during the winter.

Phone: (603) 435-2500

Location: 61 Locust Street, Suite 240, Dover, NH

Website: <http://www.straffordcap.org/programs/energy-services/fuel-assistance>

Community Action Program – Weatherization Assistance Program

Description: serve those low-income households that are most vulnerable to high-energy costs and who do not have the means of making cost-effective energy conservation improvements to their homes.

Phone: (603) 271-6359

Website: <https://www.nh.gov/osi/energy/programs/weatherization/index.htm>



Community House Calls

Description: Home accessibility modifications, home maintenance, healthy homes today, stair lift installation, bathroom modifications/upgrades, wheelchair ramp accessibility.

Phone: (603) 887-7878

Website: <http://www.communityhousecalls.com>

Email: anne@communityhousecalls.com

Location: 238 Jennifer Drive, Chester, NH

Community Toolbox, Inc.

Description: Offers small critical home repairs to Seacoast neighbors in need.

Website: <http://www.commttoolbox.org>

Email: Info@CommToolbox.org

Location: 1465 Woodbury Avenue, #335, Portsmouth, NH

General Assistance/Local Welfare

Description: Online source – assist in the delivery of legal services to low-income clients and to provide accurate information to the community.

Phone: (800) 639-5290

Website: <https://www.nhlegalaid.org/contact>

SUBSTANCE USE DISORDER SERVICES:

The Addict's Mom (New Hampshire Chapter)

Description: Online support group. Parents of individuals in active SUD/recovery.

Email: barbara@theaddictsmom

Website: <http://www.facebook.com/groups/TAMNewHampshire/>

Al-Anon (New Hampshire Chapter)

Description: Online support group, individuals suffering from another's substance use disorder

Phone: (603) 369-6930

Website: <http://nhal-anon.org/meetings/>

Alcoholics Anonymous

Description: Support group, 12-step, mutual aid, alcohol abuse.

Phone: (603) 659-3892

Email: admin@newmarketchurch.org

Website: <http://newmarketchurch.org/events/alcoholics-anonymous/>

Location: 137 Main Street, Newmarket, NH



Amethyst Foundation

Description: Professional substance abuse education, intervention and evaluation to individuals, courts, probation officers and other organizations.

Phone: (603) 679-2100

Location: 120 Hedding Road, Epping, NH

Website: <https://amethystfoundation.com>

Child & Family Services

Description: Substance abuse treatment and counseling.

Phone: (603) 742-5662

Location 1: 279 Locust St. Dover, NH

Location 2: 9 Hampton Rd. Exeter, NH

Website: <http://www.cfsnh.org/>

Families First Health & Support Center

Description: Both accept Medicaid, Medicare and many private insurance plans, offers sliding fee scale for uninsured and underinsured patients. 12-week program led by a licensed alcohol and drug counselor.

Phone: (603) 422-8208, ext. 1

Location 1: 100 Campus Drive, Suite 12, Portsmouth, NH

Location 2: 146 Lafayette Road, Seabrook, NH

Granite Pathways – Regional Access Point Services (RAPS)

Description: Network, accessible by phone or in person; helps residents struggling with SUD, to get the timely, supportive services they need; helping both individuals and families navigate the complex systems of care to real solutions.

Phone: (877) 369-0928

Location: 865 Islington Street, Portsmouth, NH

Website: <http://www.granitepathwaysnh.org/family-support-groups/>

Granite Pathways – Safe Harbor Recovery Center

Description: Peer-led recovery center, including family and friends of those most keenly affected.

Phone: (877) 369-0928

Location: 865 Islington Street, Portsmouth, NH

Website: <http://www.granitepathwaysnh.org/family-support-groups/>

Health Care Resource Centers

Description: integrated medical and counseling approaches grounded in an individualized recovery-oriented philosophy that treats SUD as a bio-psychosocial disease.

