MT. ASCUTNEY HOSPITAL
AND HEALTH CENTER

A Dartmouth-Hitchcock Affiliate

COMMUNITY HEALTH NEEDS ASSESSMENT

2015

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

Mt. Ascutney Hospital and Health Center
Community Health Needs Assessment
October 2015

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

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Mt. Ascutney Hospital and Health Center
Community Health Needs Assessment

October 2015

EXECUTIVE SUMMARY

During the period March through July, 2015, a Community Health Needs Assessment in the Mt. Ascutney region of Vermont and New Hampshire was conducted by Mt. Ascutney Hospital and Health Center in partnership with Valley Regional Hospital, New London Hospital, Alice Peck Day Memorial Hospital, and Dartmouth-Hitchcock. The purpose of the assessment was to identify community health concerns, priorities and opportunities for community health and health care delivery systems improvement. For the purposes of this assessment report, the geographic area of interest was 10 towns of the Mt. Ascutney region with a total resident population of 32,588 served by Mt. Ascutney Hospital and Health Center. 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 Mt. Ascutney Hospital 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.

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**
Alcohol and drug misuse including heroin and misuse of pain medications	Selected as the top issue by community survey respondents and by key stakeholders; 39% of community survey respondents identified substance abuse recovery programs as an important area of focus	Identified as a high priority issue by community discussion participants, who discussed the impact of substance abuse on family strength and community safety	The rate of emergency department utilization for substance abuse related mental health conditions is more than triple the rate for NH overall and the rate of Neonatal Abstinence Syndrome discharges is also nearly triple the rate for NH
Access to mental health care	Selected as the second highest priority issue by community leaders and third highest issue identified by community survey respondents; top area for open ended comments; about 7% of community respondents indicated difficulty accessing mental health services in the past year	Identified as a high priority issue by some community discussion participants, who discussed lack of awareness and lack of coordination of services	The suicide rate in the region is similar to the rates for VT and NH overall in recent years; the rate of emergency department utilization for mental health conditions is significantly higher than the rate for NH overall
Access to dental health care	Selected as a top 5 issue by key leader respondents and top 10 by community survey respondents; top issue for respondents from lower income towns; dental care most frequently cited service for access difficulties	Identified as a high priority issue by some community discussion participants, who discussed the need for improved access to oral health care	The Mt. Ascutney service area has a substantially lower dentist to population ratio compared to VT and NH overall; the service area also has higher rates of adults without a recent dental exam, adults with poor dental health and ED use for dental conditions
Access to enough and affordable health insurance; cost of prescription drugs	Selected as a top 5 most important community health issue by community survey and key stakeholder respondents; cost of Rx drugs was the top issue for respondents age 65+	Community discussion group participants described limited ability to afford some services and uncertainty around the ongoing availability of government assistance	The uninsured rate in the Mt. Ascutney service area (10.8%) is similar to the NH rate, but notably higher than the overall VT state rate (7.3%)
Poor nutrition/access to affordable healthy food	Selected as an important community health issue by 32% of community survey respondents and one of the major commentary themes in response to the question of 'one thing you would change to improve health'	Dietary habits, nutrition and access to affordable healthy foods identified was a common topic of community discussion group participants	About two-thirds of adults in the Mt. Ascutney service area are considered overweight or obese; portions of the Mt. Ascutney service area are considered to have 'low food access'

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 the seventh most pressing health issue by community survey and key stakeholder respondents; biking/walking trails and recreation, fitness programs were the top 2 resources people would use if more available	Increased participation in physical activity observed as an improvement; but costs associated with healthy lifestyles, such as cost of gym memberships, also described by community discussion group participants	More than 1 in 5 adults in the Mt. Ascutney service area can be considered physically inactive on a regular basis – a rate similar to the rest of Vermont and New Hampshire; proportion of adults with heart disease is also similar to statewide rates
Income, poverty and family stress	44% of community respondents with annual household income under $25,000 reported difficulty accessing services; 'inability to pay out of pocket expenses' was a top reason cited by key leaders for access difficulties	Significant discussion of the challenges faced by individuals and families under socio-economic stress, large number of families that struggle financially, effect on family wellbeing	23% of families and 42% of children in the Mt. Ascutney service area are living with incomes less than 200% of the federal poverty level – child low income rates are substantially higher than for VT and NH overall
Access to Transportation	Public transportation most frequently selected as the community resource needing more focus; lack of transportation identified as the top reason for access difficulties by key stakeholders	'Inconsistent or total lack of transportation services' described as a top concern by community discussion group participants	7% of households in the Mt. Ascutney service area have no vehicle available
Access to Primary Health Care	A top 10 issue for both community survey and key leader respondents; about 10% of community respondents reported having difficulty accessing primary care services in the past year	Access to primary health care noted within the overall context of health care affordability and challenges navigating the health care system	The ratio of primary care providers to population in the Mt. Ascutney service area is similar to VT and NH overall; Emergency Dept. visits for asthma and diabetes are higher in the service area – a potential indicator of less primary care access
Health care for seniors	Selected as a top 5 issue by community survey respondents age 65 and over; 26% of all respondents selected 'support for older adults' as a focus area for health improvement	Support And Services at Home (SASH) identified as a key resource in the community	The proportion of the Mt. Ascutney service area population 65+ (18%) substantially exceeds the VT and NH state rates; the % of the population with at least one functional disability (17%) also exceeds the state rates – reflective of an older population

A. COMMUNITY SURVEY RESULTS WITH SELECTED SERVICE AREA DEMOGRAPHICS

The total population of the Mt. Ascutney Hospital and Health Center service area in 2013 (most recent estimate available) was 32,588 according to the United States Census Bureau, which is a decrease of about 213 people or 0.6% since the year 2000. The 2015 Healthcare Community Needs Assessment Survey conducted by Mt. Ascutney Hospital and Health Center (MAHHC) yielded 473 individual responses including 376 from towns within the service area or approximately 1.5% of the total adult population. (A total of 97 survey respondents were residents of towns outside the region or did not identify their town of residence). As shown by Table 1, survey respondents from the MAAHC service area are represented in relatively close proportion overall to the service area population by town except that residents of Windsor are significantly over-represented in proportion to their total population, while residents of Claremont are under-represented. It is also important to note that 2015 survey respondents were more likely to be female (79% of respondents), while the age distribution of respondents was somewhat older compared to the population overall (e.g. 24.4% of respondents were 65 years of age or older compared to 17.8% of the overall population in the service area).

TABLE 1: Service Area Population by Town;
Comparison to Proportion of 2015 Community Survey Respondents

	2013 Population	% Total Population	% of Respondents	Difference
MAHHC Service Area	**32.588**		**85.6% (376)**	
Bridgewater	688	2.1%	0.9%	-1.2%
Hartland	3,392	10.4%	9.5%	-0.9%
Reading	613	1.9%	1.1%	-0.8%
Weathersfield	2,816	8.6%	6.4%	-2.2%
West Windsor	1,151	3.5%	3.4%	-0.1%
Windsor	3,527	10.8%	32.3%	21.5%
Woodstock	3,033	9.3%	8.7%	-0.6%
Claremont, NH	13,224	40.6%	11.4%	-29.2%
Cornish, NH	1,614	5.0%	3.6%	-1.4%
Plainfield, NH	2,530	7.8%	8.0%	0.2%
Other/Unknown			14.4%	

Table 2 displays additional demographic information for the towns of the Mt. Ascutney Hospital Service Area. On this table, municipalities are displayed in order of median household income with comparison to the median household incomes in Vermont and New Hampshire. As displayed by the table, eight towns in the service area have higher median household incomes than the median for the State of Vermont, while 2 have median household incomes less than the Vermont median. In addition, three towns have a higher proportion of individuals with family incomes at 200% of the federal poverty level or less when compared to the State of Vermont overall. Figure 1 following this table displays a map of the service area with shading depicting the median household income by town in 4 categories from low to high median household income.

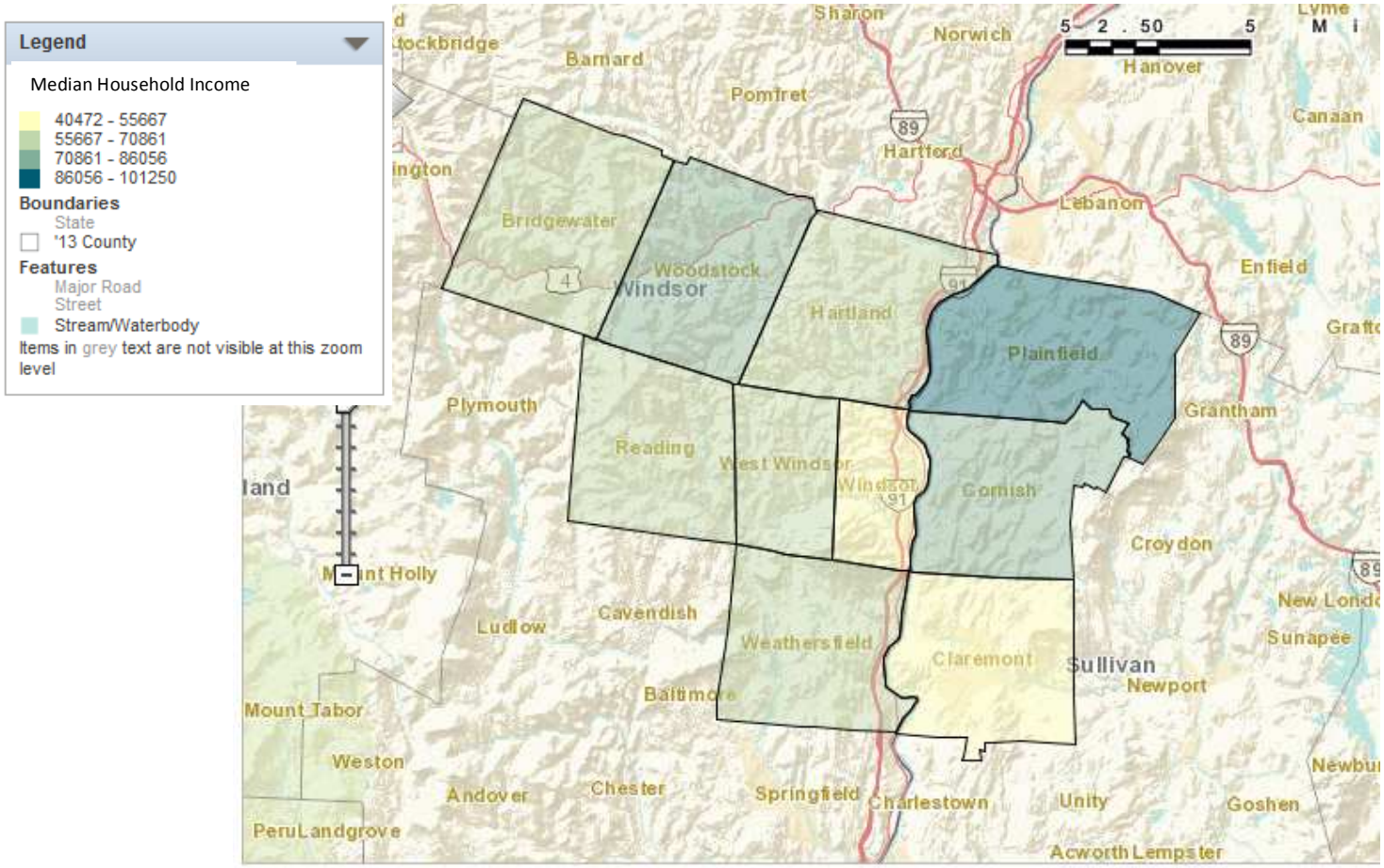
TABLE 2: Selected Demographic and Economic Indicators

