



Assessing and Addressing Community Health Needs

January 2013

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BACKGROUND

Responding to the health needs of our community, especially to the most vulnerable, is central to the mission, vision and strategic plan of Mt. Ascutney Hospital and Health Center. An intentional and deliberate process has been used to understand an approach meeting community health needs. The importance of assessing the health status of our community is an essential part of the process. It is the foundation upon which implementation plans rest to meet pressing needs.

Mt. Ascutney Hospital and Health Center undertook an extensive community assessment process in 1992. At this time, review of primary and secondary indicators of community health was done. Concurrently, community focus groups were assembled to hear from persons who represent the broad interests of the community served by our hospital. These groups included those with special knowledge and expertise in public health.

The Windsor Area Community Partnership (WACP) was formed. This group, led by the hospital staff since its inception, delineated goals and objectives based on the needs identified by the assessments. Action plans were devised. Funding sources were obtained. Evaluations were done, and annual reports were both written and widely disseminated since 1992.

The importance of assessing community health, and developing and implementing programs to address selected needs was reinforced by the Patient Protection and Affordable Care Act enacted March 23, 2010. This law requires MAHHC to conduct health assessments and adopt implementation strategies to meet the community health needs which have been identified through the assessments.

Federal Requirements

Federal law and laws in many states require tax-exempt hospitals to conduct periodic community health needs assessments and adopt plans to meet assessed needs.

In order to comply with federal tax-exemption requirements in the Affordable Care Act, a tax-exempt hospital facility must:

- Conduct a community health needs assessment every three years. The assessment must:
 - Take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health.
 - Be made widely available to the public.
- Adopt an implementation strategy to meet the community health needs identified through this assessment.
- Report how it is addressing the needs identified in the community health needs assessment and a description of needs that are not being addressed with the reasons why such needs are not being addressed.

INTRODUCTION

In 2012, MAHHC entered into a collaborative process with Alice Peck Day Memorial Hospital, Dartmouth-Hitchcock Medical Center, and Granite State United Way to conduct a comprehensive community health needs assessment. The Director of Patient Care Services served on the Steering Committee that led and provided oversight to the regional assessment.

Additionally, MAHHC conducted three focus groups in a local effort to include input from persons representing the broad interests of those we serve. We included professionals with special knowledge and expertise in public health in the process.

The Upper Valley Needs Assessment report and results of our focus groups follow this introduction. On August 30, 2012, the results of the regional assessment and local assessment were presented in Windsor to the Windsor Area Community Partnership.

It is our intent to post this report on the hospital web page and to present its contents in various community forums such as the Rotary, to widely disseminate the picture of our community health needs.

OUTCOMES

Primary and secondary data was collected at the regional and local level. You will find an in depth reporting of this data in the attached appendices.

The "bottom line" outcomes, in executive summary fashion, breaks down the greatest community health needs as follows:

Regional Health Needs

1. Lack of quality jobs/income
2. Transportation access and cost
3. Housing costs
4. Tobacco/alcohol/drug use
5. Oral health
6. Mental health
7. Obesity/poor nutrition/lack of physical activity
8. All health/oral health insurance/access
9. Childcare
10. Asthma
11. Isolation/less time for community
12. Quality of/limited education

Local Health Needs

1. Strong partnership between youth, parents, schools and community with strong role models
2. Access to transportation, including community events
3. Access to quality healthcare without insurance restrictions

4. Better access to dental care, including those accepting Medicaid, also increased dental education
5. Decrease cultural stigma that leads to fear and isolation
6. Improved emphasis on restorative practices

IMPLEMENTATION PLAN

After considerable analysis and collaborative planning within the hospital and with the Windsor Area Community Partnership, the following implementation plan has been established:

1. Incorporate the top three local needs into the goals and objectives of the Windsor Area Community Partnership.
2. Create action plans to address the top three identified needs utilizing evidence based best practice approach wherever possible.
3. Assign responsibility to implement the action plans.
4. Seek funding as needed to implement the action plans.
5. Implement the action plans.
6. Evaluate the outcome of action plan implementation.
7. Document outcomes of the above effort within the annual report of the MAHHC Community Outreach in November 2013.
8. Widely and publically disseminate the outcomes of the hospital Board of Trustees, hospital staff, Windsor Area Community Partnership, and the community-at-large through posting on our website.
9. Celebrate success as a community and pursue opportunities to continue to improve areas of challenge.

APPENDIX A

Windsor Focus Group – April 26, 2012

**WINDSOR AREA COMMUNITY PARTNERSHIP
MEETING MINUTES
APRIL 26, 2012**

Attended by: Beth Brothers, Southern VT Area Health Education Center(SVAHEC); Mindi Bussino, SEVCA Outreach; Leah Dillon, Granite United Way; Laura Cody McNaughton, Vermont Department of Health; Robert Ellis, VNA/VNH; Iliana Filby, Community Member; Ben Fox, Habit, Opco, Inc.; Brenda Gould, Community; Lauren Hastings, MAHHC/Community Health Outreach; Terri Herzog, Windsor High School; Morgan Husband, Windsor High School Student; Steve Henry, Community Member; Carla Kamel, DCF/ESD; Deb Kell, MAPP Windsor Town Coordinator; Jill Lord, RN, MAHHC; Courtney McKaig, MAPP West Windsor Town Coordinator; Amy McMullen, Parent/Family Rep.; Kathy Muther, Head Start/SECVA; Jolin Rivera, Regional Community Assessment Staff; Tessie Sanborn, Windsor High School Student; Melanie Sheehan, MAHHC/MAPP; Debbi Kelin-Smith, HCRS; and Rachel Williams, Youth Managed Cafe

1. WELCOME, INTRODUCTIONS, AND INFORMATION SHARING – Jill welcomed the group and prefaced the meeting by stating that the 2012 Community Needs Assessment is an opportunity for our region, including Windsor and surrounding towns, to identify things in our community that impact health education and economic well-being. Identifying and prioritizing regional needs allows us to focus our organizations and funding opportunities more effectively on the factors in our community where change will produce meaningful improvement and well-being of the residents of our region.

A Steering Committee, including representatives from Granite United Way, Mt. Ascutney Hospital and Health Center, Dartmouth-Hitchcock Medical Center, Alice Peck Day Memorial Hospital, and other community members are guiding the needs assessment process. The most important part of this needs assessment is understanding the community through the eyes and experiences of people who work here.

The information discussed today will help us answer the question *What is our community telling us about community needs?* That will be combined with opinions of professional service providers and data about health and well-being from our community to better understand what would help us support healthier and more vibrant community.

Once again, Jill welcomed the group and introductions were made around the table. Jill then distributed copies of the questions and gave silent time to answer. Please see attached questions. The team answered in sequence questions 1 and 2, and then prioritized, through multi-voting, the three top concerns of those questions, and then addressed barriers to the top three areas of concern. The content to the first three steps in the focus group process are attached to these minutes (See attached *Upper Valley Community Needs Assessment Focus Group Discussion Results*).

We were unable to complete questions 4, 5 and 6; therefore, all members will be invited back to the next Windsor Area Community Partnership meeting on May 31, 2012, to continue the work.

Many thanks to all who participated. It was an enriching, meaningful group.

2. NEXT MEETING – The next meeting of the Windsor Area Community Partnership is scheduled for **Thursday, May 31, 2012 at 12 noon in the Board Room at MAHHC**, where the group will continue their focus group discussion beginning with Question 4.

Respectfully recorded,

Jill Lord, RN, MS
Director Patient Care Services/CNO

Attachments (2)

Jill/WACP/Meeting Minutes/4-26-12 Minutes(bjo)

**UPPER VALLEY COMMUNITY NEEDS ASSESSMENT
FOCUS GROUP DISCUSSION RESULTS**

Community: Windsor VT

Date: 26 April 2012, 12-2pm

Facilitator: Jill Lord

No. of Participants: 20

Process:

1. Introduction of nature, purpose and process of focus group discussion by Jill Lord
2. Brief self-introductions
3. "Silent time" wherein participants wrote down their individual answers to discussion Questions 1 and 2
4. Verbal sharing of answers to Question 1; responses tabulated in flip chart paper
5. Verbal sharing of answers to Question 2; responses tabulated in flip chart paper
6. Prioritization of answers to Questions 1 and 2
7. "Silent time" wherein participants wrote down their individual answers to discussion Questions 3, 4 and 5
8. Verbal sharing of answers to Question 3; responses tabulated in flip chart paper
9. Meeting adjourned at 2:15pm (Questions 4 and 5 not discussed; Jill plans to utilize next month's meeting to complete the discussion)

QUESTION 1: "What do you wish could change in your town that would most benefit the health, education, and economic well-being *of your neighbors, friends, and family?*"

Answers	No. of Times Mentioned	Priority Points (for both Q1 & Q2)	Priority Ranking (for both Q1 & Q2)
1. Equal and consistent access and diagnosis of health	1	0	-
2. Better access to dental care (dentists accepting Medicaid)	4	6	2
3. More strengthening of partnerships in the community (community-engaging events)	3	8	1st (combined by group with No. 6)
4. Central source of information	1	0	-
5. Transportation and related infrastructure (including fixed sidewalks); walking and biking culture	5	0	-
6. Youth and community involvement (more and affordable activities; not only sports)	4	8	1st (combined by group with No. 3)
7. Pre-senior center for active retirees	1	2	9th (tied)
8. Awareness and usage of what's needed and what's available	2	0	-

9. Shelter; transitional and affordable housing	2	1	12 th (tied)
10. Increasing community involvement in programs	1	0	-
11. Thrift store	1	0	-
12. Soup kitchen (both centralized and decentralized)	2	3	6 th (tied)
13. Better police awareness and presence to deal with drug problem	1	0	-
14. Smoke-free zone in parks and in front of school	1	0	-
15. Poor, disabled, low-income families and elderly's access to resources	1	1	12 th (tied)
16. Legal advice/advocacy			
17. Ombudsman who links and follows through			
18. Renters'/tenants' association			
19. Good-paying jobs, including related training and educational opportunities	3	4	5 th
20. More and earlier drug education for young adults	1	0	-
21. Education on violence and gangs	1	0	-
22. What poor families say they need (voice and structure)	1	0	-
23. Improved consideration of socio-emotional/holistic approach to all students' needs	3	5	4 th (tie with No. 49 broken via vote)
24. Early parenting and education	1	0	-
25. Education about poverty	1	0	-
26. Lower gas prices	1	0	-
27. Voice for youth	1	2	9 th (tied)
28. Recycling in school (including awareness)	1	1	12 th (tied)
29. More multi-generational events	1	0	-
30. Neighbor-to-neighbor connections/social connectedness (example: labor barter)	3	3	6 th (tied)
31. Federal and State policy that follows Federal & State recommendations	1	0	-
32. Community service opportunities	1	0	-
33. Youth jobs and training opportunities	1	1	12 th (tied)

QUESTION 2: “What things most get in the way of the health, safety, education, and economic well-being *for you and your family?*”

Answers	No. of Times Mentioned	Priority Points (for both Q1 & Q2)	Priority Ranking (for both Q1 & Q2)
34. Cost of health care	4	0	-
35. Stronger links with useful and fun family events	2	0	-
36. Time and distance to, and cost of, resources	5	2	9 th (tied)
37. PCP access	1	0	-

38. Additional staff/human resources to support activities	2	0	-
39. socialization	1	0	-
40. Know-how regarding resources	1	0	-
41. Location/venue matches function and need	1	0	-
42. Achieving balance in life	3	1	12 th (tied)
43. Additional resources for youth activities	2	0	-
44. Increased access to opportunities to speak up	3	3	6 th (tied)
45. Cost of living	3	0	-
46. Lack of engagement of others and with self	2	0	-
47. Cost and lack of childcare	3	1	12 th (tied)
48. Uninsured/underinsured	1	0	-
49. Stigma, leading to fear and isolation	2	5	3 rd (tie with No. 23 broken via vote)
50. Shorter workweek	1	0	-
51. Opportunities to build community	1	0	-
52. Burnout and community cynicism	1	1	
53. Sabbatical from work	1	0	-
54. Cost of food	1	0	-
55. Road conditions	1	0	-
56. Voice for currently and formerly incarcerated	1	1	
57. Opportunities for part-time employment	1	0	-
58. Access to psychiatry	1	1	

QUESTION 3: “*What barriers get in the way* of the people in your town being able to access services/jobs/education that would improve their health and wellbeing?”

PRIORITY ISSUE (Rank 1): *strengthening of partnerships in the community through youth and community involvement*

Answers	No. of Times Mentioned
Time	7
Lack of funding	6
Lack of outreach	2
Communication	7
Stigma (afraid of getting involved)	1
Lack of knowledge	3
Competition for funding	1
Robust follow-through	1
Not “thinking outside the box”	1
Having relationships with those outside usual circle	1
Cynicism	1
Lack of resources	1
Donor burnout	1

PRIORITY ISSUE (Rank 2): better access to dental care (dentists accepting Medicaid)

Answers	No. of Times Mentioned
financial	3
transportation	4
Dentists taking Medicaid	5
Insurance coverage (affordable and useful)	4
Knowledge of available resources	1
Communicating available resources/lack of community outreach	3
Lac of dentists	5
Reimbursement rates	1
Lack of prevention education	2
Medicare and Medicaid gap	1
Emergency dental care	1
Clinic for uninsured and underinsured	1
Access to quality and affordable dentures	1
More choices other than extraction	1
Dental coverage to all children	1

PRIORITY ISSUE (Rank 3): Getting rid of stigma (that leads to fear and isolation)

Answers	No. of Times Mentioned
Communication	5
Community connection and support structures	2
Lack of confidence	3
More opportunities for cross-cultural, cross-generational, cross-class and cross-income engagement	2
Genuine acceptance	1
Cynicism	1
Lack of involvement/spiraling isolation	3
Lack of outreach, peer mentoring	1
Labeling; putting ourselves in boxes; stereotypes	3
Media (all types)	2
Lack of leadership	1
Social media/internet	1

Documented by: Jolan Rivera

APPENDIX B

Windsor Focus Group – May 31, 2012

**UPPER VALLEY COMMUNITY NEEDS ASSESSMENT
FOCUS GROUP DISCUSSION RESULTS**

Community: Windsor VT
Date: 31 May 2012, 12-1:30 PM
Facilitator: Jill Lord
No. of Participants: 18

Jill welcomed the group and provided a summary statement of the work accomplished on April 26, 2012, and reviewed the outcomes of that work. Please see attached. Jill then outlined the task for today, which was to answer the final two questions: (1) What most helps you and people in your town to be healthy, safe and able to enjoy life? and (2) What practical solutions would you recommend to improve the top three issues for Windsor (a) more strengthening of partnerships in community through youth and community involvement; (b) better access to dental care (dentists accepting Medicaid); and (c) getting rid of stigma that leads to fear and isolation.

Jill then challenged the group to take five minutes of silence and record their suggestions to the questions. The group then shared their answers and suggestions as follows:

QUESTION 1: *"What most helps you and people in your town to be healthy, safe and able to enjoy life?"*

Answers	No. of Times Mentioned	Priority Points (for both Q1 & Q2)	Priority Ranking (for both Q1 & Q2)
Level of comfort	1		
Sense of belonging	2		
Stable, safe affordable housing	2		
Access to quality health care without insurance restrictions	1		
Knowledge of programs and how to access them with personal invitations	2		
Time for recreation and exercise	3		
Strong partnerships between youth, parents, schools and community with strong role models	1		
Community gatherings	3		
Access to mental health services when needed	1		
Support at home—physical and emotional	1		
Proper nutrition—local, organic, affordable	3		
Access to jobs with minimum wage	1		
Finding your passion	1		
Diversity of jobs with purpose, both volunteer and paid	1		
Relationships, belonging and support	3		
Open spaces with parks and nature	2		
Years of mobility	1		
Good work/life balance	1		
Access to transportation and community events	1		

Answers	No. of Times Mentioned	Priority Points (for both Q1 & Q2)	Priority Ranking (for both Q1 & Q2)
Promotion of healthy environments with restriction of unhealthy options	1		
Safety in all environments	1		
Strong law enforcement behind substance use	1		
Schools as an institution	1		
Positive community infrastructure, i.e., schools, police, etc.	1		
Acknowledgement/recognition of positive contributions	1		
Assessment and open discussion of drugs	1		
Walk ability, bike ability	1		
Knowing peoples names to say hello	1		
Well funded Rec and Library	1		

QUESTION 2: "What practical solutions would you recommend to improve the top three issues for Windsor?"

(a) More strengthening of partnerships in community through youth and community involvement

Answers	No. of Times Mentioned	Priority Points (for both Q1 & Q2)	Priority Ranking (for both Q1 & Q2)
Development of youth mentoring program	2		
Venues to highlight youth talent	1		
Teen advertising boards at libraries	1		
Central communication vehicle to connect youth to opportunities	2		
Youth shadow programs	1		
Youth build type projects, i.e., building skills	1		
Including youth in planning and development of programs	1		
Resource Center Welcome Packet	1		
Small grassroots mobilization, i.e., community connection with commitment	1		
Support of Youth Managed Café, interest and attendance	1		
Expertise with developing leaders in vulnerable populations	1		
Common goals and activities across generations	2		
Investigate the spark that creates commitment from all sectors	1		
Asset development strategies	1		
Empower youth, invite to address specific topics	1		
Connect community members where talents and input can be utilized for common good	1		
Opportunities for ownership creates investment	1		
Youth governing board	1		
Inspirational speakers open to the public to broaden knowledge to all	1		
Windsor on Air, youth skills development and utilization for community events and meetings	1		

Answers regarding dental care and getting rid of stigma were not shared at the meeting due to time limits, but are included here for your information.

(b) Better access to dental care (dentists accepting Medicaid)

Answers	No. of Times Mentioned	Priority Points (for both Q1 & Q2)	Priority Ranking (for both Q1 & Q2)
Transportation opportunities	2		
Information about above available to wide range of population	1		
Assistance with cost, qualification, paperwork, early access to treatment "Tooth Tutor"	1		
Educating more people about the issue	1		
Forming a group that could go to the state government with this concern (advocacy)	1		
Teach youth about available resources	1		
Dental clinics in the immediate area	1		
More dentists who are willing to accept Medicaid	1		
Financial incentives for dentists to come and advocate for higher reimbursement	1		
Contact dental schools, Ronald McDonald Van, Springfield Dental Clinic, Ludlow Dental Clinic	1		
Incentives for dental students to come to the area	1		
Mobile dental van	1		
Promotion of what exists	1		
Media campaign, especially pediatric varnish, etc.			
Prevention education on dental prevention, i.e., juice, sugar-sweetened beverages	1		
Have a dental clinic in the school or traveling dental clinic into the school	1		
Access for the uninsured and underinsured	1		
Don't know, but definitely needed	1		
Basic dental insurance	1		
Could have a dental maintenance plan created, i.e., \$50.00/month gets you cleaning services, etc.	1		
Have dentist have community service as well	1		
Brochure of area providers	1		
Routine part of care, fluoride prevents problems, don't have to pull teeth	1		
How can a low income person get dental care	1		
Subsidy to dentists to help defray losses would pay off as a dental/periodontal diseases can cause serious overall health issues, which are costly to treat	1		
Rent mobile dental van	1		
Solicit hygienist/dentist for volunteers	1		
Incentives for dentists—federal \$\$	1		
Helping people set priorities in their budget	1		

Answers	No. of Times Mentioned	Priority Points (for both Q1 & Q2)	Priority Ranking (for both Q1 & Q2)
Clinics available for low income	1		
Health education in schools	1		
Grant writing	1		
Red Logan Dental Clinic	1		
Subsidy to dentists who are willing to take Medicaid	1		

(c) Getting rid of stigma that leads to fear and isolation

Answers	No. of Times Mentioned	Priority Points (for both Q1 & Q2)	Priority Ranking (for both Q1 & Q2)
Identify and support indigenous leaders	1		
Exposure via participating in activities with each other	1		
Change current economic system	1		
Collaboration between groups involve indigenous community leaders—pay them to reach out to others to get folks involved in developing a response to concerns	1		
Maintain privacy for services	1		
Common card for all receiving services	1		
Personal connections	1		
Invites to be involved	1		
Attend workshops	1		
Mini Guiding Good Choices	1		
Community improvement project	1		
Access all sectors that speak you are valued to all residents	1		
Handicap access to community events	1		
Transportation to community events	1		
Lots of communication	1		
Minimizing the fear of I'm different	1		
How we work with others, 1:1 modeling, no judgment	1		
Get list of all residents	1		
Enlist students and adults to form groups to visit block by block	1		
Use a survey and form for discussion	1		
All community opinions, opportunities, etc.	1		
Community volunteer	1		
Workdays to help those who are old or handicapped	1		
Visible community efforts that everyone can see people taking part in the community	1		
Making sidewalks downtown safe for handicapped	1		
More positive publicity of the happenings in our community	1		
Sharing of positive information around town	1		
Increase street lighting	1		
Investment in question (a) improves question (c)	1		

Restorative practices	1		
Answers	No. of Times Mentioned	Priority Points (for both Q1 & Q2)	Priority Ranking (for both Q1 & Q2)
Trust	1		
Give responsibility	1		
Because someone is low-income, doesn't mean they are a bad person or on drugs, etc.	1		
Same as making connections in community to (a)	1		
Educate the public via media tools	1		
More joining of youth/elder populations and socioeconomic levels, such as housing	1		
Community working together	1		
Taking pride in Windsor	1		
Community events at low or no cost	1		
Visibility of campaign	1		
Mental illness or any topic	1		
Education	1		

3. NEXT MEETING – The next meeting of the Windsor Area Community Partnership is scheduled for **Thursday, June 28 at 12 noon in the Board Room at MAHHC. Jill invited all members to return on June 28, at our next meeting to explore next steps, prioritize needs and develop an action plan.**

Respectfully recorded,

Jill Lord, RN, MS
Director Patient Care Services/CNO

Jill/WACP/5-31-12 Focus Group Notes (Windsor, VT)

APPENDIX C

Windsor Focus Group – June 28, 2012

**UPPER VALLEY COMMUNITY NEEDS ASSESSMENT
FOCUS GROUP DISCUSSION RESULTS**

Community: Windsor, VT

Date: 28 June, 2012, 12:00-1:30 PM

Facilitator: Jill Lord, RN, MS

No of Participants: 9

As a follow-up to the meeting of May 31, 2012, the group continued their work in priority ranking answers to the questions and sub-questions as follows:

QUESTION 1: *"What most helps you and people in your town to be healthy, safe and able to enjoy life?"*

Answers	No. of Times Mentioned	Priority Points (for both Q1 & Q2)	Priority Ranking (for both Q1 & Q2)
Level of comfort	1		
Sense of belonging	2	1	
Stable, safe affordable housing	2	2	
Access to quality health care without insurance restrictions	1	3	3
Knowledge of programs and how to access them with personal invitations	2	3	
Time for recreation and exercise	3	1	
Strong partnerships between youth, parents, schools and community with strong role models	1	5	1
Community gatherings	3	3	
Access to mental health services when needed	1	1	
Support at home—physical and emotional	1	1	
Proper nutrition—local, organic, affordable	3		
Access to jobs with minimum wage	1		
Finding your passion	1		
Diversity of jobs with purpose, both volunteer and paid	1	2	
Relationships, belonging and support	3	1	
Open spaces with parks and nature	2	1	
Years of mobility	1		
Good work/life balance	1		
Access to transportation and community events	1	4	2
Promotion of healthy environments with restriction of unhealthy options	1		
Safety in all environments	1	1	
Strong law enforcement behind substance use	1	1	
Schools as an institution	1		
Positive community infrastructure, i.e., schools, police, etc.	1		
Acknowledgement/recognition of positive contributions	1	1	
Assessment and open discussion of drugs	1		
Walk ability, bike ability	1		
Knowing peoples names to say hello	1		
Well funded Rec and Library	1		

QUESTION 2: "What practical solutions would you recommend to improve the top three issues for Windsor?"

