



Community Assessment

Executive Summary and Appendix Part 1

October 2008

Presented by



Table of Contents

Executive Summary	1
Background	1
Prioritized Needs and Next Steps	4
Appendix: Part 1.....	7
Appendix A: Steering Committee Presentation Details.....	7
Appendix B: Health Issues Evaluated in the Modified Delphi Method	8
Appendix C: BRFSS and YRBS Data	9
Appendix D: Supporting Community Health Data Tables	13
Appendix E: Selected Community Health Graphs of Data.....	36

Executive Summary

Background

Frisbie Memorial Hospital (FMH) is required by the State of New Hampshire to conduct a Community Needs Assessment every five years. The primary objective of this assessment is to identify and prioritize community health needs and create a foundation from which FMH can better meet the needs of greater Rochester and FMH's overall service area. FMH last conducted their Community Needs Assessment in 2003.

FMH worked with Crescendo Consulting Group (CCG) to bring together key healthcare and public service stakeholders, collect quantitative and qualitative data, and reach out to the community in order to elicit feedback directly from them and their service providers. The quantitative and qualitative findings included in this report are based on the most currently available data from the community resources, the State of New Hampshire, and other regional sources.

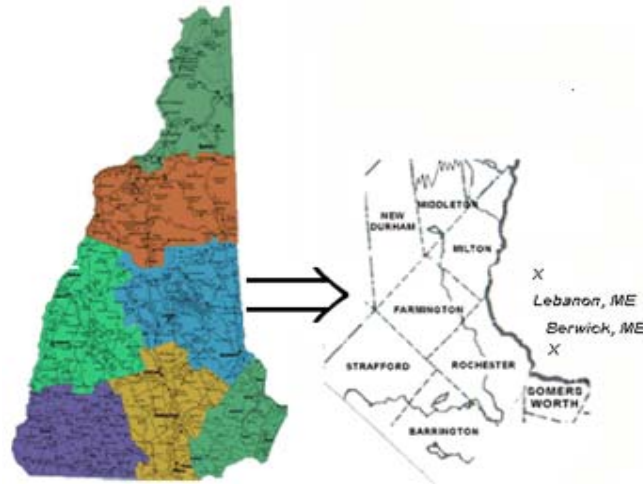
This document serves to fulfill the requirement and to also serve as a guidepost for community outreach efforts and as a benchmark with which to compare future progress.

The purpose of the research design was to develop a practical and accurate prioritization of community health needs. In order to generate the information, CCG and FHM incorporated direct experiences from public health stakeholders and the general public with statistical data. The six stages of research included the following:

Convening a steering committee comprised of community leaders. Members were selected based upon their perceived community health vision, knowledge, and power to impact the well-being of the community.

- The steering committee included the following members:
 - FMH, Emergency Department, Medical Director.
 - Rochester City Manager.
 - Rochester Police Chief.
 - Rochester District VNA, Director.
 - Avis Goodwin Community Health Center, Executive Director.
 - Strafford County Dental Coalition, Case Manager.
 - FMH, Director of Infection Prevention.
 - Rochester High School, School Nurse, Retired.
 - Homemakers Health Services, Chief Executive Officer.
 - FMH, Dental Education Coordinator.
- The steering committee provided project oversight; offered critical feedback on quantitative data; refined of the list of community needs, available resources, and service gaps; and, helped build consensus around the prioritized list of community needs identified in this report.

Analyzing empirical data regarding community and State of New Hampshire morbidity, mortality, risk assessment, and related demographic metrics. The goal of this phase was to describe the community health status in FMH's primary service area and identify locally strong service needs. FMH's primary service area (PSA) include Rochester; Farmington; Somersworth; Barrington; Milton; Middleton; Sanbornville; New Durham; Strafford; Berwick, Maine; and, Lebanon, Maine. The steering committee discussed the often significant differences between the northern and southern portions of Strafford County and the corresponding difficulty in examining data for only a portion of the county. The analysis includes towns in the PSA and where existing data was available, sections of Northern Strafford County for which residents are thought to be most likely to seek hospital services in Rochester. A service area map is shown below.



Data tables used in the analyses are included in the appendix of this report. Key sources include the following:

- Demographic Data.
 - U.S. Census.
 - NH Employment Security.
 - NH Office of Energy and Planning.
- Health Risk Behavior Data from the US CDC.
 - Behavioral Risk Factor Surveillance System Survey (BRFSS).
 - Youth Risk Behavior Survey (YRBS).
- Previous Community Needs Assessments from other organizations.
 - Northern Strafford County Health and Safety Council.
 - United Way of the Greater Seacoast SPAN.
- Morbidity and mortality by cause.
 - Hospital Discharge Data.
 - Birth and Death Statistics.
 - Cancer Registry.

Including public input by conducting a focus group with representatives from a breadth of community organizations. The purpose of the focus group was to attain direct insight from a breadth of community groups regarding their perceptions of healthcare service gaps and to help triangulate information gleaned through work with the steering committee and review of the quantitative data. Community groups represented include the following:

- Community Partners.
- City Rochester School District.
- Avis Goodwin Community Health Center.
- Service Link, Strafford Network.
- Monarch School of New England.
- Rotary International, Rochester.
- Seacoast Hospice.
- Somersworth Housing Authority.
- Rochester Housing Authority.
- Rochester District VNA.
- Women's Life Imaging Center.
- Southeastern NH Services.
- Dworken & Associates.
- Granite State Concerned Parents and Advocates.
- Farmington High School.
- A Safe Place.

Subsequently, as noted above, information gathered during this phase of the research was shared with the steering committee and used to add to, and refine, the initial list of community needs, resources, and service gaps. A comprehensive list of 26 community health needs was generated and (as detailed on the next page), evaluated using a modified Delphi method. The comprehensive list of 26 needs is contained in the appendix of this report.

Reviewing quantitative and qualitative data. The steering committee heard presentations regarding community health data and the results of the community leadership focus group. The committee used the information to verify community needs previously identified, add to the list where possible, further populate the list of resources, and incorporate public opinion regarding service gaps.

See the appendix in later sections of this report for a summary list of presentation details. Complete Powerpoint versions of the presentations are included as a separately bound appendix to this report.

Assessing the list of 26 community needs using a modified Delphi method. In this phase of the research, steering committee members and community group leaders rated health initiatives and provided qualitative feedback. The modified Delphi method included three steps in order to develop the prioritized list of community needs included in this assessment.

- Steering committee members and community leaders were asked to quantitatively evaluate each of the 26 community needs identified in earlier research and to submit their responses to CCG.
- CCG rank-ordered the needs based on the average score. The results were sent to steering committee members and community leaders for their review and comment.
- Comments were reviewed and incorporated into an initial list of community needs for review at the next steering committee meeting.

Convening a steering committee meeting to review results from the modified Delphi method process. In this research phase, steering committee members were presented with the initial community needs results, comments were shared, and their input was used to develop the final list of community needs included below.

Prioritized Needs

Based on input from the steering committee meetings; analysis of local, state of New Hampshire, and federal quantitative data; community input; and, the needs evaluation process, the prioritized list of community needs is shown in the table below.

Prioritized Community Needs		
Rank	Health Need	Code Number **
1	Elder Care Services – Impact of an Aging Population; Dementia Spectrum Issues; End of Life Issues	501, 372
2	Availability of Dental Health Services	111
3	Interagency Awareness of Services; Public Education of Available Community Health Services – Information and Referral Services	999, 562
4	Obesity / Nutrition / Exercise	410, 411, 412
5	Transportation Services Availability	561
6	Chronic Disease Screenings – Hypertension, Cancer, Diabetes, Heart Disease – Access / Availability of Chronic Disease Screening Services	340
7	Drug and Alcohol Early Detection and Treatment – Access / Availability of Alcohol / Drug Treatment	407
8	Behavioral Health – Early Detection and Intervention	370, 400
9	Insurance Coverage Rates	100

** NOTE: Code numbers will be used by the State of New Hampshire to categorize needs and develop clearer, more uniform understanding of initiatives.

Below is a brief summary of each of the nine leading community needs, as established by consensus among key stakeholders and community representatives.

- Elder Care Services – Impact of an Aging Population; Dementia Spectrum Issues; and, End of Life Issues. Community leaders and steering committee members agree that the aging demographic profile will increasingly expand community needs for the elderly. One community focus group participant said, “This is one of our largest, most comprehensive needs, and it is only going to get bigger as the demographics of the area shift.” Demographic data shows that the median age in the service area has increased from 27 years old in 1980 to nearly 39 years old in 2008. More than two in five (22%) Rochester residents are over 55 years old – slightly higher than the State average. Steering committee members and community leaders said that seven of the leading nine community needs impact senior citizens.
- Availability of Dental Health Services. Dental issues were identified by community members representing all age groups – children, adults, and senior – as significant needs in the region. The dental need in FMH’s service area is more pronounced than other parts of the state. For example, State of New Hampshire data indicates that Emergency Department discharges for dental caries in the service area are approximately triple the state average – 510 per 100,000 as opposed to about 150 per 100,000). One steering committee member said, “No one likes going to the dentist, but we should try to do something about the issue, and Frisbie Memorial Hospital has a service van and may be in a good position to help.” However, as currently configured, the van is designed to only transport equipment.
- Interagency Awareness of Services; Public Education of Available Community Health Services – Information and Referral Services. Steering committee members and community leaders said that inefficient coordination and incomplete awareness of services marginalizes the effectiveness of community health resources. One said, “I’ve heard that there are good [behavioral health] services in the County, but I’m not sure where.” While services such as “New Hampshire 211” provide some degree of resource information to the public, service providers and other community organizations are often unaware of appropriate referral targets or effective ways to coordinate services with other community resources.
- Obesity / Nutrition / Exercise. For 2007, BRFSS data shows that Strafford County residents reported poorer general health and less exercise than others in New Hampshire. In Strafford County, 17% said that they are in fair or poor health compared to 13% for the state. Nearly one in four (23%) reported getting no leisure exercise in the past 30 days compared to 19% for other New Hampshire residents. Steering committee members indicated that this appears to be a broad-based community need – not particularly correlated to income status or other demographic strata. One stated, “I have seen a lot of overweight kids in schools, and they come from all economic and familial strata.”
- Transportation Services Availability. Lack of public transportation was identified by stakeholders and community leaders as a perennial problem – especially for the elderly and low income populations. Focus group participants indicated that there previously had been collaborative efforts between service providers and transportation companies, though, those efforts were unsuccessful. A particular comment by a steering committee member reflected the sentiments of other members, “Yes, transportation is a big issue. We would be glad to work with some other agency that could take the lead on the issue, but it is not within our core abilities.”

- Chronic Disease Screenings – Cancer, Heart Disease, Diabetes, Hypertension – Access / Availability of Chronic Disease Screening Services. Cancer and heart disease are the leading causes of death in FMH’s service area (which is largely the northern region of Strafford County). Specifically, death rates for these diseases are higher in the northern region than for the broader Strafford County area or the overall State of New Hampshire.
 - Cancer death rates per 100,000 people (2005): Northern Strafford County, 205.3; All of Strafford County, 186.5; NH, 190.6.
 - Heart disease death rate per 100,000 people (2005): Northern Strafford County, 201.2; All of Strafford County, 171.4; NH, 195.7.
 - Diabetes is the sixth leading cause of death in FMH’s service area, as approximately 25 people per 100,000 die from the disease each year. Diabetes is also highly correlated with other prominent health and lifestyle issues such as obesity (including childhood obesity), lack of exercise, and more sedentary lifestyles.
- Drug and Alcohol Early Detection and Treatment – Access / Availability of Alcohol / Drug Treatment. Given the direct and secondary impact of these behaviors, community and steering committee members identified this as an on-going community need. “This will always be an issue, to some extent,” one said. According to 2007 BRFSS and YRBSS data, approximately one in six (16%) Strafford County residents has participated in binge drinking within the last 30 days (more than one in four, 28%, high school age children); nearly one in four school children has sold, been offered, or been given illegal drugs on school property; and, approximately 20% have used other drugs.
- Behavioral health – early detection and intervention. Behavioral health is a broad enough category that it impacts every age group in the service area. Community leaders identified the need for learning disabilities screenings for children; stress management and marriage and family issues for working adults; and, dementia spectrum issues, socialization issues, and for seniors. One said, “This is one of those issues that can affect everything else.”
- Insurance coverage rates. Community members and others involved in the Community Needs Assessment project often mentioned the socio-economic issues that face northern Strafford County, and that insurance coverage, or the absence of it – especially in these difficult times - impact when and where patients receive services. The lack of insurance was identified as a reason for delayed or omitted healthcare treatment – often leading to an Emergency Department visit to treat an avoidable condition. “Insurance coverage impacts every community need that we have identified,” explained one committee member.

The steering committee discussed these priorities in the context of past and future collaborative efforts in addressing the region’s health issues, e.g. transportation and dental care. The group acknowledged that some of the prioritized needs have greater importance for individual agencies or organizations. It was also agreed that substantial and on-going efforts are underway to address many of the needs and that a collaborative approach can be helpful.

