Valley Regional Hospital

Community Health Needs Assessment

May 2012

Presented by

crescendo
CONSULTING GROUP, LLC

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Executive Summary

Background

Valley Regional Healthcare includes the only New Hampshire Critical Access Hospital accredited by The Joint Commission, regional home care and hospice services, two primary care practices, three specialty care centers for orthopaedics, surgery, and women's health, and two satellite outpatient facilities, featuring patient care collaborations with Norris Cotton Cancer Center for oncology and Dartmouth Hitchcock for cardiology.

Outreach and support for these broad-based community health initiatives is an important aspect that helps define VRH and their important role in the community.

As part of their ongoing efforts to serve their community, and in order to meet regulatory guidelines, VRH conducted a Community Health Needs Assessment (CHNA). 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 a health assessment every five years.

VRH worked with Crescendo Consulting Group, LLC, (CCG) to bring together key healthcare and public service stakeholders, collect quantitative and qualitative data, and reach out to the community in order to elicit feedback directly from them and their service providers. The quantitative and qualitative findings included in this report are based on the most currently available data from community resources, the State of New Hampshire, and other regional sources.

While this document fulfills federal and state reporting requirements, more importantly, it serves as a guidepost for community outreach efforts and as a benchmark with which to compare future progress.

The purpose of the research design was to do the following:

- Clearly define the community served by VRH
- Define a data-based and qualitative methodology to identify needs in the community
- Develop a prioritized list of community resources
- Develop a list of healthcare resources in the service area

In order to generate the information, CCG and VRH incorporated 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 – community opinion leaders (a diverse set of service providers), hospital service providers, and healthcare consumers. In addition, statistical data was integrated with other community data to provide a detailed profile of needs and resources.

To formally launch the needs assessment, a leadership group was convened of community leaders with a diverse breadth of community health vision, knowledge and power to impact the well being of the greater Sullivan County area. This group provided critical feedback on quantitative data, refined the list of community needs, helped to build the list of available community health resources, and assisted with the prioritization of community needs identified in this report.

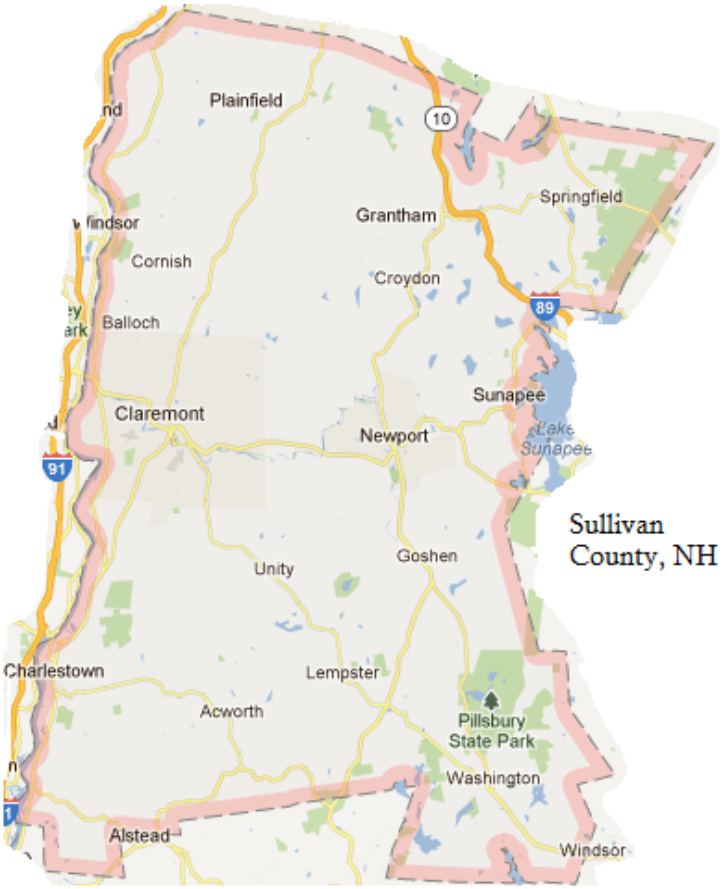
The Leadership Group included the following members:

- Community Dental Care of Claremont, Sue Schroeter, Director
- Connecticut Valley Home Care, Dianne Lemay, Interim Director
- Greater Claremont Chamber of Commerce, Kelly Murphy, Interim Executive Director
- Greater Sullivan County Public Health Region, Jessica McAuliff, Regional Coordinator
- River Valley Community College, Steven Budd, President
- School Administrative Unit #6, Allen Damren, Assistant Superintendent
- Southwestern Community Services, Gail Merrill, Program Director
- Sullivan County, Greg Chanis, County Administrator
- Sullivan County Healthcare, Ted Purdy, Administrator
- Turning Points Network, Deborah Mozden, Executive Director
- Valley Regional Hospital, Associates in Medicine for Pediatrics, Shirley Tan, MD, Physician
- Valley Regional Hospital, Tracy Pike, RN, Emergency Nurse Manager
- West Central Behavioral Health, Pat Kinne, Older Adult Service Manager

Description of the Community Served

VRH serves the rural region of Sullivan County, New Hampshire with a population of over 47,000 people, living in 15 towns over 537 square miles. In addition to New Hampshire residents, several bording towns in Vermont, especially Windsor, Weathersfield and Springfield, rely upon Valley Regional Hospital's programs and services. The following map highlights the New Hampshire communities served by VRH.

- Acworth
- Charlestown
- Claremont
- Cornish
- Croydon
- Goshen
- Grantham
- Langdon
- Lempster
- Newport
- Plainfield
- Springfield
- Sunapee
- Unity
- Washington



An additional map, which includes Sullivan County and the three Vermont towns served by VRH, is included in the appendices.

Key Demographic & Economic Indicators

As identified in the most recent 2010 US Census, Sullivan County residents tend to be slightly older and have a lower household income than State of New Hampshire averages. The table on the next page shows that the median age in Sullivan County is nearly 44 years of age (43.7) while the state average is 40 years. Similarly, the median annual household income in Sullivan County is about $13,000 less than the state average. In Claremont, household income is more than $21,000 (roughly 33%) below the New Hampshire median income – $41,721 compared to $63,277. Health and lifestyle characteristics of these areas are described on the next page and in detail in the appendices.

Key Demographic and Economic Indicators				
Town	2010 Population	Median Age	Median Household Income	High School or Higher
Acworth	891	49.2	$47,969	90.4%
Charlestown	5,114	43.9	$48,750	87.2%
Claremont	13,355	40.6	$41,721	87.7%
Cornish	1,640	48.6	$67,813	93.7%
Croydon	764	48.0	$58,125	85.0%
Goshen	810	47.0	$48,664	85.1%
Grantham	2,985	47.3	$87,245	96.9%
Langdon	688	45.5	$67,292	90.4%
Lempster	1,154	46.1	$55,577	84.5%
Newport	6,507	41.7	$45,794	84.4%
Plainfield	2,364	45.2	$85,966	93.1%
Springfield	1,311	42.3	$75,625	95.2%
Sunapee	3,365	46.2	$59,702	94.3%
Unity	1,671	49.7	$62,500	88.8%
Washington	1,123	46.5	$47,250	89.4%
Sullivan County	43,742	43.8	$50,689	89.0%
New Hampshire	1,316,470	41.1	$63,277	90.5%
U.S.	308,745,538	37.2	$51,914	84.6%

Sources: American FactFinder, 2011; U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates

Assessment Methodology

The CHNA methodology is designed to reach out to a wide breadth of consumers and health-related service providers in order to get a comprehensive view of Sullivan County health needs. The methodology also contains components that will help VRH prioritize the needs and establish a basis for continued community engagement.

Qualitative and Quantitative Methods

The VRH CHNA methodology includes qualitative and quantitative components. The major sections of the methodology include the following:

- Strategic secondary research
- Quantitative analysis and qualitative review of existing data
- Qualitative discussion groups with healthcare consumers, service providers, and other community opinion leaders
- Needs prioritization using a modified Delphi process

Each of the components of the CHNA methodology is described in the table on the next page.