(a) *More strengthening of partnerships in community through youth and community involvement*

Answers	No. of Times Mentioned	Priority Points (for both Q1 & Q2)	Priority Ranking (for both Q1 & Q2)
Development of youth mentoring program	2	1	
Venues to highlight youth talent	1		
Teen advertising boards at libraries	1		
Central communication vehicle to connect youth to opportunities	2	2	
Youth shadow programs	1	2	
Youth build type projects, i.e., building skills	1		
Including youth in planning and development of programs	1	1	
Resource Center Welcome Packet	1		
Small grassroots mobilization, i.e., community connection with commitment	1	7	1
Support of Youth Managed Café, interest and attendance	1	4	3
Expertise with developing leaders in vulnerable populations	1	2	
Common goals and activities across generations	2	3	
Investigate the spark that creates commitment from all sectors	1		
Asset development strategies	1		
Empower youth, invite to address specific topics	1	1	
Connect community members where talents and input can be utilized for common good	1	5	2
Opportunities for ownership creates investment	1	1	
Youth governing board	1	1	
Inspirational speakers open to the public to broaden knowledge to all	1		
Windsor on Air, youth skills development and utilization for community events and meetings	1	1	

Answers regarding dental care and getting rid of stigma were not shared at the meeting due to time limits, but are included here for your information.

(b) *Better access to dental care (dentists accepting Medicaid)*

Answers	No. of Times Mentioned	Priority Points (for both Q1 & Q2)	Priority Ranking (for both Q1 & Q2)
Transportation opportunities	2		
Information about above available to wide range of population	1		
Assistance with cost, qualification, paperwork, early access to treatment "Tooth Tutor"	1		
Educating more people about the issue	1		
Forming a group that could go to the state government with this concern (advocacy)	1		

Answers	No. of Times Mentioned	Priority Points (for both Q1 & Q2)	Priority Ranking (for both Q1 & Q2)
Teach youth about available resources	1		
Dental clinics in the immediate area	1	6	1
More dentists who are willing to accept Medicaid	1	4	2
Financial incentives for dentists to come and advocate for higher reimbursement	1		
Contact dental schools, Ronald McDonald Van, Springfield Dental Clinic, Ludlow Dental Clinic	1	2	
Incentives for dental students to come to the area	1	2	
Mobile dental van	1	2	
Promotion of what exists	1		
Media campaign, especially pediatric varnish, etc.			
Prevention education on dental prevention, i.e., juice, sugar-sweetened beverages	1	3	3
Have a dental clinic in the school or traveling dental clinic into the school	1		
Access for the uninsured and underinsured	1	2	
Don't know, but definitely needed	1		
Basic dental insurance	1		
Could have a dental maintenance plan created, i.e., \$50.00/month gets you cleaning services, etc.	1	3	
Have dentist have community service as well	1		
Brochure of area providers just do it	1		
Routine part of care, fluoride prevents problems, don't have to pull teeth	1	1	
How can a low income person get dental care	1		
Subsidy to dentists to help defray losses would pay off as a dental/periodontal diseases can cause serious overall health issues, which are costly to treat	1	1	
Rent mobile dental van	1		
Solicit hygienist/dentist for volunteers	1		
Incentives for dentists—federal \$\$	1		
Helping people set priorities in their budget	1		
Clinics available for low income	1		
Health education in schools	1		
Grant writing	1		
Red Logan Dental Clinic	1		
Subsidy to dentists who are willing to take Medicaid	1		

(c) Getting rid of stigma that leads to fear and isolation

Answers	No. of Times Mentioned	Priority Points (for both Q1 & Q2)	Priority Ranking (for both Q1 & Q2)
Identify and support indigenous leaders	1	1	
Exposure via participating in activities with each other	1		

Answers	No. of Times Mentioned	Priority Points (for both Q1 & Q2)	Priority Ranking (for both Q1 & Q2)
Change current economic system	1		
Collaboration between groups involve indigenous community leaders—pay them to reach out to others to get folks involved in developing a response to concerns	1		
Maintain privacy for services	1		
Common card for all receiving services	1		
Personal connections	1	2	
Invites to be involved	1	1	
Attend workshops	1		
Mini Guiding Good Choices	1		
Community improvement project	1	3	
Access all sectors that speak you are valued to all residents	1		
Handicap access to community events	1	1	
Transportation to community events	1	2	3
Lots of communication	1		
Minimizing the fear of I'm different	1		
How we work with others, 1:1 modeling, no judgment	1		
Get list of all residents	1		
Enlist students and adults to form groups to visit block by block	1		
Use a survey and form for discussion	1		
All community opinions, opportunities, etc.	1		
Community volunteer	1		
Workdays to help those who are old or handicapped	1	2	
Visible community efforts that everyone can see people taking part in the community	1	1	
Making sidewalks downtown safe for handicapped	1	1	
More positive publicity of the happenings in our community	1	1	
Sharing of positive information around town	1		
Increase street lighting	1		
Investment in question (a) improves question (c)	1	5	1
Restorative practices	1	3	2
Trust	1		
Give responsibility	1		
Because someone is low-income, doesn't mean they are a bad person or on drugs, etc.	1		
Same as making connections in community to (a)	1		
Educate the public via media tools	1		
More joining of youth/elder populations and socioeconomic levels, such as housing	1	1	
Community working together	1		
Taking pride in Windsor	1		
Community events at low or no cost	1	3	
Visibility of campaign	1		
Mental illness or any topic	1		
Education	1	1	

APPENDIX D

Local Report of Community Assessment

August 30, 2012

**COMMUNITY ASSESSMENT
AUGUST 30, 2012**

I. Regional Summary [See attached]

A. Regional Themes

1. Income is more of a driver of health outcomes than rurality
2. Difference between income groupings of priorities encapsulate Problems people have vs. why they have problems
(higher income) *(lower income)*
3. People/families are complex and embroiled in multiple problems requiring collaborative rather than unidimensional solutions

B. Follow up from Regional Assessment

1. Report in October
2. Report will inform giving of United Way shows priorities are Education, Income, Health
3. Resource guide may be forthcoming
4. Regional group will continue to meet quarterly to develop visioning for 2020 and track indicators for improvement and convene like-minded work group, i.e., transportation.

C. Local Assessment

QUESTION 1: *"What most helps you and people in your town to be healthy, safe and able to enjoy life?"*

Ranking

1. Strong partnership between youth, parents, schools and community with strong role models
2. Access to transportation, including community events
3. Access to quality health care without insurance restrictions

QUESTION 2: *"What practical solutions would you recommend to improve the top three issues for Windsor?"*

(a) More strengthening of partnerships in community through youth and community involvement

Ranking

1. Small grass roots mobilization, i.e., community connection with commitment
2. Connect community members where talents and input can be utilized for the common good
3. Support Youth Managed Café, interest and attendance

(b) Better access to dental care (dentists accepting Medicaid)

Ranking

1. Dental clinics in immediate area
2. More dentists willing to accept Medicaid
3. Prevention education on dental prevention, i.e., juice, sugar-sweetened beverages

(c) Getting rid of stigma that leads to fear and isolation

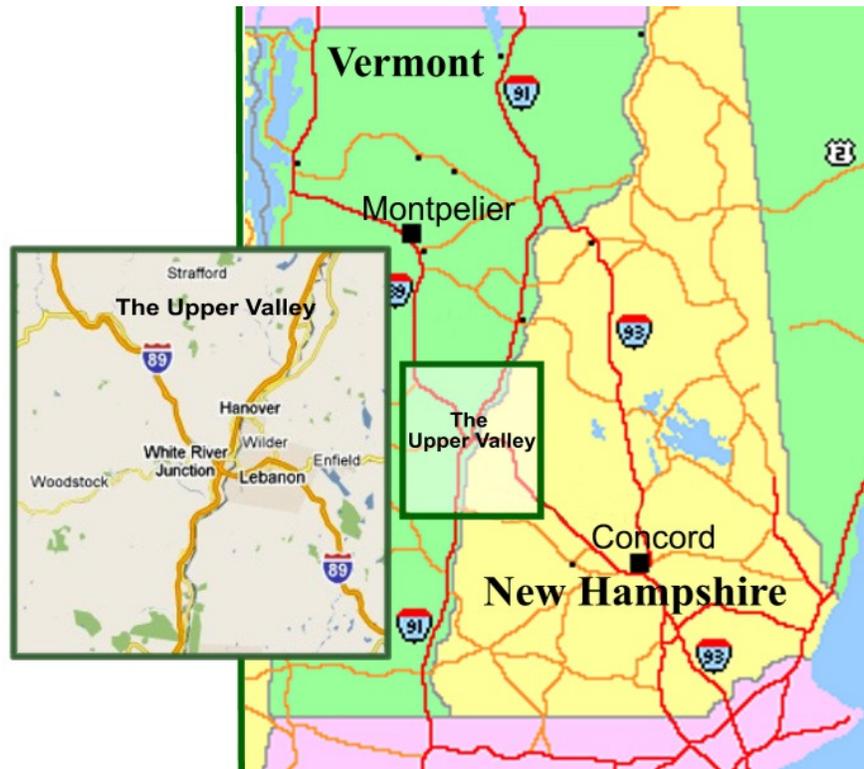
Ranking

1. Investment in question improves question (c)
2. Restorative practices
3. Transportation to community events

APPENDIX E

2012 Upper Valley Community Needs Assessment Report

2012 UPPER VALLEY COMMUNITY NEEDS ASSESSMENT REPORT



**Granite United Way
Alice Peck Day Memorial Hospital
Mount Ascutney Hospital and Health Care
Dartmouth-Hitchcock Medical Center**

November 2011 - October 2012

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ACRONYMS

BRFSS: Behavioral Risk Factor Surveillance System
CHSI: Community Health Status Indicators
CHR: County Health Rankings
HSA: Hospital Service Area
HSR: VT Health Status Report
HWRQS: NH Health Web Reporting and Query System
NHRSP: New Hampshire Regional Health Profile
PHR: Public Health Region

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It takes a community to create a community needs assessment.

So very many people added to our collective wisdom on this project! Thanks to everyone who:

- Filled out a survey
- Participated in a focus group
- Attended a community stakeholder forum

Also:

The Community Needs Assessment Collaborating Organizations:

Alice Peck Day Memorial Hospital
Dartmouth-Hitchcock Medical Center
Granite United Way
Mt. Ascutney Hospital

The 2012 Community Needs Assessment Steering Committee:

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- Greg Norman, Community Health Improvement and Benefits, Dartmouth-Hitchcock Medical Center
- Christine Walker, Executive Director, Upper Valley Lake Sunapee Regional Planning Commission
- Jolan Rivera, PhD, Consultant

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EXECUTIVE SUMMARY

The 2012 Upper Valley Community Needs Assessment (CNA) Report is the product of an almost year-long process coordinated by Alice Peck Day Memorial Hospital (APDMH), Mount Ascutney Hospital and Health Care (MAHHC), Dartmouth-Hitchcock Medical Center (D-HMC), and Granite United Way (GUW).

Between November 2011 and October 2012, information on health, education and economic needs of the Upper Valley region were gathered through secondary data gathering, two forums with informed stakeholders, a stakeholders' survey, a resident survey, and six focus group discussions. The CNA process was guided by a Steering Committee composed of individuals with expertise in the areas of health, education and economic wellbeing.

Roughly, the region covered by the CNA includes towns from Fairlee to Woodstock to Springfield in VT, and the Piermont-Mascoma-Grantham-Lebanon region in NH. The CNA includes information from Sullivan County that is being gathered as part of a separate needs assessment process there. This region roughly corresponds to the GUW Upper Valley Region service area, and includes most of the hospital service areas served by D-HMC, APDMH, and MAHHC.

The CNA process yielded a total of twelve community needs/issues, namely: [1] lack of quality jobs/income, [2] transportation access and cost, [3] housing cost, [4] tobacco/alcohol/drug use, [5] oral health, [6] mental health, [7] obesity/poor nutrition/lack of physical activity, [8] all health/oral health insurance/access, [9] child care, [10] asthma, [11] isolation/less time for "community", and [12] quality of/limited education.

While most needs were remarkably consistent across the region and populations, the priority or frequency of mentions varied by income, and to a lesser extent by rural residence status.

Results of the CNA process were presented in a forum composed of representatives of health, education and income-related organizations, as well as subject-matter experts. The group agreed to have an ongoing setting for a multi-sectoral group to meet on a regular basis to discuss how issues impact each other, and revisit progress three times a year. This could start with existing groups and coalitions.

Section 1: INTRODUCTION

Purpose. Understanding the community's health, education and economic wellbeing-related needs and opportunities for improvement allows organizations to focus time, staff, expertise and energy to matters that are likely to make a positive difference in people's lives. Engaging community stakeholders in defining these needs allows for coordinated strategies to address community needs.

Collaborating Partners. A community needs assessment (CNA) was conducted for the Upper Valley Region in 2012 through the collaboration of the following organizations: Alice Peck Day Memorial Hospital (APDMH), Mount Ascutney Hospital and Health Care (MAHHC), Dartmouth-Hitchcock Medical Center (D-HMC), and Granite United Way (GUW).

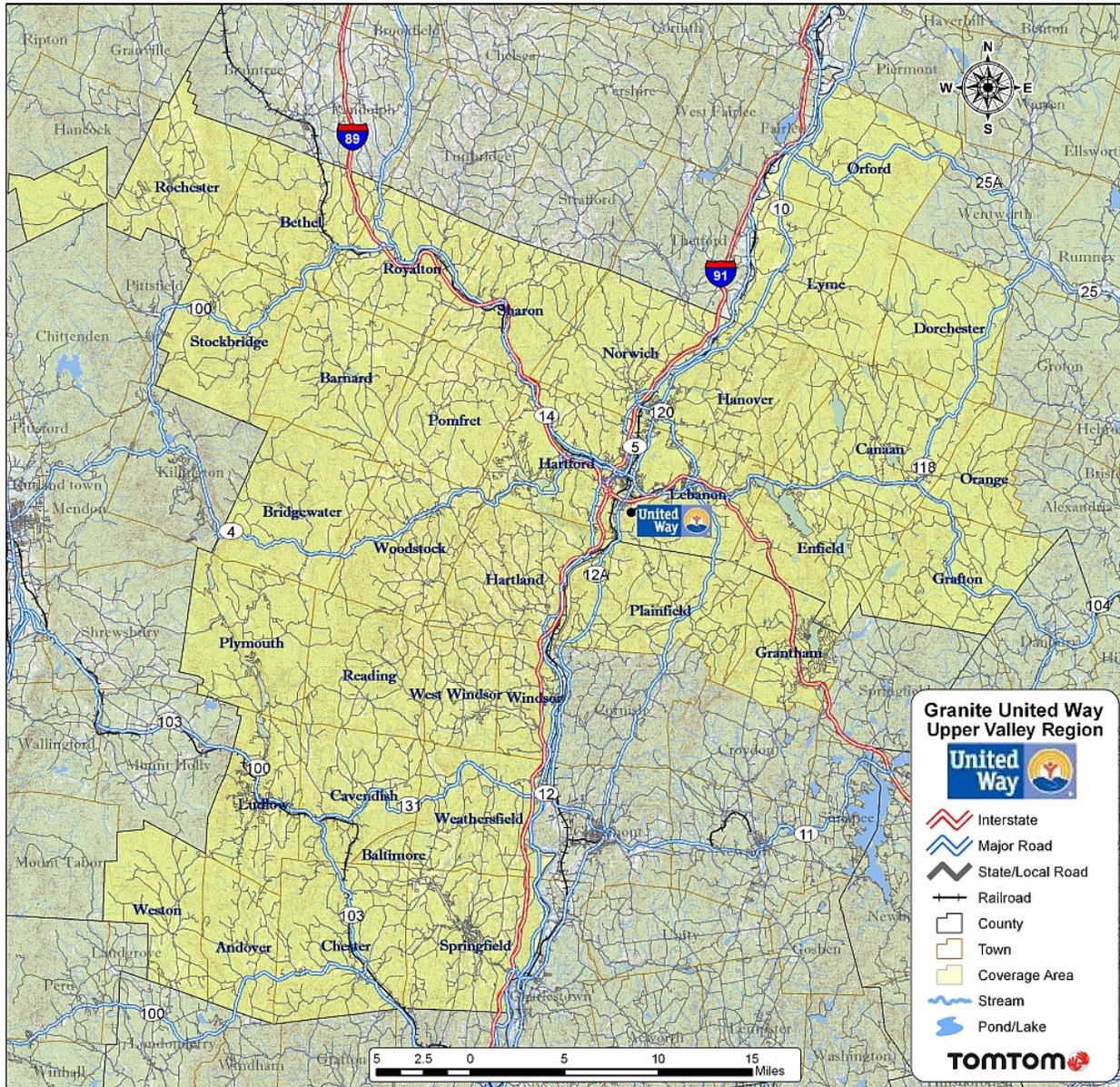
D-HMC, APDMH, and MAHHC are required to conduct community needs assessment every three years; GUW also conducts regular needs assessments. The three health care systems use community needs assessments to influence investments of time, funding, and programs for community health activities. GUW uses needs assessment data to inform its grant award process. Priorities identified during previous needs assessment processes have also led to new community-based services, community health coalitions, and other service changes.

Coverage Area. Roughly, the region covered by the CNA includes towns from Fairlee to Woodstock to Springfield in VT, and the Piermont-Mascoma-Grantham-Lebanon region in NH. The CNA includes information from NH's Sullivan County that is being gathered as part of a separate needs assessment process there. This region roughly corresponds to the GUW Upper Valley Region service area, and includes most of the public health regions (PHR) and hospital service areas (HSA) served by D-HMC, APDMH, and MAHHC. These include NH's Upper Valley Public Health Region and VT's Hartford Hospital Service Area. When available, information on VT's Springfield Hospital Service Area is included.

The NH Upper Valley PHR covers the towns of Canaan, Cornish, Dorchester, Enfield, Grafton, Grantham, Hanover, Lebanon, Lyme, Orange, Orford, Piermont, and Plainfield. The VT Hartford HAS covers Bradford, Fairlee, Hartford, Ryegate, Windsor, Bridgewater, Sharon, Pomfret, Thetford, Woodstock, Hartland, Reading, Groton, Newbury, Tunbridge, Royalton, Norwich. The Springfield HSA covers Cavendish, Chester, Londonderry, Ludlow, Rockingham, Springfield, Weathersfield.

GUW Upper Valley Region covers the following NH towns: Orford, Lyme, Dorchester, Hanover, Canaan, Orange, Lebanon, Enfield, Grafton, Plainfield and Grantham. It also covers the following VT towns: Rochester, Bethel, Royalton, Sharon, Norwich, Stockbridge, Barnard, Pomfret, Hartford, Bridgewater, Woodstock, Hartland, Plymouth, Reading, West Windsor, Windsor, Ludlow, Cavendish, Baltimore, Weathersfield, Weston, Andover, Chester and Springfield.

Map 2: Coverage Area of Granite United Way's Upper Valley Region



Steering Committee. The collaborating partners formed the CNA Steering Committee last November 2011. The committee provided advice on the coherence and appropriateness of assessment outcomes, process, outputs, activities and timeframe. The Steering Committee outlined the following steps for the needs assessment:

1. Gather quantitative data regarding health, economic, and education status;
2. Gather opinions regarding what professional service providers see as needs, barriers, underserved populations, and assets (via electronic survey);
3. Gather opinions regarding what residents/service recipients see as needs, barriers, underserved populations, and assets (via electronic survey and focus groups);

4. Community review and prioritization of needs using the information gathered in steps 1-3 (via a community stakeholder process);
5. Prepare and publish the CNA Report; the report and all information generated in the needs assessment process will be available for stakeholders participating in the process, and will also be available electronically and printed summaries will be made public;
6. Disseminate needs assessment information to multiple community settings and begin shaping collaborative responses to identified needs.

Data Collection. Data that informed this needs assessment report was collected through a number of data-gathering activities.

- **Secondary data gathering:** Health, economic, and education data from sources including Youth Risk Behavior Survey, the Behavioral Risk Factor Surveillance System, other public health and hospital discharge data, census data, and NECAP data. In some cases, issues were highlighted that have received local attention or which have emerged or intensified since the last secondary data surveys were conducted (examples include oral health, prescription drug misuse, housing assessments, reductions in availability of appropriate mental health services, etc.).
- **First informed stakeholders' forum:** Perceptions of informed regional stakeholders on the nature and causes of potential community needs were gathered through a community forum.
- **Stakeholders' survey:** Opinion data from informed regional stakeholders using an online opinion poll of regional leaders in health, public health, education, municipal governments, public safety, and social service providers; 67 informed stakeholders responded to this survey.
- **Focus group discussions:** Focus group data collected from 6 focus groups largely consisting of lower-income consumers of health/welfare services.
- **Residents' survey:** Opinion data from residents collected through community listservs, individual interviews at human service organizations, and focus groups. These surveys targeted both economically stable and lower-income households; 196 residents responded to surveys.
- **Second informed stakeholders' forum:** Perceptions of informed regional stakeholders on the results of Items 1 to 5 above were gathered through a second community forum.

