Beth Israel Lahey Health
Exeter Hospital

2025 Community Health Needs Assessment

Acknowledgments

This 2025 Community Health Needs Assessment report for Exeter Hospital (Exeter) is the culmination of a collaborative process that began in June 2024. At the foundation of this endeavor was a desire to meaningfully engage and gather important input from residents, community-based organizations, clinical and social service providers, public health officials, elected/appointed officials, hospital leadership, and other key collaborators from throughout Exeter's Community Benefits Service Area. Substantial efforts were made to provide community residents with opportunities to participate, with an intentional focus on engaging cohorts who have been historically underserved.

Exeter appreciates all who invested time, effort, and expertise to develop this report and the Implementation Strategy. This report summarizes the assessment and planning activities and presents key findings, community health priorities, and strategic initiatives that are the results of this work.

Exeter thanks the Community Benefits Advisory Committee and the residents who contributed to this process. Hundreds of residents throughout Exeter's Community Benefits Service Area shared their needs, experiences and expertise through interviews, focus groups, a survey, and a community listening session. This assessment and planning work would not have been possible or as successful had it not been for the time and effort of the residents who engaged in this work.

Exeter Hospital Community Benefits Advisory Committee 2025

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Introduction

Background

Exeter Hospital (Exeter) is a 100-bed community hospital providing New Hampshire's Seacoast Region with comprehensive services in cancer care, orthopedics, cardiology, maternal and reproductive care, breast health, digestive health and emergency care. Exeter Hospital partners with Core Physicians, a multi specialty group practice caring for nearly 80,000 patients annually. Exeter has over 2,200 employees and 390+ clinicians on active medical staff.

Exeter is committed to being an active partner and collaborator with the communities it serves. In 2024, Exeter became part of Beth Israel Lahey Health (BILH) - a system of academic medical centers, teaching hospitals, community hospitals, and specialty hospitals with more than 35,000 caregivers and staff who are collaborating in new ways across professional roles, sites of care, and regions to make a difference for our patients, our communities, and one another. Exeter, in partnership with the BILH system, is committed to providing the very best care and strives to improve the health of the people and families in its Community Benefits Service Area (CBSA).

This 2025 Community Health Needs Assessment (CHNA) report is an integral part of Exeter's population health and community engagement efforts. It supplies vital information that is applied to make sure that the services and programs that Exeter provides are appropriately focused, delivered in ways that are responsive to those in its CBSA, and address unmet community needs. This assessment, along with the associated prioritization and planning processes, also provides a critical opportunity for Exeter to engage the community and strengthen the community partnerships that are essential to Exeter's success now and in the future. The assessment engaged over 1,000 people from across the CBSA, including local public health officials, clinical and social service providers, community-based organizations, first responders (e.g., police, fire department, and ambulance officials), faith leaders, government officials, and community residents.

The process that was applied to conduct the CHNA and develop the associated Implementation Strategy (IS) exemplifies the spirit of collaboration and community engagement that is such a vital part of Exeter's mission. Finally, this report allows Exeter to meet its federal and state community benefits requirements per the federal Internal Revenue Service and as part of the Affordable Care Act.

Purpose

The CHNA is at the heart of Exeter's commitment to promoting health and well-being, addressing health

disparities, and working to achieve health equity. Health equity - the attainment of the highest level of health for all people - requires focused and ongoing efforts to address the inequities and socioeconomic barriers to accessing care as well as the injustices that underlie existing disparities. Throughout the assessment process, efforts were made to understand the needs of the communities that Exeter serves, especially the population segments that are often disadvantaged, face disparities in health-related outcomes, and who have been historically underserved.

Prior to this current CHNA, Exeter completed its last assessment in the summer of 2022 and the report, along with the associated 2023-2025 IS, was approved by the Exeter Hospital Board of Trustees on September 13, 2022. The 2022 CHNA report was posted on Exeter's website before September 30, 2022 and, per federal compliance requirements, made available in paper copy without charge upon request.

The assessment and planning work for this current report was conducted between June 2024 and September 2025 and Exeter's Board of Trustees approved the 2025 report and adopted the 2026-2028 IS, included as Attachment E, on September 12, 2025.

Definition of Community Served

The federal government requires that nonprofit hospitals engage their communities and conduct comprehensive CHNAs that identify the leading health issues, barriers to care, and service gaps for people who live and/or work within Exeter's CBSA.

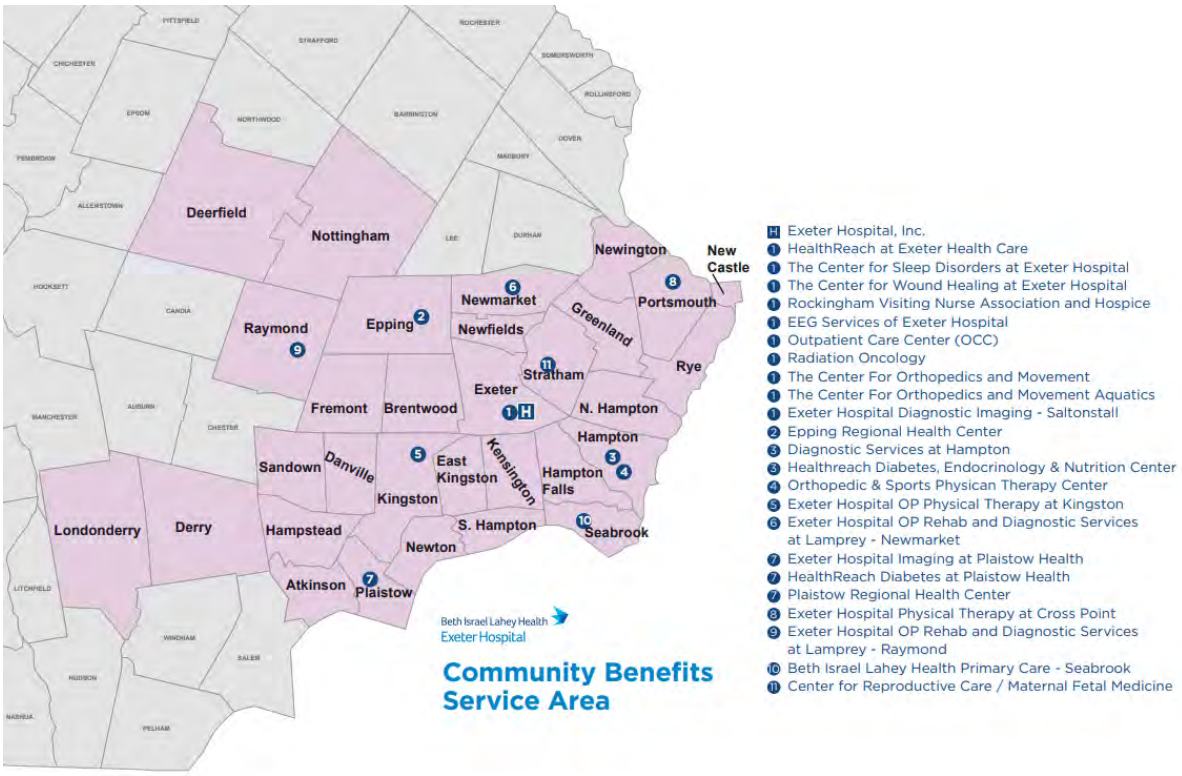
Understanding the geographic and demographic characteristics of Exeter's CBSA is critical to recognizing inequities, identifying priority cohorts, and developing focused strategic responses.

Description of Community Benefits Service Area

Exeter's CBSA includes the thirty one municipalities within Rockingham County, New Hampshire. These cities and towns are diverse with respect to demographics (e.g., age, race, and ethnicity), socioeconomics (e.g., income, education, and employment), and geography (e.g., rural, suburban).

There is also diversity with respect to community needs. There are segments of the Exeter's CBSA population that are healthy and have limited unmet health needs, and other segments that face significant disparities in access, underlying social determinants, and health outcomes. Exeter is committed to promoting health, enhancing access, and delivering the best care to all who live and/or work in the CBSA, regardless of race, ethnicity, language spoken, national origin, religion, gender identity, sexual orientation, disability status, immigration status, or age. Exeter is equally committed to serving all patients, regardless of their health, socioeconomic status, insurance status, and/or their ability to pay for services.

Exeter's CHNA focused on identifying the leading community health needs and priority cohorts living and/or working within the CBSA. The activities that will be implemented as a result of this assessment will support all of the people who live in the CBSA. However, in recognition of the health disparities that exist for some residents, Exeter focuses most of its community benefits activities to improve



the health status of those who face health disparities, experience poverty, or have been historically underserved. By prioritizing these cohorts, Exeter is able to promote health and well-being, address health disparities, and maximize the impact of its community benefits resources.

Assessment Approach & Methods

Approach

It would be difficult to overstate Exeter's commitment to community engagement and a comprehensive, datadriven, collaborative, and transparent assessment and planning process. Exeter's Community Benefits staff and Community Benefits Advisory Committee (CBAC) dedicated hours to ensuring a sound, objective, and inclusive process. This approach involved extensive data collection activities, substantial efforts to engage the hospital's partners and community residents, and thoughtful prioritization, planning, and reporting processes. Special care was taken to include the voices of community residents who have been historically underserved, such as those who are unstably housed or homeless, those who are in substance use recovery, and those who experience barriers and disparities due to their race, ethnicity, gender identity, age, disability status, or other personal characteristics.

The CHNA and IS development process was guided by the following principles: equity, accountability, community engagement, and impact.

Equity:

Apply an equity lens to achieve fair and just treatment so that all communities and people can achieve their full health and overall potential

Accountability:

Hold each other to efficient, effective and accurate processes to achieve our system, department and communities' collective goals.

Community Engagement:

Collaborate meaningfully, intentionally and respectfully with our community partners and support community initiated, driven and/or led processes especially with and for populations experiencing the greatest inequities.

Impact:

Employ evidence-based and evidence-informed strategies that align with system and community priorities to drive measurable change in health outcomes.

The assessment and planning process was conducted between June 2024 and September 2025 in three phases:

Phase I: Preliminary Assessment & Engagement	Phase II: Focused Engagement	Phase III: Strategic Planning & Reporting
Engagement of existing CBAC	Additional interviews	Presentation of findings and prioritization with CBAC and hospital leadership
Collection and analysis of quantitative data	Facilitation of focus groups with community residents and community-based organizations	Draft and finalize CHNA report and IS document
Interviews with key collaborators	Dissemination of community health survey, focusing on resident engagement	Presentation of final report to CBAC and hospital leadership
Evaluation of community benefits activities	Facilitation of a community listening session to present and prioritize findings	Presentation to hospital's Board of Trustees
Preliminary analysis of key themes	Compilation of resource inventory	Distribution of results via hospital website

In April of 2024, BILH hired JSI Research & Training Institute, Inc. (JSI), a public health research and consulting firm based in Boston, to assist Exeter and other BILH hospitals to conduct the CHNA. Exeter worked with JSI to ensure that the final Exeter CHNA engaged the necessary community constituents, incorporated comprehensive quantitative information for all communities in its CBSA, and fulfilled federal community benefits guidelines.

Methods

Oversight and Advisory Structures

The CBAC greatly informs Exeter's assessment and planning activities. Exeter's CBAC is made up of staff from the hospital's Community Benefits Department, other hospital administrative/clinical staff, and members of the hospital's Board of Trustees. Perhaps more importantly, the CBAC includes representatives from:

- Local public health departments/boards of health
- Additional municipal staff (such as elected officials, planning, etc.)
- Education
- Housing (such as community development corporations, local public housing authority, etc.)
- Social services
- Regional planning and transportation agencies
- Private sectors
- Community health centers
- Community-based organizations

These institutions are committed to serving residents throughout the region and are particularly focused on addressing the needs of those who are medically underserved, those experiencing poverty, and those who face inequities due to their race, ethnicity, language spoken, national origin, religion, gender identity, sexual orientation, age, or other personal characteristics.

Demographic, SES* & SDOH** Data	State and National Health Status Data	Hospital Utilization Data	Municipal Data Sources
Age, SOGI***, race, ethnicity	Vital statistics	Inpatient discharges	Public school districts
Poverty, employment, education	Behavioral risk factors	Emergency department discharges	Local assessments and reports
Crime/violence	Disease registries		
Food access	Substance use data		
Housing/transportation			

*Socioeconomic status **Social determinants of health ***Sexual orientation and gender identity

The involvement of Exeter's staff in the CBAC promotes transparency and communication as well as ensures that there is a direct link between the hospital and many of the community's leading health and community-based organizations. The CBAC meets quarterly to support Exeter's community benefits work and met five times during the course of the assessment. During these meetings, the CBAC provided invaluable input on the assessment approach and community engagement strategies, vetted preliminary findings, and helped to prioritize community health issues and the cohorts experiencing or at-risk for health inequities.

Quantitative Data Collection

To meet the federal community benefits requirements, Exeter collected a wide range of quantitative data to characterize the communities in the hospital's CBSA. Exeter also gathered data to help identify leading health-related issues, barriers to accessing care, and service gaps. Whenever possible, data was collected for specific geographic, demographic, or socioeconomic segments of the population to identify disparities and clarify the needs for specific communities. The data was also tested for statistical significance whenever possible and compared against data at the regional and state levels to support analysis and the prioritization process. The assessment also included data compiled at the local level from school districts, police/fire departments, and other sources. A databook that includes all the quantitative data gathered for this assessment, including the 2025 Exeter Community Health Survey, is included in Appendix B.

Community Engagement and Qualitative Data Collection

Authentic community engagement is critical to assessing community needs, identifying the leading community health priorities, prioritizing cohorts most at-risk, and crafting a collaborative and evidence-informed IS. Accordingly, Exeter applied recognized Community Engagement Standards for Community Health Planning to guide engagement.[1]

To meet these standards, Exeter employed a variety of strategies to help ensure that community members were informed, consulted, involved, and empowered throughout the assessment process. Between June 2024 and February 2025, Exeter conducted 15 one-on-one interviews with collaborators in the community, facilitated five focus groups with segments of the population facing the greatest health-related disparities, administered a community health survey involving more than 900 residents, and organized a community listening session. In total, the assessment process collected information from nearly 1,000 community residents, clinical and social service providers, and other key community partners. Appendix A of this report contains a comprehensive community engagement summary detailing how these activities were conducted, who was involved, and what was learned. Also included in Appendix A are copies of the interview, focus group, and listening session guides, summaries of findings, and other related materials.

15 interviews
with community leaders

940 survey respondents

5 focus groups

- Low-resource individuals
- Older adults
- High-school aged youth (2)
- Individuals living with disabilities

Inventory of Community Resources

Community Benefits staff created a resource inventory of services available to address community needs. The inventory includes resources across a broad continuum of services, including:

- Domestic violence
- Food assistance
- Housing

- Mental health and substance use
- Senior services
- Transportation

The resource inventory was compiled using information from existing resource inventories and partner lists from Exeter. Community Benefits staff reviewed Exeter's prior annual report of community benefits activities submitted to the New Hampshire Attorney General's Office, which includes a listing of partners, as well as publicly available lists of local resources. The goal of this process was to identify available community resources in the CBSA. The resource inventory can be found in Appendix C.

Prioritization, Planning, and Reporting

The Exeter CBAC was engaged at the outset of the strategic planning and reporting phase of the project. The CBAC was updated on assessment progress and was provided the opportunity to vet and comment on preliminary findings. The CBAC then participated in a prioritization process using a set of anonymous polls, which allowed them to identify a set of community health priorities and population cohorts that they believed should be considered for prioritization as Exeter developed its IS.

After prioritization with the CBAC, a community listening session was organized with the public-at-large, including community residents, representatives from clinical and social service providers, and other community-based organizations that provide services throughout the CBSA. Using the same set of anonymous polls, community listening session participants were asked to prioritize the issues that they believed were most important. The session also allowed participants to share their ideas on existing community strengths and assets, as well as the services, programs, and strategies that should be implemented to address the issues identified.

After the prioritization process, a CHNA report was developed and Exeter's existing IS was augmented, revised, and tailored. When developing the IS, Exeter's Community Benefits staff retained community health initiatives that worked well and aligned with the priorities from the 2025 CHNA.

After drafts of the CHNA report and IS were developed, they were shared with Exeter's senior leadership team for input and comment. The hospital's Community Benefits staff then reviewed these inputs and incorporated elements, as appropriate, before the final 2025 CHNA Report and 2026-2028 IS were submitted to Exeter's Board of Trustees for approval.

After the Board of Trustees formally approved the 2025 CHNA report and adopted 2026-2028 IS, these documents were posted on Exeter's website, alongside the 2022 CHNA report and 2023-2025 IS, for easy viewing and download. As with all Exeter CHNA processes, these documents are made available to the public whenever requested, anonymously and free of charge. It should also be noted that the hospital's Community Benefits staff have mechanisms in place to receive written comments on the most recent CHNA and IS, although no comments have been received since the last CHNA and IS were made available.

Questions regarding the 2025 assessment and planning process or past assessment processes should be directed to:

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Assessment Findings

This section provides a comprehensive review of the findings from this assessment. This section draws on quantitative data from a variety of sources and qualitative information collected from local public health officials, clinical and social service providers, community based organizations, first responders (e.g., police, fire department, and ambulance officials), other government officials, and community residents engaged in supporting the health and well-being of residents throughout Exeter's CBSA. Findings are organized into the following areas:

- **Community Characteristics**
- **Social Determinants of Health**
- **Systemic Factors**
- **Behavioral Factors**
- **Health Conditions**

Each section begins with a highlight of key findings. This introduction is followed by graphs and other data visuals. It is important to note that these five sections do not review all the findings collected during the assessment, rather they draw out the most significant drivers of health status and health disparities. A summary of interviews, focus groups, community listening session prioritization, and a databook that includes all of the quantitative data gathered for this assessment are included in Appendices A and B.

Community Characteristics

A description of the population's demographic characteristics and trends lays the foundation for understanding community needs and health status. This information is critical to recognizing health inequities and identifying communities and population segments that are disproportionately impacted by health issues and other social, economic, and systemic factors. This information is also critical to Exeter's efforts to develop its IS, as it must focus on specific segments of the population that face the greatest health-related challenges. The assessment gathered a range of information related to age, race/ethnicity, nation of origin, gender identity, language, sexual orientation, disability status, and other characteristics.

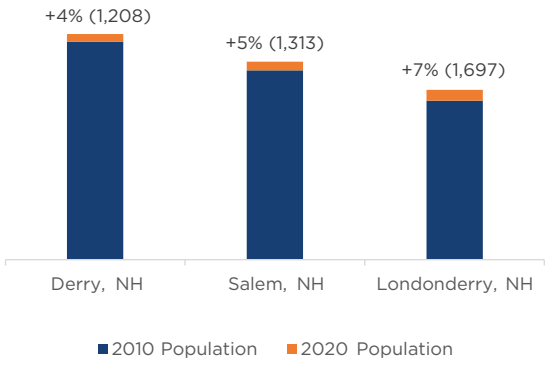
Based upon the assessment, the community characteristics that were thought to have the greatest impact on health status and access to care in the Exeter CBSA were issues related to age, race, ethnicity, language, and disability status. While the majority of residents in the CBSA were predominantly white and born in the United States, there were people of color, immigrants, persons whose first language is not English, and foreign-born populations in all communities. Interviewees and focus group participants reported that these populations faced systemic challenges that limited their ability to access health care services. Some segments of the population were impacted by language and cultural barriers that limited access to appropriate services, posed health literacy challenges, exacerbated isolation, and may have led to disparities in access and health outcomes.

One issue to be noted was the lack of data available by gender identity and sexual orientation at the community or municipal level. Research shows that those who identify as lesbian, gay, bisexual, transgender, and/or queer/questioning experience health disparities and challenges accessing services.[2]

Population Growth

Between 2010 and 2020, the population in Rockingham County, New Hampshire increased by 6%, from 295,223 residents to 314,176. Derry, Salem, and Londonderry are the three largest towns in Rockingham County, by total population, and also saw population increases in this time.

Total Population Changes, 2010 to 2020



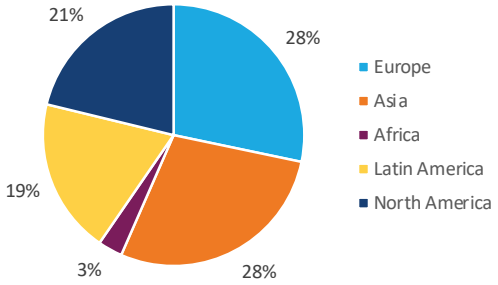
Source: US Census Bureau, 2010 and 2020 Decennial Censuses

Nation of Origin

Immigration status is linked to health in many ways; individuals who are foreign-born are less likely to have access to health care and are more likely to forgo needed care due to fear of interacting with public agencies.[3]

5% of the Exeter CBSA population was foreign born.

Region of Origin Among Foreign-Born Residents in the CBSA, 2019-2023



Source: US Census Bureau American Community Survey, 2019-2023

Language

Language barriers pose significant challenges to receiving and providing effective and high-quality health and social services. Studies show that health outcomes improve when patients and providers speak the same language.[4]

7% of CBSA residents 5 years of age and older speak a language other than English at home, and of those,

2% speak English less than "very well."

Source: US Census Bureau American Community Survey 2019-2023

Age

Age is a fundamental factor to consider when assessing individual and community health status. Older adults are at a higher risk of experiencing physical and mental health challenges and are more likely to rely on immediate and community resources for support compared to young people.[5]

20%

of residents in the CBSA are 65 years of age or older. The proportion of older adults is expected to increase by 2030, which may have implications for the provision of health and social services.

18%

of residents in the CBSA are under 18 years of age.

Source: US Census Bureau American Community Survey, 2019-2023

Gender Identity and Sexual Orientation

New Hampshire is among the top five states with the highest proportion of residents who identify as lesbian, gay, bisexual, transgender, queer/questioning, intersex, and asexual (LGBTQIA+). LGBTQIA+ individuals face issues of disproportionate violence, socioeconomic inequality, and health disparities.[6]

7%

of adults in New Hampshire identify as LGBTQIA+.

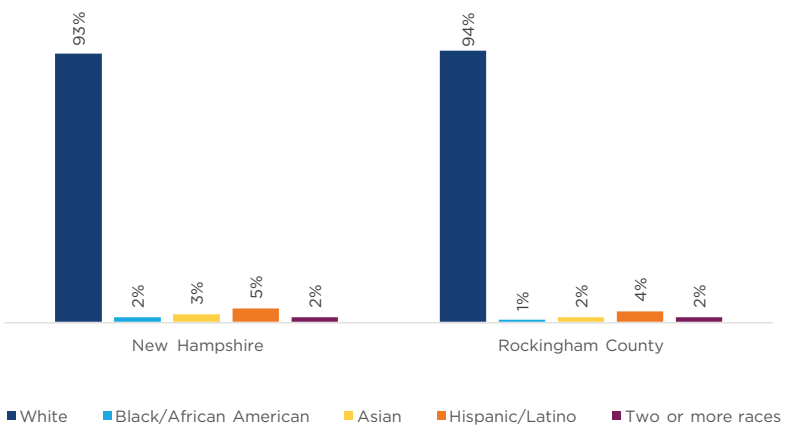
31% of LGBTQIA+ adults in New Hampshire are raising children.

Source: Gallup/Williams 2019

Race and Ethnicity

In Rockingham County, the percentage of residents who identify as a race or ethnicity other than white is lower than the state of New Hampshire overall.

Race/Ethnicity by Municipality, 2019-2023



Source: US Census Bureau American Community Survey, 2019-2023

Household Composition

Household composition and family arrangements may have significant impacts on health and well-being, particularly as family members act as sources of emotional, social, financial and material support.[7]

29% of Exeter CBSA households included one or more people under 18 years of age.

45% of Exeter CBSA households included one or more people over 65 years of age.

Source: US Census Bureau American Community Survey, 2019-2023

Social Determinants of Health

The social determinants of health are "the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning and quality-of-life outcomes and risks." These conditions influence and define quality of life for many segments of the population in Exeter's CBSA. Research shows that sustained success in community health improvement and addressing health disparities relies on addressing the social determinants of health that lead to poor health outcomes and drive health inequities. economic insecurity, access to care/navigation issues, and other important social factors.[8]

Information gathered through interviews, focus groups, the listening session, and the 2025 Exeter Community Health Survey reinforced that these issues impact health status and access to care in the region - especially issues related to housing, economic insecurity, food insecurity, nutrition, transportation, and language and cultural barriers to services.

Interviewees, focus groups, and listening session participants reported that housing costs were having a widespread impact across nearly all segments of the CBSA population. These effects were particularly pronounced for older adults and those living on fixed incomes, who faced heightened economic insecurity. Even individuals and families in middle and upper-middle income brackets reported experiencing financial strain due to the high cost of housing.

Lack of access to affordable healthy foods was identified as a challenge, especially for individuals and families under economic strain. Factors such as job loss, difficulty finding livable-wage employment, or reliance on inadequate fixed incomes all contribute to food insecurity, making it harder for people to afford healthy diets. Interviewees, focus group, and listening session participants emphasized that living costs continue to rise at a faster pace than wages, exacerbating the financial burden on households.

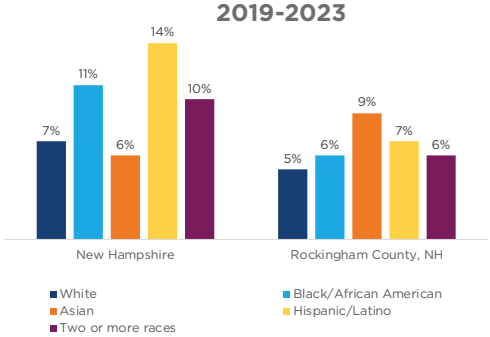
Access to public transportation was another central concern, as it directly impacts people's ability to maintain their health and reach necessary care, particularly for those without personal vehicles or support networks.

Economic Stability

Economic stability is affected by income/poverty, financial resources, employment and work environment, which allow people the ability to access the resources needed to lead a healthy life.[9] Lower-than-average life expectancy is highly correlated with low-income status.[10] Those who experience economic instability are also more likely not to have health insurance or to have health insurance plans with very limited benefits. Research has shown that those who are uninsured or have limited health insurance benefits are substantially less likely to access health care services.[11]

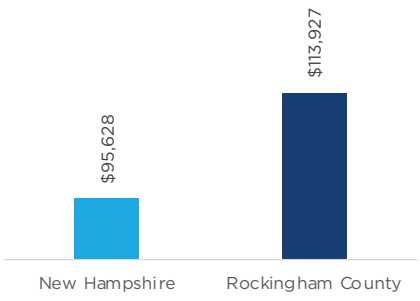
COVID-19 magnified many existing challenges related to economic stability. Though the pandemic has receded, individuals and communities continue to feel the impacts of job loss and unemployment, contributing to ongoing financial hardship. Even for those who are employed, earning a livable wage remains essential for meeting basic needs and preventing further economic insecurity.

Percentage of Residents Living Below the Poverty Level, 2019-2023



Source: US Census Bureau American Community Survey, 2019-2023

Median Household Income, 2019-2023

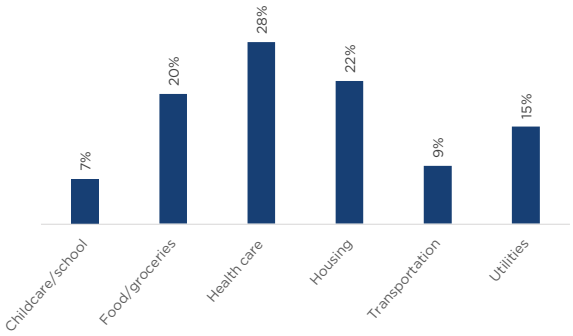


Source: US Census Bureau American Community Survey, 2019-2023

Across the Exeter CBSA, the percentage of individuals living below the poverty level tended to be higher among non-white cohorts. Research shows that racial disparities in poverty are the result of cumulative disadvantage over time.[12] Median household income is the total gross income before taxes, received within a one-year period by all members of a household. Median household income was higher than the state of New Hampshire in Rockingham County.

In the 2025 Exeter Community Health Survey, survey respondents reported trouble paying or certain expenses in the past 12 months. Costs associated with housing, healthcare, and food/groceries emerged as most problematic among survey respondents.

Percentage Who Had Trouble Paying for Expenses in the Past 12 Months



Source: 2025 Exeter Community Health Survey

"Economic insecurity is at the root of other issues, like affording housing, food, and daycare. This affects everyone but I particularly see struggles among older adults, and young people, around 20-26, who can't find well paying jobs to get their lives started. The cost of living is too high and salaries aren't enough."

-Interviewee

Education

Research shows that those with more education live longer, healthier lives. Patients with a higher level of educational attainment are able to better understand their health needs, follow instructions, advocate for themselves and their families and communicate effectively with health providers.[13]

96% of CBSA residents 25 years of age and older have a high school degree or higher.

45% of CBSA residents 25 years of age and older have a Bachelor's degree or higher.

Source: US Census Bureau, American Community Survey, 2019-2023

Social Determinants of Health

Food Insecurity and Nutrition

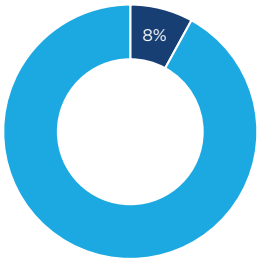
Many families, particularly families who are low-resourced, struggle to access food that is affordable, high-quality, and healthy. Issues related to food insecurity, food scarcity, and hunger are factors contributing to poor physical and mental health for both children and adults.

While it is important to have grocery stores placed throughout a community to promote access, there are other factors that influence healthy eating, including quality and price of fruits and vegetables, marketing of unhealthy food, and cultural appropriateness of food offerings. Food pantries and community meal programs have evolved from providing temporary or emergency food assistance to providing ongoing support for individuals, families, older adults living on fixed incomes, and people living with disabilities and/or chronic health conditions.

4%

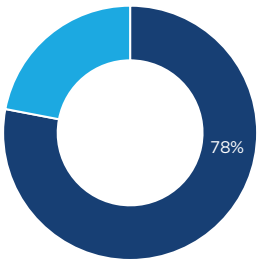
of CBSA households received Supplemental Nutrition Assistance Program (SNAP) benefits within the past year. SNAP provides benefits to low-income families to help purchase healthy foods. 78% of Rockingham County residents are eligible for SNAP benefits but are not enrolled in the program, highlighting a gap in food assistance access that may reflect barriers related to awareness, enrollment processes, or other inequities.

Food Insecurity Rate in Rockingham County, 2022



Source: Feeding America, 2022

Eligible Population in Rockingham County Not Enrolled in SNAP Benefits, 2023



Source: New Hampshire Hunger Solutions, 2023

Neighborhood and Built Environment

The conditions and environment in which one lives have significant impacts on health and well-being. Access to safe and affordable housing, transportation resources, green space, sidewalks, and bike lanes improve health and quality of life.[14]

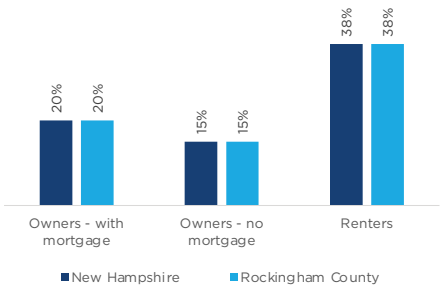
Housing

Lack of affordable housing and poor housing conditions contribute to a wide range of health issues, including respiratory diseases, lead poisoning, infectious diseases, and poor mental health. At the extreme are those without housing, including those who are unhoused or living in unstable or transient housing situations who are more likely to delay medical care, and have mortality rates up to four times higher than those who have secure housing.[15]

Interviewees, focus groups, and 2025 Exeter Community Health Survey respondents expressed concern over the limited options for affordable housing throughout the CBSA.

The percentage owner-occupied housing units (with and without a mortgage) and renter-occupied units with housing costs in excess of 35% of household income was the same in Rockingham County as it was in New Hampshire overall.

Percentage of Housing Units With Monthly Owner/ Renter Costs Over 35% of Household Income



Source: US Census Bureau American Community Survey, 2019-2023

When asked what they'd like to improve in their community:

56% of 2025 Exeter Community Health Survey respondents said "more affordable housing."

22% of 2025 Exeter Community Health Survey respondents said that they had trouble paying for housing costs in the past 12 months.

Source: 2025 Exeter Community Health Survey

Transportation

Lack of transportation has an impact on access to health care services and is a determinant of whether an individual or family can access basic resources. Access to affordable and reliable transportation widens opportunity and is essential to addressing poverty and unemployment; it allows access to work, school, healthy foods, recreational facilities, and other community resources.

Transportation was identified as a significant barrier to care and needed services, especially for older adults who may no longer drive or who don't have family or caregivers nearby.

When asked what they'd like to improve in their community:

40% of 2025 Exeter Community Health Survey respondents wanted more access to public transportation.

Source: 2025 Exeter Community Health Survey

3% of housing units in the Exeter CBSA did not have an available vehicle.

Source: US Census Bureau American Community Survey, 2019-2023

Roads/Sidewalks

Well-maintained roads and sidewalks offer many benefits to a community, including safety and increased mobility. Sidewalks allow more space for people to walk or bike, which increases physical activity and reduces the need for vehicles on the road. Respondents to the 202 Exeter Community Health Survey prioritized these improvements to the built environment.

14% of 2025 Exeter Community Health Survey respondents identified a need for better roads.

24% of 2025 Exeter Community Health Survey respondents identified a need for better sidewalks and trails.

Source: 2025 Exeter Community Health Survey

Systemic Factors

In the context of the health care system, systemic factors include a broad range of different considerations that influence a person's ability to access timely, equitable, accessible, and high quality services. There is a growing appreciation for the importance of these factors as they are seen as critical to ensuring that people are able to find, access and engage in the services they need, communicate with clinical and social service providers, and transition seamlessly from one service setting to another. The assessment gathered information related to perceptions of service gaps, barriers to access, cost of care, health insurance status, language access, cultural competency, care coordination, and information sharing.

Systemic barriers affect all segments of the population, but have particularly significant impacts on people of color, persons whose first language is not English, foreign-born individuals, individuals living with disabilities, older adults, those who are uninsured, individuals with less education, and those who identify as LGBTQIA+. Findings from the assessment reinforced the challenges that residents throughout the Exeter CBSA faced with respect to long wait-times, language and cultural barriers, and navigating a complex health care system. This was true with respect to primary care, behavioral health, and medical specialty care.

Interviewees, focus groups, and listening session participants also reflected on the high costs of care, including prescription medications, particularly for those who were uninsured or who had limited health insurance benefits.

Accessing and Navigating the Health Care System

Interviewees, focus groups, and listening session participants identified a number of barriers to accessing and navigating the health care system. Many of these barriers were at the system-level, meaning that the issues stemmed from the ways in which the system did or did not function. System-level issues included providers not accepting new patients, long wait times, and an inherently complicated health care system that was difficult for many to navigate.

There were also individual level barriers to access and navigation. Individuals may be uninsured or underinsured, which may lead them to forgo or delay care. Individuals may also experience language or cultural barriers - research shows that these barriers contribute to health disparities, mistrust between providers and patients, ineffective communication, and issues of patient safety.[16]

52%

of 2025 Exeter Community Health Survey respondents said better access to health care is one of the things they want to improve in their community.

Populations facing barriers and disparities

- Low-resourced individuals
- Racially, ethnically, and linguistically diverse populations
- Individuals living with disabilities
- Older adults
- Youth
- LGBTQIA+

Community Connections and Information Sharing

A great strength of Exeter CBSA were the strong community-based organizations and task forces that worked to meet the needs of CBSA residents. However, interviewees, focus groups, and listening session participants reported that community-based organizations sometimes worked in silos, and there was a need for more partnership, information sharing, and leveraging of resources between organizations. Interviewees and focus group participants also reported that it was difficult for some community members to know what resources were available to them, and how to access them.

"We have many resources in Exeter, but I'm not sure that everyone knows how to access them. It is helpful to have resource fairs, where residents can meet with organizations face to face. When we've done this, it's been really informative and helpful."

-Interviewee

Behavioral Factors

The nation, including the residents of New Hampshire and Exeter's CBSA, faces a health crisis due to the increasing burden of chronic medical conditions.

Underlying these health conditions are a series of behavioral risk factors that are known to help prevent illness and are the early signs or contributors of the leading causes of death (e.g., heart disease, cancer, stroke and diabetes). The leading behavioral risk factors include an unhealthy diet, physical inactivity and tobacco, alcohol, and marijuana use.[17]

Engaging in healthy behaviors and limiting the impacts of these risk factors is known to improve overall health status and well-being and reduces the risk of illness and death due to the chronic conditions mentioned previously. When considering behavioral factors, the assessment reflected on a range of mostly quantitative information related to nutrition, physical activity, tobacco use, and alcohol use. Those who participated in the assessment's community engagement activities were also asked to identify the health issues that they felt were most important. While these issues were ultimately not selected during the community's prioritization process, the information from the assessment supports the importance of incorporating these issues into Exeter's IS.

Nutrition

Adults who eat a healthy diet have increased life expectancy and decreased risk of chronic diseases and obesity; children require a healthy diet to grow and develop properly.[18] Access to affordable healthy foods is essential to a healthy diet.

14% of 2025 Exeter Community Health Survey respondents said they would like their community to have better access to healthy food.

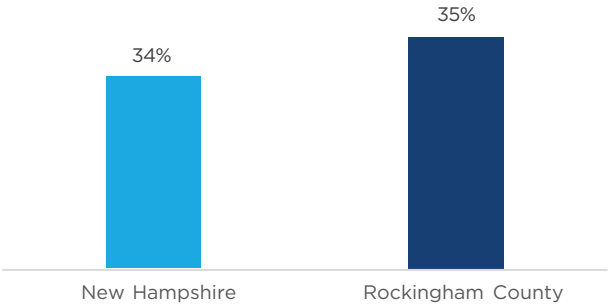
Source: 2025 EH Community Health Survey

Physical Activity

Access to opportunities for physical activity was not identified as a significant need in the Exeter CBSA, though there was recognition that lack of physical fitness is a leading risk factor for obesity and a number of chronic health conditions.

The percentage of adults who were obese (with a body mass index over 30) in Rockingham County (35%) was only slightly higher than the state overall (34%).

Percentage of Adults Who are Obese, 2022



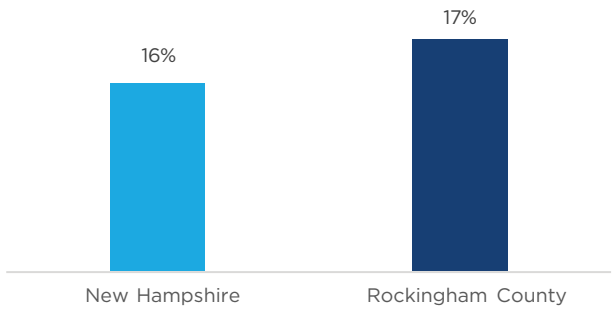
Source: CDC PLACES, 2022

Alcohol, Marijuana, and Tobacco Use

Though legal in New Hampshire for those aged 21 and older, long-term and excessive use of alcohol, marijuana, and tobacco can lead to the development and exacerbation of chronic and complex conditions, including high blood pressure, cardiovascular disease, and cancer.

Clinical service providers reported linkages between substance use and mental health concerns, noting that individuals may use substances such as alcohol or marijuana as a way to cope with stress. Interviewees and focus group participants also identified vaping as a concern particularly affecting youth.

Prevalence of Binge Drinking Among Adults, 2022



Source: CDC PLACES, 2022

Health Conditions

The assessment gathered information related to the conditions that are known to be the leading causes of death and illness. These conditions include chronic and complex medical conditions as well as mental health and substance use disorders. As discussed in the introductory sections of this report, the assessment gathered quantitative data to assess the extent that these issues were a concern in Exeter's CBSA.

To augment and clarify this information, the assessment efforts included community engagement activities and specific requests for participants to reflect on the issues that they felt had the greatest impact on community health. Efforts were made to ensure that participants reflected on a broad range of issues, including chronic and communicable medical conditions and behavioral health issues.

Given the limitations of the quantitative data, specifically that it was often out of date and was not stratified by age, race, or ethnicity, the qualitative information from interviews, focus groups, listening session, and the 2025 Exeter Community Health Survey was of critical importance.

Mental Health

Anxiety, chronic stress, and depression were leading community health issues. There were specific concerns about the impact of mental health issues for youth and young adults, and social isolation among older adults.

In addition to the overall burden and prevalence of mental health issues residents also identified a need for more behavioral health providers and treatment options, including inpatient and outpatient services and specialty care. Interviewees, focus groups, and listening session participants also reflected on the need to support individuals in navigating care options within the behavioral health system.

44% of high school students in New Hampshire reported feeling sad or hopeless for more than two weeks in a row over the past year.

Source: 2021 New Hampshire Youth Risk Behavior Survey

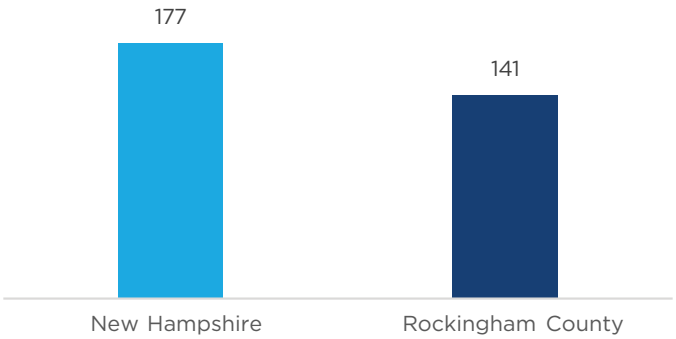
51% of 2025 Exeter Community Health Survey respondents reported that mental health care in the community does not meet people's needs.

Source: 2025 Exeter Community Health Survey

64%

of 2025 Exeter Community Health Survey respondents identified mental health as a health issue that matters most in their community.

Suicide or Self-Harm Related Emergency Department Visit Rates per 100,000, 2021



Source: CDC PLACES

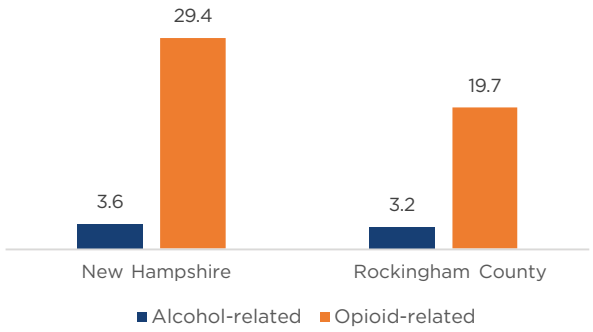
Health Conditions

Substance use continued to have a major impact on the CBSA; the opioid epidemic continued to be an area of focus and concern and there was recognition of the links and impacts on other community health priorities including mental health and economic insecurity.

Interviewees, focus group and listening session participants reported that alcohol use was normalized, and use was prevalent among both adults and youth.

The rates of alcohol and opioid related deaths per 100,000 were lower in Rockingham County compared to the state of New Hampshire overall.

Alcohol and Opioid Related Death Rates per 100,000, 2019-2023



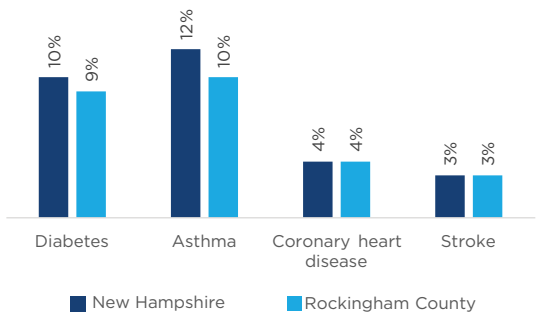
Source: New Hampshire Department of Health and Human Services

Chronic and Complex Conditions

In the state of New Hampshire, chronic conditions like heart disease, cancer, and chronic lower respiratory disease account for three of the top five leading causes of death statewide, and it is estimated that there are more than $11.5 billion in annual costs associated with chronic disease. Perhaps most significantly, chronic diseases are largely preventable despite their high prevalence and dramatic impact on individuals and society.[19]

Looking across four of the more common chronic/ complex conditions, the prevalence among adults in Rockingham County were consistently the same or lower than the state of New Hampshire.

Prevalence of Chronic Conditions Among Adults, 2023



Source: New Hampshire Department of Health and Human Services, 2023

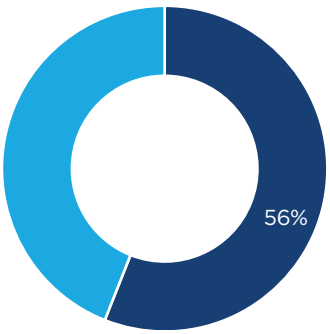
Communicable and Infectious Disease

Though great strides have been made to control the spread of communicable diseases in the U.S., they remain a major cause of illness, disability and even death - as evidenced by the COVID-19 pandemic. Though not named as a major health concern by interviewees or participants at listening sessions and focus groups,

it is important to track data to prevent outbreaks and identify patterns in morbidity and mortality.

Data from the Center for Medicare & Medicaid Services indicate that 56% of Medicare enrollees in Rockingham County received a flu vaccination in 2022, compared to 53% in New Hampshire overall.

Influenza Vaccinations Among Medicare Enrollees, 2022



Source: Center for Medicare & Medicaid Services, 2022

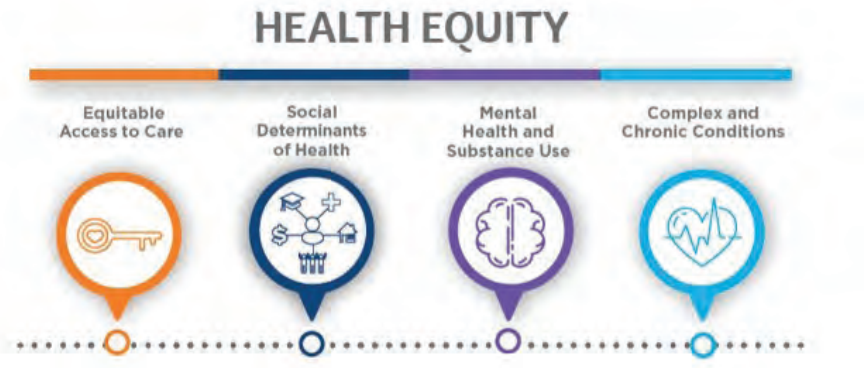
Priorities

Federal guidelines require a nonprofit hospital to rely on their analysis of their CHNA data to determine the community health issues and priority cohorts on which it chooses to focus its IS. By analyzing assessment data, hospitals can identify the health issues that are particularly problematic and rank these issues in order of priority. This data can also be used to identify the segments of the community that face health-related disparities. Accordingly, using an interactive, anonymous polling software, Exeter's CBAC and community residents, through the community listening session, formally prioritized the community health issues and the cohorts that they believed should be the focus of Exeter's IS. This prioritization process helps to ensure that Exeter maximizes the impact of its community benefits resources and its efforts to improve health status, address disparities in health outcomes, and promote health equity.

