



**Fiscal Year
2016**

*Community Input on Health Issues and Priorities, Selected
Service Area Demographics and Health Status Indicators*



Dartmouth-Hitchcock and Alice Peck Day Memorial Hospital
Community Health Needs Assessment
December 1, 2015

***Community Input on Health Issues and Priorities,
Selected Service Area Demographics and Health Status Indicators***

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Dartmouth-Hitchcock and Alice Peck Day Memorial Hospital

Community Health Needs Assessment

December 1, 2015

EXECUTIVE SUMMARY

During the period March through August 2015, a Community Health Needs Assessment in the Mary Hitchcock Memorial Hospital and Alice Peck Day Memorial Hospital service area of New Hampshire and Vermont was conducted by Dartmouth-Hitchcock and Alice Peck Day Memorial Hospital in partnership with New London Hospital, Valley Regional Hospital, and Mt. Ascutney Hospital and Health Center. The purpose of the assessment was to identify community health concerns, priorities and opportunities for community health and health care delivery systems improvement. While Dartmouth-Hitchcock Medical Center serves as a tertiary referral medical center for a large, multi-state area, the geographic area of interest for the purposes of this assessment was the primary service area of Mary Hitchcock Memorial Hospital and Alice Peck Day Memorial Hospital. This primary service area was defined as 19 municipalities comprising the 'Upper Valley' of New Hampshire and Vermont with a total resident population of approximately 70,000 people. Methods employed in the assessment included a survey of area residents made available through direct mail and website links, a survey of key community stakeholders who are agency, municipal or community leaders, a series of community discussion groups convened in the primary service area, and a review of available population demographics and health status indicators. The table on the next page provides a summary of high priority community health needs and issues identified through these assessment methods.

In this Community Health Needs Assessment (CHNA), populations experiencing health disparities or vulnerable to poor health outcomes are primarily defined as those populations facing significant income and social determinants challenges, which in this region are more strongly associated with negative impacts on health than race or ethnicity. Enhanced efforts were made to understand the needs of these populations through targeted surveys and community conversations, including facilitated surveys and discussions at community suppers, a regional free clinic, homeless programs, and other community settings serving economically vulnerable residents. In addition, a concerted effort was made to convene a focus group of local individuals representing both documented and undocumented immigrant populations, with the assistance of a legal aid organization. However, scheduling challenges precluded our ability to convene the group. Findings of this assessment have been shared with public health officials in NH and VT, as well as with the Public Health Council of the Upper Valley.

Summary Concepts: The data gathered in the FY2016 CHNA process should be considered a 'starting point' for considering community needs to be followed with continual process of refinement through dialogue with community members, leaders, and experience. Data identified in any CHNA process is inherently limited to what the assessment team asked about. Also, experience suggests that CHNA respondents are highly focused on 'unmet needs,' and do not identify 'needs well-addressed.' Through community conversations about the findings of this assessment as well as professional judgement of hospital-based community health leaders, we note the following summary thoughts about the findings of this needs assessment, including some of the 'needs well-addressed' which the Upper Valley region should continue to address even though they were identified as somewhat lower-priority needs though this CHNA process.

1. **Community residents and key stakeholders** identified a host of significant population health concerns: **access to mental health care; heroin and misuse of pain medications; alcohol and drug misuse; access to dental health care (particularly for adults) and access to affordable health insurance and prescription drugs.**
2. **Community resident-defined needs vary by age** (for instance, the cost of prescription drugs impacts older residents (65+) to a far greater extent than it does younger residents age 18-44.)
3. **Access to enough, affordable health insurance** is a need identified across all ages, despite the region's relatively high rates of insured individuals. This suggests that more work is needed to understand this response, and may suggest a need for improved patient navigators, hospital financial assistance counselors and other health/human service agencies, to create pathways to care for vulnerable residents. This response may also indicate an impact of high deductible health plans on residents' health care choices.
4. **Residents** see value in addressing the social determinants of health, citing a number of "non-health focused" services or resources that impact overall health. These include (but are not limited to): **access to affordable housing; affordable, high quality child care; access to healthy, affordable food; substance abuse recovery systems and public transportation.**
5. Key stakeholders identify groups who are "left behind," i.e. do not have the quality of life that others with good health enjoy. These include: people in need of **mental health care; low-income populations; people in need of substance abuse treatment, the under and/or uninsured; homeless and seniors.** Other populations, while "high need," are better served. Leaders particularly note that with a growing senior population, increased attention needs to be given to the needs of this population.
6. **Population health issues that were not identified** in the assessment **but will receive ongoing support** as a means to prevent them from becoming urgent needs are: child and maternal health, accidental injury, health education, cancer prevention screenings, chronic disease management, smoking/tobacco use and sexually transmitted disease prevention. Local leaders suggest that these are "needs well met" that require maintenance of effort, rather than an indicator of "lack of need."

SUMMARY OF COMMUNITY HEALTH NEEDS AND ISSUES BY INFORMATION SOURCE

Community Health Issue	Community and Key Leader Surveys	Community Discussion Groups	Community Health Status Indicators
Access to mental health care	Selected as the highest priority issue by community leaders; second highest issue identified by community survey respondents; about 8% of community respondents indicated difficulty accessing mental health services in the past year	Identified as a top 5 priority issue by community discussion participants, who discussed difficulty with timely access to mental health services, lack of service coordination, and different social attitudes toward mental health versus physical health	The suicide rate in the region is similar to the rate for NH overall in recent years; the rate of emergency department utilization for mental health conditions is significantly lower than the rate for NH overall
Access to enough and affordable health insurance; cost of prescription drugs	Selected as the most pressing community health issue by community survey respondents overall; cost of Rx drugs was the top issue for respondents 65+; Inability to afford services the top reason people had difficulty accessing services in the past year and most frequent comment topic	The links between income, employment, family stress, cost of and limited ability to afford services, insurance, prescriptions and compromised health was a significant topic in community discussion groups	The uninsured rate in the DH-APD service area (8.2%) is lower than the overall NH state rate (10.5%) and higher than the overall VT state rate (7.3%)
Alcohol and drug misuse including heroin and misuse of pain medications	Selected as the second most pressing issue by community survey respondents; opioid misuse ranked the second highest priority issue by key stakeholders; 67% of community survey respondents identified ‘people under the influence of alcohol or drugs’ as a community safety issue	Identified as the highest priority issue by community discussion participants, who described rates of substance abuse as “insane” and having a significant impact on youth and families	The rate of emergency department utilization for substance abuse related mental health conditions is lower than the rate for NH overall; Rates of adult alcohol use and youth drug and alcohol use are similar to NH and VT state averages
Access to dental health care	Adult dental care most frequently cited for access difficulties by community survey respondents overall and from towns with lower median household incomes in particular; selected as a top 5 issue by community survey respondents and third highest priority of key stakeholders	Some discussion group participants noted the importance of oral health to overall wellness; selected as the top priority by participants in the low income family group	The dentist to population ratio is similar to statewide ratios for NH and VT overall; approximately 1 in 6 adults in the DH-APD service area are considered to have poor dental health

SUMMARY OF COMMUNITY HEALTH NEEDS AND ISSUES BY INFORMATION SOURCE (continued)

Community Health Issue	Community and Key Leader Surveys	Community Discussion Groups	Community Health Status Indicators
Lack of physical activity; need for recreational opportunities, active living	Identified as a top 10 community health issue by community and key leader survey respondents; biking/walking trails and recreation, fitness programs were the top 2 resources people would use if more available	Identified as a top 10 issue by community discussion group participants; discussion topics included access to affordable fitness and recreation activities for youth and families, as well as time pressures	About 1 in 5 adults in the DH-APD Service Area can be considered physically inactive on a regular basis – a rate similar to the rest of New Hampshire and Vermont
Poor nutrition/access to affordable healthy food	Selected as an important community health issue by 31% of community survey respondents; second most frequent commentary theme in response to the question of ‘one thing you would change to improve health’	Dietary habits, nutrition and access to healthy foods identified was a common topic of community discussion group participants	About 60% of adults in the DH-APD service area are considered overweight or obese; the rate of obesity among 3 rd graders in counties served by DH-APD are higher than for NH overall
Income, poverty, employment; family stress	52% of community respondents with annual household income under \$25,000 reported difficulty accessing services; issues of affordability, insurance costs and deductibles frequently cited as reasons for access difficulties	Identified as the second most important community health issue by community discussion group participants; participants identified geographic and social divides driven by income and class structures	14% of families and 27% of children in the DH-APD service area are living with incomes less than 200% of the federal poverty level – rates that are lower than for NH and VT overall
Affordable Housing	Access to affordable housing identified as the top resource that should receive more focus in support of a healthy community	Identified as the third most important health-related issue by community discussion groups and the top issue selected by the teenage mom group	37% of households in the DH-APD service area spend more than 30 percent of their income on housing costs; a proportion similar to NH and VT overall
Access to Primary Health Care	Top 10 issue for community survey and key leader respondents; about 10% of community respondents reported difficulty accessing primary care services in the past year	Access to primary health care noted as an issue within the context of discussions about the quality of patient-provider relationships, coordination of services and community-based supports	About 1 in 7 adults in the DH-APD service area report not having a ‘personal health care provider’; ED visits for asthma and diabetes - potential indicators of primary care adequacy - lower than in NH overall
Health care for seniors	Selected as the 2 nd most pressing community health issue by community survey respondents age 65 and over; 34% of all respondents selected ‘support for older adults’ as a focus area for health improvement	UVIP discussion group emphasized needed improvements in discharge planning, provider awareness of and effective connections to community-based supports and other resources to help seniors stay in their community	The proportion of the DH-APD service area population that is 65 or older (16%) and the percentage of the population with at least one functional disability (11%) are each similar to NH and VT state averages

A. COMMUNITY SURVEY RESULTS WITH SELECTED SERVICE AREA DEMOGRAPHICS

The total population of the primary service area of Dartmouth-Hitchcock and Alice Peck Day Memorial Hospital (DH-APD service area) in 2013 was 69,884 according to the United States Census Bureau, which is an increase of about 3,483 people or 5.2% since the year 2000. The FY2016 Community Health Needs Assessment Survey conducted by Dartmouth-Hitchcock and Alice Peck Day (DH-APD) yielded 1,566 individual responses including 1,185 from towns within the service area or approximately 2% of the total adult population. (A total of 381 survey respondents were from towns outside the region or did not identify their town of residence). As shown by Table 1, survey respondents from the DH-APD service area are represented in relatively close proportion overall to the service area population by town, although residents of Canaan are somewhat over-represented in proportion to their total population, while residents of Hanover, Hartford and Hartland are somewhat under-represented. It is also important to note that FY2016 survey respondents were more likely to be female (78% of respondents), while the age distribution of respondents was similar to the population overall (e.g. 22.4% of respondents were 65 years of age or older compared to 21.2% of the overall adult population in the service area).

**TABLE 1: Service Area Population by Town;
Comparison to Proportion of FY2016 Community Survey Respondents**

	2013 Population	% Total Population	% of Respondents	Difference
DH-APD Service Area	69,884		83.3%	
Canaan, NH	3,889	5.6%	12.2%	+6.1%
Dorchester, NH	323	0.5%	0.6%	+0.1%
Enfield, NH	4,572	6.5%	7.3%	+0.8%
Fairlee, VT	1,014	1.5%	1.2%	-0.3%
Grafton, NH	1,318	1.9%	2.1%	0.2%
Grantham, NH	2,960	4.2%	3.7%	-0.5%
Hanover, NH	11,287	16.2%	10.5%	-5.7%
Hartford, VT	9,893	14.2%	9.9%	-4.3%
Hartland, VT	3,392	4.9%	1.1%	-3.8%
Lebanon, NH	13,367	19.1%	21.2%	+2.1%
Lyme, NH	1,937	2.8%	1.0%	-1.8%
Norwich, VT	3,396	4.9%	3.2%	-1.7%
Orange, NH	372	0.5%	Included with Canaan	

	2013 Population	% Total Population	% of Respondents	Difference
Orford, NH	1,454	2.1%	2.7%	+0.6%
Piermont, NH	817	1.2%	0.2%	-1.3%
Plainfield, NH	2,530	3.6%	2.2%	-1.4%
Sharon, VT	1,731	2.5%	0.6%	-1.9%
Thetford, VT	2,599	3.7%	2.1%	-1.6%
Woodstock, VT	3,033	4.3%	1.5%	-2.8%
Other			16.7%	
Unknown			9.1%	

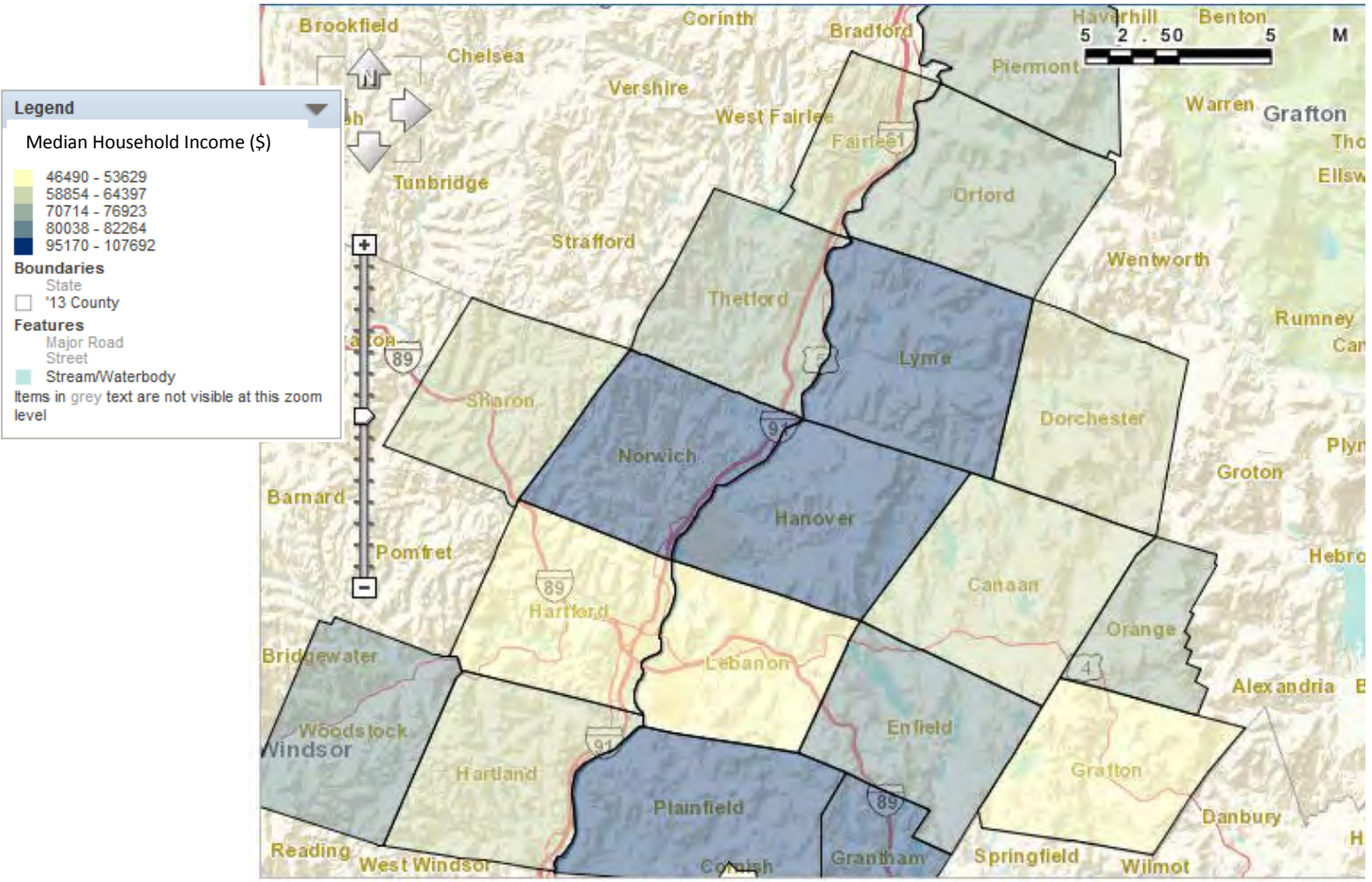
Table 2 on the next page displays additional demographic information for the towns of the DH-APD Service Area. On this table, municipalities are displayed in order of median household income with comparison to the median household income in Vermont and New Hampshire. As displayed by the table, eleven towns in the service area have higher median household incomes than the State of New Hampshire overall, while 8 towns have median household incomes less than the New Hampshire state median and 3 towns have median household incomes less than the Vermont state median. In addition, 5 towns have a higher proportion of individuals with household incomes at 200% of the federal poverty level or less when compared to the State of New Hampshire overall. Figure 1 following this table displays a map of the service area with shading depicting the median household income by town in 5 categories from low to high median household income.

TABLE 2: Selected Demographic and Economic Indicators

Area	Median Household Income	Percent of Families in Poverty (100% FPL)	Percent of Families with income less than 200% of the Poverty level (200% FPL)
Lyme	\$107,692	0.7%	5.7%
Plainfield	\$101,250	0.0%	6.3%
Hanover	\$97,054	2.5%	4.9%
Grantham	\$96,810	0.9%	6.5%
Norwich	\$95,170	1.5%	3.5%
Woodstock	\$82,264	1.1%	10.2%
Enfield	\$80,038	1.2%	14.2%
Thetford	\$76,923	8.9%	14.2%
Piermont	\$75,833	3.4%	7.3%
Orford	\$73,984	4.0%	15.0%
Orange	\$70,714	1.0%	8.3%
New Hampshire	\$64,916	5.6%	16.8%
Fairlee	\$64,397	2.1%	12.1%
Dorchester	\$63,750	1.2%	14.0%
Canaan	\$61,667	9.1%	20.7%
Hartland	\$59,205	1.0%	13.2%
Sharon	\$58,854	6.3%	17.2%
Vermont	\$54,267	7.6%	22.8%
Hartford	\$53,629	6.4%	19.6%
Lebanon	\$52,231	9.1%	18.7%
Grafton	\$46,490	5.5%	18.7%
Service Area Median / Mean	\$73,984	4.7%	14.0%

Data Source: U.S. Census Bureau, 2009 – 2013 American Community Survey 5-Year Estimates.

Figure 1 – Median Household Income by Town, DH-APD Service Area
 2009-2013 American Community Survey; Map source: American Factfinder



Source: U.S. Census Bureau, 2009-2013 5-Year American Community Survey

1. Most Important Community Health Issues Identified by Survey Respondents

Table 3 displays the most important health issues as selected by respondents to the FY2016 DH-APD Community Health Needs Assessment Survey. Community survey respondents were asked to select the top 5 most important health issues from a list of 24 potential issues including “Other”. The complete responses with comments are included in Appendix A to this report.

Table 3: Top 12 Most Pressing Community Health Issues; Community Respondents

% of All Respondents selecting the issue (n=1,566)	Community Health Issue
47.0%	Access to enough, affordable health insurance
42.1%	Access to mental health care
40.5%	Cost of prescription drugs
37.7%	Heroin and misuse of pain medications
34.8%	Access to dental health care
34.5%	Alcohol and drug misuse
30.8%	Poor nutrition/unhealthy food
30.1%	Lack of physical activity
28.5%	Access to primary health care
25.2%	Mental illness
23.4%	Health care for seniors
19.0%	Smoking/tobacco use

In order to examine more closely the question of top community health issues as identified by survey respondents, two groups were created corresponding to towns with median household incomes either higher or lower than the DH-APD median. Table 4 displays differences and similarities between the responses of these two groups (note: color coding corresponds to the overall order of priorities on the table above.) In general, the responses are more similar than different between respondents from these two community subsets. Respondents from lower income communities were somewhat more likely to select ‘heroin and pain medication misuse’ and ‘access to dental health care’, while respondents from higher income communities ranked ‘access to mental health care’ highest.

Table 4: Most Important Health Issues by Community Income Category (median household income)

% of Respondents selecting the issue (n=695)	Service Area Towns with Lower Median Household Income	% of Respondents selecting the issue (n=490)	Service Area Towns with Higher Median Household Income
47.6%	Access to enough, affordable health insurance	47.8%	Access to mental health care
40.1%	Cost of prescription drugs	47.6%	Access to enough, affordable health insurance
40.0%	Heroin and misuse of pain medications	38.8%	Cost of prescription drugs
39.4%	Access to mental health care	34.5%	Heroin and misuse of pain medications
36.4%	Access to dental health care	31.8%	Alcohol and drug misuse
35.4%	Alcohol and drug misuse	31.4%	Poor nutrition/unhealthy food
32.2%	Poor nutrition/unhealthy food	31.0%	Lack of physical activity
29.5%	Lack of physical activity	29.6%	Access to dental health care
29.4%	Access to primary health care	29.4%	Access to primary health care
25.6%	Mental illness	24.9%	Health care for seniors
22.7%	Health care for seniors	24.9%	Mental illness
20.1%	Smoking/tobacco use	18.2%	Cancer

Chart 1 below displays the health issues with the greatest variation between the two sub-regions. For example, a higher proportion of respondents from lower income towns (36.4%) indicated that “access to dental health care” was among the most important health issues than respondents from higher income towns (29.6%; difference=6.8%). In contrast, residents of higher income towns were more likely to select ‘access to mental health care’ as a top priority (difference=8.4%). However, as noted previously, differences in priorities between residents of lower and higher income communities were generally small, with more consistency and agreement on priorities than differences.

CHART 1

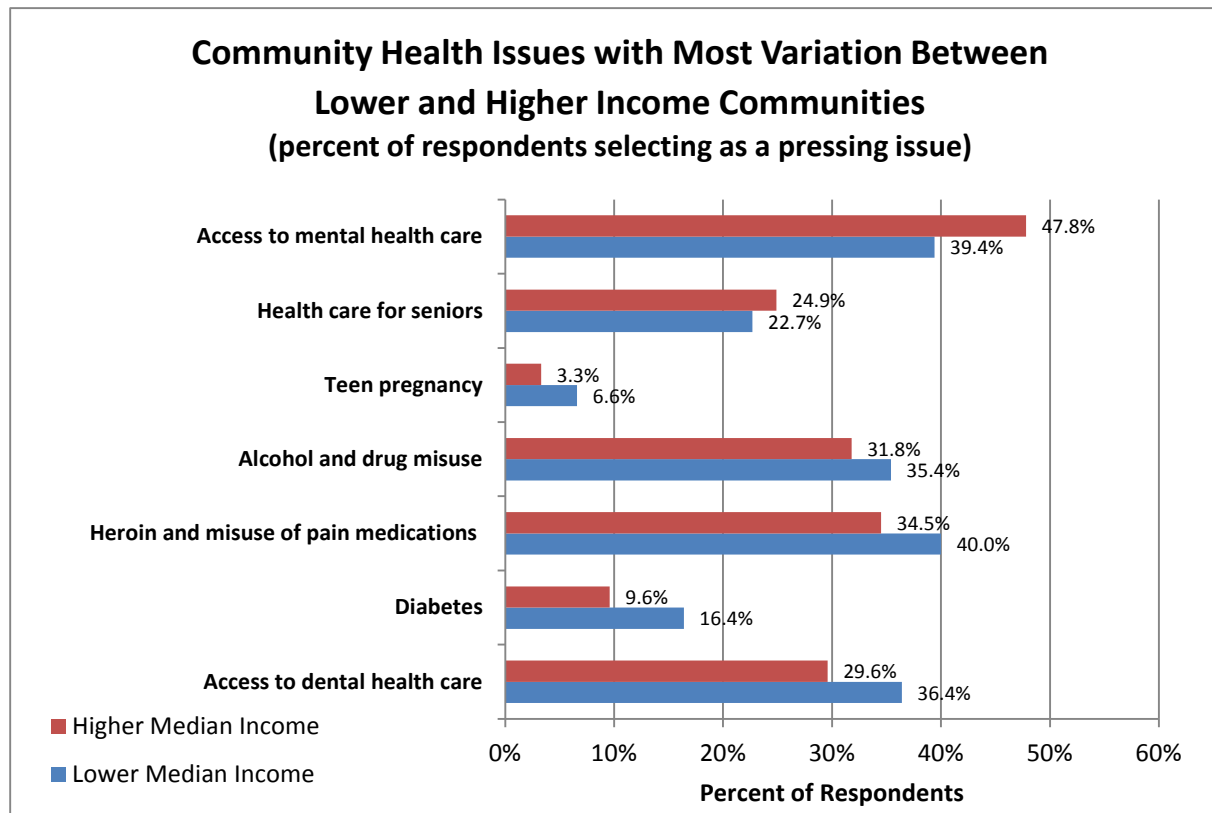


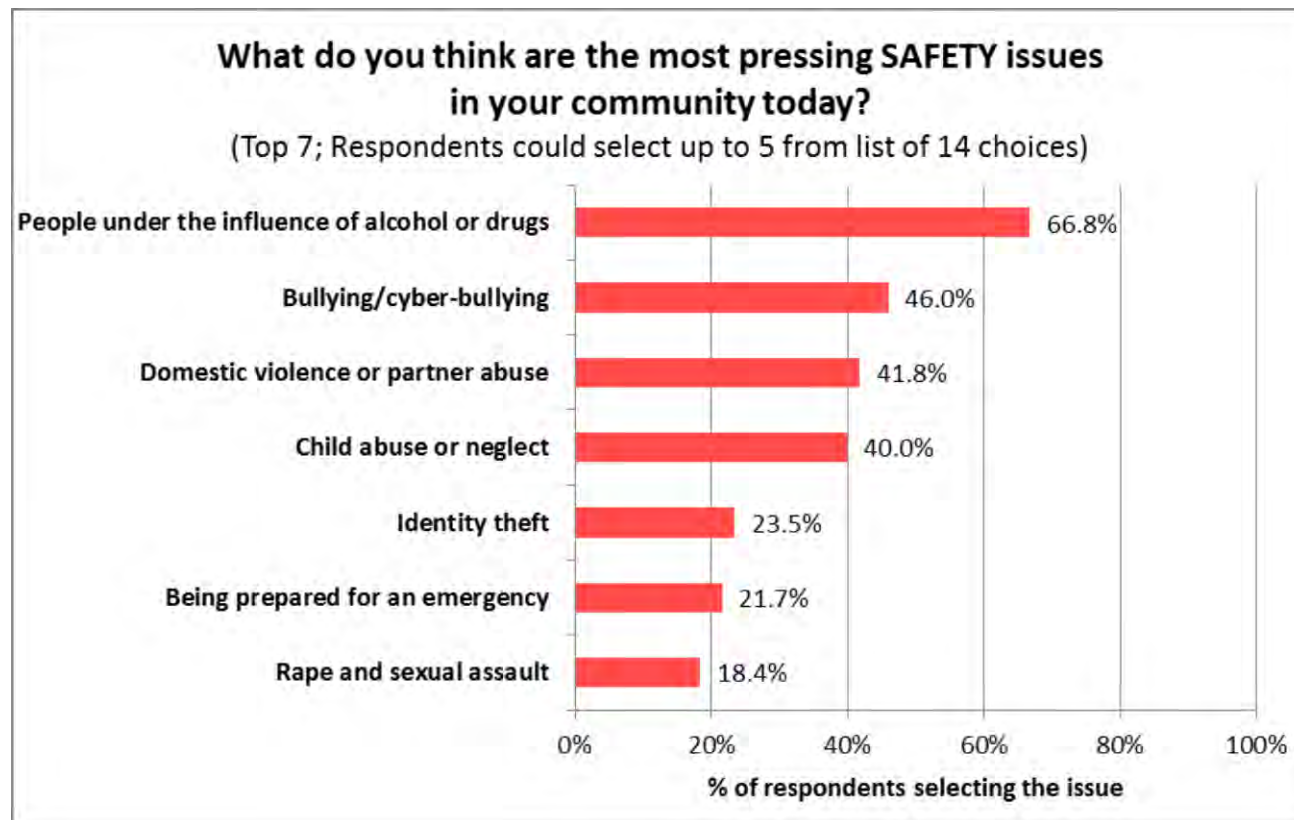
Table 5 shows the top 7 responses to the question of most important health issues by age group. In contrast to the analysis by town income grouping, variation in relative priorities by age group is more notable. Affordability of health insurance and prescription drug costs continued to be top issues across each age group. However, issues associated with substance misuse were the second and third priorities for those ages 18-44, while not appearing on the top 7 list at all for those respondents 65 years and older. Respondents in the older age group were substantially more likely to identify ‘Health care for Seniors’ as a top health issue and ‘Access to dental health care’ was more frequently cited by respondents ages 45 and older than younger respondents. ‘Access to Mental Health Care’ was the second most frequent response for people between the ages of 45 and 64 with nearly 1 of 2 respondents (49.2%) in this age group selecting this issue as a top priority.

TABLE 5: Most Important Health Issues by Respondent Age

18-44 years	n=467	45-64 years	n=652	65+ years	n=322
Access to enough, affordable health insurance	49.9%	Access to enough, affordable health insurance	51.2%	Cost of prescription drugs	46.9%
Heroin and misuse of pain medications	47.5%	Access to mental health care	49.2%	Health care for seniors	40.1%
Alcohol and drug misuse	40.7%	Cost of prescription drugs	43.6%	Access to dental health care	39.4%
Access to mental health care	40.3%	Heroin and misuse of pain medications	38.0%	Access to enough, affordable health insurance	38.8%
Poor nutrition/unhealthy food	40.0%	Access to dental health care	37.1%	Access to mental health care	34.2%
Lack of physical activity	33.6%	Alcohol and drug misuse	34.2%	Access to primary health care	32.9%
Cost of prescription drugs	32.1%	Lack of physical activity	29.3%	Lack of physical activity	29.2%

In addition to asking respondents to select the most pressing health issues in the community, the FY2016 DH-APD Community Health Needs Assessment survey also asked about the most pressing safety issues. Community safety is an important component of community health and includes risks for injury and violence. Exposure to unsafe environments and accompanying chronic stress is also associated with poorer long term health and wellbeing outcomes such as chronic disease, depression and substance misuse. As displayed by Chart 2, the most significant community safety issue identified by respondents is the issue of ‘people under the influence of alcohol or drugs’ with 2 of every 3 survey respondents selecting this issue as a concern.

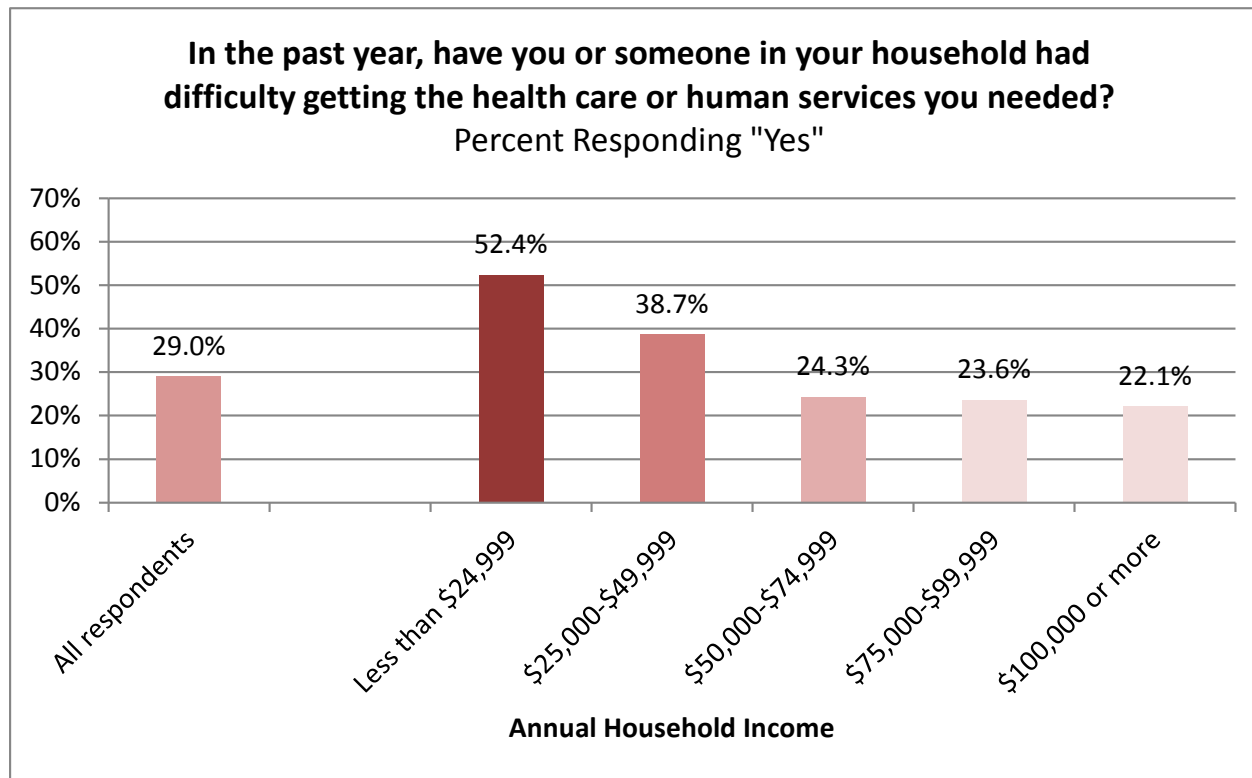
CHART 2



2. Barriers to Services Identified by Survey Respondents

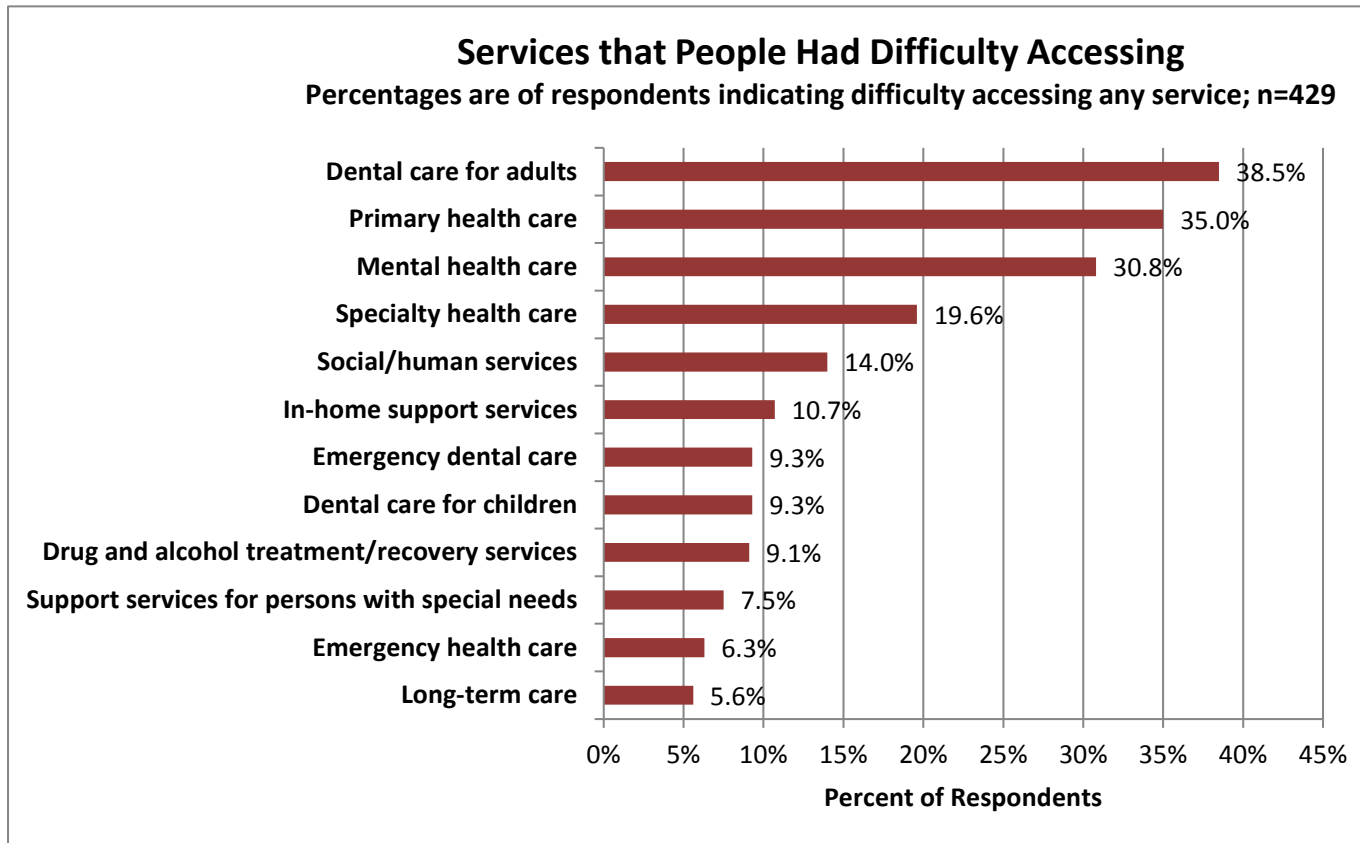
Respondents to the FY2016 Community Needs Assessment Survey were asked, “In the past year, have you or someone in your household had difficulty getting the health care or human services you needed?” Overall, 29.0% of survey respondents indicated having such difficulty. As Chart 3 displays, there is a significant relationship between reported household income category and the likelihood that respondents reported having difficulty accessing services.

CHART 3



The survey also asked people to indicate the areas in which they had difficulty getting services or assistance. As displayed by Chart 3, the most common service types that people had difficulty accessing were: dental care for adults (38% of those respondents indicating difficulty accessing any services); primary health care (35%) and mental health care (35%). Note that percentages on this chart are of the subset of respondents who indicated any difficulty accessing services (29% of all respondents; n=429).

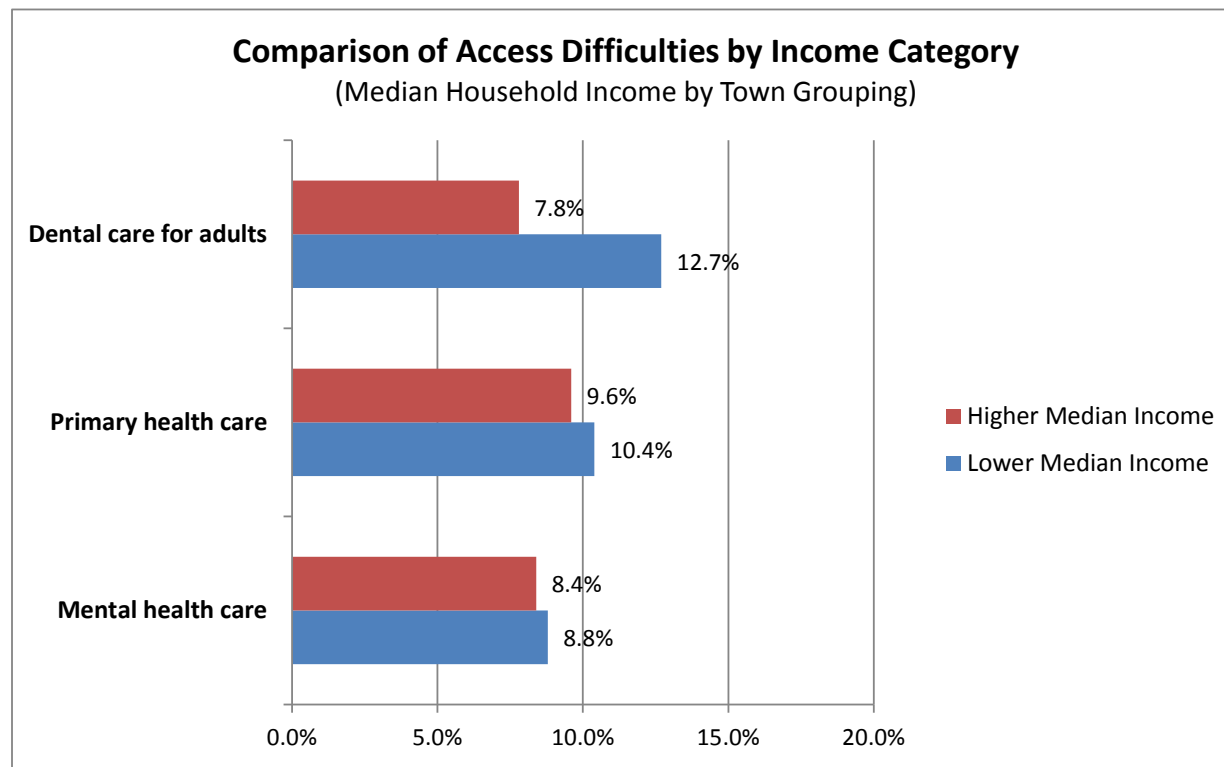
CHART 4



In a separate question, 18.8% of survey respondents indicated that ‘they or someone in their household had to travel outside of the local area to get the services you needed in the past year’. In an open-ended follow-up question, dental care and behavioral health care were two of the most commonly cited services for which people were traveling outside of the area. (See Appendix A for complete survey responses.)

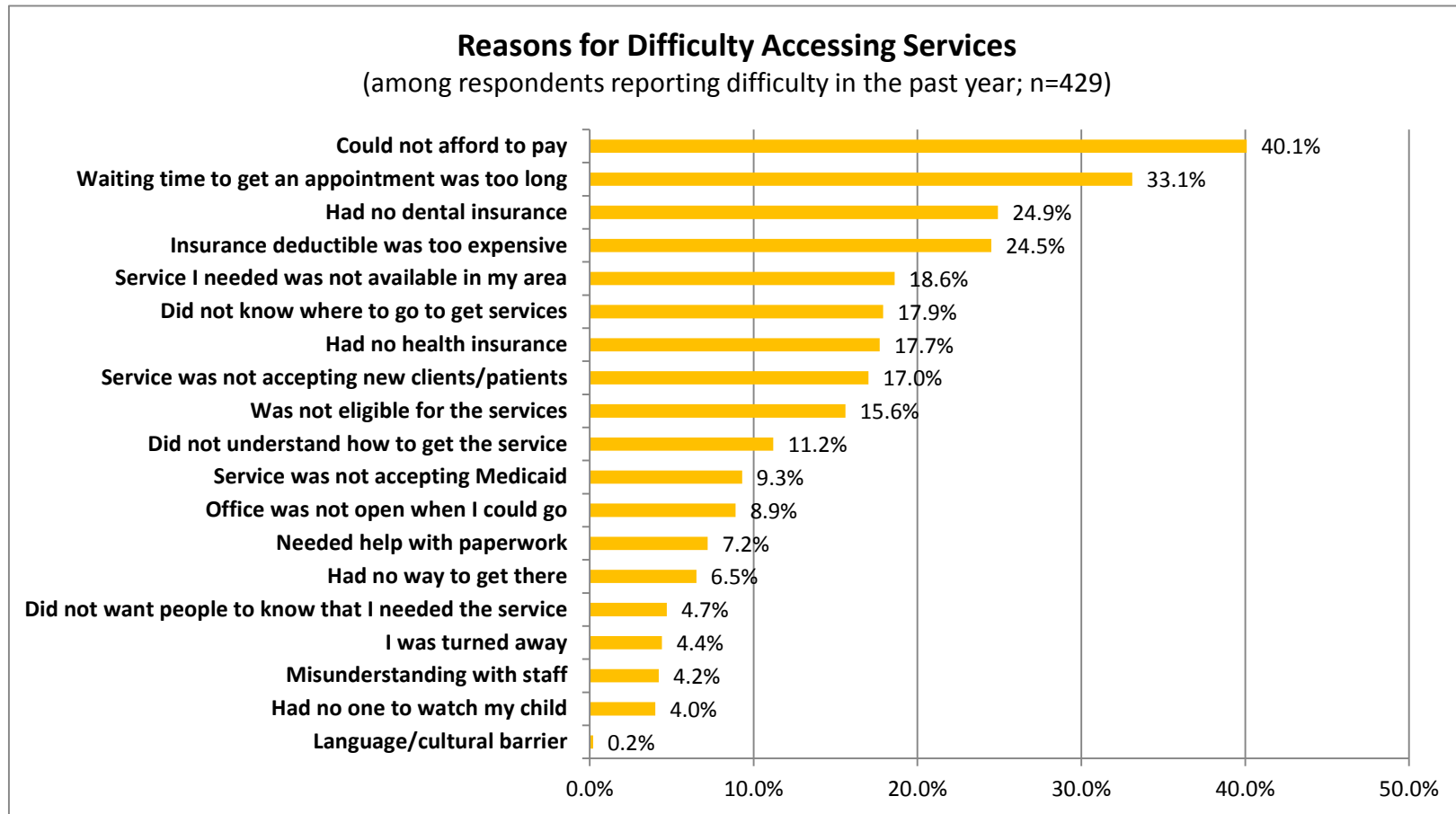
Chart 5 provides a comparison of reported access difficulties for the top three service types between higher income communities and lower income communities in the DH-APD service area. Respondents from the lower income town group were more likely to report difficulty accessing dental health care, while the proportion of respondents reporting primary care or mental health care access difficulties were more similar between the two groups of respondents. (Note that percentages on this chart are of all survey respondents, e.g. 12.7% of all respondents from lower income towns reported difficulty accessing dental health care services.)

