Monadnock
COMMUNITY HOSPITAL

2024

MONADNOCK Community Hospital

COMMUNITY HEALTH NEEDS ASSESSMENT

September 6, 2024

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crescendo

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Introduction

In 1918, Robert M. Parmelee donated his summer home in Peterborough for use as a community hospital, and in 1923 "The Peterborough Hospital" opened its doors. Parmelee hoped that his contribution would create a local hospital that the residents of the area would consider their own and would continue to support in the coming years. Mr. Parmelee's dream of a community-supported hospital has become a reality. Monadnock Community Hospital (MCH) is an integral part of the healthcare community in the Monadnock Region.

MCH Today

The major strength of MCH is found in the ability of our physicians and staff to offer extensive services utilizing state-of-the-art technology while maintaining the personalized care of a community hospital. MCH is a 25-bed Critical Access Hospital offering Medical, Surgical, and Intensive Care; Obstetrics; Pediatrics; and Mental Health services. In addition, a wide variety of outpatient services are available, including Pulmonary, Cardiac, and Physical Rehabilitation; 24-hour Emergency Care; a fully equipped laboratory; and an extensive Radiology department. MCH is fortunate to have strong leadership and a dedicated community that allows us to meet the ever-changing requirements of today's healthcare environment. As that environment changes, MCH is also committed to changing and providing the communities we serve with appropriate and innovative programs.

MCH Emergency Department

The MCH Emergency Department offers health services 24 hours a day, 7 days a week to patients of all ages with all presenting complaints. The Emergency Department is responsible for the immediate treatment of any medical or surgical emergency; for initiating lifesaving procedures in all types of emergencies; and for providing emergency and initial evaluations and treatment for other conditions including minor illnesses and injuries, and subacute medical problems. After initial assessment and stabilization, patients can be transported to other medical institutions if necessary.

Board Certified Physicians

The MCH Medical Staff includes over 135 primary and specialty care physicians, 3 dentists, and 64 health professional affiliates. Medical staff offices are located in the Medical Arts Building on MCH's campus as well as in the communities of Peterborough, Antrim, Jaffrey, New Ipswich and Rindge. One hundred percent of the Medical Staff are board-certified in their medical specialty area.

Primary Care Services

Monadnock Community Hospital has a primary care network of physicians, nurse practitioners, psychiatrists, psychologists, and social workers. This network provides a wide range of primary and behavioral health care services for individuals and families with offices in Peterborough, Antrim, Jaffrey, New Ipswich and Rindge.

Mission, Vision, and Values

The Board of Trustees and staff at Monadnock Community Hospital are committed to the following Mission, Vision, and Value:

Mission

Monadnock Community Hospital is committed to improving the health and well-being of our community.

Vision

We will elevate the health of our community by providing accessible, high-quality and value-based care.

Values

Compassion | Collaboration
Honesty | Respect

Community Health Needs Assessment

Overview

Monadnock Community Hospital (MCH) conducted a Community Health Needs Assessment (CHNA) to gather input from patients, community organizations, and staff. Participants shared perspectives on local health needs, helped evaluate data, and provided guidance throughout the process. Their collective knowledge shaped the assessment and its community impact.

As required by the Affordable Care Act, non-profit hospitals must complete a CHNA every three years. The goal of MCH's CHNA is to identify and prioritize community health needs. This assessment will serve as a foundation for analyzing population health, refining outreach, fostering collaboration, and enhancing community health initiatives while meeting IRS requirements.

In practical terms, the CHNA provides a research-based platform to guide hospital efforts, allowing MCH to address the most pressing health needs and make a meaningful impact.

Requirements

The following are key requirements of a Community Health Needs Assessment, as outlined in the Affordable Care Act and the IRS document: *Community Health Needs Assessment for Charitable Hospital Organizations - Section 501(r)(3).*

1. Define the community it serves.
2. In assessing the community's health needs, solicit and consider input received from persons who represent the broad interests of that community, including those with special knowledge of or expertise in public health.
3. Describe activities taken to address previous Community Needs rankings.
4. Assess the health needs of that community.
    a. Clear methodology to identify needs and to prioritize needs.
    b. A distinct list of prioritized needs.
    c. A resource guide or other information available to help community members locate services.
5. Document the CHNA in a written report (CHNA report) that is adopted for the hospital facility by an authorized body of the hospital facility.
6. Make the CHNA report widely available to the public.

Leadership Group

To ensure broad and deep community engagement in the CHNA, MCH compiled a group of community leaders, which represented public health and diverse community interests. The MCH CHNA Leadership Group is listed below.

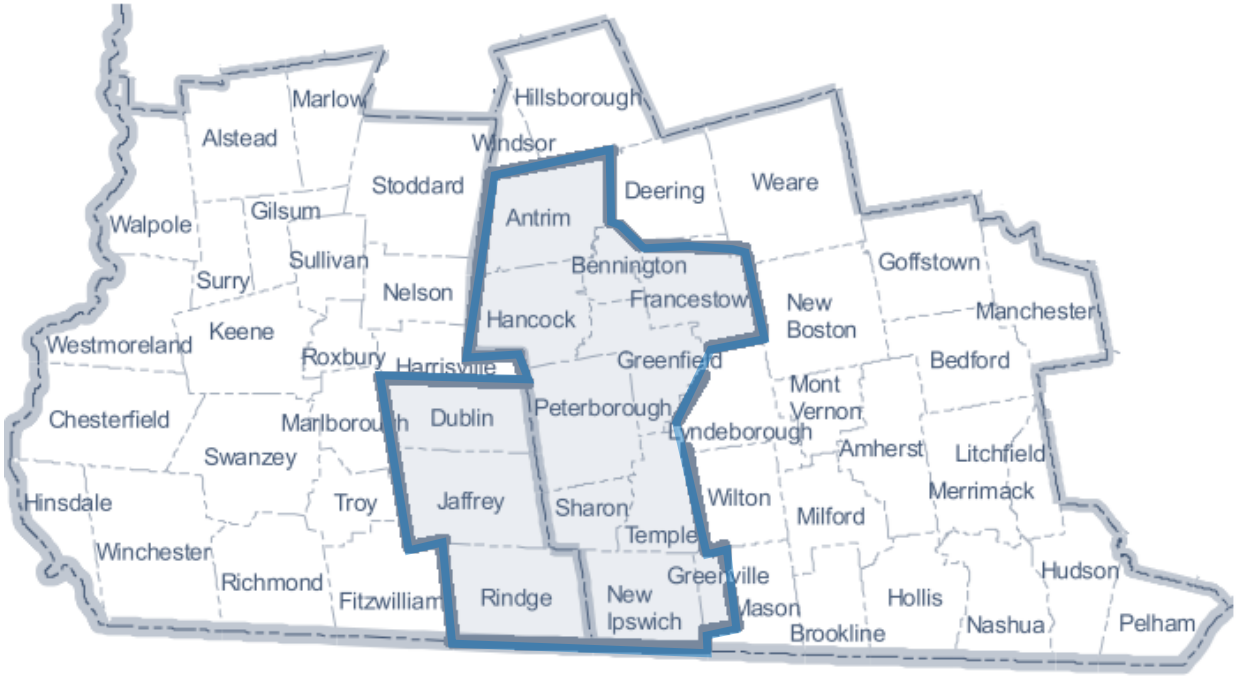
Leadership Group Member	Community Agency
Owen Houghton	Community Volunteer
Randy Herk	Reality Check/Welfare
Ellen Avery	Community Volunteer Transportation Company
Dennis Calcutt	Regional System of Care
Margaret Nelson	The River Center
Erika Alusic-Bingham	Southern New Hampshire Services
Susan Howard	Monadnock Area Transitional Shelter
Sandra Faber	Monadnock At Home
Chief Marshall Gale	Antrim Fire & Ambulance
Anena Hansen	Monadnock Family Services
Glo Morison	Peterborough Food Pantry
Dick Dunning	Veteran
Heidi Schwieger	Monadnock Center for Violence Prevention
Deb Tighe	Crotched Mountain School / Seven Hills

Service Area

Monadnock Community Hospital's service area, for the purposes of this assessment, includes 13 towns across Cheshire and Hillsborough counties in New Hampshire.

Service Area Towns

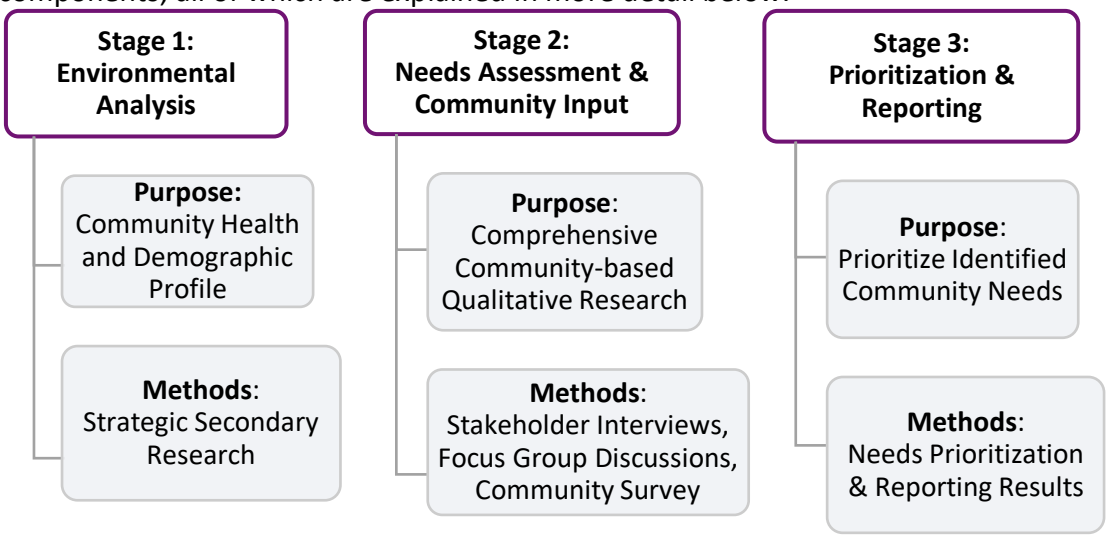
- Antrim
- Bennington
- Dublin
- Francestown
- Greenfield
- Greenville
- Hancock
- Jaffrey
- New Ipswich
- Peterborough
- Rindge
- Sharon
- Temple



Methodology

The CHNA methodology includes a combination of quantitative and qualitative research methods designed to evaluate the perspectives and opinions of area stakeholders and healthcare consumers – especially those from underserved populations. The methodology used helped prioritize the needs and establish a basis for continued community engagement – in addition to simply developing a broad, community-based list of needs.

The methodology for the Community Health Needs Assessment included the following key components, all of which are explained in more detail below.



- **Strategic Secondary Research.** A comprehensive analysis of previously published materials and existing data to provide insight into the community profiles and health-related measures.
- **Stakeholder Interviews and Focus Groups.** Qualitative, primary research involving one-on-one interviews and focus group discussions with the MCH CHNA Leadership Group, community service providers, and healthcare consumers representing diverse perspectives across the service area.
- **Community Survey.** Crescendo conducted an online survey with over 530 community members. The survey results and analysis are included in this report.
- **Needs Prioritization Process.** The needs prioritization methodology included a Modified Delphi Technique. First, MCH CHNA Leadership Group met to review early research results and the potential list of community needs. Second, after completing the secondary research, interviews, focus groups, and community survey, a list of 33 key community health issues was formalized. The Leadership Group then participated in a two-phase prioritization process in which they quantitatively evaluated (i.e., ranked) each of the 33 identified needs and shared insight regarding their rationale for the ranking priorities. This process resulted in a prioritized analysis of community needs.

Summary of results

The MCH CHNA Leadership Group worked to prioritize 33 community health-related needs, as identified in the primary and secondary research phases of the CHNA process. Based on the results of the Modified Delphi Technique, the ten highest priority community health-related needs include the following:

1. Mental health services for children
2. Mental health crisis care services
3. Urgent care and walk-in clinics
4. Doctors and others to provide primary care to adults and families
5. Mental health services for adults
6. Workforce development to help recruit and retain healthcare workforce
7. Public transportation (not necessarily for medical care)
8. Affordable housing
9. School and hospital collaboration to identify and care for students with medical or mental health needs
10. Economic development – job creation and training

At a higher level, the top ten needs can be categorized into four groups.

- Mental health care
- Urgent care
- Access to primary care (i.e., more primary care providers and school / hospital collaboration)
- Social and community-based issues (e.g., economic development issues, housing, public transportation). Though not explicit in the prioritization survey, community leaders also include “Quality, affordable childcare” as a higher-priority community need.

Secondary Research: Environmental Analysis

Secondary data provides an essential framework from which to better understand the fabric of the community. This analysis highlights sociodemographic factors, social determinants of health, behavioral health risk factors, and other key indicators to further guide the development of effective strategies to meet evolving needs.

The following data was primarily gathered from the United States Census Bureau 2018-2022 American Community Survey (ACS) Five-year Estimates, the CDC Behavioral Risk Factor Surveillance System, and the New Hampshire Department of Public Health, among others.

American Community Survey: *Five-year Estimates*

There is an intentional purpose in using five-year data estimates compared to one-year data estimates.

Five-year estimates are derived from data samples gathered over several subsequent years and provide a more accurate estimate of measures, especially among numerically smaller high-risk populations or subgroups, compared to one-year estimates, which are based on more limited samples with greater variance.

Source: https://www.census.gov/data/developers/data-sets/acs-5year.html

For additional, more in-depth data, please see the data tables in the appendix. The following pages show key findings and high-level summary data.

Monadnock Community Hospital Service Area
Demographic Overview

Total Households
14,727

Population by Age

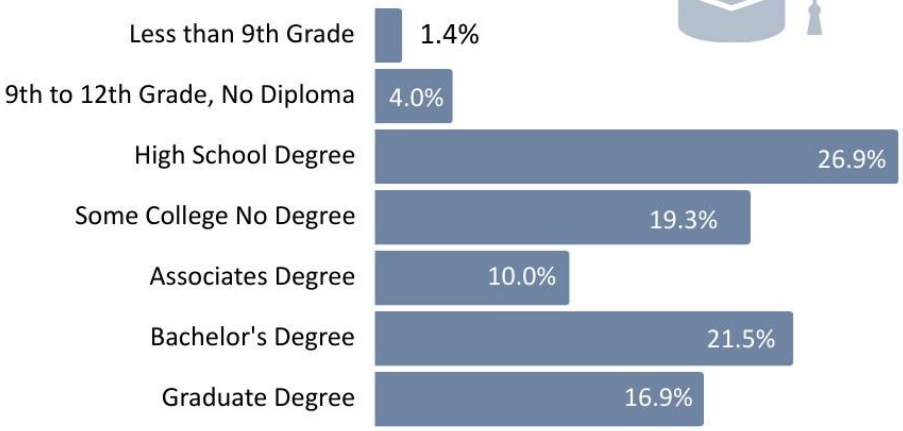
Age Under 18	Age 18-64	Age 65+	Median Age
20.6%	**59.4%**	**20.0%**	**44.7**

92.3% White

3.1% Hispanic / Latino

3.4% Speak a Language Other than English at Home

Education



Nearly **50%** of Monadnock Service Area residents have **earned a degree.**

Median Household Income
$92,476

Households Below Poverty Level
5.4%

Population Living with a Disability
11.9%

Veterans
7.3%

Population Change

2010		2022		2031
37,353	**+2.7%**	**38,371**	**+5.0%**	**40,279**

Employment

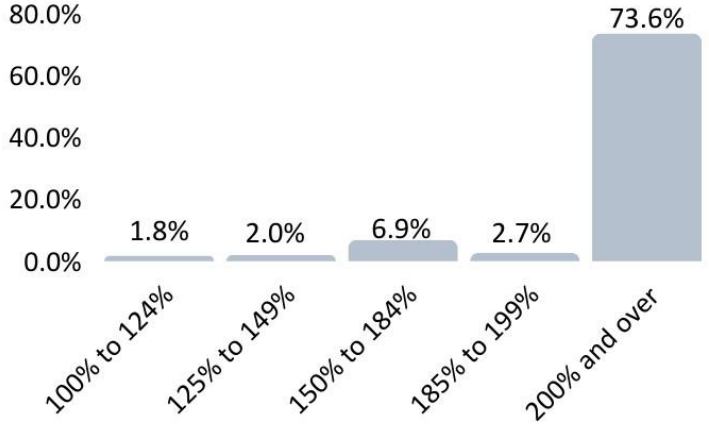
Top Industries

Management	**11.7%**
Sales	**11.1%**
Production	**8.9%**
Construction & Extraction	**7.6%**

Unemployment Rate
3.2%

Average Commute Time
30.8 minutes

Income to Poverty Ratio



Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

The Social Vulnerability Index

The Social Vulnerability Index (SVI) was developed by the U.S. Centers for Disease Control and Prevention as a metric for analyzing population data to identify vulnerable populations. The SVI may be used to rank overall population well-being and mobility relative to county and state QA data. The SVI can also be used to

determine the most vulnerable populations during disaster preparedness and public health emergencies, including pandemics.[1]

For example, during a public health emergency, such as a pandemic, the SVI score of a particular region can be instrumental in guiding response efforts. Using SVI data, targeted interventions can be implemented, including providing multilingual public health messaging, offering financial assistance to vulnerable households, and deploying mobile units to isolated areas with high-risk individuals, such as the elderly. Tailoring responses through the lens of SVI allows specific needs of at-risk communities to be met, fosters resilience, and reduces health disparities.

The SVI measures are grouped into four major categories:

SOCIOECONOMIC STATUS	Population Living in Poverty Unemployed Population Population with No High School Diploma
HOUSEHOLD COMPOSITION & PEOPLE LIVING WITH A DISABILITY	Age 65 & Over Age Below 18 Population Living With a Disability Single-Parent Households
MINORITY POPULATION & LANGUAGE	Minority Population Population Who Speaks English Less than Very Well
HOUSING & TRANSPORTATION	Multi-Unit Housing Structures Mobile Homes Crowding Population With No Vehicle

[1] Agency for Toxic Substances & Disease Registry, CDC/ATSDR Social Vulnerability Index.

Social Vulnerability Index scores range from zero (lowest vulnerability) to one (highest vulnerability). Every community must prepare for and respond to hazardous events, whether a natural disaster like a tornado or a disease outbreak, or an anthropogenic event such as a harmful chemical spill. The degree to which a community exhibits certain social conditions, including high poverty, low percentage of vehicle access, or crowded households, may affect that community's ability to prevent human suffering and financial loss in the event of a disaster. These factors describe a community's social vulnerability.

For more information, visit:
https://www.atsdr.cdc.gov/placeandhealth/svi/interactive_map.html

STATEWIDE OVERALL SVI SCORE

Hillsborough County SVI Score	
2022	**0.8889**
2018	**0.7778**

Source: CDC/ATSDR Social Vulnerability Index

In 2018, the statewide Hillsborough County SVI score indicated a high level of vulnerability, which increased in 2022.

EXHIBIT 1: COMMUNITY SURVEY RESPONDENT TOWNS OF RESIDENCE

		United States	New Hampshire	Hillsborough County	Monadnock Service Area
Socioeconomic Status	Population Below Poverty Level	12.5%	7.3%	6.9%	5.4%
	Unemployment Rate	5.3	3.6	3.7	3.2
	Median Household Income	$75,149	$90,845	$95,112	$92,476
	No High School Diploma[2]	10.9%	6.2%	7.0%	5.4%
	Uninsured Population	8.7%	5.8%	6.1%	6.4%
Household Composition & Disability	Under Age 18	22.1%	18.6%	20.0%	20.6%
	Age 65+	16.5%	19.0%	16.3%	20.0%
	Single-Parent Households	24.9%	18.8%	19.5%	ND
	Living with a Disability	12.9%	12.9%	11.7%	11.9%
Minority Status & Language	Minority Population[3]	41.1%	11.7%	18.1%	8.7%
	Limited or No English Proficiency	8.2%	2.4%	5.1%	0.6%

[2] Age 25 and Over.
[3] Minority Population: The data values were calculated by taking the total population minus the white (not Latino, not Hispanic) population. Link: https://catalog.mysidewalk.com/columns/1248/

		United States	New Hampshire	Hillsborough County	Monadnock Service Area
Household Type & Transportation	Multi-Unit Housing Structures[4]	26.6%	25.8%	35.4%	ND
	Mobile Homes	Mobile Homes[5]	5.8%	5.4%	2.0%
	Households with No Vehicle	8.3%	4.6%	5.1%	4.3%
	Overcrowded Housing Units[6]	3.4%	1.4%	1.7%	3.7%
	Group Quarters[7]	2.4%	2.9%	1.9%	1.3%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

[4] Multi-Unit Housing Structures is defined here as the percentage of housing units that are in buildings containing 2 or more housing units.
[5] Percent of mobile homes per total housing units.
[6] The data values were calculated by counting all occupied housing units with more than one person per room.
[7] The Census Bureau "classifies all people not living in housing units as living in group quarters. A group quarters is a place where people live or stay, in a group living arrangement, that is owned or managed by an entity or organization providing housing and/or services for the residents"

Hillsborough County, New Hampshire
Community Health Profile

Life Expectancy
78.9

Chronic Disease Among Adults

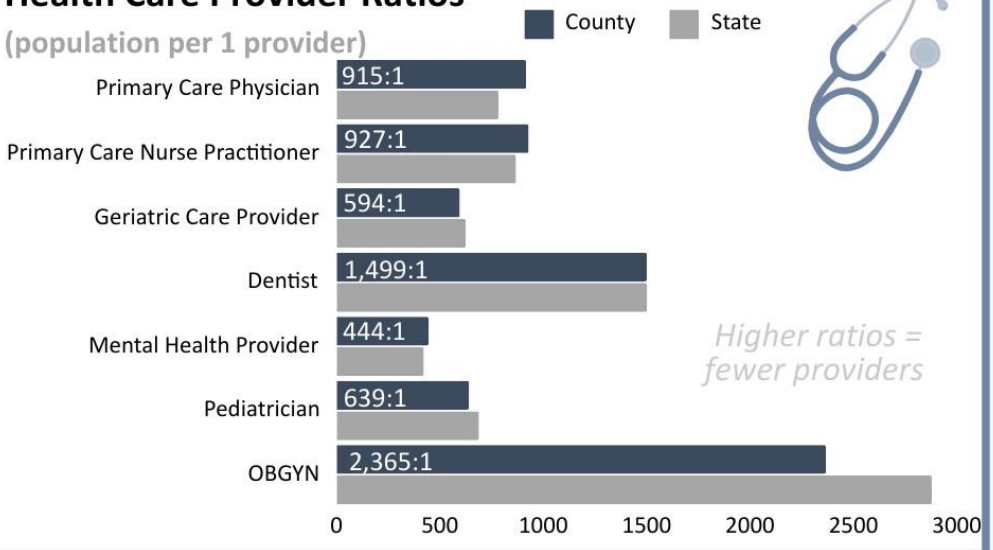
Obesity	High Cholesterol	High Blood Pressure	Depression
33.7%	**32.8%**	**29.3%**	**22.4%**

6.1%
Uninsured Population

31.0%
People with Public Health Insurance

82.1%
People with Private Health Insurance

Health Care Provider Ratios
(population per 1 provider)



Health Risk Behaviors

Current Smoking
14.0%

Binge Drinking
15.6%

No Leisure-Time Physical Activity
20.9%

Sleeping Less than 7 Hours
32.7%

Quality of Life

Mental Health Not Good (for 14+ Days)	Physical Health Not Good (for 14+ Days)	Fair or Poor Self-Related Health Status
13.9%	**9.4%**	**18.8%**

Causes of Death

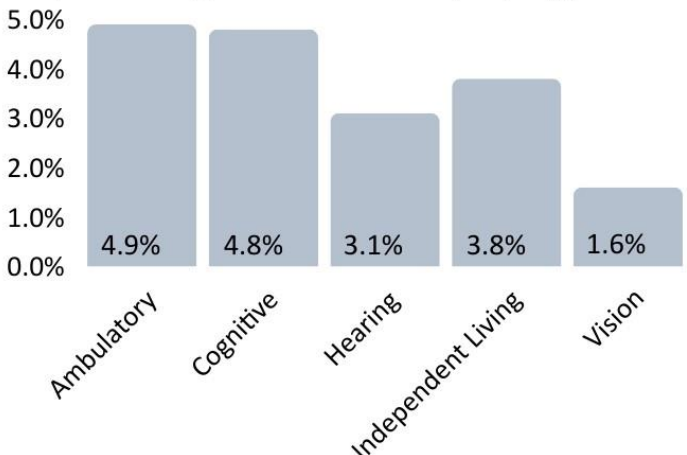
Top Causes (per 100,000 people)

Heart Disease	**199.0**
Cancer	**179.1**
Accidental Injuries	**77.4**

Routine Checkup Visit to Doctor within Past Year
72.8%

Visit to Dentist or Dental Clinic within Past Year
69.8%

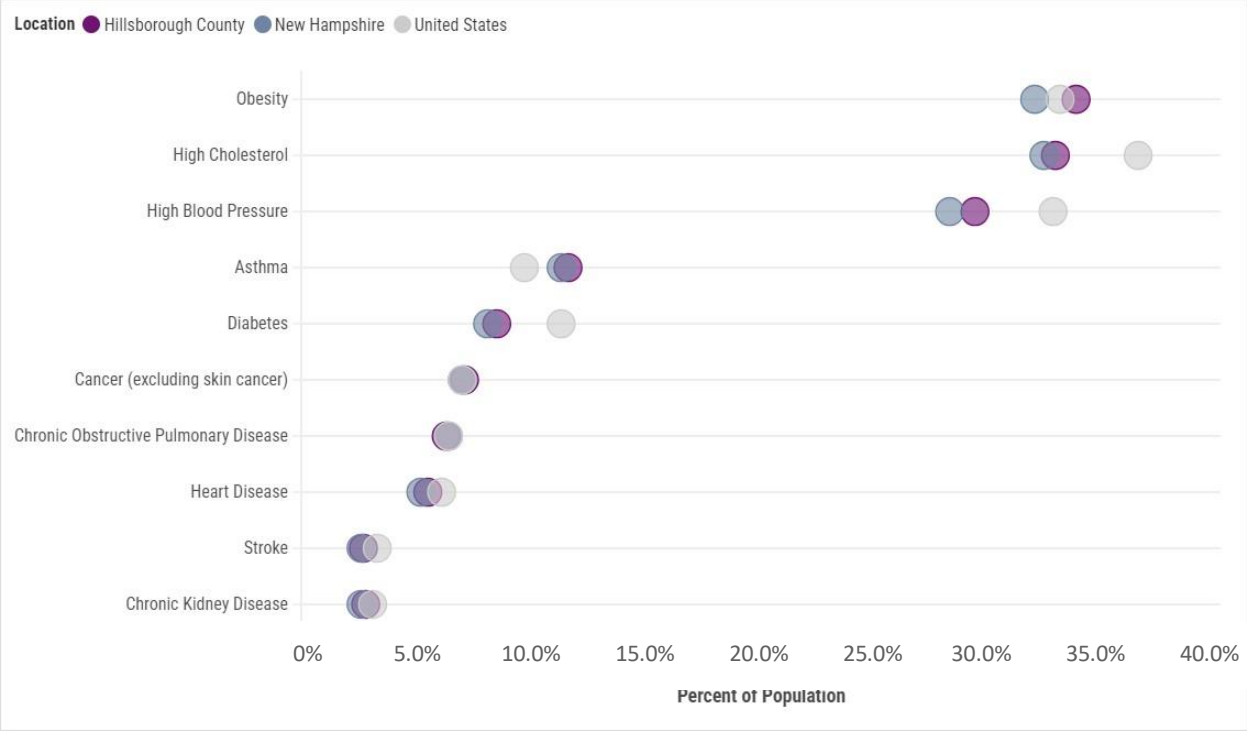
People Living With Disability by Type



Community Physical Health Status

Nearly 10.0% of adults in Hillsborough County report that their physical health was 'not good' for 14 or more days in any given month and more than 25.0% of the population has at least one of the following chronic health conditions: Obesity, high cholesterol, and high blood pressure.

