Carroll County

Community Health Needs Assessment

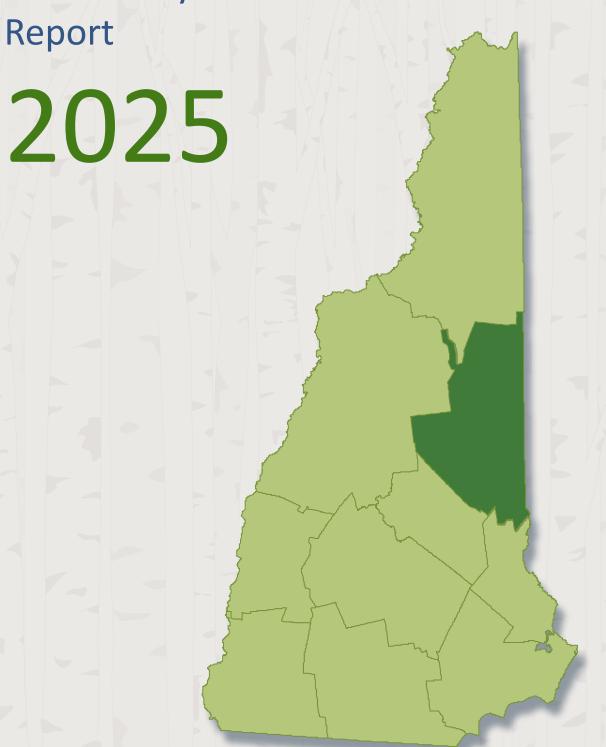


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Introduction

The Maine Shared Community Health Needs Assessment (Maine Shared CHNA) is a collaborative partnership between Central Maine Healthcare (CMHC), Northern Light Health (NLH), MaineGeneral Health (MGH), MaineHealth (MH), the Maine Center for Disease Control and Prevention (Maine CDC), and the Maine Community Action Partnership (MeCAP). By engaging and learning from people and communities and through data analysis, the partnership aims to improve the health and well-being of all people living in Maine.

This is the fifth collaborative Maine Shared CHNA and the fourth conducted on a triennial basis. The Maine Shared CHNA began with the One Maine Collaborative, a partnership between MaineGeneral Health, MaineHealth, and Northern Light Health, which published its first community health assessment in 2010. Community Action Agencies (CAAs) have a long history of community needs assessments (CNA), most recently as a collective system conducting a statewide assessment in Maine. The Maine Community Action Partnership, which represents the CAAs in Maine, and the Maine Shared CHNA partners most recently joined together in recognition that the partners' missions cut across the multitude of factors that influence a person's health and well-being and the overlap in service areas, patient populations, and services and programs. Additionally, common elements run through each partner's federal and accreditation reporting requirements leading to efficiencies and effectiveness in conducting a health and well-being assessment.

The mission of the Maine Shared CHNA is to:

- Create shared CHNA reports,
- Engage and activate communities, and
- Support data-driven improvements in health and well-being for all people living in Maine.

This assessment cycle, the Maine Shared CHNA has continued its collection and analysis of data covering community conditions and social drivers of health, protective and risk factors, and health conditions and outcomes at the urban, county, state, and national level. This cycle saw expanded efforts to engage communities across Maine, conducting statewide focus groups with specific populations, county level focus groups, key informant interviews, and a statewide community survey. Both the quantitative and qualitative data were used to inform a health and well-being prioritization process held with stakeholders at 17 forums, one in each county and two in Cumberland County. A more detailed explanation of the Maine Shared CHNA methodology, as used with this report, can be found in Appendix 1.

The resulting priorities for Carroll County, NH are outlined in the following report, along with a summary of related and contributing data, community engagement findings, and forum discussions. MaineHealth Memorial Hospital will use this report to create an informed implementation strategy designed to address identified health and well-being priorities. The use of these reports is also encouraged and welcomed by non-profits, community partners, academics, policymakers, businesses, and countless others to support their strategic planning, coalition building, and grant writing. MaineHealth hopes the report can serve as a catalyst for deeper collaboration to improve the health and well-being of people living in Carroll County.

Executive Summary

Carroll County Health and Well-Being Priorities

The following table includes the top health and well-being priorities identified by Carroll County stakeholder forum participants based on quantitative and qualitative data, and their own knowledge, expertise, and experience in the community. A complete list of results from the county stakeholder forum health and well-being prioritization process are listed in Appendix 2.

Community Conditions	Protective & Risk Factors	Health Conditions & Outcomes
Housing	Adult Screening & Preventive Visits	Mental Health
Transportation	Youth Screening & Preventive Visits	Substance Use Related Injury & Death
Food & Nutrition	Alcohol Misuse	Cancer & Cardiovascular Disease

Report Outline

This report is broken into three sections.

- 1. Data on Carroll County's select demographics, including socioeconomic indicators, race and ethnicity, age, and leading cause of death are presented to give a broad view of the make-up of people living in Carroll County and to provide context for which health and well-being conditions and outcomes may or may not prevail.
- 2. A section is devoted to discussing health equity and related terms and the Maine Shared CHNA's approach to community engagement.
- 3. The remainder of the report provides an in-depth discussion of each of the health and well-being priorities, grouped by the categories of community conditions, protective and risk factors, and health conditions and outcomes. Each discussion includes findings from the county focus group, results from the community survey, summary discussions from the county stakeholder forum, and county specific quantitative data from the County Health Profile, as relevant and applicable. Because MaineHealth Memorial Hospital's service area includes a part of Carroll County and is geographically close to and a part of Oxford County, the discussion includes quantitative data from Oxford County to identify similarities.

The 2025 Mt Washington Valley Health Profile includes data for the full set of quantitative measures included in this cycle of the Maine Shared CHNA- for both Carroll County and Oxford County. This report can be accessed at: https://www.mainehealth.org/healthy-communities/community-health-needs-assessment, within the "MaineHealth Memorial Hospital and Carroll County (New Hampshire) section.

Select Data

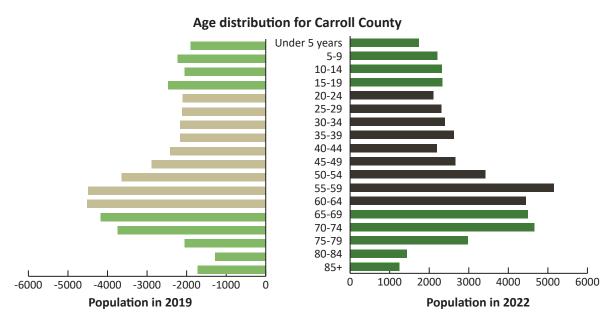
Demographics

The following tables and chart show information about the population of Carroll County. The differences in age and poverty are important to note as they may affect a wide range of health and well-being outcomes.

Carroll County Population 50,679	New Hampshire Population 1,366,949		
	Carroll	NH	
Median household income	\$54,780	\$68,251	
Unemployment rate	3.1%	3.1%	
Individuals living in poverty	14.4%	10.9%	
Children living in poverty	21.2%	13.4%	
65+ living alone	26.5%	29.5%	

	Carroll	County
	Percent	Number
American Indian/Alaskan Native	0.2%	125
Asian	0.5%	275
Black/African American	0.3%	171
Native Hawaiian or other Pacific Islander	0.0%	4
Some other race	0.5%	278
Two or more races	4.1%	2,380
White	94.5%	55,043
Hispanic	1.6%	924
Non-Hispanic	98.4%	57,352

The chart below shows the shift in the age of the population between 2015-2019 and 2018-2022. As New Hampshire's population grows older, there may be impacts on health care costs, caregivers, and workforce capacity, while on the other end, increases in children may cause impacts on child care availability and educational institutions.



Leading Causes of Death

When reviewing the top health and well-being priorities it is important to consider how they may fit into the leading causes of death for the county and New Hampshire. In some instances, they may overlap, in others they may contribute to or cause a leading cause of death, and in others they may be distantly related. The priorities identified demonstrate the continuum of health and well-being and the impact of other factors, such as social, institutional, and community conditions, and protective and risk factors on health and well-being outcomes.

Leading Causes of Death, 2022

The following chart compares leading causes of death for the state of New Hampshire and Carroll County.