Section 2: GENERAL FINDINGS

Members of the steering committee reviewed and analyzed the results of the secondary data gathering, focus group discussions and surveys, and came up with a summary of the findings of the community needs assessment.

1. ***As a region, the Upper Valley Region mirrors or exceeds the strong health status of the states of New Hampshire and Vermont.*** There are, however, significant variations in health and wellbeing between individual communities and residents in our region, with high health status in the Hanover/Norwich area masking lower health status in other areas.
2. ***Income*** is the most important factor impacting our region's health and well-being. Residents with lower income experience a community that is significantly different than economically stable households.
3. ***Distance from Home to Work/Health Services/Consumer Services*** impacts health and well-being, though somewhat less than income status. Rural residents face higher barriers of time and transportation to obtain health care and other services; rural youth have greater health/behavioral risks (YRBS data); and rural youth generally have lower education achievement scores (NECAP data) than less rural areas.
4. ***The concentration of jobs, services and retail consumer outlets*** in limited centers in the Upper Valley may be creating a self-sustaining cycle that disrupts better education, better jobs, and health status in outlying communities.
5. ***Limited "living wage" jobs*** for individuals whose skills and education are technical or trade-based is an area of significant concern. Residents with technical or trade-based skills report fewer stable, full-time trades-based jobs. Instead, many are often working multiple, part-time, low-paying jobs, often in retail positions, often below their skill level.
6. ***Housing costs, transportation, and the concentration of health/human services and consumer services are a linked system*** that affects regional health and well-being. Housing costs are pushing moderate/lower income households to more rural areas, while job, services, and retail stores are concentrating in communities such as Lebanon and Hanover. This raises the cost and challenge of transportation and access to health and other services for those households in our region that are already the most economically challenged and in need of these services.
7. ***Population health concerns*** such as harmful substance use; overweight/obesity; poor mental health; poor oral health; accidental injury; and asthma are significant health concerns across our region, affecting all populations.

Members of the steering committee also came up with the table below that shows differences and commonalities in needs expressed by residents, service recipients and professional service providers.

Table 1: Variance of Needs Based on Income Status and Geography			
		Income Status	
		Higher Income	Lower Income
Geo- graphy	Micropolitan/ Larger Town Centers	<ul style="list-style-type: none"> • Tobacco/Alcohol/Drug Use • Obesity/Nutrition/Physical Activity • Oral Health • Mental Health • Asthma • Cost of Child Care • Quality of Education • Cost of Insurance Deductibles, Co-pays, Prescriptions Drugs 	<ul style="list-style-type: none"> • Housing Costs • Transportation Access and Cost • Low-Quality Jobs / Income • Cost of Basic Goods and Child Care • Tobacco/Alcohol/Drug Use • Mental Health • Obesity/Nutrition/Physical Activity • Oral Health • Asthma • Lack of Health/Dental insurance • Access to Primary Care / Preventive oral health care
	Rural	<ul style="list-style-type: none"> • Tobacco/Alcohol/Drug Use • Obesity/Nutrition/Physical activity • Mental Health • Oral Health • Asthma • Time/Transport Issues of Access to Care • Transportation Cost • Cost of/Access to Child Care • Quality of Education • Isolation/Less time for "community" • Cost of Insurance Deductibles, Co-pays, Prescriptions Drugs 	<ul style="list-style-type: none"> • Low-Quality Jobs / Income • Lack of Health/Dental Insurance • Access to All Health/Oral Health Care • Transportation Access and Cost • Tobacco/Alcohol/Drug Use • Mental Health • Housing Costs • Obesity/Nutrition/Physical Activity • Oral Health • Asthma • Isolation/ Less Time for "Community"

While most needs were remarkably consistent across the region and populations, the priority or frequency of mentions varied by income, and to a lesser extent by rural residence status. Overall, population health concerns such as substance use, obesity, oral health and mental health were seen as priorities by higher income residents, while lower income residents indicated that housing, transportation, and livable wage jobs had higher priorities.

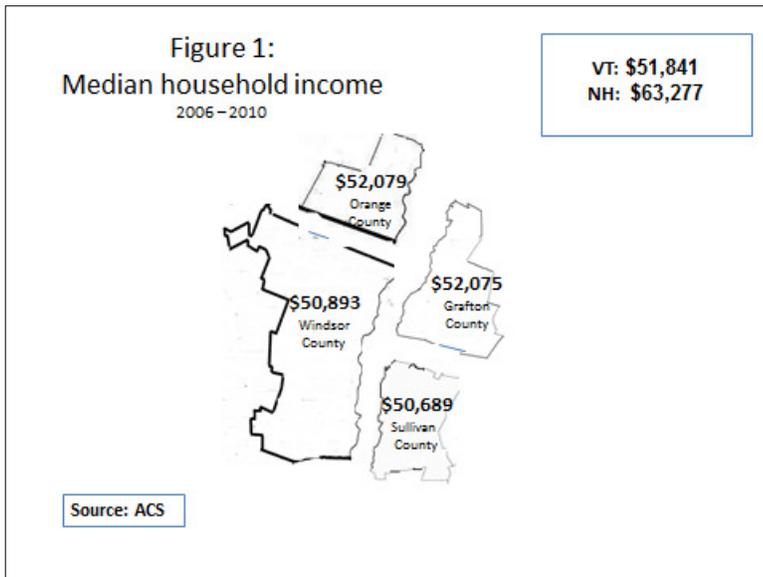
In sum, a total of twelve community needs were identified; these are needs that were identified by at least two of the four income and geographically defined community groupings (i.e., lower-income rural residents, higher-income rural residents, lower-income residents of larger town centers, and higher-income residents of larger town centers).

1. Lack of Quality Jobs/Income
2. Transportation Access and Cost
3. Housing Cost
4. Tobacco/Alcohol/Drug Use
5. Oral Health
6. Mental Health
7. Obesity/Poor Nutrition/Lack of Physical Activity
8. All Health/Oral Health Insurance/Access
9. Child Care
10. Asthma
11. Isolation/Less Time for “Community”
12. Quality of/Limited Education

The next section provides a detailed description of each community need, based on the steering committee’s review and analysis of the results of the secondary data gathering, focus group discussions, surveys and community forum.

Section 3: DETAILED RESULTS AND FINDINGS

Community Need 1: Lack of Quality Jobs/Income



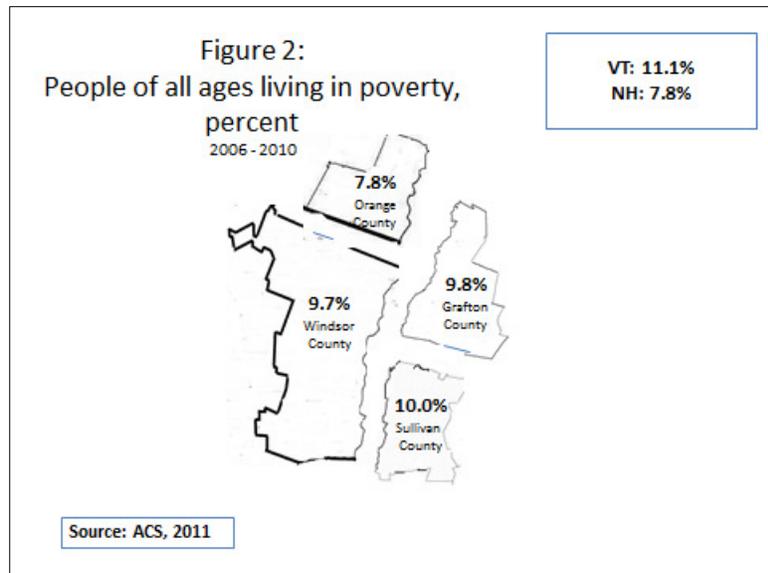
The median annual incomes of households in Orange and Windsor Counties in VT, and Grafton and Sullivan Counties in NH are very close to each other, i.e., between \$50,689 and \$52,079. While the median incomes of the two VT counties are very close to the VT state average, the median incomes of the two NH counties are significantly below the NH state average.

The December 2011 unemployment rates in Sullivan and Windsor Counties are

identical at 4.3%; the rate is lower in Grafton County (3.7%), while it is higher in Orange County (4.9%). The state unemployment rate in December 2011 is the same for NH and VT at 4.9% (NHEC, 2012; VTDOL, 2012).

The poverty rate is a statistic that directly associated with income unemployment levels. The 2010 poverty rates in Windsor, Grafton Sullivan Counties are very close to other, while the rate in Orange County is slightly lower. The poverty rates of the two VT counties are below the state average; on the other hand the for the two NH counties are higher the state average.

While unemployment and low income, per se, are separate needs, this report treats them as one need because most survey respondents and focus group discussants consider them as closely intertwined issues.



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Summary Assessment. Results of the resident and informed stakeholder surveys, community focus group discussions and informed stakeholder forums indicate that the lack of quality jobs and limited income is a high-priority need for both lower-income rural residents and lower-income residents of larger town centers. On the other hand, this is not seen as a priority need of higher-income residents of both rural and larger town centers.

Residents' Perceptions. The lack of quality jobs and low income levels are among the top responses of resident survey respondents on what they are worried about “for their communities”, as well as “for themselves/their families”. Residents also consider it as one of the main causes of other needs in the community, e.g., access to health care, quality education, and housing that is close to jobs.

A number of focus group discussions confirm the results of the survey. Some of the discussants of a focus group comprised of lower-income urban residents identified the lack of living wage jobs as a need that significantly impact their health and economic wellbeing. They noted that most of the jobs available to them are part-time, and that most residents juggle two or more jobs. Schedules are uncertain, often not provided until the day prior, which means it is hard to plan child care, transportation, etc. Most walkable jobs fit this criterion. More sustainable jobs often require dependable night/weekend transportation, which does not currently exist. Residents feel forced to pursue the lower quality jobs that are within walking distance. The group ranked as one of three core priorities the lack of good paying fulltime jobs and lack of access to vocational training/continuing education that would allow individuals to find better paying jobs.

Two other focus groups made up of lower-income, urban residents identified the lack of livable wage jobs as one of three core priorities. According to one of the focus groups, there are few jobs that pay in between those in the retail sector and those that require higher education. This is a validation of the concept that there is a big gap between the income level at which a person qualifies for financial assistance and the point at which one can afford to live – “people on the cusp” may be more vulnerable than people who have lower income but qualify for benefits.

A mixed-income focus group composed of residents and informed stakeholders said that making good-paying jobs available in their town (including related training and educational opportunities) would be beneficial to the health, education, and economic well-being of their neighbors, friends, and family. However, this need was not included in their list of top three core priorities.

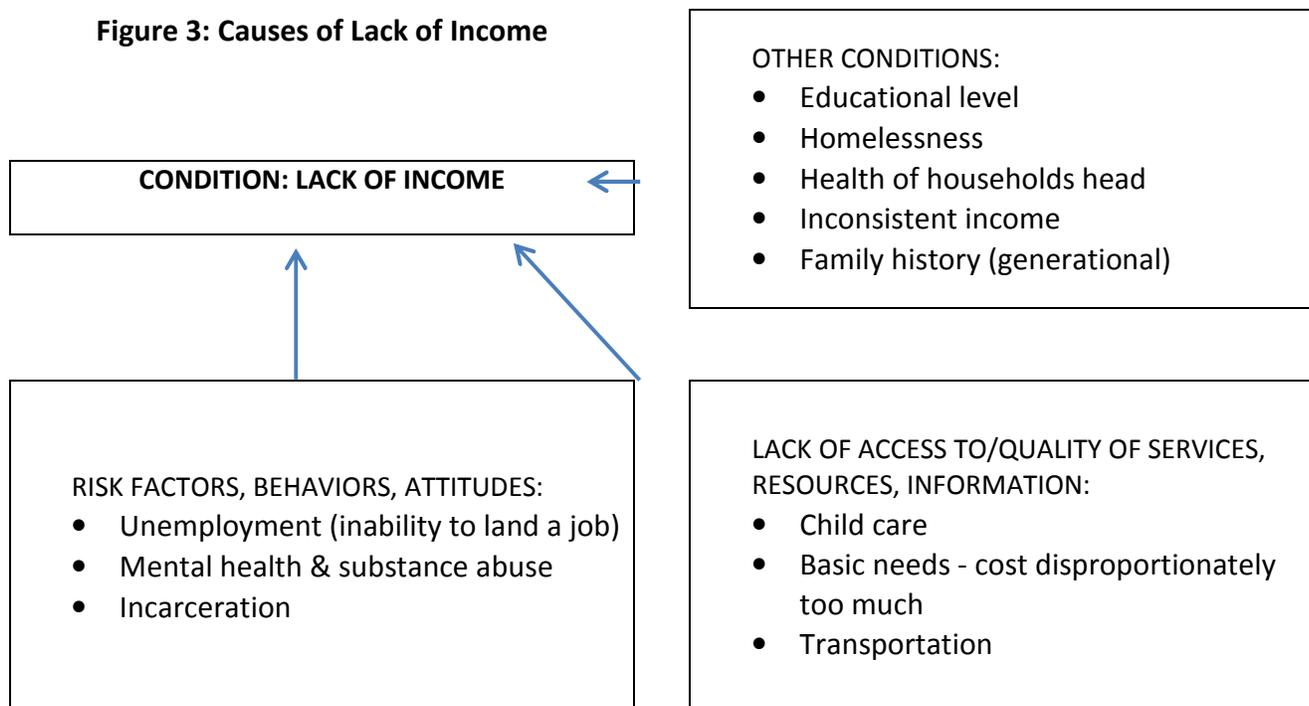
Another similar mixed-income focus group composed mainly of informed stakeholders consider the lack of employment opportunities (including job trainings) as the number one thing that they would change in their community that would most benefit the well-being of their neighbors, friends, and family. The group asserted that the lack of awareness of available jobs to train for, and the lack of education and training that match jobs demanded by employers are barriers to employment.

Informed Stakeholders' Perceptions. Survey results indicate that the lack of quality jobs and limited income are issues that informed stakeholders are not worried about. Rather, these are seen as causes of other needs in the community. Some of the participants asserted that the lack of income diminishes

the capacity of household heads to provide sufficient and nutritious food which, in turn, lead to poor infant health and obesity. Also, informed stakeholders identified the working poor, rural poor and unemployed as a group that is “left behind”.

A group of informed stakeholders identified a number of causes of lack of income. As shown below, these include other conditions, risk factors/behaviors/attitudes, and lack of access to and/or quality of services/resources/information. It also indicates that the economic phenomenon is affected by factors that are both economic and otherwise, i.e., health and education.

Figure 3: Causes of Lack of Income



The same group of stakeholders also identified a number of conditions that are affected by income inadequacy, to wit: infant health, obesity, and homeownership.

Community Need 2: Transportation Access and Cost

Summary Assessment. Another need that emerged from the surveys, focus group discussions and informed stakeholders forums is the access to/cost of transportation. It is considered as one of the top needs of lower-income residents of both rural areas and larger town centers. While higher-income rural residents place transportation in the middle of the list of priority needs, it was not seen as a need by higher-income residents of larger town centers.

Residents' Perceptions. Transportation access/cost is among the top survey responses of residents when it comes to what they are worried about "for their communities", as well as on what they are worried about "for themselves/their families". Residents also consider transportation as one of the top causes of other needs in the community, e.g., unemployment and underemployment, access to health facilities and services, and continuing education and job-related training that are held at night.

One focus group comprised of lower-income urban residents ranked the lack of transportation as their number one priority need. According to the group, it is a fundamental barrier for almost all needs of these residents. Many lower-income individuals do not have consistent access to vehicles; while they are appreciative of the daytime free bus service, buses end at 6pm and do not run during evenings. They noted that many, if not most, residents in their community have jobs with night/weekend hours. Unless they have access to transportation, they cannot get the jobs they wish, because "higher paying jobs are too far away" (4-5+ miles). This limits their "job access" to the retail/fast food jobs that are walkable from their homes. These jobs are low-wage, generally do not have benefits, and employers consciously do not hire fulltime workers to avoid having to pay benefits. Transportation also limits when residents can access the hospital, meaning the only option for urgent, non-emergency care nights and weekends is to call a cab (which is very expensive). Finally, residents noted that all the job training/continuing education options are at night, on the other side of Lebanon, and no buses are active at these hours, thereby further limiting residents' ability to get additional education and better jobs.

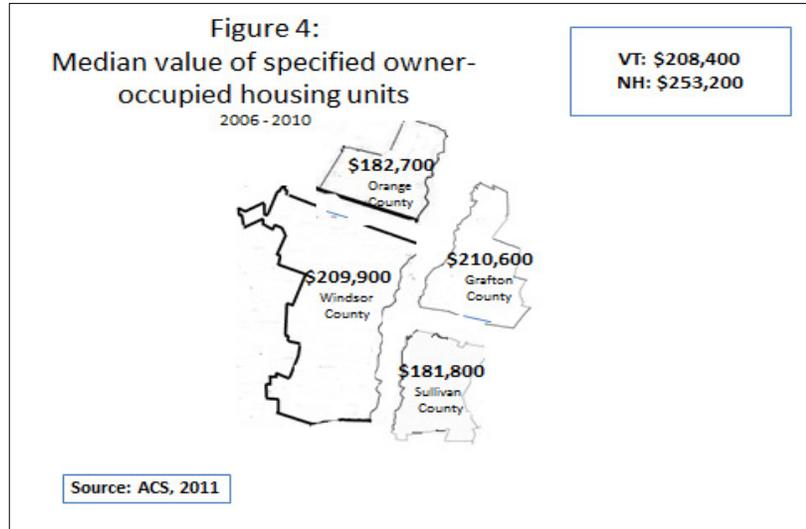
Another two focus groups comprised of lower-income, urban residents also identified access to transportation as a priority need, especially as a way of seeking or maintaining decent employment. Discussants of both focus groups also pointed out that the need is even more pressing in rural areas, i.e., if one does not live close to a bus stop, the distance from home to a bus stop may still limit access.

A mixed-income focus group made up of residents and informed stakeholders said that transportation and related infrastructure (including fixed sidewalks), as well as walking and biking culture, are important needs of the community, although these did not figure into the group's top three core priorities. On the other hand, another mixed-income focus group that is composed of residents and informed stakeholders considers access to transportation for rural residents as part of their town's top three priority needs.

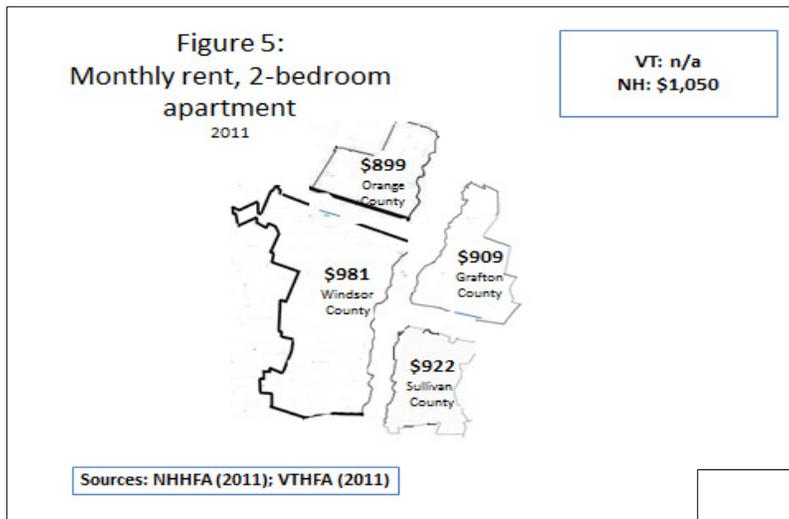
Informed Stakeholders' Perceptions. Survey results indicate that informed stakeholders consider access to/cost of transportation as a need that falls somewhere in the middle of their list of priorities. Furthermore, people without transportation are a group that a number of the stakeholders consider to be left behind. It is also seen as a cause of other needs/issues in the community. For instance, the lack of transportation affects the health of older adults (i.e., barrier to medical appointments). Also, the lack of transportation limits the ability of some residents to seek and/or maintain jobs which, in turn, limits their income-earning ability.

Community Need 3: Housing Cost

The median values of specified owner-occupied housing units Sullivan and Grafton Counties, are significantly lower than the figure for the state; the same is for Orange County, VT in relation to the state’s housing values (ACS, 2011). On the hand, the median value of specified owner-occupied housing units in Windsor County, VT is very close to the median price for the state.

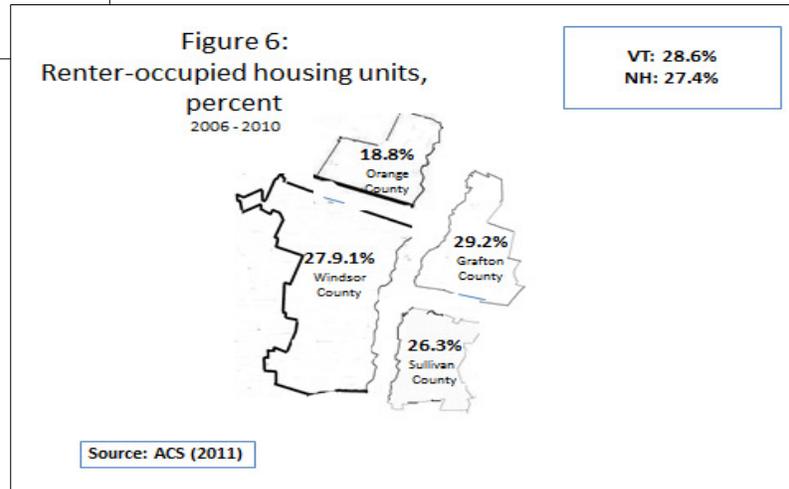


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The monthly rent for a two-bedroom apartment in Windsor County, VT (at \$981) is significantly higher than the rent in Orange County (at \$899). On the other hand, the monthly rents in Grafton and Sullivan Counties, NH are almost identical, at \$909 and \$922, respectively. These amounts are below the NH state average of \$1,050.