The steering committee agreed that the assessment could be a springboard to additional collaborative work and agreed to conclude their work with the joint statement:

We encourage our organizations and others to participate in collaborative, multi-service initiatives and to convene future meetings to help support new and on-going efforts to address these needs.

Appendix: Part 1

Appendix A: Steering Committee Presentation Details

Three working sessions were held with the steering committee.

- During the first session which was held at the outset of the project, steering committee members critiqued the project methodology and the strategic purpose of the community assessment, provided their insights regarding effective ways to gather pertinent information (quantitative and qualitative), and helped generate an initial list of community needs, available resources, and potential service gaps. The presentation used to guide the discussion is attached to this report as a separate appendix.
- The second meeting included a review of community health data (presented by Betsey Andrews Parker of the Northern Strafford County Health and Safety Council) and the findings of the community focus group. Based on these two major research components, the steering committee helped refine and append the initial list of needs, resources, and service gaps. The two presentations included in the meeting are attached in a separate appendix.
- At the third working session, the steering committee reviewed community assessment preliminary results and provided insight regarding the prioritized list of community needs and next steps.

Throughout the project, information was exchanged regularly via email or telephone conversations with steering committee members and others.

Appendix B: Health Issues Evaluated in the Modified Delphi Method

During steering committee discussions and community research, 26 community health needs were identified. Steering Committee members and community leaders were then asked to rate the needs on a 10-point scale in order to develop a prioritized list (with “10” indicating the greatest need and “1” indicating the least need). The results of the evaluation are contained in the table below.

Health Issue Evaluation Scores	
Health Issues	Evaluation Mean
Dental health services	7.71
Elder care services	7.18
Dementia spectrum issues	7.13
Interagency awareness of services / communications	7.07
Obesity / Nutrition / Exercise	7.00
Transportation	7.00
Public education of available community health services	6.87
Chronic disease screenings – hypertension, cancer, heart disease	6.67
Drug and alcohol early detection and treatment	6.50
Diabetes awareness and management	6.40
Behavioral health – early detection and intervention	6.35
Insurance coverage rates	6.33
End of life issues	6.27
Pediatric health and development - identification / intervention	6.27
Smoking cessation	6.13
Sex education; teen pregnancy	5.88
Mammography screenings	5.63
Parenting classes	5.60
Drug and alcohol prevention	5.56
Domestic violence and abuse prevention	5.53
Stress management	4.93
Environmental issues - lead exposure / poisoning, waterborne arsenic	4.87
Vocational rehabilitation	4.80
Autism spectrum – early detection and services	4.67

Note that the initial list of issues developed by the steering committee and community leaders included two additional items that were excluded from the above list due to being too broad – Educational attainment, and Availability of affordable healthcare.

When generating the final list of nine prioritized community needs, the steering committee decided to combine some categories due to the high amount of overlap. Specifically, Elder care services, Dementia spectrum issues, and End of life issues were consolidated. Also, Interagency awareness of services / communications and Public education of available community health services were combined, as well.

Appendix C: BRFSS and YRBS Data

Comparison Between NH Students and U.S. Students 2007 YRBS

The Youth Risk Behavior Survey (YRBS) monitors priority health risk behaviors that contribute to the leading causes of death, disability, and social problems among youth and adults in the United States. The national YRBS is conducted every two years during the spring semester and provides data representative of 9th through 12th grade students in public and private schools throughout the United States. The New Hampshire YRBS also is conducted every 2 years and provides data representative of 9th through 12th grade students in public schools throughout New Hampshire.

Behaviors that Contribute to Unintentional Injuries and Violence			
Issue	NH Students %	U.S. Students %	NH Students Are At:
Rarely or never wore a seat belt (When riding in a car driven by someone else.)	11.7 (9.5 - 14.4)	11.1 (8.9 - 13.8)	Equal risk
Rode with a driver who had been drinking alcohol (In a car or other vehicle one or more times during the 30 days before the survey.)	25.4 (23.0 - 28.1)	29.1 (27.2 - 31.2)	Less risk
Carried a weapon (For example, a gun, knife, or club on at least 1 day during the 30 days before the survey.)	18.1 (15.4 - 21.2)	18.0 (16.3 - 19.8)	Equal risk
In a physical fight (One or more times during the 12 months before the survey.)	27.0 (24.3 - 29.9)	35.5 (34.0 - 37.1)	Less risk
Did not go to school because they felt unsafe at school or on their way to or from school (On at least 1 day during the 30 days before the survey.)	4.5 (3.5 - 5.8)	5.5 (4.7 - 6.3)	Equal risk
Seriously considered attempting suicide (During the 12 months before the survey.)	13.7 (12.1 - 15.5)	14.5 (13.4 - 15.6)	Equal risk
Attempted suicide (One or more times during the 12 months before the survey.)	5.5 (4.3 - 6.9)	6.9 (6.3 - 7.6)	Less risk
Tobacco Use			
Lifetime cigarette use (Ever tried cigarette smoking, even one or two puffs.)	NA	50.3 (47.2 - 53.5)	NA
Current cigarette use (Smoked cigarettes on at least 1 day during the 30 days before the survey.)	19.0 (16.5 - 21.7)	20.0 (17.6 - 22.6)	Equal risk
Current smokeless tobacco use (Used chewing tobacco, snuff, or dip on at least 1 day during the 30 days before the survey.)	7.2 (5.8 - 8.8)	7.9 (6.3 - 9.8)	Equal risk
Alcohol and Other Drug Use			
Lifetime alcohol use (Had at least one drink of alcohol on at least 1 day during their life.)	71.2 (67.5 - 74.6)	75.0 (72.4 - 77.4)	Equal risk

Current alcohol use (Had at least one drink of alcohol on at least 1 day during the 30 days before the survey.)	44.8 (41.2 - 48.5)	44.7 (42.4 - 47.0)	Equal risk
Episodic heavy drinking (Had five or more drinks of alcohol in a row within a couple hours on at least 1 day during the 30 days before the survey.)	28.4 (25.2 - 31.9)	26.0 (24.0 - 28.0)	Equal risk
Lifetime marijuana use (Used marijuana one or more times during their life.)	39.9 (36.1 - 43.9)	38.1 (35.5 - 40.7)	Equal risk
Lifetime cocaine use (Used any form of cocaine, including powder, crack, or freebase one or more times during their life.)	8.8 (7.1 - 10.8)	7.2 (6.2 - 8.2)	Equal risk
Lifetime methamphetamine use (Used methamphetamines [also called speed, crystal, crank, or ice] one or more times during their life.)	5.6 (4.4 - 7.1)	4.4 (3.7 - 5.3)	Equal risk
Lifetime inhalant use (Sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high one or more times during their life.)	12.8 (11.1 - 14.7)	13.3 (12.1 - 14.6)	Equal risk
Offered, sold, or given an illegal drug by someone on school property (During the 12 months before the survey.)	22.5 (20.1 - 25.1)	22.3 (20.3 - 24.4)	Equal risk
Sexual Behaviors that Contribute to Unintended Pregnancy and STDs, including HIV Infection			
Ever had sexual intercourse	44.7 (40.3 - 49.2)	47.8 (45.1 - 50.6)	Equal risk
Currently sexually active (Had sexual intercourse with at least one person during the 3 months before the survey.)	34.1 (30.3 - 38.0)	35.0 (32.8 - 37.2)	Equal risk
Had sexual intercourse with four or more persons during their life	11.6 (9.8 - 13.8)	14.9 (13.4 - 16.5)	Less risk
Did not use a condom during last sexual intercourse (Among students who were currently sexually active.)	35.8 (31.3 - 40.5)	38.5 (36.4 - 40.6)	Equal risk
Physical Activity			
Did not meet recommended levels of physical activity (Were not physically active doing any kind of physical activity that increased their heart rate and made them breathe hard some of the time for a total of at least 60 minutes per day on 5 or more days during the 7 days before the survey.)	53.1 (50.1 - 56.1)	65.3 (63.0 - 67.5)	Less risk
Watched television 3 or more hours per day (On an average school day.)	25.1 (22.8 - 27.5)	35.4 (33.1 - 37.7)	Less risk
Did not attend physical education classes daily (5 days in an average week when they were in school.)	82.8 (78.5 - 86.3)	69.7 (64.2 - 74.6)	Greater risk
Obesity and Dietary Behaviors			
Were obese (Students who were \geq 95th percentile for body mass index, by age and sex, based on reference data.)	11.7 (9.8 - 13.8)	13.0 (11.9 - 14.1)	Equal risk
Ate fruits and vegetables less than five times per day (100% fruit juices, fruit, green salad, potatoes [excluding French fries, fried potatoes, or potato chips], carrots, or other vegetables during the 7 days before the survey.)	77.7(75.2 - 80.0)	78.6 (76.9 - 80.2)	Equal risk
Drank a can, bottle, or glass of soda or pop at least one time per day (Not including diet soda or diet pop, during the 7 days before the survey.)	24.2 (21.2 - 27.4)	33.8 (31.0 - 36.8)	Less risk

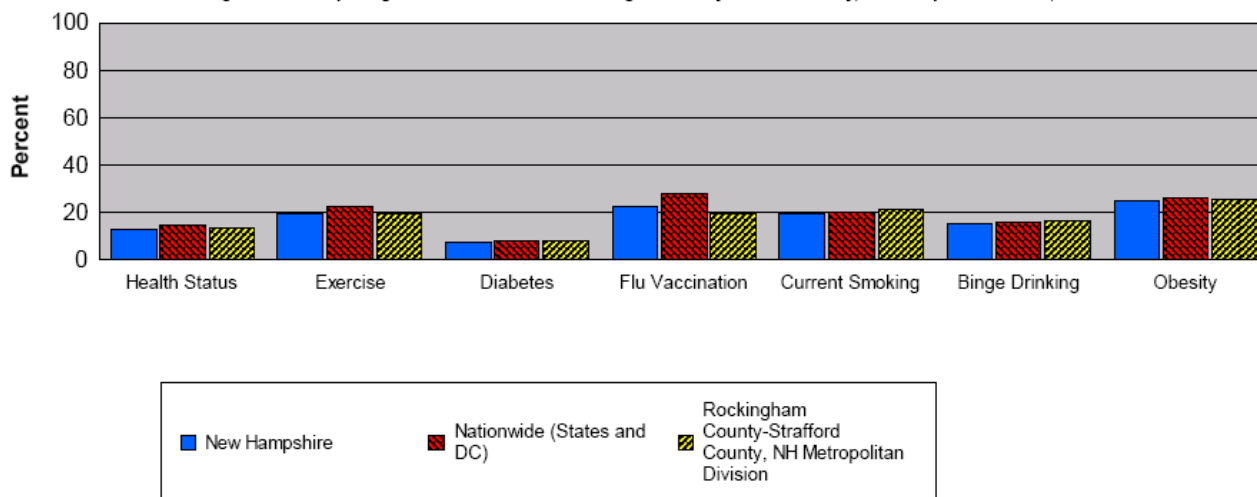
Compared to U.S. students, based on t-test analyses, $p < .05$. 2. 95% confidence interval. NA = Not available.

SMART BRFSS

(Selected Metropolitan/Micropolitan Area* Risk Trends from the Behavioral Risk Factor Surveillance System)

Rockingham County-Strafford County, NH Metropolitan Division

Percentage of Adults Reporting Selected Health Risks - Rockingham County-Strafford County, NH Metropolitan Division, BRFSS 2007.



Survey Definitions

Health Status - Percentage of adults reporting general health as fair or poor

Exercise - Percentage of adults reporting doing no leisure time exercise or physical activity in the past 30 days

Diabetes - Percentage of adults told by doctor they have diabetes

Flu Vaccination - Percentage of adults aged 65 or older reporting not having had a flu shot within the past 12 months

Current Smoking - Percentage of adults reporting having smoked at least 100 cigarettes in their lifetime and currently smoke

Binge Drinking - Percentage of adults reporting having five or more drinks on an occasion, one or more times in the past month

Obesity - Percentage of adults reporting Body Mass Index greater than or equal to 30.0

* Metropolitan statistical area - Group of counties that contain at least one urbanized area of 50,000 or more inhabitants. Micropolitan statistical area - Group of counties that contain at least one urban cluster of at least 10,000 but less than 50,000 inhabitants. Metropolitan Division - Smaller group of counties within a metropolitan statistical area which contains 2.5 million or more inhabitants. (Source: U.S. Office of Management and Budget)

SMART BRFS

(Selected Metropolitan/Micropolitan Area Risk Trends from the Behavioral Risk Factor Surveillance System)

Rockingham County-Strafford County, NH Metropolitan Division

Percentage of Adults Reporting Selected Health Risks - Rockingham County-Strafford County, NH Metropolitan Division and Selected Counties, BRFS 2007.