Exeter Community Health Needs Assessment: Priority Cohorts

- **Youth**
- **Older Adults**
- **Low-Resourced Populations**
- **LGBTQIA+**
- **Individuals Living with Disabilities**

Exeter Community Health Needs Assessment: Priority Areas



Community Health Needs Not Prioritized by Exeter Hospital

It is important to note that there are community health needs that were identified by Exeter's assessment that were not prioritized for investment or included in Exeter's IS. Specifically, lack of affordable childcare, lack of access to dental care, language and cultural barriers to services, and issues related to the built environment (i.e., improving roads/sidewalks) were identified as community needs but were not included in Exeter's IS. While these issues are important, Exeter's CBAC and senior leadership team decided that these issues were outside of the organization's sphere of influence and investments in others areas were both more feasible and likely to have greater impact. As a result, Exeter recognized that other public and private organizations in its CBSA and the region were better positioned to focus on these issues. Exeter remains open and willing to work with community residents, other hospitals, and other public and private partners to address these issues, particularly as part of a broad, strong collaborative.

Community Health Needs Addressed in Exeter Hospital's IS

The issues that were identified in the Exeter CHNA and are addressed in some way in the hospital's IS are housing issues, transportation barriers, economic insecurity, food insecurity, long wait times for care, navigating a complex health care system, health insurance and cost barriers, health care workforce issues, lack of behavioral health providers, social isolation among older adults, mental health stigma, opioid use, youth mental health, navigating the behavioral health system, conditions associated with aging, support and respite for caregivers, chronic disease education and prevention, maternal health, and programs that promote healthy eating and active living.

Implementation Strategy

Exeter's current 2023-2025 IS was developed in 2022 and addressed the priority areas identified by the 2022 CHNA. The 2025 CHNA provides new guidance and invaluable insight on the characteristics of Exeter's CBSA population, as well as the social determinants of health, barriers to accessing care, and leading health issues, which informed and allowed Exeter to develop its 2026-2028 IS.

Included below, organized by priority area, are the core elements of Exeter's 2026-2028 IS. The content of the strategy is designed to address the underlying social determinants of health and barriers to accessing care, as well as promote health equity. The content addresses the leading community health priorities, including activities geared toward health education and wellness (primary prevention), identification, screening, referral (secondary prevention), and disease management and treatment (tertiary prevention).

Below is a brief discussion of the resources that Exeter will invest to address the priorities identified by the CBAC and the hospital's senior leadership team. Following the discussion of resources are summaries of each of the selected priority areas and a listing of the goals that were established for each.

Community Benefits Resources

Exeter expends substantial resources on its community benefits program to achieve the goals and objectives in its IS. These resources are expended, according to its current IS, through direct and in-kind investments in programs or services operated by Exeter and/or its partners to improve the health of those living in its CBSA. Exeter supports residents in its CBSA by providing financial assistance to individuals who are low-resourced and are unable to pay for care and services. Moving forward, Exeter will continue to provide free or discounted health services to persons who meet the organization's eligibility criteria.

Recognizing that community benefits planning is ongoing and will change with continued community input, Exeter's IS will evolve. Circumstances may change with new opportunities, requests from the community, community and public health emergencies and other issues that may arise, which may require a change in the IS or the strategies documented within it. Exeter is committed to assessing information and updating the plan as needed.

Following are brief descriptions of each priority area, along with the goals established by Exeter to respond to the CHNA findings and the prioritization and planning processes. Please refer to the full IS in Appendix E for more details.

Summary Implementation Strategy

EQUITABLE ACCESS TO CARE

Goal: Provide equitable and comprehensive access to high-quality health care services including primary care and specialty care, as well as urgent and emerging care, particularly for those who face cultural, linguistic and economic barriers.

Strategies to address the priority:

- Expand and enhance access to health care services by strengthening existing service capacity and connecting patients to health insurance, essential medications, and financial counseling.
- Advocate for and support policies and systems that improve access to care.

SOCIAL DETERMINANTS OF HEALTH

Goal: Enhance the built, social, and economic environments where people live, work, play, and learn in order to improve health and quality-of-life outcomes.

Strategies to address the priority:

- Support programs and activities that promote healthy eating and active living by expanding access to physical activity and affordable, nutritious food.
- Support programs and activities that assist individuals and families experiencing unstable housing to address homelessness, reduce displacement, and increase home ownership.
- Provide and promote career support services and career mobility programs to hospital employees and employees of other community partner organizations.
- Support community/regional programs and partnerships to enhance access to affordable and safe transportation.
- Advocate for and support policies and systems that address social determinants of health.

MENTAL HEALTH AND SUBSTANCE USE

Goal: Promote social and emotional wellness by fostering resilient communities and building equitable, accessible, and supportive systems of care to address mental health and substance use.

Strategies to address the priority:

- Support mental health and substance use education, awareness, and stigma reduction initiatives.
- Support activities and programs that expand access, increase engagement, and promote collaboration across the health system so as to enhance high-quality, culturally and linguistically appropriate services.
- Advocate for and support policies and programs that address mental health and substance use.

CHRONIC AND COMPLEX CONDITIONS

Goal: Improve health outcomes and reduce disparities for individuals at-risk for or living with chronic and/or complex conditions and caregivers by enhancing access to screening, referral services, coordinated health and support services, medications, and other resources.

Strategies to address the priority:

- Support education, prevention, and evidence-based chronic disease treatment and self-management support programs for individuals at risk for or living with complex and chronic conditions and/or their caregivers.
- Support programs and partnerships that advance maternal health equity by expanding access to culturally responsive care, addressing social determinants of health, and reducing disparities in maternal and infant health outcomes.
- Advocate for and support policies and systems that address those with chronic and complex conditions.

Evaluation of Impact of 2023-2025 Implementation Strategy

As part of the assessment, Exeter evaluated its current IS. This process allowed Exeter to better understand the effectiveness of it's community benefits programming and to identify which programs should or should not continue. Moving forward with the 2026-2028 IS, Exeter and all BILH hospitals will review community benefit programs through an objective, consistent process.

For the 2023-2025 IS process, Exeter planned for a comprehensive strategy to address the prioritized health needs of the CBSA as outlined in the 2022 CHNA report. These strategies included grantmaking, in-kind support, partnerships, internal hospital programming, and free or discounted care. Below is a summary of accomplishments and outcomes for a selection of community benefits programs for Fiscal Year (FY) 2023 and 2024. Exeter will continue to monitor efforts through FY 2025 to determine its impact in improving the health of the community and inform the next IS. A more detailed evaluation is included in Appendix D.

Priority Area	Summary of Accomplishments and Outcomes
Transportation	To address transportation barriers to care, Exeter Hospital continued subsidizing paramedicine intercept services and offered taxi vouchers to low-income and diverse residents. In FY24, 305 individuals received ride support, and the hospital provided grant funding to Transportation Assistance for Seacoast Citizens and Cooperative Alliance for Seacoast Transportation to enhance infrastructure and access. These investments helped homebound and underserved residents reach essential health services, reducing care delays and supporting equitable access.
Equitable Access to Care	Exeter Hospital expanded access to care through financial counseling, primary care support, and community-based health services. Over 68,000 patients received assistance with medical and behavioral health needs. The hospital supported training for 10 community members in EMS, provided subsidized diabetes care to 710 individuals, and offered paramedic intercept and family center support services. Interpreter services were delivered 869 times across 31 languages, promoting culturally responsive care. These efforts aimed to reduce access barriers for low-resourced, diverse, and uninsured populations.
Mental Health and Substance Use	Exeter Hospital invested in mental health and substance use services through direct care, training, and community grantmaking. The hospital partnered with Seacoast Mental Health to provide subsidized ED services and contributed $258,007 to the NH Drug and Alcohol Fund. Thirteen individuals completed Mental Health First Aid training, and 12 community grants were awarded to organizations such as SOS Recovery, NAMI NH, and Big Brothers Big Sisters to expand access, reduce stigma, and support prevention. These efforts strengthened local behavioral health infrastructure and outreach.
Social Determinants of Health (Food Security and Housing)	Exeter Hospital addressed social determinants through targeted investments in food security and housing. In FY24, it awarded $240,000 to community organizations to expand food access, support emergency financial assistance, and promote housing stability. Grantees included the Society of St. Vincent de Paul, Cross Roads House, and Granite United Way. The hospital also continued advocacy efforts with the New Hampshire Hospital Association to expand behavioral health capacity and primary care access while advancing upstream interventions to address root causes of health disparities.

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Appendices

Appendix A: Community Engagement Summary

Appendix B: Data Book

Appendix C: Resource Inventory

Appendix D: Evaluation of 2023-2025 Implementation Strategy

Appendix E: 2026-2028 Implementation Strategy

Appendix A:
Community Engagement Summary

Interviews

- Interview Guide
- Interview Summary

BILH CHNA FY2025: Interview Guide

Interviewee:
BILH Hospital:
Interviewer:
Date/time:

Introduction:
Thank you for agreeing to participate in this interview. As you may know, Beth Israel Lahey Health, including [name of Hospital] are conducting a Community Health Needs Assessment to better understand community health priorities in their region. The results of this needs assessment are used to create and Implement Strategy that the hospital will use to address the needs that are identified.

During this interview, we will be asking you about the assets, strengths, and challenges in the community you work in. We will also ask about the populations that you work with, to understand whether there are particular segments that face significant barriers to getting the care and services that they need. We want to know about the social factors and community health issues that your community faces, and get your perspective on opportunities for the hospital to collaborate with partners to address these issues.

The data we collect during this interview will be analyzed along with the other information we're collecting during this assessment. We are gathering and analyzing quantitative data on demographics, social determinants of health, and health behaviors/outcomes, conducting focus groups, and we conducted a robust Community Health Survey that you may have seen and/or helped us to distribute.

Before we begin, I want you to know that we will keep your individual contributions anonymous. That means no one outside of our Project Team will know exactly what you have said. When we report the results of this assessment, we will not attribute information to anyone directly. We will be taking notes during the interview, but if you'd like to share something "off the record", please let me know and I will remove it from our notes.

Are there any questions before we begin?

1. **Please tell me a bit about yourself. What is your role at your organization, how long have you been in that position, and do you participate in any community or regional collaboratives or task forces? Do you also live in the community?**

2. **In [name of Hospital's] last assessment, we identified [4-5] community health priority areas [list them]. When you think about the large categories of issues that people struggle with the most in your community, do these seem like the right priorities to you?**

    a. Would you add any additional priority areas?
    b. I'd like to ask you about the specific issues within each of these areas that are most relevant to your community. For example, in the area of Social Determinants of Health, which issues do people struggle with the most (e.g., housing, transportation, access to job training)?

i. In the area of [Social Determinants of Health] – what specific issues are most relevant to your community?
ii. In the area of [Access to Care] – what specific issues are most relevant to your community?
iii. In the area of [Mental Health and Substance Use] – what specific issues are most relevant to your community?
iv. In the area of [Complex and Chronic Conditions] – what specific issues are most relevant to your community?

3. **In the last assessment, [name of Hospital] identified priority cohorts – or populations that face significant barriers to getting the care and services they need. The priority cohorts that were identified are [list them]. When you think about the specific segments of the population in your community that face barriers, do these populations resonate with you?**
    a. Are there specific segments that I did not list that you would add for your community?
    b. What specific barriers do these populations face that make it challenging to get the services they need?

LHMC, MAH, Winchester: Youth, Older Adults, Low Resourced Populations, Racially/Ethnically/Linguistically Diverse Populations, LGBTQIA+

BIDMC: Youth, Older Adults, Low Resourced Populations, Racially/Ethnically/Linguistically Diverse Populations, LGBTQIA+, Families Impacted by Violence and Incarceration

BH/AGH, Needham, : Youth, Older Adults, Low Resourced Populations, Racially/Ethnically/Linguistically Diverse Populations

AJH, NEBH, Milton, Plymouth: Youth, Older Adults, Low Resourced Populations, Racially/ Ethnically/Linguistically Diverse Populations, Individuals Living with Disabilities

Exeter: Older adults, Individuals Living with Disabilities, LGBTQIA+, Low resource populations

4. **I want to ask you about community assets and partnerships.**
    a. What is the partnership environment in your community? Are organizations, collaboratives/task forces, municipal leadership, and individuals open to working with one another to address community issues?
        i. Are there specific multi-sector collaboratives that are particularly strong?
    b. Are there specific organizations that you think of as the "backbone" of your community – who work to get individuals the services and support that they need?

5. **Thank you so much for your time, and sharing your perspectives. Before we hang up, is there anything I didn't ask you about that you'd like us to know?**

Exeter Hospital
Summary of 2024-2025 Community Health Needs Assessment Interview Findings

Interviewees

- Marty Chapman, Executive Director, The Housing Partnership
- Borja Alvarez de Toledo, President & CEO, Waypoint NH
- Ryiah Khan, School Officer, SAU 16
- Shamera Simpson, Executive Director, American Foundation for Suicide Prevention, New Hampshire and Maine
- Patrick Tufts, CEO, Granite United Way
- Pati Frew-Waters, Executive Director, Seacoast Family Promise
- Jennifer Wheeler, President, Exeter Area Chamber of Commerce
- Ken Mendis, President and Chair of the Board of Directors, Racial Unity Team
- Greg White and Sue Durkin, co-CEOs, Lamprey Health
- Molly Zirillo, Executive Director, St. Vincent de Paul
- Madison Bailey, Health Officer, Town of Exeter
- Epping Municipal Leaders
- David Moore, Town Manager, Town of Stratham
- Kirk Williamson, Executive Director, New Hampshire Prescription Drug Affordability Board
- Greg Bisson (Director) and David Tovey (Asst. Director), Parks and Recreation, Town of Exeter

Community Health Priority Areas

Social Determinants of Health

- Housing was identified as a top concern across interviews and communities
    - Lack of safe and affordable housing
    - The region is getting more expensive and is inaccessible for first-time buyers and young families
        - People are moving away from the area to more affordable towns in the west and north
    - Individuals experiencing homelessness often move towns and may lose their medical records as they switch providers, especially if they need to pay medical record access
- Transportation
    - Nonprofit organizations try to fill the transportation needs in the community
    - Lack of walkable neighborhoods; heavy reliance on personal vehicles
- Food Insecurity
- Economic Insecurity
    - Parents are unable to afford childcare and agencies are unable to hire more staff
        - Lack of childcare makes it challenging for parents to work
        - Childcare centers are unwilling to accept children with behavioral support needs
    - Rising costs of prescription medication
    - If individuals have outstanding medical bills, providers may prevent additional care until the bill is paid

Access to Care

- Loss of paramedic programs and confidence in hospital emergency care services
    - The hospital emergency room has not been expanded to meet the increased need
- Concerns about potential loss of maternal health services and birth control access
- Insurance and Medical System Navigation
    - Challenge for older adults who are transitioning to Medicare to manage the administrative tasks
        - "You may have an appointment for X, but you also need care around Y and Z which is provided somewhere else by a different provider"
    - Individuals working for small businesses often aren't able to afford insurance
    - Insurance coverage for dental care and medication does not meet financial need
        - "Diabetes, asthma, COPD patients are particularly affected; going without their meds or taking half a dose to make it last"
        - In the past, some communities had dental vans that provided care
    - Individuals with public insurance have more limited treatment options
- Language and Cultural Barriers
    - Need for additional education on the American healthcare system and the role of prevention
        - "Preventative healthcare is not something that a lot of new Americans have not had the luxury of accessing."
    - School collaboration and trust is key, as the school often acts as the first government interaction
    - Need for additional training for medical staff in culturally competent care
    - Limited diversity in staffing; patients want to receive care from someone who speaks their language and understandings their culture
- Loss of providers has led to long wait times; often months for appointments
    - Providers often can get higher reimbursement rates in Massachusetts
- Lack of preventative and rehabilitative care

Mental Health and Substance Use

- Need additional staffing and support in responding to mental health calls in the community
- Expand access to mobile crisis resources and community-based care to alleviate the impact on emergency providers
- Communities are working to bring awareness to mental health and substance misuse through educational programming, but funding is limited
- Youth mental health was identified as a core mental health issue
    - Most resources are concentrated in the school system; challenges coordinating communication and referrals to other providers
    - Increasing use of hotlines where youth can use technology, like texting, to access resources
- Rising isolation, depression, and loneliness in older adults
- Substance Use

- Opioid use disorder
- Treatment programs often interfere with work schedules (daily medication appointments)
- Lack of treatment programs for alcohol misuse

Chronic and Complex Conditions

- Lack of resources for dementia and memory care
- Lack of compensation for family caregivers (for parents, siblings, children, etc.)

Priority Populations

- Agreement across interviewees that the following populations should continue to be the priority, as they face the most significant barriers to care and services:
  - Low-resourced/low-income populations
  - LGBTQIA+
  - Individuals living with disabilities
  - Older adults

- Interviewees also identified concerns for newcomer populations (immigrants, refugees, etc.), youth, pregnant people, non-English speakers, young parents, and individuals with substance use disorder

Community Resources, Partnership, and Collaboration

- There are many strong organizations, partnerships, task forces, and collaboratives throughout the Exeter Hospital region with these specific organizations being identified as critical resources: Transportation Assistance Program, Stratham Community Church, Seacoast Family Promise, Salvation Army, Home for All Coalition, Mission Zero, Families in Transition, Crossroads, Waypoint, Lamprey Health Center, Black Lives Matter New Hampshire, Black Heritage Trail, Currier Museum, Seacoast NAACP, Granite United Way, Key Collective, Seacoast Mental Health, Seacoast Family Promise
- Emergency services, shelters, parks and recreation departments, religious groups, schools, and senior centers were highlighted as core collaboration parents across the region
- During COVID, the hospital encouraged collaboration and communication within the community, now the connections have dispersed and are more informal
- Need for sustained investments rather than one-time grants
- Smaller organizations need volunteers and partnerships that highlight the importance of community connection

Focus Groups

- Focus Group Guide
- Focus Group Summary Notes

BILH Focus Group Guide

Name of group:
Hospital:
Date/time and location:
Facilitator(s):
Note taker(s):
Language(s):

Instructions for Facilitators/Note Takers (Review before focus group)

- This focus group guide is specifically designed for focus group facilitators and note-takers, and should not be distributed to participants. It is a comprehensive tool that will equip you with the necessary knowledge and skills to effectively carry out your roles in the focus group process.
- As a **facilitator**, your role is to guide the conversation so that everyone can share their opinions. This requires you to manage time carefully, create an environment where people feel safe to share, and manage group dynamics.
    - Participants are not required to share their names. If participants want to introduce themselves, they can.
    - Use pauses and prompts to encourage participants to reflect on their experiences. For example: "Can you more about that?" "Can you give me an example?" "Why do you think that happened?"
    - While all participants are not required to answer each question, you may want to prompt quieter individuals to provide their opinions. If they have not yet shared, you may ask specific people – "Is there anything you'd like to share about this?"
    - You may have individuals that dominate the conversation. It is appropriate to thank them for their contributions but encourage them to give time for others to share. For example, you may say, "Thank you for sharing your experiences. Since we have limited time together, I want to make sure we allow other people to share their thoughts."
- As a **notetaker**, your role is to document the discussion. This requires you to listen carefully, to document key themes from the discussion, and to summarize appropriately.
    - Do not associate people's names with their comments. You can say, "One participant shared X. Two other participants agreed."
    - Responses such as "I don't know" are still important to document.
    - At the end of the focus group, notetakers should take the time to review and edit their notes. The notetaker should share the notes with the facilitator to review them and ensure accuracy.
    - After focus group notes have been reviewed and finalized, notes should be emailed to Madison_Maclean@jsi.com

Opening Script

- Thank you for participating in this discussion about community health. We are grateful to [Focus group host] for helping to pull people together and for allowing the use of this space. Before we get started, I am going to tell you a bit more about the purpose of this meeting, and then we'll discuss some ground rules.
- My name is [Facilitator name] and I will be leading the discussion today. I am also joined by [any co-facilitators] who will be helping me, and [notetaker] who will be taking notes as we talk.
- Every three years, [name of Hospital] conducts a community health needs assessment to understand the factors that affect health in the community. The information we collect today will be used by the Hospital and their partners to create a report about community health. We will share the final report back with the community in the Fall of 2025.
- We will not be sharing your name – you can introduce yourself if you'd like, but it is not necessary. When we share notes back with the Hospital, we will keep your identity and the specific things you share private. We ask that you all keep today's talk confidential as well. We hope you'll feel comfortable to discuss your honest opinions and experiences. After the session, we would like to share notes with you so that you can be sure that our notes accurately captured your thoughts. After your review, if there is something you want removed from the notes, or if you'd like us to change something you contributed, we are happy to do so.
- Let's talk about some ground rules.
    - **We encourage everyone to listen and share in equal measure.** We want to be sure everyone here has a chance to share. The discussion today will last about an hour. Because we have a short amount of time together, I may steer the group to specific topics. We want to hear from everyone, so if you're contributing a lot, I may ask that you pause so that we can hear from others. If you haven't had the chance to talk, I may call on you to ask if you have anything to contribute.
    - **It's important that we respect other people's thoughts and experiences.** Someone may share an experience that does not match your own, and that's ok.
    - **Since we have a short amount of time together, it's important that we keep the conversation focused on the topic at hand.** Please do not have side conversations, and please also try to stay off your phone, unless it is an emergency.
    - **Are there any other ground rules people would like to establish before we get started?**
- Are there any questions before we begin?

Question 1

We want to start by talking about <u>physical health</u>. Physical health is about how well your body works. It includes being free from illnesses or injuries, having enough energy for daily activities, and feeling strong and healthy overall.

a. **Think about yourself, your family, and your loved ones. What sort of things do you and the people you know do to stay physically healthy?**
b. **What stops you from being as physically healthy as you'd like to be?**

Summarize: Based on what you shared, it sounds like [list to 3-4 themes] have the biggest impact on your physical health. Is that correct, or do we want to add some more?

Question 2

Now let's talk about mental health. Mental health is about how you think and feel. It includes your emotions, mood, and how you handle stress, as well as your overall sense of well-being and happiness.

a. Think about yourself, your family, and your loved ones. What sort of things do you and the people you know do to stay mentally healthy?
b. What stops you from being as mentally healthy as you'd like to be?

Summarize: Based on what you shared, it sounds like [list to 3-4 themes] have the biggest impact on your mental health. Is that correct, or do we want to add some more?

Question 3

We know that health and wellness are heavily impacted by people's ability to access the things they need to live comfortably – access to housing that is affordable, access to transportation, access to food, and living in a community that feels safe and welcoming. These are sometimes called the "social factors that impact health." What social factors are most problematic in your community?

a. Are there certain segments of the community (by geography, language, age, etc.) that struggle to get their needs met more than others?
    a. What sorts of barriers do they face in getting the resources they need?

Summarize:

- It sounds like people struggle with [list top social factors/social determinants]. Is this a good summary, or are there other factors you'd like to add to this list?
- It sounds like [list segments of the population identified] may struggle to get their needs met, due to things like [list reasons why]. Are there other populations or barriers you'd like to add to this list?

Question 4

I want to ask about community health resources – the services and places in the community that help people to stay healthy. This includes a whole range of places and organizations – like doctor's offices and clinics, schools, senior centers, parks, multi-service centers, etc.

a. Tell me about the resources in your community – which organizations and places help people to stay physically and mentally healthy, and get the basic things they need (e.g., housing, food, transportation, etc.)?
b. What kind of resources are <u>not</u> available in your community, but you'd like them to be?

Summarize: It sounds like some of the key community resources include [list top responses]. I also heard that you'd like to see more [list resource needs]. Did I miss anything?

Question 5

- Is there anything we did not ask you about, that you were hoping to discuss today?
- Are there community health issues in your community that we didn't identify?
- Are there any other types of resources or supports you'd like to see available in your community?

Thank you

Thank you so much for participating in our discussion today. This information will be used to help ensure that Hospitals are using their resources to help residents get the services they need.

After we leave today, we will clean up notes from the discussion and would like to share them back with you, so that you can be sure that we captured your thoughts accurately. If you'd like to receive a copy of the notes, please be sure you wrote your email address on the sign-in sheet.

We also have $25 gift cards for you, as a small token of our appreciation for the time you took to participate. [*If emailing, let them know they will receive it via email. If giving in person, be sure you check off each person who received a gift card, for our records*].

Exeter Hospital
Focus Group Notes for FY2025 Community Health Needs Assessment

Focus Group Information

Name of group: Residents of a mobile home living community
Location: Exeter
Date, time: 10/5/2024
Facilitator: JSI
Approximate number of participants: 12

Question 1

We want to start by talking about physical health. Physical health is about how well your body works. It includes being free from illnesses or injuries, having enough energy for daily activities, and feeling strong and healthy overall.

a. **Think about yourself, your family, and your loved ones. What sort of things do you and the people you know do to stay physically healthy?**
    i. Going for a walk
    ii. Doing any kind of exercise
    iii. Working a physical job (on your feet all day)
    iv. Eating healthy (lots of green veggies)
    v. Visiting the primary care physician
    vi. Taking vitamins and prescribed medications
    vii. Practicing good sleeping habits (consist and enough sleep) and using sleep apnea devices
    viii. Going to water aerobics class
b. **What stops you from being as physically healthy as you'd like to be?**
    i. Smoking
    ii. Being of older age
    iii. My body
    iv. Medical issues (spinal cirrhosis, neck pain)
    v. Working too much or too hard
    vi. PTSD
    vii. Transportation (coast bus system on demand has limited hours and availability; it only goes within a quarter of a mile of bus stops)
        1. The TASK transportation system was found to reliable

Question 2

Now let's talk about mental health. Mental health is about how you think and feel. It includes your emotions, mood, and how you handle stress, as well as your overall sense of well-being and happiness.

a. **Think about yourself, your family, and your loved ones. What sort of things do you and the people you know do to stay mentally healthy?**
    a. Spending time with grandchildren
    b. Staying busy with no downtime
    c. Spending time with pets,
    d. Gardening in the summer
    e. Reading books
    f. Not isolating themself
    g. Taking classes online
    h. Having zoom meetings with friends
    i. Seeing mental health counselors (seacoast online, people have struggled with speaking with a live person or get access to a provider)
    j. Crafting with friends
    k. Taking meditation
b. **What stops you from being as mentally healthy as you'd like to be?**
    a. There are not a lot of services for low-income people
        i. One place that is available might get you seen in 6 months is Seacoast Mental Health. Kids have an easier time through school staff than into seacoast mental health
    b. Covid contributed to limited socialization – separation anxiety with going back into social systems
    c. Struggling with consistent care as providers leave agencies. There is staff turnover or insurance issues and you have to start all over. The government needs to provide better insurance that provides better coverage for better health outcomes.
        i. Insurance companies drag out tests and imaging services to save money
            1. Legal services were required to step in and get the workers' compensation doctor to help out for one participant
        ii. It is a band-aid with medication instead of getting to the source of the problems, as medication is what insurance will pay for (rather than further tests or exams)
    d. You can't watch the news because it adds stress and anxiety
    e. General stress and anxiety affects the other physical means to staying healthy
        i. It is a vicious cycle; political views get in the way of interpersonal connections
    f. People feel embarrassed to seek mental health services, especially seniors

Question 3

We know that health and wellness are heavily impacted by people's ability to access the things they need to live comfortably – access to housing that is affordable, access to transportation, access to food, and living in a community that feels safe and welcoming. These are sometimes called the "social factors that impact health."

a. **What social factors are most problematic in your community?**

a. Some resources, like the Town of Exeter Welfare Department or the food pantry at local churches are limited to specific age groups
b. Disability payments are too low to afford necessary things
    i. If your disability payments are cancelled it makes it hard to become eligible again
c. It is expensive to live in Exeter

Question 4

I want to ask about community health resources – the services and places in the community that help people to stay healthy. This includes a whole range of places and organizations – like doctor's offices and clinics, schools, senior centers, parks, multi-service centers, etc.

a. Tell me about the resources in your community – which organizations and places help people to stay physically and mentally healthy, and get the basic things they need (e.g., housing, food, transportation, etc.)?
    a. Having a young dog has helped one participant socialize, step out of their shell, and make community connections
    b. The United States Department of Agriculture has a home repair loan and grant that has provided assistance
    c. There is a pool that is open seasonally and helps with social connection
    d. The area is walkable and has lots of sidewalks
    e. There are events for all ages
    f. Food and grocery stores are accessible

b. What kind of resources are <u>not</u> available in your community, but you'd like them to be?
    a. Dental services for low-income adults
        i. There is a program in Nashua that does free work and has a study that looks at the relationship between diabetes and teeth health
    b. Hearing aids, hearing loss, and dementia resources
        i. Exeter Area Lions assists with hearing aids
    c. Zenni optical care
    d. Cheaper online classes
    e. Transportation access to different areas of the state
    f. Handicapped transportation including wheelchair vans
    g. Lack of outpatient services due to BILH
    h. Make more transportation information available to those who cannot access the internet

Question 5

Is there anything we did not ask you about, that you were hoping to discuss today?
Are there community health issues in your community that we didn't identify?
Are there any other types of resources or supports you'd like to see available in your community?

No responses

Exeter Hospital
Focus Group Notes for FY2025 Community Health Needs Assessment

Focus Group Information

Name of group: Individuals with mental health diagnoses
Location: Seacoast Mental Health
Date, time: 10/24/2024
Facilitator: JSI
Approximate number of participants: 9

Question 1

We want to start by talking about physical health. Physical health is about how well your body works. It includes being free from illnesses or injuries, having enough energy for daily activities, and feeling strong and healthy overall.

a. **Think about yourself, your family, and your loved ones. What sort of things do you and the people you know do to stay physically healthy?**
    i. Hardly anything. I try to be active, but I have Seasonal Affective Disorder
    ii. I have neighbors who go for walks along the road
    iii. I walk and hike in the woods with my son and dog. We call them "exploring adventures"
    iv. I can be a slug. I need encouragement to exercise. My IN Shape service at SMHC helps me. I am not sure I would go on my own.
        1. (A few other people nodded and agreed with this statement)
    v. I was a previous college athlete, now I need someone to hold me accountable
    vi. I use my smart watch to set goals and it gives me reminders about when to move. It feels good to meet the goals
    vii. I work a lot and do lots of work around the house
    viii. Healthy eating as much as I can
    ix. Use food pantries; they have good produce and fresh food

b. **What stops you from being as physically healthy as you'd like to be?**
    i. Cost of gyms and fitness facilities
    ii. Lack of transportation to facilities; not enough transportation options
    iii. Walking trails are not accessible and are not always safe. Some don't allow dogs and trails are not advertised so don't know where to find them
    iv. Safety issues with walking on the road; no sidewalks
    v. Hard to find someone to make the commitment to exercise regularly with
    vi. Healthy foods are expensive; it is hard to eat my diabetic diet because of the high price of foods, so sometimes I have to eat things that are bad for me
    vii. Pantry food doesn't stay fresh as long
    viii. Lack of information on what is available at food pantries. We don't know what exists out there
    ix. Limited times and hours for farmer's markets

x. Lack of opportunities for exercise programs for families together (like family yoga)
xi. Not knowing what is available in my town (a list of resources would be helpful)
xii. Lack of affordable dental care. A participant had to have teeth pulled because they could not afford the dental care
xiii. Lack of affordable dentures
xiv. Nobody is willing to provide "pro-bono" care to those who cannot afford it.

Question 2

Now let's talk about mental health. Mental health is about how you think and feel. It includes your emotions, mood, and how you handle stress, as well as your overall sense of well-being and happiness.

a. Think about yourself, your family, and your loved ones. What sort of things do you and the people you know do to stay mentally healthy?
   a. Come to SMHC; they help me with getting tasks done
   b. See my counselor and case manager at SMHC. I have been coming here for 44 years

b. What stops you from being as mentally healthy as you'd like to be?
   a. My teeth; I need more affordable dental care. It affects my mental health and self-confidence
   b. My confidence and self-esteem are low because of my teeth. I am embarrassed
   c. Lack of information on where to go for dental care
   d. Need one place that lists all resources available. 2-1-1 cannot always help and you get the runaround
   e. Long waits to get to see a psychiatrist in the community; many you have to pay out of pocket because they don't take Medicaid
   f. Lack of availability of providers
   g. Homelessness
   h. Lack of training of shelter staff
   i. Homeless or people with mental health issues not getting help
   j. Abandonment by family
   k. Lack of people caring about each other
   l. Lack of compassion, empathy
   m. Hard to help someone unless you have been in their shoes
   n. Lack of education and knowledge about diverse issues (gender). I had to teach my doctor about being trans

Question 3

We know that health and wellness are heavily impacted by people's ability to access the things they need to live comfortably – access to housing that is affordable, access to transportation, access to food, and living in a community that feels safe and welcoming. These are sometimes called the "social factors that impact health."

a. **Are there certain segments of the community that struggle to get their needs met more than others?**
    a. Social class is everything
    b. Minority groups: race, gender, religion
    c. Overweight people
    d. Stigma of living in a mobile home in Exeter. I see it. We cannot afford things our son needs for school or sports that all the other kids can afford.
b. **What sorts of barriers do they face?**
    a. More division in the country; there is less outreach
    b. Less sense of community connection
    c. Not enough events for people without family
    d. Social media distorts peoples perceptions
    e. Anxiety and fear of being judged by others
    f. Unable to admit they need help
    g. Stigma is still a problem. People are intimidated
    h. It is harder for older people to advocate for themselves, to fill out all the forms, and they risk losing benefits
    i. People don't respect each other
    j. Fear of losing benefits if you get a job and save money. You lose benefits if you have money in your account.
    k. Punished for working and trying to better yourself
    l. Rich people looking down on the poor
    m. Rents are increasing
    n. Lack of internet or affordable internet

Question 4

I want to ask about community health resources – the services and places in the community that help people to stay healthy. This includes a whole range of places and organizations – like doctor's offices and clinics, schools, senior centers, parks, multi-service centers, etc.

a. **Tell me about the resources in your community – which organizations and places help people to stay physically and mentally healthy, and get the basic things they need (e.g., housing, food, transportation, etc.)?**
    a. Lion's Club; you can get glasses there
    b. YMCA
    c. Gather, Operation Blessing, St. Vincent DePaul, Mobile Food Pantry
b. **What kind of resources are <u>not</u> available in your community, but you'd like them to be?**
    a. Affordable internet
    b. Affordable housing
    c. Educating professionals on issues related to gender and diversity

Question 5

Is there anything we did not ask you about, that you were hoping to discuss today?
Are there community health issues in your community that we didn't identify?
Are there any other types of resources or supports you'd like to see available in your community?

- Since COVID, our case managers are over worked; the caseloads are too big and they are just thrown into the mix without any or enough training.
    - My young case manager was thrown to the dogs. I know more than she does about the job and resources. Don't get me wrong, she's great. It's not fair to her.
    - It's not their fault. They are underpaid
- No middle class anymore
- Shortage of case managers at many organizations
- Long wait to get benefits. In the interim, what do I do?
- People who scam the system take away for those of us who really need it
- Housing is a huge problem
- Why are hospitals getting bigger and bigger?
- What can we do to make a change in our own world? Where do I go? Who do I talk to?

Exeter Hospital
Focus Group Notes for FY2025 Community Health Needs Assessment

Focus Group Information

Name of group: Older adults
Location: Plaistow YMCA
Date, time: 11/12/2024
Facilitator: JSI
Approximate number of participants: 11

Question 1

We want to start by talking about <u>physical health</u>. Physical health is about how well your body works. It includes being free from illnesses or injuries, having enough energy for daily activities, and feeling strong and healthy overall.

a. **Think about yourself, your family, and your loved ones. What sort of things do you and the people you know do to stay physically healthy?**
    i. Keeping up with social interactions
    ii. Walking
    iii. Playing pickleball
    iv. Coaching sports (soccer, basketball, etc.)
    v. Keeping up with younger people (social interaction)
    vi. Playing golf (and walking the course)
    vii. Simply Fit (zoom fitness class offered three times a week for seniors)
    viii. Having things on the schedule to stay active
    ix. Seasonal sports (hiking, paddleboarding, snowshoeing)
    x. Eating well and keeping a healthy diet
    xi. Going to the YMCA to try and stay out of the doctor's office
        1. As you get older this takes more work
    xii. Gardening
    xiii. Staying motivated
b. **What stops you from being as physically healthy as you'd like to be?**
    i. Financial barriers
    ii. Sweets and needing to pay more attention to their diet
    iii. General aging process
    iv. Prior injuries
    v. Depression
        1. One participant's spouse passed away this year
    vi. Having time if their work schedule is full

Question 2

Now let's talk about mental health. Mental health is about how you think and feel. It includes your emotions, mood, and how you handle stress, as well as your overall sense of well-being and happiness.

- **a. Think about yourself, your family, and your loved ones. What sort of things do you and the people you know do to stay mentally healthy?**
    - a. Being physically active helps to prevent seasonal depression
    - b. Getting involved in groups like the VA
    - c. Working out with friends gives one participant peace of mind
    - d. The staff at the YMCA help to be welcoming which encourages participants to keep coming
    - e. Church and faith groups create connection
    - f. Family motivation
        - i. Staying healthy for the purpose of spending time with their children or grandchildren
        - ii. Playing sports with grandchildren
- **b. What stops you from being as mentally healthy as you'd like to be?**
    - a. Winter Blues; especially by the end of the season
    - b. Social anxiety if you don't have a buddy coming to an event
    - c. Access to transportation outside of going to the doctor's office

Question 3

We know that health and wellness are heavily impacted by people's ability to access the things they need to live comfortably – access to housing that is affordable, access to transportation, access to food, and living in a community that feels safe and welcoming. These are sometimes called the "social factors that impact health."

- **a. What social factors are most problematic in your community?**
    - a. Housing
        - i. Lack of affordable housing
        - ii. Expensive to age at home; taxes are expensive and upkeep is hard
        - iii. It is hard to keep up with chores and home maintenance without their spouse
        - iv. Covid has increased the price of repairs
        - v. It is difficult to find a handyman to trust
    - b. Education is important
        - i. Impact of remote learning, student isolation, and delayed social cues
    - c. Food Insecurity
        - i. The cost of food has increased due to inflation
        - ii. The food pantry has seen a 50% growth over the year
        - iii. Schools help to provide food
        - iv. The cost of organic food is high
        - v. Lots of grocery store waste
    - d. Politics
        - i. Communities, friends, families, and neighbors are politically divided

e. Transportation can be an issue
    i. The Council on Aging helps, but some disabilities are not covered
    ii. You can get transportation to a doctor's office, but not a restaurant
    iii. Injuries can make transportation difficult
f. Social anxiety around crowds, especially in young children
g. Specific health conditions
    i. Cancer, Alzheimer's, dementia, high blood pressure, high cholesterol, and stroke
    ii. Prescriptions can cause other issues
    iii. Mental health challenges related to being alone and stress
        1. Social media toxicity
        2. News
        3. Stigma related to therapy and mental health care

b. Are there certain segments of the community (by geography, language, age, etc.) that struggle to get their needs met more than others? What sorts of barriers do they face in getting the resources they need?

a. Insurance barriers
    i. Referrals and prescriptions limitations
    ii. Insurance does not cover all providers
b. Lack of technology skills can make it difficult to access healthcare portals
c. Delays in scheduling appointments
    i. Patients can be waiting nine months for an appointment
d. High turnover in the medical field
e. After you retire, there is no one to help you understand your benefits
f. High cost of healthcare, dental care, and vision care

Question 4

I want to ask about community health resources – the services and places in the community that help people to stay healthy. This includes a whole range of places and organizations – like doctor's offices and clinics, schools, senior centers, parks, multi-service centers, etc.

a. Tell me about the resources in your community – which organizations and places help people to stay physically and mentally healthy, and get the basic things they need (e.g., housing, food, transportation, etc.)?

a. YMCA
b. Council on Aging
c. Senior Center
d. VA facilities
e. Social media helps people access information on pickleball and food pantries
f. Lion's Club has a backpack program
g. Churches have food pantries and free coffee
h. Amvets
i. VFW
j. Military discounts in general
k. Knights of Columbus
l. The library, especially the knitting group

b. What kind of resources are <u>not</u> available in your community, but you'd like them to be?

a. More playgrounds
b. More transportation offerings
c. More technology offerings
d. More virtual education opportunities

Question 5

Is there anything we did not ask you about, that you were hoping to discuss today?

Are there community health issues in your community that we didn't identify?

Are there any other types of resources or supports you'd like to see available in your community?

- The community needs a local pool funded by the hospital that can host low-impact physical therapy sessions and swim lessons
- The community needs an exercise machine for assisted pullups and dips

Exeter Hospital
Focus Group Notes for FY2025 Community Health Needs Assessment

Focus Group Information

Name of group: Youth
Location: Austin17 House
Date, time: 11/15/2024
Facilitator: Madison MacLean
Approximate number of participants: 8

Question 1

We want to start by talking about physical health. Physical health is about how well your body works. It includes being free from illnesses or injuries, having enough energy for daily activities, and feeling strong and healthy overall.

a. **Think about yourself and other people your age. What sort of things do people your age do to stay physically healthy?**
    i. Play sports and go to the gym
    ii. Eat healthy foods and drink a lot of water
    iii. Do a lot of stretching and go to a physical therapist
    iv. Go to a chiropractor
    v. Every weekend I go for a walk with my nephews
b. **What prevents people your age from being physically healthy?**
    i. Sometimes it is harder to get healthier food. All of the healthier food options are so expensive.
    ii. The stuff that they give us at school is gross; it's from a can and it's not healthy. They put 'baked' chips in the vending machine, but that's not necessarily healthy. The vegetables aren't fresh.

Question 2

Now let's talk about mental health. Mental health is about how you think and feel. It includes your emotions, mood, and how you handle stress, as well as your overall sense of well-being and happiness.

a. **Think about yourself and others your age. What sort of things do you and the people you know do to stay mentally healthy?**
    a. Yoga
    b. Reading
    c. Writing
    d. Going to the gym
    e. Physically, when I accomplish something, it makes me feel accomplished, which makes me feel good.
    f. Going in the sun

g. Self-care Sundays
h. Talks to their parents about their issues

b. What stops you and others your age from being as mentally healthy as you'd like to be?

a. School and homework stresses me out. It's hard to block people out even if you don't talk to them.
b. It's not even just the school aspect, it's the lack of time for myself, and having to balance it all.
c. I have to make sure I have enough time without work. I am busy and already stressed out. The lack of time is hard for me.
d. Social norms and trying to compete with people on social media.
e. I think especially for our area, we all have a lot of school rivals that take stuff really seriously. They go after things and post stuff.
f. Everyone knows everything about everyone; it's such a small school that people go out of their way to twist up stories.
g. It depends on the person. Our school has a really good system; we have a club dedicated to mental health. We have a really good system of counselors and good ways of making sure people are ok. We know some people that will talk to their best friend about it, but they can also anonymously tell guidance and they wont rat you out so it doesn't jeopardize their relationship with their parents.
h. Some people would rather talk about it with their friends rather than an adult.
i. Some people don't realize the resources are available in the school
j. Substance use; you hear about it constantly.
    i. Vaping has been a thing for a long time
    ii. Weed is more popular among the guys in school
    iii. What would be helpful to curb substance use, would be to see pictures of actual lungs and actual stories. That would be helpful. Right now, they're talking AT us. If they catch us doing it, they're just there to get us in trouble. They're there to suspend us, not to help us.
    iv. At our school it's just trying to 'scare you straight'; kids who do substances are going to continue.
k. Relationships are hard; 10th grade boys are different from 10th grade girls. Girls are more mature and serious
l. I can't really talk to my parents about stuff. There have been times that I've tried to, but I wasn't doing anything bad or doing any substances. It was the littlest thing but she doesn't understand and gets mad at me.
m. Everything, no matter what it is, all ties into mental health.
n. I spent the entire summer overthinking; school is a good distraction for me. If I have too much free time I struggle. I think in the summer I have more time to go out and explore and do stuff. Whether it's by myself or with friends.
o. Once you commit to college the pressure starts to build. A lot of schools make you go in undecided so you don't have to choose what you want to do. That takes some of the stress away.
p. A lot of schools are letting more people in outside of test takers.

q. I spent the past couple years trying to build up my whole resume and I ended up so burnt out.

Question 3

Is there anything we did not ask you about, that you were hoping to discuss today?

Are there community health issues in your community that we didn't identify?

Are there any other types of resources or supports you'd like to see available in your community?

- Our town favors boys sports (football is valued over everything else)
- I would like to see walk-in therapy options for when you want to talk to somebody. 988 is helpful but it's not always what I want.

