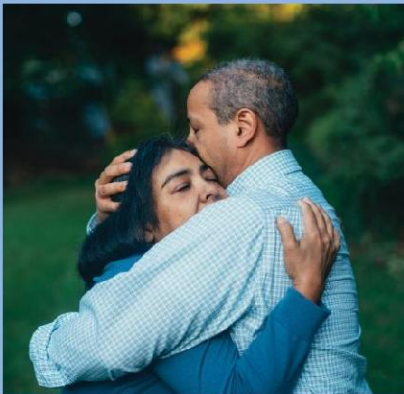


Capital Area Community Health Improvement Plan

2025 - 2027



Dear Community Partners,

On behalf of the Capital Area Public Health Network (CAPHN), I am pleased to share our 2025–2027 Community Health Improvement Plan (CHIP). This plan reflects a shared commitment to improving health and wellbeing across our region through collaboration, coordination, and community-driven action.

This CHIP is grounded in the insight and lived experience of partners from across the Capital Area. We are deeply grateful to the many work groups and coalitions that contributed time, expertise, and thoughtful input throughout this process. This plan is shaped by shared ownership and a collective commitment to action.

This CHIP is meant to be a living plan—one that partners can return to often to support coordination, shared strategy, and meaningful action.

The 2025–2027 CHIP focuses on four priority areas:

- Early Childhood
- Behavioral Health
- Healthy Aging
- Public Health Emergency Preparedness

These priorities were selected based on local data and community input, and with the intention of supporting sustained momentum and coordinated action over time. Prioritizing Early Childhood and Healthy Aging also reflects a strategic focus on prevention and support at key points across the lifespan—strengthening outcomes not only for our youngest and oldest residents, but for families and communities as a whole.

As we move from planning to action, we invite partners to use this CHIP as a tool for collaboration and to participate in the coalitions and work groups aligned with these priorities. Thank you for your ongoing dedication to improving community health across the Capital Area.

Warmly,

Samantha Durfee, MSW

Director, Public Health

On behalf of the Capital Area Public Health Network (CAPHN)

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Plan Overview

The 2025-2027 Capital Area Community Health Improvement Plan is a collective effort of the Capital Area Public Health Network in collaboration with multiple organizational partners, regional workgroups and committees. The Capital Area Public Health Network (CAPHN), with support from Granite United Way, is grateful for the many partners who contribute their knowledge, perspective, effort and initiative to ensure that all Capital Area residents have the opportunity to achieve their highest potential for health.

The purpose of this Community Health Improvement Plan (CHIP) is to provide a guide for shared strategies and focused activities to address high priority community health needs and concerns in the Capital region of New Hampshire. The process began with a community health needs assessment in 2023 in collaboration with Concord Hospital and other health and human service organizations across the region. Partners in the CHIP planning process also considered a number of related state-level health improvement plans to assure alignment of goals, strategies and resources as applicable.

This CHIP also serves as an update to the first Capital Area CHIP developed in 2015. Our overarching goal is to build on the progress made since 2015 through sustained and aligned efforts across multiple community partners. The CHIP is not intended to address all health issues facing residents in the Capital Area, nor does it provide information on every program and initiative that is taking place in the region. However, it is our hope that the CHIP can be used by a broad range of community partners working in concert to protect and promote the health of individuals and families all across the Capital region.

Drivers of Health: The Capital Area CHIP is based on the understanding that the conditions of the communities where we are born, live, age, work, and play are as important to achieving good health as receiving regular health care services, proper nutrition, and adequate physical activity. These conditions can be described as drivers of health that can directly or indirectly affect risks and outcomes related to health and wellness. Drivers of health can include characteristics such as: household wealth; availability of quality health care; access to affordable, healthy food; educational attainment; safe, quality housing; employment status and opportunities; transportation and public infrastructure; and other social, economic, and environmental factors. The term “drivers” reflects a shift from perhaps more familiar terminology of Social Determinants of Health since “determinants” can imply health outcomes that are pre-determined. Instead, our

The Mission of the Capital Area Public Health Network is to promote, protect, and improve the health and well-being of communities within the Capital Area of New Hampshire through the proactive, coordinated, and comprehensive delivery of essential public health services.

focus is on how these factors can actively influence health outcomes while emphasizing the potential for interventions that can positively affect health and well-being. The collective efforts of community organizations, policymakers, and individuals can have profound effects on the health and happiness of community members.

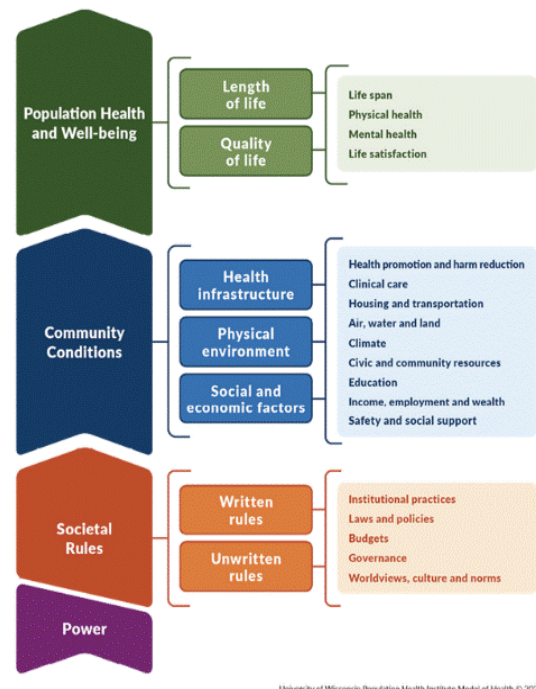
The [County Health Rankings Model](#) (Figure 1), developed by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, provides a framework for population health that emphasizes the many drivers of health which, if improved, help make communities healthier places to live.

The model describes a set of inter-related domains including societal policies and practices, community conditions such as clinical care, social and economic factors, and physical environment, which together encompass a broad set of modifiable factors influencing individual and community health outcomes such as length and quality of life.

The 2025-2027 Capital Area CHIP was developed with these considerations in mind, as well as considerations for alignment with state-level health improvement plans, existing organizational assets and strengths in the Capital region, and opportunities for collaboration on shared goals and strategies. The CHIP identifies four priority areas for focused work to achieve improved health in our community over the next few years. These priority areas are:

- Early Childhood
- Behavioral Health
- Healthy Aging
- Public Health Emergency Preparedness

Goals, objectives and potential strategies for action in each of these focus areas are outlined later in this document, following the next section that provides a summary overview of the region and identified community health needs.



University of Wisconsin Population Health Institute Model of Health © 2025

Figure 1: 2025 University of Wisconsin Population Health Institute Model of Health

Community Overview

CAPHN Region: The Capital Area Public Health Network (CAPHN) is one of 13 Public Health Networks across New Hampshire, each serving a defined Public Health Region. The CAPHN service area includes 24 municipalities with an estimated resident population of 135,913 people (U.S. Census Bureau, American Community Survey, 2018-2022) or about 10% of the total population of New Hampshire. The population of the region has increased by approximately 4.4% or about 5,700 people since 2015. The City of Concord is the largest municipality in the service area with a resident population of about 44,000 people.

Table 1 displays information on selected demographics for the towns and cities of the Capital Area Public Health Region. (Appendix A to the CHIP also includes additional demographic information by municipality). Median household income in the region (\$91,694) is similar to the median in New Hampshire overall (\$90,845). However, there is a substantial range within the region on this measure with the highest median household income community (Bow, \$147,951) having median household income more than twice as high as the lowest income community (Pittsfield, \$64,564). Similarly, a substantial range is observed for the percent of people living below the federal poverty level (FPL) with about 1% of Weare residents living below the poverty level compared to about 11% of residents in Allentown and 12% in Deering. Overall, the percent of residents within the service area living below the federal poverty level mirrors NH's overall percentage at about 7% of households.

The map on page 6 following the next table displays the distribution of median household income across towns in the service area.

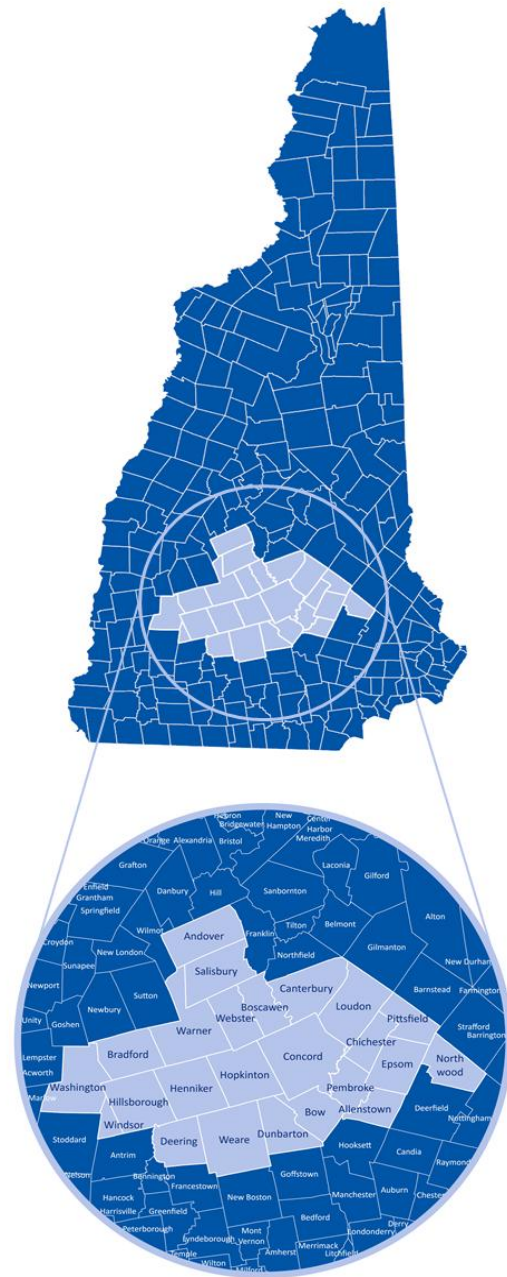


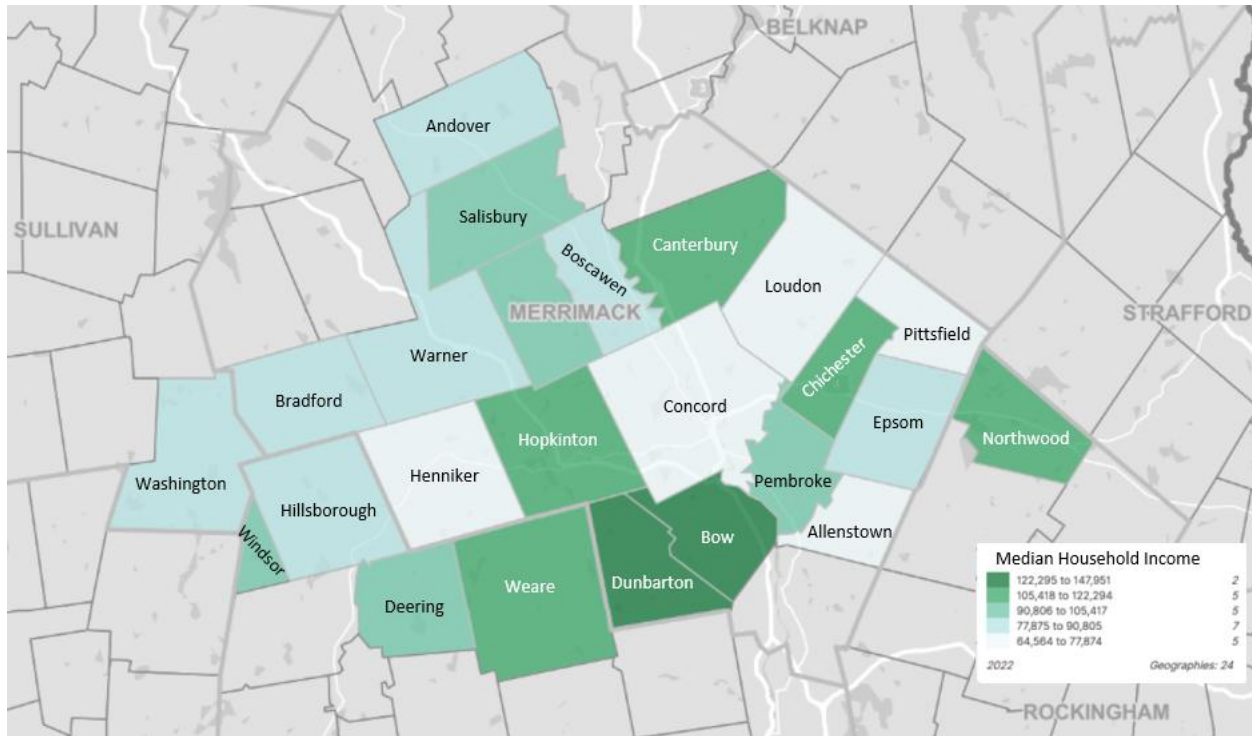
Figure 2: The CAPHN region is comprised of the following 24 municipalities: Allentown, Andover, Boscawen, Bow, Bradford, Canterbury, Chichester, Concord, Deering, Dunbarton, Epsom, Henniker, Hillsboro, Hopkinton, Loudon, Northwood, Pembroke, Pittsfield, Salisbury, Warner, Washington, Webster, Weare, Windsor.

TABLE 1: Selected Demographic and Economic Indicators

Municipality (highest to lowest median household income)	Median Household Income	% with income under 100% FPL	% of family households with children headed by a single parent	% of population with a disability
Bow	\$147,951	3%	11%	10%
Dunbarton	\$138,036	2%	2%	8%
Northwood	\$122,294	3%	9%	9%
Chichester	\$119,306	4%	25%	12%
Hopkinton	\$115,682	5%	22%	10%
Canterbury	\$111,094	5%	14%	11%
Weare	\$109,779	1%	17%	12%
Webster	\$105,417	10%	19%	10%
Salisbury	\$97,917	7%	12%	11%
Windsor	\$96,042	8%	40%	5%
Pembroke	\$95,396	10%	27%	12%
Deering	\$95,119	12%	21%	18%
Total Service Area	\$91,694	7.3%	27.4%	12.9%
New Hampshire	\$90,845	7.3%	26.6%	13.9%
Epsom	\$90,805	3%	23%	14%
Andover	\$86,591	10%	26%	11%
Washington	\$84,886	3%	35%	12%
Boscawen	\$84,292	10%	22%	11%
Bradford	\$83,833	7%	38%	8%
Warner	\$82,500	8%	38%	14%
Hillsborough	\$82,059	5%	21%	14%
Concord	\$77,874	10%	39%	17%
Loudon	\$77,065	10%	24%	16%
Henniker	\$76,681	10%	32%	13%
Allenstown	\$74,659	11%	28%	17%
Pittsfield	\$64,564	6%	42%	21%

U.S. Census Bureau, American Community Survey, 2018-2022

Figure 3 – Median Household Income by Town, CAPHN region



U.S. Census Bureau, American Community Survey, 2018-2022

Median household income in the CAPHN service area ranges from \$147,951 in Bow to \$64,564 in Pittsfield.

Approximately 92% of the population of the CAPHN service area identifies as ‘White’ and about 3% identify as Hispanic ethnicity. In general, the service area is similar to New Hampshire overall with regard to diversity of race and ethnicity.

| TABLE 2. Race and Ethnicity Characteristics |

Area	Race							Ethnicity
	White	2 or more races	Asian	Black / African American	American Indian / Alaska Native	Native Hawaiian / Pacific Islander	Other Race	Hispanic or Latino
CAPHN service area	92.5%	3.4%	1.7%	1.6%	0.2%	<0.1%	0.6%	2.8%
New Hampshire	90.0%	4.6%	2.6%	1.5%	0.2%	<0.1%	1.1%	4.3%

U.S. Census Bureau, American Community Survey, 2018-2022

Language barriers can contribute to challenges with access to services, communication with service providers, and ability to understand and apply health information (health literacy). Language barriers can also contribute to feelings of isolation, frustration, or anxiety in general and especially when unable to effectively express health concerns or understand information provided by healthcare professionals. About 6% of households in the CAPHN service speak a language other than English at home and nearly 1% are considered ‘limited English speaking’ households. A limited English speaking household is defined as one in which no household member 14 years old or older either speaks only English or speaks a non-English language and speaks English very well.

| TABLE 3: Languages Spoken at Home |

Languages Spoken at Home	CAPHN Service Area	New Hampshire
English only	94.2%	89.7%
French, Haitian, or Cajun	1.8%	2.2%
Spanish	1.5%	2.9%
Russian, Polish, or other Slavic language	0.4%	0.5%
German	0.3%	0.5%
Chinese	0.2%	0.5%
Other Languages	2.7%	3.6%
Limited English Speaking Households	0.8%	1.2%

Data Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2018 – 2022

Community Health Needs: The Capital Area Public Health Network collaborated with Concord Hospital and other health and human service organizations across the region in 2023 to conduct a comprehensive assessment of community health needs. As part of that assessment, two surveys were fielded across the region - one survey with targeted distribution to community service providers and organizational leaders and one survey broadly disseminated to residents across the region served by Concord Hospital.

Respondents to the community resident survey were asked to select the top 5 most urgent health needs or issues in the community from a list of 29 potential topics (plus an open-ended 'other' option). On the survey instrument, the topics were organized into 6 overall conceptual groups as follows: Promote Health and Wellness, Make Health Care Services Easier to Get, Address Costs of Care, Prevent and Treat Substance Misuse, Prevent and Treat On-going Conditions, and Prevent Abuse and Violence. Survey respondents could select any of the individual topics from across the different topic groups.

As displayed by Figure 4 on the next page, three of the top five concerns among survey respondents from CAPHN service area towns* were all related to cost of health care. Ability to get mental health services for adults or for children and youth were also among the top five health needs or issues identified by respondents to the community resident survey.

(*Note: Over 1,000 people responded to the survey from across the Concord Hospital service area. Results displayed are for just respondents from CAPHN service area towns; n=454).

Figure 4: Most Urgent Health Needs, Perspective of CAPHN area residents

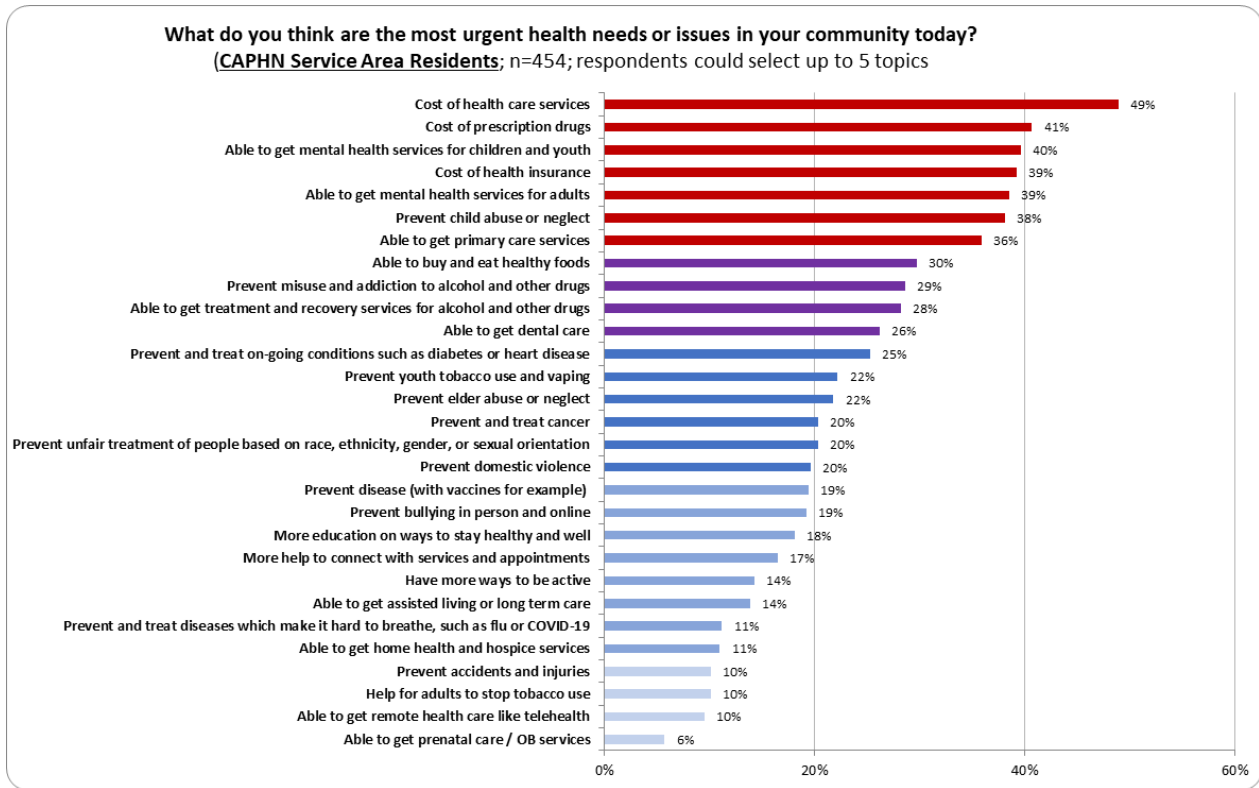
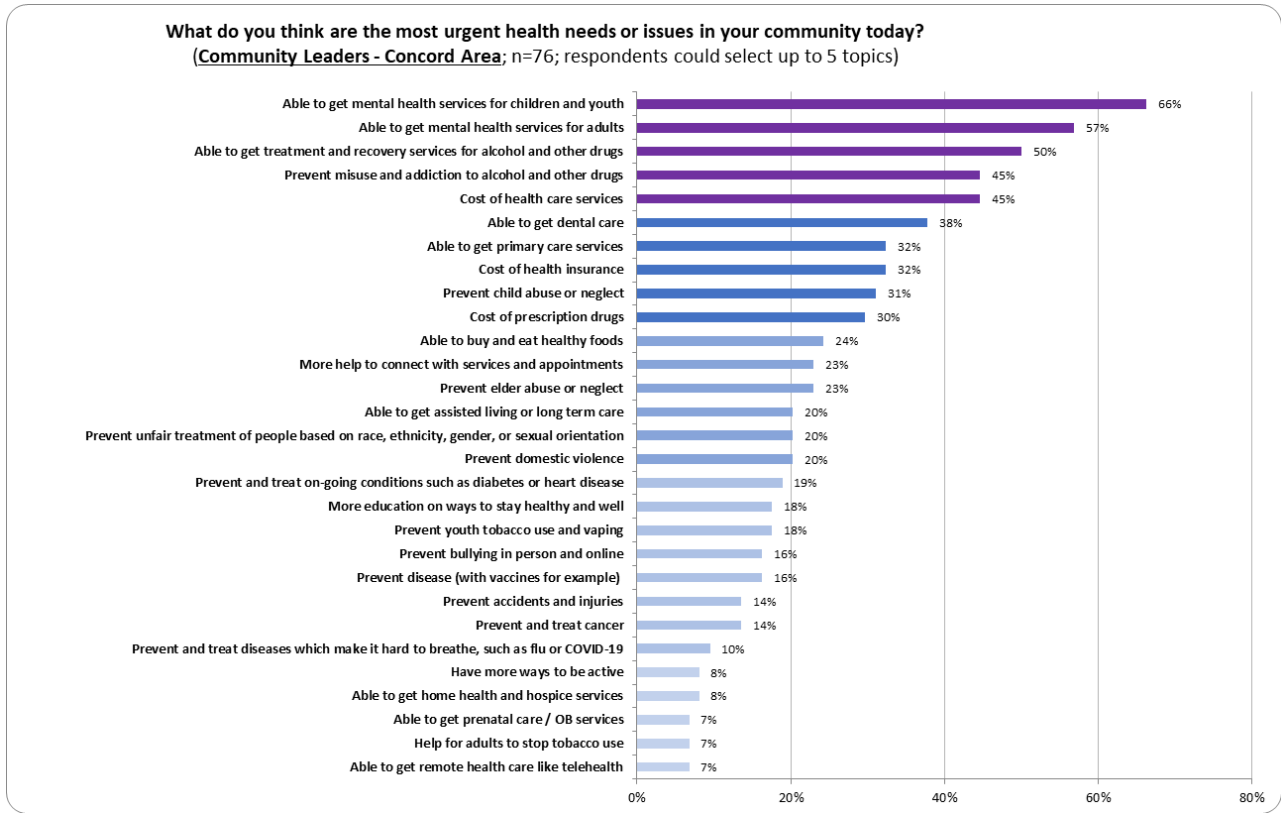


Figure 5 on the next page displays the results from the Community Leader and Service Provider survey on the same question regarding most urgent health needs with the same response options. Responses are displayed for community leaders and service providers who indicated serving or being most familiar with the ‘Greater Concord Area’. Community Leaders were somewhat more likely to select ‘ability to get mental health services’ as being among the most urgent health needs along with substance use prevention, treatment and recovery. Issues related to cost and access to primary care were also among the issues most frequently selected as a top concern by community leaders.

