



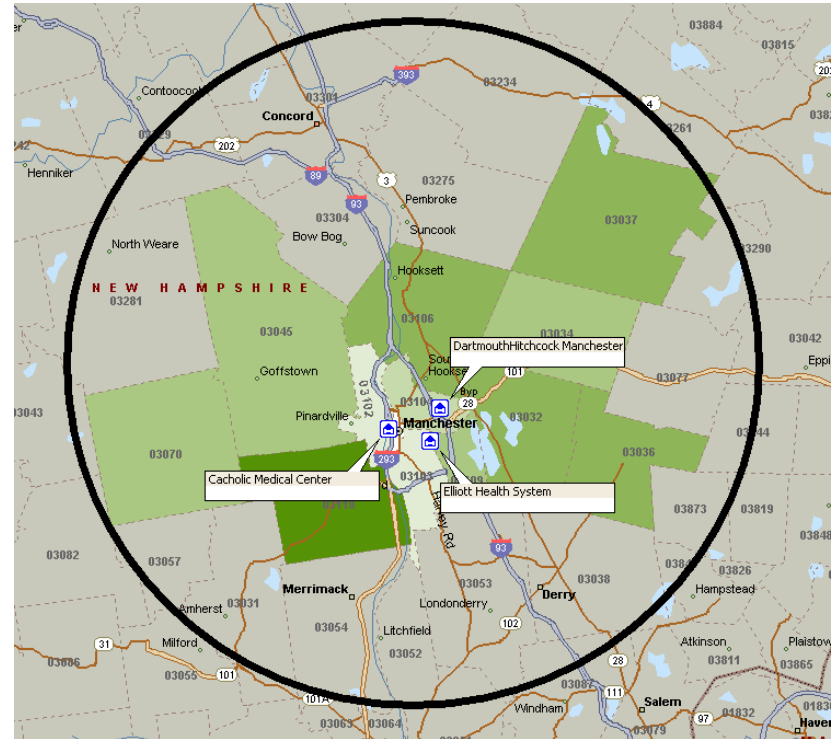
Community Needs Assessment
Manchester New Hampshire Service Area
Completed for:

Catholic Medical Center-
Dartmouth-Hitchcock Manchester
Elliot Health System

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Introduction

- The development of this Community Needs Assessment focuses on the collection of quantitative data and qualitative findings to assess the health care needs of the Greater Manchester, New Hampshire area (Manchester, Hooksett, Bedford, Auburn, Candia, Chester, Deerfield, Goffstown, and New Boston).



Members of the Work Group:

- Debra Grabowski, RN, VNA, Elliot Health System
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Overview of the Process

- Quantitative Analysis – Understanding the *data*
- Qualitative Review – Understanding the *perceptions*

Quantitative Assessment

- To assist in the assessment process, data were collected from the following sources:
 - Healthy New Hampshire 2010 published by the Healthy New Hampshire 2010 Leadership Council and the New Hampshire Department of Health and Human Services.
 - Manchester, NH Department of Health
 - Community Health Profile, Manchester Service Area published by Dartmouth-Hitchcock
 - Cancer in New Hampshire 1999, published by the New Hampshire Department of Health and Human Services (DHHS)
 - Manchester Health Care Service Area – Regional Health Profile published by the Office of Planning and Research, New Hampshire DHHS
- The quantitative data are used to assess specific health care needs and to establish a database to enable the providers to measure healthcare needs in relation to regional, state and national measures.

Qualitative Review (1)

- Community Leader Interviews (15) with representatives from the following organizations: Dartmouth Hitchcock- Manchester
 - Greater Manchester Mental Health Center
 - Greater Manchester Chamber of Commerce
 - Mayor of City of Manchester
 - Elliot Hospital- Social Work
 - Boys and Girls Club
 - United Way
 - Poisson Dental Clinic
 - Office of the Superintendent of Schools
 - Catholic Medical Center
 - Manchester Community Health Center
 - Child Health Services
 - Manchester Police Department
 - Manchester Health Department
 - Manchester School Department

Qualitative Review (2)