Exeter Hospital
Focus Group Notes for FY2025 Community Health Needs Assessment

Focus Group Information

Name of group: Raymond Youth Coalition
Location: Raymond High School
Date, time: 1/8/2025
Facilitator: JSI
Approximate number of participants: 10

Question 1

We want to start by talking about physical health. Physical health is about how well your body works. It includes being free from illnesses or injuries, having enough energy for daily activities, and feeling strong and healthy overall.

a. **Think about yourself and other people your age. What sort of things do people your age do to stay physically healthy?**
    i. Go to the gym for an hour a day; I also do karate for about three hours three times a week.
    ii. Many participants report that they play multiple sports (softball, basketball, etc.)
    iii. "I try to eat as healthy as possible; getting in my protein goals. I have as many vegetables as possible. I eat the fruits I like. I eat a lot more meat than everything else."
        1. When asked how they know what is considered 'healthy eating' the participant says that they do their own research and use social media
    iv. Making sure you get outside; "there is a stereotype that teenagers sit inside. I go outside and go on a walk"
    v. Participants shared that school, sports, and jobs take up the majority of their time
b. **What prevents people your age from being physically healthy?**
    i. Weather and daylight are factors that affect their ability to be physically as healthy as they'd like to be
    ii. Screen time is "crazy; I have at least 7-8 hours a day between the phone, TV, and computer."
    iii. School lunch isn't great; both the options and the portion sizes (not enough)

Question 2

Now let's talk about mental health. Mental health is about how you think and feel. It includes your emotions, mood, and how you handle stress, as well as your overall sense of well-being and happiness.

a. **Think about yourself and others your age. What sort of things do you and the people you know do to stay mentally healthy?**
    a. Hanging out with your friends

b. Napping
c. Trying to go out on the weekends
d. Put in my ear buds and listen to horror stories online or listen to music
e. Go to therapy
f. Snowboard
g. Make my siblings drive me to gas station for snacks

b. What stops you and others your age from being as mentally healthy as you'd like to be?

a. Time; when you're a student athlete, where is the time for yourself?
b. Social media; there is constant drama. So and so is texting so and so. Somebody is posting about something
c. School. Every time his family has something fun to do, he has too much stuff to do before tomorrow.
    i. The pressure is constant. You have to know it all and have it all figured out without anyone telling you what to do. Even then, other people's stress can be put on you.
d. Chores.
e. The pressure of knowing what you want to do after high school; getting the amount of credits you need to graduate
f. If it's close to midterms or end of semester, you're stuck trying to figure out how to deal with it. When teachers don't do their grading, you're stuck there with an F, and they don't fix it until two weeks later.
    i. It is stressful. You can immediately fail a class because you didn't have a competency.
    ii. Grading in school is crazy
g. Having the stress of having to uphold a certain standard 24/7 and meeting family pressures. Parents think that you can be more than you already are, so you push yourself further that you can go and you can hurt yourself in the process.
    i. Guidance – they're there to guide you – but they're not guiding you and they're scolding you.
h. Some people shared that they're getting a message from some that college is a waste of time and money. This is counter to the message they've been told about college always being the end goal.
    i. "Even if I changed my mind and wanted to do something at a trade school, they don't have anything for electricians." There has been a 'trade craze' that has limited availability of programs

Question 3

We know that health and wellness are heavily impacted by people's ability to access the things they need to live comfortably – access to housing that is affordable, access to transportation, access to food, and living in a community that feels safe and welcoming. These are sometimes called the "social factors that impact health."

a. What social factors are most problematic in your community?

a. Substance Use
    i. Vaping is rampant – both nicotine and marijuana

ii. Most people who attend the school have either tried or are currently addicted to using a substance – nicotine, marijuana, shrooms, alcohol, psychedelics, huffing spraypaint
    1. "We just started our substance misuse unit; the unit is "very much 'don't do drugs.' They use the drunk goggles. It's stereotypical."
    2. "The punishment if you get caught is that you're suspended for 3 days, so people don't care. I've never seen anyone get expelled."
    3. Chewing tobacco/Zyn nicotine pouches "are huge now. It's really easy to hide. You can use it and then just drop it in the trash." Participants referenced seeing ads and popularity on TikTok
    4. One participant shared that there was an opportunity to discuss Narcan – "most kids had no clue what it was or what it did."
iii. When asked what messaging could be more helpful, a participant said: "The health risks maybe. A lot of kids don't know what the drugs do to them or know the health risks." Another participant said that celebrities and influencers have a lot of pull – referenced a specific influencer named Baylen Levine who is against substance use. It would also be helpful to see physical examples of the health effects.
    1. "If you know somebody who drinks or smokes you can try to help them, but it's really hard to do that. I know a lot of people who will drink or smoke and I feel like I can't say something without offending them or being a nerd."

Question 4

I want to ask about resources – the people and places in your community that help you to stay physically and mentally healthy. This could include a whole range of places and people – like parents, teachers, coaches, doctor's offices, BCNC, etc.

a. What are the key places or people that help support people your age to stay healthy? What do they do to show that they support you?
    a. ELO Coordinator
    b. Library staff member
    c. Friends and family
    d. RCFY
    e. Penguin plunge
    f. Planet Fitness
    g. Target

b. Are there types of places or resources that you wish were available to you, but aren't?
    a. The participants would like to see more of everything – there are no 'after-school' community centers or places specifically for young people to gather. They would love to see:
        i. Basketball court
        ii. Pool
        iii. YMCA-type place

iv. Place to help with with college support
v. More kid friendly restaurants
vi. Student lounge

Question 5

Is there anything we did not ask you about, that you were hoping to discuss today?
Are there community health issues in your community that we didn't identify?
Are there any other types of resources or supports you'd like to see available in your community?

- "It would be good to have more people to talk to [in school]. We don't have that."
    - "Last year we had such a good support system for students – substance use counselors, counselors –now we have new people, but the social workers are only there two days a week. The substance use counselors are only there two days a week; one person can't do it all. Seeing those positions be cut and let go is really hard. It's sending a message that they don't care and they just have to fill the position."
    - "Some people are signing up for Counselors just to get out of class. I've seen people do that and they're just going to go. The psychiatrist is great but we wouldn't know how to do that [access them]. Most people wouldn't know how to get there. They might be there, but it doesn't feel accessible."
- "A lot of people forget that we're still kids."
    - Participants referenced young kids (elementary school students) being 'Sephora kids' and 'Skincare babies'. "Gen alpha is in trouble and they were supposed to be the comeback!"
- School administrations are not addressing problems. "We had a threat to the school, and it scared me really bad. The kid who made the threat at the school was let back in."

Community Listening Sessions

- Presentation from Facilitation Training for Community Facilitators
- Facilitation guide for listening session
- Presentation and voting results from February 2025 Listening Session

Beth Israel Lahey Health

JSI

TRAINING FOR COMMUNITY FACILITATORS

BILH Community Listening Sessions 2025

TRAINING AGENDA

- What is a Community Listening Session?
- Event Agenda
- Role of the Community Facilitator
- Review Breakout Discussion Guide
- Q&A
- Characteristics of a good facilitator (if time permits!)

WHAT IS A COMMUNITY LISTENING SESSION?

90-minute sessions

Open to anyone in the community who would like to attend

- Closed captioning is available at all sessions
- Interpretation available based on requests made during registration

Goals:

- Interactive, inclusive, participatory sessions that reflect populations served by each Hospital
- Present community health needs assessment data
- Prioritize community health issues
- Identify opportunities for community-driven/led solutions and collaboration

BREAKOUT DISCUSSION GROUPS

Around 50 minutes (JSI will keep time!)

Each group will have 1 Community Facilitator, 1 JSI Notetaker, and up to 8 participants

Participants will be asked to:

- Prioritize community health issues based on their personal and professional experiences
- Share reaction to key themes from data
- Share ideas on community-based solutions

ROLE OF COMMUNITY FACILITATOR

Establish ground rules

Initiate and guide discussion

Maintain open environment for sharing ideas

BREAKOUT DISCUSSION GUIDE

(EVERYTHING YOU NEED, IN ONE DOCUMENT)

JSI will email your event-specific guide 2 days prior to event date

Provides a "script" for the questions you'll ask in the Breakout Sessions

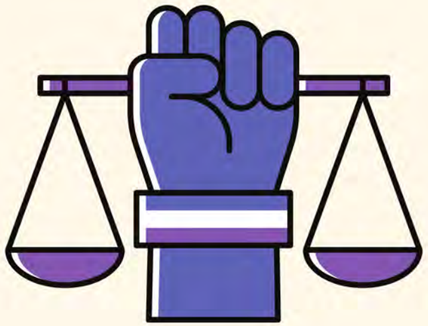
Will include a list of Community Facilitator/Notetaker pairings and contact info for all event staff

LET'S REVIEW.

REMEMBER: YOU HAVE SUPPORT.

CHARACTERISTICS OF A GOOD FACILITATOR

Impartial



Active listener

Authentic

Patient

Enthusiastic

INCLUSIVE FACILITATION

inclusive means including everyone

Provide space and identify ways participants can engage at the start of the meeting

Ask participants to share their name, where they're from, and if they're from a particular community organization. Make sure they know that this is optional and if its ok if they'd rather not share

Dedicate time for personal reflection

Normalize silence. It's okay if folks are quiet, don't interpret it as non-participation. Encourage people to take the time to reflect on the information presented to them.

Establish group agreements

Create common ground. This helps with addressing power dynamics that may be present in the space.

CREATING INCLUSIVE SPACE

move at the speed of trust

Identify ways to make people feel welcomed

Maintain eye contact; Pay attention to non-verbal cues that someone may want to share (or doesn't); Thank them for their input

Consider accessibility

Be aware that some folks may be using the dial-in number to join the meeting (if via Zoom). Consider asking for their thoughts directly. Be sure to ask if they're able to see the Mentimeter poll (if not, the notetaker can log their votes for them)

THANK YOU!

Feel free to send in any questions to Madison

madison_maclean@jsi.com

BILH Community Listening Session 2025: Breakout Discussion Guide

Session name, date, time: [filled in before session]
Community Facilitator: [filled in before session]
Notetaker: [filled in before session]
Mentimeter link: [filled in before session]
Miro board: [filled in before session]

Ground rules and introductions (5 minutes)

Facilitator: "Thank you for joining the Community Listening Session today. We will be in this small breakout group for about 50 minutes. Before we begin, I want to make sure that everybody was able to access the Mentimeter poll. Did anyone run into issues?" *If participants are having trouble logging in, the JSI Notetaker can help get them to the right screen.*

"Let's start with brief introductions and some ground rules for our time together. I will call on each of you. If you're comfortable, please share your name, what community you're from, and if you're part of any local community organizations. I'll start. I'm [name], from [community name], and I also work at [organization]." *(Facilitator calls on each participant)*

"Thanks for sharing. I'd like to start with some ground rules to be sure we get the most out of our discussion today:

- Make space and take space. We ask that you try to speak and listen in equal measure
- Be open to learning about experiences that don't match with your own
- What is said here stays here; what is learned here leaves here. [Notetaker's name] will be taking notes during our conversation today, but will not be marking down who says what. None of the information you share will be linked back to you specifically.

"Are there other ground rules people would like to add to our discussion today?"

Priority Area 1: Social Determinants of Health (12 minutes)

Facilitator: "We're going to have a chance to prioritize the issues that were presented during the earlier part of our meeting. First, we will start with the Social Determinants of Health. The priorities in this category are listed here on the screen. Using Mentimeter, **we want you to prioritize these issues in order of what you feel should be the highest priority, based on what you know about needs in your community.** Go ahead and vote now. If you run into issues, let us know and we can help make sure your vote is logged." *[Pause and allow people to vote]*

Facilitator, after 1-2 minutes: "Has everyone been able to log their vote?" [*Notetaker reports to Madison when all votes are logged, and polling results are shared back to all groups]*

Facilitator: "Based on the poll, it looks like [Priority 1], [Priority 2], and [Priority 3] came out on top."

Facilitator asks Question 1: Did anything about the list of sub-priorities or the voting results surprise you?

- Possible probes (if needed): Are there any issues in the area of social determinants that you know to be a priority, that you didn't see on the list? Are there certain segments of the population that are more affected by these issues?

Facilitator asks Question 2: What would you like to see happen in your community to address the priorities in this area?

- **Possible probes (if needed):** Are there already programs in your community that are working to address these issues? Have they been effective (why or why not?)

Notetakers will be taking notes within Google Slides.
Meeting Host will give groups a 2-minute warning before moving to the next section, and another prompt on when to move on.

Priority Area 2: Access to Care (12 minutes)

Facilitator: "We're now going to go through the same exercise for our second priority area – Access to Care. Priorities in this category are listed here on the screen. Again, using Mentimeter, please prioritize these issues in order of what you feel should be the highest priority, based on what you know about needs in your community. Go ahead and vote now."*[Pause and allow people to vote]*

Facilitator, after 1-2 minutes: "Has everyone been able to log their vote?" *[Notetaker reports to Madison when all votes are logged. Polling results are then shared back to all groups].*

"Based on the poll, it looks like [Priority 1], [Priority 2], and [Priority 3] came out on top."

Facilitator asks Question 1: Did anything about the list of sub-priorities or the voting results surprise you?

- **Possible probes (if needed):** Are there any issues in the area of Access to Care that you know to be a priority, that you didn't see on the list? Are there certain segments of the population that are more affected by these issues than others?

Facilitator asks Question 2: What would you like to see happen in your community to address the priorities in this area?

- **Possible probes (if needed):** Are there already programs in your community that are working to address these issues? Have they been effective (why or why not?)

Notetakers will be taking notes within Google Slides.
Meeting Host will give groups a 2-minute warning before moving to the next section, and another prompt on when to move on.

Priority Area 3: Mental Health and Substance Use (12 minutes)

Facilitator: "We're now going to go through the same exercise for our third priority area – Mental Health and Substance Use. Priorities in this category are listed here on the screen. Again, using Mentimeter, please prioritize these issues in order of what you feel should be the highest priority, based on what you know about needs in your community. Go ahead and vote now."*[Pause and allow people to vote]*

Facilitator, after 1-2 minutes: "Has everyone been able to log their vote?" *[Notetaker reports to Madison when all votes are logged. Polling results are then shared back to all groups].*

"Based on the poll, it looks like [Priority 1], [Priority 2], and [Priority 3] came out on top."

Facilitator asks Question 1: Did anything about the list of sub-priorities or the voting results surprise you?

- **Possible probes (if needed):** Are there any issues in the area of social determinants that you know to be a priority, that you didn't see on the list? Are there certain segments of the population that are more affected by these issues?

Facilitator asks Question 2: What would you like to see happen in your community to address the priorities in this area?

- **Possible probes (if needed):** Are there already programs in your community that are working to address these issues? Have they been effective (why or why not?)

Notetakers will be taking notes within Google Slides.
Meeting Host will give groups a 2-minute warning before moving to the next section, and another prompt on when to move on.

Priority Area 4: Chronic and Complex Conditions (12 minutes)

Facilitator: "We're now going to go through the same exercise for our fourth and final priority area – Chronic and Complex Conditions. Priorities in this category are listed here on the screen. Again, using Mentimeter, please prioritize these issues in order of what you feel should be the highest priority, based on what you know about needs in your community. Go ahead and vote now."*[Pause and allow people to vote]*

Facilitator, after 1-2 minutes: "Has everyone been able to log their vote?" *[Notetaker reports to Madison when all votes are logged. Polling results are then shared back to all groups].*

"Based on the poll, it looks like [Priority 1], [Priority 2], and [Priority 3] came out on top."

Facilitator asks Question 1: Did anything about the list of sub-priorities or the voting results surprise you?

- **Possible probes (if needed):** Are there any issues in the area of Chronic and Complex Conditions that you know to be a priority, that you didn't see on the list? Are there certain segments of the population that are more affected by these issues?

Facilitator asks Question 2: What would you like to see happen in your community to address the priorities in this area?

- **Possible probes (if needed):** Are there already programs in your community that are working to address these issues? Have they been effective (why or why not?)

Notetakers will be taking notes within Google Slides.
Meeting Host will give groups a 2-minute warning before moving to the next section, and another prompt on when to move on.

Wrap up (1 minute)

"I want to thank you all for sharing your experiences, perspectives, and knowledge. In a minute we're going to be moved back into the Main Zoom room to hear the next steps in the Needs Assessment process."

Exeter Hospital
Community Listening Session

February 11, 2025 | 9:00-10:30am

Beth Israel Lahey Health

Exeter Hospital Community Listening Session

Beth Israel Lahey Health

Beth Israel Lahey Health
Exeter Hospital

Exeter Hospital Community Listening Session

Agenda

Time	Activity	Speaker/Facilitator
9:00-9:05	Welcome	Deb Cresta, President, Exeter Hospital
9:05-9:10	Overview of assessment purpose, process, and guiding principles	Robert Torres, Director of Community Benefits, BILH
9:10-9:25	Presentation of preliminary themes and data findings	JSI
9:25-9:30	Transition to Breakout Groups	JSI
9:30-10:25	Breakout Groups: Prioritization and Discussion	Community Facilitators
10:25-10:30	Wrap up and Next Steps	Robert Torres

Assessment Purpose and Process

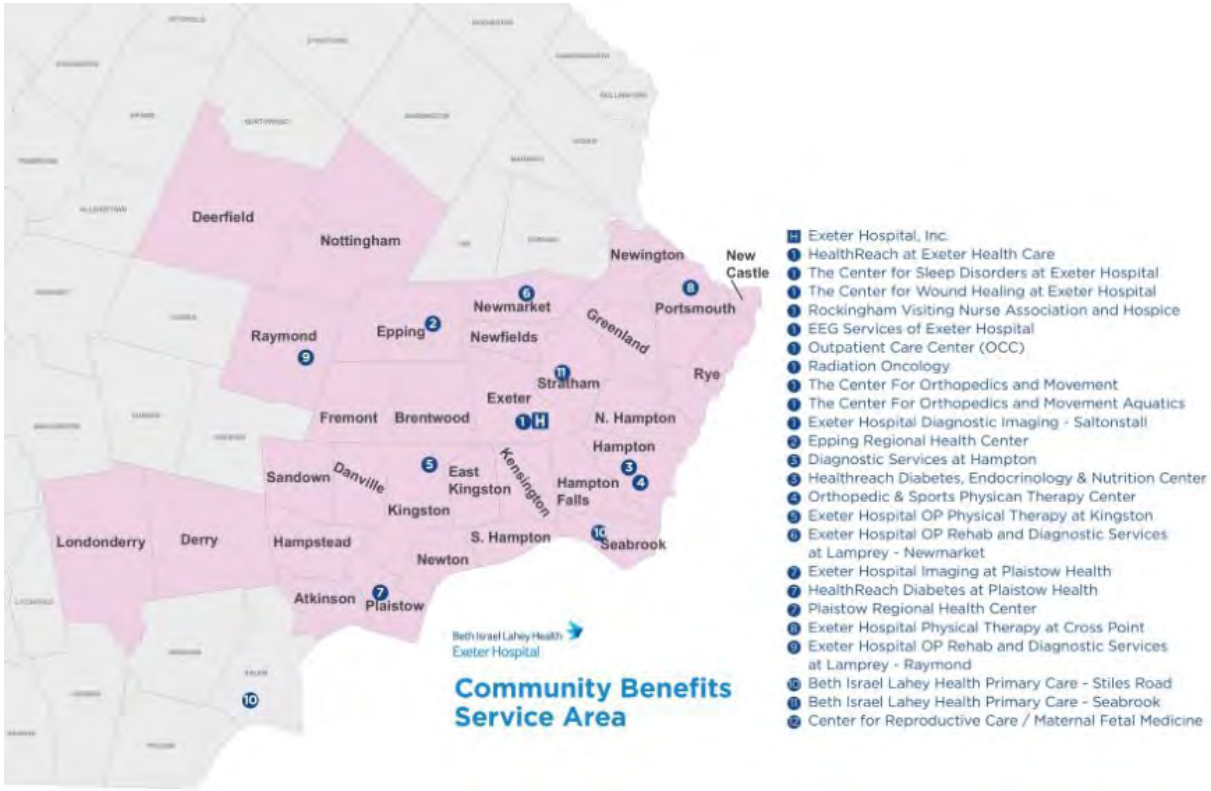
Assessment Purpose and Process

Purpose

Identify and prioritize the community health needs of those living in the service area, with an emphasis on diverse populations and those experiencing inequities.

- A **Community Health Needs Assessment (CHNA)** identifies key health needs and issues through data collection and analysis.
- An **Implementation Strategy** is a plan to address public health problems collaboratively with municipalities, organizations, and residents.

All non-profit hospitals are required to conduct a CHNA and develop an Implementation Strategy every 3 years



Community Benefits and Community Relations
Guiding Principles

Beth Israel Lahey Health

Accountability: Hold each other to efficient, effective and accurate processes to achieve our system, department and communities' collective goals.

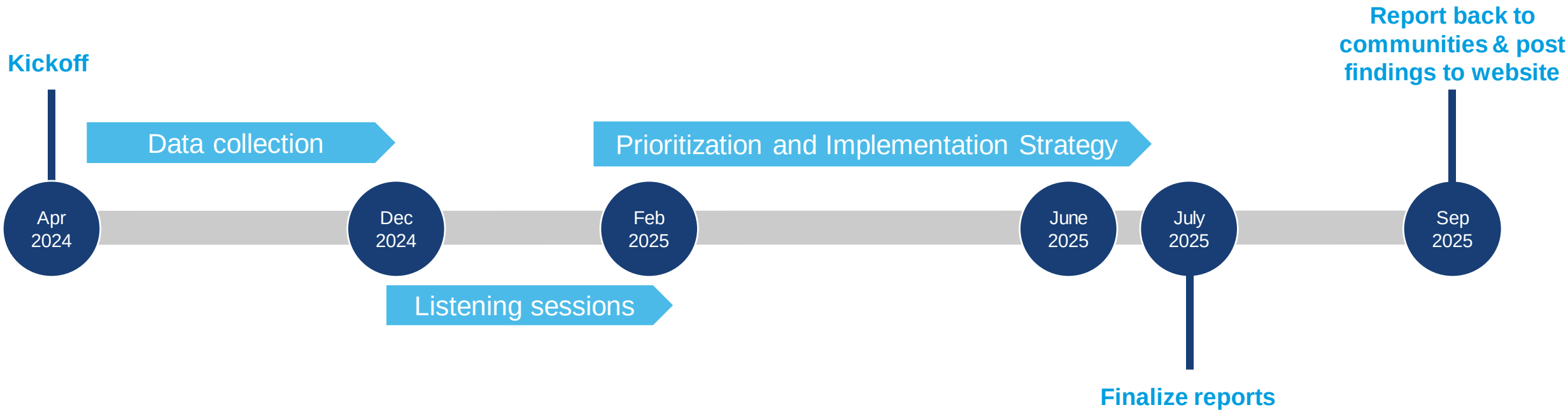
Community Engagement: Collaborate meaningfully, intentionally and respectfully with our community partners and support community initiated, driven and/or led processes especially with and for populations experiencing the greatest inequities.

Equity: Apply an equity lens to achieve fair and just treatment so that ***all*** communities and people can achieve their full health and overall potential.

Impact: Employ evidence-based and evidence-informed strategies that align with system and community priorities to drive measurable change in health outcomes.

Assessment Purpose and Process

FY25 CHNA and Implementation Strategy Process



Assessment Purpose and Process

Meeting goals

Goals:

- Conduct listening sessions that are ***interactive, inclusive, participatory and reflective of the populations*** served by Exeter Hospital
- Present data for prioritization
- Identify opportunities for ***community-driven/led solutions and collaboration***

We want to hear from you.

Please speak up, raise your hand, or use the chat when we get to Breakout Sessions

Key Themes & Data Findings

FY25 CHNA Progress
Activities to date

Collection of secondary data, e.g.:

- US Census Bureau
- County Health Rankings
- Behavioral Risk Factor Surveillance Survey
- Youth Risk Behavior Surveys
- CDC and National Vital Statistics
- Local sources of data

15 Interviews

940 FY25 Exeter Hospital Community Health Survey Respondents

5 Focus Groups

- *Low-resource residents (Exeter River Co-Op)*
- *Older adults (Plaistow YMCA)*
- *Adolescents (Austin17 House)*
- *Individuals with behavioral health diagnoses (Seacoast Mental Health)*
- *Youth (Raymond Coalition for Youth)*

FY25 CHNA Progress

FY25 Exeter Hospital Community Health Survey Responses

940 responses

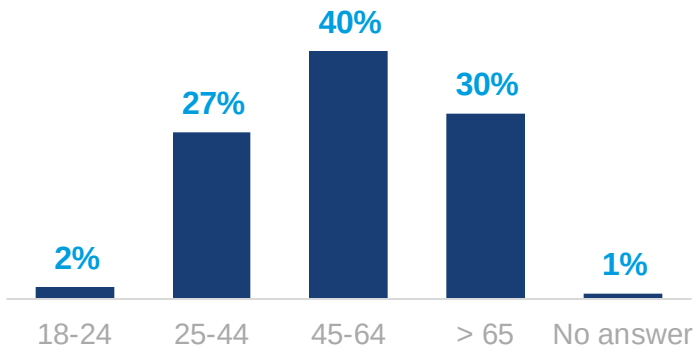
6% of respondents report a language other than English as the primary language spoken in their home

76% of the respondents are women

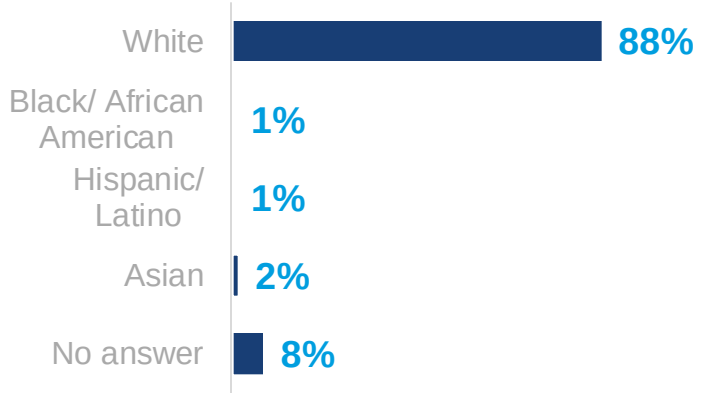
14% of the respondents identify as having a disability

6% identified as gay, lesbian, asexual, bisexual, pansexual, queer, or questioning

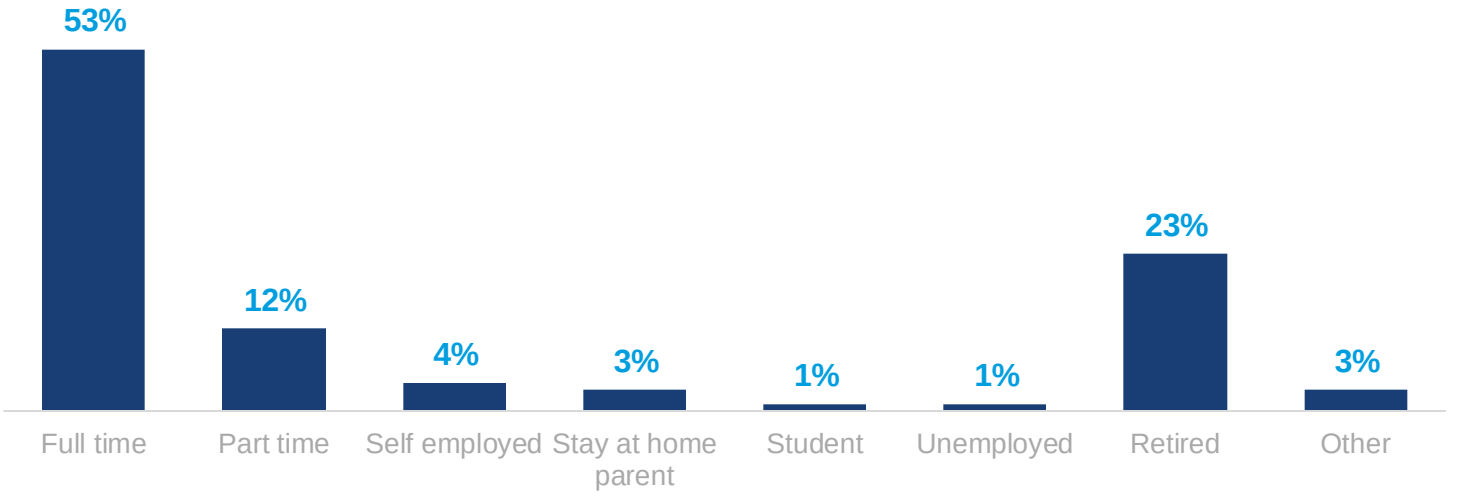
Age



Race/Ethnicity



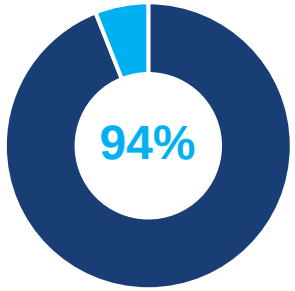
Employment



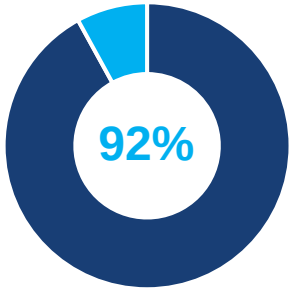
FY25 CHNA Progress

Community Benefits Service Area Strengths

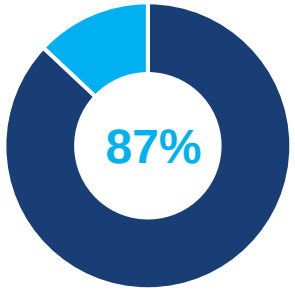
FROM FY25 EXETER HOSPITAL COMMUNITY HEALTH SURVEY:



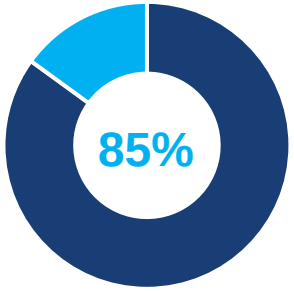
said they feel like they **belong in their community**



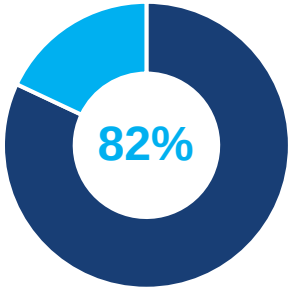
said their community feels **safe**



said their community is **a good place to raise children**



said their community has **housing that is safe and of good quality**



said that overall, they are **satisfied with the quality of life** in the community

FY25 CHNA Progress

Preliminary priorities and key themes

Social Determinants of Health

Equitable Access to Care

Mental Health and Substance Use

Complex and Chronic Conditions

FY25 CHNA Progress
Social Determinants of Health

Primary concerns:

- Transportation
- Lack of affordable housing
- Lack of affordable childcare
- High cost of living/economic insecurity
- Food insecurity
- Language and cultural barriers to services

"When you don't have safe and affordable childcare, it leads to workforce issues with parents, and then behavioral health, safety issues, and health issues for children. They're not entering school ready to learn at the same level as other kids are."

– Interviewee

When asked about the top 5 things they'd like to improve in their community:

- **56%** of Exeter Hospital Community Health Survey respondents chose more affordable housing (#1 response)
- **40%** chose better access to public transportation
- **31%** chose more affordable childcare

20% of Exeter Hospital Community Health Survey respondents reported that they had **trouble paying for food or groceries** sometime in the past 12 months

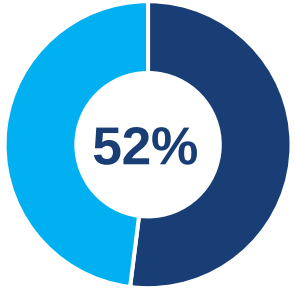
Data source: 2018-2022 US Census Bureau 5-year Estimates

FY25 CHNA Progress

Preliminary Themes: Equitable Access to Care

Primary concerns:

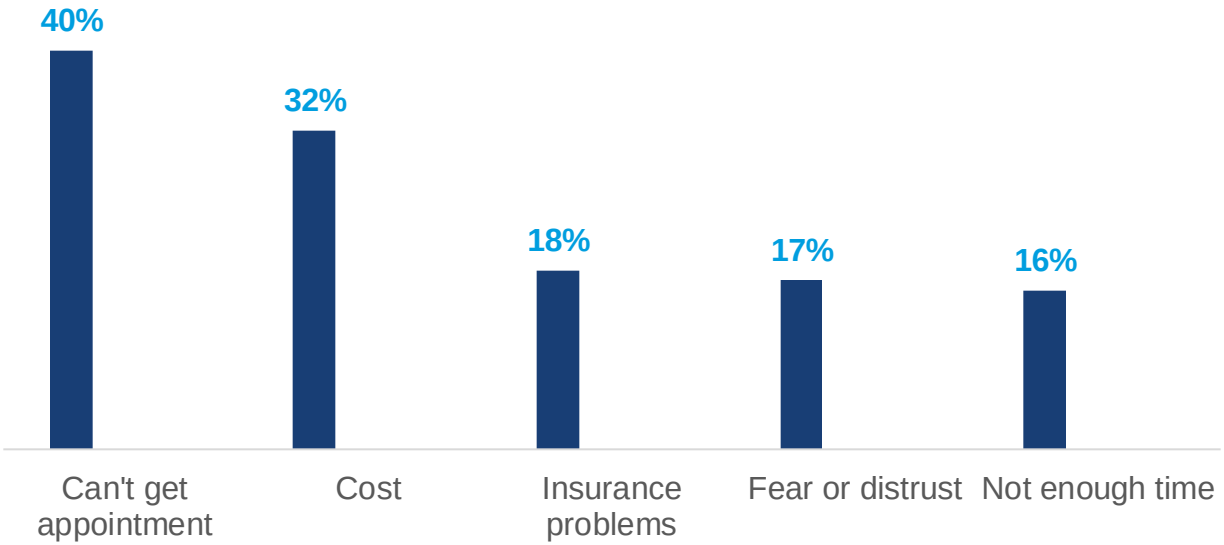
- Long wait times for care
- Lack of access to dental care
- Worries about lack of emergency and ALS services
- Navigating a complex health care system
- Health insurance and cost barriers
- Language and cultural barriers to care
- Healthcare workforce issues



52% of Exeter Hospital Community Health Survey respondents said "better access to healthcare" is one of the things they want to improve about their community

What barriers keep you from getting needed health care?

(Top 5 responses from FY25 Exeter Hospital Community Health Survey)



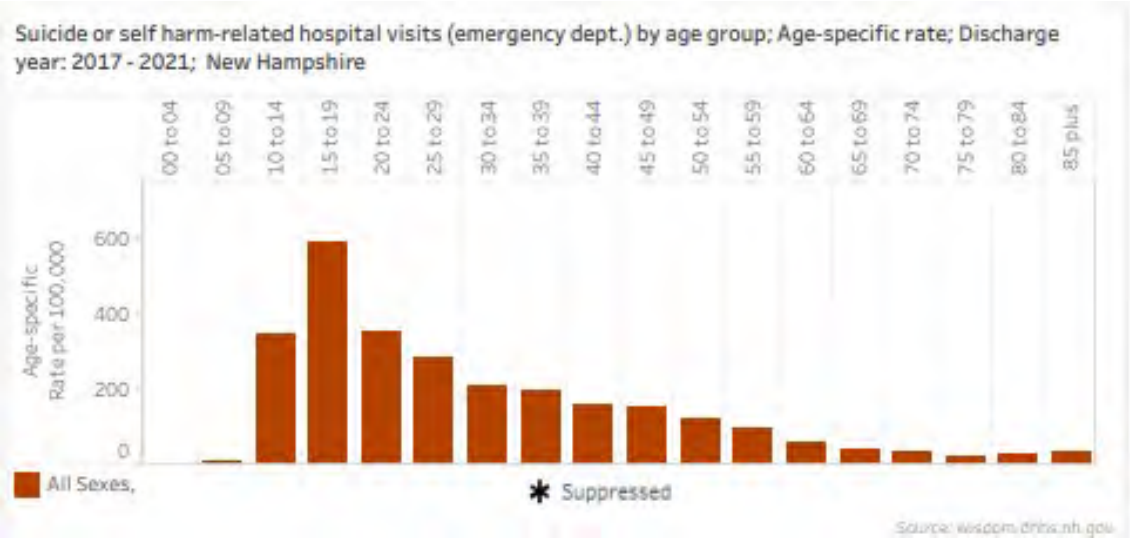
*"Diversity in southern New Hampshire is rapidly changing. We need to pay attention to this at the system level. They interpret healthcare very differently from people who have lived in America for a number of years. New Americans tend to access healthcare only when they're really hurt or dying. Preventative healthcare is not something that a lot of new Americans have had the luxury of accessing." -**Interviewee***

FY25 CHNA Progress

Preliminary Themes: Mental Health and Substance Use

Primary Concerns:

- Not enough behavioral health providers
- Social isolation among older adults
- Mental health stigma
- Opioid use
- Youth mental health
- Navigating the behavioral health system



AMONG EXETER HOSPITAL COMMUNITY HEALTH SURVEY RESPONDENTS:

56% identified mental health (anxiety, depression, etc.) as a heath issue that matters most in their community (#1 response)

51% said health care in the community does not meet people's mental health needs

"Mental health is a huge issue. COVID took what was already a problem and exacerbated it to a point where I'm not sure how many folks will ever recover."

*- **Interviewee***

FY25 CHNA Progress

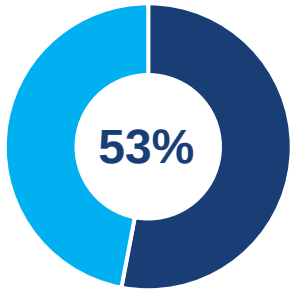
Preliminary Themes: Complex and Chronic Conditions

Primary Concerns:

- Need more support for conditions associated with aging (e.g., mobility, Alzheimer's and dementia)
- Need more support and respite services for caregivers
- More education and prevention efforts
- Need for more chronic disease management programs
- More programs that promote healthy eating/active living

"It feels like Alzheimer's and dementia have become more prevalent. Almost everyone in this room knows someone who has it, or someone who takes care of someone who has it. It needs more support."
-Focus group participant

AMONG EXETER HOSPITAL COMMUNITY HEALTH SURVEY RESPONDENTS:



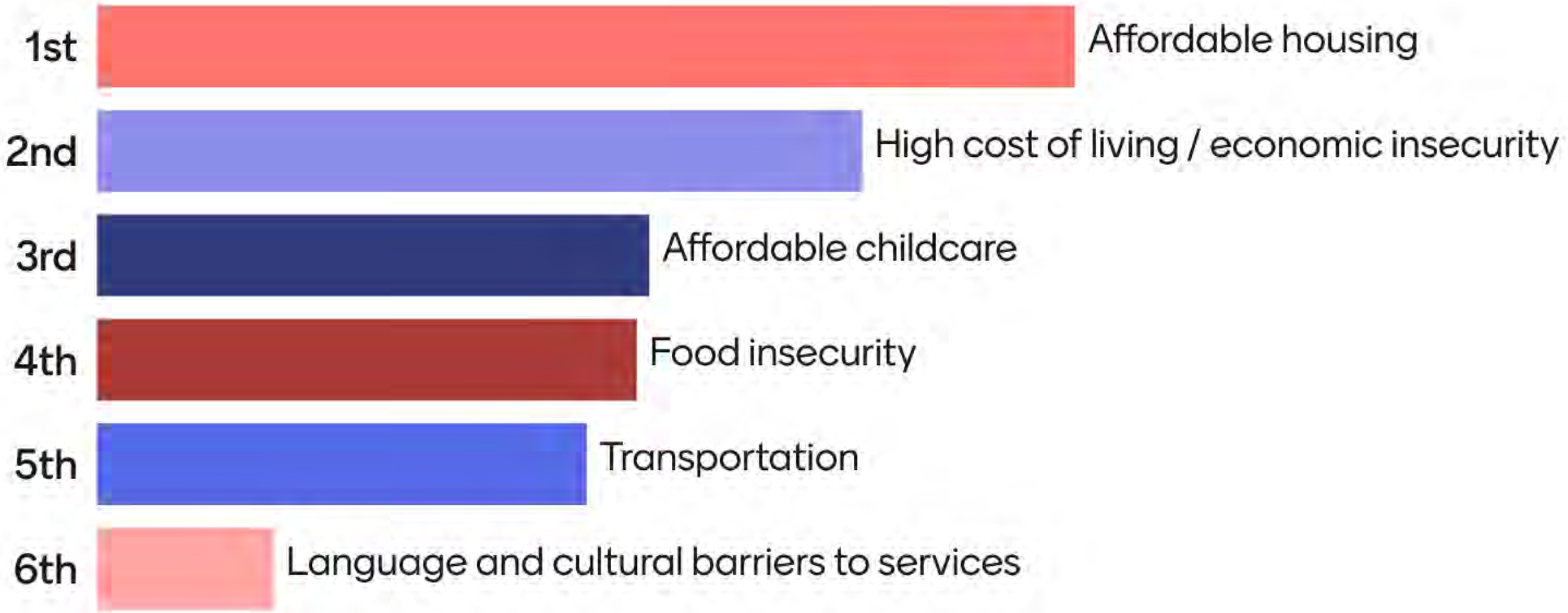
53% identified aging issues (e.g., arthritis, falls, hearing/vision loss) as a heath issue that matters most in their community

"We have been approached by numerous communities about the lack of services for elders. As our state gets older, and folks are trying to care for spouses and parents that have Alzheimer's or dementia – they need help"
-Interviewee

Mentimeter

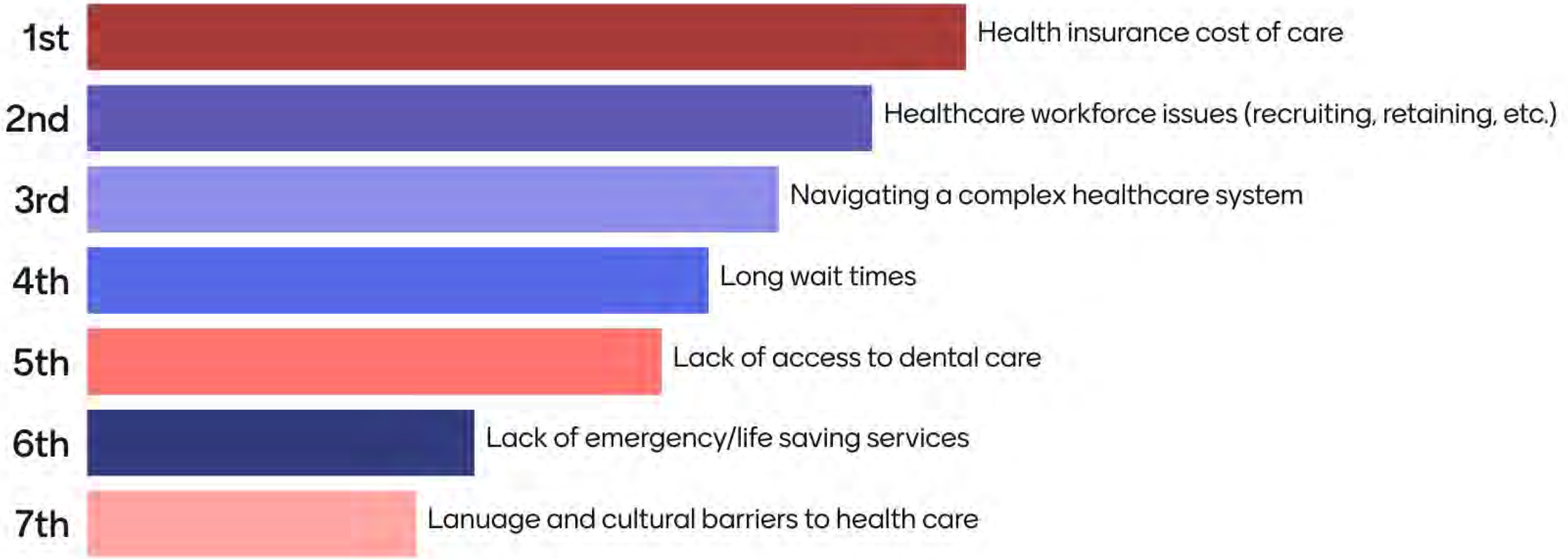
Breakout Sessions

Social Determinants of Health: Rank the following in order of what you feel should be the highest priority, based on needs in your community

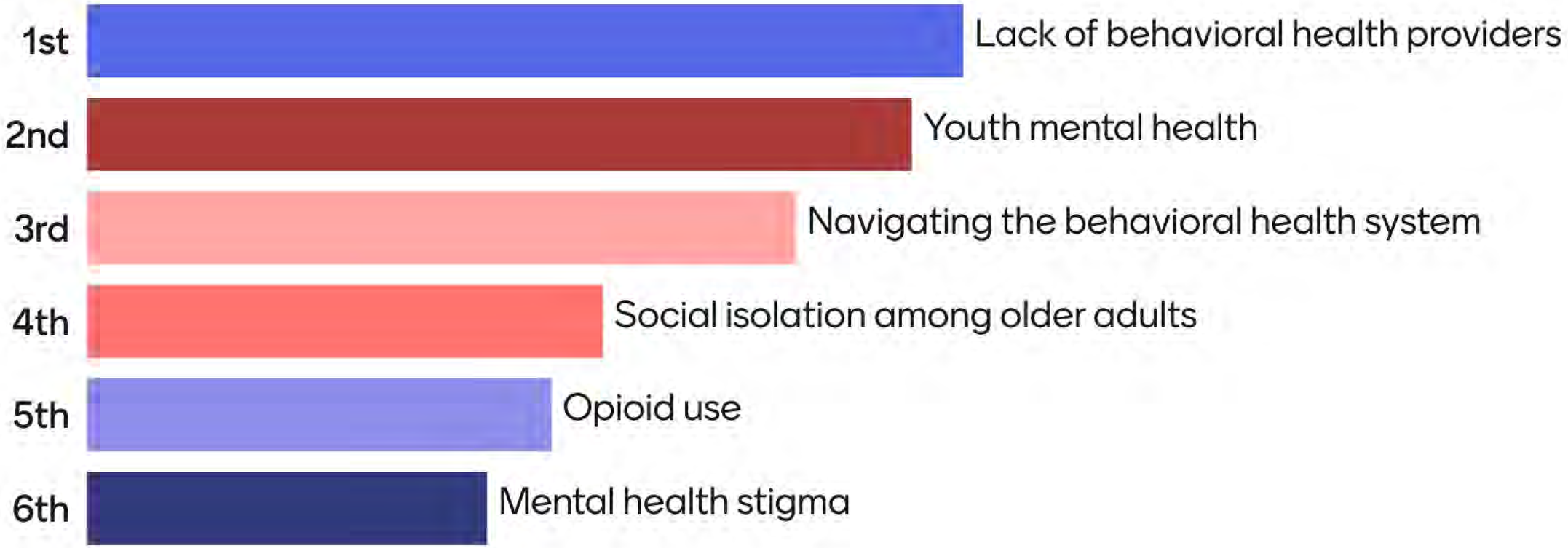


2 14

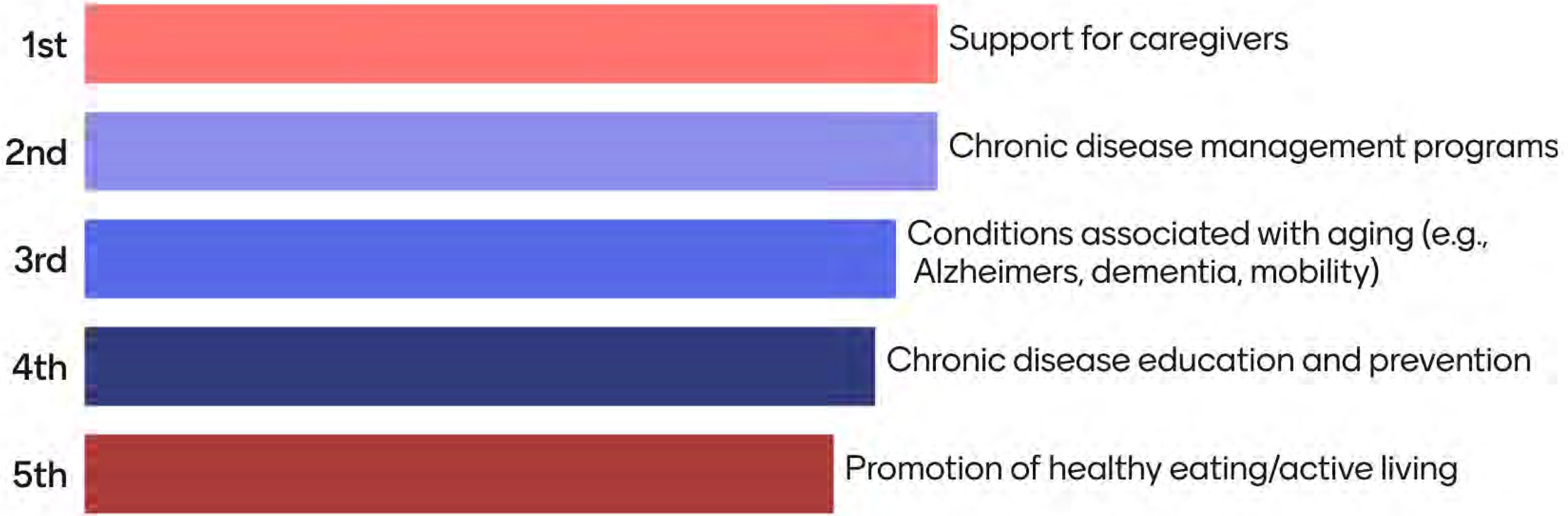
Access to Care: Rank the following in order of what you feel should be the highest priority, based on needs in your community



Mental Health and Substance Use: Rank the following in order of what you feel should be the highest priority, based on needs in your community



Chronic and Complex Conditions: Rank the following in order of what you feel should be the highest priority, based on needs in your community



Mentimeter

Reconvene

Robert Torres
Director, Community Benefits
Beth Israel Lahey Health, Exeter Hospital
Robert.Torres@bilh.org

Community Health & Community Benefits Information on website:

https://www.exeterhospital.com/About-Us/Community-Benefits

Community Benefits Annual Meeting in September

Thank you!