EXHIBIT 2: PREVALENCE OF CHRONIC DISEASES AMONG ADULTS



Source: Behavioral Risk Factor Surveillance Survey, 2021

Hillsborough County has higher rates of obesity and asthma compared to both the state and national levels. While the prevalence of high cholesterol and high blood pressure in the county exceeds the state average, it remains below the national rate. The prevalence of other chronic diseases in the county is similar to both state and national figures.

Sexually Transmitted Infections

Hillsborough County had the highest rate of chlamydia and gonorrhea in the state of New Hampshire in 2022.

The rate of gonorrhea in the county per 100,000 persons was **84.9**, compared to the state rate of **48.3**. This was significantly higher in the city of Manchester, where the rate was **169.5**.

The rate of chlamydia in the county per 100,000 persons was **258.4**, compared to the state rate of **210.4**. This was significantly higher in the city of Manchester, where the rate was **439.9**.

Source: New Hampshire Infectious Disease Surveillance Section, STI/HIV Data Summary Report 2018-2022

Community Behavioral Health Status

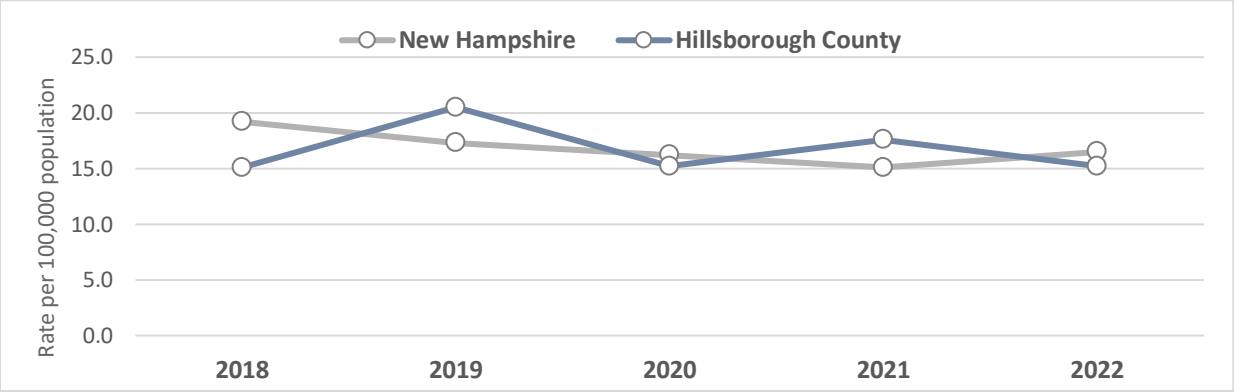
In Hillsborough County, 13.9% of adults report that their mental health was 'not good' for 14 or more days in any given month and 22.4% of the population has been diagnosed with depression.

In the Monadnock Service Area, 14.8% of adults report that their mental health was 'not good' for 14 or more days in any given month and 23.6% of the population has been diagnosed with depression, slightly higher percentages than the overall county.

Suicide

The suicide rate in Hillsborough County fluctuated between 2018 and 2022, but ultimately decreased to 15.2 per 100,000 people in 2022, matching the state's rate of 16.5 per 100,000.

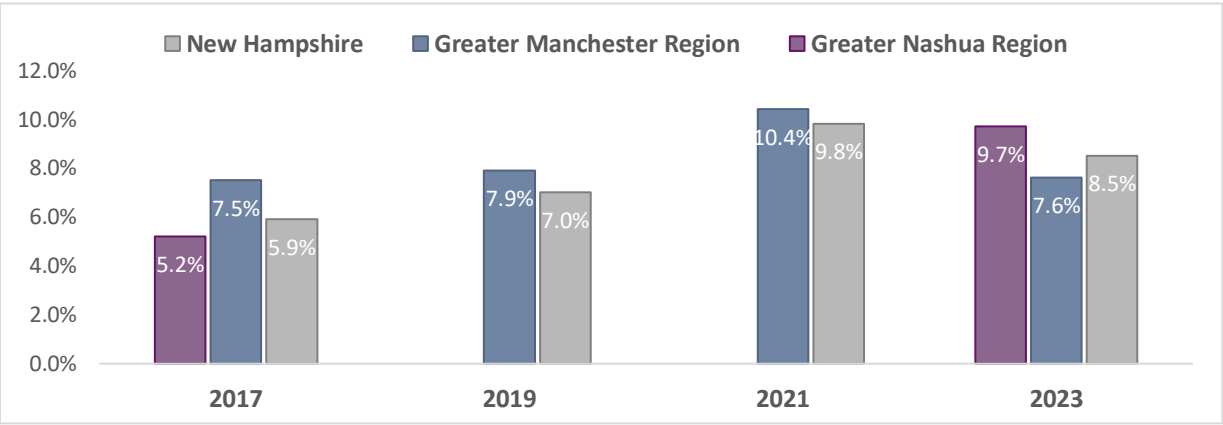
EXHIBIT 3: TREND OF SUICIDES IN HILLSBOROUGH COUNTY



Source: New Hampshire Department of Health & Human Services, Data Portal. Suicide Mortality

The percentage of high school students self-reporting suicide attempts in the Greater Manchester region, the Greater Nashua region and New Hampshire overall were higher in 2023 compared to 2017. In 2023, 9.7% of students in the Greater Nashua region and 7.6% of students in the Greater Manchester region self-reported attempted suicide in the past year.

EXHIBIT 4: TREND OF HIGH SCHOOL STUDENTS WHO SELF-REPORTED ATTEMPTED SUICIDE IN PAST 12 MONTHS

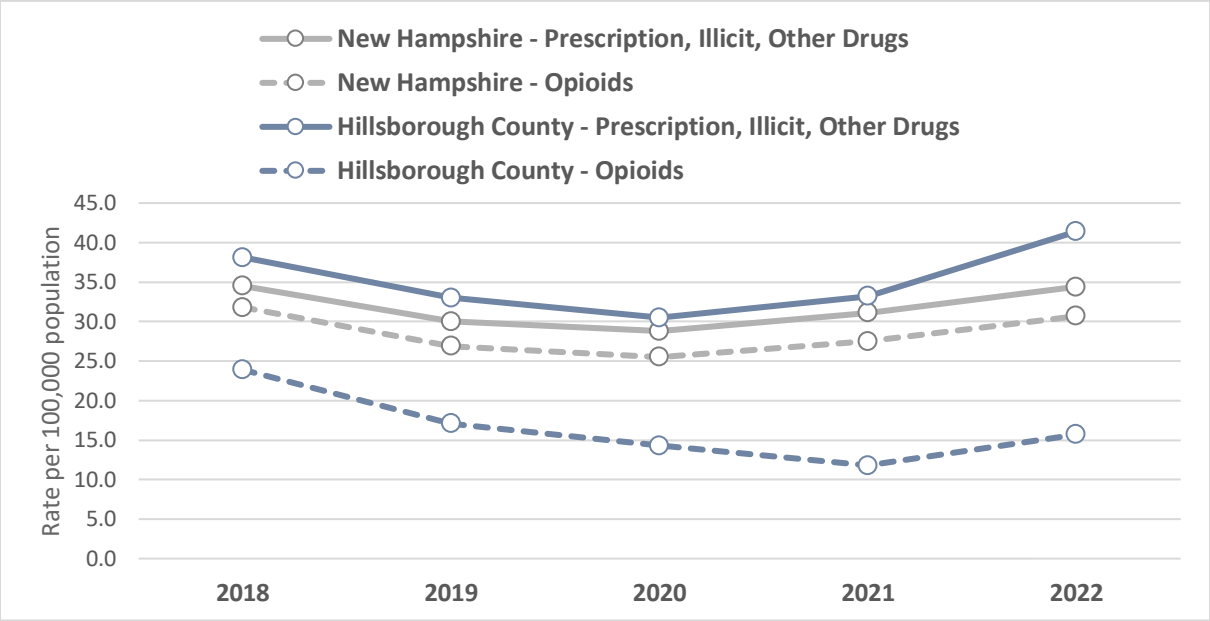


Source: New Hampshire Department of Health & Human Services, Youth Risk Behavior Survey

Substance Use

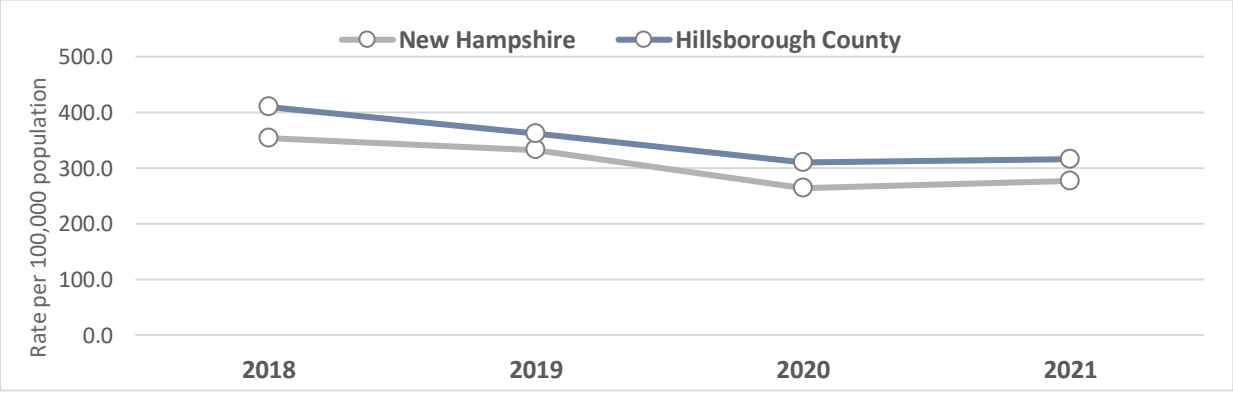
In 2022, Hillsborough County had a higher rate of overdose deaths (41.4 per 100,000) than the state average (34.4 per 100,000), continuing an upward trend from 2020. Although opioid-related overdose deaths in the county were lower than the state's rate in 2022, emergency department visits for overdoses remained elevated in 2021, with the county at 315.7 visits per 100,000 compared to the state's 276.3.

EXHIBIT 5: TREND OF OVERDOSE DEATHS, BY TYPE OF DRUG



Source: New Hampshire Department of Health & Human Services, Data Portal, Substance Misuse

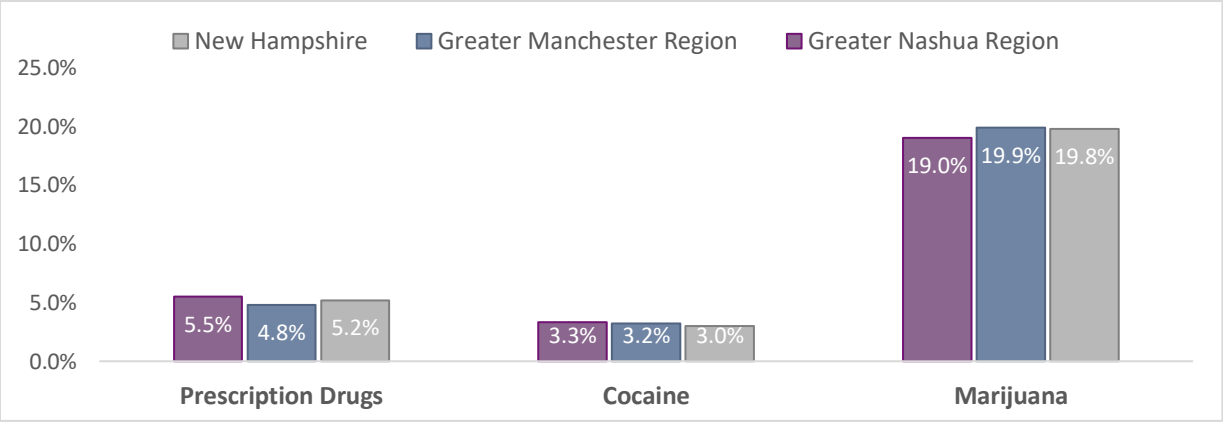
EXHIBIT 6: TREND OF OVERDOSE EMERGENCY DEPARTMENT VISITS



Source: New Hampshire Department of Health & Human Services, Data Portal, Substance Misuse

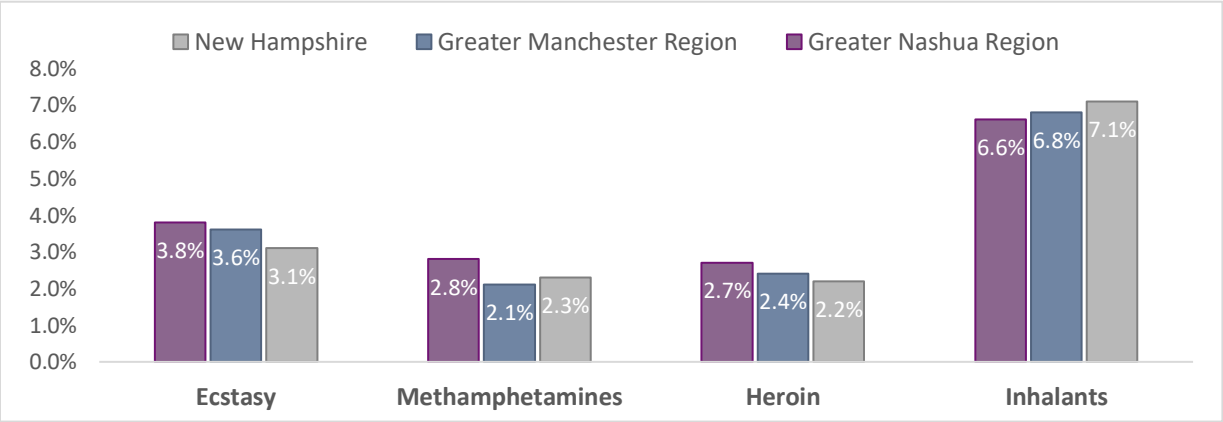
In the 2023 Youth Risk Behavior Survey, the rates of high school students self-reporting current substance use in the Greater Manchester and Greater Nashua regions are comparable to state averages, with marijuana use around 19% in all areas. However, lifetime use of substances such as heroin and methamphetamines is slightly higher in the Greater Nashua region (2.7% and 2.8%, respectively) compared to state levels.

EXHIBIT 7: CURRENT SUBSTANCE USE SELF-REPORTED BY HIGH SCHOOL STUDENTS[8,9]



Source: New Hampshire Department of Health & Human Services, 2023 Youth Risk Behavior Survey

EXHIBIT 8: LIFETIME SUBSTANCE USE SELF-REPORTED BY HIGH SCHOOL STUDENTS[10]



Source: New Hampshire Department of Health & Human Services, 2023 Youth Risk Behavior Survey

Monitoring youth substance use is crucial, as early drug use can lead to long-term health and behavioral consequences, making prevention and intervention key priorities for community health.

[8] Percent of students who currently used each substance (one or more times) during the past 30 days.
[9] Prescription Drugs is refers to a prescription drug taken without a doctor's prescription (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax).
[10] Inhalants is defined as "Sniffed glue or breathed the contents of aerosol spray cans or inhaled any paints or sprays to get high."

Social Determinants of Health Key Findings

In addition to collected key demographic and health secondary data, research in this Community Health Needs Assessment looks at the Social Determinants of Health (SDoH). Social Determinants of Health include a wide range of factors, including, but not limited to, income, education, job security, housing, basic amenities, the environment, social inclusion and non-discrimination, and access to quality, affordable health care. These conditions "contribute to wide health disparities and inequities."[11]

The following secondary research sections includes key findings related to Social Determinants of Health in the Monadnock Community Hospital service area.

Health Care

Equitable, affordable, and available access to needed healthcare services is a critical component of ensuring positive outcomes for a population. Unfortunately, many people do not receive the physical or behavioral healthcare that they need, whether due to unaffordability or unavailability.

Availability and access to healthcare can be impacted by a lack of providers in the area, limited transportation options to get to appointments, stigma, or insurance barriers.

Provider Capacity and Access

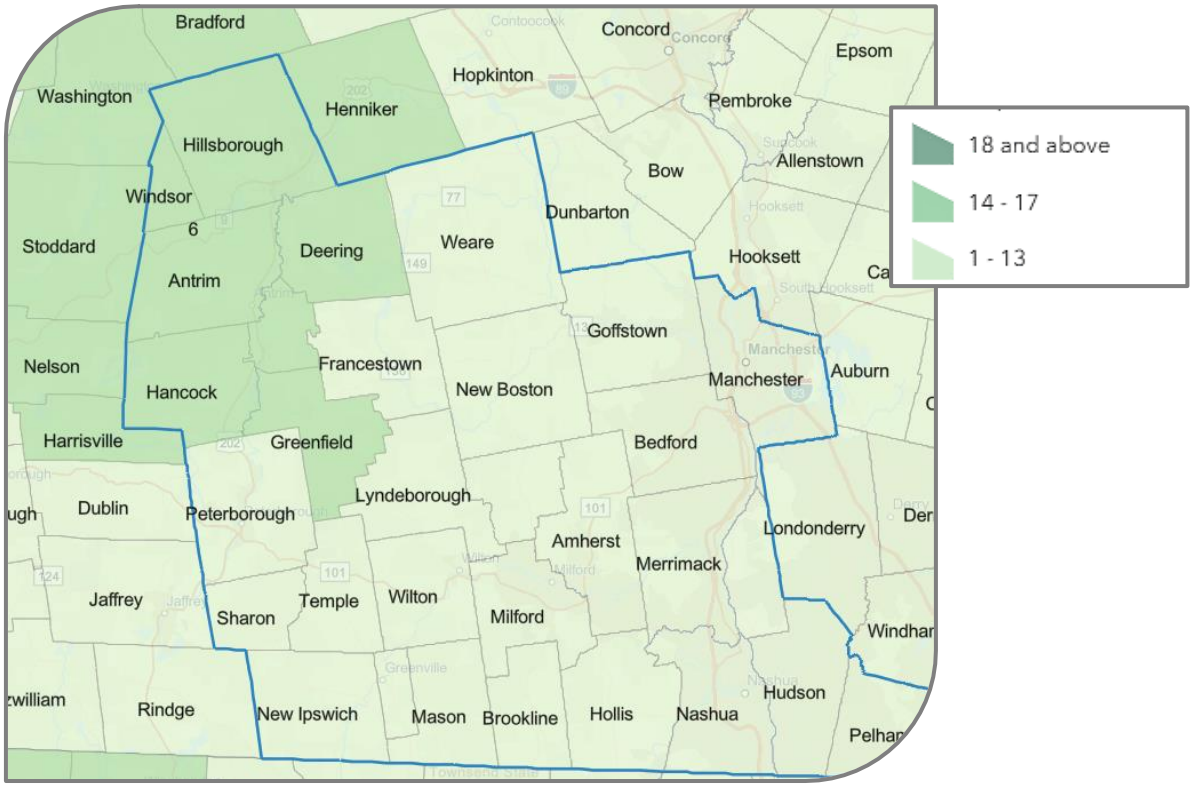
Not having a primary care physician or medical home can lead to missed routine screenings and treatments, causing a dangerous decline in health.

In Hillsborough County, there is a high ratio of people to primary care physicians (PCPs), indicating a shortage relative to the population. For context, New Hampshire has a ratio of 782:1, whereas Hillsborough County's ratio is 915:1. However, the ratio of people to other types of providers in Hillsborough County is lower than the state average.

[11] Healthy People 2030: Social Determinants of Health. https://health.gov/healthypeople/objectives-and-data/social-determinants-health

A different way to view the primary care shortage in the Monadnock Service Area is through the Health Professional Shortage Area (HPSA) score. As of 2024, Antrim, Bennington, Hancock, and Greenfield had HPSA scores of 6, reflecting a higher need for healthcare providers compared to surrounding areas.

EXHIBIT 9: DESIGNATED PRIMARY CARE AREA HEALTH PROFESSIONAL SHORTAGE AREA



Source: Health Resources & Services Administration, 2024

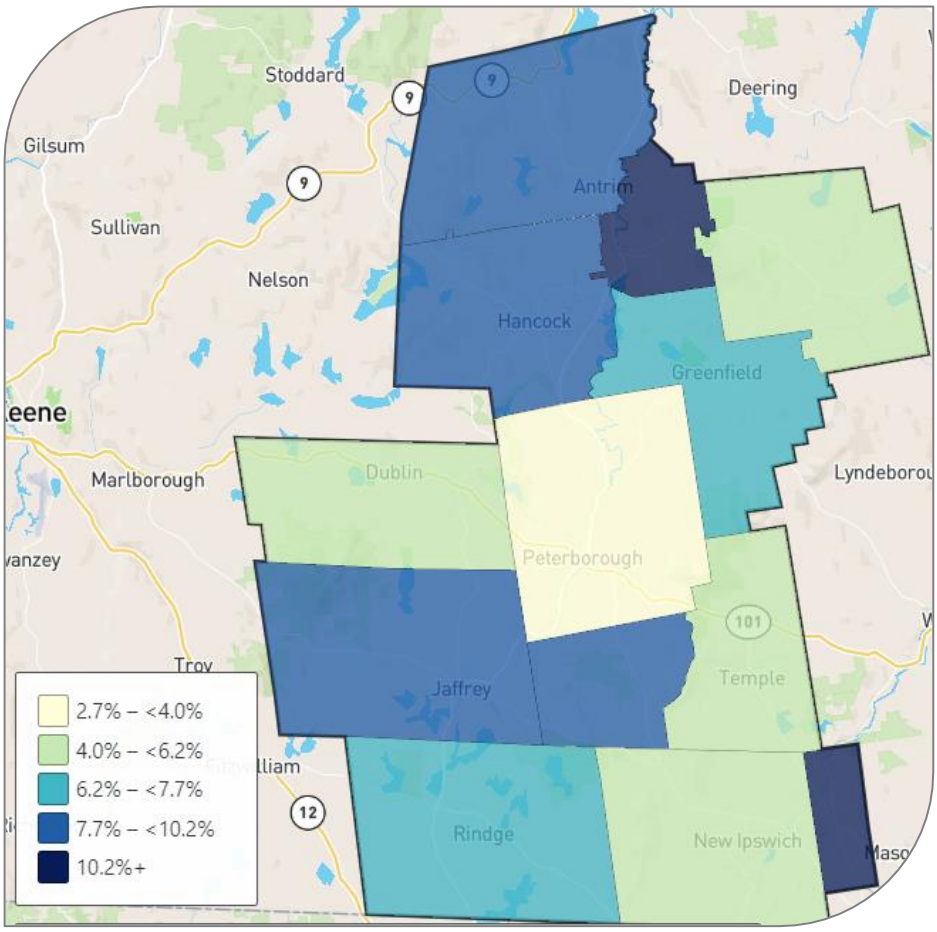
Health Professional Shortage Area Definition

Health Professional Shortage Areas (HPSAs) are regions or facilities experiencing a shortage of healthcare providers. The HPSA tool identifies areas with the most severe shortages across various healthcare disciplines.

Scores range from 0 to 26, with higher scores indicating greater need. The score reflects how many full-time equivalent (FTE) practitioners are required to meet the population-to-provider target ratio, based on the specific type of HPSA.

Lack of health insurance can severely impact a person's ability to access timely and affordable care, often leading to delays in seeking necessary treatment. Without coverage, individuals may forgo regular check-ups or preventative care, resulting in more serious health issues over time. When care becomes unavoidable, many uninsured individuals are forced to seek help at costly emergency rooms or urgent care centers, leading to large medical bills that can cause significant financial strain or long-term debt.

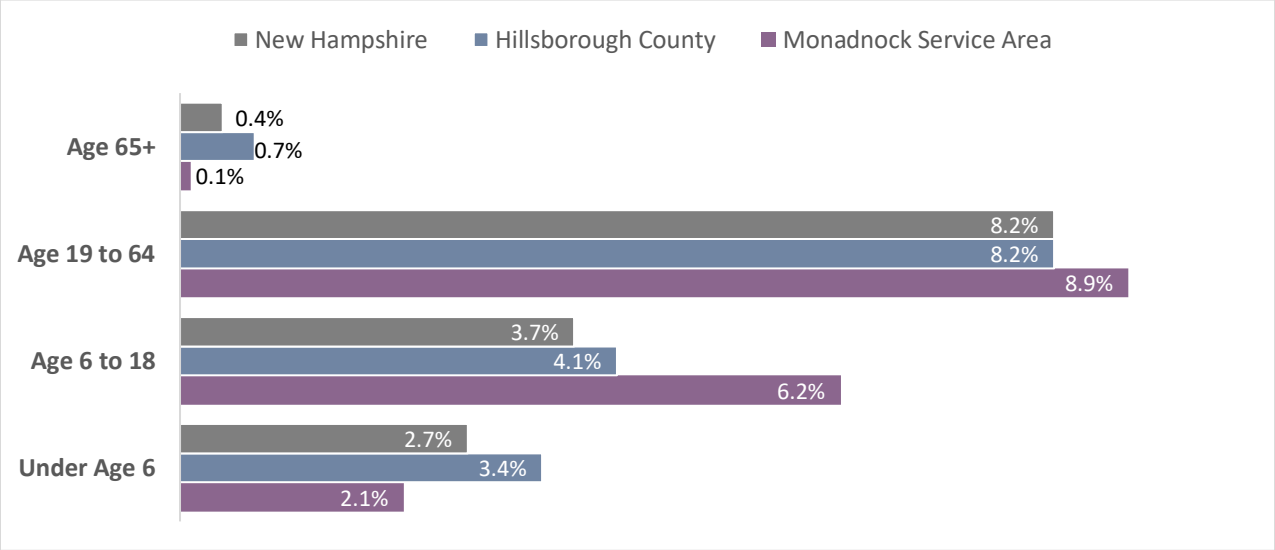
EXHIBIT 10: POPULATION WITHOUT HEALTH INSURANCE, BY TOWN IN MONADNOCK SERVICE AREA



Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

In the Monadnock Service Area, 93.5% of the population is insured. The uninsured population includes 2.1% of children under age six, 6.2% of adolescents aged six to 18, 8.9% of adults aged 19 to 64, and 0.1% of adults over age 65.

EXHIBIT 11: UNINSURED POPULATION BY AGE



Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

However, lack of insurance is not the only barrier to care. Individuals with public insurance, such as Medicaid or Medicare, may also encounter difficulties, as some providers do not accept these plans or limit the number of patients they see with public coverage. Only 3.7% of the population in the Monadnock Service Area relies on public health insurance, compared to 31.0% in Hillsborough County and 34.2% statewide in New Hampshire.