Figure 5: Most Urgent Health Needs or Issues - Community Leader/Service Providers

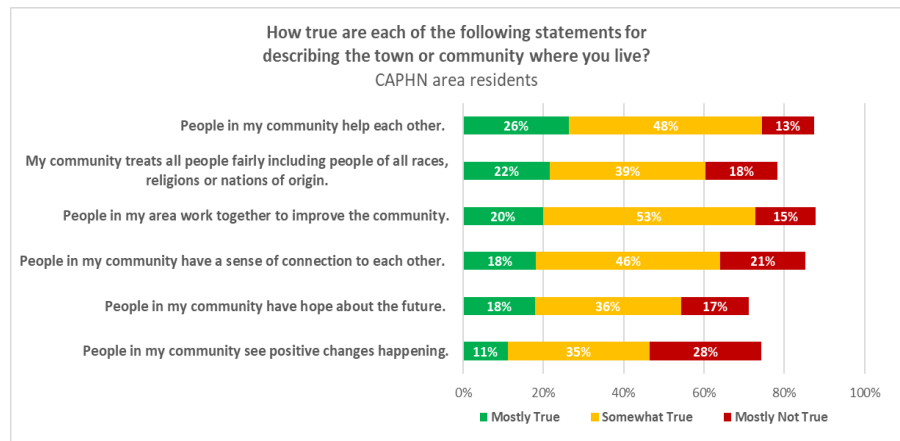


The Community Resident survey asked people to indicate how true certain **characteristics of a resilient community** were for the community in which they live. As displayed by Figure 6, 26% of respondents thought the statement, “People in my community help each other” is ‘mostly true’ and 48% thought the statement was ‘somewhat true’. About 1 in 5 respondents indicated that it is ‘mostly true’ that

“My community treats all people fairly including people of all races, religions or nations of origin.’

Nearly 1 in 3 respondents (28%) think it is ‘mostly not true’ that ‘People in my community see positive changes happening.’

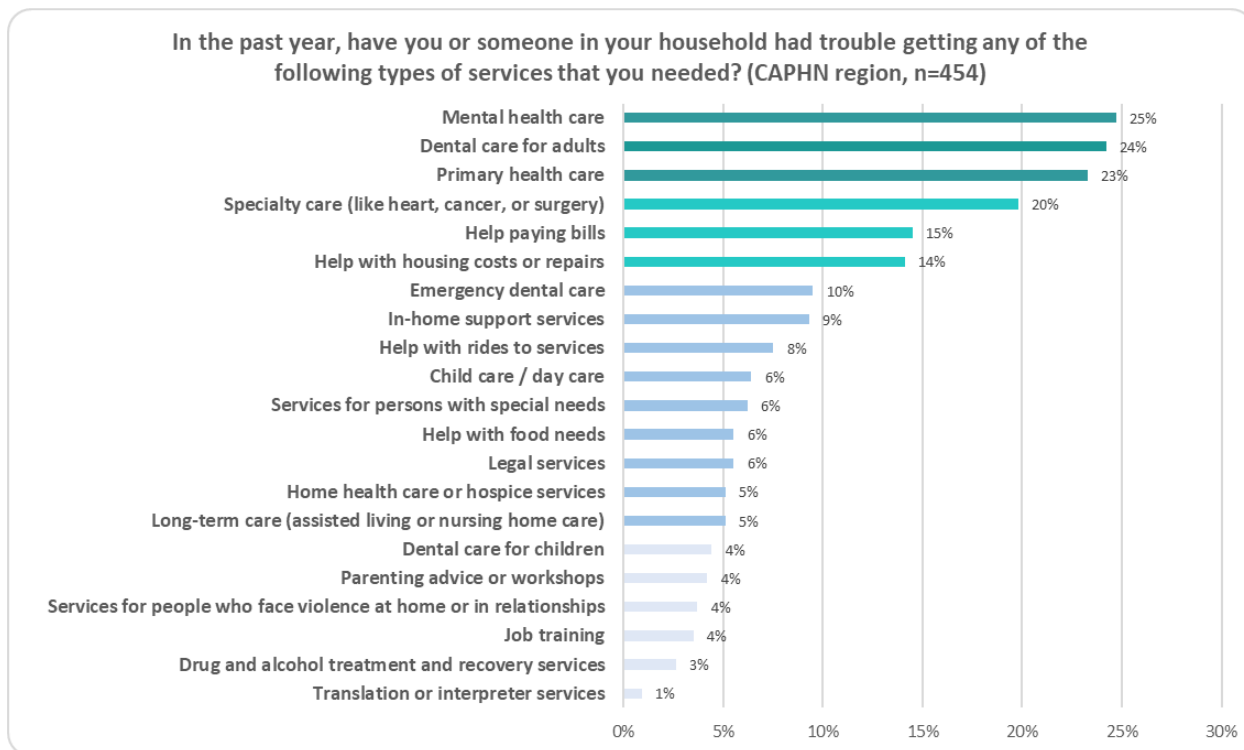
Figure 6: Characteristics of a Resilient Community



Respondents to the Community Resident survey were presented with a list of potential health and human services and asked, “In the past year, have you or someone in your household had trouble getting any of the following types of services that you needed?”. Items were organized into several categories including Medical Care, Dental Care, Home Health or Long Term Care, Help with Parenting, Social Services, and Financial Help.

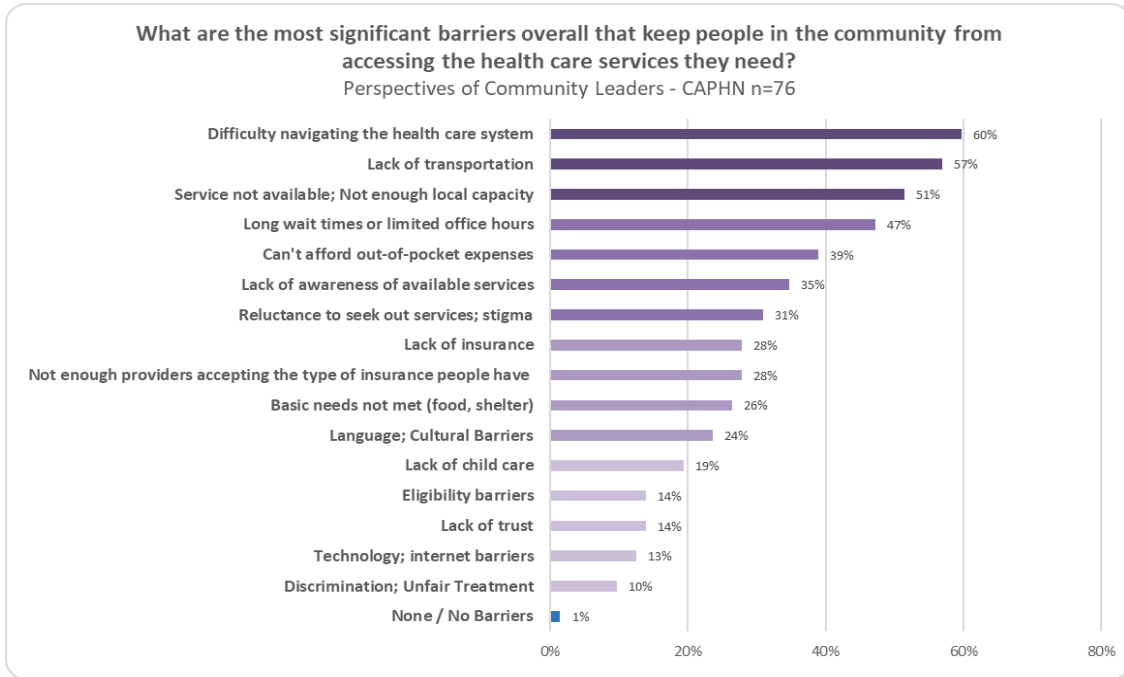
As displayed by Figure 7, about 25% of survey respondents reporting having difficulty getting mental health care and 24% had difficulty getting ‘Dental care for adults’ over the past year.

Figure 7: Reported Difficulties Accessing Services by Service Type, CAPHN region respondents



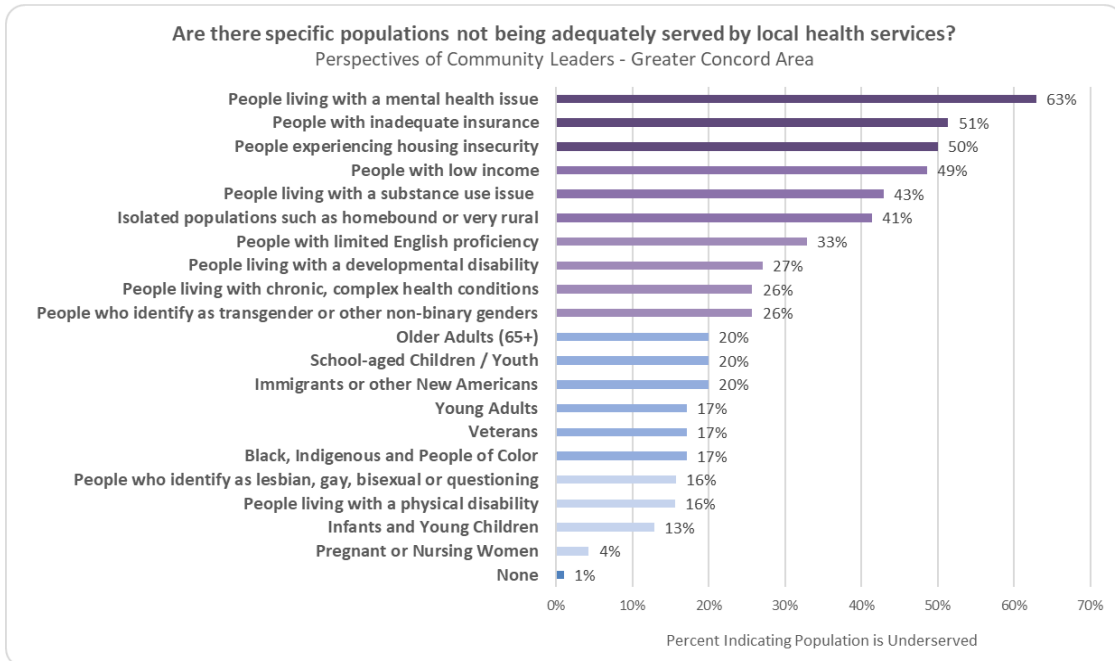
In a related question, respondents to the Community Leader and Service Provider survey were asked to identify the most significant barriers overall that prevent people in the community from accessing needed health care services. Survey respondents were presented with a list to select from (plus a write in option) and asked to choose the top 4 barriers. The issues most frequently selected were ‘Difficulty navigating the health care system,’ ‘Lack of transportation’ ‘Service not available / Not enough local capacity’; and ‘Long wait times or limited office hours.’

Figure 8: Most Significant Barriers to Access - Leader/Service Provider Responses



Community Leaders were also asked if there are specific populations in the community that are not being adequately served by local health services.) As displayed by Figure 9, populations most frequently identified by Community Leader respondents as being underserved were people living with a mental health issue, people with inadequate insurance, people experiencing housing insecurity, people with low income, and people with a substance use issue.

Figure 9: Inadequately Served Populations - Community Leader Responses



Priority Area 1: Early Childhood

Background and Need

The [New Hampshire Strategic Plan for Early Childhood](#) provides a blueprint for a “statewide vision that all families are afforded comprehensive and responsive supports, so they are healthy, learning, and thriving now and in the future.” Under the auspices of the New Hampshire Council for Thriving Children, and with co-leadership from the NH Department of Health and Human Services and the NH Department of Education, a regional structure has been established to support local implementation of priority initiatives identified in the statewide plan.

Granite United Way serves as the regional lead for the Capital Area with responsibility for convening and facilitating a Regional Leadership Team to plan and prioritize regional goals and strategies in alignment with the NH Strategic Plan for Early Childhood. The Regional Leadership Team is comprised of key organizations implementing services and programs that impact the health of children and families within the Capital Area. Organizational members of the Capital Area Regional Leadership Team include:

- Capital Area Public Health Network/Granite United Way
- Concord Hospital
- Concord School District
- Mary Stuart Gile Early Learning Center (Boys and Girls Club of Central NH)
- Merrimack Valley Day Care Services
- Merrimack Valley School District
- NH Hunger Solutions
- Waypoint
- White Birch Center

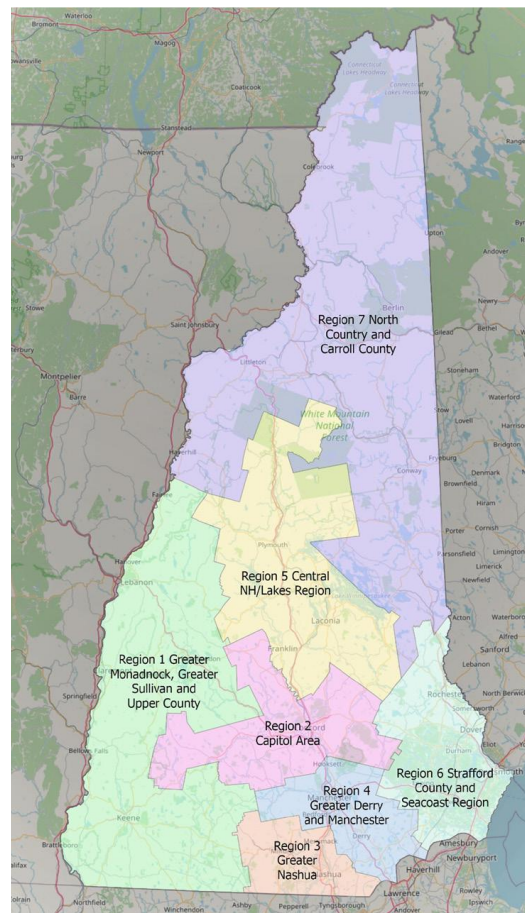
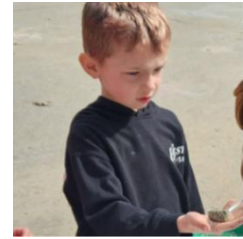


Figure 10 displays a map of the regional system as defined by the New Hampshire Council for Thriving Children through a federal Preschool Development Grant.

Through a formal process of stakeholder engagement and facilitated strategic planning, the Regional Leadership Team identified several **System Gaps and Challenges** in resources and services supporting early childhood* health and development in the Capital Area. These system gaps and challenges include:

The Early Childhood System is not built on prevention. Instead, services and programs are often designed to address acute crises. More work needs to be done to prevent the challenges faced by children and families.

There is a lack of access to critical support and services. Wait times for critical services such as mental health persist in the region. Universal home visiting programs need to be expanded for all families and some critical programs are not sustainably funded, reliant on grants to support operations.

There is a lack of access to essential basic resources to support family stability. Affordable housing, healthy and affordable food, and transportation services are among the most common needs. Most services require income eligibility and do not account for the cost of living in the Capital Area, leaving some families in need falling outside of eligibility thresholds.

More meaningful and authentic engagement of families is needed. Programs and services should be tailored to the unique needs of those they intend to serve by adopting a person-centered, trauma-informed approach. Parents/caregivers should be engaged in determining and designing the solutions to local family challenges; family voice is critical to success. Programs and services also need to be culturally and linguistically appropriate.

**Note: The early childhood period is generally defined as birth through eight years of age.*

Goals, Objectives, and Strategies

In response to the identified gaps and challenges of the Early Childhood system of services and support, the Regional Leadership Team identified local activities to support the implementation of statewide objectives within three priority areas:

- Positive Learning Experiences
- Healthy Children and Families
- Strong Families

Goals, Objectives and Strategies for each of these priority areas are displayed by the table beginning on the next page.

The Capital Area Early Childhood Regional Team is a small team of professionals collaborating to achieve the goals laid out in this plan.

Concord Connections Coalition is a networking and resource-sharing group made up of individuals and organizations who serve young people and their families in our region.

Early Childhood	
Goal 1: Increase collaboration and communication among organizations supporting Early Childhood health and development in the Capital Region.	
Objective	By June 2026, achieve increased multi-agency representation and participation in activities of the CAPHN Early Childhood workgroup.
Potential Strategies	<ol style="list-style-type: none"> 1. Review and update the CAPHN Early Childhood strategic plan including mapping of existing resources and gaps in services and supports for Early Childhood health and development. 2. Continue to build capacity of the CAPHN Early Childhood workgroup as a forum for facilitating inter-organizational connections and problem solving.
Goal 2: Positive Learning Experiences – Effective learning opportunities are provided in all settings, including the home, childcare, and after school programs, preschools, and elementary schools.	
Objective	Create a stable and qualified early childhood learning and education workforce.
Potential Strategies	<ol style="list-style-type: none"> 1. Engage and retain the existing workforce in the Capital Area Region through collaborative support services, such as mentorship programs for new staff and directors and staffing pools for shared childcare coverage in early learning settings. 2. Support the establishment of workforce development pipelines from local High Schools and post-secondary educational settings.
Goal 3: Healthy Children and Families – Children and families throughout our region have access to the best opportunities for early and life-long health.	
Objective	Improve access to and availability of universal screening and services (developmental, social-emotional, cognitive, academic, trauma) for children to promote optimal development.
Potential Strategies	<ol style="list-style-type: none"> 1. Build capacity of Community Health Workers and other navigators/care coordinators to connect families with screening and services. 2. Conduct an environmental scan of providers and agencies to identify who is using screeners, type of screener used, and the purpose of the screening tool (referral linkages, etc.). 3. Create a communications/ advertising plan to identify strategies to better communicate about screenings and services for families.

	<ol style="list-style-type: none"> 4. Build capacity of Early Childhood programs to use screeners, such as the ASQ, comfortably and regularly. 5. Engage healthcare providers and family health centers to create active/informed referral pathways to developmental screening and/or services.
Objective	Support access to affordable health care for families.
Potential Strategies	<ol style="list-style-type: none"> 1. Proactively include healthcare providers and health access/coverage programs in family events and programs. 2. Conduct an environmental scan to inventory medical providers, including mental health, who utilize telehealth options when delivering care to increase accessibility of services.
Objective	Support children’s social and emotional development through easily accessible services and support.
Potential Strategies	<ol style="list-style-type: none"> 1. Create a resource development plan to secure permanent funding for existing community assets and programs improving children’s social and emotional development. 2. Expand Multi-Tiered System of Supports for Behavioral Health & Wellness (MTSS-B) to other School Districts to serve more students and families in the region. 3. Expand home visiting programs to increase the number of families who benefit from services. 4. Support advocacy efforts to promote enrollment-based tuition reimbursement for childcare.
Goal 4: Strong Families – Families have the skills, basic resources, and supports to promote their children’s development and learning before birth and continuing through age five and beyond.	
Objective	Connect families and caregivers, starting prenatally, with the support they need to promote their child’s optimal development.
Potential Strategies	<ol style="list-style-type: none"> 1. Identify strategies to better communicate with families about Family Resource Centers and the co-location of services in these settings. 2. Create a sustainability plan for connectors/liaisons that are currently supporting families. 3. Increase the awareness of healthcare providers about community resources. 4. Proactively advertise places to access healthy food and prenatal nutrition to all new families.

Objective	Support families in accessing the basic economic resources to support their children.
Potential Strategies	<ol style="list-style-type: none"> 1. Enhance an existing website, such as 2-1-1, to serve as a frequently updated and centralized listing of resources for Capital Area families. 2. Create an information campaign to announce/launch the new Provider Resource Navigation Guide. 3. Provide advocacy/support/input into local level housing and zoning for increasing affordable housing options. 4. Create a community of practice for navigators/ liaisons/ connectors/ CHWs to support their work with families. 5. Increase place-based navigation resources to meet families where they are at with information and services.
Objective	Increase families' capacity to partner in the development, design, and delivery of the services they provide and receive.
Potential Strategies	<ol style="list-style-type: none"> 1. Create a Family Engagement Plan to identify ways to connect with families to meaningfully include family voice in the development, design, and delivery of early childhood services. 2. Support Local Family Councils in their ability to connect with families.

Priority Area 2: Behavioral Health

Background and Need

With funding support through the NH Bureau of Drug and Alcohol Services, the Capital Area Public Health Network facilitates substance misuse prevention activities across the region. CAPHN responds to health concerns regarding the misuse of drugs and alcohol by following a strategic process, which includes the following steps: assessment, capacity building, planning, implementation, evaluation, cultural competence, and sustainability. CAPHN works with key stakeholders in the community including representatives from business, health care, public safety, education, government, and community services to identify the root causes of substance misuse and address risk factors through evidence-based prevention strategies.



In related work, CAPHN works with community partners to ensure the availability and access to a continuum of substance misuse services including health promotion, prevention, early identification and intervention, treatment, and recovery support services. The Capital Area Leadership Team (CALT), the behavioral health work group meets regularly to address needs and opportunities for system improvement in the region. A dedicated group of health care providers, prevention specialists, and recovery experts are working to prioritize evidence-based programs and practices, advance the coordination of services among partners, and promote community engagement on SUD issues. Recognizing that SUD and Mental Health issues are often co-occurring, The Capital Area Leadership Team is working to address critical issues across systems for behavioral health care by sharing information, coordinating resources, and promoting collaboration. ps.

