Community Health Needs Assessment

2019

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Executive Summary

Cheshire Medical Center (CMC) prepared this Community Health Needs Assessment (CHNA) in fulfillment of the State of New Hampshire regulations set forth in RSA 7:32-c-*l* and the Federal IRS code Section 501(r). As required, this CHNA process included consultation with members of the public, community organizations, service providers, and local government officials in the CMC service area, in the identification and prioritization of community needs. CMC is a non-profit community hospital located in Keene, NH, a part of the "Monadnock Region", which includes 22 towns and the City of Keene in Cheshire County, and 10 towns in western Hillsborough County.

This 2019 CHNA report summarizes the work of the Leadership Council for a Healthy Monadnock (LCHM) and the collaborative efforts of other local groups to assess the needs of our region. This report was developed as part of a coordinated effort to update both the 2016 CHNA and the 2015 Greater Monadnock Community Health Improvement Plan (CHIP). In addition, to ensure a comprehensive assessment and avoid duplication of efforts, the results of other community partner's needs assessments were used to strengthen and support our process.

The CHNA Leadership Team reviewed health and social well-being information from existing sources, recent assessments and neighboring service area CHNAs. Input was also gathered from CHIP Workgroups via a survey to ensure that all voices were reflected and that the equity and social determinants of health (SDoH) framework is embedded within each priority area.

The results revealed six priority areas. The LCHM will prioritize the following needs during the next three years:

- **Behavioral Health:** focusing on improving the behavioral health literacy of the region's citizens and addressing the systemic roots and complicating factors of mental health conditions
- **Substance Misuse:** focusing on young adult binge drinking and other related substance use disorders (SUD) which were identified as needs through the data and gaps analysis
- **Tobacco Use:** focusing on a campaign called "Tobacco 21" which has been successful in other parts of the country in raising the legal age to purchase tobacco products
- **Access to Healthy Food and Active Living:** continuing work being done at both worksites and schools to help improve food access systems and physical activity environments
- **Emergency Preparedness:** focusing on personal and family preparedness
- **Healthcare Access:** focusing on transportation as a piece of healthcare access that needs more support in our rural region

We know that education, jobs, income, family stability, safety and transportation will contribute to health and wellbeing and require special attention given our rural location and socioeconomic pressures. The community health needs identified in this CHNA provide the basis for the development of the CMC Implementation Strategy required by Federal IRS code Section 501(r). For further information or questions contact Shawn LaFrance, Vice President of Population Health & Health Systems Integration, at slafrance@cheshire-med.com.

I. Introduction

As required by the State of New Hampshire RSA 7:32-c-*l*,

> *"Every health care charitable trust shall, either alone or in conjunction with other health care charitable trusts in its community, conduct a community needs assessment to assist in determining the activities to be included in its community benefits plan. The needs assessment process shall include consultation with members of the public, community organizations, service providers, and local government officials in the trust's service area, in the identification and prioritization of community needs that the health care charitable trust can address directly, or in collaboration with others."*

"Section 501(r) of the Federal IRS code, added by the Affordable Care Act (ACA), imposes new requirements on organizations that operate one or more hospitals. Each 501(c) (3) hospital organization is required to conduct a community health needs assessment (CHNA) and adopt an implementation strategy at least once every three years"[1].

The Affordable Care Act requires that hospitals identify activities taken since the last CHNA, ensure that the CHNA is made available to the public, and report on any requests from community members regarding the CHNA or annual reports. The 2016 CHNA and annual Community Benefit reports are made available to the public and posted on the Cheshire Medical Center (CMC) website at http://www.cheshire-med.com/about_us/communityben_report.html. Over the course of the previous three years there have not been any requests from community members regarding our CHNA or annual reports. The CHNA completed in 2016 identified five top priorities: behavioral health, covering the full range of mental and emotional well-being; substance and alcohol misuse, posing some of the greatest risks to individuals and community health and safety; tobacco use, the most preventable cause of death; obesity, which increases the risk for many chronic diseases; and emergency preparedness, including natural, accidental, or even intentional public health threats.

Activities are documented in the Community Benefits Reports submitted to the State of New Hampshire Charitable Trusts Unit for the years 2017, 2018, and 2019. Table 1 below includes highlights of completed activities designed to support the priority areas identified as well as additional implementation activities over the three-year period.

[1] United States of America, Internal Revenue Service, New Requirements for 501(c)(3) Hospitals Under the Affordable Care Act. http://www.irs.gov/Charities-&-Non-Profits/Charitable-Organizations/New-Requirements-for-501(c)(3)-Hospitals-Under-the-Affordable-Care-Act.

Table 1: 2016 Implementation Plan Highlights Completed
Offer educational sessions for local school nurses through the School Nurses and Providers Program (SNAP)
Provide affordable healthy meals and physical activity for elderly community members through Senior Passport and Cheshire Walkers
Provide assistance to patients needing help to secure medications because they lack insurance coverage or financial resources to pay for their medications
Increasing the effectiveness of local Behavioral Health services
Created inpatient behavioral health consult team that is available in the Emergency Department or on other inpatient units
Provide subsidized care for behavioral health services
Improve access to care
Offer "Let No Woman Be Overlooked" Breast and Cervical Cancer Program, which provides a breast exam, mammography and Pap test to low-income, inadequately insured women
Provide one-on-one application assistance to families in completing NH Medicaid applications for such services as NH Medicaid for Children & Pregnant Women and Food Stamps
Provide free or discounted healthcare services
Provide in-kind financial support to Dental Health Works to ensure oral health care access for youth and pregnant women
Provide Walk-In Clinic to allow more timely and economical access to services instead of using emergency room care
Improved coordination and communication between services
Work closely with clinical staff to develop programs that cover emerging health concerns and are delivered at the right literacy level for our community
Partnered to start new primary care practice co-located within the community mental health center to improve access for behavioral health patients
Work in collaboration with community partners to address diabetes, high blood pressure, and obesity
Improve drug and alcohol prevention (adults and youth), including tobacco prevention and cessation counseling
Established a multi-disciplinary internal group representing many departments to develop an overall approach and guiding principles regarding SUD
Provide primary prevention education, including public film screenings with follow-up discussion panels where people with lived experience share stories about SUD treatment and recovery
Established Behavioral Health Provider Network that brings together the hospital, the community mental health center, local substance misuse treatment facility, and community recovery program
Address health behaviors that impact health
Work closely with local businesses to offer tobacco cessation materials and to assist worksites to establish tobacco-free campus policies
Provide backbone support for Healthy Monadnock and Regional Public Health Network
Engage individuals, schools, and organizations to take steps to improve health at a personal and institutional level through the “Champions Program”
Other mission aligned community needs
Provide medical staff to serve as Medical Directors of area nursing homes
Offer higher education opportunities for people pursuing nursing and other healthcare training
Support staff to serve on Board of Directors for local non-profits and state-wide committees and coalitions

This 2019 CHNA report summarizes the work of the Leadership Council for a Healthy Monadnock, the Public Health Advisory Council for the Monadnock region and the CMC CHNA Leadership Team, and the collaborative efforts of other local groups to assess the needs of our region. This report was developed over the past year as part of a coordinated effort to update both the 2016 CHNA and the 2015 Greater Monadnock Community Health Improvement Plan. In addition, to ensure a comprehensive assessment and avoid duplication of efforts, the results of other community partner's needs assessments were used to strengthen and support our process.

A. Organization Description and Overview of Services

CMC is a unified physician-hospital organization that combines hospital services, ambulatory care, surgical services, ancillary testing and emergency services. CMC is now a member of the Dartmouth Hitchcock Health system, the state's leading medical education institution and tertiary care center. CMC is a non-profit community hospital located in Keene, NH, a part of the "Monadnock Region," which includes 22 towns and the City of Keene in Cheshire County, and 10 towns in western Hillsborough County. CMC's vision is to help our community become the nation's healthiest through clinical and service excellence, collaboration, and compassion for every patient, every time. CMC has a charitable community mission and recognizes the importance of working closely together to address unmet community health needs, improve community health status, enhance the quality of services, and build community value.

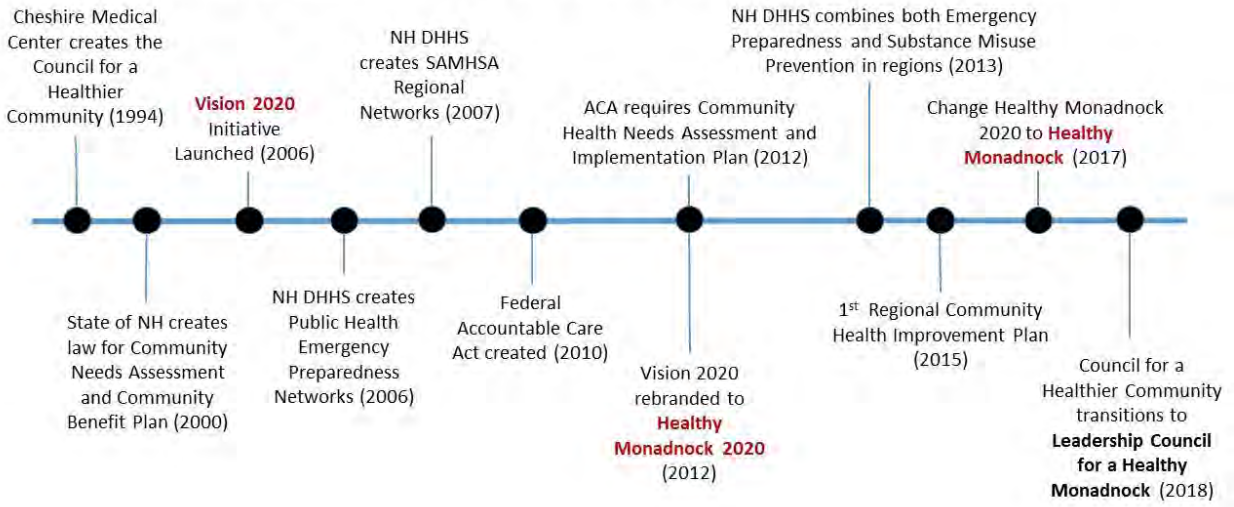
Approximately ninety (90%) of Cheshire County's practicing physicians are affiliated with CMC. CMC primary care providers offer the majority of acute care services in the hospital service area. From August 1, 2018 to August 31, 2019, CMC had 25,140 emergency department visits, 9,948 surgical cases (1,094 inpatient surgeries and 8,854 outpatient surgeries). In response to health care access needs identified in the 2013 CHNA, CMC developed a Walk-In clinic. Utilization of the Walk-In clinic for the period of April 1, 2016 – August 31, 2019 revealed a total of 85,475 visits representing an average of 494 visits per week/70.6 per day, with no corresponding decrease in visits to traditional primary care (see Figure 1).

Figure 1: Walk-In Clinic Utilization

CMC is committed to serving the needs of the uninsured/underinsured low income citizens of our region. With no Federally Qualified Health Center in this rural county, CMC serves as the safety net provider for the area. Additionally, there are six private physician practices in the city of Keene and numerous dental practices across the region. Four providers of home health services offer a broad array of services to assist people to recuperate or to stay independent at home; this includes adult day care and hospice services. There are nine long-term care and assisted living facilities in Keene.

A commitment to community health made in 1994 by the leadership of CMC is a key factor in the hospital's journey toward a culture of health today. The Leadership Council for a Healthy Monadnock (LCHM), a multi-sector leadership group with businesses, non-profit leaders and public officials, was formed to help the hospital address health matters beyond inpatient clinical care. This Council continues today as the Public Health Advisory Council for the region with a long history of collaboration, deepening relationships and experiences to broaden an understanding of health in this rural area.

Timeline for Community Health Partnerships in the Monadnock Region



In 2007, hospital leadership challenged the community with Vision 2020—to become the healthiest place in America. This bold challenge galvanized the community to set new future health goals. Vision 2020 has evolved into Healthy Monadnock, a healthy community initiative framed in the collective impact model, and engages in a variety of local, regional, and state environmental policy, advocacy and community-building activities. The CMC Center for Population Health operates the core project team that serves as the backbone staff for Healthy Monadnock.

Cheshire County, a part of the Monadnock Region, has no designated county public health department. To fulfill the "ten essential services" of public health, the area relies on non-governmental organizations and the State of New Hampshire. CMC has historically played a key role in ensuring a local public health infrastructure by assessing community needs and

working with partners to meet these needs. As the contracted agent for the Greater Monadnock Public Health Network, CMC led the development of the region's first Community Health Improvement Plan in 2015. CMC's Center for Population Health (CPH) offers numerous free educational programs, support groups and community support services addressing public safety, tobacco, health access, dental health and wellness.

CMC has been working with the Institute for Healthcare Improvement for the past four years to advance a culture of health to help strengthen the staff's community health improvement skills.[2]

B. CHNA Leadership Team

A subset of the members of the LCHM serve as the CHNA Leadership Committee (See Attachment A: LCHM Membership List). The LCHM is a group of 30+ individuals representing schools, organizations, coalitions and businesses. Participants work together to improve the quality of life and prevent the leading causes of death for everyone, through strategies to increase healthy eating and active living; increase income and jobs; improve mental wellbeing, increase emergency preparedness, reduce substance misuse including tobacco, increase educational attainment, and increase access and quality of healthcare.

The primary purpose of the LCHM is to provide a community framework to address the issues outlined above by supporting open communication and streamlined funding that encourages improved well-being in the Greater Monadnock Region. The LCHM is able to meet these goals with the guidance of the Community Health Improvement Plan (CHIP). As such, their responsibilities include:

- Identifying and encouraging action planning to ensure community public health needs are met without unnecessary duplication.
- Supporting the needs assessments and data collection activities for the region.
- Advising and making recommendations, as appropriate, on funding opportunities.
- Making recommendations within the Greater Monadnock Region and to the state regarding priorities for service delivery based on needs assessments and data collection.

The members of the CHNA Leadership Committee represent the 33 municipalities in the Monadnock Region. In addition, they represent, and are able to speak to the issues of our most vulnerable populations, including the medically underserved and persons with low income.

II. CHNA Methodology

A. Equity and the Social Determinant of Health Model

Every person in any community has their own perspective and approach as we define health and look at value health outcomes from different perspectives. The same difference in perception exists depending on the medical model we use. The medical perspective on leading causes of

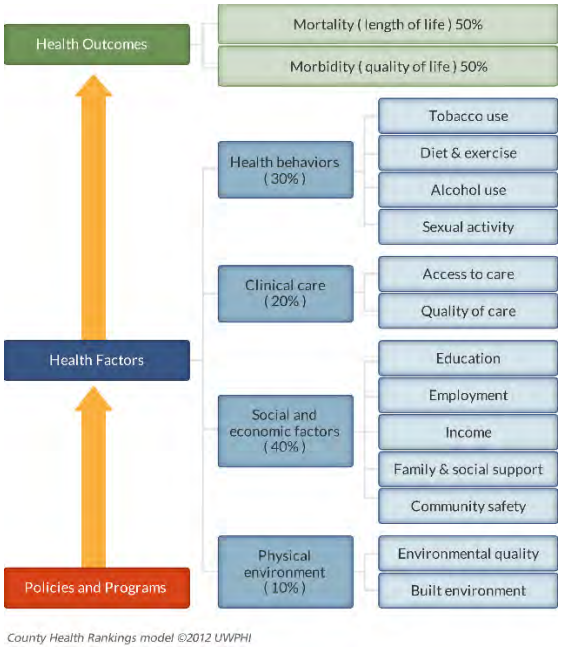
[2] SCALE Grant. Institute for Healthcare Improvement. https://www.100mlives.org/initiatives/#scale2.

death is very different than the point of view of risk factors or social determinants of health. Table 2 highlights the different perspectives.

Table 2: Differences in Perspective on Causes of Death		
Medical Perspective (disease treatment)	**Risk Factors Perspective (lifestyle and prevention)**	**Population Health and Social Determinants of Health Perspective**
Leading Causes of Death	**Leading Causes of Death**	**Leading Causes of Death**
Heart Disease	Tobacco	Access to Care
Cancer	Unhealthy Diet	Health Literacy
Stroke	Inadequate Activity	Social Engagement
COPD	Excessive Alcohol	Education
Diabetes	Motor Vehicle and Firearms	Income
Mental Illness	Isolation	Built Environment

Scientific literature has shown that conditions in the places where people live, learn, work, and play affect a wide range of health risks and outcomes. These conditions are known as Social Determinants of health (SDoH). We know that poverty limits access to healthy foods and safe neighborhoods and that more education is a predictor of better health. We also know that differences in health are striking in communities with poor SDoH such as unstable housing, low income, unsafe neighborhoods, or substandard education. Fifty percent of one's health outcomes is directly linked to socio-economic and physical environment factors. Because of these facts CMC and the CHNA Leadership Team used a broad definition of health when evaluating community need and identifying priorities. The CHNA is framed from a SDoH model as exemplified in Figure 2.

Figure 2: Social Determinants of Health Model



By applying what we know about SDoH, we can not only improve each individual CMC patient's health but impact the broader population that CMC serves in our region. CMC recognizes that a collaborative system of care where Social Determinants of Health of patients with chronic illness are addressed by medical providers and Population Health Workers.

SDoH work hand-in-hand with equity, as they represent the systems in place that either continue to oppress certain groups or disrupt the inequities. As depicted by Figure 3, equity, defined in the broadest sense by Robert Wood Johnson Foundation, means that "everyone has a fair and just opportunity to be healthier. This requires removing obstacles to health such as poverty, racial/ethnic discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care."

Figure 3: Visual Explanation of Equity

Though there is no "right" or "wrong" way to define equity, we do know that there are core factors such as age, gender or sex, veteran status, geography, level of education, income, or access to capital that affect people's ability to attain their highest level of health. The Monadnock Region is making strides to ensure that an equity lens is applied to all work moving forward, as working with those who experience the greatest inequities in our region will yield the highest returns on investment in social capital, health, and financial outcomes for the region.

B. Collaborating Organizations

For this CHNA, CMC collaborated with the members of the LCHM. In addition, CMC collaborated with NH Department of Health and Human Services, Greater Monadnock Public Health Network (GMPHN), the NH Hospital Association, and the Foundation for Healthy Communities, Antioch University New England, and Southwest Region Planning Commission. The contributions of each organization are summarized in Table 3 below.

Table 3: Role of Collaborating Organizations		
Name	**Description**	**Activity/Contribution**
NH DHHS	New Hampshire Department of Health and Human Services: State agency that administers a wide array of services and programs to address the health and safety of the citizens of NH	Provides funding for local health improvement activities and provided data through the Web Reporting Query System and NH Health WISDOM
GMPHN	Greater Monadnock Public Health Network: coordinates communication, resources, and activities to ensure routine and emergency health and safety needs are met within the region	Participated in needs assessments, action planning, and public health improvement activities
NHHA FHA	New Hampshire Hospital Association and the Foundation for Healthy Communities: in partnership with diverse healthcare agencies, evaluates healthcare systems and provides funding for health improvement activities	Collaborates on health improvement activities and created statewide hospital working group to understand IRS CHNA guidance and link to state health department
AUNE	Antioch University New England: academic institution that partners with local organizations	Provided data analysis and evaluation for other community health improvement initiatives in the region
SWRPC	Southwest Region Planning Commission: assists municipalities on a wide range of planning activities from writing master plans to facilitating community planning processes	Developed the Monadnock Futures plan, provided transportation data, and behavioral health gap analysis, produced the Greater Monadnock Community Health Improvement Plan

C. Involvement of Public Health

The Division of Public Health at the New Hampshire Department of Health and Human Services (DHHS) established and began funding the New Hampshire Public Health Networks (NHPHN) in 2000 to improve local public health capacity throughout the state. The NHPHN was established to ensure coordinated and comprehensive delivery of essential public health services at a regional level. Even though their number and geography has changed over the years, there are currently thirteen Public Health Networks statewide; serving thirteen defined Public Health Regions that include all of New Hampshire's towns and residents. Each Public Health Network works to improve regional capacity to respond to public health emergencies to protect the lives of New Hampshire residents. Many of the public health networks are also working to address other public health issues in their communities, such as substance use disorders (SUD), childhood lead poisoning, and obesity.

Cheshire County and CMC partner to sponsor and operate the GMPHN. In addition to specific activities related to public health emergency preparedness and response, the GMPHN has primarily focused on public health system regionalization efforts. The GMPHN was actively involved in this needs assessment process. The GMPHN Program Manager participated in data gathering and analysis for this report. The Program Manager also facilitated the prioritization process with the CHNA Leadership Team and, as required by guidance for Section 501(r) of the Federal IRS code, served as a critical link to the State Public Health Department. On behalf of the region, the GMPHN Program Manager serves as a member of the New Hampshire Public Health Improvement Services Council (PHISC), the group that actively makes policy recommendations to the New Hampshire Division of Public Health Services.

D. Data Sources

The CHNA Leadership Team agreed that to properly follow and apply the equity and social determinants of health framework to the process it was paramount to collect and disseminate a standardized set of data and information.

Following this approach, the CMC Center for Population Health and GMPHN staff gathered information to develop a demographic profile of the CMC service area, presented in Section III of this document. They assessed various indicators to measure the current status of health outcomes and heath factors, shown in sections IV and V. Data was collected from the United States Census, Behavioral Risk Factor Surveillance System (BRFSS), DHHS Health Web-based Reporting Query System (WRQS), WISDOM, and other locally conducted surveys.

Depending on the geographic availability, data was assessed for either Cheshire County or the GMPHN region. While the County and GMPHN region are not an exact match for the hospital service area (see Attachment B: Hospital Service Area), the PHISC profiles confirmed that the demographic profile of the County and GMPHN region population are not statistically different from the hospital service area and can therefore serve as strong proxies for the hospital service area population.

The multiple data sources consulted are listed in Table 4 below.

Table 4: Summary of Data Sources		
Source	**Description**	**Website**
BRFSS	Behavioral Risk Factor Surveillance System is a telephone survey collected every two years regarding health-related risk behaviors, chronic health conditions, and use of preventive services.	www.cdc.gov/brfss/
Community Commons	Community Commons is a web-based platform designed to provide data from multiple sources into a comprehensive needs assessment report.	www.assessment.community commons.org/CHNA/
Healthy Monadnock	Healthy Monadnock is a community change initiative with specific indicators that are used to monitor progress.	http://www.healthymonadnock.org/
Healthy Monadnock Community Survey	The survey is a statistically valid randomized telephone survey of Cheshire County residents that assesses health behaviors, health access, health literacy, and social capital.	https://healthymonadnock.org/wp-content/uploads/2018/03/2017-HM-Community-Survey_FINAL_1.17.18.pdf
Granite State Future	Granite State Future is a state-wide process to develop comprehensive plans based upon local values and needs, to identify how we can improve our communities. Used community forum to gather input.	www.granitestatefuture.org
NHHFA	New Hampshire Housing Finance Authority provides information about the housing industry and current trends including rentals and purchases.	www.nhhfa.org/housing-data-demographics.cfm
U.S. Census Bureau	The U.S. Government provides data on people, business, and geography in cities, states, and the country.	www.census.gov/
NH Department of Education	New Hampshire Department of Education maintains an inventory of data reports and data collection on the progress of schools.	www.education.nh.gov/ data/index.htm
SWRPC	Southwest Region Planning Commission provides information on population, housing, employment, income, and taxes.	www.swrpc.org
NH DHHS	New Hampshire Department of Health and Human Services provides information on the health and well-being of residents including: behavioral health, disease and conditions, birth, death and vital statistics, etc.	www.dhhs.nh.gov/data/index.htm
WISDOM	Developed and maintained by the NH DHHS, this site compiles information from many different datasets on hundreds of health related indicators.	https://wisdom.dhhs.nh.gov/wisdom/
WRQS	NH Health Web Reporting and Query System is a web-based data analysis system that has the ability to query data and view reports about the health of New Hampshire communities.	www.nhhealthwrqs.org
CVTC	Contoocook Valley Transportation provides no-fee transportation services for people who do not have access to transportation because of age, ability, economic situation, or other limiting circumstance.	www.cvtc-nh.org
Youth Risk Behavior Survey	The YRBS is conducted biennially by the high schools in the region.	www.dhhs.nh.gov/dphs/hsdm/yrbs.htm

In addition, this CHNA builds on ongoing and existing assessments and evaluations completed over the past three years. These assessments reviewed existing data and engaged a range of stakeholders through written and telephone surveys, small focus groups, and larger community forums. These community needs assessments involved extensive community input.

In 2015, the **Monadnock Region Future Plan**, the regional component of Granite State Future (a state-wide planning process to develop comprehensive regional land use plans that are based on local values and needs, and presented with a vision for how to improve our communities) was completed. Led by the Southwest Region Planning Commission, the "Monadnock Region Future" project focused on integrated planning (land use, transportation, economic development, housing, environment, energy, community health, culture, and arts), creating a comprehensive plan that addresses community vitality, economic prosperity, stewardship, and preparedness**.** The plan provides action items for the region, be it municipalities, nonprofit organizations, businesses or others to use. For more information, the full plan can be seen at www.swrpc.org/regionalplan.

Southwestern Community Services' Community Needs Assessment: The 2015 Cheshire County and Sullivan County Community Needs Assessment capture the health, demographics, needs, and trends within 38 municipalities. Southwestern Community Services (SCS) is one of New Hampshire's five community action agencies which serve the needs of Cheshire and Sullivan county citizens. SCS's Community Needs Assessment committee conducted a multi-faceted survey during the month of March 2015. Utilizing Survey Monkey, personal e-mail, and face-to-face interviews, the committee members amassed over 400 survey responses. The top five community needs identified from this survey are, in order of most responses:

1. Substance abuse/addiction
2. Lack of mental health services
3. Lack of affordable housing
4. Lack of good paying jobs
5. Homelessness

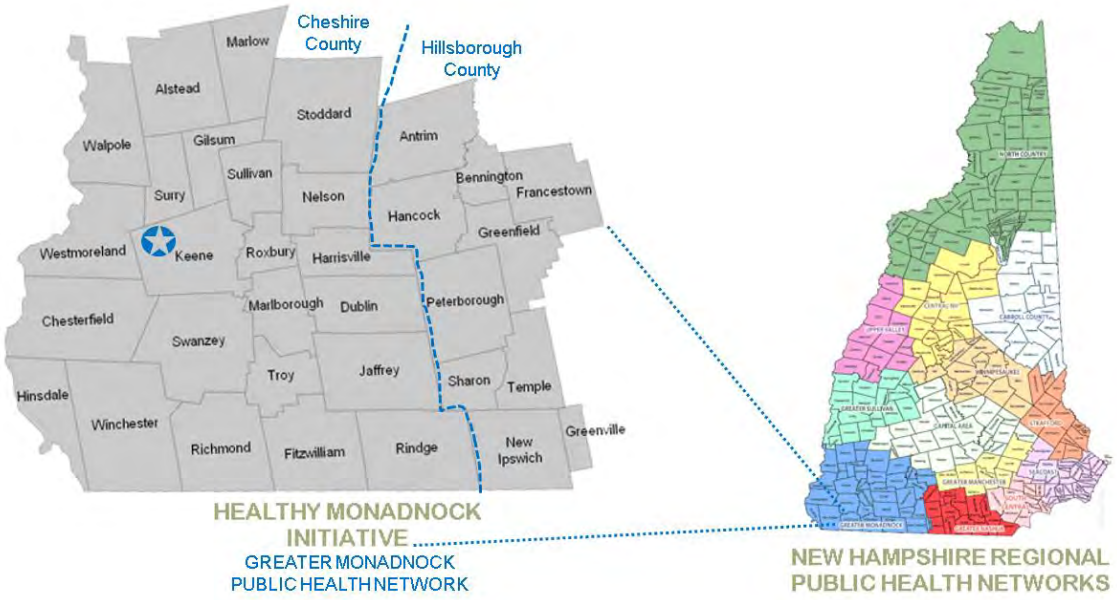
For more information, the full assessment can be seen at www.scshelps.org.

III. Demographic, Economic, Social and Environmental Wellbeing Indicators

A. Demographics

The Monadnock Region of New Hampshire encompasses the rural southwestern part of the state, bordering both Vermont to the west and Massachusetts to the south. Specifically, the GMPHN includes all 23 municipalities of Cheshire County and the 10 westernmost municipalities of Hillsborough County as shown in Figure 4 below.

Figure 4: Map of Greater Monadnock Region & Healthy Monadnock Initiative Reach



As per the United States Census (2018), a total of 108,000 people reside in 32 towns and one city, Keene, with 23,400 residents. The region's namesake, Mount Monadnock, is a 3,165-foot peak that dominates the horizon and influences the historic and cultural heritage; yet, also poses a unique geographic barrier that contributes to the various challenges faced as a community. In terms of racial and ethnic diversity, the population is 96.3% White (3% higher than NH), 1.2% Asian (1% lower than NH), with other races such as Black or African American, American Indian and others less than one percent. [3]

Compared to most of the United States, and other parts of New Hampshire, the entire region's population is aging and decreasing. As shown in Figures 5 and 6 below, 24.1% are infants and youth (0-19 years), 61.1% are 20-64 years (with 14.1% 55-64 years alone), and 14.8% are age 65 and older.[4] The higher rate of aging adults (55+ years) creates specific challenges in maintaining health.

[3] United States Census. 2018. www.census.gov/.

[4] United States Census Bureau (US Census). 2018. Cheshire County Community Facts. Retrieved October 29, 2018, from https://factfinder.census.gov/. Cheshire County is frequently used as surrogate for entire Monadnock Region due to limited data collection on the regional level.

Figure 5: Cheshire County Resident Age Distribution Estimates, 2018

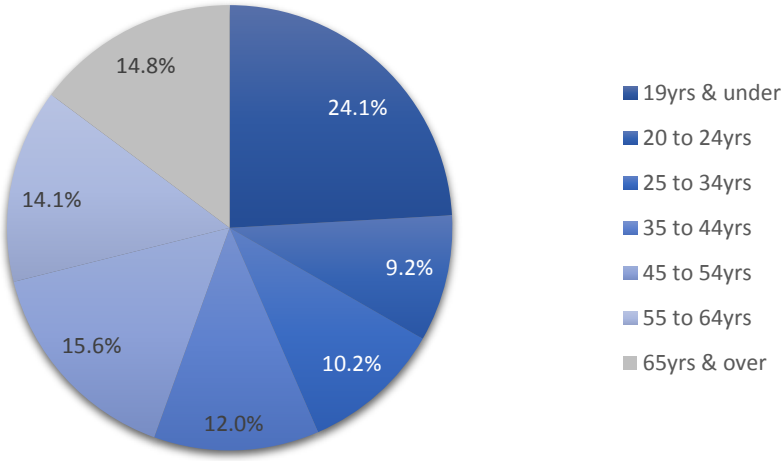
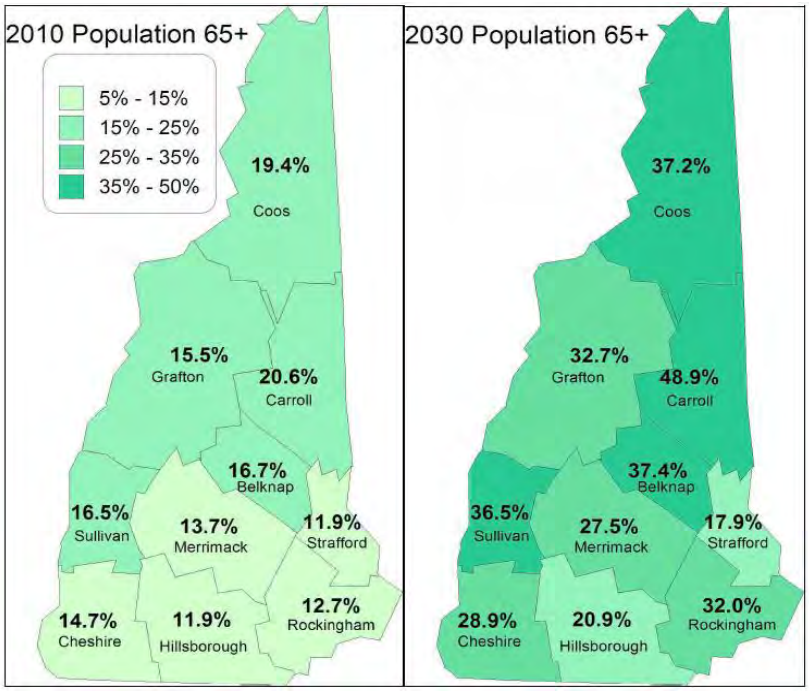


Figure 6: Aging Demographic



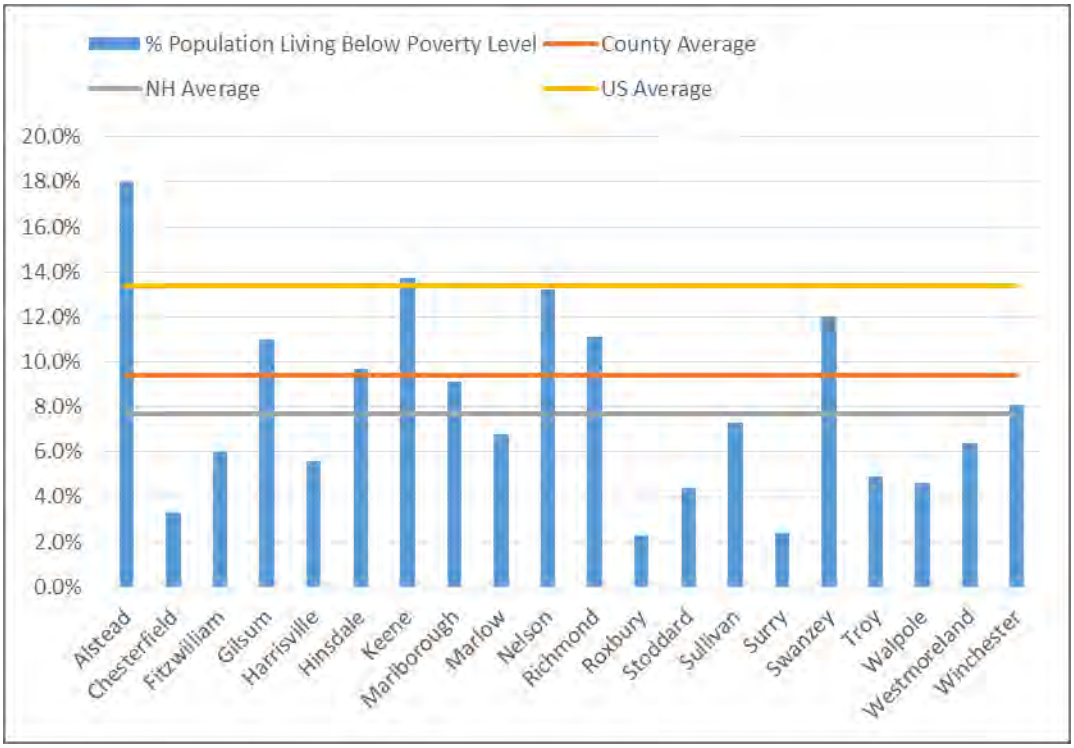
B. Income

While the State of New Hampshire's overall poverty rate is at 8.1%, Cheshire County is higher at 10.2%. Childhood poverty in Cheshire County follows the same trend, with a rate of 13.2% compared to 10% in New Hampshire. Though poverty is seen across all ethnic groups, those who are Asian (19.8%), Black or African American (21.4%), or other races (16.7%), are

disproportionately affected. Median household income is $60,148 in Cheshire County, which is $11,000 less than New Hampshire; this range varies among communities in the region.[5] Poverty is a root cause of pressing health needs in this region.

Figure 7 summarizes the percent of people living below the federal poverty level for towns in Cheshire County.

Figure 7: Population Living Below Poverty Level by Cheshire County Town, 2017



Data Source: 2013-2017 American Community Survey, 5-Year Estimates.

Cheshire County has an income inequality ratio of 4.2, which is the ratio of household income at the 80th percentile ($107,600) to income at the 20th percentile ($25,947). Income inequality within communities can have broad health impacts, including increased risk of mortality, poor health, and increased cardiovascular disease risks. Inequalities in a community can accentuate differences in social class and status and serve as a social stressor. Communities with greater income inequality can experience a loss of social connectedness, as well as decreases in trust, social support, and a sense of community for all residents. Examples of these correlations are shown in the health outcomes section of this report.

C. Employment / Unemployment

When compared to the rest of the nation, New Hampshire and Cheshire County have relatively low unemployment rates. However, seasonality of employment is important to note in New Hampshire, as the long, cold winter months reduce agricultural, leisure and hospitality, and

[5] United States Census Bureau. www.census.gov/programs-surveys/acs/. 2013-17.

construction employment opportunities by up to 30,000 jobs.[6] When taking into account the County's rural geography and underemployment rates of 6.5%, it is important to note that lack of stable or satisfying employment is correlated with poor health outcomes.[7] Examples of these correlations are shown in the health outcomes section of this report.

D. Housing

According to the United States Census American Community Surveys (ACS) 2017 one-year estimate, there are 35,633 total available housing units in Cheshire County. Of these, 29,385 (82.5%) are occupied, and 6,248 (17.5%) are vacant. Data from The New Hampshire Housing Finance Authority shows that the median cost to purchase a home in 2018 was $181,000, and the median gross monthly rent in 2018 was $985/month.

The ACS 2013-2017 five-year estimates 34.02% of households in Cheshire County are considered cost-burdened households, meaning that housing costs exceed 30% of total household income. This is a greater percentage than both the state average (32.01%) and the national average (32.04%). Additionally, the ACS for 2012-2016 found that 35.4% of occupied units in Cheshire County have one or more substandard condition, such as an incomplete kitchen facility, incomplete plumbing facilities, or lack of telephone services.

The Monadnock Region's Future process identified several important local housing issues including:[8]

- As a state, New Hampshire relies on property tax for revenue. This makes it difficult to incentivize homeowners to make improvements to their property. In addition, high property taxes can price young people out of the housing market, make it difficult for young people to move to the area, and force elderly living on a fixed income out of their homes.
- There is a local need to expand housing options and increase economic growth by repurposing buildings and encouraging mixed use of buildings. Local zoning laws create barriers to building multi-unit dwelling developments.

E. Transportation

Access to basic and essential services can be challenging if the use of personal transportation services is compromised due to age, disability, income or for other reasons. In 2017, 5.5% of Cheshire County households lacked access to a vehicle and 36% of households were "vehicle poor," having fewer vehicles than occupants.[9] Transportation challenges within the region include a lack of affordable transportation options, limited public transportation services, no weekend or evening public transportation, and limited wheelchair accessible transportation.[10]

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[6] New Hampshire Employment Security. 2018. Accessed on 12/28/18 at https://www.nhes.nh.gov/elmi/statistics/documents/ces-nsa-ytd.pdf.
[7] United Health Foundation. 2018. Accessed on 12/28/18 at https://www.americashealthrankings.org/explore/annual/measure/Underemployed/state/ALL?edition-year=2018.
[8] Granite State Future. http://granitestatefuture.org/regions/southwest-region/.
[9] American Community Survey 5-year estimates. https://factfinder.census.gov/.
[10] Southwest Regional Planning Commission. http://www.swrpc.org/trans.

The City of Keene is the only municipality in Cheshire County with a fixed route bus system. Residents living beyond the city rely on family and friends or on the several agencies and companies that provide demand response transportation services in the Monadnock Region. These are transportation services that do not run on a pre-defined schedule, but instead provide curb-to-curb, and occasionally door-to-door service using passenger vehicles or vans.

The Federal Transit Administration Section 5310 Program supports transportation for seniors and individuals with disabilities. In New Hampshire, the program is administered by the New Hampshire Department of Transportation. In the Monadnock Region, Section 5310-supported services include senior bus service, a volunteer driver program, wheelchair-accessible rides, and a shuttle to medical facilities in Lebanon, NH. Table 5 shows the number of trips that were supported between 2012 and 2017. There were 7,889 trips were supported through the program between July 1, 2018 and June 30, 2019. The top three trip purposes were medical (61% of all trips), shopping/food-related (23%), or social (12%).

Table 5: Section 5310 Purchase of Service Trends, 2012 thru 2017

State Fiscal Year	Ambulatory Trips	Accessible Trips	Total
2012	4,752	101	4,853
2013	5,878	74	5,952
2014	6,521	123	6,644
2015	7,456	95	7,551
2016	5,633	32	5,665
2017	6,695	29	6,724

Data Source: Section 5310 provider data, compiled by Cheshire County.

Although Section 5310-supported services fill an important gap in the transportation system, unmet need still exists. Section 5310 providers denied 777 ride requests, mostly due to unavailability of volunteer drivers during the same period. Although difficult to measure, additional need likely exists beyond denied trip requests. An individual, for example, may need a ride on the weekend, when service is typically unavailable, and consequently will not request a ride.

In addition to the needs outlined above, there is a lack of public transportation within the region. Further, there is none to locations outside the region, such as Manchester/Boston airports. There is not a mile of interstate highway within the region and very limited broadband and cellular connectivity, limiting linkage to the expanding digital economy.

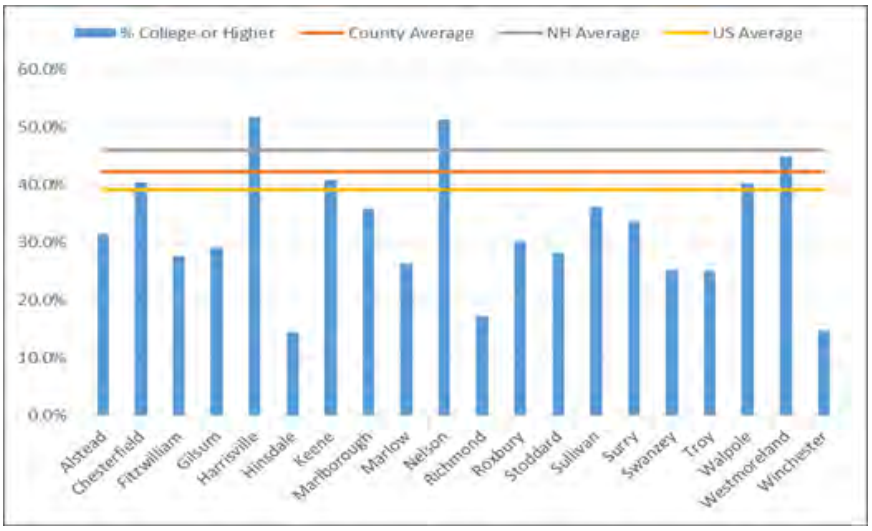
Progress has been made to improve access to affordable transportation options in the region. To date, nine municipalities have adopted Complete Streets policies, which enable safe access for all users, including pedestrians, people on bikes, motorists, and people with disabilities. Still, there continues to be a need to improve access for all users. In 2012, 5.8% of Cheshire County working residents walked to work, while only 3.4% did in 2017, a decline of over 40 percent.

From 2012 to 2017, the number of Cheshire County working residents bicycling to work remained flat, growing from 0.4% to 0.7%, a statistically insignificant change.[9]

F. Educational Attainment

In Cheshire County, there are 3,720 persons aged 25 and older without a high school diploma (or equivalency). This represents 7% of the total population aged 25 and older, which is approximately the same as the state, but is lower than the United States (12.7%).[11] Figure 8 summarizes the percent of population with a college degree or higher by town in Cheshire County. As depicted, the County has a lower percentage of the population with a college degree-or-higher than the state, but both are higher than the United States average.[12] Education above high school degree level is highly correlated with lower risk behaviors, health risk factors and improved health outcomes.

Figure 8: Percent of Population with a College Degree or Higher by Town



G. Physical Environment's Impact on Health

The health of our community is also affected by the physical environment. Climate change is making a significant impact on the environment, impacting the growing season, increasing extreme weather events, and increasing vector-borne illness to name a few. The changing climate will increase the summertime minimum and maximum average temperatures in our region. In addition, over the next 25 years the growing season will likely extend by nine to twelve days across the state. By the end of the century, the growing season is projected to be three to seven weeks longer depending on the emissions scenario. The combination of warmer temperatures, a longer growing season, and increased CO2 levels, will likely lead to more pollen in our region (Wake, Bucci & Aytur, 2014).

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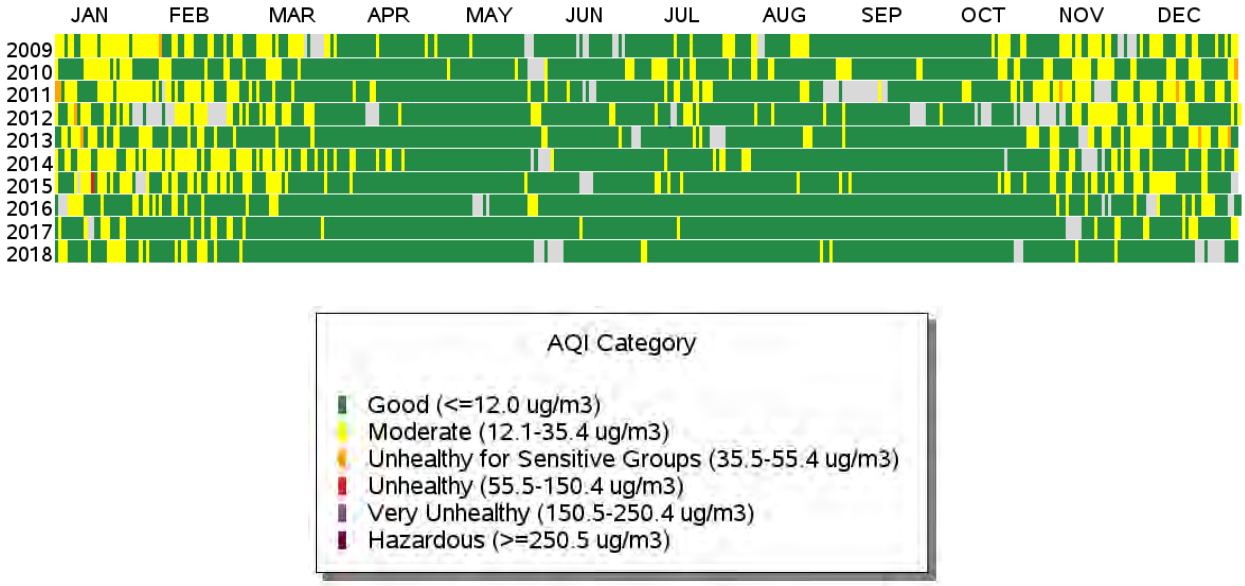
[11] United States Census Bureau. www.census.gov/programs-surveys/acs/. 2013-17.

[12] United States Census Bureau, American FactFinder, Social characteristics. 2007-2011. American Community Survey 5-Year Estimates.

Since 1970, we have seen the average annual maximum temperatures warm between 1.1 °F to 2.6 °F in southern New Hampshire. Historical data show that southern New Hampshire has experienced about 6.7 days per year over 90 °F and about one day per year over 95 °F (1980-2009). In the short term, the number of days over 90 °F are expected to increase by 4.2 days per year and 5.2 days per year under low and high carbon emissions scenarios, respectively (2010-2039). Days over 95 °F are expected to increase by 0.8 days/year and 1.2 days per year under low and high carbon emissions scenarios, over the same time period. Changes in temperature, precipitation and humidity can greatly impact the incidence, transmission, and geographic range of vector borne diseases. As our region becomes warmer and wetter, it expands the habitat that is suitable for the vector species. In addition, the warmer winters also reduce cold temperature restraints that currently limit distribution of some over-wintering pests.

An air pollutant of concern in the Monadnock Region in general, and the city of Keene specifically, is particulate matter ($PM_{2.5}$). Over the past few years there have been documented increases in $PM_{2.5}$ in the Keene area during the winter months. The NH Department of Environmental Services has targeted smoke from wood burning as a significant contributor to this issue. While the Keene area currently meets national air quality standards (AQI), there have been instances when these standards are exceeded particularly on calm, cold winter nights. $PM_{2.5}$ is linked to both respiratory and circulatory negative health impacts. Figure 9 shows that Cheshire County $PM_{2.5}$ values reached unhealthy levels during 11 days and moderate levels during numerous days between January 2009 and December 2018. These days occurred predominantly during the winter months.

Figure 9: $PM_{2.5}$ Daily AQI Values, 2009 to 2018 – Cheshire County



Data Source: U.S. Environmental Protection Agency AirData. https://www.epa.gov/air-data. Generated: October 9, 2019.

IV. Health Outcomes, Health Behaviors, and Clinical Care Indicators

As identified by information regularly gathered through the CMC Center for Population Health (CPC), there are a variety of indicators of health for which Cheshire County performs very well or for which a prior need is being addressed (See Attachment C: Center for Population Health Dashboard). The following information highlights the most currently available information from existing data sources, which show an opportunity for improvement as compared to state and/or national levels. For additional indicators of health please refer to Attachment D: Cheshire County Health Indicators Report.

A. Health Outcomes

In Cheshire County the leading causes of death and illness are similar to the State as a whole. Table 6 summarizes the percent of all deaths for the top ten leading causes as compared to the State. Heart disease, cancer, and chronic lower respiratory disease are the top three causes of death in Cheshire County.

Table 6: Top Ten Leading Causes of Death

Cheshire County, 2014	New Hampshire, 2017
1. Heart Disease	1. Cancer
2. Cancer	2. Heart Disease
3. Chronic Lower Respiratory Disease	3. Accidents
4. Accidents	4. Chronic Lower Respiratory Disease
5. Alzheimer's Disease	5. Cerebrovascular Diseases (stroke)
6. Cerebrovascular Diseases (stroke)	6. Alzheimer's Disease
7. Diabetes Mellitus	7. Diabetes Mellitus
8. Influenza & Pneumonia	8. Intentional self-harm (suicide)
9. Intentional self-harm (suicide)	9. Influenza & Pneumonia
10. Chronic Liver Disease & Cirrhosis	10. Chronic Liver Disease & Cirrhosis
Data Source: CDC National Center for Health Statistics,	

Despite the evidence that heart disease is vastly preventable through lifestyle modifications, it is the leading cause of death in both men and women in Cheshire County. In Cheshire County, the rate of death due to coronary heart disease per 100,000 population is 92. This rate is less than the Healthy People 2020 target of less than or equal to 103.4.[13]

[13] Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2013-17. Source geography: County.

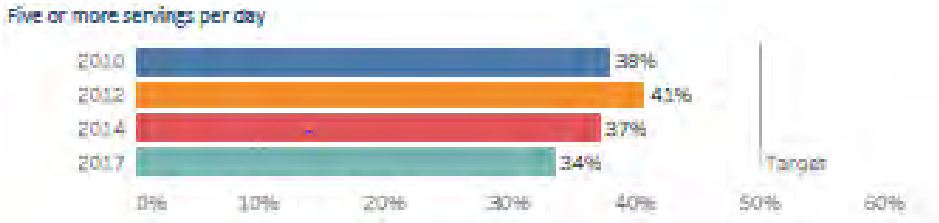
While the overall cancer mortality rate per 100,000 population in Cheshire County (150.5) is lower than the state (159.4) and the nation (158.1), cancer remains the second leading cause of death in Cheshire County. Table 8 below offers a summary of cancer rates for different types of cancer and indicates that breast (female) and prostate cancer have the highest age adjusted rates per 100,000 people in Cheshire County. Prostate and breast (female) cancer also rank as the top two most frequently occurring sites for cancer throughout the state.[14]

B. Health Behaviors

Healthy Eating and Active Living:

Dietary guidelines for Americans recommend eating at least five servings of fruits and vegetables each day. The 2017 Healthy Monadnock Community Survey indicated that the proportion of respondents who report they eat five or more combined fruit and vegetable servings per day (34%) has stayed largely stable since 2014 but remains well below the target of 50% (Figure 10).

Figure 10: Fruit & Vegetable Consumption



Data Source: Healthy Monadnock Community Survey, 2017.

The current Physical Activity Guidelines for Americans state that adults should get at least 150 minutes of moderate intensity physical activity or 75 minutes of intensive physical activity every week. In 2015, 18% of Cheshire County adults age 20 and over reported no leisure-time physical activity. This compares to 20% of residents in the state and 22% across the nation.[15] Seventy seven percent of the County's population has adequate access to parks and recreation facilities for physical activity, which compares to 91% for the United States and 87% for the state.[16]

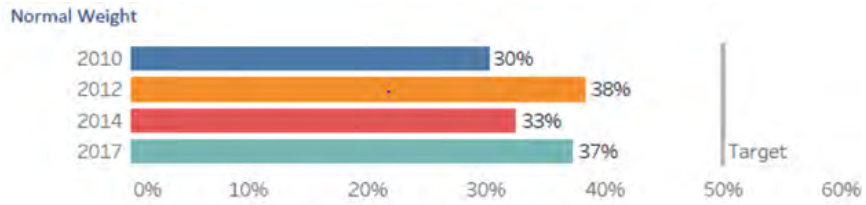
Over recent decades, the number of obese individuals in the United States has increased to an epidemic level. In 2015, 29.6% of Cheshire County's adults were obese, which was comparable

[14] Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2013-17. Source geography: County.
[15] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2015. https://www.cdc.gov/brfss/index.html.
[16] Business Analyst, Delorme map data, ESRI, & US Census Tigerline Files. 2010 & 2018.

to the national numbers (28.8%) and higher than the statewide obesity rates (27.5%).[17] All states had more than 20% of adults with obesity and in 48 states, had obesity rates of 25% or greater.

The Community Survey indicated that only 37% of respondents were within the normal weight range according to BMI, slightly higher than in 2014 (33%) but still below the target of 50% (Figure 11).

Figure 11: Body Mass Index



Data Source: Healthy Monadnock Community Survey, 2017.

Obesity is a major contributor to some of the leading causes of death in the region, including heart disease, some types of cancer, and diabetes. Being overweight is a key factor for diabetes. Without intervention, the prevalence of diabetes is expected to continue to rise due to changes in age, overall population growth, and increasing number of people who are overweight, obese, or less physically active. Diabetes is currently the 7th leading cause of death in the region.

The CPH at CMC has been working alongside community partners and providers to reduce chronic health conditions that are linked to inadequate access to healthy food and physical activity opportunities.

CMC providers began referring patients with chronic health issues, especially uncontrolled diabetes, to a program called Prescribe for Health (P4H) in January 2017. Health providers have been trained to identify and address issues around the Social Determinants of Health (SDoH) via the use of Population Health Workers (PHWs). The P4H program had 433 patient referrals and worked successfully with 349 patients with a SDoH need between January 2017 and January 2019. Seventy-percent of these patients have an annual household income of less than $20,000 per year; most have Medicare for insurance (62%), and struggle with at least two SDoH needs concurrently. Examples of the most frequently reported SDoH barriers include Healthcare Access (44%), the most frequently reported barrier, Physical Activity (36%), Financial Assistance (25%), Healthy Eating (24%), and Food Assistance (24%).

After PHWs assess the needs of each patient, they work with the patient to help remove the SDoH barrier that is in the way of their health. Once patients have met their goals and no longer require the aid of the PHWs, clinical metrics are assessed to see if the intervention improved the patients' chronic health concerns. When looking at the 71 diabetic patients who had available bloodwork and had completed the P4H program, they found that 59% of the patients had maintained or improved their blood sugar (HbA1c) levels.

[17] Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2016. Source geography: County.

Many patients have self-reported that they have been helped by their interactions with PHWs. They report feeling supported in taking the first step to address their SDoH challenges through meeting their goals of addressing those challenges with community partners as was the case with "Karen" below.

> "Karen," P4H graduate:
>
> *"I have diabetes, and my insulin is too expensive. No one has helped me before I started this program. Tracy [PHW] was so nice and worked with the hospital to get my insulin for free all year. Tracy didn't stop there – she helped me figure out how to use the Community Kitchen and get some help paying for my heat and electric. This program is so great, I tell everyone about it!"*
>
> Clinically, "Karen" has seen improvements in her blood sugar (HbA1c) by 2%.

Further, CPH began working with the Cheshire County Conservation District (CCCD) and other community partners to increase access to food at a local farmers market in 2018. This pilot project added an Electronic Benefits Transfer (EBT) machine to the market for low-income individuals. Simultaneously, CPH and the CCCD introduced the Vouchers for Veterans program that incentivized healthy eating with a $20 weekly voucher to thank veterans for their service. Fifty-seven unique veterans participated in the five-week program. Testimonials speak to the success of the pilot program:

> Michael of Chesterfield: *"Thank you for your support of vets. This gave me veggies I would not buy."*
>
> USCG Veteran Stanley of Hinsdale: *"I think this was a great idea - it helps the veterans with food and social events in my town."*

The partnership of CPH and CCCD continued through the 2019 farmer's market season, expanding to the City of Keene.

Smoking and Tobacco Use:

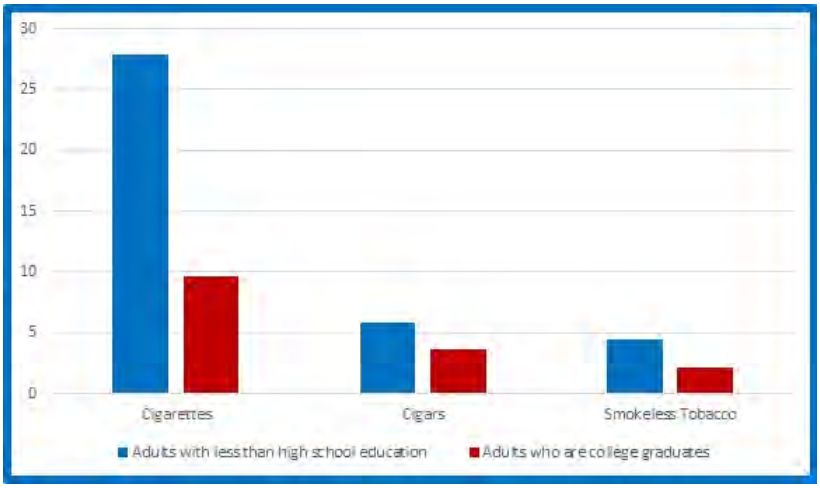
According to the CDC, tobacco use is the single most preventable cause of death in the United States. In New Hampshire, smoking results in death for approximately 1,900 individuals each year. In 2017, 15.7% of adults in New Hampshire smoked as compared to 17% in Cheshire County and 17.1% nationally.[18] The primary challenge to reducing smoking rates is the highly addictive nature of nicotine, a chemical found in all tobacco products. Tobacco use, if prevented, has huge positive implications on the health of the community. Tobacco use leads to chronic health conditions, all of which could be avoided.

Smoking rates (and many other health risks and conditions) are correlated to educational attainment and income level, so that lower incomes and less education correlate with poorer health and less healthy lifestyles. Figures 12 and 13 below show "current use" of cigarettes,

[18] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2017.

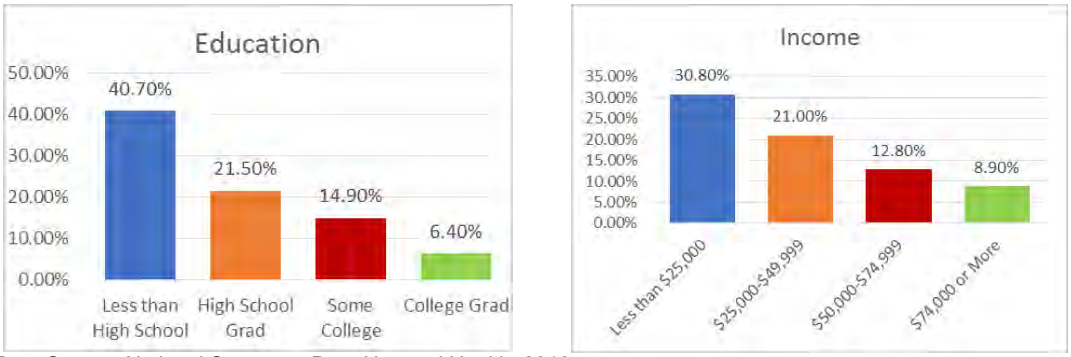
cigars, and smokeless tobacco among adults, 18 years and older, with less than high school education compared with adults who are college graduates. Current Use is defined as self-reported consumption of cigarettes, cigars, or smokeless tobacco in the past 30 days. According to the 2016 National Survey on Drug Use and Health the percentage of adults with less than high school education who smoke cigarettes is 27.9%, cigars, 5.8%, and smokeless tobacco, 4.4%. For college graduates, 9% smoke cigarettes, 3.6% cigars, and 2.1% smokeless tobacco.

Figure 12: NH Smokers by Education



Data Source: National Survey on Drug Use and Health, 2016.

Figure 13: NH Smokers by Education and Income



Data Source: National Survey on Drug Use and Health, 2016.

In 2017, 4.6% of New Hampshire adults used e-cigarettes and 1.9% used smokeless tobacco.[19] The use of smokeless tobacco among students, grades 9-12, in 2017 was 18.3%. The rate of smokeless tobacco use by youth statewide decreased slightly between 2015 and 2017. Twenty three percent of high school students in New Hampshire used electronic vapor products on at least one day in the past 30 days. Nationally the rate was 13.2%.[20] Preventing tobacco use among youth is particularly important as data shows that 80% of users start by the age of 13 and

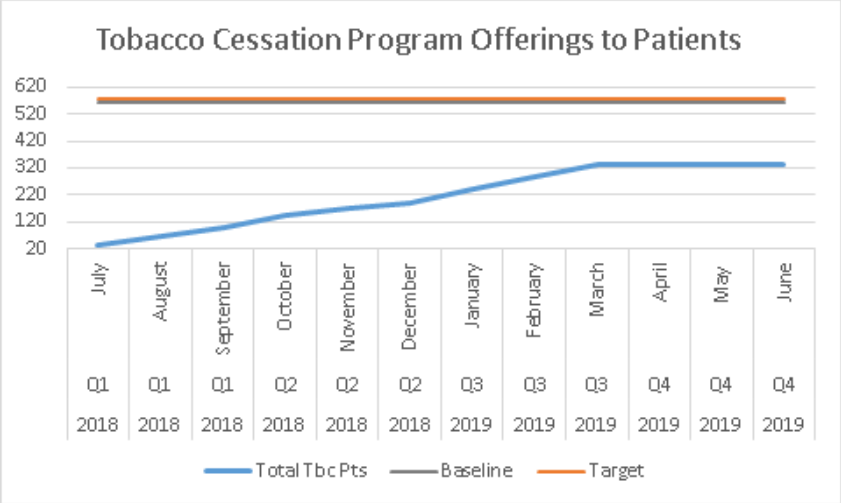
[19] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, State Tobacco Activities Tracking and Evaluation System. 2017.

[20] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2017.

99% start by age 26. According to the U.S. Department of Health and Human Services, smoking tobacco leads to disease and disability, harming nearly every organ of the body. On average adults who smoke die 10 years earlier than nonsmokers. Smoking-caused losses in work productivity use in New Hampshire accounts for more than $506.9 million per year.[21]

A full-time Tobacco Cessation Counselor at CMC is available to patients through provider referral, and frequently utilized (Figure 14). CMC's efforts to reduce smoking and create smoke free environments in the region (restaurants, rental housing units, public settings) via the convening of the Cheshire Coalition for Tobacco Free Communities support avoiding these chronic health conditions.

Figure 14: CMC Tobacco Cessation Program Offerings to Patients



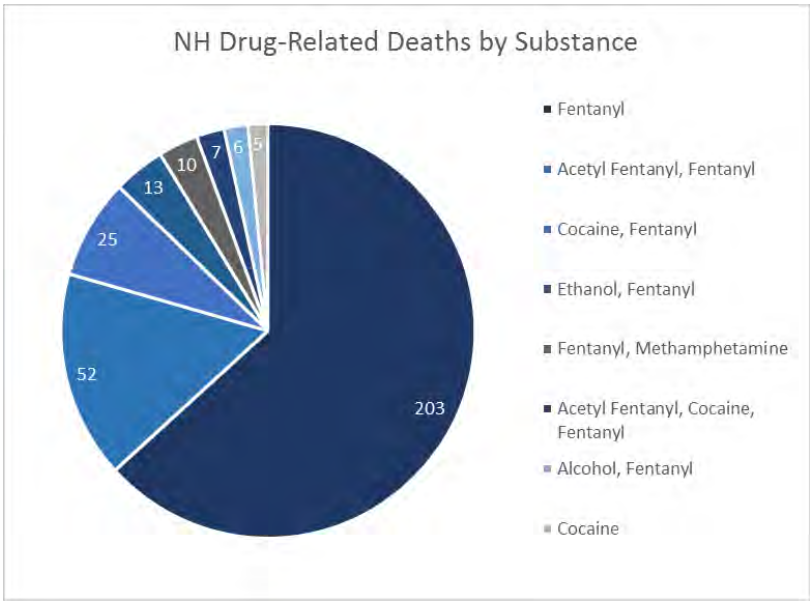
Alcohol Misuse and Other Substance Use Disorders:

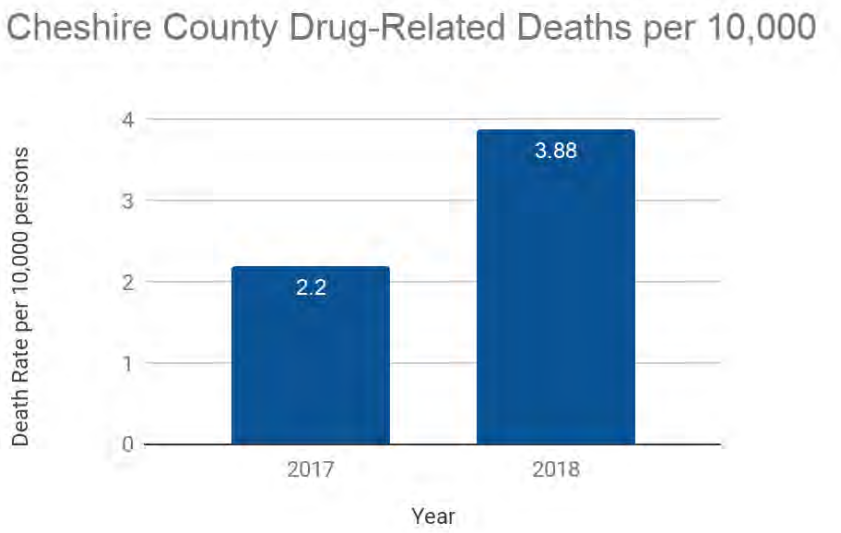
Excessive alcohol consumption and other drug misuse are some of the greatest risks to an individual or community, with both short and long term health and safety consequences. In 2016, the National Survey on Drug Use and Health reported an estimated 28.6 million Americans aged 12 or older were current (past month) illicit drug users, meaning that they had used an illicit drug during the month prior to the survey interview. Approximately 136.7 million Americans aged 12 or older reported current use of alcohol.

There has been a rapid increase in heroin and synthetic drug use in New Hampshire. In 2018, there were 488 overdose deaths in the state, representing a decrease of 3.5% from 2017.[22] There were 32 overdose deaths in Cheshire County in 2018, which represents an increase of 88% from 2017 (Figure 15 below).[23] Cheshire County was one of five counties that experienced increases in 2018, while the remaining counties experienced decreases.

[21] Campaign for Tobacco-Free Kids, Toll of Tobacco in the United States.
[22] Centers for Disease Control and Prevention. 2014.
[23] NH Drug Monitoring Initiative. 2018. https://www.dhhs.nh.gov/dcbcs/bdas/data.htm.

Figure 15: NH and Cheshire County Drug-Related Deaths





The Youth Risk Behavior Survey is conducted biennially by the high schools in the region. The following data was provided by the NH Department of Health and Human Services who manages the data for the state. As can be seen from this data, substance use continues to be a significant concern in the Monadnock region. While New Hampshire is ranked as one of the healthiest states in the country, rates of substance use are among the worst nationwide. Table 7 below includes some key findings from the combined data collected from the schools in the region that are involved in this project.

Table 7: Youth Risk Behavior Survey 2017

Percentage	YRBS Survey Topic Area
18%	Of students use electronic vapor products
19%	Of students were offered, sold, or given drugs on school property
31%	Of students had at least one drink of alcohol on one or more of the past 30 days
13%	Of students started drinking before age 13 (of those drinking)
8%	Of students smoking smoked their first cigarette before age 13 (of those smoking)
17%	Of students had 5 or more alcoholic drinks in a row on one or more of the past 30 days
25%	Of students used marijuana at least once on one or more of the past 30 days
14%	Of students took prescription drugs without a doctor's prescription one or more times during their life
16%	Of students rode in a vehicle driven by someone who had been drinking alcohol during past 30 days
6%	Of students used cocaine at least once
34%	Of students lived with someone with a drug or alcohol problem
21%	Of students have purposely hurt themselves without intending to die in past year
8%	Of students have attempted suicide at least once in past year
30%	Of students attempting suicide needed medical treatment for their injuries

Data Source: Monadnock Alcohol and Drug Use Coalition.

Monadnock Region partners are collaborating to address behavioral health (mental health and substance use disorders) issues with a multi-pronged strategy that involves education and development of new services. When asked about all health access concerns in the 2017 Community Survey, behavioral health and substance use disorders (SUD) swept the top four concerns of eleven potential responses.[24] The GMPHN Substance Misuse Prevention Coordinator and Youth Program Coordinator lead primary prevention education efforts. Interventions include: public film screenings with follow-up discussion panels, people with lived experience sharing their stories about SUD treatment and recovery with small community groups, presentations in schools and other community venues, and resiliency focused programming in local schools. In addition, the hospital established a multi-disciplinary internal group representing many departments to develop an overall approach and guiding principles regarding SUD by honing in on Controlled Substance Management in the electronic medical records. This led to identifying and implementing new staff education priorities.

Secondary and tertiary prevention efforts are underway through a new Behavioral Health Provider Network that brings together the hospital, the community mental health center (Monadnock Family Services), a local substance misuse treatment facility (Phoenix House), and

[24] Healthy Monadnock Community Survey (2017). The Survey Center - University of New Hampshire. Adapted by the Center for Population Health at Cheshire Medical Center (2017). Retrieved on October 10, 2017, from The UNH Survey Center. Region-wide telephone survey on social determinants of health.

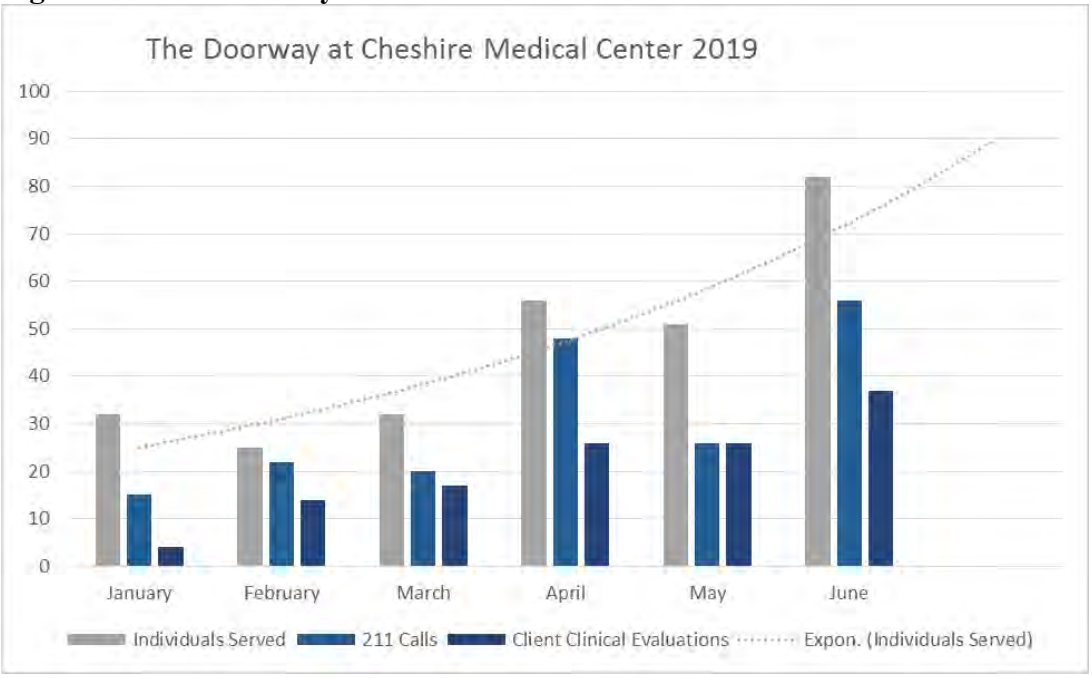
a community recovery program (Keene Serenity Center). In the first year of this Health Resources and Services Administration (HRSA) network implementation grant, agreements were signed to align intake processes and expand the integration of staff from one partner organization on-site at another organization's facility. Additionally, an intensive regional Narcan training and distribution effort for community members and first responders is underway. The GMPHN Continuum of Care Coordinator leads these efforts. From 2015 to 2018, we held 75 regional addiction education events and provided 1,263 Narcan kits to help save lives of those struggling with opioid addiction.[25]

Tertiary prevention strategies are also being used to address behavioral health. Mothers in Recovery is a service at CMC, started in 2016 for pregnant and postpartum women with opioid addiction. Pregnant women are provided Medication Assisted Treatment (MAT) as part of their prenatal and postpartum care. Individual and group counseling and parent education sessions with the children are held weekly. Twenty-two women and their children have been served by the Mothers in Recovery program since 2017. The hospital is expanding the capacity of its primary care providers to provide MAT to other patients struggling with opioid addiction. An agreement was developed between the hospital and the Cheshire County Drug Court program so that Drug Court clients can have access to MAT by the hospital's primary care staff.

With the aid of federal grant funding, the NH Department of Health and Human Services has introduced 'The Doorway-NH program,' a hub and spoke model designed to transform the system serving individuals with a SUD and provide coordination between local treatment and support services beginning on January 2, 2019. Nine locations strategically placed throughout the state ensure help will be less than an hour away for New Hampshire residents. The Doorways (hubs) connect individuals seeking treatment to available services in their region (spokes), and provide case management throughout a client's treatment and recovery. The Doorway also works with local resources to help address things like housing, family supports, employment, and health insurance. In the first six months, The Doorway served 278 individuals, and provided 124 Client Clinical Evaluations (Figure 16 below). The Doorway at CMC is staffed by a director/clinician, two licensed clinicians, a peer recovery support worker, and an administrative assistant. In addition to serving individuals and families, The Doorway has helped to improve the management of behavioral health and SUDs in the hospital as well as the community as a whole.

[25] Neilson N & Goshea C, Greater Monadnock Public Health Network.

Figure 16: The Doorway Services



Emergency Preparedness:

A critical element for protecting the public's health is being prepared to prevent, respond to, and rapidly recover from natural, accidental, or intentional public health threats. Preparedness efforts are instrumental in assuring that community partners are aware of their potential risks in the region and have the appropriate public health emergency response plans to address the needs of their community. With the ease of transportation across the globe, outbreaks in other parts of the world are of concern here. Recent outbreaks of Zika, for example demonstrate the importance of early communication and prevention efforts to ensure the safety and wellbeing of the residents of the Monadnock Region.

Public health threats and natural or manmade disasters can have direct and indirect impacts on the health of individuals and communities. While these impacts vary depending on the event type and its severity, potential resulting health problems could include physical or emotional trauma, acute disease, increased morbidity and mortality, chronic stress, increased potential for disease transmission, and the risk of epidemic outbreaks of communicable diseases. Although public health emergencies and natural disasters do not discriminate, some events might affect certain populations disproportionately:

- Children
- Elderly populations
- Persons living below poverty level
- Individuals with limited English proficiency
- Persons with disabilities
- Individuals experiencing homelessness

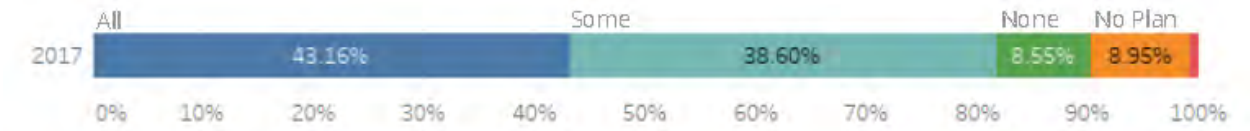
Results from the 2017 Community Survey indicated that there is work needed for emergency preparedness awareness in the Monadnock Region. Survey results revealed some differences between demographic groups in levels of emergency preparedness. Respondents aged 65 and older, those with a household income below $15,000, and retirees are most likely to believe that, in the event of a major disaster in their community, first responders would arrive within 1 hour (Figure 17).

Figure 17: Anticipated Time for First Responders to Arrive - By Demographics

Data Source: Healthy Monadnock Community Survey, 2017.

Looking at personal preparedness in the region, 82% (n=448) of respondents say they have all or some of the following items in their emergency preparedness plans: at least two days of food and water, a flashlight, a portable radio and spare batteries, emergency phone numbers, and a meeting place for family members in case of evacuation (Figure 18). There was little variance by sex, income, or homeownership for this, which could indicate that folks do have necessary items to make it through an emergent situation.

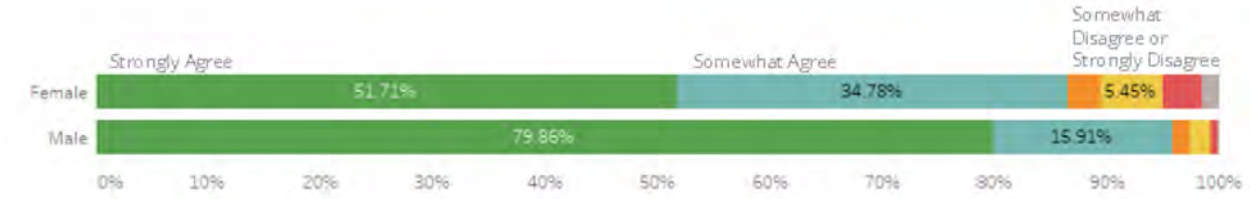
Figure 18: Items in Emergency Plan



Source: Healthy Monadnock Community Survey, 2017.

Another aspect of preparedness includes personal resiliency. In the same survey, female respondents in the region are least likely to say they strongly or somewhat agree that they are confident they could deal efficiently with unexpected events (Figure 19).

Figure 19: Agreement in Confidence to Deal with Unexpected Events - By Sex



Data Source: Healthy Monadnock Community Survey, 2017.

With an Emergency Preparedness Coordinator staffed by the GMPHN housed at CMC, priority is given to working with the citizens of the regions, towns, educational institutions and

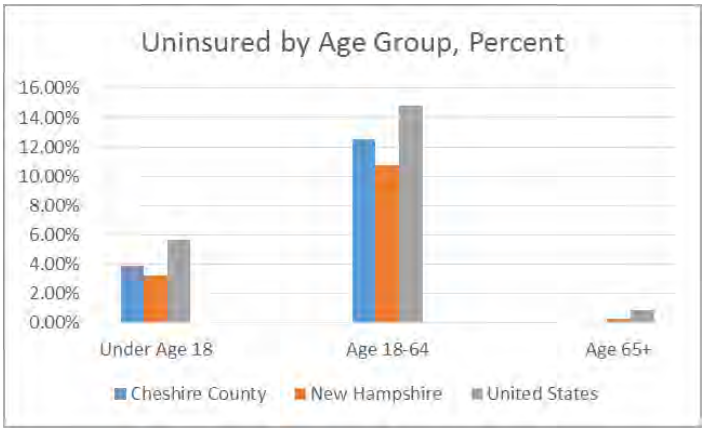
businesses to create, adapt, and test our regional all health hazard preparedness and response plan. During 2018 and 2019, CMC staff and GMPHN members partnered to implement the Building Resilience Against Climate Effects (BRACE) Project. As part of the project, pilot workshop interventions were offered with the aim to influence participant behaviors before, during, and after severe weather events. The pilot workshop interventions increased collaboration in the area of emergency preparedness and helped to build capacity to conduct future workshops through the creation of ready-to-use materials and through the recruitment and training of workshop facilitators.

C. Clinical Care

Access to Care:

In general, insurance coverage in New Hampshire (92.55%) is better than the nation (89.5%). In Cheshire County, 8.54% (five-year average from 2013-2017) of the population is uninsured. When focusing on the adult population, age 18 to 64, the percent uninsured rises to 12.53%. The overall percent of uninsured adults is slightly higher than the state percent of uninsured of 10.75%.[26] As a safety net provider, CMC provides services to all residents of Cheshire County regardless of ability to pay. CMC provides staffing supports to assist residents of the region to access care; including assistance to local, state, and federal resources. The staff helps individuals determine eligibility for health insurance, medication assistance, and a variety of entitlement programs. The CMC patient insurance profile includes 28.4% of persons with Medicare, 61.7% commercial insurance, 7% Medicaid, and 2.9% uninsured (Figure 20).

Figure 20: Uninsured Population Comparison by Age



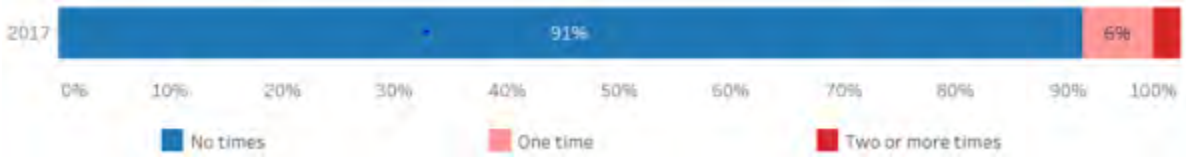
Having insurance is a strong indicator of access to health care, but access can be limited by the number of available primary care providers. People who are underinsured is an increasing challenge for many people. Among people insured for a full year, 29% were underinsured in 2018, up from 17% from 2016. Underinsured is defined by those whose out-of-pocket costs or deductible comprise 5% to 10% of their income.