- **Five Focus groups including 85 participants**

	Age				
	<21	21-44	45-64	65+	Total
Focus Group 1	10	7	2	3	22
Focus Group 2	0	16	1	0	17
Focus Group 3	1	4	3	10	18
Focus Group 4	0	4	0	0	4
Focus Group 5	0	0	1	23	24
Total	11	31	7	36	85

Qualitative Review (3)

- Focus groups discussions were managed around 15 criteria that define a “Healthy Community”
 - Safety and reduction of violence;
 - Healthy environments;
 - Immunization against infectious diseases for all members of the community;
 - Availability of quality health care to all members of the community;
 - Availability of quality dental care to all members of the community;
 - Availability of services for the developmentally disabled;
 - Good transportation access to health care providers and resources throughout the community; and
 - Interpretation services for non-English speaking members of the community.
 - Regular physical activity;
 - Healthy weight and good nutrition;
 - Childhood obesity;
 - Prevention and reduction of tobacco use;
 - Prevention and reduction of drug and alcohol use;
 - Responsible sexual behavior;
 - Mental health and well being;

Presentation of the Data and Findings:

- Each of the following slides represents one of the criteria that was used to describe a healthy community. In the case of the criteria relating to the “Availability of Quality Health Care Services to All Members of the Community”, three slides were developed.
- The Qualitative data summarizes what was reported to the consultant. These ought to be interpreted as comments, opinions and perceptions only, not necessarily as facts.

- Criteria:**
1A. Availability of Quality Health Care Services to All Members of the Community - Lack of Health Insurance

<u>Quantitative Finding</u>	<u>Community Leaders Finding</u>	<u>Focus Groups Finding</u>	<u>Conclusion</u>
<ul style="list-style-type: none"> ▪Nine percent of New Hampshire residents under 65 do not have health insurance. 	<ul style="list-style-type: none"> ▪ Leaders noted a generally broad range of services available. Most of the interviewees agreed that treatment resources are available. “Ability to pay” is the key determinant in being able to gain access to private or institutional providers. 	<ul style="list-style-type: none"> ▪Reports note that lack of ability to pay for care, forces many into using emergency rooms ▪This has a ripple effect into the local “ERs” where wait times can be significant. ▪For those who have insurance, access to the system appears to be adequate. 	<ul style="list-style-type: none"> ▪The ability to pay is infinitely variable. Not everyone needs, nor expects to be seen as a charity case. Many would benefit from knowing that sliding fee schedules are offered by most health care providers. ▪The need is most acute for services delivered through primary care providers.

Note: Data Sources for all data are included in the full report.

Criteria:

**1B. Availability of Quality Health Care Services to All Members of the Community -
Lack of physicians willing to take uninsured, under insured or Medicaid patients**

<u>Quantitative Finding</u>	<u>Community Leaders Finding</u>	<u>Focus Groups Finding</u>	<u>Conclusion</u>
<p>▪ According to data collected by the Manchester Department of Health, there are 5,840 low-income residents per primary care physician in the city of Manchester. Federal guidelines to serve a low income population call for a ratio of 3,000 low income residents per physician (2000 data)</p> <p>Note: Data Sources for all data are included in the full report.</p>	<p>▪The willingness of some providers to see uninsured patients, while others do not, has the potential to create an imbalance in the system that may precipitate a situation where no primary care providers see such patients.</p>	<p>▪ There is inconsistent knowledge of programs to serve low and moderate income populations.</p>	<p>▪Since 2001, 30-40 new practitioners have been brought into the area. A revised analysis needs to be completed to determine the current extent of the primary care physician shortage.</p>

Criteria:

**1C. Availability of Quality Health Care Services to All Members of the Community -
Perceived difficulty in accessing reduced cost or free care services**

<u>Quantitative Finding</u>	<u>Community Leaders Finding</u>	<u>Focus Groups Finding</u>	<u>Conclusion</u>
<ul style="list-style-type: none">•No available data	<ul style="list-style-type: none">▪If too much of the burden for delivering free and reduced fee services falls on too few of the providers (individual and institutional), then the system for providing these services will be jeopardized.	<ul style="list-style-type: none">▪Hospital charitable or sliding fee scale services can be difficult to find out about – particularly for those not proficient in English.▪While there are programs in the community that provide reduced cost prescriptions, they are not well known.	<ul style="list-style-type: none">▪Many residents are not aware of programs that are presently available.▪Many of the issues regarding access to services (free or reduced cost) can be addressed through better communication.