The 2023 Community Health Needs Assessment conducted in coordination with Concord Hospital found that:

- Among CAPHN area residents responding to the community survey, the ability to get mental health services for children and youth was the 3rd most frequently selected health need and ability to get mental health services for adults was 5th (out of 29 possible choices).
- Among Greater Concord area community leaders and service providers, the ability to get mental health services for children and youth was the #1 most frequently selected urgent health need and ability to get mental health services for adults was #2.
- People living with a mental health issue were identified as a population not being adequately served by local health services by 63% of Greater Concord area community leaders and service providers (#1 underserved population). People living with a substance

use issue were identified by 43% of community leaders and service providers as not being adequately served (#5).

- Greater Concord area community leaders and service providers also selected the ability to get treatment and recovery services for alcohol and other drugs as the 3rd most urgent health need and preventing misuse and addiction to alcohol and other drugs was #4.
- About 25% of CAPHN area respondents to the community survey reported that they or someone in their household had difficulty access mental health care in the past year – more people than selected either primary care or dental care (Table 4). The top reason people reported difficulty accessing mental health care was ‘*Wait time too long*’ (reported by 58% of people with difficulty accessing the service). Among people with difficulty accessing drug or alcohol treatment services, the most commonly cited reason for difficulty was ‘*No health insurance or not enough health insurance.*’

Table 4: Top reasons people had difficulty accessing services, CAPHN

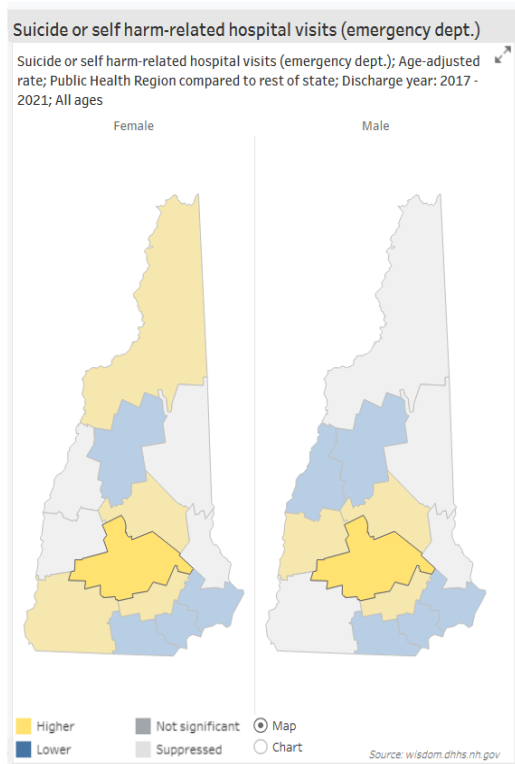
MENTAL HEALTH CARE (n=112, 25% of respondents)	DRUG / ALCOHOL TREATMENT & RECOVERY (n=12, 3% of respondents)
58% of respondents who indicated difficulty accessing Mental Health Care also selected "Wait time too long" as a reason	50% of respondents who indicated difficulty accessing Drug and Alcohol Treatment and Recovery also selected "No health insurance or not enough health insurance" as a reason
Not accepting new patients (48%)	Cost too much (42%)
Service not available (43%)	Not eligible for the service (33%)
Cost too much (29%)	Did not know where to go (17%)
Did not know where to go (26%)	Service not available (17%)
No health insurance or not enough health insurance (21%)	Wait time too long (17%)
Not open when I could go (13%)	Not accepting new patients (8%)
Not eligible for the service (10%)	Not open when I could go (0%)
Discrimination/unfair treatment (4%)	Discrimination/unfair treatment (0%)

Table 5 shows results from the NH Youth Risk Behavior Survey (YRBS) for Capital Area high school age youth. In 2023, more than half of high school age youth reported ‘never or rarely getting help they needed when feeling sad, empty, hopeless, angry or anxious’ and 7% of high school survey respondents in 2023 indicated having attempted suicide during the past 12 months.

Table 5: Feelings of Sadness, Hopelessness and Suicidal Ideation, NH YRBS, 2019-

Percent of high school students...	Capital Area			New Hampshire		
	2019	2021	2023	2019	2021	2023
...who ever felt sad or hopeless (almost every day for 2 or more weeks in a row so that they stopped doing some of their usual activities) during the past 12 months	31.8%	44%	37.8%	33.6%	44.2%	36.9%
...who never or rarely got help they need when they felt sad, empty, hopeless, angry, or anxious.	N/A	59%	52.1%	N/A	57.1%	54.3%
...who ever seriously considered attempting suicide during the past 12 months.	17.3%	25.5%	19.2%	18.5%	24.7%	21.3%
...who attempted suicide (one or more times) during the past 12 months.	6.2%	9.3%	7.2%	7%	9.8%	8.5%
...who asked for help before attempting suicide (among students who attempted suicide during the past 12 months).	N/A	N/A	37.6%	N/A	N/A	34.8%
Sources: YRBS Results for Capital Region & the State of New Hampshire, 2019, 2021, 2023						

During the five year period from 2017 to 2021, the rate of Emergency Department visits by Capital Area residents for reasons related to suicide or self-harm were significantly higher than among NH residents overall (Figure 11). The rate of Emergency Department visits for drug overdose was also significantly higher among females in the Capital Area over the same time period (Figure 12, next page).



Figures 11a (map, PHNs) and 11b (chart, age groups): Suicide or self-harm related emergency department visits; 2017 – 2021

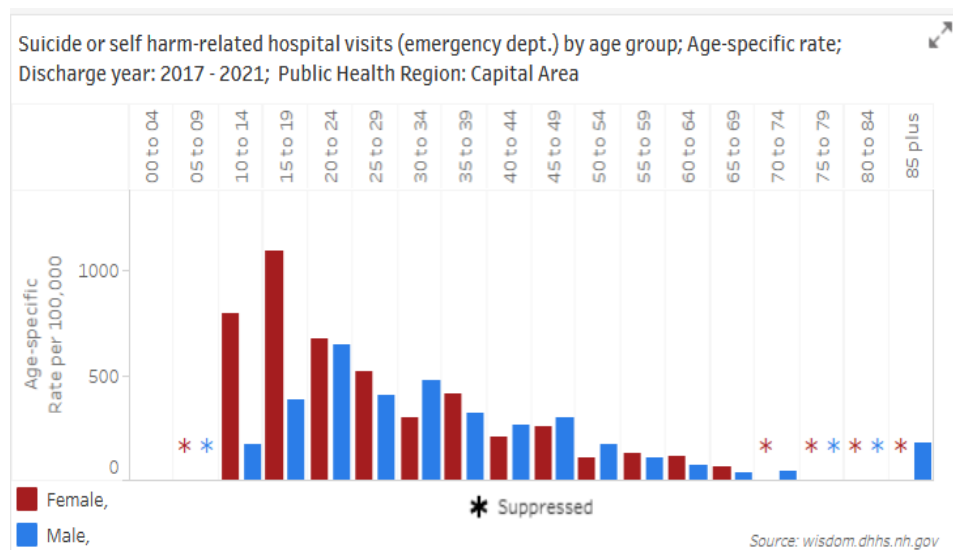
(regions highlighted in yellow have rates that are significantly higher statistically than the overall state rate)

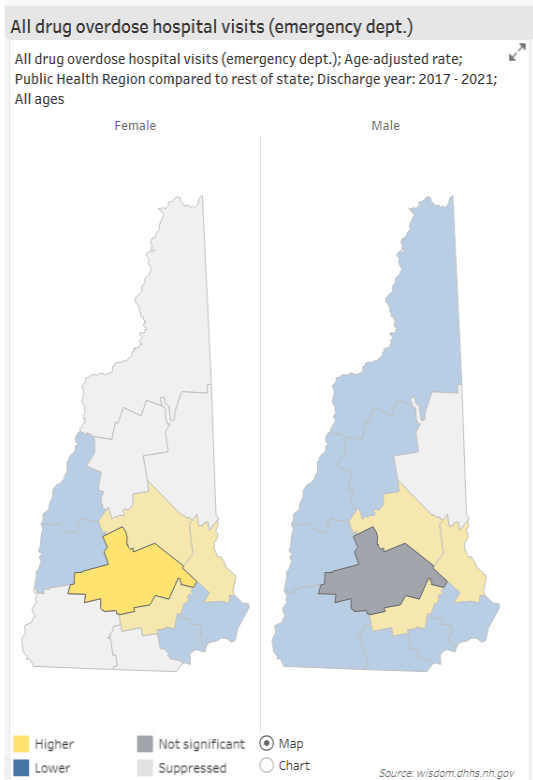
Data Source: NH DHHS Wisdom Data Portal

Rate per 100,000 population

CAPHN: female, 329; male, 241

Rest of NH: female, 231; male, 117





**Figures 12a (map, PHNs) and 12b (chart, age groups):
All drug overdose emergency department visits;
2017 – 2021**

(regions highlighted in yellow have rates that are significantly higher statistically than the overall state rate)

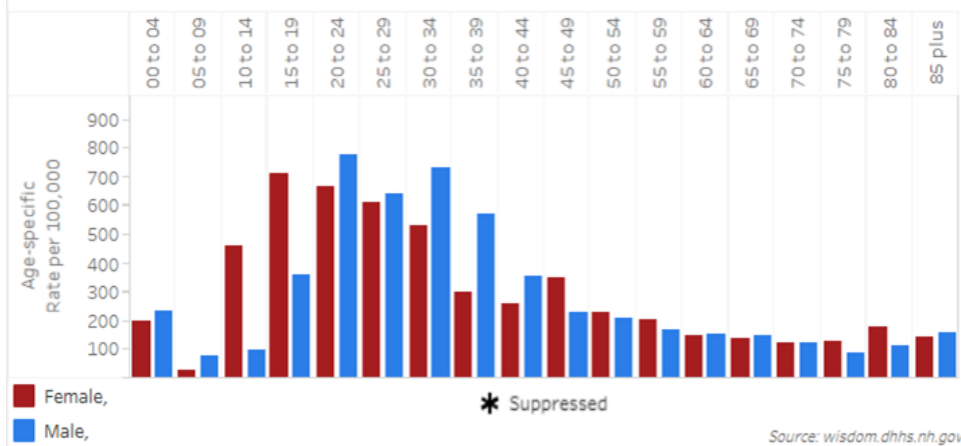
Data Source: NH DHHS Wisdom Data Portal

Rate per 100,000 population

CAPHN: female, 342; male, 336

Rest of NH: female, 307; male, 339

All drug overdose hospital visits (emergency dept.) by age group; Age-specific rate; Discharge year: 2017 - 2021; Public Health Region: Capital Area



Goals, Objectives, and Strategies

The table starting below displays selected goals, objectives and potential strategies for Behavioral Health improvement. Goals in this Priority Area are further delineated into goals for Mental Health and Suicide Prevention and goals for Substance Misuse and Overdose Prevention. The primary roles for CAPHN in this Priority Area are Education, Engagement and Advocacy with ongoing planning and implementation work coordinated through the Capital Area Leadership Team.

Capital Area Leadership Team is the behavioral health workgroup, consisting of individuals and organizations who work across the continuum of care for mental health and substance use.

Mental Health and Suicide Prevention	
Goal 1: Increase community awareness of mental health resources, build protective factors and reduce stigma associated with mental health needs.	
Objectives	<p>By 2027, an increased number of community members will have participated in community mental health awareness conversations and initiatives.</p> <p>By 2027, information and education resources for recognizing mental health concerns and navigating the mental health system will be widely available in the community.</p> <p>By 2027, decrease the percent of students who report never or rarely getting help they need when they felt sad, empty, hopeless, angry, or anxious. (2023 Capital Area YRBS, 52%)</p>
Potential Strategies	<ol style="list-style-type: none"> 1. Continue to Support and collaborate with community and school activities on mental health and suicide prevention timed with national mental health awareness days. 2. Disseminate information on risk factors and prevention resources for specific populations, including LGBTQ+ youth, veterans, and housing insecure. 3. Work with behavioral health care providers and schools to utilize resources to help educators and caregivers recognize mental health concerns and understand how to navigate the mental health system. 4. Equip trusted adults (e.g., teachers, coaches) with knowledge and tools to intervene in a mental health crisis.

	5. Partner with community organizations (e.g., YMCA, Boys and Girls Club, Parks and Recreation) to offer programs that promote mental well-being and connect families to funding opportunities for these programs.
Goal 2: Strengthen partnerships with Behavioral Health Service providers.	
Objectives	By 2025, behavioral health care provider representation in collaborative CAPHN community health improvement activities will be increased. By 2026, accomplish at least one administrative policy change that improves interagency linkage and referral for services.
Potential Strategies	<ol style="list-style-type: none"> 1. Continue to build relationships with essential community partners such as NAMI, Riverbend, The Doorway, Waypoint, and schools. 2. Promote awareness of community resources such as local NAMI support groups to help extend the capacity of clinical behavioral health providers. 3. Strengthen communication and referral relationships with local human service agencies to assist families struggling with basic needs like food, housing, and transportation. 4. Facilitate or participate in regional and state initiatives to improve interagency service coordination through enhanced policies and procedures for safe information release and referral tracking.
Goal 3: : Engage in advocacy efforts to expand capacity of Behavioral Health Care services in the Capital Region.	
Objectives	Host or co-host at least one community event annually to provide information and education on current law and policy issues impacting behavioral health service capacity. By 2026, identify and advocate for at least one law or governmental policy change that will lead to improved capacity for behavioral health care services.
Potential Strategies	<ol style="list-style-type: none"> 1. Participate in advocacy efforts to increase behavioral health care provider capacity including improved reimbursement rates, reduced barriers to Medicaid enrollment, and professional education loan repayment. 2. Host or co-host network information and education events on current law and policy issues in collaboration with organizations such as New Futures, New Hampshire Legal Assistance, and regional policymakers.

Substance Misuse and Overdose Prevention	
Goal 1: Increase compassionate, evidence-based substance use and overdose response education.	
Objectives	<p>By 2027, Work with partners to facilitate distribution and/or implementation of evidence-based substance use education</p> <p>Work with network partners to host or co-host at least four community events annually to provide overdose response education and training.</p>
Potential Strategies	<ol style="list-style-type: none"> 1. Partner with school leaders to encourage implementation of compassionate, evidence-based substance use education curricula for youth and families. 2. Host trainings for community partners and support community education events. 3. Share evidence-based information via social media channels. 4. Support or coordinate community training events and public information activities to expand overdose response education in the region, dispel common myths about Naloxone, and provide clear, accessible information on Naloxone use during an overdose.
Goal 2: Promote a stigma-free, affirming environment for treatment and recovery.	
Objective	Complete at least two activities with network partners annually for strengthening community relationships and increasing awareness of affirming treatment and recovery resources.
Potential Strategies	<ol style="list-style-type: none"> 1. Highlight lived experience to foster understanding and reduce stigma around substance use. 2. Strengthen relationships between the community, treatment and recovery resources through public information and engagement activities. 3. Promote programs for outreach and connection to care that are staffed by people with lived experience and trusted community relationships. 4. Promote recovery spaces that affirm and include diverse populations, such as queer recovery programs.

Goal 3: Advocate for laws, policies and regulations that increase access and reduce barriers to substance use treatment and recovery services.

Objective	By 2026, identify and advocate for at least one law or governmental policy change that will lead to increased access and reduced barriers to substance use treatment and recovery services.
Potential Strategies	<ol style="list-style-type: none">1. Host network information and education events on current law and policy issues in collaboration with regional policymakers and organizations such as New Futures and New Hampshire Legal Assistance.2. Engage in advocacy strategies such as community education, remote sign-in, written and in-person testimony on proposed legislation and policy issues related to SUD treatment and recovery services.

Priority Area 3: Healthy Aging

Background and Need

As is the case across New Hampshire overall, the population of older people in the CAPHN service area is growing and projected to continue growing for the next several decades. From 2012 to 2022, the estimated number of residents age 55 or older in the CAPHN region increased by about 11,700 people while the population under 55 years of age decreased by about 5,700 people.

Currently, approximately 18% of the service area population is age 65 years or older, similar to the statewide percentage of 19%. However, there is a substantial range on this statistic within the region. For example, about 12% of the residents in Allenstown and Pembroke are age 65 or older, while about 28% of Andover residents and 29% of Washington residents are 65 years of age or more. In general, this pattern mirrors a statewide trend where rural communities in particular are trending toward relatively higher proportions of older residents.

The 2023 Community Health Needs Assessment conducted in coordination with Concord Hospital included a series of community discussion groups. Healthy Aging concerns that were highlighted in those discussion groups included:

- Concerns for social isolation of an aging population and related needs for transportation support to avoid social isolation,

Old-age dependency ratio = (Population aged 65 years and over / Population aged 20 to 64 years) * 100

A higher number indicates more people who are 65 years and over as a proportion of the population considered 'working age'.



Figure 13: Percent of resident population 65 years of age and older, CAPHN region

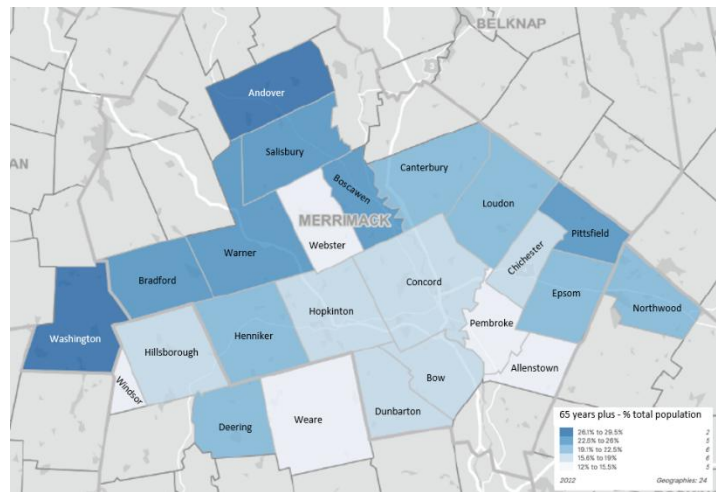
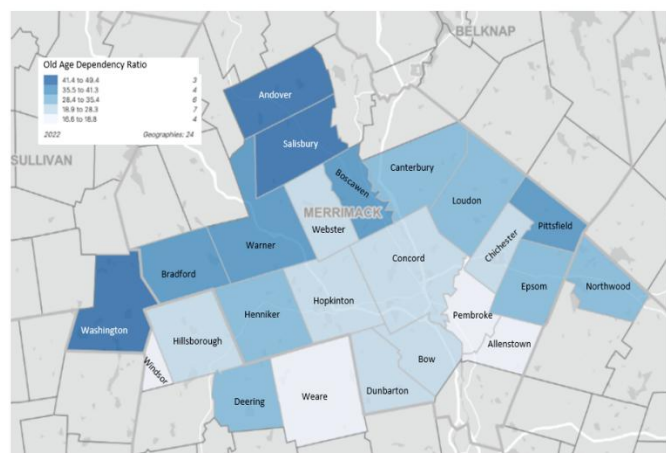


Figure 14: Old age dependency ratio, CAPHN region



especially in rural communities;

- Availability and cost of services and supports for aging in place including perceptions of in home caregiver services being unavailable, costly or unreliable;
- Challenges of navigating the health care system including adapting to digital patient portals; perceptions of less personal systems of care, less attention to customer service
- Physical building designs not sufficiently handicap / wheelchair accessible; and
- Concerns of specialized care (e.g., memory care / Alzheimer’s) not being accessible and too expensive.

One health concern that can disproportionately affect older adults is injury from falls. Nearly one third of adults aged 65 years or older report falling at least once over the past 12 months (CAPHN Region = 28%; 2020 NH Behavioral Risk Factor Survey) and about 40% of falls among older adults result in a need for medical treatment or restricted activity. Many conditions contributing to falls can be prevented such as addressing home hazards, balance and strength training exercise, vision correction and appropriate medication management. As displayed by the map, over the 5 year time period from 2017 to 2021, the rate of Emergency Department visits by older adults for fall-related causes was significantly higher in the CAPHN region compared to the rest of NH.

Table 6 on the next page displays results from the community survey for CAPHN respondents to a question about programs or services they would use if more available in the community. The top selection among respondents Age 75 years or older was *Balance classes / programs to prevent falls*.

Figure 15: Rate of Emergency Department Visits related to falls, age 65+ rate per 100,000 people

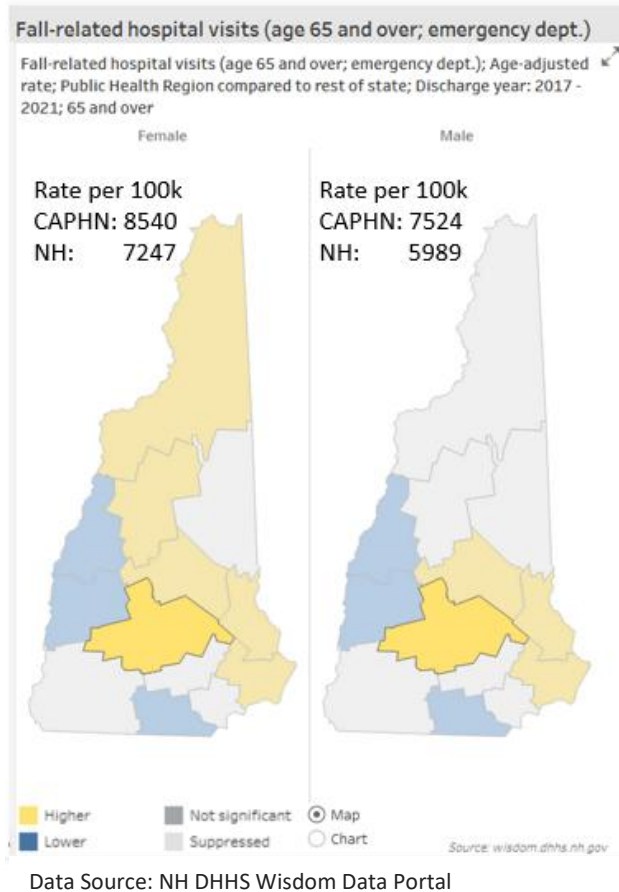


Table 6: Top services or resources people would use if more available, by Age Group, CAPHN region survey respondents

All Respondents (n=454)		Age 65-74 (n=120)		Age 75+ (n=57)	
Recreation and fitness programs	38%	Recreation and fitness programs	33%	Balance classes / programs to prevent falls	40%
Nutrition and cooking programs	29%	Balance classes / programs to prevent falls	33%	Recreation and fitness programs	39%
Biking and walking paths	29%	Programs that address body weight	28%	Public transportation	32%
Mental health services	28%	Nutrition and cooking programs	27%	Programs that address body weight	19%
Programs that address body weight	26%	Biking and walking paths	27%	Nutrition and cooking programs	18%
Public transportation	24%	Public transportation	23%	Biking and walking paths	18%
Stress reduction classes	22%	Mental health services	21%	Dental services	16%
Balance classes / programs to prevent falls	20%	Stress reduction classes	17%	Home safety assessment	16%
Dental services	16%	Dental services	15%	Adult daycare	12%

Goals, Objectives, and Strategies

The table beginning below displays selected goals, objectives and potential strategies for supporting Healthy Aging. This aspect of the CHIP has been developed by a Healthy Aging workgroup convened by CAPHN for mutual support and coordination of activities including representatives from:

- Community Action Program Belknap-Merrimack Counties
- Concord Hospital
- Granite VNA
- University of New Hampshire-Cooperative Extension

The Capital Area Healthy Aging Coalition is the regional workgroup dedicated to supporting older adults to stay healthy, active, and connected in our communities.

