

2015 Upper Valley Community Health Needs Assessment

Quick Summary Slides

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Public Health Council of the Upper Valley
With Consulting Expertise of the Community Health Institute

What Did Our Community Say?

Summary Priority Needs Based on Community Surveys, Key Stakeholder Survey, Community Discussion Groups, and Public Health Indicators	
Access to Mental Health Care	
Access to Enough and Affordable Health Insurance; Cost of Rx Drugs	
Alcohol and Drug Misuse incl. Heroin and Misuse of Rx Pain Medications	
Access to Dental Health Care	
Lack of Physical Activity/ Need for Recreational Activities/Active Living	
Poor Nutrition/Access to Healthy Food	
Income, Poverty, Employment; Family Stress	
Affordable Housing	
Access to Primary Health Care	
Health care for seniors	

Significant growth in concern since 2012 CHNA

Cost of Rx Med not seen in CHNA since 2003

Adult dental needs seen as more pressing than child needs in 2015

These issues are closely intertwined with all others

Based on demographic trends, how can all other needs be 'senior-informed?'

Our Challenges are Complex, Long-Term Concerns

Health Disparities in the Region Are Likely Masked by Relative High Regional Income

TABLE 2: Selected Demographic and Economic Indicators

Area	Median Household Income	Percent of Families in Poverty (100% FPL)	Percent of Families with income less than 200% of the Poverty level (200% FPL)
Lyme	\$107,692	0.7%	5.7%
Plainfield	\$101,250	0.0%	6.3%
Hanover	\$97,054	2.5%	4.9%
Grantham	\$96,810	0.9%	6.5%
Norwich	\$95,170	1.5%	3.5%
Woodstock	\$82,264	1.1%	10.2%
Enfield	\$80,038	1.2%	14.2%
Thetford	\$76,923	8.9%	14.2%
Piermont	\$75,833	3.4%	7.3%
Orford	\$73,984	4.0%	15.0%
Orange	\$70,714	1.0%	8.3%
New Hampshire	\$64,916	5.6%	16.8%
Fairlee	\$64,397	2.1%	12.1%
Dorchester	\$63,750	1.2%	14.0%
Canaan	\$61,667	9.1%	20.7%
Hartland	\$59,205	1.0%	13.2%
Sharon	\$58,854	6.3%	17.2%
Vermont	\$54,267	7.6%	22.8%
Hartford	\$53,629	6.4%	19.6%
Lebanon	\$52,231	9.1%	18.7%
Grafton	\$46,490	5.5%	18.7%
Service Area Median / Mean	\$73,984	4.7%	14.0%

Data Source: U.S. Census Bureau, 2009 – 2013 American Community Survey 5-Year Estimates.

Health outcomes are strongly linked to income, so population health data can look above average as a whole while masking poor health of a lower-income sub-population

But note two larger regional towns below state median household income.

Some towns have high disparity – high median household income but also high poverty.

Community Resident Defined Needs Vary Less By Income than Anticipated

Table 4: Most Important Health Issues by Community Income Category (median household income)

% of Respondents selecting the issue (n=695)	Service Area Towns with Lower Median Household Income	% of Respondents selecting the issue (n=490)	Service Area Towns with Higher Median Household Income
47.6%	Access to enough, affordable health insurance	47.8%	Access to mental health care
40.1%	Cost of prescription drugs	47.6%	Access to enough, affordable health insurance
40.0%	Heroin and misuse of pain medications	38.8%	Cost of prescription drugs
39.4%	Access to mental health care	34.5%	Heroin and misuse of pain medications
36.4%	Access to dental health care	31.8%	Alcohol and drug misuse
35.4%	Alcohol and drug misuse	31.4%	Poor nutrition/unhealthy food
32.2%	Poor nutrition/unhealthy food	31.0%	Lack of physical activity
29.5%	Lack of physical activity	29.6%	Access to dental health care
29.4%	Access to primary health care	29.4%	Access to primary health care
25.6%	Mental illness	24.9%	Health care for seniors
22.7%	Health care for seniors	24.9%	Mental illness
20.1%	Smoking/tobacco use	18.2%	Cancer

This may reflect the relative high income of the whole region compared to other parts of New Hampshire and Vermont.

