Cheshire Medical Center

Community Health Needs Assessment

November 2022

Letter from Leadership

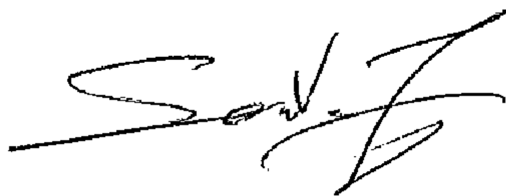
Today more than ever, population health work is essential to understanding and addressing the health needs of the people living in the communities we serve. Cheshire Medical Center and staff in the Center for Population Health advance the health and wellness of the Monadnock Region through a combination of outstanding care and exceptional service. We work to inform, educate, and lead community health improvement efforts.

We do this by studying and identifying needs within communities to create awareness, enact policies, and change the environment. Every three years, we conduct a Community Health Needs Assessment (CHNA) to understand changes in the health landscape in the region.

This assessment process helps us to identify health needs in our community and develop strategies for how we can best improve the health of people living, working, and recreating here.

We collaborate with many community members from different organizations, backgrounds, and perspectives to engage our community to take action to improve the health of all people. We are committed to serving the region by developing new strategies that help improve and sustain health.

Using this information, we can all work together to address our community's needs and achieve greater health outcomes for all.



Shawn LaFrance, MSUP, MPH

Vice President of Population Health

Dartmouth Health, Cheshire Medical Center

COMMUNITY HEALTH NEEDS ASSESSMENT

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Summary of Process and Findings

For over 130 years, Cheshire Medical Center has played a unique and essential role in New Hampshire's Monadnock Region. Founded in 1892, Cheshire is a non-profit medical center and the region's largest employer. Cheshire Medical Center has established expertise in cancer care, radiology, OB/GYN, cardiology, orthopedics, women's care, emergency medicine, and many other areas. It has also expanded connections with people throughout the region to support community health improvement through partnerships between the Center for Population Health and local organizations.[1]

CENTER FOR POPULATION HEALTH

Cheshire Medical Center's Center for Population Health (CPH) was vital in formalizing and implementing the Community Health Needs Assessment process. The CPH works to improve the health and well-being of people throughout the Monadnock Region through supporting population health initiatives.

The CPH offers community-based programs such as worksite wellness, assistance with obtaining health insurance, mental health and substance misuse prevention, treatment initiatives, and more in collaboration with public agencies and local nonprofits. [2]

Figure 1. Cheshire Medical Center Vision, Values & Mission

Mission

To advance the health and wellness of the Monadnock Region by delivering outstanding care and exceptional service to the individuals and communities we serve.

Vision

To pursue and achieve measurable, continuous improvement across every aspect of our organization, including:

- Clinical care
- Safety
- Patient outcomes
- Diversity and inclusion
- Community engagement
- Sustainable and ethical business practice

Values

Excellence *– Delivering care at the highest possible standard to every patient, every day*

Compassion *– Taking the humanity of others into account during every interaction*

Collaboration *– Working closely with colleagues and partners to achieve operational improvements and implement effective solutions*

Inclusiveness *– Celebrating and respecting the identity, perspective, and background of every patient and staff member*

Responsibility *– Acting as good stewards of resources and working to control costs*

Vigilance *– Keeping the safety of patients and colleagues first and foremost*

Transparency *– Being clear and honest with patients and colleagues*

[1] Cheshire Medical Center.

[2] Cheshire Medical Center, Center for Population Health.

Community Health Needs Assessment Process

The New Hampshire Community Benefits Statute (RSA 7:32) and the Patient Protection and Affordable Care Act of 2010 (ACA) require all hospitals to collect information about community health needs from several different sources and publish periodic reports available to the community.

The objective of this CHNA is to improve the quality of life for individuals, families, and organizations within Cheshire Medical Center's service area. The CHNA provides a comprehensive overview of the health and well-being of the overall population to guide Cheshire Medical Center's strategic planning by prioritizing specific collaborative actions aimed at improving health and wellness outcomes.

Photo Credit: See Footnote[3]

THE OVERARCHING GOALS OF THE CHNA ARE TO:

→ Meet state and federal requirements.

→ Collect and analyze secondary (existing) population research to provide a comprehensive overview of the health and well-being of the community.

→ Engage the community to help understand community health needs to be addressed.

→ Prioritize identified community health needs within Cheshire Medical Center's capacity to address.

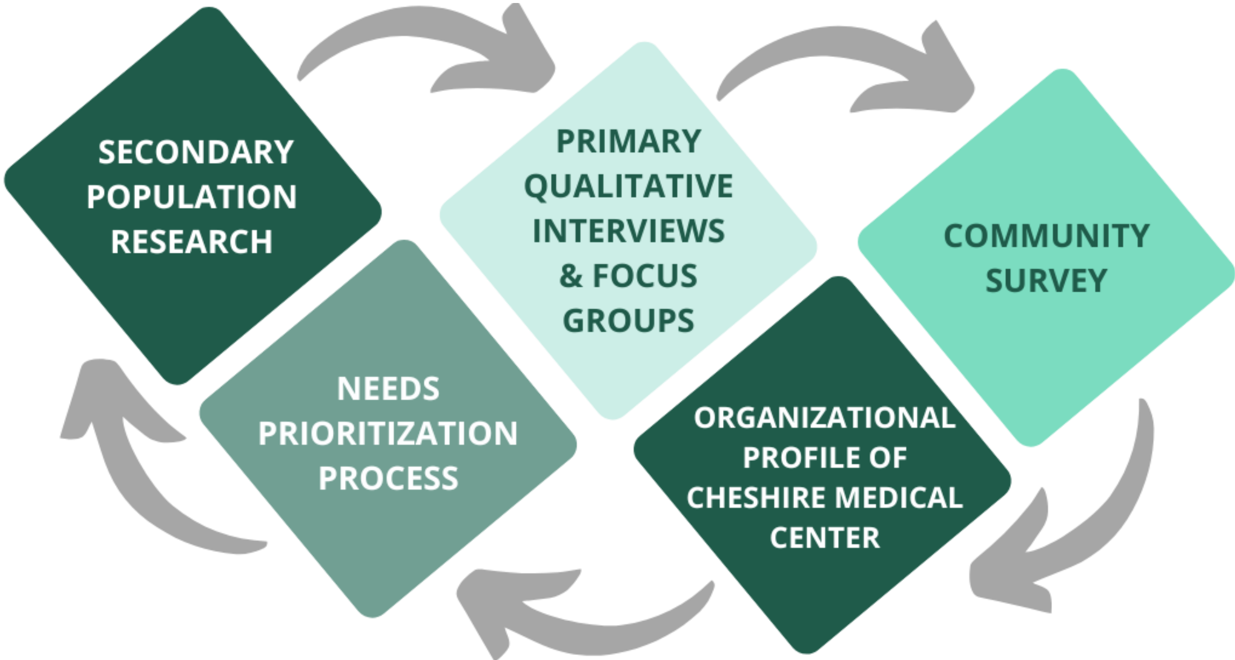
→ Report findings to the leadership of Cheshire Medical Center and the community.

[3] Images provided by Cheshire Medical Center, Center for Population Health, 2022.

A COLLABORATIVE APPROACH

For this CHNA, a mixed methodology approach was implemented, which included processes designed to evaluate the perspectives and opinions of community stakeholders and health care consumers, especially those from traditionally underserved and/or underrepresented populations.

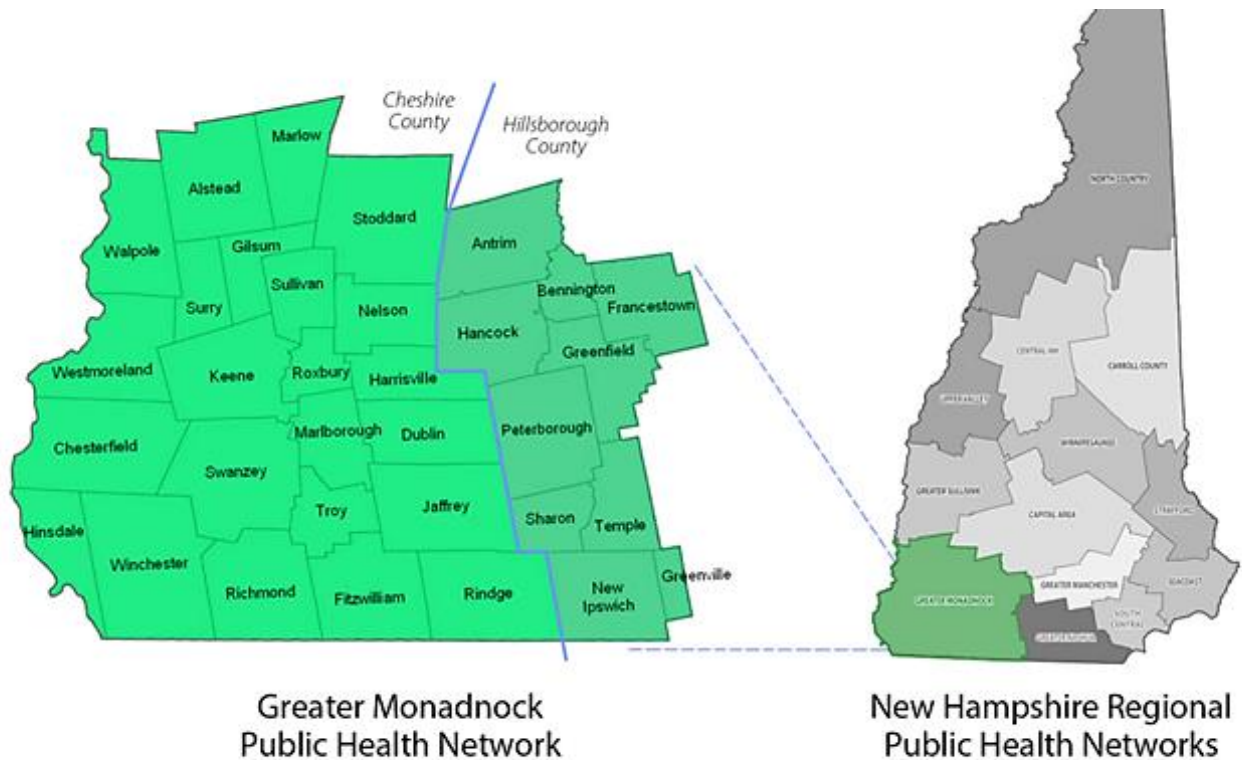
Figure 2. CHNA Stages



CHESHIRE MEDICAL CENTER’S HOSPITAL SERVICE AREA

Secondary data on the region’s population was collected and analyzed for either the Greater Monadnock Public Health Region *(map below)* or Cheshire County, depending on availability. While Cheshire County and the Greater Monadnock Regional Public Health Network region are not an exact match for Cheshire Medical Center’s Hospital Service Area, New Hampshire Public Health Improvement Services Council profiles confirm that the demographic profiles of Cheshire County and the Greater Monadnock Regional Public Health Network population are not statistically different from the hospital service area and can therefore serve as strong proxies for the hospital service area population.

Figure 3. Map of the Greater Monadnock Public Health Network Region



Source: Cheshire Medical Center

Summary of Identified Community Needs

To identify the highest priority needs, the Center for Population Health, Cheshire Medical Center staff, community leaders, and others implemented a two-step process:

1. Synthesize data collected across all research methodologies to inform the prioritization of collective community needs.
2. Gain consensus with internal organizational leadership, staff, community members, and partnering agencies on which needs Cheshire Medical Center can address within the communities they serve.

Based on the findings through the mixed methodology of the CHNA, 12 high level community needs were identified.

Figure 4. Community Needs Identified

1	2	3	4
Easy access to primary health care providers	Coordination of care between the hospital and other care providers	Easy access to maternity/OBGYN care	Access to quality health services for people who identify as part of the LGBTQIA+ community
5	**6**	**7**	**8**
Programs or initiatives to increase community diversity	Transportation to medical appointments & general transportation	Accessible substance use treatment services	Programs for people to enroll in and learn about that provide financial support for those needing health care services
9	**10**	**11**	**12**
Health care services for older adults	Specialty health care providers	Accessible mental health counseling services for adults	Accessible mental health counseling services for youth

Three additional community needs were identified through the research. Cheshire Medical Center may advocate and support partner organizations to improve communities within the service area.

Opportunities for individuals and families to find safe affordable housing

Job opportunities with a livable wage

Opportunities for older adults to find safe, supportive, affordable housing

COMMUNITY HEALTH NEEDS MATRIX

The matrix below further describes the process by which these needs were determined. Where possible, data found throughout each process of the CHNA methodology has been incorporated.

Two community surveys were also incorporated where appropriate:

- → **The 2020 Greater Monadnock Community Survey:** A recurring survey conducted by the University of New Hampshire in partnership with the Center for Population Health at Cheshire Medical Center, which seeks to understand Monadnock Region residents' behavior and attitudes regarding their community, personal and public health, social connectivity, emergency preparedness, and transportation practices. This survey was first done in 2010 and has been conducted every few years. All towns reached by the Healthy Monadnock Alliance and Cheshire Medical Center hospital service area have been included since 2017. In the latest survey, The University of New Hampshire interviewed 606 randomly selected Monadnock Region residents by landline and cellular telephone between September 5 and September 20, 2020, with a response rate of 21.0%.
- → **The 2022 CHNA Community Survey:** For this CHNA, Crescendo Consulting Group worked with the CPH to design a community survey to capture the voices of served communities. The survey not only helped to identify community health needs but possible solutions and interventions within Cheshire Medical Center's capacity to address them as well. The survey was available to all community members from August 18th to September 9th and captured the insights of 149 community members. To ensure equal access for residents with little to no internet access (especially for those living in rural communities), paper copies of the survey were available.

COMMUNITY NEEDS MATRIX

<table>
<tr><th rowspan="2">AREA OF NEED</th><th colspan="3">QUANTITATIVE & QUALITATIVE RESEARCH</th><th rowspan="2">RECOMMENDED ACTIONS</th></tr>
<tr><th>COMMUNITY SURVEYS</th><th>SECONDARY POPULATION DATA</th><th>INTERVIEWS & FOCUS GROUPS</th></tr>
<tr>
<td>Easy access to primary health care providers</td>
<td>69.1% of respondents reported “Easy access to primary health care providers” as a need.

Greater Monadnock Community Survey 2020 Report:
Four in five Monadnock residents (80.0%) said that there has not been a time in the last year that someone in their household needed or wanted medical care for a routine physical exam or check-up but did not or could not get that care.</td>
<td>In 2019, only 70.0% of residents in Cheshire County had a check-up in the past year. (NH Behavioral Risk Factor Surveillance Survey, 2019)
Approximately 5% of all physicians and 4% of physician assistants practicing in the rural public health regions of New Hampshire practice within the Greater Monadnock Public Health Region. (NH Department of Health & Human Services, Division of Public Health Services. Annual Report on the Health Status of Rural Residents & Health Workforce Data Collection, 2021)</td>
<td>High-level themes found in one-on-one interviews and focus groups identified:
Lack of local primary care providers.
High primary care provider turnover.
Long wait times for primary care appointments.</td>
<td>Community Survey data suggests:
68.0% of survey respondents suggested, “More local primary care providers” to address this need.
53.6% of survey respondents suggested, “More evening and weekend hours” to address this need.
32.0% of survey respondents suggested, “More telehealth services” and “More providers who accept Medicare/Medicaid” to address this need.
Other suggested interventions from the community:
More high school to health care pathways – internships, shadowing, certificate programs, etc.
More community education on services available and ways to access them.</td>
</tr>
</table>

AREA OF NEED	QUANTITATIVE & QUALITATIVE RESEARCH			RECOMMENDED ACTIONS
	COMMUNITY SURVEYS	*SECONDARY POPULATION DATA*	*INTERVIEWS & FOCUS GROUPS*	
Coordination of care between the hospital and other care providers	58.8% of respondents reported *"Coordination of care between the hospital and other care providers"* as a need.	***No secondary data was applicable to support this community need.***	**High-level themes found in one-on-one interviews and focus groups identified:** • Continuity of care is an issue due to the high turnover of providers. • Better communication between primary care providers and specialists is needed, including improved referral processes.	**Community Survey data suggests:** • 67.0% of survey respondents suggested, *"Improve communication with other health care providers, assisted-living facilities/nursing homes, and others"* to address this need. • 43.3% of survey respondents suggested, *"More in-home health care services"* to address this need. • 42.3% of survey respondents suggested, "*More in-home personal support services (e.g., bathing, hygiene, meal preparation, mobility Assistance)"* to address this need.
Easy access to maternity and OBGYN care	45.7% of respondents reported *"Easy access to maternity/ OBGYN care"* as a need.	• The vast majority of primary diagnoses among those younger than age 18 (more than 95.0%) reflect childbirth and newborn/ infant health conditions. • 56.2% of inpatient encounters for women 17 and under in 2019 were for *"Single liveborn infant, delivered vaginally."* *(2019 Cheshire Medical Center Service Use Data)*	***No qualitative data were identified to support this community need.***	**Community Survey data suggests:** • 41.2% of survey respondents suggested, *"Expand existing services"* to address this need. • 28.9% of survey respondents suggested, *"Improve access to midwifery and pediatric care services"* to address this need.

AREA OF NEED	QUANTITATIVE & QUALITATIVE RESEARCH			RECOMMENDED ACTIONS
	COMMUNITY SURVEYS	*SECONDARY POPULATION DATA*	*INTERVIEWS & FOCUS GROUPS*	
Access to quality health services for people who identify as part of the LGBTQIA+ community	63.2% of respondents reported, *"Access to quality health services for people who identify as part of the LGBTQIA+ community"* was a need.	• 12.0% of high school students in the Greater Monadnock Region area identify as bisexual, compared to 9.3% of high school students in New Hampshire. • In New Hampshire, 22.2% of high school students who identify as gay or lesbian did not participate in at least 60 minutes of physical activity on at least one day, compared to 11.1% of heterosexual high school students. *(NH Youth Behavioral Risk Factor Surveillance Survey, 2019)*	***No qualitative data were identified to support this community need.***	**Community Survey data suggests:** • 61.9% of survey respondents suggested, *"Create a more welcoming environment"* to address this need. • 54.6% of survey Respondents suggested, *"Promotion of health care educational materials for LGBTQIA+ people"* to address this need. • 52.6% of survey respondents suggested, *"More inclusive language and documentation"* to address this need.

AREA OF NEED	QUANTITATIVE & QUALITATIVE RESEARCH			RECOMMENDED ACTIONS
	COMMUNITY SURVEYS	*SECONDARY POPULATION DATA*	*INTERVIEWS & FOCUS GROUPS*	
Programs or initiatives to increase community diversity	54.7% of respondents reported, *"Programs or initiatives to increase community diversity"* as a need. **Greater Monadnock Community Survey 2020 Report:** • More community members who are non-White/BIPOC are more likely to say they sometimes, rarely, or never get the social and emotional support they need. • Those who identify as non-White or are BIPOC are more likely to say there has been a time in the past year that someone in their household needed or wanted medical care for a sickness or illness but did not or could not get that care.	• Cheshire County residents predominantly identify as White (93.9%). *(U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates)* • Between 2010 and 2020, the racial/ethnic minority child population statewide grew by 47.9% (16,800). *(NH Agricultural Experiment Station & the UNH Carsey School of Public Policy. Modest Population Gains but Growing Diversity NH with Children in the Vanguard, 2021)*	**High-level themes found in one-on-one interviews and focus groups identified:** • Lack of diversity creates challenges around attracting new and younger members of the community and workforce to the area. • Lack of education/ awareness about community diversity.	**Community Survey data suggests:** • 59.8% of survey respondents suggested, *"Educational and cultural community activities that celebrate diverse cultures"* to address this need. • 58.8% of survey respondents suggested, *"Community-wide education"* to address this need. • 46.4% of survey respondents suggested, *"Workplace diversity training"* to address this need.

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<tr>
<td>Transportation to medical appointments and general transportation</td>
<td>74.2% of respondents reported, “Transportation to medical appointments” as a need.

Greater Monadnock Community Survey 2020 Report:
• Those who are between the ages of 35 and 49 are less likely to say they have never had to choose between food and transportation in the past year.
• Of the 15.0% of respondents who indicate that a lack of transportation prevents them from activities, most cite the following activities: attending social events or education/informative events, visiting with family, accessing medical services, and grocery shopping.</td>
<td>5.4% of Cheshire County residents do not have a vehicle. (U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates)</td>
<td>High-level themes found in one-on-one interviews and focus groups identified:
• Outlying rural areas of Cheshire County (outside of Keene) are underserved due to a lack of transportation.
• Older adults suffer the most from lack of transportation to health care.
• There is little to no assistance for older adults needing to coordinate transportation for health care services.</td>
<td>Community Survey data suggests:
• 63.9% of survey respondents suggested, “More volunteer transportation services” to address this need.
• 54.6% of survey respondents suggested, “More local bus services” to address this need.
• 46.4% of survey respondents suggested, “More telehealth services” to address this need.
• 38.1% of survey respondents suggested, “More taxi, Uber/Lyft services” to address this need.</td>
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AREA OF NEED	QUANTITATIVE & QUALITATIVE RESEARCH			RECOMMENDED ACTIONS
	COMMUNITY SURVEYS	*SECONDARY POPULATION DATA*	*INTERVIEWS & FOCUS GROUPS*	
Accessible substance use treatment services	**83.5% of respondents reported, "*Accessible substance use treatment services*" as a need.** **Greater Monadnock Community Survey 2020 Report:** • 39.0% of the Monadnock area reported drug treatment (such as counseling or rehab) as unavailable or inadequate to meet the needs of the community. • Those who identify as female are more likely to say that drug treatment such as counseling or rehab is unavailable or inadequate to meet the needs of their community.	• In the first quarter of 2022, nearly 700 people in Cheshire County were receiving a type of publicly funded service for substance use disorder. • Primarily, individuals receiving care were seeking treatment for Opioid Use Disorder (590) and Alcohol Use Disorder (108). *(NH Health & Human Services Data Portal. Data as of 8/22/2022)* • From 2019 through 2022, the number of adults receiving publicly funded treatment services for any substance increased by 37.1% in Cheshire County. *(NH Health & Human Services Data Portal)*	**High-level themes found in one-on-one interviews and focus groups identified:** • More support programs for those in recovery from alcohol and other substance use disorders are needed. • Lack of local behavioral health providers. • More local recovery peer support programs are needed.	**Community Survey data suggests:** • 83.5% of survey respondents suggested, "*Increase awareness of existing programs and services"* to address this need. • 53.6% of survey respondents suggested, *"More local programs to help support those in substance use treatment services/ recovery (e.g., AA, NA meetings)"* to address this need. • 43.3% of survey respondents suggested, *"More Medicated-Assisted Treatment providers"* to address this need.

AREA OF NEED	QUANTITATIVE & QUALITATIVE RESEARCH			RECOMMENDED ACTIONS
	COMMUNITY SURVEYS	*SECONDARY POPULATION DATA*	*INTERVIEWS & FOCUS GROUPS*	
Programs for people to enroll in & learn about that provide financial support for those needing health care services	78.4% of respondents reported, *"Programs for people to enroll in and learn about that provide financial support for those needing health care services (e.g., sliding scale fees, patient navigators, community health workers)"* as a need. **Greater Monadnock Community Survey 2020 Report:** • The primary reason why Monadnock community members were unable to obtain health care in 2020 was due to the high cost of co-pay or co-insurance (14.0%). Another 14.0% cited high deductibles. • Those who identify as non-White or are BIPOC are more likely to say they have had to choose between food and medicine/medical care some months.	• 9.1% of Cheshire County residents are living 100% below the Federal Poverty Level. *(U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates)* • 13.7% of households in Cheshire County with children receive SNAP benefits *(Annie E. Casey Foundation KIDS COUNT Data Center, 2022)*	**High-level themes found in one-on-one interviews and focus groups identified:** • Costs for those with and without health insurance are a deterrent for community members to seek health care services.	**Community Survey data suggests:** • 81.4% of survey respondents suggested, *"Increase awareness of existing services"* to address this need. • 74.2% of survey respondents suggested, *"More patient navigators/community health workers"* to address this need. • 73.2% of survey respondents suggested, *"Improve communication between organizations and referral systems"* to address this need.

AREA OF NEED	QUANTITATIVE & QUALITATIVE RESEARCH			RECOMMENDED ACTIONS
	COMMUNITY SURVEYS	*SECONDARY POPULATION DATA*	*INTERVIEWS & FOCUS GROUPS*	
Health care services for older adults	68.4% of respondents reported, *“Health care services for older adults (60+)”* as a need. **Greater Monadnock Community Survey 2020 Report:** • In 2020, those who are 64 years old and younger are more likely to say there has been a time in the last year that someone in their household needed or wanted medical care for a sickness or illness but did not or could not get that care.	• Cheshire County consists of approximately 20.0% of older adults aged 65 and older, slightly greater than the population under 18 (17.9%). *(U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates)* • 19.2% of adults 65 and older in Cheshire County are living with Alzheimer’s disease or related dementia. *(Healthy Aging Data Reports. Chronic Disease Rates, 2022)*	**High-level themes found in one-on-one interviews and focus groups identified:** • In-home care services are needed for older adults. • Lack of geriatricians and other providers geared towards older adults. • Lack of adequate transportation to health care services/ appointments.	**Community Survey data suggests:** • 69.1% of survey respondents suggested, *“More local geriatric health care providers”* to address this need. • 55.7% of survey respondents suggested, *“More memory care specialists and services (e.g., dementia, Alzheimer's Disease)”* to address this need. • 46.4% of survey respondents suggested, *“More palliative/ end-of-life and hospice care”* to address this need.
Specialty health care providers	74.0% of respondents reported, *“Specialty health care providers (e.g., dermatology, pulmonary care, oncology, endocrinology, etc.)”* as a need.	• Over a quarter of Cheshire County adults self-reported being told they had high blood pressure by a health care professional. • 30.3% of the adult population is considered obese. *(NH Behavioral Risk Factor Surveillance Survey, 2019)* • The age-adjusted rate of cancer (of all types) in Cheshire County is higher compared to the statewide average (495.5, 484.4, respectively). *(NH Health & Human Services Data Portal, 2015-2019)*	**High-level themes found in one-on-one interviews and focus groups identified:** • There is a limited scope of specialty care in the region. • Community members must travel to specialty health care services. This issue is exacerbated by a lack of adequate transportation.	**Community Survey data suggests:** • 69.1% of survey respondents suggested, *“More local specialty care providers”* to address this need. • 22.7% of survey respondents suggested, “*More telehealth services”* to address this need. • 22.7% of survey respondents suggested, “*More providers who accept Medicare/Medicaid”* to address this need.

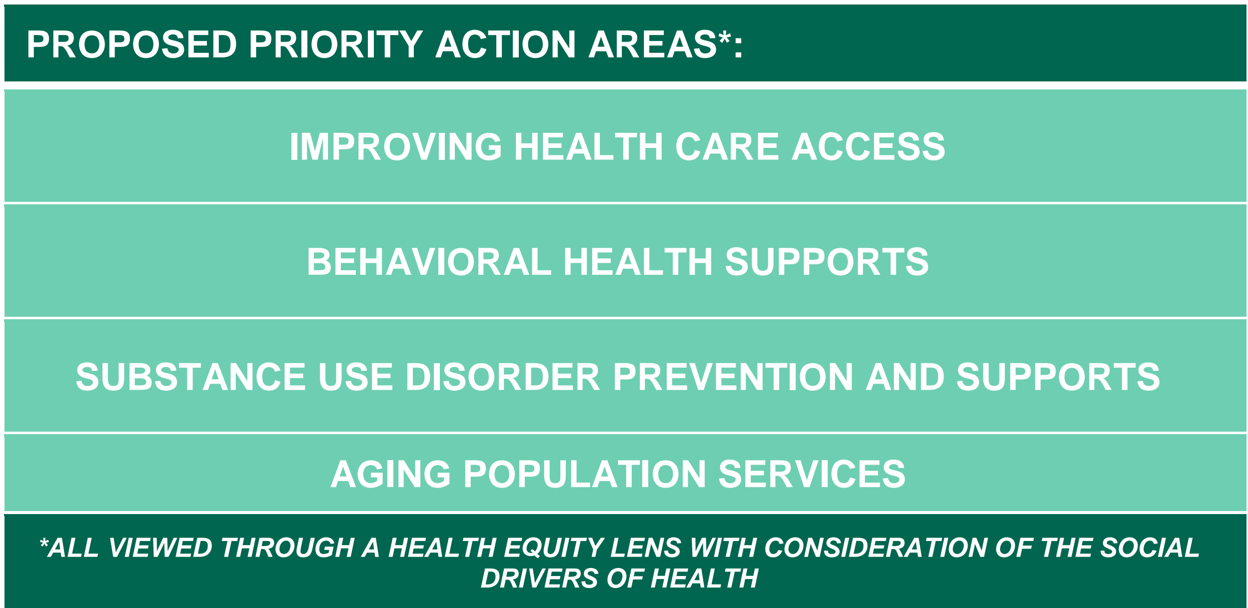
AREA OF NEED	QUANTITATIVE & QUALITATIVE RESEARCH			RECOMMENDED ACTIONS
	COMMUNITY SURVEYS	*SECONDARY POPULATION DATA*	*INTERVIEWS & FOCUS GROUPS*	
Accessible mental health counseling services for adults	86.6% of respondents reported, *"Accessible mental health counseling services for adults"* as a need. **Greater Monadnock Community Survey 2020 Report:** • One-third of residents say that their mental health wasn't good in five or more of the past 30 days, representing a significant increase since 2017. • Respondents were most likely to mention drug treatment and mental health counseling for adults. • When asked how many days during the past month their mental health was not good, significantly more respondents indicated five or more days in 2020 as compared to 2017. • Just 12% of Monadnock residents believe that the general public is very understanding of people with mental health problems.	• The age-adjusted suicide rate for all ages between 2017 and 2021 in Cheshire County is higher compared to New Hampshire (18.2, 16.4, respectively). *(NH Health & Human Services Data Portal)*	**High-level themes found in one-on-one interviews and focus groups identified:** • Lack of local behavioral health providers and services for adults. • Not enough local support programs for those in recovery from alcohol and other substance use disorders.	**Community Survey data suggests:** • 86.6% of survey respondents suggested, *"Expand existing services"* to address this need. • 64.9% of survey respondents suggested, *"Community support groups for parents and caregivers"* to address this need. • 59.8% of survey respondents suggested, *"Increase workplace services (e.g., employee benefit programs)"* to address this need. **Other suggested interventions from the community:** • More peer support for mental health that is housed outside of medical systems, and awareness of mental health improvement practices by community event hosts and in community spaces.

AREA OF NEED	QUANTITATIVE & QUALITATIVE RESEARCH			RECOMMENDED ACTIONS
	COMMUNITY SURVEYS	*SECONDARY POPULATION DATA*	*INTERVIEWS & FOCUS GROUPS*	
Accessible mental health counseling services for youth	84.4% of respondents reported, *"Accessible mental health counseling services for youth"* as a need. **Greater Monadnock Community Survey 2020 Report:** • Respondents were most likely to mention alcohol treatment and mental health counseling for youth. • Respondents with a household income between \$25,000 and \$49,999 or \$150,000 or more and those who are employed part-time are more likely to say that mental health counseling for youth is unavailable or inadequate to meet the needs of their community.	• 26.0% of male high school population in the Greater Monadnock Region self-reported feeling sad or hopeless for two weeks in a row in the past year in 2019. *(NH Youth Behavioral Risk Factor Surveillance Survey, 2019)* • 34.2% of high school students self-reported feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities, above the statewide percentage. Of these students, 40.1% were aged 18 and older. *(NH Youth Behavioral Risk Factor Surveillance Survey, 2019)*	**High-level themes found in one-on-one interviews and focus groups identified:** • Lack of local behavioral health providers and services for youth. • Lack of local inpatient behavioral health facilities. • Additional stress on local emergency rooms caused by local youth in mental health crises. • More local recovery peer support programs are needed.	**Community Survey data suggests:** • 83.5% of survey respondents suggested, *"More behavioral health care providers for youth"* to address this need. • 70.1% of survey respondents suggested, *"More in-school services (e.g., counselors, peer-support groups)"* to address this need. • 69.1% of survey respondents suggested, *"Substance use prevention and early intervention programs for youth"* to address this need.

Prioritizing Needs

These identified needs were reviewed with leadership and key stakeholder groups to determine which would be prioritized for action. With a continual focus on improving health equity and addressing the social drivers of health, it has been proposed that Cheshire Medical Center focus on the following high level action areas for change (see Figure 5 below). An implementation plan outlining proposed activities is to follow which will guide engagement and planning for the next three years.

Figure 5. Proposed Priority Action Areas



Community Health Needs Assessment Overview

The New Hampshire Community Benefits Statute (RSA 7:32) and the Patient Protection and Affordable Care Act of 2010 (ACA) requires tax-exempt hospitals in the United States to conduct a Community Health Needs Assessment every three years.

> "Section 501(r) of the Federal IRS code, added by the Affordable Care Act, imposes new requirements on organizations that operate one or more hospitals. Each 501(c)(3) hospital organization is required to conduct a CHNA and adopt an implementation strategy at least once every three years."
>
> *U.S. Internal Revenue Service*

The ACA requires that hospitals identify activities taken since the last CHNA, ensure that the CHNA is made available to the public, and report on any requests from community members regarding the CHNA or annual reports.

The ultimate objective of this CHNA is to improve the quality of life for individuals, families, and organizations within Cheshire Medical Center's service area while providing a comprehensive picture of the health and well-being of the overall population to guide Cheshire Medical Center's strategic planning process that prioritizes specific collaborative actions to improve health and wellness outcomes.

The process listed in the methodology section of this report summarizes how this assessment was designed to evaluate the perspectives and opinions of area community members.

The results of this CHNA will establish a reliable baseline for continued community engagement and an approach to address prioritized community needs within Cheshire Medical Center's service area.

Center for Population Health

Cheshire Medical Center's Center for Population Health (CPH) worked closely with Crescendo Consulting Group as the CHNA research partner to formalize and implement the CHNA process.

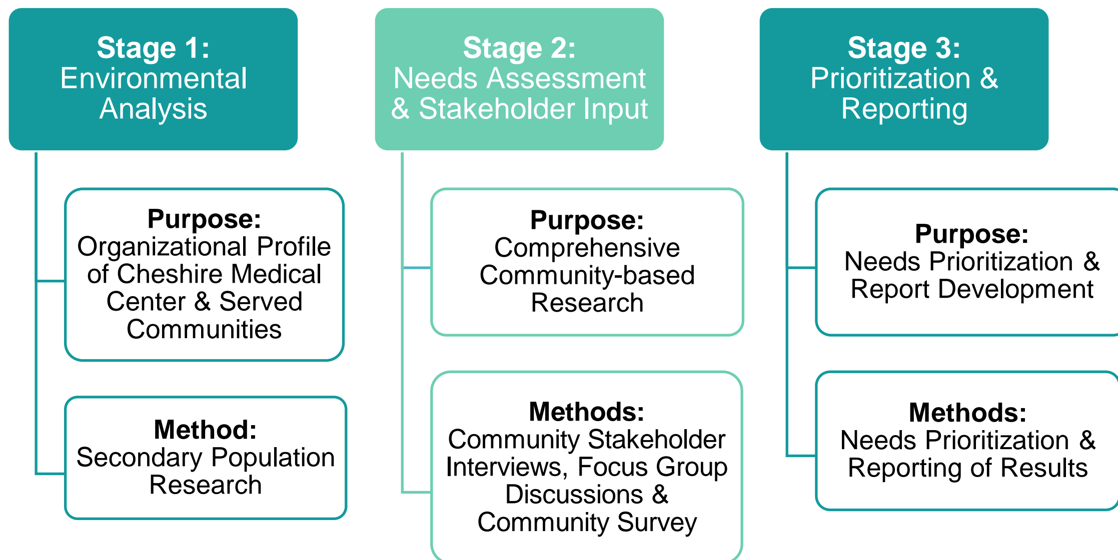
The CPH works to improve the health and well-being of people throughout the Monadnock Region by supporting population health. The CPH offers community-based programs such as worksite wellness, assistance with obtaining health insurance, mental health and substance misuse prevention, treatment initiatives, and more in collaboration with respected agencies and local nonprofits.[4]

[4] Cheshire Medical Center, Center for Population Health.

Methodology

The mixed methodology for this CHNA comprises a combination of quantitative and qualitative research approaches designed to evaluate the perspectives and opinions of community stakeholders, especially those from underserved underrepresented populations.

Figure 6. CHNA Stages



Review of Existing Literature & Secondary Research. The research includes a thorough analysis of previously published materials that provide insight regarding the community demographic profile and health-related measures. The section utilizes data tables and bulleted findings to highlight key points.

Primary Qualitative Interviews & Focus Groups. This primary research includes discussion groups and interviews with partner organization staff, other community service providers, community members, and others.

Community Survey. CHNA leaders conducted an online and paper survey with nearly 150 community members. The survey instrument included topic areas that emerged from the secondary data analysis, literature reviews of existing documents, initial qualitative research, and other early-stage research activities. Results were analyzed, and data tables/graphs were created to illuminate the results found in this report. The survey is contained in the appendices.

Needs Prioritization Process. A list of community needs was developed following the secondary research, qualitative interviews, focus group discussions, and community surveys. Staff in the Center for Population Health at Cheshire reviewed the identified needs and cross referenced them to needs identified in Cheshire within the past six years, at neighboring hospitals, and by partner organizations in the region to determine which needs to prioritize.

Stage 1: Environmental Analysis

Secondary Population Research

Population research analysis for Cheshire Medical Center's Hospital Service Area provides the essential framework from which to better the overall fabric of the community. The following section of the CHNA highlights sociodemographic factors, social determinants and drivers of health, and other key indicators to further guide the development of effective strategies to meet evolving needs.

About the Data

The following data was primarily gathered from the United States Census Bureau 2016-2020 American Community Survey (ACS) Five-year Estimates and the New Hampshire Health and Human Services Data Portal, among others.

There is an intentional purpose in using five-year data compared to one-year data. The United States Census Bureau American Community Survey Five-year estimates versus one-year estimates are intentionally utilized for this CHNA as the five-year estimates represent data collected over some time and provide a more accurate estimate of the measures, especially among high-risk populations or subgroups compared to one-year estimates. For example, one-year data for a particular sub-population may have too small of a sample size to produce notable data points, however the five-year average will have enough observations to make an accurate, more reliable data point.[5]

To highlight trends and disparities within the Hospital Service Area, Crescendo Consulting Group analyzed zip code-level data for Cheshire County, as well as the 10 select towns within Hillsborough County, wherever possible. Data was analyzed at the town-level for areas with shared zip codes. To ensure readability and clarity, the Hospital Service Area in Cheshire County and Hillsborough County are separated by tables.

