

2013 Exeter Hospital
Community Health Needs Assessment

In collaboration with:

Families First Health and Support Center
Lamprey Health Care
SeaCare Health Services
Seacoast Mental Health Center
United Way of the Greater Seacoast

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I. Foreword

As required by Internal Revenue Code 501 (r) (3) Exeter Hospital, in collaboration with a representation of its community partners, has compiled the following report outlining the findings of its 2013 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 35 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)

To complete the CHNA a steering group comprised of individuals possessing broad and deep knowledge of the health needs of the community was formed in December 2012. The steering committee included representatives from Exeter Hospital, Lamprey Health Care, SeaCare Health Services, United Way of the Greater Seacoast, Seacoast Mental Health Center and Families First Health and Support Center.

Over the course of nine months this group met to plan the CHNA process and subsequently compiled relevant qualitative input and quantitative data through the use of key leader interviews, open community forums, online surveys, a random telephone survey conducted by the University of New Hampshire and the review and analysis of available secondary data sources. (See page 23)

The findings noted within this report provide insight to the health and well being of the communities served by Exeter Hospital, as well as the health related needs of those living within its geographic service area. Utilizing these findings the hospital, along with its community partners, is better able to allocate appropriate resources to help meet the important identified

health related needs and further advance its mission of improving the health of the communities it serves.

II. 2013 Steering Committee

Jay Couture, Executive Director, Seacoast Mental Health Center

Kathy Crompton, Executive Director, SeaCare Health Services

Loree Hazard, Service Line Administrator, Exeter Health Resources

Ann Peters, CEO Lamprey Health Care (retired as of June 2013)

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

Helen Taft, Executive Director, Families First Health and Support Center

Debra Vasapolli, Director of Community Relations, Exeter Health Resources

Margie Wachtel, Communications Director, Families First Health and Support Center

Mark Whitney, VP Strategic Planning, Exeter Health Resources

Lauren Wool, Senior Director, Community Impact, United Way of the Greater Seacoast

III. Executive Summary

The results of the 2013 Community Health Needs Assessment (CHNA) remain comparable to the key findings of the 2008 CHNA report. However; in some cases, although the finding may be consistent with the 2008 report, the circumstance or barriers attributing to the need have changed.

Findings

Mental Health Care Access

Access to mental health services continues to be a significant concern for both community members and key leaders. While numbers of patients with mental health needs continue to rise, there are not enough providers or beds available at inpatient facilities to meet this need.

Access to Primary Care

According to our primary research, while a large percentage (95%) of Rockingham County residents have a primary care provider (with over 85% reporting “good” to “excellent” health) *access* to care remains a noted health need. This appears to be due to high insurance deductibles or high co-payments, a lack of insurance coverage or insufficient coverage. Transportation is also a barrier. Insurance and healthcare costs remain two of the leading non-disease related health concerns. In an effort to remove such barriers, Exeter Hospital provides both a robust Financial Assistance Program as well as an Uninsured Care Discount/Hospital Access Plus Program. Both can be found on the hospital’s website at ExeterHospital.com.

Transportation

Related to accessing primary care, transportation is another area of need, especially for elderly, the disabled, and those with healthcare needs such as cancer that require regular travel for appointments.

Youth Suicide/Substance and Prescription Drug Abuse

There is a strong tie between mental health disorders and substance abuse, prescription drug abuse and youth suicide, so this area was also a health concern that was noted as significant.

Dental Care

Access to dental care for both pediatric and adult residents remains a significant need, primarily due to lack of dental insurance coverage.

Health & Wellness Services

Wellness and preventative care services were discussed on a number of levels in this year's research. Areas of need included increased screenings, education about wellness services and education regarding the importance of disease prevention.

Nutrition/Obesity

Tied to health prevention services, nutrition and obesity were also areas of concern. This encompasses the lack of nutritious meals for low income populations, as well as the growing levels of obesity and resulting health issues.

Elder Care and Support Services

Care for the elderly remains a key health concern, especially as the elderly population continues to rise. There is a shortage of volunteers and other community services that can help meet the needs of seniors, who feel additional pressures of increased costs for gas, food and other basic needs. The rise in basic living expenses may cause the elderly population to delay important healthcare services due to financial constraints.

IV. Introduction

In 2013 Exeter Hospital, together with its community partners, conducted a Community Health Needs Assessment (CHNA). The purpose of the CHNA process was to *identify and assess the health needs* of community members living within the hospital's defined geographic service area. As required by section 501 (r) (3) of the Patient Protection and Affordable Care Act, the findings identified throughout this process are detailed below in the 2013 CHNA report. This report was adopted by the Exeter Hospital's governing body on September 27, 2013 and 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.¹

In understanding the health of the community members of Rockingham County, it is important to review the Social Determinants of Health (SDOH). "Social determinants of health are 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."²

¹ (IRS 26 CFR Parts 1 and 53)

² Healthy People 2020, healthypeople.gov

“A “place-based” organizing framework, reflecting five (5) key areas of social determinants of health was developed by Healthy People 2020.”³ These five key areas (determinants) include:

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



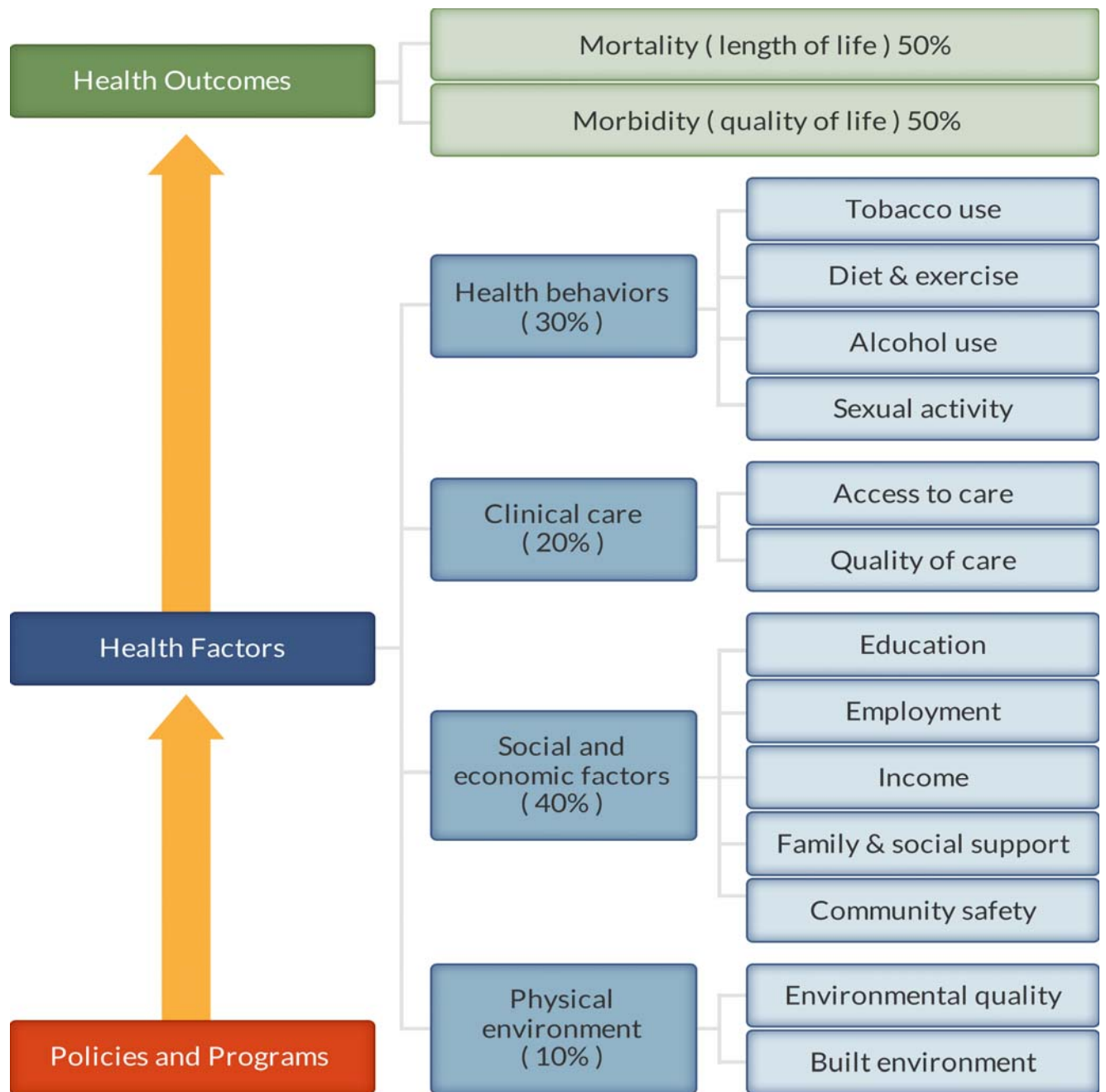
“Health starts where we live, learn, work and play.”⁵

The following chart from the County Health Rankings model further demonstrates the social determinants of health and their influence on health outcomes.

³ Healthy People 2020, healthypeople.gov

⁴ HealthyPeople.gov

⁵ A New Way to Talk About the Social Determinants of Health **VULNERABLE POPULATIONS PORTFOLIO**



County Health Rankings model ©2012 UWPHI

V. Geographic Service Area

Exeter Hospital's CHNA was conducted using the Assigned Hospital Service area as its geographic boundary. The following towns are located within Rockingham County, with Exeter Hospital's defined service area in red. For the purpose of this report, due to the fact that many statistics are only available at the county level, data for Rockingham County is used for Exeter Hospital's service area.

Exeter Hospital Service Area

Atkinson	Epping	Madbury	Portsmouth
Barrington	Exeter	Newfields	Raymond
Brentwood	Fremont	Newington	Rye
Candia	Greenland	Newmarket	Rye Beach
Chester	Hampstead	Newton	Sandown
Danville	Hampton	Newton Junction	Seabrook
Deerfield	Hampton Falls	North Hampton	Somersworth
Durham	Kensington	Northwood	South Hampton
East Hampstead	Kingston	Nottingham	Stratham
East Kingston	Lee	Plaistow	West Nottingham

VI. Demographics of Rockingham County

The following demographic information is from the U.S Department of Commerce, United States Census Bureau.

	Rockingham County	New Hampshire
Population, 2012 estimate	297,820	1,320,718
Population, 2010 (April 1) estimates base	295,223	1,316,469
Population, percent change, April 1, 2010 to July 1, 2012	0.9%	0.3%
Population, 2010	295,223	1,316,470
Persons under 5 years, percent, 2012	4.7%	5.0%
Persons under 18 years, percent, 2012	21.5%	20.8%
Persons 65 years and over, percent, 2012	13.9%	14.7%
Female persons, percent, 2012	50.6%	50.6%
White alone, percent, 2012 (a)	95.8%	94.4%
Black or African American alone, percent, 2012 (a)	0.8%	1.4%
American Indian and Alaska Native alone, percent, 2012 (a)	0.2%	0.3%
Asian alone, percent, 2012 (a)	1.9%	2.4%
Two or More Races, percent, 2012	1.3%	1.5%
Hispanic or Latino, percent, 2012 (b)	2.3%	3.0%
White alone, not Hispanic or Latino, percent, 2012	93.7%	91.9%

(a) Includes persons reporting only one race

(b) Hispanics may be of any race, so also are included in applicable race categories.

Housing units, 2011	127,196	617,704
Home ownership rate, 2007-2011	78.4%	72.5%
Housing units in multi-unit structures, percent, 2007-2011	21.8%	25.4%
Median value of owner-occupied housing units, 2007-2011	\$296,500	\$250,000
Households, 2007-2011	115,105	514,869
Persons per household, 2007-2011	2.54	2.48
Per capita money income in the past 12 months (2011 dollars), 2007-2011	\$37,422	\$32,357
Median household income, 2007-2011	\$77,470	\$64,664
Persons below poverty level, percent, 2007-2011	4.9%	8.0%

Small Area Income and Poverty Estimate (SAIPE)
All Ages in Poverty
2011 – New Hampshire – Rockingham County

Year	ID	Name	Number	90% Confidence Interval	Percent	90% Confidence Interval
2011	00000	United States	48,452,035	48,217,869 to 48,686,201	15.9	15.8 to 16.0
2011	33000	New Hampshire	114,906	109,339 to 120,473	9	8.6 to 9.4
2011	33015	Rockingham County	18,734	15,717 to 21,751	6.4	5.4 to 7.4

U.S Census Bureau Small Area Income and Poverty Estimates Program, December 2012

2011 Annual Average Unemployment Rate by Town (Rockingham County)

Atkinson	6.2%	Hampstead	6.1%	Nottingham	4.3%
Auburn	4.6%	Hampton	5.3%	Plaistow	6.4%
Brentwood	6.1%	Hampton Falls	5.2%	Portsmouth	4.3%
Candia	4.3%	Kensington	5.3%	Raymond	5.9%
Chester	5.2%	Kingston	7.0%	Rye	4.9%
Danville	7.2%	Londonderry	5.2%	Salem	7.3%
Deerfield	4.5%	New Castle	3.4%	Sandown	6.8%
Derry	6.1%	Newfields	5.0%	Seabrook	7.3%
East Kingston	4.8%	Newington	3.4%	So. Hampton	4.4%
Epping	6.2%	Newmarket	4.5%	Stratham	4.6%
Exeter	5.7%	Newton	6.8%	Windham	5.1%
Fremont	5.8%	No. Hampton	4.2%		
Greenland	5.0%	Northwood	6.0%		

www.nhes.nh.gov/elmi/products/cp/documents/rockingham-cp.pdf

VII. Methodology/Process

The 2013 CHNA process included gathering and reviewing both qualitative and quantitative data through the use of a random telephone survey conducted by the University of New Hampshire, open community forums, online surveys, key leader interviews, outreach to support agencies, and the review of relevant secondary data sources. As a component of the forums and online surveys, respondents were asked to participate in prioritizing qualitative health needs.