Note: Data Sources for all data are included in the full report.

Criteria:

2. Availability of Quality Dental Care to All Members of the Community

<u>Quantitative Finding</u>	<u>Community Leaders Finding</u>	<u>Focus Groups Finding</u>	<u>Conclusion</u>
<ul style="list-style-type: none">▪ The rates for the application of dental sealants are lower in the low-income population in Manchester than in the population in general.▪ 100% of the population in the Manchester City is served by a fluoridated water supply.	<ul style="list-style-type: none">▪ There are too few dentists willing to see Medicaid or low/moderate income patients▪ The water supply fluoridation program is threatened – this is a new program and its elimination will cause a reversal of this program’s documented benefits.	<ul style="list-style-type: none">▪ Poisson Dental Clinic is a great resource but you need to get a referral to get into it.▪ Pediatric services under Medicaid Silver and Medicaid Gold are good but many children do not qualify for these programs.▪ “Dentists with a Heart” program is well received – an excellent program – too bad it can only be run once a year.	<ul style="list-style-type: none">▪ The ripple effects of insufficient dental care have an impact on virtually all parts of the healthcare system.▪ The application of dental sealants can be a low cost procedure applied by dental hygienists (as opposed to dentists).▪ Issues around the fluoridation of the water supply need to be addressed.

Note: Data Sources for all data are included in the full report.

Criteria:

3. Availability of Interpretation Services to the Community

<u>Quantitative Finding</u>	<u>Community Leaders Finding</u>	<u>Focus Groups Finding</u>	<u>Conclusion</u>
<ul style="list-style-type: none">▪ There are between 55 and 76 languages and dialects spoken in the Manchester area.▪ According to the Manchester Department of Health, 24% of the students in kindergarten were of a race/ethnicity other than “White-Non Hispanic” and 14.3% of these same students speak a primary language other than English. <p style="text-align: center;">Note: Data Sources for all data are included in the full report.</p>	<ul style="list-style-type: none">▪ Manchester is an anomaly in the state. It is much poorer and more culturally diverse. “Rural state” solutions do not work in urban environment.▪ Between 55-76 languages and dialects are spoken in the city	<ul style="list-style-type: none">▪ There are not enough interpretation services available.▪ Interpreters must be trained so that they can understand the nuances of communicating health care information.	<ul style="list-style-type: none">▪ The diversity of language and culture poses special issues for the delivery of health care services to the residents of the service area.▪ There may be opportunities to address these issues by expanding on the working relationships with organizations such as the Latin American Club, the International Center or the New Hampshire Minority Health Coalition.

Criteria:

4. Immunization against Infectious Diseases for All Members of the Community

<u>Quantitative Finding</u>	<u>Community Leaders Finding</u>	<u>Focus Groups Finding</u>	<u>Conclusion</u>
<ul style="list-style-type: none">76% of 2 year olds had received all recommended vaccines.In NH a larger percent of the adults age 65 and over report being vaccinated against pneumococcal disease (60 %) than in the country as a whole (55 %).Forty six percent of adults age 55 and over report being vaccinated against influenza in New Hampshire.	<ul style="list-style-type: none">Immunizations are generally high on lists of priorities - at the same time individuals feel that it is a need being effectively met by the providers in the community.	<ul style="list-style-type: none">Little discussion except when prompted.	<ul style="list-style-type: none">Ongoing programs appear to be effective.

Note: Data Sources for all data are included in the full report.

Criteria:

5. Availability of and Access to Transportation to Healthcare Providers

<u>Quantitative Finding</u>	<u>Community Leaders Finding</u>	<u>Focus Groups Finding</u>	<u>Conclusion</u>
<ul style="list-style-type: none">▪ No data available	<ul style="list-style-type: none">▪ Transportation – infrastructure is there. People do not know how to access it.▪ Public transportation is good inside of the city but almost non-existent outside of the city	<ul style="list-style-type: none">▪ There are good resources – hard to find out about them however.▪ There is nothing available in any of the surrounding communities.▪ The public transportation system shuts down at 6 PM.	<ul style="list-style-type: none">▪ Resources exist – educating residents as to what resources exist and how to use them is important.▪ In spite of the extensive public transportation resources, the system closes down at 6 PM.

