



New Hampshire State Health Assessment and State Health Improvement Plan Advisory Council

June 18, 2021



Meeting Hygiene

- Be present
- Assume good intentions and take responsibility for impact (ouch and oops)
- Be able to express as much vulnerability as you are able to offer — It's ok to be raggedy
- Be open to another perspective
- Be ready to actively listen
- Expect and accept non-closure — we are a work in progress
- Honor Confidentiality
- Step Up/Step Back (3-4 voices before me)

Endowment for Health” Race & Equity in New Hampshire: Building Foundations for the Future.” <http://www.endowmentforhealth.org/what-we-fund/advancing-health-equity-for-racial-ethnic-and-language-minorities/symposium-on-race-and-equity-in-nh>



SHA Vision and Clarifying Statements

All people in NH have equitable opportunity to flourish and achieve optimal mental, physical, social, spiritual, and emotional wellness.

- Equity is shaped at state and local levels such that individuals and communities have equitable access to opportunities
- Wellness happens where people live, learn, work, and play
- People include individuals and families across the lifespan



Agenda

1. Welcome and *Virtual* Hellos
2. Approval of Minutes
3. Subcommittee on Community Engagement
4. Domains Data Discussion
5. Process for SHA Review and Release
6. Juneteenth Recognition
7. Public Comment



SHA Data Collection Domains and Subcategories

- Demographics
- Domain 1: Access to Opportunity
 - Subcategory: Education
 - Subcategory: Fiscal Health
 - Subcategory: Housing
- Domain 2: Community
 - Subcategory: Community Assets and Resources
 - Subcategory: Commuting Patterns
 - Subcategory: Crime
 - Subcategory: Environmental Health
 - Subcategory: Infrastructure
- Domain 3: Health Status and Outcomes
 - Subcategory: Access and Utilization
 - Subcategory: Birth Outcomes
 - Subcategory: Cost of Care
 - Subcategory: Health Outcomes
 - Subcategory: Healthy Living
 - Subcategory: Vaccination Rates
- Domain 4: Social Connectedness
 - Subcategory: Age Friendly Community
 - Subcategory: Civic Engagement
 - Subcategory: Spirituality

Community

The Community section of the SHA describes characteristics of the communities in which the people of New Hampshire live, learn, work, and play. This includes the infrastructure and assets, as well as how people interact and feel about resources in their communities.

Includes: Physical infrastructure, social service infrastructure, safety, environment, and transportation.



Environment – Air Quality

Figure 4.12: Winter Air Quality Ratings by County, 2014-2016 (Percent of Days)

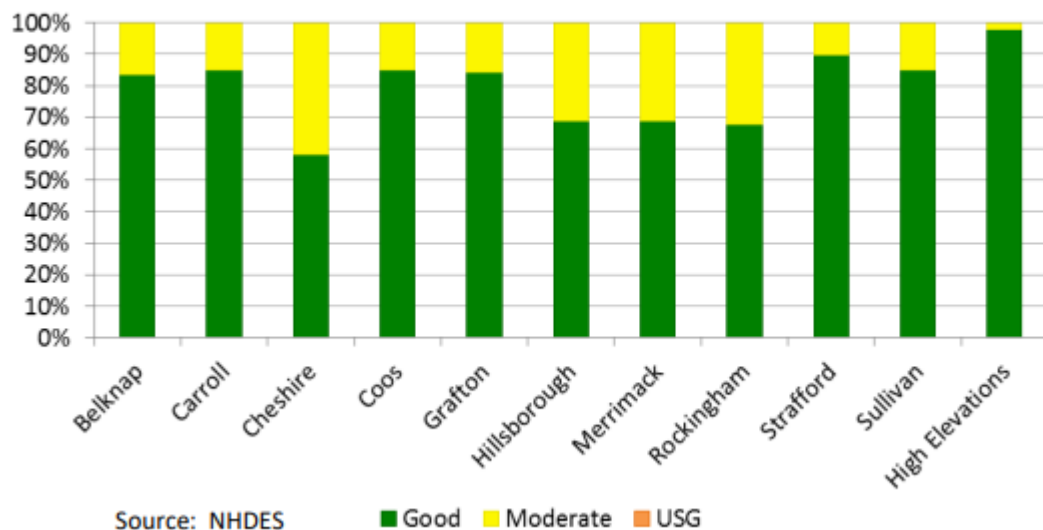
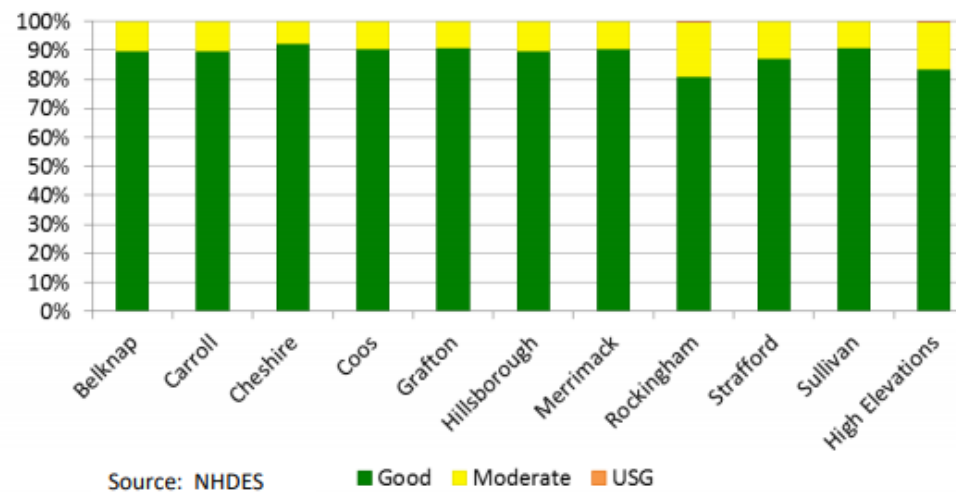


Figure 4.13: Summer Air Quality Ratings by County, 2014-2016 (Percent of Days)



Key Point: New Hampshire air quality reaches the air quality index of unhealthy for sensitive groups only a few days per year. The highest AQI tends to occur most often in the southern counties because these areas are the most populated and closest to out-of-state emission sources.

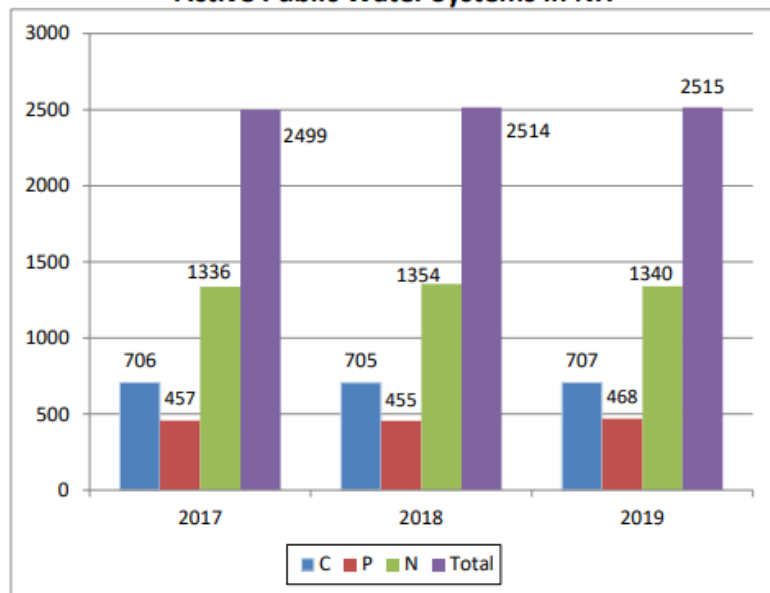
<https://www.des.nh.gov/sites/g/files/ehbemt341/files/documents/2020-01/r-ard-17-01.pdf>



Environment - Water Quality

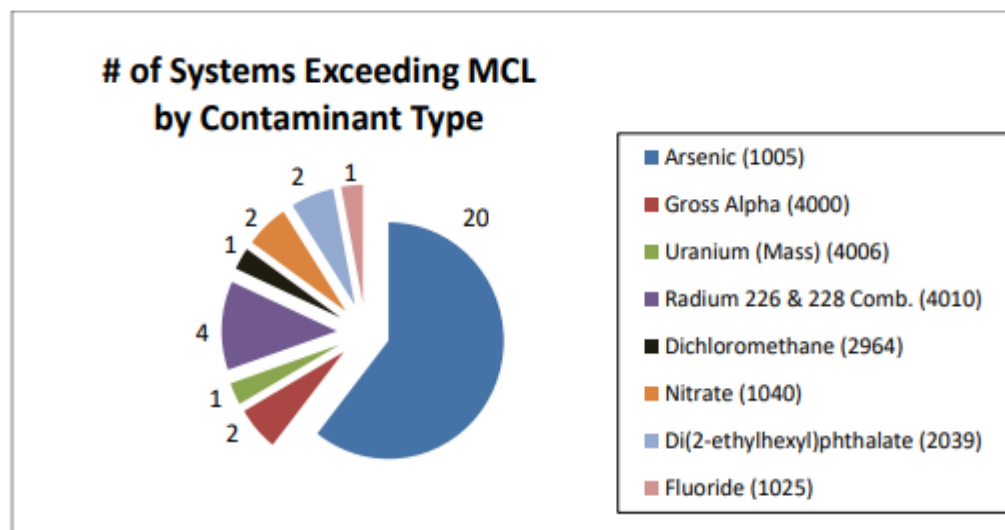
Public Water Systems

Active Public Water Systems in NH



In 2019, 33 public water systems incurred 41 MCL violations (Violation Codes 01 and 02) for regulated chemical contaminants. Numbers in this report may not match the Appendices because a water system may have incurred multiple violations for any given contaminant or violation type.

of Systems Exceeding MCL
by Contaminant Type



<https://www.des.nh.gov/sites/g/files/ehbemt341/files/documents/r-wd-20-09.pdf>



Environment - Water Quality

- Well Water accounts for over 40%.
- New well water reporting for state

Source: Rates of Arsenic Exceedance in Residential Wells by New Hampshire State Senate District.

NH EPHT Program, Division of Public Health Services, NH DHHS

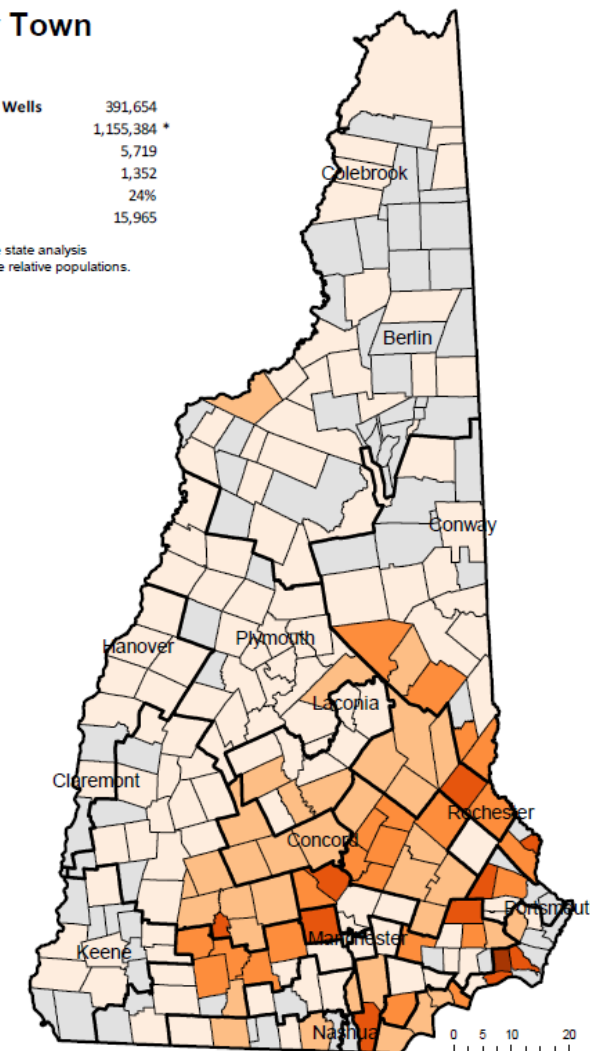
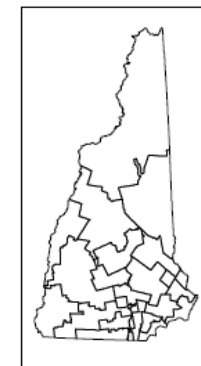
New Hampshire Rates of Arsenic Exceedance in Residential Wells by Town (2014-2018)

Estimated Population Served by Residential Wells	391,654
Estimated State Population	1,155,384 *
Number of Well Water Samples	5,719
Number of Exceedances (Arsenic > 5 ppb)	1,352
Percent Exceedances > 5 ppb	24%
Estimated Children Exposed < 6 years of age	15,965

* Manchester and Nashua are excluded from the state analysis due to the low number of well samples and large relative populations.

Percent Exceedance > 5 ppb

0 - 20%
21 - 40%
41 - 60%
61 - 80%
81 - 100%
Too Few Samples



Data note: Well water data is from the NH Department of Environmental Services (NHDES) and NH Public Health Laboratories (NHPHL). Years: 2014 - 2018. Population data is from NH Department of Public Health Services (2018). Samples were limited to residential wells and duplicate wells were not included. If wells were tested multiple times, the highest concentration sample was used. Previous arsenic treatment was not taken into account. Towns with less than 6 samples were suppressed.

NHDES recommends standard and radiological analysis testing every three to five years.



Environmental Exposures – Radon (1998-2011)

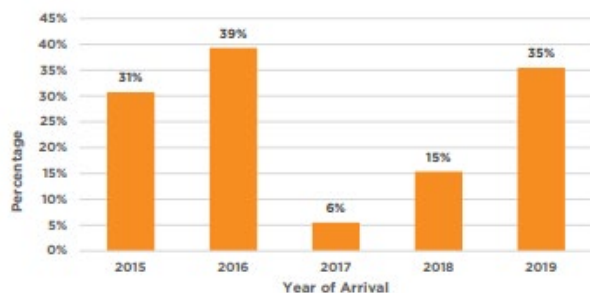
Location	Number of tests	Number of elevated tests	% elevated	Median of all tests (pCi/L)	Median of elevated tests (pCi/L)
Belknap	1,066	166	16%	1.4	6.0
Carroll	1,418	586	41%	3.0	8.9
Cheshire	1,349	204	15%	1.3	6.4
Coos	1,487	585	39%	2.9	9.8
Grafton	2,406	521	22%	1.9	6.7
Hillsborough	2,810	631	22%	1.8	7.1
Merrimack	5,421	1,727	32%	2.4	7.2
Rockingham	5,660	2,026	36%	2.7	7.3
Strafford	2,347	960	41%	3.0	7.7
Sullivan	975	114	12%	1.3	5.9
Nashua city	259	90	35%	2.7	7.5
Manchester city	278	85	31%	2.5	7.6

Elevated tests are defined as those greater than the EPA recommended level (4.0 pCi/L).

<https://www.nh.gov/epht/environmental-topics/documents/radon.pdf>

Environmental Exposures - Childhood Lead Levels

Figure 11: Percentage of newly arrived refugees 0 - 72 months with an elevated blood lead level of 5 µg/dL or higher within 3 months of arrival.



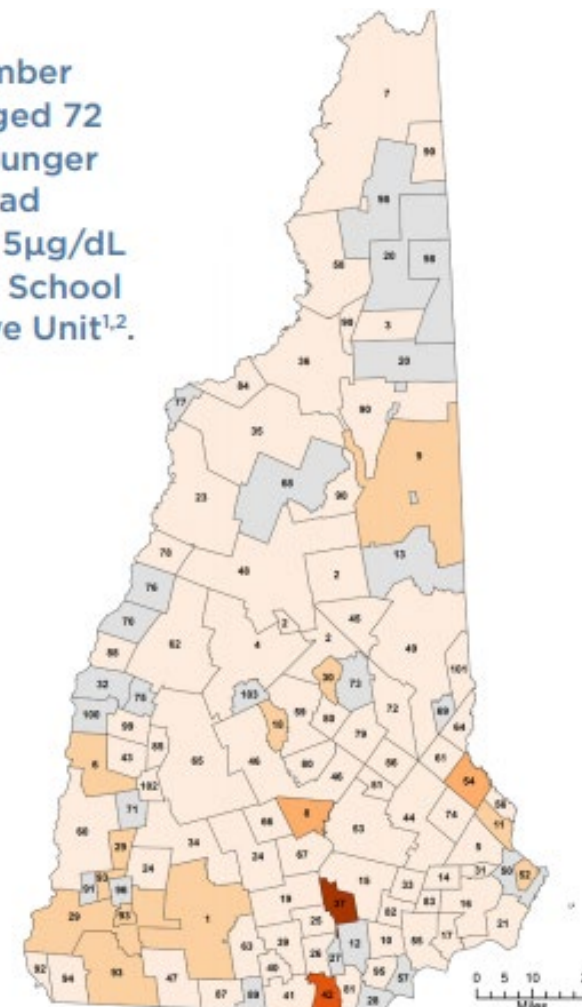
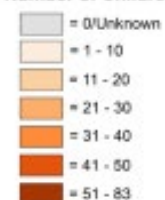
35%
11 OUT OF 31



In 2019, 35% (11 out of 31) of children newly arrived refugees in NH tested for blood lead within 3 months of arrival had a blood lead level of 5ug/dL or higher. This compares to an estimated 22.7% of newly arrived refugees in US with an elevated blood lead level of 5ug/dL or higher within 3 months of arrival.