[26] United States Census Bureau, American Community Survey. 2013-17.

In Cheshire County as of 2014, the rate of primary care providers per 100,000 population is 72.6. This is lower than the State rate of 102 and the national rate of 75.8.[27] When asked if they had a personal doctor, 87.7% of Cheshire County residents responded yes.[28]

When asked: "How many times have you or another adult in your household needed or wanted medical care for a routine physical exam or checkup in the past 12 months but did not or could not get care for any reason?", most 2017 Community Survey respondents indicated that there were no times that this happened (91%). 9% indicated there was at least one time that they could not get routine care (Figure 21).

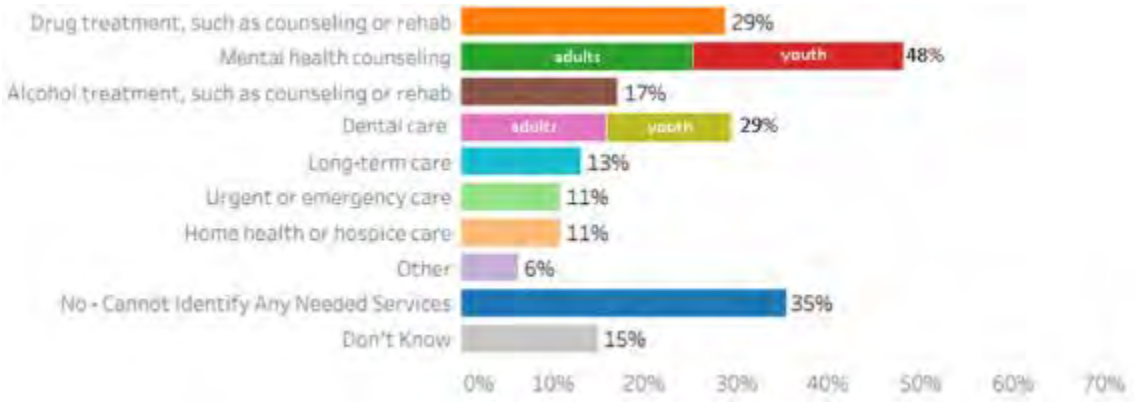
Figure 21: Healthcare Access



Data Source: Healthy Monadnock Community Survey, 2017.

As shown in Figure 22, when asked what services to their knowledge are unavailable or inadequate to meet the needs of their community, almost half of respondents indicated the need for mental health counseling (youth and adult), and drug treatment and dental care were close behind (29% each).

Figure 22: Access to Mental Health and Community Services



Data Source: Healthy Monadnock Community Survey, 2017.

Oral health is an important part of overall health and poor oral health has been associated with acute and chronic disease.[29] In Cheshire County 25.8% (averaged from 2006 -2010) of adults had not had a recent dental exam. This compares to 23.14% across the state and 30.2%

[27] US Department of Health & Human Services, Health Resources and Services Administration, US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2014.
[28] Healthy Monadnock Data Dashboard. 2016.
[29] New Hampshire State Health Profile, p. 40. 2011.

nationally.[30] As indicated by 2017 Community Survey respondents those with a household income below $15,000, and those who are divorced or separated are most likely to say dental care for adults and youth is unavailable or inadequate to meet the needs of their community. CMC has a long history of prioritizing oral health for adults and children in the region, supporting school-based screenings, the traveling adult dental service, and supporting a local non-profit dental practice.

Prevention Screening:

Prevention screening allows for early detection of disease and early treatment if necessary. Low rates of preventive screening in a community may indicate a lack of knowledge about prevention services, lack of access to preventive care, poor outreach from providers, or other social barriers such as transportation to care.

Table 8: Medical Screenings

	Cheshire County	New Hampshire	United States
% of female's enrolled in Medicare received Mammography in past 2 years	68.8%	69.5%	63.2%
% of female's who receive regular Pap Test (age adjusted)	77%	79.5%	78.5%
% of adults 50 and older had a sigmoidoscopy or colonoscopy (age adjusted)	66%	69.7%	61.3%
% of adults 18-70 never been screened for HIV	68.83%	69.02%	62.79%
% of adults aged 65 or older who received a pneumonia vaccine	70.5%	72%	67.5%
% of adults enrolled in Medicare who have had hemoglobin A1c tested in past year – Diabetes Management	89.6%	90%	84.6%
% of adults who report not taking necessary high blood pressure medication	27.9%	23.8%	21.7%
% of adults who haven't visited a dentist in the past year	25.8%	23.1%	30.2%

Data Source: Community Commons: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. Source geography: County.

[30] Community Commons CHNA Cheshire County Summary. 2016.

Disease Management:

Having diabetes is concerning in part because it carries a high cost. According to the 2011 New Hampshire State Health Profile, the average health care cost per person with diabetes is $11,744 per year compared with $2,935 for a person without diabetes.[31] The percentage of people diagnosed with diabetes in New Hampshire was 8.4% in 2017.[32] In 2016-2017, the adult rate of diabetes was 11.5%. An analysis of 40,000 primary care visits in 2018 at CMC identified 4,188 patients (10%) diagnosed with Type II diabetes. As noted earlier in Table 6, diabetes is the seventh leading cause of death for both Cheshire County and the state.

Having hypertension/high blood pressure can lead to heart disease. Yet hypertension can most often be managed through medications, diet and exercise. In Cheshire County, 27.6 % of people have high blood pressure. This is higher than the percent of people throughout the state (26.2%) and lower than the nation (28.16%).

Table 9: Prevalence of Various Diagnoses

	Cheshire County	New Hampshire	United States
Asthma	11.2%	14.7%	13.4%
Depression (Medicare Population)	17.9%	18.1%	15.4%
Diabetes	7.4%	8.09%	9.11%
Heart Disease	4.4%	3.9%	4.4%
High Blood Pressure	27.6%	26.2%	28.16%
High Cholesterol	34.39%	39.15%	38.52%
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County.			

Due to the increasing number of aging residents in and around the Monadnock Region, CMC's Department of Cardiology has recently developed a strategic plan to care for the unique needs of an older population. It is known that older patient populations tend to be at higher risk for Cardiovascular Diseases, with a prevalence over 20% for those 65 years and older.[33] Projections for 2020 indicate that 35% (27,466 out of 77,653 people) of the Cheshire County population alone will be over the age of 55 years, whereas this age group will only make up 29% of the population nationwide.[34] With three full-time Cardiologists on staff serving upwards of 115,000-160,000 patients in the service area, CMC will be adding one to two more Cardiologists to meet the needs of the aging population.[35]

[31] New Hampshire State Health Profile, p. 79. 2011.

[32] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2017.

[33] Chronic Disease Surveillance Pages. Vermont Department of Health: Division of Health Surveillance. May 2019. https://www.healthvermont.gov/sites/default/files/documents/pdf/HS_1305_Data_Pages_081816.pdf.

[34] State of New Hampshire State and County Population Projections. NH Office of Strategic Initiatives. 2016. https://www.nh.gov/oep/data-center/documents/2016-state-county-projections-final-report.pdf.

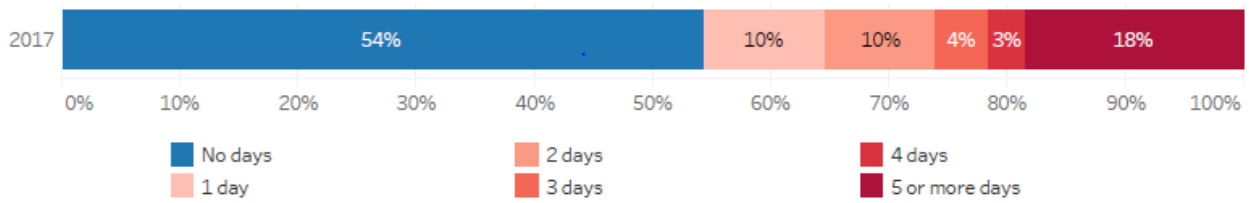
[35] C.St. John & K. Johnson. 2017. Cardiology Needs Assessment at Cheshire Medical Center.

Behavioral Health:

Behavioral Health covers the full range of mental and emotional well-being; it is an essential part of a person's overall health, as it affects how we think, feel, and act. Behavioral health includes mental disorders, such as depressions, bipolar disorder, schizophrenia, and Alzheimer's disease, as well as a person's ability to cope with normal life stresses, work productively, and make a contribution to his/her community. According to the 2017 National Survey on Drug Use and Health, nearly one in five U.S. adults live with a mental illness (46.6 million in 2017).[36] In 2016, 16.5% of U.S. youth aged 6-17 experienced a mental health disorder (7.7 million people).[37]

2017 Community Survey respondents reported not having any days in which their mental health was not good, but 18% report their mental health was not good for five or more of these days (Figure 23).

Figure 23: Number of Days Mental Health Was Not Good In 30 Days



Data Source: Healthy Monadnock Community Survey, 2017.

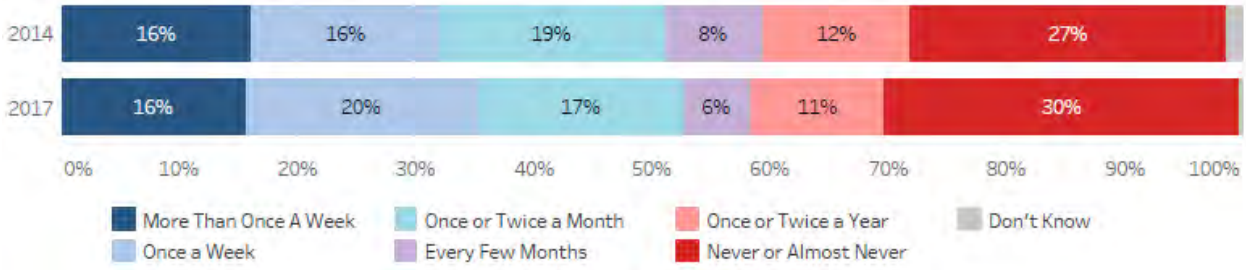
Mental illness is associated with increased occurrence of chronic diseases. For example, a 2018 review of all CMC primary care visits identified 4,188 patients with Type II diabetes and 10% of them a major depressive disorder or general anxiety disorder. In Fiscal Year 2017, 5% of all 21,349 Emergency Department (ED) visits at CMC were by patients with a chief complaint of a psychiatric or behavioral health issue—a 3.6% increase from the previous year. Major depression and suicidal ideation were the top two chief psychiatric/behavioral health diagnoses among the ED patients at CMC. Among the ED patients who present with a psychiatric/behavioral health chief complaint, there are many who revisit the ED for behavioral health care. In the Monadnock Region, Monadnock Family Services reported an 87% increase in adults served between 2007 and 2014. Despite this increase in demand, budget cuts and lack of public awareness have caused a decrease in available services. In 2009, the NH Department of Health Human Services Hospital Discharge Data Collection System showed that the Monadnock Region experienced significantly higher mental health discharges than the overall state.

According to the 2017 Community Survey, 16% of respondents participate in groups (such as social groups, religious or spiritual groups, self-help groups, charity, public service, or community groups) more than once a week, 20% do so once a week, and 17% do so once or twice a month. Six percent of respondents say they participate in a group every few months, 11% do so once or twice a year, 30% never or almost never participate in groups, and less than 1% don't know or are unsure. Responses were broadly similar to those given in 2014. This

[36] National Institute on Mental Illness. 2017. https://www.nimh.nih.gov/health/statistics/mental-illness.shtml.
[37] JAMA Pediatr. 2019 Apr 1;173(4):389-391. doi: 10.1001/jamapediatrics.2018.5399.

indicator is relevant because social and emotional support is critical for navigating the challenges of daily life as well as for good mental health (see Figure 24 below).

Figure 24: Participation in Groups



Data Source: Healthy Monadnock Community Survey, 2017.

The Monadnock Region is the only designated Mental Health Region, of 10 regions statewide, with no inpatient behavioral health beds. CMC closed its 24 bed inpatient mental health unit in 2016, and subsequently saw a 3.6% rise in ED boarding for chief complaints of psychiatric or behavioral health in 2017. These patients average 36.5 hours in the ED with many waiting days for admission to an acute psychiatric care facility.[38]

In response, the hospital created an inpatient behavioral health consult team (psychiatric APRN and social workers) that is available in the ED or on other inpatient units. This consult team assists about 60 patients per month with behavioral health matters while in the hospital facility and with discharge strategies for these patients. Another psychiatric APRN was added last year to provide consult services for patients receiving primary care through CMC. This primary care consult service is assisting many elderly patients who experience more confusion or dementia as they age. In addition, the hospital and community health center are starting new primary care practices co-located within the community mental health center to improve access for behavioral health patients.

V. Selected Healthy Monadnock Activities and Results

A. Healthy Monadnock Marks 10-Year Milestone

In 2017, the Healthy Monadnock (HM) initiative celebrated its 10th year as an ever-evolving community engagement initiative. The initiative was designed to foster and sustain a positive culture of health throughout the Monadnock Region.

Transition in Leadership

In 2017 and 2018 the Healthy Monadnock Initiative underwent a leadership change to align its oversight and coordination with the then Council for a Healthier Community and the work of the

[38] Hubner C & LaFrance S (2018). Chief Complaint - Psychiatric/Behavioral Issue. Cheshire Medical Center emergency department data from fiscal years 2016 & 2017.

Greater Monadnock Community Health Improvement Plan (CHIP). In 2018, the Council for a Healthier Community (CHC), the Public Health Advisory Council (PHAC) for the region, was renamed the Leadership Council for a Healthy Monadnock (LCHM) and became the oversight body for HM. The current HM oversight body, the Healthiest Community Advisory Board, was invited to stay meaningfully engaged by joining either the Evaluation Committee of the PHAC or the full membership of the LCHM.

Alignment of Community Health Improvement Initiatives

The strategic move of combining the oversight group for the CHIP and HM was a critical move for our community to maximize and accelerate collaboration and progress. Once the oversight groups were aligned stakeholders realized the strategic directions needed to be aligned as well. The next critical move came in 2019 when the LCHM Executive Committee adopted the Greater Monadnock CHIP as the strategic direction and guiding document for the initiative. The population health priorities for the region became clearer to stakeholders as a result of these strategic realignment efforts. While CMC has its own improvement plan as an organization, we will continue to provide leadership, support and alignment with larger community health improvement efforts in the region.

Cheshire Medical Center Community Pillar Success Metrics

The Community Pillar of the CMC Strategic Plan lists two success metrics: 1) strategic plan for HM completed, and 2) sustainable community leadership for HM established. With the completion of the above leadership and organizational changes, CMC has successfully accomplished these two metrics. The Greater Monadnock CHIP is now the strategic plan for HM and the Executive Committee of the Leadership Council for a Healthy Monadnock is now the community leadership for HM.

B. Community Health Improvement Results

The Center for Population Health Metrics Dashboard is included in Appendix C for the period July 2018 to June 2019. Selected HM outcomes are presented below.

- In June 2017, the Center for Population Health (CPH), as the convening body for both HM and the Leadership Council, hosted a backbone training session, which was the launching pad to move the CHIP from a planning document into an action and outcomes document. During this training all CHIP Priority Area leads were invited to learn and practice Community of Solution skills. This term, Community of Solution skills, comes from the work the CPH has been involved in with the Robert Wood Johnson Foundation and the Institute for Healthcare Improvement over the years. The Community of Solution skills are a set of five skill domains that we believe, if practiced with fidelity, will lead to behaviors that will accelerate community health improvement and create a culture of health.

- The CPH was awarded a grant from the Institute for Healthcare Improvement to be one of 18 communities in Spreading Community Accelerators through Learning and

Evaluation (SCALE) 2.0. As part of SCALE 2.0 the CPH in alignment with Healthy Monadnock is working with six other communities, both inside and outside of the Greater Monadnock Region, to spread the Community of Solution Skills as well as improvement science tools to help accelerate and evaluate population health improvement work in new ways. This project is directly connected to the 100 Million Healthier Lives initiative which is a global version of our local HM initiative. The goal of this work is to improve well-being for all while keeping a focus on equity and continuing to have tough conversations and find those who are not yet thriving. Through the grant we have been able to train hundreds of New Hampshire residents on the Community of Solution skills and provide opportunities to learn and practice improvement science.

CMC also conducts a community survey every three years. The HM Community Survey was first conducted to identify gaps in Cheshire county-level data, especially those seeking an understanding of residents' behavior and attitudes regarding various Social Determinant of Health topic areas. In the past, the survey was mainly used internally at CMC for the CHNA, and externally for the HM indicators.

The CPH at CMC, decided to do a critical review of the questions in January, 2017, seeing what was still relevant. The process involved a thorough review of validated questions and national and state data frequency (i.e., from American Cancer Society), and a move toward more frequent data collection, as well as more locally relevant data (as opposed to state-wide). A few items came up during the review to target for improvement:

- If CMC serves the whole region, CMC should measure the whole region. The area of data collection moved from Cheshire County only to the entire Greater Monadnock Public Health Network.
- If CMC is moving towards a collective impact approach—based on the Community Health Improvement Plan and Healthy Monadnock goals—with the Priority Area Workgroups, CMC should ensure many of them are represented in the survey in order to collect some primary data on them. The Priority Area Workgroups are listed in Section V below.

A subsequent review in 2019 led to the removal of indicators that were no longer relevant and addition of new indicators. The new indicators are: Youth who Don't Vape, Youth who Don't Drink, and Physical Inactivity.

The 2017 Community Survey was conducted to understand Monadnock Region residents' behavior and attitudes regarding their community, personal and public health, social connectivity, emergency preparedness, and transportation practices.

Key Findings include the following:

1. Local Community & Monadnock Region: The vast majority of respondents describe their community as an excellent, very good, or good place to live, but the proportion who feel this way remains below the HM target. Respondents are divided on what would do the most to improve their community; affordable housing and the availability of better jobs are the two most frequently cited developments.

2. Healthy Eating: Consumption of fruits and vegetables has remained largely steady since 2014. However, the number of respondents who say they eat two or more fruit servings, three or more vegetable servings, and five or more combined fruit and vegetable servings per day remains below the HM target.

3. Social Connections & Leisure, Recreational, and Cultural Activities: Most respondents say they feel a sense of community with others in their local neighborhood. Respondents report visiting recreational spaces at similar levels to 2014. The proportion of respondents who have had friends over to their home at least once a month or volunteered over the past twelve months has declined since 2014 and both indicators are below their targets.

4. Transportation: Respondents report making more trips in the previous 24 hours than they reported in 2014. Ten percent of all trips used alternative transportation practices, unchanged since 2014.

5. Personal Health Status: Eighty two percent of respondents describe their health as good or better, slightly lower than in 2014. Thirty seven percent of respondents fall within the BMI normal weight range, nearly matching the highest proportion of any previous year. Both remain below the HM target.

6. Mental Health & Community Health Services: Just over half of respondents report not having any days in the past 30 in which their mental health was not good, but 18% say their mental health was not good for five or more of these days. Very few respondents report anyone in their household or themselves being unable to get medical attention for a sickness, an illness, a physical exam, or a check-up. Respondents most frequently cite treatment for drug or alcohol abuse and mental healthcare for adults or youth as services in their community that are unavailable or inadequate.

In 2017, the CPH at CMC began to measure programmatic metrics with more fidelity. The CPH moved away from the traditional scorecard and moved towards creating a dashboard-style infographic with run charts in order to better align with hospital continuous quality improvement efforts.

Table 10 summarizes indicators that are currently meeting or exceeding CPH targets.

Table 10: Meeting/ Exceeding CPH Target
Maintained 80% engagement rate (partner representative presence at meetings) in BHPN meetings
Increase monetary and in-kind (space, resources, people) allocation from to support CHIP workgroup implementation
The number of full Council representatives reached 51
Reduction in patients denied or delayed in Med Assist program
Increased new or renewed signed commitments of organizational champions from baseline of 60 commitments to 65 commitments

VI. Priority Community Needs

A. Prioritization Process

To guide the process, the CHNA Leadership Team followed published guidelines on principles for community health needs assessment and prioritization:

1. Multi-sector collaboration that supports shared ownership of all phases of community health improvement, including assessment, planning, investment, implementation and evaluation.
2. Proactive, broad, and diverse community engagement to improve results.
3. Define the community wide enough to allow for population-wide interventions and measurable results, and include a targeted focus to address disparities among subpopulations.
4. Maximum transparency to improve community engagement and accountability.
5. Use of evidence-based interventions and encouragement of innovative practices with thorough evaluation.
6. Evaluation to inform a continuous improvement process.
7. Use of highest quality data pooled from, and shared among, diverse public and private sources.

The CHC, in collaboration with the Healthy Monadnock Initiative, has actively been working alongside CMC to work to improve the quality of life of residents in the Monadnock Region. In 2015, CHIP Priority Areas were identified by the community. In the summer of 2016, the CHC made the decision to help move the work of the CHIP forward by recruiting partner organizations and community volunteers to become members of the CHIP Priority Area Workgroups. The active CHIP Workgroups are as follows:

- Behavioral Health
- Substance Misuse
- Tobacco Use
- Access to Healthy Food and Active Living
- Emergency Preparedness
- Healthcare Access

The CHIP Workgroups attended a training in June 2016 to learn a core set of skills and tools to enable them to make the identified Priority Area goals and objectives actionable under the framework of Collective Impact. The LCHM formally adopted the CHIP in June 2019 as their strategic direction, thus reducing redundancies in the various community health improvement efforts and maximizing collective impact.

The CHNA Leadership Team prioritization efforts were driven by the CHIP workgroups. Input was gathered via a survey in order to ensure that all voices were reflected and to ensure that the equity and Social Determinants of Health (SDoH) framework is integrated in the implementation of strategies and interventions.

The Patient and Family Advisory Council (PFAC) is engaged to ensure that a broad cross section of the community that could reasonably represent the diversity of our community and our most

vulnerable populations, is represented in the selection, implementation and review of CHIP Priority Areas and interventions. The PFAC was established in 2015 as a way to enhance the delivery of healthcare to patients, families and the community. The PFAC seeks the patient and family perspective to promote a culture of patient and family centered care and provides an avenue for the voice of the patient. The PFAC does this by providing a mechanism for the community to work in partnership with hospital staff to promote safety, high quality care and positive patient and family experiences. The goals of the PFAC are:

- To promote and support culturally sensitive patient and family centered care.
- To expand the voices of patients and families.
- To identify opportunities for improving the patient and family experience.
- Advise on policies and practices to support patient and family-centered care.
- Establish a multicultural and diverse generational membership.

B. Community Priorities

As mentioned above, the CHIP is now the guiding document for community health improvement efforts in the Monadnock Region. The 2019/2020 CHIP requires that equity and SDoH must be at the forefront of any project, program, policy, or environmental change in the community.

In 2019, the CMC Board of Trustees adopted the following Diversity and Inclusion Resolution:

> *BE IT RESOLVED, that the Board of Trustees of the Cheshire Medical Center recognizes a commitment to diversity and inclusion as a priority for this organization and the adherence to the principle of* ***health equity*** *across our campus and its satellite locations. The Board endorses and supports this priority for our employees, patients and the community that we serve.*

The CHNA Leadership Team surveyed CHIP workgroups to rank which social determinant and accompanying equity lens category impacts their priority area the most. The results were used to ensure that the equity and SDoH framework is embedded within each of the Priority Areas.

Specific CHIP Priority Areas are described below.

Behavioral Health

A diverse group of stakeholders came together monthly to determine the scope of this priority area and, as a group, identified two high level strategies:

- Improve the behavioral health literacy of the region's citizens by illuminating the systemic roots and complicating factors of mental health conditions and coordinating a comprehensive array of educational efforts aimed at increasing knowledge, support, and access to care.
- Address the systemic roots and complicating factors of mental health conditions by supporting and promoting effective efforts among regional leaders and community members that address the improvement of mental health.

Substance Misuse

A passionate group of stakeholders decided to focus on young adult binge drinking and other related substance use disorders (SUD) as the data and gaps analysis identified that is a need in this area. The group has prioritized raising awareness as well as educating young adults on their perception of risk. This group has targeted establishments such as bars as well as the general population.

Tobacco Use

The Cheshire Coalition for Tobacco Free Communities decided to focus their work on a campaign called "Tobacco 21" which has been successful in other parts of the country in raising the legal age to purchase tobacco products from 18 to 21 years old. So far there has been success in the City of Keene in raising the age to purchase tobacco to 21. There are other towns that are in favor of changing their town ordinances as well. It is possible for New Hampshire to make a statewide change for this effort and, if that is the case, this workgroup will identify other region-wide activities to participate in that lead to increased protective factors and decreased risk factors of youth, and folks of all ages, becoming addicted to tobacco.

Access to Healthy Food and Active Living

This priority area has focused on equity and access to food. There are now over 13 access points in the region for folks using SNAP benefits to access local produce at farm stands, farmers markets, and through CSA shares. This priority area focus has helped to create two access points in the region for veterans to access local food through a free vouchers program during the month of September. This workgroup is looking to continue work being done at both worksites and schools to help improve food access systems and environments.

Emergency Preparedness

This priority area is focused on personal and family preparedness. A recent community survey indicated that community members believed that in the case of a large scale natural disaster they would receive help in only a few hours. In our rural community with limited first responders, we sadly know this is not the case. With a committed group of professionals and our data informed next steps, this group is working on a campaign to educate the public on how to be better prepared should the need arise.

Healthcare Access

This priority area is focused on transportation as a piece of healthcare access that needs more support in our rural region. Some of the work they are doing is with the Community Volunteer Transportation Company (CVTC) who recruits, trains, and provides stipends to volunteer drivers who work throughout the region to provide transportation to those in need. This group is looking to raise awareness about the barrier of transportation as well as expand the services of CVTC to better serve the needs in our region. This will also provide additional benefits to some

residents such as social connection while they build a relationship with CVTC drivers and possible other riders.

Successful strategies and activities from the current implementation plan should be continued and integrated in ways that the six areas mentioned above are prioritized. Some of those strategies and activities related to improved access to care, improved coordination and communication between services and those actions and activities that translate into continued support for organizations engaged on health improvement.

The community health needs identified in this CHNA provide the basis for the development of the CMC Implementation Strategy required by Federal IRS code Section 501(r).
Such plan should prioritize an approach based on impacting the Social Determinants of Health and apply strategies that allow leveraging the community benefits investments to achieve true population health improvement.

Attachment A: Leadership Council for a Healthy Monadnock Members 2019

Name	Sector Representation	Organization
Rev. Jamie Hamilton	Faithbased	All Saints Church
Amy Deavitt	Non-Profit	American Cancer Society
George Tremblay	Education & Childcare	Antioch University New England
Cathy Gray, CEO	Education & Childcare	Cedarcrest
Chris Coates, County Administrator	Government	Cheshire County
Suzanne Bansley, Grants Manager	Government	Cheshire County
Amanda Littleton, District Manager	Government	Cheshire County Conservation District
Alison Welsh, Project Director	Government	Cheshire County Drug Court
Dennis Calcutt, Project Director	Government	Cheshire County System of Care
Shawn LeFrance, VP Pop Health	Healthcare	Cheshire Medical Center
Anne Marie Warren	Community member	Citizen
Bob Meissner, Jr.	Community member	Citizen
Cassandra Stanton	Community member	Citizen
Marylouise Alther	Community member	Citizen
Michelle Babineau	Community member	Citizen
Senator Jay Kahn	Community member	Citizen
Kendall Lane, Mayor	Town	City of Keene
Don Caruso, Medical Director	Healthcare	Cheshire Medical Center
Sandie Phipps, VP, Philanthropy & Community Relations	Healthcare	Cheshire Medical Center
Karen Hatcher, Executive Director	Community Org.	Cornucopia Project
Michael Coughlin, Chief Executive Officer	Healthcare	Crotched Mountain Rehab
Ellen Avery, Executive Director	Social Service	Contoocook Valley Transportation Company
Stephen Hoffman. DMD/ED	Healthcare	Dental Health Works
Mary Lee Greaves, RN	State	Department of Health & Human Services – Keene
Lee Potter, Program Director	Education & Childcare	Franklin Pierce University-Head of Health Services
Phil Suter, President	Business	Greater Keene Chamber of Commerce
Susan Ashworth, Director	Healthcare	Home Healthcare, Hospice & Community Services
	Education & Childcare	Impact Monadnock
Travis Kumph, Current President	Business	Jaffrey Chamber of Commerce
Helene Mogridge, Chief Executive Officer	Education & Childcare	Keene Family YMCA
Josh Meehan, Executive Director	Housing & Sheltering	Keene Housing Authority
Liz Chipman, Executive Director	Social Service	Keene Kids Collaborative
Jessica White	Community Org.	Keene Serenity Center
Jocelyn Desmarais Goldblatt	Community Org.	Keene Serenity Center
Cameron Tease, Executive Director	Senior Org	Keene Senior Center
Tiffany Mathews, program manager	Education & Childcare	Keene State College
Melinda Treadwell, Interim President	Education & Childcare	Keene State College
Sarah Johnston, Project Director	Social Service	MADAC
Gary Barnes, Executive Director	Mental/Behavioral Health	MAPS
Cindy Bowen, Executive Director	Social Service	Monadnock at Home
Russ Armstrong, Vice Chair of Board	Social Service	Monadnock at Home
Robin Christopherson, Executive Director	Social Service	Monadnock Center for Violence Prevention
Roy Baldwin	Faith-based	Monadnock Christian Ministries
Marianne Ferguson, Executive Director	Social Service	Monadnock Collaborative
LeeAnn Clark, Philanthropy & Community Relations	Healthcare	Monadnock Community Hospital
Mary-Anne Wisell, Dir. of Operations	Social Service	Monadnock Developmental Services
Phil Wyzik, Chief Executive Officer	Mental/Behavioral Health	Monadnock Family Services
Heather McKernan, Editor	Media	Monadnock Ledger-Transcript
Peter Starkey	Social Service	Monadnock Peer Support Agency
Liz LaRose, President	Social Service	Monadnock United Way
Janis King	Social Service	Monadnock Worksource
Robert Gillis	Social Service	Monadnock Worksource
Daniel Prial	Social Service	National Center for Appropriate Technology
Kathy Boss	Community Org.	Peterborough Food Pantry
Amelie Gooding	Substance Use Treatment	Phoenix House
Mary Drew, Executive Director	Social Service	Reality Check & Team Jaffrey
	Education & Childcare	SAU 29
Jen Seher, Program Director	Social Service	ServiceLink
Erika Alusic-Bingham, Program Manager	Social Service	Southern NH Services
Tim Murphy, Executive Director	Community Leadership	Southwest Regional Planning Commission
Beth Daniels, Senior Director	Social Service	Southwestern Community Services
Melissa Gallagher, Executive Director	Social Service	The Grapevine
Margaret Nelson, Executive Director	Social Service	The River Center
	Social Service	Touchstone Farm
Andrew Maneval, EMD	Town	Town of Harrisville
	Town	Town of Peterborough

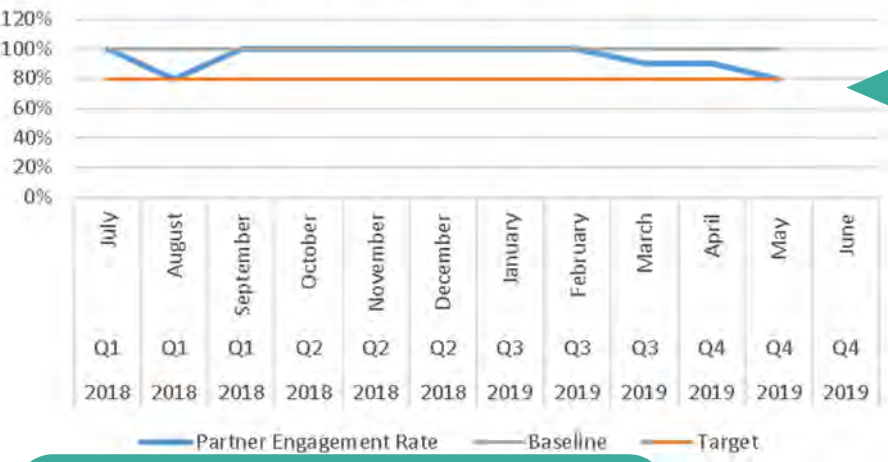
Attachment B: Hospital Service Area

Town	Zip Code
Acworth	03601
Alstead	03602
Chesterfield	03443
E. Swanzey	03446
Fitzwilliam	03447
Gilsum	03448
Harrisville/Chesham	03450
Keene	03431
Marlborough	03455
Marlow	03456
Nelson/Munsonville	03457
Richmond	03470
Roxbury	03431
Spofford	03462
Stoddard	03464
Sullivan	03445
Surry	03431
Swanzey	03431
Troy	03465
Walpole	03608
Westmoreland	03467
W. Chesterfield	03466
W. Swanzey	03469
Winchester	03470

Cheshire Medical Center
Dartmouth-Hitchcock
Center for Population Health

Attachment C:
Center for Population Health Programmatic Metrics
July 2018 - June 2019

Behavioral Health Partner Network



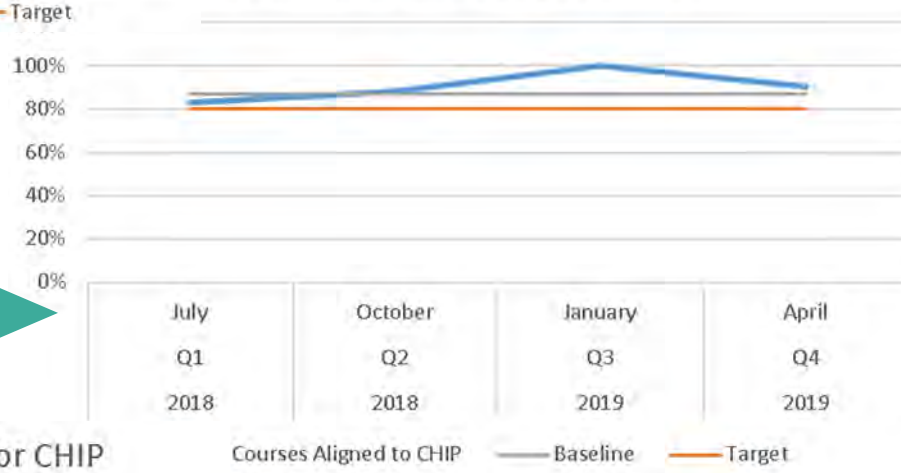
By June 30, 2019, maintain 80% engagement rate (partner representative presence at meetings) in BHPN meetings.

GOAL: Met

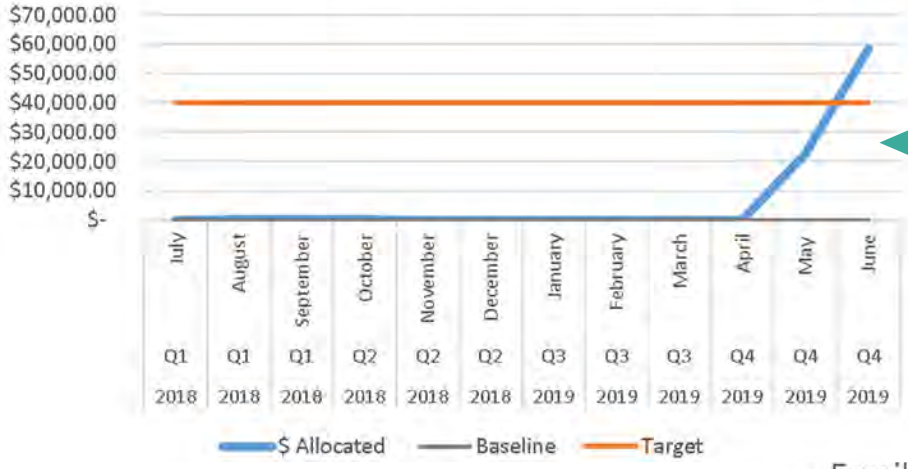
Community Health Education

By June 30, 2019, ensure that 80% of community education courses align with CHIP priority areas, Advanced Care Planning, and/or the presenter will be a CMC/DH provider.

GOAL: Met



Community Partner Funds Allocated for CHIP



By June 30, 2019, increase monetary and in-kind (space, resources, people) allocation from $0 to $40,000 to support CHIP workgroup implementation.

GOAL: Exceeded

Family Resource Counselor Applications

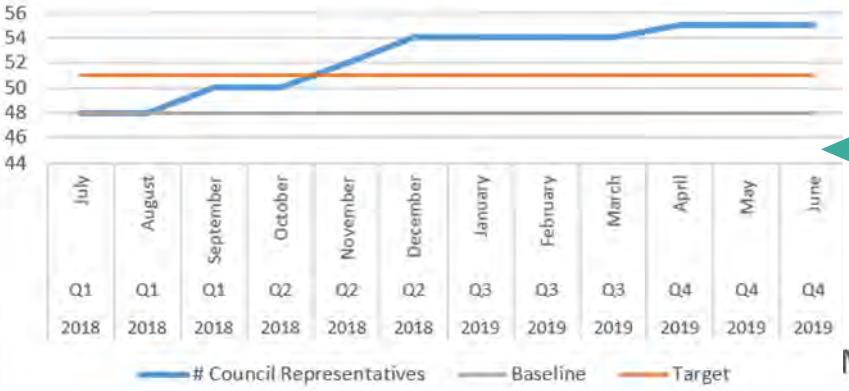
By June 30, 2019, sustain the number of completed applications to an annual completion rate of 265 applications (baseline: 265).

GOAL: Met

Cheshire Medical Center
Dartmouth-Hitchcock
Center for Population Health

Center for Population Health Programmatic Metrics, July 2018 - June 2019

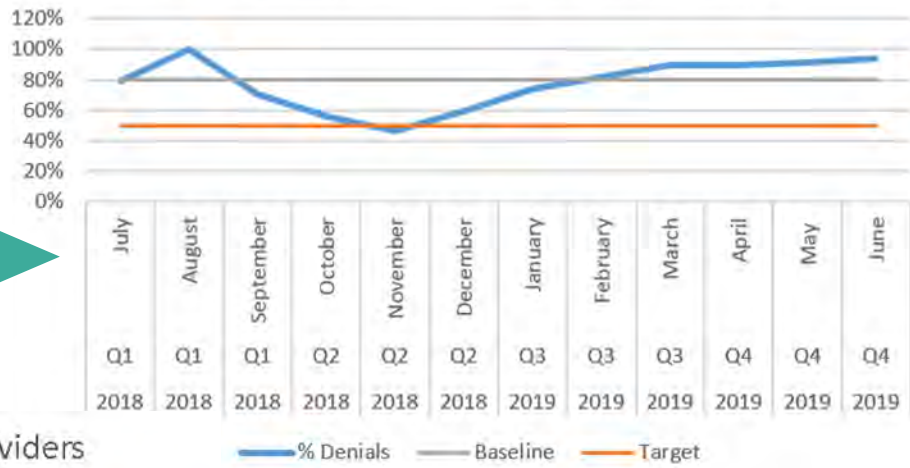
Leadership Council for a Healthy Monadnock Membership



By June 30, 2019, the number of full council representatives will reach 51 (baseline:48 members).

GOAL: Exceeded

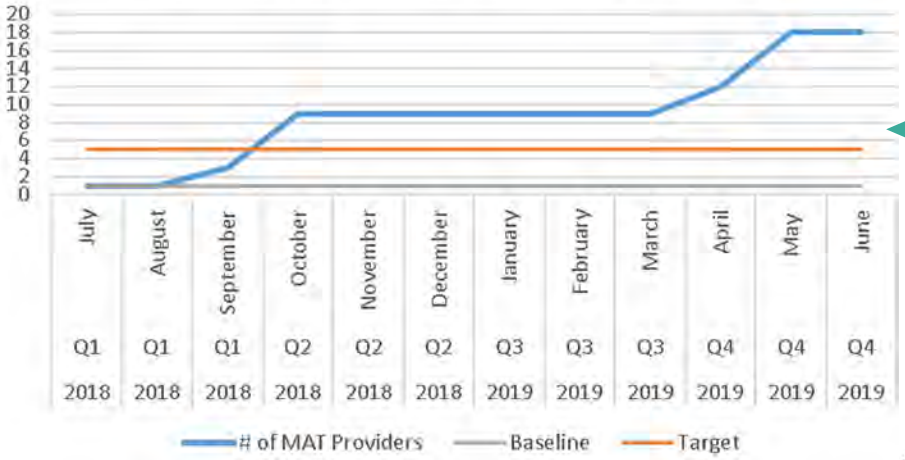
Med Assistance Patient Denials or Delays



By June 30, 2019, see a 30% reduction in patients denied or delayed in Med Assist program (baseline 80%).

GOAL: Not Met

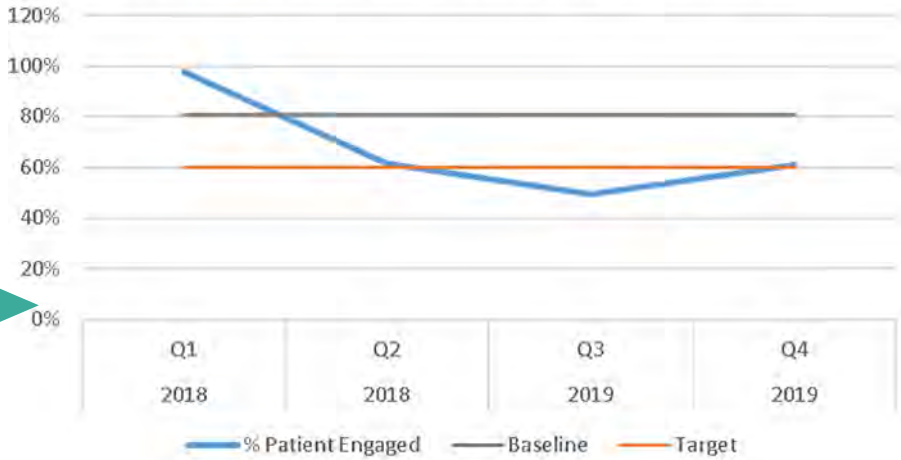
Medication Assisted Treatment Providers



By June 30, 2019, increase the number of providers offering MAT from 1 to 5.

GOAL: Exceeded

Prescribe for Health Patient Engagement Rate



By June 30, 2019, sustain the proportion of engaged patients at 60% (baseline: 81%).

GOAL: Met

Cheshire Medical Center
Dartmouth-Hitchcock
Center for Population Health

Center for Population Health Programmatic Metrics, July 2018 - June 2019

Patient Assessments at the Doorway

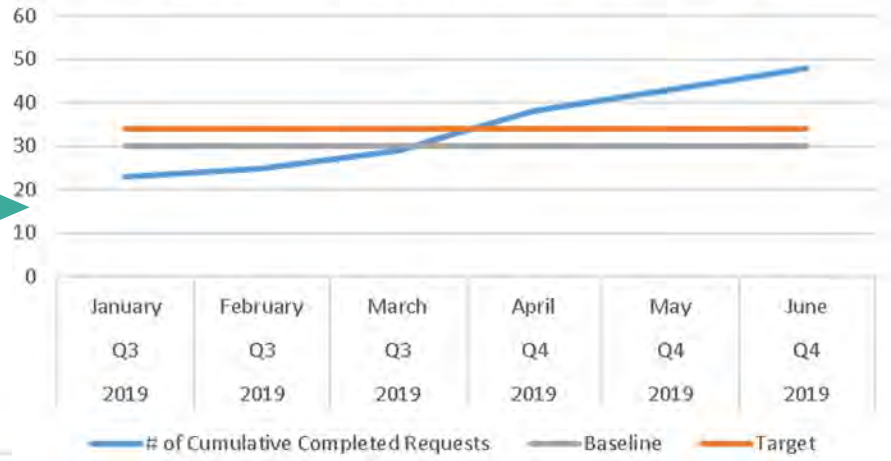
By June 30, 2019, complete 25 patient ASAMs (patient placement assessments; baseline: 0).

GOAL: Exceeded

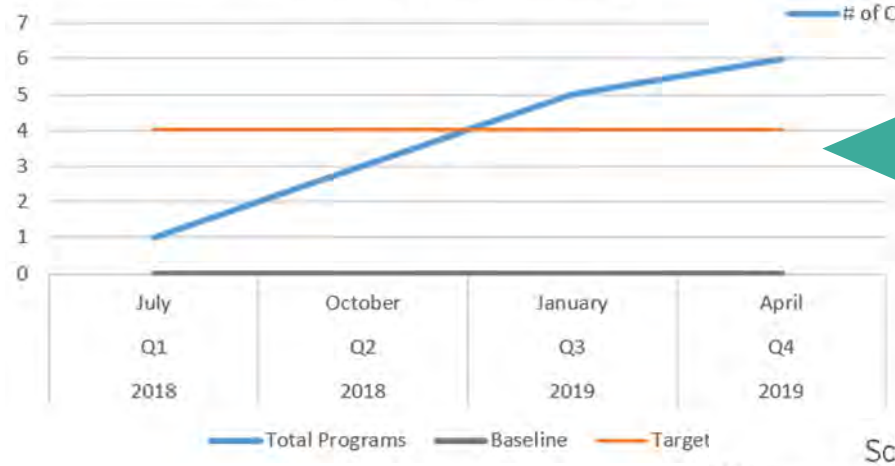
Requests Completed by Population Health Epi

By June 30, 2019, complete 24 epidemiology-specific requests for (January through June 2019).

GOAL: Exceeded



Resiliency Programming



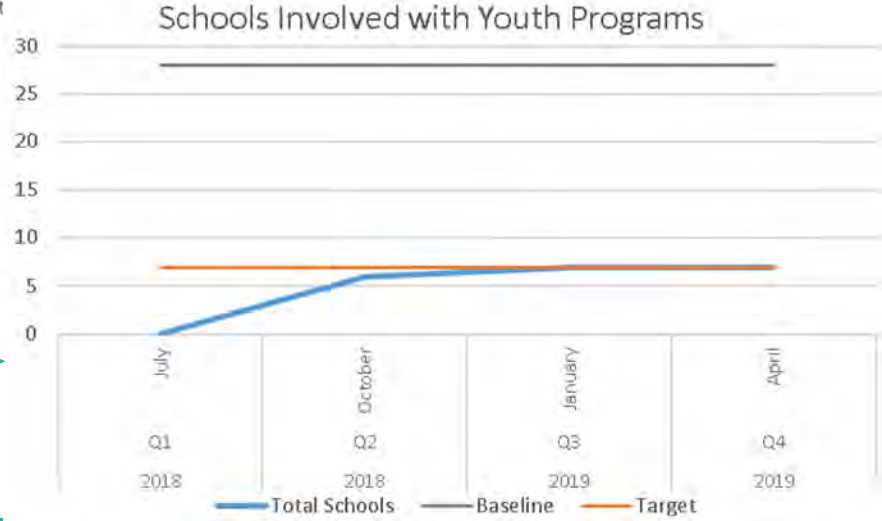
By June 30, 2019, have 4 staff resiliency and well-being project/program per year, to be implemented at least once per quarter.

GOAL: Exceeded

Schools Involved with Youth Programs

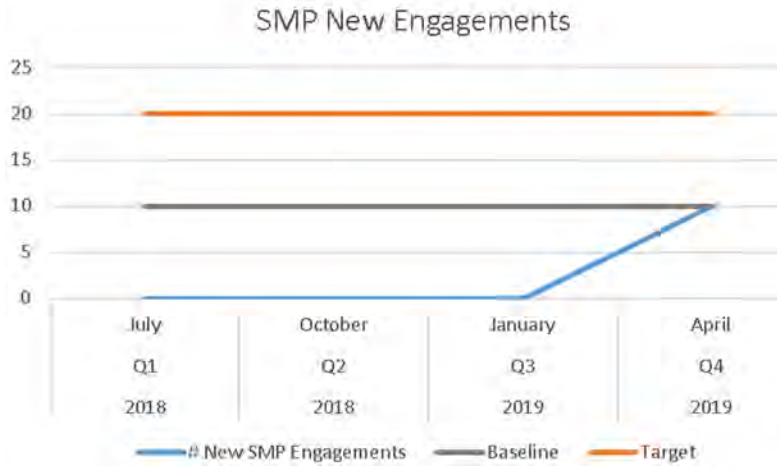
By June 30, 2019, develop 7 new school champion organizations (Baseline: 28, June 2018) (about 2 per quarter).

GOAL: Met



Cheshire Medical Center
Dartmouth-Hitchcock
Center for Population Health

Center for Population Health Programmatic Metrics, July 2018 - June 2019

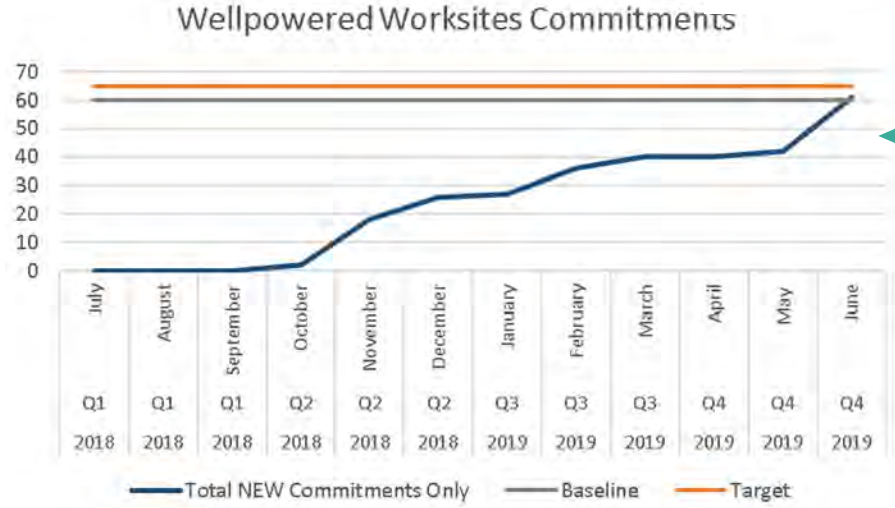


By June 30, 2019, increase new Substance Misuse Prevention engagements from 10 to 20 (5 per quarter).

GOAL: Met

By June 30, 2019, increase tobacco cessation program offerings from 47 to 48 patients per month (baseline: 566; goal: 575 patients).

GOAL: Not Met

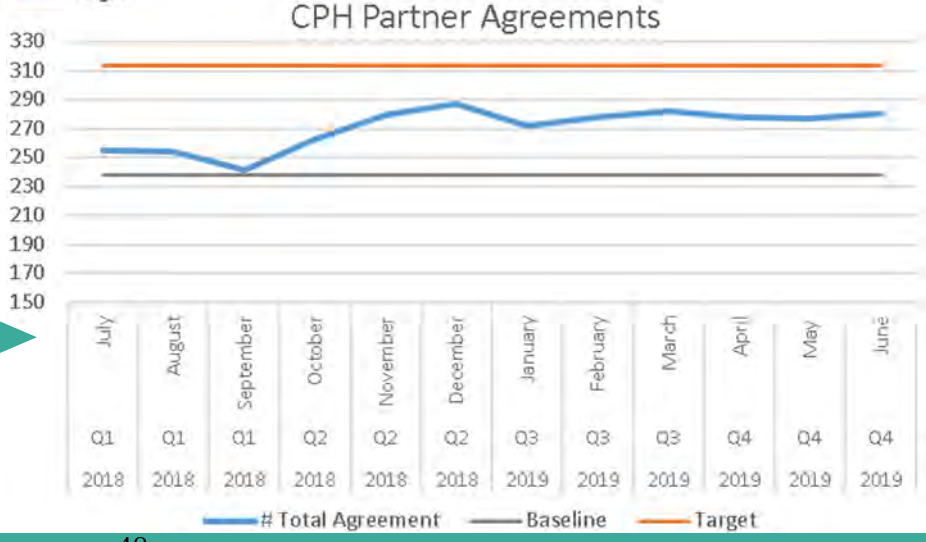


By June 30, 2019, increase new or renewed signed commitments of organizational champions from baseline of 60 commitments to 65 commitments.

GOAL: Not Met

By June 30, 2019, develop new 75 written agreements with external organizations to support population health priorities.

GOAL: Not Met



Attachment D:
Cheshire County Health Indicators Report

Location

Cheshire County, NH

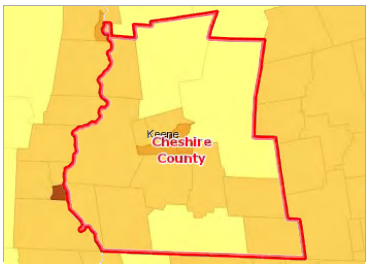
Demographics

Total Population

A total of 76,109 people live in the 706.70 square mile report area defined for this assessment according to the U.S. Census Bureau American Community Survey 2013-17 5-year estimates. The population density for this area, estimated at 107.7 persons per square mile, is greater than the national average population density of 90.88 persons per square mile.

Report Area	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Cheshire County, NH	76,109	706.70	107.7
New Hampshire	1,331,848	8,952.72	148.76
United States	321,004,407	3,532,315.66	90.88

Data Source: US Census Bureau, American Community Survey. 2013-17. Source geography: Tract



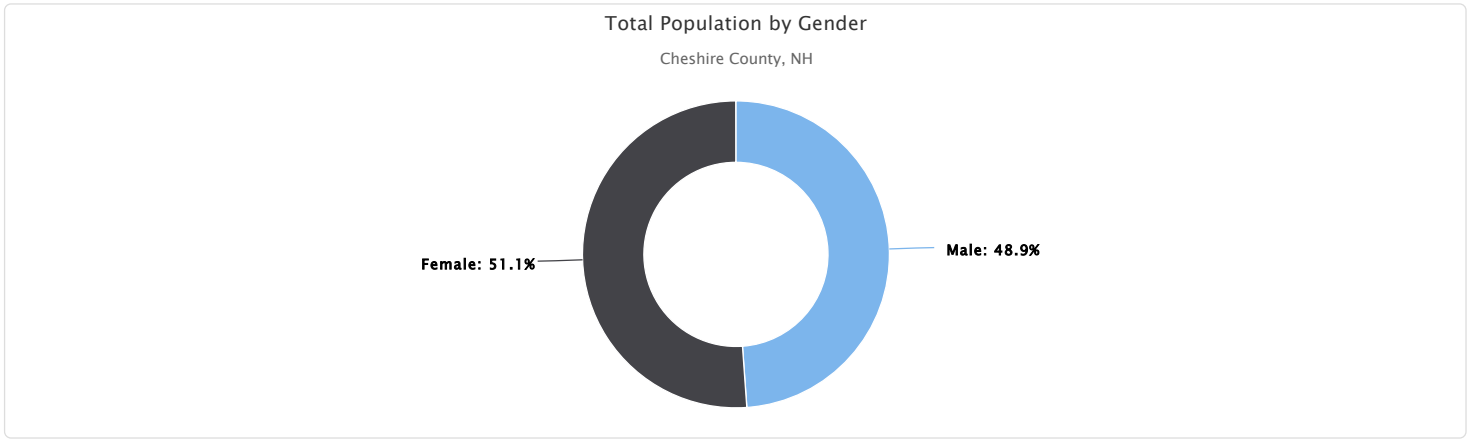
View larger map

Population, Density (Persons per Sq Mile) by Tract, ACS 2013-17

- Over 5,000
- 1,001 - 5,000
- 501 - 1,000
- 51 - 500
- Under 51
- No Data or Data Suppressed
- Cheshire County, NH

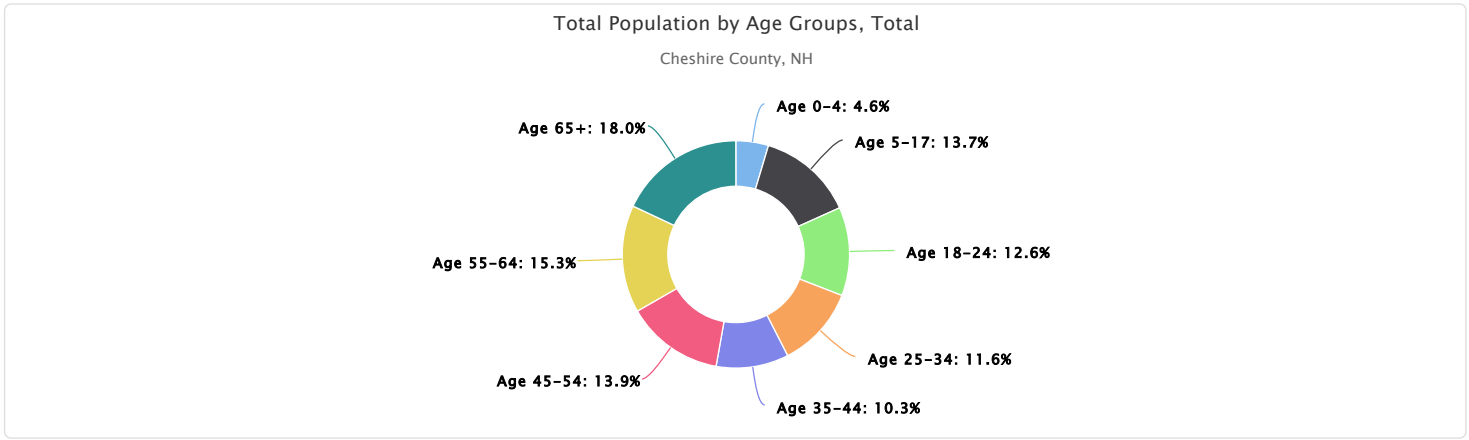
Total Population by Gender

Report Area	Male	Female	Percent Male	Percent Female
Cheshire County, NH	37,199	38,910	48.88%	51.12%
New Hampshire	659,131	672,717	49.49%	50.51%
United States	158,018,753	162,985,654	49.23%	50.77%



Total Population by Age Groups, Total

Report Area	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
Cheshire County, NH	3,528	10,392	9,586	8,830	7,849	10,573	11,646	13,705
New Hampshire	64,233	199,624	128,520	156,374	156,530	205,335	201,939	219,293
United States	19,853,515	53,747,764	31,131,484	44,044,173	40,656,419	43,091,143	40,747,520	47,732,389

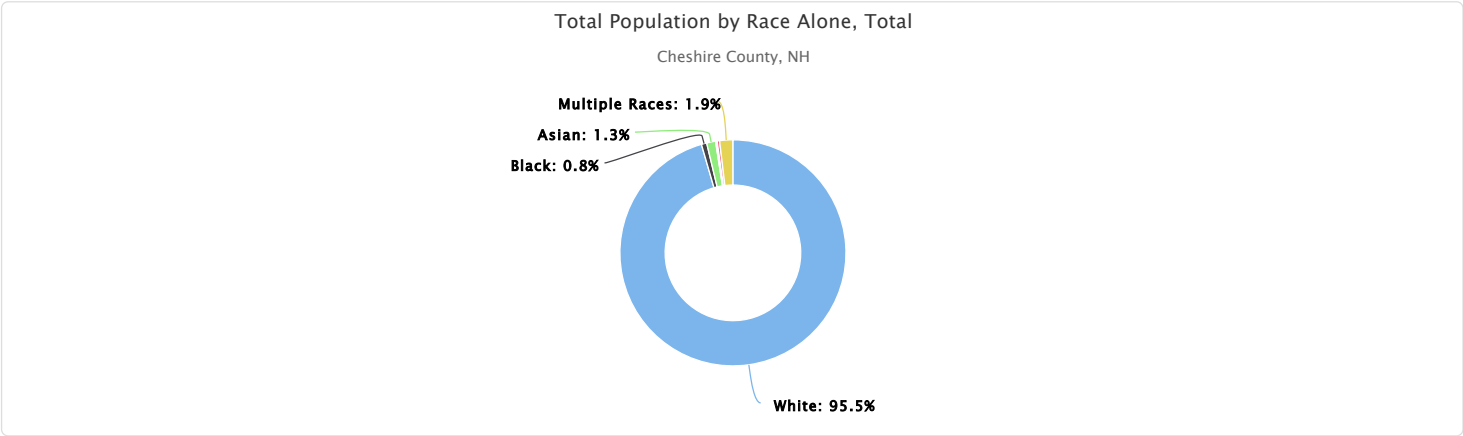


Total Population by Age Groups, Percent

Report Area	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
Cheshire County, NH	4.64%	13.65%	12.6%	11.6%	10.31%	13.89%	15.3%	18.01%
New Hampshire	4.82%	14.99%	9.65%	11.74%	11.75%	15.42%	15.16%	16.47%
United States	6.18%	16.74%	9.7%	13.72%	12.67%	13.42%	12.69%	14.87%

Total Population by Race Alone, Total

Report Area	White	Black	Asian	Native American / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
Cheshire County, NH	72,689	582	970	137	25	266	1,440
New Hampshire	1,244,260	18,632	33,313	2,148	289	7,016	26,190
United States	234,370,202	40,610,815	17,186,320	2,632,102	570,116	15,553,808	10,081,044

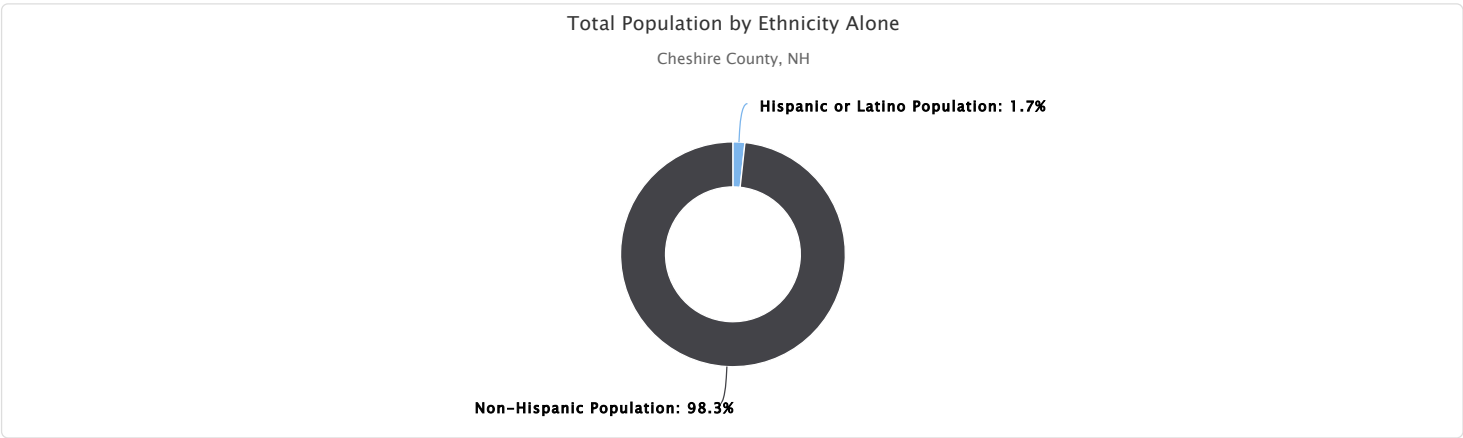


Total Population by Race Alone, Percent

Report Area	White	Black	Asian	Native American / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
Cheshire County, NH	95.51%	0.76%	1.27%	0.18%	0.03%	0.35%	1.89%
New Hampshire	93.42%	1.4%	2.5%	0.16%	0.02%	0.53%	1.97%
United States	73.01%	12.65%	5.35%	0.82%	0.18%	4.85%	3.14%

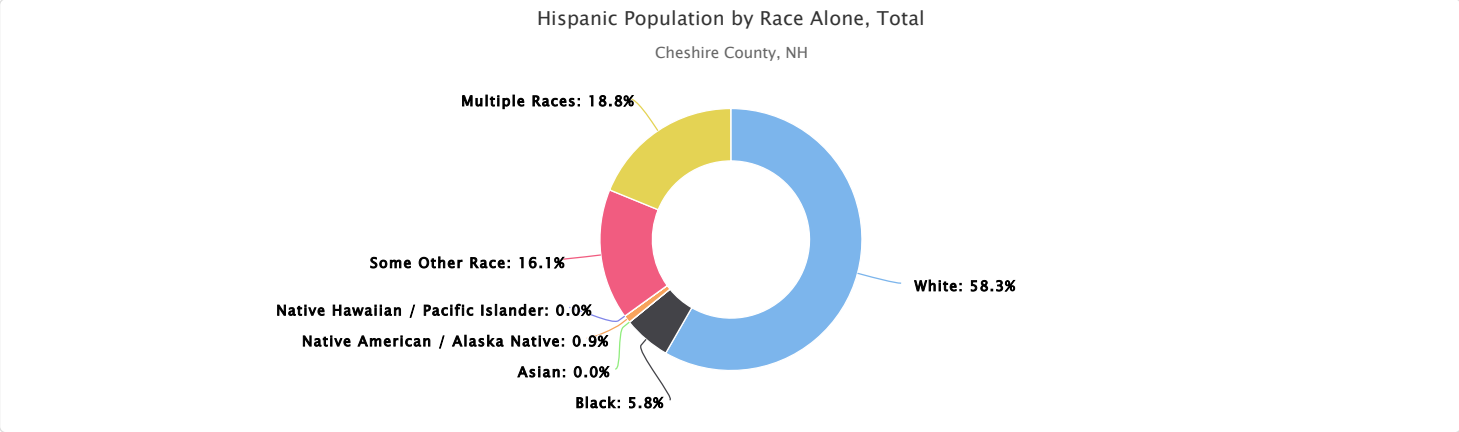
Total Population by Ethnicity Alone

Report Area	Total Population	Hispanic or Latino Population	Percent Population Hispanic or Latino	Non-Hispanic Population	Percent Population Non-Hispanic
Cheshire County, NH	76,109	1,302	1.71%	74,807	98.29%
New Hampshire	1,331,848	45,266	3.4%	1,286,582	96.6%
United States	321,004,407	56,510,571	17.6%	264,493,836	82.4%



Hispanic Population by Race Alone, Total

Report Area	White	Black	Asian	Native American / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
Cheshire County, NH	759	76	0	12	0	210	245
New Hampshire	33,150	2,465	265	298	55	5,492	3,541
United States	37,092,413	1,165,320	196,780	533,339	54,594	14,838,376	2,629,749

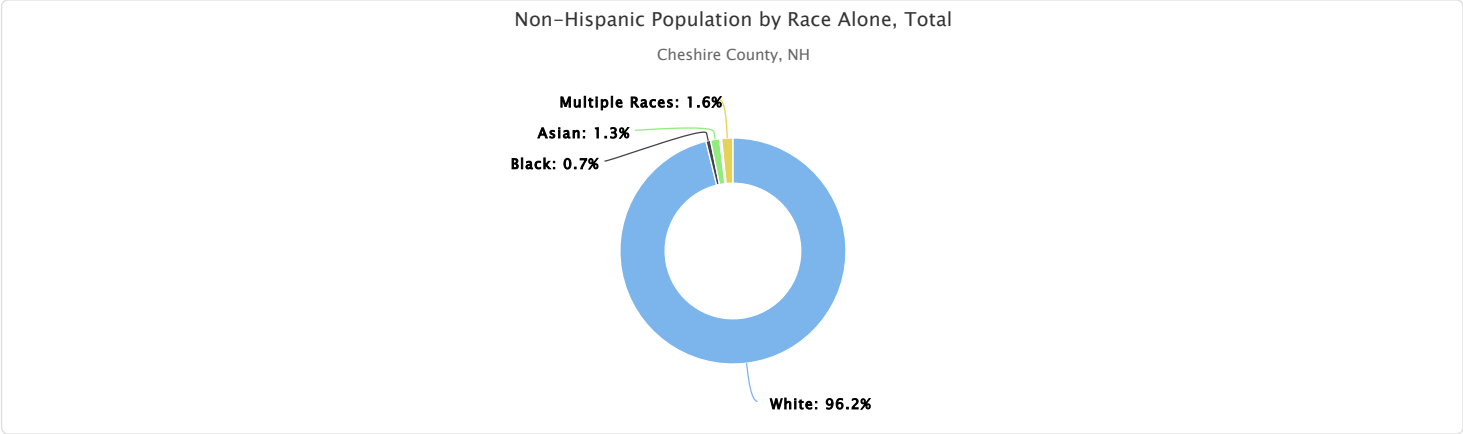


Hispanic Population by Race Alone, Percent

Report Area	White	Black	Asian	Native American / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
Cheshire County, NH	58.29%	5.84%	0%	0.92%	0%	16.13%	18.82%
New Hampshire	73.23%	5.45%	0.59%	0.66%	0.12%	12.13%	7.82%
United States	65.64%	2.06%	0.35%	0.94%	0.1%	26.26%	4.65%

Non-Hispanic Population by Race Alone, Total

Report Area	White	Black	Asian	Native American / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
Cheshire County, NH	71,930	506	970	125	25	56	1,195
New Hampshire	1,211,110	16,167	33,048	1,850	234	1,524	22,649
United States	197,277,789	39,445,495	16,989,540	2,098,763	515,522	715,432	7,451,295



Non-Hispanic Population by Race Alone, Percent

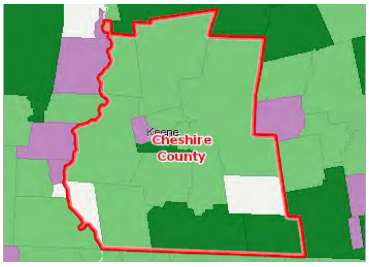
Report Area	White	Black	Asian	Native American / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
Cheshire County, NH	96.15%	0.68%	1.3%	0.17%	0.03%	0.07%	1.6%
New Hampshire	94.13%	1.26%	2.57%	0.14%	0.02%	0.12%	1.76%
United States	74.59%	14.91%	6.42%	0.79%	0.19%	0.27%	2.82%

Change in Total Population

According to the United States Census Bureau Decennial Census, between 2000 and 2010 the population in the report area grew by 3,292 persons, a change of 4.46%. A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

Report Area	Total Population, 2000 Census	Total Population, 2010 Census	Total Population Change, 2000-2010	Percent Population Change, 2000-2010
Cheshire County, NH	73,825	77,117	3,292	4.46%
New Hampshire	1,235,787	1,316,470	80,683	6.53%
United States	280,405,781	307,745,539	27,339,758	9.75%

Data Source: US Census Bureau, Decennial Census. 2000 - 2010. Source geography: Tract



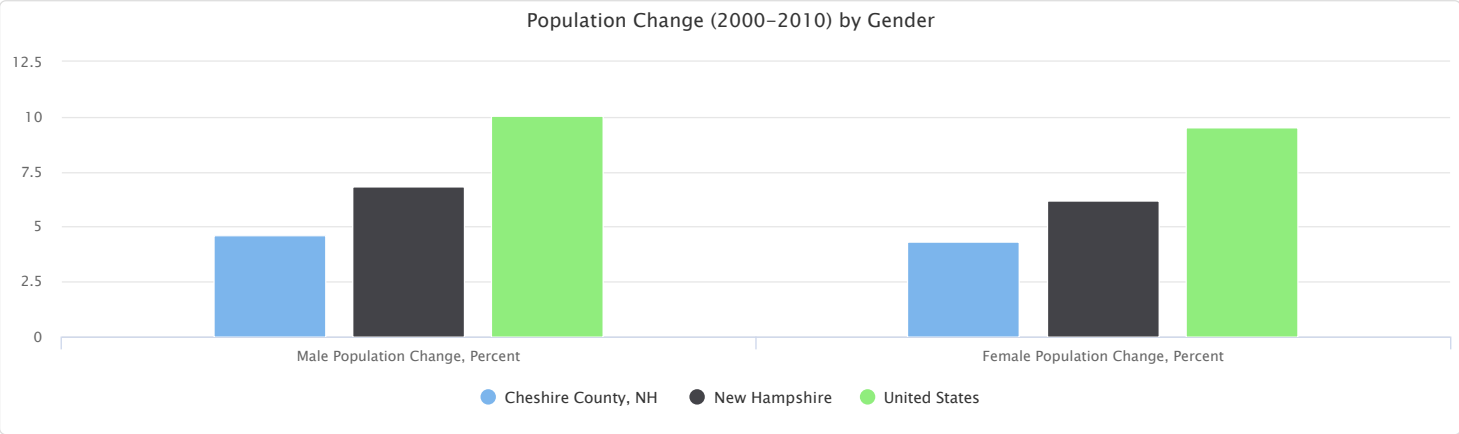
View larger map

Population Change, Percent by Tract, US Census 2000 - 2010

- Over 10.0% Increase (+)
- 1.0 - 10.0% Increase (+)
- Less Than 1.0% Change (+/-)
- 1.0 - 10.0% Decrease (-)
- Over 10.0% Decrease (-)
- No Population or No Data
- Cheshire County, NH

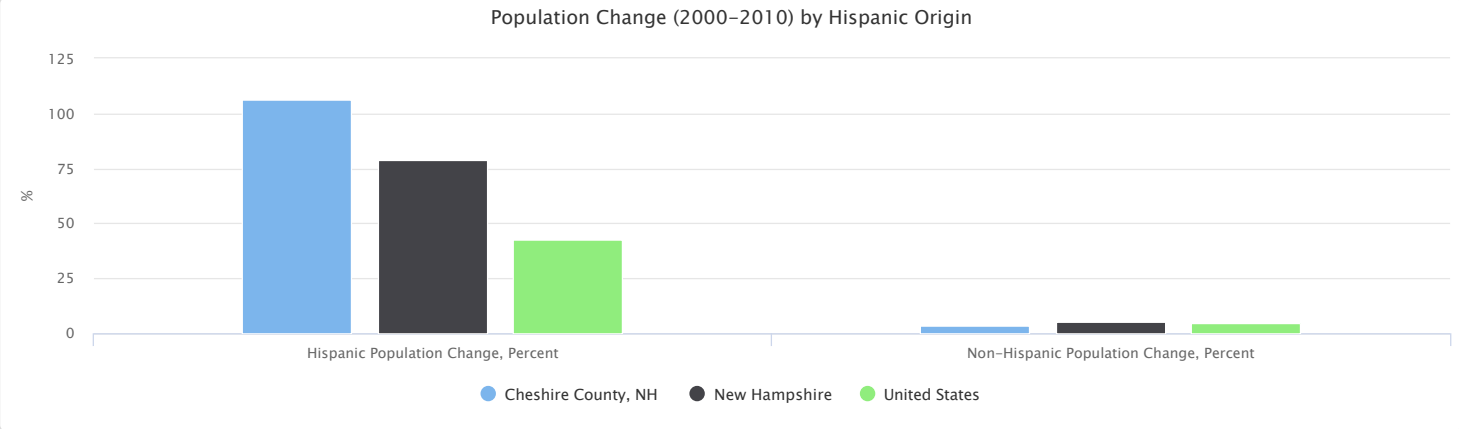
Population Change (2000-2010) by Gender

Report Area	Male Population Change, Total	Male Population Change, Percent	Female Population Change, Total	Female Population Change, Percent
Cheshire County, NH	1,657	4.61	1,635	4.32
New Hampshire	41,707	6.86	38,977	6.21
United States	13,738,020	10.02	13,601,733	9.55



Population Change (2000-2010) by Hispanic Origin

Report Area	Hispanic Population Change, Total	Hispanic Population Change, Percent	Non-Hispanic Population Change, Total	Non-Hispanic Population Change, Percent
Cheshire County, NH	561	106.05%	2,731	3.73%
New Hampshire	16,214	79.13%	64,473	5.31%
United States	15,152,943	42.93%	12,099,099	4.92%

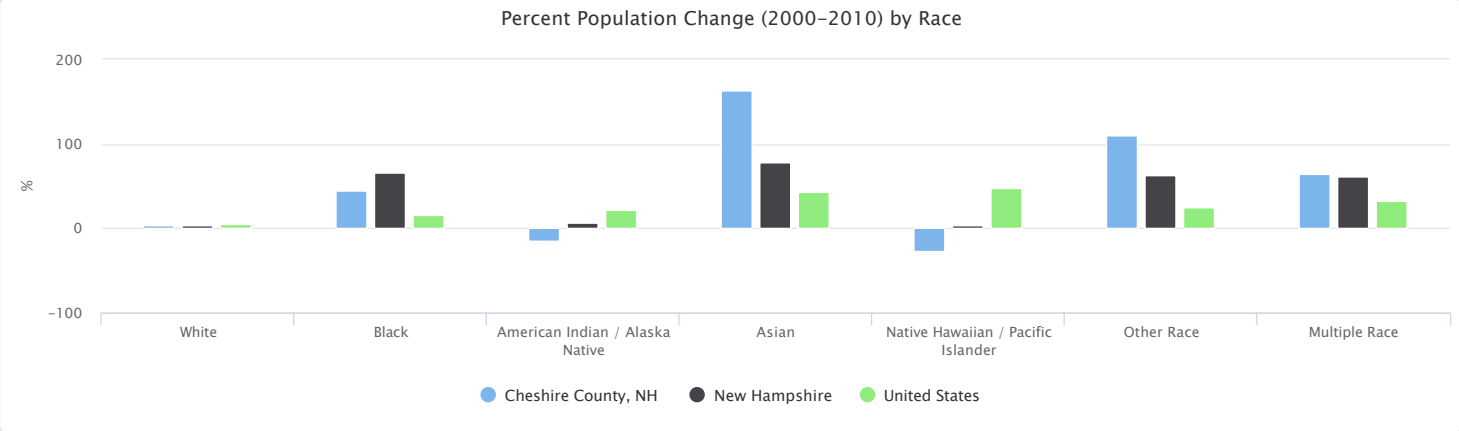


Total Population Change (2000-2010) by Race

Report Area	White	Black	American Indian / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Other Race	Multiple Race
Cheshire County, NH	2,072	119	-33	571	-7	144	426
New Hampshire	49,197	6,000	186	12,476	13	4,642	8,168
United States	12,199,518	5,189,316	521,420	4,433,864	141,446	3,703,567	2,190,889

Percent Population Change (2000-2010) by Race

Report Area	White	Black	American Indian / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Other Race	Multiple Race
Cheshire County, NH	2.87%	43.91%	-14.6%	163.14%	-26.92%	109.92%	65.14%
New Hampshire	4.15%	66.41%	6.28%	78.31%	3.5%	62.56%	61.81%
United States	5.8%	15.43%	22.56%	43.72%	47.37%	24.2%	32.61%

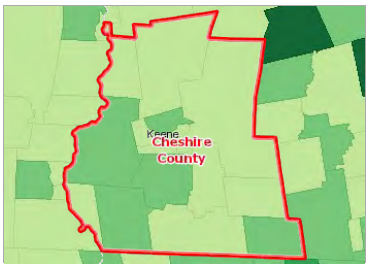


Families with Children

According to the most recent the American Community Survey estimates, 25.2% of all occupied households in the report area are family households with one or more child(ren) under the age of 18. As defined by the US Census Bureau, a family household is any housing unit in which the householder is living with one or more individuals related to him or her by birth, marriage, or adoption. A non-family household is any household occupied by the householder alone, or by the householder and one or more unrelated individuals.