Note: Data Sources for all data are included in the full report.

Criteria:

6. Responsible Sexual Behavior

<u>Quantitative Finding</u>	<u>Community Leaders Finding</u>	<u>Focus Groups Finding</u>	<u>Conclusion</u>
<ul style="list-style-type: none">▪ In 1999 57% of NH high school students never engaged in sex. The HNH 2010 target is 64 %.▪ In 1999 55% of NH high school students report using a condom. The HNH 2010 target is 61 %.▪ The Manchester Health Dept. reports local community has been successful in decreasing the teen birth rate.▪ In 1999 the rate (per 100k pop) of chlamydia among adol. and young adults was 528.2. The HNH 2010 target is 88.5.	<ul style="list-style-type: none">▪ Address the need for sex education through school educational programs. With correct approach – selling the problem, not the solution – could be an effective tool.▪ The teen birth rate has dramatically decreased in the last three years.	<ul style="list-style-type: none">▪ Sex Education in the schools is extremely important.	<ul style="list-style-type: none">▪ Efforts that have been in place to control teen pregnancy need to continue.

Note: Data Sources for all data are included in the full report.

- **Criteria:**
7. Mental Health and Well Being

<u>Quantitative Finding</u>	<u>Community Leaders Finding</u>	<u>Focus Groups Finding</u>	<u>Conclusion</u>
<ul style="list-style-type: none"> ▪ The rate of suicide (per 100k population) in NH is comparable to US Baseline (11.8 vs. 11.3 per 100,000 populations). The HNH 2010 target is 4.0. MSA data is insufficient to calculate a local rate. 	<ul style="list-style-type: none"> ▪ The Manchester Mental Health Center is doing an excellent job of providing services. ▪ Services to children are still limited. ▪ Local nursing homes are overwhelmed when it comes to caring for geriatric patients needing behavioral health services. 	<ul style="list-style-type: none"> ▪ There is a shortage of services for children ▪ There is a considerable stigma associated with the receiving of mental health services. 	<ul style="list-style-type: none"> ▪ There is limited local data regarding the delivery of mental health services, ▪ There is a lack of services available to the adolescent and pediatric population. ▪ Existing reimbursement is insufficient to cover the cost of providing these services.

Note: Data Sources for all data are included in the full report.

Criteria:

8. Safety and Reduction of Violence in the Community

<u>Quantitative Finding</u>	<u>Community Leaders Finding</u>	<u>Focus Groups Finding</u>	<u>Conclusion</u>
<p>▪The state rate of physical assault injuries (per 100,000 population) is 25% higher than the Healthy NH 2010 target of 209.6. No Local data is available for this report</p> <p>Note: Data Sources for all data are included in the full report.</p>	<p>▪ This topic was only discussed when prompted and then on a limited basis.</p>	<p>▪Domestic violence is an issue in the community.</p> <p>▪Many of the new cultures coming into the community have views of gender-based violence that are very different from local societal norms.</p> <p>▪Elder abuse was also cited as an issue.</p> <p>▪This issue is closely related to drug and alcohol abuse. Controlling drug and alcohol abuse will go a long way towards controlling certain kinds of violence.</p>	<p>▪Data needs to be collected.</p> <p>▪At least one of the refugee groups is working with recent immigrants to address the fact that societal norms in the home country are not acceptable here.</p> <p>▪Individuals are reluctant to discuss this as an issue.</p>

Criteria:

9. Childhood Obesity

<u>Quantitative Finding</u>	<u>Community Leaders Finding</u>	<u>Focus Groups Finding</u>	<u>Conclusion</u>
<ul style="list-style-type: none">▪ School data from the Manchester Health Department indicates that first graders, as a percent of the total group, tend to be more overweight than their counterparts in other schools in New Hampshire.▪ The rate of overweight and obese high school students is higher in New Hampshire than in the nation as a whole (9% vs. 5%).	<ul style="list-style-type: none">▪ This is one of the most important issues in the community. The schools must play a greater role in addressing the issue	<ul style="list-style-type: none">▪ Lunch programs in the schools need to be improved.▪ There are not enough kids who participate in sports - some schools have eliminated recess▪ At least one participant noted that her overweight child was not treated proactively by her health care provider. The parent was told that so long as the child's vital signs were acceptable there was nothing the caregiver would recommend.▪ Candy machines and soda machines need to be removed from the schools.	<ul style="list-style-type: none">▪ The anecdotal data is very convincing that there is a serious problem with both childhood obesity and obesity in the rest of the population as well.▪ Parents and providers need to be educated so that that they can deal with this issue proactively

Note: Data Sources for all data are included in the full report.

Criteria:

10. Prevention and Reduction of Tobacco Abuse

<u>Quantitative Finding</u>	<u>Community Leaders Finding</u>	<u>Focus Groups Finding</u>	<u>Conclusion</u>
<ul style="list-style-type: none">▪ The percent of youth in Manchester who smoke (29%) is higher than the state as a whole (17%).	<ul style="list-style-type: none">▪ No substantive discussion- even when prompted	<ul style="list-style-type: none">▪ No substantive discussion- even when prompted	<ul style="list-style-type: none">▪ This is a health care issue that individuals seem not to want to discuss - perhaps because it is so pervasive through in the community.▪ Neither data nor in our discussions led us to the conclusion that tobacco abuse is any better or worse in the Manchester service area than anywhere else.

Note: Data Sources for all data are included in the full report.

Criteria:

11. Prevention and Reduction of Drug and Alcohol Abuse

<u>Quantitative Finding</u>	<u>Community Leaders Finding</u>	<u>Focus Groups Finding</u>	<u>Conclusion</u>
<ul style="list-style-type: none">▪ 44 % of students attending Manchester High schools report having used alcohol in the last 30 days. . This compares favorably to the state number of 53%.▪ The percent of youth in Manchester who have never used marijuana (56%) is slightly higher than the state as a whole (55%). <p>Note: Data Sources for all data are included in the full report.</p>	<ul style="list-style-type: none">▪ Substance abuse is on the rise. Alcohol is the primary “substance of choice”.▪ Drugs of choice (other than alcohol) include prescription medications, cocaine, crack and heroin.▪ People hesitate to discuss drug and alcohol abuse as an issue.	<ul style="list-style-type: none">▪ Pills tend to be easier to get in high school than other kinds of drugs. These include both prescription and “over-the-counter” medications.▪ Programs targeted to parents would be well received	<ul style="list-style-type: none">▪ This issue is difficult to get individuals and groups to discuss.▪ Several individuals noted that the community is in an “a state of denial” regarding this issue.▪ More data needs to be collected and more needs to be done to understand and define this issue.▪ Finally, action is required in the schools to identify the magnitude of the problem and identify ways to address the issue.

Criteria:

12.Regular Physical Activity

<u>Quantitative Finding</u>	<u>Community Leaders Finding</u>	<u>Focus Groups Finding</u>	<u>Conclusion</u>
<ul style="list-style-type: none">▪ A higher percent of adults tend to engage in regular physical activity in New Hampshire than in the rest of the country (24% vs. 15%)▪ It remains far below the target rate for exercise set by the HNH 2010.▪ A smaller % of New Hampshire high school students participate in physical education class than their counterparts in other parts of the country (40% vs. 56%).	<ul style="list-style-type: none">▪ The schools should play a greater role in addressing the issue.	<ul style="list-style-type: none">▪ No substantive discussion- even when prompted	<ul style="list-style-type: none">▪ Regular physical activity has implications for obesity, mental health and, according to some of the students with whom we talked, one's ability to do well in school. Programs need to be encouraged at all levels to get students and adults more physically active.

Note: Data Sources for all data are included in the full report.