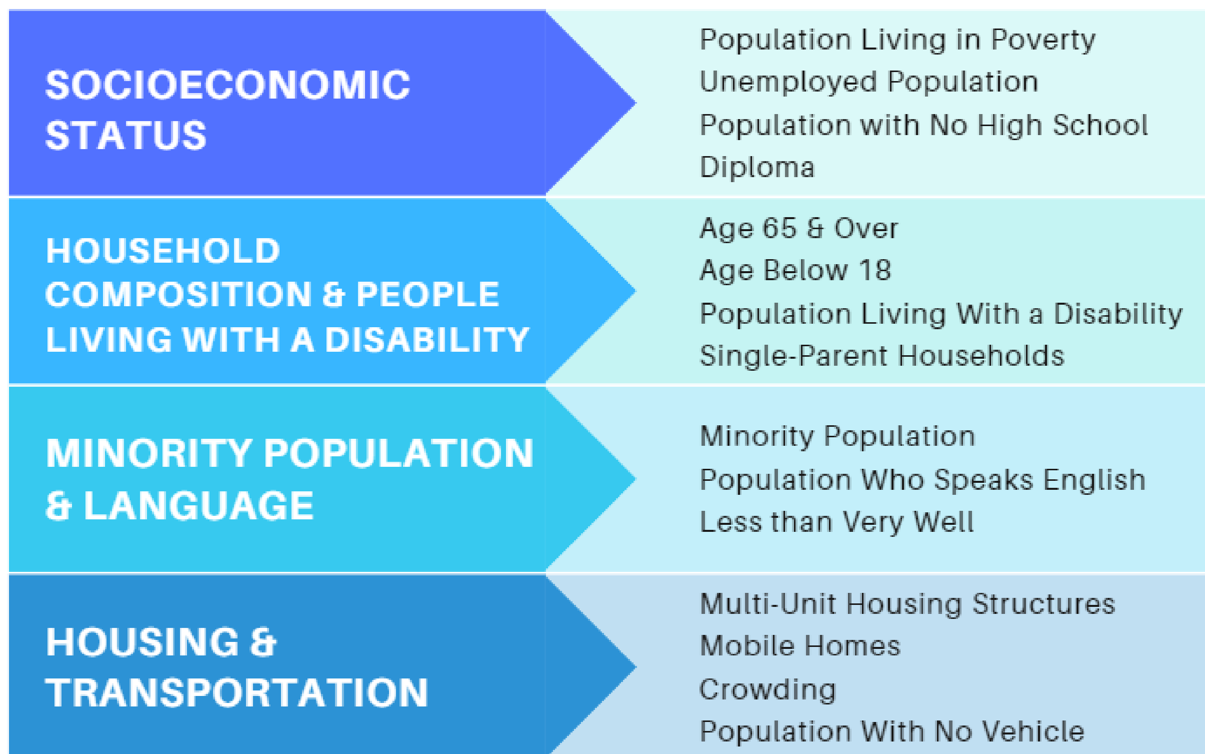
[5] American Community Survey, 2010 & 2019 Five-year Estimates. Link to Source: census.gov/programs-surveys/acs

The Social Vulnerability Index

The Social Vulnerability Index (SVI) was developed by the U.S. Centers for Disease Control and Prevention as a metric for analyzing population data to identify vulnerable populations. The SVI may be used to rank overall population well-being and mobility relative to County and State averages. The SVI can also be used to determine the most vulnerable populations during disaster preparedness and public health emergencies, including pandemics.[6]

The measures are grouped into four major categories:

Figure 7. Social Vulnerability Index Indicators



Source: CDC/ATSDR Social Vulnerability Index

To better focus on the most useful data applicable to this geography, the SVI has been modified to fit the scope of this report.

[6] Agency for Toxic Substances & Disease Registry, CDC/ATSDR Social Vulnerability Index.
Link: atsdr.cdc.gov/placeandhealth/svi/index.html

The Social Vulnerability Index is especially helpful when comparing the needs of the Cheshire County population to state and nationwide data.

Key observations from the Cheshire County SVI:

- → Approximately 9.1% of the total population, or 6,525 people, in Cheshire County is living in poverty, compared to 7.4% of New Hampshire.
- → Cheshire County has a lower median household income than New Hampshire *(by over $10,000 annually).*
- → Adults age 65 and older are the largest and fastest growing group within the community
- → Most of Cheshire County identifies as White, as only six percent of people identify as another race other than White *(see footnote below).*
- → Approximately 18.0% of children in Cheshire County are living in single-parent households, 2,482 out of 13,571 children in households.

Exhibit 2: Social Vulnerability Index Measures

	Total Population	Below Poverty	Median Household Income	No High School Diploma	65 and Older	Under 18
United States	326,569,308	12.8%	$64,994	6.6%	16.0%	22.4%
New Hampshire	1,355,244	7.4%	$77,923	4.5%	18.1%	19.0%
Cheshire County	76,040	9.1%	$64,686	4.4%	19.9%	17.9%

	Living With a Disability	Single-Parent Households[7]	Minority Population[8]	Mobile Homes	No Vehicle
United States	12.7%	14.0%	39.9%	6.0%	8.5%
New Hampshire	12.8%	19.0%	10.4%	5.7%	5.0%
Cheshire County	13.7%	18.0%	6.1%	6.1%	5.4%

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

[7] Single-parent Households: County Health Rankings & Roadmaps, 2022. Link: https://www.countyhealthrankings.org/app/new-hampshire/2022/measure/factors/82/data
[8] The data values were calculated by taking the total population minus the White (not Latino, not Hispanic) population.

As previously noted, U.S. Census Bureau, 2016-2020 American Community Survey Five-year Estimates data has been collected at the most granular level to provide the most accurate and detailed scope of each town included in the Cheshire Medical Center Hospital Service Area (HSA). Throughout this report, each key indicator below is explored in depth.

Exhibit 3: Cheshire County HSA, Social Vulnerability Index

Zip Code	Town	Total Population	Below Poverty	Median Household Income	No High School Diploma	65 and Older	Under 18
03601	Actworth	602	6.8%	$68,558	6.4%	17.9%	35.7%
03602	Alstead	2,277	14.5%	$55,313	4.8%	23.8%	15.2%
03443	Chesterfield	235	0.0%	$69,308	0.0%	80.9%	0.0%
03446	East Swanzey	6,375	8.1%	$69,180	5.4%	21.5%	16.7%
03447	Fitzwilliam	2,324	4.4%	$68,785	6.3%	22.7%	14.6%
03448	Gilsum	749	7.3%	$71,635	3.9%	20.4%	17.4%
03450	Harrisville	882	3.3%	$83,879	3.9%	14.5%	27.4%
03431	Keene	22,823	11.7%	$57,393	4.0%	18.1%	14.8%
	Roxbury	323	1.4%	$79,375	2.9%	10.2%	17.0%
	Surry	901	1.9%	$86,375	2.7%	21.0%	24.1%
	Swanzey	7,219	7.6%	$59,184	5.5%	22.5%	15.7%
03455	Marlborough	2,524	11.1%	$69,000	3.4%	19.1%	21.9%
03456	Marlow	788	13.3%	$87,000	1.4%	26.6%	21.7%
03457	Nelson	542	7.7%	$78,750	2.1%	26.0%	14.4%
03470	Richmond	1,118	6.4%	$76,500	6.8%	22.5%	15.7%
	Winchester	4,208	15.0%	$52,708	11.4%	14.2%	24.4%
03462	Spofford	1,388	1.5%	$73,727	5.1%	16.4%	23.4%
03464	Stoddard	977	6.1%	$76,563	2.7%	21.1%	14.1%
03445	Sullivan	700	5.0%	$83,333	5.8%	14.3%	21.6%
03465	Troy	1,734	13.3%	$52,107	4.2%	13.7%	22.0%
03608	Walpole	3,314	7.7%	$69,036	1.4%	22.6%	24.1%
03466	West Chesterfield	2,002	10.9%	$93,177	7.0%	25.8%	20.7%
03469	West Swanzey	1,180	1.9%	$73,026	2.3%	25.7%	24.0%
03467	Westmoreland	2,023	5.9%	$93,500	0.5%	24.6%	16.9%

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

Cheshire County HSA, Social Vulnerability Index continued,

Zip Code	Town	Living with a Disability	Minority Population[9]	Mobile Homes	No Vehicle
03601	Actworth	8.9%	4.5%	1.7%	0.0%
03602	Alstead	12.9%	4.9%	10.3%	12.4%
03443	Chesterfield	0.0%	0.0%	17.6%	0.0%
03446	East Swanzey	16.7%	7.0%	12.1%	3.9%
03447	Fitzwilliam	11.2%	2.5%	10.1%	2.3%
03448	Gilsum	15.8%	7.9%	7.2%	0.7%
03450	Harrisville	12.5%	8.6%	6.7%	2.7%
03431	Keene	13.8%	8.6%	3.6%	10.3%
	Roxbury	13.9%	0.0%	3.8%	4.0%
	Surry	12.9%	2.1%	0.6%	0.0%
	Swanzey	18.3%	6.7%	10.5%	6.3%
03455	Malborough	12.1%	5.2%	3.3%	4.4%
03456	Marlow	17.0%	5.6%	5.6%	1.8%
03457	Nelson	12.2%	7.6%	6.7%	2.1%
03470	Richmond	11.4%	1.3%	2.5%	0.5%
	Winchester	13.5%	0.4%	10.9%	1.5%
03462	Spofford	11.9%	3.2%	0.0%	3.3%
03464	Stoddard	14.8%	4.0%	2.4%	0.0%
03445	Sullivan	6.7%	2.3%	8.2%	7.3%
03465	Troy	13.5%	5.8%	13.0%	2.7%
03608	Walpole	12.3%	2.4%	2.3%	0.5%
03466	West Chesterfield	17.2%	1.0%	5.0%	2.7%
03469	West Swanzey	11.2%	6.9%	0.0%	4.2%
03467	Westmoreland	8.9%	2.0%	0.3%	1.8%

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

[9] Total population minus White only (under Non-Hispanic grouping) according to the U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates.

In addition to Cheshire County, **10** towns within neighboring Hillsborough County are included in Cheshire Medical Center's HSA, and the Greater Monadnock Public Health Region.

Exhibit 4: Hillsborough County HSA Social Vulnerability Index Measures

Zip Code	Town	Total Population	Below Poverty	Median household income	No High School Diploma	65 and Older	Under 18
03440	Antrim	3,036	5.0%	$71,012	4.1%	14.0%	23.4%
03442	Bennington	1,684	4.6%	$62,802	7.9%	11.5%	20.8%
03043	Francestown	1,574	2.1%	$103,813	3.5%	21.5%	19.8%
03047	Greenfield	1,828	6.8%	$86,625	3.7%	19.9%	18.2%
03048	Greenville	3,564	5.8%	$86,875	9.9%	20.7%	17.3%
03449	Hancock	1,715	2.6%	$70,833	3.1%	32.3%	12.7%
03071	New Ipswich	5,373	5.2%	$82,668	4.1%	14.4%	26.9%
03458	Peterborough	7,111	5.7%	$95,029	3.5%	30.2%	18.3%
	Sharon	450	2.7%	$84,330	1.5%	35.1%	19.1%
03084	Temple	1,250	11.6%	$81,250	1.2%	16.7%	10.2%

Zip Code	Town	Living with a Disability	Minority Population[10]	Mobile Homes	No Vehicle
03440	Antrim	10.0%	1.7%	1.9%	2.7%
03442	Bennington	10.6%	5.7%	9.7%	3.0%
03043	Francestown	7.8%	4.8%	3.6%	2.3%
03047	Greenfield	17.7%	1.3%	2.5%	5.4%
03048	Greenville	15.4%	14.4%	24.7%	2.6%
03449	Hancock	8.7%	3.6%	2.9%	0.5%
03071	New Ipswich	11.1%	3.0%	1.5%	1.8%
03458	Peterborough	10.2%	4.5%	0.1%	6.4%
	Sharon	10.9%	0.2%	0.9%	1.1%
03084	Temple	18.6%	4.9%	0.1%	3.8%

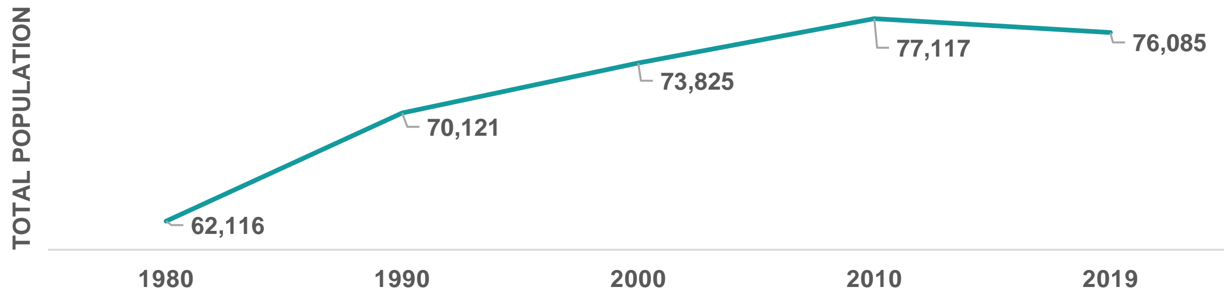
Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

[10] The data values were calculated by taking the total population minus the White (not Latino, not Hispanic) population.

Cheshire County, a majority of the Cheshire Medical Center HSA, experienced its smallest population increase between 2000 and 2010, growing by nearly five percent.[11] The population had been steadily increasing since 1980, until 2010 when the population experienced a small decrease between 2010 and 2019, approximately 1,032 people.

Due to differing methodologies, One-year Population Estimates and Five-year Average ACS Demographics data may not match.

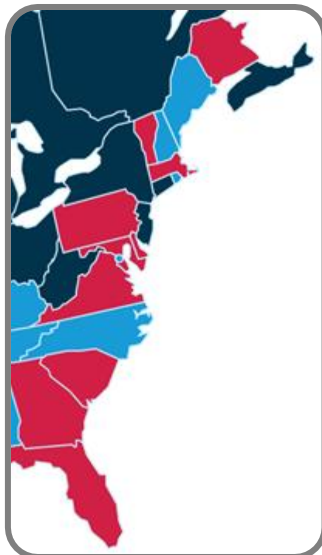
Exhibit 5: Trend of Cheshire County's Population



Source: U.S. Census Bureau, American Community Survey Five-Year Estimates One-year Population Estimates

New Hampshire was among the most popular states in the nation people migrated to during the COVID-19 pandemic, as many individuals and families sought out rural communities over larger more populated cities.

Figure 8. 2020 Household Migration Pattern



Source: Atlas Van Lines, 2020 Migration Patterns

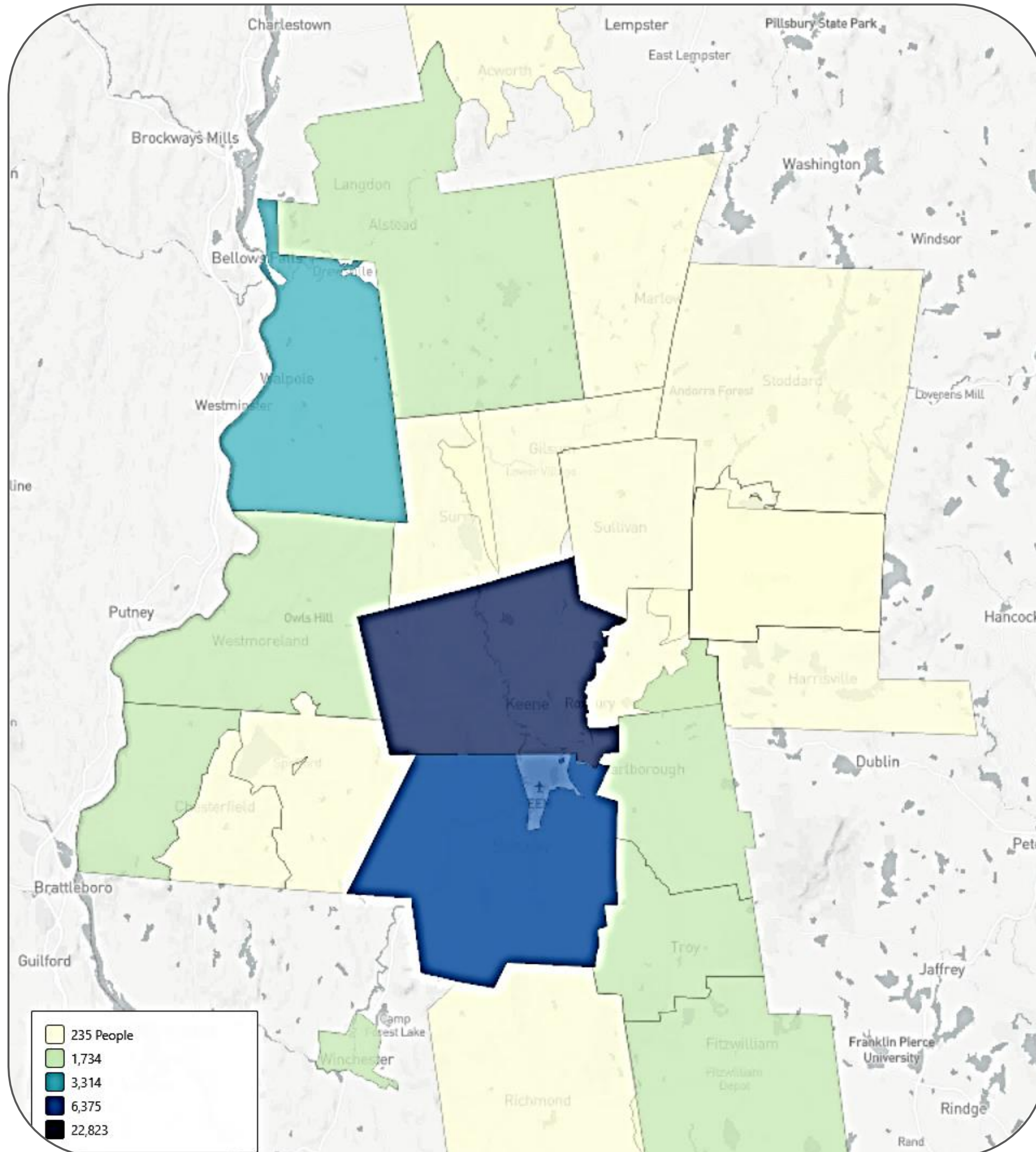
New Hampshire had the fourth highest inbound move rate in 2020 at 61.6%, indicating that over 60.0% of all moves recorded in each state were by households located within its borders, as opposed to relocating elsewhere.

[11] New Hampshire Employment Security. Economic & Labor Market Information Bureau, 2020.

Keene is the most populated area (approximately 22,823 people) within the HSA, followed by Swanzey and East Swanzey.

Darker shades of blue on the map below indicate a **greater** population.

Exhibit 6: Total Population of Cheshire County HSA

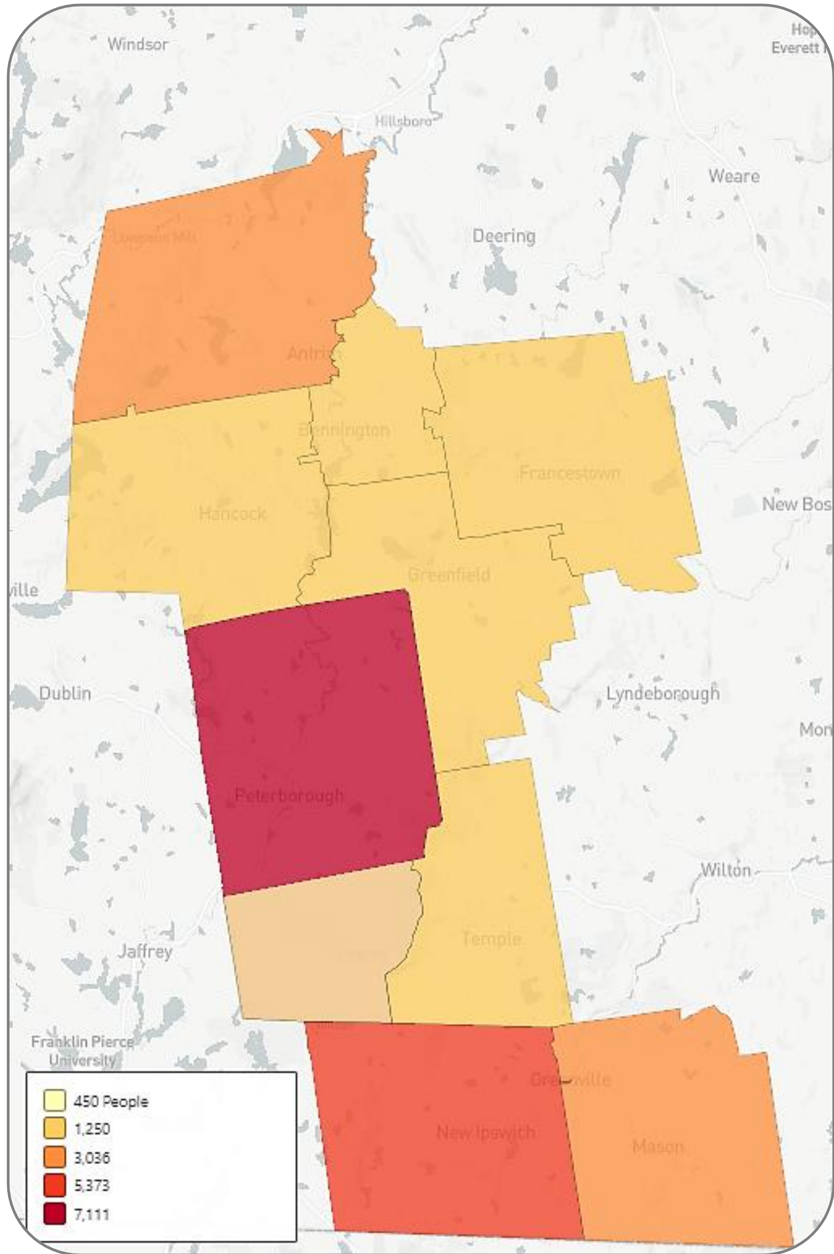


Source: MySidewalk. U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

Approximately 27,585 people are living in the 10 select towns included in the Hillsborough County HSA, in addition to Cheshire County's population of 76,040, making the served population approximately **103,625** people.

A higher population is indicated by **darker** shades of red and orange on the map.

Exhibit 7: Total Population of the Hillsborough County HSA



Peterborough is the most populated town within the Hillsborough County HSA, followed by the town of New Ipswich.

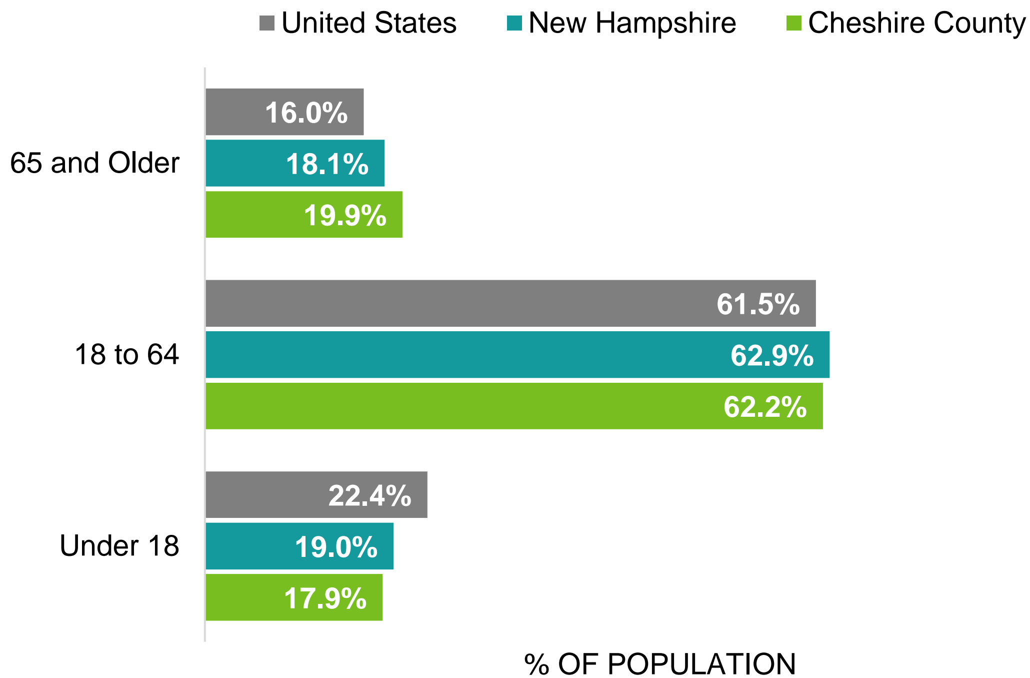
Source: MySidewalk. U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

According to U.S. Census Bureau's 2020 population estimates, New Hampshire ranks as having the **eighth highest** percentage of the population of older adults (aged 65 and older) nationwide.[12]

Additional demographic data & maps for the HSA are included in Appendix A.

Within Cheshire County, nearly 20.0% of the population is 65 and older, higher compared to 17.9% of children.

Exhibit 8: Population by Age Groups



Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

Exhibit 9: Population by Age Groups

	Total Population	Under 18	18 to 64	65 and Older
United States	326,569,308	73,296,738	200,909,753	52,362,817
New Hampshire	1,355,244	257,731	852,371	245,142
Cheshire County	76,040	13,598	47,275	15,167

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

[12] U.S. Census Bureau, Vintage 2020 Population Estimates.

In a majority of the select towns served in the Cheshire County HSA, there are more older adults compared to children (aged 65 and older, 18 and younger).

- In many towns, the population 65 and older is nearly a quarter of the population.
- In Keene there are 742 more older adults than children.
- Chesterfield has approximately 45 individuals at the typical working age, between 18 and 64, and 190 older adults.

Exhibit 10: Cheshire County HSA, Population by Age Groups

Zip Code	Town	Total Population	Under 18	18 to 64	65 and Older
03601	Actworth	602	215	279	108
03602	Alstead	2,277	345	1,390	542
03443	Chesterfield	235	0	45	190
03446	East Swanzey	6,375	1,067	3,940	1,368
03447	Fitzwilliam	2,324	339	1,458	527
03448	Gilsum	749	130	466	153
03450	Harrisville	882	128	512	242
03431	Keene	22,823	3,389	15,303	4,131
	Roxbury	323	55	235	33
	Surry	901	217	495	189
	Swanzey	7,219	1135	4,458	1,626
03455	Malborough	2,524	552	1,489	483
03456	Marlow	788	171	407	210
03457	Nelson	542	78	323	141
03470	Richmond	1,118	176	690	252
	Winchester	4,208	1,068	2,541	599
03462	Spofford	1,388	325	836	227
03464	Stoddard	977	138	633	206
03445	Sullivan	700	151	449	100
03465	Troy	1,734	381	1,116	237
03608	Walpole	3,314	798	1,767	749
03466	West Chesterfield	2,002	414	1,071	517
03469	West Swanzey	1,180	283	594	303
03467	Westmoreland	2,023	341	1,184	498

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

Similar to Cheshire County, the Hillsborough County HSA population 65 and older is greater compared to those under 18.

Exhibit 11: Hillsborough County HSA, Population by Age Groups

Zip Code	Town	Total Population	Under 18	18 to 64	65 and Older
03440	Antrim	3,036	709	1,901	426
03442	Bennington	1,684	350	1,141	193
03043	Francestown	1,574	311	925	338
03047	Greenfield	1,828	332	1,133	363
03048	Greenville	3,564	618	2,208	738
03449	Hancock	1,715	217	944	554
03071	New Ipswich	5,373	1,446	3,154	773
03458	Peterborough	7,111	1,300	3,662	2,149
	Sharon	450	86	206	158
03084	Temple	1,250	128	913	209

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

The table below highlights the **highest concentrations** of the older adult population (65 and older) within the Cheshire Medical Center HSA.

In the Chesterfield area, there are approximately 190 out of 235 people 65 and older (80.9% of the population). The population in Marlow, Nelson, West Chesterfield, and West Swanzey are comprised of over 25.0% of older adults. Additionally, the population in Sharon, Hancock, and Peterborough consists of over 30.0% of older adults.

Exhibit 12: Towns with Highest Proportion of Older Adult Population

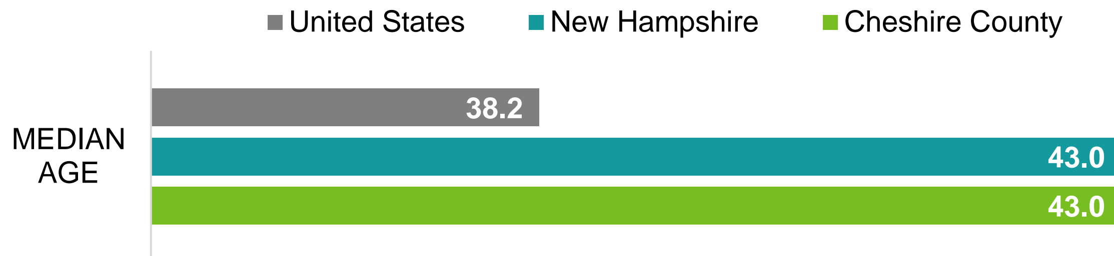
Town	Total Population	65 and older	% 65 and Older
Chesterfield	235	190	80.9%
Sharon	450	158	35.1%
Hancock	1,715	554	32.3%
Peterborough	7,111	2,149	30.2%
Marlow	788	210	26.6%
Nelson	542	141	26.0%
West Chesterfield	2,002	517	25.8%
West Swanzey	1,180	303	25.7%
Westmoreland	2,023	498	24.6%
Alstead	2,277	542	23.8%

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

The median age for Cheshire County and New Hampshire is older compared to the United States median age (43.0, 38.2, respectively).

While the median age is a useful measure for summarizing whether a population is aging, it is important to note that there is more to the age structure of the population than the snapshot that median age alone can provide.

Exhibit 13: Median Age



Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

Within the Cheshire Medical Center HSA, the median age ranges from 66.1 years old in Chesterfield to 34.0 years old in Winchester, both located in Cheshire County.

Exhibit 14: Highest & Lowest Median Ages

HIGHEST			LOWEST	
Town	**Median Age**		**Town**	**Median Age**
Chesterfield	66.1		Winchester	34.0
Harrisville	56.5		Bennington	34.6
Hancock	55.5		West Swanzey	36.3
Nelson	55.2		Keene	36.6
Peterborough	52.4		Actworth	39.6

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

Cheshire County residents predominantly identify as White (93.9%), highlighting a lack of racial and ethnic diversity. Similarly, the Hillsborough County HSA is also primarily White.

Exhibit 15: Population by Race[13]

	White	Black or African American	American Indian & Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Other Race
United States	60.1%	12.2%	0.6%	5.6%	0.2%	0.3%
New Hampshire	89.6%	1.4%	0.1%	2.7%	0.0%	0.2%
Cheshire County	93.9%	0.8%	0.2%	0.9%	0.0%	0.1%

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

The table below highlights five areas with the **highest percentage** of minority populations. For this CHNA, "the minority population" refers to the total population minus the White (not Latino, not Hispanic) population.

Exhibit 16: Minority Population in the HSA

Town	Total Population	Minority Population	% Minority Population
Greenville	3,564	514	14.4%
Harrisville	882	76	8.6%
Keene	22,823	1,972	8.6%
Gilsum	749	59	7.9%
Nelson	542	41	7.6%

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

[13] Race: American Community Survey respondents who reported a single race alone. Percentages reported reflect 'Not Hispanic or Latino' population. Note: 'Two or more races' is not included in the data, percentages may not add up to 100.0%,

Population Living with a Disability

Additional data on people living with a disability in the HSA are included in Appendix A.

In comparison to those living without a disability, people with disabilities have less access to health care, experience more depression and anxiety, engage more often in risky health behaviors such as smoking, and are less physically active.[14]

The Census Bureau defines a disability as a long-lasting physical, mental, or emotional condition. This condition can make it difficult for a person to do activities such as walking, climbing stairs, dressing, bathing, learning, or remembering. This condition can also impede a person from being able to go outside the home alone or to work at a job or business.[15]

Cheshire County has a slightly higher percentage of people living with disability (PLWD) as defined by the U.S. Census, potentially linked to the higher percentage of those aged 65 and older compared to state and national percentages.

Exhibit 17: Population Living With a Disability[16]

	Total Population	Total PLWD	% of PLWD
United States	326,569,308	40,786,461	12.7%
New Hampshire	1,355,244	170,907	12.8%
Cheshire County	76,040	10,346	13.7%

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

Exhibit 18: Population Living with a Disability by Difficulty Type

	Hearing	Vision	Cognitive	Ambulatory	Self-Care	Independent Living
United States	3.6%	2.4%	5.1%	6.8%	2.6%	5.8%
New Hampshire	4.0%	1.9%	5.2%	6.0%	2.1%	5.0%
Cheshire County	4.8%	2.4%	5.1%	6.6%	2.2%	5.3%

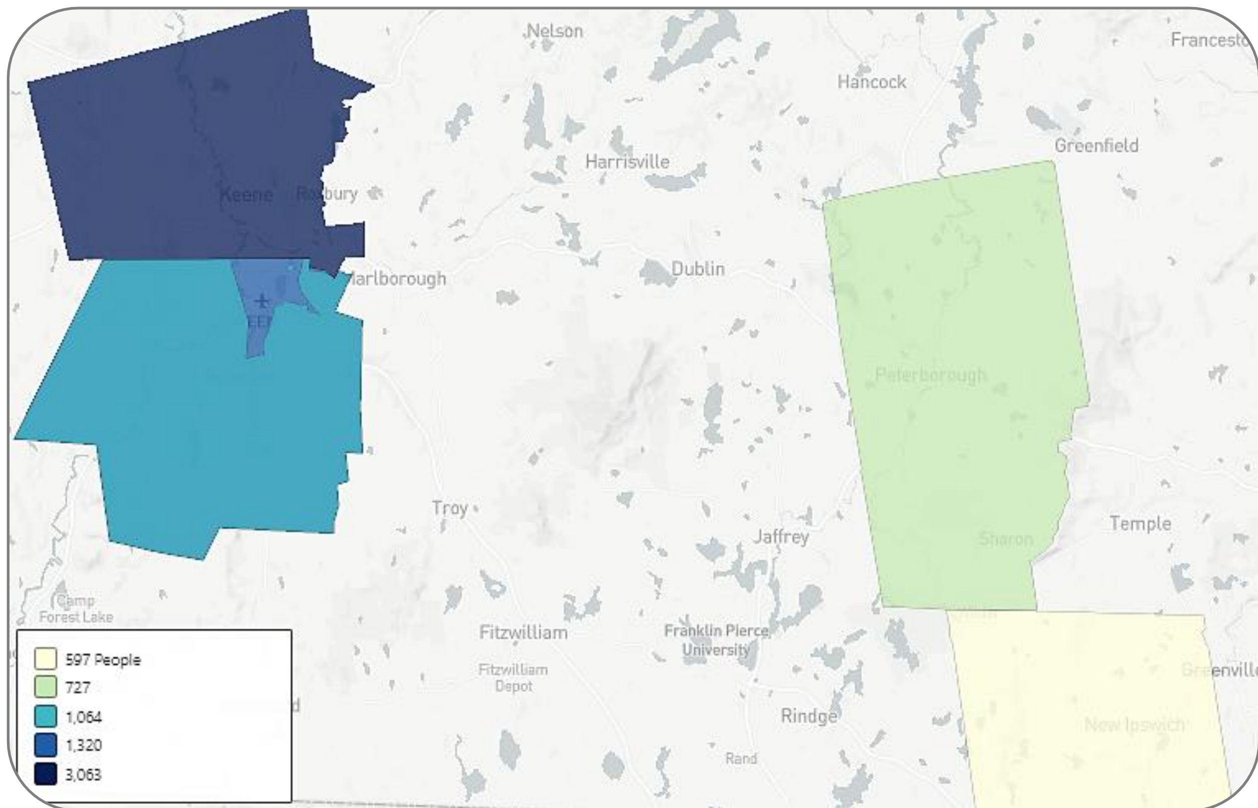
Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

[14] Centers for Disease Control & Prevention. Health Equity for People with Disabilities, 2021.
Link to Source: cdc.gov/ncbddd/humandevelopment/health-equity.htm
[15] U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates (B18101 Sex by Age by Disability Status).
Link to Source: census.gov/glossary/#term_Disability
[16] The number/percentage of people living with a disability represents the civilian population excluding persons residing in institutions. Such institutions consist primarily of nursing homes, prisons, jails, mental hospitals, and juvenile correctional facilities.

The table below indicates five areas within the Cheshire Medical Center HSA with the **highest number** of people living with a disability.

Throughout the Cheshire Medical Center HSA, Keene has the highest percentage of PLWD (approximately 3,063 people, 13.8% of the city's population). Over 15.0% of the population in Swanzey and East Swanzey are living with a disability.

Exhibit 19: Population Living With a Disability in the Cheshire Medical Center HAS

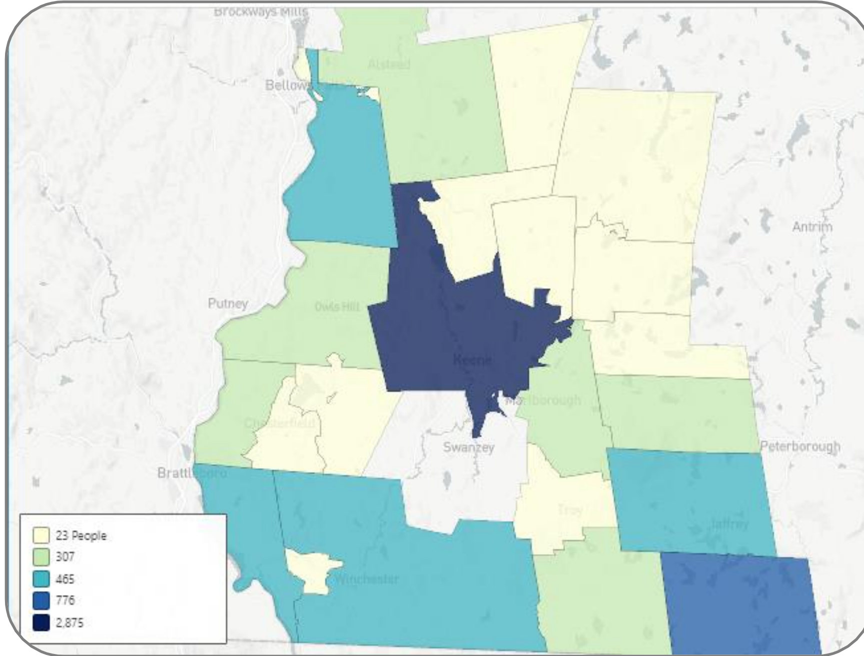


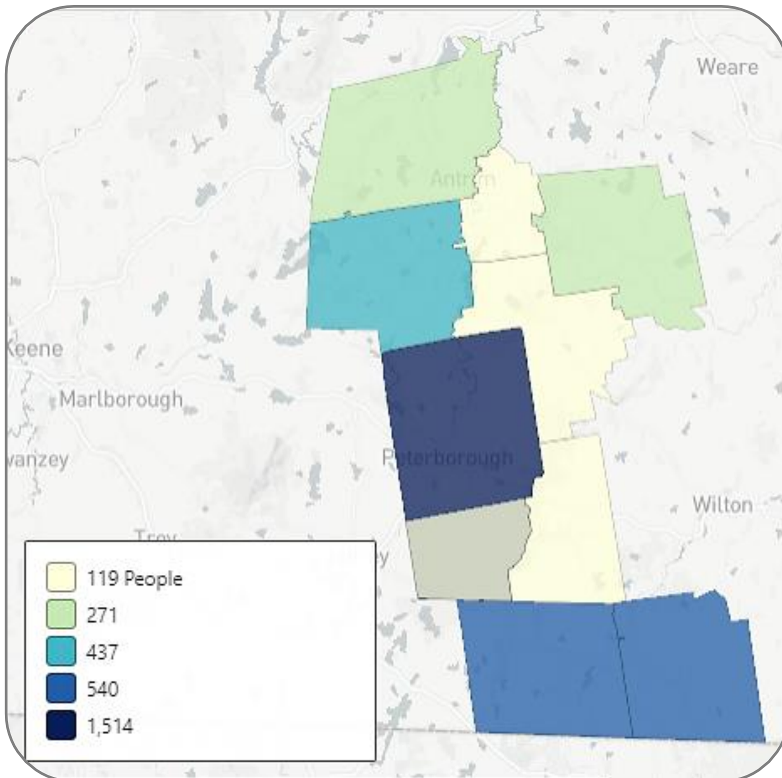
Town	Total Population	Total PLWD	% of PLWD
Keene	22,823	3,063	13.8%
Swanzey	7,219	1,320	18.3%
East Swanzey	6,375	1,064	16.7%
Peterborough	7,111	727	10.2%
New Ipswich	5,373	597	11.1%

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

Older adults are more likely to have a disability, which is important to Cheshire County, as those aged 65 and older make up approximately 19.9% of the county population.