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)
Plainfield, NH	$101,250	0.0%	6.3%
Woodstock	$82,264	1.1%	10.2%
Cornish, NH	$72,356	1.9%	11.9%
West Windsor	$70,250	6.6%	15.8%
New Hampshire	**$64,916**	**5.6%**	**16.8%**
Weathersfield	$62,468	5.1%	18.3%
Hartland	$59,205	1.0%	13.2%
Reading	$58,125	4.4%	28.3%
Bridgewater	$57,054	5.3%	15.0%
Vermont	**$54,267**	**7.6%**	**22.8%**
Claremont, NH	$42,236	13.3%	34.0%
Windsor	$40,472	11.7%	28.2%
Service Area Total		**7.5%**	**22.6%**

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

Figure 1 – Median Household Income by Town, Mt. Ascutney 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 2015 Mt. Ascutney Hospital and Health Center (MAHHC) Community 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=473)	Community Health Issue
45.0%	**Alcohol and drug misuse**
42.5%	**Heroin and misuse of pain medications**
41.9%	**Cost of prescription drugs**
41.2%	**Access to mental health care**
41.0%	**Access to enough, affordable health insurance**
40.8%	**Access to dental health care**
34.2%	**Lack of physical activity**
32.1%	**Poor nutrition/unhealthy food**
24.5%	**Mental illness**
21.1%	**Access to primary health care**
20.5%	**Health care for seniors**
18.0%	**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 $60,000 (an approximate midpoint between the Vermont and New Hampshire medians). 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 3 above.) Respondents from lower income towns were more likely to select access to dental health care and access to mental health care than those from higher income communities who selected alcohol and drug misuse and access to enough, affordable insurance as the top 2 issues.

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

% of Respondents selecting the issue (n=133)	Towns with Higher Median Household Income	% of Respondents selecting the issue (n=243)	Towns with Lower Median Household Income
46.5%	**Access to dental health care**	48.9%	**Alcohol and drug misuse**
44.4%	**Access to mental health care**	48.1%	**Access to enough, affordable health insurance**
42.8%	**Cost of prescription drugs**	36.8%	**Cost of prescription drugs**
42.4%	**Heroin and misuse of pain medications**	36.1%	**Access to mental health care**
42.0%	**Alcohol and drug misuse**	35.3%	**Heroin and misuse of pain medications**
37.4%	**Access to enough, affordable health insurance**	33.8%	**Access to dental health care**
34.6%	**Lack of physical activity**	33.8%	**Lack of physical activity**
32.9%	**Poor nutrition/unhealthy food**	30.8%	**Poor nutrition/unhealthy food**
25.1%	**Mental illness**	24.8%	**Health care for seniors**
19.3%	**Access to primary health care**	24.1%	**Mental illness**
18.1%	**Health care for seniors**	21.8%	**Access to primary health care**
16.9%	**Smoking/tobacco use**	18.0%	**Smoking/tobacco use**

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 (46.5%) indicated that "access to dental health care" was among the most important health issues than respondents from higher income towns (33.8%; difference=12.7%). In contrast, the proportion of residents from higher median income communities who selected access to affordable health insurance (48.1%) as a top issue was nearly 11% higher than respondents from lower income communities (37.4%).

CHART 1

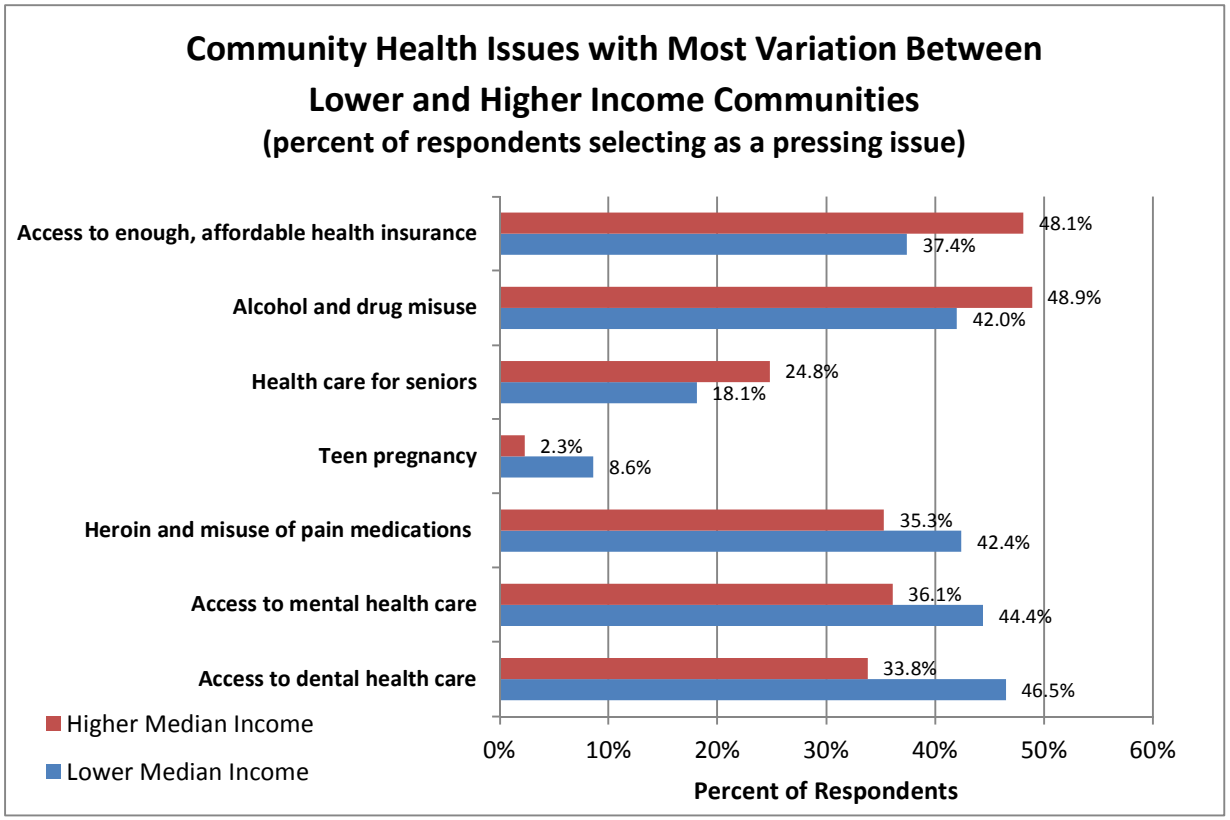


Table 5 shows the top 7 responses to the question of most important health issues by age group. While different age groups were more similar than different in their responses overall, 'Alcohol and Drug Misuse' including heroin and misuse of pain medications were selected more frequently by respondents in younger age groups as important issues. Respondents in the middle age group identified access to mental health care and access to dental health care as the top issues, while respondents in the older age group were more likely to 'Cost of prescription drugs' as a top health issue in the community.

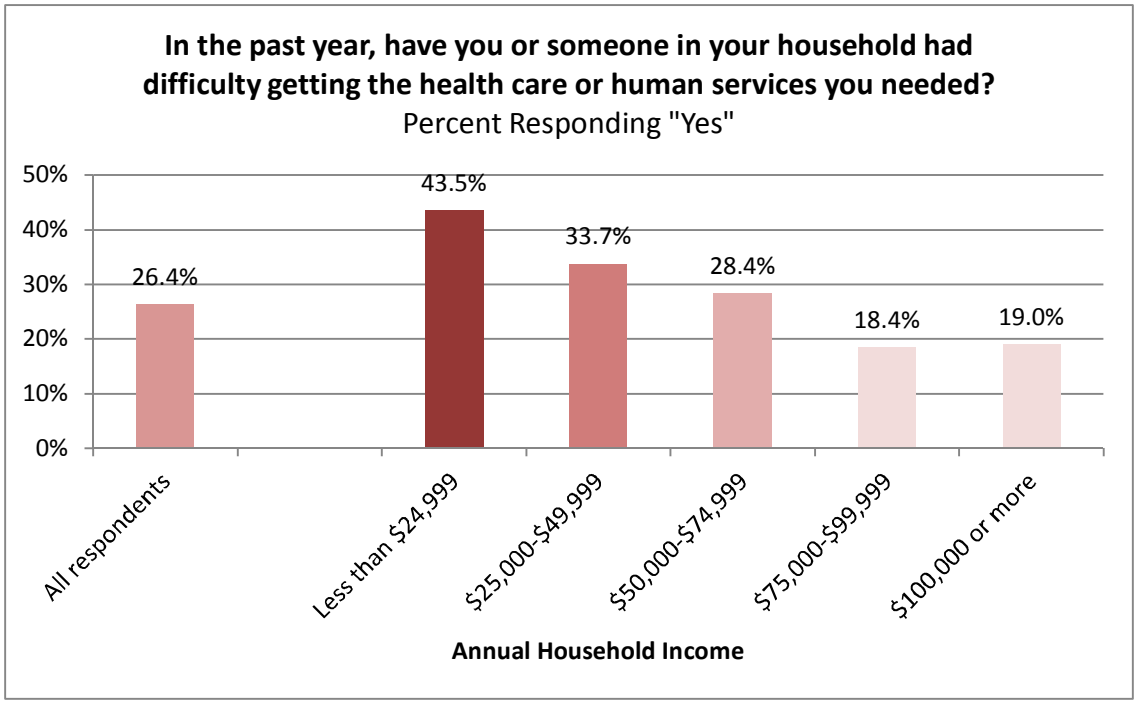
TABLE 5: Most Important Health Issues by Respondent Age

18-44 years	n=122	45-64 years	n=210	65+ years	n=107
Heroin and misuse of pain medications	49.2%	Access to mental health care	53.8%	Cost of prescription drugs	53.3%
Alcohol and drug misuse	48.4%	Access to dental health care	48.1%	Alcohol and drug misuse	46.7%
Poor nutrition/unhealthy food	45.9%	Heroin and misuse of pain medications	44.8%	Access to enough, affordable health insurance	39.3%
Access to mental health care	41.0%	Access to enough, affordable health insurance	44.3%	Access to dental health care	35.5%
Lack of physical activity	41.0%	Cost of prescription drugs	42.9%	Health care for seniors	34.6%
Access to enough, affordable health insurance	38.5%	Alcohol and drug misuse	42.3%	Heroin and misuse of pain medications	30.8%
Mental illness	34.4%	Lack of physical activity	34.8%	Lack of physical activity	29.0%