Cause of Death	New Hampshire	Carroll County
Cancer	26.0%	32.5%
Heart Disease	26.4%	23.1%
Unintentional Injury	9.3%	9.0%
Chronic lower respiratory disease	6.7%	8.4%
COVID-19	5.5%	6.6%
Stroke	5.4%	6.2%
Diabetes	4.1%	3.4%
Chronic Liver Disease and Cirrhosis	2.4%	2.4%
Suicide	2.2%	2.4%
Parkinson's disease	2.0%	2.2%
Alzheimer disease	4.1%	2.0%
Kidney Disease	1.9%	2.0%

Health Equity

Definitions

Healthy People 2030 defines **health equity** as "the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities." In order to achieve health equity, actions must be taken to improve access to conditions that influence health and well-being, specifically for those who lack access or have worse health. This in turn should impact everyone's outcomes positively. "Equity" means focusing on those who have been excluded or marginalized."

Healthy People 2030 defines a **health disparity** as a "particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systemically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristic historically linked to discrimination or exclusion." Disparities in health and well-being are how progress is measured toward health equity and are the preventable differences in health and well-being.

Social drivers of health (SDOH) are conditions in the environments where people are born, live, work, play, worship, and age – the community-level factors – that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Social drivers of health are sometimes used interchangeably with social determinants of health; however, "determinants" can be interpreted to suggest nothing can be done; that our health and well-being is determined. Whereas "drivers" reframes the conversation with a focus on health and demonstrate changes can be made to improve health and well-being outcomes.

Health-related social needs (HRSNs) is another term often used. These are the social and economic needs that individuals experience that affect their ability to maintain their health and well-being. They refer to individual-level factors, such as financial instability, lack of access to healthy food, lack of access to housing, and lack of access to health care and social services, that put people at risk for worse health and well-being outcomes and increased health care use. vi

Health Equity and Community Engagement

MaineHealth Memorial Hospital takes a broad approach to assessing health and well-being throughout the state. While we attempted to reach many populations in our assessment process who have disparate health and well-being experiences and outcomes, some choices about which groups to include were necessary. We ultimately engaged directly with LGBTQ+ people, multigenerational black/African Americans, people with low-income, veterans, women, young adults, and youth through focus groups and several other populations and sectors through interviews. Additionally, we heard from a diverse audience through a statewide survey.

It should be noted the voices we heard in focus groups and interviews are not meant to be representative of their entire identified population or community. We recognize that for many people, their lives and their health is affected by multiple aspects of their identity and lived experiences or their "intersectionality." We attempted to recognize participants' intersectionality by asking them to voluntarily share any other identities they may have. The totality of focus group participants also identify as: a Tribal member, older adults, non-English speaker, immigrant, asylee, migrant, Latino/Latine/Latinx, residents of rural, urban, and suburban areas, people with substance use disorder, people with mental health disorder, members of the disability community, people who are deaf or hard of hearing, people who are incarcerated or formerly incarcerated, people who are unhoused or experiencing homelessness, and caregivers.

Community Engagement Findings

MaineHealth Memorial Hospital recognizes the findings of our assessment do not encompass all populations and communities in Carroll County, New Hampshire, nor the diverse experiences of those within the populations and communities we have engaged with. New Hampshire is a diverse state with approximately 1,379,610 people who identify as American Indian/Alaskan Native (2,070), Asian (36,352), Black/African American (20,920), or some other race (15,009). An additional 63,317 people identify as two or more races. MaineHealth Memorial Hospital will continue to partner with the Maine Shared CHNA, as that effort continues to develop meaningful and transparent relationships with these populations and others, in an effort to continuously improve our assessment process and ultimately drive improvement in health and well-being outcomes. Additional information on the qualitative data process can be found in Appendix 1: Methodology and the complete community engagement findings from the Maine Shared CHNA process can be found at www.mainechna.org.

Socioeconomic Empowerment

MaineHealth Memorial Hospital recognizes the impact poverty and low incomes have on health and well-being. To reach this aim, a community survey asked respondents to rate the top five items that are "very necessary" steps to help move people out of poverty and to a place of housing stability and financial stability. The table below represents the ratings for Carroll County, New Hampshire and Oxford County, Maine.

Carroll County, NH	Oxford County, ME
1) Affordable and safe housing	1) Jobs that pay enough to support a living wage
2) Jobs that pay enough to support a living wage	2) Affordable and safe housing
3) Affordable & available health care	3) Reduction in substance use (drugs, alcohol)
4) Reliable transportation	4) Mental health care and treatment
5) Mental health care and treatment	5) Affordable & available health care

Health and Well-Being Priorities

Section Overview

The following section contains the top health and well-being priorities for each category – community conditions, protective and risk factors, and health conditions and outcomes. The categories are derived from the Bay Area Regional Health Inequities Initiative (BARHII) framework. More information on the framework is in Appendix 1: Methodology.

Each priority contains a discussion of the related quantitative and qualitative data and stakeholder forum takeaways. Within each priority the following sections are also included, as applicable:

Socioeconomic Empowerment

• This provides the step or steps rated by community survey respondents that help move a person from poverty to stability that relate to the priority. The complete list of the top five rated steps is outlined in the health equity section of this report.

Populations and Communities

• This includes populations and communities impacted by the priority as identified in a pre-forum survey and at the forum.

Community Resources

• This includes a list of assets and resources to address the priority as identified in a preforum survey and at the forum.

Crosscutting Priorities

This section includes a list of the other health and well-being priorities for Carroll
County that are related or connected to the priority of discussion. Readers are
encouraged to reference these to gain more insight into the interconnectivity of the
priorities and overall health and well-being.

Carroll County Strengths

The community survey asked respondents to identify the top five strengths of their communities. For Carroll County, respondents highlighted:

- Safe opportunities to be active outside;
- Safe neighborhoods;
- A healthy environment;
- Low crime; and
- Strong sense of community.

People living in Carroll County have a positive outlook on their health and well-being – 75% of survey respondents believe their community is healthy or very healthy, 84.7% rate their own physical health as good or excellent and 90.6% say their mental health is good or excellent.

Community Conditions

Community conditions include the physical environment (environmental exposures, housing, transportation, etc.), economic and work environment (employment, income, etc.), social environment (discrimination, crime, community safety, etc.), and service environment (health care and social service access, education, etc.). Social drivers of health (SDOH), which are the policies, systems, structures, life experiences, and social supports that influence a person's health, most often fit into the context of community conditions. The following section outlines the top community conditions priorities for Carroll County, findings from the assessment process, steps necessary to move from poverty to stability, populations and communities impacted by the priority, assets and resources related to the priority, and crosscutting priorities.

Carroll County Community Conditions						
Housing	Transportation	Food & Nutrition				



Housing

Housing was the top priority for the community conditions category for Carroll County. For the purposes of the prioritization process, housing includes such topics as housing availability and affordability, costs associated with home ownership or renting, and costs of utilities.

Assessment Findings

In the focus group "affordable and reliable housing" was a top theme. Group participants said:

"Lack of affordable housing is a huge issue. Parents have two or three jobs, and they are barely making it. We're not talking about people that aren't working, but we have a lot of minimum wage families."

"Home share is where someone opens their home to another person, some are with older adults that need another body to help them out in exchange for reduced rent. We know housing is an issue."

"Carroll County has no homeless shelter, not one. Laconia is an hour away and I think it's the closest one."

Participants at the Carroll County stakeholder forum survey listed "housing insecurity" as the top social issue negatively impacting their community and noted that housing has seen dramatic shifts in stock, supply, affordability, and ability to repair and maintain. Seasonality also impacts housing, with a participant noting that the population expands with the seasons serving a larger population. Contributing factors also include the high cost of housing and no one to do home repair work.

In the community survey, 73.4% of respondents said "housing needs" negatively impacted them, a loved one, and/or their community. When asked about specific housing needs, several areas impacted respondents, their loved ones, and their community. These are indicated in Table 1: Housing Needs.

In Carroll County, 15% of households spend more than 50% of their income toward housing (2018-2022). The median gross rent is \$1,138 is significantly better than in 2015-2019 (\$948) and similar to the New Hampshire state median of \$1,336 (2018-2022).

Table 1: Housing Needs, 2024	Impacts me	Impacts a loved one	Impacts my community	Doesn't have an impact	I don't know	Not applicable
Housing costs	31.2%	30.5%	80.1%	2.8%	2.1%	1.4%
Availability of affordable, quality homes/rentals	24.8%	29.8%	83.7%	2.1%	1.4%	1.4%
Availability of affordable, quality housing for older adults or those with special needs	12.1%	17.0%	81.6%	5.7%	6.4%	0.7%
Issues associated with home ownership or renting	31.2%	30.5%	75.9%	3.6%	5.7%	0.7%
Health risks in homes (indoor air, tobacco smoke residue, pests, lead, mold)	12.8%	19.2%	58.2%	5.0%	22.7%	5.7%
Homelessness or availability of shelter beds	8.5%	13.5%	73.1%	4.3%	16.3%	1.4%
Cost of utilities	36.9%	29.8%	74.5%	6.4%	4.3%	1.4%
Costs associated with weatherization	27.7%	24.1%	73.8%	2.8%	11.4%	2.1%

Socioeconomic Empowerment

When asked to rate the top five "very necessary" steps to help move people out of poverty and to a place of stability, "affordable and safe housing" was rated number one by survey respondents.