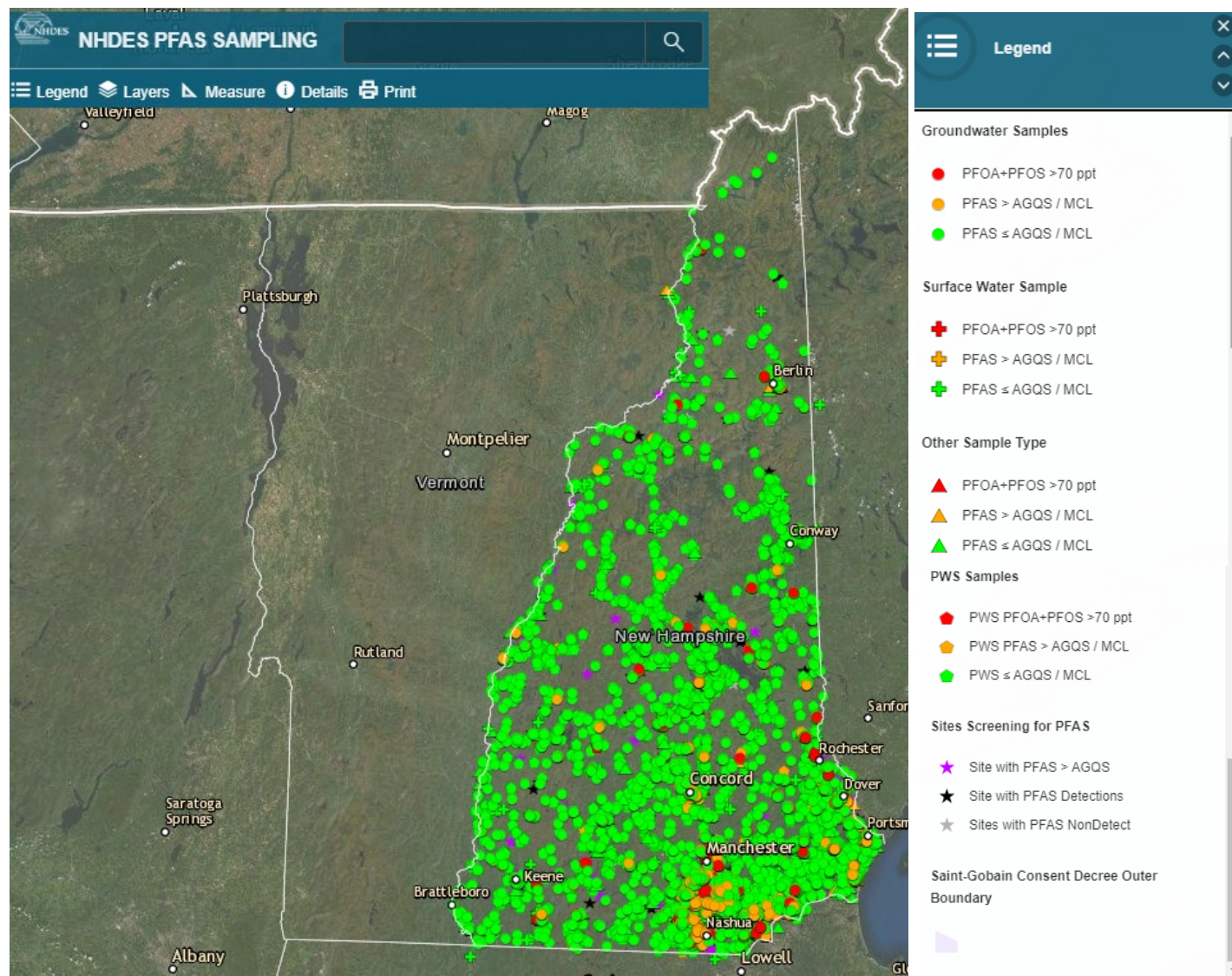
Figure 6: Number of children aged 72 months or younger with blood lead elevations of 5µg/dL or greater by School Administrative Unit^{1,2}.

Number of Children



<https://leadfreekidsnh.org/wp-content/uploads/2021/01/2019-lead-exposure-nh-data-brief.pdf> -

Environmental Exposures – PFAS (Per- and Polyfluoroalkyl Substances)



<https://nhdes.maps.arcgis.com/apps/View/index.html?appid=66770bef141c43a98a445c54a17720e2&extent=-73.5743,42.5413,-69.6852,45.4489>



Transportation – Commuting Patterns

Location	Drove alone	Carpooled	Public transportation (including taxicab)	Walked	Other means	Worked from home	Mean travel time to work (in minutes)
New Hampshire	80.6%	7.9%	0.9%	2.7%	1.3%	6.6%	27.5
Belknap	80.1%	9.5%	0.2%	2.4%	1.9%	5.9%	25.8
Carroll	80.8%	9.1%	0.1%	2.2%	0.9%	7.0%	26.7
Cheshire	76.9%	8.2%	0.3%	3.2%	2.0%	9.5%	23.2
Coos	76.3%	10.9%	0.2%	2.4%	2.8%	7.4%	21.4
Grafton	74.3%	9.1%	1.2%	6.6%	3.0%	5.7%	23.6
Hillsborough	81.4%	8.1%	1.0%	2.1%	1.0%	6.4%	28.3
Merrimack	80.9%	7.9%	0.2%	2.5%	1.3%	7.1%	27.1
Rockingham	82.8%	6.1%	0.9%	1.9%	1.0%	7.3%	30.4
Strafford	79.0%	8.5%	1.8%	4.3%	1.6%	4.8%	26.4
Sullivan	82.4%	9.7%	0.3%	2.3%	0.4%	4.9%	24.5

2019: ACS 5-Year Estimates Data <https://www.census.gov/acs/www/data/data-tables-and-tools/data-profiles/>
Economic Characteristics



Transportation – Commuting Time

Location	Commute time 35-60 minutes	Commute time more than 60 minutes
NEW HAMPSHIRE	16.0%	10.0%
Belknap County	16.0%	7.9%
Carroll County	15.1%	11.2%
Cheshire County	10.1%	7.5%
Coos County	10.9%	6.3%
Grafton County	11.7%	5.7%
Hillsborough County	16.3%	11.2%
Merrimack County	16.0%	8.6%
Rockingham County	19.2%	12.5%
Strafford County	15.3%	8.8%
Sullivan County	16.7%	4.3%
Nashua city	15.9%	9.2%
Manchester city	11.0%	8.0%

NH WISDOM Dashboard, 2014-2018

<https://dashboard.nh.gov/t/DHHS/views/SocialDeterminantsofHealthLandingPage/SocialDeterminantsOfHealthLandingPage?:linktarget=self&:embed=yes> Housing and Transportation



Teleworking during COVID-19

Month	Some adult in household substituted some or all of their typical in-person work for telework because of the coronavirus pandemic
April 2021	31.1%
March 2021	41.6%
February 2021	42.2%
January 2021	39.9%
December 2020	41.8%
November 2020	38.8%
October 2020	40.8%
September 2020	37.2%
August 2020	39.5%

<https://www.census.gov/programs-surveys/household-pulse-survey/data.html>


Community – Major Themes

- Need for services varies by geography and demographic groups.
- NH's geography allows for natural recreational space.
- NH has many social service agencies, spanning all regions of the state, focusing on specific topics. Regional approach with varying geographies covered.
- Environmental exposures exist, and some are related to land type and use.
- Public transportation is minimal.


What do we need to know but don't yet?

- What are the variations in the access and ability to use the natural recreation resources?
- Are there gaps in social service infrastructure?
- Hyperlocal measures of safety
- How do the environmental factors interact?
- How does air quality differ at hyperlocal levels?
- Will the commuting patterns continue to change, and what will that mean for NH?

What plans does NH have to address these issues?



New Hampshire Outdoors
2019 – 2023 NH Statewide Comprehensive Outdoor Recreation Plan
NH Department of Natural and Cultural Resources



<https://www.nhstateparks.org/getmedia/43f2dddc-dfd5-475a-951b-3a61922d5c15/Community-Recreation-9-19-FINAL-SCORP.pdf>


TEN YEAR TRANSPORTATION
IMPROVEMENT PLAN

2021 - 2030


Projects Only

APPROVED BY THE NH LEGISLATURE
AND SIGNED INTO LAW BY THE GOVERNOR
UNDER HB 1182, AS AMENDED

PURSUANT TO
RSA 228:99 AND RSA 240 OF THE LAWS OF NEW HAMPSHIRE



PROJECTS LISTED ALPHABETICALLY



PREPARED BY THE NEW HAMPSHIRE
DEPARTMENT OF TRANSPORTATION

July 24, 2020

<https://www.nh.gov/dot/media/video/ten-year-plan.htm>

What resources
are important
for the public to
know about to
address these
topics?

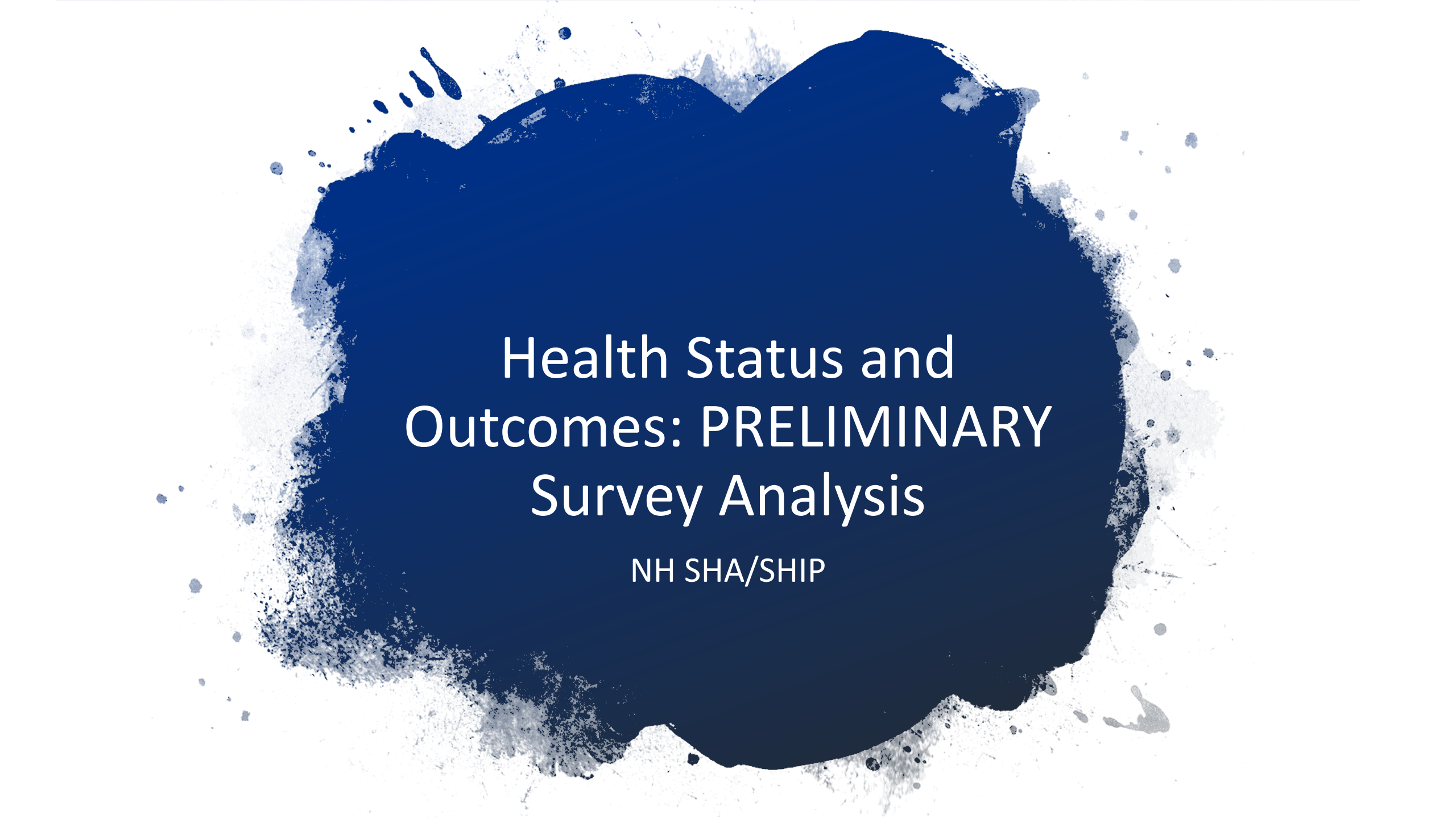
All the referenced
systems.

What else?

Health Status and Outcomes

The Health Status and Outcomes section of the SHA describes the physical and mental health, as well as the healthcare experience, for the people of New Hampshire.

Includes: Access and utilization, birth outcomes, cost of care, health outcomes, healthy living, vaccination rates

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Health Status and Outcomes: PRELIMINARY Survey Analysis

NH SHA/SHIP



Question 1: Current Health Status

Question/Statement	Somewhat or strongly disagree	Neither agree nor disagree	Somewhat or strongly agree
My current physical health lets my body work at its best.	31.0%	6.3%	62.6%
My current mental health lets me function and cope with stress.	22.4%	5.7%	71.9%
My current emotional wellness lets me talk about my feelings how I want.	22.5%	8.0%	69.5%
My current social wellness lets me make connections with people the way I want.	33.9%	11.3%	54.8%

Question/Statement	Somewhat or strongly disagree	Neither agree nor disagree	Somewhat or strongly agree	Does not apply
My current spiritual wellness lets me feel purpose and joy from within.	11.3%	21.5%	60.4%	6.8%

(1,664 participants responded to this question)

My current physical health lets my body work at its best.

Question 1: Current Health Status

Physical Health

Responses by Ethnicity

Ethnicity	Somewhat or Strongly Agree
Hispanic or Latino	52.1%
Not Hispanic or Latino	63.0%

Responses by Race

Race	Somewhat or Strongly Agree
White Alone	64.1%
Not White Alone (Other or multiple races)	44.6%



Question 3: Which wellness areas limit how you do everyday activities?

Which wellness areas limit how you do everyday activities?	Selected ('Yes')	Not Selected ('No')
Physical health	33.6%	66.4%
Mental health	31.1%	68.9%
Emotional wellness	27.9%	72.1%
Social wellness	25.2%	74.8%
Spiritual wellness	3.4%	96.6%
None of these limit how I do everyday activities	41.1%	58.9%

(1,658 participants responded to this question)

Question 3:
Which wellness
areas limit how
you do
everyday
activities?

Physical Health

**Physical health limits how you do
everyday activities.**

Responses by Ethnicity

Ethnicity	Selected ('Yes')	Not Selected ('No')
Hispanic or Latino	55.3%	44.7%
Not Hispanic or Latino	32.9%	67.1%

Emotional wellness limits how you do everyday activities.

Question 3: Which wellness areas limit how you do everyday activities?

Emotional Wellness

Responses by Ethnicity

Ethnicity	Selected ('Yes')	Not Selected ('No')
Hispanic or Latino	43.8%	56.3%
Not Hispanic or Latino	27.4%	72.6%

Question 3:
Which wellness
areas limit how
you do
everyday
activities?