Community Resident Defined Needs Vary By Age

TABLE 5: Most Important Health Issues by Respondent Age

18-44 years	n=467	45-64 years	n=652	65+ years	n=322
Access to enough, affordable health insurance	49.9%	Access to enough, affordable health insurance	51.2%	Cost of prescription drugs	46.9%
Heroin and misuse of pain medications	47.5%	Access to mental health care	49.2%	Health care for seniors	40.1%
Alcohol and drug misuse	40.7%	Cost of prescription drugs	43.6%	Access to dental health care	39.4%
Access to mental health care	40.3%	Heroin and misuse of pain medications	38.0%	Access to enough, affordable health insurance	38.8%
Poor nutrition/unhealthy food	40.0%	Access to dental health care	37.1%	Access to mental health care	34.2%
Lack of physical activity	33.6%	Alcohol and drug misuse	34.2%	Access to primary health care	32.9%
Cost of prescription drugs	32.1%	Lack of physical activity	29.3%	Lack of physical activity	29.2%

We have OK-high insured rates - what is this about?

Teen use is declining. Are we paying enough attention to young adults?

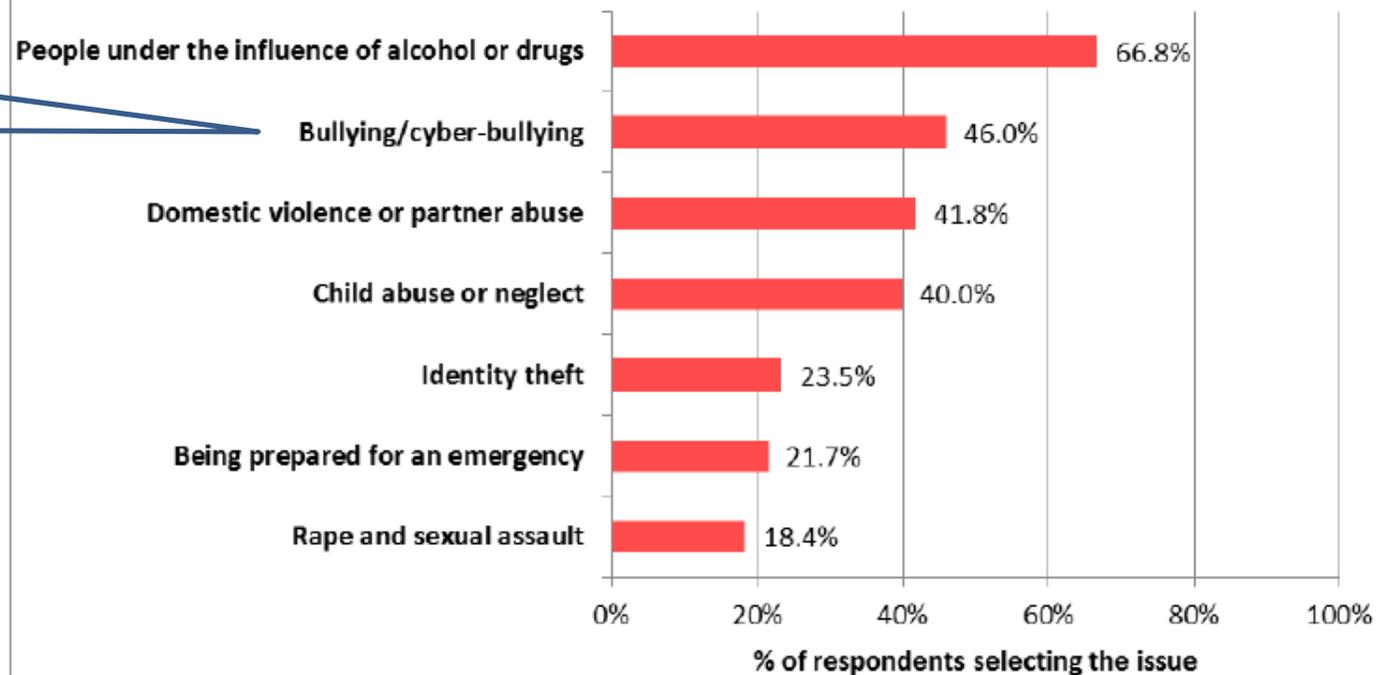
Cost, access, & coordination of care important to older community members

Substance Misuse of Others and Violence/Power Dynamics Are Leading Safety Concerns

CHART 2

What do you think are the most pressing SAFETY issues in your community today?