Phone: (603) 953-0077

Location: 200 Route 108, Somersworth, NH



Hope on Haven Hill

Description: Comprehensive treatment for substance use for pregnant and parenting women.

Phone: (603) 841-5353

Website: <http://www.hopeonhavenhill.org/outpatient-services.html>

Location: 361 Route 108, Suite 2, Somersworth, NH

Lamprey Health Care

Description: Integrated behavioral health and substance use disorder treatment.

Phone: (603) 659-3106

Location: 207 South Main Street, Newmarket, NH

Website: <http://www.lampreyhealth.org/services/integrated-behavioral-health/>

Live Free Recovery

Description: Clinically Supported Peer Recovery Coaching – educate you and your families in all aspects of the SUD recovery process.

Phone: (603) 702 2461

Email: info@livefreerecovery.com

Location: 2 Puzzle Lane, Building 2, Unit 1, Newton, NH

Website: <https://www.livefreerecovery.com/adolescent-iop>

Narcotics Anonymous

Description: Support group, 12-step, mutual aid, narcotic SUD/other substances.

Phone: (888) 624-3578

Website: <http://gsana.org>

Location: Seacoast, NH

Silverman Associates, Psychiatrists

Description: Alcohol rehabilitation center Payments via Medicaid, Medicare, private insurance, and military insurance are accepted. Payment assistance is offered by way of sliding fee scale.

Phone: (603) 382-4741

Location: 2 Village Green Rd. Hampstead, NH

SOS Community Recovery Center

Description: Provides a safe supportive environment for those impacted by SUD.

Phone: (603) 841-2350

Location 1: 4 Broadway, Dover, NH

Location 2: 63 South Main Street, Rochester, NH

Website: <http://straftfordrecovery.org/who-we-are/>



Southeastern New Hampshire Alcohol & Drug Abuse Services

Description: Outpatient SUD treatment.

Phone: (603) 516-8160

Website: <http://senhs.org>

Location: 272 County Farm Road, Dover, NH

Raymond Coalition for Youth

Description: Promotes positive youth development and reduces youth substance use.

Phone: (603) 895-7061

Website: <http://www.rcfy.org/resources/drugs-101>

Location: 4 Epping Street, Raymond, NH

The Southern Rockingham Coalition for Health Youth (SoRock)

Description: Promote, support, and sustain healthy choices for youth by actively working to reduce and prevent alcohol, marijuana, prescription and other drug misuse.

Phone: (603) 642-3341, ext. 196

Website: <https://www.sorocknh.org/youth-resources>

Email: sorocknhcc@gmail.com

Location: 17 Danville Road, Kingston, NH

The Upper Room

Description: Challenge Course – Adolescent wellness service that includes drug and alcohol education and a self-awareness program.

Phone: (603) 437-8477, ext. 15

Website: <https://www.urteachers.org/new-page>

Location: 36 Tsienneto Road, Derry, NH

INPATIENT SERVICES:

Bonfire Recovery

Description: Refuge, structure, and guidance to men who suffer from SUD and alcohol.

Phone: (603) 617-3399

Website: <https://www.bonfirerecovery.com>

Location: 10 Grove Street, Dover, NH

Granite House

Description: For men who have completed inpatient substance abuse programs to continue their recovery program in an environment that supports the new standards of behavior and personal conduct acquired in their treatment program.

Phone: (866) 837-3995

Location: 35 West Broadway Derry, NH

Website: <https://granitehousesl.com>

**Hampstead Hospital**

Description: supportive therapeutic environment that assists patients in crisis stabilization and/or detoxification.

Phone: (603) 329-5311

Website: http://www.hampsteadhospital.com/chemical_dependency.htm

Location: 218 East Road, Hampstead, NH

Odyssey Adolescent Therapeutic Center

Description: Mental health and co-occurring substance abuse treatment services for adolescents

Phone: (603) 926-6702

Location: 30 Winnacunnet Road, Hampton, NH

PACE program

Description: 4 week residential substance abuse treatment program for adolescents

Phone: (603) 335-1003

Location: 180 Portland Street, Rochester, NH

OUTPATIENT SERVICES:**Addiction Recovery Services**

Description: Intensive Outpatient (IOP) – provide accessible and effective group therapy, family education and medication management for SUD.