CHART 5



Respondents who reported difficulty accessing services in the past year for themselves or family member were also asked to indicate the reasons why they had difficulty. As shown on Chart 6, the top reasons cited were ‘could not afford to pay’ for the service (40%) and ‘waiting time for an appointment was tool long’ (33%).

CHART 6



Further analysis of these two questions addressing access to specific types of services is shown by Table 6. Among respondents indicating difficulty accessing adult dental care, the top reason indicated for difficulty accessing services was ‘could not afford to pay’ (63%). Among respondents indicating difficulty accessing primary health care, about 47% indicated they had difficulty accessing services in the past year due to affordability of services and 36% had difficulty due to high insurance deductible. Affordability of service was also an issue for 45% of respondents who indicated difficulty accessing mental health care. However, the top access issue associated with this group was ‘waiting time for an appointment was too long’ (48%) and ‘service not accepting new patients’ was the third most common access barrier associated with this group of respondents (34%). This suggests that available service capacity is a significant access barrier for mental health services relative to dental care and primary health care where the top challenges are associated with cost barriers.

TABLE 6: TOP REASONS RESPONDENTS HAD DIFFICULTY ACCESSING SERVICES BY TYPE OF SERVICE
 (Percentage of respondents who reported difficulty accessing a particular type of service)

Dental Care for Adults (n=166, 10.6% of all respondents)	Primary Health Care (n=151, 9.6% of all respondents)	Mental Health Care (n=132, 8.4% of all respondents)
62.7% of respondents who had difficulty receiving dental care for adults also reported they <i>Could not afford to pay</i>	47.0% of respondents who had difficulty receiving primary health care also reported they <i>Could not afford to pay</i>	48.5% of respondents who had difficulty receiving mental health care also reported the <i>Waiting time to get an appointment was too long</i>
59.0% Had no dental insurance	37.7% Had no health insurance	44.7% Could not afford to pay
33.7% Insurance deductible was too expensive	35.8% Insurance deductible was too expensive	34.1% Service was not accepting new patients
22.9% Waiting time to get an appointment was too long	31.1% Waiting time to get an appointment was too long	30.3% Insurance deductible was too expensive
22.9% Did not know where to go to get services	21.9% Did not know where to go to get services	27.3% Did not know where to go to get services

3. Community Health Resources Needing More Attention

The FY2016 DH-APD Community Health Needs Assessment Survey also asked people to select from a list of services or resources that support a healthy community that should receive more focus. As shown by Chart 7, the top resources identified by survey respondents as needing more attention were substance access to affordable housing; affordable, high quality child care; and access to healthy, affordable food.

CHART 7

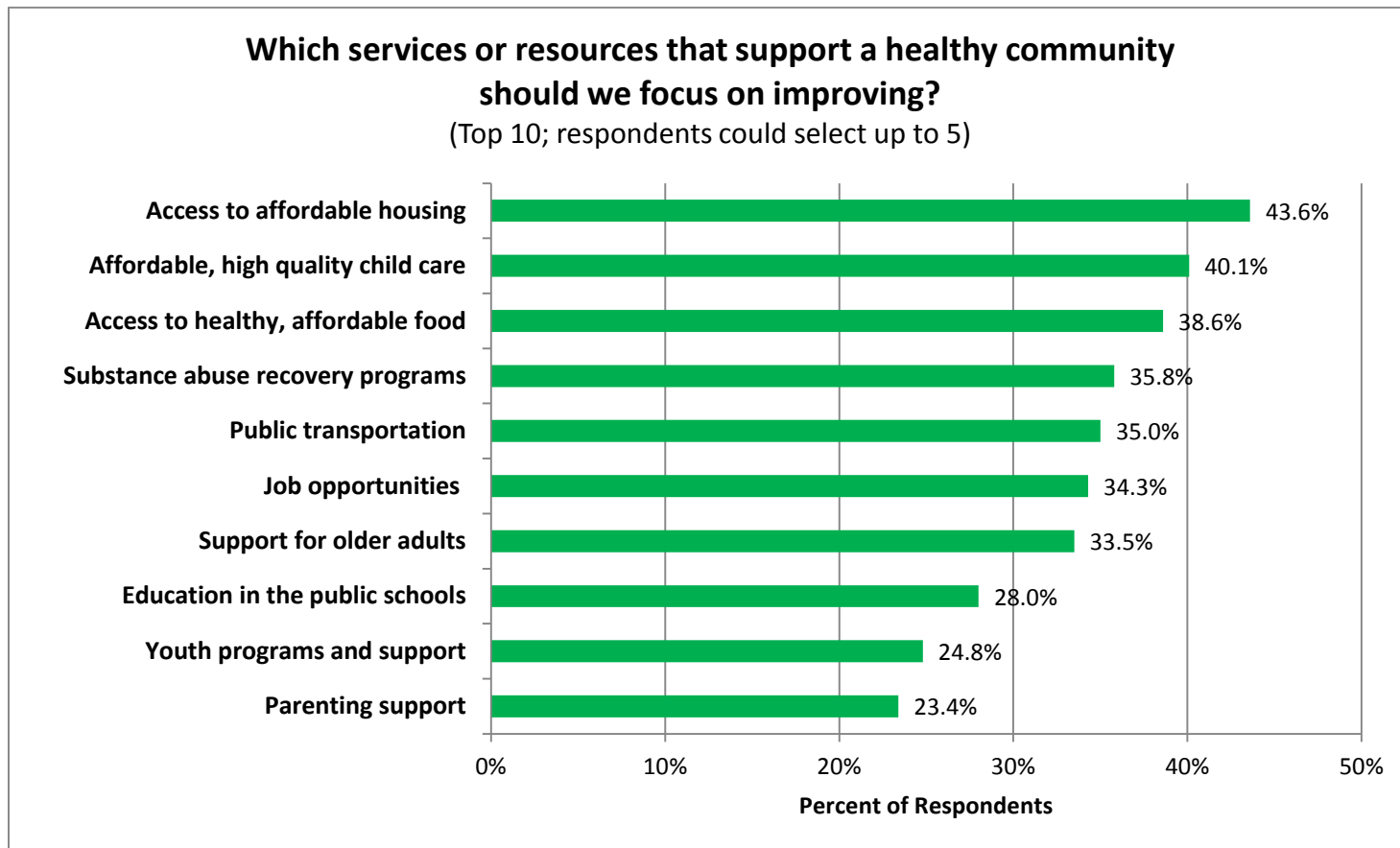


Chart 8 displays the top 10 program or services survey respondents indicated they would use if more available in their community. Table 7 on the next page displays the top programs or resources of interest by age category. Biking/walking trails and recreation/fitness programs were of interest to all age groups. Affordable childcare was of interest to about one third of respondents ages 18-44, while public transportation was indicated as a service that people would use more by nearly one third of those ages 45 and older.

CHART 8

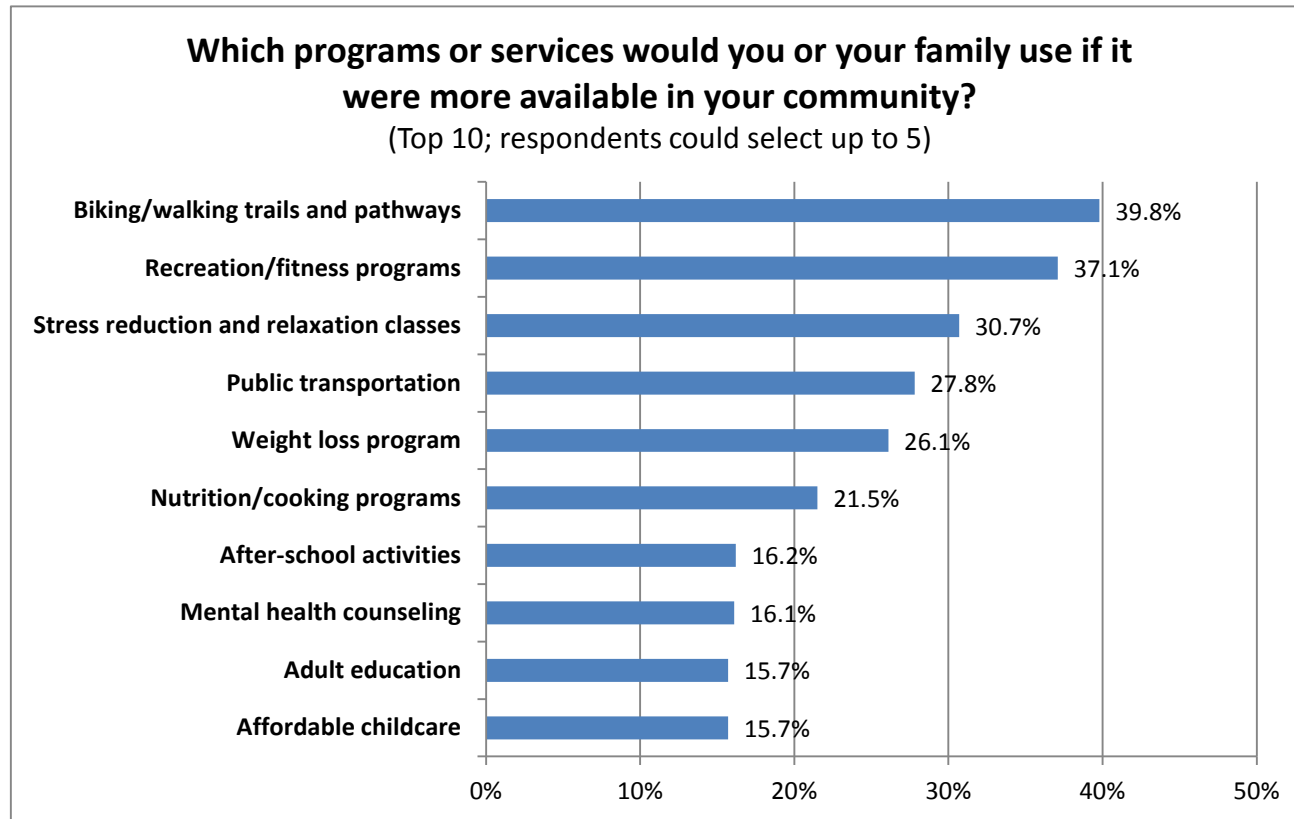


TABLE 7: Programs or Services of Interest by Age Category

18-44 years	n=467	45-64 years	n=652	65+ years	n=322
Recreation/fitness programs	47.3%	Biking/walking trails and pathways	44.8%	Biking/walking trails and pathways	33.9%
Biking/walking trails and pathways	44.3%	Recreation/fitness programs	39.6%	Public transportation	30.7%
Stress reduction and relaxation classes	36.0%	Stress reduction and relaxation classes	35.9%	Recreation/fitness programs	28.0%
Affordable childcare	34.5%	Public transportation	31.4%	Weight loss program	25.5%
Nutrition/cooking programs	31.5%	Weight loss program	27.3%	Better balance/falls reduction programs	25.5%

The FY2016 DH-APD Community Health Needs Assessment Survey asked people to respond to the question, *“If you could change one thing that you believe would contribute to better health in your community, what would you change?”* A total of 986 survey respondents (63%) provided written responses to this question. Table 8 on the next page provides a summary of the most common responses by topic theme. All comment detail can be found in Appendix A of this report.

TABLE 8**“If you could change one thing that you believe would contribute to better health in your community, what would you change?”**

Affordability of health care/low cost or subsidized services; insurance; health care payment reform	16.5% of respondents
Improved resources, programs or environment for healthy eating/ nutrition/food affordability; healthy lifestyle education	14.5%
Accessibility/availability of mental health and substance abuse services; substance misuse prevention	13.1%
Improved resources, programs or environment for physical activity, active living; affordable recreation and fitness	11.8%
Health care provider availability including certain specialties; hours and wait time; health care delivery system improvements	10.0%
Employment opportunities/benefits; economy; housing; child care	6.2%
Community services/supports; caring culture; social opportunities	5.8%
Programs/services for youth and families; parenting education/support	4.4%
Transportation services	3.7%
Senior services, programs	2.2%
Improve educational system	2.0%
Tobacco cessation and prevention	1.5%
Crime/violence; law enforcement	1.5%
Personal responsibility/reduce dependence	1.2%

B. KEY STAKEHOLDER SURVEY

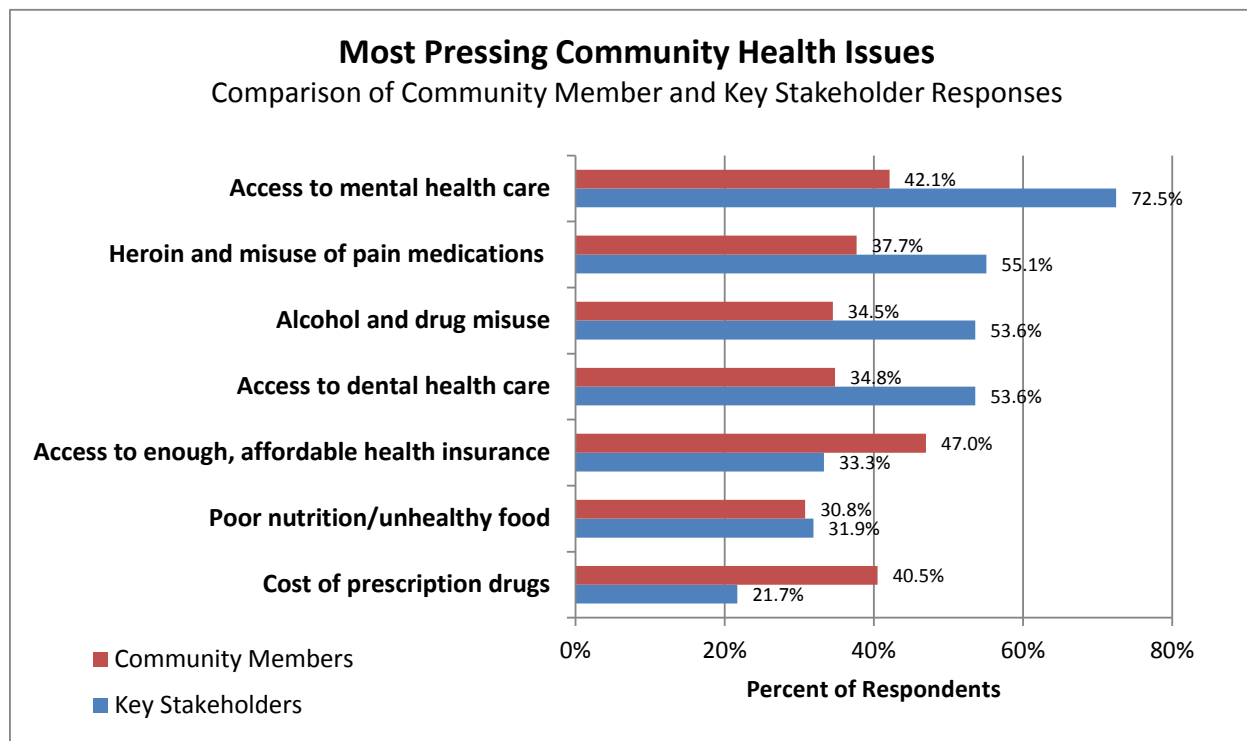
In addition to the survey of community residents, the FY2016 DH-APD Community Health Needs Assessment included an online survey of key stakeholders representing different community sectors and agencies. This survey was conducted to supplement the community survey by gathering input on needs from the perspective of community leaders and service providers. The survey was conducted in conjunction with New London Hospital, Valley Regional Healthcare, and Mt. Ascutney Hospital and Health Center. At the beginning of the survey, respondents were asked to indicate the region they primarily serve or are most familiar with, which could be multiple and overlapping regions. A total of 69 key stakeholder respondents indicated that their responses were reflective of the DH-APD service area (Greater Lebanon/Hartford area). Respondents represented the following sectors: Human Service/Social Service (20%), Education/Youth Services (13%), Municipal/County Government (9%), Mental/Behavioral Health (9%), Home Health Care (6%), Primary Health Care (7%), Medical Subspecialty (1%), Public Safety/Fire (4%), Public Health (7%), Community Member/Volunteer (3%), Dental/Oral Health Care (1%), Emergency Medical Service (1%) and Business Sector (1%).

Table 9 displays the top 6 most pressing community health issues from the perspective of key stakeholders. Chart 9 on the next page compares these responses with the top 6 community health issues identified by community survey respondents. Five of the six top priorities were the same between these two groups of respondents, although key stakeholders were more likely to identify access to mental health care, substance misuse issues, and access to dental health care as top issues. Community members tended to select health care affordability issues more frequently including ‘Cost of Prescription Drugs’, which was the third most common choice for community members. In comparison, prescription drug cost was the 9th most frequent choice of key stakeholders.

Table 9: Top 6 Most Pressing Community Health Issues; Key Stakeholders

% of All Respondents selecting the issue (n=69)	Community Health Issue
72.5%	Access to mental health care
55.1%	Heroin and misuse of pain medications
53.6%	Alcohol and drug misuse
53.6%	Access to dental health care
33.3%	Access to enough, affordable health insurance
31.9%	Poor nutrition/unhealthy food

CHART 9



Key stakeholders were also asked if there are specific populations in the community that are not being adequately served by local health services. About 78% of respondents indicated that there are specific underserved populations. Chart 10 displays results from key stakeholder responses on specific populations thought to be currently underserved. ‘People in need of Mental Health Care’, ‘Uninsured/Underinsured’, ‘Low Income/Poor’ and ‘People in need of substance abuse treatment’ were the most frequently indicated populations perceived to be currently underserved.

Chart 11 displays results from key stakeholder responses on the most significant barriers in the community that keep people from accessing the services they need. ‘Inability to navigate the health care system’, ‘Lack of transportation’ and ‘Inability to pay out of pocket expenses’ were most frequently cited. Complete survey responses for the key stakeholder survey can be found in Appendix B to this report.

CHART 10

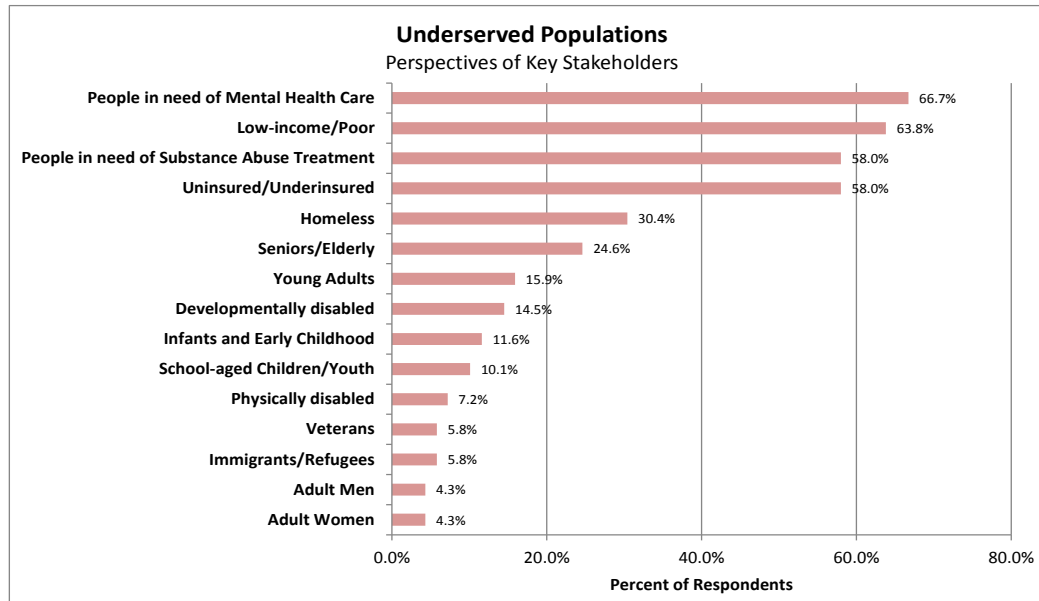
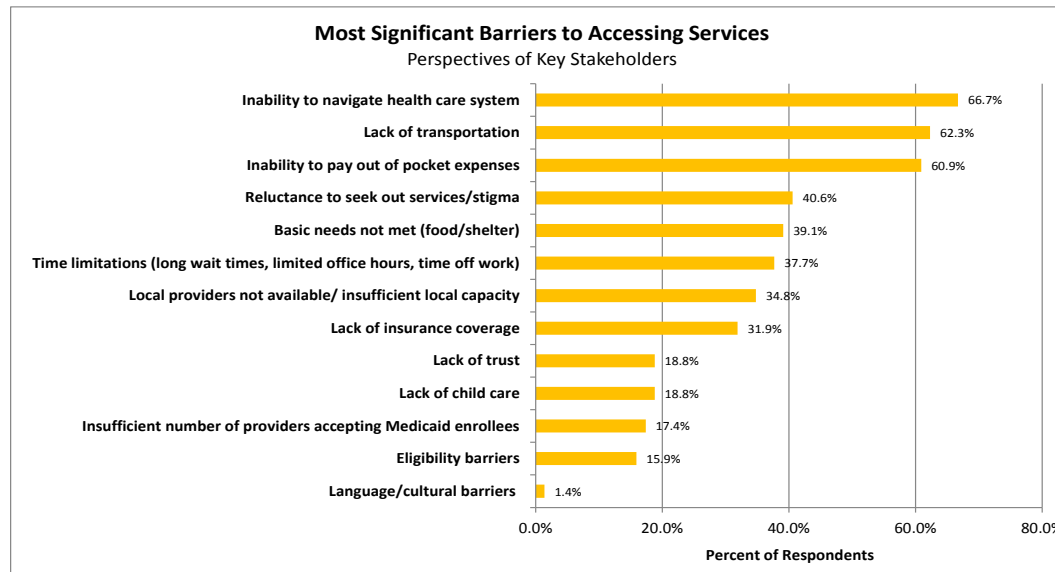


CHART 11



C. COMMUNITY HEALTH DISCUSSION GROUPS

A set of four discussion groups were convened in the Summer of 2015 as part of the coordinated effort by Dartmouth Hitchcock Medical Center (DHMC) and Alice Peck Day Memorial Hospital (APD) to understand the health-related needs of the community and inform planning efforts for programs and services that address those needs. The purpose of the discussions was to get input and community-level context on health issues that matter to the community including thoughts and perceptions about the health of the community from different perspectives. Four discussion groups were convened representing a variety of important community sectors and perspectives including:

- **Business Leaders (7 participants)**
- **Teenage Mothers (6 participants)**
- **Low Income Families (12 participants)**
- **United Valley Interfaith Project (UVIP) Group (7 participants)**

1. DHMC-APD Discussion Group Themes

The following paragraphs summarize the findings from the community discussion groups. See Appendix C for more detailed categorization of the notes from these groups. Themes from the community discussion groups include:

1. Discussion group participants understood and described a comprehensive, holistic perspective on health and well-being. The interconnectedness of health behaviors, the physical environment, emotional and mental well-being, programs and services, and underlying determinants of health such as financial health and education were all discussed with respect to individual and community health outcomes.
2. Participants perceived that the overall health of the community is a mixture of healthy and unhealthy groups of people. Positive factors mentioned include a number of specific workplace or community resources that promote health and wellness, such as Farmers Markets and community discussion forums, as well as services such as annual flu shot clinics and free bus services. However, there was also noteworthy discussion of the challenges faced by individuals and

“It’s not just working out and eating, but it’s overall your mental and emotional health and habits. – Teenage Mom participant

Health plays off of the community - if people are unhealthy, then they cannot work and that can create a domino effect in the overall community atmosphere – Low Income Family group participant

families under economic stress, issues of aging, and lack of affordable nutrition and exercise opportunities available to all community members. Several comments identified the lack of communication between health care providers and patients on managing their health conditions after a major medical procedure or even chronic conditions. A major concern among participants was a high rate of substance abuse and barriers to accessing mental health services. These issues were described as highly significant and negative contributors to health and safety in the community.

3. Participants identified a wide variety of community strengths and resources that promote health and community connectedness, including accessible public transportation, the Hartford Coalition Group, seasonal flu clinics, workplace programs, such as Dartmouth Health Connect, the Upper Valley Haven supporting the homeless, The Family Place supporting young parents, and Second Growth providing substance misuse treatment and recovery.

"Employees are living from paycheck to paycheck - when they're trying to decide between a mortgage, car payment & food, they're choosing food which leads to a housing crisis." - Business Group Participant

4. Participants identified a range of barriers to promoting good health in the community including the lack of awareness of available community resources; financial pressures on individuals, families, and community service organizations; substance abuse and lack of available treatment, high stress levels that influence mental and emotional health; and poor communication at both the healthcare system and individual patient-provider levels.

The community has a lot of resources but people do not know about the resources - this is where the connection gets dropped- Low Income Family group participant

5. With respect to what organizations could do better to support or improve community health, participants identified needs for enhanced communication skills between providers and patients, increased coordination between health care agencies, increased awareness of available health and financial resources for fragile families, improved access to and availability of specific services, such as substance abuse treatment, and incorporation of telehealth programs into primary care systems.

"There is a lack of help for mental health issues. It has to be really bad before you can get help and by then it's too late."- Teenage Mom

2. High Priority Issues from DH-APD Discussion Groups

In each discussion group, a prioritization exercise was conducted to identify the most important or pressing needs for improving community health. The highest priority issues identified by the discussion groups across the region overall were:

1. Alcohol and Drug Abuse
2. Income, poverty
3. Affordable Housing
4. Fragile families, family stress
5. Access to Mental Health/Behavioral Health Care Services
6. Access to Dental Care Services
7. Physical Activity, recreational opportunities, active living
8. Employment
9. Access to Prescriptions/Medications
10. Transportation

*Paying attention to human dignity – that is something that I have seen missing from the system–
UVIP Group Participant*

There are two groups in our community - one of people who are stable and then others who are always in a potential crisis state -financially, chronic health conditions, homeless. – Business Sector Discussion Group Participant

The chart on the next page displays these top overall regional priorities, as well as the priorities identified by each set of discussion groups.* Consistent with the findings from the community and key stakeholder surveys, top issues of concern across the region among individuals and families are substance misuse and related access to behavioral health care, access to dental care, and related issues of socioeconomic stressors including lack of affordable housing.

“We as a community, including the hospitals, need to be invested in the next step.” – UVIP Group Participant

*Note: the Upper Valley Interfaith Project discussion group followed a different format that did not include the priority area exercise.

Priority Rank	Overall	Business Leaders	Teenage Mothers	Low Income Families
1	Alcohol & Drug Abuse	Fragile families, family stress	Affordable Housing	Access to Dental care services
2	Income, poverty	Income, poverty	Alcohol & Drug Abuse	Affordable Housing
3	Affordable Housing	Alcohol & Drug Abuse	Fragile families, family stress	Income, poverty
4	Fragile families, family stress	Access to Mental Health/Behavioral Health Care Services	Income, poverty	Alcohol & Drug Abuse
5	Access to Mental Health/Behavioral Health Care Services	Access to Health Insurance	Access to Mental Health/Behavioral Health Care Services	Transportation
6	Access to Dental Care Services	Affordable Housing	Physical Activity, recreational opportunities, active living	Access to Mental Health/Behavioral Health Care Services
7	Physical Activity, recreational opportunities, active living	Access to Prescriptions/Medications	Employment	Diet and nutrition, access to healthy foods
8	Employment	Chronic Diseases, such as heart Disease, Diabetes, Arthritis, Asthma and COPD	Education	Physical Activity, recreational opportunities, active living
9	Access to Prescriptions/Medications	Access to elder care services	Public safety, crime, domestic violence	Employment
10	Transportation	Access to Dental care services	Access to Health Insurance	Access to Prescriptions/Medications

D. COMMUNITY HEALTH STATUS INDICATORS

This section of the FY2016 DH-APD Community Health Needs Assessment report provides information on key indicators and measures of community health status. Some measures that are associated with health status have been included earlier in this report, such as measures of income and poverty. Where possible, statistics are presented specific to the 19 town primary hospital service area. However, some data are only available at the county level.

1. Demographics and Social Determinants of Health

A population's demographic and social characteristics, including such factors as prosperity, education, and housing influence its health status. Similarly, factors such as age, disability, language and transportation can influence the types of health and social services needed by communities.

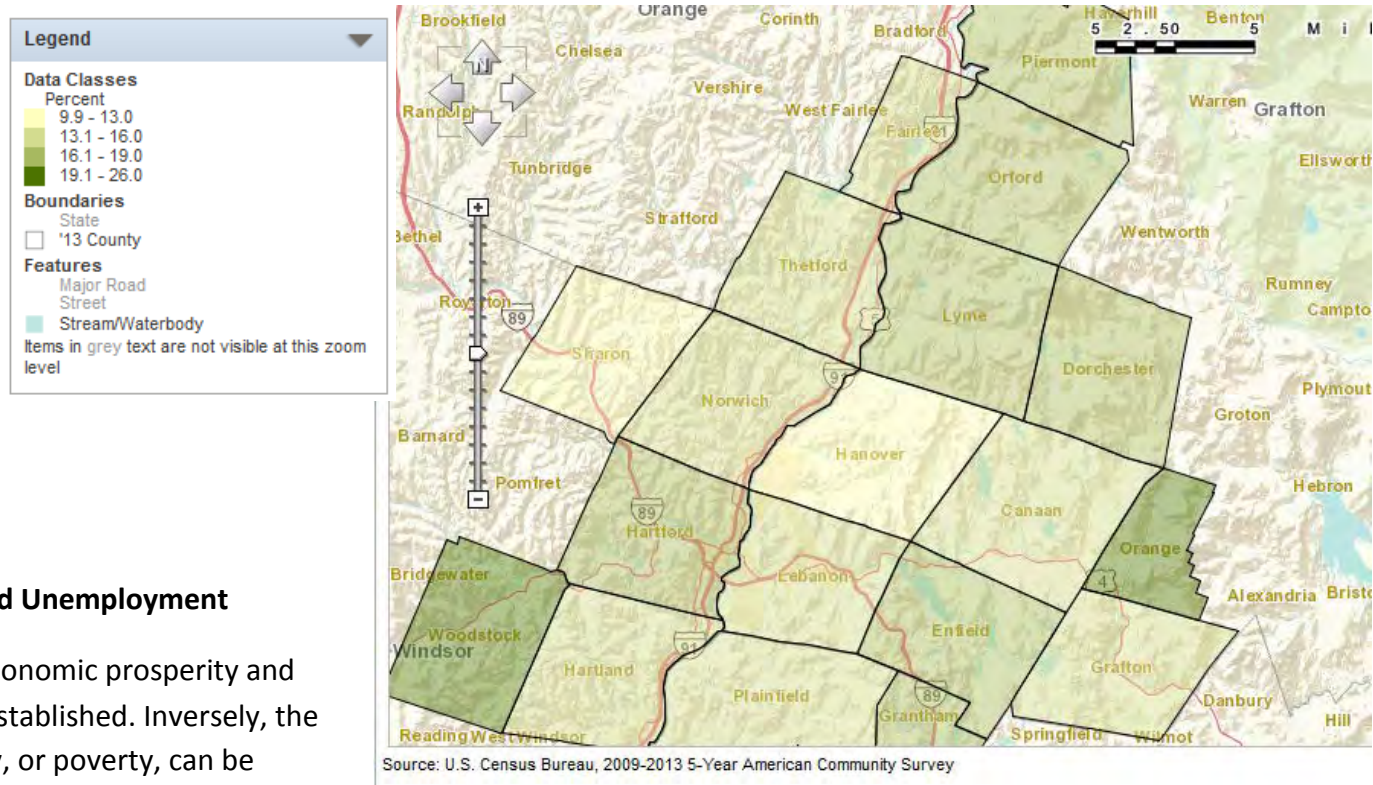
a. General Population Characteristics

According to the 2013 American Community Survey, the population of the DH-APD Service Area is slightly older on average than the New Hampshire and Vermont populations. The service area map on the next page displays the percent of the population 65 years of age and older by town. Between 2000 and 2013, the population of the DH-APD Service Area grew more slowly than the New Hampshire population, but at a greater pace than the Vermont population overall.

Indicators	DH-APD Service Area	New Hampshire	Vermont
Population Overview			
Total Population	69,884	1,319,171	625,904
Over age of 65	15.6%	14.2%	15.2%
Under age of 5	4.6%	5.2%	5.0%
Change in population (2000 to 2013)	+5.3%	+6.7%	+2.8%

Data Source: U.S. Census Bureau, 2009-2013 American Community Survey 5-Year Estimates and 2000 US Census.

**Percent of Population 65 years of age and older
DH-APD Service Area Towns**



b. Income, Poverty and Unemployment

The correlation between economic prosperity and good health status is well established. Inversely, the lack of economic prosperity, or poverty, can be associated with barriers to accessing health services, healthy food, and healthy physical environments that contribute to good health. Information describing household income and poverty status was included in the first section of this report. The table on the next page presents the proportion of children under age 18 living below the 100% and 200% of the Federal Poverty Level in the DH-APD Service Area compared with rates for New Hampshire and Vermont overall.

Area	Percent of Children in Poverty Income < 100% FPL	Percent of Children in Poverty Income < 200% FPL
DH-APD Service Area	9.7%	27.0%
New Hampshire	11.1%	27.2%
Vermont	14.8%	36.0%

Data Source: U.S. Census Bureau, 2009 – 2013 American Community Survey 5-Year Estimates. Accessed using Community Commons.

Unemployment is measured as the percent of the civilian labor force, age 16 and over that is unemployed, but seeking work. From 2009 – 2013, the unemployment rates in Dorchester, Canaan, and Hartford were higher than both the New Hampshire and Vermont unemployment rates. However, these differences were not statistically significant. This is displayed by the table below.

Area	Percent of the Population Unemployed
Dorchester	13.4%
Canaan	9.2%
Hartford	8.7%
New Hampshire	7.0%
Vermont	6.8%
DH-APD Service Area	6.8%
Fairlee	5.3%
Sharon	5.1%
Lyme	4.6%
Grafton	4.5%
Lebanon	4.5%
Hanover	3.6%*
Piermont	3.1%*
Grantham	2.7%*

Area	Percent of the Population Unemployed
Orford	2.4%*
Enfield	2.3%*
Hartland	2.3%*
Thetford	2.0%*
Plainfield	1.9%*
Woodstock	1.8%*
Norwich	1.7%*
Orange	1.4%*
*Unemployment rate in town is statistically significantly different and lower than that for NH and VT	
<i>Data Source: U.S. Census Bureau, 2009 – 2013 American Community Survey 5-Year Estimates.</i>	

c. Education

Educational attainment is also considered a key driver of health status with lower levels of education linked to both poverty and poor health. A higher proportion of the population of the DH-APD Service Area have earned at least a high school diploma or equivalent compared to New Hampshire and Vermont overall. The table below presents data on the percentage of the population aged 25 and older without a high school diploma (or equivalent).

Area	Percent of Population Aged 25+ with No High School Diploma
DHMC/APD Service Area	6.1%
New Hampshire	8.2%
Vermont	8.6%

Data Source: U.S. Census Bureau, 2009 – 2013 American Community Survey 5-Year Estimates. Accessed using Community Commons.

d. Language

An inability to speak English well can create barriers to accessing services, communication with service providers, and ability to understand and apply health information (health literacy). The table below reports the percentage of the population aged 5 and older who speak a language other than English at home and speak English less than "very well".

Area	Percent of Population Aged 5+ Who Speak English Less Than "Very Well"
DHMC/APD Service Area	1.6%
New Hampshire	2.5%
Vermont	1.5%

Data Source: U.S. Census Bureau, 2009 – 2013 American Community Survey 5-Year Estimates. Accessed using Community Commons.

e. Housing

Housing characteristics, including housing quality and cost burden as a proportion of income, can influence the health of families and communities. The table on the next page presents data on the percentage of housing units that are owner-occupied.

“Substandard” housing units are housing units that have at least one of the following characteristics 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) an average of more than one occupant per room, 4) selected monthly owner costs as a percentage of household income greater than 30 percent, and 5) gross rent as a percentage of household income greater than 30 percent.

A component of the substandard housing index is the proportion of income that is spent on housing costs. According to research by the U.S. Department of Housing and Urban development, households that spend more than 30 percent of income on housing costs are less likely to have adequate resources for food, clothing, medical care, or other needs. The table below shows the proportion of households in the region for which the mortgage or rental costs exceed 30% of household income.

Area	Percent of Housing Units That Are Owner-Occupied	Percent of Housing Units Categorized As “Substandard”	Percent of Households with Housing Costs \geq 30% of Household Income
DH-APD Service Area	69.2%	32.7%	36.9%
New Hampshire	74.9%	36.6%	42.4%
Vermont	71.0%	36.4%	42.6%

Data Source: Owner-Occupied Housing Units/Housing Costs (among households with a mortgage or rent): U.S. Census Bureau, 2009 – 2013 American Community Survey 5-Year Estimates; Sub-standard Housing and Housing Cost Burden data accessed from Community Commons.

f. Transportation

Individuals with limited transportation options also have limited employment options, greater difficulty accessing services, and more challenges to leading independent, healthy lives. The next table presents data on the percent of households that have no vehicle available.

Area	Percent of Households with No Vehicle Available
DH-APD Service Area	6.5%
New Hampshire	5.2%
Vermont	6.6%

Data Source: U.S. Census Bureau, 2009 – 2013 American Community Survey 5-Year Estimates. Accessed using Community Commons.

g. Disability Status

Disability is defined as the product of interactions among individuals’ bodies; their physical, emotional, and mental health; and the physical and social environment in which they live, work, or play. Disability exists where this interaction results in limitations of activities and restrictions to full participation at school, at work, at home, or in the community. The US Census Bureau (American Community Survey) identifies people reporting serious difficulty with four basic areas of functioning – hearing, vision, cognition, and ambulation. According to the 2013 American Community Survey, 11.1% of DH-APD Service Area residents report having at least one disability, a rate that is slightly lower than the overall New Hampshire and Vermont rates.

Area	Percent of Population Reporting Serious Difficulty With Hearing, Vision, Cognition and/or Ambulation
DH-APD Hospital Service Area	11.1%
New Hampshire	11.6%
Vermont	13.3%

Data Source: U.S. Census Bureau, 2009 – 2013 American Community Survey 5-Year Estimates. Accessed using Community Commons.

2. Health Promotion and Disease Prevention

Adopting healthy lifestyle practices and behaviors can prevent or control the effects of disease and injury. For example, regular physical activity not only builds fitness, but helps to maintain balance, promotes relaxation, and reduces the risk of disease. Similarly, eating a healthy diet rich in fruits, vegetables and whole grains can reduce risk for diseases like heart disease, certain cancers, diabetes, and osteoporosis. This section explores health behaviors that can promote health and prevent disease.

a. Fruit and Vegetable Consumption

The table below reports the percentage of adults aged 18 and older who self-report consuming less than 5 servings of fruits and vegetables each day. Unhealthy eating habits contribute to significant health issues such as obesity and diabetes.

Area	Percent of Adults Consuming Few Fruits or Vegetables
DH-APD Hospital Service Area	69.5%
New Hampshire	71.6%
Vermont	69.9%

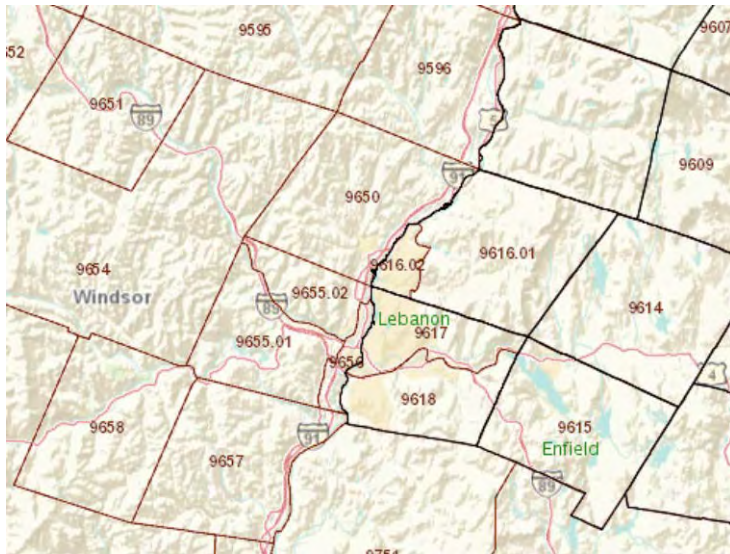
Data Source: Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2005, 2007, 2009. Accessed using Community Commons.

b. Access to Healthy Foods

Lack of access to supermarkets can contribute to low fruit and vegetable consumption. Access may be limited by distance as well as by lack of transportation. The USDA Food Access Research Atlas classifies two census tracts in the Dartmouth Hitchcock / Alice Peck Day Hospital Service Area as having limited access to supermarkets based on the characteristic of having more than 100 households without a vehicle and that are located more than a half mile from the nearest supermarket. These tracts are: Lebanon, NH Census

Tract 9617 with 4.7% of households (169 households) and Enfield, NH Census Tract 9615 with 5.1% of households (104 households) reporting having no vehicle available although they are located at least a half a mile from the nearest supermarket.

Food deserts are another measure of food access. A food desert is defined as a low-income census tract where a substantial number or share of residents has low access to a supermarket or large grocery store. Low access to supermarkets translates to less choice and potentially higher prices for food. There are no Census Tracts in the Dartmouth Hitchcock Medical Center / Alice Peck Day Hospital Service Areas classified as food deserts using this measure.



Town	Census Tract	Proportion of Residents with No Vehicle Further Than 0.5 Miles from Supermarket
Lebanon	9617	4.7%
Enfield	9615	5.1%

Data Source: USDA Food Access Research Atlas, 2010. Data Source: USDA Food Access Research Atlas, 2010.

c. Physical Inactivity

Lack of physical activity can lead to significant health issues such as obesity and poor cardiovascular health. The table below reports the percentage of adults aged 20 and older who self-report no leisure time physical 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?". Almost than 1 in 5 adults in the D-APD service area can be considered physically inactive on a regular basis – rates similar to the New Hampshire and Vermont rates.

Area	Physically Inactive in the Past 30 Days
DH-APD Hospital Service Area	18.9%
New Hampshire	20.2%
Vermont	18.3%

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2012. Accessed from Community Commons.