(Top 7; Respondents could select up to 5 from list of 14 choices)

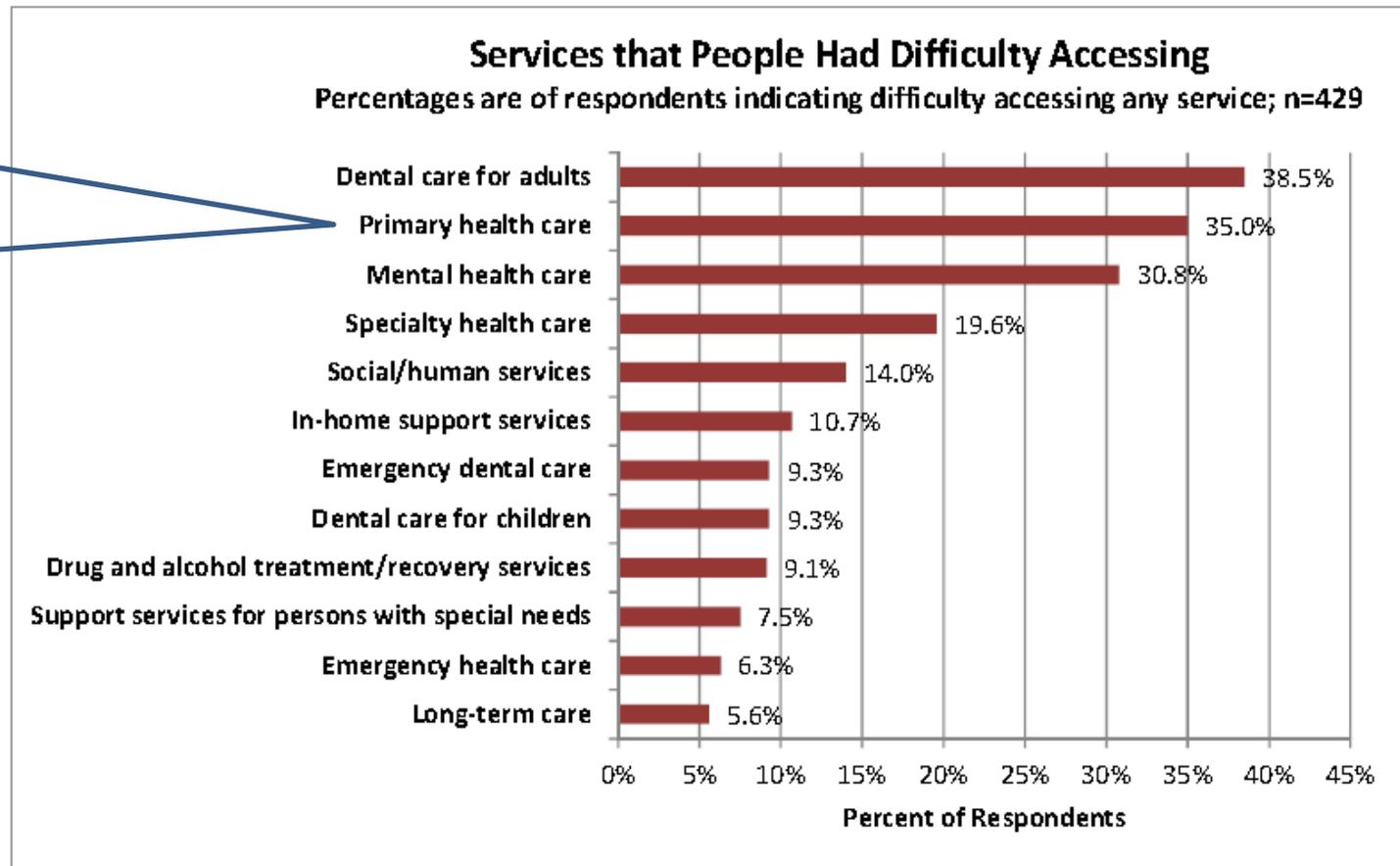


Notable that this is among adult respondents...