The overarching purpose of the Healthy Aging Workgroup is to **support older adults to stay healthy, active and connected in our communities.**

Healthy Aging	
Goal 1: Increase collaboration and communication among organizations providing services and supports for healthy aging in the Capital Region.	
Objective	By December 2025, achieve increased multi-agency, multi-sector representation and participation in activities of the CAPHN Healthy Aging workgroup.
Potential Strategies	<ol style="list-style-type: none"> 3. Conduct an environmental scan to identify organizations that consider supporting healthy aging as part of their work. 4. Conduct asset mapping to identify regional resources and gaps in access to services and supports for healthy aging. 5. Build capacity of the CAPHN Healthy Aging workgroup as a forum for facilitating inter-organizational connections and problem solving.

Goal 2: Improve participation in local programs and services for chronic disease prevention and management.	
Objective	By December 2026, referrals by health care workers to chronic disease prevention and management programs will increase and the completion rate for Medicare Annual Wellness Visits will improve.
Potential Strategies	<ol style="list-style-type: none"> 1. Promote greater awareness among health care workers and the general population of available educational programs to support chronic disease management. 2. Assess current workforce capacity, such as Community Health Workers and Patient Care Navigators, and availability of other regional resources to support older adults with navigation of health care and social service systems. 3. Participate in state or regional activities for development of a shared database of community resources, such as Unite Us, to support information and referral activities. 4. Improve referral connections and completions by implementing an interagency closed loop referral system. 5. Support clinical practices to increase the number of Medicare beneficiaries with Annual Wellness Visits by sharing information on evidence-based strategies and protocols for patient messaging and appointment scheduling. 6. Partner with community-based services such as Meals on Wheels and ServiceLink/ADRC to distribute information to Medicare beneficiaries on the importance of following through with Annual Wellness Visits.
Goal 3: Prevent injury, disability, and death caused by older adult falls.	
Objective	By December 2027, decrease by 10% the rate of emergency department visits and inpatient hospitalizations resulting from older adult falls.
Potential Strategies	<ol style="list-style-type: none"> 1. Increase awareness of older adult falls risk through social media and other information and education methods. 2. Recruit and train volunteers to provide falls risk screening, home safety assessment and balance coaching. 3. Increase awareness of and referrals to existing falls prevention programs in the region 4. Identify and partner with local Fire and Emergency Medical Services with a shared interest in addressing falls prevention for improved information sharing, community outreach and education.

Goal 4: Increase regional capacity to provide services and supports for family caregivers.	
Objective	By December 2026, more financial and volunteer resources will be available to support family caregivers and more family caregivers will be participating in services.
Potential Strategies	<ol style="list-style-type: none"> 1. Increase awareness of existing caregiver resources in the region such as support groups, memory cafes, and RSVP. 2. Collaborate with Merrimack ServiceLink/Aging and Disability Resource Center to increase awareness of and participation in the Veteran Directed Care (VDC) Program. 3. Support efforts to recruit and train volunteer senior companions. 4. Support advocacy efforts to increase funding for respite services and supports. 5. Support initiatives to promote caregiver friendly workplaces. 6. Engage community partners such as Ascentria and Overcomers to increase understanding of how cultural diversity may impact access to services and supports for family caregivers in the region. 7. Monitor broader state-level initiatives for alignment with regional strategies and potential opportunities for additional local resources.
Goal 5: Reduce social isolation by promoting opportunities for social engagement.	
Objective	By December 2027, increase awareness of and participation in local activities and programs involving older adults.
Potential Strategies	<ol style="list-style-type: none"> 1. Offer consultation with communities in the region that are more rural or with higher proportions of older residents on community-based strategies for supporting healthy aging. 2. Work with municipalities to increase awareness of and participation in existing local programs such as programs sponsored by parks and recreation departments, libraries and senior centers. 3. Promote awareness and use of <i>WellnessLink</i> for connecting older adults, families and caregivers to social, health and wellness group activities in the Capital Area.

Priority Area 4: Public Health Emergency Preparedness

Background and Need

The [2023 National Household Survey on Disaster Preparedness](#) conducted by the Federal Emergency Management Agency (FEMA) found that just 51% of adults believe they are prepared for an emergency. As one of the state's 13 Public Health Networks, the CAPHN provides leadership and coordination to improve the readiness of regional partners to mount an effective response to public health emergencies and threats. This work is framed by the Center for Disease Control [Public Health Emergency Preparedness and Response Capabilities](#) and includes maintenance of regional plans and other resources for response to and recovery from public health emergencies that may impact communities in our region.

As part of this work, the CAPHN works with local Emergency Management Directors to strengthen and develop regional sheltering plans responsive to the needs of our communities during emergency events. In coordination with state and local partners, CAPHN maintains a training and exercise program to ensure adequate preparedness, response and recovery capabilities in the region.

The CAPHN also sponsors a Medical Reserve Corps (MRC) and Community Emergency Response Team (CERT) in the region. These are local groups of volunteers committed to improving the public health, emergency response, and resiliency of their communities. CAPHN works on an ongoing basis to recruit, train, and maintain volunteers to support these efforts.

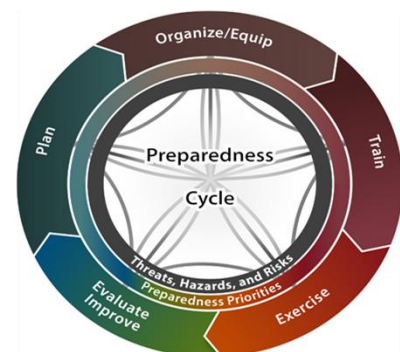


Figure 17: Activities span the Preparedness Cycle including planning, organizing, equipping, training, and exercising.

Goals, Objectives, and Strategies

The Capitol Area Public Health Network convened regional partners in May 2024 for an Integrated Preparedness Planning Workshop. As part of the workshop, the regional partners discussed preparedness priority factors, including historical knowledge, real-world experience, and shared organizational needs and requirements. Priority areas identified for focused planning and exercise efforts over the next three years are:

- Family Emergency Preparedness
- Operational Readiness Review
- Family Reunification

Medical Reserve Corps and Community Emergency Response Team are teams of regional volunteers who support emergency preparedness efforts and can be activated during public health emergencies for a coordinated regional response.

Public Health Emergency Preparedness	
Goal 1: Family Emergency Preparedness – Capital Area families will have the information they need to be prepared for emergencies and disasters.	
Objective	Increase the proportion of Capital Area families who have a family emergency preparedness plan.
Strategies and Activities	<ol style="list-style-type: none"> 1. Participate in workgroups facilitated by the NH Bureau of Emergency Planning, Response and Recovery focused on family and community preparedness. 2. Finalize strategies and plans for implementation and evaluation of family emergency preparedness activities. 3. Identify population(s) of focus and conduct outreach/training to organizations and community leaders serving population(s) of focus. 4. Participate NH Homeland Security and Emergency Management (HSEM) messaging efforts during National Preparedness Month with a focus on amplifying messaging within the region. 5. Support HSEM’s efforts working with schools to promote family preparedness through education and training 6. Seek regional funding sources (e.g., grants, partnerships with retailers) to provide preparedness kits/supplies and incentivize preparedness.

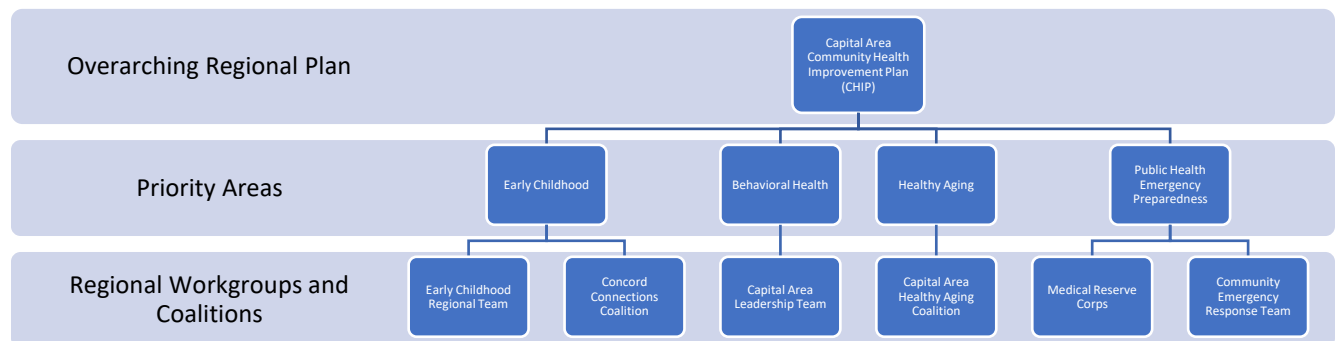
Goal 2: Ensure regional public health emergency preparedness, response, and recovery capabilities are sufficient and effective to handle potential threats, hazards, and risks facing the Capital Area.	
Objective	Complete the CDC Operational Readiness Review bi-annually to evaluate Capital Area plans and operational functions for public health emergencies.
Strategies and Activities	<ol style="list-style-type: none"> 1. Participate in the Operational Readiness (ORR) review conducted by CDC/DPHS b-annually. 2. Revise plans based on updated ORR guidance from CDC and DPHS 3. Update/expand planning and agreements for Closed Points of Dispensing of medical countermeasures. 4. Plan, implement and evaluation drills for Site Activation, Facility Setup and Drill and Staff Notification and Assembly. 5. Participate in state-led exercises ramping up to functional exercises anticipated for state fiscal year 2028.
Goal 3: Family Reunification – Support municipal leaders and other stakeholders to develop effective and efficient plans for providing information, support services and safe reunification assistance to family members who have experienced public health emergencies or disasters.	
Objective	By December 2027, Family Reunification Centers will be identified across the region with associated trainings and exercises conducted for evaluation and improvement of local or regional family reunification plans.
Strategies and Activities	<ol style="list-style-type: none"> 1. Identify locations for Family Reunification and create necessary Memorandums of Understanding 2. Identify and partner with local EMDs or other such leadership responsible for carrying out Family Reunification Centers. 3. Provide relevant training to regional partners that are in-line with NHDHHS Family Reunification recommendations. 4. Plan and conduct exercises to evaluate plans for activation, safety, communication and record keeping procedures. 5. Work with regional partners to obtain and store supplies and equipment as needed.

Summary

The 2025-2027 Capital Area Community Health Improvement Plan represents broad input and efforts across our community to plan an approach for addressing four important health priority areas. The goals and strategies have been developed to be achievable and to have meaningful impact.

The success of this plan will be found in maintaining the collective efforts and relationships that went into its development. This collective effort has helped to develop shared understanding of key health issues and opportunities for aligning strategies and actions across health and human service agencies in the region.

The Capital Area Public Health Advisory Council can serve as the convening point for monitoring and communicating progress on the CHIP goals and objectives. In each of the priority areas, there are existing workgroups for coordinating strategies and activities and for facilitating broader community engagement. The CHIP is intended to be a living document that can be updated to meet the evolving needs of the region and ensure that our collective efforts continue to be collaborative and coordinated. We encourage you to join us in this vital work for our families, communities and region.



Placeholder for new graphic with overall updated structure / design for CHIP activities

Appendix A

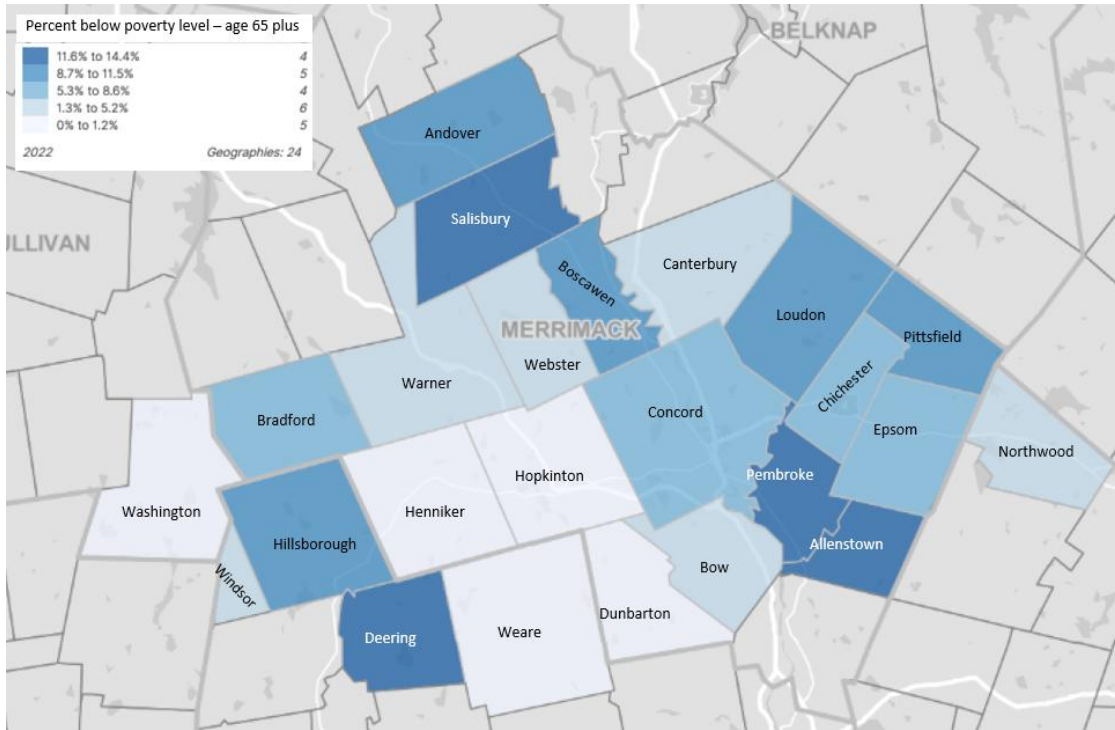
Additional Demographic and Health Indicators Related to Healthy Aging

Service Area Population by Municipality

Municipality (in alphabetical order)	2022 Population	% of total CAPHN regional population	% Under 18 years of age	% 65 years of age and older
Allenstown	4,697	3%	21%	12%
Andover	2,151	2%	16%	28%
Boscawen	3,992	3%	19%	24%
Bow	8,235	6%	25%	16%
Bradford	1,565	1%	22%	23%
Canterbury	2,316	2%	16%	21%
Chichester	2,691	2%	20%	16%
Concord	44,049	32%	18%	18%
Deering	1,792	1%	16%	21%
Dunbarton	3,000	2%	24%	17%
Epsom	4,846	4%	21%	20%
Henniker	6,094	4%	17%	20%
Hillsborough	5,960	4%	19%	18%
Hopkinton	5,925	4%	18%	17%
Loudon	5,608	4%	14%	22%
Northwood	4,632	3%	16%	21%
Pembroke	7,299	5%	23%	12%
Pittsfield	4,093	3%	17%	23%
Salisbury	1,594	1%	20%	25%
Warner	2,920	2%	17%	23%
Washington	1,042	1%	11%	29%
Weare	9,108	7%	21%	12%
Webster	2,120	2%	22%	15%
Windsor	184	<1%	8%	13%
Total Service Area	135,913	100%	19%	18%
New Hampshire	1,379,610	---	19%	19%

U.S. Census Bureau, American Community Survey, 2018-2022

Population age 65 years and over with low income, CAPHN region



U.S. Census Bureau, American Community Survey, 2018-2022

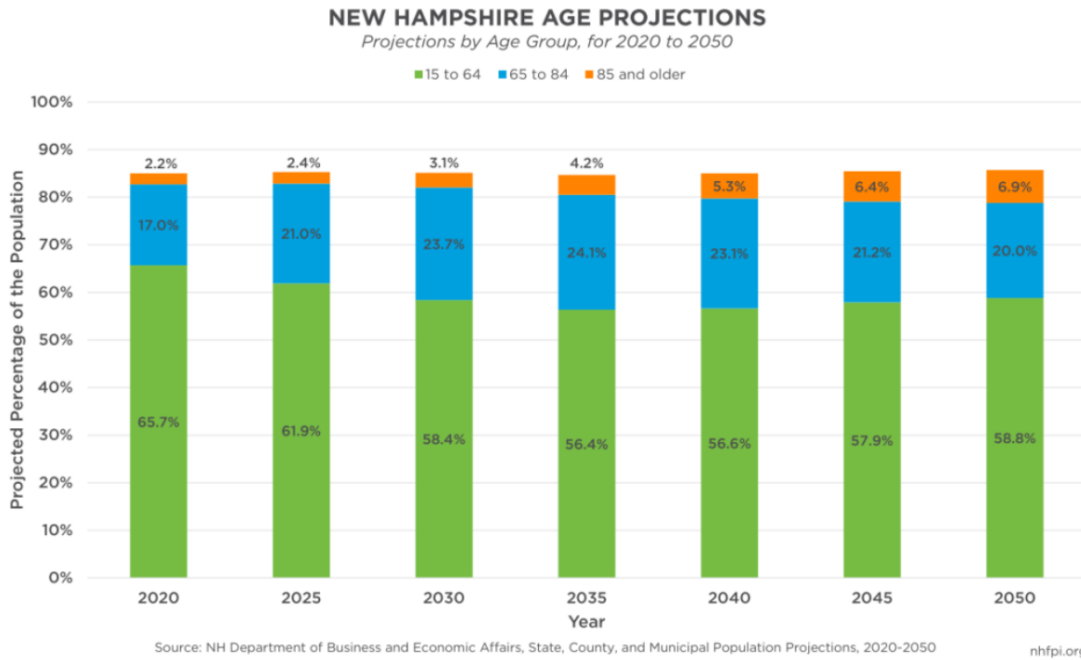
% age 65 plus with income below federal poverty level:

- CAPHN region = 6.5%
- State of NH = 7.0%

% of households with at least one person in household 60 years or over and receiving Food Stamps/SNAP in the past 12 months:

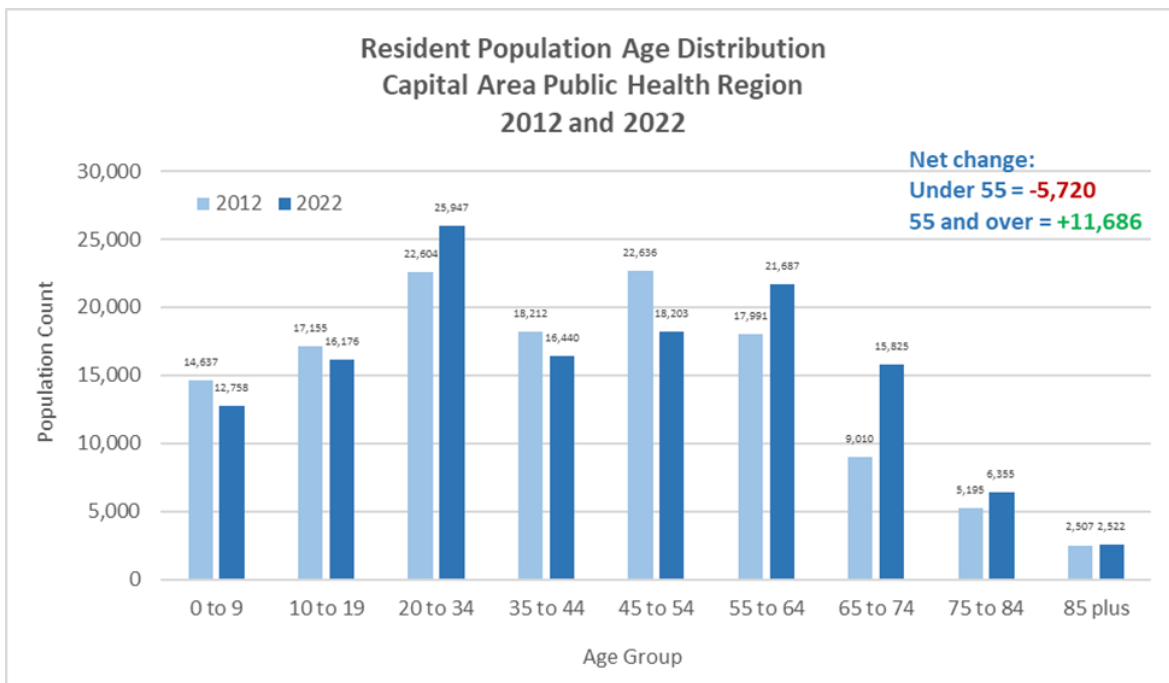
- CAPHN region = 7.0%
- State of NH = 5.0%