2. Barriers to Services Identified by Survey Respondents

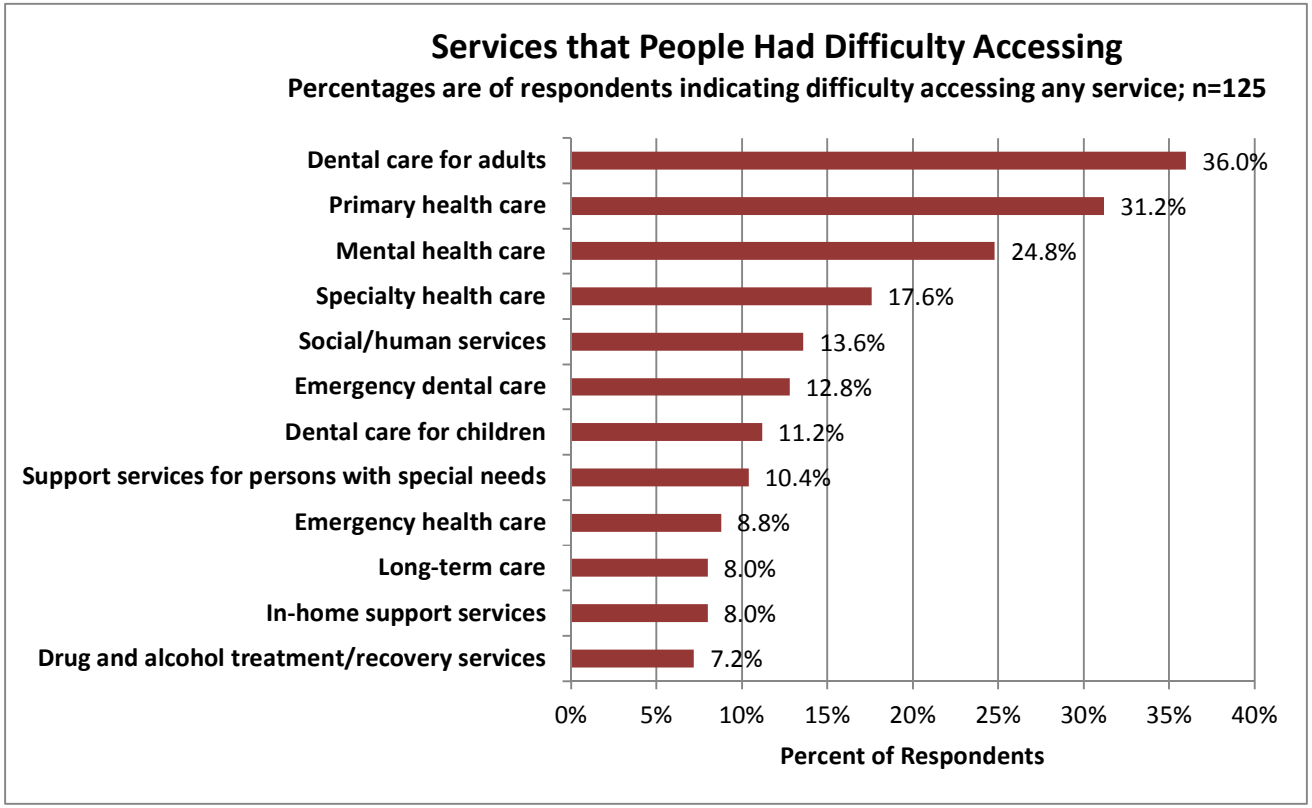
Respondents to the 2015 Community Needs Assessment Survey were asked, "In the past year, have you or someone in your household had difficulty getting the health care or human services you needed?" Overall, 26.4% of survey respondents indicated having such difficulty. As Chart 2 displays, there is a significant relationship between reported household income category and the likelihood that respondents reported having difficulty accessing services.

CHART 2



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 (36% of those respondents indicating difficulty accessing any services); primary health care (31%) and mental health care (25%). Note that percentages on this chart are of the subset of respondents who indicated any difficulty accessing services (26% of all respondents; n=125).

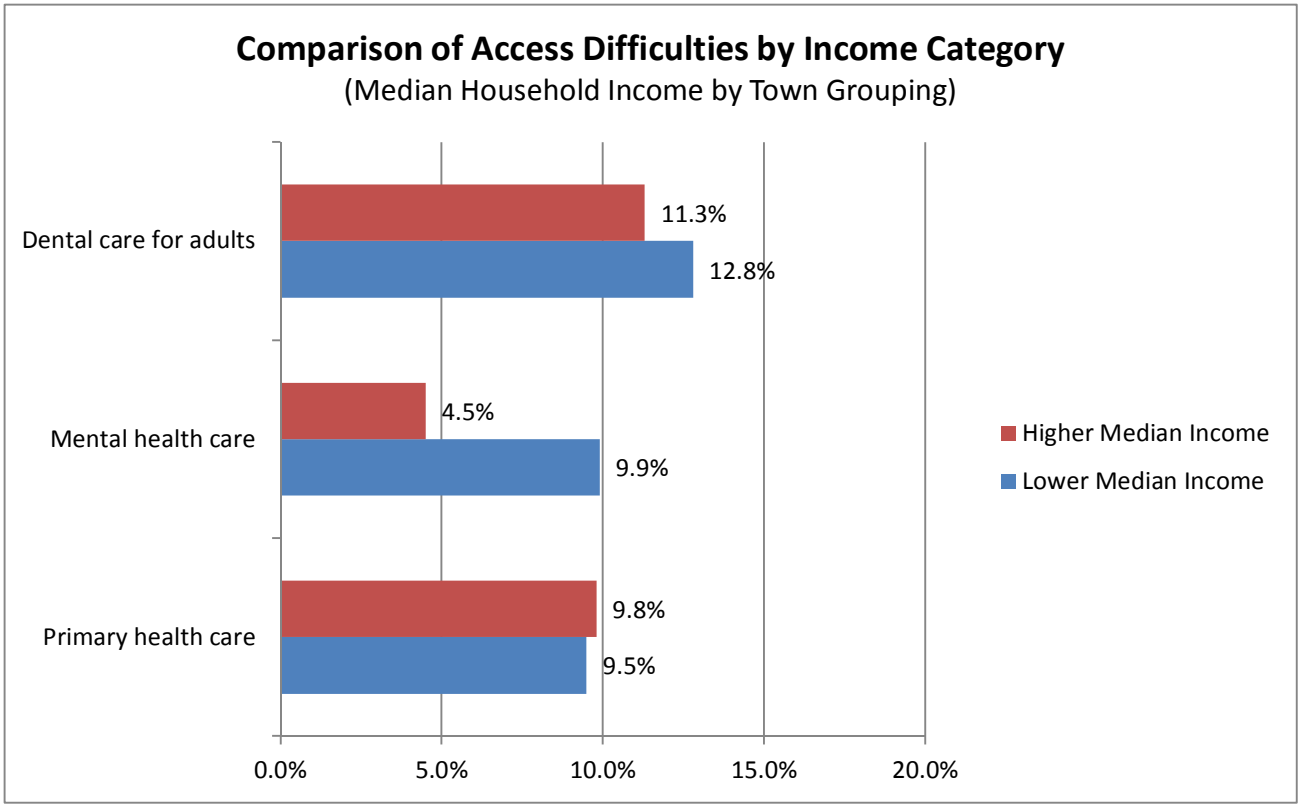
CHART 3



In a separate question, 27.3% 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'. The type of services people traveled for were reported in an open ended question. These complete results are included in Appendix A.

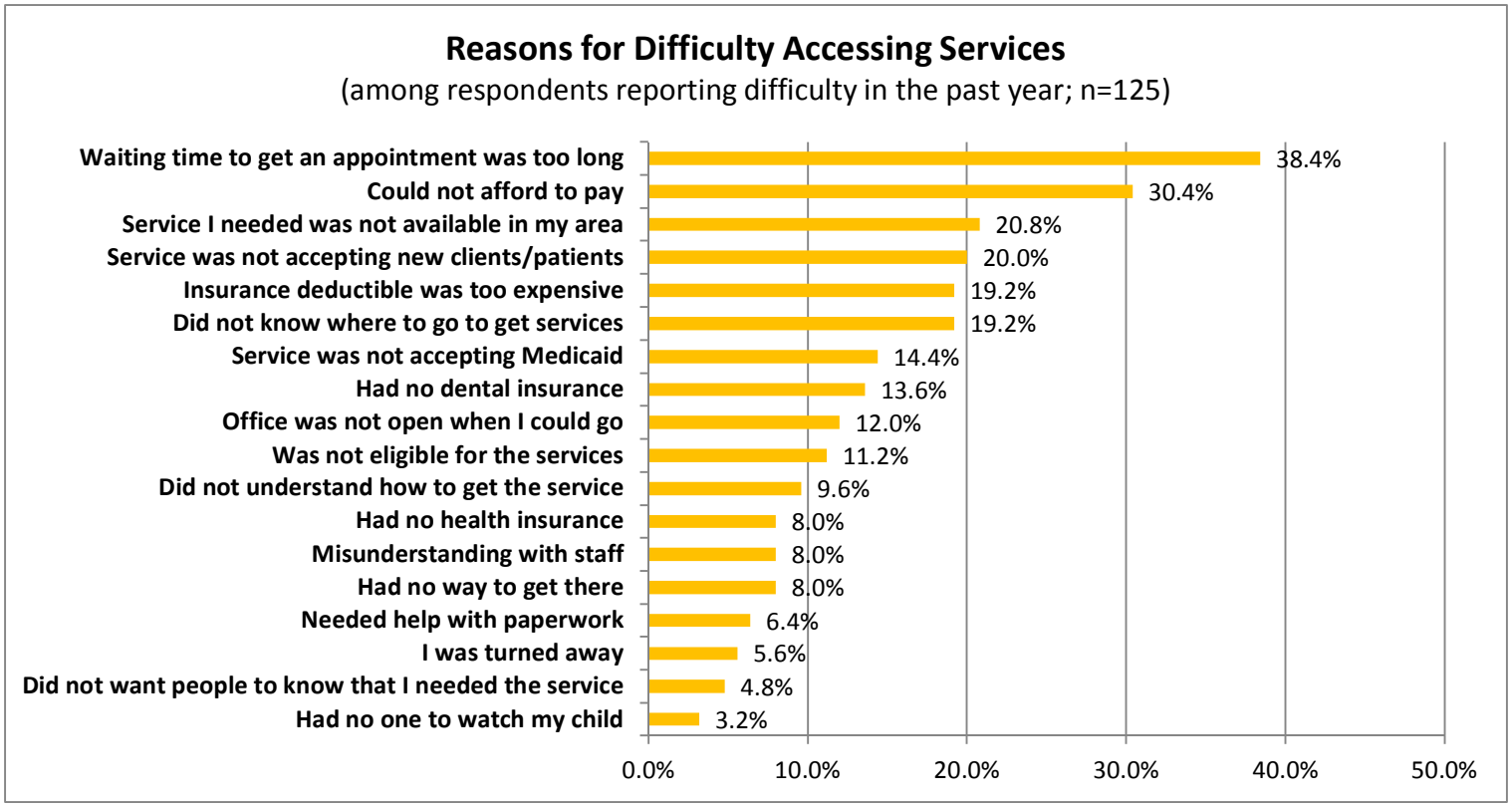
Chart 4 provides a comparison of reported access difficulties for the top three service types between higher income communities and lower income communities in the Mt. Ascutney service area. Respondents from the lower income town group were more likely to report difficulty accessing mental health care, while access difficulties were more similar for adult dental care and primary health care. Note that percentages on this chart are of all survey respondents (e.g. 12.8% of all respondents from lower income towns reported difficulty accessing adult dental care services.)

CHART 4



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 5, the top reasons cited were waiting time for an appointment (38%) and could not afford to pay for the service (30%).