Report Area	Total Households	Total Family Households	Families with Children (Under Age 18)	Families with Children (Under Age 18), Percent of Total Households
Cheshire County, NH	30,529	19,198	7,692	25.2%
New Hampshire	526,710	350,658	148,996	28.29%
United States	118,825,921	78,298,703	37,326,953	31.41%

Data Source: US Census Bureau, American Community Survey. 2013-17. Source geography: Tract



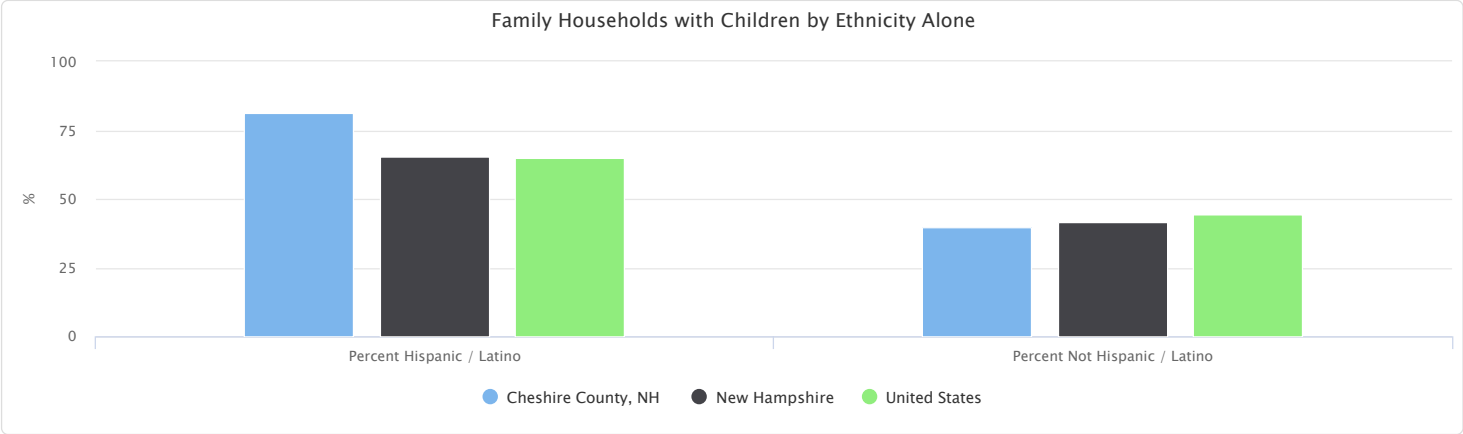
View larger map

Households with Children (Age 0-17), Percent by Tract, ACS 2013-17

- Over 35.0%
- 31.6 - 35.0%
- 28.1 - 31.5%
- Under 28.1%
- No Data or Data Suppressed
- Cheshire County, NH

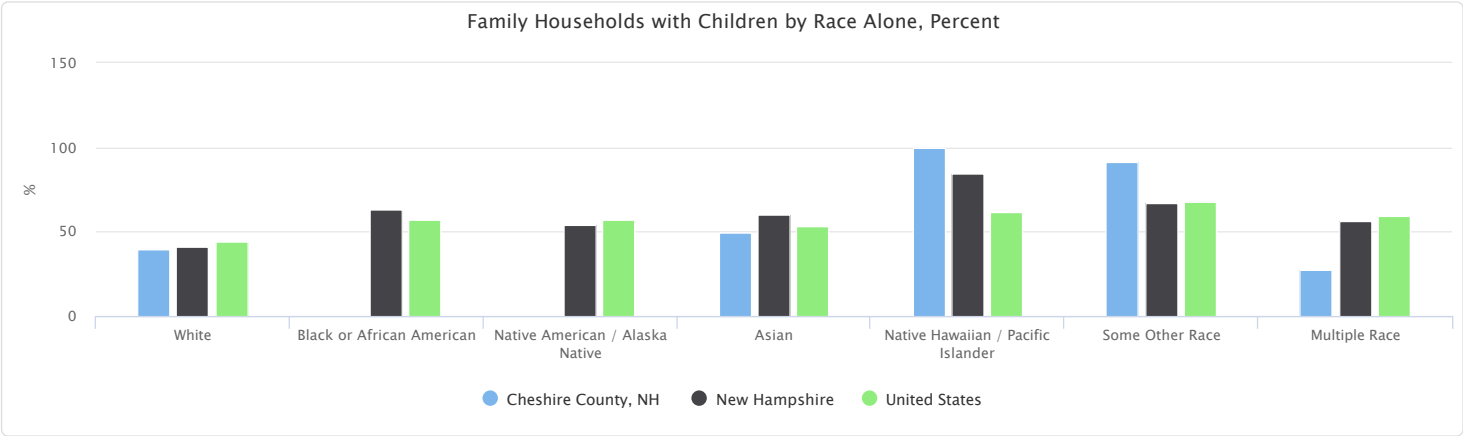
Family Households with Children by Ethnicity Alone

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Cheshire County, NH	106	7,540	81.54%	39.54%
New Hampshire	5,919	142,532	65.24%	41.73%
United States	7,513,790	29,657,936	64.91%	44.45%



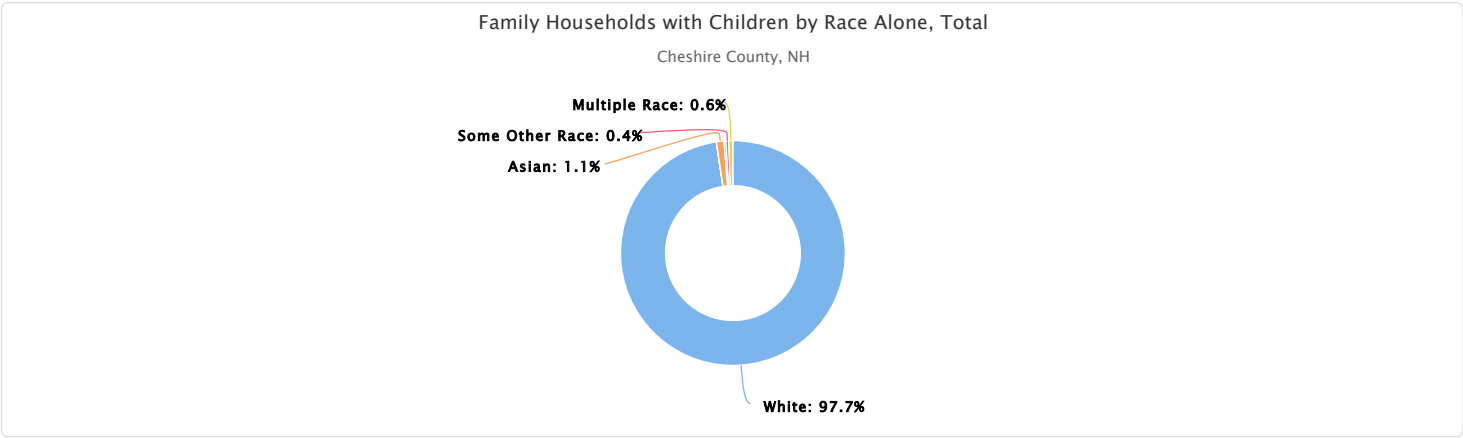
Family Households with Children by Race Alone, Percent

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Cheshire County, NH	39.76%	0%	0%	49.4%	100%	91.18%	27.44%
New Hampshire	41.4%	63.29%	54.06%	59.96%	84.81%	66.89%	56.48%
United States	44.16%	57.18%	57.19%	52.95%	61.36%	67.77%	59.56%



Family Households with Children by Race Alone, Total

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Cheshire County, NH	7,467	0	0	83	20	31	45
New Hampshire	138,062	2,202	306	4,660	67	1,006	2,148
United States	26,492,717	5,101,764	328,474	2,120,868	69,539	2,180,015	878,349

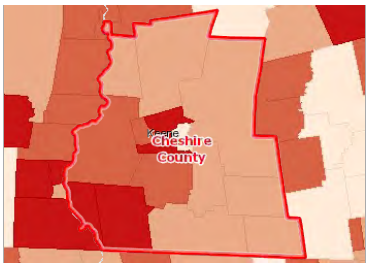


Female Population

A total of 38,910 females reside in the report area according to the U.S. Census Bureau American Community Survey 2013-17 5-year estimates. Females represent 51.12% of the total population in the area, which is greater than the national average of 50.77%.

Report Area	Total Population	Female Population	Percent Female Population
Cheshire County, NH	76,109	38,910	51.12%
New Hampshire	1,331,848	672,717	50.51%
United States	321,004,407	162,985,654	50.77%

Data Source: US Census Bureau, American Community Survey. 2013-17. Source geography: Tract



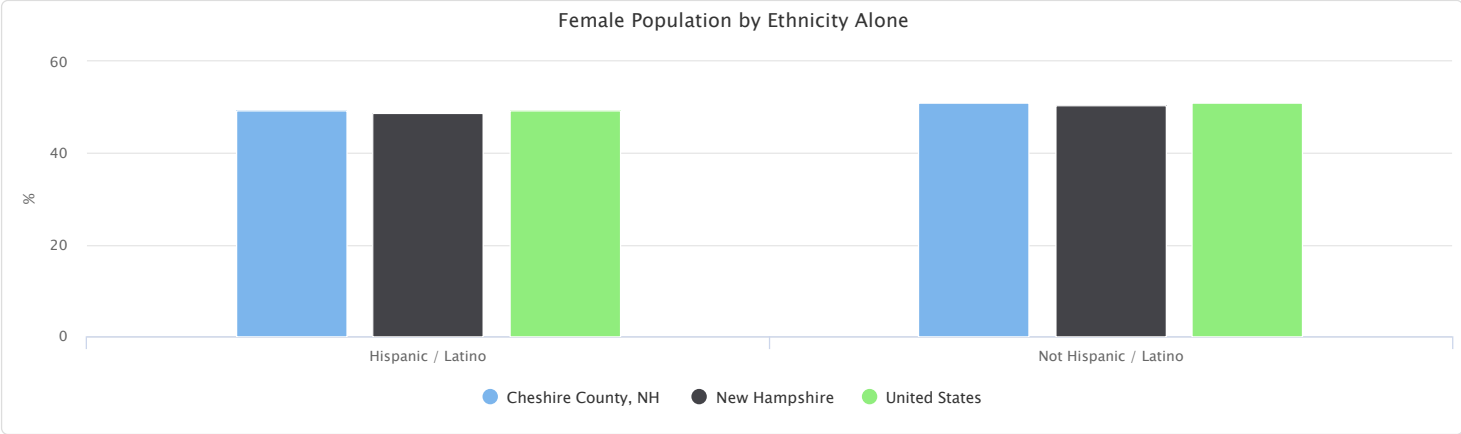
View larger map

Female Population, Percent by Tract, ACS 2013-17

- Over 52.0%
- 50.1 - 52.0%
- 48.1 - 50.0%
- Under 48.1%
- No Female Population Reported
- No Data or Data Suppressed
- Cheshire County, NH

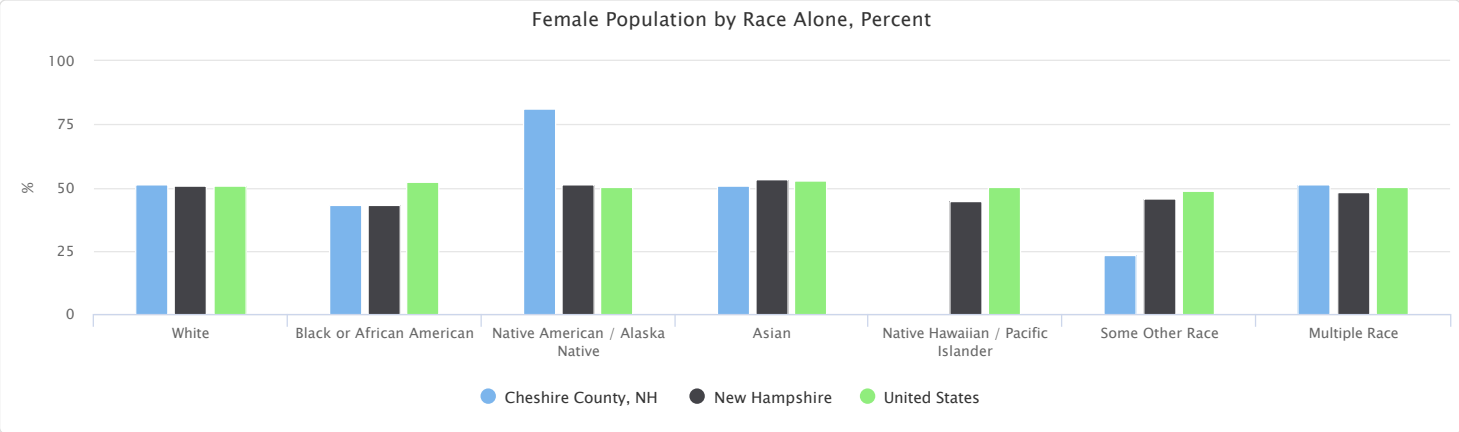
Female Population by Ethnicity Alone

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Cheshire County, NH	644	38,266	49.46%	51.15%
New Hampshire	22,144	650,573	48.92%	50.57%
United States	27,946,927	135,038,727	49.45%	51.06%



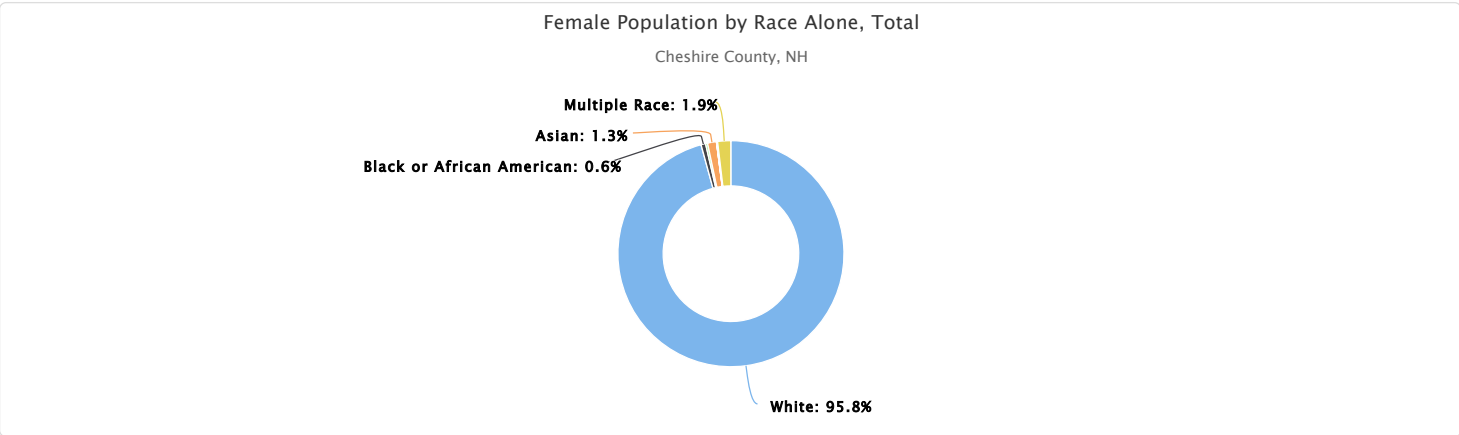
Female Population by Race Alone, Percent

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Cheshire County, NH	51.26%	43.13%	81.02%	50.82%	0%	23.31%	51.11%
New Hampshire	50.62%	43.03%	51.3%	53.2%	44.64%	45.78%	48.41%
United States	50.57%	52.23%	50.41%	52.55%	50.22%	48.63%	50.12%



Female Population by Race Alone, Total

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Cheshire County, NH	37,257	251	111	493	0	62	736
New Hampshire	629,854	8,018	1,102	17,723	129	3,212	12,679
United States	118,514,798	21,210,272	1,326,749	9,031,298	286,292	7,563,398	5,052,847

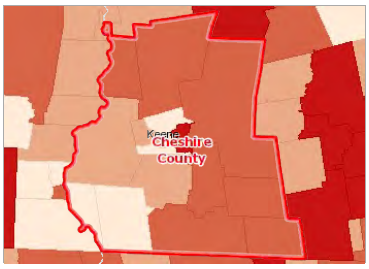


Male Population

A total of 37,199 males reside in the report area according to the U.S. Census Bureau American Community Survey 2013-17 5-year estimates. Males represent represent 48.88% of the total population in the area, which is greater than the national average of 49.23%.

Report Area	Total Population	Male Population	Percent Male Population
Cheshire County, NH	76,109	37,199	48.88%
New Hampshire	1,331,848	659,131	49.49%
United States	321,004,407	158,018,753	49.23%

Data Source: US Census Bureau, American Community Survey. 2013-17. Source geography: Tract



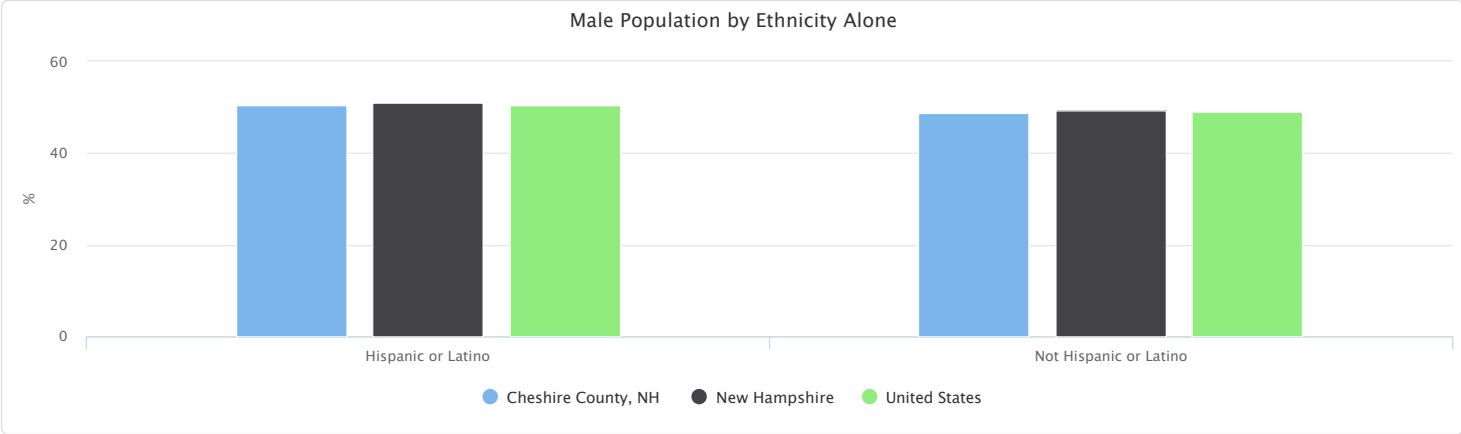
View larger map

Male Population, Percent by Tract, ACS 2013-17

- Over 52.0%
- 50.1 - 52.0%
- 48.1 - 50.0%
- Under 48.1%
- No Male Population Reported
- No Data or Data Suppressed
- Cheshire County, NH

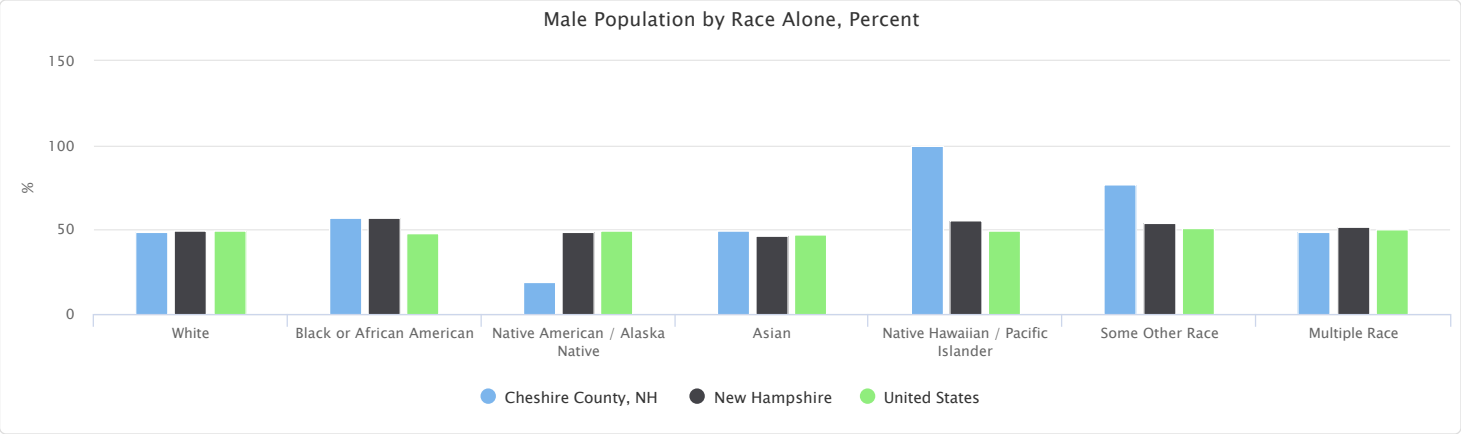
Male Population by Ethnicity Alone

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Cheshire County, NH	658	36,541	50.54%	48.85%
New Hampshire	23,122	636,009	51.08%	49.43%
United States	28,563,644	129,455,109	50.55%	48.94%



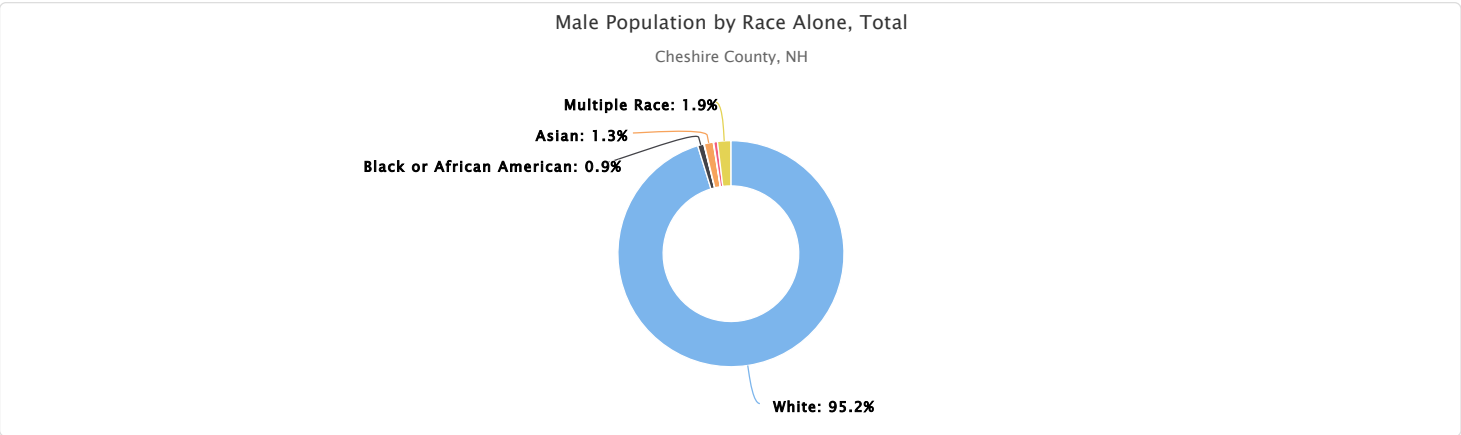
Male Population by Race Alone, Percent

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Cheshire County, NH	48.74%	56.87%	18.98%	49.18%	100%	76.69%	48.89%
New Hampshire	49.38%	56.97%	48.7%	46.8%	55.36%	54.22%	51.59%
United States	49.43%	47.77%	49.59%	47.45%	49.78%	51.37%	49.88%



Male Population by Race Alone, Total

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Cheshire County, NH	35,432	331	26	477	25	204	704
New Hampshire	614,406	10,614	1,046	15,590	160	3,804	13,511
United States	115,855,404	19,400,543	1,305,353	8,155,022	283,824	7,990,410	5,028,197

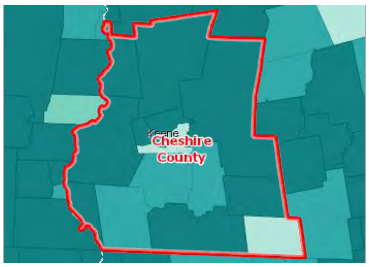


Median Age

This indicator reports population median age based on the 5-year American Community Survey estimate.

Report Area	Total Population	Median Age
Cheshire County, NH	76,109	42.5
New Hampshire	1,331,848	42.7
United States	321,004,407	37.8

Data Source: US Census Bureau, American Community Survey. 2013-17. Source geography: Tract



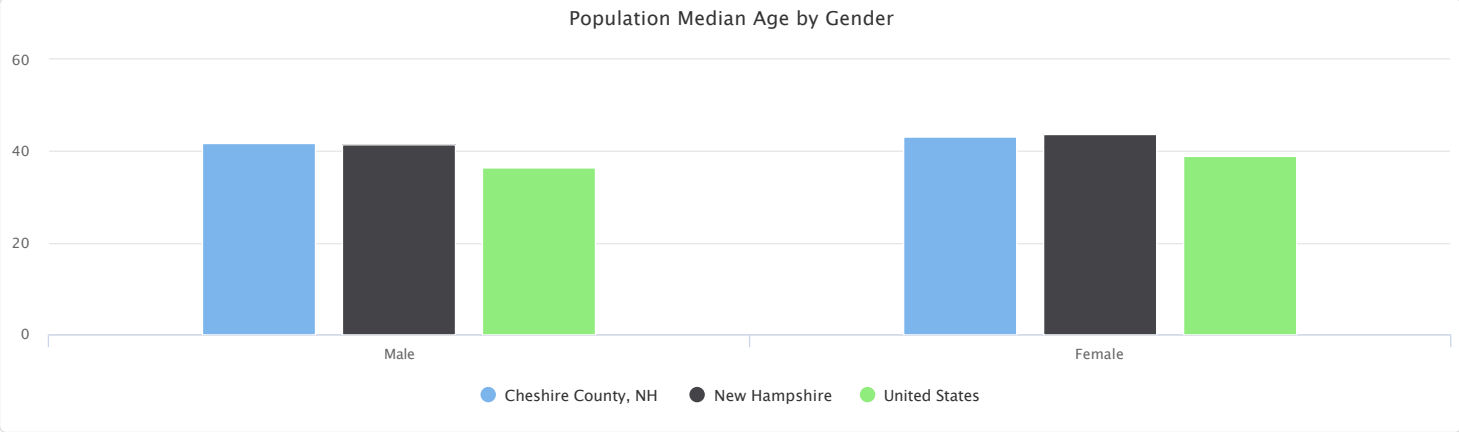
View larger map

Median Age by Tract, ACS 2013-17

- Over 45.0
- 40.1 - 45.0
- 35.1 - 40.0
- Under 35.1
- No Data or Data Suppressed
- Cheshire County, NH

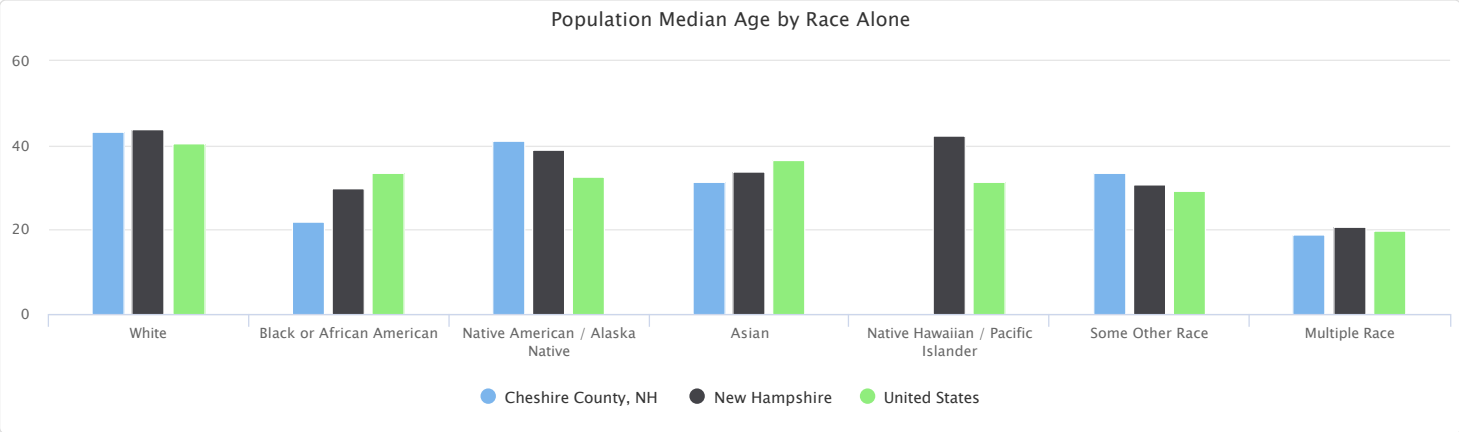
Population Median Age by Gender

Report Area	Male	Female
Cheshire County, NH	41.7	43.3
New Hampshire	41.5	43.8
United States	36.5	39.1



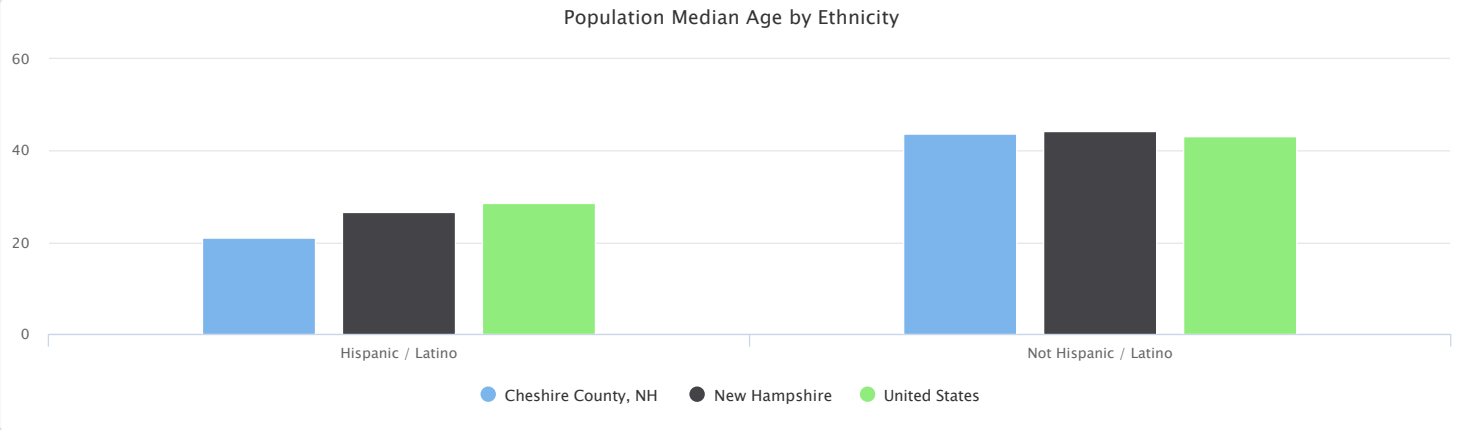
Population Median Age by Race Alone

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Cheshire County, NH	43.4	21.9	41	31.3	No data	33.4	18.9
New Hampshire	43.9	29.8	39	33.7	42.2	30.9	20.8
United States	40.5	33.6	32.5	36.7	31.4	29.3	19.9



Population Median Age by Ethnicity

Report Area	Hispanic / Latino	Not Hispanic / Latino
Cheshire County, NH	21	43.7
New Hampshire	26.6	44.4
United States	28.7	43.2

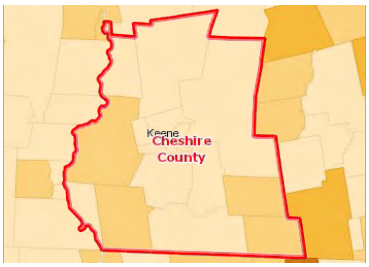


Population Under Age 18

An estimated 18.29% of the population in the report area is under the age of 18 according to the U.S. Census Bureau American Community Survey 2013-17 5-year estimates. An estimated total of 13,920 youths resided in the area during this time period. The number of persons under age 18 is relevant because this population has unique health needs which should be considered separately from other age groups.

Report Area	Total Population	Population Age 0-17	Percent Population Age 0-17
Cheshire County, NH	76,109	13,920	18.29%
New Hampshire	1,331,848	263,857	19.81%
United States	321,004,407	73,601,279	22.93%

Data Source: US Census Bureau, American Community Survey. 2013-17. Source geography: Tract



View larger map

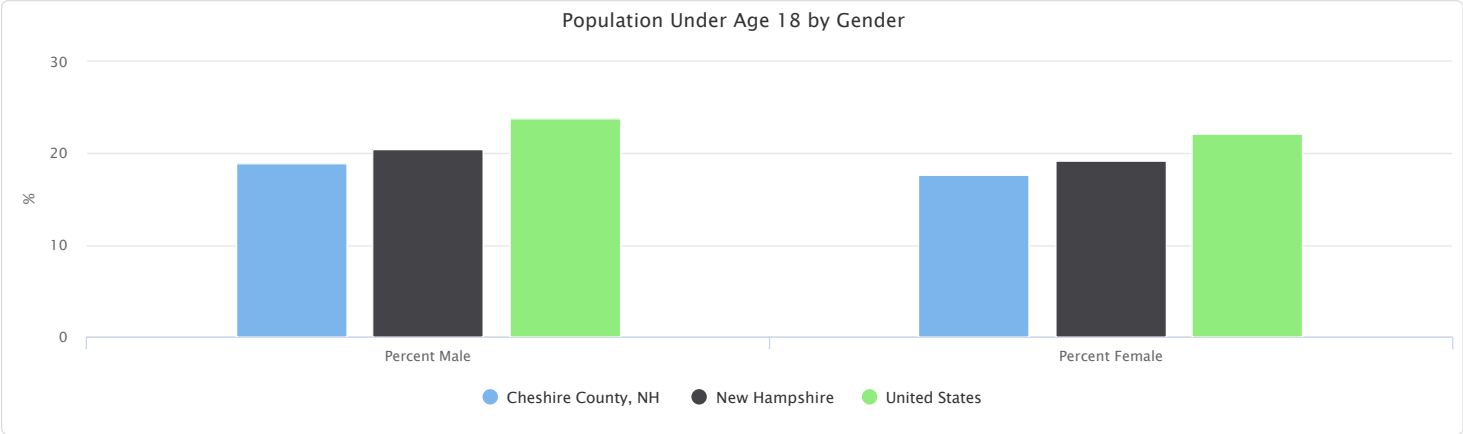
Population Age 0-17, Percent by Tract, ACS 2013-17

- Over 26.0%
- 23.1 - 26.0%
- 20.1 - 23.0%
- Under 20.1%
- No Data or Data Suppressed
- Cheshire County, NH

Population Under Age 18 by Gender

This indicator reports the percentage of population that is under age 18 by gender.

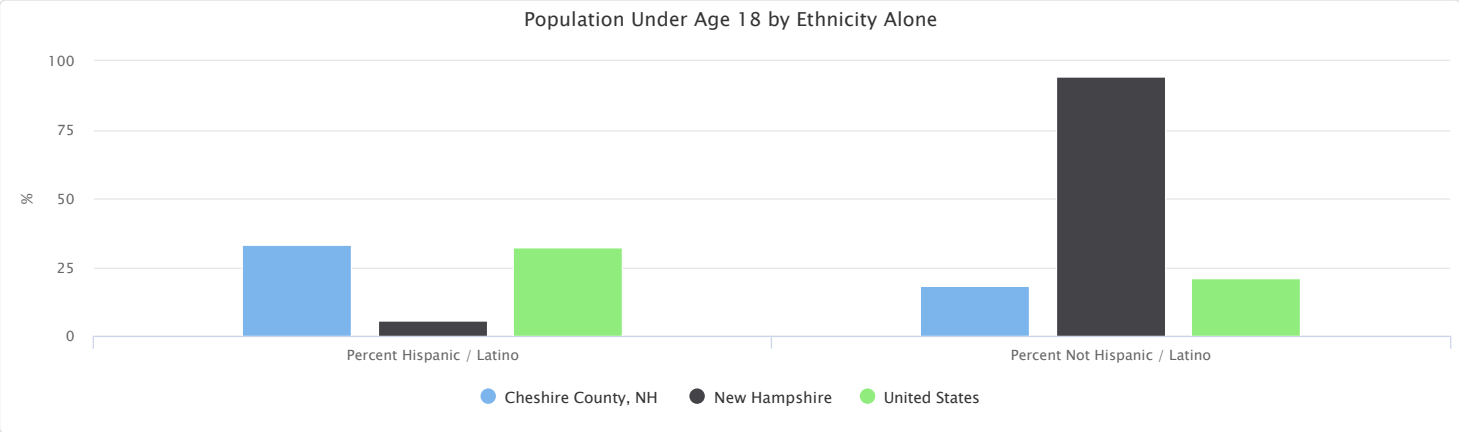
Report Area	Total Male	Total Female	Percent Male	Percent Female
Cheshire County, NH	7,040	6,880	18.93%	17.68%
New Hampshire	134,784	129,073	20.45%	19.19%
United States	37,610,439	35,990,840	23.8%	22.08%



Population Under Age 18 by Ethnicity Alone

This indicator reports the percentage of population that is under age 18 by ethnicity alone.

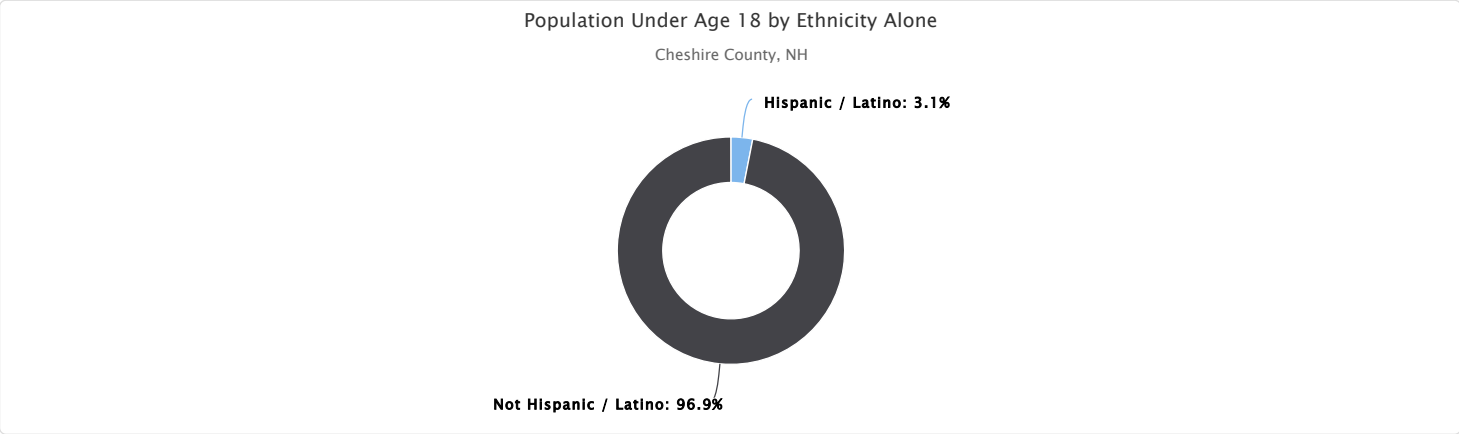
Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Cheshire County, NH	430	13,490	33.03%	18.03%
New Hampshire	15,030	248,827	5.7%	94.3%
United States	18,168,862	55,432,417	32.15%	20.96%



Population Under Age 18 by Ethnicity Alone

This indicator reports the proportion of the population aged 0 to 17 that is Hispanic or Latino.

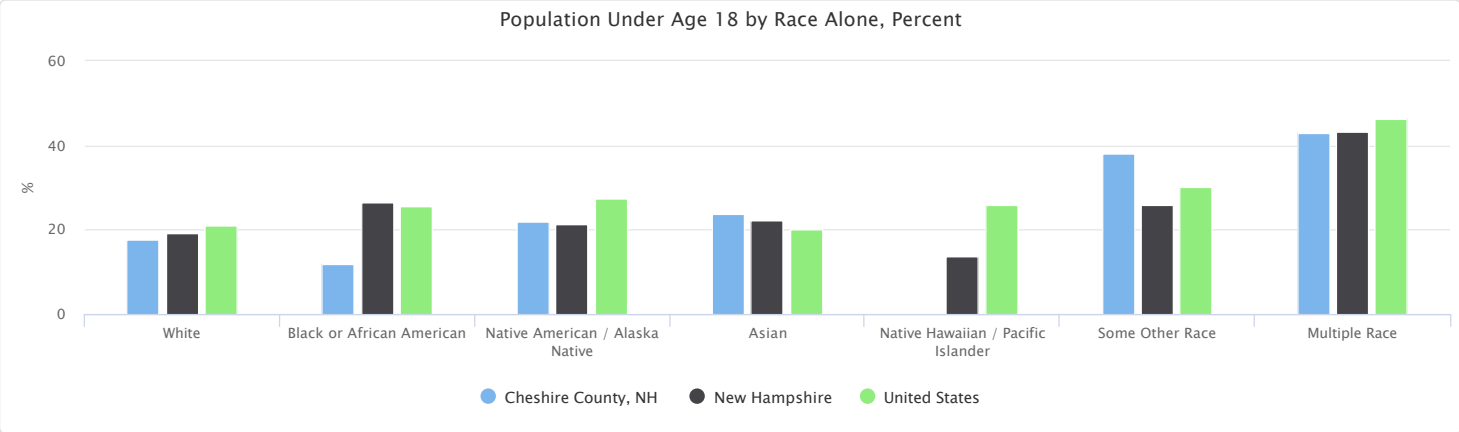
Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Cheshire County, NH	430	13,490	3.09%	96.91%
New Hampshire	15,030	248,827	5.7%	94.3%
United States	18,168,862	55,432,417	24.69%	75.31%



Population Under Age 18 by Race Alone, Percent

This indicator reports the percentage of population that is under age 18 by race alone.

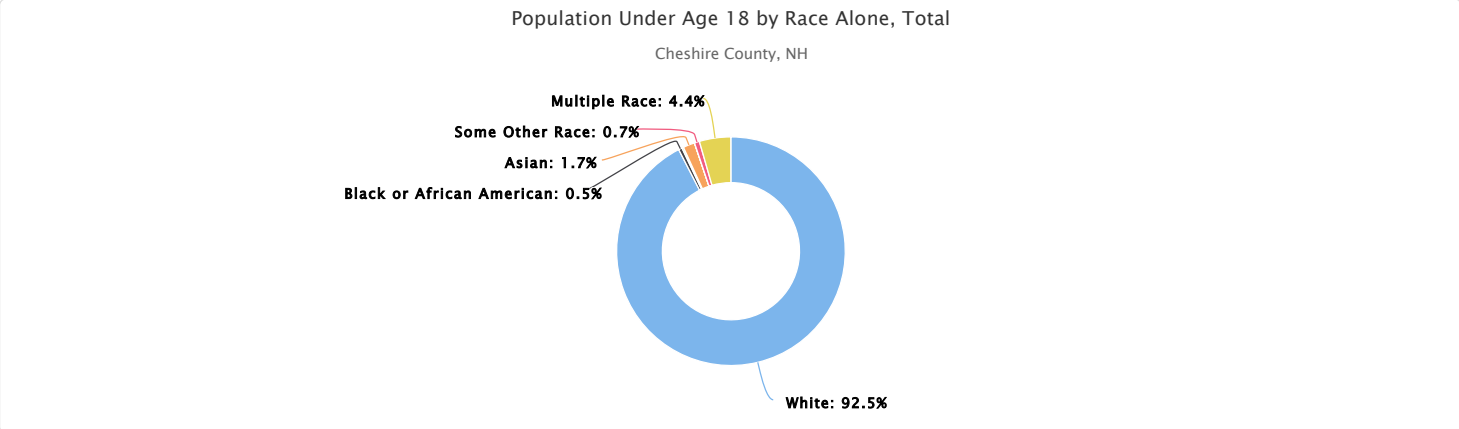
Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Cheshire County, NH	17.71%	12.03%	21.9%	23.81%	No data	37.97%	42.92%
New Hampshire	19.12%	26.64%	21.42%	22.25%	13.84%	25.95%	43.2%
United States	21.14%	25.54%	27.37%	20.23%	25.87%	30.14%	46.23%



Population Under Age 18 by Race Alone, Total

This indicator reports the proportion of each race (alone) making up the population under age 18.

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Cheshire County, NH	12,870	70	30	231	0	101	618
New Hampshire	237,845	4,964	460	7,412	40	1,821	11,315
United States	49,536,371	10,371,882	720,406	3,476,521	147,503	4,688,371	4,660,225

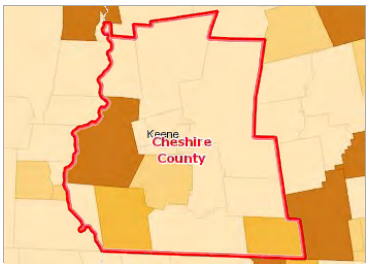


Population Age 0-4

This indicator reports the percentage of children aged 0-4 in the designated geographic area. This indicator is relevant because it is important to understand the percentage of infants and young children in the community, as this population has unique health needs which should be considered separately from other age groups.

Report Area	Total Population	Population Age 0-4	Percent Population Age 0-4
Cheshire County, NH	76,109	3,528	4.64%
New Hampshire	1,331,848	64,233	4.82%
United States	321,004,407	19,853,515	6.18%

Data Source: US Census Bureau, American Community Survey. 2013-17. Source geography: Tract



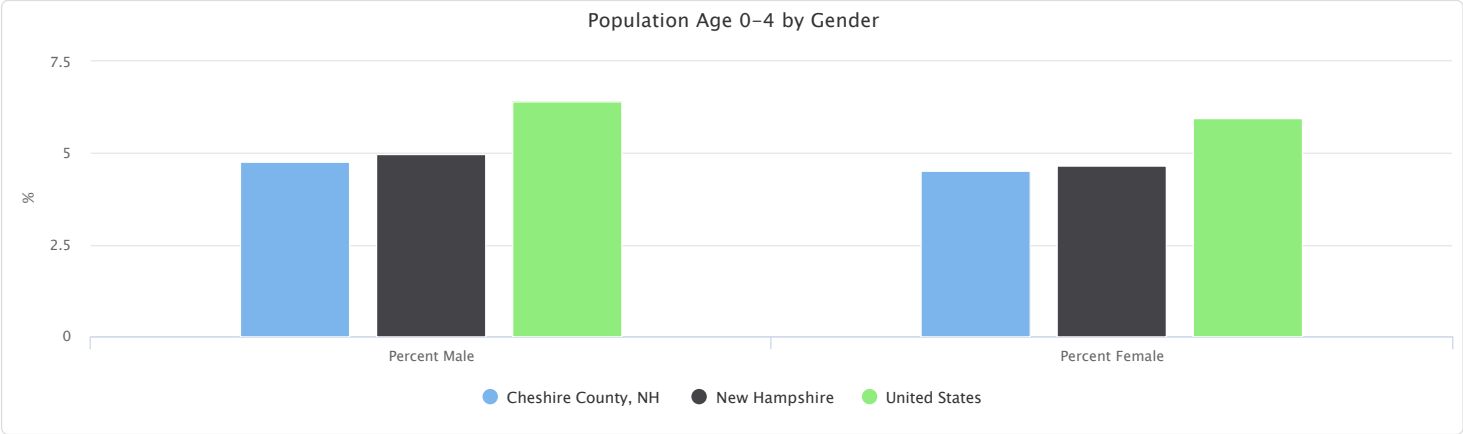
View larger map

Population Age 0-4, Percent by Tract, ACS 2013-17

- Over 7.0%
- 6.1 - 7.0%
- 5.1 - 6.0%
- Under 5.1%
- No Data or Data Suppressed
- Cheshire County, NH

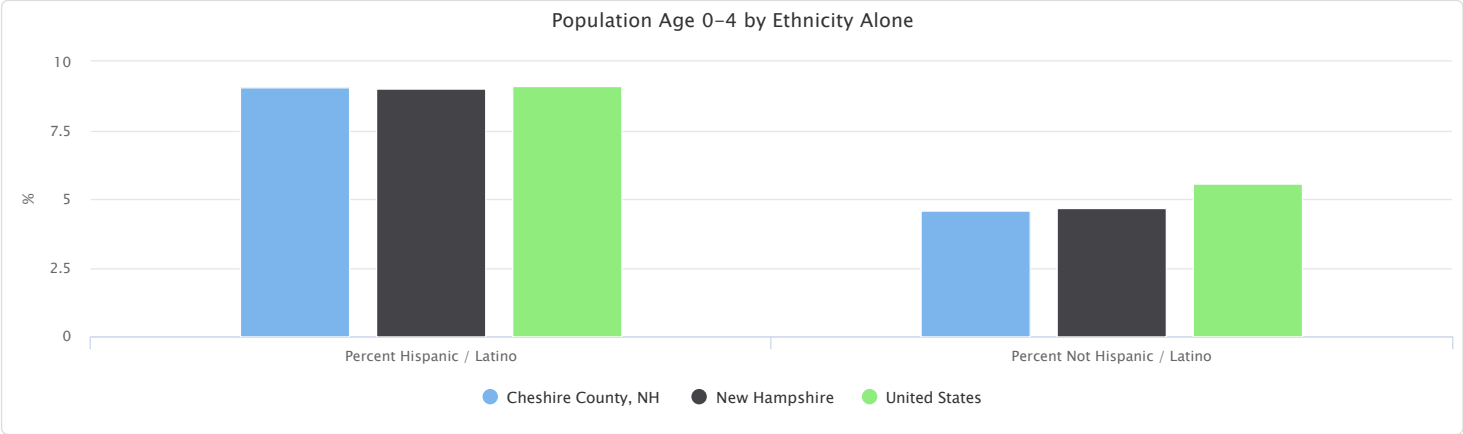
Population Age 0-4 by Gender

Report Area	Total Male	Total Female	Percent Male	Percent Female
Cheshire County, NH	1,775	1,753	4.77%	4.51%
New Hampshire	32,863	31,370	4.99%	4.66%
United States	10,151,822	9,701,693	6.42%	5.95%



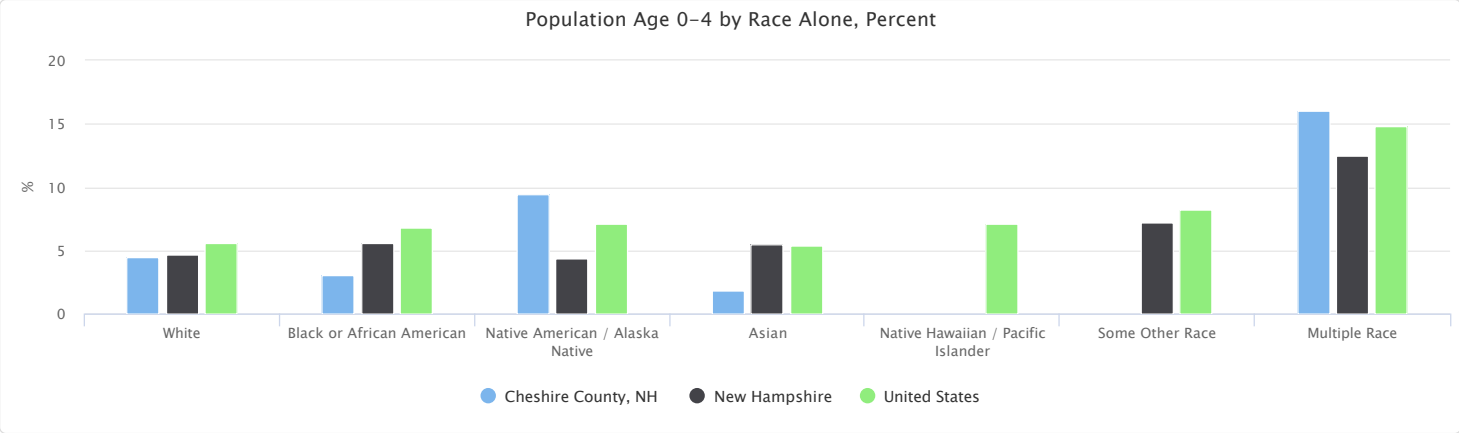
Population Age 0-4 by Ethnicity Alone

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Cheshire County, NH	118	3,410	9.06%	4.56%
New Hampshire	4,072	60,161	9%	4.68%
United States	5,134,740	14,718,775	9.09%	5.56%



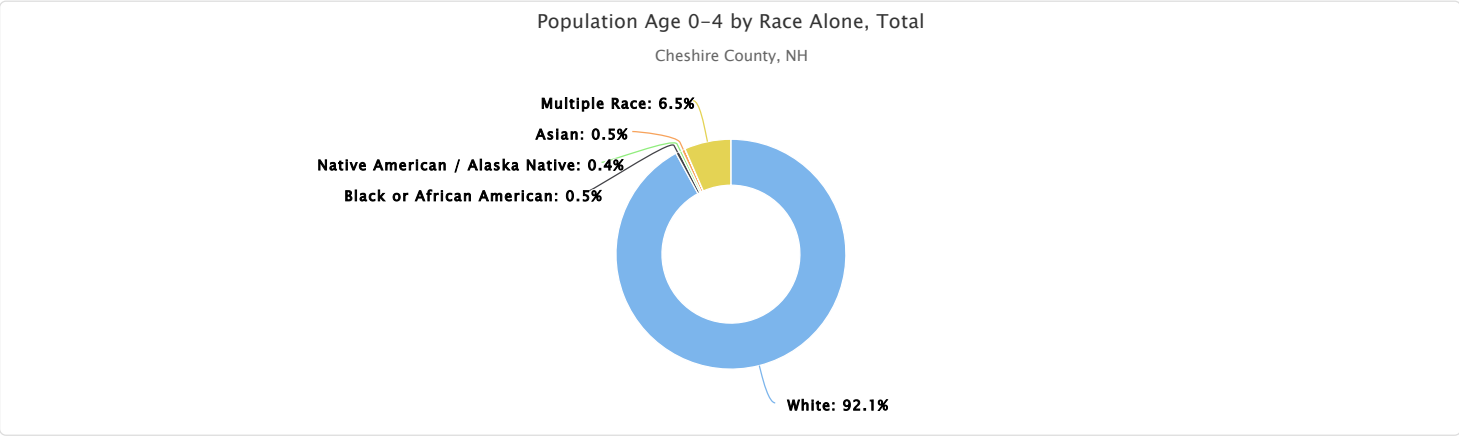
Population Age 0-4 by Race Alone, Percent

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Cheshire County, NH	4.47%	3.09%	9.49%	1.86%	0%	0%	16.04%
New Hampshire	4.62%	5.58%	4.38%	5.47%	0%	7.21%	12.51%
United States	5.61%	6.84%	7.1%	5.37%	7.13%	8.25%	14.86%



Population Age 0-4 by Race Alone, Total

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Cheshire County, NH	3,248	18	13	18	0	0	231
New Hampshire	57,497	1,039	94	1,821	0	506	3,276
United States	13,145,011	2,776,496	186,999	923,231	40,669	1,283,195	1,497,914

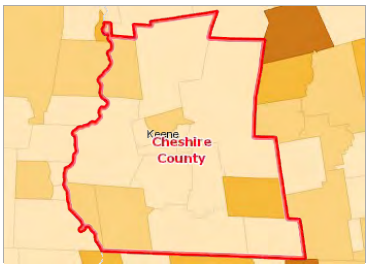


Population Age 5-17

This indicator reports the percentage of youth aged 5-17 in the designated geographic area. This indicator is relevant because it is important to understand the percentage of youth in the community, as this population has unique health needs which should be considered separately from other age groups.

Report Area	Total Population	Population Age 5-17	Percent Population Age 5-17
Cheshire County, NH	76,109	10,392	13.65%
New Hampshire	1,331,848	199,624	14.99%
United States	321,004,407	53,747,764	16.74%

Data Source: US Census Bureau, American Community Survey. 2013-17. Source geography: Tract



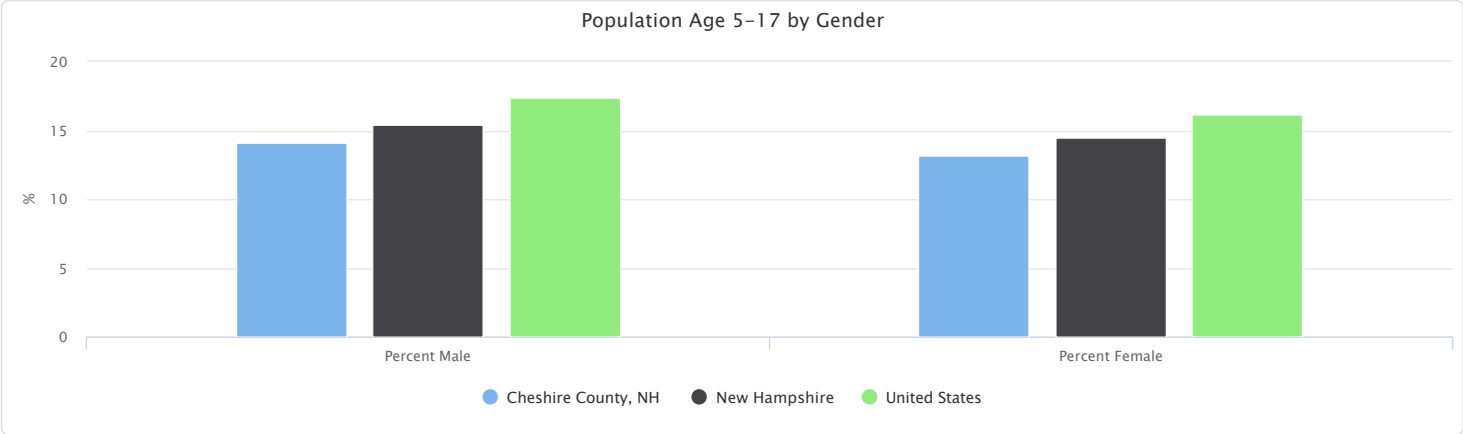
View larger map

Population Age 5-17, Percent by Tract, ACS 2013-17

- Over 19.0%
- 17.1 - 19.0%
- 15.1 - 17.0%
- Under 15.1%
- No Data or Data Suppressed
- Cheshire County, NH

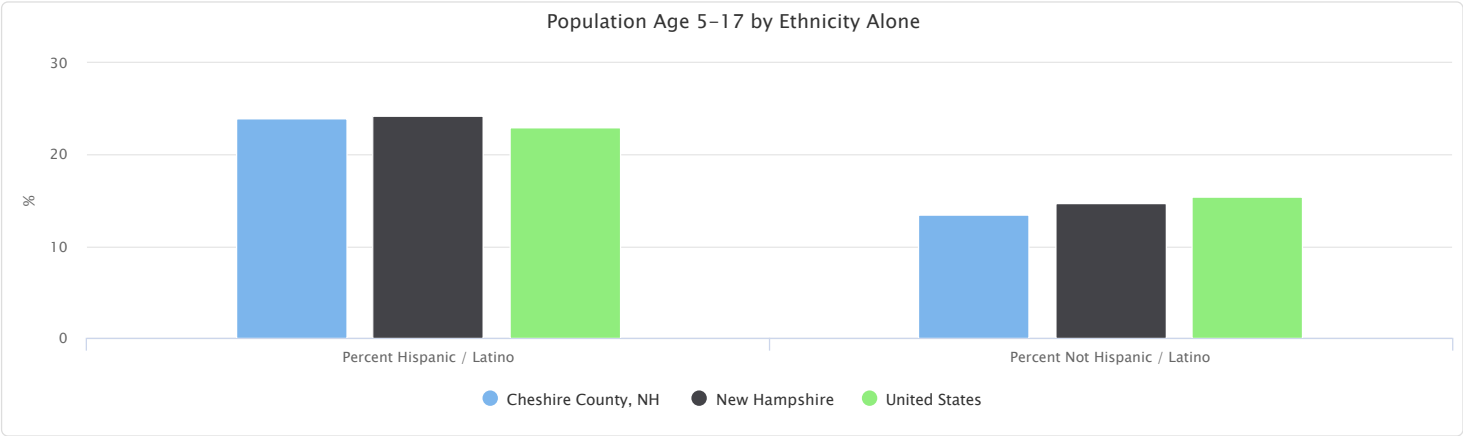
Population Age 5-17 by Gender

Report Area	Total Male	Total Female	Percent Male	Percent Female
Cheshire County, NH	5,265	5,127	14.15%	13.18%
New Hampshire	101,921	97,703	15.46%	14.52%
United States	27,458,617	26,289,147	17.38%	16.13%



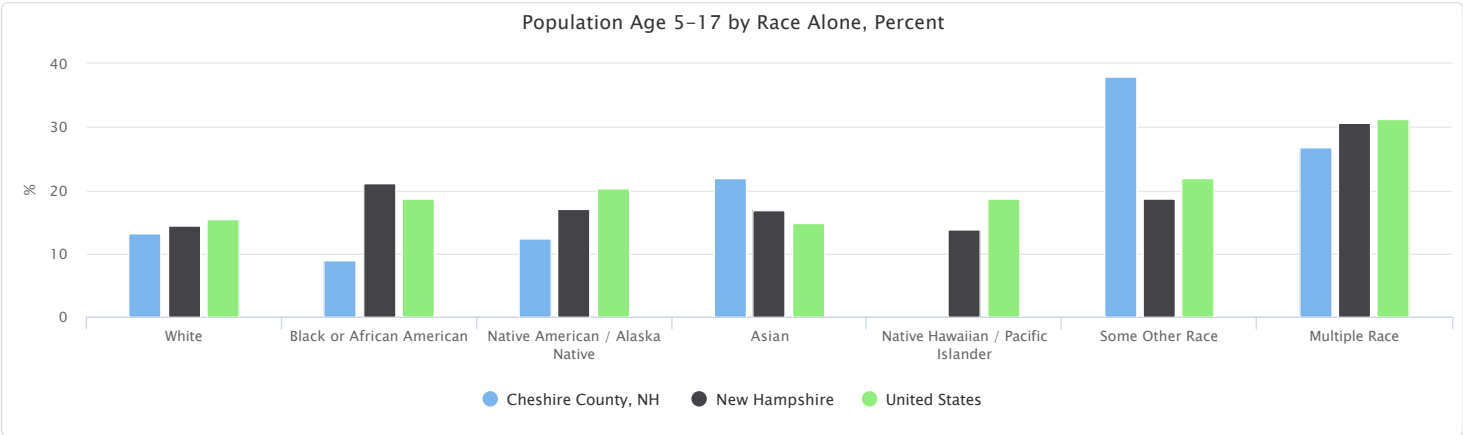
Population Age 5-17 by Ethnicity Alone

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Cheshire County, NH	312	10,080	23.96%	13.47%
New Hampshire	10,958	188,666	24.21%	14.66%
United States	13,034,122	40,713,642	23.06%	15.39%



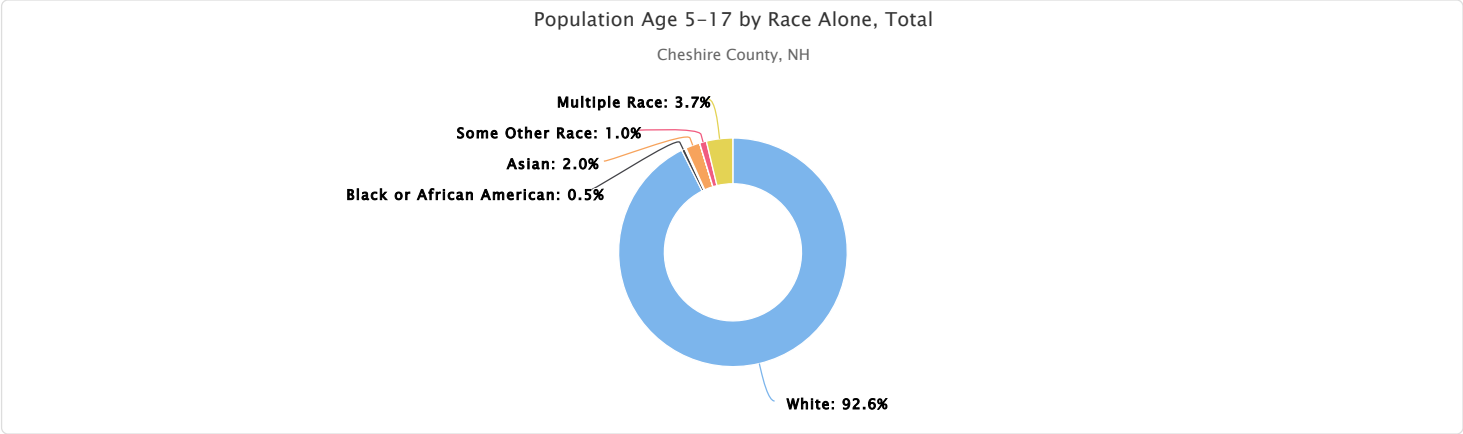
Population Age 5-17 by Race Alone, Percent

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Cheshire County, NH	13.24%	8.93%	12.41%	21.96%	0%	37.97%	26.88%
New Hampshire	14.49%	21.07%	17.04%	16.78%	13.84%	18.74%	30.69%
United States	15.53%	18.7%	20.27%	14.86%	18.74%	21.89%	31.37%



Population Age 5-17 by Race Alone, Total

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Cheshire County, NH	9,622	52	17	213	0	101	387
New Hampshire	180,348	3,925	366	5,591	40	1,315	8,039
United States	36,391,360	7,595,386	533,407	2,553,290	106,834	3,405,176	3,162,311

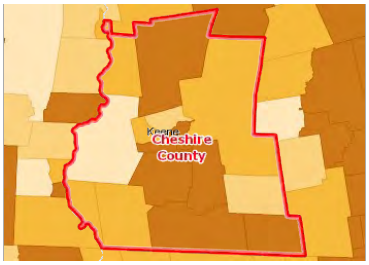


Population Age 18-64

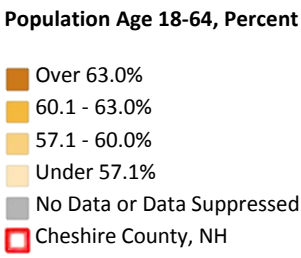
This indicator reports the percentage of population age 18-64 in the designated geographic area. This indicator is relevant because it is important to understand the percentage of adults in the community, as this population has unique health needs which should be considered separately from other age groups.

Report Area	Total Population	Population Age 18-64	Percent Population Age 18-64
Cheshire County, NH	76,109	48,484	63.7%
New Hampshire	1,331,848	848,698	63.72%
United States	321,004,407	199,670,739	62.2%

Data Source: US Census Bureau, American Community Survey. 2013-17. Source geography: Tract



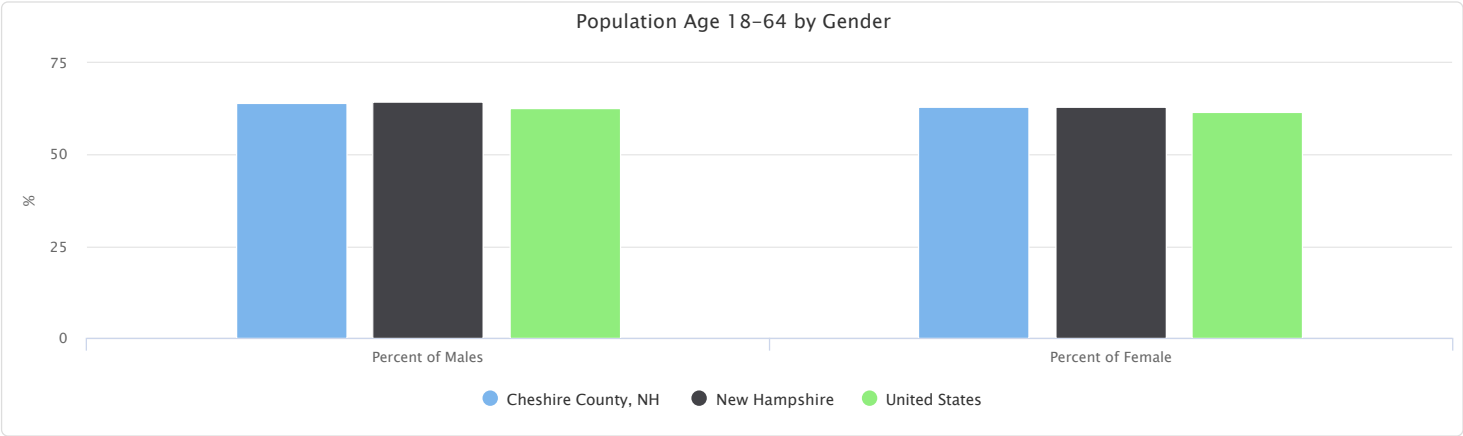
View larger map



Population Age 18-64 by Gender

This indicator reports the percentage of population that are at age 18 to 64 by gender. In the report area, 64.25% of male population are at age 18-64, and 63.18% of female population are at age 18-64.

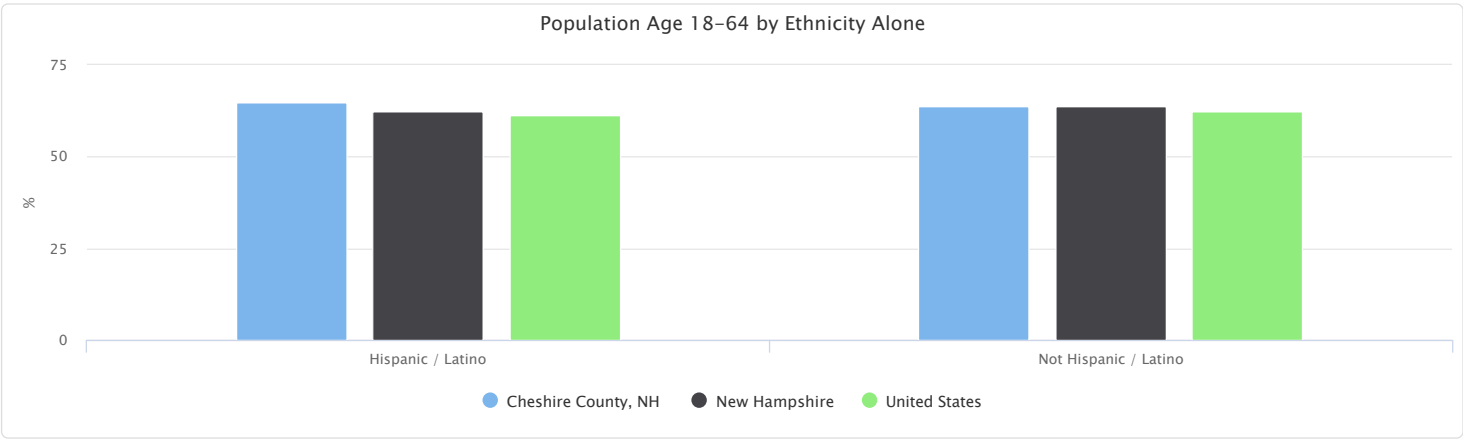
Report Area	Males Age 18-64	Females Age 18-64	Percent of Males Age 18-64	Percent of Females Age 18-64
Cheshire County, NH	23,900	24,584	64.25%	63.18%
New Hampshire	424,757	423,941	64.44%	63.02%
United States	99,353,006	100,317,733	62.87%	61.55%



Population Age 18-64 by Ethnicity Alone

This indicator reports the percentage of population that are at age 18 to 64 by ethnicity alone. In the report area, 64.9% of Hispanic / Latino population are at age 18-64, and 63.68% of non Hispanic / Latino population are at age 18-64.

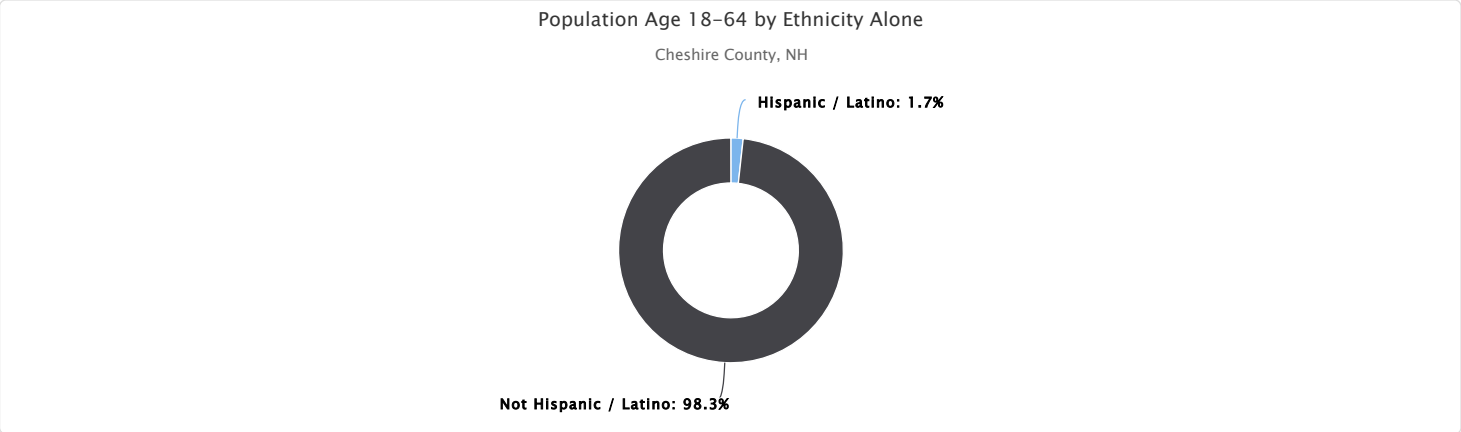
Report Area	Hispanic / Latino Age 18-64	Not Hispanic / Latino Age 18-64	Percent Hispanic / Latino Age 18-64	Percent Not Hispanic / Latino Age 18-64
Cheshire County, NH	845	47,639	64.9%	63.68%
New Hampshire	28,249	820,449	62.41%	63.77%
United States	34,587,150	165,083,589	61.2%	62.41%



Population Age 18-64 by Ethnicity Alone

This indicator reports the proportion of the adult population aged 18 to 64 that is Hispanic or Latino.

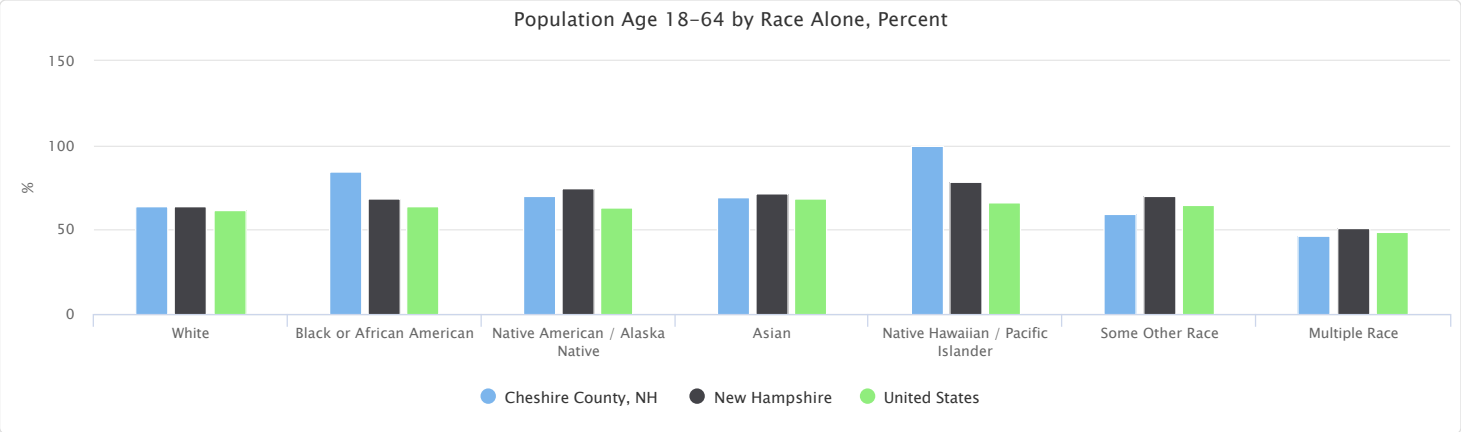
Report Area	Hispanic / Latino Age 18+	Not Hispanic / Latino Age 18+	Percent Hispanic / Latino Age 18+	Percent Not Hispanic / Latino Age 18+
Cheshire County, NH	845	47,639	1.74%	98.26%
New Hampshire	28,249	820,449	3.33%	96.67%
United States	34,587,150	165,083,589	17.32%	82.68%



Population Age 18-64 by Race Alone, Percent

This indicator reports the percentage of population that are at age 18 to 64 by race alone.

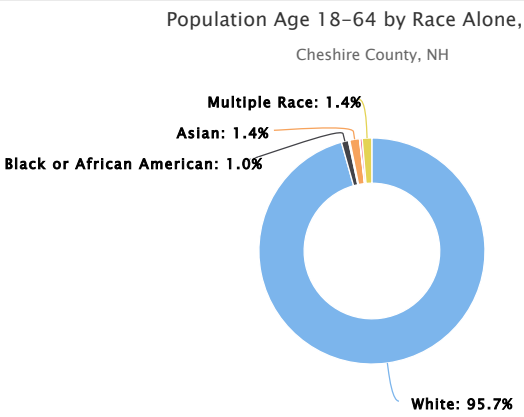
Report Area	White Age 18-64	Black or African American Age 18-64	Native American / Alaska Native Age 18-64	Asian Age 18-64	Native Hawaiian / Pacific Islander Age 18-64	Some Other Race Age 18-64	Multiple Race Age 18-64
Cheshire County, NH	63.8%	84.19%	70.07%	69.59%	100%	59.4%	46.18%
New Hampshire	63.67%	68.31%	74.77%	71.35%	78.2%	69.7%	50.74%
United States	61.86%	63.96%	63.11%	68.15%	66.26%	64.6%	48.83%



Population Age 18-64 by Race Alone, Total

This indicator reports the proportion of each race (alone) making up the population aged 18 to 64.

Report Area	White Age 18-64	Black or African American Age 18-64	Native American / Alaska Native Age 18-64	Asian Age 18-64	Native Hawaiian / Pacific Islander Age 18-64	Some Other Race Age 18-64	Multiple Race Age 18-64
Cheshire County, NH	46,375	490	96	675	25	158	665
New Hampshire	792,190	12,727	1,606	23,769	226	4,890	13,290
United States	144,975,185	25,974,363	1,661,012	11,712,499	377,742	10,047,575	4,922,363

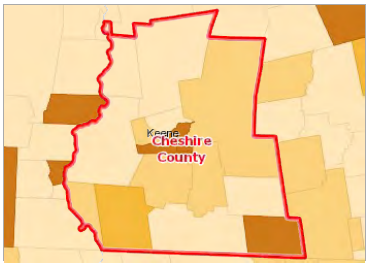


Population Age 18-24

This indicator reports the percentage of youth aged 18-24 in the designated geographic area. This indicator is relevant because it is important to understand the percentage of youth in the community, as this population has unique health needs which should be considered separately from other age groups.