The percentages of renter-occupied housing units in Sullivan and Grafton Counties in NH, Windsor County in VT are similar to the NH and VT state percentages. Only Orange County in VT has a significantly lower percentage.



Summary Assessment. The various CNA activities yielded information indicating that housing cost is the top concern of lower-income residents of larger town centers. It is also among the needs in the

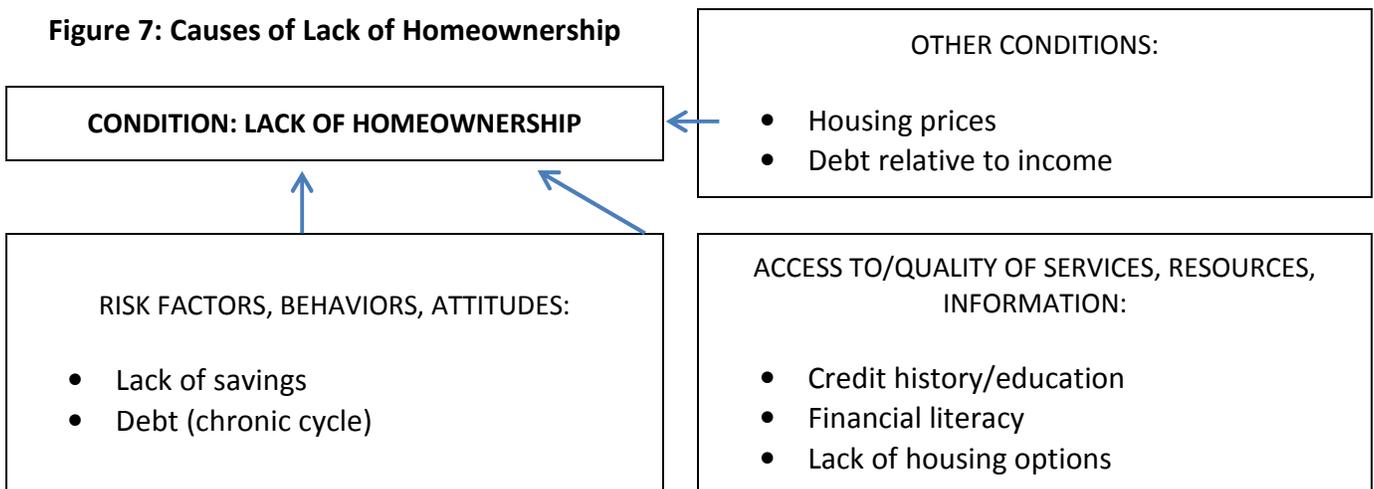
middle of the priority list of lower-income rural residents. The cost of housing is not an identified need for higher-income rural residents and those living in larger town centers.

Residents' Perceptions. While housing cost was not identified by the resident survey as an issue that residents are worried about “for their communities” and “for themselves/their families”, it is considered by residents as one of the main causes of income- and employment-related concerns in the community. For instance, people who move to more rural areas due to the high cost of housing in city/town centers encounter difficulties getting or maintaining urban-based higher paying jobs.

A focus group comprised of lower-income urban residents ranked housing as their number one priority need. A similar focus group ranked it among its three core priority needs. Discussants said that there are far fewer affordable apartments and homes than ten years ago in the Lebanon-White River Junction-Hanover area, resulting in lower income people either moving to rural areas or “couch surfing” with friends/families. According to them, the local housing authority has stopped accepting applications for Section 8 vouchers because the wait list is up to 10-plus years, and most likely no one applying will ever receive a voucher. A couple of mixed-income focus groups made up of residents and informed stakeholders consider shelter and affordable/transitional/alternative housing as a need in their communities, although it did not make it to each group’s top three priority needs.

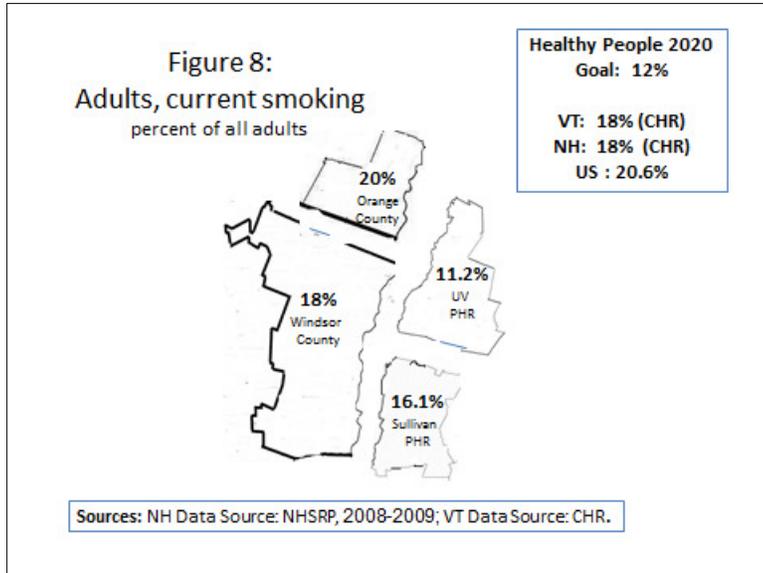
Informed Stakeholders' Perceptions. The survey of informed stakeholders indicates that housing cost is not a need they are worried about. Neither do they consider it as one of the main causes of other needs in the community. That said, a number of participants of an informed stakeholders forum identified a number of causes of limited homeownership experienced by some community residents; all identified causes are economic in nature.

Figure 7: Causes of Lack of Homeownership



Participants of the same stakeholders’ forum also identified a number of conditions that are partly causes by the lack of affordable housing, namely: household income and older adults’ health.

Community Need 4: Tobacco/Alcohol/Drug Use

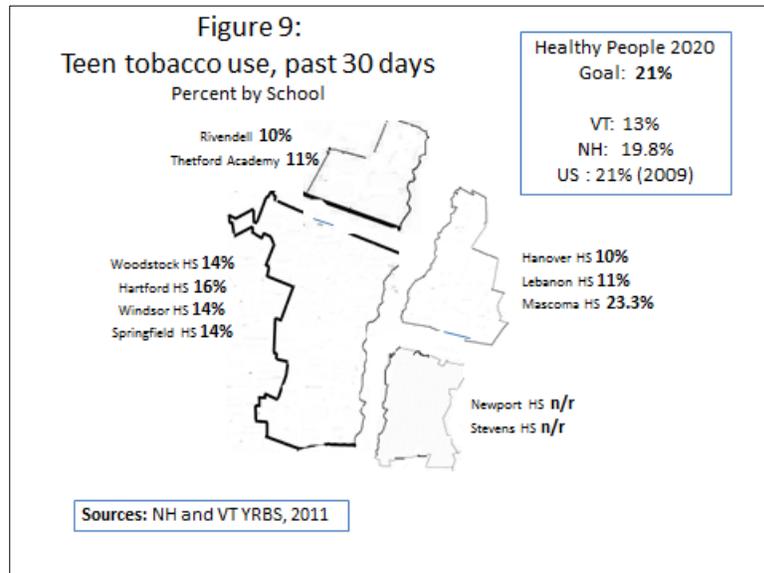


Tobacco use is the single most preventable cause of death in the United States, contributing to more than one of every five deaths. Cigarette smoking increases the risk of: heart disease; chronic obstructive pulmonary disease; acute respiratory illness; stroke; and cancers of the lung, larynx, oral cavity, pharynx, pancreas, and cervix.

The percentage of adults who currently smoke in Orange and Windsor Counties,

VT and in the Sullivan Public Health Region (PHR) is close to the statewide figures for NH and VT. The percentage in the Upper Valley PHR is significantly lower; in fact, it is lower than the Healthy People 2020 goal of 12 percent.

The percentage of students of a number of high schools in Windsor County in VT is slightly higher than the statewide figure VT, while the percentage for high schools in Orange County, VT is slightly lower. On the other hand, percentage of teen smokers in a number of Graton County high schools is significantly lower than NH statewide percentage, with exception of Mascoma HS.

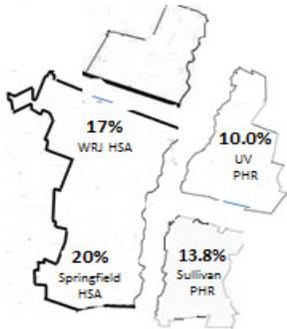


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Alcohol use is a major contributing factor in about half of all

homicides and sexual assaults, and about one-third of all motor vehicle crash fatalities. Approximately 80,000 American deaths per year are attributable to excessive alcohol use. Heavy drinking among youth has been linked to violence, academic and job problems, suicidal behavior, trouble with law enforcement authorities, risky sexual behavior, and use of cigarettes, marijuana, cocaine, and other illegal drugs.

Figure 10:
Adults, binge drinking
Past 30 Days

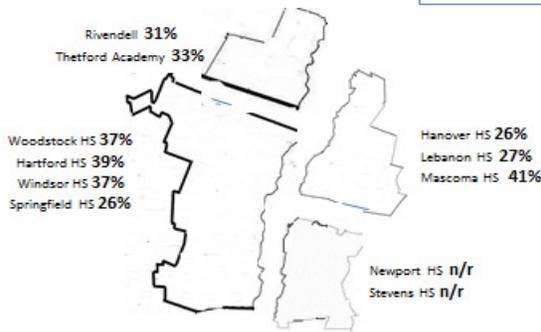


Healthy People 2020
Goal: 24.3%
VT: 17.3%
NH: n/r
US: 27%

Sources: NH Data Source: NHRSP; VT Data Source: BRFSS

The percentage of binge drinking among adults in VT's White River Junction and Springfield Hospital Service Areas (HSAs) is close to the statewide figure, while those in the Upper Valley and Sullivan PHRs are a lot lower. These percentages are lower than the Healthy People 2020 goal of 24.3 percent.

Figure 11:
Teen alcohol use, past 30 days
Percent

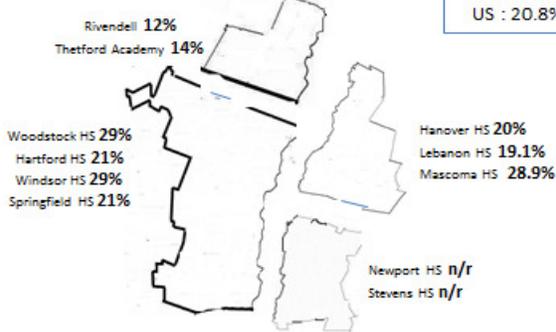


VT: 35%
NH: 38.4%
US: 41.8% (2009)

Source: YRBS, 2011

Compared to other UV counties, teen alcohol use tends to be higher in a number of Windsor County VT high schools, with the exception of Springfield HS. Except for Mascoma HS, alcohol use among students in Grafton County high schools, NH is significantly lower than the NH statewide figure.

Figure 12:
Teen marijuana use, past 30 days
Percent



Healthy People 2020
Goal: 6.7%
VT: 24%
NH: 28.4%
US: 20.8% (2009)

Source: NH/VT Data: 2011 YRBS

Marijuana use is associated with smoking-related respiratory damage, temporary short-term memory loss, decreased motivation, and psychological dependence. Other reactions include feelings of distrust, anxiety, or depression. More teens enter treatment with a primary diagnosis for marijuana dependence than for all other illicit drugs combined.

The percentage of teen marijuana use in two of three NH schools where data is available is lower than the NH state figure. The percentage in four of six VT high schools is lower than the VT statewide figure. Orange County high schools have the lowest percentage of teen marijuana use.

Summary Assessment. Based on the results of resident and stakeholder

surveys, focus group discussions and community forums, tobacco/alcohol/drug use is identified as the number one concern of higher-income residents of larger town centers and rural residents. It is also

among the concerns in the middle of the priority list of both lower-income rural residents and lower-income residents of larger town centers.

Residents' Perceptions. According to results of the resident survey, tobacco/alcohol/drug use is among the top responses of residents on what they are worried about "for their communities". To a lesser degree, it is also among what they are worried about "for themselves/their families".

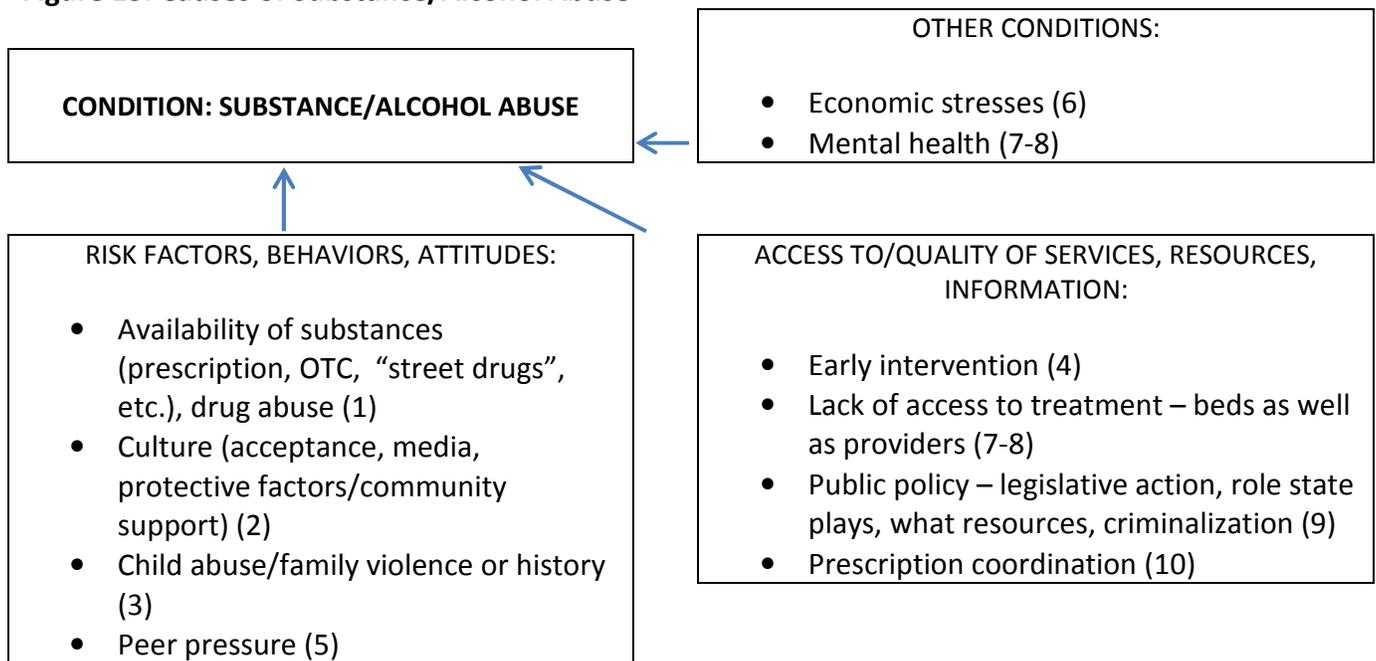
Two of the three focus group discussions with lower-income, urban residents think that alcohol and/or drug use is a community concern, although it was closer to, if not at the bottom, of their priority list.

In one mixed-income focus group composed of residents and informed stakeholders, awareness of drug abuse (along with aggression and lack of education) is the second most mentioned response to what they wish could change in their town that would most benefit the health, education, and economic well-being of their neighbors, friends, and family. A few participants of another mixed-income focus group made up of residents and informed stakeholders mentioned better police awareness/presence to deal with drug problem and earlier drug education for young adults are what would most benefit their community.

Informed Stakeholders' Perceptions. The results of a survey of informed stakeholders indicate that tobacco/alcohol/drug use is the number one issue that they are worried about. They also consider easy access to alcohol and drugs as one of the main causes of other problems in the community, e.g., spread of sexually transmitted diseases, injury or harm from violence, accidental injuries, poor infant and older adults' health, mental health issues, and the inability to land or maintain a job. Furthermore, people with addictions were identified by a few "informed stakeholders" as a group in the community that is left behind.

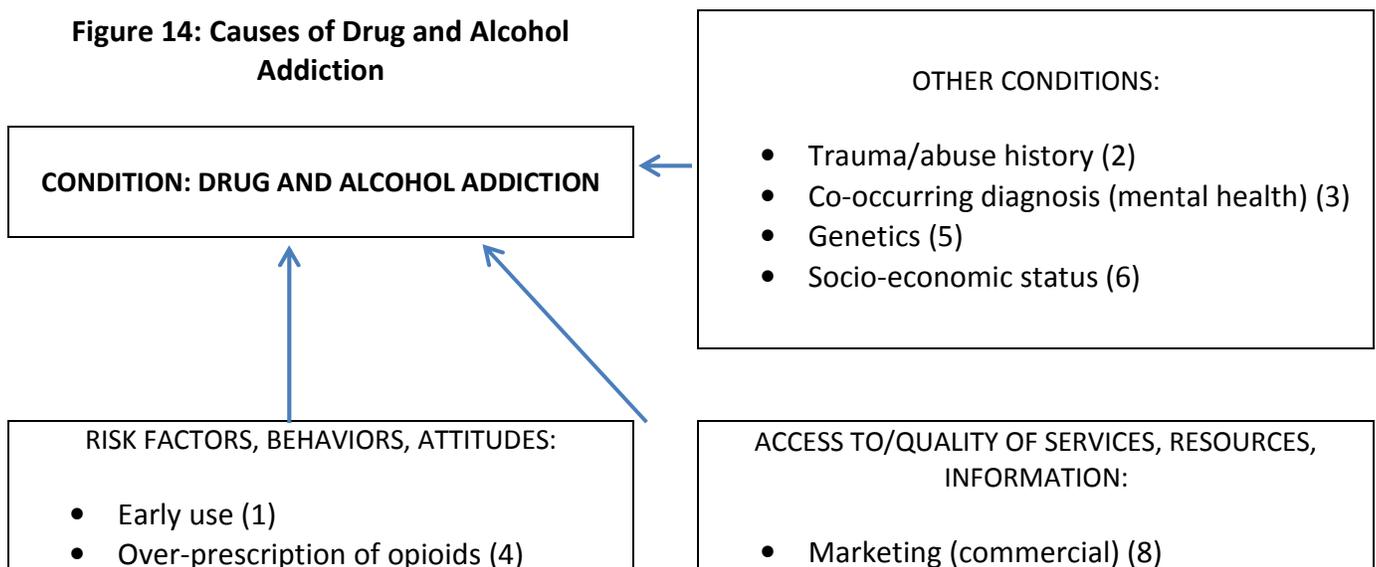
A group of participants in a stakeholders’ forum identified a set of factors that contribute to substance/alcohol abuse. The identified causes are a combination of health, economic, social and policy-related factors. The top three causes are risk factors, i.e., availability of substances, culture, and child abuse/family violence or history.

Figure 13: Causes of Substance/Alcohol Abuse



Another group in the same stakeholders’ forum came up with a number of issues that cause/are linked to drug and alcohol addiction. The group’s top three causes are early use, trauma/abuse history, and co-occurring diagnosis.

Figure 14: Causes of Drug and Alcohol Addiction



- Peer pressure (6)

Furthermore, tobacco/alcohol/drug use was seen by forum participants as contributory to the following conditions/problems/issues: lung cancer, heart disease, stroke, sexually transmitted diseases, infectious diseases, asthma, breast cancer, colon cancer, accidental injuries, injury or harm from violence, mental health problems, and older adults' health problems.

Community Need 5: Oral Health

Continuing research suggest strong links between the health of one's mouth and the health of one's heart, lungs and other organs. Poor oral health can also cause chronic pain, missed work, and decreased work opportunities.

Children with cavities can suffer from pain, have difficulty eating, miss more days of school, can be distracted from learning, and feel less confident. Poor oral health has been cited as a leading regional need in numerous workgroups, community forums, and by health care providers. APD's school-based screening program frequently encounters 22 percent or more of children in grades K-3 without dental homes having untreated decay. In VT, 16 percent of children aged 6-8 years are with untreated dental decay. Also, 40 percent of them have dental caries.

Summary Assessment. Oral health is among the top priorities for higher-income rural residents and higher-income residents of larger town centers. It is also a need identified by both lower-income rural residents and lower-income residents of larger town centers, although it is in the lower third of their priority list.

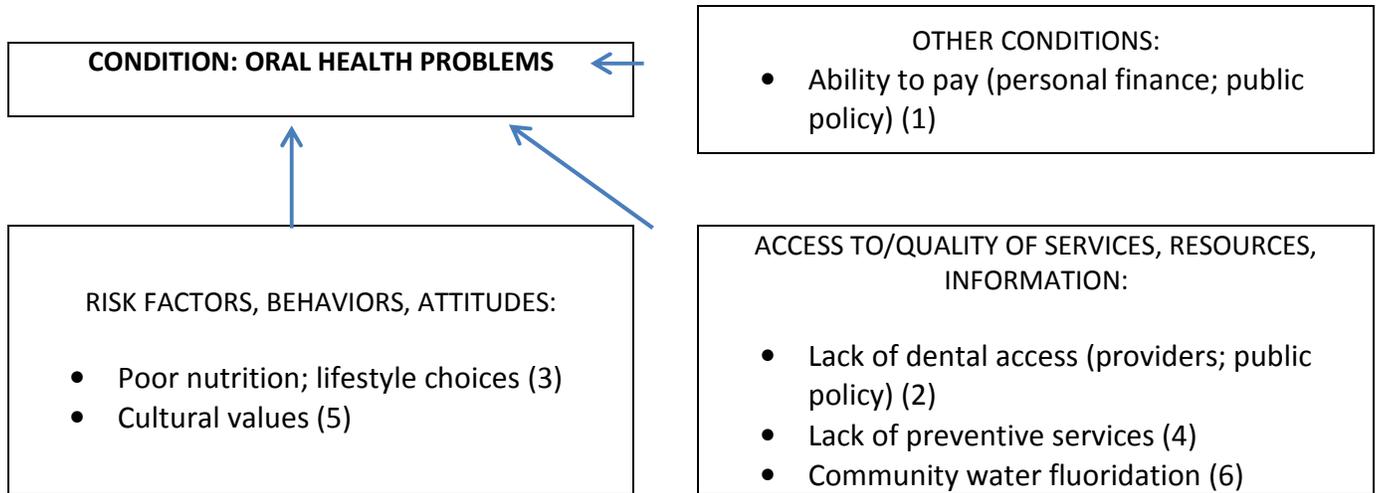
Residents' Perceptions. Survey results indicate that residents are worried about oral health both "for their communities" and "for themselves/their families".