CHART 5



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' (49%). Among respondents indicating difficulty accessing primary health care, about 40% indicated the 'service was not accepting new patients'. Waiting time to get an appointment was cited as an access barrier by 56% of respondents who had difficulty accessing mental health care. Waiting time was also the second most commonly reported barrier for those having difficulty accessing adult dental and primary health care. In a separate question that asked about having to leave the area for health services, dental care was the most commonly cited service for which people were traveling outside of the area. (See Appendix A for complete survey responses.)

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)

Primary Health Care (n=43, 9.1% of all respondents)	Dental Care for Adults (n=49, 10.4% of all respondents)	Mental Health Care (n=32, 6.8% of all respondents)
39.5% of respondents who had difficulty receiving primary health care also reported they ***Service was not accepting new patients***	**49.0%** of respondents who had difficulty receiving adult dental care also reported they ***Could not afford to pay***	***56.3%*** of respondents who had difficulty receiving mental health care also reported the ***Waiting time to get an appointment was too long***
39.5% Waiting time to get an appointment was too long	***46.9% Waiting time to get an appointment was too long***	**43.8%** ***Did not know where to go to get services***
27.9% Insurance deductible was too expensive	***38.8% Had no dental insurance***	***37.5% Service was not accepting new patients***
23.3% Could not afford to pay	***26.5% Service was not accepting new patients***	***37.5% Service I needed was not available in my area***
23.3% Service I needed was not available in my area	***26.5% Service was not accepting Medicaid***	***31.3% Could not afford to pay***

3. Community Health Resources Needing More Attention

The 2015 Mt. Ascutney Community 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 6, the top resources identified by survey respondents as needing more attention were public transportation; substance abuse recovery programs; affordable, high quality child care; access to healthy, affordable food; job opportunities; and access to affordable housing.

CHART 6

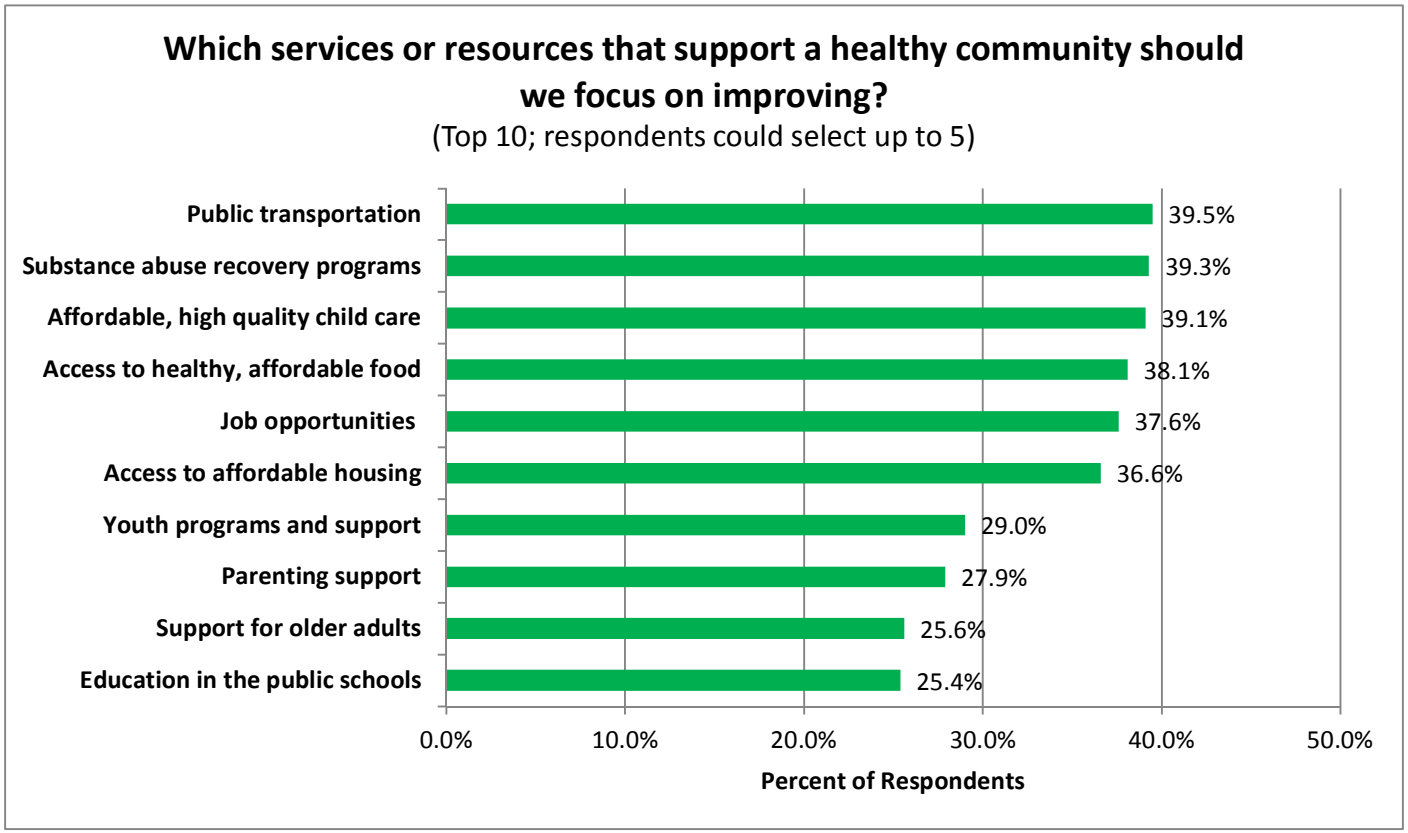


Chart 7 displays the top 10 program or services survey respondents indicated they would use if more available in their community. Table 7 on the next page displays the top programs or resources of interest by age category. biking/walking trails, recreation/fitness programs and stress reduction and relaxation classes were of interest to all age groups. However, the top services of interest for seniors was public transportation (about 32%) and about 35% of younger adults are interested in more affordable child care options and after-school activities (34%).

CHART 7

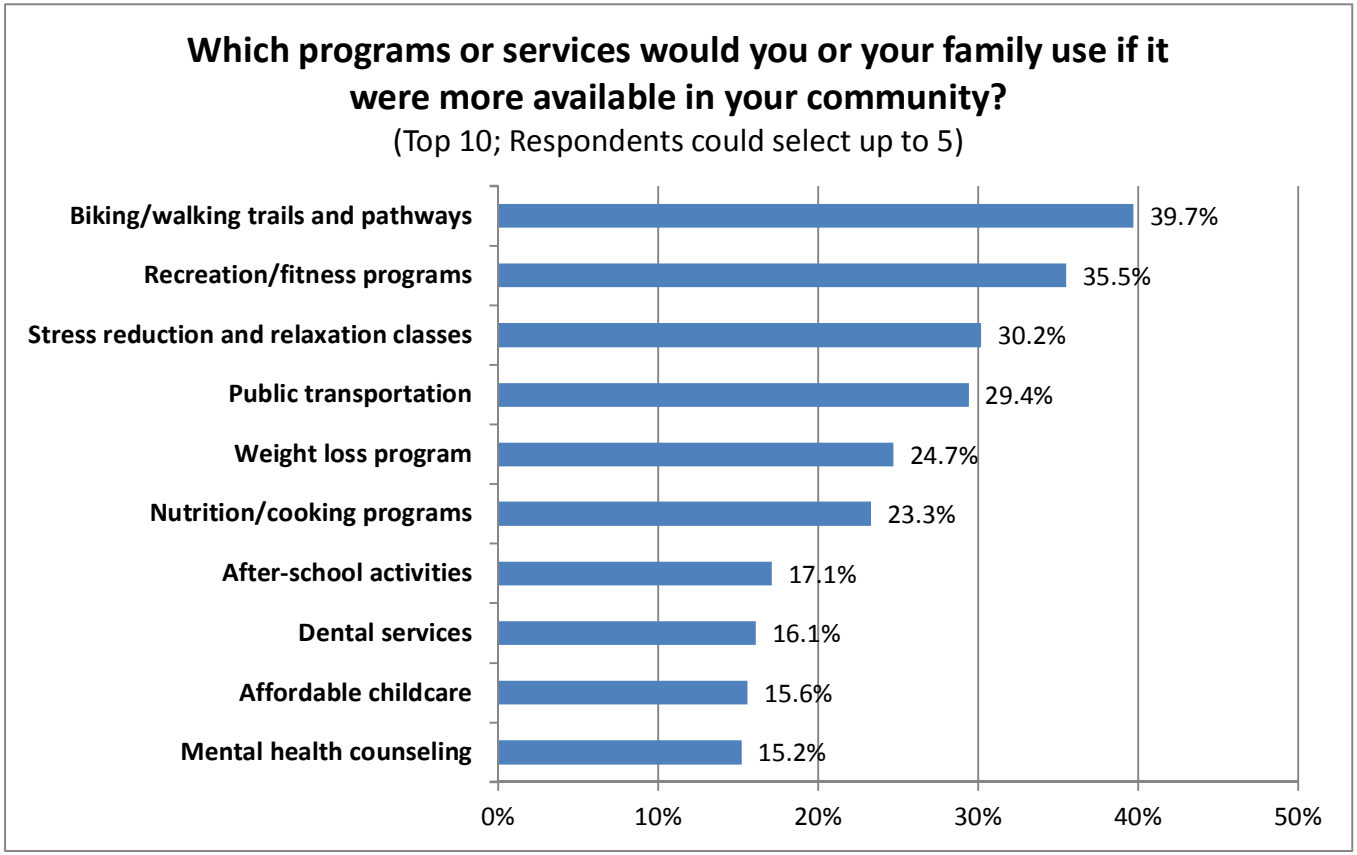


TABLE 7: Programs or Services of Interest by Age Category

18-44 years	n=122	45-64years	n=210	65+ years	n=107
Recreation/fitness programs	53.3%	Biking/walking trails and pathways	41.4%	Public transportation	31.8%
Biking/walking trails and pathways	48.4%	Recreation/fitness programs	37.6%	Biking/walking trails and pathways	28.9%
Stress reduction and relaxation classes	36.9%	Stress reduction and relaxation classes	35.2%	Weight loss program	21.5%
Affordable childcare	35.2%	Public Transportation	31.0%	Stress reduction and relaxation classes	18.7%
After-school activities	34.4%	Weight loss program	25.7%	Recreation/fitness programs	17.8%

The 2015 Mt. Ascutney 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 318 survey respondents (67%) 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?"