Report Area	Total Population	Population Age 18-24	Percent Population Age 18-24
Cheshire County, NH	76,109	9,586	12.6%
New Hampshire	1,331,848	128,520	9.65%
United States	321,004,407	31,131,484	9.7%

Data Source: US Census Bureau, American Community Survey. 2013-17. Source geography: Tract



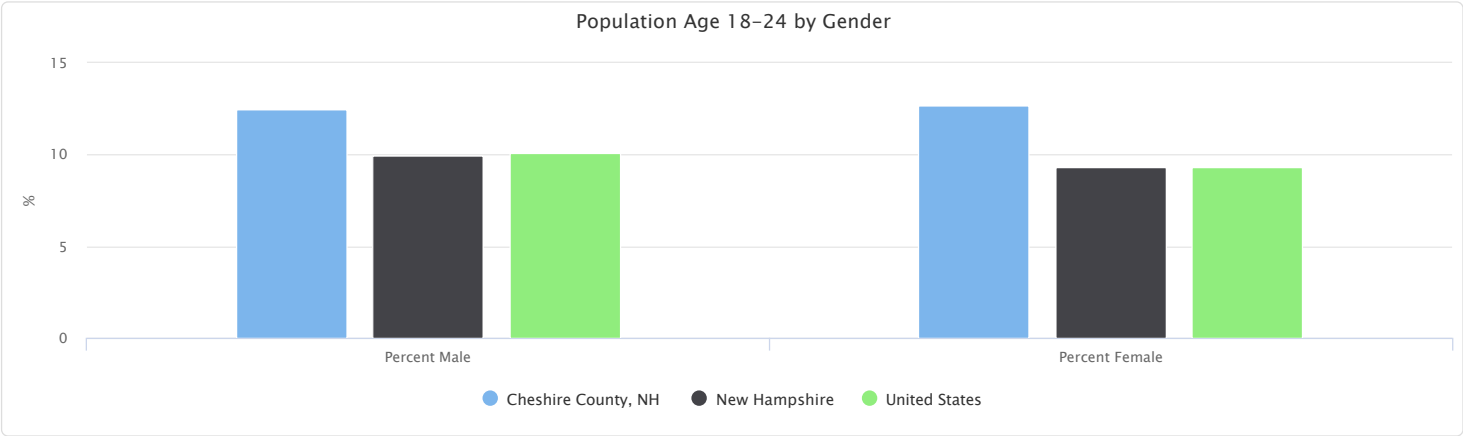
View larger map

Population Age 18-24, Percent by Tract, ACS 2013-17

- Over 11.0%
- 9.1 - 11.0%
- 7.1 - 9.0%
- Under 7.1%
- No Data or Data Suppressed
- Cheshire County, NH

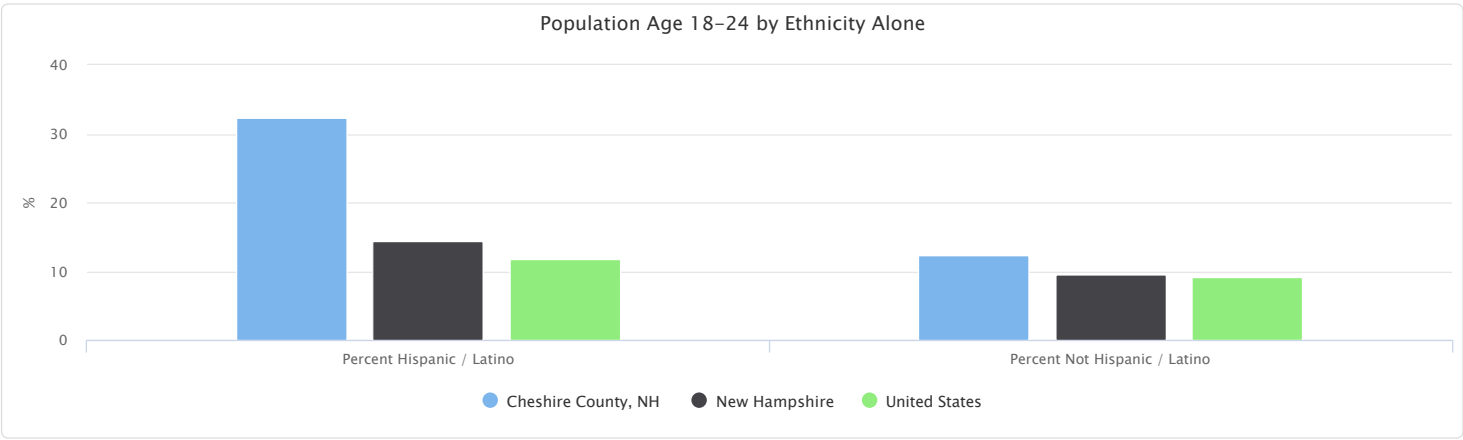
Population Age 18-24 by Gender

Report Area	Total Male	Total Female	Percent Male	Percent Female
Cheshire County, NH	4,638	4,948	12.47%	12.72%
New Hampshire	65,672	62,848	9.96%	9.34%
United States	15,968,535	15,162,949	10.11%	9.3%



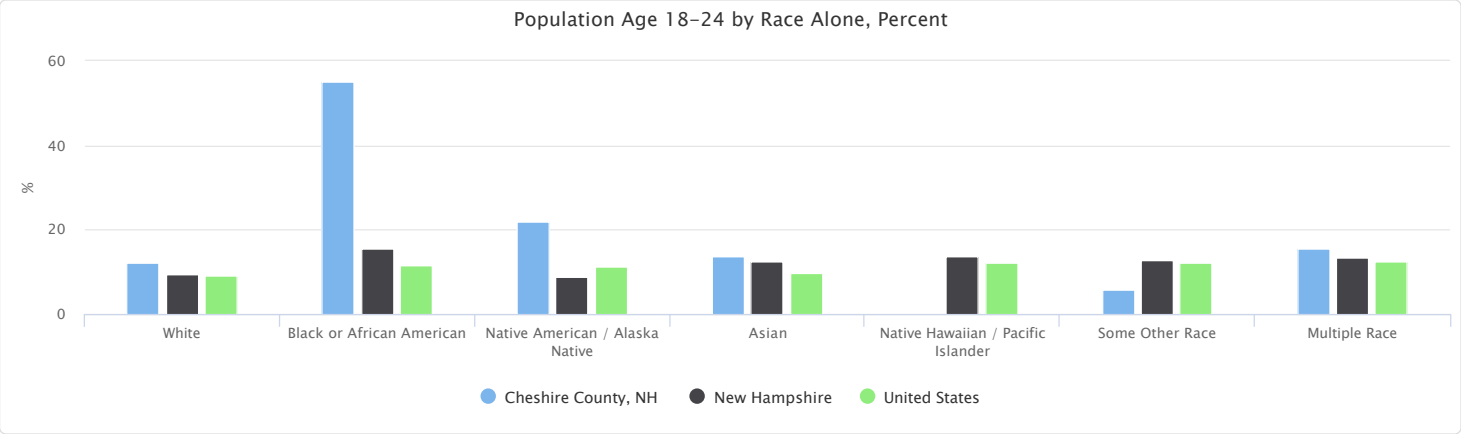
Population Age 18-24 by Ethnicity Alone

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Cheshire County, NH	420	9,166	32.26%	12.25%
New Hampshire	6,519	122,001	14.4%	9.48%
United States	6,665,654	24,465,830	11.8%	9.25%



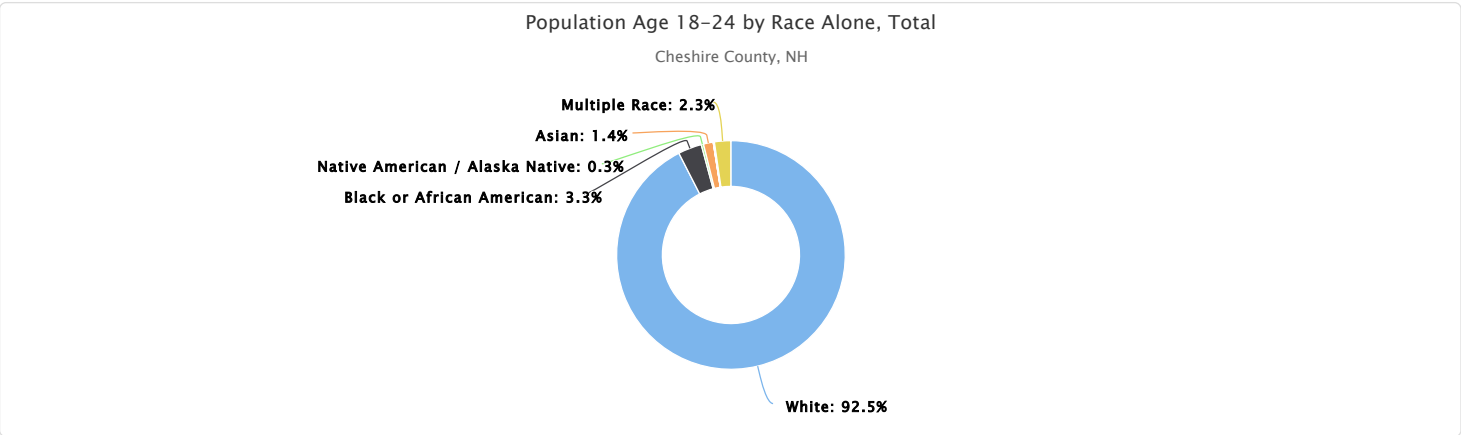
Population Age 18-24 by Race Alone, Percent

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Cheshire County, NH	12.2%	54.98%	21.9%	13.71%	0%	5.64%	15.42%
New Hampshire	9.4%	15.41%	8.94%	12.4%	13.84%	12.76%	13.25%
United States	9.06%	11.55%	11.4%	9.78%	12.26%	12.27%	12.48%



Population Age 18-24 by Race Alone, Total

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Cheshire County, NH	8,866	320	30	133	0	15	222
New Hampshire	116,919	2,871	192	4,132	40	895	3,471
United States	21,223,721	4,690,446	300,182	1,680,628	69,897	1,908,262	1,258,348

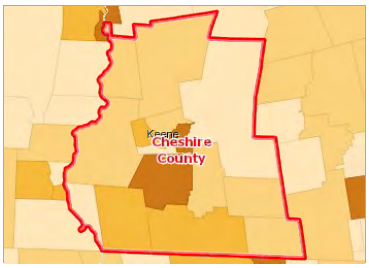


Population Age 25-34

This indicator reports the percentage of youth aged 25-34 in the designated geographic area. This indicator is relevant because it is important to understand the percentage of youth in the community, as this population has unique health needs which should be considered separately from other age groups.

Report Area	Total Population	Population Age 25-34	Percent Population Age 25-34
Cheshire County, NH	76,109	8,830	11.6%
New Hampshire	1,331,848	156,374	11.74%
United States	321,004,407	44,044,173	13.72%

Data Source: US Census Bureau, American Community Survey. 2013-17. Source geography: Tract



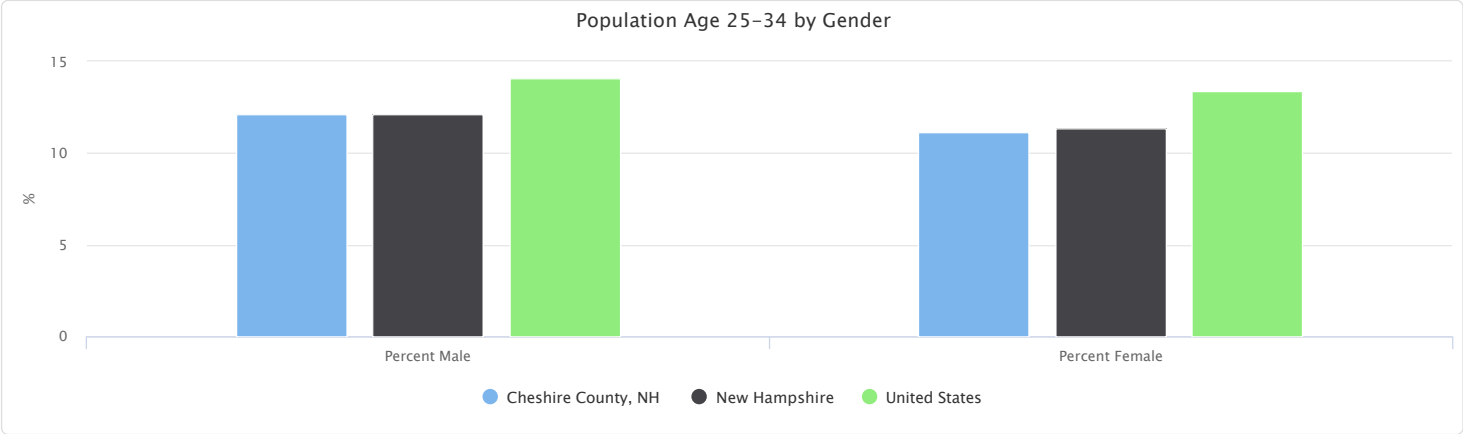
View larger map

Population Age 25-34, Percent by Tract, ACS 2013-17

- Over 14.0%
- 12.1 - 14.0%
- 10.1 - 12.0%
- Under 10.1%
- No Data or Data Suppressed
- Cheshire County, NH

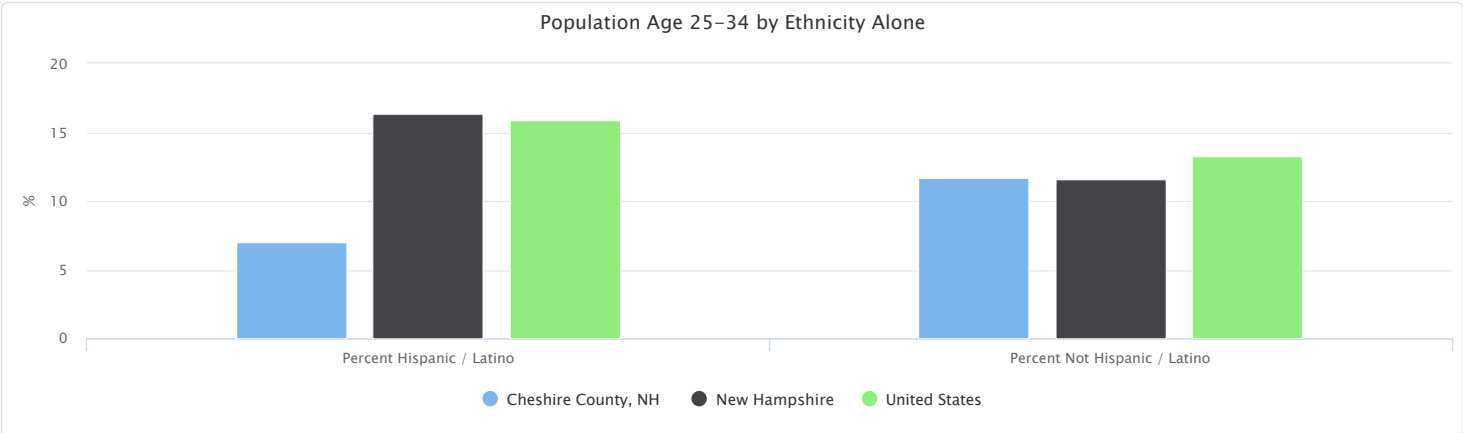
Population Age 25-34 by Gender

Report Area	Total Male	Total Female	Percent Male	Percent Female
Cheshire County, NH	4,503	4,327	12.11%	11.12%
New Hampshire	80,109	76,265	12.15%	11.34%
United States	22,256,013	21,788,160	14.08%	13.37%



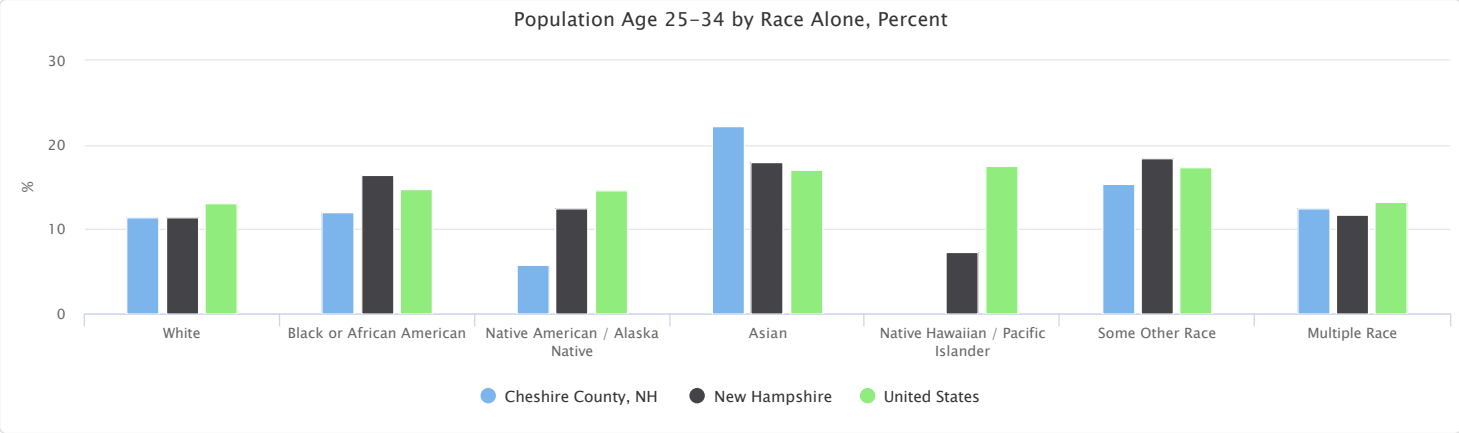
Population Age 25-34 by Ethnicity Alone

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Cheshire County, NH	91	8,739	6.99%	11.68%
New Hampshire	7,412	148,962	16.37%	11.58%
United States	9,002,730	35,041,443	15.93%	13.25%



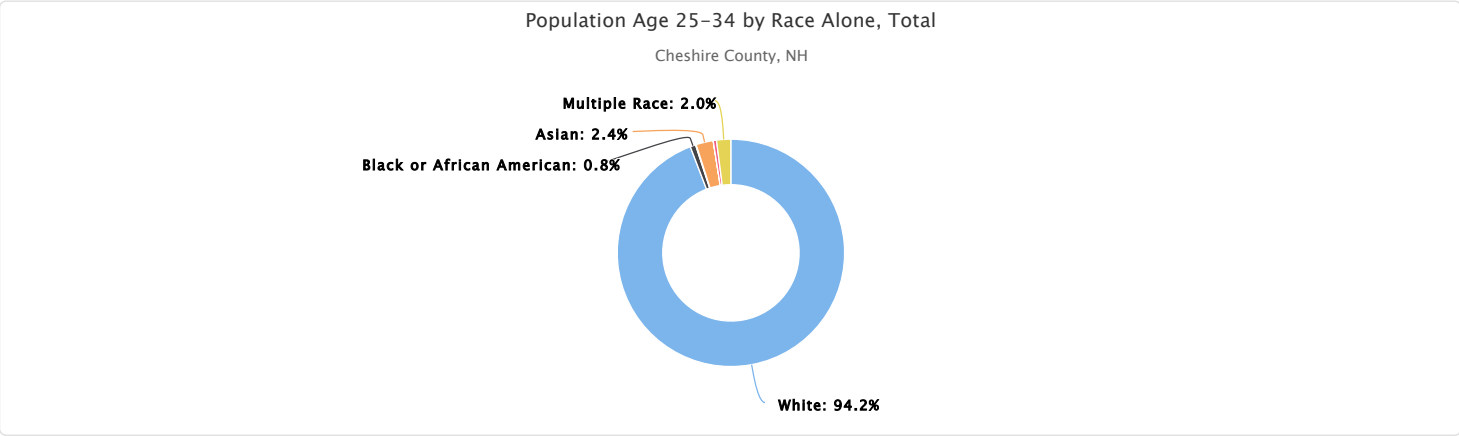
Population Age 25-34 by Race Alone, Percent

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Cheshire County, NH	11.44%	12.03%	5.84%	22.27%	0%	15.41%	12.43%
New Hampshire	11.46%	16.49%	12.52%	18.04%	7.27%	18.5%	11.65%
United States	13.06%	14.75%	14.57%	17.08%	17.57%	17.29%	13.25%



Population Age 25-34 by Race Alone, Total

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Cheshire County, NH	8,316	70	8	216	0	41	179
New Hampshire	142,653	3,073	269	6,010	21	1,298	3,050
United States	30,607,906	5,991,708	383,368	2,935,635	100,174	2,689,994	1,335,388

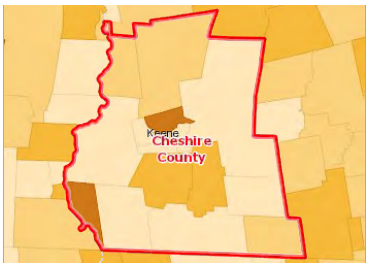


Population Age 35-44

This indicator reports the percentage of youth aged 25-34 in the designated geographic area. This indicator is relevant because it is important to understand the percentage of youth in the community, as this population has unique health needs which should be considered separately from other age groups.

Report Area	Total Population	Population Age 35-44	Percent Population Age 35-44
Cheshire County, NH	76,109	7,849	10.31%
New Hampshire	1,331,848	156,530	11.75%
United States	321,004,407	40,656,419	12.67%

Data Source: US Census Bureau, American Community Survey. 2013-17. Source geography: Tract



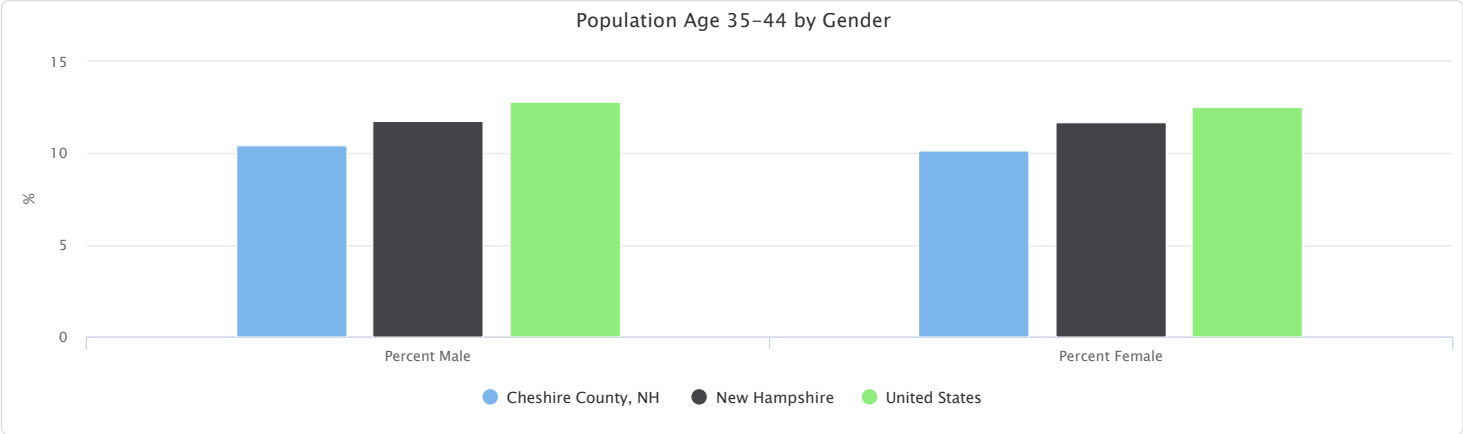
View larger map

Population Age 35-44, Percent by Tract, ACS 2013-17

- Over 14.0%
- 12.1 - 14.0%
- 10.1 - 12.0%
- Under 10.1%
- No Data or Data Suppressed
- Cheshire County, NH

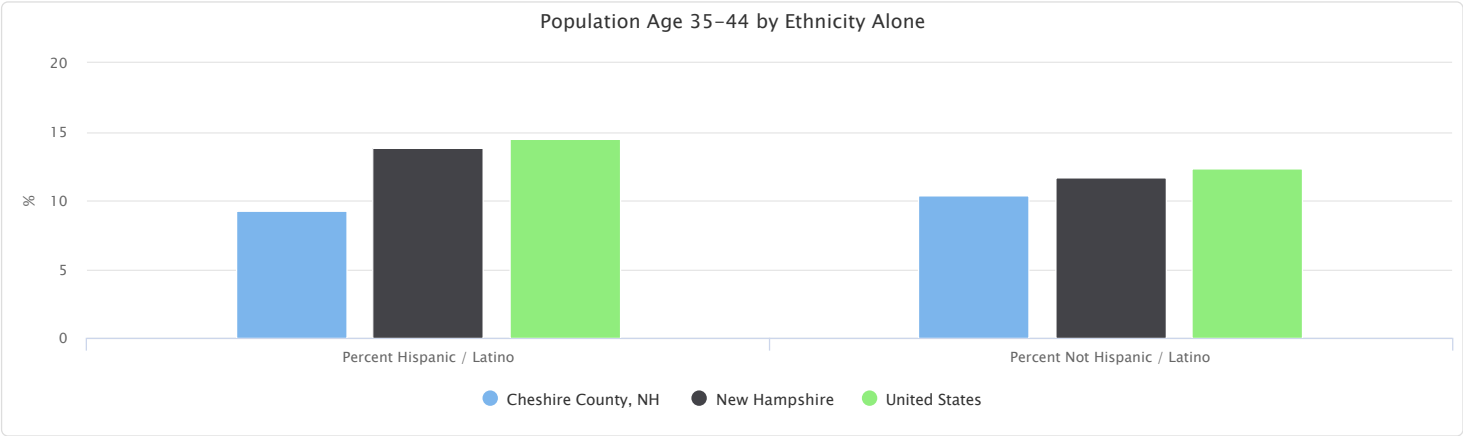
Population Age 35-44 by Gender

Report Area	Total Male	Total Female	Percent Male	Percent Female
Cheshire County, NH	3,895	3,954	10.47%	10.16%
New Hampshire	77,704	78,826	11.79%	11.72%
United States	20,243,714	20,412,705	12.81%	12.52%



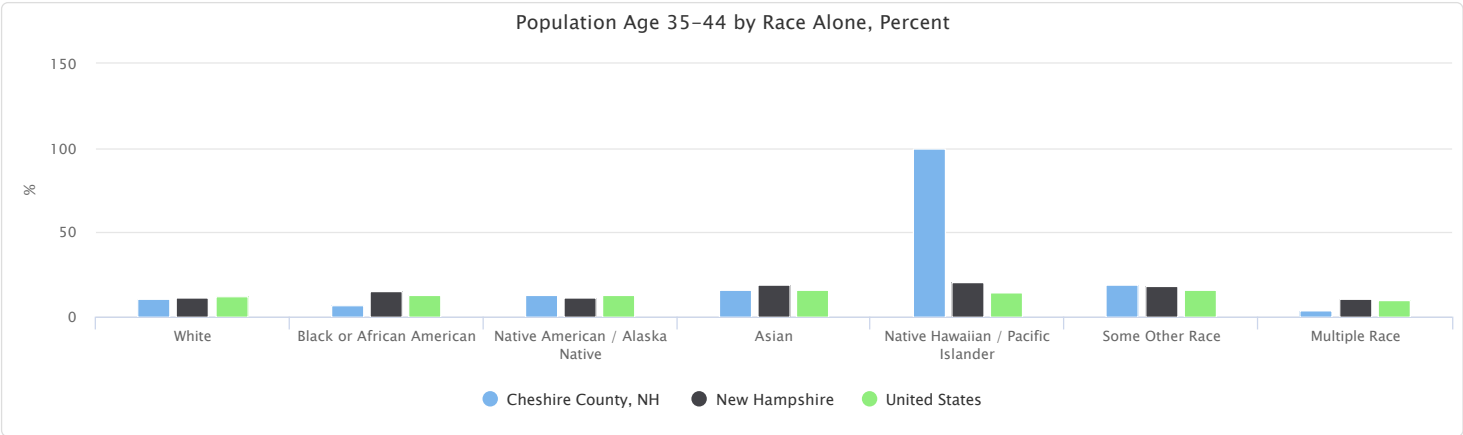
Population Age 35-44 by Ethnicity Alone

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Cheshire County, NH	121	7,728	9.29%	10.33%
New Hampshire	6,263	150,267	13.84%	11.68%
United States	8,160,321	32,496,098	14.44%	12.29%



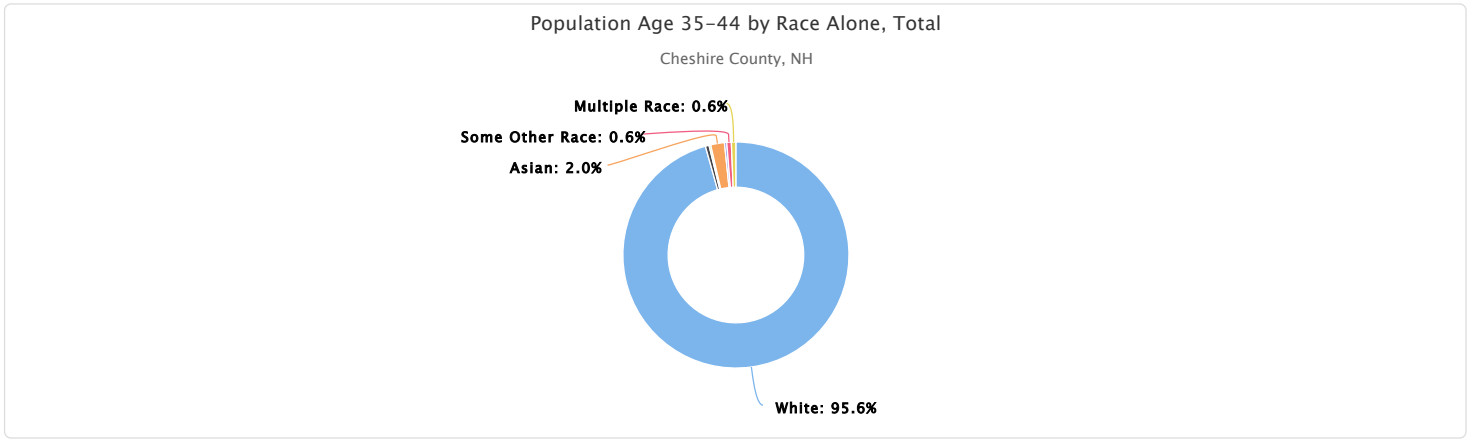
Population Age 35-44 by Race Alone, Percent

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Cheshire County, NH	10.33%	7.22%	13.14%	15.98%	100%	19.17%	3.54%
New Hampshire	11.49%	15.28%	11.64%	18.85%	20.76%	18.1%	10.96%
United States	12.27%	12.96%	12.8%	16.32%	14.54%	15.66%	9.68%



Population Age 35-44 by Race Alone, Total

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Cheshire County, NH	7,507	42	18	155	25	51	51
New Hampshire	142,952	2,847	250	6,280	60	1,270	2,871
United States	28,755,617	5,264,663	337,036	2,804,779	82,890	2,436,070	975,364

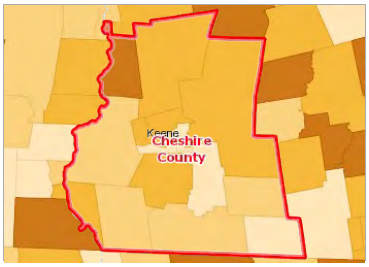


Population Age 45-54

This indicator reports the percentage of youth aged 45-54 in the designated geographic area. This indicator is relevant because it is important to understand the percentage of youth in the community, as this population has unique health needs which should be considered separately from other age groups.

Report Area	Total Population	Population Age 45-54	Percent Population Age 45-54
Cheshire County, NH	76,109	10,573	13.89%
New Hampshire	1,331,848	205,335	15.42%
United States	321,004,407	43,091,143	13.42%

Data Source: US Census Bureau, American Community Survey. 2013-17. Source geography: Tract



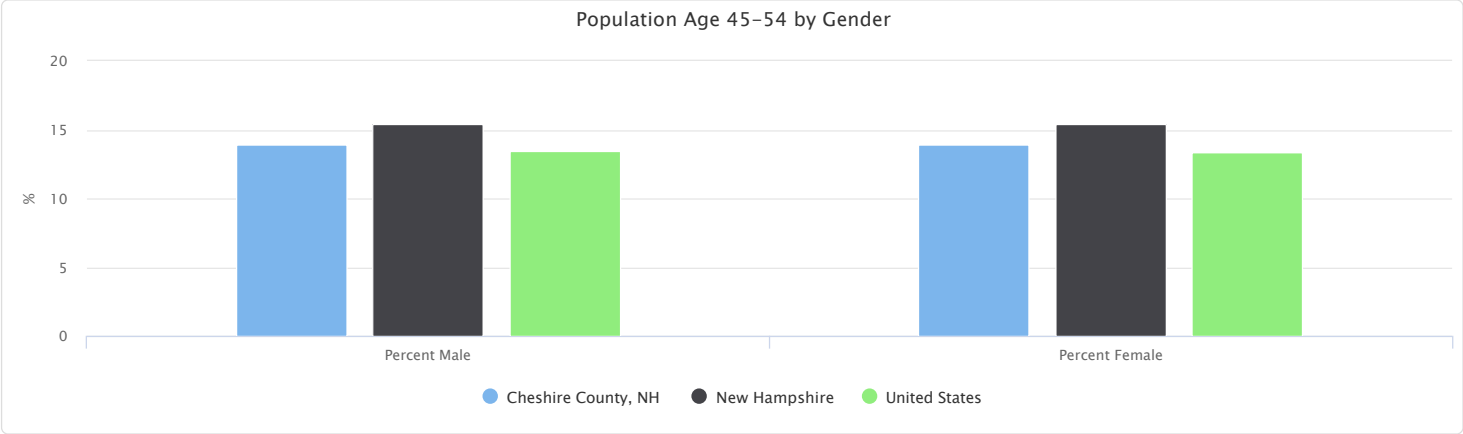
View larger map

Population Age 45-54, Percent by Tract, ACS 2013-17

- Over 17.0%
- 15.1 - 17.0%
- 13.1 - 15.0%
- Under 13.1%
- No Data or Data Suppressed
- Cheshire County, NH

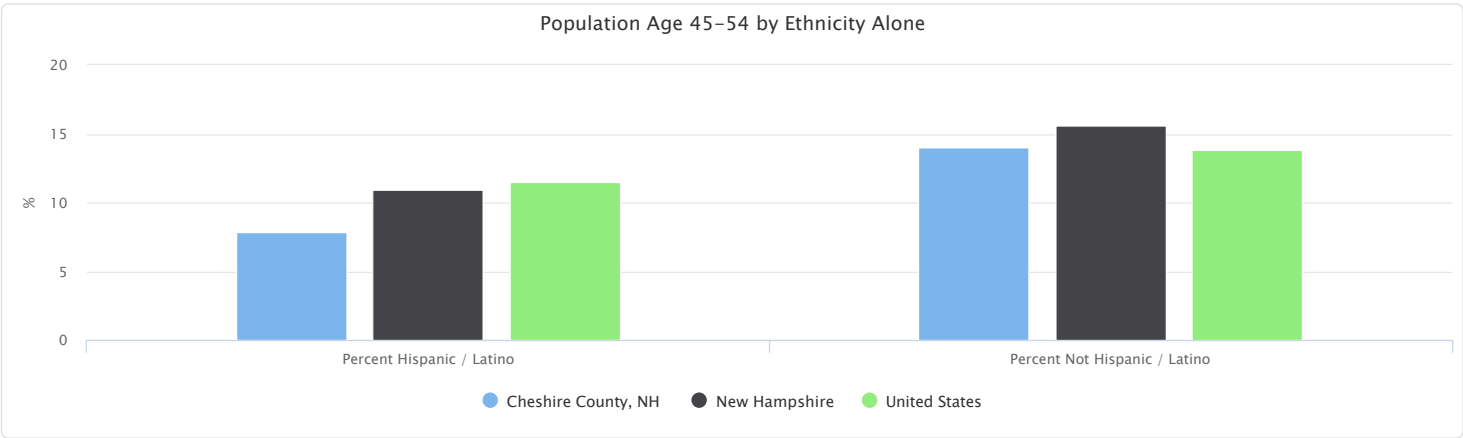
Population Age 45-54 by Gender

Report Area	Total Male	Total Female	Percent Male	Percent Female
Cheshire County, NH	5,174	5,399	13.91%	13.88%
New Hampshire	101,724	103,611	15.43%	15.4%
United States	21,240,123	21,851,020	13.44%	13.41%



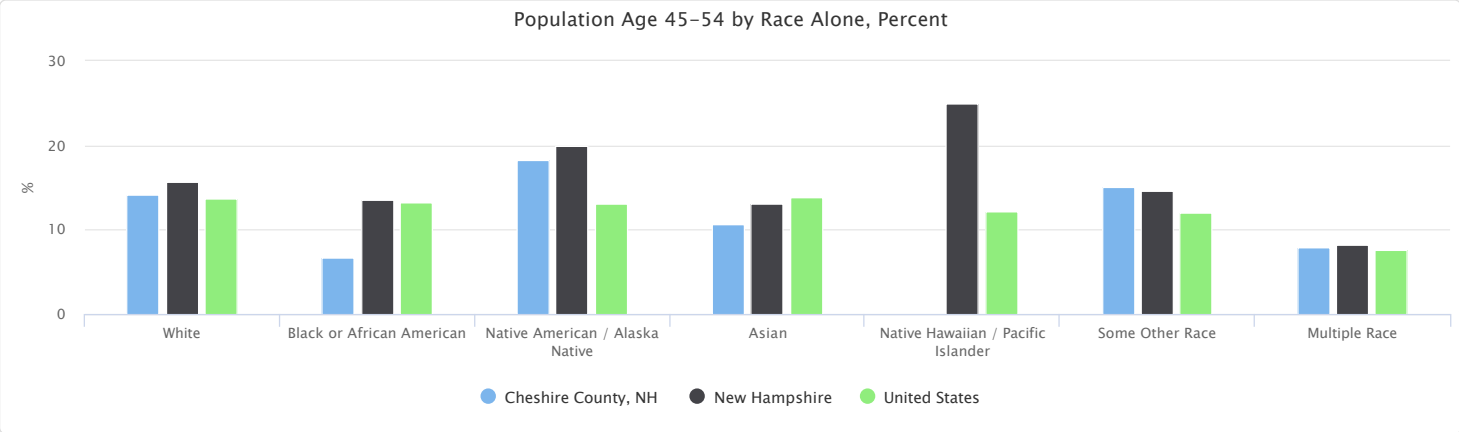
Population Age 45-54 by Ethnicity Alone

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Cheshire County, NH	102	10,471	7.83%	14%
New Hampshire	4,953	200,382	10.94%	15.57%
United States	6,491,314	36,599,829	11.49%	13.84%



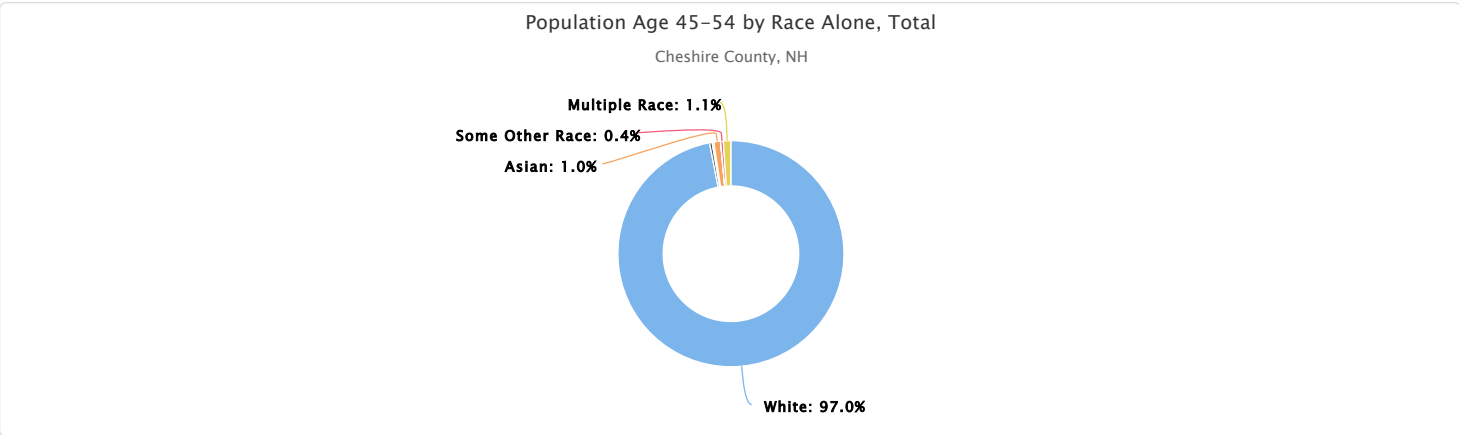
Population Age 45-54 by Race Alone, Percent

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Cheshire County, NH	14.1%	6.7%	18.25%	10.72%	0%	15.04%	7.85%
New Hampshire	15.65%	13.57%	19.97%	13.14%	24.91%	14.67%	8.19%
United States	13.77%	13.23%	13.05%	13.81%	12.23%	12.1%	7.64%



Population Age 45-54 by Race Alone, Total

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Cheshire County, NH	10,252	39	25	104	0	40	113
New Hampshire	194,753	2,528	429	4,378	72	1,029	2,146
United States	32,281,381	5,371,352	343,481	2,373,439	69,707	1,881,848	769,935

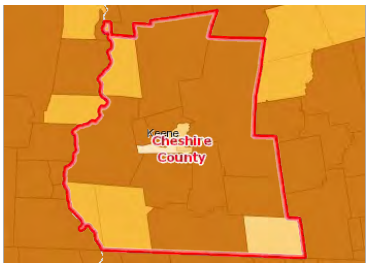


Population Age 55-64

This indicator reports the percentage of youth aged 45-54 in the designated geographic area. This indicator is relevant because it is important to understand the percentage of youth in the community, as this population has unique health needs which should be considered separately from other age groups.

Report Area	Total Population	Population Age 55-64	Percent Population Age 55-64
Cheshire County, NH	76,109	11,646	15.3%
New Hampshire	1,331,848	201,939	15.16%
United States	321,004,407	40,747,520	12.69%

Data Source: US Census Bureau, American Community Survey. 2013-17. Source geography: Tract



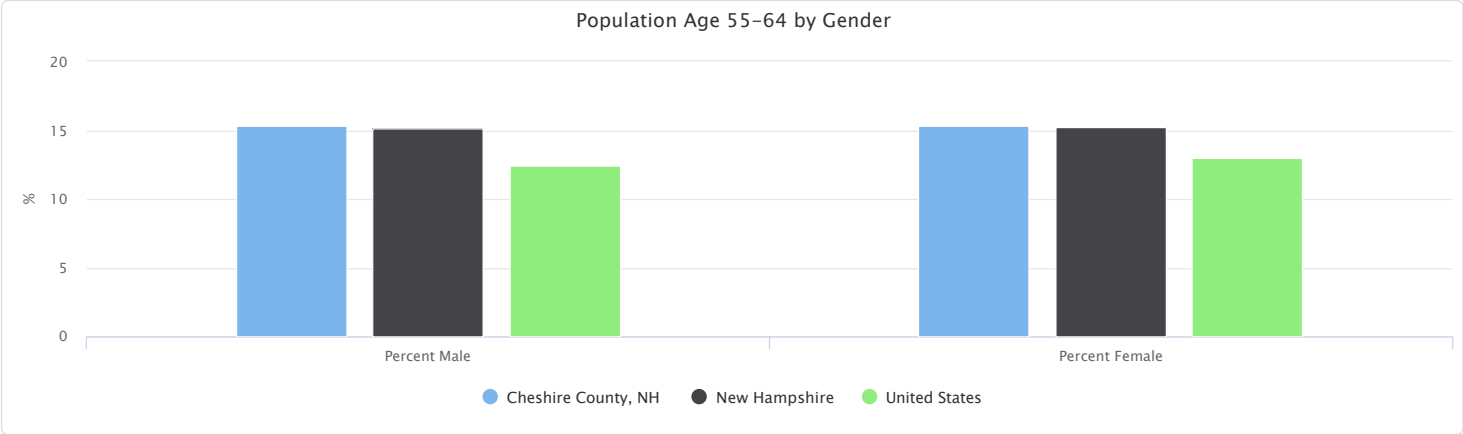
View larger map

Population Age 55-64, Percent by Tract, ACS 2013-17

- Over 15.0%
- 13.1 - 15.0%
- 11.1 - 13.0%
- Under 11.1%
- No Data or Data Suppressed
- Cheshire County, NH

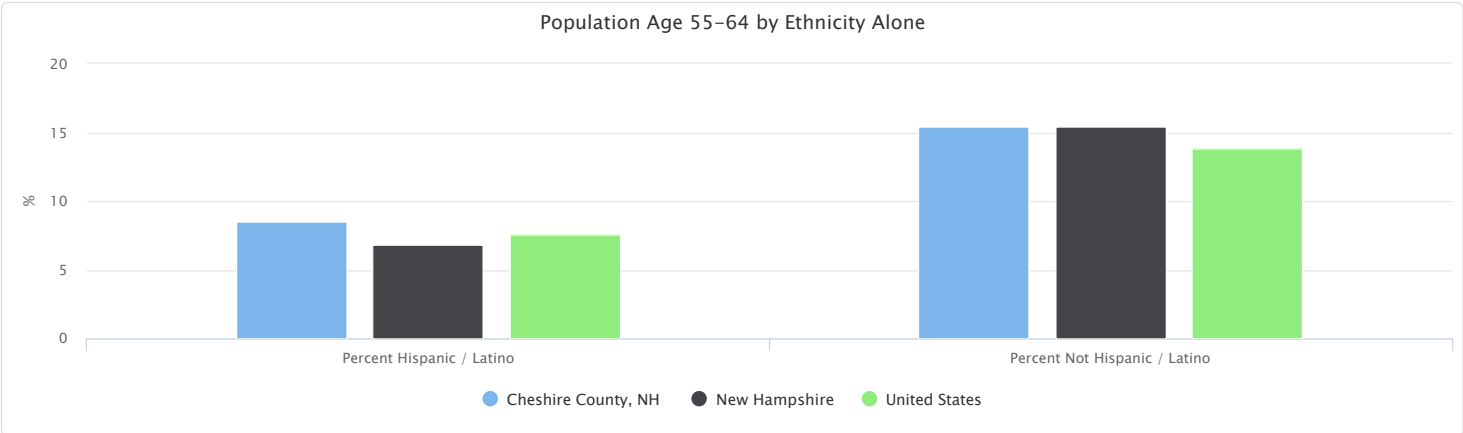
Population Age 55-64 by Gender

Report Area	Total Male	Total Female	Percent Male	Percent Female
Cheshire County, NH	5,690	5,956	15.3%	15.31%
New Hampshire	99,548	102,391	15.1%	15.22%
United States	19,644,621	21,102,899	12.43%	12.95%



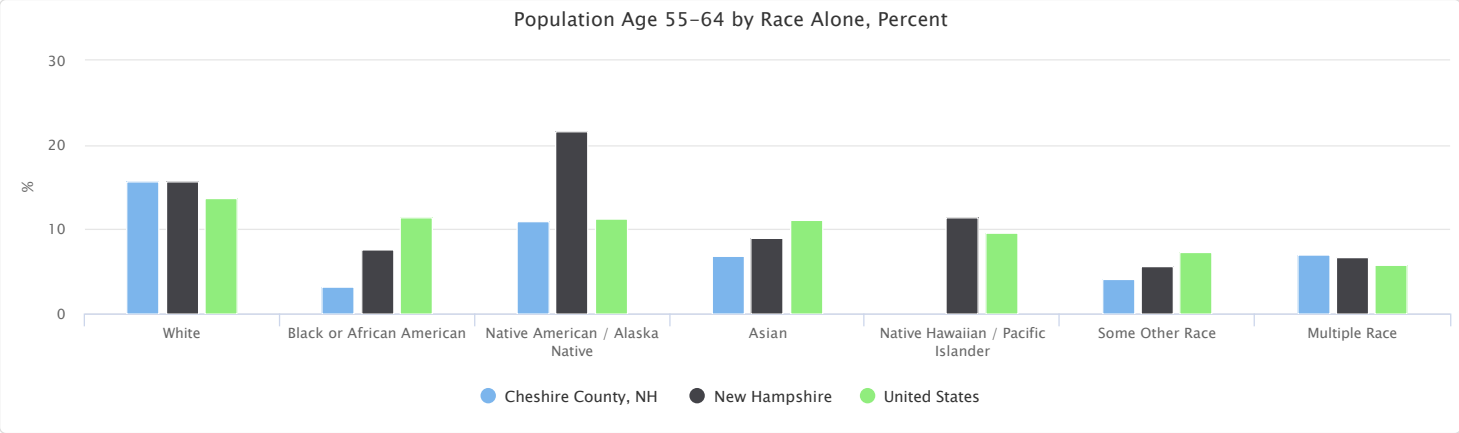
Population Age 55-64 by Ethnicity Alone

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Cheshire County, NH	111	11,535	8.53%	15.42%
New Hampshire	3,102	198,837	6.85%	15.45%
United States	4,267,131	36,480,389	7.55%	13.79%



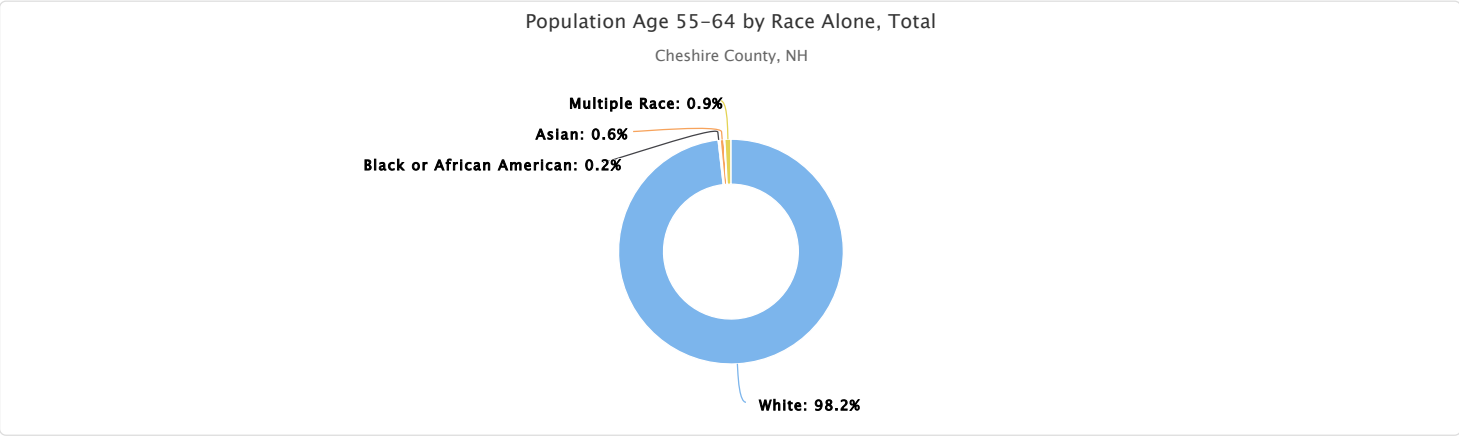
Population Age 55-64 by Race Alone, Percent

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Cheshire County, NH	15.73%	3.26%	10.95%	6.91%	0%	4.14%	6.94%
New Hampshire	15.66%	7.56%	21.69%	8.91%	11.42%	5.67%	6.69%
United States	13.7%	11.47%	11.28%	11.16%	9.66%	7.27%	5.79%



Population Age 55-64 by Race Alone, Total

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Cheshire County, NH	11,434	19	15	67	0	11	100
New Hampshire	194,913	1,408	466	2,969	33	398	1,752
United States	32,106,560	4,656,194	296,945	1,918,018	55,074	1,131,401	583,328



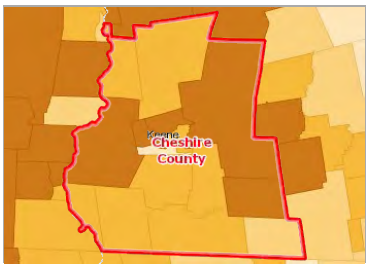
Population Age 65+

An estimated 18.01% of the population in the report area is age 65 or older according to the U.S. Census Bureau American Community Survey 2013-17 5-year estimates. An estimated total of 13,705 older adults resided in the area during this time period. The number of persons age 65 or older is relevant because this population has unique health needs which should be

considered separately from other age groups.

Report Area	Total Population	Population Age 65+	Percent Population Age 65+
Cheshire County, NH	76,109	13,705	18.01%
New Hampshire	1,331,848	219,293	16.47%
United States	321,004,407	47,732,389	14.87%

Data Source: US Census Bureau, American Community Survey. 2013-17. Source geography: Tract



View larger map

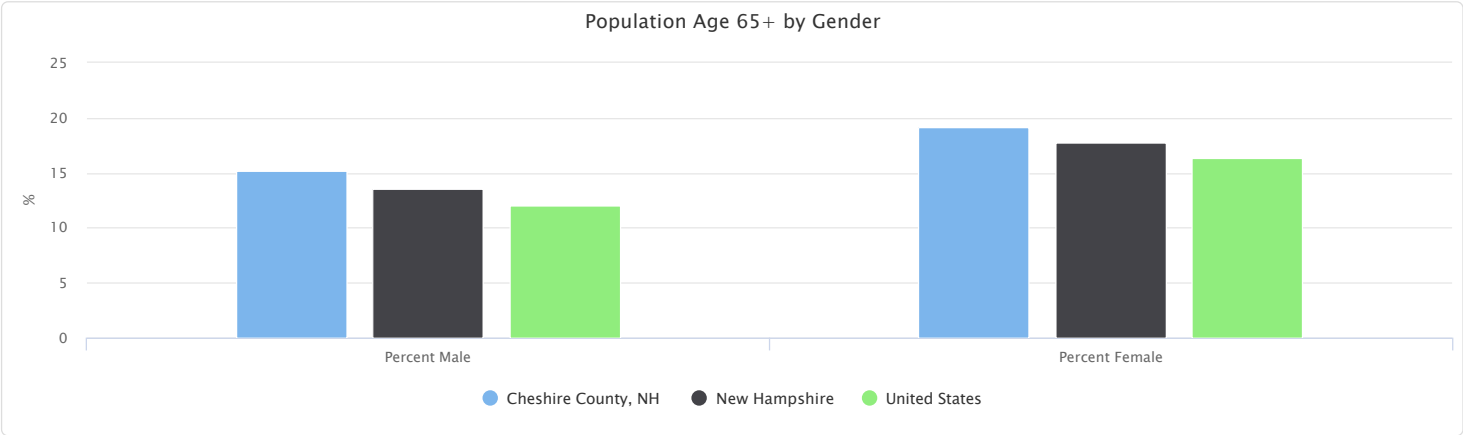
Population Age 65+, Percent by Tract, ACS 2013-17

- Over 20.0%
- 16.1 - 20.0%
- 12.1 - 16.0%
- Under 12.1%
- No Data or Data Suppressed
- Cheshire County, NH

Population Age 65+ by Gender

This indicator reports the percentage of population that are at age 65+ by gender. In the report area, 15.14% of male population are at age 65+, and 19.14% of female population are at age 65+.

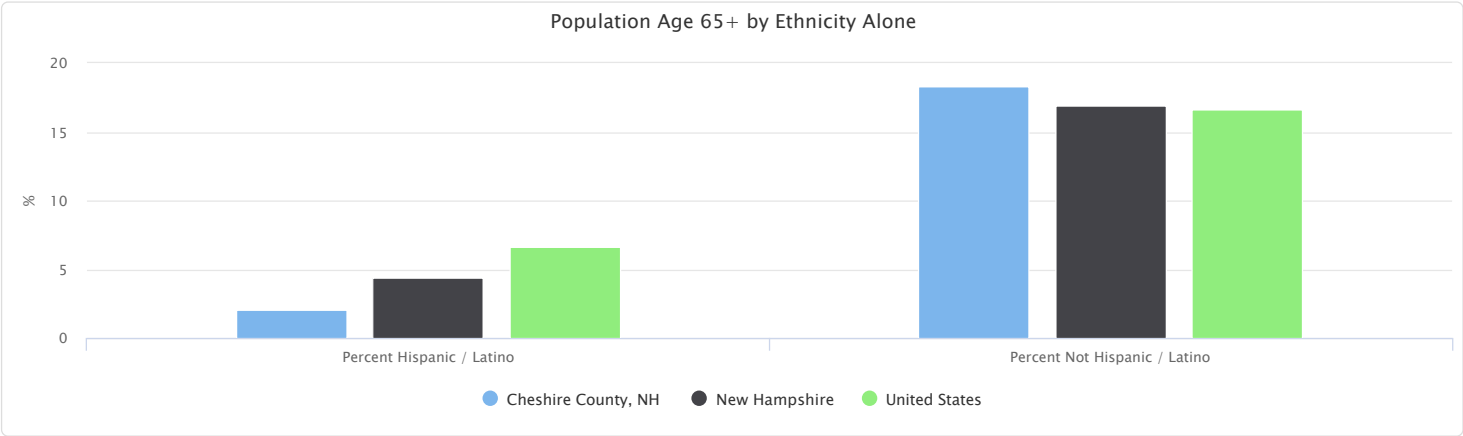
Report Area	Total Male	Total Female	Percent Male	Percent Female
Cheshire County, NH	5,633	7,446	15.14%	19.14%
New Hampshire	89,624	119,703	13.6%	17.79%
United States	18,945,773	26,677,081	11.99%	16.37%



Population Age 65+ by Ethnicity Alone

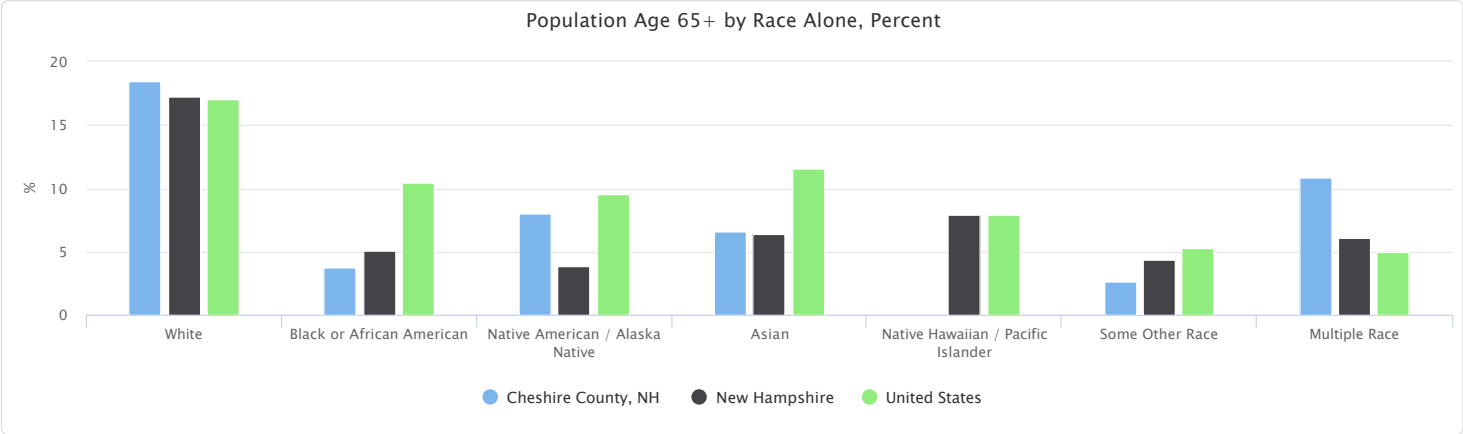
This indicator reports the percentage of population that are at age 65+ by ethnicity alone. In the report area, 2.07% of Hispanic / Latino population are at age 65+, and 18.28% of non Hispanic / Latino population are at age 65+.

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Cheshire County, NH	27	13,678	2.07%	18.28%
New Hampshire	1,987	217,306	4.39%	16.89%
United States	3,754,559	43,977,830	6.64%	16.63%



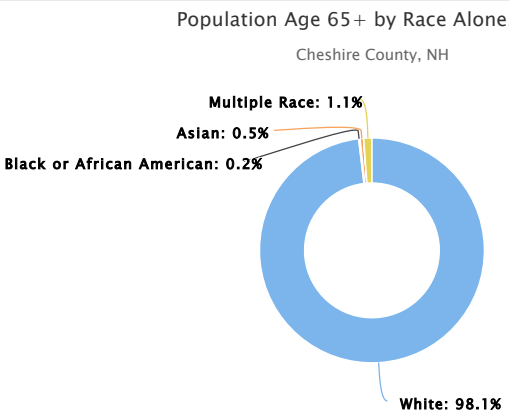
Population Age 65+ by Race Alone, Percent

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Cheshire County, NH	18.5%	3.78%	8.03%	6.6%	0%	2.63%	10.9%
New Hampshire	17.22%	5.05%	3.82%	6.4%	7.96%	4.35%	6.05%
United States	17.01%	10.5%	9.52%	11.62%	7.87%	5.26%	4.94%



Population Age 65+ by Race Alone, Total

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Cheshire County, NH	13,444	22	11	64	0	7	157
New Hampshire	214,225	941	82	2,132	23	305	1,585
United States	39,858,646	4,264,570	250,684	1,997,300	44,871	817,862	498,456

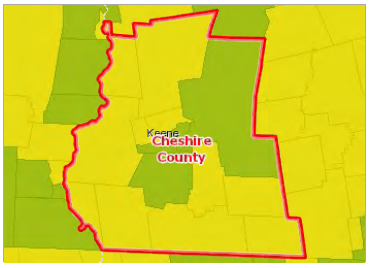


Hispanic Population

The estimated population that is of Hispanic, Latino, or Spanish origin in the report area is 1,302. This represents 1.71% of the total report area population, which is less than the national rate of 17.6%. Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

Report Area	Total Population	Non-Hispanic Population	Percent Population Non-Hispanic	Hispanic or Latino Population	Percent Population Hispanic or Latino
Cheshire County, NH	76,109	74,807	98.29%	1,302	1.71%
New Hampshire	1,331,848	1,286,582	96.6%	45,266	3.4%
United States	321,004,407	264,493,836	82.4%	56,510,571	17.6%

Data Source: US Census Bureau, American Community Survey. 2013-17. Source geography: Tract



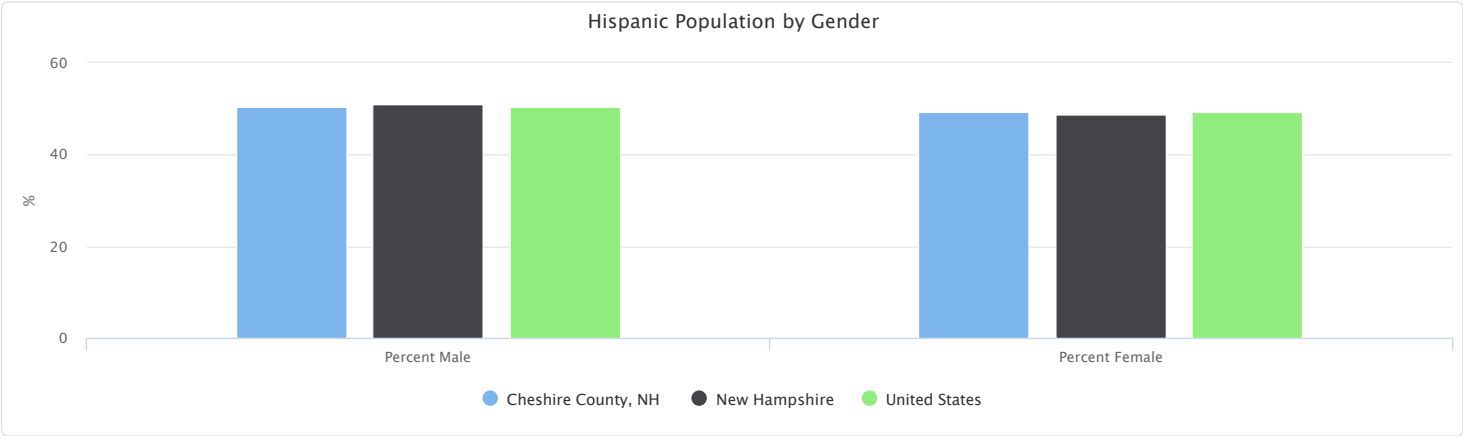
View larger map

Population, Hispanic or Latino, Percent by Tract, ACS 2013-17

- Over 10.0%
- 5.1 - 10.0%
- 2.1 - 5.0%
- Under 2.1%
- No Hispanic Population Reported
- No Data or Data Suppressed
- Cheshire County, NH

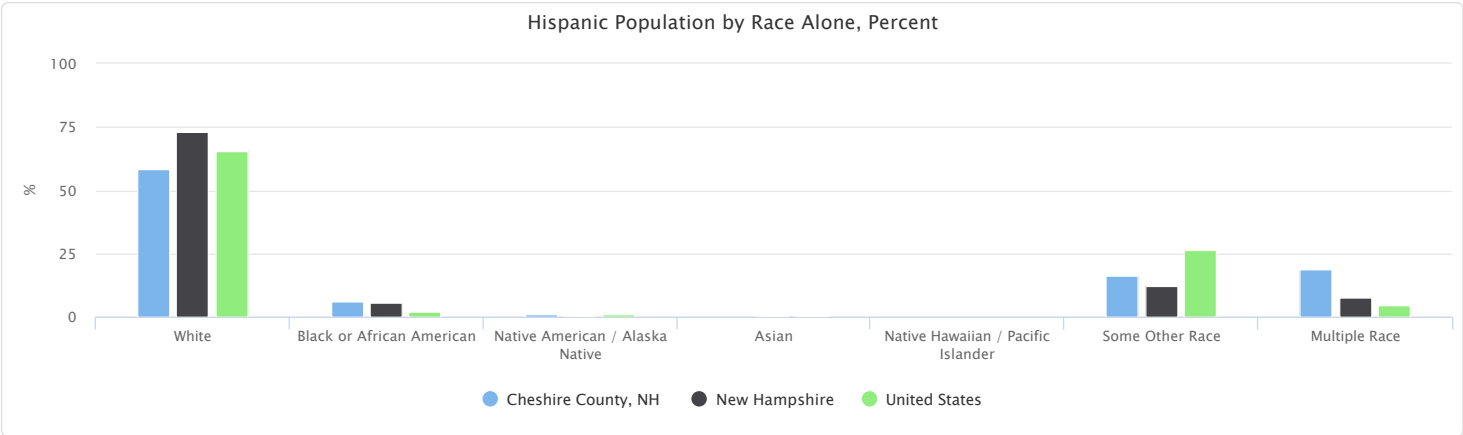
Hispanic Population by Gender

Report Area	Total Male	Total Female	Percent Male	Percent Female
Cheshire County, NH	658	644	50.54%	49.46%
New Hampshire	23,122	22,144	51.08%	48.92%
United States	28,563,644	27,946,927	50.55%	49.45%



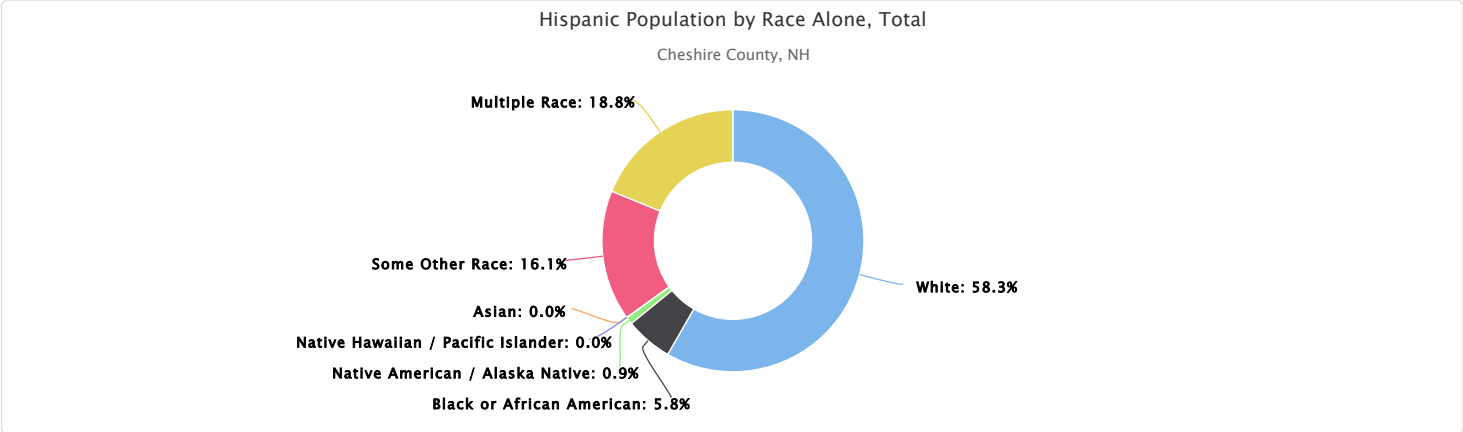
Hispanic Population by Race Alone, Percent

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Cheshire County, NH	58.29%	5.84%	0.92%	0%	0%	16.13%	18.82%
New Hampshire	73.23%	5.45%	0.66%	0.59%	0.12%	12.13%	7.82%
United States	65.64%	2.06%	0.94%	0.35%	0.1%	26.26%	4.65%



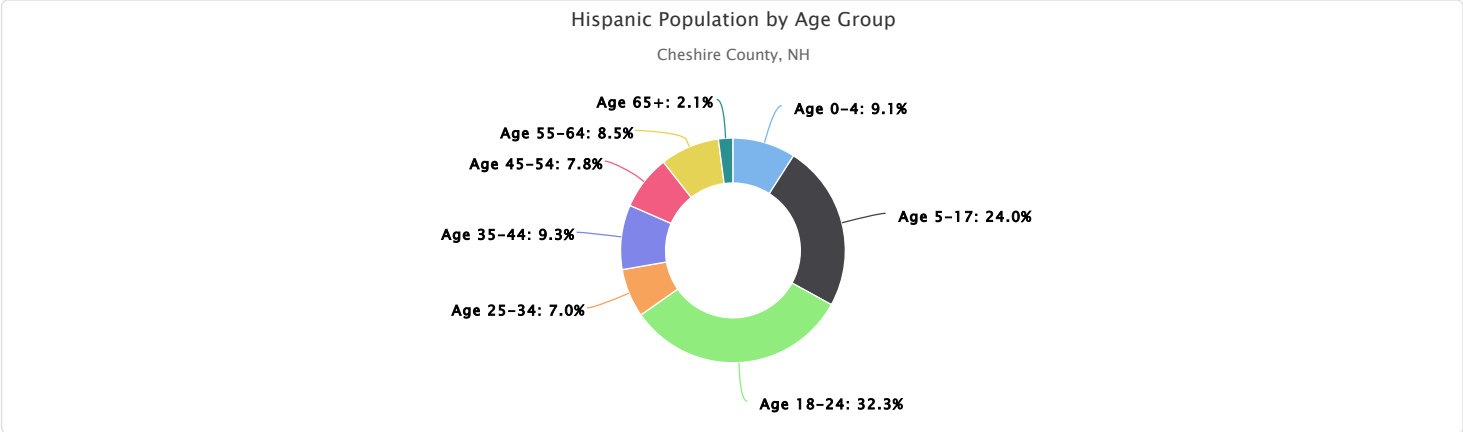
Hispanic Population by Race Alone, Total

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Cheshire County, NH	759	76	12	0	0	210	245
New Hampshire	33,150	2,465	298	265	55	5,492	3,541
United States	37,092,413	1,165,320	533,339	196,780	54,594	14,838,376	2,629,749



Hispanic Population by Age Group

Report Area	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
Cheshire County, NH	118	312	420	91	121	102	111	27
New Hampshire	4,072	10,958	6,519	7,412	6,263	4,953	3,102	1,987
United States	5,134,740	13,034,122	6,665,654	9,002,730	8,160,321	6,491,314	4,267,131	3,754,559

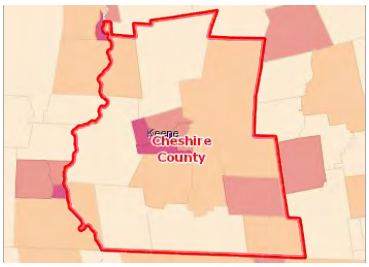


Urban and Rural Population

This indicator reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

Report Area	Total Population	Urban Population	Rural Population	Percent Urban	Percent Rural
Cheshire County, NH	77,117	26,979	50,138	34.98%	65.02%
New Hampshire	1,316,470	793,872	522,598	60.3%	39.7%
United States	312,471,327	252,746,527	59,724,800	80.89%	19.11%

Data Source: US Census Bureau, Decennial Census. 2010. Source geography: Tract



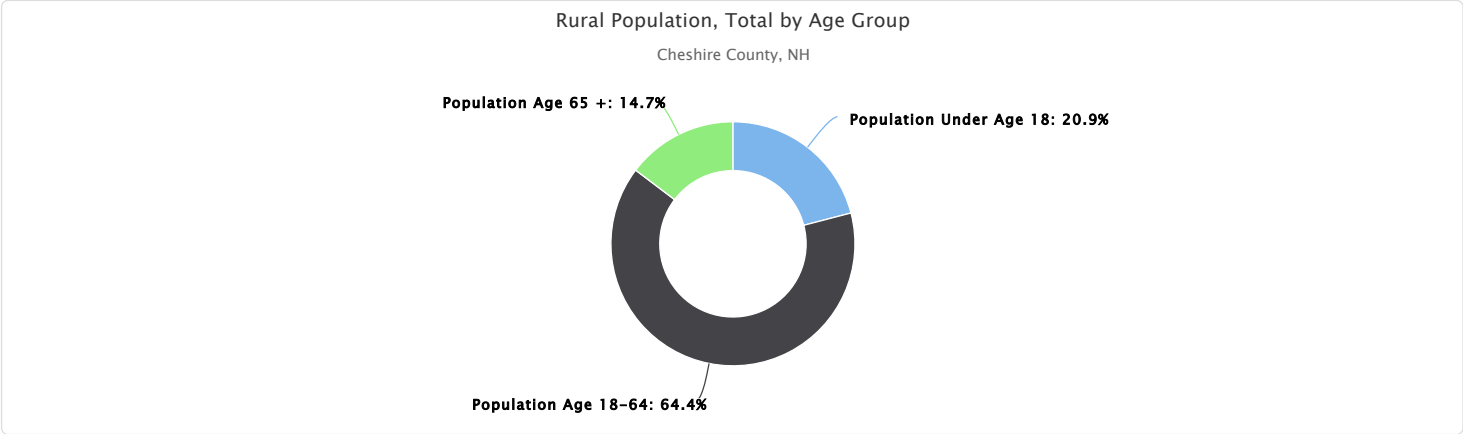
View larger map

Urban Population, Percent by Tract, US Census 2010

- 100% Urban Population
- 90.1 - 99.9%
- 50.1 - 90.0%
- Under 50.1%
- No Urban Population
- No Data or Data Suppressed
- Cheshire County, NH

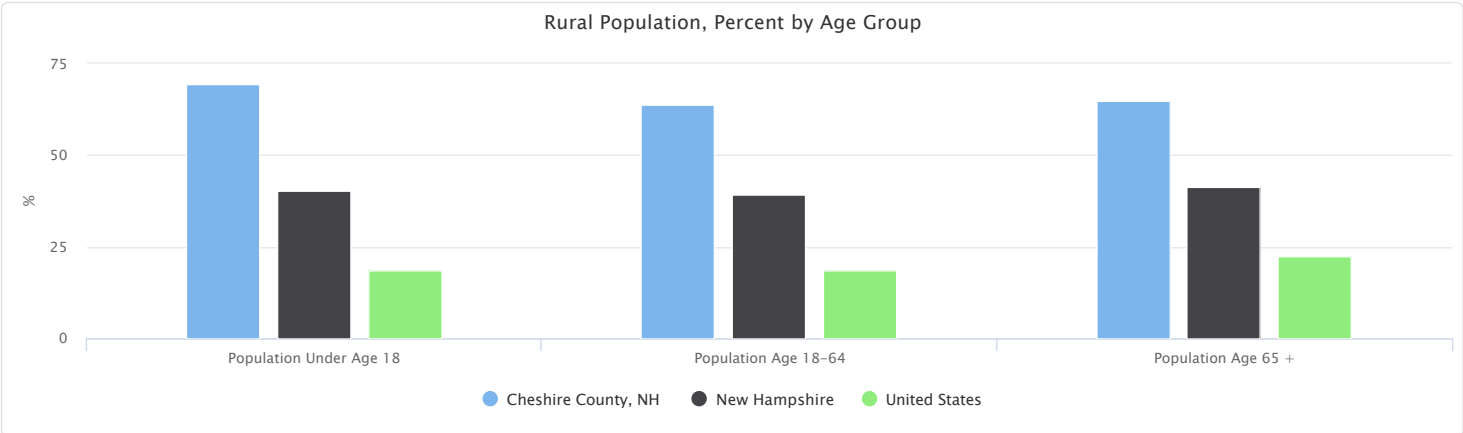
Rural Population, Total by Age Group

Report Area	Population Under Age 18	Population Age 18-64	Population Age 65 +
Cheshire County, NH	10,500	32,279	7,359
New Hampshire	116,179	332,988	73,431
United States	13,907,394	36,734,957	9,082,449



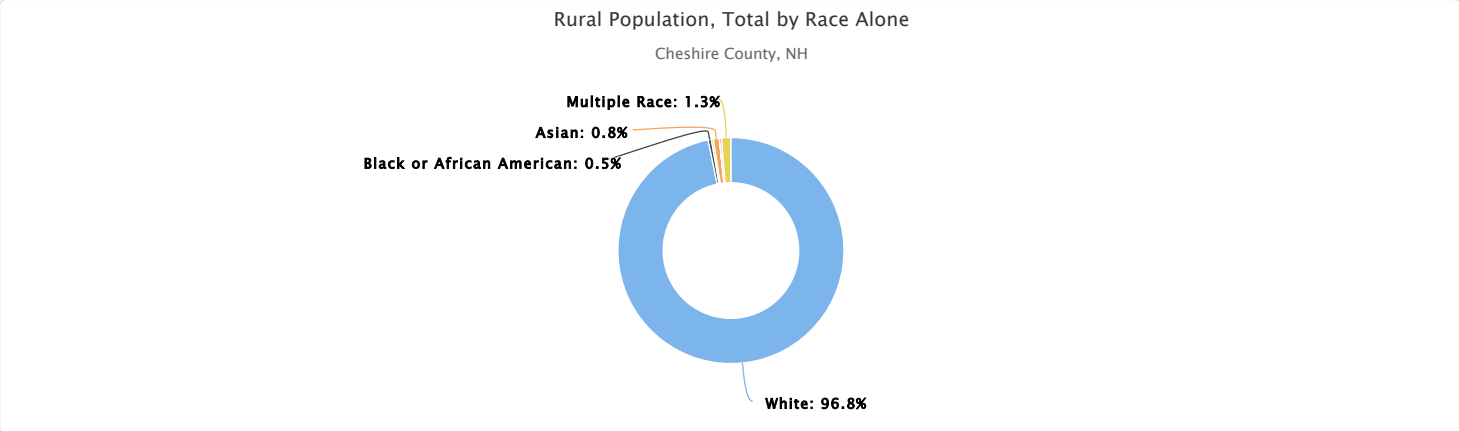
Rural Population, Percent by Age Group

Report Area	Population Under Age 18	Population Age 18-64	Population Age 65 +
Cheshire County, NH	69.48%	63.71%	64.88%
New Hampshire	40.45%	39.13%	41.19%
United States	18.52%	18.69%	22.26%



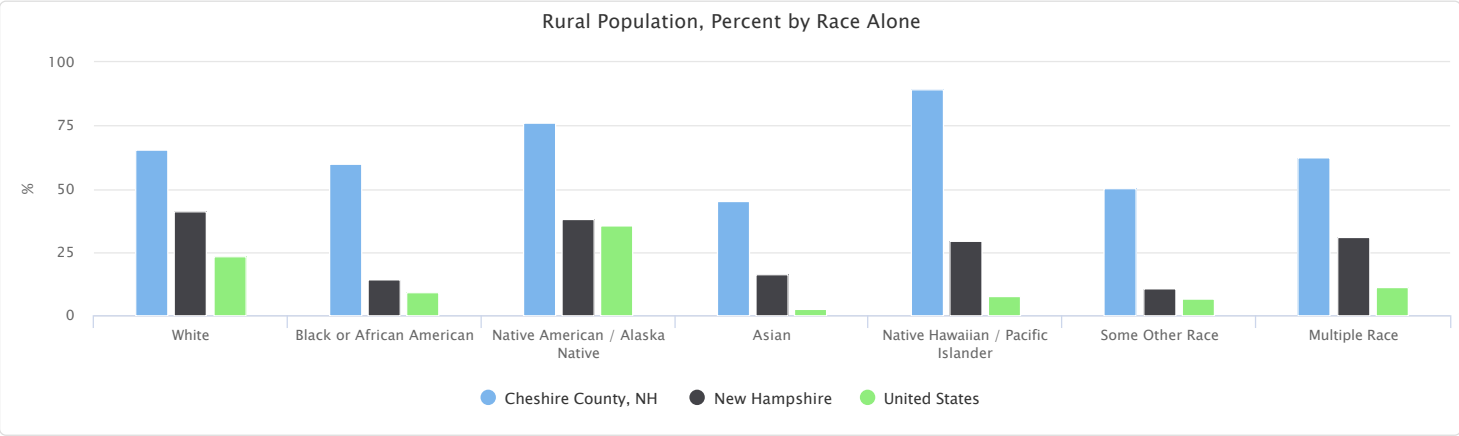
Rural Population, Total by Race Alone

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Cheshire County, NH	48,514	233	147	417	17	138	672
New Hampshire	506,634	2,151	1,203	4,608	114	1,297	6,591
United States	52,457,879	3,533,008	1,043,048	399,200	40,683	1,242,870	1,008,112



Rural Population, Percent by Race Alone

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Cheshire County, NH	65.35%	59.74%	76.17%	45.28%	89.47%	50.18%	62.22%
New Hampshire	40.99%	14.31%	38.19%	16.22%	29.69%	10.75%	30.82%
United States	23.17%	8.97%	35.33%	2.72%	7.53%	6.41%	11.04%

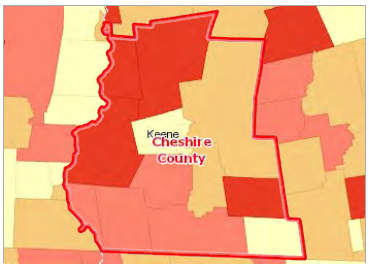


Veteran Population

This indicator reports the percentage of the population age 18 and older that served (even for a short time), but is not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or that served in the U.S. Merchant Marine during World War II.