Populations and Communities Impacted by Housing

In a pre-forum survey to identify initial priority topics, forum registrants were asked to identify populations impacted by their identified priorities. For housing, respondents cited: veterans, adults, older adults, children, youth, and teens. A deeper discussion at the forum revealed additional populations such as first-time home buyers, those who need assisted living, people with disabilities, people with middle incomes, those transitioning from jail, sober living and rehabilitation facilities.

Community Resources to Address Housing

Participants in the pre-forum survey were also asked to identify assets and resources related to their identified priorities, as were those at the forum. For housing, respondents identified:

- Avesta Housing
- Individual town "Local Welfare" officer
- local realtors' group
- Mt Washington Valley Housing Coalition
- State delegation
- Stay Work Play

- Subsidized housing groups
- TCCAP Homeless Outreach
- The Bluebird Project
- The Way Station
- Tri-County Community Action Program
- Veterans' Services



Transportation

Transportation was the second rated priority for the community conditions category for Carroll County. For the purposes of the prioritization process, transportation includes such topics as access to transportation, availability of public transportation, and transportation that meets a variety of specific needs.

In the Carroll County focus group, participants said:

"It's not that the services aren't available, it's getting to those services. We have no public transportation or cab services. There's a non-profit group that volunteers to drive people to medical and dental appointments, but they are strained. They get reimbursed for gas but that's it."

"A lot of people cannot get appointments due to insurance exacerbated by transportation issues."

"We have a lot of people that can't drive but can walk to Dollar General and the only healthy thing there is probably eggs. We do have pantries and farmers markets, but again transportation stands in the way."

In the community survey, 69.7% of respondents in Carroll County said lack of transportation negatively impacted them, a loved one, and/or community member. When asked about specific transportation needs, "availability of transportation" (85.1%), "access to transportation" (81.1%), and "availability of transportation that meets a variety of specific needs" (81.1%) were listed as top impacts on the community, while "costs associated with owning and maintaining a vehicle" were most likely to impact a loved one. Table 2: Transportation Needs shows these and other specific needs.

Participants at the Carroll County stakeholder forum discussed the impact transportation, or lack thereof, has on the ability to access health care and healthy food. Forum participants also discussed low population density related to public transportation, rurality, cost of maintaining a vehicle and policy decisions about how money is spent in the community.

The costs of transportation were also widely discussed, including the cost of maintaining a vehicle. In Carroll County 3% of households do not have a vehicle and over half (54.4 %) have a commute greater than 20 minutes (2018-2022).

Table 2: Transportation Needs, 2024						
	Impacts me	Impacts a loved one	Impacts my community	Doesn't have an impact	I don't know	Not applicable
Access to transportation (for medical appointments, work, childcare)	16.2%	16.9%	81.1%	4.7%	6.8%	0.0%
Availability of public transportation (buses, trains, ride shares, taxis)	24.3%	21.0%	85.1%	6.1%	2.7%	0.0%
Availability of transportation that meets a variety of specific needs (older adults, physical or cognitive needs)	8.8%	15.5%	81.1%	4.7%	8.1%	0.0%
Costs associated with owning and maintaining a vehicle (insurance, registration, repairs)	33.8%	31.8%	68.9%	10.1%	6.8%	1.4%

Socioeconomic Empowerment

When asked to rate the top five "very necessary" steps to help move people out of poverty and to a place of stability, "reliable transportation" was rated number four by survey respondents.

Populations and Communities Impacted by Transportation

In a pre-forum survey to identify initial priority topics, forum registrants were asked to identify populations impacted by their identified priorities. For transportation, respondents cited: teens, people living in rural areas, people with low-income, older adults, and young adults, immigrants, people with mental health disorders.

Community Resources to Address Transportation

Participants in the pre-forum survey were also asked to identify assets and resources related to their identified priorities, as were those at the forum. For transportation, respondents identified:

- Carroll County Retired Seniors Volunteer Program (RSVP)
- Fast Taxi
- Gibson Center
- Medicaid transportation

- New Hampshire Mobility Manager
- Public Transportation
- Tri-County Community Action Program
- Volunteer drivers
- White Horse Recovery



Crosscutting Priorities



Food & Nutrition



Mental Health



Food & Nutrition

Food & nutrition was the third rated priority for the community conditions category for Carroll County. For the purposes of the prioritization process, food and nutrition includes such topics as access to food, quality of food, food costs, culturally competent food options, fruit and vegetable consumption, and soda/sports drink consumption.

Assessment Findings

Food & nutrition was identified as a priority for 44% of forum participants and the availability of affordable quality food was an economic concern for 71.9% of respondents.

Key stakeholders and forum participants in Carroll County described youth food insecurity as a particular concern:

"If you're not in the schools you wouldn't know the level of food insecurity our kids have."

"I go to the food pantry, but my son is autistic and is allergic to dairy, so I need a whole new set of food for him, plus my husband for myself. The quality of food varies as well. I go once a month but 99% of the stuff - my son can't eat."

"Healthy options cost more money and there is a lack of knowledge of the importance of nutrition. The ease of ordering pizza or fast food is more convenient, and people do not rate nutrition quite as high as they possibly should."

"People do not sign up for SNAP benefits due to pride, access, and the overall process."



Some of the contributing factors noted by forum participants included, hours of food pantries, income too high for eligibility, quality of type of food available, unbenefited jobs, policy (minimum wage).

In Carroll County,

- Food Insecurity was 10.4% for adults, slightly higher than the New Hampshire state rate of 9.7% (2022) and an increase from 2019 (9.3%).
- Food insecurity for youth was 17.1%, higher than the New Hampshire state rate of 13.4% and lower the than Oxford County, Maine rate of 22.3% and the Maine state rate of 18.7% (2022).
- Sport drink and soda consumption by high school students was 21.6%, higher than the New Hampshire state rate of 18.2% and lower than the Oxford County, Maine rate of 27.2% (2021).

Populations and Communities Impacted by Food & Nutrition

In a pre-forum survey to identify initial priority topics, forum registrants were asked to identify populations impacted by their identified priorities. For food and nutrition, respondents cited: youth, teens, young adults, unhoused/housing insecure, older adults, and people with lower income.

Community Resources to Address Food & Nutrition

Participants in the pre-forum survey were also asked to identify assets and resources related to their identified priorities. For food & nutrition, respondents identified:

- Brownfield Country Market (and others like it)
- End 68 hours of Hunger
- School and parent/adult-based education programs
- School fruit and vegetable programs

- Seniors Plus
- SNAP/EBT program (Including Farmers' Markets)
- Starting Point
- UNH Nutrition Connections program
- Vouchers for Vets



Crosscutting Priorities



Transportation



Protective & Risk Factors

Protective and risk factors are aspects of a person or environment that make it less likely (protective) or more likely (risk) that someone will achieve a desired outcome or experience a given problem. The more protective factors a person experiences, the more likely they are to have positive health and well-being outcomes, whereas the more risk factors, the greater the likelihood of experiencing negative health and well-being outcomes. Protective and risk factors can occur at both the individual and the environmental level, often overlapping with topics that fall within community conditions. The following section outlines the top protective and risk factor priorities for Carroll County, findings from the assessment process, steps necessary to move from poverty to stability, populations and communities impacted by the priority, assets and resources related to the priority, and crosscutting priorities.



Adult Screening & Preventative Visits

Adult screening and preventative visits was the top-rated priority for the protective and risk factors category for Carroll County. For the purposes of the prioritization process, this includes topics such as annual well visits, cholesterol checked, A1c checked, and eye exams.

Assessment Findings

Access to care was identified as a contributing factor to the concern for adult screening in the region. When the community survey respondents were asked what stopped them from getting the care they needed, 51.4% said long wait times to see a provider, 25% said they had health insurance, but could not afford care and 19.4% said providers/hospitals did not take their health insurance.

Forum participants said:

"The population aged 40 to 60 needs more targeted outreach. It is a challenge to access care appointments due to transportation. There are long distances to travel for specialty health care appointments. Younger and older adult populations do not want to spend money on health care appointments."

"There are not enough health care providers and there is a need to "drill down" the lack of providers by type."