Appendix B:
Data Book

Secondary Data

Demographics

Key

Significantly low compared to New Hampshire based on margin of error

Significantly high compared to New Hampshire overall based on margin of error

Demographics: Atkinson - Exeter

			Areas of interest								
	New Hampshire	Rockingham County	Atkinson	Brentwood	Danville	Deerfield	Derry	East Kingston	Epping	Exeter	Source
Demographics											
Population											US Census Bureau, American Community Survey 2019-2023
Total population	1,387,834	317,163	7,222	4,575	4,489	4,901	34,335	2,274	7,300	16,098	
Male	49.9%	49.8%	50.9%	52.2%	47.9%	47.4%	48.3%	49.6%	52.9%	44.9%	
Female	50.1%	50.2%	49.1%	47.8%	52.1%	52.6%	51.7%	50.4%	47.1%	55.1%	
Age Distribution											US Census Bureau, American Community Survey 2019-2023
Under 5 years (%)	4.6%	4.5%	3.9%	2.7%	5.0%	3.4%	5.4%	1.3%	6.2%	3.5%	
5 to 9 years	4.9%	5.2%	3.1%	6.8%	5.9%	8.5%	4.9%	5.9%	5.5%	6.0%	
10 to 14 years	5.5%	5.4%	3.2%	8.2%	8.8%	4.6%	4.8%	4.6%	2.9%	6.1%	
15 to 19 years	6.1%	5.6%	5.3%	4.6%	2.9%	5.0%	7.7%	6.0%	4.6%	5.8%	
20 to 24 years	6.2%	5.2%	5.2%	4.5%	2.1%	8.5%	5.6%	3.8%	3.4%	5.0%	
25 to 34 years	12.7%	11.9%	11.4%	8.5%	14.2%	9.0%	14.6%	6.1%	14.1%	10.5%	
35 to 44 years	12.1%	12.4%	5.7%	15.7%	12.5%	13.3%	14.1%	14.5%	11.2%	13.7%	
45 to 54 years	12.8%	13.6%	11.9%	10.2%	9.9%	15.4%	12.6%	11.8%	16.1%	14.0%	
55 to 59 years	7.8%	8.3%	9.2%	11.0%	9.0%	6.8%	8.3%	12.3%	7.3%	7.0%	
60 to 64 years	7.9%	8.4%	15.1%	7.8%	11.7%	7.5%	7.6%	6.5%	7.2%	5.6%	
65 to 74 years	11.9%	12.1%	19.2%	12.0%	13.3%	13.1%	9.2%	13.1%	16.9%	11.0%	
75 to 84 years	5.5%	5.7%	5.9%	5.9%	4.4%	3.3%	3.8%	13.7%	4.0%	6.9%	
85 years and over	2.0%	1.8%	0.8%	2.2%	0.3%	1.5%	1.1%	0.2%	0.6%	4.8%	
Under 18 years of age	18.5%	18.8%	13.6%	21.3%	21.4%	19.4%	20.3%	16.1%	17.1%	18.4%	

Key

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Demographics: Atkinson - Exeter

			Areas of interest								
	New Hampshire	**Rockingham County**	**Atkinson**	**Brentwood**	**Danville**	**Deerfield**	**Derry**	**East Kingston**	**Epping**	**Exeter**	**Source**
Over 65 years of age	19.5%	19.5%	25.9%	20.1%	18.0%	17.9%	14.2%	27.0%	21.5%	22.7%	
Race/Ethnicity											US Census Bureau, American Community Survey 2019-2023
White alone (%)	88.9%	91.4%	93.5%	95.5%	95.6%	95.0%	93.1%	95.0%	95.6%	91.1%	
Black or African American alone (%)	1.5%	0.9%	0.0%	0.4%	0.0%	0.0%	1.0%	0.0%	0.6%	0.9%	
American Indian and Alaska Native (%) alone	0.1%	0.1%	0.4%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	
Asian alone (%)	2.6%	2.1%	2.5%	0.9%	1.9%	0.6%	1.3%	0.0%	0.0%	3.4%	
Native Hawaiian and Other Pacific Islander (%) alone	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
Some Other Race alone (%)	1.3%	1.1%	1.2%	0.6%	0.0%	0.8%	0.9%	1.5%	0.7%	0.5%	
Two or More Races (%)	5.5%	4.4%	2.4%	2.6%	2.5%	3.7%	3.6%	3.5%	3.0%	4.1%	
Hispanic or Latino of Any Race (%)	4.5%	3.5%	3.2%	1.4%	1.4%	2.0%	4.0%	2.5%	2.6%	2.4%	
Foreign-born											US Census Bureau, American Community Survey 2019-2023
Foreign-born population	86,095	16,655	246	246	63	209	1,493	25	95	985	
Naturalized U.S. citizen	59.9%	66.2%	74.8%	65.9%	100.0%	45.0%	60.6%	100.0%	44.2%	74.9%	
Not a U.S. citizen	40.1%	33.8%	25.2%	34.1%	0.0%	55.0%	39.4%	0.0%	55.8%	25.1%	

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			Areas of interest								
	New Hampshire	**Rockingham County**	**Atkinson**	**Brentwood**	**Danville**	**Deerfield**	**Derry**	**East Kingston**	**Epping**	**Exeter**	**Source**
Region of birth: Europe	23.8%	32.1%	20.3%	49.6%	20.6%	71.8%	29.5%	80.0%	69.5%	39.3%	
Region of birth: Asia	33.1%	35.6%	36.6%	29.7%	61.9%	17.7%	29.0%	0.0%	0.0%	38.2%	
Region of birth: Africa	8.2%	2.9%	0.0%	0.0%	0.0%	0.0%	11.5%	0.0%	0.0%	1.4%	
Region of birth: Oceania	0.7%	0.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0%	
Region of birth: Latin America	25.3%	21.9%	26.0%	17.9%	0.0%	6.2%	18.9%	20.0%	30.5%	18.8%	
Region of birth: Northern America	8.9%	7.0%	17.1%	2.8%	17.5%	4.3%	11.2%	0.0%	0.0%	1.3%	
Language											US Census Bureau, American Community Survey 2019-2023
English only	92.0%	93.7%	95.4%	93.1%	98.7%	97.9%	94.1%	98.3%	95.1%	92.8%	
Language other than English	8.0%	6.3%	4.6%	6.9%	1.3%	2.1%	5.9%	1.7%	4.9%	7.2%	
Speak English less than "very well"	2.4%	1.3%	0.0%	0.9%	0.0%	0.1%	0.9%	0.0%	0.5%	1.4%	
Spanish	2.7%	2.0%	2.2%	0.7%	0.3%	0.0%	1.3%	1.2%	1.0%	2.1%	
Speak English less than "very well"	0.9%	0.4%	0.0%	0.0%	0.0%	0.0%	0.4%	0.0%	0.5%	0.2%	
Other Indo-European languages	3.4%	2.7%	1.7%	4.1%	0.9%	1.5%	2.3%	0.5%	3.9%	2.2%	
Speak English less than "very well"	0.8%	0.4%	0.0%	0.9%	0.0%	0.1%	0.2%	0.0%	0.0%	0.1%	

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Demographics: Atkinson - Exeter

			Areas of interest								
	New Hampshire	**Rockingham County**	**Atkinson**	**Brentwood**	**Danville**	**Deerfield**	**Derry**	**East Kingston**	**Epping**	**Exeter**	**Source**
Asian and Pacific Islander languages	1.4%	1.2%	0.6%	0.7%	0.0%	0.4%	1.3%	0.0%	0.0%	2.4%	
Speak English less than "very well"	0.5%	0.4%	0.0%	0.0%	0.0%	0.0%	0.3%	0.0%	0.0%	1.0%	
Other languages	0.6%	0.4%	0.0%	1.3%	0.1%	0.3%	1.0%	0.0%	0.0%	0.6%	
Speak English less than "very well"	0.2%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	
Employment											US Census Bureau, American Community Survey 2019-2023
Unemployment rate	3.4%	3.5%	6.5%	4.8%	1.5%	2.6%	5.9%	0.8%	2.8%	2.7%	
Unemployment rate by race/ethnicity											
White alone	3.3%	3.4%	6.4%	4.9%	1.5%	2.8%	5.2%	0.9%	2.9%	2.9%	
Black or African American alone	5.1%	13.6%	-	0.0%	-	-	59.4%	-	-	0.0%	
American Indian and Alaska Native alone	1.6%	0.0%	0.0%	-	-	-	0.0%	-	-	-	
Asian alone	3.3%	2.8%	0.0%	0.0%	0.0%	0.0%	0.0%	-	0.0%	0.0%	
Native Hawaiian and Other Pacific Islander alone	0.0%	0.0%	-	-	-	-	-	-	-	-	
Some other race alone	4.7%	3.9%	0.0%	0.0%	-	0.0%	9.4%	0.0%	0.0%	0.0%	

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Demographics: Atkinson - Exeter

			Areas of interest								
	New Hampshire	**Rockingham County**	**Atkinson**	**Brentwood**	**Danville**	**Deerfield**	**Derry**	**East Kingston**	**Epping**	**Exeter**	**Source**
Two or more races	4.2%	3.3%	20.9%	0.0%	0.0%	0.0%	2.8%	0.0%	0.0%	1.8%	
Hispanic or Latino origin (of any race)	5.4%	3.7%	0.0%	0.0%	0.0%	0.0%	7.0%	0.0%	0.0%	0.0%	
Unemployment rate by educational attainment											
Less than high school graduate	8.1%	7.6%	0.0%	0.0%	0.0%	0.0%	22.7%	0.0%	0.0%	-	
High school graduate (includes equivalency)	3.7%	4.2%	16.4%	4.2%	3.5%	2.9%	6.8%	0.0%	7.6%	2.3%	
Some college or associate's degree	2.6%	2.5%	2.0%	4.1%	0.0%	0.0%	2.2%	2.1%	3.8%	5.4%	
Bachelor's degree or higher	2.0%	2.4%	3.3%	0.9%	1.9%	0.0%	5.6%	0.9%	1.3%	1.0%	
Income and Poverty											US Census Bureau, American Community Survey 2019-2023
Median household income (dollars)	95,628	113,927	144,481	161,318	112,845	126,625	104,718	133,500	101,354	96,483	
Population living below the federal poverty line in the last 12 months											
Individuals	7.2%	4.8%	2.4%	2.8%	11.2%	5.7%	4.9%	13.8%	6.7%	6.5%	
Families	4.4%	3.1%	0.9%	2.0%	10.7%	3.2%	1.8%	10.3%	6.6%	2.7%	
Individuals under 18 years of age	7.8%	5.1%	0.0%	0.5%	26.6%	5.6%	4.7%	0.0%	20.5%	7.1%	
Individuals over 65 years of age	7.4%	5.6%	3.4%	9.1%	4.3%	2.7%	5.4%	27.8%	0.0%	5.9%	

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Demographics: Atkinson - Exeter

			Areas of interest								
	New Hampshire	Rockingham County	Atkinson	Brentwood	Danville	Deerfield	Derry	East Kingston	Epping	Exeter	Source
Female head of household, no spouse	15.4%	14.9%	0.0%	42.1%	63.3%	8.8%	4.9%	0.0%	33.9%	15.3%	
White alone	6.9%	4.6%	2.0%	2.7%	11.7%	6.0%	5.0%	14.4%	7.0%	7.1%	
Black or African American alone	11.2%	6.3%	-	0.0%	-	-	0.3%	-	0.0%	0.0%	
American Indian and Alaska Native alone	14.1%	4.0%	0.0%	-	-	-	0.0%	-	-	-	
Asian alone	6.1%	8.6%	0.0%	0.0%	0.0%	0.0%	1.2%	-	0.0%	0.0%	
Native Hawaiian and Other Pacific Islander alone	19.6%	23.1%	-	-	-	-	-	-	-	-	
Some other race alone	11.7%	6.3%	23.3%	36.8%	-	0.0%	0.0%	0.0%	0.0%	0.0%	
Two or more races	10.0%	5.5%	13.7%	0.0%	0.9%	0.0%	5.1%	5.0%	0.0%	1.2%	
Hispanic or Latino origin (of any race)	13.8%	6.6%	0.0%	14.0%	0.0%	52.5%	8.9%	0.0%	16.9%	0.0%	
Less than high school graduate	20.4%	13.1%	10.1%	12.9%	7.0%	9.5%	15.1%	37.9%	0.3%	28.0%	
High school graduate (includes equivalency)	9.5%	6.8%	1.4%	7.5%	6.0%	10.3%	6.4%	39.0%	3.0%	9.5%	
Some college, associate's degree	6.4%	5.1%	2.4%	2.6%	3.0%	6.3%	5.9%	3.1%	8.4%	12.1%	
Bachelor's degree or higher	2.9%	2.3%	1.4%	2.3%	12.1%	2.0%	1.1%	11.0%	2.0%	1.6%	

Key

Significantly low compared to New Hampshire based on margin of error

Significantly high compared to New Hampshire overall based on margin of error

Demographics: Atkinson - Exeter

			Areas of interest								
	New Hampshire	**Rockingham County**	**Atkinson**	**Brentwood**	**Danville**	**Deerfield**	**Derry**	**East Kingston**	**Epping**	**Exeter**	**Source**
With Social Security	34.3%	33.4%	44.5%	29.0%	28.5%	37.7%	29.7%	44.3%	33.5%	36.1%	
With retirement income	27.2%	28.1%	41.5%	28.6%	30.8%	36.1%	21.9%	34.1%	29.7%	29.4%	
With Supplemental Security Income	4.1%	3.2%	8.9%	2.4%	1.8%	4.7%	4.8%	1.4%	3.9%	2.9%	
With cash public assistance income	2.4%	1.7%	0.6%	3.2%	5.7%	3.9%	1.0%	0.0%	2.4%	2.4%	
With Food Stamp/SNAP benefits in the past 12 months	6.0%	3.5%	0.5%	0.1%	9.4%	0.9%	5.7%	7.1%	5.2%	4.2%	
Housing											US Census Bureau, American Community Survey 2019-2023
Occupied housing units	551,186	126,588	2,971	1,557	1,764	1,606	13,049	842	3,023	6,811	
Owner-occupied	72.5%	78.6%	94.0%	96.3%	95.5%	91.6%	70.0%	96.0%	85.4%	66.6%	
Renter-occupied	27.5%	21.4%	6.0%	3.7%	4.5%	8.4%	30.0%	4.0%	14.6%	33.4%	
Lacking complete plumbing facilities	0.5%	0.6%	0.0%	0.0%	0.0%	0.0%	1.9%	0.0%	0.0%	0.0%	
Lacking complete kitchen facilities	0.7%	0.7%	1.2%	3.0%	0.7%	0.0%	2.5%	0.0%	0.0%	0.3%	
No telephone service available	0.6%	0.5%	0.0%	1.0%	0.6%	0.0%	0.5%	0.6%	0.0%	0.0%	

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Demographics: Atkinson - Exeter

			Areas of interest								
	New Hampshire	**Rockingham County**	**Atkinson**	**Brentwood**	**Danville**	**Deerfield**	**Derry**	**East Kingston**	**Epping**	**Exeter**	**Source**
Monthly housing costs <35% of total household income											
Among owner-occupied units with a mortgage	20.1%	19.7%	21.2%	18.6%	23.5%	18.8%	15.0%	28.0%	27.1%	17.0%	
Among owner-occupied units without a mortgage	15.0%	15.4%	7.5%	19.3%	9.7%	12.1%	16.0%	40.1%	4.8%	19.9%	
Among occupied units paying rent	37.9%	37.7%	39.6%	43.9%	15.0%	11.9%	41.8%	0.0%	47.7%	43.9%	
Access to Technology											US Census Bureau, American Community Survey 2019-2023
Among households											
Has smartphone	88.6%	91.2%	94.8%	93.6%	88.0%	89.4%	90.4%	92.9%	91.4%	88.9%	
Has desktop or laptop	84.8%	88.3%	93.5%	92.2%	89.3%	87.6%	86.7%	91.9%	92.4%	86.4%	
With a computer	95.6%	96.8%	98.4%	96.8%	91.8%	96.1%	96.5%	98.8%	98.3%	96.5%	
With a broadband Internet subscription	91.8%	94.4%	97.2%	96.5%	93.9%	94.0%	94.1%	98.7%	97.0%	90.8%	
Transportation											US Census Bureau, American Community Survey 2019-2023

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Demographics: Atkinson - Exeter

	New Hampshire	Rockingham County	Areas of interest: Atkinson	Brentwood	Danville	Deerfield	Derry	East Kingston	Epping	Exeter	Source
Mode of transportation to work for workers aged 16+											
Car, truck, or van -- drove alone	73.7%	73.9%	79.7%	69.4%	87.4%	73.8%	72.2%	75.8%	72.7%	72.4%	
Car, truck, or van -- carpooled	7.1%	5.5%	2.2%	3.1%	3.1%	3.5%	10.7%	4.0%	4.4%	4.7%	
Public transportation (excluding taxicab)	0.6%	0.6%	0.0%	0.9%	0.0%	0.0%	0.5%	0.0%	0.0%	0.0%	
Walked	2.2%	1.5%	0.3%	0.0%	0.4%	4.3%	1.3%	0.4%	1.7%	2.3%	
Other means	1.3%	1.2%	0.3%	2.3%	0.0%	1.5%	1.2%	1.1%	1.3%	1.5%	
Worked from home	15.1%	17.2%	17.4%	24.3%	9.1%	16.8%	14.0%	18.7%	19.9%	19.1%	
Mean travel time to work (minutes)	26.8	29.1	31.0	26.7	36.5	37.1	31.5	32.5	31.1	24.1	
Vehicles available among occupied housing units											
No vehicles available	4.5%	3.0%	1.0%	1.7%	0.6%	1.6%	3.6%	1.0%	2.4%	6.4%	
1 vehicle available	31.0%	27.2%	21.6%	15.8%	25.1%	15.0%	28.9%	18.1%	19.5%	35.3%	
2 vehicles available	40.8%	43.3%	48.7%	48.3%	47.4%	46.1%	40.1%	43.0%	46.5%	44.3%	
3 or more vehicles available	23.6%	26.5%	28.6%	34.2%	26.8%	37.4%	27.5%	38.0%	31.6%	14.0%	
Education											US Census Bureau, American Community Survey 2019-2023

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Demographics: Atkinson - Exeter

			Areas of interest								
	New Hampshire	Rockingham County	Atkinson	Brentwood	Danville	Deerfield	Derry	East Kingston	Epping	Exeter	Source
Educational attainment of adults 25 years and older											
Less than 9th grade	1.9%	1.2%	1.9%	0.0%	0.7%	0.0%	2.1%	1.6%	3.8%	0.6%	
9th to 12th grade, no diploma	4.1%	2.7%	1.6%	3.2%	4.8%	5.5%	4.8%	2.1%	1.5%	0.7%	
High school graduate (includes equivalency)	27.0%	25.0%	23.2%	21.8%	32.4%	25.3%	29.8%	25.5%	30.5%	19.4%	
Some college, no degree	17.3%	16.8%	22.9%	14.2%	18.9%	17.5%	18.7%	11.6%	16.1%	16.1%	
Associate's degree	10.0%	9.5%	8.8%	8.1%	9.1%	8.4%	9.4%	11.9%	13.8%	7.4%	
Bachelor's degree	24.1%	27.8%	26.0%	34.8%	25.4%	30.7%	23.2%	25.2%	21.9%	31.0%	
Graduate or professional degree	15.7%	17.0%	15.7%	17.8%	8.7%	12.5%	11.9%	22.1%	12.5%	24.7%	
High school graduate or higher	94.1%	96.1%	96.5%	96.8%	94.5%	94.5%	93.0%	96.3%	94.8%	98.6%	
Bachelor's degree or higher	39.8%	44.8%	41.6%	52.7%	34.1%	43.2%	35.1%	47.3%	34.4%	55.8%	
Educational attainment by race/ethnicity											
White alone	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	
High school graduate or higher	94.6%	96.1%	96.3%	97.4%	94.2%	94.2%	93.0%	96.4%	94.6%	98.6%	
Bachelor's degree or higher	39.8%	44.4%	40.2%	52.9%	33.4%	43.9%	34.2%	47.6%	35.0%	56.0%	

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Demographics: Atkinson - Exeter

			Areas of interest								
	New Hampshire	Rockingham County	Atkinson	Brentwood	Danville	Deerfield	Derry	East Kingston	Epping	Exeter	Source
Black alone	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	
High school graduate or higher	87.0%	98.8%	-	100.0%	-	-	100.0%	-	100.0%	100.0%	
Bachelor's degree or higher	29.3%	37.0%	-	100.0%	-	-	39.1%	-	0.0%	0.0%	
American Indian or Alaska Native alone	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	
High school graduate or higher	76.9%	79.7%	100.0%	-	-	-	76.5%	-	-	-	
Bachelor's degree or higher	18.8%	12.6%	100.0%	-	-	-	0.0%	-	-	-	
Asian alone	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	
High school graduate or higher	91.5%	97.6%	100.0%	30.3%	100.0%	100.0%	97.1%	-	100.0%	98.2%	
Bachelor's degree or higher	61.8%	67.7%	100.0%	30.3%	47.1%	32.1%	63.2%	-	0.0%	69.5%	
Native Hawaiian and Other Pacific Islander alone	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	
High school graduate or higher	96.1%	100.0%	-	-	-	-	-	-	-	-	
Bachelor's degree or higher	41.7%	52.4%	-	-	-	-	-	-	-	-	
Some other race alone	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	
High school graduate or higher	83.6%	93.3%	100.0%	100.0%	-	100.0%	91.5%	100.0%	100.0%	100.0%	
Bachelor's degree or higher	28.2%	39.8%	80.2%	0.0%	-	41.0%	63.4%	0.0%	100.0%	0.0%	

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Demographics: Atkinson - Exeter

	New Hampshire	Rockingham County	Areas of interest: Atkinson	Brentwood	Danville	Deerfield	Derry	East Kingston	Epping	Exeter	Source
Two or more races	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	
High school graduate or higher	89.2%	95.5%	100.0%	100.0%	100.0%	100.0%	85.8%	92.3%	100.0%	100.0%	
Bachelor's degree or higher	34.6%	45.0%	16.1%	63.6%	50.9%	20.5%	44.1%	63.5%	0.0%	58.4%	
Hispanic or Latino Origin	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	
High school graduate or higher	80.4%	90.6%	100.0%	84.1%	100.0%	100.0%	85.0%	100.0%	53.8%	100.0%	
Bachelor's degree or higher	26.4%	37.3%	51.7%	34.1%	59.0%	16.2%	28.0%	31.4%	31.5%	67.3%	
Health insurance coverage among civilian noninstitutionalized population (%)											US Census Bureau, American Community Survey 2019-2023
With health insurance coverage	94.5%	95.6%	97.6%	98.0%	98.0%	93.5%	93.6%	97.4%	92.7%	96.3%	
With private health insurance	76.2%	82.0%	87.1%	88.7%	78.0%	81.4%	78.4%	83.4%	74.2%	80.4%	
With public coverage	32.4%	28.3%	28.6%	20.0%	33.3%	28.9%	28.0%	37.2%	33.2%	32.5%	
No health insurance coverage	5.5%	4.4%	2.4%	2.0%	2.0%	6.5%	6.4%	2.6%	7.3%	3.7%	
Disability											US Census Bureau, American Community Survey 2019-2023

Key

Significantly low compared to New Hampshire based on margin of error

Significantly high compared to New Hampshire overall based on margin of error

Demographics: Atkinson - Exeter

	New Hampshire	Rockingham County	Areas of interest: Atkinson	Brentwood	Danville	Deerfield	Derry	East Kingston	Epping	Exeter	Source
Percent of population With a disability	13.0%	11.3%	13.1%	5.5%	10.7%	14.2%	13.5%	10.6%	10.0%	11.2%	
Under 18 with a disability	4.9%	5.0%	14.9%	5.3%	5.4%	4.6%	7.7%	3.3%	0.9%	3.9%	
18-64	10.7%	8.5%	6.1%	2.0%	6.9%	12.3%	11.8%	5.4%	7.1%	6.8%	
65+	28.6%	26.3%	28.7%	16.7%	30.0%	31.2%	30.2%	26.0%	25.3%	29.0%	

Demographics: Fremont - Kingston

	New Hampshire	Rockingham County	Areas of interest: Fremont	Greenland	Hampstead	Hampton	Hampton Falls	Kensington	Kingston	Source
Demographics										
Population										US Census Bureau, American Community Survey 2019-2023
Total population	1,387,834	317,163	4,783	4,070	9,062	16,366	2,357	1,989	6,261	
Male	49.9%	49.8%	51.0%	51.8%	48.2%	48.2%	51.3%	47.9%	50.9%	

Key

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Significantly high compared to New Hampshire overall based on margin of error

Demographics: Fremont - Kingston

			Areas of interest							
	New Hampshire	**Rockingham County**	**Fremont**	**Greenland**	**Hampstead**	**Hampton**	**Hampton Falls**	**Kensington**	**Kingston**	**Source**
Female	50.1%	50.2%	49.0%	48.2%	51.8%	51.8%	48.7%	52.1%	49.1%	
Age Distribution										US Census Bureau, American Community Survey 2019-2023
Under 5 years (%)	4.6%	4.5%	3.7%	3.9%	7.5%	3.0%	1.5%	3.7%	1.3%	
5 to 9 years	4.9%	5.2%	5.5%	7.0%	4.9%	4.2%	6.7%	4.5%	4.0%	
10 to 14 years	5.5%	5.4%	5.5%	5.7%	5.6%	3.8%	6.4%	5.9%	5.5%	
15 to 19 years	6.1%	5.6%	7.1%	4.9%	4.9%	3.2%	5.4%	7.4%	7.3%	
20 to 24 years	6.2%	5.2%	6.3%	1.7%	4.8%	3.6%	6.2%	4.2%	5.1%	
25 to 34 years	12.7%	11.9%	9.3%	9.4%	11.2%	9.6%	6.7%	8.8%	7.9%	
35 to 44 years	12.1%	12.4%	13.4%	11.1%	10.7%	8.9%	15.7%	14.6%	9.4%	
45 to 54 years	12.8%	13.6%	16.9%	17.4%	12.1%	14.2%	14.4%	14.5%	11.6%	
55 to 59 years	7.8%	8.3%	5.9%	5.8%	10.4%	9.4%	4.8%	7.4%	13.2%	
60 to 64 years	7.9%	8.4%	8.2%	8.5%	7.6%	12.0%	9.0%	9.8%	12.9%	
65 to 74 years	11.9%	12.1%	10.8%	18.5%	11.2%	16.7%	14.4%	10.3%	15.0%	
75 to 84 years	5.5%	5.7%	4.2%	4.5%	8.3%	8.8%	4.7%	5.4%	4.7%	
85 years and over	2.0%	1.8%	3.2%	1.6%	1.0%	2.4%	4.2%	3.5%	2.2%	
Under 18 years of age	18.5%	18.8%	19.3%	19.2%	20.7%	13.7%	18.6%	17.5%	15.9%	
Over 65 years of age	19.5%	19.5%	18.2%	24.6%	20.5%	27.9%	23.2%	19.2%	21.9%	
Race/Ethnicity										US Census Bureau, American Community Survey 2019-2023

Key

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Demographics: Fremont - Kingston

			Areas of interest							
	New Hampshire	**Rockingham County**	**Fremont**	**Greenland**	**Hampstead**	**Hampton**	**Hampton Falls**	**Kensington**	**Kingston**	**Source**
White alone (%)	88.9%	91.4%	93.2%	92.8%	90.7%	95.7%	85.6%	89.4%	96.3%	
Black or African American alone (%)	1.5%	0.9%	0.0%	2.9%	0.6%	0.6%	0.5%	0.0%	0.0%	
American Indian and Alaska Native (%) alone	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	
Asian alone (%)	2.6%	2.1%	0.9%	2.4%	1.4%	1.1%	1.1%	4.8%	0.4%	
Native Hawaiian and Other Pacific Islander (%) alone	0.0%	0.0%	0.0%	0.0%	0.0%	0.3%	0.0%	0.0%	0.0%	
Some Other Race alone (%)	1.3%	1.1%	0.9%	1.0%	0.4%	0.2%	2.0%	0.4%	0.0%	
Two or More Races (%)	5.5%	4.4%	5.0%	0.9%	6.8%	2.2%	10.6%	5.4%	3.3%	
Hispanic or Latino of Any Race (%)	4.5%	3.5%	2.1%	1.7%	1.0%	1.3%	5.0%	0.8%	1.1%	
Foreign-born										US Census Bureau, American Community Survey 2019-2023
Foreign-born population	86,095	16,655	181	201	336	445	351	135	170	
Naturalized U.S. citizen	59.9%	66.2%	100.0%	47.3%	28.6%	77.1%	39.3%	91.1%	100.0%	
Not a U.S. citizen	40.1%	33.8%	0.0%	52.7%	71.4%	22.9%	60.7%	8.9%	0.0%	
Region of birth: Europe	23.8%	32.1%	49.2%	23.9%	25.6%	30.8%	78.9%	15.6%	41.2%	

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Demographics: Fremont - Kingston

			Areas of interest							
	New Hampshire	**Rockingham County**	**Fremont**	**Greenland**	**Hampstead**	**Hampton**	**Hampton Falls**	**Kensington**	**Kingston**	**Source**
Region of birth: Asia	33.1%	35.6%	31.5%	38.8%	39.0%	42.5%	4.8%	70.4%	44.7%	
Region of birth: Africa	8.2%	2.9%	0.0%	4.0%	8.0%	1.6%	3.4%	0.0%	0.0%	
Region of birth: Oceania	0.7%	0.6%	0.0%	5.0%	3.3%	2.5%	0.0%	9.6%	0.0%	
Region of birth: Latin America	25.3%	21.9%	13.8%	24.4%	15.5%	13.5%	5.4%	3.0%	0.6%	
Region of birth: Northern America	8.9%	7.0%	5.5%	4.0%	8.6%	9.2%	7.4%	1.5%	13.5%	
Language										US Census Bureau, American Community Survey 2019-2023
English only	92.0%	93.7%	96.9%	92.1%	94.9%	96.4%	86.4%	93.5%	96.7%	
Language other than English	8.0%	6.3%	3.1%	7.9%	5.1%	3.6%	13.6%	6.5%	3.3%	
Speak English less than "very well"	2.4%	1.3%	1.2%	1.8%	1.4%	0.8%	1.4%	4.8%	0.2%	
Spanish	2.7%	2.0%	0.5%	3.2%	0.3%	1.0%	2.7%	1.1%	0.4%	
Speak English less than "very well"	0.9%	0.4%	0.3%	1.0%	0.1%	0.4%	0.3%	0.0%	0.0%	
Other Indo-European languages	3.4%	2.7%	1.3%	3.0%	3.1%	1.8%	9.7%	0.8%	1.8%	
Speak English less than "very well"	0.8%	0.4%	0.2%	0.8%	1.3%	0.0%	0.2%	0.2%	0.2%	

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Demographics: Fremont - Kingston

			Areas of interest							
	New Hampshire	**Rockingham County**	**Fremont**	**Greenland**	**Hampstead**	**Hampton**	**Hampton Falls**	**Kensington**	**Kingston**	**Source**
Asian and Pacific Islander languages	1.4%	1.2%	0.9%	1.2%	1.3%	0.8%	0.6%	4.5%	0.4%	
Speak English less than "very well"	0.5%	0.4%	0.7%	0.0%	0.0%	0.3%	0.4%	4.5%	0.0%	
Other languages	0.6%	0.4%	0.3%	0.6%	0.3%	0.1%	0.6%	0.1%	0.9%	
Speak English less than "very well"	0.2%	0.1%	0.0%	0.0%	0.0%	0.1%	0.5%	0.0%	0.0%	
Employment										US Census Bureau, American Community Survey 2019-2023
Unemployment rate	3.4%	3.5%	1.2%	0.0%	2.5%	3.7%	3.1%	3.8%	3.6%	
Unemployment rate by race/ethnicity										
White alone	3.3%	3.4%	1.2%	0.0%	2.5%	3.1%	3.4%	4.2%	3.8%	
Black or African American alone	5.1%	13.6%	-	0.0%	0.0%	0.0%	-	-	0.0%	
American Indian and Alaska Native alone	1.6%	0.0%	-	-	-	-	0.0%	-	-	
Asian alone	3.3%	2.8%	0.0%	0.0%	0.0%	20.4%	0.0%	0.0%	0.0%	
Native Hawaiian and Other Pacific Islander alone	0.0%	0.0%	-	-	-	-	-	-	-	

Key

Significantly low compared to New Hampshire based on margin of error

Significantly high compared to New Hampshire overall based on margin of error

Demographics: Fremont - Kingston

			Areas of interest							
	New Hampshire	**Rockingham County**	**Fremont**	**Greenland**	**Hampstead**	**Hampton**	**Hampton Falls**	**Kensington**	**Kingston**	**Source**
Some other race alone	4.7%	3.9%	-	0.0%	0.0%	0.0%	0.0%	0.0%	-	
Two or more races	4.2%	3.3%	0.0%	0.0%	4.2%	15.5%	0.0%	0.0%	0.0%	
Hispanic or Latino origin (of any race)	5.4%	3.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
Unemployment rate by educational attainment										
Less than high school graduate	8.1%	7.6%	0.0%	0.0%	0.0%	0.0%	-	0.0%	0.0%	
High school graduate (includes equivalency)	3.7%	4.2%	0.0%	0.0%	3.0%	5.0%	4.0%	5.7%	2.6%	
Some college or associate's degree	2.6%	2.5%	0.0%	0.0%	0.8%	4.6%	3.9%	4.3%	0.0%	
Bachelor's degree or higher	2.0%	2.4%	0.0%	0.0%	0.7%	3.6%	1.2%	3.1%	0.0%	
Income and Poverty										US Census Bureau, American Community Survey 2019-2023
Median household income (dollars)	95,628	113,927	125,774	147,132	99,536	94,427	155,787	156,250	103,665	
Individuals	7.2%	4.8%	5.6%	0.4%	3.2%	5.7%	3.4%	1.5%	4.2%	
Families	4.4%	3.1%	3.9%	0.0%	1.9%	4.7%	0.6%	1.3%	3.3%	
Individuals under 18 years of age	7.8%	5.1%	0.4%	0.0%	3.9%	3.3%	2.3%	1.7%	8.4%	

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Demographics: Fremont - Kingston

			Areas of interest							
	New Hampshire	Rockingham County	Fremont	Greenland	Hampstead	Hampton	Hampton Falls	Kensington	Kingston	Source
Individuals over 65 years of age	7.4%	5.6%	3.6%	0.9%	1.7%	7.9%	4.9%	0.5%	7.2%	
Female head of household, no spouse	15.4%	14.9%	6.8%	0.0%	18.1%	17.7%	18.2%	10.4%	15.5%	
White alone	6.9%	4.6%	4.6%	0.4%	2.5%	5.7%	3.3%	1.0%	4.4%	
Black or African American alone	11.2%	6.3%	-	0.0%	0.0%	2.0%	100.0%	-	0.0%	
American Indian and Alaska Native alone	14.1%	4.0%	-	-	-	-	0.0%	-	-	
Asian alone	6.1%	8.6%	0.0%	0.0%	0.0%	0.0%	0.0%	3.1%	0.0%	
Native Hawaiian and Other Pacific Islander alone	19.6%	23.1%	-	-	-	0.0%	-	-	-	
Some other race alone	11.7%	6.3%	100.0%	0.0%	76.9%	0.0%	0.0%	100.0%	-	
Two or more races	10.0%	5.5%	7.9%	0.0%	8.9%	10.9%	0.0%	0.9%	0.0%	
Hispanic or Latino origin (of any race)	13.8%	6.6%	14.9%	0.0%	22.7%	5.7%	0.0%	0.0%	0.0%	
Less than high school graduate	20.4%	13.1%	24.8%	10.9%	12.7%	2.3%	0.0%	7.4%	10.9%	
High school graduate (includes equivalency)	9.5%	6.8%	11.9%	0.0%	6.9%	11.9%	2.8%	0.4%	3.4%	
Some college, associate's degree	6.4%	5.1%	3.5%	0.0%	1.9%	6.0%	0.0%	3.1%	4.6%	

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Demographics: Fremont - Kingston

			Areas of interest							
	New Hampshire	**Rockingham County**	**Fremont**	**Greenland**	**Hampstead**	**Hampton**	**Hampton Falls**	**Kensington**	**Kingston**	**Source**
Bachelor's degree or higher	2.9%	2.3%	2.1%	0.5%	0.6%	3.3%	6.2%	0.9%	2.2%	
With Social Security	34.3%	33.4%	35.8%	31.6%	40.4%	36.5%	40.4%	36.5%	38.8%	
With retirement income	27.2%	28.1%	27.2%	37.1%	35.7%	33.5%	32.6%	25.1%	34.6%	
With Supplemental Security Income	4.1%	3.2%	6.6%	2.7%	1.1%	1.9%	2.1%	1.9%	12.2%	
With cash public assistance income	2.4%	1.7%	0.3%	1.1%	1.5%	2.7%	4.8%	1.6%	1.0%	
With Food Stamp/SNAP benefits in the past 12 months	6.0%	3.5%	1.3%	0.5%	3.0%	4.5%	2.9%	1.6%	3.7%	
Housing										US Census Bureau, American Community Survey 2019-2023
Occupied housing units	551,186	126,588	1,779	1,619	3,652	7,659	873	680	2,692	
Owner-occupied	72.5%	78.6%	92.0%	87.4%	81.9%	75.3%	84.5%	91.3%	79.3%	
Renter-occupied	27.5%	21.4%	8.0%	12.6%	18.1%	24.7%	15.5%	8.7%	20.7%	
Lacking complete plumbing facilities	0.5%	0.6%	1.0%	1.9%	0.2%	0.2%	0.0%	0.0%	1.3%	
Lacking complete kitchen facilities	0.7%	0.7%	3.0%	0.0%	0.2%	2.8%	0.0%	0.0%	1.3%	

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			Areas of interest							
	New Hampshire	**Rockingham County**	**Fremont**	**Greenland**	**Hampstead**	**Hampton**	**Hampton Falls**	**Kensington**	**Kingston**	**Source**
No telephone service available	0.6%	0.5%	1.0%	0.0%	0.0%	0.2%	1.3%	1.2%	0.0%	
Monthly housing costs <35% of total household income										
Among owner-occupied units with a mortgage	20.1%	19.7%	18.0%	21.5%	25.1%	27.6%	19.3%	17.1%	27.5%	
Among owner-occupied units without a mortgage	15.0%	15.4%	9.6%	22.1%	10.9%	15.7%	8.4%	10.0%	17.8%	
Among occupied units paying rent	37.9%	37.7%	95.5%	53.4%	40.0%	44.0%	35.1%	32.1%	44.8%	
Access to Technology										US Census Bureau, American Community Survey 2019-2023
Among households										
Has smartphone	88.6%	91.2%	92.4%	94.6%	90.9%	90.5%	88.4%	87.1%	93.0%	
Has desktop or laptop	84.8%	88.3%	87.1%	93.3%	84.0%	85.6%	90.4%	92.5%	85.5%	
With a computer	95.6%	96.8%	97.6%	99.4%	96.1%	96.6%	95.0%	95.7%	97.8%	
With a broadband Internet subscription	91.8%	94.4%	94.0%	96.1%	93.9%	93.6%	92.7%	90.3%	92.4%	

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Demographics: Fremont - Kingston

			Areas of interest							
	New Hampshire	Rockingham County	Fremont	Greenland	Hampstead	Hampton	Hampton Falls	Kensington	Kingston	Source
Transportation										US Census Bureau, American Community Survey 2019-2023
Mode of transportation to work for workers aged 16+										
Car, truck, or van -- drove alone	73.7%	73.9%	85.8%	65.9%	77.0%	71.7%	67.9%	75.1%	82.2%	
Car, truck, or van -- carpooled	7.1%	5.5%	4.7%	4.5%	4.4%	6.8%	6.0%	6.8%	4.3%	
Public transportation (excluding taxicab)	0.6%	0.6%	0.0%	0.0%	0.0%	0.1%	1.7%	1.0%	0.0%	
Walked	2.2%	1.5%	0.2%	1.8%	0.6%	1.2%	1.0%	0.6%	0.4%	
Other means	1.3%	1.2%	0.4%	2.5%	0.0%	0.7%	4.4%	1.0%	0.8%	
Worked from home	15.1%	17.2%	8.8%	25.4%	18.0%	19.5%	19.0%	15.5%	12.4%	
Mean travel time to work (minutes)	26.8	29.1	35.6	20.2	31.2	25.7	36.2	28.9	35.5	
Vehicles available among occupied housing units										
No vehicles available	4.5%	3.0%	4.3%	0.0%	3.5%	3.9%	3.2%	1.3%	3.0%	
1 vehicle available	31.0%	27.2%	23.6%	23.7%	32.1%	33.2%	15.1%	12.4%	24.8%	
2 vehicles available	40.8%	43.3%	38.1%	52.9%	33.8%	45.6%	43.8%	46.0%	42.6%	
3 or more vehicles available	23.6%	26.5%	34.1%	23.3%	30.6%	17.3%	37.9%	40.3%	29.6%	

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			Areas of interest							
	New Hampshire	**Rockingham County**	**Fremont**	**Greenland**	**Hampstead**	**Hampton**	**Hampton Falls**	**Kensington**	**Kingston**	**Source**
Education										US Census Bureau, American Community Survey 2019-2023
Educational attainment of adults 25 years and older										
Less than 9th grade	1.9%	1.2%	4.0%	0.8%	0.0%	0.5%	0.0%	0.1%	1.1%	
9th to 12th grade, no diploma	4.1%	2.7%	4.5%	1.2%	1.9%	3.8%	1.4%	1.7%	2.9%	
High school graduate (includes equivalency)	27.0%	25.0%	22.1%	22.1%	28.7%	24.7%	24.6%	18.4%	23.6%	
Some college, no degree	17.3%	16.8%	20.2%	14.1%	21.3%	15.6%	9.1%	16.2%	28.3%	
Associate's degree	10.0%	9.5%	13.6%	9.0%	8.8%	12.3%	12.0%	16.2%	9.1%	
Bachelor's degree	24.1%	27.8%	24.3%	35.8%	24.5%	26.6%	34.1%	31.2%	23.4%	
Graduate or professional degree	15.7%	17.0%	11.4%	17.1%	14.8%	16.5%	18.9%	16.2%	11.7%	
High school graduate or higher	94.1%	96.1%	91.5%	98.0%	98.1%	95.7%	98.6%	98.2%	96.0%	
Bachelor's degree or higher	39.8%	44.8%	35.7%	52.8%	39.3%	43.1%	52.9%	47.4%	35.0%	
Educational attainment by race/ethnicity										
White alone	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	

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Demographics: Fremont - Kingston