One-Third of People in Our Community Have Difficulty Accessing Fundamental Primary, Dental, and Behavioral Health Care

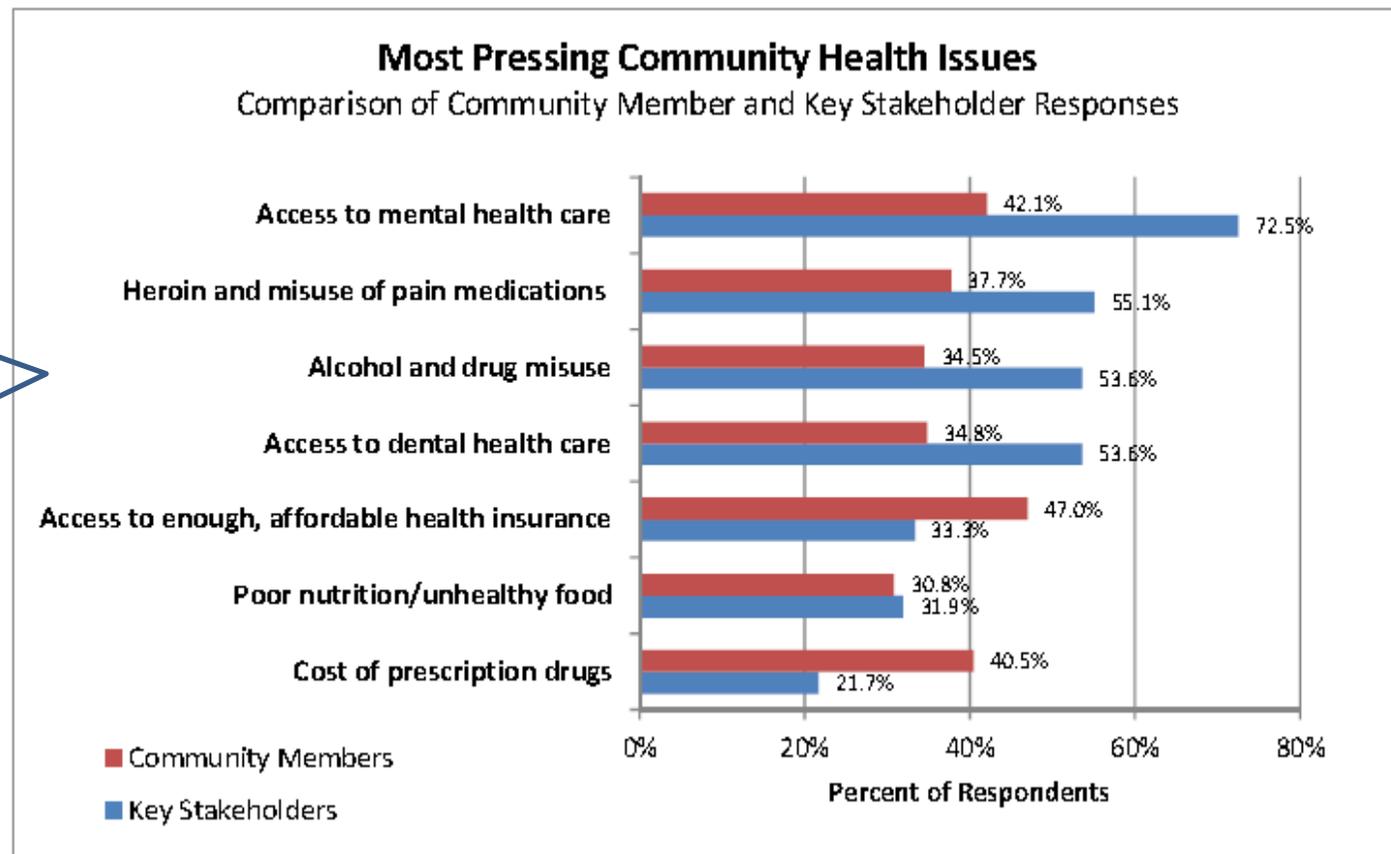
We have a comparatively large number of Primary Care doctors, but difficulty accessing primary care...