3.7% population in Monadnock Service Area has **public health insurance**

Public Insurance Definition:

Includes the federal programs Medicare, Medicaid, and VA Health Care (provided through the Department of Veterans Affairs); the Children Health Insurance Program (CHIP); and local medical programs for indigents (this program is included only for the Pacific Islands)

Private Insurance Definition:

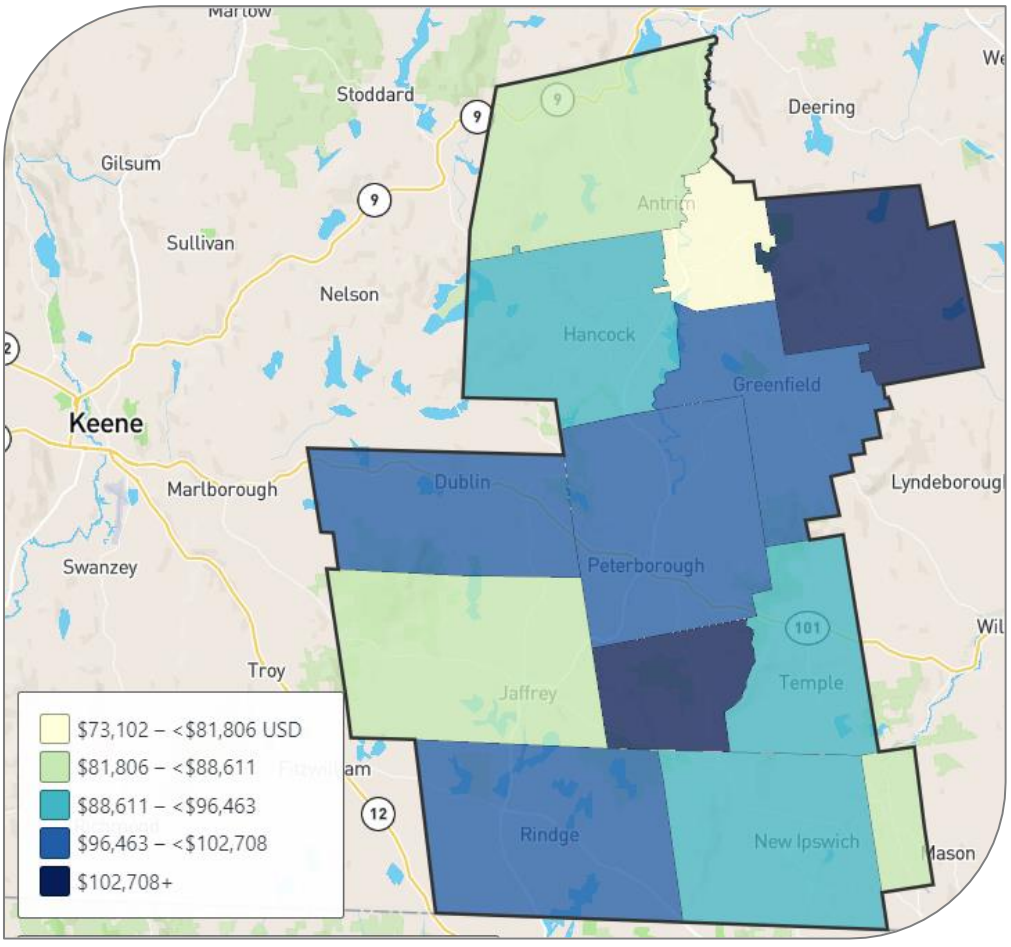
A plan provided through an employer or union, a plan purchased by an individual from a private company, or TRICARE or other military health care.

Economic Stability

People living in poverty are less likely to have access to healthcare, healthy food, stable housing, and opportunities for physical activity. Research suggests that low-income status is associated with adverse health consequences, including shorter life expectancy and higher death rates for the 14 leading causes of death, among other poor health outcomes.[12]

New Hampshire's median household income is $90,845, ranking seventh highest among all states.[13] Hillsborough County surpasses this with a median income of $95,112, making it the second highest among the state's ten counties. Reflecting this trend of higher income, the towns within the Monadnock Service Area also report relatively elevated household incomes. Sharon and Francestown both have median incomes above $100,000; Greenfield, Peterborough, Rindge, and Dublin have median incomes above $95,000.

EXHIBIT 12: MEDIAN HOUSEHOLD INCOME, BY TOWN IN MONADNOCK SERVICE AREA



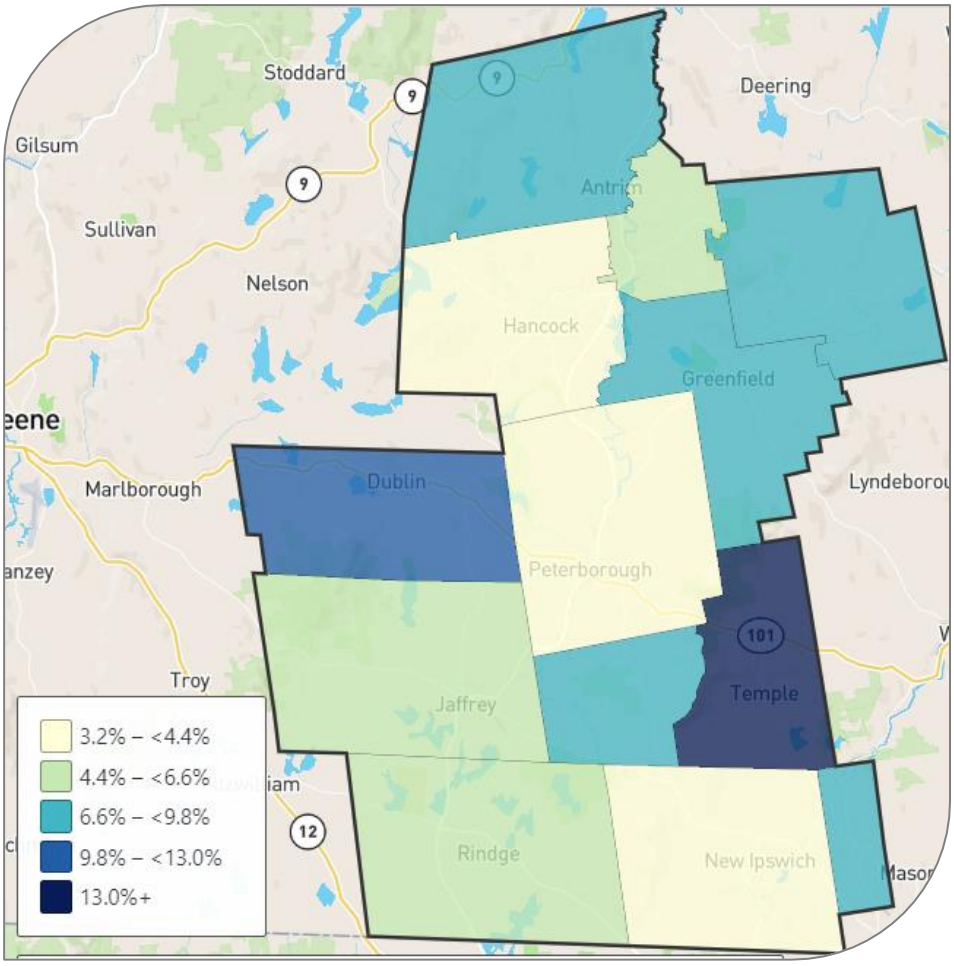
Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

[12] American Academy of Family Physicians, Poverty & Health. The Family Medicine Perspective, April 2021.
[13] Including Washington D.C.

Despite the relative affluence of the Monadnock Service Area, there are areas where the percentage of the population living below the poverty level is higher.

For example, in Temple, the median household income is over $93,000, but 13.0% of the population is living below the poverty level. Similarly, in Dublin, despite a high median household income, nearly one in 10 people are living below the poverty level.

EXHIBIT 13: PERCENT OF POPULATION BELOW POVERTY LEVEL, BY TOWN IN MONADNOCK SERVICE AREA



Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Living Wage in Hillsborough County for a family with 2 working adults and 2 children:

$29.99

Living wage is the hourly rate that an **individual** in a household must earn to support themselves and/or their family, working full-time, or 2,080 hours per year. In households with two working adults, hourly values reflect what one working adult requires to earn to meet their families' basic needs, assuming the other adult also earns the same.

Source: Massachusetts Institute of Technology Cost of Living Calculator. 2023

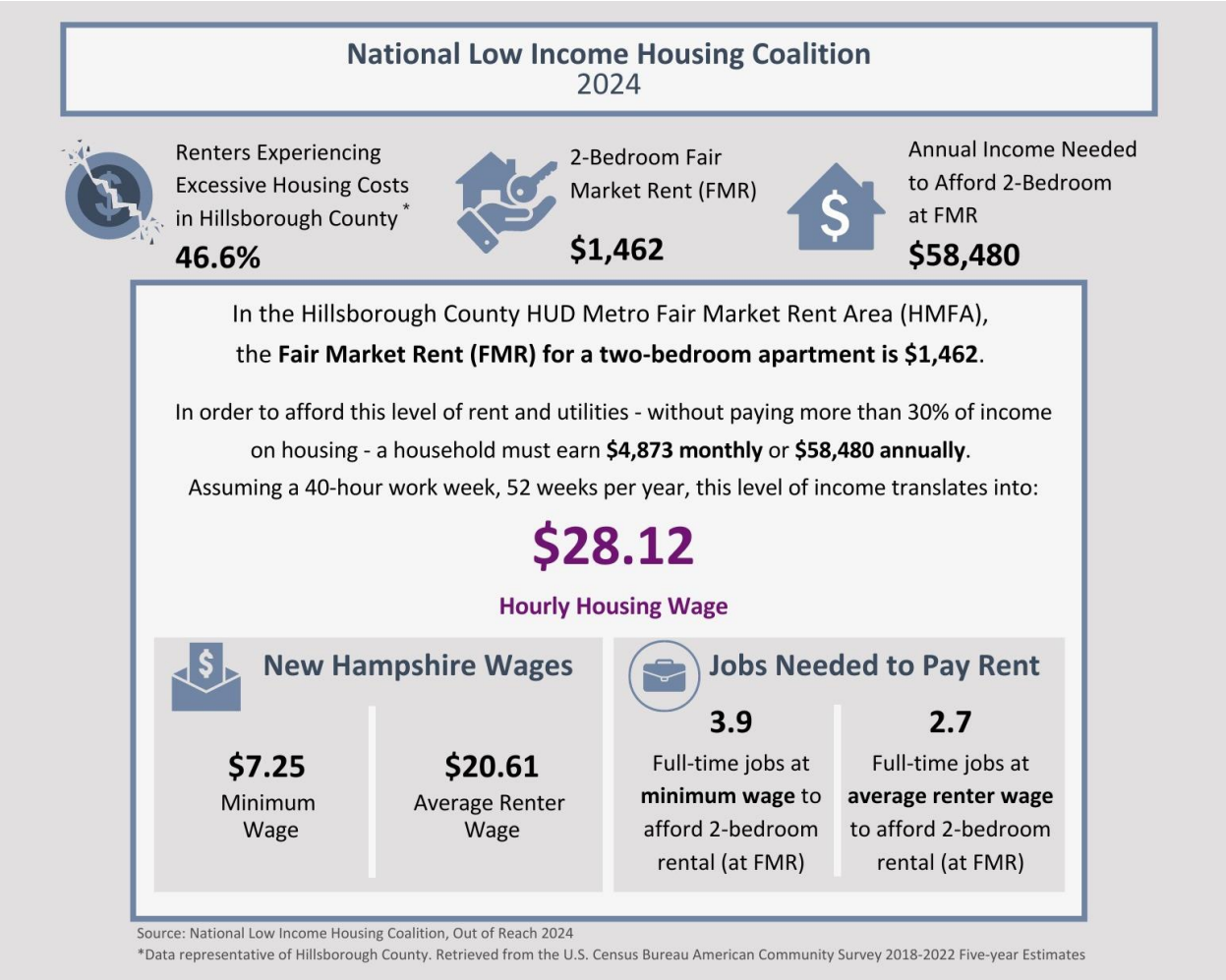
Neighborhood & Built Environment

The neighborhoods people live in have a major impact on their health and well-being. The physical environment includes housing and transportation, parks and playgrounds, and the chances for recreational opportunities.[14]

Housing

Difficulties with housing can serve as a primary source of stress and can be a direct barrier to well-being for members of a community. When housing is unaffordable, scarce, or poorly maintained, it undermines community cohesion, contributing to increased stress, instability, and isolation, exacerbating health disparities and ultimately harming overall health and quality of life.[15]

EXHIBIT 14: HOUSING IN HILLSBOROUGH COUNTY



[14] Kaiser Family Foundation, Beyond Health Care: The Role of Social Determinants in Promoting Health & Health Equity, 2018
[15] Healthy People 2030: Social Determinants of Health. https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/neighborhood-and-built-environment

Housing in Hillsborough County is costly. According to the National Low Income Housing Coalition, the fair market rent for a two-bedroom unit in the county's metro area is $1,462 per month. For a person earning minimum wage, affording this rent would require working 3.9 full-time jobs.[16]

EXHIBIT 15: EXCESSIVE HOUSING COSTS

	United States	New Hampshire	Hillsborough County	Monadnock Service Area
Excessive Renter Housing Costs[17]	46.4%	44.4%	46.6%	35.7%
Excessive Housing Costs Per Occupied Housing Unit[18]	30.5%	30.3%	31.5%	28.5%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Excessive housing costs are higher in Hillsborough County compared to the state; however, the Monadnock Service Area is slightly less cost-burdened by housing than the county overall.

Food Access

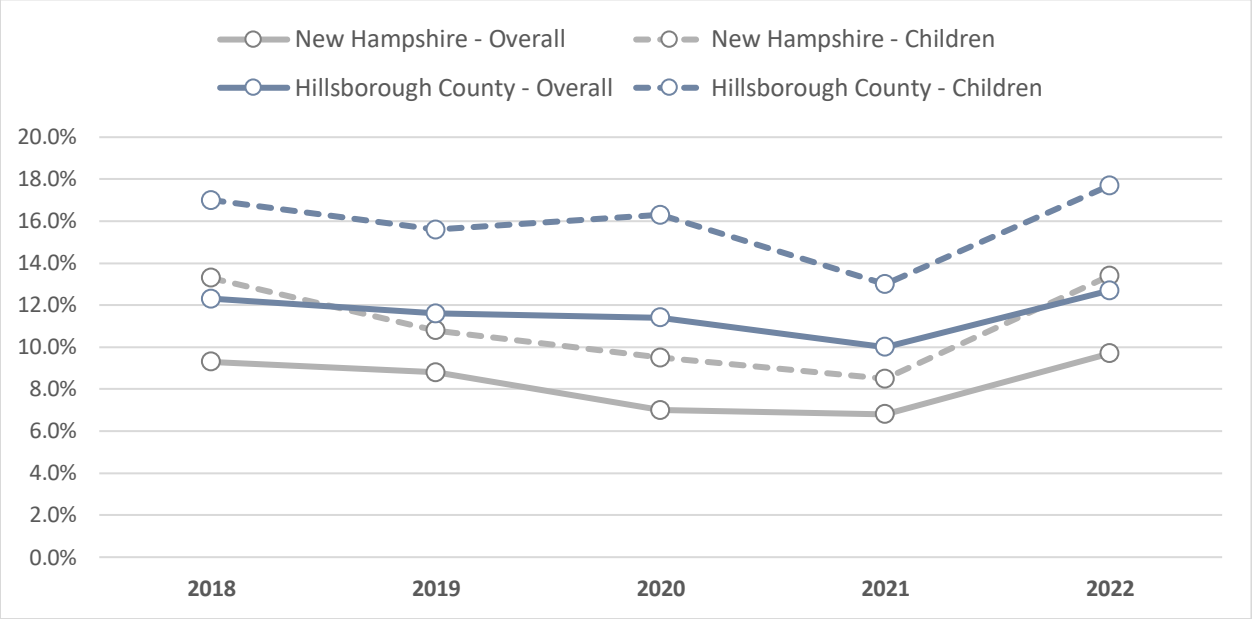
Food insecurity can contribute to poor nutrition, higher rates of chronic diseases, and worsened overall health outcomes. For a community health system, this can lead to increased demand for emergency care, greater strain on chronic disease management services, and a rise in preventable health conditions.

Between 2018 and 2022, food insecurity in Hillsborough County has been on the rise, both overall and among children, with rising living costs likely contributing to this trend. In 2022, 17.7% of children and 12.7% of the overall population in Hillsborough County were food insecure, compared to 13.4% of children and 9.7% of the total population in New Hampshire.

In Hillsborough County, 6.4% of households rely on SNAP benefits, compared to 4.5% in the Monadnock Service Area.[19] Additionally, 23.3% of students in Hillsborough County were eligible for free and reduced lunch in the 2021-2022 school year, down from 28.0% in 2019-2020.[20] Although this decrease may seem positive, it may reflect underreporting due to pandemic-related changes, potentially masking the true extent of need.

[16] https://nlihc.org/sites/default/files/oor/2024_OOR-new-hampshire.pdf
[17] Gross Rent 30% or More of Income per renter-occupied housing unit.
[18] Housing Costs 30% or More of Income.
[19] U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates
[20] New Hampshire Department of Education Division of Program Support, Bureau of Data Management

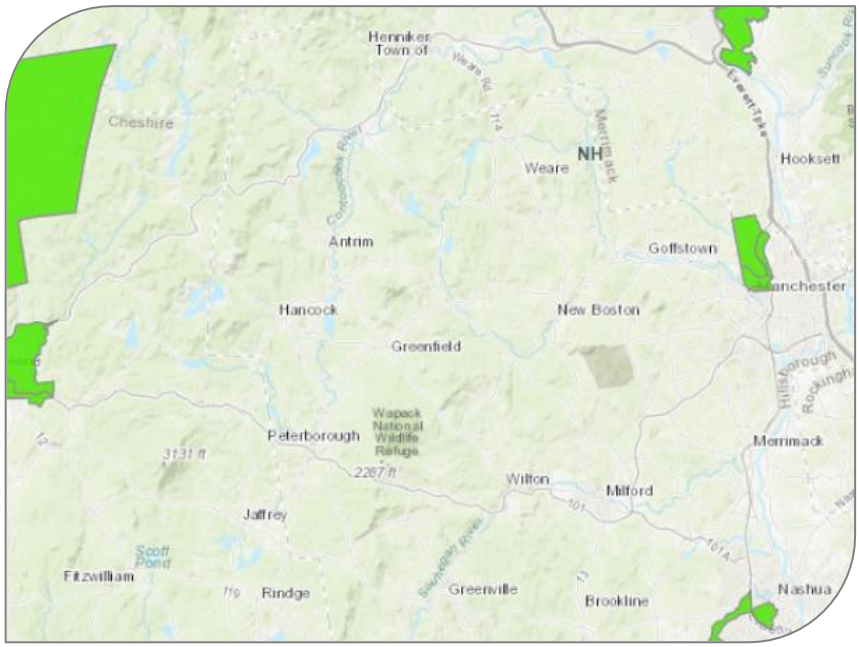
EXHIBIT 16: TREND OF FOOD INSECURITY



Source: Feeding America, Mind the Meal Gap

Hillsborough County has designated food desert areas located outside the cities of Manchester and Nashua. A food desert is a low-income area where residents face challenges accessing nutritious food due to their distance from supermarkets. Tracking food deserts is crucial because limited access to healthy food can contribute to poor health outcomes and increased rates of chronic disease.

EXHIBIT 17: FOOD DESERTS IN HILLSBOROUGH COUNTY



Source: U.S. Department of Agriculture, Economic Research Services. Food Access Research Atlas, July 2023

Food Insecure Communities

The Food Access Research Atlas indicates low-income census tracts where a substantial number or share of residents is more than one mile (urban) or 10 miles (rural) from the nearest supermarket.

The green shaded areas on the map indicate food deserts within and around Hillsborough County.

Qualitative Research and Identified Needs

To complement the Environmental Analysis, extensive qualitative research was conducted throughout the MCH service area.

The interviews provided an opportunity to have in-depth discussions with community members to better understand the community, its strengths and valued resources, prioritized needs, and other insights. To review the Interview Guide (interviews) and Moderator's Guide (focus group discussions), please see Appendix B and Appendix C.

Participation

The qualitative research included **five** focus group discussions and interviews with over **20** stakeholders. In total, across both qualitative research stages, participants from various sectors, including those listed below, contributed valuable insights:

- Referring Partners
- Healthcare Providers
- Non-Profit Agencies
- Social Service Organizations
- Faith-Based Institutions
- Educators
- Community Volunteers
- Users of Monadnock Community Hospital services
- Higher-risk Community Representatives

Results

The combination of qualitative individual interviews and focus group discussions provided information on the **Community Strengths** through the Monadnock Community Hospital service area.

The overarching goal of the qualitative research was to identify core **Action Areas**, as well as a comprehensive list of community needs to be included in the final Needs Prioritization process.

Community Strengths

For this Community Health Needs Assessment, it is important to highlight the strengths that residents in the greater Monadnock Community Hospital service area see in their community, and to recognize programs and services seeing success in addressing community needs.

Community members in the Monadnock Community Hospital service area consistently highlighted the strong sense of collaboration and support among local organizations and healthcare providers. A well-established network of community centers, nonprofits, and social services works together regularly, sharing resources and information to better serve the population.

As one participant noted, the monthly provider network meetings allow organizations to become familiar with each other, fostering a sense of trust and making it easier to connect people with the services they need. This collaborative spirit extends to the hospital, where community members feel welcomed and supported by friendly staff and volunteers who contribute to a positive patient experience.

In addition, participants emphasized the close-knit nature of the region, where people care deeply about their neighbors and are eager to give back.

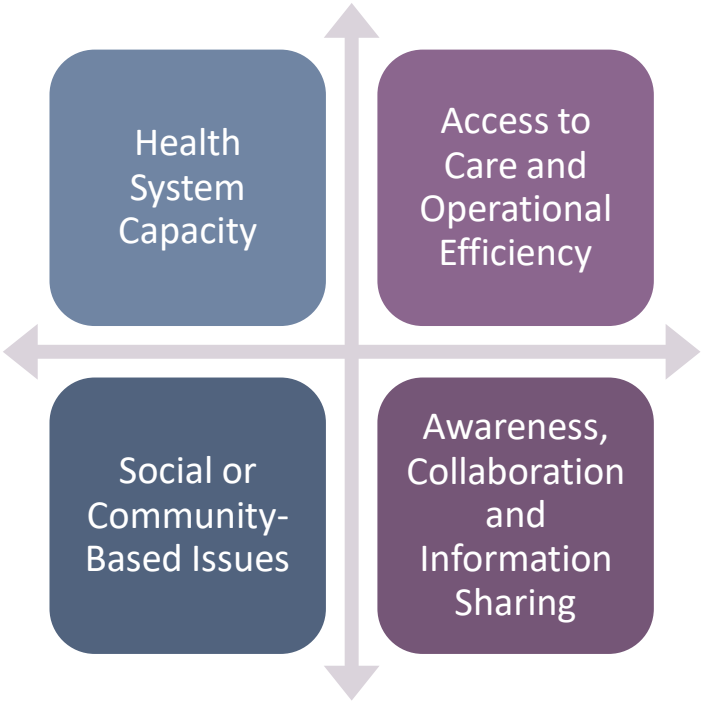
Voices from the Community:

- *"There's so much community involvement [seen] when you're walking through the hospital. The donors aren't just employees – it's the community giving, and they are very generous. It says a lot about the relationship between the community and hospital."*
- *"There is an undeniable focus among social service providers to work together and collaborate. [Many organizations] meet often and identify co-beneficial activities and programs [that address community issues]."*
- *"We moved [to the area] because we wanted a better lifestyle for our kids. We feel like there are strong family values and people are very neighborly."*

Action Areas

The following summary provides insight into the **Action Areas** representative of respondents' consensus perspectives The report provides details of the specific community-based needs embedded within each of the **Action Areas,** as well as some illustrative quotations or paraphrased comments. In some cases, the observations highlight examples of potential intervention.

Four Qualitative Action Areas include the following:



More detailed insights from community members regarding each action area can be found in the following pages.

Health System Capacity	1. **Primary Care Access** – More primary care resources, reduce turnover, and ensure better quality care. 2. **Specialized Medical Services** – More specialized care including endocrinology, podiatry, and urology. 3. **Senior Services** – Wellness and social resources for seniors, addressing isolation, and access to care. 4. **Mental Health Services** – Increased mental health capacity at all levels, including crisis care, pediatric mental health, and outpatient services. 5. **Substance Use Disorder Services** – Capacity for substance use disorder treatment, particularly for fentanyl addiction.

The theme of Health System Capacity highlights critical areas where the healthcare infrastructure of the community requires significant enhancement to meet the growing and diverse needs of its population.

Capacity is a critical "pain point" that impacts primary care and specialized medical care, yet it also impacts access issues such as the need for medical transportation, crisis care, the necessity and impact of integrated care, healthcare literacy, and a range of related issues.

"Without a solid primary care base of [providers], everything else starts to fall apart; people with [specialized medical care] needs wait forever to see a doctor or they go without care, seniors don't get the integrated care they need, and they even miss people who are depressed or have [substance misuse] issues."
- Monadnock Community Hospital volunteer and community member

Adequate capacity allows the hospital to provide a wide range of services, from mental health and specialized care to primary care and substance use treatment, ensuring that diverse needs are addressed.

Access to Care and Operational Efficiency	1. **Urgent Care and Walk-in Clinics –** Repeated calls for urgent care facilities, which increases provider capacity and lowers demand on scarce PCP resources. 2. **Crisis and Prevention Support** – Awareness of crisis services, trauma-informed care training, and support for domestic violence victims. 3. **Transportation to Medical Services** – A critical need for transportation, especially for seniors, children with disabilities, and college students. 4. **Better Coordination of Care –** Increased care navigation, efficient referral systems, and integrated EMR systems. 5. **School and Hospital Collaboration** – Coordination between schools and hospitals for student health care. 6. **Emergency Department Improvements** – More responsive and disability-aware care in the emergency department. 7. **Case Management and Care Navigation** – Case management for chronic disease patients and financial assistance navigation. 8. **Peer support services** – Peer support specialists for substance use disorder patients and chronic disease patients.

Access to Care and Operational Efficiency are essential for a hospital to address high-priority community health needs. Improving access ensures that all, especially vulnerable populations, receive timely, appropriate care.

Operational efficiency enhances the hospital's ability to deliver coordinated, quality services while maximizing resources. Together, these factors help meet community health needs comprehensively and sustainably.

However, community members report that the focus areas mentioned above limit access to care. Urgent care and transportation were the most frequently cited access-related needs, while crisis care, affecting fewer people, was identified as a critical issue.

"I recently read in The Journal of Rural Health that rural communities with access to care navigation or case management experience lower rates of emergency room visits and reduced healthcare costs. They decrease the burden on hospitals and improve access to care. Makes sense to me."

- Medical provider affiliated with the hospital

"You have to drive 45 minutes for an urgent care issue! Who does that?! No one. That's why many just go to the [Emergency Department] instead. This is our biggest single need since it impacts so many other issues."
- Paraphrased comment from three retired seniors who previously worked in the local healthcare industry

Social or Community-Based Issues	1. **Affordable Housing** – Affordable housing, especially for seniors and hospital staff. 2. **Workforce Development** – Develop and retain healthcare workforce, especially primary care providers. 3. **Economic Development** – Job creation and economic development to support the community. 4. **Social Support Systems** – Social support, volunteerism, and financial assistance for those in need. 5. **Access to Healthful, Affordable Food** – Nutritious, affordable food is a priority especially for families with children. 6. **Public Transportation** – Improved public transportation options. 7. **Childcare Services** – Affordable and accessible childcare.

Social and Community-Based Issues impact high-priority community health needs. These factors, such as transportation, social support, and childcare, directly impact access to care and overall health outcomes.

> *"The cost of housing is hurting everyone. [My spouse and I] are both in healthcare and make decent money. Even with that, it's hard to make ends meet – especially with … kids!"*
> *- Monadnock Community Hospital community member*

For example, national research highlights the significant impact transportation has on community health, particularly in ensuring access to care. Transportation barriers can lead to delayed medical treatments, missed appointments, and increased reliance on emergency services, particularly among vulnerable populations such as seniors, children with disabilities, and low-income individuals. Improved transportation resources can improve health outcomes and reduce disparities in care.[21]

[21] American Hospital Association, SpringerLink, SpringerLink.