	Nationwide (States and DC) Median % *	New Hampshire % (±95% CI)†	Rockingham County - Strafford County, NH Metropolitan Division % (±95% CI)	Rockingham County, NH % (±95% CI)	Strafford County, NH % (±95% CI)
Health Status	14.9	12.7 (±1.0)	12.9 (±2.0)	11.1 (±2.2)	17.0 (±3.8)
Exercise	22.6	19.1 (±1.2)	19.6 (±2.4)	18.0 (±2.8)	23.3 (±4.6)
Diabetes	8.0	7.2 (±0.8)	8.2 (±1.6)	7.7 (±1.8)	8.9 (±2.6)
Flu Vaccination	28.0	22.4 (±2.4)	19.5 (±4.2)	19.7 (±5.3)	18.9 (±6.5)
Current Smoking	19.8	19.3 (±1.4)	21.1 (±2.8)	20.0 (±3.2)	23.7 (±4.8)
Binge Drinking	15.8	15.5 (±1.4)	16.7 (±2.6)	17.7 (±3.2)	15.5 (±4.0)
Obesity	26.3	25.1 (±1.4)	25.8 (±2.8)	25.9 (±3.4)	25.4 (±4.4)

* Median percentage of States and District of Columbia in applicable years, excluding territories.

NA = Prevalence estimate not available if the unweighted sample size for the denominator was < 50 or the CI half width > 10.

† CI Confidence Interval.

For more information, please contact the New Hampshire BRFS State coordinator Susan Knight, MSPH at 603-271-4671 or go to www.cdc.gov/brfs

Source: US Center for Disease Control and Prevention, 2008.

Appendix D: Supporting Community Health Data Tables

The following data tables were used to develop the content of the presentation regarding the State of New Hampshire morbidity, mortality, risk assessment, and demographics that was shared with the Community Needs Assessment steering committee.

Population of Strafford County by Region, Municipality, and Geographic Service Area			
Total Population			
Municipality	1990	2000	Estimated 2005
Barrington	6,164	7,475	8,175
Dover	25,042	26,884	28,728
Durham	11,818	12,664	13,443
Farmington	5,739	5,774	6,710
Lee	3,729	4,145	4,436
Madbury	1,404	1,509	1,748
Middleton	1,183	1,440	1,710
Milton	3,691	3,910	4,372
New Durham	1,974	2,220	2,488
Rochester	26,630	28,461	30,684
Rollinsford	2,645	2,648	2,662
Somersworth	11,249	11,477	11,880
Strafford	2,965	3,626	3,985
Strafford Co.	104,233	112,233	121,021
Southern Region			
Municipality	1990	2000	Estimated 2005
Barrington	6,164	7,475	8,175
Dover	25,042	26,884	28,728
Durham	11,818	12,664	13,443
Lee	3,729	4,145	4,436
Madbury	1,404	1,509	1,748
Rollinsford	2,645	2,648	2,662
Somersworth	11,249	11,477	11,880
Southern Region	62,051	66,802	71,072
Northern Region			
Municipality	1990	2000	Estimated 2005
Farmington	5,739	5,774	6,710
Middleton	1,183	1,440	1,710
Milton	3,691	3,910	4,372
New Durham	1,974	2,220	2,488
Rochester	26,630	28,461	30,684
Strafford	2,965	3,626	3,985
Northern Region	42,182	45,431	49,949

Source: US Census Bureau, 2008.

**Population of Strafford County by Region, Municipality,
and Geographic Service Area**

	Geographic Service Area			
Municipality	1990	2000	Estimated 2005	% Change 2005 vs. 1990
Barrington	6,164	7,475	8,175	33%
Farmington	5,739	5,774	6,710	17%
Middleton	1,183	1,440	1,710	45%
Milton	3,691	3,910	4,372	18%
New Durham	1,974	2,220	2,488	26%
Rochester	26,630	28,461	30,684	15%
Somersworth	11,249	11,477	11,880	6%
Strafford	2,965	3,626	3,985	34%
Geographic Service Area	59,595	64,383	70,004	17%

Source: US Census Bureau, 2008.

Top Mental Health ED Hospitalizations, New Hampshire, 1998-2002

Public Health Network	5-year Total	5-year Rate / 100,000 (95% C.I)
Depressive disorder NEC	8,436	169.7 (166.0 , 173.3)
Anxiety state NOS	7,737	154.9 (151.4 , 158.3)
Alcohol abuse-unspec	4,661	93.4 (90.7 , 96.1)
Neurotic disorder NOS	3,332	67.1 (64.8 , 69.4)
Panic disorder	2,327	46.8 (44.9 , 48.7)
Depress psychosis-unspec	1,450	29.0 (27.5 , 30.5)
Tension headache	1,439	29.0 (27.5 , 30.5)
Bipolar affective NOS	1,409	28.1 (26.6 , 29.5)
Psychosis NOS	1,308	26.2 (24.8 , 27.7)
Ac alcohol intox-unspec	1,143	21.8 (20.5 , 23.1)
Alcoh dep NEC/NOS-unspec	1,127	21.6 (20.4 , 22.9)
Neurotic depression	1,088	21.8 (20.5 , 23.1)
Drug withdrawal syndrome	1,005	19.9 (18.7 , 21.2)
Postconcussion syndrome	858	17.4 (16.3 , 18.6)
Alcohol withdrawal	779	14.8 (13.8 , 15.8)

Top Mental Health ED Hospitalizations, Northern Strafford County Health & Safety Council, 1998-2002

Public Health Network	5-year Total	5-year Rate / 100,000 (95% C.I)
Depressive disorder NEC	441	245.3 (222.3 , 268.3)
Anxiety state NOS	425	231.0 (208.9 , 253.1)
Alcohol abuse-unspec	238	133.6 (116.6 , 150.7)
Neurotic disorder NOS	166	92.0 (77.9 , 106.1)
Depress psychosis-unspec	111	61.5 (50.0 , 73.1)
Panic disorder	104	57.2 (46.1 , 68.2)
Psychosis NOS	103	56.4 (45.4 , 67.3)
Bipolar affective NOS	94	51.1 (41.3 , 62.5)
Tension headache	77	41.8 (33.0 , 52.3)
Drug withdrawal syndrome	58	31.3 (23.8 , 40.4)
Stress react, emotional	57	30.3 (22.9 , 39.2)
Recur depression psych-severe	52	28.6 (21.3 , 37.5)
Post-concussion syndrome	50	28.6 (21.2 , 37.7)
Recurr depr psychos-unsp	50	27.8 (20.6 , 36.7)
Alcoh dep NEC/NOS-unspec	48	25.2 (18.5 , 33.4)

*All mental health diagnoses with an ICD-9-CM principal diagnosis between 290 and 32099
Source: State of New Hampshire, Hospital Discharge Data 1998-2002

**Top Mental Health ED Hospitalizations,
Southern Strafford Community Health Coalition, 1998-2002**

Public Health Network	5-year Total	5-year Rate / 100,000 (95% C.I)
Anxiety state NOS	451	160.5 (145.4 , 175.7)
Depressive disorder NEC	415	144.8 (130.6 , 159.1)
Alcohol abuse-unspec	270	88.7 (77.8 , 99.6)
Panic disorder	147	52.9 (44.2 , 61.6)
Neurotic disorder NOS	139	50.1 (41.6 , 58.6)
Tension headache	121	42.2 (34.5 , 49.8)
Psychosis NOS	70	27.7 (21.6 , 35.0)
Drug withdrawal syndrome	68	24.7 (19.2 , 31.3)
Alcohol withdrawal	66	25.4 (19.7 , 32.4)
Stress react, emotional	66	23.9 (18.5 , 30.4)
Bipolar affective NOS	65	23.4 (18.1 , 29.8)
Post-concussion syndrome	52	18.6 (13.9 , 24.4)
Psychogenic respire. Disorder	44	13.6 (9.9 , 18.3)
Recur depression psych-severe	40	14.9 (10.6 , 20.3)
Depress psychosis-unspecified	34	12.3 (8.5 , 17.2)

*All mental health diagnoses with an ICD-9-CM principal diagnosis between 290 and 32099

Source: State of New Hampshire, Hospital Discharge Data 1998-2002

Teen Births* by Public Health Network, New Hampshire Residents, 1998-2002

Public Health Network	Total Teen Births	5 Year Female - 15-19 Population	5-year Crude Teen Birth Rate per 100,000
Northern Health Service Area	329	17,620	1,867.2
Southern Health Service Area	219	30,465	718.9

*All statistics are generated from birth certificates recorded at the Secretary of State's Office and define teens as being between 15 and 19 years of age.

Percentage of Population by Municipality and Education		
Municipality	High school degree or higher	Bachelor's degree or higher
Barrington	91%	28%
Farmington	73%	10%
Middleton	77%	8%
Milton	82%	9%
New Durham	90%	25%
Rochester	83%	15.20%
Somersworth	84%	19%
Strafford	93%	29%
Geographic Service Area	84%	18%
NH	87%	29%
US	80%	24%

Median Income by Municipality	
Municipality	Median income
Barrington	\$50,630
Farmington	\$40,971
Middleton	\$43,529
Milton	\$48,033
New Durham	\$52,270
Rochester	\$40,596
Somersworth	\$42,739
Strafford	\$62,238
Geographic Service Area	\$47,626
NH	\$49,467

Families Living Below the Poverty Line	
Municipality	Families below poverty
Barrington	3.6%
Farmington	6.3%
Middleton	4.5%
Milton	6.1%
New Durham	3.7%
Rochester	6.3%
Somersworth	6.3%
Strafford	1.0%
Geographic Service Area	4.7%
NH	5.5%
US	9.5%

New Hampshire and Counties, Age 5 - 17 in Families in Poverty, 2003				
Place	Number	90% Confidence Interval	Percent	90% Confidence Interval
Belknap	755	483 to 1,027	7.5%	4.8% to 10.2%
Carroll	582	374 to 790	7.9%	5.1% to 10.7%
Cheshire	802	518 to 1,086	6.5%	4.2% to 8.8%
Coos	539	343 to 735	10.4%	6.6% to 14.2%
Grafton	813	522 to 1,104	6.5%	4.2% to 8.9%
Hillsborough	4,141	2,720 to 5,562	5.6%	3.6% to 7.5%
Merrimack	1,458	948 to 1,968	5.8%	3.8% to 7.8%
Rockingham	1,891	1,235 to 2,547	3.4%	2.2% to 4.6%
Strafford	1,525	991 to 2,059	7.8%	5.1% to 10.6%
Sullivan	634	402 to 866	9.1%	5.7% to 12.4%
NH	13,140	9,999 to 16,281	5.7%	4.4% to 7.1%

Source: U.S. Bureau of the Census, SAIFE

New Hampshire and Counties, All Ages in Families in Poverty, 2003				
Place	Number	90% Confidence Interval	Percent	90% Confidence Interval
Belknap	4,409	3,356 to 5,463	7.3%	5.6% to 9.0%
Carroll	3,442	2,617 to 4,267	7.3%	5.6% to 9.1%
Cheshire	5,285	4,041 to 6,528	7.2%	5.5% to 8.9%
Coos	3,178	2,413 to 3,943	9.6%	7.3% to 12.0%
Grafton	5,638	4,297 to 6,978	7.2%	5.5% to 8.9%
Hillsborough	24,933	19,393 to 30,473	6.3%	4.9% to 7.7%
Merrimack	8,813	6,780 to 10,845	6.3%	4.8% to 7.7%
Rockingham	13,155	10,198 to 16,113	4.5%	3.5% to 5.5%
Strafford	9,701	7,451 to 11,950	8.5%	6.5% to 10.5%
Sullivan	3,225	2,460 to 3,991	7.6	5.8 to 9.4
NH	81,779	73,264 to 90,294	6.4%	5.7% to 7.1%

Source: U.S. Bureau of the Census, SAIFE

Diabetes-Related ED Hospitalizations by Public Health Network (PHN), New Hampshire, 1998-2002

Public Health Network	5-year Total	5-year Rate / 100,000 (95% C.I.)
Berlin/Gorham Area Health and Safety Partnership PHN	1,792	2138.0 (2035.8 , 2240.1)
Capital Area Public Health Network	9,544	2051.8 (2010.3 , 2093.2)
Caring Community Network of the Twin Rivers PHN	2,718	2030.0 (1953.4 , 2106.6)
Cheshire Public Health Network PHN	1,458	814.0 (772.0 , 856.0)
Great North Woods Public Health Network	693	1677.8 (1551.6 , 1804.1)
Greater Derry Health & Safety Council PHN	2,952	639.5 (615.4 , 663.7)
Greater Nashua Healthy Community Collaborative PHN	9,543	1421.4 (1392.4 , 1450.5)
Greater Portsmouth Public Health Network	2,167	1477.2 (1414.4 , 1540.0)
Littleton Area Health and Safety Partnership PHN	979	1486.5 (1392.6 , 1580.3)
Manchester Health Department	8,620	1289.4 (1262.1 , 1316.7)
Mascoma Valley Health Initiative PHN	377	1041.9 (934.4 , 1149.4)
Northern Strafford County Health & Safety Council	4,259	2335.6 (2265.2 , 2406.0)
Public Health and Safety Partnership of the Lakes Region	5,005	2242.3 (2179.3 , 2305.2)
Southern Strafford Community Health Coalition PHN	5,211	2185.9 (2126.3 , 2245.6)
Unknown PHN	18	*
Non-network PHN	15,889	1184.4 (1166.0 , 1202.9)
State Total	71,225	1429.5 (1419.0 , 1440.0)