Exhibit 20: Older Adult Population Living With a Disability in the Cheshire County HAS



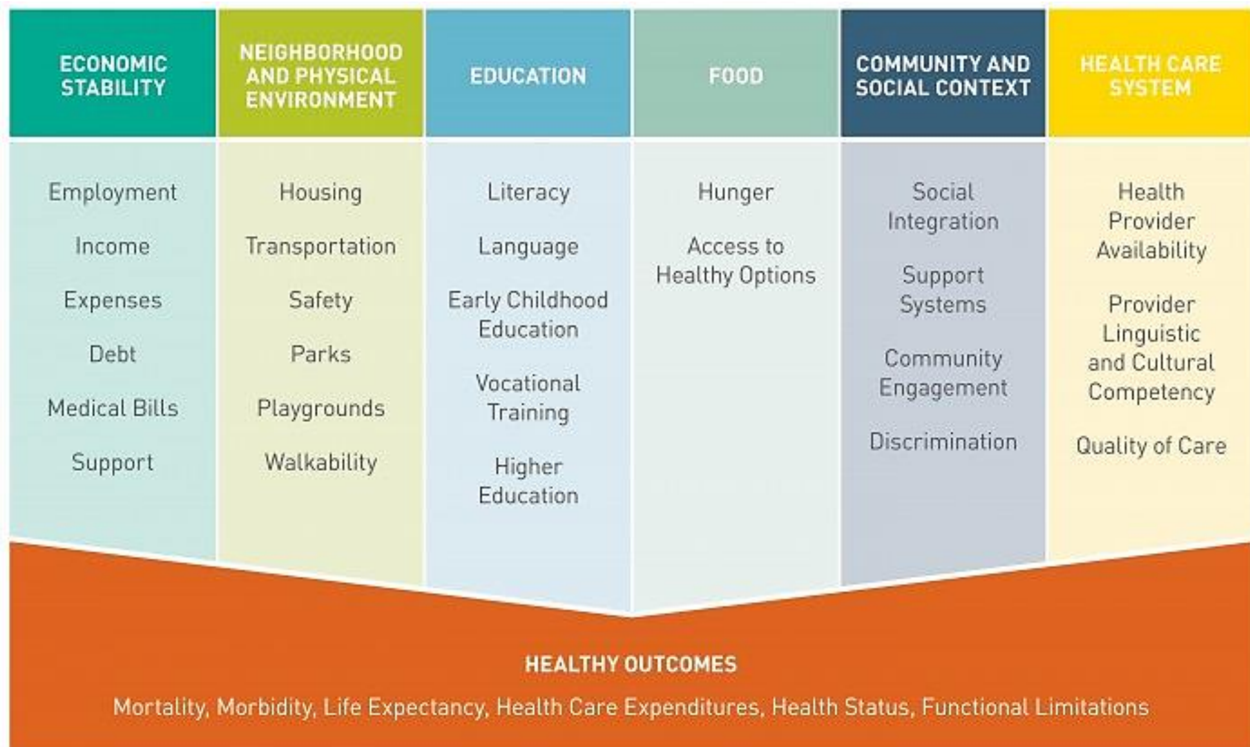


Source: MySidewalk. U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

Social Determinants & Drivers of Health

Social Determinants of health (SDoH) are the conditions in the environments where people are born, live, learn, work, play, worship, and grow older. These factors affect a wide range of health, functioning, and quality-of-life outcomes and risks. Social determinants of health are conditions that contribute to wide health disparities and inequities. [17]

Figure 9. Social Determinants of Health



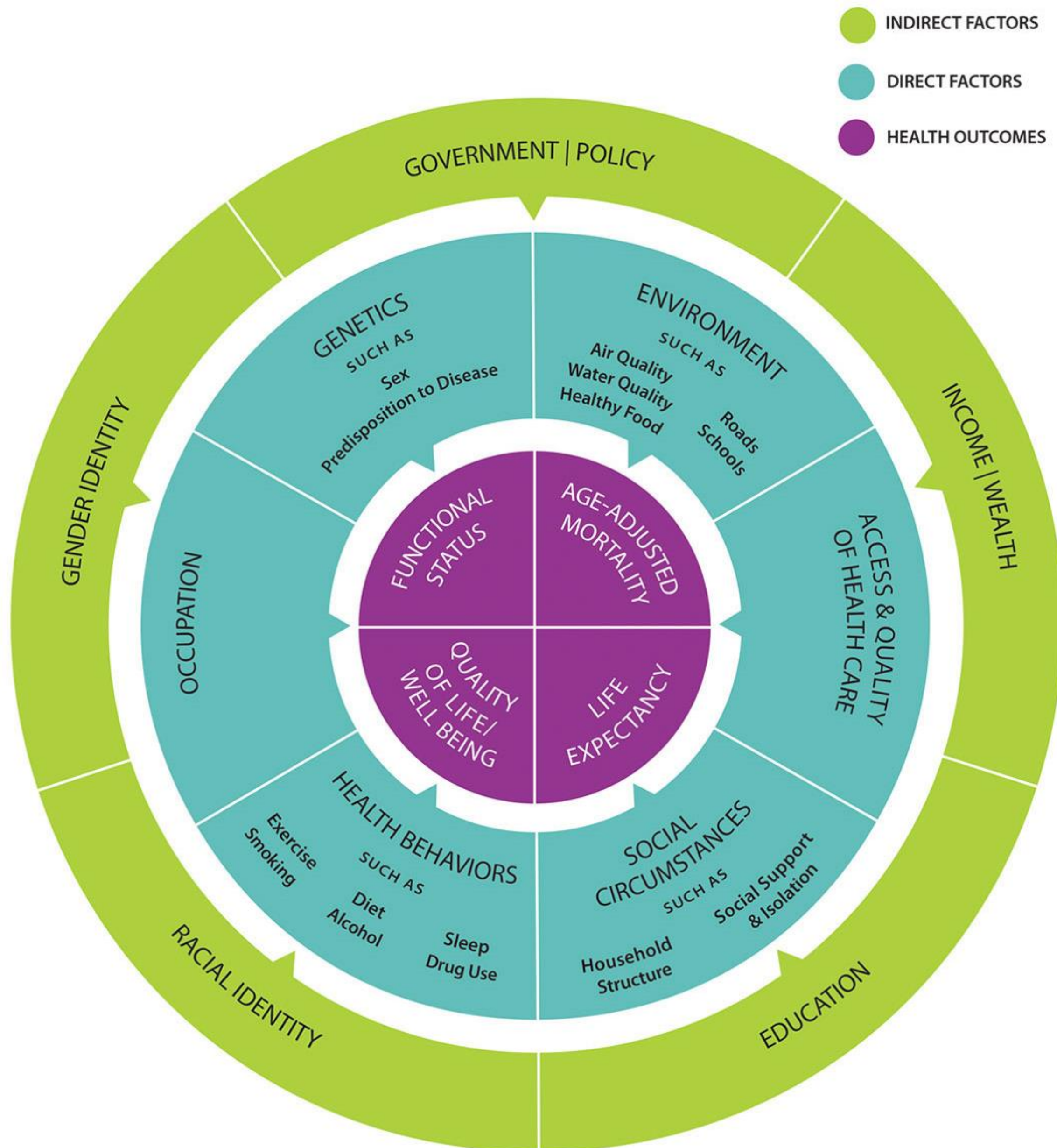
Source: Kaiser Family Foundation

Example: People who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity, and even lowers life expectancy relative to people who do have access to healthy foods.

[17] U.S. Department of Health and Human Services. Healthy People 2030, Social Determinants of Health.

While Social Determinants of Health are known to impact the overall health of individuals and communities, research to date has not determined what affects health and "how to quantify the impact of relevant factors." The Drivers of Health model helps to quantify the extent to which several factors, including SDoH, affect health outcomes. [18]

Figure 10. Drivers of Health Framework



Source: Image sourced from the Harvard Global Health Institute. Drivers of Health, 2022

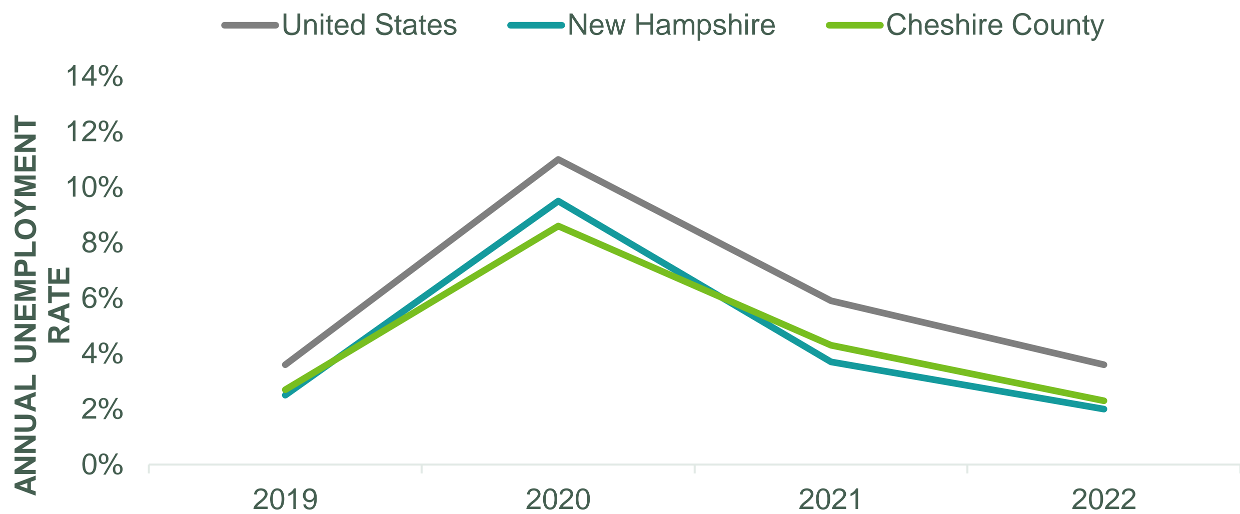
[18] Harvard Global Health Institute. Drivers of Health, 2022. Link to Source: driversofhealth.org/about-drivers/

Economic Stability

Economic stability includes a wide range of factors, including but not limited to employment, individual and family income, expenses, medical debt, and support.[19] The COVID-19 pandemic impacted America's labor force in consequential ways, as the number of unemployed people skyrocketed from 6.2 million in February 2019 to 20.5 million in May 2020.[20]

The trend of unemployment rates reflects the dramatic changes between 2019 and 2020, increasing from 2.5% to 9.5% statewide. Cheshire County experienced a dramatic increase in unemployment as well, from 2.7% to 8.6%. However, the unemployment rate from June 2022 indicates that unemployment rates have returned to 2019 pre-pandemic figures.

Exhibit 21: Trend of Annual Unemployment Rates[21]



Source: U.S. Bureau of Labor Statistics

[19] Kaiser Family Foundation. Beyond Health Care: The Role of Social Determinants in Promoting Health & Health Equity, 2018.
[20] Pew Research Center. Unemployment Rose Higher in Three Months Of COVID-19 Than It Did In Two Years of the Great Recession, 2020.v
[21] County & State rates not seasonally adjusted.

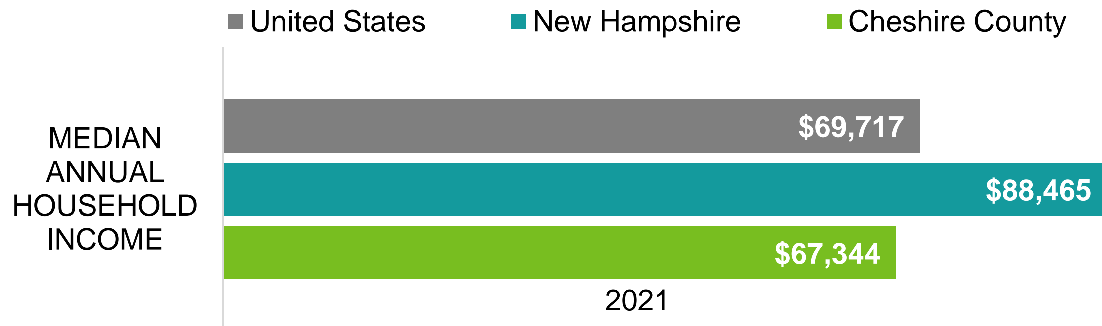
Income

Additional economic well-being data for the HSA are included in Appendix A.

Income is an important contribution to a person's socioeconomic status, or the social standing or class, of an individual or group, often measured as a combination of education, income, and occupation.[22]

The 2021 one-year median household income in the past year was $20,000 greater than figures in Cheshire County.

Exhibit 22: Median Annual Household Income



Source: U.S. Census Bureau, 2016-2020 American Community Survey, One-Year Estimates Subject Tables

The table below highlights the towns with the **10 lowest median annual household incomes** within the Cheshire Medical Center HSA. Troy has the lowest median income, followed by Winchester and Greenville.

Exhibit 23: Lowest Median Annual Household Income

Town	Median Annual Household Income
Troy	$52,107
Winchester	$52,708
Alstead	$55,313
Keene	$57,393
Swanzey	$59,184
Bennington	$62,802
Actworth	$68,558
Fitzwilliam	$68,785
Marlborough	$69,000
Walpole	$69,036

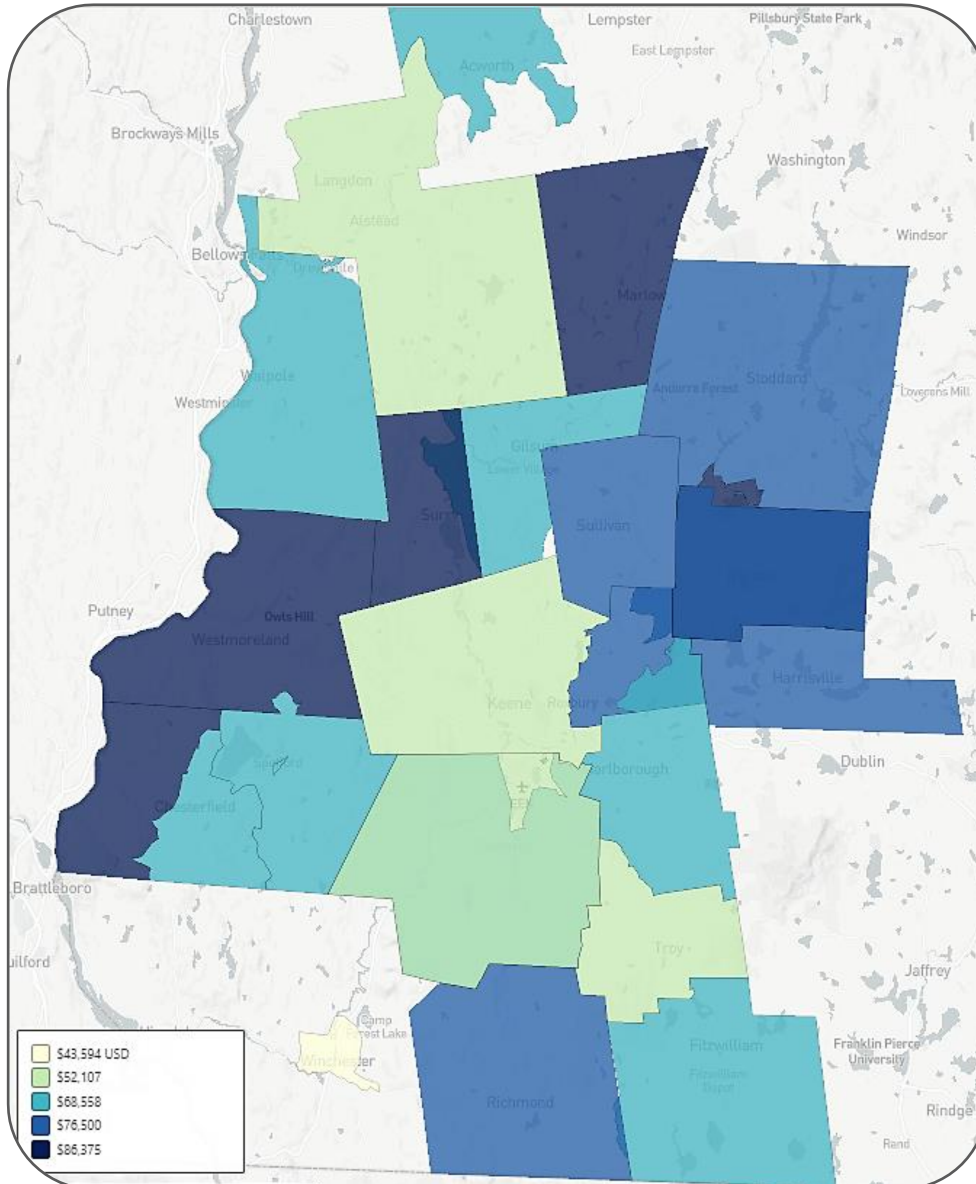
Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

[22] American Psychological Association, Socioeconomic Status.

The median annual household income in the Cheshire County HSA ranges from $52,107 in Troy to $93,500 in Westmoreland.

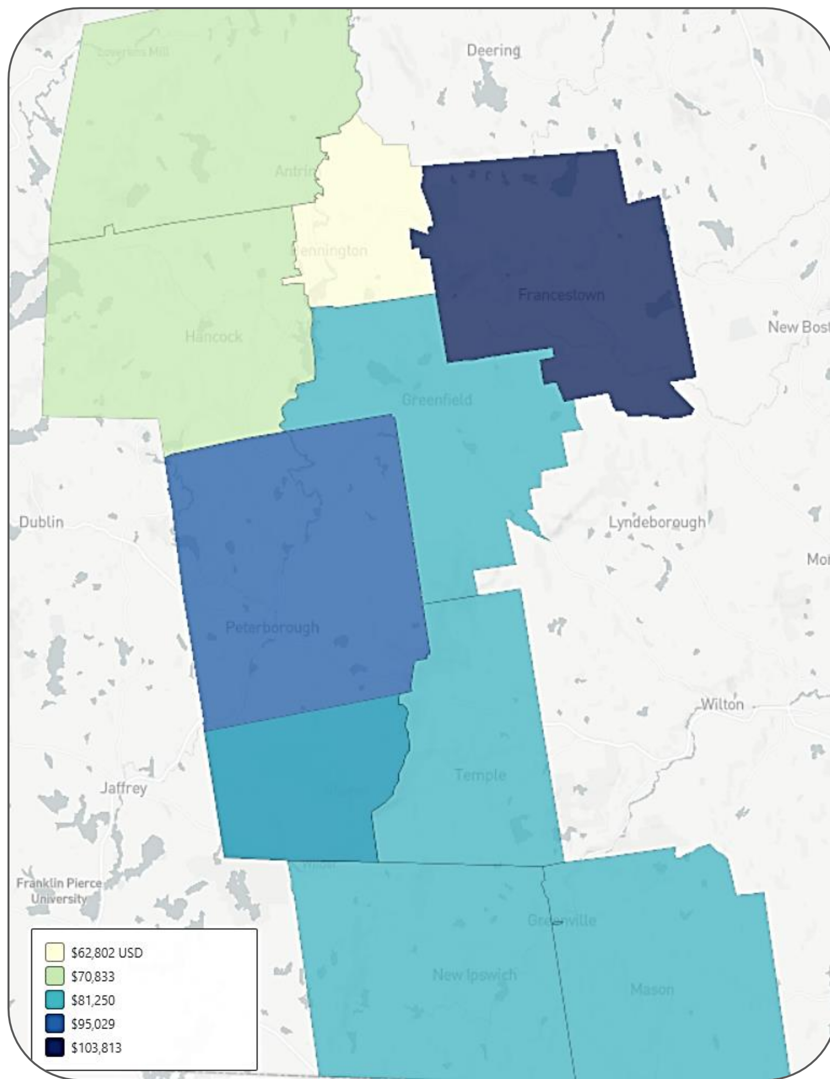
There are clear differences between parts of Cheshire County. Westmoreland and West Swanzey have a reported median annual household income between $73,036 and $93,500, while the income in Actworth is approximately $68,558.

Exhibit 24: Cheshire County HSA, Median Annual Household Income



Source: MySidewalk. U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

Exhibit 25: Hillsborough County HSA, Median Annual Household Income



Greenville, Hancock, and Antrim have the lowest median annual household income within the Hillsborough County portion of the HSA.

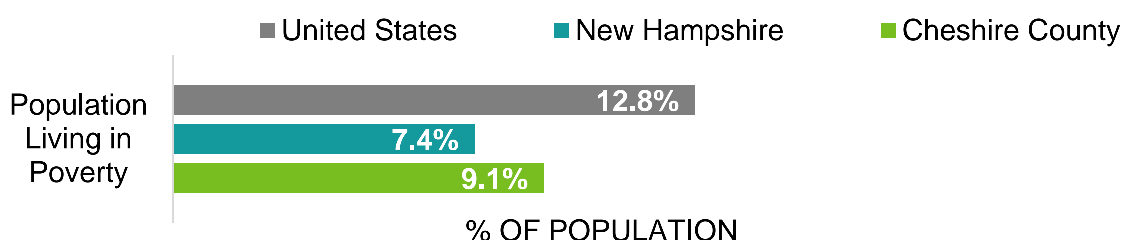
Source: MySidewalk. U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

Communities Living in Poverty

Research suggests there is a clear and established relationship between poverty, socioeconomic status, and health outcomes, including increased risk for disease and premature death. Socioeconomic status can be determined by a family's income level, education level, and occupational status.[23]

Cheshire County has a higher percentage of people living 100.0% below the federal poverty level (FPL) compared to New Hampshire, but a lower percentage compared to the national figure.

Exhibit 26: Population Living in Poverty



	Total Population in Poverty
United States	40,910,326
New Hampshire	97,418
Cheshire County	6,525

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

Figure 11. 2021 Federal Poverty Level Guidelines

100%			
Family Size	Annual	Monthly	Weekly
1	$12,880	$1,073	$248
2	$17,420	$1,452	$335
3	$21,960	$1,830	$422
4	$26,500	$2,208	$510
5	$31,040	$2,587	$597
6	$35,580	$2,965	$684
7	$40,120	$3,343	$772
8	$44,660	$3,722	$859
Each Add'l	$4,540	$378	$87

Source: New Hampshire Judicial Branch, 2021 Federal Poverty Level Guidelines

[23] U.S. Department of Health and Human Services, Healthy People 2030. Social Determinants of Health Literature Summaries, Poverty.

The table below indicates 10 areas within the Cheshire Medical Center HSA with the **greatest number of people living in poverty**. Keene has over 2,000 people living in poverty, indicated in dark red, followed by the Winchester area (approximately 606 people).

Exhibit 27: High Concentrations of the HSA Population Living in Poverty

Town	Total Living in Poverty	% in Poverty
Keene	2,290	11.7%
Winchester	606	15.0%
Swanzey	548	7.6%
East Swanzey	514	8.1%
Peterborough	395	5.7%
Alstead	331	11.1%
Malborough	280	5.1%
New Ipswich	280	5.2%
Walpole	254	8.7%
West Chesterfield	219	10.9%

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimate

The Supplemental Nutrition Assistance Program (SNAP) provides nutrition benefits to eligible low-income individuals and families so they can purchase healthy food and move towards self-sufficiency.[24]

Figure 12. New Hampshire SNAP Program Maximum Monthly Income Limits

NEW HAMPSHIRE FOOD STAMP PROGRAM MAXIMUM MONTHLY INCOME LIMITS Federal Poverty Guideline (FPG) Thresholds for Selected Households			
Household Size	100% FPG	130% FPG	185% FPG
1	$ 1,064	$ 1,383	$ 1,968
2	$ 1,437	$ 1,868	$ 2,658
3	$ 1,810	$ 2,353	$ 3,349
4	$ 2,184	$ 2,839	$ 4,040
5	$ 2,557	$ 3,324	$ 4,730
For each additional person add:	Add $374	Add $486	Add $691

Source: New Hampshire Department of Health & Human Services, Food Stamp Manual Table E. June 2021

SNAP PROGRAM ELIGIBILITY

Eligibility depends on household size, income, expenses and resources. People can have a job and do not need to have children as long as the household income meets eligibility guidelines. The program also gives deductions for things like housing costs, utilities, medical costs, and childcare.

[24] New Hampshire Department of Health & Human Services, Food & Meals Assistance. Supplemental Nutrition Assistance Program (SNAP). Link to Source: dhhs.nh.gov/programs-services/food-meals-assistance/supplemental-nutrition-assistance-program-snap#:~:text=Supplemental%20Nutrition%20Assistance%20Program%20(SNAP,of%20Health%20and%20Human%20Services

> "The current market is in turmoil, buffeted by rising interest rates and economic uncertainty that presents extraordinary challenges for renters and homebuyers."
>
> *New Hampshire Housing Finance Authority, New Hampshire Housing Market Forecast 2022 & 2023*

Exhibit 28: Total Households Receiving SNAP Benefits

New Hampshire	Cheshire County
34,509	2,042

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

Neighborhood & Physical Environment

The neighborhoods people live in have a major impact on their health and well-being. Many people in the United States live in neighborhoods with high rates of violence, unsafe air or water, and other health and safety risks. The physical environment includes housing and transportation, parks and playgrounds, and the opportunities for recreational opportunities. [25]

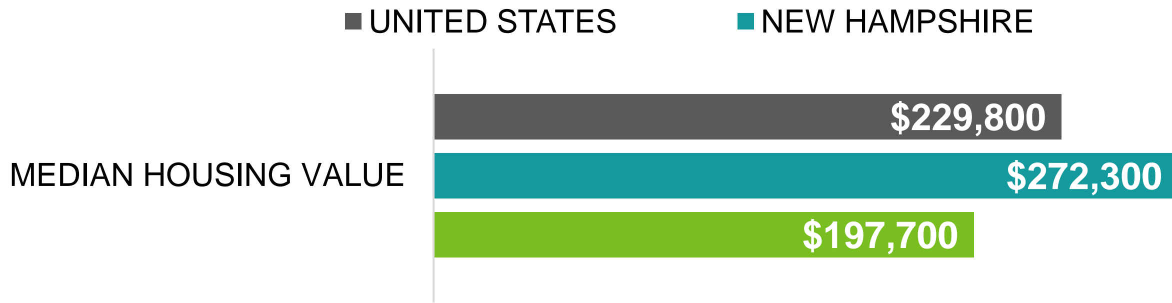
Housing

Understanding the environment within communities can help further explore the conditions in which vulnerable populations live. Housing is a social determinant of health that is critically important, as poor-quality housing is associated with various negative health outcomes, including chronic disease and injury and poor mental health.[26]

In New Hampshire, the average monthly mortgage payment jumped 54.0% year over year in June of 2022, while the median household income rose only 5.8% statewide.[27] The median home value in Cheshire County is over $74,600 less compared to the state. It is important to note that as of March 2022, the median price for a new home in New Hampshire hit a record of $440,000.

[25] Kaiser Family Foundation. Beyond Health Care: The Role of Social Determinants in Promoting Health & Health Equity, 2018.
[26] Centers for Disease Control & Prevention, Social Determinants Of Health.
[27] National Association of Realtors Affordability Index. Link to Source: laconiadailysun.com/real_estate/columns/new-hampshire-real-estate-ahead-of-national-housing-market-trends/article_62696774-254e-11ed-b78d-1f35189bb084.html

Exhibit 29: Median Housing Value



Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

Lead Exposure in New England

The age of the housing stock in Cheshire County is uniquely important, as New England Lead Prevention states that, *"New England states have some of the oldest housing in the United States with over a third of New England housing built before 1950, where deteriorating lead-based paint is most likely to exist. Although lead poisoning can cause serious health problems, especially in children younger than six years old, it is preventable."* [28]

Similar to the state, the age of the housing stock in Cheshire County is fairly old, as 26.7% of housing units were built between 1950 and 1959, before lead paint was banned in 1978.

Source: Image sourced from the New Hampshire Division of Public Health Services, 2020 Lead Exposure Data Brief for the Greater Monadnock Area.

Exhibit 30: Age of Housing Stock

	United States	New Hampshire	Cheshire County
1970 to 1979	15.0%	14.9%	13.2%
1960 to 1969	10.5%	8.7%	9.4%
1950 to 1959	10.2%	19.8%	26.7%
1940 to 1949	4.8%	6.9%	8.2%
1939 or Earlier	12.4%	3.7%	4.2%

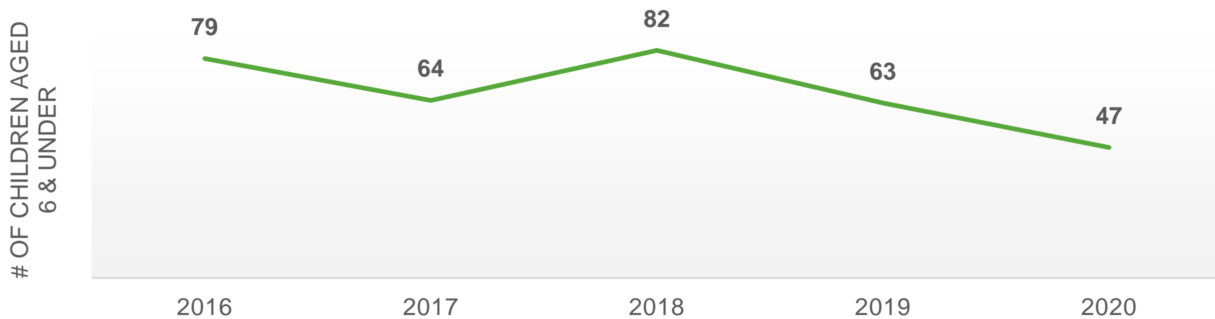
Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

[28] New England Lead Prevention.

In 2018, New Hampshire passed a state law requiring providers to conduct blood lead level tests for all one and two-year-old children.[29] In 2020, 47 children aged six years old or younger in the Greater Monadnock Region had blood levels high enough to impair their ability to think, learn, and concentrate.

However, during this period pediatric blood lead level testing rates across the region and the state dropped due to the pandemic.[30]

Exhibit 31: Annual Number of Children with Blood Test above the National Reference Level[31]



Source: New Hampshire Division of Public Health Services, 2020 Lead Exposure Data Brief for the Greater Monadnock Area

[29] New Hampshire Division of Public Health Services, 2020 Lead Exposure Data Brief for the Greater Monadnock Area. Link to source: wisdom.dhhs.nh.gov/wisdom/assets/content/resources/lead-exposures/2020-lead-data-briefs/Greater%20Monadnock-Report.pdf

[30] New Hampshire Division of Public Health Services, 2020 Lead Exposure Data Brief for the Greater Monadnock Area. Link to source: wisdom.dhhs.nh.gov/wisdom/assets/content/resources/lead-exposures/2020-lead-data-briefs/Greater%20Monadnock-Report.pdf

[31] (5+ µg/dL).

Housing Options

The table below indicates the percentage of renter households that receive Housing Choice Vouchers under the U.S. Department of Housing & Urban Development (HUD).

“Since housing assistance is provided on behalf of the family or individual, participants can find their housing, including single-family homes, townhouses, and apartments. The participant is free to choose any housing that meets the requirements of the program and is not limited to units located in subsidized housing projects" [32]

As of 2021, there were approximately 935 housing units accepting Housing Choice Vouchers under the HUD program.

Exhibit 32: HUD Properties[33]

	New Hampshire	Cheshire County
Total subsidized units available	11,351	935
Total number of people living in subsidized units	20,193	1,450

Source: U.S. Department of Housing & Urban Development. Picture of Subsidized Households, 2021

HOUSING CHOICE VOUCHERS

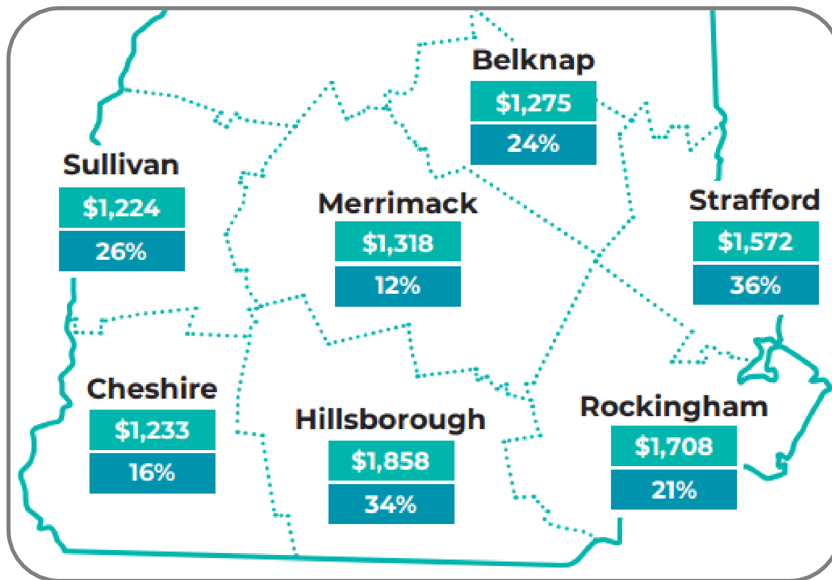
The housing choice voucher program is the federal government's primary program for assisting very low-income families, older adults, and people living with disabilities to afford decent, safe, and sanitary housing in the private market.

U.S. Department of Housing & Urban Development

- According to New Hampshire Housing, the estimated waiting time for a voucher is based on the number of people on the waiting list, the availability of vouchers, and an applicant’s preference status.
- For most applicants, this could mean an estimated wait time of **five to seven years** before their name reaches the top of the list.[34]

[32] U.S. Department of Housing & Urban Development, Housing Choice Vouchers Fact Sheet. Link to Source: hud.gov/topics/housing_choice_voucher_parogram_section_8#hcv01
[33] Zip code/town level data is not available.
[34] New Hampshire Housing, Housing Choice Voucher Program. Link to Source: nhhfa.org/rental-assistance/housing-choice-voucher-program/apply/

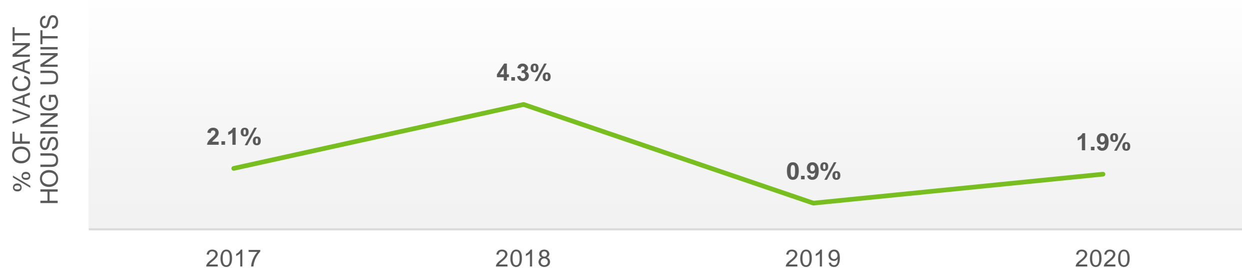
Exhibit 33: Median Monthly Gross Rent & Percent Change



Source: New Hampshire Housing. New Hampshire 2022 Residential Rental Cost Survey Report

In Cheshire County, the median gross rent for a two-bedroom unit in 2022 was $1,233, **a 16.0% increase from 2017.**

Exhibit 34: Trend of Vacancy Rates in Cheshire County



Source: New Hampshire Housing. New Hampshire 2022 Residential Rental Cost Survey Report

In Cheshire County, an individual needs to earn approximately $49,300 per year to afford a two-bedroom apartment, approximately $14,000 less than the statewide average. However, Cheshire County has an annual median household income of $64,686, and an average monthly utility bill of $277 for a two-bedroom apartment. Additionally, more than one in three Cheshire County households (36.4%) earn less than $50,000 annually.

Exhibit 35: Household Income Required to Afford a Two-Bedroom Apartment

New Hampshire		Cheshire County	
Median Two-Bedroom Rent	Income Needed to Afford Rent	Median Two-Bedroom Rent	Income Needed to Afford Rent
$1,584	$63,400	$1,233	$49,300

Source: New Hampshire Housing. New Hampshire 2022 Residential Rental Cost Survey Report

Housing Insecurity

Housing instability encompasses several challenges, such as having trouble paying rent, overcrowding, moving frequently, staying with relatives, or spending the bulk of household income on housing. These experiences may negatively affect physical health and make it harder to access health care.[35]

The number of sheltered and unsheltered people decreased slightly from 2020 to 2021 according to the 2021 Point-In-Time Count. One potential factor causing the decrease was households who were "precariously housed" maintained their housing because of eviction moratoriums and access to federal eviction prevention resources. [36]

Exhibit 36: New Hampshire Point-in-Time Count Trends

JANUARY	Overall	Sheltered	Unsheltered
2021	1,491	1,171	320
2020	1,675	1,327	384
2019	1,382	1,235	147

Source: The State of Homelessness in New Hampshire 2021 Annual Report

POINT-IN-TIME (PIT) COUNT

The PIT is conducted to:

→ Measure and monitor trends and changes in homelessness on local and national levels and track progress toward ending homelessness.

→ Help communities understand what resources are needed and strategize the best ways to use them to end homelessness.

The National Alliance to End Homelessness

[35] U.S. Department of Health and Human Services, Healthy People 2030. Social Determinants of Health Literature Summaries, Housing Instability.
[36] The State of Homelessness in New Hampshire 2021 Annual Report. Link to Source: nhceh.org/wp-content/uploads/2022/06/2022-NHCEH-Full-Report-6.2.2022_compressed.pdf

Transportation & Broadband

Transportation systems help ensure that people can reach everyday destinations, such as jobs, schools, healthy food outlets, and health care facilities, safely and reliably. Enhanced built environment interventions including sidewalks, bicycle infrastructure, and public transit infrastructure can make physical activity easier, safer, and more accessible.[37]

Exhibit 37: Population with No Vehicle

United States	New Hampshire	Cheshire County
8.5%	5.0%	5.4%

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

Fostering digital equity and health equity are inextricably intertwined. For many years, stakeholders have viewed broadband as a critical means to connect doctors to patients and to close gaps related to time and distance. Unfortunately, many Americans are still falling through the broadband health gap.[38]

The table below indicates the presence of a computer and type of internet subscription in households in Cheshire County.

Exhibit 38: Internet Access

	Cheshire County	
	Number	**Percent**
Households without internet access	3,495	11.5%
Household With Smartphones only[39]	1,407	5.0%

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

[37] U.S. Department of Health and Human Services, Assistant Secretary for Planning and Evaluation Office of Health Policy. Addressing Social Determinants of Health: Examples of Successful Evidence-Based Strategies and Current Federal Efforts, 2022.
[38] Federal Communications Commission. Advancing Broadband Connectivity as a Social Determinant of Health, 2022.
[39] Number divided by the total households with a computer.

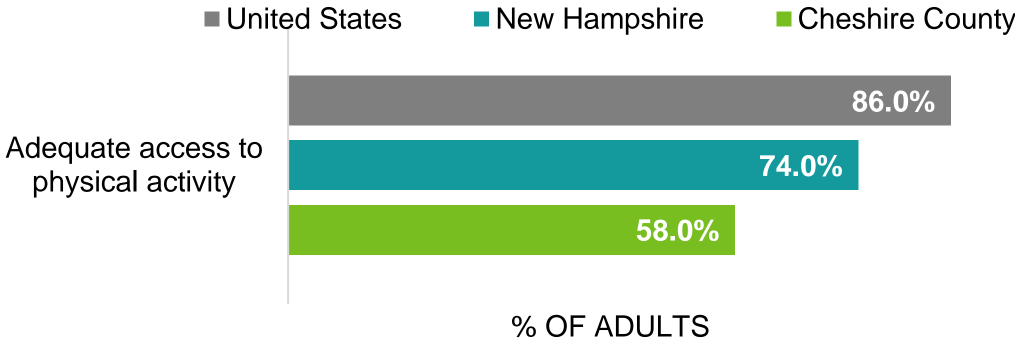
Physical Environment

Access to exercise opportunities measures the percentage of individuals who live reasonably close to a location for physical activity such as parks or recreational facilities. Individuals are considered to have access to exercise opportunities if they reside in a census block that is within a half mile of a park or reside in an urban census block that is within one mile of a recreational facility or reside in a rural census block that is within three miles of a recreational facility.

Only 58.0% of Cheshire County reported having adequate access to locations for physical activity, compared to nearly three-quarters of the population statewide.

Due to the rural landscape of the HSA, not all outdoor recreational opportunities are captured through the data collection process.