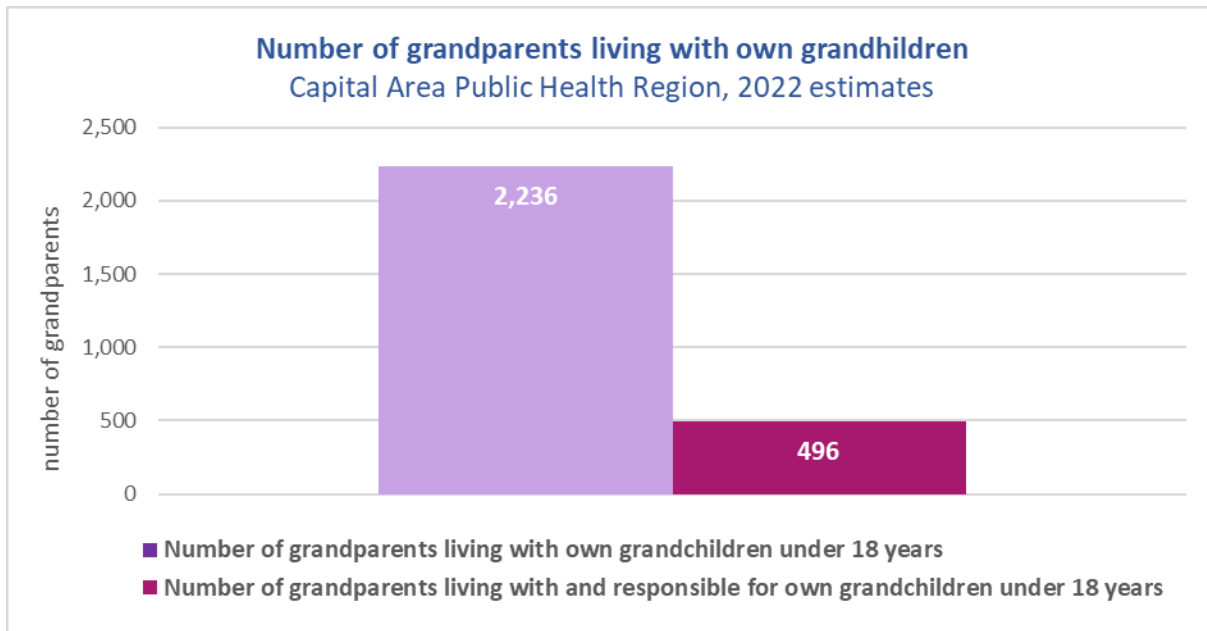
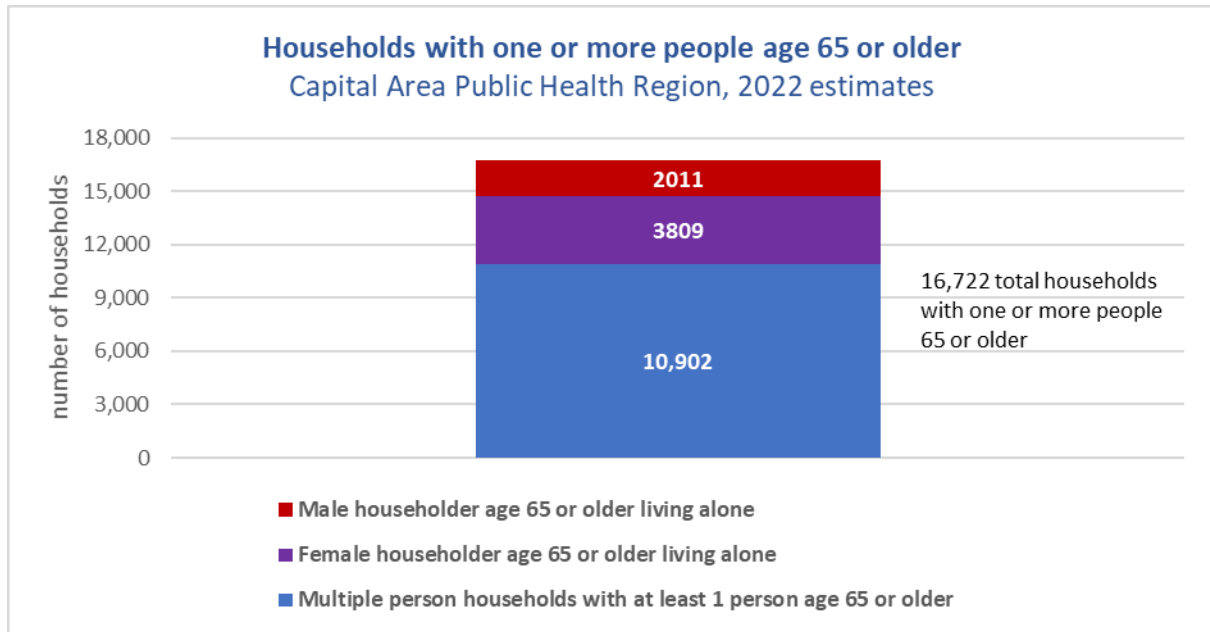
Statewide Age Projections, 2020 to 2050



Source: NH Fiscal Policy Institute at <https://nhfpi.org/resource/new-hampshires-growing-population-and-changing-demographics-before-and-since-the-covid-19-pandemic/>

Change in resident population totals by age group, 2012 to 2022, CAPHN Region





U.S. Census Bureau, American Community Survey, 2018-2022, 5 year estimate

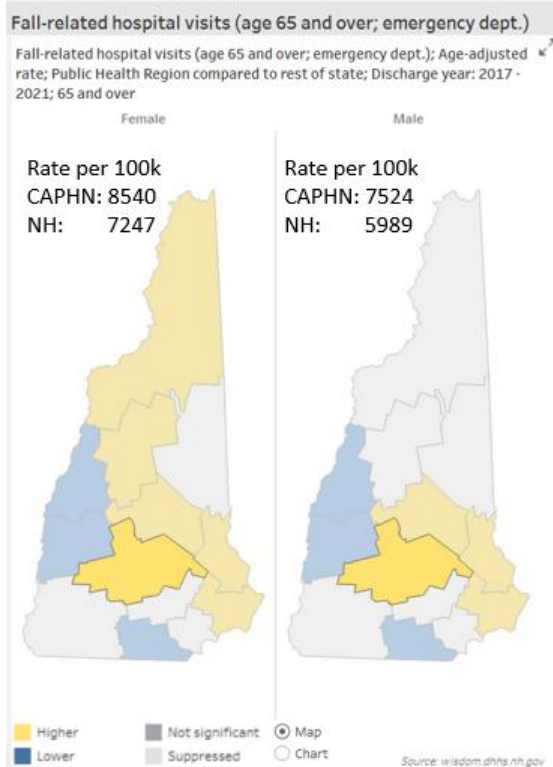
Percent of Total Noninstitutionalized Population with a Disability		
Age Group (in years)	CAPHN Region	New Hampshire
Percent Disabled <18	5%	5%
Percent Disabled 18-64	12%	10%
Percent Disabled 65+	29%	29%
All Ages	14%	13%

U.S. Census Bureau, American Community Survey, 2018-2022, 5 year estimate

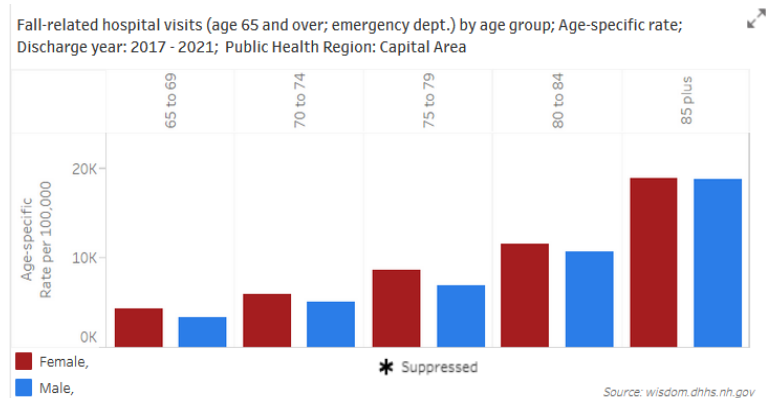
Disability is defined by the Census Bureau as one or more of the following: Hearing difficulty; Vision difficulty; Cognitive difficulty; Ambulatory difficulty; Self-care difficulty; or Independent living difficulty

Percent

Older Adult Falls



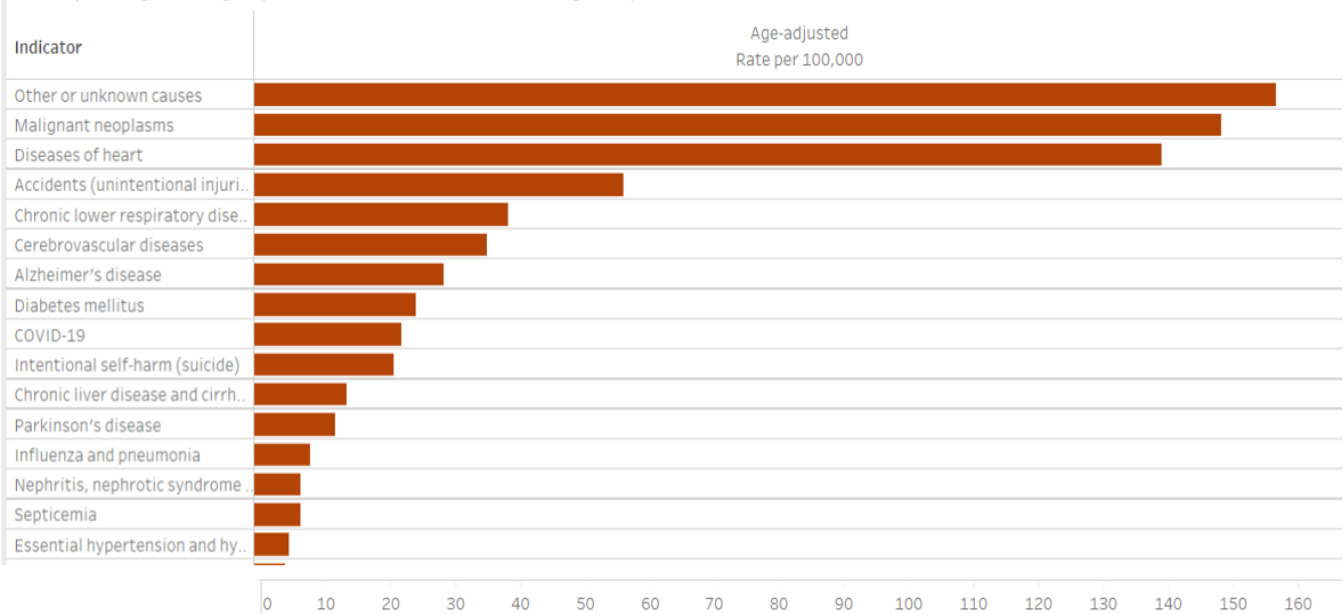
About 28% of adults 65+ had experienced a fall in the past year – 29% of males, 27% of females
(CAPHN Region; 2020 NH Behavioral Risk Factor Survey)



Data Source: NH DHHS Wisdom Data Portal

Leading Causes of Death, CAPHN region

Mortality: Leading causes; Age-adjusted rate; 2018 - 2022; Public Health Region: Capital Area



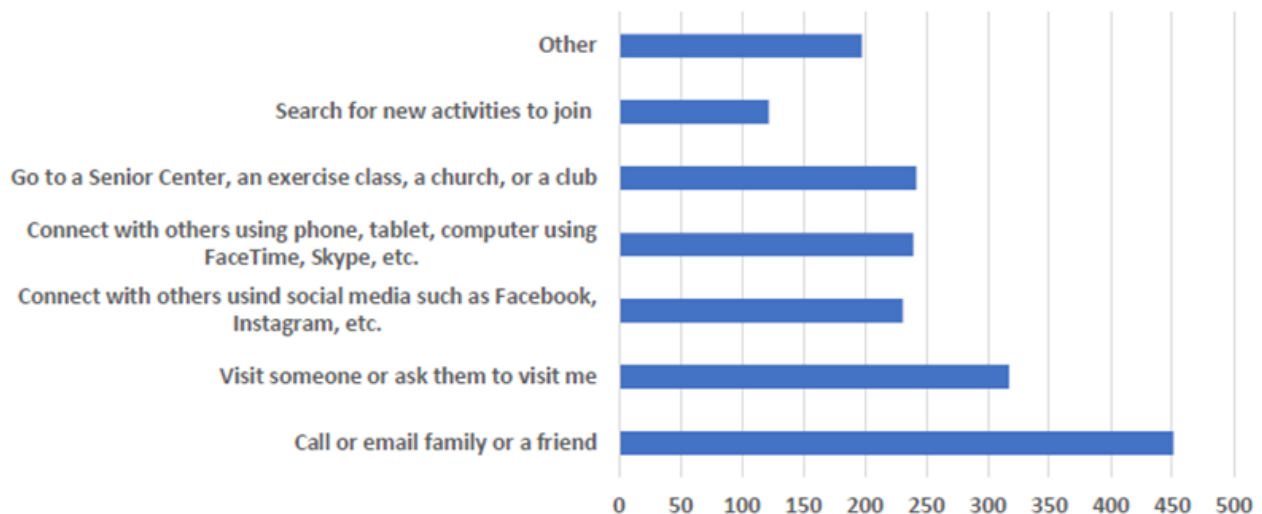
Data Source: NH DHHS Wisdom Data Portal

Social Isolation Among Older Adults in Community Settings in New Hampshire

872 survey respondents ages 60+; 25% from Merrimack County

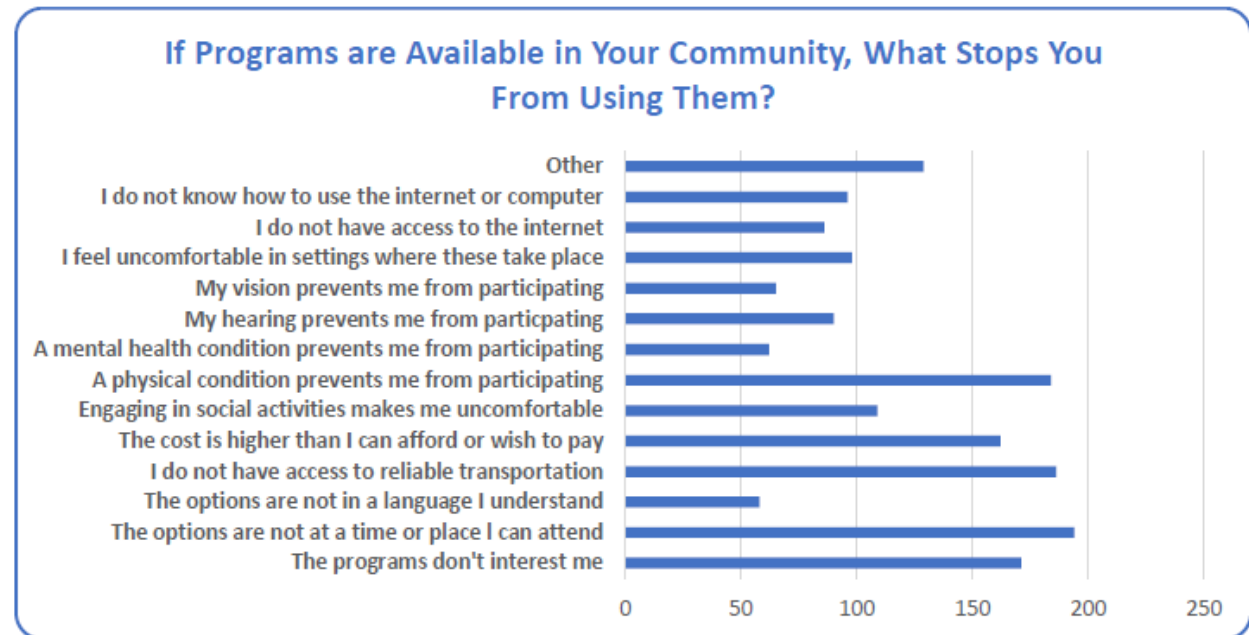
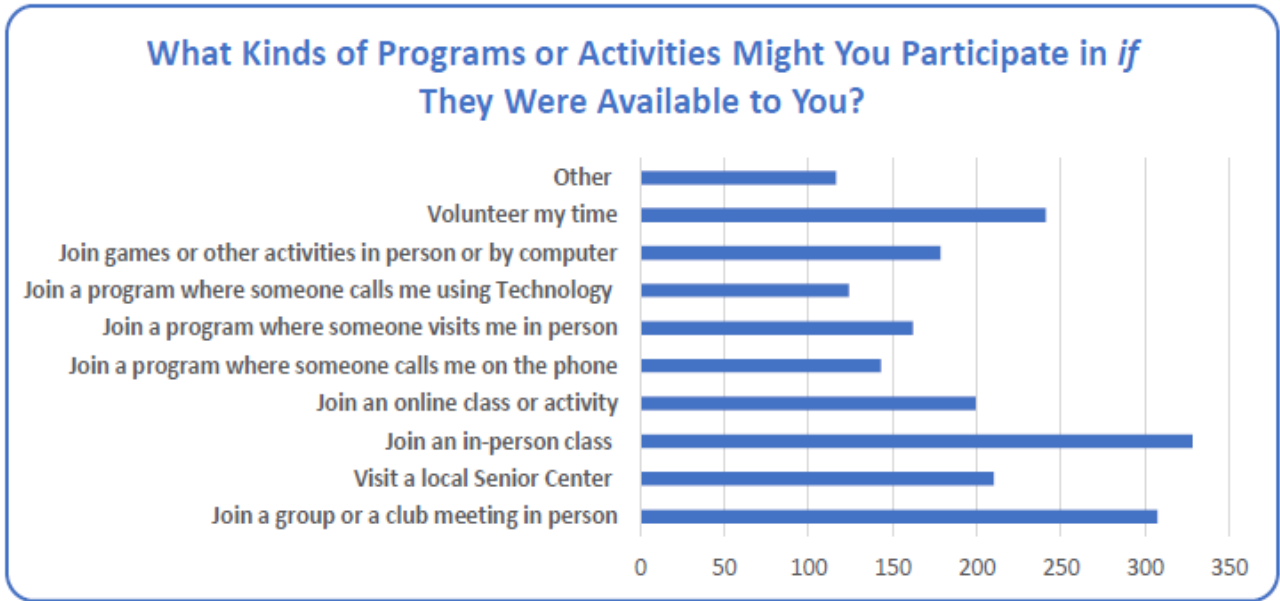
The survey asked how frequently respondents felt lonely:
18% felt lonely 'often'; 37% 'sometimes'; 32% 'rarely'; 14% 'never'

What Do You Do Now To Ease Loneliness?



Social Isolation Among Older Adults in Community Settings in New Hampshire (continued)

Those identifying as men were almost twice as likely as those identifying as women to respond that they were lonely often (25% compared to 13%).



Source: Social Isolation Among Older Adults in Community Settings in New Hampshire, July 2023, Partnership for Public Health and CHI/JSI

**Priority Community Health Concerns,
by Age Group, CAPHN region survey respondents**

All Respondents (n=454)		Age 65-74 (n=120)		Age 75+ (n=57)	
Cost of health care services	49%	Cost of health care services	48%	Cost of health care services	49%
Cost of prescription drugs	41%	Cost of prescription drugs	46%	Able to get primary care services	47%
Able to get mental health services for children and youth	40%	Able to get primary care services	38%	Prevent and treat on-going conditions such as diabetes or heart disease	37%
Cost of health insurance	39%	Cost of health insurance	37%	Cost of prescription drugs	37%
Able to get mental health services for adults	39%	Able to get mental health services for adults	35%	Prevent child abuse or neglect	35%
Prevent child abuse or neglect	38%	Prevent misuse and addiction to alcohol and other drugs	34%	Cost of health insurance	35%
Able to get primary care services	36%	Prevent child abuse or neglect	33%	Prevent misuse and addiction to alcohol and other drugs	30%

Source: Concord Hospital System Community Health Needs Assessment Survey, 2023

Ps

Most Frequent Service Types with Access Difficulties
All Ages, Older Age Groups, CAPHN region

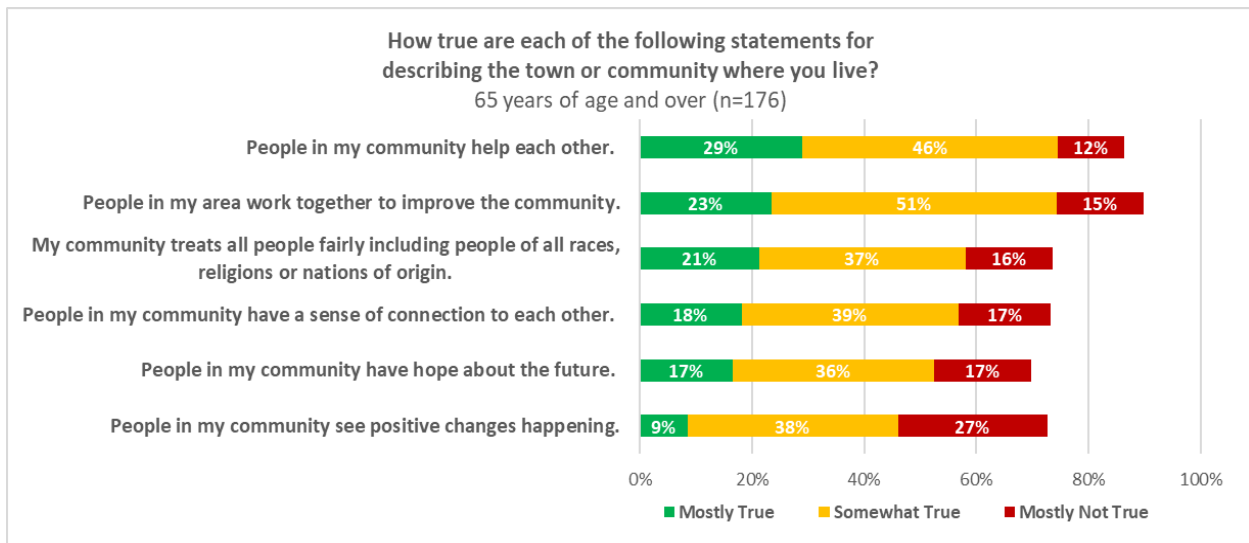
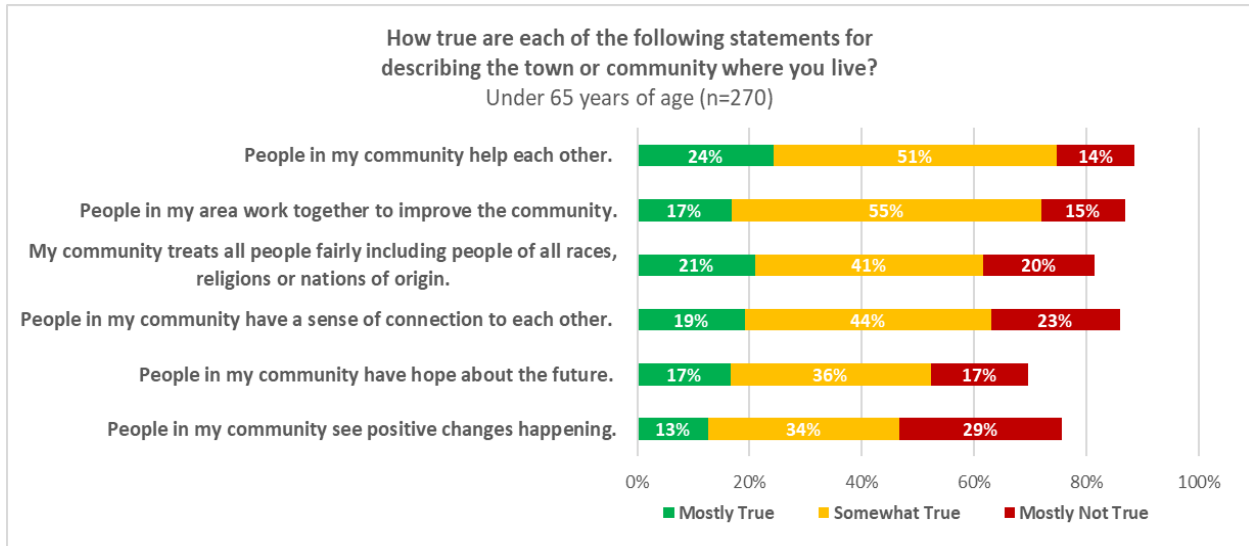
All Respondents (n=454)		Age 65-74 (n=120)		Age 75+ (n=57)	
Mental health care	25%	Specialty care (like heart, cancer, or surgery)	18%	Dental care for adults	21%
Dental care for adults	24%	Primary health care	18%	Specialty care (like heart, cancer, or surgery)	16%
Primary health care	23%	Dental care for adults	18%	Help with housing costs or repairs	16%
Specialty care (like heart, cancer, or surgery)	20%	Mental health care	17%	Help with rides to services	16%
Help paying bills	15%	Help paying bills	10%	Primary health care	14%
Help with housing costs or repairs	14%	Help with housing costs or repairs	8%	Long-term care (assisted living or nursing home care)	14%
Emergency dental care	10%	In-home support services	6%	In-home support services	12%