Social Wellness

**Social wellness limits how you do
everyday activities.**

Responses by Ethnicity

Ethnicity	Selected ('Yes')	Not Selected ('No')
Hispanic or Latino	44.7%	55.3%
Not Hispanic or Latino	24.5%	75.5%

**None of these wellness areas limit
how you do everyday activities.**

Responses by Ethnicity

Ethnicity	None of these wellness areas limit how I do everyday activities	At least one of these wellness areas limit how I do everyday activities
Hispanic or Latino	41.2%	58.8%
Not Hispanic or Latino	27.1%	72.9%

**Question 3: Which
wellness areas limit
how you do
everyday activities?**

None of these areas



Order of Survey Questions

- **Question 6:** Please tell us which (of the following) services or resources you needed OR received in the last year.
 - Health insurance
 - Dental insurance
 - Mental health services
 - Health care
 - Dental care
 - Substance use and addiction services
- **Question 7:** Please tell us about your experience with the services or resources you needed OR received in the last year. Check all that apply.
 - I have no challenges with access
 - Too far away
 - Does not meet my needs
 - I don't know how to find what I need
 - I don't qualify for assistance
 - Costs are too high
 - Takes too long to receive services
 - Not available in my language
 - Not high quality
 - I cannot get transportation to receive services
 - I don't feel comfortable communicating my needs



Question 6: Services or Resources Needed or Received in the Last Year

Services or resources needed or received in the last year	Yes, services/resources were needed or received	No, services/resources were not needed or received
Health insurance	61.8%	38.2%
Health care services	51.2%	48.8%
Dental insurance	44.9%	55.1%
Dental care services	52.7%	47.3%
Mental health services	25.2%	74.8%
Substance use and addiction services	3.8%	96.2%

(1,662 participants responded to this question)



Question 7d:
Experience with
Health Insurance
Services or
Resources Needed
or Received in the
Last Year

Experience among those who needed or received... <i>Health Insurance</i>	Selected ('Yes')
I have no challenges with access	61.6%
I don't know how to find what I need	2.0%
Does not meet my needs	3.4%
I don't qualify for assistance	6.5%
It takes too long to receive services	1.7%
Costs are too high	29.9%
Not high quality	3.7%
Too far away	0.1%
I cannot get transportation to receive services	0.0%
Not available in my language	0.0%
I don't feel comfortable communicating my needs	2.5%

(985 participants responded to this question)



Question 7e:
Experience with
Health Care
Services or
Resources Needed
or Received in the
Last Year

Experience among those who needed or received... <i>Health Care</i>	Selected ('Yes')
I have no challenges with access	61.6%
I don't know how to find what I need	4.0%
Does not meet my needs	1.9%
I don't qualify for assistance	6.1%
It takes too long to receive services	10.5%
Costs are too high	29.1%
Not high quality	2.5%
Too far away	1.3%
I cannot get transportation to receive services	0.3%
Not available in my language	0.0%
I don't feel comfortable communicating my needs	2.6%

(793 participants responded to this question)



Question 7f:
Experience with
Dental Insurance
Services or
Resources Needed
or Received in the
Last Year

Experience among those who needed or received... <i>Dental Insurance</i>	Selected ('Yes')
I have no challenges with access	59.0%
I don't know how to find what I need	7.9%
Does not meet my needs	5.4%
I don't qualify for assistance	11.4%
It takes too long to receive services	1.4%
Costs are too high	30.0%
Not high quality	6.1%
Too far away	0.2%
I cannot get transportation to receive services	0.0%
Not available in my language	0.0%
I don't feel comfortable communicating my needs	1.9%

(716 participants responded to this question)



Question 7g:
Experience with
Dental Care
Services or
Resources Needed
or Received in the
Last Year

Experience among those who needed or received... <i>Dental Care</i>	Selected ('Yes')
I have no challenges with access	60.9%
I don't know how to find what I need	1.1%
Does not meet my needs	2.2%
I don't qualify for assistance	11.3%
It takes too long to receive services	4.0%
Costs are too high	32.3%
Not high quality	3.1%
Too far away	0.6%
I cannot get transportation to receive services	4.5%
Not available in my language	0.0%
I don't feel comfortable communicating my needs	3.5%

(832 participants responded to this question)



Question 7i:
Experience with
Mental Health
Services or
Resources Needed
or Received in the
Last Year

Experience among those who needed or received... <i>Mental Health Services</i>	Selected ('Yes')
I have no challenges with access	36.7%
I don't know how to find what I need	14.6%
Does not meet my needs	8.0%
I don't qualify for assistance	4.2%
It takes too long to receive services	15.4%
Costs are too high	45.3%
Not high quality	2.8%
Too far away	2.6%
I cannot get transportation to receive services	2.3%
Not available in my language	0.0%
I don't feel comfortable communicating my needs	7.2%

(390 participants responded to this question)



Question 7c:
Experience with
**Substance Use
and Addiction
Services or
Resources Needed
or Received in the
Last Year**

Experience among those who needed or received... <i>Substance Use and Addiction Services</i>	Selected ('Yes')
I have no challenges with access	24.3%
I don't know how to find what I need	8.0%
Does not meet my needs	9.1%
I don't qualify for assistance	0.0%
It takes too long to receive services	3.8%
Costs are too high	6.8%
Not high quality	0.2%
Too far away	3.6%
I cannot get transportation to receive services	0.0%
Not available in my language	0.0%
I don't feel comfortable communicating my needs	66.8%

(63 participants responded to this question)



Health Outcomes

What are Health Outcomes?

Everyone wants to experience long and healthy lives, yet places have different resources and opportunities. To understand the health outcomes in a community, we measure both length and quality of life by county within New Hampshire.

Length of Life

Premature death
*(years of potential life lost
before age 75)*

Quality of Life

Self-reported health status

Percent of low birthweight newborns

University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2019. www.countyhealthrankings.org.



Health Factors

What are Health Factors?

Many factors shape our opportunities to be healthy and influence how well and how long we live. Health factors represent the things we can change to improve health for all, like opportunities for quality education, good paying jobs, access to quality clinical care, healthy foods, green spaces, and secure and affordable housing. We measure four health factor areas.

Health Behaviors

Tobacco use

Diet & exercise

Alcohol & drug use

Sexual activity

Clinical Care

Access to care

Quality of care

Social and Economic Factors

Education

Employment & income

Family & social support

Community safety

Physical Environment

Air & water quality

Housing & transit

University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2019. www.countyhealthrankings.org.



Health Outcomes

2020 County Health Rankings for New Hampshire: Measures and National/State Results

Measure	Description	US	NH	NH Minimum	NH Maximum
HEALTH OUTCOMES					
Premature death*	Years of potential life lost before age 75 per 100,000 population (age-adjusted).	6,900	6,500	5,600	8,000
Poor or fair health	Percentage of adults reporting fair or poor health (age-adjusted).	17%	13%	9%	15%
Poor physical health days	Average number of physically unhealthy days reported in past 30 days (age-adjusted).	3.8	3.7	2.9	3.8
Poor mental health days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	4.0	4.1	3.6	4.5
Low birthweight*	Percentage of live births with low birthweight (< 2,500 grams).	8%	7%	6%	8%

University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2019. www.countyhealthrankings.org.



Health Factors

2020 County Health Rankings for New Hampshire: Measures and National/State Results

Measure	Description	US	NH	NH Minimum	NH Maximum
HEALTH FACTORS					
HEALTH BEHAVIORS					
Adult smoking	Percentage of adults who are current smokers.	17%	16%	12%	17%
Adult obesity	Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2.	29%	28%	24%	34%
Food environment index	Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best).	7.6	9.0	8.2	9.0
Physical inactivity	Percentage of adults age 20 and over reporting no leisure-time physical activity.	23%	21%	19%	27%
Access to exercise opportunities	Percentage of population with adequate access to locations for physical activity.	84%	88%	74%	93%
Excessive drinking	Percentage of adults reporting binge or heavy drinking.	19%	21%	16%	22%
Alcohol-impaired driving deaths	Percentage of driving deaths with alcohol involvement.	28%	30%	14%	41%
Sexually transmitted infections	Number of newly diagnosed chlamydia cases per 100,000 population.	524.6	328.6	185.2	444.0
Teen births*	Number of births per 1,000 female population ages 15-19.	23	11	6	22

University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2019. www.countyhealthrankings.org.



Health Factors

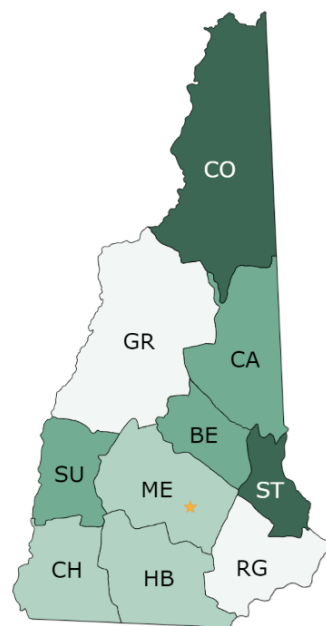
2020 County Health Rankings for New Hampshire: Measures and National/State Results

Measure	Description	US	NH	NH Minimum	NH Maximum
CLINICAL CARE					
Uninsured	Percentage of population under age 65 without health insurance.	10%	7%	6%	9%
Primary care physicians	Ratio of population to primary care physicians.	1,330:1	1,100:1	1,570:1	510:1
Dentists	Ratio of population to dentists.	1,450:1	1,340:1	2,540:1	1,210:1
Mental health providers	Ratio of population to mental health providers.	400:1	330:1	580:1	180:1
Preventable hospital stays*	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.	4,535	4,032	3,060	5,029
Mammography screening*	Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening.	42%	50%	42%	54%
Flu vaccinations*	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.	46%	49%	31%	53%

University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2019. www.countyhealthrankings.org.



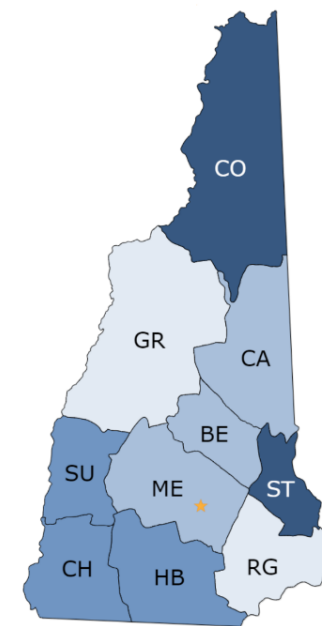
2020 Health Outcomes - New Hampshire



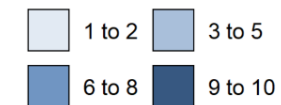
Health Outcome Ranks



2020 Health Factors - New Hampshire

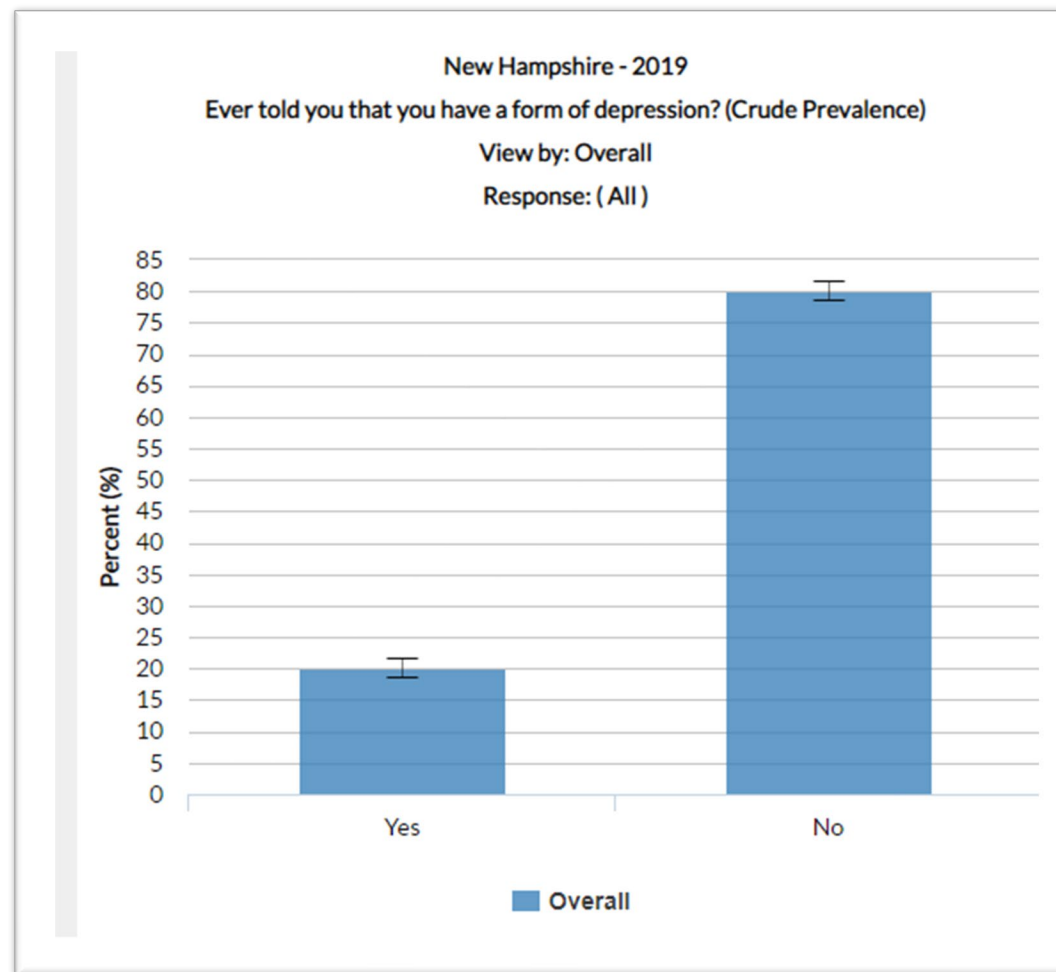
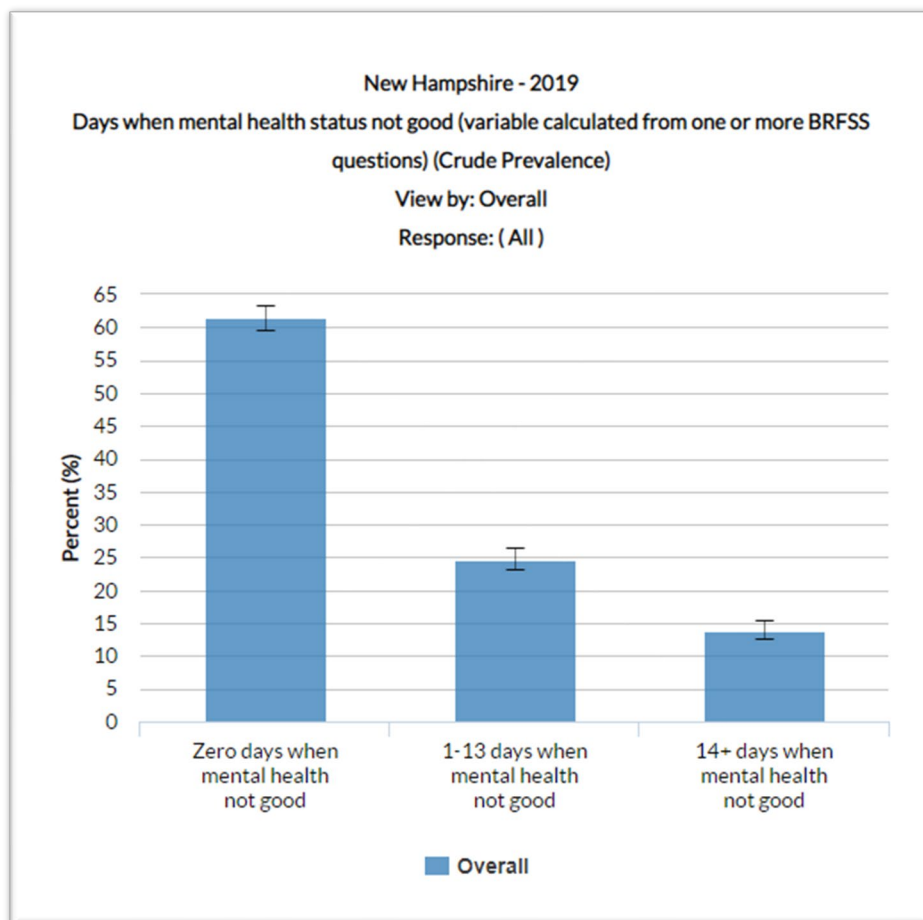


Health Factor Ranks





Mental Health Status



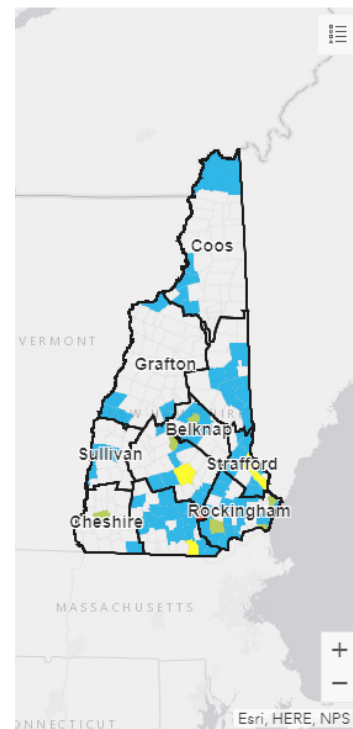
<https://www.cdc.gov/brfss/brfssprevalence/index.html>



New Hampshire Drug Monitoring Initiative

Drug Overdose Deaths ---- Data Source: NH Medical Examiner's Office

Overdose Deaths by Town* - 2020 +

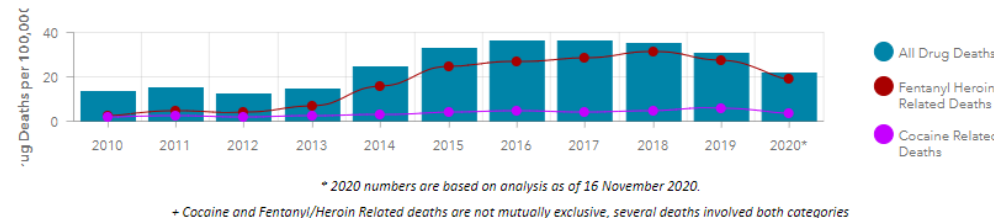


*Location where the drug(s) is suspected to have been used.
+2020 data was reported on December 18, 2020

74 CASES PENDING
33 cases have an unknown location
Data Source: NH Medical Examiner's Office

Overdose Deaths by Year per 100,000 Population

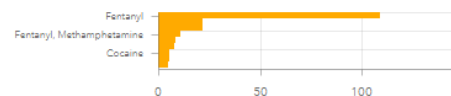
Data Source: NH Medical Examiner's Office



* 2020 numbers are based on analysis as of 16 November 2020.

+ Cocaine and Fentanyl/Heroin Related deaths are not mutually exclusive, several deaths involved both categories

Cocaine and/or Fentanyl Combination Related Drug Deaths 2020*

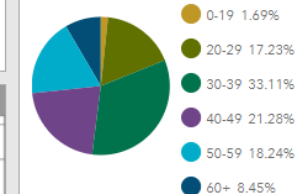


*2020 numbers are not finalized and are based on analysis as of 16 November 2020.