Awareness, Collaboration, and Information Sharing	1. **Awareness and Education –** Awareness of available services, health literacy, and public education. 2. **Shared EMR system –** Sharing patient information among community and hospital providers, as well as EMS and other first responders. 3. **Trauma Informed Care (TIC) training for first responders** – Training for first responders and hospital staff (including all providers).

Improving information sharing and use within a hospital is crucial for addressing high-priority community health needs. Peer-reviewed research supports the idea that increasing awareness and education about available services, enhancing health literacy, and engaging in public education improves community health outcomes.

> *"It doesn't make any difference if you [i.e., the community of healthcare providers] have great services if no one knows about them! Unlike a lot of places, this area relies a lot on the local papers, as well as social media."*
> *- Community member*

Similarly, a uniform, shared Electronic Medical Record (EMR) system among community providers, hospitals, EMS, and first responders has been shown to improve care coordination, reduce medical errors, and facilitate better patient outcomes. Additionally, providing Trauma-Informed Care (TIC) training for first responders and hospital staff is critical, as it can lead to more effective care for patients who have experienced trauma, thereby improving both patient satisfaction and clinical outcomes.[22]

> *"I half expect – unfortunately – that medical records don't talk to each other between different [specialized medical] doctors I see. What really bugs me though is that different departments within the [Monadnock Community] hospital don't talk to each other!"*
> *- Hospital community member*

[22] BioMed Central, SpringerLink, BioMed Central.

Key Qualitative Topics for Prioritization Review

Health System Capacity

1. **Mental Health Services** – Increased mental health capacity at all levels, including crisis care, pediatric mental health, and outpatient services.
2. **Senior Services** – Wellness and social resources for seniors, addressing isolation and access to care.
3. **Primary Care Access** – More primary care resources, reduce turnover, and ensure better quality care.
4. **Specialized Medical Services** – More specialized care including endocrinology, podiatry, and urology.
5. **Substance Use Disorder Services** – Capacity for substance use disorder treatment, particularly for fentanyl addiction.

Access to Care and Operational Efficiency

6. **Urgent Care and Walk-in Clinics –** Repeated calls for urgent care facilities (which increases provider capacity and lowers demand on scarce PCP resources).
7. **Crisis and Prevention Support** – Awareness of crisis services, trauma-informed care training, and support for domestic violence victims.
8. **Transportation to Medical Services** – A critical need for transportation, especially for seniors, children with disabilities, and college students.
9. **Better Coordination of Care –** Increased care navigation, efficient referral systems, and integrated EMR systems.
10. **School and Hospital Collaboration** – Coordination between schools and hospitals for student health care.
11. **Emergency Department Improvements** – More responsive and disability-aware care in the emergency department.
12. **Case Management and Care Navigation** – Case management for chronic disease patients and financial assistance navigation.
13. **Peer support services** – Peer support specialists for substance use disorder patients and chronic disease patients.

Social or Community-Based Issues

14. **Affordable Housing** – Affordable housing, especially for seniors and hospital staff.
15. **Workforce Development** – Develop and retain healthcare workforce, especially primary care providers.
16. **Economic Development** – Job creation and economic development to support the community.
17. **Social Support Systems** – Social support, volunteerism, and financial assistance for those in need.
18. **Access to Healthful, Affordable Food** – Nutritious, affordable food is a priority especially for families with children.
19. **Public Transportation** – Improved public transportation options.

Awareness, Collaboration, and Information Sharing

20. **Awareness and Education –** Awareness of available services, health literacy, and public education.
21. **Shared EMR system –** Including and sharing patient information among community and hospital providers (plus EMS and other first responders).
22. **Trauma Informed Care (TIC) training for first responders** – Training for first responders and hospital staff (including all providers).

Community Survey

The purpose of the community survey was to enable a greater share of people living in Monadnock Community Hospital's service area to share their perspectives on the unique barriers, challenges, and potential solutions affecting their community.

Methodology

The community survey was made available online in English and Spanish from July 17 through August 22, 2024. The questionnaire included closed-ended need-specific questions, open-ended questions, and demographic questions. Invitations to participate were distributed by Monadnock Community Hospital and its partners through channels including email and social media. Strategic outreach was conducted to ensure maximum participation from community members, especially in vulnerable communities.

In total, there were 536 valid survey responses, all of which (100.0%) were to the English language survey. Special care was exercised to minimize the amount of non-sampling error through the assessment of design effects (e.g., question order, question-wording, response alternatives). The survey was designed to maximize accessibility and comprehensively evaluate respondents' insights. See the appendix for the survey instrument.

The survey served as a practical tool for capturing insights of individuals across Monadnock Community Hospital's service area. This was not a random sample, and findings should not be interpreted as representative of the full population. Additionally, sample sizes of demographic subpopulations are not consistently large enough to consider samples to be representative of the broader populations from which responses were received. Differences in responses have not been tested for statistical significance as part of this assessment.

Respondent Demographics

Survey respondents' towns of residence are spread throughout Monadnock Community Hospital's service area. The most frequently reported towns of residence are Peterborough (40.9%) and Jaffrey (10.2%).

EXHIBIT 18: COMMUNITY SURVEY RESPONDENT TOWNS OF RESIDENCE

Demographic Variable	Percent of Respondents
TOWNS OF RESIDENCE	
Antrim	4.4%
Bennington	3.3%
Dublin	4.0%
Francestown	2.2%
Greenfield	4.0%
Greenville	1.5%
Hancock	7.7%
Jaffrey	9.9%
New Ipswich	10.2%
Peterborough	40.9%
Rindge	6.9%
Sharon	1.1%
Temple	4.0%

Most respondents (70.9%) identify as female. Almost all respondents (98.3%) identify as Caucasian/White. With regards to age, two-thirds of respondents (67.6%) are age 65 and older.

EXHIBIT 19: COMMUNITY SURVEY RESPONDENT DEMOGRAPHICS

Demographic Variable	Percent of Respondents
GENDER	
Female	70.9%
Male	29.1%
RACE	
Caucasian/White	98.3%
Asian	0.6%
African-American	0.3%
Hispanic/Latino	0.3%
Mixed Race	0.3%
Other	0.3%
AGE	
Under 25	0.3%
25 to 34	2.0%
35 to 44	5.0%
45 to 54	7.0%
55 to 64	18.1%
65 and older	67.6%

The majority of respondents report having a bachelor's degree, graduate degree, or professional degree (65%). The median household income reported by respondents falls in the $75,001 to $100,000 range, which aligns with the median household income estimated for Monadnock Community Hospital's service area ($92,477).[23]

EXHIBIT 20: COMMUNITY SURVEY RESPONDENT EDUCATION LEVEL AND HOUSEHOLD INCOME

DEMOGRAPHIC VARIABLE	PERCENT OF RESPONDENTS
EDUCATION (HIGHEST LEVEL ATTAINED)	
Less than high school	0.3%
Graduated high school	11.2%
Some college or vocational training	23.5%
Bachelor's degree	31.4%
Graduate or professional degree (Master's, PhD, MD, etc.)	33.6%
ANNUAL HOUSEHOLD INCOME	
Less than $25,000	6.1%
$25,001 to $50,000	18.5%
$50,001 to $75,000	21.5%
$75,001 to $100,000	24.2%
More than $100,000	29.7%

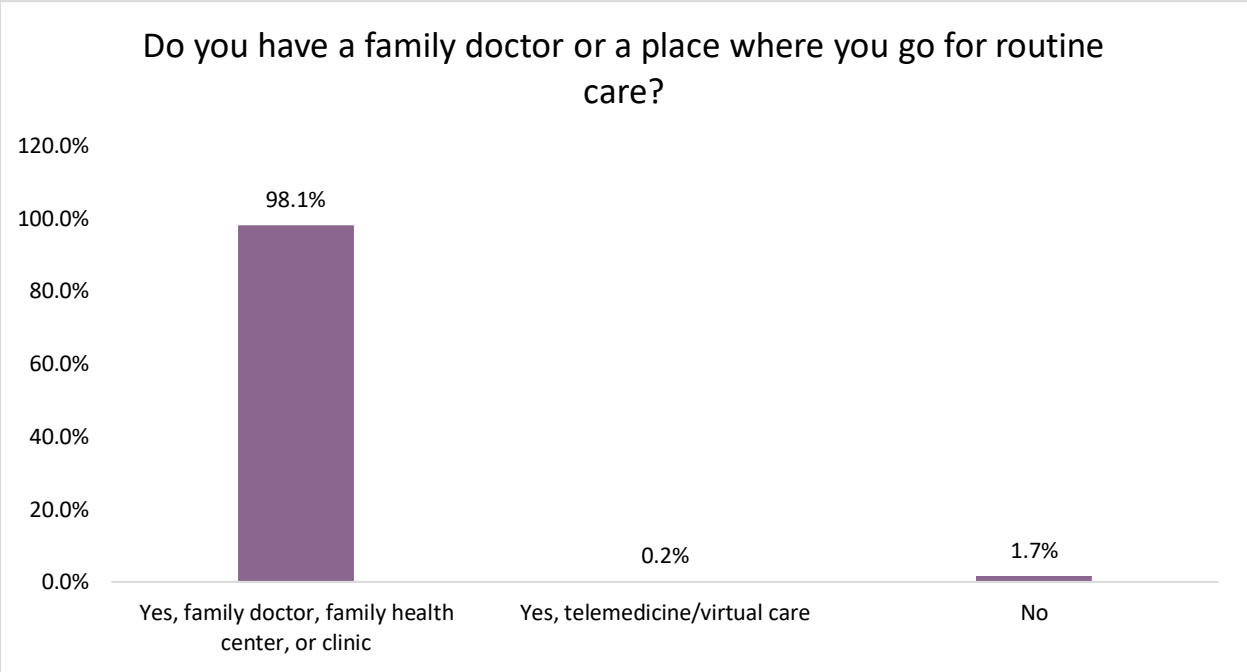
[23] U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021.

Key Findings

Access to Health Care

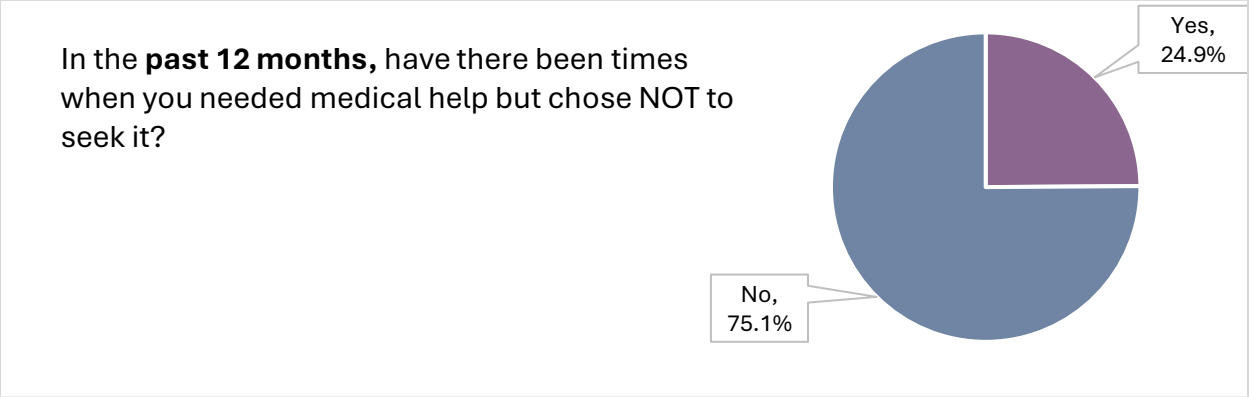
Almost all respondents (98.1%) have a family doctor or place they go for routine care.

EXHIBIT 21: ACCESS TO ROUTINE CARE



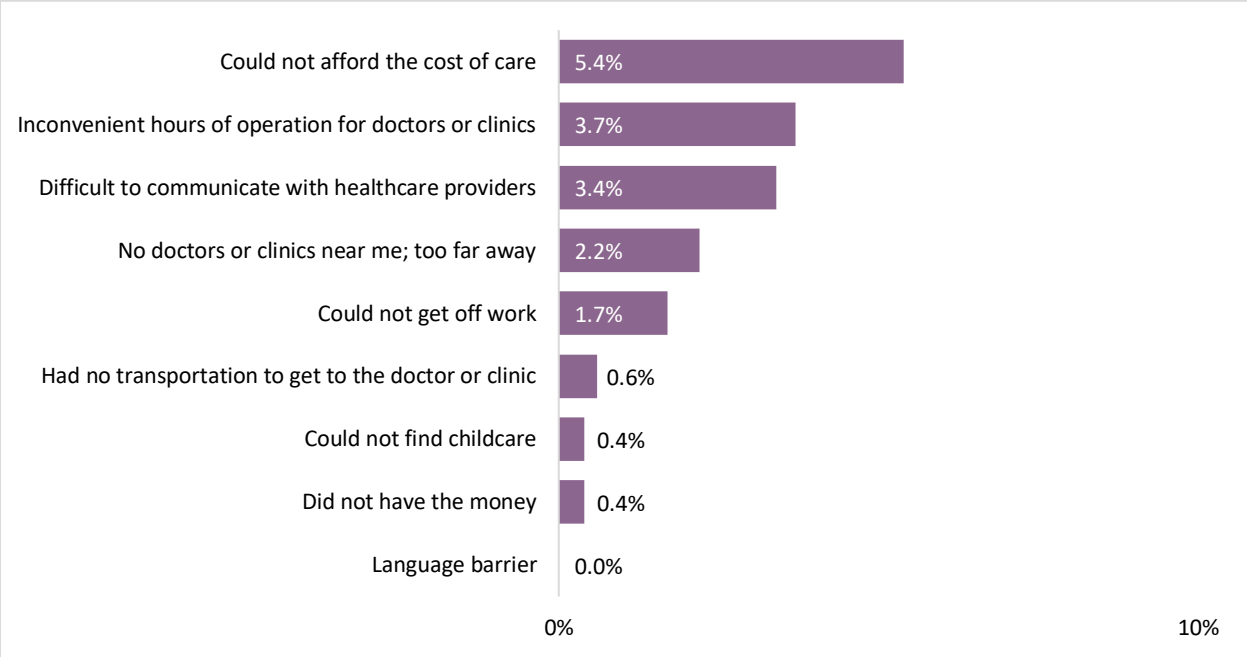
When asked if there have been occasions in the past year where they or a family member needed medical care and chose not to get help, nearly one in four respondents (24.9%) reported "Yes."

EXHIBIT 22: RESPONDENTS EXPERIENCING DIFFICULTIES GETTING NEEDED HEALTH CARE



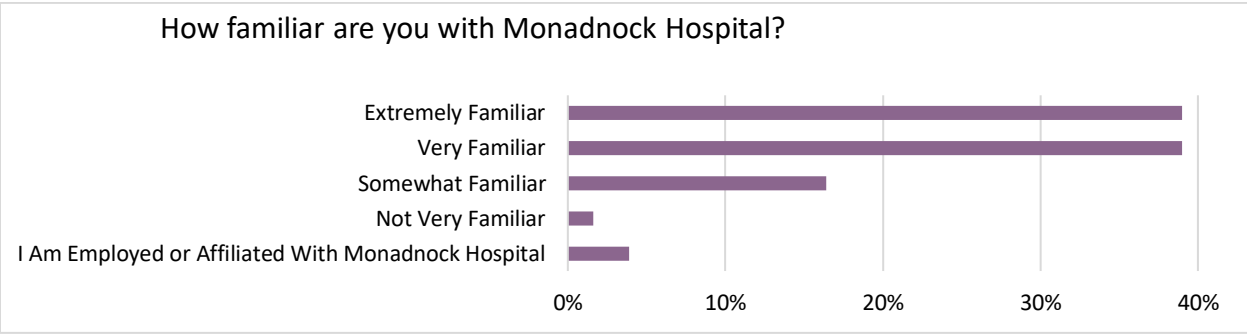
Top barriers to accessing health care included the **cost of care being unaffordable** (5.4%), **inconvenient hours of operation** (3.7%), and **difficulty communicating with health care providers** (3.4%).

EXHIBIT 23: BARRIERS TO ACCESSING HEALTH CARE



Three in four respondents (78.0%) were either extremely familiar with or very familiar with Monadnock Community Hospital.

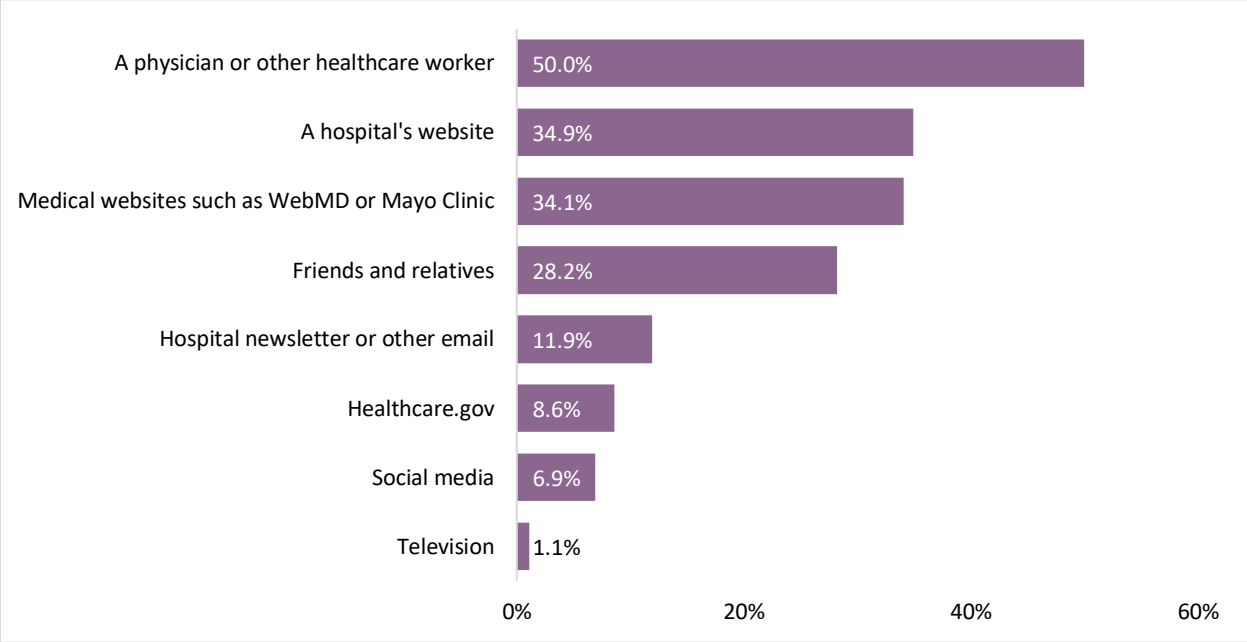
EXHIBIT 24: FAMILIARITY WITH MONADNOCK HOSPITAL



Extremely Familiar	Very Familiar	Somewhat Familiar	Not Very Familiar	I Am Employed or Affiliated with Monadnock Hospital
39.0%	39.0%	16.4%	1.6%	3.9%

The top ways respondents find out about health care are through a **physician or other healthcare worker** (50.0%), **a hospital's website** (34.9%), **medical websites** including WebMD or Mayo Clinic (34.1%), and/or via word of mouth from **friends or relatives** (28.2%).

EXHIBIT 25: SOURCES TO FIND OUT ABOUT HEALTH CARE

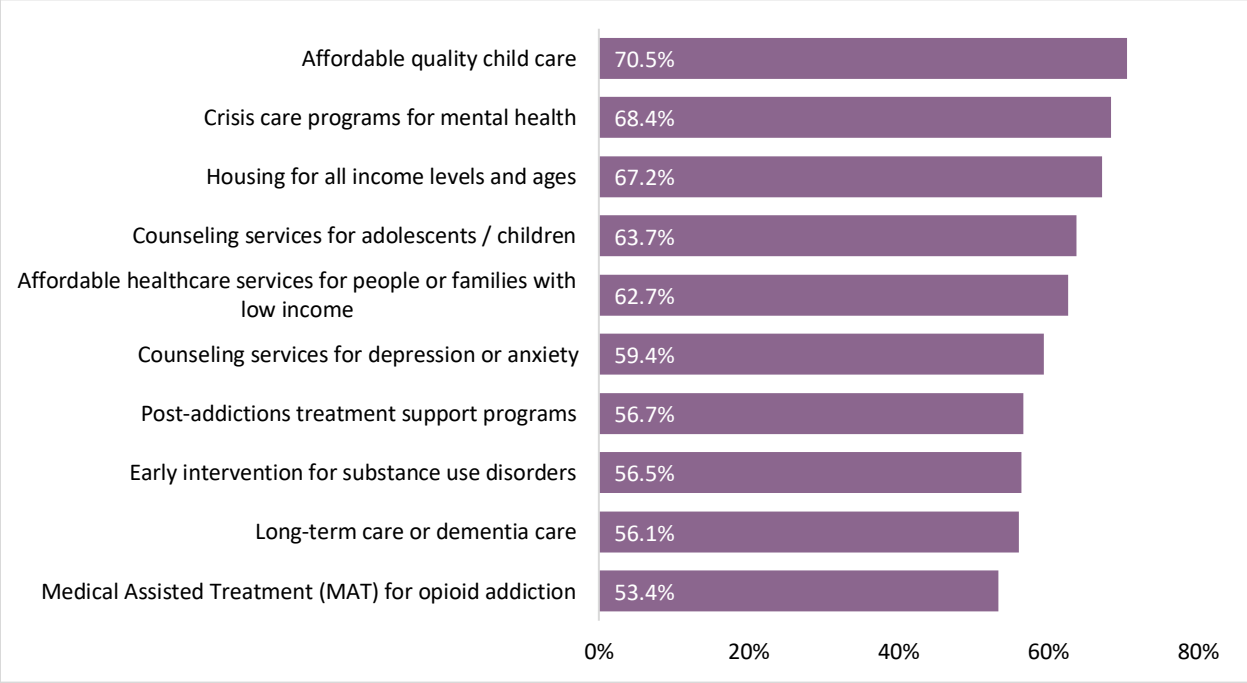


Open-Ended Question: Thinking broadly about health – mental, physical, or spiritual – when we say a "healthy community" or "improving community health", what is the first thing that comes to mind?

Community Needs

Survey respondents were asked what unique community needs require more focus. Most respondents reported 'much more focus needed' for **affordable quality child care** (70.5%), **crisis care programs for mental health** (68.4%), and **housing for all income levels and ages** (67.2%).

EXHIBIT 26: TOP TEN COMMUNITY NEEDS REQUIRING 'MUCH MORE FOCUS' AS IDENTIFIED BY RESPONDENTS



Open-Ended Question: What do you think are the top one or two greatest health issues in the community?

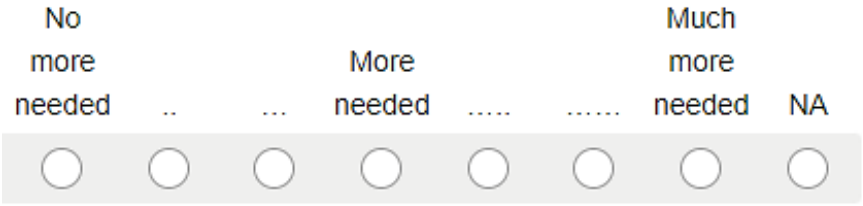
Needs Prioritization

Building consensus among local leadership was essential in prioritizing the needs identified throughout the Community Health Needs Assessment. The needs prioritization process provided the Monadnock Community Hospital Leadership Group an opportunity to review key findings and categorize which identified needs fall within its scope of work to address, as well as to assess levels of resources available to meet needs, among other considerations.

The prioritization process consisted of two steps:

1

First, an online survey was open for approximately one week to allow each Leadership Group participant to answer the following question about each of the identified needs: "*How great is the need for additional focus…*" This tool was used to gauge the level of focus necessary to impact the issue in the community. Importantly, participants were permitted to provide comments supporting their selection.



2

The second step was to evaluate the same list of community needs via an online survey while considering the results of the first survey – and the written observations and rationale provided by Leadership Group members who took the first Prioritization Survey.

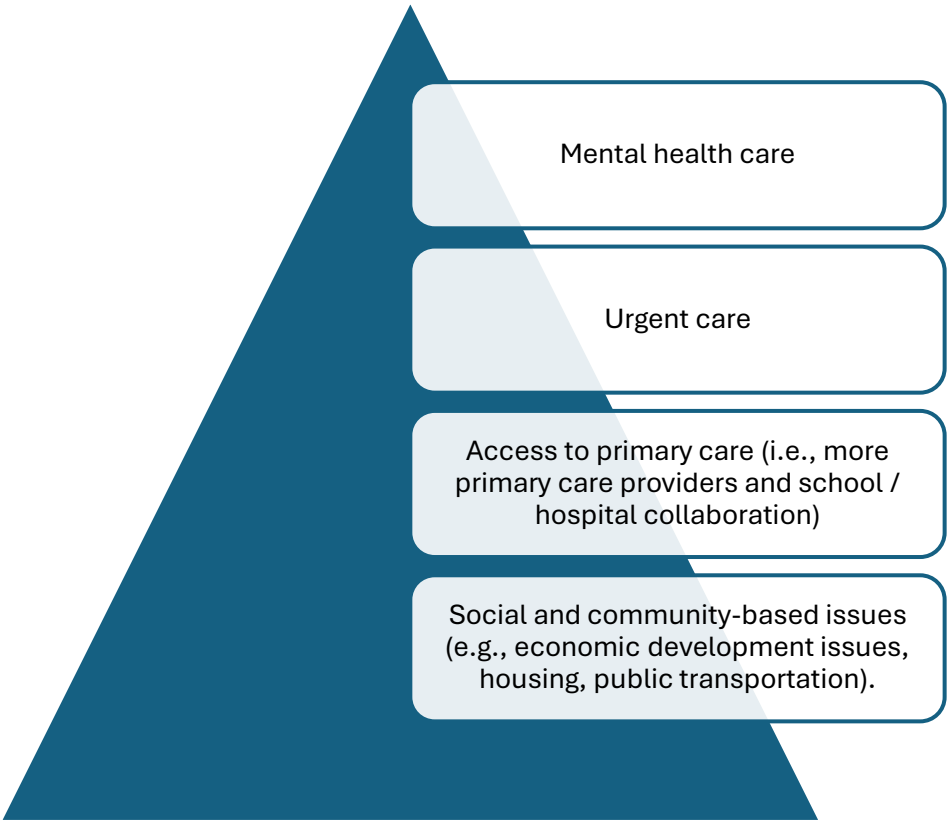
As an additional component, project leaders offered additional insight regarding other needs and challenges facing the community – e.g., those that clearly impact community health yet may not have emerged on the Prioritization Surveys. In this case, "Quality, affordable childcare" was added as a higher-priority community need to the final, post-survey list of priority needs.

Note: The Leadership Team will participate in an October 2024 meeting in which they will launch Implementation Plan activities (while also reviewing CHNA results).

The full, prioritized list of community needs is included on the next page.