1. UNH Survey Center Household Telephone Survey

Utilizing the University of New Hampshire Survey Center a random household telephone survey was conducted as a means to collect information regarding community members' health status and to identify their healthcare needs.

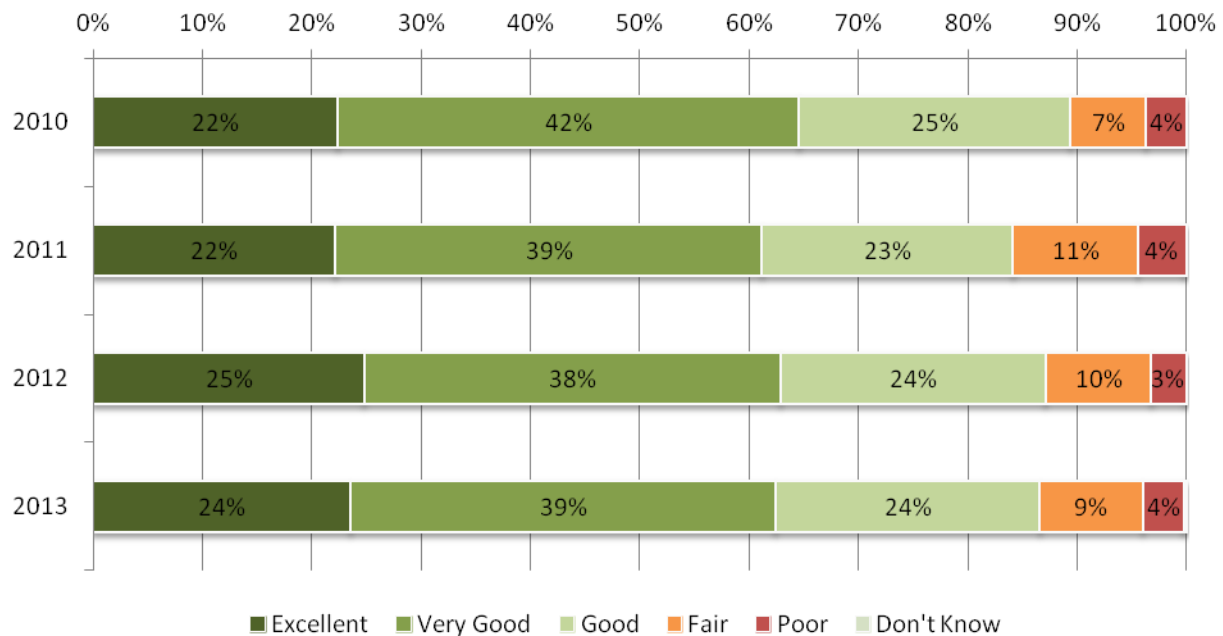
The telephone survey timeframe and the number of respondents per year are outlined below:

May- December 2010	492
2011	726
2012	1584
January-March 2013	607

In total 3,409 healthcare decision makers residing within the hospital's service area participated in the survey. Of those respondents, 89% rated their health status as good, very good or excellent; 95% reported having a primary care physician, and miscellaneous ailments were most commonly reported as the "most important health related concern."

Current Health

Figure 1: “In general, would you say your health is excellent ... very good ... good ... fair ... or ... poor?” (Q1)



Primary Care Physicians

Figure 2: “Do you have a primary care provider, or PCP, that is, a doctor who you regularly see for routine medical care or if you became sick?” (Q2) *Primary Care Physicians*

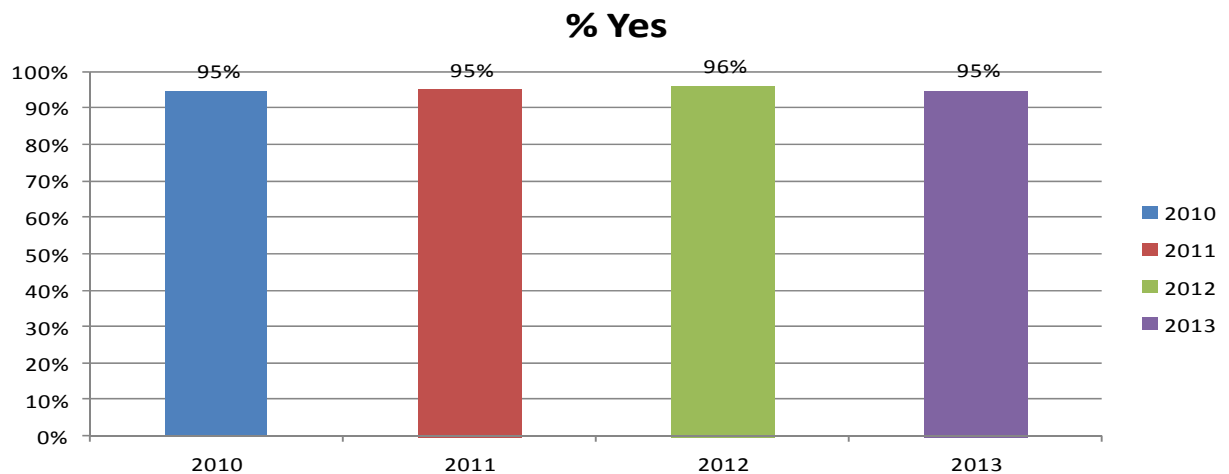
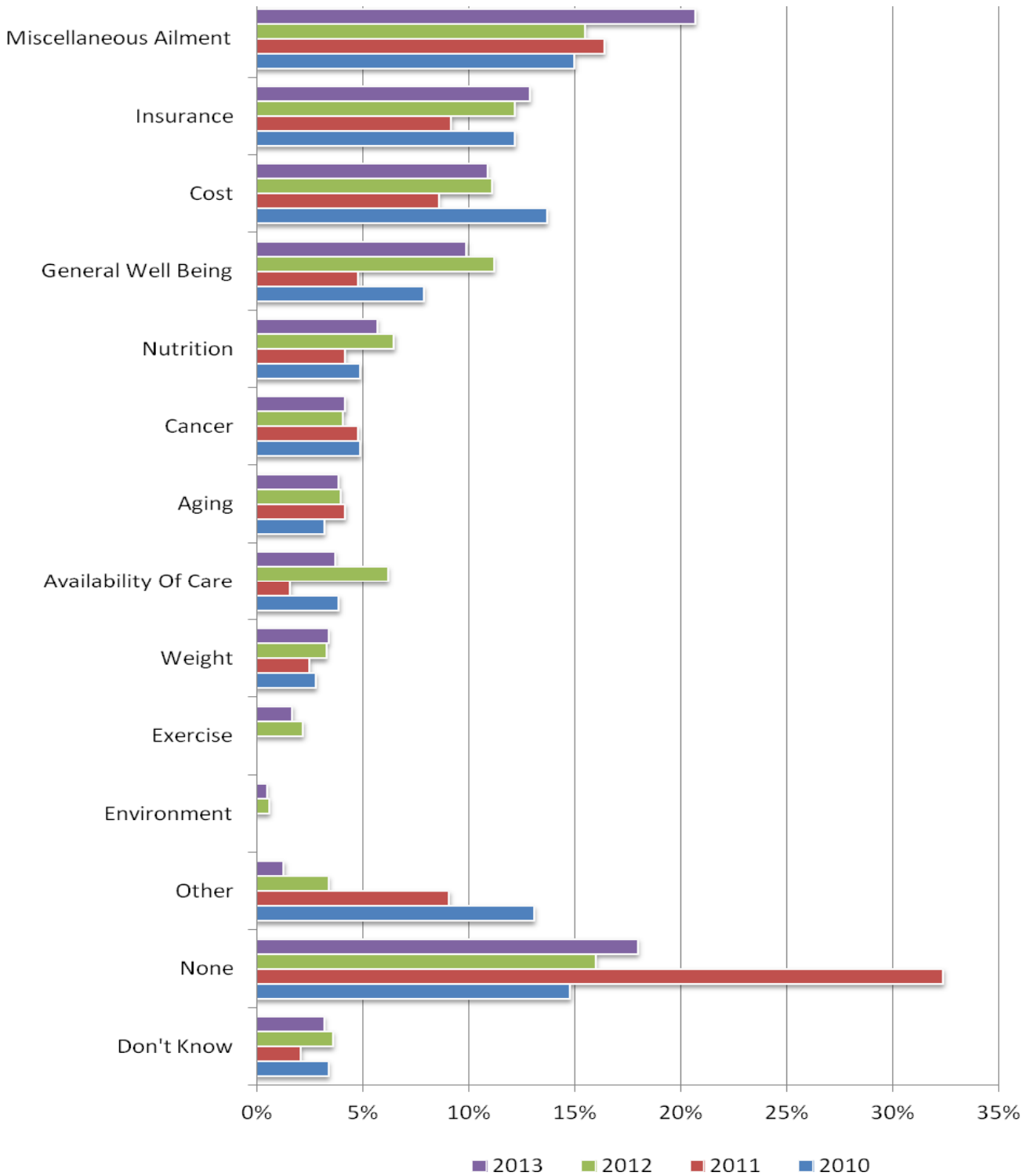


Figure 3: “What is the most important health related concern that you have for you and your family?”(Q3)



2. Community Forums

A total of four Community Forums were planned and promoted to the general public. The community forums were promoted via email, social media, paid print advertisements and direct mail. Invitations were sent to key community leaders, including Rockingham County's 53 elected state representatives (see Appendix D) and community school nurses. A total of 26 community members and key leaders attended the forums.

Scheduled forum dates and locations:

Wednesday, May 15 – 4:00 - 6:00 p.m.
Lamprey Health Care
128 Route 27, Raymond, NH

Wednesday, May 22 – 6:00 - 7:30 p.m.
Plaistow Health Care
24 Plaistow Road, Plaistow, NH

Wednesday, May 29 – 6:00 - 7:30 p.m.
Exeter Hospital
5 Alumni Drive, Exeter, NH

Thursday, May 30 – 5:00 - 7:00 p.m.
Seabrook Public Library
25 Liberty Lane, Seabrook, NH

See attached promotions Appendix H

During each community forum, an overview of the CHNA requirements and the process through which the CHNA committee intended to gather information was reviewed with attendees. The overview also included the timeline for completing the project as well as notification that a draft of the report would be widely distributed and posted on Exeter Hospital's website for community review and feedback in advance of the report's completion. In addition, copies of the 2008 Community Needs Assessment were distributed and key findings from the 2008 report were reviewed along with notable environmental changes since that time, i.e., changes in the economy, unemployment rates, the Patient Protection and Affordable Care Act, the cost of healthcare and transportation.

Following the overview, community members engaged in an open discussion and provided verbal insight into the significant health needs of their communities. Comments and/or discussion points follow below. The below forum discussion points are in no particular order and are not prioritized.

- *The ongoing increase in the cost of health insurance*
- *Transportation for people with mental illness*
- *Transportation for healthcare related appointments*
- *Elder services*
- *Services for the terminally ill*
- *Drastic reduction in federal and state budget for mental and behavioral health services*
- *Mental health services for youth and families*
- *Youth suicide*
- *Substance abuse*
- *Escalating insurance rates*
- *Underinsured / high deductibles*
- *Healthy nutrition and need for farmers markets*
- *Disease prevention education and screenings*
- *Obesity*
- *How can we reduce the cost of healthcare*
- *Cost of healthcare and its variation*
- *Coordination of the cost of care*
- *Prescription and pharmacy integration*
- *Dental care*
- *Need for youth mentoring programs*
- *Shortage of physicians (Seabrook)*
- *Lack of pediatrics, primary care and, clinics (Seabrook)*
- *Youth esteem*

At the close of each forum, attendees were asked to write down and submit their top three health concerns. Submissions were then reviewed by the steering committee and grouped according to topic.

The significant needs identified through this process along with the number of times the “need” was referenced are noted below:

- Access to Care (21)
- Transportation (15)
- Mental Health Services/Substance Abuse Services (14)
- Health Prevention Services (9)
- Youth Suicide (6)
- Dental Care (4)
- Elder Care and Support Services (4)

Total of significant health needs submitted during the community forums - 78

3. Online Surveys

Exeter Hospital together with its affiliates Core Physicians and Rockingham VNA & Hospice, in collaboration with Families First Health and Support Center, SeaCare Health Services, United Way of the Greater Seacoast, Seacoast Mental Health Services and Lamprey Health Care, offered a voluntary online health needs assessment to each organization’s employee base. In total 384 people participated, including 31 physicians, 10 mid level providers, 179 clinical staff members and 162 non-clinical employees. (Partner survey below includes Lamprey Health Care, United Way of the Greater Seacoast and Families First and Support Center.)