Source: NH Medical Examiner's Office

Overdose Deaths by Age 2020*

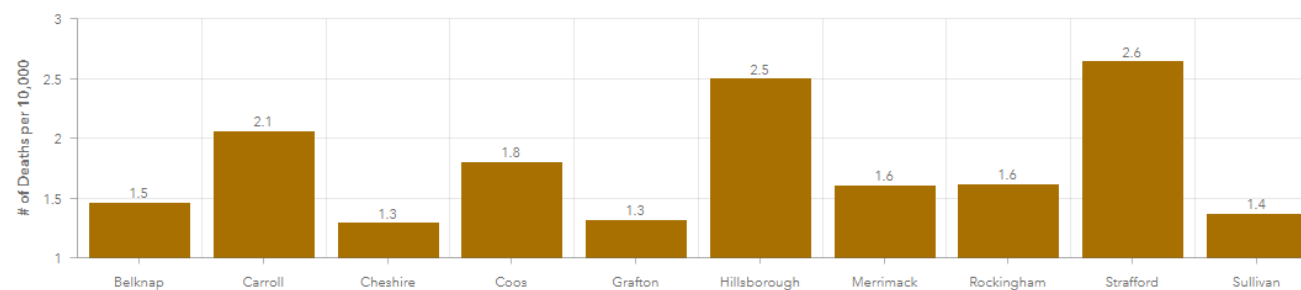
*2020 numbers are not finalized and they are based on analysis as of 16 November 2020



Source: NH Medical Examiner's Office

2020* Overdose Deaths by County per 10,000 Population

* 2020 Numbers are based on analysis as of 16 November 2020



Source: NH Medical Examiner's Office

<https://nhvieww.maps.arcgis.com/apps/MapSeries/index.html?appid=fc64bc08d7724f0d8a47c128832a98a2&folderid=8056bfb06d3a4d7da45a32253ddb47d4>



Episode Treatment Groups, Commercial

Data Source: NH
Comprehensive Information
System

Commercially-insured
population

April 2018-March 2019

Institute for Health Policy
and Practice. (2021). NH
Claims Report Suite. ETG
Report. Durham, NH: Center
for Health Analytics and
Informatics.;
<https://scholars.unh.edu/ihip/57/>

Episode Treatment Group (ETG)	% of Member Months with Condition Current Period	Conditions Costs Current Period	All Costs for Members with Condition Current Period	PMPM - Conditions Costs for Total Population Current Period	PMPM - Conditions Costs for Members with Condition Current Period	PMPM - All Costs for Members with Condition Current Period
Routine exam	42.60%	\$57,620,061	\$1,038,056,418	\$11	\$26	\$469
Hypertension	15.05%	\$32,612,190	\$589,875,966	\$6	\$42	\$754
Screenings & immunizations incidental to other services - immunizations	13.32%	\$2,983,382	\$344,246,416	\$1	\$4	\$497
Non-routine inoculation	11.04%	\$5,804,709	\$283,605,057	\$1	\$10	\$494
Non-malignant neoplasm of skin	8.26%	\$11,330,387	\$207,924,544	\$2	\$26	\$484
Tonsillitis, adenoiditis or pharyngitis	7.90%	\$14,383,144	\$171,399,370	\$3	\$35	\$418
Visual disturbances	7.77%	\$5,051,012	\$206,082,092	\$1	\$13	\$510
Isolated signs, symptoms & non-specific diagnoses or conditions	7.68%	\$9,977,223	\$293,892,897	\$2	\$25	\$736
Mood disorder, depressed	7.44%	\$41,705,065	\$306,437,860	\$8	\$108	\$793
Conditional exam	7.18%	\$6,413,759	\$302,678,824	\$1	\$17	\$810



Episode Treatment Groups, Medicaid

Data Source: NH
Comprehensive Information
System

Medicaid-insured population
July 2018-June 2019

Institute for Health Policy
and Practice. (2021). NH
Claims Report Suite. ETG
Report. Durham, NH: Center
for Health Analytics and
Informatics.;
<https://scholars.unh.edu/ihip/57/>

Episode Treatment Group (ETG)	% of Member Months with Condition Current Period	Conditions Costs Current Period	All Costs for Members with Condition Current Period	PMPM - Conditions Costs for Total Population Current Period	PMPM - Conditions Costs for Members with Condition Current Period	PMPM - All Costs for Members with Condition Current Period
Routine exam	38.85%	\$12,139,507	\$350,485,324	\$6	\$15	\$423
Tonsillitis, adenoiditis or pharyngitis	10.91%	\$4,687,641	\$80,949,989	\$2	\$20	\$348
Visual disturbances	10.55%	\$3,220,830	\$153,901,597	\$2	\$14	\$684
Mood disorder, depressed	10.32%	\$53,473,801	\$185,248,745	\$25	\$243	\$842
Non-routine inoculation	9.80%	\$813,765	\$143,537,707	\$0	\$4	\$687
Other drug dependence	7.11%	\$7,467,914	\$134,227,823	\$4	\$49	\$886
Isolated signs, symptoms & non-specific diagnoses or conditions	7.09%	\$4,103,026	\$99,435,516	\$2	\$27	\$658
Other neuropsychological or behavioral disorders	6.92%	\$29,970,095	\$122,524,967	\$14	\$203	\$831
Otitis media	6.84%	\$3,097,551	\$50,742,791	\$1	\$21	\$348
Anxiety disorder or phobias	6.80%	\$20,341,449	\$87,750,541	\$10	\$140	\$605



Episode Treatment Groups, Medicare

Data Source: NH
Comprehensive Information
System

Medicare-insured population

January 2017 – December
2017

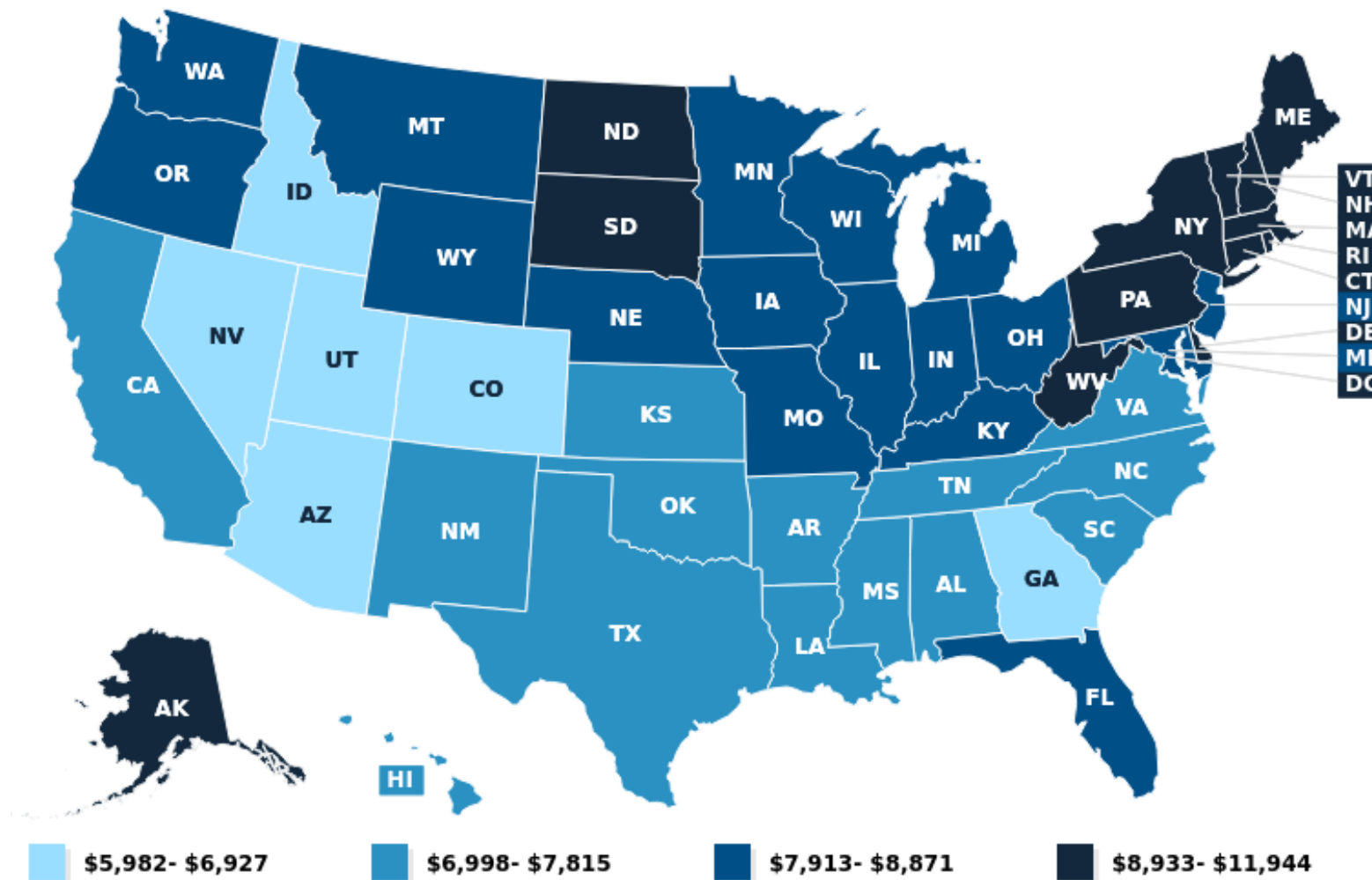
Institute for Health Policy
and Practice. (2021). NH
Claims Report Suite. ETG
Report. Durham, NH: Center
for Health Analytics and
Informatics.;
<https://scholars.unh.edu/ihip/57/>

Episode Treatment Group (ETG)	% of Member Months with Condition Current Period	Conditions Costs Current Period	All Costs for Members with Condition Current Period	PMPM - Conditions Costs for Total Population Current Period	PMPM - Conditions Costs for Members with Condition Current Period	PMPM - All Costs for Members with Condition Current Period
Hypertension	46.45%	\$93,353,025	\$1,706,438,399	\$35	\$76	\$1,390
Screenings & immunizations incidental to other services - immunizations	33.74%	\$5,392,650	\$797,291,787	\$2	\$6	\$894
Routine exam	28.01%	\$12,694,465	\$829,505,697	\$5	\$17	\$1,120
Cataract	27.55%	\$37,534,754	\$728,001,857	\$14	\$52	\$1,000
Hyperlipidemia, other	22.44%	\$4,641,032	\$486,803,501	\$2	\$8	\$821
Diabetes	20.98%	\$62,293,872	\$865,912,135	\$24	\$112	\$1,561
Joint degeneration, localized - back	16.36%	\$79,382,553	\$702,621,968	\$30	\$184	\$1,625
Hypo-functioning thyroid gland	14.74%	\$9,864,046	\$494,110,233	\$4	\$25	\$1,268
Ischemic heart disease	14.65%	\$145,684,070	\$846,099,271	\$55	\$376	\$2,185
Non-routine inoculation	14.42%	\$2,113,495	\$387,000,911	\$1	\$6	\$1,015



Health Spending Per Capita

Health Care Expenditures per Capita by State of Residence: Health Spending per Capita, 2014



“Health Spending Per Capita includes spending for all privately and publicly funded personal health care services and products (hospital care, physician services, nursing home care, prescription drugs, etc.) by state of residence (aggregate spending divided by population). Hospital spending is included and reflects the total net revenue (gross charges less contractual adjustments, bad debts, and charity care). Costs such as insurance program administration, research, and construction expenses are not included in this total.”

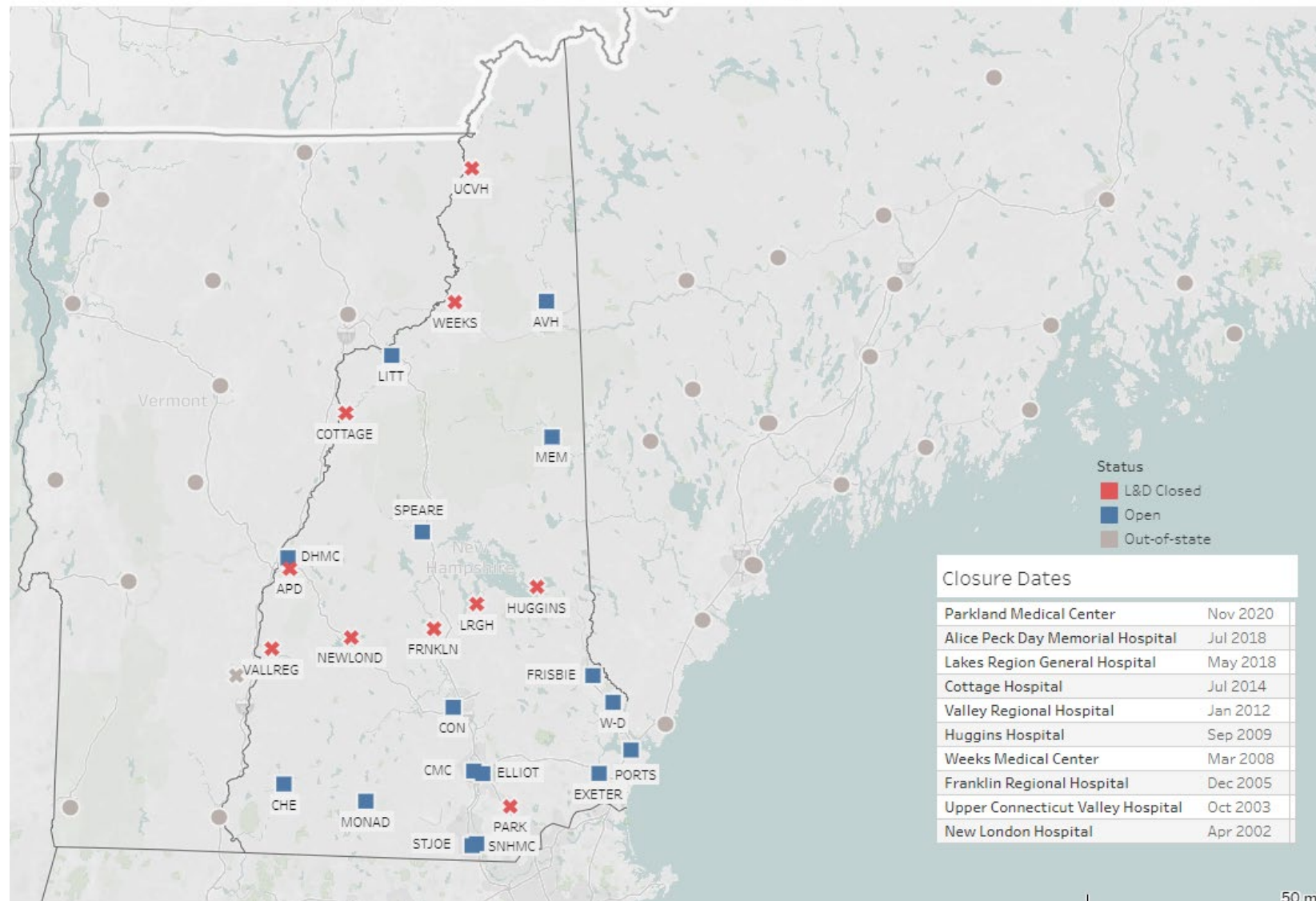
<https://www.kff.org/other/state-indicator/health-spending-per-capita/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

SOURCE: Kaiser Family Foundation's State Health Facts. <https://tinyurl.com/y3rm8a3v>



NH Labor and Delivery Unit Closures

New Hampshire Labor & Delivery Closures

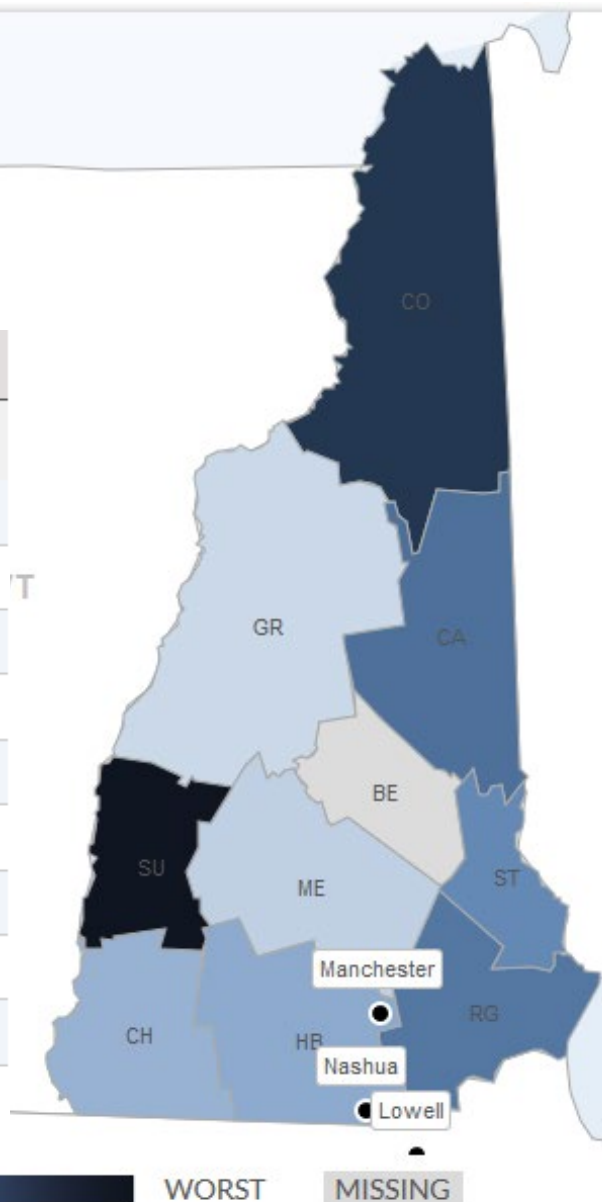


LaFlamme, David: <https://public.tableau.com/profile/david.laflamme.personal#!/vizhome/NHClosuresLandD/LDClosuresPrintLndscp>