Diabetes-Related Inpatient Hospitalizations by Public Health Network, New Hampshire, 1998-2002

Public Health Network	5-year Total	5-year Rate / 100,000 (95% C.I.)
Berlin/Gorham Area Health and Safety Partnership PHN	2,134	2369.6 (2266.8 , 2472.5)
Capital Area Public Health Network	6,095	1342.9 (1309.0 , 1376.8)
Caring Community Network of the Twin Rivers PHN	2,162	1610.6 (1542.6 , 1678.7)
Cheshire Public Health Network PHN	2,754	1509.4 (1452.8 , 1566.0)
Great North Woods Public Health Network	745	1719.1 (1595.1 , 1843.1)
Greater Derry Health & Safety Council PHN	5,483	1284.5 (1249.1 , 1319.9)
Greater Nashua Healthy Community Collaborative PHN	8,599	1363.8 (1334.5 , 1393.1)
Greater Portsmouth Public Health Network	1,890	1241.0 (1184.6 , 1297.4)
Littleton Area Health and Safety Partnership PHN	889	1327.0 (1239.4 , 1414.6)
Manchester Health Department	9,546	1453.3 (1424.0 , 1482.5)
Mascoma Valley Health Initiative PHN	462	1306.8 (1185.2 , 1428.4)
Non-network PHN	15,923	1178.5 (1160.2 , 1196.8)
Northern Strafford County Health & Safety Council	2,850	1595.7 (1536.9 , 1654.5)
Public Health and Safety Partnership of the Lakes Region	2,957	1248.7 (1203.4 , 1294.0)
Southern Strafford Community Health Coalition PHN	2,905	1246.7 (1201.2 , 1292.1)
State Total	65,394	1334.8 (1324.5 , 1345.1)

*Diabetes-related diagnoses were identified by searching across all diagnosis fields for ICD-9-CM code values beginning with 250

**New Hampshire Resident Fall Injury Osteoporosis Related Fracture Inpatient
Hospital Discharges by PHN and Age Group, 1998-2002**

Public Health Networks	Age Group	Discharges	Pop. Estimate	5-year Crude Rate / 100,000
NH Totals	0 to 4	2	382,886	*
NH Totals	05 to 14	4	906,759	*
NH Totals	15 to 24	1	787,939	*
NH Totals	25 to 34	1	812,354	*
NH Totals	35 to 44	4	1,093,357	*
NH Totals	45 to 54	22	917,341	2.4
NH Totals	55 to 64	74	558,782	13.2
NH Totals	65 to 74	216	390,073	55.4
NH Totals	75 to 84	577	255,235	226.1
NH Totals	85 plus	667	92,373	722.1
Berlin/Gorham Area Health and Safety Partnership PHN	45 to 54	1	11,554	*
Berlin/Gorham Area Health and Safety Partnership PHN	65 to 74	7	8,108	*
Berlin/Gorham Area Health and Safety Partnership PHN	75 to 84	22	6,045	364.0
Berlin/Gorham Area Health and Safety Partnership PHN	85 plus	19	2,145	885.9
Capital Area Public Health Network	45 to 54	2	91,018	*
Capital Area Public Health Network	55 to 64	6	49,759	*
Capital Area Public Health Network	65 to 74	28	33,810	82.8
Capital Area Public Health Network	75 to 84	61	23,263	262.2
Capital Area Public Health Network	85 plus	83	10,225	811.7
Caring Community Network of the Twin Rivers PHN	05 to 14	1	23,336	*
Caring Community Network of the Twin Rivers PHN	35 to 44	1	27,541	*
Caring Community Network of the Twin Rivers PHN	65 to 74	6	10,962	*
Caring Community Network of the Twin Rivers PHN	75 to 84	9	7,178	*
Caring Community Network of the Twin Rivers PHN	85 plus	12	2,525	475.3
Cheshire Public Health Network PHN	05 to 14	1	26,734	*
Cheshire Public Health Network PHN	55 to 64	3	19,229	*
Cheshire Public Health Network PHN	65 to 74	6	14,939	*
Cheshire Public Health Network PHN	75 to 84	16	10,569	151.4
Cheshire Public Health Network PHN	85 plus	29	4,185	693.0
Great North Woods Public Health Network	45 to 54	2	6,882	*
Great North Woods Public Health Network	65 to 74	2	3,626	*
Great North Woods Public Health Network	75 to 84	6	2,454	*
Great North Woods Public Health Network	85 plus	8	891	*
Greater Derry Health & Safety Council PHN	45 to 54	1	110,564	*
Greater Derry Health & Safety Council PHN	55 to 64	9	60,362	*
Greater Derry Health & Safety Council PHN	65 to 74	13	32,579	39.9
Greater Derry Health & Safety Council PHN	75 to 84	34	17,635	192.8
Greater Derry Health & Safety Council PHN	85 plus	42	5,262	798.1
Greater Nashua Healthy Community Collaborative PHN	25 to 34	1	133,650	*
Greater Nashua Healthy Community Collaborative PHN	35 to 44	1	177,086	*
Greater Nashua Healthy Community Collaborative PHN	45 to 54	2	136,319	*
Greater Nashua Healthy Community Collaborative PHN	55 to 64	12	81,027	14.8
Greater Nashua Healthy Community Collaborative PHN	65 to 74	25	47,511	52.6
Greater Nashua Healthy Community Collaborative PHN	75 to 84	80	28,842	277.4
Greater Nashua Healthy Community Collaborative PHN	85 plus	81	9,962	813.1
Greater Portsmouth Public Health Network	35 to 44	1	26,651	*

**New Hampshire Resident Fall Injury Osteoporosis Related Fracture Inpatient
Hospital Discharges by PHN and Age Group, 1998-2002**

Public Health Networks	Age Group	Discharges	Pop. Estimate	5-year Crude Rate / 100,000
Greater Portsmouth Public Health Network	55 to 64	3	15,932	*
Greater Portsmouth Public Health Network	65 to 74	13	12,660	102.7
Greater Portsmouth Public Health Network	75 to 84	13	8,754	148.5
Greater Portsmouth Public Health Network	85 plus	22	3,694	595.6
Littleton Area Health and Safety Partnership PHN	45 to 54	1	11,764	*
Littleton Area Health and Safety Partnership PHN	55 to 64	1	7,851	*
Littleton Area Health and Safety Partnership PHN	65 to 74	7	5,302	*
Littleton Area Health and Safety Partnership PHN	75 to 84	16	3,717	430.5
Littleton Area Health and Safety Partnership PHN	85 plus	20	1,444	1385.1
Manchester Health Department	05 to 14	1	120,601	*
Manchester Health Department	45 to 54	4	119,146	*
Manchester Health Department	55 to 64	9	68,522	*
Manchester Health Department	65 to 74	31	49,638	62.5
Manchester Health Department	75 to 84	87	37,515	231.9
Manchester Health Department	85 plus	90	13,432	670.1
Mascoma Valley Health Initiative PHN	65 to 74	1	2,916	*
Mascoma Valley Health Initiative PHN	75 to 84	3	1,639	*
Mascoma Valley Health Initiative PHN	85 plus	5	468	*
Non-network PHN	0 to 4	2	87,416	*
Non-network PHN	05 to 14	1	216,129	*
Non-network PHN	15 to 24	1	198,030	*
Non-network PHN	35 to 44	1	258,004	*
Non-network PHN	45 to 54	4	233,354	*
Non-network PHN	55 to 64	19	151,134	12.6
Non-network PHN	65 to 74	46	113,641	40.5
Non-network PHN	75 to 84	149	72,530	205.4
Non-network PHN	85 plus	178	26,119	681.5
Northern Strafford County Health & Safety Council	55 to 64	1	20,032	*
Northern Strafford County Health & Safety Council	65 to 74	9	15,445	*
Northern Strafford County Health & Safety Council	75 to 84	15	9,207	162.9
Northern Strafford County Health & Safety Council	85 plus	10	2,814	355.3
Public Health and Safety Partnership of the Lakes Region	55 to 64	6	26,261	*
Public Health and Safety Partnership of the Lakes Region	65 to 74	5	20,630	*
Public Health and Safety Partnership of the Lakes Region	75 to 84	24	13,290	180.6
Public Health and Safety Partnership of the Lakes Region	85 plus	27	4,586	588.7
Southern Strafford Community Health Coalition PHN	45 to 54	5	41,234	*
Southern Strafford Community Health Coalition PHN	55 to 64	5	24,972	*
Southern Strafford Community Health Coalition PHN	65 to 74	17	18,308	92.9
Southern Strafford Community Health Coalition PHN	75 to 84	42	12,599	333.4
Southern Strafford Community Health Coalition PHN	85 plus	41	4,621	887.2

**Top Ten Cancer Prime-site Counts and Rates in Southern
Strafford PHN for 1997 to 2001**

PRIMSITE	Count	5-year Age Adjusted Rate / 100,000	95% CI
Breast (female)	294	102.41	90.69,114.13
Lung & Bronchus	202	72.31	62.34,82.29
Colorectal	179	63.36	54.07,72.65
Prostate	159	56.96	48.10,65.81
Bladder	65	23.22	17.92,29.60
Melanoma of the Skin	59	19.97	15.21,25.77
Non-Hodgkins Lymphoma	47	16.48	12.11,21.92
Uterine	42	14.83	10.69,20.04
Leukemia	36	12.15	8.51,16.82
Oral Cavity & Pharynx	29	9.95	6.66,14.29

Source: NH State Cancer Registry, SEER Cancer Statistics Review.

**Top Ten Cancer Prime-site Counts and Rates in Northern
Strafford PHN for 1997 to 2001**

PRIMSITE	Count	5-year Age Age Adjusted Rate / 100,000	95% CI
Lung & Bronchus	221	101.26	87.86,114.66
Breast (female)	206	92.15	79.52,104.78
Colorectal	167	77.2	65.43,88.97
Prostate	128	58.38	48.24,68.52
Bladder	68	31.08	24.14,39.41
Non-Hodgkins Lymphoma	42	18.71	13.48,25.28
Melanoma of the Skin	41	18.08	12.97,24.53
Uterine	32	14.4	9.85,20.33
Brain & other CNS	23	10.55	6.69,15.83
Oral Cavity & Pharynx	22	9.95	6.24,15.07

Source: NH State Cancer Registry, SEER Cancer Statistics Review.

Leading Causes of Death, Strafford County, 2005

Causes	Crude Rate / 100,000	Events
Malignant neoplasms	186.5	222
Diseases of heart	171.4	204
Accidents	40.3	48
Cerebrovascular diseases	37.8	45
Chronic lower respiratory diseases	35.3	42
Diabetes mellitus	24.4	29
Alzheimers disease	21.0	25
Influenza and pneumonia	17.6	21
Nephritis, nephrotic syndrome, and nephrosis	15.1	18
Intentional self-harm (suicide)	10.9	13

** Strafford County population 119,017 (Source: US Census Bureau, 2005).
Source: NH State Cancer Registry, SEER Cancer Statistics Review.

Leading Causes of Death, Crude Death Rate by Area, 2005

Leading Causes	Strafford County	Northern Region	NH
Malignant neoplasms	186.5	205.3	190.6
Diseases of heart	171.4	201.2	195.7
Accidents	40.3	37	33.5
Cerebrovascular diseases	37.8	41.1	43.7
Chronic lower respiratory diseases	35.3	43.1	45.3
Diabetes mellitus	24.4	24.6	23.3
Alzheimers disease	21.0		24.6
Influenza and pneumonia	17.6	20.5	20.0
Nephritis, nephrotic syndrome, and nephrosis	15.1		
Intentional self-harm (suicide)	10.9		
Septicemia			6.8

** Strafford County population 119,017 (Source: US Census Bureau, 2005).
Source: NH State Cancer Registry, SEER Cancer Statistics Review.