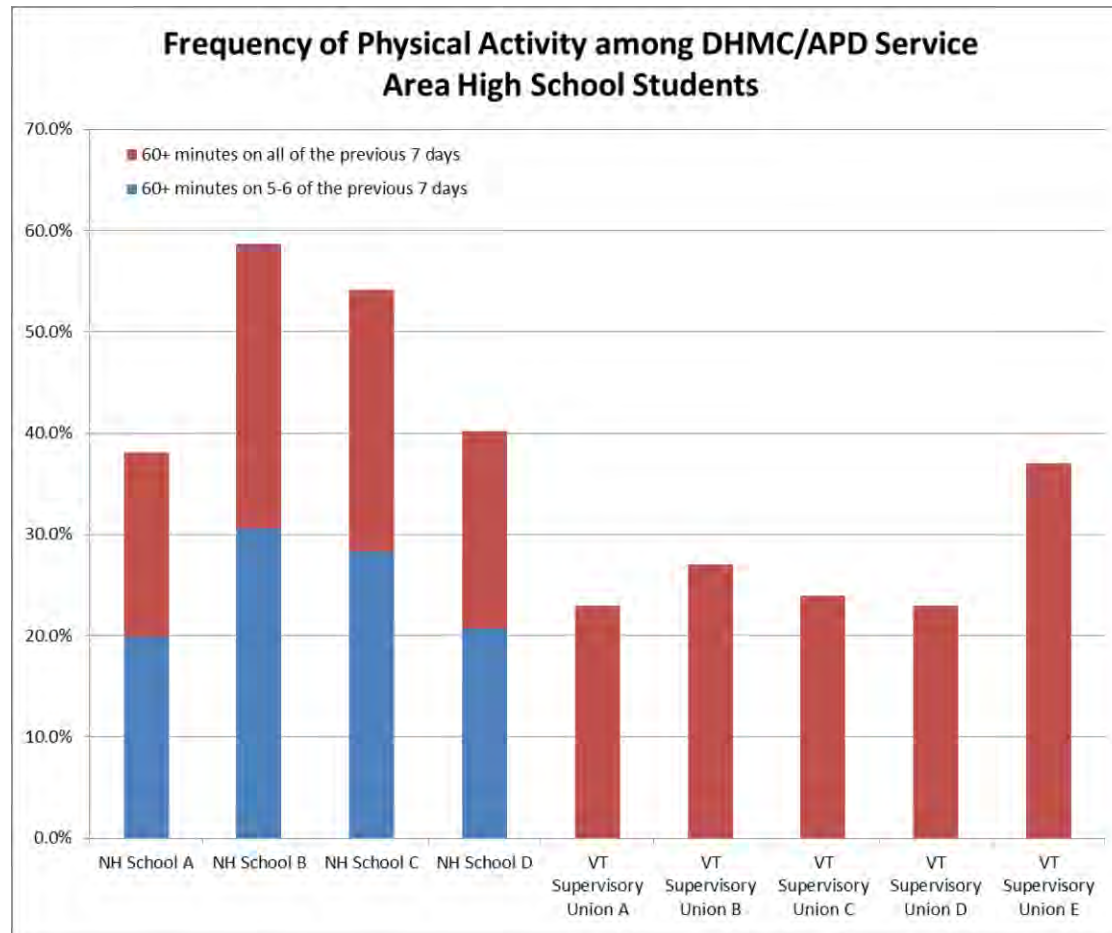
The Youth Risk Behavior Survey (YRBS) asks high school students how many of the previous 7 days they were physically active for a total of at least 60 minutes. Four NH schools with students from towns in the Service Area and 5 VT supervisory unions with students from towns in the Service Area participated in the survey in 2013. The table and graph on the next page present data from the 2013 YRBS on the proportion of high school students from the service area that report exercising for 60+ minutes on at least five of the seven days prior to the taking the survey.

School	Physically Active 60+ Minutes Per Day on 5+ of the Previous 7 Days	Physically Active 60+ Minutes per Day on All 7 of the Previous 7 Days
NH School A	38.1%*	17.9%*
NH School B	58.7%*	28.1%*
NH School C	54.2%*	25.9%*
NH School D	40.2%*	19.5%*
NH	47.0%	22.9%
VT Supervisory Union A	n/a	23%*
VT Supervisory Union B	n/a	27%
VT Supervisory Union C	n/a	24%
VT Supervisory Union D	n/a	23%
VT Supervisory Union E	n/a	37%*
VT	n/a	25.4%

Data Source: Centers for Disease Control and Prevention. 2013 Youth Risk Behavior Survey.

* Rate is statistically different than the respective state rate.

In addition, a majority of students in most schools (range 39%-91%% depending on school) said that they had zero days of physical education classes during the average school week.



d. Pneumonia and Influenza Vaccinations (Adults)

The next table shows the percentage of adults aged 65+ who self-report that they received influenza vaccine in the past year or have ever received a pneumonia vaccine. In addition to measuring the population proportion receiving preventive vaccines, this indicator can also highlight a lack of access to preventive care, opportunities for health education, or other barriers preventing utilization of services.

Area	Adult Immunization Rates	
	Pneumococcal Vaccination Adults Aged 65+	Influenza Vaccination Adults Aged 65+
DH-APD Hospital Service Area	71.0%	N/A
Grafton County, NH	72.9%	62.6%
Sullivan County, NH	69.5%	54.6%
Orange County, VT	70.7%	55%*
Windsor County, VT	68.2%	68%
New Hampshire	72.0%	58.6%
Vermont	71.2%	64%

*Data Source: Pneumococcal Vaccination: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006 - 2012. Accessed from Community Commons. Influenza Vaccination: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2011-2012. VT data accessed at healthvermont.gov. NH data accessed using NH HealthWRQS. *Rate is significantly different than the overall VT rate.*

e. Cancer Screening

Evidence suggests that cancer screening appropriate to age can reduce cancer mortality. Cancer screening rates can also reflect degree of access to preventive care, levels of health knowledge, insufficient outreach, and/or the degree to which social barriers preventing utilization of services. The table below reports the percentage of women aged 18 and older who report that they have had a Pap test in the past three years from 2006-2012.

Area	Percent of Women Who Have Had a Recent Pap Test
	2006 – 2012
DH-APD Hospital Service Area	78.0%
New Hampshire	79.5%
Vermont	79.0%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2012. Accessed using Community Commons.

The table below reports the percentage of adults 50 and older who self-report that they have ever had a sigmoidoscopy or colonoscopy 2006-2012.

Area	Percent of Adults Aged 50 Or Older Ever Screened For Colon Cancer
	2006 – 2012
DH-APD Hospital Service Area	66.8%
New Hampshire	69.7%
Vermont	66.9%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System 2006 – 2012. Accessed using Community Commons.

The table below reports the percentage of female Medicare enrollees, age 67-69, who have received one or more mammograms in the past two years.

Area	Percent of Medicare Enrollees Aged 67 - 69 Recently Screened For Breast Cancer 2012
DH-APD Hospital Service Area	71.1%
New Hampshire	70.7%
Vermont	69.5%

Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2012. Accessed using Community Commons.

f. Adult Substance Abuse

Substance abuse, involving alcohol, illicit drugs, misuse of prescription drugs, or combinations of all of these behaviors, is associated with a complex range of negative consequences for health and wellbeing of individuals, families and communities. In addition to contributing to both acute and chronic disease and injury, substance abuse is associated with destructive social conditions, including family dysfunction, lower prosperity, domestic violence and crime.

The Behavior Risk Factor Surveillance Survey asks adults about the frequency of their use of alcohol by asking, “During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?” One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.

The table on the next page presents data on binge drinking rates. Binge drinking is defined as drinking 5 or more drinks on an occasion for men, or 4 or more drinks on an occasion for women.

Area	Engaged in Binge Drinking in Past 30 days, Percent of Adults
	2011-2012
Grafton County, NH	18.2%
Sullivan County, NH	15.2%
Orange County, VT	17%
Windsor County, VT	17%
New Hampshire	18.6%
Vermont	19%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2011-2012. VT data accessed at healthvermont.gov. NH data accessed using NH HealthWRQS.

The next table presents data on heavy alcohol use (data only available at the state level). Men are considered heavy drinkers if they report having more than 2 drinks per day. Women are considered heavy drinkers if they report having more than 1 drink per day.

Area	Heavy Alcohol Use, Percent of Adults
	2012
New Hampshire	7.2%
Vermont	8%

Data Source: Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2012. NH data accessed using NH HealthWRQS VT data accessed at healthvermont.gov; 2012 BRFSS Data Summary.

The rate of utilization of the emergency department for substance abuse-related conditions can indicate a variety of concerns including prevalence of substance abuse in the community, community norms, and limited access to treatment. The rate of emergency department utilization for substance abuse related mental health conditions by residents of the NH municipalities in the Dartmouth Hitchcock Medical Center/Alice Peck Day Hospital Service Areas was significantly lower than the overall New Hampshire rate in 2009 (most current information available).

Substance Abuse-Related Mental Health Condition* ED Visits and Observation Stays (per 100,000 people)	
Area	Overall, Age Adjusted
DH-APD Hospital Service Area (includes NH municipalities in HSA only)	429.5**
New Hampshire	966.8

*Data Source: NH DHHS Hospital Discharge Data Collection System, 2009. Accessed using NH HealthWRQS. *Resident ED visits with any diagnosis of a mental health disorder for substance abuse (ICD 9CM code 291, 292, 304, 305, excluding 305.1). **Rate is statistically different and lower than the overall NH rate.*

The table below presents data on the rate of inpatient hospitalizations for Neonatal Abstinence Syndrome (NAS). NAS is a postnatal drug withdrawal syndrome of newborns caused by maternal drug use, primarily prescription opiate abuse. Infants are diagnosed with NAS shortly after birth based on a history of drug exposure, lab testing (maternal drug screen or infant testing of urine, meconium, hair, or umbilical samples), and clinical signs (symptom rating scale). Symptoms may include increased irritability, feeding problems, watery stools, increased muscle tone, tremors, seizures, and/or breathing problems shortly after birth.

Neonatal Abstinence Discharges*, 2006-2009 (per 1,000)	
Area	Overall, Age Adjusted
DH-APD Hospital Service Area (includes NH municipalities in HSA only)	5.3
New Hampshire	6.7

*Data Source: Bureau of Data and Systems Management (BDSM), Office of Medicaid Business and Policy (OMBPP), Office of Health Statistics and Data Management (HSDM), Bureau of Public Health Statistics and Informatics (BPHSI), New Hampshire Department of Health and Human Services (NH DHHS), 2009. *Resident ED discharges with diagnosis (ICD 9CM code 779.5).*

g. Youth Substance Abuse

The table on the next page presents data collected in the Youth Risk Behavior Survey (YRBS) on the proportion of high school students from the DH-APD Service Area who reported ever using various substances (listed in the left column). Four NH schools with students from towns in the Service Area and 5 VT supervisory unions with students from towns in the Service Area participated in the survey in 2013.

Percent of Students Reporting They Ever Used Substance											
	NH School A	NH School B	NH School C	NH School D	NH	VT Supervisory Union A	VT Supervisory Union B	VT Supervisory Union C	VT Supervisory Union D	VT Supervisory Union E	VT ⁵
Alcohol¹	59.1%	57.7%*	59.8%	59.4%	61.4%	57%	60%	62%	55%	63%	-
Marijuana	42.8%	32.0%*	38.3%	42.4%	39.9%	22%	42%	37%	41%	40%	-
Synthetic Marijuana²	16.6%	9.0%	17.3%	9.5%	-	-	-	-	-	-	-
Prescription Drugs Without Prescription³	13.8%*	14.4%	15.8%	15.9%	16.5%	11%	13%	12%	16%	13%	-
Cocaine	4.3%	5.5%	7.9%*	7.0%*	4.9%	-	4%*	4%*	6%	3%*	6.3%
Inhalants	10.0%*	6.7%	7.9%	8.9%	8.0%	7%	6%*	7%*	8%	8%	8.4%
Ecstasy¹	4.0%*	5.1%*	3.0%*	9.2%	7.4%	-	-	-	-	-	-
Heroin	2.0%	2.0%	5.0%*	3.2%	2.7%	-	2%	1%*	3%	3%	3.1%
Methamphetamines	3.3%	2.6%	3.0%	3.9%	2.9%	3%	2%*	2%*	4%	-	3.6%
Hallucinogenic Drugs⁴	-	-	-	-	-	-	12%	10%	9%	9%	-

Data Source: Centers for Disease Control and Prevention. 2013 Youth Risk Behavior Survey.

* Rate is statistically different than the respective state rate.

¹NH data can be interpreted as the percent of students who reported that they have had at least one drink of alcohol or 1+ days of their life. VT data can be interpreted as the percent of students who reported that they never had a drink of alcohol other than a few sips.

²Only asked in NH

³In NH, students were asked how many times they have taken prescription drugs without a doctor's prescription. In VT, students were asked how many times they have taken a prescription pain reliever not prescribed to them.

⁴Only asked in VT

⁵VT data is not available from the CDC for some indicators due to variation from the standard CDC questions.

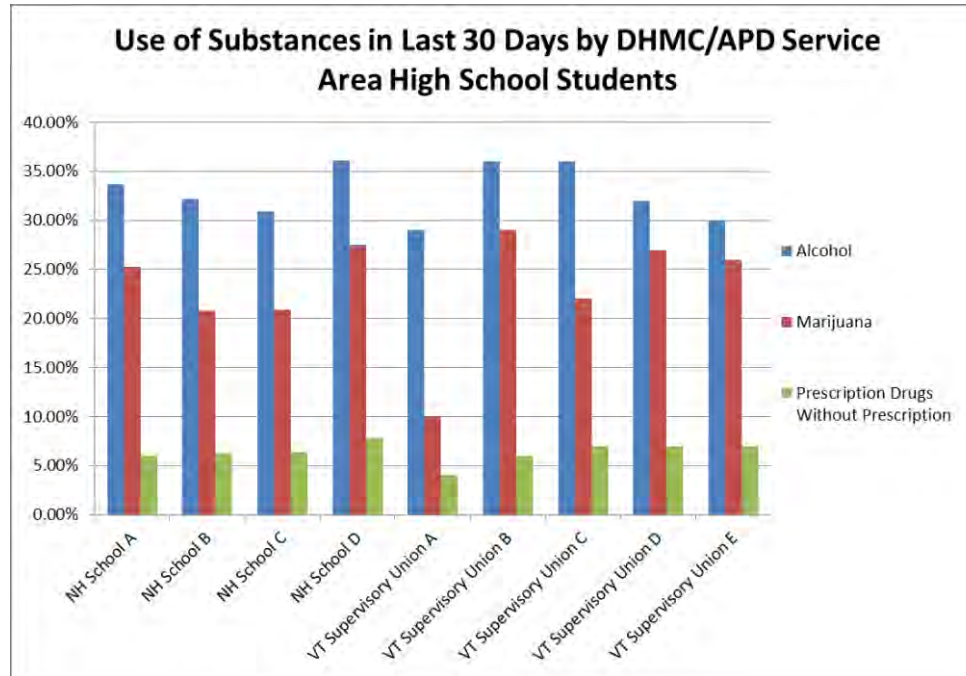
The table and graph below present data from the 2013 YRBS on the proportion of high school students from the service area who report using alcohol, marijuana or prescription medications without a prescription in the past 30 days. As displayed by the chart, youth from 3 of the Vermont Supervisory Unions reported lower rates of current alcohol use than the overall Vermont rate.

Percent of Students Reporting Any Use of Substance In Last 30 Days			
School	Alcohol	Marijuana	Prescription Drugs Without Prescription ¹
NH School A	33.7%	25.3%	6.0%
NH School B	32.2%	20.8%*	6.3%
NH School C	30.9%	20.9%*	6.4%
NH School D	36.1%	27.5%*	7.8%
NH	32.9%	24.4%	-
VT Supervisory Union A	29%*	10%*	4%
VT Supervisory Union B	36%	29%*	6%
VT Supervisory Union C	36%	22%*	7%
VT Supervisory Union D	32%*	27%	7%
VT Supervisory Union E	30%*	26%	7%
VT	34.9%	25.7%	-

Data Source: Centers for Disease Control and Prevention. 2013 Youth Risk Behavior Survey. State-level prescription drug use data from NH Department of Education website. No confidence intervals available.

* Rate is statistically different than respective state rate.

¹ In NH, students were asked how many times they have taken prescription drugs without a doctor's prescription in the past 30 days. In VT, students were asked how many times they have taken a prescription pain reliever not prescribed to them in the last 30 days.



h. Cigarette Smoking

Tobacco use is a primary contributor to leading causes of death such as lung cancer, respiratory disease and cardiovascular disease. The table on the right reports the percentage of adults aged 18 and older who self-report currently smoking cigarettes some days or every day. Between 2006 and 2012, about one in six adults in the Dartmouth Hitchcock Medical Center/Alice Peck Day Hospital Service Area were current smokers.

Area	Percent of Adults Who Are Current Smokers
	2006 - 2012
DH-APD Hospital Service Area	17.8%
New Hampshire	17.1%
Vermont	16.8%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006 - 2012. Accessed using Community Commons.

The table below presents data from the 2013 YRBS on the proportion of high school students from the Hospital Service Area who report that they are current smokers. Reported smoking rates were higher in three of the four NH schools with students from towns in the Service Area compared to the overall state rate in 2013.

School	Current Smoker (1+ day/month)	Frequent Smoker (20+ days/month)	Frequent Smoker (All 30 days/month)
NH School A	14.3%	6.3%	5.1%
NH School B	20.1%*	3.0%*	2.1%
NH School C	21.8%*	5.4%	4.0%
NH School D	16.5%*	7.6%*	5.5%
NH	13.8%	5.5%	-
VT Supervisory Union A	11%	-	4%
VT Supervisory Union B	12%	-	4%
VT Supervisory Union C	18%	-	6%
VT Supervisory Union D	12%	-	3%
VT Supervisory Union E	9%	-	4%
VT	-	-	-
<i>Data Source: Centers for Disease Control and Prevention. 2013 Youth Risk Behavior Survey.</i>			
<i>* Rate is statistically different and higher than the respective state rate.</i>			

i. Teen Birth Rate

Teen pregnancy is closely linked to economic prosperity, educational attainment, and overall infant and child well-being. The teen birth rate in the in the Dartmouth Hitchcock Medical Center/Alice Peck Day Hospital Service Area was estimated to be 9.4 per 1,000 women aged 15 – 19 in the 2009 – 2013 time period, which is lower than the New Hampshire or Vermont overall state rates.

Area	Teen Birth Rate per 1,000 Women Age 15-19
DH-APD Service Area	9.4
New Hampshire (2014)	11.0
Vermont (2013)	15.0

Data Sources: American Community Survey 2009 – 2013. Annie E. Casey Kids Count Data Center, accessed October 2015.

3. Illness and Injury

Traditional measures of population health status focus on rates of illness or disease (morbidity) and death (mortality) from specific causes. Advances in public health and medicine through the 20th century have reduced infectious disease and complications of child birth as major contributors to or causes of death and disease. Chronic diseases, such as heart disease, cancer, respiratory disease and diabetes, along with injury and violence, are now the primary burdens on the health and wellbeing of individuals, families and communities. In addition to considering the absolute magnitude of specific disease burdens in a population, examination of disparities in disease rates can help to identify areas of need and opportunities for intervention.

a. Premature Mortality

An overall measure of the burden of disease is premature mortality. The indicator below expresses premature mortality as the rate of death, regardless of cause, where age is less than 75 years or less than 65 years at the time of death. The data shown in the table below are from the period 2008 and 2010 (the most current information available). The rate of premature death for residents of NH municipalities in the Dartmouth Hitchcock Medical Center/Alice Peck Day Hospital Service Areas under 65 years of age was significantly lower than the rate for New Hampshire overall.

Premature Mortality		
Area	Deaths per 100,000 People Under Age 75	Deaths per 100,000 People Under Age 65*
DH-APD Service Area	324.4	123.8*
New Hampshire	307.2	160.9
Vermont	321.5	NA

*Data Source: People under age 75: University of Wisconsin Population Health Institute, County Health Rankings. Centers for Disease Control and Prevention, National Vital Statistics System. 2008-2010. People under age 65: NH Division of Vital Records Administration Death Certificate Data, 2008-2010. Accessed using NH HealthWRQS. *Rate is calculated for NH municipalities in the Dartmouth Hitchcock Medical Center/Alice Peck Day Hospital Service Areas, and is significantly different from and lower than the overall NH rate.*

b. Overweight and Obesity

Being overweight or obese can indicate an unhealthy lifestyle that puts individuals at risk for a variety of significant health issues including hypertension, heart disease and diabetes. The indicators below report the percentage of adults aged 18 and older who self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese) or greater than 25.0 (overweight or obese).

Area	Percent of Adults Obese	Percent of Adults Overweight or Obese
DH-APD Service Area	25.6%	60.5%
New Hampshire	26.9%	62.0%
Vermont	24.1%	59.5%

Data source: Behavioral Risk Factor Surveillance System 2011-2012. Hospital Service Area estimates from Community Commons.

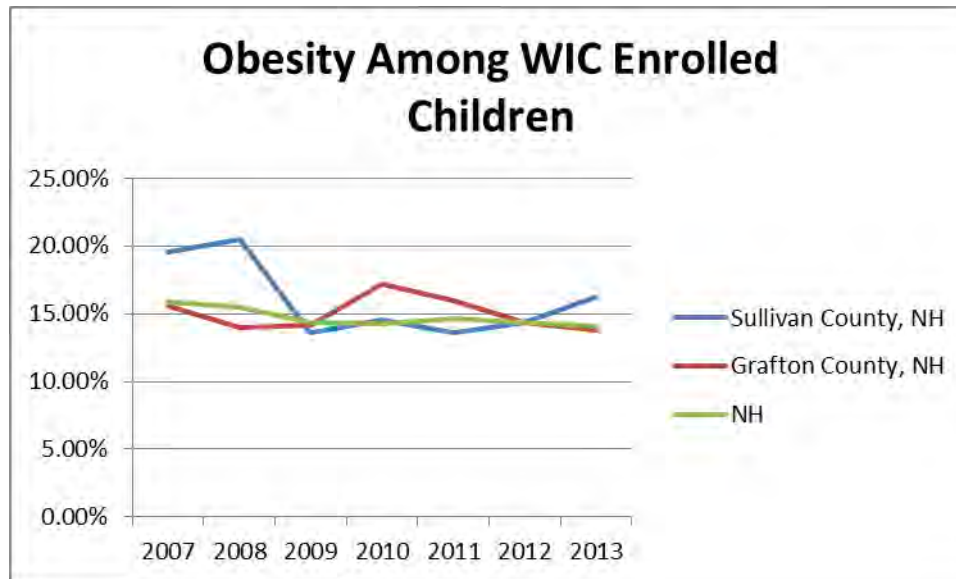
Children who are overweight and obese suffer both short- and long-term impacts. In addition, children who are obese are likely to be obese as adults. The table below presents data on the proportion of WIC-enrolled children ages 2 – 4 who were classified as obese in Grafton and Sullivan Counties, compared with New Hampshire for 2013. It also includes data on the percent of WIC enrolled children in Vermont (ages 2 – 5) who were classified as obese in 2011.

Area	Percent of WIC-enrolled Children Who Are Obese
Grafton County, NH (2013)	13.8%
Sullivan County, NH (2013)	16.3%
New Hampshire(2013)	12.6%
Vermont (2011)	13.0%

Data Source: New Hampshire WIC Enrollees: NH WIC Agencies, 2013. Accessed from NH WISDOM. NH county rates are not statistically different than the overall NH rate.

Vermont WIC Enrollees: Accessed from healthvermont.gov.

The graph below presents trend data from NH Wisdom on the proportion of WIC-enrolled children who are obese in Sullivan County and Grafton Counties, compared with New Hampshire. While there no statistically significant change in obesity rates has been detected at the county level, state level rates of obesity for WIC enrolled children declined significantly from 15.9% in 2007 to 14.1% in 2013.



The table on the next page presents 2013-2014 data on the proportion of the third graders who are obese in Grafton County, NH and Sullivan County, NH, compared with New Hampshire overall. A higher proportion of third graders in Grafton and Sullivan Counties could be classified as obese than for New Hampshire overall. New Hampshire has registered statistically significant decreases in the proportion of third graders who are obese, with rates falling from 18.0% in 2009 to 12.6% in 2014 (no county-level trend data is available for this indicator).

Area	Percent of 3 rd Graders Who Are Obese
Grafton County, NH	15.9*
Sullivan County, NH	17.4%*
New Hampshire	12.6%

*Data Source: 2013-2014 NH Department of Health and Human Services Third Grade Healthy Smiles Healthy Growth Survey. Accessed from NH WISDOM. *The proportion of third-graders who are obese is significantly different and higher in Sullivan and Grafton Counties compared to the New Hampshire rate.*

c. Oral Health

Tooth decay is the most common chronic childhood disease. While good oral health contributes to overall well-being and quality of life, poor oral health can have negative impacts of diet, psychological status, and school and work life, and is associated with diseases such as diabetes, cardiovascular disease, stroke and adverse pregnancy outcomes.

According to the 2013-2014 NH Department of Health and Human Services Third Grade Healthy Smiles Healthy Growth Survey, third graders in Sullivan County have significantly higher rates of tooth decay experience and treated tooth decay that third graders statewide. A higher proportion of Grafton County third graders had treated and untreated decay and needed treatment compared with third graders statewide (NH). In Sullivan County, a lower proportion of third graders had unmet treatment needs, however, a higher proportion had urgent treatment needs compared with NH third graders overall. Finally, a significantly higher proportion of Sullivan County third graders have received dental sealants. The Vermont Department of Health reported on a statewide Oral Health Survey (2014) that 11% of Vermont children aged 6 – 9 had untreated dental decay and were in need of treatment. The survey was a statewide random sample and sub-state service area estimates are not available.

	Percent of Third Graders			
	Grafton County, NH	Sullivan County, NH	New Hampshire	Vermont
Decay experience	43.1%*	45.5%*	35.4%	35%
Untreated decay	11.7%*	6.8%	8.2%	11%
Treated decay	37.9%*	41.6%*	31.8%	
Need treatment	10.9%*	6.1%**	8.1%	11%
Need urgent treatment	0.8%	1.8%*	1.0%	2%
Dental sealants	61.6%	91.3%*	60.9%	52%

Data Source: 2013-2014 NH Department of Health and Human Services Third Grade Healthy Smiles Healthy Growth Survey. Accessed <http://www.dhhs.nh.gov/dphs/bchs/rhpc/oral/>. *Statistically different and higher than the overall NH rate. ** Statistically different and lower than the overall NH rate. Vermont data from "Keep Smiling Vermont: The Oral Health of Vermont's Children, 2013-2014. Accessed at healthvermont.gov

The table below presents data on the rate of emergency department utilization for dental diagnoses for residents of NH municipalities in the DH-APD service area, compared with New Hampshire. Use of emergency departments for dental care can indicate lack of access to preventive and curative dental care and is an indicator of poor dental health. The rate of dental ED discharges is significantly lower for residents of NH municipalities in the service area than for New Hampshire overall.

Area	Dental ED Discharges, Age Adjusted*
DH-APD Service Area (NH Municipalities)	91.8**
New Hampshire	127.6

Data Source: Bureau of Data and Systems Management (BDSM), Office of Medicaid Business and Policy (OMBP), Office of Health Statistics and Data Management (HSDM), Bureau of Public Health Statistics and Informatics (BPHSI), New Hampshire Department of Health and Human Services (NH DHHS), 2009. *Resident ED discharges with dental diagnosis (ICD 9CM code 521, 522, 523, 525, 528). **Rate is significantly different and lower than the overall NH rate.

d. Cancer

Cancer is the leading cause of death in New Hampshire and Vermont and is the second leading cause of death for residents of NH municipalities in the Dartmouth Hitchcock Medical Center/Alice Peck Day Hospital Service Area. Although not all cancers can be prevented, risk factors for some cancers can be reduced. According to the New Hampshire State Health Improvement Plan, nearly two-thirds of cancer diagnoses and deaths in the US can be linked to behaviors, including tobacco use, poor nutrition, obesity, and lack of exercise. The table below shows cancer incidence rates by site group for the cancer types that account for the majority of cancer deaths and new cases.

	New Cancer Cases (per 100,000 people), Age Adjusted		
	DH-APD Service Area	New Hampshire	Vermont
All cancers (NH: 2008; VT: 2008-2012)	467.9 (NH municipalities only)	481.2	461.9
2007 – 2011 Data			
Prostate	131.5	151.7	133.4
Breast (female)	122.4	134.1	129.1
Lung and bronchus	64.4	69.4	69.5
Colorectal	35.8	41.3	39.8
2008 – 2012 Data			
Melanoma of skin	Not available	26.7	29.0
Bladder	Not available	29.4	23.9

Data Source: All cancers: NH State Cancer Registry, 2008; Vermont: Age Adjusted Cancer Incidence Rates, 2008-2012, accessed from healthvermont.gov. Site-specific data: State Cancer Profiles, 2007 – 2011 and 2008-2012. Hospital service area estimates from Community Commons.

Cancer Mortality: The table below shows overall cancer mortality rates for the Dartmouth Hitchcock Medical Center/Alice Peck Day Hospital Service Areas, as well as site specific cancer death rates for New Hampshire and Vermont.

	Cancer Deaths (per 100,000 people), Age Adjusted		
	DH-APD Service Area	New Hampshire	Vermont
All cancers (2009 – 2013)	159.3	168.7	171.2
2008 – 2012 Data			
Colorectal	Not available	14.4	14.7
Lung and bronchus	Not available	48.7	49.5
Breast (female)	Not available	20.4	18.7
Prostate	Not available	20.8	22.4
Bladder	Not available	5.0	5.7
Melanoma of skin	Not available	2.8	3.0

Data Source: All Cancers: Centers for Disease Control and Prevention, National Vital Statistics System, 2009 – 2013. Health Service Area estimates by Community Commons. Cancer Deaths by Site: State Cancer Profiles 2008-2012.

e. Heart Disease

Heart disease is the second leading cause of death in New Hampshire and Vermont, and is the leading cause of death for residents of NH municipalities in the Dartmouth Hitchcock Medical Center/Alice Peck Day Hospital Service Areas. Heart disease is closely related to unhealthy weight, high blood pressure, high cholesterol, and substance abuse including tobacco use.

Area	Percent of Adults with Heart Disease
DH-APD Service Area	4.1%
New Hampshire	3.9%
Vermont	4.0%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2011-2012. Accessed using Community Commons.

Heart Disease Prevalence: The table to the right reports the percentage of adults aged 18 and older who have ever been told by a doctor that they have coronary heart disease or angina.

Cholesterol Screening and High Cholesterol: High levels of total cholesterol and low density lipoprotein-cholesterol (LDL-C) and low levels of high density lipoprotein-cholesterol (HDL-C) are important risk factors for coronary heart disease. Periodic cholesterol screening for adults, particularly those with other risk factors, is a beneficial procedure for early identification of heart disease that can be treated with preventive therapy. The tables to the right and below display the proportion of adults who report that they have had their cholesterol levels checked at some point within the past 5 years and the percent of adults with high cholesterol.

Area	Percent of Adults Who Have Had Cholesterol Levels Checked Within Past 5 Years
Grafton County, NH	73.9%
Sullivan County, NH	81.0%
Orange County, VT	74.0%
Windsor County, VT	76.0%
New Hampshire	81.0%
Vermont	76.0%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2011. NH data (2011) accessed using NH HealthWRQS. VT data (2011, 2013) accessed using healthvermont.gov. County rates are not significantly different from the state rate for NH or VT.

Area	Percent of Adults With High Cholesterol
DH-APD Service Area	35.5%
Grafton County, NH	35.2%
Sullivan County, NH	40.0%
Orange County, VT	31.7%
Windsor County, VT	35.7%
New Hampshire	39.2%
Vermont	36.0%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2011. Accessed via Community Commons.

Heart Disease Morbidity and Mortality: The rate of inpatient hospital utilization due to heart disease is lower for residents of NH municipalities in the Dartmouth Hitchcock Medical Center/Alice Peck Day Hospital Service Area compared to the New Hampshire population overall, while the rate of emergency department utilization due to heart disease is similar. The rate of death due to heart disease in the service area is not statistically different than for NH or VT overall during time period for which data is available.

Area	Heart Disease Inpatient Discharges, Age Adjusted	Heart Disease ED Visits and Observation Stays, Age Adjusted
DH-APD Service Area (NH Municipalities)	147.2*	36.8
New Hampshire	271.5	49.9

Data Source: NH DHHS Hospital Discharge Data Collection System, 2008-2009. Accessed using NH HealthWRQS.

**Rate is statistically different than the overall NH rate.*

Area	Coronary Heart Disease Deaths (per 100,000 people), Age Adjusted
Grafton County, NH	88.0
Sullivan County, NH	120.7
Orange County, VT	178.8
Windsor County, VT	121.3
New Hampshire	97.7
Vermont	155.8

Data Source: New Hampshire: NH Division of Vital Records death certificate data, 2013. Accessed using NH WISDOM; Vermont: 2009, Accessed using healthvermont.gov . NH county rates are not statistically different than the overall NH rate.

f. Diabetes

Diabetes is an increasingly prevalent chronic health condition that puts individuals at risk for further health complications, but is also amenable to control through diet and adequate clinical care.

Diabetes Prevalence: This indicator reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes.

Diabetes-related Morbidity and Mortality: The rate of emergency department utilization due to diabetes in the NH municipalities in the Dartmouth Hitchcock Medical Center/Alice Peck Day Hospital Service Areas is significantly lower than the New Hampshire rate overall. As shown by the tables on the next page, Inpatient utilization resulting from diabetes and the rate of diabetes related deaths are also significantly lower for residents of NH municipalities located in the service area compared to the New Hampshire population overall.

Area	Percent of Adults with Diabetes, Age Adjusted
DH-APD Service Area	Not available
Grafton County, NH	7.8%
Sullivan County, NH	8.0%
Orange County, VT	6.0%
Windsor County, VT	6.4%
New Hampshire	8.1%
Vermont	6.7%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2012. Accessed via Community Commons.

Diabetes ED Visits and Observation Stays (per 100,000 people)	
Area	Overall, Age Adjusted
DH-APD Service Area (NH municipalities)	37.1*
New Hampshire	150.2

*Data Source: NH DHHS Hospital Discharge Data Collection System, 2008-2009. Accessed using NH HealthWRQS. *Rate is statistically different and lower than the overall NH rate.*

Diabetes and Diabetes-Related Inpatient Utilization (per 100,000 people), Overall, Age-Adjusted			
Area	Diabetes Inpatient Discharges	Diabetes-Related Inpatient Discharges	Diabetes-Related Lower Extremity Amputation Inpatient Discharges
DH-APD Service Area (NH municipalities)	60.7*	823.8*	16.1
New Hampshire	99.0	1,380.2	16.4

Data Source: NH DHHS Hospital Discharge Data Collection System, 2008-2009. Accessed using NH HealthWRQS.

*Rate is statistically different and lower than the overall NH rate.

Deaths Due to Diabetes or Diabetes as an Underlying Cause (per 100,000 people, age adjusted)		
Area	Diabetes Deaths	Diabetes Underlying Cause and Related Deaths
DH-APD Service Area (NH municipalities)	11.9	42.1*
New Hampshire	16.2	60.5
Vermont	19.0	Not available

Data Source: NH Division of Vital Records death certificate data, 2009-2010. Accessed using NH HealthWRQS. *Rate is statistically different and lower than the overall NH rate. Vermont: 2009, Accessed using healthvermont.gov

g. Asthma

Asthma is also an increasingly prevalent condition that can be exacerbated by poor environmental conditions.

Asthma Prevalence: This indicator reports the percentage of adults aged 18 and older who self-report that they currently have asthma.

Asthma-related Emergency Department Use: The rate of utilization of the emergency department for asthma care can indicate a variety of concerns including poor environmental conditions, limited access to primary care, and difficulties with asthma self-management skills. The rate of emergency department utilization for asthma care by residents of the NH municipalities in the Dartmouth Hitchcock Medical Center/Alice Peck Day Hospital Service Areas was significantly lower than the overall New Hampshire rate during the period 2008 and 2009 (the most current information available).

Area	Percent Adults with Asthma
Grafton County, NH	12.5%
Sullivan County, NH	10.4%
Orange County, NH	11%
Windsor County, NH	10%
New Hampshire	10.1%
Vermont	11%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2012. Accessed using NH HealthWRQS. Rate is not statistically different than the overall NH rate. Vermont, 2012-2013: Asthma Data Pages, 2013. Accessed using healthvermont.gov

Area	Asthma ED Visits and Observation Stays (per 100,000 people), Age Adjusted
DH-APD Service Area (NH municipalities)	296.1*
New Hampshire	493.3

*Date source: NH DHHS Hospital Discharge Data Collection System, 2008-2009. Accessed using NH HealthWRQS. *Rate is statistically different and lower than the overall NH rate.*

The table below shows the rate of utilization of the emergency department for asthma care for residents of Orange County and Windsor County, VT. Rates of emergency department utilization for Windsor County residents aged 5 – 64 are significantly higher than for Vermont overall.

Area	Asthma ED Visits and Observation Stays (per 100,000 people), Age Adjusted		
	Age 0 - 4	Age 5 - 64	Age 65+
Orange County, VT	Not available	43	940
Windsor County, VT	292	68*	490
Vermont	190	49	118

*Date source: Vermont Uniform Hospital Discharge Data, 2007-2009. Accessed at healthvermont.gov. *Rate is statistically different and higher than the VT rate.*

h. Unintentional Injury

Unintentional injuries from any cause requiring emergency department visits and observation stays are significantly lower for residents of the NH municipalities in the Dartmouth Hitchcock Medical Center/Alice Peck Day Hospital Service Area was significantly lower than the overall New Hampshire rate during the period 2008 and 2009 (the most current information available).

Falls are a major source of unintentional injury, particularly affecting seniors. The table below reports the rate of unintentional injury emergency department visits and observation stays from falls for residents of the NH municipalities in the DH-APD service area compared to the overall New Hampshire population from 2009 (the most recent data available). Residents of these towns were significantly less likely to be seen in an emergency department due to a fall injury than their counterparts statewide; this was true for all age groups.

Area	Unintentional Injury ED Visits and Observation Stays per 100,000 People Age Adjusted
DH-APD Service Area (NH municipalities)	7,394*
New Hampshire	10,451

Data Source: NH DHHS Hospital Discharge Data Collection System, 2008-2009. Accessed using NH HealthWRQS. Rate is statistically different and lower than the overall NH rate.

Area	Unintentional Injury ED Visits and Observation Stays per 100,000 People, Age Adjusted
All Ages	
DH-APD Service Area (NH municipalities)	2,014*
New Hampshire	3,007

*Data Source: NH DHHS Hospital Discharge Data Collection System, 2009. Accessed using NH HealthWRQS. *Rate is statistically different and lower than the overall NH rate.*

i. Assault Injury

The table below shows the rate of assault injury emergency department visits and observation stays for residents of the NH municipalities in the Dartmouth Hitchcock Medical Center/Alice Peck Day Hospital Service Area compared to the overall New Hampshire population from 2009 (the most recent data available). Residents from these towns were significantly less likely to experience emergency department visits and observation stays due to an assault injury than the NH population overall.

Area	Assault Injury ED Visits and Observation Stays per 100,000 People, Age Adjusted
DH-APD Service Area (NH municipalities)	75.8*
New Hampshire	264.2

Data Source: NH DHHS Hospital Discharge Data Collection System, 2009. Accessed using NH HealthWRQS.

**Rate is statistically different and lower than the overall NH rate.*

4. Access to Care

Access to care refers to the ease with which an individual can obtain needed services. Access is influenced by a variety of factors including affordability of services and insurance coverage, provider capacity in relationship to population need and demand for services, and related concepts of availability, proximity and appropriateness of services.

a. Insurance Coverage

The table on the right displays recent estimates of the proportion of residents by municipality who do not have any form of health insurance coverage. The overall uninsurance rate in the DHMC/APD Service Area was estimated to be 8.2% in 2009 – 2013, which was between that of New Hampshire and Vermont.

Area	Percent of the Total Population without Health Insurance Coverage
Dorchester	28.5%**
Canaan	17.2%**
Grafton	14.3% ⁺
Lebanon	11.4% ⁺
New Hampshire	10.5%⁺
Fairlee	9.9%
Piermont	9.8%
Sharon	9.6%
Hartford	9.2%
Grantham	8.4%
DH-APD Service Area	8.2%
Hartland	8.0%
Enfield	7.5%
Orford	7.5%
Vermont	7.3%*
Lyme	7.2%*
Orange	7.0%
Woodstock	4.9%*
Plainfield	4.5%*
Hanover	4.0%**
Norwich	2.5%**
Thetford	1.8%**

*Uninsurance rate in town is statistically significantly different than that for NH
⁺Uninsurance rate in town is statistically significantly different than that for VT
Data Source: American Community Survey 2009 - 2013

b. Availability of Primary Care Physicians and Adults without a Personal Health Care Provider

The table below presents information on 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.

The table below also provides information about the percentage of adults aged 18 and older who self-report that they do not have at least one person who they think of as a personal doctor or health care provider. This indicator may highlight insufficient access or availability of medical providers, a lack of awareness or health knowledge or other barriers preventing formation of a relationship with a particular medical care provider.

Area	Primary Care Physicians per 100,000 Population	Percent Adults without Any Regular Doctor
DH-APD Service Area	144.0	12.7%
New Hampshire	92.6	12.8%
Vermont	108.5	12.2%

Data Source: Primary Care Physicians per 100,000 population: US Health Resources and Services Administration Area Health Resource File, 2011. Accessed using Community Commons. Adults without a Regular Doctor: Centers for Disease Control and Prevention, Behavior Risk Factor Surveillance System, 2011-2012. Accessed using Community Commons.

c. Availability of Dentists

The table on the next page presents information on the number of dentists per 100,000 population. The estimated rate for the DHMC/APD Service Area is similar to the overall state rates for New Hampshire and Vermont.

The table also provides information about 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.

Finally, the table 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. In addition to highlighting needed improvements in preventive oral health care, this indicator can also highlight a lack of access to care, a lack of health knowledge, or social and economic barriers preventing utilization of services.

Area	Dentists per 100,000 Population	Percent Adults with No Dental Exam in Last Year	Percent Adults with Poor Dental Health
DH-APD Service Area	65.1	27.1%	15.5%
New Hampshire	67.4	23.1%	14.5%
Vermont	63.8	25.2%	15.9%

*Data Source: Dentists per 100,000 population: US Health Resources and Services Administration Area Health Resource File, 2013. Accessed using Community Commons.
 Adults With No Dental Exam, Adults With Poor Dental Health: Centers for Disease Control and Prevention, Behavior Risk Factor Surveillance System, 2012. Accessed using Community Commons.*

d. Behavioral Health Care - Emergency Department Utilization for Mental Health Conditions

Overutilization or dependence on emergency departments for care of individuals with mental health conditions can be an indication of limited access to or capacity of outpatient mental health services. Utilization of emergency departments for mental health conditions was significantly higher for Sullivan County, but lower for Grafton County, to the state of New Hampshire during 2009 (most recent data available).

Mental Health Condition ED Visits and Observation Stays per 100,000 people	
Area	Overall, Age Adjusted
DHMC/APD Service Area (NH towns only)	1001.7*
New Hampshire	1511.6

Data Source: NH DHHS Hospital Discharge Data Collection System, 2009.

Accessed using NH HealthWRQS.