Accessibility/availability of mental health and substance abuse services; substance misuse prevention	13.5% of respondents
Affordability of health care/low cost or subsidized services; insurance; health care payment reform	12.6%
Health care provider availability including certain specialties; hours and wait time; health care delivery system improvements	10.7%
Job opportunities/training/benefits; economy; housing	10.4%
Improved resources, programs or environment for healthy living; health promotion/education; nutrition; food affordability	8.5%
Improved programs or environment for physical activity, active living, affordable recreation and fitness	8.2%
Community services/supports; caring culture; social opportunities	7.2%
Programs for youth and families; parenting support	6.3%
Crime/violence; law enforcement including child protection	3.5%
Accessibility/affordability of dental care	3.5%
Transportation services	3.1%
Senior services, programs	3.1%
Tobacco cessation and prevention	2.5%
Personal responsibility/reduce dependence	2.2%

B. KEY STAKEHOLDER SURVEY

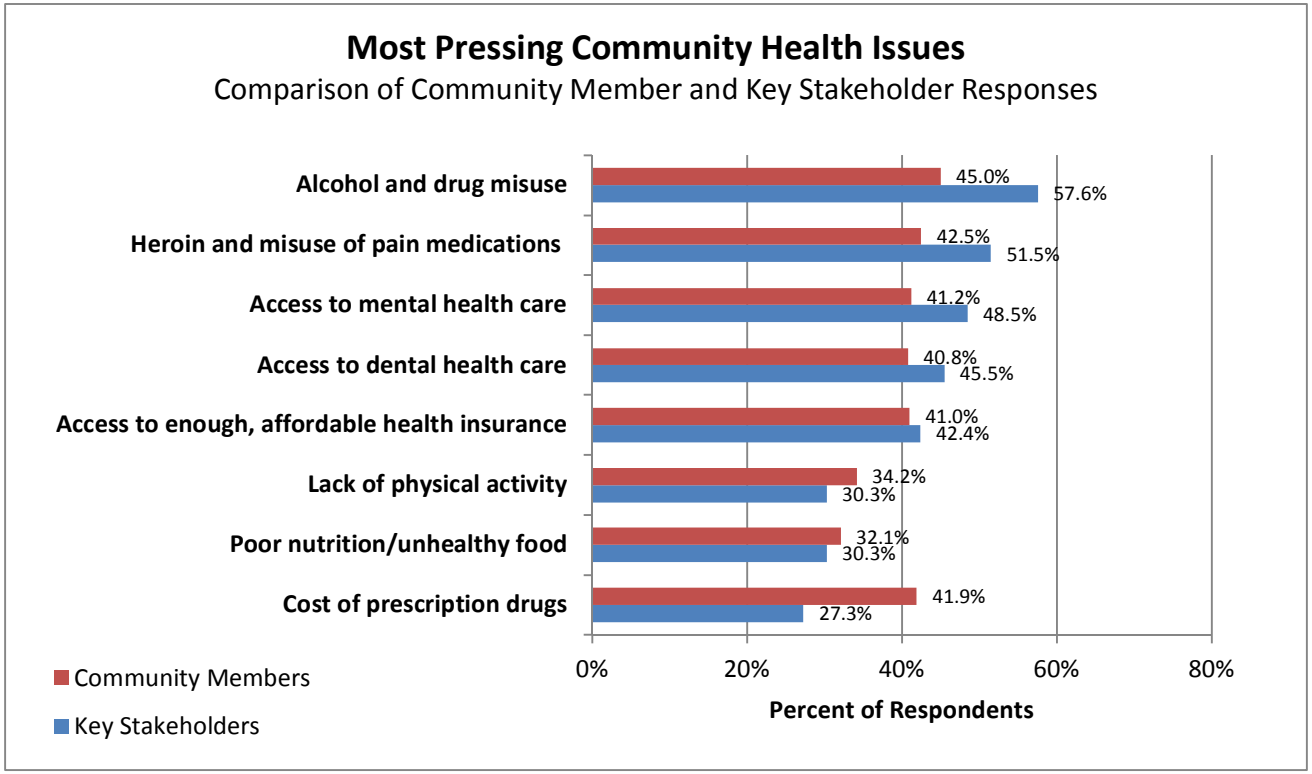
In addition to the survey of community residents, the 2015 Mt. Ascutney Community Health Needs Assessment included an online survey of key stakeholders representing different community sectors and agencies. This survey was conducted to supplement the community survey by gathering input on needs from the perspective of community leaders and service providers. The survey was conducted in conjunction with New London Hospital, Alice Peck Day Memorial Hospital, Dartmouth-Hitchcock, and Valley Regional Hospital. 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 33 key stakeholder respondents indicated that their responses were reflective of the Greater Windsor service area. Respondents represented the following sectors: Human Service/Social Service (21%), Mental/Behavioral Health (3%), Home Health Care (6%), Primary Health Care (12%), Medical Subspecialty (6%) Public Safety/Fire (3%), Emergency Medical Services (3%), Education/Youth Services (6%), Municipal/County Government (6%), and Community Member/Volunteer (6%).

Table 9 displays the top 7 most pressing community health issues from the perspective of key stakeholders. Chart 8 on the next page compares these responses with the top 5 community health issues identified by respondents to the community survey. There was strong agreement between these two sources of input with six of seven top issues being the same between these two groups. One issue identified by community members that was ranked lower by key stakeholders was 'Cost of Prescription Drugs', although this issue was in the top 10 for key stakeholders.

Table 9: Top 7 Most Pressing Community Health Issues; Key Stakeholders

% of All Respondents selecting the issue (n=33)	Community Health Issue
57.6%	Alcohol and drug misuse
51.5%	Heroin and misuse of pain medications
48.5%	Access to mental health care
45.5%	Access to dental health care
42.4%	Access to enough, affordable health insurance
30.3%	Poor nutrition/unhealthy food
30.3%	Lack of physical activity

CHART 8



Key stakeholders were also asked if there are specific populations in the community that are not being adequately served by local health services. About 66% of respondents indicated that there are specific underserved populations. Chart 9 displays results from key stakeholder responses on specific populations thought to be currently underserved. 'People in need of Mental Health Care', 'People in need of substance abuse treatment', and 'Low Income/Poor' were the most frequently indicated populations perceived to be currently underserved.

Chart 10 displays results from key stakeholder responses on the most significant barriers in the community that keep people from accessing the services they need. 'Lack of transportation', 'Inability to navigate the health care system' 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 9

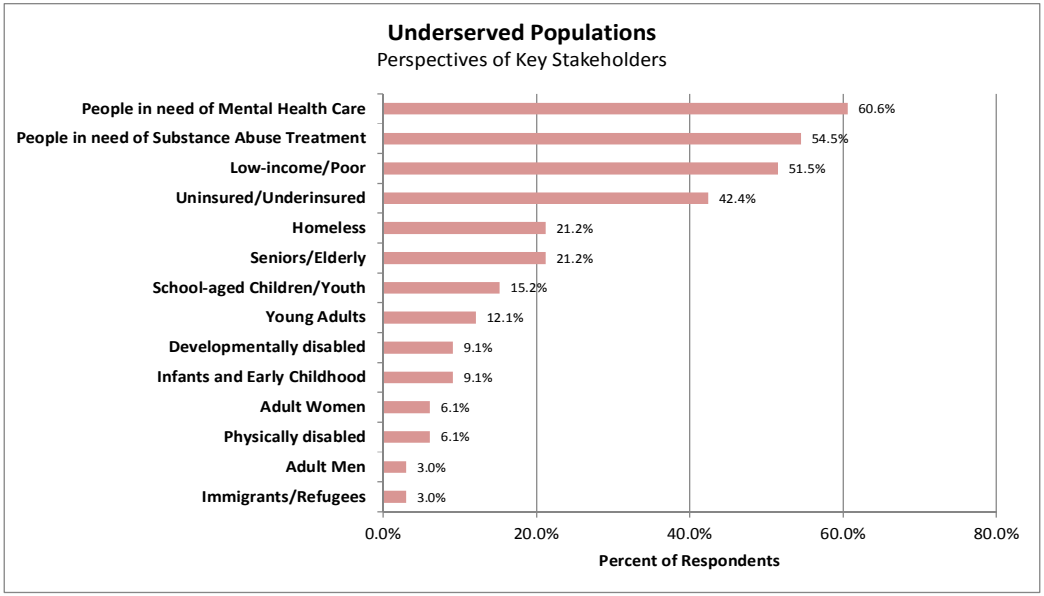
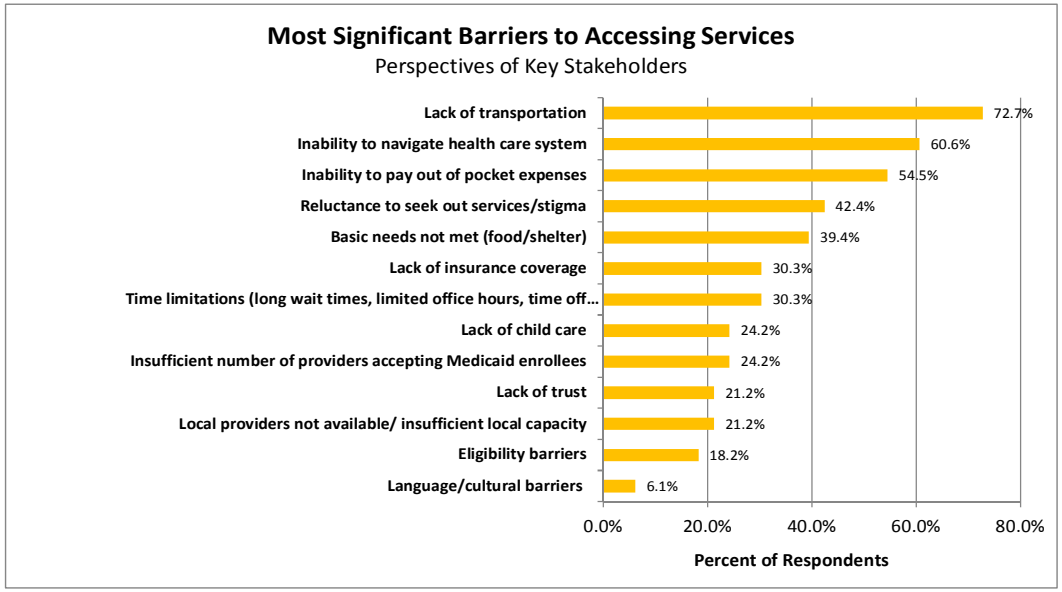


CHART 10



C. COMMUNITY HEALTH DISCUSSION GROUPS

A set of discussion groups were convened in the Spring of 2015 as part of the effort by Mount Ascutney Hospital and Health Center to understand the health-related needs of the community and to plan programs and services that address those needs. The purpose of the discussions was to gain insight on health issues that matter to the community, as well as thoughts and perceptions about the health of the community from different perspectives. Two discussion groups were convened representing many of the important community sectors and perspectives including:

- **Windsor Area Community Partnership (14 participants)**
- **Old Windsor Village (7 participants)**

1. 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, socio-economic status, availability of programs and services, and underlying determinants of health were all discussed with respect to individual and community health outcomes.

> *People are starting to see that health is everybody's business and that health includes the mind and the body.*
> *– Windsor Discussion Group Participant*

2. Participants had mixed feelings about the overall health of the community. Positive factors cited include the perception of healthy eating habits and purchasing healthier foods from local food producers, more educational opportunities in the community around health and wellness, and participation in physical activity. There was, however, also significant discussion of the challenges faced by individuals and families under socio-economic stress, issues of aging, inability to access sufficient health care services, and lack of healthy lifestyle behaviors, including poor eating habits and substance abuse. Several comments identified a lack of knowledge among individual community members on how to navigate the health insurance systems and other available social services. A number of comments also specifically cited a large number of families that struggle financially, as well as inadequate support and education to support a health family environment as contributors to diminished health in the community.

> The whole person is not being addressed by our current health system.
> *– OWV Discussion Group Participant*

3. Participants identified a variety of community strengths and resources that promote health and community connectedness in multiple sectors. Health and Human Service organizations, such as WIC, community health teams, and Support and Services at Home (SASH) were identified as key resources in the community that promote health. Other community assets for promoting health included schools and school nurses, Farmers' Markets, community gardens, summer camps, running events, and volunteer opportunities.

4. Participants identified a range of barriers to promoting good health in the community including the lack of awareness of available community resources; lack of engagement around the idea of community health; financial burdens to living a healthy lifestyle, including gym memberships and higher prices for healthy foods; inconsistent or total lack of transportation services; uncertainty of long-term sustainability of government assistance, such as Medicaid; and a lack of strong family structure.