Exhibit 39: Access to Exercise Opportunities[40]

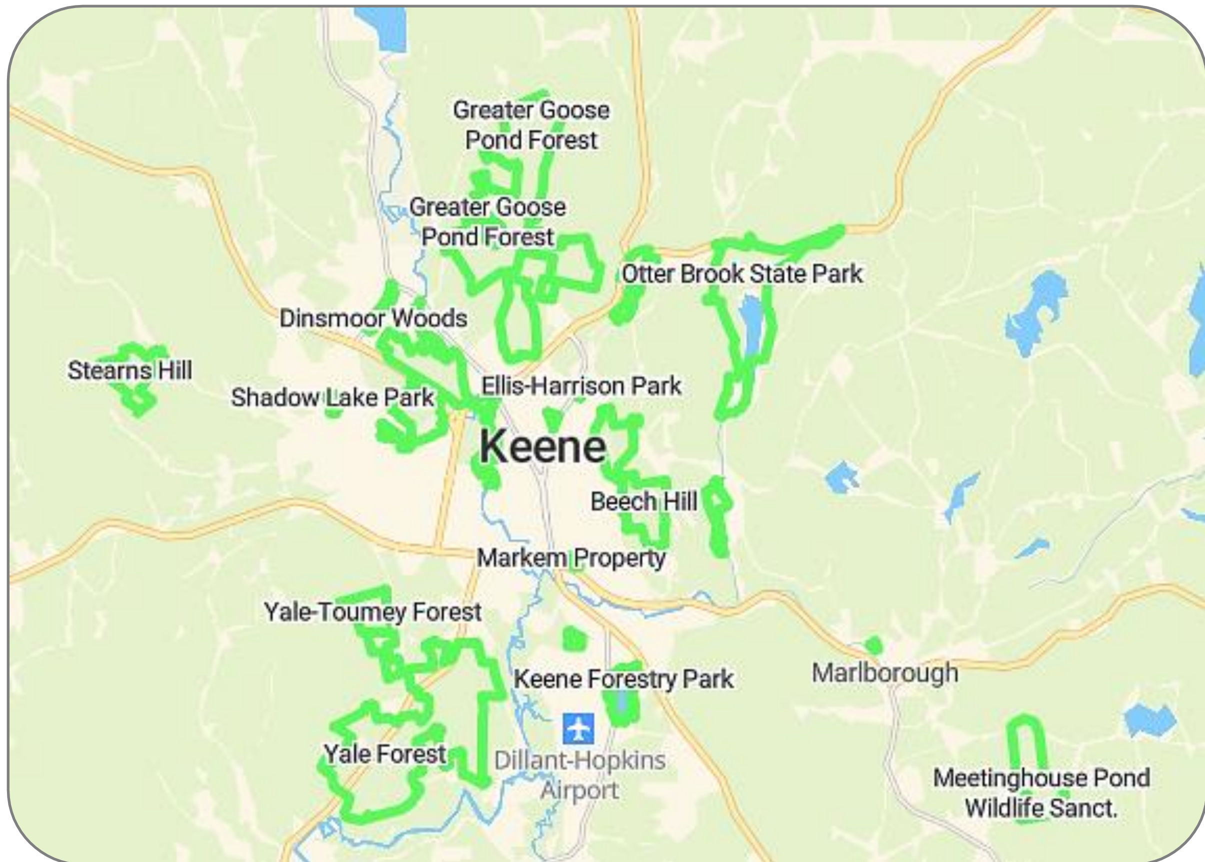


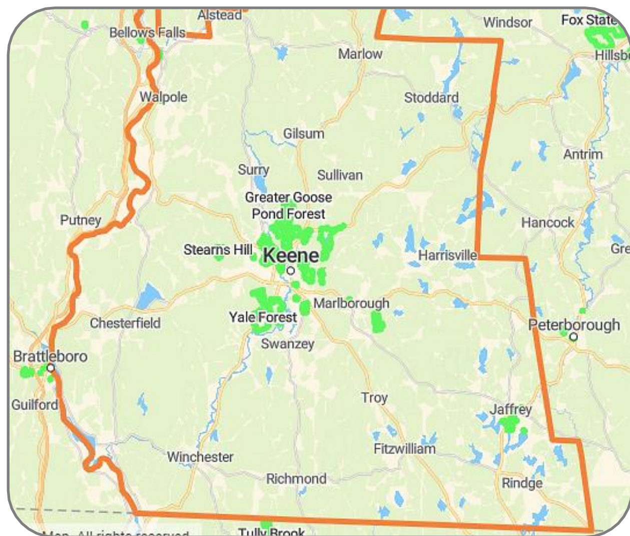
Source: County Health Rankings & Roadmaps, 2022

[40] County Health Roadmaps & Rankings, Access to Exercise Opportunities.

Most of the parks within Cheshire County live in the heart of Keene. Although there are additional trails and walking/biking opportunities in Cheshire not indicated on the map above, this may hinder access to physical activity for outlying areas.

Exhibit 40: Park Locations





Source: PolicyMap. Trust for Public Land, 2021

Education

Additional data on educational achievement in the HSA are included in Appendix A.

Education is not only about the schools or higher education opportunities within a community. Education includes the languages spoken, as well as literacy, vocational training, and early childhood education.[41]

Cheshire County is home to four four-year colleges and universities: Franklin Pierce University, Keene State College, Antioch University New England, and River Valley Community College.

Exhibit 41: Educational Achievement

	Population 25 and Over	Less Than 9th Grade	9th to 12th Grade, No Diploma	High School Graduate	Some College, No Degree
United States	222,836,834	4.9%	6.6%	26.7%	20.3%
New Hampshire	971,162	2.2%	4.5%	27.3%	18.0%
Cheshire County	53,534	2.2%	4.4%	31.2%	18.3%

	Associate's Degree	Bachelor's Degree	Graduate or Professional Degree
United States	8.6%	20.2%	12.7%
New Hampshire	10.4%	23.0%	14.5%
Cheshire County	10.2%	21.2%	12.5%

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

[41] Kaiser Family Foundation. Beyond Health Care: The Role of Social Determinants in Promoting Health & Health Equity, 2018.

In total, there are 15 school districts within the Cheshire Medical Center HSA with **51** schools serving **11,227** students as of 2021.

Exhibit 42: School Districts in the HSA[42]

2021	Number of Schools	Total Student Enrollment	Economically Disadvantaged	Students with Disabilities
Chesterfield	1	260	16.2%	11.5%
Contoocook Valley	11	2,020	27.6%	18.9%
Fall Mountain Regional	11	1,440	39.1%	20.0%
Harrisville	1	63	25.4%	*
Hinsdale	3	527	39.7%	23.0%
Jaffrey-Rindge Cooperative	4	1,242	30.8%	17.9%
Keene	6	3,104	28.6%	20.8%
Marlborough	1	181	39.2%	19.9%
Marlow	1	51	41.2%	*
Monadnock Regional	7	1,618	29.7%	18.5%
Nelson	1	65	26.2%	*
Stoddard	1	54	29.6%	33.3%
Surry Village Charter School	1	99	30.3%	19.2%
Westmoreland	1	117	20.5%	17.1%
Winchester	1	386	57.6%	22.8%

Source: New Hampshire Department of Education, iExplore

Economically Disadvantaged Students: Percent of students who are eligible for food stamps, TANF or SNAP, as well as foster, migrant, and homeless students; students whose families have submitted a free or reduced-price meal application based on poverty levels to the student's school also qualify.

Students with Disability: Percent of students with an active enrollment who are placed on an IEP during the school year.

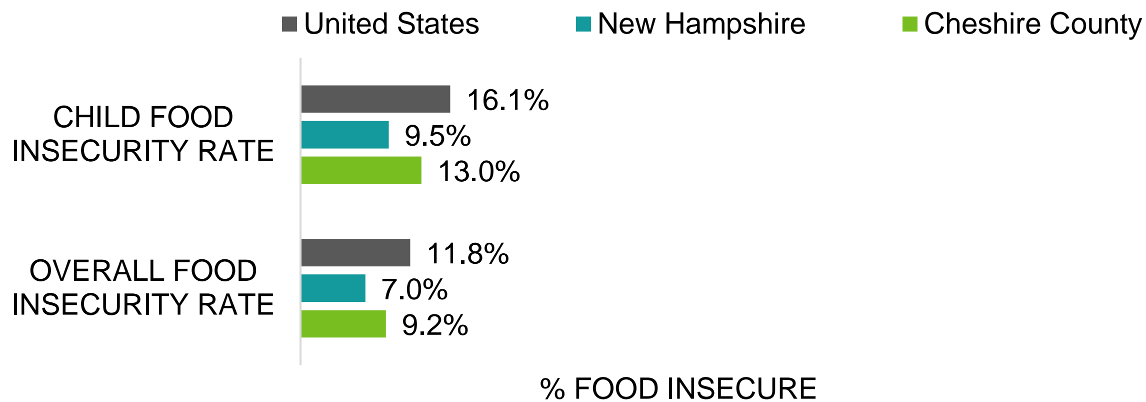
[42] * = Less than 11 students

Access to Food

Food insecurity is defined as the disruption of food intake or eating patterns because of a lack of money and other resources and may be long-term or temporary.[43]

As of 2020, Cheshire County presented a higher food insecurity rate for people of all ages compared to New Hampshire (9.2%, 7.0% respectively). Children (under 18) also have a higher food insecurity rate in Cheshire County (13.0%, 9.5%, respectively).

Exhibit 43: Food Insecurity Rate



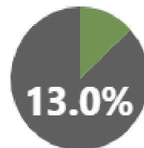
Source: Feeding America, Map the Meal Gap, 2020

Figure 13. Child Food Insecurity in Cheshire County

FOOD INSECURE POPULATION (CHILD) IN CHESHIRE COUNTY, NEW HAMPSHIRE

1,760

FOOD INSECURITY RATE (CHILD) IN CHESHIRE COUNTY, NEW HAMPSHIRE



AVERAGE MEAL COST IN CHESHIRE COUNTY, NEW HAMPSHIRE

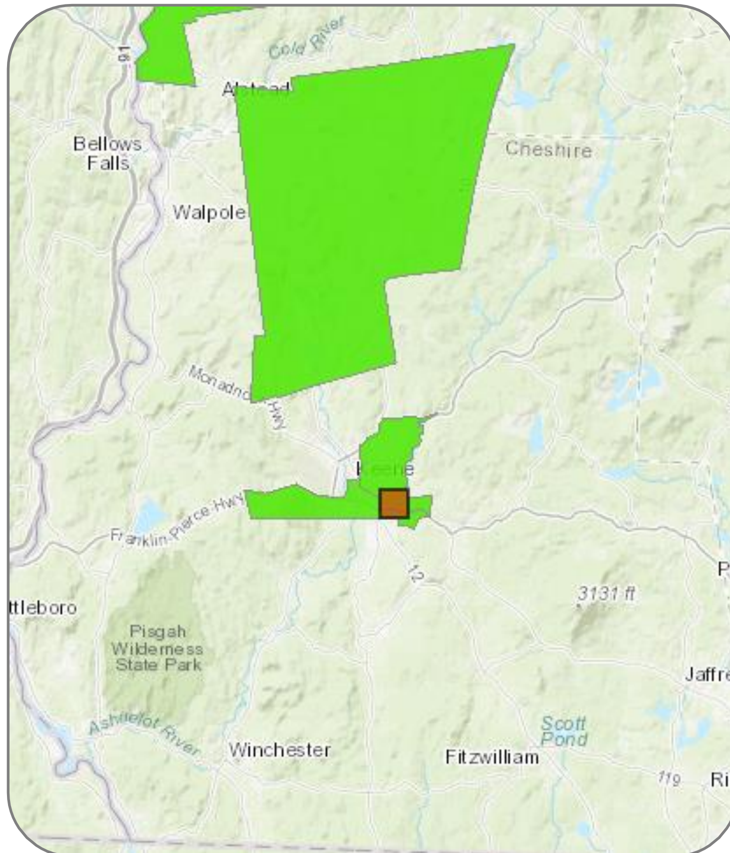
$3.74

Source: Image sourced from Feeding America, Map the Meal Gap, 2020

[43] U.S. Department of Health and Human Services, Healthy People 2030. Social Determinants of Health Literature Summaries, Food Insecurity.

The Food Access Research Atlas highlights food deserts, or low-income census tracts where a significant number or share of residents is more than one mile (urban) or 10 miles (rural) from the nearest supermarket. Several areas within Cheshire County are considered food deserts, including Alstead, parts of Keene, and Sullivan counties. Hillsborough County presented no low-access points.

Exhibit 44: Food Access Research Atlas



Source: U.S. Department Of Agriculture. Economic Research Service, Food Access Research Atlas

Food Deserts. Census tracts qualify as food deserts if they meet low-income and low-access thresholds.

Low Income. A poverty rate of 20.0% or greater, or a median family income at or below 80.0% of the statewide or metropolitan area median family income.

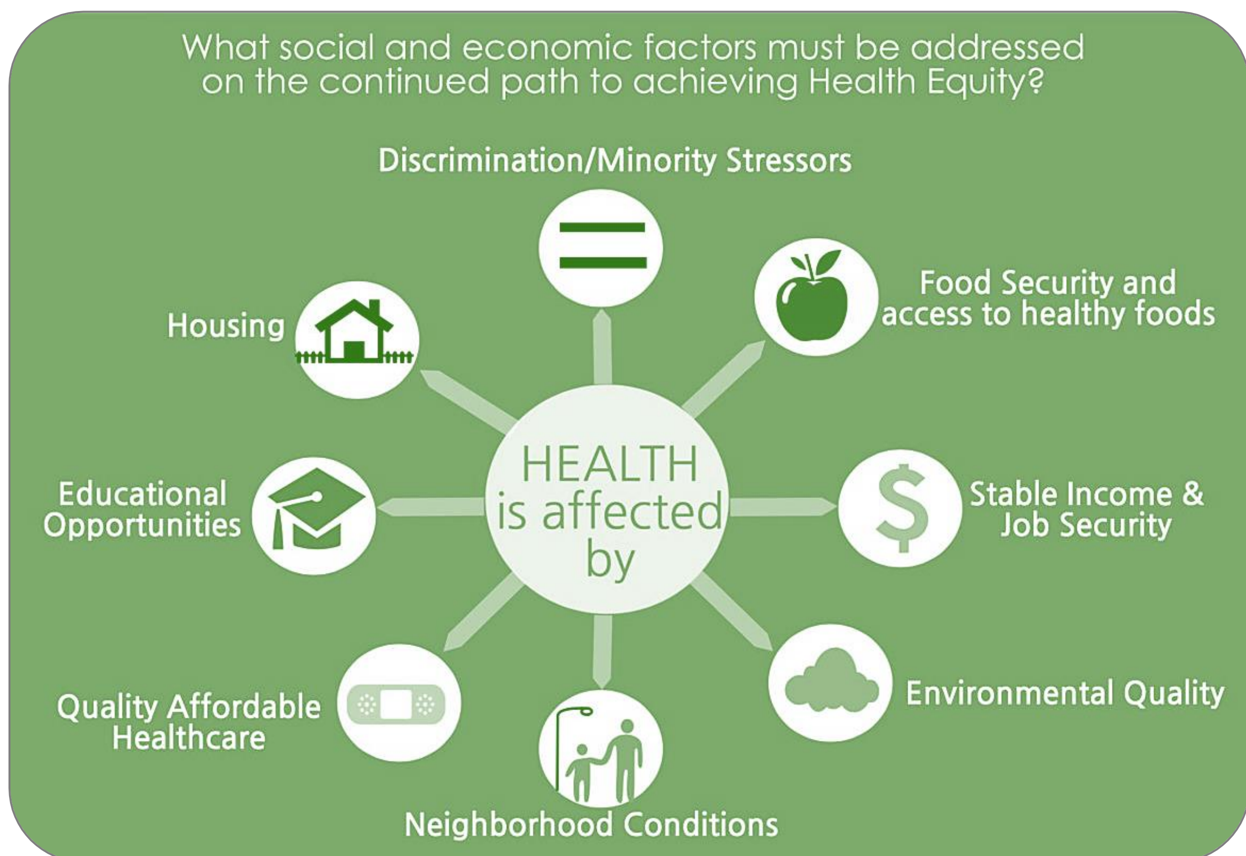
Low Access. At least 500 persons and/or at least 33.0% of the population lives more than 1 mile from a supermarket or large grocery store (10 miles, in the case of rural census tracts).

Health Care System

To understand the health care system of communities, multiple factors including provider availability, provider linguistic and cultural competency and quality of care must be recognized.

Health disparities indicate differences in health linked with social, economic, and/or environmental disadvantages. Health disparities adversely affect communities who have systematically experienced greater barriers to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.[44]

Figure 14. A Path to Achieving Health Equity



Source: Image sourced from San Francisco State University, Health Equity Institute for Research

[44] Health.gov. How does Healthy People 2030 define health disparities and health equity? Link to source: https://health.gov/our-work/national-health-initiatives/healthy-people/healthy-people-2030/questions-answers#q9

The COVID-19 pandemic is spotlighting the health inequities that already existed in the United States. Stark disparities during the pandemic led to new health policy funding and interventions addressing social needs and social determinants of health to improve health equity.[45]

New Hampshire is working to address health equity, providing opportunities for collaboration and partnerships between health care providers and other community organizations.

The New Hampshire Health & Equity Partnership works with statewide organizations, public health agencies, community-based organizations, advocates, and others to *"address health disparities at their source [to] improve health and health care for minority communities and the general population statewide."*

UNDERSTANDING HEALTH EQUITY

Health equity exists when individuals have equal opportunities to be healthy. The ability to be healthy is often associated with factors such as social position, race, ethnicity, gender, religion, sexual identity, or disability. When these factors limit a person's ability to be healthy it can lead to health inequity.

The Community Guide, Health Equity

Figure 15. Paving the Road to Health Equity

Source: U.S. Department of Health & Human Services Centers for Disease Control & Prevention. Office of Minority Health & Health Equity, 2020

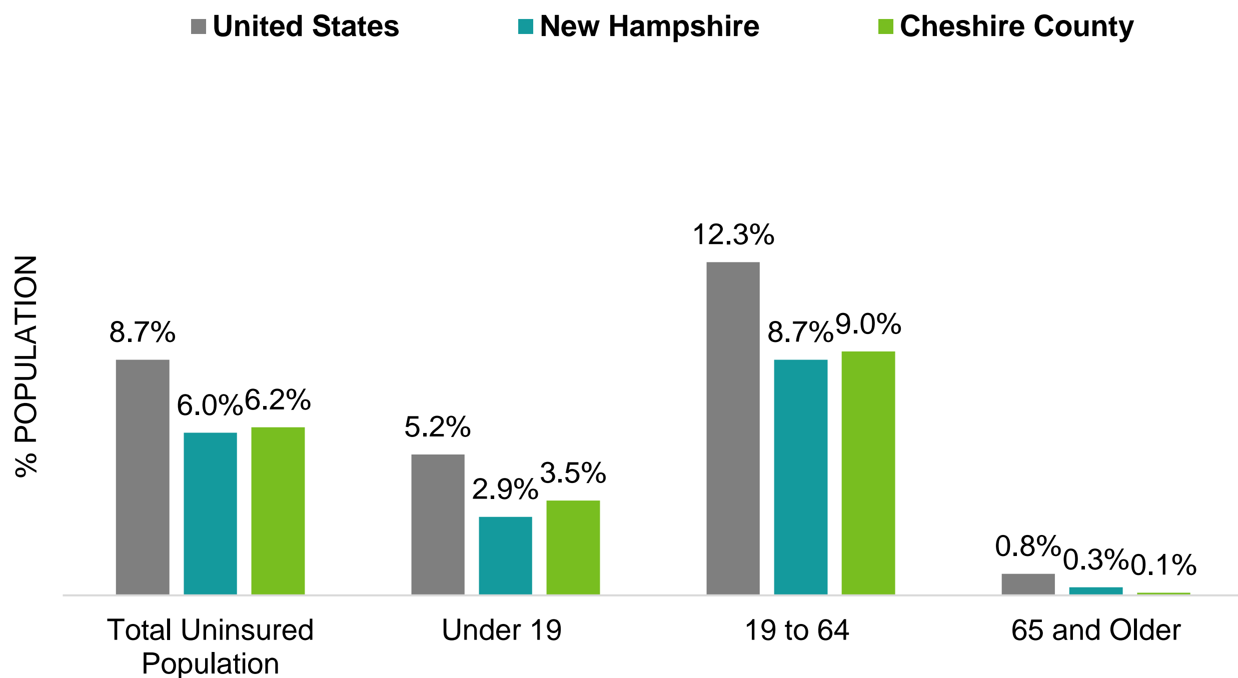
[45] Health Affairs. Pandemic-Driven Health Policies To Address Social Needs & Health Equity, 2022. Link to Source: healthaffairs.org/do/10.1377/hpb20220210.360906/

Health Care Access

Inadequate health insurance coverage is one of the largest barriers to health care access, and the unequal distribution of coverage contributes to disparities in health. Out-of-pocket medical care costs may lead individuals to delay or forgo needed care *(such as doctor visits, dental care, and medications)* and medical debt is common among both insured and uninsured individuals.[46]

In Cheshire County, approximately 4,650 people do not have health insurance, 6.1% of the county population. The percentage of the uninsured population in Cheshire County for the age groups below is slightly higher compared to New Hampshire (6.1%, 5.9% respectively).

Exhibit 45: Population Without Health Insurance



Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

- Cheshire County has a higher percentage of uninsured children (under 19) and adults (19 to 64) compared to statewide percentages.
- New Hampshire overall has a lower percentage of those with no health insurance compared to the United States.

[46] U.S. Department of Health and Human Services, Healthy People 2030. Social Determinants of Health Literature Summaries, Access to Health Services. Link: health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/access-health-services

Exhibit 46: Cheshire County HSA, Population Without Health Insurance

Zip Code	Town	Total Population	Total Uninsured Population	% of Uninsured Population
03601	Actworth	602	87	14.5%
03602	Alstead	2,277	236	10.4%
03443	Chesterfield	235	0	0.0%
03446	East Swanzey	6,375	572	9.0%
03447	Fitzwilliam	2,324	292	12.6%
03448	Gilsum	749	41	5.5%
03450	Harrisville	882	39	4.4%
03431	Keene	22,823	926	4.1%
	Roxbury	323	20	6.2%
	Surry	901	68	7.5%
	Swanzey	7,219	683	9.5%
03455	Malborough	2,524	157	6.2%
03456	Marlow	788	52	6.6%
03457	Nelson	542	27	5.0%
03470	Richmond	1,118	69	6.2%
	Winchester	4,208	555	13.2%
03462	Spofford	1,388	28	2.0%
03464	Stoddard	977	41	4.2%
03445	Sullivan	700	35	5.0%
03465	Troy	1,734	121	7.0%
03608	Walpole	3,314	121	3.7%
03466	West Chesterfield	2,002	272	13.6%
03469	West Swanzey	1,180	23	1.9%
03467	Westmoreland	2,023	68	3.4%

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

Exhibit 47: Hillsborough County HSA, Population Without Health Insurance

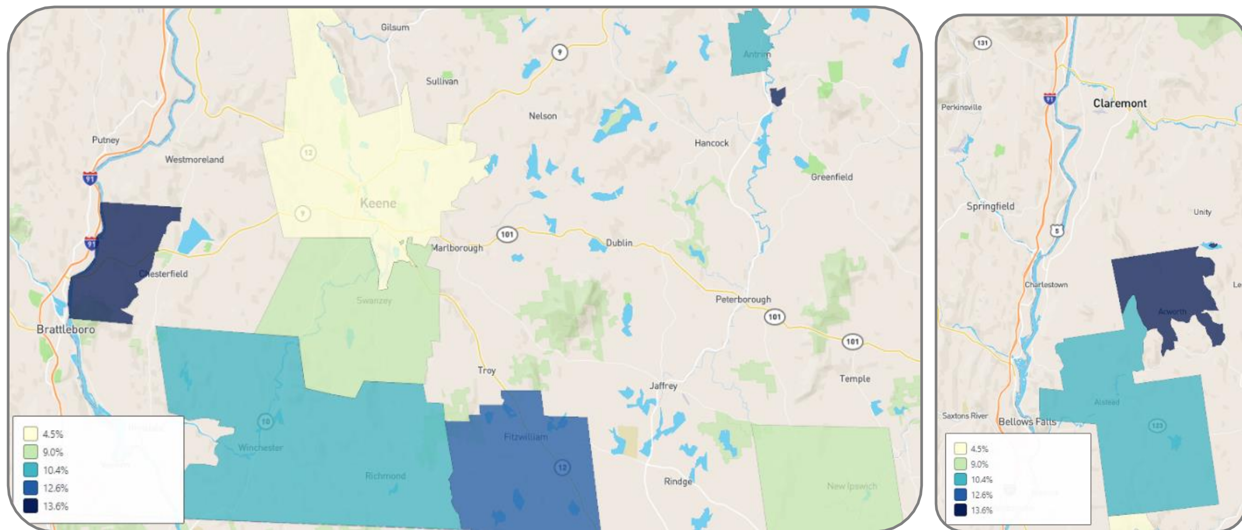
Town	Total Population	Total Uninsured Population	% of Uninsured Population
Antrim	3,036	145	10.8%
Bennington	1,684	37	14.0%
Francestown	1,574	0	0.0%
Greenfield	1,828	90	5.0%
Greenville	3,564	84	8.3%
Hancock	1,715	0	0.0%
New Ipswich	5,373	513	9.6%
Peterborough	7,111	154	5.8%
Sharon	450	36	8.0%
Temple	1,250	66	5.3%

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

Health care access may not be equitable for everyone, as there are pockets of the Cheshire County community that do not have health insurance.

The map below indicates 10 areas within the Cheshire Medical Center HSA with the **highest percentage** of people of all ages without health insurance. In the southern part of the county, predominantly in the Winchester, Richmond, and Swanzey areas, 14.0% to 19.0% of the population by zip code tabulated areas do not have health insurance.

Exhibit 48: Population Without Health Insurance



Town	Total Population	Total Uninsured Population	% of Uninsured Population
Actworth	1,364	87	14.5%
Bennington	265	37	14.0%
West Chesterfield	118	272	13.6%
Winchester	1,822	555	13.2%
Fitzwilliam	1,011	292	12.6%
Antrim	231	145	10.8%
Alstead	5,358	236	10.4%
New Ipswich	2,704	513	9.6%
Swanzey	450	683	9.5%
East Swanzey	1,253	572	9.0%

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

Underinsured Population

While there is no universal definition for being underinsured, for this Community Health Needs Assessment underinsured populations have the following traits:

- Individual out-of-pocket health care costs in the last year, not counting premiums, represent 10.0% or more of individual household income. **Note** that the threshold drops to five percent if an individual is living under 200.0% of the federal poverty level. That is less than $53,000 for a family of four in 2021 in any state but Hawaii or Alaska.
- The deductible, or the amount required to pay before health insurance starts paying covered medical costs, is at least five percent of individual income.[47]

Many underinsured people are employed and have health insurance through their employers, but for many workers, the cost of these plans is very high relative to their incomes. In 2018, 28.0% of people with health insurance through their employers were underinsured. The Affordable Care Act facilitated access to health insurance for many people by allowing them to buy individual insurance or explore Marketplace health plans, but in 2018, 42.0% of people who had Marketplace insurance reported being underinsured.

Who Are the Underinsured?

People who are underinsured have high health plan deductibles and high out-of-pocket medical expenses relative to their incomes.

Like uninsured people, individuals who are underinsured are more likely to have difficulties paying medical bills and to forgo medical care and needed treatments because of cost.

Of the adult population (aged 18 to 65) who were insured for the entire year in 2018, 29.0% were underinsured, a six percent increase from 2014.

PAN Foundation

[47] Kaiser Family Foundation Health Care Debt Survey: Feb.-Mar. 2022. Link: kff.org/report-section/kff-health-care-debt-survey-main-findings/

Health Care Workforce

In 2021, a nationwide survey found that nearly 30.0% of health care workers are considering leaving their profession altogether, and nearly 60.0% reported impacts on their mental health stemming from their work during the COVID-19 pandemic.[48]

New Hampshire is not spared from a national shortage of providers, as projections show that America will face a shortage of up to 124,000 physicians by 2033 and will need to hire at least 200,000 nurses per year to meet increased demand and replace retiring nurses.[49]

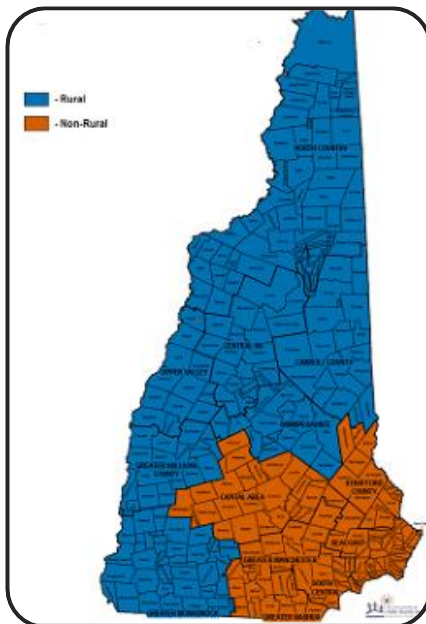
As previously noted in this report, Cheshire County has a high and growing population of older adults that will need a higher level of health care and specialty care. The population of adults aged 65 and older increased by more than 40.0% between 2010 and 2020 alone.

IMPACT OF COVID-19

The COVID-19 pandemic has taken a heavy toll on health care providers across all disciplines, as those who have remained on the front lines of the pandemic have reported suffering from stress, trauma, burnout, and increased behavioral health challenges.

National Center for Chronic Disease Prevention & Health Promotion

Figure 16. Rural & Non-rural Public Health Networks



Source: New Hampshire Department of Health and Human Services, State Office of Rural Health

[48] Kaiser Family Foundation & The Washington Post. Frontline Health Care Workers Survey, 2021. Link to Source: kff.org/report-section/kff-the-washington-post-frontline-health-care-workers-survey-toll-of-the-pandemic/
[49] American Hospital Association. Fact Sheet: Strengthening The Health Care Workforce, May 2021. Link to Source: aha.org/fact-sheets/2021-05-26-fact-sheet-strengthening-health-care-workforce

Medical practice is limited in rural New Hampshire, as only 25.0% to 35.0% of health care practice exists in rural regions, including the Greater Monadnock Public Health Region, across provider types.[50] Approximately five percent of all physicians and four percent of physician assistants practicing in the rural public health regions of New Hampshire practice within the Greater Monadnock Public Health Region.

Exhibit 49: Full-time Health Care Providers

	Total FTE In Rural Regions	Greater Monadnock Public Health Region
Physicians	35.3%	5.1%
Physicians Assistants	25.5%	4.0%
Advanced Practice Registered Nurses	31.8%	4.6%

Source: New Hampshire Department of Health & Human Services, Division of Public Health Services. Annual Report on the Health Status of Rural Residents & Health Workforce Data Collection, 2021

- Physicians are about 4x as likely as physicians assistants to be 60+ years old, with one-third of physicians falling into this age bracket.
- Physicians assistants and advanced practice registered nurses were 2.5x more likely than physicians to have ties to New Hampshire, which is associated with a greater likelihood of staying in the state, but about twice as likely to be less experienced, as indicated by practicing for less than five years.
- Physicians were about 50.0% more likely to indicate an anticipation of reduced practice in the next five years than their physicians assistants and advanced practice registered nurse counterparts.

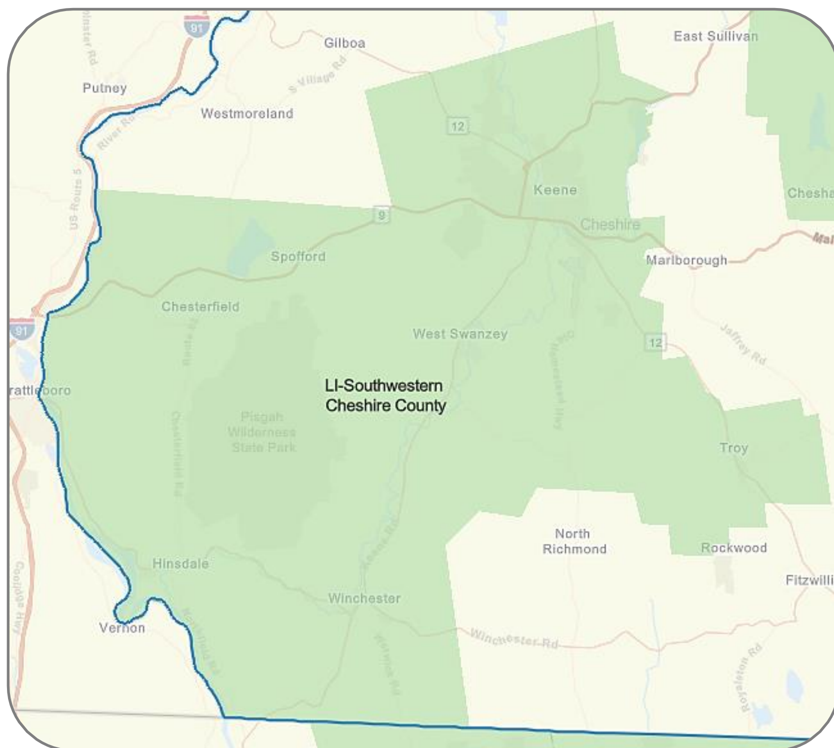
New Hampshire Department of Health & Human Services, Division of Public Health Services. Annual Report on the Health Status of Rural Residents & Health Workforce Data Collection, 2021

[50] New Hampshire Department of Health & Human Services, Division of Public Health Services. Annual Report on the Health Status of Rural Residents & Health Workforce Data Collection, 2021. Link to Source: dhhs.nh.gov/sites/g/files/ehbemt476/files/documents2/2021.pdf

Health Professional Shortage Areas (HPSAs) are geographic areas, populations, or facilities with a shortage of primary, dental, or mental health care providers. The HPSA tool can be utilized to identify counties and states with the most severe provider shortages for a select variety of health care disciplines. **Scores range from 0 to 26, with a higher score indicating a greater need.** [51]

The map below indicates that large swaths of Cheshire and Hillsborough counties are considered designated HPSA for primary care health professionals. However, the two major areas located in the table have relatively low scores.

Exhibit 50: Primary Care Health Professional Shortage Areas



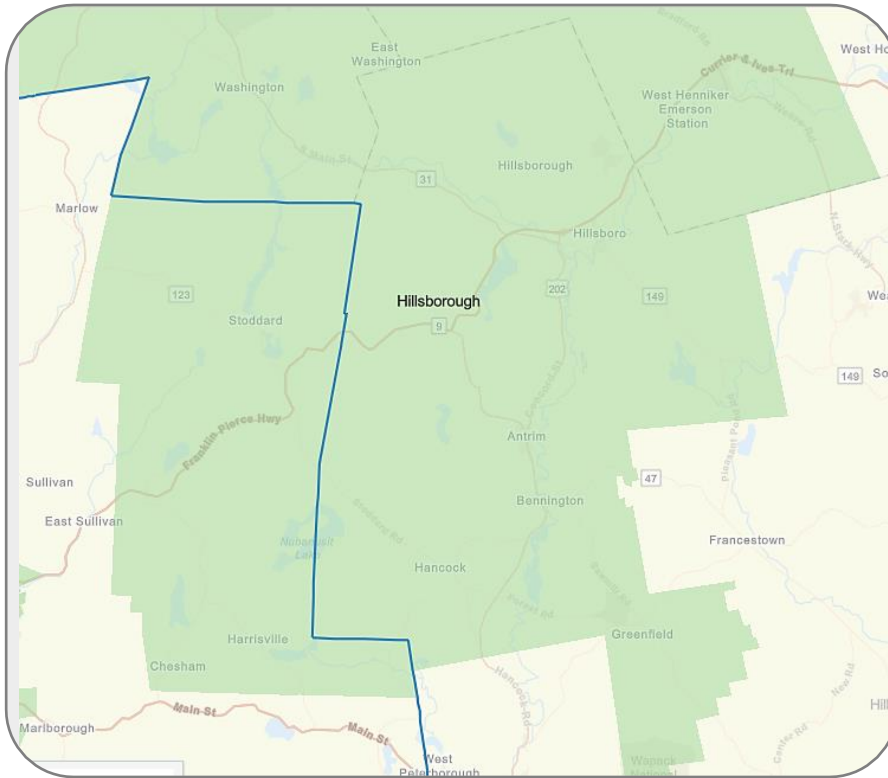
Primary Care Health Professional Shortage Area Score:

9

Source: Health Resources & Services Administration. HRSA Map Tool, 2022

[51] Health Resources & Services Administration. What is Shortage Designation?.
Link to Source: bhw.hrsa.gov/workforce-shortage-areas/shortage-designation#hpsas

Exhibit 51: Primary Care Health Professional Shortage Areas

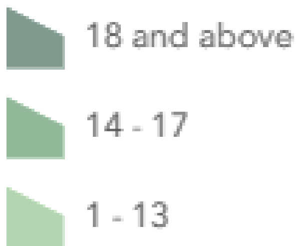


Primary Care Health Professional Shortage Area Score:

6

Source: Health Resources & Services Administration. HRSA Map Tool, 2022

Primary Care Area HPSAs (HPSA Score)



Health Status & Outcomes

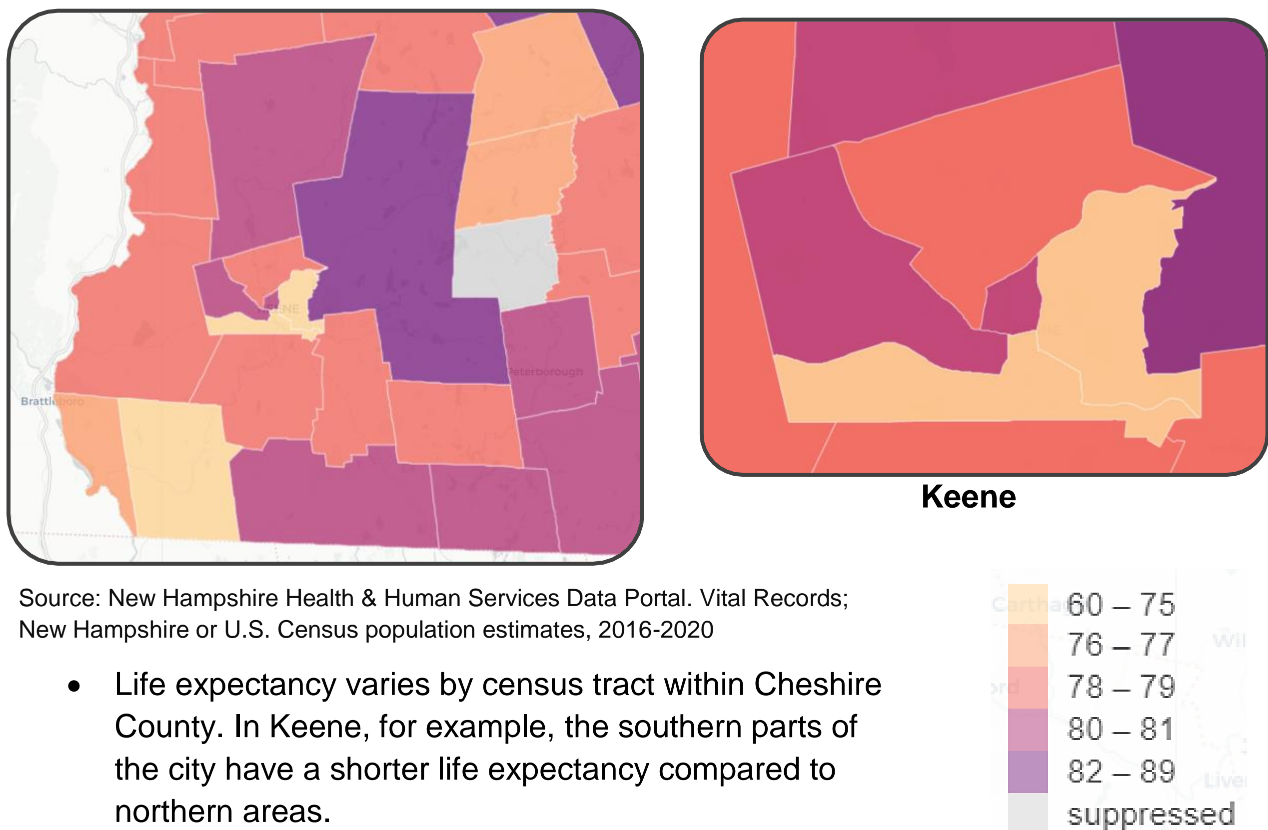
Health outcomes represent how healthy a population is according to the most current data and reflects the physical and mental well-being of residents within a community through measures representing not only the length of life but the quality of life.[52] Life expectancy is projected to decrease, a direct impact of the COVID-19 pandemic. Between 2018 and 2020, life expectancy in the U.S. decreased by 1.9 years (to 76.9 years), 8.5 times the average decrease in peer countries (0.22 years), widening the gap to 4.7 years.[53] The 2018-2020 average life expectancy in Cheshire County does not differ greatly from New Hampshire's average.

Exhibit 51: Life Expectancy

2018-2020	New Hampshire	Cheshire County
The average number of years a person can expect to live	79.5	79.2

Source: National Center for Health Statistics, Mortality Files

Exhibit 52: Life Expectancy by Census Tract in Cheshire County



Source: New Hampshire Health & Human Services Data Portal. Vital Records; New Hampshire or U.S. Census population estimates, 2016-2020

- Life expectancy varies by census tract within Cheshire County. In Keene, for example, the southern parts of the city have a shorter life expectancy compared to northern areas.