**Rate is statistically different than the overall NH rate.*

e. Suicide

This indicator reports the rate of death due to intentional self-harm (suicide) per 100,000 people. Suicide rates can be an indicator of access to mental health care. During the respective time periods, the suicide rates in Grafton County, Sullivan County, Windsor County, and Orange County were not statistically different from the overall NH and VT state rates of suicide deaths.

Suicide Deaths By Any Cause Or Mechanism per 100,000 people	
Area	Overall, Age Adjusted
Grafton County	8.7
Sullivan County	13.6
New Hampshire	12.0
Windsor County	13.3
Orange County	23.7
Vermont	12.7

Data Sources: NH DHHS Hospital Discharge Data Collection System, 2009-2010. Vermont Vital Statistics, 2010-2012. County rates are not significantly different from respective state rates.

E. SUMMARY OF COMMUNITY HEALTH NEEDS

The table below provides a summary of community health needs and issues identified through the FY2016 surveys of community health needs and priorities, the community health discussion groups, and the collection of indicators of community health status. Appendix D to this report includes an inventory of community health resources and facilities in addition to Dartmouth-Hitchcock and Alice Peck Day Memorial Hospital that are potential community assets for addressing these needs.

SUMMARY OF COMMUNITY HEALTH NEEDS AND ISSUES BY INFORMATION SOURCE			
Community Health Issue	Community and Key Leader Surveys	Community Discussion Groups	Community Health Status Indicators
Access to mental health care	Selected as the highest priority issue by community leaders; second highest issue identified by community survey respondents; about 8% of community respondents indicated difficulty accessing mental health services in the past year	Identified as a top 5 priority issue by community discussion participants, who discussed difficulty with timely access to mental health services, lack of service coordination, and different social attitudes toward mental health versus physical health	The suicide rate in the region is similar to the rate for NH overall in recent years; the rate of emergency department utilization for mental health conditions is significantly lower than the rate for NH overall
Access to enough and affordable health insurance; cost of prescription drugs	Selected as the most pressing community health issue by community survey respondents overall; cost of Rx drugs was the top issue for respondents 65+; Inability to afford services the top reason people had difficulty accessing services in the past year and most frequent comment topic	The links between income, employment, family stress, cost of and limited ability to afford services, insurance, prescriptions and compromised health was a significant topic in community discussion groups	The uninsured rate in the DH-APD service area (8.2%) is lower than the overall NH state rate (10.5%) and higher than the overall VT state rate (7.3%)
Alcohol and drug misuse including heroin and misuse of pain medications	Selected as the second most pressing issue by community survey respondents; opioid misuse ranked the second highest priority issue by key stakeholders; 67% of community survey respondents identified 'people under the influence of alcohol or drugs' as a community safety issue	Identified as the highest priority issue by community discussion participants, who described rates of substance abuse as "insane" and having a significant impact on youth and families	The rate of emergency department utilization for substance abuse related mental health conditions is lower than the rate for NH overall; Rates of adult alcohol use and youth drug and alcohol use are similar to NH and VT state averages

SUMMARY OF COMMUNITY HEALTH NEEDS AND ISSUES BY INFORMATION SOURCE (continued)

Community Health Issue	Community and Key Leader Surveys	Community Discussion Groups	Community Health Status Indicators
Access to dental health care	Adult dental care most frequently cited for access difficulties by community survey respondents overall and from towns with lower median household incomes in particular; selected as a top 5 issue by community survey respondents and third highest priority of key stakeholders	Some discussion group participants noted the importance of oral health to overall wellness; selected as the top priority by participants in the low income family group	The dentist to population ratio is similar to statewide ratios for NH and VT overall; approximately 1 in 6 adults in the DH-APD service area are considered to have poor dental health
Lack of physical activity; need for recreational opportunities, active living	Identified as a top 10 community health issue by community and key leader survey respondents; biking/walking trails and recreation, fitness programs were the top 2 resources people would use if more available	Identified as a top 10 issue by community discussion group participants; discussion topics included access to affordable fitness and recreation activities for youth and families, as well as time pressures	About 1 in 5 adults in the DH-APD Service Area can be considered physically inactive on a regular basis – a rate similar to the rest of New Hampshire and Vermont
Poor nutrition/access to affordable healthy food	Selected as an important community health issue by 31% of community survey respondents and the second most frequent commentary theme in response to the question of ‘one thing you would change to improve health’	Dietary habits, nutrition and access to healthy foods identified was a common topic of community discussion group participants	About 60% of adults in the DH-APD service area are considered overweight or obese; the rate of obesity among 3 rd graders in counties served by DH-APD are higher than for NH overall
Income, poverty, employment; family stress	52% of community respondents with annual household income under \$25,000 reported difficulty accessing services; issues of affordability, insurance costs and deductibles frequently cited as reasons for access difficulties	Identified as the second most important community health issue by community discussion group participants; participants identified geographic and social divides driven by income and class structures	14% of families and 27% of children in the DH-APD service area are living with incomes less than 200% of the federal poverty level – rates that are lower than for NH and VT overall
Affordable Housing	Access to affordable housing identified as the top resource that should receive more focus in support of a healthy community	Identified as the third most important health-related issue by community discussion groups and the top issue selected by the teenage mom group	37% of households in the DH-APD service area spend more than 30 percent of their income on housing costs; a proportion similar to NH and VT overall

SUMMARY OF COMMUNITY HEALTH NEEDS AND ISSUES BY INFORMATION SOURCE (continued)

Community Health Issue	Community Health Issue	Community Health Issue	Community Health Issue
Access to Primary Health Care	A top 10 issue for community survey and key leader respondents; about 10% of community respondents reported having difficulty accessing primary care services in the past year; inability to navigate the health care system identified as the top reason for access difficulties by key leaders	Access to primary health care was noted as an issue within the context of discussions about the quality of patient-provider relationships, coordination of services and community-based supports	The ratio of primary care providers to population in the DH-APD service area is higher than the ratios in NH and VT overall; about 1 in 7 adults report not having a 'personal health care provider'; Emergency Dept. visits for asthma and diabetes - potential indicators of primary care adequacy - are lower in the service area than for NH overall
Health care for seniors	Selected as the 2 nd most pressing community health issue by community survey respondents age 65 and over; 34% of all respondents selected 'support for older adults' as a focus area for health improvement	UVIP-hosted discussion group emphasized needed improvements in discharge planning, improved provider awareness of and effective connections to community-based supports, public transportation improvements and other resources to help senior stay in their community	The proportion of the DH-APD service area population that is 65 or older (16%) and the percentage of the population with at least one functional disability (11%) are each similar to NH and VT state averages



**Fiscal Year
2016**

*Complete Survey Results, Discussion Group Detail, and
Community Resources*

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APPENDIX A – COMMUNITY SURVEY RESULTS

ALL RESPONSE FREQUENCIES AND COMMENTS

2015 COMMUNITY HEALTH NEEDS SURVEY

Dear Community Member,

Dartmouth-Hitchcock and Alice Peck Day Memorial Hospital want to learn about the health of your community and we want to hear from YOU.



“Your community” can mean different things to different people. For the purpose of this survey, your community can be as big as the Greater Upper Valley region or as small as your town. Answer the survey questions by thinking about the area you see as “your community.”

Alice Peck Day Memorial Hospital and Dartmouth-Hitchcock are conducting this survey in partnership with New London Hospital; Valley Regional Hospital; and Mt. Ascutney Hospital and Health Center. Survey results will help us shape our community health programs.

Please take 5-10 minutes to give us your thoughts and opinions. The survey is completely anonymous. You will not be asked for your name or contact information. If you prefer to complete this survey online, go to the link http://bit.ly/2015UV_CHNA and complete the survey from there.

**Your opinions on how we can build a healthier community are important!
Thank you very much for your time.**

If you have any questions about this survey please call 650-4068 or 443-9548. A summary report of the survey results will be made available locally.

Thank you again for your help.

Alice Peck Day Memorial Hospital and Dartmouth-Hitchcock

2015 COMMUNITY HEALTH NEEDS SURVEY
(COMPLETED IN FISCAL YEAR 2016)

Total Respondents = 1,566

1. What do you think are the most pressing health issues in your community today?
(Check up to 5)

34.8%	Access to dental health care	18.3%	Cancer
42.1%	Access to mental health care	3.1%	Asthma
28.5%	Access to primary health care	3.0%	COPD
4.4%	Access to prenatal care	30.8%	Poor nutrition/unhealthy food
5.8%	Access to specialty services <i>Please specify: see below</i>	30.1%	Lack of physical activity
47.0%	Access to enough, affordable health insurance	34.5%	Alcohol and drug misuse
40.5%	Cost of prescription drugs	37.7%	Heroin and misuse of pain medications
23.4%	Health care for seniors	19.0%	Smoking/tobacco use
25.2%	Mental illness	3.4%	Sexually transmitted diseases
9.3%	Alzheimer's disease	4.2%	Childhood immunizations
10.2%	High blood pressure/heart disease	5.4%	Teen pregnancy
13.3%	Diabetes	6.3%	Other <i>Please specify: see below</i>

*Access to Specialty Service Detail:

- Access to specialists like urology, oncology, ophthalmology...
- Derm, neurology - it takes too long to get an appointment.
- Dermatology
- Diabetes care
- ENT Ophthalmology - Pedi specialties
- Eye care
- Gastroenterology, pediatric gastroenterology, pediatric , cardiology, psychiatry, pediatric psychiatry
- Gastrointestinal
- GI. The GI dept at DHMC makes it impossible to get an appt in a timely fashion. I was hospitalized with a life-threatening GI problem, seen by at least 4 attending GI docs, one of whom said he wanted to see me in the office 1-2 weeks after discharge. When I called the office for a f/u appt, the appt secretary said that doctor "didn't see patients with my diagnosis" and didn't have any openings for 8 months anyway. I was re-hospitalized with another episode of the same life-threatening problem, and only then was I given a follow-up appt with one of the GI fellows. I subsequently received multiple additional refusals by

2015 COMMUNITY HEALTH NEEDS SURVEY

(COMPLETED IN FISCAL YEAR 2016)

the GI dept to give me appts. My PCP in IM also tried to get an appt for me but her staff was unsuccessful as well.

- Orthopedics. The good docs at DHMC have all left. The last hand surgeon I saw there was frankly incompetent. His resident knew more than he did. My family gets ortho care at APD now. If you think these complaints are based in ignorance, please know that I am a physician, and I find some of DHMC's practices appalling.
- It is difficult to get an appt with any specialist at DHMC ie GI, ophthalmology
- It now takes weeks to get into the local hospitals for tests to follow up on visits to primary care doctors. The wait can be filled with pain and anxiety and deterioration of health. This puts more strain on the Emergency Rooms as people cannot endure the wait.
- Lack of local rehab hospital for inpatient services needed beyond 1-2 days
- Occupational therapy
- Physical therapy and home health care
- Physical therapy for illnesses and post surgery that is often overlooked by insurance or as not needed. Access to pool therapy or additional means of bringing comfort/relief for many illnesses.
- PT, OT
- Neurologists, orthopedic doctors
- Orthoped., arthritis, podiatry, eye care.
- Orthopedics
- Arthritis care, particularly too few Orthopaedic practitioners to care for knee joint degenerative arthropathy.
- Rheumatology
- Pediatric occupational therapy, pediatric physical therapy
- Pediatric physical and occupational therapy
- Pediatric rheumatology
- Podiatry (for elderly)
- Preventive medicine.
- PTSD, MI, Case managers, aging.
- Specialists like pediatric OT, PT and Speech Therapy. Long waits for appointments with any specialist- ENT, Allergy, Psychiatry
- Specialized Physicians and the ability to be seen within a 2 week period.
- I would like to include access to primary care at DHMC. Many physicians work part time hours which are not conducive to a patients work schedule. It can take months to be seen due to mismatched calendars.

- Cancer care
- Cancer treatments
- More than one option for other opinions with diagnosis and test results. Also more access to trials, so not traveling to Boston for cancer treatments.
- Oncology
- Oncologists

- All of them outside from Primary care
- All!
- ANY

2015 COMMUNITY HEALTH NEEDS SURVEY (COMPLETED IN FISCAL YEAR 2016)

- Any services beyond a wellness check.
- Can only check 5. Access to any service has too much red tape.
- Health and dental care

- Addiction programs
- Addiction services clinics.
- Adolescent residential mental health facilities
- Drug addiction services
- Sober housing, Detox beds and follow up care
- Counseling
- Mental Health
- Mental health doctors
- Outpatient psychotherapy from providers who taken insurance
- Social services coordinators for families who have members who have diagnosed or undiagnosed mental illness

- Different types of support for people doing care giving for spouses with Dementia!
- For seniors: congregate and home-delivered meals, senior transportation, social services
- In-home help for older people
- Senior exercise classes
- Senior rides to dr., help living at home

- Free health care for all
- Affordable health insurance
- Dental coverage for seniors.
- Low income assistance and programs

- Access to alternative medicine such as acupuncture, naturopaths, energy healers etc.
- Alternative/Natural Healing: Naturopathic, Herbal, Energy Medicine.
- Naturopathic medicine.

- Exercise center are too costly and insurance does not cover them even with corp discount, who can afford them
- Handicapped; vision
- Services that help improve the quality of life - especially for those with disabilities. And slightly related - services that focus on healthy lives and preventative care
- Education on bullying and harassment--at all ages
- Hospice Services - educating community about end of life issues
- House calls
- Medicine schedules
- DHMC
- Services for accidents, i.e., broken leg, etc.
- Support groups for mitochondrial disease
- Veteran services and funding for those services

2015 COMMUNITY HEALTH NEEDS SURVEY (COMPLETED IN FISCAL YEAR 2016)

"Other" Pressing Health Issue Detail:

- Affordable health care (2)
- Access to affordable healthcare for the uninsured
- 1. Cost of healthcare 2. Related to cost, lack of preventive healthcare 3. Also driving up cost, patient failure to implement preventive lifestyle measures, and bogus use of the healthcare system
- Affordable eyecare
- Affordable, accessible health care for veterans
- Cost of health care
- Cost of health insurance and care.
- Cost of healthcare services, not just prescriptions
- Cost of medical and dental care, not just cost of drugs.
- Cost of medical services.
- Cost of services. Less services covered under new insurances. Feeling pressured to see certain providers in order to have more affordable healthcare.
- Cost, and contributing to cost, lack of preventive self-maintenance and care, and too-little too-late abuses of available care.
- Emphasis on access to primary care and access to affordable insurance
- High deductible health plans making needed care inaccessible even for people with insurance
- I have worked all of my adult life and have had medical insurance through my employer. Premiums passed on to the employee and out of pocket co-pays and deductibles have increased exponentially where pay increases have not. Where is this \$ going and why does healthcare cost so much more than it used to?
- Insurance for primary care
- One of the impacts of the Affordable Care Act has been destruction of meaningful insurance coverage for prescriptions and the creation of high deductibles.
- People friendly health care that does not break the bank
- Premiums go up, also co-payments deductibles - so affordable is a misnomer
- Significant other Insurance being taken away
- Support for better health care from the State of New Hampshire
- The red tape and bureaucracy that one has to go through for insurance or getting one's medical records. Also, the fact that nobody can tell you how much a procedure will cost before it happens. Criminal!
- A healthy lifestyle goes a long way in the area of prevention. Many Americans and many in our community are significantly overweight; do not understand a healthy diet and how fueling your body helps to give you energy to perform in all facets of your life.
- Obesity (3)
- Obesity, Sleep habits (mostly poor)
- OBESITY- shocking it wasn't on this list. it is the #1 health problem in the Upper Valley and beyond
- Obesity, stress on children and teenagers
- & obesity

2015 COMMUNITY HEALTH NEEDS SURVEY (COMPLETED IN FISCAL YEAR 2016)

- and tobacco
- Children are not getting the activity they need to stay healthy
- Food Addiction
- Inadequate emphasis on plant based nutrition replacing most meats and dairy.
- Lack of convenient access to healthy food
- Lebanon is too far to go for indoor exercise.
- Low income families lack of knowledge of healthy options and nutrition
- Quality of child education, Walkable communities; There are far too few options on the initial list!
- Too much electronic media, obesity

- Access to substance use treatment No affordable comprehensive care program
- Physical for Rehab Friendship House
- Huge drug issue, and mental health issue destroying the future of Sullivan County
- We need hospitals that can detox alcohol and drug patients
- Access to health, mental health (incl substance use counseling) and health promotion services for ADOLESCENTS; teen suicide prevention
- Adolescence substance abuse services
- Adolescent/young adult mental and physical health status
- Pediatric mental health resources

- Long term care options for seniors
- Affordable nursing home facilities
- Loss of long term care facilities connected to community hospitals, leaving us w/ chain franchise facilities offering terrible quality of life & care.
- Aging in Place

- Access to cancer specialists in the Upper Valley. I know multiple people who are having to travel to Mass General for cancer treatment in melanoma and for a brain tumor.
- Access to enough pediatrician services
- Access to preventative health care
- Access to primary care that does not change every 6 months. physicians keep moving positions and it makes it hard to have a long term relationship

- Lack of doctors practicing integrative medicine 2. Over-reliance on treatment by prescription drugs
- Acupuncture, Massage therapy, Herbal Medicine
- Integrative medicine
- Massage

- Arthritis relief
- Osteoarthritis

- Adequate pain control for chronic pain.
- Modern knowledgeable PAIN identification and treatment. I know DHMC is doing a good job, but pr. cr. docs need educ.

2015 COMMUNITY HEALTH NEEDS SURVEY (COMPLETED IN FISCAL YEAR 2016)

- Closings of, and decline of care quality at, community hospital birthing facilities.
- Good quality safe birthing center that includes emergency births in house and quality specialty doctors that spend more than 5 minutes with patients
- Access to home birth midwives

- Coordinated care across multiple specialties
- Information exchange flow to patients.

- Opportunities for healthy, constructive activities for young adults where they can meet other people with like interests
- Social isolation
- Some support groups
- Support and coordination of care for families with children who have disabilities - the schools are not the answer - kids get services based on what school they go to, not based on what they need
- Helping those with disabilities to access the services provided for them

- Lack of public transportation
- Senior help with transportation
- Transportation to get to health care (of any type) providers

- Social support services; childhood abuse
- Impacts of domestic and sexual violence

- Affordable housing
- Poverty
- Emergency care
- Teen motor vehicle crashes; concussion
- Lyme disease and other tick borne illnesses

- Hard to choose only five!
- I could check a lot more
- I wanted to check 3 more: cost of prescription drugs, high blood pressure, and alcohol and drug misuse
- Haven't lived here long enough to know.
- Just note, I read this as my opinion of pressing issues of the community (not my own pressing issues - which are different, if any)

2015 COMMUNITY HEALTH NEEDS SURVEY
(COMPLETED IN FISCAL YEAR 2016)

2. What do you think are the most pressing safety issues in your community today?

(Check up to 5)

66.8%	People under the influence of alcohol or drugs	12.3%	Discrimination based on race, ethnicity or sexual orientation
14.9%	Crime rate	23.5%	Identity theft
9.0%	Youth crime	21.7%	Being prepared for an emergency
40.0%	Child abuse or neglect	9.9%	Safety at public places (parks, streets, etc.)
12.5%	Elder abuse	7.3%	School violence
18.4%	Rape and sexual assault	46.0%	Bullying/cyber-bullying
41.8%	Domestic violence or partner abuse	5.6%	Other <i>Please specify: See below</i>

***"Other" Safety Issues Detail:**

- Distracted driving (3)
- Distracted and aggressive driving
- Autos: cell phones & other electronics. Speeding, inattention, fatigue
- Cars driving too fast in areas where children are trying to walk/cross the street. People texting / talking on the phone while driving in areas where children are trying to walk/cross the street.
- Cell phone use while driving
- Dangerous driving practices
- Driving while texting
- HS and college students walking into zebra crossings and between parked cars texting without looking
- Inattentive drivers (under the influence of their cell phone)
- Reckless driving
- Lack of traffic control
- Not the children but the ADULT behind the wheel.
- People texting and using cell phones
- Road rage
- Speeding when people drive
- Safety in regards to vehicle traffic
- Speeding traffic/walker/runner/biker safety
- Talking on cell phone while driving.
- Text while driving (2)
- The way people are driving. A large percent do not even stop for red lights now.
- The way people drive on the roads i.e. tailgating, passing where it is not safe, driving over the centerline on curves

2015 COMMUNITY HEALTH NEEDS SURVEY (COMPLETED IN FISCAL YEAR 2016)

- Depression
- Depression & it's potential to lead to inappropriate behavior
- Lack of comprehensive mental health support.
- Mental Health Care
- Mental health for all ages, however specifically there is nothing in this community for young people. DHMC has not been a good partner to work with for services of young people with this either.
- Mental illness not being addressed which leads to other problems
- Self harm among teens - substance use related self harm, accidents and impaired driving depression related accidents and self harm.
- Stigmatization of mental illness
- Support for parents with special needs parents - they need respite. Those parenting children with mental health issues are not supported enough.

- Discrimination based on mental health issues
- Discrimination based on gender identity
- Bullying that may occur based on sexual orientation.
- I'd also select bullying/cyber-bullying, but you only wanted me to select 5.
- Partner abuse
- Workplace violence and intimidation

- Drug related crime
- Drugs
- Heroin use

- Gun violence
- Guns
- Too many untrained gun owners who carry because of fear
- Possible school shootings

- Burglary
- Rapes at Dartmouth College

- Lack of properly trained police officers
- Limited police staffing in rural communities leads to lack of deterrence and belief that you probably will not be caught.
- Never see cops out doing the basics
- Police abuse of power
- Police behavior makes people not want to have contact with them
- Unresponsive police department

- Fire, co-exposure safety
- Volunteer town fire department
- Qualification of emergency responders

2015 COMMUNITY HEALTH NEEDS SURVEY (COMPLETED IN FISCAL YEAR 2016)

- A growing elder population in a car-dependent culture
- Elders and compromised adults living alone without caregivers.
- Older citizens confined to their home with little connection and support especially if meals on wheels and other services are discontinued
- Senior organized places for cards & social places to meet.
- Seniors trying to age in place without a plan for help when they need it

- Having support during and after an illness, or after childbirth. Having someone physically checking on them at home.

- Lack of strong home units with mother and father both present and raising the children.
- Regarding Safety at public places: "Children who are unattended"
- Teens alone after school hours.

- Poor wages generate a vicious cycle of hopelessness and depression which drive abuse and violence.
- Poverty
- Under educated and employed youth

- Absence of community spirit and cooperation
- Diminishing cohesiveness of residents of towns & villages;

- Lack of walkable places (i.e. need more sidewalks for people using walking as a form of transportation)
- Having safe places to walk and cycle--lack of sidewalks and bike paths
- More sidewalks and bike lanes
- Safe places to walk
- Unwalkable routes to urban centers, villages;
- Aging infrastructure: electric hookups, storm drains, degraded sidewalk and road surfaces

- Global/environment
- Effects of climate change, especially on farms/food security, safety of our infrastructure, etc.
- Need to inform/build resilience around possibility of economic, environmental and/or energy collapse.

- The general unhealth I see when I go to the hospital-- overweight people who are walking or wheeling around smelling like smoke and drinking soda. And some of these people work at the hospital.
- Stupid people
- All of the others that I could not check off because if said (up to 5)

- I feel I live in a pretty safe community.
- NH is one of the 10 safest states in the country.
- None

2015 COMMUNITY HEALTH NEEDS SURVEY

(COMPLETED IN FISCAL YEAR 2016)

- I would be guessing if I selected any of these boxes. When we bought our house that borders the Mascoma Street less maintained section of the Rail Trail four years ago, our neighbor warned about youth coming up from the trail and breaking into unlocked cars.
- Don't know
- Not sure (2)
- Not sure. None of the above have affected me, my family or those with associate with.

3. Which of the following services or resources that support a healthy community should we focus on improving? (Check up to 5.)

35.0%	Public transportation	33.5%	Support for older adults
34.3%	Job opportunities	17.0%	Services for persons with disabilities
21.1%	Job training	35.8%	Substance abuse recovery programs
17.4%	Adult education and learning opportunities	43.6%	Access to affordable housing
23.4%	Parenting support	38.6%	Access to healthy, affordable food
40.1%	Affordable, high quality child care	13.5%	Clean air and water
24.8%	Youth programs and support	20.5%	Recreation opportunities for all ages and abilities
28.0%	Education in the public schools	7.5%	Arts and cultural events
		4.9%	Other <i>Please specify: See below</i>

"Other" Healthy Community Supports Detail:

- Access to affordable mental health services for outpatients.
- Access to affordable mental health services; teen mentor/support groups or helpline
- Access to inpatient mental health care
- Access to mental health
- Access to mental health services and case management
- Adolescent psychiatry and counseling
- and substance use prevention programs
- Better community mental health programs for all ages.
- Community Mental Health and case management support
- Mental health care
- Mental health care access and affordability
- Mental health facility
- Mental health programs
- Mental health inpatient services
- NH DHHS should do more for persons with disabilities and substance use disorders.
- Affordable health care; dental & eye.

2015 COMMUNITY HEALTH NEEDS SURVEY

(COMPLETED IN FISCAL YEAR 2016)

- Affordable health care. More covered services
- Affordable, accessible dental care!!
- Dental health
- Free or very low cost dental care
- Offering significant other insurance

- I'm unhappy with the quality of medical care at DHMC and Alice Peck, so it's distressing to see that they're spending time and money worrying about my community's recreational opportunities and art. I want a doctor (oh, how much I want an actual doctor, and one who doesn't disappear after three months), and medicine from my hospital. I want arts and recreation from my town. I don't want my hospital to look out for my overall welfare. In fact I consider it an invasion of my privacy, and I'm sure this paternalism contributes to the stress that undermines my physical health.
- Local Health Clinic
- Hospitals that don't steal from patients
- Better parking at hospitals
- Medical care without interference by insurance companies or influence of pharmaceuticals.
- Much better communication between staff and doctors at DHMC
- No idea who you are.
- Non-emergency medical care during weekends to avoid using emergency room services. Hospital affiliated urgent care?
- Cancer, more support
- Visiting nurse and associated services

- Affordable physical fitness facilities/classes
- Encouraging physical activity
- LOW INCOME recreation opportunities
- Make it easier to walk and cycle places (paths and places to secure your bike)
- Protected bicycle lanes
- Swim pool with aerobic exercise.

- Healthy life habits, food exercise sleep!
- Home grown food, community meals
- People have to know what to do with healthy foods - need cooking classes for veg.
- Programs to encourage reducing calorie intake adult education to avoid fad diets and bogus claims of health benefits from various foods.
- Smoking cessation and other support groups for those wanting and needing support to improve or maintain their health

- Child care for all families
- What do you mean by Affordable, High Quality Child Care? If EVERYONE can afford it, sure. If not then it's not affordable.

- And private schools!
- Better leadership in our schools
- I would love to see our public schools implement gifted programs. I believe that our public

2015 COMMUNITY HEALTH NEEDS SURVEY

(COMPLETED IN FISCAL YEAR 2016)

school only provides individualized education to those who struggle to achieve. (I'm not sure what the PC terms are these days) I would also like to see elementary schools implement science and social studies on a daily basis.

- Community centers so people can stay connected after their children leave home. This will ease the transition into senior-hood and reduce loneliness in older age people. We have seniors centers but we need centers geared to people 55-60 years old who may still be working. Health clubs are not enough.
- More cultural events #1
- It is very difficult to find activities in the upper valley to do with small children.
- Programs for the "tweens". They are too old for camps (12 or over) but too young, or just not ready, to say home alone. Day-long summer care or school vacation care for this in-between age is pretty much non-existent. This would be ages around 12 to 15 or so.
- Summer camps
- Teen programs and support
- Training before children so children aren't having children.
- Big Sister, Big Brother program for children that are showing signs early mental difficulties with social or unsupportive home life.

- Confidential support for high level professionals
- Domestic and sexual violence prevention
- Supportive free group art and recreation opportunities for victims of violence, trauma and neglect.
- Eating Disorder Program/Awareness
- Life skills and financial skills education for ALL ages
- Training before children so children aren't having children.
- Teaching respect to others

- Fostering a pro-business climate so that new companies and businesses will settle here and provide meaningful job opportunities.
- More businesses to adding of new & young people to the area.
- National, state and locally supported business incubation which will help create jobs
- Public transportation, to jobs that pay a livable wage, affordable housing, and access to education & cultural events are necessities of a community that is sustainable.

- Yes, there is free bus service in the core of the Upper Valley, but increased frequency to outlying communities would be very helpful.
- Regarding Public Transportation: "Later than 6PM"
- The lack of public transportation in these two states (NH and VT) is a disgrace.
- Senior transportation, congregate and home-delivered meals, social services

- Double emphasis on affordable housing.
- Especially affordable housing
- I have watched HUGE apartment complexes go up and it is all catered to Out of Staters (DHMC) employees.

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- Again I could check a lot more
- All!
- I wanted to check all the boxes, I see such a need in our area for almost all of these areas.
- I already think we have excellent access to recreation, affordable/healthy food, and clean air and water! Which is one of the reasons why I live here, good job Upper Valley!
- I'm sure all are important. These are the areas that are most important to my family at this time in our lives.

- A healthy community would not be taxing the elderly out of their homes. Broad based progressive tax and property tax rebates for mid-lower income homeowners. Dream on.
- I think there is enough support - taxes which keep getting higher to support these issues - Enough is enough!

4. In the past year, have you or someone in your household had difficulty getting the health care or human services you needed?

29.0%	Yes (continue below)	71.0%	No (skip to question 5 on next page)
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4a. If YES, which services did you or a member of your household have difficulty getting? (Check all that apply.)

NOTE: Percentages below are of those responding "yes" to question 4 (n=429)

35.0%	Primary health care	14.0%	Social/human services
19.6%	Specialty health care <i>Please specify: See detail below</i>	9.1%	Drug and alcohol treatment/recovery services
30.8%	Mental health care	10.7%	In-home support services
6.3%	Emergency health care	5.6%	Long-term care (assisted living or nursing home care)
9.3%	Dental care for children	7.5%	Support services for persons with special needs
38.5%	Dental care for adults	10.3%	Other <i>Please specify: See detail below</i>
9.3%	Emergency dental care		

Specialty Health Care Detail

- GI
- GI specialty care. I called in October to see a GI specialist due to chronic stomach pain, and the first available was June 14. I went down to Mass General instead and got in within 4 weeks of my call.
- Please see earlier comments about DHMC's GI dept.

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- On-going assistance with a chronic GI issue
- Gastroenterology, pediatric gastroenterology, pediatric , cardiology, psychiatry, pediatric psychiatry
- GI colonoscopy scheduling

- Orthopedics (3)
- The phone wait time for DHMC Pedi ortho was 20 minutes long- that is just wrong!

- There are NO Cardiac, orthopedic, dermatology providers on my plan in Mascoma Valley or VT.
- Specialty health care: GI/Allergy

- 9 month wait for Dermatology appointment at DHMC
- Dermatology
- Skin issues

- A social human services coordinator attached with Neuro-psychiatry to facilitate communication between patient and the family around diagnosis, and treatment plans.
- Neurology
- Neurology, vascular, Pediatric GI appointments at DHMC - had a 4+ month lead time for apps coming out of emergency room situations
- Neurology; primary care; dermatology (for what turned out to be malignant melanoma)
- Nutrition services
- Pediatric neurology / neuropsychiatric testing
- Pediatric psychiatry

- Affording physical therapy, chiropractic care, also accessing a facility that my insurance will accept for blood work.
- Chiropractic
- Pediatric physical & occupational therapy
- Physical therapy
- Physical therapy / treatment that is outside the 'parameters'.

- Prenatal
- Allergy testing and treatment
- Alternative Healing: Naturopathic, Herbal and Energy Medicine
- Integrated, naturopathic
- Appropriate medical care for a transgender patient.
- Blood tests, laser eye procedure
- Cancer screening ordered by physician but denied by BCBS
- Care for metastatic melanoma
- Endocrinology
- ENT

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- Eye care (2)
- Vision
- Functional medicine
- Getting a corn removed
- Hearing loss aid
- Hospice care
- Inability of prescription services due to mandatory mail order required by employer and Orthopedics at DHMC
- Prescriptions affordability
- Living on disability income with only Medicare A & B. Get healthcare @ DHMC where I am eligible for reduced fee, but no one there has an interest in or focus on fibromyalgia/chronic fatigue issues. Consulted with integrative practitioner, but very difficult to get there (1 hr away) and Medicare limits the amount of time and frequency of visits.
- Local wound care
- Many specialty services for severely disabled young adult
- Rehab for concussion - we had to go to Pittsburgh to get it diagnosis and treated. Speciality service here just said never to play the sport again. His brain was injured and could be healed just no quality services here.
- Rehabilitation services that required a hospital stay of 7 days. Patient had to go to Concord for these services as there was no local provider.
- Inpatient, PHP, residential mental health care
- Rheumatology
- Senior care
- Shoulder Surgery
- Vascular surgery
- Sleep Services
- Traumatic brain injury
- Trying to find a Lyme specialist.
- Urology
- You may not see the issue of dying respectfully with dignity as specialty health care, but I do.
- Adaptive driving lessons
- All

"Other" service detail

- Affordable care
- Affordable health & prescription care.
- Affordable prescriptions
- All because of cost, even with insurance
- "Financially handicapped" is the worst. You would not believe how ignorant and socially unattached a two person income household of 40,000+ per year is to a household of two person income of less than 20,000 per year. Do you know or socialize with a person who lives in a house that has less than 20,000 a year? In order to sincerely understand what qualifies 'a individual in low income' household in the state of NH, You need to research the states "policy" guidelines.
- Being a carpenter, my boyfriend does not have health or dental coverage.
- Coverage for hospital services (like mammogram)

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- Health Insurance
- Insurance company won't pay for my medication
- Terrible problems with Vermont Health Connect - resulting in breaks in coverage.

- Finding a dental specialist (endodontist) for a child with Medicaid is nearly impossible. Had to travel to Manchester. Only such provider found after calling approximately 25 endodontists statewide
- Impossible to find / access a dental provider who accepts my Affordable Care Act Dental Insurance

- Prescription Drugs
- Prescriptions
- Rx medication

- A coordinator or liaison for my now ex-husband who became paranoid, blamed me for his clinical major depression and anxiety - and divorced me and ran our family through a terrible divorce --- rather than use services.
- Access at D-H for teenage counseling is impossible. Had to go outside of the system and pay out of pocket.
- Access to affordable mental health professionals
- In Patient mental health care for children is needed in the Hanover/Lebanon area. Respite care also
- The Upper Valley lacks enough affordable MH providers

- Eye care (2)
- Eye glass prescriptions / eye glasses

- Gastrointestinal care
- Had to use ED for care d/t primary would not see me until all previous providers info had been received. Expensive care for respiratory or GI issue
- Transitions/Referral from primary care to GI at DHMC - takes too long, and often have to see wrong person so wastes a lot of money.

- Lack of appointments
- Medical doctors to meet ones schedule
- Very long wait to see a specialist at Dartmouth (weeks - months!)

- C PAP machine/supplies
- Care for visiting out of state child for high fever.
- Dermatology
- Integrative medicine
- Medical diagnosis support while unable to work.
- Need more MI time & home time w/ CM.
- Needed help with a new case of shingles on a saturday. didn't want to go to emergency. ended up at CVS health care. that went well but annoyed that DHMC had no one but emergency available on the weekend. used to have prn on saturday but that has been done away with

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- We were unable to obtain local primary care physicians
- Physical therapy
- Social humans services = "big problem!"
- SSI-SSD, too many questions. Don't always have car to get out of town to appointments
- I applied for Disability got denied because husband makes too much money for retirement. I should still be able to get disability as should others for these 2 reasons. Can't live together if we both get checks - that's discrimination.
- Assisted housing
- Exercise with work-out equipment
- No difficulty

4b. If YES to #4, why was it difficult to get the services you needed?

(Check all that apply.)

NOTE: Percentages below are of those responding "yes" to question 4 (n=125)

17.9%	Did not know where to go to get services	17.7%	Had no health insurance
11.2%	Did not understand how to get the service	24.9%	Had no dental insurance
8.9%	Office was not open when I could go	24.5%	Insurance deductible was too expensive
18.6%	Service I needed was not available in my area	40.1%	Could not afford to pay
6.5%	Had no way to get there	17.0%	Service was not accepting new clients/patients
33.1%	Waiting time to get an appointment was too long	9.3%	Service was not accepting Medicaid
4.0%	Had no one to watch my child	4.4%	I was turned away
15.6%	Was not eligible for the services	0.2%	Language/cultural barrier
7.2%	Needed help with paperwork	4.7%	Did not want people to know that I needed the service
4.2%	Misunderstanding with staff	12.6%	Other <i>Please specify: See detail below</i>

"Other" reason detail

- Cost
- Emphasis on deductible was too expensive
- Preventive care follow up care to preexisting condition; too costly out of pocket.
- Have had to go to Wal-Mart to get affordable prescriptions for substitute drugs with bad side-effects and not as effective as my physician prefers. Too much discretionary power given to insurance companies.

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- Health insurance did not cover adequately
- Insurance did not cover the physician I have been seeing for many years
- Insurance not accepted at any vision providers in area. Not willing to pay cost of exam.
- Lack of funding for all in need of services. Inadequacy of existing agencies to meet needs.
- My health plan not accepted
- My sister was trying to take care of her husband with ALS and work. She was denied many financial aid help because they supposedly made too much money on his disability insurance. Really !!!
- Service available for patients with Medicaid, but not with an insurance that actually covers the need, now this makes a lot of sense!
- Service did not accept my Affordable Care Act dental insurance

- Mental health care within health insurance network had 4-month wait. Had to go out of network for timely care.
- Many psych MDs do not accept health insurance. Many didn't have appts for 4-6 weeks later and many didn't answer or return phone calls.
- Psychiatry attached to Dartmouth/APD was not accepting Medicaid. A private psychiatrist in ST J and a LCSW separate from the hospital coordinated my husband's care. Even though he was suicidal and had fire arms (lots of them) no one seemed to get that he was at risk and so was my family.
- Not enough mental health providers, not enough office staff for Ortho
- Not enough pediatric mental health resources in the area
- Very difficult to find child mental health care in area
- Very limited mental health services available
- Waiting period for drug rehab very long
- Shortage of affordable mental health facilities

- There is only one pediatric dentist in the area and we didn't agree with his treatment plan for my child, so we go to Concord. My child needs a pediatric dentist instead of a family dentist due to a dental condition.
- Not enough pediatric oral dental resources in the area

- Not enough primary care doctors in the area, wait time is too long
- Had to be on wait list
- Saw same MD at New London shorter wait
- Not in network
- MD office not open at the onset of problem. didn't want wait till after the weekend
- Office closed before one could get out of work - no weekend hours
- Lack of appointments in a good time frame
- Also, after scheduling appointment and showing up, it takes way too long to get in. Can't afford for Drs to be late. I don't get paid to wait for doctors who are an hour behind schedule.
- Cellphone service not good at hospital (Alice Peck Day), trouble arranging appointments to set up hospice care.
- Difficult finding in-home support.
- DHMC does not do a good job of handing me off to a new primary physician when mine

2015 COMMUNITY HEALTH NEEDS SURVEY

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leaves (happened three times)

- Did not provide the solution
- Stupidity of my DHMC doctors
- Was told to go to ER.
- Doctor was not informed where I could receive auxiliary services; unable to get care when I needed it - waiting time to long; limited mental health care outside one or two providers and needed to avoid seeing those available because of work related issues;
- Family members discharged from DHMC with mental health issues. Should not have been discharged after seven days.
- Financially handicapped Help Lyme clinic DHMC to aid our serious mental illness crisis Doctor gives a visit once a month for two hours. What a joke.
- Lack of knowledge of how to treat my son's type of concussion
- Miscommunication on records - far too many doctors - almost 2 years in pain - no diagnosis.
- My health insurance has a specific exclusion for transgender people. My medical situation was complex, and although I am a transitioned trans woman, my oncologist did not work to understand why my case did not fit within the standard oncological protocols, and instead offered a referral to a psychiatrist. I had to search for several months to get the treatment I needed from doctors who understood my situation.
- Needed a referral from a local doctor.
- Office did not return phone calls to make appointment
- Physician not available for consultation.
- Primary care doesn't refer appropriately, don't know who to refer to or when. Hard to get appt.
- Provider referral was required but twice asked two different providers to place the referrals and still waiting.
- The provider met with me and never got back to me with the promised information for an appointment with someone who could assist me.
- Severe fatigue limits me greatly in my ability to get to appts and to manage to follow new treatment plans. Recommendations were given for supplements, but have not yet tried them because need to be sure that if there is adverse reaction, I will be able to manage that. (My 87-yr-old mother lives with me)
- My adult child needs extra help with transit to services due to her extremely anxious reactions enroute; few skilled and personally qualified people are available to provide that type of help in our region.
- State case manager apparently just too busy to provide services to which my family member is entitled (including submitting for cash reimbursements to which she is entitled). Cancels appointments, does not follow through on commitments, family member left hanging.
- State Medicaid staff NOT helpful in referring to a covered provider. Had to do the legwork alone.
- When a person is at the end of their life, no one wants to be bothered and don't want to care. You get what is the point.
- I live in Manchester, NH

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5. In the past year, have you or someone in your household had to travel outside of the local area to get the services you needed?

18.8% Yes (continue below) 81.2% No (skip to question 6 on next page)

5a. IF YES, what type of services did you have to travel outside of the area to get?