"A lot of people cannot get appointments due to insurance exacerbated by transportation issues."



In Carroll County, 77-78% of adults had a primary care visit in the past year (2022 and 2018). Physician availability decreased in Carroll County from 1,100 adults per 1 primary care physician (2019) to 1,230 (2021).

Some of the root causes/barriers to screening discussed included, time constraints, mental health issues, lack of insurance, isolation, Adverse Childhood Experiences (ACEs), and cost of health insurance.

It is worth noting that access to dental care received slightly fewer votes but was identified as component of adult preventative screening. In Carroll County, 66.9% of adults visited a dentist in the past year, with no data reported for New Hampshire or Carroll County on the percentage of children visiting a dentist or covered by dental insurance. Oral health care impacts adults and youth alike, with "people frequently have to pay out of pocket for dental care." More severe dental needs also ensue due to lack of preventative care "exacerbated by misuse of opioids for dental pain," according to one forum participant.

Socioeconomic Empowerment

Community survey respondents rated "affordable and available health care" as the third of five steps to move someone out of a place of poverty and to a place of stability.

Populations and Communities Impacted by Adult Screening & Preventative Visits
In a pre-forum survey to identify initial priority topics, forum registrants were asked to identify populations impacted by their identified priorities, as were those at the forum. For adult screening & preventative visits, respondents cited: adults ages 40-60, older adults, young adults, people with chronic conditions, unhoused people, people with mental health disorders, people living in rural areas, people with low income, women and those with a disability.

Community Resources to Address Adult Screening & Preventative Visits

Participants in the pre-forum survey were also asked to identify assets and resources related to their identified priorities. For adult screening & preventative visits, respondents identified:

- Advanced Practice Providers Care Team model
- Consistent comprehensive screening at all major primary care offices
- Conway Family Dental
- "Free care" through MaineHealth
- Huggins Outpatient Clinic
- In-home caregivers/visiting nurses
- MaineHealth Memorial Hospital

- NH Healthy Lives Breast/Cervical Cancer Program
- RSVP transport
- Saco River/ Saco River Medical Group
- Sliding scale
- Tamworth Nursing Care
- Tri-County CAP: Transit, Dental Clinic
- VA Clinic
- White Mountain Community Health Center



Crosscutting Priorities



Youth Screening & Preventive Visits



Transportation



Cancer & Cardiovascular Disease



Youth Screening & Preventative Visits

Youth screening and preventative visits was the second rated priority for the protective and risk factors category for Carroll County. For the purposes of the prioritization process, this includes topics such as annual well visits, developmental screening, and child preventative visits.

Assessment Findings

Similar to adult screening, barriers to access to both health and dental care, such as lack of insurance and transportation, were identified as a contributing factor to the concern for youth screening in the region. Another concern participants noted was unhoused youth.

Forum participants said:

"Parents are choosing exemptions to vaccines and immunizations due to time, lack of education, and cost. This impacts mental health."

"People are using/trying to use rideshare like Uber to get to preventative visits."

"Children are not getting screened."



Lead screening rates (49%) in Carroll County (2023) and developmental child screening rates in New Hampshire (40%) remain low (2021-2022), while 86.0% of children are attending their preventative visits in New Hampshire (2021-2022).

Socioeconomic Empowerment

Community survey respondents rated "affordable and available health care" as the third of five steps to move someone out of a place of poverty and to a place of stability.

Populations and Communities Impacted by Youth Screening & Preventative Visits

In a pre-forum survey to identify initial priority topics, forum registrants were asked to identify populations impacted by their identified priorities, as were those at the forum. For youth screening & preventative visits, respondents cited: children ages 0-5, youth ages 6-12, teens 13-17, young adults 18-25, people with low income, young women, unhoused/homeless youth.

Community Resources to Address Youth Screening & Preventative Visits

Participants in the pre-forum survey were also asked to identify assets and resources related to their identified priorities. For youth screening & preventative visits, respondents identified:

- ACEs/Food screening at well child visits
- Annual visits for insured individuals
- Child Find (SAU 9)
- Children Unlimited clinic/Family resource clinic
- Head Start

- NHS early supports and services
- Patient navigators to help connect patients to resources
- School support and referrals to care
- White Mountain Community Health Center



Crosscutting Priorities



Adult Screening & Preventive Visits



Transportation



Food & Nutrition



Alcohol Misuse

Alcohol misuse was the third priority for the protective and risk factors category for Carroll County. For the purposes of the prioritization process, alcohol misuse includes such topics as binge drinking.

Assessment Findings

Alcohol misuse was identified as a priority risk factor, mostly affecting youth, at the stakeholder forum. The location of Carroll County in Mt Washington Valley is a popular destination with a range of outdoor activities and entertainment. The tourist industry also features many restaurants and bars with availability and access to alcohol. There are a multitude of happy hours and bars or restaurants featuring alcohol related promotions. Forum attendees remarked on access to alcohol as concern for underage youth living in the area. Survey results indicated that 68.4% believed that alcohol misuse and binge drinking impacted their community, and 63.3% reported that youth substance use affected their community.

A discussion related to all substance misuse is located in the Health Conditions & Outcomes section under the substance use related injury and death priority. Table 3 illustrates alcohol use in particular, for both youth and adults.

Table 3: Substance Use Indicators	Carroll County Bench			hmarks			
Indicator	Point 1	Point 2	Change	NH	+/-	U.S.	+/-
Substance Use							
Past-30-day alcohol use (high school students)	2019 32.1%	2023 27.4%	0	2023 23.1%	0	_	N/A
Binge drinking (adults)	2018 15.6%	2022 13.3%	0	2022 17.0%	0	2023 17.0%	0
Binge drinking (high school students)	2019 19.4%	2023 15.0%	0	2023 11.6%	0	_	N/A
Alcohol-induced deaths per 100,000 population	2016-2020 14.9	2018-2022 17.2	N/A	2018-2022 17.5	0	2018-2022 14.4	0

The County Health Profile contains more information on data interpretation and additional indicators.

- ★ means the health issue or problem is getting statistically significantly better over time.
- ! means the health issue or problem is getting statistically significantly worse over time.
- O means the change was not statistically significant.
- N/A means there is not enough data to make a comparison.
- means data is unavailable.

Populations and Communities Impacted by Alcohol Misuse

In a pre-forum survey to identify initial priority topics, forum registrants were asked to identify populations impacted by their identified priorities. For alcohol misuse, respondents cited: All ages, Veterans, Older Adults, Teens aged 13 (often initiation of use), People with undiagnosed mental health disorders, and LGBTQIA+.

Community Resources to Address Alcohol Misuse

Participants in the pre-forum survey were also asked to identify assets and resources related to their identified priorities. For alcohol misuse, respondents identified:

- Addiction treatment though MaineHealth Rural Care
- Blue Heron
- Green Mountain Treatment Center
- MaineHealth Memorial Hospital Comprehensive Addiction Medicine
- MWV Supports Recovery
- SMART Recovery
- Support groups AA meetings
- Treatment and counseling centers
- White Horse Recovery/ Behavioral Health
- WMCHC treatment program

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Crosscutting Priorities



Mental Health



Substance Use Related Injury & Death



Health Conditions & Outcomes

Health conditions and outcomes are the state of a person's health and well-being either as a current disease state, one that has been experienced, or the category of injury and death. These are at the downstream of the Bay Area Regional Health Inequities Initiative (BARHII) continuum (Appendix 1) and those that we ultimately hope to reduce and/or prevent through earlier changes in policies and systems, programs, and interventions at the upper stream levels. The following section outlines the top health conditions and outcomes priorities for Carroll County, findings from the assessment process, steps necessary to move from poverty to stability, populations and communities impacted by the priority, assets and resources related to the priority, and crosscutting priorities.

Carroll County Health Conditions & Outcomes Substance Use Related Injury & Death Cancer & Cardiovascular Disease



Mental Health

Mental health was the top priority for the health conditions and outcomes category for Carroll County. For the purposes of the prioritization process, this includes topics such as: depression, anxiety, sad/hopeless, suicide, depression during pregnancy, and post-partum depression.

Assessment Findings

Carroll County identified mental health care and treatment as a top concern. Data indicates that 24.1% of adults in Carroll County reported being diagnosed with depression in their lifetime, similar to the U.S. rate of 21.7%, and lower than the New Hampshire state rate of 25.1% (2022).

Forum participants noted:

"Cardiovascular disease and mental health – confirmed due to the rising number of providers needed. There is a lack of counseling services to meet the increased mental health needs."