Valley Regional Hospital – Community Health Needs Assessment Methodology

Method and Description	*Data Source Examples*	*Data Goal*

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 "demographics and key indicators" table is shown above while others follow or are included in the appendices of this report.***	• Demographic Data
	  ○ U.S. Census
	  ○ State of New Hampshire, Employment Security
	  ○ State of New Hampshire, Office of Planning
	• Health Risk Behavior Data from the U.S. Centers for Disease Control and Prevention
	  ○ Behavioral Risk Factor Surveillance System Survey (BRFSS)
	  ○ Youth Risk Behavior Survey (YRBS)
	  ○ State of New Hampshire, Department of Education
	• Existing materials from other organizations
		Strategic secondary research data goals include properly framing the service area in terms of lifestyle, demographic factors, and general health trends, and to better understand previous research conducted for the hospital.

Quantitative analysis and qualitative review of existing survey data. ***In order to gain a better understanding of the relative magnitude of morbidity and mortality data, Crescendo analyzed the secondary data and identified regional outliers, where***	• Strategic secondary data (above) • State of New Hampshire, Division of Public Health	Goals of this component of the methodology include developing a better understanding of community health, morbidity and mortality

Method and Description	*Data Source Examples*	*Data Goal*
possible.	• Hospital Discharge Data • Birth and Death Statistics • Cancer Registry	data, key health-related factors that impact the service area, and disease-based incidence levels that exceed the regional averages. The results of this activity are aggregated with primary research gathered in the qualitative discussion groups and the prioritization process.
Four qualitative discussion groups with healthcare consumers, service providers, and other community opinion leaders. The discussion groups attained direct insight from a breadth of consumers and community groups regarding their perceptions of healthcare service gaps and helped to triangulate information gleaned through review of the quantitative data. ***In order to gain the perspective of a diverse set of community stakeholders, VRH conducted four focus group discussions with the following community segments:*** • ***Leadership Group Members. The Leadership Group included executives from service area organizations that have direct contact with healthcare consumers and/or provide affiliated services. The Group helped identify an extensive list of community resources, health needs, and service gaps. They also reviewed secondary data and provided feedback on the results of the community opinion leader discussion group. Focus groups were conducted in November 2011 and March 2012.***	A sample of the community groups who participated in the research is listed below, and a complete list is shown in the Appendices. • Charlestown Police Department • Cinnamon Street Early Education & Childcare Center • Claremont Soup Kitchen • Community Dental Care of Claremont • Golden Cross Ambulance • Greater Sullivan County Public Health Region • Healthcare Consumers	Discussion group goals involve creating a spanning list of community health needs. To thoroughly do so, the research includes extensive input from healthcare consumers and community groups, all in an effort to "cast a broad net" across the service area, especially among the underserved.

Method and Description	*Data Source Examples*	*Data Goal*
• ***Healthcare Consumers. Consumer sectors who participated in the Valley Regional Hospital CHNA discussion group include the homeless, people from diverse age groups and economic strata, individuals with varying degrees of chronic illnesses, and others. Healthcare consumers provided insights regarding community health needs and reflected on the results of the secondary data research.*** • ***Community Opinion Leaders. The Community Opinion Leader Group was comprised of healthcare consumers who live in Sullivan County and also provide community services such as faith-based networking, in-school nursing, public safety, behavioral health counseling, senior housing, and others. Members of this group also contributed their thoughts regarding community needs and insight about ways that disparate community organizations may be able to work together with VRH to address needs.***	• Members of the Homeless Community • River Valley Community College • ServiceLink • Sturm Ruger	
Needs prioritization using a modified Delphi process. The Delphi Method was pioneered by the RAND Corporation in the 1950s and 1960s. It is a quantitative and qualitative survey method that is used to collect, distill, and reach prioritized consensus around creative ideas and/or qualitative issues and questions.	Crescendo worked with VRH to implement a modified Delphi process to prioritize an initial list of 37 community health needs that were identified during the discussion groups noted above.	The goal of the modified Delphi process is to prioritize the community health needs identified in prior research and to build quantitative and qualitative support among the Leadership Group.