Please specify:

Outside of the area service detail (comments from 243 survey respondents)

- Dental (4)
- Dental services (3)
- Dental care (2)
- Dental check up
- Dental healthcare
- Dental doctor
- Dental (to Hartford, CT)
- I prefer a dentist in MA; it's not a 'need to', but prefer to;-)
- Dentures
- Endodontics
- Children's Dental
- Dental for child
- Pediatric dental care
- Pediatric dentist, also veterinary for small animals (not sure if that counts here!)
- Pediatric dentistry
- Oral surgery (2)
- Oral surgery. D-H quoted \$50,000 to \$60,000 for jaw surgery for my son. The Fletcher Allen surgeon quoted \$10,000 to \$12,000. The absurdity of the situation is that, if he had had the surgery at D-H I would have paid less out of pocket because it would have been in network, paid at a better rate and subject to a lower out of pocket. Because I was proactive, sought a second opinion and made what I thought was a wise financial choice, it actually cost me \$7,000 more. Ridiculous, right???
- Orthodontic Care
- Periodontist
- Periodontal subspecialist
- Special needs dentistry
- Specialist pediatric (surgical) dental care.
- Specialized oral surgery
- Travelled to Burlington for affordable dental visit at VTC Dental Clinic

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- Child inpatient mental health care & no beds available for days even within a 2+ hr radius
- Acute mental health care
- In 2013, my daughter's mental health challenges could only be served in Rhode Island, requiring a 3-month stay there.
- Inpatient and PHP services for mental health
- Inpatient mental health treatment for a household member
- Mental health (2)
- Mental health care
- Mental health care - Lebanon
- Mental health counseling.
- Mental health help
- Mental health services; child psychiatry child gastrointestinal services
- Mental health support
- Support for mental illness care
- Psychiatric services for adolescent
- Youth mental help, suicide watch, after support and care, support for the parents
- Special Ed therapy, trauma therapy for child
- Psychiatric services. Is driving 45 miles each way "outside the area?"
- Psychiatry - to St Johnsbury
- PTSD treatment
- Mental Health/Substance Abuse
- My brother could not get into an alcohol rehab center so went out of state
- Drug rehab services
- Rehab and addiction help. Rehab is thousands of dollars even with insurance, more without.
- Substance abuse and recovery
- Substance abuse recovery
- Substance recovery

- Cancer radiation treatment Cancer services, and auto immune issues
- Cancer treatment (2)
- Cancer treatments because the specialist at NCCC had gone elsewhere. It is not pleasant for the patient to start locally then have to continue treatments in Boston, which isn't convenient.
- Alternative treatment for cancer relief / local hospitals only treat 'their way' to ensure their statistics are what they want....not focusing on the patients' needs/wants for quality of life issues.
- Clinical trial for cancer
- Follow up cancer care.
- Oncology
- Proton radiation treatment
- skin cancer removal (located in Vermont)
- Treatment and care for metastatic melanoma

2015 COMMUNITY HEALTH NEEDS SURVEY (COMPLETED IN FISCAL YEAR 2016)

- PCP (3)
- Primary care (4)
- Primary care (check up)
- Primary Care (I live in Manchester, NH and the earliest I could set an appointment for a bad infection was 3 months later!) Also, I tried several different offices, no availabilities.
- Primary care doctor
- Primary care physician appointments
- Primary health care
- Family doctors
- General dr. care physicals monitoring blood sugar every 3 months. have to travel to Lebanon from Canaan
- General health is a distance, but we are moving soon.
- My annual check ups with my doctor.
- Routine physical exam

- Affordable, medicare and medicaid covered primary, mental, and dental health care
- Health insurance
- In order to have services covered by health insurance had to travel out of the area
- Mental & physical therapy too costly and not appropriately covered under most insurance / to cost to continue care.
- Stuff not covered by health insurance. Labs
- Therapist who matched my insurance and schedule

- Laser eye procedure
- Cataract operation
- Laser eye surgery consultation
- Lasik eye surgery
- Displaced retina
- Eye doctor (2)
- Eye surgery
- Ocular plastic surgery
- Ophthalmology
- Ophthalmology services for intermediate uveitis
- Optical
- Pedi ophthalmologist

- Heart attack
- Ablation
- Cardiac
- Cardiac specialist
- Cardiologist
- Cardiology
- Heart related
- Heart Surgery (VA pt)

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- Endocrinology as DH was stumped and unsure what to do
- Endocrinology (3)
- Endocrinologist (traveled to Dartmouth-Hitchcock)
- Specialty endocrine care - referred to Boston

- Blood work (2)
- Bloodwork all the way to Concord.
- Blood tests

- Allergy - pedi
- Allergy appt
- Allergy testing and treatment

- Rheumatology (2)
- Rheumatology

- Boston Children's Hospital - Pediatric Pain Clinic
- Pediatric specialist
- Child development. I like getting practical information and find it difficult at Dartmouth

- Concord hospital for hip replacement
- Back surgery
- Foot orthopedics
- Foot surgery
- Hand surgery. After a hand surgeon at DHMC didn't want to deal with an iatrogenic complication caused at DHMC, I went to see Dr. Murphy at New London.
- Hip surgery
- Orthopedics specialist, 2nd opinion
- Orthosis, Specialty support group (EDS in Boston)
- We needed an experienced orthopedist to consult on a foot injury.

- Surgery (2)
- Facial feminization surgery
- Husband went to CA to have surgery on an acoustic neuroma.
- Needed emergency eye surgery and doctor at DHMC was on vacation so they sent me to Boston (this was actually 1 1/2 years ago.) In roughly that same time frame, another family member had to travel to Burlington to terminate a pregnancy.
- Thoracic surgeon

- Podiatry (2)
- Quality podiatry

- Gastroenterology
- Gastroenterologist
- GI services at Mass General

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- Bowel checked for polyps
- Health care specialist - G. I. Pediatric.
- Pediatric Gastroenterology (2)
- Pediatric GI specialist
- We are considering doing so - we have over an 8 week wait to pain clinic at Dartmouth - an additional long wait to see GI doc for someone with ileostomy & history of blockages - in Connecticut we would not have to wait for more than a few days. Both my wife and I have had surgery at APD - very short wait time to be seen.

- Neurology
- I live in Woodstock, had to go to Dartmouth for neurology. Dartmouth- no easy parking- too much walking
- Neurologist I ended up going to Mass General
- Neuro
- Neurologic consult
- Neurology/rehab medicine
- Neurosurgery

- Alternative medicine: naturopathic doctor
- ND naturopathic doctor
- Naturopathic doctor
- Saw integrative medicine doctor who specializes in fibromyalgia/chronic fatigue and other women's health issues.

- Urology
- Urologist (located in Vermont)
- Urology/gynecology

- GYN
- Women's healthcare

- Dermatology (2)
- Dr. recommended Dermatologist

- Emergency Care
- Emergency Room Services

- Housing
- Housing for Special needs adult son

- Human resources
- Human services
- Motor Vehicle Services Health Human Services
- Help with SSI
- We had a friend living with us who would have had to drive to Concord to apply for the medical and food stamp benefits she and her daughter could have used. Without a car, this felt out of reach to her.

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- Residential special education program for girls on autism spectrum.
- Special education services

- Rehabilitation services to help with recovery from a back injury (PT & OT in a hospital setting)
- Evaluation for recovery from TBI Spaulding Medical Center - spouse.
- Wheelchair training for a Parkinson's patient

- Expert 2nd opinions
- My friend had to travel for second opinion in surgical options
- Second opinions in another state
- Accurate Diagnosis
- Appliances
- Asthma help
- Chiropractic-good one
- Clinic appointment
- Boston for medical reasons
- Complex medical care
- DHMC did not have a bed for my husband when he developed pulmonary embolism due to a routine surgical procedure. It took 6 hours to transport him from Gifford to UVM Med, where he died the next day.
- Diagnosis and rehab plan for concussion
- Elderly care
- Food, health, meds.
- Go to Leb/Hanover for Hospital.
- Health Issue
- Hearing
- Home birth midwifery
- Internal medicine dr. that wasn't a resident dr.
- kinesiology, nutrition
- Lebanon "YMCA"
- Liver specialist
- Lung specialist
- Lyme disease treatment
- Mayo clinic - kidney donation
- Medical testing
- Need to address atypical epilepsy...must travel to Boston (BIDMC) for treatment.
- Prescriptions
- Sleep Services, for sooner appointment and accommodating special request
- Special treatment for autoimmune treatment
- Specialty care for MS
- To get infusion for MS
- Specialty diagnosis - Mass. General - Boston
- Specialty doctor and PT services for scoliosis
- Specialty in Boston.

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- Specialty services Resp.
- Step parenting group support
- Support for transgender child
- Support group for eating disorder

- All (2)
- All health care except emergency room.
- Health and dental care
- Primary, specialized, and dental
- Primary, specialty, and dental
- Hospital/Dental/Child Care
- Specialist care
- Specialty care
- Health care (2)
- Medical (2)
- Medical appointments
- Physician appointments
- Physician care
- Medical care (2)
- Medical care, driver's license
- Medical and therapy. After years of going to DHMC, Boston Medical diagnosed her. Thank god she happened to be living down there at the time.
- All medical services
- Doctors
- All of the above
- All services offered @ DHMC are 45 miles from my home
- There is no health care of any kind in my local area (i.e. within 25 miles of my home). All access to health care involves at least a 45 minute drive.
- To get good health care
- V.A. WRG
- VA medical assistance
- WRJ for healthcare
- We prefer the services at DHMC so we travel to get them. Some specialty services refer us to DHMC.
- None

2015 COMMUNITY HEALTH NEEDS SURVEY

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6. Which of the following programs or services would you or your family use if it were more available in your community? (Check all that apply.)

16.2%	After-school activities	21.5%	Nutrition/cooking programs
15.7%	Affordable childcare	26.1%	Weight loss program
5.2%	Adult daycare	5.2%	Diabetes support group
6.3%	Parenting support groups	7.2%	Drug and alcohol prevention programs
10.1%	Family counseling	6.1%	Drug and alcohol treatment
8.6%	Education workshops for parents	6.3%	Stop smoking program
16.1%	Mental health counseling	27.8%	Public transportation
30.7%	Stress reduction and relaxation classes	39.8%	Biking/walking trails and pathways
9.9%	Caregiver support	12.5%	Community gardening
10.3%	Better balance/falls reduction programs	15.7%	Adult education
37.1%	Recreation/fitness programs	8.9%	Job training
8.4%	Medical services <i>Please specify: See detail below</i>	3.6%	Lesbian, gay, trans-gender and bisexual support services
13.0%	Dental services <i>Please specify: See detail below</i>	3.1%	Other <i>Please specify: See detail below</i>

Medical or Dental Services detail:

- All (3)
- Affordable
- Affordable routine care
- More affordable services. I have insurance with a high deductible and can't afford to meet my deductible. Bring back the \$25 copay
- Lack of insurance has impeded me and my significant other from getting the dental care and in his case, primary medical help.
- General health care that I can afford and dental care that I can get that I won't have to go broke to get basic dental care in an emergency.
- All - cardiac, orthopedic, dermatology, OB/GYN
- All dental, All medical
- All primary care services, all dental services
- Medical services: all and any Dental services: all and any
- Medical: ALL Dental: All
- Any
- Any in the Mascoma Valley
- As needed
- Both (2)
- Both - closer to Canaan

2015 COMMUNITY HEALTH NEEDS SURVEY (COMPLETED IN FISCAL YEAR 2016)

- Basic medical and dental services.
- Basic health maintenance
- Check ups
- General Internal Medicine and General Dental services
- Just normal check up
- More affordable preventative care
- Preventative and emergency care
- Preventative care Services for students without insurance
- Primary care regular dentist
- Primary Care and Dental cleaning/procedures
- primary care and general dentistry
- Primary care and primary dentistry
- Primary care physician, physical therapy, dentist check ups
- Primary Care; Dental Care - All.
- Primary care; hygienist appts (dental)
- Primary, preventative care for both medical and dental.
- Quality Primary Care medical and primary dental services, not available in Canaan

- Affordable -all insurance accepted. General - cleaning, fillings, proactive to prevent teeth lost, help with alternative processes.
- Affordable care for extractions and dentures
- Affordable Dental Care that doesn't require crazy.
- Affordable dental for kids; Medical deductible is so high
- Affordable health or dental services. Lower out of pocket deductibles and out of pocket expenses.
- Affordable means of acquiring dental services on a limited budget beyond what the insurance is willing to pay. Often the dental services are neglected because the perceived bill will be too high to contemplate looking into. Therefore a service where arrangements could be made without compromising the quality of service given.
- Adult dental that was affordable
- Adult dental
- Special needs adult dentistry
- All dental services - both emergencies, extractions, cleaning, etc.
- All services needed for healthy teeth
- Any and all dental services - Medicaid providers are scare due to poor reimbursement rates.
- Basic dental care
- Checkups, crowns
- Checkups, fillings, x-rays
- Cleaning
- Cleaning, fillings
- Cleaning, maintenance
- Cleaning, periodontal, fillings, crowns, root canals
- Dental
- Dental - restorative
- Dental = pain relief, extractions, all dental

2015 COMMUNITY HEALTH NEEDS SURVEY (COMPLETED IN FISCAL YEAR 2016)

- Dental care
- Dental care for adults and children
- Dental care for low-income people
- Dental care. Haven't been to a dentist in more than 5 yrs. No insurance. Cannot afford it out-of pocket.
- Dental checkup, teeth replacement
- Dental Cleanings Annual physicals
- Dental services are available but even with insurance the cost is still extremely high.
- Dental services that take insurance rather than require patients to seek reimbursement after the fact. This is cost-prohibitive to people who don't have cash on hand to pay for dental services.
- Dental services, many dentists dont take medicaid patients
- Dental services: affordable rates
- Dental services: affordable.
- Dental services: Again we all don't have a car and afraid to ride community bus - Advance transit.
- Dental services: All.
- Dental services: any affordable care! Even cleanings are over \$100 now!
- Dental services: Basic cleaning
- Dental services: care
- Dental services: Caries, regular prophylaxis
- Dental services: Check ups, cleanings, root canals.
- Dental services: Covered by insurance would be nice!
- Dental services: dentures
- Dental Services: For adults without coverage.
- Dental services: for children, adults to many toothless people in our area.
- Dental services: for my daughter & son-in-law, low cost services.
- Dental services: free dental work.
- Dental services: Full or 3/4 coverage.
- Dental services: general dental care.
- Dental services: kids/adults
- Dental services: More affordable
- Dental services: More Medicaid.
- Dental services: Neither my husband nor I have seen a dentist for several years - not due to lack of access, plenty of dentists around, but no dental insurance.
- Dental services: Prevention
- Dental services: We have to pay out of pocket
- Dental- insurance coverage
- dental-\$500 limit for VT M'caid is inadequate
- Dental-All;
- Dental: False teeth.
- Dental: I have no dental insurance. The Red Logan told me they didn't know when I could get my teeth cleaned. Clinic doesn't have enough volunteers. They have a waiting list.
- Dental. Affordable for uninsured
- Dentist
- Dentist available especially for pulling/tooth/teeth that are qualified oral surgeons.

2015 COMMUNITY HEALTH NEEDS SURVEY

(COMPLETED IN FISCAL YEAR 2016)

More help in getting dentures. Root canal figured out and expedite as painful to wait.

- Dentists that accept Medicaid & who offer alternatives to amalgam for fillings & are good with children
- Fillings teeth extraction
- Free dental care for those who are below poverty line...areas like Grafton and parts of Orange may not be covered by the White River Clinic as you have to be 20 miles or under
- Full affordable dental care. Dental services in the northern regions are lacking in technology and professional training. Not everyone wants to have their teeth pulled.
- General dentistry - they won't accept my employer's dental insurance
- Dental clinics
- Help with paying for the out of pocket cost to have cavities and crown done
- I have no dental insurance. I need to see the dentist but I can't afford to.
- I need dentures and can't get to a dental provider.
- ALL dental services.
- Make dental services more affordable!
- Medicaid accepting dentist
- Medicaid covered dental services that doesn't have a 4-5 month wait list
- Dental services: preventive care cleanings, x-rays
- Dental Services: haven't seen a dentist in 7 yrs
- Dental: Acquiring new dentures
- My 2 adult children unable to afford any dental care. My son has only front teeth remaining; also has root canal that's broken through into maxillary sinus
- No dental care in Canaan have to travel to Lebanon
- Orthodontia for kids
- pediatric dentistry
- Dental health services
- Preventive and regular dental checkups, cleaning
- Reduced price dental care
- Regular dental check-ups, root canals, crowns, tooth reconstruction, teeth whitening
- Root canals and crowns are so expensive and insurances only pay half that it still leaves a lot to pay for those who can't afford it.
- Rotting teeth. Not accepting new patients with Medicaid
- Routine checkups and cleaning, periodontal
- Tooth extraction

- Comprehensive total care primary care
- Doctor appointments that are affordable
- Better variable hours, shorter waiting times, lower copay
- Having my doctor / clinic closer for my regular care and or when I'm sick. I have to travel 45 miles one way.
- Medical services: better hospitality
- Medical services: for older adults
- Medical services: good doctors, more primary care consistency.
- Medical Services: primary/regular care needed
- More PCP's
- Only one dr. close by and do not like him. Have to travel for general care.

2015 COMMUNITY HEALTH NEEDS SURVEY (COMPLETED IN FISCAL YEAR 2016)

- Physical exams
- Primary care (2)
- Primary care doctor
- Primary care physicians
- PRIMARY CARE!!! I have a PCP that I adore, but when I'm sick enough to warrant an office visit, I'm told I can be seen in 6-8 weeks. what good does that do if I'm sick NOW?
- Q&A primary care for issues that arise here, which is outside my insurance catchment area, from a provider with access to my medical records elsewhere.

- I would like to not travel so far from Canaan and am happy that it seems we will be getting a local clinic. Any and all medical and dental services.
- Local clinic with PCP, xrays, mental health, dental
- Local dentistry services, primary care medical services.
- Local health care center
- General Health Clinic
- Walk-in clinics for all ages, non-emergency & covered by insurance
- Would be nice to have primary medical care and dental services in or closer to Canaan
- Would like services closer than the 45 minute drive and congestion we currently have in going to Lebanon.
- Would use local services if available.

- Medical services: mental
- Pediatric mental health
- Mental health services
- Not services for myself; I'm more concerned about the mental health of our local health providers (our neighbors and friends)
- Mental health

- Adult neurometabolic physicians
- Chiropractic
- Emergency care, routine care
- Emergency Services for accidents
- Eye care
- Low cost dental & eye care which are NOT covered by Medicare
- Health care coverage which does not contain clauses specifically excluding me because I am trans.
- Integrative medical treatment for fibromyalgia/chronic fatigue.
- It would be proactive of Anthem to include acupuncture, Reiki and massage as eligible benefits for the preventative benefits that these types of body work offer.
- Medical: Arthritis care
- Pediatric specialty services as listed previously
- Physical rehabilitation
- Support surrounding a Bariatric Surgery, such as fitness programs, cooking education. In order to succeed these items need to be a part of my continuing program for a healthier me.
- Cultural events in Canaan area are too limited.

2015 COMMUNITY HEALTH NEEDS SURVEY

(COMPLETED IN FISCAL YEAR 2016)

"Other" programs or services detail:

- Affordable Exercise/Fitness facilities incl. pool nearby
- Dog friendly walking/hiking trails
- Bike paths so kids/parents can bike to school/work!!!
- Exercise
- Gyms that are affordable to everyone
- Meet up groups for older adults interested in outdoor activities without an emphasis on dating
- SAFE biking and walking trails AND affordable classes
- Would LOVE to see the rail trail extended towards West Leb

- "Tweens" care/activities for school vacations, most especially summer.
- Children between the ages of 12 and 16 need to be able to work or be challenged
- Girls on the Run for Junior High/high schoolers-not track team
- Homeschool programs
- If there are after school transportation to libraries, that would be nice.
- Safe and appealing teen social activities and "hang out" space
- Summer child care/camps for non-Neuro typical
- YMCA

- Access to "healthy food" shopping
- Farmer's Markets
- Local food emphasis

- Addiction through a medical lens - not through AA, or other ad hoc organizations of agencies
- Al Anon meetings, Alateen meetings
- My family has access to the services we need but we know of several that need help with addiction and mental illnesses

- Highly skilled community support staff for disabled/special needs adult
- Availability to competent, compassionate social workers
- Aging in place support services

- A community 'Haven'
- Combined community events, like holiday celebrations and parades. Why separate them all by town? Or if so, spread them out and invite other towns to attend the smaller ones
- Volunteer opportunities

- Cancer class - support group.
- Cancer, for family members

- Pain reduction for migraines without medication use
- Chronic pain support group

2015 COMMUNITY HEALTH NEEDS SURVEY (COMPLETED IN FISCAL YEAR 2016)

- Adult responsibility, Could be done through the mail. Our children learn from us.
- Dental coverage is lacking
- A community SVC or public transportation after surgery or procedure: i.e. rides home!
- Holistic healing services
- Opportunities for creativity.
- Programs that focus on obesity. And smoking, of course.

- If these services were affordable
- My nuclear family has the money to afford services but my neighbors do not. It is for them I worry.
- Programs are available but normally for those who can afford them, not the general public
- Services for all the community members not just low income
- We would need free programs

- I can't say for sure my use of these would increase as these are currently available and our family does take advantage of them to some degree, but these are the items that our family is most interested in at this time in our lives.
- I live alone & do not need any services at this time.
- No needs; just busy on the farm
- None of the above. The services / opportunities we need are available.
- These do not apply to me - I live alone and I have access to all that I need.
- We already use these services, which we value
- We do not feel we personally need any services not already available
- We're fortunate not to need any of above currently.

7. If you could change one thing that you believe would contribute to better health in your community, what would you change?

See all responses (n=986 respondents) included at the end of this attachment.

2015 COMMUNITY HEALTH NEEDS SURVEY
(COMPLETED IN FISCAL YEAR 2016)

The following questions will help us to better understand the characteristics of people answering this survey. **This information will not be used to identify you in any way.**

8. What is your age?

2.7%	18-24	23.2%	55-64
13.4%	25-34	16.2%	65-74
16.3%	35-44	6.2%	75 and older
22.0%	45-54	125 missing responses	

9. What is your gender?

21.7%	Male	78.3%	Female
132 missing responses			

10. About how many years have you lived in this area?

__ Average=26.1 years; Median=23 years (131 missing responses)

12.8%	5 years or less
11.0%	6 to 10 years
21.7%	11 to 20 years
33.7%	21 to 40 years
20.8%	More than 40 years

2015 COMMUNITY HEALTH NEEDS SURVEY
 (COMPLETED IN FISCAL YEAR 2016)

11. What is the zip code of your current local residence?

DH-APD Service Area; 83.3%

Outside Service area; 16.7%

21.2%	Lebanon/West Lebanon	1.9%	Claremont
12.2%	Canaan/Orange	1.5%	Newport
10.5%	Hanover/Etna	0.9%	Windsor
9.9%	Hartford/White River Jct.	0.8%	Bradford VT
7.3%	Enfield	0.8%	Cornish
3.7%	Grantham	0.8%	Sunapee
3.2%	Norwich	0.7%	Haverhill
2.7%	Orford	0.6%	Royalton
2.2%	Plainfield/Meriden	0.6%	Springfield VT
2.1%	Grafton	0.6%	Springfield NH
2.1%	Thetford	0.4%	Bradford NH
1.5%	Woodstock	0.6%	Strafford VT
1.2%	Fairlee	0.4%	Vershire
1.1%	Hartland	0.3%	New London
1.0%	Lyme	0.3%	Randolph
0.6%	Sharon	0.3%	Weathersfield
0.6%	Dorchester/Rumney	0.2%	Bristol
0.2%	Piermont	0.2%	Charlestown
		0.2%	Bethel
		0.2%	Newbury VT

And 4.5% of respondents from 45 other towns / cities; plus 143 missing responses

2015 COMMUNITY HEALTH NEEDS SURVEY
(COMPLETED IN FISCAL YEAR 2016)

12. Approximately, what is your annual household income?

6.0%	Less than \$15,000	21.6%	\$50,000-\$74,999
7.8%	\$15,000-\$24,999	16.2%	\$75,000-\$99,999
17.8%	\$25,000-\$49,999	30.7%	\$100,000 or more
268 missing responses			

13. How many people are in your household?

15.2%	1 person	
41.3%	2 people	
17.3%	3 people	
17.1%	4 people	
5.8%	5 people	
3.3%	6 or more people (max=14)	188 missing responses

2015 COMMUNITY HEALTH NEEDS SURVEY
(COMPLETED IN FISCAL YEAR 2016)

7. If you could change one thing that you believe would contribute to better health in your community, what would you change?

(986 survey respondents answered this question; 63.0%)

AFFORDABILITY OF HEALTH CARE/LOW COST OR SUBSIDIZED SERVICES; INSURANCE; HEALTH CARE PAYMENT REFORM (16.5% of respondents)

- Access for all.
- Access to affordable and personal primary care
- Access to affordable health at all the local hospitals.
- Access to affordable health care
- Ability to get help with prescription drugs
- Access to enough affordable health insurance.
- Access to good healthcare and dental services for ALL - especially low income people
- Access to health care for everyone.
- Access to healthcare
- Add significant other options to employees insurance
- Affordability of health care
- Affordability of services
- Affordable care (3)
- Affordable cost for low income households Dental care Mental care Eye care Food pantries
- Affordable Health and dental
- AFFORDABLE health and dental care
- Affordable health and dental plans.
- Affordable health care (7)
- Affordable health care for all people. Many people forego services such as dental or annual physicals because they cannot afford them.
- Affordable health care for everyone
- Affordable health care options for all
- Affordable health coverage - including dental & hospital services.
- Affordable health insurance (2)
- Affordable health/dental for everyone! Affordable adequate childcare for parents wanting/needing to return to work.
- Affordable healthcare & insurance for everyone.
- Affordable healthcare for everyone.
- Affordable healthcare-many do not seek care due to cost and I know one struggling with medical bills who may not be able to send her child to college this fall, due to medical bills and having been uninsured for a short time.
- Affordable individual health insurance
- Affordable insurance
- Affordable insurance for middle income
- Affordable insurance/healthcare

2015 COMMUNITY HEALTH NEEDS SURVEY (COMPLETED IN FISCAL YEAR 2016)

- Affordable Medical services
- Affordable prescription drugs for all
- Affordable primary health and dental care for immigrants who don't qualify for Medicaid and can't afford insurance.
- Affordable single payer healthcare system
- Affordable, healthy, food - supermarket.
- Affordability
- Allow more competition in the State to purchase insurance. Remove the mandates built into the insurance plans for example maternity care is in health plans men purchase.
- Better health insurance coverage for medical care and drug purchase.
- Better insurance coverage
- Better insurance coverage as so many people are underinsured.
- Better understanding of financial cost on families for medical care. Even with insurance it is very expensive.
- Bring back the \$25 copay and get rid of high deductible plans. Require providers to fully understand the out of pocket financial cost of care - even routine - they provide and refer to their patients before they offer, provide, or refer them.
- Affordable health care - everyone deserves this.
- Changing the insurance programs to make them more affordable to people
- Cost (2)
- Cost & accessibility
- Cost of care
- Cost of health care (2)
- Cost of health care working for both New London Hosp and DHMC, absurd amount out of pocket
- Cheaper health insurance
- Cheaper mental health care
- Cost of healthcare insurance. I believe many people are not using preventative medical services due to the high deductible costs.
- Cost of insurance and high deductibles
- Cost of medical services and prescriptions
- Cost so it was affordable
- Cost-people don't go to all their appointments or take all their meds due to high cost
- Cost (2)
- Eliminate insurance company oversight of healthcare.
- Expense of care
- Eye and dental care should be part of health ins policies
- Free eye care as well as jobs
- Free health care for all
- Free health care (2)
- Free health services
- Get Obama out of office! Health Care Cheaper
- Have a real national insurance program as in Canada or the UK. Private health insurance will never work.
- Having more free programs for ALL ages and income levels at various times
- Having things more affordable with some type of payment plans.

2015 COMMUNITY HEALTH NEEDS SURVEY (COMPLETED IN FISCAL YEAR 2016)

- Health care costs & prescription drug costs.
- Health care price
- Health care should be available to all and should be single-payer to really get costs down. Otherwise this is a wonderful community with great resources. Health promotion is alive and well here.
- Health care that is not dictated by for-profit insurance companies
- Health insurance that does not force you to change providers. DHMC's "affordable" ElevateHealth Provider list eliminated MANY smaller practices and individual providers. Not a good move for the community.
- High cost of health care services
- High cost of medical care
- High Deductibles
- High deductibles & multiple deductibles for different categories. ie medical deductible, dme deductible, etc
- I think the cost of health care, dental care and prescriptions are out of control.
- I would move us to a single-payer health care system regardless of the high cost.
- I would reduce governmental intervention in our health matters. Give me the choices, I will make the decision as to what is best for me.
- Increase reimbursement to Physicians while decreasing insurance company and government control over physician autonomy.
- Insurance companies controlling health care
- Insurance cost
- Insurances makes it impossible to change companies without penalties for trying to switch over to a better one. Going 6 months with no insurance is impossible these days.
- It is too expensive to seek out care at MHMH. I would lower the cost of the services and not order unnecessary tests.
- Less costly, more traditional healthcare benefits. Low deductible fully insured.
- Give back accountability for one's own health to the individual by responsibility for payment/insurance. The "patient" is not currently the customer, payers and employers are. Full transparency in health care costs, self-directed goals, effective choices for treatment, ownership of one's own medical record, and access to support when needed will all follow.
- Low, affordable healthcare
- Lower cost
- Lower cost for care for poor, working poor and elderly
- Lower cost health care.
- Lower costs at DHMC
- Lower deductibles for D-H employees; increased help with medical bills for employees
- Lower health care costs
- Lower medical costs
- Lower the cost of health insurance so it's not such a financial burden on families
- Make access to health insurance easy and affordable
- Make health care and housing affordable
- Make healthcare more affordable. There are still plenty of people who can't afford insurance and with fewer covered services, people will look elsewhere or simply not seek treatment.

2015 COMMUNITY HEALTH NEEDS SURVEY (COMPLETED IN FISCAL YEAR 2016)

- Make it free to all
- Make things more affordable, such as insurance.
- Making it affordable
- Making services more affordable
- More accessible health and dental care for adults. It needs to be affordable for those that cannot afford dental insurance, and if they do, the out of pocket is too much still. It is also impossible to have health care if you do not have insurance, you are turned away if you cannot pay.
- More affordable health care (3)
- More affordable health insurance (2)
- More affordable health insurance programs.
- More affordable health insurance with lower deductibles and better coverage.
- More affordable healthcare insurance
- More affordable insurance - especially for lower income folks, young people
- More affordable medical care, and a way to get there
- More choices for health care in Vermont! The Vermont Exchange is good in theory but not great in reality. The premiums are outrageously high and don't even cover eye or dental care, something everyone also needs. If you are middle class and don't qualify for a subsidy, you pay a lot for little care. Very disappointed. Also very disappointed as a business owner that we can't provide health care to our employees because doing so would make those that have children ineligible to receive a subsidy to cover their family as well, because the law would consider them to be provided with "affordable health care" through the plan at work. To clarify, by offering employees a health care plan themselves, they would be deemed to have affordable health care and ineligible for any subsidies to help pay for their children/families which can be over \$500-\$1000/month, definitely not affordable! In response, we have just not offered it to any employees as to not make certain ones ineligible for subsidies to cover their families. Clearly not what the law intended! New Hampshire has much lower premiums through their private market place that covers dental and eye, I know because I just moved from there and lost coverage. ouch!
- More emphasis on Holistic healing and having that covered under health insurance.
- More reasonable prices for health and mental health care
- Obama care
- Price of health care and prescription drugs - especially "brand name" drugs when generic is not available or not an option.
- Reduce cost (2)
- Reduce cost of healthcare, specifically prescriptions
- Reduce prices for prescriptions and dental checks
- Reduce the cost of medical services or increase wages.
- Reduce the prices charged by Dartmouth Hitchcock. \$25,000 per year for insurance for a family is a lot of money (even if nominally a large fraction is paid by my employer).
- Remove the influence of the for-profit private insurance industry from it's position between me and my health providers.
- See above, or better, a single-payer national health insurance system.
- Single Payer Health Insurance for ALL people!
- Single payer healthcare.
- State-provided health insurance.

2015 COMMUNITY HEALTH NEEDS SURVEY (COMPLETED IN FISCAL YEAR 2016)

- The cost and availability of QUALITY health insurance
- The cost of affordable healthcare.
- The cost of health care is too high. Income limits for assistance is too low.
- The cost of health insurance. There are many people that make just enough income to be qualified for an insurance plan that is too expensive for them. They end up struggling to pay for their insurance and/or they go without the healthcare they need.
- The cost of healthcare is ridiculous. most of the time I don't go to the doctors when needed because I can't afford my copay. \$15 for that copay is money I could be using to feed my child so I'm not going to waste it on seeing a doctor that is just going to order tests I can't pay for and prescriptions I can't pay for. I think that our health care and prescription costs need a major overhaul in America. my husband hasn't been to a doctor in 10 years because we can't afford it and he doesn't see the point. this is not ok. why can't we have free healthcare and medications like most of the rest of the world!!
- The cost of it
- The cost to patients
- The cost of quality health care
- The expense of health insurance
- The price it costs to get medical care.
- There should be single payer healthcare!
- To make it more affordable for people to get help with the care they need.
- Truly universal health insurance
- Universal access to basic health care.
- Universal access to healthcare
- Universal health coverage services for all available at minimal cost instead of insurance model
- What is covered by insurance
- Where I live (about 1 mile from the hospital) there are people still living without healthcare that do not qualify for help but can't afford to pay for healthcare. They are kind of in a "donut hole" of sorts but this is a demographic that is growing. I would find a way to meet the needs of this specific group of people.
- While I'm not personally experiencing issues, it seems that access to medical and dental care for low income people is an issue. There are community organizations trying to fill the need, but they are underfunded and overworked. Substance abuse and mental health seem to be areas of concern also, and we need to address them before there is a crisis. Personally I like the community events that we have in Lebanon- farmers market, walk/runs, the Lebanon rec dept is fantastic.

2015 COMMUNITY HEALTH NEEDS SURVEY
(COMPLETED IN FISCAL YEAR 2016)

**IMPROVED RESOURCES, PROGRAMS OR ENVIRONMENT FOR HEALTHY EATING/
NUTRITION/FOOD AFFORDABILITY; HEALTHY LIFESTYLE EDUCATION (14.5% of
respondents)**

- A farmers market and easy access to healthy whole foods.
- A focus on better healthy living and prevention, rather than treatment of the symptoms afterwards
- A fresh food market in town, with competitive pricing.
- I would institute a massive change in food production, marketing, consumption, and education. I would outlaw sugar and force grocery stores to only sell foods that promote rather than harming health.
- A shift to educating people about health, including food, exercise, environmental exposures before they get sick
- A supermarket for cost-efficient alternatives for "healthy" foods.
- A supermarket that has everything
- Access to affordable, nutritious food for lower-income people.
- Access to healthy food prep classes/workshops at times a working person could attend
- Access to healthy foods for everyone.
- Add more Motivational Programs for Health and Nutrition
- Affordable food - healthier food is always higher priced.
- Good food for all - more local agriculture
- Affordable healthy food and how to make prep simple and fast
- Affordable non-processed food choices
- Affordable organic foods.
- All physicians should discuss weight management with their patients - probably at every visit!
- Availability of fresh produce
- Awareness of obesity
- Getting rid of fast food
- Better access to healthy affordable foods and physical exercises and education on the importance of that for all.
- Better diet - especially for young people better eating habits
- Better education about the benefits of good nutrition
- Better nutrition
- Better health promotion in public schools.
- Better nutritional programs in schools and healthy school lunches.
- Better school lunch programs. Currently they are expensive and unhealthy, which will lead to more health problems for kids.
- Better, healthy eating habits
- Costs of unhealthy foods vs. costs of healthy diets
- Create a school based food program for children who have financial need so no child goes without food
- Decrease obesity
- Daily exercise with nutritional advise
- Easier access to fresh produce and real food
- Easier access to healthy food

2015 COMMUNITY HEALTH NEEDS SURVEY (COMPLETED IN FISCAL YEAR 2016)

- Easier and more affordable access to fresh fruits and vegetables. Getting a nutritious meal is a priority for most people but the cost is so much that most can't afford to make it happen as regularly as they might wish.
- Eating habits
- Education about healthy eating available to lower income people.
- Eliminate all drive thru access to restaurants
- Eliminate the chemicals and gmo's in our food. That is the one thing that would improve everyones health. I feel strongly that our hospitals and schools should be serving orgainic healthy food.
- Emphasis on disease prevention and health maintenance
- Figuring out how to get people to eat more fresh food and less processed food
- Focus on behaviour compliance in healthy behaviours.
- Food choices.
- Free community personal wellness education programs (potentially linked to social support services as a qualifier in continuing to receive services) with the aim of teaching self-care strategies from Condition management to shopping and cooking education classes to free yoga on the park etc. - based on prevention/health promotion
- Free wellness programs in every community. nutrition, cooking classes, fitness and fun activities for all ages.
- Fresh food being more affordable. (We - fortunately - have lots of fresh food available - but it's very expensive).
- Get a good grocery store in my town of Enfield (Market Basket or Trader Joes)
- Get rid of dunkin donuts and make high quality food and exercise programs (like gym memberships) covered by insurance (about the cost of 1-2 clinic visits). Improve work hours so people are less stressed out and have time to cook and exercise.
- get rid of fast food restaurants
- get rid of sugar lobbyists, they have ruined food and are making children fat
- Get rid of sugary food and treats in the schools.
- Getting rid of fast food places.
- GMO labeling. More organic meats & dairy included.
- Good grocery store in this town. Market basket or fresh market or whole foods.
- Grocery store
- Grocery store options
- Have a grocery store like Market Basket in the area.
- Have doctors talk more of good nutrition and exercise.
- Healthier Affordable Foods
- Healthier eating
- Healthier food and increased physical activity for school children.
- Healthier local foods in schools. Teaching children about growing and cooking
- Healthy food being more affordable than junk food
- Healthy foods, affordable foods, some way of engaging young and old in 'healthier' cooking - that or ability to find decent prepared foods closer to home. Support for some form of food cooperative where cooking techniques can be learned, foods can be prepared, frozen, sold at reasonable costs. Better access to fresh produce at decent costs and access to knowledge about preparation, especially for families working long hours at a distance from home.

2015 COMMUNITY HEALTH NEEDS SURVEY (COMPLETED IN FISCAL YEAR 2016)

- Help people to eat less and exercise more-some incentive
- How best to avoid cancer
- How we eat-more plant based foods
- I would change food selection choices/prices at the grocery!!
- I've observed a high percentage of obesity, and poor conditioning. There's a start.
- Improve portion sizes in all fast food restaurants
- In-store promotion of plant-based food choices and preparation in all local groceries, to counter the devastatingly effective processed food promotionals.
- Increase healthy fast casual, take out, or meal service options OR Group cooking classes for healthy, family friendly meals, especially on a budget.
- Increase physical activity & healthy eating.
- Increased access to nutritious produce and food for all
- Increased access to and affordability of healthy food choices.
- Increased education for adults and parents regarding healthy decision making, nutrition, sexual health, and better access to community healthcare.
- Kids would grow up with a connection to the earth, green places, gardens and their community-their needs would be filled by people and nature, not electronics, drugs, etc.
- Less junk food more exercise
- Less screen time for children, toddlers, etc... (and their parents).
- Less sugar in foods and drinks in the schools, supermarkets, at sporting events, etc.
- Local market for healthy food
- Low cost healthy foods
- Making good use of our lands, both private and common, to grow healthy food for everyone, not just the well-to-do. We all need more physical exercise, more reason to work together.
- Making healthier food more affordable for those of us who are on either a fixed or low income
- Maybe access/education about healthy food choices
- Mobile affordable veggi venders, that go to towns on specific days. people can't afford to eat healthy. I make okay money and it's still too hard to buy healthy food.
- More access to organic healthy food. make junk food off the shelf!
- More affordable food options
- More affordable healthy food options.
- More affordable healthy food.
- Access to healthy foods
- More education
- More education on health related issues to bring more awareness and understanding
- More emphasis on nutrition in the elementary schools.
- More healthy affordable choices at restaurants.
- More incentive at work for wellness activities.
- More public health education
- More public health outreach among all populations
- My personal commitment to healthy eating and exercise. Educating youth and young adults on the same.

2015 COMMUNITY HEALTH NEEDS SURVEY (COMPLETED IN FISCAL YEAR 2016)

- No more cars... We all ride bikes or walk to work or school.... built in exercise! But seriously... keep the free snack program at school... and extend it to send leftovers home with kids.
- Not change, but enlighten young people about their important piece in the community, their health and how and what they do or don't do how it will effect them, i.e., like not brushing their teeth!
- Nutrition
- Nutrition classes for lower income families
- Nutrition Education (2)
- Nutrition education - battling obesity
- Nutrition/cooking classes
- Nutritional awareness
- Nutritional food at affordable prices
- Nutritious training that would be easily available
- Obesity
- People need to get serious about diet and exercise. those two things change lives and are low cost solutions. I am stunned by the obesity I see in the upper valley.
- People's ability to connect with their landbase/natural surrond, for their own health/wellness and for the health/wellness of the land (including air and water)
- Physical activity of the adult community and emphasis on proper balance of weight control and nutrition
- Preventative care and a community-wide focus on health - increase in ways for folks to get and stay healthy and for the environment to be healthy
- Provide increased access to affordable healthier food
- Public information regarding prevention and cure of disease through food. Most all serious disease today are primarily caused by our national diet.
- Reduce obesity (2)
- Reduce the # of overweight / obese people - they are endangering themselves & stressing the system unnecessarily.
- Reduction of the number of obese children and adults. This obviously encompasses both activity/exercise and nutrition education.
- Remove from sale any foods containing GMO's and preservatives, and insecticides.
- Rent a bike program, free cooking classes for healthier eating
- School lunches
- Sorry, 2 things, affordable food & affordable, user friendly health care
- Starting at a young age, educate about how to stay healthy, eat well, and reduce stress!
- Stopping all cancers.
- Stress reduction, massage, etc.
- Support healthy, sustainable lifestyle changes for weight loss
- Teach the danger of obesity and how to eliminate it.
- Teaching better nutrition/eating habits and more accessible quality produce!
- Price supports, food stamps for nutritionally high quality local foods only, to enable less expensive vegetables, meats, fruits
- Poor nutritional choices rural people make.
- The cost of food that is healthful needs to be reduced

2015 COMMUNITY HEALTH NEEDS SURVEY (COMPLETED IN FISCAL YEAR 2016)

- The cost of healthcare is often a topic in our household. We feel more often than not, healthcare professionals over-prescribe medications (especially antibiotics to children!!!) to bandaids symptoms to larger health issues. We believe a lot of the problems we see today is directly tied to nutrition, which is something NO traditional doctor ever asks about or discusses. When I was growing up, the "junk food" (highly processed foods such as chips, cookies, cereals, boxed meals, etc) were more rare at home. Now, those same items seem to be staples as they store easily and can be purchased on sale in bulk at an often lower price point than fresh produce and meats. Our bodies need a certain level of nutrients and minerals to stay healthy. I don't understand why nutrition and WHERE we are getting it from is not at the forefront of health discussions. We are what we eat, and for many, it's processed chemicals. It's time for us to wake up and make headlines that what and how we eat matters more than anyone thinks.
- The cost of the healthier options.
- The obesity problem
- The way people eat. Reduce amt of sugar in everyone's diet.
- Too many fast food restaurants
- Water doesn't cost more than soda pop. Understanding this is not in the realm we are speaking of, but access to affordable fruit/veggie, protein. it's cheap to eat bad.
- Weight loss
- WISE prevention programs in every school for every age level.
- Working towards better nutrition to cut down on obesity.

ACCESSIBILITY/AVAILABILITY OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES; SUBSTANCE MISUSE PREVENTION (13.1% of respondents)

- Access to mental health and/or mental illness support and therapies, especially for teens. I would also like to see our community focus more on restorative justice models, seeking guidance from the Upper Valley Court Diversion Programs.
- Access to mental health care (2)
- Access to mental health care. We had a horrible time finding a care provider for my bipolar husband when we moved here two years ago.
- Access to mental health providers
- Access to mental health services (2)
- Access to mental health services. It is deplorable at present.
- Access to youth and adolescent mental health counseling and treatment
- Accessible mental health care
- Add more mental health services in the northern areas. There are no reputable services north of Dartmouth. Orford, Haverhill, North Haverhill, and Woodsville have nothing to offer and because of that many people without transportation don't bother to get help.
- Affordable access to mental health professionals and support groups for eating disorders
- Affordable and accessible mental health counseling and prescription management by the same practitioner-either mental health nurse practitioners or psychologists.