"Behavioral health is one of the top needs, especially with youth. There are very limited services in rural areas. We have greatly improved access, but not for more intensive therapies in southern New Hampshire. There's a big hole in services and MaineHealth's services don't cross the border."

"There are not enough mental health providers there are long wait lists and there's not enough providers up north here. It's a problem here in Carroll County."

"Exercise takes time and lack of physical activity impacts mental health."



Though 90% of respondents say their own mental health is "good or excellent", mental health issues ranked as the top concern negatively impacting their community, 64.3% said "mental health needs" negatively impact them, a loved one, and/or their community. Less than half of those people said "anxiety or panic disorder" impacted them (35.3%) a loved one (43.9%), and/ or their community (44.6%).

"General stress in day-to-day life" also impacted respondents, saying it impacts them (43.2%), a loved one (46.8%), and their community (53.2%). Approximately 30.5% say they or a loved one either could not, or chose not, to get mental health care in the past year. The reasons cited include: "long wait times to see a provider (53.1%)," "had health insurance, could not afford care (29.7%)," and "provider did not take may health insurance" (25%).

Carroll County forum participants also discussed topics related to survey respondents including family history of trauma and/or mental illness, poverty, grandparents as caregivers, children of incarcerated parents, loss of parent(s), social media use, bullying, food insecurity, homelessness, stigma and rurality.

In Carroll County,

- Access to a mental health provider was reported by a ratio of 360 to 1, slightly higher than the New Hampshire state rate of 250 to 1 (2023).
- 22.1% of high school students reported seriously considering suicide, similar to the New Hampshire state rate of 21.3% (2023).
- 7.5% of residents were uninsured, significantly higher than the New Hampshire state rate of 5.8% (2018-2022).

Socioeconomic Empowerment

"Mental health care and treatment" was the fifth rated "very necessary" step of five to move people out of poverty and to a place of stability by community survey respondents.

Populations and Communities Impacted by Mental Health

In a pre-forum survey to identify initial priority topics, forum registrants were asked to identify populations impacted by their identified priorities, as were those at the forum. For mental health, respondents cited: adults, older adults, young adults, teens, and youth.

Community Resources to Address Mental Heath

Participants in the pre-forum survey were also asked to identify assets and resources related to their identified priorities, as were those at the forum. For mental health, respondents identified:

- AA Groups across the region
- Behavioral Health at White Mountain Community MaineHealth Memorial Hospital Addiction Health Center
- Birthing Center follow up
- Blue Heron
- Children Unlimited
- Dartmouth-Hitchcock Medical Center Telehealth
- Evaluation tools used for office visits

- Individual and group mental health providers
- Medicine & Behavioral Health
- MWV Supports Recovery
- Northern Human Services (waiting list)
- Pediatricians
- Referrals from school personnel
- White Horse Recovery/Behavioral Health



Crosscutting Priorities





Food & Nutrition



Transportation



Youth Screening & Preventive Visits



Alcohol Misuse



Substance Use Related **Injury & Death**



Substance Use Related Injury & Death

Substance use related injury and death was the second priority for the health conditions and outcomes category for Carroll County. For the purposes of the prioritization process, this includes topics such as: drug affected infants, overdose, and opiate poisoning.

Assessment Findings

Comparing the number of overdose deaths per year in Carroll County from 2000-2023, the number was highest in 2022. Comparing overdose deaths per 100,000 population, the Carroll County rate of 26.8 was slightly lower than the New Hampshire state rate of 31.6, and was lower than the Maine state rate of 44.7 and the Oxford County, Maine rate of 44.4 (2022-2023). Data was not available for adults who needed substance use disorder treatment and adults who needed treatment but did not receive it.

In the community survey, 59.2% said "substance use" negatively impacts them, a loved one, and/or their community. When asked about more specific substance use, approximately threequarters cited multiple substances impacted their community. Table 4: Substance Use shows these substances in further detail.

One participant noted:

"Sober living facilities and transitional housing (is difficult to find) because people who are struggling with substance use disorder go to jail and they haven't had a chance to rebuild healthy family or friend relationships. They are being released with no support."

Table 4: Substance Use, 2024	Impacts me	Impacts a loved one	Impacts my community	Doesn't have an impact	I don't know	Not applicable
Alcohol misuse or binge drinking	14.4%	31.7%	68.4%	4.3%	7.9%	3.6%
Opioid misuse	7.9%	17.3%	66.9%	7.2%	13.0%	5.8%
Tobacco use	13.0%	30.2%	66.2%	5.0%	10.1%	2.9%
Vaping	9.4%	25.9%	59.7%	6.5%	15.8%	5.0%
Adult cannabis use	7.9%	26.6%	50.4%	15.1%	15.8%	5.8%
Other illicit drug use	8.6%	17.3%	66.9%	7.2%	15.8%	5.0%
Youth substance use	7.2%	14.4%	63.3%	5.0%	16.6%	10.1%

Contributing factors noted by participants also included poverty, isolation, employment, disability, trauma, stress, mental health disorders, poor relationships, poor/no coping skills, low perception of harm, culture of "party town", chronic pain, ease of access, social norms (cannabis), prescribing practices, internet use/influencers, lack of clinicians.

The Youth Risk Behavioral Health Survey is administered every two years, although it is not administered for all high schools in New Hampshire and/or Carroll County and therefore difficult to report on results.

Carroll County behaviors reported by high school students shows:

- Past 30-day marijuana use decreased from 33% (2019) to 24.1% (2023).
- Past 30-day misuse of prescription medication increased slighty from 4.1% (2019) to 5.6% (2023), similar to the New Hampshire state rate of 5.2% (2023)
- Cigarette smoking decreased from 8.4% (2019) to 6.3% (2023).
- Vaping significantly decreased from 40.8% (2019) to 20.2% (2023).

Data for high school alcohol use is reported under table 3 in the Protective & Risk factors section under the Alcohol Misuse priority.

Populations and Communities Impacted by Substance Use Related Injury and Death

In a pre-forum survey to identify initial priority topics, forum registrants were asked to identify populations impacted by their identified priorities, as were those at the forum. For substance use related injury and death, respondents cited: adults, older adults, young adults, people with substance use disorder, people with mental health disorders, people who are incarcerated or formerly incarcerated, teens, unhoused/housing insecure people living in rural areas, veterans, and LBGTQ+ populations.

Community Resources to Address Substance Use Related Injury and Death

Participants in the pre-forum survey were also asked to identify assets and resources related to their identified priorities. For substance use related injury and death, respondents cited:

- Addiction treatment though MaineHealth Rural Care
- Behavioral Health at White Mountain Community
 Health Center
- Blue Heron
- Carroll County Veterans Coalition
- Doorways
- Green Mountain Recovery
- Memorial Hospital Addiction Medicine & Behavioral Health
- Mt Washington Valley Supports Recovery

- My Life, My Quit (under 18)
- Narcan use & free distribution
- Northern Human Services Community Centers
- Policies such as restorative justice
- Quit NH
- Support groups (AA, NA, Alateen)
- Terra Equine
- Treatment and counseling centers
- White Horse Recovery/ Behavioral Health
- WMCHC treatment program



Crosscutting Priorities



Alcohol Misuse



Mental Health

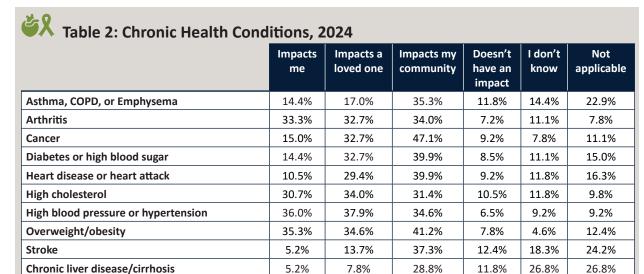


Cancer & Cardiovascular Disease

Cancer & cardiovascular disease was the third priority for the health conditions and outcomes category for Carroll County. For the purposes of the prioritization process, cardiovascular disease includes topics such as high blood pressure, high cholesterol, heart attack, and stroke.

Assessment Findings

In the community survey 67.3% of respondents said, "chronic health conditions," impacts them, a loved one, and/or their community, including cardiovascular disease and cancer. Cancer's impact on the community was significant for Carroll County respondents at 47.1%. Table 5: Chronic Health Conditions shows how these conditions impact survey respondents.



Forum participants discussed the impacts of social determinants of health on cardiovascular disease, specifically low incomes and income inequality. Overall, participants noted there are insufficient services to prevent and treat cardiovascular disease. The high cost of cancer care was noted as a contributing factor. Additional factors related to cancer included, more outreach needed for current and former smokers (including vaping), more dedicated resources for smoking/tobacco cessation, lack of insurance and high deductibles, limited adult screening for colon, breast and skin cancer, and high exposure to granite and radon in the area.