			Areas of interest							
	New Hampshire	**Rockingham County**	**Fremont**	**Greenland**	**Hampstead**	**Hampton**	**Hampton Falls**	**Kensington**	**Kingston**	**Source**
High school graduate or higher	94.6%	96.1%	92.3%	97.8%	98.2%	95.8%	98.4%	98.0%	95.9%	
Bachelor's degree or higher	39.8%	44.4%	36.6%	52.5%	38.5%	43.1%	53.1%	51.2%	35.5%	
Black alone	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	
High school graduate or higher	87.0%	98.8%	-	100.0%	-	100.0%	100.0%	-	100.0%	
Bachelor's degree or higher	29.3%	37.0%	-	100.0%	-	97.0%	0.0%	-	0.0%	
American Indian or Alaska Native alone	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	
High school graduate or higher	76.9%	79.7%	-	-	-	-	100.0%	-	-	
Bachelor's degree or higher	18.8%	12.6%	-	-	-	-	0.0%	-	-	
Asian alone	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	
High school graduate or higher	91.5%	97.6%	100.0%	100.0%	100.0%	91.8%	100.0%	100.0%	100.0%	
Bachelor's degree or higher	61.8%	67.7%	57.1%	34.9%	0.0%	45.3%	100.0%	3.2%	0.0%	
Native Hawaiian and Other Pacific Islander alone	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	
High school graduate or higher	96.1%	100.0%	-	-	-	100.0%	-	-	-	
Bachelor's degree or higher	41.7%	52.4%	-	-	-	0.0%	-	-	-	

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Demographics: Fremont - Kingston

			Areas of interest							
	New Hampshire	**Rockingham County**	**Fremont**	**Greenland**	**Hampstead**	**Hampton**	**Hampton Falls**	**Kensington**	**Kingston**	**Source**
Some other race alone	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	
High school graduate or higher	83.6%	93.3%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	-	
Bachelor's degree or higher	28.2%	39.8%	0.0%	27.3%	0.0%	0.0%	10.0%	0.0%	-	
Two or more races	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	
High school graduate or higher	89.2%	95.5%	100.0%	100.0%	95.1%	91.5%	100.0%	100.0%	100.0%	
Bachelor's degree or higher	34.6%	45.0%	8.3%	29.4%	73.5%	46.1%	56.8%	32.1%	23.4%	
Hispanic or Latino Origin	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	
High school graduate or higher	80.4%	90.6%	100.0%	100.0%	75.9%	100.0%	100.0%	100.0%	100.0%	
Bachelor's degree or higher	26.4%	37.3%	0.0%	20.0%	22.2%	41.6%	4.0%	100.0%	25.0%	
Health insurance coverage among civilian noninstitutionalized population (%)										US Census Bureau, American Community Survey 2019-2023
With health insurance coverage	94.5%	95.6%	94.3%	94.9%	96.3%	94.0%	95.5%	97.8%	98.8%	
With private health insurance	76.2%	82.0%	84.9%	87.6%	79.0%	75.7%	86.0%	86.0%	86.7%	
With public coverage	32.4%	28.3%	24.4%	26.7%	32.3%	37.7%	25.4%	23.7%	33.1%	

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Demographics: Fremont - Kingston

			Areas of interest							
	New Hampshire	Rockingham County	Fremont	Greenland	Hampstead	Hampton	Hampton Falls	Kensington	Kingston	Source
No health insurance coverage	5.5%	4.4%	5.7%	5.1%	3.7%	6.0%	4.5%	2.2%	1.2%	
Disability										US Census Bureau, American Community Survey 2019-2023
Percent of population With a disability	13.0%	11.3%	8.8%	9.1%	12.9%	11.9%	10.3%	11.5%	20.6%	
Under 18 with a disability	4.9%	5.0%	2.8%	0.0%	5.6%	11.4%	0.7%	2.3%	9.7%	
18-64	10.7%	8.5%	5.5%	7.5%	8.1%	8.1%	5.4%	8.6%	19.2%	
65+	28.6%	26.3%	27.1%	19.9%	34.1%	20.3%	29.9%	29.7%	32.7%	

Demographics: Londonderry-North Hampton

			Areas of interest							
	New Hampshire	Rockingham County	Londonderry	New Castle	Newfields	Newington	Newmarket	Newton	North Hampton	Source
Demographics										
Population										US Census Bureau, American Community Survey 2019-2023

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Demographics: Londonderry-North Hampton

			Areas of interest							
	New Hampshire	**Rockingham County**	**Londonderry**	**New Castle**	**Newfields**	**Newington**	**Newmarket**	**Newton**	**North Hampton**	**Source**
Total population	1,387,834	317,163	26,217	948	2,010	899	9,431	4,825	4,537	
Male	49.9%	49.8%	51.1%	51.9%	57.3%	54.7%	49.0%	49.4%	47.7%	
Female	50.1%	50.2%	48.9%	48.1%	42.7%	45.3%	51.0%	50.6%	52.3%	
Age Distribution										US Census Bureau, American Community Survey 2019-2023
Under 5 years (%)	4.6%	4.5%	5.0%	4.2%	3.4%	2.1%	5.9%	4.4%	1.0%	
5 to 9 years	4.9%	5.2%	5.0%	4.3%	5.6%	9.5%	4.5%	3.0%	2.2%	
10 to 14 years	5.5%	5.4%	5.8%	3.3%	6.6%	2.4%	3.6%	6.9%	8.2%	
15 to 19 years	6.1%	5.6%	8.0%	5.7%	4.5%	1.1%	3.2%	4.3%	9.0%	
20 to 24 years	6.2%	5.2%	6.4%	2.7%	9.3%	4.1%	5.7%	5.7%	3.7%	
25 to 34 years	12.7%	11.9%	11.1%	5.1%	11.0%	7.7%	19.4%	14.3%	7.5%	
35 to 44 years	12.1%	12.4%	12.8%	6.5%	11.1%	10.1%	15.5%	10.2%	6.0%	
45 to 54 years	12.8%	13.6%	14.7%	13.2%	17.4%	17.6%	12.8%	16.3%	20.6%	
55 to 59 years	7.8%	8.3%	9.0%	9.2%	11.7%	13.2%	4.4%	9.6%	6.6%	
60 to 64 years	7.9%	8.4%	6.3%	9.3%	7.6%	7.3%	8.4%	9.4%	9.3%	
65 to 74 years	11.9%	12.1%	9.4%	17.2%	8.2%	16.2%	10.5%	11.0%	15.5%	
75 to 84 years	5.5%	5.7%	5.1%	14.3%	3.0%	7.3%	5.5%	4.3%	9.0%	
85 years and over	2.0%	1.8%	1.4%	5.0%	0.7%	1.2%	0.7%	0.6%	1.5%	
Under 18 years of age	18.5%	18.8%	20.7%	17.5%	18.3%	14.9%	16.3%	17.6%	18.4%	
Over 65 years of age	19.5%	19.5%	15.9%	36.5%	11.9%	24.8%	16.7%	16.0%	26.0%	
Race/Ethnicity										US Census Bureau, American

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Demographics: Londonderry-North Hampton

	Areas of interest									
	New Hampshire	**Rockingham County**	**Londonderry**	**New Castle**	**Newfields**	**Newington**	**Newmarket**	**Newton**	**North Hampton**	**Source**
										Community Survey 2019-2023
White alone (%)	88.9%	91.4%	93.5%	96.6%	94.5%	89.7%	92.5%	90.1%	91.3%	
Black or African American alone (%)	1.5%	0.9%	0.6%	0.0%	0.0%	0.0%	0.7%	1.4%	0.2%	
American Indian and Alaska Native (%) alone	0.1%	0.1%	0.0%	0.0%	0.0%	0.4%	0.1%	0.0%	0.0%	
Asian alone (%)	2.6%	2.1%	1.3%	0.4%	0.8%	1.3%	1.8%	0.0%	3.9%	
Native Hawaiian and Other Pacific Islander (%) alone	0.0%	0.0%	0.1%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	
Some Other Race alone (%)	1.3%	1.1%	0.2%	0.0%	0.0%	5.7%	0.6%	3.1%	1.3%	
Two or More Races (%)	5.5%	4.4%	4.2%	3.0%	4.7%	2.8%	4.1%	5.5%	3.3%	
Hispanic or Latino of Any Race (%)	4.5%	3.5%	4.1%	0.0%	1.6%	0.6%	1.8%	0.2%	4.3%	
Foreign-born										US Census Bureau, American Community Survey 2019-2023
Foreign-born population	86,095	16,655	1,074	9	33	58	476	190	223	
Naturalized U.S. citizen	59.9%	66.2%	76.8%	100.0%	51.5%	100.0%	48.3%	58.4%	77.1%	
Not a U.S. citizen	40.1%	33.8%	23.2%	0.0%	48.5%	0.0%	51.7%	41.6%	22.9%	

Key

Significantly low compared to New Hampshire based on margin of error

Significantly high compared to New Hampshire overall based on margin of error

Demographics: Londonderry-North Hampton

			Areas of interest							
	New Hampshire	**Rockingham County**	**Londonderry**	**New Castle**	**Newfields**	**Newington**	**Newmarket**	**Newton**	**North Hampton**	**Source**
Region of birth: Europe	23.8%	32.1%	32.9%	100.0%	63.6%	5.2%	26.7%	68.9%	41.3%	
Region of birth: Asia	33.1%	35.6%	26.1%	0.0%	24.2%	19.0%	28.8%	0.0%	42.2%	
Region of birth: Africa	8.2%	2.9%	1.9%	0.0%	0.0%	5.2%	6.7%	0.0%	0.0%	
Region of birth: Oceania	0.7%	0.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
Region of birth: Latin America	25.3%	21.9%	30.7%	0.0%	0.0%	62.1%	32.4%	5.8%	12.1%	
Region of birth: Northern America	8.9%	7.0%	8.5%	0.0%	12.1%	8.6%	5.5%	25.3%	4.5%	
Language										US Census Bureau, American Community Survey 2019-2023
English only	92.0%	93.7%	94.4%	97.2%	98.4%	91.6%	94.7%	96.5%	88.4%	
Language other than English	8.0%	6.3%	5.6%	2.8%	1.6%	8.4%	5.3%	3.5%	11.6%	
Speak English less than "very well"	2.4%	1.3%	1.0%	0.6%	0.2%	0.1%	0.9%	0.0%	1.7%	
Spanish	2.7%	2.0%	2.5%	0.2%	1.1%	0.6%	1.1%	0.0%	5.8%	
Speak English less than "very well"	0.9%	0.4%	0.4%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	
Other Indo-European languages	3.4%	2.7%	2.2%	2.5%	0.3%	6.5%	3.4%	3.5%	2.3%	

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Demographics: Londonderry-North Hampton

			Areas of interest							
	New Hampshire	**Rockingham County**	**Londonderry**	**New Castle**	**Newfields**	**Newington**	**Newmarket**	**Newton**	**North Hampton**	**Source**
Speak English less than "very well"	0.8%	0.4%	0.4%	0.6%	0.1%	0.0%	0.8%	0.0%	0.0%	
Asian and Pacific Islander languages	1.4%	1.2%	0.7%	0.0%	0.1%	0.3%	0.7%	0.0%	3.5%	
Speak English less than "very well"	0.5%	0.4%	0.2%	0.0%	0.1%	0.0%	0.0%	0.0%	1.7%	
Other languages	0.6%	0.4%	0.2%	0.0%	0.2%	1.0%	0.1%	0.0%	0.0%	
Speak English less than "very well"	0.2%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
Employment										US Census Bureau, American Community Survey 2019-2023
Unemployment rate	3.4%	3.5%	4.9%	0.0%	2.8%	0.8%	1.5%	2.9%	1.9%	
Unemployment rate by race/ethnicity										
White alone	3.3%	3.4%	4.8%	0.0%	2.8%	0.9%	1.6%	3.3%	1.2%	
Black or African American alone	5.1%	13.6%	0.0%	-	-	-	0.0%	0.0%	0.0%	
American Indian and Alaska Native alone	1.6%	0.0%	-	-	-	0.0%	-	-	-	
Asian alone	3.3%	2.8%	0.4%	-	0.0%	0.0%	0.0%	-	0.0%	

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Demographics: Londonderry-North Hampton

	New Hampshire	Rockingham County	Londonderry	New Castle	Newfields	Newington	Newmarket	Newton	North Hampton	Source
			Areas of interest							
Native Hawaiian and Other Pacific Islander alone	0.0%	0.0%	-	-	-	0.0%	-	-	-	
Some other race alone	4.7%	3.9%	0.0%	-	-	0.0%	0.0%	0.0%	0.0%	
Two or more races	4.2%	3.3%	9.8%	0.0%	3.6%	0.0%	0.0%	0.0%	55.6%	
Hispanic or Latino origin (of any race)	5.4%	3.7%	1.6%	-	0.0%	0.0%	0.0%	-	62.8%	
Unemployment rate by educational attainment										
Less than high school graduate	8.1%	7.6%	0.0%	0.0%	23.1%	0.0%	0.0%	0.0%	0.0%	
High school graduate (includes equivalency)	3.7%	4.2%	4.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
Some college or associate's degree	2.6%	2.5%	1.3%	0.0%	0.0%	5.3%	2.6%	0.0%	0.0%	
Bachelor's degree or higher	2.0%	2.4%	4.2%	0.0%	3.0%	0.0%	0.9%	9.3%	0.0%	
Income and Poverty										US Census Bureau, American Community Survey 2019-2023
Median household income (dollars)	95,628	113,927	130,841	193,558	191,625	156,042	94,345	135,648	136,170	

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Demographics: Londonderry-North Hampton

			Areas of interest							
	New Hampshire	Rockingham County	Londonderry	New Castle	Newfields	Newington	Newmarket	Newton	North Hampton	Source
Individuals	7.2%	4.8%	2.1%	3.7%	1.8%	4.8%	4.3%	6.0%	2.9%	
Families	4.4%	3.1%	1.8%	4.3%	2.2%	2.3%	0.0%	6.8%	0.0%	
Individuals under 18 years of age	7.8%	5.1%	2.0%	0.0%	3.8%	7.5%	0.0%	11.3%	0.0%	
Individuals over 65 years of age	7.4%	5.6%	5.0%	6.1%	1.3%	3.1%	4.7%	3.2%	4.7%	
Female head of household, no spouse	15.4%	14.9%	4.8%	18.8%	11.1%	0.0%	0.0%	33.3%	0.0%	
White alone	6.9%	4.6%	2.1%	3.4%	1.8%	5.1%	4.5%	5.2%	2.4%	
Black or African American alone	11.2%	6.3%	0.0%	-	-	-	1.5%	0.0%	0.0%	
American Indian and Alaska Native alone	14.1%	4.0%	100.0%	-	-	0.0%	0.0%	-	-	
Asian alone	6.1%	8.6%	0.0%	100.0%	11.8%	0.0%	0.0%	-	0.0%	
Native Hawaiian and Other Pacific Islander alone	19.6%	23.1%	100.0%	-	-	0.0%	-	-	-	
Some other race alone	11.7%	6.3%	0.0%	-	-	0.0%	0.0%	0.0%	18.6%	
Two or more races	10.0%	5.5%	0.9%	0.0%	0.0%	8.0%	4.3%	24.6%	13.3%	
Hispanic or Latino origin (of any race)	13.8%	6.6%	1.8%	-	0.0%	0.0%	0.0%	0.0%	0.0%	
Less than high school graduate	20.4%	13.1%	16.6%	12.1%	0.0%	62.5%	0.0%	26.1%	0.0%	

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Demographics: Londonderry-North Hampton

			Areas of interest							
	New Hampshire	**Rockingham County**	**Londonderry**	**New Castle**	**Newfields**	**Newington**	**Newmarket**	**Newton**	**North Hampton**	**Source**
High school graduate (includes equivalency)	9.5%	6.8%	2.6%	9.8%	8.2%	4.9%	7.8%	5.7%	3.9%	
Some college, associate's degree	6.4%	5.1%	2.4%	0.0%	1.6%	5.2%	3.7%	7.6%	6.7%	
Bachelor's degree or higher	2.9%	2.3%	1.0%	5.0%	0.4%	1.7%	0.6%	0.7%	1.8%	
With Social Security	34.3%	33.4%	30.2%	47.4%	28.1%	37.6%	26.2%	37.1%	35.8%	
With retirement income	27.2%	28.1%	26.3%	32.8%	32.2%	29.7%	21.2%	19.9%	35.8%	
With Supplemental Security Income	4.1%	3.2%	2.1%	2.5%	2.5%	3.5%	3.9%	2.2%	0.0%	
With cash public assistance income	2.4%	1.7%	2.8%	0.0%	1.0%	0.0%	1.8%	0.0%	0.6%	
With Food Stamp/SNAP benefits in the past 12 months	6.0%	3.5%	2.1%	0.9%	3.0%	1.7%	4.1%	6.4%	2.7%	
Housing										US Census Bureau, American Community Survey 2019-2023
Occupied housing units	551,186	126,588	9,612	439	631	343	4,313	1,802	2,057	
Owner-occupied	72.5%	78.6%	85.1%	91.6%	95.9%	85.7%	52.4%	90.1%	89.5%	
Renter-occupied	27.5%	21.4%	14.9%	8.4%	4.1%	14.3%	47.6%	9.9%	10.5%	

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Demographics: Londonderry-North Hampton

			Areas of interest							
	New Hampshire	**Rockingham County**	**Londonderry**	**New Castle**	**Newfields**	**Newington**	**Newmarket**	**Newton**	**North Hampton**	**Source**
Lacking complete plumbing facilities	0.5%	0.6%	0.2%	0.0%	0.0%	0.6%	1.0%	0.0%	0.0%	
Lacking complete kitchen facilities	0.7%	0.7%	0.8%	0.7%	0.0%	0.6%	0.1%	0.0%	0.0%	
No telephone service available	0.6%	0.5%	0.6%	0.7%	0.0%	0.0%	0.9%	0.0%	0.0%	
Monthly housing costs <35% of total household income										
Among owner-occupied units with a mortgage	20.1%	19.7%	17.4%	36.6%	13.1%	28.3%	19.3%	17.0%	18.6%	
Among owner-occupied units without a mortgage	15.0%	15.4%	22.8%	17.0%	9.0%	4.7%	22.1%	16.5%	11.3%	
Among occupied units paying rent	37.9%	37.7%	38.8%	0.0%	30.8%	30.6%	32.5%	49.7%	45.9%	
Access to Technology										US Census Bureau, American Community Survey 2019-2023
Among households										
Has smartphone	88.6%	91.2%	93.3%	97.0%	95.6%	95.6%	91.5%	93.9%	88.2%	
Has desktop or laptop	84.8%	88.3%	88.6%	92.3%	96.8%	96.2%	92.5%	91.4%	92.8%	
With a computer	95.6%	96.8%	97.5%	97.5%	98.3%	100.0%	98.9%	96.8%	98.7%	

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Demographics: Londonderry-North Hampton

			Areas of interest							
	New Hampshire	**Rockingham County**	**Londonderry**	**New Castle**	**Newfields**	**Newington**	**Newmarket**	**Newton**	**North Hampton**	**Source**
With a broadband Internet subscription	91.8%	94.4%	94.7%	94.8%	96.4%	100.0%	96.6%	97.6%	94.9%	
Transportation										US Census Bureau, American Community Survey 2019-2023
Mode of transportation to work for workers aged 16+										
Car, truck, or van -- drove alone	73.7%	73.9%	72.7%	59.0%	69.9%	74.1%	73.5%	73.9%	72.7%	
Car, truck, or van -- carpooled	7.1%	5.5%	5.9%	0.0%	4.1%	5.0%	4.9%	8.3%	1.5%	
Public transportation (excluding taxicab)	0.6%	0.6%	0.6%	0.8%	1.1%	7.8%	0.4%	0.3%	0.4%	
Walked	2.2%	1.5%	0.6%	1.6%	1.1%	2.8%	3.9%	0.0%	1.5%	
Other means	1.3%	1.2%	1.1%	2.9%	0.2%	0.6%	0.0%	2.1%	1.7%	
Worked from home	15.1%	17.2%	19.2%	35.8%	23.6%	9.6%	17.3%	15.3%	22.3%	
Mean travel time to work (minutes)	26.8	29.1	29.1	27.9	27.6	23.1	27.5	30.8	26.3	
Vehicles available among occupied housing units										
No vehicles available	4.5%	3.0%	2.0%	0.9%	1.3%	2.6%	1.9%	3.4%	1.6%	
1 vehicle available	31.0%	27.2%	25.0%	23.2%	15.8%	18.1%	34.7%	18.7%	32.2%	

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Demographics: Londonderry-North Hampton

			Areas of interest							
	New Hampshire	**Rockingham County**	**Londonderry**	**New Castle**	**Newfields**	**Newington**	**Newmarket**	**Newton**	**North Hampton**	**Source**
2 vehicles available	40.8%	43.3%	40.8%	58.1%	41.4%	50.4%	50.7%	45.2%	33.5%	
3 or more vehicles available	23.6%	26.5%	32.1%	17.8%	41.5%	28.9%	12.7%	32.7%	32.7%	
Education										US Census Bureau, American Community Survey 2019-2023
Educational attainment of adults 25 years and older										
Less than 9th grade	1.9%	1.2%	1.1%	2.0%	1.0%	0.0%	0.1%	1.0%	3.5%	
9th to 12th grade, no diploma	4.1%	2.7%	1.4%	2.4%	2.1%	1.1%	2.0%	2.1%	1.5%	
High school graduate (includes equivalency)	27.0%	25.0%	21.5%	5.4%	12.0%	11.2%	14.7%	33.8%	19.2%	
Some college, no degree	17.3%	16.8%	17.5%	11.5%	12.0%	12.7%	21.1%	20.9%	14.8%	
Associate's degree	10.0%	9.5%	10.6%	7.3%	5.9%	11.0%	12.3%	7.1%	8.6%	
Bachelor's degree	24.1%	27.8%	30.2%	39.8%	33.8%	29.2%	31.7%	24.7%	24.9%	
Graduate or professional degree	15.7%	17.0%	17.7%	31.6%	33.1%	34.8%	18.0%	10.4%	27.6%	
High school graduate or higher	94.1%	96.1%	97.5%	95.6%	96.9%	98.9%	97.9%	96.9%	95.0%	
Bachelor's degree or higher	39.8%	44.8%	47.9%	71.4%	67.0%	64.0%	49.7%	35.0%	52.4%	

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Demographics: Londonderry-North Hampton

	New Hampshire	Rockingham County	Londonderry	New Castle	Newfields	Newington	Newmarket	Newton	North Hampton	Source
			Areas of interest							
Educational attainment by race/ethnicity										
White alone	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	
High school graduate or higher	94.6%	96.1%	97.5%	97.1%	97.5%	98.8%	97.7%	97.0%	95.9%	
Bachelor's degree or higher	39.8%	44.4%	48.0%	72.4%	68.5%	62.9%	49.7%	37.8%	53.5%	
Black alone	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	
High school graduate or higher	87.0%	98.8%	100.0%	-	-	-	100.0%	100.0%	100.0%	
Bachelor's degree or higher	29.3%	37.0%	25.3%	-	-	-	17.0%	25.8%	0.0%	
American Indian or Alaska Native alone	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	
High school graduate or higher	76.9%	79.7%	100.0%	-	-	100.0%	100.0%	-	-	
Bachelor's degree or higher	18.8%	12.6%	0.0%	-	-	100.0%	0.0%	-	-	
Asian alone	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	
High school graduate or higher	91.5%	97.6%	100.0%	100.0%	100.0%	100.0%	100.0%	-	81.8%	
Bachelor's degree or higher	61.8%	67.7%	59.9%	0.0%	20.0%	75.0%	40.3%	-	29.1%	
Native Hawaiian and Other Pacific Islander alone	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	

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Demographics: Londonderry-North Hampton

			Areas of interest							
	New Hampshire	**Rockingham County**	**Londonderry**	**New Castle**	**Newfields**	**Newington**	**Newmarket**	**Newton**	**North Hampton**	**Source**
High school graduate or higher	96.1%	100.0%	100.0%	-	-	100.0%	-	-	-	
Bachelor's degree or higher	41.7%	52.4%	100.0%	-	-	100.0%	-	-	-	
Some other race alone	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	
High school graduate or higher	83.6%	93.3%	74.1%	-	-	100.0%	100.0%	89.3%	100.0%	
Bachelor's degree or higher	28.2%	39.8%	60.3%	-	-	95.1%	0.0%	0.0%	93.2%	
Two or more races	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	
High school graduate or higher	89.2%	95.5%	97.8%	57.1%	85.7%	100.0%	100.0%	100.0%	83.5%	
Bachelor's degree or higher	34.6%	45.0%	42.8%	57.1%	41.4%	28.6%	76.5%	16.9%	34.2%	
Hispanic or Latino Origin	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	
High school graduate or higher	80.4%	90.6%	95.3%	-	47.4%	80.0%	100.0%	-	100.0%	
Bachelor's degree or higher	26.4%	37.3%	41.5%	-	47.4%	40.0%	40.4%	-	78.0%	
Health insurance coverage among civilian noninstitutionalized population (%)										US Census Bureau, American Community Survey 2019-2023
With health insurance coverage	94.5%	95.6%	95.9%	99.7%	97.0%	90.8%	96.1%	94.3%	96.5%	

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Demographics: Londonderry-North Hampton

			Areas of interest							
	New Hampshire	**Rockingham County**	**Londonderry**	**New Castle**	**Newfields**	**Newington**	**Newmarket**	**Newton**	**North Hampton**	**Source**
With private health insurance	76.2%	82.0%	83.1%	92.6%	89.0%	73.6%	82.3%	82.1%	87.2%	
With public coverage	32.4%	28.3%	23.5%	35.0%	16.5%	29.1%	25.7%	24.9%	29.6%	
No health insurance coverage	5.5%	4.4%	4.1%	0.3%	3.0%	9.2%	3.9%	5.7%	3.5%	
Disability										US Census Bureau, American Community Survey 2019-2023
Percent of population With a disability	13.0%	11.3%	11.8%	6.1%	6.0%	5.6%	8.1%	9.7%	11.2%	
Under 18 with a disability	4.9%	5.0%	4.5%	0.0%	3.0%	0.0%	1.0%	2.1%	0.0%	
18-64	10.7%	8.5%	9.4%	1.1%	4.7%	3.9%	6.8%	6.5%	5.4%	
65+	28.6%	26.3%	30.7%	15.3%	18.0%	13.0%	20.5%	31.2%	31.5%	

Key

Significantly low compared to New Hampshire based on margin of error

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Demographics: Nottingham-Seabrook

			Areas of interest							
	New Hampshire	Rockingham County	Nottingham	Plaistow	Portsmouth	Raymond	Rye	Sandown	Seabrook	Source
Demographics										
Population										US Census Bureau, American Community Survey 2019-2023
Total population	1,387,834	317,163	5,304	7,850	22,332	10,837	5,577	6,590	8,427	
Male	49.9%	49.8%	52.3%	48.3%	48.9%	48.6%	50.5%	45.3%	51.2%	
Female	50.1%	50.2%	47.7%	51.7%	51.1%	51.4%	49.5%	54.7%	48.8%	
Age Distribution										US Census Bureau, American Community Survey 2019-2023
Under 5 years (%)	4.6%	4.5%	5.8%	6.8%	4.1%	4.6%	2.0%	5.9%	2.7%	
5 to 9 years	4.9%	5.2%	7.8%	5.9%	5.8%	3.0%	3.7%	4.0%	4.2%	
10 to 14 years	5.5%	5.4%	5.9%	5.5%	2.9%	7.0%	8.0%	8.2%	4.0%	
15 to 19 years	6.1%	5.6%	5.1%	4.1%	3.3%	6.2%	5.2%	7.4%	5.8%	
20 to 24 years	6.2%	5.2%	0.9%	7.4%	6.1%	5.2%	4.1%	7.8%	3.3%	
25 to 34 years	12.7%	11.9%	16.9%	9.3%	16.9%	11.0%	6.2%	9.0%	11.4%	
35 to 44 years	12.1%	12.4%	11.0%	15.1%	13.4%	15.1%	9.1%	12.6%	9.1%	
45 to 54 years	12.8%	13.6%	14.0%	13.1%	11.2%	9.6%	12.7%	16.8%	12.8%	
55 to 59 years	7.8%	8.3%	6.9%	7.2%	6.6%	11.1%	9.1%	9.8%	7.1%	
60 to 64 years	7.9%	8.4%	6.3%	8.6%	8.7%	9.9%	10.0%	6.1%	8.3%	
65 to 74 years	11.9%	12.1%	15.6%	12.0%	10.3%	12.3%	20.4%	8.2%	16.2%	
75 to 84 years	5.5%	5.7%	2.8%	3.4%	8.0%	4.7%	6.1%	3.7%	12.9%	
85 years and over	2.0%	1.8%	1.0%	1.7%	2.6%	0.3%	3.4%	0.5%	2.1%	

Key

Significantly low compared to New Hampshire based on margin of error

Significantly high compared to New Hampshire overall based on margin of error

Demographics: Nottingham-Seabrook

			Areas of interest							
	New Hampshire	**Rockingham County**	**Nottingham**	**Plaistow**	**Portsmouth**	**Raymond**	**Rye**	**Sandown**	**Seabrook**	**Source**
Under 18 years of age	18.5%	18.8%	22.2%	20.1%	14.8%	19.1%	17.8%	23.4%	14.1%	
Over 65 years of age	19.5%	19.5%	19.4%	17.1%	21.0%	17.3%	30.0%	12.4%	31.2%	
Race/Ethnicity										US Census Bureau, American Community Survey 2019-2023
White alone (%)	88.9%	91.4%	90.3%	86.0%	87.6%	88.5%	98.0%	95.9%	89.5%	
Black or African American alone (%)	1.5%	0.9%	0.5%	0.9%	1.1%	3.8%	0.0%	0.0%	0.8%	
American Indian and Alaska Native (%) alone	0.1%	0.1%	0.0%	0.7%	0.0%	0.2%	0.0%	0.0%	0.0%	
Asian alone (%)	2.6%	2.1%	0.5%	0.3%	3.9%	1.2%	0.4%	0.3%	0.7%	
Native Hawaiian and Other Pacific Islander (%) alone	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
Some Other Race alone (%)	1.3%	1.1%	1.0%	4.0%	2.6%	0.6%	0.0%	1.8%	0.0%	
Two or More Races (%)	5.5%	4.4%	7.9%	8.2%	4.7%	5.6%	1.6%	1.9%	9.1%	
Hispanic or Latino of Any Race (%)	4.5%	3.5%	1.2%	7.1%	3.5%	5.0%	0.4%	1.2%	3.6%	
Foreign-born										US Census Bureau, American Community Survey 2019-2023

Key

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Demographics: Nottingham-Seabrook

			Areas of interest							
	New Hampshire	**Rockingham County**	**Nottingham**	**Plaistow**	**Portsmouth**	**Raymond**	**Rye**	**Sandown**	**Seabrook**	**Source**
Foreign-born population	86,095	16,655	138	220	2,059	489	317	225	228	
Naturalized U.S. citizen	59.9%	66.2%	67.4%	84.1%	53.7%	71.0%	71.3%	71.1%	35.5%	
Not a U.S. citizen	40.1%	33.8%	32.6%	15.9%	46.3%	29.0%	28.7%	28.9%	64.5%	
Region of birth: Europe	23.8%	32.1%	82.6%	38.2%	33.1%	37.8%	50.5%	47.1%	15.4%	
Region of birth: Asia	33.1%	35.6%	17.4%	11.8%	42.7%	23.5%	25.9%	14.2%	31.6%	
Region of birth: Africa	8.2%	2.9%	0.0%	7.3%	1.2%	11.9%	4.7%	0.0%	7.9%	
Region of birth: Oceania	0.7%	0.6%	0.0%	0.0%	0.0%	0.0%	8.2%	0.0%	0.0%	
Region of birth: Latin America	25.3%	21.9%	0.0%	38.2%	17.5%	14.5%	0.0%	5.8%	45.2%	
Region of birth: Northern America	8.9%	7.0%	0.0%	4.5%	5.5%	12.3%	10.7%	32.9%	0.0%	
Language										US Census Bureau, American Community Survey 2019-2023
English only	92.0%	93.7%	95.6%	95.5%	90.9%	93.2%	94.8%	97.2%	95.3%	
Language other than English	8.0%	6.3%	4.4%	4.5%	9.1%	6.8%	5.2%	2.8%	4.7%	
Speak English less than "very well"	2.4%	1.3%	0.7%	0.5%	1.9%	1.3%	0.0%	0.6%	2.7%	
Spanish	2.7%	2.0%	0.3%	3.1%	2.2%	2.0%	0.8%	1.0%	1.1%	

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Demographics: Nottingham-Seabrook

			Areas of interest							
	New Hampshire	**Rockingham County**	**Nottingham**	**Plaistow**	**Portsmouth**	**Raymond**	**Rye**	**Sandown**	**Seabrook**	**Source**
Speak English less than "very well"	0.9%	0.4%	0.0%	0.3%	0.6%	0.4%	0.0%	0.4%	1.1%	
Other Indo-European languages	3.4%	2.7%	3.4%	1.1%	4.1%	3.9%	3.2%	1.3%	2.6%	
Speak English less than "very well"	0.8%	0.4%	0.3%	0.1%	1.1%	0.2%	0.0%	0.0%	0.9%	
Asian and Pacific Islander languages	1.4%	1.2%	0.7%	0.4%	2.5%	0.9%	0.0%	0.4%	0.7%	
Speak English less than "very well"	0.5%	0.4%	0.4%	0.0%	0.2%	0.7%	0.0%	0.0%	0.5%	
Other languages	0.6%	0.4%	0.0%	0.0%	0.3%	0.0%	1.3%	0.1%	0.2%	
Speak English less than "very well"	0.2%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.2%	
Employment										US Census Bureau, American Community Survey 2019-2023
Unemployment rate	3.4%	3.5%	1.2%	3.0%	2.1%	4.1%	3.6%	4.4%	8.5%	
Unemployment rate by race/ethnicity										
White alone	3.3%	3.4%	1.4%	2.1%	2.2%	4.6%	3.6%	4.6%	8.1%	
Black or African American alone	5.1%	13.6%	-	0.0%	16.9%	0.0%	-	-	0.0%	

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Demographics: Nottingham-Seabrook

			Areas of interest							
	New Hampshire	**Rockingham County**	**Nottingham**	**Plaistow**	**Portsmouth**	**Raymond**	**Rye**	**Sandown**	**Seabrook**	**Source**
American Indian and Alaska Native alone	1.6%	0.0%	-	0.0%	0.0%	0.0%	-	-	-	
Asian alone	3.3%	2.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	72.1%	
Native Hawaiian and Other Pacific Islander alone	0.0%	0.0%	-	-	0.0%	-	-	-	-	
Some other race alone	4.7%	3.9%	0.0%	25.7%	0.0%	0.0%	-	0.0%	-	
Two or more races	4.2%	3.3%	0.0%	3.1%	0.0%	0.0%	0.0%	0.0%	0.0%	
Hispanic or Latino origin (of any race)	5.4%	3.7%	0.0%	12.0%	0.0%	0.0%	0.0%	16.9%	0.0%	
Unemployment rate by educational attainment										
Less than high school graduate	8.1%	7.6%	0.0%	0.0%	0.0%	0.0%	100.0%	8.1%	0.0%	
High school graduate (includes equivalency)	3.7%	4.2%	0.0%	6.0%	1.6%	2.7%	0.0%	0.0%	9.5%	
Some college or associate's degree	2.6%	2.5%	1.3%	0.0%	4.1%	1.0%	0.0%	7.4%	15.6%	
Bachelor's degree or higher	2.0%	2.4%	0.0%	2.8%	1.9%	3.5%	3.1%	0.0%	7.6%	
Income and Poverty										US Census Bureau, American

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Demographics: Nottingham-Seabrook

			Areas of interest							
	New Hampshire	Rockingham County	Nottingham	Plaistow	Portsmouth	Raymond	Rye	Sandown	Seabrook	Source
										Community Survey 2019-2023
Median household income (dollars)	95,628	113,927	108,459	109,040	105,756	92,002	138,295	137,813	87,021	
Individuals	7.2%	4.8%	2.9%	5.0%	5.5%	6.3%	6.6%	10.2%	11.0%	
Families	4.4%	3.1%	1.2%	2.6%	2.7%	2.1%	6.7%	11.0%	9.3%	
Individuals under 18 years of age	7.8%	5.1%	0.0%	3.3%	7.8%	2.4%	4.1%	20.6%	13.0%	
Individuals over 65 years of age	7.4%	5.6%	1.4%	8.1%	4.7%	10.4%	9.7%	2.1%	10.7%	
Female head of household, no spouse	15.4%	14.9%	15.6%	5.1%	18.2%	22.4%	10.3%	64.2%	24.4%	
White alone	6.9%	4.6%	2.7%	4.6%	5.2%	6.8%	6.3%	10.6%	9.1%	
Black or African American alone	11.2%	6.3%	100.0%	2.8%	9.3%	0.0%	-	-	89.1%	
American Indian and Alaska Native alone	14.1%	4.0%	-	0.0%	0.0%	0.0%	-	-	-	
Asian alone	6.1%	8.6%	0.0%	0.0%	16.1%	0.0%	0.0%	0.0%	0.0%	
Native Hawaiian and Other Pacific Islander alone	19.6%	23.1%	-	-	0.0%	-	-	-	-	
Some other race alone	11.7%	6.3%	0.0%	0.0%	4.8%	0.0%	-	0.0%	-	
Two or more races	10.0%	5.5%	0.0%	11.4%	1.5%	5.6%	29.9%	0.0%	23.6%	

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			Areas of interest							
	New Hampshire	**Rockingham County**	**Nottingham**	**Plaistow**	**Portsmouth**	**Raymond**	**Rye**	**Sandown**	**Seabrook**	**Source**
Hispanic or Latino origin (of any race)	13.8%	6.6%	0.0%	0.0%	5.2%	10.7%	0.0%	0.0%	34.1%	
Less than high school graduate	20.4%	13.1%	25.4%	0.0%	32.6%	18.9%	0.0%	10.3%	10.2%	
High school graduate (includes equivalency)	9.5%	6.8%	1.8%	8.5%	5.8%	7.9%	25.2%	1.4%	8.3%	
Some college, associate's degree	6.4%	5.1%	1.3%	0.8%	7.2%	8.7%	2.5%	19.5%	13.2%	
Bachelor's degree or higher	2.9%	2.3%	2.2%	3.7%	2.3%	0.8%	5.0%	0.1%	12.9%	
With Social Security	34.3%	33.4%	32.0%	37.1%	29.4%	36.6%	31.4%	34.9%	48.8%	
With retirement income	27.2%	28.1%	26.7%	23.3%	24.6%	25.6%	29.2%	25.5%	33.8%	
With Supplemental Security Income	4.1%	3.2%	4.2%	0.6%	1.9%	2.4%	7.0%	3.7%	5.2%	
With cash public assistance income	2.4%	1.7%	0.9%	1.5%	1.4%	3.2%	0.5%	0.0%	3.7%	
With Food Stamp/SNAP benefits in the past 12 months	6.0%	3.5%	1.4%	3.3%	3.6%	5.6%	2.3%	0.0%	8.3%	
Housing										US Census Bureau, American Community Survey 2019-2023

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Demographics: Nottingham-Seabrook

			Areas of interest							
	New Hampshire	**Rockingham County**	**Nottingham**	**Plaistow**	**Portsmouth**	**Raymond**	**Rye**	**Sandown**	**Seabrook**	**Source**
Occupied housing units	551,186	126,588	2,021	3,180	10,556	4,269	2,387	2,223	3,773	
Owner-occupied	72.5%	78.6%	93.6%	82.5%	52.1%	81.5%	81.8%	83.3%	71.8%	
Renter-occupied	27.5%	21.4%	6.4%	17.5%	47.9%	18.5%	18.2%	16.7%	28.2%	
Lacking complete plumbing facilities	0.5%	0.6%	0.6%	0.0%	0.0%	2.8%	0.0%	0.6%	0.6%	
Lacking complete kitchen facilities	0.7%	0.7%	0.6%	0.0%	0.0%	0.0%	0.0%	0.6%	0.7%	
No telephone service available	0.6%	0.5%	0.0%	1.3%	0.2%	0.3%	0.0%	4.6%	0.8%	
Monthly housing costs <35% of total household income										
Among owner-occupied units with a mortgage	20.1%	19.7%	24.0%	18.8%	18.8%	19.6%	10.7%	16.5%	20.9%	
Among owner-occupied units without a mortgage	15.0%	15.4%	7.5%	7.4%	17.8%	18.5%	17.3%	12.7%	15.2%	
Among occupied units paying rent	37.9%	37.7%	92.3%	41.2%	25.1%	30.2%	44.9%	53.4%	48.6%	
Access to Technology										US Census Bureau, American Community Survey 2019-2023
Among households										

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Demographics: Nottingham-Seabrook

			Areas of interest							
	New Hampshire	**Rockingham County**	**Nottingham**	**Plaistow**	**Portsmouth**	**Raymond**	**Rye**	**Sandown**	**Seabrook**	**Source**
Has smartphone	88.6%	91.2%	95.2%	88.8%	93.2%	93.3%	90.2%	95.0%	81.0%	
Has desktop or laptop	84.8%	88.3%	94.4%	82.1%	88.9%	86.2%	92.7%	90.3%	74.7%	
With a computer	95.6%	96.8%	98.8%	95.3%	96.8%	96.7%	98.7%	98.0%	90.8%	
With a broadband Internet subscription	91.8%	94.4%	96.8%	92.3%	93.6%	95.8%	97.7%	98.0%	89.9%	
Transportation										US Census Bureau, American Community Survey 2019-2023
Mode of transportation to work for workers aged 16+										
Car, truck, or van -- drove alone	73.7%	73.9%	79.0%	77.2%	67.0%	72.8%	69.5%	81.5%	82.7%	
Car, truck, or van -- carpooled	7.1%	5.5%	3.1%	6.3%	4.3%	11.8%	3.0%	2.5%	4.0%	
Public transportation (excluding taxicab)	0.6%	0.6%	0.6%	2.4%	1.2%	0.3%	0.0%	0.3%	1.0%	
Walked	2.2%	1.5%	0.0%	0.6%	5.0%	0.6%	0.0%	0.4%	2.3%	
Other means	1.3%	1.2%	0.1%	1.6%	1.9%	1.9%	0.8%	0.0%	2.2%	
Worked from home	15.1%	17.2%	17.2%	11.9%	20.7%	12.6%	26.8%	15.2%	7.9%	
Mean travel time to work (minutes)	26.8	29.1	32.0	29.2	22.1	30.8	27.0	32.7	23.3	

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Demographics: Nottingham-Seabrook

	New Hampshire	Rockingham County	Areas of interest: Nottingham	Plaistow	Portsmouth	Raymond	Rye	Sandown	Seabrook	Source
Vehicles available among occupied housing units										
No vehicles available	4.5%	3.0%	1.1%	1.7%	6.1%	2.1%	2.6%	1.4%	5.2%	
1 vehicle available	31.0%	27.2%	18.5%	35.5%	38.9%	23.3%	20.9%	22.4%	34.2%	
2 vehicles available	40.8%	43.3%	50.1%	40.1%	43.5%	46.1%	52.7%	37.3%	39.5%	
3 or more vehicles available	23.6%	26.5%	30.3%	22.7%	11.5%	28.5%	23.8%	39.0%	21.1%	
Education										US Census Bureau, American Community Survey 2019-2023
Educational attainment of adults 25 years and older										
Less than 9th grade	1.9%	1.2%	1.2%	1.5%	0.7%	1.1%	0.3%	0.9%	2.8%	
9th to 12th grade, no diploma	4.1%	2.7%	2.1%	1.4%	1.7%	5.3%	1.5%	4.4%	6.2%	
High school graduate (includes equivalency)	27.0%	25.0%	24.1%	34.9%	16.8%	38.5%	15.9%	30.2%	40.3%	
Some college, no degree	17.3%	16.8%	22.3%	11.4%	11.5%	20.8%	12.4%	21.7%	15.1%	
Associate's degree	10.0%	9.5%	8.5%	14.8%	5.9%	9.8%	9.4%	14.6%	9.5%	
Bachelor's degree	24.1%	27.8%	26.3%	21.5%	41.7%	15.7%	36.5%	13.6%	19.1%	

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			Areas of interest							
	New Hampshire	**Rockingham County**	**Nottingham**	**Plaistow**	**Portsmouth**	**Raymond**	**Rye**	**Sandown**	**Seabrook**	**Source**
Graduate or professional degree	15.7%	17.0%	15.5%	14.5%	21.7%	8.9%	23.9%	14.6%	7.0%	
High school graduate or higher	94.1%	96.1%	96.6%	97.1%	97.6%	93.6%	98.2%	94.7%	90.9%	
Bachelor's degree or higher	39.8%	44.8%	41.8%	36.0%	63.4%	24.6%	60.4%	28.2%	26.1%	
Educational attainment by race/ethnicity										
White alone	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	
High school graduate or higher	94.6%	96.1%	97.1%	97.1%	97.8%	93.3%	98.1%	95.1%	90.6%	
Bachelor's degree or higher	39.8%	44.4%	43.3%	36.0%	63.5%	22.6%	60.1%	28.3%	26.0%	
Black alone	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	
High school graduate or higher	87.0%	98.8%	100.0%	100.0%	84.8%	100.0%	-	-	100.0%	
Bachelor's degree or higher	29.3%	37.0%	0.0%	15.3%	9.3%	64.9%	-	-	89.1%	
American Indian or Alaska Native alone	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	
High school graduate or higher	76.9%	79.7%	-	100.0%	100.0%	50.0%	-	-	-	
Bachelor's degree or higher	18.8%	12.6%	-	0.0%	100.0%	0.0%	-	-	-	
Asian alone	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	
High school graduate or higher	91.5%	97.6%	100.0%	100.0%	97.5%	100.0%	100.0%	100.0%	100.0%	

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Demographics: Nottingham-Seabrook

			Areas of interest							
	New Hampshire	**Rockingham County**	**Nottingham**	**Plaistow**	**Portsmouth**	**Raymond**	**Rye**	**Sandown**	**Seabrook**	**Source**
Bachelor's degree or higher	61.8%	67.7%	95.8%	100.0%	83.4%	93.2%	100.0%	100.0%	98.4%	
Native Hawaiian and Other Pacific Islander alone	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	
High school graduate or higher	96.1%	100.0%	-	-	100.0%	-	-	-	-	
Bachelor's degree or higher	41.7%	52.4%	-	-	100.0%	-	-	-	-	
Some other race alone	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	
High school graduate or higher	83.6%	93.3%	100.0%	100.0%	98.3%	52.5%	-	65.3%	-	
Bachelor's degree or higher	28.2%	39.8%	72.5%	23.5%	61.3%	0.0%	-	1.4%	-	
Two or more races	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	
High school graduate or higher	89.2%	95.5%	88.3%	95.7%	94.8%	99.1%	100.0%	100.0%	94.2%	
Bachelor's degree or higher	34.6%	45.0%	10.1%	44.3%	56.4%	24.1%	79.4%	30.9%	0.0%	
Hispanic or Latino Origin	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	
High school graduate or higher	80.4%	90.6%	100.0%	98.0%	88.4%	89.6%	100.0%	39.0%	100.0%	
Bachelor's degree or higher	26.4%	37.3%	100.0%	32.1%	59.8%	16.4%	100.0%	2.4%	0.0%	
Health insurance coverage among civilian										US Census Bureau, American