**New Hampshire Resident Deaths by Public Health Network, Age Group
(Excluding 0-Year Olds), and Non-Infant Leading Causes of Death, 1999-2001**

Northern Strafford County Health & Safety Council				
Age Group	Leading Causes of Death	Deaths	Pop	3-year Crude Rate per 100,000
05 to 14	Malignant neoplasms	2	20,764	*
15 to 24	Malignant neoplasms	1	15,977	*
15 to 24	Intentional self-harm (suicide)	2	15,977	*
15 to 24	Diseases of heart	1	15,977	*
15 to 24	Accidents	10	15,977	62.6
15 to 24	Other causes of death not classifiable as a leading causes	4	15,977	*
25 to 34	Pregnancy, childbirth and the puerperium	1	18,376	*
25 to 34	Malignant neoplasms	3	18,376	*
25 to 34	Intentional self-harm (suicide)	4	18,376	*
25 to 34	Diseases of heart	2	18,376	*
25 to 34	Congenital malformations, deformations and chromosomal abnormalities	1	18,376	*
25 to 34	Accidents	5	18,376	*
25 to 34	Other causes of death not classifiable as a leading causes	1	18,376	*
35 to 44	Malignant neoplasms	10	24,764	40.4
35 to 44	Intentional self-harm (suicide)	7	24,764	*
35 to 44	In situ neoplasms, benign neoplasms and neoplasms of uncertain or unknown behavior	1	24,764	*
35 to 44	Human immunodeficiency virus disease - HIV	1	24,764	*
35 to 44	Essential (primary) hypertension and hypertensive renal disease	1	24,764	*
35 to 44	Diseases of heart	4	24,764	*
35 to 44	Diabetes mellitus	3	24,764	*
35 to 44	Accidents	8	24,764	*
35 to 44	Other causes of death not classifiable as a leading causes	9	24,764	*
45 to 54	Viral hepatitis	3	19,287	*
45 to 54	Peptic ulcer	1	19,287	*
45 to 54	Nephritis, nephrotic syndrome and nephrosis	1	19,287	*
45 to 54	Malignant neoplasms	26	19,287	134.8
45 to 54	Intentional self-harm (suicide)	6	19,287	*
45 to 54	Influenza and pneumonia	1	19,287	*
45 to 54	Diseases of heart	15	19,287	77.8
45 to 54	Diabetes mellitus	2	19,287	*
45 to 54	Chronic lower respiratory diseases	2	19,287	*
45 to 54	Chronic liver disease and cirrhosis	2	19,287	*
45 to 54	Cerebrovascular Diseases	2	19,287	*
45 to 54	Accidents	3	19,287	*
45 to 54	Other causes of death not classifiable as a leading causes	8	19,287	*

**New Hampshire Resident Deaths by Public Health Network, Age Group
(Excluding 0-Year Olds), and Non-Infant Leading Causes of Death, 1999-2001**

Northern Strafford County Health & Safety Council

Age Group	Leading Causes of Death	Deaths	Pop	3-year Crude Rate per 100,000
55 to 64	Viral hepatitis	1	11,899	*
55 to 64	Septicemia	1	11,899	*
55 to 64	Nephritis, nephrotic syndrome and nephrosis	1	11,899	*
55 to 64	Malignant neoplasms	37	11,899	311.0
55 to 64	Diseases of heart	36	11,899	302.6
55 to 64	Diabetes mellitus	6	11,899	*
55 to 64	Chronic lower respiratory diseases	9	11,899	*
55 to 64	Chronic liver disease and cirrhosis	1	11,899	*
55 to 64	Cerebrovascular Diseases	4	11,899	*
55 to 64	Accidents	5	11,899	*
55 to 64	Other causes of death not classifiable as a leading causes	11	11,899	92.4
65 to 74	Parkinsons disease	3	9,288	*
65 to 74	Nephritis, nephrotic syndrome and nephrosis	3	9,288	*
65 to 74	Malignant neoplasms	80	9,288	861.3
65 to 74	Intentional self-harm (suicide)	2	9,288	*
65 to 74	Influenza and pneumonia	4	9,288	*
65 to 74	In situ neoplasms, benign neoplasms and neoplasms of uncertain or unknown behavior	1	9,288	*
65 to 74	Essential (primary) hypertension and hypertensive renal disease	1	9,288	*
65 to 74	Diseases of heart	55	9,288	592.1
65 to 74	Diabetes mellitus	9	9,288	*
65 to 74	Chronic lower respiratory diseases	21	9,288	226.1
65 to 74	Chronic liver disease and cirrhosis	2	9,288	*
65 to 74	Cholelithiasis and other disorders of gallbladder	1	9,288	*
65 to 74	Cerebrovascular Diseases	14	9,288	150.7
65 to 74	Atherosclerosis	3	9,288	*
65 to 74	Aortic aneurysm and dissection	2	9,288	*
65 to 74	Alzheimers disease	2	9,288	*
65 to 74	Accidents	7	9,288	*
65 to 74	Other causes of death not classifiable as a leading causes	22	9,288	236.9
75 to 84	Pneumonitis due to solids and liquids	1	5,516	*
75 to 84	Peptic ulcer	1	5,516	*
75 to 84	Parkinsons disease	4	5,516	*
75 to 84	Nephritis, nephrotic syndrome and nephrosis	6	5,516	*
75 to 84	Malignant neoplasms	78	5,516	1414.2
75 to 84	Influenza and pneumonia	11	5,516	199.4
75 to 84	In situ neoplasms, benign neoplasms and neoplasms of uncertain or unknown behavior	1	5,516	*
75 to 84	Hyperplasia of prostate	1	5,516	*

**New Hampshire Resident Deaths by Public Health Network, Age Group
(Excluding 0-Year Olds), and Non-Infant Leading Causes of Death, 1999-2001**

Northern Strafford County Health & Safety Council

Age Group	Leading Causes of Death	Deaths	Pop	3-year Crude Rate per 100,000
75 to 84	Essential (primary) hypertension and hypertensive renal disease	4	5,516	*
75 to 84	Diseases of heart	86	5,516	1559.2
75 to 84	Diabetes mellitus	18	5,516	326.4
75 to 84	Congenital malformations, deformations and chromosomal abnormalities	1	5,516	*
75 to 84	Complications of medical and surgical care	2	5,516	*
75 to 84	Chronic lower respiratory diseases	27	5,516	489.5
75 to 84	Chronic liver disease and cirrhosis	3	5,516	*
75 to 84	Cerebrovascular Diseases	26	5,516	471.4
75 to 84	Atherosclerosis	5	5,516	*
75 to 84	Aortic aneurysm and dissection	3	5,516	*
75 to 84	Alzheimers disease	9	5,516	*
75 to 84	Accidents	3	5,516	*
75 to 84	Other causes of death not classifiable as a leading causes	31	5,516	562.1
85 plus	Septicemia	2	1,674	*
85 plus	Pneumonitis due to solids and liquids	1	1,674	*
85 plus	Pneumoconioses and chemical effects	1	1,674	*
85 plus	Peptic ulcer	1	1,674	*
85 plus	Parkinsons disease	3	1,674	*
85 plus	Nephritis, nephrotic syndrome and nephrosis	8	1,674	*
85 plus	Malignant neoplasms	37	1,674	2210.1
85 plus	Influenza and pneumonia	7	1,674	*
85 plus	In situ neoplasms, benign neoplasms and neoplasms of uncertain or unknown behavior	1	1,674	*
85 plus	Hernia	1	1,674	*
85 plus	Essential (primary) hypertension and hypertensive renal disease	7	1,674	*
85 plus	Diseases of heart	121	1,674	7227.8
85 plus	Diabetes mellitus	7	1,674	*
85 plus	Chronic lower respiratory diseases	12	1,674	716.8
85 plus	Cholelithiasis and other disorders of gallbladder	1	1,674	*
85 plus	Cerebrovascular Diseases	40	1,674	2389.3
85 plus	Atherosclerosis	4	1,674	*
85 plus	Aortic aneurysm and dissection	1	1,674	*
85 plus	Alzheimers disease	10	1,674	597.3
85 plus	Accidents	4	1,674	*
85 plus	Other causes of death not classifiable as a leading causes	38	1,674	2269.9

**New Hampshire Resident Deaths by Public Health Network, Age Group
(Excluding 0-Year Olds), and Non-Infant Leading Causes of Death, 1999-2001**

Southern Strafford Community Health Coalition

Age Group	Leading Causes of Death	Deaths	Pop	3-year Crude Rate / 100,000
01 to 4	Malignant neoplasms	1	8,828	*
15 to 24	Malignant neoplasms	1	44,059	*
15 to 24	Intentional self-harm (suicide)	1	44,059	*
15 to 24	Diseases of heart	1	44,059	*
15 to 24	Accidents	9	44,059	*
25 to 34	Intentional self-harm (suicide)	2	27,691	*
25 to 34	Human immunodeficiency virus disease - HIV	1	27,691	*
25 to 34	Cerebrovascular Diseases	1	27,691	*
25 to 34	Assault (homicide)	2	27,691	*
25 to 34	Accidents	2	27,691	*
25 to 34	Other causes of death not classifiable as a leading causes	1	27,691	*
35 to 44	Septicemia	1	31,852	*
35 to 44	Malignant neoplasms	21	31,852	65.9
35 to 44	Intentional self-harm (suicide)	7	31,852	*
35 to 44	Human immunodeficiency virus disease - HIV	3	31,852	*
35 to 44	Diseases of heart	4	31,852	*
35 to 44	Diabetes mellitus	1	31,852	*
35 to 44	Congenital malformations, deformations and chromosomal abnormalities	1	31,852	*
35 to 44	Chronic liver disease and cirrhosis	2	31,852	*
35 to 44	Cerebrovascular Diseases	1	31,852	*
35 to 44	Assault (homicide)	1	31,852	*
35 to 44	Accidents	4	31,852	*
35 to 44	Other causes of death not classifiable as a leading causes	2	31,852	*
45 to 54	Pneumonitis due to solids and liquids	1	24,751	*
45 to 54	Malignant neoplasms	26	24,751	105.0
45 to 54	Intentional self-harm (suicide)	2	24,751	*
45 to 54	In situ neoplasms, benign neoplasms and neoplasms of uncertain or unknown behavior	1	24,751	*
45 to 54	Human immunodeficiency virus disease - HIV	1	24,751	*
45 to 54	Diseases of heart	13	24,751	52.5
45 to 54	Diabetes mellitus	3	24,751	*
45 to 54	Chronic lower respiratory diseases	1	24,751	*
45 to 54	Chronic liver disease and cirrhosis	1	24,751	*
45 to 54	Cerebrovascular Diseases	4	24,751	*
45 to 54	Assault (homicide)	1	24,751	*
45 to 54	Accidents	5	24,751	*
45 to 54	Other causes of death not classifiable as a leading causes	8	24,751	*
55 to 64	Septicemia	2	14,808	*
55 to 64	Nephritis, nephrotic syndrome and nephrosis	1	14,808	*

**New Hampshire Resident Deaths by Public Health Network, Age Group
(Excluding 0-Year Olds), and Non-Infant Leading Causes of Death, 1999-2001**

Southern Strafford Community Health Coalition

Age Group	Leading Causes of Death	Deaths	Pop	3-year Crude Rate / 100,000
55 to 64	Malignant neoplasms	57	14,808	384.9
55 to 64	Intentional self-harm (suicide)	3	14,808	*
55 to 64	Essential (primary) hypertension and hypertensive renal disease	1	14,808	*
55 to 64	Diseases of heart	25	14,808	168.8
55 to 64	Diabetes mellitus	5	14,808	*
55 to 64	Congenital malformations, deformations and chromosomal abnormalities	1	14,808	*
55 to 64	Chronic lower respiratory diseases	2	14,808	*
55 to 64	Cerebrovascular Diseases	10	14,808	67.5
55 to 64	Assault (homicide)	2	14,808	*
55 to 64	Aortic aneurysm and dissection	1	14,808	*
55 to 64	Alzheimers disease	1	14,808	*
55 to 64	Accidents	5	14,808	*
55 to 64	Other causes of death not classifiable as a leading causes	14	14,808	94.5
65 to 74	Septicemia	2	10,976	*
65 to 74	Pneumonitis due to solids and liquids	2	10,976	*
65 to 74	Parkinsons disease	1	10,976	*
65 to 74	Nutritional deficiencies	1	10,976	*
65 to 74	Nephritis, nephrotic syndrome and nephrosis	1	10,976	*
65 to 74	Malignant neoplasms	82	10,976	747.1
65 to 74	Intentional self-harm (suicide)	2	10,976	*
65 to 74	Influenza and pneumonia	2	10,976	*
65 to 74	In situ neoplasms, benign neoplasms and neoplasms of uncertain or unknown behavior	3	10,976	*
65 to 74	Diseases of heart	70	10,976	637.8
65 to 74	Diabetes mellitus	8	10,976	*
65 to 74	Chronic lower respiratory diseases	26	10,976	236.9
65 to 74	Chronic liver disease and cirrhosis	5	10,976	*
65 to 74	Cholelithiasis and other disorders of gallbladder	1	10,976	*
65 to 74	Cerebrovascular Diseases	14	10,976	127.6
65 to 74	Atherosclerosis	1	10,976	*
65 to 74	Assault (homicide)	1	10,976	*
65 to 74	Aortic aneurysm and dissection	3	10,976	*
65 to 74	Alzheimers disease	5	10,976	*
65 to 74	Accidents	4	10,976	*
65 to 74	Other causes of death not classifiable as a leading causes	29	10,976	264.2
75 to 84	Septicemia	6	7,572	*
75 to 84	Pneumonitis due to solids and liquids	1	7,572	*
75 to 84	Peptic ulcer	1	7,572	*
75 to 84	Parkinsons disease	4	7,572	*
75 to 84	Nutritional deficiencies	1	7,572	*

**New Hampshire Resident Deaths by Public Health Network, Age Group
(Excluding 0-Year Olds), and Non-Infant Leading Causes of Death, 1999-2001**