> *Unless you have a certain need, you are not aware of what is available… – OVW Discussion Group Participant*

5. With respect to what organizations could be doing better to support or improve community health, participants identified the need for enhanced promotion and increased awareness of available health and financial resources, improved access to and availability of specific services such as oral health care and transportation, as well as affordable and safe housing options. Participants also identified increased communication and coordination between agencies, and more job opportunities for socio-economic improvements.

> *"If you don't have good insurance, you are sent home whether you can take care of yourself or not." -OWV Discussion Group Participant*

2. High Priority Issues from Mount Ascutney 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. *Fragile families, family stress*
2. *Income, poverty*
3. *Transportation*
4. *Access to Dental Care Services*
5. *Alcohol and Drug Abuse*
6. *Public safety, crime, domestic violence*
7. *Chronic diseases, such as Heart Disease, Diabetes, Arthritis, Asthma and COPD*

8. *Affordable Housing*
9. *Diet and Nutrition, access to healthy foods*
10. *Cancer*

The chart below 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. Substance misuse, access to mental health care, and related issues of socioeconomic stresses among individuals and families are top issues of concern across the region.

Priority Rank	Overall	Windsor Group	OWV Group
1	**Fragile families, family stress**	Fragile families, family stress	Transportation
2	**Income, poverty**	Income, poverty	Affordable housing
3	**Transportation**	Public safety, crime, domestic violence	Chronic Diseases such as Heart Disease, Diabetes, Arthritis, COPD
4	**Access to Dental Care Services**	Alcohol and Drug Abuse	Access to Dental Care Services
5	**Alcohol and Drug Abuse**	Diet and Nutrition, access to healthy foods	Cancer
6	**Public safety, crime, domestic violence**	Access to Dental Care Services	Access to Mental Health/Behavioral Health Care Services
7	**Chronic Diseases such as Heart Disease, Diabetes, Arthritis, COPD**	Chronic Diseases such as Heart Disease, Diabetes, Arthritis, COPD	Access to Prescriptions/Medications
8	**Affordable Housing**	Cancer	Obesity
9	**Diet and nutrition, access to healthy foods**	Access to Primary HealthCare Services	Fragile families, family stress
10	**Cancer**	Transportation	Income, poverty

D. COMMUNITY HEALTH STATUS INDICATORS

This section of the 2015 Mt. Ascutney 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 10 town hospital service area. However, some data are only available at the county level and in some cases only at the state 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.

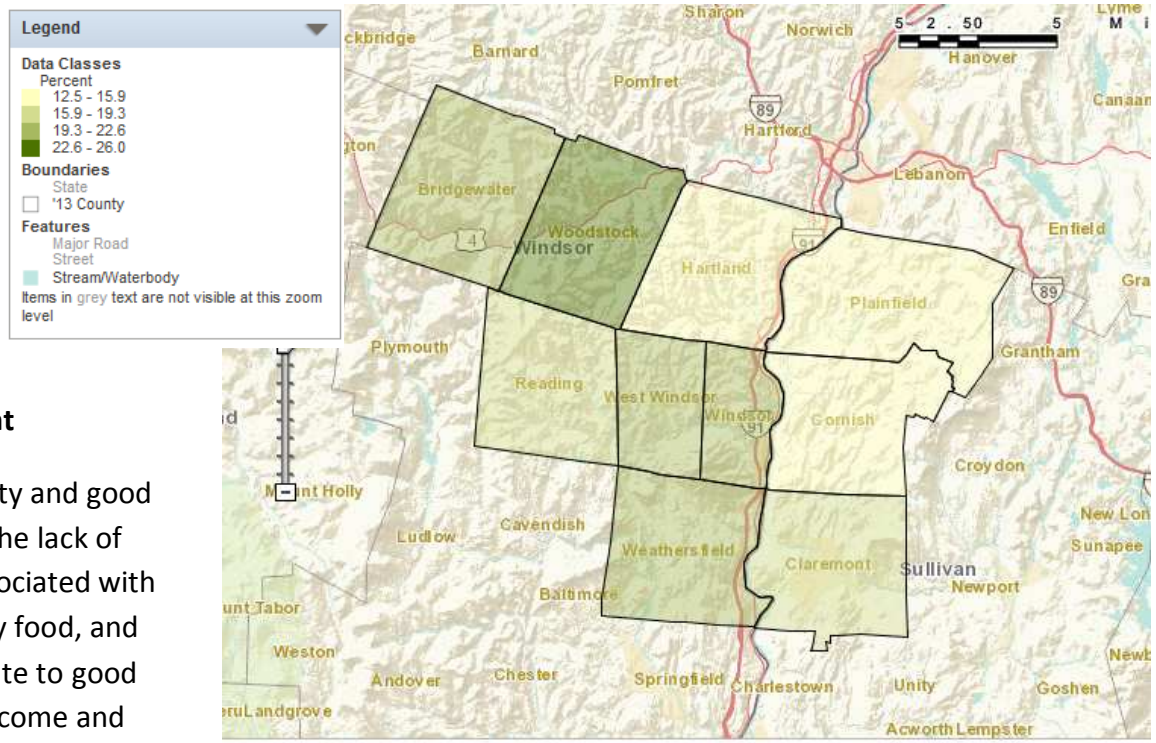
a. General Population Characteristics

According to the 2013 American Community Survey, the population of the Mt. Ascutney Service Area is older than New Hampshire and Vermont's population, on average. 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 Mt. Ascutney Service Area decreased slightly, while that of New Hampshire and Vermont increased.

Indicators	Mt. Ascutney Service Area	New Hampshire	Vermont
Population Overview			
Total Population	**32,588**	1,319,171	625,904
Over age of 65	**17.8%**	14.2%	15.2%
Under age of 5	**5.7%**	5.2%	5.0%
Change in population (2000 to 2013)	**-0.6%**	+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
Mt. Ascutney Hospital Service Area Towns



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

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 Mt. Ascutney Service Area compared with New Hampshire and Vermont overall. The proportion of children living in families with less than 200% of the federal poverty level is substantially higher in the Mt. Ascutney region compared to statewide rates for NH and VT.

Area	Percent of Children in Poverty Income < 100% FPL	Percent of Children in Poverty Income < 200% FPL
Mt. Ascutney Service Area	**14.5%**	**41.8%**
New Hampshire	11.1%	27.2%
Vermont	14.8%	27.2%

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 rate in Windsor was statistically significantly higher than both the New Hampshire and Vermont unemployment rates, while unemployment rates in Hartland and Plainfield were significantly lower. This is displayed by the table below.

Area	Percent of the Population Unemployed
Windsor	12.8%*
Claremont	9.8%
Weathersfield	7.5%
West Windsor	7.3%
Mt. Ascutney Service Area	**7.3%**
New Hampshire	**7.0%**
Vermont	**6.8%**
Cornish	6.0%
Reading	4.7%
Bridgewater	4.0%
Hartland	2.3%*
Plainfield	1.9%*
Woodstock	1.8%*
*Unemployment rate in town is statistically significantly different than that for NH and VT	
Data Source: U.S. Census Bureau, 2009 – 2013 American Community Survey 5-Year Estimates.	

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 lower proportion of the population of the Mt. Ascutney 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
Mt. Ascutney Service Area	**9.0%**
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"
Mt. Ascutney Service Area	**0.7%**
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 below 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. Rates for the Mt. Ascutney region on these indicators are similar to the statewide rates.

Area	Percent of Housing Units That Are Owner-Occupied	Percent of Housing Units Categorized As "Substandard"	Percent of Households with Housing Costs ≥30% of Household Income
Mt. Ascutney Service Area	**70.4%**	**35.6%**	**42.9%**
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
Mt. Ascutney Service Area	**7.0%**
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, 16.6% of Mt. Ascutney Service Area residents report having at least one disability, a rate that is higher than the overall New Hampshire and Vermont rates and possibly reflective of an older population on average.

Area	Percent of Population Reporting Serious Difficulty With Hearing, Vision, Cognition and/or Ambulation
Mt. Ascutney Hospital Service Area	**16.6%**
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
Mt. Ascutney Hospital Service Area	**72.0%**
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 four census tracts in the Mt. Ascutney Hospital Service Area as having limited access to supermarkets based on these characteristics: Claremont Census Tracts 9758, 975901, and 975902, with, respectively, 9.3%, 13.7%, and 9.3% of households reporting having no vehicle available although they are located at least a half a mile from the nearest supermarket; and Windsor Census Tract 9660 with 12% of households report having no vehicle available although they are located at least a half a mile from the nearest supermarket.

Town	Census Tract	Proportion of Residents with No Vehicle Further Than 0.5 Miles from Supermarket	Proportion of Population with Low Food Access*
Claremont	9758	9.3%	100.0%
Claremont	975901	13.7%	86.0%
Claremont	975902	9.3%	78.0%
Windsor	9660	12.0%	100%

**Proportion of residents located more than .5 miles (urban areas) or more than 10 miles (rural areas) from a supermarket. Data Source: USDA Food Access Research Atlas, 2010.*

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. 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. Claremont Census Tracts 9578 and 957901 can be classified as food deserts using this measure.

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 Mt. Ascutney Hospital 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
Mt. Ascutney Hospital Service Area	**20.1%**
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.

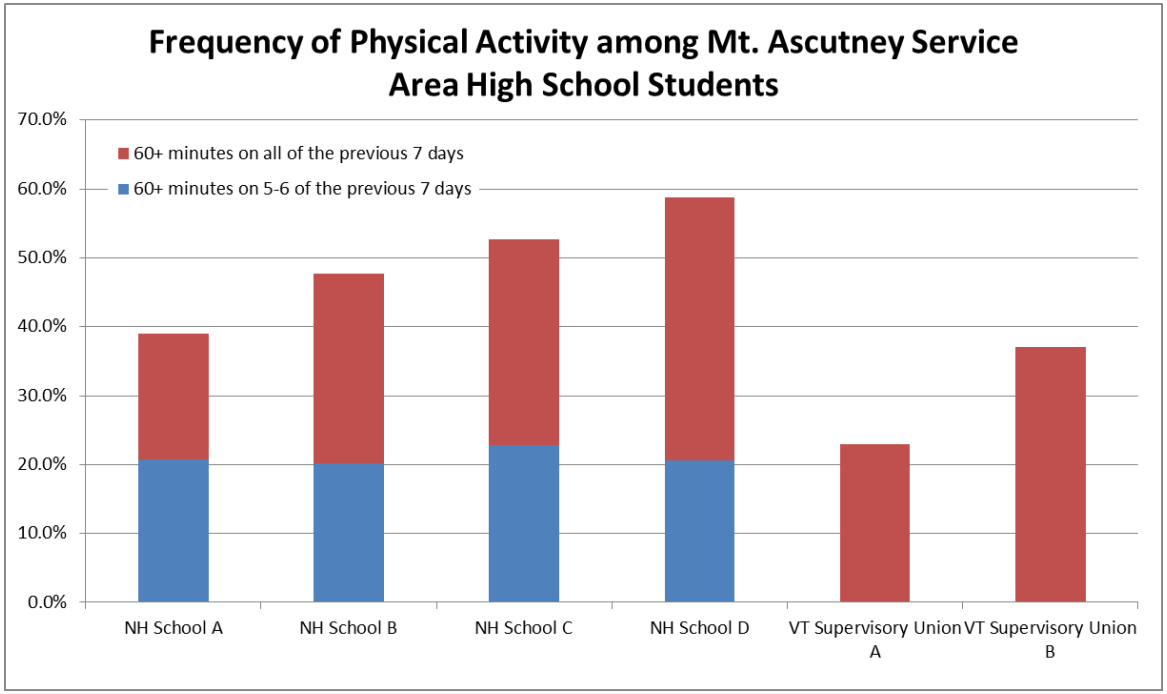
The Youth Risk Behavior Survey (YRBS) asks high school students how many of the previous 7 days they were physically active for a total of at least 60 minutes. Four NH schools with students from towns in the Service Area and 2 VT supervisory unions with students from towns in the Service Area participated in the survey in 2013. The table and graph below present data from the 2013 YRBS on the proportion of high school students from the Hospital 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	39.0%*	18.2%*
NH School B	47.7%	27.5%*
NH School C	52.7%*	29.9%*
NH School D	58.7%*	38.1%*
NH	**47.0%**	**22.9%**
VT Supervisory Union A	n/a	23%
VT Supervisory Union B	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 each school (range 50%-72% 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 table on the next page 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+
Mt. Ascutney Hospital Service Area	**68.9%**	N/A
Sullivan County, NH	69.5%	54.6%
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.