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			Areas of interest							
	New Hampshire	**Rockingham County**	**Nottingham**	**Plaistow**	**Portsmouth**	**Raymond**	**Rye**	**Sandown**	**Seabrook**	**Source**
noninstitutionalized population (%)										Community Survey 2019-2023
With health insurance coverage	94.5%	95.6%	97.4%	95.6%	96.1%	95.8%	95.6%	91.4%	93.5%	
With private health insurance	76.2%	82.0%	78.3%	85.6%	83.1%	78.9%	77.0%	74.7%	71.2%	
With public coverage	32.4%	28.3%	31.7%	23.5%	27.5%	29.5%	36.1%	28.6%	45.3%	
No health insurance coverage	5.5%	4.4%	2.6%	4.4%	3.9%	4.2%	4.4%	8.6%	6.5%	
Disability										US Census Bureau, American Community Survey 2019-2023
Percent of population With a disability	13.0%	11.3%	4.8%	13.2%	12.1%	11.9%	8.2%	12.7%	17.9%	
Under 18 with a disability	4.9%	5.0%	2.5%	11.1%	2.9%	4.5%	3.6%	2.3%	8.7%	
18-64	10.7%	8.5%	4.2%	9.4%	9.1%	9.0%	5.5%	10.3%	12.4%	
65+	28.6%	26.3%	9.3%	29.4%	28.5%	30.8%	15.9%	44.3%	31.7%	

Key

Significantly low compared to New Hampshire based on margin of error

Significantly high compared to New Hampshire overall based on margin of error

Demographics: Nottingham-Seabrook

			Areas of interest							
	New Hampshire	Rockingham County	Nottingham	Plaistow	Portsmouth	Raymond	Rye	Sandown	Seabrook	Source
Demographics										
Population										US Census Bureau, American Community Survey 2019-2023
Total population	1,387,834	317,163	5,304	7,850	22,332	10,837	5,577	6,590	8,427	
Male	49.9%	49.8%	52.3%	48.3%	48.9%	48.6%	50.5%	45.3%	51.2%	
Female	50.1%	50.2%	47.7%	51.7%	51.1%	51.4%	49.5%	54.7%	48.8%	
Age Distribution										US Census Bureau, American Community Survey 2019-2023
Under 5 years (%)	4.6%	4.5%	5.8%	6.8%	4.1%	4.6%	2.0%	5.9%	2.7%	
5 to 9 years	4.9%	5.2%	7.8%	5.9%	5.8%	3.0%	3.7%	4.0%	4.2%	
10 to 14 years	5.5%	5.4%	5.9%	5.5%	2.9%	7.0%	8.0%	8.2%	4.0%	
15 to 19 years	6.1%	5.6%	5.1%	4.1%	3.3%	6.2%	5.2%	7.4%	5.8%	
20 to 24 years	6.2%	5.2%	0.9%	7.4%	6.1%	5.2%	4.1%	7.8%	3.3%	
25 to 34 years	12.7%	11.9%	16.9%	9.3%	16.9%	11.0%	6.2%	9.0%	11.4%	
35 to 44 years	12.1%	12.4%	11.0%	15.1%	13.4%	15.1%	9.1%	12.6%	9.1%	
45 to 54 years	12.8%	13.6%	14.0%	13.1%	11.2%	9.6%	12.7%	16.8%	12.8%	
55 to 59 years	7.8%	8.3%	6.9%	7.2%	6.6%	11.1%	9.1%	9.8%	7.1%	
60 to 64 years	7.9%	8.4%	6.3%	8.6%	8.7%	9.9%	10.0%	6.1%	8.3%	
65 to 74 years	11.9%	12.1%	15.6%	12.0%	10.3%	12.3%	20.4%	8.2%	16.2%	
75 to 84 years	5.5%	5.7%	2.8%	3.4%	8.0%	4.7%	6.1%	3.7%	12.9%	
85 years and over	2.0%	1.8%	1.0%	1.7%	2.6%	0.3%	3.4%	0.5%	2.1%	

Key

Significantly low compared to New Hampshire based on margin of error

Significantly high compared to New Hampshire overall based on margin of error

Demographics: Nottingham-Seabrook

			Areas of interest							
	New Hampshire	**Rockingham County**	**Nottingham**	**Plaistow**	**Portsmouth**	**Raymond**	**Rye**	**Sandown**	**Seabrook**	**Source**
Under 18 years of age	18.5%	18.8%	22.2%	20.1%	14.8%	19.1%	17.8%	23.4%	14.1%	
Over 65 years of age	19.5%	19.5%	19.4%	17.1%	21.0%	17.3%	30.0%	12.4%	31.2%	
Race/Ethnicity										US Census Bureau, American Community Survey 2019-2023
White alone (%)	88.9%	91.4%	90.3%	86.0%	87.6%	88.5%	98.0%	95.9%	89.5%	
Black or African American alone (%)	1.5%	0.9%	0.5%	0.9%	1.1%	3.8%	0.0%	0.0%	0.8%	
American Indian and Alaska Native (%) alone	0.1%	0.1%	0.0%	0.7%	0.0%	0.2%	0.0%	0.0%	0.0%	
Asian alone (%)	2.6%	2.1%	0.5%	0.3%	3.9%	1.2%	0.4%	0.3%	0.7%	
Native Hawaiian and Other Pacific Islander (%) alone	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
Some Other Race alone (%)	1.3%	1.1%	1.0%	4.0%	2.6%	0.6%	0.0%	1.8%	0.0%	
Two or More Races (%)	5.5%	4.4%	7.9%	8.2%	4.7%	5.6%	1.6%	1.9%	9.1%	
Hispanic or Latino of Any Race (%)	4.5%	3.5%	1.2%	7.1%	3.5%	5.0%	0.4%	1.2%	3.6%	
Foreign-born										US Census Bureau, American Community Survey 2019-2023

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Demographics: Nottingham-Seabrook

			Areas of interest							
	New Hampshire	**Rockingham County**	**Nottingham**	**Plaistow**	**Portsmouth**	**Raymond**	**Rye**	**Sandown**	**Seabrook**	**Source**
Foreign-born population	86,095	16,655	138	220	2,059	489	317	225	228	
Naturalized U.S. citizen	59.9%	66.2%	67.4%	84.1%	53.7%	71.0%	71.3%	71.1%	35.5%	
Not a U.S. citizen	40.1%	33.8%	32.6%	15.9%	46.3%	29.0%	28.7%	28.9%	64.5%	
Region of birth: Europe	23.8%	32.1%	82.6%	38.2%	33.1%	37.8%	50.5%	47.1%	15.4%	
Region of birth: Asia	33.1%	35.6%	17.4%	11.8%	42.7%	23.5%	25.9%	14.2%	31.6%	
Region of birth: Africa	8.2%	2.9%	0.0%	7.3%	1.2%	11.9%	4.7%	0.0%	7.9%	
Region of birth: Oceania	0.7%	0.6%	0.0%	0.0%	0.0%	0.0%	8.2%	0.0%	0.0%	
Region of birth: Latin America	25.3%	21.9%	0.0%	38.2%	17.5%	14.5%	0.0%	5.8%	45.2%	
Region of birth: Northern America	8.9%	7.0%	0.0%	4.5%	5.5%	12.3%	10.7%	32.9%	0.0%	
Language										US Census Bureau, American Community Survey 2019-2023
English only	92.0%	93.7%	95.6%	95.5%	90.9%	93.2%	94.8%	97.2%	95.3%	
Language other than English	8.0%	6.3%	4.4%	4.5%	9.1%	6.8%	5.2%	2.8%	4.7%	
Speak English less than "very well"	2.4%	1.3%	0.7%	0.5%	1.9%	1.3%	0.0%	0.6%	2.7%	
Spanish	2.7%	2.0%	0.3%	3.1%	2.2%	2.0%	0.8%	1.0%	1.1%	

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Demographics: Nottingham-Seabrook

			Areas of interest							
	New Hampshire	**Rockingham County**	**Nottingham**	**Plaistow**	**Portsmouth**	**Raymond**	**Rye**	**Sandown**	**Seabrook**	**Source**
Speak English less than "very well"	0.9%	0.4%	0.0%	0.3%	0.6%	0.4%	0.0%	0.4%	1.1%	
Other Indo-European languages	3.4%	2.7%	3.4%	1.1%	4.1%	3.9%	3.2%	1.3%	2.6%	
Speak English less than "very well"	0.8%	0.4%	0.3%	0.1%	1.1%	0.2%	0.0%	0.0%	0.9%	
Asian and Pacific Islander languages	1.4%	1.2%	0.7%	0.4%	2.5%	0.9%	0.0%	0.4%	0.7%	
Speak English less than "very well"	0.5%	0.4%	0.4%	0.0%	0.2%	0.7%	0.0%	0.0%	0.5%	
Other languages	0.6%	0.4%	0.0%	0.0%	0.3%	0.0%	1.3%	0.1%	0.2%	
Speak English less than "very well"	0.2%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.2%	
Employment										US Census Bureau, American Community Survey 2019-2023
Unemployment rate	3.4%	3.5%	1.2%	3.0%	2.1%	4.1%	3.6%	4.4%	8.5%	
Unemployment rate by race/ethnicity										
White alone	3.3%	3.4%	1.4%	2.1%	2.2%	4.6%	3.6%	4.6%	8.1%	
Black or African American alone	5.1%	13.6%	-	0.0%	16.9%	0.0%	-	-	0.0%	

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Demographics: Nottingham-Seabrook

			Areas of interest							
	New Hampshire	**Rockingham County**	**Nottingham**	**Plaistow**	**Portsmouth**	**Raymond**	**Rye**	**Sandown**	**Seabrook**	**Source**
American Indian and Alaska Native alone	1.6%	0.0%	-	0.0%	0.0%	0.0%	-	-	-	
Asian alone	3.3%	2.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	72.1%	
Native Hawaiian and Other Pacific Islander alone	0.0%	0.0%	-	-	0.0%	-	-	-	-	
Some other race alone	4.7%	3.9%	0.0%	25.7%	0.0%	0.0%	-	0.0%	-	
Two or more races	4.2%	3.3%	0.0%	3.1%	0.0%	0.0%	0.0%	0.0%	0.0%	
Hispanic or Latino origin (of any race)	5.4%	3.7%	0.0%	12.0%	0.0%	0.0%	0.0%	16.9%	0.0%	
Unemployment rate by educational attainment										
Less than high school graduate	8.1%	7.6%	0.0%	0.0%	0.0%	0.0%	100.0%	8.1%	0.0%	
High school graduate (includes equivalency)	3.7%	4.2%	0.0%	6.0%	1.6%	2.7%	0.0%	0.0%	9.5%	
Some college or associate's degree	2.6%	2.5%	1.3%	0.0%	4.1%	1.0%	0.0%	7.4%	15.6%	
Bachelor's degree or higher	2.0%	2.4%	0.0%	2.8%	1.9%	3.5%	3.1%	0.0%	7.6%	
Income and Poverty										US Census Bureau, American

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Demographics: Nottingham-Seabrook

			Areas of interest							
	New Hampshire	Rockingham County	Nottingham	Plaistow	Portsmouth	Raymond	Rye	Sandown	Seabrook	Source
										Community Survey 2019-2023
Median household income (dollars)	95,628	113,927	108,459	109,040	105,756	92,002	138,295	137,813	87,021	
Individuals	7.2%	4.8%	2.9%	5.0%	5.5%	6.3%	6.6%	10.2%	11.0%	
Families	4.4%	3.1%	1.2%	2.6%	2.7%	2.1%	6.7%	11.0%	9.3%	
Individuals under 18 years of age	7.8%	5.1%	0.0%	3.3%	7.8%	2.4%	4.1%	20.6%	13.0%	
Individuals over 65 years of age	7.4%	5.6%	1.4%	8.1%	4.7%	10.4%	9.7%	2.1%	10.7%	
Female head of household, no spouse	15.4%	14.9%	15.6%	5.1%	18.2%	22.4%	10.3%	64.2%	24.4%	
White alone	6.9%	4.6%	2.7%	4.6%	5.2%	6.8%	6.3%	10.6%	9.1%	
Black or African American alone	11.2%	6.3%	100.0%	2.8%	9.3%	0.0%	-	-	89.1%	
American Indian and Alaska Native alone	14.1%	4.0%	-	0.0%	0.0%	0.0%	-	-	-	
Asian alone	6.1%	8.6%	0.0%	0.0%	16.1%	0.0%	0.0%	0.0%	0.0%	
Native Hawaiian and Other Pacific Islander alone	19.6%	23.1%	-	-	0.0%	-	-	-	-	
Some other race alone	11.7%	6.3%	0.0%	0.0%	4.8%	0.0%	-	0.0%	-	
Two or more races	10.0%	5.5%	0.0%	11.4%	1.5%	5.6%	29.9%	0.0%	23.6%	

Key

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Demographics: Nottingham-Seabrook

			Areas of interest							
	New Hampshire	**Rockingham County**	**Nottingham**	**Plaistow**	**Portsmouth**	**Raymond**	**Rye**	**Sandown**	**Seabrook**	**Source**
Hispanic or Latino origin (of any race)	13.8%	6.6%	0.0%	0.0%	5.2%	10.7%	0.0%	0.0%	34.1%	
Less than high school graduate	20.4%	13.1%	25.4%	0.0%	32.6%	18.9%	0.0%	10.3%	10.2%	
High school graduate (includes equivalency)	9.5%	6.8%	1.8%	8.5%	5.8%	7.9%	25.2%	1.4%	8.3%	
Some college, associate's degree	6.4%	5.1%	1.3%	0.8%	7.2%	8.7%	2.5%	19.5%	13.2%	
Bachelor's degree or higher	2.9%	2.3%	2.2%	3.7%	2.3%	0.8%	5.0%	0.1%	12.9%	
With Social Security	34.3%	33.4%	32.0%	37.1%	29.4%	36.6%	31.4%	34.9%	48.8%	
With retirement income	27.2%	28.1%	26.7%	23.3%	24.6%	25.6%	29.2%	25.5%	33.8%	
With Supplemental Security Income	4.1%	3.2%	4.2%	0.6%	1.9%	2.4%	7.0%	3.7%	5.2%	
With cash public assistance income	2.4%	1.7%	0.9%	1.5%	1.4%	3.2%	0.5%	0.0%	3.7%	
With Food Stamp/SNAP benefits in the past 12 months	6.0%	3.5%	1.4%	3.3%	3.6%	5.6%	2.3%	0.0%	8.3%	
Housing										US Census Bureau, American Community Survey 2019-2023

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Demographics: Nottingham-Seabrook

			Areas of interest							
	New Hampshire	**Rockingham County**	**Nottingham**	**Plaistow**	**Portsmouth**	**Raymond**	**Rye**	**Sandown**	**Seabrook**	**Source**
Occupied housing units	551,186	126,588	2,021	3,180	10,556	4,269	2,387	2,223	3,773	
Owner-occupied	72.5%	78.6%	93.6%	82.5%	52.1%	81.5%	81.8%	83.3%	71.8%	
Renter-occupied	27.5%	21.4%	6.4%	17.5%	47.9%	18.5%	18.2%	16.7%	28.2%	
Lacking complete plumbing facilities	0.5%	0.6%	0.6%	0.0%	0.0%	2.8%	0.0%	0.6%	0.6%	
Lacking complete kitchen facilities	0.7%	0.7%	0.6%	0.0%	0.0%	0.0%	0.0%	0.6%	0.7%	
No telephone service available	0.6%	0.5%	0.0%	1.3%	0.2%	0.3%	0.0%	4.6%	0.8%	
Monthly housing costs <35% of total household income										
Among owner-occupied units with a mortgage	20.1%	19.7%	24.0%	18.8%	18.8%	19.6%	10.7%	16.5%	20.9%	
Among owner-occupied units without a mortgage	15.0%	15.4%	7.5%	7.4%	17.8%	18.5%	17.3%	12.7%	15.2%	
Among occupied units paying rent	37.9%	37.7%	92.3%	41.2%	25.1%	30.2%	44.9%	53.4%	48.6%	
Access to Technology										US Census Bureau, American Community Survey 2019-2023
Among households										

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Demographics: Nottingham-Seabrook

			Areas of interest							
	New Hampshire	**Rockingham County**	**Nottingham**	**Plaistow**	**Portsmouth**	**Raymond**	**Rye**	**Sandown**	**Seabrook**	**Source**
Has smartphone	88.6%	91.2%	95.2%	88.8%	93.2%	93.3%	90.2%	95.0%	81.0%	
Has desktop or laptop	84.8%	88.3%	94.4%	82.1%	88.9%	86.2%	92.7%	90.3%	74.7%	
With a computer	95.6%	96.8%	98.8%	95.3%	96.8%	96.7%	98.7%	98.0%	90.8%	
With a broadband Internet subscription	91.8%	94.4%	96.8%	92.3%	93.6%	95.8%	97.7%	98.0%	89.9%	
Transportation										US Census Bureau, American Community Survey 2019-2023
Mode of transportation to work for workers aged 16+										
Car, truck, or van -- drove alone	73.7%	73.9%	79.0%	77.2%	67.0%	72.8%	69.5%	81.5%	82.7%	
Car, truck, or van -- carpooled	7.1%	5.5%	3.1%	6.3%	4.3%	11.8%	3.0%	2.5%	4.0%	
Public transportation (excluding taxicab)	0.6%	0.6%	0.6%	2.4%	1.2%	0.3%	0.0%	0.3%	1.0%	
Walked	2.2%	1.5%	0.0%	0.6%	5.0%	0.6%	0.0%	0.4%	2.3%	
Other means	1.3%	1.2%	0.1%	1.6%	1.9%	1.9%	0.8%	0.0%	2.2%	
Worked from home	15.1%	17.2%	17.2%	11.9%	20.7%	12.6%	26.8%	15.2%	7.9%	
Mean travel time to work (minutes)	26.8	29.1	32.0	29.2	22.1	30.8	27.0	32.7	23.3	

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Demographics: Nottingham-Seabrook

	New Hampshire	Rockingham County	Areas of interest: Nottingham	Plaistow	Portsmouth	Raymond	Rye	Sandown	Seabrook	Source
Vehicles available among occupied housing units										
No vehicles available	4.5%	3.0%	1.1%	1.7%	6.1%	2.1%	2.6%	1.4%	5.2%	
1 vehicle available	31.0%	27.2%	18.5%	35.5%	38.9%	23.3%	20.9%	22.4%	34.2%	
2 vehicles available	40.8%	43.3%	50.1%	40.1%	43.5%	46.1%	52.7%	37.3%	39.5%	
3 or more vehicles available	23.6%	26.5%	30.3%	22.7%	11.5%	28.5%	23.8%	39.0%	21.1%	
Education										US Census Bureau, American Community Survey 2019-2023
Educational attainment of adults 25 years and older										
Less than 9th grade	1.9%	1.2%	1.2%	1.5%	0.7%	1.1%	0.3%	0.9%	2.8%	
9th to 12th grade, no diploma	4.1%	2.7%	2.1%	1.4%	1.7%	5.3%	1.5%	4.4%	6.2%	
High school graduate (includes equivalency)	27.0%	25.0%	24.1%	34.9%	16.8%	38.5%	15.9%	30.2%	40.3%	
Some college, no degree	17.3%	16.8%	22.3%	11.4%	11.5%	20.8%	12.4%	21.7%	15.1%	
Associate's degree	10.0%	9.5%	8.5%	14.8%	5.9%	9.8%	9.4%	14.6%	9.5%	
Bachelor's degree	24.1%	27.8%	26.3%	21.5%	41.7%	15.7%	36.5%	13.6%	19.1%	

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Demographics: Nottingham-Seabrook

			Areas of interest							
	New Hampshire	**Rockingham County**	**Nottingham**	**Plaistow**	**Portsmouth**	**Raymond**	**Rye**	**Sandown**	**Seabrook**	**Source**
Graduate or professional degree	15.7%	17.0%	15.5%	14.5%	21.7%	8.9%	23.9%	14.6%	7.0%	
High school graduate or higher	94.1%	96.1%	96.6%	97.1%	97.6%	93.6%	98.2%	94.7%	90.9%	
Bachelor's degree or higher	39.8%	44.8%	41.8%	36.0%	63.4%	24.6%	60.4%	28.2%	26.1%	
Educational attainment by race/ethnicity										
White alone	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	
High school graduate or higher	94.6%	96.1%	97.1%	97.1%	97.8%	93.3%	98.1%	95.1%	90.6%	
Bachelor's degree or higher	39.8%	44.4%	43.3%	36.0%	63.5%	22.6%	60.1%	28.3%	26.0%	
Black alone	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	
High school graduate or higher	87.0%	98.8%	100.0%	100.0%	84.8%	100.0%	-	-	100.0%	
Bachelor's degree or higher	29.3%	37.0%	0.0%	15.3%	9.3%	64.9%	-	-	89.1%	
American Indian or Alaska Native alone	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	
High school graduate or higher	76.9%	79.7%	-	100.0%	100.0%	50.0%	-	-	-	
Bachelor's degree or higher	18.8%	12.6%	-	0.0%	100.0%	0.0%	-	-	-	
Asian alone	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	
High school graduate or higher	91.5%	97.6%	100.0%	100.0%	97.5%	100.0%	100.0%	100.0%	100.0%	

Key

Significantly low compared to New Hampshire based on margin of error

Significantly high compared to New Hampshire overall based on margin of error

Demographics: Nottingham-Seabrook

			Areas of interest							
	New Hampshire	**Rockingham County**	**Nottingham**	**Plaistow**	**Portsmouth**	**Raymond**	**Rye**	**Sandown**	**Seabrook**	**Source**
Bachelor's degree or higher	61.8%	67.7%	95.8%	100.0%	83.4%	93.2%	100.0%	100.0%	98.4%	
Native Hawaiian and Other Pacific Islander alone	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	
High school graduate or higher	96.1%	100.0%	-	-	100.0%	-	-	-	-	
Bachelor's degree or higher	41.7%	52.4%	-	-	100.0%	-	-	-	-	
Some other race alone	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	
High school graduate or higher	83.6%	93.3%	100.0%	100.0%	98.3%	52.5%	-	65.3%	-	
Bachelor's degree or higher	28.2%	39.8%	72.5%	23.5%	61.3%	0.0%	-	1.4%	-	
Two or more races	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	
High school graduate or higher	89.2%	95.5%	88.3%	95.7%	94.8%	99.1%	100.0%	100.0%	94.2%	
Bachelor's degree or higher	34.6%	45.0%	10.1%	44.3%	56.4%	24.1%	79.4%	30.9%	0.0%	
Hispanic or Latino Origin	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	
High school graduate or higher	80.4%	90.6%	100.0%	98.0%	88.4%	89.6%	100.0%	39.0%	100.0%	
Bachelor's degree or higher	26.4%	37.3%	100.0%	32.1%	59.8%	16.4%	100.0%	2.4%	0.0%	
Health insurance coverage among civilian										US Census Bureau, American

Key

Significantly low compared to New Hampshire based on margin of error

Significantly high compared to New Hampshire overall based on margin of error

Demographics: Nottingham-Seabrook

			Areas of interest							
	New Hampshire	**Rockingham County**	**Nottingham**	**Plaistow**	**Portsmouth**	**Raymond**	**Rye**	**Sandown**	**Seabrook**	**Source**
noninstitutionalized population (%)										Community Survey 2019-2023
With health insurance coverage	94.5%	95.6%	97.4%	95.6%	96.1%	95.8%	95.6%	91.4%	93.5%	
With private health insurance	76.2%	82.0%	78.3%	85.6%	83.1%	78.9%	77.0%	74.7%	71.2%	
With public coverage	32.4%	28.3%	31.7%	23.5%	27.5%	29.5%	36.1%	28.6%	45.3%	
No health insurance coverage	5.5%	4.4%	2.6%	4.4%	3.9%	4.2%	4.4%	8.6%	6.5%	
Disability										US Census Bureau, American Community Survey 2019-2023
Percent of population With a disability	13.0%	11.3%	4.8%	13.2%	12.1%	11.9%	8.2%	12.7%	17.9%	
Under 18 with a disability	4.9%	5.0%	2.5%	11.1%	2.9%	4.5%	3.6%	2.3%	8.7%	
18-64	10.7%	8.5%	4.2%	9.4%	9.1%	9.0%	5.5%	10.3%	12.4%	
65+	28.6%	26.3%	9.3%	29.4%	28.5%	30.8%	15.9%	44.3%	31.7%	

Key

Significantly low compared to New Hampshire based on margin of error

Significantly high compared to New Hampshire overall based on margin of error

Demographics: South Hampton-Stratham

	New Hampshire	Rockingham County	Areas of interest: South Hampton	Areas of interest: Stratham	Source
Demographics					
Population					US Census Bureau, American Community Survey 2019-2023
Total population	1,387,834	317,163	953	7,742	
Male	49.9%	49.8%	56.3%	46.6%	
Female	50.1%	50.2%	43.7%	53.4%	
Age Distribution					US Census Bureau, American Community Survey 2019-2023
Under 5 years (%)	4.6%	4.5%	4.3%	6.6%	
5 to 9 years	4.9%	5.2%	7.9%	8.3%	
10 to 14 years	5.5%	5.4%	6.3%	4.5%	
15 to 19 years	6.1%	5.6%	2.4%	6.2%	
20 to 24 years	6.2%	5.2%	9.2%	2.1%	
25 to 34 years	12.7%	11.9%	7.8%	7.6%	
35 to 44 years	12.1%	12.4%	10.0%	16.5%	
45 to 54 years	12.8%	13.6%	15.1%	12.3%	
55 to 59 years	7.8%	8.3%	13.1%	7.4%	
60 to 64 years	7.9%	8.4%	7.3%	8.8%	
65 to 74 years	11.9%	12.1%	9.5%	12.3%	
75 to 84 years	5.5%	5.7%	4.7%	4.5%	
85 years and over	2.0%	1.8%	2.3%	2.8%	
Under 18 years of age	18.5%	18.8%	19.8%	23.4%	
Over 65 years of age	19.5%	19.5%	16.6%	19.7%	

Key

Significantly low compared to New Hampshire based on margin of error

Significantly high compared to New Hampshire overall based on margin of error

Demographics: South Hampton-Stratham

			Areas of interest		
	New Hampshire	**Rockingham County**	**South Hampton**	**Stratham**	**Source**
Race/Ethnicity					US Census Bureau, American Community Survey 2019-2023
White alone (%)	88.9%	91.4%	97.6%	94.0%	
Black or African American alone (%)	1.5%	0.9%	0.5%	0.0%	
American Indian and Alaska Native (%) alone	0.1%	0.1%	0.1%	0.0%	
Asian alone (%)	2.6%	2.1%	0.7%	3.0%	
Native Hawaiian and Other Pacific Islander (%) alone	0.0%	0.0%	0.0%	0.0%	
Some Other Race alone (%)	1.3%	1.1%	0.0%	0.0%	
Two or More Races (%)	5.5%	4.4%	1.0%	3.0%	
Hispanic or Latino of Any Race (%)	4.5%	3.5%	2.7%	2.2%	
Foreign-born					US Census Bureau, American Community Survey 2019-2023
Foreign-born population	86,095	16,655	23	436	
Naturalized U.S. citizen	59.9%	66.2%	100.0%	80.0%	
Not a U.S. citizen	40.1%	33.8%	0.0%	20.0%	
Region of birth: Europe	23.8%	32.1%	8.7%	42.9%	

Key

Significantly low compared to New Hampshire based on margin of error

Significantly high compared to New Hampshire overall based on margin of error

Demographics: South Hampton-Stratham

	New Hampshire	Rockingham County	Areas of interest: South Hampton	Areas of interest: Stratham	Source
Region of birth: Asia	33.1%	35.6%	30.4%	47.7%	
Region of birth: Africa	8.2%	2.9%	0.0%	0.0%	
Region of birth: Oceania	0.7%	0.6%	0.0%	0.0%	
Region of birth: Latin America	25.3%	21.9%	60.9%	6.0%	
Region of birth: Northern America	8.9%	7.0%	0.0%	3.4%	
Language					US Census Bureau, American Community Survey 2019-2023
English only	92.0%	93.7%	98.6%	94.5%	
Language other than English	8.0%	6.3%	1.4%	5.5%	
Speak English less than "very well"	2.4%	1.3%	0.0%	1.8%	
Spanish	2.7%	2.0%	0.0%	1.8%	
Speak English less than "very well"	0.9%	0.4%	0.0%	0.0%	
Other Indo-European languages	3.4%	2.7%	1.4%	1.0%	
Speak English less than "very well"	0.8%	0.4%	0.0%	0.3%	

Key

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Significantly high compared to New Hampshire overall based on margin of error

Demographics: South Hampton-Stratham

	New Hampshire	Rockingham County	Areas of interest: South Hampton	Areas of interest: Stratham	Source
Asian and Pacific Islander languages	1.4%	1.2%	0.0%	2.6%	
Speak English less than "very well"	0.5%	0.4%	0.0%	1.5%	
Other languages	0.6%	0.4%	0.0%	0.2%	
Speak English less than "very well"	0.2%	0.1%	0.0%	0.0%	
Employment					US Census Bureau, American Community Survey 2019-2023
Unemployment rate	3.4%	3.5%	2.0%	3.4%	
Unemployment rate by race/ethnicity					
White alone	3.3%	3.4%	2.1%	3.2%	
Black or African American alone	5.1%	13.6%	-	-	
American Indian and Alaska Native alone	1.6%	0.0%	0.0%	-	
Asian alone	3.3%	2.8%	0.0%	10.9%	
Native Hawaiian and Other Pacific Islander alone	0.0%	0.0%	-	-	
Some other race alone	4.7%	3.9%	-	-	

Key

Significantly low compared to New Hampshire based on margin of error

Significantly high compared to New Hampshire overall based on margin of error

Demographics: South Hampton-Stratham

			Areas of interest		
	New Hampshire	**Rockingham County**	**South Hampton**	**Stratham**	**Source**
Two or more races	4.2%	3.3%	0.0%	0.0%	
Hispanic or Latino origin (of any race)	5.4%	3.7%	0.0%	0.0%	
Less than high school graduate	8.1%	7.6%	0.0%	0.0%	
High school graduate (includes equivalency)	3.7%	4.2%	10.3%	7.4%	
Some college or associate's degree	2.6%	2.5%	0.0%	0.0%	
Bachelor's degree or higher	2.0%	2.4%	0.0%	1.7%	
Income and Poverty					US Census Bureau, American Community Survey 2019-2023
Median household income (dollars)	95,628	113,927	138,393	141,438	
Individuals	7.2%	4.8%	3.9%	3.2%	
Families	4.4%	3.1%	0.8%	2.5%	
Individuals under 18 years of age	7.8%	5.1%	0.0%	2.1%	
Individuals over 65 years of age	7.4%	5.6%	14.6%	4.9%	
Female head of household, no spouse	15.4%	14.9%	0.0%	33.9%	
White alone	6.9%	4.6%	4.0%	3.1%	

Key

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Significantly high compared to New Hampshire overall based on margin of error

Demographics: South Hampton-Stratham

	New Hampshire	Rockingham County	Areas of interest: South Hampton	Areas of interest: Stratham	Source
Black or African American alone	11.2%	6.3%	0.0%	-	
American Indian and Alaska Native alone	14.1%	4.0%	0.0%	-	
Asian alone	6.1%	8.6%	0.0%	7.8%	
Native Hawaiian and Other Pacific Islander alone	19.6%	23.1%	-	-	
Some other race alone	11.7%	6.3%	-	-	
Two or more races	10.0%	5.5%	0.0%	0.0%	
Hispanic or Latino origin (of any race)	13.8%	6.6%	0.0%	0.0%	
Less than high school graduate	20.4%	13.1%	30.8%	63.8%	
High school graduate (includes equivalency)	9.5%	6.8%	8.5%	6.4%	
Some college, associate's degree	6.4%	5.1%	7.1%	6.3%	
Bachelor's degree or higher	2.9%	2.3%	0.6%	1.2%	
With Social Security	34.3%	33.4%	31.5%	30.9%	
With retirement income	27.2%	28.1%	23.8%	32.3%	

Key

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Demographics: South Hampton-Stratham

			Areas of interest		
	New Hampshire	**Rockingham County**	**South Hampton**	**Stratham**	**Source**
With Supplemental Security Income	4.1%	3.2%	0.0%	1.2%	
With cash public assistance income	2.4%	1.7%	0.9%	0.5%	
With Food Stamp/SNAP benefits in the past 12 months	6.0%	3.5%	0.3%	1.8%	
Housing					US Census Bureau, American Community Survey 2019-2023
Occupied housing units	551,186	126,588	349	3,019	
Owner-occupied	72.5%	78.6%	90.3%	91.9%	
Renter-occupied	27.5%	21.4%	9.7%	8.1%	
Lacking complete plumbing facilities	0.5%	0.6%	2.3%	0.0%	
Lacking complete kitchen facilities	0.7%	0.7%	1.7%	0.0%	
No telephone service available	0.6%	0.5%	0.0%	0.0%	
Monthly housing costs <35% of total household income					
Among owner-occupied units with a mortgage	20.1%	19.7%	19.5%	21.3%	

Key

Significantly low compared to New Hampshire based on margin of error

Significantly high compared to New Hampshire overall based on margin of error

Demographics: South Hampton-Stratham

			Areas of interest		
	New Hampshire	**Rockingham County**	**South Hampton**	**Stratham**	**Source**
Among owner-occupied units without a mortgage	15.0%	15.4%	25.2%	15.7%	
Among occupied units paying rent	37.9%	37.7%	25.9%	39.2%	
Access to Technology					US Census Bureau, American Community Survey 2019-2023
Among households					
Has smartphone	88.6%	91.2%	82.8%	91.5%	
Has desktop or laptop	84.8%	88.3%	84.2%	92.7%	
With a computer	95.6%	96.8%	91.4%	97.4%	
With a broadband Internet subscription	91.8%	94.4%	85.7%	93.9%	
Transportation					US Census Bureau, American Community Survey 2019-2023
Car, truck, or van -- drove alone	73.7%	73.9%	65.2%	70.3%	
Car, truck, or van -- carpooled	7.1%	5.5%	16.8%	4.8%	
Public transportation (excluding taxicab)	0.6%	0.6%	0.5%	0.4%	
Walked	2.2%	1.5%	2.0%	1.2%	

Key

Significantly low compared to New Hampshire based on margin of error

Significantly high compared to New Hampshire overall based on margin of error

Demographics: South Hampton-Stratham

			Areas of interest		
	New Hampshire	**Rockingham County**	**South Hampton**	**Stratham**	**Source**
Other means	1.3%	1.2%	0.0%	0.8%	
Worked from home	15.1%	17.2%	15.5%	22.5%	
Mean travel time to work (minutes)	26.8	29.1	29.0	26.1	
No vehicles available	4.5%	3.0%	0.6%	0.0%	
1 vehicle available	31.0%	27.2%	36.7%	27.5%	
2 vehicles available	40.8%	43.3%	27.5%	47.1%	
3 or more vehicles available	23.6%	26.5%	35.2%	25.4%	
Education					US Census Bureau, American Community Survey 2019-2023
Less than 9th grade	1.9%	1.2%	0.8%	0.3%	
9th to 12th grade, no diploma	4.1%	2.7%	1.2%	1.0%	
High school graduate (includes equivalency)	27.0%	25.0%	21.2%	16.9%	
Some college, no degree	17.3%	16.8%	16.8%	12.1%	
Associate's degree	10.0%	9.5%	10.8%	4.0%	
Bachelor's degree	24.1%	27.8%	25.1%	40.4%	

Key

Significantly low compared to New Hampshire based on margin of error

Significantly high compared to New Hampshire overall based on margin of error

Demographics: South Hampton-Stratham

			Areas of interest		
	New Hampshire	**Rockingham County**	**South Hampton**	**Stratham**	**Source**
Graduate or professional degree	15.7%	17.0%	24.2%	25.4%	
High school graduate or higher	94.1%	96.1%	98.0%	98.8%	
Bachelor's degree or higher	39.8%	44.8%	49.2%	65.7%	
Educational attainment by race/ethnicity					
White alone	(X)	(X)	(X)	(X)	
High school graduate or higher	94.6%	96.1%	98.0%	98.7%	
Bachelor's degree or higher	39.8%	44.4%	48.5%	67.0%	
Black alone	(X)	(X)	(X)	(X)	
High school graduate or higher	87.0%	98.8%	100.0%	-	
Bachelor's degree or higher	29.3%	37.0%	100.0%	-	
American Indian or Alaska Native alone	(X)	(X)	(X)	(X)	
High school graduate or higher	76.9%	79.7%	-	-	
Bachelor's degree or higher	18.8%	12.6%	-	-	
Asian alone	(X)	(X)	(X)	(X)	
High school graduate or higher	91.5%	97.6%	100.0%	100.0%	

Key

Significantly low compared to New Hampshire based on margin of error

Significantly high compared to New Hampshire overall based on margin of error

Demographics: South Hampton-Stratham

			Areas of interest		
	New Hampshire	**Rockingham County**	**South Hampton**	**Stratham**	**Source**
Bachelor's degree or higher	61.8%	67.7%	100.0%	29.8%	
Native Hawaiian and Other Pacific Islander alone	(X)	(X)	(X)	(X)	
High school graduate or higher	96.1%	100.0%	-	-	
Bachelor's degree or higher	41.7%	52.4%	-	-	
Some other race alone	(X)	(X)	(X)	(X)	
High school graduate or higher	83.6%	93.3%	-	-	
Bachelor's degree or higher	28.2%	39.8%	-	-	
Two or more races	(X)	(X)	(X)	(X)	
High school graduate or higher	89.2%	95.5%	100.0%	100.0%	
Bachelor's degree or higher	34.6%	45.0%	83.3%	66.1%	
Hispanic or Latino Origin	(X)	(X)	(X)	(X)	
High school graduate or higher	80.4%	90.6%	100.0%	100.0%	
Bachelor's degree or higher	26.4%	37.3%	0.0%	16.0%	
Health insurance coverage among civilian					US Census Bureau, American Community Survey 2019-2023

Key

Significantly low compared to New Hampshire based on margin of error

Significantly high compared to New Hampshire overall based on margin of error

Demographics: South Hampton-Stratham

	New Hampshire	Rockingham County	Areas of interest: South Hampton	Areas of interest: Stratham	Source
noninstitutionalized population (%)					
With health insurance coverage	94.5%	95.6%	97.5%	99.5%	
With private health insurance	76.2%	82.0%	88.6%	93.3%	
With public coverage	32.4%	28.3%	20.4%	22.2%	
No health insurance coverage	5.5%	4.4%	2.5%	0.5%	
Disability					US Census Bureau, American Community Survey 2019-2023
Percent of population With a disability	13.0%	11.3%	11.5%	7.6%	
Under 18 with a disability	4.9%	5.0%	1.1%	0.7%	
18-64	10.7%	8.5%	6.6%	5.0%	
65+	28.6%	26.3%	43.0%	23.0%	

Health Status

Health Status: Atkinson - Epping

	New Hampshire	Rockingham County	Areas of interest: Atkinson	Brentwood	Danville	Deerfield	Derry	East Kingston	Epping	Source
Overall Health										
Adults age 18+ with self-reported fair or poor general health (%), age-adjusted	Data unavailable	12.9	-	-	-	-	14.5	-	14.1	Behavioral Risk Factor Surveillance System, 2022
Mortality rate (crude rate per 100,000)	738.6	676.2								National Vital Statistics, 2018-2022
Premature mortality rate (per 100,000)	315.0	263.0								County Health Rankings, 2021
Risk Factors										
Obesity (adults) (%), age-adjusted prevalence	Data unavailable	31.8	-	-	-	-	32.8	-	32.3	BRFSS, 2022
High blood pressure (adults) (%) age-adjusted prevalence	Data unavailable	29.4	-	-	-	-	26.2	-	24.6	BRFSS, 2021
High cholesterol among adults who have been screened (%)	Data unavailable	34.0	-	-	-	-	28.8	-	28.4	BRFSS, 2021
Adults with no leisure time physical activity (%), age-adjusted	Data unavailable	18.4	-	-	-	-	20.1	-	19	BRFSS, 2022
Chronic Conditions										
Current asthma (adults) (%) age-adjusted prevalence	Data unavailable	11.1	-	-	-	-	11.8	-	12.2	BRFSS, 2022
Diagnosed diabetes among adults (%), age-adjusted	Data unavailable	9.4	-	-	-	-	8.3	-	8	BRFSS, 2022
Chronic obstructive pulmonary disease among adults (%), age-adjusted	Data unavailable	6.1	-	-	-	-	6.2	-	6	BRFSS, 2022

Health Status: Atkinson - Epping

	New Hampshire	Rockingham County	Areas of interest: Atkinson	Brentwood	Danville	Deerfield	Derry	East Kingston	Epping	Source
Coronary heart disease among adults (%), age-adjusted	Data unavailable	6.4	-	-	-	-	5.6	-	5.3	BRFSS, 2022
Stroke among adults (%), age-adjusted	Data unavailable	2.9	-	-	-	-	2.7	-	2.6	BRFSS, 2022
Cancer										
Mammography screening among women 50-74 (%), age-adjusted	Data unavailable	78.8	-	-	-	-	77.7	-	78.6	BRSS, 2022
Colorectal cancer screening among adults 45-75 (%), age-adjusted	Data unavailable	70.9	-	-	-	-	62.5	-	63	BRFSS, 2022
Cancer incidence (age-adjusted per 100,000)										
All sites	472.5	475.6								State Cancer Profiles, 2017-2021
Lung and Bronchus Cancer	59.3	58.2								State Cancer Profiles, 2017-2022
Prostate Cancer	116.3	122.0								State Cancer Profiles, 2017-2023
Prevention and Screening										
Adults age 18+ with routine checkup in Past 1 year (%) (age-adjusted)	Data unavailable	75.9	-	-	-	-	72.5	-	72.4	Behavioral Risk Factor Surveillance System, 2022
Cholesterol screening within past 5 years (%) (adults)	Data unavailable	88.3	-	-	-	-	83.5	-	83.3	Behavioral Risk Factor Surveillance System, 2021
Communicable and Infectious Disease										
STI infection cases (per 100,000)										

Health Status: Atkinson - Epping

			Areas of interest							
	New Hampshire	**Rockingham County**	**Atkinson**	**Brentwood**	**Danville**	**Deerfield**	**Derry**	**East Kingston**	**Epping**	**Source**
Chlamydia	395.2	358.2	-	-	-	-	375	-	-	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2021
Syphilis	12.2	10.6	-	-	-	-	11.3	-	-	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2021
Gonorrhea	220.1	214	-	-	-	-	230.4	-	-	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2021
HIV prevalence	282.3	234.1	-	-	-	-	245.5	-	-	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2021
Tuberculosis (per 100,000)	2.5	1.7	-	-	-	-	2	-	-	NH DHHS, 2022
COVID-19										
Percent of Adults Fully Vaccinated	78.1	87.8	86.2	85.7	85.6	86.1	89.3	85.5	86.8	CDC GRASP, 2022
Substance Use										
Current cigarette smoking (%), age-adjusted	Data unavailable	12.1	-	-	-	-	14.4	-	14.5	BRFSS, 2021
Binge drinking % (adults) , age-adjusted	Data unavailable	19.2	-	-	-	-	20.7	-	20.9	BRFSS, 2022
Drug overdose (age-adjusted per 100,000 population)	29.4	19.7								NH DHHS, 2019-2023
Alchohol Related Overdose Mortality Rate (per 100,000)	3.6	3.2								NH DHHS, 2023
Male Drug Overdose Mortality Rate (per 100,000)	41.6	28.4								NH DHHS, 2019-2023
Female Drug Overdose Mortality Rate (per 100,000)	16.7	10.9								NH DHHS, 2019-2023
Environmental Health										
Lead screening %	76.0	72.0	-	-	-	-	68.0	-	-	NH DHHS, 2023

Health Status: Atkinson - Epping

	New Hampshire	Rockingham County	Areas of interest							Source
			Atkinson	Brentwood	Danville	Deerfield	Derry	East Kingston	Epping	
Prevalence of Blood Lead Levels (per 1,000)	Data unavailable	Data unavailable	-	-	-	-	17.0	-	-	NH DHHS, 2024
Asthma Emergency Department Visits (Age-adjusted rate)	23.2	25.7								NH DHHS, 2017-2021
Pediatric Asthma Prevalence in K-8 Students (%) (per 100 K-8 students)	9.8	Data unavailable								NH DHHS, 2023
Age Adjusted Rates of Emergency Department Visit for Heat Stress per 100,00 people for males and females combined by county	14.6	12.2								NH DHHS, 2017-2021
Mental Health										
A. Suicide mortality rate (age-adjusted death rate per 100,000)	14.6	11.8								NH DHHS, 2023
Depression among adults (%), age-adjusted	Data unavailable	Data unavailable	-	-	-	-	26	-	26.8	Behavioral Risk Factor Surveillance System, 2022
Adults feeling socially isolated (%), age-adjusted	Data unavailable	Data unavailable	-	-	-	-	33.7	-	33.3	Behavioral Risk Factor Surveillance System, 2022
Adults reporting a lack of social and emotional support (%), age-adjusted	Data unavailable	Data unavailable	-	-	-	-	25.5	-	24.6	Behavioral Risk Factor Surveillance System, 2023
Adults experiencing frequent mental distress (%), age-adjusted	Data unavailable	Data unavailable	-	-	-	-	18.4	-	18.5	Behavioral Risk Factor Surveillance System, 2022