Final List of Prioritized Community Health-related Needs From the Prioritization Survey
1. Mental health services for children 2. Mental health crisis care services 3. Urgent care and walk-in clinics 4. Doctors and others to provide primary care to adults and families 5. Mental health services for adults 6. Workforce development to help recruit and retain healthcare workforce 7. Public transportation (not necessarily for medical care) 8. Affordable housing 9. School and hospital collaboration to identify and care for students with medical or mental health needs 10. Economic development – job creation and training Note: Though not explicit in the prioritization survey, community leaders also include "Quality, affordable childcare" as a higher-priority community need.
11. Trauma Informed Care (TIC) training for all healthcare providers 12. Substance Use Disorder (SUD) treatment services 13. Enhanced coordination of care between providers, that is, an efficient referral system 14. Suicide prevention support and care services 15. Awareness of crisis support services and support – better community knowledge of where to go for help in a crisis or traumatic situation 16. Transportation to medical services for high-risk populations 17. Resources and services to support domestic violence victims 18. Case management and care navigation for higher-need patients 19. Affordable health care services for people with no insurance or inadequate insurance coverage 20. Trauma Informed Care (TIC) training for first responders (e.g., police, EMS, fire department) 21. Financial assistance for those who cannot afford medical care 22. Senior services – wellness and preventive healthcare activities to keep seniors healthy
23. Senior services – improved access to medical or mental health care 24. Shared Electronic Medical Records (EMR) system across community-based and hospital providers 25. Access to healthful, affordable food 26. Social support systems such as increased volunteerism 27. Disability awareness training for hospital Emergency Department workers 28. Awareness and education – awareness of the available healthcare and community support services and how to use them 29. Peer support services for substance use disorder patients and chronic disease patients 30. Increased care navigation 31. Senior services – social activities to keep seniors active in their communities 32. Specialized medical care for endocrinology, podiatry, and urology 33. Prenatal care services and resources

At a higher level, the top ten needs can be categorized into four groups.



Appendices

Appendix A: Secondary Data Population Research

EXHIBIT 27: SVI: SOCIOECONOMIC STATUS

	United States	New Hampshire	Hillsborough County	Monadnock Service Area
Total Population	331,097,593	1,379,610	422,733	38,371
Population Below Poverty Level	12.5%	7.3%	6.9%	5.4%
Unemployment Rate [24]	5.3	3.6	3.7	3.2
Median Household Income	$75,149	$90,845	$95,112	$92,476
Low Income Households Severely Cost-burdened	29.5%	27.9%	29.7%	22.6%
No High School Diploma[25]	10.9%	6.2%	7.0%	5.4%
Uninsured Population	8.7%	5.8%	6.1%	6.4%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 28: SVI: HOUSEHOLD CHARACTERISTICS & MINORITY STATUS

	United States	New Hampshire	Hillsborough County	Monadnock Service Area
Under 18	22.1%	18.6%	20.0%	20.6%
65 and Over	16.5%	19.0%	16.3%	20.0%
Living with a Disability[26]	12.9%	12.9%	11.7%	11.9%
English Language Proficiency	8.2%	2.4%	5.1%	0.6%
Minority Population[27]	41.1%	11.7%	18.1%	8.7%
Single-Parent Households	24.9%	18.8%	19.5%	ND

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

[24] Total Unemployed: Civilians 16 years old and over are classified as unemployed if they (1) were neither "at work" nor "with a job but not at work" during the reference week, and (2) were actively looking for work during the last 4 weeks, and (3) were available to accept a job.
[25] Age 25 and Over.
[26] Civilian Noninstitutionalized Population: All U.S. civilians not residing in institutional group quarters facilities such as correctional institutions, juvenile facilities, skilled nursing facilities, and other long-term care living arrangements.
[27] Minority Population: The data values were calculated by taking the total population minus the white (not Latino, not Hispanic) population. Link: https://catalog.mysidewalk.com/columns/1248/

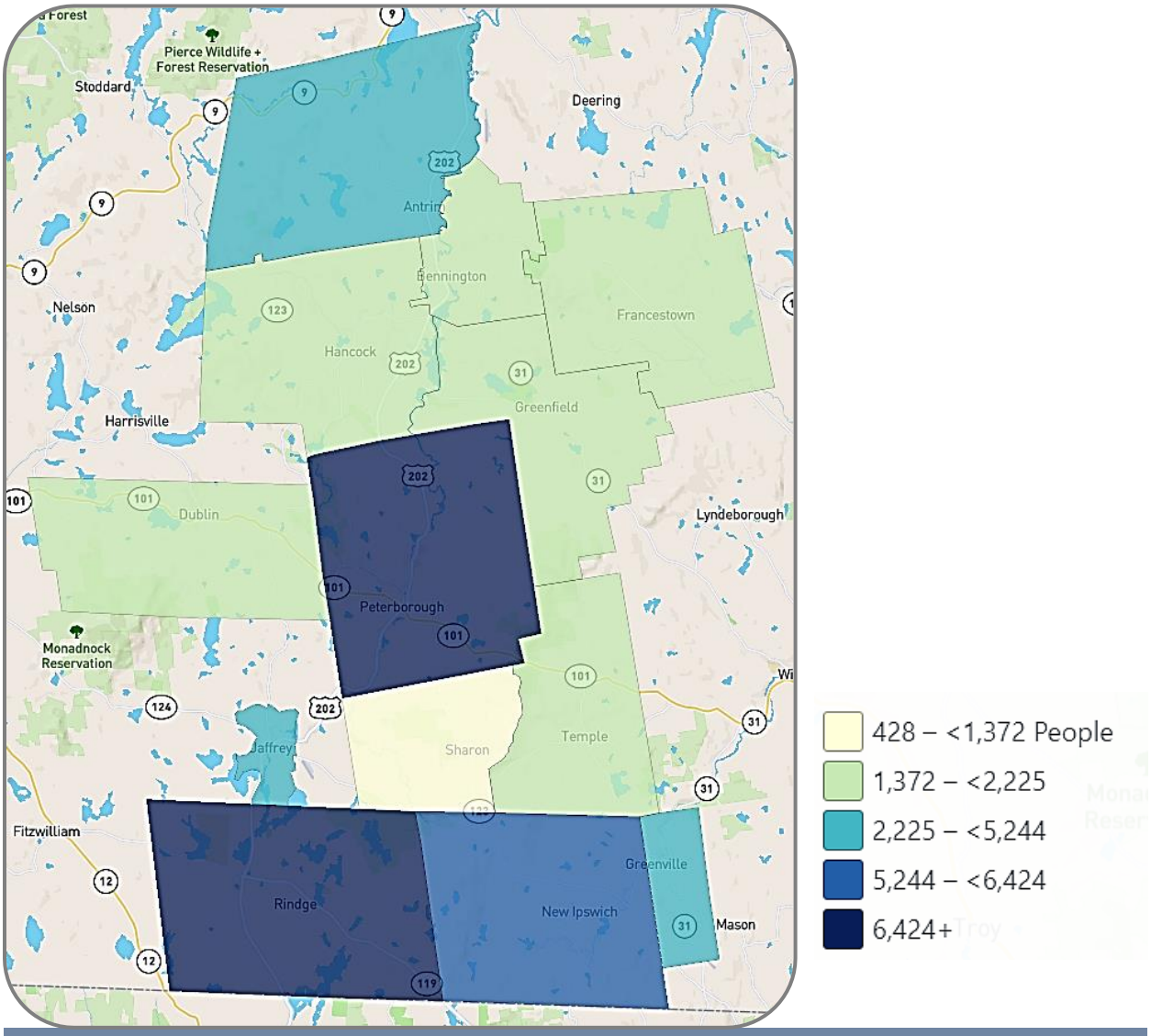
EXHIBIT 29: SVI: HOUSING TYPE & TRANSPORTATION

	United States	New Hampshire	Hillsborough County	Monadnock Service Area
Multi-Unit Housing Structures	26.6%	25.8%	35.4%	ND
Crowding[28]	3.4%	1.4%	1.7%	3.7%
Households with No Vehicles	8.3%	4.6%	5.1%	4.3%
Mobile Homes[29]	5.8%	5.4%	2.0%	5.8%
Group Quarters[30]	2.4%	2.9%	1.9%	1.3%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

[28] The data values were calculated by counting all occupied housing units with more than one person per room.
[29] Percent of mobile homes per total housing units.
[30] The Census Bureau "classifies all people not living in housing units as living in group quarters. A group quarters is a place where people live or stay, in a group living arrangement, that is owned or managed by an entity or organization providing housing and/or services for the residents"

EXHIBIT 30: MONADNOCK COMMUNITY HOSPITAL SERVICE AREA



Antrim	Bennington	Dublin	Francestown	Greenfield	Greenville	Hancock
2,658	1,498	1,711	1,461	1,784	2,225	1,757

Jaffrey	New Ipswich	Peterborough	Rindge	Sharon	Temple
3,036	5,244	6,424	6,446	428	1,372

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 31: PROJECTED PERCENT CHANGE IN POPULATION

	United States	New Hampshire	Hillsborough County	Monadnock Service Area
2022-2031 Percent Change	**9.7%**	**7.4%**	**7.5%**	**5.0%**
Projected 2031	363,255,837	1,481,503	454,404	40,279
2010-2022 Percent Change	**7.2%**	**4.8%**	**5.5%**	**2.7%**
2022	331,097,593	1,379,610	422,733	38,371
2010	308,745,538	1,316,470	400,720	37,353

Sources: U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 32: POPULATION BY SEX

	United States	New Hampshire	Hillsborough County	Monadnock Service Area
Females	50.4%	50.0%	49.8%	49.3%
Males	49.6%	50.0%	50.2%	50.7%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 33: MEDIAN AGE

United States	New Hampshire	Hillsborough County	Monadnock Service Area
38.5	43.1	40.9	44.7

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 34: POPULATION BY AGE GROUP

	United States	New Hampshire	Hillsborough County	Monadnock Service Area
Under 18	22.1%	18.6%	20.0%	20.6%
18 to 64	61.4%	62.5%	63.7%	59.4%
65 and Over	16.5%	19.0%	16.3%	20.0%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 35: POPULATION BY RACE[31]

	United States	New Hampshire	Hillsborough County	Monadnock Service Area
American Indian & Alaska Native	0.8%	0.2%	0.1%	0.1%
Asian	5.8%	2.6%	4.2%	0.9%
Black or African American	12.5%	1.5%	2.6%	1.0%
Native Hawaiian & Other Pacific Islander	0.2%	0.0%	0.0%	0.01%
White	65.9%	90.0%	84.8%	92.3%
Two or More Races	8.8%	4.6%	6.4%	4.7%
Some Other Race	6.0%	1.1%	1.8%	0.1%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 36: POPULATION BY ETHNICITY

	United States	New Hampshire	Hillsborough County	Monadnock Service Area
Hispanic or Latino	18.7%	4.3%	7.7%	3.1%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 37: LANGUAGE SPOKEN AT HOME (PEOPLE OVER AGE 5)

	United States	New Hampshire	Hillsborough County	Monadnock Service Area
English Only	78.3%	92.1%	86.2%	96.5%
Spanish	13.3%	2.5%	5.2%	1.6%
Asian-Pacific Islander	3.5%	1.4%	2.1%	0.4%
Other Indo-European	3.7%	3.4%	5.6%	1.4%
Other	1.2%	0.6%	0.9%	0.0%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 38: FOREIGN-BORN POPULATION

	United States	New Hampshire	Hillsborough County	Monadnock Service Area
Naturalized U.S. Citizen	7.1%	3.6%	5.7%	1.9%
Not U.S. Citizen	6.5%	2.4%	4.3%	1.0%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

[31] Race alone are those "people who responded to the question on race by indicating only one race are referred to as the race alone population, or the group who reported only one race.

Population Living with a Disability

EXHIBIT 39: POPULATION LIVING WITH DISABILITY BY AGE

	United States	New Hampshire	Hillsborough County	Monadnock Service Area
Living with a Disability[32]	**12.9%**	**12.9%**	**11.7%**	**11.9%**
Under 5	0.7%	0.7%	0.4%	0.7%
5 to 17	5.9%	6.0%	6.0%	5.9%
18 to 34	7.2%	8.8%	7.4%	7.2%
35 to 64	12.4%	11.4%	10.7%	12.4%
65 to 74	24.1%	21.2%	21.2%	24.1%
75 and Over	46.9%	42.8%	42.7%	46.9%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 40: POPULATION LIVING WITH DISABILITY BY TYPE

	United States	New Hampshire	Hillsborough County	Monadnock Service Area
Independent Living	4.5%	4.2%	3.8%	4.2%
Vision	2.4%	1.9%	1.6%	1.5%
Hearing	3.6%	3.9%	3.1%	3.6%
Cognitive	5.0%	5.2%	4.8%	4.7%
Ambulatory	6.3%	5.6%	4.9%	4.8%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

[32] Civilian Noninstitutionalized Population: All U.S. civilians not residing in institutional group quarters facilities such as correctional institutions, juvenile facilities, skilled nursing facilities, and other long-term care living arrangements.

EXHIBIT 41: POPULATION LIVING WITH DISABILITY BY RACE

	United States	New Hampshire	Hillsborough County	Monadnock Service Area
American Indian & Alaska Native	16.0%	23.0%	8.5%	0.0%
Asian	7.6%	6.4%	6.6%	12.7%
Black or African American	14.2%	10.5%	7.4%	22.8%
Native Hawaiian & Other Pacific Islander	11.9%	38.5%	0.0%	0.0%
White	13.6%	13.3%	12.2%	12.1%
Two or More Races	10.7%	10.2%	9.5%	9.5%
Some Other Race	9.7%	9.8%	11.3%	6.0%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 42: POPULATION LIVING WITH DISABILITY BY ETHNICITY

	United States	New Hampshire	Hillsborough County	Monadnock Service Area
Hispanic or Latino	9.6%	10.2%	10.6%	6.0%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Social Determinants of Health

Education

EXHIBIT 43: EDUCATIONAL ATTAINMENT

Age 25 & Over	United States	New Hampshire	Hillsborough County	Monadnock Service Area
Less than 9th Grade	4.7%	2.0%	2.6%	1.4%
9th to 12th Grade, No Diploma	6.1%	4.2%	4.4%	4.0%
High School Degree	26.4%	27.2%	25.7%	26.9%
Some College No Degree	19.7%	17.5%	17.6%	19.3%
Associates Degree	8.7%	10.1%	9.6%	10.0%
Bachelor's Degree	20.9%	23.7%	25.2%	21.5%
Graduate Degree	13.4%	15.4%	15.0%	16.9%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 44: POPULATION WITH A BACHELOR'S DEGREE OR HIGHER, PERCENT CHANGE

	United States	New Hampshire	Hillsborough County	Monadnock Service Area
2010-2022 Percent Change	**21.6%**	**17.8%**	**16.2%**	**11.6%**
2022	34.3%	39.0%	40.2%	38.4%
2010	28.2%	33.1%	34.6%	34.4%

Sources: U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 45: EDUCATIONAL ATTAINMENT OF BACHELOR'S DEGREE OR HIGHER BY RACE

	United States	New Hampshire	Hillsborough County	Monadnock Service Area
American Indian & Alaska Native	15.8%	22.1%	27.8%	43.1%
Asian	56.3%	61.1%	60.9%	38.8%
Black or African American	24.0%	26.2%	23.3%	31.4%
Native Hawaiian & Other Pacific Islander	18.7%	26.6%	9.8%	100.0%
White	36.5%	38.9%	40.6%	38.2%
Two or More Races	28.3%	34.0%	28.5%	32.1%
Some Other Race	14.8%	28.7%	22.5%	39.0%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 46: EDUCATIONAL ATTAINMENT OF BACHELOR'S DEGREE OR HIGHER BY ETHNICITY

	United States	New Hampshire	Hillsborough County	Monadnock Service Area
Hispanic or Latino	19.1%	26.7%	18.8%	38.5%

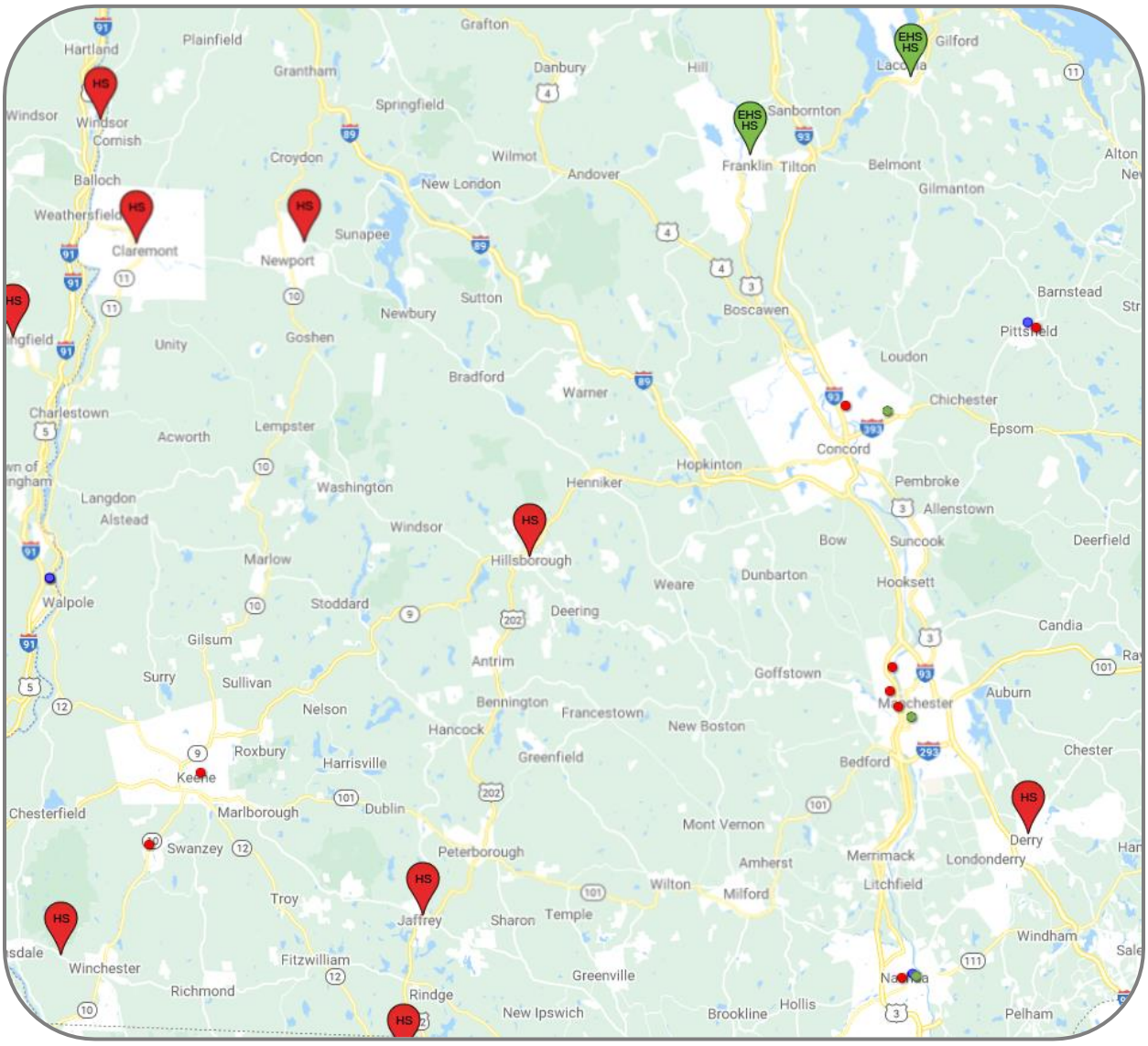
Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 47: NUMBER OF CHILD CARE CENTERS

New Hampshire	Hillsborough County
442	125

Source: U.S. Census Bureau County Business Pattern, 2022

EXHIBIT 48: EARLY HEAD START & HEAD START LOCATIONS



Source: U.S. Department of Health & Human Services, Administration for Children & Families. Early Childhood Learning & Knowledge Center, Head Start Center Locator (July 2024)

HS Head Start
EHS Early Head Start
EHS HS Head Start and Early Head Start
MS Migrant and Seasonal Head Start
AI AN American Indian and Alaska Native
P.O. Box Location

Economic Stability

EXHIBIT 49: TREND OF POPULATION LIVING IN POVERTY

	United States	New Hampshire	Hillsborough County
2022	12.6%	7.2%	6.2%
2019	12.3%	7.3%	7.3%
2017	13.4%	7.7%	8.2%
2015	14.7%	8.2%	8.0%

Source: U.S. Census Bureau American Community Survey One-year Estimates

EXHIBIT 50: HOUSEHOLDS LIVING IN POVERTY, PERCENT CHANGE

	United States	New Hampshire	Hillsborough County	Monadnock Service Area
2010-2022 Percent Change	**-5.3%**	**-7.2%**	**-11.9%**	**- 30.3%**
2022	12.4%	7.7%	6.9%	5.3%
2010	13.1%	8.3%	7.8%	7.6%

Sources: U.S. Census Bureau American Community Survey 2010 One-year Estimates, U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 51: PEOPLE LIVING IN POVERTY BY AGE

	United States	New Hampshire	Hillsborough County	Monadnock Service Area
Under 5	18.1%	9.4%	9.6%	5.8%
Under 18	16.7%	8.5%	8.9%	4.6%
18 to 64	11.7%	7.1%	6.3%	6.4%
65 and Over	10.0%	7.0%	6.7%	4.0%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 52: POPULATION LIVING IN POVERTY BY RACE

	United States	New Hampshire	Hillsborough County	Monadnock Service Area
American Indian & Alaska Native	22.6%	11.1%	9.0%	0.0%
Asian	10.1%	7.7%	5.4%	0.0%
Black or African American	21.5%	16.2%	19.1%	11.4%
Native Hawaiian & Other Pacific Islander	17.0%	11.2%	0.0%	0.0%
White	10.1%	7.0%	6.1%	5.7%
Two or More Races	14.8%	9.5%	10.5%	2.7%
Some Other Race	18.6%	12.9%	14.4%	4.2%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 53: POPULATION LIVING IN POVERTY BY ETHNICITY

	United States	New Hampshire	Hillsborough County	Monadnock Service Area
Hispanic or Latino	17.2%	15.2%	17.5%	2.1%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 54: INCOME TO POVERTY RATIOS

	United States	New Hampshire	Hillsborough County	Monadnock Service Area
100% to 124% FPL	3.9%	2.4%	2.2%	1.8%
125% to 149% FPL	4.1%	2.7%	2.8%	2.0%
150% to 184% FPL	5.8%	4.2%	4.0%	6.9%
185% to 199% FPL	2.6%	2.0%	1.8%	2.7%
200% and Over FPL	71.2%	81.4%	82.4%	73.6%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 55: MEDIAN HOUSEHOLD INCOME PERCENT CHANGE

	United States	New Hampshire	Hillsborough County	Monadnock Service Area
2010-2022 Percent Change	29.8%	40.5%	30.0%	39.0%
2022	$75,149	$90,845	$95,112	$92,476
2010	$52,762	$64,664	$73,135	$66,553

Sources: U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 56: MEDIAN HOUSEHOLD INCOME BY RACE

	United States	New Hampshire	Hillsborough County	Monadnock Service Area
American Indian & Alaska Native	$55,925	$66,667	$71,722	ND
Asian	$107,637	$106,813	$113,472	ND
Black or African American	$50,901	$72,946	$63,013	ND
Native Hawaiian & Other Pacific Islander	$76,568	ND	ND	ND
White	$80,042	$91,394	$97,710	$90,369
Two or More Races	$70,596	$80,512	$73,339	$72,276
Some Other Race	$61,851	$77,093	$61,076	ND

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 57: MEDIAN HOUSEHOLD INCOME BY ETHNICITY

	United States	New Hampshire	Hillsborough County	Monadnock Service Area
Hispanic or Latino	$64,936	$73,480	$62,824	$146,303

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 58: TREND OF STUDENTS ELIGIBLE FOR FREE & REDUCED LUNCH[33]

	New Hampshire	Hillsborough County
2021-2022	26.2%	23.2%
2020-2021	27.9%	24.0%
2019-2020	31.6%	28.0%

Source: New Hampshire Department of Education Division of Program Support, Bureau of Data Management

EXHIBIT 59: HOUSEHOLDS RECEIVING SNAP

United States	New Hampshire	Hillsborough County	Monadnock Service Area
11.5%	6.0%	6.4%	4.5%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 60: TREND OF CHILDREN ENROLLED IN THE WOMEN, INFANTS & CHILDREN PROGRAM

Age Five & Under	New Hampshire	Hillsborough County
2019	18.4%	19.8%
2018	19.1%	20.4%
2017	19.5%	21.8%

Source: Annie E. Casey Foundation, KIDS Count Data Center

[33] Free/Reduced Lunch Eligible count collected on October 31st of each school year.

EXHIBIT 61: EMPLOYMENT INDUSTRY

	United States	New Hampshire	Hillsborough County	Monadnock Service Area
Architecture & Engineering	2.0%	3.0%	3.4%	2.4%
Arts, Design, Entertainment, Sports & Media	2.0%	1.7%	1.7%	1.5%
Building, Grounds Cleaning & Maintenance	3.3%	2.9%	2.8%	4.0%
Business & Finance	5.5%	5.6%	6.1%	3.3%
Community & Social Service	1.7%	1.6%	1.7%	1.1%
Computer & Mathematical	3.3%	3.9%	4.8%	2.4%
Construction & Extraction	4.7%	5.0%	5.0%	7.6%
Education, Training & Library	5.9%	6.3%	5.9%	7.3%
Farming, Fishing & Forestry	0.6%	0.3%	0.2%	1.0%
Fire Fighting & Prevention	1.1%	0.9%	0.7%	0.8%
Food Preparation & Serving	5.0%	5.0%	4.6%	3.4%
Health Diagnosis & Treating Practitioners	4.1%	4.7%	4.1%	4.7%
Health Technologist & Technicians	1.9%	1.8%	1.7%	1.9%
Healthcare Support	3.1%	2.7%	2.5%	2.8%
Installation, Maintenance & Repair	2.9%	3.1%	2.5%	4.5%
Law Enforcement	0.9%	0.7%	0.5%	0.6%
Legal	1.1%	0.8%	0.8%	1.1%
Life, Physical & Social Science	1.0%	1.1%	1.0%	1.0%
Management	10.4%	11.5%	11.6%	11.7%
Material Moving	3.6%	2.7%	3.0%	2.9%
Office & Administrative Support	10.3%	9.9%	10.2%	7.2%
Personal Care & Service	2.4%	2.4%	2.2%	2.4%
Production	5.2%	6.0%	6.3%	8.9%
Sales	9.1%	10.0%	10.0%	10.1%
Transportation	3.6%	2.9%	2.9%	2.3%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 62: MONTHLY UNEMPLOYMENT RATE (NOT SEASONALLY ADJUSTED)

2023-2024	New Hampshire	Hillsborough County
June (2024)	2.4	2.5
May	2.0	2.1
April	2.4	2.6
March	2.8	3.0
February	2.9	3.2
January	2.6	2.8
December	2.6	2.8
November	2.6	2.7
October	2.3	2.4
September	2.4	2.4
August	2.4	2.5
July (2023)	2.1	2.2

Source: U.S. Bureau of Labor Statistics, Local Area Unemployment Statistics Information & Analysis

EXHIBIT 63: MIT COST OF LIVING CALCULATOR FOR HILLSBOROUGH COUNTY[34]

	1 Adult	1 Adult, 1 Child	2 Adults	2 Adults, 2 Children (both working)
Living Wage	$23.88	$43.51	$16.35	$29.99
Poverty Wage	$7.24	$9.83	$4.91	$7.50

Source: Massachusetts Institute of Technology Cost of Living Calculator, 2023

Living Wage

The living wage shown is the hourly rate that an **individual** in a household must earn to support themselves and/or their family, working full-time, or 2080 hours per year. The tables above provide living wage estimates for individuals and households with one or two working adults and zero to three children. In households with two working adults, all hourly values reflect what one working adult requires to earn to meet their families' basic needs, assuming the other adult also earns the same. The poverty wage is for reference purposes.

