Community Health Needs Assessment

2016

Presented by

crescendo

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Executive Summary

Background – History of Cottage Hospital

For 110 years, Cottage Hospital has served the residents of the Upper Connecticut Valley. Today Cottage Hospital is a thoroughly modern, 25-bed critical access hospital that has been recognized for providing exemplary care. Staffed by just over 250 employees, 37 medical staff providers and dozens of dedicated volunteers, Cottage Hospital offers low-cost, high-quality health care by using creativity and common sense, and by keeping an eye to the future as well as the present, according to Maria Ryan, RN, PhD, the hospital's Chief Executive Officer. "We've created an atmosphere where everyone wants excellence."

This "culture of excellence" is evident in the hospitals quality care results. Between October 2012 and September 2013 (the latest period for which results are available), Cottage Hospital received "100% across the board" ratings for its treatment of Acute Myocardial Infarction (Heart attack) and Community Acquired Pneumonia (CAP), and scored at the national average or above in the Surgical Care Improvement Project (SCIP).

"As gratifying as these awards are," says Maria Ryan, "our focus is on the experience of each and every patient and their family. We're always striving to fulfill our mission of strengthening the health of our community by providing accessible, compassionate, quality healthcare."

Currently, the 25-bed hospital includes core services designed to meet the divergent health needs of the community. Cottage Hospital and their partners provide the following services:

- Behavioral and Mental Health Services
- Cardiac Rehabilitation & Cardiology
- Counseling
- Day Surgery
- Dermatology
- Diabetes Education
- Emergency Services
- Family & Pediatric Medicine
- Gastroenterology
- Hospice & Palliative Care
- Infusion Services
- Inpatient Services & Therapy
- Inpatient Rehabilitative Services
- Intensive Care & PACU
- Internal Medicine
- Neurology
- Nutrition Management
- Obstetrics
- Occupational Therapy
- Orthopedics
- Pain Management Services
- Pathology Services
- Physical Therapy
- Podiatry
- Radiology & Imaging
- Social Services
- Speech Therapy
- Substance Abuse Services

Our Mission:

Cottage Hospital delivers the highest quality patient care with unrelenting attention to clinical excellence, patient satisfaction and patient safety. The hospital's mission is to strengthen the health of our community by providing accessible, compassionate, quality care.

Our Vision:

To be the healthcare organization of choice, delivery and the hospital of choice for patients, physicians, employees and volunteers.

Cottage Hospital is a community leader. In order to better serve their community and meet State of New Hampshire and federal guidelines, Cottage Hospital conducted a Community Health Needs Assessment (CHNA) in 2016. The Affordable Care Act of 2010 requires not-for-profit hospitals to conduct a CHNA every three years. In addition, the State of New Hampshire requires one to be done every five years. Crescendo Consulting Group, LLC, provided support and guidance to Cottage Hospital in order to conduct the required research and complete the CHNA.

The 2016 Cottage Hospital CHNA sought input from public health, diverse stakeholders throughout the service area, and representatives working to meeting the needs of underserved populations. Crescendo supported stakeholder research with an in-depth review of demographic and epidemiological data that included over 70 measures and metrics in five domains that help frame the underlying health trends in the service area. The research results in this report are based on the most currently available data from federal, state (New Hampshire and Vermont), and regional sources.

This document addresses Federal and State of New Hampshire research requirements and can be used as a guide for further community outreach.

As per the requirements of the Affordable Care Act, this assessment includes the following:

- List of prioritized community needs
- Definition of the community served
- Description of the methodology to identify needs in the community
- Description of the approach used to prioritize community needs
- A list of area healthcare resources
- Activities conducted by the hospital in response to the 2013 CHNA

The following analysis summarizes the community needs in the Cottage Hospital service area, as well as provides direction to implementation strategies designed to address the highest priority needs.

Summary of the Research Approach and Results

The research analysis of the Cottage Hospital service area tells an interesting story. The community health needs are framed by the area demographics and growth trends, influenced by social and physical environment factors, and further impacted by risky or protective lifestyle behaviors. The CHNA report presents key data that provide insight to each of these areas. Highlight summary bullet points appear below:

- **CHNA Leadership**: Cottage Hospital developed a CHNA team with staff and community members who provided project oversight, feedback regarding perceptions of area health needs, data evaluation, and other guidance throughout the CHNA process. These individuals provided a breadth of community health vision, knowledge, and power to impact the well-being of the service area.
- **Methodology**: The Cottage Hospital CHNA methodology includes a combination of quantitative and qualitative research methods designed to evaluate perspectives and opinions of area stakeholders and healthcare consumers – including those from underserved populations. The methodology used helps prioritize the needs and establish a basis for continued community engagement. It includes modalities such as leadership and community feedback, group discussions, secondary data analysis, and a prioritization process.
- **Description of the community**: The Cottage Hospital service area includes over 19,000 people and spans three counties in two states – Grafton County, New Hampshire; and Orange and Caledonia Counties, Vermont. The Primary Service Area (PSA) is defined by a list of 12 towns. Many of the tables shown in the secondary research sections provide insight on the demographic and risk profile characteristics of each county and, where possible, the specific service areas.
- **Demographics:** The Cottage Hospital service area is characterized by relatively low household and per capita income, a high median age, and slow or no population growth. For the first time in decades, the aggregate area population trend has begun to show a decline while the number of seniors is expected to increase.
- **Health status profile and disease burden**: The population of the Cottage Hospital PSA exhibits a health profile similar to the state as a whole and benefits from the fact that in many areas New Hampshire's health profile is better than national averages.
- **Leading causes of death**: While there are some interesting variations, the causes of death in the Cottage Hospital PSA are those commonly found elsewhere – cancer, heart disease, stroke, unintentional injuries, and chronic lower respiratory disease.
- **Chronic disease burden**: The U.S. Centers for Disease Control and Prevention (CDC) emphasizes that chronic diseases are the most common and costly of all health problems, but they are also the most preventable. Thousands of people in PSA are afflicted with chronic diseases although the rates in the PSA are slightly lower than the state average - except for asthma rates which are slightly higher. Lung cancer and asthma rates in the PSA are slightly higher than the U.S. average.

- **Social and physical environment factors**: As a place to live, the PSA affords residents with a generally positive environment. Social factors such as violent crime compare favorably to the New Hampshire average, yet low unemployment rates and higher poverty levels reinforces community leaders' concerns about the labor force and seniors.
- **Risk and protective lifestyle behaviors**: The Cottage Hospital service area includes parts of Grafton County, New Hampshire which has a higher concentration of primary care physicians and dentists than the state average. However, Grafton County includes the city of Lebanon and the Dartmouth College / Dartmouth Hitchcock Medical Center area with a relatively high number of healthcare providers. The Grafton County towns in Cottage Hospital's service area are similarly concentrated as service area towns in Caledonia and Orange Counties, Vermont – below the state averages.
- **Discussions with Stakholders**: Discussion groups were held with both Community and Hospital leaders. Members provided feedback on the strategic use of the 2013 community assessment, offered their insights regarding community needs, available resources, and potential service gaps.
- **Community needs prioritization process** : Leadership group members participated in a prioritization process in order to identify and rate community needs identified in research conducted earlier in the project based on secondary research, hospital leader perspectives, and public health and community input.
- **List of prioritized community health needs**: Several methodologies were combined to develop a comprehensive and prioritized list of community needs. The needs tend to focus around six core themes: behavioral health services, chronic disease management, senior services, substance abuse prevention and care, wellness / nutrition, and obesity. Note that while the percentage of people lacking social or emotional support and those diagnosed with depression in the PSA is similar to New Hampshire, this represents approximately 4,000 in the PSA which has a low behavioral health provider concentration. Cottage Hospital with community input developed a prioritized list of community health needs summarized below and as seen later in this document.

Leading, Prioritized Community Needs

Rank	**Health Need**
1	Behavioral health services for adults for depression, anxiety, or other mental health conditions other than substance abuse
2	Chronic disease management – especially for cancer, heart disease, and diabetes (including tobacco cessation)
3	Seniors' health services
4	Substance abuse – Education, prevention, and care
5	Nutrition and healthy eating education
6	Obesity prevention and management

Assessment Methodology

The Cottage Hospital CHNA methodology includes a combination of quantitative and qualitative research methods designed to evaluate perspectives and opinions of area stakeholders and healthcare consumers – including those from underserved populations. The methodology used helps prioritize the needs and establish a basis for continued community engagement.

The major sections of the methodology include the following:

- Strategic secondary research
- Qualitative discussion groups with Leadership Team members and community stakeholders
- Needs prioritization processes

Each of the components of the CHNA methodology is described below.

Strategic secondary research. This type of research includes a thorough analysis of previously published materials that provide insight regarding the community profile and health-related measures. The "data source examples" table is shown below while others follow or are included in the appendices of this report.

Data Source Examples	Data Goal
• **Standard Demographics** o U.S. Census o Census Data and State Health Databases o National Cancer Institute. • **Social and Physical Environment** o US Census Bureau, American Community Survey. 2010-14; Federal Bureau of Investigation, FBI Uniform Crime Reports; US Department of Labor, Bureau of Labor Statistics. o Community Commons database (University of Missouri). • **Health Status Profile** o National Cancer Institute. o Community Commons database (University of Missouri). o Behavioral Risk Factor Surveillance System Survey (BRFSS) • **Risk and Protective Lifestyle Behaviors** o Community Commons database. o Robert Wood John Foundation	Strategic secondary research data goals include properly framing the service area in terms of core domains: demographics, social and physical factors, health status profile, and risk and protective lifestyle behaviors. Combined, the data helps construct a framework for understanding and evaluating community needs. In addition, goals include developing a better understanding of community health, morbidity and mortality data, key health-related factors that impact the Cottage Hospital service area.

Qualitative discussion groups with Leadership Team members and community stakeholders. The discussion groups represent a span of people in the service area. Information and insights were gathered from a broad spectrum of community members.

Data Source	Data Goal
The organizations invited to the discussion groups in the research include: • Haverhill Police Department • LRHC Executive Director • NH State Legislature • Woodsville EMS • Horse Meadow Senior Center • Wells River Savings Bank • Chamber of Commerce • Grafton County Nursing Home • Haverhill Town Manager • Local Business Owner • Orange East Senior Center • VT State Legislature • Grafton County Sheriff • Town Selectman • Local Farm Owner • Local Methodist Pastor • North Country Home Health and Hospice • Local Catholic Priest • Local Dentists • Cottage Hospital Board	Discussion group goals involve creating a broad list of community health needs. The research includes input from community and hospital leadership groups, all in an effort to "cast a broad net" across the service area.

Individuals who represented the groups above included:

- Byron Charles
- Gail Auclair
- Roderick "Rick" Ladd
- Debbie Whitaker
- Craig Labore
- Jo Lacaillade
- Liz Shelton
- Victoria Chaffee

Hospital interview participants included:

- Maria Ryan, PhD, Chief Executive Officer
- Steven Plant, Chief Financial Officer
- Holly McCormack, MSN, Chief Nursing Officer
- Rick Frederick, Chief Information Officer
- Maryanne Aldrich, Community Relations & Fund Development Director
- Karen Woods, Administrative Director
- Mike Simpson, Human Resources Director

Needs prioritization processes. In this CHNA, the prioritization process built upon the prior work and took into account that the hospital and community had been actively addressing many of the previously identified issues. The 2016 method included three steps.

- Crescendo aggregated the lists of needs identified in the community survey and secondary data sources.
- Community and hospital groups were asked to assess the priority needs highlighted among the community needs identified in earlier research and to provide feedback regarding the rationale adding, deleting or changing their rating.
- Crescendo compiled the summarized 2016 needs based on the data and qualitative comments for review and finalization by the stakeholders.

Research Results

The research results associated with the methods above are represented in the following sections. This summary includes the prioritized list of community health needs for the Cottage Hospital service area.

Secondary Research Data

> *"This is a rare and special area. The [Cottage Hospital service area] is a unique place to live. The area has all the natural beauty you can imagine; we also have a lot of the problems associated with an older, rural community. However, when the community gets engaged, real progress is made. Cottage [Hospital] seems to have 'finding new and creative ways to strengthen the community' as a core objective."*
>
> *– Leadership Group member*

Population, age, and other demographic measures, as well as social, environmental, and risk / lifestyle factors impact the health status of a community. The following analysis highlights the growing need for healthcare services in the area, as well as identifies structural causes of health care service usage.