CHART 4



Community Residents and Key Stakeholders See Needs Differently

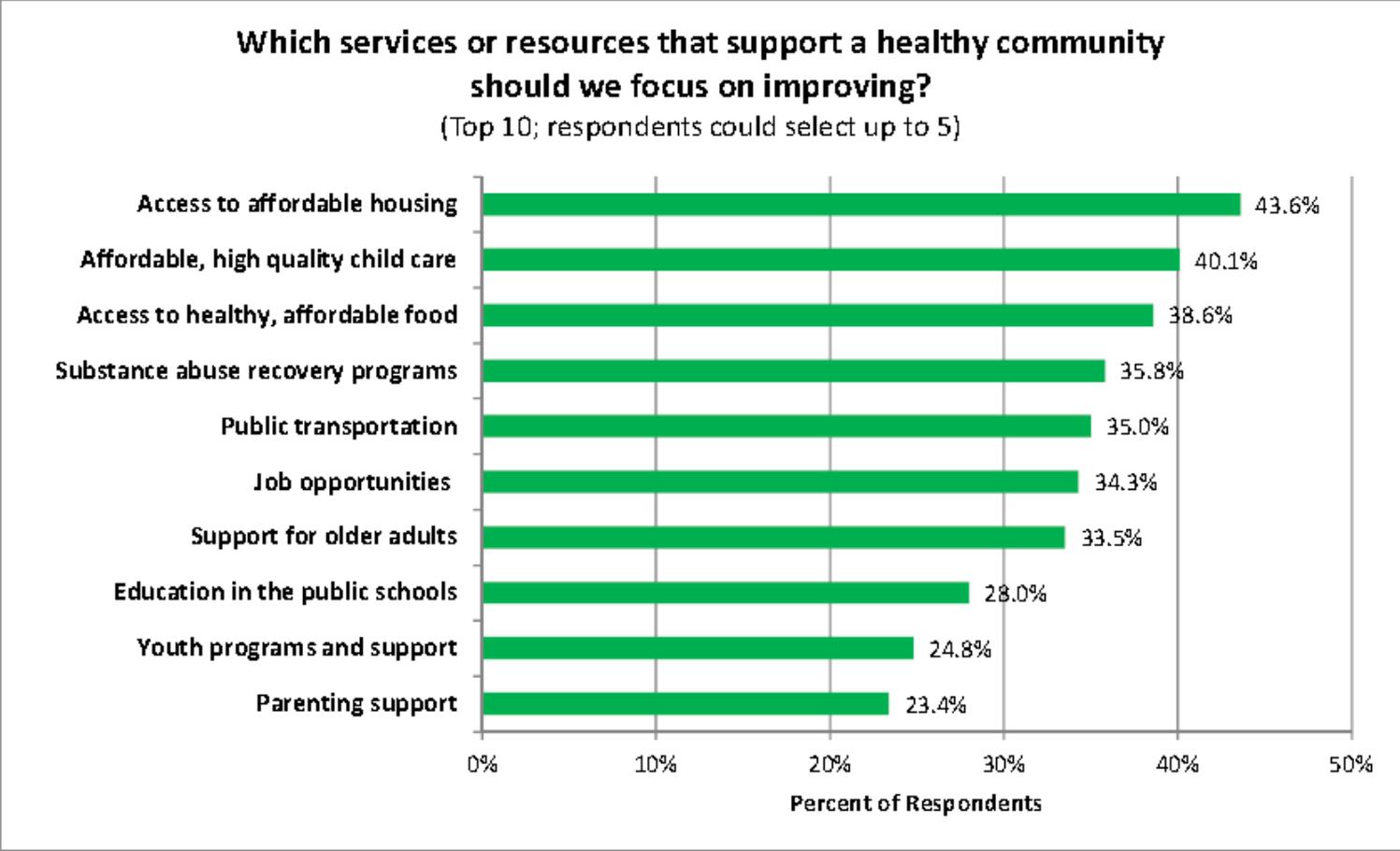
CHART 9



Key stakeholders are required to respond to behaviors that cause crisis. Residents respond to cost, stability, social determinants of health (see next slide)?