[34] Minimum wage in New Hampshire is $7.25. Learn More: https://livingwage.mit.edu/counties/33011

Neighborhood and Built Environment

EXHIBIT 64: HOUSEHOLD COMPOSITION

	United States	New Hampshire	Hillsborough County	Monadnock Service Area
Household with Children	30.2%	26.6%	28.5%	25.4%
Households with Grandparents Responsible for Grandchildren	1.3%	0.8%	0.9%	1.1%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 65: TRANSPORTATION

	United States	New Hampshire	Hillsborough County	Monadnock Service Area
Mean Travel Time to Work (in minutes)	26.7	27.0	27.4	30.8
Commute Transportation by Public Transit	3.8%	0.6%	0.7%	0.2%
Commute Transportation by Drive Alone	71.7%	75.6%	75.3%	75.6%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 66: HOUSEHOLDS WITHOUT INTERNET ACCESS

United States	New Hampshire	Hillsborough County	Monadnock Service Area
9.0%	6.5%	6.1%	6.3%

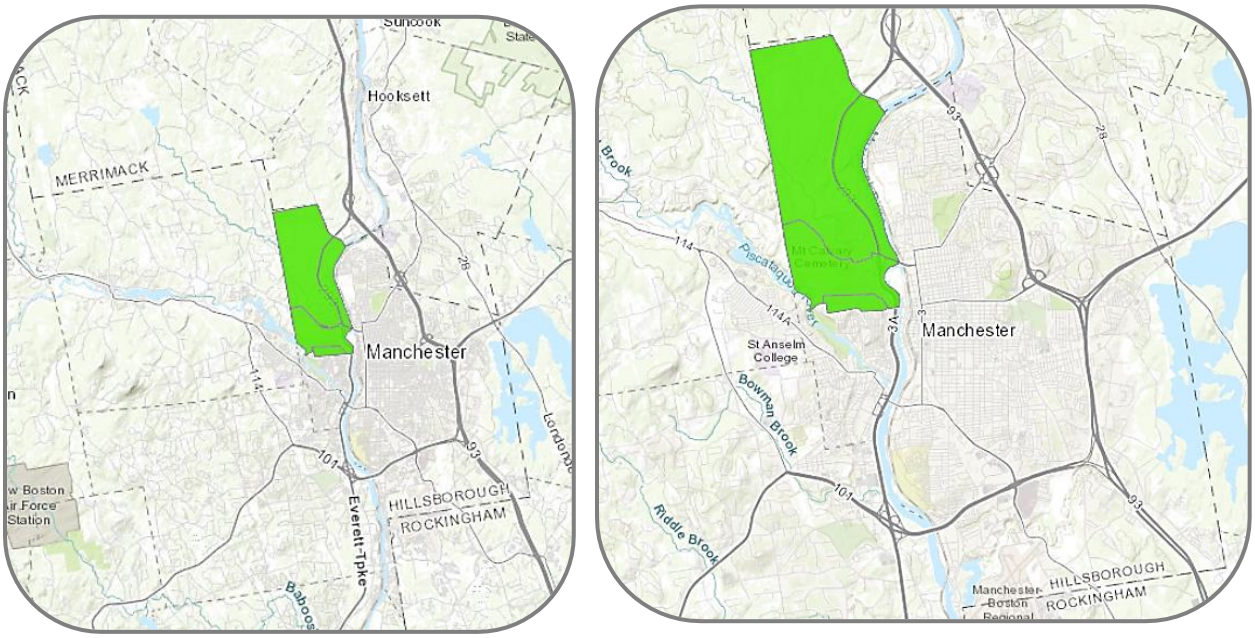
Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 67: TREND OF FOOD INSECURITY

	New Hampshire		Hillsborough County	
	Total	Children	Total	Children
2022	9.7%	13.4%	12.7%	17.7%
2021	6.8%	8.5%	10.0%	13.0%
2020	7.0%	9.5%	11.4%	16.3%
2019	8.8%	10.8%	11.6%	15.6%
2018	9.3%	13.3%	12.3%	17.0%

Source: Feeding America, Mind the Meal Gap

EXHIBIT 68: FOOD DESERTS[35]



Source: U.S. Department of Agriculture, Economic Research Services. Food Access Research Atlas, July 2023

[35] Low-income census tracts where a significant number or share of residents is more than 1 mile OR 1/2 mile (urban) or 10 miles (rural) from the nearest supermarket. Link: https://www.ers.usda.gov/data-products/food-access-research-atlas/go-to-the-atlas/

Fair Market Rents represent the 40th percentile Gross Rental Housing Costs for a given area, including the contract cost of rent as well as utilities. Fair Market Rents (FMRs) are used to determine payment standard amounts for the Housing Choice Voucher program, to determine initial renewal rents for some expiring project-based Section 8 contracts, to determine initial rents for housing assistance payment (HAP) contracts in the Moderate Rehabilitation Single Room Occupancy program (Mod Rehab), rent ceilings for rental units in both the HOME Investment Partnerships program and the Emergency Solution Grants program, calculation of maximum award amounts for Continuum of Care recipients and the maximum amount of rent a recipient may pay for property leased with Continuum of Care funds, and calculation of flat rents in Public Housing units.

U.S. Department of Housing & Urban Development

EXHIBIT 69: FAIR MARKET RENT

	2023	2024
0 Bedrooms	$1,133	$1,217
1 Bedrooms	$1,227	$1,313
2 Bedrooms	$1,613	$1,725
3 Bedrooms	$2,051	$2,199
4 Bedrooms	$2,293	$2,430

Source: U.S. Department of Housing & Urban Development HOME Rent Limits

EXHIBIT 70: EXCESSIVE HOUSING COSTS

	United States	New Hampshire	Hillsborough County	Monadnock Service Area
Excessive Renter Housing Costs[36]	46.4%	44.4%	46.6%	35.7%
Excessive Housing Costs Per Occupied Housing Unit[37]	30.5%	30.3%	31.5%	28.5%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

[36] Gross Rent 30% or More of Income per renter-occupied housing unit.
[37] Housing Costs 30% or More of Income.

EXHIBIT 71: ANNUAL POINT-IN-TIME COUNT

	Nashua/Hillsborough County
Households without children[38]	168
Households with at least one adult and one child[39]	64
Households with only children[40]	0

Source: U.S. Department of Housing & Urban Development, HUD Exchange. CoC Homeless Populations & Subpopulations Reports, 2023

EXHIBIT 72: ANNUAL POINT-IN-TIME COUNT, SUMMARY OF POPULATIONS

	Nashua/Hillsborough County
Severely Mentally Ill	70
Chronic Substance Abuse	42
Veterans	55
HIV/AIDS	1
Victims of Domestic Violence	16
Unaccompanied Youth (18 to 24)	6
Parenting Youth (18 to 24)	6
Children of Parenting Youth	6

Source: U.S. Department of Housing & Urban Development, HUD Exchange. CoC Homeless Populations & Subpopulations Reports, 2023

EXHIBIT 73: TREND OF HOMELESS CHILDREN & YOUTH REPORTED BY NEW HAMPSHIRE SCHOOLS

2016-2017	2017-2018	2018-2019	2019-2020	2020-2021[41]	2021-2022	2022-2023
3,913	4,012	3,971	3,216	3,109	3,323	3,555

Source: New Hampshire Department of Education, Education for Homeless Children & Youth Program

[38] This category includes single adults, adult couples with no children, and groups of adults.
[39] This category includes households with one adult and at least one child under age 18.
[40] This category includes persons under age 18, including children in one-child households, adolescent parents and their children, adolescent siblings, or other household configurations composed only of children.
[41] *2020-2021 - Beginning in the 2020-2021 school year, state level data does not include duplicates, however, the district level data does as per the file specification. The district level data should be higher b/c students who attended in multiple districts were counted in each district they were homeless and for each homeless ID they had. At the state level, the duplicates were taken out by using the district they had the highest ADM in and by using the last homeless ID they had that was >1.

Health Care Access and Quality

Access

EXHIBIT 74: POPULATION WITH INSURANCE

	United States	New Hampshire	Hillsborough County	Monadnock Service Area
Total Population with Health Insurance	91.3%	94.2%	93.9%	93.5%
People with Private Health Insurance	74.0%	80.9%	82.1%	80.3%
People with Public Health Insurance	39.3%	34.2%	31.0%	3.7%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 75: UNINSURED POPULATION BY AGE

	United States	New Hampshire	Hillsborough County	Monadnock Service Area
Under 6	4.4%	2.7%	3.4%	2.1%
6 to 18	5.7%	3.7%	4.1%	6.2%
19 to 64	12.2%	8.2%	8.2%	8.9%
65 and Over	0.8%	0.4%	0.7%	0.1%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Health Status

EXHIBIT 76: SELF-REPORTED HEALTH INDICATORS BY ADULTS

	United States	New Hampshire	Hillsborough County	Monadnock Service Area
Fair or Poor General Health[42]	16.1%	12.3%	12.3%	12.2%
Poor Physical Health[43]	10.9%	9.8%	9.4%	9.8%

Source: Behavioral Risk Factor Surveillance Survey, 2021

EXHIBIT 77: BIRTH & MORTALITY RATE

Rate Per 1,000 Population	United States	New Hampshire	Hillsborough County
Births	11.0	8.7	9.8
Deaths	9.8	10.4	9.4

Source: Centers for Disease Control & Prevention WONDER, 2022

[42] This dataset contains the estimated annual prevalence rate of adults aged 18 and over who report their general health status as "fair" or "poor".

[43] This dataset contains the estimated annual prevalence rate of adults aged 18 and over who report 14 or more days during the past 30 days during which their physical health was not good.

EXHIBIT 78: LIFE EXPECTANCY

	United States	New Hampshire	Hillsborough County
Average	77.6	79.2	78.9

Source: County Health Rankings, 2019-2021

EXHIBIT 79: LEADING CAUSES OF DEATH

Rate Per 1,000 Population	United States	New Hampshire	Hillsborough County
Accidental Injuries	64.0	66.7	77.4
Alzheimer's Disease	28.9	23.9	27.4
Cancer	142.3	141.4	179.1
Chronic Liver Disease	13.8	14.8	21.8
Chronic Lower Respiratory Disease	34.3	36.3	42.9
COVID-19	44.5	30.3	36.3
Diabetes	24.1	22.3	30.9
Heart Disease	167.2	147.5	199.0
High Blood Pressure	10.3	6.3	10.8
Influenza / Pneumonia	11.3	8.5	11.7
Kidney Disease	13.8	10.7	13.8
Parkinson's Disease	9.5	11.1	12.7
Stroke	39.5	30.3	38.0

Source: Centers for Disease Control & Prevention WONDER, 2022

EXHIBIT 80: PREVALENCE OF SELECT CHRONIC DISEASES AMONG ADULTS

	United States	New Hampshire	Hillsborough County
Asthma	9.7%	11.3%	11.6%
Cancer (excluding skin cancer)	7.0%	7.0%	7.1%
Chronic Kidney Disease	3.1%	2.6%	2.8%
Chronic Obstructive Pulmonary Disease	6.4%	6.4%	6.3%
Coronary Heart Disease	6.1%	5.2%	5.5%
Diagnosed Diabetes	11.3%	8.1%	8.5%
High Blood Pressure	32.7%	28.2%	29.3%
High Cholesterol	36.4%	32.3%	32.8%
Obesity	33.0%	31.9%	33.7%
Stroke	3.3%	2.6%	2.7%

Source: Behavioral Risk Factor Surveillance Survey, 2021

EXHIBIT 81: TREND OF HIV PREVALENCE & DIAGNOSES

Number of Cases	New Hampshire		Hillsborough County	
	2018	2022	2018	2022
HIV prevalence	1,242	1,385	454	276
HIV diagnoses	38	28	26	14

Source: U.S. Department of Health & Human Services, Centers for Disease Control and Prevention. National Center for HIV, Viral Hepatitis, STD & TB Prevention AtlasPlus

EXHIBIT 82: TREND OF SEXUALLY TRANSMITTED DISEASES

Number of Cases	New Hampshire		Hillsborough County	
	2018	2022	2018	2022
Primary and Secondary Syphilis	64	74	31	37
Gonorrhea	594	662	298	357
Chlamydia	3,734	2,830	1,364	1,067

Source: U.S. Department of Health & Human Services, Centers for Disease Control & Prevention. National Center for HIV, Viral Hepatitis, STD, & TB Prevention AtlasPlus

EXHIBIT 83: MATERNAL HEALTH INDICATORS

	New Hampshire
Fertility Rate[44]	47.9
Infant Mortality Rate[45]	3.5
Teen Birth Rate[46]	4.6

Source: National Vital Statistics System (NVSS) via CDC WONDER, 2022

EXHIBIT 84: PHYSICAL INACTIVITY AMONG ADULTS[47]

	United States	New Hampshire	Hillsborough County	Monadnock Service Area
No Leisure Time Physical Activity	23.7%	20.3%	20.9%	20.6%

Source: Behavioral Risk Factor Surveillance Survey, 2021

EXHIBIT 85: INSUFFICIENT SLEEP AMONG ADULTS[48]

	United States	New Hampshire	Hillsborough County	Monadnock Service Area
Less than 7 Hours Sleep	32.7%	31.7%	32.7%	32.9%

Source: Behavioral Risk Factor Surveillance Survey, 2020

[44] Births per 1,000 women 15-44 years of age.
[45] Infant deaths per 1,000 live births.
[46] Births per 1,000 females 15-19 years of age.
[47] This dataset contains the estimated annual prevalence rate of adults who report no physical activity outside of work in the past month.
[48] This dataset contains the estimated annual prevalence rate of adults aged 18 and over who report regularly getting insufficient sleep (less than 7 hours, on average, during a 24-hour period).

EXHIBIT 86: DOCTOR CHECKUP IN PAST YEAR AMONG ADULTS

	United States	New Hampshire	Hillsborough County	Monadnock Service Area
Visit for routine checkup	73.6%	71.7%	72.8%	69.9%

Source: Behavioral Risk Factor Surveillance Survey, 2021

DENTAL VISIT IN PAST YEAR AMONG ADULTS

	United States	New Hampshire	Hillsborough County	Monadnock Service Area
Visit to dentist or dental clinic	64.8%	69.1%	69.8%	69.3%

Source: Behavioral Risk Factor Surveillance Survey, 2020

Capacity

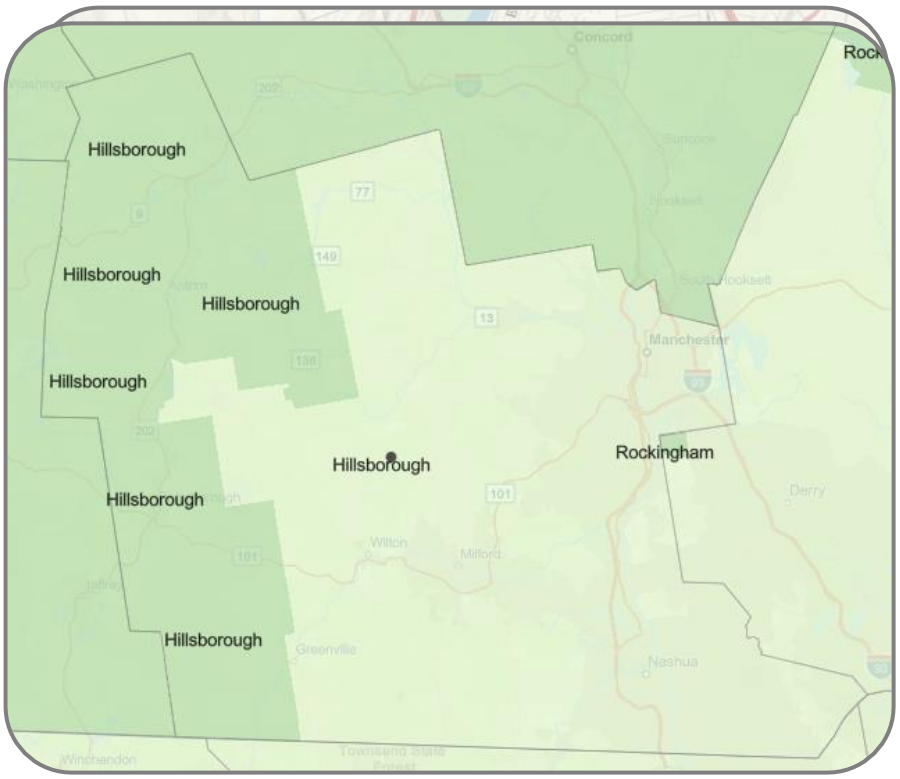
EXHIBIT 87: HEALTH CARE PROVIDER RATIOS[49]

	United States	New Hampshire	Hillsborough County
Geriatric Care Provider	1,714	623	594
Primary Care Physician	907	782	915
Primary Care Nurse Practitioner	1,186	866	927
Dentist	1,567	1,500	1,499
Pediatrician	820	687	639
Obstetrics Gynecology / OBGYN	3,541	2,887	2,365
Midwife & Doula	11,496	9,077	9,566

Source: National Provider Identifier, 2023

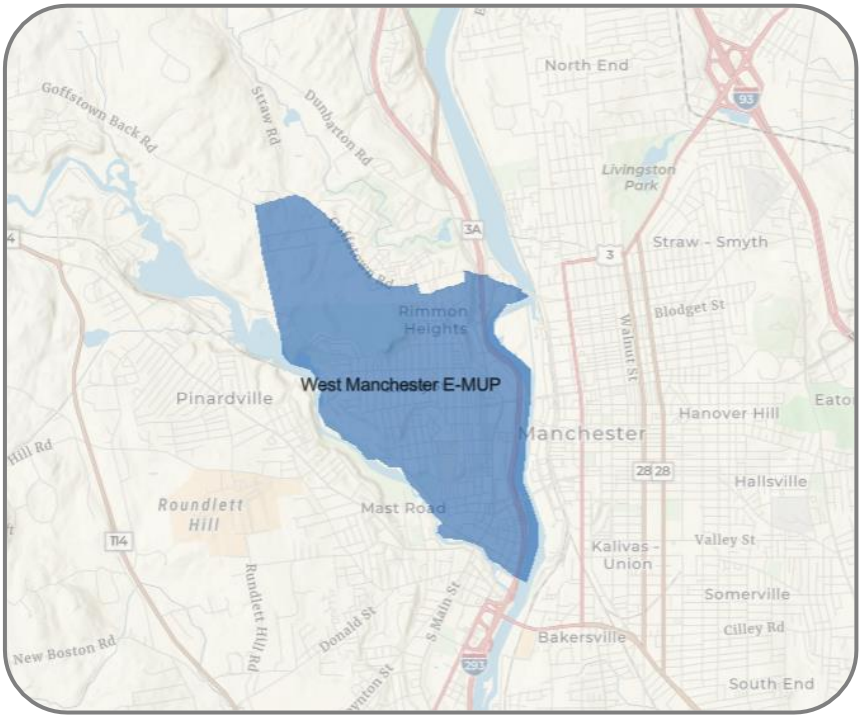
[49] This dataset is the ratio of people per one provider.

EXHIBIT 88: RURAL HEALTH AREAS



Source: Health Resources & Services Administration, 2024

EXHIBIT 89: MEDICALLY UNDERSERVED POPULATIONS



MUPs have a shortage of primary care health services for a specific population subset within an established geographic area. These groups may face economic, cultural, or linguistic barriers to health care.

Source: Health Resources & Services Administration, 2024

Behavioral Health

EXHIBIT 90: POOR MENTAL HEALTH DAYS & DEPRESSION AMONG ADULTS

	United States	New Hampshire	Hillsborough County	Monadnock Service Area
Poor Mental Health Days	14.7%	14.9%	13.9%	14.8%
Diagnosed Depression	19.5%	23.8%	22.4%	23.6%

Source: Behavioral Risk Factor Surveillance Survey, 2021

EXHIBIT 91: TREND OF SUICIDES

	New Hampshire		Hillsborough County	
	Number of Cases	Rate per 100,00 Population	Number of Cases	Rate per 100,00 Population
2022	247	16.5	69	15.2
2021	223	15.1	77	17.6
2020	234	16.2	67	15.2
2019	255	17.3	92	20.5
2018	279	19.2	65	15.1

Source: New Hampshire Department of Health & Human Services, Data Portal. Suicide Mortality

EXHIBIT 92: TREND OF HIGH SCHOOLS STUDENTS WHO HAVE SELF-REPORTED ATTEMPTED SUICIDE IN THE PAST 12 MONTHS

	New Hampshire	Greater Manchester Region	Greater Nashua Region
2023	8.5%	7.6%	9.7%
2021	9.8%	10.4%	ND
2019	7.0%	7.9%	ND
2017	5.9%	7.5%	5.2%

Source: New Hampshire Department of Health & Human Services, Youth Risk Behavior Survey

EXHIBIT 93: ALCOHOL USE & SMOKING AMONG ADULTS

	United States	New Hampshire	Hillsborough County	Monadnock Service Area
Binge Drinking	15.5%	16.4%	14.3%	15.6%
Regular Smoking	13.5%	14.3%	13.5%	14.0%

Source: Behavioral Risk Factor Surveillance Survey, 2021

EXHIBIT 94: TREND OF OVERDOSE DEATHS (PRESCRIPTION, ILLICIT, OTHER & UNSPECIFIED)

	New Hampshire		Hillsborough County	
	Number of Cases	Rate per 100,00 Population	Number of Cases	Rate per 100,00 Population
2022	464	34.4	173	41.4
2021	424	31.1	142	33.2
2020	379	28.8	131	30.5
2019	384	30.0	135	33.0
2018	432	34.5	153	38.1

Source: New Hampshire Department of Health & Human Services, Data Portal, Substance Misuse

EXHIBIT 95: TREND OF OVERDOSE DEATHS INVOLVING OPIOIDS

	New Hampshire		Hillsborough County	
	Number of Cases	Rate per 100,00 Population	Number of Cases	Rate per 100,00 Population
2022	411	30.7	32	15.7
2021	371	27.5	26	11.8
2020	328	25.5	28	14.3
2019	341	26.9	32	17.1
2018	393	31.8	44	23.9

Source: New Hampshire Department of Health & Human Services, Data Portal, Substance Misuse

EXHIBIT 96: TREND OF OVERDOSE EMERGENCY DEPARTMENT VISITS

	New Hampshire		Hillsborough County	
	Number of Cases	Rate per 100,00 Population	Number of Cases	Rate per 100,00 Population
2021	3,625	276.3	1,306	315.7
2020	3,424	263.8	1,280	310.0
2019	4,219	332.2	1,454	361.6
2018	4,468	353.6	1,628	409.4

Source: New Hampshire Department of Health & Human Services, Data Portal, Substance Misuse

EXHIBIT 97: CURRENT SUBSTANCE USE SELF-REPORTED BY HIGH SCHOOL STUDENTS[50]

	New Hampshire	Greater Manchester Region	Greater Nashua Region
Marijuana	19.8%	19.9%	19.0%
Cocaine	3.0%	3.2%	3.3%
Prescription Drug[51]	5.2%	4.8%	5.5%

Source: New Hampshire Department of Health & Human Services, 2023 Youth Risk Behavior Survey

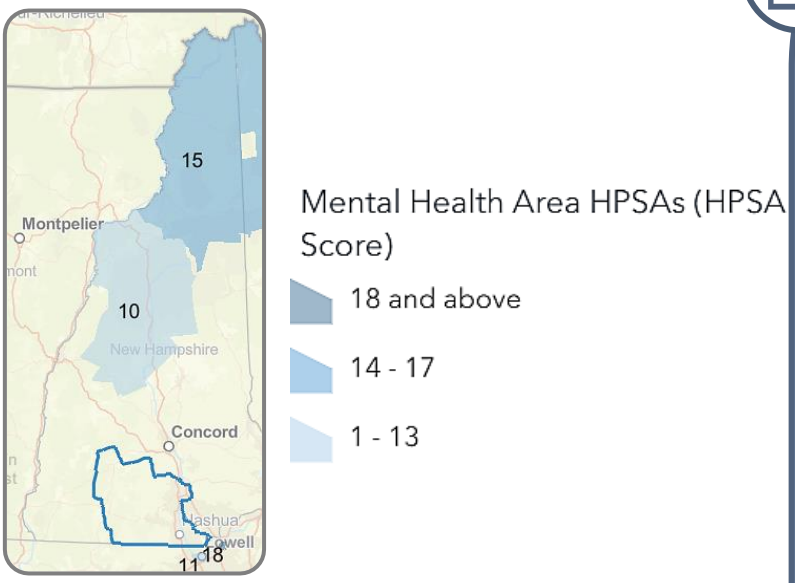
[50] Percent of students who currently used each substance (one or more times) during the past 30 days.
[51] Took a prescription drug without a doctor's prescription (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax).

EXHIBIT 98: LIFETIME SUBSTANCE USE SELF-REPORTED BY HIGH SCHOOL STUDENTS

	New Hampshire	Greater Manchester Region	Greater Nashua Region
Inhalants[52]	**7.1%**	**6.8%**	**6.6%**
Heroin	**2.2%**	**2.4%**	**2.7%**
Methamphetamines	**2.3%**	**2.1%**	**2.8%**
Ecstasy	**3.1%**	**3.6%**	**3.8%**

Source: New Hampshire Department of Health & Human Services, 2023 Youth Risk Behavior Survey

EXHIBIT 99: DESIGNATED MENTAL HEALTH PROFESSIONAL SHORTAGE AREAS



Source: Health Resources & Services Administration, 2024

Health Professional Shortage Areas are facilities with a shortage of providers. The HPSA tool can be utilized to identify counties and states with the most severe provider shortages for a select variety of health care disciplines. **Note that scores range from 0 to 26, with a higher score indicating a greater need.**

This attribute represents the number of full-time equivalent (FTE) practitioners needed in the Health Professional Shortage Area (HPSA) so that it will achieve the population to practitioner target ratio. The target ratio is determined by the type (discipline) of the HPSA.

EXHIBIT 100: BEHAVIORAL HEALTH CARE PROVIDER RATIO[53]

	United States	New Hampshire	Hillsborough County
Mental Health Providers	**584**	**420**	**444**
Clinical Social Worker	**1,257**	**1,020**	**919**
Child and Adolescent Psychiatric Providers[54]	**16**	**10**	**11**

Source: National Provider Identifier, 2023

[52] Sniffed glue breathed the contents of aerosol spray cans or inhaled any paints or sprays to get high.
[53] This dataset is the ratio of people per one provider (except for Child and Adolescent Psychiatric providers, which is the number of child and adolescent psychiatrists per 100,000 children.
[54] The number of child and adolescent psychiatrists per 100,000 children.