As identified in the most recent 2010 U.S. Census (and 2015 estimates), service area residents tend to have several characteristics that heighten the urgency of developing a clear, proactive approach to meeting the health needs in their service area (e.g., high median age, diverse median household income, and a broad degree of educational attainment). In order to analyze these and other characteristics, the domains included in the Cottage Hospital secondary research include the following:

- **Definition and mapping of the service area**
- **Demographics of service area**
- **Health status profile and disease burden**
- **Social and physical environment factors**
- **Risk and protective lifestyle behaviors**

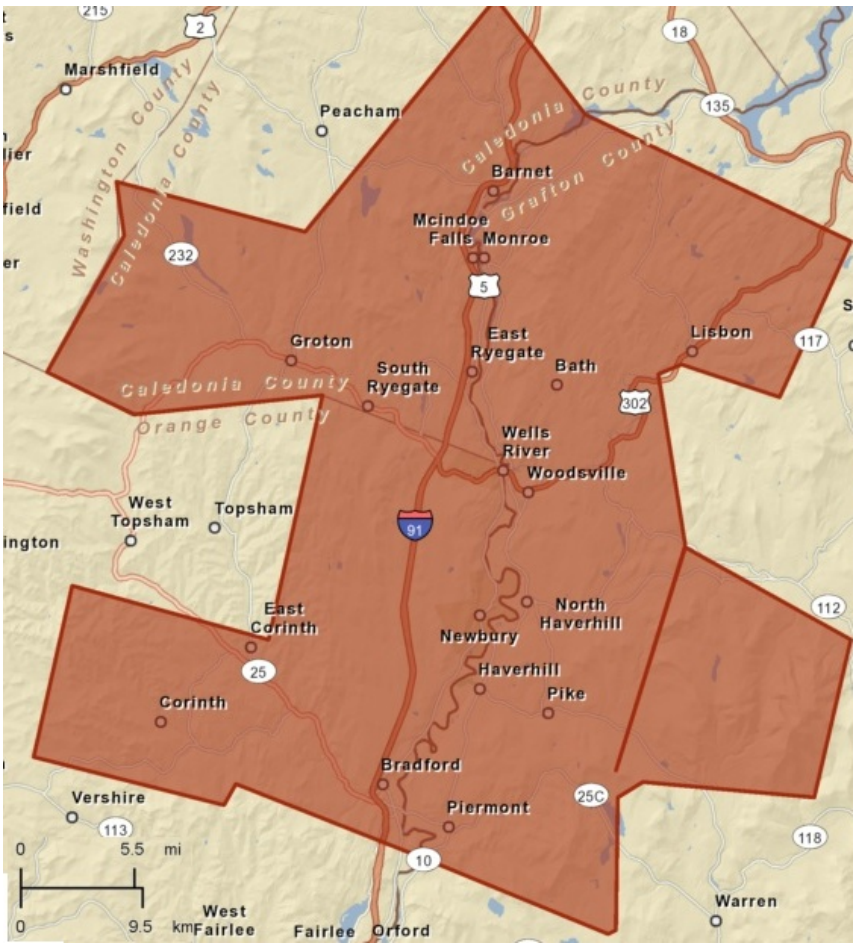
The tables and discussion in the following sections present key data reflecting these summary points and some of the impact on community needs and the prioritization of issues. The appendices contain additional data tables and other resources, where helpful.

Description of the Community Served

The Cottage Hospital service area contains over 19,000 people and represents 12 towns in three counties spanning two states. Many of the following tables provide insight on the demographic and risk profile characteristics of each town or county and, where possible, the specific PSA.

PSA

Newbury, Orange County, VT
Corinth, Orange County, VT
Bradford, Orange County, VT
Ryegate, Caledonia County, VT
Groton, Caledonia County, VT
Piermont, Grafton County, NH
Monroe, Grafton County, NH
Lisbon, Grafton County, NH
Haverhill, Grafton County, NH
Woodsville, Grafton County, NH
Benton, Grafton County, NH
Bath, Grafton County, NH



Demographics of the Service Area

Since the turn of the millennium the area population has grown slightly, but in the most recent year's population has begun to decline.

While there have been modest adjustments in the service area description and updated census data since the last assessment which impacted the total population estimates for the Primary Service Area, it is still true that the growth rate is not consistent across service area towns.

	Population Change			Gender		Income & Status		Age		
	2000	*2014*	*% Change*	*Male*	*Female*	*Median HH Income*	*% below 100% FPL*	*Median Age*	*% Under 18*	*% 65 and Over*
Newbury, Orange, VT	1,955	2,155	10.2%	47.4%	52.6%	$46,134	16.0%	47.1	20.8%	18.7%
Corinth, Orange, VT	1,461	1,302	-10.9%	50.2%	49.8%	$56,719	19.2%	46.7	22.7%	16.0%
Bradford, Orange, VT	2,619	2,776	6.0%	47.7%	52.3%	$48,056	21.5%	37.1	26.0%	15.0%
Ryegate, Caledonia, VT	1,150	1,118	-2.8%	49.6%	50.4%	$49,844	11.4%	48.7	21.4%	18.4%
Groton, Caledonia, VT	876	1,013	15.6%	45.7%	54.3%	$46,953	10.9%	40.8	24.2%	18.4%
Piermont, Grafton, NH	709	754	6.3%	51.5%	48.5%	$72,841	6.8%	50.5	18.6%	22.1%
Monroe, Grafton, NH	759	906	19.4%	46.2%	53.8%	$61,458	1.8%	49.3	24.9%	18.7%
Lisbon, Grafton, NH	1,587	1,557	-1.9%	50.6%	49.4%	$48,090	14.8%	44.9	23.7%	12.8%
Haverhill, Grafton, NH	4,416	4,665	5.6%	51.9%	48.1%	$46,892	14.4%	42.7	19.9%	18.1%
Woodsville, Grafton, NH	1,081	1,420	31.4%	54.4%	45.6%	$38,816	25.9%	32.7	20.0%	10.9%
Benton, Grafton, NH	314	482	53.5%	49.8%	50.2%	$41,250	13.6%	46.8	25.9%	24.6%
Bath, Grafton, NH	893	872	-2.4%	58.0%	42.0%	$47,386	13.3%	55.9	17.1%	30.5%
New Hampshire	1,235,786	1,321,069	6.9%	49.3%	50.7%	$65,986	8.9%	41.8	23.8%	14.6%
Vermont	608,827	626,358	2.9%	49.3%	50.7%	$54,447	12.0%	42.2	23.4%	15.7%
Total PSA	**17,820**	**19,020**	**6.7%**	**50.2%**	**49.8%**	**$48,923**	**15.5%**	**43.7**	**21.9%**	**17.6%**

Source: U.S. Census Bureau, American Community Survey, 5-year data set 2010-2014.

- Population growth has been concentrated largely along the Connecticut River and proximal to Interstate 91.

Race and Ethnicity

While the racial make-up of New Hampshire and Vermont has become slightly more diverse, the hospital primary service area (PSA) composition has not changed.

	NH	VT	Grafton County, NH	Caledonia County, VT	Orange County, VT
	%	%	%	%	%
White alone	94%	95%	93%	97%	97%
Black or African American alone	1%	1%	1%	1%	0%
American Indian and Alaska Native alone	0%	0%	0%	0%	1%
Asian alone	2%	1%	3%	1%	0%
Native Hawaiian and Other Pacific Islander alone	0%	0%	0%	0%	0%
Some other race alone	1%	0%	0%	0%	0%
Hispanic or Latino:	3%	2%	2%	1%	1%

Source: U.S. Census Bureau, American Community Survey, 5-year data set 2010-2014.

- According to the 2010 U.S. Census, the racial makeup of New Hampshire was: 93.9% White American and in Vermont it was 95.3. with 3% Hispanics in New Hampshire and 1.8% in Vermont.
- Only 1% are Black or African American in both states.
- County-level data is skewed by towns in southern Grafton County; towns that are note in the Cottage Hospital PSA.

Racial Make-up by Town

	Bath	Benton	Woodsville	Haverhill	Lisbon	Monroe	Piermont	Groton	Ryegate	Bradford	Corinth	Newbury
White	98%	98%	100%	97%	97%	91%	98%	97%	100%	97%	95%	97%
Black or African American	0%	0%	0%	0%	0%	2%	0%	0%	0%	0%	1%	0%
American Indian & Alaska Native	0%	1%	0%	0%	0%	0%	0%	1%	0%	0%	0%	1%
Asian	1%	0%	0%	1%	0%	0%	2%	0%	0%	1%	0%	1%
Native Hawaiian & Other Pacific Islander	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Some other race	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Hispanic or Latino	1%	0%	0%	1%	4%	0%	0%	0%	0%	0%	0%	1%

Source: U.S. Census Bureau, American Community Survey, 5-year data set 2010-2014.

- The Cottage Hospital service area remains almost entirely non-Hispanic, white.

Population Change and Projections

For the first time in decades, the aggregate area population has begun to decline.

Town	2000	2010	2015
Newbury, VT	1,955	2,216	2,155
Corinth, VT	1,461	1,367	1,302
Bradford, VT	2,619	2,797	2,776
Ryegate, VT	1,150	1,174	1,118
Groton, VT	876	1,022	1,013
Piermont, NH	709	790	754
Monroe, NH	759	788	906
Lisbon, NH	1,587	1,595	1,557
Haverhill, NH	4,416	4,697	4,665
Woodsville, NH	1,081	1,213	1,420
Benton, NH	314	364	482
Bath, NH	893	1,077	872
Total PSA	17,820	19,100	19,020

Source: U.S. Census Bureau, American Community Survey, 5-year data set 2010-2014.

- Community leaders expressed concern over the lack of population growth, driven in part by a lack of employment for young people in the region.

Age Groups

The median age of the service area towns in aggregate continues to be older than either state.

Location	Median Age	Under 5	5-14	15-24	25-44	45-64	65 and older
Newbury, VT	47.1	4.3%	13.4%	7.40%	20.1%	36.2%	18.7%
Corinth, VT	46.7	6.9%	11.7%	7.2%	21.2%	37.1%	16.0%
Bradford, VT	37.1	10.1%	11.6%	13.3%	23.9%	26.0%	15.0%
Ryegate, VT	48.7	7.1%	8.9%	10.2%	21.9%	33.7%	18.4%
Groton, VT	40.8	5.5%	12.9%	12.4%	23.0%	27.7%	18.4%
Piermont, NH	50.5	4.1%	6.0%	10.8%	17.3%	39.8%	22.1%
Monroe, NH	49.3	4.2%	14.2%	9.5%	16.1%	37.4%	18.7%
Lisbon, NH	44.9	3.9%	11.6%	12.3%	22.3%	37.0%	12.8%
Haverhill, NH	42.7	4.4%	8.7%	12.9%	26.6%	29.4%	18.1%
Woodsville, NH	32.7	6.5%	15.7%	15.0%	23.5%	28.4%	10.9%
Benton, NH	46.8	9.1%	14.9%	4.2%	19.3%	27.9%	24.6%
Bath, NH	55.9	2.6%	9.6%	8.7%	13.2%	35.5%	30.5%
New Hampshire	41.8	5.0%	11.8%	13.5%	24.0%	31.0%	14.6%
Vermont	42.2	4.9%	11.3%	14.4%	23.2%	30.5%	15.7%
Total PSA	44.6	5.7%	10.8%	10.9%	22.3%	32.2%	18.1%

Source: U.S. Census Bureau, American Community Survey, 5-year data set 2010-2014.

Age Group Trends – 60 Years of Age and Older

Age is a leading factor driving the need, and the expected need, for healthcare services and impacting the prioritization of community health needs in the PSA.

Measure	PSA Total		PSA Seniors	
	Estimate	Percent of Total Population	Estimate	Percent of Total Population
Total population	19,020	100.0%	3,339	17.6%
Male	9,548	50.2%	1,573	47.1%
Female	9,472	49.8%	1,766	52.9%
With any disability	3,274	17.2% of total Population	1,218	38.4% of Seniors
Below 100% of the poverty level	2,950	15.5% of total Population	223	7.0% of Seniors

Source: US Census Bureau, American Community Survey. 2010-14.

- While New Hampshire's total population has fluctuated little, the state's 65 and older population swelled 8.7 percent since 2010, according to Census Bureau estimates. Its median age also increased from 41.1 to 42 years – the largest increase of any state.[1]
- The U.S. Census Bureau estimates that 26.3 percent of New Hampshire's population will be 60 and older by the year 2030, an increase of almost 40 percent from 2012.[2]

[1] Governing States and Municipalities; 2013. Accessed 8/31/16
http://www.governing.com/blogs/by-the-numbers/fastest-growing-65-older-population-census-data.html
[2] U.S. Agency on Aging: NH Profile, 2011. Accessed 8/31/16
http://www.aoa.gov/AoA_Programs/HPW/Behavioral/docs2/New%20Hampshire%20Epi%20Profile%20Final.pdf

Social and Physical Environment

Compared to state averages, service area residents have the following characteristics**:**

- Older median age
- Rapidly aging population
- Lower median household income
- Lower degree of educational attainment
- Higher disability rates

The tables and discussion below present key data reflecting these summary points and some of the impact on community needs and the prioritization of issues.