Companies Surveyed

	EH Survey	Partners Survey	Total
Core Physicians	87		87
Exeter Hospital	195		195
Exeter Health Resources	13		13
Rockingham VNA & Hospice	23		23
Families First Health and Support Center	0	32	32
Lamprey Health Care	1	19	20
SeaCare Health Services	6		6
Seacoast Mental Health Center	1		1
United Way of the Greater Seacoast	0	7	7
Total	326	58	384

Participants

	EH Survey	Partners Survey	Total
Physician	29	2	31
Physician Assistant	1	1	2
Nurse Practitioner	5	3	8
Clinical Staff other than the above	163	16	179
Non-clinical staff	127	35	162
Total	325	57	382

Do you have a primary care provider (physician) who you see regularly for routine medical care or if you are ill?

	EH Survey	Partners Survey	Total
Base	100%	100%	100%
Yes	95%	93%	95%
No	5%	7%	5%

In general, would you say your health is:

	EH Survey	Partners Survey	Total
Base	100%	100%	100%
Very good	56%	69%	58%
Good	40%	31%	39%
Fair	3%		3%
Poor	0%		0%

Please tell us what is the most important health related concern you have for you and your family.

	EH Survey	Partners Survey	Total
Base	100%	100%	100%
Access to care due to insurance coverage cost barriers such as high co-pays and deductibles.	31%	50%	33%
Access to care due to being uninsured.	3%	5.2%	3%
Access to care due to scheduling issues with provider.	13%	5.2%	12%
Access to appropriate medications due to insurance coverage cost barriers such as high co-pays and deductibles.	7%	3.4%	7%
Access to appropriate medications due to being uninsured.	0%	0%	0%
Other	4%	10.3%	5%
I do not have any health related concerns for me or for my family.	43%	25.9%	40%

In your opinion, what do you believe is the most prevalent health care need for Seacoast residents?

	EH Survey	Partners Survey	Total
Base	100%	100%	100%
Access to primary care	24%	15.5%	22%
Drug/prescription drug/alcohol abuse	8%	5.2%	8%
Behavioral mental health	34%	55.2%	38%
Dental care	4%	12.1%	5%
Obesity	9%	0%	8%
Cancer services	2%	0%	2%
Other	4%	8.6%	4%
Not sure	15%	3.4%	13%

In your opinion, what is the primary reason Seacoast residents are not able to access health care services?

	EH Survey	Partners Survey	Total
Base	100%	100%	100%
No insurance or underinsured	76%	75.9%	76%
No access to transportation	5%	5.2%	5%
No resources to find a physician	3%	0%	3%
Other	4%	10.3%	5%
Not sure	12%	8.6%	11%

See Appendix F for additional comments

3. Key Leader Interviews

Interviews were conducted with key leaders who were identified as having broad knowledge of the health needs of the communities served including the “underserved” and “low income” populations. A complete list of interviewees is included in the Appendix of this document as well as the key leader questionnaire.

In total, 42 key leader interviews were conducted during the months of May and June 2013. Of the 42 interviews conducted, emerging themes regarding significant health needs were as follows. (One interviewee expressed no health needs.)

1. Mental Health Services (10)
2. Substance Abuse/Suicide (including prescription drug abuse) (7)
3. Dental Care (6)
4. Access to Care (4)
5. Nutrition (obesity) (3)
6. Transportation (2)
7. Lack of Health Insurance (2)
8. Cost of Healthcare (2)
9. Prescription Cost (1)

- 10. Homelessness (1)
- 11. Elder Care and Support Services (1)
- 12. Child Abuse (1)

4. Secondary Research Sources:

Additional secondary resources were reviewed to further understand the health status of people living within Rockingham County. These sources included:

The 2011 New Hampshire State Health Profile - by the N.H. Division of Public Health Services, Department of Health and Human Services

The High Cost of Alcohol Consumption in New Hampshire – by PoIEcon Research Dec 2012

County Health Rankings & Roadmaps, 2013 Rankings New Hampshire, by the University of Wisconsin Population Health Institute

*Greater Rockingham County Regional Network
Community Based, Data-Driven Response to Substance Misuse & Disorders
Strategic Plan for Prevention 2012-2015*

*Health and Equity in New Hampshire: 2013 report card
NH Center for Public Policy*

*Aging and the Public Healthcare System, October 31, 2012
NH Center for Public Policy*

2011 Rockingham Youth Risk Behavioral Survey (YRBS) Regional and State

2011 Snapshot of New Hampshire's Public Health Regions, Counties, and the Cities of Manchester and Nashua - by the N.H. Division of Public Health Services, Department of Health and Human Services

*New Hampshire State Epidemiological of Mental, Behavioral and Emotional Health Profile-
New Hampshire Bureau of Drug and Alcohol Services*

VIII. 2013 CHNA Outcomes Prioritized

Mental Health Care Access

Consistent with the 2008 Community Needs Assessment conducted by Exeter Health Resources and its community partners, access to mental health services continues to be a significant concern. In 2013, based upon the methodologies used to collect information from both community members and relevant data sources, access to mental health services is the most significant health need within the communities of Rockingham County. Despite high numbers of adults and children with mental illnesses, there remains a lack of providers, long wait times to get an appointment with a provider, and not enough beds at inpatient facilities. As an illustration of this void, Exeter Hospital's emergency department has seen a steady increase of hours spent by security officers on patient suicide watches due to a lack of available mental healthcare services.

The following are excerpts regarding the mental health status of adults and children living in New Hampshire from the New Hampshire State Epidemiological of Mental, Behavioral and Emotional Health Profile.

Adults

“According to the New Hampshire Mental Health Block Grant, of the 1,029,195 adults living in New Hampshire, approximately 55,557 or 5.4% are estimated to have a Serious Mental Illness (SMI), with 3.7% as a low estimate and 7.1% as the high estimate.

“The Bureau of Behavioral Health (BBH) estimates that in FY2010, 37,161 adults (26% of state eligible adults) overall were served in Community Mental Health Centers (CMHC), with approximately 9,690 adults (3.6%) with SMI receiving services at CMHCs and 5,031 adults with Serious and Persistent Mental Illness (SPMI) receiving services at CMHCs.

“The BBH recognizes that 73.9% of adults served in the CMHCs in FY2010 were not eligible for state funded services. They also note that the population of adults who do not meet the

criteria for state-eligible services, who may not have private insurance or Medicaid, and who are low income has been increasing. The BBH reports that the level of uncompensated care is unsustainable for the public mental health system without additional funding, payment reform, Medicaid reform or other health insurance coverage reform.”

Children

“According to the New Hampshire Mental Health Block Grant, of the 295,380 children living in New Hampshire, approximately 16,246 children (5.5% of the child population) have Severe Emotional Disturbance (SED). In FY 2010, more than 9,000 children (9,051) with SED were served in CMHCs, representing 55% of all children in New Hampshire with SED or 3.1% of all children.”

The report further states in its conclusion “The findings of this profile suggest a significant need for substance use and mental health prevention and treatment service upgrades.” “Research has also established that mental health disorders and substance abuse disorders are co-morbid health conditions.”⁶

Access to Care

Access to healthcare services continues to be a notable concern for both community members and key leaders. According to the 2011 New Hampshire State Profile, by the NH Division of Public Health Services, 89% of New Hampshire adults have a personal health care provider, and that percentage increases for the Seacoast area. While these numbers sound encouragingly high, barriers remain in the form of uninsured, underinsured, inability to afford high deductibles and co-pays, and lack of transportation. In particular, the east/southeast and western parts of Rockingham County reported an increased need.

⁶ NH Mental Health Community Services Block Grant, Submitted September 1, 2010

Estimates based on Probabilistic Population Estimation (PPE), Bristol Observatory. The Bureau of Behavioral Health uses PPE to estimate unduplicated counts of the number of residents likely to suffer from Serious Mental Illness. PPE corrects for the overlap in the URS table since NH's URS data table does not have an unduplicated counting system

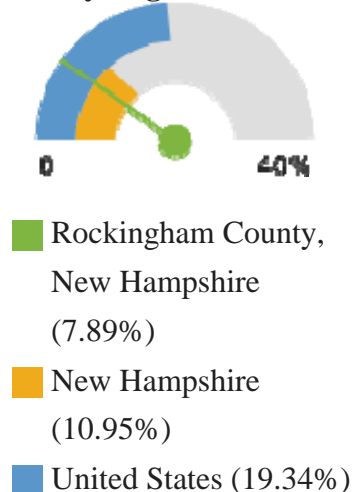
Lack of a Consistent Source of Primary Care (Courtesy of Community Commons, Community Commons.org)

Commons.org)

“This indicator reports the percentage of adults aged 18 and older who self-report that they do not have at least one person who they think of as their personal doctor or health care provider. This indicator is relevant because access to regular primary care is important to preventing major health issues and emergency department visits.”

Report Area	Total Population (Age 18+)	Total Adults Without Any Regular Doctor	Percent Adults Without Any Regular Doctor
Rockingham County, New Hampshire	224,691	17,719	7.89%
New Hampshire	1,025,011	112,210	10.95%
United States	235,375,690	45,514,047	19.34%

Percent Adults Without Any Regular Doctor



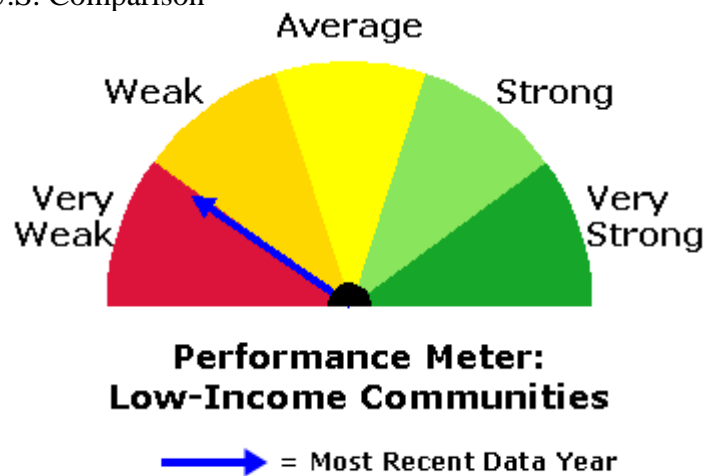
Note: This indicator is compared with the state average.

Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010](#). Source geography: County.

Courtesy of Community Commons, Community Commons.org)

Although New Hampshire (Rockingham County) offers a rich quality of life, a notable disparity in healthcare access remains. According to the 2012 National Healthcare Disparities Report, New Hampshire ranks as “very weak” as measured in access to healthcare for people of all income levels. See illustration below.

New Hampshire to U.S. Comparison



The meter above summarizes the New Hampshire disparity, or "gap," in quality of care of individuals living in low-income communities compared to persons in high-income communities relative to the disparity for the U.S. The performance meter score is based on up to 29 measures of quality of care and is reported only if at least five measures are available. A state receives a stronger performance meter score as the number of measures for which the state is doing better than the U.S. (i.e., disparity in quality of care is smaller) increases. A state receives a weaker performance meter score as the number of measures for which the state is doing worse than the U.S. (i.e., disparity in quality of care is larger) increases. Compared to the U.S., the performance for New Hampshire is in the very weak range. ⁷

Transportation

Based upon the information gathered during the open forums and its relation to "access to care," transportation is the next identified need in terms of prioritization, especially for the elderly and disabled. Transportation is also challenging for patients with health needs such as cancer who require ongoing appointments. During both the Exeter and Seabrook forums transportation was clearly identified as a barrier to health and wellness.

⁷ Agency for Healthcare Research and Quality (AHRQ) U.S Department of Health and Human Services

“The stress of getting people to their medical appointments is severe, people undergoing dialysis or chemotherapy are paying \$70-\$80 round trip in taxi fees from Hampton to Exeter.” (Exeter forum attendee)

In Seabrook, transportation to healthcare was identified as a real challenge, as most health clinics were a considerable distance away.