Community and Social Context

EXHIBIT 101: TREND OF ANNUAL VIOLENT & PROPERTY CRIME(S) IN NEW HAMPSHIRE

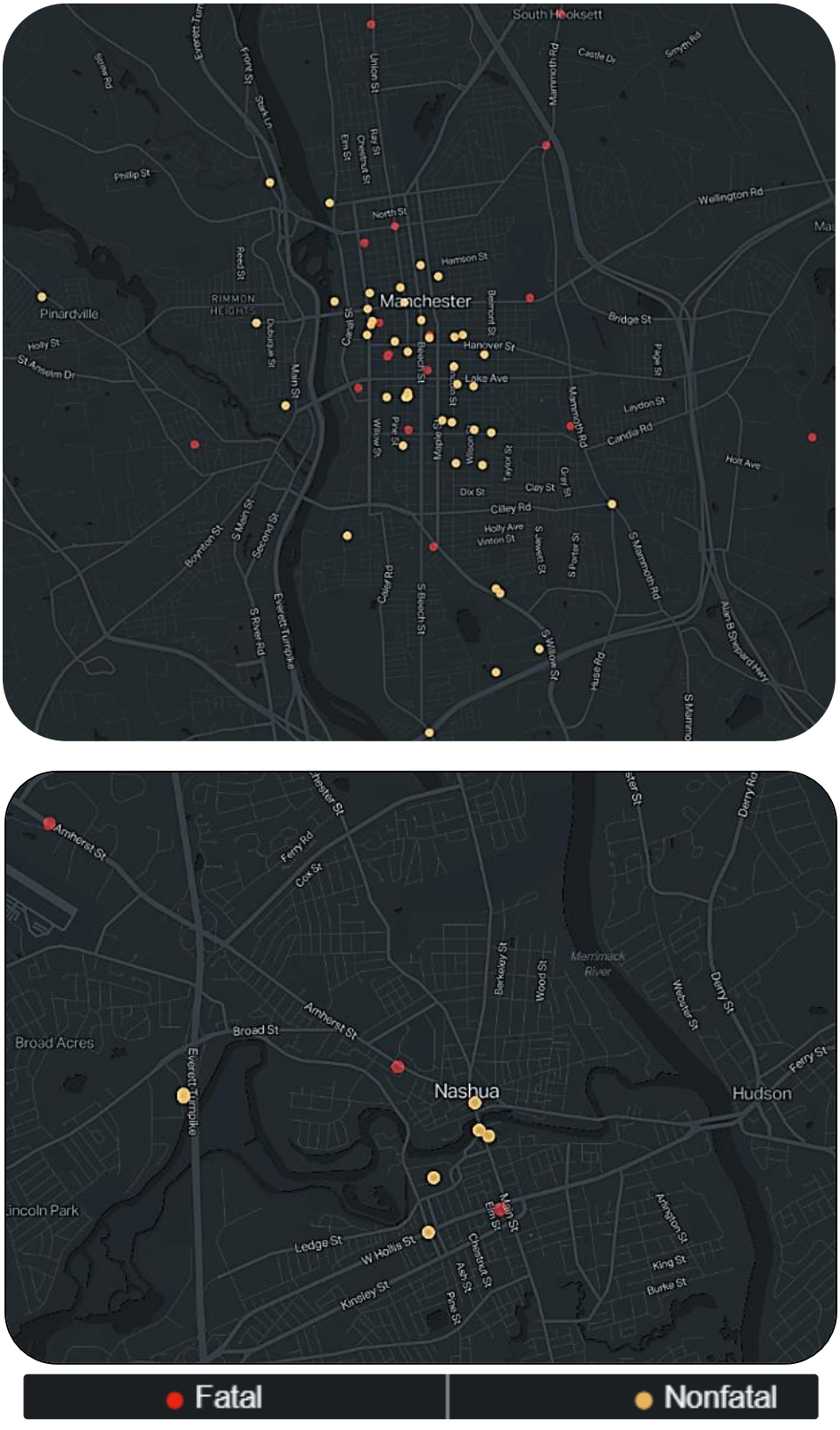
	New Hampshire[55]	
	Violent Crime	Property Crime
2022	125.6	1,010.9
2021	129.7	1,037.5
2020	146.4	1,098.9
2019	158.1	1,216.4
2018	117.6	1,270.9

Source: Federal Bureau of Investigation, Crime Data Explorer. Agency Selected

Violent crime includes the offenses of murder and nonnegligent manslaughter, rape (revised definition), robbery, and aggravated assault. **Property crime** includes the offenses of burglary, larceny-theft, and motor vehicle theft.

[55] Crime data for New Hampshire are derived from National Incident-Based Reporting System (NIBRS) reports voluntarily submitted to the FBI. The 2022 estimated Crime statistics for New Hampshire are based on data received from **215** of **220** participating law enforcement agencies in the state that year.

EXHIBIT 102: FATAL & NONFATAL SHOOTINGS (2020-2023)



Source: Gun Violence Archive, Atlas of American Gun Violence

EXHIBIT 103: SUBSTANTIATED VICTIMS OF CHILD MALTREATMENT

	New Hampshire	Hillsborough County
Number	**1,193**	**259**
Rate per 1,000 Children	**4.7**	**3.1**

Source: U.S Department of Human Services, Children's Bureau, National Child Abuse and Neglect Data System, 2020

EXHIBIT 104: TREND OF NUMBER OF YOUTH IN DETENTION

	New Hampshire	Hillsborough County
2020	**72**	**28**
2019	**84**	**36**
2018	**123**	**52**

Source: New Hampshire Department of Health and Human Services, Division for Children, Youth, and Families, Juvenile Justice Services

The number of New Hampshire youth detained at the John H. Sununu Youth Services Center in Manchester, which houses youth up to age 17 who have been adjudicated as delinquent by the courts or are awaiting court action. The county identified is the location of the crime committed by the detained youth and not necessarily the county of the youth's residence. Youth detained for crimes committed out of state are not included in this data.

EXHIBIT 105: SAFTEY INDICATORS SELF-REPORTED BY HIGH SCHOOL STUDENTS

	New Hampshire	Greater Manchester Region	Greater Nashua Region
Feeling Unsafe During School[56]	**10.3%**	**12.8%**	**9.5%**
Bullied On School Property[57]	**24.2%**	**20.7%**	**22.5%**
Electronically Bullied[58]	**21.5%**	**20.4%**	**20.9%**

Source: New Hampshire Department of Health & Human Services, 2023 Youth Risk Behavior Survey

[56] Percent of students who did not go to school because they felt unsafe at school or on their way to or from school (on at least one day) during the past 30 days).
[57] Percent of students who were ever bullied on school property during the past 12 months.
[58] Percent of students who were ever electronically bullied (counting being bullied through texting, Instagram, Facebook, or other social media) during the past 12 months.

Town Level Data

EXHIBIT 106: **SVI: SOCIOECONOMIC STATUS**

	Antrim	Bennington	Dublin	Francestown	Greenfield	Greenville	Hancock	Jaffrey	New Ipswich	Peterborough	Rindge	Sharon	Temple
Total Population	2,658	1,498	1,711	1,461	1,784	2,225	1,757	3,036	5,244	6,424	6,446	428	1,372
Population Below Poverty Level	6.6%	4.9%	9.8%	7.7%	8.1%	7.8%	3.3%	6.6%	3.4%	3.2%	5.5%	6.8%	13%
Unemployment Rate [59]	3.1%	2.2%	1.2%	2.5%	2.7%	8.8%	2.7%	7.4%	2.9%	1.6%	1.5%	2.4%	3.8%
Median Household Income	$85,990	$73,102	$96,463	$10,5347	$99,583	$81,806	$88,611	$86,384	$91,824	$98,000	$97,794	$102,708	$93,194
Low Income Households Severely Cost Burdened	20.8%	16.2%	42.9%	32.3%	22.2%	21.2%	26.6%	23.1%	10.5%	20.7%	33.1%	29.6%	43.1%
No High School Diploma[60]	4.4%	8.5%	2.7%	2.2%	4.8%	14.4%	3.6%	3.0%	6.8%	5.3%	4.5%	3.8%	8.4%
Uninsured Population	8.8%	11.5%	4.0%	4.5%	6.1%	10.2%	7.7%	8.2%	5.3%	2.6%	7.2%	9.1%	4.4%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

[59] Total Unemployed: Civilians 16 years old and over are classified as unemployed if they (1) were neither "at work" nor "with a job but not at work" during the reference week, and (2) were actively looking for work during the last 4 weeks, and (3) were available to accept a job.
[60] Age 25 and Over.

EXHIBIT 107: SVI: HOUSEHOLD CHARACTERISTICS & MINORITY STATUS

	Antrim	Bennington	Dublin	Francestown	Greenfield	Greenville	Hancock	Jaffrey	New Ipswich	Peterborough	Rindge	Sharon	Temple
Under 18	21.1%	22.5%	19.1%	24.1%	18.9%	19.1%	13.4%	25.3%	27.7%	16.9%	18.2%	20.1%	13.8%
65 and Over	16.7%	14.0%	25.9%	22.2%	17.9%	17.3%	32.6%	12.2%	13.2%	28.2%	19.8%	31.8%	15.2%
Living with a Disability [61]	12.5%	14.0%	7.4%	7.5%	14.5%	18.2%	10.8%	13.5%	8.5%	11.0%	9.7%	13.6%	19.2%
English Language Proficiency	0.0%	0.5%	0.2%	0.2%	1.1%	0.2%	0.2%	0.0%	1.0%	0.7%	1.1%	1.5%	0.2%
Minority Population [62]	4.5%	11.3%	6.4%	3.8%	5.9%	18.9%	8.4%	10.3%	9.7%	5.0%	14.4%	0.7%	4.5%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 108: **SVI: HOUSING TYPE & TRANSPORTATION**

	Antrim	Bennington	Dublin	Francestown	Greenfield	Greenville	Hancock	Jaffrey	New Ipswich	Peterborough	Rindge	Sharon	Temple
Crowding [63]	0.0%	3.6%	0.0%	2.2%	0.9%	0.4%	0.5%	0.9%	4.1%	0.3%	1.3%	1.2%	0.4%
Households with No Vehicles	5.4%	5.8%	1.7%	1.6%	4.0%	4.8%	0.4%	5.5%	0.9%	6.9%	3.0%	0.6%	4.5%
Group Quarters	1.0%	0.0%	5.5%	0%	5%	0.0%	0.3%	0.3%	0.0%	3.5%	15.7%	0.0%	6.6%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

[61] Civilian Noninstitutionalized Population: All U.S. civilians not residing in institutional group quarters facilities such as correctional institutions, juvenile facilities, skilled nursing facilities, and other long-term care living arrangements.

[62] Minority Population: The data values were calculated by taking the total population minus the white (not Latino, not Hispanic) population. Link: https://catalog.mysidewalk.com/columns/1248/

[63] The data values were calculated by counting all occupied housing units with more than one person per room.

EXHIBIT 109: PROJECTED PERCENT CHANGE IN POPULATION

	Antrim	Bennington	Dublin	Francestown	Greenfield	Greenville	Hancock
2022-2031 Percent Change	4.9%	6.2%	-5.1%	16.5%	6.2%	-2.2%	-1.2%
Projected 2031	2,788	1,591	1,623	1,701	1,894	2,175	1,735
2010-2022 Percent Change	0.8%	0.5%	7.5%	-5.6%	1.8%	5.7%	6.3%
2022	2,658	1,498	1,711	1,461	1,784	2,225	1,757
2010	2,637	1,490	1,591	1,548	1,752	2,106	1,653

	Jaffrey	New Ipswich	Peterborough	Rindge	Sharon	Temple
2022-2031 Percent Change	-2.2%	10.0%	7.2%	8.5%	-13.6%	3.8%
Projected 2031	2,970	5,765	6,883	6,991	369	1,424
2010-2022 Percent Change	-3.6%	2.8%	2.2%	7.4%	20.5%	0.4%
2022	3,036	5,244	6,424	6,446	428	1,372
2010	3,148	5,099	6,284	6,001	355.1	1,366.9

Sources: U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 110: POPULATION BY SEX

	Antrim	Bennington	Dublin	Francestown	Greenfield	Greenville	Hancock
Females	47.4%	44.3%	53.2%	51.4%	51.1%	46.6%	49.2%
Males	52.6%	55.7%	46.8%	48.6%	48.9%	53.4%	50.8%

	Jaffrey	New Ipswich	Peterborough	Rindge	Sharon	Temple
Females	50.5%	48.9%	48.8%	50.9%	47.7%	51.5%
Males	49.5%	51.1%	51.2%	49.1%	52.3%	48.5%

Sources: U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 111: MEDIAN AGE

Antrim	Bennington	Dublin	Francestown	Greenfield	Greenville	Hancock
46.3	37.6	51.2	50.3	48.9	45	55.4

Jaffrey	New Ipswich	Peterborough	Rindge	Sharon	Temple
37.7	37.6	51.6	35.8	49.2	46.4

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 112: POPULATION BY AGE GROUP

	Antrim	Bennington	Dublin	Francestown	Greenfield	Greenville	Hancock
Under 18	21.1%	22.5%	19.1%	24.1%	18.9%	19.1%	13.4%
18 to 64	62.2%	63.5%	55%	53.7%	63.1%	63.6%	54%
65 and Over	16.7%	14%	25.9%	22.2%	17.9%	17.3%	32.6%

	Jaffrey	New Ipswich	Peterborough	Rindge	Sharon	Temple
Under 18	25.3%	27.7%	16.9%	18.2%	20.1%	13.8%
18 to 64	62.5%	59.1%	54.9%	62%	48.1%	71.1%
65 and Over	12.2%	13.2%	28.2%	19.8%	31.8%	15.2%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 113: POPULATION BY RACE[64]

	Antrim	Bennington	Dublin	Francestown	Greenfield	Greenville	Hancock
American Indian & Alaska Native	0.0%	1.0%	0.1%	0.0%	0.0%	0.0%	0.6%
Asian	0.0%	0.2%	1.5%	0.2%	0.1%	0.5%	0.2%
Black or African American	0.4%	0.0%	0.4%	0.4%	0.7%	7.9%	1.4%
Native Hawaiian & Other Pacific Islander	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%
White	95.8%	91.3%	94.3%	96.8%	94.1%	85.5%	94.0%
Two or More Races	1.9%	5.8%	3.6%	2.4%	4.7%	2.4%	3.5%
Some Other Race	2.0%	1.7%	0.2%	0.1%	0.4%	3.7%	0.3%

	Jaffrey	New Ipswich	Peterborough	Rindge	Sharon	Temple
American Indian & Alaska Native	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%
Asian	1.7%	2.6%	0.5%	1.3%	0.2%	0.0%
Black or African American	2.0%	0.0%	0.2%	1.0%	0.0%	0.1%
Native Hawaiian & Other Pacific Islander	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
White	89.7%	90.3%	96.6%	86.8%	99.3%	96.0%
Two or More Races	6.0%	7.0%	1.0%	9.8%	0.5%	3.9%
Some Other Race	0.5%	0.0%	1.7%	1.1%	0.0%	0.0%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 114: POPULATION BY ETHNICITY

	Antrim	Bennington	Dublin	Francestown	Greenfield	Greenville	Hancock
Hispanic or Latino	2.2%	3.1%	1.3%	1.4%	0.7%	9.3%	4.6%

	Jaffrey	New Ipswich	Peterborough	Rindge	Sharon	Temple
Hispanic or Latino	1.5%	2.1%	3.3%	5.7%	0.2%	1.6%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

[64] Race alone are those "people who responded to the question on race by indicating only one race are referred to as the race alone population, or the group who reported only one race.

EXHIBIT 115: LANGUAGE SPOKEN AT HOME (PEOPLE OVER AGE 5)

	Antrim	Bennington	Dublin	Francestown	Greenfield	Greenville	Hancock
English Only	97.6%	96.1%	97.6%	97.2%	96.9%	89.4%	94.1%
Spanish	1.0%	0.7%	0.9%	2.0%	0.9%	8.8%	2.6%
Asian-Pacific Islander	0.2%	1.4%	0.0%	0.1%	0.4%	0.5%	0.0%
Other Indo-European	1.3%	1.9%	1.5%	0.4%	1.8%	1.3%	3.3%
Other	0.0%	0.0%	0.0%	0.2%	0.0%	0.0%	0.0%

	Jaffrey	New Ipswich	Peterborough	Rindge	Sharon	Temple
English Only	99.1%	98.1%	97.6%	94.5%	97.7%	93.5%
Spanish	0.9%	0.2%	1.3%	1.8%	1.5%	1.4%
Asian-Pacific Islander	0.0%	1.1%	0.5%	0.6%	0.0%	0.0%
Other Indo-European	0.0%	0.7%	0.5%	3.1%	0.8%	5.1%
Other	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 116: FOREIGN-BORN POPULATION

	Antrim	Bennington	Dublin	Francestown	Greenfield	Greenville	Hancock
Naturalized U.S. Citizen	1.5%	1.0%	3.2%	3.3%	1.6%	1.0%	4.6%
Not U.S. Citizen	0.3%	1.1%	0.2%	1%	1.1%	0.2%	2.3%

	Jaffrey	New Ipswich	Peterborough	Rindge	Sharon	Temple
Naturalized U.S. Citizen	1.4%	2.6%	2.2%	0.9%	0.9%	3.1%
Not U.S. Citizen	0.0%	2.2%	0.8%	1.2%	0.2%	0.9%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Population Living with Disability

EXHIBIT 117: POPULATION LIVING WITH DISABILITY BY AGE

	Antrim	Bennington	Dublin	Francestown	Greenfield	Greenville	Hancock
Living with a Disability[65]	12.5%	14.0%	7.4%	7.5%	14.5%	18.2%	10.8%
Under 5	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
5 to 17	3.5%	7.4%	0.0%	0.0%	4.9%	15.7%	7.5%
18 to 34	10.8%	5%	16.6%	1.6%	9.4%	14.3%	9.0%
35 to 64	8.8%	18%	5.1%	4.7%	13.7%	21.1%	5.7%
65 to 74	32.3%	22.2%	9.2%	22.5%	32.6%	27.0%	9.8%
75 and Over	44.4%	53.6%	20.3%	27.8%	34.5%	27.8%	36.6%

	Jaffrey	New Ipswich	Peterborough	Rindge	Sharon	Temple
Living with a Disability[66]	13.5%	8.5%	11.0%	9.7%	13.6%	19.2%
Under 5	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
5 to 17	17.8%	4.3%	2.1%	1.0%	10.5%	7.6%
18 to 34	4.9%	1.0%	5.7%	10.9%	28.9%	15.9%
35 to 64	8.7%	7.4%	7.1%	7.2%	8.1%	19.7%
65 to 74	19.6%	30.3%	22.4%	11.2%	24.6%	25.0%
75 and Over	60.9%	38.8%	34.5%	38.0%	14.7%	56.2%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

[65] Civilian Noninstitutionalized Population: All U.S. civilians not residing in institutional group quarters facilities such as correctional institutions, juvenile facilities, skilled nursing facilities, and other long-term care living arrangements.

[66] Civilian Noninstitutionalized Population: All U.S. civilians not residing in institutional group quarters facilities such as correctional institutions, juvenile facilities, skilled nursing facilities, and other long-term care living arrangements.

EXHIBIT 118: POPULATION LIVING WITH DISABILITY BY TYPE

	Antrim	Bennington	Dublin	Francestown	Greenfield	Greenville	Hancock
Independent Living	5.1%	5.7%	2.5%	3.7%	4.8%	6.4%	2.8%
Vision	1.7%	1.7%	0.7%	1.3%	1.5%	1.3%	0.8%
Hearing	2.1%	4.5%	1.9%	3.3%	4.7%	2.2%	4.2%
Cognitive	5.1%	3.5%	1.1%	2.4%	6.7%	9.3%	3.6%
Ambulatory	7.9%	3.3%	3.9%	3.6%	4.5%	6.0%	4.6%

	Jaffrey	New Ipswich	Peterborough	Rindge	Sharon	Temple
Independent Living	6.9%	2.4%	3.9%	3.4%	3.0%	6.6%
Vision	1.5%	1.0%	1.7%	1.6%	2.3%	1.4%
Hearing	2.7%	2.0%	5.2%	4.3%	4.4%	4.7%
Cognitive	9.2%	1.9%	2.7%	4.3%	4.7%	7.8%
Ambulatory	5.6%	4.7%	2.9%	3.2%	4.9%	6.0%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 119: POPULATION LIVING WITH DISABILITY BY RACE

	Antrim	Bennington	Dublin	Francestown	Greenfield	Greenville	Hancock
American Indian & Alaska Native	NA	0.0%	0.0%	NA	NA	NA	0%
Asian	NA	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Black or African American	100.0%	NA	0.0%	0.0%	61.5%	0.0%	0.0%
Native Hawaiian & Other Pacific Islander	NA	NA	NA	0.0%	NA	NA	NA
White	12.0%	14.0%	7.0%	7.6%	14.6%	20.9%	11.5%
Two or More Races	20.0%	16.1%	21.3%	5.7%	11.1%	15.1%	0.0%
Some Other Race	15.4%	15.4%	0.0%	0.0%	0.0%	0.0%	0.0%

	Jaffrey	New Ipswich	Peterborough	Rindge	Sharon	Temple
American Indian & Alaska Native	NA	NA	NA	NA	NA	0.0%
Asian	0.0%	11.6%	58.1%	6.0%	0.0%	NA
Black or African American	88.5%	NA	0.0%	7.5%	NA	0.0%
Native Hawaiian & Other Pacific Islander	NA	NA	NA	NA	NA	NA
White	11.0%	8.6%	11.3%	11%	13.6%	18.1%
Two or More Races	30.6%	6.5%	0.0%	0.0%	0.0%	45.3%
Some Other Race	0.0%	NA	10.0%	0.0%	NA	NA

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 120: POPULATION LIVING WITH DISABILITY BY ETHNICITY

	Antrim	Bennington	Dublin	Francestown	Greenfield	Greenville	Hancock
Hispanic or Latino	6.9%	0.0%	0.0%	0.0%	0.0%	6.8%	0.0%

	Jaffrey	New Ipswich	Peterborough	Rindge	Sharon	Temple
Hispanic or Latino	66.0%	0.0%	5.1%	0.0%	0.0%	54.5%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Education

EXHIBIT 121: EDUCATIONAL ATTAINMENT

	Antrim	Bennington	Dublin	Francestown	Greenfield	Greenville	Hancock
Less than 9th Grade	2.1%	0.7%	0.6%	0.0%	2.3%	2.3%	0.7%
9th to 12th Grade, No Diploma	2.3%	7.7%	2.0%	2.2%	2.4%	12.1%	3.0%
High School Degree	38.8%	31.3%	23.3%	21.2%	33.0%	37.4%	18.3%
Some College No Degree	15.0%	23.9%	16.7%	19.5%	23.5%	22.8%	12.3%
Associates Degree	10.0%	5.7%	8.8%	7.1%	9.1%	9.8%	8.5%
Bachelor's Degree	18.4%	21.2%	26.3%	29.2%	21.0%	11.3%	29.1%
Graduate Degree	13.4%	9.4%	22.2%	20.8%	8.7%	4.3%	28.1%

	Jaffrey	New Ipswich	Peterborough	Rindge	Sharon	Temple
Less than 9th Grade	0.1%	1.0%	2.5%	0.5%	0.9%	4.0%
9th to 12th Grade, No Diploma	2.9%	5.8%	2.7%	4.0%	2.8%	4.4%
High School Degree	35.0%	33.7%	16.0%	26.7%	16.4%	28.5%
Some College No Degree	28.0%	18.3%	13.8%	19.1%	26.7%	16.5%
Associates Degree	10.3%	10.1%	9.0%	15.5%	2.5%	10.8%
Bachelor's Degree	16.3%	15.8%	29.1%	18.5%	25.8%	20.3%
Graduate Degree	7.4%	15.2%	26.8%	15.6%	24.8%	15.4%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 122: POPULATION with a BACHELOR'S DEGREE OR HIGHER, PERCENT CHANGE

	Antrim	Bennington	Dublin	Francestown	Greenfield	Greenville	Hancock
2010-2022 Percent Change	**45.6%**	**14.6%**	**55.9%**	**4.8%**	**14.9%**	**53.7%**	**8.5%**
2022	31.8%	30.6%	48.5%	50.0%	29.7%	15.6%	57.2%
2010	21.4%	26.7%	31.1%	47.7%	34.9%	10.8%	52.7%

	Jaffrey	New Ipswich	Peterborough	Rindge	Sharon	Temple
2010-2022 Percent Change	**19.7%**	**7.3%**	**2.8%**	**52.9%**	**70.9%**	**20.6%**
2022	23.7%	31.0%	55.8%	34.1%	50.6%	35.7%
2010	29.5%	28.8%	57.4%	22.3%	29.6%	29.6%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 123: POPULATION WITH A BACHELOR'S DEGREE OR HIGHER BY RACE

	Antrim	Bennington	Dublin	Francestown	Greenfield	Greenville	Hancock
American Indian & Alaska Native	NA	81.8%	0.0%	NA	NA	NA	0.0%
Asian	NA	100.0%	24%	100.0%	NA	0%	NA
Black or African American	0.0%	NA	100.0%	0.0%	0.0%	0.0%	84.0%
Native Hawaiian & Other Pacific Islander	NA	NA	NA	100.0%	NA	NA	NA
White	31.6%	29.0%	48.8%	50.3%	30.4%	17.5%	55.6%
Two or More Races	60.0%	40.0%	43.5%	18.8%	11.9%	0.0%	100.0%
Some Other Race	29.7%	71.4%	100.0%	NA	50.0%	0.0%	100.0%

	Jaffrey	New Ipswich	Peterborough	Rindge	Sharon	Temple
American Indian & Alaska Native	NA	NA	NA	NA	NA	100.0%
Asian	52.8%	38.5%	0%	48.6%	0%	NA
Black or African American	37.7%	NA	100.0%	0.0%	NA	0.0%
Native Hawaiian & Other Pacific Islander	NA	NA	NA	NA	NA	NA
White	22.2%	32%	56%	33.5%	50.9%	35.8%
Two or More Races	43.9%	12.3%	69.2%	30.9%	0.0%	33.3%
Some Other Race	0.0%	NA	47.3%	100.0%	NA	NA

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 124: EDUCATIONAL ATTAINMENT OF BACHELOR'S DEGREE OR HIGHER BY ETHNICITY

	Antrim	Bennington	Dublin	Francestown	Greenfield	Greenville	Hancock
Hispanic or Latino	58.8%	22.7%	63.6%	46.7%	0.0%	27.9%	94.2%

	Jaffrey	New Ipswich	Peterborough	Rindge	Sharon	Temple
Hispanic or Latino	0.0%	36.0%	36.2%	43.2%	NA	20.0%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Economic Stability

EXHIBIT 125: POPULATION LIVING IN POVERTY

Antrim	Bennington	Dublin	Francestown	Greenfield	Greenville	Hancock
6.6%	4.9%	9.8%	7.7%	8.1%	7.8%	3.3%

Jaffrey	New Ipswich	Peterborough	Rindge	Sharon	Temple
6.6%	3.4%	3.2%	5.5%	6.8%	13%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 126: HOUSEHOLDS LIVING IN POVERTY, PERCENT CHANGE

	Antrim	Bennington	Dublin	Francestown	Greenfield	Greenville	Hancock
2010-2022 Percent Change	38.7%	20.5%	126%	462.3%	-30.6%	23.8%	5.0%
2022	5.1%	9.1%	11.3%	5.6%	5.3%	12.1%	3.9%
2010	3.7%	7.5%	5.0%	1.0%	7.6%	9.8%	3.7%

	Jaffrey	New Ipswich	Peterborough	Rindge	Sharon	Temple
2010-2022 Percent Change	-7.5%	-15.8%	-39.8%	-75.5%	-53.4%	-45.1%
2022	7.4%	2.1%	3.2%	4.7%	7.1%	8.9%
2010	8%	2.5%	5.3%	19.2%	15.2%	16.3%

Sources: U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 127: PEOPLE LIVING IN POVERTY BY AGE

	Antrim	Bennington	Dublin	Francestown	Greenfield	Greenville	Hancock
Under 5	21.2%	0.0%	4.9%	0.0%	15.4%	5.1%	14.3%
Under 18	13.4%	0.0%	12.5%	12.3%	8%	2.1%	5.9%
18 to 64	4.4%	6.9%	6.2%	7.1%	9.5%	10.6%	2.8%
65 and Over	6.8%	3.8%	15.1%	4.3%	3.4%	3.9%	3.1%

	Jaffrey	New Ipswich	Peterborough	Rindge	Sharon	Temple
Under 5	23.7%	0.0%	0.0%	5.0%	0.0%	0.0%
Under 18	6.2%	1.0%	0.9%	6.9%	8.2%	0.0%
18 to 64	5.7%	4.5%	4.8%	6.5%	8.3%	16.9%
65 and Over	12.4%	3.6%	1.2%	1.7%	3.7%	6.2%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 128: POPULATION LIVING IN POVERTY BY RACE