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.

Area	Percent of Women Who Have Had a Recent Pap Test
Mt. Ascutney Hospital Service Area	**78.4%**
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
Mt. Ascutney Hospital Service Area	**64.1%**
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
Mt. Ascutney Hospital Service Area	**69.3%**
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.

Area	Engaged in Binge Drinking in Past 30 days, Percent of Adults
Sullivan County, NH	15.2%
Windsor County, VT	17.0%
New Hampshire	18.6%
Vermont	19.0%

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 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 previous 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.

The next table presents data on heavy alcohol use. 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
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 Mt. Ascutney Hospital Service Area (Claremont, Cornish, and Plainfield) was significantly higher 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**
Mt. Ascutney Hospital Service Area (includes NH municipalities in HSA only)	3,388.1**
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 higher 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**
Mt. Ascutney Hospital Service Area (includes NH municipalities in HSA only)	**19.4****
New Hampshire	6.7

*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 diagnosis (ICD 9CM code 779.5). **Rate is statistically different and higher than the overall NH rate.*

g. Youth Substance Abuse

The table below presents data collected in the Youth Risk Behavior Survey (YRBS) on the proportion of high school students from the Mt. Ascutney Service Area who reported ever using the substances listed in the left column. Four NH schools with students from towns in the Service Area and 2 VT supervisory unions with students from towns in the Service Area participated in the survey in 2013.

	NH School A	NH School B	NH School C	NH School D	NH	VT Supervisory Union A	VT Supervisory Union B	VT[5]
Alcohol[1]	68.5%*	65.2%*	67.6%*	57.7%*	61.4%	55%	63%	-
Marijuana	42.9%	47.0%*	43.4%	32.0%*	39.9%	41%	40%	-
Synthetic Marijuana[2]	18.6%	22.1%	19.2%	9.0%	-	-	-	-
Prescription Drugs Without Prescription[3]	18.0%	23.6%*	15.2%	14.4%	16.5%	16%	13%	-
Cocaine	5.4%	10.9%*	6.8%*	5.5%	4.9%	6%	3%*	6.3%
Inhalants	7.6%	18.8%*	8.3%	6.7%	8.0%	8%	8%	8.4%
Ecstasy[1]	5.4%*	9.7%*	4.2%*	5.1%*	7.4%	-	-	-
Heroin	2.2%	5.8%*	2.4%	2.0%	2.7%	3%	3%	3.1%
Methamphetamines	2.5%	5.8%*	4.2%*	2.6%	2.9%	4%	-	3.6%
Hallucinogenic Drugs[4]	-	-	-	-	-	9%	9%	-

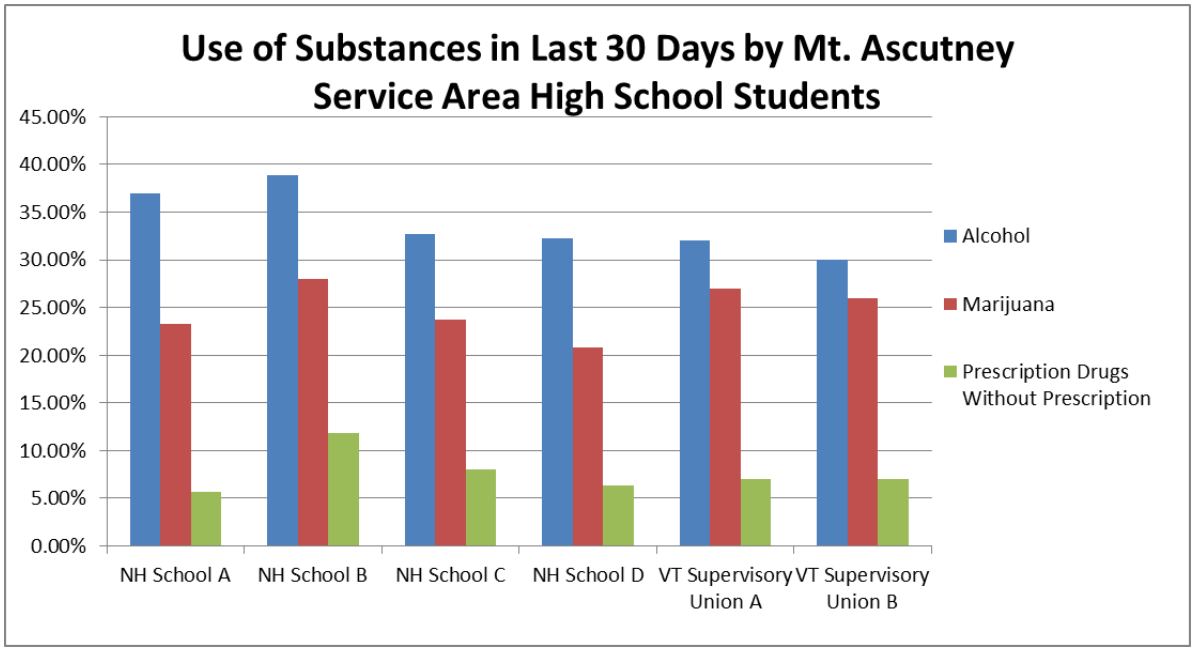
The table and graph below present data from the 2013 YRBS on the proportion of high school students from the Hospital Service Area who report using alcohol, marijuana and prescription medications without a prescription in the past 30 days. Four NH schools with students from towns in the Service Area and 2 VT supervisory unions with students from towns in the Service Area participated in the survey in 2013. As displayed by the chart, youth from 2 NH schools reported higher rates of current alcohol use than the NH state rate and 1 reported higher rates of current marijuana use. Both VT supervisory unions reported lower rates of current alcohol use than the VT state rate.

Percent of Students Reporting Any Use of Substance In Last 30 Days			
School	**Alcohol**	**Marijuana**	**Prescription Drugs Without Prescription[1]**
NH School A	37.0%*	23.3%	5.7%
NH School B	38.9%*	28.0%*	11.8%
NH School C	32.7%	23.7%	8.0%
NH School D	32.2%	20.8%*	6.3%
NH	**32.9%**	**24.4%**	-
VT Supervisory Union A	32%*	27%	7%
VT Supervisory Union B	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 next table reports the percentage of adults aged 18 and older who self-report currently smoking cigarettes some days or every day. Between 2006 and 2012, almost one in five adults in the Mt. Ascutney Hospital Service Area were current smokers.

Area	Percent of Adults Who Are Current Smokers
Mt. Ascutney Hospital Service Area	**19.2%**
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. Four NH schools with students from towns in the Service Area and 2 VT supervisory unions with students from towns in the Service Area participated in the survey in 2013.

School	Current Smoker (1+ day/month)	Frequent Smoker (20+ days/month)	Frequent Smoker (All 30 days/month)
NH School A	16.8%*	6.6%	5.1%
NH School B	20.3%*	8.8%*	6.7%
NH School C	17.2%*	8.6%*	5.9%
NH School D	20.1%*	3.0%*	2.1%
NH	**13.8%**	**5.5%**	**-**
VT Supervisory Union A	12%	-	3%
VT Supervisory Union B	9%	-	4%
VT	**-**	**-**	**-**

Data Source: Centers for Disease Control and Prevention. 2013 Youth Risk Behavior Survey.
** Rate is statistically different and higher than the respective state rate.*

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 Mt. Ascutney Hospital Service Area, was estimated to be 27.4 per 1,000 women aged 15 – 19 in the 2006 – 2012 time period, a rate that is higher than the NH and VT statewide rates over the same time period.

Area	Teen Birth Rate per 1,000 Women Age 15-19
Mt. Ascutney Hospital Service Area	**27.4**
New Hampshire	16.6
Vermont	13.4

Data Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2006-12. Source geography: County

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 indicators below express premature mortality as the rate of death, regardless of cause, where age is less than 75 years and 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 Mt. Ascutney Hospital Service Area (Claremont, Cornish, and Plainfield) under 65 years of age was significantly higher 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***
Mt. Ascutney Hospital Service Area	**369.2**	**202.2***
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 Mt. Ascutney Hospital Service Area, and is significantly different from and higher 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
Mt. Ascutney Hospital Service Area	**25.9%**	**63.4%**
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.

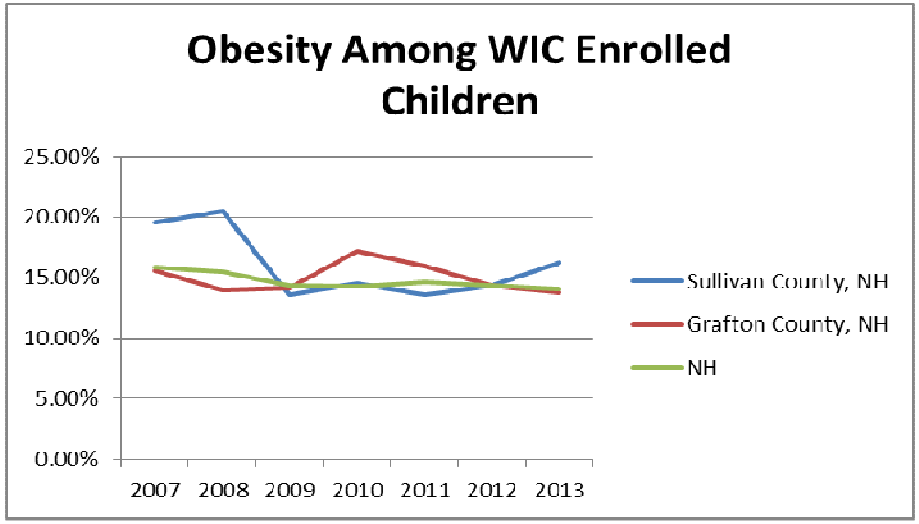
Children who are overweight and obese suffer both short- and long-term impacts. In addition, children who are obese are likely to be obese as adults. The table to the right presents data on the proportion of WIC-enrolled children ages 2 – 4 who were classified as obese in Sullivan County, compared with 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
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 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 below presents 2013-2014 data on the proportion of the third graders who are obese Sullivan County, NH, compared with New Hampshire overall. A higher proportion of third graders in Sullivan County 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 3rd Graders Who Are Obese
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 than third graders statewide. In Sullivan County, a lower proportion of third graders also 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		
	Sullivan County, NH	New Hampshire	Vermont
Decay experience	45.5%*	35.4%	35%
Untreated decay	6.8%	8.2%	11%
Treated decay	41.6%*	31.8%	
Need treatment	6.1%**	8.1%	11%
Need urgent treatment	1.8%*	1.0%	2%
Dental sealants	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 Mt. Ascutney Hospital Service Area compared with New Hampshire overall. 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 higher for residents of NH municipalities in the Mt. Ascutney Hospital Service Area than for New Hampshire overall.