Health Status: Atkinson - Epping

	New Hampshire	Rockingham County	Areas of interest: Atkinson	Brentwood	Danville	Deerfield	Derry	East Kingston	Epping	Source
Maternal and Child Health/Reproductive Health										
Infant Mortality Rate (per 1,000 live births)	3.7	2.2								NH DHHS, 2023
Low birth weight (%)	6.8	6.3								NH DHHS, 2023
Safety/Crime										
Property Crimes Offenses (#)										New Hampshire Crime Statistics, 2024
Burglary	684		1	0	0	0	16	0	6	
Larceny-theft	11525		4	15	1	8	216	8	133	
Motor vehicle theft	918		2	0	0	1	20	0	5	
Arson	83		0	0	0	0	3	0	0	
Crimes Against Persons Offenses (#)										
Murder/non-negligent manslaughter	14		0	0	0	0	0	0	0	
Sex offenses	477		1	0	1	0	22	0	3	
Assaults	893.0		0	2	2	1	16	0	5	

Health Status: Exeter - Kensington

	New Hampshire	Rockingham County	Areas of interest: Exeter	Fremont	Greenland	Hampstead	Hampton	Hampton Falls	Kensington	Source
Overall Health										
Adults age 18+ with self-reported fair or poor general health (%), age-adjusted	Data unavailable	12.9	11.8	-	-	-	11	-	-	Behavioral Risk Factor Surveillance System, 2022
Mortality rate (crude rate per 100,000)	738.6	676.2								National Vital Statistics, 2018-2022
Premature mortality rate (per 100,000)	315.0	263.0								County Health Rankings, 2021
Risk Factors										
Obesity (adults) (%), age-adjusted prevalence	Data unavailable	31.8	30.8	-	-	-	30.2	-	-	BRFSS, 2022
High blood pressure (adults) (%) age-adjusted prevalence	Data unavailable	29.4	24.7	-	-	-	23.9	-	-	BRFSS, 2021
High cholesterol among adults who have been screened (%)	Data unavailable	34.0	28.4	-	-	-	28.1	-	-	BRFSS, 2021
Adults with no leisure time physical activity (%), age-adjusted	Data unavailable	18.4	16.8	-	-	-	15.7	-	-	BRFSS, 2022
Chronic Conditions										
Current asthma (adults) (%) age-adjusted prevalence	Data unavailable	11.1	11.3	-	-	-	11.2	-	-	BRFSS, 2022
Diagnosed diabetes among adults (%), age-adjusted	Data unavailable	9.4	7.4	-	-	-	7.1	-	-	BRFSS, 2022
Chronic obstructive pulmonary disease among adults (%), age-adjusted	Data unavailable	6.1	5.1	-	-	-	4.8	-	-	BRFSS, 2022

Health Status: Exeter - Kensington

			Areas of interest							
	New Hampshire	**Rockingham County**	**Exeter**	**Fremont**	**Greenland**	**Hampstead**	**Hampton**	**Hampton Falls**	**Kensington**	**Source**
Coronary heart disease among adults (%), age-adjusted	Data unavailable	6.4	5	-	-	-	4.8	-	-	BRFSS, 2022
Stroke among adults (%), age-adjusted	Data unavailable	2.9	2.3	-	-	-	2.2	-	-	BRFSS, 2022
Cancer										
Mammography screening among women 50-74 (%), age-adjusted	Data unavailable	78.8	79.9	-	-	-	79.7	-	-	BRSS, 2022
Colorectal cancer screening among adults 45-75 (%), age-adjusted	Data unavailable	70.9	64.4	-	-	-	64.6	-	-	BRFSS, 2022
Cancer incidence (age-adjusted per 100,000)										
All sites	472.5	475.6								State Cancer Profiles, 2017-2021
Lung and Bronchus Cancer	59.3	58.2								State Cancer Profiles, 2017-2022
Prostate Cancer	116.3	122.0								State Cancer Profiles, 2017-2023
Prevention and Screening										
Adults age 18+ with routine checkup in Past 1 year (%) (age-adjusted)	Data unavailable	75.9	73.2	-	-	-	73.2	-	-	Behavioral Risk Factor Surveillance System, 2022
Cholesterol screening within past 5 years (%) (adults)	Data unavailable	88.3	84.5	-	-	-	85.6	-	-	Behavioral Risk Factor Surveillance System, 2021
Communicable and Infectious Disease										
STI infection cases (per 100,000)										

			Areas of interest							
	New Hampshire	**Rockingham County**	**Exeter**	**Fremont**	**Greenland**	**Hampstead**	**Hampton**	**Hampton Falls**	**Kensington**	**Source**
Chlamydia	395.2	358.2	365	-	-	-	360.1	-	-	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2021
Syphilis	12.2	10.6	10.8	-	-	-	10.7	-	-	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2021
Gonorrhea	220.1	214	221.7	-	-	-	218.3	-	-	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2021
HIV prevalence	282.3	234.1	238.5	-	-	-	230.2	-	-	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2021
Tuberculosis (per 100,000)	2.5	1.7	1.8	-	-	-	1.9	-	-	NH DHHS, 2022
COVID-19										
Percent of Adults Fully Vaccinated	78.1	87.8	90.1	85.3	87.7	85.6	89.8	83.4	85.1	CDC GRASP, 2022
Substance Use										
Current cigarette smoking (%), age-adjusted	Data unavailable	12.1	11.6	-	-	-	10.8	-	-	BRFSS, 2021
Binge drinking % (adults) , age-adjusted	Data unavailable	19.2	21.1	-	-	-	21.7	-	-	BRFSS, 2022
Drug overdose (age-adjusted per 100,000 population)	29.4	19.7								NH DHHS, 2019-2023
Alchohol Related Overdose Mortality Rate (per 100,000)	3.6	3.2								NH DHHS, 2023
Male Drug Overdose Mortality Rate (per 100,000)	41.6	28.4								NH DHHS, 2019-2023

			Areas of interest							
	New Hampshire	**Rockingham County**	**Exeter**	**Fremont**	**Greenland**	**Hampstead**	**Hampton**	**Hampton Falls**	**Kensington**	**Source**
Female Drug Overdose Mortality Rate (per 100,000)	16.7	10.9								NH DHHS, 2019-2023
Environmental Health										
Lead screening %	76.0	72.0	-	-	-	-	-	-	-	NH DHHS, 2023
Prevalence of Blood Lead Levels (per 1,000)	Data unavailable	Data unavailable	9.0	-	-	-	7.0	-	0.0	NH DHHS, 2024
Asthma Emergency Department Visits (Age-adjusted rate)	23.2	25.7								NH DHHS, 2017-2021
Pediatric Asthma Prevalence in K-8 Students (%) (per 100 K-8 students)	9.8	Data unavailable								NH DHHS, 2023
Age Adjusted Rates of Emergency Department Visit for Heat Stress per 100,00 people for males and females combined by county	14.6	12.2								NH DHHS, 2017-2021
Mental Health										
A. Suicide mortality rate (age-adjusted death rate per 100,000)	14.6	11.8								NH DHHS, 2023
Depression among adults (%), age-adjusted	Data unavailable	Data unavailable	25	-	-	-	24.9	-	-	Behavioral Risk Factor Surveillance System, 2022
Adults feeling socially isolated (%), age-adjusted	Data unavailable	Data unavailable	31.7	-	-	-	32.4	-	-	Behavioral Risk Factor Surveillance System, 2022
Adults reporting a lack of social and	Data unavailable	Data unavailable	22.1	-	-	-	22.9	-	-	Behavioral Risk Factor Surveillance System, 2023

			Areas of interest							
	New Hampshire	**Rockingham County**	**Exeter**	**Fremont**	**Greenland**	**Hampstead**	**Hampton**	**Hampton Falls**	**Kensington**	**Source**
emotional support (%), age-adjusted										
Adults experiencing frequent mental distress (%), age-adjusted	Data unavailable	Data unavailable	16.5	-	-	-	16.2	-	-	Behavioral Risk Factor Surveillance System, 2022
Maternal and Child Health/Reproductive Health										
Infant Mortality Rate (per 1,000 live births)	3.7	2.2								NH DHHS, 2023
Low birth weight (%)	6.8	6.3								NH DHHS, 2023
Safety/Crime										
Property Crimes Offenses (#)										New Hampshire Crime Statistics, 2024
Burglary	684		4	3	0	1	8	2	0	
Larceny-theft	11525		76	15	68	29	108	11	3	
Motor vehicle theft	918		9	1	2	3	16	0	2	
Arson	83		0	0	0	0	0	0	0	
Crimes Against Persons Offenses (#)										
Murder/non-negligent manslaughter	14		0	0	0	0	0	0	0	
Sex offenses	477		3	1	0	2	8	0	0	
Assaults	893.0		31	9	5	3	8	2	2	

Health Status: North Hampton - Sandown

	New Hampshire	Rockingham County	Areas of interest: North Hampton	Nottingham	Plaistow	Portsmouth	Raymond	Rye	Sandown	Source
Overall Health										
Adults age 18+ with self-reported fair or poor general health (%), age-adjusted	Data unavailable	12.9	-	-	-	10.7	16.2	-	-	Behavioral Risk Factor Surveillance System, 2022
Mortality rate (crude rate per 100,000)	738.6	676.2								National Vital Statistics, 2018-2022
Premature mortality rate (per 100,000)	315.0	263.0								County Health Rankings, 2021
Risk Factors										
Obesity (adults) (%), age-adjusted prevalence	Data unavailable	31.8	-	-	-	29.7	33.8	-	-	BRFSS, 2022
High blood pressure (adults) (%) age-adjusted prevalence	Data unavailable	29.4	-	-	-	23.9	27.4	-	-	BRFSS, 2021
High cholesterol among adults who have been screened (%)	Data unavailable	34.0	-	-	-	28.2	29.1	-	-	BRFSS, 2021
Adults with no leisure time physical activity (%), age-adjusted	Data unavailable	18.4	-	-	-	15.3	21.5	-	-	BRFSS, 2022
Chronic Conditions										
Current asthma (adults) (%) age-adjusted prevalence	Data unavailable	11.1	-	-	-	10.9	12.4	-	-	BRFSS, 2022
Diagnosed diabetes among adults (%), age-adjusted	Data unavailable	9.4	-	-	-	7.2	8.9	-	-	BRFSS, 2022
Chronic obstructive pulmonary disease	Data unavailable	6.1	-	-	-	4.4	7.2	-	-	BRFSS, 2022

			Areas of interest							
	New Hampshire	Rockingham County	North Hampton	Nottingham	Plaistow	Portsmouth	Raymond	Rye	Sandown	Source
among adults (%), age-adjusted										
Coronary heart disease among adults (%), age-adjusted	Data unavailable	6.4	-	-	-	4.7	6.2	-	-	BRFSS, 2022
Stroke among adults (%), age-adjusted	Data unavailable	2.9	-	-	-	2.2	3.1	-	-	BRFSS, 2022
Cancer										
Mammography screening among women 50-74 (%), age-adjusted	Data unavailable	78.8	-	-	-	79.7	75.1	-	-	BRSS, 2022
Colorectal cancer screening among adults 45-75 (%), age-adjusted	Data unavailable	70.9	-	-	-	63.6	60.4	-	-	BRFSS, 2022
Cancer incidence (age-adjusted per 100,000)										
All sites	472.5	475.6								State Cancer Profiles, 2017-2021
Lung and Bronchus Cancer	59.3	58.2								State Cancer Profiles, 2017-2022
Prostate Cancer	116.3	122.0								State Cancer Profiles, 2017-2023
Prevention and Screening										
Adults age 18+ with routine checkup in Past 1 year (%) (age-adjusted)	Data unavailable	75.9	-	-	-	73.5	72.6	-	-	Behavioral Risk Factor Surveillance System, 2022
Cholesterol screening within past 5 years (%) (adults)	Data unavailable	88.3	-	-	-	85.5	82.2	-	-	Behavioral Risk Factor Surveillance System, 2021
Communicable and Infectious Disease										

Health Status: North Hampton - Sandown

	New Hampshire	Rockingham County	Areas of interest: North Hampton	Nottingham	Plaistow	Portsmouth	Raymond	Rye	Sandown	Source
STI infection cases (per 100,000)										
Chlamydia	395.2	358.2	-	-	370.3	403.5	368.9	-	-	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2021
Syphilis	12.2	10.6	-	-	10.8	12.4	10.9	-	-	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2021
Gonorrhea	220.1	214	-	-	213.5	239.5	219.2	-	-	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2021
HIV prevalence	282.3	234.1	-	-	229.1	254.3	233.8	-	-	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2021
Tuberculosis (per 100,000)	2.5	1.7	-	-	1.7	2.1	1.7	-	-	NH DHHS, 2022
COVID-19										
Percent of Adults Fully Vaccinated	78.1	87.8	89.3	85	88.6	92.3	86.7	88.2	85.4	CDC GRASP, 2022
Substance Use										
Current cigarette smoking (%), age-adjusted	Data unavailable	12.1	-	-	-	10.1	15.8	-	-	BRFSS, 2021
Binge drinking % (adults) , age-adjusted	Data unavailable	19.2	-	-	-	21.2	20.3	-	-	BRFSS, 2022
Drug overdose (age-adjusted per 100,000 population)	29.4	19.7								NH DHHS, 2019-2023
Alchohol Related Overdose Mortality Rate (per 100,000)	3.6	3.2								NH DHHS, 2023

	New Hampshire	Rockingham County	Areas of interest: North Hampton	Nottingham	Plaistow	Portsmouth	Raymond	Rye	Sandown	Source
Male Drug Overdose Mortality Rate (per 100,000)	41.6	28.4								NH DHHS, 2019-2023
Female Drug Overdose Mortality Rate (per 100,000)	16.7	10.9								NH DHHS, 2019-2023
Environmental Health										
Lead screening %	76.0	72.0	-	-	-	-	-	-	-	NH DHHS, 2023
Prevalence of Blood Lead Levels (per 1,000)	Data unavailable	Data unavailable	7.0	9.0	7.0	19.0	7.0	-	-	NH DHHS, 2024
Asthma Emergency Department Visits (Age-adjusted rate)	23.2	25.7								NH DHHS, 2017-2021
Pediatric Asthma Prevalence in K-8 Students (%) (per 100 K-8 students)	9.8	Data unavailable								NH DHHS, 2023
Age Adjusted Rates of Emergency Department Visit for Heat Stress per 100,00 people for males and females combined by county	14.6	12.2								NH DHHS, 2017-2021
Mental Health										
A. Suicide mortality rate (age-adjusted death rate per 100,000)	14.6	11.8								NH DHHS, 2023
Depression among adults (%), age-adjusted	Data unavailable	Data unavailable	-	-	-	24	27.4	-	-	Behavioral Risk Factor Surveillance System, 2022
Adults feeling socially isolated (%), age-adjusted	Data unavailable	Data unavailable	-	-	-	31.3	34.2	-	-	Behavioral Risk Factor Surveillance System, 2022

Health Status: North Hampton - Sandown

	New Hampshire	Rockingham County	Areas of interest: North Hampton	Nottingham	Plaistow	Portsmouth	Raymond	Rye	Sandown	Source
Adults reporting a lack of social and emotional support (%), age-adjusted	Data unavailable	Data unavailable	-	-	-	21.9	25.7	-	-	Behavioral Risk Factor Surveillance System, 2023
Adults experiencing frequent mental distress (%), age-adjusted	Data unavailable	Data unavailable	-	-	-	15.6	19.5	-	-	Behavioral Risk Factor Surveillance System, 2022
Maternal and Child Health/Reproductive Health										
Infant Mortality Rate (per 1,000 live births)	3.7	2.2								NH DHHS, 2023
Low birth weight (%)	6.8	6.3								NH DHHS, 2023
Safety/Crime										
Property Crimes Offenses (#)										New Hampshire Crime Statistics, 2024
Burglary	684		2	2	3	7	3	3	0	
Larceny-theft	11525		39	5	52	268	30	16	10	
Motor vehicle theft	918		2	0	6	23	3	1	2	
Arson	83		0	0	0	3	1	0	0	
Crimes Against Persons Offenses (#)										
Murder/non-negligent manslaughter	14		0	0	0	0	0	0	0	
Sex offenses	477		0	2	0	9	3	0	1	
Assaults	893.0		1	0	2	32	3	0	3	

Health Status: Kingston-Newton

	New Hampshire	Rockingham County	Areas of interest: Kingston	Londonderry	New Castle	Newfields	Newington	Newmarket	Newton	Source
Overall Health										
Adults age 18+ with self-reported fair or poor general health (%), age-adjusted	Data unavailable	12.9	-	12	-	10.4	-	11.4	-	Behavioral Risk Factor Surveillance System, 2022
Mortality rate (crude rate per 100,000)	738.6	676.2								National Vital Statistics, 2018-2022
Premature mortality rate (per 100,000)	315.0	263.0								County Health Rankings, 2021
Risk Factors										
Obesity (adults) (%), age-adjusted prevalence	Data unavailable	31.8	-	30.7	-	29.3	-	30.5	-	BRFSS, 2022
High blood pressure (adults) (%) age-adjusted prevalence	Data unavailable	29.4	-	24.1	-	24.1	-	24.4	-	BRFSS, 2021
High cholesterol among adults who have been screened (%)	Data unavailable	34.0	-	28.2	-	28.1	-	28.3	-	BRFSS, 2021
Adults with no leisure time physical activity (%), age-adjusted	Data unavailable	18.4	-	17	-	14.9	-	16.2	-	BRFSS, 2022
Chronic Conditions										
Current asthma (adults) (%) age-adjusted prevalence	Data unavailable	11.1	-	11.4	-	11.5	-	11.2	-	BRFSS, 2022
Diagnosed diabetes among adults (%), age-adjusted	Data unavailable	9.4	-	7.3	-	6.9	-	7.6	-	BRFSS, 2022
Chronic obstructive pulmonary disease among adults (%), age-adjusted	Data unavailable	6.1	-	5.2	-	4.4	-	5	-	BRFSS, 2022

			Areas of interest							
	New Hampshire	**Rockingham County**	**Kingston**	**Londonderry**	**New Castle**	**Newfields**	**Newington**	**Newmarket**	**Newton**	**Source**
Coronary heart disease among adults (%), age-adjusted	Data unavailable	6.4	-	4.9	-	4.7	-	5.1	-	BRFSS, 2022
Stroke among adults (%), age-adjusted	Data unavailable	2.9	-	2.3	-	2.1	-	2.4	-	BRFSS, 2022
Cancer										
Mammography screening among women 50-74 (%), age-adjusted	Data unavailable	78.8	-	78.4	-	79.9	-	79.8	-	BRSS, 2022
Colorectal cancer screening among adults 45-75 (%), age-adjusted	Data unavailable	70.9	-	64.9	-	64.3	-	64.9	-	BRFSS, 2022
Cancer incidence (age-adjusted per 100,000)										
All sites	472.5	475.6								State Cancer Profiles, 2017-2021
Lung and Bronchus Cancer	59.3	58.2								State Cancer Profiles, 2017-2022
Prostate Cancer	116.3	122.0								State Cancer Profiles, 2017-2023
Prevention and Screening										
Adults age 18+ with routine checkup in Past 1 year (%) (age-adjusted)	Data unavailable	75.9	-	72.6	-	74	-	73.9	-	Behavioral Risk Factor Surveillance System, 2022
Cholesterol screening within past 5 years (%) (adults)	Data unavailable	88.3	-	85	-	84.6	-	85.4	-	Behavioral Risk Factor Surveillance System, 2021
Communicable and Infectious Disease										
STI infection cases (per 100,000)										

			Areas of interest							
	New Hampshire	**Rockingham County**	**Kingston**	**Londonderry**	**New Castle**	**Newfields**	**Newington**	**Newmarket**	**Newton**	**Source**
Chlamydia	395.2	358.2	-	370	-	-	-	348.2	-	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2021
Syphilis	12.2	10.6	-	11.2	-	-	-	9.9	-	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2021
Gonorrhea	220.1	214	-	225.9	-	-	-	213.3	-	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2021
HIV prevalence	282.3	234.1	-	246.8	-	-	-	214.6	-	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2021
Tuberculosis (per 100,000)	2.5	1.7	-	1.9	-	-	-	1.6	-	NH DHHS, 2022
COVID-19										
Percent of Adults Fully Vaccinated	78.1	87.8	86	89.7	91.2	90	90.1	88.5	85.3	CDC GRASP, 2022
Substance Use										
Current cigarette smoking (%), age-adjusted	Data unavailable	12.1	-	12.1	-	9.9	-	10.5	-	BRFSS, 2021
Binge drinking % (adults) , age-adjusted	Data unavailable	19.2	-	21.7	-	20.7	-	20.9	-	BRFSS, 2022
Drug overdose (age-adjusted per 100,000 population)	29.4	19.7								NH DHHS, 2019-2023
Alchohol Related Overdose Mortality Rate (per 100,000)	3.6	3.2								NH DHHS, 2023
Male Drug Overdose Mortality Rate (per 100,000)	41.6	28.4								NH DHHS, 2019-2023

			Areas of interest							
	New Hampshire	**Rockingham County**	**Kingston**	**Londonderry**	**New Castle**	**Newfields**	**Newington**	**Newmarket**	**Newton**	**Source**
Female Drug Overdose Mortality Rate (per 100,000)	16.7	10.9								NH DHHS, 2019-2023
Environmental Health										
Lead screening %	76.0	72.0	-	-	-	-	-	-	-	NH DHHS, 2023
Prevalence of Blood Lead Levels (per 1,000)	Data unavailable	Data unavailable	-	11.0	0.0	6.0	-	14.0	-	NH DHHS, 2024
Asthma Emergency Department Visits (Age-adjusted rate)	23.2	25.7								NH DHHS, 2017-2021
Pediatric Asthma Prevalence in K-8 Students (%) (per 100 K-8 students)	9.8	Data unavailable								NH DHHS, 2023
Age Adjusted Rates of Emergency Department Visit for Heat Stress per 100,00 people for males and females combined by county	14.6	12.2								NH DHHS, 2017-2021
Mental Health										
A. Suicide mortality rate (age-adjusted death rate per 100,000)	14.6	11.8								NH DHHS, 2023
Depression among adults (%), age-adjusted	Data unavailable	Data unavailable	-	25	-	25.3	-	24.7	-	Behavioral Risk Factor Surveillance System, 2022
Adults feeling socially isolated (%), age-adjusted	Data unavailable	Data unavailable	-	32.3	-	31.7	-	31.5	-	Behavioral Risk Factor Surveillance System, 2022
Adults reporting a lack of social and	Data unavailable	Data unavailable	-	23	-	21.2	-	21.7	-	Behavioral Risk Factor Surveillance System, 2023

			Areas of interest							
	New Hampshire	**Rockingham County**	**Kingston**	**Londonderry**	**New Castle**	**Newfields**	**Newington**	**Newmarket**	**Newton**	**Source**
emotional support (%), age-adjusted										
Adults experiencing frequent mental distress (%), age-adjusted	Data unavailable	Data unavailable	-	16.9	-	16.2	-	16	-	Behavioral Risk Factor Surveillance System, 2022
Maternal and Child Health/Reproductive Health										
Infant Mortality Rate (per 1,000 live births)	3.7	2.2								NH DHHS, 2023
Low birth weight (%)	6.8	6.3								NH DHHS, 2023
Safety/Crime										
Property Crimes Offenses (#)										New Hampshire Crime Statistics, 2024
Burglary	684		3	8	0	0	1	0	1	
Larceny-theft	11525		10	100	0	4	122	34	9	
Motor vehicle theft	918		1	12	0	1	0	2	2	
Arson	83		0	2	0	0	0	0	0	
Crimes Against Persons Offenses (#)										
Murder/non-negligent manslaughter	14		0	0	0	0	0	0	0	
Sex offenses	477		0	4	0	0	0	3	0	
Assaults	893.0		1	4	1	0	2	2	0	

Health Status: Seabrook-Stratham

	New Hampshire	Rockingham County	Areas of interest: Seabrook	Areas of interest: South Hampton	Areas of interest: Stratham	Source
Overall Health						
Adults age 18+ with self-reported fair or poor general health (%), age-adjusted	Data unavailable	12.9	11.8	-	-	Behavioral Risk Factor Surveillance System, 2022
Mortality rate (crude rate per 100,000)	738.6	676.2				National Vital Statistics, 2018-2022
Premature mortality rate (per 100,000)	315.0	263.0				County Health Rankings, 2021
Obesity (adults) (%), age-adjusted prevalence	Data unavailable	31.8	31.5	-	-	BRFSS, 2022
High blood pressure (adults) (%) age-adjusted prevalence	Data unavailable	29.4	24.5	-	-	BRFSS, 2021
High cholesterol among adults who have been screened (%)	Data unavailable	34.0	28.3	-	-	BRFSS, 2021
Adults with no leisure time physical activity (%), age-adjusted	Data unavailable	18.4	16.6	-	-	BRFSS, 2022
Chronic Conditions						
Current asthma (adults) (%) age-adjusted prevalence	Data unavailable	11.1	11.2	-	-	BRFSS, 2022
Diagnosed diabetes among adults (%), age-adjusted	Data unavailable	9.4	7.4	-	-	BRFSS, 2022
Chronic obstructive pulmonary disease	Data unavailable	6.1	4.9	-	-	BRFSS, 2022

	New Hampshire	Rockingham County	Areas of interest: Seabrook	Areas of interest: South Hampton	Areas of interest: Stratham	Source
among adults (%), age-adjusted						
Coronary heart disease among adults (%), age-adjusted	Data unavailable	6.4	5.1	-	-	BRFSS, 2022
Stroke among adults (%), age-adjusted	Data unavailable	2.9	2.4	-	-	BRFSS, 2022
Cancer						
Mammography screening among women 50-74 (%), age-adjusted	Data unavailable	78.8	77	-	-	BRSS, 2022
Colorectal cancer screening among adults 45-75 (%), age-adjusted	Data unavailable	70.9	63	-	-	BRFSS, 2022
Cancer incidence (age-adjusted per 100,000)						
All sites	472.5	475.6				State Cancer Profiles, 2017-2021
Lung and Bronchus Cancer	59.3	58.2				State Cancer Profiles, 2017-2022
Prostate Cancer	116.3	122.0				State Cancer Profiles, 2017-2023
Prevention and Screening						
Adults age 18+ with routine checkup in Past 1 year (%) (age-adjusted)	Data unavailable	75.9	73.2	-	-	Behavioral Risk Factor Surveillance System, 2022
Cholesterol screening within past 5 years (%) (adults)	Data unavailable	88.3	85.1	-	-	Behavioral Risk Factor Surveillance System, 2021
Communicable and Infectious Disease						

Health Status: Seabrook-Stratham

	New Hampshire	Rockingham County	Areas of interest: Seabrook	Areas of interest: South Hampton	Areas of interest: Stratham	Source
STI infection cases (per 100,000)						
Chlamydia	395.2	358.2	392.4		361.2	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2021
Syphilis	12.2	10.6	11.6		10.7	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2021
Gonorrhea	220.1	214	229.3		217.4	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2021
HIV prevalence	282.3	234.1	243.7		234.6	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2021
Tuberculosis (per 100,000)	2.5	1.7	2		1.7	NH DHHS, 2022
COVID-19						
Percent of Adults Fully Vaccinated	78.1	87.8	90.4	83.1	89.2	CDC GRASP, 2022
Substance Use						
Current cigarette smoking (%), age-adjusted	Data unavailable	12.1	11.6	-	-	BRFSS, 2021
Binge drinking % (adults) , age-adjusted	Data unavailable	19.2	21.3	-	-	BRFSS, 2022
Drug overdose (age-adjusted per 100,000 population)	29.4	19.7				NH DHHS, 2019-2023
Alchohol Related Overdose Mortality Rate (per 100,000)	3.6	3.2				NH DHHS, 2023
Male Drug Overdose Mortality Rate (per 100,000)	41.6	28.4				NH DHHS, 2019-2023
Female Drug Overdose Mortality Rate (per 100,000)	16.7	10.9				NH DHHS, 2019-2023
Environmental Health						
Lead screening %	76.0	72.0	-	-	-	NH DHHS, 2023

Health Status: Seabrook-Stratham

	New Hampshire	Rockingham County	Areas of interest: Seabrook	Areas of interest: South Hampton	Areas of interest: Stratham	Source
Prevalence of Blood Lead Levels (per 1,000)	Data unavailable	Data unavailable	8.0	0.0	7.0	NH DHHS, 2024
Asthma Emergency Department Visits (Age-adjusted rate)	23.2	25.7				NH DHHS, 2017-2021
Pediatric Asthma Prevalence in K-8 Students (%) (per 100 K-8 students)	9.8	Data unavailable				NH DHHS, 2023
Age Adjusted Rates of Emergency Department Visit for Heat Stress per 100,00 people for males and females combined by county	14.6	12.2				NH DHHS, 2017-2021
Mental Health						
A. Suicide mortality rate (age-adjusted death rate per 100,000)	14.6	11.8				NH DHHS, 2023
Depression among adults (%), age-adjusted	Data unavailable	Data unavailable	25	-	-	Behavioral Risk Factor Surveillance System, 2022
Adults feeling socially isolated (%), age-adjusted	Data unavailable	Data unavailable	31.7	-	-	Behavioral Risk Factor Surveillance System, 2022
Adults reporting a lack of social and emotional support (%), age-adjusted	Data unavailable	Data unavailable	22.4	-	-	Behavioral Risk Factor Surveillance System, 2023
Adults experiencing frequent mental distress (%), age-adjusted	Data unavailable	Data unavailable	16.7	-	-	Behavioral Risk Factor Surveillance System, 2022

Health Status: Seabrook-Stratham

	New Hampshire	Rockingham County	Areas of interest: Seabrook	Areas of interest: South Hampton	Areas of interest: Stratham	Source
Maternal and Child Health/Reproductive Health						
Infant Mortality Rate (per 1,000 live births)	3.7	2.2				NH DHHS, 2023
Low birth weight (%)	6.8	6.3				NH DHHS, 2023
Safety/Crime						
Property Crimes Offenses (#)						New Hampshire Crime Statistics, 2024
Burglary	684		6	0	0	
Larceny-theft	11525		195	3	24	
Motor vehicle theft	918		6	0	2	
Arson	83		0	0	0	
Crimes Against Persons Offenses (#)						
Murder/non-negligent manslaughter	14		0	0	0	
Sex offenses	477		4	0	0	
Assaults	893.0		7	0	1	

Community Health Survey

- FY25 Exeter Community Health Survey
  - Survey output

Beth Israel Lahey Health

Community Health Survey for Beth Israel Lahey Health
2025 Community Health Needs Assessment

Beth Israel Lahey Health and its member hospitals are conducting a Community Health Needs Assessment to better understand the most important health-related issues for community residents. Each hospital must gather input from people living, working, and learning in the community. The information collected will help each hospital improve its patient and community services.

Please take about 15 minutes to complete this survey. Your responses will be private. If you do not feel comfortable answering a question, you may skip it. Taking this survey will not affect any services that you receive. Findings from this survey that are shared back with the community will be combined across all respondents. It will not be possible to identify you or your responses. Thank you for completing this survey.

At the end of the survey, you will have the option to enter a drawing for a $100 gift card.

We have shared this survey widely. Please complete this survey only once.

Select a language

About Your Community

1. We want to know about your experiences in the community where you spend the most time. This may be where you live, work, play, pray or worship, or learn.

Please enter the zip code of the community where you spend the most time.

Zip code: _____

2. Please select the response(s) that best describes your relationship to the community:

- ☐ I live in this community
- ☐ I work in this community
- ☐ Other (specify: _____)

3. Please check the response that best describes how much you agree or disagree with each statement about your community.

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know
I feel like I belong in my community.	☐	☐	☐	☐	☐
Overall, I am satisfied with the quality of life in my community. (Think about health care, raising children, getting older, job opportunities, safety, and support.)	☐	☐	☐	☐	☐
My community is a good place to raise children. (Think about things like schools, daycare, after-school programs, housing, and places to play)	☐	☐	☐	☐	☐

Beth Israel Lahey Health

My community is a good place to grow old. (Think about things like housing, transportation, houses of worship, shopping, health care, and social support)	☐	☐	☐	☐	☐
My community has good access to resources. (Think about organizations, agencies, healthcare, etc.).	☐	☐	☐	☐	☐
My community feels safe.	☐	☐	☐	☐	☐
My community has housing that is safe and of good quality	☐	☐	☐	☐	☐
My community is prepared for climate disasters like flooding, hurricanes, or blizzards.	☐	☐	☐	☐	☐
My community offers people options for staying cool during extreme heat.	☐	☐	☐	☐	☐
My community has services that support people during times of stress and need.	☐	☐	☐	☐	☐
I believe that all residents, including myself, can make the community a better place to live.	☐	☐	☐	☐	☐

4. What are the things you want to improve about your community? Please select up to 5 items from the list below.

- ☐ Better access to good jobs
- ☐ Better access to health care
- ☐ Better access to healthy food
- ☐ Better access to internet
- ☐ Better access to public transportation
- ☐ Better parks and recreation
- ☐ Better roads
- ☐ Better schools
- ☐ Better sidewalks and trails
- ☐ Cleaner environment
- ☐ Lower crime and violence
- ☐ More affordable childcare
- ☐ More affordable housing
- ☐ More arts and cultural events
- ☐ More effective city services (like water, trash, fire department, and police)
- ☐ More inclusion for diverse members of the community
- ☐ Stronger community leadership
- ☐ Stronger sense of community
- ☐ Other (_____)

Health and Access to care

5. Please check the response that best describes how much you agree or disagree with each statement about your access to health care in your community.

	Strongly Agree	Agree	Disagree	Strongly Disagree
Health care in my community meets the physical health needs of people like me.	☐	☐	☐	☐
Health care in my community meets the mental health needs of people like me.	☐	☐	☐	☐

6. Where do you primarily receive your routine health care? Please choose one.

- ☐ A doctor's or nurse's office
- ☐ A public health clinic or community health center
- ☐ Urgent care provider
- ☐ A hospital emergency room
- ☐ No usual place
- ☐ Other, please specify: _____

7. What barriers, if any, keep you from getting needed health care? Please select all that apply.

- ☐ Fear or distrust of the health care system
- ☐ Not enough time
- ☐ Insurance problems
- ☐ No providers or staff speak my language
- ☐ Can't get an appointment
- ☐ Cost
- ☐ Concern about COVID or other disease exposure
- ☐ Transportation
- ☐ Other, please specify: _____
- ☐ No barriers

8. What health issues matter the most in your community? Please select up to 5 issues from the list below.

- ☐ Aging problems (like arthritis, falls, hearing/vision loss)
- ☐ Alcohol or drug misuse
- ☐ Asthma
- ☐ Cancer
- ☐ Child abuse/neglect
- ☐ Diabetes
- ☐ Domestic violence
- ☐ Environment (like air quality, traffic, noise)
- ☐ Heart disease and stroke
- ☐ Hunger/malnutrition
- ☐ Homelessness
- ☐ Housing
- ☐ Infant death
- ☐ Mental health (anxiety, depression, etc.)
- ☐ Obesity
- ☐ Poor diet/inactivity
- ☐ Poverty
- ☐ Rape/sexual assault
- ☐ Sexually transmitted infections (STIs)
- ☐ Smoking
- ☐ Suicide
- ☐ Teenage pregnancy
- ☐ Trauma
- ☐ Underage drinking
- ☐ Vaping/E-cigarettes
- ☐ Violence
- ☐ Youth use of social media

About You

The following questions help us better understand how people of diverse identities and life experiences may have similar or different experiences in the community. You may skip any question you prefer not to answer.

9. What is the highest grade or school year you have finished?

- ☐ 12th grade or lower (no diploma)
- ☐ High school (including GED, vocational high school)
- ☐ Started college but not finished
- ☐ Vocational, trade, or technical program after high school
- ☐ Associate degree (for example, AA, AS)
- ☐ Bachelor's degree (for example, BA, BS, AB)
- ☐ Graduate degree (for example, master's, professional, doctorate)
- ☐ Other (specify below)
- ☐ Prefer not to answer

10. What is your race or ethnicity? *Select all that apply*.

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latine/a/o
- ☐ Middle Eastern or North African
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ Other (specify below)
- ☐ Not sure
- ☐ Prefer not to answer
- ☐ Other: _____

11. What is your sexual orientation?

- ☐ Asexual
- ☐ Bisexual and/or Pansexual
- ☐ Gay or Lesbian
- ☐ Straight (Heterosexual)
- ☐ Queer
- ☐ Questioning/I am not sure of my sexuality
- ☐ I use a different term (specify: _____)
- ☐ I do not understand what this question is asking
- ☐ I prefer not to answer

12. What is your current gender identity?

- ☐ Female, Woman
- ☐ Male, Man
- ☐ Nonbinary, Genderqueer, not exclusively male or female
- ☐ Questioning/I am not sure of my gender identity
- ☐ I use a different term (specify: _____)
- ☐ I do not understand what this question is asking
- ☐ I prefer not to answer

13. In the **past 12 months**, did you have trouble paying for any of the following? *Select all that apply*.

- ☐ Childcare or school
- ☐ Food or groceries
- ☐ Formula or baby food
- ☐ Health care (appointments, medicine, insurance)
- ☐ Housing (rent, mortgage, taxes, insurance)
- ☐ Technology (computer, phone, internet)
- ☐ Transportation (car payment, gas, public transit)
- ☐ Utilities (electricity, water, gas)
- ☐ Other (specify: _____)
- ☐ None of the above

14. What is your age?

- ☐ Under 18
- ☐ 18-24
- ☐ 25-44
- ☐ 45-64
- ☐ 65-74
- ☐ 75-84
- ☐ 85 and over
- ☐ Prefer not to answer

15. What is the primary language(s) spoken in your home? (Please check all that apply.)

- ☐ Armenian
- ☐ Cape Verdean Creole
- ☐ Chinese (including Mandarin and Cantonese)
- ☐ English
- ☐ Haitian Creole
- ☐ Hindi
- ☐ Khmer
- ☐ Portuguese
- ☐ Russian
- ☐ Spanish
- ☐ Vietnamese
- ☐ Other (specify _____)
- ☐ Prefer not to answer

16. Are you currently:

- ☐ Employed full-time (40 hours or more per week)
- ☐ Employed part-time (Less than 40 hours per week)
- ☐ Self-employed (Full- or part-time)
- ☐ A stay-at-home parent
- ☐ A student (Full- or part-time)
- ☐ Unemployed
- ☐ Unable to work for health reasons

☐ Retired
☐ Prefer not to answer
☐ Other (specify_____)

17. Do you identify as a person with a disability?
☐ Yes
☐ No
☐ Prefer not to answer

18. I currently:
☐ Rent my home
☐ Own my home (with or without a mortgage)
☐ Live with parent or other caretakers who pay for my housing
☐ Live with family or roommates and share costs
☐ Live in a shelter, halfway house, or other temporary housing
☐ Live in senior housing or assisted living
☐ I do not currently have permanent housing
☐ Other

19. How long have you lived in the United States?
☐ I have always lived in the United States
☐ Less than one year
☐ 1 to 3 years
☐ 4 to 6 years
☐ More than 6 years, but not my whole life
☐ Prefer not to answer

20. Many people feel a sense of belonging to communities other than the city or town where they spend the most time. Which of the following communities do you feel you belong to? (Select all that apply)
☐ My neighborhood or building
☐ Faith community (*such as a church, mosque, temple, or faith-based organization)*
☐ School community *(such as a college or education program that you attend or a school that your child attends)*
☐ Work community *(such as your place of employment or a professional association)*
☐ A shared identity or experience *(such as a group of people who share an immigration experience, a racial or ethnic identity, a cultural heritage, or a gender identity)*
☐ A shared interest group *(such as a club, sports team, political group, or advocacy group)*
☐ Another city or town where I do not live
☐ Other (_____)

May14, 2024

Beth Israel Lahey Health

Enter to Win a $100.00 Gift Card!

To enter the drawing to win a $100 gift card, please:

- Complete the form below by providing your contact information.
- Detach this sheet from your completed survey.
- Return both forms (completed survey and drawing entry form) to the location that you picked up the survey.

---

1. Please enter your first name and the best way to contact you. This information will not be used to identify your answers to the survey in any way.

   First Name: _____

   Email: _____

   Daytime Phone #: _____

2. Would you like to be added to an email list to hear about future Beth Israel Lahey Health hospital meetings or activities? ☐ Yes ☐ No
   (If yes, please be sure you have listed your email address above).

Thank you very much for your help in improving your community!

FY25 BILH CHNA Survey - Exeter Hospital

Response Counts

Completion Rate:	**80.9%**		
	Complete		760
	Partial		180

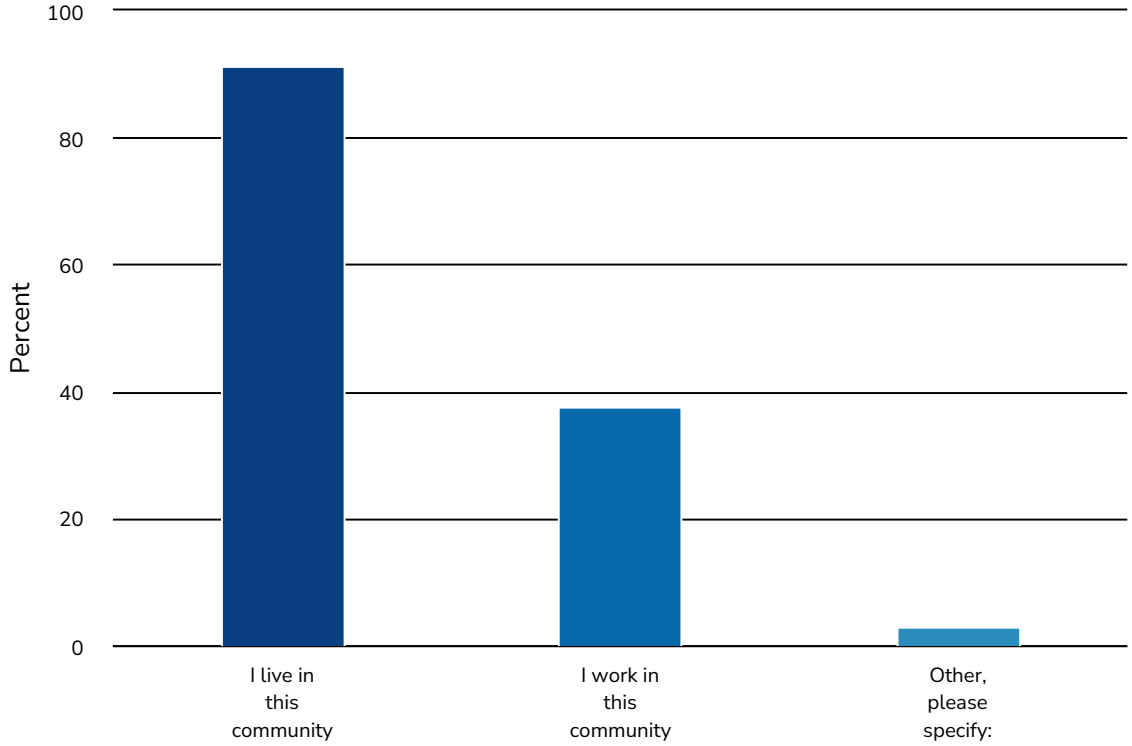
Totals: 940

1. Select a language.

Value	Percent	Responses
Take the survey in English	99.6%	926
参加简体中文调查	0.4%	4

Totals: 930

2. Please select the response(s) that best describes your relationship to the community. You can choose more than one answer.



Value	Percent	Responses
I live in this community	91.4%	857
I work in this community	37.7%	354
Other, please specify:	3.0%	28

3. Please check the response that best describes how much you agree or disagree with each statement about your community.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know	Responses
I feel like I belong in my community. Count Row %	494 52.7%	387 41.3%	35 3.7%	7 0.7%	15 1.6%	938
Overall, I am satisfied with the quality of life in my community. *(Think about health care, raising children, getting older, job opportunities, safety, and support.)* Count Row %	275 29.6%	488 52.5%	131 14.1%	25 2.7%	10 1.1%	929
My community is a good place to raise children. *(Think about things like schools, daycare, after-school programs, housing, and places to play)* Count Row %	346 37.2%	463 49.8%	58 6.2%	15 1.6%	47 5.1%	929
My community is a good place to grow old. *(Think about things like housing, transportation, houses of worship, shopping, health care, and social support)* Count Row %	203 21.8%	437 46.9%	207 22.2%	55 5.9%	29 3.1%	931
My community has good access to resources. *(Think about organizations, agencies, healthcare, etc.)* Count Row %	157 16.8%	470 50.3%	217 23.2%	60 6.4%	30 3.2%	934
My community feels safe. Count Row %	330 35.3%	532 57.0%	43 4.6%	24 2.6%	5 0.5%	934

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know	Responses
My community has housing that is safe and of good quality. Count Row %	239 25.7%	549 59.1%	87 9.4%	25 2.7%	29 3.1%	929
My community is prepared for climate disasters like flooding, hurricanes, or blizzards. Count Row %	117 12.6%	464 49.8%	155 16.6%	30 3.2%	165 17.7%	931
My community offers people options for staying cool during extreme heat. Count Row %	112 12.0%	409 43.8%	203 21.8%	24 2.6%	185 19.8%	933
My community has services that support people during times of stress and need. Count Row %	90 9.7%	412 44.4%	219 23.6%	56 6.0%	150 16.2%	927
I believe that all residents, including myself, can make the community a better place to live. Count Row %	367 39.4%	527 56.5%	14 1.5%	5 0.5%	19 2.0%	932
Totals Total Responses						938

4. What are the things you want to improve about your community? Please select up to 5 items from the list below.

Value	Percent	Responses
Better access to good jobs	15.8%	145
Better access to health care	51.8%	477
Better access to healthy food	14.3%	132
Better access to internet	9.3%	86
Better access to public transportation	40.2%	370
Better parks and recreation	9.6%	88
Better roads	13.6%	125
Better schools	15.0%	138
Better sidewalks and trails	23.9%	220
Cleaner environment	6.4%	59
Lower crime and violence	3.0%	28
More affordable childcare	31.2%	287
More affordable housing	56.4%	519
More arts and cultural events	10.2%	94
More effective city services (like water, trash, fire department, and police)	20.0%	184
More inclusion for diverse members of the community	16.3%	150

Value	Percent	Responses
Stronger community leadership	10.0%	92
Stronger sense of community	10.2%	94
Other, please specify:	16.8%	155

5. Please check the response that best describes how much you agree or disagree with each statement about your access to health care in your community.