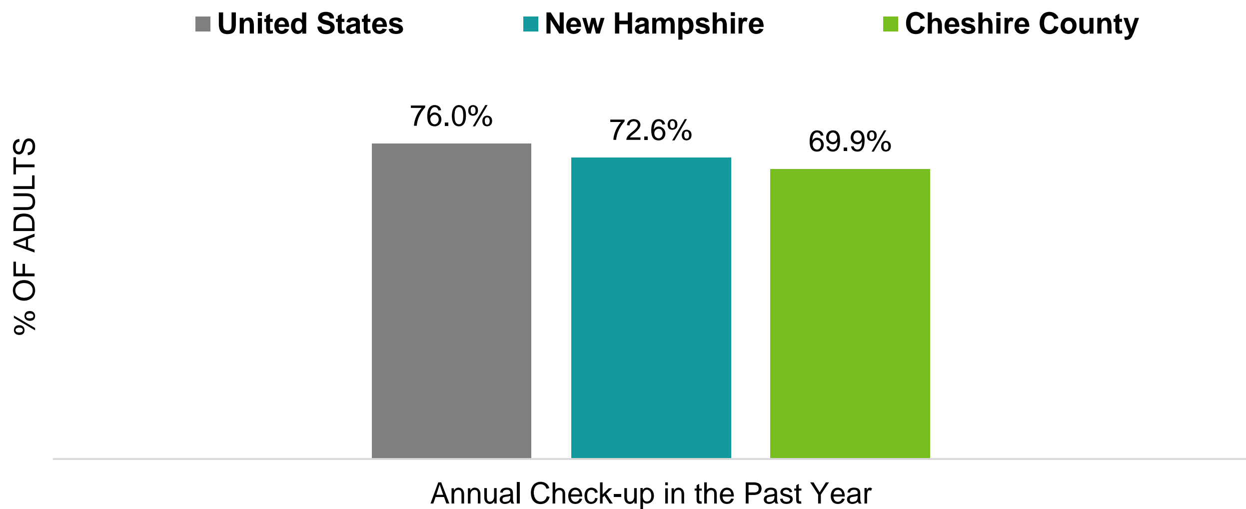
[52] County Health Roadmaps & Rankings, Health Outcomes.
[53] The British Medical Journal. Effects of covid-19 pandemic on life expectancy and premature mortality in 2020: time series analysis in 37 countries, 2021. Link to Source: bmj.com/content/375/bmj-2021-066768

Preventative Health

Preventive health care services like screenings, check-ups, and vaccinations are key to keeping people of all ages healthy. Many people don't get the preventive care they need. Barriers include cost, not having a primary care provider, living too far from providers, and lack of awareness about recommended preventive services. Vaccinations throughout childhood are important because they help provide immunity before children are exposed to potentially life-threatening diseases.[54]

Primary care providers offer a usual source of care, early detection, and treatment of disease, chronic disease management, and preventive care. Patients with a usual source of care are more likely to receive recommended preventive services such as flu shots, blood pressure screenings, and cancer screenings.[55]

Exhibit 53: Annual Check-up in the Past Year[56]

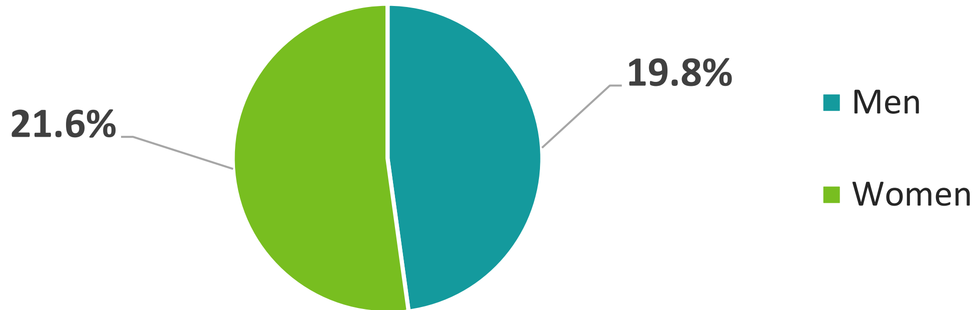


Source: National Center for Chronic Disease Prevention & Health Promotion, Division of Population Health. New Hampshire Behavioral Risk Factor Surveillance Survey, 2019

[54] National Center for Immunization & Respiratory Diseases. Link to Source: cdc.gov/vaccines/parents/why-vaccinate/index.html
[55] U.S. Department of Health and Human Services, Healthy People 2030. Social Determinants of Health Literature Summaries, Access to Health Services.
[56] United States & D.C., Median crude rates only.

The chart below indicates the percentage of older men and women (aged 65 and older) in New Hampshire that meet the criteria outlined in figure 17.

Exhibit 54: Preventative Services for Older Adults



Source: National Center for Chronic Disease Prevention & Health Promotion, Division of Population Health. New Hampshire Behavioral Risk Factor Surveillance Survey, 2019

Figure 17. Preventive Health Services Definitions of Preventive Services for Older Adults

PREVENTIVE SERVICES FOR WOMEN:

Number of women aged ≥65 years reporting having received:

An influenza vaccination in the past year

A pneumonia vaccine ever in their lifetime, and

Either a Fecal Occult Blood Test (FOBT) within the past year, a sigmoidoscopy within the past five years and a FOBT within the past three years,

OR

A colonoscopy within the previous 10 years; and a mammogram in the past two years.

PREVENTIVE SERVICES FOR MEN:

Number of men aged ≥65 years reporting having received:

An influenza vaccination in the past year

A pneumonia vaccine ever in their lifetime, and

Either a FOBT within the past year, a sigmoidoscopy within the past five years and a FOBT within the past three years,

or colonoscopy within the past 10 years.

Sexual Health

The Human Immunodeficiency Virus (HIV) prevalence rate for the population aged 13 and over decreased between 2019 and 2020. However, due to the impact of the COVID-19 pandemic on HIV testing in the United States during 2020, the overall number of HIV diagnoses in the United States in 2020 (30,403) was 17.0% lower than in 2019 (36,585). The steep reduction in diagnoses in 2020 is likely due to disruptions in clinical care services, patient hesitancy in accessing clinical services, and shortages in HIV testing reagents/materials, which causes concern regarding underdiagnosis.[57]

Exhibit 55: Human Immunodeficiency Virus Prevalence Rate

PER 100,000 POPULATION	United States		New Hampshire	
	2019	2020	2019	2020
Age 13 and over	376.9	379.7	55.8	44.9

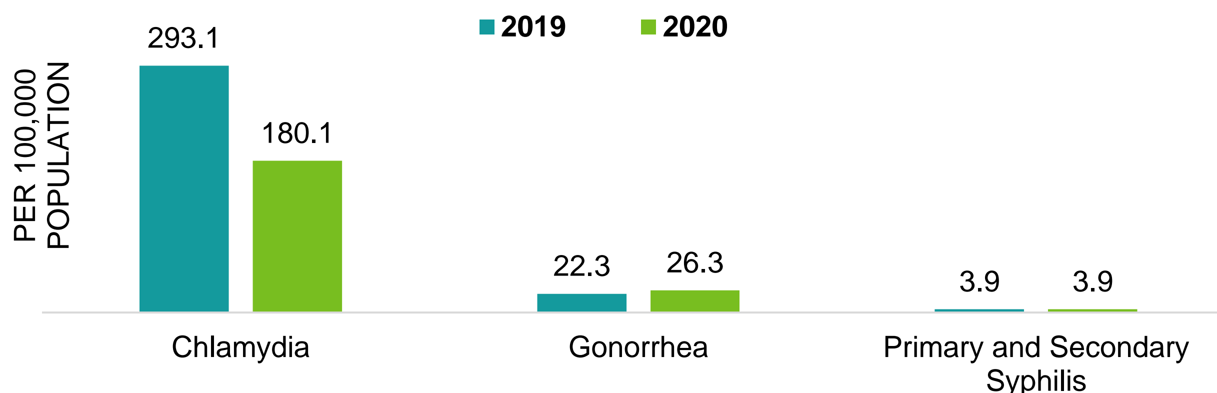
Source: National Center for HIV, Viral Hepatitis, STD & TB Prevention

Exhibit 56: Sexually Transmitted Infections

PER 100,000 POPULATION	United States		New Hampshire		Cheshire County	
	2019	2020	2019	2020	2019	2020
Chlamydia	551.0	481.3	263.1	215.6	293.1	180.1
Gonorrhea	187.8	206.5	30.2	33.9	22.3	26.3
Primary/Secondary Syphilis	11.9	12.7	3.5	3.8	3.9	3.9

Source: National Center for HIV, Viral Hepatitis, STD & TB Prevention

Exhibit 57: Sexually Transmitted Infections in Cheshire County



Source: National Center for HIV, Viral Hepatitis, STD & TB Prevention

[57] National Center for HIV, Viral Hepatitis, STD, and TB Prevention. Link to Source: cdc.gov/nchhstp/

Maternal & Child Health

Over the past two decades, the United States maternal mortality rate has not improved while maternal mortality rates have decreased for other regions of the world. Significant racial and ethnic disparities persist in both the rate of women in the United States who die due to complications of pregnancy or delivery and the rate at which women experience negative health consequences due to unexpected pregnancy or childbirth outcomes.[58]

In New Hampshire, 10 hospitals have closed their maternity wards over the past 20 years, mostly in rural areas. New Hampshire hospital leaders have cited declining birth rates and financial pressures, due in part to low Medicaid reimbursement rates, as reasons for closing labor and delivery units.[59] The Urban Institute explored the impact of birthing unit closures in a 2021 study. It found that the typical driving time to a labor and delivery unit more than doubled in areas with closures, from 18 to 39 minutes. Women who lived farther from birthing units were less likely to attend as many prenatal visits and more likely to have an unplanned home birth or give birth en route to the hospital compared to those who lived closer. They also tended to be younger, less educated, and live in higher-poverty communities meaning that the burdens of those closures disproportionately fell on people with fewer resources to begin with.[60]

Exhibit 58: Babies Born With Low Birth Weight

PER 1,000 LIVE BIRTHS	United States	New Hampshire	Cheshire County
Less than 5.5 pounds	6.0%	7.0%	6.0%

Source: National Center for Health Statistics Natality files, 2014-2020

Exhibit 59: Teen Birth Rate

PER 1,000 WOMEN	United States	New Hampshire	Cheshire County
Ages 15 to 19	11.0	9.0	9.0

Source: National Center for Health Statistics Natality files, 2014-2020

Exhibit 60: Infant Mortality Rate[61]

PER 1,000 LIVE BIRTHS	New Hampshire	Cheshire County
Perinatal mortality rate	2.4	2.7
Infant mortality rate	3.4	3.7

Source: New Hampshire Health & Human Services Data Portal, 2017-2021

[58] United States Commission on Civil Rights. Racial Disparities in Maternal Health, 2021. Link to Source: usccr.gov/files/2021/09-15-Racial-Disparities-in-Maternal-Health.pdf
[59] New Hampshire Public Radio. N.H. is boosting funding for labor and delivery care. Will it be enough to stem closures?, 2022.
[60] National Library of Medicine. Following labor and delivery unit closures in rural New Hampshire, driving time to the nearest unit doubled, 2021. Link to Source: collections.nlm.nih.gov/catalog/nlm:nlmuid-9918299583306676-pdf
[61] Perinatal: Death within seven days. Infant: Less than one year.

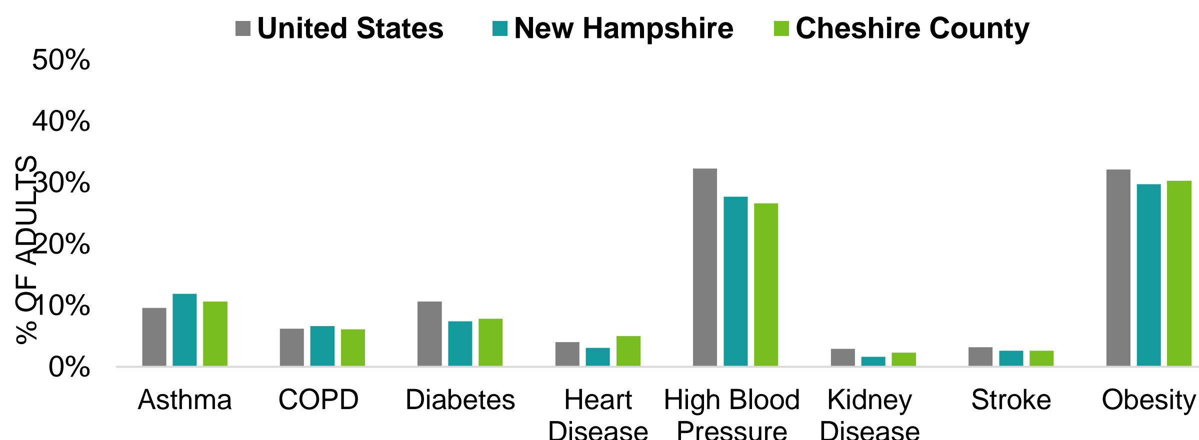
Chronic Diseases

Chronic diseases are defined broadly as conditions that last one year or more and require ongoing medical attention or limit activities of daily living or both.[62]

Prevalence rates indicate the proportion of a population who have a specific characteristic in a given period. For this data, prevalence rates indicate the proportion of a population who have ever been told they have a chronic disease in their lifetime by a health care provider.

The age-adjusted rate of adults self-reporting chronic disease prevalence indicates that in Cheshire County, high blood pressure and obesity are the most prevalent chronic diseases overall. Over a quarter of Cheshire County adults self-reported being told they had high blood pressure by a health care professional and approximately 30.3% of the adult population are considered obese.

Exhibit 61: Chronic Disease Prevalence



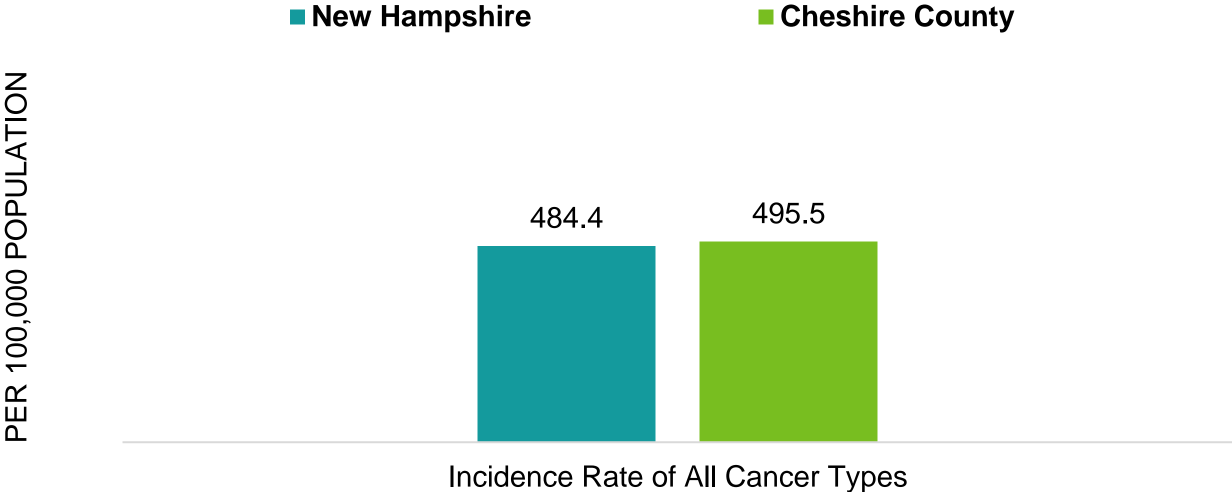
	United States[63]	New Hampshire	Cheshire County
Asthma	9.6%	11.9%	10.6%
COPD	6.2%	6.6%	6.1%
Diabetes	10.6%	7.4%	7.8%
Heart Disease	4.0%	3.1%	5.0%
High Blood Pressure	32.3%	27.7%	26.6%
Kidney Disease	2.9%	1.6%	2.3%
Stroke	3.2%	2.6%	2.6%
Obesity	32.1%	29.7%	30.3%

Source: National Center for Chronic Disease Prevention & Health Promotion, Division of Population Health. New Hampshire Behavioral Risk Factor Surveillance Survey, 2019

[62] National Center for Chronic Disease Prevention & Health Promotion. Link to Source: cdc.gov/chronicdisease/about/index.htm#:~:text=Chronic%20diseases%20are%20defined%20broadly,disability%20in%20the%20United%20States.
[63] United States & D.C., Median crude rates only.

The age-adjusted rate of cancer *(of all types)* in Cheshire County is higher compared to the statewide average (495.5, 484.4, respectively). Between 2015 and 2019, there were approximately 2,590 cancer diagnoses within the county, the sixth-highest count in New Hampshire.

Exhibit 62: Incidence Rate of All Cancer Types



Source: New Hampshire Health & Human Services Data Portal, 2015-2019

Alzheimer's disease

The most recent report from the Alzheimer's Association shows that Alzheimer's Disease is a growing public health crisis in New Hampshire. The 2022 report notes that the number of in-state residents with Alzheimer's is expected to grow by over 23.0%, to 32,000, by 2025. Currently, there are more than 58,000 residents in the state serving as unpaid family caregivers providing an estimated total of 83 million hours of care.[64]

As of 2022, Cheshire County has the highest rate of adults aged 65 and older with Alzheimer's Disease or related dementia in New Hampshire.

Additionally, the city of Keene and 16 other towns in Cheshire have rates higher than 17.0%. The newly published data shows that throughout New Hampshire, only a handful of communities near that threshold.[65] Nearly 20.0% of the Cheshire County population is aged 65 and older, indicating a need for additional health care services.

ALZHEIMER'S DISEASE IN NEW HAMPSHIRE

In **2019**, 511 New Hampshire residents died from Alzheimer's Disease.

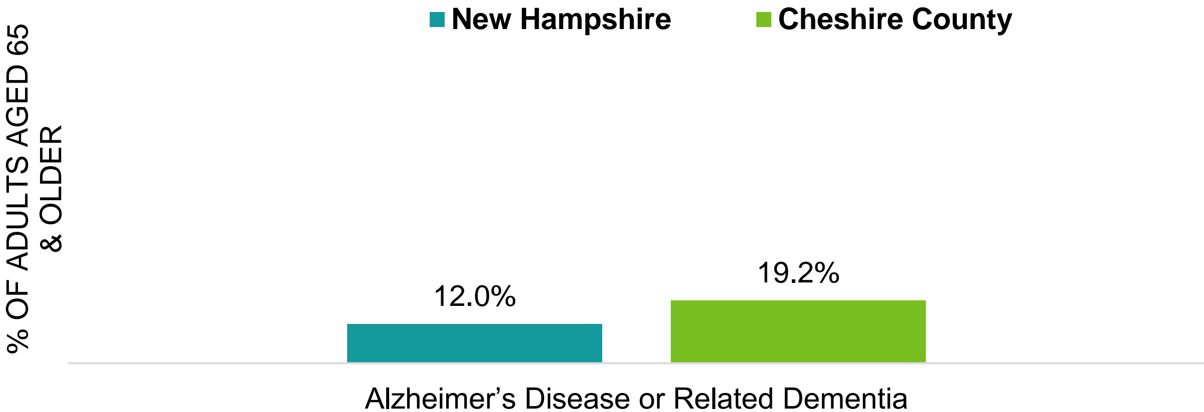
In **2021**, caregivers spent over 80 million hours of unpaid care for people living with Alzheimer's Disease.

- There are **33** geriatricians in New Hampshire. By 2050, the rate of geriatricians needs to increase by approximately **118.2%**.
- There are **9,560** home health and personal care aids in New Hampshire. By **2028**, the rate of geriatricians needs to increase by approximately **31.8%.**

New Hampshire Alzheimer's Statistics 2022 Fact Sheet

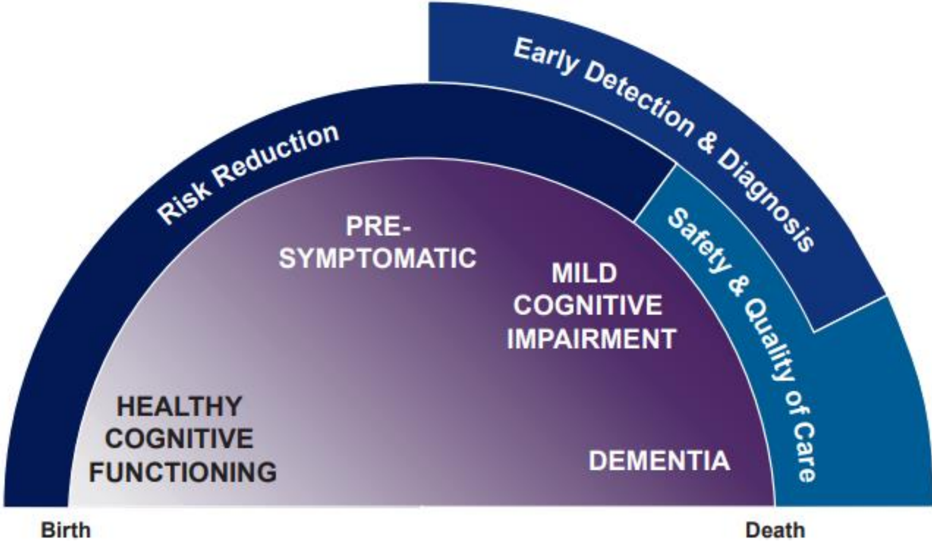
[64] Alzheimer's Association. New Hampshire, 2022. Link to Source: alz.org/professionals/public-health/state-overview/new-hampshire
[65] Healthy Aging Data Reports. Chronic Disease Rates, 2022. Link to Source: healthyagingdatareports.org/nh-interactive-maps/

Exhibit 63: Alzheimer's Disease or Related Dementia



Source: Healthy Aging Data Reports. Chronic Disease Rates, 2022

Figure 18. Life Course Perspective on Alzheimer's & Other Dementias



Source: The Alzheimer's Association, Centers for Disease Control & Prevention. Healthy Brain Initiative, State & Local Public Health Partnerships to Address Dementia: The 2018-2023 Road Map

Throughout the dementia continuum *(shown in purple)*, the public health community *(shown in blue)* can intervene by promoting health behaviors to reduce the risk of cognitive decline, encourage early detection and diagnosis of cognitive impairment and dementia, ensure the safety of those with memory issues, and improve the quality of care for those impacted by dementia in their communities. These essential public health activities help reduce the burden, improve health outcomes, and promote health and well-being among both people living with dementia and their caregivers.

Behavioral Health

Behavioral health is the promotion of mental health, resilience, and well-being; the treatment of mental and substance use disorders; and the support of those who experience and/or are in recovery from these conditions, along with their families and communities.[66] The pandemic exacerbated the need for behavioral health services while individuals with existing disorders faced additional barriers to care. However, even before the COVID-19 public health emergency, the demand for behavioral health services was on the rise.[67]

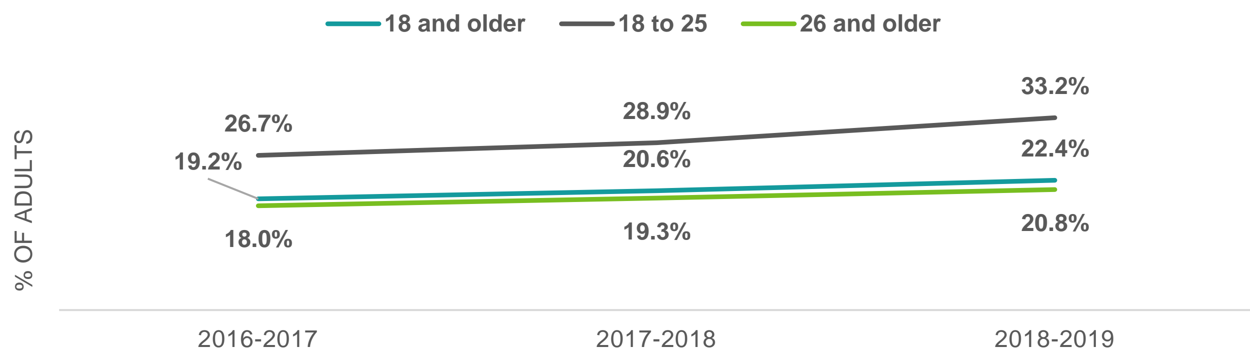
The data below illustrates the age-adjusted percentage of adults who reported experiencing **14 or more** poor mental and physical health days **in the past 30 days** according to the 2019 Behavioral Risk Factor Surveillance Survey. Cheshire County reported experiencing nearly equal poor mental health and poor physical health days to the state average.

Exhibit 64: Quality of Life Indicators

	United States	New Hampshire	Cheshire County
Poor Physical Health Days	3.4	3.9	3.7
Poor Mental Health Days	4.0	4.8	4.7

Source: National Center for Chronic Disease Prevention & Health Promotion, Division of Population Health. New Hampshire Behavioral Risk Factor Surveillance Survey, 2019

Exhibit 65: Trend of Adults with Any Mental Illness Prevalence in New Hampshire

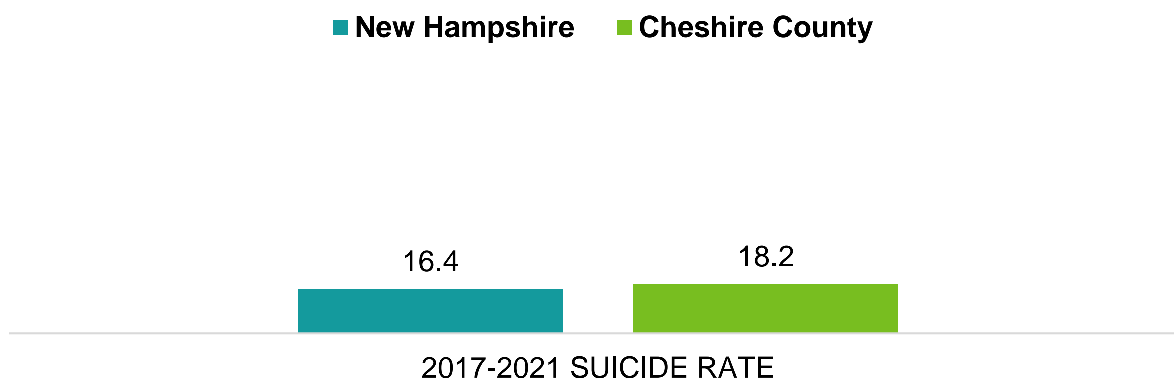


Source: New Hampshire Health & Human Services Data Portal

- The trend of adults reporting any mental illness statewide has been steadily increasing for adults. It is important to note that this data was collected before COVID-19, and figures are expected to dramatically increase.

[66] SAMHSA, Behavioral Health Integration. Link to Source: samhsa.gov/sites/default/files/samhsa-behavioral-health-integration.pdf
[67] Addressing the Behavioral Health Crisis, 2021. Link to Source: kaufmanhall.com/insights/article/addressing-behavioral-health-crisis?mkt_tok=NjU0LUNOWS0yMjQAAAF9kEL2kL79N9Mo4sGYHi1sFIY31e4Zh2FSNt2ppR-zBzwBvGB5Q5aoMP9ABHvMQFFjpLpEkh0aXAESLf9JLR_f6Dsy-twlMr7j-4MxoIXLep1p

Exhibit 66: Suicide Rate



Source: New Hampshire Health & Human Services Data Portal

- The age-adjusted suicide rate for all ages between 2017 and 2021 in Cheshire County is higher compared to New Hampshire. Seventy-three individuals died by suicide in Cheshire County between 2017 and 2019.

Youth Behavioral Health

In the Monadnock Region, local law enforcement mental health providers recently shared that the COVID-19 pandemic *"has caused a substantial increase in calls among juveniles related to anxiety, depression, and even attempted suicide."* Additionally, Monadnock Family Services saw a 22.0% increase in juvenile intake in 2022 compared to 2021.[68]

It is important to note that the release of the most recent survey results, collected in late 2020, has most likely been delayed due to the COVID-19 pandemic.

"New Hampshire has recently increased mental health services within school districts by "creating response teams to provide support to students, including mental health training and expanding behavioral health and wellness services within the schools."

New Hampshire schools plan to expand mental health services for students (August 17, 2022)

Just over a quarter of the male high school population in the Greater Monadnock Region self-reported feeling sad or hopeless for two weeks in a row in the past year in 2019. Approximately 34.2% of high school students self-reported feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities, above the statewide percentage. Of these students, 40.1% were aged 18 and older.

[68] Monadnock Ledger. COVID-19 pandemic cited as reason for increase in youth mental-health calls, August 24, 2022.

Exhibit 67: Mental Health Indicators by High School Students

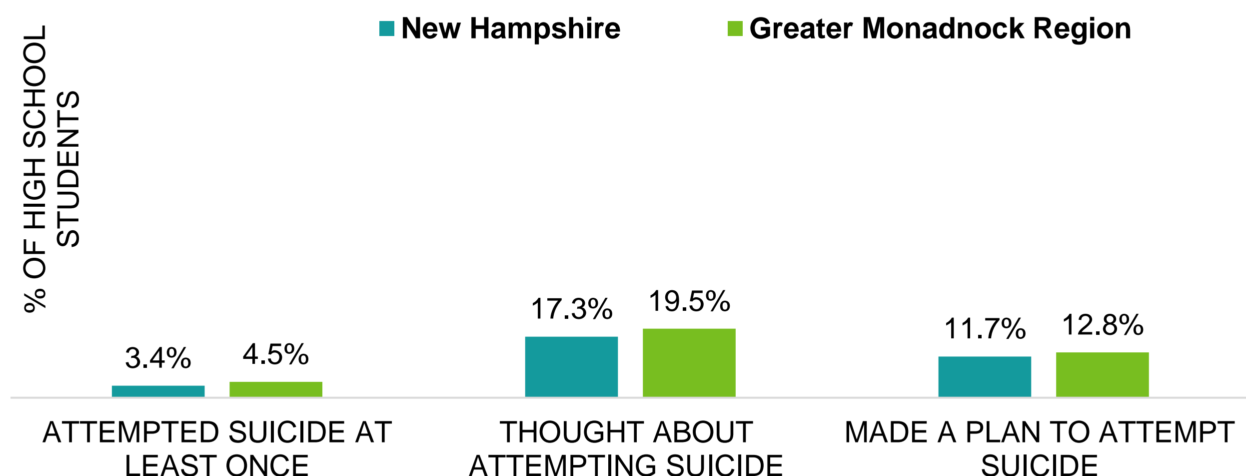
PAST YEAR	New Hampshire		Greater Monadnock Region	
	Number	Percent	Number	Percent
Ever felt feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities	360	31.8%	328	34.2%
Females	232	43.7%	205	43.0%
Males	123	20.7%	116	26.0%

Source: National Center for Chronic Disease Prevention & Health Promotion, Division of Population Health. New Hampshire Youth Behavioral Risk Factor Surveillance Survey, 2019

About the Data
All responses to the Youth Behavioral Risk Factor Surveillance Survey are self-reported.

Additional findings from the 2019 survey indicated that female high school students were more likely to have suicidal thoughts in the past year than males (23.2%, 15.6%, respectively). More female high school students also self-reported creating a plan to attempt suicide over males (14.7%, 10.6%, respectively).[69]

Exhibit 68: Thoughts of Suicide by High School Students



Source: National Center for Chronic Disease Prevention & Health Promotion, Division of Population Health. New Hampshire Youth Behavioral Risk Factor Surveillance Survey, 2019

[69] New Hampshire Youth Risk Behavior Survey, 2019 Greater Monadnock High School Survey.
Link to Source: dhhs.nh.gov/sites/g/files/ehbemt476/files/documents/2021-11/greater-monadnock-yrbs-results-2019.pdf

Behavioral Health Workforce

Health professional shortages have long impeded behavioral health care access and are largely attributable to low reimbursement or provider payment, as well as the recent and imminent retirement of more than half of the current workforce.[70]

In the past two years, community mental health center vacancies statewide have skyrocketed while demand for services has increased. In January 2022, there were approximately 400 vacancies statewide.[71]

Mental health practice in rural New Hampshire is limited and comparable to medical practice within rural New Hampshire, as only 32.2% of the mental health professionals in the table below practice within the rural areas of the state. Only 7.2% of the psychiatrists in the rural region of New Hampshire practice in the Greater Monadnock Public Health Region.

Exhibit 69: Full-Time Employee (FTE) Health Care Providers

% OF TOTAL FTE	Total FTE In Rural Regions	Greater Monadnock Public Health Region
Total FTE in Rural Regions	32.2%	5.5%
Psychiatrists	24.9%	7.2%
Mental Health Professionals	34.8%	9.8%
Licensed Alcohol and Drug Counselors/ Master Licensed Alcohol and Drug Counselors	33.2%	10.3%

Source: New Hampshire Department of Health & Human Services, Division of Public Health Services. Annual Report on the Health Status of Rural Residents & Health Workforce Data Collection, 2021

[70] American Hospital Association. Trend Watch: The impacts of the COVID-19 pandemic on behavioral health, 2022. Link to Source: aha.org/system/files/media/file/2022/05/trendwatch-the-impacts-of-the-covid-19-pandemic-on-behavioral-health.pdf
[71] New Hampshire Bulletin, Commentary: The workforce problem is a mental health problem, 2022. Link to Source: newhampshirebulletin.com/2022/02/28/commentary-the-workforce-problem-is-a-mental-health-problem/

Substance Use

The COVID-19 pandemic has had a severe and deadly impact on substance use across the nation. Overdoses soared during the pandemic, with U.S. overdose deaths topping 100,000 during the one year ending in April 2021.[72]

> The Doorway is a new program at Cheshire Medical Center with nine Doorway locations, providing single points of entry for people seeking help for substance use, whether they need treatment, support, or resources for prevention and awareness. The regional Doorways ensure that help is always less than an hour away. In addition, 24/7 access to services is also available by dialing 211.

Figure 19. The Doorway at Cheshire Medical Center

Source: Image provided by Cheshire Medical Center, Center for Population Health

[72] CDC/National Center for Health Statistics. Drug Overdose Deaths in the U.S. Top 100,000 Annually, 2021.

In March of 2021, New Hampshire's Department of Health and Human Services announced that overdose deaths in the state decreased by 11.0% since 2018; however, there has been no decrease in the last three of those years, except for opioid-related overdose deaths.[73] Dartmouth Health's Substance Use and Mental Health Initiative conducted an online survey to elucidate the impact of the COVID-19 pandemic on substance use in New Hampshire.

Out of the 339 individuals who responded,

- → Approximately 24.0% reported increased access to street drugs other than opioids, including methamphetamine, cocaine, and marijuana.
- → The item for which there was the greatest apparent consensus with observed changes was alcohol use, with 77.0% of observers agreeing that alcohol use has increased in New Hampshire since the onset of COVID-19 and only two percent reporting a decrease.[74]

In the first quarter of 2022 (January 1st to March 21st), nearly 700 people in Cheshire County were receiving a type of publicly funded service for substance use disorder (SUD). Primarily, individuals receiving care were seeking treatment for Opioid Use Disorder (590) and Alcohol Use Disorder (108).

Exhibit 70: Individuals Receiving Publicly Funded Services for Substance Use Disorder

2022 Q1	New Hampshire	Cheshire County
Any Substance Use Disorder	9,660	698
Alcohol Use Disorder	1,280	108
Opioid Use Disorder	8,275	590
Stimulant Use Disorder	605	55
Other Substance Use Disorder	258	12

Source: New Hampshire Health & Human Services Data Portal (Data as of 8/22/2022)

[73] New Hampshire Information & Analysis Center New Hampshire Drug Monitoring Initiative, March 25, 2022. Link to Source: dhhs.nh.gov/sites/g/files/ehbemt476/files/documents2/dmi-march2022.pdf
[74] Dartmouth-Hitchcock Substance Use & Mental Health Initiative. COVID-19 & Substance Use in New Hampshire Survey Report, May 2020. Link to Source: dartmouth-hitchcock.org/sites/default/files/2021-02/survey-report-covid-19-substance-use-new-hampshire.pdf

Exhibit 71: Lifetime Tobacco Use Indicators by High School Students

USED ONE TO TWO DAYS IN THE PAST 30 DAYS	New Hampshire	Greater Monadnock Region
Smoked a cigarette	1.3%	3.1%
Electronic vapor product	7.1%	9.1%
Ever used an electronic vapor product	51.7%	48.4%

Source: National Center for Chronic Disease Prevention & Health Promotion, Division of Population Health. New Hampshire Youth Behavioral Risk Factor Surveillance Survey, 2019

Exhibit 72: Current Substance Use by High School Students

USED ONE TO TWO DAYS IN THE PAST 30 DAYS	New Hampshire	Greater Monadnock Region
Had one drink of alcohol	14.7%	14.8%
Heroin	0.4%	0.0%
Methamphetamines	0.5%	0.6%
Ecstasy	1.1%	0.8%
Marijuana	7.9%	7.2%

Source: National Center for Chronic Disease Prevention & Health Promotion, Division of Population Health. New Hampshire Youth Behavioral Risk Factor Surveillance Survey, 2019

Stage 2: Needs Assessment & Stakeholder Input

Qualitative Research Approach

The qualitative primary research methodology consisted of one-on-one stakeholder interviews with key community leaders, policymakers, and others, in addition to focus group discussions with the Leadership Council for a Healthy Monadnock, local youth, and educators, among others.

Approximately 40 stakeholders and community members participated in one-on-one interviews and/or focus groups. An interview guide and focus group moderator's guide were implemented to help guide conversations, as found in Appendix B and C.

Figure 20. Qualitative Data Methods

Source: Image sourced from QuestionPro

One-on-One Interviews

Crescendo staff conducted 25 one-on-one interviews that lasted approximately 20 minutes in length provided the opportunity for:

- In-depth conversations about community-wide strengths, barriers to receiving health care services, impacts of the COVID-19 pandemic, and ideas for solutions to improve their communities.
- In-depth discussions about health care, social service, mental health, and other service issues with Cheshire Medical Center leaders and individuals from the community.

Focus Group Discussions

Crescendo staff conducted 4 community-wide focus groups each started with brief introductions, followed by hearing participants' broad thoughts about topic areas. Discussions were then narrowed down to focus on what participants observed as the greatest concerns facing their community and what possible solutions they envisioned. Participants were encouraged to speak about their particular areas of concern, interest,

or experience as many opinions and observations were grounded in both personal and professional experiences.

Qualitative Data Collection Participants

Through the stakeholder interview participants and focus groups, a diverse group of community organizations provided valuable insight into the challenges and barriers the population within the HSA may experience. The following is a ***sample*** of organizations that participated in the qualitative data collection process.

Figure 21. Sample of Qualitative Research Participants

Insights into the Community

To further understand the Cheshire County community, participants were also asked to share positive traits about their community.

The community expressed appreciation for the natural beauty and small-town feel. There is a strong sense of collaboration and a "can-do" attitude.

→ *"This is a very inclusive family community. It feels like everything is close. We are far apart from everyone else, so you feel like you're on an island in Keene. Keene is the hub of the region, so a lot of people come here to work and play. You can walk to a lot of things in the downtown area."*

→ *"There's a spirit of collaboration our area is known for, and I couldn't think of a better way to emulate that."*

→ *"In the past 15 years I've seen a real pick-up in people's understanding of the needs of families in crisis. It's great to have a walking trail but what are we doing for frantic single moms that are low income – Monadnock Alliance has helped to increase the awareness of the entire community including access to health care and mental health services."*

→ *"We have lovely people in Cheshire. I like the natural beauty of the county and appreciate smaller town living and slower pace; I feel a sense of welcome here."*

→ *"Because Cheshire County is relatively small and isolated on this side of Temple Mountain, there's a real sense of community. Everyone kind of knows everybody and everybody tries to work together. The mantra has been in the Monadnock Region that we were together. Here in Cheshire County there's, a great comradery to solve problems and work collaboratively and make things happen."*

→ *"We are the perfect size with a college in Keene, a hospital, and a lot of assets. We are very small and rural, but we aim high in terms of community. We are getting more diverse and getting more into the arts."*

The community had positive comments exclusively about Cheshire Medical Center.

- *"Cheshire is one of the brightest things that we have, and I can't imagine where we'd be without the Center for Population Health. The key function they play is being the convener of conversations that need to be had."*
- *"The Center for Population Health focuses on the social determinants of health and I think they are already involved in a lot of community efforts."*
- *"Cheshire Medical Center gives fabulous service and has an Interpreter ready to go and have given a lot of free care to this population."*
- *"Cheshire has really taken a leadership role in looking at behavioral health. They're really at the frontlines tackling community problems."*

High-Level Action Areas Identified from Qualitative Data

The following *High-Level Action Areas* are most representative of respondents' consensus in both qualitative interviews and focus group discussions. These key action areas and some associated observations that are representative of respondents' consensus perspectives from the interviews are included on the following pages.