Report Area	Total Population Age 18+	Total Veterans	Veterans, Percent of Total Population
Cheshire County, NH	62,171	6,181	9.94%
New Hampshire	1,066,202	100,474	9.42%
United States	246,379,319	18,939,219	7.69%

Data Source: US Census Bureau, American Community Survey. 2013-17. Source geography: Tract



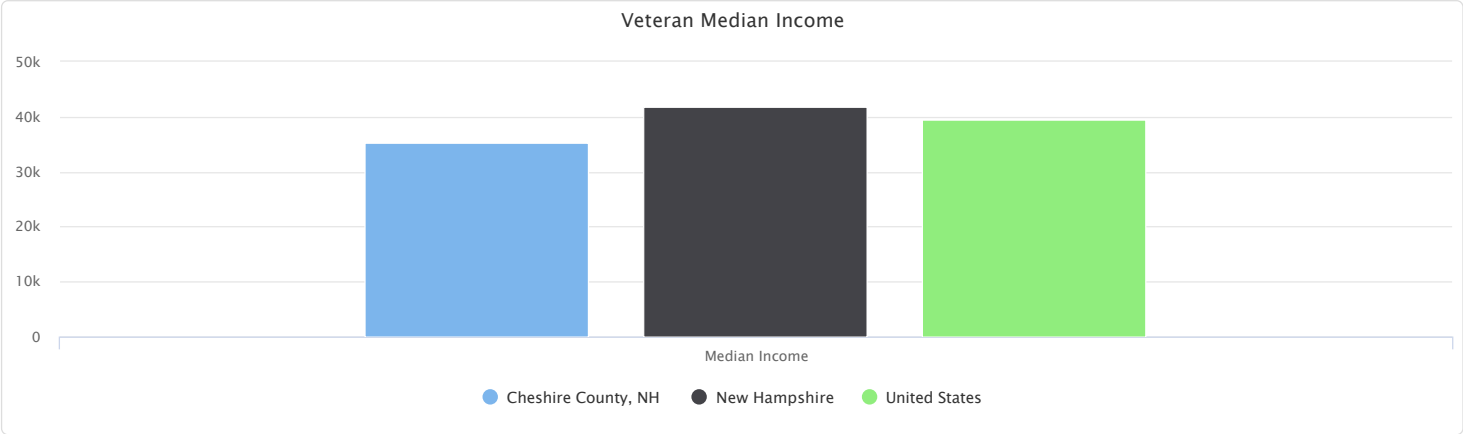
View larger map

Veterans, Percent of Total Population by Tract, ACS 2013-17

- Over 13%
- 11.1 - 13.0%
- 9.1 - 11.0%
- Under 9.1%
- No Data or Data Suppressed
- Cheshire County, NH

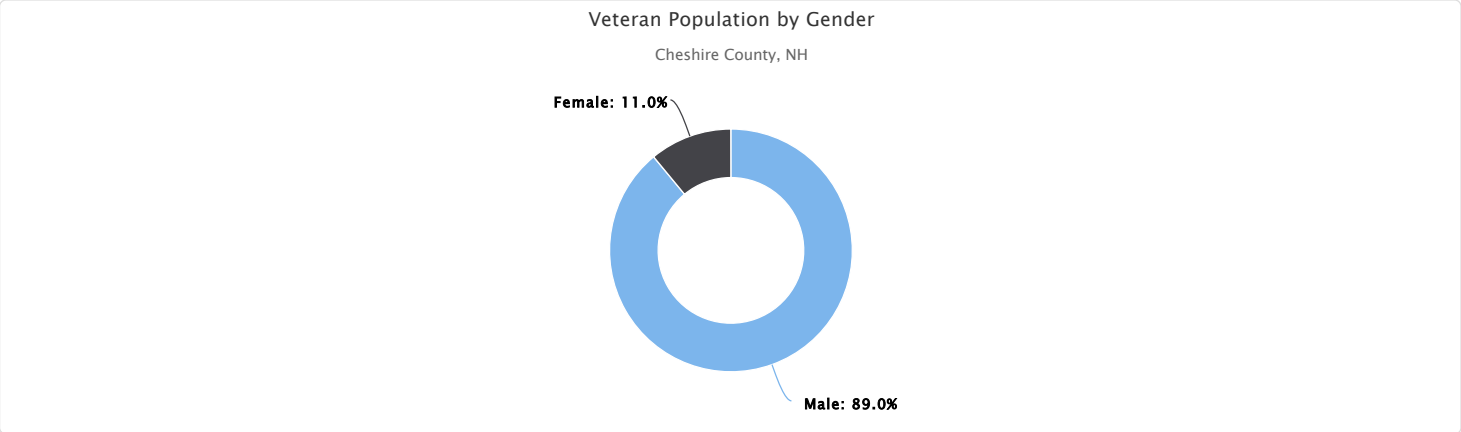
Veteran Median Income

Report Area	Median Income
Cheshire County, NH	$35,270.00
New Hampshire	$41,780.00
United States	$39,512.00



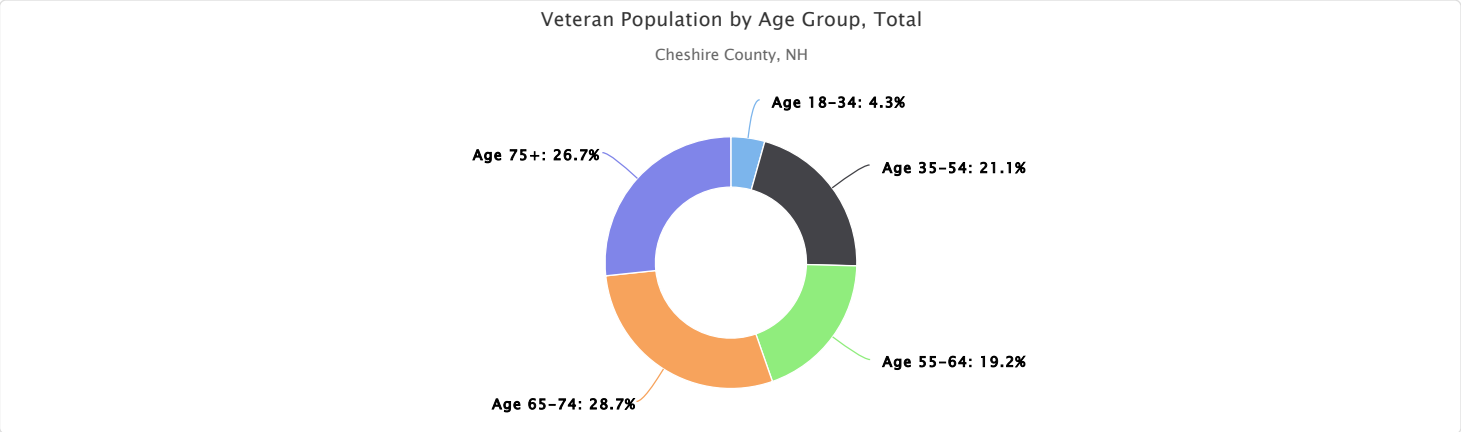
Veteran Population by Gender

Report Area	Male	Female	Percent Male	Percent Female
Cheshire County, NH	5,502	679	18.25%	2.12%
New Hampshire	93,047	7,427	17.8%	1.37%
United States	17,351,288	1,587,931	14.52%	1.25%



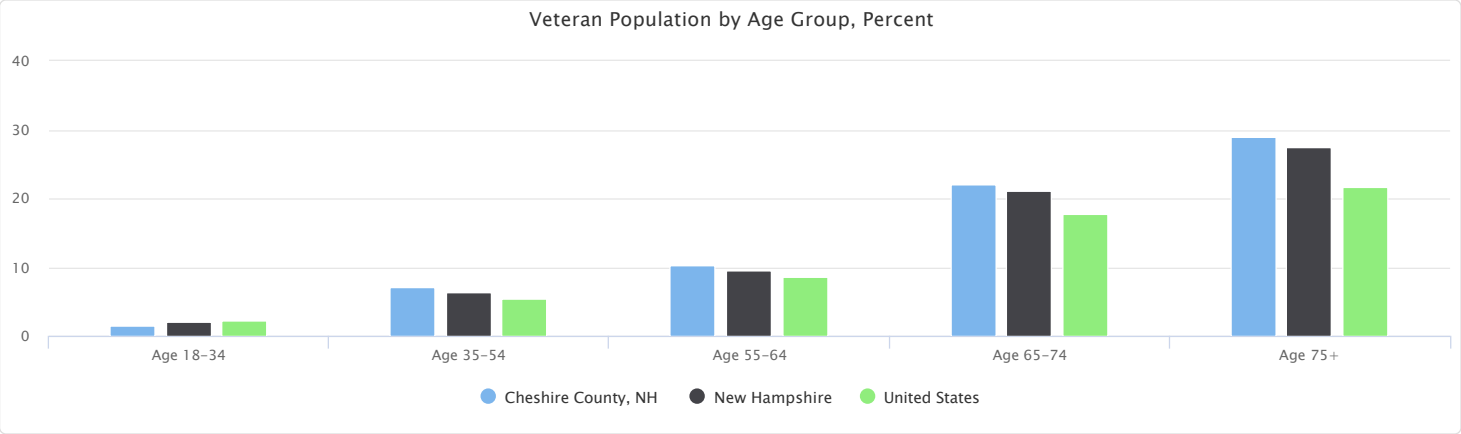
Veteran Population by Age Group, Total

Report Area	Age 18-34	Age 35-54	Age 55-64	Age 65-74	Age 75+
Cheshire County, NH	268	1,303	1,189	1,773	1,648
New Hampshire	6,073	22,979	19,433	27,301	24,688
United States	1,640,356	4,509,879	3,517,514	4,882,966	4,388,504



Veteran Population by Age Group, Percent

Report Area	Age 18-34	Age 35-54	Age 55-64	Age 65-74	Age 75+
Cheshire County, NH	1.46	7.08	10.21	22.1	29
New Hampshire	2.14	6.36	9.62	21.05	27.56
United States	2.2	5.4	8.63	17.75	21.69



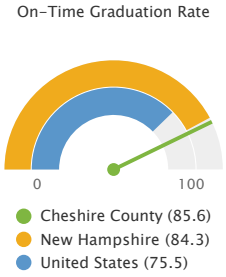
Social & Economic Factors

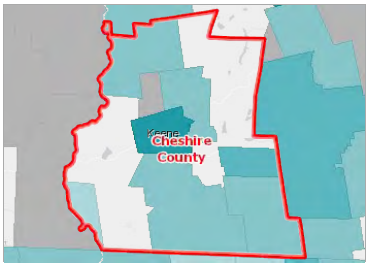
High School Graduation Rate (NCES)

Within the report area 85.6% of students are receiving their high school diploma within four years. This is greater than the Healthy People 2020 target of 82.4%. This indicator is relevant because research suggests education is one the strongest predictors of health (Freudenberg & Ruglis, 2007).

Report Area	Average Freshman Base Enrollment	Estimated Number of Diplomas Issued	On-Time Graduation Rate
Cheshire County, NH	920	787	85.6
New Hampshire	17,510	14,757	84.3
United States	4,024,345	3,039,015	75.5

Note: This indicator is compared to the state average.
Data Source: National Center for Education Statistics, NCES - Common Core of Data. 2008-09. Source geography: County





View larger map

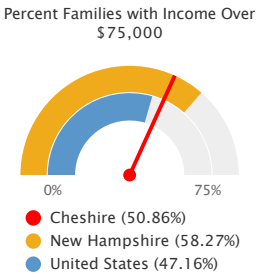
On-Time Graduation, Rate by School District (Secondary), NCES CCD 2008-09

- Over 94.1%
- 85.1 - 94.0%
- 75.1 - 85.0%
- Under 75.1%
- No Data or Data Suppressed
- Cheshire County, NH

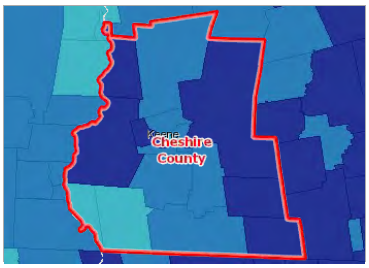
Income - Families Earning Over $75,000

In the report area, 50.86%, or 9,764 families report a total annual income of $75,000 or greater. Total income includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources. As defined by the US Census Bureau, a family household is any housing unit in which the householder is living with one or more individuals related to him or her by birth, marriage, or adoption. A non-family household is any household occupied by the householder alone, or by the householder and one or more unrelated individuals.

Report Area	Total Familes	Families with Income Over $75,000	Percent Families with Income Over $75,000
Cheshire County, NH	19,198	9,764	50.86%
New Hampshire	350,658	204,344	58.27%
United States	78,298,703	36,926,465	47.16%



Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2013-17. Source geography: Tract



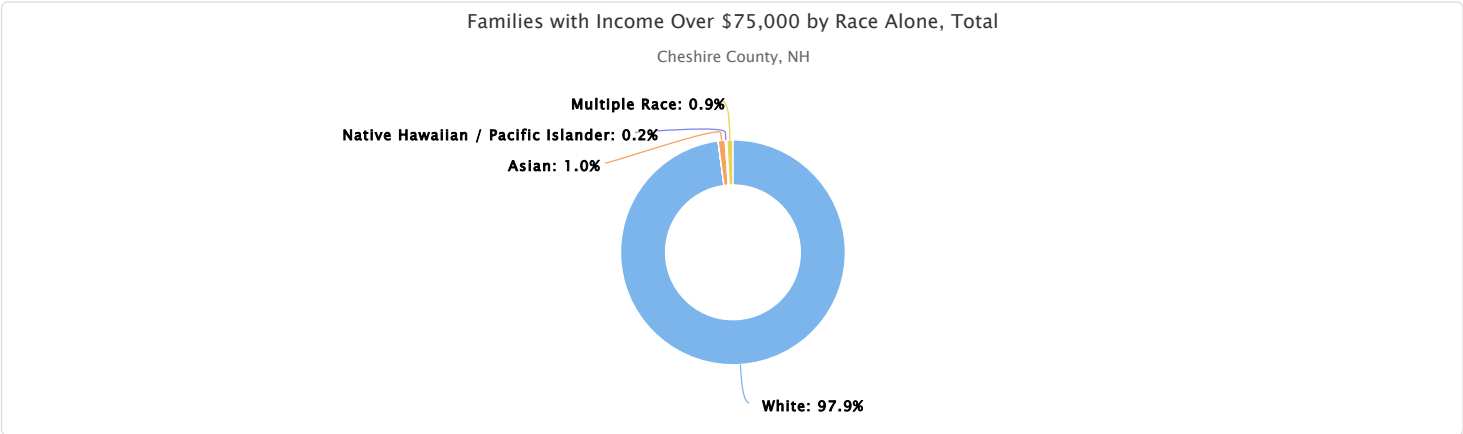
View larger map

Family Income Over $75,000, Percent by Tract, ACS 2013-17

- Over 55.0%
- 40.1 - 55.0%
- 25.1 - 40.0%
- Under 25.1%
- No Data or Data Suppressed
- Cheshire County, NH

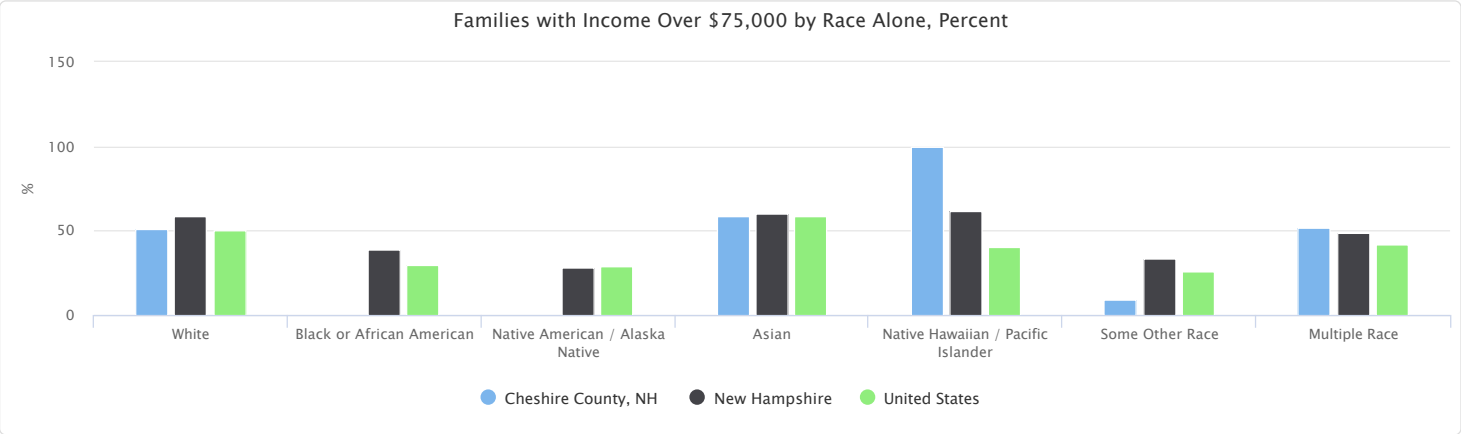
Families with Income Over $75,000 by Race Alone, Total

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Cheshire County, NH	9,558	0	0	98	20	3	85
New Hampshire	195,724	1,363	161	4,702	49	500	1,845
United States	30,255,983	2,646,693	166,706	2,363,628	45,676	830,211	617,568



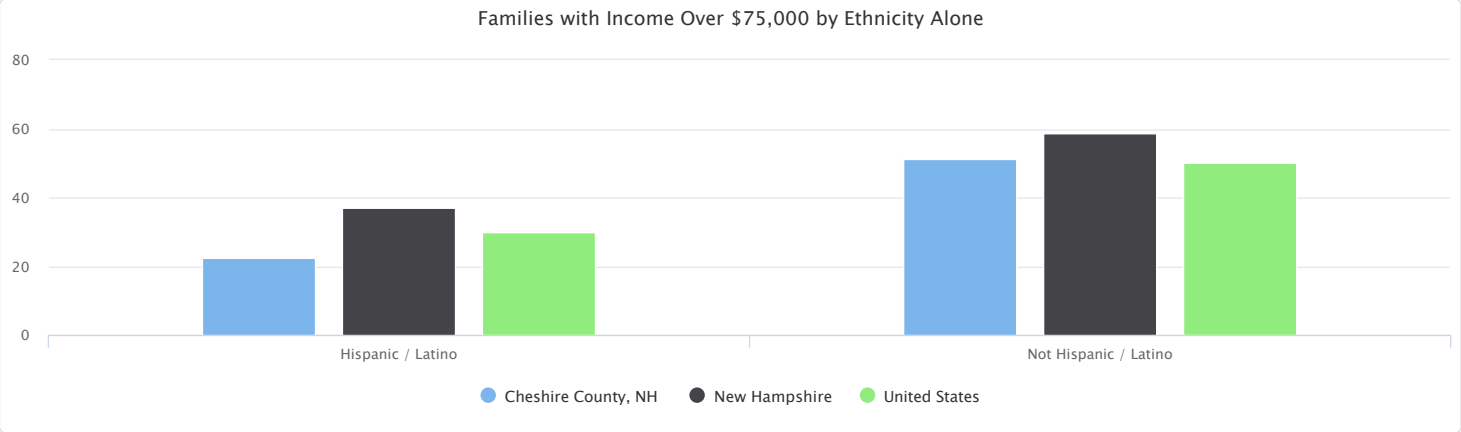
Families with Income Over $75,000 by Race Alone, Percent

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Cheshire County, NH	50.89%	0%	0%	58.33%	100%	8.82%	51.83%
New Hampshire	58.7%	39.18%	28.45%	60.5%	62.03%	33.24%	48.51%
United States	50.43%	29.66%	29.03%	59.01%	40.31%	25.81%	41.88%



Families with Income Over $75,000 by Ethnicity Alone

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Cheshire County, NH	29	9,735	22.31	51.05
New Hampshire	3,342	201,002	36.83	58.84
United States	3,479,416	33,447,049	30.06	50.13

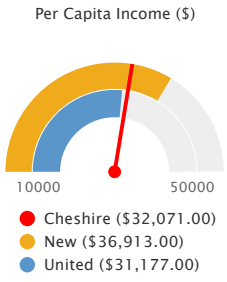


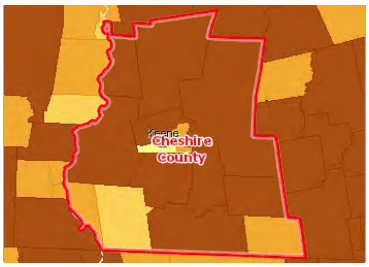
Income - Per Capita Income

The per capita income for the report area is $32,071.00. This includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources. The per capita income in this report area is the average (mean) income computed for every man, woman, and child in the specified area.

Report Area	Total Population	Total Income ($)	Per Capita Income ($)
Cheshire County, NH	76,109	$2,440,936,900.00	**$32,071.00**
New Hampshire	1,331,848	$49,163,688,900.00	$36,913.00
United States	321,004,407	$10,008,063,515,700.00	$31,177.00

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2013-17. Source geography: Tract





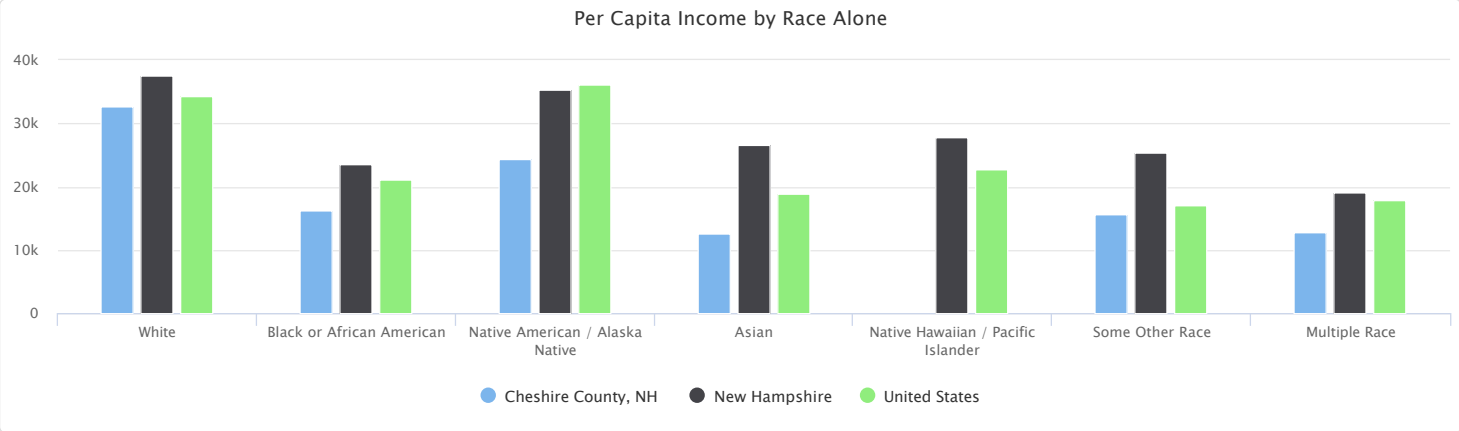
View larger map

Per Capita Income by Tract, ACS 2013-17

- Over 30,000
- 25,001 - 30,000
- 20,001 - 25,000
- Under 20,001
- No Data or Data Suppressed
- Cheshire County, NH

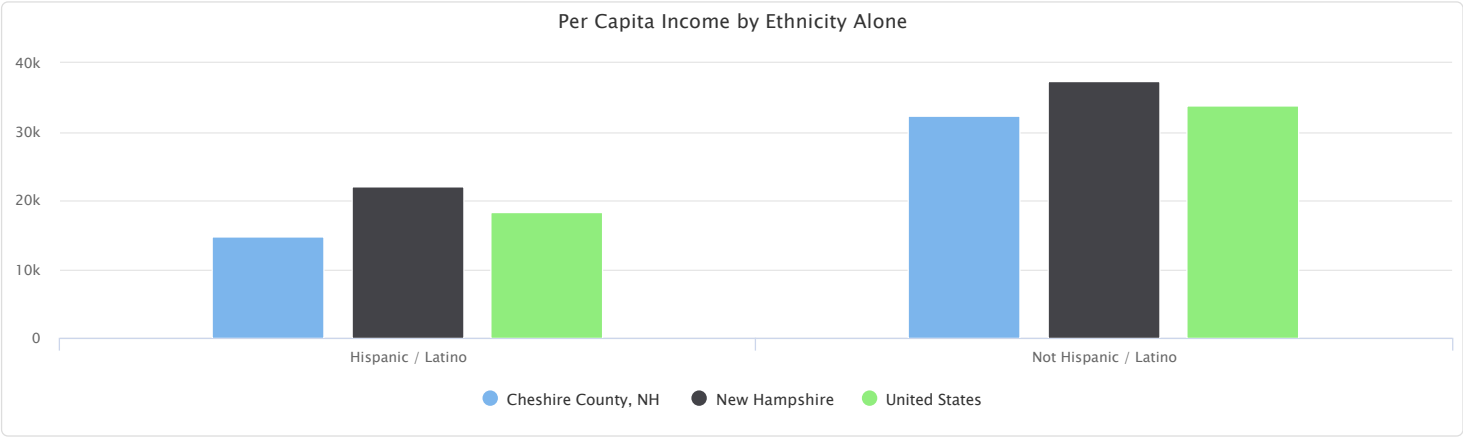
Per Capita Income by Race Alone

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Cheshire County, NH	$32,776.00	$16,294.00	$24,366.00	$12,525.00	$0.00	$15,713.00	$12,788.00
New Hampshire	$37,620.00	$23,464.00	$35,331.00	$26,600.00	$27,874.00	$25,321.00	$19,000.00
United States	$34,221.00	$21,117.00	$36,158.00	$18,822.00	$22,685.00	$17,051.00	$17,948.00



Per Capita Income by Ethnicity Alone

Report Area	Hispanic / Latino	Not Hispanic / Latino
Cheshire County, NH	$14,842.00	$32,371.00
New Hampshire	$22,123.00	$37,434.00
United States	$18,321.00	$33,924.00

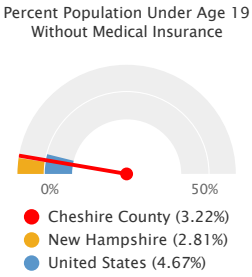


Insurance - Uninsured Children

The lack of health insurance is considered a *key driver* of health status.

This indicator reports the percentage of children under age 19 without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

Report Area	Total Population Under Age 19	Population with Medical Insurance	Percent Population With Medical Insurance	Population Without Medical Insurance	Percent Population Without Medical Insurance
Cheshire County, NH	14,050	13,597	96.78%	453	**3.22%**
New Hampshire	271,184	263,559	97.19%	7,625	2.81%
United States	76,219,054	72,659,457	95.33%	3,559,597	4.67%



Note: This indicator is compared to the state average.
Data Source: US Census Bureau, Small Area Health Insurance Estimates. 2016. Source geography: County

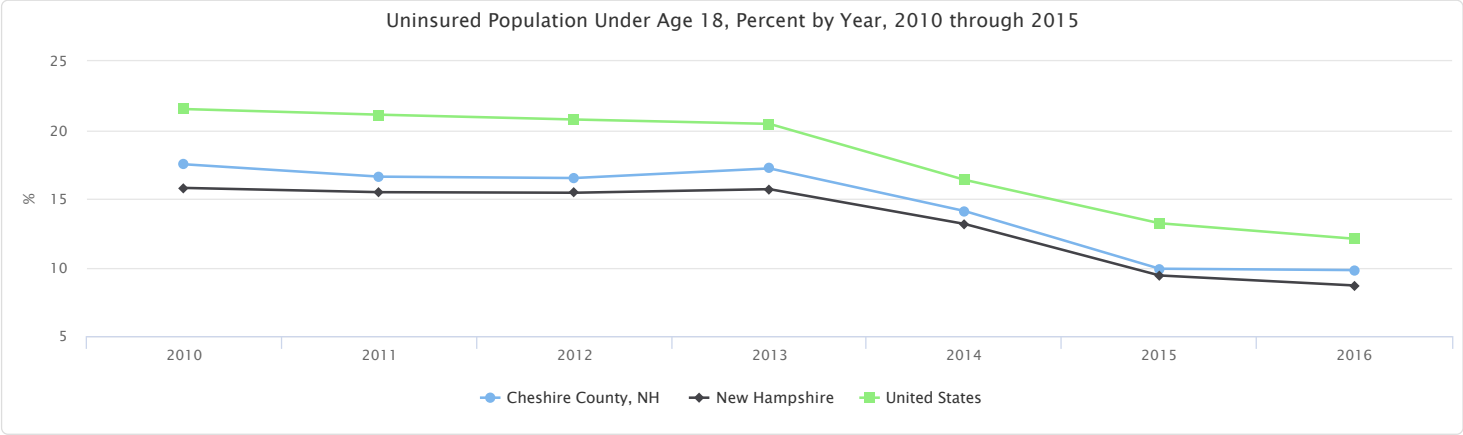
View larger map

Uninsured Population, Age 0-18, Percent by County, SAHIE 2016

- Over 10.0%
- 8.1 - 10.0%
- 6.1 - 8.0%
- Under 6.1%
- No Data or Data Suppressed
- Cheshire County, NH

Uninsured Population Under Age 18, Percent by Year, 2010 through 2015

Report Area	2010	2011	2012	2013	2014	2015	2016
Cheshire County, NH	17.5%	16.6%	16.5%	17.2%	14.1%	9.9%	9.8%
New Hampshire	15.78%	15.47%	15.43%	15.69%	13.16%	9.41%	8.68%
United States	21.52%	21.11%	20.76%	20.44%	16.37%	13.21%	12.08%

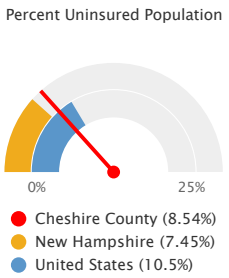


Insurance - Uninsured Population

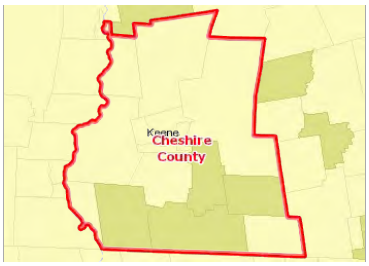
The lack of health insurance is considered a *key driver* of health status.

In the report area 8.54% of the total civilian non-institutionalized population are without health insurance coverage. The rate of uninsured persons in the report area is greater than the state average of 7.45%. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

Report Area	Total Population (For Whom Insurance Status is Determined)	Total Uninsured Population	Percent Uninsured Population
Cheshire County, NH	75,355	6,432	**8.54%**
New Hampshire	1,314,875	98,020	7.45%
United States	316,027,641	33,177,146	10.5%



Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2013-17. Source geography: Tract



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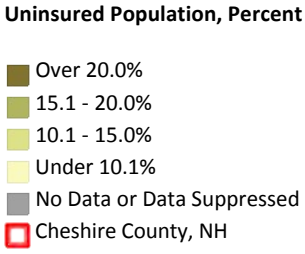
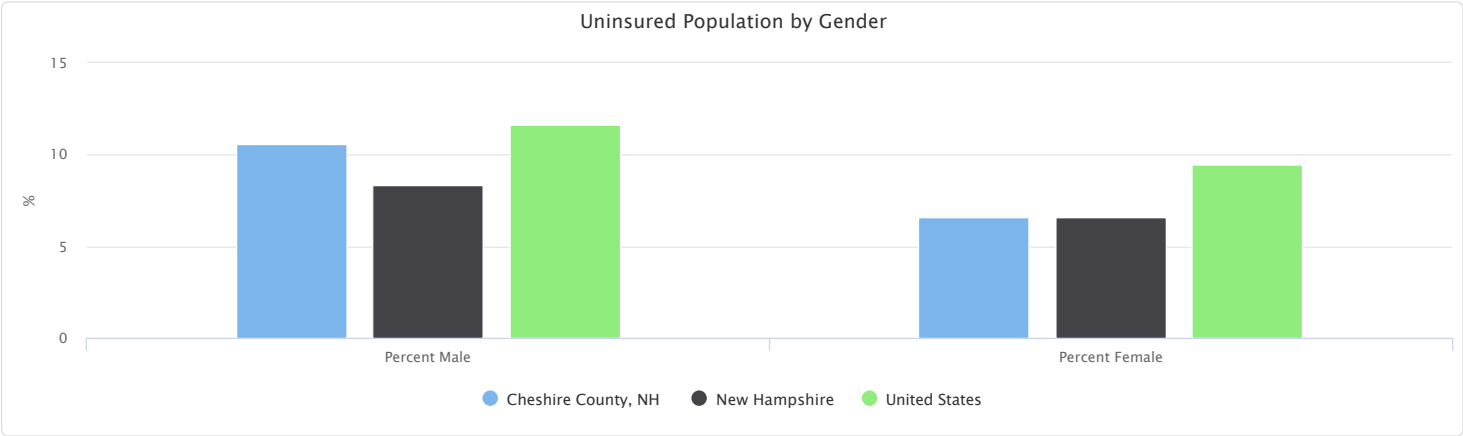


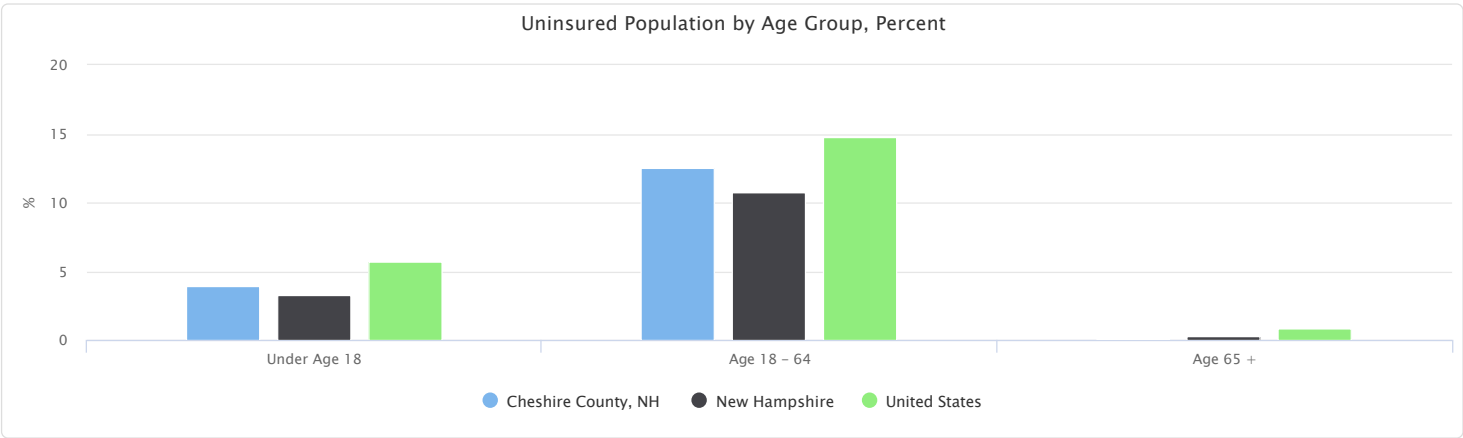
Uninsured Population by Gender

Report Area	Total Male	Total Female	Percent Male	Percent Female
Cheshire County, NH	3,880	2,552	10.55%	6.62%
New Hampshire	54,159	43,861	8.34%	6.59%
United States	17,944,127	15,233,019	11.62%	9.43%



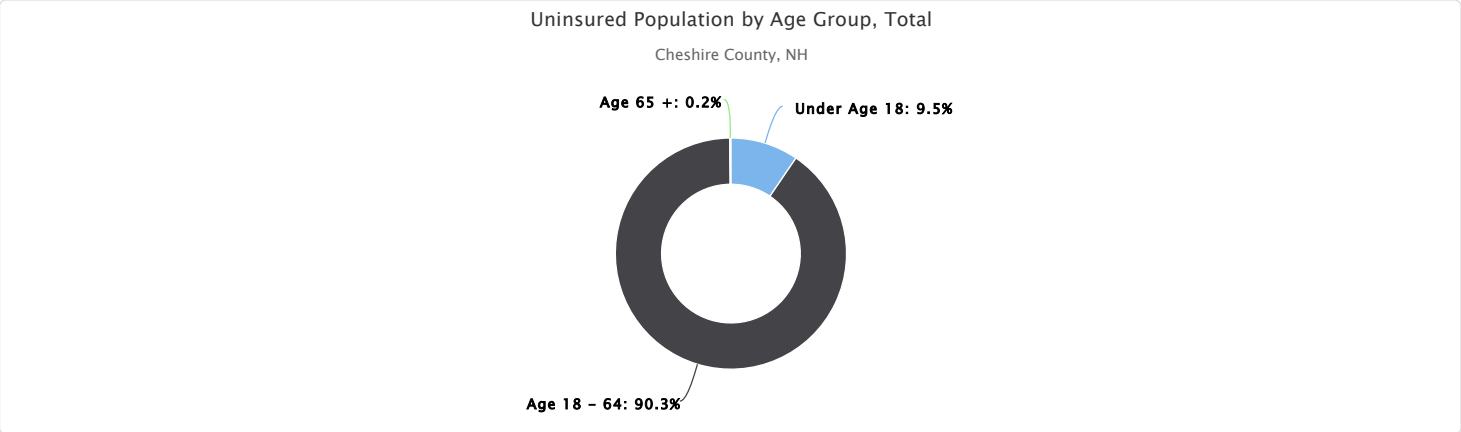
Uninsured Population by Age Group, Percent

Report Area	Under Age 18	Age 18 - 64	Age 65 +
Cheshire County, NH	3.89%	12.53%	0.08%
New Hampshire	3.25%	10.75%	0.27%
United States	5.69%	14.78%	0.87%



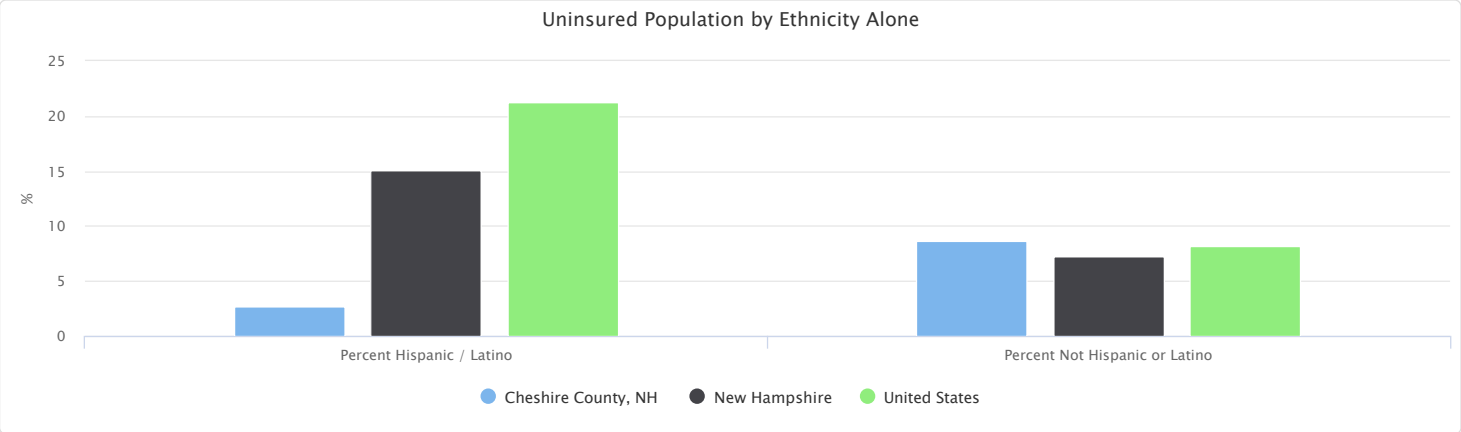
Uninsured Population by Age Group, Total

Report Area	Under Age 18	Age 18 - 64	Age 65 +
Cheshire County, NH	612	5,809	11
New Hampshire	9,216	88,226	578
United States	4,434,876	28,338,960	403,310



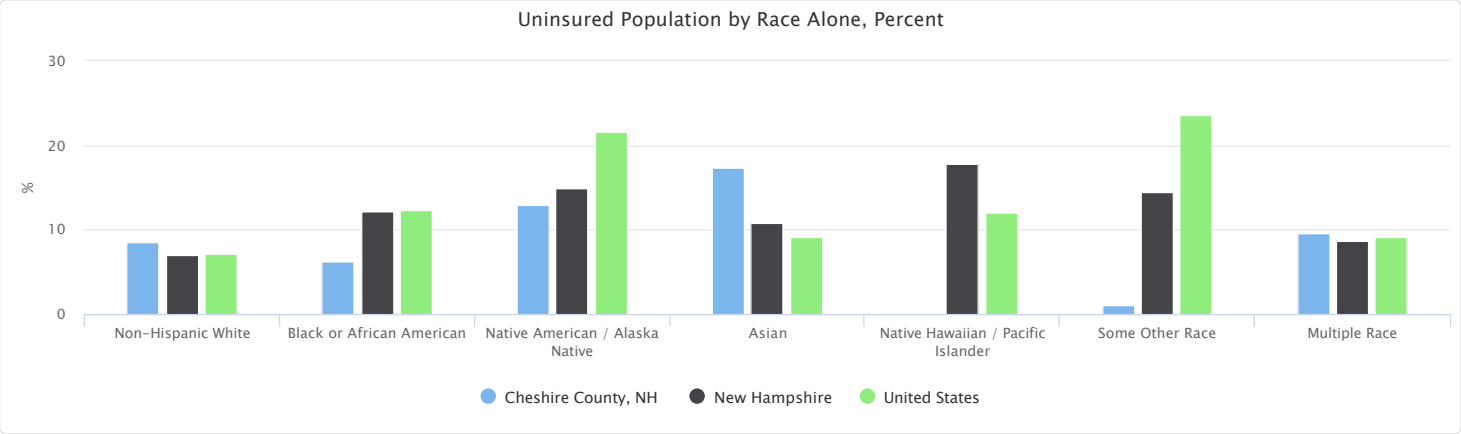
Uninsured Population by Ethnicity Alone

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic or Latino
Cheshire County, NH	35	6,397	2.7%	8.64%
New Hampshire	6,616	91,404	15.02%	7.19%
United States	11,829,368	21,347,778	21.21%	8.2%



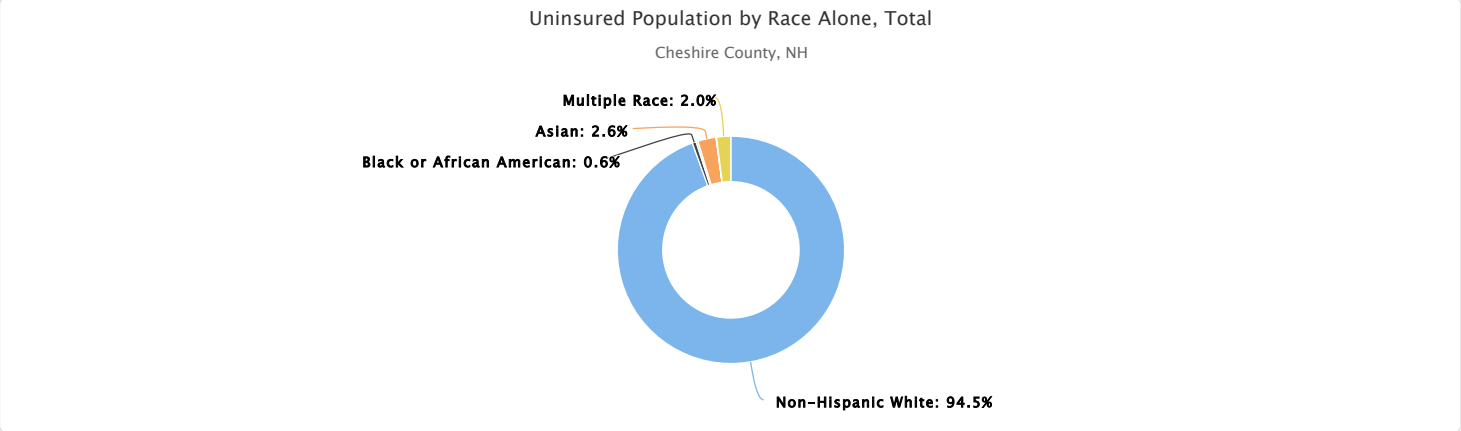
Uninsured Population by Race Alone, Percent

Report Area	Non-Hispanic White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Cheshire County, NH	8.48%	6.25%	12.98%	17.32%	0%	1.13%	9.64%
New Hampshire	6.99%	12.2%	14.93%	10.78%	17.86%	14.51%	8.74%
United States	7.15%	12.26%	21.59%	9.16%	12.05%	23.56%	9.18%



Uninsured Population by Race Alone, Total

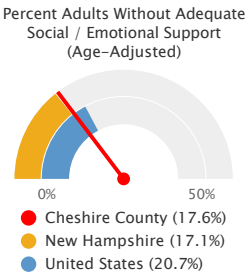
Report Area	Non-Hispanic White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Cheshire County, NH	6,047	36	17	167	0	3	130
New Hampshire	83,655	2,142	308	3,577	45	978	2,205
United States	13,903,895	4,825,392	554,382	1,565,865	67,097	3,619,434	910,656



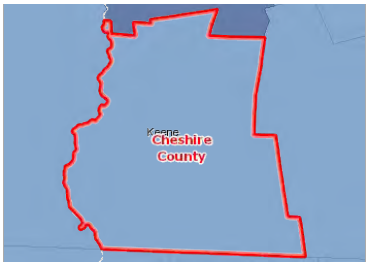
Lack of Social or Emotional Support

This indicator reports the percentage of adults aged 18 and older who self-report that they receive insufficient social and emotional support all or most of the time. This indicator is relevant because social and emotional support is critical for navigating the challenges of daily life as well as for good mental health. Social and emotional support is also linked to educational achievement and economic stability.

Report Area	Total Population Age 18+	Estimated Population Without Adequate Social / Emotional Support	Crude Percentage	Age-Adjusted Percentage
Cheshire County, NH	61,896	11,079	17.9%	**17.6%**
New Hampshire	1,025,011	176,302	17.2%	17.1%
United States	232,556,016	48,104,656	20.7%	20.7%



Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. Source geography: County



View larger map

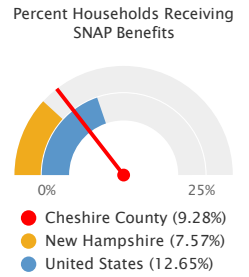
Inadequate Social/Emotional Support, Percent of Adults Age 18+ by County, BRFSS 2006-12

- Over 23.0%
- 19.1 - 23.0%
- 15.1 - 19.0%
- Under 15.1%
- No Data or Data Suppressed
- Cheshire County, NH

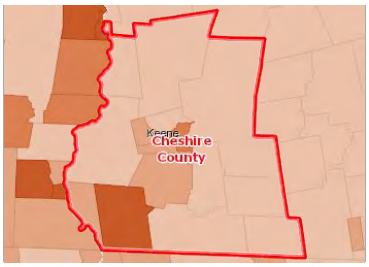
Population Receiving SNAP Benefits (ACS)

In the report area, an estimate 2,833 or 9.28% households receive Supplemental Nutrition Assistance Program (SNAP) benefits. The value for the report area is less than the national average of 12.65%. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Report Area	Total Households	Households Receiving SNAP Benefits	Percent Households Receiving SNAP Benefits
Cheshire County, NH	30,529	2,833	**9.28%**
New Hampshire	526,710	39,881	7.57%
United States	118,825,921	15,029,498	12.65%



Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2013-17. Source geography: Tract



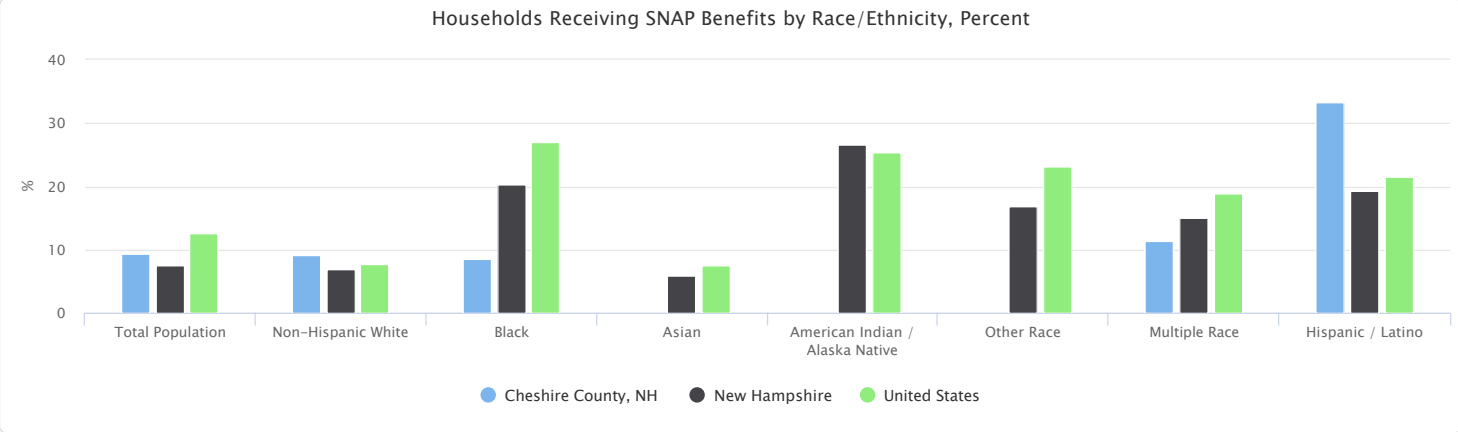
View larger map

Households Receiving SNAP Benefits, Percent by Tract, ACS 2013-17

- Over 19.0%
- 14.1 - 19.0%
- 9.1 - 14.0%
- Under 9.1%
- No Data or Data Suppressed
- Cheshire County, NH

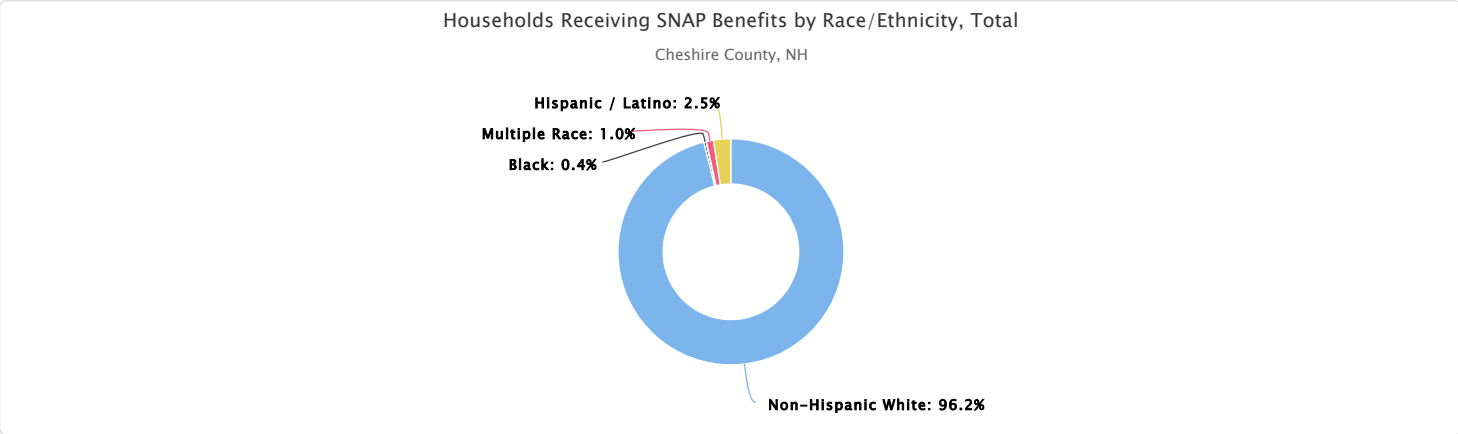
Households Receiving SNAP Benefits by Race/Ethnicity, Percent

Report Area	Total Population	Non-Hispanic White	Black	Asian	American Indian / Alaska Native	Other Race	Multiple Race	Hispanic / Latino
Cheshire County, NH	9.28%	9.16%	8.47	0%	0%	0%	11.37%	33.33%
New Hampshire	7.57%	6.95%	20.33	5.86%	26.54%	16.76%	14.94%	19.39%
United States	12.65%	7.64%	27.05	7.46%	25.45%	23.06%	18.94%	21.51%



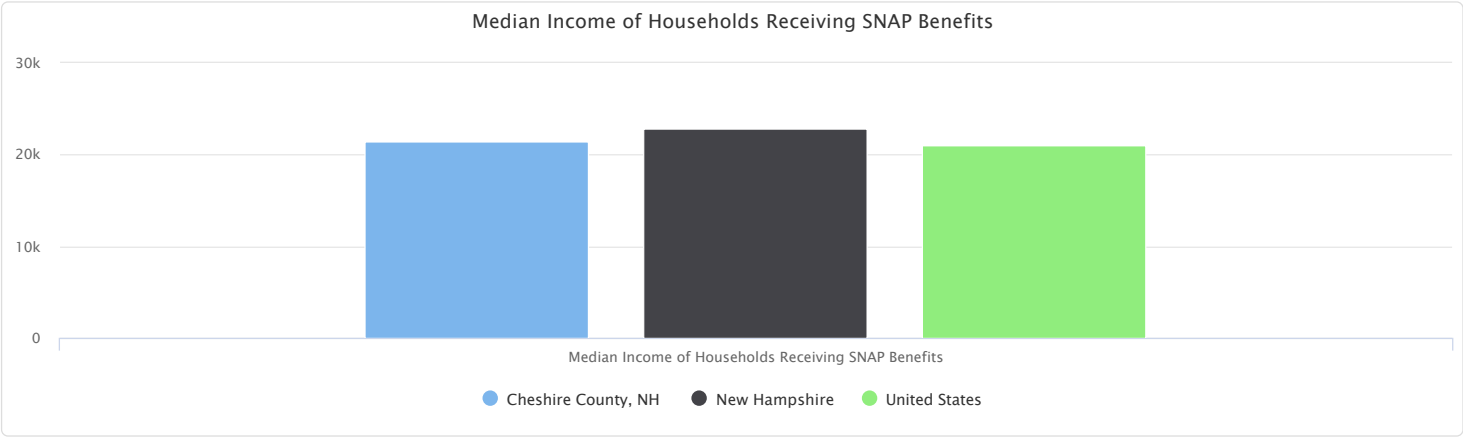
Households Receiving SNAP Benefits by Race/Ethnicity, Total

Report Area	Non-Hispanic White	Black	Asian	American Indian / Alaska Native	Other Race	Multiple Race	Hispanic / Latino
Cheshire County, NH	2,724	10	0	0	0	29	70
New Hampshire	34,840	1,164	621	241	336	941	2,337
United States	6,989,714	3,922,003	403,385	216,053	950,004	437,734	3,256,942



Median Income of Households Receiving SNAP Benefits

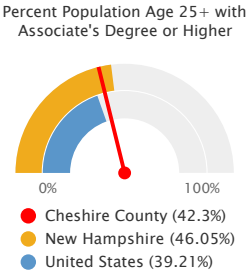
Report Area	Median Income of Households Receiving SNAP Benefits
Cheshire County, NH	$21,478.00
New Hampshire	$22,804.00
United States	$20,963.00



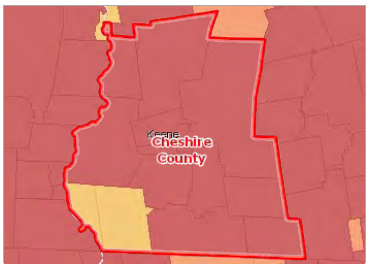
Population with Associate's Level Degree or Higher

42.3% of the population aged 25 and older, or 22,253 have obtained an Associate's level degree or higher. This indicator is relevant because educational attainment has been linked to positive health outcomes.

Report Area	Total Population Age 25+	Population Age 25+ with Associate's Degree or Higher	Percent Population Age 25+ with Associate's Degree or Higher
Cheshire County, NH	52,603	22,253	**42.3%**
New Hampshire	939,471	432,646	46.05%
United States	216,271,644	84,805,084	39.21%



Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2013-17. Source geography: Tract



View larger map

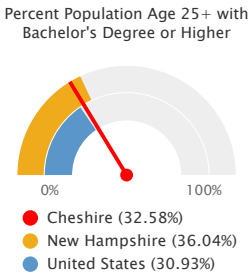
Population with an Associate Level Degree or Higher, Percent by Tract, ACS 2013-17

- Over 32.0%
- 26.1 - 32.0%
- 20.1 - 26.0%
- Under 20.1%
- No Data or Data Suppressed
- Cheshire County, NH

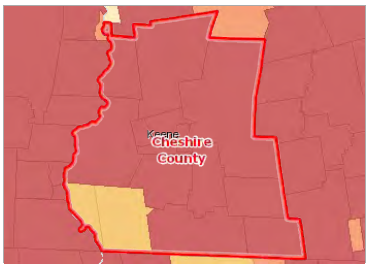
Population with Bachelor's Degree or Higher

32.58% of the population aged 25 and older, or 17,139 have obtained an Bachelor's level degree or higher. This indicator is relevant because educational attainment has been linked to positive health outcomes.

Report Area	Total Population Age 25+	Population Age 25+ with Bachelor's Degree or Higher	Percent Population Age 25+ with Bachelor's Degree or Higher
Cheshire County, NH	52,603	17,139	**32.58%**
New Hampshire	939,471	338,558	36.04%
United States	216,271,644	66,887,603	30.93%



Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2013-17. Source geography: Tract



View larger map

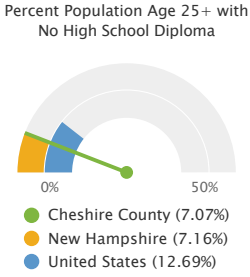
Population with a Bachelor's Degree or Higher, Percent by Tract, ACS 2013-17

- Over 23.0%
- 18.1 - 23.0%
- 13.1 - 18.0%
- Under 13.1%
- No Data or Data Suppressed
- Cheshire County, NH

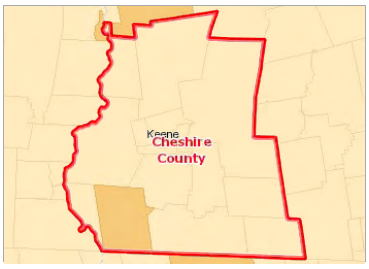
Population with No High School Diploma

Within the report area there are 3,720 persons aged 25 and older without a high school diploma (or equivalency) or higher. This represents 7.07% of the total population aged 25 and older. This indicator is relevant because educational attainment is linked to positive health outcomes (Freudenberg & Ruglis, 2007).

Report Area	Total Population Age 25+	Population Age 25+ with No High School Diploma	Percent Population Age 25+ with No High School Diploma
Cheshire County, NH	52,603	3,720	**7.07%**
New Hampshire	939,471	67,278	7.16%
United States	216,271,644	27,437,114	12.69%



Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2013-17. Source geography: Tract



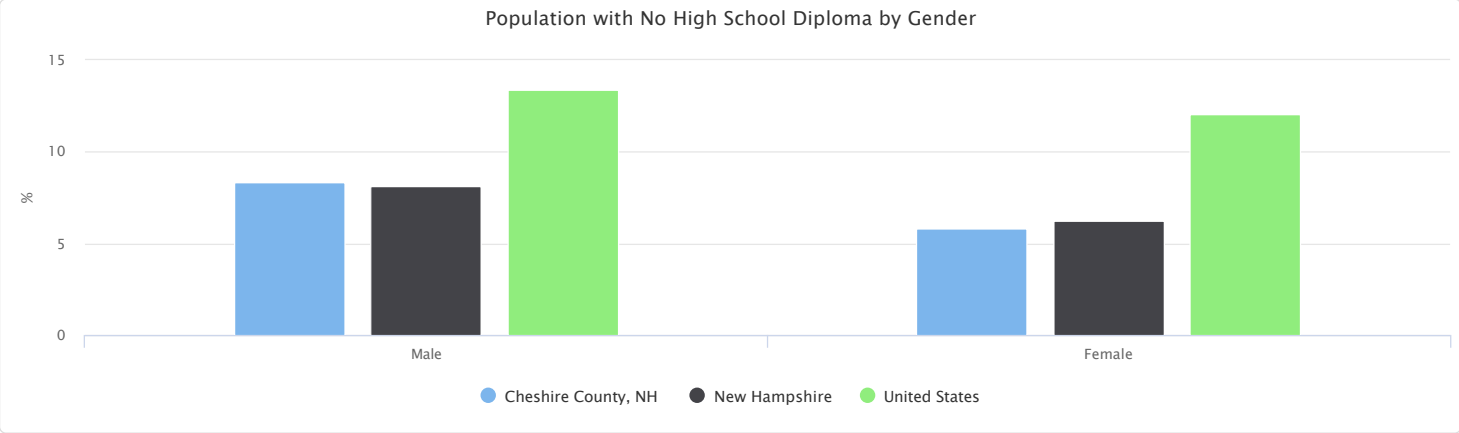
View larger map

Population with No High School Diploma (Age 25+), Percent by Tract, ACS 2013-17

- Over 21.0%
- 16.1 - 21.0%
- 11.1 - 16.0%
- Under 11.1%
- No Data or Data Suppressed
- Cheshire County, NH

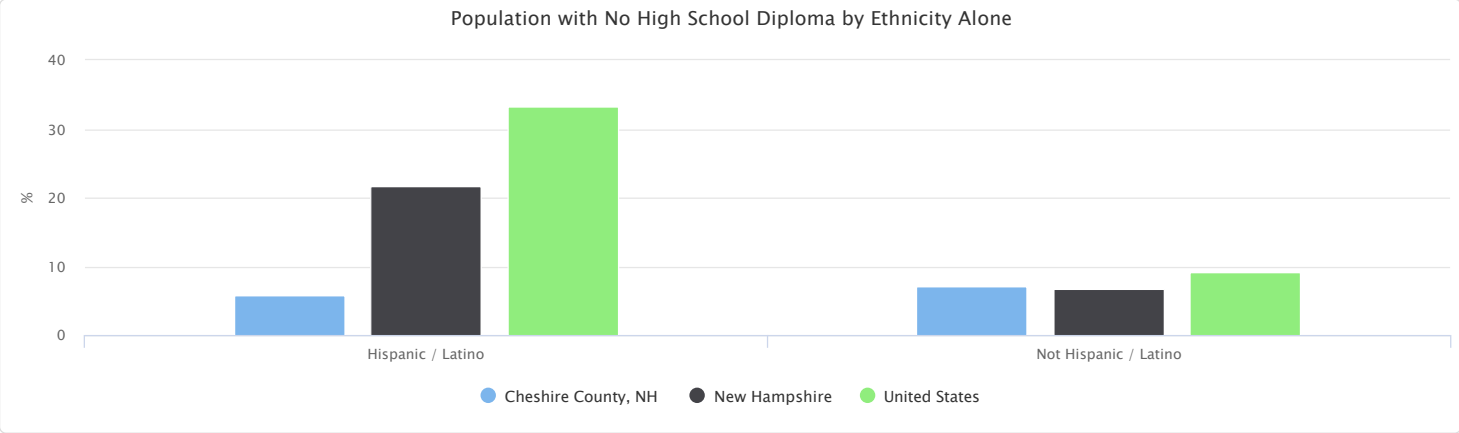
Population with No High School Diploma by Gender

Report Area	Total Male	Total Female	Percent Male	Percent Female
Cheshire County, NH	2,135	1,585	8.37%	5.85%
New Hampshire	37,315	29,963	8.14%	6.23%
United States	13,972,645	13,464,469	13.38%	12.04%



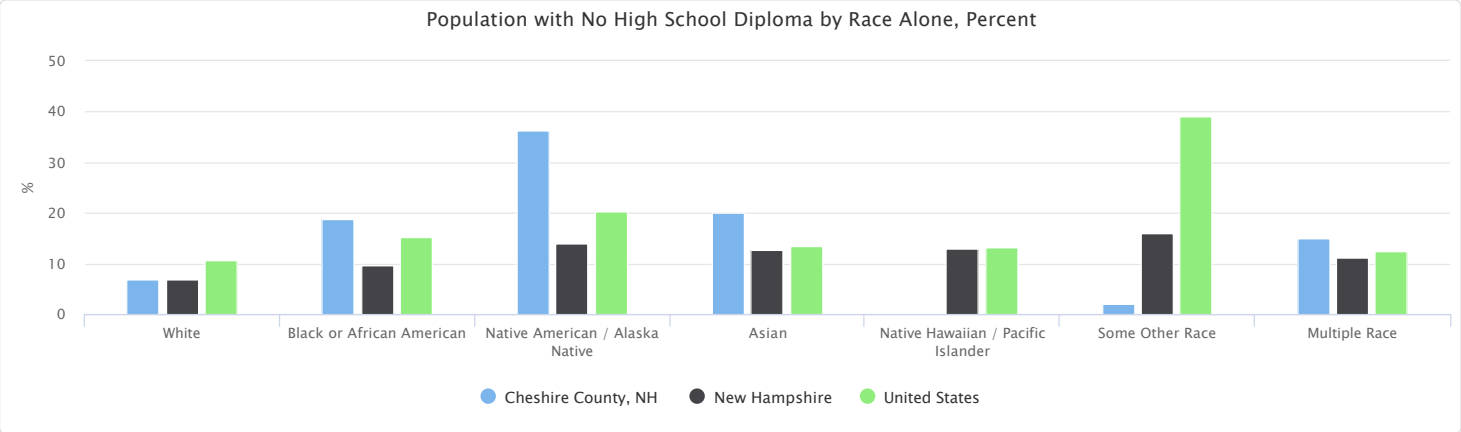
Population with No High School Diploma by Ethnicity Alone

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Cheshire County, NH	26	3,694	5.75%	7.08%
New Hampshire	5,130	62,148	21.63%	6.79%
United States	10,547,156	16,889,958	33.3%	9.15%



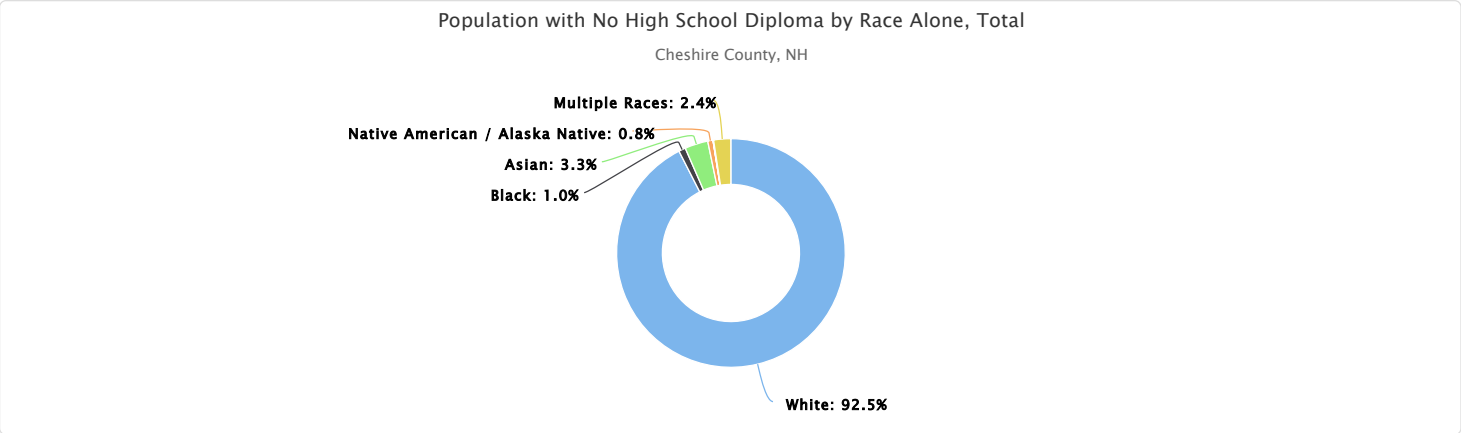
Population with No High School Diploma by Race Alone, Percent

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Cheshire County, NH	6.75%	18.75%	36.36%	20.13%	0%	2%	15%
New Hampshire	6.89%	9.71%	13.84%	12.57%	12.92%	16.02%	11.13%
United States	10.74%	15.12%	20.29%	13.47%	13.13%	38.98%	12.54%



Population with No High School Diploma by Race Alone, Total

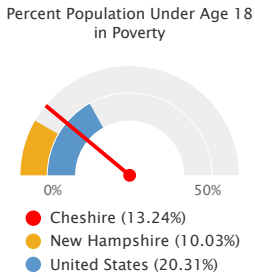
Report Area	White	Black	Asian	Native American / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
Cheshire County, NH	3,441	36	122	28	0	3	90
New Hampshire	61,302	1,048	2,736	207	27	689	1,269
United States	17,567,195	3,862,947	1,620,370	326,999	46,308	3,491,331	521,964



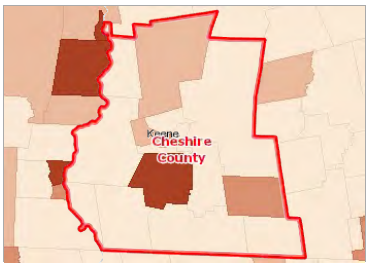
Poverty - Children Below 100% FPL

In the report area 13.24% or 1,798 children aged 0-17 are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Total Population	Population Under Age 18	Population Under Age 18 in Poverty	Percent Population Under Age 18 in Poverty
Cheshire County, NH	71,505	13,575	1,798	**13.24%**
New Hampshire	1,289,255	259,101	25,993	10.03%
United States	313,048,563	72,430,017	14,710,485	20.31%



Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2013-17. Source geography: Tract



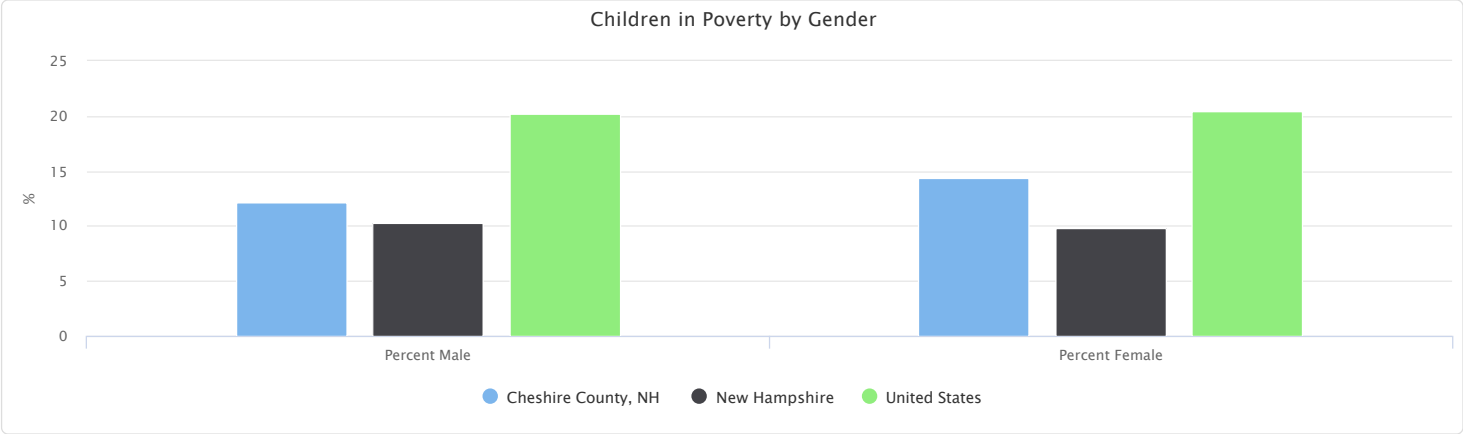
View larger map

Population Below the Poverty Level, Children (Age 0-17), Percent by Tract, ACS 2013-17

- Over 30.0%
- 22.6 - 30.0%
- 15.1 - 22.5%
- Under 15.1%
- No Population Age 0-17 Reported
- No Data or Data Suppressed
- Cheshire County, NH

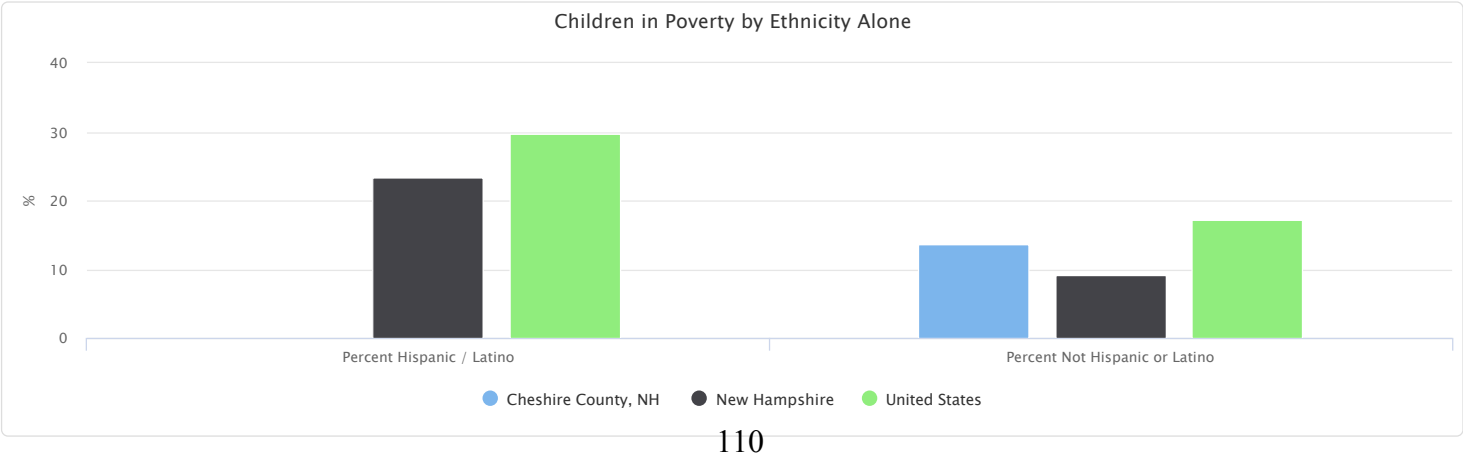
Children in Poverty by Gender

Report Area	Total Male	Total Female	Percent Male	Percent Female
Cheshire County, NH	832	966	12.17%	14.33%
New Hampshire	13,520	12,473	10.24%	9.82%
United States	7,474,519	7,235,966	20.21%	20.42%



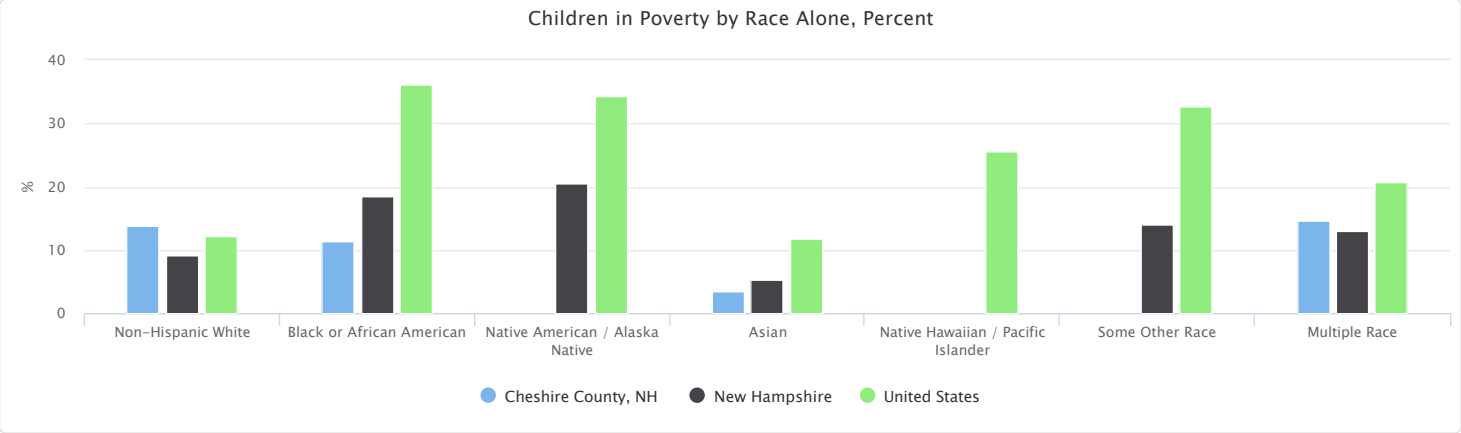
Children in Poverty by Ethnicity Alone

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic or Latino
Cheshire County, NH	0	1,798	0%	13.67%
New Hampshire	3,446	22,547	23.37%	9.23%
United States	5,322,391	9,388,094	29.74%	17.21%



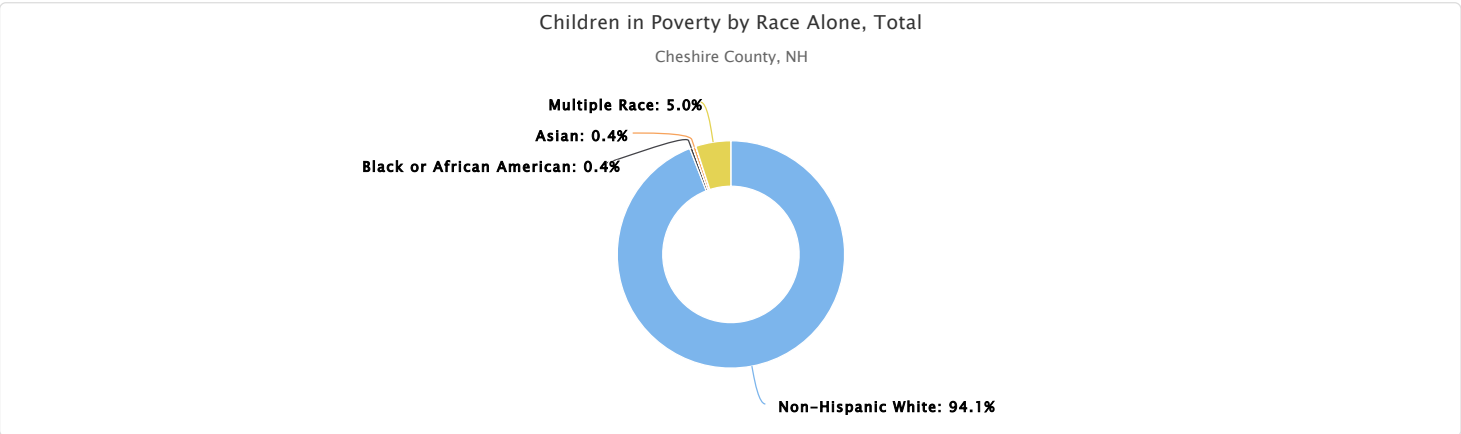
Children in Poverty by Race Alone, Percent

Report Area	Non-Hispanic White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Cheshire County, NH	13.71%	11.43%	0%	3.46%	No data	0%	14.59%
New Hampshire	9.1%	18.52%	20.52%	5.23%	0%	13.96%	13%
United States	12.18%	36.13%	34.31%	11.86%	25.5%	32.77%	20.63%



Children in Poverty by Race Alone, Total

Report Area	Non-Hispanic White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Cheshire County, NH	1,692	8	0	8	0	0	90
New Hampshire	20,267	900	94	383	0	245	1,440
United States	4,527,073	3,671,872	239,958	408,605	36,435	1,509,518	944,479

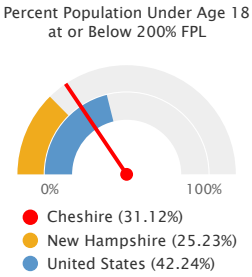


Poverty - Children Below 200% FPL

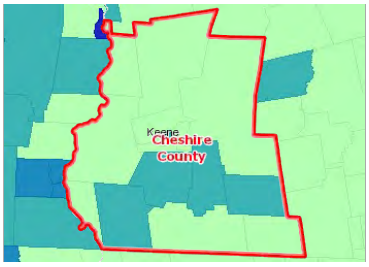
In the report area 31.12% or 4,225 children are living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other

necessities that contribute to poor health status.

Report Area	Total Population Under Age 18	Population Under Age 18 at or Below 200% FPL	Percent Population Under Age 18 at or Below 200% FPL
Cheshire County, NH	13,575	4,225	**31.12%**
New Hampshire	259,101	65,363	25.23%
United States	72,430,017	30,595,652	42.24%



Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2013-17. Source geography: Tract



View larger map

Population Below 200% Poverty Level, Children (Age 0-17), Percent by Tract, ACS 2013-17

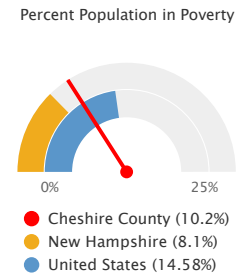
- Over 56.0%
- 47.1 - 56.0%
- 38.1 - 47.0%
- Under 38.1%
- No Population Age 0-17 Reported
- No Data or Data Suppressed
- Cheshire County, NH

Poverty - Population Below 100% FPL

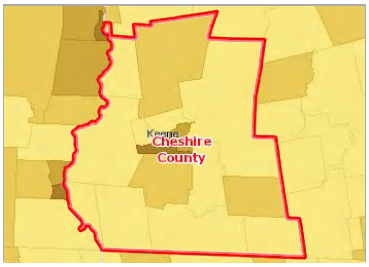
Poverty is considered a *key driver* of health status.