Unemployment

This indicator is relevant to health because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

Report Area	% Unemployed
PSA	2.5
Grafton County	2.4
Caledonia County	3.4
Orange County	2.4
New Hampshire	2.6
Vermont	2.8

Source: US Department of Labor, Bureau of Labor Statistics. 2016 May.

- The more southern counties have experienced sharp increases demand for workers.
- The low unemployment rate suggests the available mix of jobs is likely to be low-wage and reinforces community leaders' concerns about the labor force.

Poverty

Within the report area 12.4% of individuals are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Under 100% of Fed Poverty Level	At/below 200% of Fed Poverty Level	Children 100% of Fed Poverty Level
PSA	12.4%	29.3%	12.4%
Grafton County	11.2%	27.6%	11.22%
Caledonia County	14.1%	34.7%	14.06%
Orange County	14.0%	30.8%	14.02%
New Hampshire	8.9%	22.6%	8.85%
Vermont	12.0%	29.6%	11.97%

Source: US Census Bureau, American Community Survey. 2010-14.

Income

The Cottage Hospital service area has a median household income is $46,025, yet a higher percentage of households in the PSA have incomes below $35,000 than the New Hampshire and Vermont state totals.

Household Income Ranges by State and PSA

Household Income	New Hampshire	Vermont	PSA
Less than $10,000	4.3%	5.8%	5.2%
$10,000 to $14,999	4.0%	5.7%	4.2%
$15,000 to $24,999	8.3%	10.3%	11.5%
$25,000 to $34,999	8.7%	10.2%	13.4%
$35,000 to $49,999	12.4%	14.1%	18.1%
$50,000 to $74,999	18.4%	19.3%	20.1%
$75,000 to $99,999	14.4%	13.8%	13.1%
$100,000 to $149,999	17.1%	13.0%	10.6%
$150,000 to $199,999	6.8%	4.3%	1.9%
$200,000 or more	5.7%	3.6%	2.1%

Source: US Census Bureau, American Community Survey. 2010-14.

- Approximately one in three service area residents (34%) have household incomes below $35,000.
- The income structure of the PSA skews lower than either of the respective states.
- There is a great deal of upper income variation between towns. The percentage of households over $100,000 from 12% in Ryegate to over $31% in Piermont.

Household Income by Town

HH Income	Bath, NH	Benton, NH	Woodsville, NH	Haverhill, NH	Lisbon, NH	Monroe, NH	Piermont, NH	Groton, VT	Ryegate, VT	Bradford, VT	Corinth, VT	Newbury, VT
	%	%		%	%	%	%	%	%	%	%	%
Less than $10,000	6.8%	3.2%	3.2%	3.7%	3.1%	0.0%	4.3%	6.7%	9.1%	6.9%	3.8%	8.5%
$10,000 to $14,999	7.1%	3.2%	2.0%	3.5%	2.9%	2.9%	0.6%	10.9%	5.8%	4.2%	2.3%	5.5%
$15,000 to $24,999	9.8%	2.4%	16.9%	9.2%	15.0%	7.6%	9.3%	8.5%	7.4%	16.5%	11.7%	11.8%
$25,000 to $34,999	15.4%	16.8%	26.0%	14.2%	8.2%	15.5%	6.8%	11.6%	9.7%	13.7%	9.9%	12.9%
$35,000 to $49,999	14.1%	33.6%	27.6%	22.0%	25.2%	12.5%	13.6%	14.7%	18.2%	10.1%	16.0%	16.0%
$50,000 to $74,999	19.1%	12.0%	14.9%	18.9%	25.2%	21.6%	18.3%	16.5%	17.1%	22.2%	20.6%	22.8%
$75,000 to $99,999	15.1%	18.4%	6.5%	13.5%	9.5%	14.3%	15.8%	15.8%	19.9%	10.5%	16.9%	11.7%
$100,000 to $149,999	7.6%	8.8%	1.2%	10.5%	8.9%	19.0%	21.7%	12.9%	10.8%	11.7%	15.4%	6.5%
$150,000 to $199,999	2.5%	0.8%	1.8%	2.1%	1.1%	4.4%	4.3%	0.8%	0.9%	2.6%	0.0%	1.6%
$200,000 or more	2.5%	0.8%	0.0%	2.3%	0.8%	2.3%	5.3%	1.6%	1.1%	1.7%	3.4%	2.6%

Source: US Census Bureau, American Community Survey. 2010-14.

Educational Attainment

Within the PSA the percentage of persons aged 25 and older without a high school diploma (or equivalency) is 11.3%. This indicator is relevant because educational attainment is linked to positive health outcomes (Freudenberg Ruglis, 2007).

	Less than 9th grade	9th - 12th grade, no diploma	High school graduate and equivalency	Some college, no degree	Associate's degree	Bachelor's degree	Graduate or professional degree
PSA	**3.4%**	**7.9%**	**35.8%**	**21.0%**	**9.2%**	**15.7%**	**7.1%**
New Hampshire	2.6%	5.4%	29.1%	18.9%	9.6%	21.5%	12.8%
Vermont	2.9%	5.5%	30.6%	17.5%	8.4%	21.2%	14.0%
Grafton County, NH	2.7%	5.9%	28.5%	17.4%	7.9%	20.7%	16.8%
Caledonia County, VT	3.3%	6.9%	36.5%	18.4%	9.1%	15.7%	10.2%
Orange County, VT	2.7%	5.7%	33.9%	16.7%	9.4%	18.3%	13.4%
Bath, NH	1.9%	9.0%	36.4%	17.1%	5.9%	18.1%	11.6%
Benton, NH	5.2%	13.6%	54.3%	16.2%	3.2%	2.3%	5.2%
Woodsville. NH	3.8%	11.1%	37.6%	27.5%	10.0%	9.2%	0.9%
Haverhill, NH	3.7%	7.9%	37.3%	23.7%	8.7%	15.2%	3.6%
Lisbon, NH	4.3%	13.8%	37.5%	23.2%	5.9%	11.8%	3.5%
Monroe, NH	2.1%	5.8%	36.4%	20.7%	9.5%	16.4%	9.0%
Pierment, NH	2.8%	3.2%	35.2%	15.4%	8.5%	18.6%	16.2%
Groton, VT	7.0%	7.4%	30.9%	23.1%	12.9%	13.4%	5.3%
Ryegate, VT	4.4%	3.9%	48.1%	15.5%	6.2%	15.0%	7.0%
Bradford, VT	1.8%	6.6%	30.5%	17.9%	12.6%	18.7%	11.8%
Corinth, VT	1.8%	8.0%	33.3%	20.9%	8.2%	18.5%	9.3%
Newbury, VT	3.3%	5.9%	30.3%	19.5%	11.3%	20.1%	9.6%

Source: US Census Bureau, American Community Survey. 2010-14.

- The impact of the southern Grafton County towns skews this measure.
- The town-level data shows an extremely low level of education attainment in Woodsville itself, underscoring community Stakeholders observations about the vicious cycle of lowered aspirations and the generational impact of poverty.

Violent Crime

The violent crime rates for PSA is markedly lower than the state averages.

Report Area	Violent Crime Rate (Per 100,000 Pop.)
PSA	126.9
Grafton County	168.8
Caledonia County	137.8
Orange County	64.4
New Hampshire	189.4
Vermont	140.1

Source: Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-University Consortium for Political and Social Research. 2010-12.

- Violent crimes include murder, forcible sex assault, aggravated assault, and robbery.
- The violent crime rate for the PSA (126.9 per 100,000 people) is lower than the New Hampshire average and lower than 33% of the U.S. average.

Physical Environment - Air

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

Report Area	Average Daily Ambient Particulate Matter 2.5
PSA	6.87
Grafton County	6.87
Caledonia County	6.81
Orange County	7.1
New Hampshire	7.81
Vermont	7.18

Source: Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network. 2012.

- The air quality in the region is lower than the U.S. Average Daily Ambient Particulate Matter 2.5 of 10.65

Food Environment

The PSA overall has a lower rate of households subject to "food insecurity" than the national average.

Food insecurity is defined by the USDA as a socioeconomic condition of limited or uncertain access to enough food to support a healthy life. The USDA and Feeding America estimates that one in seven Americans struggles to get enough to eat. The estimated percentage of U.S. households that were food insecure remained essentially unchanged from 2013 to 2014; however, food insecurity was down from a high of 14.9 percent in 2011. The percentage of households with food insecurity in the severe range—described as very low food security—was unchanged.

Report Area	Fast Food Restaurants, Rate per 100,000	Grocery Store Access per 100,000	Liquor Store Access Rate per 100,000	HH Food Insecurity in Past Year
PSA	63.1	31.4	12.8	11.4%
Grafton County	81.9	33.7	14.6	10.9%
Caledonia County	70.5	35.2	12.8	13.6%
Orange County	34.6	27.6	10.4	11.8%
New Hampshire	77.9	19.1	7.7	10.8%
Vermont	64.7	36.3	19.5	13.6%

Source: US Census Bureau, County Business Patterns, Additional data analysis by CARES, 2013; Feeding America. 2013; USDA[3]

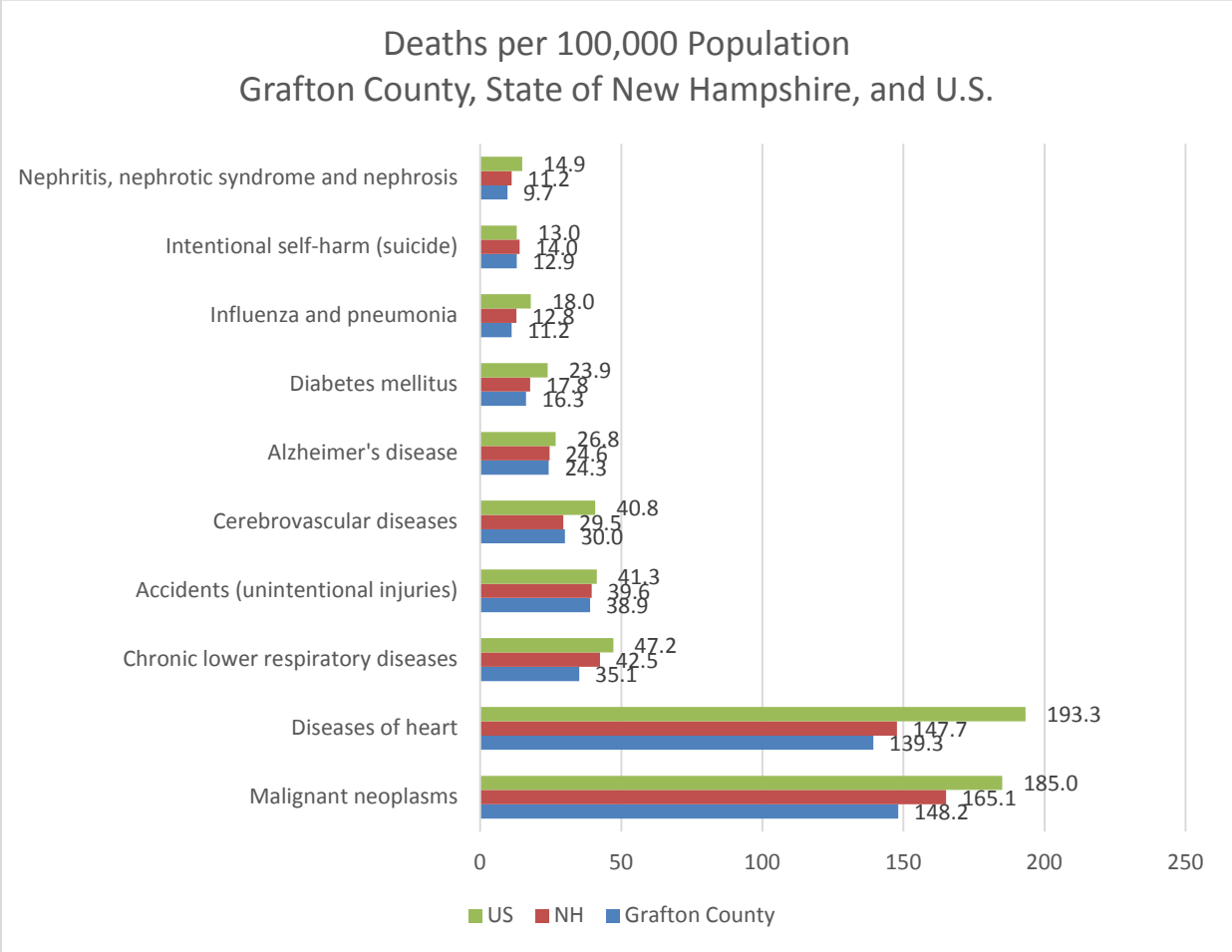
- The PSA has rates closer to the more positive Vermont averages.