Method and Description	*Data Source Examples*	*Data Goal*
In this phase of the research, Leadership Group members rated health initiatives and provided qualitative feedback. The modified Delphi method included three steps. • *Leadership Group members were asked to complete a survey in which they were to quantitatively and qualitatively evaluate each of the 37 community needs identified in earlier research and to submit their responses to CCG. They were also asked to provide feedback regarding the rationale for their rating.* • *CCG rank-ordered the needs based on the average score and aggregated the qualitative comments. The results were sent to Leadership Group members in the form of a second survey. The second survey included the same list of 37 needs, as well as the ranking from the previous survey and a list of qualitative comments. Leadership Group members re-rated the 37 needs based on their own opinions and the insights of others as expressed in the list of aggregated comments. Group members submitted their responses to CCG.*	The comprehensive list of 37 needs is contained in the appendix of this report. Detailed descriptions of the top ten prioritized needs are contained later in this report.	

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List of Prioritized Needs

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.

Prioritized Community Needs		
Rank	**Health Need**	**Code Number ****
1	Availability of affordable healthcare, prescriptions, and related services	101
2 tie	Drug and alcohol abuse early detection and treatment	407
2 tie	Managing the expected growth in senior health services	501, 603
2 tie	Wellness initiatives and the individual's ability to maintain a healthy lifestyle	999
5	Obesity / Nutrition / Exercise education and services	420, 421, 422
6 tie	Addictions awareness and education	400, 407
6 tie	Behavioral Health early detection and intervention	370
8	Transportation to/from healthcare service providers	601
9	Dental health services	121
10 tie	Chronic disease screenings - broad spectrum (hypertension, cancer, heart disease, stroke)	300, 350
10 tie	Elder Care Services and Dementia Spectrum Issues	372, 501, 603

** NOTE: Code numbers shown are used by the State of New Hampshire for the Community Benefits reporting to categorize needs and develop clearer, more uniform understanding of initiatives. See Appendix I

Below is a brief summary of the eleven (11) leading community needs, as established by consensus among key stakeholders and community representatives.

- Availability of affordable healthcare, prescriptions, and related services. While VRH provided over $5,871,000 of charity care and non-reimbursable Medicare/Medicaid services to community members in 2010, healthcare costs continue to be a tremendous burden on consumers, be it for pharmacy or direct healthcare services. These increasing costs were cited by the Leadership Group as a reason for delayed healthcare treatment, often leading to an Emergency Department visit to treat an avoidable condition or altering medication plans to extend its use and decrease the cost.

- Drug and alcohol abuse early detection and treatment. Leadership Group members identified drug and alcohol abuse detection and treatment as an ongoing community need that has far-reaching effects on the afflicted, his or her families, employment status, and other social issues. According to 2009 BRFSS and YRBSS data, two of five New Hampshire high school students (39%) had at least one drink of alcohol on at least one day (during the 30 days before the survey); approximately 23% had had five or more drinks of alcohol in a row within a couple of hours on at least one day (during the 30 days before the survey). Approximately 25% had used marijuana one or more times during the same time period. Similarly, the New Hampshire Department of Health and Human Services reports that 13.8% of adults are considered "binge drinkers."

  The Leadership Group noted the goals and achievements of Communities United Regional Network, and suggested that VRH extend a supportive collaboration opportunity to support the Regional Network's mission *to engage members of our communities in a coordinated effort to promote behaviors that measurably improve the health and well being of our youth and adults with a focus on alcohol, tobacco, and other drug prevention.*

- Managing the expected growth in senior health services

  According to 2010 data, one in six Sullivan County residents is over 64 years of age. In some of communities, the percentage of seniors is over 20% and expected to rise to nearly 25% over the next decade. In addition, Sullivan County has the fourth highest rate of elderly in poverty.

  By 2030 the elderly population is expected to increase to 36.5%.

  The overall population of Sullivan County is also expected to increase (see the table on the next page). The general population growth – combined with the increase in the percentage of seniors – will increase the magnitude of the issue of providing services to this segment of the population.