Travel Distance from Seabrook to Health Clinics:

Hampton Health – Hampton – 5.3 miles

Anna Jaques Emergency Department- Newburyport – 7 miles

Access Sports Medicine and Clinic- Exeter – 10 miles

Exeter Hospital Emergency Department – 13 miles

Families First- Portsmouth – 17 miles

Lamprey Health – Newmarket – 18 miles

Lamprey Health – Raymond – 20 miles

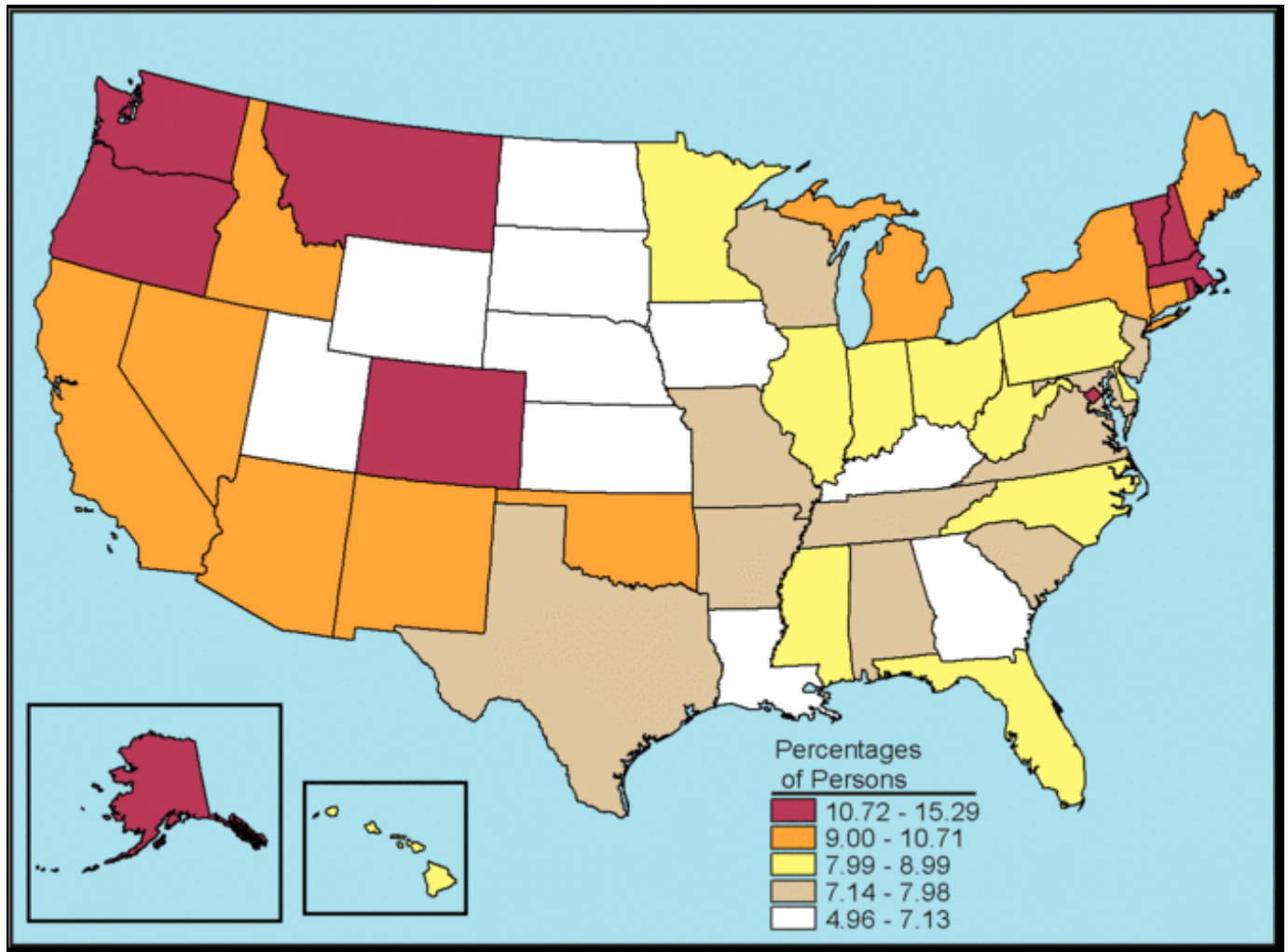
Youth Suicide/ Substance and Prescription Drug Abuse

Correlating to the lack of mental health services, substance abuse, prescription drug abuse and youth suicide were among the most discussed topics in terms of health needs within Rockingham County. Notably, 8% of the employee survey respondents cited “Drug/Prescription Drug/Alcohol Abuse” as the most prevalent healthcare need for Seacoast residents.

“The National Survey on Drug Use and Health (NSDUH) estimates for 25 substance abuse and mental health outcomes, by age group, for 50 states and the District of Columbia. The color of each state on the U.S. maps indicates how the state ranks relative to other states for each measure. Those states with the highest rates for a given measure are in red.”

See map below:

Illicit Drug Use in the Past Month among Persons Aged 12 or Older, by State: Percentages,
Annual Averages Based on 2010 and 2011 NSDUHs



8

Further, the statistics for drug and alcohol use among young people in Rockingham County demonstrate this need. Among high school aged youth, 39.9% have reported using alcohol in the past 30 days, 31.9% reported using marijuana, and 11.7% reported using prescription drugs.⁹ The

⁸ <http://www.samhsa.gov/data/NSDUH/2k11State/NSDUHsaeMaps2011.htm>

⁹ Strategic Plan for Prevention 2012-2015, Greater Rockingham County

abuse of prescription drugs is a newer trend that is on the rise. In fact, the number of deaths due to overdosing on prescribed drugs has almost doubled between 2008 and 2009.¹⁰

According to the 2011 Youth Risk Behavioral Survey conducted within Rockingham County school systems, an average of 15.35% of students “seriously considered attempting suicide during the past 12 months.” (State average of 15.1%) Further, approximately 6.8% of students “actually attempted suicide one or more times during the past 12 months.” (State average of 6.6%)¹¹

See appendix for complete report (Rockingham County as compared to the state of N.H.)

Alcohol Consumption Care (Courtesy of Community Commons, Community Commons.org)

“This indicator reports the percentage of adults aged 18 and older who self-report heavy alcohol consumption (defined as more than two drinks per day for men and one drink per day for women). This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as cirrhosis, cancers, and untreated mental and behavioral health needs.”

Report Area	Total Population Age 18+	Estimated Population Heavily Consuming Alcohol	Percent Population Heavily Consuming Alcohol
Rockingham County, New Hampshire	224,691	40,220	17.90%
New Hampshire	433,190	68,011	15.70%
United States	89,135,163	13,385,866	15.02%

Percent Population Heavily



■ Rockingham County, New Hampshire (17.90%)

■ New Hampshire (15.70%)

■ United States (15.02%)

¹⁰ New Hampshire State Epidemiological of Mental, Behavioral and Emotional Health Profile- New Hampshire Bureau of Drug and Alcohol Services

¹¹ 2011 Youth Risk Behavioral Survey

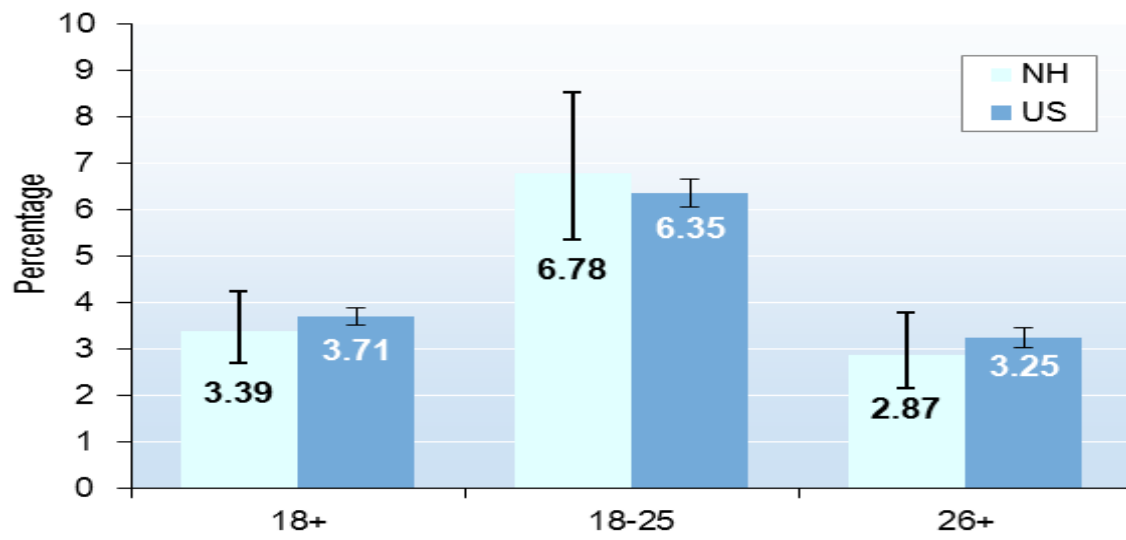
Note: This indicator is compared with the state average. No breakout data available.

*Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2005-2011](#). Source geography: County.
(Courtesy of Community Commons, Community Commons.org)*

“The most devastating outcome of mental health disorders is suicide. Not reflected in the graphs below are a recent pattern of several suicides in the past six months that have occurred within 48 hours of an individual having been arrested for Driving While under the Influence (DWI). A newly formed commission on suicide brings together state agencies and the National Alliance on Mental Illness-NH (NAMI-NH), also a member of the New Hampshire SEOW.

“Data from NSDUH in 2008-2009 show that young adults aged 18 to 25 reported having serious thoughts of suicide in the past year statistically significantly more than adults aged 26 and over. This is consistent with United States and New England state averages.”

New Hampshire State Epidemiological of Mental, Behavioral and Emotional Health Profile



Source: National Survey on Drug Use and Health

Dental Care

Access to dental care services for both pediatric and adult populations residing within the Seacoast Region remains a significant health need. A total of five percent of the employee survey population cited dental services as the most prevalent healthcare need for Seacoast residents. The need for dental care services was also prevalent within the key leader interviews, with eight of the interviewees stating dental care as a major health concern. During community forums in both Exeter and Plaistow, pediatric and adult dental care was also expressed as a significant community health need. The primary barriers are lack of dental insurance and transportation. It is important to note that for uninsured or underinsured oncology patients, dental services – although necessary – may be difficult to access for financial reasons.

Health & Wellness Services

The need for increased health screenings and wellness services was another key finding in 2013. Forum attendees cited a need for “increased preventative care services” and many stated that “wellness and prevention needed to be a priority.” In the 2011 Snapshot of New Hampshire’s Public Health Regions, Counties, and the Cities of Manchester and Nashua, Rockingham County was noted to have a higher overweight and obese population as compared to the state. Additionally, new cancer diagnoses were higher than state averages. CHNA Steering Committee members expressed a need for increased disease prevention education and wellness services to help address both outcomes.

Nutrition/Obesity

Nutrition and the lack of fresh, nutritious meals for low-income children and adults was of concern during the forums and key leader interviews.

The number of obese and overweight adults and children residing within Rockingham County continues to rise. According to the 2011 Behavioral Risk Factor Surveillance System conducted by the New Hampshire Department of Health and Human Services, 29.3 % of Rockingham County’s population is obese with another 36.2% being overweight.

In addition, the findings outlined in the 2011 Snapshot of New Hampshire's Public Health Regions, Counties, and the Cities of Manchester and Nashua further supports the elevated levels of obesity and overweight people within Exeter's service area. Obesity is of particular concern due to the related health issues it can lead to such as diabetes and heart disease. In 2011, 4.1% of New Hampshire's residents at a healthy weight had diabetes, compared to 17.5% of obese New Hampshire residents with diabetes.^{12 13}

Elder Care and Support Services

With the increase in the aging population within Rockingham County, non-clinical services for the elderly remain a significant need, consistent with both the 2003 and 2008 Community Needs Assessment reports. Similar to 2008, there remains a strain on the existing volunteer network due to financial constraints. Increasingly, older adults are experiencing personal financial challenges as the cost of fuel, home heating oil, food and utilities continues to rise. Further, it was noted during the forums that transportation is a barrier for seniors in accessing services.

¹² Findings of the 2011 New Hampshire Behavioral Risk Factor Surveillance Survey and the 2011 New Hampshire Municipal Survey

¹³ 2011 N.H. Municipal Survey

IX. Conclusion

According to the 2012 America Health Rankings, published by the United Health Foundation, New Hampshire is the third healthiest state in the nation. In addition, the 2013 America Health Rankings Senior Report ranks New Hampshire third in the nation as well for senior health. Since the inception of the America Health Rankings report in 1990 the “overall health in New Hampshire has remained relatively constant never dropping below a rank of nine.”¹⁴ However, as illustrated throughout this report, healthcare services and access to care remain concerns for Seacoast residents.

The specific needs identified in this 2013 CHNA remain nearly the same as those identified in 2008. With a strained economy, corporate budget reductions, and a continued reduction in state services as well as program eliminations, meeting the needs of community members continues to remain a challenge in Rockingham County as well as throughout the state and the nation.

With the passing of the Affordable Care Act some of the barriers to healthcare services may diminish. In particular, the law provides for new state funding for expanded Medicaid programs that would increase the number of low income adults with access to insurance and cover preventative services for patients at little to no costs. To date, New Hampshire has not yet adopted this as law and has chosen to form a commission to study the effects of an expanded Medicaid Program. A recommendation from the Commission is required by October 15, 2013.

(Currently, 137,000 New Hampshire residents are on Medicaid, about 10 percent of the state. Expansion would bring in an additional 58,000 residents over the next seven years, an increase of 42 percent, according to a state report.)¹⁵

¹⁴ 2012 United Health Foundation

¹⁵ http://www.bostonglobe.com/news/politics/2013/07/20/new-hampshire-residents-left-limbo-legislature-blocks-medicaid-expansion/SShvWrRhkCeFu4KNkStOFM/story.html?s_campaign=email_BG_TodaysHeadline

In addition, beginning in 2014 if employers do not offer insurance, consumers may be able to buy it directly from the Health Insurance Marketplace. Individuals and small businesses can buy affordable and qualified health benefit plans in this new transparent and competitive market.¹⁶

Additional information regarding services available to address the identified community needs can be found in Appendix I of this report.

¹⁶ <http://www.hhs.gov/healthcare/facts/timeline/timeline-text.html>

Appendix A: Steering Committee Contact Information

Mark Whitney, VP, Strategic Planning
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Newmarket, NH 03857
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Families First Health and Support Center
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Portsmouth, NH 03801
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htaft@familiesfirstseacoast.org

Lauren Wool, Senior Director, Community Impact
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Kathy Crompton, Executive Director
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Jay Couture, Executive Director
Seacoast Mental Health Center
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Appendix B: Participating Organizations

Exeter Hospital:

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, orthopaedics and emergency care. Exeter Hospital is accredited by DNV Healthcare, Inc., and is a designated Magnet® hospital by the American Nurses Credentialing. Exeter Hospital has been recognized by Healthgrades with the Distinguished Hospital Award for Clinical Excellence in 2012 and 2013, placing Exeter Hospital in the top five percent of hospitals nationwide for patient quality and safety outcomes.

www.ExeterHospital.com

Representative Community Partners:

SeaCare Health Services is a volunteer network of health care professionals devoted to ensuring that all underserved members of the community have access to optimal health care. Such healthcare encompasses those services needed to achieve complete physical, mental and social well-being. Through care coordination, participants set personal health care goals, learn how to effectively communicate with their health care providers and gain a better understanding of how to appropriately use medical services.