[3] Household Food Security in the United States in 2014 http://ers.usda.gov/media/1896836/err194_summary.pdf; Accessed 8/31/16

Health Status Profile

Leading Causes of Death

In nearly all cases, the most common causes of death in Grafton Counties are below those of the state of New Hampshire and U.S. totals.



Source: State of New Hampshire, Department of Health and Human Services, WISDOM database, https://wisdom.dhhs.nh.gov/wisdom/#indicator_521_Anon.

Although county level data is not available, New Hampshire state information indicates that unintentional injury and suicide are the leading causes of death among people ages 15 to 34. These two causes are also prominent among all people 65 and under.

10 Leading Causes of Death, New Hampshire
2014, All Races, Both Sexes

	Age Groups										
Rank	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	All Ages
1	Congenital Anomalies 10	Congenital Anomalies ---	Malignant Neoplasms ---	Malignant Neoplasms ---	Unintentional Injury 53	Unintentional Injury 122	Unintentional Injury 89	Malignant Neoplasms 187	Malignant Neoplasms 551	Heart Disease 2,109	Malignant Neoplasms 2,698
2	Short Gestation ---	Homicide ---	Cerebro-vascular ---	Suicide ---	Suicide 31	Suicide 49	Malignant Neoplasms 40	Heart Disease 103	Heart Disease 223	Malignant Neoplasms 1,902	Heart Disease 2,464
3	Maternal Pregnancy Comp. ---	Unintentional Injury ---	Unintentional Injury ---	Unintentional Injury ---	Benign Neoplasms ---	Malignant Neoplasms ---	Suicide 35	Unintentional Injury 91	Chronic Low. Respiratory Disease 75	Chronic Low. Respiratory Disease 581	Unintentional Injury 716
4	Circulatory System Disease ---	---	---	---	Cerebro-vascular ---	Heart Disease ---	Heart Disease 18	Suicide 52	Unintentional Injury 74	Cerebro-vascular 421	Chronic Low. Respiratory Disease 680
5	Seven Tied ---	---	---	---	Congenital Anomalies ---	Chronic Low. Respiratory Disease ---	Liver Disease ---	Liver Disease 32	Liver Disease 67	Alzheimer's Disease 387	Cerebro-vascular 474
6	Seven Tied ---	---	---	---	Diabetes Mellitus ---	Complicated Pregnancy ---	Cerebro-vascular ---	Diabetes Mellitus 20	Diabetes Mellitus 50	Unintentional Injury 284	Alzheimer's Disease 396
7	Seven Tied ---	---	---	---	Heart Disease ---	Congenital Anomalies ---	Congenital Anomalies ---	Chronic Low. Respiratory Disease 18	Suicide 43	Diabetes Mellitus 226	Diabetes Mellitus 300
8	Seven Tied ---	---	---	---	Homicide ---	Four Tied ---	Homicide ---	Cerebro-vascular 11	Cerebro-vascular 33	Influenza & Pneumonia 173	Suicide 247
9	Seven Tied ---	---	---	---	Chronic Low. Respiratory Disease ---	Four Tied ---	Chronic Low. Respiratory Disease ---	Hypertension ---	Septicemia 22	Nephritis 156	Influenza & Pneumonia 194
10	Seven Tied ---	---	---	---	Influenza & Pneumonia ---	Four Tied ---	Eight Tied ---	Viral Hepatitis ---	Viral Hepatitis 20	Parkinson's Disease 124	Liver Disease 180

WISQARS™

Note: For leading cause categories in this State-level chart, counts of less than 10 deaths have been suppressed (---).

Produced By: Office of Statistics and Programming, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention

Data Source: National Center for Health Statistics (NCHS), National Vital Statistics System

- In 2014, Cancer caused more than twice as many deaths as heart disease in people under age 65. Among those over 65, heart disease lead to about 10% more deaths than cancer.

Chronic Disease Incidence

The CDC states that chronic diseases are the most common and costly of all health problems, but they are also the most preventable. Thousands of people in the PSA are afflicted with chronic diseases such as diabetes, asthma or other conditions that often precipitate serious health events such as high cholesterol, hypertension, and obesity.

Chronic Disease Incidence and Afflicted Population

Location	High cholesterol[4]	Hypertension[5]	Heart Disease	Asthma	Diabetes[6]	Lung Cancer (Per 100,000 population)
PSA	35.9%	23.4%	19.3%	16.4%	7.0%	65.0
New Hampshire	39.2%	26.2%	21.8%	14.7%	8.1%	68.6
U.S.	38.5%	31.4%	28.6%	13.4%	9.2%	63.7

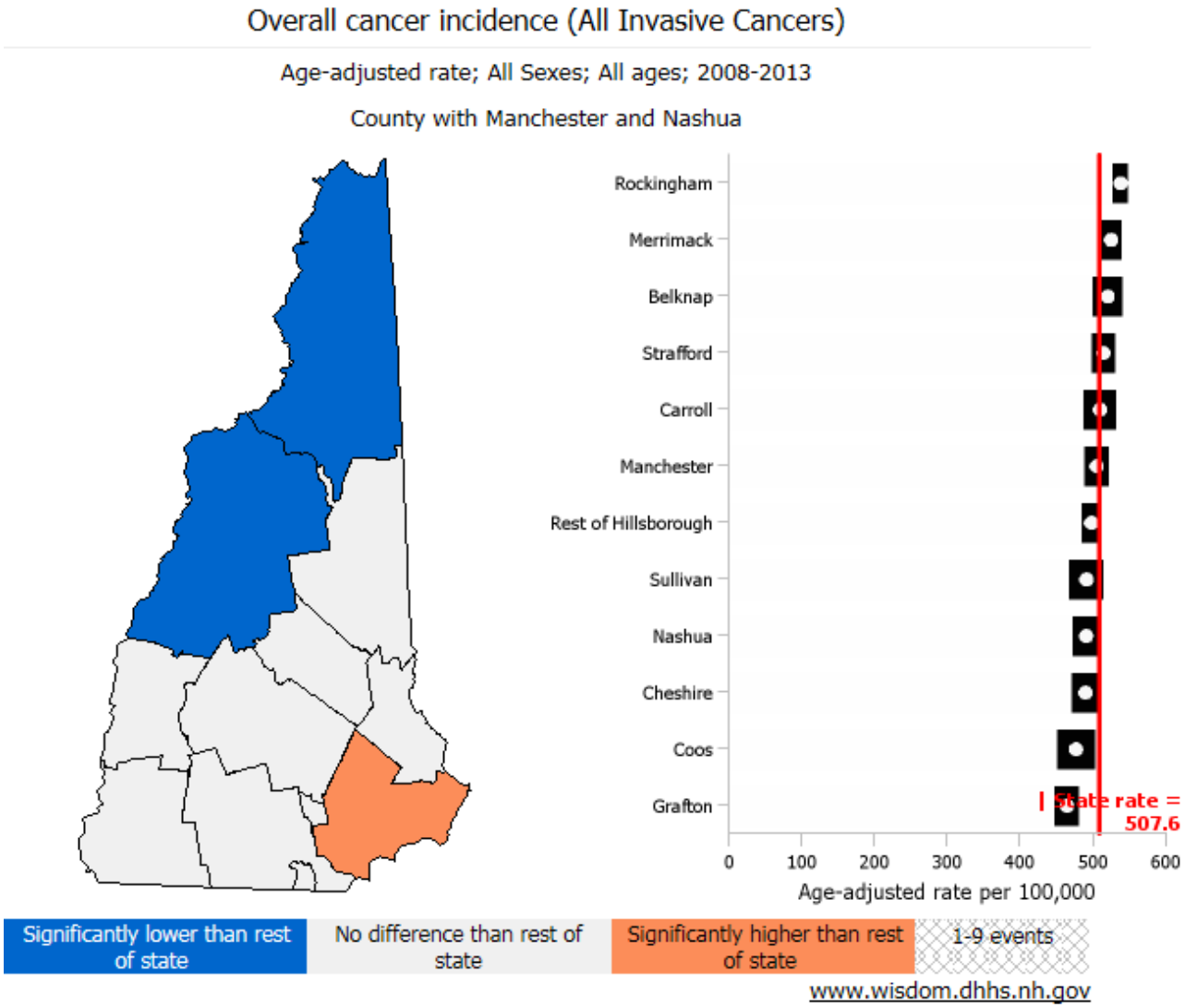
Source: United Health Foundation, "Health Rankings 2015", http://www.americashealthrankings.org/ ;
U.S. CDC, (Overweight data) http://www.cdc.gov/nchs/fastats/obesity-overweight.htm

- Chronic condition rates in the PSA are slightly lower than the state average except for asthma rates which are slightly higher.
- Lung cancer and asthma rates in the PSA are slightly higher than the U.S. average.

[4] Adults who have ever been told they had high blood cholesterol
[5] Adults who have ever been told they had hypertension
[6] Adults who have ever been told they had diabetes

Cancer

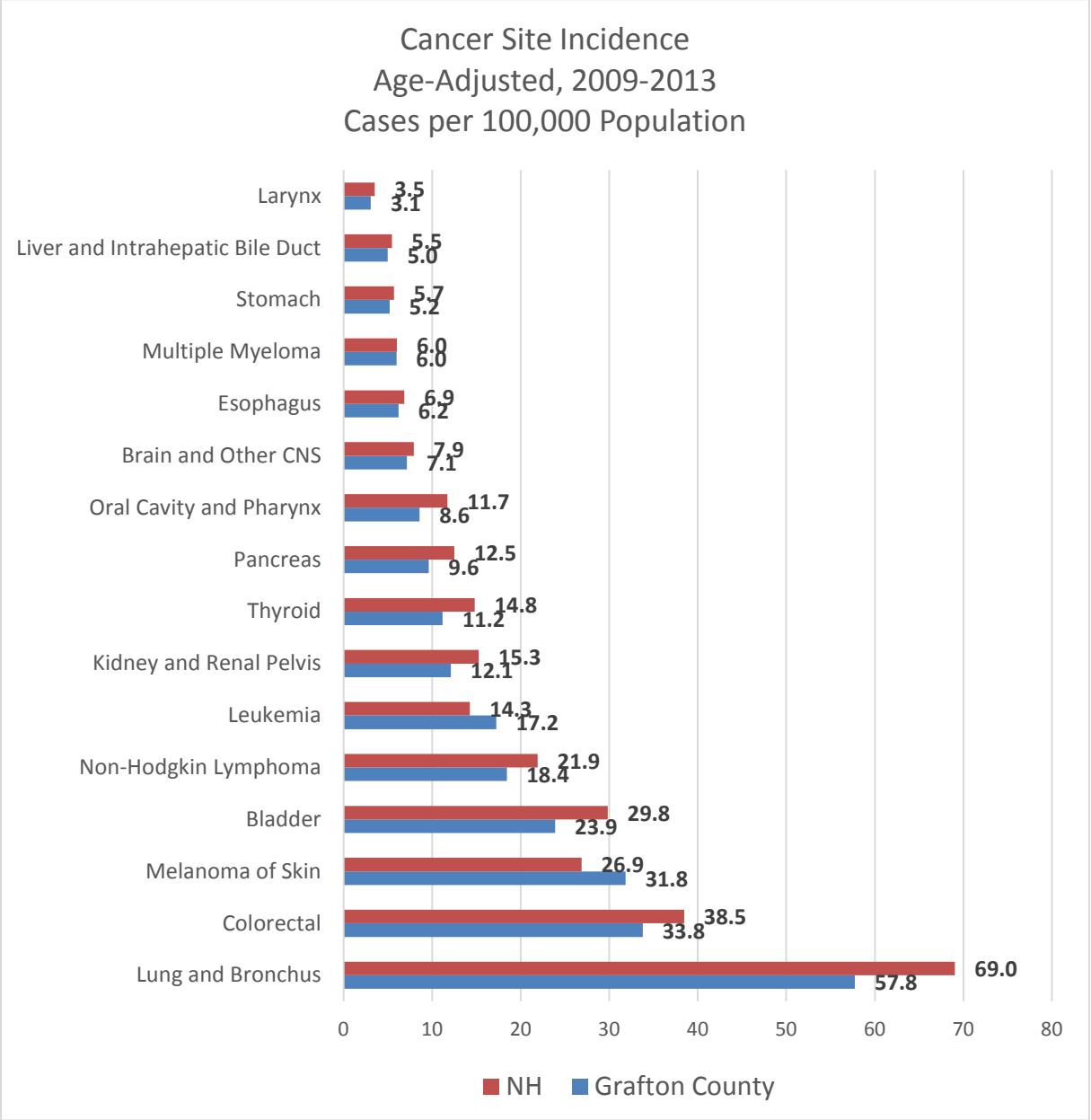
Grafton County has the lowest cancer incidence rate in New Hampshire.