Source: Concord Hospital System Community Health Needs Assessment Survey, 2023

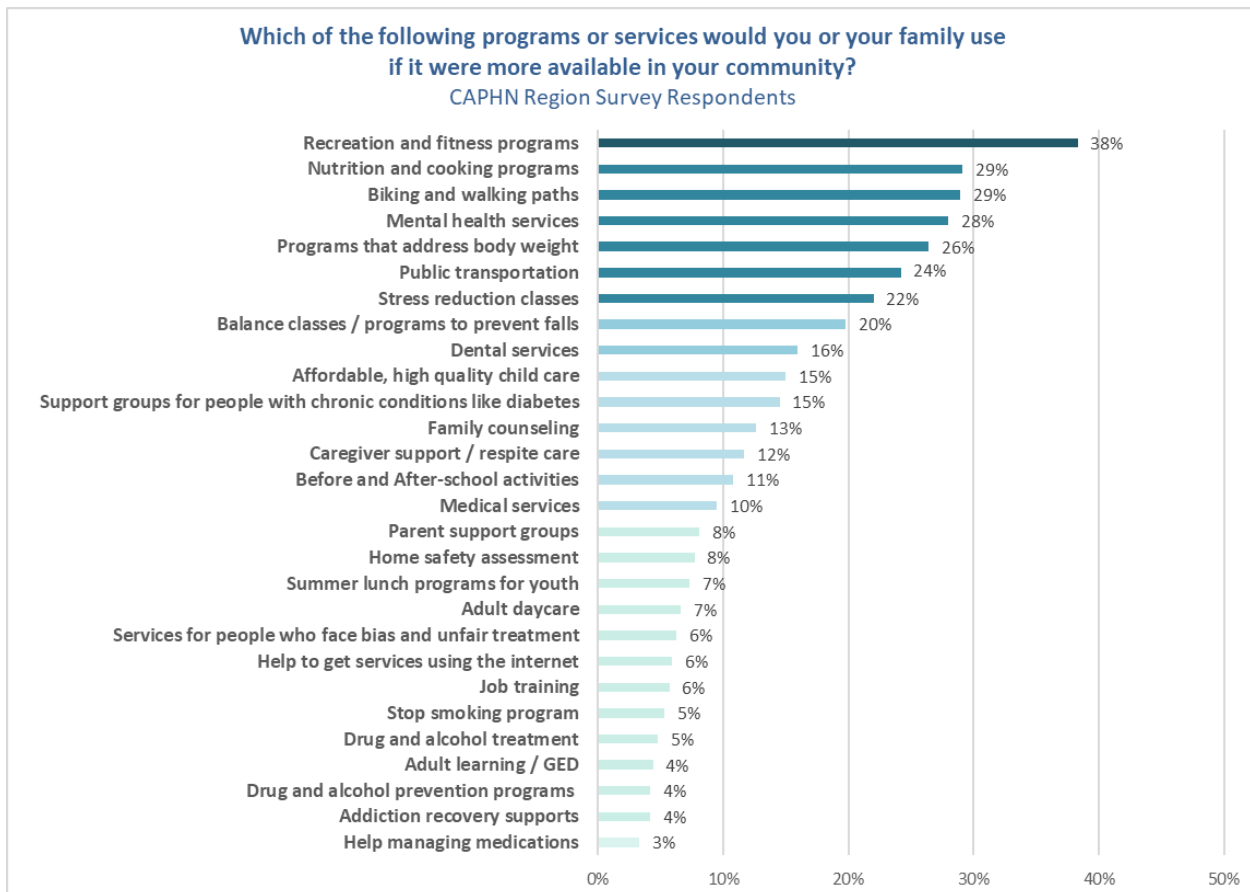
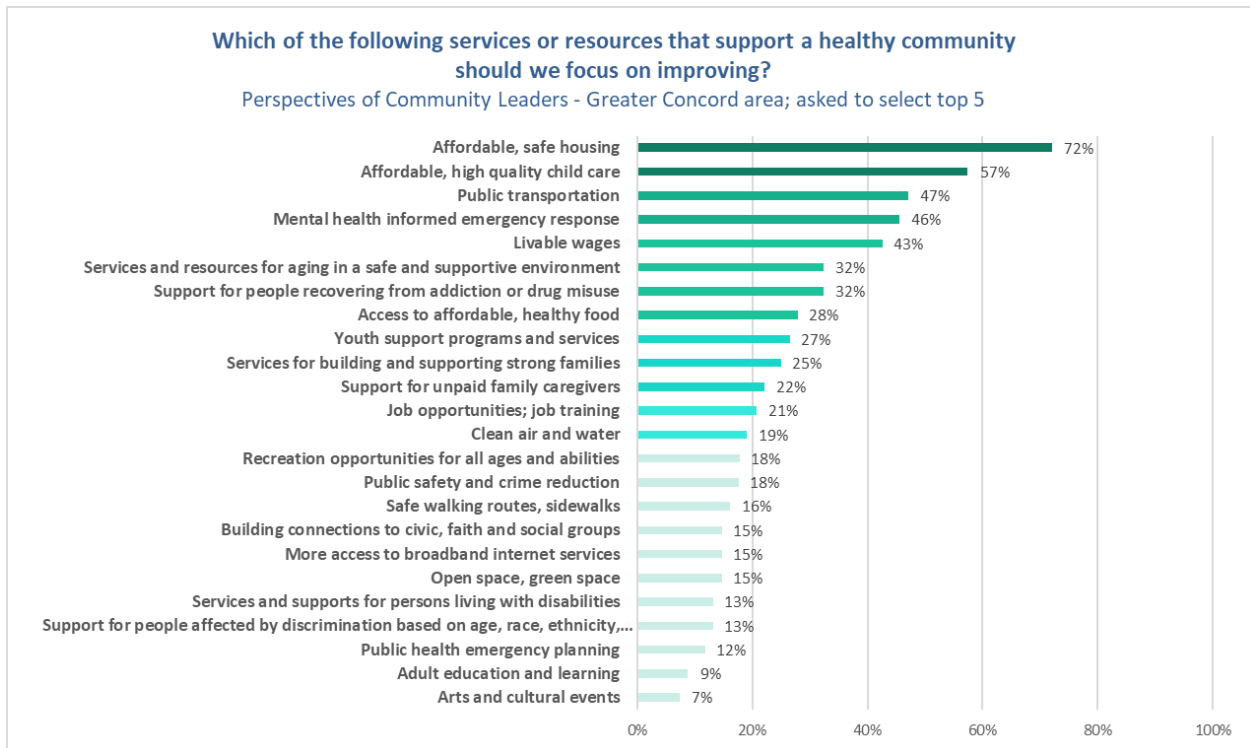
Most common reasons cited for access difficulties across all service types were:
 ‘Wait time too long’, ‘Not accepting new patients’, ‘Service not available’, ‘Cost too much’,
 No insurance or not enough insurance’.

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Perceptions of Characteristics Related to Community Resilience, CAPHN Region survey respondents, Under Age 65 and Age 65+



Source: Concord Hospital System Community Health Needs Assessment Survey, 2023
Totals do not equal 100%. Response choice of "Don't Know" not displayed.



Source: Concord Hospital System Community Health Needs Assessment Survey, 2023

Appendix B

Additional Health Indicators Related to Behavioral Health

Mental Health: Providers and Prevalence

Ratio of Population to Mental Health Providers

Geographic Region	2023 CHNA	2024 Updates
Merrimack County	190:1	200:1
New Hampshire	280:1	260:1
Sources: 2021-2022 Area Health Resource Files from County Health Rankings; 2024 Annual Data Release from County Health Rankings (2023 data)		

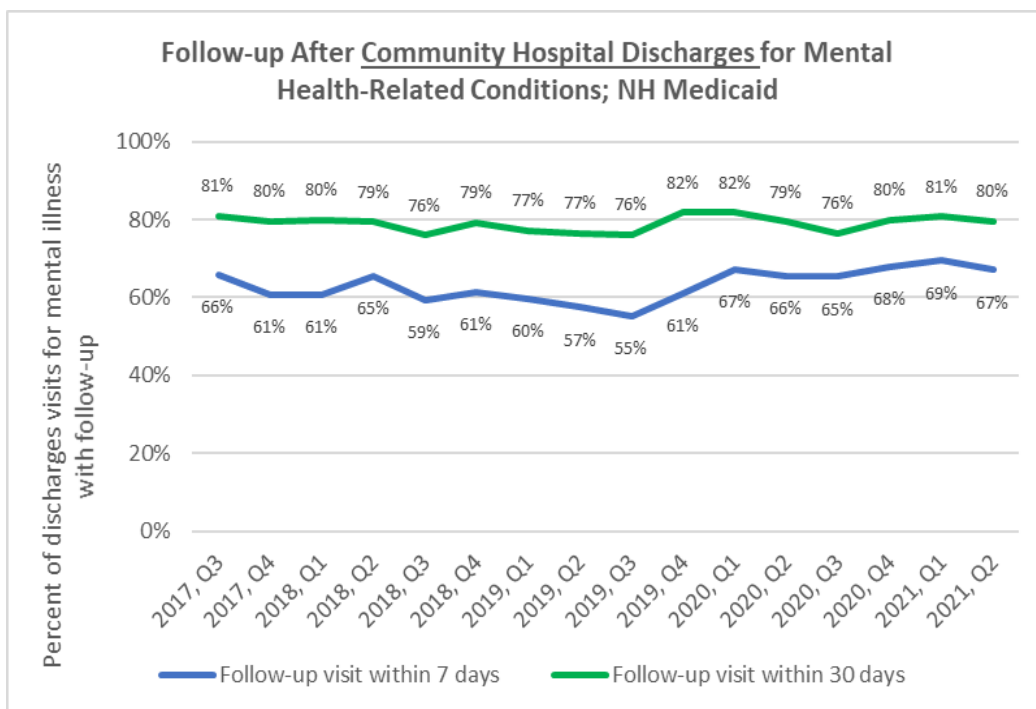
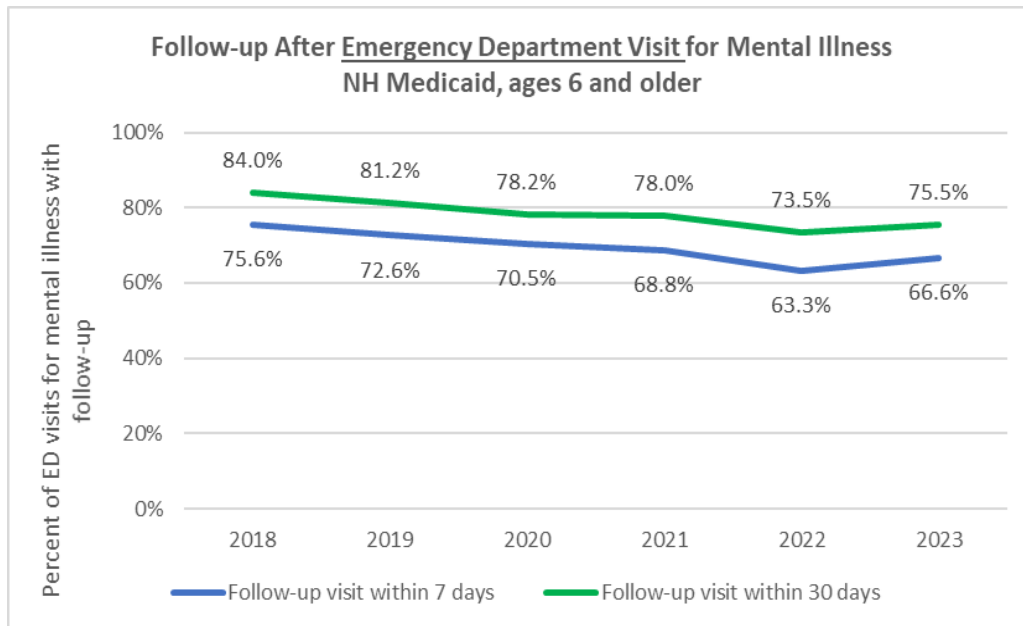
Percentage of respondents who have ever been told they have depressive disorder

Geographic Region	% of Respondents
CAPHN	21.3%
New Hampshire	20.4%
Source: NH Behavior Risk Factor Surveillance System (2019)	

Number of days when mental health was not good (in the past 30 days) (% of respondents)

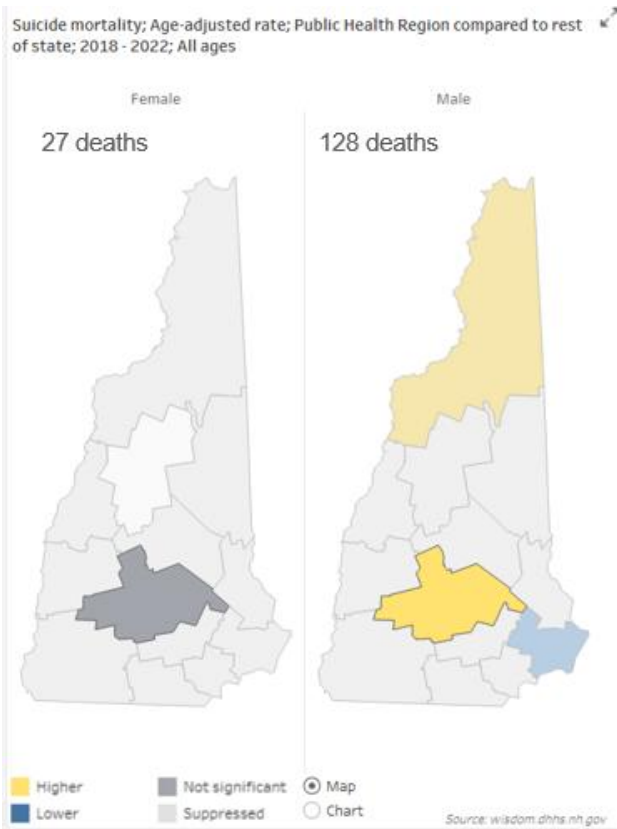
Geography	CAPHN	New Hampshire
14 to 30 days	13.8%	13.9%
1 to 13 days	86.2%	86.1%
Source: NH Behavior Risk Factor Surveillance System (2019)		

Follow-up visits with a mental health practitioner following community hospital discharge or ED visit with a primary diagnosis of a mental health condition (NH Medicaid, statewide)



Source: New Hampshire Medicaid Quality Program at <https://medicaidquality.nh.gov/>

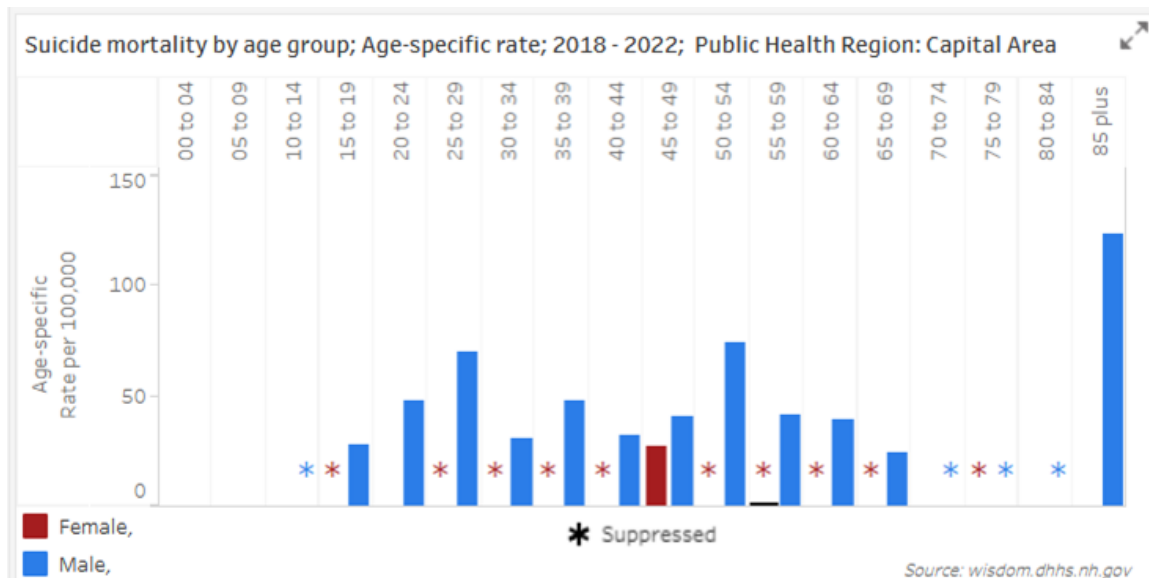
Suicide mortality; 2018-2022



Rate per 100,000 population

CAPHN: female, 7.9; male, 35.9

Rest of NH: female, 7.2; male, 25.8



Data Source: NH DHHS Wisdom Data Portal

Alcohol Use: Adults

Indicator	CAPHN Region	New Hampshire
Binge Alcohol Use Among Adults	18% (Female: 17%, Male: 18%)	17% (Female: 13%, Male: 21%)
Heavy Alcohol Use Among Adults	6%	8%
Alcohol-Related Overdose Deaths: Age-Adjusted per 100,000	5.1	4.9
Chronic Liver Disease and Cirrhosis Deaths; Age-Adjusted per 100,000	14.3	12.3
Indicator	Merrimack County	NH
Percentage of Driving Deaths with Alcohol Involvement	30%	35%
Source: NH Behavioral Risk Factor Surveillance System (2022); NH Division of Vital Records Death Certificate Data, 2017 to 2021; County Health Rankings, 2017 to 2021		

Youth Alcohol Use & Perceptions (YRBS: 2019 – 2023 Results)

Percent of high school students...	Capital Area			New Hampshire		
	2019	2021	2023	2019	2021	2023
...who had their first drink of alcohol before age 13 years (other than a few sips).	10.6%	9.0%	11.9%	10.4%	10%	12.2%
...who drove a car or other vehicle when they had been drinking alcohol during the past 30 days.	2.5%	4.4%	3.5%	4.7%	4.6%	4.3%
...who currently drank alcohol (at least one drink of alcohol, on at least 1 day) during the past 30 days.	26.2%	18.7%	21.8%	26.8%	21.3%	23.1%
...who reported binge drinking during the past 30 days.	14.0%	9.2%	9.7%	14.4%	11.2%	11.6%
...who reported that their friends feel it would be wrong or very wrong for them to have one or two drinks of an alcoholic beverage nearly every day.	N/A	63.4%	64.1%	N/A	62.7%	62.6%
...who reported that their parents feel it would be wrong or very wrong for them to have one or two drinks of an alcoholic beverage nearly every day.	N/A	86.6%	86%	N/A	87.9%	86.3%
...who think it would be very easy for them to get some alcohol if they wanted to.	N/A	23.6%	29%	N/A	25.1%	28.5%
Sources: YRBS Results for Capital Region & the State of New Hampshire: 2019, 2021, 2023						

Marijuana/Cannabis Use: Adults

Number of days when marijuana or hashish was used (in past 30 days)	Capital Area			New Hampshire		
	2017	2018	2019	2017	2018	2019
0 days	90.6%	88.6%	88.9%	90.0%	90.6%	85.0%
1 to 5 days	3.1%	4.0%	3.6%	4.1%	2.6%	5.3%
6 to 14 days	0.7%	0.4%	0.5%	1.0%	0.7%	1.4%
15 to 29 days	3.8%	1.6%	0.8%	2.1%	1.8%	2.2%
30 days	1.9%	5.4%	6.2%	2.7%	4.3%	6.1%




Sources: NH Behavioral Risk Factor Surveillance System (2017, 2018, 2019)

Youth Marijuana Use & Perceptions (YRBS: 2019 – 2023 Results)

Percent of high school students...	Capital Area			New Hampshire		
	2019	2021	2023	2019	2021	2023
...who tried marijuana for the first time before age 13 years.	3.3%	4.5%	4.1%	4.7%	4.3%	4.6%
...who currently used marijuana (one or more times) during the past 30 days.	25.6%	14.7%	15.3%	26%	17.8%	19.8%
...who reported that their friends feel it would be wrong or very wrong for them to smoke marijuana.	35.5%	49.8%	50.1%	N/A	45.5%	45.5%
...who reported that their parents feel it would be wrong or very wrong for them to smoke marijuana.	79.2%	81%	79.4%	N/A	79.7%	77.8%
...who think it would be very easy for them to get some marijuana if they wanted to.	39.3%	23.7%	24.4%	N/A	24.4%	27.1%

Sources: YRBS Results for Capital Region & the State of New Hampshire: 2019, 2021, 2023

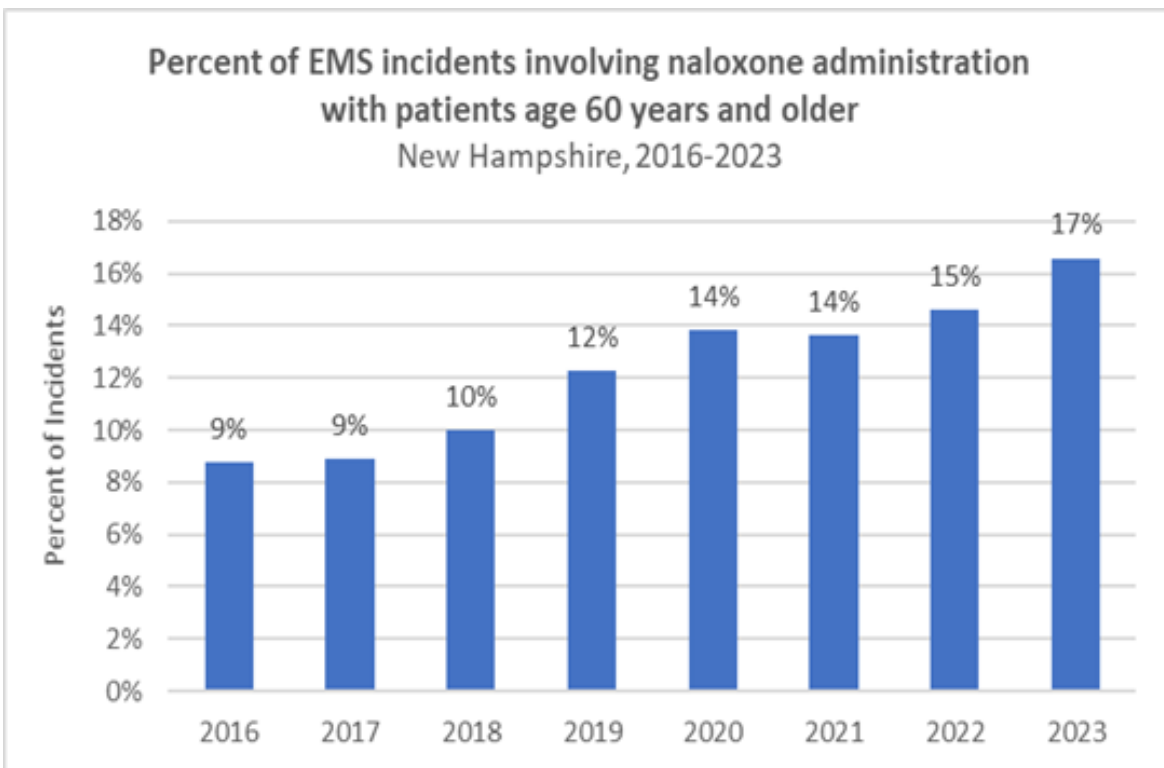
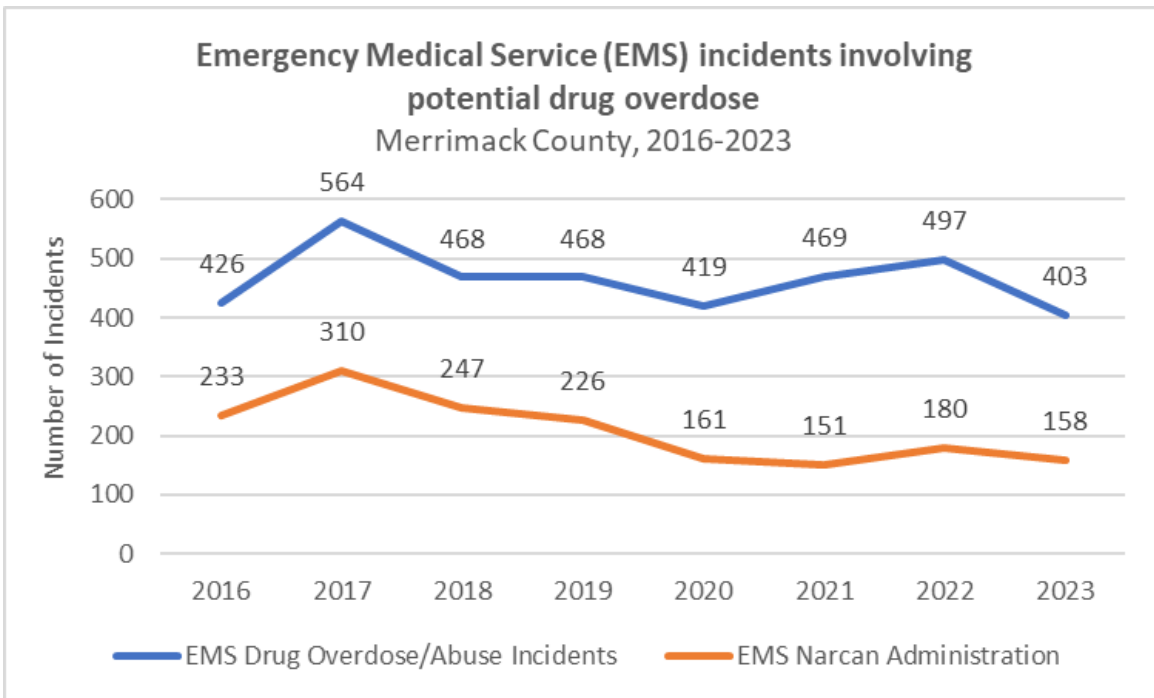
Prevalence of Opioid Use and Opioid Use Disorder