Area	Dental ED Discharges, Age Adjusted*
Mt. Ascutney Hospital Service Area (NH municipalities)	**397.3****
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 higher than the overall NH rate.*

d. Cancer

Cancer is the leading cause of death in New Hampshire and Vermont. Although not all cancers can be prevented, risk factors for some cancers can be reduced. 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		
	Mt Ascutney Hospital Service Area	New Hampshire	Vermont
All cancers (NH: 2008; VT: 2008-2012)	Not available	481.2	461.9
2007 – 2011 Data			
Prostate	**123.2**	151.7	133.4
Breast (female)	**120.5**	134.1	129.1
Lung and bronchus	**71.2**	69.4	69.5
Colorectal	**36.0**	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 Mt. Ascutney Hospital Service Areas, as well as site specific cancer death rates for New Hampshire and Vermont.

	Cancer Deaths (per 100,000 people), Age Adjusted		
	Mt Ascutney Hospital Service Area	New Hampshire	Vermont
All cancers (2009 – 2013)	**167.5**	**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 closely related to unhealthy weight, high blood pressure, high cholesterol, and substance abuse including tobacco use.

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.

Area	Percent of Adults with Heart Disease
Mt. Ascutney Hospital Service Area	**4.2%**
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.

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 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
Sullivan County, NH	81.0%
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
Mt. Ascutney Hospital Service Area	**38.3%**
Sullivan County, NH	40.0%
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 tables below present data on hospital utilization and deaths related to heart disease. The rate of inpatient hospital utilization due to heart disease is lower for residents of NH municipalities in the Mt. Ascutney Hospital Service Area compared to the New Hampshire population overall, while the rate of emergency department utilization due to heart disease is higher.

Area	Heart Disease Inpatient Discharges, Age Adjusted	Heart Disease ED Visits and Observation Stays, Age Adjusted
Mt. Ascutney Hospital Service Area (NH municipalities)	**205.8***	**97.8***
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.*

	Coronary Heart Disease Deaths (per 100,000 people), Age Adjusted
Sullivan County, NH	120.7
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 Mt. Ascutney Hospital Service Areas is significantly higher than the New Hampshire rate overall. Inpatient utilization resulting from diabetes is

Area	Percent of Adults with Diabetes, Age Adjusted
Mt. Ascutney Hospital Service Area	Not available
Sullivan County, NH	8.0%
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.

significantly higher for residents of NH municipalities located in the Hospital Service Area compared to the New Hampshire population overall. The rate of death due to diabetes related deaths is similar to the rate for New Hampshire overall.

Diabetes ED Visits and Observation Stays (per 100,000 people)	
Area	**Overall, Age Adjusted**
Mt. Ascutney Hospital Service Area (NH municipalities)	**277.7***
New Hampshire	150.2

*Data Source: NH DHHS Hospital Discharge Data Collection System, 2008-2009. Accessed using NH HealthWRQS. *Rate is statistically different and higher 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**
Mt. Ascutney Hospital Service Area (NH municipalities)	**165.0***	**1642.4***	**32.1***
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 higher 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**
Mt. Ascutney Hospital Service Area (NH municipalities)	**25.7**	**64.7**
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 Mt. Ascutney Hospital Service Areas was significantly higher than the overall New Hampshire rate during the period 2008 and 2009 (the most current information available).

Area	Percent Adults with Asthma
Sullivan County, NH	10.4%
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
Mt. Ascutney Hospital Service Area (NH municipalities)	**966.0***
New Hampshire	493.3

*Date source: NH DHHS Hospital Discharge Data Collection System, 2008-2009. Accessed using NH HealthWRQS. *Rate is statistically different and higher 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+
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 Mt. Ascutney Hospital Service Area was significantly higher 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 Mt. Ascutney Hospital Service Area compared to the overall New Hampshire population from 2009 (the most recent data available). Residents of these towns were significantly more likely to be seen in an emergency department due to a fall injury than their counterparts statewide; this was true for all age groups except the 65 – 74 and 75 – 84 year age groups.

Area	Unintentional Injury ED Visits and Observation Stays per 100,000 People Age Adjusted
Mt. Ascutney Hospital Service Area (NH municipalities)	**14,632.5***
New Hampshire	10,451.1

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
Mt. Ascutney Hospital Service Area (NH municipalities)	**4365.3***
New Hampshire	3006.9

Data Source: NH DHHS Hospital Discharge Data Collection System, 2009. Accessed using NH HealthWRQS.
**Rate is statistically different and higher 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 Mt. Ascutney Hospital Service Area compared to the overall New Hampshire population from 2009 (the most recent data available). Residents from these towns were significantly more 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
Mt. Ascutney Hospital Service Area (NH municipalities)	**566.3***
New Hampshire	264.2

Data Source: NH DHHS Hospital Discharge Data Collection System, 2009. Accessed using NH HealthWRQS.
**Rate is statistically different and higher 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 below displays recent estimates of the proportion of residents who do not have any form of health insurance coverage by municipality. The overall uninsurance rate in the Mt. Ascuney Service Area was estimated to be 10.8%% in 2009 – 2013, which slightly higher than that of New Hampshire and Vermont.

Area	Percent of the Total Population without Health Insurance Coverage
Claremont	15.1%*+
Bridgewater	11.5%
Mt. Ascutney Service Area	**10.8%**
Weathersfield	10.6%
New Hampshire	**10.5%**
Windsor	10.2%
Cornish	9.9%
Hartland	8.0%
Vermont	**7.3%**
Reading	7.0%
Woodstock	4.9%*
Plainfield	4.5%*
West Windsor	3.5%*+

*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
Mt. Ascutney Service Area	**82.3**	**13.0%**
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 below presents information on the number of dentists per 100,000 population. The estimated rate for the Mt. Ascutney Service Area is lower than the overall state rates for New Hampshire and Vermont, although it is not possible to say whether this difference is statistically significant.

The table below 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. The Mt. Ascutney service area appears to have a substantially lower dentist to population ratio and higher rates of adults without a recent dental exam and poor dental health.

Area	Dentists per 100,000 Population	Percent Adults with No Dental Exam in Last Year	Percent Adults with Poor Dental Health
Mt. Ascutney Service Area	**43.8**	**28.5%**	**18.4%**
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 compared 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**
Mt. Ascutney Service Area (NH towns only)	**2905.8***
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 Sullivan County and Windsor 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**
Sullivan County	13.6
New Hampshire	12.0
Windsor County	13.3
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 2015 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 Mt. Ascutney Hospital and Health Center 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**
Alcohol and drug misuse including heroin and misuse of pain medications	Selected as the top issue by community survey respondents and by key stakeholders; 39% of community survey respondents identified substance abuse recovery programs as an important area of focus	Identified as a high priority issue by community discussion participants, who discussed the impact of substance abuse on family strength and community safety	The rate of emergency department utilization for substance abuse related mental health conditions is more than triple the rate for NH overall and the rate of Neonatal Abstinence Syndrome discharges is also nearly triple the rate for NH
Access to mental health care	Selected as the second highest priority issue by community leaders and third highest issue identified by community survey respondents; top area for open ended comments; about 7% of community respondents indicated difficulty accessing mental health services in the past year	Identified as a high priority issue by some community discussion participants, who discussed lack of awareness and lack of coordination of services	The suicide rate in the region is similar to the rates for VT and NH overall in recent years; the rate of emergency department utilization for mental health conditions is significantly higher than the rate for NH overall
Access to dental health care	Selected as a top 5 issue by key leader respondents and top 10 by community survey respondents; top issue for respondents from lower income towns; dental care most frequently cited service for access difficulties	Identified as a high priority issue by some community discussion participants, who discussed the need for improved access to oral health care	The Mt. Ascutney service area has a substantially lower dentist to population ratio compared to VT and NH overall; the service area also has higher rates of adults without a recent dental exam, adults with poor dental health and ED use for dental conditions

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 enough and affordable health insurance; cost of prescription drugs	Selected as a top 5 most important community health issue by community survey and key stakeholder respondents; cost of Rx drugs was the top issue for respondents age 65+	Community discussion group participants described limited ability to afford some services and uncertainty around the ongoing availability of government assistance	The uninsured rate in the Mt. Ascutney service area (10.8%) is similar to the NH rate, but notably higher than the overall VT state rate (7.3%)
Poor nutrition/access to affordable healthy food	Selected as an important community health issue by 32% of community survey respondents and one of the major commentary themes in response to the question of 'one thing you would change to improve health'	Dietary habits, nutrition and access to affordable healthy foods identified was a common topic of community discussion group participants	About two-thirds of adults in the Mt. Ascutney service area are considered overweight or obese; portions of the Mt. Ascutney service area are considered to have 'low food access'
Lack of physical activity; need for recreational opportunities, active living	Identified as the seventh most pressing health issue by community survey and key stakeholder respondents; biking/walking trails and recreation, fitness programs were the top 2 resources people would use if more available	Increased participation in physical activity observed as an improvement; but costs associated with healthy lifestyles, such as cost of gym memberships, also described by community discussion group participants	More than 1 in 5 adults in the Mt. Ascutney service area can be considered physically inactive on a regular basis – a rate similar to the rest of Vermont and New Hampshire; proportion of adults with heart disease is also similar to statewide rates
Income, poverty and family stress	44% of community respondents with annual household income under $25,000 reported difficulty accessing services; 'inability to pay out of pocket expenses' was a top reason cited by key leaders for access difficulties	Significant discussion of the challenges faced by individuals and families under socio-economic stress, large number of families that struggle financially, effect on family wellbeing	23% of families and 42% of children in the Mt. Ascutney service area are living with incomes less than 200% of the federal poverty level – child low income rates are substantially higher than for VT and NH overall

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 Transportation	Public transportation most frequently selected as the community resource needing more focus; lack of transportation identified as the top reason for access difficulties by key stakeholders	'Inconsistent or total lack of transportation services' described as a top concern by community discussion group participants	7% of households in the Mt. Ascutney service area have no vehicle available
Access to Primary Health Care	A top 10 issue for both community survey and key leader respondents; about 10% of community respondents reported having difficulty accessing primary care services in the past year	Access to primary health care noted within the overall context of health care affordability and challenges navigating the health care system	The ratio of primary care providers to population in the Mt. Ascutney service area is similar to the ratio in VT and NH overall; Emergency Dept. visits for asthma and diabetes are higher in the Mt. Ascutney service area – a potential indicator of less primary care access
Health care for seniors	Selected as a top 5 issue by community survey respondents age 65 and over; 26% of all respondents selected 'support for older adults' as a focus area for health improvement	Support And Services at Home (SASH) identified as a key resource in the community	The proportion of the Mt. Ascutney service area population that is 65 or older (18%) substantially exceeds the VT and NH state averagse; similarly the percentage of the population with at least one functional disability (17%) exceeds the state rates – reflective of an older population on average