Please note, Action Areas are in alphabetical, not prioritized, order.

Figure 22. High-Level Action Areas Identified from Qualitative Data

Access to Behavioral Health Care

Stakeholders shared that the local behavioral health infrastructure for both mental health and substance use disorder treatment caused by a lack of local behavioral health care providers as well as both in and outpatient services within the community. Almost all community members expressed concern over the effects of the pandemic on youth's mental health primarily.

> "During the last few weeks of school there were 14 fights in one week. School is more dangerous now than before COVID-19. Teachers got hurt from stepping into fights."
>
> *Youth Focus Group Participant*

Research collected before the pandemic shares the following:

- The age-adjusted suicide rate for all ages between 2017 and 2021 in Cheshire County is higher compared to New Hampshire (18.2, 16.4, respectively).[75]
- Approximately 34.2% of high school students self-reported feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities, above the statewide percentage. Of these students, 40.1% were age 18 and older.[76]
- From March of 2021 to March of 2022 the number of adults receiving publicly funded treatment services for any substance increased by 37.1% in Cheshire County.[77]

Existing mental health services are working to address the community's needs, but are continuously challenged by the lack of workforce, as there is an overall shortage of psychiatrists, and pediatric psychiatrists are even more limited in the rural region. Emergency rooms are frequently utilized as holding areas for adults and especially youth needing mental health services.

Additionally, local organizations expressed the uphill challenge of trying to get families back on their feet, while not being able to adequately address behavioral health issues first. Local college students expressed a lack of connectivity to their community and care coordination for wraparound mental health care was cited as a barrier.

[75] New Hampshire Health & Human Services Data Portal.
[76] New Hampshire Youth Behavioral Risk Factor Surveillance Survey, 2019.
[77] New Hampshire Health & Human Services Data Portal.

Voices from the community:

- *"We have tremendous disparities in respect to pay and that limits who can do this work."*
- *"The local mental health provider, Monadnock Family Services, is trying valiantly to meet the need, but they don't have the staff to address everyone. Maps Counseling Services are trying to help out as well."*
- *"There is no local community-based program. Some services are an hour and a half away and how supportive is that to the family?"*
- *"We really don't have anything. We have a few community mental health centers across the state that offer some services, but all [are] outpatients. Most people that want inpatient go to Brattleboro, Vermont, and others are far away."*
- *"Mental health crisis care is marginally better than a year or two ago in terms of adults and kids stacking up in emergency rooms waiting for hospital beds, but there's still waitlist issues."*
- *"The lack of mental health services is profound. One-third of the workforce in mental health is vacant and it is partially because they do not pay enough. Our families that work with Monadnock Family Services tend to have a new worker working with them every month."*
- *"Trying to find counselors for our folks is really hard. A goal for a family might be to have a regular mental health counselor and to keep your appointments. It's hard to support families when we can't get them a counselor."*
- *"We are missing a robust or comprehensive continuum of care. We have a community mental health center, but it's been strapped by the legislature because they are funded by the state. Those 10 Community Health Centers don't receive enough funding; that's one piece of the continuum."*

Community participants expressed deep concern about the youth population and the lack of supports and services in the community. More support programs are required for those in recovery from alcohol and other substance use disorders.

- *"I'm seeing an uptick in marijuana use in very young kids, as young as 12, getting roped in with older kids who use the kid as a hook for others. Where are they getting it?"*
- *"We have AA, but that is not enough to meet the demands. We are seeing that the region is increasing in child abuse and neglect, mainly due to substance use."*

- *"A lot of the times children are in the emergency room waiting for the on-call behavioral health clinician to arrive to assess their status. People who come to the emergency room for mental health needs don't receive care, they're just boarded."*
- *"The emergency room will say their child 'is fine right now, you can take them home,' but parents don't always feel comfortable taking the child home because that's where the crisis is. Staff communicating with the family is rough sometimes."*
- "*Children in crisis may be in a bed in their emergency room departments in the locked down part. It's really quite devastating, especially in a community with two higher education institutions."*
- *"Students say they don't feel like they have adequate resources. The college is doing the best they can, it's not for lack of trying. Individual therapy is great but there's more that could be done."*
- *"During the pandemic, AA [Alcoholics Anonymous] and NA [Narcotics Anonymous] meetings almost entirely shut down. As of July, they're back to 40.0% to 50.0%, but are not back to fully in-person. There are hybrid online options, but that brings us back to the broadband infrastructure issue. There is a great network here, but it's pretty thin still in the Monadnock Region."*
- *"I'm wondering how much addiction has affected parents and their ability to show up. I've been told by one of those parents with money and good jobs that she knew well-off parents who handed their kids money to do whatever and not be involved with their own children."*
- *Where are they getting the money for it* [marijuana]*? These are low-income."*
- *"Students are aware of the economic insecurity in major ways. Maybe 40.0% of Keene students are first-generation college students and they don't have a sense of profound economic stability in their lives. The kids don't feel cared about."*
- *"The rates of anxiety and depression in college students is already high. If they weren't anxious there would be something wrong. For college students, this is the age group that started active shooter drills in elementary schools. They were told someone in this school might kill you and that level of anxiety in no modern generation has experienced that."*
- *"Coming out of COVID, we are seeing more of a need and Cheshire Medical Center needs to respond to it. We can't have just the school districts and childcare centers trying to help these families."*

- *"The opioid epidemic was put on the back burner, but it's very much not over. Cheshire County was one of the hardest hit areas and it hasn't gone away. We've been trying to bring in facilities, but people will say they want the facilities, but at the city council meetings you hear they don't want them in their backyard."*
- *"We continue to have a huge substance misuse problem and the driver is alcohol. There are social norms that you come home from work and open a six-pack or a bottle of wine. Children are exposed to it at a very young age and exposed daily."*

The community responded with several ideas to increase awareness about trauma-informed care in higher educational institutes and the community, as well as partnerships between Cheshire Medical Center and school districts.

- *"They tried to get a mobile crisis unit, but business hours don't work. If you're going to do it, we need it when we need it. Who's helping the officers at eight, nine o'clock?"*
- *"We could create a trauma-informed campus with fewer classes or a lighter course load so students could have a better work-life balance."*
- *"To be a trauma informed healing county would be super important. For example, bereavement isn't two days – it's the rest of your life. How do you build spaces for people to access health across the area?"*
- *"We need better reimbursement rates so our community mental health centers and providers can provide care at appropriate levels and be paid a living wage."*
- *"I don't think doctors and nurses have ever asked me questions that would suggest they are trauma informed. One of the ways trauma shows up is physically, and they miss a lot by not asking those questions."*
- *"Partial Hospitalization Programs used to exist. They could provide a level of service to someone in the emergency room waiting for care. We need more options for families in higher populated areas like Partial Hospitalization Programs, but it could also be a very good teen center or recreational program."*
- *"We need a massive investment into children because children turn into adults."*

- *“They could say to their clinicians ‘we’re going to free up a portion of your schedule to be able to participate in community involvement.’ We have a clinician that works with us, and she does it on her day off. They may say we can’t financially do that, but what are your priorities?”*
- *“Getting everyone to recognize that mental health is a health issue. It’s so stigmatized as not a health issue but when we see an intense increase in teen suicide and substance use disorder, we need to recognize that this falls on the hospitals. If we are going to strengthen our hospital system, we’re going to have to really recognize what position mental health holds in the community. We only think of it from the neck up.”*
- *“Cheshire Medical Center used to have day treatment programs though their psych hospital but that doesn’t exist anymore since 2017. Having an inpatient psych facility or space at the hospital would be great.”*
- *“Safe injection sites need to be created; I would set one up tomorrow. We need to really get out of the dark ages here. You need to accept it, embrace it, and deal with it. We don’t need to police our way out of it necessarily.”*
- *“If the medical professionals and community health outreach workers could identify high-risk patients or populations, whether they are chronically homeless or frequently in the emergency room or have had several mental health crises, some way to say, ‘we have a significant group of folks that need additional support, and we’re going to assign this team of caseworkers to offer them additional support to work with them over a period of time.’ To be able to look at everything from childcare to transportation and health and develop a case management plan over time. It wouldn’t be overnight but over time, if they consistently met for a year or so, I have to think they would move from crisis to stable and maybe even thriving in some aspects of their life.”*

Access to Health Care

Access to primary and specialty health care services is a struggle for communities within the Hospital Service Area. Similar to the behavioral health care workforce, the community voiced that the current health care workforce is not meeting the needs of the community, and specialty health care is even more difficult to access.

Continuity of care was a major challenge cited by the community, as there is a high turnover rate of primary care providers who often spend little time at appointments and are not up to date on patient history. Community stakeholders expressed frustration around month-long wait-times to access a specialty care provider, and far distances people are required to travel with little to no access to public transportation.

> "High turnover leads to a lack of continuity of care & organizations are more siloed than they should be."

Health care workforce data suggests:

- → Only 25.0% to 35.0% of health care practice exists in rural regions, including the Greater Monadnock Public Health Region, across provider types. Approximately five percent of all physicians and four percent of physicians assistants practicing in the rural public health regions of New Hampshire practice within the Greater Monadnock Public Health Region.[78]
- → Over a quarter of Cheshire County adults self-reported being told they had high blood pressure by a health care professional and 30.3% of the adult population are considered obese.[79]
- → There is a consensus of "economic fear" around medical costs which consequently inhibits people from accessing preventative or even critical care.

Voices from the community:

- *"The continuity of care you get as you go through your life is suffering. We did have family doctors who grew with us, knew who we were, saw us change, treated several generations of the same family. My care has gotten very broken up, I had to fill out a form who my primary care provider was, and I can't remember because it's changed so often."*

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[78] NH Department of Health & Human Services, Division of Public Health Services. Annual Report on the Health Status of Rural Residents & Health Workforce Data Collection, 2021.

[79] New Hampshire Behavioral Risk Factor Surveillance Survey, 2019

- *"My doctors have changed a lot because they're switching practices, or it'll be involving specialists. I think all they get is that three to four minutes at my record and that's all they know about me. I think there's harm in that, and I think they miss some problems. If there was better continuity between health care professionals, it would be better."*
- *"You don't get to see a doctor if you want a doctor; it's always a nurse practitioner and some people don't want that, they want their doctor."*

The health care workforce is not adequately meeting the needs of the overall community and there is a limited scope of specialty care in the region.

- *"If I wanted to see a dermatologist, there's one in Keene but I will be waiting months and months. There's a fair amount of turnover in family practice which is often the key gateway."*
- *For Cheshire Medical Center, there's a huge turnover in primary care physicians. Maybe it's starting to slow down, but the past five-year trend is folks are booked with primary care but get a letter saying they aren't with Cheshire before they start seeing them. Cheshire Medical Center is a temporary stop for providers before they move on to a bigger place. It doesn't seem providers stay and the ones that do are aging out or preparing to retire."*
- *"For cardiology, people have to travel outside of the county. People's care gets managed through primary care, and they don't know the best route of care."*
- *"There is no great pulmonologist here either, so you'll go to Nashua. I had a client with COPD and there wasn't anyone they could see in the area."*
- *"My mom moved into independent living here from Massachusetts; she's yet to get in with someone since July of 2021. She finally got a nurse practitioner to see her, but she retired before they even had the appointment. These situations push people into the emergency department, which taxes the providers."*
- *"The hospital is struggling to get medical staff in, and it is a concern. While we have what is considered top-notch medical care it's not as responsive as it could be. There are people coming to the emergency room with non-urgent things, but how else do you get medical care if at the primary level there is no immediate availability?"*

Community Diversity

In nearly every qualitative research session, participants from all backgrounds of the community cited a lack of overall racial and ethnic diversity in Cheshire County. Several community members shared that diversity is a necessity and the root cause of why younger generations are not coming to the area, as young adults often want to live in highly diverse communities.

Population research indicates:

- Cheshire County residents predominantly identify as White (93.9%).[80]
- Between 2010 and 2020, the racial/ethnic minority child population statewide grew by 47.9% (16,800).[81]

> "Diversity is lacking in our community. I think there's still a large portion of the community that doesn't understand the lived-in experience of other people and their differences."

A majority of the community expressed strong desire to increase diversity throughout Cheshire County, as stakeholders believe this will help mitigate other existing needs like the health care workforce.

Additionally, community members struggle to identify what solutions for increasing diversity may look like. There appears to be little regional consensus as to what steps the area may take to increase diversity, despite being a well-known challenge.

Voices from the community:

- *"Parts of the New American populations are growing in New Hampshire, but it's not viewed as a welcoming place to people to move to even though we have good schools and good quality of life."*
- *"What happens after in the public schools is that kids hear 'we are all the same on the inside,' but then those differences are diminished."*
- *"I do think that as much as we want diversity, it's starting to showcase some issues we have with diversity in terms of acceptance in our community because of our demographic. Socioeconomic status can go hand in hand with color. It's really important to educate people about acceptance and address these issues."*

[80] U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates.
[81] New Hampshire Agricultural Experiment Station & the UNH Carsey School of Public Policy. Modest Population Gains but Growing Diversity in New Hampshire with Children in the Vanguard, 2021.

- *"There is no consensus as to who Cheshire County wants to attract, even though they are active in looking for people. There's none of that going on – there are squabbles. There is no – I don't see any regional consensus as to what our identity is."*
- *"At Keene, we have the only department dedicated to genocide and Holocaust education. It's in the consciousness of the community, but there is more lip service in the community than action."*
- *"We have a multicultural club to promote diversity. It's going pretty well; we had a good turnout from one of our events. I think we have support from adults; whenever we have asked teachers, they are really supportive."*

Community members shared ideas to increase community diversity.

- *"You bring in foreign-born doctors and create the best workplace, but New Hampshire is a long way from there."*
- *"It's around education, and we know it's about self-awareness and reflection and work; you need to put in the work. It's not just reading a book, it's a mindset that not many people have."*
- *"What New Hampshire has to get into is a robust New American program. Generations have changed but maybe we adapt that way."*

Coordination of Services & Supports for Older Adults

Stakeholders expressed concern about the ability of the community to support the growing older adult population. Issues like access to health care and specialty care are exacerbated for older adults.

To prolong independence, older adults need increased connections to the community, to transportation, and to social supports and services. Transportation is a barrier to services and affects the quality of life for older adults.

> "Health care providers just aren't seeing some of the older adults that don't go to senior centers. There's just no way to check in on them, being a rural population."

Population research indicates:

- → Cheshire County consists of approximately 20.0% of older adults aged 65 and older.[82]
- → Approximately 19.2% of adults aged 65 and older in Cheshire County are living with Alzheimer's Disease or related dementia.[83]
- → Approximately 25.0% of adults aged 65 and over report being socially isolated in New Hampshire. Social isolation is associated with increased risk for dementia, heart disease, and stroke. Loneliness is associated with higher rates of depression, anxiety, suicide, and increased risk of death, and hospitalizations.[84]
- → With the exception of limited public transportation in Keene, there is no public transit system within the HSA.

Additionally, in-home care services are not only a need for older adults, but the younger generation who often need to leave the workforce to take care of aging family members.

Voices from the community:

- *"Ultimately, the older adult population is the most underserved population and it's a transportation issue more than anything. Getting to those patients is hard."*
- *"Even seniors do not have stable transportation, especially when they have to get somewhere for medical appointments and don't know when they will be done."*

[82] U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates.
[83] Healthy Aging Data Reports. Chronic Disease Rates, 2022.
[84] University of New Hampshire, Health & Well-Being. Aging Well, 2022.

- *"In our region the senior population will double. What are communities doing to prepare for that systemic change? That affects transportation, health care services, and workforce – because people are aging out of the workforce."*
- *"The Cheshire County community brought attention to the aging population and the challenges that come with the changing demographics."*
- *"Cheshire is a Medicare dependent hospital which means more than 60.0% of our population is Medicare dependent."*
- *"We could be doing a better job with having geriatric specialists. Both Cheshire and Hillsborough counties have built all these older housing communities and nursing homes, but you don't have really great geriatric primary care physicians at either end."*
- *"We have one geriatrician. For this area that's all I've ever known and it's not enough to meet the need. Realistically we could keep three busy and that's being conservative."*
- *"There is no in-home care solution because of the workforce, and the workforce can't find housing. There is no reimbursement to hire someone for in-home care, even one day a week to get respite. It's a huge issue and Cheshire County has the fastest growing segment of the population of people 90 and older. "*
- *"There are not a lot of geriatric doctors anywhere, especially not many in Keene. Seniors are a little surprised at how expensive healthcare is, especially when they are on Medicare."*
- *"Some of the younger seniors don't realize you have to sign up in advance, and the steps you have to take to get insured through Medicaid. They need more clarification."*
- *"For those who want memory care or even just an evaluation, there's a huge backlog for those appointments. There's one geriatrician in the area and Cheshire County is the number one hot spot in the state for Alzheimer's Disease."*
- *"The geriatrician in Cheshire practices with an office at Home Health Care and Community Services. She only sees people when she's referred for cognitive issues. It creates a really good relationship for people to go to her; they realize Home Health Care and Community Services also has a lot of other services."*
- *"There's a gap for private providers to come in to help with daily activities. It's a private pay market and anyone who is lower income is in dire straits. That links back to some degree to workforce – if a family member leaves the workforce to care for a family member, it takes someone out of a job."*

- *“If a family member is leaving the workforce to care for an older adult, then they are putting their own family and sanity at risk. There’s a lot of people who are cognitively okay, but do not want to go to adult day care, and it’s too hard physically to transport older adults to something like that.”*
- *“Long-term care options for older adults unfit to stay in their home. The next step would logically be assisted living then skilled nursing care. There are very few assisted living facilities, especially for low-income people. The bar is high to get into the skilled care facility.”*

The community shared ideas to improve access and quality to health care and in-home services for older adults.

- *“We need to bring nurses to our housing units. We had conversations in the past about virtual stuff through hospitals or referrals to go into apartments. We are thinking about ways to keep people out of the emergency room.”*
- *“I really like what Monadnock is trying out with community paramedics. They're going out and doing house calls to individuals who can't leave their house and it's a great program - they're working on getting a centrifuge in their truck and I think one of the paramedics is working on his doctorate so they're able to draw blood.”*
- *“We want to hold Medicaid workshops and healthcare workshops for older adults. For example, Medicare Advantage – it’s not necessarily an advantage.”*
- *“Taking something like that and putting a medical team on wheels and bringing back the age of doctors making house calls and triage different acuity levels for people who can't make it in because you really do heal better at home and keeping that continuity of care.”*

Housing

The two primary challenges around housing in the area is an increase in affordable housing and housing stock.

Housing-related data shares:

- → As of 2021, there were approximately 935 housing units accepting Housing Choice Vouchers under the HUD program.
- → The statewide median gross rent for a two-bedroom unit in 2022 in Cheshire County was $1,233, a 16.0% change from 2017.

> "The prices have gone crazy. Housing is a real issue. It's not as expensive in other places but people don't have as much money as other places. There's a shortage of housing and housing for people that may come here to work."

Stakeholders shared that they have noticed an increase in the homeless population in the community, and housing prices have skyrocketed. The existing stock is older, and rarely suitable for the older adult population. Housing has been identified as a barrier to attracting younger families (and a new workforce) to the area. New Americans, people with a criminal history, and older adults are likely to be the most vulnerable and less likely to find affordable and safe housing in Cheshire County.

Voices from the community:

- *"Prices have gone insane in the region. There has always been a tight housing market in the region, but it has gotten worse. There are a lot of homeless children including 40 kids who are living at the Best Western. We have Hundred Nights for a shelter. Some of the homeless shelter population chooses not to be aided and 90% of the homeless are struggling with mental health and/or substance use. Agencies are trying to address homelessness."*
- *"Keene has several homeless shelters, but not everyone wants to go there so they will stay in tents in the woods. They've been moved along by the city, but they've gone back, it's a tough situation. We work with the hotels in the area for folks that don't fit in the shelter community or space is unavailable. We have a very good relationship with the shelters – sometimes they'll even make room, but it's a case-by-case basis."*

- *"There is not enough senior housing in general outside of Keene. Seniors own their own homes, but they are too big, and they can't find an apartment to move into and instead they have no choice but to move into assisted living, and it is expensive."*
- *"As far as community resources, we could use additional support around homeless shelter beds as they are very limited with funding and social workers to help get out of homelessness. It's coupled with the mental health complement, and with the lack of mental health and social services in the community, the chance of getting out of being homeless is limited."*
- *"Even if we get them into housing, if they don't have the supportive services they need, they won't remain in housing. A lot of the people who need help the most have been kicked out of housing like Section 8 because of behavioral health issues."*
- *"I've helped try to settle New Americans here and people who will be on the lower income spectrum. It is incredibly challenging to find housing that is affordable."*
- *"People are locked out of housing assistance because of criminal records, but they shouldn't be locked out."*

Community Survey

The purpose of the community survey was to capture the voices of the Cheshire Medical Center HSA community as well as to identify **not only major community needs,** but possible solutions and interventions within Cheshire Medical Center's capacity to address.

- → The survey was available to all community members between August 18th and September 9th and captured the insights of **149** community members.
- → To ensure equal access for residents with little to no internet access (especially for those living in rural communities), paper copies of the survey were available.
- → The full community survey can be found in Appendix D.

Survey Limitations

For this assessment, the community survey served as a practical tool for capturing the insights of individuals in the service area. It is important to note that the sample size of respondents does not ensure a completely accurate representation of the service area.

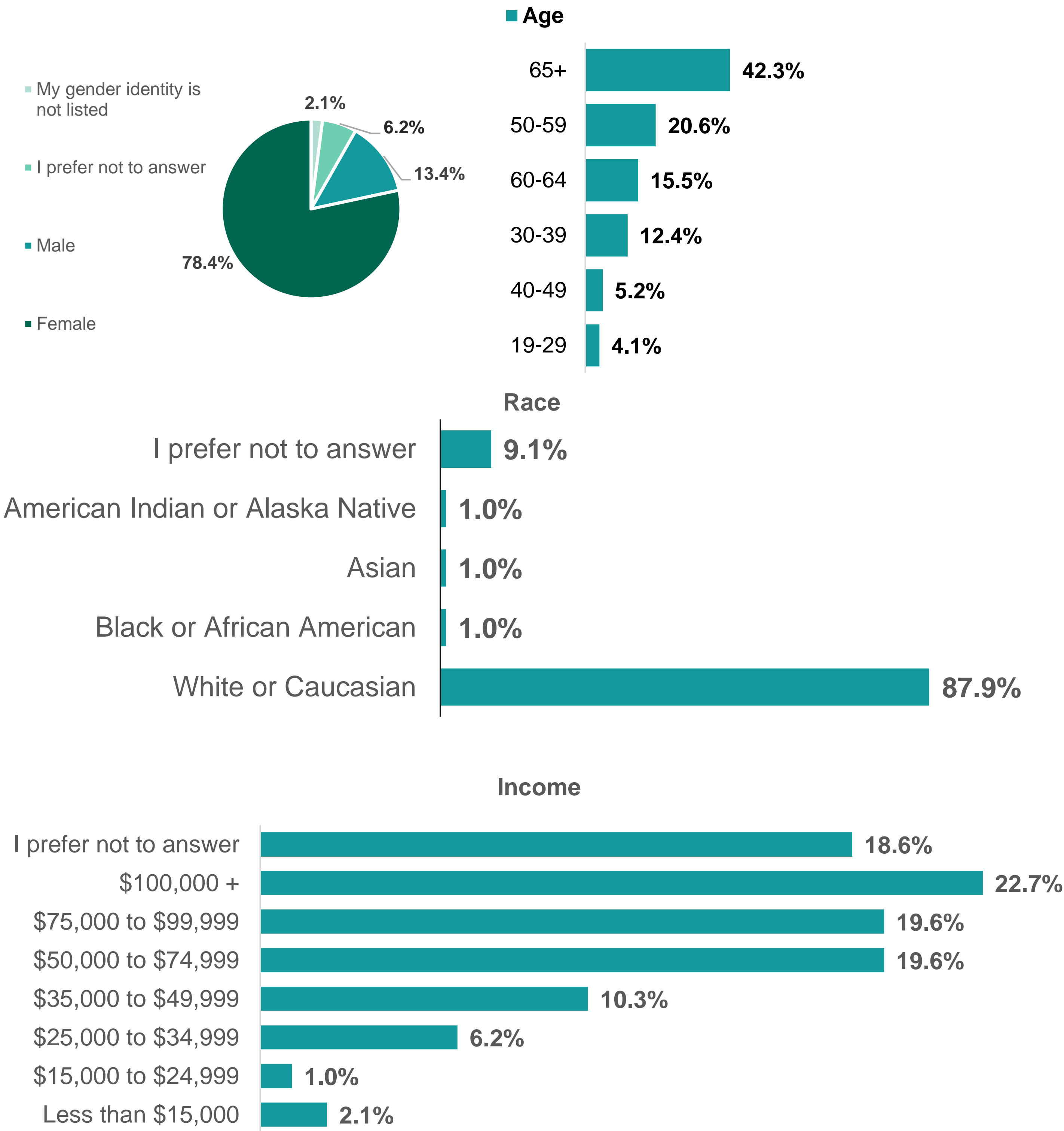
Community Survey Respondent Summary

The following page provides a high-level picture of survey respondents.

- → Respondents were predominantly female (78.4% of valid responses) and White or Caucasian, as only three respondents identified as any other race.
- → More than two in five (42.3%) of those who answered the question were aged 65 or older.
- → The most common respondent zip code was 03431 (49.5%), which represents the Keene, Swanzey, Surry, and Roxbury area.

Additional demographic data of survey respondents can be found in Appendix F.

Exhibit 73: Survey Respondents' Demographics



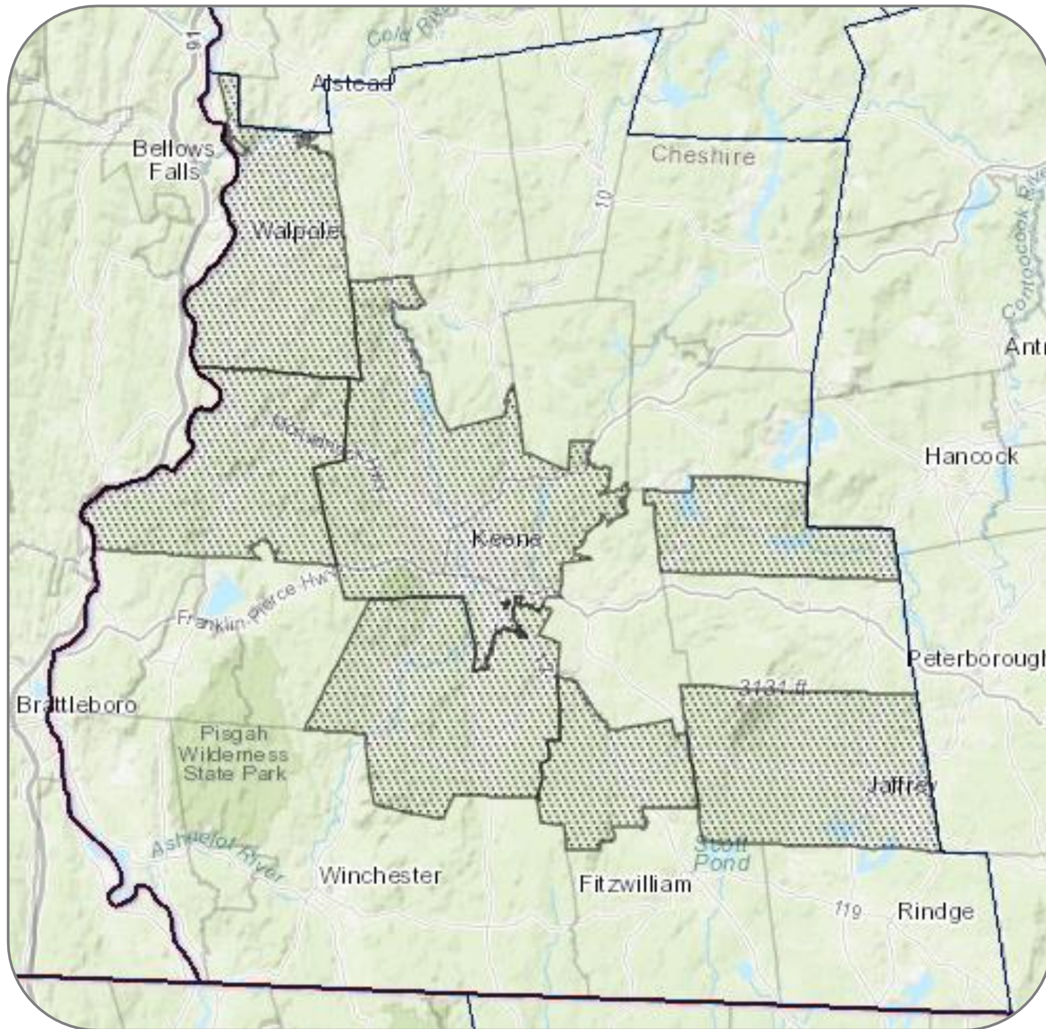
Source: Cheshire Medical Center CHNA 2022 Community Survey

Approximately half of survey respondents reported living in the 03431 area code, indicating that most responses were from the Keene, Roxbury, Surry, and Swanzey town area.

Exhibit 74: Survey Respondents by Leading Zip Codes

Zip Code	% of Respondents
03431	49.5%
03446	9.5%
03467	5.3%
03450	4.2%
03608	4.2%

Source: Cheshire Medical Center CHNA 2022 Community Survey



Source: UDS Mapper

Community Survey Findings

The survey asked questions focused on basic access to routine health care. Nearly 40.0% of respondents shared that there have been one or more occasions when they needed health or mental health care but chose not to get it in the past year. Long wait times to see a provider are the primary reason respondents were prevented from accessing health care or mental health care, followed by the ability to pay and inadequate comfort levels with providers.

Exhibit 75: Access to Routine Care

Do you have a family doctor or a place where you go for routine care?	
Yes, family doctor, family health center, or clinic	95.1%
Other	2.1%
No	2.1%
Yes, walk-in urgent care	0.7%
In the past year, have there been one or more occasions when you needed health or mental health care but chose NOT to get it?	
Yes	39.2%
No	60.8%

Source: Cheshire Medical Center CHNA 2022 Community Survey

Exhibit 76: Barriers to Health or Mental Health Care

What prevented you from accessing health care or mental health care when you needed it?	% of Respondents
Long wait times to see a provider	57.5%
Lack of money or ability to pay	27.5%
Did not feel comfortable with available providers	20.0%
COVID-19-related restrictions	15.0%
I don't like the providers	5.0%
Lack of health insurance	2.5%
Providers did not speak my language	0.0%
Concern about my immigration status	0.0%
Providers not knowledgeable about people with my sexual orientation or gender status	0.0%
Lack of transportation	0.0%
Providers are not culturally competent	0.0%

Source: Cheshire Medical Center CHNA 2022 Community Survey

Survey respondents were given the opportunity to provide additional barriers to accessing health care. The following highlight a sample of verbatim responses:

Additional verbatim responses can be found in Appendix F.

"I delayed care hoping problem would resolve because of costs and recent visits ended with expensive bills and incorrect or no resulting diagnosis."

"It's not so much 'lack of money' as feeling that health care is so expensive, even with health insurance (I have a high-deductible plan) that I'd better be really sick before I actually see a doctor."

"Lack of confidence in medical providers knowledge of my condition."

Community Health Care-related Needs

A key goal of the community survey was to identify community health-related needs. The table below indicates the percentage of survey respondents who agreed or strongly agreed of each health-related need in their community. Respondents were asked,

"Thinking about your community, rate the statements below on a scale of 1 (strongly disagree) to 5 (strongly agree) by the level of need in your community."

Nearly three-quarters of survey respondents indicated transportation to medical appointments as a health care-related need in their community, nearly equal to access to specialty care providers like dermatology, pulmonary care, oncology, endocrinology, etc.

Exhibit 77: Community Health Care-related Needs

COMMUNITY NEEDS	"Agree" or "Strongly Agree"
Transportation to medical appointments	74.2%
Specialty health care providers (e.g., dermatology, pulmonary care, oncology, endocrinology, etc.)	74.0%
Easy access to primary health care providers	69.1%
Health care services for older adults (60+)	68.4%
Coordination of care between the hospital and other care providers	58.8%
Easy access to maternity/OBGYN care	45.7%

Source: Cheshire Medical Center CHNA 2022 Community Survey

Survey respondents had an opportunity to provide additional health care-related needs. The following highlight a sample of verbatim responses.

Additional verbatim responses can be found in Appendix F.

"I find that communication, even within your network, such as that between your urgent care clinic and the regular health care providers is not very strong."

"I find it difficult to get any appointments on a timely basis. Also I have had my PCP cancel on me twice in the past year which put my needs months out."

Specialty Care and access to mental health care was mentioned several times.

- *"Long waits for specialists, rotating providers (many people seeking out of area providers because of lack of providers or continuity of care)."*
- *"No known gerontologist or dementia expert in our community."*
- *"Specialty health care services not available locally, must do telehealth with D-H specialist and a long wait time, poor coordination with local providers in the same healthcare system, have to go to Hanover for tests."*
- *"Availability of mental health care professionals specifically (unless it's a life or death emergency)."*
- *"Mental Health Services outreach clinics."*
- *"Access to addiction services."*
- *"Need improved access to mental health care."*

Additional Community Needs

An additional key goal of the community survey was also to identify general community needs in addition to health care-related needs. The table below indicates the percentage of survey respondents who agreed or strongly agreed of each need in their community. Respondents were asked,

"Thinking about your community, rate the statements below on a scale of 1 (strongly disagree) to 5 (strongly agree) by the level of need in your community (Percent who "Agree" or "Strongly Agree")."

The vast majority of respondents rated accessible mental health counseling services for adults was the most necessary community need in Cheshire County, next to housing and youth mental health.

Exhibit 78: Community Needs

COMMUNITY NEED	"Agree" or "Strongly Agree"
Accessible mental health counseling services for adults	86.6%
Opportunities for individuals and families to find safe affordable housing	85.6%
Accessible mental health counseling services for youth	84.4%
Job opportunities with a livable wage	82.3%
Accessible substance use treatment services	80.4%
Opportunities for older adults (60+) to find safe affordable housing (e.g., Assisted living options, nursing homes)	79.4%
General transportation	79.1%
Programs for people to enroll in and learn about that provide financial support for those needing health care services (e.g., sliding scale fees, patient navigators, community health workers)	78.4%
Quality in-home care services for older adults and people living with disabilities	74.2%
Access to quality health services for people who identify as part of the LGBTQIA+ community	63.2%
Programs or initiatives to increase community diversity	54.7%

Source: Cheshire Medical Center CHNA 2022 Community Survey

Survey respondents had an opportunity to provide additional community needs. The following highlight a sample of verbatim responses.

Additional verbatim responses can be found in Appendix F.

"Address homelessness in the community."

"Explore partnerships and collaboration with diverse organizations that may have some aspects of these already in place."

"Coordination with the existing providers of these services, as opposed to just expansion."

Voices From the Community

The purpose of this community survey was not only to focus on identifying health care-related needs, but to simultaneously identify possible solutions through community voices. The table below highlights the most commonly selected solutions to address community needs. All solutions to each health care-related community need can be found in Appendix F.

Respondents were asked to, *"Select all possible solutions that you believe would improve each community need. Provide other solutions you may think will improve each need."*

Exhibit 79: Solutions for Community Health Care-related Needs

COMMUNITY NEEDS	COMMUNITY SOLUTION	% OF RESPONDENTS
Transportation to medical appointments	More volunteer transportation services	63.9%
Easy access to primary health care providers	More local primary care providers	68.0%
Coordination of care between the hospital and other care providers	Improve communication with other health care providers, assisted-living facilities/nursing homes, and others	67.0%
Easy access to maternity/OBGYN care	Expand existing services	41.2%
Health care services for older adults (60+)	More local geriatric health care providers	69.1%
Specialty health care providers (e.g. dermatology, pulmonary care, oncology, endocrinology, etc.)	More local specialty care providers	69.1%

Source: Cheshire Medical Center CHNA 2022 Community Survey

Exhibit 80: Solutions for Community Mental Health Care-related Needs

COMMUNITY NEEDS	COMMUNITY SOLUTION	% OF RESPONDENTS
Accessible mental health counseling services for adults	Expand existing services	86.6%
Accessible mental health counseling services for youth	More behavioral health care providers for youth	83.5%
Accessible Substance Use Treatment Services	Increase awareness of existing programs and services	83.5%
Programs for people to enroll in and learn about that provide financial support for those needing health care services (e.g., sliding scale fees, patient navigators, community health workers)	Increase awareness of existing services	81.4%
Quality in-home services for older adults and people living with disabilities	Higher workforce wages	76.3%
Access to quality health services for people who identify as part of the LGBTQIA+ community	Promotion of health care educational materials for LGBTQIA+ people	61.9%
Programs or Initiatives to Increase Community Diversity	Educational and cultural community activities that celebrate diverse cultures	59.8%

Source: Cheshire Medical Center CHNA 2022 Community Survey

Respondents were encouraged to provide additional solutions to the options listed on the survey. Common themes and a sample of quotes are presented below.

Increase the number of providers: At least 25 respondents identified the need for more providers:

- *"Increase the number of primary care physicians/providers at Cheshire Medical Center. The provider to patient ratio is so high, demands are so high, that even if you get an appointment the quality of the appointment is lacking because they do not have the time to spend with each individual patient."*
- *"Hiring more staff – both providers and ancillary staff. More needs to be done to ensure employee retention and attract staff to the area."*
- *"Increasing the number of doctors and allowing them more time to meet with each patient. I know that is probably cost prohibitive, but it would make a huge impact. Also, more doctors with knowledge about aging, not just end of life but the earlier parts of aging that impact us."*

Improve timeliness of appointments: Nearly 20 respondents emphasized the importance of decreasing wait times for appointments:

- *"I would decrease the wait time between calling the office to get an appointment and the actual appointment. Sometimes I've had to wait three months to see a provider."*
- *"Appointments available in a timely manner. Not being told 'we can't help you' when calling the office with a problem or walk-in. The availability of help is inconsistent, with some offices more helpful than others and some individuals more helpful than others. There is no consistent focus on customer satisfaction."*
- *"Remove long waits to get physical exams and PCP [Primary Care Provider] as first step to specialist referral. For instance, I 'qualify' for bone density scan in menopause, but it takes three to five months to get a physical with my PCP and another 3-5 to get into a specialist, then an additional 1-3 for the actual scan. I would like to see a focus on 'immediacy' that includes diagnostics and healthcare referrals for preventable conditions such as bone scans, getting specialized bloodwork (Lyme disease, etc.)."*

Improved access to care: More than 15 respondents spoke of a variety of ways in which access to care could be enhanced:

- *"Easier access to primary care and specialty services. Long wait times for appointments."*
- *"Having the ability to talk with my doctor or team when needed. Often referred to urgent care instead."*
- *"Make sure that everyone, regardless of income or age, has a primary care physician/nurse. It would be so much cheaper."*

Increased availability of transportation: Others spoke of the need to improve the availability of transportation to and from primary care and specialist appointments:

- *"Find a totally reliable form of transportation to health care for those unable to drive there."*
- *"Transportation is a huge barrier. Educating staff to ask if older people, especially, need help with transportation and schedule times within social service hours or when support networks are available. Come up with some sort of voucher system for paid companies if someone is not on Medicaid and does not have social support. Dialysis is very challenging for folks."*

- *“Take steps to increase the region's health care workforce and to increase access to affordable public transportation services in rural communities with higher rates of transit-dependent households.”*

Improving Access to Specialists: Several respondents specifically noted needs related to the availability of specialists, including links to other common themes like the supply of providers, transportation, and appointment timeliness:

- *“More providers specializing in the needs of older adults, particularly those with dementia. More reliable transportation options for rural areas.”*
- *“Creating less wait time for specialty care appointments, more of these providers in our area.”*
- *“Specialty care providers are hard to get appointments with, and you basically have to have a severe emergent need to be seen by one. Mild needs are pushed aside.”*

Better communication: Finally, a number of respondents signaled specific ways in which communication could be improved:

- *“Better communication between primary care providers and specialists.”*
- *“There would be nurses to answer questions as they came in, to OB/GYN and gastroenterology. The wait times for a return call is long (24 hours or longer).”*
- *“I want to feel that my team at Cheshire is looking out for me. I just feel like I’m a number to them. No one is checking to make sure I’m getting what I might be needing.”*

Affordable Housing: More than 10 respondents expressed the need for affordable housing:

- *“Advocate for and engage municipalities to adopt policies and regulations to increase availability of affordable mixed-use housing and community transportation services. Generate new revenue sources to support implementation of new regulations and policies.”*
- *“As a community we need to make the area more attractive to bring in the people and services. Affordable housing, healthy wages, and an acceptance of diversity.”*
- *“We need more housing to attract more business to provide higher paying jobs.”*

Augmented Mental Health Care: A similar number of respondents articulated ideas related to improving mental health care and services:

- *"Better paying jobs. Bring back the counselors that were at the clinic – access to regular mental health care is important."*
- *"Easier access and more availability to mental health counseling and recovery addiction services. It's near impossible to find a counselor these days."*
- *"More peer support for mental health that is housed outside of medical systems – awareness of mental health improvement practices by community event hosts and in community spaces."*

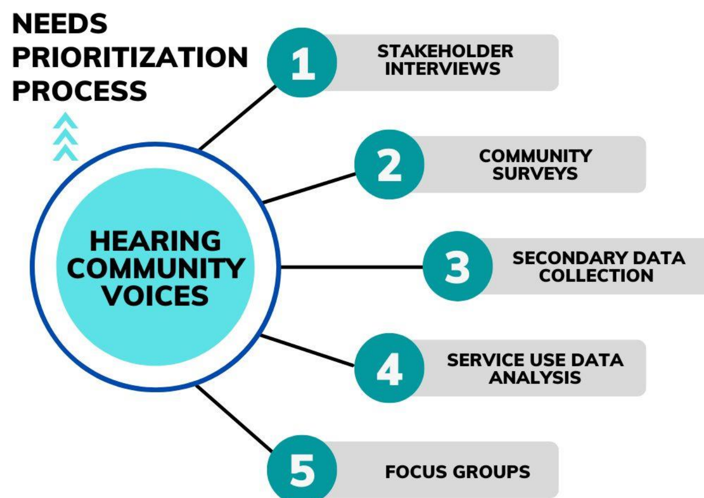
Better Wages & Jobs: The need for better wages, job training, and employment opportunities was echoed by several respondents:

- *"More high school to health care pathways – internships, shadowing, certificate programs, etc. – ways to engage regional work force in non-traditional ways to join health care in non-traditional roles. More community education on services available and ways to access them."*
- *"As a community we need to make the area more attractive to bring in the people and services. Affordable housing, healthy wages, and an acceptance of diversity."*
- *"Living wages and fair rent would be a good start."*

Other suggestions included the improvement of emergency care services, funding for infrastructure and transportation, and more options for seniors, including around in-home care.