Criteria:

13. Importance of Healthy Weight and Good Nutrition

<u>Quantitative Finding</u>	<u>Community Leaders Finding</u>	<u>Focus Groups Finding</u>	<u>Conclusion</u>
<ul style="list-style-type: none">▪ According to Healthy New Hampshire 2010 report the number of residents of New Hampshire who consume fruits and vegetables needs to nearly double by 2010.▪ According to the HNH 2010 report, the percent of adults who meet the dietary recommendations for calcium needs to increase from 37 % to 75 %.	<ul style="list-style-type: none">▪ No substantive discussion- even when prompted	<ul style="list-style-type: none">▪ No substantive discussion- even when prompted	<ul style="list-style-type: none">▪ Programs need to be encouraged at all levels to get students and adults cognizant of what they eat.

Note: Data Sources for all data are included in the full report.

Criteria:

14. Healthy Environments

<u>Quantitative Finding</u>	<u>Community Leaders Finding</u>	<u>Focus Groups Finding</u>	<u>Conclusion</u>
<ul style="list-style-type: none">▪ The rate of children (under 8 years) having elevated blood lead levels is more than 4 times the state wide average. Because of an aggressive screening program and active public awareness program started over the previous 10 years the number of new cases of elevated lead levels is rapidly decreasing.	<ul style="list-style-type: none">▪ Manchester has worked extremely hard to aggressively screen for lead poisoning among pediatric residents.	<ul style="list-style-type: none">▪ No substantive discussion- even when prompted	<ul style="list-style-type: none">▪ Ongoing activities around the screening and treatment for high lead levels in blood should continue.

Note: Data Sources for all data are included in the full report.

Criteria:

15.Availability of Services for the Developmentally Disabled

<u>Quantitative Finding</u>	<u>Community Leaders Finding</u>	<u>Focus Groups Finding</u>	<u>Conclusion</u>
▪ No Quantitative Data	▪No substantive discussion- even when prompted	▪No substantive discussion- even when prompted	▪Additional research may be required to determine extent of issue.

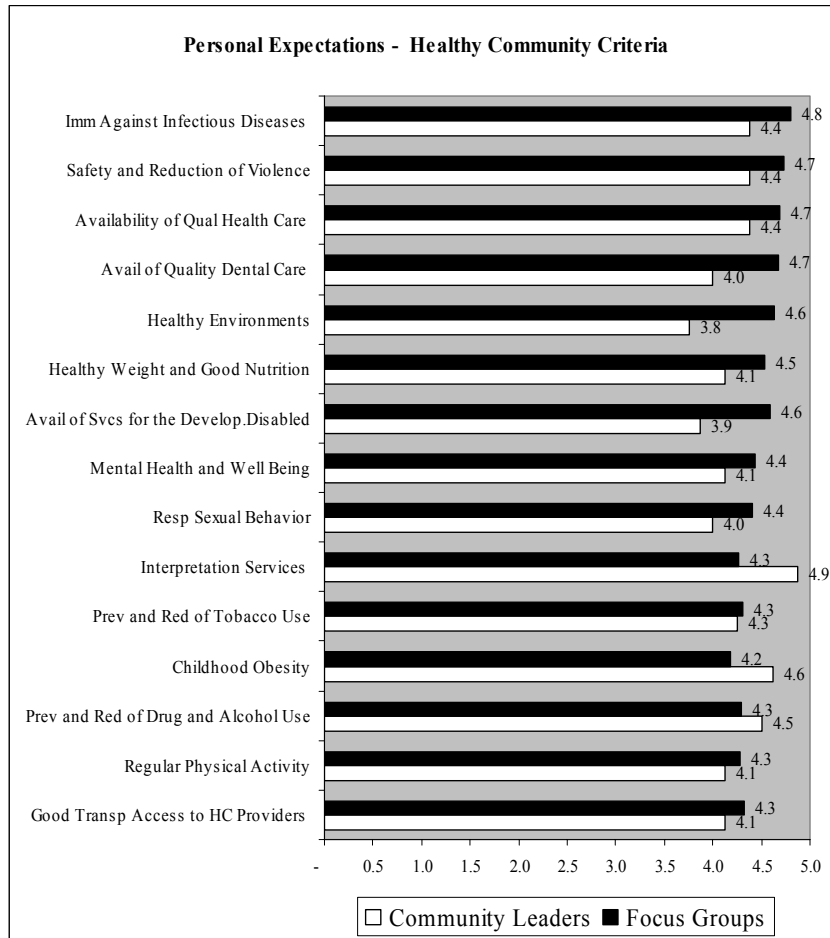
Note: Data Sources for all data are included in the full report.