28.8%

5.2%

In Carroll County, people are doing better on several cardiovascular disease indicators since the last assessment,

- Heart attack deaths per 100,000 population decreased slightly from 29.7 (2018-2019) to 22.0 (2022-2023).
- Coronary Heart Disease deaths per 100,000 population decreased from 140.3 (2020) to 120.1 (2023).
- Stroke deaths per 100,000 population remained about the same at 62.9 (2023).
- Heart attack and stroke hospitalizations per 100,000 population both increased between 2019 and 2021.

26.8%

Data also indicates stable or decreasing rates of cancers in Carroll County, as detailed:

- Age-adjusted mortality rates per 100,000 population were similar for all-cancers (combined), colorectal cancer, breast cancer and prostate cancer (2016 to 2023).
- Age-adjusted incidence rates per 100,000 population were statistically similar for all new cancers (combined), bladder cancer, lung cancer and melanoma skin cancer. However, prostate and colorectal cancer both showed a statistically significant decrease, 162.8 to 91.8 (prostate) and 45.1 to 18.6 (colorectal), respectively (2018 to 2021).
- Smoking is a risk factor for many cancers, including lung, throat, esophageal, bladder, kidney, pancreatic, stomach, liver and colorectal cancers. The prevalence of smoking among adults was 16.6% (2022). Further, the percentage of high school students who reported having smoked 1+ cigarette in the past 30 days (6.3%) was significantly higher than the New Hampshire state rate of 3.9% (2023).

Forum participants commented:

"Specialty care like cardiology isn't local in Carroll County. Conway has a dialysis center and a year ago they lost a ton of staff and ended up having to transfer patients to other locations."

"Cardiovascular disease and mental health are not surprising priorities due to the growing population. Cardiovascular disease access to care has doubled and utilization of services has doubled."

"Multiple chronic conditions are linked to social drivers of health."

"Cancer did not make the top five priorities despite my <physician> caseload twice as high as in previous years due to new cancer cases."

Populations and Communities Impacted by Cancer & Cardiovascular Disease

In a pre-forum survey to identify initial priority topics, forum registrants were asked to identify populations impacted by their identified priorities, as were those at the forum. For cancer & cardiovascular disease, respondents cited: children, youth, teens, adults, older adults, and young adults.

Community Resources to Address Cancer & Cardiovascular Disease

Participants in the pre-forum survey and at the forum were also asked to identify assets and resources related to their identified priorities. For cancer & cardiovascular disease, respondents identified: adults, older adults, veterans, housing insecure, people with mental health disorders, and people with low-income.

- Access to outdoor spaces for exercise
- Annual visits/evaluations/labs
- Assessment tools as part of health screening
- Carroll County Visiting Nurses Home Care & Hospice
- Community offered health screenings
- Gibson Center for Senior Services
- MaineHealth Memorial Hospital
- MaineHealth Quitlink

- Medicare Navigators (TCCAP, Memorial Hospital)
- MWV Adult Day Center & Caregiver Support Group
- Quit NH
- Retired Seniors Volunteer Program
- Saco River Medical Group
- Senior Resource Coordinator at Gibson Center & Town of Freedom
- ServiceLink at TCCAP
- White Mountain Community Health Center



Appendices

Appendix 1: Methodology

MaineHealth Memorial Hospital, in collaboration with the Maine Shared CHNA, conducted a multiprong health and well-being assessment, including the collection and analysis of quantitative and qualitative data. The following methodology section outlines this effort.

Data Commitments

The Maine Shared CHNA uses a set of data stewardship guidelines to ensure data is collected, analyzed, shared, published, and stored in a transparent and responsible manner. Included in these guidelines is a commitment to promote data equity in data collection, analyses, and reporting. These guidelines include a commitment to:

- Correctly assign the systemic factors that compound and contribute to health behaviors and health outcomes rather than implying that social or demographic categories are "causes" of disparities. We will use a systems-level approach when discussing inequities to avoid judging, blaming, and/or marginalizing populations.
- Lead with and uplift the assets, strengths, and resources when discussing populations and communities, specifically with qualitative data collection.
- Acknowledge missing data and data biases and limitations.
- Identify and address important issues for which we lack data.
- Share data with communities affected by challenges, including sharing analysis, reporting and ownership of findings.

Quantitative Data

Data Criteria

The Metrics Committee, one of two standing committees of the Maine Shared CHNA, is charged with reviewing and revising a common set of population and community health and well-being indicators and measures every three years. MaineHealth Memorial Hospital uses these same or similar measures to align with all other MaineHealth hospitals. Each cycle, the following criteria are used to guide an extensive review of the data:

- Describes an existing or emerging health issue;
- Describes one or more social drivers of health (SDOH);
- Describes the people in Maine and Carroll County, New Hampshire;
- Measures an issue that is actionable;
- Describes issues that are known to have high health and/or social costs;
- Collectively provide for a comprehensive description of population health;
- Aligns with national health assessments (i.e.: County Health Rankings, American Health Rankings, Healthy People);
- Aligns with data routinely analyzed by the Maine CDC for program planning, monitoring, and evaluation:
- Have recent data less than two years old or have updates coming; and/or
- Were previously included, allowing for trends to be presented.

Additionally, Crescendo Consulting Group and MaineHealth Community Health Surveillance and Evaluation reviewed the data to check for changes in data sources and definitions, potential new sources of data, and any discrepancies or errors in the data.

Data Profiles & Interpretation

The data profiles provide more than 250 health and well-being indicators that describe demographics, health outcomes and behaviors, and conditions that influence our health and well-being. The number of indicators available vary between counties, urban areas, and health equity profiles based on data availability and other data limitations, discussed below. The data come from more than 30 sources and represent the most recent information available and analyzed as of November 2024. Data from several years is often combined to ensure the data is reliable enough to draw conclusions. County comparisons are made in several ways: between two time periods; to the state; and to the U.S. The two time periods can be found within the tables under columns marked, "Point 1" and "Point 2." The majority of comparisons are based on 95% confidence intervals. In some instances, a 90% confidence interval is calculated from a Margin of Error and is noted with a "#" symbol. Confidence intervals may be determined using various methodologies (e.g. using weighting in calculations), resulting in a more narrow or wide margin of error and impacting the frequency of statistically significant differences. A 95% confidence interval is a way to say that if this indicator were measured over and over for the same population, we are 95% confident that the true value among the total population falls within the given range/interval. When the confidence intervals of two measurements do not overlap, the difference between them is statistically significant. Where confidence intervals were not available, no indicator of significant difference is included. A list of indicators, data sources, and definitions can be found in the appendix of the 2025 Mt. Washington Valley Health Profile, which is available on the MaineHealth Community Health Needs Assessment webpage (Community Health Needs Assessment | MaineHealth), and located within the section titled "MaineHealth Memorial Hospital and Carroll County (New Hampshire)".

Data Limitations, Gaps, & Considerations

Quantitative data collection and analysis has several benefits, including the ability to see health and well-being trends over time. The MaineHealth Memorial Hospital CHNA draws on many data sets at the state and national level. Some of these include self-reported surveys while others are reports of health and well-being care and utilization rates. Each methodology has its own advantages and disadvantages, and both have limitations in response options and sample sizes. Additionally, some quantitative data representing the same indicators may be slightly different due to the source of the data and the methods used for interpretation.

The data sets used in the the MaineHealth Memorial Hospital CHNA generally follow federal reporting guidelines and responses for race, ethnicity, sexual orientation, and gender identity, which may not encompass nor resonate with everyone and leave them without an option that represents their identity. Additionally, for some demographics, the numbers may be too small to have data disaggregated at the county level. Small sample sizes may pose the risk of unreliable or identifiable data. Both a lack of comprehensive response options and small sample sizes can lead to a gap in data analysis and reporting and leave some populations and communities underrepresented or missing entirely. The MaineHealth Memorial Hospital CHNA generally relies on state-level data and aggregation of multiple years of data for more reliable estimates with less suppression. This implies an assumption that disparities found at the state level have similar patterns for smaller geographical areas, which does not account for the unique characteristics of populations throughout the state.

These data limitations may result in programming and policies that do not meet the needs of certain populations. To try to account for some of these gaps and complement the quantitative data, MaineHealth Memorial Hospital engaged in an extensive community engagement process. That process and the results are outlined in the Community Engagement Overviews. Specific data changes and limitations relevant to the 2024 data analysis are further described below.