Other SeaCare programs include the Greater Seacoast Medication Bridge Program, a no-cost prescription assistance program; the NHRx Connects Pharmacy, a no cost re-dispensing pharmacy; and the Family Connection, a child and family health coordination program that aids families in accessing healthcare and promotes growth and development in children.

www.Seacarehealthservices.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

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

Lamprey Health Care's mission is to provide 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. Lamprey operates three health centers in Newmarket, Raymond and Nashua. Lamprey Health Care provides services to all ages and serves prenatal, pediatric, adolescent, adult, and geriatric patients. Their target population is the underserved, particularly the uninsured, the minority population and those with financial, language, cultural and transportation barriers to care. Services include Breast and Cervical Cancer Screening Program, chronic disease management, development screenings, nutrition counseling, school-based oral health program, a prescription assistance program, senior transportation, and social services.

Lamprey Health Care's Newmarket site is recognized as a level III Patient Centered Medical Home by the National Committee for Quality Assurance. Organizations with a level III recognition have demonstrated that care is organized around the patient, provided by a team of health care professionals and is coordinated and tracked over time. This model facilitates partnerships between patients, physicians and other healthcare providers through the use of data, information technology and health information exchanges to ensure that patients get quality and cost effective care when and where they need it in a culturally and linguistically appropriate manner. Raymond and Nashua Centers have also applied for recognition and anticipate receiving level III recognition. Lamprey Health Care serves over 10,000 patients in the Newmarket and Raymond service areas.

www.Lampreyhealth.org

Families First Health and Support Center is the community health center for the Seacoast region of New Hampshire. Founded in 1984, Families First has a mission of contributing to the health and well-being of the Seacoast community by providing a broad range of health and family services to all, regardless of ability to pay. Services include general medical care for children and adults of all ages; prenatal care; oral health care; mobile health and dental care for

people experiencing homelessness; parenting classes, support groups and other family programs; free child care while parents are at Families First; individualized, in-home support for families facing particular challenges; social work services; health education and counseling; developmental screenings for children; and free breast and cervical cancer screenings for eligible women. Families First serves about 6,500 clients each year. In 2012, more than half of Families First Health Center patients were uninsured, and more than 90% had low household incomes.

www.Familiesfirstseacoast.org

United Way of the Greater Seacoast unites the passion, know-how, and resources of thousands of individuals, organizations, businesses and government around a unified commitment to strengthening our region's children, youth and families. Their mission is to bring our communities together to help improve people's lives and strengthen the communities in our region.

www.Uwgs.org

Appendix C: Key Leader Interview Roster

- Susan Turner, Director, Community Resource Network
- Sandi Rubchinuk, Regional Network Coordinator for the “Allies in Substance Abuse Prevention” Coalition
- Ken Burkenbush, Exeter Fire Department, Assistant Fire Chief, Town Health Officer
- Michael Schidlovsky, President, Exeter Area Chamber of Commerce
- Marilyn Fellows Kellogg, Executive Director, With Open Arms
- Joanne Morrison, Raymond High School Nurse
- Victoria Doremus, Lamprey River Elementary School Nurse
- Paul Willis, CEO & President, Seacoast United Sports Club
- Becky May, Executive Director of Service Link for Rockingham County
- Sue Frotton, School Resource Officer from Raymond PD
- Shannon Flaherty, School Guidance Counselor, Seabrook
- Helen Cataford, School Nurse, Seabrook
- Maureen Sullivan, Executive Director, Child Advocacy Center
- Jay Couture, Executive Director, Seacoast Mental Health Center
- Lisa Fisher Henderson, Director, The Housing Partnership
- Ellen Tully, Welfare Administrator, City of Portsmouth
- Chris Andriski, Principal, Newmarket High School
- Leslie Haslam, Exeter Adult Education Director
- James J. Hayes, Ed. D., Newmarket Superintendent of Schools
- Deb Bartley, Community Services Manager
- Mary Cook, Public Health Emergency Preparedness Coordinator, Exeter Fire Department, Seacoast Public Health Region
- Cleo Castonguay, President, St. Vincent de Paul
- Sister Helene Higgins, Catholic Charities, Parish and Community Services for Rockingham/Strafford County
- Helen Taft, Executive Director of Families First Health and Support Center

- Wendy Gladstone, MD, Dartmouth-Hitchcock Manchester, Child Advocacy and Protection Program (CAPP)
- Celeste Clarke, Executive Director Raymond Coalition for Youth
- Raymond Coalition for Youth Member- anonymous
- Raymond Coalition for Youth Member- anonymous
- Raymond Coalition for Youth Member- anonymous
- Raymond Coalition for Youth Member- anonymous
- Raymond Coalition for Youth Member- anonymous
- Raymond Coalition for Youth Member- anonymous
- Team Leader Children's Department Seacoast Mental Health Center
- Raymond School District After School Program Director
- Big Brothers Big Sisters Site Program Specialist
- Alison Kolozsvary, Child and Family Services
- Denise O'Grady, Town of Raymond Welfare Officer
- Ellen Faulconer, Town of Kingston Human Services
- Randy Talent, Child Development Specialist, Easter Seals Baby Steps Program
- Alice Jette, Iber Holmes Gove Middle School, Raymond, NH Assistant Principal
- Ellen Small, Iber Holmes Gove Middle School Superintendent
- Mary Palmer, Vice President Exeter Hospital Cancer Services

Appendix D: Forum Attendees

Exeter

- Scott Bogle, Chair Rockingham Planning Committee
- Shelagh Doherty, Community Member
- Martha Fuller Clark, N.H. Senator
- Carol Gulla, Executive Director, Transportation Assistance for Seacoast Citizens
- Jane Lapointe, Community Member
- Phil McDonough, The Insurance Shoppe
- Debra Perou, Executive Director, Rockingham Nutrition Meals on Wheels
- Richard Roy, Community Member
- Sandra Rubchinuk, Regional Coordinator, Allies in Substance Abuse Prevention
- United Way of the Greater Seacoast
- Michael Schidlovsky, President Exeter Chamber of Commerce
- Peggy Small-Porter, Executive Director Richie MacFarland Children's Center
- Louis Stamas, United Way of the Greater Seacoast
- Lynne Tierney, Principal Accountant Exeter Hospital
- Laurie Trostle-Pitkin, Cost Accountant Exeter Hospital
- Richard Stanton, Budget Committee Member Town of North Hampton

School Nurses

- Victoria Doremus, School Nurse, Lamprey River Elementary
- Joanne Morrison, School Nurse, Raymond High School

Seabrook

- Bonnie L. Armentrout, Welfare Director Seabrook Welfare Department
- Helen Cataford, School Nurse Seabrook Middle School
- George M. Cole, Turning Point, Inc.
- George M. Cole, II, US Government
- Kathy Crompton, CEO SeaCare Health Services
- Mary E. MacInnes, School Nurse Seabrook Elementary School
- Kim Meyer, Director, Community Based Programs Southern District YMCA
- Kellie Pollard, Medication Bridge Coordinator SeaCare Health Services
- Mary Sanborn, Community Member
- Anna Shultz, Coordinator, Partners in Health Families First
- Karen Walton, Program Manager, Children's Connection SeaCare Health Services

Appendix E: NHHA Legislator Mailing List – Forum Invitation

Title	First Name	Last Name
Sen.	John	Reagan
Sen.	Martha	Fuller Clark
Sen.	Chuck	Morse
Sen.	Russell	Prescott
Sen.	Nancy	Stiles
Executive Councilor	Christopher	Sununu
Executive Councilor	Christopher	Pappas
Rep.	Daniel	Itse
Rep.	Curtis	Grace
Rep.	Betsy	Sanders
Rep.	John	Sedensky
Rep.	Kenneth	Weyler
Rep.	Kevin	St. James
Rep.	Regina	Birdsell
Rep.	Debra	DeSimone
Rep.	Jack	Hayes
Rep.	Norman	Major
Rep.	William	Friel
Rep.	Mary	Allen
Rep.	Bob	Nigrello
Rep.	Adam	Schroadter
Rep.	Marcia	Moody
Rep.	Michael	Cahill
Rep.	Donna	Schlachman
Rep.	Eileen	Flockhart
Rep.	Frank	Heffron
Rep.	Steven	Briden
Rep.	Patrick	Abrami
Rep.	Timothy	Copeland
Rep.	Joe	Duarte
Rep.	Kyle	Tasker
Rep.	Romeo	Danais
Rep.	Aboul	Khan
Rep.	Amy	Stasia Perkins
Rep.	L. Koko	Perkins
Rep.	Chris	Muns
Rep.	Frederick	Rice
Rep.	Robert	Cushing
Rep.	Tracy	Emerick
Rep.	Franklin	Bishop
Rep.	Kathleen	Hoelzel
Rep.	L. Mike	Kappler
Rep.	Maureen	Mann

Rep.	Timothy	Comerford
Rep.	Jeffrey	Oligny
Rep.	Richard	Gordon
Rep.	Patricia	Lovejoy
Rep.	E. Elaine	Ahearn
Rep.	Barbara	Helmstetter
Rep.	Jeffrey	Harris
Mr.	Michael	Schidlovsky
Mr.	B.J.	Noel

Dear Community Leader,

Exeter Hospital, in collaboration with Families First Health and Support Center, SeaCare Health Services, Lamprey Health Care, Seacoast Mental Health Center and the United Way of the Greater Seacoast, is conducting a Community Needs Assessment for Rockingham County. This process includes compiling and analyzing data on a broad range of indicators concerning community health.

In an effort to include citizen and key leader input into the report, we invite you to attend one of four Community Forums scheduled to take place throughout the Greater Seacoast region in May.

Date	Location	Time
May 15, 2013	Lamprey Health Care (<u>Raymond</u>)	4:00-6:00 p.m.
May 22, 2013	Plaistow Health Care	6:00-7:30 p.m.
May 29, 2013	Exeter Hospital	6:00-7:30 p.m.
May 30, 2013	Seabrook Public Library	5:00-7:00 p.m.

The agenda will include a brief overview of the Assessment's purpose and methodology, presentation of current data, findings from the 2008 Needs Assessment, Q&A, and an opportunity to provide input on what you consider the most important needs and priorities in your community. Your input will help to define the agenda for the noted organizations' involvement and investments in the coming years.

Involving community leaders in the identification of social, economic and healthcare needs is the first step in finding and implementing actions that will make our communities a better place in which to live and work. Your voice is critical and we hope you will join us at one of the scheduled forums for an important discussion and prioritization of community needs.

Space is limited at each presentation and RSVPs are required. To RSVP, please call Exeter Hospital's Information and Referral Center at 603.580.6668 or email healthreach@ehr.org. Please be sure to indicate which forum you plan to attend.

Thank you and we look forward to your valued input.

Sincerely,

The 2013 Community Needs Assessment Steering Committee

Appendix F: Additional Comments from the Employee Survey and Partners Survey

Additional Comments:

Exeter Health Resources Survey

Access to mental health care on the seacoast is challenging for many patients - I feel that it is an underserved population.

Access to Mental health Services is our biggest challenge that we are not prepared to meet. I see a lot plans from the local area and state to try and help our future with respect to other areas of health, but I see no improvement in our mental health services. Likely it will worsen secondary to budget cuts.

After hours care at all facilities would be beneficial for parents that work office hours

Also true for drug and alcohol Rx

As a visiting social worker, it appears that a fair amount of people who live in Seabrook have financial issues. Even with health insurance, challenges still exist with meeting overall medical expenses such as co-payments, deductibles, no secondary health insurance, premiums that cut into living expenses, etc.

Community based services for neurologically involved individuals, once they age out of school related services, seems to be lacking. There are also very few physical fitness options for these same individuals.

Dental care is so expensive that low-income patients can only get it if they have insurance. Medicaid covers dental care very incompletely and many dentists don't take it.

Dental costs for braces are astronomical. I have 3 kids all requiring braces. Paid almost 20,000 in out of pocket expenses.

Difficult to maintain relationship with primary care physician (PCP) due to their frequent turnover. I have had 5 PCPs in the last approx. 8 years due to their leaving the organization.

Have heard many people talk about the long wait times to get appointments at Seacoast Mental Health and also for dermatology services.

I do feel like a lot of the elderly put off their medical care due to transportation and not wanting to bother their family. I believe the fear of the unknown keeps them from using a transportation services such as cart as well as the belief that they can't afford it

I feel that the economy as it is people are not seeking the care they need because funds are limited and out of Necessity people have put their wellness on hold

I feel that there is an enormous need for mental health care in the seacoast area. As a EMS provider I seen many situations where people go untreated due to lack of accessibility to providers and financial resources.

I feel the perimeters for patients to qualify for SeaCare and Financial assistance should be studied more thoroughly. As an employee I see patients that get little to no financial assistance based on income and these are the working population struggling to get by, then I see more often than not the ETOH, drug abuser who has no interest in work get 100% coverage-it seems in my experience that F.A. SeaCare and other agencies are following the way of the Country-keep making the struggling working patient pay and give services away to those not willing to care for themselves or help themselves in anyway;

I feel there is a pressing need for people in rural areas to have transportation access so that they can follow up with doctors and therapist as needed as well as being able to get their Rx filled at the pharmacy.