Indicator	CAPHN	New Hampshire
Percent of adults who have ever taken a prescription painkiller (2019)	20%	24%
Opioid overdose emergency department visits; age-adjusted rate per 100,000 (2016-2020)	275	300
Opioid overdose hospitalizations (inpatient) age-adjusted per 100,000 (2016-2020)	47.8	52.3
Opioid overdose deaths; age-adjusted per 100,000 (2016-2020)	22.7	27 
Indicator	Merrimack County	New Hampshire
Proportion of unintentional deaths caused by opioid overdose (2023)	25%	35%
Proportion of people diagnosed with OUD - Medicaid (2023)	4.1%	4.0% 
Proportion of people diagnosed with OUD - Commercial (2023)	0.7%	0.75%
Proportion of people receiving any substance use disorder service - Medicaid (2023)	4.4%	4.5%
Proportion of people receiving any substance use disorder service - Commercial (2023)	0.9%	0.9% 
Proportion of emergency department visits that are opioid related (2023)	0.18%	0.32%
Sources: NH Hospital Discharge Data Set for NH Residents (2016-2020); Division of Medicaid Services Medicaid Management Information System (2023); NH DHHS Behavioral Risk Factor Surveillance System (2019); DHHS Comprehensive Healthcare Information System (2023)		

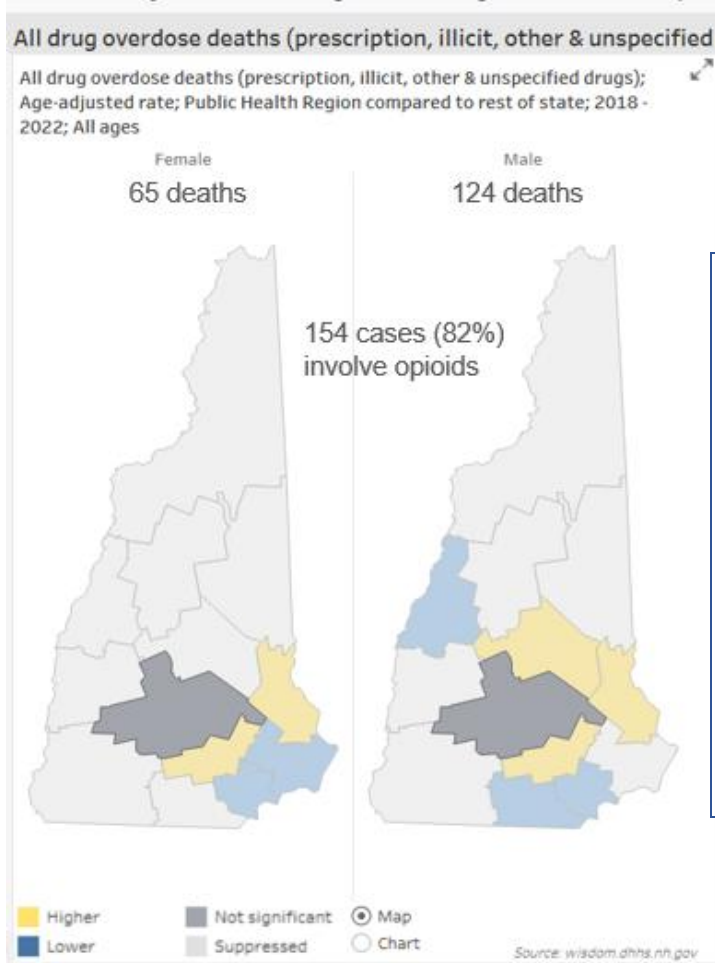
Healthy People 2030 targets

- Reduce overdose deaths involving opioids: 13.1 per 100,000
- Reduce the proportion of people who had opioid use disorder in the past year: 0.5%
- Increase the proportion of people with a substance use disorder who got treatment in the past year: 14%

Emergency Medical Service (EMS) Incidents Involving Potential Drug Overdose



Drug overdose deaths; 2018-2022



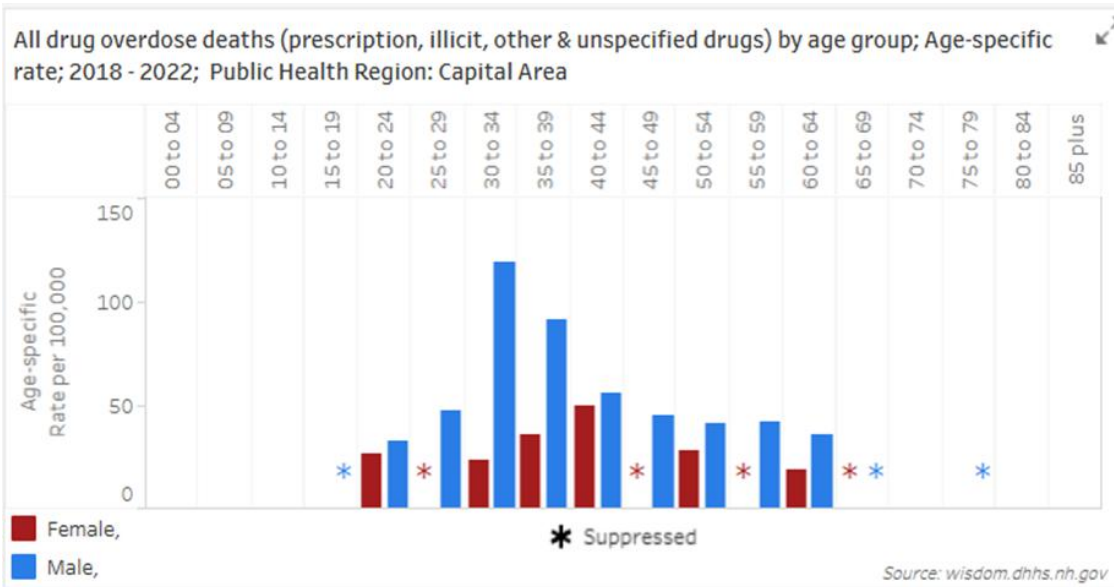
189 drug overdose deaths occurred in the CAPHN region over the 5 year period from 2018 to 2022

82% of these overdose deaths involved opioid use

Rate per 100,000 population

CAPHN: female, 16.4; male, 36.4

Rest of NH: female, 19.6; male, 44.8



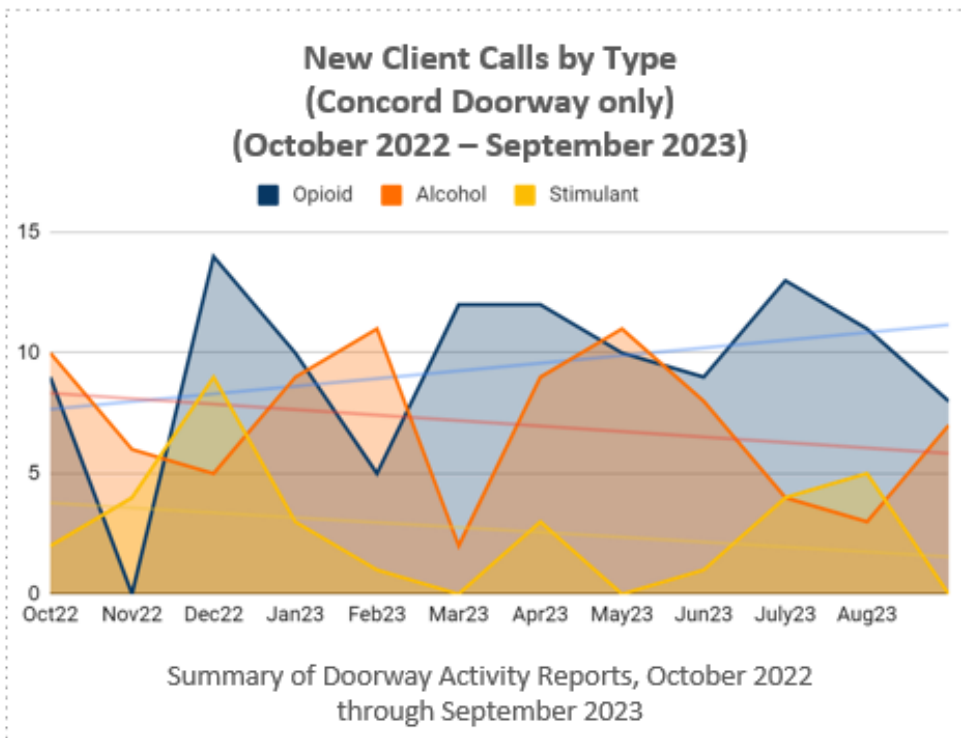
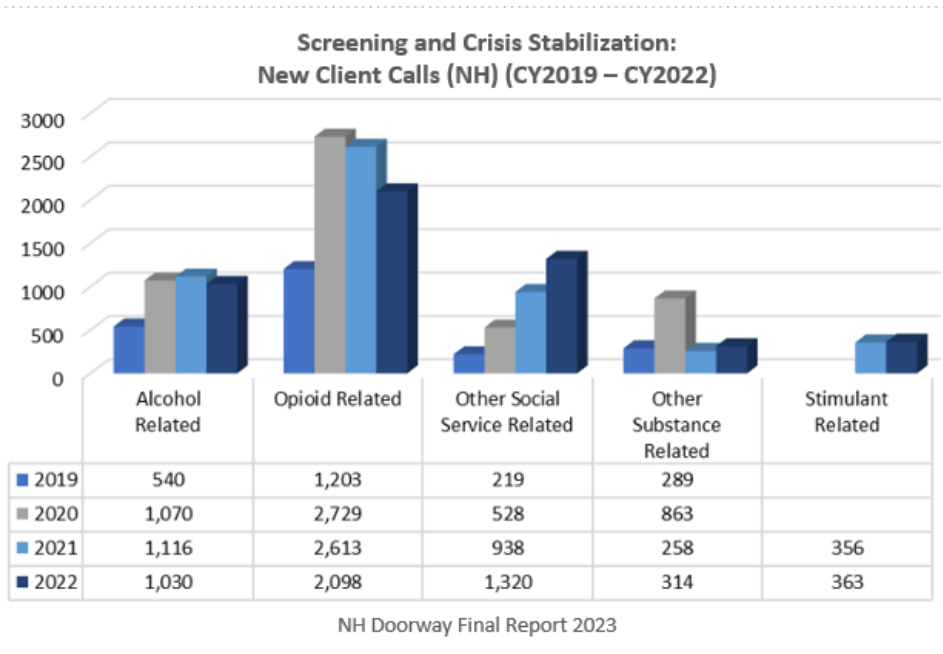
Youth Opioid & Other Drug Use (YRBS: 2019 – 2023 Results)

Percent of high school students...	Capital Area			New Hampshire		
	2019	2021	2023	2019	2021	2023
...who ever took prescription pain medicine without a doctor’s prescription or differently than how a doctor told them to use it.	9.8%	9.8%	8.2%	N/A	9.8%	8.9%
...who ever used cocaine (any form) one or more times during the past 30 days.	N/A	N/A	2.8%	N/A	N/A	3%
...who ever used heroin (also called smack, junk, or China White) one or more times during their life.	1.4%	1.2%	1.9%	1.5%	1.4%	2.2%
...who ever used inhalants (sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints/sprays to get high) one or more times during their life.	N/A	N/A	6.2%	N/A	N/A	7.1%
...who ever used methamphetamines (speed, crystal meth, crank, ice, or meth) one or more times during their life.	1.5%	1.2%	2%	1.8%	1.6%	2.3%
...who ever used ecstasy (“MDMA” or “Molly”) one or more times during their life.	1.8%	2.1%	3%	2.4%	2.5%	3.1%
Sources: YRBS Results for Capital Region & the State of New Hampshire: 2019, 2021, 2023						

Youth Opioid & Other Drug Perceptions (YRBS: 2019 – 2023 Results)

Percent of high school students...	Capital Area			New Hampshire*	
	2019	2021	2023	2021	2023
...who think people are at great risk of harming themselves if they take a prescription drug without a doctor's prescription.	50.9%	45.2%	43.5%	48.9%	44.6%
...who reported that their friends feel it would be wrong or very wrong for them to take a prescription drug without a doctor's prescription.	79.9%	79.8%	80.3%	81.1%	80.8%
...who reported it would be very easy for them to get a prescription drug without a doctor's prescription if they wanted to.	10.1%	6.6%	6.7%	6.3%	6.4%
...who recall hearing, reading, or seeing a public message about avoiding alcohol or other illegal drugs during the past 12 months.	66.1%	57.7%	59.7%	59.6%	62.7%
Sources: YRBS Results for Capital Region & the State of New Hampshire: 2019, 2021, 2023 *Statewide results not available for 2019					

The Doorways – Services Utilization



Source: NHDHHS, Doorway Program Evaluation Final Report, September 2023

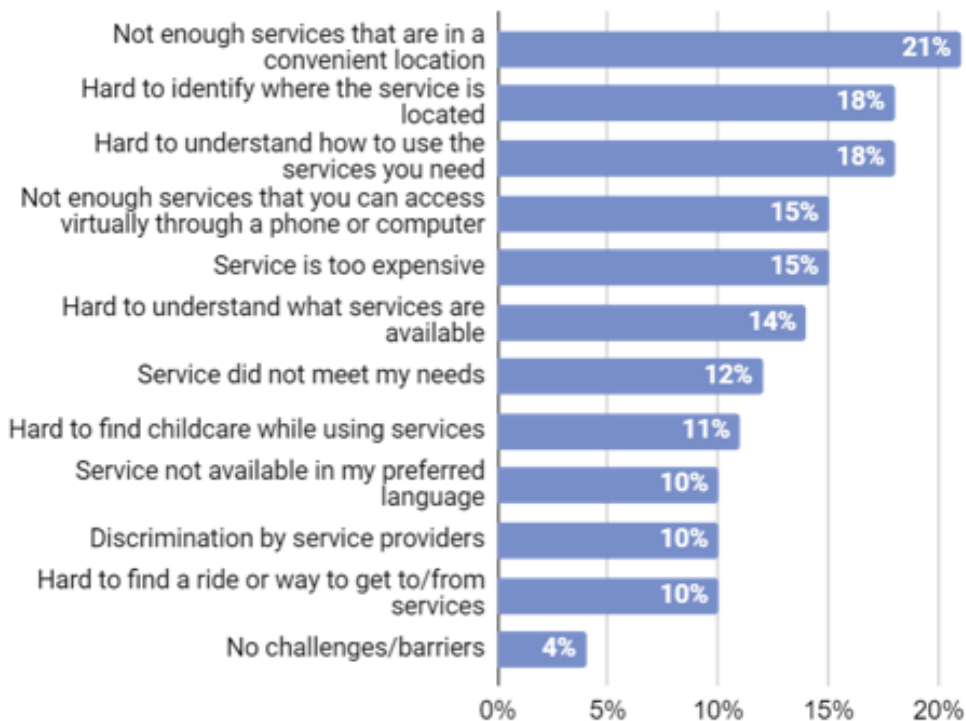
Prevention, Recovery, and Support Services: Awareness and Ease of Access

Service and Supports	Not aware
Recovery support services (e.g., childcare, transportation)	21.8%
Services for specific gender groups such as women, men, transgender	21.5%
Services in a language other than English	21.4%
Youth prevention program, such as Life of An Athlete, Juvenile Court Diversion, or Student Assistance Programs	20.0%
NH Alcohol and Drug Treatment Locator	18.6%
Mobile crisis response teams (emergency mental health services in your home or community)	18.2%
Free naloxone	17.4%
Syringe service programs	17.3%
Doorways system (either through the website, calling 211, or visiting a physical location)	16.8%
Source: Community Voices for Strategic Planning – NH Governor's Commission on Alcohol and Drugs (2022)	

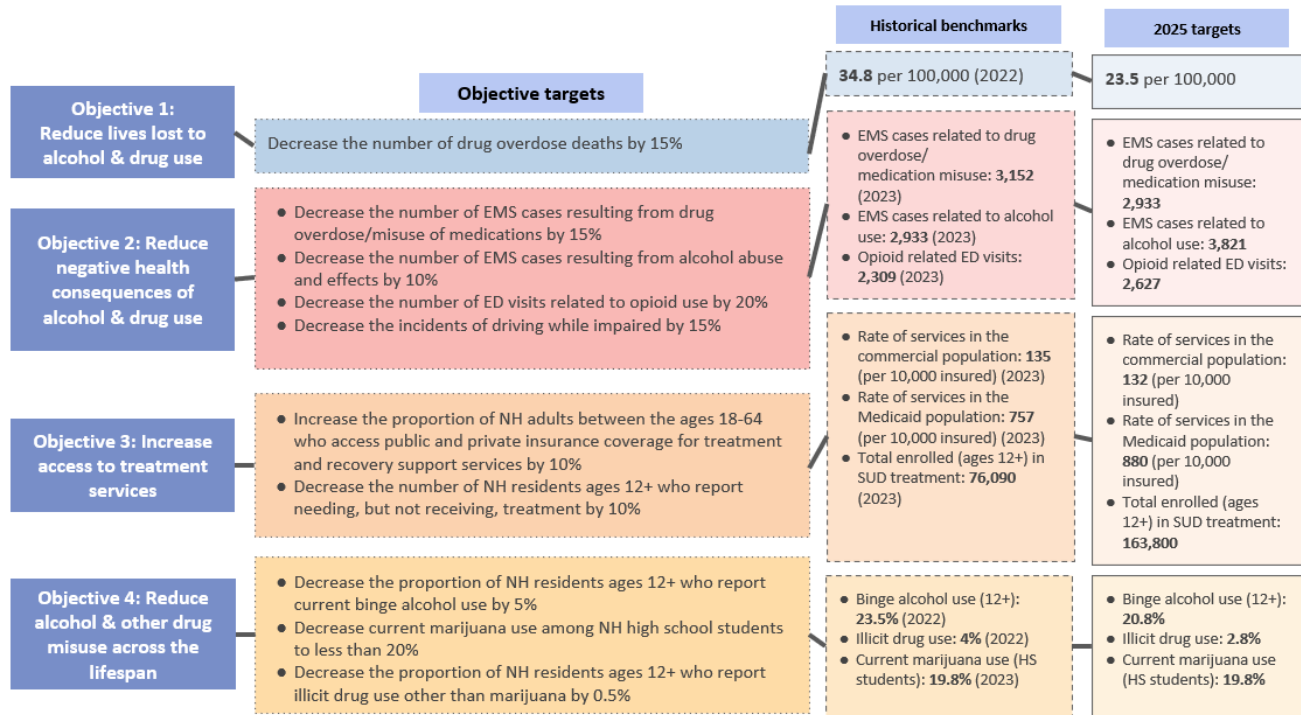
Source: NH Governor's Commission on Alcohol and Drugs (2022) Data Report, Community Experience Survey.

Respondents: NH Residents 18+ affected by or concerned about alcohol and drug use (n=1,733)

Challenges Using Services



NH Governor’s Commission Action Plan



Source: <https://nhcenterforexcellence.org/governors-commission/>

Appendix C

Behavioral Health and Well-being Indicators of LGBTQIA+ Populations in New Hampshire

Comprehensive and inclusive data associated with sexual orientation and gender identity (SOGI) of NH residents are limited among public health datasets, resulting in significant gaps in ability to understand health challenges and disparities in LGBTQIA+ communities. This gap in available data affects the ability to address potential health disparities with effective, equitable policies and interventions.

This brief overview includes available demographic and public health data describing NH's LGBTQIA+ population with particular focus on risks associated with substance misuse, mental health, and self-harm.

Terminology

Ensuring the inclusivity of all gender and sexual identities, this brief will refer to this community as LGBTQIA+ (unless another term is specifically used in a study or data collection being referenced). The acronym stands for lesbian, gay, bisexual, transgender, queer/questioning, intersex, and asexual, with the + holding space for new and expanding identities. Though there are many variations of the acronym (LGBT, LBTGQ, LGBTQ2, etc.), this brief views LGBTQIA+ as being the most inclusive while also remaining concise.

Many resources exist for further information on gender and sexual identities including [Defining LGBTQ Terms and Concepts](#) by The Annie E. Casey Foundation or the Human Rights Campaign's [Glossary of Terms](#).

What We Know

Some of the most recent data available regarding the LGBTQIA+ population within NH is from a 2019 Gallup Daily Tracking Survey by the Williams Institute.¹ Results from that survey found that 4.7% of the NH population identifies as LGBT+, making NH the state with the 10th largest LGBT+ population. The survey also reported that 31% of people among this population are raising children.

The survey results further indicated that LGBT+ individuals have a higher rate of unemployment than their non-LGBT+ counterparts (7% unemployment vs 4%), of being uninsured (13% vs 10%), and of being food insecure (29% vs 13%). Of those employed, 28% made an income under \$24,000 (compared to just 14% of non-LBGT+ adults in NH). The average age of LGBT+ individuals in NH is 38.9 years old, compared to 49.9 among non-LGBT+ individuals.