Source: State of New Hampshire, Department of Health and Human Services, WISDOM database, https://wisdom.dhhs.nh.gov/wisdom/#indicator_521_Anon.

- Rockingham County cancer rates are higher than the state average, while Grafton and Coos County rates are lower than the average of the rest of the state of New Hampshire.

The site specific cancer incidence in Grafton County is better than the New Hampshire average in most cases – with the exceptions of leukemia and melanoma.



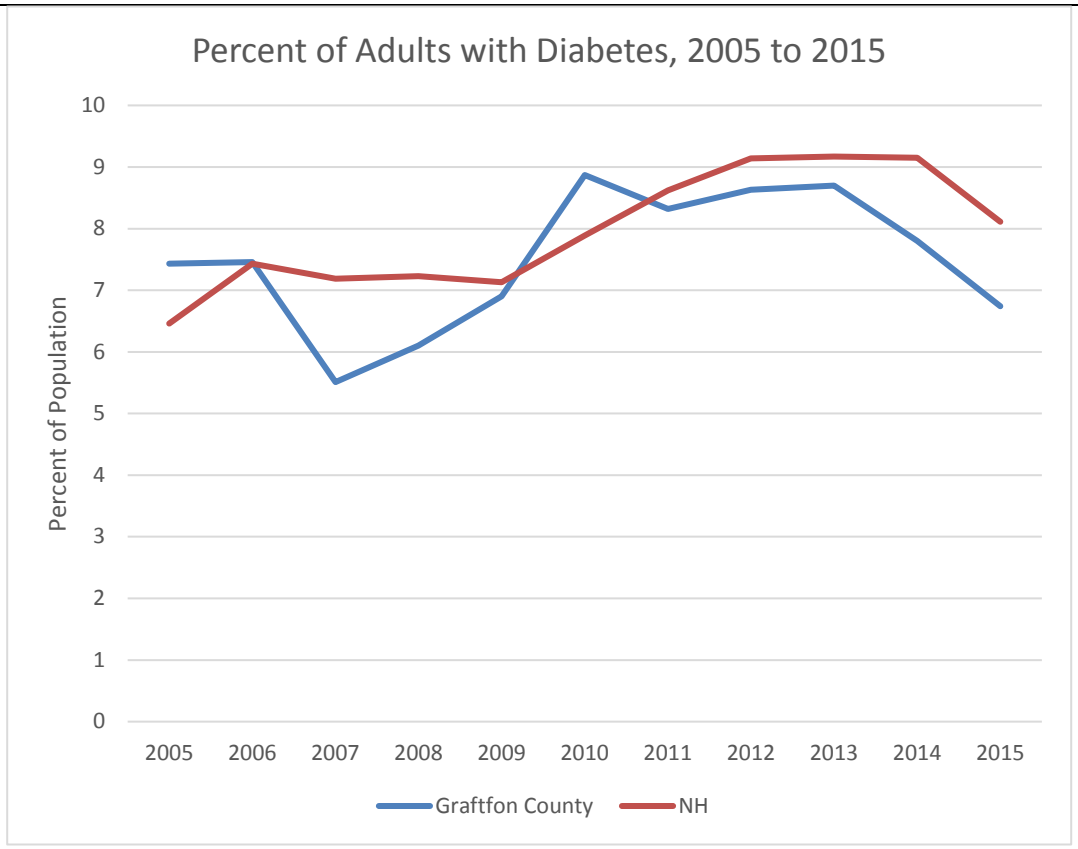
Source: BRFSS, 2011-2014; National Cancer Institute.

- The rate of lung and bronchus cancer in Grafton County is nearly 20% lower than the state average.
- Colorectal cancer rates in Grafton County are approximately 15% lower than the state average.

Diabetes

Diabetes rates in Grafton County are generally lower than the New Hampshire average. However, time series trends for each are increasing since 2005.

Year	Grafton County	NH
2005	7.4	6.5
2006	7.5	7.4
2007	5.5	7.2
2008	6.1	7.2
2009	6.9	7.1
2010	8.9	7.9
2011	8.3	8.6
2012	8.6	9.1
2013	8.7	9.2
2014	7.8	9.2
2015	6.7	8.1



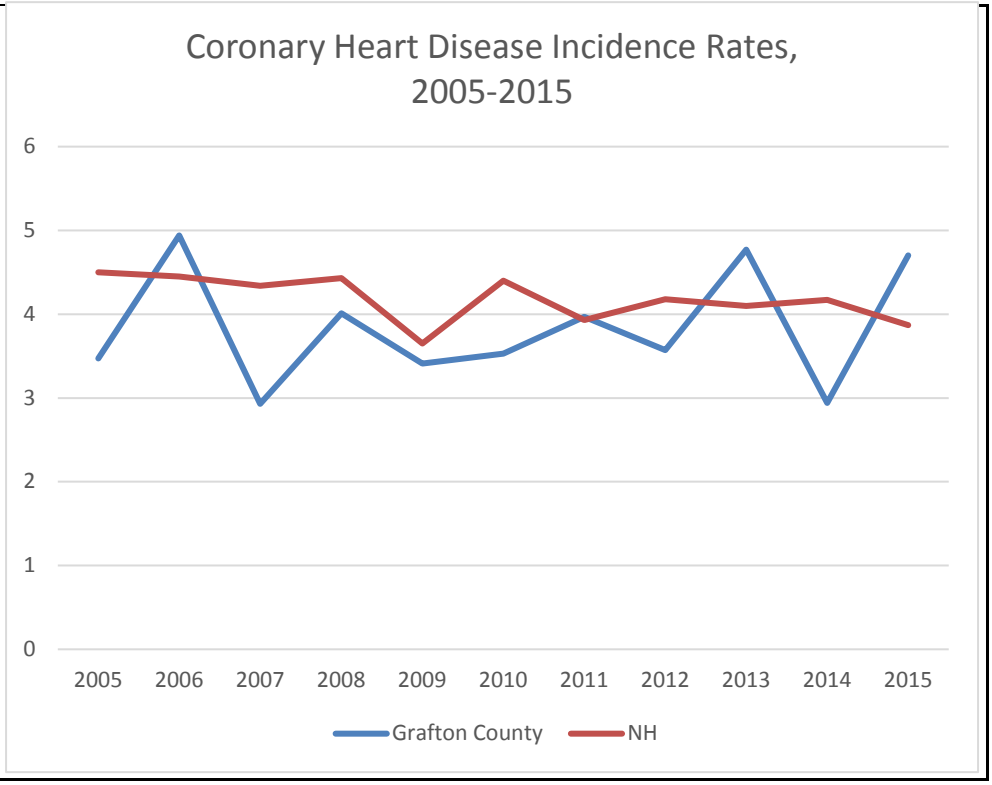
Source: State of New Hampshire, Department of Health and Human Services, WISDOM database, https://wisdom.dhhs.nh.gov/wisdom/#indicator_521_Anon.

- Recently (since 2012), diabetes rates have leveled off or dropped slightly.

Coronary Heart Disease

Coronary heart disease rates are stable in Grafton County and the state.

Year	Grafton County	NH
2005	3.5	4.5
2006	4.9	4.5
2007	2.9	4.3
2008	4.0	4.4
2009	3.4	3.7
2010	3.5	4.4
2011	4.0	3.9
2012	3.6	4.2
2013	4.8	4.1
2014	2.9	4.2
2015	4.7	3.9



Source: State of New Hampshire, Department of Health and Human Services, WISDOM database, https://wisdom.dhhs.nh.gov/wisdom/#indicator_521_Anon.

Mental and Behavioral Health

The percentage of people lacking social or emotional support and those diagnosed with depression in the PSA is similar to the New Hampshire state average, however, approximately one of six people fall into these categories – given the population, that represents about 200,000 people in New Hampshire and 4,000 in the PSA.

Report Area	Lack of Social or Emotional Support (age adjusted)	% of Medicare Pop. Diagnosed w/ Depression
PSA	17.69%	16.4%
Grafton County	16.20%	16.5%
Caledonia County	19.50%	16.1%
Orange County	19.80%	16.8%
New Hampshire	17.10%	18.1%
Vermont	16.50%	18.1%

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health Human Services, Health Indicators Warehouse. 2006-12; Centers for Medicare and Medicaid Services. 2012.

Population Having Been Told That They have had a Depressive Episode (Medicare Beneficiaries)	
Area	**Percent with Depression**
PSA	16.4%
New Hampshire	18.1%
U.S.	15.4%

- One of six people in the PSA have been told that they have depression – slightly below the state average.

Maternal and Child Health

Report Area	Births to Mothers Age 15 - 19 (rate per 1,000 population)	Infant Mortality Rate (Per 1,000 Births)	% Low Birth Weight (Under 2500g)
PSA	NA	6.0%	NA
Grafton County	14.0%	5.4%	6.4%
Caledonia County	22.8%	4.3%	6.8%
Orange County	20.4%	7.6%	7.0%
New Hampshire	16.6%	4.9%	6.8%
Vermont	18.5%	5.1%	6.5%

Source: US Department of Health Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2006-12;Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research. 2006-10; US Department of Health Human Services, Health Indicators Warehouse.

At-risk Birth Rates

At-risk birth rates in the PSA are much lower than the U.S. average and approximately equal to state averages.

Birth Rates		
Area	**Teen Birth Rate (Per 1,000 Population)**	**Low Birth Weights (Percent of all births, all ages)**
PSA	17.2	6.6%
New Hampshire	16.6	6.8%
U.S.	36.6	8.2%

Source: Community Commons, 2015; www.communitycommons.org.

- Teen birth rates in the PSA and in New Hampshire are roughly half of the U.S. average.
- Low birth weight births are about 20% lower in the PSA than in the U.S. average.

General Health

Within the report area 11.5% of adults age 18 and older self-report having poor or fair health in response to the question "Would you say that in general your health is excellent, very good, good, fair, or poor?" This indicator is relevant because it is a measure of general poor health status.

Report Area	Estimated Population with Poor or Fair Health (age-adjusted)
PSA	11.5%
Grafton County	10.5%
Caledonia County	12.0%
Orange County	11.5%
New Hampshire	11.4%
Vermont	10.6%

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

- The PSA rates area are lower than the U.S. rate of 15.7%, but generally consistent with other New England states.

Oral Health

Preventing oral health problems can substantially improve the quality of a person's life overall. Lack of preventive care and untreated oral health diseases can lead to a wide range of other health problems. Patients frequently visit the emergency room to alleviate dental pain that is not prevented or treated through comprehensive, regular dental care. These visits can be costly to the patient and the community

Report Area	Percent Adults with No Dental Exam	Poor Dental Health
Grafton County	26.1%	14.3%
Caledonia County	26.2%	20.3%
Orange County	32.3%	18.2%
New Hampshire	23.1%	14.5%
Vermont	25.20%	15.90%

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-10.

Risk and Protective Lifestyle Behaviors

The primary service area has a relatively low number of healthcare providers relative to the state as a whole. The population also exhibits healthy behaviors (e.g., regular pap testing, colon screening, properly taking blood pressure medication, STD screening.)

Access to Healthcare Providers

Report Area	2013 PCP, Rate per 100,000 Pop.	2013 Dentists, Rate per 100,000 Pop.	Ratio of Mental Health Providers (1 Provider per x Persons)
PSA	139.9	59.6	308.6
Grafton County	198.6	75.9	267.6
Caledonia County	83.4	67.4	333.1
Orange County	76.1	34.6	370
New Hampshire	94	67.4	387.4
Vermont	113.5	63.8	256.6

Source: US Department of Health Human Services, Health Resources and Services Administration, Area Health Resource File. 2013;US Department of Health Human Services, Health Resources and Services Administration, Area Health Resource File. 2013; University of Wisconsin Population Health Institute, County Health Rankings. 2016.