	Antrim	Bennington	Dublin	Francestown	Greenfield	Greenville	Hancock
American Indian & Alaska Native	NA	0.0%	0.0%	NA	NA	NA	0.0%
Asian	NA	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Black or African American	100.0%	NA	0.0%	0.0%	61.5%	0.0%	0.0%
Native Hawaiian & Other Pacific Islander	NA	NA	NA	0.0%	NA	NA	NA
White	5.9%	5.4%	10.4%	8.0%	8.1%	8.8%	3.3%
Two or More Races	0.0%	0.0%	0.0%	0.0%	0.0%	13.2%	6.6%
Some Other Race	26.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

	Jaffrey	New Ipswich	Peterborough	Rindge	Sharon	Temple
American Indian & Alaska Native	NA	NA	NA	NA	NA	0.0%
Asian	0.0%	0.0%	0.0%	0.0%	0.0%	NA
Black or African American	11.5%	NA	0.0%	100.0%	NA	0.0%
Native Hawaiian & Other Pacific Islander	NA	NA	NA	NA	NA	NA
White	7.1%	3.2%	3.3%	6.0%	6.8%	13.5%
Two or More Races	0.0%	7.3%	0.0%	1.5%	0.0%	0.0%
Some Other Race	0.0%	NA	0.0%	0.0%	NA	NA

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 129: POPULATION LIVING IN POVERTY BY ETHNICITY

	Antrim	Bennington	Dublin	Francestown	Greenfield	Greenville	Hancock
Hispanic or Latino	24.1%	0.0%	0.0%	0.0%	0.0%	3.4%	0.0%

	Jaffrey	New Ipswich	Peterborough	Rindge	Sharon	Temple
Hispanic or Latino	0.0%	0.0%	0.0%	0.7%	NA	0.0%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 130: HOUSEHOLDS RECEIVING SNAP

Antrim	Bennington	Dublin	Francestown	Greenfield	Greenville	Hancock
2.5%	9.8%	3.8%	2%	4.4%	13.5%	1.4%

Jaffrey	New Ipswich	Peterborough	Rindge	Sharon	Temple
8.3%	1.2%	4.8%	1%	1.2%	3.7%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 131: MEDIAN HOUSEHOLD INCOME, PERCENT CHANGE

	Antrim	Bennington	Dublin	Francestown	Greenfield	Greenville	Hancock
2010-2022 Percent Change	41.5%	16.2%	59.4%	39.0%	37.2%	48.8%	24.4%
2022	$85,990	$73,102	$96,463	$105,347	$99,583	$81,806	$88,611
2010	$60,759	$62,933	$60,532	$75,808	$72,570	$54,987	$71,250

	Jaffrey	New Ipswich	Peterborough	Rindge	Sharon	Temple
2010-2022 Percent Change	51.4%	4.7%	41.7%	59.8%	76.7%	60.3%
2022	$86,384	$91,824	$98,000	$97,794	$102,708	$93,194
2010	$57,043	$87,721	$69,153	$61,185	$58,133	$58,133

Sources: U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 132: MEDIAN HOUSEHOLD INCOME BY RACE

	Antrim	Bennington	Dublin	Francestown	Greenfield	Greenville	Hancock
American Indian & Alaska Native	NA	NA	NA	NA	NA	NA	NA
Asian	NA	NA	NA	NA	NA	NA	NA
Black or African American	NA	NA	NA	NA	NA	NA	NA
Native Hawaiian & Other Pacific Islander	NA	NA	NA	NA	NA	NA	NA
White	$86,927	$72,778	$97,048	$105,833	$97,353	$63,587	$88,750
Other Race	NA	NA	NA	NA	NA	NA	NA
Two or More Race	$135,096	NA	NA	$104,286	NA	NA	NA

	Jaffrey	New Ipswich	Peterborough	Rindge	Sharon	Temple
American Indian & Alaska Native	NA	NA	NA	NA	NA	NA
Asian	NA	$94,293	NA	NA	NA	NA
Black or African American	NA	NA	NA	NA	NA	NA
Native Hawaiian & Other Pacific Islander	NA	NA	NA	NA	NA	NA
White	$91,895	$95,172	$98,824	$98,235	$102,917	$92,639
Other Race	NA	NA	NA	NA	NA	NA
Two or More Race	$25,536	$33,967	NA	NA	NA	NA

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Neighborhood & Built Environment

EXHIBIT 133: HOUSEHOLD COMPOSITION

	Antrim	Bennington	Dublin	Francestown	Greenfield	Greenville	Hancock
Household with Children	29.2%	24.0%	23.3%	23.2%	25.2%	31.5%	17.9%
Households with Grandparents Responsible for Grandchildren	5.0%	0.7%	0.0%	0.5%	0.0%	4.4%	0.0%

	Jaffrey	New Ipswich	Peterborough	Rindge	Sharon	Temple
Household with Children	30.6%	33.0%	22.5%	23.4%	23.1%	21.7%
Households with Grandparents Responsible for Grandchildren	1.1%	1.4%	0.0%	0.9%	0.0%	1.2%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 134: FAIR MARKET RENT (FMR)

	Antrim	Bennington	Dublin	Francestown	Greenfield	Greenville	Hancock
0 Bedrooms	$1,061	$1,061	$946	$1,061	$1,061	$1,201	$1,061
1 Bedrooms	$1,068	$1,068	$1,011	$1,068	$1,068	$1,364	$1,068
2 Bedrooms	$1,406	$1,406	$1,331	$1,406	$1,406	$1,796	$1,406
3 Bedrooms	$1,793	$1,793	$1,860	$1,793	$1,793	$2,304	$1,793
4 Bedrooms	$2,098	$2,098	$1,954	$2,098	$2,098	$2,486	$2,098

	Jaffrey	New Ipswich	Peterborough	Rindge	Sharon	Temple
0 Bedrooms	NA	$1,201	$1,061	$946	$1,061	$1,061
1 Bedrooms	NA	$1,364	$1,068	$1,011	$1,068	$1,068
2 Bedrooms	NA	$1,796	$1,406	$1,331	$1,406	$1,406
3 Bedrooms	NA	$2,304	$1,793	$1,860	$1,793	$1,793
4 Bedrooms	NA	$2,486	$2,098	$1,954	$2,098	$2,098

Source: U.S. Department of Housing & Urban Development HOME Rent Limits 2023

EXHIBIT 135: TRANSPORTATION

	Antrim	Bennington	Dublin	Francestown	Greenfield	Greenville	Hancock
Mean Travel Time to Work (in minutes)	33.2	34.0	29.1	36.4	33.8	26.5	30.7
Commute Transportation by Public Transit	0.0%	1.0%	0.2%	0.0%	0.0%	0.0%	0.1%
Commute Transportation by Drive Alone	81.1%	78.9%	62.5%	73.1%	74.1%	77.6%	74.1%

	Jaffrey	New Ipswich	Peterborough	Rindge	Sharon	Temple
Mean Travel Time to Work (in minutes)	28.6	35.0	26.8	31.8	36.8	36.8
Commute Transportation by Public Transit	0.1%	0.0%	0.1%	0.4%	1.9%	0.0%
Commute Transportation by Drive Alone	82%	73.8%	70.7%	75.7%	72.5%	85.3%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 136: BROADBAND

	Antrim	Bennington	Dublin	Francestown	Greenfield	Greenville	Hancock
Households Without Internet Access	12.0%	8.9%	2.7%	15.9%	10.7%	10.2%	4.7%
Number of Internet Providers	9	8	8	10	9	7	10

	Jaffrey	New Ipswich	Peterborough	Rindge	Sharon	Temple
Households Without Internet Access	5.4%	5.2%	4.0%	5.4%	2.4%	6.8%
Number of Internet Providers	7	8	9	9	7	9

Sources: Federal Communications Commission Fixed Broadband Deployment Data 2021 | U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Health Care Access & Quality

EXHIBIT 137: HEALTH CARE PROVIDER RATIO

People Per Provider	Antrim	Bennington	Dublin	Francestown	Greenfield	Greenville	Hancock
Primary Care Physician	1,329:1	NA	NA	NA	NA	NA	251:1
Primary Care Nurse Practitioner	1,329:1	NA	570:1	NA	NA	NA	1,757:1
Dentist	532:1	NA	NA	NA	NA	NA	1,757:1
Mental Health Provider	2,658:1	NA	244:1	NA	NA	NA	351:1
Pediatrician	NA	NA	NA	NA	338:1	NA	NA
Obstetrics Gynecology / OBGYN	NA	NA	NA	NA	NA	NA	864:1
Midwife and Doula	1,261:1	NA	456:1	NA	NA	NA	NA

People Per Provider	Jaffrey	New Ipswich	Peterborough	Rindge	Sharon	Temple
Primary Care Physician	506:1	5,244:1	494:1	6,446:1	428:1	1,372:1
Primary Care Nurse Practitioner	1,012:1	2,622:1	584:1	3,223:1	NA	1,372:1
Dentist	759:1	5,244:1	428:1	3,223:1	NA	NA
Mental Health Provider	NA	NA	306:1	1,612:1	NA	NA
Pediatrician	NA	NA	272:1	NA	NA	NA
Obstetrics Gynecology / OBGYN	NA	NA	627:1	NA	NA	NA
Midwife and Doula	NA	NA	NA	3281:1	NA	707:1

Sources: National Plan & Provider Enumeration System NPI, 2022

EXHIBIT 138: TYPE OF INSURANCE

	Antrim	Bennington	Dublin	Francestown	Greenfield	Greenville	Hancock
Total Population with Health Insurance	91.2%	88.5%	96.0%	95.5%	93.9%	89.8%	92.3%
People with Private Health Insurance	76.9%	79.2%	72.9%	82.8%	81.7%	70.5%	80.9%
People with Public Health Insurance	39.4%	35.8%	44.0%	33.5%	31.7%	45.3%	45.8%

	Jaffrey	New Ipswich	Peterborough	Rindge	Sharon	Temple
Total Population with Health Insurance	91.8%	94.7%	97.4%	92.8%	90.9%	95.6%
People with Private Health Insurance	76.0%	88.7%	85.6%	75.2%	82.3%	75.1%
People with Public Health Insurance	37.6%	22.5%	34.3%	37.8%	44.2%	37.7%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 139: UNINSURED POPULATION BY AGE

	Antrim	Bennington	Dublin	Francestown	Greenfield	Greenville	Hancock
Under 6	7.1%	0.0%	0.0%	0.0%	0.0%	0.0%	19.5%
6 to 18	10.6%	0.0%	0.0%	0.0%	8.1%	7.5%	4.2%
19 to 64	10.9%	17.9%	7.4%	8.6%	7.7%	14.8%	12.8%
65 and Over	0.0%	1.4%	0.0%	0.0%	0.9%	0.0%	0.0%

	Jaffrey	New Ipswich	Peterborough	Rindge	Sharon	Temple
Under 6	0.0%	0.0%	10.2%	0.0%	13.3%	8.3%
6 to 18	2.4%	11.1%	0.0%	11.1%	9.7%	1.3%
19 to 64	12.4%	5.5%	4.4%	9.2%	14.5%	5.6%
65 and Over	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Appendix B: Stakeholder Interview Guide

Stakeholder Interview Guide

Good morning [or afternoon]. My name is [Interviewer Name] from Crescendo Consulting Group. We are working with Monadnock Community Hospital to conduct a community health needs assessment.

The purpose of this conversation is to learn more about the strengths and resources in the community, as well as collecting your insights regarding community health and related service needs.

Specifically, we are interested in learning about the ways people seek services, and your insights about systems of care that are helpful, as well as areas in which more services are needed. We are also very interested to hear your insights about equal access to health care services and the challenges or advantages that some communities may experience.

While we will describe our discussion in a written report, specific quotes will not be attributed to individuals. Please consider what you say in our conversation to be confidential, and you have the right to not answer any question or end the interview at any time.

Do you have any questions for me before we start?

Introductory Questions

Please tell me a little about yourself and the ways that you like to interact with the community where you live [where appropriate, "… and the populations your organization (or you) serves."].

- When you think of good things about living and/or working in the community, what are the first things that come to mind? [PROBE: things to do, parks or other outdoor recreational activities, a strong sense of family, cultural diversity]
- Generally, what are some of the challenges to living here?
- What would you say are the two or three most urgent health care-related needs in the (these) community/communities? [PROBE: obesity, diabetes, depression]

Access to Care and Delivery of Services

- To what degree are community members or families struggling with finding and accessing quality health care? [PROBE: Are there certain types of care that are more difficult to find?]
    - Quality primary care and/or specialty care availability (Services for adults, children & adolescents).

- What specialty care services are available or missing?

- Is maternal care for expectant mothers accessible in your community? Other OB/GYN services?
    - What are the barriers and facilitators, if any, to accessing prenatal or maternal health services?
- What are some of the health care challenges and benefits that older adults may experience in your community? (PROBE: hospice, end-of-life care, specialists, etc.).
    - Do people have access to affordable prescription medications and a local place to pick them up?
    - How are people accessing care, for example, virtual/telemedicine, face-to-face?
    - What types of prevention programs are available in your community (e.g., drug and alcohol, smoking cessation, HIV/AIDS/STI, diabetes, etc.)?
- What would improve access to services, medications, and programs?

Behavioral Health

- When community members need help in a mental health crisis, who do they tend to turn to for assistance (health care-related, community services, or otherwise)?
    - What about in a substance use crisis? What substances do you see or hear about in the community?
    - Are there existing early intervention programs for local youth that may be experimenting or initiating substance use?
    - Are there supports in place to help with treatment? [Probe: AA/NA meetings]
- From what you have seen and experienced, how has the pandemic affected mental health or substance misuse issues?
- Is there a stigma around seeking substance use disorder treatment?

Health Equity, Vulnerable Populations, Barriers

- Are health care services equally available to everyone regardless of gender, race, age, or socioeconomics?
    - Are there any barriers to access to services based on economic, race/ethnicity, gender, or other factors?
- Is there an experience of yours or someone you know about finding a doctor or getting needs met that you would like to share?
- To what degree do health care providers care for patients in a culturally sensitive manner?

- What are some of the biggest needs for those who are more vulnerable than others? [PROBE: veterans, youth, immigrants, LGBTQ+ populations, people of color, older adults, people living with disabilities]. How does the community support or not support them?
- What are some of the local or community-level actions that can be done to provide for community health and make wellbeing more equitable?
- Are there any 'low hanging fruit' that could be addressed quickly?
- Do you feel that there is any stigma around the local health care facilities (e.g., a person may choose not to utilize the health department's services because "it's for poor people")?

Social Determinants, Neighborhood & Physical Environment

- How difficult is it to find safe and affordable housing in your community? Name some of the greatest challenges. Are there any services to help with housing?
- Do you feel there is good access to broadband and high-speed internet in the region? What are some of the challenges to not having good, reliable internet?
- How would you describe access to healthful, affordable food? What are some features or services that are working well? Where are the service gaps? What communities face unique challenges?
- Does everyone typically have reliable transportation to work or go to the grocery store, doctors, or school? If not, are there services in the community that help those experiencing barriers/without a vehicle?
- How easy is it for families to find affordable and safe childcare in the area? What are some of the challenges or facilitators?
- Describe the job market in the area before the pandemic and currently. [PROBE: Generally, are "good" jobs here, and can people get them? Is it easy to find a full-time job with good pay, benefits, and retirement?]
- If people mention community education classes [PROBE: What are some ideas/suggestions to increase attendance?]
- Do people in the community struggle with accessing other basic needs besides health care such as accessing nutritious/healthy food?

Enhancing Outreach & Disseminating Information

Reference: Health literacy is: [from Healthy People 2020]:

"The degree to which individuals can obtain, process, and understand basic health information and services needed to make appropriate health decisions."

- To what degree is health literacy a community advantage or challenge?

- How do you think health organizations can improve the health literacy of the community?
- How do community members generally learn about access to and availability of services in the area (e.g., online directory; social media; hotline; word of mouth)? What method tends to work the best or worst?
- What do you think are some challenges to spreading awareness and understanding of the availability of services and ways to access them? What might help overcome the challenges?
- What types of activities would best reach those more vulnerable parts of the community? (people experiencing homelessness, people living with disabilities, or other diverse or hard-to-reach populations)
- What resources are you aware of that are already helping those populations?

Magic Wand

- If there was one issue that you personally could change about community health in the area with the wave of a magic wand, what would it be?

Thank you for your time and participation!

RESEARCHER FOOTNOTES

- Bring up each of the following topics and include probes and subcategories in the dialogue.
- Note comments and particular areas of emphasis. Include comparisons between topics where helpful,
- *e.g., "So which do you think requires more attention: substance abuse education in schools or opioid abuse intervention among the homeless?"*
- Not all topics will be covered with all interviewees. Discussion content will be modified to respond to the interviewees' professional background and availability of time during the interview.

Appendix C: Focus Group Moderator Guide

Monadnock Community Hospital
CHNA Focus Group Moderator's Guide

[As participants arrive] Welcome! Good morning [or afternoon]. My name is [Name] from Crescendo Consulting Group. We are working with Monadnock Community Hospital to conduct a community health needs assessment. The Community Health Needs Assessment:

- Identifies Community Health Needs;
- Engages and activates communities; and
- Supports data-driven health improvements for area residents.

The purpose of this focus group discussion is to learn more about the strengths and resources in the community. We will also gather your insights about health and related social needs. We are interested in learning about how you and people you know interact with the health and social service systems. We would also like to hear about access to health care and social services in your community.

Your input is important because the information you and others share will be used to identify and describe important health needs in Maine.

We will describe our discussion and will include a list of populations and communities represented by focus group participants in a written report. Specific quotes may be reported by the geographic area or population of the focus group. Quotes will not be associated with individuals by name or by other characteristics that, in combination, could be used to identify you. **Please consider what you say in our conversation to be confidential and voluntary.**

We have some group agreements to consider before we start our conversation today. It is essential that this is a safe place, free from abusive words and actions, threats, and disrespectful behaviors. That includes words and behaviors directed towards us, your facilitators, or anyone else. It is really important that we have a rich conversation that is respectful and that we use language that does not put down other people or cause them to feel unsafe. It's also important to allow all people to speak.

As a facilitator, I will sometimes interject so I want you to know that up front. Due to time constraints, I may also need to move the conversation along.

I will sometimes come into the conversation to make sure we are allowing for all voices and to ensure that the conversation stays respectful. I recognize that I am interrupting at times, but it's an important part of my job as the facilitator, so I want you to know to expect that from me.

Do you have any questions for me before we start?

Introductory Questions

1. To start, please briefly introduce yourself and share something about how you belong or feel part of your community.

2. What does a "healthy" community look like to you?

3. What are the two or three most important health needs in your community?
   [PROBE: mental health, substance and alcohol use, cancer, heart disease, COVID-19, unintentional injury, chronic lower respiratory disease]

4. In the past three years, what has changed about the health and well-being of your community?

Access to Care and Delivery of Services

5. What services and resources for becoming and staying healthy are difficult to <u>find</u>? What services and resources are difficult to <u>access</u>? Why?

   PROBE: Arthritis
   Cancer
   Cardiovascular disease
   Children with Special Health Care Needs
   Cognitive health
   Community-based supports
   Diabetes
   Early intervention programs
   Immunizations
   Infectious disease
   Mental health
   Oral health
   Physical activity, nutrition, and wellness
   Pregnancy and birth outcomes
   Prevention programs
   Respiratory health
   Substance use
   Tobacco treatment

6. What health resources or services are <u>easier</u> to find? Why?

Social Determinants, Neighborhood & Physical Environment

7. What are the top three social or environmental health needs or challenges in the community? Why?

   PROBE: Affordable housing
   Air/water pollution
   Childcare

Employment and job training opportunities
Extreme weather events
Food insecurity and access to healthy food
Internet and technology access
Power and internet outages
Services for people experiencing homelessness
Social isolation; loneliness
Transportation
Others

8. What resources and services are <u>available</u> in your community to help people with *[needs or challenges identified in Question 7]*?

9. What resources and services are <u>missing</u> from your community to help people with *[needs or challenges identified in Question 7]*?

Health Equity and Vulnerable Populations

10. What (other) populations in your community experience more challenges than others?
    PROBE: veterans, youth, immigrants, LGBTQ+ populations, people of color, older adults, people living with disabilities, people with lower income

11. What are the two or three biggest needs or challenges faced by these groups/your group?

12. What health or social services are not equally available to everyone in your community regardless of gender, race, age, income, or ability? Why?

Protective and Risk Factors

In your community, what factors or lifestyle choices help people stay healthier and happier?

13. In your community, what factors or lifestyle choices help people stay healthier and happier?
    PROBE:
    Cancer prevention
    Economic opportunity
    Family/parental resilience
    Health status
    Immunizations and vaccinations
    Nutrition
    Oral care
    Physical activity
    Public policy protections
    Safety
    Screening and preventative visits
    Social connections

14. What factors or lifestyle choices contribute the most to the health problems people in your community face?

PROBE: Cannabis Use (adults)
Tobacco Use (adults)
Alcohol Use (adults)
Opioid Use (adults)
Substance Use (youth)
Health Status
Pregnancy & Birth Outcomes
Overweight

Magic Wand

15. If you had all the money and resources in the world and could do any <u>one</u> thing to make your community healthier, what would it be?

Thank you for your time and participation!

MODERATOR FOOTNOTES

<u>Not all topics may be covered in all interviews.</u> Discussion content will be modified to respond to the interviewees' professional background and availability of time during the interview.

During the discussion, these are tools that can be used to help redirect participants:

Validation. "I appreciate you sharing this. Sometimes getting deep into the details can be retraumatizing, so I want you to know that we've recorded what you are saying and it's very meaningful. Thank you."

Assurance. "We've noted your thought/opinion/concern" "You've been really clear in your statement and we've got it written down." "I see this is important to you, I've got it captured in the notes."

Space. "I'm going to create some space for another voice here. Does anyone else have a thought on this matter?"

Movement. "Moving on to the next question…" "I'm bringing us back to the questions at hand now."

Respond. "A reminder that this group is a place for us to talk respectfully" "Each person deserves dignity and respect, so let's be mindful of our language here in this group." "I'm asking you to refrain from that language in this group."

Appendix D: Community Survey

Monadnock
COMMUNITY HOSPITAL
a member of GraniteOne Health

Monadnock Community Hospital
2024 Community Health Needs Assessment Survey

Introduction

Thank you for participating in our Community Health Needs Assessment. This survey aims to gather valuable information about the health needs and concerns of our community. Your responses will help us improve healthcare services and programs in the Monadnock region. This survey should take 6 minutes to complete. Your answers are confidential and will only be used in aggregate form.

Definition: A healthy community includes various factors such as access to healthcare services, behavioral health support, social and economic opportunities, environmental quality, and lifestyle factors like nutrition, physical activity, and substance use prevention. It encompasses both individual and community-wide well-being.

1. Please select a language
    - ○ English
    - ○ Spanish

Your community and receiving care

2. When thinking about a "healthy community" or "improving community health" – mental, physical, or spiritual – what is the first thing that comes to mind?

3. Do you have a family doctor or a place where you go for routine care?
    - ○ Yes, family doctor, family health center, or clinic
    - ○ Yes, emergency room, or walk-in urgent care
    - ○ Yes, telemedicine/virtual care
    - ○ No
    - ○ Other (specify) _____

4. In the past 12 months, have there been times when you needed medical help but chose NOT to seek it?
    - ○ Yes
    - ○ No

Reasons why care was not received

5. If YES, why did you NOT get care?
    - ☐ Language barrier
    - ☐ Difficult to communicate with healthcare providers
    - ☐ Could not afford the cost of care
    - ☐ No doctors or clinics near me; too far away
    - ☐ Had no transportation to get to the doctor or clinic
    - ☐ Inconvenient hours of operation for doctors or clinics
    - ☐ Could not get off work
    - ☐ Could not find childcare

Monadnock Community Hospital Familiarity

6. How familiar are you with Monadnock Hospital?
    - ○ Extremely familiar
    - ○ Very familiar
    - ○ Somewhat familiar
    - ○ Not very familiar
    - ○ I am employed or affiliated with Monadnock Hospital

Community health - broadly

A healthy community can include different things such as the availability of healthcare services or behavioral health services. A healthy community may also include social, economic, and environmental factors, or lifestyle topics such as obesity, smoking, substance abuse, and other healthy living issues.

7. Thinking broadly about health – mental, physical or spiritual - when we say a "healthy community" or "improving community health" – what is the first thing that comes to mind?

More focus and attention

The next few questions ask you about some issues in several areas. Please rate them on the scale of No More Focus Needed, Somewhat More Focus Needed, and Much More Focus Needed.

8. Which of the following do you feel needs more focus in the community?

NEEDS	No More Focus Needed (1)	Somewhat More Focus Needed (2)	Much More Focus Needed (3)	Do not know
Transportation services for people needing to go to doctor's appointments or the hospital				
Secure sources for affordable, nutritious food				
Affordable Quality Child Care				
Transportation				
Homelessness				
Housing for all incomes/ages				
Domestic Violence Resources				
Job Readiness				
Primary Care Services (services (such as a family doctor or other provider of routine care)				
Emergency Care and Trauma Services				
Dental				
Specialty Care Services: Cardiology				
Specialty Care Services: Cancer care				
Specialty Care Services: Dermatology				
Long Term Care or Dementia Care				
Affordable healthcare services for people or families with low income				
Prescription Assistance				
Counseling services for Depression/Anxiety				
Counselling Services for adolescents / children				
Early intervention for Substance use disorders				
Medical Assisted Treatment for Opioid Addiction				
Post- Addictions Treatment Support Programs				

NEEDS	No More Focus Needed (1)	Somewhat More Focus Needed (2)	Much More Focus Needed (3)	Do not know
Crisis Care Programs for mental health				
Programs for Diabetes and/or Obesity				
Resources for caring for aging parents				
Parenting Classes				
HIV AIDS Testing				
Heart Health or Cardiovascular Health				

Other (please specify): _____

9. From the issues listed above, which one or two do you think are the greatest health concerns in the community?

Sources

10. What sources do you normally use to find out about healthcare providers, hospitals, your own health, or to monitor your own health? (Check your top three)
    - ☐ Social media
    - ☐ A hospital's website
    - ☐ Medical websites such as WebMD or Mayo Clinic
    - ☐ Healthcare.gov
    - ☐ Television
    - ☐ A physician or other healthcare worker
    - ☐ Friends and relatives
    - ☐ Hospital newsletter or other email

About You

The following are a few demographic questions that can help us group the responses later.

11. In what year were you born? _____

12. In what city or town do you live?
    - ○ Antrim
    - ○ Bennington
    - ○ Dublin
    - ○ Francestown

- ○ Greenfield
- ○ Greenville
- ○ Hancock
- ○ Jaffrey
- ○ New Ipswich
- ○ Peterborough
- ○ Rindge
- ○ Sharon
- ○ Temple
- ○ Other (please specify):

13. What is the highest grade or year in school you completed?
    - ○ Less than high school
    - ○ Graduated high school
    - ○ Some college or vocational training
    - ○ Bachelor Degree
    - ○ Graduate or professional degree (e.g. Master's, PhD, JD)

14. What is your race?
    - ○ African-American
    - ○ American Indian
    - ○ Asian
    - ○ Caucasian / White
    - ○ Hispanic / Latino
    - ○ Mixed Race
    - ○ Other
    - ○ Prefer not to say

15. Which of the following ranges best describes your total annual household income last year?
    - ○ Less than $25,000
    - ○ $25,001 - $50,000
    - ○ $50,001 - $75,000
    - ○ $75,001 - $100,000
    - ○ More than $100,000

16. Gender: How do you identify?
    - ○ Male
    - ○ Female
    - ○ Non-binary / Other

- ○ If other, please specify: _____

Appendix E: Identified Needs & Prioritization Scores

Appendix F: Resource Guide