I find that many of our post-op and elderly patients do not have transportation to our offices or to get scripts etc.

I know several people who will not go to the doctors because they have no insurance coverage and can't afford the office visit never mind if god forbid they need medication to fix the problem. It saddens me. Even though I tell these friends that there are resources out there they are afraid to access them because of the embarrassment of the financial paperwork. These are proud people for sure.

I see a real need for preventative services, including things like group programs that cover education and instruction in preventative steps people can take BEFORE they get sick. Unfortunately, most programs like this (weight loss, diabetes prevention, etc.) are not covered by insurance. Is there grant money out there the hospital could access?

I think it is necessary to provide better, more easily accessible behavioral health care without barriers. It is difficult to find providers taking new patients who are in-network (not just for myself, but for many of my friends with different coverage), and difficult to find available appointments. This should be made a priority.

I would love to see an urgent care center added to the Epping location. Currently residence have to travel to Lee or Barrington to seek urgent care...With lab and x-ray already in place it seems like a good fit.

In my opinion access to mental health care is a problem in this community. It is my understanding that uninsured or underinsured patients are denied care or have long wait times. Transportation is also another concern for patients within the seacoast community.

In order to grow, we need to shift our focus to taking care of healthy patients and providing unique services to this growing population of healthy, insured individuals.

In our area of rehabilitation, a lot of people either do not access rehab services or cut them short because of lack of insurance or high co pays.

Insurance premiums are so high causing patients, who must pay for their own health insurance, to select plans with high deductibles. This in turn causes them to be selective about when and how often to seek medical attention.

Limited mental health and substance abuse care, esp. if non-insured or under-insured. Too few psychiatrists or psychiatric mid-levels in the seacoast. Too much addictive pain medications prescribed with limited concern of the highly potential likelihood of addiction.

Limited mental health resources a huge problem. For those not at Varsity or JV level sports, there is very little for teens in the seacoast to do. A YMCA, Boys & Girls club or robust opportunities for community involvement is a big problem that leads to increased risk taking activities, obesity and mental health problems in our community.

Many patients that I see don't have the savvy to navigate through the Medicare system. They are bogged down with the amount of paperwork to qualify for aid. Many do not have family to help them with these types of issues.

Many people do not seek medical and dental care d/t cost. They also do not fill prescriptions or cut them back inappropriately d/t cost.

Mental health and alcohol abuse patients I feel are most in need in this area.

Mental health is a big problem. Preparing avenues for access to mental health for individuals and medical people trying to arrange care would be a top priority.

My adult unemployed son needs access to primary care. Also many people do have high deductibles which precludes them from receiving routine care. Many seniors do not have coverage and also have transportation concerns

My mother who does not live in the seacoast area and is not insured, would like to come here as a patient but services the cost is high and she cannot get assistance because she lives out of the SeaCare area. Dental coverage should be cheaper for people or pay more at the same cost. Dental pays 80% patient is also responsible to 20%. I need to have lots of dental work done and simply cannot afford, therefore I don't go

My primary care physician is in Massachusetts, would like to find one in this area that takes new patients.

My sister died of lung cancer, not a year yet. I think if she had had better insurance and not been advised to fly under the radar till she could get better coverage, that early detection through a CT scan and earlier intervention, may have prolonged her life. She did her Chemo at Exeter Hospital and spent several hospital stays in the PCU. She got excellent care.

No funds for medications / transportation

Patients getting to appointments as well as clinic visits for mental health, cardiac rehab, blood draw appointments are difficult. They have to not only pay for the service, but many pay for taxi services to get places or they are not able to go.

Psych/social support should start at the grade school level to include the family and be a consistent ongoing presence within the community

Patients in our emergency department or on the units sit waiting for psych beds, especially the teenagers. Limited free transportation on the seacoast for medical appointments. The number of self pays appears to have increased and limits discharge options, i.e. SNF, acute rehabilitation

There are more and more uninsured or underinsured people, using the hospital when they could be seen elsewhere. Sliding scale policies are tougher than in the past and are not well publicized to patients

This was a very limited survey. Under the issue of obesity and more general chronic disease prevention, we need to address importance of and access to nutrition education and exercise resources and ways we can collaborate with the local food movement/Seacoast farmers to emphasize the many health, social and economic benefits of eating local. We also need to maintain and expand resources that promote chronic disease self-management as our population is rapidly aging.

Traditional models don't work for some people. Mental health is a huge issue with lots of unmet needs.

Two areas where we need more physicians are dermatology (long waits for the group in Exeter, so I choose to pay a higher co pay and go to Dover) and mental health providers.

We have a mental health crisis in this state and we need to be providing the community with more resources, both children and adults.

We need an area minute clinic. Weekend primary care physician hours for people that work late.

We need mental health locally and a substance program locally. We do not know what to do with our uninsured mentally ill or people with substance problems (with or without health insurance)

We urgently need some type of clinic or urgent care. I have spent hours upon hours waiting in the ED for something that could have been taken care of in a clinic on a Sat PM. Also needed are evening hours for primary care.

With the current rising costs of insurance, I believe there are a lot of people that cannot afford it; therefore, they go without.

Partners Survey

#6 - Tough choices between mental health and dental. #7 - I am concerned that residents who are not able to access services could often be served by a more "open access" option. Our scheduling / access systems for primary care have not evolved yet to meet this "immediate access" demand for preventative / routine care.

Question is do I want shelter, food or health care? Today cannot afford all three.

I believe there is a need for dental care for many of our patients

Inadequate insurance or high co pays prevent pts from seeing a pcp so they go to the ER too late. I see many kids who are eligible for NHHK but the family needs to be encouraged to apply

Many people I speak to have issues because there is no place like FF in the area they live in and transportation is difficult due to a variety of reasons.

Appendix G: 2011 Youth Risk Behavioral Survey: Rockingham County as Compared to the State of New Hampshire

This chart represent Rockingham County Schools A-J as Compared to the state of NH

<i>(All data reported as percent)</i>											
REGION	NH	A	B	C	D	E	F	G	H	I	J
8. Percentage of students who would describe their grades in school as mostly As or Bs during the past 12 months	71.0	69.7	75.8	69.4	65.2	68.6	69.2	72.9	68.6	74.5	73.7
9. Among students who rode a bicycle during the past 12 months, the percentage of students who never or rarely wore a bicycle helmet	62.3	62.8	50.7	63.5	75.5	56.8	60.9	63.3	63.4	64.2	63.4
10. Percentage of students who never or rarely wore a seat belt when riding in a car driven by someone else	11.8	13.5	9.8	13.1	16.0	11.2	10.6	13.6	12.6	10.5	10.7
11. Percentage of students who rode one or more times in the past 30 days in car or other vehicle driven by someone who had been drinking alcohol	22.3	27.9	18.4	25.9	18.8	20.4	20.4	20.9	21.2	23.8	22.9
12. Percentage of students who drove a car or other vehicle after drinking alcohol during the past 30 days	9.4	11.9	6.5	10.4	7.5	8.1	8.5	8.4	9.3	10.3	10.4
13. Percentage of students who carried a gun, knife, or club on school property during the past 30 days	16.3	21.7	13.9	22.7	14.8	17.3	16.3	18.7	13.4	14.6	14.7
14. Percentage of students who did not go to school because they felt unsafe at school or on their way to or from school on one or more of the past 30 days	5.1	5.5	4.4	6.0	5.6	4.1	4.7	4.2	6.1	5.3	5.1
15. Percentage of students who were in a physical fight one or more times during the past 12 months	24.6	27.1	23.9	28.9	25.6	24.1	24.3	22.3	24.1	24.6	24.2
16. Percentage of students who were injured in a physical fight and had to be treated by a doctor or nurse one or more times during the past 12 months	4.1	4.0	3.0	4.9	4.5	3.4	3.9	4.1	4.7	3.8	4.4
17. Percentage of students who were in a physical fight on school property on one or more times during the past 12 months	9.8	11.3	10.2	11.4	10.9	9.2	9.7	8.8	10.1	9.2	9.3
18. Percentage of students who were hit, slapped, or physically hurt on	8.5	8.8	5.7	10.5	8.0	7.1	8.1	8.0	8.6	8.2	9.7

purpose by their boyfriend or girlfriend during the past 12 months											
19. Percentage of students who experienced an unwanted sexual advance because of other students' drinking (in the past 12 months)?	5.6	5.6	3.8	7.0	3.9	4.3	5.2	5.4	5.5	6.2	6.4
20. Percentage of students who have ever been physically forced to have sexual intercourse when they did not want to	6.7	6.9	5.6	7.9	7.9	5.9	5.7	6.9	6.7	7.5	6.8
21. Percentage of students who have been bullied on school property in the past 12 months	23.7	27.9	30.0	31.6	27.1	24.1	21.8	23.0	20.9	22.4	23.3
22. Percentage of students who have been electronically bullied in the past 12 months	19.9	21.4	21.4	26.6	25.4	18.7	19.3	19.3	17.7	19.1	20.7
23. Percentage of students who felt so sad or hopeless almost every day for two weeks or more in a row during the past 12 months that they stopped doing some usual activities	25.6	26.0	23.3	27.4	26.8	24.7	25.1	23.6	24.9	27.1	25.8
24. Percentage of students who seriously considered attempting suicide during the past 12 months	15.1	16.8	14.2	18.6	16.7	14.0	14.7	13.5	15.0	15.4	14.6
25. Percentage of students who made a plan about how they would attempt suicide during the past 12 months	11.6	12.5	9.2	14.5	13.2	10.6	11.6	10.5	11.0	12.7	11.1
26. Percentage of students who actually attempted suicide one or more times during the past 12 months	6.6	7.7	5.8	8.5	8.1	5.8	6.2	5.6	6.9	6.6	6.6
27. Percentage of students whose suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse during the past 12 months	2.4	2.6	2.1	2.7	2.1	1.9	2.3	2.2	2.8	2.3	2.3
28. Percentage of students who most of the time or always get the kind of help they need when they feel sad, empty, hopeless angry, or anxious	18.3	17.8	21.1	17.4	17.4	18.1	17.9	16.6	18.7	19.9	18.0
29. Percentage of all students who smoked a whole cigarette for the first time before age 13 years	9.7	13.3	7.8	12.3	15.0	8.4	10.1	12.4	8.3	8.2	8.4
30. Percentage of students who smoked cigarettes on one or more of the past 30 days	18.7	22.2	16.2	21.8	23.5	17.0	18.8	20.1	17.3	17.8	18.3
31. Percentage of students who used chewing tobacco, snuff, or dip on one or more of the past 30 days	8.2	10.8	10.7	10.2	9.9	9.9	7.1	10.8	6.5	5.5	8.8
32. Percentage of students who smoked cigars, cigarillos, or little cigars on one or more of the past 30 days	16.2	17.7	11.6	19.8	16.5	15.4	17.3	15.4	14.9	15.8	16.8
33. Percentage of students who had at least one drink of alcohol on one or more days during their life	65.0	70.8	63.7	69.5	67.2	63.6	64.4	65.0	60.6	65.7	66.4
34. Percentage of all students who had their first drink of alcohol other than a few sips before age 13 years	14.9	18.4	13.0	18.4	19.0	13.8	14.8	17.2	12.7	14.5	13.8

35. Percentage of students who had at least one drink of alcohol on one or more days during the past 30 days	37.9	41.7	33.1	42.3	36.6	35.2	37.5	38.0	34.8	38.9	39.9
36. Percentage of students who had five or more drinks of alcohol in a row, that is, within a couple of hours, on one or more of the past 30 days	24.3	27.4	21.6	28.9	23.5	21.7	24.4	24.8	21.4	24.7	26.5
37. Of those students who had a drink of alcohol in the past 30 days, the percentage who obtained it by having someone give it to them	31.8	33.8	38.4	31.6	29.6	34.7	29.2	31.0	31.4	32.5	30.8
38. Percentage of students who had at least one drink of alcohol in the last 30 days on school property	5.8	5.8	5.3	7.5	4.2	5.3	5.8	4.4	6.0	6.2	5.7
39. Percentage of students who used marijuana one or more times during their life	42.1	38.4	37.5	46.8	42.5	39.7	43.8	41.8	39.3	42.2	45.9
40. Percentage of students who tried marijuana for the first time before age 13 years	8.0	8.5	5.7	10.5	10.3	6.9	8.7	9.3	7.0	7.0	7.9
41. Percentage of students who used marijuana one or more times during the past 30 days	27.5	24.4	23.2	31.1	25.2	25.7	28.2	26.3	25.3	27.9	31.9
42. Percentage of students who used marijuana on school property on one or more times during the past 30 days	7.1	6.5	4.8	7.9	6.3	6.0	7.4	7.4	7.5	7.1	7.2
43. Percentage of students who used any form of cocaine, including powder, crack, or freebase one or more times during their life	7.5	7.5	6.5	10.1	7.7	5.9	7.9	8.7	6.5	7.3	8.0
44. Percentage of students who used any form of cocaine, including powder, crack, or freebase one or more times during the past 30 days	4.2	4.4	3.2	5.3	4.8	3.1	3.9	4.6	4.2	4.1	5.0
45. Percentage of students who in their life used prescription drugs (such as OxyContin, Percocet, Vicodin, Adderall, Ritalin, or Xanax) without a doctor's prescription	19.5	17.6	18.4	22.8	16.1	17.3	21.1	19.3	17.3	20.8	20.4
46. Percentage of students who in the past 30 days used prescription drugs (such as OxyContin, Percocet, Vicodin, Adderall, Ritalin, or Xanax) without a doctor's prescription	10.4	8.7	7.3	12.0	9.9	8.5	10.9	10.4	9.2	11.3	11.7
47. Percentage of students who in their life used over-the-counter drugs to get high	12.0	10.6	11.9	14.4	11.6	11.0	13.4	12.0	10.6	12.1	11.9
48. Percentage of students who in the last 30 days used over-the-counter drugs to get high	5.9	5.4	4.7	7.4	5.9	4.9	6.3	5.6	5.7	6.0	6.1
49. Percentage of students who sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high one or more times during their life	11.5	12.8	10.9	13.8	12.4	10.8	11.7	11.5	10.7	10.7	11.7
50. Percentage of students who used heroin one or more times during their life	3.6	3.7	2.9	4.0	3.1	2.5	3.2	4.5	3.6	3.5	4.6