Southern Strafford Community Health Coalition

Age Group	Leading Causes of Death	Deaths	Pop	3-year Crude Rate / 100,000
75 to 84	Nephritis, nephrotic syndrome and nephrosis	5	7,572	*
75 to 84	Malignant neoplasms	94	7,572	1241.5
75 to 84	Intentional self-harm (suicide)	2	7,572	*
75 to 84	Influenza and pneumonia	3	7,572	*
75 to 84	In situ neoplasms, benign neoplasms and neoplasms of uncertain or unknown behavior	2	7,572	*
75 to 84	Essential (primary) hypertension and hypertensive renal disease	5	7,572	*
75 to 84	Diseases of heart	106	7,572	1399.9
75 to 84	Diabetes mellitus	16	7,572	211.3
75 to 84	Chronic lower respiratory diseases	18	7,572	237.7
75 to 84	Chronic liver disease and cirrhosis	1	7,572	*
75 to 84	Cerebrovascular Diseases	45	7,572	594.3
75 to 84	Atherosclerosis	2	7,572	*
75 to 84	Aortic aneurysm and dissection	1	7,572	*
75 to 84	Alzheimers disease	17	7,572	224.5
75 to 84	Accidents	7	7,572	*
75 to 84	Other causes of death not classifiable as a leading causes	55	7,572	726.4
85 plus	Septicemia	3	2,763	*
85 plus	Pneumonitis due to solids and liquids	2	2,763	*
85 plus	Parkinsons disease	5	2,763	*
85 plus	Nephritis, nephrotic syndrome and nephrosis	9	2,763	*
85 plus	Malignant neoplasms	69	2,763	2497.2
85 plus	Influenza and pneumonia	7	2,763	*
85 plus	Infections of kidney	1	2,763	*
85 plus	Essential (primary) hypertension and hypertensive renal disease	3	2,763	*
85 plus	Diseases of heart	157	2,763	5682.0
85 plus	Diseases of appendix	1	2,763	*
85 plus	Diabetes mellitus	12	2,763	434.3
85 plus	Congenital malformations, deformations and chromosomal abnormalities	1	2,763	*
85 plus	Chronic lower respiratory diseases	10	2,763	361.9
85 plus	Cholelithiasis and other disorders of gallbladder	1	2,763	*
85 plus	Cerebrovascular Diseases	30	2,763	1085.7
85 plus	Atherosclerosis	5	2,763	*
85 plus	Aortic aneurysm and dissection	2	2,763	*
85 plus	Anemias	3	2,763	*
85 plus	Alzheimers disease	27	2,763	977.2
85 plus	Accidents	5	2,763	*
85 plus	Other causes of death not classifiable as a leading causes	60	2,763	2171.5

Emergency Department Visits for Dental Caries, New Hampshire, 1999-2002

Public Health Network	4-year Dental Cary Visits	4-year Age-Adjusted Rate Per 100,000
Berlin/Gorham Area Health and Safety Partnership PHN	36	67.7 (47.4 , 93.7)
Capital Area Public Health Network	422	90.6 (81.9 , 99.3)
Caring Community Network of the Twin Rivers PHN	334	286.8 (255.9 , 317.7)
Cheshire Public Health Network PHN	32	21.2 (14.5 , 29.9)
Great North Woods Public Health Network	13	*
Greater Derry Health & Safety Council PHN	380	68.4 (61.4 , 75.4)
Greater Nashua Healthy Community Collaborative PHN	587	77.8 (71.4 , 84.2)
Greater Portsmouth Public Health Network	59	46.0 (35.0 , 59.4)
Littleton Area Health and Safety Partnership PHN	86	169.4 (135.5 , 209.2)
Manchester Health Department	2,950	414.9 (399.9 , 429.9)
Mascoma Valley Health Initiative PHN	20	53.8 (32.9 , 83.1)
Northern Strafford County Health & Safety Council	919	510.9 (477.7 , 544.0)
Public Health and Safety Partnership of the Lakes Region	93	55.0 (44.4 , 67.4)
Non-network PHN	1,213	104.4 (98.5 , 110.3)
Unknown PHN	1	not applicable
Southern Strafford Community Health Coalition PHN	511	176.3 (160.8 , 191.9)
Total	7,656	156.0 (152.5 , 159.5)

*Cases were identified where the primary diagnosis was for an ICD-9 diagnosis code of 521.0.

SOURCE: NH Hospital Discharge Data 1999-2002

Invasive Cancer Counts and Rates in Each PHN for 1997 to 2001

Public Health Network	5-year Invasive Cancer Count	5-year Age Adjusted Rate	95% Confidence Intervals
Berlin/Gorham Area Health and Safety Partnership PHN	469	427.24	(387.52,466.96)
Capital Area Public Health Network	2494	448.27	(430.59,465.95)
Caring Community Network of the Twin Rivers PHN	719	436.19	(404.27,468.11)
Cheshire Public Health Network PHN	1117	501.57	(472.06,531.07)
Great North Woods Public Health Network	232	431.23	(375.47,487.00)
Greater Derry Health & Safety Council PHN	2380	435.54	(417.24,453.83)
Greater Nashua Healthy Community Collaborative PHN	3574	455.25	(440.07,470.43)
Greater Portsmouth Public Health Network	880	472.4	(441.04,503.76)
Littleton Area Health and Safety Partnership PHN	349	427.62	(382.57,472.66)
Manchester Health Department	3618	452.15	(437.39,466.90)
Mascoma Valley Health Initiative PHN	173	379.42	(321.66,437.18)
Non-network PHN	7119	432.99	(422.92,443.06)
Northern Strafford County Health & Safety Council	1037	471.67	(442.85,500.49)
Public Health and Safety Partnership of the Lakes Region	1345	470.55	(445.29,495.82)
Southern Strafford Community Health Coalition PHN	1224	429.24	(405.15,453.33)

Prime Site Cancer Counts and Rates in Each PHN for 1997 to 2001

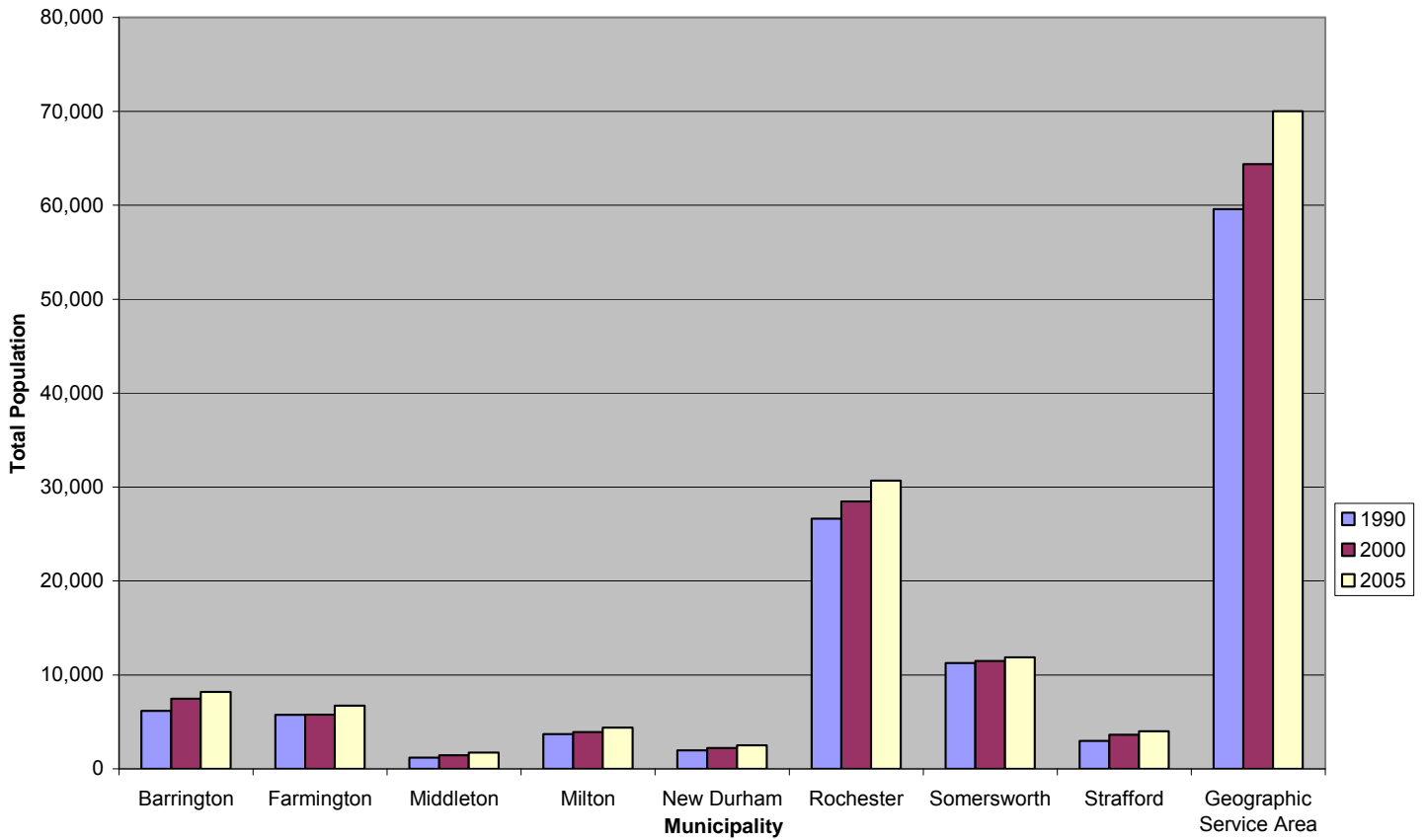
Public Health Network	5-year Primesite Cancer Count	5-year Age Adjusted Rate	95 % Confidence Intervals
Berlin/Gorham Area Health and Safety Partnership PHN	492	448.92	(408.16,489.68)
Capital Area Public Health Network	2823	505.09	(486.36,523.82)
Caring Community Network of the Twin Rivers PHN	778	471.31	(438.15,504.47)
Cheshire Public Health Network PHN	1200	539.88	(509.24,570.52)
Great North Woods Public Health Network	243	451.89	(394.80,508.98)
Greater Derry Health & Safety Council PHN	2555	463.45	(444.65,482.24)
Greater Nashua Healthy Community Collaborative PHN	3952	500.85	(484.97,516.74)
Greater Portsmouth Public Health Network	953	512.26	(479.59,544.94)
Littleton Area Health and Safety Partnership PHN	386	473.79	(426.33,521.25)
Manchester Health Department	3840	479.18	(464.00,494.36)
Mascoma Valley Health Initiative PHN	187	408.07	(348.34,467.80)
Non-network PHN	7661	465.96	(455.51,476.40)
Northern Strafford County Health & Safety Council	1133	513.77	(483.74,543.80)
Public Health and Safety Partnership of the Lakes Region	1469	515.46	(488.98,541.95)
Southern Strafford Community Health Coalition PHN	1318	461.92	(436.94,486.91)

Total Invasive Cancer Death Counts and Age Adjusted Rate in Each PHN for 1999 to 2001