Data Changes

This cycle brought a number of new indicators to the data set, specifically related to social drivers of health. Social drivers of health (SDOH) are conditions in the environments where people are born, live, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Previous versions of this report have used the term social determinants of health to capture that same type of data. These and other changes were made based on currently available data and reviews by the Metrics Committee, Maine CDC, and Crescendo Consulting Group. New, retired, and paused indicators are listed at the end of each County Health Profile.

Data Discrepancies

COVID's Impact

The COVID-19 pandemic impacted health and well-being behaviors, utilization of health care, and health and well-being outcomes, among other things that have created long-lasting impacts across New Hampshire. These impacts are now being reflected in a multitude of data sets from roughly 2020 through 2023. In most cases, more recent, post-pandemic data is not yet available. Rather than exclude data collected during the pandemic, unless advised by the data source, we encourage readers to interpret data collected during the pandemic with this context in mind and that it may not be representative of a non-pandemic year.

Qualitative Data

In order to begin to understand how people interact in their communities and with the systems, policies, and programs they encounter we must build relationships and engage in ways that are mutually beneficial. By drawing on narrative and lived experience we are better positioned to identify the root causes of health and well-being behaviors and outcomes. Qualitative data, resulting from community engagement, provides an important context for the health and well-being outcomes and trends contained in the numbers. In combination, qualitative and quantitative data produce a broader picture of what a community is experiencing and enable a more thorough and well-rounded approach to program and policy development. Both MaineHealth Memorial Hospital and the Maine Shared CHNA recognizes the need to collaborate with communities to build relationships and trust to more respectfully, transparently, and meaningfully work together in an effort to continuously improve upon our community engagement processes.

The Community Engagement Committee, one of two standing Committees of the Maine Shared CHNA, is charged with developing a framework for engaging and building relationships with populations and communities to gain a better understanding of their health and well-being strengths, needs and underlying causes of health and well-being behaviors and outcomes.

The Maine Shared CHNA's community engagement included: focus groups, key informant interviews, and a statewide community survey.

Considerations for Identifying Populations to Engage With

This cycle, the Community Engagement Committee developed considerations to use to identify populations for focus group engagement. The considerations included whether each population:

- Is medically underserved;
- Is historically not involved in CHNA processes;
- Is negatively impacted by structural determinants of health "the written and unwritten rules that create, maintain, or eliminate...patterns of advantage among socially constructed groups in the conditions that affect health, and the manifestation of power relations in that people and groups with more power based on current social structures work to maintain their advantage by reinforcing or modifying these rules;"
- Experiences intersectionality (the interconnection and impact of multiple identities on a person's life); and/or
- Includes participants ability to gather in-person or virtually.

The Community Engagement Committee also considered the willingness and ability of potential partner organizations to assist with recruitment; whether potential partner organizations represent multiple populations and sectors; and the ability to recruit a minimum number of participants for focus group. Using the criteria listed above, MaineHealth Memorial Hospital's local planning group and Crescendo ultimately identified population for a Carroll County focus group.

Considerations for the Use of Other Assessments

The Maine Shared CHNA recognizes communities are often overburdened by outside organizations as those organizations seek to learn about health and well-being strengths, resources, and needs. Additionally, with multiple organizations conducting assessments, the Maine Shared CHNA seeks to reduce duplicative work and partner with other organizations to learn from their assessments as opposed to assessing the same Maine communities multiple times. As such, the following criteria were established to identify potential organizations to collaborate with and use aspects of their research:

- The outside organization is agreeable to sharing their needs assessment information, both published reports and any additional data collected.
- For assessments in process or results that will not be completed on time, the outside organization is agreeable to sharing their work in progress.
- The needs assessment is less than two years old.
- The content of the assessment is similar enough to the Maine Shared CHNA for integration of results into Maine Shared CHNA reports.
- All reports/assessments used will be given attribution and referenced in the Maine Shared CHNA reports.
- The organization that conducted the needs assessment is willing to engage to share their assessment process/methodology, outcomes, and any updates from when the original assessment occurred.

Focus Group

One focus group was conducted with a cross section of Carroll County residents with lived experience of caregiving for family members and accessing the health care system for themselves and their families.

Key Informant Interviews

MaineHealth Memorial Hospital completed 8 key informant interviews to gather in-depth insights from individuals with specialized knowledge or experience relevant to community health and well-being issues. These interviews involved engaging stakeholders, including health care providers, community leaders, and community-based organization representatives, to discuss their perspectives on local health and well-being needs, barriers to achieving optimal health and well-being, and potential solutions. The findings from key informant interviews may be combined when similar themes exist.

Key informant interviews help identify priority health and well-being concerns, assess the effectiveness of existing services, and uncover gaps in resources. This information is crucial for developing targeted interventions and strategies that address the unique needs of the community, ensuring that any resulting action plans are informed by local expertise and grounded in real-world experiences.

The following is a list of organizations that participated in the key informant interviews:

- C3PH (Carroll County Public Health Network)
- Gibson Center
- MaineHealth Memorial Hospital
- MWV Supports Recovery
- Tri County Community Action Program
- UNH Cooperative Extension
- Way Station

Carroll County Community Survey

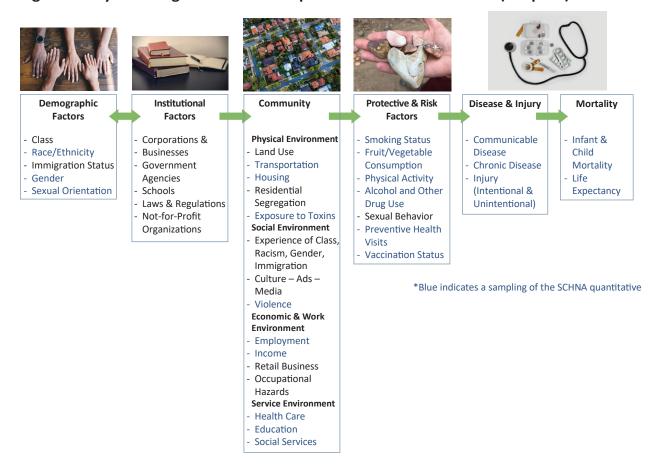
MaineHealth Memorial Hospital also conducted a community survey on health and well-being, open to anyone living in Carroll County, NH. Respondents were asked to complete 40 questions related to the local resources and strengths of their communities and their own health and well-being and that of those who live in their community. The survey was developed by a small working group comprised of members of the Community Engagement and Metrics Committees, the Maine Shared CHNA Program Manager, and Crescendo Consulting Group, with final approval by the Steering Committee. The survey was translated and made available in eight languages: Arabic, Chinese, English, French, Lingala, Portuguese, Somali, and Spanish. It was distributed in Carroll County with assistance from the Local Planning Team and partners via multiple methods including, flyers, listservs, announcements, and social media (materials were available in formats compatible with Facebook and Instagram). Flyers and social media content were available in the eight languages of the survey. The survey was available electronically via SurveyMonkey and in paper format. 300 people completed the survey providing their insights on the health and well-being status, community assets, and social concerns.

Bay Area Regional Health Inequities Initiative (BARHII) Framework

The impact of upstream factors on health and well-being continues to draw awareness and be incorporated into assessments and improvement planning as critical components of a person's

ultimate health and well-being. Upstream factors of health are the social, institutional and community conditions that impact health and well-being and can be used to promote quality of life and prevent poor health and well-being outcomes – the downstream factors of health. The Maine Shared Community Health Needs Assessment based this cycle's assessment and health and well-being prioritization process on an adapted version of the Bay Area Regional Health Inequities Initiative (BARHII) Framework (Figure 1). The BARHII Framework explains the connections between upstream factors on health and well-being outcomes and focuses attention on measures which have not characteristically been within the scope of public health epidemiologyviii. Use of this framework enables a greater connection to the work of the Maine Shared CHNA's newest partner, the Maine Community Action Partnership, and the varying levels within which all of the collaborative and community partners of the Maine Shared CHNA can potentially have an impact. Additionally, it provides a framework with which to group the myriad health and well-being topics our community members and stakeholders are asked to share insight on and prioritize within their counties. Instead of comparing all of the health and well-being topics against each other, this Maine Shared CHNA aimed to prioritize topics within their best fit categories, while recognizing the interconnections upstream and downstream factors have with each other. In this way, the Maine Shared CHNA hopes to convey how the health and well-being priorities are related and influence one another, shedding light on potential opportunities for collaboration and cross sector work.