Self-reported Activation Measures

Report Area	% Female Medicare Enrollees w/ Mammogram in Past 2 Years	Pop. w/ Regular Pap Test (age-adjusted)	% Adults never screened for HIV/AIDS	Pop. w/ Annual Pneumonia Vaccination (age-adjusted %)	% Adults Not Taking Blood Pressure Medication (When Needed)
PSA	71.2%	76.5%	NA	71.0%	NA
Grafton County	72.9%	77.7%	66.9%	72.9%	25.8%
Caledonia County	71.1%	76.4%	70.4%	69.7%	22.1%
Orange County	70.6%	76.9%	69.7%	70.7%	21.8%
New Hampshire	70.7%	79.5%	69.0%	72.0%	23.8%
Vermont	69.5%	79.0%	68.8%	71.2%	24.6%

Source: Dartmouth College Institute for Health Policy Clinical Practice, Dartmouth Atlas of Health Care. 2012; Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health Human Services, Health Indicators Warehouse. 2006-12; Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12.

Communicable Diseases

Report Area	Chlamydia Infection Rate (Per 100,000 Pop.)	Gonorrhea Infection Rate (Per 100,000 Pop.)	Prevalence of HIV / AIDS (Per 100,000 Pop.)
PSA	283	6.4	59
Grafton County	240	10.0	82
Caledonia County	343	0.0	49
Orange County	335	3.5	28
New Hampshire	271	17.1	104
Vermont	357	13.4	82

Source: US Department of Health Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2014.

Healthy eating, physical activity, and overweight/obesity

Report Area	% Adults w/ BMI > 30.0 (Obese)	% Population w/ no Leisure Time Physical Activity	Recreation & Fitness Facility Access Rate (per 100,000 pop.)
PSA	25.6%	19.0%	12.483
Grafton County	24.9%	18.6%	20.2
Caledonia County	28.0%	19.3%	6.4
Orange County	26.5%	19.9%	3.46
New Hampshire	27.7%	19.2%	15.3
Vermont	24.0%	17.8%	12.9

Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013;Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013; US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2013.

Substance use and abuse

The substance abuse problem in New Hampshire is well known. However, "The Opiate / Opioid Public Health Crisis[7]" report released by the State of New Hampshire in August 2016 states that over 90% of drug-related deaths in 2015 were due to opioids. It includes the following:

New Hampshire is experiencing one of the most significant public health crises in its history. The striking escalation of opiate use and opioid misuse over the last five years is impacting individuals, families, and communities throughout the state. In 2015, there were 439 total drug deaths, of which 397 deaths were caused by opiates/opioids; 2,724 emergency naloxone administrations; and 2,067 opioid-related emergency department visits—the highest-ever recorded in the state. Reducing substance use disorders and related problems is critical to the physical and mental health, safety, and overall quality of life of New Hampshire residents, as well as the state's economy. Substance use disorders are preventable and treatable, and the State is implementing a comprehensive and lasting response to address this epidemic.

Historically, the use of illicit drugs in Grafton is similar to that in other NH counties.

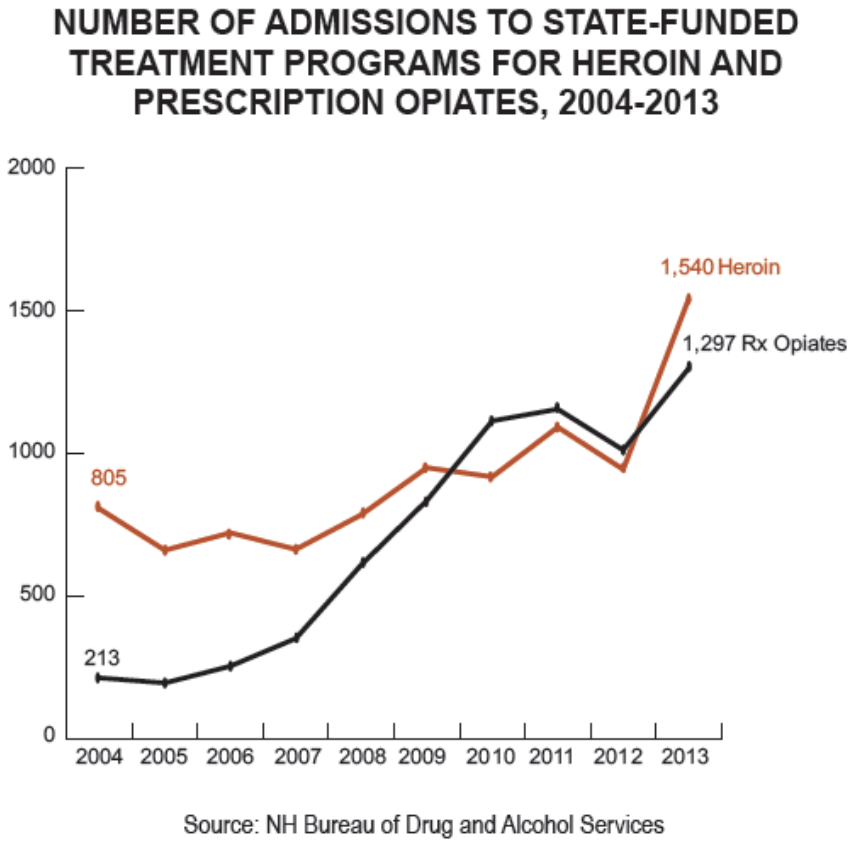
Select Substance Abuse Measures - Grafton and Other Key Counties

Measure	Grafton	Cheshire	Hillsborough	Merrimack	Rockingham	Strafford
Used illicit drugs within the past year	18.6%	17.6%	17.0%	19.6%	16.9%	21.6%
Have ever used cocaine	1.8%	0.9%	7.1%	2.0%	5.4%	2.0%
Have ever used marijuana	4.9%	3.5%	18.0%	6.2%	14.0%	6.0%
Have ever used heroin	1.9%	2.2%	2.0%	2.5%	2.4%	3.7%
Have ever used ecstasy	1.9%	1.3%	10.9%	2.8%	7.9%	4.2%

Source: National Survey on Drug Use and Health: 10-Year Substate R-DAS (2002 to 2011).

[7] See hyperlink: http://www.dhhs.nh.gov/dcbcs/bdas/documents/state-response-opioid-crisis.pdf

The New Hampshire number of admissions for heroin and opioid use is increasing dramatically.



Source: NH Bureau of Drug and Alcohol Services

- Heroin and opioid admissions have increased about 600% in ten years.

Grafton County and PSA rates of adult drinking and cigarette use is also similar to (though slightly higher) than the New Hampshire state average.

Report Area	Adults Drinking Excessively (Age-Adjusted Percentage)	% Pop. Smoking Cigarettes (age-adjusted)
PSA	19.9%	18.6%
Grafton County	19.6%	17.7%
Caledonia County	17.0%	19.7%
Orange County	21.9%	20.1%
New Hampshire	18.4%	17.1%
Vermont	20.8%	16.8%

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

Suicide and Unintentional Injury

Suicide and unintentional injury death rates often reflect the mental health of a community. Rates for both are relatively high in the PSA.

Suicide and Unintentional Injury Crude Death Rates

Report Area	Suicide[8]	Unintentional Injury (including poisonings)
PSA	17.5	44.6
New Hampshire	14.4	41.6
U.S.	12.6	40.0

- Unintentional injury death rates are higher in the Cottage Hospital PSA than in the state or the U.S.
- Suicide rates in the state of New Hampshire are fairly stable since 2002.

Health Insurance

Vermont generally has a lower percentage of uninsured people than New Hampshire. However, the Cottage Hospital PSA uninsured rates for children and for adults are slightly better than the New Hampshire state averages (though worse than those in Vermont).

Report Area	% Pop. Without Medical Insurance	% Pop with Medical Insurance	% of Children. Without Medical Insurance	% of Children With Medical Insurance
PSA	11.6%	88.4%	4.4%	95.6%
Grafton County	15.2%	84.8%	6.1%	93.9%
Caledonia County	8.0%	92.0%	2.4%	97.6%
Orange County	7.9%	92.1%	2.7%	97.3%
New Hampshire	13.2%	86.8%	4.3%	95.7%
Vermont	7.3%	92.7%	2.2%	97.8%

Source: US Census Bureau, Small Area Health Insurance Estimates. 2014.

- Fewer than one of 20 children (4.4%) in the PSA are uninsured.
- Nearly nine of ten (88.4%) of adults have medical insurance.

[8] Deaths per 100,000. Source: Community Commons, 2007-2011.

Access to Care

Provider Concentrations

The primary service area has a relatively low number of primary care and dental care providers – negatively impacting access (relative to the state as a whole).

Providers (Per 100,000 People)

Area	Primary Care Providers	Dental Care Providers	Mental Health Providers
PSA	79.7	59.7	324.9
New Hampshire	94.0	67.4	258.1
U.S.	75.8	63.2	202.8

Source: Community Commons, 2015; www.communitycommons.org based on 2012 data sets.

- The concentration of PCPs is nearly 20% lower in the PSA than in the state. The concentration of dentists is slightly lower than the state average.
- There are also fewer mental health providers per capita than the state average and the U.S. average. Given that the PSA includes higher than average mental health needs, this issue is noteworthy.

Discussions with Key Stakeholders

Discussion groups were held with both Community and Hospital leaders. Members provided feedback on the strategic use of the 2013 community assessment, offered their insights regarding community needs, available resources, and potential service gaps.

Community Group

A group of our community neighbors and leaders met to help conduct the community health needs assessment. Members were recruited by mail, e-mail and phone. The communications explained that the meeting was an important step in the assessment process that helps identify opportunities for community health improvement over the next few years. Eight of the twelve members who had confirmed, were able to join the moderator on a very warm summer evening in Woodsville.

Many of the Community Group members had been involved in previous community work with the hospital and were able to provide some comparative observations. They spoke about the most critical community health needs and their impact – particularly as they relate to activities where Cottage Hospital may be able to contribute.

When asked to note the leading health needs from their respective viewpoints, several consensus areas were highlighted:

- Substance abuse and addiction treatment
- Services for the aging population
- Mental and behavioral health
- Tobacco usage
- Social determinants of health

Interestingly, one of the top needs from 2013 – Access to primary care providers (including the availability and affordability of care) – was no longer listed. The opening of the new Rowe Health Center[9] located next to the hospital and the advent of the Affordable Care Act have substantially improved access.

Substance abuse and addiction treatment

The participants discussed at length the issues related to drug abuse and addictions. The state-wide drug abuse task force named this as the number one issue in the state of New Hampshire. Reimbursement for and subsequent availability of treatment providers is an interrelated problem in the area. According to participants:

> ***"The challenge is to ensure that money is budgeted for by the legislature."***
>
> ***"The current operating tax rate for small towns is challenged and leaves little room for his service."***

Services for the aging population

[9] See Appendix for description

The community leaders were particularly well-versed in senior issues due to their professional positions and personal experience. Transportation is an ongoing need - especially for seniors. However, it is also an area where there are improved resources available. The challenge is that with resources like Stagecoach, many have requirements that riders must be within a one-mile zone from pickup location. This precludes many isolated seniors from receiving the service.

There was discussion about the annual wellness visit for seniors. While it is a good idea it is sometimes made problematic due to the fact that if an issue is identified during the wellness visit it may generate diagnostic charges or a co-pay.

> ***"Cottage hospital has done a good job of a challenging circumstance. Emergency services often encounter seniors who may have not have seen a primary care provider in recent memory."***
>
> ***"Even though the service link is created between the emergency departments and the health center, the patient may refuse follow-up treatment. In short they say no one is going to tell me how to live my life."***
>
> ***"Social isolation of seniors is a serious problem."***
>
> ***"Many also have behavioral health issues and some do not have Guardians who can make that decision for treatment."***

Mental and behavioral health

Mental health issues were also expanded upon by the community leaders. Depression, post-traumatic stress syndrome, trauma, and the generational impact of poverty have all raised the importance of this area of need according to the community participants.

A shortage of behavioral health providers presents a gap. The Clara Martin Center's Bradford, VT location and White Mountain Mental Health were named as the closest behavioral health resources for general adult and some child services. In emergency situations, the jail or the emergency department of Cottage Hospital must serve as resources.

There was discussion of the potential use of telemedicine - especially for child psychiatry where there is a dearth of professionals everywhere, not just in rural areas.