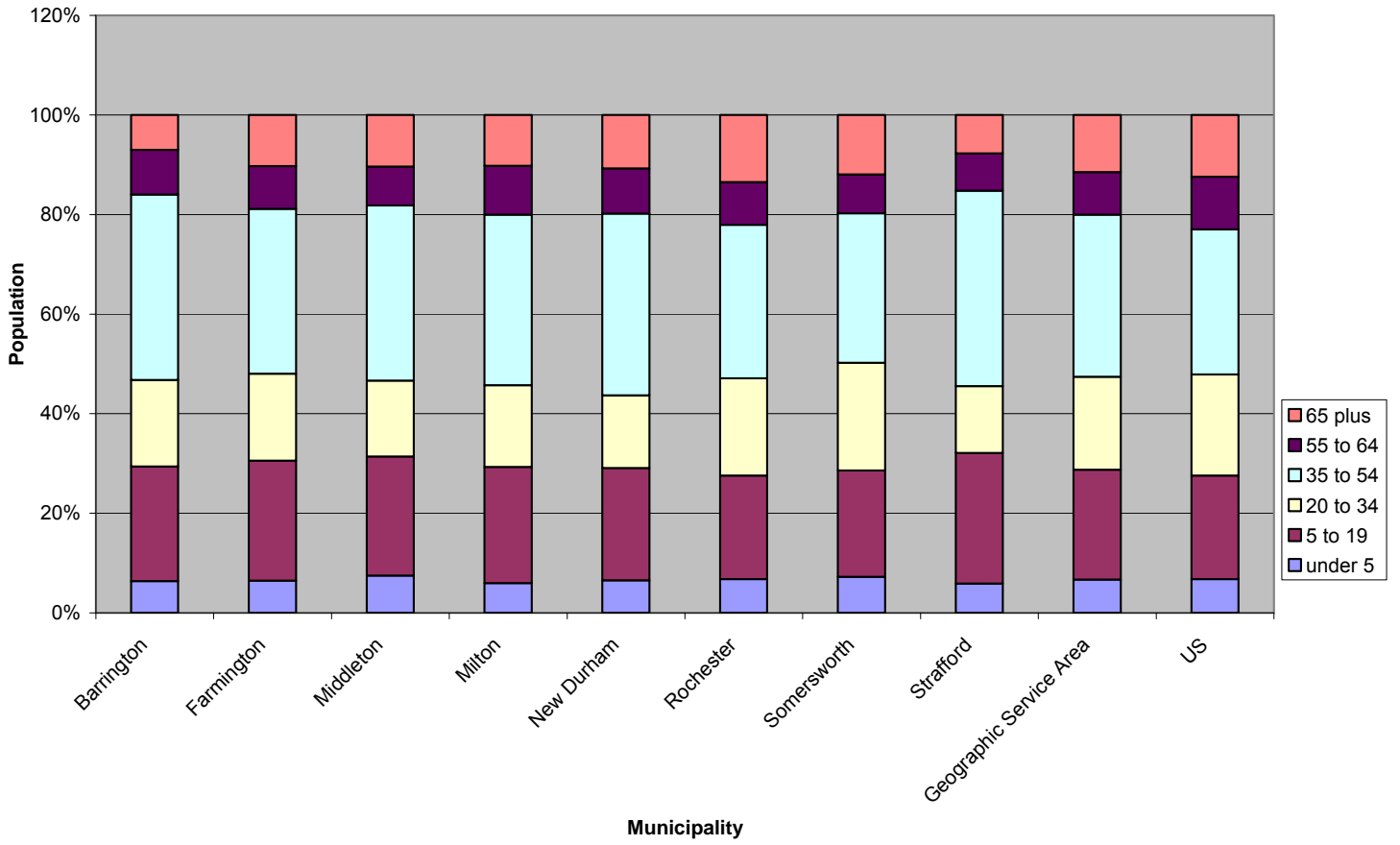
Public Health Network	3-year Invasive Cancer Death Count	3-year Age Adjusted Rate	95% Confidence Intervals
Berlin/Gorham Area Health and Safety Partnership PHN	130	110.82	91.41,130.24
Capital Area Public Health Network	511	92.8	84.71,100.88
Caring Community Network of the Twin Rivers PHN	151	91.67	77.03,106.3
Cheshire Public Health Network PHN	227	98.51	85.66,111.37
Great North Woods Public Health Network	59	107.18	81.59,138.26
Greater Derry Health & Safety Council PHN	496	101.33	92.05,110.61
Greater Nashua Healthy Community Collaborative PHN	688	95.25	88.04,102.46
Greater Portsmouth Public Health Network	170	88.67	75.29,102.05
Littleton Area Health and Safety Partnership PHN	76	91.57	72.15,114.61
Manchester Health Department	742	92.68	86.00,99.35
Mascoma Valley Health Initiative PHN	40	24.41	17.44,33.24
Non-network PHN	1630	99.22	94.40,104.04
Northern Strafford County Health & Safety Council	216	101.38	87.79,114.98
Public Health and Safety Partnership of the Lakes Region	316	108.67	96.67,120.66
Southern Strafford Community Health Coalition PHN	269	95.34	83.94,106.74