Phone: (603) 433-6250

Exeter Psychological Associates

Description: Specializes in mental health, substance issues and behavioral health coordination.

Phone: (603) 674-5331

Location 1: 16 Dudley Road, Raymond, NH

Phone 2: (603) 692-4060

Location 2: 370 Portsmouth Avenue, Suite 7, Greenland, NH

Insight Medical Group

Description: Counseling and medication management for SUD by an experienced MD and NP team.

Phone: (978) 267-1193

Location: 428 Lafayette Road, #101, Hampton, NH

Website: <http://www.insightmedicalgroup.com/services.html>



Live Free Recovery

Description: Open, rolling enrollment group for adults in early recovery (less than one year of continuous sobriety).

Phone: (603) 702 2461

Email: info@livefreerecovery.com

Location: 2 Puzzle Lane, Building 2, Unit 1, Newton, NH

Website: <https://www.livefreerecovery.com/adolescent-iop>

Merrimack River Medical Services

Description: Alcohol rehab center focusing on substance abuse treatment services and methadone treatment.

Phone: (603) 720-3784

Website: <https://citehealth.com/rehab-centers/new-hampshire/cities/newington/merrimack-river-medical-services>

Location: 177 Shatuck Way, Newington, NH

Recovery Services

Description: Drug and Alcohol Counselor

Phone: (603) 770-6239

Location: 24 Front Street, Suite 30,1 Exeter, NH

Website: <http://www.recoveryservices-exeternh.life>

ROAD to a Better Life

Description: Outpatient therapy and treatment for SUD and alcohol.

Phone: (603) 841-2301

Location 1: 255 Route 108 Somersworth, NH

Location 2: 2299 Woodbury Ave. Newington, NH

Website: <http://roadtoabetterlifenh.com/about-us/>

Seacoast Mental Health Center

Description: Evidenced-based practice of Integrated Treatment for Co-Occurring Disorders (ITCOD), and an outpatient Medication Assisted Treatment program (Suboxone).

Phone: (603) 431-6703

Location: 1145 Sagamore Avenue, Portsmouth, NH

Location 2: 30 Prospect Street, Exeter, NH

Website: <https://www.smhc-nh.org/services/#toggle-id-6>

Drug Free NH

Description: Drug guide, resources – promote consistent statewide messages about the problems and solutions of substance misuse in New Hampshire.

Phone: (844) 711-4357

Website: <http://www.drugfreenh.org/about-us>



New Hampshire Alcohol and Drug Treatment Locator

Description: Find a treatment center.

Phone: (844) 711-4357

Website: <https://nhtreatment.org>

NH BDAS (Bureau of Drug and Alcohol Services)

Description: Resources, guides, and more.

Website: <https://www.dhhs.nh.gov/dcbcs/bdas/treatment.htm>

Substance Abuse and Mental Health Services Administration (SAMHSA)

Description: Find treatment centers.

Phone: (800) 487-4889

Website: <https://findtreatment.samhsa.gov/locator>

SMOKING:

Freedom from Smoking

Description: Online source – American Lung Association: Free online smoking cessation program, 8-session format with step-by-step process.

Website: <https://www.freedomfromsmoking.org>

Nicotine Anonymous

Description: Online source – free support group that offers 12-step program. Website includes online meetings, telephone meetings, links to local groups.

Website: <https://nicotine-anonymous.org>

Smokefree.gov

Description: Online source – smoking cessation website with step-by-step quit guide, education resources, tools.