A focus group comprised of lower-income urban residents considers their limited access to dentists as one of their concerns. They say that not all dentists accept Medicaid, they experience difficulty with transportation to appointments, and have to balance the need for versus the cost of dentures. About half of the participants had or needed dentures, and all had untreated oral health problems. A mixed-income focus group composed of residents and informed stakeholders identified the "dental needs-population" as a group in the community that is left behind.

Informed Stakeholders' Perceptions. Survey results indicate that some informed stakeholders are worried about oral health in the community. While they do not considered it as one of the main causes of other needs in the community, a number of them consider as one of their two to three highest priority concerns.

Participants of a stakeholders' forum came up with a set of factors that contribute to the oral health of the community. These represent a combination of social policy-, income- and health-related factors. The top three identified causes are ability to pay, lack of dental access, and poor nutrition/lifestyle choices.

Figure 15: Causes of Oral Health Problems



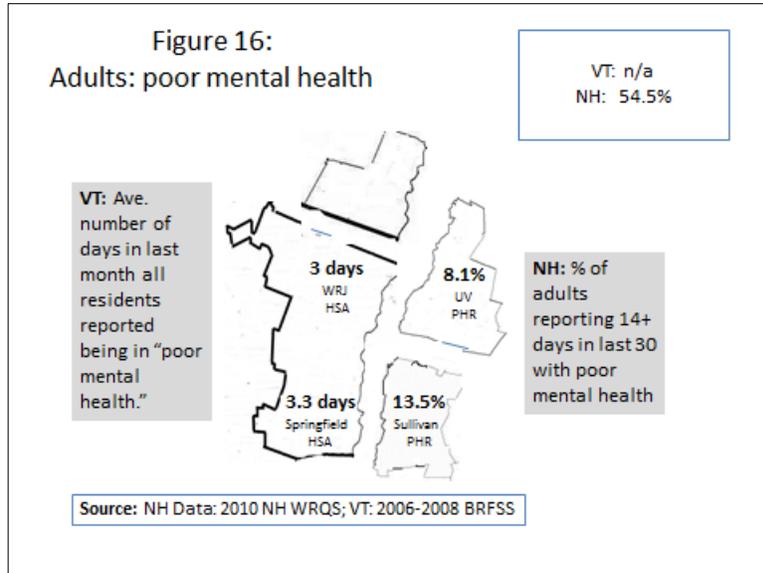
Community Need 6: Mental Health

Poor mental health disrupts an individual’s ability to function at of everyday living, and has a negative impact on overall health.

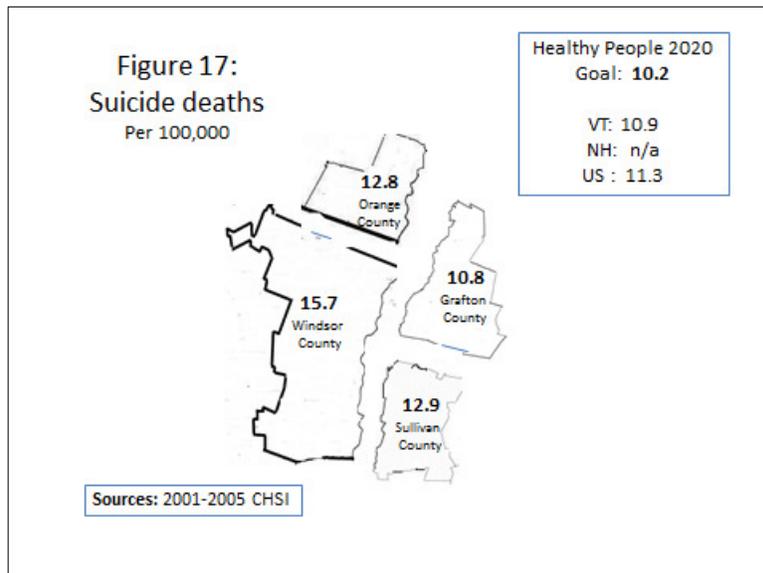
For instance, major depressive disorder is a disabling condition adversely affects a person's family, work or school life, sleeping and eating habits, and general health. In the United States, around 3.4% of people major depression commit suicide, up to 60% of people who commit suicide had depression or another mood disorder. According to the Community Health Survey (2008), percent of adults in Orange and Windsor Counties in VT experienced a major depressive episode during the past year. The figure is slightly higher for adult residents of Grafton and Sullivan Counties in NH, at 9.2 percent.

Suicide rate (deaths per 100,000 population) in the Upper Valley region is highest in Windsor County, while Grafton County has lowest rate.

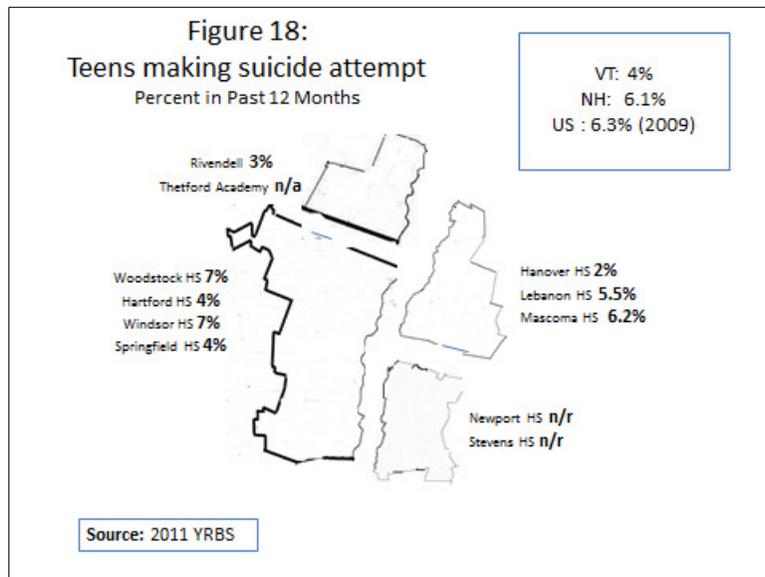
Suicide is the third-leading cause of death for 15- to 24-year-olds, after accidents and homicide. The risk of suicide increases dramatically when children and teens have access to firearms at home, and nearly 60 percent of all suicides in the United States are committed with a gun.



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The incidence of teen suicide attempts among Upper Valley teens varies from county to county, and between and among schools. Hanover HS has the lowest incidence, followed closely by Rivendell HS. Both are lower than the statewide percentages.

Summary Assessment. Results of the surveys, focus group discussions and community forums indicate that mental health is among the top priorities of higher-income rural residents. It is ranked in the middle of the list of priority needs of higher-income residents of larger town centers, and both lower-income rural residents and lower-income residents of larger town centers.

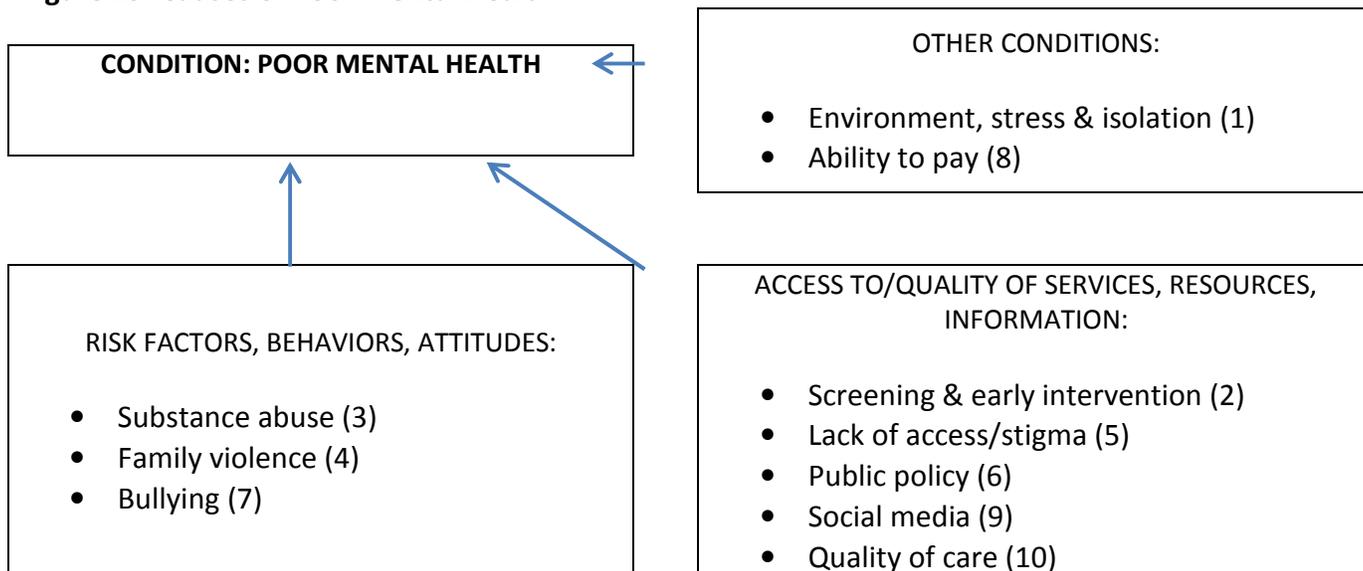
Residents' Perceptions. Mental health is among the top responses given by residents on what they are worried about "for themselves/their families". It is also one of the needs somewhere in the middle of the priority list that residents worry about "for their communities". Furthermore, mental health is seen as a factor that affects other needs in the community.

A mixed-income focus group composed of residents and informed stakeholders mentioned that family dysfunction (which includes mental health) is one of a number of things that most get in the way of the health, safety, education, and economic well-being of their family. However, mental health was not considered a top priority. No other focus group mentioned mental health in their discussions.

Informed Stakeholders' Perceptions. According to a survey of informed stakeholders, mental health is an issue that they are worried about; the issue is ranked somewhere in the middle of the priority needs list. "Lack of low-cost MH/SUD treatment" is also an issue that informed stakeholders think affects other needs in the community. People with mental health challenges are seen by informed stakeholders as left behind.

Some stakeholders' forum participants identified a number of factors that affect mental health. At the top of the list is "environment, stress and isolation". The top three factors are environment/stress/isolation, screening/early intervention, and substance abuse.

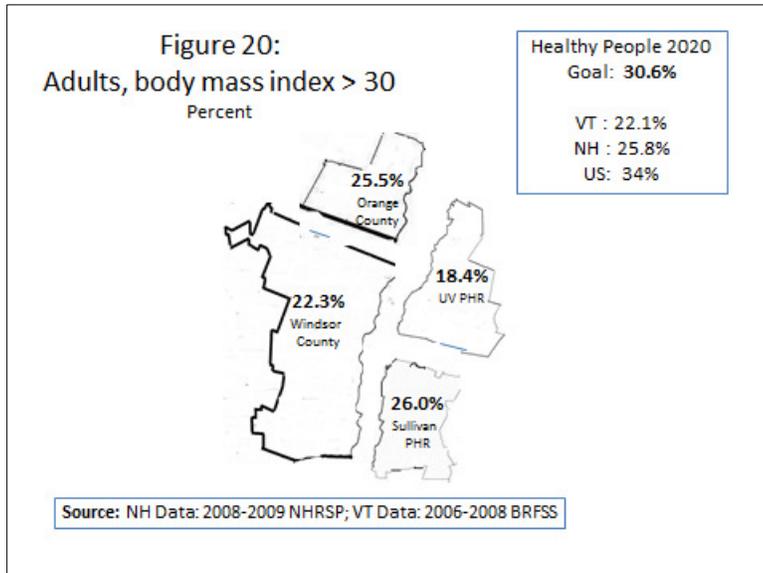
Figure 19: Causes of Poor Mental Health



Some participants of the same forum also identified the following issues that are affected by mental health-related issues: older adults' health (mental health is the number one cause), infant health (mental health is the number one cause), and substance/alcohol abuse/addiction.

Community Need 7: Obesity/Poor Nutrition/Lack of Physical Activity

Obesity increases the likelihood of heart disease, Type 2 diabetes, obstructive sleep apnea, certain cancers, and osteoarthritis. Rates of obesity have risen dramatically and are becoming a major driver of health care costs. Both NH and VT have identified obesity and overweight as a leading preventable cause of illness.

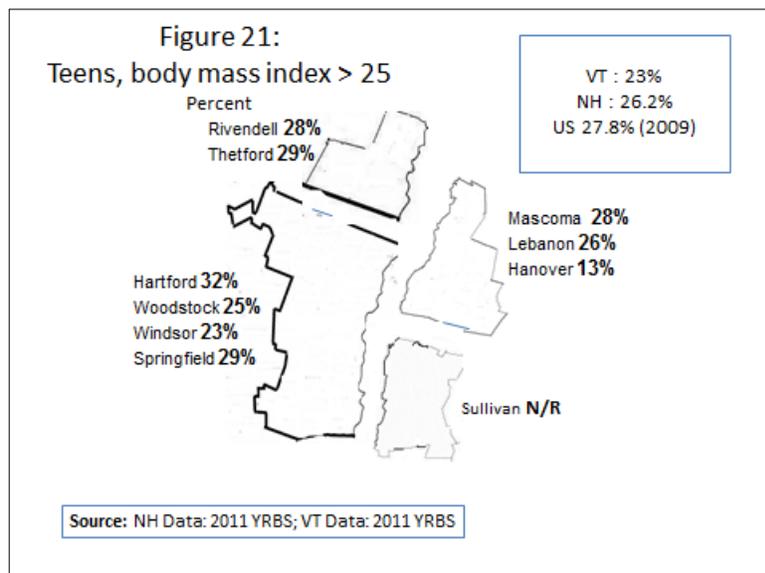


The percentage of adults with body mass index (BMI) greater than 30 in Orange and Windsor Counties and Sullivan PHR tends to be close to the NH and VT statewide figures. On the other hand, the percentage for Upper Valley PHR is much lower.

There are more than three times as many overweight children and teens than in 1980. Overweight and obesity acquired during childhood or adolescence may persist into adulthood.

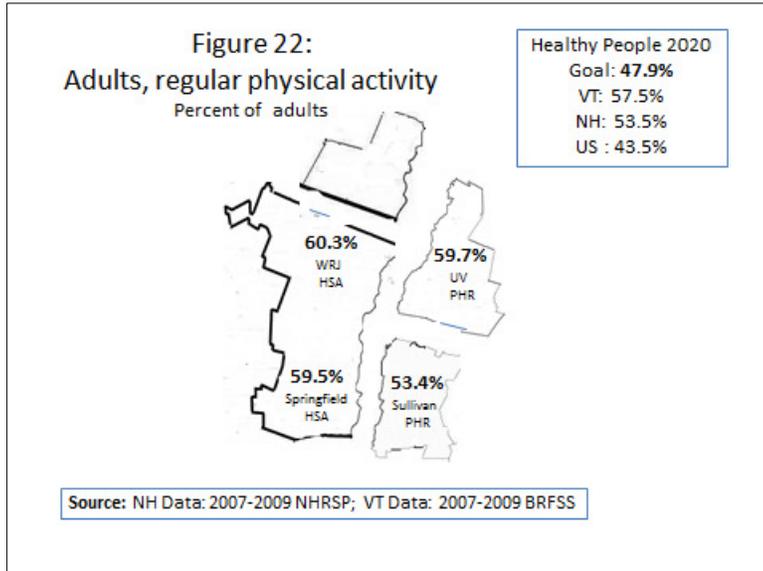
Approximately 400,000 deaths a year in the U.S. are currently associated with overweight and obesity and, left untreated, overweight and obesity may soon overtake tobacco as the leading cause of death. Obesity in childhood and adolescence is associated with negative psychological and social consequences and adverse health outcomes, including Type 2 diabetes, obstructive sleep apnea, hypertension, dyslipidemia, and metabolic syndrome.

For most schools in the Upper region, between 20 and 30 percent of teens have a BMI greater than 25. The only exceptions are Hanover (at 13 percent) and Hartford (at 32 percent).



Valley

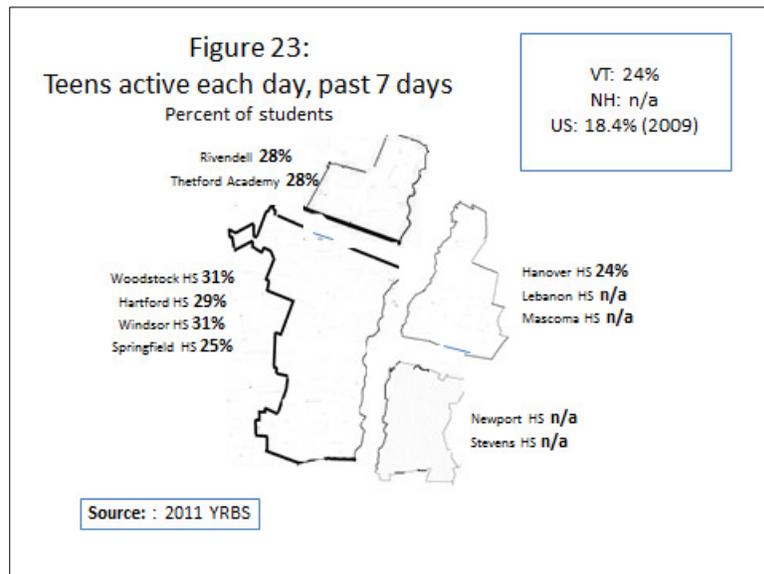
Regular physical activity helps build and maintain healthy bones and muscles, control weight, build lean muscle and reduce fat, and reduces feelings of depression and anxiety. In the long term, regular physical activity decreases the risk of dying prematurely, dying of heart disease, and developing diabetes, colon cancer, and high blood pressure.



The percentage of adults who engage in physical activity is almost identical across the Upper Valley PHR, and WRJ and Springfield HSAs. On the other hand, the percentage for Sullivan PHR is closer to the NH statewide percentage.

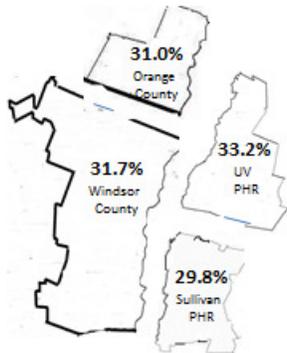
The percentage of teens in Windsor and Orange Counties, VT who are active each day for the past 7 days is higher than the VT statewide figure, except for teens from Springfield HS. NH data is available only for Hanover HS.

Fruits and vegetables are good sources of complex carbohydrates, vitamins, minerals, other substances that are important for good health. Dietary patterns with higher intakes of and vegetables are associated a variety of health benefits, including a decreased risk for types of cancer.



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Figure 24:
Adults eating 5+ fruits and vegetables daily
Percent of adults

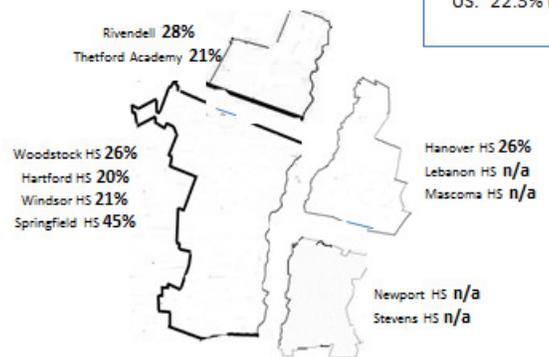


Source: NH Data: 2007-2009 NHRSP; VT Data: 2000-2006 CHSI

The percentage of adults eating 5 or more fruits and vegetables daily ranges from 29.8 percent and 33.2 percent. There is not much difference in percentages between and among Orange and Windsor Counties in VT, and Upper Valley and Sullivan PHRs.

Based on available data, less than 30 percent of teens from most high schools in the VT side of the Upper Valley region consume five or more fruits and vegetables daily. A notable exception is Springfield HS, wherein the percentage of consumption is almost double the VT statewide percentage; in fact, it is more than twice that of a number of high schools. Data is only available for one HS in NH; Hanover HS has a slightly higher percentage than the NH statewide figure.

Figure 25:
Teens eating 5+ fruits & vegetables daily
Percent of students



VT: 25%
NH: 21.8%
US: 22.3% (2009)

Source: 2011 YRBS

Summary Assessment. Information gathered from the various needs assessment activities indicate that obesity/lack of physical activity is ranked among the top needs of both higher-income rural residents and residents of larger town centers. It is also a need identified by both lower-income rural residents and lower-income residents of larger town centers, although of lower priority compared to their higher-income counterparts.

Residents' Perceptions. The residents' survey indicate that obesity/lack of physical activity is one of the issues they worry about both "for their communities" and "for themselves/their families".

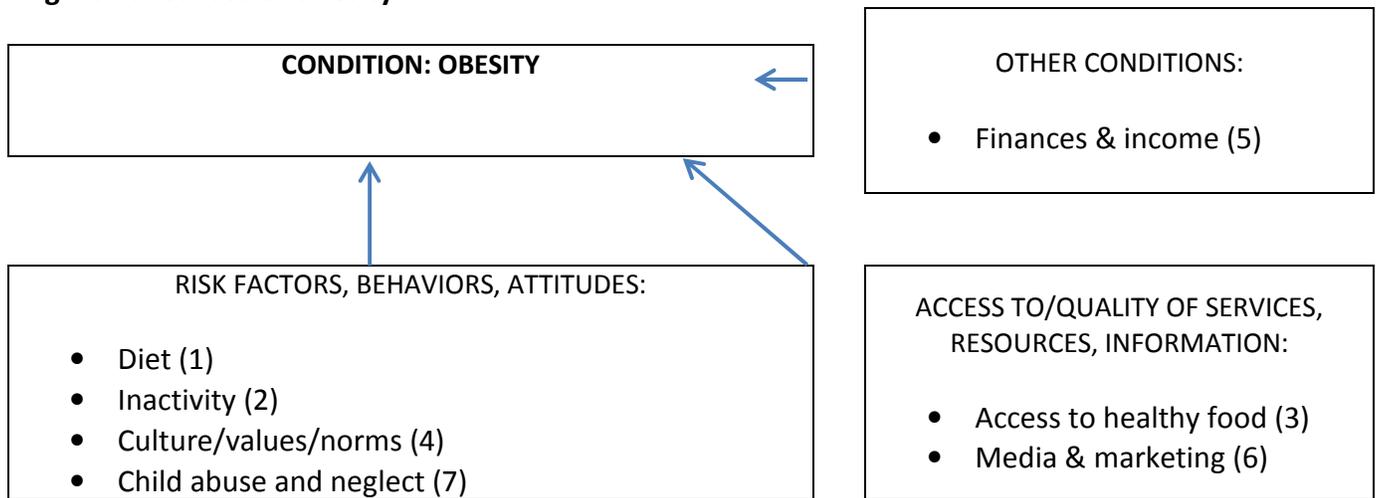
Three focus groups with lower-income, urban residents identified poor nutrition/cost of food as one of the factors that most impact their health and wellbeing. One of the groups said that the cost of fruits and vegetables is high, while junk food is cheap. Lower income parents in the discussion felt guilty that they could not afford to buy quality food for their children, specifically citing fruits, vegetables and milk as high price items they could not afford.