Within the report area 10.2% or 7,297 individuals are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Total Population	Population in Poverty	Percent Population in Poverty
Cheshire County, NH	71,505	7,297	**10.2%**
New Hampshire	1,289,255	104,470	8.1%
United States	313,048,563	45,650,345	14.58%



Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2013-17. Source geography: Tract



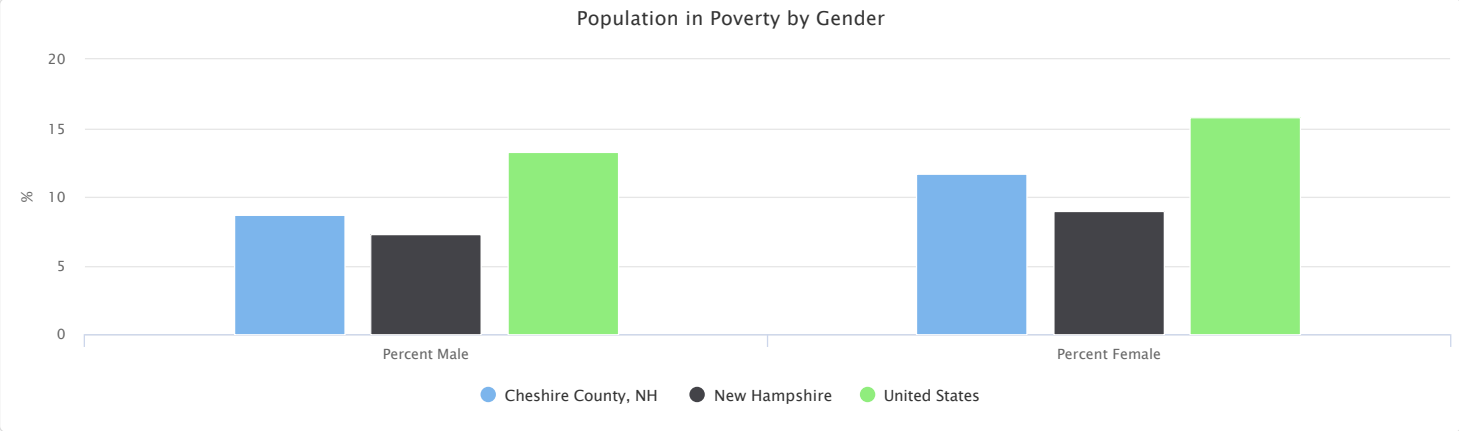
View larger map

Population Below the Poverty Level, Percent by Tract, ACS 2013-17

- Over 20.0%
- 15.1 - 20.0%
- 10.1 - 15.0%
- Under 10.1%
- No Data or Data Suppressed
- Cheshire County, NH

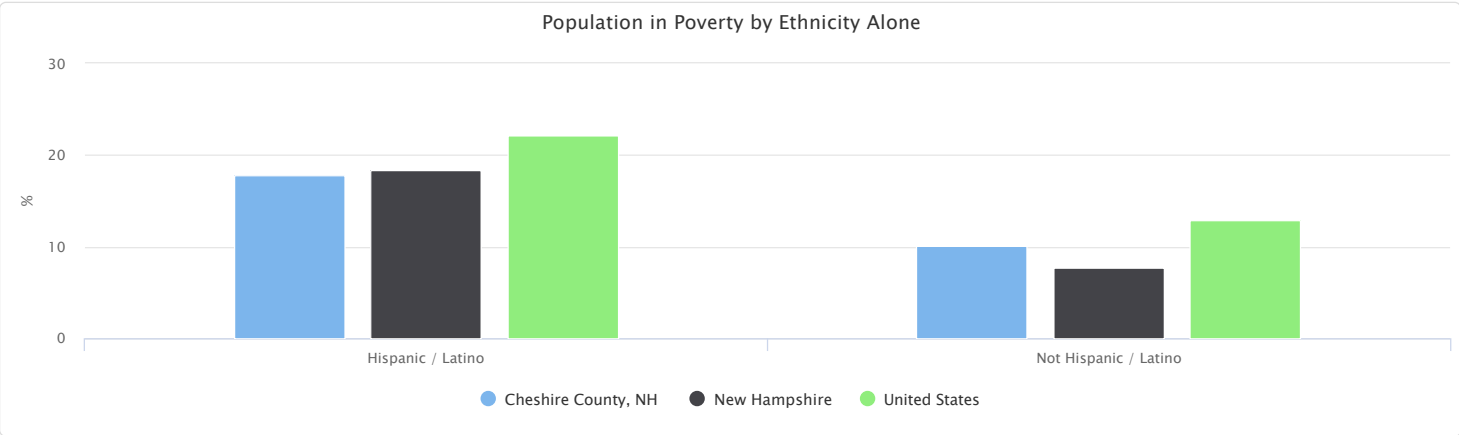
Population in Poverty by Gender

Report Area	Total Male	Total Female	Percent Male	Percent Female
Cheshire County, NH	3,072	4,225	8.71%	11.66%
New Hampshire	46,286	58,184	7.26%	8.93%
United States	20,408,626	25,241,719	13.31%	15.8%



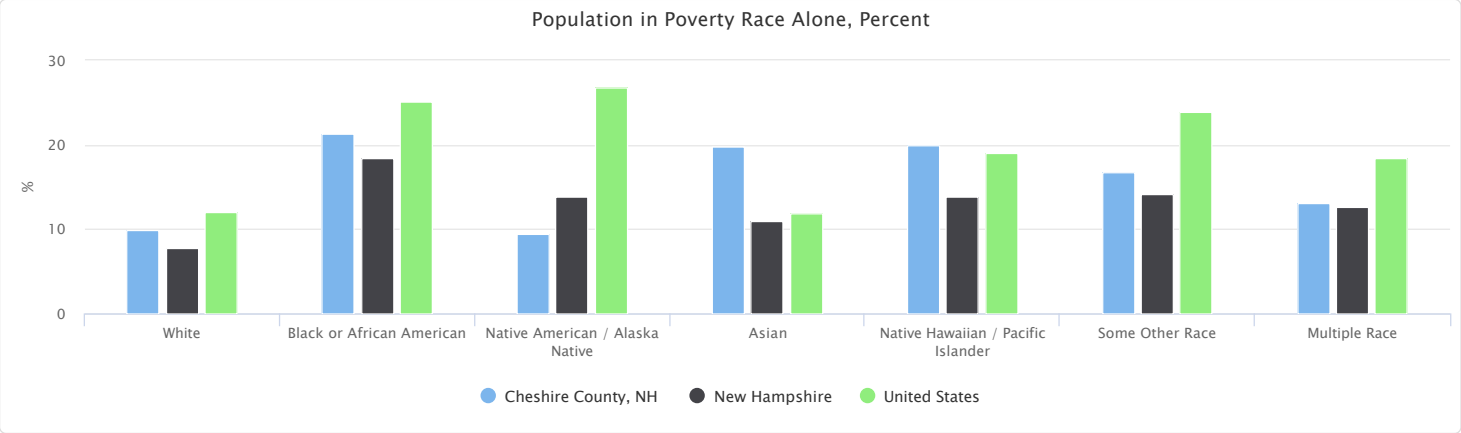
Population in Poverty by Ethnicity Alone

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Cheshire County, NH	208	7,089	17.87%	10.08%
New Hampshire	7,894	96,576	18.36%	7.75%
United States	12,269,452	33,380,893	22.15%	12.96%



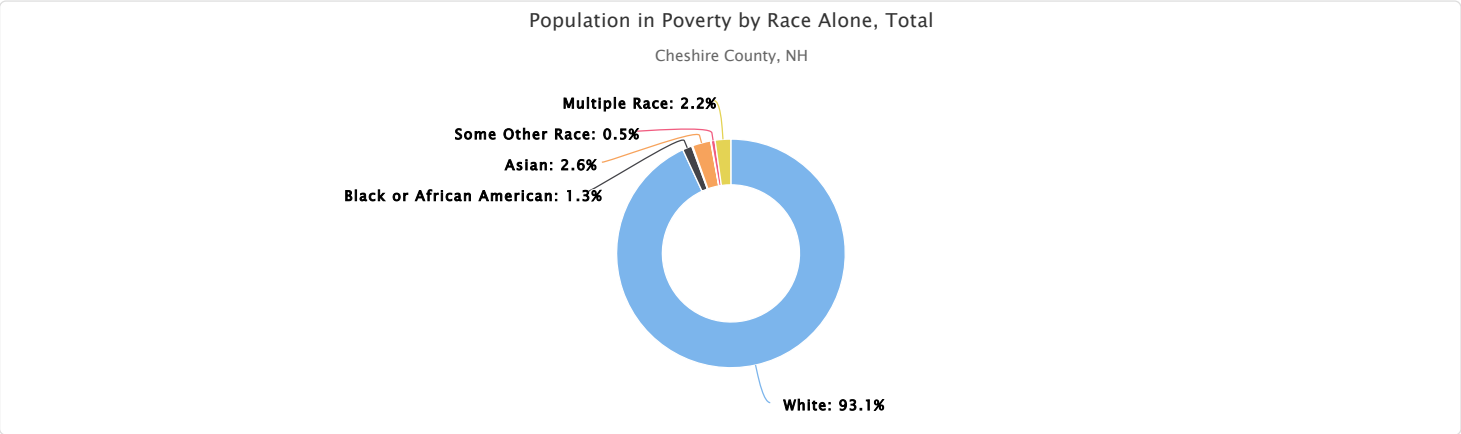
Population in Poverty Race Alone, Percent

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Cheshire County, NH	9.92%	21.37%	9.43%	19.81%	20%	16.74%	13.15%
New Hampshire	7.75%	18.44%	13.79%	11%	13.85%	14.22%	12.62%
United States	12.05%	25.19%	26.78%	11.93%	19.01%	23.85%	18.43%



Population in Poverty by Race Alone, Total

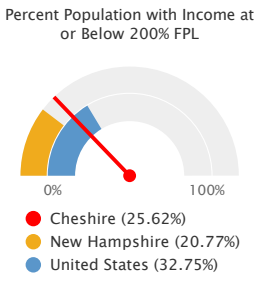
Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Cheshire County, NH	6,793	97	10	190	5	40	162
New Hampshire	93,588	3,094	281	3,492	32	934	3,049
United States	27,607,156	9,807,009	681,207	2,011,217	104,944	3,638,390	1,800,422



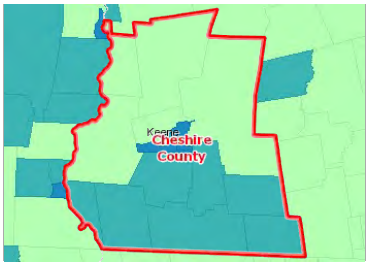
Poverty - Population Below 200% FPL

In the report area 25.62% or 18,319 individuals are living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Total Population	Population with Income at or Below 200% FPL	Percent Population with Income at or Below 200% FPL
Cheshire County, NH	71,505	18,319	**25.62%**
New Hampshire	1,289,255	267,817	20.77%
United States	313,048,563	102,523,670	32.75%



Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2013-17. Source geography: Tract



View larger map

Population Below 200% Poverty Level, Percent by Tract, ACS 2013-17

- Over 50.0%
- 38.1 - 50.0%
- 26.1 - 38.0%
- Under 26.1%
- No Data or Data Suppressed
- Cheshire County, NH

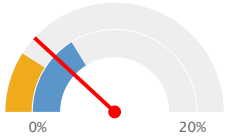
Poverty - Population Below 50% FPL

In the report area 4.75% or 3,398 individuals are living in households with income below 50% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

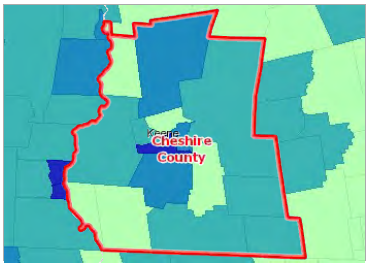
Report Area	Total Population	Population with Income at or Below 50% FPL	Percent Population with Income at or Below 50% FPL
Cheshire County, NH	71,505	3,398	**4.75%**
New Hampshire	1,289,255	46,394	3.6%
United States	313,048,563	20,276,204	6.48%

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2013-17. Source geography: Tract

Percent Population with Income at or Below 50% FPL



- Cheshire County (4.75%)
- New Hampshire (3.6%)
- United States (6.48%)



View larger map

Population Below 50% Poverty Level, Percent by Tract, ACS 2013-17

- Over 9.0%
- 6.1 - 9.0%
- 3.1 - 6.0%
- Under 3.1%
- No Data or Data Suppressed
- Cheshire County, NH

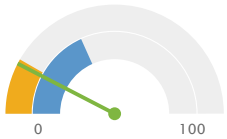
Teen Births

This indicator reports the rate of total births to women age of 15 - 19 per 1,000 female population age 15 - 19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

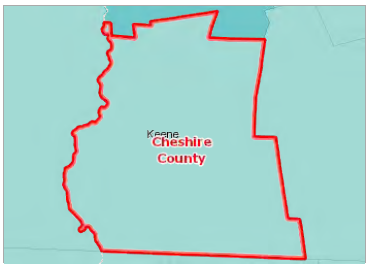
Report Area	Female Population Age 15 - 19	Births to Mothers Age 15 - 19	Teen Birth Rate (Per 1,000 Population)
Cheshire County, NH	3,353	51	**15.2**
New Hampshire	45,852	761	16.6
United States	10,736,677	392,962	36.6

Note: This indicator is compared to the state average.
Data Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2006-12. Source geography: County

Teen Birth Rate (Per 1,000 Population)



- Cheshire County (15.2)
- New Hampshire (16.6)
- United States (36.6)



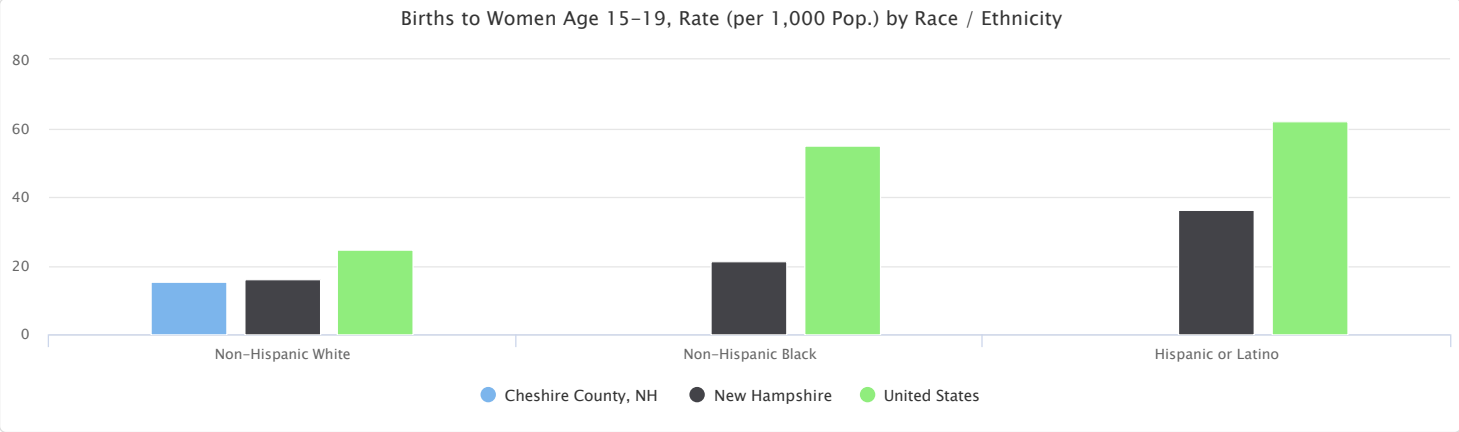
View larger map

Births to Females Age 15-19, Rate (Per 1,000 Pop.) by County, NVSS 2006-12

- Over 60.0
- 45.1 - 60.0
- 30.1 - 45.0
- Under 30.1
- No Data or Data Suppressed
- Cheshire County, NH

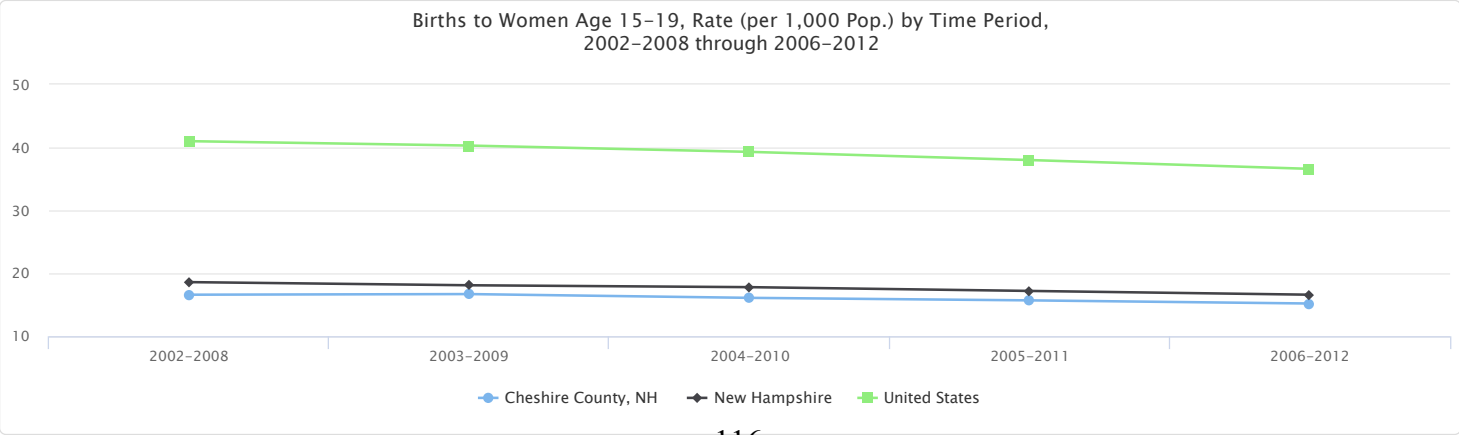
Births to Women Age 15-19, Rate (per 1,000 Pop.) by Race / Ethnicity

Report Area	Non-Hispanic White	Non-Hispanic Black	Hispanic or Latino
Cheshire County, NH	15.3	No data	No data
New Hampshire	16	21.3	36.2
United States	24.6	54.9	62



Births to Women Age 15-19, Rate (per 1,000 Pop.) by Time Period, 2002-2008 through 2006-2012

Report Area	2002-2008	2003-2009	2004-2010	2005-2011	2006-2012
Cheshire County, NH	16.6	16.7	16.1	15.7	15.2
New Hampshire	18.6	18.1	17.8	17.2	16.6
United States	41	40.3	39.3	38	36.6

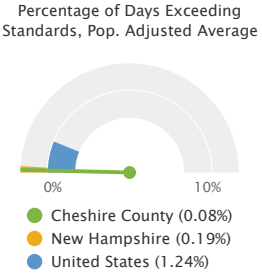


Physical Environment

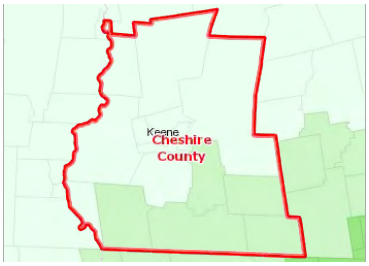
Air Quality - Ozone

Within the report area, 0.31, or 0.08% of days exceeded the emission standard of 75 parts per billion (ppb). This indicator reports the percentage of days per year with Ozone (O3) levels above the National Ambient Air Quality Standard of 75 parts per billion (ppb). Figures are calculated using data collected by monitoring stations and modeled to include census tracts where no monitoring stations exist. This indicator is relevant because poor air quality contributes to respiratory issues and overall poor health.

Report Area	Total Population	Average Daily Ambient Ozone Concentration	Number of Days Exceeding Emissions Standards	Percentage of Days Exceeding Standards, Crude Average	Percentage of Days Exceeding Standards, Pop. Adjusted Average
Cheshire County, NH	77,117	36.76	0.31	0.09%	**0.08%**
New Hampshire	1,316,470	37.19	0.66	0.18%	0.19%
United States	312,471,327	38.95	4.46	1.22%	1.24%



Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network. 2012. Source geography: Tract



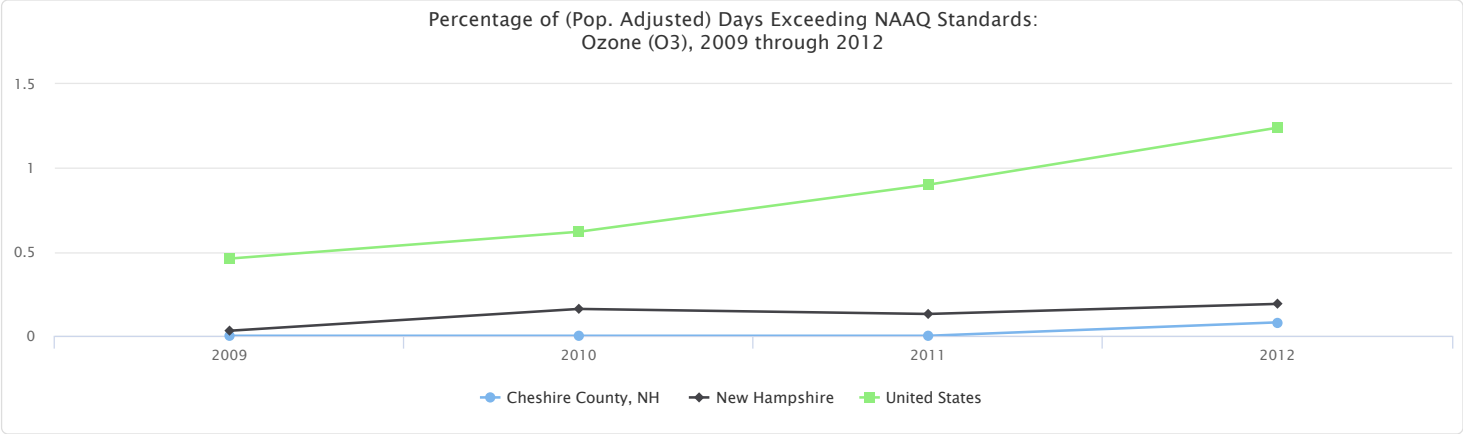
View larger map

Ozone Levels (O3), Percentage of Days Above NAAQ Standards by Tract, NEPHTN 2012

- Over 3.0%
- 1.1 - 3.0%
- 0.51 - 1.0%
- Under - 0.51%
- No Days Above NAAQS Standards
- No Data or Data Suppressed
- Cheshire County, NH

Percentage of (Pop. Adjusted) Days Exceeding NAAQ Standards: Ozone (O3), 2009 through 2012

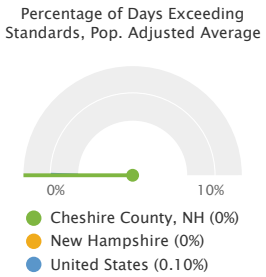
Report Area	2009	2010	2011	2012
Cheshire County, NH	0	0	0	0.08
New Hampshire	0.03	0.16	0.13	0.19
United States	0.46	0.62	0.90	1.24



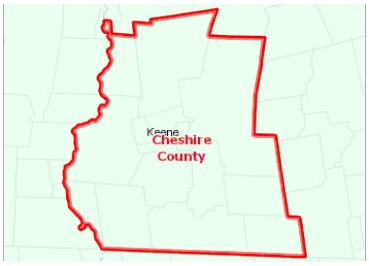
Air Quality - Particulate Matter 2.5

This indicator reports the percentage of days with particulate matter 2.5 levels above the National Ambient Air Quality Standard (35 micrograms per cubic meter) per year, calculated using data collected by monitoring stations and modeled to include counties where no monitoring stations occur. This indicator is relevant because poor air quality contributes to respiratory issues and overall poor health.

Report Area	Total Population	Average Daily Ambient Particulate Matter 2.5	Number of Days Exceeding Emissions Standards	Percentage of Days Exceeding Standards, Crude Average	Percentage of Days Exceeding Standards, Pop. Adjusted Average
Cheshire County, NH	77,117	7.28	0	0	0%
New Hampshire	1,316,470	7.81	0	0	0%
United States	312,471,327	9.10	0.35	0.10	0.10%



Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network. 2012. Source geography: Tract



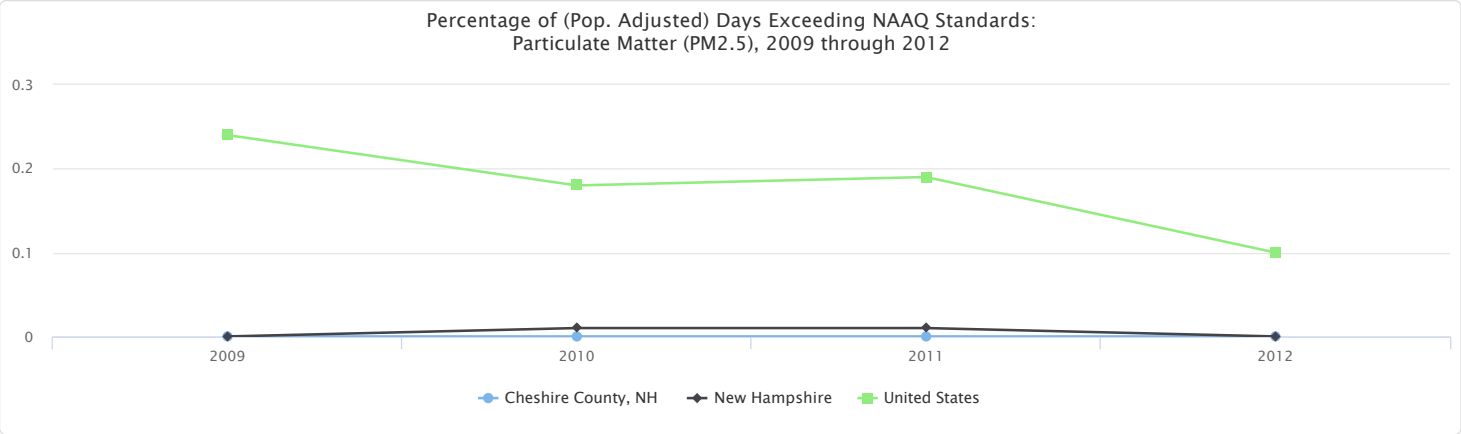
View larger map

Fine Particulate Matter Levels (PM 2.5), Percentage of Days Above NAAQ Standards by Tract, NEPHTN 2012

- Over 5.0%
- 1.1 - 5.0%
- 0.51 - 1.0%
- Under 0.51%
- No Days Above NAAQS Standards
- No Data or Data Suppressed
- Cheshire County, NH

Percentage of (Pop. Adjusted) Days Exceeding NAAQ Standards: Particulate Matter (PM2.5), 2009 through 2012

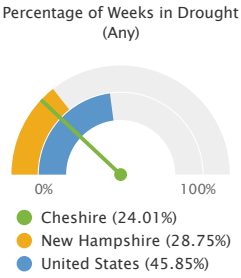
Report Area	2009	2010	2011	2012
Cheshire County, NH	0	0	0	0
New Hampshire	0	0.01	0.01	0
United States	0.24	0.18	0.19	0.10



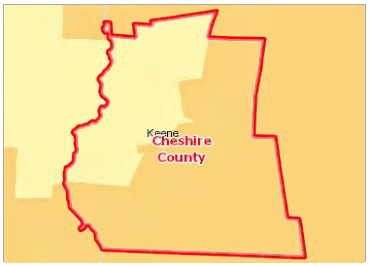
Climate & Health - Drought Severity

This indicator reports the population-weighted percentage of weeks in drought between January 1, 2012 and December 31, 2014.

Report Area	Percentage of Weeks in D0 (Abnormally Dry)	Percentage of Weeks in D1 (Moderate Drought)	Percentage of Weeks in D2 (Severe Drought)	Percentage of Weeks in D3 (Extreme Drought)	Percentage of Weeks in D4 (Exceptional Drought)	Percentage of Weeks in Drought (Any)
Cheshire County, NH	18.6%	5.41%	0%	0%	0%	**24.01%**
New Hampshire	22.35%	6.36%	0.04%	0%	0%	28.75%
United States	16.96%	12.59%	8.84%	4.92%	2.54%	45.85%



Note: This indicator is compared to the state average.
Data Source: US Drought Monitor. 2012-14. Source geography: County



View larger map

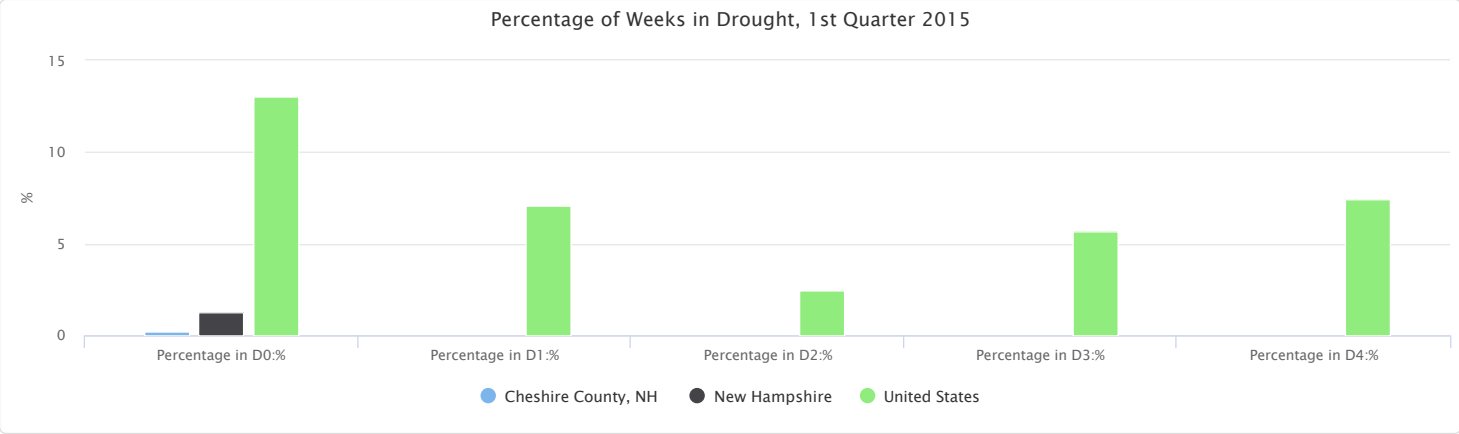
Drought - Weeks in Drought (Any), Percent by Tract, US Drought Monitor 2012-14

- All Weeks in Drought
- 80.1 - 99.9%
- 40.1 - 8.00%
- 20.1 - 40.0%
- 0.1 - 20.0%
- No Weeks in Drought
- Cheshire County, NH

Percentage of Weeks in Drought, 1st Quarter 2015

Data reported is the population-weighted percentage of weeks in drought for the first quarter of 2015 (January 1, 2015 and March 31, 2015).

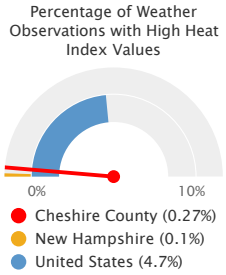
Report Area	Percentage of Weeks in D0 (Abnormally Dry)	Percentage of Weeks in D1 (Moderate Drought)	Percentage of Weeks in D2 (Severe Drought)	Percentage of Weeks in D3 (Extreme Drought)	Percentage of Weeks in D4 (Exceptional Drought)	Percentage of Weeks in Drought (Any)
Cheshire County, NH	0.19%	0%	0%	0%	0%	0.19%
New Hampshire	1.27%	0%	0%	0%	0%	1.27%
United States	13.03%	7.1%	2.47%	5.69%	7.42%	35.72%



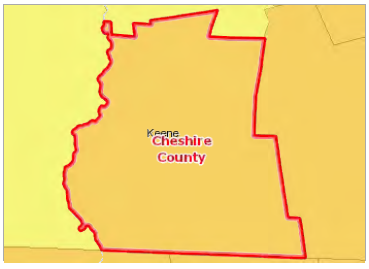
Climate & Health - High Heat Index Days

This indicator reports the percentage of recorded weather observations with heat index values over 103 degrees Fahrenheit. The "heat index" is a single value that takes both temperature and humidity into account. The higher the heat index, the hotter the weather feels, since sweat does not readily evaporate and cool the skin. The heat index is a better measure than air temperature alone for estimating the risk to workers from environmental heat sources.

Report Area	Total Weather Observations	Average Heat Index Value	Observations with High Heat Index Values	Observations with High Heat Index Values, Percentage
Cheshire County, NH	4,380	88.68	12	**0.27%**
New Hampshire	61,320	87.79	87	0.1%
United States	19,094,610	91.82	897,155	4.7%



Note: This indicator is compared to the state average.
Data Source: National Oceanic and Atmospheric Administration, North America Land Data Assimilation System (NLDAS) . Accessed via CDC WONDER. Additional data analysis by CARES. 2014. Source geography: County



View larger map

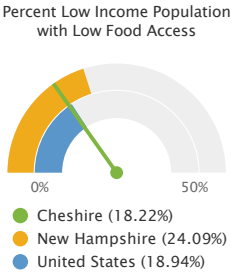
High Heat Index Days, Percentage of Observations Over 103°F by County, NLDAS 2014

- Over 25.0%
- 15.1 - 25.0%
- 5.1 - 15.0%
- 0.1 - 5.0%
- None
- Cheshire County, NH

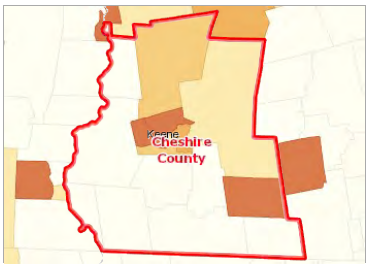
Food Access - Low Income & Low Food Access

This indicator reports the percentage of the low income population with low food access. Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store. Data are from the 2017 report, Low-Income and Low-Supermarket-Access Census Tracts, 2010-2015. This indicator is relevant because it highlights populations and geographies facing food insecurity.

Report Area	Total Population	Low Income Population	Low Income Population with Low Food Access	Percent Low Income Population with Low Food Access
Cheshire County, NH	77,117	18,658	3,400	18.22%
New Hampshire	1,316,470	293,632	70,728	24.09%
United States	308,745,538	106,758,543	20,221,368	18.94%



Note: This indicator is compared to the state average.
Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2015. Source geography: Tract



View larger map

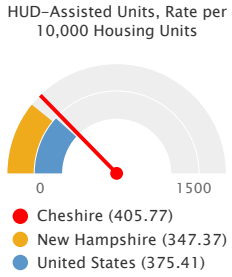
Population with Limited Food Access, Low Income, Percent by Tract, FARA 2015

- Over 50.0%
- 20.1 - 50.0%
- 5.1 - 20.0%
- Under 5.1%
- No Low Food Access
- Cheshire County, NH

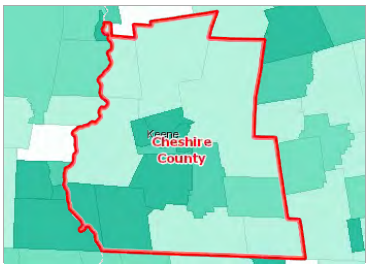
Housing - Assisted Housing

This indicator reports the total number of HUD-funded assisted housing units available to eligible renters as well as the unit rate (per 10,000 total households).

Report Area	Total Housing Units (2010)	Total HUD-Assisted Housing Units	HUD-Assisted Units, Rate per 10,000 Housing Units
Cheshire County, NH	34,773	1,411	405.77
New Hampshire	614,754	21,355	347.37
United States	133,341,676	5,005,789	375.41



Note: This indicator is compared to the state average.
Data Source: US Department of Housing and Urban Development. 2016. Source geography: County



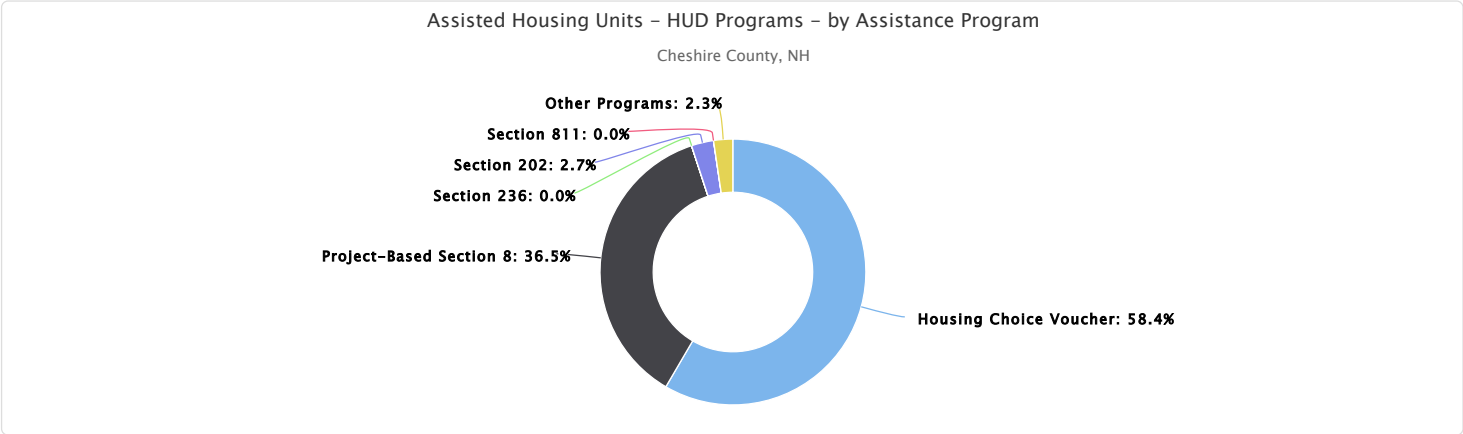
View larger map

Assisted Housing Units, All by Tract, HUD 2016

- Over 60
- 31 - 60
- 11 - 30
- 1 - 10
- No Units
- Cheshire County, NH

Assisted Housing Units - HUD Programs - by Assistance Program

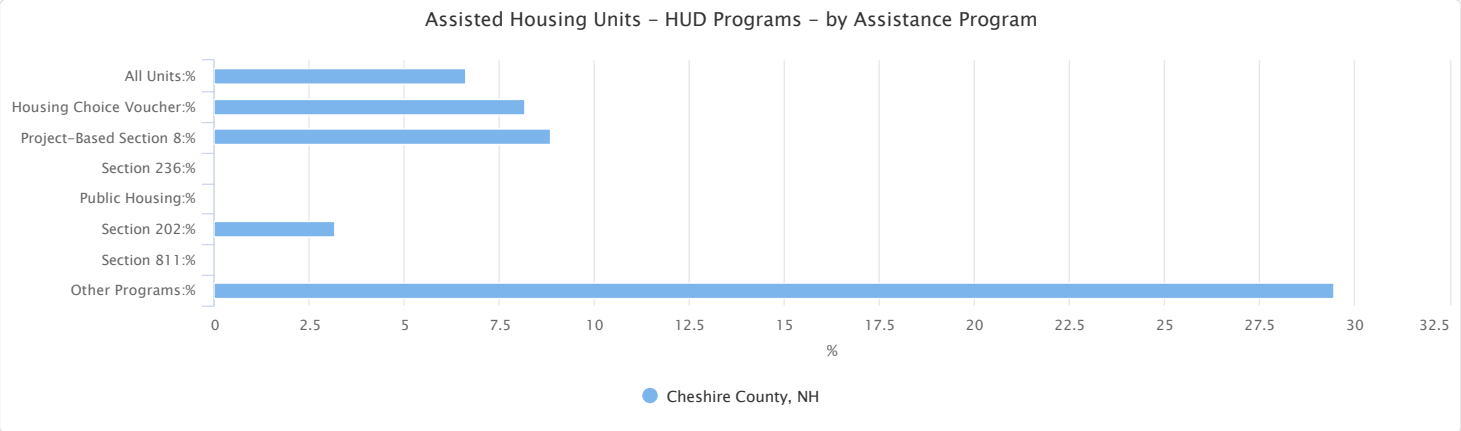
Report Area	Housing Choice Voucher Units	Project-Based Section 8 Units	Section 236 Units (Federal Housing Authority Projects)	Public Housing Authority Units	Section 202 Units (Supportive Housing for the Elderly)	Section 811 Units (Supportive Housing for Persons with Disabilities)	Other Multi-Family Program Units (RAP, SUP, Moderate Rehab, Etc.)
Cheshire County, NH	825	516	0	0	38	0	33
New Hampshire	10,083	5,831	0	4,105	1,191	32	112
United States	2,474,400	1,243,178	33,100	1,074,437	124,704	34,463	31,612



Assisted Housing Units - HUD Programs - by Assistance Program

This indicator reports the number of assisted units in each program type as a proportion of the total state share.

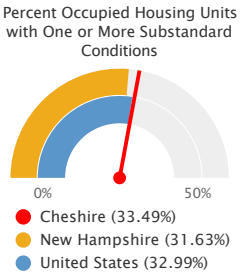
Report Area	All Units	Housing Choice Voucher Units	Project-Based Section 8 Units	Section 236 Units (Federal Housing Authority Projects)	Public Housing Authority Units	Section 202 Units (Supportive Housing for the Elderly)	Section 811 Units (Supportive Housing for Persons with Disabilities)	Other Multi-Family Program Units (RAP, SUP, Moderate Rehab, Etc.)
Cheshire County, NH	6.61%	8.18%	8.85%	No data	0%	3.19%	0%	29.46%



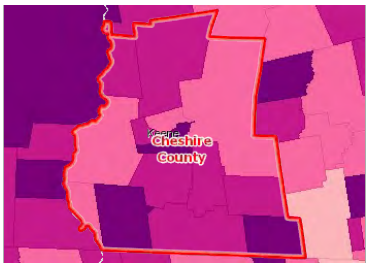
Housing - Substandard Housing

This indicator reports the number and percentage of owner- and renter-occupied housing units having at least one of the following conditions: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) with 1.01 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 30%, and 5) gross rent as a percentage of household income greater than 30%. Selected conditions provide information in assessing the quality of the housing inventory and its occupants. This data is used to easily identify homes where the quality of living and housing can be considered substandard.

Report Area	Total Occupied Housing Units	Occupied Housing Units with One or More Substandard Conditions	Percent Occupied Housing Units with One or More Substandard Conditions
Cheshire County, NH	30,529	10,225	**33.49%**
New Hampshire	526,710	166,593	31.63%
United States	118,825,921	39,200,876	32.99%



Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2013-17. Source geography: Tract



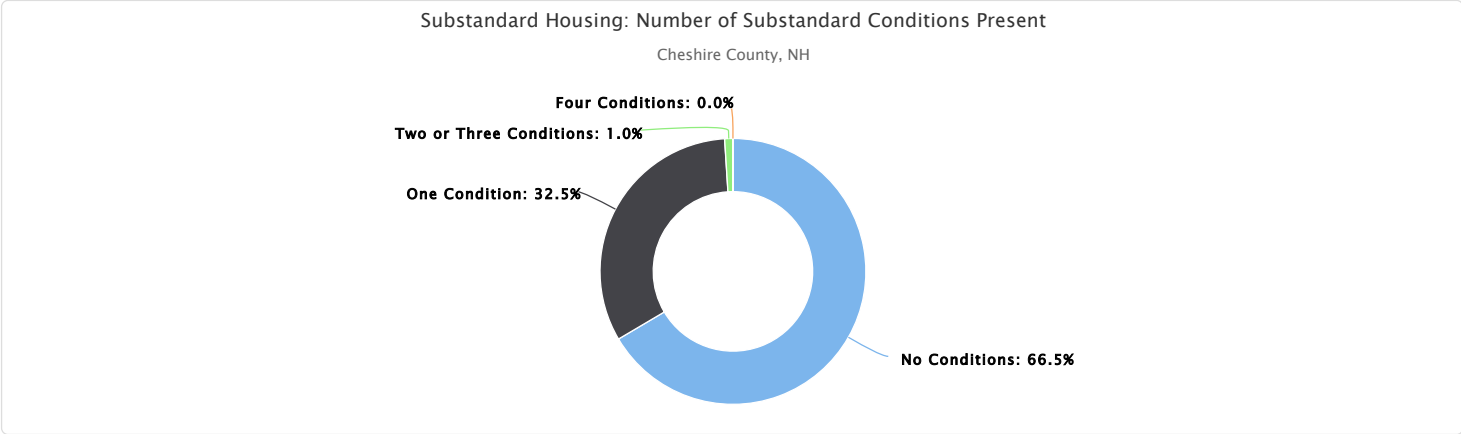
View larger map

Substandard Housing Units, Percent of Total by Tract, ACS 2013-17

- Over 34.0%
- 28.1 - 34.0%
- 22.1 - 28.0%
- Under 22.1%
- No Data or Data Suppressed
- Cheshire County, NH

Substandard Housing: Number of Substandard Conditions Present

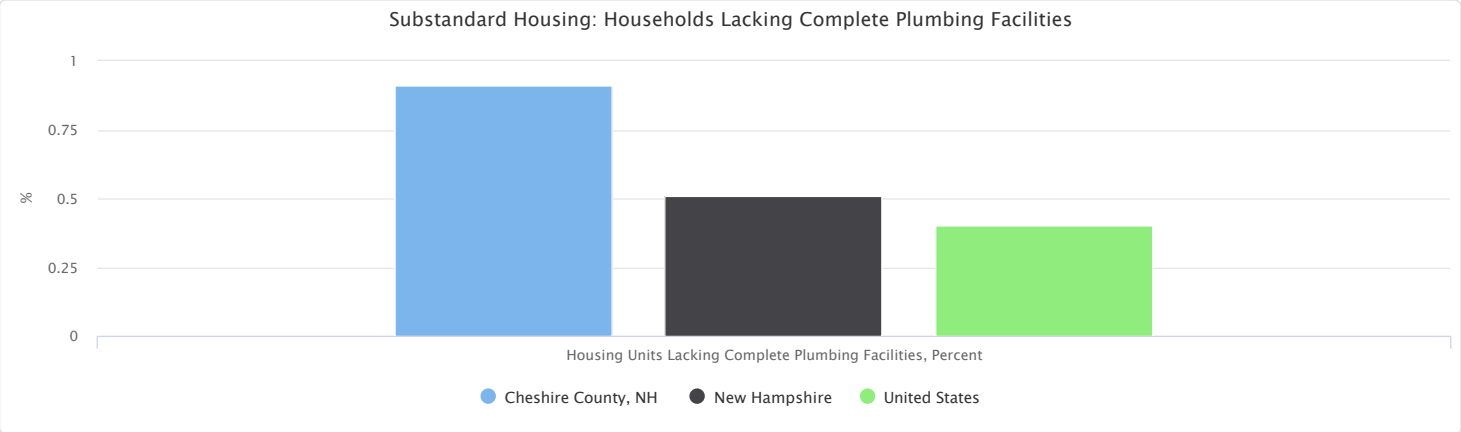
Report Area	No Conditions	One Condition	Two or Three Conditions	Four Conditions
Cheshire County, NH	66.51%	32.5%	1%	0%
New Hampshire	68.37%	30.43%	1.2%	0%
United States	67.01%	31.04%	1.95%	0.01%



Substandard Housing: Households Lacking Complete Plumbing Facilities

Complete plumbing facilities include: (a) hot and cold running water, (b) a flush toilet, and (c) a bathtub or shower. All three facilities must be located inside the house, apartment, or mobile home, but not necessarily in the same room. Housing units are classified as lacking complete plumbing facilities when any of the three facilities is not present.

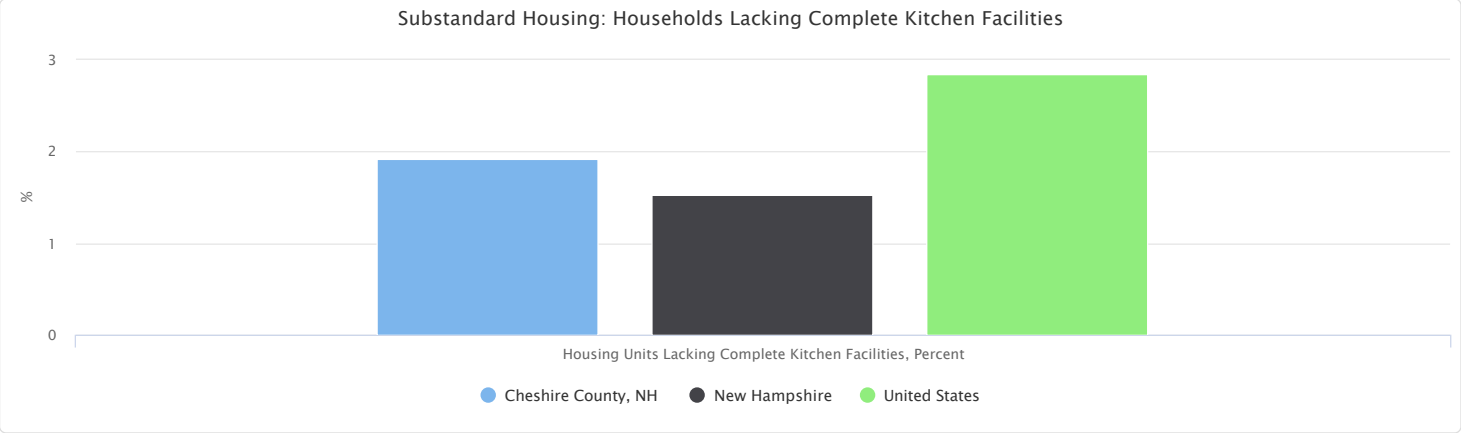
Report Area	Total Occupied Housing Units	Housing Units Lacking Complete Plumbing Facilities	Housing Units Lacking Complete Plumbing Facilities, Percent
Cheshire County, NH	30,529	278	0.91%
New Hampshire	526,710	2,710	0.51%
United States	118,825,921	470,774	0.4%



Substandard Housing: Households Lacking Complete Kitchen Facilities

A unit has complete kitchen facilities when it has all three of the following facilities: (a) a sink with a faucet, (b) a stove or range, and (c) a refrigerator. All kitchen facilities must be located in the house, apartment, or mobile home, but they need not be in the same room. A housing unit having only a microwave or portable heating equipment such as a hot plate or camping stove should not be considered as having complete kitchen facilities. An icebox is not considered to be a refrigerator.

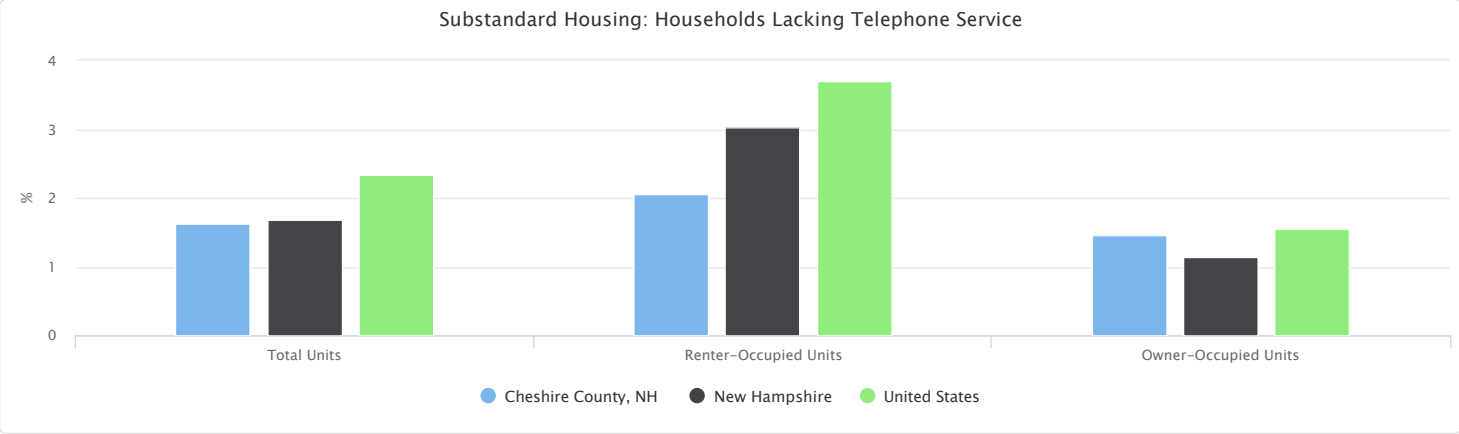
Report Area	Total Occupied Housing Units	Housing Units Lacking Complete Kitchen Facilities	Housing Units Lacking Complete Kitchen Facilities, Percent
Cheshire County, NH	35,304	679	1.92%
New Hampshire	627,619	9,607	1.53%
United States	135,393,564	3,859,746	2.85%



Substandard Housing: Households Lacking Telephone Service

A telephone must be in working order and service available in the house, apartment, or mobile home that allows the respondent to both make and receive calls. Households that have cell-phones (no land-line) are counted as having telephone service available. Households whose service has been discontinued for nonpayment or other reasons are not counted as having telephone service available.

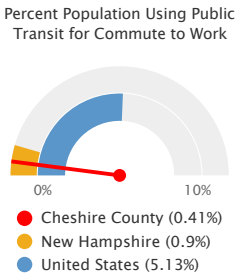
Report Area	Total Housing Units Lacking Telephone Service	Total Housing Units Lacking Telephone Service	Owner-Occupied Units Lacking Telephone Service	Owner-Occupied Units Lacking Telephone Service	Renter-Occupied Units Lacking Telephone Service	Renter-Occupied Units Lacking Telephone Service
Cheshire County, NH	498	1.63%	311	1.45%	187	2.06%
New Hampshire	8,900	1.69%	4,231	1.14%	4,669	3.02%
United States	2,775,560	2.34%	1,180,204	1.56%	1,595,356	3.71%



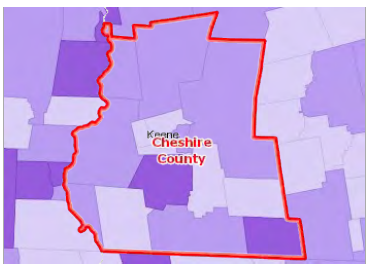
Use of Public Transportation

This indicator reports the percentage of population using public transportation as their primary means of commute to work. Public transportation includes buses or trolley buses, streetcars or trolley cars, subway or elevated rails, and ferryboats.

Report Area	Total Population Employed Age 16+	Population Using Public Transit for Commute to Work	Percent Population Using Public Transit for Commute to Work
Cheshire County, NH	39,383	163	**0.41%**
New Hampshire	696,499	6,059	0.9%
United States	148,432,042	7,607,907	5.13%



Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2013-17. Source geography: Tract



View larger map

Workers Traveling to Work Using Public Transit, Percent by Tract, ACS 2013-17

- Over 4.0%
- 1.1 - 4.0%
- 0.1 - 1.0%
- No Workers Using Public Transit
- No Data or Data Suppressed
- Cheshire County, NH

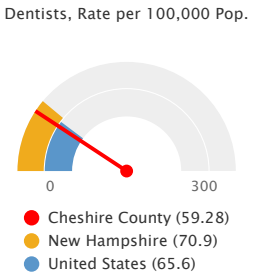
Clinical Care

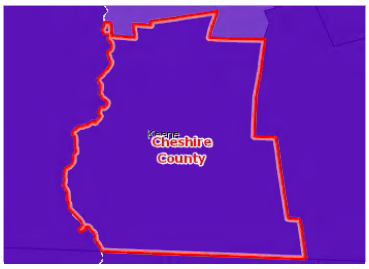
Access to Dentists

This indicator reports the number of dentists per 100,000 population. This indicator includes all dentists - qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.), who are licensed by the state to practice dentistry and who are practicing within the scope of that license.

Report Area	Total Population, 2015	Dentists, 2015	Dentists, Rate per 100,000 Pop.
Cheshire County, NH	75,909	45	**59.28**
New Hampshire	1,330,608	943	70.9
United States	321,418,820	210,832	65.6

Note: This indicator is compared to the state average.
Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2015. Source geography: County





View larger map

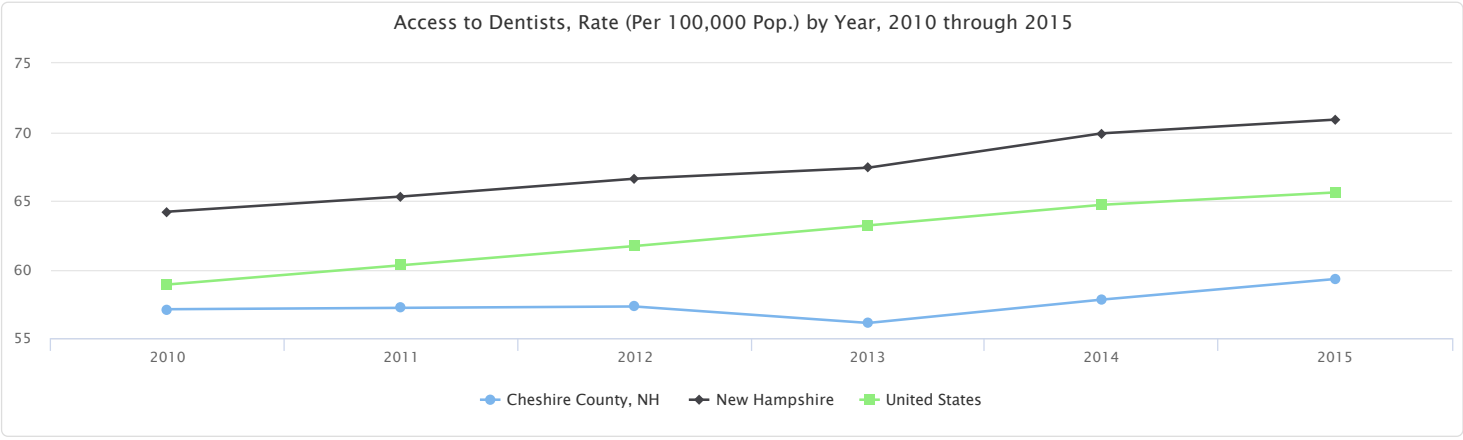
Access to Dentists, Rate per 100,000 Pop. by County, AHRF 2015

- Over 50.0
- 35.1 - 50.0
- 20.1 - 35.0
- Under 20.1
- No Dentists
- Cheshire County, NH

Access to Dentists, Rate (Per 100,000 Pop.) by Year, 2010 through 2015

This indicator reports the rate of dentists per 100,000 population by year.

Report Area	2010	2011	2012	2013	2014	2015
Cheshire County, NH	57.1	57.2	57.3	56.1	57.8	59.3
New Hampshire	64.2	65.3	66.6	67.4	69.9	70.9
United States	58.9	60.3	61.7	63.2	64.7	65.6

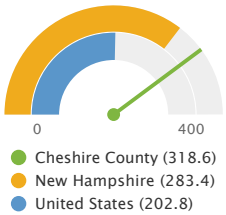


Access to Mental Health Providers

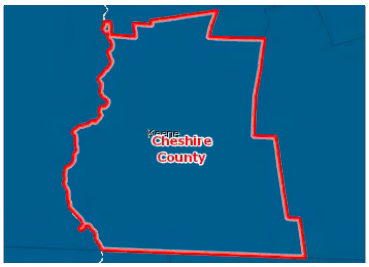
This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care.

Report Area	Estimated Population	Number of Mental Health Providers	Ratio of Mental Health Providers to Population (1 Provider per x Persons)	Mental Health Care Provider Rate (Per 100,000 Population)
Cheshire County, NH	75,960	242	313.9	**318.6**
New Hampshire	1,342,795	3,805	352.9	283.4
United States	317,105,555	643,219	493	202.8

Mental Health Care Provider Rate (Per 100,000 Population)



Note: This indicator is compared to the state average.
Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2017. Source geography: County



View larger map

Access to Mental Health Care Providers, Rate Per 100,000 Pop. by County, CHR 2017

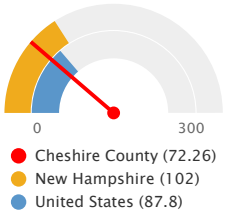
- Over 120.0
- 55.1 - 120.0
- 30.1 - 55.0
- Under 30.1
- No Data or Data Suppressed
- Cheshire County, NH

Access to Primary Care

This indicator reports the number of primary care physicians per 100,000 population. Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Report Area	Total Population, 2014	Primary Care Physicians, 2014	Primary Care Physicians, Rate per 100,000 Pop.
Cheshire County, NH	76,115	55	**72.26**
New Hampshire	1,326,813	1,354	102
United States	318,857,056	279,871	87.8

Primary Care Physicians, Rate per 100,000 Pop.



Note: This indicator is compared to the state average.
Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2014. Source geography: County

View larger map

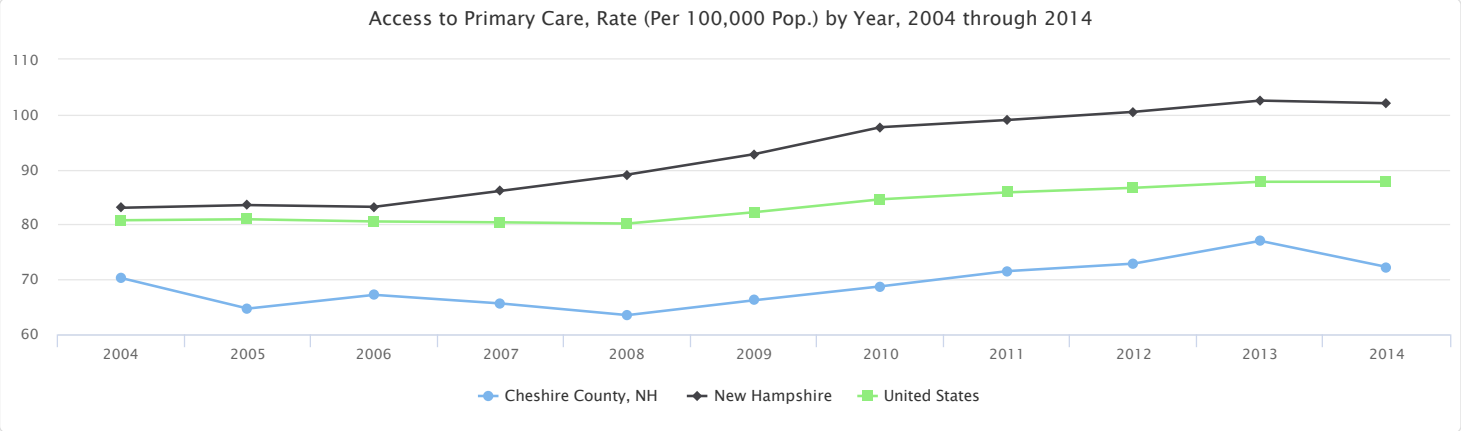
Access to Primary Care Physicians, Rate per 100,000 Pop. by County, AHRF 2014

- Over 80.0
- 60.1 - 80.0
- 40.1 - 60.0
- Under 40.1
- No Primary Care Physicians or No Data
- Cheshire County, NH

Access to Primary Care, Rate (Per 100,000 Pop.) by Year, 2004 through 2014

This indicator reports the rate of primary care physicians per 100,000 population by year.

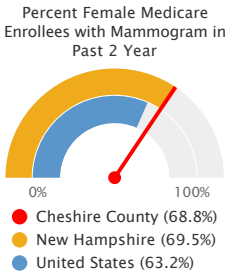
Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Cheshire County, NH	70.25	64.69	67.19	65.62	63.5	66.2	68.73	71.5	72.87	77.01	72.26
New Hampshire	83.03	83.52	83.2	86.11	89.07	92.78	97.69	99	100.48	102.53	102.05
United States	80.76	80.94	80.54	80.38	80.16	82.22	84.57	85.83	86.66	87.76	87.77



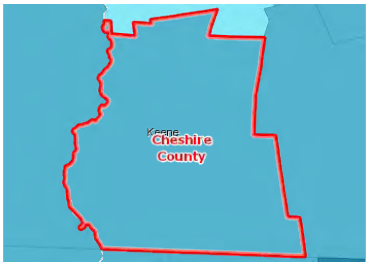
Cancer Screening - Mammogram

This indicator reports the percentage of female Medicare enrollees, age 67-69, who have received one or more mammograms in the past two years. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Report Area	Total Medicare Enrollees	Female Medicare Enrollees Age 67-69	Female Medicare Enrollees with Mammogram in Past 2 Years	Percent Female Medicare Enrollees with Mammogram in Past 2 Year
Cheshire County, NH	11,315	1,102	757	**68.8%**
New Hampshire	180,217	17,739	12,330	69.5%
United States	26,937,083	2,544,732	1,607,329	63.2%



Note: This indicator is compared to the state average.
Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2015. Source geography: County



View larger map

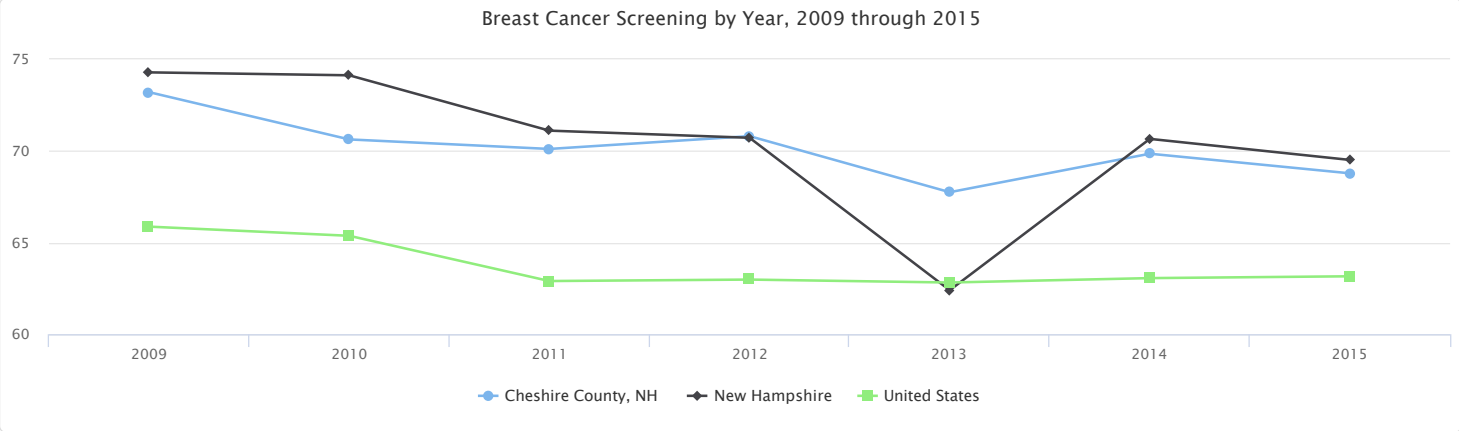
Mammogram (Past 2 Years), Percent of Female Medicare Enrollees, Age 67-69 by County, Dartmouth Atlas 2015

- Over 72.0%
- 64.1 - 72.0%
- 56.1 - 64.0%
- Under 56.1%
- No Data or Data Suppressed
- Cheshire County, NH

Breast Cancer Screening by Year, 2009 through 2015

Percent of Female Medicare Beneficiaries Age 67-69 with Mammogram trend

Report Area	2009	2010	2011	2012	2013	2014	2015
Cheshire County, NH	73.21	70.63	70.11	70.81	67.75	69.85	68.78
New Hampshire	74.29	74.13	71.11	70.72	62.40	70.66	69.51
United States	65.87	65.37	62.90	62.98	62.82	63.06	63.16

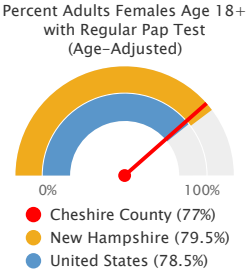


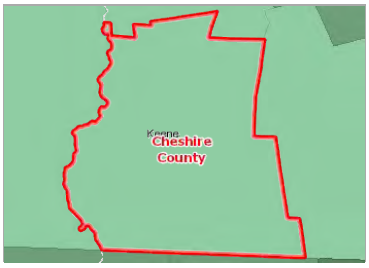
Cancer Screening - Pap Test

This indicator reports the percentage of women aged 18 and older who self-report that they have had a Pap test in the past three years. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Report Area	Female Population Age 18+	Estimated Number with Regular Pap Test	Crude Percentage	Age-Adjusted Percentage
Cheshire County, NH	59,961	45,271	75.5%	**77%**
New Hampshire	976,054	768,154	78.7%	79.5%
United States	176,847,182	137,191,142	77.6%	78.5%

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. Source geography: County





View larger map

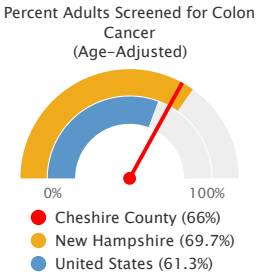
Cervical Cancer Screening (Past 3 Years), Percent of Women Age 18+ by County, BRFSS 2006-12

- Over 84.0%
- 80.1 - 84.0%
- 76.1 - 80.0%
- Under 76.1%
- No Data or Data Suppressed
- Cheshire County, NH

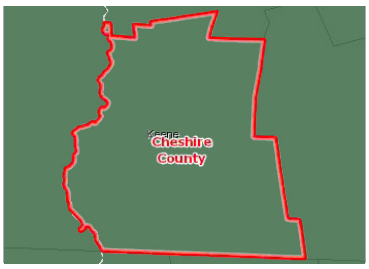
Cancer Screening - Sigmoidoscopy or Colonoscopy

This indicator reports the percentage of adults 50 and older who self-report that they have ever had a sigmoidoscopy or colonoscopy. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Report Area	Total Population Age 50+	Estimated Population Ever Screened for Colon Cancer	Crude Percentage	Age-Adjusted Percentage
Cheshire County, NH	21,757	15,143	69.6%	**66%**
New Hampshire	348,338	252,545	72.5%	69.7%
United States	75,116,406	48,549,269	64.6%	61.3%



Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. Source geography: County



View larger map

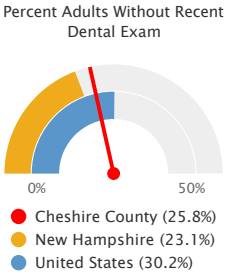
Colon Cancer Screening (Ever), Percent of Adults Age 50+ by County, BRFSS 2006-12

- Over 62.0%
- 55.1 - 62.0%
- 48.1 - 55.0%
- Under 48.1%
- No Data or Data Suppressed
- Cheshire County, NH

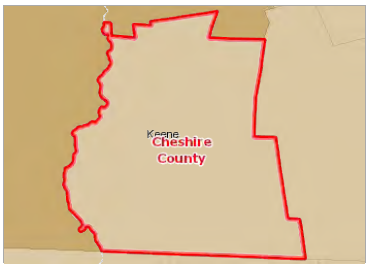
Dental Care Utilization

This indicator reports the percentage of adults aged 18 and older who self-report that they have not visited a dentist, dental hygienist or dental clinic within the past year. This indicator is relevant because engaging in preventive behaviors decreases the likelihood of developing future health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Report Area	Total Population (Age 18+)	Total Adults Without Recent Dental Exam	Percent Adults with No Dental Exam
Cheshire County, NH	61,700	15,904	**25.8%**
New Hampshire	1,025,011	237,144	23.1%
United States	235,375,690	70,965,788	30.2%



Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-10. Source geography: County



View larger map

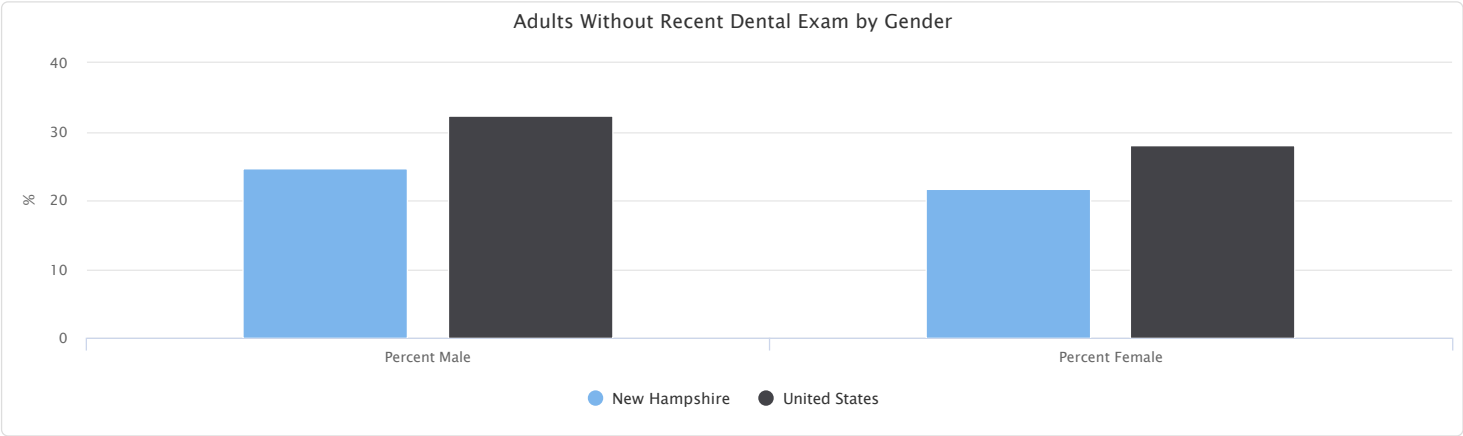
Adults Age 18+ Without Dental Exam in Past 12 Months, Percent by County, BRFSS 2006-10

- Over 42.0%
- 34.1 - 42.0%
- 26.1 - 34.0%
- Under 26.1%
- No Data or Data Suppressed
- Cheshire County, NH

Adults Without Recent Dental Exam by Gender

Report Area	Total Male	Total Female	Percent Male	Percent Female
New Hampshire	121,674	113,607	24.7%	21.64%
United States	36,311,042	34,083,921	32.3%	28.12%

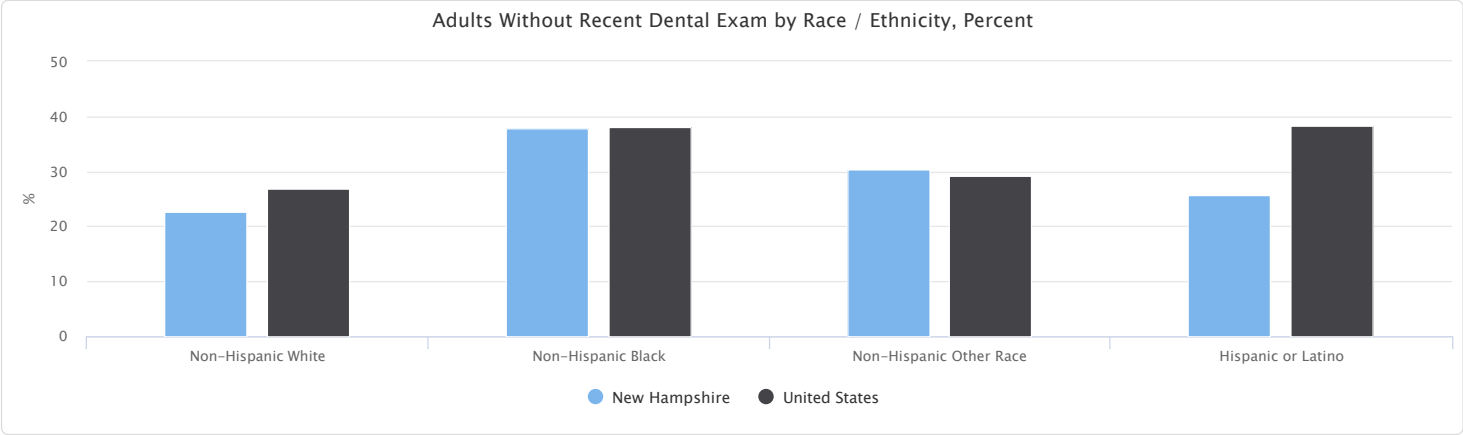
Note: No county data available. See data source and methodology for more details.



Adults Without Recent Dental Exam by Race / Ethnicity, Percent

Report Area	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Other Race	Hispanic or Latino
New Hampshire	22.58%	37.84%	30.46%	25.67%
United States	26.96%	38.11%	29.23%	38.33%

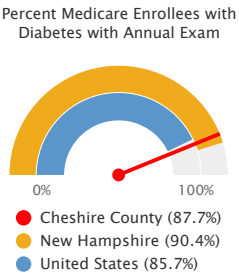
Note: No county data available. See data source and methodology for more details.



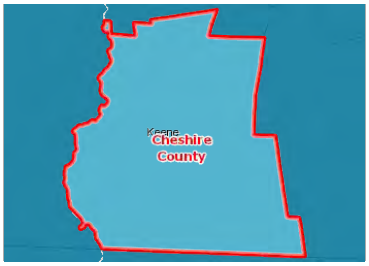
Diabetes Management - Hemoglobin A1c Test

This indicator reports the percentage of diabetic Medicare patients who have had a hemoglobin A1c (hA1c) test, a blood test which measures blood sugar levels, administered by a health care professional in the past year. In the report area, 828 Medicare enrollees with diabetes have had an annual exam out of 945 Medicare enrollees in the report area with diabetes, or 87.7%. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Report Area	Total Medicare Enrollees	Medicare Enrollees with Diabetes	Medicare Enrollees with Diabetes with Annual Exam	Percent Medicare Enrollees with Diabetes with Annual Exam
Cheshire County, NH	11,315	945	828	**87.7%**
New Hampshire	180,217	16,865	15,241	90.4%
United States	26,937,083	2,919,457	2,501,671	85.7%



Note: This indicator is compared to the state average.
Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2015. Source geography: County



View larger map

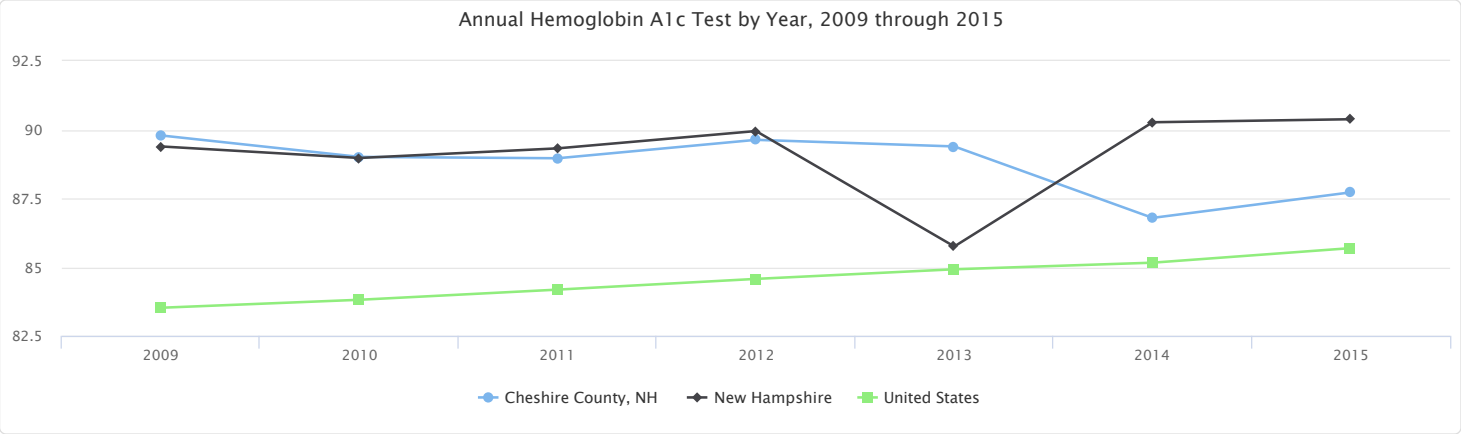
Patients with Annual HA1C Test (Diabetes), Percent of Medicare Enrollees with Diabetes by County, Dartmouth Atlas 2015

- Over 88.0%
- 84.1 - 88.0%
- 80.1 - 84.0%
- Under 80.1%
- No Data or Data Suppressed
- Cheshire County, NH

Annual Hemoglobin A1c Test by Year, 2009 through 2015

Percent of Medicare Beneficiaries with Diabetes with Annual Hemoglobin A1c Test

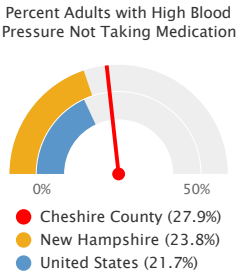
Report Area	2009	2010	2011	2012	2013	2014	2015
Cheshire County, NH	89.79	89.01	88.96	89.63	89.39	86.79	87.72
New Hampshire	89.39	88.97	89.32	89.95	85.75	90.27	90.38
United States	83.52	83.81	84.18	84.57	84.92	85.16	85.69



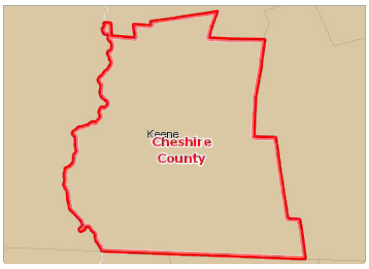
High Blood Pressure Management

In the report area, 27.9% of adults, or 17,242, self-reported that they are not taking medication for their high blood pressure according to the CDC's Behavioural Risk Factor Surveillance System (2006-2010). This indicator is relevant because engaging in preventive behaviors decreases the likelihood of developing future health problems. When considered with other indicators of poor health, this indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Report Area	Total Population (Age 18+)	Total Adults Not Taking Blood Pressure Medication (When Needed)	Percent Adults Not Taking Medication
Cheshire County, NH	61,700	17,242	**27.9%**
New Hampshire	1,025,011	243,446	23.8%
United States	235,375,690	51,175,402	21.7%



Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-10. Source geography: County



View larger map

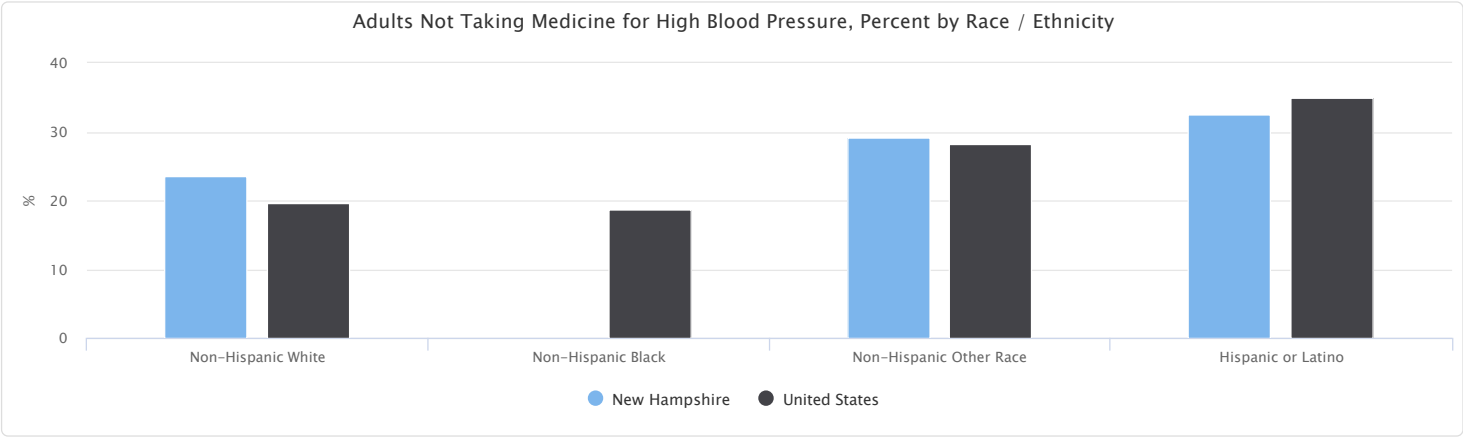
Adults Age 18+ with High Blood Pressure, Not Taking Medication, Percent by County, BRFSS 2006-10

- Over 85.0%
- 80.1 - 85.0%
- 75.1 - 80.0%
- Under 75.1%
- No Data or Data Suppressed
- Cheshire County, NH

Adults Not Taking Medicine for High Blood Pressure, Percent by Race / Ethnicity

Report Area	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Other Race	Hispanic or Latino
New Hampshire	23.58%	No data	29.17%	32.61%
United States	19.66%	18.65%	28.31%	34.86%

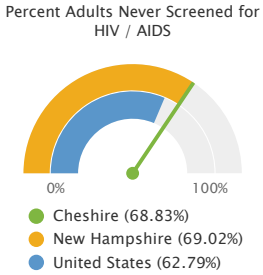
Note: No county data available. See data source and methodology for more details.