NH Mental Health Providers by County

Mental Health Provider Ratio			
County	# Mental Health Providers	County Value	Z-Score
Belknap	333	180:1	-1.92
Carroll	111	440:1	0.68
Cheshire	250	310:1	-0.13
Coos	60	530:1	0.99
Grafton	401	220:1	-1.11
Hillsborough	1,270	330:1	0.04
Merrimack	620	240:1	-0.81
Rockingham	717	430:1	0.65
Strafford	326	400:1	0.49
Sullivan	75	580:1	1.12



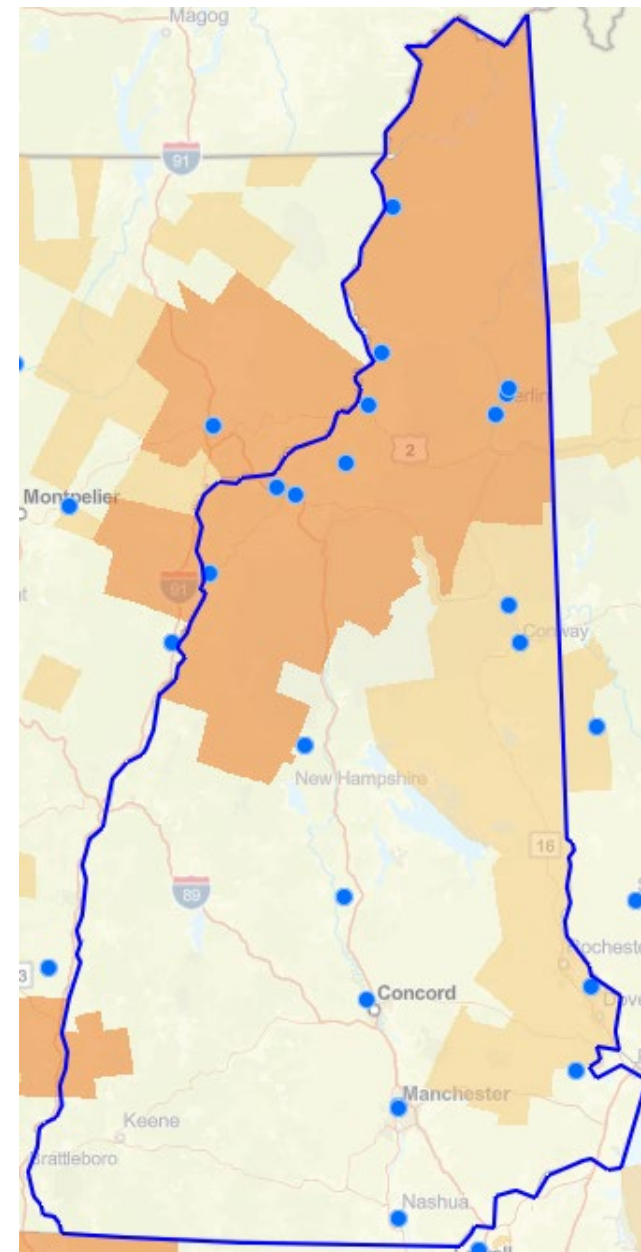
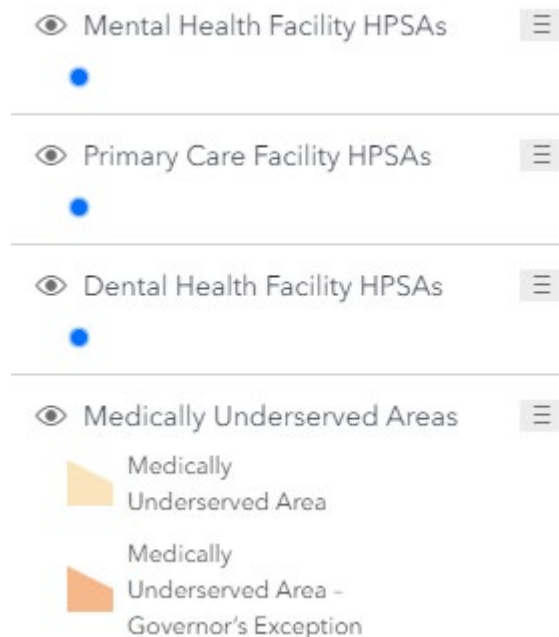
<https://www.countyhealthrankings.org/app/new-hampshire/2020/measure/factors/62/map>



Workforce Shortage Areas

- **HPSAs:** Health Professional Shortage Areas – Geographic areas of populations that lack enough health care providers to meet the health care needs of that population.
- **Medically Underserved Areas:** A geographic location which has insufficient health resources to meet the medical needs of the resident population.

<https://data.hrsa.gov/maps/map-tool/> -

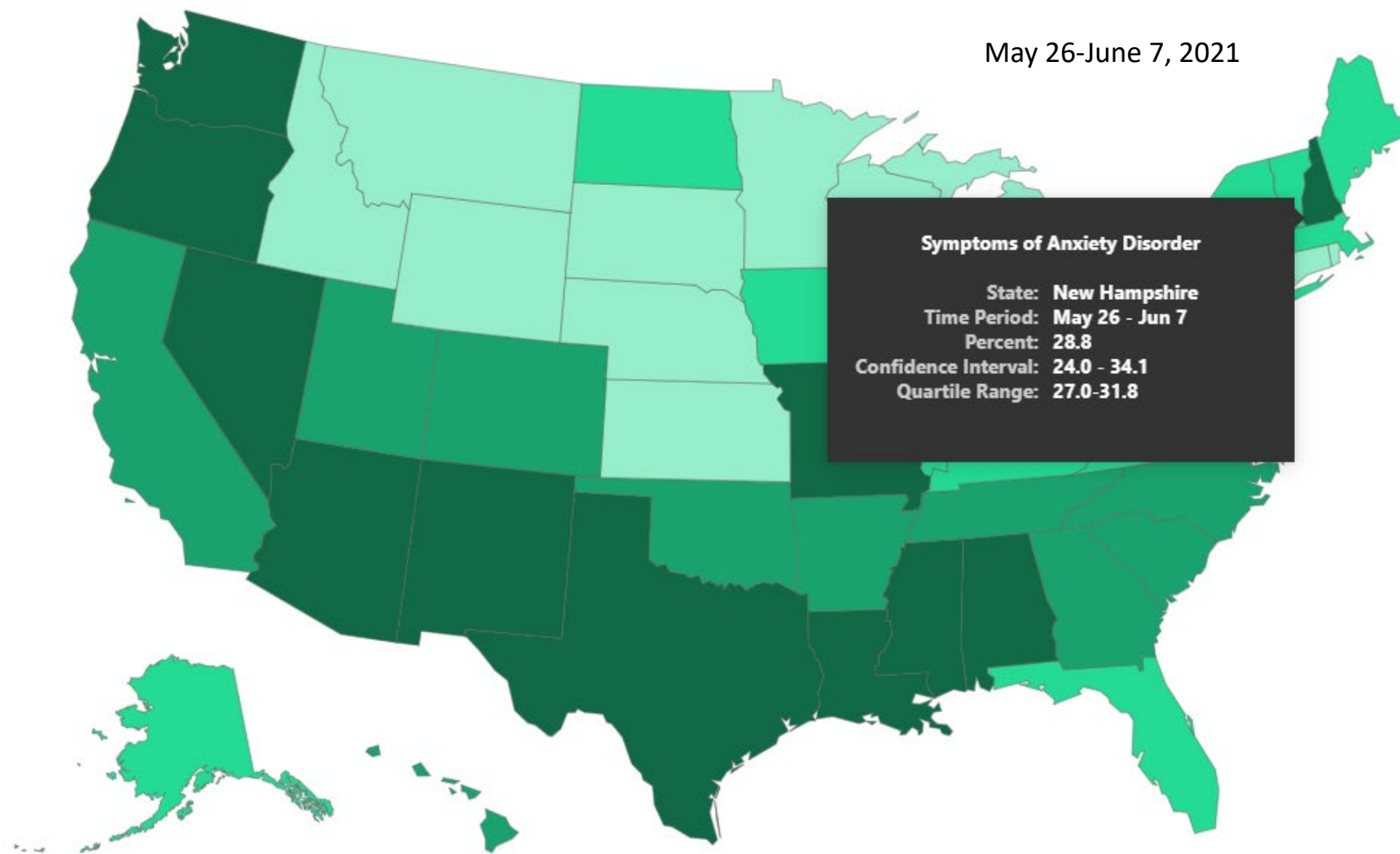




COVID Impact: Anxiety and Depression During COVID

Source: U.S. Census Bureau,
Household Pulse Survey,
2020-2021

<https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm>

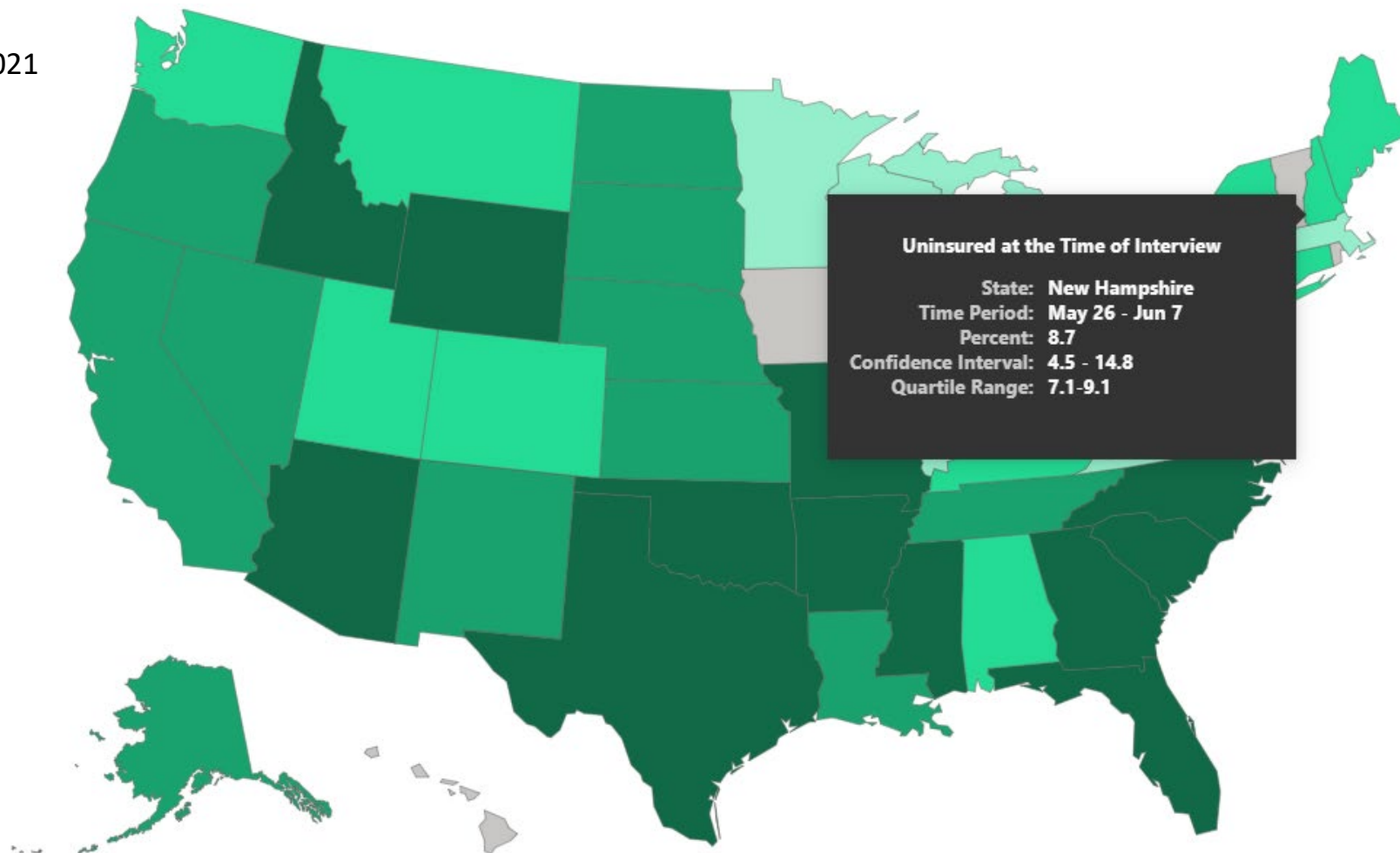




COVID Impact: Insurance Coverage

UNINSURED AT THE TIME OF INTERVIEW

May 26-June 7, 2021



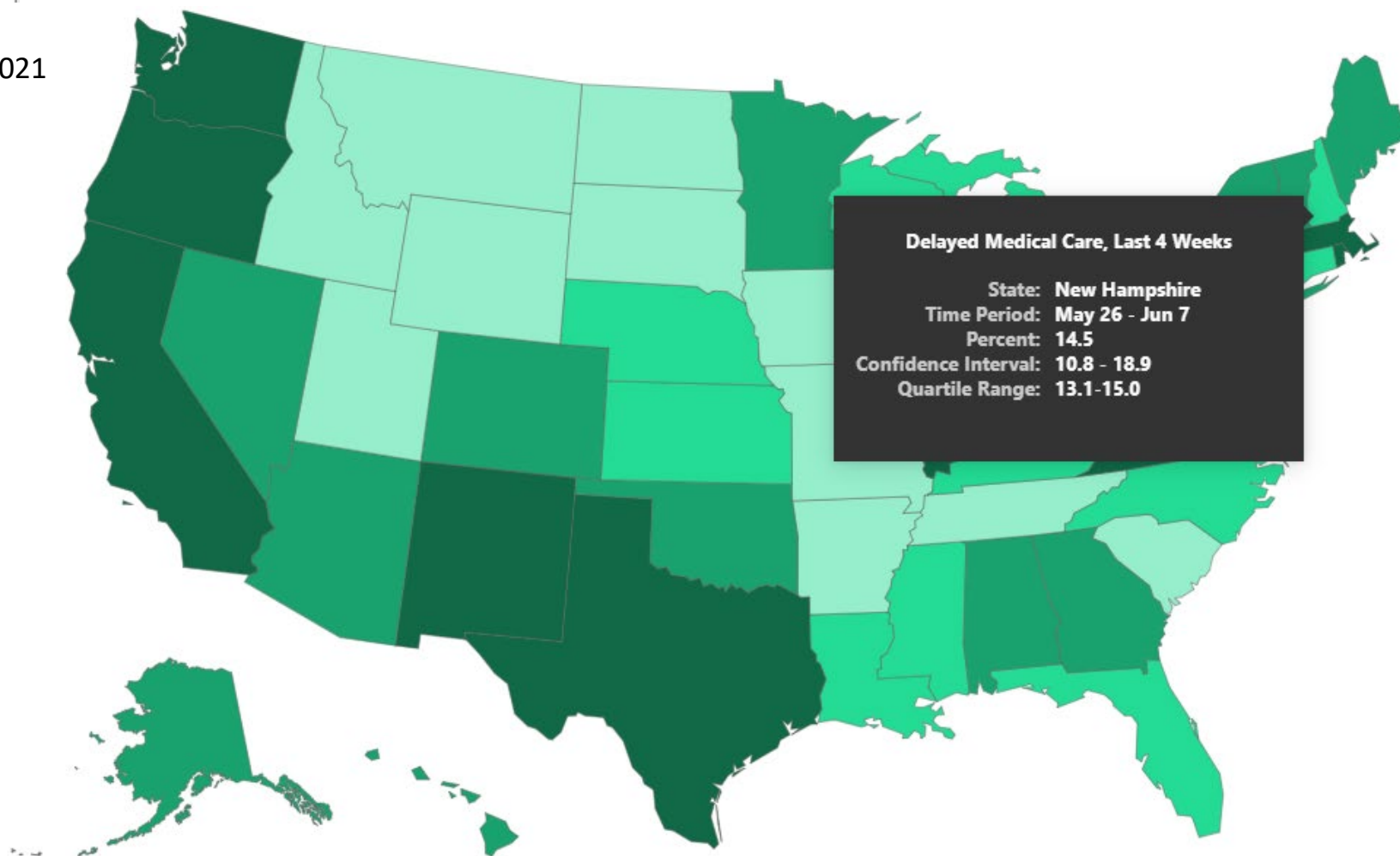
Source: U.S. Census Bureau,
Household Pulse Survey,
2020-2021
<https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm>