> ***"Early pilot programs were helpful but cumbersome. Multiple organizations assisted in making them work and maybe they could be called upon again."***

The community participants also noted the need for behavioral health services for seniors with dementia. While they noted the Grafton County Nursing Home (a 135 bed skilled nursing facility owned and operated by Grafton County) has been a "godsend" for families, the Administrator who was one of the participants, noted that increased demands being placed on staff by a much more acute population of seniors.

Future Needs

When asked "Over the next three to five years, what community health needs do you expect to grow fastest?" participants were nearly unanimous in their response: Services for the aging population.

> ***"New Hampshire is the second fastest aging state in the nation."***
>
> ***"The aging population presents a wide variety of health and behavioral health needs for dementia care, diabetes and other chronic diseases, transportation, and nutrition."***

Very quickly, the group landed upon subordinate needs, and some potential solutions:

> ***"Some Health Care providers pushed out of region due to the reimbursement rates from the state."***
>
> ***"Staff shortages and client work force are also problems."***
>
> ***"Employment readiness among high school graduates; getting high school graduates ready for jobs is a real problem."***
>
> ***"A lack of jobs and a lack of motivation are at the heart of the problem for twentysomethings. It contributes to an atmosphere of lowered aspirations and leaves people be victims or to victimizer others. It drives and other problems"***

It was noted that Vermont and New Hampshire have different approaches to general assistance, which at times provide real challenges for areas like the Cottage Hospital Service area.

Community Strengths

While "Stubborn Yankees." Was named as a challenge, it is also seen as a plus, especially when it comes to helping one's neighbors.

> ***"We have a real sense of community, neighbors helping neighbors."***
>
> ***"Everyone can share the credit for helping families if there is a special crisis."***
>
> ***"Another positive is that there is good work being done with public safety and with younger school children."***

The group did feel that progress is being made. Especially among younger children and families. There are stirrings in the schools and good working relationship between community organizations, like those represented in the room.

Community Needs Prioritization

Based on input from the Leadership Group meetings; analysis of local, State of New Hampshire, and federal quantitative data; community input; and, the needs evaluation process, the prioritized list of community needs is shown in the table below.

Leading, Prioritized Community Needs	
Rank	**Health Need**
1	Behavioral health services for adults for depression, anxiety, or other mental health conditions other than substance abuse
2	Chronic disease management – especially for cancer, heart disease, and diabetes (including tobacco cessation)
3	Seniors' health services
4	Substance abuse – Education, prevention, and care
5	Nutrition and healthy eating education
6	Obesity prevention and management

Appendix A: Leadership Group Discussion Guide

Cottage Hospital
Community Assessment

5:30 - 7:00 PM
Cottage Hospital
Board Room

Leadership Meeting Discussion Guide

August 4, 2016

Leadership Meeting Discussion Guide

Introduction

- *Welcome participants and introduce yourself.* Good evening. I'm _____ . Thank you for taking the time to join us for this important discussion.
- *Explain the general purpose of the discussion.* As you were told in the recruiting process, the purpose of the discussion is to learn more about community health-related needs and currently available resources, and to collect your insights regarding service gaps, and ways to better meet needs.
- *Describe logistics.* The restrooms are located _____. There will be a break approximately half way through the discussion. Your total time here should not last more than 90 minutes.
- *Seek participants' honest thoughts and opinions.* Frank opinions are the key to this process. There is no right or wrong answers to questions I'm going to ask. I'd like to hear from each of you and learn more about your opinions, both positive and negative.
- *Describe protocol for those who have not been to a group before.* We would like the discussion to be informal, so there's no need to wait for us to call on you to respond. In fact, I'd encourage you to respond directly to the comments other people make. If you don't understand a question, please let me know. We are here to ask questions, listen, and make sure everyone* has a chance to share.
- *Questions?* Do you have any questions for me before we start?

CURRENT INVOLVEMENT AND EXPERIENCE IN THE COMMUNITY

1. To start with, let's take a minute to introduce ourselves around the table. Please tell us your name, the organization where you work, and talk a little about what you see as some of the are the biggest community health issues that your see from a personal or organizational perspective?

* Please note: We will not address every issue with every person or even every group, but we will cover the subject areas as they arise. Also, specific topics may be emphasized for specific user insight.

CURRENT NEEDS

2. Next, I'd like to talk about the most **critical community health** needs and their impact – particularly as they relate to activities where Cottage Hospital may be able to contribute. Based on what you've said so far, and our prior work in the area you've mentioned several broad categories of needs:

Rank	**Health Need**
New	
New	
1 tie	**Access to** primary care providers (including the availability of providers, affordability of care, and transportation)
1 tie	Access to behavioral health service providers (including the availability of providers and affordability of care)
3	Drug and alcohol abuse; Drug and alcohol education and early intervention
4	**Screening** for heart disease, cancer, and other chronic illnesses
5	Chronic disease treatment and co-morbid conditions such as mental health and other disease management initiatives
6	Dental services / availability of providers
7	Obesity / exercise / nutrition programs for adults and children
8	**Preventive health services** (e.g., flu shots, mammograms, and other screenings)

Let's take them one at a time.

- PROBE: What are the contributing factors related to [THIS ISSUE] in the community?
    - Are there organizations that KEEP people healthy or help them better manage their health in regard to this need?

3. Which of the issues that you mentioned affect the largest numbers of people?
    - [FOR EACH] Who currently provides the services?

GAPS

Now I'd like to have use take a more personal look at the issues:

4. Given the community health needs that we've discussed, in the last year, have you or someone you know been unable to get care, for any reason.

   If yes, PROBE AS NEEDED:

   - Could not afford it (fee or co-pay)
   - Doctor would not accept insurance
   - No doctors in area accepting new patients
   - Medical condition was not serious enough
   - Did not know where to go to get medical care
   - Could not schedule a convenient time for an appointment
   - Clinic or doctor too far away, or not convenient location

5. So how would you describe the gap between the community need and the services available to meet the need. [WE WILL REVIEW MAJOR ONES AS NOTED IN PRIOR SECTION.]
   - Which require a greater focus?

6. Over the next three to five years, what community health needs do you expect to grow fastest?

ADDRESSING GAPS

Now I would like to speak a little about the ways to better meet community health needs, as well as the role of Cottage Hospital and your organization or the target populations you serve.

7. Is there anything about the area that makes it **easier or more difficult** to meet community health needs compared to other places?

    - PROBE: What are the challenges to better serving the target populations?

    - PROBE: Where are the overlaps between organizations?

8. ["SILOS" vs "COOPERATIVE EFFORTS" ISSUE] You've done a good job naming community health needs, available resources, and gaps. You also just mentioned that – generally speaking – efficient use of resources and clarity of focus, [AND OTHER THINGS AS LISTED] are important. To what degree do groups that you represent work cooperatively on projects?

9. Which of these areas seem most reasonable for Cottage Hospital to focus upon?
    - POTENTIAL COTTAGE LIST
    - Is this a short-term project or a long-term project?

Closing

10. Finally, if there was one thing that you could change with COMMUNITY HEALTH IN the area, what would it be?

Thank you very much again for your time and thoughtful responses to our questions.

Appendix B: Activities Conducted to Address Prioritized Community Health Needs Since the Previous CHNA

Since the 2013 CHNA and Implementation Plan were conducted, the hospital engaged in several activities designed to improve community health and responded to the prioritized needs identified. The activities are summarized and outlined below.

- Opened of the Rowe Health Center which increased access to primary and specialty care services
- Hired a Psychiatric Nurse Practitioner to service behavioral health issues in our service area.
- Began construction of the Ray of Hope – a ten-bed inpatient, adult behavioral health center (slated to open October 2016).
- Started the Haverhill Area Substance Misuse and Prevention Coalition with other community stakeholders to evaluate prevention, intervention, and recovery. The group was awarded a federal grant valued at $625,000 for five years to address substance prevention education within the community.
- Partnered with other local healthcare organizations to administer a voucher and community dental program as well as the expansion of a FQHC dental operatory.
- Hired or partnered to bring an endocrinologist, gastroenterologist, and dermatologist to the community, as well as increased the diabetic education program and other chronic disease outreach.

Appendix C: Existing Healthcare Resources and Facilities

Type of Resource or Facility	***Location and Contact Information***
Shelters / Housing (in order by distance, closest to Cottage)	
	Bancroft House 104 Harvard St. Franconia, NH 03580 (603) 823 - 8842 Bob Gorgone, Dir
	The Support Center at Burch House PO Box 965 Littleton, NH 03561 (800) 774 - 0544 www.tccap.org/support_center.htm
	Good Samaritan Haven 105 North Seminary St. Barre, VT 05641 (802) 479 - 2294 Kim Woolaver, Exec Dir http://goodsamaritanhaven.org
	Upper Valley Haven 713 Hartford Ave. White River Junction, VT 05001 (802) 295 - 6500 Sara Kobylenski, Exec Dir http://uppervalleyhaven.org
	Pemi-Bridge Shelter 260 Highland Ave. Plymouth, NH 03264 (603) 536 - 7631 Catherine Bentwood, Dir www.tbhshelter.org
	Tyler Blain House 56 Prospect St. Lancaster, NH 03584 (603) 788 - 2344 Jill Gorman www.tccap.org/homeless-tbh.htm
	Open Arms Outreach 756 Union Ave. Laconia, NH 03246 (603) 524 - 4580 Ken Peters, Exec Dir www.oaoutreach.org

Type of Resource or Facility	***Location and Contact Information***
	Salvation Army Shelter 177 Union Ave. Laconia, NH 03246 (603) 524 - 1834 Stephen & Sally Warren www.use.salvationarmy.org/laconia
	The Carey House 6 Spring St. Laconia, NH 03246 (603) 528 – 8086 Ryan Robinson
Teen Centers (in order by distance, closest to Cottage)	
	Boys & Girls Club of the North Country 2572 US Route 302 Lisbon, NH 03585 (603) 838 - 5954 Eric Frydman, Exec Dir http://bgcnorthcountry.org
	The Living Room 24 Bagley St. Saint Johnsbury, VT 05819 (802) 748 - 8732 Marion Stuart, Exec Dir http://nekys.org/the-living-room.html
	Hartford Teen Center 338 North Hartland Rd. White River Junction, VT 05001 (802) 295 – 0900
	The Junction: Listen's Teen Life Skills Center 18 North Main St. White River Junction, VT 05001 (802) 295 - 2612 Merilynn Bourne, Exec Dir www.listencs.org/content/view/37/55
	Boys & Girls Club of the Lakes Region 719 North Main St. Laconia, NH 03247 (603) 528 - 0197 Cheryl Avery, Exec Dir www.bgclronline.org

Type of Resource or Facility	***Location and Contact Information***
Social Service Organizations (in order by distance)	
	Tri-County Community Action Program, Inc 6 School St. Woodsville, NH 03785 (603) 747 - 3013 www.tccap.org
	AHEAD Inc 161 Main St. Littleton, NH 03561 (603) 444 - 1377 Mike Claflin, Exec Dir www.homesahead.org
	Casey Family Services 551 Meadow St. Littleton, NH 03561 (603) 444 - 9909 Edward Rennells, Division Dir. www.caseyfamilyservices.org
	Granite United Way (Upper Valley Region) 21 Technology Dr, Ste 4 West Lebanon, NH 03784 (603) 298 - 8499 Leah Dillon, Dir, Community Impact www.graniteuw.org
	Department of Health and Human Services 129 Pleasant St. Concord, NH 03301 (603) 271 - 4440 Maggie Bishop, Dir www.dhhs.state.nh.us
	Family Resource Connection 20 Park St. Concord, NH 03301 (800) 298 - 4321 Nancy Cristiano, Coordinator www.nh.gov/nhsl/frc

Type of Resource or Facility	***Location and Contact Information***
	Child and Family Services of New Hampshire 464 Chestnut St. Manchester, NH 03105 (800) 640 - 6486 Michael Ostrowski, President / CEO www.cfsnh.org
	Southern New Hampshire Services 40 Pine St. Manchester, NH 03103 (800) 322 - 1073 www.snhs.org
Health Centers / Clinics (in order by distance)	
	ACHS - Woodsville 79 Swiftwater Rd, Ste 3 Woodsville, NH 03785 (603) 747 - 3740 Alexandria Noble, APRN; Patricia Pratt, MD; Aaron Solnit, MD; Loren Solnit, MD; Sarah Young-Xu, MD www.ammonoosuc.org
	Rowe Health Center 103 Swiftwater Rd, Ste 2 Woodsville, NH 03785 (603) 747 – 2900 Marlene Sarkis, MD; Danielle Speer, APRN; Peggy Piette, APRN; Denis Lamontagne, DPM; Joseph Savage, MD; Karen Bonhote, APRN
	LRHC - Wells River 65 Main St. Wells River, VT 05081 (802) 757 - 2325 Marlene Bristol, APRN, Stephen Generaux, MD, Fay Homan, MD, Angela Welch PA-C www.littlerivers.org
	Newbury Health Clinic 4628 Main St South Newbury, VT 05051 (802) 866 - 3000 Melanie Lawrence, MD http://newburyhealth.org