Informed Stakeholders' Perceptions.

“Weight/wellness” is one of two highest priority concerns of informed stakeholders. Survey results place it among the top of what informed stakeholders are worried about. Obesity is also considered as one of the main causes of other health-related problems in the community, e.g., breast cancer, colon cancer, heart disease, stroke, and diabetes.

Participants of a stakeholders’ forum identified a number of causes of obesity. The top three causes are diet, inactivity and access to healthy food.

Figure 26: Causes of Obesity



Participants considered obesity as a cause of the following health conditions: breast cancer, colon cancer, heart disease, stroke and diabetes.

Community Need 8: All Health/Oral Health Insurance/Access

Access to health and dental services significantly affect the ability of residents to address their health concerns. Active, non-federal physicians are most available per capita in Grafton County wherein there are around 276 physicians per 100,000 residents. On the other hand, physicians are least available in Orange County, with only around 87 per 100,000 population.

Table 3: Availability of Physicians/Dentists	NH		VT	
	Grafton County	Sullivan County	Windsor County	Orange County
Number of active, non-federal physicians per 100,000 population *	275.8	98.6	143.2	86.5
Number of active dentists per 100,000 population *	64.0	39.9	51.3	34.6

* CHSI, 2007

The percentage of adults who have a primary care provider does not differ much between and among the public health regions/hospital service areas in the Upper Valley region. It ranges from 83.8 percent in the Upper Valley PHR to 89 percent in the Springfield HSA.

Table 4: Gaps in Access to Health Services	NH			VT		
	Upper Valley PHR	Greater Sullivan County PHR	State	WRJ HSA	Springfield HSA	State
Percent of adults who have primary care provider	83.8	85.6	88.9	85	89	87.7

* NH Data: NHRSP, 2008-2009; VT Data: BRFSS, 2006-2009

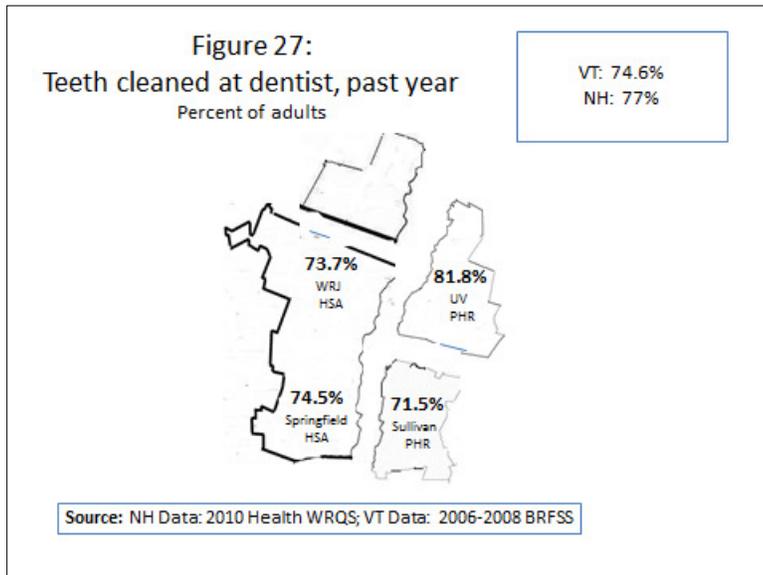
Even if services are available, residents without health and dental insurance might not be able to access these services because of the prohibitive cost of care.

Table 5: Gaps in Access to Health Services	NH			VT		
	Upper Valley PHR	Greater Sullivan County PHR	State	WRJ HSA	Springfield HSA	State
Percent of adults without health insurance	11.1	16.2	10.8	12	12	11.1
Percent of adults unable to see doctor when needed due to cost	8.9	14.5	10.9	10	9	10.1

* NH Data: NHRSP, 2008-2009; VT Data: BRFSS, 2006-2009

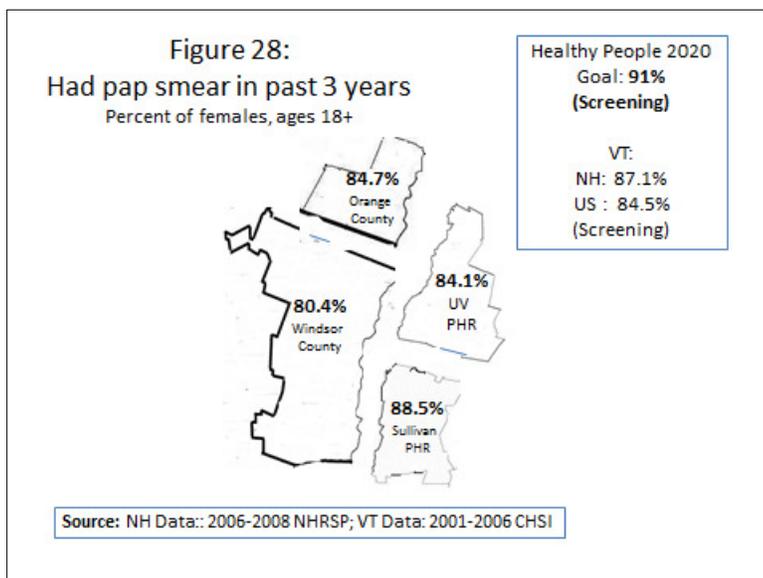
The percentage of adults without health insurance is almost the same in the Upper Valley PHR, and WRJ and Springfield HSAs, and is very close to the statewide NH and VT figures. On the other hand the percentage for the Greater Sullivan PHR is higher than the statewide NH figure.

The same trend holds true when it comes to the percentage of adults who are unable to see a doctor when needed due to cost. While the percentage for the Upper Valley PHR, and WRJ and Springfield HSAs are very close to each other, and to the statewide NH and VT figures, the percentage for the Greater Sullivan County PHR is again higher than the statewide figure for NH.



The percentage of adults in the White River Junction and Springfield HSAs who had their teeth cleaned in the past year is very close to VT’s statewide figure. On the other hand, the percentage of adults in the Upper Valley PHR is higher than the NH statewide figure, while the percentage for those from the Sullivan PHR is lower. This disparity between the two NH PHRs is mirrored by the difference in percentage of adults who last visited a dentist or dental clinic within the past year. According to 2010 Health WRQS, the percentage for UV PHR adults is 81.7 percent, while Sullivan PHR’s is 69.1 percent. Data is not available for the VT

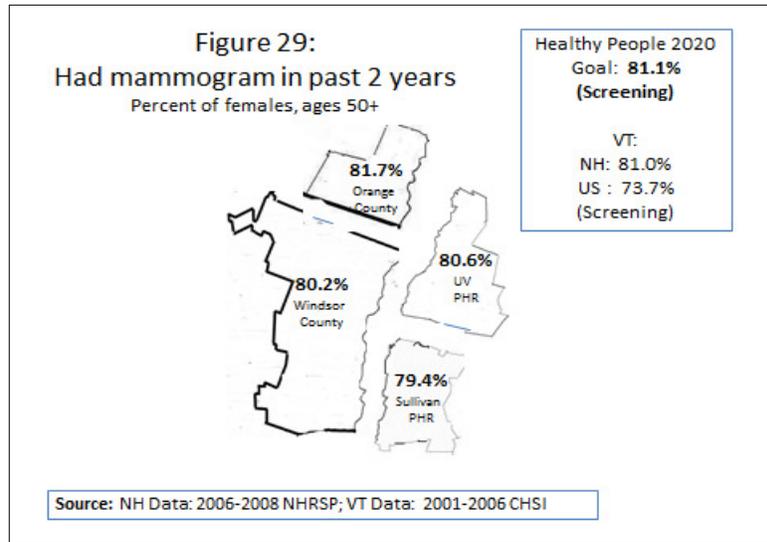
HSAs.



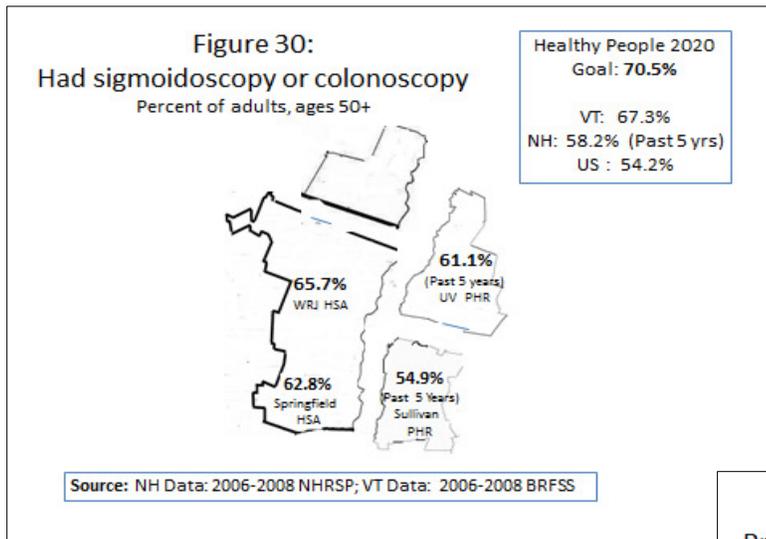
Pap smears are a basic part of screening for female gynecological cancers. Five reproductive system cancers can be detected in a regular exam: cervical, endometrial, ovarian and vaginal, and vulvar cancer. These cancers have high cure rates, if detected and treated early.

The percentage of females aged 18 years and older in the Upper Valley region of NH and VT who had a pap smear in the past three years is close to the statewide figures. The exception is Windsor County, which is about seven percentage points below the VT state figure.

Mammograms can detect breast cancer early, when it is most treatable. Mammograms can show changes in the breast up to years before a patient or physician feel them. For the NH and VT counties in the Upper Valley region, the percentage of females 50 years and older who had a mammogram in the past two years close to each other, and to the NH statewide figure; the statewide figure for VT is not available.

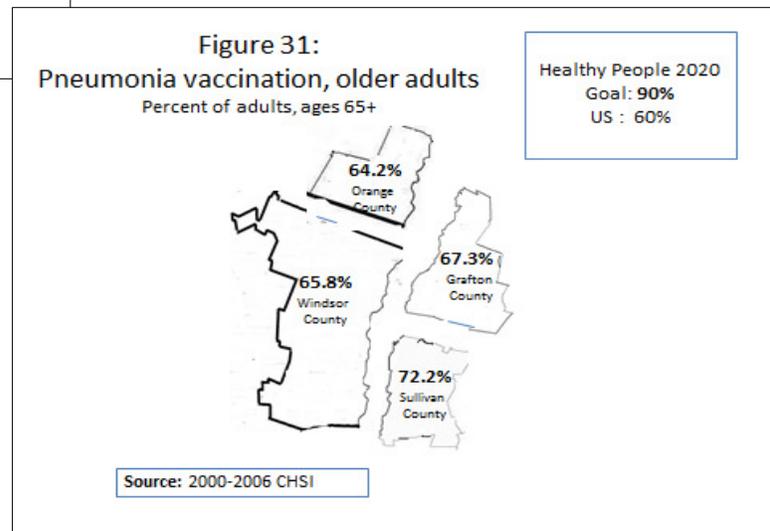


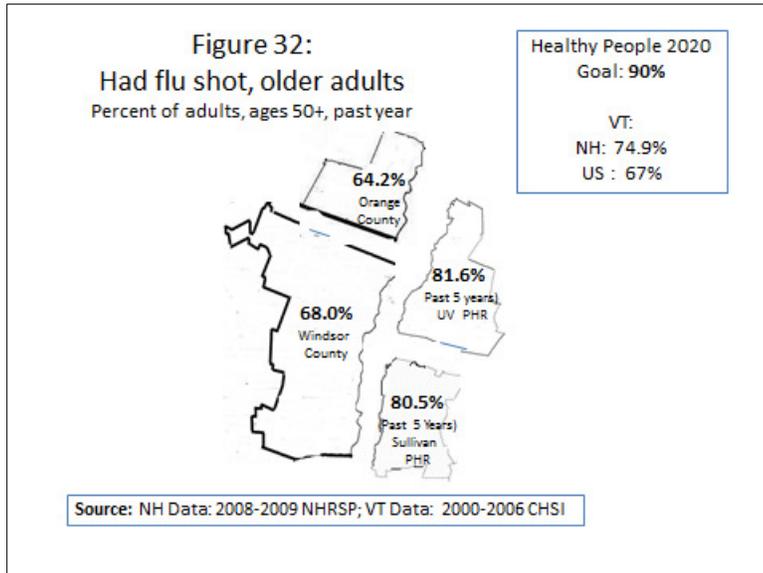
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Colon cancer screening reduces risk of colon cancer. Routine screening identifies growths in the colon that aren't cancer yet, but that may turn into cancer if they aren't removed. The percentage of adults aged 50 years and older in the WRJ and Springfield HSAs who had sigmoidoscopy or colonoscopy is higher than those in the Upper Valley and Sullivan PHRs, although it is lower than the VT statewide figure.

The risk for complications and death from pneumococcal pneumonia are higher for persons 65 years of age and older. The percentage of adults aged 65 and older in Orange, Windsor and Grafton Counties are within 3 percentage points of each other. The percentage for Sullivan County is a few percentage points higher at 72.2 percent.

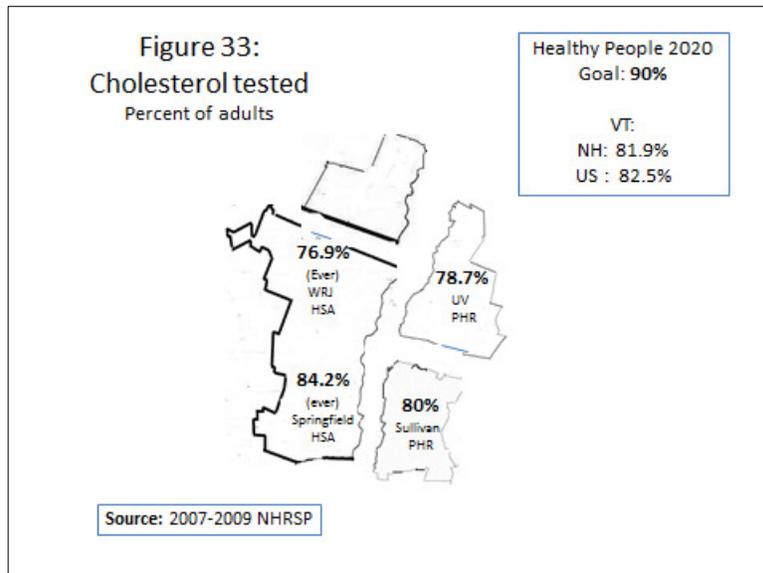




The immune system weakens with age. This weakening makes seniors—adults 65 years and older— more susceptible to the flu. For seniors, the seasonal flu can be very serious, even deadly. Ninety percent of flu-related deaths and more than half of flu-related hospitalizations occur in people age 65 and older. The percentage of adults aged 50 years and older in the Upper Valley and Sullivan PHRs who had a flu shot in the past five years is higher than the NH statewide figure. The percentage for Orange and Windsor Counties in VT is lower because it refers to adults aged 50 years and older who

had a flu shot only in the past year. Statewide data is not available for VT.

Risk of heart disease and heart attack is associated with cholesterol level. There are no or symptoms of high cholesterol. Cholesterol screening can help prevent heart disease. The percentage of adults in the Upper Valley and Sullivan PHRs who had cholesterol tested is close to each other, and to the NH statewide figure. On the other hand, there discernible difference between WRJ and Sullivan HSAs in VT, with latter registering a percentage is also higher than the NH counties.



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Summary Assessment. The needs assessment activities indicate that all health/oral health insurance/access is ranked among the top needs of lower-income rural residents. It is ranked in the lower third of the list of priority needs of higher-income rural residents, and both lower-income and higher-income residents of larger town centers

Residents' Perceptions. Results of the residents' survey indicate that all health/oral health insurance/access ranks in the middle of the list of concerns that residents are worried about “for their communities” and “for themselves/their families”. Residents also consider it as one of causes of other

needs/issues in the community; these needs/issues are elaborated in the discussion of focus group results immediately below.

Two of the three focus groups with lower-income, urban residents identified lack of health insurance as something they wish could change in their town that would most benefit the health, education, and economic well-being of the community. One group said that the lack of health insurance or limitations on coverage minimize preventive care. Participants of another group say that they regularly use emergency rooms for health care. They indicated that access to emergency rooms was good, and that other specialty care they have received was excellent; they did not feel like it was inaccessible due to finances. However, they noted that the ER at D-HMC often has a long wait, and that they do not always feel welcomed by staff. On the other hand, they perceived APD's ER as a much more welcoming environment.

A mixed-income focus group made up of residents and informed stakeholders ranked "better access to dental care" as the second most important issue that they wish could change in their community that would most benefit the health, education, and economic well-being of their neighbors, friends, and family. They say that lack of access to dental care is caused by lack of dentists/dentists taking Medicaid, transportation, insurance coverage (affordable and useful), financial considerations, and the inability to communicate available resources/lack of community outreach.

Another mixed-income focus group made up of residents and informed stakeholders also identified all health/oral health insurance/access as a priority need. They identified the following specific issues: lack of adequate health insurance, access to affordable dental services, lack of primary care practitioners, and lack of walk-in community health centers.

Informed Stakeholders' Perceptions. All health/oral health insurance/access is an issue that ranks in the middle of the priority list of issues that informed stakeholders are worried about. It is also considered as one of the causes of other needs in the community. For instance, participants of a stakeholders' forum say that the cost of healthcare is believed to limit business expansion. Likewise, the following health insurance/access issues are said to affect important health concerns, namely:

- Limited access to screening contributes to colon and breast cancer
- Limited access to screening and early intervention affects mental health
- Lack of vaccinations contributes to infectious diseases
- Lack of care coordination and chronic disease management affect older adults' health
- Lack of dental access affects oral health
- Inadequate provision and access to prenatal and post natal care affect Infant health
- Lack of access to treatment (beds, providers) exacerbates substance/alcohol abuse
- Lack of medical care is linked to diabetes

Community Need 9: Child Care

Summary Assessment. Availability of child care is ranked among the top needs for lower-income residents of larger town centers. It is ranked in the lower third of the list of priority needs of higher-income rural residents and higher-income residents of larger town centers. It is not identified as a need by lower-income rural residents.

Residents' Perceptions. The residents' survey identifies child care as one of the issues that they are worried about "for their communities" and "for themselves/their families".

A focus group comprised of lower-income urban residents identified cost of/accessibility to child care as one of the factors that affect their health and wellbeing. Participants said that residents who exceed financial criteria do not qualify for the on-site Headstart program; however the cost of day care at other centers is prohibitive compared to their family earnings.

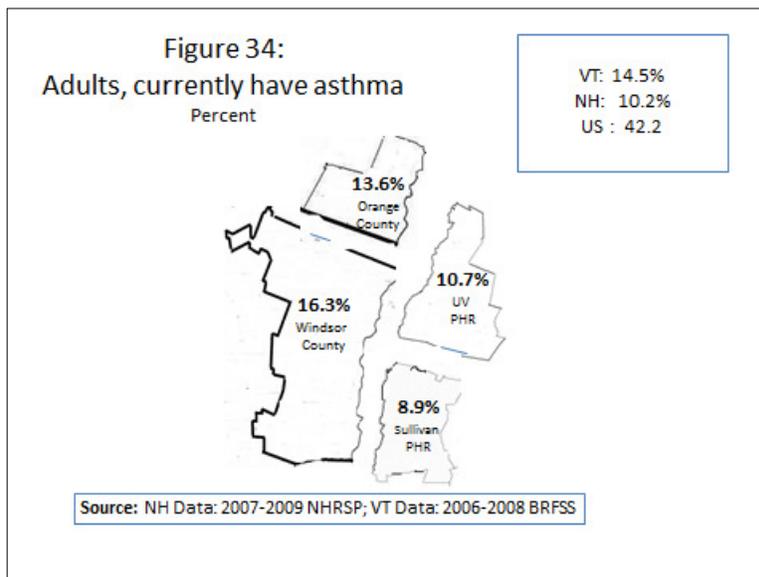
A mixed-income focus group made up of residents and informed stakeholders also identified cost and lack of childcare as one of the things most get in the way of the well-being of their family.

A stakeholders' forum said that the lack of child care affects infant health and household income.

Community Need 10: Asthma

Uncontrolled asthma is a common cause for emergency room admissions. It also causes significant lost time from school work. Although not curable, it can effectively be controlled, enhancing functioning of those affected and reducing health care costs.

The percentage of adults who have asthma varies between and among the counties in the Upper Valley region. For instance, Sullivan County in NH is at 8.9 percent, while Windsor County in VT is at 16.3 percent.