51. Percentage of students who used methamphetamines one or more times during their life	4.2	3.8	3.2	5.5	3.6	3.3	4.3	4.6	4.1	4.1	4.6
52. Percentage of students who used ecstasy one or more times during their life	7.9	5.5	5.9	9.6	6.0	5.6	9.4	8.5	6.8	9.0	8.6
53. Percentage of students who used steroid pills or shots one or more times during their life	2.9	3.5	2.5	3.5	2.4	2.0	2.7	2.7	3.1	2.6	3.6
54. Percentage of students who were offered, sold, or given an illegal drug on school property by someone during the past 12 months	23.3	15.2	24.8	25.6	16.9	22.4	22.9	22.5	25.0	24.1	24.2
55. Percentage of students who ever had sexual intercourse	45.1	52.8	41.8	49.7	52.7	42.2	45.7	45.7	42.9	43.8	45.1
56. Percentage of students who had sexual intercourse for the first time before age 13 years	5.0	5.5	2.9	5.8	5.5	4.3	4.8	4.5	5.1	5.1	5.4
57. The percentage of students who had sexual intercourse with four or more people during their life	12.9	14.4	11.8	15.8	12.9	10.8	13.0	13.3	11.9	13.0	13.4
58. Percentage of students who had sexual intercourse with one or more people during the past 3 months	34.4	41.7	30.3	38.6	38.8	31.4	35.4	35.1	31.6	32.7	35.7
59. Among students who had sexual intercourse, the percentage who drank alcohol or used drugs before last sexual intercourse	21.5	19.7	22.0	24.9	18.7	19.9	20.9	20.5	19.9	22.7	24.0
60. Among students who had sexual intercourse, the percentage who used a condom during last sexual intercourse	61.3	59.1	62.7	57.8	63.3	64.0	64.0	59.3	59.8	62.2	61.5
61. Among students who had sexual intercourse, the percentage who used birth control pills to prevent pregnancy during last sexual intercourse	27.4	30.1	28.9	30.2	29.6	28.6	27.6	29.5	24.4	24.6	29.1
62. Percentage of students who had sexual contact with females and males during their life	4.8	5.2	5.1	5.4	3.2	3.8	5.4	5.0	4.9	5.2	4.3
63. Percentage of students who drank 100% fruit juices one or more times during the past seven days	81.5	81.0	78.4	81.7	74.5	80.1	80.9	81.9	80.6	83.2	83.8
64. Percentage of students who ate fruit one or more times during the past seven days	88.8	88.1	90.4	88.4	85.9	88.9	89.2	88.7	89.0	88.3	89.9
65. Percentage of students who ate green salad one or more times during the past seven days	67.4	66.1	67.5	69.0	63.4	65.2	67.9	68.0	65.1	68.5	70.5
66. Percentage of students who ate potatoes one or more times during the past seven days	72.4	77.5	73.2	74.2	69.9	72.6	72.1	75.7	70.5	70.0	72.9
67. Percentage of students who ate carrots one or more times during the past seven days	56.4	57.2	56.0	57.0	50.2	57.6	56.7	59.9	53.8	54.8	58.8
68. Percentage of students who ate vegetables on one or more times during the past seven days	87.6	87.8	87.7	88.2	86.1	88.8	88.5	88.7	86.0	86.5	88.3

69. Percentage of students who drank a can, bottle, or glass of a sugar-sweetened beverage on one or more times per day during the past seven days	24.6	26.1	21.5	26.7	28.5	23.1	25.5	25.2	24.3	24.7	23.5
70. Percentage of students who most of the time or always go hungry because there is not enough food in the home	4.8	4.8	3.1	5.4	4.9	4.6	4.1	4.2	5.2	4.9	5.3
71. Percentage of students who had ever been taught in school about AIDS or HIV infection	86.4	85.2	92.2	88.5	88.6	83.9	85.7	88.4	84.5	88.0	86.8
72. Percentage of students who had ever been told by a doctor or nurse that they had asthma	23.2	23.1	24.5	25.6	22.5	23.9	22.2	20.0	22.9	24.1	23.3
73. Percentage of students who had been told by a doctor or nurse that they had asthma and who still have asthma	13.0	12.6	14.0	14.1	12.7	14.0	12.5	11.6	12.3	14.0	12.6
74. Percentage of students who saw a doctor or nurse for a check up or physical exam when not sick or injured in the past 12 months	71.9	71.3	73.4	68.5	70.1	72.4	69.8	69.0	76.2	69.8	75.0
75. Percentage of students who saw a dentist for a check up, exam, teeth cleaning, or other dental work during the past 12 months	80.4	76.7	80.4	78.5	75.3	81.0	80.3	79.4	80.3	81.6	82.7
76. Percentage of students who used an indoor tanning device such as a sunlamp, sun bed, or tanning booth one or more times during the past 12 months	10.6	13.0	8.8	11.0	15.0	8.4	9.8	10.2	11.6	9.6	12.4
77. Percentage of students who agree or strongly agree their parents or other adults in their family have clear rules and standards for their behavior	80.7	81.6	84.3	81.4	79.1	80.7	80.8	79.6	80.5	80.7	81.0
78. Percentage of students who have talked with at least one of their parents or guardians about the dangers of tobacco, alcohol, or drug use during the past 12 months	48.5	43.7	52.2	48.7	45.1	48.7	49.1	48.2	46.4	49.7	50.8
79. Percentage of students who performed any organized community service such as picking up litter, helping out at a hospital, or building homes for the poor one or more times during the past 30 days	41.1	43.4	39.7	42.1	42.8	41.9	40.7	39.8	39.2	41.6	41.6
80. Percentage of students who, during an average week, participated in one or more activity in a club or organizations (other than sports) outside of school, such as 4-H, Boys and Girls Clubs, YWCA, or YMCA	42.8	42.7	43.8	40.5	31.5	42.5	41.8	43.7	45.6	44.9	40.1
81. Percentage of students who agree or strongly agree that they feel like they matter to people in their community	47.7	47.5	50.9	45.7	44.6	47.2	50.6	47.3	47.6	47.0	47.9
82. Percentage of students who think people are at great risk of harming themselves (physically or in other ways), if they smoke one or more packs of	66.4	57.7	69.2	65.1	62.7	67.1	67.2	66.8	67.0	66.7	68.4

cigarettes per day											
83. Percentage of students who think people are at great risk of harming themselves (physically or in other ways), if they smoke marijuana regularly	32.9	35.3	37.6	33.1	32.1	31.8	32.1	32.9	35.5	33.1	29.2
84. Percentage of students who think people are at great risk of harming themselves (physically or in other ways),if they try cocaine in powder form once or twice	62.4	55.2	61.5	62.2	58.3	62.2	64.0	61.7	63.9	63.2	62.1
85. Percentage of students who think people are at great risk of harming themselves (physically or in other ways), if they take a prescription drug without a prescription	59.6	57.2	59.9	61.0	59.9	59.0	59.7	59.6	61.1	58.5	59.8
86. Percentage of students who think people are at great risk of harming themselves (physically or in other ways), if they have one or two drinks of alcohol nearly every day	32.3	24.8	34.7	29.8	31.0	29.7	32.7	31.4	33.9	34.4	34.5
87. Percentage of students who think people are at great risk of harming themselves (physically or in other ways), if they have five or more drinks of alcohol each weekend	36.0	31.6	38.1	32.0	31.6	34.7	37.2	35.6	38.0	37.2	36.3
88. Percentage of students who think it is wrong or very wrong if someone their age to smoke cigarettes	66.2	60.6	66.5	63.7	64.1	67.5	66.0	64.2	68.1	66.4	68.5
89. Percentage of students who think it is wrong or very wrong for someone their age to drink alcohol regularly	60.3	56.8	64.1	57.0	62.0	60.6	61.8	61.6	63.3	58.4	58.5
90. Percentage of students who think it is wrong or very wrong for someone their age to smoke marijuana	54.4	59.8	56.6	51.9	57.5	54.7	53.4	56.0	57.8	53.9	49.2
91. Percentage of students who think it is wrong or very wrong for someone their age to take a prescription drug without a doctor's prescription	85.7	87.5	86.8	85.5	88.0	86.6	84.8	85.5	86.9	84.1	85.5
92. Percentage of students who suggest that their parents think it is very wrong or wrong for someone their age to smoke cigarettes	85.0	80.7	87.2	83.4	79.3	86.1	85.4	82.2	85.7	85.9	86.7
93. Percentage of students who suggest that their parents think it is very wrong or wrong for someone their age to drink alcohol regularly	83.6	80.3	84.9	82.2	82.1	84.1	84.7	82.0	84.8	83.5	83.9
94. Percentage of students who suggest that their parents think it is very wrong or wrong for someone their age to smoke marijuana	82.1	82.2	83.6	78.6	79.8	81.8	81.9	81.0	83.8	82.9	81.8
95. Percentage of students who suggest that their parents think it is very wrong or wrong for someone their age to take a prescription drug without a	92.1	91.9	94.1	91.8	90.8	92.4	92.6	91.3	91.9	92.1	92.7
97. Percentage of students who think it would be very easy for them to get some beer, wine, or liquor if they wanted to	41.2	42.3	41.3	41.4	39.9	40.3	43.0	41.3	39.1	42.1	41.1
some cigarettes if they wanted to	48.5	51.2	46.0	51.1	49.4	45.6	49.0	51.0	46.6	49.5	47.2

98. Percentage of students who think it would be very easy for them to get some marijuana if they wanted to	<i>46.7</i>	<i>39.3</i>	<i>42.2</i>	<i>46.6</i>	<i>45.6</i>	<i>45.3</i>	<i>48.3</i>	<i>45.3</i>	<i>46.1</i>	<i>48.4</i>	<i>50.1</i>
99. Percentage of students who think it would be very easy for them to get a prescription drug without a doctors prescription if they wanted to if they wanted to	<i>18.7</i>	<i>16.8</i>	<i>14.2</i>	<i>19.0</i>	<i>17.4</i>	<i>15.9</i>	<i>20.2</i>	<i>17.2</i>	<i>19.2</i>	<i>20.6</i>	<i>18.6</i>
100. Percentage of students who reported that either of their parents or other adults in their family are serving on active duty in the military	<i>15.1</i>	<i>18.6</i>	<i>11.4</i>	<i>17.9</i>	<i>17.1</i>	<i>15.8</i>	<i>14.4</i>	<i>15.4</i>	<i>14.0</i>	<i>14.7</i>	<i>14.1</i>
STUDENTS	<i>35040</i>	<i>1838</i>	<i>758</i>	<i>2462</i>	<i>715</i>	<i>4296</i>	<i>4706</i>	<i>3338</i>	<i>5877</i>	<i>6391</i>	<i>4589</i>

Appendix H: CHNA Promotions

Community Health Needs Assessment Forums Outreach Efforts

1. Letter mailed to 53 NHHA community leaders (see Appendix E)
2. Letter mailed to 22 school nurses and follow-up calls made:

Dear [nurse],

Exeter Hospital, in collaboration with its community partners, Families First Health and Support Center, SeaCare Health Services, Lamprey Health Care, Seacoast Mental Health Center and the United Way of the Greater Seacoast, is conducting a Community Needs Assessment for Rockingham County. This process includes compiling and analyzing data on a broad range of indicators concerning community health.

In an effort to include key leader input into the report, we invite you to attend an open forum on Thursday, May 23, 2013 from 6 to 7:00 pm at Exeter Hospital. The forum will be held in the hospital's conference room #4.

The agenda will include a brief overview of the Assessment's purpose and methodology, presentation of current data, findings from the 2008 Needs Assessment, Q&A, and an opportunity to provide input on what you consider the most important needs and priorities in your community. Your input will help to define the agenda for the noted organizations' involvement and investments in the coming years.

Involving community leaders in the identification of social, economic and healthcare needs is the first step in finding and implementing actions that will make our communities a better place in which to live and work. Your voice is critical and we hope you will join us for an important discussion and prioritization of community needs.

To RSVP, please call Exeter Hospital's Information and Referral Center at 603.580.6668 or email healthreach@ehr.org.

Thank you and we look forward to your valued input.

Sincerely,

The 2013 Community Needs Assessment Steering Committee

3. Facebook posts: 5/9/13, 5/23/13 (same content as ad, see attached). The 5/9/12 posting was promoted and reached approximately 3,236 people. The 5/23/13 post reached approximately 618 people.