COVID Impact: Delayed or Did Not Get Care

DELAYED MEDICAL CARE, LAST 4 WEEKS

May 26-June 7, 2021

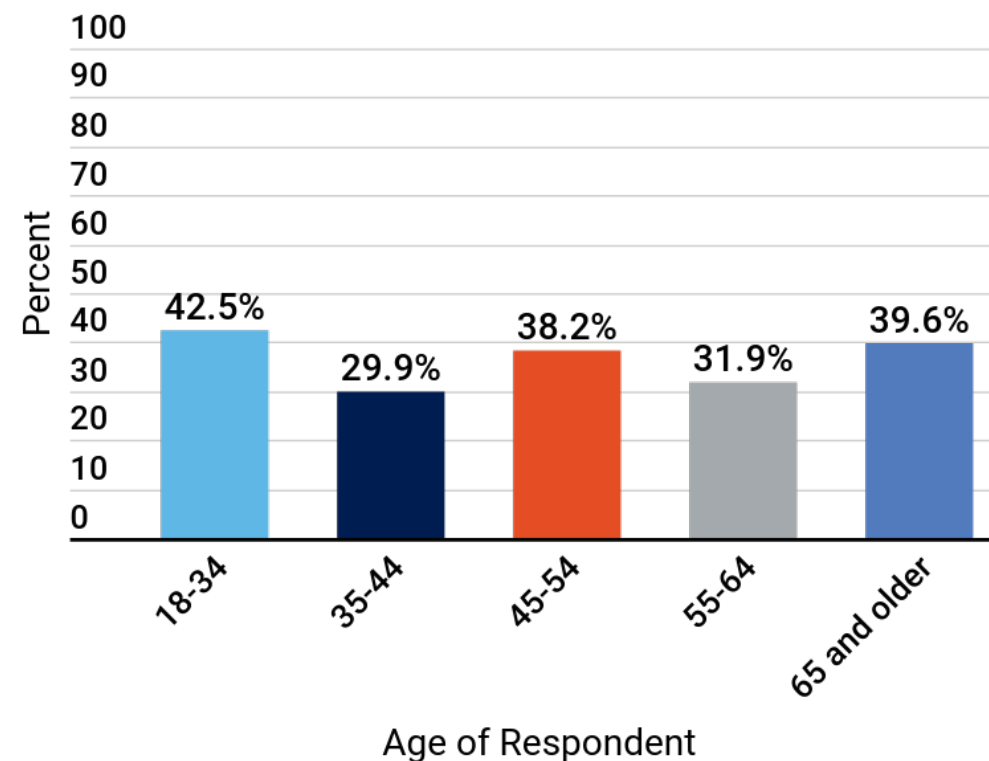
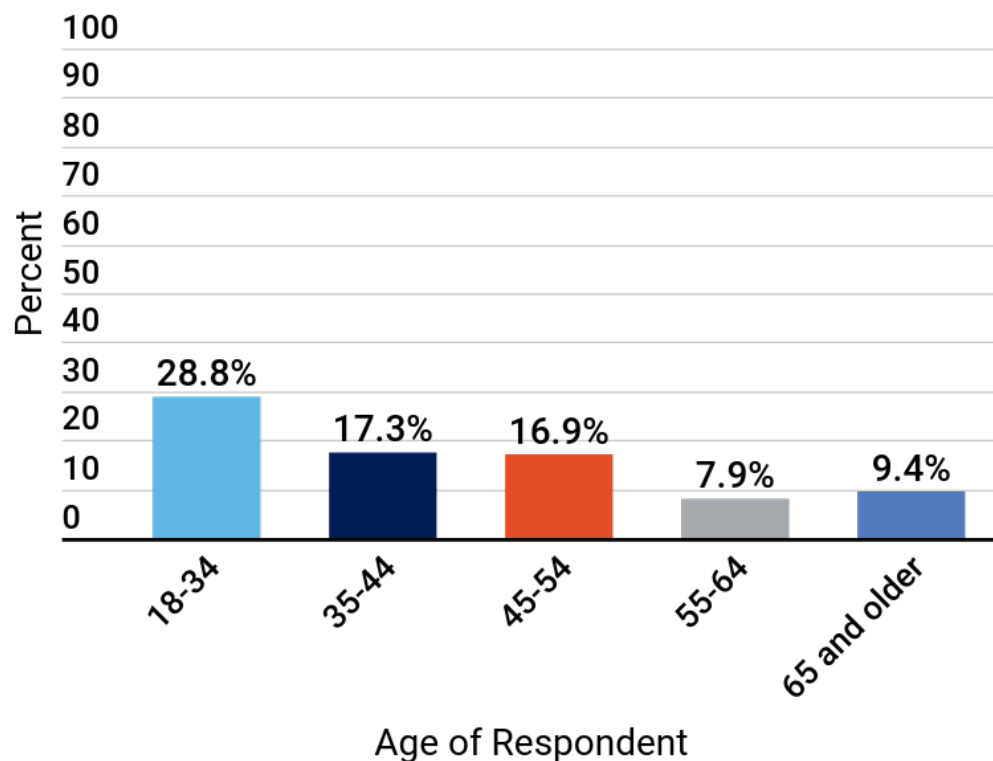


Source: U.S. Census Bureau,
Household Pulse Survey,
2020-2021
<https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm>



COVID Impact: Healthcare Delivery - Telehealth

37% of survey respondents had a medical appointment moved to telehealth. Almost 17% had a behavioral health appointment moved to telehealth (COVID-19 Impact for NH Adults, UNH IHPP Survey, June 2020, <https://chhs.unh.edu/institute-health-policy-practice/covid-19-data>)



Health Status and Outcome – Major Themes

- Among healthiest states in the US, but health outcomes vary by geography and demographic group
 - Rank 6th overall in America's Health Rankings
<https://www.americashealthrankings.org/learn/reports/2018-annual-report/findings-state-rankings>
- Among the highest costs of healthcare in the country
 - NH spends \$9,589 per capita compared to \$8,045 in the US overall
- Opioid-related overdose death rate among the worst in the country
- Healthcare access varies across the state and is changing as a result of changing health care systems

What do we need to know but don't yet?

- What is the full picture of access to health services across the state? How does this relate to social and community-based services?
- What workforce needs exist? How will that change with changing demographics?
- How do outcomes vary in sub-populations and at the hyper local level?
- What are the long-term impacts on COVID on these findings?

What plans does NH have to address these issues?

New Hampshire 10-Year Mental Health Plan



January 2019

<https://www.dhhs.nh.gov/dcbcs/bbh/documents/10-year-mh-plan.pdf>



New Hampshire State Plan on Aging

*Advancing the state's efforts in understanding,
serving, supporting and celebrating older individuals
across the state*

<https://www.dhhs.nh.gov/dcbcs/beas/documents/spoa.pdf>

What resources are important for the public to know about to address these topics?


- NHID Marketplace Resources:
https://www.nh.gov/insurance/consumers/mp_plans.htm
- Resource Guides for Alcohol and Drug Prevention and Treatment Services:
<https://www.dhhs.nh.gov/dcbcs/bdas/guide.htm>
- Resource Guide for Consumers: How to Access Mental Health and Substance Use Disorder Benefits:
<https://scholars.unh.edu/cgi/viewcontent.cgi?article=1041&context=ihpp>

A large orange circle graphic on the left side of the slide.

Social Connectedness

The Social Connectedness section of the SHA describes how involved people are and how they feel about their inclusion in communities.

Includes: Resilience, civic engagement, inclusiveness

A dark blue, irregular ink splash or blotch serves as the background for the text. It has a textured, painterly appearance with some lighter blue and white speckles around its edges. The text is centered within this splash.

Social Connectedness: PRELIMINARY Survey Analysis



Question 2: How often do you feel lonely or isolated from those around you?

Question/Statement	Often or Always	Sometimes	Rarely or Never
How often do you feel lonely or isolated from those around you?	21.9%	36.4%	41.7%

(1,676 participants responded to this question)

Question 2: Loneliness/ Isolation

How often do you feel lonely or isolated from those around you?

Responses by Ethnicity

Ethnicity	Often or Always
Not Hispanic or Latino	21.6%
Hispanic or Latino	42.6%

Responses by Age

Age	Often or Always
18-34	47.4%
35-49	13.4%
50-64	13.6%
65 and older	9.8%

Question 2: Loneliness/ Isolation

How often do you feel lonely or isolated from those around you?

Responses by County

County	Often or Always
Belknap	51.9%
Carroll	12.7%
Cheshire	15.3%
Coos	1.8%
Grafton	15.6%
Hillsborough	26.8%
Merrimack	9.5%
Rockingham	24.3%
Strafford	20.7%
Sullivan	5.8%



Spiritual Wellness Questions

Question 1d – “My current spiritual wellness lets me feel purpose and joy from within.”

	Somewhat or strongly disagree	Neither agree nor disagree	Somewhat or strongly agree	Does not apply
My current spiritual wellness lets me feel purpose and joy from within.	11.3% (187)	21.5% (356)	60.4% (999)	6.8% (112)

Question 3_5 – “Which wellness area limits how you do everyday activities?”

Which wellness areas limit how you do everyday activities?	Percent
Spiritual Wellness	3.4% (56)

Question 4_5 – “Which wellness area is most important?”

Which wellness area is most important?	Percent
Spiritual wellness is most important	10.9% (179)



Question 11: Connections in Town/Region

Connections in Town/Region	Somewhat or Strongly Agree
I have similar cultural beliefs as people in my town/region	45.0%
My town/region treats people fairly no matter what their background is	49.7%
People in my town/region have friendships with their neighbors	65.3%
People in my town/region feel like they belong to the community	54.7%
People in my town/region have hope for the future	50.5%
People in my town/region help each other	65.7%
People in my town/region are committed to the well-being of the community	59.2%
People in my town/region can talk to leaders who can help improve the community	44.6%
People in my town/region work together to improve the community	58.5%
I feel welcome and included by my town/region	61.1%
I feel safe in my town/region	82.3%

(1,627 participants responded to this question)



Question 12: Town/Region Supportiveness

Town/Region Supportiveness	Somewhat or Strongly Agree
My town/region has good housing available	32.2%
My town/region has good educational opportunities available	64.4%
My town/region has good work opportunities available	43.0%
People in my town/region are able to get the services they need	49.0%
People in my town/region can get the health care they need	49.1%
People in my town/region can get the mental health care they need	31.1%
People in my town/region can get the dental health care they need	49.4%
My town/region is a safe place to work	78.8%
My town/region has programs for children and families	59.1%
My town/region is a great place for families with young children to live	73.1%
My town/region is a great place for older adults to thrive as they age	50.9%
My town/region is a great place for young people to live	52.1%
My town/region accommodates for the disability needs of its residents	47.3%
My town/region can provide emergency services during a disaster	59.6%
My town/region keeps people informed about important issues	57.6%

(1,649 participants responded to this question)

Community Resilience Estimates (CRE) Risk Factors

- Individual Risk Index designed to measure vulnerabilities and construct the CRE
 - **Risk Index:** A weighted aggregate of the risk factors (RF) that are binary components that add up to 11 possible risks in the index for households (HH) and Individuals (I)

(Note ACS defined risk factor RF1-RF8 and NHIS defined risk factor RF9-RF11)

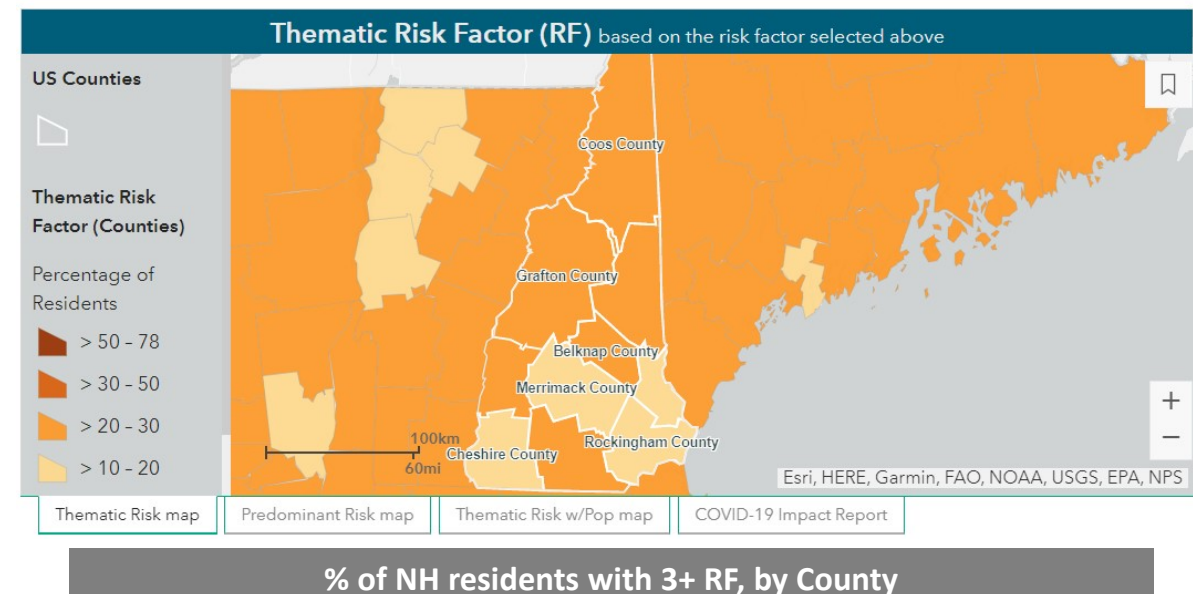
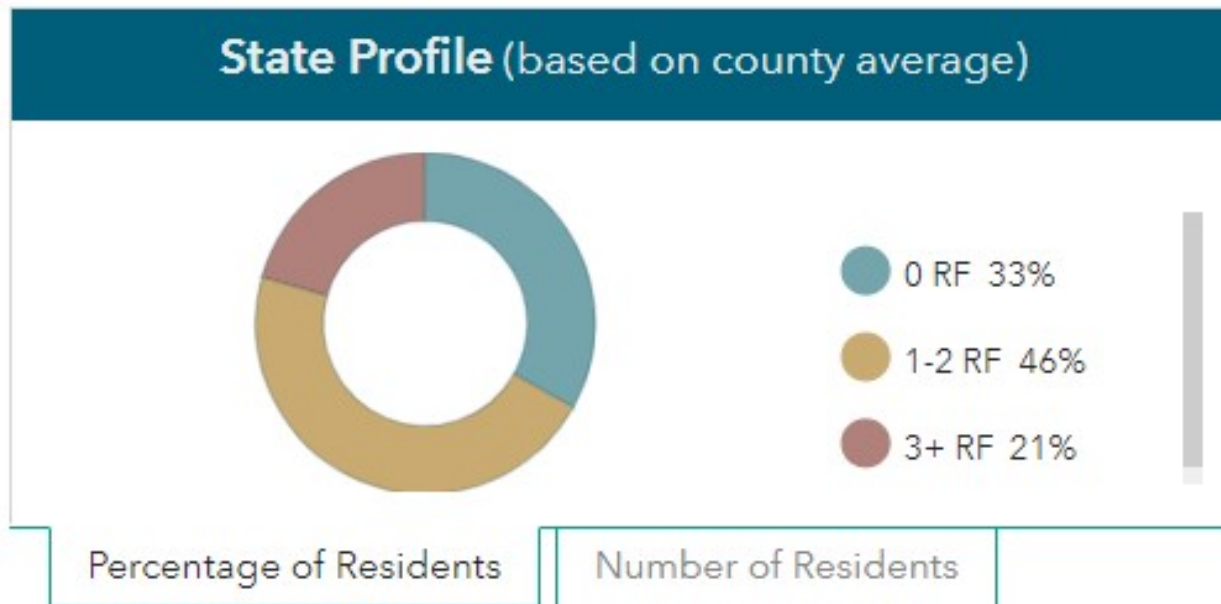
See Technical notes at <https://www2.census.gov/data/experimental-data-products/community-resilience-estimates/2020/technical-document.pdf>

- RF1: Income- to Poverty Ratio <130% (HH)
- RF2: Single or zero caregiver households- only one or no individuals living in the household who are 18-64 (HH)
- RF3: Crowding defines as either (I) Unit-level crowding defines as >0.75 persons per room (HH) or (II) Household resides within a high-density tract defined as 75% of the population living in blocks with greater than 4,000 people per square mile
- RF4: Communication barrier defined as either (I) Linguistically isolated (HH) or (II) No one in the household over the age of 16 with a high school diploma (HH)
- RF5: No employed persons (HH)
- RF6: Disability posing constraint to significant life activity. Persons who report having any one of the six disability types (I): hearing difficulty, vision difficulty, cognitive difficulty, ambulatory difficulty, self-care difficulty, and independent living difficulty.
- RF7: No health insurance coverage (I)
- RF8: Age >= 65 (I)
- RF9: Serious heart condition (I)
- RF10: Diabetes (I)
- RF11: : Emphysema or current asthma (I)

Community Resilience State Profile, NH

Source: Community Resilience Estimates,. Social,
Economic, and Housing Statistics Division, U.S.
Census Bureau

<https://uscensus.maps.arcgis.com/apps/opstdashboard/index.html#/f8fc348e4c99498baf18af09d4401553> June 2020