2015 COMMUNITY HEALTH NEEDS SURVEY (COMPLETED IN FISCAL YEAR 2016)

- A serious public health-everyone in community-and state effort to curb drug use/abuse
- Attitudes toward mental health care
- Attitudes towards mental health and enough facilities to help those in need.
- Access to the drugs in the area
- Addiction treatment program options and availability
- Addictions
- Additional health and substance abuse education provided to youth, especially regarding prescription drug dangers and abuse.
- Alcohol, drug abuse
- Alcohol/drug abuse. I can't believe none of these questions relate to the carnage caused by drunk/drugged driving, or the role law enforcement and the judicial system play in this issue.
- Allowing people to stay in a rehab treatment center that don't have insurance.
- Approach to drug addiction. Rehab rather than punishment.
- Better access to mental health
- Better access to mental health care
- Better access to mental health treatment and substance abuse treatment. Public transportation in Newport, Claremont, Sunapee, Charlestown etc. is horrendous. The Community Alliance does what it can, but is not convenient or affordable for many people. Also, working at West Central and having a waiting list of over 100 people we desperately need more mental health services in the Sullivan County area.
- Better drug and alcohol abuse prevention and treatment programs for our youth.
- Better mental health and substance abusers treatment
- Better mental health services
- Better support for substance abuse and recovery
- Better understanding of mental health issues to drug abuse
- Child counselor access - very limited
- Comprehensive drug rehab programs
- Dealing with the heroin epidemic and it's root causes
- Dealing with the various drug addictions in the upper valley
- Decrease substance (including tobacco) use
- Decrease in drug activity
- Decrease substance abuse
- Drug abuse (3)
- Drug addiction
- Drug and alcohol abuse
- Drug Misuse
- Drug treatment for addicts
- Drug use and availability
- Drug use, youth mental health
- Drug/alcohol rehab facility
- Destigmatization of mental health care through our designated mental health agency. Better wages, training, and more job opportunities within community mental health agencies. More therapeutic groups for anyone who is interested. Social skills groups for young adults. Public transportation on nights and weekends. Peer navigators able to work with anyone to navigate social systems.

2015 COMMUNITY HEALTH NEEDS SURVEY (COMPLETED IN FISCAL YEAR 2016)

- Doctor office or hospital for mental health
- Doctors/counselors mentioning on a broad basis the presence of 12-step programs for food addiction. Overeaters Anonymous saved my life - physically & emotionally. Food addiction is real but not brought to the attention of those who could benefit from it. It took me 5 years to join OA after I heard about it. I joined when I was desperate and am so thankful to the mental health counselor who told me about it.
- Easier access to quality mental health care and addiction programs. I'm very worried about the heroin use in this community. I don't see many resources to obtain help for this group of people.
- Easy access to drug and alcohol rehabilitation programs and after care support programs.
- Easy access to pain killers and related drugs
- Education and help involving drug abuse
- Educating the younger generation about the dangers of using not only illegal drugs, but abusing prescription drugs. They do not seem to understand the dangers associated with prescription drug abuse
- Eliminate drug abuse
- Eliminate fraternities and the alcohol culture on the Dartmouth campus
- Eradicate the heroin/opiate epidemic
- Everyone needs basic health care and dental care to maintain a good lifestyle, those that have an addiction issue to get help but I realize you can't mandate they get those services if they aren't ready to change.
- Family counseling. Pro-active mental health screenings & treatment.
- Faster reaction time from Primary Care providers in cases of mental health
- Find a CURE for addiction!
- Free alcohol treatment programs
- Get most of the drugs (heroin, opiates, that are infiltrating our youth).
- Get rid of drug abuse/better counseling
- Greater access (both in terms of cost and availability of services) to mental health care.
- Greater availability for mental illness support services
- Have mental Health counselors readily available. Not to have to wait a month or more to see someone
- Have more free substance abuse treatment options.
- Help for people hooked on prescription pills.
- Heroin & drug addiction services, treatment, prevention and more protection for the public services that deal with these issues i.e. fire/ambulance and police.
- Heroin/drug addiction services
- High quality and well coordinated mental health services
- I would change the general outlook on mental health. I feel the majority of the population does not see mental health in this country as a pressing issue. I feel when people are asked, "do you think you are healthy?" they often don't reflect on their mental health.
- I would like to see more services for mental health.
- Improve access to Mental health services
- Improve mental health delivery
- Mental health

2015 COMMUNITY HEALTH NEEDS SURVEY (COMPLETED IN FISCAL YEAR 2016)

- Mental health access that is affordable
- Mental health care
- Mental health services (2)
- Mental health/drug addiction services
- Improved access to mental health services at affordable rates.
- Increase access to mental health services.
- Increased access to mental health services
- Kids and early drug use
- Less drugs
- Make cigarettes and illegal opioids vanish
- More access to mental health, addiction services
- More accessible mental health
- More community mental health providers
- More community outreach and greater partnerships with mental health providers; greater advocacy with state to assure more support especially for mental health and addiction issues
- More drug abuse awareness - not just police
- More help for people with substance abuse.
- More mental health services for teens
- More Psychiatrists in private practice who accept health insurance or medicaid
- More services for mental health especially for children and adolescents; support/counseling for parents of children w/ mental health issues
- More substance abuse help
- More supports for mental health issues with young children
- More drug diversion programs
- More widely-available mental health care and access to that care
- Most awareness about the number of people with mental health issues and the lack of services to handle them. Mental illness is widespread yet you would never know it.
- My greatest concern right now is the limited amount of inpatient mental health care. I am also very concerned about the increased use of heroin and the abuse of other medications that are used in an abusive way.
- Need more pediatric mental health services; very poor insurance coverage.
- Drug and alcohol education
- Reduce the availability of illicit substances, especially in the schools.
- Reduce the use of tobacco, drugs and alcohol in our community with an emphasis on youth prevention.
- Reducing drug and alcohol abuse
- Reducing the use of drugs and more treatment facilities
- Rise in drug abuse/addiction
- Services for people with mental health and addiction problems
- Simpler access to mental health programs while provide a plan for the individuals.
- Strict drug policy at Hanover High School
- Substance abuse
- Support and services for individuals with mental health problems.
- Take the druggies out.
- Tell people to cut down on smoking and alcohol
- The amount of drugs being circulated

2015 COMMUNITY HEALTH NEEDS SURVEY (COMPLETED IN FISCAL YEAR 2016)

- The heroin problem.
- The issues with hard drugs in our area, affecting adults and children.
- The ongoing, increasing drug problem in many communities is terrifying.
- The predisposition that doing drugs is considered 'cool' in this community.
- There needs to be a greater emphasis on dealing with drug addiction, mental health and poverty.
- Try to reach kids about the dangers of experimenting with drugs BEFORE they are vulnerable.
- Understanding mental health
- We need more good family and child therapists who work in the evening hours and accept insurance.

IMPROVED RESOURCES, PROGRAMS OR ENVIRONMENT FOR PHYSICAL ACTIVITY, ACTIVE LIVING; AFFORDABLE RECREATION AND FITNESS (11.8% of respondents)

- More biking/walking trails on roads like route 10 or River Road for increased safety
- Specific request: wilder dam provides hiking trails, picnic benches etc... Provides security personnel for its facility. An excellent place for elders to get exercise. Advance transit (local bus) passes this site but claims there is no place suitable to stop. There is a semicircular entrance/exit. A flag stop would be possible there.
- A health/exercise place that is close enough to be able to use on a regular basis.
- A stadium for workouts
- Access and safety of the walking and bike paths
- Access to affordable recreation activities.
- Access to affordable recreational activities like swimming.
- Access to recreation activities
- Add a safe walking path
- Access to affordable fitness facilities (like Planet Fitness)
- Add bike lanes to Etna Rd/Great hollow rd
- Add more bikeways
- Add sidewalks on main roads.
- Activity level of school age children.
- Addiction to video games, i.e. get out more, take a dog for a walk,
- Affordable access to gyms
- Fitness programs for people who have limitations in mobility.
- Access to fitness center and fitness activities that are available outside of working hours.
- Access to free exercise programs during winter months.
- Access to indoor fitness
- Access to indoor walking track in winter. In larger communities, one can walk in shopping malls prior to opening.
- Allow workers time during their day to be fit and give them the tools and space to engage in fitness.
- Availability of fitness classes after 5pm
- Availability of yoga, stress reduction, and exercise classes in town.

2015 COMMUNITY HEALTH NEEDS SURVEY (COMPLETED IN FISCAL YEAR 2016)

- Awareness and access to stress reduction such as yoga and exercise classes
- Better road condition allowing residents to walk safely.
- Better walking and biking trails for commuting.
- Better walking/biking options so people could more easily get from one place to another by foot/bike. We know how important exercise is to preventing health problems, but it's hard, even in our town, to get around safely and easily without getting in one's car.
- Bike lanes /more sidewalks
- Bike lanes on all main roads to encourage safe alternate transport for those of us who are new to using a bike.
- Bike totals and more sidewalks to enable safe self propelled transportation between West Lebanon and adjoining towns!!!
- Biking / walking trails
- Biking and walking paths.
- Build a bike/walk/run path along the river. This could be supported by business on the land side with restaurants, etc...
- Build sidewalks/paths and encourage everyone to walk more.
- Cheaper fees to join and monthly fees at a health care facility
- Cheaper more available gyms.
- Complete Streets program see here: <http://www.smartgrowthamerica.org/complete-streets/complete-streets-fundamentals/complete-streets-faq> In the winter the shoulders and sidewalks are not maintained for cyclists/walkers - with the length of our winters it seems counterproductive. People need to go outside safely in all types of weather. Allow access to the trails at DHMC in the winter. People need the practice walking on uneven ground. In the winter we are instead forced to walk on the nonexistent road shoulder which is probably even more dangerous that whatever fall risk they think they are preventing.
- Continued investment in making roads easier for walking and biking
- Employer support for gym membership
- Employers providing better benefits to their employees in terms of health benefits, access to exercise programs and equipment and time to do it
- Encourage families to exercise together.
- Encouraging a culture of routine activity - walking, for example. We have few sidewalks and limited public transportation, so people tend to drive everywhere.
- European style support for cycling as a viable means of transportation. (Dedicated bike lanes, separate from traffic).
- Exercise classes
- Exercise classes for adults.
- Exercise classes like bone builders in the evenings for those who are still working. .
- Exercise group
- Fewer cars - make Dartmouth campus pedestrian only - force more bike/pedestrian/bus traffic
- Fitness program with childcare.
- Fitness/gyms open 24/7 so people working off-shifts have better access
- Focus on built environment to encourage more healthy activity (ie. separate bike lanes to ensure safety).
- I would add more walking, hiking and biking trails

2015 COMMUNITY HEALTH NEEDS SURVEY (COMPLETED IN FISCAL YEAR 2016)

- I would greatly reduce the cost of entry to Storrs Pond. It's a great outdoor spot, and most people who live in Hanover probably don't bat an eyelash at paying to get in. Children in families who might not find it an affordable option for outdoor fun are probably some of the children who could benefit most from having cheaper access to it.
- I would like a indoor public gym for winter time activities.
- I would like to see a fitness facility that has an emphasis on affordability (Plant Fitness model--\$10 down and \$10 a month).
- Improve roads for safer walking, biking, running etc.
- Incentives for community exercise
- Increased opportunities to exercise at work
- Increasing safety on walking/running trails, specifically the Rail Trail. It is an amazing resource but I personally know people who avoid using it because it has a reputation for not being safe.
- Indoor fitness facilities.
- Indoor wall climbing facility and an on-campus fitness center.
- Institutionalize periods of movement, including standing desks and well-marked and publicized walking routes.
- Insurance companies pay for all or part of health related memberships/classes. Affordable gym in/near Thetford.
- Less expensive gym membership for older folks i.e. - Planet Fitness.
- Making the cost of Exercise facilities be more affordable or offer a better discount for those w/in the community the facility it located.
- More walking friendly roads.
- More access to recreation / fitness programs for everyone at low/no cost.
- More advertisement for outdoor/indoor activities that are free or low cost via flyers, newspaper, radio, website that is updated. Activities should range for all ages and abilities including specific ones for health conditions that cause disability such as stroke, Parkinsons, etc...
- More affordable and better variety of fitness and recreation programs
- More affordable fitness/health clubs. In the winter it can be bitterly cold, and exercising outside is not always an option. The health clubs in the area are too expensive.
- More bike paths
- More exercise programs for seniors.
- More facilities such as walking and bike paths for people to get exercise outdoors instead of in a gym
- More gym membership scholarships or subsidies. Weight watchers-type programs at reduced cost (or free).
- More individuals using health club memberships.
- More offerings of outdoor activities for beginners
- More park
- More paved trails
- More sidewalks (2)
- More sidewalks - especially along Rt. 120
- More sidewalks and bike lanes. More than 1 designated walk to work day a year.
- More trails and pathways

2015 COMMUNITY HEALTH NEEDS SURVEY (COMPLETED IN FISCAL YEAR 2016)

- More walking/biking trails
- Bike lanes on the roadways
- Open space parks/areas for families and adults
- Opportunities for multi-age exercise/fitness events. Not high power, just getting folks moving
- Paved trail that would span the UV to include Hanover, WRJ, Lebanon, so people could commute without using vehicle
- Protected bicycle lanes to facilitate commuting (see city of Montreal for examples). Increasing bicycle access promotes local businesses and health
- Provide affordable and accessible fitness and recreational centers for indoor winter exercise.
- Recreation availability for all
- Recreational paths to exercise or roads with wider shoulder so plenty of room for cyclist to bike without fear of being pushed off road or people driving to close to cyclist
- Residential discounts for fitness centers if you pay local taxes
- Safe walking paths and bikeways so that people could get from one part of town to another without fear of being hit by cars
- Safe walking paths and community challenges for exercise, similar to Howe's Community Read efforts
- Safer space for bicyclists on/along roadways (so they can safely access "rails trails").
- Separated bike lanes on the roads (not just a painted line but an actual barrier/curb
- Sidewalks and crosswalks along route 4 in Lebanon (to Price Chopper, Jake's coffee shop, etc.) General walkability throughout Lebanon, to/from surrounding towns, etc.
- Sidewalks for easy walking
- Sidewalks for safer walking & encourage more people/children to walk
- Sidewalks or wide shoulders added to roads so we can walk, bike, and run safely
- Sidewalks! There are no sidewalks in my community so walking is more dangerous. And out of the question in winter.
- SPA-related
- The access to safe and healthy activities such as a public basketball court or bigger park system.
- The culture of the community; kids would walk to school and play outdoors, adults would bike and walk to work. Physical activity would play a major role in people's lives.
- There are no low cost gyms in the area. The DHMC hospital work out rooms provide an option for employees only and the equipment is very limited.
- This community could use more bike paths.
- To get our young people moving more, more actively involved in anything besides sitting around playing video games, texting on their phone...a body in motion stays in motion..
- Walk-in type of facility with exercise equipment and play space for toddlers/children with small fees.
- Walkability
- Walkable community
- Walking paths
- Walking places

2015 COMMUNITY HEALTH NEEDS SURVEY (COMPLETED IN FISCAL YEAR 2016)

- Wider bike lanes
- Winter access to activities...an indoor pool...affordable places for indoor exercising

HEALTH CARE PROVIDER AVAILABILITY INCLUDING CERTAIN SPECIALTIES; HOURS AND WAIT TIME; HEALTH CARE DELIVERY SYSTEM IMPROVEMENTS (10.0%% of respondents)

- A doctor who can talk with you and take their eyes off computer awhile. They talk to computer and occasionally look at you and say is that okay.
- A health center
- A way for everyone to have at least one health check-up per year and follow up to any health problems found. This should also include dental check ups as well.
- More skilled and personally qualified special needs MDs, clinicians, support staff
- Access - I believe that there is a major access issue in the community as there are too many people and not enough hours of physician/dentist time available in the needed services.
- Access to emergency/urgent/hospice care
- Access to nearby primary care (affordable to those with limited insurance)...
- Access to non-judgmental services.
- Access to primary care and primary mental health services.
- Accessibility to good health care
- Accessible health and dental care
- Access to health services
- Again, closer, more affordable services than the 45 minute drive to Lebanon. I'm looking forward to the future Mascoma clinic.
- Always getting to see the same doctor instead of whoever is on call.
- An online portal for patients to select a primary care physician based on location, specialty and doctor rating.
- Availability of more senior doctors; not residents who made big mistake with my husband and he now has cancer.
- Be able to get seen when needed, not days later.
- Better access to healthcare nearby
- Better access to treatment for tick borne diseases (not just lyme)
- Better accessibility to medical, dental services
- Build a health center in Canaan
- Better communication between health care providers. Electronic transmission of electronic files i.e. MRI, CT scans would make it easier because we have no choice but to receive long distance care.
- Better communication of Health Care Providers and their Clients
- Closer access to health care provider
- Closer access to prescriptions
- Communication between the providers and the recipients
- Community access to dentists and doctors without having to travel to Lebanon, etc.
- Community based services that allowed walk-in appts that are affordable. Urgent care centers are pricey, even with insurance.
- DHMC is horrible!

2015 COMMUNITY HEALTH NEEDS SURVEY (COMPLETED IN FISCAL YEAR 2016)

- Different counseling in walking distance in Lebanon, NH area. Have more services at Alice Peck Day on cancer patients/ a cancer center and MRI, Breast, special machine.
- Discrimination on health care workers part
- Early childhood wellness checkups that can help kids before problems escalate
- Easier & more obvious access to available services.
- Easier access to primary care doctor
- Expand availability of free family planning services.
- Expanded hours for basic medical and dental services so those with jobs can access the care available.
- Expedited processing of records sharing and/or referral placing.
- For services to better suit my needs. Often appointments are scheduled and it does not fit the times that I have noted as being convenient for me. For more support and for the care to be less expensive, even with health care the costs are very expensive.
- Medical care in this town.
- Greater availability to primary care physicians. right now it is too difficult to get onto a physicians' patient list. too many md's have their patient lists closed
- Group pediatric visits. kinda live centering for prenatal.
- Have a doctor full time in town.
- Have a local clinic that would provide basic services and non critical emergency care as well as dentistry
- Have a primary care center closer to my home
- Have more offices open in our small community so we don't have to travel so far.
- Having a local clinic would negate the need to travel to Lebanon. And I understand that such a project is in the works.
- Having an affordable health care place in town
- Having more doctors (50 years ago we had 7 doctors in our town; today we have 2).
- Health care to make it more easy to get!
- Healthcare
- Have a modern, comprehensive primary care program that, in one complex, offers total TRUE primary care
- Hold doctors more accountable for mistakes.
- I have had an incredibly difficult time trying to pick a primary care physician at Dartmouth. I was assigned one several years ago for a physical I needed and now I can not switch. Everyone else appears to not be accepting new patients. It is very frustrating. I would like to have some say in my primary care physician but it appears that is not possible at Dartmouth.
- I IMAGINE being able to choose any provider at an affordable insurance premium, one who is conveniently located close to my home.
- I would change the infra structure of the Dartmouth Hitchcock Alice Peck Day. Seems to be about the money brought in and not the concern of the patient any more.
- I would have a local community health center.
- I would make sure that the care a person receives is more conditional. When a person needs more than one physician than a care coordinator should automatically be assigned & all the information can be filtered down to me (person the that will speak with the client). When you have too many doctors and nurses speaking to one client, that clients becomes confused because he/she has too many people giving him different information.

2015 COMMUNITY HEALTH NEEDS SURVEY (COMPLETED IN FISCAL YEAR 2016)

- I would provide more access to chronic medical condition support that is not costly
- Improve access to health care.
- Less message of "we're creating a sustainable health system" and more DHMC: Discovering, Healing, Mentoring, Caring...that's what our team does best.
- Less of an emphasis on using medications. More mentally stimulating alternatives. Also more education on mental illness in public schools.
- Local access
- Local access to health care.
- Local clinic for regular visits/ physicals, Urgent care.
- Local health/wellness clinic available for all in the community weather you have the ability to pay or not.
- Local medical help that is affordable
- Location of nearest health center
- Local IP rehab facility
- Make medical providers more accessible to patients. It feels like running a gauntlet to get an appt or ask a question of a doctor.
- Making appointment times at DHMC more appropriate for patients living 40 miles or more from the facility.
- Mandatory health requirements for healthcare workers. They are supposed to be setting an example. I don't want an aid or nurse OR doctor who smells like smoke and is obese.
- Medical and dental education prevention services.
- More access and choice of GPs. You should not have to go into a Hospital for general care. Nothing says you are presumed "sick" like this does. The UV has little to NO choices.
- More access to primary care - it seems that many of the primary care providers are too busy to listen and provide care for an issue that is not resolved in one appointment.
- More of a network and communication between several doctors providing a patient's care, and less wait time for appointments with specialists.
- More and well educated Speciality physicians available within days
- More available primary care givers
- More doctors in the small towns.
- More doctors that care and will spend the time reviewing your needs, Dartmouth is a big business and the doctors goals are get you in and get you out. Don't get me wrong we are very fortunate to have the facilities but we need more primary doctors with time to make the proper diagnoses and to be available within a reasonable amount of time when called upon.
- More MS support
- More personal or telephone healthcare counselling
- More private physicians outside of DHMC. More time to spend with patients. Accessible advocacy for seniors within each community.
- More than 1 doctor in any & all Emergency Rooms!
- More timely access to specialty services. You get referred to a specialist, and you know it'll take months! You're not sure that your or your children's health can wait that long.
- More visiting nurses

2015 COMMUNITY HEALTH NEEDS SURVEY (COMPLETED IN FISCAL YEAR 2016)

- Need somewhere closer
- One of the more missed DHMC services, Fowler House type care access for locals.
- Open Doc office
- Providers that didn't write you off as already dead when you're over 80 and in poor health. Patients and families who do not have a clue about their medical options need affordable advocates and this service is available (and what it is.)
- Proximity of needed services.
- Quicker access to primary care doc
- Reasonable wait times for appointments.
- RX access. Pre-authorizations and requiring patients to use alternate less effective medications. It might save dollars but gives less benefit to the patient. Trying to get back your meds is time consuming, frustrating, and causes you to not get your RX filled timely. I've waited a week for a less than \$10 med for pre-authorization when the med it was replacing was \$350. Fortunately, I had a few pills at home, otherwise I would have been without. It took several phone calls to get the pre-authorizing done in the one week.
- Smaller, more accessible, people friendly health offices
- Smaller, more family oriented hospital settings,. Smaller buildings, closer to home
- The number of extremely talented doctors leaving DHMC.
- There is a real lack of a mission for us at DHMC. The "mission" should be the patient, and everyone, especially staff, should see themselves individually accountable to caring for the patient. This is not the case currently, communication by and the level of the individual doctor approaches incompetence. Staff, instead of a mission orientation, generally come from a "don't blame me" approach, and see themselves as accountable only to their job description not the patient. I blame failure of leadership for this at the highest levels.
- We desperately need a community Health Center in Canaan, with Primary Care, Dental, and eye care services, at a minimum
- We need more urgent care - walk-in type facilities.

EMPLOYMENT OPPORTUNITIES/BENEFITS; ECONOMY; HOUSING; CHILD CARE (6.2% of respondents)

- Affordable (Quality) housing and childcare for family members
- Affordable, high quality child care
- Child care
- Create childcare opportunities for children whose families don't have money to for the services.
- More affordable high-quality childcare
- Greater access to high speed internet in rural areas.
- Affordable housing (4)
- Affordable housing apartments in the area. the prices are so artificially high, rents are comparable to Boston but not the salaries. Saving on rents would divert those funds for more healthier choices in food such as organic and local grown.
- Affordable housing based on income
- Affordable housing for everyone

2015 COMMUNITY HEALTH NEEDS SURVEY (COMPLETED IN FISCAL YEAR 2016)

- Affordable housing for Seniors
- Affordable housing, more walkable towns
- An affordable community. Everything is too expensive.
- Better pay for health care workers
- Better paying jobs
- Career counseling, job training, living wages!!!
- Cost of living and wages in the Upper Valley do not match up. Finding permanent, full-time employment with basic benefits is extremely difficult for anyone with less than an undergraduate degree, and even when full-time employment is found wages simply do not keep-up with the cost of living. People in the area are forced to choose between safe child care, safe vehicles, a healthy diet, fitness, and health care, the majority of people in the upper valley cannot afford to invest in all of those basic needs (not to mention investing in retirement or college funds)
- Cost of living increase - to the middle class - the middle class is becoming poverty.
- Disproportionate pay scales, rich getting super rich and the rest getting the shaft makes all facets of life difficult, health mental health, stress, and ability to live a healthier life
- Economic development. The under-riding cause for despair that leads to violence and substance abuse reflects the long-term effects of the deindustrialization of many of our communities without anything to replace the shuttered factories and stores that have closed due to drop in disposable income.
- Economy - President - Government - Unruly Laws!
- Families who are barely able to keep up with bills despite full-time working status. I'm glad minimum wages are being raised in some states, but this is important.
- Give all a living wage.
- Helping the lower and middle class so parents do not have to work long hours or two jobs to pay for housing, food, etc.
- Hunger reduction
- Income levels job opportunities
- Increased affordability of living well in this region on a modest income - the high cost of housing (both ownership & rental) longer commutes, high cost of healthy food - these make it challenging to live out the healthy principles our health education says we should pursue!
- Increased focus on opportunities for families living in rural poverty
- Increased job opportunities, better wages, improved work environment
- Jobs, job training and reduced cost for basic health maintenance services.
- Less homeless people/affordable housing.
- Less low income housing to get rid of the drug issues
- Living wage job opportunities
- Meaningful job opportunities
- More affordable housing (2)
- More affordable housing for families in need that have a bad past with crime
- More affordable housing within walking distance of jobs and grocery stores.
- More affordable housing, affordable childcare support programs, insurance being affordable, crack down on the opioid abuse - welfare.
- Affordable child care and job training

2015 COMMUNITY HEALTH NEEDS SURVEY (COMPLETED IN FISCAL YEAR 2016)

- More high quality housing that people with average incomes can afford and don't have to qualify for affordable housing to be able to take advantage of.
- More housing for low income people
- More jobs so people won't get so stressed out or depressed from lack of a money issue.
- More places to work with higher wages.
- More quality child care - with teachers paid a living wage.
- Opportunities for young adults (18-24) to learn skills that would help them get jobs, or figure out what they would like to do/be good at for a career/ jobs for youth in this age group, who choose not to obtain a BS/BA, are scarce. Those who do get hired, either have connections, or often end up at Walmart or grocery stores. Many youth are capable of more and deserve a chance to contribute in more challenging settings.
- Pay all my bills up. A lot of extra bills
- Pay levels should be higher and housing costs should be lower and better quality
- Poverty (2)
- Provide jobs in broader range of upper valley so daily impact on Lebanon is reduced. Too much noise, traffic, and time spent getting around is reducing quality of life for everyone.
- Provide more 1-on-1 support to low income wage earners (e.g. Working Bridges)
- Provide much more affordable housing
- Raise the minimum wage so that people can make better choices about nutrition and health care.
- Raise the minimum wage to a middle class entry income (in both states).
- The cost of everything.
- The economic disparity in my town/ region.
- There are huge disparities between communities that are wealthy and those that are less well off. It would benefit everyone to have less inequality.

COMMUNITY SERVICES/SUPPORTS; CARING CULTURE; SOCIAL OPPORTUNITIES (5.8% of respondents)

- A single place where a person could find out all the resources (local and online) that are available so the person in need isn't left on their own to find by fiat what is out there to help in their situation.
- Development of a simple phone number information page for in homes Readable for all ages
- Activities to get to know your neighbors.... we are connected by so much technology that we forget to "connect" face to face.
- An increase feeling of community. I think people are so busy that they do not pay attention to those in need. People do not have time for community activities and therefore the community bonds have become less. This impacts all areas of our society.
- Better funding for social services that specifically work with veterans
- Community center with variety of classes available without having to drive 45 minutes.
- Community centers with services for families

2015 COMMUNITY HEALTH NEEDS SURVEY (COMPLETED IN FISCAL YEAR 2016)

- Community health screening
- Culture - kind - open hearts. Smiley - go to Mayo Clinic & feel the culture!
- Education and information about navigating the health care system and advocating for yourself or your family member
- Education and promotion of options available.
- Eliminate electronic devices. games. social media...it's making people fat, disconnected with life and discontent.
- Getting information out on all local programs
- Have a less competitive environment/ stress a slower pace to life
- Having people in the community reaching out to people in need. More programs such parish nurses.
- Help everyone. We are all human.
- Helping more people through more transitional shelter
- How we are all stuck in our own houses with little contact with the rest of the community.
- Increase ways for communities to connect - eg, via Listserv postings and other means, electronic as well as actual face-to-face events, to get people acquainted and strengthen their bonds with one another and the community. Improves caring, improves networking, builds community "base".
- Lebanon has always been a wonderful town. Services listed has always been there. Just need to get the word out on how to get the services needed.
- Make sure people can get the help they need for the issues in their lives.
- Moderation in the use of iphones, etc..People are losing touch with the people/places around them
- More access to senior meetings and dating groups.
- More activities for people in the area. Also childcare seems limited after a child gets to around 7 years old. They still need a place to go after school until about 11 or 12 years of age, but there are no places like that around here.
- More arts and craft free classes (e.g. stained glass, knitting, pottery, beading, cooking, hiking).
- More community activities, especially in the winter.
- More community based events, ie hiking for a cause
- More community building activities, reducing stigma around mental illness and drug use, creating family events within our communities - open to all - we all need to feel connected to this place that we live
- More community screening services
- More family oriented activities offered to the general public.
- More free programs Cooking classes Free exercise programs
- More involvement and feeling of togetherness/community
- More kindness generally
- More opportunities like the upcoming Hartford community Coalition Block Party where we meet neighbors, learn about community services and feel safe and supported.
- More organized activities that young adults could become involved in. There is a dearth of activities for young people who are out of high school or college but have not yet started families. It's a huge hole that is sending young people out of VT and

2015 COMMUNITY HEALTH NEEDS SURVEY (COMPLETED IN FISCAL YEAR 2016)

NH to find other areas to live that have more opportunities to connect person-to-person in healthy ways with people their age.

- More organized community recreation, with reaching out to people with minimal transportation
- More public and social events.
- Regular device- or electronics-free nights and events. More coordination of community events so they don't all happen at the same time then nothing happens. More direct appeals from the whole community specific targeted needs.
- More social programs for adults with Asperger's, OCD, mood disorders
- More volunteerism is added.
- Need more community-building; too much isolation from one another in our community
- New recreational center.
- People's attitude towards one another. People have become cold and cruel. We are all in this together folks; no one gets out alive.
- People's awareness that everything they do in public affects those around them from road rage and texting while driving to leaving litter and dog excrement behind.
- People's perception of who should belong in a community.
- Return back the clock to some old fashion values where people were kind and courteous
- Society's attitudes toward all kinds of illness to foster greater compassion
- Reduction of stress for rural living through development of cultural and economic opportunities that encourage mental, spiritual and physical health.
- Spiritual/Christian counseling
- Support and education for racial harassment. Racism is alive and well in the D-H workplace and in our community
- Support for working mom's - Help with transport to sport events for kids / after school programs
- Support groups of all kinds
- That a true culture of caring really existed
- The identity with dead ends and failure.
- Improve staffing & accountability for state social services so people can actually get all the services they're eligible for and get them in a timely manner.
- What state and federal agency and programs consider low-income. Your income for a two person household has to be below \$1,500.00 per month to receive any food or heat assistance unrealistic guidelines for a household that no longer have children under the age of 18 years. You have to still be providing for youth in home in order to receive help of any kind.
- We have to remove the sense of hopelessness that contributes to negative behaviors like drug and alcohol abuse, overeating, and a circumscribed vision of what's possible.

2015 COMMUNITY HEALTH NEEDS SURVEY

(COMPLETED IN FISCAL YEAR 2016)

PROGRAMS/SERVICES FOR YOUTH AND FAMILIES; PARENTING EDUCATION/SUPPORT (4.4% of respondents)

- Improve services to teens from the funded institutions -- it seems the burden on working with high risk teens falls to one small underfunded nonprofit, Second Growth, and the institutions in the area only "study" the problem or work with upper income families' kids. The police don't apply for juvenile justice funding that could allow for new support and diversion programs. The Universities don't allocate resources to "local" kids, when they could be a huge source of peer counseling, mentoring, and community programs.
- Bullying prevention/awareness; Addressing parental stress/domestic violence
- 1) Preschool, after school programs and programs during vacations and summer break should be free and should be organized through the public school system. That level of investment in our children would have a dramatic impact on the current and long term health of the community, esp. for those most at risk. 2) School and community athletic/recreation programs should focus on maximizing participation rather than maximizing competitive performance for a small group of top athletes. Increasing the general level of physical activity is the most important thing that can be done to improve the physical and mental health of the community.
- Additional youth programs
- After school place to go for teens (instead of the parks for small children)
- After school programs for high schoolers (non-sport)
- As a teacher, I see a need for parenting education about nutrition, cellphone/internet safety, and financial planning support. Too many families are ill-prepared, uninformed, and too busy to prioritize and make quality decisions.
- Early childhood - infant --> 5 intervention with families.
- Better education with higher risk populations.
- Counseling
- Better parenting for struggling families with income or drugs.. more motivation to work and raise children to be healthy, motivated and future positive community members
- Bringing parenting/social survival skills to young people
- Create an anti-bullying program in the elementary schools, beginning in kindergarten. Mandatory participation of all students throughout the school district.
- Create volunteer opportunities for youth, to help keep them out of trouble.
- Early interventions for Adverse Childhood Experiences (ACE) Trainings such as Trauma Smart Head Start so educators, bus drivers, lunch ladies and the like know how to support ACE kids.
- Help single parents with accessible parenting skills workshops, also how their lifestyle choices influence the success of their children in school. Teach them about healthy food choice, not junk food all the time.
- Helping families provide healthy options for their children to have the next generation grow up with healthy habits and more knowledge about healthy living.
- I believe there are a lot of young people having kids that are not emotionally/mentally ready to do so. It makes for neglect of the child. Every new parent should have a support group available to them. Too many times children are returned to a parent who abuses them.

2015 COMMUNITY HEALTH NEEDS SURVEY (COMPLETED IN FISCAL YEAR 2016)

- I think having a variety of activities for teens, along the lines of The Junction in White River, would be very beneficial to the community.
- Improved family services, including parenting and healthy living
- Increase active, healthy parenting
- Increase community activities for the young people.
- Teen center, healthy social opportunities for young and old. Buses for students available so students have access to more activities and social opportunities.
- Local Food Pantry for Enfield, Canaan area? Not really sure. I have no special needs at this time, so hard to tell the needs of others. I would have always loved to see a after school facility near the school for students of all the area schools have like a teen center. If I hit a lottery that what I would do. A center with computers to access, games, snacks etc with an affordable rate.
- Many Parents aren't parenting, holding kids accountable, issuing natural consequences. No one to provide safety net but school. Need life skills, acceptable behavior taught at all grade levels
- Money directed to early childcare and young parental support, as well as increased awareness of emotional and mental health issues surrounding drug use and most crime.
- More after school activities for young teens
- More after-school physical activities for kids that are not competitive sports. Activities for kids who don't enjoy sports-- like martial arts or rock climbing-- cost a fortune compared to rec center soccer. All kids should be encouraged to find a physical activity they enjoy.
- More classes / opportunities for parents to be involved about their children's well being. Whether it be educational, health related etc. Involved parents raise healthier, happier children who do better in school and stay out of trouble.
- More focus on prevention and early child / family issues so that we can address some of the underlying issues that have been checked off as areas of concern.
- More resources for children and young adults.
- More support & respite for parents of children with special needs - especially those with mental health issues
- Parent education and improved nutrition for schools
- Parenting education and personal interaction skills
- Parents need to be more involved
- Programs and support groups for kids
- Programs for the "tweens". This is an age where they are too old for traditional camps, but they need to still be monitored to a certain degree. They need activities with "chaperone's" to keep them busy. Around 15 or 16 years old you could expect your child to be fine during summer vacation while the parents are at work, but that in-between age is crucial. Kids left unsupervised for longer periods of time at that age, it is too easy for them to start getting into trouble. We need options for them. Right now there are no options available for them.
- Reducing trauma and increasing trauma supports and trauma-informed care.
- Strengthen families
- Teen Pregnancy (2)
- The ages of 12 to 16 ye olds need to be kept busy.....
- Very poor family legal system.

2015 COMMUNITY HEALTH NEEDS SURVEY
(COMPLETED IN FISCAL YEAR 2016)

TRANSPORTATION SERVICES (3.7% of respondents)

- A bus line that went all the way to the UVAC from White River.
- More public transportation in rural areas
- Access, better transportation system
- Better public transit
- Better Public Transportation
- Better support and transportation: related to being able to get to doctors appointments.
- Better support for poor people who need services and a way to get to them.
- Bus service to the Saturday farmer's market in Enfield
- Easy access to health services public transportation
- Improve alternative transport options. Better public transportation and more bike routes.
- I would have the advance transit on weekends for a \$1 per trip. People would pay to have public transportation on the weekend.
- Lack of public transportation to all five towns.
- Also access to public transportation
- More accessibility to public transportation (later hours for people who work different shift)
- More programs geared toward public transport in our area.
- More public transportation to wider areas - Plainfield, Cornish, Claremont, Windsor.
- More public transit
- More use of public transportation- environmental impact includes noise pollution.
- Public transportation (6)
- Provide transportation to health centers and transfer to other forms of transportation.
- Public transport for elderly
- Public transportation for people without transportation to get to the services they need.
- Public transportation in the evening, weekends to keep seniors learning and connected to others. It is difficult if driving in the dark or in winter is no longer possible for seniors
- Public transportation options
- Public transportation outside the existing coverage of advance transit. Only core towns have access.
- Public transportation to for medical services
- Rides to doctors appointments
- Transportation
- Transportation - it is so difficult to get around without a car
- Transportation to services/activities that would contribute to better health
- Well, ideally I'd like there to be health & fitness facilities, and healthy grocery stores to be in my town, but that is unlikely. In the end, I think the most reasonable answer is TRANSPORTATION. There is little opportunity to travel to Lebanon where most of the facilities currently exist for care, exercise places, and healthy food.

2015 COMMUNITY HEALTH NEEDS SURVEY
(COMPLETED IN FISCAL YEAR 2016)

ACCESSIBILITY/AFFORDABILITY OF DENTAL CARE (2.2% of respondents)

- Allow dental hygiene to be maintained by subsidized care where/when needed.
- A program for adult dental care for adults on state health insurance or no insurance
- Affordable access to dental care
- Affordable dental care (2)
- Affordable and accessible dental care for all ages.
- Better access to dental services
- Cheap or full coverage for dental insurance are or very reduced clinics.
- Dental care for all when needed - provide greater reimbursement for dentists for those patients in need.
- Dental care providers do not accept the insurance plan my employer offers. (Cigna) We must pay up front for services and then apply for reimbursement. This can be prohibitively costly.
- Dental for adult.
- Dental for adults - not just emergency extractions!
- Dental Health coverage for adults.
- Dental health for all
- Dental work for those who can not afford it
- Dental, dental, dental - the service in WRT is way over-loaded and the rest of us do without because of cost.
- Easier to get dental help no matter the insurance
- Free dental care (2)
- I would change dental services - make them affordable for everyone in NH but also allow for the lower income to be covered, not just children.
- More dental clinics
- One thing that's difficult to say; so much help is needed. I lean towards teeth & being able to eat & speak well. My community has only emergency teeth care. I had to lose the teeth I did have because of diseased gums. Volunteers pull - that's all they can do. My dentures were from a program out of Concord, NH and they are 20 years old and I've lost bone & have a hard time eating. The bottom teeth are ill fitting. It's a challenge!

SENIOR SERVICES, PROGRAMS (2.2% of respondents)

- Access to transportation and community supports for seniors
- Add adult day programs
- Aging in place opportunities for seniors
- Better food (consistently) at the Lebanon senior center
- Community nursing to support aging in place.
- Consistent, reliable, sufficient support for our senior and disabled services, especially at county, state, and federal levels.
- Elder support for widow
- Elder support in the community
- Elderly housing/services
- Improved access/affordability of long-term care for seniors

2015 COMMUNITY HEALTH NEEDS SURVEY (COMPLETED IN FISCAL YEAR 2016)

- Greater awareness of the needs of the elderly. Read Gowande's Book, "Being Mortal." It says it all.
- Healthcare for the seniors and persons of disabilities. They use a lot of their Social Security money for health care.
- More elderly resources for Aging in place or community
- More help for elders, more adult daycare outreach in communities. Programs so that seniors can stay at home but be cared for outside home during day. More visiting nurses that spend more time with patients.
- More support for Seniors
- Home support services for aging.
- Services that decrease isolation of elders - including transportation, senior center in our own town etc.
- Support for aging in place.
- The CCB offering free or low cost programs to seniors.
- There would be a cadre of people who checked on those living alone, helped them get to appointments and generally help to assess the person's ability to continue living alone safely (assessing cognitive, physical, emotional and psychological well-being).
- We need a State Legislator aware of the need for funding for services to the old and infirmed.
- We need to take care of our elderly!! They used to take care of us! PLEASE.

IMPROVE EDUCATIONAL SYSTEM (2.0% of respondents)

- Full day kindergarten programs
- Adult education
- Better education leading to better paying jobs
- Better school system
- Better schools
- Education (2)
- Education from the primary grades thru high school
- I'd improve education, specifically literacy, civics, and mathematics.
- Have a college/university here! Dartmouth too expensive.
- Improve Education
- Improve our schools by tracking teacher performances.
- Improve public education
- Improved health education in the schools K-12
- More funding for adult education/college
- Improved public schools.
- Public education
- Public school education
- Stronger support in the public schools.
- The elementary school is listed as one of the top twenty in NH; the middle and high school are rated very low. This needs to be addressed.

2015 COMMUNITY HEALTH NEEDS SURVEY
(COMPLETED IN FISCAL YEAR 2016)

TOBACCO CESSATION AND PREVENTION (1.5% of respondents)

- Ban the sale of tobacco products
- Banning cigarettes
- For people to stop smoking
- Have people stop smoking
- More tobacco cessation
- People should quit smoking.
- People would stop smoking.. cigarettes and pot.
- Prohibit smoking
- Smoking (2)
- Smoking cessation-especially among youth
- Smoking cessation.
- Smoking education
- Smoking tobacco in a vehicle w/ children should be illegal.
- Stop smoking.

CRIME/VIOLENCE; LAW ENFORCEMENT (1.5% of respondents)

- Rape/sexual assault prevention/education/resources to help victims
- Availability of illegal drugs
- Better enforce laws about dog excrement. Owners do not clean after their dogs, and dog excrement on public sidewalks, play fields and children playgrounds present a serious health issue
- Cyber safety
- Decreased crime rates and decreased drug use resulting in crime in the community.
- Eliminate the easy access to illegal narcotics for teens. Heroin and prescription drugs are readily available in our community, more so than most people realize.
- Impossible to achieve, but stopping the flow of drugs into the UV.
- More emphasis on fighting heroin sales and use
- More enforcement of barking and nuisance dogs!!!
- More staff on Police force to enforce laws and get drugs off the streets and away from our youth!
- Remove heroin and other opiates from community
- Sex offenders should be put in jail for much longer than they are sentenced for.
- The drug (illegal) trafficking running the I91/I89 & Rt113 corridors and drug trafficking in my own town (Thetford, VT) wouldn't exist.
- The drugs and crime in my area
- To get the drugs off the streets. Too much of this in our community!!!

2015 COMMUNITY HEALTH NEEDS SURVEY

(COMPLETED IN FISCAL YEAR 2016)

PERSONAL RESPONSIBILITY/REDUCE DEPENDENCE (1.2% of all respondents)

- Accountability of those that get reduced or free health care!!!
- All teens complete a parenting class hoping to prevent teen pregnancy. There are too many grandparents that have to take the responsibility of raising their grandchild because the parent is not reliable or responsible.
- Require parenting class, drug, tobacco and alcohol abuse programs for anyone seeking state or federal assistance.
- Allowing reasonable consequences to happen for choices made without rescuing - after more community effort is made for children to realize that having children is not an answer to finding love.
- An awareness of how much time people spend on the internet/smart phones/video games that keeps them from 1) shopping for and preparing healthy food 2) exercising and 3) interacting with other people, especially parents who should be engaging with their children
- Change the culture of those who are unemployed or underemployed. What ever it takes to stop generations of families from expecting handouts. Provide education and jobs, support services for daycare, transportation, etc. Set expectations and REWARD those who help themselves and their families. Create a treatment plan for every family and each person in the family. Many will appreciate this because they will see the value in improving their lives as well as their children's. Also, don't be afraid to throw in a little tough love when necessary. Many folks will appreciate this kind of help; those who don't are not worth supporting with taxpayer dollars. Let's put our money on those who try or want to try. Am I ranting??
- Counseling to young pregnant unwed parents on how hard it is to raise children. And how to take care of themselves instead of expecting hand outs
- Less welfare, more work
- Make training and licensing mandatory before adults could pro-create.
- Misuse of drugs and make people work
- More people going to work instead of living off the system.
- Role our personal responsibility / self care plays in this.