4. Posted under “Events” tab on front page of the Exeter Hospital website, and the press release was posted in the “News” section of the website beginning 5/9/13.

5. Press releases sent out 5/11/13 and 5/17/13:

FOR IMMEDIATE RELEASE

Contact:
Debra Vasapolli
603.580.7524
Dvasapolli@ehr.org

Exeter Hospital Holds Community Health Needs Assessment Forums

EXETER, NH – Exeter Hospital invites community leaders and the public to attend one of four Community Health Needs Assessment Forums. In collaboration with Families First Health and Support Center, SeaCare Health Services, Lamprey Health Care, Seacoast Mental Health Center and the United Way of the Greater Seacoast, Exeter Hospital will hold these forums for people to provide input on what they consider to be the most important health needs in their community. This information will be a valuable contribution to the 2013 Rockingham County Community Needs Assessment Report.

The forums will be held:

May 15, 4:00-6:00 p.m.
Lamprey Health Care
128 Route 27, Raymond, NH

May 22, 2013, 6:00-7:30 p.m.
Plaistow Health Care
24 Plaistow Road, Plaistow, NH

May 29, 2013, 6:00-7:30 p.m.
Exeter Hospital
5 Alumni Drive, Exeter, NH

May 30, 2013, 5:00-7:00 p.m.
Seabrook Public Library
25 Liberty Lane, Seabrook, NH

Registration is required – please call 603-580-6668 or email healthreach@ehr.org.

Media Placements from Press Release:

May 12: “Exeter Hospital to Hold Health Needs Assessment Forums” – *Portsmouth Herald* (link not available)

May 14: “[Exeter Hospital Plans Community Health Needs Forums](#)” – *Foster’s*

6. Ad in Seacoast Media Group: Sunday, 5/12/13 (attached)

7. Web banners on Seacoastkids, Seacoastonline, Foster’s and Parenting NH websites 5/21/13 – 5/30/13:



Draft CHNA posted on www.Exeterhospital.com for public review/comment on August 5, 2013 through August 16, 2013.



EXETER HOSPITAL INVITES YOU

To PARTICIPATE *in a* COMMUNITY HEALTH NEEDS ASSESSMENT FORUM

In collaboration with Families First Health and Support Center, Lamprey Health Care, SeaCare Health Services, Seacoast Mental Health Center and the United Way of the Greater Seacoast, Exeter Hospital invites you to attend one of four Community Forums to provide input on what you consider to be the most important health needs in your community. Your input will be a valuable contribution to the 2013 Rockingham County Community Needs Assessment Report.

WEDNESDAY, MAY 15 – 4:00- 6:00 p.m.
Lamprey Health Care
128 Route 27, Raymond, NH

WEDNESDAY, MAY 22 – 6:00-7:30 p.m.
Plaistow Health Care
24 Plaistow Road, Plaistow, NH

WEDNESDAY, MAY 29 – 6:00-7:30 p.m.
Exeter Hospital
5 Alumni Drive, Exeter, NH

THURSDAY, MAY 30 – 5:00-7:00 p.m.
Seabrook Public Library
25 Liberty Lane, Seabrook, NH

Space is limited at each presentation and RSVPs are required. Please call Exeter Hospital's Information and Referral Center at 603-880-8888 or email healthreach@shr.org. Please be sure to indicate which forum you plan to attend.



5 ALUMNI DRIVE, EXETER, NH 03833 | EXETERHOSPITAL.COM



Appendix I: Potential Measures and Resources Available to Meet Identified Needs

Programs Currently in Place to help Address Significant Health Needs

Throughout the CHNA process Exeter Hospital, together with its participating community partners, identified services and programs that are currently in place and may help to address some of the critical health needs identified.

Mental Health Care Access

Access to mental health services continues to be a significant concern for both community members and key leaders. While the numbers of patients with mental health needs continue to rise, there are not enough providers or beds available at in-patient facilities to meet this need. In crafting the FY14-15 budget, the N.H. Governor's office and the legislature recognized that the infrastructure of the state's community mental health system had been cut to a point that required their immediate attention. There has been significant media coverage of the issue surrounding the lack of bed availability at the New Hampshire Hospital (NHH). In light of this and other signs of a failing system, the final budget for FY14-15 included approximately \$28m in state dollars, many of which will be matched, to begin the process of implementing the priorities of the state's Ten Year Plan - *Addressing the Critical Mental Health Needs of NH's Citizens: A Strategy for Restoration* published in 2008. These restored funds will be used to create Evidence-based Assertive Community Treatment (ACT) teams in Community Mental Health Regions that do not have them (Seacoast Mental Health Center (SMHC) now has a ACT Team) to provide seven day per week services to some of the Seacoast's most ill adult clients. The funding will also allow NHH to expand bed capacity and will lead to the creation of a 12-bed inpatient unit at Franklin Hospital. The funding is also intended to assist with the creation and/or expansion of residence beds in the community. Centers may also be able to increase staff which would help to improve the timeliness of access to care. SMHC is also working with Core Physicians' pediatric practice in Epping to co-locate a therapist on site thereby improving access to care.

Exeter Hospital partners with Seacoast Mental Health to offer mental health services to patients and their caregivers in the Emergency Department and Cancer Care Center.

Both Lamprey Health Care and Families First Health & Support Center have co-located a Youth and Family Therapist from Seacoast Mental Health Center to increase access to care. Seacoast Mental Health Center also works closely with Lamprey Health Care and Families First clinicians to offer psychiatric consultative services to assist clinicians and provide education to staff.

Additionally, both SeaCare Health Services and Families First provide limited services for mental health.

SeaCare works with a small group of mental health counselors licensed independent clinical social workers (LICSW) who will see SeaCare participants for a greatly reduced rate. This counseling is available for people who are experiencing life changes or challenges. Regretfully, SeaCare cannot provide on-going services for people requiring long-term therapy or psychiatric care.

Families First Health Center integrates behavioral health counseling with primary care for existing patients.

Access to Care

In an effort to eliminate financial barriers to accessing care, Exeter Hospital provides a robust Financial Assistance Program. This is a community-based program for uninsured and under-insured patients who meet specific income, geographical, and other guidelines, and who do not otherwise qualify for any state or government assistance.

Exeter Hospital has three components to its health care access program:

1. The Uninsured Care Discount/Hospital Access Plus Program extends a 26% discount off total charges to patients. *

2. The Financial Assistance Program is a community-based program for uninsured and underinsured patients who meet specific income, geographical and other guidelines, and who do not otherwise qualify for any state or federal assistance.
3. Exeter's Catastrophic Care Program provides financial relief for those patients who do not qualify for the Financial Assistance Program, but who are faced with a substantial debt due to a serious illness or injury. This program is calculated based on a percentage of the patient's gross income.

Exeter Hospital actively promotes these programs through direct patient education, paid advertising and community partnerships.

Available financial assistance programs for Exeter Hospital can be found on the hospital's website at www.ExeterHospital.com.

****Exeter Hospital's Financial Assistance Programs are reviewed on an annual basis and are subject to change***

SeaCare Health Services provides Seacoast residents access to a network of over 380 private health professionals who donate their time and services in order to provide care to individuals who cannot afford health insurance and who live within SeaCare's service area. (SeaCare covers the same geographic service area as Exeter Hospital.) Through its volunteer network, residents have access to primary care, specialty care, chiropractic, lab services, mental health and holistic health services.

In addition, SeaCare's Medication Bridge Program is designed to help eligible individuals of all ages without insurance, or with limited insurance, to receive necessary prescription medications. The two area community health centers -- Lamprey Health Care, with locations in both Newmarket and Raymond, and Families First in Portsmouth -- offer services to individuals and families of all ages, regardless of ability to pay, including primary care, women's health, chronic disease management, early childhood development, interpretation services, lab services, diabetes management, asthma management, care transitions coordination, medication assistance, transportation services and referrals to specialists. Lamprey and Families First accept most

private insurance, Medicaid, Medicare, and offers a sliding fee scale based on income and ability to pay.

Transportation

Exeter Hospital's transportation program is an important health care support service provided in response to identified community needs. Each year the program enhances access for hundreds of patients who otherwise would not be able to obtain needed health care and health related support services. During FY 2012 Exeter Hospital provided 2,411 transports for patient care.

Lamprey Health Care's Senior Transportation Program provides transportation services to seniors 60+ and disabled residents of Rockingham County and parts of Strafford County. Transportation Services include trips to grocery stores, banks, pharmacies, medical, dental, rehabilitation appointments, and more, as well as recreational trips. Vans are handicap accessible, and provide door-to-door service for the convenience of the riders.

In addition, the Alliance for Community Transportation works to provide transportation services throughout Rockingham County. Detailed information of available transportation services within Rockingham County can be found at www.communityrides.org

Youth Suicide/Substance and Prescription Drug Abuse

The Greater Rockingham County Regional Network has published its strategic plan for 2012-2015 to address substance abuse and disorders. The plan is available for review at www.dhhs.nh.gov.

Locally, in Exeter, N.H., Connor's Climb, A Will To Live event was hosted at Exeter High school on May 25, 2013 to benefit suicide awareness, education and prevention programs in the Southern New Hampshire area. The event is scheduled to be held annually for more information visit www.will-to-live.org.

Families First Health Center provides substance use counseling (as needed) to all patients in its prenatal program and Mobile Health Care for the Homeless Program. Families First primary care

providers are also able to refer patients to one of the organizations two licensed alcohol and drug counselors.

In 2012, Lamprey Health Care and Southern NH's Area Health Education Center co-hosted community-based trainings including the Use and Misuse of Prescription Drugs by Youth, and a School Nurse Session: Understanding the Causes of Incorporating Healthy Responses to Self-Injury.

Lamprey Health Care also participates in both the Raymond Coalition for Youth and Epping Youth Coalition. These coalitions empower the community to promote positive youth development and strengthen community assets by coordinating services and opportunities through prevention initiatives for suicide, and alcohol, tobacco and other drugs.

Dental Care

Exeter Hospital's affiliate, Core Physicians, provides subsidized pediatric dental services for patients within its service area.

Families First Dental Center accepts private insurance and Medicaid, and offers a sliding fee scale for uninsured patients. It is open to all children and teens living in the Seacoast Region of New Hampshire or Southern Maine; established patients of Families First Health Center; and clients referred through some local hospital emergency departments or through selected organizations serving people with brain injuries, people with HIV/AIDS and seniors.

Health Wellness Services

Exeter Hospital's Community Education and Community Relations' departments work collaboratively to bring health and wellness information to the community. Each spring and fall, Exeter Hospital provides free lecture series for community members along with multiple free screening clinics, including, head and neck screenings, foot and ankle screenings, cholesterol screenings and athletic screenings. In addition, Exeter's Community Education Department offers a program called *Better Choices, Better Health*. The program was developed, implemented, and extensively researched over the last 20 years by Stanford University and has now become widely available across the United States. Better Choices Better Health is presented

in partnership with the New Hampshire Chronic Disease Self-Management Program, a statewide network led by the NH Department of Health and Human Services and N.H. Area Health Education Centers.

Further, by utilizing the hospital's Information and Referral Center, patients and community members have access to physician and specialty referrals, community class information and local healthcare services.

Families First Health Center provides primary care – including preventive screenings and health education – to its patients. Families First also provides free breast and cervical cancer screenings to eligible uninsured women even if they are not Families First patients.

Lamprey Health Care provides *Better Choices, Better Health Workshops* in collaboration with the NH Chronic Disease Self Management Program, a Stanford University Chronic Disease Self-Management Program.

Nutrition/Obesity

The *Step It Up Seacoast Coalition*, initiated by the Foundation for Seacoast Health and currently receiving funding from United Way of the Greater Seacoast, is working within Rockingham County to improve wellness and decrease obesity within the Seacoast population. The Step It Up Seacoast Coalition is a partnership created to improve the health of the seacoast community by promoting healthy choices in nutrition and physical activity.¹⁷ The program's goal is to implement the recommendations of the Healthy Eating, Active Living (HEAL) group, a state wide N.H. organization. To date this program has been adopted by Rockingham County and many of its related agencies. Visit www.stepitupseacoast.org for further information.

Families First Health and Support Center offers a support group for its pediatric patients who are overweight and their parents, incorporating nutrition and fitness activities and education, behavioural health counselling and medical provider visits.

¹⁷ <http://www.healnh.org/rockingham-county/step-it-up-seacoast.html>

Elder Care and Support Services

Exeter Hospital's affiliate 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, NH. As an affiliate of the hospital, RVNA is able to provide families with the high quality home care, hospice, and community outreach programs and services. While the majority of RVNA's patients are seniors, younger people dealing with serious illness, injuries or who are recovering from surgery can also take advantage of RVNA's home nursing care.

Families First provides medical and dental care to seniors and accepts Medicare while offering discounts on Medicare co-pays and dental fees; and prescription assistance. The agency also partners with other organizations to offer senior luncheons, educational workshops, an Alzheimer's Café and a caregivers group. Families First is the Seacoast's site for the Senior Companion Program of NH.

Lamprey Health Care's Senior Transportation Program provides transportation services to seniors 60+ and disabled residents of Rockingham County and parts of Strafford County. Transportation Services include trips to grocery stores, banks, pharmacies, medical, dental, rehabilitation appointments, and more, as well as recreational trips. Vans are handicap accessible, and provide door-to-door service for the convenience of the riders.

For additional services and programs available within the Seacoast community that may help to address identified needs see the 2013-2014 Seacoast Health Resources Guide available at ExeterHospital.com