Stage 3: Community Needs Prioritization

A mixed methods approach helped to generate a list of 12 high level community needs (below). Prioritizing the needs identified through both qualitative and quantifiable data was an essential process for building consensus between internal organizational leadership and staff, community members, and partnering agencies on which interventions to initiate and implement, as well as recommendations to address them. A matrix was created (see Summary at beginning of report) to visualize all identified needs and associated data points.



1	2	3	4
Easy access to primary health care providers	Coordination of care between the hospital and other care providers	Easy access to maternity/OBGYN care	Access to quality health services for people who identify as part of the LGBTQIA+ community
5	**6**	**7**	**8**
Programs or initiatives to increase community diversity	Transportation to medical appointments & general transportation	Accessible substance use treatment services	Programs for people to enroll in and learn about that provide financial support for those needing health care services
9	**10**	**11**	**12**
Health care services for older adults	Specialty health care providers	Accessible mental health counseling services for adults	Accessible mental health counseling services for youth

Prioritized Community Needs

These identified needs and the data driving them were reviewed with leadership at Cheshire Medical and key stakeholder groups, including the Leadership Council for a Healthy Monadnock (see Appendix F for list of executive committee members), to determine which would be prioritized for action. With a continual focus on improving health equity and addressing the social drivers of health, it has been proposed that Cheshire Medical Center focus on the following high level action areas for change:

PROPOSED PRIORITY ACTION AREAS*:
IMPROVING HEALTH CARE ACCESS
BEHAVIORAL HEALTH SUPPORTS
SUBSTANCE USE DISORDER PREVENTION AND SUPPORTS
AGING POPULATION SERVICES
***ALL VIEWED THROUGH A HEALTH EQUITY LENS WITH CONSIDERATION OF THE SOCIAL DRIVERS OF HEALTH**

While needs like community diversity and housing are missing from this table, it is critical to note that Cheshire Medical Center may advocate and support initiatives and programs to help improve these community needs as opportunities arise. These community needs may also be intertwined within multiple high-level action areas.

For example, *"Programs for people to enroll in and learn about that provide financial support for those needing health care services"* and *"Access to quality health services for people who identify as part of the LGBTQIA+ community"* can also be applied to access to behavioral health care. *"Coordination of care between the hospital and other care providers"* can also be applied to coordination of services and supports for older adults.

An implementation plan outlining proposed activities is to follow which will guide engagement and planning for the next three years. For reference, a summary table highlighting the priority action areas and activities undertaken by Cheshire Medical Center and the Center for Population Health as a result of the previous CHNA from 2019 has been included in the appendix.

Appendices

Appendix A: Supplementary Secondary Population Research

Appendix B: Stakeholder Interview Guide

Appendix C: Focus Group Discussion Moderator's Guide

Appendix D: Community Survey

Appendix E: Cheshire Medical Center Service Use Summary

Appendix F: Leadership Council for a Healthy Monadnock Executive Committee Membership 2022

Appendix G: 2019 Community Benefits Activity Summary

Appendix A: Supplementary Secondary Population Research

The purpose of supplementary secondary data is to further highlight community traits and trends within the service area.

Exhibit 81: Cheshire County HSA, Total Population & Gender

Zip Code	Town	Total Population	Male	Female
03601	Actworth	602	45.8%	54.2%
03602	Alstead	2,277	47.3%	52.7%
03443	Chesterfield	235	53.2%	46.8%
03446	East Swanzey	6,375	50.3%	49.7%
03447	Fitzwilliam	2,324	53.1%	46.9%
03448	Gilsum	749	55.7%	44.3%
03450	Harrisville	882	51.2%	48.8%
03431	Keene	22,823	48.7%	51.3%
	Roxbury	323	44.6%	55.4%
	Surry	901	38.1%	61.9%
	Swanzey	7,219	49.4%	50.6%
03455	Malborough	2,524	45.1%	54.9%
03456	Marlow	788	48.2%	51.8%
03457	Nelson	542	49.3%	50.7%
03470	Richmond	1,118	55.3%	44.7%
	Winchester	4,208	45.2%	54.8%
03462	Spofford	1,388	57.5%	42.5%
03464	Stoddard	977	46.7%	53.3%
03445	Sullivan	700	46.1%	53.9%
03465	Troy	1,734	51.0%	49.0%
03608	Walpole	3,314	47.2%	52.8%
03466	West Chesterfield	2,002	53.5%	46.5%
03469	West Swanzey	1,180	45.6%	54.4%
03467	Westmoreland	2,023	42.4%	57.6%

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

Exhibit 82: Hillsborough County HSA, Total Population & Gender

Zip Code	Town	Total Population	Male	Female
03440	Antrim	3,036	53.7%	46.3%
03442	Bennington	1,684	54.3%	45.7%
03043	Francestown	1,574	40.7%	59.3%
03047	Greenfield	1,828	48.6%	51.4%
03048	Greenville	3,564	57.2%	42.8%
03449	Hancock	1,715	38.5%	61.5%
03071	New Ipswich	5,373	51.3%	48.7%
03458	Peterborough	7,111	43.2%	56.8%
	Sharon	450	48.9%	51.1%
03084	Temple	1,250	48.4%	51.6%

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

Exhibit 83: Population by Age Groups

	Total Population	Under 18	18 to 64	65 and Older
United States	326,569,308	22.4%	61.5%	16.0%
New Hampshire	1,355,244	19.0%	62.9%	18.1%
Cheshire County	76,040	17.9%	62.2%	19.9%

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

Exhibit 84: Cheshire County HSA, Population by Age Groups

Zip Code	Town	Total Population	Under 18	18 to 64	65 and Older
03601	Actworth	602	35.7%	46.3%	17.9%
03602	Alstead	2,277	15.2%	61.0%	23.8%
03443	Chesterfield	235	0.0%	19.1%	80.9%
03446	East Swanzey	6,375	16.7%	61.8%	21.5%
03447	Fitzwilliam	2,324	14.6%	62.7%	22.7%
03448	Gilsum	749	17.4%	62.2%	20.4%
03450	Harrisville	882	27.4%	58.0%	14.5%
03431	Keene	22,823	14.8%	67.1%	18.1%
	Roxbury	323	17.0%	72.8%	10.2%
	Surry	901	24.1%	54.9%	21.0%
	Swanzey	7,219	15.7%	61.8%	22.5%
03455	Malborough	2,524	21.9%	59.0%	19.1%
03456	Marlow	788	21.7%	51.6%	26.6%
03457	Nelson	542	14.4%	59.6%	26.0%
03470	Richmond	1,118	15.7%	61.7%	22.5%
	Winchester	4,208	24.4%	60.4%	14.2%
03462	Spofford	1,388	23.4%	60.2%	16.4%
03464	Stoddard	977	14.1%	64.8%	21.1%
03445	Sullivan	700	21.6%	64.1%	14.3%
03465	Troy	1,734	22.0%	64.4%	13.7%
03608	Walpole	3,314	24.1%	53.3%	22.6%
03466	West Chesterfield	2,002	20.7%	53.3%	25.8%
03469	West Swanzey	1,180	24.0%	50.3%	25.7%
03467	Westmoreland	2,023	16.9%	58.5%	24.6%

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

Exhibit 85: Hillsborough County HSA, Population by Age Groups

<table>
<tr><th>Zip Code</th><th>Town</th><th>Total Population</th><th>Under 18</th><th>18 to 64</th><th>65 and Older</th></tr>
<tr><td>03440</td><td>Antrim</td><td>3,036</td><td>23.4%</td><td>62.6%</td><td>14.0%</td></tr>
<tr><td>03442</td><td>Bennington</td><td>1,684</td><td>20.8%</td><td>67.8%</td><td>11.5%</td></tr>
<tr><td>03043</td><td>Francestown</td><td>1,574</td><td>19.8%</td><td>58.8%</td><td>21.5%</td></tr>
<tr><td>03047</td><td>Greenfield</td><td>1,828</td><td>18.2%</td><td>62.0%</td><td>19.9%</td></tr>
<tr><td>03048</td><td>Greenville</td><td>3,564</td><td>17.3%</td><td>62.0%</td><td>20.7%</td></tr>
<tr><td>03449</td><td>Hancock</td><td>1,715</td><td>12.7%</td><td>55.0%</td><td>32.3%</td></tr>
<tr><td>03071</td><td>New Ipswich</td><td>5,373</td><td>26.9%</td><td>58.7%</td><td>14.4%</td></tr>
<tr><td rowspan="2">03458</td><td>Peterborough</td><td>7,111</td><td>18.3%</td><td>51.5%</td><td>30.2%</td></tr>
<tr><td>Sharon</td><td>450</td><td>19.1%</td><td>45.8%</td><td>35.1%</td></tr>
<tr><td>03084</td><td>Temple</td><td>1,250</td><td>10.2%</td><td>73.0%</td><td>16.7%</td></tr>
</table>

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

The median age within the Hillsborough County HSA ranges from 67.3 in Francestown to 38.7 in Bennington.

Exhibit 86: Cheshire County HSA, Median Age

Zip Code	Town	Age
03601	Actworth	39.6
03602	Alstead	50.5
03443	Chesterfield	66.1
03446	East Swanzey	49.7
03447	Fitzwilliam	48.9
03448	Gilsum	47.6
03450	Harrisville	56.5
03431	Keene	36.6
	Roxbury	45.1
	Surry	44.1
	Swanzey	50.2
03455	Malborough	44.0
03456	Marlow	50.3
03457	Nelson	55.2
03470	Richmond	51.5
	Winchester	33.5
03462	Spofford	45.4
03464	Stoddard	48.4
03445	Sullivan	45.0
03465	Troy	39.9
03608	Walpole	41.6
03466	West Chesterfield	46.6
03469	West Swanzey	36.3
03467	Westmoreland	52.1

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

Exhibit 87: Hillsborough County HSA, Median Age

Zip Code	Town	Age
03440	Antrim	41.3
03442	Bennington	38.7
03043	Francestown	67.3
03047	Greenfield	49.1
03048	Greenville	45.1
03449	Hancock	63.6
03071	New Ipswich	40.0
03458	Peterborough	60.4
	Sharon	50.3
03084	Temple	51.3

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

For the purposes of this CHNA, 'minority population' refers to the total population minus the White (not Latino, not Hispanic) population.

Exhibit 88: Cheshire County HSA, Minority Population[85]

Zip Code	Town	Total Population	Minority Population	% Minority Population
03601	Actworth	602	27	4.5%
03602	Alstead	2,277	112	4.9%
03443	Chesterfield	235	0	0.0%
03446	East Swanzey	6,375	448	7.0%
03447	Fitzwilliam	2,324	59	2.5%
03448	Gilsum	749	59	7.9%
03450	Harrisville	882	76	8.6%
03431	Keene	22,823	1,972	8.6%
	Roxbury	323	0	0.0%
	Surry	901	19	2.1%
	Swanzey	7,219	483	6.7%
03455	Malborough	2,524	132	5.2%
03456	Marlow	788	44	5.6%
03457	Nelson	542	41	7.6%
03470	Richmond	1,118	15	1.3%
	Winchester	4,208	46	0.4%
03462	Spofford	1,388	45	3.2%
03464	Stoddard	977	39	4.0%
03445	Sullivan	700	16	2.3%
03465	Troy	1,734	101	5.8%
03608	Walpole	3,314	80	2.4%
03466	West Chesterfield	2,002	21	1.0%
03469	West Swanzey	1,180	81	6.9%
03467	Westmoreland	2,023	40	2.0%

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

Exhibit 89: Hillsborough County HSA, Minority Population[86]

Zip Code	Town	Total Population	Minority Population	% Minority Population
03440	Antrim	3,036	51	1.7%
03442	Bennington	1,684	96	5.7%
03043	Francestown	1,574	76	4.8%
03047	Greenfield	1,828	24	1.3%
03048	Greenville	3,564	514	14.4%
03449	Hancock	1,715	61	3.6%
03071	New Ipswich	5,373	160	3.0%
03458	Peterborough	7,111	319	4.5%
	Sharon	450	1	0.2%
03084	Temple	1,250	61	4.9%

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

[85] Minority: The data values were calculated by taking the total population minus the White (not Latino, not Hispanic) population.
[86] White: American Community Survey respondents who reported an identifying as White alone.

Exhibit 90: Cheshire County HSA, Population by Race[87]

Zip Code	Town	Total Population	White	Black or African American	American Indian & Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Other Race
03601	Actworth	602	95.5%	0.0%	0.0%	0.0%	0.0%	0.0%
03602	Alstead	2,277	95.1%	0.4%	0.0%	0.3%	0.0%	0.0%
03443	Chesterfield	235	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%
03446	East Swanzey	6,375	93.0%	0.0%	0.0%	2.2%	0.0%	0.0%
03447	Fitzwilliam	2,324	97.5%	0.0%	0.0%	0.4%	0.0%	0.0%
03448	Gilsum	749	92.1%	0.0%	0.7%	0.4%	0.0%	1.1%
03450	Harrisville	882	91.4%	2.3%	0.8%	0.6%	0.0%	0.0%
03431	Keene	22,823	91.4%	1.4%	0.3%	1.6%	0.1%	0.2%
	Roxbury	323	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Surry	901	97.9%	0.1%	1.6%	0.0%	0.0%	0.0%
	Swanzey	7,219	93.3%	0.1%	0.0%	2.0%	0.0%	0.0%
03455	Malborough	2,524	97.7%	0.0%	0.0%	1.3%	0.0%	0.0%
03456	Marlow	788	94.4%	0.0%	0.0%	1.4%	0.0%	1.0%
03457	Nelson	542	92.4%	0.0%	0.0%	0.0%	0.0%	0.0%
03470	Richmond	1,118	98.7%	0.0%	0.2%	0.1%	0.0%	0.0%
	Winchester	4,208	98.9%	0.6%	0.1%	0.2%	0.0%	0.0%
03462	Spofford	1,388	96.8%	3.2%	0.0%	0.0%	0.0%	0.0%
03464	Stoddard	977	96.0%	0.0%	1.6%	0.0%	0.0%	0.0%
03445	Sullivan	700	97.7%	0.0%	0.0%	1.3%	0.0%	0.0%
03465	Troy	1,734	94.2%	0.0%	0.8%	0.0%	0.0%	0.0%
03608	Walpole	3,314	97.6%	1.9%	0.0%	0.0%	0.0%	0.0%
03466	West Chesterfield	2,002	99.0%	0.0%	0.0%	0.0%	0.0%	0.0%
03469	West Swanzey	1,180	93.1%	0.0%	0.0%	5.5%	0.0%	0.0%
03467	Westmoreland	2,023	98.0%	0.0%	0.5%	0.5%	0.0%	0.0%

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

[87] Race: American Community Survey respondents who reported a single race alone. Percentages reported reflect 'Not Hispanic or Latino' population. Note: 'Two or more races' is not included in the data, percentages may not add up to 100.%,

Exhibit 91: Hillsborough County HSA Population by Race[88]

Zip Code	Town	Total Population	White	Black or African American	American Indian & Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Other Race
03440	Antrim	3,036	97.7%	0.0%	0.0%	0.0%	0.0%	0.4%
03442	Bennington	1,684	95.5%	0.0%	0.0%	1.5%	0.0%	3.0%
03043	Francestown	1,574	97.5%	2.5%	0.0%	0.0%	0.0%	0.0%
03047	Greenfield	1,828	98.7%	0.3%	0.0%	0.4%	0.0%	0.0%
03048	Greenville	3,564	88.3%	10.8%	0.0%	0.0%	0.0%	0.0%
03449	Hancock	1,715	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%
03071	New Ipswich	5,373	97.5%	0.0%	0.0%	1.3%	0.0%	0.0%
03458	Peterborough	7,111	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Sharon	450	99.8%	0.0%	0.0%	0.0%	0.0%	0.0%
03084	Temple	1,250	95.7%	0.1%	0.0%	0.2%	0.0%	0.0%

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

[88] Race: American Community Survey respondents who reported a single race alone. Percentages reported reflect 'Not Hispanic or Latino' population. Note: 'Two or more races' is not included in the data, percentages may not add up to 100.0%,

Population Living With a Disability (PLWD)

Over 589 people are living with a disability in New Ipswich (approximately 11.0% of the population), the greatest number of people per town within the Hillsborough County HSA.

Exhibit 92: Cheshire County HSA, Population Living with a Disability

Zip Code	Town	Total Population	Total PLWD	% of PLWD
03601	Actworth	602	180	8.9%
03602	Alstead	2,277	293	12.9%
03443	Chesterfield	235	0	0.0%
03446	East Swanzey	6,375	1,064	16.7%
03447	Fitzwilliam	2,324	261	11.2%
03448	Gilsum	749	118	15.8%
03450	Harrisville	882	110	12.5%
03431	Keene	22,823	3,063	13.8%
	Roxbury	323	45	13.9%
	Surry	901	116	12.9%
	Swanzey	7,219	1,320	18.3%
03455	Malborough	2,524	306	12.1%
03456	Marlow	788	134	17.0%
03457	Nelson	542	66	12.2%
03470	Richmond	1,118	127	11.4%
	Winchester	4,208	557	13.5%
03462	Spofford	1,388	165	11.9%
03464	Stoddard	977	145	14.8%
03445	Sullivan	700	47	6.7%
03465	Troy	1,734	234	13.5%
03608	Walpole	3,314	409	12.3%
03466	West Chesterfield	2,002	344	17.2%
03469	West Swanzey	1,180	132	11.2%
03467	Westmoreland	2,023	180	8.9%

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

Exhibit 93: Hillsborough County HSA, Population Living With a Disability

Zip Code	Town	Total Population	Total PLWD	% of PLWD
03440	Antrim	3,036	132	9.8%
03442	Bennington	1,684	26	9.8%
03043	Francestown	1,574	18	15.3%
03047	Greenfield	1,828	324	18.1%
03048	Greenville	3,564	237	23.4%
03449	Hancock	1,715	27	11.7%
03071	New Ipswich	5,373	589	11.0%
03458	Peterborough	7,111	493	18.5%
	Sharon	450	49	10.9%
03084	Temple	1,250	233	18.6%

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

Exhibit 94: Cheshire County HSA, Population Living with a Disability

Zip Code	Town	Total Population	Total PLWD	% LWD	Male	Female
03601	Actworth	602	180	8.9%	10.5%	2.1%
03602	Alstead	2,277	293	12.9%	11.5%	14.1%
03443	Chesterfield	235	0	0.0%	0.0%	0.0%
03446	East Swanzey	6,375	1,064	16.7%	2.4%	10.9%
03447	Fitzwilliam	2,324	261	11.2%	12.0%	10.4%
03448	Gilsum	749	118	15.8%	18.2%	12.7%
03450	Harrisville	882	110	12.5%	14.6%	10.2%
03431	Keene	22,823	3,063	13.8%	12.7%	14.7%
	Roxbury	323	45	13.9%	7.6%	19.0%
	Surry	901	116	12.9%	14.0%	12.2%
	Swanzey	7,219	1,320	18.3%	23.9%	12.8%
03455	Malborough	2,524	306	12.1%	13.4%	11.0%
03456	Marlow	788	134	17.0%	18.7%	15.4%
03457	Nelson	542	66	12.2%	14.6%	9.8%
03470	Richmond	1,118	127	11.4%	9.9%	13.2%
	Winchester	4,208	557	13.5%	16.9%	10.7%
03462	Spofford	1,388	165	11.9%	18.3%	3.2%
03464	Stoddard	977	145	14.8%	15.6%	14.2%
03445	Sullivan	700	47	6.7%	8.4%	5.3%
03465	Troy	1,734	234	13.5%	14.1%	12.8%
03608	Walpole	3,314	409	12.3%	8.6%	15.7%
03466	West Chesterfield	2,002	344	17.2%	20.1%	13.8%
03469	West Swanzey	1,180	132	11.2%	17.7%	5.8%
03467	Westmoreland	2,023	180	8.9%	17.2%	2.9%

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

Exhibit 95: Hillsborough County HSA, Population Living With a Disability

Zip Code	Town	Total Population	Total Population LWD	% LWD	Male	Female
03440	Antrim	3,036	132	9.8%	67.4%	32.6%
03442	Bennington	1,684	26	9.8%	50.0%	50.0%
03043	Francestown	1,574	18	15.3%	55.6%	44.4%
03047	Greenfield	1,828	324	18.1%	45.1%	54.9%
03048	Greenville	3,564	237	23.4%	53.2%	46.8%
03449	Hancock	1,715	27	11.7%	59.3%	40.7%
03071	New Ipswich	5,373	589	11.0%	57.7%	42.3%
03458	Peterborough	7,111	493	18.5%	34.1%	65.9%
	Sharon	450	49	10.9%	69.4%	30.6%
03084	Temple	1,250	233	18.6%	50.2%	49.8%

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

Exhibit 96: Cheshire County HSA, Population Living with a Disability by Difficulty Type

Zip Code	Town	Hearing	Vision	Cognitive	Ambulatory	Self-Care	Independent Living
03601	Actworth	4.0%	1.8%	3.4%	1.0%	1.9%	4.1%
03602	Alstead	4.5%	1.6%	5.9%	5.8%	1.5%	7.6%
03443	Chesterfield	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
03446	East Swanzey	6.3%	3.6%	4.0%	10.6%	1.7%	5.7%
03447	Fitzwilliam	3.7%	1.0%	2.2%	6.8%	1.5%	4.3%
03448	Gilsum	4.0%	2.7%	6.6%	6.9%	0.4%	4.4%
03450	Harrisville	4.1%	1.4%	5.2%	6.1%	1.4%	4.8%
03431	Keene	4.4%	2.4%	5.9%	5.5%	1.6%	4.9%
	Roxbury	9.3%	1.2%	2.2%	2.5%	0.4%	6.0%
	Surry	8.3%	3.2%	2.4%	5.9%	1.2%	4.2%
	Swanzey	6.6%	4.1%	4.4%	11.8%	2.7%	6.4%
03455	Malborough	2.3%	1.2%	5.8%	7.1%	3.1%	5.2%
03456	Marlow	2.7%	3.8%	3.4%	11.6%	1.8%	3.1%
03457	Nelson	5.9%	1.5%	2.2%	5.5%	2.6%	4.3%
03470	Richmond	5.4%	4.9%	3.6%	2.8%	1.7%	3.9%
	Winchester	2.9%	3.3%	5.8%	6.8%	3.5%	6.1%
03462	Spofford	7.9%	1.4%	6.3%	0.0%	0.0%	0.0%
03464	Stoddard	7.3%	1.6%	2.5%	7.0%	2.2%	2.3%
03445	Sullivan	1.4%	0.3%	2.0%	3.4%	1.9%	0.4%
03465	Troy	4.0%	3.3%	3.7%	5.8%	1.9%	5.7%
03608	Walpole	2.8%	1.0%	4.1%	9.1%	1.7%	5.4%
03466	West Chesterfield	3.5%	2.6%	7.6%	6.4%	2.0%	3.8%
03469	West Swanzey	7.5%	0.0%	2.1%	8.2%	5.9%	9.0%
03467	Westmoreland	2.9%	1.1%	1.3%	5.8%	1.9%	5.4%

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

Exhibit 97: Hillsborough County HSA, Population Living with a Disability by Difficulty Type

Zip Code	Town	Hearing	Vision	Cognitive	Ambulatory	Self-Care	Independent Living
03440	Antrim	2.7%	1.6%	6.6%	3.4%	2.3%	3.9%
03442	Bennington	4.9%	0.0%	3.9%	2.3%	2.0%	3.0%
03043	Francestown	8.5%	5.1%	2.5%	6.8%	6.8%	4.2%
03047	Greenfield	7.7%	2.3%	8.3%	6.6%	2.8%	4.9%
03048	Greenville	5.2%	2.7%	8.1%	10.9%	4.4%	7.9%
03449	Hancock	6.5%	0.0%	1.3%	7.8%	1.3%	2.6%
03071	New Ipswich	2.3%	1.8%	2.9%	5.4%	2.1%	2.9%
03458	Peterborough	9.9%	4.5%	4.7%	6.1%	2.0%	7.7%
	Sharon	4.0%	1.8%	4.5%	4.3%	1.4%	4.2%
03084	Temple	3.0%	1.3%	7.2%	6.7%	2.6%	6.2%

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

Exhibit 98: Cheshire County HSA, Population Living with a Disability by Age

Zip Code	Town	Total Population LWD	% LWD	Under 5	5 to 17	18 to 34	35 to 64
03601	Actworth	180	8.9%	0.0%	0.0%	30.6%	27.8%
03602	Alstead	293	12.9%	0.0%	1.0%	18.1%	39.6%
03443	Chesterfield	0	0.0%	ND	ND	ND	ND
03446	East Swanzey	1,064	16.7%	0.0%	0.5%	12.9%	35.4%
03447	Fitzwilliam	261	11.2%	0.0%	5.4%	4.2%	50.6%
03448	Gilsum	118	15.8%	0.0%	8.5%	2.5%	53.4%
03450	Harrisville	110	12.5%	0.0%	0.0%	0.0%	58.2%
03431	Keene	3,063	13.8%	0.0%	7.7%	18.6%	31.7%
	Roxbury	45	13.9%	0.0%	0.0%	2.2%	77.8%
	Surry	116	12.9%	32.8%	0.9%	7.8%	18.1%
	Swanzey	1,320	18.3%	0.0%	0.4%	11.2%	35.2%
03455	Malborough	306	12.1%	0.0%	0.0%	6.5%	57.5%
03456	Marlow	134	17.0%	0.0%	7.5%	1.5%	26.1%
03457	Nelson	66	12.2%	0.0%	7.6%	4.5%	42.4%
03470	Richmond	127	11.4%	11.8%	11.0%	14.2%	18.1%
	Winchester	557	13.5%	0.0%	18.8%	21.5%	44.7%
03462	Spofford	165	11.9%	0.0%	21.8%	0.0%	43.0%
03464	Stoddard	145	14.8%	2.1%	4.8%	14.5%	22.1%
03445	Sullivan	47	6.7%	0.0%	10.6%	21.3%	31.9%
03465	Troy	234	13.5%	0.0%	4.3%	11.1%	31.6%
03608	Walpole	409	12.3%	0.0%	0.0%	0.0%	30.6%
03466	West Chesterfield	344	17.2%	0.0%	10.2%	0.0%	28.8%
03469	West Swanzey	132	11.2%	0.0%	0.0%	0.0%	13.6%
03467	Westmoreland	180	8.9%	0.0%	2.2%	0.0%	38.3%

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

Exhibit 99: Hillsborough County HSA, Population Living with a Disability by Age

Town	Total PLWD	% PLWD	Under 5	5 to 17	18 to 34	35 to 64
Antrim	132	9.8%	0.0%	0.0%	17.4%	50.0%
Bennington	26	9.8%	0.0%	19.2%	23.1%	7.7%
Francestown	18	15.3%	0.0%	0.0%	0.0%	11.1%
Greenfield	324	18.1%	0.0%	4.6%	9.9%	34.3%
Greenville	237	23.4%	0.0%	0.0%	5.1%	51.5%
Hancock	27	11.7%	0.0%	0.0%	0.0%	7.4%
New Ipswich	589	11.0%	3.6%	16.3%	3.1%	42.1%
Peterborough	493	18.5%	0.0%	3.0%	6.5%	19.1%
Sharon	49	10.9%	0.0%	4.1%	26.5%	26.5%
Temple	233	18.6%	0.0%	3.9%	21.9%	46.8%

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

Economic Stability

Exhibit 100: Trend of Annual Unemployment Rates[89]

June	United States	New Hampshire	Cheshire County
2022	3.6%	2.0%	2.3%
2021	5.9%	3.7%	4.3%
2020	11.0%	9.5%	8.6%
2019	3.6%	2.5%	2.7%

Source: U.S. Bureau of Labor Statistics

In Cheshire County, over a quarter of the population works within the educational services, and health care and social assistance industry (28.6%), similar to state and national percentages.

Exhibit 101: Employment by Industry

	United States	New Hampshire	Cheshire County
Population 16 years and over	155,888,980	730,223	39,376
Industry			
Agriculture, forestry, fishing and hunting, and mining	1.7%	0.8%	0.9%
Construction	6.7%	6.9%	7.3%
Manufacturing	10.0%	12.6%	12.7%
Wholesale trade	2.5%	2.6%	4.0%
Retail trade	11.0%	12.2%	12.7%
Transportation and warehousing, and utilities	5.5%	3.7%	3.5%
Information	2.0%	1.9%	1.6%
Finance and insurance, and real estate and rental and leasing	6.6%	6.3%	5.1%
Professional, scientific, and management, and administrative and waste management services	11.7%	11.2%	7.5%
Educational services, and health care and social assistance	23.3%	24.7%	28.6%
Arts, entertainment, and recreation, and accommodation and food services	9.4%	8.7%	7.6%
Other services, except public administration	4.8%	4.3%	3.8%
Public administration	4.7%	4.1%	4.8%

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

[89] County & State rates not seasonally adjusted.

Exhibit 102: Cheshire County HSA, Median Annual Household Income

Zip Code	Town	Median Household Income
03601	Actworth	$68,558
03602	Alstead	$55,313
03443	Chesterfield	$69,308
03446	East Swanzey	$69,180
03447	Fitzwilliam	$68,785
03448	Gilsum	$71,635
03450	Harrisville	$83,879
03431	Keene	$57,393
	Roxbury	$79,375
	Surry	$86,375
	Swanzey	$59,184
03455	Marlborough	$69,000
03456	Marlow	$87,000
03457	Nelson	$78,750
03470	Richmond	$76,500
	Winchester	$52,708
03462	Spofford	$73,727
03464	Stoddard	$76,563
03445	Sullivan	$83,333
03465	Troy	$52,107
03608	Walpole	$69,036
03466	West Chesterfield	$93,177
03469	West Swanzey	$73,026
03467	Westmoreland	$93,500

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

Exhibit 103: Hillsborough County HSA, Median Annual Household Income

Town	Median Annual Household Income
Francestown	$103,333
Greenfield	$86,250
Sharon	$84,330
New Ipswich	$82,537
Temple	$80,875
Peterborough	$80,833
Bennington	$66,667
Antrim	$60,000
Hancock	$54,830
Greenville	$54,583

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

In Cheshire County, Winchester has the highest percentage of the population living in poverty (15.0% or 606 people) in addition to Alstead, Marlow, and Troy area (14.5%, 13.3%, 13.3%, respectively).

Exhibit 104: Cheshire County HSA, Population Living in Poverty

Zip Code	Town	Total Population in Poverty	% of Population in Poverty
03601	Actworth	41	6.8%
03602	Alstead	331	14.5%
03443	Chesterfield	0	0.0%
03446	East Swanzey	514	8.1%
03447	Fitzwilliam	101	4.4%
03448	Gilsum	55	7.3%
03450	Harrisville	29	3.3%
03431	Keene	2,290	11.7%
	Roxbury	4	1.4%
	Surry	17	1.9%
	Swanzey	548	7.6%
03455	Malborough	280	11.1%
03456	Marlow	105	13.3%
03457	Nelson	54	7.7%
03470	Richmond	72	6.4%
	Winchester	606	15.0%
03462	Spofford	21	1.5%
03464	Stoddard	60	6.1%
03445	Sullivan	35	5.0%
03465	Troy	101	5.8%
03608	Walpole	254	7.7%
03466	West Chesterfield	219	10.9%
03469	West Swanzey	23	1.9%
03467	Westmoreland	118	5.9%

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

Exhibit 105: Hillsborough County HSA, Population Living in Poverty

Zip Code	Town	Total Population in Poverty	% of Population in Poverty
03440	Antrim	113	8.4%
03442	Bennington	12	4.5%
03043	Francestown	3	2.5%
03047	Greenfield	122	6.7%
03048	Greenville	110	10.9%
03449	Hancock	0	0.0%
03071	New Ipswich	272	5.1%
03458	Peterborough	235	8.7%
	Sharon	12	2.7%
03084	Temple	145	11.6%

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

Exhibit 106: Trend of Children Living in Poverty

Five-Year Estimates	New Hampshire	Cheshire County
2016-2020	8.9%	11.0%
2015-2019	9.2%	10.8%
2014-2018	10.2%	12.4%
2013-2017	10.0%	14.5%

Source: U.S. Census Bureau, American Community Survey Five-Year Estimates

Annual WIC enrollment percentages are the number of infants and children under age five enrolled in WIC divided by the total population under five. Since 2017, WIC enrollment has remained fairly steady statewide and in the county.

Exhibit 107: Children Under Five Enrolled In WIC

Year	New Hampshire	Cheshire County
2019	18.4%	25.9%
2018	19.1%	25.6%
2017	19.5%	24.1%

Source: Annie E. Casey Foundation KIDS COUNT Data Center

Neighborhood & Physical Environment

Exhibit 108: Select Housing Indicators

	Median Housing Value	Total housing units	Occupied housing units	Vacant housing units
United States	$229,800	138,432,751	88.4%	11.6%
New Hampshire	$272,300	638,611	84.4%	15.6%
Cheshire County	$197,700	35,760	85.3%	14.7%

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

The U.S. Department of Housing and Urban Development defines cost-burdened families as those "who pay more than 30.0% of their income for housing" and "*may have difficulty affording necessities such as food, clothing, transportation, and medical care.*" [90]

Approximately 21.2% of households with a mortgage, and 16.6% of households without a mortgage in Cheshire County pay 35.0% or more of their income for housing, indicating potential economic distress. These proportions are higher than state and national figures.

Exhibit 109: Cost-burdened Households

	United States	New Hampshire	Cheshire County
Housing units with a mortgage	48,744,731	248,818	12,428
25.0 to 29.9%	10.3%	11.5%	10.9%
30.0 to 34.9%	6.8%	7.9%	7.9%
35.0% or more	20.6%	20.5%	21.2%
Housing units without a mortgage	29,428,138	133,244	8,207
25.0 to 29.9%	4.2%	6.6%	6.9%
30.0 to 34.9%	2.8%	4.1%	4.4%
35.0% or more	10.4%	15.1%	16.6%

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

Exhibit 110: Average Monthly Utility Costs

	New Hampshire	Cheshire County
All Units	$187	$230
Four or more bedrooms	$266	$355
Three bedrooms	$217	$279
Two bedrooms	$197	$277
One Bedroom	$150	$186
Studio	$128	$136

Source: New Hampshire Housing. New Hampshire 2022 Residential Rental Cost Survey Report

[90] Department of Housing & Urban Development. Link to Source: huduser.gov/portal/pdredge/pdr_edge_featd_article_092214.html

Cheshire County residents pay higher average utility bills compared to the statewide average.

Exhibit 111: Cheshire County HSA, Select Housing Indicators

Zip Code	Town	Median Housing Value	Total housing units	Occupied housing units	Vacant housing units
03601	Actworth	$180,100	302	54.0%	46.0%
03602	Alstead	$180,600	1,295	78.1%	21.9%
03443	Chesterfield	$229,300	125	100.0%	0.0%
03446	East Swanzey	$191,200	1,053	95.0%	5.0%
03447	Fitzwilliam	$204,500	429	76.5%	23.5%
03448	Gilsum	$187,200	1,136	56.8%	43.2%
03450	Harrisville	$273,500	705	53.0%	47.0%
03431	Keene	$57,393	10,133	91.2%	8.8%
	Roxbury	$220,800	106	95.3%	4.7%
	Surry	$211,400	337	97.6%	2.4%
	Swanzey	$185,200	3,241	96.2%	3.8%
03455	Malborough	$210,300	1,053	95.0%	5.0%
03456	Marlow	$219,200	429	76.5%	23.5%
03457	Nelson	$270,000	449	52.6%	47.4%
03470	Richmond	$217,700	480	86.7%	13.3%
	Winchester	$143,600	1,727	87.5%	12.5%
03462	Spofford	$252,300	1,136	56.8%	43.2%
03464	Stoddard	$210,200	929	41.1%	58.9%
03445	Sullivan	$183,400	306	93.5%	6.5%
03465	Troy	$156,300	749	97.3%	2.7%
03608	Walpole	$275,500	1,462	92.5%	7.5%
03466	West Chesterfield	$208,500	758	92.1%	7.9%
03469	West Swanzey	$175,000	500	100.0%	0.0%
03467	Westmoreland	$278,400	868	97.9%	2.1%

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

Education

Exhibit 112: Cheshire County HSA, Educational Attainment

Zip Code	Town	Population 25 & Over	Less Than 9th Grade	9th To 12th Grade, No Diploma	High School Graduate	Some College, No Degree
03601	Actworth	377	0.0%	6.4%	33.2%	24.9%
03602	Alstead	1,833	1.2%	4.8%	43.0%	16.7%
03443	Chesterfield	235	0.0%	0.0%	19.1%	0.0%
03446	East Swanzey	5,010	1.6%	5.4%	34.1%	18.9%
03447	Fitzwilliam	1,924	3.6%	6.3%	28.3%	18.3%
03448	Gilsum	567	1.2%	3.9%	36.0%	18.5%
03450	Harrisville	723	0.0%	3.9%	22.3%	14.8%
03431	Keene	14,466	3.2%	4.0%	23.7%	19.1%
	Roxbury	207	1.0%	2.9%	24.6%	21.3%
	Surry	656	0.9%	2.7%	25.5%	28.0%
	Swanzey	5,727	1.4%	5.5%	36.9%	18.2%
03455	Malborough	1,842	1.8%	3.4%	31.3%	20.7%
03456	Marlow	589	1.4%	1.4%	35.3%	23.3%
03457	Nelson	421	0.0%	2.1%	22.1%	14.3%
03470	Richmond	879	0.2%	6.8%	32.8%	19.0%
	Winchester	2,686	4.2%	11.4%	47.1%	17.6%
03462	Spofford	1,020	0.0%	5.1%	33.9%	12.4%
03464	Stoddard	754	1.6%	2.7%	37.1%	17.6%
03445	Sullivan	532	0.6%	5.8%	31.8%	22.4%
03465	Troy	1,260	0.0%	4.2%	38.3%	25.6%
03608	Walpole	2,351	5.1%	1.4%	25.4%	12.0%
03466	West Chesterfield	1,559	1.3%	7.0%	32.5%	18.0%
03469	West Swanzey	897	0.0%	2.3%	40.4%	15.6%
03467	Westmoreland	1,545	2.1%	0.5%	17.2%	17.8%

Zip Code	Town	Associate's Degree	Bachelor's Degree	Graduate or Professional Degree
03601	Actworth	4.5%	19.9%	11.1%
03602	Alstead	8.6%	19.1%	6.4%
03443	Chesterfield	46.4%	20.4%	14.0%
03446	East Swanzey	12.5%	15.4%	12.1%
03447	Fitzwilliam	12.4%	20.6%	10.5%
03448	Gilsum	16.8%	12.7%	10.9%
03450	Harrisville	12.9%	28.8%	17.4%
03431	Keene	7.4%	27.0%	15.6%
	Roxbury	9.2%	24.2%	16.9%
	Surry	9.5%	21.2%	12.2%
	Swanzey	12.3%	14.6%	11.2%

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

Exhibit 112: Cheshire County HSA, Educational Attainment (continued)

Zip Code	Town	Associate's Degree	Bachelor's Degree	Graduate or Professional Degree
03455	Malborough	6.4%	23.2%	13.2%
03456	Marlow	12.2%	13.4%	13.1%
03457	Nelson	7.4%	34.7%	19.5%
03470	Richmond	11.3%	20.9%	9.0%
	Winchester	8.2%	9.0%	2.4%
03462	Spofford	3.5%	23.7%	21.4%
03464	Stoddard	16.0%	19.6%	5.3%
03445	Sullivan	13.0%	17.1%	9.4%
03465	Troy	6.0%	19.5%	6.3%
03608	Walpole	13.2%	30.0%	12.8%
03466	West Chesterfield	18.5%	17.6%	5.1%
03469	West Swanzey	2.0%	26.3%	13.4%
03467	Westmoreland	10.0%	32.7%	19.7%

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

Exhibit 113: Hillsborough County HSA, Educational Attainment

Zip Code	Town	Population 25 & Over	Less Than 9th Grade	9th To 12th Grade, No Diploma	High School Graduate
03440	Antrim	983	21	33	333
03442	Bennington	197	0	9	44
03043	Francestown	107	0	0	24
03047	Greenfield	1,373	28	51	470
03048	Greenville	724	7	113	227
03449	Hancock	221	0	0	19
03071	New Ipswich	3,501	36	144	1145
03458	Peterborough	2,334	11	125	406
	Sharon	338	1	5	44
03084	Temple	1,004	38	12	290

Zip Code	Town	Some College, No Degree	Associate's Degree	Bachelor's Degree	Graduate or Professional Degree
03440	Antrim	216	141	163	76
03442	Bennington	53	3	73	15
03043	Francestown	18	14	31	20
03047	Greenfield	291	132	249	152
03048	Greenville	95	108	139	35
03449	Hancock	25	27	67	83
03071	New Ipswich	689	446	597	444
03458	Peterborough	390	176	698	528
	Sharon	84	25	97	82
03084	Temple	209	82	229	144

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

Appendix B: Stakeholder Interview Guide

Cheshire Medical Center Community Health Needs Assessment

Stakeholder Interview Guide

Good morning [or afternoon]. My name is [Interviewer Name] from Crescendo Consulting Group. We are working with Cheshire Medical Center to conduct a regional community health needs assessment.