DISABILITY SERVICES (0.6% of respondents)

- I would institute a program at each hospital to facilitate access to services for people with disabilities. The program would train advocates to interface with doctors and nurses and train doctors and nurses to better serve people with disabilities. There is too much lack of information and awareness and insensitivity among health practitioners toward people with disabilities. I would especially like to see training around posttraumatic stress disorder, which impacts thousands of people in our state.
- A bias against mental illness and disabilities.
- Assisted living for persons with disabilities (mental and developmental); more supportive services for people with mental illness
- Better support for those with disabilities on helping to complete paperwork, provide information on resources to help them "work through the system, and general support for dealing with their disability.
- Discrimination against people with disabilities
- Facility for folks with disabilities...a permanent place when needed

2015 COMMUNITY HEALTH NEEDS SURVEY
(COMPLETED IN FISCAL YEAR 2016)

INCREASED COORDINATION/COLLABORATION (0.5% of respondents)

- Better accessibility to the services that do exist. Most of the services I could want are in my community, but only if you know where to look.
- Collaboration of businesses working together
- In home community health profession, as needed to help navigate medical needs and resources.
- More collaboration between the modern, Allopathic community and the alternative, natural healing community. That would give EVERY opportunity for wellness to every patient. Referrals in both directions would make patients more comfortable trying something new.
- Patient navigation support services for those with chronic illness

LOWER TAXES/TAX REFORM (0.5% of respondents)

- Cost of living and taxes. Then there may be money for other important issues.
- Lower taxes, would help us to better afford basic needs. Cost of heating oil/propane very high.
- Lower taxes. Not paying as much for services for other people.
- Taxes
- The state's dependence on property taxes -- it puts mental care out of reach for me, short-changes people with mental illness, substance issues, and overlooks needs of the elderly

SAFE DRIVING (0.4% of respondents)

- Better quality roads
- Less traffic/speed of traffic on Etna Rd
- Promote safe driving on our roads
- Safe driving - crack down on tailgating.

OTHER PUBLIC HEALTH / ENVIRONMENTAL HEALTH (1.3% of respondents)

- A serious public health effort targeting childhood immunizations
- Better system/support in school for children to wash hands frequently. Thus reducing the number of illnesses within the school
- More hand sanitizers that are readily available.
- Clean H2O and air
- The water quality
- Change the air, get rid of pollution
- Less pollution and littering
- More trash cans.
- People spitting every 2 seconds on everything.
- Public safety education. Fire co-exposure.

2015 COMMUNITY HEALTH NEEDS SURVEY (COMPLETED IN FISCAL YEAR 2016)

- Public/community health outreach about basic safety practices (seat belts, car seats, helmets, emergency preparedness, etc..) and importance of managing medical issues (asthma, DM 2, heart disease, hypertension, obesity, etc..).
- Replace fossil fuels with renewable energy sources
- We live in a great community. However, I have noticed, in the past five years, a small faction of "Sustainable Community" committee members, actually making life harder for us residents by engineering and implementing changes to our town lighting system, the roads, etc. These changes may feel good to the committee members but are unreasonable and unnecessary to those of us who are impacted by the changes. I would ask this movement to back off.

OTHER

- Extending daylight savings to all-year.
- EC Fiber or similar to homes in Hanover, but not Comcast.
- Eliminate Republicans.
- Eliminate the outside influence of Washington politicians and let locals determine what we really need
- Fire the President.
- Everything strict zoning
- Hanover residents sense of entitlement
- I think this welfare survey - terribly written!
- No Fluoride in water.
- "?" (4)
- Can't pick one.....
- Tough question
- No comment
- No idea
- None
- Can't think of anything
- Not sure (4)
- Nothing (3)
- Nothing really
- Unknown
- Unsure

- I am personally happy with what we have - especially having DHMC so close. My husband has been battling cancer, and DHMC has been superb. We now value DHMC and its proximity so much more than we ever did before this illness.
- I'm not sure. This community is healthier than the one I moved from. I think it's the culture of being a year round outdoor active community.
- In my opinion, I believe that this community provides an excellent community health services. Keep up the good works.
- We have a great community!

APPENDIX B – KEY STAKEHOLDER SURVEY RESULTS

ALL RESPONSE FREQUENCIES AND COMMENTS



Dartmouth-Hitchcock



Valley Regional Healthcare



ALICE PECK DAY
MEMORIAL HOSPITAL



2015 COMMUNITY HEALTH NEEDS ASSESSMENT
KEY STAKEHOLDER SURVEY

ALICE PECK DAY AND DARTMOUTH-HITCHCOCK
SERVICE AREA RESPONDENTS

Dear Colleague,

Alice Peck Day Memorial Hospital, Dartmouth-Hitchcock, Mt. Ascutney Hospital and Health Center, New London Hospital, and Valley Regional Hospital are partnering to conduct a comprehensive assessment of community health needs across our region of New Hampshire and Vermont.

You have been identified as an individual with valuable knowledge and opinions regarding community health needs. Please take 5-10 minutes to give us your thoughts and perceptions through this survey. Your responses will be confidential, although you will be offered an option for providing your contact information at the end of the survey.

Results from the survey and other assessment activities will help us shape our plans and build partnerships for community health improvement. We look forward to continuing our work together to maintain and improve the health of our communities.



Thank you very much for your time and assistance!

Alice Peck Day Memorial Hospital
Dartmouth-Hitchcock
Mt. Ascutney Hospital and Health Center
New London Hospital
Valley Regional Hospital

KEY STAKEHOLDER SURVEY

1. Community can mean different things to different people. For the purpose of this survey, please consider the community to be the geographic areas you select from the list below. Please select the areas you primarily serve or are most familiar with. *(Select all that apply)*

119 TOTAL RESPONDENTS from a sample of 205 key stakeholders; 58% response rate

Note: Percentages below total more than 100% since respondents could select more than one area.

58.0%	Greater Lebanon/Hartford area
21.0%	Greater New London area
27.7%	Greater Claremont area
27.7%	Greater Windsor area
16.0%	Other service area/region <i>Please specify:</i> Nearly all respondents indicating an “other” region either specified a smaller sub-region within the areas above or additional service areas beyond the areas listed above. These respondents are also included in the categories above as indicated.

NOTE: RESPONSE FREQUENCIES AND COMMENTS FOR ALL REMAINING QUESTIONS ON THE FOLLOWING PAGES ARE FROM THE ‘GREATER LEBANON/HARTFORD AREA’ RESPONDENTS ONLY; n=69

KEY STAKEHOLDER SURVEY

2. What do you think are the most pressing health issues in your community today?

(Choose up to 5.)

53.6%	Access to dental health care	5.8%	Cancer
72.5%	Access to mental health care	1.4%	Asthma
18.8%	Access to primary health care	2.9%	COPD
2.9%	Access to prenatal care	31.9%	Poor nutrition/unhealthy food
1.4%	Access to specialty services <i>Please specify: Drug addiction treatment and long term addiction treatment</i>	27.5%	Lack of physical activity
33.3%	Access to enough, affordable health insurance	53.6%	Alcohol and drug misuse
21.7%	Cost of prescription drugs	55.1%	Heroin and misuse of pain medications
18.8%	Health care for seniors	15.9%	Smoking/tobacco use
30.4%	Mental illness	1.4%	Sexually transmitted diseases
5.8%	Alzheimer's disease	1.4%	Childhood immunizations
4.3%	High blood pressure/heart disease	4.3%	Teen pregnancy
7.2%	Diabetes	5.8%	Other <i>Please specify: See comments below</i>

Other pressing health issue comments:

- Above is for students: for adults and children it's poor nutrition/unhealthy food, lack of physical activity; adults only it's alcohol, tobacco and drug misuse, high blood pressure, mental illness
- Child Abuse/Neglect; Family Violence
- The need for a more qualified workforce to include properly trained Master Level Licensed Alcohol and Drug Counselors
- Transportation and lack of connectivity for virtual visits/telehealth needs

KEY STAKEHOLDER SURVEY

3. What do you think are the most pressing safety issues in your community today? (Choose up to 5.)

75.4%	People under the influence of alcohol or drugs	23.2%	Rape and sexual assault
5.8%	Crime rate	10.1%	Discrimination based on race, ethnicity or sexual orientation
4.3%	Youth crime	18.8%	Identity theft
46.4%	Frail elders at home	23.2%	Being prepared for an emergency
46.4%	Child abuse or neglect	11.6%	Safety at public places (parks, streets, etc.)
8.7%	Elder abuse	2.9%	School violence
60.9%	Domestic violence or partner abuse	44.9%	Bullying/cyber-bullying
		5.8%	Other (<i>Please specify</i>): see comments below

Other comments:

- "Invisible" poverty
- Auto accidents
- Discrimination based on age i.e. elders
- Lack of sidewalks and wide shoulders on the roads for pedestrians and bicyclists

4. Which of the following services or resources that support a healthy community should we focus on improving? (Choose up to 5.)

62.3%	Public transportation	37.7%	Support for older adults
31.9%	Job opportunities	7.2%	Services for persons with disabilities
18.8%	Job training	56.5%	Substance abuse recovery programs
11.6%	Adult education and learning opportunities	58.0%	Access to affordable housing
34.8%	Parenting support	31.9%	Access to healthy, affordable food
46.4%	Affordable, high quality child care	1.4%	Clean air and water
21.7%	Youth programs and support	18.8%	Recreation opportunities for all ages and abilities
20.3%	Education in the public schools	5.8%	Arts and cultural events
		11.1%	Other (<i>Please specify</i>): see comments below

Other Comments:

- Access to affordable dental care
- Affordable housing

KEY STAKEHOLDER SURVEY

- Assisted living options for low income elders
- Supported housing for those with mental illness
- Increased integration across socioeconomic lines; local parks
- Providing a workforce of addiction specialists who are ready, willing and able to treat co-occurring disorders (mental health/substance abuse).
- Public transportation to extend outside current routes including to Enfield, Canaan, Plainfield, West Hartford

5. What are the most significant barriers that keep people in the community from accessing the health care services they need? (Choose up to 5.)

34.8%	Local providers not available/ insufficient local capacity	39.1%	Basic needs not met (food/shelter)
37.7%	Time limitations (long wait times, limited office hours, time off work)	62.3%	Lack of transportation
66.7%	Inability to navigate health care system	18.8%	Lack of trust
60.9%	Inability to pay out of pocket expenses	1.4%	Language/cultural barriers
31.9%	Lack of insurance coverage	15.9%	Eligibility barriers
17.4%	Insufficient number of providers accepting Medicaid enrollees	40.6%	Reluctance to seek out services/stigma
18.8%	Lack of child care	0.0%	None/no barriers
		5.8%	Other (<i>please specify</i>): See comments below

- It's ALL of these - can't get there without transportation- many do not realize Medicaid will assist with transportation; reluctance to seek services is also a big problem. Lastly - priorities--lack of understanding what needs health attention and/or repercussions if care not sought for certain health needs vs. other needs
- Misuse of health services i.e. using emergency departments for routine or minor illness/injury
- Not able to connect with someone that they can rely on during the off hours to help them make an appropriate decision about urgent needs without going to the emergency room.
- People are spending their discretionary income on soda, alcohol, tobacco & cell phone contracts. Medicaid reimbursement for dental services in VT is too low and Medicaid reimbursement for dental services in NH is, I believe, non-existent. APD, New London, Ascutney, and DHMC should pool their resources and start a general dental practice residency, using the RLDC as the clinical facility and DHMC to provide the didactic portion of the program.

KEY STAKEHOLDER SURVEY

6. Are there particular types of health providers, specialties or services that are needed in the community due to insufficient capacity or availability?

56.7%	Yes
1.5%	No
41.8%	Not Sure

2 missing responses

6a. IF YES, please describe the types of health providers, specialties or services that are needed and, if applicable, particular towns or areas of the region where they are needed.

Note: Responses below are from 39 survey respondents who selected "Yes" on the previous question. Some respondents noted more than one service / provider type and their comments are separated below for purposes of grouping similar responses.

- Affordable behavioral health providers.
- Mental health providers in rural areas
- Mental Health and inpatient for youth - general comment for all regions in VT and NH.
- Mental Health Care Providers are needed across the State
- Mental health counseling for children and adults
- Mental health providers in the Hartford/Lebanon area.
- Mental health providers, Hartford
- Mental health services, emergency treatment for mental health issues, Substance abuse clinicians, In-House treatment facilities especially for adolescents/teens throughout the Upper Valley and surrounding communities
- Mental health services, geriatric services; mostly in Claremont and Windsor areas
- Mental health therapists/counselors, psychiatrists adults and children who take Medicaid, supported employment
- Mental health treatment. Waiting list for local mental health center is too long.
- Mental Health
- More mental health services - also anything remotely local tends to have staff who are there for only short periods as they move on to "greener pastures"
- Mental health providers in outlying areas.
- Mental health services
- Mental Health services that are covered by insurance
- Psychiatry, mental health services
- Mental health providers, primarily care providers

- Addiction treatment facilities and long term treatment facilities
- Additional addiction treatment providers
- Substance Abuse Counselors and Suboxone providers are needed
- Medication assisted substance misuse treatment...needed all throughout New England

KEY STAKEHOLDER SURVEY

- Inpatient detox facilities for individuals who suffer from substance use disorders
 - Substance abuse counselor/recovery coaches groups for young parents in recover
 - Substance abuse services- particularly residential, gender specific, trauma based; also need in-patient detox option
 - Substance abuse/recovery-not just methadone clinics requiring daily transportation over long distances (West Lebanon or Concord)
 - Substance misuse and mental health services
-
- As mentioned, a Dental Practice residency, GPR would help tremendously.
 - Dental care, especially that which takes Medicaid
 - Dentist, everywhere, Mental Health Professionals, everywhere and nurses in all settings.
 - Free dental care, all communities
 - Dentists that serve Medicaid populations especially children in rural areas
 - Dental Health Care Providers are needed in Upper Valley
 - Dental health providers accepting insurance in the Hartford/Lebanon area.
 - Oral health care providers who accept Medicaid or provide pro bono services
 - Oral health for adults and children
 - Pediatric dental- WRJct.
 - Dental practices that will take Medicaid patients (are in short supply)
 - Dental services for low income people
 - Dental providers in the Mascoma Valley
-
- Continuity with and relationship with primary care provider.
 - Local community based primary care
 - More general MDs, it should not take months to get a physical
 - Non-emergent health care during 'off hours'
 - Primary care including in home appointments Primary care physicians and pediatricians are in short supply
 - Primary care physicians
 - Primary Care Providers - Rural areas
 - Primary care providers, holistic or functional medicine, nutritionist within medical practices, health advocates throughout the region.
 - Having integrative health care available to people with fewer resources is almost non-existent
-
- Geriatricians
 - Geriatricians, mid-level providers in geriatric care specialty, available to make home visits, affordable nurse aide services for those in low income, help for transportation to appointments for those who can't take public transportation
 - Long wait times to get specialty appointments seems to be an issue in every region. Pediatric Ophthalmology, Dermatology, Dental, Neurology, Need more Gerontologists!

KEY STAKEHOLDER SURVEY

- Transportation for rural communities to health care providers.
- Since it is relevant to the field I am employed, I would say child care is a huge need especially for those families that work second or third shift with no family support. There are more and more single family households with no place for their children to go so who do they rely on for help? The towns that are in need of that type of service may be the Upper Valley area and even Sullivan County.
- Affordable and supportive housing, "Housing First"; Shelters (Again Plymouth, Claremont or WRJ-typically full) Families in Transition (FIT) a private non-profit in Manchester, Concord and Seacoast reports that they are willing to work with communities "but wait to be invited in and work collaboratively for funding"-and a Market Basket in the Mascoma region would be huge

7. Are there specific populations in the community that you think are not being adequately served by local health services?

78.3%	Yes
0.0%	No
18.8%	Not Sure

2 missing responses

7a. If yes, which populations are underserved? (Select all that apply)

58.0%	Uninsured/Underinsured	58.0%	People in need of Substance Abuse Treatment
63.8%	Low-income/Poor	30.4%	Homeless
0.0%	Hispanic/Latino	11.6%	Infants and Early Childhood
0.0%	Black/African-American	10.1%	School-aged Children/Youth
5.8%	Immigrants/Refugees	15.9%	Young Adults
5.8%	Veterans	24.6%	Seniors/Elderly
7.2%	Physically disabled	4.3%	Adult Women
14.5%	Developmentally disabled	4.3%	Adult Men
66.7%	People in need of Mental Health Care	1.4%	None
		1.4%	Other (<i>please specify</i>): see below

Other Comment: Infants, children and youth in families with chronic mental health impacted and substance using adults-they are emotionally, physically and mentally neglected and abused however the SSA does not have the capacity or resource to adequately respond -many children are chronically at risk.

KEY STAKEHOLDER SURVEY

8. In your opinion, what is being done well in the community to support good health and quality of life?

Note: Responses below are from 54 survey respondents who offered comments on this question. Some respondents noted more than one concept or idea and their comments are separated below for purposes of grouping similar responses.

- Numerous healthcare organizations putting effort into community outreach and support programs including hiring care coordinators and social workers to support patients. - Increasing community coalitions striving to reduce duplication of services and improve collaboration across services to prevent individuals falling through the cracks.
- APD Dental Initiative; WCBH efforts; DHMC efforts; Headrest/and the Haven efforts to serve those in need and impact the conditions that impede progress
- Collaboration between multiple agencies.
- Communication and bringing the needs to light.
- Local community services collaborating to fill gaps in service areas
- Lots of collaboration to address needs, innovative approaches.
- Community Care Coordinator and Community Health Teams - i.e. Mt. Ascutney and Ottauquechee Health Center. Wonderful resource, just need more time for Community Care Coordinators! They're very effective. Similar to Parrish or Community Nurses
- Community Health Teams, DVHA Chronic care staff, Collaborations on specific cases between health and human services
- Community Nurse programs
- Community providers working together as MDT's and wrapping services when they can around families.
- Every support agency has good, heartfelt intentions but the needs are greater than what is available to give.
- Some of the care coordination at DHMC; Upper Valley Smiles; Girls on the Run; Lisa Furmanski's elder care team; Turning Point (2nd Wind Foundation); Wise's school programs; Haven food shelf and Healthy Eating; Good Neighbor and Red Logan; community and parish nursing programs; many mindfulness and related programs; many health facilities for people who can afford it; locavore food movement and farmers markets
- Spark= a great addition AVA outreach Headrest Halls of Hope Mental Health Court West Central's Quality Improvement family member initiative Lebanon Police Dept Crisis Intervention Training
- Excellent human services but often working in silos.
- Free/ low income clinic such as Red Logan. Doctor dinosaur for children. Community Dinners, food shelves.
- An increase in communication about the issues, such as this survey
- People are talking about it (this survey, for example)
- Surveys and attempts such as this to identify needs, Presence of major medical center and medical school putting increasing emphasis on population health

KEY STAKEHOLDER SURVEY

- There is wonderful collaboration among a variety of organizations that are dedicated to improving the health of lower income families, and improving the living, working, playing environment so all community members can live healthier lives.
- This community is very active in seeking solutions and providing information.
- UVIP efforts HCC organization

- Green Mountain Care is readily available for people who need it.
- Great clinics and clinicians
- Access to high quality hospital care; abundance of local specialists
- Availability of tertiary care hospital. Senior centers offering community, meals and social service resources.
- Basic access is good.
- Local clinics, health/wellness education
- Prevention is funded and there are a lot of prevention and research programs.
- Providers we do have are high quality; senior centers
- We have an incredible array of quality health care and support services in the Upper Valley. However, many support services are under threat due to funding cuts.

- Public education in good nutrition, good dental care etc.
- Schools are excellent resources, and can be used to build community capacity
- Work with children in schools regarding nutrition and exercise
- Support through churches, senior center, community groups
- Supportive community environment
- The anti-smoking campaign seems to be catching on.
- Wellness programs at schools; senior centers and the work that they do; the Rail Trail availability; health education opportunities at DHMC...HEAL
- The local hospitals are supporting education, outreach, and funding the GNHC
- There is so much positive support in the community for good healthy and quality of life and sometimes it is just educating people on what those supports are. There is WIC, the Junction for teens, food shelves, lots of free community events for families, dental clinics, free parenting workshops, etc. There is a long list.

- Emphasis on eating locally grown foods; outdoor exercise opportunities.
- Local farmers markets for fresh local food.
- Access to public resources. Parks, recreation and healthcare providers.
- Farmer's Market; Rail trail expansion
- Good outdoor recreational opportunities, expansion of farmers' markets around the region, strong base of non-profits and advocacy groups working on (some) health-related issues, and municipalities dedicated to maintaining clean air and water.
- Good outdoor opportunities, good community action committees and spirit
- Hartford Recreation Dept. offers affordable and diverse opportunities.
- I think that all the work that the UV HEAL is doing is really starting to show. It seems like where ever you turn the implementations such as healthy menu choices are there in the

KEY STAKEHOLDER SURVEY

public. I think especially child care centers are paying more attention to what they are serving children and educating the families in which they serve. I like the fact that bigger organizations are going to smoke free work environments.

- In this area there are a number of good recreational activities at relatively low cost.
- Safe walking/biking trails
- Recreation departments and organizations do a lot of wellness activities although I wish more events were free to some of the public. Folks seem to be paying attention to issues of the community more based off conversations and social media. There are a lot of organizations and providers invested in the health of the community.
- Good food is accessible, reasonable access to outdoor recreation, clean air and water

- Expansion of substance abuse treatment programs
- New initiatives to screen young people for mental health and substance abuse problems. Good recreation programs in most areas.

- Having more community resources available such as urgent care centers, parks and free public transportation are great. Getting more businesses involved with educating employee as to what resources are available is happening but there needs to be more of it.
- I think that for people in the "good health" network, there is tons of information available and lots of opportunities to take advantage of. I'm just not sure that the word is reaching the people outside of that bubble. As always, one of the big challenges seems to be how to reach people.
- Lots of public programs addressing education and employment are available, but they don't reach far enough or deep enough to be effective. Lots of duplicated services with the same limitations: no transportation or childcare.
- Not enough - our focus on population health is keeping us from seeing the trees in the forest (underserved populations in needs of specific types of services). We promote an integrated, comprehensive approach but we are not delivering it because we are not committing to making the up-front investment needed.

- Hospice care, care for those with insurance, those who have advocacy through their family or themselves,

- Increased number - still not adequate - of providers willing to come to patient's home to deliver care

- Not sure

KEY STAKEHOLDER SURVEY

9. If you could change one thing that you believe would contribute to better health in your community, what would you change?

Note: Responses below are from 58 survey respondents who offered comments on this question. Some respondents noted more than one concept or idea and their comments are separated below for purposes of grouping similar responses.

- Access to a continuum of care for addiction treatment especially for pregnant women and their children
- Add more addiction treatment
- Fund substance abuse and mental health services in coordination with primary care and women's health services; including transitional housing for women and children;
- Funding needs to go to treatment. We have had over 321 deaths last year, in NH, due to opiate overdoses. There may be this many this year already. This does not include the thousands of people, right now, who are not in treatment or in treatment and not receiving the right care.
- Lower access to heroin and prescription drugs, get everyone into treatment programs
- more recovery groups/coaches, transportation support

- Improve access to mental health treatment
- Better free mental health services
- Reimburse adequately for mental health and substance abuse
- Increase mental health services that are affordable and able to be found by clients
- increased access to mental health services
- Mental health intervention in youth. Mental health issues are contributing to opiate use as well as other substance abuse.
- Providing more access to quality mental health services. we are fortunate to have a great community Mental Health program but they are overworked with not enough providers. Also mandatory prevention/outreach in schools on identifying and responding to child abuse.

- Address childhood/adolescent trauma
- Increased parenting skills across income/socio-economic levels. Required ongoing parenting classes, groups attached to medical and school homes. Community involvement in raising the expectations of all involved in parenting/raising children.

- Access to high quality foods
- Better nutrition
- More "training" for parents/guardians on how to provide more nutritious meals, etc with their limited income as well as encouraging physical fitness...but how do we get them to "buy in"
- Support for healthy eating that goes beyond talking about it. I would like to see affordable or free community work groups that teach how to put healthy meals on the table that kids will eat and how to do this while working full time and juggling schedules.

KEY STAKEHOLDER SURVEY

It seems that we should be able to take a more hands on approach to teaching rather than preaching healthy behaviors, which creating a supportive network in the community.

- For the families I work with, I would love to see a way to encourage more physical activity from/for them. I'm not sure exactly what I am picturing, but I see folks making positive changes with nutrition and not with exercise and I want to support that, but need to figure out how.
- Everyone moving - being physically active
- I would say better access to physical activity establishments, maybe something at the community centers throughout the community. As people struggle just to pay their bills, gym memberships are out of the question where if something was offered maybe once a week more people would be apt to become more active. Maybe some sort of clubs-hiking, zumba or yoga where a trained professional could donate their time to a group of people?
- More emphasis and ultimately a cultural shift that focuses on healthy activities, outdoor activities and food/nutrition education
- Take tobacco products and alcohol out of convenience stores and grocery stores. Those items would be for sale at "adult-only" stores.

- Accessible and safe locations for exercise
- Improved pedestrian pathways to connect upper valley communities.

- Engage, encourage, support more holistic, nutrition-based healthcare providers.
- Locally disseminated continuity primary care access
- Make health care actually care of health, versus care of illness. Docs would call to see how you are and set up regular visits. Insurance would pay for free or low cost health maintenance activities such as gym fees or sports equipment.
- More investment in Primary Care. Centering Health Care on the community level and not at the Referral Hospitals
- Providing "alternative"/integrative care to more people.
- More collaboration between emergency rooms and human services
- Stronger links between healthcare systems and community based providers working on a variety of health issues.

- Access to very affordable dental care including denture work
- Accessible, affordable medical and dental care.
- DHMC should, in collaboration with Harvard School of Dental Medicine, implement a dental practice residency program, using the RLDC facilities.

- Change how we pay for health care. Perhaps go to single payer system.
- Move to a single payer system
- The complexity of the health care system and reimbursement coverage makes it very challenging for even to people already familiar exposed the insurance world.

KEY STAKEHOLDER SURVEY

- Better coordinated support to assisting seniors to enable them to age in place
- Better funding for support services such as nutrition for seniors.
- Better support and communication between hospitals and Community Based Services like senior centers. Senior Centers provide home delivered meals and transportation from rural locations to doctor's appointments. Research shows seniors involved with senior centers have better recovery rates and less re-admissions. Communication from hospital discharge planners to senior centers should be more frequent/consistent for senior patients. Formal partnerships should be developed and grants should be available for transportation to appointments and meals at the time of hospital discharge (1 week? 2 weeks?).
- Recognizing changing demographics by expanding local and state support of elder services.

- Affordable (low-low income) supported housing
- Affordable rental housing
- More affordable housing
- Create more affordable housing and supported housing along the lines of the "Housing First" model.
- Increase access to affordable, supported housing

- Better transportation resources
- Greatly expand public transportation to rural areas
- Improve transportation by increasing hours, routes, and clarity of the schedule.
- Transportation
- Public transport to the nearest providers (closest is 8 miles from one of the schools, farther from the rest) OR one evening/night that a clinic sees residents in a school or town hall

- Better education and information as to what is available in the communities. Getting the school systems, local governments and businesses working together to improve community health. It has to be a group effort and it seems certain groups are doing more than others. Collaboration has to happen.
- Collaboration among all groups who have similar missions so as not to duplicate services that are either already in existence but might need more support to improve their outreach or to afford to hire more people to do the work. This survey makes me hopeful that perhaps that is what is happening. There are a lot of services but they are not all aware of what is already happening and if we could all try to enhance what we already have available and have the ability to work together to fund the needed services the community would be better served.
- Better partnership with schools

- Not sure, N/A (2)

KEY STAKEHOLDER SURVEY

10. Please indicate which of the following categories BEST represents your work or affiliation in the community. (CHOOSE 1)

7.2%	Primary Health Care
1.4%	Medical Sub-Specialty
1.4%	Dental/Oral Health Care
8.7%	Mental/Behavioral Health
5.8%	Home Health Care
0.0%	Long Term Care
1.4%	Emergency Medical Service
4.3%	Public Safety/Fire
7.2%	Public Health
20.3%	Human Service/Social Service
0.0%	Faith-Based/Cultural Organization
13.0%	Education/Youth Services
8.7%	Municipal/County Government
1.4%	Business Sector
2.9%	Community Member
17.8%	Other (specify): <ul style="list-style-type: none"> • Area Agency (DD) • Community health nurse • Elder care • Hospital Admin • Medical Administration • Parish/Community Nurse (RN) • Pharmacy • Property management • Public Transportation • Recreation • Senior resources, meals, transportation, and wellness • Substance Abuse Prevention • Volunteer

THANK YOU VERY MUCH FOR COMPLETING OUR SURVEY !

APPENDIX C – COMMUNITY DISCUSSION COMMENT DETAIL
BY QUESTION CATEGORY

1A -Perspectives on Health and Wellness: What comes to mind when you hear the words “health” or “wellness”?

	Teenage Mothers	Low Income Families	UVIP	Business
Holistic Perspective, Interconnectdness of Mind, Body, Spirit, Community				
	Taking care of yourself. Finding resources/ways to make sure you are healthy.	Health = Individual Wellness = Community		"You can always tell what's going on with an employee - it's the one who's always late because of child care issues, family members with substance abuse issues, etc..."
	It's important & we need it.	Health plays off of the community - if people are unhealthy, then they cannot work and that can create a domino effect in the overall community atmosphere		Need to educate on being well "financially."
	Healthy image of yourself.	Mind, Body, and Spirit - if one is off balance it's going to negative affect the other elements		
	Physical, mental, social.			
	Not just working out & eating, but it's overall your mental and emotional health & habits.			
Health Behaviors				
		What can I do for my health?		Need to make decisions on a day-to-day basis - don't have the time to take care of myself, figure out where all of those resources are, etc...

1A -Perspectives on Health and Wellness: What comes to mind when you hear the words “health” or “wellness”?				
	Teenage Mothers	Low Income Families	UVIP	Business
Health Outcomes				
		Absence of disease		
		Health is important.		
Physical Environment				
		If the community infrastructure isn't "healthy" (e.g. inner city) the individuals won't be		Stress in the workplace - people aren't next to them and they don't have time to get out and take care of the things they need to
Social and Economic Factors				
		Relationship between health of the individual and the health of the community?		Economic/financial stress impacting overall health
		Access to community activities will benefit the individual		Affordability & Accessibility to comprehensive health care
		School can have a positive impact on kids who are not in a healthy home environment		Not being aware of how the system(s) works
				Don't know what they have available as resources
				Employees are unaware of supplemental resources that are available (VT & NH)

1A -Perspectives on Health and Wellness: What comes to mind when you hear the words “health” or “wellness”?

	Teenage Mothers	Low Income Families	UVIP	Business
				Hospital employees experiences same stresses in terms of economic instability
				Affordability - gym memberships, health insurance - people are struggling to do anything extra. They're just getting from day-to-day.

1B - Are people in the community healthy? Contributing factors				
	Teenage Mothers	Low Income Families	UVIP	Business
Holistic Perspective, Interconnectdness of Mind, Body, Spirit, Community				
	Close community - yes about 50/50 are healthy in the sense of physical, mental and emotional health	Community is healthy and striving to help people be healthy		
		Need more efforts around expanding the understanding of mental health and well being		
Health Behaviors				
	A lot of drug use in the area, particularly among young people	Eating healthy, exercising, taking care of the body		Employees take advantage of services provided (gym facility, incentives, etc...)
	America as a whole, it's insane with drugs.	A lot of addicts in this community - so no in that respects		Majority of jobs can't get away (nurses can't pop out for an 1 hour appointment) but overall employees are pretty healthy

1B - Are people in the community healthy? Contributing factors

	Teenage Mothers	Low Income Families	UVIP	Business
	As a whole, few people are healthy overall. Someone may be healthy mentally & socially but have high blood pressure. Someone else may be physically fit and appear healthy but have a drug problem.	Doing well in some areas of health and poorly in others		Biggest concern and area that people are asking for help in is stress reduction & management
	Most people are not <i>completely</i> healthy	Lots of deaths in the high school due to addiction		Two groups - one of people who are stable and then others who are always in a potential crisis state (financially, chronic health conditions, homeless).
	It's all for good intentions but some people do have unhealthy lifestyles that make the system an unhealthy lifestyle	Upper Valley is a good mix of both healthy & unhealthy populations		With every staff you have those who are committed to health & wellness and those who are not.
	Instead of trying to change to a healthy lifestyle they are gaming the system to work it around their unhealthy lifestyle			Tend to be healthier in the summer time with farmer's markets & outdoor activities.
				Tend to hibernate during the winter time because of weather and economic burden of winter activities.

Services, Programs, Facilities

1B - Are people in the community healthy? Contributing factors

	Teenage Mothers	Low Income Families	UVIP	Business
	Lack of support & activities provided	Many resources available in the community		Challenging people (program/services/facility coordinators) to think about benefits in terms of, "is this a benefit that families who are in crisis mode can use?"
	Have the Family Place that supports mothers, and the Haven which supports the homeless	Physical health - there is a lot of things around the area for people to do (many resources to keep people physically active)		Need better access to mental health & substance abuse services for family members.
	There is not a lot for the kids who are growing up	Community has a lot of resources but people do not know about the resources - this is where the connection gets dropped		Most of the mental health providers in the area do not accept insurance.
	Need more opportunities for low cost sports activities. Despite scholarships being available, the application process & forms are cumbersome and a barrier for many people.	Need more athletic facilities/community gyms - YMCA		Most people do not have the money to pay out of pocket for the weekly mental health services that they need

1B - Are people in the community healthy? Contributing factors

	Teenage Mothers	Low Income Families	UVIP	Business
	Something like the "Boys and Girls Club"	Aquatics center is expensive		Lack of available mental health services leads to underlying conditions not being addressed, missing work, etc...
	Used to have "Big Brother, Big Sister" when growing up	When you're buying groceries and just getting by, the last thing you're going to do is pay for a gym		Employees have a child that needs rehab but there is no space in treatment facilities
	Northwood has program "Dream," that provides field trips for kids.	A lot of resources & hospitals for community support		Lack of efficacious health navigators - getting insurance through Green Mountain Care is being explained in a way potential recipients don't understand
	Lack of help for mental health issues - "It has to be really bad before you can get help and by then it's too late."	Chronic illness support is important to managing and caring for the illnesses		Insurance discussions are in a language they (employees/patients) don't internalize
	Running races are available but there are not places or things to do to help you			

1B - Are people in the community healthy? Contributing factors

	Teenage Mothers	Low Income Families	UVIP	Business
	Maybe there is but there isn't a lot of public awareness about it - so I'm not sure			
	Tai Chi by the river in White River			
	Implement it in school			
	More sports options for kids so they don't pick the wrong options (drugs)			
	Family Place has been a tremendous resource - helped me when I couldn't get food, toiletries			
	November - WIC is going to do an EBT card so it can tell you what you've used and what you still have left			
	People cheat the system and buy stuff they don't need - that has to do with health in many ways, especially healthy living funds			
	A lot of the WIC system is not monitored well enough			

1B - Are people in the community healthy? Contributing factors				
	Teenage Mothers	Low Income Families	UVIP	Business
	Health group with kids / where you can exercise with your kids			
Physical environment				
	Needs to be more around here - things so people can have fun and keep people out of trouble.			Workers coming from all places in NH - when coordinating wellness events it's difficult to find a convenient place for all
	"What else can people do around here besides take drugs? Nothing."			
Social and Economic Factors				
	Social media impacts our mental being & state	Need to expand education, move towards a career or having a job		Socioeconomic impacts income, education, & access to available resources
	If there are people, places, programs that can help it should be publicized	Employment & education affects health		Faculty have knowledge & financial resources

1B - Are people in the community healthy? Contributing factors

	Teenage Mothers	Low Income Families	UVIP	Business
	There is a lot of stress that comes with school - cafeterias should coordinate calorie counting efforts, PE needs to be more structured and focused on individual instead of as a whole class, mental health as far as not having structured goals & not knowing where I wanted to go and had no support in figuring that out	There are scholarships and apprenticeships in the community, but there is a gap between wealthy and those in poverty		Employees are living from paycheck to paycheck - when they're trying to decide between a mortgage, car payment & food, they're choosing food which leads to a housing crisis
	Anxiety about life, what to eat, where all that comes in wasn't put forth in academic career as high schooler			"New Americans" are really struggling in the Upper Valley - lack of awareness & access to services for this population
	Get support from the Family Place, but there needs to be more in the community.			
	If you don't have the family support you need, then you are going to go on the wrong track			

1B - Are people in the community healthy? Contributing factors

	Teenage Mothers	Low Income Families	UVIP	Business
	Family and friends need to support/push those with drug problems or other health problems to maintain healthy lifestyles			
	Lack of transportation services to get from outskirts of service area to actual facility			
	Help with children at grocery stores, parks, etc...			

1C - What do the people you know worry about most when it comes to your health or your family's health?				
	Teenage Mothers	Low Income Families	UVIP	Business
Holistic Perspective, Interconnectdness of Mind, Body, Spirit, Community				
	Mental health is a big concern - it's where your motivation and your strength comes from. Without that, it doesn't push you to meet your goals or better yourself.		Not having the tools and resources to "age with dignity"	
			Paying attention to human dignity – that is something that I have seen missing from the system	
Health Behaviors				
	Not enough time in the day to incorporate physical activities			More prescription drug use in recent years
				Parents of teenagers should be concerned about substance misuse among youth - it's everywhere
				Senior issues - alzheimer's and caregiver concerns.
				Flexibility in job varies - faculty can come & go but food service staff have more rigid schedules.
Services, Programs, Facilities				

1C - What do the people you know worry about most when it comes to your health or your family's health?

	Teenage Mothers	Low Income Families	UVIP	Business
	Transportation is difficult to get (one person with license, one without), no public transportation		Lack of continuity in services - prescription on a Saturday night? Where is this person going to get that medication? Is there going to be someone @ home when he gets there. Can he get in his car?	Some employees are unable to afford services needed for self and/or family members (SUD treatment, nursing homes, etc...)
	Counseling is helpful - once a week so I can be reflective and work on the things that I need to correct from the prior week		Lack of communication during discharge with therapy @ DHMC	Long term employee who is having some type of health crisis (either family member or self) and doesn't have a strong safety net, and is stuck in a place where they don't qualify for any services (disability, senior discounts, etc...)
			Costly to get transportation in rural areas	Group has stability in their lives but when a crisis happens or a life change happens there are not support systems in place to assist these people
			Disconnect between institutions and individuals who have cultural needs	Aging individuals with complex health issues that are staying in the home - falls on back of adult children

1C - What do the people you know worry about most when it comes to your health or your family's health?

	Teenage Mothers	Low Income Families	UVIP	Business
			What's going to happen when they get home?	Systems have not kept up with the reality of seniors aging in place and the financial/health risks that associate that lifestyle
			The moment the patient is leaving the doctor's office, they are essentially on their own. If it's an elderly person, their health is going to be compromised.	
Social and Economic Factors				
	Balancing physical health with busy schedules		Culture divide between Hanover & Norwich and everybody else	Youth & Teenagers - there is so much drug use & suicide rates
	Challenges to time to help you do the things you need to do to stay healthy		Patient has to be the advocate & make a lot of decisions	Huge change in the past few years with drug use
	Being able to reflect on what you're stressed about and being able to talk about it with someone.		One-on-one meeting – doctor wanted her to pursue regular exercise (e.g. swimming); had to figure out gym membership expenses, potentially hazardous gym environments, transportation & burden to caregivers	Less employee substance abuse issues but more young family members dealing with this issue
	Money is a big concern. Want to take kids to activities but cannot afford it or need to spend that money on getting to work.		Disconnect between resources that are available in the community & the expectation that was placed on the patient	Huge deductible issues - too high for patients

1C - What do the people you know worry about most when it comes to your health or your family's health?

	Teenage Mothers	Low Income Families	UVIP	Business
	Money is a contributing factor to stress coping strategies can be unhealthy			Help loans for heating & oil season are already coming in
				Less worry about transportation issues - access to transportation has improved in the past few years
				We have this understructure of New Americans who are vulnerable and there are gaping holes in the services available to them.
				Employee didn't understand the available services so they prioritized financing mental health services over other financial commitments (mortgage, car payments, etc..) when they could have been getting free mental health services.

2A - Community strengths and resources that promote health (When you think of people, places or events in your community that promote health what comes to mind?)

	Teenage Mothers	Low Income Families	UVIP	Business
Health/Human Service Organizations				
		Dartmouth Hitchcock is a great resource for programs and services	Annual flu shots – bonus gift for communities; impossible to avoid getting a flu shot	Dartmouth Health Connect - practice is available to anyone that is on their health insurance; has health coaches that are in-practice that conduct a lot of outreach to their patients
		DH is accessible by public transit, which is critical		Dartmouth Health Connect - used at King Arthur as well, helps employees be accountable with chronic conditions and is more personal & engaged
Community Service Organizations, Coalitions, Businesses, Charities				
		Hartford Coalition Group - promotes community engagement and activities		King Arther provides access to CSA for employees- can be used every day
		Hartford Coalition Group had meeting at Wilder Center to discuss community-wide issues (e.g. seizures, epilepsy, alcohol, drugs) and what can be done to improve the community		
		Have resources available and disseminate how/where to access resources		

2A - Community strengths and resources that promote health (When you think of people, places or events in your community that promote health what comes to mind?)

	Teenage Mothers	Low Income Families	UVIP	Business
Physical Environment, Recreational Assets, Events, Programs				
			Farmer's Markets give people a natural gathering place	
			Walking trails & biking	
Social Groups, Informal Connections				
			When a family offers to share an evening meal, the people who come to these community events you create a network of care	
			Once a month, seniors get together for a senior luncheon. A lot of interaction. Have a paid community resource person in the community	
Other Assets, Strategies, Initiatives				
		Free bus service (should expand operation time and frequency)		

2B - Barriers in the community to promoting good health (What is happening in your community that gets in the way of or undermines good health?)

	Teenage Mothers	Low Income Families	UVIP	Business
Organizational/Service Barriers and Needs				
		Child care supports - some appointments and counseling sessions children shouldn't be with the parent for	Lack of transportation services available to seniors for access to medical centers Social workers (Genesis, DH), ministers, doctor all struggled to find transportation options	"My family doesn't use services" mentality/pride.
		Cost of healthcare and going to the doctor - copays	Patient experiencing hip pain (was a nurse, knew how to access services); tried to connect with physician through "My DH" but did not receive a response	Locals will not go to local food bank because community will see their car outside; need referrals to services outside of the community for sense of anonymity
		If you're working, can't get to hospital during 9-5 hours and are forced to go to the ER, which is more expensive	Discharge planner at Genesis did not speak with adult children, did not communicate plan (access to prescriptions, future follow-up appointments, was the assisted living facility prepared to provide care to disability? Special equipment?)	

2B - Barriers in the community to promoting good health (What is happening in your community that gets in the way of or undermines good health?)