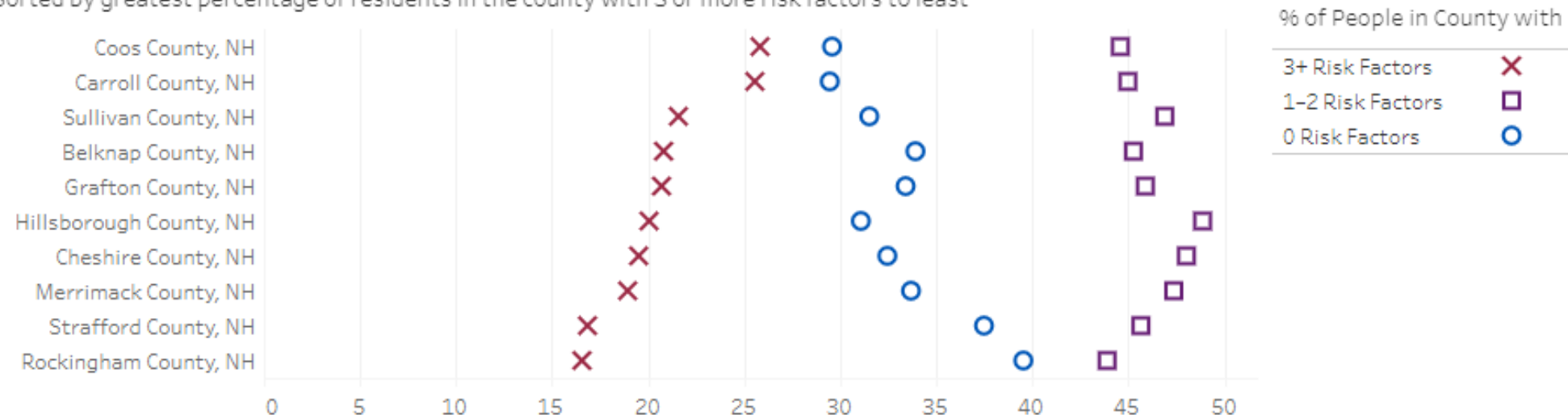




Community Resilience Estimates

New Hampshire County Estimates

Sorted by greatest percentage of residents in the county with 3 or more risk factors to least



Source: Community Resilience Estimates, Social, Economic, and Housing Statistics Division, U.S. Census Bureau <https://www.census.gov/data/experimental-data-products/community-resilience-estimates.html>. June 17, 2020

Data from the ACS, PEP and NHIS

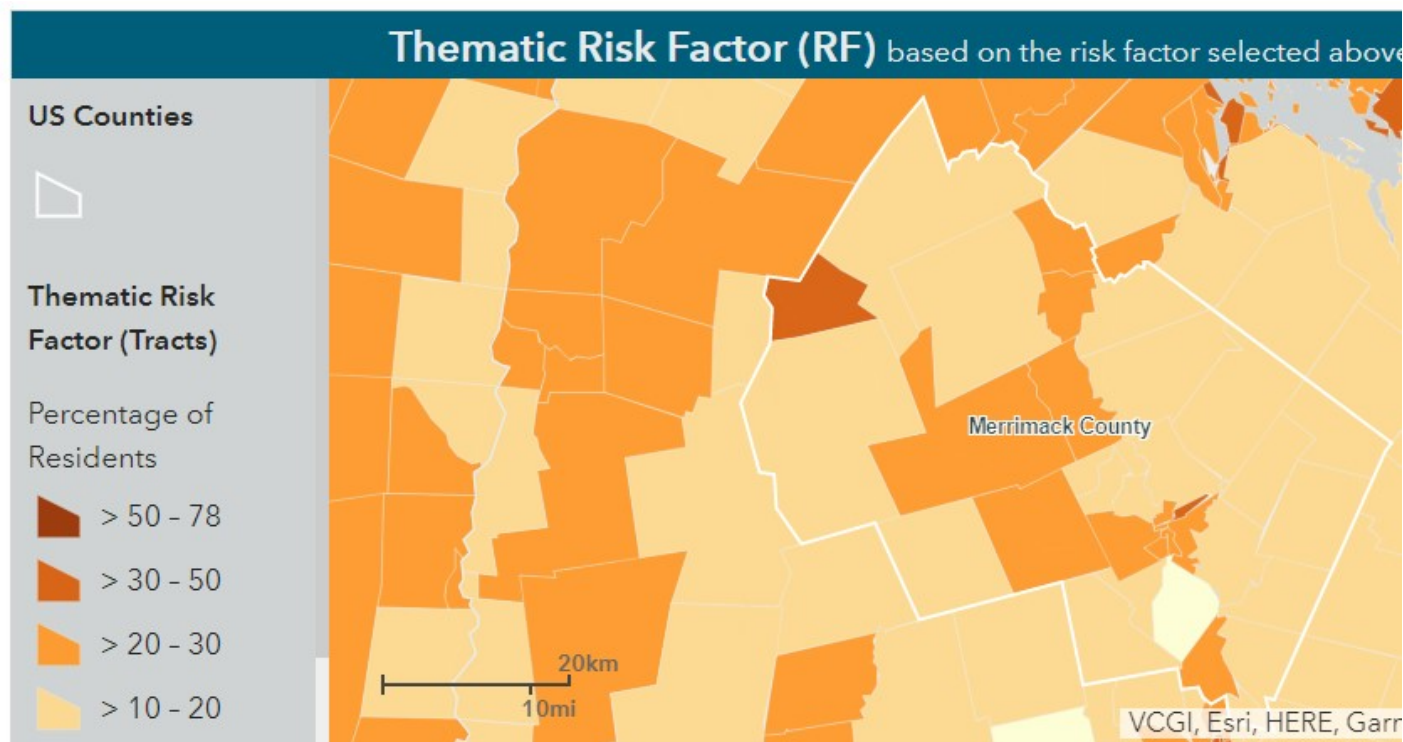
Community resilience is the capacity of individuals and households to absorb, endure, and recover from the health, social, and economic impacts of a disaster such as a hurricane or pandemic.

Technical notes at <https://www2.census.gov/data/experimental-data-products/community-resilience-estimates/2020/technical-document.pdf>



Community Resilience, Geographic Variation

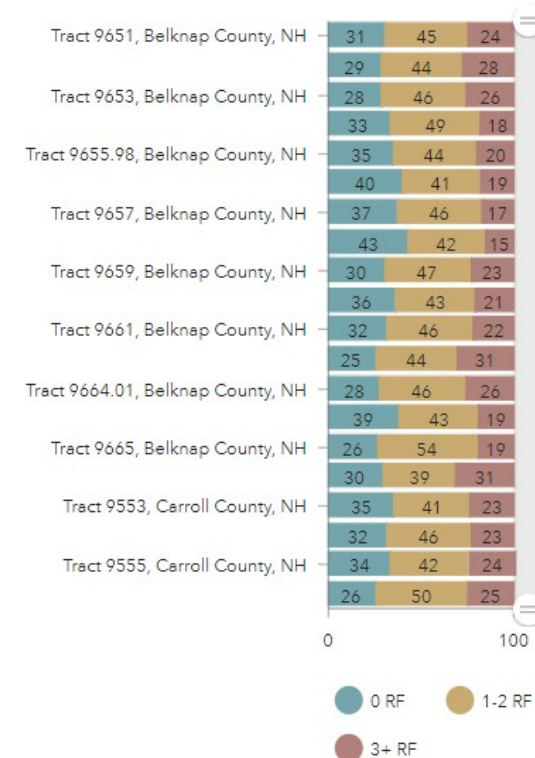
% of Merrimack county residents with 3+ RF, by Census Tract



Tract Comparison

Top 20 sorted by percentage of residents with 3+ RF

*click on a bar to see the location on the map, click again to turn off the selection



Source: Community Resilience Estimates,. Social, Economic, and Housing Statistics Division, U.S. Census Bureau <https://uscensus.maps.arcgis.com/apps/opstdashboard/index.html#/f8fc348e4c99498baf18af09d4401553> June 2020

County Comparison

Tract Comparison

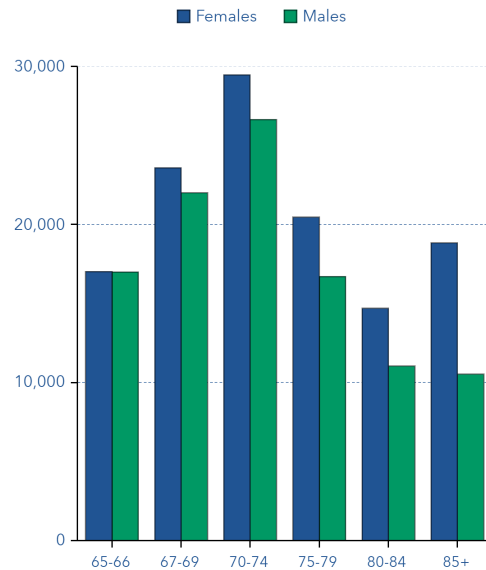


STATE COVID-19 IMPACT PLANNING REPORT

New Hampshire (FIPS 33)

United States™
Census
Bureau

POPULATION 65 AND OLDER



Source: Program Areas

KEY FACTS

1,343,622

Total Population

528,078

Total Households

2.46

Average Household Size

42.7

Median Age

86.7%

Internet At Home

BUSINESSES



38,375

Total Employer
Establishments



612,420

Total
Employees



\$31,633,130

Total Annual Payroll
(\$1,000)



\$3,721,979

Total Accommodation
and Food Services Sales
(\$1,000)



108,327

Total Non-Employer
Establishments



\$6,435,512

Total Non-Employer
Revenue (\$1,000)

POVERTY



42,371

Households Below
Poverty Level



38,059

Households Receiving
Food Stamps/SNAP

AT-RISK POPULATION



133,165

Households
With Disability



56,485

Households w/Pop
65+ Living Alone



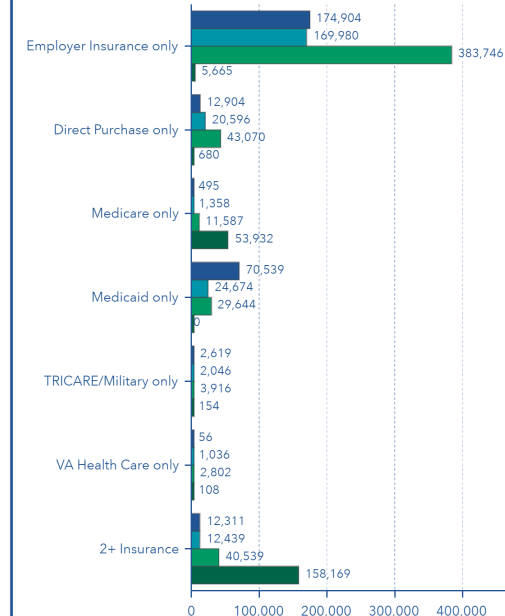
27,300

Households
Without Vehicle

HEALTH INSURANCE COVERAGE BY AGE

(Civilian Noninstitutionalized Population)

■ Pop 0-18 ■ Pop 19-34 ■ Pop 35-64 ■ Pop 65+



Source: Community Resilience Estimates, Social, Economic, and Housing Statistics Division, U.S. Census

Bureau <https://uscensus.maps.arcgis.com/apps/opsdashboard/index.html#/f8fc348e4c99498baf18af09d4401553> June 2020

Civic Health Index

Civic health

“Distinct from, yet interconnected with, other forms of well-being, including physical and mental health and access to basic needs for food, shelter, and clothing. Civic health refers specifically to the ways in which residents of a community (or state) participate in civic activities that strengthen social capital, enhance interconnections, build trust, help each other, talk about public issues and challenges, volunteer in government and non-profit organizations, stay informed about their communities, and participate directly in crafting solutions to various social and economic challenges.”

Three kinds of civic life

1. **Civic awareness and engagement**—How people become aware of what is going on in their communities and engage in formal and informal opportunities to participate in community activities, particularly in interaction with public institutions and public officials
2. **Connecting in community**—How people connect with each other in community outside of institutions, such as in neighborhoods, and how trust is a key component of those connections
3. **Volunteering and giving**—How people give back to their communities through volunteering and making charitable contributions



2020 New Hampshire Civic Health Index:

- UNH Carsey School of Public Policy, estimated release date March 2021
- Provide a comprehensive view of the ways in which those who live in New Hampshire show up and participate in public life
- Focused on ways different groups engage in civic activities as a function of demographic characteristics:
 - Age, educational achievement, gender, social class, and race
 - We know individual health outcomes vary by demographic characteristics
 - Is this true when it comes to civic health
- Central question that have guided the 2020 Index focus on
 - How New Hampshire residents engage with each other
 - How New Hampshire residents participate in community and politics
 - How New Hampshire's demographic groups participate in civic life
- Data sources were US Census Bureau, Community Population Survey, Volunteering and Voting Supplement, and UNH Granite State Poll, Fall, 2019.



New Hampshire Civic Health Index

Table 1. Civic Awareness and Engagement: New Hampshire Versus United States

Census Indicators of Civic Health	National rank, out of 51 (including DC)	NH Percent	U.S. Average
Voted in the 2016 Presidential Election	5th	69.0%	62.4%
Attended a Public Meeting	6th	16.1%	10.7%
Contacted a Public Official	11th	16.6%	11.4%
Engaged with the News	15th	78.4%	75.0%
Voted in 2018 Midterm Elections	16th	56.2%	53.4%
Voted in 2018 Local Elections	25th	52.8%	48.3%
Published or Expressed Views Online	38th	5.8%	7.1%

Source: U.S. Census Bureau, *Volunteering and Civic Life in New Hampshire, Current Population Survey (2017)* and *Voting in New Hampshire, Current Population Survey (2018)*

<https://carsey.unh.edu/what-is-new-hampshire/sections/civic-health-index/civic-awareness-engagement>



New Hampshire Civic Health Index

Table 2. Connecting in Community: New Hampshire Versus United States

Census Indicators of Civic Health	National rank, out of 51 (including DC)	Percent who engage in activity in NH	Percent who engage in activity in U.S.
Connecting with friends and family	5th	89.2%	85.4%
Talking about political, societal, or local issues with friends and family	7th	46.3%	39.0%
Doing something positive for the neighborhood/community	22nd	23.1%	20.9%
Talking about political, societal, or local issues with neighbors	33rd	8.5%	8.7%
Connecting with neighbors	38th	31.8%	33.0%
Doing favors for neighbors	40th	8.2%	9.6%
Helping out friends or extended family with food, housing, or money	45th	6.3%	7.7%
Connecting with a person of a different racial, ethnic, or cultural background	46th	44.2%	56.0%

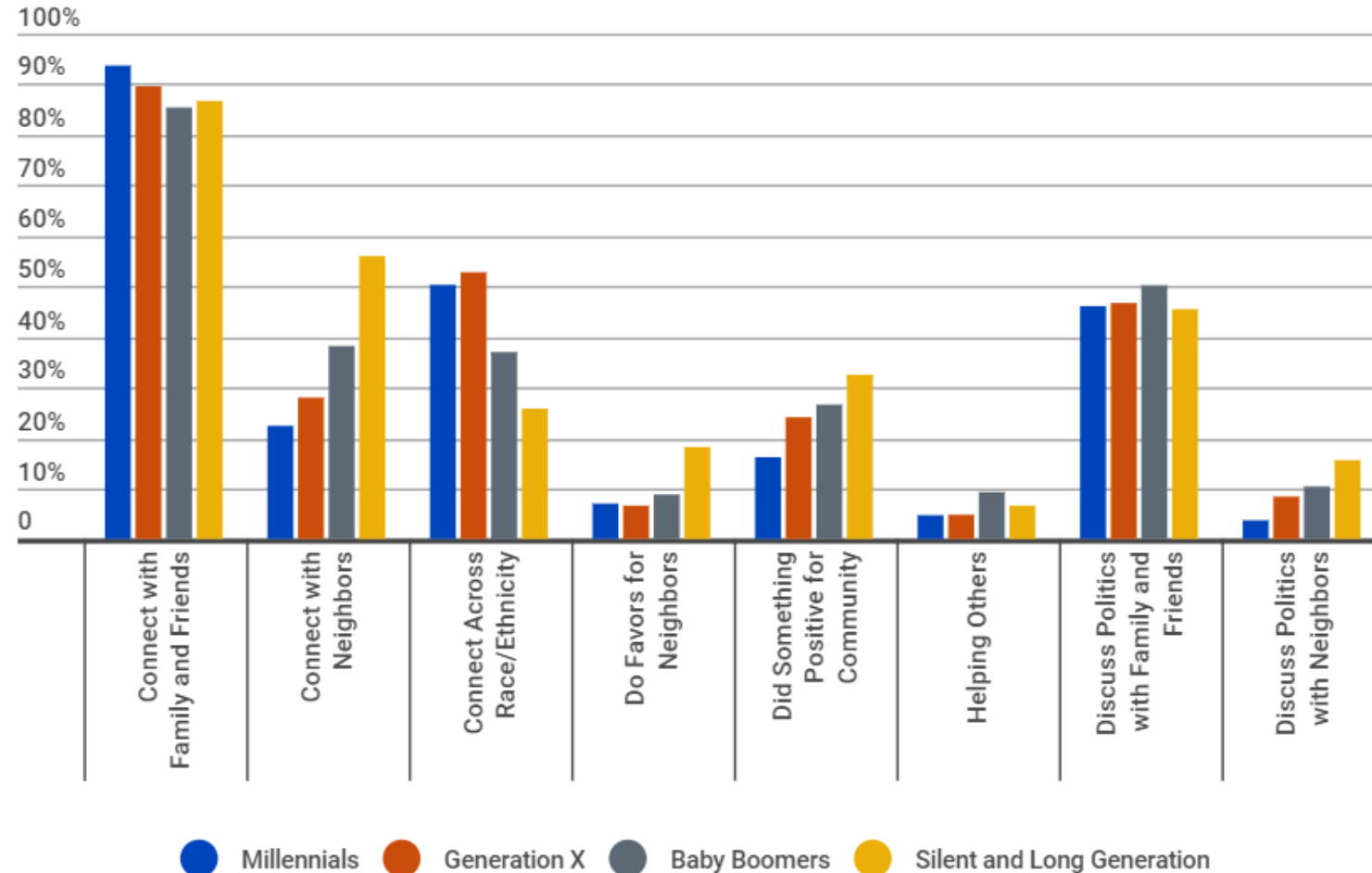
Source: U.S. Census Bureau, *Volunteering and Civic Life in New Hampshire, Current Population Survey (2017)*