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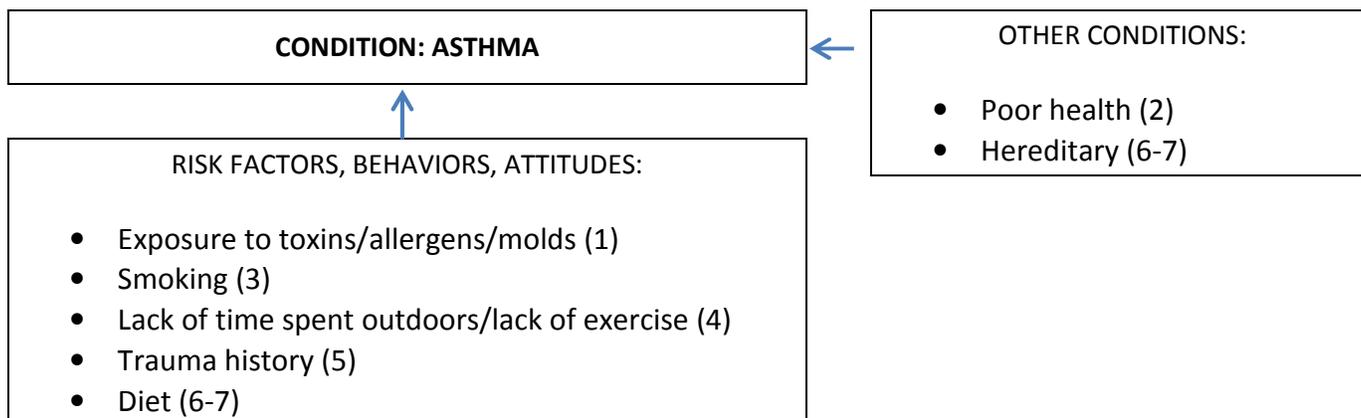
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Summary Assessment. Asthma is ranked in the middle of the list of priority needs of higher-income rural residents and higher-income residents of larger town centers. It is ranked in the lower third of the list of priority need of both lower-income rural residents and lower-income residents of larger town centers.

Residents’ Perceptions. The residents’ survey identifies asthma as a need that residents are worried about “for themselves/their families”. However, it is not considered a priority need. It was also not identified as a cause of other community concerns.

Informed Stakeholders’ Perceptions. A stakeholders’ forum identified a number of causes of asthma. The top three are exposure to toxins/allergens/molds, poor health, and smoking.

Figure 35: Causes of Asthma





Community Need 11: Isolation/Less Time for “Community”

Summary Assessment. The various needs assessment activities indicate that isolation/less time for “community” is a need identified by both lower-income and higher-income rural residents. It was not identified as a need by both lower-income and higher-income residents of larger town centers.

Residents’ Perceptions. Survey results indicate that residents consider isolation/less time for “community” as issue that they are worried about “for their communities” and “for themselves/their families”. It is also seen as one of the causes of other needs in the community. For example, youth who are not engaged with their peers, in particular, and the community, in general, are more prone to juvenile delinquency. Older adults who are isolated tend to suffer mental health problems.

Participants of mixed-income focus group made up of residents and informed stakeholders ranked the lack of “opportunities to build community” and “youth and community involvement” as the number one priority when it comes to things that most get in the way of the health, safety, education, and economic well-being for residents and their families. They said that lack of time, communication and funding are the main barriers in creating opportunities to build community and encourage community involvement, especially by the youth.

The same focus group also identified “stigma, leading to fear and isolation” as the third most important issue that affects the well-being of residents and their families. They identified lack of communication, involvement and confidence as some of the barriers in addressing the issue.

Another mixed-income focus group made up of residents and informed stakeholders said that community participation and social awareness/responsibility are issues that affect the health, safety, education, and economic well-being for residents and their families.

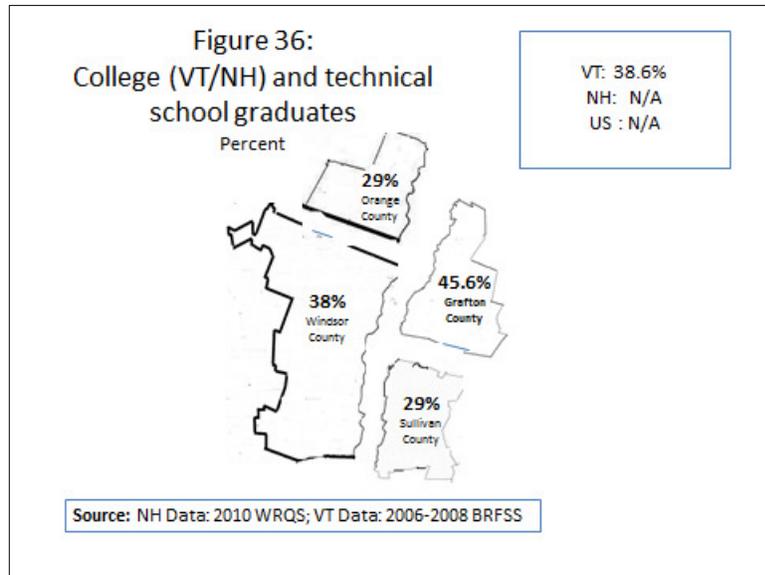
Informed Stakeholders’ Perceptions. Survey results indicate that isolation/lack of community is a need identified by informed stakeholders. It is also considered as one of the causes of other needs in the community. For instance, isolation leads to substance/alcohol abuse.

A stakeholders’ forum identified the isolation as a cause of issues relayed to mental health and older adults’ health.

Community Need 12: Quality of/Limited Education

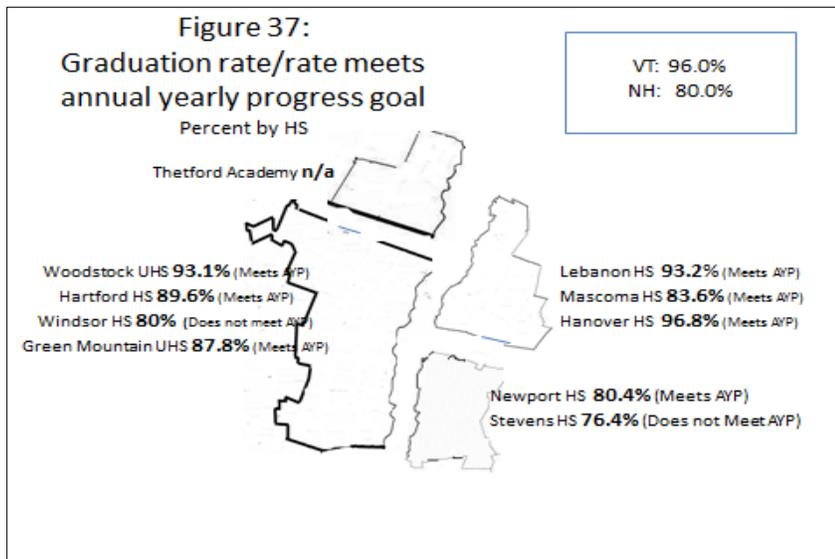
Education level and income are positively associated with better health throughout the lifespan.

The percentage of Windsor County residents with at least a college degree is almost the same statewide VT figure, and is significantly higher than that of Orange County. The disparity is in the two NH counties, wherein less than half of Grafton County residents are at least college or technical school graduates; on other hand, the figure for Sullivan County is 29 percent.



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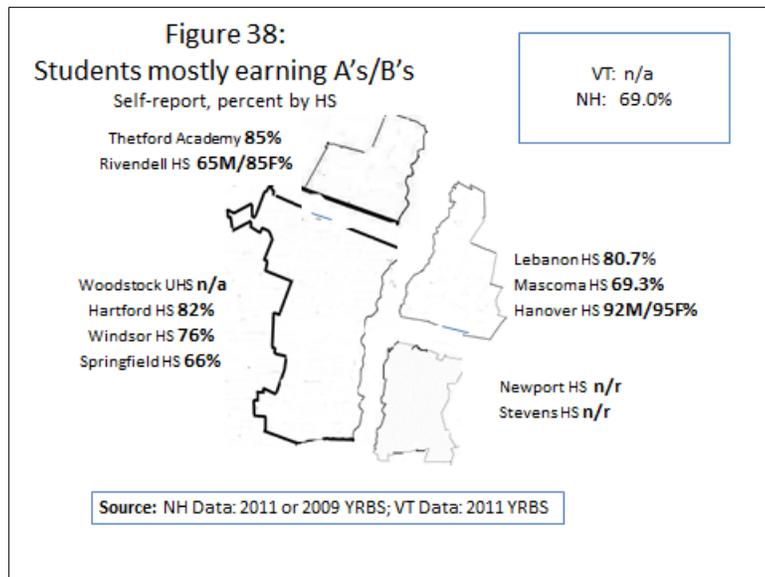
Graduating from High School is associated with higher lifelong earning potential.



Based on available data, all VT high schools in the Upper Valley region have graduation rates that fall below the statewide rate. Three of the schools meet the annual yearly progress (AYP) goal. On the other hand, four NH high schools in the Upper Valley region have graduation rates that are higher than the statewide rate. These schools meet the AYP goal.

Above-average school performance is viewed as one of many developmental assets, or factors

promoting positive development, for youth. Studies have shown that students who get higher grades in school are less likely to use cigarettes, alcohol, or marijuana, and are more likely to postpone sexual intercourse.



The self-reported percentage of high school students who mostly earn grades of A's or B's varies between and among schools. Based on available data, the percentage ranges from 66 percent to between 92 and 95 percent. Where self-reported data is available, a higher percentage of female students claim to earn grades of A's or B's, compared to their male counterparts.

Summary Assessment. The quality of/limited education is a need identified

by both higher-income rural residents and residents of larger town centers. On the other hand, it is not an identified need for lower-income rural residents and lower-income residents of larger town centers.

Residents' Perceptions. Survey results place quality of/limited education in the lower third of the list of priority needs that residents are worried about both "for their communities" and "for themselves/their families". It is also considered as one of the causes of other needs/issues in the community. The lack of education limits employment opportunities, especially to higher-paying jobs.

A mixed-income focus group made up of residents and informed stakeholders identified education-related issues as barriers to being able to access services/jobs/education that would improve their health and wellbeing. These issues include the need for more resources for case management in schools, lack of school policy regarding attendance, education not culturally attractive, and a lack of understanding of the value of education. When asked to identify groups of in the community who really need assistance but, for some reason, cannot seem to get the help they need, the focus group came up with youth with unmet educational needs.

None of the other focus groups identified children's education as an issue that needs to be prioritized. However, if the notion of education is expanded to include continuing education, training opportunities, education on parenting, and the like, one focus group comprised of lower-income urban residents and two mixed-income focus group made up of residents and informed stakeholders mentioned education as a factor that impacts health and wellbeing.

Informed Stakeholders' Perceptions. Survey results indicate that quality of/limited education is not what informed stakeholders are worried about. However, they consider it as one of the causes of other needs/problems in the community. The lack of education negatively affects the ability to be employed in well-paying jobs, thereby affecting income levels and ability to own economic assets.

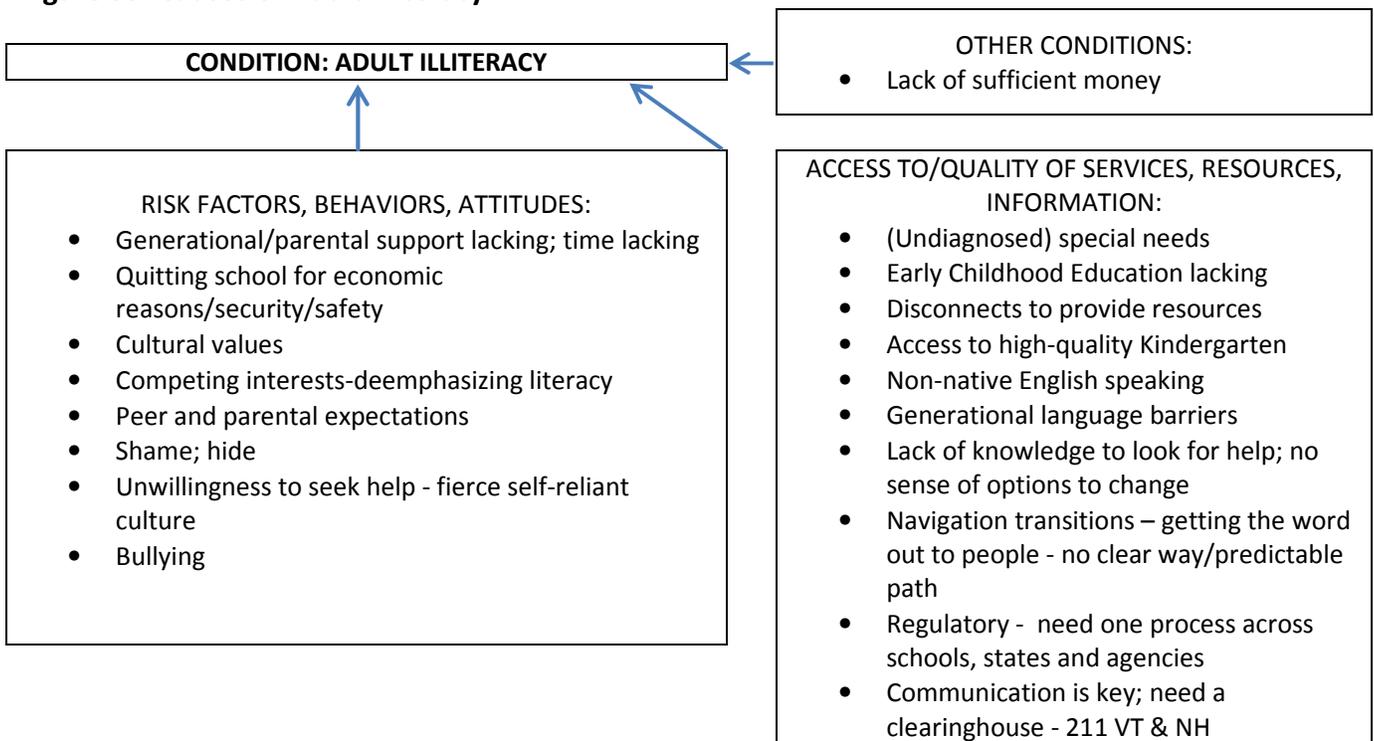
Participants of a stakeholders’ forum identified a number of factors that affect the educational attainment level of residents. These include the household’s economic status, the value placed on education, educational attainment of other household members, availability of funding, school readiness (e.g., kindergarten/early education), safe and supportive learning environment at home and in school, homelessness, and the availability of affordable childcare. The group also stressed the importance of afterschool programs that “catch kids falling through the cracks”, and the impact of substance abuse on education. They likewise pointed out the need for alternative education (i.e., other than four-year college classes).

On early childhood education, the stakeholders’ forum raised the following related issues:

- Disconnect between funders and schools – who pays for afterschool programs?
- Conflict in responsibilities - child care vs. education - who pays when parents can't?

The forum participants identified a set of factors that affect adult literacy.

Figure 39: Causes of Adult Illiteracy



Section 4: ADDITIONAL ISSUES FOR ATTENTION

The findings of this Needs Assessment are limited by the collection tools used. The review of public health, education, and economic data allowed for a view of the community only through data points that these sources collect. The surveys that were conducted provide a reasonable answer to the question “what is on people’s minds,” but are limited by the questions asked and by the characteristics of the respondents. When looking at the data collected, the Steering Committee identified several issues that did not emerge through the data collection, but which are seen as important issues affecting health and well-being in the Upper Valley region.

1. **Changes needed to respond to a rapidly aging population:** NH and VT have rapidly aging populations. Projections suggest that the population of adults age 65+ will reach 30+% of the population by 2030. The trend will drive health care costs and significantly increase the number of age-related health and well-being concerns such as injuries from falls, depression, dementia, and demands on emergency services. This will require innovation in health care as well as home and community-based services in order to help older residents maintain quality of life longer in their community.
2. **Concerns about impacts of climate change:** Current climate projections suggest that over the next 20-100 years the climate of the Upper Valley will become more like that in the Mid-Atlantic states, with increasing weather-associated catastrophes, insect-borne diseases, droughts, and other changes. To avoid further catastrophes such as that caused by Hurricane Irene in 2011, the Upper Valley region will need to develop adaptation strategies to minimize and prepare for the effects of a warmer climate. A changing also climate has impacts on weather-sensitive, tourism-related economic activities, e.g., skiing.
3. **Changes in health care delivery systems based on the federal Patient Protection and Affordable Care Act of 2009 and changes in NH and VT policies and funding for health care services:** Changes in laws and industry trends for health care delivery will drive radical changes in health care in the near future.
4. **Maintenance of successful efforts:** Asking about “needs” focuses responses to deficits but may overlook existing systems that are effectively meeting needs, such as pre-natal/early childhood health care. It is important to keep in mind that issues not identified as “higher priority” community needs in this assessment may indeed be “significant needs/currently well-addressed” that we need to continue to effectively address with current strategies.
5. **Education** was not identified as a significant need by most respondents, yet there appear to be communities with education-based needs. The Steering Committee notes that NECAP Math scores appear to be an area of greater need throughout most of our region.

6. **Business community input and engagement** are needed, especially since responses from the community allude to the need for jobs, employment-related skills, and the like.

Section 5: NEXT STEPS

During the second informed stakeholders' forum, participants agreed that, in addressing lower-income and rural needs, it is important to have interventions that are collaborative and multi-faceted, in order to come up with complex solutions, instead of single-issue solutions. Issues need to be broken down to bite-size, related issues. This will require more people and groups; regardless, these groups must be grouped topically.

In the end, there was an agreement to have an ongoing setting for a multi-sectoral group to meet on a regular basis to discuss how issues impact each other, and revisit progress three times a year. This could start with existing groups and coalitions.

Section 6: APPENDICES

Appendix 1: Secondary data sources

Appendix 2: Informed stakeholders' survey questionnaire

Appendix 3: Residents' survey questionnaire

Appendix 4: Summary results of informed stakeholders' and residents' surveys

Appendix 5: Focus group discussion guide

Appendix 1: Secondary Data Sources

- 2011 Employee Housing Survey; Upper Valley Lake Sunapee Regional Planning Commission;
http://www.uvlsrc.org/project/Housing_Needs_Assessment_23/
- 2011 Snapshot of New Hampshire's Public Health Regions, Counties, and the Cities of Manchester and Nashua;
NH Division of Public Health Services; NH Department of Health and Human Services;
<http://www.dhhs.nh.gov/dphs/documents/2011regionalprofiles.pdf>
- 2011 State Health Profile; NH Division of Public Health Services; NH Department of Health and Human Services;
<http://www.dhhs.nh.gov/dphs/documents/2011statehealthprofile.pdf>
- 2011 Youth Risk Behavior Survey; Vermont Department of Health, Agency of Human Services;
<http://healthvermont.gov/research/yrbs/2011/index.aspx>
- American Community Survey; United States Census Bureau, U.S. Department of Commerce;
<http://www.census.gov/acs/www/>
- American Fact Finder; United States Census Bureau, U.S. Department of Commerce;
<http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>
- Behavioral Risk Factor Surveillance System Data Maps; Vermont Department of Health, Agency of Human Services;
<http://healthvermont.gov/research/IA/VermontInstantAtlasDynamicMaps.aspx>
- Community Health Status Indicators CHI 2009; US Department of Health and Human Services;
<http://www.communityhealth.hhs.gov/homepage.aspx?j=1>
- County Health Rankings & Roadmaps;
<http://www.countyhealthrankings.org/vermont/windsor/compare?compare2=017&compare3=>
- Data Center, Kids Count; Annie E. Casey Foundation; <http://datacenter.kidscount.org/data/bystate/Default.aspx>
- Find The Data; FindTheBest.com, Inc.; <http://www.findthedata.org/>
- Health and Healthcare Trends in Vermont; Vermont Blueprint for Health May 2010; Vermont Department of Health, Center for Health Statistics;
http://hcr.vermont.gov/sites/hcr/files/final_annual_report_01_26_11.pdf
- Housing Needs Assessment; Upper Valley Lake Sunapee Regional Planning Commission;
http://www.uvlsrc.org/project/Housing_Needs_Assessment_23/
- Interactive Map: The Economy Where You Live; National Public Radio (NPR);
<http://www.npr.org/templates/story/story.php?storyId=111494514>
- New Hampshire Economic Conditions, February 2012; New Hampshire Employment Security, Economic & Labor Market Information Bureau; <http://www.nhes.nh.gov/elmi/products/documents/ec-0212.pdf>

New Hampshire Economic Conditions; New Hampshire Economic Security, Economic + Labor Market Information Bureau; <http://www.nhes.nh.gov/elmi/products/ec.htm>

New Hampshire Health Web Reporting and Query System (NH Health WRQS); NH Institute for Health Policy and Practice, University of New Hampshire; <http://www.nhhealthwrqs.org/>

New Hampshire Kids Count Data Book 2010/2011; Children's Alliance of New Hampshire; http://www.childrennh.org/web/kidscount_update.html

NH School and District Profiles; New Hampshire Department of Education; <http://my.doe.nh.gov/profiles/sau.aspx?sau=6>

NH Youth Risk Behavior Survey; New Hampshire Department of Education; http://www.education.nh.gov/instruction/school_health/hiv_data.htm

School Data and Reports; State of Vermont Department of Education; <http://education.vermont.gov/new/html/maindata.html>

State and County Quick Facts; United States Census Bureau, U.S. Department of Commerce; <http://quickfacts.census.gov/qfd/index.html>

The Upper Valley Healthy Community Project Assessment; Mascoma Valley Health Initiative; <http://www.mvhi.org/assessment/>

United States Facts; index mundi; <http://www.indexmundi.com/facts/united-states/quick-facts>

Vermont Housing Data Profiles; Vermont Housing Finance Authority and Center for Rural Studies/University of Vermont; <http://www.housingdata.org/profile/resultsMain.php?county=017000>

Vital Signs 2011, Economic and Social Indicators in New Hampshire, 2006-2009; New Hampshire Employment Security, Economic & Labor Market Information Bureau; <http://www.nhes.nh.gov/elmi/products/vs-index.htm>

Appendix 2: Informed stakeholders' survey questionnaire

Please answer the following questions based on your experiences with the people you serve.

Q1. What best describes your professional focus (check as many as apply):

- a. Health Care Provider
- b. Human Services Provider
- c. Economic Services Provider
- d. Educator
- e. Municipal Leader
- f. Public Safety
- g. Public Health
- h. Business Representative
- i. Other

Q2. Which geographic regions best describe the home communities of the people whom you serve professionally (check as many as apply).