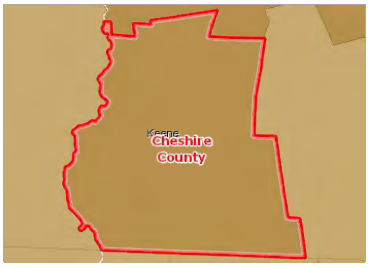
HIV Screenings

This indicator reports the percentage of adults age 18-70 who self-report that they have never been screened for HIV. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Report Area	Survey Population (Adults Age 18+)	Total Adults Never Screened for HIV / AIDS	Percent Adults Never Screened for HIV / AIDS
Cheshire County, NH	51,118	35,186	68.83%
New Hampshire	951,379	656,626	69.02%
United States	214,984,421	134,999,025	62.79%



Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County



View larger map

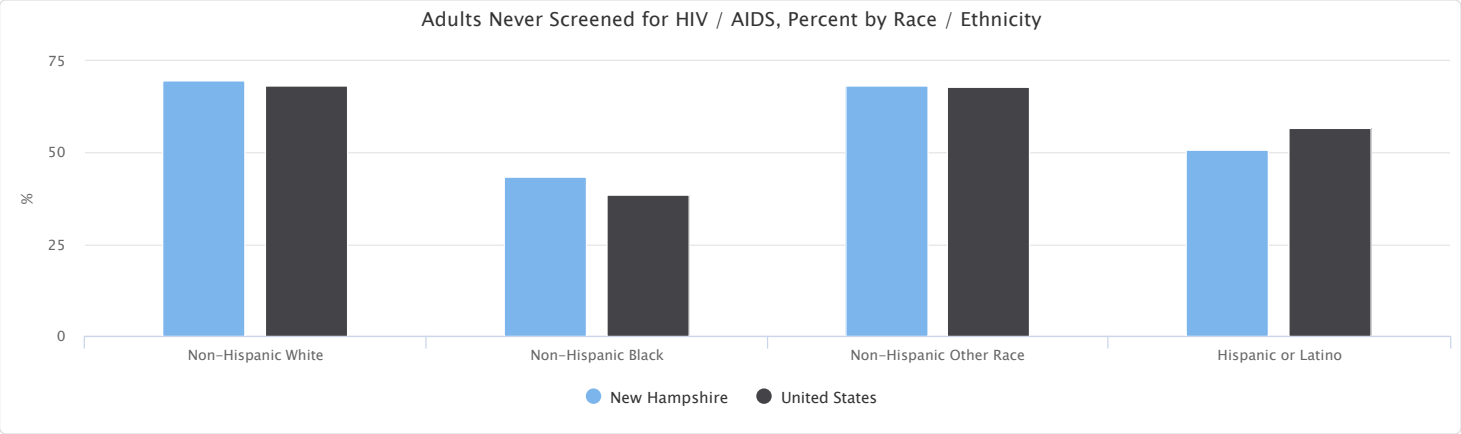
Adults Age 18+ Never Screened for HIV / AIDS, Percent by County, BRFSS 2011-12

- Over 76.1%
- 68.1 - 76.0%
- 60.1 - 68.0%
- Under 60.1%
- No Data or Data Suppressed
- Cheshire County, NH

Adults Never Screened for HIV / AIDS, Percent by Race / Ethnicity

Report Area	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Other Race	Hispanic or Latino
New Hampshire	69.7%	43.62%	68.36%	50.98%
United States	68.19%	38.56%	67.84%	56.71%

Note: No county data available. See data source and methodology for more details.

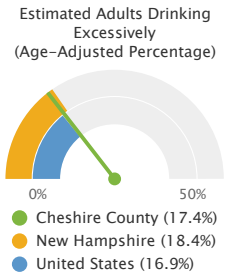


Health Behaviors

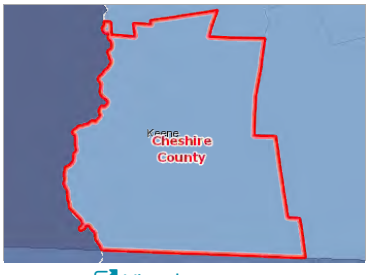
Alcohol Consumption

This indicator reports the percentage of adults aged 18 and older who self-report heavy alcohol consumption (defined as more than two drinks per day on average for men and one drink per day on average for women). This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as cirrhosis, cancers, and untreated mental and behavioral health needs.

Report Area	Total Population Age 18+	Estimated Adults Drinking Excessively	Estimated Adults Drinking Excessively (Crude Percentage)	Estimated Adults Drinking Excessively (Age-Adjusted Percentage)
Cheshire County, NH	61,896	10,151	16.4%	**17.4%**
New Hampshire	1,025,011	180,402	17.6%	18.4%
United States	232,556,016	38,248,349	16.4%	16.9%



Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. Source geography: County



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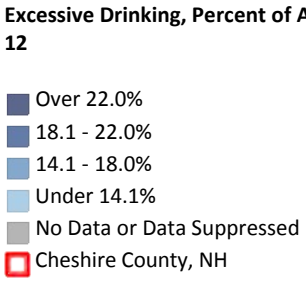
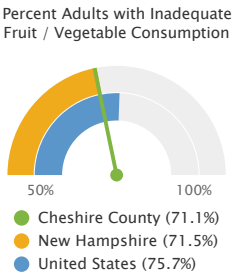


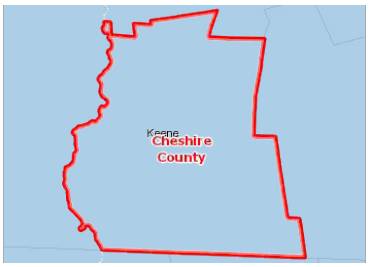
Fruit/Vegetable Consumption

In the report area an estimated 43,611, or 71.1% of adults over the age of 18 are consuming less than 5 servings of fruits and vegetables each day. This indicator is relevant because current behaviors are determinants of future health, and because unhealthy eating habits may cause of significant health issues, such as obesity and diabetes.

Report Area	Total Population (Age 18+)	Total Adults with Inadequate Fruit / Vegetable Consumption	Percent Adults with Inadequate Fruit / Vegetable Consumption
Cheshire County, NH	61,337	43,611	71.1%
New Hampshire	1,017,239	727,326	71.5%
United States	227,279,010	171,972,118	75.7%



Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2005-09. Source geography: County



View larger map

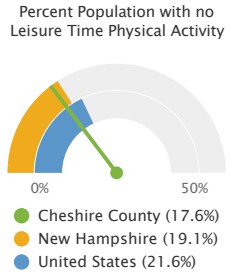
Inadequate Fruit/Vegetable Consumption, Percent of Adults Age 18+ by County, BRFSS 2005-09

- Over 85.0%
- 80.1 - 85.0%
- 75.1 - 80.0%
- Under 75.1%
- No Data or Data Suppressed
- Cheshire County, NH

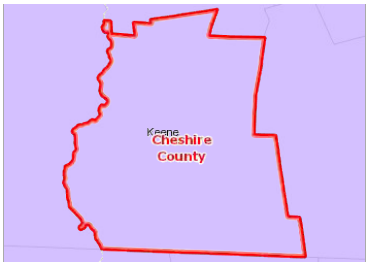
Physical Inactivity

Within the report area, 10,871 or 17.6% of adults aged 20 and older self-report no leisure time for activity, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?". This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.

Report Area	Total Population Age 20+	Population with no Leisure Time Physical Activity	Percent Population with no Leisure Time Physical Activity
Cheshire County, NH	59,081	10,871	17.6%
New Hampshire	1,028,449	205,843	19.1%
United States	238,798,321	52,960,511	21.6%



Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2015. Source geography: County



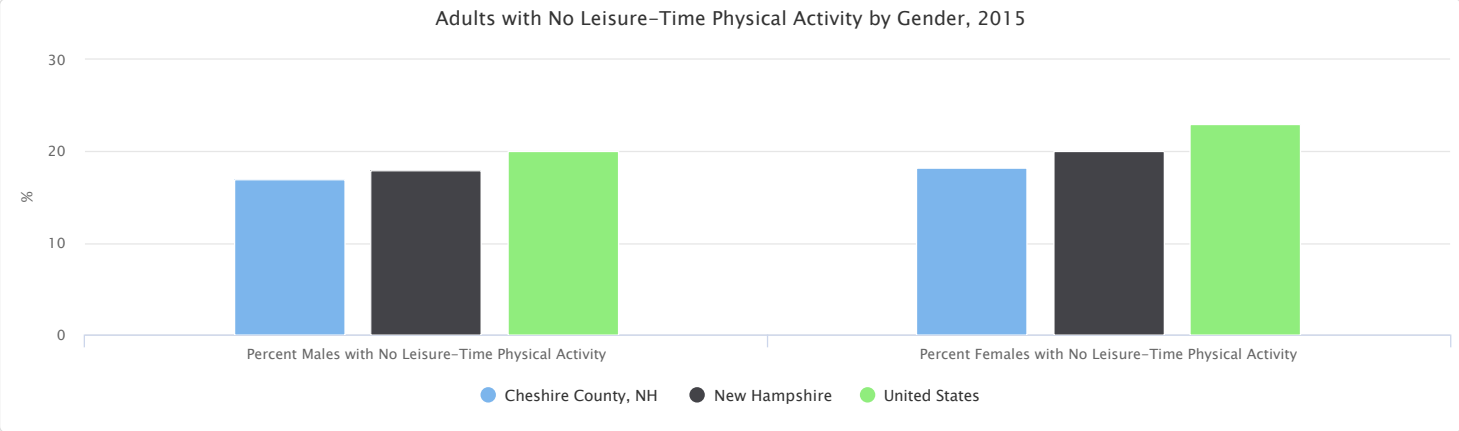
View larger map

No Leisure-Time Physical Activity, Adults Age 20+, Percent by County, CDC NCCDPHP 2015

- Over 29.0%
- 26.1 - 29.0%
- 23.1 - 26.0%
- Under 23.1%
- No Data or Data Suppressed
- Cheshire County, NH

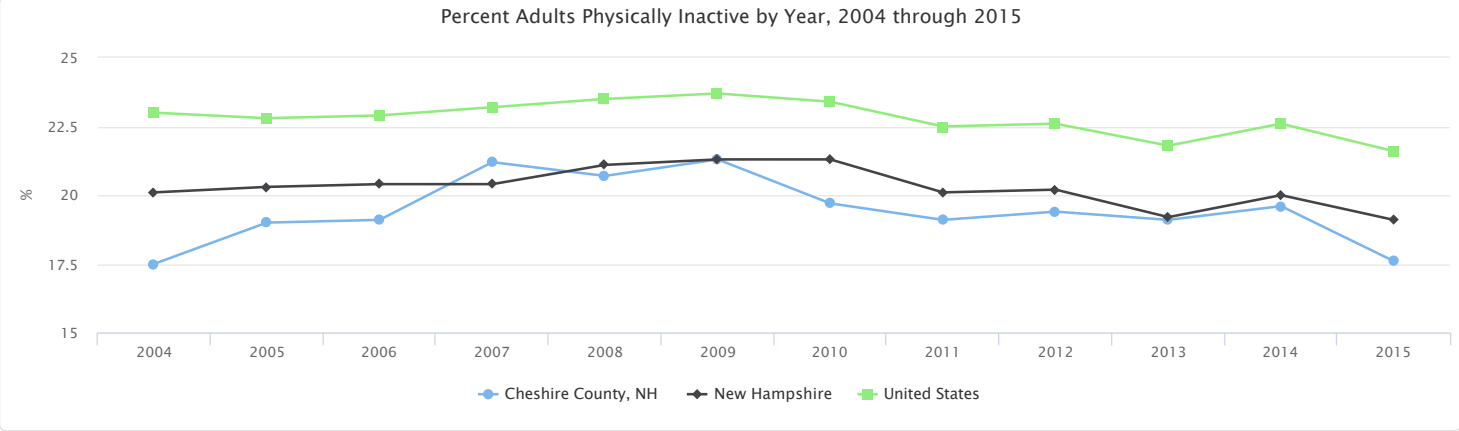
Adults with No Leisure-Time Physical Activity by Gender, 2015

Report Area	Total Males with No Leisure-Time Physical Activity	Percent Males with No Leisure-Time Physical Activity	Total Females with No Leisure-Time Physical Activity	Percent Females with No Leisure-Time Physical Activity
Cheshire County, NH	5,016	16.9%	5,855	18.2%
New Hampshire	94,350	18%	111,493	20.1%
United States	23,655,542	20%	29,304,977	23%



Percent Adults Physically Inactive by Year, 2004 through 2015

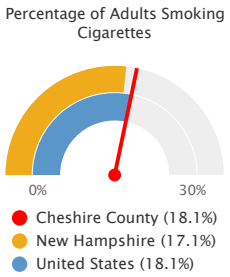
Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Cheshire County, NH	17.5%	19%	19.1%	21.2%	20.7%	21.3%	19.7%	19.1%	19.4%	19.1%	19.6%	17.6%
New Hampshire	20.1%	20.3%	20.4%	20.4%	21.1%	21.3%	21.3%	20.1%	20.2%	19.2%	20%	19.1%
United States	23%	22.8%	22.9%	23.2%	23.5%	23.7%	23.4%	22.5%	22.6%	21.8%	22.6%	21.6%



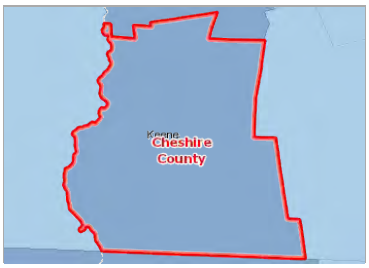
Tobacco Usage - Current Smokers

In the report area an estimated 10,646, or 17.2% of adults age 18 or older self-report currently smoking cigarettes some days or every day. This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease.

Report Area	Total Population Age 18+	Total Adults Regularly Smoking Cigarettes	Percent Population Smoking Cigarettes (Crude)	Percent Population Smoking Cigarettes (Age-Adjusted)
Cheshire County, NH	61,896	10,646	17.2%	**18.1%**
New Hampshire	1,025,011	171,177	16.7%	17.1%
United States	232,556,016	41,491,223	17.8%	18.1%



Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. Source geography: County



View larger map

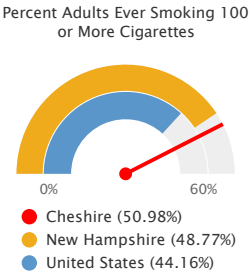
Current Smokers, Adult, Percent of Adults Age 18+ by County, BRFSS 2006-12

- Over 26.0%
- 22.1 - 26.0%
- 18.1 - 22.0%
- Under 18.1%
- No Data or Data Suppressed
- Cheshire County, NH

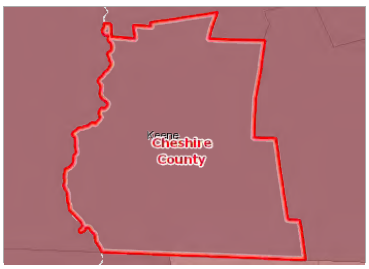
Tobacco Usage - Former or Current Smokers

In the report area, an estimated 27,386 adults, or 50.98%, report ever smoking 100 or more cigarettes. This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease.

Report Area	Survey Population (Adults Age 18+)	Total Adults Ever Smoking 100 or More Cigarettes	Percent Adults Ever Smoking 100 or More Cigarettes
Cheshire County, NH	53,717	27,386	**50.98%**
New Hampshire	1,013,822	494,419	48.77%
United States	235,151,778	103,842,020	44.16%



Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County



View larger map

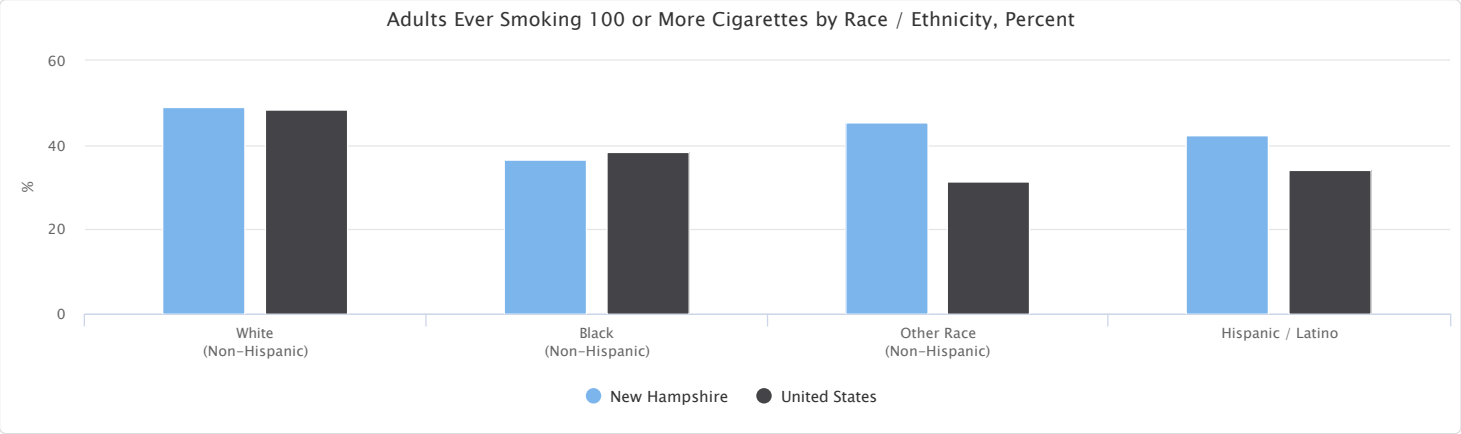
Adults Age 18+ Smoking > 99 Cigarettes (Ever), Percent by County, BRFSS 2011-12

- Over 56.0%
- 48.1 - 56.0%
- 40.1 - 48.0%
- Under 40.1%
- No Data or Data Suppressed
- Cheshire County, NH

Adults Ever Smoking 100 or More Cigarettes by Race / Ethnicity, Percent

Report Area	White (Non-Hispanic)	Black (Non-Hispanic)	Other Race (Non-Hispanic)	Hispanic / Latino
New Hampshire	48.98%	36.56%	45.42%	42.27%
United States	48.52%	38.34%	31.3%	34.17%

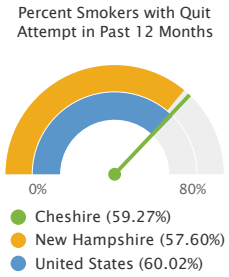
Note: No county data available. See data source and methodology for more details.



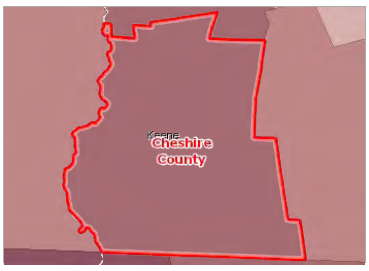
Tobacco Usage - Quit Attempt

An estimated 59.27% of adult smokers in the report area attempted to quit smoking for at least 1 day in the past year. This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease and supporting efforts to quit smoking may increase positive health outcomes.

Report Area	Survey Population (Smokers Age 18+)	Total Smokers with Quit Attempt in Past 12 Months	Percent Smokers with Quit Attempt in Past 12 Months
Cheshire County, NH	10,261	6,082	**59.27%**
New Hampshire	185,245	106,694	57.60%
United States	45,526,654	27,323,073	60.02%



Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County



View larger map

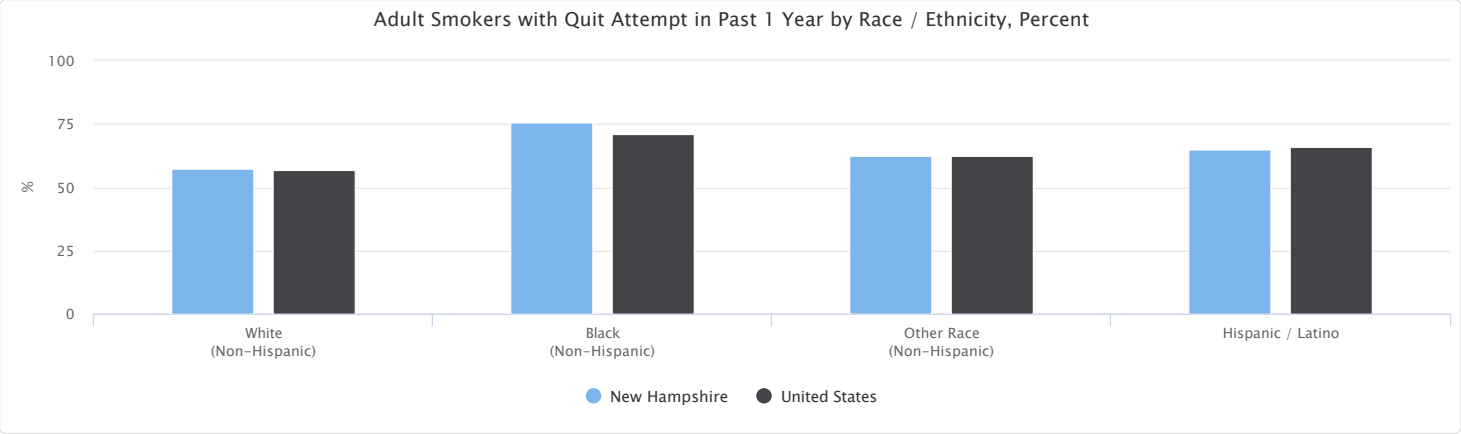
Smokers Who Quit / Attempted to Quit in Past 12 Months, Percent by County, BRFSS 2011-12

- Over 64.0%
- 58.1 - 64.0%
- 52.1 - 58.0%
- Under 52.1%
- No Data or Data Suppressed
- Cheshire County, NH

Adult Smokers with Quit Attempt in Past 1 Year by Race / Ethnicity, Percent

Report Area	White (Non-Hispanic)	Black (Non-Hispanic)	Other Race (Non-Hispanic)	Hispanic / Latino
New Hampshire	57.18%	75.69%	62.38%	64.95%
United States	56.63%	70.87%	62.26%	65.83%

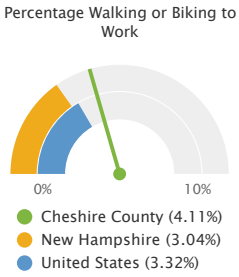
Note: No county data available. See data source and methodology for more details.



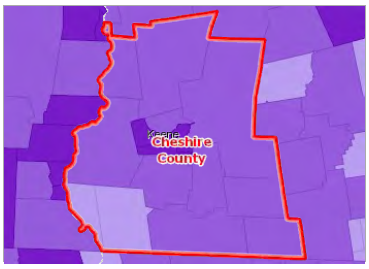
Walking or Biking to Work

This indicator reports the percentage of the population that commutes to work by either walking or riding a bicycle.

Report Area	Population Age 16+	Population Walking or Biking to Work	Percentage Walking or Biking to Work
Cheshire County, NH	39,383	1,618	**4.11%**
New Hampshire	696,499	21,200	3.04%
United States	148,432,042	4,921,032	3.32%



Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2013-17. Source geography: Tract



View larger map

Workers Traveling to Work by Walking/Biking, Percent by Tract, ACS 2013-17

- Over 4.0%
- 1.1 - 4.0%
- 0.1 - 1.0%
- No Workers Walking or Biking
- No Data or Data Suppressed
- Cheshire County, NH

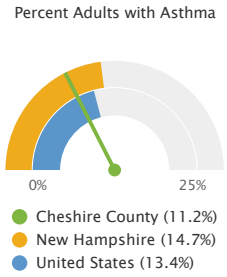
Health Outcomes

Asthma Prevalence

This indicator reports the percentage of adults aged 18 and older who self-report that they have ever been told by a doctor, nurse, or other health professional that they had asthma. This indicator is relevant because asthma is a prevalent problem in the U.S. that is often exacerbated by poor environmental conditions.

Report Area	Survey Population (Adults Age 18+)	Total Adults with Asthma	Percent Adults with Asthma
Cheshire County, NH	53,846	6,048	11.2%
New Hampshire	1,019,280	149,679	14.7%
United States	237,197,465	31,697,608	13.4%

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County



View larger map

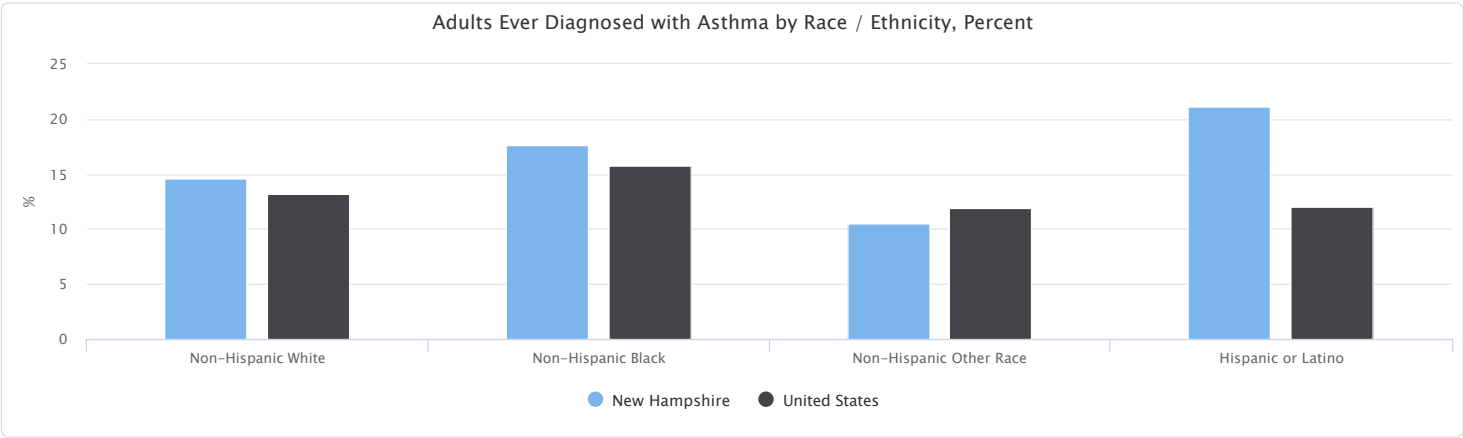
Asthma (Diagnosed), Percentage of Adults Age 18+ by County, BRFSS 2011-12

- Over 16.0%
- 13.1 - 16.0%
- 10.1 - 13.0%
- Under 10.1%
- No Data or Data Suppressed
- Cheshire County, NH

Adults Ever Diagnosed with Asthma by Race / Ethnicity, Percent

Report Area	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Other Race	Hispanic or Latino
New Hampshire	14.62%	17.61%	10.52%	21.14%
United States	13.19%	15.75%	11.9%	12.02%

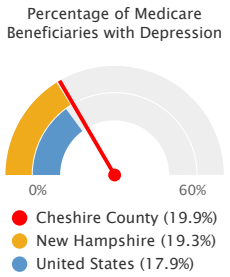
Note: No county data available. See data source and methodology for more details.



Depression (Medicare Population)

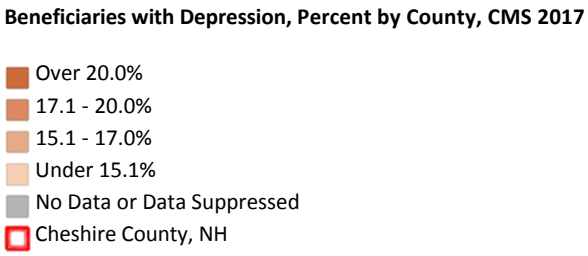
This indicator reports the percentage of the Medicare fee-for-service population with depression.

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with Depression	Percent with Depression
Cheshire County, NH	14,198	2,820	**19.9%**
New Hampshire	225,487	43,618	19.3%
United States	33,725,823	6,047,681	17.9%



Note: This indicator is compared to the state average.
Data Source: Centers for Medicare and Medicaid Services. 2017. Source geography: County

View larger map



Percentage of Medicare Population with Asthma by Age

This indicator reports the prevalence of asthma among Medicare beneficiaries by age.

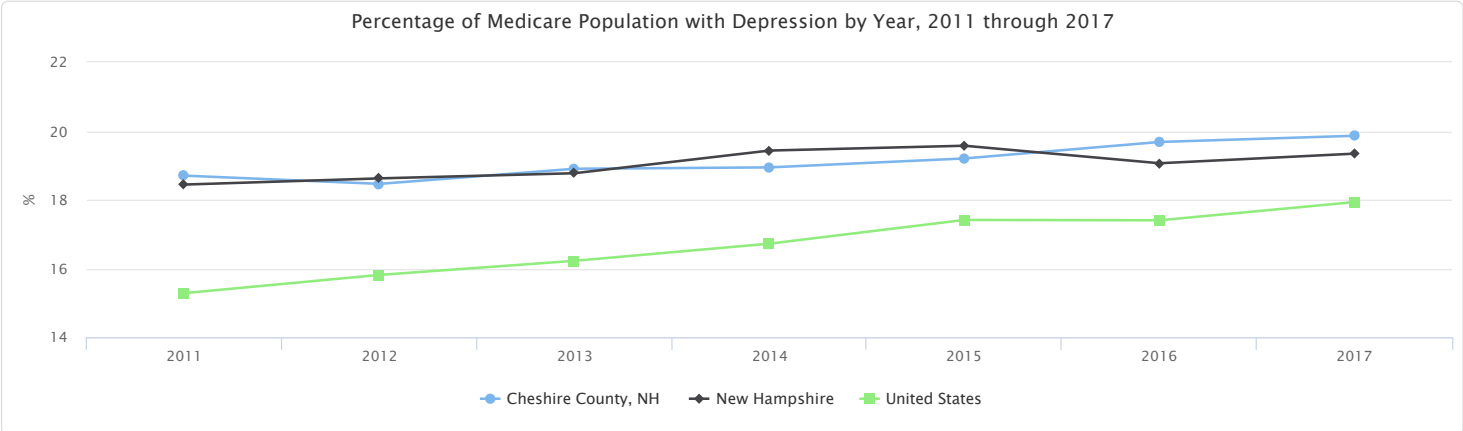
Report Area	65 Years and Older	Less than 65 Years
New Hampshire	3.22%	1.67%

Note: No county data available. See data source and methodology for more details.

Percentage of Medicare Population with Depression by Year, 2011 through 2017

This indicator reports the percentage of the Medicare fee-for-service population with depression over time.

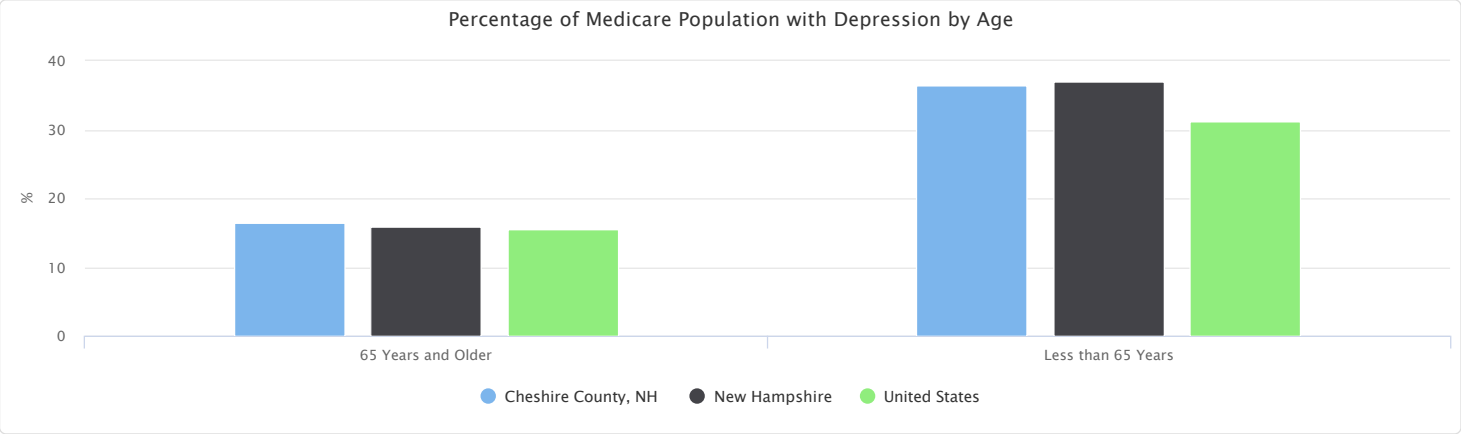
Report Area	2011	2012	2013	2014	2015	2016	2017
Cheshire County, NH	18.70%	18.46%	18.90%	18.94%	19.20%	19.68%	19.86%
New Hampshire	18.44%	18.62%	18.77%	19.43%	19.57%	19.06%	19.34%
United States	15.28%	15.81%	16.22%	16.72%	17.41%	17.40%	17.93%



Percentage of Medicare Population with Depression by Age

This indicator reports the prevalence of depression among Medicare beneficiaries by age.

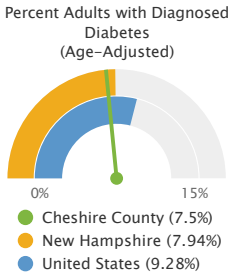
Report Area	65 Years and Older	Less than 65 Years
Cheshire County, NH	16.46%	36.47%
New Hampshire	15.92%	37.06%
United States	15.43%	31.21%



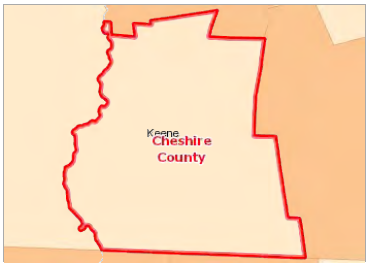
Diabetes (Adult)

This indicator reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Report Area	Total Population Age 20+	Population with Diagnosed Diabetes	Population with Diagnosed Diabetes, Age-Adjusted Rate
Cheshire County, NH	59,056	5,256	**7.5%**
New Hampshire	1,030,832	95,956	7.94%
United States	241,492,750	24,722,757	9.28%



Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2015. Source geography: County



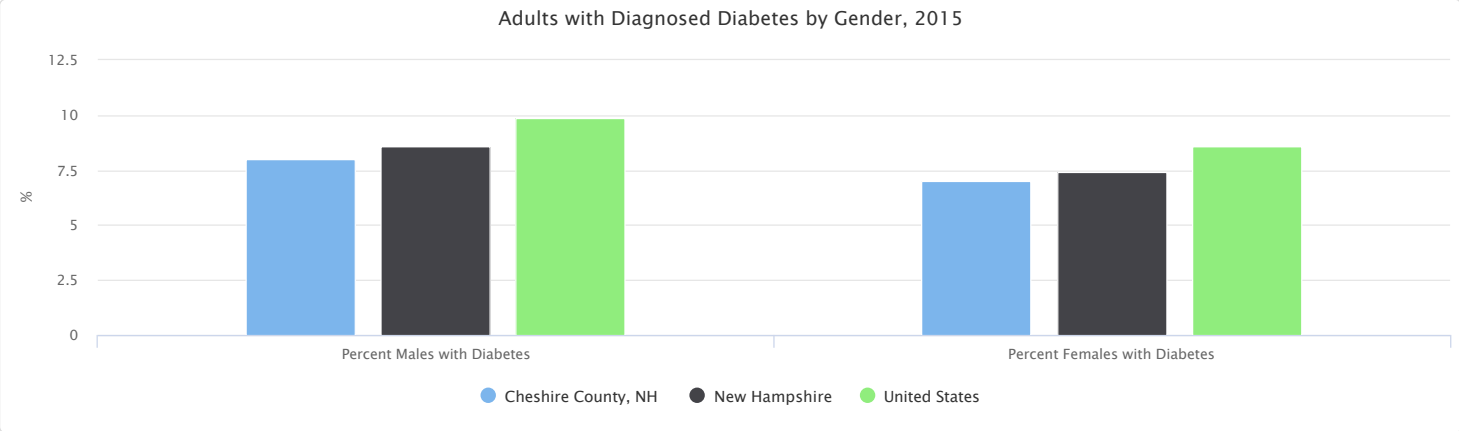
View larger map

Diabetes Prevalence, Percent of Adults Age 20+ by County, CDC NCCDPHP 2015

- Over 11.0%
- 9.6 - 11.0%
- 8.1 - 9.5%
- Under 8.1%
- No Data or Data Suppressed
- Cheshire County, NH

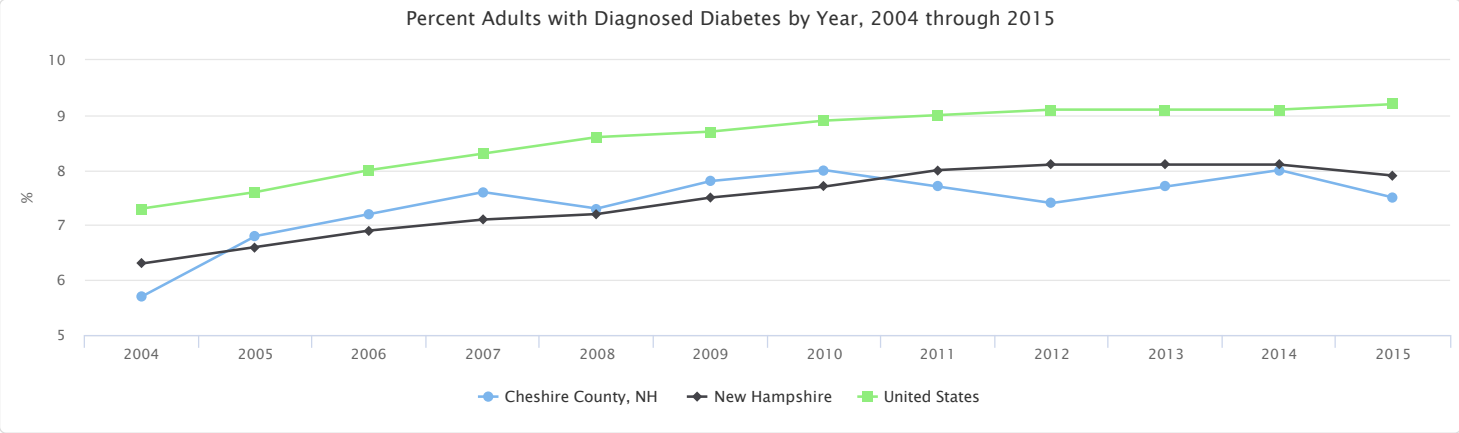
Adults with Diagnosed Diabetes by Gender, 2015

Report Area	Total Males with Diabetes	Percent Males with Diabetes	Total Females with Diabetes	Percent Females with Diabetes
Cheshire County, NH	2,739	8%	2,517	7%
New Hampshire	50,760	8.6%	45,198	7.4%
United States	12,333,249	9.9%	11,950,019	8.6%



Percent Adults with Diagnosed Diabetes by Year, 2004 through 2015

Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Cheshire County, NH	5.7%	6.8%	7.2%	7.6%	7.3%	7.8%	8%	7.7%	7.4%	7.7%	8%	7.5%
New Hampshire	6.3%	6.6%	6.9%	7.1%	7.2%	7.5%	7.7%	8%	8.1%	8.1%	8.1%	7.9%
United States	7.3%	7.6%	8%	8.3%	8.6%	8.7%	8.9%	9%	9.1%	9.1%	9.1%	9.2%

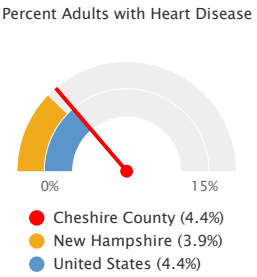


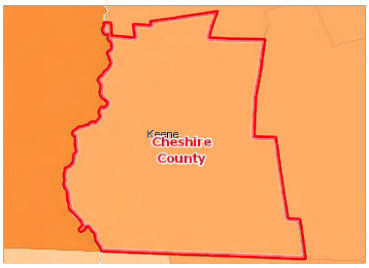
Heart Disease (Adult)

2,352, or 4.4% of adults aged 18 and older have ever been told by a doctor that they have coronary heart disease or angina. This indicator is relevant because coronary heart disease is a leading cause of death in the U.S. and is also related to high blood pressure, high cholesterol, and heart attacks.

Report Area	Survey Population (Adults Age 18+)	Total Adults with Heart Disease	Percent Adults with Heart Disease
Cheshire County, NH	53,980	2,352	**4.4%**
New Hampshire	1,018,235	40,218	3.9%
United States	236,406,904	10,407,185	4.4%

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County





View larger map

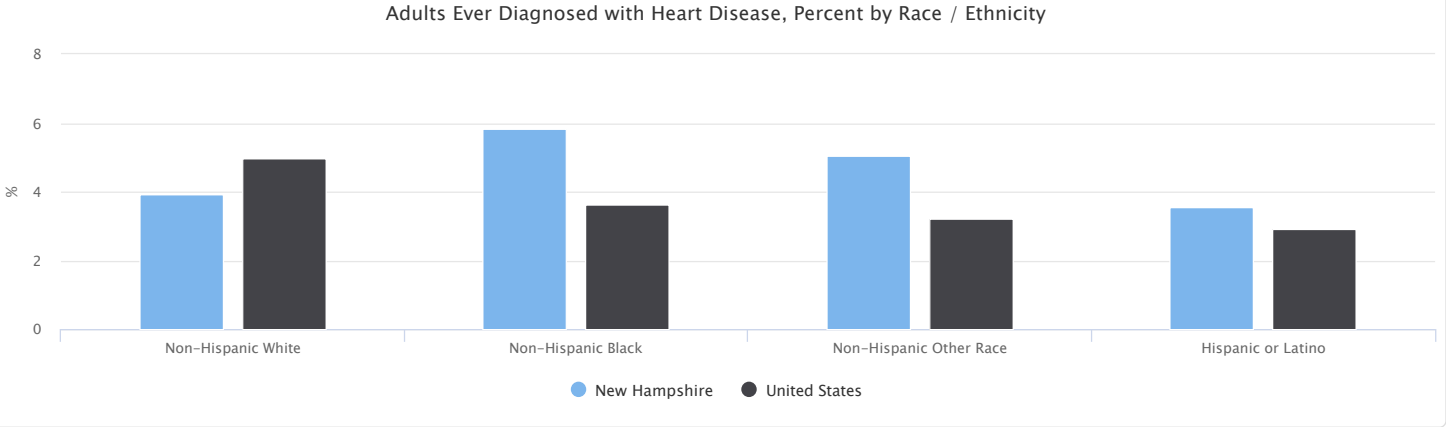
Heart Disease (Diagnosed), Percentage of Adults Age 18+ by County, BRFSS 2011-12

- Over 7.0%
- 5.1 - 7.0%
- 3.1 - 5.0%
- Under 3.1%
- No Data or Data Suppressed
- Cheshire County, NH

Adults Ever Diagnosed with Heart Disease, Percent by Race / Ethnicity

Report Area	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Other Race	Hispanic or Latino
New Hampshire	3.93%	5.85%	5.04%	3.54%
United States	4.99%	3.63%	3.23%	2.92%

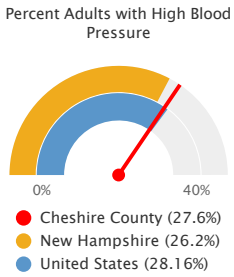
Note: No county data available. See data source and methodology for more details.



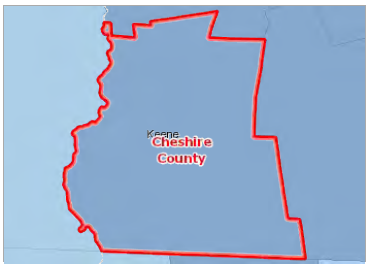
High Blood Pressure (Adult)

17,083, or 27.6% of adults aged 18 and older have ever been told by a doctor that they have high blood pressure or hypertension.

Report Area	Total Population (Age 18+)	Total Adults with High Blood Pressure	Percent Adults with High Blood Pressure
Cheshire County, NH	61,896	17,083	**27.6%**
New Hampshire	1,025,011	268,553	26.2%
United States	232,556,016	65,476,522	28.16%



Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. Source geography: County



View larger map

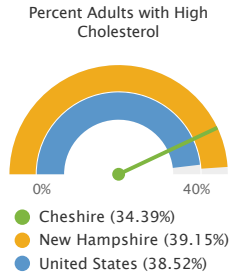
High Blood Pressure, Percent of Adults Age 18+ by County, BRFSS 2006-12

- Over 35.0%
- 30.1 - 35.0%
- 25.1 - 30.0%
- Under 25.1%
- No Data or Data Suppressed
- Cheshire County, NH

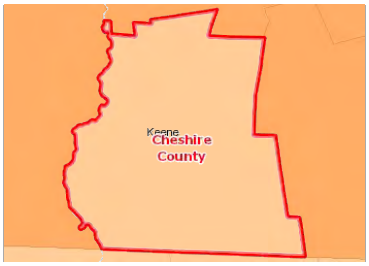
High Cholesterol (Adult)

This indicator reports the percentage of adults aged 18 and older who self-report that they have ever been told by a doctor, nurse, or other health professional that they had high blood cholesterol.

Report Area	Survey Population (Adults Age 18+)	Total Adults with High Cholesterol	Percent Adults with High Cholesterol
Cheshire County, NH	40,918	14,072	**34.39%**
New Hampshire	832,432	325,872	39.15%
United States	180,861,326	69,662,357	38.52%



Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County



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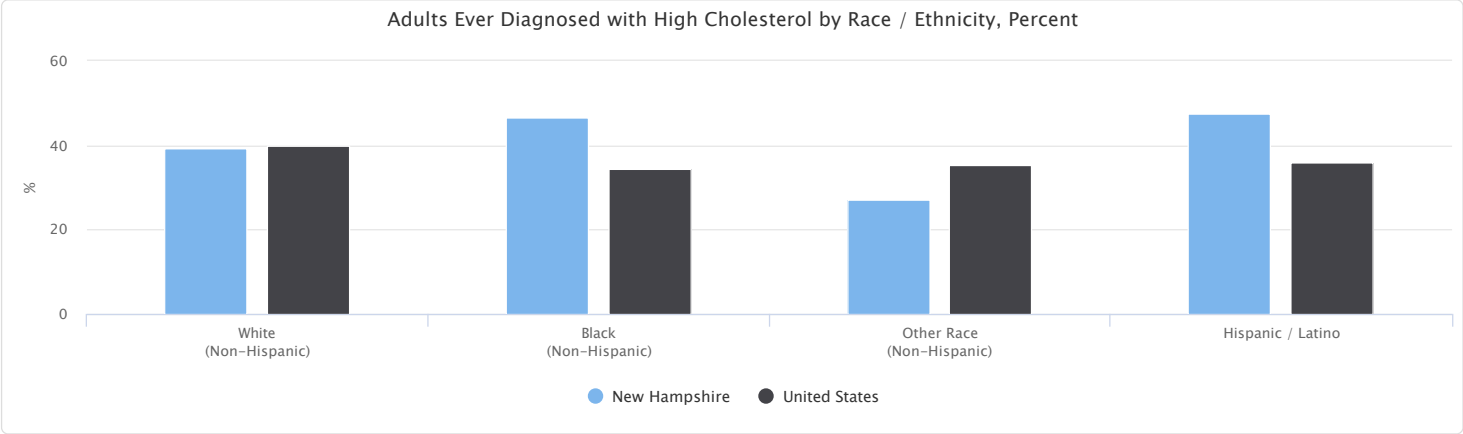
High Cholesterol (Diagnosed), Percentage of Adults Age 18+ by County, BRFSS 2011-12

- Over 48.0%
- 42.1 - 48.0%
- 36.1 - 42.0%
- Under 36.1%
- No Data or Data Suppressed
- Cheshire County, NH

Adults Ever Diagnosed with High Cholesterol by Race / Ethnicity, Percent

Report Area	White (Non-Hispanic)	Black (Non-Hispanic)	Other Race (Non-Hispanic)	Hispanic / Latino
New Hampshire	39.24%	46.53%	27.12%	47.44%
United States	39.95%	34.28%	35.42%	35.97%

Note: No county data available. See data source and methodology for more details.

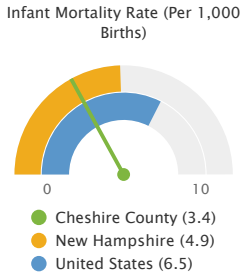


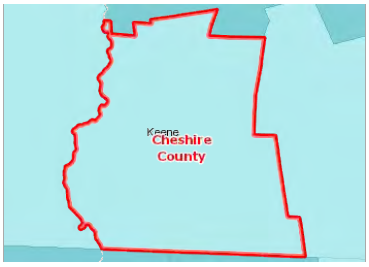
Infant Mortality

This indicator reports the rate of deaths to infants less than one year of age per 1,000 births. This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

Report Area	Total Births	Total Infant Deaths	Infant Mortality Rate (Per 1,000 Births)
Cheshire County, NH	3,765	13	**3.4**
New Hampshire	68,170	334	4.9
United States	20,913,535	136,369	6.5

Note: This indicator is compared to the state average.
Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2006-10. Source geography: County





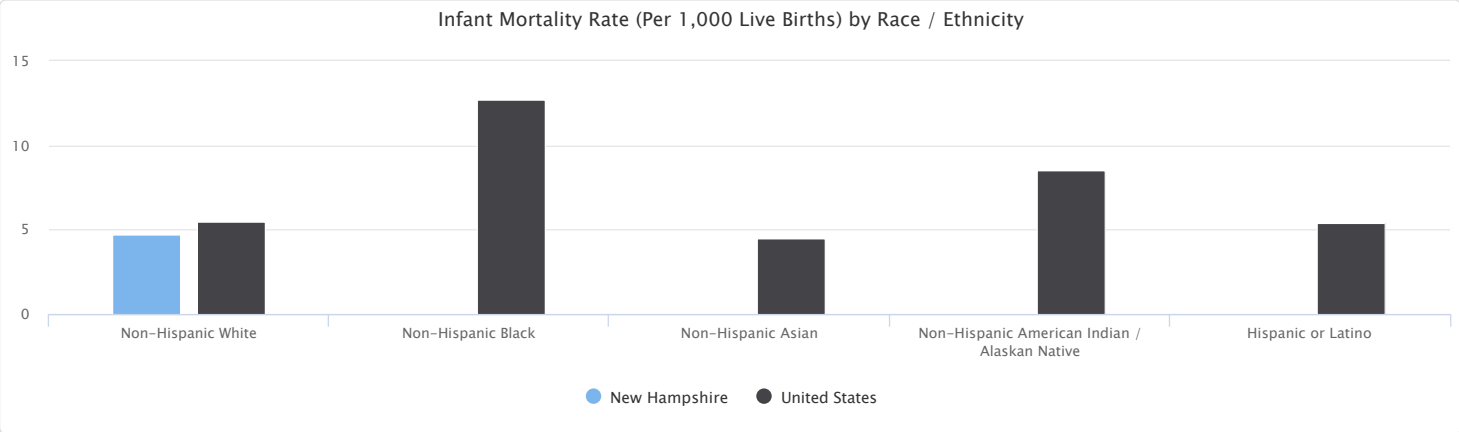
View larger map

Infant Mortality, Rate (Per 1,000 Live Births) by County, AHRF 2006-10

- Over 10.0
- 8.1 - 10.0
- 5.1 - 8.0
- Under 5.1
- No Data or Data Suppressed
- Cheshire County, NH

Infant Mortality Rate (Per 1,000 Live Births) by Race / Ethnicity

Report Area	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian	Non-Hispanic American Indian / Alaskan Native	Hispanic or Latino
New Hampshire	4.7	No data	No data	No data	No data
United States	5.5	12.7	4.5	8.5	5.4

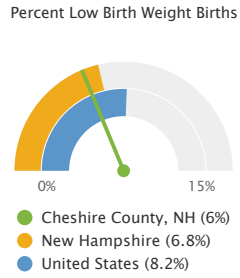


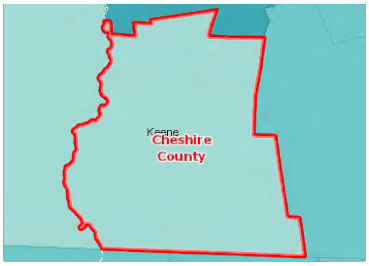
Low Birth Weight

This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

Report Area	Total Live Births	Low Weight Births (Under 2500g)	Low Weight Births, Percent of Total
Cheshire County, NH	5,222	313	6%
New Hampshire	98,987	6,731	6.8%
United States	29,300,495	2,402,641	8.2%

Note: This indicator is compared to the state average.
Data Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2006-12. Source geography: County





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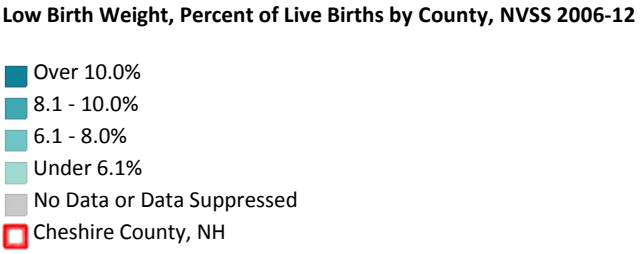
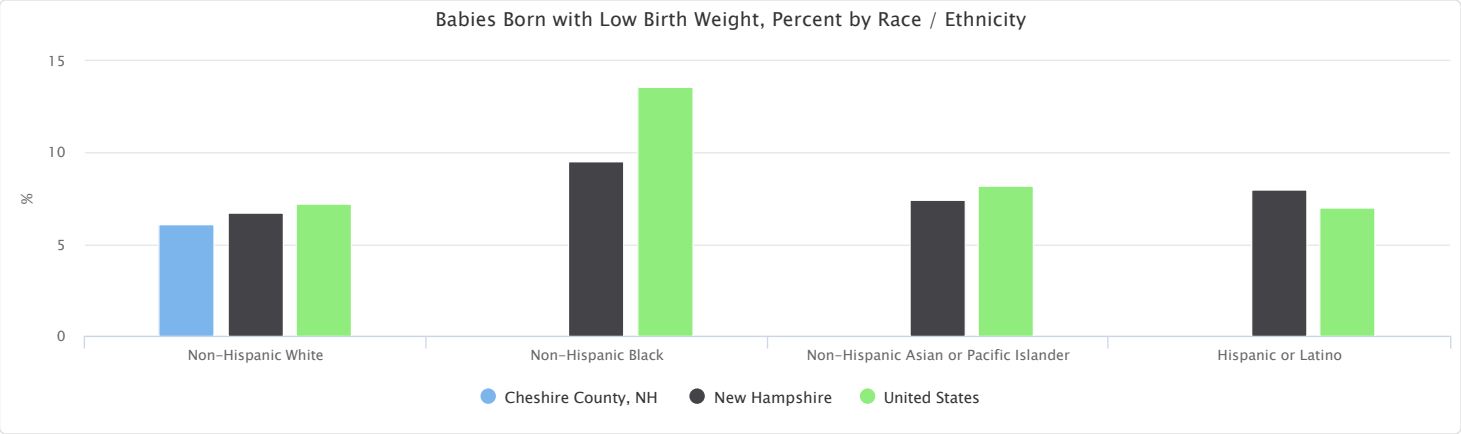


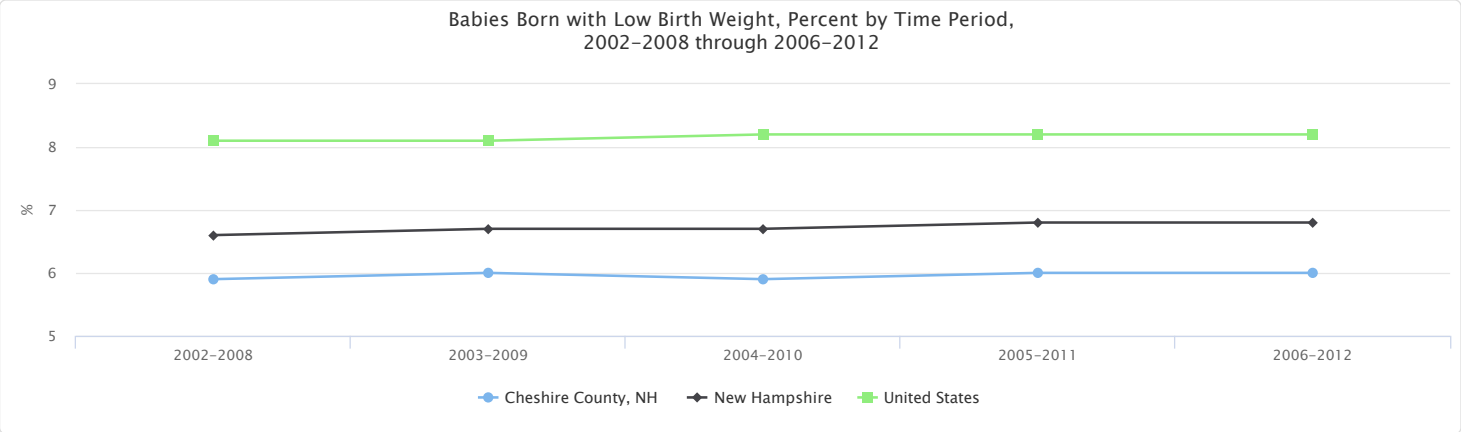
Babies Born with Low Birth Weight, Percent by Race / Ethnicity

Report Area	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian or Pacific Islander	Hispanic or Latino
Cheshire County, NH	6.1%	No data	No data	No data
New Hampshire	6.7%	9.5%	7.4%	8%
United States	7.2%	13.6%	8.2%	7%



Babies Born with Low Birth Weight, Percent by Time Period, 2002-2008 through 2006-2012

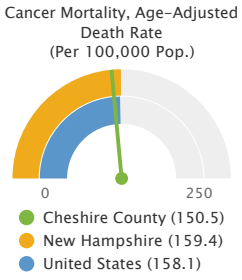
Report Area	2002-2008	2003-2009	2004-2010	2005-2011	2006-2012
Cheshire County, NH	5.9%	6%	5.9%	6%	6%
New Hampshire	6.6%	6.7%	6.7%	6.8%	6.8%
United States	8.1%	8.1%	8.2%	8.2%	8.2%



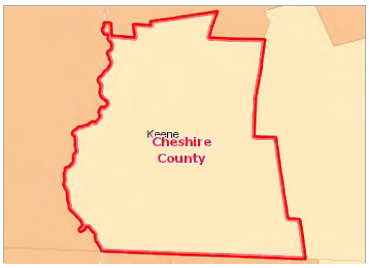
Mortality - Cancer

This indicator reports the rate of death due to malignant neoplasm (cancer) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because cancer is a leading cause of death in the United States.

Report Area	Total Population	Average Annual Deaths, 2012-2016	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Cheshire County, NH	76,074	155	203.2	**150.5**
New Hampshire	1,331,694	2,738	205.6	159.4
United States	321,050,281	593,931	185	158.1



Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2013-17. Source geography: County



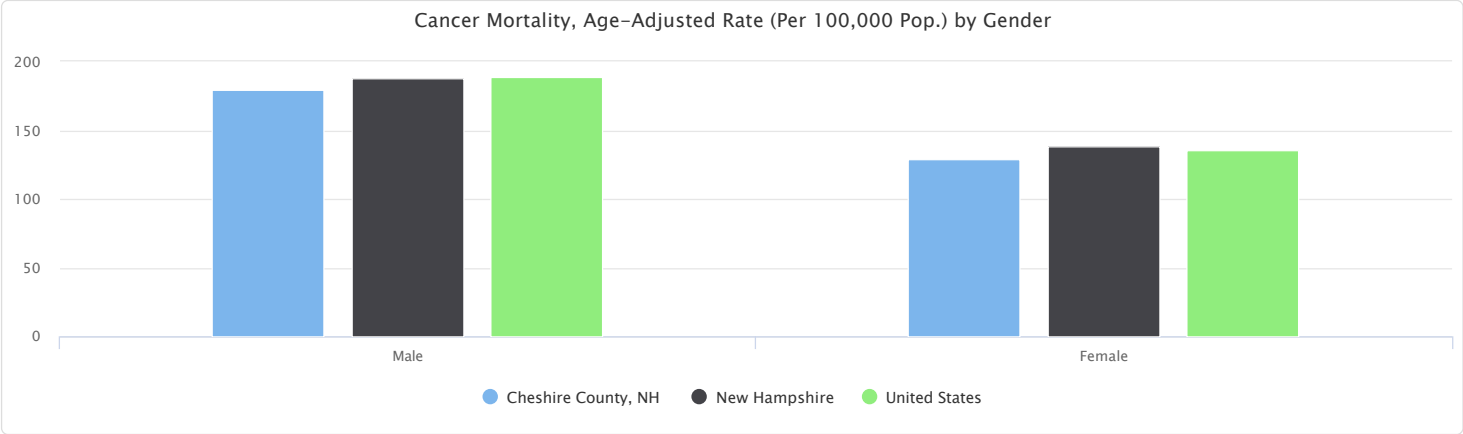
View larger map

Cancer Mortality, Age Adj. Rate (Per 100,000 Pop.) by County, NVSS 2013-17

- Over 200.0
- 180.1 - 200.0
- 160.1 - 180.0
- Under 160.1
- Data Suppressed (<20 Deaths)
- Cheshire County, NH

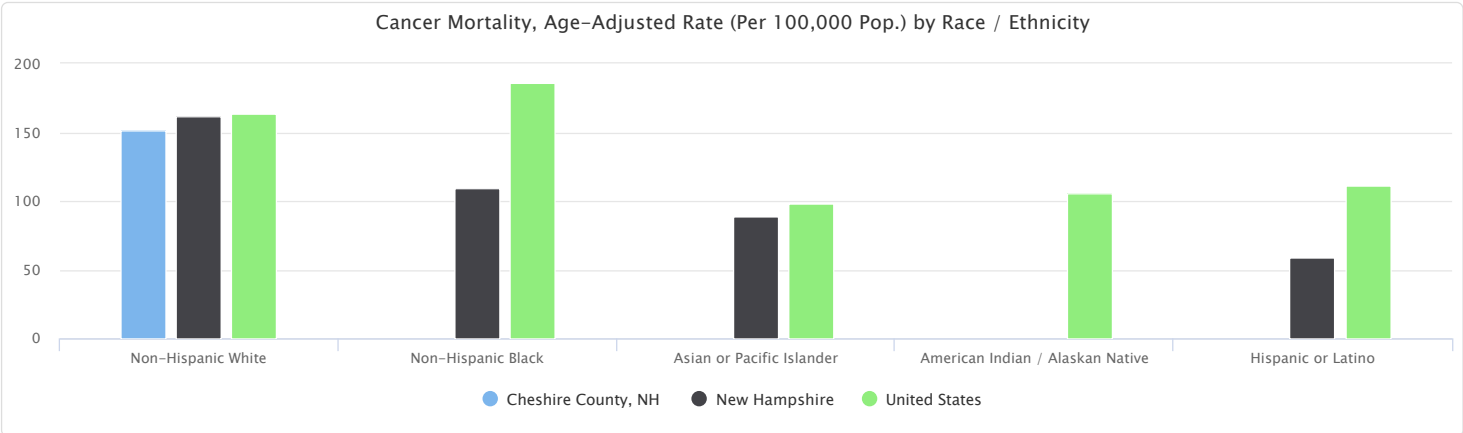
Cancer Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Gender

Report Area	Male	Female
Cheshire County, NH	179.38	129.3
New Hampshire	187.67	138.78
United States	188.76	135.7



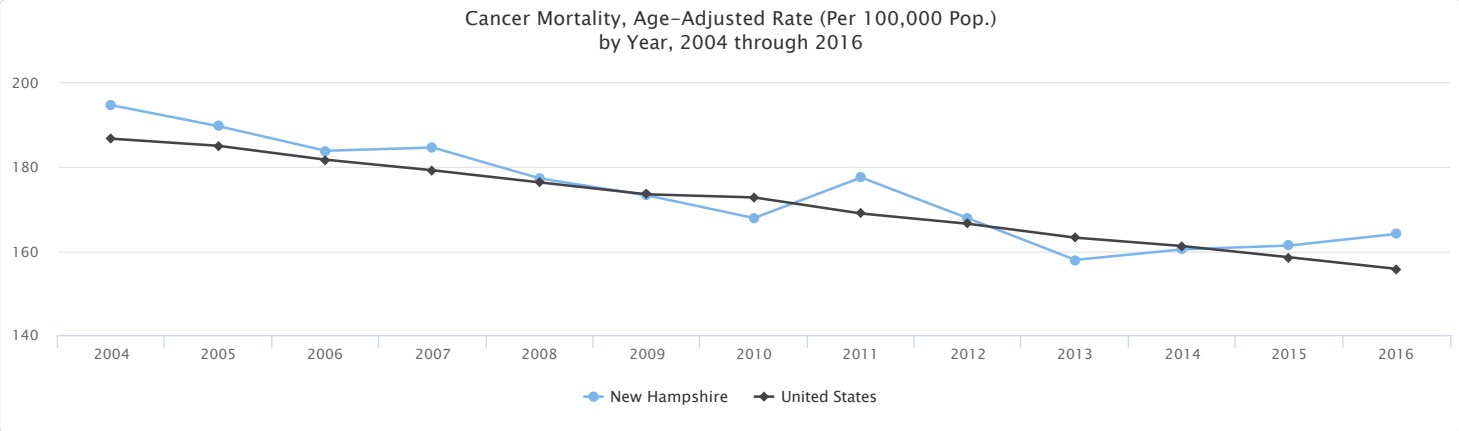
Cancer Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Race / Ethnicity

Report Area	Non-Hispanic White	Non-Hispanic Black	Asian or Pacific Islander	American Indian / Alaskan Native	Hispanic or Latino
Cheshire County, NH	151.69	No data	No data	No data	No data
New Hampshire	162.08	109.63	88.96	Suppressed	58.83
United States	163.17	185.93	97.79	105.18	110.9



Cancer Mortality, Age-Adjusted Rate (Per 100,000 Pop.)
by Year, 2004 through 2016

Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
New Hampshire	194.77	189.77	183.91	184.68	177.31	173.29	167.87	177.54	167.8	157.9	160.4	161.33	164.09
United States	186.79	185.09	181.78	179.26	176.37	173.53	172.79	168.96	166.5	163.2	161.2	158.52	155.76

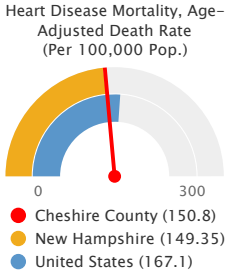


Mortality - Heart Disease

Within the report area the rate of death due to heart disease (ICD10 Codes I00-I09, I11, I13, I20-I151) per 100,000 population is 150.8. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because heart disease is a leading cause of death in the United States.

Report Area	Total Population	Average Annual Deaths, 2012-2016	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Cheshire County, NH	76,074	157	205.8	**150.8**
New Hampshire	1,331,694	2,564	192.55	149.35
United States	321,050,281	628,402	195.7	167.1

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2013-17. Source geography: County



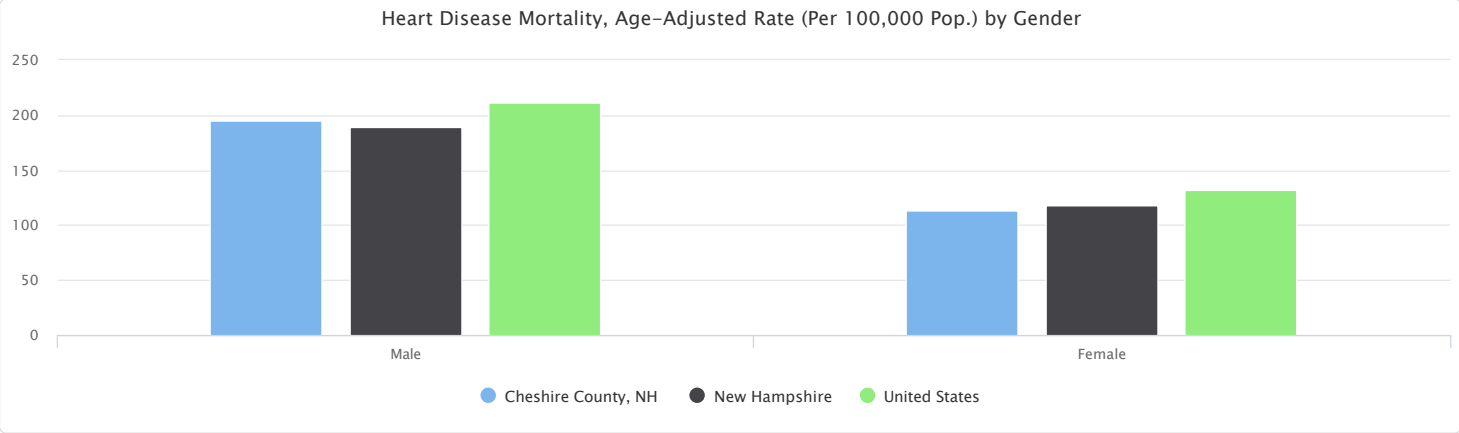
View larger map

Heart Disease Mortality, Age Adj. Rate (Per 100,000 Pop.) by County, NVSS 2013-17

- Over 240.0
- 200.1 - 240.0
- 160.1 - 200.0
- Under 160.1
- Data Suppressed (<20 Deaths)
- Cheshire County, NH

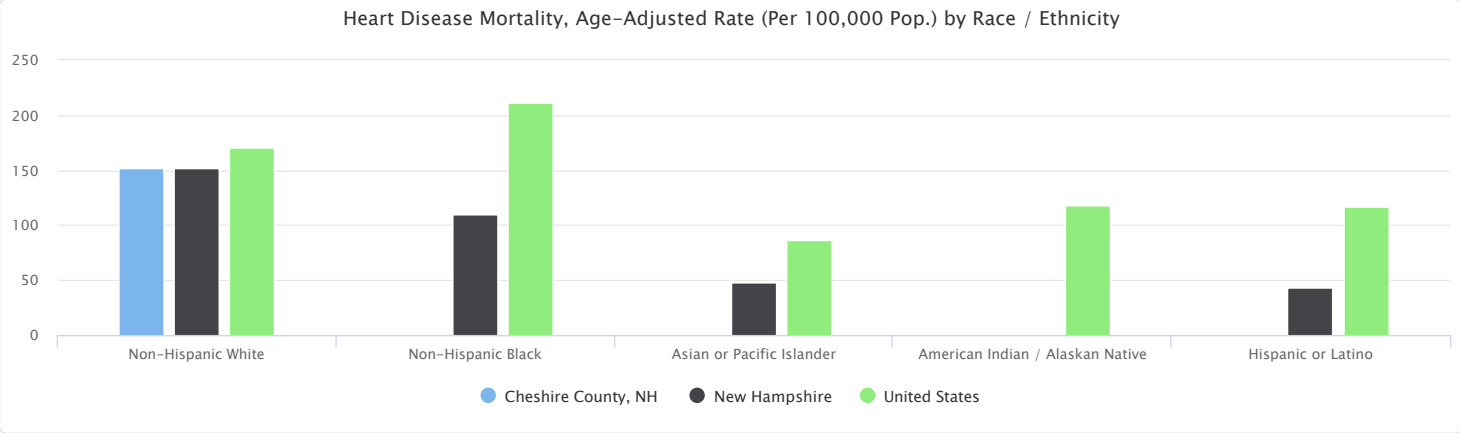
Heart Disease Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Gender

Report Area	Male	Female
Cheshire County, NH	195.16	113.9
New Hampshire	188.74	117.55
United States	210.99	131.89



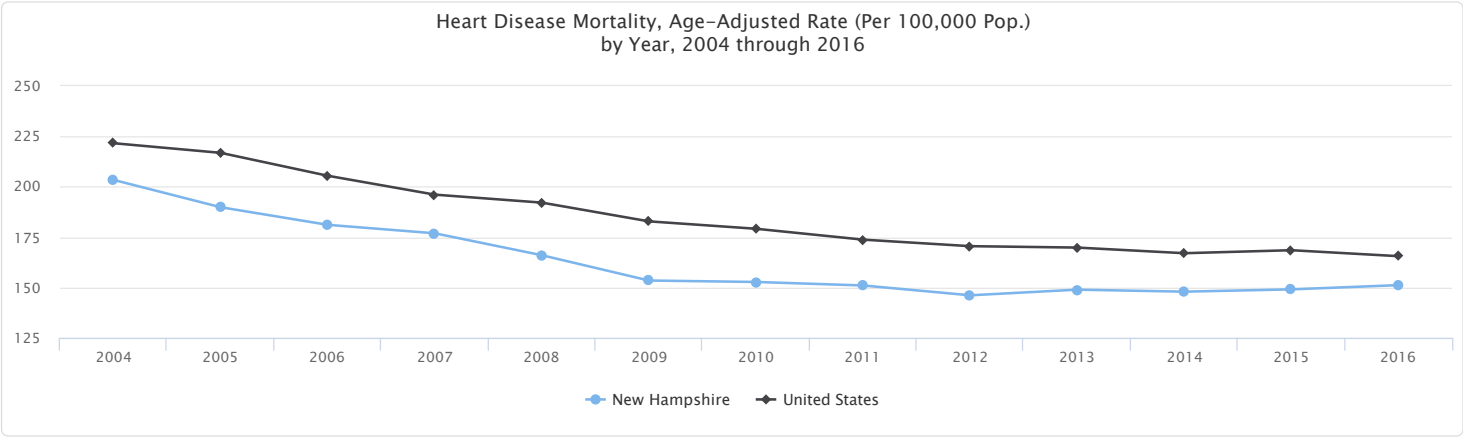
Heart Disease Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Race / Ethnicity

Report Area	Non-Hispanic White	Non-Hispanic Black	Asian or Pacific Islander	American Indian / Alaskan Native	Hispanic or Latino
Cheshire County, NH	151.91	No data	No data	No data	No data
New Hampshire	151.82	109.8	47.69	Suppressed	42.95
United States	170.26	210.92	86.97	117.72	116.63



Heart Disease Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Year, 2004 through 2016

Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
New Hampshire	203.41	189.84	181.1	176.89	166	153.43	152.72	150.98	146.1	148.9	147.9	149.05	151.15
United States	221.63	216.85	205.47	196.09	192.12	182.82	179.14	173.74	170.5	169.8	167	168.49	165.53

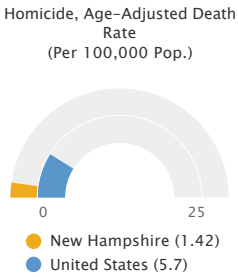


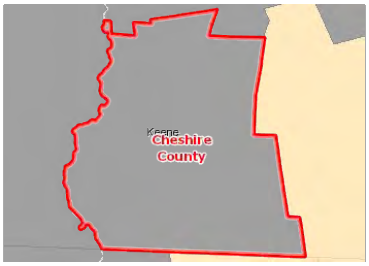
Mortality - Homicide

This indicator reports the rate of death due to assault (homicide) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because homicide rate is a measure of poor community safety and is a leading cause of premature death.

Report Area	Total Population	Average Annual Deaths, 2012-2016	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Cheshire County, NH	76,074	No data	Suppressed	Suppressed
New Hampshire	1,331,694	18	1.38	1.42
United States	321,050,281	17,732	5.5	5.7

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2013-17. Source geography: County





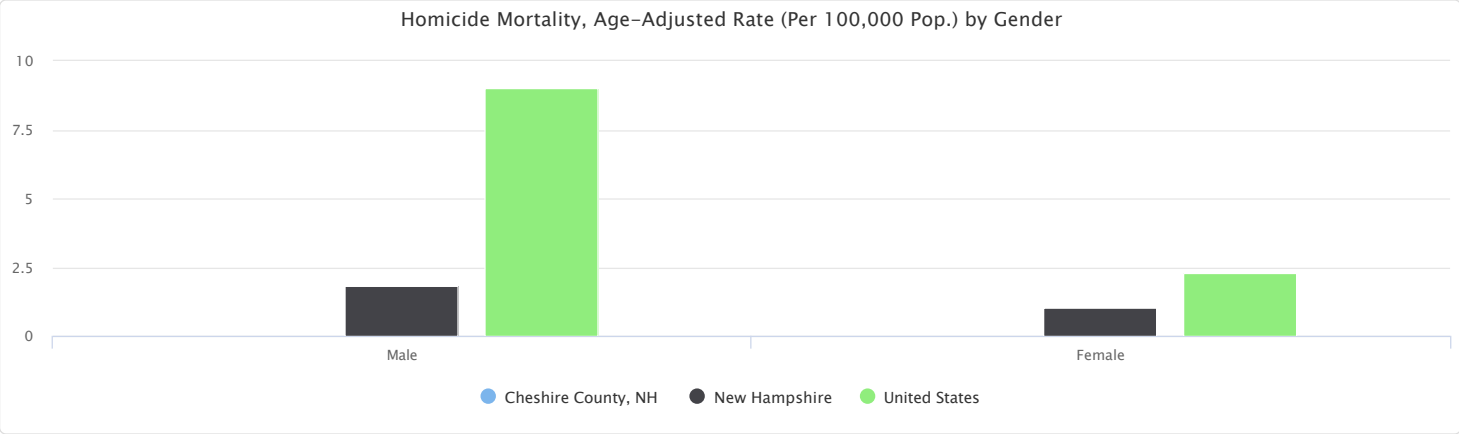
View larger map

Homicide Mortality, Age Adj. Rate (Per 100,000 Pop.) by County, NVSS 2013-17

- Over 9.0
- 6.1 - 9.0
- 3.1 - 6.0
- Under 3.1
- Data Suppressed (<20 Deaths)
- Cheshire County, NH

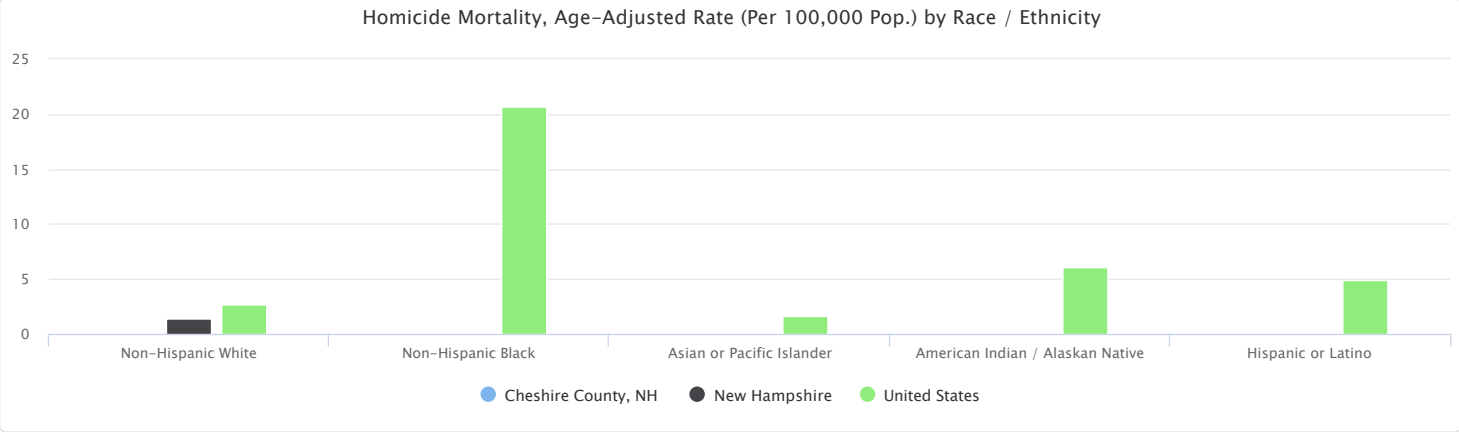
Homicide Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Gender

Report Area	Male	Female
Cheshire County, NH	Suppressed	Suppressed
New Hampshire	1.8	1.02
United States	9	2.27



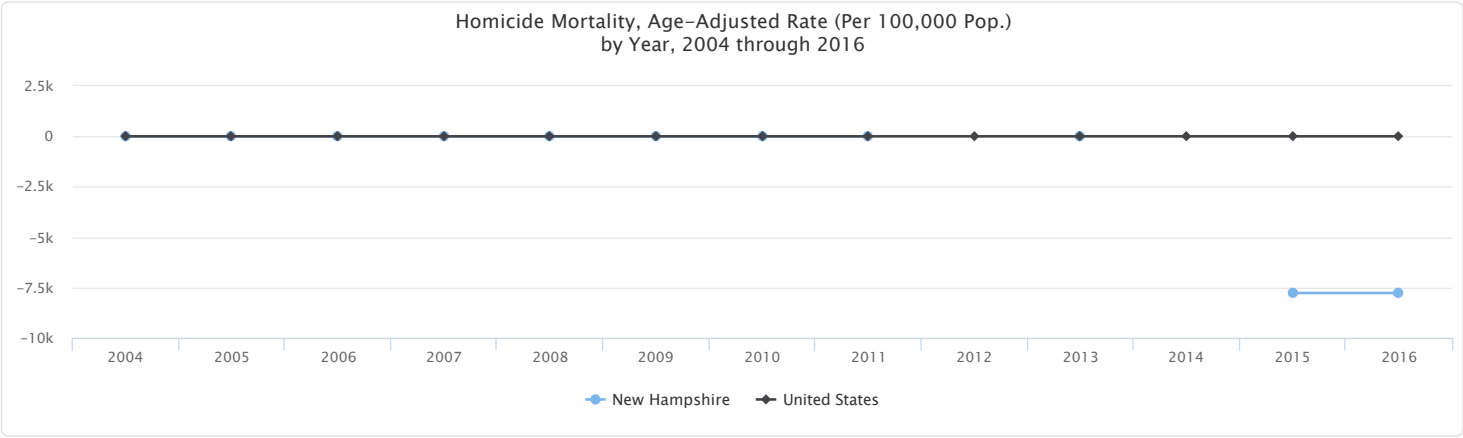
Homicide Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Race / Ethnicity

Report Area	Non-Hispanic White	Non-Hispanic Black	Asian or Pacific Islander	American Indian / Alaskan Native	Hispanic or Latino
Cheshire County, NH	Suppressed	No data	No data	No data	No data
New Hampshire	1.43	Suppressed	Suppressed	Suppressed	Suppressed
United States	2.7	20.72	1.63	6.07	4.89



Homicide Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Year, 2004 through 2016

Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
New Hampshire	1.73	1.58	1.58	1.13	1.61	1.3	1.59	1.77	No data	1.7	No data	-7,777	-7,777
United States	5.94	6.16	6.26	6.15	5.93	5.54	5.33	5.3	5.4	5.2	5.1	5.66	6.16

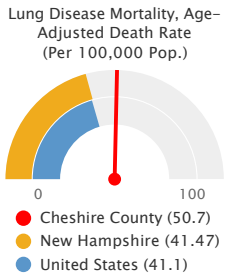


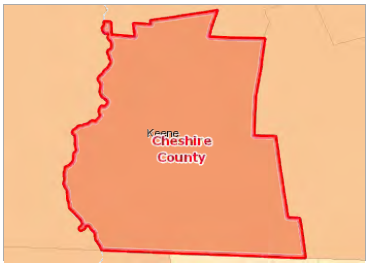
Mortality - Lung Disease

This indicator reports the rate of death due to chronic lower respiratory disease per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because lung disease is a leading cause of death in the United States.