<https://carsey.unh.edu/what-is-new-hampshire/sections/civic-health-index/connecting-community> -



New Hampshire Civic Health Index

Figure 22. Connecting in Community by Age in New Hampshire

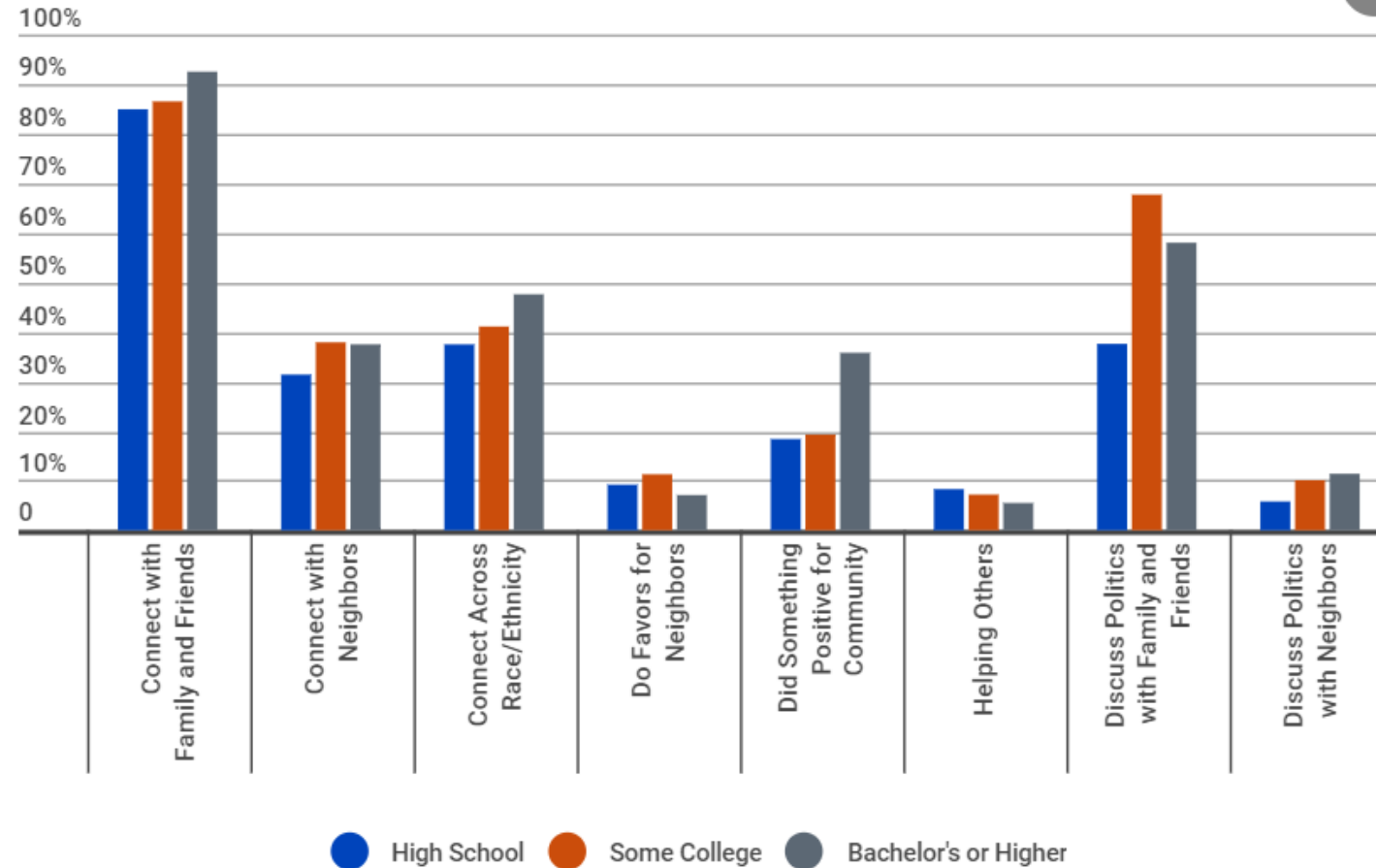


<https://carsey.unh.edu/what-is-new-hampshire/sections/civic-health-index/connecting-community>



New Hampshire Civic Health Index

Figure 20. Connecting in Community by Education in New Hampshire



<https://carsey.unh.edu/what-is-new-hampshire/sections/civic-health-index/connecting-community>

Source: U.S. Census Bureau, Volunteering and Civic Life in New Hampshire, Current Population Survey (2017)



New Hampshire Civic Health Index

Table 3. Volunteering and Giving: New Hampshire Versus United States

Census Indicators of Civic Health	National rank, out of 51 (including DC)	Percent who engage in activity in NH	Percent who engage in activity in U.S.
Charitable giving (% of people who gave \$25 or more to charitable organizations)	2nd	65.5%	52.2%
Political giving (% of people who gave \$25 or more to political causes)	14th	10.2%	8.7%
Volunteering	18th	35.7%	30.3%
Group membership	21st	31.5%	27.1%

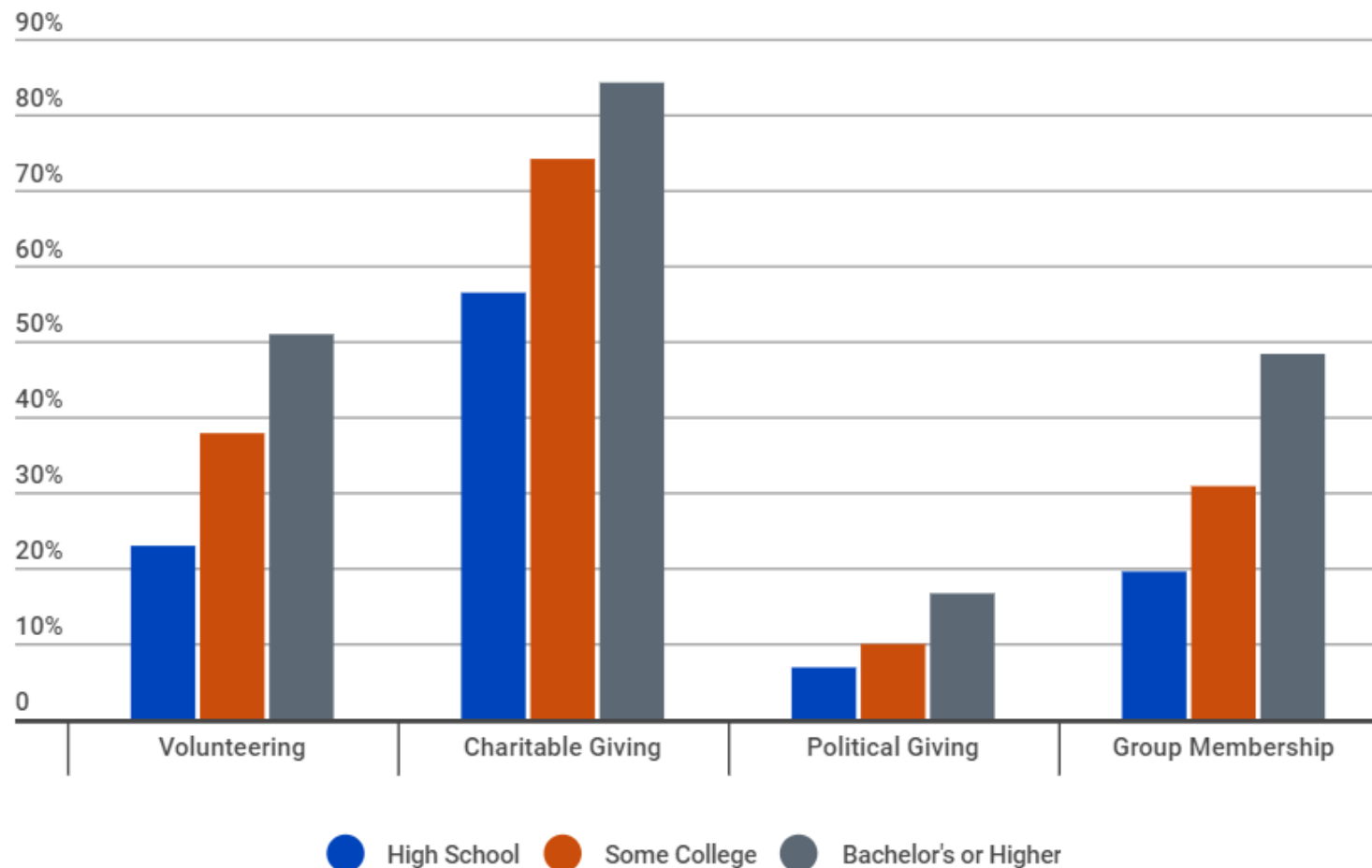
Source: U.S. Census Bureau, Volunteering and Civic Life in New Hampshire, Current Population Survey (2017)

https://carsey.unh.edu/what-is-new-hampshire/sections/civic-health-index/volunteering-giving_-



New Hampshire Civic Health Index

Figure 30. Volunteering and Giving by Education in New Hampshire



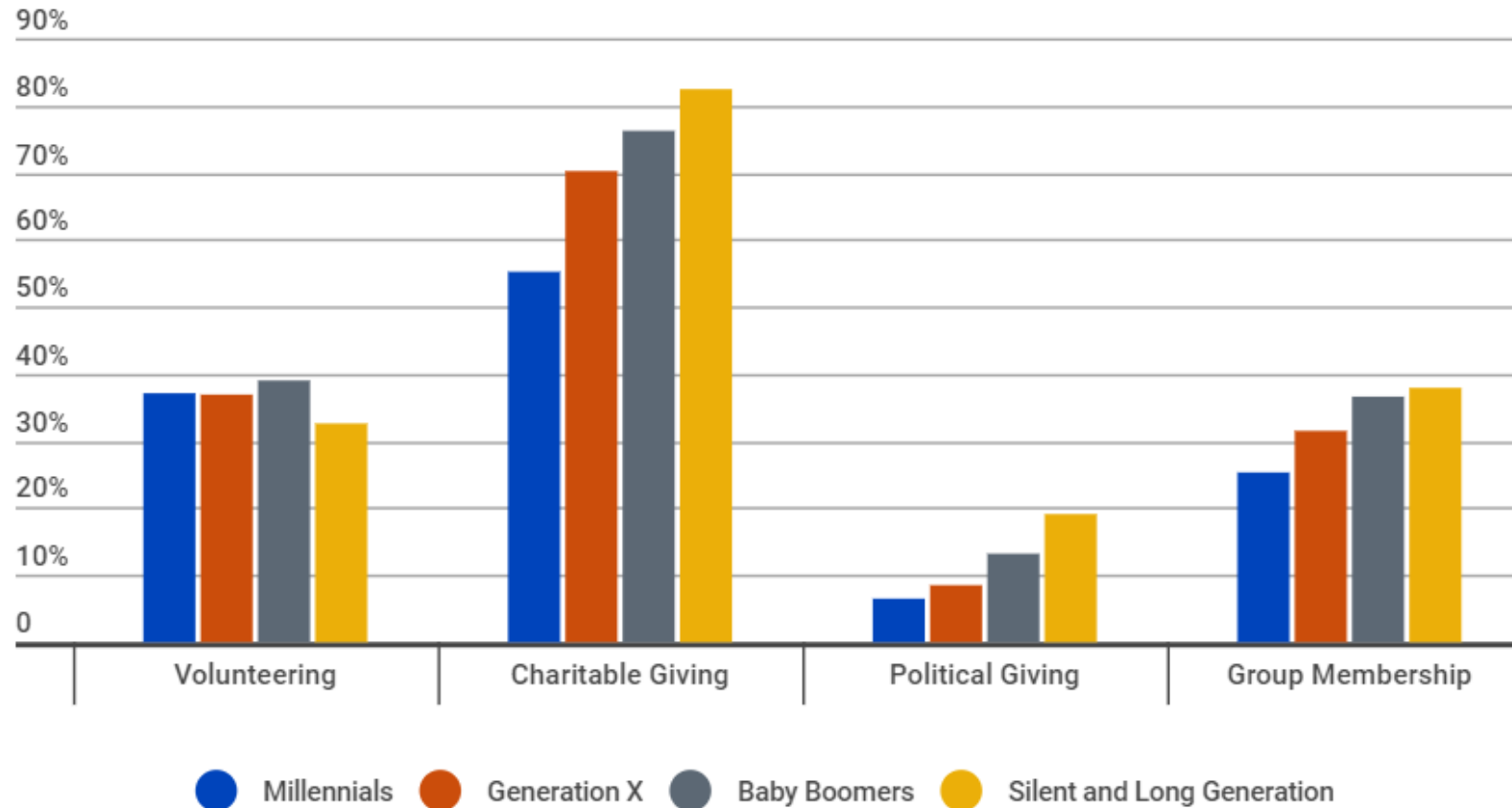
[https://carsey.unh.edu/what-is-new-hampshire/sections/civic-health-index/volunteering-giving -](https://carsey.unh.edu/what-is-new-hampshire/sections/civic-health-index/volunteering-giving-)

Source: U.S. Census Bureau, *Volunteering and Civic Life in New Hampshire, Current Population Survey (2017)*



New Hampshire Civic Health Index

Figure 32. Volunteering and Giving by Age in New Hampshire



Source: U.S. Census Bureau, *Volunteering and Civic Life in New Hampshire, Current Population Survey (2017)*

<https://carsey.unh.edu/what-is-new-hampshire/sections/civic-health-index/volunteering-giving>

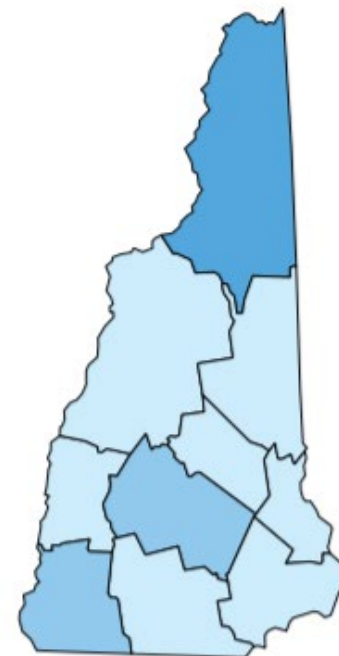


Risk of Social Isolation, Older Adults

https://www.americashealthranks.org/explore/senior/measure/isolationrisk_sr/state/NH

New Hampshire

Risk of Social Isolation by County



Percentile of the mean z-scores for the following risk factors in adults ages 65 and older: poverty; living alone; divorced, separated or widowed; never married; disability; and independent living difficulty, relative to all U.S. counties

■ ≤ 18th ■ 19th to 38th ■ 39th to 57th ■ 58th to 77th ■ ≥ 78th

Source: U.S. Census Bureau, American Community Survey, 2014-2018

Social Connectedness – Major Themes

- NH Residents are engaged – just not consistently across groups. From the Civic Health Index:
“There was a large disparity between what Granite Staters did civically with friends and family compared with what they did with their neighbors...Part of this disparity may relate to trust—since 2001, Granite Staters’ trust in their neighbors has also declined.”
- Social isolation is an important issue, especially for sub-populations.

What do we need to know but don't yet?

- What are some of the factors that result in populations feeling disconnected from others and their communities?
- How will COVID change how people interact in their communities?
- How are these metrics different at the hyperlocal level? Among different demographic groups?

What plans does NH have to address these issues?

Many of the previously mentioned plans address these issues:

- State Plan on Aging
- Regional Development Plans
- Ten-Year Mental Health Plan

What resources
are important
for the public to
know about to
address these
topics?

Input?

Juneteenth Acknowledgement

“Juneteenth is the oldest known nationally celebrated event commemorating the end of slavery in the United States. President Lincoln’s Emancipation Proclamation declared that as of January 1, 1863, all slaves in states in rebellion against the Union “shall be then, thenceforward, and forever free.” However, it was not until June 19th, 1865, two years later, when the U.S. Army took possession of Galveston Island in Texas and began a war against defenders of slavery, that the enslaved people in Galveston could begin their journey towards freedom.”

<https://blackheritagetrailnh.org/2021-juneteenth-celebration/>





Public Comment



Next Steps

- Upcoming Meetings:
 - July 16
 - August 20