Type of Resource or Facility	***Location and Contact Information***
	LRHC - Bradford 437 South Main St. Bradford, VT 05033 (802) 222 - 5562 Maureen Boardman, APRN, Margarethe Chobanian, MD, Kevin Connolly, MD, Jessie Reynolds, MD www.littlerivers.org
	Upper Valley Pediatrics 331 Upper Plain Bradford, VT 05033 (802) 222 - 4722 Claire Bolon, DO, Mark Harris, MD, Rebecca Yukica, DO http://uppervalleypediatrics.com
	ACHS - Franconia 155 Main St. Franconia, NH 03580 (603) 823 - 7078 Danielle Beaulieu, PA-C, Barbara MacGregor Ford, APRN, Charles Wolcott, MD www.ammonoosuc.org
	ACHS - Littleton 25 Mount Eustis Rd. Littleton, NH 03561 (603) 444 - 2464 Nicole Fischler, APRN, Elizabeth Harman, PA-C, Philip Lawson, MD, David Nelson, DO, Jessica Thibodeau, APRN www.ammonoosuc.org
	ACHS - Warren 333 NH Route 25 Warren, NH 03279 (603) 764 - 5704 Caitlin O'Donnell, MD, Michael Scanlon, APRN www.ammonoosuc.org
	LRHC - East Corinth 720 Village Rd. East Corinth, VT 05040 (802) 439 – 5321 Richard Crandall, MD, Caroline Evans, FNP www.littlerivers.org

Type of Resource or Facility	***Location and Contact Information***
	ACHS - Whitefield 14 King's Sq. Whitefield, NH 03598 (603) 837 - 2333 Evelyn Hagan, APRN www.ammonoosuc.org
	The Good Neighbor Health Clinic 70 North Main St. White River Junction, VT 05001 (802) 295 - 1868 Armando Alfonzo, Exec Dir www.goodneighborhealthclinic.org
Domestic Violence Centers (in order by distance)	
	The Support Center at Burch House PO Box 965 Littleton, NH 03561 (800) 774 - 0544 www.tccap.org/support_center.htm
	Voices Against Violence PO Box 53 Plymouth, NH 03264 (877) 221 - 6167 http://voicesagainstviolence.net
	WISE 38 Bank St. Lebanon, NH 03766 (866) 348 - WISE (9473) Peggy O'Neil, Exec Dir www.wiseoftheuppervalley.org
	Starting Point: Services for Victims of Domestic and Sexual Violence PO Box 1972 Conway, NH 03818 (800) 336 - 3795 www.startingpointnh.org
	Turning Points Network 11 School St. Claremont, NH 03743 (800) 639 - 3130 www.free-to-soar.org

Type of Resource or Facility	***Location and Contact Information***
	New Beginnings Without Violence and Abuse PO Box 622 Laconia, NH 03247 (603) 528 - 6511 www.newbeginningsnh.org
Counseling Centers (in order by distance, closest to Cottage)	
	Connecticut River Counseling 139 Central St. Woodsville, NH 03785 (603) 747 - 2801 Sarah Davis, LCMHC, Jams Ohearn LCMHC
	White Mountain Mental Health - Woodsville 27 Central St. Woodsville, NH 03785 (603) 747 - 3658
	Clara Martin Center 1483 Lower Plain Bradford, VT 05033 (802) 222 - 4477 Kevin Buchanan, MD, Emily Hawes, LADC, Renee Thayer, LADC, Dawn Littlepage, Clin Dir, Gretchen Pembroke, Dir of Adult Care Svcs, Christie Everett, Dir of Acute Care Svcs www.claramartin.org
	Center for New Beginnings 229 Cottage St. Littleton, NH 03561 (603) 444 - 6465 http://centerfornewbeginnings.org
	White Mountain Mental Health - Littleton 29 Maple St. Littleton, NH 03561 (603) 444 - 5358
	Washington County Mental Health Services, Inc PO Box 647 Montpelier, VT 05601 (802) 229 - 0591 Paul Dupre, Exec Dir www.wcmhs.org

Type of Resource or Facility	***Location and Contact Information***
	West Central Behavioral Health 85 Mechanic St, Ste 360 Lebanon, NH 03766 (603) 448 - 5610 www.wcbh.org
Hospices (in order by distance, closest to Cottage)	
	North Country Home Health & Hospice Agency 536 Cottage St Littleton, NH 03561 (603) 444 – 5317 Elaine Bussey, Exec Dir www.nchha.com
	Caledonia Home Health Care and Hospice 161 Sherman Dr. Saint Johnsbury, VT 05819 (802) 748 - 8116 Margaret Baldor, Clin Dir www.nchcvt.org/chhc.html
	Central VT Home Health & Hospice 600 Granger Rd. Barre, VT 05641 (802) 223 - 1878 Kristin Burdick, Hospice Medical Dir www.cvhhh.org
	Bayada Hospice 309 Main St. Norwich, VT 05055 (802) 526 - 2380 Kristin Barnum, Dir http://bayada.com
	Visiting Nurse Association & Hospice of VT and NH 66 Benning St, Ste 6 West Lebanon, NH 03784 (888) 300 - 8853 www.vnavnh.org
	Pemi-Baker Home Health & Hospice 101 Boulder Point Dr, Ste 3 Plymouth, NH 03264 (603) 536 - 2232 Mary Ellen McCormack, Homecare/Hospice Dir www.pemibakercommunityhealth.org

Type of Resource or Facility	***Location and Contact Information***
	Northwoods Home Health & Hospice 278 Main St. Lancaster, NH 03584 (603) 788 - 5020 www.weeksmedical.org
	Central NH VNA & Hospice 780 North Main St. Laconia, NH 03246 (603) 524 - 8444 Andrea Huertas, Hospice Dir www.centralvna.org
Drug / Alcohol Treatment Centers (in order by distance)	
	Clara Martin Center 1483 Lower Plain Bradford, VT 05033 (802) 222 - 4477 www.claramartin.org
	Valley Vista 23 Upper Plain Bradford, VT 05033 (802) 222 - 5201 www.vvista.net
	Friendship House 2957 Main St. Bethlehem, NH 03574 (603) 869 - 2210 www.tccap.org/aod_friendship_house.htm
	Health Care and Rehabilitation Services 49 School St. Hartford, VT 05047 (802) 295 - 3031 www.hcrs.org
	West Central Behavioral Health 85 Mechanic St, Ste 360 Lebanon, NH 03766 (603) 448 - 5610 www.wcbh.org
	Chrysalis Recovery Center 20 Canal St, Ste 316 Franklin, NH 03235 (603) 998 - 4210 www.chrysalisrecovery.com

Type of Resource or Facility	***Location and Contact Information***
	Webster Place Recovery Center 27 Holy Cross Rd. Franklin, NH 03235 (603) 934 - 2020 www.netreatment.com
	Maple Leaf Farm 10 Maple Leaf Rd. Underhill, VT 05489 (802) 899 - 2911 www.mapleleaf.org
	Brattleboro Retreat Anna Marsh Ln. Brattleboro, VT 05302 (800) 345 - 5550 www.brattlebororetreat.org
Nursing Homes / Assisted Living Facilities	
	Grafton County Nursing Home 3855 Dartmouth College Hwy. North Haverhill, NH 03774 (603) 787 - 6971 Eileen Bolander, Adm www.co.grafton.nh.us/departments/nursing-home
	Atkinson Residence 4717 Main St. Newbury, VT 05051 (802) 866 – 5582 Jane Grimes, Adm
	On the Green 412 Dartmouth College Hwy. Haverhill, NH 03765 (603) 989 - 5545 Janice Estes, Adm
	Glencliff Home for the Elderly 393 High St. Glencliff, NH 03238 (603) 989 - 3111

Type of Resource or Facility	***Location and Contact Information***
	Blue Spruce Home for the Retired 70 Birch St. Bradford, VT 05033 (802) 222 - 5332 Sharon Sylvester, Adm
	Oasis Home 92 Cottage St. Bradford, VT 05033 (802) 222 - 5516 Sandra Sapounas, Adm
	Lafayette Center, Genesis Healthcare 93 Main St. Franconia, NH 03580 (603) 823 - 5502 Charlene Bedor, Adm www.genesishcc.com/Lafayette
	Riverglen House 55 Riverglen Ln. Littleton, NH 03561 (603) 444 - 0458 Jason Purdy, Exec Dir www.riverglenhouse.com
	St. Johnsbury Health & Rehab 1248 Hospital Dr. Saint Johnsbury, VT 05819 (802) 748 - 8757 Shawn Hallisey, Exec Dir www.reverastjohnsbury.com
	Sunset Home 73 Prospect St. Saint Johnsbury, VT 05819 (802) 748 - 2735 Vicki Quatrini, Adm
	Valley View Home for the Retired 69 Oak Ln. Fairlee, VT 05045 (802) 333 – 4829 Deborah Hodge, Adm
	Kendal at Hanover 80 Lyme Rd. Hanover, NH 03755 (603) 643 - 8900 Becky Smith, Exec Dir http://kah.kendal.org

Type of Resource or Facility	***Location and Contact Information***
	Kindred Nursing & Rehabilitation - Hanover Terrace 49 Lyme Rd. Hanover, NH 03755 (603) 643 - 2854 Cheryl Day www.hanoverterrace.com
	Brookside Nursing Home 1200 Christian St. White River Junction, VT 05001 (802) 295 - 7511 www.brooksidenursinghome.com
	Lebanon Center, Genesis Healthcare 24 Old Etna Rd. Lebanon, NH 03766 (603) 448 - 2234 Martha Chesley, Adm www.genesishcc.com/Lebanon
	Country Village Center, Genesis Healthcare 91 Country Village Rd. Lancaster, NH 03584 (603) 788 - 4735 Linda Rodger, Adm www.genesishcc.com/CountryVillage
Sources of Health Information (in alphabetical order)	
	AgingFit.com www.agingfit.com
	American Association of Poison Control Centers www.aapcc.org
	Centers for Disease Control and Prevention www.cdc.gov
	ClinicalTrials.gov www.clinicaltrials.gov
	Department of Health and Human Services 129 Pleasant St Concord, NH 03301 (603) 271 - 4440 Maggie Bishop, Dir www.dhhs.state.nh.us
	Dietary Supplements Labels Database http://dietarysupplements.nim.nih.gov/dietary

Type of Resource or Facility	***Location and Contact Information***
	Families USA 200 Baker Ave, Ste 309 Concord, MA 01742 (978) 371 - 7400 Philippe Villers, Pres www.familiesusa.org
	FamilyHealthInformation.com http://family-health-information.com
	Genetics Home Reference http://ghr.nim.nih.gov
	HealthCare.gov www.healthcare.gov
	HealthCentral.com www.healthcentral.com
	Health.com www.health.com
	Healthfinder.gov www.healthfinder.gov
	Health.gov http://health.gov
	Healthline www.healthline.com
	Household Products Database http://householdproducts.nim.nih.gov
	KidsHealth.org http://kidshealth.org
	Mayo Clinic www.mayoclinic.com
	MedHelp www.medhelp.org
	MedicineNet.com www.medicinenet.com
	MedlinePlus www.nim.nih.gov/medlineplus

Type of Resource or Facility	***Location and Contact Information***
	National Institutes of Health 9000 Rockville Pike Bethesda, MD 20892 (301) 496 - 4000 Francis Collins, MD PhD, Dir www.nih.gov
	New Hampshire Health Data Inventory http://nhhealthdata.org
	New Hampshire Public Health Association 4 Park St, Ste 403 Concord, NH 03301 (603) 228 - 2983 www.nhpha.org
	NH Citizens Health Initiative 501 South St, 2nd floor Bow, NH 03304 (603) 573 - 3373 Jeanne Ryer, Dir http://citizenshealthinitiative.org
	NH Family Voices 129 Pleasant St, Thayer Bldg. Concord, NH 03301 (800) 852 - 3345 Martha-Jean Madison and Terry Ohison-Martin, Co-Dir http://nhfv.org
	NH Quality Care www.nhqualitycare.org
	NIH SeniorHealth https://nihseniorhealth.gov
	SeniorResource.com www.seniorresource.com
	WebMD www.webmd.com