Appendix E: Selected Community Health Graphs of Data

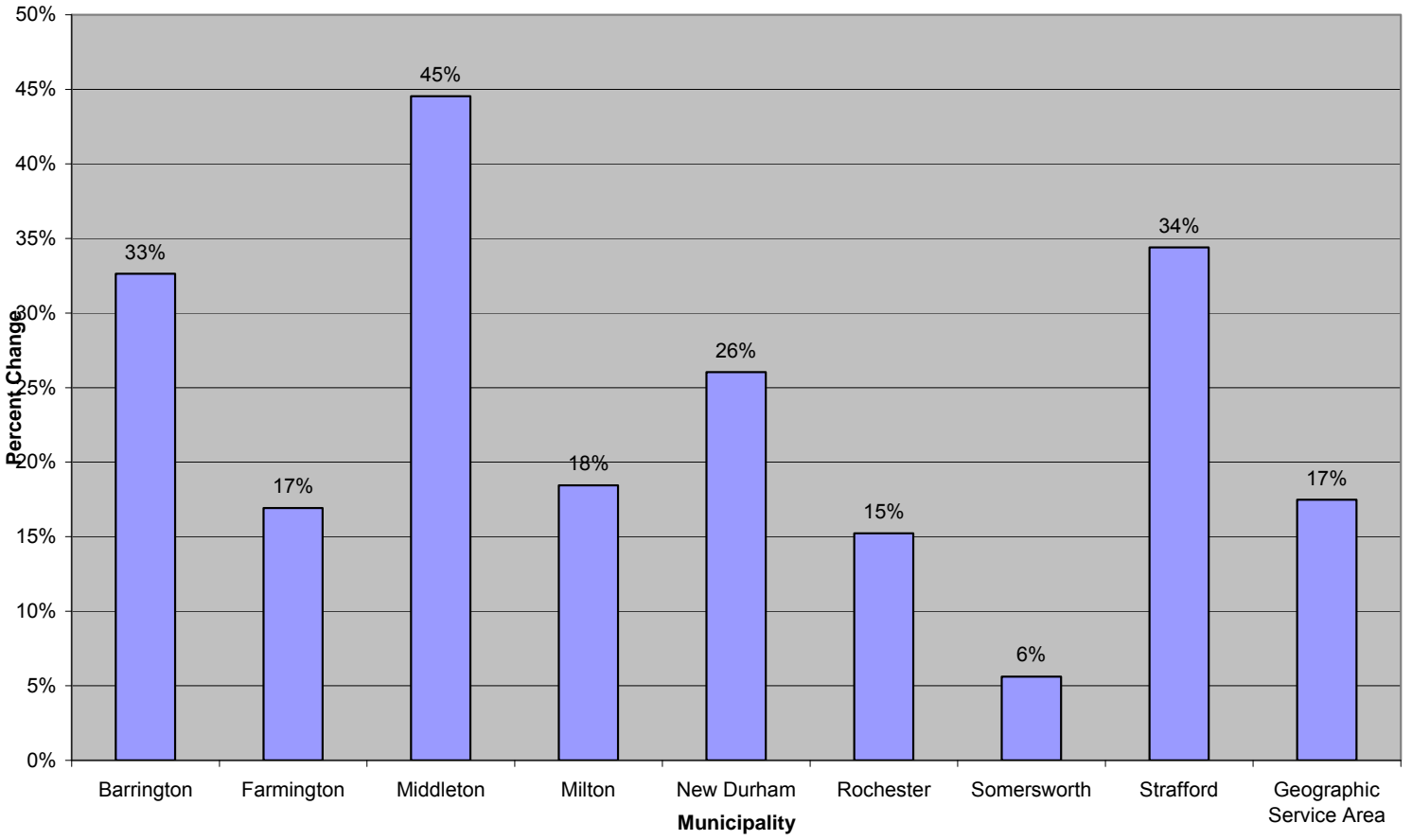
Population 1990,2000, 2005



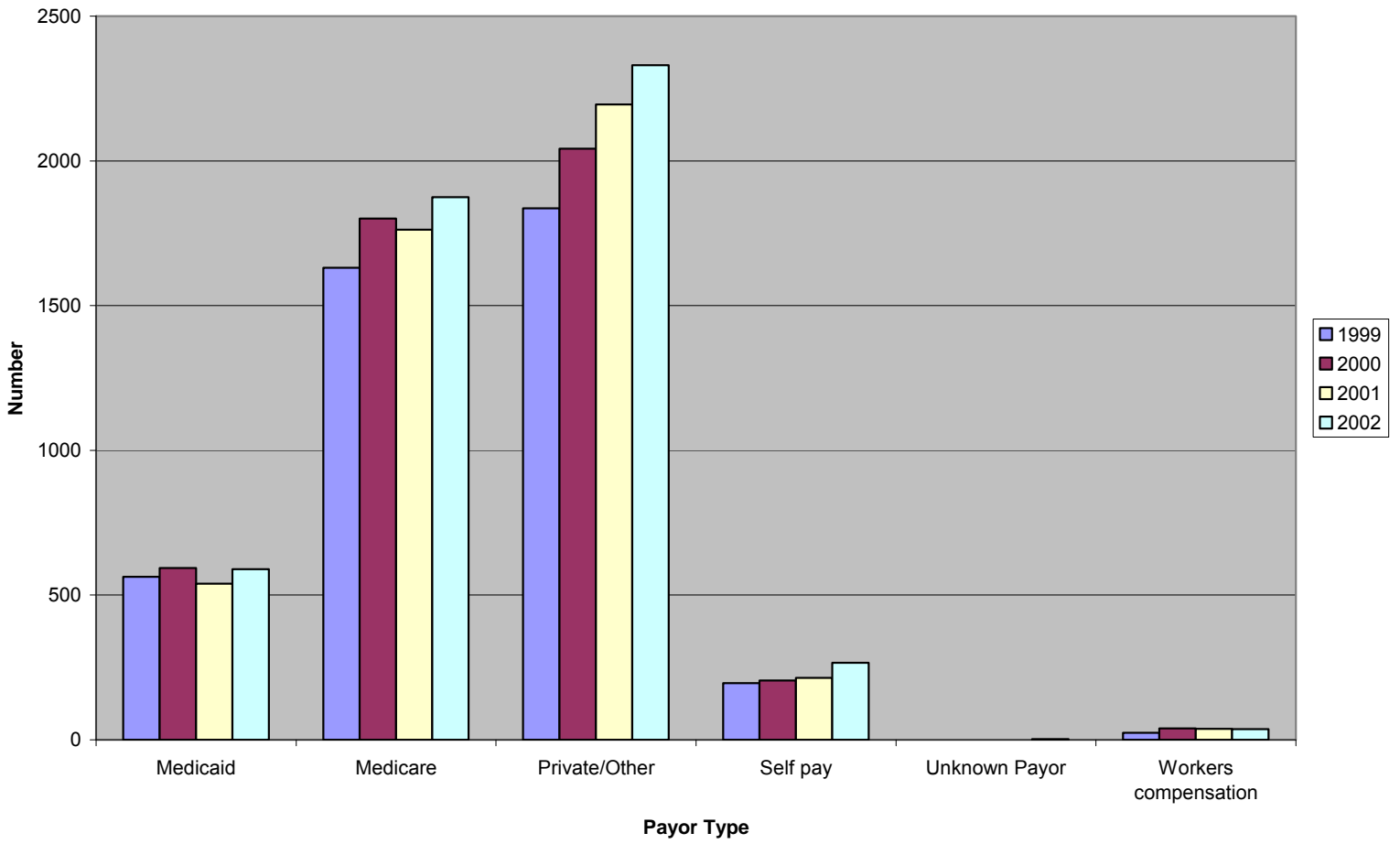
Population by Age and Municipality



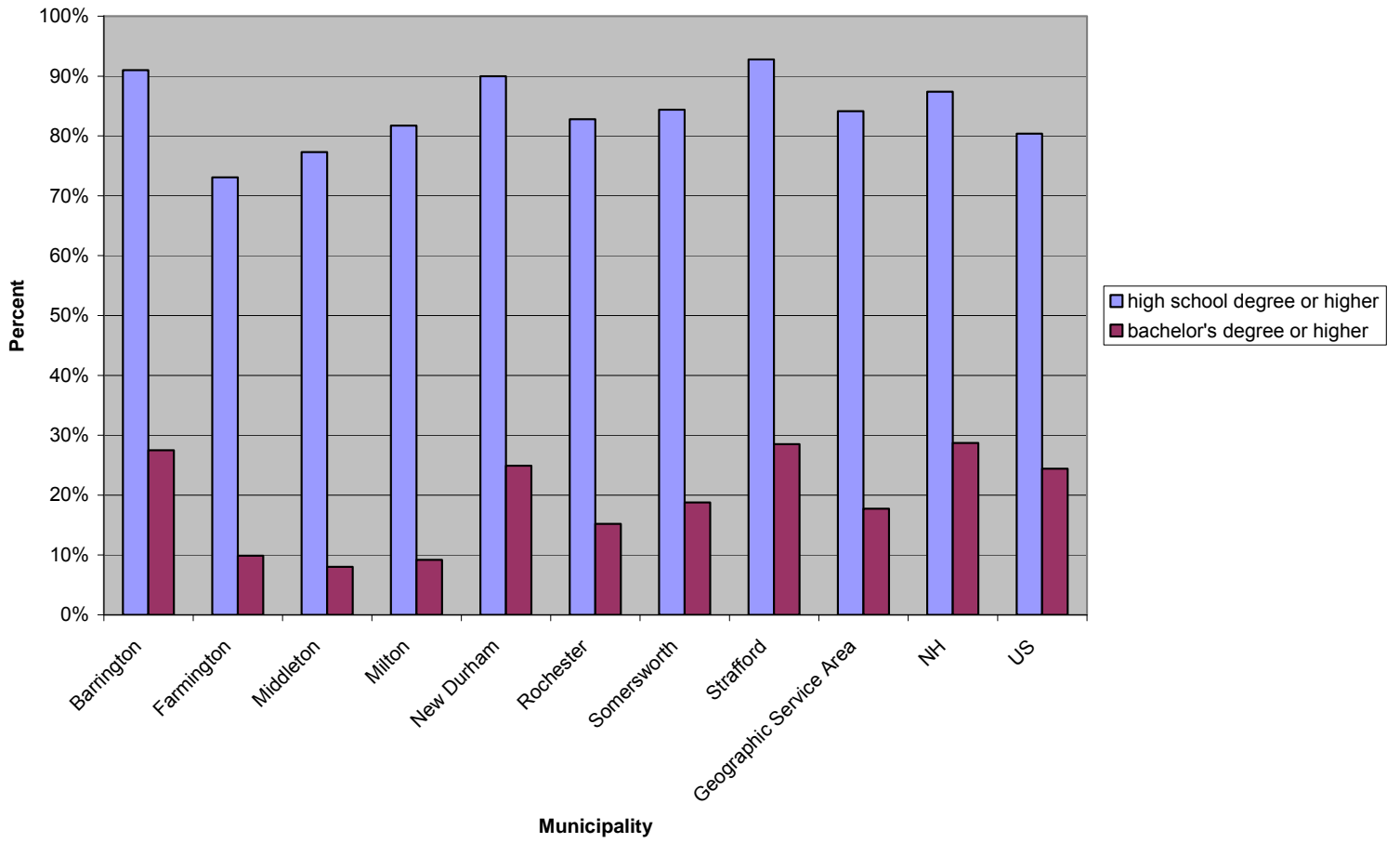
% Population Change 1990-2005



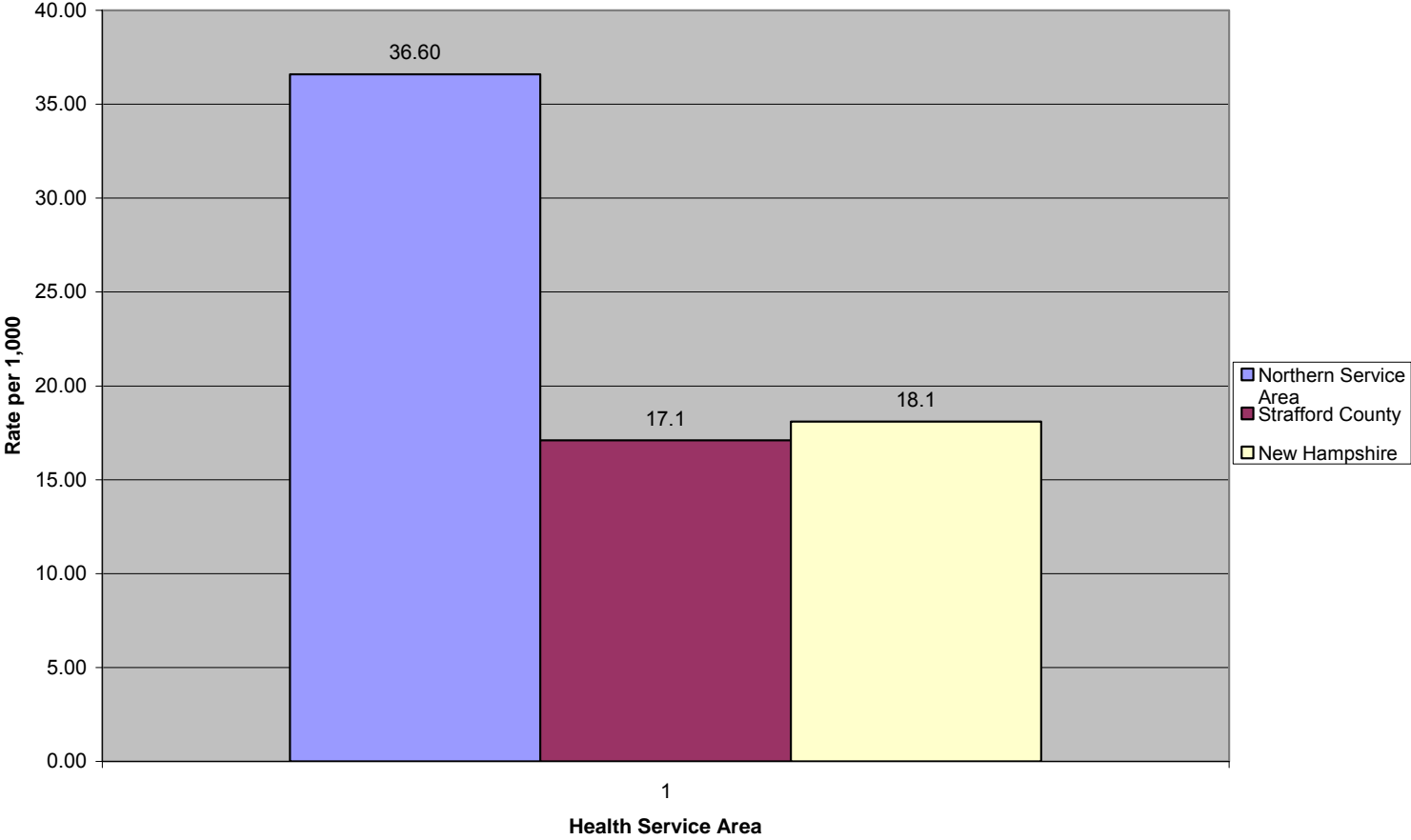
Inpatient Hospital Visits by Payor Northern Service Area



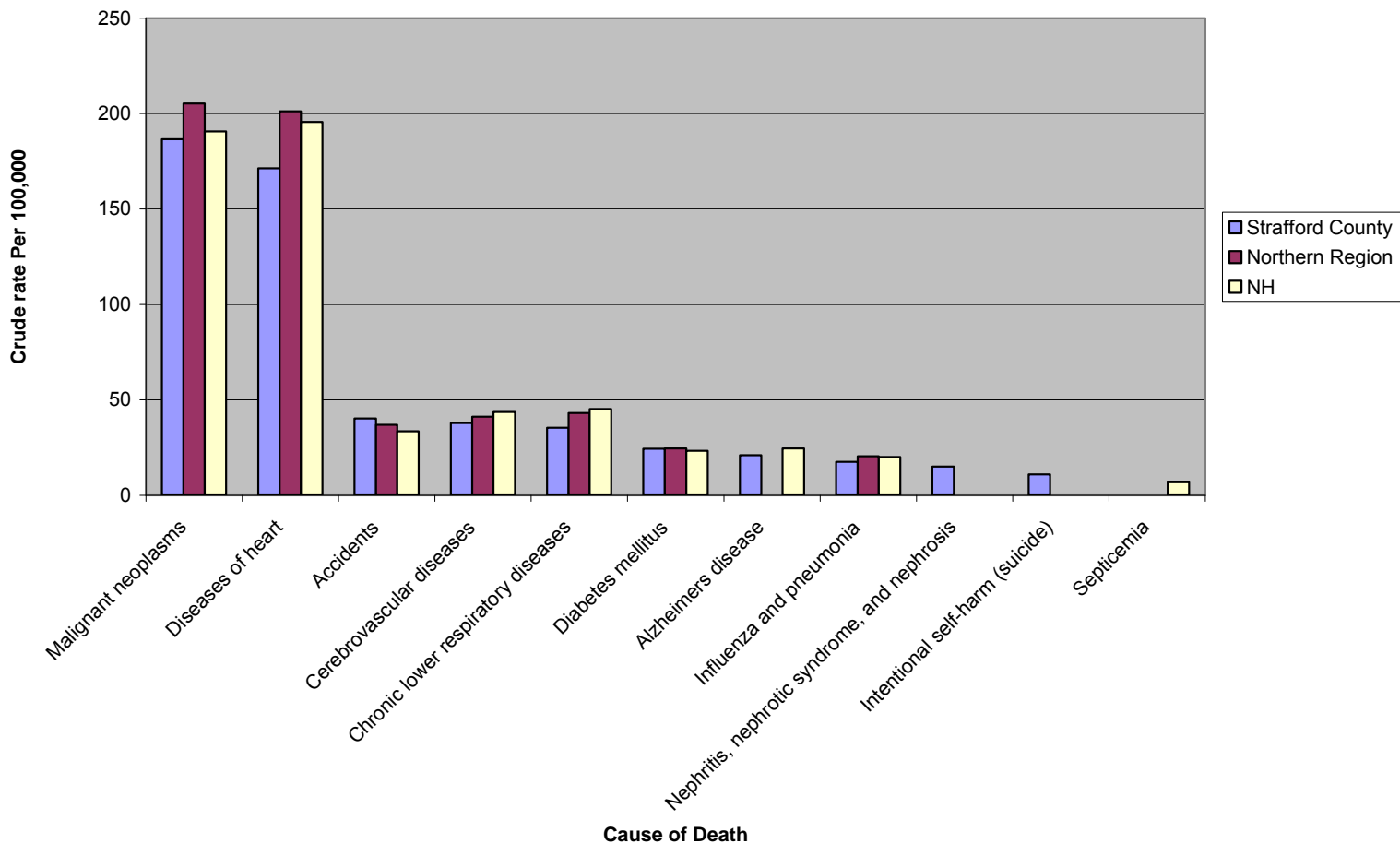
Education Attainment by Town



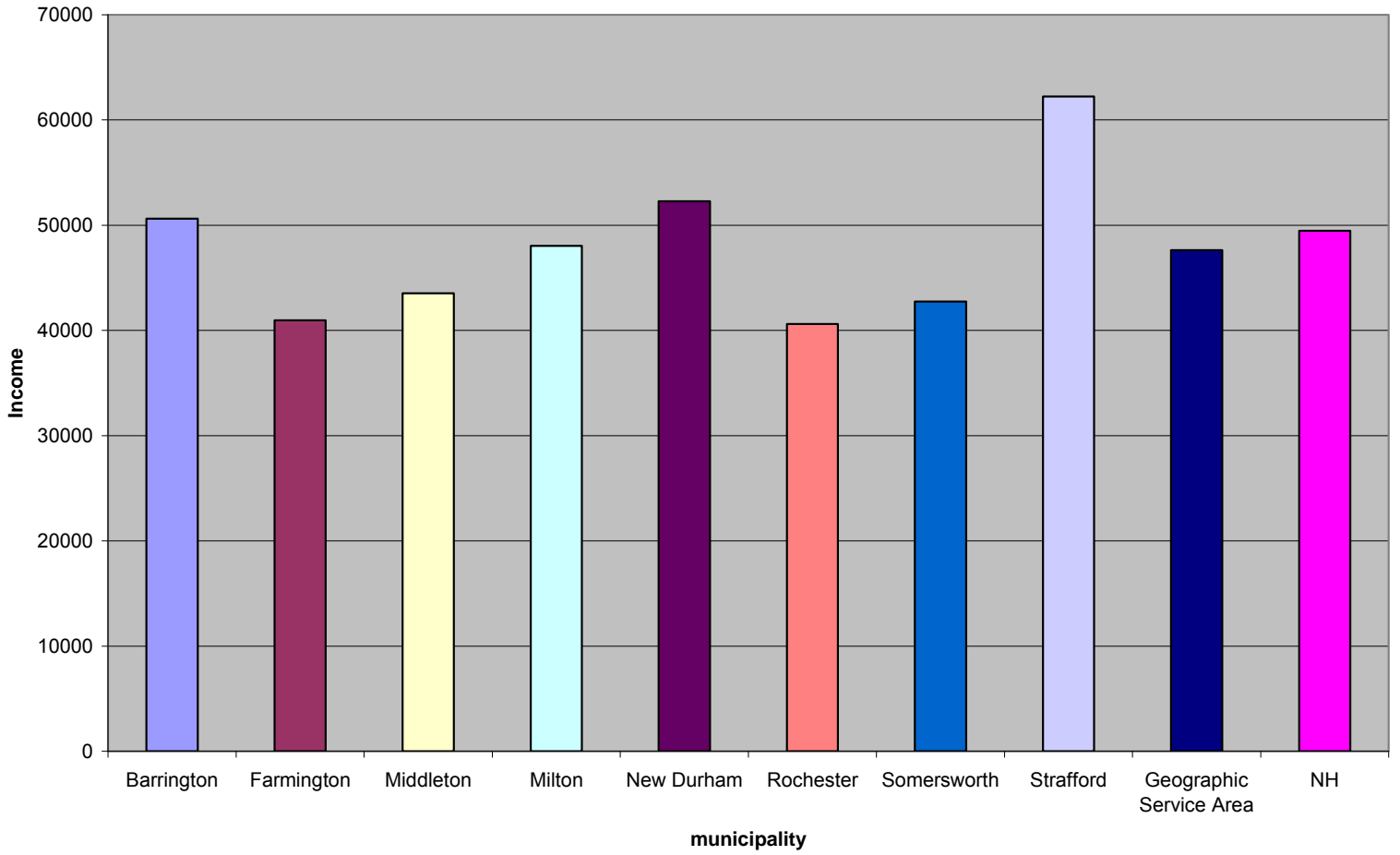
Teen Birth Rate Per 1,000 for Year 2003



Leading Causes of Death 2005 Northern Service Area



median income



Percent of Families Below Poverty