Other Findings

- Participants in the community leader interviews and the focus groups were asked to fill out a questionnaire relating to the fifteen criteria discussed previously. Each individual was asked to rate the criteria in terms of:
 - Importance of the criteria to him/her
 - The responsiveness of the community to addressing the criteria
- Respondents were asked to rate these criteria on a scale of one to five where one was very unimportant/unresponsive and five was very important/responsive
- A final question on the questionnaire asked the focus group participants to rate the healthcare providers (as a group) in terms of their overall responsiveness in providing services to the community.
- **A note on these findings.**
 - The number of respondents (7 community leaders and 85 focus group participants) makes it difficult to draw statistically significant findings or conclusions. As a result, ratings of specific criteria are not analyzed in depth. However there are trends in the comparisons of the community leader findings and the focus group findings which may serve to raise additional discussion.

Other Findings (2)-

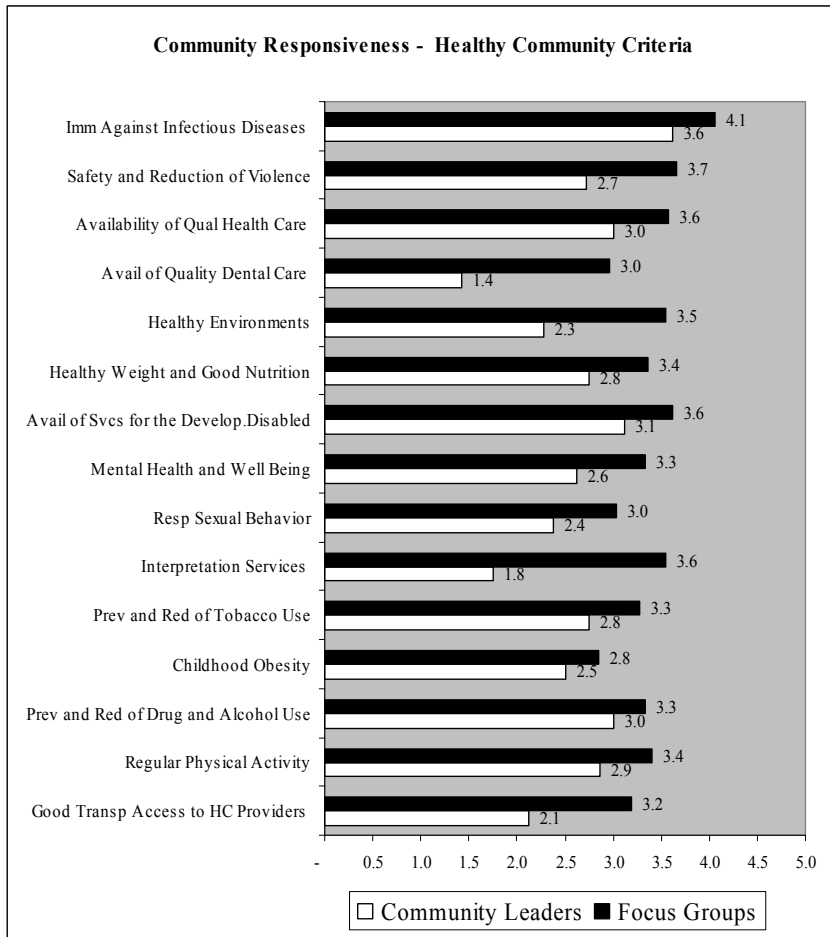
Importance of the Healthy Community Criteria to Individuals in the Community Leader Interviews and the Focus Groups



- Generally speaking, community leaders tend to demonstrate more variation in rating the importance of the criteria to themselves as individuals. Issues such as Interpretation services, childhood obesity and the prevention and reduction of drug and alcohol abuse were more important to them as individuals than issues such as healthy environments and the availability of services for the developmentally disabled.
- Generally speaking, focus group participants (representing a broader cross-section of the community) tended to rate the issues much more consistently across all of the criteria.