Percent of Population Over 64 Years

Town	Percentage
Acworth	18.2%
Charlestown	16.2%
Claremont	15.4%
Cornish	15.2%
Croydon	15.8%
Goshen	17.5%
Grantham	20.9%
Langdon	17.4%
Lempster	12.6%
Newport	16.0%
Plainfield	13.3%
Springfield	14.4%
Sunapee	19.1%
Unity	21.4%
Washington	20.4%
Sullivan County (Weighted Average)	16.5%

Sullivan County Population and Trends

	Decennial Census Date						
Town	1960	1970	1980	1990	2000	2010	% Change, 1960-2010
Acworth	371	459	590	776	836	891	140%
Charlestown	2,576	3,274	4,417	4,630	4,749	5,114	99%
Claremont	13,563	14,221	14,557	13,902	13,151	13,355	-2%
Cornish	1,106	1,268	1,390	1,659	1,661	1,640	48%
Croydon	312	396	457	627	661	764	145%
Goshen	351	395	549	742	741	810	131%
Grantham	332	366	704	1,247	2,167	2,985	799%
Langdon	338	337	437	580	586	688	104%
Lempster	272	360	637	947	971	1,154	324%
Newport	5,458	5,899	6,229	6,110	6,269	6,507	19%
Plainfield	1,071	1,323	1,749	2,056	2,241	2,364	121%
Springfield	283	310	532	788	945	1,311	363%
Sunapee	1,164	1,384	2,312	2,559	3,055	3,365	189%
Unity	708	709	1,092	1,341	1,530	1,671	136%
Washington	162	248	411	628	895	1,123	593%
Total Sullivan County***	**28,067**	**30,949**	**36,063**	**38,592**	**40,458**	**43,742**	**56%**

Source: 2011 New Hampshire State Health Profile, p. 16

***The population of Sullivan County is projected to increase to 50,132 by 2030 (a 15% increase from 2010)

- Wellness initiatives and the individual's ability to maintain a healthy lifestyle

  Many Leadership Group members indicate that Sullivan County has a wealth of natural resources and "healthy living" opportunities. While saying that wellness initiatives and other proactive health-related activities are very important, they also mention that it may be helpful for an organization such as VRH or a public health association to take the lead on communicating the benefits of healthy living and ways to do so.

- Obesity / Nutrition / Exercise. Recent BRFSS data shows that obesity rates in the Sullivan County Public Health Region[1] are on par with New Hampshire state averages. Exercise, consumption of fruits and vegetables, and smoking rates are also similar to State levels. However, the data supports the Leadership Group's findings that there remains a need for improved community health priorities focusing on these important areas.

- Addictions - Awareness and Education. Some Leadership Group members commented that this community need was perceived to be in the same category as "drug and alcohol abuse

[1] Note that the Greater Sullivan County Public Health Region includes Acworth, Charlestown, Claremont, Croydon, Goshen, Langdon, Lempster, New London, Newbury, Newport, Springfield, Sunapee, Sutton, Unity, and Wilmot.

early detection and treatment" (above). However, others indicated that the "addictions" encompasses a much broader spectrum than solely drugs and alcohol, and it would be preferable to identify it as a separate and important community need.

- Behavioral Health – early detection and intervention. Behavioral health is a broad enough category that it impacts every age group in the service area. Leadership Group members identified the need for increased learning disabilities screenings for children and stress management and marriage / parenting / family dynamics counseling for working adults. The group also recognized a significant decrease in accessible mental health treatment and counseling services, as well as dementia spectrum issues and socialization issues for seniors.
- Transportation Services Availability. Limited public transportation can reduce access to care – especially for the elderly and low income populations. Discussion group participants noted the significant collaborative service provider contributions of the Community Mobility Project, now known as the Sullivan County Regional Transportation Council; however, with such a tremendous and ongoing need, collaborative efforts between VRH, service providers and public/private transportation companies should be an ongoing effort.
- Dental Health Services. Dental issues were identified by community members representing all age groups – children, adults, and senior – as significant needs in the region. VRH has been a lead organization (in collaboration with New London Hospital) in recognizing the oral health needs and establishing the Community Dental Care of Claremont, a nonprofit organization dedicated to serving Sullivan County residents without a dental home.
- Chronic Disease Screenings – Heart Disease, Cancer, and Hypertension. Heart disease, cancer, and stroke are the leading causes of death in VRH's service area. Specifically, death rates for two of these diseases are higher in the Sullivan County than for the overall State of New Hampshire.