Residents See Value in Addressing Social Determinants of Health

CHART 7

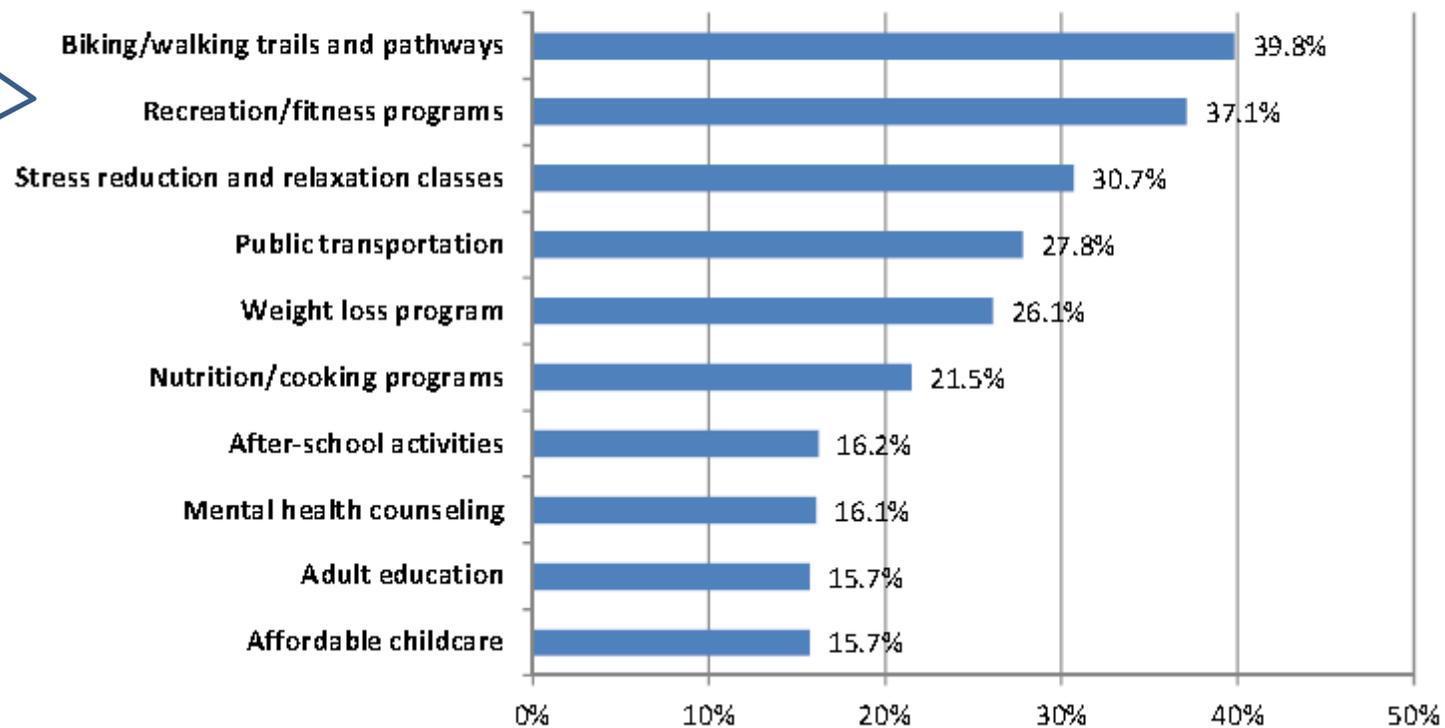


Residents Desire an Active, Well Lifestyle

CHART 8

Which programs or services would you or your family use if it were more available in your community?