Figure 1: Bay Area Regional Health Inequities Initiative Framework (adapted)



Stakeholder Forum

One forum was conducted in Carroll County organized by MaineHealth Memorial Hospital's Local Planning Team, including the development of invitation lists. The aim of the invitation method was to include a broad and equal array of diverse sectors and voices. Community members were not necessarily included in the Forum this cycle as their voices were captured through other community engagement methods. An in-person stakeholder forum was held in Carroll County on November 13, 2024, with 36 attendees. The forum used the same methodology as Maine Shared CHNA forums, including pre-Forum voting on the top 15 health and well-being priorities for their county – five in each category: community conditions, protective & risk factors, and health conditions & outcomes, a presentation of key findings and voting results and accompanying breakout to discuss those findings; a second round of prioritization voting to narrow the priorities to the top 3 in each category; and iterative breakout discussions to dive deeper into each priority – it's causes, collaborations, populations impacted, and assets and resources. Crescendo Consulting Group summarized the voting results and discussions in key forum findings documents for use in developing Carroll County's CHNA report. The key findings are from a point in time discussion based on the expertise and opinions of those who participated in the Forum, which is not necessarily representative of the entire county, community, or sector as a whole. The organizations in attendance at each Stakeholder Forum are listed in the appendix of each County report

People from the following organizations participated in the forum process:

- Carroll County Coalition for Public Health -C3PH
- Children's Unlimited
- Conway Police Department
- First Congregational Church
- Gibson Center for Senior Services
- Granite United Wav
- MaineHealth Access to Care
- MaineHealth Behavioral Health
- MaineHealth Community Health Improvement
- MaineHealthMemorial Hospital
- Mt Washington Valley Adult Day Center
- MWV Farmers Market
- Northern Human Services

- SAU9
- Tamworth Community Nurse Association
- Town of Conway New Hampshire
- Town of Freedom New Hampshire
- TTCAPTri County CAP
- Visiting Nurse Home Care & Hospice of Carroll County and Western Maine
- Waystation (Day Resource Center for Homeless & Housing Insecure Residents of Mt. Washington Valley)
- White Horse Recovery
- White Mountain Community Health Center

The following is a list of organizations included in the MaineHealth Memorial Hospital Local Planning Team:

- Carroll County Coalition for Public Health
- Children Unlimited
- MaineHealth Center for Health Improvement
- MaineHealth Memorial Hospital
- Mt Washington Valley Adult Day Center
- Visiting Nurse Home Care & Hospice of Carroll County and Western Maine

Reporting

The MaineHealth Memorial Hospital CHNA assessment report will be used to fulfill the Internal Revenue Service (IRS) requirements for non-profit hospitals, and the Public Health Accreditation Board (PHAB) requirements for state and local public health departments. The next steps include:

- Create an informed implementation strategy designed to address identified health and well-being priorities.
- Create an informed Community Health Improvement Plan.
- Inform stakeholder discussions and planning at the local level, as relevant and applicable.
- Develop informed strategic and programmatic plans to address the identified health and well-being priorities and their impact on social determinants of health.

The use of these reports is also encouraged and welcomed by non-profits, community partners, academics, policymakers, businesses, and countless others to support their strategic planning, coalition building, and grant writing. MaineHealth Memorial Hospital sought to learn who is currently working on the priorities outlined within this report and hopes the report can serve as a catalyst for deeper collaboration to improve the health and well-being of people living in Carroll County, New Hampshire.

Appendix 2: Other Identified Health and Well-Being Topics

Prior to the stakeholder forums, registrants were asked to take part in a review of quantitative and qualitative data, in the form of data health profiles and community engagement overviews. Based on their interpretation of this information and their own knowledge, expertise, and experience, registrants were asked to vote on their top five health and well-being priorities in each of the following categories: community conditions, protective and risk factors, and health conditions and outcomes. This priority identification was the first step in the overall Carroll County CHNA health and well-being prioritization process. The complete results are depicted in the table below.

Table 1: Top Five Priorities Selected in the First Round of Health and Well-Being Prioritization

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Community Conditions	# Votes	% of Participants
Housing (such as housing availability and affordability, costs associated with home ownership or renting, costs of utilities)	16	88.9%
Transportation (such as access to transportation, availability of public transportation, transportation that meets a variety of specific needs)	15	83.3%
Food (such as access to food, quality of food, food costs, culturally competent food options, etc)	8	44.4%
Childcare (such as access to childcare, quality of childcare, affordability, etc.)	8	44.4%
Provider Availability (such as availability of primary care physicians, dentists, psychiatrists, and mental health providers, access to mental health treatment, access to drug and alcohol treatment, caregiving, and prenatal care)	7	38.9%

Protective and Risk Factors	# Votes	% of Participants
Adult Screening & Preventative Visits (such as annual well visits, cholesterol checked, A1c checked, eye exams)	12	66.7%
Child/Youth Screening & Preventative Visits (such as annual well visits, developmental screening, child preventative visits)	10	55.6%
Nutrition (such as fruit and vegetable consumption, soda/sports drink consumption)	10	55.6%
Physical Activity	9	50.0%
Preventive Oral Health Care	8	44.4%

Health Conditions and Outcomes	# Votes	% of Participants
Mental Health (such as depression, anxiety, sad/hopeless, suicide, depression during pregnancy, post-partum depression)	16	88.9%
Cardiovascular Disease (such as high blood pressure, high cholesterol, heart attack, stroke)	9	50.0%
Substance Use Related Injury & Death (such as drug affected infant reports, overdose, opiate poisoning)	8	44.4%
Cognitive Decline, Alzheimer's disease and other dementias	8	44.4%
Multiple Chronic Conditions	8	44.4%

After a presentation of key quantitative and qualitative findings and breakout discussions, participants were asked to take part in a second round of voting to narrow the health and well-being priorities for their county to the top three in each category of community conditions, protective & risk factors, and health conditions & outcomes. The complete results are depicted in the table below.

Table 2: Top Priorities Selected in the Second Round of Health and Well-Being Prioritization

Community Conditions	# Votes	% of Participants
Housing (such as housing availability and affordability, costs associated with home ownership or renting, costs of utilities)	25	86.2%
Transportation (such access to transportation, availability of public transportation, transportation that meets a variety of specific needs)	20	69.0%
Food (such as access to food, quality of food, food costs, culturally competent food options, etc.)	16	55.2%
Caregiving (general and PLWD)	13	44.8%
Provider Availability (such as availability of primary care physicians, dentists, psychiatrists, and mental health providers, access to mental health treatment, access to drug and alcohol treatment, caregiving, and prenatal care)	7	24.1%
Childcare (such as access to childcare, quality of childcare, affordability of childcare, etc.)	5	17.2%

Protective and Risk Factors	# Votes	% of Participants
Adult Screening & Preventative Visits (such as annual well visits, cholesterol checked, A1c checked, eye exams)	22	78.6%
Child/Youth Screening & Preventative Visits (such as annual well visits, developmental screening, child preventative visits)	14	50.0%
Alcohol use	14	50.0%
Cancer Prevention (screenings)	11	39.3%
Nutrition (such as fruit and vegetable consumption, soda/sports drink consumption)	9	32.1%
Preventive Oral Health Care	8	28.6%
Physical Activity (such as met aerobic guidelines, screen time, sedentary lifestyle)	5	17.9%

Health Conditions and Outcomes	# Votes	% of Participants
Mental Health (such as depression, anxiety, sad/hopeless, suicide, depression during pregnancy, post-partum depression)	28	100.0%
Substance Use Related Injury & Death (such as drug affected infant reports, overdose, opiate poisoning)	17	60.7%
Cancer	13	46.4%
Cognitive Decline, Alzheimer's disease and other dementias	10	35.7%
Multiple Chronic Conditions	9	32.1%
Cardiovascular Disease (such as high blood pressure, high cholesterol, heart attack, stroke)	7	25.0%

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Endnotes

- i Health Equity in Healthy People 2030 Healthy People 2030 | odphp.health.gov
- ii Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. What Is Health Equity? And What Difference Does a Definition Make? Princeton, NJ: Robert Wood Johnson Foundation, 2017.
- iii Health Equity in Healthy People 2030 Healthy People 2030 | odphp.health.gov
- iv Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. What Is Health Equity? And What Difference Does a Definition Make? Princeton, NJ: Robert Wood Johnson Foundation, 2017.
- v <u>Using Clear Terms to Advance Health Equity "Social Drivers" vs "Social Determinants" |</u>
 PRAPARE
- vi Social Drivers of Health and Health-Related Social Needs | CMS
- vii BARHII: FRAMEWORK BARHII Bay Area Regional Health Inequities Initiative
- viii 3 key upstream factors that drive health inequities | American Medical Association