Leading Causes of Death in Sullivan County 2003-2007
Rates per 100,000 people

Cause of Death	Sullivan County	New Hampshire
Heart Disease	215.5	179.4
Cancer	196.3	183.7
Stroke	48.5	35.5
Chronic Lower Respiratory Diseases	47.9	46.2
Accidents	40.1	35.2
Dementia	27.6	26.1
Diabetes	24.9	22.5
Influenza and Pneumonia	21.5	19.4
Suicide	13.1	11.2
Kidney Disease	10.3	12.4

Source: State of New Hampshire, Health Web Reporting and Querying System (Health WRQS, 2012); National Vital Statistics Report, Vol. 56, No. 10, "Deaths: Final Data for 2005"

- Elder Care Services and Dementia Spectrum Issues. As noted in the "senior services" entry two pages above, Leadership Group members agree that elder services are a growing need. Dementia spectrum services may be considered a sub-category within the more general "senior services" area. With the median age of some communities approaching 50 years, there will be increasing needs for the elderly. Demographic data shows that the median age in the service area is 43.8 years – higher than the New Hampshire state figure and far above the U.S. median.

Appendix A: Leadership Group Presentation Details

Two focus groups were held with the Leadership Group – November 2011 and March 2012.

- During the first session, held at the outset of the project, Leadership Group members critiqued the project methodology and the strategic purpose of the community assessment, provided their insights regarding effective ways to gather pertinent information (quantitative and qualitative), and helped generate an initial list of community needs, available resources, and potential service gaps.
- The second meeting included a review of community health data and the findings of the community focus group. Based on these two major research components, the Leadership Group helped refine and append the initial list of needs, resources, and service gaps. The moderator's guide included in the meeting is attached in a separate appendix.

Throughout the project, information was exchanged as needed via e-mail or telephone conversations with Leadership Group members and others.

Appendix B: Health Issues Evaluated in the Modified Delphi Method

Discussion groups that included healthcare consumers, Leadership Group members, and community opinion leaders identified 37 community health needs. Leadership Group members were then asked to rate the needs on a 5-point scale during the prioritization process described above in order to develop a ranked list. The results of the evaluation are contained in the table below.

Health Issues Evaluated in the Modified Delphi Method

Community Need	*Survey Average Score (5-point Scale)*	*Rank*
Availability of affordable healthcare, prescriptions, and related services	4.29	1
Drug and alcohol abuse early detection and treatment	4.00	2
Managing the expected growth in senior health services	4.00	2
Wellness initiatives and the individual's ability to maintain a healthy lifestyle	4.00	2
Obesity / Nutrition / Exercise education and services	3.88	5
Addictions - Awareness and education	3.86	6
Behavioral health - early detection and intervention	3.86	6
Transportation to/from healthcare service providers	3.75	8
Dental health services	3.71	9
Chronic disease screenings - broad spectrum (hypertension, cancer, heart disease, stroke)	3.57	10
End of life issues (including palliative care)	3.57	10
Elder care services	3.50	12
Smoking cessation services	3.50	12
Drug and alcohol abuse prevention	3.43	14
Mammography screenings	3.38	15
Women's health - comprehensive gynecology and reproductive care for women in all stages of life	3.38	15
Communication between community service providers regarding the breadth of services available	3.29	17
Coordination of care between provider organizations	3.29	17