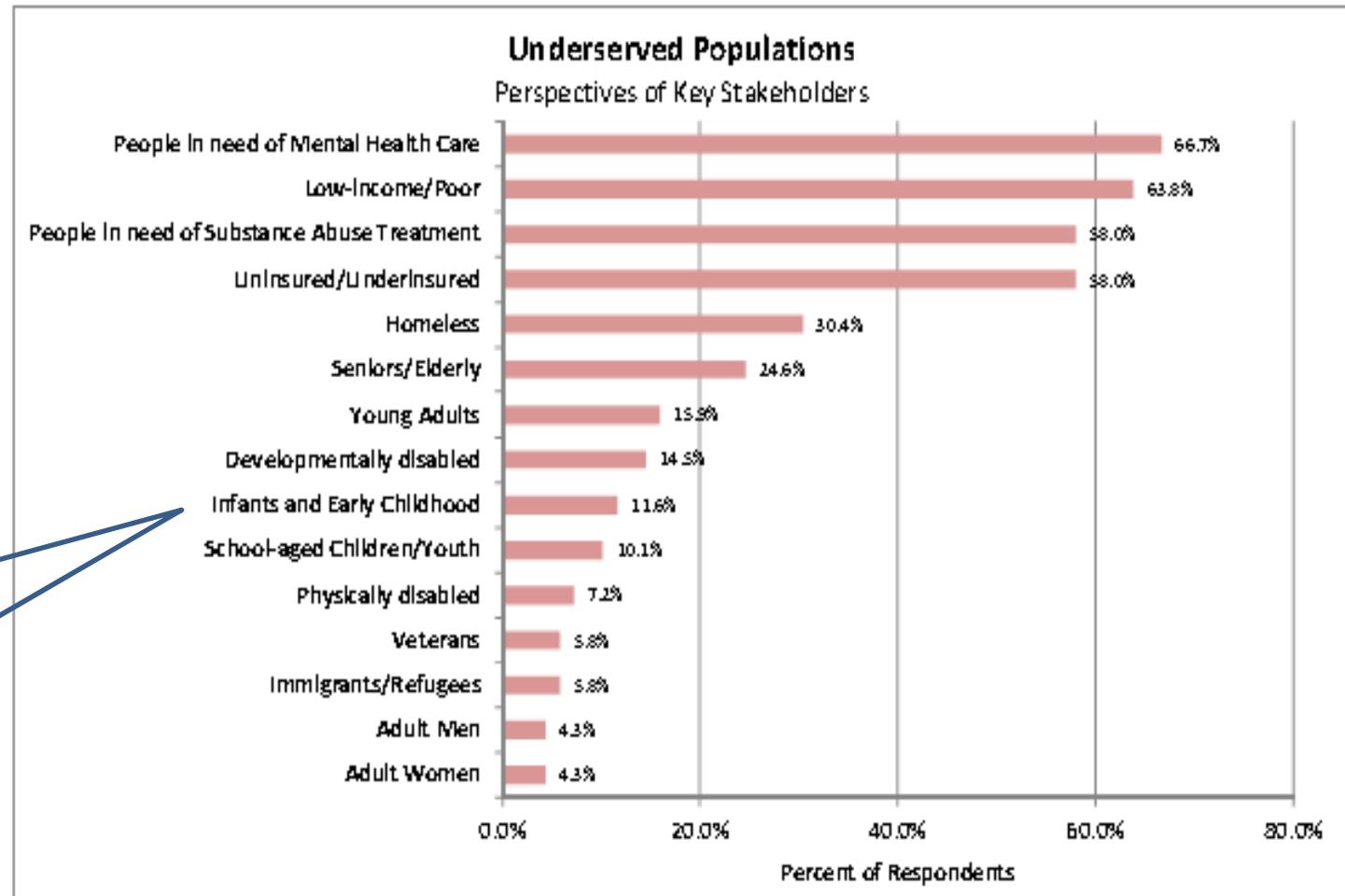
(Top 10; respondents could select up to 5)



Desire for active living crosses all ages

Whom Are We Leaving Behind?

CHART 10



Do we have 'two communities' based on income and privilege?

Are there some populations with high needs that are well served?