¹ <https://williamsinstitute.law.ucla.edu/visualization/lgbt-stats/?topic=LGBT&area=33&compare=percentage#comparison>

Substance Use

Research has found that individuals within the LGBTQIA+ community have higher rates of substance misuse and substance use disorders (SUD) than people who identify as heterosexual.² Unique stressors and factors this community faces – such as discrimination, harassment, a lack of social supports or resources – contribute to adverse substance use, increasing the prevalence of SUD including opioid use disorder (OUD).

People who identify as **bisexual may experience additional substance use problems** due to sexual orientation-based discrimination, bisexual invisibility and erasure, and a lack of bisexual-affirmative support.³ **Lesbian, gay, and bisexual racial/ethnic minority individuals can experience acute minority stress** due to both their sexual identity and race/ethnicity, and **are at an elevated risk of substance use**. Significant disparities in cigarette smoking, heavy episodic drinking (HED), and marijuana use were most pronounced and consistently greater in magnitude for Black and Hispanic LGBTQIA+ women according to findings from the National Survey on Drug Use and Health.⁴

The 2017 and 2022 SAMHSA National Surveys on Drug Use and Health found the following:⁵

<p>About $\frac{1}{3}$ of bisexual individuals and $\frac{1}{3}$ of gay males had a SUD in the past year</p> <p>About $\frac{1}{4}$ of lesbian females had an SUD in the past year (2022)</p>	<p>Gay & bisexual females were more likely to have engaged in binge drinking in the past month than straight females, and about 2x as likely to have engaged in heavy drinking in the past month (2022)</p>
<p>Bisexual females were 3x more likely to have had an OUD in the past year than straight females (2022)</p>	<p>Gay & bisexual individuals were 2-3x more likely than their straight counterparts to have used illicit drugs other than marijuana in the past year (2022)</p>
<p>Those who are unsure of how to identify their sexual identity are 5x as likely to have a SUD than heterosexual people (2017)</p>	

² <https://www.samhsa.gov/newsroom/press-announcements/20230613/samhsa-releases-new-data-lesbian-gay-bisexual-behavioral-health>

³ <https://www.tandfonline.com/share/HHHWKPCFARCXKMC9J3C?target=10.1080/00224499.2017.1387755>

⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7475082/>

⁵ https://www.samhsa.gov/data/sites/default/files/reports/rpt41899/2022_LGB_Brief_Final_06_07_23.pdf

Substance use among the LGBTQIA+ population often begins at an early age. The 2023 Youth Risk Behavior Survey (YRBS)⁶ indicates that students in the Capital Area and across New Hampshire who identify as gay, lesbian, or bisexual – as well as those who selected ‘I describe my sexual identity in some other way’ or ‘I am not sure about my sexual identity (questioning)’ – **consistently have higher rates of drug and alcohol use**, as well as less negative perceptions of drug and alcohol use.

Figures 1 and 2 to the right show drug and alcohol behavior responses among students in the Capital Area, broken down by sexual identity (further details are provided in [Table 1](#) at the end of this report).

The proportion of **LGBTQIA+ students who reported current marijuana use was nearly double** the proportion of heterosexual students (24.6% vs 12.8%), and early use was over three times that of heterosexual students (8.3% vs 2.6%). Further, just 33.4% of LGBTQIA+ students indicated that their friends would feel it was wrong for them to smoke marijuana, whereas 54.7% of heterosexual students indicated the same.

Other substance use was higher among LGBTQ+ students. 4.7% of LGBTQIA+ students have ever used methamphetamines (compared to 1% of their heterosexual classmates); 6.2% have ever

Figure 1. Substance Use Among Youth in the Capital Area by SOGI

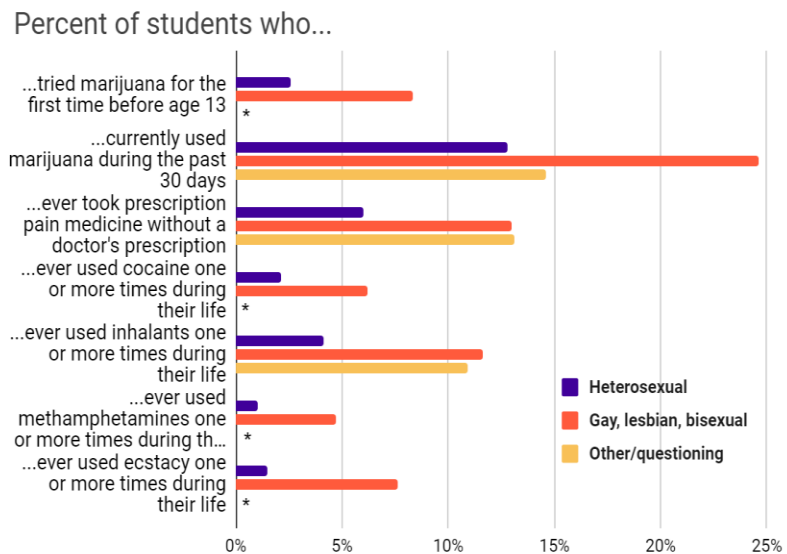
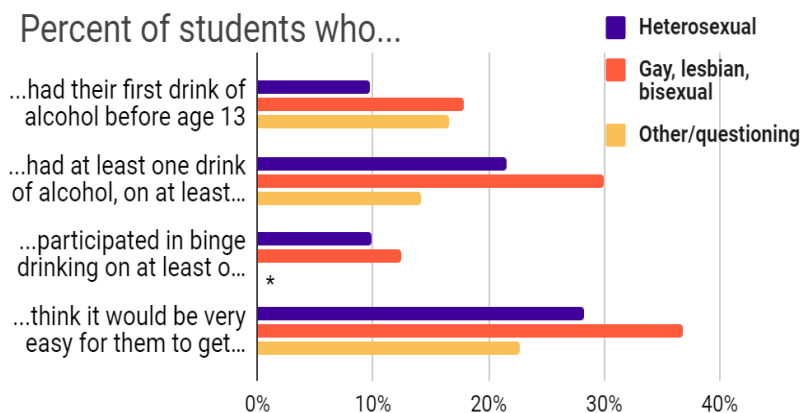


Figure 2. Alcohol Use Among Youth in the Capital Area by SOGI



*An asterisk indicates that data were suppressed following the National Center for Health Statistics Data Presentation Standards for Proportions.

⁶ <https://wisdom.dhhs.nh.gov/wisdom/assets/content/resources/yrebs-2023/Report-Capital.pdf>

used cocaine (compared to 2.1%); 7.6% have ever used ecstasy (compared to 1.5%); 11.6% have ever used inhalants (compared to 4.1%), and; 13% have ever taken prescription pain medication without a doctor’s prescription (compared to 6%).

When asked about alcohol use, the percentage of LGBTQIA+ students who indicated early alcohol use (17.9%) was nearly double that of heterosexual students (9.7%). **Current alcohol use and binge drinking habits were also higher among LGBTQIA+ students than their heterosexual peers.**

Mental health and other indicators of wellbeing

Although the full range of LGBTQIA+ identities have not been systematically included in large-scale studies, similar to overall demographic and public health data, there is strong evidence from recent research that people in the LGBTQIA+ communities are at a higher risk for experiencing mental health conditions.

For example, **LGBTQIA+ adults are more than 2x as likely to experience a mental health condition** than heterosexual adults⁷ and **transgender individuals are nearly 4x as likely to experience a mental health condition** than cisgender individuals.⁸

The 2022 SAMHSA National Survey on Drug Use and Health found the following:⁹

<p><i>The prevalence of SMI* in the past year was more than 3x higher among bisexual males than among straight males, and more than 2x as high among gay males</i></p>	<p><i>More than 1 in 4 bisexual females and more than 1 in 7 lesbian females had a MDE** in the past year.</i></p>
<p><i>Bisexual females were 6x more likely to have attempted suicide in the past year than straight females</i></p>	<p><i>Sexual minority males were 2-3x more likely than straight males to have had an MDE in the past year</i></p>

*SMI: Serious Mental Illness, **MDE: Major Depressive Disorder

⁷ <https://www.samhsa.gov/data/sites/default/files/NSDUH-SexualOrientation-2015/NSDUH-SexualOrientation-2015/NSDUH-SexualOrientation-2015.htm>

⁸ <https://www.liebertpub.com/doi/pdf/10.1089/trgh.2019.0029>

⁹ https://www.samhsa.gov/data/sites/default/files/reports/rpt41899/2022_LGB_Brief_Final_06_07_23.pdf

LGBTQ+ youth also experience greater risk for mental health conditions and suicidality due to many compounding factors: a school climate survey conducted by GLSEN found that the majority of LGBTQ+ students in NH regularly heard anti-LGBTQ+ remarks, faced harassment and assault, or lacked access to LGBTQ+-related services and supports through their schools.¹⁰

The 2023 NH YRBS indicates that students who identify as LGBTQIA+ or ‘other/questioning’ **experience poor mental health, feeling unsafe, bullying, and unstable housing at a higher rate** than their heterosexual peers (a breakdown of these indicators from the 2023 Capital Area and NH YRBS can be found at the end of this Appendix in [Table 1](#)).

Notably, the proportion of **LGBTQIA+ students who reported that their mental health was most of the time or always not good was over double** the proportion of heterosexual students (54.6% compared to 23.1%). This percentage was also much higher among students who selected ‘other/questioning’ (42.5%).

Figure 3. Percent of LGBTQIA+ students in NH harassed or assaulted in the past year based on SOGI

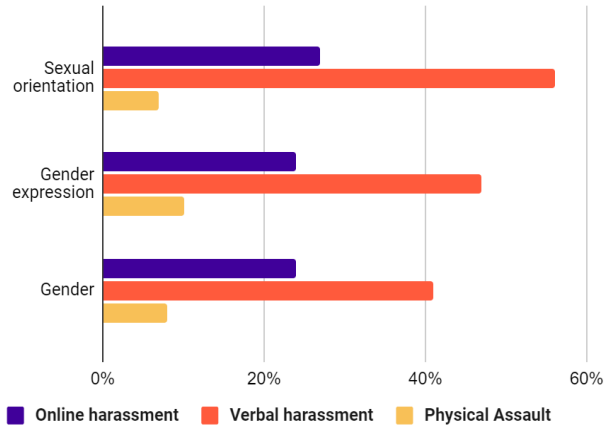
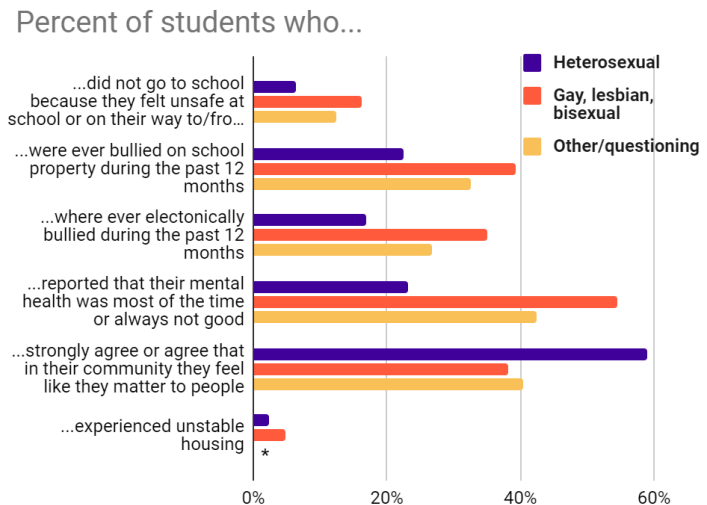


Figure 4. LGBTQIA+ Youth Mental Health, Bullying, and Other Health/Safety Indicators



**An asterisk indicates that data were suppressed following the National Center for Health Statistics Data Presentation*

¹⁰ https://maps.glsen.org/wp-content/uploads/2023/02/GLSEN_2021_NSCS_State_Snapshots_NH.pdf

These students were also less likely to feel they matter to people in their community – just 38.2% of LGBTQIA+ students selected ‘strongly agree’ or ‘agree’ when asked “Do you agree or disagree that in your community you feel like you matter to people?” Conversely, nearly 60% of heterosexual students agreed or strongly agreed. The [2022 National Survey on LGBTQ Youth Mental Health in New Hampshire](#) by The Trevor Project found similar themes, with just 18% of LGBTQIA+ youth feeling that their community was ‘very accepting’ of LGBTQIA+ people; 58% responded ‘somewhat accepting’ and 24% responded either ‘somewhat’ or ‘very unaccepting’ (Figure 5).

Figure 5. Rates of Community Acceptance of LGBTQ People among LGBTQ Youth in NH

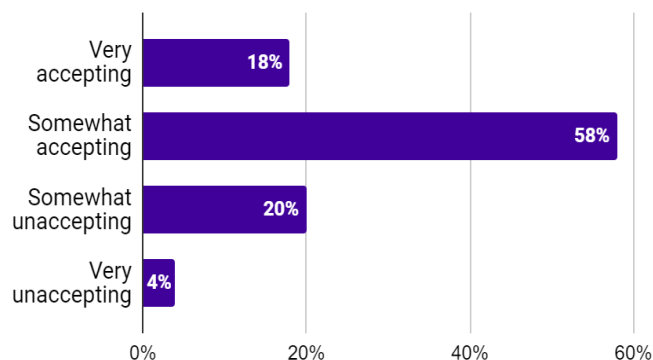
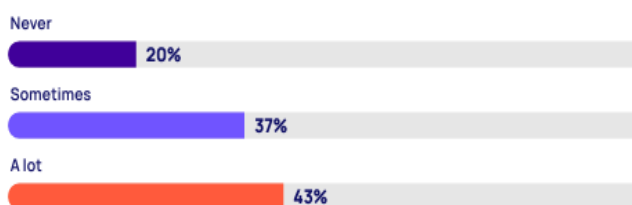


Figure 6. LGBTQ youth in NH who reported that recent politics negatively impacted their



Despite being underrepresented in the demographic and public health data of our state, the LGBTQIA+ community is often the focus of controversial policy development and legislation¹¹, which can compound mental health struggles such as anxiety and overall well-being as displayed by NH-specific data from The Trevor Project (Figure 6).¹² Research has also found disparities in suicide risk among LGBTQIA+ adults and young people. A study by the National Institute of Mental Health showed that **lesbian, gay, and bisexual adults are overall more likely to report suicide-related thoughts, plans, and attempts** compared with heterosexual adults.^{13,14} The **intersection of multiple social identities can also compound suicide risk**, such as age, race/ethnic groups, level of education, and employment status. These findings highlight the importance of asking about SOGI in data collection efforts, as few studies have investigated within group variation in suicide risk among lesbian, gay, and bisexual adults.

¹¹ <https://new-futures.org/post/2024-Legislative-Wrap-Up>

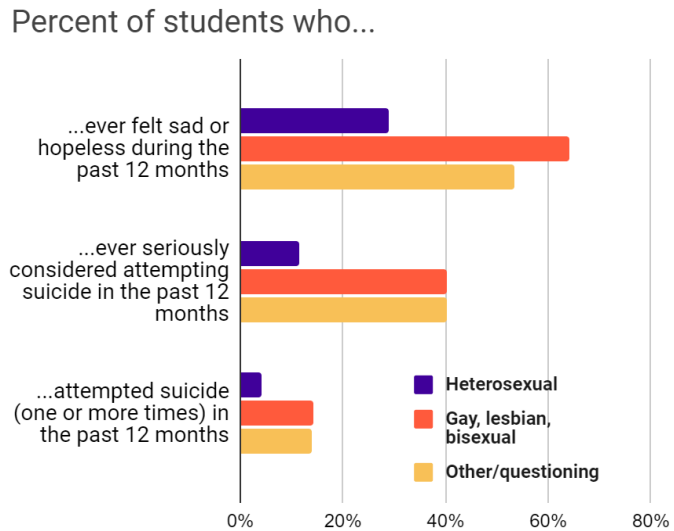
¹² <https://www.thetrevorproject.org/wp-content/uploads/2022/12/The-Trevor-Project-2022-National-Survey-on-LGBTQ-Youth-Mental-Health-by-State-New-Hampshire.pdf>

¹³ <https://www.nih.gov/news-events/news-releases/researchers-find-disparities-suicide-risk-among-lesbian-gay-bisexual-adults>

¹⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3662085/>

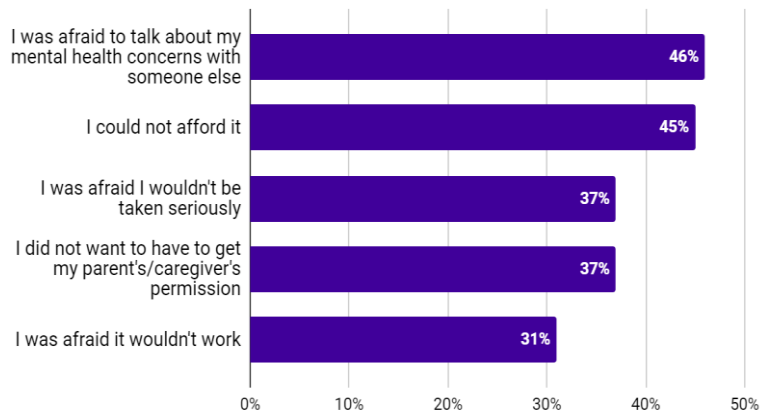
Young people who identify as LGBTQIA+ are no exception to this heightened suicide risk. Results from 2023 NH YRBS for the Capital Area (Figure 7) found that the percent of students who ever felt sad or hopeless (almost every day for two or more weeks so that they stopped doing usual activities) during the past 12 months was highest among LGBTQIA+ students, with 64% of gay, lesbian, and bisexual students and 53.5% of other/questioning students responding affirmatively, compared to 29% of heterosexual students.

Figure 7. LGBTQIA+ Youth and Suicide (Capital



When asked about suicidal thoughts and attempts, **40%** of gay, lesbian, and bisexual students and other/questioning students indicated they had **seriously considered attempting suicide** – **nearly four times greater** than the proportion of heterosexual students who indicated the same.

Figure 8. Reasons why LGBTQIA+ youth in NH who wanted mental health care were unable to get it



Further, **14% of LGBTQIA+ students also reported attempting suicide** (one or more times) in the past 12 months. In comparison, 4% of heterosexual students reported the same.

All these findings indicate that responsive, culturally appropriate mental health services and community supports are urgently needed to support LGBTQIA+ youth and adults. More research into barriers and challenges of accessing existing services is also essential, though some of this data already exists. The aforementioned Trevor Project youth survey from 2022 found that some of the **most common reasons for not receiving mental health care among LGBTQIA+ youth were related to fear of talking about mental health concerns/not being taken seriously, cost, and not wanting to seek parental/caregiver permission** (Figure 8).

YRBS Data Table

Table 1 | Youth Behavior Risk Survey 2023 Results:
Displayed as **Capital Area % / New Hampshire %**

Percent of students who...	Total	Hetero- sexual	Gay, lesbian, or bisexual	Other / questioning
<i>Marijuana use & perceptions</i>				
...tried marijuana for the first time before age 13	4.1% / 4.6%	2.6% / 3.1%	8.3% / 8.5%	– / 6.5%
...currently used marijuana during the past 30 days	15.3% / 19.8%	12.8% / 17.3%	24.6% / 28.9%	14.6% / 20.8%
...reported that their friends feel it would be wrong or very wrong for them to smoke marijuana	50.1% / 45.5%	54.7% / 49.3%	33.4% / 31.9%	45.1% / 39.1%
<i>Prescription & other illicit drugs or substances</i>				
...ever took prescription pain medicine without a doctor's prescription or differently than how a doctor told them to use it	8.2% / 8.9%	6% / 6.6%	13% / 15.2%	13.1% / 13%
...used cocaine one or more times during the past 30 days	2.8% / 3%	2.1% / 1.8%	6.2% / 6%	– / 4%
...ever used inhalants one or more times during their life	6.2% / 7.1%	4.1% / 5.1%	11.6% / 12.1%	10.9% / 10.8%
...ever used methamphetamines one or more times during their life	2% / 2.3%	1% / 1.2%	4.7% / 4.4%	– / 3.4%
...ever used ecstasy one or more times during their life	3% / 3.1%	1.5% / 1.7%	7.6% / 6.8%	– / 4.3%
<i>Alcohol use & perceptions</i>				
...had their first drink of alcohol before age 13	11.9% / 12.2%	9.7% / 10.3%	17.9% / 17.7%	16.6% / 15.6%
...had at least one drink of alcohol, on at least one day during the past 30 days	21.8% / 23.1%	21.6% / 22.3%	30% / 27.3%	14.1% / 22.4%
...participated in binge drinking on at least one day during the past 30 days	9.7% / 11.6%	9.9% / 11.5%	12.4% / 11.9%	– / 9.8%
...think it would be very easy for them to get some alcohol if they wanted to	29% / 28.5%	28.2% / 27.8%	36.8% / 33%	22.7% / 28.1%

Table 1 | Youth Behavior Risk Survey 2023 Results:
 Displayed as **Capital Area % / New Hampshire %**

Percent of students who...	Total	Hetero- sexual	Gay, lesbian, or bisexual	Other / questioning
<i>Bullying, Violence, other Health Risks or Indicators</i>				
...had been the victim of teasing or name calling because someone thought they were gay, lesbian, or bisexual	18.5% / 17.2%	8.2% / 8.2%	51% / 46%	32.9% / 35.6%
...did not go to school because they felt unsafe at school or on their way to/from school	9.1% / 10.3%	6.3% / 7.6%	16.2% / 17.3%	12.5% / 15%
...were ever bullied on school property during the past 12 months	26.3% / 24.2%	22.5% / 19.5%	39.4% / 37.5%	32.5% / 36%
...were ever electronically bullied during the past 12 months	21.3% / 21.5%	16.8% / 17.5%	35% / 34.3%	26.7% / 27.4%
...experienced sexual violence during the past 12 months	12.5% / 12.2%	9.1% / 9%	23.6% / 22.9%	18% / 17.9%
...reported that their mental health was most of the time or always not good	30.5% / 32.7%	23.1% / 25.3%	54.6% / 54.7%	42.5% / 53.3%
...experienced physical dating violence during the past 12 months	9.7% / 10.3%	9% / 8.1%	13.1% / 15.2%	– / 16.3%
...strongly agree or agree that in their community they feel like they matter to people	53.3% / 54.8%	59% / 60.3%	38.2% / 40.6%	40.5% / 40.8%
...experienced unstable housing	3% / 2.2%	2.4% / 1.5%	4.9% / 4.1%	– / 3.4%
<i>Suicide</i>				
...ever felt sad or hopeless (almost every day for two or more weeks so that they stopped doing usual activities) during the past 12 months	37.8% / 39.6%	29% / 31.5%	64% / 64.4%	53.5% / 60%
...ever seriously considered attempting suicide during the past 12 months	19.2% / 21.3%	11.4% / 14.5%	40.2% / 42.4%	40.3% / 40.7%
...attempted suicide (one or more times) during the past 12 months	7.2% / 8.5%	4.2% / 5%	14.3% / 17.9%	13.9% / 15.4%