Health Issues Evaluated in the Modified Delphi Method

Community Need	*Survey Average Score (5-point Scale)*	*Rank*
Domestic violence and abuse prevention	3.29	17
Educational attainment; employment	3.29	17
Parenting classes including "well baby", "healthy mom", etc.	3.13	21
Stroke prevention and education	3.13	21
Cancer screening and other preventive care / education	3.00	23
Cholesterol screening and education	3.00	23
Hypertension prevention services	3.00	23
Interagency awareness of services / communications	3.00	23
Public information regarding available community health services - the need for a central repository and reference for local services	3.00	23
Respiratory / pulmonology education and services	2.75	28
Stress management education and services	2.75	28
Homeless services (healthcare for the homeless)	2.63	30
Insurance coverage rates	2.63	30
Dementia spectrum issues	2.57	32
Diabetes awareness and management; including dialysis	2.57	32
Environmental issues - lead exposure / poisoning, waterborne arsenic	2.50	34
Rheumatology and other arthritis services	2.50	34
Vocational rehabilitation	2.25	36
Autism spectrum and other learning disabilities - early detection and services	2.00	37

Appendix C: BRFSS and YRBS Data

Comparison Between NH Students and U.S. Students 2009 YRBS

The Youth Risk Behavior Survey (YRBS) monitors priority health risk behaviors that contribute to the leading causes of death, disability, and social problems among youth and adults in the United States. The national YRBS is conducted every two years during the spring semester and provides data representative of 9th through 12th grade students in public and private schools throughout the United States. The New Hampshire YRBS is also conducted every two years and provides data representative of 9th through 12th grade students in public schools throughout New Hampshire.

New Hampshire, High School Youth Risk Behavior Survey, 2009

BRFSS and YRBS Data, 2009					
	Percent by Gender (95% confidence interval)		*Statistical Significance at 95% Confidence*		
Question	*Female*	*Male*	*Female More Likely Than Male*	*Male More Likely Than Female*	*No Difference*
Rarely or never wore a bicycle helmet (among students who had ridden a bicycle during the 12 months before the survey)	57.0 (50.1–63.8)	66.3 (60.6–71.6)		X	
Rarely or never wore a seat belt (when riding in a car driven by someone else)	11.4 (8.5–15.2)	14.0 (10.6–18.4)			X
Rode with a driver who had been drinking alcohol one or more times (in a car or other vehicle during the 30 days before the survey)	24.6 (20.2–29.6)	21.7 (18.8–24.9)			X
Drove when drinking alcohol one or more times (in a car or other vehicle during the 30 days before the survey)	7.8 (5.5–10.9)	9.0 (6.7–12.1)			X

BRFSS and YRBS Data, 2009					
	Percent by Gender (95% confidence interval)		*Statistical Significance at 95% Confidence*		
Question	*Female*	*Male*	*Female More Likely Than Male*	*Male More Likely Than Female*	*No Difference*
Carried a weapon on school property on at least 1 day (for example, a gun, knife, or club during the 30 days before the survey)	3.4 (2.1–5.3)	13.7 (10.7–17.4)		X	
Did not go to school because they felt unsafe at school or on their way to or from school on at least 1 day (during the 30 days before the survey)	4.8 (2.8–8.2)	4.2 (2.8–6.4)			X
Threatened or injured with a weapon on school property one or more times (for example, a gun, knife, or club during the 12 months before the survey)	—	—			
In a physical fight on school property one or more times (during the 12 months before the survey)	6.8 (4.8–9.5)	11.2 (8.6–14.4)		X	
Bullied on school property (during the 12 months before the survey)	24.4 (20.5–28.8)	19.9 (16.0–24.4)			X
Felt sad or hopeless (almost every day for 2 or more weeks in a row so that they stopped doing some usual activities during the 12 months before the survey)	32.1 (28.3–36.2)	18.4 (15.4–21.9)	X		
Seriously considered attempting suicide (during the 12 months before the survey)	13.8 (10.7–17.7)	10.2 (7.8–13.3)			X
Made a plan about how they would attempt suicide (during the 12 months before the survey)	11.9 (8.8–15.9)	7.7 (5.8–10.2)	X		
Attempted suicide one or more times (during the 12 months before the survey)	5.1 (3.1–8.3)	4.2 (2.7–6.6)			X
Suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse (during the 12 months before the survey)	1.6 (0.7–3.6)	1.6 (0.9–2.8)			X
Carried a weapon on at least 1 day (for example, a gun, knife, or club during the 30 days before the survey)	—	—			