- a. Sullivan County, NH
- b. Mascoma Region, NH
- c. Lebanon Region, NH
- d. Hanover Region, NH/VT
- e. Northern Upper Valley, NH/VT (Orford, Fairlee, Thetford, Strafford)
- f. Hartford, VT Region
- g. Woodstock, VT Region
- h. Windsor, VT Region
- i. Springfield, VT Region

Q3. What are the most common ***changeable or addressable*** issues affecting the population you serve that most limit their health, education, and economic well-being?

Q4. What factors do you see ***most contributing*** to 2 or 3 most critical problems you have identified (use form: "Obesity: low vegetable intake and sedentary time on facebook"; "Transportation: can't get from home to bus stop and frequent car breakdowns")?

Q5. What populations (i.e. persons with disabilities, adopted youth, etc.), or geographic regions do you see as being ***underserved or "left behind"*** by current services?

Q6. What ***barriers*** get in the way of the people you serve being able to access services/jobs/education that would improve their health, education, and economic wellbeing?

Q7. Do you see common ***linked systems*** of challenges that negatively impact the population you serve? If so, what are they (i.e., housing costs drive people with limited income to rural homes, where they must spend high \$ on transportation, impairing their overall economic stability)?

Q8. **<Optional>** What is working right now to improve/maintain strong health, education, and economic well-being outcomes? Are there assets we are under-utilizing?

Q9. **<Optional>** If you wish to share more thoughts and ideas about your responses or other information (including local data) that you think should be considered, please share it here.

Appendix 3: Residents' survey questionnaire

Dear _____,

Greetings from Granite United Way!

As part of our community impact work, we are conducting a community needs assessment, in collaboration with Alice Peck Day Memorial Hospital, Mount Ascutney Hospital and Health Care, Dartmouth-Hitchcock. The needs assessment process takes a close look at our communities to identify availability of, and access to assets and resources, in order to determine potential concerns in the areas of health, education and economic vitality. As part of this needs assessment, a short, seven-question survey of community residents is being administered to solicit inputs on perceived needs, barriers, and potential solutions; said survey is attached to this message.

It is in light of this that we would like to request your assistance and support in administering the resident survey to five of your clients. Specifically, we would like to request that you or your staff administer the survey to one randomly chosen client (who is visiting your office) per day for the next five workdays. Once the five surveys are completed please send them to me either by scanning and emailing them as attachments to Leah.Dillon@graniteuw.org, or sending them via postal mail to Granite United Way, 21 Technology Dr., Suite 4, West Lebanon NH 03784. I would greatly appreciate it if you can send them to me not later than 25 May 2012 (Friday).

If you have any questions or clarifications, please feel free to get in touch with me or Dr. Jolan Rivera (jolancrivera@yahoo.com), our community needs assessment consultant.

Thank you.

Cordially,

Leah Dillon

Granite United Way – Upper Valley Region Community Needs Assessment Resident Survey

Q1. Which geographic region below includes the town you call home?

- a. Sullivan County, NH
- b. Mascoma Region, NH
- c. Lebanon Region, NH
- d. Hanover Region, NH/VT
- e. Northern Upper Valley, NH/VT (Orford, Fairlee, Thetford, Strafford)
- f. Hartford, VT Region
- g. Woodstock, VT Region
- h. Windsor, VT Region
- i. Springfield, VT Region

Q2. Do you consider your household:

- a. Economically challenged

- b. Economically stable
- c. Economically prosperous

Q3. What things most get in the way of the health, safety, education, and economic well-being for your neighbors, friends, and community? (You may check more than one response.)

- a. Tobacco, alcohol, and other drugs
- b. Poor nutrition and low physical activity
- c. The high cost of housing, transportation, and basic goods
- d. Parenting challenges
- e. Lack of good transportation options
- f. Mental health concerns (depression, etc)
- g. The lack of livable wage jobs
- h. Poor oral health
- i. Lack of health insurance and limited access to care
- j. Isolation/Lack of sense of community
- k. Limited education level.
- l. Low quality and affordability of early care
- m. Relationship/sexual violence
- n. Other (please specify in the space provided below)

Q4. What things most get in the way of the health, safety, education, and economic well-being for you and your family? (You may check more than one response.)

- a. Tobacco, alcohol, and other drugs
- b. Poor nutrition and low physical activity
- c. The high cost of housing, transportation, and basic goods
- d. Parenting challenges
- e. Lack of good transportation options
- f. Mental health concerns (depression, etc)
- g. The lack of livable wage jobs
- h. Poor oral health
- i. Lack of health insurance and limited access to care
- j. Isolation/Lack of sense of community
- k. Limited education level.
- l. Low quality and affordability of early care
- m. Relationship/sexual violence
- n. Other (please specify in the space provided below)

Q5. For the issue you think is most important in Question 3 above, describe 2-3 things that you think are main causes of this issue?

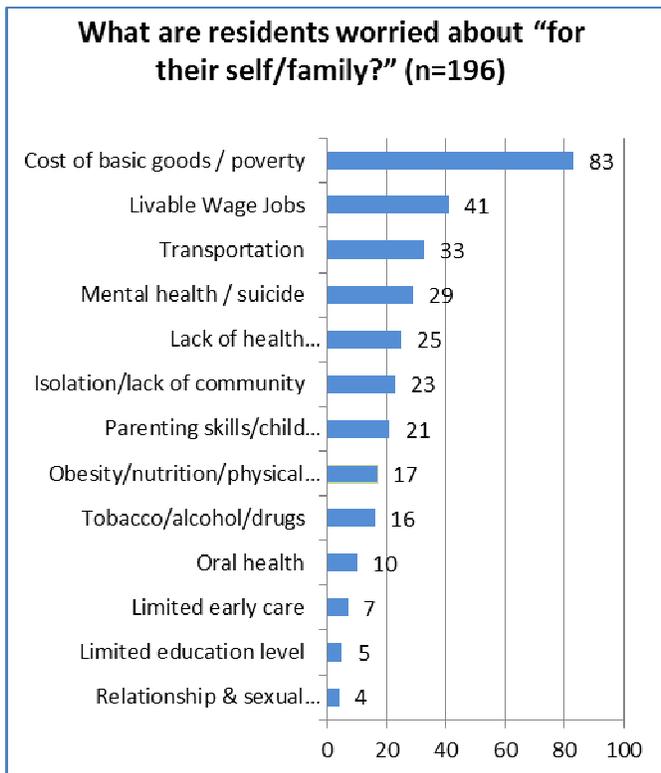
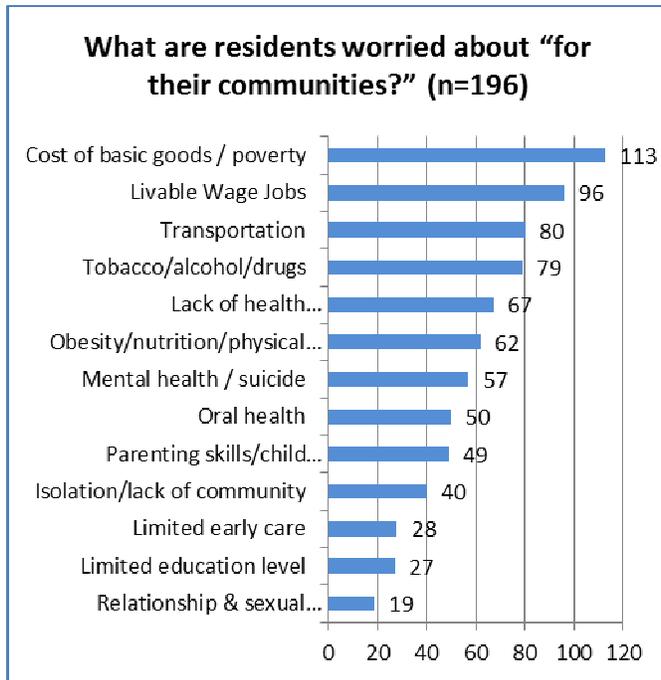
Q6. What barriers make it difficult for people in your town to access services/jobs/education that would improve their health and wellbeing?

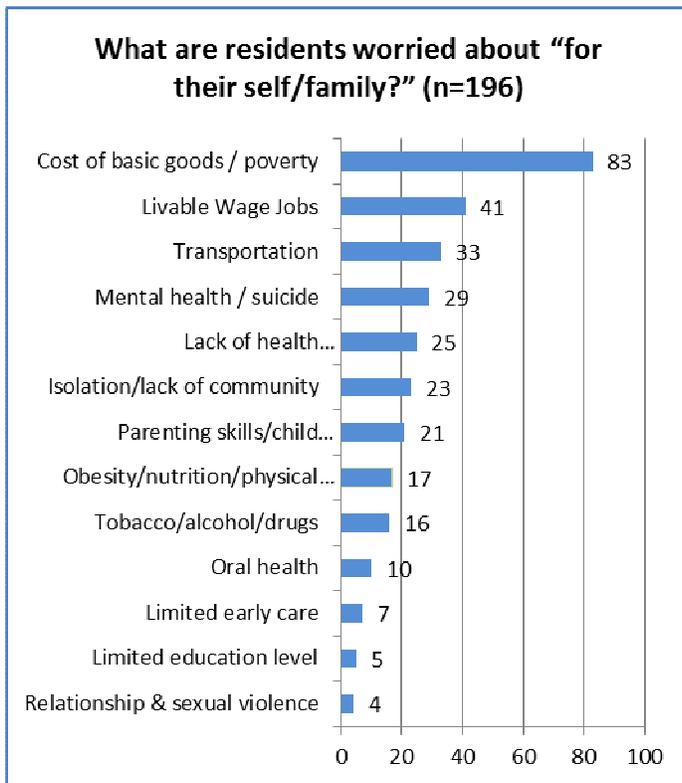
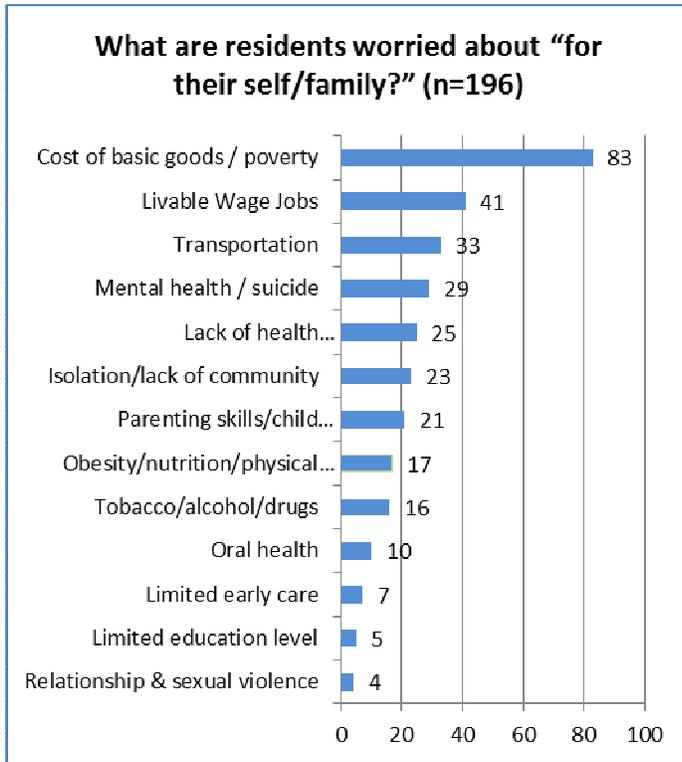
- a. Transportation challenges
- b. Lack of affordable mental health and substance use treatment services
- c. Limited education and/or options for educational advancement
- d. People do not have time/are juggling too many challenges to seek assistance
- e. People do not know what services are available to them
- f. The lack of livable wage jobs
- g. Lack of health insurance
- h. Lack of dental insurance
- i. Time/distance to services
- j. Lack of affordable childcare options
- k. Other (please specify in the space provided below)

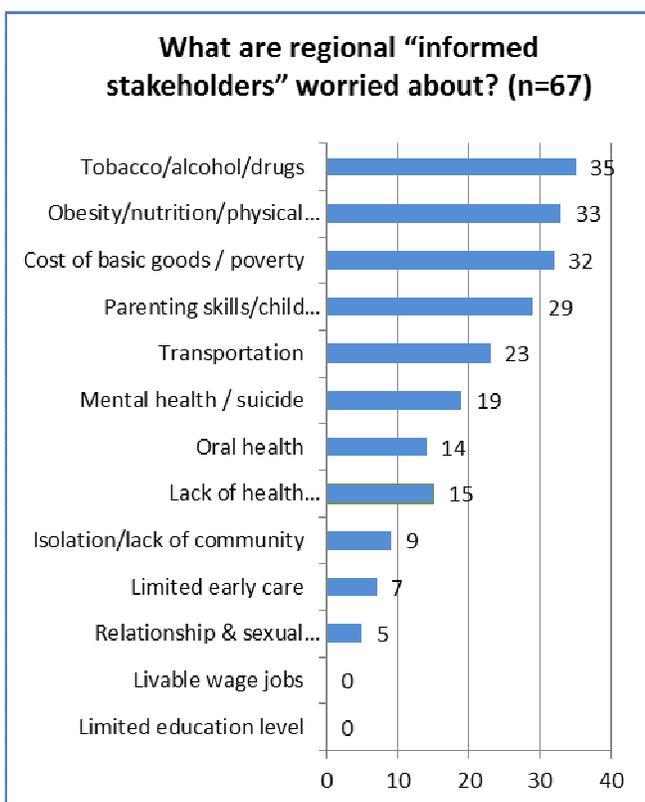
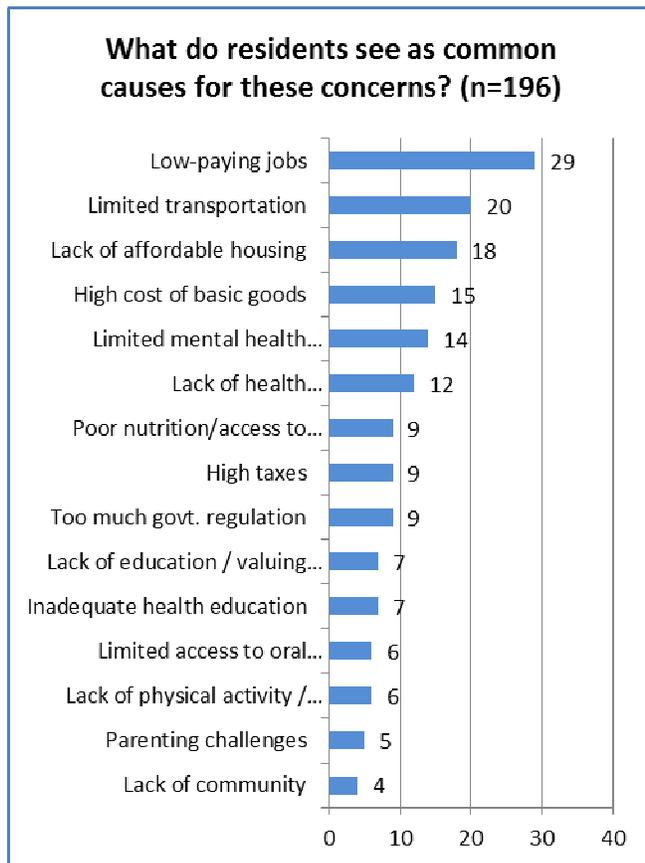
Q7. What are the three things that could be done that would have the most impact to improve health and wellbeing in your community?

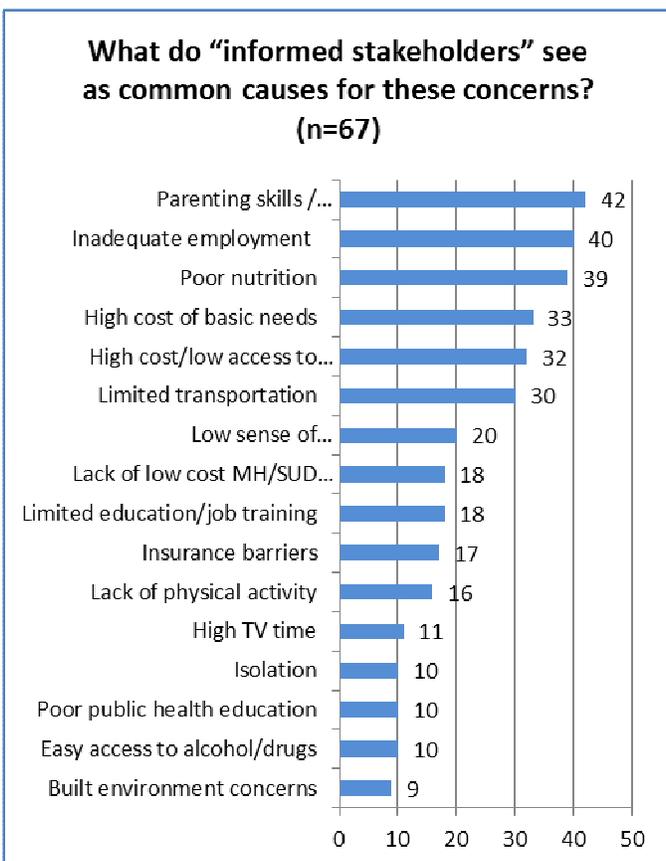
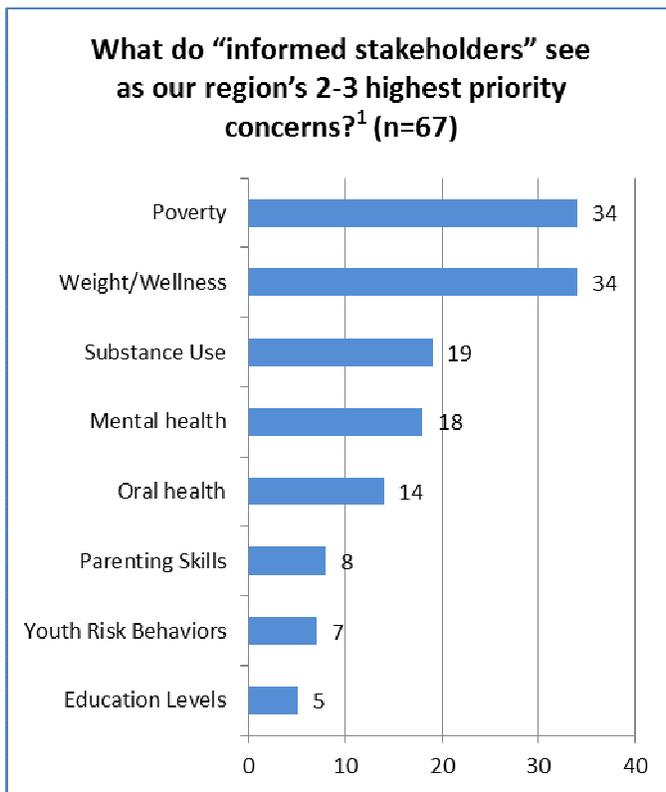
Thank you for your participation.

Appendix 4: Summary results of informed stakeholders' and residents' surveys









Appendix 5: Focus group discussion guide

Prep:

1. Blank Name Card at each seat that each person can fill out and set in front of them.
2. Flip chart paper and markers
3. Facilitator and scribe

Facilitator Guide:

- 1) Facilitator provides an overview of the UV CNA process, and indicate that as part of the CNA process, we want to collect thoughts from community members and others who are not “leaders” of service organizations about what needs they see as important in their community (2-3 minutes).
- 2) Facilitator should note that while we will write down comments, no specific person will be identified in any documents, publications, or discussions related to the needs assessment.
- 3) Group Introductions by name (3-5 minutes)
- 4) Focus Group Questions: Facilitator asks questions, recorder writes down responses. If two people give similar responses, put a check mark next to the existing recorded response rather than write a new line. This will help measure frequency of response.
 - a. Q1: “What do you wish could change in your town that would most benefit the health, education, and economic well-being ***of your neighbors, friends, and family?***” Briefly record responses (responses: 15 minutes).
 - b. Q2: “What things most get in the way of the health, safety, education, and economic well-being ***for you and your family?***” (responses 15 mins) (note: Q1 sometimes elicits “mental models” that people haven’t personally experienced. Q2 tries to test this by making the question closer to home. If people feel uncomfortable responding, acknowledge their preference).
 - c. Q3: ***What barriers get in the way*** of the people in your town being able to access services/jobs/education that would improve their health and wellbeing? (responses 15 mins)
 - d. Q4: Are there ***parts of your town*** (i.e. “North Street”) or ***groups of people*** (i.e. “young, single moms,” “homebound elders”) in your town ***who really need assistance but for some reason can’t seem to get the help they need?*** What keeps them from getting help? (responses 10 mins).

- e. Q5. What most helps you and people in your town to be healthy, safe, and able to enjoy life? (responses 10 minutes)
- f. Using the sheet of responses as a guide, facilitator feeds back to the group: “Looking at our responses, it seems like (XX, YY, ZZ needs) have been named more than some other needs. Does it seem fair to suggest that these are the needs this group sees as most important, or having heard everyone speak, would you suggest other needs are more important to us in our community?” (responses 15 minutes).
- g. Q6. Does anyone want to say anything more about any of the topics we have discussed or anything you think has been missed so far?

5) Thank them. Let them know results of the Community Needs Assessment will be released in late summer. Ask if they would like to be included if any work teams are developed, and have a sign-up sheet available.

Facilitation Thoughts: I’m guessing you already are well-versed in facilitation! However, in case you want ideas:

- a) Facilitator should avoid commenting on responses or sharing their own perspectives.
- b) Facilitator can ask clarifying questions. This may be helpful for concerns that may be very broad. For example, many respondents in our area indicate transportation is an issue, but this may mean they have frequent car breakdowns, can’t get from home to a bus, or that they don’t know about public transit opportunities. A follow-up “can you give us an example?” question may help clarify their actual need.
- c) To save time, if one person identifies an issue that several participants seem to be nodding in agreement with, ask for a show of hands as to how many people see that concern as being an important one. Record this number next to the recorded statement of the concern.
- d) If you wish, you could use a flag (colored sheet of paper) that people could hold up if they particularly want to comment on a question. This can help the facilitator know when to summarize one respondent’s concern and call on another. It can also help participants self-ratation their answers.