Website: <https://smokefree.gov>

Quitnet.org

Description: Online source – online guide, progress calendar, directory of cessation programs. Register online and get peer-to-peer support, quitting tools, quit tips, anniversary emails, etc.

Website: <https://quitnet.meyouhealth.com/#/>

QuitWorks New Hampshire

Description: Online source – free, evidence-based, tobacco cessation service.

Contact: (866) 560-9113

Email: quitworksnhinfo@jsi.com

Website: <https://quitworksnh.org>

**QuitNowNH.org**

Description: Online source – serves the general public, tobacco control professionals, educators, health care providers, physicians, and others who want to quit tobacco use.

Phone: (800) 784-8669

Website: <https://quitnownh.org/the-new-hampshire-quitline-fact-sheet/>

MENTAL AND BEHAVIORAL HEALTH SERVICES:**Birch Tree Center**

Description: Educational consultant: Parent classes & social, behavioral skills for kids with autism.

Phone: (603) 433-4192

Website: <http://birchtreecenter.org>

Location: 2064 Woodbury Avenue, #204, Newington, NH

Center for Life Management

Description: Mental health and substance use services, psychiatric treatment, acute care, medication services, emergency intervention, and family support services for adults, children, adolescents and families.

Phone: (603) 434-1577

Website: <http://www.centerforlifemanagement.org/about/overview>

Location: 10 Tsienneto Road, Derry, NH

Constellations Behavior Therapy & Services

Description: Help children with autism and other developmental delays with a wide range of developmental domains including language development, social skills, self help, play, and academic achievement.

Phone: (800) 778-5560

Website: <http://www.constellationsbehavioral.com>

Location: 200 Griffin Road, #5, Portsmouth, NH

Connor's Climb Foundation

Description: Suicide Prevention: Connor's Climb Foundation works to prevent suicide, the second leading cause of death for youth ages 10-24.

Phone: (800) 273-8255

Website: www.connorsclimb.org

Email: connorsclimb@gmail.com

Location: P.O. Box 283, Exeter, NH



One Sky Services

Description: Assist people with developmental disabilities or acquired brain disorders.

Phone: (603) 436-6111

Website: <http://www.oneskyservices.org/about/>

Location: 755 Banfield Road, Suite 3, Portsmouth NH

Richie McFarland Children's Center

Description: Child has special needs or needs some special encouragement

Phone: (603) 778-8193

Website: <https://www.richiemcfarland.org>

Email: info@richiemcfarland.org

Location: 11 Sandy Point Road, Stratham, NH

Safe Harbor Recovery Center

Description: Safe Harbor is a peer-led recovery center. It is a resource open to anyone impacted by addiction.

Phone: (603) 570-9444

Location: 865 Islington Street, Portsmouth, NH

Seacoast Child Developmental Clinic – Autism

Description: Specializes in Autism (ages 0-5 yr).

Phone: (603) 862-0561

Fax: (603) 862-0034

Website: <https://www.autismspeaks.org/resource/seacoast-child-development-clinic>

Location: 10 West Edge Drive, Suite 101, Durham, NH

Seacoast Mental Health

Description: Provide evaluations and treatment services to children, adolescents and families, adults, and the elderly who reside in our catchment area regardless of their ability to pay.

Phone: (603) 772-2710

Location 1: 30 Prospect Avenue, Exeter, NH

Location 2: 1145 Sagamore Avenue, Portsmouth, NH

Website: <https://www.smhc-nh.org/#contact>

DOMESTIC ABUSE/ SEXUAL ASSAULT:

HAVEN

Description: Short-term emergency shelter helps to provide women and their children with a safe and supportive environment to heal from abuse and to rebuild their lives.

Phone: (603) 994-7233

Website: <https://havennh.org/get-help/safe-shelter/>

Location: 20 International Drive, Suite 300, Portsmouth, NH



EXETER HOSPITAL

Five Alumni Drive
Exeter, New Hampshire 03833
603-778-7311 | exeterhospital.com