	Teenage Mothers	Low Income Families	UVIP	Business
		Lack of communication between regional hospitals (APD & DHMC) with regards to patient care	For patients who are not familiar with health care protocol & care continuum, this type of discharge would have left them helpless	
		One doctor's opinion on procedure and treatment/ variations in practice can be a barrier for receiving the needed care	Some forethought & anticipation for what's going to happen next – but it's not comprehensive enough	
			Aging Resource Center – “That’s for my boss, that’s not for me.”	
			There’s an assumption that people can use the technology without issue (MyDH required a lot of IT assistance)	
			One-on-one meeting – doctor wanted her to pursue regular exercise (e.g. swimming); had to figure out gym membership expenses, potentially hazardous gym environments, transportation & burden to caregivers	

2B - Barriers in the community to promoting good health (What is happening in your community that gets in the way of or undermines good health?)

	Teenage Mothers	Low Income Families	UVIP	Business
			Environment at DHMC can make feel people out-of-place	
Health Issues, Behaviors, Attitudes				
		Quality of hospital care can depend on the day, employees there, etc...	Disconnect between institutions and individuals who have cultural needs	
		Dealt with mental illness for entire life - often times is not taken seriously because it's not a physical injury	Disconnect between resources that are available in the community & the expectation that was placed on the patient	
		Has to be an emergency to go to the hospital for a mental illness related event	Community education – it's a two way street (e.g. 90 year old who has never asked for help won't suddenly change)	
		Lack of empathy or understanding for substance use disorders or mental health care		
		Past addiction issues influences the care given by providers		

2B - Barriers in the community to promoting good health (What is happening in your community that gets in the way of or undermines good health?)

	Teenage Mothers	Low Income Families	UVIP	Business
		History of addiction to alcohol and that influences the way that pain relief is provided by health care providers		
Social and Economic Factors				
		Bus system is great but it's tricky - Have to wait for the bus for a couple of hours, consumes a lot of time from the day	Costly to get transportation in rural areas	
		Would pay for the bus if it could increase frequency and service hours	Disconnect between institutions and individuals who have cultural needs	
		Experience based on what class you're coming from and the injury status, treated as inferior by health professionals	Disconnect between resources that are available in the community & the expectation that was placed on the patient	

2B - Barriers in the community to promoting good health (What is happening in your community that gets in the way of or undermines good health?)

	Teenage Mothers	Low Income Families	UVIP	Business
		Makes you feel unwelcome and dissuades you from going to a hospital in the future	Culture divide between Hanover & Norwich and everybody else	
			We, as a community including the hospital, need to be invested in the next step.	

2C - Awareness of programs or activities that have focused on recent priority areas				
	Teenage Mothers	Low Income Families	UVIP	Business
Tobacco, Alcohol and Drug Use				
	Suboxone clinic in the area has been helpful	Substance Misuse issues - the source of how that's happening has changed		
	Overall, not a lot of improvement in access to services for addiction	Providers are more aware of over-prescribed medications but users are finding new substances		
	Smoking cessation services - provided at Family Place - but they stopped abruptly and didn't know what to do after			
	One-on-one services were helpful to discuss personal triggers			
Mental health & access to mental health services				
	Second Growth has a weekly women's group available for counseling.			Resources are available but they are not being maximized in their utility, so we create more resources, which is perhaps a detriment

2C - Awareness of programs or activities that have focused on recent priority areas

	Teenage Mothers	Low Income Families	UVIP	Business
	Access to services is limited - waiting lists, uninformed on available services, etc...			Many resources are only available from 8-5, when are people working? You can be put on hold for 45 minutes only to speak with a person who may not have the answer
	Access to services is limited - waiting lists, uninformed on available services, etc...			
	Second Growth was a great resource, but it was only for women, didn't have a men's group			

Nutrition and physical activity

				Local produce & the Farmer's Market - like being able to easily access fruits & vegetables on their way to the parking lot
				Community dinners being utilized

Primary Care & Oral health

2C - Awareness of programs or activities that have focused on recent priority areas				
	Teenage Mothers	Low Income Families	UVIP	Business
	Had to travel 2+ hours to have wisdom teeth removed; wait 6 months	There could be but there is a disconnect of awareness on resources and programs available	School-based dental health clinics through WIC programs	"More services available to help patients navigate their chronic conditions - not necessarily efforts with a billing code but the lifestyles changes and little things that can help keep their conditions in check."
	Would be nice to have oral surgeon in the area	Often only learn of resources when you are in need or know someone	Community based dental hygienist (screenings, varnishes, treatments)	
		Unaware of any improvements made for increasing access to dental services		
		Insurance prices have sky rocketed - now have to pay out of pocket for prescriptions		
		Programs are available but often times don't qualify		
		Prescriptions are cheaper (could be a product of new insurance)		
Transportation & income challenges				
				"Working Bridges" - addresses the group of people who come from generational poverty and explain the services available to them

2C - Awareness of programs or activities that have focused on recent priority areas

	Teenage Mothers	Low Income Families	UVIP	Business
				Working Bridges also assists people who previously had been stable and experience a life change or crisis & make them aware of the services available to them
				Information for available social services has moved into the world of technology - most of the people who need these services cannot access or navigate the necessary technology
				More people are using public transportation in the past few years

3A - Most important issues for the community to address to improve health (supplemental comments to priority/ranking list)

	Teenage Mothers	Low Income Families	UVIP	Business
Alcohol/ Drug Misuse				
	Alcohol & drug abuse services - lots of drug issues			Combined mental health, alcohol & drug abuse, and fragile family
	White River Junction has intersection of highway traffic & drug trade			Approach has to be different for youth with regards to alcohol & drug abuse
	Lots of folks struggle with alcohol and drug abuse.			Son is a shut in because he is being bullied by his old friends for not using drugs
	Motivation is lacked & money is drained by substance misuse habits.			Niece & nephews have a heroin addiction - began as teens with lighter drugs (marijuana)
	Get rid of prescription drugs or more intensive drug monitoring.			Step-daughter died of phentonyl overdose
	Some doctors are very aware of prescription drug misuse and monitor it closely.			Change in use? Yes, part of it has to do with price. Heroin is so cheap & so available.
	Used to just smoke pot, then they moved to pills & now the laced heroin.			
	Family members and friends who have been affected.			

Improved Care Coordination and Community Supports

3A - Most important issues for the community to address to improve health (supplemental comments to priority/ranking list)

	Teenage Mothers	Low Income Families	UVIP	Business
			Anticipatory & comprehensive pre-planning (upon check-in, patients are given an assessment)	
			A wraparound, comprehensive system of communication when an individual is going home, he or she can be asked, "is there a nurse in your community? Is there someone that you will connect with in your community? Not just your family."	
			"It's not good enough to say, "I'm going to help you transition, and if you want to learn about this go to the aging resource center."	
Social and Economic Factors; Fragile Families, Family Stress				Access to Mental Health
	Family stress is a pressing issue - we know what we're taught; knowing that parents are teaching their kids are healthy lifestyle.			"It's not just that they can't afford it; there is some real intimidation going on by landlords as to what repairs you can/can't ask for.

3A - Most important issues for the community to address to improve health (supplemental comments to priority/ranking list)

	Teenage Mothers	Low Income Families	UVIP	Business
	Education and income poverty - if community was more structured & there was educational reform it could lower some of the drug, alcohol & other health issues			Community has experienced substance abuse & suicide
	Mandatory to have after-school activities (can be of their choosing)			
	"Lots of these things are connected and one thing leads to another. Domestic violence and crime can be linked to alcohol and drug abuse. If you work a really crappy job then you might be in poverty and it's tough to find affordable housing"			
	Education is seen as optional and not a privilege anymore.			
	Employment is the biggest thing now - you have to have that income coming in to support your family or else you're on welfare.			

3A - Most important issues for the community to address to improve health (supplemental comments to priority/ranking list)

	Teenage Mothers	Low Income Families	UVIP	Business
	Employers are not offering full time jobs, it's part-time and low end payment makes it difficult to make ends-meet			
	Low income housing is scarce			

3C - What health and human service organizations could be doing to better support or help improve health in the priority areas

	Teenage Mothers	Low Income Families	UVIP	Business
Improve Communication and Coordination				
	Having a good relationship with your doctor - I can tell my doctor cares and takes me seriously	Implement team approach to mental health & substance use disorder patient care	Make discharge plan & resources available through telehealth	
	Miscommunication with health care systems (waiting times, inaccurate weight measurement)	Increase and improve communication between providers	Discharge planners knew the client ahead of time; most of the time do not know who the patient is, where they're from, not just on the day that they are being discharged	
	"Old ways" need to start coming back in to play - when people knew their doctors personally		Community resource for helpline	
			Information desk at DHMC – positive addition to the lobby	
			Checklist fidelity – are there checklists of what should be available to every patient in orthopedics? Is this given to the patients?	
			Hub & spoke model – information flow back and forth from patients/community to providers/hospital systems	
			Collective communication and coordinated action that is really simple for the patient	
			Make discharge plan & resources available through telehealth	

Increase Awareness of Available Resources

3C - What health and human service organizations could be doing to better support or help improve health in the priority areas				
	Teenage Mothers	Low Income Families	UVIP	Business
	Make programs that are available really obvious		Transportation: upper valley senior center provides transportation (limited 8:30-3:00); on a donation basis - folks do not know about this resource	
Improve Services and Supports				
			Hub & spoke model – information flow back and forth from patients/community to providers/hospital systems	
	Shorten waits for care - was in a lot of pain and had to wait for a long time to see someone		A wraparound, comprehensive system of communication when an individual is going home, he or she can be asked, “is there a nurse in your community? Is there someone that you will connect with in your community? Not just your family.”	
	More doctors can help shorten waits for care		Full Circle America – telehealth program in Maine; technologies that are not invasive but provide a layer of security & protection	
	Services are not timely, not paid attention to		Facilitation of helping seniors stay in their community	
Social, Cultural, Economic Changes				
	Coordinate volunteer efforts & fundraisers to pay for new services (benefits are two-fold: money and community engagement)			

**APPENDIX D – EXISTING COMMUNITY HEALTH RESOURCES
AND FACILITIES**

APPENDIX D: UPPER VALLEY AREA RESOURCE GUIDE

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HEALTH NEEDS

ADDICTION

Consumer's Guide to Substance Use Treatment

<http://www.uvalltogether.org/resources/>

Lists additional providers and resources for those seeking substance abuse treatment

Upper Valley Mental Health Resource Guide

<http://www.uvmentalhealth.org>

NEW HAMPSHIRE

New Hampshire Alcohol and Drug Treatment Locator

<http://nhtreatment.org/>

Dartmouth-Hitchcock Medical Center Addiction Treatment Program

Rivermill Complex, Suite 3-B1

Lebanon, NH 03766

(603) 653-1860 M-F, 8-5

(800) 556-6249 24 hours, 7 days a week

Headrest

<http://www.headrest.org/>

14 Church Street

Lebanon, NH 03766

(603) 448-4400

Emergency (800) 639-6095 or (800) 784-7433

West Central Behavioral Health

<http://www.wcbh.org/home.php?msg=RS>

Dartmouth-Hitchcock Counseling Center of Lebanon

20 W. Park Street, Suite 416

Lebanon, NH 03766

(603) 448-1101

Emergency (800) 556-6249

VERMONT

Vermont Department of Health

Substance Abuse Treatment and Recovery

Directory, http://healthvermont.gov/adap/treatment/treatment_county.aspx

Healthcare and Rehabilitation Services of Southeastern Vermont
<http://www.hcrs.org/adult-services/substance-abuse-and-addictions.php>
49 School Street
P.O. Box 709
Hartford, VT 05047
(802) 295-3031
Emergency (800) 622-4235
First Stop for Children's Services: (855) 220-9430

Second Growth
<http://www.secondgrowth.org>
205 Billings Farm Rd., Building 1
White River Junction, VT 05001
(802) 295-9800

Upper Valley Turning Point
<http://www.secondwindfound.org/upper-valley-turning-point>
200 Olcott Dr
Hartford, VT 05001
(802) 295-5206

AGING RESOURCES

NEW HAMPSHIRE

ServiceLink
<http://www.servicelink.nh.gov/>
(866) 634-9412

Dartmouth Hitchcock Aging Resource Center
http://www.dartmouth-hitchcock.org/aging_resource_center.html
46 Centerra Parkway, 2nd Floor, Lebanon, NH
(603) 653-3460

Grafton County Senior Citizens Council
<http://www.gcsc.org/>
10 Campbell Street
PO Box 433
Lebanon, NH 03766
(603) 448-4897

VERMONT

Senior Solutions

<http://www.seniorsolutionsvt.org/>

38 Pleasant Street

Springfield, VT 05156

1 (800) 642-5119

SASH (Support And Services at Home)

<http://www.sashvt.org/>

(802) 863-2224

DENTAL CARE

NEW HAMPSHIRE

New Hampshire Department of Health and Human Services

NH Smiles Program

<http://www.dhhs.nh.gov/ombp/medicaid/children/dental.htm>

VERMONT

Vermont State Dental Clinic

70 North Main St, White River Junction

(802) 296-5598

Red Logan Dental Clinic

<http://www.goodneighborhealthclinic.org>

70 North Main Street

White River Junction, VT 05001

(802) 295-7573

EMERGENCY MEDICAL CARE

Alice Peck Day Memorial Hospital

<http://www.alicepeckday.org/>

10 Alice Peck Day Drive, Lebanon, NH 03766

(603) 448-3121

Dartmouth Hitchcock Medical Center
<http://www.dartmouth-hitchcock.org/>
One Medical Center Drive
Lebanon, NH 03756
(603) 650-5000

Dial 911 to connect to your local Fire, EMS or FAST squad for emergency assistance

MENTAL HEALTH CARE

Upper Valley Mental Health Resource Guide
<http://www.uvmentalhealth.org>

NEW HAMPSHIRE

Dartmouth Hitchcock Psychiatric Associates
One Medical Center Drive
Lebanon, NH 03756
(603) 650-7075
Emergency (800) 556-6249

National Alliance on Mental Illness – New Hampshire
<http://www.naminh.org/>
1 (800) 242-6264

West Central Behavioral Health
<http://www.wcbh.org/home.php?msg=RS>
Dartmouth-Hitchcock Counseling Center of Lebanon
20 W. Park Street, Suite 416
Lebanon, NH 03766
(603) 448-1101 (Lebanon Children's counseling)
(603) 448-0126 (Main Office)
(603) 448-5610 (Counseling & Recovery Center Adults)

VERMONT

Healthcare and Rehabilitation Services of Southeastern Vermont
<http://www.hcrs.org/adult-services/substance-abuse-and-addictions.php>
49 School Street
P.O. Box 709
Hartford, VT 05047
(802) 295-3031
Emergency (800) 622-4235.

First Stop for Children's Services: (855) 220-9430

Clara Martin Center

<http://www.claramartin.org>

11 North Main Street

Randolph, VT 05060

(802) 728-4466

Emergency (800) 639-6360

National Alliance on Mental Illness – VT

<http://namivt.org/>

(802) 876-7949

PRESCRIPTION ASSISTANCE

GoodRx

<https://www.goodrx.com/>

Helps patients locate discount pharmacy programs

NeedyMed

<http://www.needymeds.org/>

Helps patients locate and apply for drug company prescription assistance programs

Rx Assist

<http://www.rxassist.org/patients>

Helps patients locate and apply for drug company prescription assistance programs

If you have a primary care doctor, ask them for assistance finding affordable medications or medication coverage plans.

NEW HAMPSHIRE

Foundation for Healthy Communities

Medication Bridge Program

<http://www.healthynh.com/index.php/medication-bridge.html>

(603) 415-4297

Alice Peck Day Memorial Hospital

<http://www.alicepeckday.org/about/community/health/>

Prescription Assistance- Call your APD provider for assistance

(603) 448-3122

Dartmouth Hitchcock Medical Center Medication Assistance Program

(603) 650-5400

NH Rx Card
www.nhrxcard.com

VERMONT

Vermont Department for Children and Families
Healthy Vermonters and VPharm
<http://dcf.vermont.gov/benefits/prescription>
1-(800)-250-8427

Good Neighbor Health Clinics
<http://www.goodneighborhealthclinic.org/index.html>
70 North Main Street
White River Junction, VT 05001
(802)-295-1868
Helps patients apply for drug company assistance programs and provides some medication vouchers

PRIMARY CARE

NEW HAMPSHIRE

Dartmouth Hitchcock Primary Care
Find a Provider (800) 653-0776

Robert A. Mesropian Center for Community Care at Alice Peck Day Hospital
Find a Provider http://www.alicepeckday.org/providers/find_a_provider/
(603) 448 3122

VERMONT

Vermont Medicaid Provider Lookup
<http://www.vtmedicaid.com/secure/providerLookUp.do>
1 (800) 250-8427

Good Neighbor Health Clinics
<http://www.goodneighborhealthclinic.org/index.html>
70 North Main Street
White River Junction, VT 05001
(802)-295-1868
Provides free care for low income and uninsured individuals in their service area

Little Rivers Health Care

<http://www.littlerivers.org/>

146 Mill St.

Bradford, VT

(802) 222-4637

Provides free or reduced cost care for low income and uninsured individuals in their service area

SPECIAL NEEDS SERVICES

NEW HAMPSHIRE

Pathways of the River Valley

<http://www.pathwaysnh.org>

654 Main Street

Claremont, NH 03743

(603) 542-8706

Special Needs Support Center

<http://snc-uv.org/>

12 Flynn St.

Lebanon, NH 03766

(603) 448-6311

Provides links to many other local resources at

<http://snc-uv.org/links-to-local-and-regional-resouces/>

VERMONT

Healthcare and Rehabilitation Services of Southeastern Vermont

<http://www.hcrs.org/adult-services/developmental-services.php>

49 School Street

P.O. Box 709

Hartford, VT 05047

(802) 295-3031

Provides home services, employment assistances and other supports for individuals with developmental disabilities

Lincoln Street, Inc.

<http://www.lincolnstreetinc.org>

374 River Street

Springfield, Vermont 05156

(802) 886-1833

BASIC NEEDS

CARE COORDINATION

NEW HAMPSHIRE

Listen Community Services

<http://www.listencommunityservices.org/>

60 Hanover Street
Lebanon, NH 03766
(603) 448-4553

Office of Care Management

Dartmouth Hitchcock Medical Center

http://www.dartmouth-hitchcock.org/supportive-services/care_coordination.html

(603) 650-5789

Women's Information Service of the Upper Valley

<http://www.wiseuv.org>

38 Bank Street

Lebanon, NH 03766

Offices: (603) 448-5922, Hotline: 866-348-WISE

Crisis support and advocacy for survivors of domestic abuse, sexual assault and stalking

VERMONT

Southeastern Vermont Community Action

<http://www.sevca.org/family-services/crisis-resolution>

220 Holiday drive, Suite 30
White River Junction, VT 05001
(802) 295-5215

07 Park Street, Suite 2
Springfield, VT 05156
(802) 885-6153

Upper Valley Haven

<https://uppervalleyhaven.org/>

712 Hartford Ave

White River Junction, VT 05001

(802) 295-6500

FINANCIAL ASSISTANCE

NEW HAMPSHIRE

Tri County Community Action Program

<http://www.tccap.org/>

(800) 552-4617

Listen Community Services

<http://www.listencommunityservices.org/>

60 Hanover Street

Lebanon, NH 03766

(603) 448-4553

Southwestern Community Services

<http://www.scshehelps.org>

96-102 Main Street

PO Box 1338

Claremont, NH 03743

(603) 542-9528

Upper Valley Town Welfare Officers

Contact information can be found at: http://www.dartmouth-hitchcock.org/supportive-services/financial_assistance_upper_valley.html

VERMONT

Department for Children and Families

Economic Services Division

<http://dcf.vermont.gov/benefits>

Hartford District Office

118 Prospect Street, White River Junction, VT 05001

(802) 295-8820

Capstone Community Action

<http://www.capstonevt.org>

(802) 479-1053

South Eastern Vermont Community Action

www.sevca.org

(802) 722-4575

FOOD SERVICES

NEW HAMPSHIRE

Community Action Program Belknap-Merrimack Counties (Includes Grafton County)

<http://www.bm-cap.org/wic.htm>

2 Industrial Park Drive

Concord, NH 03302

(603) 225-2050

Provides WIC and CSFP programs

Southwestern Community Services (Includes Sullivan County)

<http://www.scshehelps.org/wic.htm>

PO Box 603, 63 Community Way

Keene, NH 03431

(603) 352-7512

Provides WIC and CSFP programs

Grafton County Senior Citizens Council

<http://www.gcsc.org/>

10 Campbell Street

PO Box 433

Lebanon, NH 03766

(603) 448-4897

Provides information about various congregate meals for seniors throughout the week, and about Meals on Wheels Programs

VERMONT

Vermont Department of Health

<http://dcf.vermont.gov/benefits>

Hartford District Office

118 Prospect Street, White River Junction, VT 05001

(802) 295-8820

Provides WIC and CSFP programs

Listen Community Services

<http://www.listencommunityservices.org/>

Community Dinner Hall

42 Maple Street

White River Junction, VT 05001

(603) 448-4553

Provides daily congregate meals

Upper Valley Haven

<https://uppervalleyhaven.org/>

712 Hartford Ave

White River Junction, VT 05001

(802) 295-6500

Provides daily congregate meals, food shelf, and nutrition services

LEGAL SERVICES

NEW HAMPSHIRE

Legal Advice and Referral Center

<http://www.larcnh.org/>

15 Green Street

Concord, NH 03301

(800) 639-5290

New Hampshire Legal Assistance

<http://www.nhla.org>

24 Opera House Square, Suite 206

Claremont, NH 03743

(800) 562-3994

VERMONT

Vermont Legal Aid

<http://www.vtlegalaid.org>

56 Main Street, Suite 301

Springfield, VT 05156

(802) 885-5181

Disability Rights Vermont

<http://www.disabilityrightsvt.org>

1 Scale Ave., Suite 23

Howe Center, Bldg. 14

Rutland, VT 05701

(802) 773-3944

Provides a variety of legal services for crime victims, aging, disabled, and mentally ill persons, among other programs

PARENTING RESOURCES

Child Care Centers located in the Upper Valley

http://www.dartmouth-hitchcock.org/supportive-services/child_care_upper_valley.html

Planned Parenthood

<https://www.plannedparenthood.org>

136 Pleasant St
Claremont, NH 03743
(603) 542-4568

79 South Main Street
White River Junction, VT 05001
(802) 281-6056

NEW HAMPSHIRE

Good Beginnings of the Upper Valley

<http://www.gbuvt.org/>

PO Box 5054
West Lebanon, NH 03784
(603) 298-9524

TLC Family Resource Center

<http://www.tlcfamilyrc.org>

109 Pleasant St. PO Box 1098
Claremont, NH 03743
(603) 542-1848

VERMONT

The Family Place

<http://www.familyplacevt.org/>

319 US Rte 5 South
Norwich, Vermont 05055
(802) 649-3268

PHYSICAL ACTIVITY RESOURCES

Arts, Sports and More - Upper Valley Resources

<http://tinyurl.com/arts-sports-more>

Provides parks and recreation information, sports and athletics activities, and community engagement opportunities

CCBA (Lebanon Recreation Center)

<http://www.joinccba.org/>

Witherell Recreation Center
Pool/Fitness Center
1 Taylor Street
Lebanon, NH
(603) 448-6477

Carter Community Building
Youth Drop-In Center/ Preschool
1 Campbell Street
Lebanon, NH
(603) 448-3055

Grafton County Senior Citizens Council

<http://www.gcsc.org/>

10 Campbell Street
PO Box 433
Lebanon, NH 03766
(603) 448-4897

Provides information about various recreational opportunities for older adults, including falls prevention programs

Upper Valley Aquatic Center

<http://uvacswim.org>

PO Box 1198
White River Junction, VT 05001
(802) 296-2850

Upper Valley Trails Alliance

<http://www.uvtrails.org/>

PO Box 1215
Norwich, VT 05501
(802) 649-9075

TRANSPORTATION

View NH and VT ride services at: <http://www.dartmouth-hitchcock.org/supportive-services/transportation.html>

Advanced Transit

<http://www.advancetransit.com/>

(800) 571-9779

Grafton County Senior Citizens Council
<http://www.gcsc.org/>
10 Campbell Street
PO Box 433
Lebanon, NH 03766
(603) 448-4897
Provides scheduled transportation for seniors

Stagecoach
<http://www.stagecoach-rides.org/>
(802) 728-3773
Provides scheduled transportation for seniors

SHELTER

NEW HAMPSHIRE

New Hampshire Helpline
(800) 852-3388
24/7 October – April, 8:30 am – 8:30 pm April – October. Connects the caller to local shelter coordinators

Listen Community Services
<http://www.listencommunityservices.org/>
60 Hanover Street
Lebanon, NH 03766
(603) 448-4553
Provides rent, fuel payment assistance, and loans for housing

Southwestern Community Services
<http://www.scshehelps.org/homeless.htm>
(603) 542-3160

Tri County CAP Homeless Programs
<http://www.tccap.org/>
(603) 443-6150, after hours and on weekends call: Headrest at (603) 448-4400

VERMONT

United Ways of Vermont 211
<http://www.vermont211.org/>
Dial 2-1-1

Upper Valley Haven
<https://uppervalleyhaven.org/>
712 Hartford Ave
White River Junction, VT 05001
(802) 295-6500

Provides supportive housing for adults and families in transition as well as temporary, seasonal sheltering

Springfield Family Center
(802) 885-3646

OTHER RESOURCES

DailyUV

<https://dailyuv.com/>

Provides listing of physical activity and social engagement opportunities in the Upper Valley

Valley News Calendar

<http://calendar.vnews.com/>

Provides listing of physical activity and social engagement opportunities in the Upper Valley

Appendix E.

A. List all Parties with whom Mary Hitchcock Memorial Hospital collaborated in this needs assessment:

Mary Hitchcock collaborated with Alice Peck Day Memorial Hospital to conduct this Community Health Needs Assessment. Mary Hitchcock Memorial Hospital and Alice Peck Day Memorial Hospital are each located in Lebanon, NH, and share a common Hospital Service Area. Additionally, the CHNA was conducted during the same time frame and with the same methodology as New London Hospital, Valley Regional Hospital, and Mount Ascutney Hospital. These hospitals serve adjacent Hospital Service Areas. With all five hospitals using similar methodologies for their assessments and reporting, we will be able to identify broader regional needs that cross multiple hospital service areas and also identify localized variances in community health needs.

Mary Hitchcock Hospital contracted with Community Health Institute/JSI to provide consultation and technical expertise to our assessment process. Community Health Institute/JSI is a public health management consulting and research organizations dedicated to improving the health of individuals and communities throughout the world. For 35 years, it has provided high-quality technical and managerial assistance to public health programs worldwide. JSI has implemented projects in 106 countries, and currently operates from 8 U.S. and 60 international offices, with more than 500 U.S.-based professionals and 1,600 host country staff. Community Health Institute is the New Hampshire affiliate of JSI, and is located at 510 South Street, Bow, NH 03304

B. Description of Target Populations

During this assessment, Mary Hitchcock Memorial Hospital used surveys from May 2015 through August 2016 to generate input from 1,566 residents, including 1,185 residents from the 19 towns defined as our Hospital Service Area (list of towns in Hospital Service Area, pages 6 &7). Surveys were made available through primary care clinics, free care clinics, a shelter for the homeless, a free community dinner, and numerous other community locations. Residents completing surveys included members of African-American, Hispanic, Native American, and Asian populations.

Surveys were distributed through regional health clinics, the region's shelter for homeless populations; the region's low-income housing trust; the Lebanon Housing Authority; senior centers, and other locations where populations most affected by health disparities congregate. Mary Hitchcock Memorial Hospital disseminated the survey together with multiple community organizations that serve low-income, frail, and health disparity populations, including the Public Health Council of the Upper Valley, whose membership includes community mental health services, substance use services, mental health peer leaders, WIC providers, senior services advocates, services working with people with physical and developmental disabilities, community nursing, Visiting Nurses, and other core human services. In addition to assisting in

survey dissemination, these providers advocated for underserved and vulnerable populations in our region as a part of the CHNA process.

Based on discussions with a wide variety of community service organization leaders, town officials, and public health officials, there is general agreement that in the region covered by this CHNA, health disparity is far more likely to be driven by *household median income, insurance status, and other indicators of poverty* than by racial and ethnic minority characteristics. The Upper Valley region is overwhelmingly Caucasian (Grafton County NH; 93.6% white; 0.9% African American, 0.4% Native American, 1.8% Hispanic/Latino, 3.0% Asian, 2014 as per American Factfinder) . Compared to other regions, racial and ethnic minority residents in our CHNA region are employed with academic and health care systems, and have relatively high socio-economic status. By comparison, the % of households with income below 200% of federal poverty level reaches 20.7% in some of the towns in our CHNA area (p.8).

Through the course of the FY2016 Community Health Needs Assessment, we attempted to, but were unable to identify any advocacy group or other representative leadership serving in an organizing or leadership role for minority populations. Similarly, we scanned for, but were unable to find any neighborhood or geographic region with a high density of racial or ethnic minority populations in our region. In May 2015, our CHNA partner, Alice Peck Day Memorial Hospital, contacted a representative of a regional group representing immigrant residents and had a conversation with that representative, but were not successful in arranging a conversation group with members represented by this organization due to lack of geographic convenience. Additionally, in May 2015 we spoke with a regional English as a Second Language coordinator regarding the challenges impacting the families served by that program.

During our assessment process, Mary Hitchcock Memorial Hospital and Alice Peck Day Memorial Hospital made specific efforts to contact and receive input from members of income vulnerable populations, including holding community discussion groups with:

- a. Pregnant and parenting teens participating in an alternative high school environment at The Family Place Parent Child Center (6/2/15).
- b. Residents of The Haven, a shelter for homeless individuals and families (6/8/2015)
- c. Frail older adults and advocates of the Upper Valley Interfaith Project (6/23/15)

C. Input from a Government Organization:

Mary Hitchcock Memorial Hospital reviewed findings of the FY2016 Community Health Needs Assessment on December 1, 2015, at a meeting of 50+ community stakeholders hosted in partnership with the Public Health Council of the Upper Valley. Prior to this meeting, the FY2016 Community Health Needs Assessment report was disseminated to more than 100 key community stakeholders who were invited to this meeting, including representatives of the VT Dept. of Health, White River Junction Office, and the Coordinator of the Public Health Council of the Upper Valley, the state-funded New Hampshire public health entity for our Hospital Service Area. Both sets of officials participated in the dissemination of resident surveys (May 2015-

August 2015), were offered the opportunity to participate themselves in our key stakeholder surveys (June 2015), and were offered the opportunity for input into the findings of the needs assessment (12/1/2015). The December 1st, 2015 Community Meeting included town managers, welfare officials, representatives of WIC, community mental health center leaders, substance use treatment and prevention providers, local business leaders, health care officials, regional recreation leaders, peer recovery representatives, and others representing a wide array of the regions community leaders.

D. Consideration of Written Input on FY 2013 CHNA and Implementation Plan.

Mary Hitchcock Memorial Hospital has maintained a public access copy of its FY2013 Community Health Needs Assessment and Implementation Plan on the Dartmouth-Hitchcock (http://www.dartmouth-hitchcock.org/about_dh/community_benefits_program.html) web site since January 2013. No written comments on either plan have been received between the original posting of the FY 2103 Community Health Needs Assessment and Implementation Plan and the FY2016 Community Health Needs Assessment.

Mary Hitchcock Memorial Hospital's Community Health staff lead or are highly engaged in regional community health partnerships, including efforts focused on substance use prevention and treatment, obesity prevention, oral health, needs of older adults, public health, and development of community-driven health coalitions. We regularly interact with community providers regarding the needs of the people they serve and community health challenges. These dialogues do not generate written feedback, but do provide our Community Health team with insight into existing and emerging community health needs that provides context when reviewing data gathered during the FY2016 Community Health Needs Assessment.

E. Evaluation of Actions taken in response to the FY2013 CHNA and Implementation Plan

FY13 CHIP Goal	FY13 CHIP Strategies	Brief Evaluation of FY14-FY16 Efforts	Learnings/Next Steps
Nutrition, Physical Activity, Obesity	Continue and grow environmental and built environment strategies of the Upper Valley Healthy Eating Active Living (UV HEAL)Partnership	<p>A wide array of environmental and built environment efforts were implemented or moved forward during this period, including improved school nutrition policies; improved physical activity and food policies in child care programs; establishment of new community gardens; widespread distribution of educational newsletters for parents via the region’s schools; establishment of robust walk-to-school activities in Lebanon, NH; the establishment of a shared recreation department in the 5-town Mascoma region; adoption of the Easy Choices nutrition cueing model in numerous food service settings; improved support for breastfeeding in hospitals; funding and installation of water bottle fillers in multiple schools and key public locations in the region; significantly advanced planning and fund development to complete a major bike/walk pathway in Lebanon, NH; and numerous micro-grants to regional schools, child care organizations, and community groups to improve infrastructure supporting health. Efforts were disrupted in FY16 due to departure of key staff.</p> <p>In a 2015 report, State of NH data suggests that rates of overweight and obesity among pre-school and 3rd grade populations mildly, but statistically declined since 2009. There is no clear way to identify the contribution of MHMH’s work in this area to this positive decline in unhealthy weight.</p>	UV HEAL demonstrated a highly successfully model of community engagement. Moving into the future, MHMH seeks to transition UV HEAL to a community leadership model under the auspices of the Public Health Council of the Upper Valley, and will provide some funding for this work but will not provide continuing staff leadership.
<i>Substance Use</i>	<p>Coordinate and develop substance use prevention and treatment work team for NH communities. Partner with existing VT coalitions.</p> <p>Support substance use treatment and recovery capacities</p> <p>Develop improved tobacco prevention, intervention, and cessation capacities.</p>	<p>MHMH Community Health staff engaged multiple key community stakeholders to form and grow the regional All Together substance use prevention coalition and regional substance use continuum of care network. Multiple high schools have adopted policy changes associated with implementation of Life of An Athlete program concepts. Along with the regional All Together coalition, MHMH is currently leading the development of school-community prevention teams in Hartford, Lebanon, and Mascoma schools. MHMH purchased unused prescription drug drop boxes for four regional police departments, and has sponsored an active radio campaign to promote safe disposal of unused medications. We have hosted trainings for community partners, including Project Success, an evidence-based approach to school student assistance programs; sending local representatives to national CADCA conferences; and training EMTs, local organization staff, and families in administration of naloxone.</p> <p>MHMH has continued to subsidize the Dartmouth-Hitchcock Intensive Outpatient Program; and during this period developed a Perinatal Addiction Treatment Program to improve outcomes for pregnant women who are using opioid drugs. Additionally, MHMH has implemented a routine broad-based behavioral health screener into adolescent well-child care in our Lebanon clinics, providing screening, brief intervention, and referral to treatment services for our adolescent patients.</p> <p>MHMH maintained ongoing weekly public tobacco treatment clinics in its hospital throughout this period, with services currently disrupted by staffing changes.</p> <p>During this time, key adolescent substance use indicators including 30-day use of alcohol and 30-day binge use of alcohol declined significantly in our region. We continue to see an increase in adult opioid use in our region during this period as an emerging concern.</p>	<p>Our local adolescent prevention strategies appear to be effective and robust. We recognize the need moving forward to deploy more resources to increase prevention and early intervention work among young adult populations and those at-risk for opioid use disorders.</p> <p>The increase in opioid use also suggests the need for increases in integration of primary care and behavioral health services, an increase in availability of Medication Assisted Treatment, and other adult, opioid focused care.</p> <p>Qualitative feedback from participants in the Perinatal Addiction Treatment program indicate a need for additional supports beyond treatment, including housing, child care, and transportation.</p>

FY13 CHIP Goal	FY13 CHIP Strategies	Brief Evaluation of FY14-FY16 Efforts	Learnings/Next Steps
Mental Health	<p>Subsidize inpatient psychiatry and mental health crisis services at DHMC</p> <p>Increase capacity of community to identify and appropriately respond to individuals affected by mental illness.</p> <p>Improve behavioral health integration with primary care.</p>	<p>MHMH continued to subsidize inpatient psychiatric and mental health crises at DHMC.</p> <p>MHMH's Community Health Team provided multiple trainings to community organization staff and community members in the CONNECT Suicide Prevention program, and also subsidized multiple community partners to become trained as trainers in the CONNECT model. In addition, in FY15, MHMH provided cash support to West Central Behavioral Health to support Mental Health First Aid trainings in community settings. Finally, In 2015-2016, MHMH has provided financial support to train regional law enforcement officers in Crisis Intervention Training techniques, to reduce escalation of minor offenses into incarceration and hospitalization, and to help officers respond with greater quality to persons affected by mental illness.</p> <p>During this period, MHMH-Lebanon continued providing embedded behavioral health in adult primary care; and initiated an integrated behavioral health coordinator in adolescent primary care. As noted above, MHMH-Lebanon also initiated universal screening for behavioral health needs of adolescents in its Lebanon clinics, including depression, anxiety, and suicidality screenings.</p> <p>In 2014, concerns existed relative to a cluster of adolescent suicides in the region. Total numbers make statistical analysis untenable, but community partners qualitatively report improvement in this concern over the past two years.</p>	<p>CONNECT and Crisis Intervention trainings have been well-attended and will be continued, with curriculum adapted to the time needs of each participant group.</p> <p>There is interest and opportunity to grow screening, brief intervention, and referral treatment capacities for substance use and mental health into other regional health care settings and community locations.</p>
Frail Elders	<p>Develop support services for frail elders and their caregivers.</p> <p>Pilot and support community-based nursing and wrap-around capacities for frail elder populations</p>	<p>MHMH has continued to support classes, support groups, and information and referral for older adults and their family members through our Aging Resource Center. Additionally, we have provided annual cash support to Grafton County Senior Citizen's Council in support of their safety net and transportation services for older adults.</p> <p>In FY14, MHMH partnered with the Grafton County Senior Citizen's Council and the Community Nursing Project to create and fund a community-based social work/community nursing partnership in Lebanon, NH, to improve health and well-being of frail older adults. In addition to this project, the Aging Resource Center is engaged in training of community volunteers to support community nursing efforts, and the MHMH Community Health team has initiated work to understand how to best support emerging Aging in Community groups. In our Manchester, NH, clinic, MHMH is funding a community-based social work initiative with Easter Seals to address needs of frail seniors.</p>	<p>These have been positive initiatives, but there is a need for improved data systems and analysis of these initiatives to better understand 'what works' in community settings to improve care for frail seniors.</p>

FY13 CHIP Goal	FY13 CHIP Strategies	Brief Evaluation of FY14-FY16 Efforts	Learnings/Next Steps
Oral Health	<p>Support school-based and early childhood oral health services</p> <p>Support free dental services for underinsured and uninsured adults</p> <p>Support improved oral health and oral health access in the Upper Valley</p> <p>Improve clinical-oral health integration</p> <p>Promotion of water as a cultural norm</p>	<p>MHMH provided cash support to the Alice Peck Day Memorial Hospital school-based oral health program, allowing that program to continue services. Additionally, MHMH cash supports allowed this program to be extended to WIC clinics in the region, providing screening, education, and preventive care to be provided to pre-school age children and their families.</p> <p>MHMH provided cash support for the Red Logan Dental Clinic, allowing it to continue offering free dental care for uninsured patients.</p> <p>In FY15, MHMH partnered with Alice Peck Day Memorial Hospital and Ottauquechee Health Foundation to pilot public health dental hygienist services in community settings, including senior centers and food shelves. This service provides preventive oral health care and referrals for restorative care to adults without dental insurance who do not currently have a dental home.</p>	<p>These services are all well-received and meeting an important need. These services would likely benefit from being developed from ad hoc services into a more centrally coordinated and funded organization or program of an existing community organization in order to improve their reach and sustainability.</p>
Safety Net Supports and Access to Care	<p>Provide safety net care for lower-income members of the community</p> <p>Support care for individuals served in free clinics and Federally Qualified Health Centers</p> <p>Help lower-income patients obtain necessary prescription medications</p> <p>Improve access to care through investments in transportation</p> <p>Identify and build a plan for reducing remaining transportation barriers to care</p>	<p>MHMH continues to provide financial assistance to patients who meet income criteria, and to provide health care to Medicaid Beneficiaries, providing these services to >25,000 patients annually at a cost that grew from 137.8M in FY2013 to 139.6M in FY2015.</p> <p>In addition, MHMH provides cash contributions to support the work of Good Neighbor Health Clinic (free health and dental clinic serving the uninsured in the Lebanon, NH region); and providing advantageous clinical supports for the work of the Manchester Community Health Center. MHMH continues to provide Medication Assistance Program services for patients, helping them to access financial assistance through pharmaceutical companies.</p> <p>In the Upper Valley region, MHMH invests in the region's free public transit system and provides cash support for buses operated by the Grafton County Senior Citizen's Council.</p> <p>During this period, we did not engage in transportation planning activities.</p>	<p>Between FY13 and FY15, the value of financial assistance is declining, but is more than offset by the increase in loss on care provided to Medicaid Beneficiaries. This appears to be a long-term trend emerging from health insurance changes resulting from the Affordable Care Act.</p> <p>MHMH anticipates continuing all of these basic, safety net health care services.</p>

FY13 CHIP Goal	FY13 CHIP Strategies	Brief Evaluation of FY14-FY16 Efforts	Learnings/Next Steps
Regional public health capacities	<p>Engage community partners and health care system leaders in a set of shared strategies to improve population health</p> <p>Develop a robust NH Public Health Advisory Council</p>	<p>MHMH provided leadership for the development of the Public Health Council of the Upper Valley, which has become a core leadership body for public health in the Upper Valley region, and the development of a shared Agenda for Public Health, consisting of core public health indicators collectively chosen by 40+ organizations as worthwhile of collective effort. MHMH has also supported the evolution of the Hartford Community Coalition, Healthy Vibrant Claremont coalition, the Sullivan County Public Health Advisory Council, and the Windsor Community Partnership, and ReThink Health of the Upper Connecticut River Valley. All of these activities have built regional capacity for public health/community health leadership and action.</p>	<p>Continue supporting development of these community-led health coalitions and partnerships.</p>
Needs of Children and Families	<p>Support women’s health at all ages.</p> <p>Improve maternal-child health</p> <p>Reduce the impact of trauma and abuse on children and their caregivers</p> <p>Prevent and increase early detection of colorectal cancer</p> <p>Prevent injuries and reduce severity of injuries</p> <p>Prevent influenza</p> <p>Prevent cancers and support recovery and quality of life for those affected by cancers.</p> <p>Reduce the impact of HIV/AIDS on affected individuals and their caregivers.</p>	<p>MHMH has maintained existing initiatives to address these needs, including continuing to operate the Women’s Health Resource Center in Lebanon; a Children’s Advocacy and Protection Program; patient and family support services at Norris Cotton Cancer Center; the NH Colorectal Cancer Screening Program; public and school-based influenza vaccination clinics; the Dartmouth-Hitchcock Family HIV program; and provides funding for the Dartmouth Injury Prevention Program.</p>	<p>These services provide support to address ongoing community health needs. These needs will not always appear in community health needs assessment, but are essential parts of responding to long-term community needs into the future.</p>

In October 2014, the Public Health Council of the Upper Valley conducted a network analysis using the PARTNER Survey to assess strength, influence, and trust among regional community health partners. The results of this survey highlighted a closely integrated network of community health services in the Upper Valley region. The survey identified community coalitions created by, aligned with, and led by Mary

Hitchcock Memorial Hospital's Community Health team as being central and highly influential to community health networks in the Upper Valley region, suggesting that community colleague's view Mary Hitchcock Memorial Hospital's community health improvement efforts to be important, vital, and well-integrated with other community organizations and leadership efforts.