The purpose of this conversation is to learn more about the strengths and resources in the community as well as collect your insights regarding health care-related needs, ways that people seek services, ongoing impacts of the COVID-19 pandemic, and to identify service gaps and ways to better meet the needs of the community.

We are also very interested to hear your insights about equal access to health care services and the challenges or advantages that some communities may experience, if any. We will describe our discussion in a written report; however, individual names will not be used. **Please consider what you say in our conversation to be anonymous.**

Do you have any questions for me before we start?

Self-introduction Questions

Please tell me a little about yourself and the ways that you like to interact with the community where you live [where appropriate, "… and the populations your organization (or you) serves."].

1. When you think of the good things about living/working in this community, what are the first things that come to mind? *[PROBE: things to do, parks or other outdoor recreational activities, a strong sense of family, cultural diversity]*
2. Generally, what are some of the challenges to living here?
3. What would you say are the two or three most urgent health care-related needs in the (these) community/communities? *[PROBE: obesity, diabetes, depression]*

Health Care System

4. To what degree are community members or families struggling with finding and accessing quality health care? [*PROBE: Are there certain types of care that are more difficult to find?]*
    a. Quality primary care and/or specialty care availability (Services for adults, children & adolescents).
    b. What specialty care services are available or missing?
5. Is maternal care for expectant mothers accessible in your community? Other OBGYN services?
    a. What are the barriers and facilitators, if any, to accessing prenatal or maternal health services?
6. What are some of the health care challenges and benefits that older adults may experience in your community? *(PROBE: hospice, end-of-life care, specialists, etc.).*
7. Do people have access to affordable prescription medications and a local place to pick them up?
8. How are people accessing care, for example, virtual/telemedicine, face-to-face?
9. What types of prevention programs are available in your community (e.g., drug and alcohol, smoking cessation, HIV/AIDS/STI, diabetes, etc.)?
10. How do you think COVID-19 has impacted how people take care of themselves and how people interact with the health care system or doctors and other providers? *[PROBE: such as for screenings or routine services, vaccine perceptions, virtual health care, or others?]*
    a. How, if at all, has COVID-19 affected the trust of health care providers or systems and the public health system?
11. What would improve access to services, medications, and programs?

Behavioral Health

12. When community members need help in a mental health crisis, who do they tend to turn to for assistance (health care-related, community services, or otherwise)?
    a. What about in a substance use crisis? What substances do you see or hear about in the community?
    b. Are there existing early intervention programs for local youth that may be experimenting or initiating substance use?

c. Are there supports in place to help with treatment? *[Probe: AA/NA meetings]*

d. What is or is not working?

13. From what you have seen and experienced, how has the pandemic affected mental health or substance misuse issues?

14. Is there a stigma around seeking substance use disorder treatment?

Health Equity

15. Are health care services equally available to everyone regardless of gender, race, age, or socioeconomics?
    a. Are there any barriers to access to services based on economic, race/ethnicity, gender, or other factors?
    b. Is there an experience of yours or someone you know about finding a doctor or getting needs met that you would like to share?

16. To what degree do health care providers care for patients in a culturally sensitive manner?

17. What are some of the biggest needs for those who are more vulnerable than others? *[PROBE: veterans, youth, immigrants, LGBTQ+ populations, people of color, older adults, people living with disabilities]*
    a. How does the community support or not support them?

18. What are some of the local or community-level actions that can be done to provide for community health and make wellbeing more equitable?
    a. Are there any 'low hanging fruit' that could be addressed quickly?

19. Do you feel that there is any stigma around the local health care facilities (e.g., a person may choose not to utilize the health department's services because "it's for poor people")?

Neighborhood & Physical Environment

20. How difficult is it to find safe and affordable housing in your community? Name some of the greatest challenges. Are there any services to help with housing?

21. Do you feel there is good access to broadband and high-speed internet in the region? What are some of the challenges to not having good, reliable internet?

22. How would you describe access to healthful, affordable food? What are some features or services that are working well? Where are the service gaps? What communities face unique challenges?

23. Does everyone typically have reliable transportation to work or go to the grocery store, doctors, or school? If not, are there services in the community that help those experiencing barriers/without a vehicle?

Education, Employment & Basic Needs

24. How easy is it for families to find affordable and safe childcare in the area? What are some of the challenges or facilitators?
25. Describe the job market in the area before the pandemic and currently. *[PROBES: Generally, are "good" jobs here, and can people get them? Is it easy to find a full-time job with good pay, benefits, and retirement?]*
    a. If people mention community education classes, PROBE: What are some ideas/suggestions to increase attendance?
26. Do people in the community struggle with accessing other basic needs besides health care such as accessing nutritious/healthy food?

Enhancing Outreach & Disseminating Information

Reference: Health literacy is: [from Healthy People 2020]: "The degree to which individuals can obtain, process, and understand basic health information and services needed to make appropriate health decisions."

27. To what degree is health literacy a community advantage or challenge?
    a. How do you think health organizations can improve the health literacy of the community?
28. How do community members generally learn about access to and availability of services in the area (e.g., online directory; social media; hotline; word of mouth)? What method tends to work the best or worst?
29. What do you think are some challenges to spreading awareness and understanding of the availability of services and ways to access them? What might help overcome the challenges?
30. What types of activities would best reach those more vulnerable parts of the community? (people experiencing homelessness, people living with disabilities, or other diverse or hard-to-reach populations)
    a. What resources are you aware of that are already helping those populations?

Community Connection & Social Support

Reference: Social associations can help us live healthier lives. These associations may include civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations, political organizations, labor organizations, business organizations, professional organizations, and others.

31. Do you as a resident of your community get enough social interaction? Where do you get that interaction, and which of those are the most fulfilling sources?
32. Do you wish there were more opportunities for social interaction? If so, what would you like to see? *[PROBE: how about for youth specifically?]*
33. What barriers are there to participating in social interaction for you and others in your community?
34. Do you wish there were more opportunities for social support between community members? If so, what would you like to see?

RESEARCHER NOTES

- Bring up each of the following topics and include probes and subcategories in the dialogue.
- Note comments and particular areas of emphasis. Include comparisons between topics where helpful, *e.g., "So which do you think requires more attention: substance abuse education in schools or opioid abuse intervention among the homeless?"*
- Not all topics will be covered with all interviewees. Discussion content will be modified to respond to the interviewees' professional background and availability of time during the interview.

Appendix C: Focus Group Discussion Moderator's Guide

Cheshire Medical Center Community Health Needs Assessment

Focus Group Discussion Moderator's Guide

Welcome and Introductions

Good morning [or afternoon]. My name is [*Interviewer Name*] from Crescendo Consulting Group. We are working with regional agencies to conduct a regional community health needs assessment for Cheshire Medical Center.

Explain the general purpose of the discussion

The purpose of this conversation is to learn more about the strengths and resources in the community as well as collect your insights regarding healthcare-related needs, ways that people seek services, ongoing impacts of the COVID-19 pandemic, and to identify service gaps and ways to better meet the needs of the community. We are also very interested to hear your insights about equal access to health care services and challenges or advantages that some communities may experience, if any.

Explain the necessity for notetaking and recording

We're taking notes and recording the session to assist us in recalling your thoughts. We will describe our discussion in a written report; however, individual names will not be used. Please consider what you say and hear today to be confidential.

Describe logistics (virtual groups)

Logistics are a bit different than normal since we're virtual, but we'd appreciate it if you gave us your full attention for the next hour or so. If you need to take a break to use the restroom, please do.

- If you have a private question, feel free to type it in the chat area of the software and I'll respond as soon as possible.

Describe the protocol for those who have not been to a group before

For those of you who have not participated in a focus group before, the basic process is that I will ask questions throughout our session, however, please feel free to speak up at any time. In fact, I encourage you to respond directly to the comments other people make, as this is a conversation. If you don't understand a question, let me know. We are here to ask questions, listen, and make sure everyone has a chance to share and feels comfortable. Be respectful of the opinions of others. Honest opinions are the key to this process, and there are no right or wrong answers. I'd like to hear from each of you and learn more about your opinions, both positive and negative.

Do you have any questions before we start?

Self-introduction Questions

Please tell me a little about yourself and the ways that you like to interact with the community where you live [where appropriate, "… and the populations your organization (or you) serves."].

1. When you think of the good things about living/working in this community, what are the first things that come to mind? *[PROBE: things to do, parks or other outdoor recreational activities, a strong sense of family, cultural diversity]*
2. Generally, what are some of the challenges to living here?
3. What would you say are the two or three most urgent health care-related needs in the (these) community/communities? *[PROBE: obesity, diabetes, depression]*

Health Care System

4. To what degree are community members or families struggling with finding and accessing quality health care? [*PROBE: Are there certain types of care that are more difficult to find?]*
    a. Quality primary care and/or specialty care availability (Services for adults, children & adolescents).
    b. What specialty care services are available or missing?
5. For women ages 16 to 44, what is access to care for expectant mothers, new mothers, and other OBGYN services?
    a. What are the barriers and facilitators, if any, to accessing prenatal or maternal health services?
6. What are some of the health care challenges and benefits that older adults may experience in your community? *(PROBE: hospice, end of life care, specialists, etc.).*
7. Do people have access to affordable prescription medications and a local place to pick them up?
8. How are people accessing care, for example, virtual/telemedicine, face-to-face?
9. What types of prevention programs are available in your community (e.g., drug and alcohol, smoking cessation, HIV/AIDS/STI, diabetes, etc.)?

10. How do you think COVID-19 has impacted how people take care of themselves and how people interact with the health care system or doctors and other providers? *[PROBE: such as for screenings or routine services, vaccine perceptions, virtual health care, or others?]*
    a. How, if at all, has COVID-19 affected the trust of health care providers or systems and the public health system?
11. What would improve access to services, medications, programs?

Behavioral Health

12. When community members need help in a mental health crisis, who do they tend to turn to for assistance (health care-related, community services, or otherwise)? [*PROBE: friends and family, Town Hall, local Health Department, their doctor, churches*]
    a. What about in a substance use crisis? What substances do you see or hear about in the community?
    b. Are there existing early intervention programs for local youth that may be experimenting or initiating substance use?
    c. Are there supports in place to help with treatment? *[Probe: AA/NA meetings]*
    d. What is or is not working?
13. From what you have seen and experienced, how has the pandemic affected mental health or substance misuse issues?
14. Is there a stigma around seeking substance use disorder treatment?

Health Equity

15. Are health care services equally available to everyone regardless of gender, race, age, or socioeconomics?
    a. Are there any barriers to access to services based on economic, race/ethnicity, gender, or other factors?
    b. Is there an experience of yours or someone you know about finding a doctor or getting needs met that you would like to share?
16. To what degree do health care providers care for patients in a culturally sensitive manner?
17. What groups do you think are particularly vulnerable in your community? What are some of the biggest needs for those who are more vulnerable than others? How does the community support or not support them? *[PROBE: veterans, youth, immigrants, LGBTQ+ populations, People of Color, seniors, people living with disabilities]*

18. What are some of the local or community-level actions that can be done to provide for community health and make wellbeing more equitable?
    b. Are there any 'low hanging fruit' that could be addressed quickly?
19. Do you feel that there is any stigma around the local health care facilities (e.g., a person may choose not to utilize the health department's services because "it's for poor people")?

Neighborhood & Physical Environment

20. How difficult is it to find safe and affordable housing in your community? Name some of the greatest challenges. Are there any services to help with housing?
21. Do you feel there is good access to broadband and high-speed internet in the region? What are some of the challenges to not having good, reliable internet?
22. How would you describe access to healthful, affordable food? What are some features or services that are working well? Where are the service gaps? What communities face unique challenges?
23. Does everyone typically have reliable transportation to work, or go to the grocery store, doctors, or school? If not, are there services in the community that help those experiencing barriers/without a vehicle?

Education, Employment & Basic Needs

24. How easy is it for families to find affordable and safe childcare in the area? What are some of the challenges or facilitators?
25. Describe the job market in the area before the pandemic and currently. [PROBES: Generally, are "good" jobs here, and can people get them? Is it easy to find a full-time job with good pay, benefits, and retirement?]
    a. If people mention community education classes, PROBE: What are some ideas/suggestions to increase attendance?
26. Do people in the community struggle with accessing other basic needs besides health care such as accessing nutritious/healthy food?

Enhancing Outreach & Disseminating Information

Reference: Health literacy is: [from Healthy People 2020]: "The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions."

27. To what degree is health literacy a community advantage or challenge?
    a. How do you think health organizations can improve the health literacy of the community?

28. How do community members generally learn about access to and availability of services in the area (e.g., online directory; social media; hotline; word of mouth)? What method tends to work the best or worst?
29. What do you think are some challenges to spreading awareness and understanding of the availability of services and ways to access them? What might help overcome the challenges?
30. What types of activities would best reach those more vulnerable parts of the community? (people experiencing homelessness, people living with disabilities, or other diverse or hard-to-reach populations)
    a. What resources are you aware of that are already helping those populations?

Community Connection & Social Support

Reference: Social associations can help us live healthier lives. These associations may include civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations, political organizations, labor organizations, business organizations, professional organizations, and others.

31. Do you as a resident of your community get enough social interaction? Where do you get that interaction, and which of those are the most fulfilling sources?
32. Do you wish there were more opportunities for social interaction? If so, what would you like to see? [PROBE: how about for youth specifically?]
33. What barriers are there to participating in social interaction for you and others in your community?
34. Do you wish there were more opportunities for social support between community members? If so, what would you like to see?

Provider focus groups only

a. What is your specialty?
b. Are you burned-out or overworked?
c. Are you looking to change your practice situation (retire, sell your practice, moved to an employed model, etc.?)
d. Where do you get support as a provider?

Appendix D: Community Survey

Cheshire Medical Center

Community Needs Survey

Cheshire Medical Center is conducting a Community Health Needs Assessment (CHNA) to better understand the challenges and inequities people experience, the root causes, and most importantly – solutions for improvement for the communities we serve. This 10-minute survey is designed to learn your thoughts and ideas to create a healthier community. **Your comments will be kept confidential.**

Findings from this survey will be made available in Winter of 2023 at,

https://www.cheshiremed.org/about/community-benefits-reporting

Cheshire Medical Center is giving a $50.00 VISA gift card to two survey participants ($50.00 per person)! To enter to win the raffle, please enter your contact information at the end of the survey.

This survey will close Friday, 9/9 by 5:00 p.m.

What county do you live in?

- ☐ Cheshire County
- ☐ Hillsborough County
- ☐ Sullivan County
- ☐ Other (please specify):

Access to Health Care

We are interested in understanding the root causes of challenges to accessing quality health care and behavioral health care in your community. **Reminder:** Your answers will be confidential.

1. **Do you have a family doctor or a place where you go for routine care?**
   - ☐ Yes, family doctor, family health center, or clinic
   - ☐ Yes, emergency room
   - ☐ Yes, walk-in urgent care
   - ☐ No
   - ☐ Other (please specify):

2. **In the past year, have there been one or more occasions when you needed health or mental health care but chose NOT to get it?**
   - ☐ Yes
   - ☐ No

3. **If yes, what prevented you from accessing health care or mental health care when you needed it? (Check all that apply)**
   - ☐ Lack of health insurance
   - ☐ Lack of money or ability to pay
   - ☐ Did not feel comfortable with available providers
   - ☐ Providers did not speak my language
   - ☐ Concern about my immigration status
   - ☐ Providers not knowledgeable about people with my sexual orientation or gender status
   - ☐ Lack of transportation
   - ☐ Long wait times to see a provider
   - ☐ COVID-19-related restrictions
   - ☐ I don’t like the providers
   - ☐ Other (please specify):

Community Health Needs

A healthy community includes a variety of traits such as the availability of health care and behavioral health care, social services, economic and career growth opportunities, environmental factors, lifestyle indicators such as obesity, smoking, and substance use. **Your answers will help identify barriers and solutions to improve the access and quality of services community-wide.**

4. Thinking about your community, rate the statements below on a scale of 1 (strongly disagree) to 5 (strongly agree) by **the level of need in your community**. Please include other health care-related need(s) not listed below, and possible solutions.

NEEDS	**1 Strongly Disagree**	**2 Disagree**	**3 Neither agree nor disagree**	**4 Agree**	**5 Strongly Agree**
Transportation to medical appointments					
Easy access to primary health care providers					
Coordination of care between the hospital and other care providers					
Easy access to maternity/OBGYN care					
Specialty health care providers (e.g., dermatology, pulmonary care, oncology, endocrinology, etc.)					
Health care services for older adults (60+)					
Other: (Please Specify)					

If you could change any of the health care-related needs above, how would you improve them?

5. Select all possible solutions that you believe would improve each health care-related need in your community. Provide other solutions you may think will improve each need.

Transportation to medical appointments

- ☐ More local bus services
- ☐ More volunteer transportation services
- ☐ More taxi, Uber/Lyft services
- ☐ More telehealth services
- ☐ Other:______________________________

Easy access to primary health care providers

- ☐ More evening and weekend hours
- ☐ More telehealth services
- ☐ More local primary care providers
- ☐ More providers who accept Medicare/Medicaid
- ☐ Other:______________________________

Coordination of care between the hospital and other care providers

- ☐ More in-home health care services
- ☐ More in-home personal support services (e.g., bathing, hygiene, meal preparation, mobility assistance)
- ☐ Improve communication with other health care providers, assisted-living facilities/nursing homes, and others
- ☐ Other:______________________________

Easy access to maternity/OBGYN care

- ☐ Improve the quality of prenatal services
- ☐ Improve access to midwifery and pediatric care services
- ☐ Expand existing services
- ☐ Other:______________________________

Health care services for older adults (60+)

- ☐ More local geriatric health care providers
- ☐ More palliative/end-of-life and hospice care
- ☐ More memory care specialists and services (e.g., dementia, Alzheimer's Disease)
- ☐ More providers who accept Medicare
- ☐ Other:______________________________

Specialty health care providers (e.g. dermatology, pulmonary care, oncology, endocrinology, etc.)

- ☐ More local specialty care providers
- ☐ More telehealth services
- ☐ More providers who accept Medicare/Medicaid
- ☐ Other:______________________________

Community Needs

6. Thinking about your community, rate the statements below on a scale of 1 (strongly disagree) to 5 (strongly agree) by **the level of need in your community**. Please include other health care-related need(s) not listed below, and possible solutions.

NEEDS	**1 Strongly Disagree**	**2 Disagree**	**3 Neither agree nor disagree**	**4 Agree**	**5 Strongly Agree**
General transportation					
Opportunities for older adults (60+) to find safe affordable housing (e.g., Assisted living options, nursing homes)					
Opportunities for individuals and families to find safe affordable housing					
Quality in-home care services for older adults and people living with disabilities					
Job opportunities with a livable wage					
Accessible mental health counseling services for adults					
Accessible mental health counseling services for youth					
Accessible substance use treatment services					

Programs or initiatives to increase community diversity					
Access to quality health services for people who identify as part of the LGBTQIA+ community					
Programs for people to enroll in and learn about that provides financial support for those needing health care services in h (e.g., sliding scale fees, patient navigators, community health workers)					
Other: (Please Specify)					

If you could change any of the community needs above, how would you improve them?

7. Select all possible solutions that you believe would improve each community need. Provide other solutions you may think will improve each need.

Accessible mental health counseling services for youth

- ☐ Substance use prevention and early intervention programs for youth
- ☐ More behavioral health care providers for youth
- ☐ More in-school services (e.g., counselors, peer-support groups)
- ☐ Other:________________________

Accessible substance use treatment services

- ☐ More local programs to help support those in substance use treatment services/recovery (e.g., AA, NA meetings)
- ☐ Increase awareness of existing programs and services
- ☐ More Medicated-Assisted Treatment providers
- ☐ Other:________________________

Quality in-home care services for older adults and people living with disabilities

- ☐ Higher workforce wages
- ☐ Expand existing services
- ☐ More community partnerships
- ☐ Other:________________________

Accessible mental health counseling services for adults

- ☐ Increase workplace services (e.g., employee benefit programs)
- ☐ Community support groups for parents and caregivers
- ☐ Expand existing services
- ☐ Other: ________________________

Access to quality health services for people who identify as part of the LGBTQIA+ community

- ☐ Create a more welcoming environment
- ☐ More inclusive language and documentation

- ☐ Promotion of health care educational materials for LGBTQIA+ people
- ☐ Other:________________________

Programs or initiatives to increase community diversity

- ☐ Community-wide education
- ☐ Workplace diversity training
- ☐ Educational and cultural community activities that celebrate diverse cultures
- ☐ Other:_________________________

Programs for people to enroll in and learn about that provides financial support for those needing health care services in h (e.g., sliding scale fees, patient navigators, community health workers)

- ☐ More patient navigators/community health workers
- ☐ Increase awareness of existing services
- ☐ Improve communication between organizations and referral systems
- ☐ Other:_________________________

Community Outreach

8. What is the best way you find information within your community? Please rank the methods below from 1 to 5, with **1 being the best method for you.**

Method	**Rank**
Email	
Local newspapers/newsletters	
Social Media	
Friends and family	
Websites	
Local library or another facility (YMCA, Lions Club)	
Employer	
Other: (Please Specify)	

9. How did you hear about this survey? (Check all that apply)

- ☐ Social media
- ☐ Friends and family
- ☐ Employer
- ☐ Health care provider/facility
- ☐ Other (Please specify)

Why did you choose to take this survey?

Little Bit About You

10. What is your zip code?

____

11. What age group do you fall within?

- ☐ Under 18
- ☐ 19-29
- ☐ 30-39
- ☐ 40-49
- ☐ 50-59
- ☐ 60-64
- ☐ 65 +

12. To which gender identity do you most identify?

- ☐ Female
- ☐ Male
- ☐ Transgender Female
- ☐ Transgender Male
- ☐ Gender Non-Binary
- ☐ My gender identity is not listed
- ☐ I prefer not to answer

13. Are you of Hispanic, Latino, or other Spanish origin?

- ☐ Yes
- ☐ No
- ☐ I prefer not to answer

14. What is your race? (Check all that apply)

- ☐ White or Caucasian
- ☐ Black or African American
- ☐ Asian
- ☐ Native American or Alaska Native
- ☐ Native Hawaiian or other Pacific Islander
- ☐ Another race
- ☐ I prefer not to answer

15. Which of the following ranges best describes your total annual household income in the past year?

- ☐ None
- ☐ Less than $10,000
- ☐ $10,000 to $14,999
- ☐ $15,000 to $24,999
- ☐ $25,000 to $34,999
- ☐ $35,000 to $49,999
- ☐ $50,000 to $74,999
- ☐ $75,000 to $99,999
- ☐ $100,000 +
- ☐ Unknown
- ☐ I prefer not to answer

16. What is the highest degree or level of school you have completed? (If you're currently enrolled in school, please indicate the highest degree you have received.)

- ☐ Less than a high school diploma
- ☐ High school degree or equivalent (such as GED/HiSET)
- ☐ Some college, no degree
- ☐ Associate degree
- ☐ Bachelor's degree
- ☐ Master's degree
- ☐ Professional of doctorate degree (such as MD, DDS, DVM, PhD)
- ☐ I prefer not to answer

Appendix E: Cheshire Medical Center Service Use Summary

As part of the Community Health Needs Assessment, Cheshire Medical Center's Center for Population Health team provided de-identified hospital service use data for analysis.

Crescendo Consulting Group analyzed over **50,000** de-identified patient records from 2021 to establish a better understanding of emergency department, inpatient, and primary care pediatrician encounter volumes and to identify the most common primary diagnoses across encounter types and patient age groups.

Emergency Department Encounters

n = 2,413

In 2021, the most common primary diagnoses in emergency department encounters among those age 18 or older were COVID-19 and chest pain. COVID-19 was also common (2.2%) in encounters among those younger than age 18. Among those younger than age 65, another top primary diagnosis was "procedure and treatment not carried out due to patient leaving before being seen by health care provider" (about 3.0% of encounters).

Head injuries were also among the most common primary diagnoses, making up more than 3.0% of encounters. Mental health conditions, such as suicidal ideations (1.6%) and major depressive disorder, single episode, unspecified (1.3%) were also relatively common. COVID-19 (2.2%) and symptoms associated with coronavirus infection, such as acute upper respiratory infection, unspecified (6.0%) and fever, unspecified (4.6%) comprised nearly one in six encounters (16.0%).

Exhibit 114: Top Ten Primary Diagnoses Among Patients, Age 17 & Under

Diagnoses	# of Encounters	% of Encounters	Cumulative %
Acute upper respiratory infection, unspecified (J06.9)	145	6.0%	6.0%
Fever, unspecified (R50.9)	111	4.6%	10.6%
Procedure and treatment not carried out due to patient leaving before being seen by health care provider (Z53.21)	78	3.2%	13.8%
COVID-19 (U07.1)	52	2.2%	16.0%
Unspecified injury of head, initial encounter (S09.90XA)	40	1.7%	17.7%
Suicidal ideations (R45.851)	39	1.6%	19.3%
Acute obstructive laryngitis (croup) (J05.0)	39	1.6%	20.9%
Laceration without foreign body of other part of head, initial encounter (S01.81XA)	38	1.6%	22.5%
Nausea with vomiting, unspecified (R11.2)	34	1.4%	23.9%
Major depressive disorder, single episode, unspecified (F32.9)	31	1.3%	25.2%

Source: Data provided by Cheshire Medical Center, Center for Population Health

COVID-19 and chest pain were the most common primary diagnoses among those between the ages of 18 to 64, comprising nearly one in 10 (9.5%) encounters. Other commonly used primary diagnoses each accounted for one to two percent of encounters.

n = 12,856

Exhibit 115: Top Ten Primary Diagnoses among Patients, Age 18 to 64

Diagnosis	# of Encounters	% of Encounters	Cumulative %
COVID-19 (U07.1)	448	3.5%	3.5%
Other chest pain (R07.89)	446	3.5%	7.0%
Procedure and treatment not carried out due to patient leaving prior to being seen by health care provider (Z53.21)	430	3.3%	10.3%
Chest pain, unspecified (R07.9)	317	2.5%	12.8%
Nausea with vomiting, unspecified (R11.2)	235	1.8%	14.6%
Headache, unspecified (R51.9)	160	1.2%	15.8%
Syncope and collapse (R55)	152	1.2%	17.0%
Low back pain (M54.5)	136	1.1%	18.1%
Dizziness and giddiness (R42)	129	1.0%	19.1%
Shortness of breath (R06.02)	127	1.0%	20.1%

Source: Data provided by Cheshire Medical Center, Center for Population Health

As with those between the ages of 18 to 64, COVID-19 and chest pain accounted for the greater proportions of primary diagnoses among those ages 65 and older (more than 8.0%).

n = 7,708

Exhibit 116: Top Ten Primary Diagnoses among Patients, Age 65 & Older

Diagnosis	# of Encounters	% of Encounters	Cumulative %
COVID-19 (U07.1)	232	3.0%	3.0%
Chest pain, unspecified (R07.9)	209	2.7%	5.7%
Other chest pain (R07.89)	198	2.6%	8.3%
Syncope and collapse (R55)	142	1.8%	10.1%
Pneumonia, unspecified organism (J18.9)	136	1.8%	11.9%
Chronic obstructive pulmonary disease with (acute) exacerbation (J44.1)	132	1.7%	13.6%
Dizziness and giddiness (R42)	126	1.6%	15.2%
Shortness of breath (R06.02)	117	1.5%	16.8%
Urinary tract infection, site not specified (N39.0)	111	1.4%	18.2%
Heart failure, unspecified (I50.9)	108	1.4%	19.6%

Source: Data provided by Cheshire Medical Center, Center for Population Health

- Other common primary diagnoses include those reflective of common causes of mortality among older adults, such as chronic obstructive pulmonary disease with (acute) exacerbation (1.7%) and heart failure, unspecified (1.4%).

Inpatient Encounters

n = 594

Among adults 18 and older, the most common primary diagnosis for inpatient encounters was sepsis, unspecified organism (about 5.0% of such encounters), while COVID-19 accounted for more than 4.0%.

Among those younger than age 65, many of the most popular primary diagnoses pertained to pregnancy or childbirth, including the vast majority of those for encounters among patients younger than age 18.

The vast majority of primary diagnoses among those younger than age 18 (more than 95.0%) reflect childbirth and newborn/infant health conditions.

Exhibit 117: Top Ten Primary Diagnoses among Patients, 17 & Under

Diagnosis	# of Encounters	% of Encounters	Cumulative %
Z38.00 - Single liveborn infant, delivered vaginally	334	56.2%	56.2%
Z41.2 - Encounter for routine and ritual male circumcision	119	20.0%	76.3%
Z38.01 - Single liveborn infant, delivered by cesarean	83	14.0%	90.2%
Z38.30 - Twin liveborn infant, delivered vaginally	10	1.7%	91.9%
Z38.31 - Twin liveborn infant, delivered by cesarean	7	1.2%	93.1%
P59.9 - Neonatal jaundice, unspecified	3	0.5%	94.4%
Z38.2 - Single liveborn infant, unspecified as to place of birth	2	0.3%	94.8%
Z38.1 - Single liveborn infant, born outside hospital	2	0.3%	95.1%
Z05.8 - Observation and evaluation of newborn for other specified suspected condition ruled out	1	0.2%	95.3%

Source: Data provided by Cheshire Medical Center, Center for Population Health

As noted, sepsis, unspecified organism, and COVID-19 are the most common primary diagnoses among inpatient encounters aged 18 to 64.

n = 2,704

Exhibit 118: Top Ten Primary Diagnoses among Patients, Age 18 to 64

Diagnosis	# of Encounters	% of Encounters	Cumulative %
A41.9 - Sepsis, unspecified organism	115	4.3%	4.3%
U07.1 - COVID-19	96	3.6%	7.8%
O48.0 - Post-term pregnancy	78	2.9%	10.7%
O99.891 - Other specified diseases and conditions complicating pregnancy	51	1.9%	12.6%
E10.10 - Type 1 diabetes mellitus with ketoacidosis without coma	35	1.3%	13.9%
O42.92 - Full-term premature rupture of membranes, unspecified as to length of time between rupture and onset of labor	34	1.3%	15.1%
O42.02 - Full-term premature rupture of membranes, onset of labor within 24 hours of rupture	33	1.2%	16.3%
F10.239 - Alcohol dependence with withdrawal, unspecified	33	1.2%	17.6%
O36.8130 - Decreased fetal movements, third trimester, not applicable or unspecified	30	1.1%	18.7%
K35.80 - Unspecified acute appendicitis	29	1.1%	19.7%

Source: Data provided by Cheshire Medical Center, Center for Population Health

- Common primary diagnoses related to pregnancy or childbirth account for more than eight percent of these encounters.
- Other conditions represented include type one diabetes mellitus with ketoacidosis without coma (1.3%), alcohol dependence with withdrawal, unspecified (1.2%), and unspecified acute appendicitis (1.1%).

Along with sepsis, unspecified organism (5.8%) and COVID-19 (4.7%), common primary diagnoses among older adults in inpatient encounters include those related to organ failure, such as acute kidney failure, unspecified (1.7%) and hypertensive heart disease with heart failure (1.5%).

n = 2,704

Exhibit 119: Top Ten Primary Diagnoses among Patients, Age 65 & Older

Diagnosis	# of Encounters	% of Encounters	Cumulative %
A41.9 - Sepsis, unspecified organism	156	5.8%	5.8%
I13.0 - Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	145	5.4%	11.1%
U07.1 - COVID-19	127	4.7%	15.8%
J18.9 - Pneumonia, unspecified organism	51	1.9%	17.7%
N17.9 - Acute kidney failure, unspecified	45	1.7%	19.4%
I21.4 - Non-ST elevation (NSTEMI) myocardial infarction	45	1.7%	21.0%
I11.0 - Hypertensive heart disease with heart failure	41	1.5%	22.6%
M17.11 - Unilateral primary osteoarthritis, right knee	34	1.3%	23.8%
G45.9 - Transient cerebral ischemic attack, unspecified	32	1.2%	25.0%
A41.51 - Sepsis due to Escherichia coli (e. coli)	32	1.2%	26.2%

Source: Data provided by Cheshire Medical Center, Center for Population Health

- Several heart conditions are among the most common primary diagnoses in this age group.
- Pneumonia is a common condition in both emergent and inpatient encounters among older adults.

Primary Care Pediatrician Encounters

Routine child health examinations without abnormal findings (38.1%) and encounters for immunization (14.8%) accounted for more than half of primary care encounters among those younger than age 18.

n = 21,641

Exhibit 120: Top Ten Primary Diagnoses among Patients, Age 17 & Under

Diagnosis	# of Encounters	% of Encounters	Cumulative %
Encounter for routine child health examination without abnormal findings (Z00.129)	8,244	38.1%	38.1%
Encounter for immunization (Z23)	3,196	14.8%	52.9%
Single liveborn infant, delivered vaginally (Z38.00)	624	2.9%	55.7%
Encounter for routine child health examination with abnormal findings (Z00.121)	490	2.3%	58.0%
Health examination for newborn 8 to 28 days old (Z00.111)	460	2.1%	60.1%
Acute upper respiratory infection, unspecified (J06.9)	393	1.8%	62.0%
Health examination for newborn under 8 days old (Z00.110)	364	1.7%	63.6%
Attention-deficit hyperactivity disorder, combined type (F90.2)	294	1.4%	65.0%
Single liveborn infant, delivered by cesarean (Z38.01)	244	1.1%	67.4%

Source: Data provided by Cheshire Medical Center, Center for Population Health

- Liveborn infant deliveries accounted for at least four percent of primary care pediatrician encounters.
- Attention-deficit hyperactivity disorder, combined type, a behavioral condition, was also a frequent primary diagnosis among those younger than age 18.

Appendix F: Leadership Council for a Healthy Monadnock Executive Committee 2022

Leadership Council for a Healthy Monadnock Executive Committee 2022

Name	Sector Representation	Organization
Alicia Deaver	Education & Childcare	Rise for Baby & Family
Beth Daniels	Basic Needs	Southwestern Community Services
Ed Walker	Municipal/County Government	Peterborough Fire & Rescue
Eileen Fernandes	Community Member	N/A
Ellen Avery	Basic Needs	Community Volunteer Transportation Company (CVTC)
LeeAnn Moore	Hospital	Monadnock Community Hospital (MCH)
Liz LaRose	Community Organizations	Monadnock United Way (MUW)
Phil Wyzik	Other Healthcare	Monadnock Family Services (MFS)
Shawn LaFrance	Hospital	Cheshire Medical Center
Susan Ashworth	Community Organizations	Home Healthcare, Hospice & Community Services
Suzanne Bansley	Municipal/County Government	Cheshire County
Tim Murphy	Discretionary	Southwest Region Planning Commission (SWRPC)

Appendix G: 2019 Community Benefits Activity Summary

A summary of highlights of activities undertaken by Cheshire Medical Center and the Center for Population Health to address the needs identified in the 2019 Community Health Needs Assessment.

2019 Implementation Plan Highlights Completed
Health Behaviors
Provided backbone support for the Healthy Monadnock Alliance and the Greater Monadnock Regional Public Health Network
Provided technical assistance to multi-stakeholder work groups to implement regional Community Health Improvement Plan (CHIP)
Maintained and expanded technical assistance support for both worksites and schools through our Wellpowered program
Provided support to partner organization through the full continuum of care for substance use disorders from prevention, intervention, treatment, and recovery supports using a harm reduction approach to care for our community
Support staff to serve on Board of Directors for local non-profits and state-wide committees and coalitions
Clinical Care
Maintained inpatient behavioral health consult team that is available in the Emergency Department or on other inpatient units
Provided subsidized care for behavioral health services
Maintained partnership to start new primary care practice co-located within the community mental health center to improve access for behavioral health patients
Offer "Let No Woman Be Overlooked" Breast and Cervical Cancer Program, which provides a breast exam, mammography, and Pap test to low-income, inadequately insured women
Provided tobacco prevention and cessation counseling
Provide free or discounted healthcare services including medication assistance
Provide one-on-one application assistance to families in completing NH Medicaid applications for such services as NH Medicaid for Children & Pregnant Women and Food Stamps
Provide in-kind financial support to Dental Health Works to ensure oral health care access for youth and pregnant women
Provide free community education opportunities both in-person and virtual that aligns with our community health needs assessment and community health improvement plan
Provide Walk-In Clinic to allow more timely and economical access to services instead of using emergency room care
Social and Economic Factors
Provide medical staff to serve as Medical Directors of area nursing homes
Provided free technical assistance and other supports to local employers to positively impact social drivers of health region wide

Physical Environment Factors
Provided backbone support and technical assistance to operate the Greater Monadnock Regional Public Health Network including COVID-19 response activities in place of other drill and exercises
Provided backbone support for the Greater Monadnock Medical Reserve Corps
Other Mission Aligned Community Needs
As restrictions allowed, provided meal offerings to older adults
Improved coordination and communication between services
Work closely with clinical staff to develop programs that cover emerging health concerns and are delivered at the right literacy level for our community
Established a multi-disciplinary internal group representing many departments to develop an overall approach and guiding principles regarding SUD
Provide primary prevention education, including public film screenings with follow-up discussion panels where people with lived experience share stories about SUD treatment and recovery
Offer higher education opportunities for people pursuing nursing and other healthcare training