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Responses
Health care in my community meets the physical health needs of people like me. Count Row %	101 11.5%	249 28.4%	393 44.9%	108 12.3%	25 2.9%	876
Health care in my community meets the mental health needs of people like me. Count Row %	159 18.2%	289 33.1%	233 26.7%	57 6.5%	135 15.5%	873
Totals Total Responses						876

6. Where do you primarily receive your routine health care? Please choose one.

Value	Percent	Responses
A doctor's or nurse's office	90.7%	796
A public health clinic or community health center	2.6%	23
Urgent care provider	3.0%	26
A hospital emergency room	1.4%	12
No usual place	1.0%	9
Other, please specify:	1.4%	12

Totals: 878

7. What barriers, if any, keep you from getting needed health care? You can choose more than one answer.

Value	Percent	Responses
Fear or distrust of the health care system	16.7%	145
Not enough time	16.0%	139
Insurance problems	17.5%	152
No providers or staff speak my language	0.2%	2
Can’t get an appointment	40.0%	348
Cost	32.1%	279
Concern about COVID or other disease exposure	1.7%	15
Transportation	6.8%	59
Other, please specify:	19.1%	166
No barriers	24.0%	209

8. What health issues matter the most in your community? Please select up to 5 issues from the list below.

Value	Percent	Responses
Aging problems (like arthritis, falls, hearing/vision loss)	53.1%	448
Alcohol or drug misuse	27.3%	230
Asthma	4.6%	39
Cancer	27.9%	235
Child abuse/neglect	7.6%	64
Diabetes	14.6%	123
Domestic violence	5.9%	50
Environment (like air quality, traffic, noise)	11.9%	100
Heart disease and stroke	26.0%	219
Hunger/malnutrition	9.8%	83
Homelessness	12.7%	107
Housing	33.8%	285
Mental health (anxiety, depression, etc.)	64.2%	541
Obesity	15.7%	132
Poor diet/inactivity	9.5%	80
Poverty	8.7%	73

Value	Percent	Responses
Smoking	3.2%	27
Suicide	14.7%	124
Trauma	15.2%	128
Vaping/E-cigarettes	8.7%	73
Youth use of social media	21.9%	185
Infant death	1.1%	9
Rape/sexual assault	1.8%	15
Sexually transmitted infections (STIs)	0.6%	5
Teenage pregnancy	0.7%	6
Underage drinking	2.7%	23
Violence	2.0%	17

9. What is the highest grade or school year you have finished?

Value	Percent	Responses
12th grade or lower (no diploma)	1.6%	14
High school (including GED, vocational high school)	5.5%	47
Started college but not finished	8.0%	69
Vocational, trade, or technical program after high school	5.0%	43
Associate degree (for example, AA, AS)	12.4%	107
Bachelor's degree (for example, BA, BS, AB)	34.1%	293
Graduate degree (for example, master's, professional, doctorate)	30.7%	264
Other, please specify:	1.2%	10
Prefer not to answer	1.5%	13

Totals: 860

10. What is your race or ethnicity? You can choose more than one answer.

Value	Percent	Responses
American Indian or Alaska Native	0.5%	4
Asian	1.5%	13
Black or African American	0.5%	4
Hispanic or Latine/a/o	1.2%	10
Middle Eastern or North African	0.2%	2
Native Hawaiian or Pacific Islander	0.2%	2
White	87.7%	749
Other, please specify:	0.9%	8
Not sure	0.2%	2
Prefer not to answer	8.3%	71

11. What is your sexual orientation?

Value	Percent	Responses
Asexual	1.9%	16
Bisexual and/or Pansexual	2.0%	17
Gay or Lesbian	1.5%	13
Straight (Heterosexual)	82.5%	701
Queer	0.4%	3
Questioning/I am not sure of my sexuality	0.4%	3
I use a different term, please specify:	0.4%	3
I do not understand what this question is asking	1.1%	9
I prefer not to answer	10.0%	85

Totals: 850

12. What is your current gender identity?

Value	Percent	Responses
Female, Woman	75.6%	643
Male, Man	17.8%	151
Nonbinary, Genderqueer, not exclusively male or female	0.5%	4
Questioning/I am not sure of my gender identity	0.2%	2
I use a different term, please specify:	0.1%	1
I do not understand what this question is asking	0.6%	5
I prefer not to answer	5.2%	44

Totals: 850

13. In the past 12 months, did you have trouble paying for any of the following? You can choose more than one answer.

Value	Percent	Responses
Childcare or school	7.1%	59
Food or groceries	20.0%	166
Formula or baby food	1.0%	8
Health care (appointments, medicine, insurance)	27.7%	230
Housing (rent, mortgage, taxes, insurance)	21.8%	181
Technology (computer, phone, internet)	6.0%	50
Transportation (car payment, gas, public transit)	8.9%	74
Utilities (electricity, water, gas)	15.2%	126
Other, please specify:	2.9%	24
None of the above	59.8%	496

14. What is your age?

Value	Percent	Responses
18-24	1.6%	14
25-44	27.4%	235
45-64	39.5%	339
65-74	20.9%	179
75-84	7.9%	68
85 and over	0.9%	8
Prefer not to answer	1.7%	15

Totals: 858

15. What is the primary language(s) spoken in your home? You can choose more than one answer.

Value	Percent	Responses
Armenian	5.5%	47
Chinese (including Mandarin and Cantonese)	0.1%	1
English	91.7%	782
Portuguese	0.2%	2
Spanish	0.4%	3
Other, please specify:	1.5%	13
Prefer not to answer	2.5%	21

16. Are you currently:

Value	Percent	Responses
Employed full-time (40 hours or more per week)	52.6%	450
Employed part-time (Less than 40 hours per week)	12.2%	104
Self-employed (Full- or part-time)	3.5%	30
A stay-at-home parent	2.7%	23
A student (Full- or part-time)	0.5%	4
Unemployed	1.2%	10
Unable to work for health reasons	2.7%	23
Retired	22.9%	196
Other, please specify:	0.9%	8
Prefer not to answer	0.8%	7

Totals: 855

17. Do you identify as a person with a disability?

Value	Percent	Responses
Yes	13.7%	116
No	81.5%	690
Prefer not to answer	4.8%	41

Totals: 847

18. I currently:

Value	Percent	Responses
Rent my home	11.2%	95
Own my home (with or without a mortgage)	81.7%	695
Live with parent or other caretakers who pay for my housing	1.9%	16
Live with family or roommates and share costs	3.5%	30
Live in senior housing or assisted living	0.6%	5
Other	1.2%	10

Totals: 851

19. How long have you lived in the United States?

Value	Percent	Responses
I have always lived in the United States	92.7%	791
Less than one year	0.2%	2
4 to 6 years	0.2%	2
More than 6 years, but not my whole life	5.6%	48
Prefer not to answer	1.2%	10

Totals: 853

20. Many people feel a sense of belonging to communities other than the city or town where they spend the most time. Which of the following communities do you feel you belong to? You can choose more than answer.

Value	Percent	Responses
My neighborhood or building	63.2%	521
Faith community (such as a church, mosque, temple, or faith-based organization)	16.0%	132
School community (such as a college or education program that you attend or a school that your child attends)	16.1%	133
Work community (such as your place of employment or a professional association)	51.5%	424
A shared identity or experience (such as a group of people who share an immigration experience, a racial or ethnic identity, a cultural heritage, or a gender identity)	5.7%	47
A shared interest group (such as a club, sports team, political group, or advocacy group)	30.1%	248
Another city or town where I do not live	16.9%	139
Other, please feel free to share:	5.1%	42

21. Would you like to be added to an email list to hear about future Beth Israel Lahey Health hospital meetings or activities? If yes, please be sure you have listed your email address above.

Value	Percent	Responses
Yes	41.0%	93
No	59.0%	134

Totals: 227

Appendix C:
Resource Inventory

Exeter Hospital Community Resource List

Community Benefits Service Area includes: Atkinson, Brentwood, Danville, Deerfield, Derry, East Kingston, Epping, Exeter, Fremont, Greenland, Hampstead, Hampton, Hampton Falls, Kensington, Kingston, Londonderry, N. Hampton, New Castle, Newfields, Newington, Newmarket, Newton, Nottingham, Plaistow, Portsmouth, Raymond, Rye, S. Hampton, Sandown, Seabrook, Stratham

Health Issue	Organization	Brief Description	Address	Phone	Website
	Bureau of Elderly and Adults Services (BEAS)	Provides a variety of social and long-term supports to adults age 60 and older and to adults between the ages of 18 and 60 who have a chronic illness or disability.		603.271.9203	www.dhhs.nh.gov/programs-services/adult-aging-care
	Commodity Supplemental Food Program (CSFP)	Provides free food and nutrition information to promote good health for older adults age 60 and over.		833.773.2445	www.dhhs.nh.gov/programs-services/adult-aging-care/supplemental-food-older-adults
	Division for Children, Youth and Families (DCYF)	Manages protective programs on behalf of New Hampshire's children and youth and their families.	97 Pleasant St Concord	603.271.6562	www.dhhs.nh.gov/programs-services/child-protection-juvenile-justice
	The Doorway	Offers assistance with accessing screening and evaluation, treatment, prevention, supports and services to assist in long-term recovery and peer recovery support services.		211	www.thedoorway.nh.gov
	Elderly and Adult Services (APS)	Offers information about reporting a concern of adult abuse or neglect. The Adult Protection Law requires any person who has a reason to believe that a vulnerable adult has been subjected to abuse, neglect, exploitation or self-neglect to make a report immediately to the Bureau of Adult & Aging Care Services (BAAS).		603.271.7014	www.dhhs.nh.gov/report-concern/adult-abuse
	National Suicide Prevention Lifeline	Provides 24/7, free and confidential support.		988	www.988lifeline.org
	New Hampshire Department of Education	Supports services to help people gain academic and English language skills that will help them advance and grow personally and professionally.			www.education.nh.gov/adult ed

Statewide Resources	New Hampshire State Office of Veterans Services	Assists veterans who are residents of New Hampshire or their dependents in securing all benefits or preferences to which they may be entitled under any state or federal laws or regulations.		1.800.645.8333	www.nh.gov/nhveterans/index.htm
	SAMHSA's National Helpline	Provides a free, confidential, 24/7, 365-day-a-year treatment referral and information service (in English and Spanish) for individuals and families in need of mental health resources and/or information for those with substance use disorders.		1.800.622.9230	www.samhsa.gov/find-help/helplines/national-helpline
	ServiceLink	Provides information, support and referrals to individuals of all ages, income levels and abilities and administers programs and services such as Information and Referral Services, Person-Centered Options Counseling, NH Family Caregiver Program, State Health Insurance Assistance Program (SHIP), and Senior Medicare Patrol (SMP).		866.634.9412	www.dhhs.nh.gov/programs-services/adult-aging-care/servicelink
	WorkNowNH	Provides support and assistance to qualified individuals in order to become job ready and to connect with hiring employers in order to enter into sustainable employment.		833.658.4760	www.nhes.nh.gov/services/job-seekers/work-now-nh.htm
Domestic Violence	HAVEN	Provides support to survivors of domestic violence in four areas of intervention: safety and shelter; advocacy; education and prevention; community engagement.	20 International Dr Ste 300 Portsmouth	1.603.994.SAFE (7233)	www.havennh.org
	NH Coalition Against Domestic and Sexual Violence	Provides support to survivors of domestic violence in four areas of intervention: safety and shelter; advocacy; education and prevention; community engagement.		866.644.3574	www.nhcadsv.org
	Commodity Supplemental Food Program (CSFP)	Provides free food and nutrition information to promote good health for older adults age 60 and over.		800.942.4321	www.dhhs.nh.gov/programs-services/adult-aging-care/supplemental-food-older-adults
	New Hampshire Food Bank	Provide nutritious food and resources to New Hampshire residents that are food insecure.		603.669.9725	www.nhfoodbank.org/find-food/food-map/

Food Assistance	Nutrition and Meals on Wheels (Rockingham County)	Provides fresh-cooked healthy meals to your home, wellness checks, and more.	106 North Rd Brentwood	603.679.2201	www.rockinghammealsonwheels.org/contact-us
	Society of St. Vincent de Paul	Provides food and emergency assistance to those in need when other available resources have been exhausted	53 Lincoln St Exeter	603.772.9922	www.svdpexeter.com
	Supplemental Nutrition Assistance Program (SNAP)	Provides nutrition benefits to eligible low-income individuals and families so they can purchase healthy food and move towards self-sufficiency.		603.271.9700	www.nheasy.nh.gov/#/
	WIC	Provides nutrition education and nutritious foods to help keep pregnant women, new mothers, infants and preschool children healthy and strong.			www.signupwic.com/about
Housing Support	Cross Roads	Provides shelter, respect and collaborative solutions to unhoused individuals and families who aspire to return to permanent housing and thrive in their community.	600 Lafayette Rd Portsmouth	603.436.2218	www.crossroadshouse.org
	Families in Transition	Provides housing options to meet people where they're at in every stage of their journey as they work to exit homelessness.	122 Market St Manchester	603.641.9441	www.fitnh.org
	My Friend's Place	Provides a home like emergency shelter and transitional housing program that includes exceptional support for the homeless men, women, and families.	368 Washington St Dover	603.749.3017	www.myfriendsplacenh.org
	NH Shelter Services	Provides information and resources about shelter services for individuals, youth, and families experiencing homelessness.		211	www.dhhs.nh.gov/programs-services/homeless-services/shelter-services
	Seacoast Family Promise	Provides temporary housing, food, and shelter, to families through a structured journey utilizing trauma informed care, employment education and housing search, financial education, parenting and other effective tools leading families back to stability and the return to a place they can call home.	27 Hampton Rd Exeter	603.658.8448	www.seacoastfamilypromise.org
	Waypoint	Empowering people of all ages through an array of human services and advocacy.	464 Chestnut St Manchester	603.518.4000	www.waypointnh.org

Mental Health and Substance Use	Children's System of Care	Provides guidance to families and professionals through a network of resources and assistance to addresses the real needs of youth and families.		833.710.6477	www.nhcsoc.org/help-for-families-and-youth
	Connections	Connections Peer Support Center is run by and for individuals with lived experience with mental health issues		603.427.6966	www.connectionspeersupport.org
	Endurance Behavioral Health	Offers a mental health partial-hospitalization program (PHP) for adolescents ages 13-20, located in the Seacoast Region of New Hampshire.	823 Lafayette Rd Seabrook	603.760.1942	www.endurancebehavioralhealth.com
	Infinity	Provides a free, non-medical approach to mental health wellness and recovery.	55 Summer St Rochester	603.948.1036	www.infinitypeersupport.org
	National Alliance on Mental Illness New Hampshire	Provides support, education and advocacy for people affected by mental illness and suicide.	85 North State St Concord	603.225.5359	www.naminh.org
	New Hampshire Rapid Response Access Point	Provides individuals in the state of New Hampshire with immediate, 24/7 access to mental health and/or substance use crisis support via telephone, text and chat services.		833.710.6477	www.nh988.com
	Safe Harbor	Provides a wide array of services, including individual and group counseling, in person and telephone outreach and counseling, direct education and referrals into training programs, employment readiness, health, wellness and resiliency skills training and sober social activities.	865 Islington St Portsmouth	603.570.9444	www.granitepathwaysnh.org/safe-harbor-recovery-center-1
	Seacoast Mental Health Center	Provides high quality and accessible mental health and substance use disorder services for all ages and stages of need.	30 Magnolia Ln Exeter	603.772.2710	www.smhc-nh.org
	Seacoast Youth Services	Provides resources for youth and their families, including tools to navigate life's challenges.		603.474.3332	www.seacoastyouthservices.org
	SOS	Provides support all people affected by substance use with peer-based solutions and advocacy to reduce the harm and stigma of drugs.	92 Portsmouth Ave Ste 10 Exeter	603.841.2350	www.sosrco.org
	Administration for Community Living	ACL programs, councils, and research projects help support and empower those caring for older adults and people with disabilities.			www.acl.gov/programs/support-caregivers

Senior Services	Generations Geriatric Mental Health	Provides personalized, integrative care in an environment that fosters patient dignity and respect to treat individuals with memory problems, depression, anxiety, and other emotional illnesses, and assist patients and their families in coping with aging and illness.	138 Webster St Manchester	603.645.5977	www.ggmh.org
	Exeter Senior Center	Provides a host of programs for older adults.	30 Court St Exeter	603.773.6151	www.exeternh.gov/seniorcenter/senior-center
	Exeter Senior Resource Guide	Comprehensive guide listing resources available to seniors in the Seacoast area.			www.exeternh.gov/sites/default/files/fileattachments/parks_and_recreation/page/62359/2025_senior_resource_guide_4.pdf
	NH Disability Rights Center	Disability Rights Center - NH protects, advances, and strengthens the legal rights and advocacy interests of all people with disabilities.	64 North Main St Concord	603.228.0432	www.drcnh.org
	Social Security Administration	Provides financial protection to individuals and families through retirement, disability, and survivor benefits.		800.772.1213	www.ssa.gov
Transportation	Cooperative Alliance For Seacoast Transportation	Provides a broad range of public transportation services, connecting and coordinating a robust network of transportation options for everyone.	42 Sumner Dr Dover	1.800.735.2964	www.coastbus.org
	I Got Bridged	Aims to seek out and help those in need on the Seacoast with transportation and other needs.	160 Court St #105 Portsmouth	866.274.3433	www.igotbridged.com
	Transportation Assistance for Seacoast Citizens	Provides older adults and individuals with disabilities with free rides.	200 High St Hampton	603.926.9026	www.tasc-rides.org
	TripLink	Provides a regional transportation call center, serving 38 towns between Newton and Wakefield, NH.		603.834.6010	www.communityrides.org

Additional Resources	Arts in Reach	AIR is a youth-centered organization committed to inclusivity and accessibility. Girls and gender-expansive youth ages 11–18 take part in community arts programs led by professional artists. Together, mentors and teens create supportive spaces to take creative risks, build confidence, and express themselves through the arts.		603.433.4278	www.artsinreach.org
	Austin 17 House	Provides mentorship and activities in creative arts, recreation, life skills, leadership development, college and trade school exploration, and suicide and drug prevention, junior high and high school aged teens.	263 Route 125 Brentwood	603.770.6374	www.austin17house.org
	Chase Home	Provides supportive and restorative residential and family services to at-risk youth in a safe and nurturing environment.	698 Middle Rd Portsmouth	603.436.2216	www.chasehome.org
	Exeter Adult Education	Offers free classes to prepare students with the skills needed to pass the HiSET and earn a high school equivalency certificate.	30 Linden St Exeter	603.775.8457	www.adulted.sau16.org/en-US
	Granite United Way	Granite United Way have numerous State-wide and regional programs, partnerships, and initiatives that meet the many needs in our communities.	110 Corporate Dr Portsmouth	603.380.9744	www.graniteuw.org
	Lamprey Health Care	Provide comprehensive primary care with a focus on prevention and lifestyle management to all individuals regardless of ability to pay.	207 South Main St Newmarket	603.659.3106	www.lampreyhealth.org
	New Hampshire Smiles Program	NH DHHS selected Northeast Delta Dental, in partnership with DentaQuest, to provide dental services for the adult dental benefit.		844.583.6151	www.dhhs.nh.gov/programs-services/medicaid/medicaid-dental-services-new-hampshire-smiles-program-adults
	One Sky Community Services	Assists people with developmental disabilities and acquired brain disorders to live as valued and participating members in their communities.	1755 Banfield Rd Ste 3 Portsmouth	603.436.6111	www.oneskyservices.org

Appendix D:

Evaluation of 2023-2025 Implementation Strategy

Exeter Hospital

Evaluation of 2023-2025 Implementation Strategy

Below are highlights of the work that has been accomplished since the last Implementation Strategy. For full reports, please see submissions to the New Hampshire Attorney General's Office.

Priority: Equitable Access to Care

Goal: Provide comprehensive access to high-quality health care services including primary care and specialty care particularly for those who face cultural, linguistic, and economic barriers.			
Priority Cohorts	**Strategies**	**Initiatives to address the priority**	**Progress, Outcome, Impacts**
● Low-resourced populations ● Racially, ethnically, & linguistically diverse populations	Promote access to health care, health insurance, patient financial counselors, and needed medical services for patients who are uninsured or underinsured.	● Patient financial counselors ● Primary Care Support ● Supporting Access to Primary Medical and Behavioral Health Care for Underserved Populations	● 68,060 patients and clients assisted ● Provided Paramedic/EMT training to 10 individuals in the community ● Provided subsidized diabetes care to 710 people ● Provided a community-based paramedic intercept program that assisted 437 individuals ● Provided Family Center classes and support groups to 707 people
● Racially, ethnically, & linguistically diverse populations ● LGBTQIA+	Promote equitable care, health equity, and health literacy for patients, especially those who face cultural and linguistic barriers	● Interpreter Services	● 869 instances of interpretation provided ● 31 languages provided

Priority: Transportation

Goal: Provide access to care through transportation services			
Priority Cohorts	**Strategies**	**Initiatives to address the priority**	**Progress, Outcome, Impacts**
● Low-resourced populations ● Racially, ethnically, & linguistically diverse populations ● LGBTQIA+	Reduce barriers to care by providing/supporting free or reduced cost transportation for homebound residents needing care.	● Continued subsidization of Paramedicine program intercept vehicle ● Taxi voucher program ● Community grants to support transportation access and infrastructure	● # of individuals served in ride services and taxi voucher program (Baseline (FY23): 390 individuals served; Year 1 (FY24): 305 individuals served). ● In FY24, Exeter Hospital provided grant funding to Transportation Assistance for Seacoast Citizens and Cooperative Alliance for Seacoast Transportation to enhance and expand transportation options for Seacoast residents (Baseline (FY23): Data not available; Year 1(FY24): Data not available).

Priority: Social Determinants of Health (particularly food security and housing)

Goal: Enhance the built, social, and economic environments where people live, work, play, and learn in order to improve health and quality-of-life outcomes.			
Priority Cohorts	**Strategies**	**Initiatives to address the priority**	**Progress, Outcome, Impacts**
● Youth ● Low-resourced populations ● Racially, ethnically, & linguistically diverse populations ● LGBTQIA+	Support impactful programs that address issues associated with the social determinants of health.	● Community grants to support emergency food to low-income individuals and families, seniors only food pantry, senior food delivery and Emergency Financial Assistance	● 3 SDoH grantees ● $240,000 invested ● In FY24, Exeter Hospital continued to partner with the New Hampshire Hospital Association on advocacy related to increasing behavioral health capacity, access to primary care, and expanding interventions that address the social determinants of health ● In FY24, Exeter Hospital provided grant funding to the Society of St. Vincent de Paul to expand food access opportunities, Cross Roads House, and Granite United Way to address housing instability (Baseline (FY23): data not available; Year 1(FY24): grants distributed).

Priority: Mental Health and Substance Use

Goal: Promote social and emotional wellness by fostering resilient communities and building equitable, accessible, and supportive systems of care to address mental health and substance use.			
Priority Cohort(s)	**Strategies**	**Initiatives to address the priority**	**Progress, Outcome, Impacts**
● Youth ● Low-resourced populations ● Racially, ethnically, & linguistically diverse populations ● LGBTQIA+	Support impactful programs that promote healthy development and increase mental health to children, youth, families, and community residents.	● Support for mental health services provided by Seacoast Mental Health in Exeter Emergency Department ● Mental Health First Aid Trainings ● Community grants to support behavioral health access and suicide prevention	● 13 of people trained in Mental Health First Aid ● 12 community grants ● In FY24, Exeter Hospital maintained its contract with Seacoast Mental Health to provide subsidized services to patients in their emergency room and inpatient units (Baseline(FY23): Data not available; Year 1(FY24): Data not available). ● In FY24, Exeter Hospital made a $258,007 contribution to the NH Drug and Alcohol Fund, joining other hospitals across the state in helping to fund State sponsored substance use initiatives (Baseline(FY23): Data not available; Year 1(FY24): Data not available). ● In FY24, Exeter Hospital provided grant funding to local community-based organizations to expand and enhance mental health and substance use services. Organizations that received funding include SOS Recovery Community Organizations, Austin17 House, NAMI New Hampshire, Arts in Reach, Chase House, Haven, Big Brothers Big Sisters New Hampshire, Girls

			on the Run, Key Collective, Connors Climb, Waypoint, and Seacoast Mental Health (Baseline year(FY23): data not available; Year 1(FY24): 12 grants distributed).

Priority: Older Adults and other underserved populations

Goal: Enhance access to screening, referral services, coordinated health and support services for older adults and other underserved populations.			
Priority Cohort(s)	**Strategies**	**Initiatives to address the priority**	**Progress, Outcome, Impacts**
● Low-resourced populations ● Racially, ethnically, & linguistically diverse populations ● LGBTQIA+ ● Youth	Provide preventive health information, services, and support for older adults and other underserved populations	● Community grant support for Senior Luncheons, Health, Wellness & Fitness Classes, Senior trips and Part Time Senior Coordinator	● Provided training to 150 undergraduate students pursuing careers in healthcare. ● # of people attending classes (Baseline(FY23): 755 people attended classes; Year 1(FY24): 710 people attended classes). ● # of undergraduate students pursuing careers in healthcare (Baseline(FY23): 149 students participated; Year 1(FY24): 150 students participated). ● Grant funding provided to the Exeter Senior Center to address social isolation, access to healthy food, and support holistic programming for older adults (Baseline(FY23): data not available; Year 1(FY24): grant distributed)

Appendix E:
2026-2028 Implementation Strategy

Beth Israel Lahey Health
Exeter Hospital

FY26-FY28
Implementation Strategy

Implementation Strategy

About the 2025 Hospital and Community Health Needs Assessment Process

Exeter Hospital (Exeter) is a 100-bed community hospital providing New Hampshire's Seacoast Region with comprehensive services in cancer care, orthopedics, cardiology, maternal and reproductive care, breast health, digestive health and emergency care. Exeter Hospital partners with Core Physicians, a multi-specialty group practice caring for nearly 80,000 patients annually. Exeter has over 2,200 employees and 390+ clinicians on active medical staff.

The Community Health Needs Assessment (CHNA) and planning work for this 2025 report was conducted between June 2024 and September 2025. It would be difficult to overstate Exeter's commitment to community engagement and a comprehensive, data-driven, collaborative, and transparent assessment and planning process. Exeter's Community Benefits staff and Community Benefits Advisory Committee (CBAC) dedicated hours to ensuring a sound, objective, and inclusive process. This approach involved extensive data collection activities, substantial efforts to engage Exeter's partners and community residents, and a thoughtful prioritization, planning, and reporting process. Special care was taken to include the voices of community residents who have been historically underserved, such as those are are unstably housed or experiencing homelessness, individuals who speak a language other than English, persons who are in substance use recovery, and persons experiencing barriers and disparities due to their race, ethnicity, gender identity, age, disability status, or other personal characteristics.

Exeter collected a wide range of quantitative data to characterize the communities served across the hospital's Community Benefits Service Area (CBSA). Exeter also gathered data to help identify leading health-related issues, barriers to accessing care, and service gaps. Whenever possible, data were collected for specific geographic, demographic, or socioeconomic segments of the population to identify disparities and clarify the needs for specific communities. The data was tested for statistical significance whenever possible and compared against data at the state level to support analysis and the prioritization process. The assessment also included data compiled at the local level from school districts, police/fire departments, and other sources. Authentic community engagement is critical to assessing community needs, identifying the leading community health priorities, prioritizing cohorts most at-risk and crafting a collaborative, evidence-informed Implementation Strategy (IS.). Exeter conducted 15 one-on-one interviews with collaborators in the community, facilitated five focus groups with segments of the population facing the greatest health-related disparities, administered a community health survey involving more than 900 residents, and organized a community listening session. In total, the assessment process collected information from nearly 1,000 community residents, clinical and social service providers, and other key community partners.

Prioritization and Implementation Strategy Process

Federal community benefits guidelines require a nonprofit hospital to rely on their analysis of their CHNA data to determine the community health issues and priority cohorts on which it chooses to focus its IS. By analyzing assessment data, hospitals can identify the health issues that are particularly problematic and rank these issues in order of priority. This data can also be used to identify the segments of the community that face health-related disparities. Accordingly, using an interactive, anonymous polling software, Exeter's CBAC and community residents, through the community listening session, formally prioritized the community health issues and cohorts that they believed should be the focus of Exeter's IS. This prioritization process helps to ensure that Exeter maximizes the impact of its community benefits resources and its efforts to improve health status, address disparities in health outcomes, and promote health equity.

The process of identifying Exeter's community health issues and prioritized cohorts is also informed by the New Hampshire Attorney General's Office.

Exeter's IS is designed to address the underlying social determinants of health and barriers to accessing care, as well as promote health equity. The content addresses the leading community health priorities, including activities geared toward health education and wellness (primary prevention), identification, screening, referral (secondary prevention) and disease management and treatment (tertiary prevention).

The following goals and strategies are developed so that they:

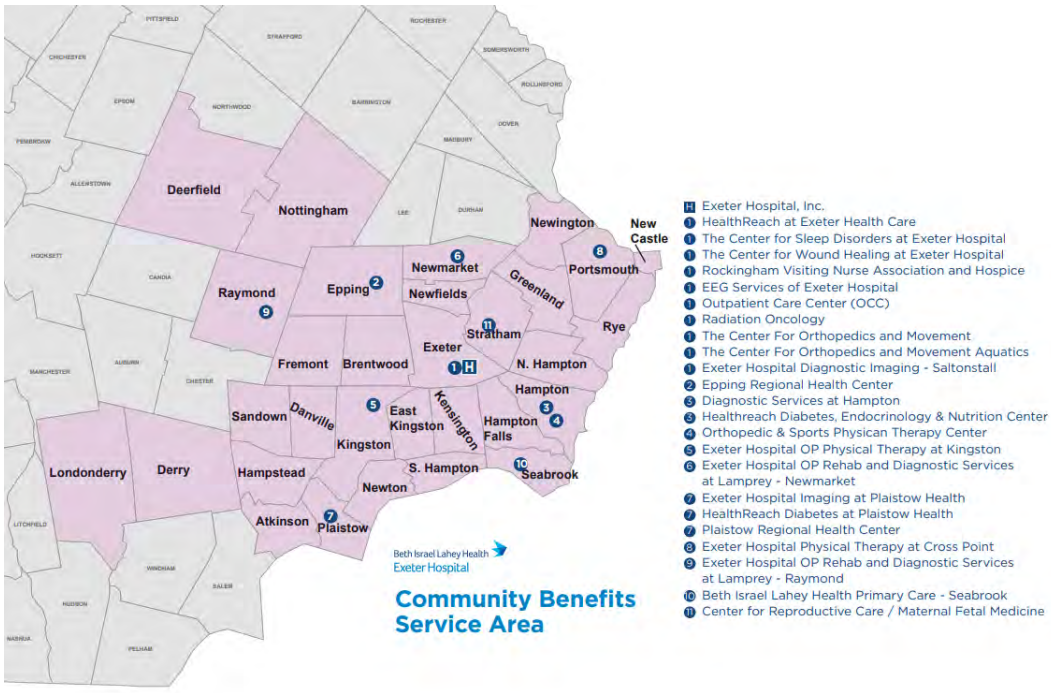
- Address the prioritized community health needs and/or populations in the hospital's CBSA
- Provide approaches across the up-, mid-, and downstream spectrum
- Are sustainable through hospital or other funding
- Leverage or enhance community partnerships
- Have potential for impact
- Contribute to the systemic, fair, and just treatment of all people
- Could be scaled to other BILH hospitals
- Are flexible to respond to emerging community needs

Recognizing that community benefits planning is ongoing and will change with continued community input, Exeter's IS will evolve. Circumstances may change with new opportunities, requests from the community, community and public health emergencies and other issues that may arise, which may require a change in the IS or the strategies documented within it. Exeter is committed to assessing information and updating the plan as needed.

Community Benefits Service Area

Exeter's CBSA includes the thirty one municipalities within Rockingham County, New Hampshire. These cities and towns are diverse with respect to demographics (e.g., age), socioeconomics (e.g., income, education, and employment), and geography (e.g., rural, suburban). There is also diversity with respect to community needs. There are segments of Exeter's CBSA population that are healthy and have limited unmet health needs and other segments that face significant disparities in access, underlying social determinants, and health outcomes. Exeter is committed to promoting health, enhancing access, and delivering the best care to all who live and/or work in its CBSA, regardless of race, ethnicity, language spoken, national origin, religion, gender identity, sexual orientation, disability status, immigration status, or age. Exeter is equally committed to serving all patients, regardless of their health, socioeconomic status, insurance status, and/or their ability to pay for services.

Exeter's CHNA focused on identifying the leading community health needs and priority populations living and/or working within its CBSA. In recognition of the health disparities that exist for some residents, the hospital focuses its community benefits resources on improving the health status of those who face health disparities. By prioritizing these cohorts, Exeter is able to promote health and well-being, address health disparities, and maximize the impact of its community benefits resources.



Prioritized Community Health Needs and Cohorts

Exeter is committed to promoting health, enhancing access, and delivering the best care for those in its CBSA. Over the next three years, the hospital will work with its community partners to develop and/or continue programming geared to improving overall well-being and creating a healthy future for all individuals, families, and communities. In recognition of the health disparities that exist for certain segments of the population, investments and resources will focus on improving the health status of the following priority cohorts within the community health priority areas.

Exeter Hospital Priority Cohorts

- Youth
- Low-Resourced Populations
- Older Adults
- Individuals Living with Disabilities
- LGBTQIA+

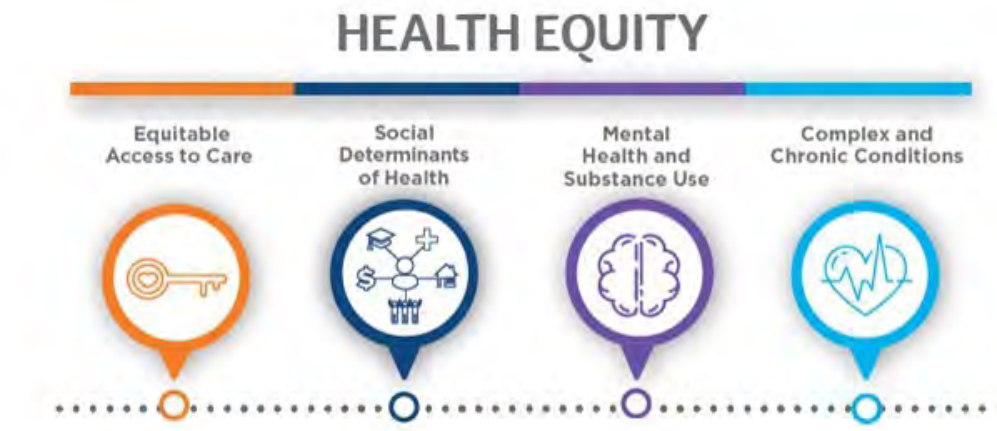
Community Health Needs Not Prioritized by Exeter Hospital

It is important to note that there are community health needs that were identified by Exeter's assessment that were not prioritized for investment or included in Exeter's IS. Specifically, lack of affordable childcare, lack of access to dental care, language and cultural barriers to services, and issues related to the built environment (i.e., improving roads/sidewalks) were identified as community needs but were not included in Exeter's IS. While these issues are important, Exeter's CBAC and senior leadership team decided that these issues were outside of the organization's sphere of influence and investments in others areas were both more feasible and likely to have greater impact. As a result, Exeter recognized that other public and private organizations in its CBSA and the region were better positioned to focus on these issues. Exeter remains open and willing to work with community residents, other hospitals, and other public and private partners to address these issues, particularly as part of a broad, strong collaborative.

Community Health Needs Addressed in Exeter Hospital's IS

The issues that were identified in the Exeter CHNA and are addressed in some way in the hospital's IS are housing issues, transportation barriers, economic insecurity, food insecurity, long wait times for care, navigating a complex health care system, health insurance and cost barriers, health care workforce issues, lack of behavioral health providers, social isolation among older adults, mental health stigma, opioid use, youth mental health, navigating the behavioral health system, conditions associated with aging, support and respite for caregivers, chronic disease education and prevention, and programs that promote healthy eating and active living.

Exeter Hospital Community Health Priority Areas



Implementation Strategy Details

Priority: Equitable Access to Care

Individuals identified a number of barriers to accessing and navigating the health care system. Many of these barriers were at the system level, and stem from the way in which the system does or does not function. System-level issues included providers not accepting new patients, long wait lists, and an inherently complicated health care system that is difficult for many to navigate.

There were also individual level barriers to access and navigation. Individuals may be uninsured or underinsured, which may lead them to forgo or delay care. Research shows that these barriers contribute to health disparities, mistrust between providers and patients, ineffective communication, and issues of patient safety.

Resources/Financial Investment: Exeter expends substantial resources on its community benefits program to achieve the goals and objectives in its IS. These resources are expended, according to its current IS, through direct and in-kind investments in programs or services operated by Exeter and/or its partners to improve the health of those living in its CBSA. Additionally, Exeter works on its own or with its partners to leverage funds through public or private grants and other funding sources. Finally, Exeter supports residents in its CBSA by providing free or discounted care to individuals who are low-resourced and unable to pay for care and services. Moving forward, Exeter will continue to commit resources through the same array of direct, in-kind, or leveraged expenditures to carry out its community benefits mission.

Goal: Provide equitable and comprehensive access to high-quality health care services including primary care and specialty care, as well as urgent and emerging care, particularly for those who face cultural, linguistic and economic barriers.

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/ WHAT WE ARE MEASURING	IDENTIFIED PARTNERS
Expand and enhance access to health care services by strengthening existing service capacity and connecting patients to health insurance, essential medications, and financial counseling.	• All priority populations	• Health insurance eligibility and enrollment assistance programs • Financial counseling activities • Programs and activities to support culturally/ linguistically competent care and interpreter services • Expanded access to primary care, medical specialty care, and other clinical services for Medicaid covered, uninsured, and underinsured populations	• # of people served • # of referrals made • # of clinical practices supported	• Hospital-based activities
Advocate for and support policies and systems that improve access to care.	• All priority populations	• Advocacy activities	• # of policies supported	• Hospital-based activities

Priority: Social Determinants of Health

The social determinants of health are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. These conditions influence and define quality of life for many segments of the population in the CBSA. Research shows that sustained success in community health improvement and addressing health disparities relies on addressing the social determinants of health that lead to poor health outcomes and drive health inequities. The assessment gathered a range of information related to housing, food insecurity, economic insecurity, education, and other important social factors.

There is limited quantitative data in the area of social determinants of health. Despite this, information gathered through interviews, focus groups, listening session, and the Exeter Community Health Survey reinforced that these issues have the greatest impact on health status and access to care in the region - especially issues related to housing, food insecurity/nutrition, transportation, and economic instability.

Resources/Financial Investment: Exeter expends substantial resources on its community benefits program to achieve the goals and objectives in its IS. These resources are expended, according to its current IS, through direct and in-kind investments in programs or services operated by Exeter and/or its partners to improve the health of those living in its CBSA. Additionally, Exeter works on its own or with its partners to leverage funds through public or private grants and other funding sources. Finally, Exeter supports residents in its CBSA by providing free or discounted care to individuals who are low-resourced and unable to pay for care and services. Moving forward, Exeter will continue to commit resources through the same array of direct, in-kind, or leveraged expenditures to carry out its community benefits mission.

Goal: Enhance the built, social, and economic environments where people live, work, play, and learn in order to improve health and quality-of-life outcomes.

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	SAMPLE METRICS	IDENTIFIED PARTNERS
Support programs and activities that promote healthy eating and active living by expanding access to physical activity and affordable, nutritious food.	• Low-resourced populations	• Food access, nutrition support, and education programs and activities	• # of people served • # of pantries/ farmers markets supported	• Private, non-profit, and health-related agencies
Support programs and activities that assist individuals and families experiencing unstable housing to address homelessness, reduce displacement, and increase home ownership.	• Low-resourced populations • Individuals living with disabilities • Older adults	• Housing assistance, navigation, and resident support activities	• # of people served • # of people who secured housing	• Housing support and community development agencies

Goal: Enhance the built, social, and economic environments where people live, work, play, and learn in order to improve health and quality-of-life outcomes.

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	SAMPLE METRICS	IDENTIFIED PARTNERS
Provide and promote career support services and career mobility programs to hospital employees and employees of other community partner organizations.	• All priority populations	• Career advancement and mobility programs	• # of employees served • # of people hired • # of programs/ classes organized	• Hospital-based activities
Support community/ regional programs and partnerships to enhance access to affordable and safe transportation.	• Individuals living with disabilities	• Transportation and rideshare assistance programs	• # of people served • # of rides provided	• Local/ regional public transportation agencies
Advocate for and support policies and systems that address social determinants of health.	• All priority populations	• Advocacy activities	• # of policies supported	• Hospital-based activities

Priority: Mental Health and Substance Use

Anxiety, chronic stress, depression, and social isolation were leading community health concerns. There were specific concerns about the impact of mental health issues for youth and young adults, and social isolation among older adults.

In addition to the overall burden and prevalence of mental health issues, residents identified a need for more providers and treatment options. Those who participated in the assessment also reflected on the difficulties individuals face when navigating the behavioral health system.

Substance use continued to have a major impact on the CBSA; the opioid epidemic and alcohol use continued to be an area of focus and concern, and there was recognition of the links and impacts on other community health priorities, including mental health and economic insecurity.

Resources/Financial Investment: Exeter expends substantial resources on its community benefits program to achieve the goals and objectives in its IS. These resources are expended, according to its current IS, through direct and in-kind investments in programs or services operated by Exeter and/or its partners to improve the health of those living in its CBSA. Additionally, Exeter works on its own or with its partners to leverage funds through public or private grants and other funding sources. Finally, Exeter supports residents in its CBSA by providing free or discounted care to individuals who are low-resourced and unable to pay for care and services. Moving forward, Exeter will continue to commit resources through the same array of direct, in-kind, or leveraged expenditures to carry out its community benefits mission.

Goal: Promote social and emotional wellness by fostering resilient communities and building equitable, accessible, and supportive systems of care to address mental health and substance use.

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	SAMPLE METRICS	IDENTIFIED PARTNERS
Support mental health and substance use education, awareness, and stigma reduction initiatives.	• All priority populations	• Support groups (peer and professional-led) • Medication and needle disposal programs	• # of people served • # of classes/ support groups • # of needles disposed of	• Private, non-profit, health-related agencies • Hospital-based activities
Support activities and programs that expand access, increase engagement, and promote collaboration across the health system so as to enhance high-quality, culturally and linguistically appropriate services.	• All priority populations	• Expand access to mental health and substance use services for individuals and families • Patient care navigator programs • Primary care and behavioral health integration and collaborative care programs • Health education, awareness, and wellness activities (all age groups) • Crisis intervention and early response programs and activities • Substance use and mental health screening, monitoring, counseling, and referral programs • Workforce development activities • Participation in community coalitions	• # of people served • # of referrals made • # of clinical practices supported • # of classes/ trainings organized • # of community meetings attended	• Private, non-profit, health related agencies • Hospital-based activities
Advocate for and support policies and programs that address mental health and substance use.	• All priority populations	• Advocacy activities	• # of policies supported	• Hospital-based activities

Priority: Chronic and Complex Conditions

In the state of New Hampshire, chronic conditions like heart disease, cancer, and chronic lower respiratory disease account for three of the top five leading causes of death statewide, and it is estimated that there are more than $11.5 Million in annual costs associated with chronic disease. Perhaps most significantly, chronic diseases are largely preventable despite their high prevalence and dramatic impact on individuals and society

Resources/Financial Investment: Exeter expends substantial resources to achieve the goals and objectives in its IS. These resources are expended, according to its current IS, through direct and in-kind investments in programs or services operated by Exeter and/or its partners to improve the health of those living in its CBSA. Additionally, Exeter works on its own or with its partners to leverage funds through public or private grants and other funding sources. Finally, Exeter supports residents in its CBSA by providing free or discounted care to individuals who are low-resourced and unable to pay for care and services. Moving forward, Exeter will continue to commit resources through the same array of direct, in-kind, or leveraged expenditures to carry out its community benefits mission.

Goal: Improve health outcomes and reduce disparities for individuals at-risk for or living with chronic and/or complex conditions and caregivers by enhancing access to screening, referral services, coordinated health and support services, medications, and other resources.

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	SAMPLE METRICS	IDENTIFIED PARTNERS
Support education, prevention, and evidence-based chronic disease treatment and self-management support programs for individuals at risk for or living with complex and chronic conditions and/or their caregivers.	• All priority populations	• Fitness, nutrition, and health living programs • Chronic disease management, treatment, and self-care support programs • Cancer education, wellness, navigation, and survivorship support programs	• # of people served • # of classes/ programs organized • # of pieces of educational materials distributed • # of diabetes patients with A1c in poor control	• Elder services agencies • Local health departments • Private, non-profit, health-related agencies • Hospital-based activities
Advocate for and support policies and systems that address those with chronic and complex conditions.	• All priority populations	• Advocacy activities	• # of policies supported	• Hospital-based activity
Support programs and partnerships that advance maternal health equity by expanding access to culturally responsive care, addressing social determinants of health, and reducing disparities in maternal and infant health outcomes.	• All priority populations	• To be determined	• # of people served • # of classes/ programs organized	• To be determined

General Regulatory Information

Contact Person:	Robert Torres, Director, Community Benefits/ Community Relations
Date of written report:	June 30, 2025
Date written report was approved by authorized governing body:	September 12, 2025
Date of written plan:	June 30, 2025
Date written plan was adopted by authorized governing body:	September 12, 2025
Date written plan was required to be adopted:	February 15, 2026
Authorized governing body that adopted the written plan:	Exeter Hospital Board of Trustees
Was the written plan adopted by the authorized governing body on or before the 15th day of the fifth month after the end of the taxable year the CHNA was completed?	☑ Yes ☐ No
Date facility's prior written plan was adopted by organization's governing body:	September 12, 2022
Name and EIN of hospital organization operating hospital facility:	Exeter Hospital: 22-2674014
Address of hospital organization:	5 Alumni Drive Exeter, NH 03833

Beth Israel Lahey Health
Exeter Hospital