Report Area	Total Population	Average Annual Deaths, 2012-2016	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Cheshire County, NH	76,074	52	68.1	**50.7**
New Hampshire	1,331,694	698	52.44	41.47
United States	321,050,281	153,229	47.7	41.1

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2013-17. Source geography: County





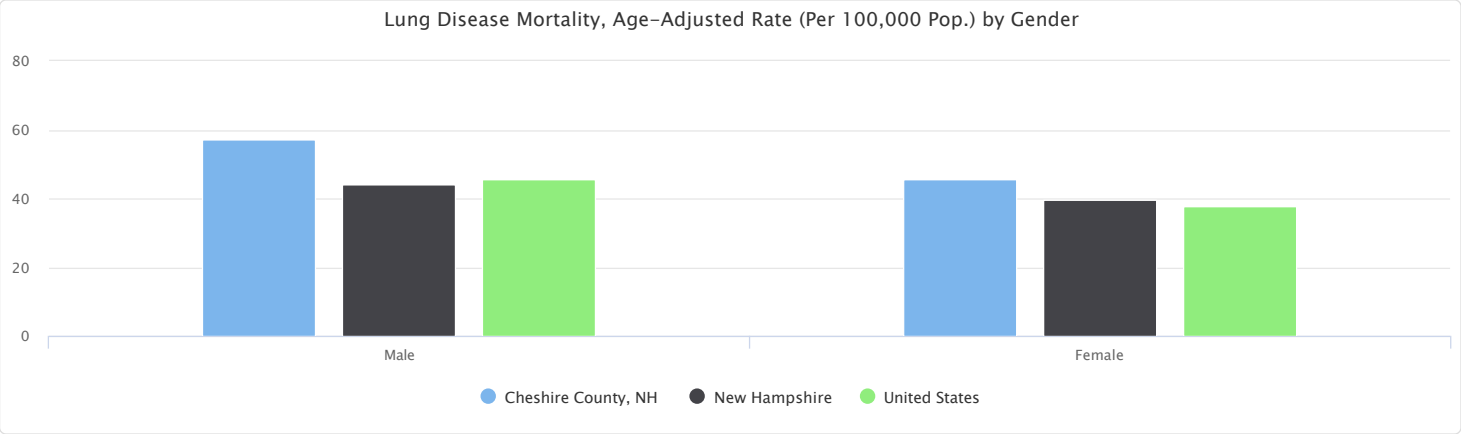
View larger map

Lung Disease Mortality, Age Adj. Rate (Per 100,000 Pop.) by County, NVSS 2013-17

- Over 60.0
- 50.1 - 60.0
- 40.1 - 50.0
- Under 40.1
- Data Suppressed (<10 Deaths)
- Cheshire County, NH

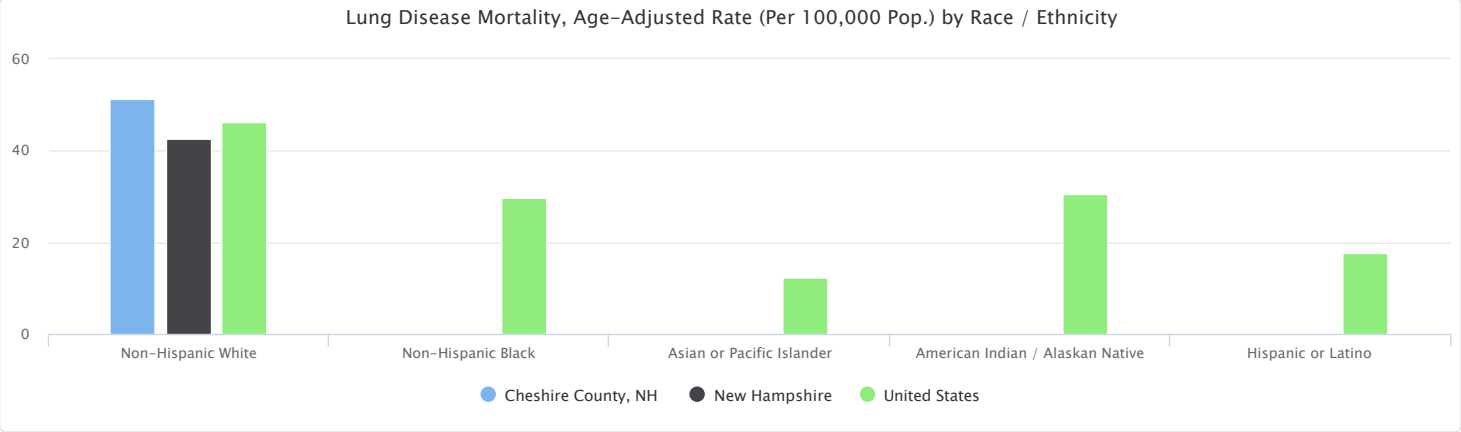
Lung Disease Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Gender

Report Area	Male	Female
Cheshire County, NH	57.31	45.7
New Hampshire	44.15	39.67
United States	45.74	37.94



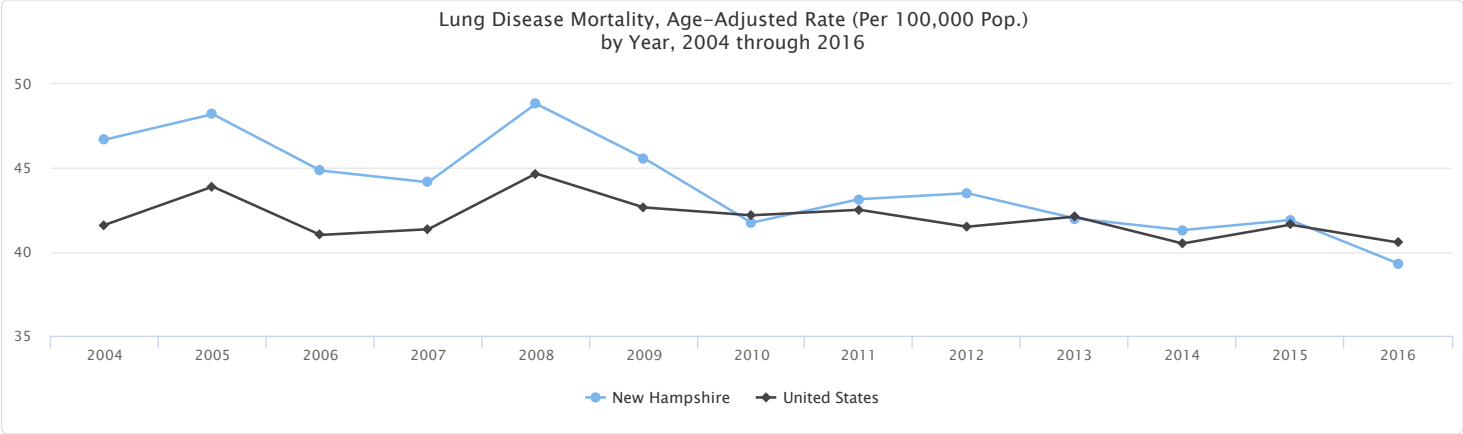
Lung Disease Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Race / Ethnicity

Report Area	Non-Hispanic White	Non-Hispanic Black	Asian or Pacific Islander	American Indian / Alaskan Native	Hispanic or Latino
Cheshire County, NH	51.41	No data	No data	No data	No data
New Hampshire	42.49	Suppressed	Suppressed	Suppressed	Suppressed
United States	46.32	29.82	12.3	30.51	17.61



Lung Disease Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Year, 2004 through 2016

Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
New Hampshire	46.69	48.21	44.85	44.15	48.83	45.59	41.74	43.14	43.5	42	41.3	41.9	39.31
United States	41.61	43.89	41.01	41.35	44.67	42.65	42.18	42.51	41.5	42.1	40.5	41.62	40.56

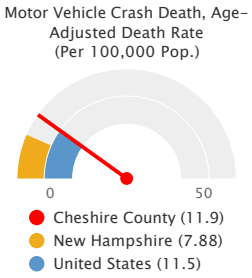


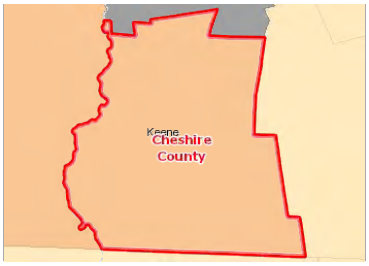
Mortality - Motor Vehicle Crash

This indicator reports the rate of death due to motor vehicle crashes per 100,000 population, which include collisions with another motor vehicle, a nonmotorist, a fixed object, and a non-fixed object, an overturn, and any other non-collision. This indicator is relevant because motor vehicle crash deaths are preventable and they are a cause of premature death.

Report Area	Total Population	Average Annual Deaths, 2012-2016	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Cheshire County, NH	76,074	9	12.1	**11.9**
New Hampshire	1,331,694	112	8.38	7.88
United States	321,050,281	37,816	11.8	11.5

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2013-17. Source geography: County





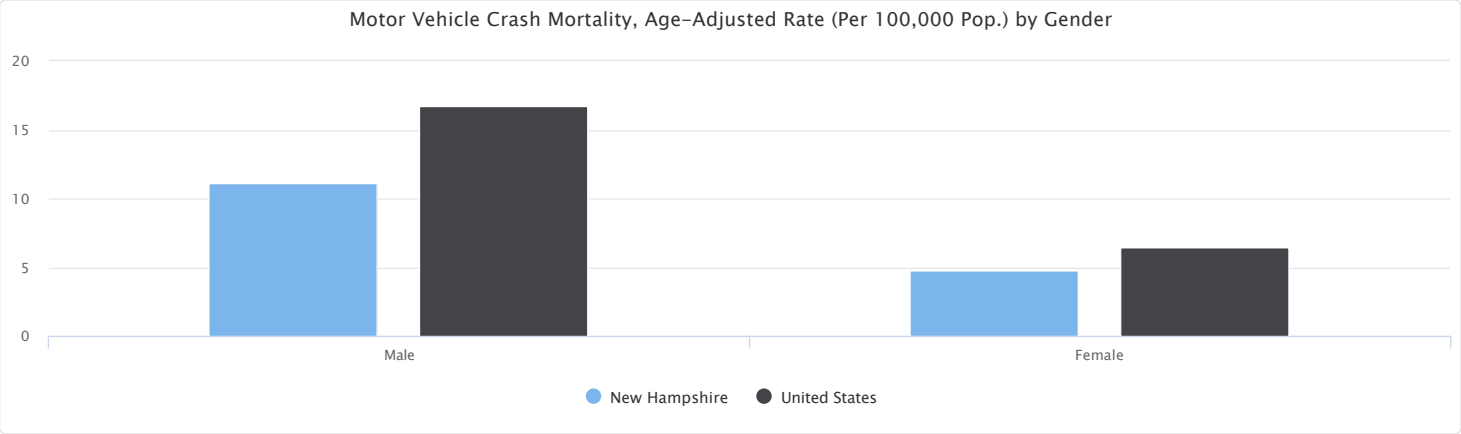
View larger map

Motor Vehicle Crash Mortality, Age Adj. Rate (Per 100,000 Pop.) by County, NVSS 2013-17

- Over 25.0
- 20.1 - 25.0
- 10.1 - 20.0
- Under 10.1
- Data Suppressed (<20 Deaths)
- Cheshire County, NH

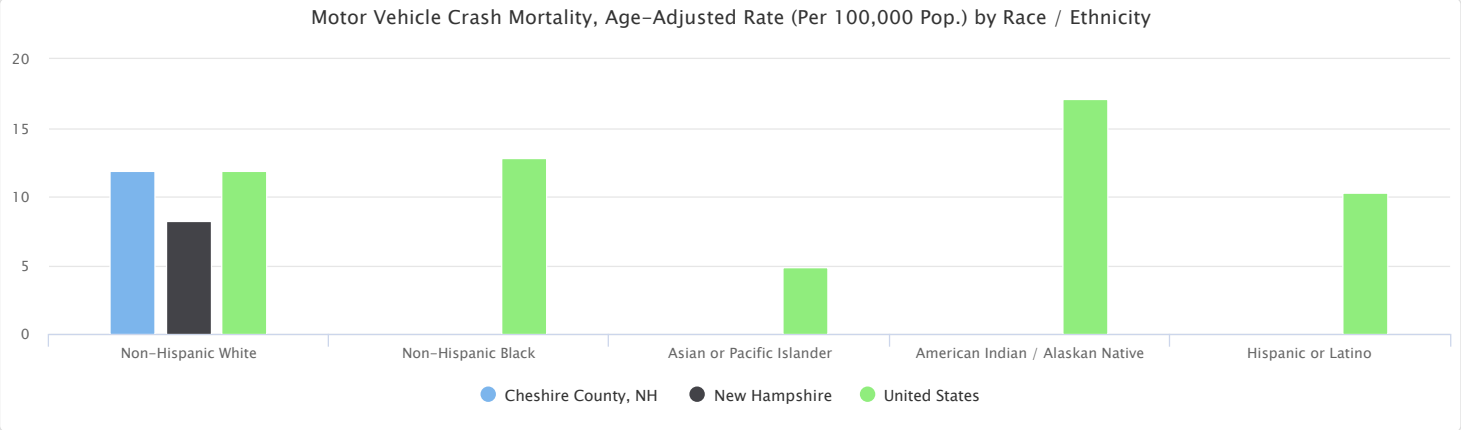
Motor Vehicle Crash Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Gender

Report Area	Male	Female
New Hampshire	11.16	4.74
United States	16.71	6.46



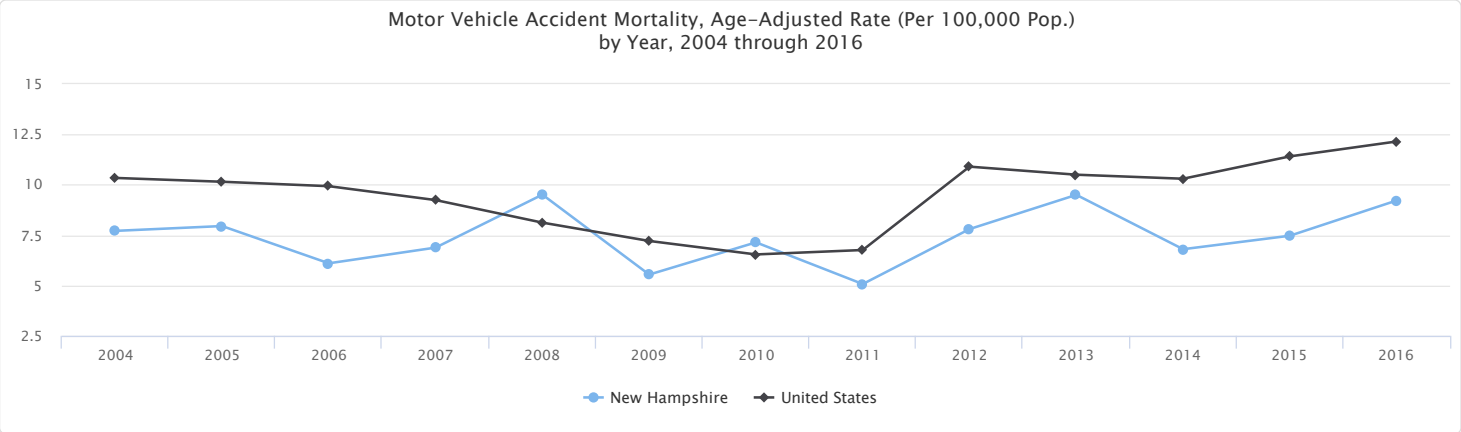
Motor Vehicle Crash Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Race / Ethnicity

Report Area	Non-Hispanic White	Non-Hispanic Black	Asian or Pacific Islander	American Indian / Alaskan Native	Hispanic or Latino
Cheshire County, NH	11.87	No data	No data	No data	No data
New Hampshire	8.22	Suppressed	Suppressed	Suppressed	Suppressed
United States	11.87	12.85	4.85	17.07	10.29



Motor Vehicle Accident Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Year, 2004 through 2016

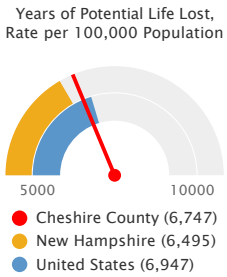
Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
New Hampshire	7.71	7.95	6.1	6.88	9.51	5.54	7.14	5.07	7.8	9.5	6.8	7.47	9.22
United States	10.34	10.15	9.93	9.24	8.12	7.21	6.54	6.76	10.9	10.5	10.3	11.41	12.15



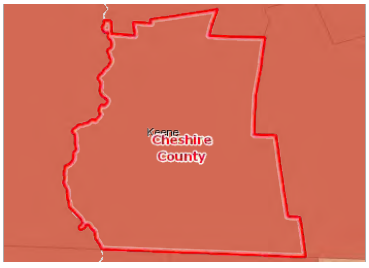
Mortality - Premature Death

This indicator reports Years of Potential Life Lost (YPLL) before age 75 per 100,000 population for all causes of death, age-adjusted to the 2000 standard. YPLL measures premature death and is calculated by subtracting the age of death from the 75 year benchmark. This indicator is relevant because a measure of premature death can provide a unique and comprehensive look at overall health status.

Report Area	Total Population	Total Premature Death, 2015-2017	Total Years of Potential Life Lost, 2015-2017 Average	Years of Potential Life Lost, Rate per 100,000 Population
Cheshire County, NH	210,505	881	14,203	**6,747**
New Hampshire	3,733,292	15,319	242,496	6,495
United States	908,082,355	3,744,894	63,087,358	6,947



Note: This indicator is compared to the state average.
Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2015-17. Source geography: County



View larger map

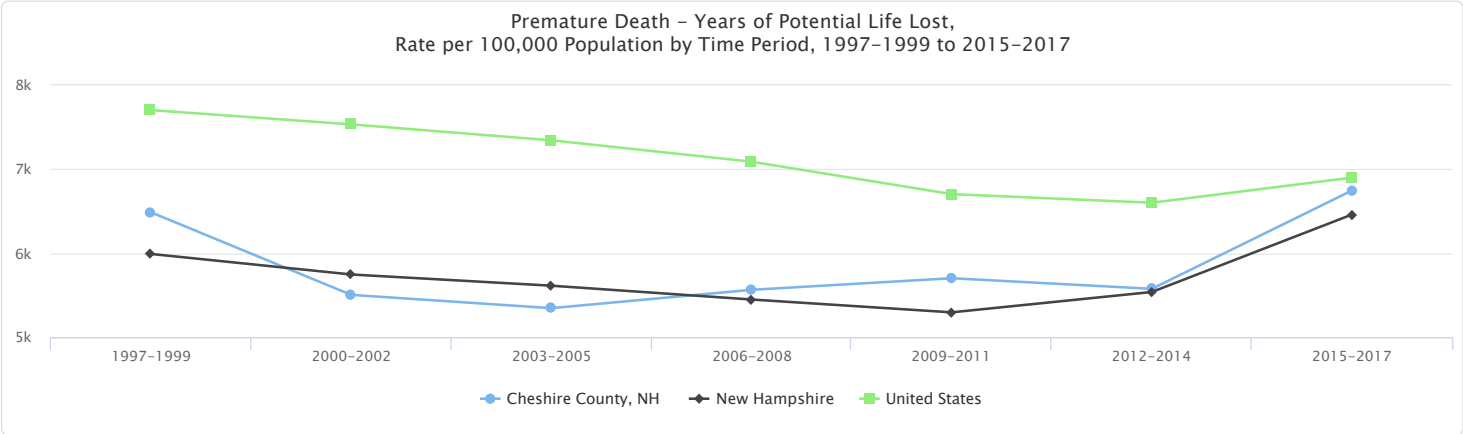
Premature Death (YPLL), Years Lost Rate (Per 100,000 Pop.) by County, NVSS 2015-17

- Over 10,000
- 8,001 - 10,000
- 6,001 - 8,000
- Under 6,001
- No Data or Data Suppressed
- Cheshire County, NH

Premature Death - Years of Potential Life Lost, Rate per 100,000 Population by Time Period, 1997-1999 to 2015-2017

This indicator reports Years of Potential Life Lost (YPLL) per 100,000 age-adjusted population by time period.

Report Area	1997-1999	2000-2002	2003-2005	2006-2008	2009-2011	2012-2014	2015-2017
Cheshire County, NH	6,486.5	5,503	5,344.7	5,563.2	5,701.3	5,575	6,747
New Hampshire	5,990.6	5,745.9	5,612.3	5,447.64	5,294.7	5,537.3	6,460.38
United States	7,705.2	7,535	7,345	7,090.49	6,703.7	6,601.2	6,900.63



Premature Death Rate per 100,000 Population by Race / Ethnicity

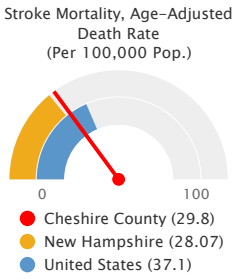
This indicator reports Years of Potential Life Lost (YPLL) per 100,000 age-adjusted population by race/ethnicity.

Mortality - Stroke

Within the report area there are an estimated 29.8 deaths due to cerebrovascular disease (stroke) per 100,000 population. This is less than the Healthy People 2020 target of less than or equal to 33.8. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because stroke is a leading cause of death in the United States.

Report Area	Total Population	Average Annual Deaths, 2012-2016	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Cheshire County, NH	76,074	31	40.5	**29.8**
New Hampshire	1,331,694	475	35.68	28.07
United States	321,050,281	138,186	43	37.1

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2013-17. Source geography: County



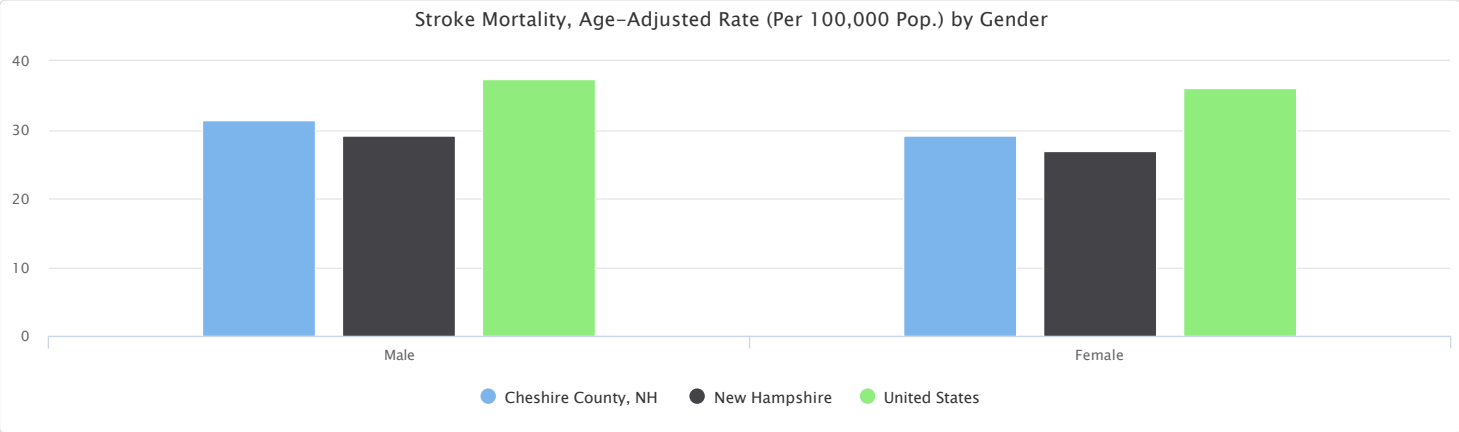
View larger map

Stroke Mortality, Age Adj. Rate (Per 100,000 Pop.) by County, NVSS 2013-17

- Over 70.0
- 55.1 - 70.0
- 40.1 - 55.0
- Under 40.1
- Data Suppressed (<20 Deaths)
- Cheshire County, NH

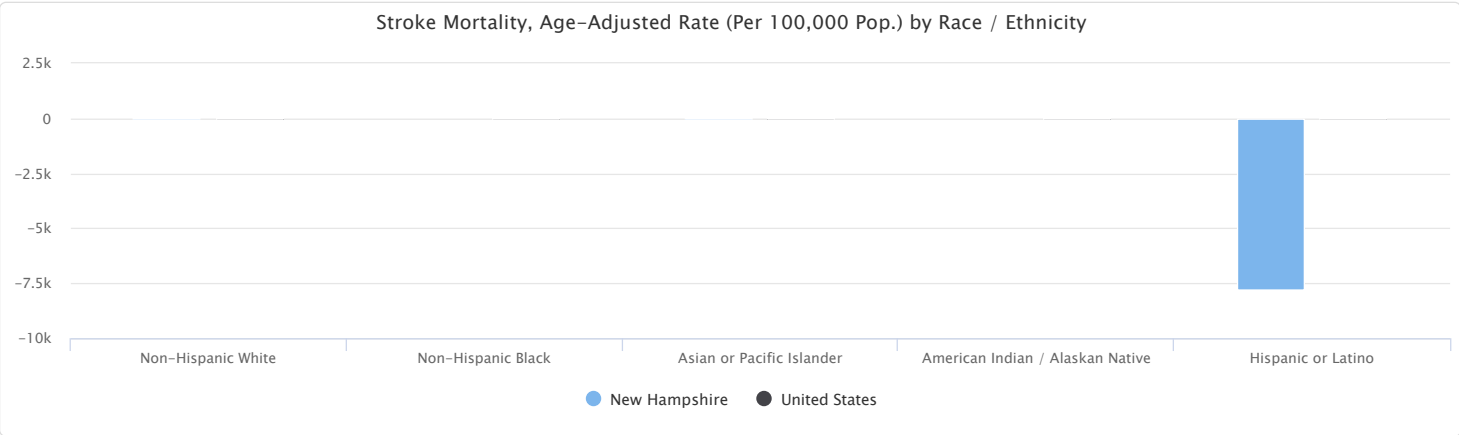
Stroke Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Gender

Report Area	Male	Female
Cheshire County, NH	31.34	29.19
New Hampshire	29.1	27
United States	37.38	36.16



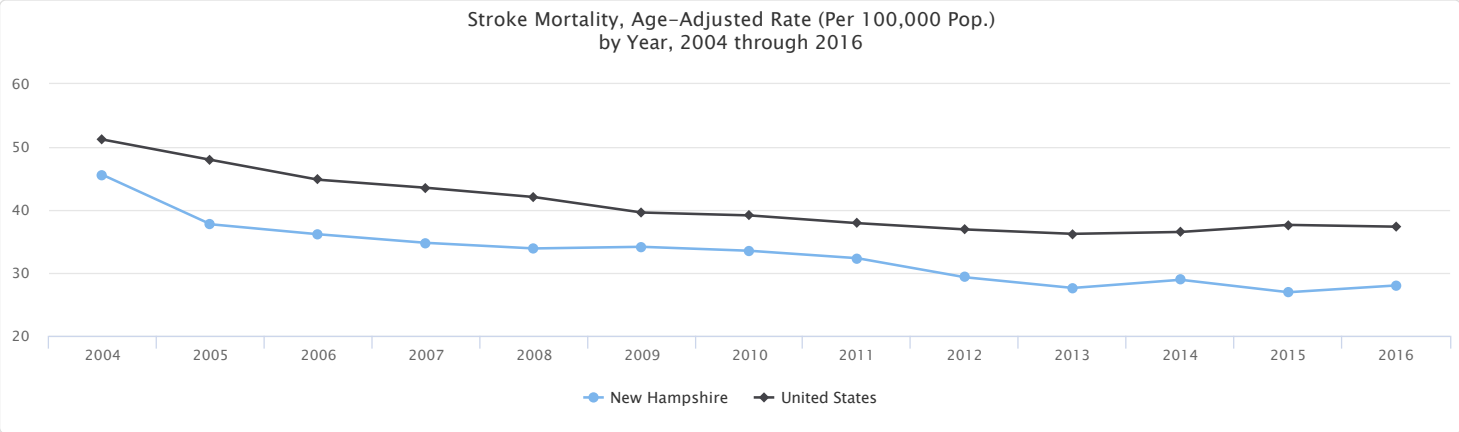
Stroke Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Race / Ethnicity

Report Area	Non-Hispanic White	Non-Hispanic Black	Asian or Pacific Islander	American Indian / Alaskan Native	Hispanic or Latino
New Hampshire	28.38	Suppressed	28.39	Suppressed	-7,777
United States	35.86	51.62	29.72	24.95	31.28



Stroke Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Year, 2004 through 2016

Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
New Hampshire	45.55	37.72	36.13	34.77	33.88	34.14	33.51	32.33	29.3	27.6	28.9	26.92	28
United States	51.18	47.96	44.8	43.52	42.05	39.59	39.13	37.9	36.9	36.2	36.5	37.62	37.34

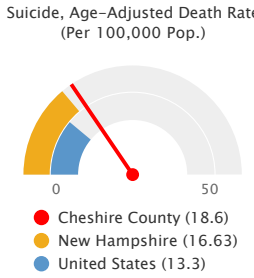


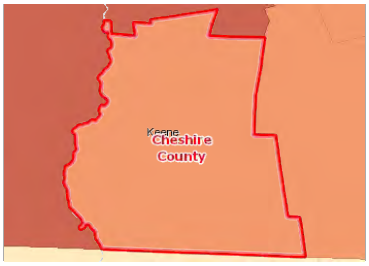
Mortality - Suicide

This indicator reports the rate of death due to intentional self-harm (suicide) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because suicide is an indicator of poor mental health.

Report Area	Total Population	Average Annual Deaths, 2012-2016	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Cheshire County, NH	76,074	14	18.7	**18.6**
New Hampshire	1,331,694	234	17.56	16.63
United States	321,050,281	44,061	13.7	13.3

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2013-17. Source geography: County





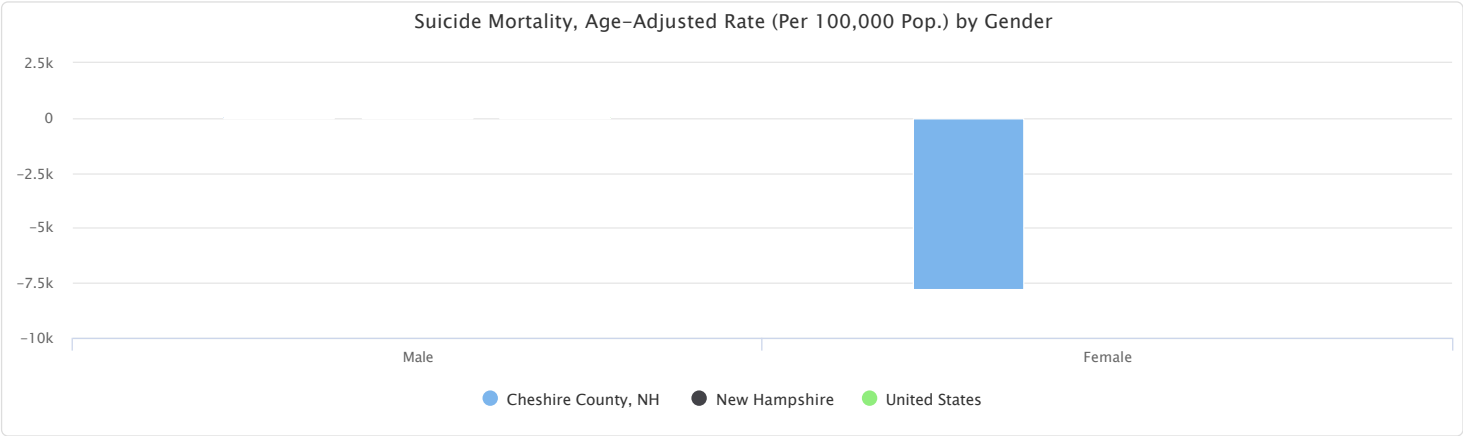
View larger map

Suicide Mortality, Age Adj. Rate (Per 100,000 Pop.) by County, NVSS 2013-17

- Over 20.0
- 16.1 - 20.0
- 12.1 - 16.0
- Under 12.1
- Data Suppressed (<20 Deaths)
- Cheshire County, NH

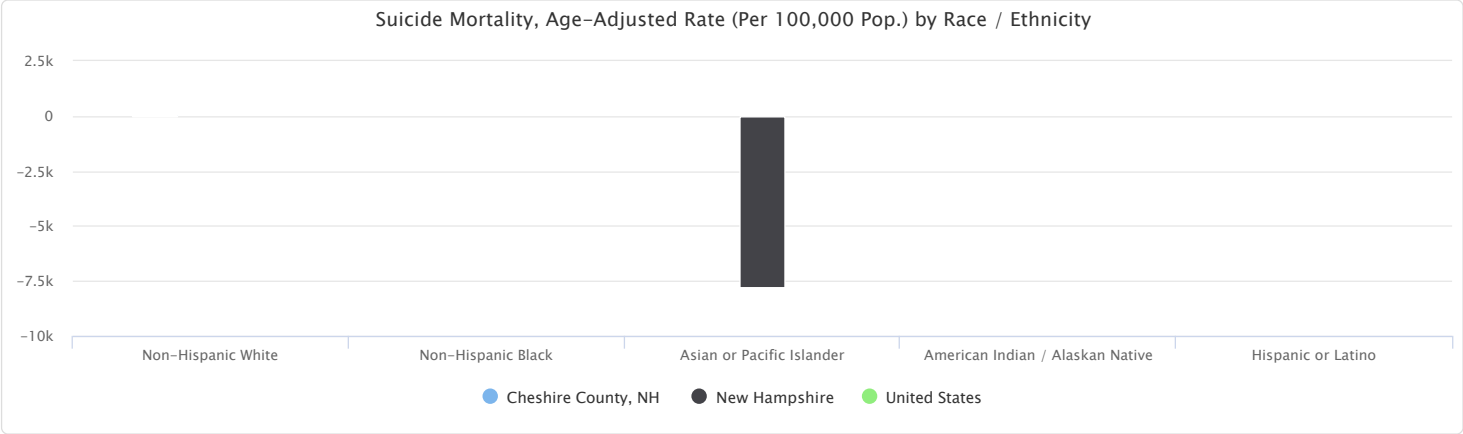
Suicide Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Gender

Report Area	Male	Female
Cheshire County, NH	29.94	-7,777
New Hampshire	25.59	8.03
United States	21.17	5.9



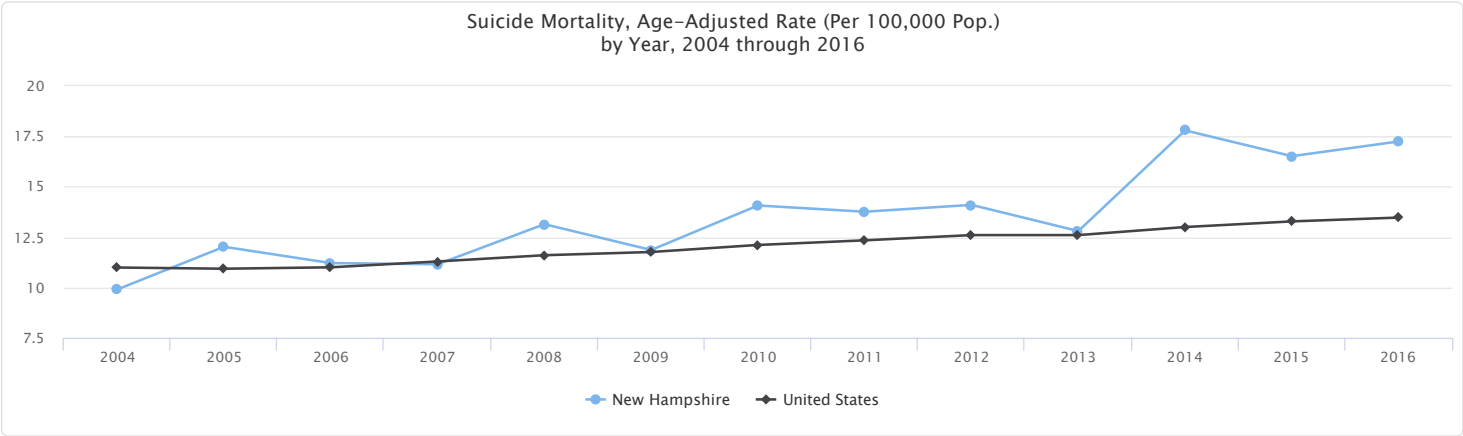
Suicide Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Race / Ethnicity

Report Area	Non-Hispanic White	Non-Hispanic Black	Asian or Pacific Islander	American Indian / Alaskan Native	Hispanic or Latino
Cheshire County, NH	18.94	No data	No data	No data	No data
New Hampshire	17.4	Suppressed	-7,777	Suppressed	10.17
United States	16.82	6.06	6.32	12.47	6.39



Suicide Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Year, 2004 through 2016

Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
New Hampshire	9.9	12.02	11.21	11.15	13.14	11.86	14.07	13.76	14.1	12.8	17.8	16.52	17.25
United States	10.99	10.93	11	11.29	11.6	11.76	12.11	12.34	12.6	12.6	13	13.28	13.47

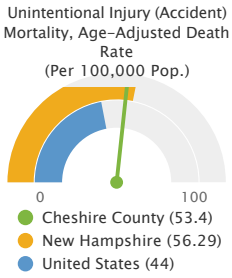


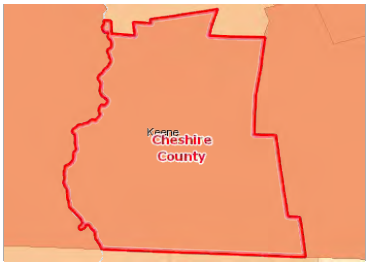
Mortality - Unintentional Injury

This indicator reports the rate of death due to unintentional injury (accident) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because accidents are a leading cause of death in the U.S.

Report Area	Total Population	Average Annual Deaths, 2012-2016	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Cheshire County, NH	76,074	44	57.6	**53.4**
New Hampshire	1,331,694	796	59.79	56.29
United States	321,050,281	148,873	46.4	44

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2013-17. Source geography: County





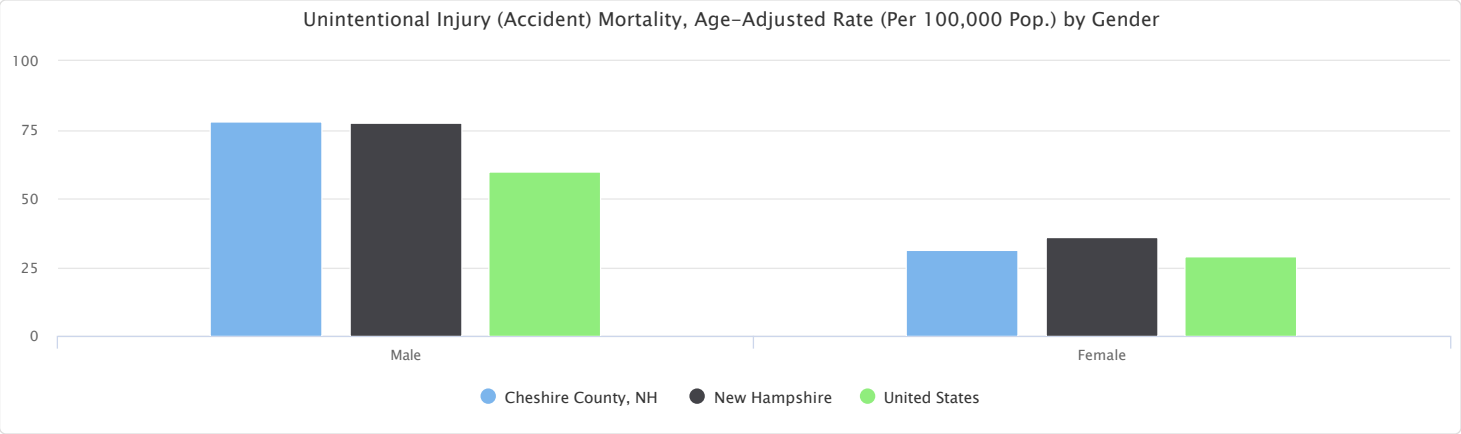
View larger map

Unintentional Injury (Accident) Mortality, Age Adj. Rate (Per 100,000 Pop.) by County, NVSS 2013-17

- Over 70.0
- 50.1 - 70.0
- 40.1 - 50.0
- Under 40.1
- Data Suppressed (<20 Deaths)
- Cheshire County, NH

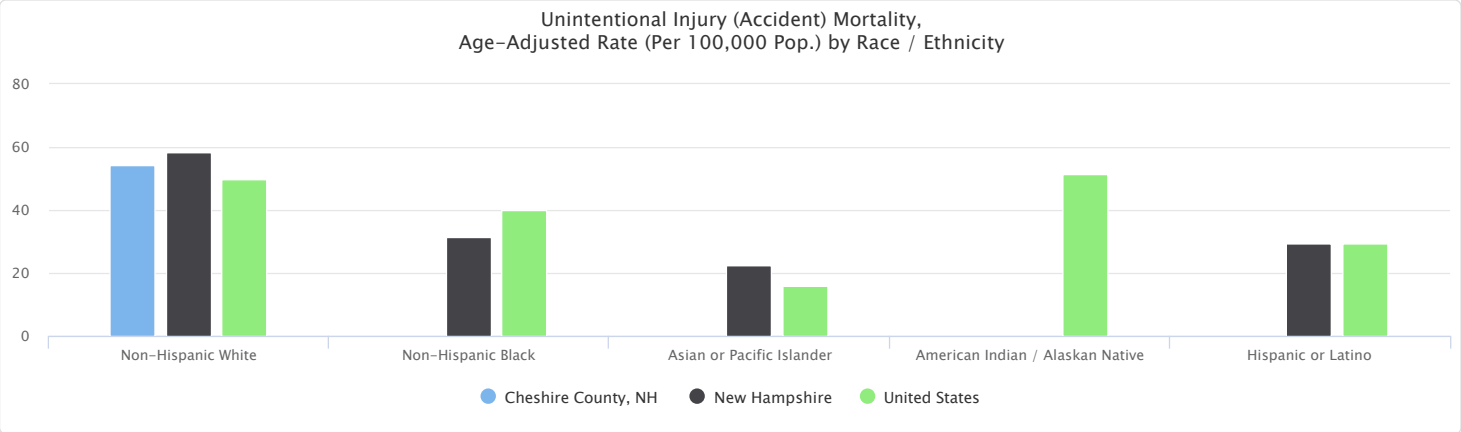
Unintentional Injury (Accident) Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Gender

Report Area	Male	Female
Cheshire County, NH	78.01	31.17
New Hampshire	77.42	35.76
United States	59.93	29.1



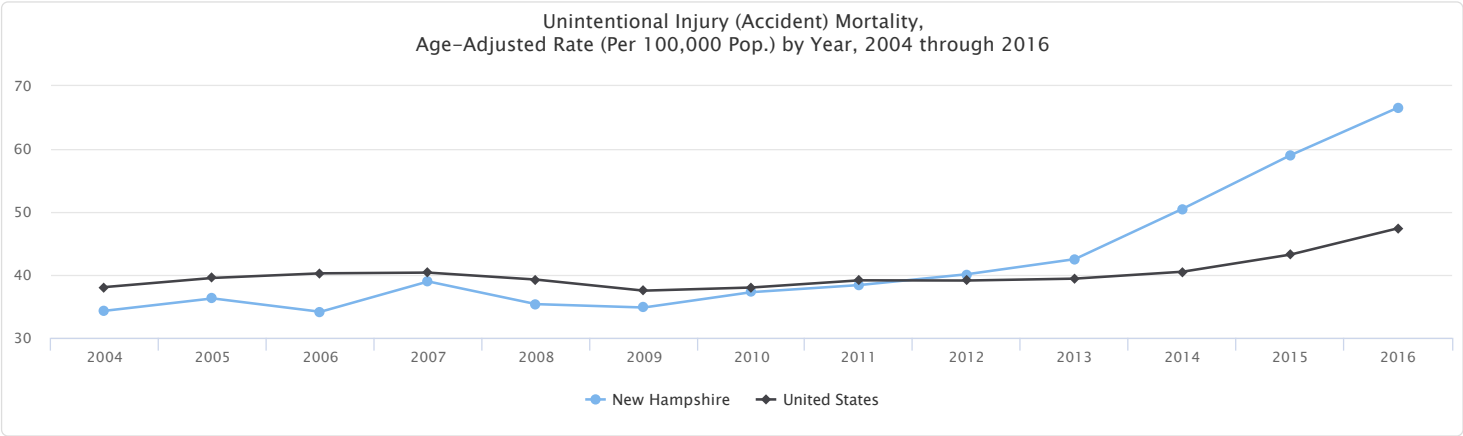
Unintentional Injury (Accident) Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Race / Ethnicity

Report Area	Non-Hispanic White	Non-Hispanic Black	Asian or Pacific Islander	American Indian / Alaskan Native	Hispanic or Latino
Cheshire County, NH	54.41	No data	No data	No data	No data
New Hampshire	58.43	31.29	22.45	Suppressed	29.54
United States	49.83	39.85	16.02	51.48	29.31



Unintentional Injury (Accident) Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Year, 2004 through 2016

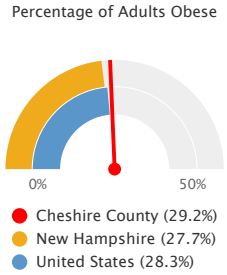
Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
New Hampshire	34.29	36.26	34.13	38.95	35.35	34.81	37.25	38.38	40.1	42.5	50.5	59.01	66.59
United States	38.06	39.51	40.24	40.36	39.25	37.49	37.99	39.13	39.1	39.4	40.5	43.22	47.41



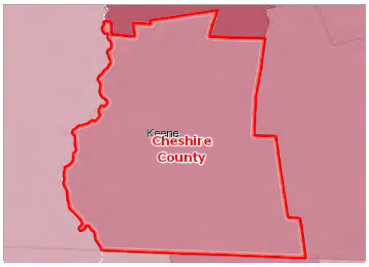
Obesity

29.2% of adults aged 20 and older self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese) in the report area. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Report Area	Total Population Age 20+	Adults with BMI > 30.0 (Obese)	Percent Adults with BMI > 30.0 (Obese)
Cheshire County, NH	59,033	17,415	**29.2%**
New Hampshire	1,029,755	288,048	27.7%
United States	238,842,519	67,983,276	28.3%



Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2015. Source geography: County



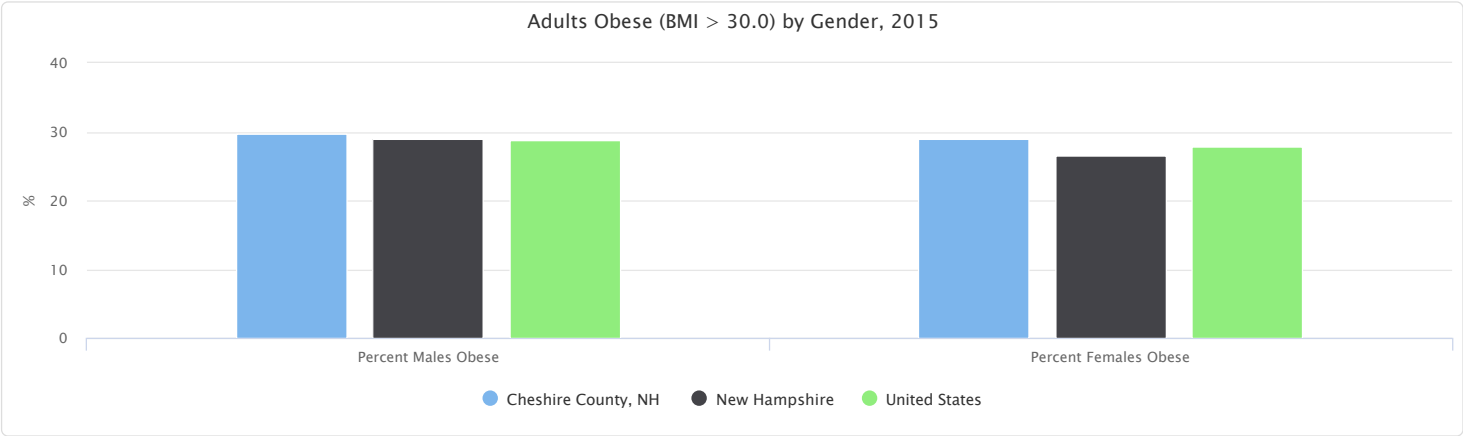
View larger map

Obese (BMI >= 30), Adults Age 20+, Percent by County, CDC NCCDPHP 2015

- Over 34.0%
- 30.1 - 34.0%
- 26.1 - 30.0%
- Under 26.1%
- No Data or Data Suppressed
- Cheshire County, NH

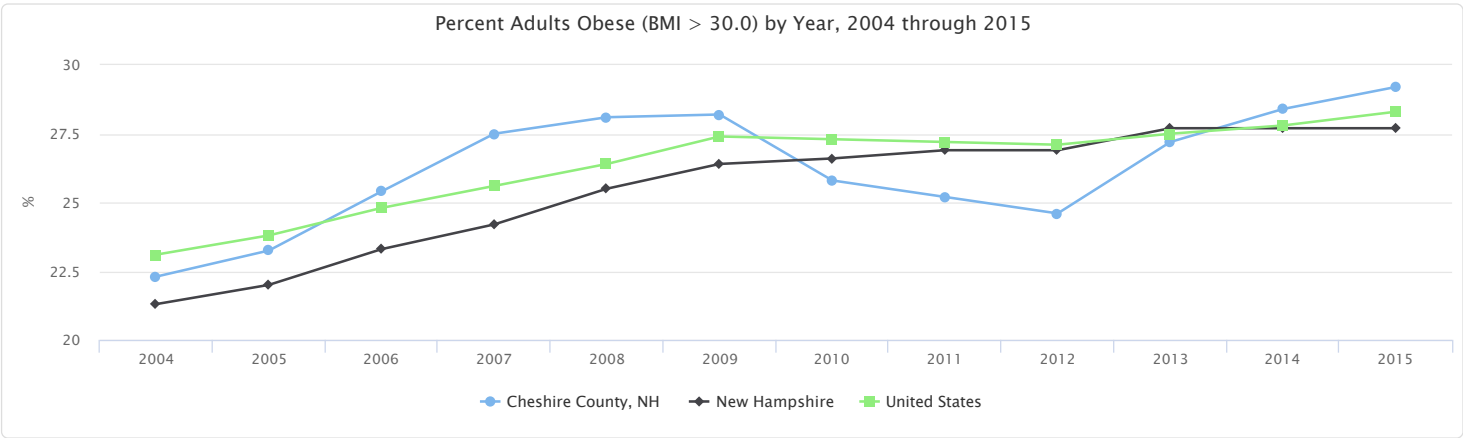
Adults Obese (BMI > 30.0) by Gender, 2015

Report Area	Total Males Obese	Percent Males Obese	Total Females Obese	Percent Females Obese
Cheshire County, NH	8,647	29.7%	8,767	28.9%
New Hampshire	148,320	28.9%	139,726	26.5%
United States	33,600,782	28.7%	34,382,509	27.9%



Percent Adults Obese (BMI > 30.0) by Year, 2004 through 2015

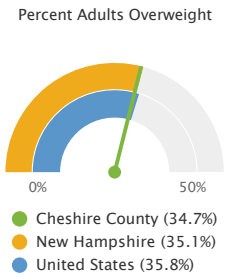
Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Cheshire County, NH	22.3%	23.25%	25.4%	27.5%	28.1%	28.2%	25.8%	25.2%	24.6%	27.2%	28.4%	29.2%
New Hampshire	21.3%	22%	23.3%	24.2%	25.5%	26.4%	26.6%	26.9%	26.9%	27.7%	27.7%	27.7%
United States	23.1%	23.8%	24.8%	25.6%	26.4%	27.4%	27.3%	27.2%	27.1%	27.5%	27.8%	28.3%



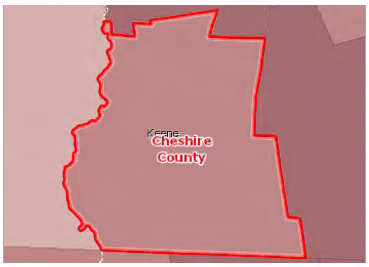
Overweight

34.7% of adults aged 18 and older self-report that they have a Body Mass Index (BMI) between 25.0 and 30.0 (overweight) in the report area. Excess weight may indicate an unhealthy lifestyle and puts individuals at rist for further health issues.

Report Area	Survey Population (Adults Age 18+)	Total Adults Overweight	Percent Adults Overweight
Cheshire County, NH	52,684	18,295	**34.7%**
New Hampshire	972,414	340,974	35.1%
United States	224,991,207	80,499,532	35.8%



Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County



View larger map

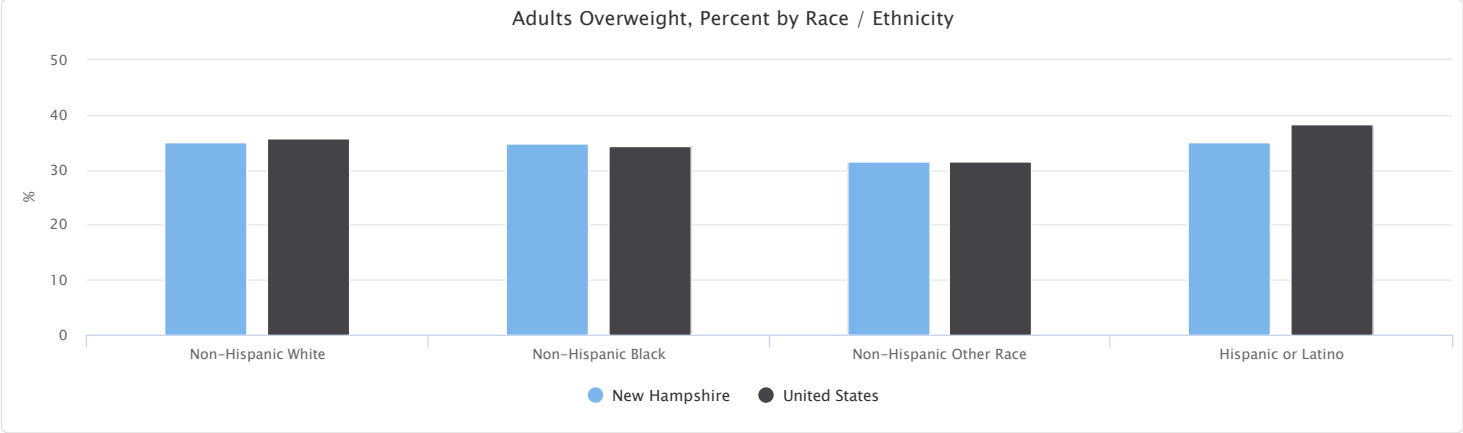
Overweight (BMI 25.0-29.9), Adults Age 18+, Percent by County, BRFSS 2011-12

- Over 39.0%
- 36.1 - 39.0%
- 33.1 - 36.0%
- Under 33.1%
- No Data or Data Suppressed
- Cheshire County, NH

Adults Overweight, Percent by Race / Ethnicity

Report Area	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Other Race	Hispanic or Latino
New Hampshire	35.08%	34.7%	31.55%	34.98%
United States	35.85%	34.31%	31.61%	38.43%

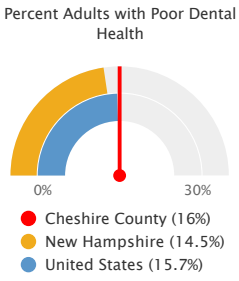
Note: No county data available. See data source and methodology for more details.



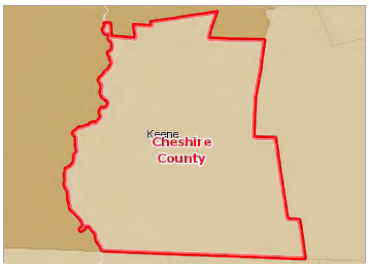
Poor Dental Health

This indicator reports the percentage of adults age 18 and older who self-report that six or more of their permanent teeth have been removed due to tooth decay, gum disease, or infection. This indicator is relevant because it indicates lack of access to dental care and/or social barriers to utilization of dental services.

Report Area	Total Population (Age 18+)	Total Adults with Poor Dental Health	Percent Adults with Poor Dental Health
Cheshire County, NH	61,700	9,900	**16%**
New Hampshire	1,025,011	148,774	14.5%
United States	235,375,690	36,842,620	15.7%



Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-10. Source geography: County



View larger map

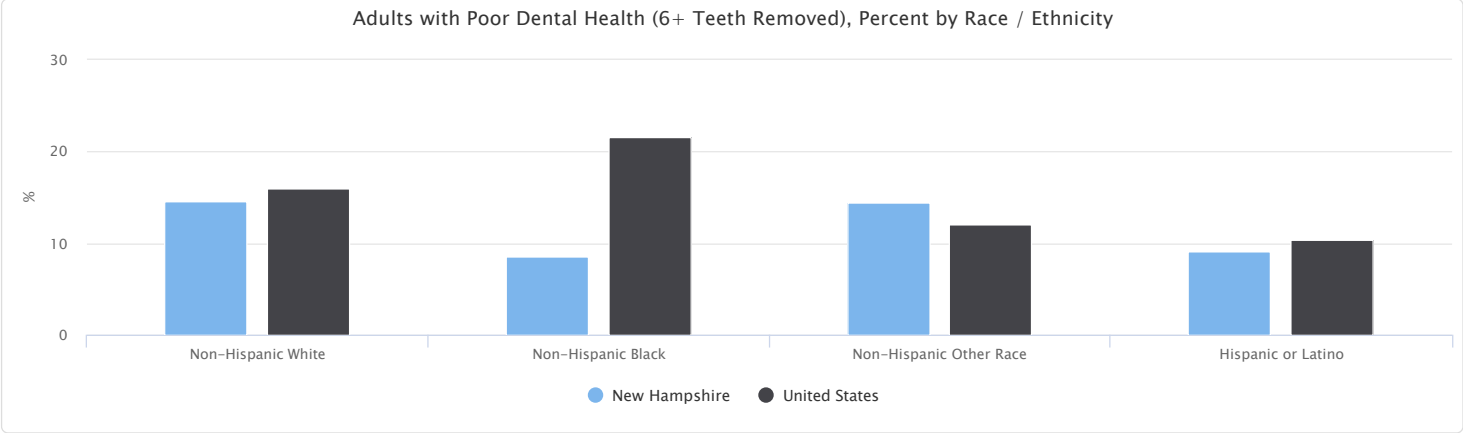
Adults Age 18+ Without Dental Exam in Past 12 Months, Percent by County, BRFSS 2006-10

- Over 42.0%
- 34.1 - 42.0%
- 26.1 - 34.0%
- Under 26.1%
- No Data or Data Suppressed
- Cheshire County, NH

Adults with Poor Dental Health (6+ Teeth Removed), Percent by Race / Ethnicity

Report Area	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Other Race	Hispanic or Latino
New Hampshire	14.54%	8.52%	14.49%	9.16%
United States	16.04%	21.6%	12.11%	10.31%

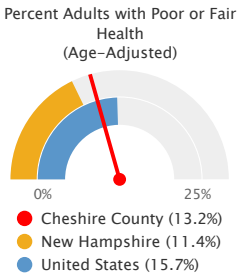
Note: No county data available. See data source and methodology for more details.



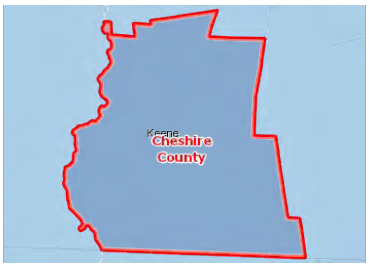
Poor General Health

Within the report area 13.9% of adults age 18 and older self-report having poor or fair health in response to the question "would you say that in general your health is excellent, very good, good, fair, or poor?". This indicator is relevant because it is a measure of general poor health status.

Report Area	Total Population Age 18+	Estimated Population with Poor or Fair Health	Crude Percentage	Age-Adjusted Percentage
Cheshire County, NH	61,896	8,604	13.9%	**13.2%**
New Hampshire	1,025,011	121,976	11.9%	11.4%
United States	232,556,016	37,766,703	16.2%	15.7%



Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. Source geography: County



View larger map

Adults with Poor or Fair Health, Percent by County, BRFSS 2006-12

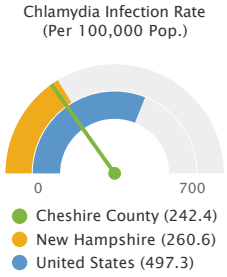
- Over 22.0%
- 16.1 - 22.0%
- 12.1 - 16.0%
- Under 12.1%
- No Data or Data Suppressed
- Cheshire County, NH

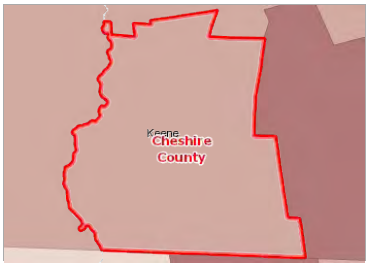
STI - Chlamydia Incidence

This indicator reports incidence rate of chlamydia cases per 100,000 population. This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Report Area	Total Population	Total Chlamydia Infections	Chlamydia Infections, Rate (Per 100,000 Pop.)
Cheshire County, NH	75,909	184	**242.4**
New Hampshire	1,330,608	3,467	260.6
United States	321,418,820	1,598,354	497.3

Note: This indicator is compared to the state average.
Data Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2016. Source geography: County





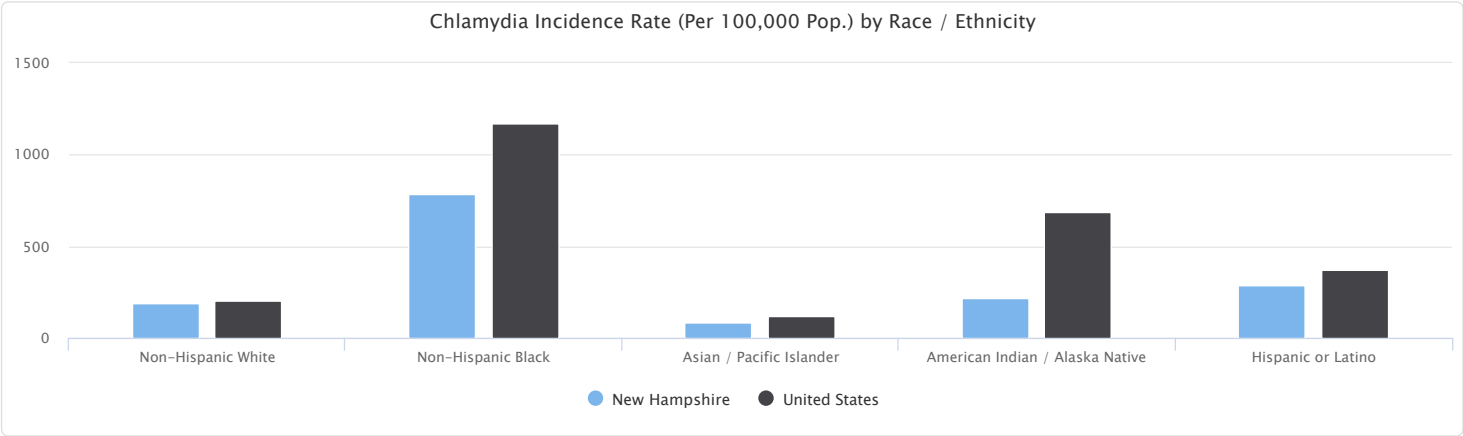
View larger map

Chlamydia, Infection Rate per 100,000 Population by County, NCHHSTP 2016

- Over 500.0
- 300.1 - 500.0
- 150.1 - 300.0
- 0.1 - 150.0
- Data Suppressed (<4 Cases)
- Cheshire County, NH

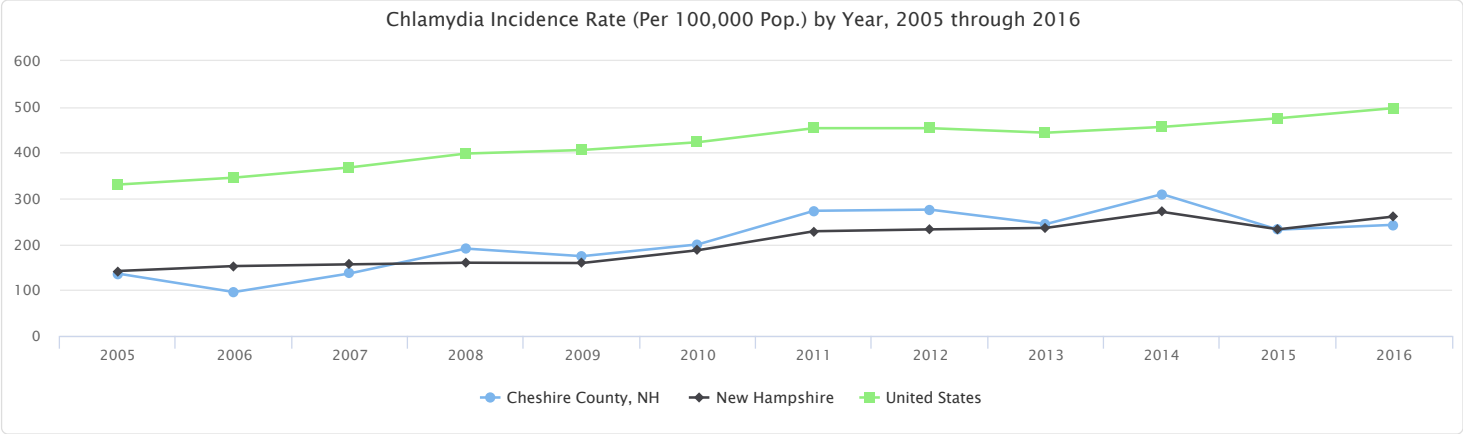
Chlamydia Incidence Rate (Per 100,000 Pop.) by Race / Ethnicity

Report Area	Non-Hispanic White	Non-Hispanic Black	Asian / Pacific Islander	American Indian / Alaska Native	Hispanic or Latino
New Hampshire	186.6	786.8	84.3	214	285
United States	203.3	1,168.7	120.6	684.8	372.8



Chlamydia Incidence Rate (Per 100,000 Pop.) by Year, 2005 through 2016

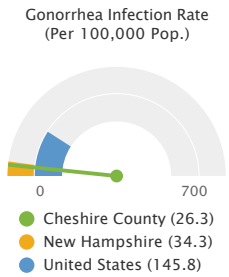
Report Area	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Cheshire County, NH	135.86	95.62	136.38	190.49	173.92	199.7	273.02	275.62	244.09	309.36	231.86	242.4
New Hampshire	141.58	152.31	156.1	159.65	158.98	186.99	228.36	232.44	235.7	270.7	232.6	260.56
United States	330.3	345.4	367.7	398	405.7	422.8	453.4	453.4	443.5	456.1	474.97	497.28



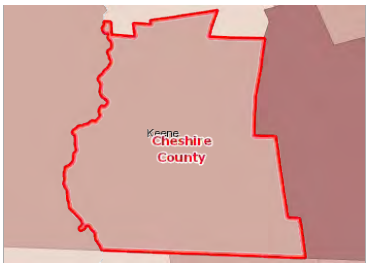
STI - Gonorrhea Incidence

This indicator reports incidence rate of Gonorrhea cases per 100,000 population. This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Report Area	Total Population	Total Gonorrhea Infections	Gonorrhea Infections, Rate (Per 100,000 Pop.)
Cheshire County, NH	75,909	20	26.3
New Hampshire	1,330,608	456	34.3
United States	321,418,820	468,514	145.8



Note: This indicator is compared to the state average.
Data Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2016. Source geography: County



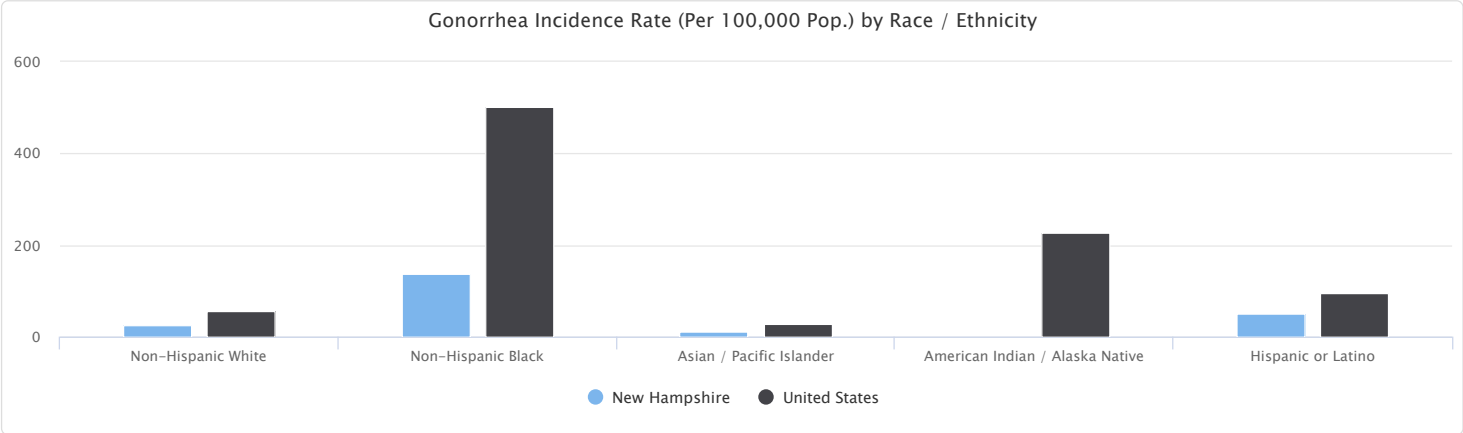
View larger map

Gonorrhea, Infection Rate per 100,000 Population by County, NCHHSTP 2016

- Over 120.0
- 60.01 - 120.00
- 20.01 - 60.00
- 0.1 - 20.0
- Data Suppressed (<4 Cases)
- Cheshire County, NH

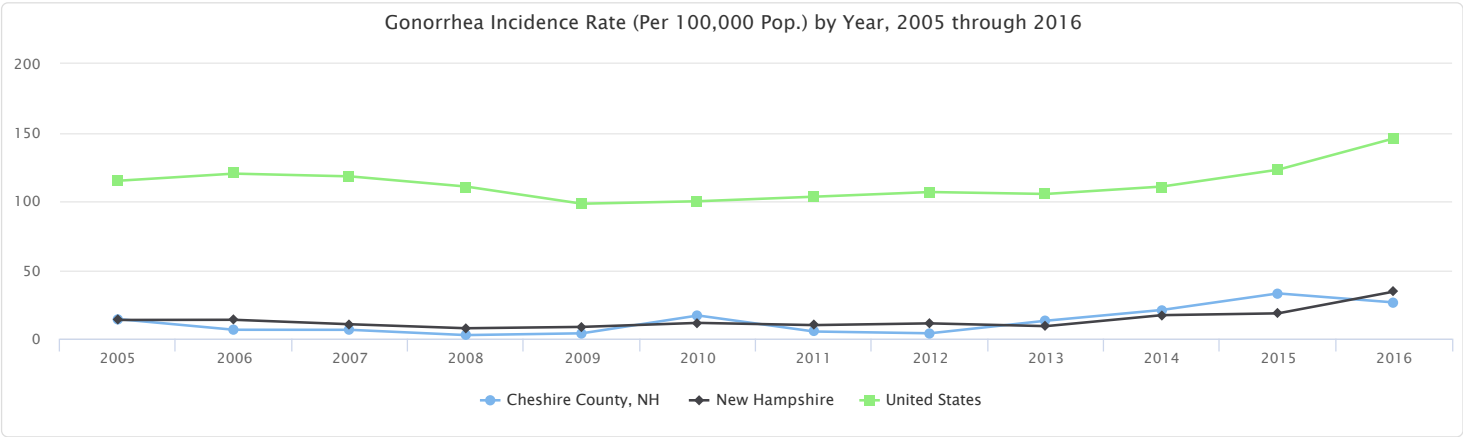
Gonorrhea Incidence Rate (Per 100,000 Pop.) by Race / Ethnicity

Report Area	Non-Hispanic White	Non-Hispanic Black	Asian / Pacific Islander	American Indian / Alaska Native	Hispanic or Latino
New Hampshire	25.4	138.1	11.6	0	50.4
United States	57.3	503.2	28.8	228.1	96.1



Gonorrhea Incidence Rate (Per 100,000 Pop.) by Year, 2005 through 2016

Report Area	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Cheshire County, NH	14.23	6.46	6.43	2.59	3.89	16.86	5.2	3.9	13.05	20.89	32.93	26.35
New Hampshire	13.6	13.73	10.48	7.57	8.55	11.47	9.86	11.12	9.1	17.1	18.41	34.27
United States	114.9	120.1	118.1	110.7	98.2	100	103.3	106.7	105.3	110.7	122.96	145.76

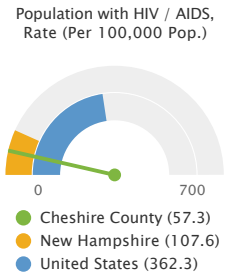


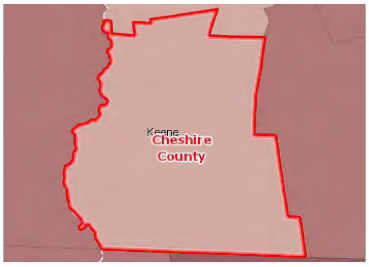
STI - HIV Prevalence

This indicator reports prevalence rate of HIV per 100,000 population. This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

Report Area	Population Age 13+	Population with HIV / AIDS	Population with HIV / AIDS, Rate (Per 100,000 Pop.)
Cheshire County, NH	66,321	38	**57.3**
New Hampshire	1,148,496	1,236	107.6
United States	268,159,414	971,524	362.3

Note: This indicator is compared to the state average.
Data Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2015. Source geography: County





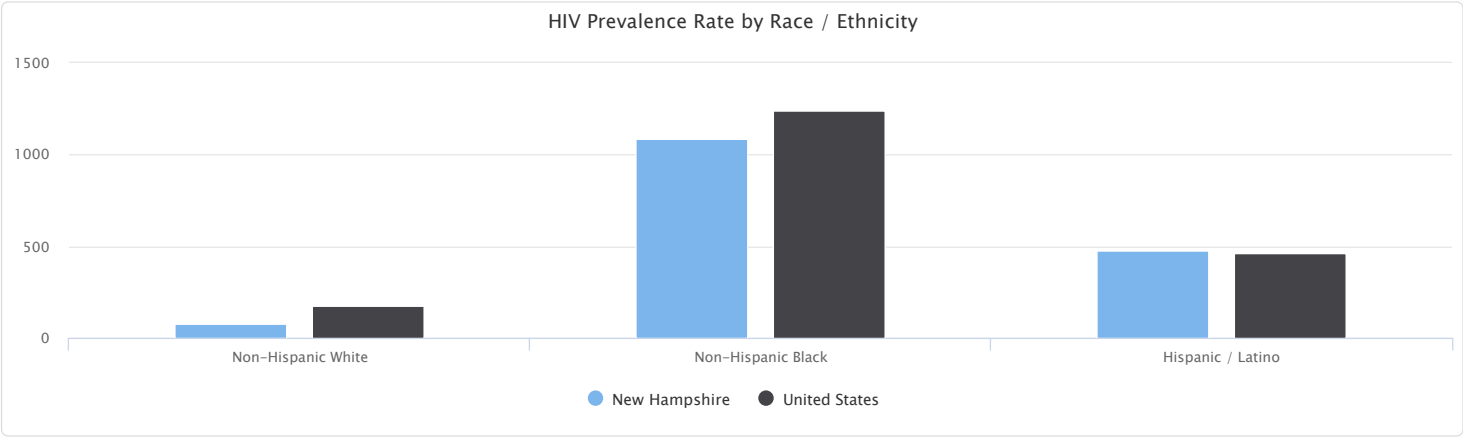
View larger map

HIV Prevalence, Rate (Per 100,000 Pop.) by County, NCHHSTP 2015

- Over 200.0
- 100.1 - 200.0
- 50.1 - 100.0
- Under 50.1
- Data Suppressed (<4 Cases)
- Cheshire County, NH

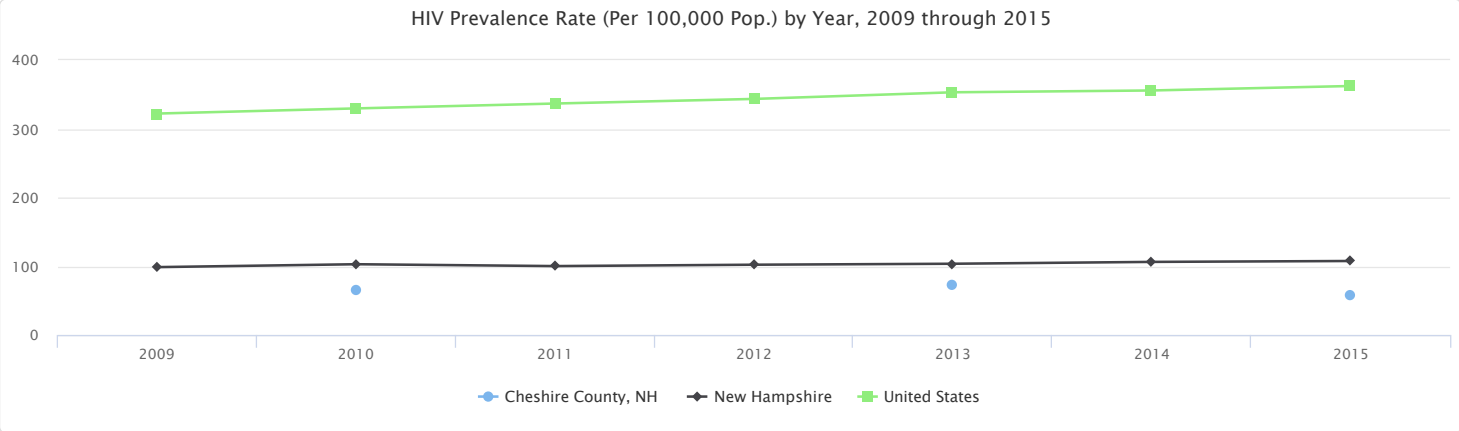
HIV Prevalence Rate by Race / Ethnicity

Report Area	Non-Hispanic White	Non-Hispanic Black	Hispanic / Latino
New Hampshire	78.48	1,087.25	477.04
United States	174	1,243.8	462



HIV Prevalence Rate (Per 100,000 Pop.) by Year, 2009 through 2015

Report Area	2009	2010	2011	2012	2013	2014	2015
Cheshire County, NH	No data	65.5	No data	No data	72.2	No data	57.3
New Hampshire	98.7	102.9	100.2	102.2	103.6	106.3	107.6
United States	322.2	329.7	336.8	343.5	353.16	355.8	362.3



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https://engagementnetwork.org, 8/16/2019