Other Findings (3)

Rating of the Responsiveness of Community to the the Healthy Community Criteria by Individuals in the Community Leader Interviews and the Focus Groups



- Overall, ratings of community responsiveness to the criteria are lower than the ratings of personal importance. One explanation of this gap is that difference between the two ratings (from this chart and the chart on the previous page) represent the difference between “expectation” and (perceived) performance.
- Community leaders consistently rate the responsiveness of the community to the various health care issues lower than their focus group counter parts.

Other Findings (4)

Overall Rating of the Health Care Providers in the Community

- How Responsive are the health care providers to the needs of the Community - Responses from the focus group participants
 - Anecdotal evidence suggests that waiting times in the emergency rooms can be exceedingly long. The causes for these delays relate to a number of issues including staffing, volume and limited English proficiency. As other issues cited in this report are addressed; i.e. interpretation and insurance issues, there could be a related impact on some of the issues cited here. In addition, there are numerous communications issues. Educating the community on the appropriate use of the emergency room and making sure that the appropriate primary care resources are available can indirectly have an impact on the waiting times in these facilities
 - Community education programs relating to how and when to use the emergency room could be very useful.
 - Walk-in clinics used to be available in the community. These appeared to serve a strong need.
 - Providers tend to be very responsive to “definable” issues. The parent of a Downs Syndrome child noted that she felt very comfortable with the resources that were available to her and her family. Others with less specific illnesses i.e. obesity felt that there were limited resources

Summary Findings (1)

- Over the years, many programs have been established to provide services to low and moderate-income residents of the Manchester service area. Some of these include the availability of low cost or no cost prescription medications, the provision of dental services and the availability of primary medical care. Many residents are not aware that these programs exist, nor are they familiar with how to access them.
- A significant number of new primary care providers have been recruited into the community. At this time it is undetermined whether a shortage of primary care physicians still exist. In the event that the shortage still exists there are ripple effects that impact other parts of the health care system. These include:
 - Emergency rooms inappropriately utilized. This can result in long waiting times to access services;
 - Individuals postponing care, causing minor healthcare issues to evolve into major health care issues; and
 - A disproportionate share of health care providers are delivering a high level of access to low and moderate income populations.

Summary Findings (2)

- Access to dental health services is among the most discussed health care issues.
 - Dentists tend to be more independent and rarely appear on the active staff rosters of the local hospitals. Addressing dental health issues is therefore a far more complicated issue than dealing with primary care providers.
 - In spite of this, when access to dental care is limited, these issues can easily evolve into a situation requiring services in an acute hospital setting.
 - Foundations and grant agencies such as “Endowment for Health” has expressed strong interest in funding programs aimed at enhancing services through out the state.
- Recent legal challenges have arisen concerning the fluoridation of the Manchester water supply. Removal of fluoride from the water supply could have a negative impact on the oral health of children in the service area.

Summary Findings (3)

- The diversity of language and culture poses special issues for the delivery of health care services. So long as language represents a barrier to entering the health care system, there will be implications for the delivery of more costly services in the future. There may be opportunities to address these issues by expanding the working relationships with organizations such as the Latin American Club, the International Center or the New Hampshire Minority Health Coalition.
- The local schools represent excellent entry points for education of young people on a host of issues including abuse of alcohol and drugs, violence, sexually transmitted disease, teen pregnancy etc. These efforts in the past have met with mixed degrees of success. Many of those with whom the consultants spoke urged that new approaches be considered and implemented to reinvigorate these programs.

Summary Findings (4)

- Subjective assessments note that abuse of both prescription and non-prescription medications represent a strong and growing problem among high school students and young adults.
- There is a lack of mental health services available to adolescent members of the community. Reimbursement is either insufficient or completely unavailable to pay for these services (even for those with health insurance).
- Violence is a difficult issue to get individuals to discuss. It does exist in the community, although the extent of the problem is unclear. More efforts are needed to collect data and understand these issues more completely. Special areas of study may include domestic violence and elder abuse.

Additional Detail

- Additional findings and details are available in the full report and in the report's Appendix.