BRFSS and YRBS Data, 2009					
	Percent by Gender (95% confidence interval)		*Statistical Significance at 95% Confidence*		
Question	*Female*	*Male*	*Female More Likely Than Male*	*Male More Likely Than Female*	*No Difference*
Carried a gun on at least 1 day (during the 30 days before the survey)	—	—			
In a physical fight one or more times (during the 12 months before the survey)	20.3 (16.0–25.5)	31.1 (27.2–35.2)		X	
Injured in a physical fight one or more times (injuries had to be treated by a doctor or nurse, during the 12 months before the survey)	3.6 (2.3–5.6)	4.3 (3.0–6.2)			X
Hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend (during the 12 months before the survey)	8.0 (6.0–10.5)	11.1 (8.4–14.4)			X
Ever physically forced to have sexual intercourse (when they did not want to)	9.4 (7.1–12.3)	4.8 (3.4–6.7)	X		
Ever tried cigarette smoking (even one or two puffs)	—	—			
Smoked a whole cigarette for the first time before age 13 years	9.8 (7.5–12.7)	11.0 (8.9–13.6)			X
Smoked cigarettes on at least 1 day (during the 30 days before the survey)	20.0 (16.0–24.6)	21.6 (18.2–25.4)			X
Smoked cigarettes on 20 or more days (during the 30 days before the survey)	9.6 (6.9–13.3)	9.2 (6.9–12.2)			X
Smoked more than 10 cigarettes per day (among students who currently smoked cigarettes, on the days they smoked during the 30 days before the survey)	—	—			
Smoked cigarettes on school property on at least 1 day (during the 30 days before the survey)	—	—			
Ever smoked at least one cigarette every day for 30 days	—	—			

BRFSS and YRBS Data, 2009					
	Percent by Gender (95% confidence interval)		*Statistical Significance at 95% Confidence*		
Question	*Female*	*Male*	*Female More Likely Than Male*	*Male More Likely Than Female*	*No Difference*
Did not try to quit smoking cigarettes (among students who currently smoked cigarettes, during the 12 months before the survey)	—	—			
Usually obtained their own cigarettes by buying them in a store or gas station (among the students who were aged <18 years and who currently smoked cigarettes, during the 30 days before the survey)	—	—			
Used chewing tobacco, snuff, or dip on at least 1 day (during the 30 days before the survey)	2.6 (1.3–5.2)	13.8 (11.3–16.8)		X	
Used chewing tobacco, snuff, or dip on school property on at least 1 day (during the 30 days before the survey)	—	—			
Smoked cigars, cigarillos, or little cigars on at least 1 day (during the 30 days before the survey)	9.7 (6.8–13.6)	22.1 (18.9–25.7)		X	
Smoked cigarettes; smoked cigars, cigarillos, or little cigars; or used chewing tobacco, snuff, or dip on at least 1 day (during the 30 days before the survey)	23.8 (19.4–28.8)	33.8 (29.3–38.5)		X	
Ever had at least one drink of alcohol on at least 1 day (during their life)	69.8 (64.1–74.9)	67.2 (62.4–71.6)			X
Drank alcohol for the first time before age 13 years (other than a few sips)	11.5 (9.1–14.4)	17.7 (14.9–20.9)		X	
Had at least one drink of alcohol on at least 1 day (during the 30 days before the survey)	39.4 (33.4–45.7)	39.2 (34.5–44.1)			X
Had five or more drinks of alcohol in a row within a couple of hours on at least 1 day (during the 30 days before the survey)	24.6 (20.4–29.3)	23.4 (19.4–27.9)			X

BRFSS and YRBS Data, 2009					
	Percent by Gender (95% confidence interval)		Statistical Significance at 95% Confidence		
Question	Female	Male	Female More Likely Than Male	Male More Likely Than Female	No Difference
Usually obtained the alcohol they drank by someone giving it to them (among students who currently drank alcohol during the 30 days before the survey)	33.7 (27.9–40.1)	28.4 (22.6–35.2)			X
Had at least one drink of alcohol on school property on at least 1 day (during the 30 days before the survey)	3.9 (2.3–6.6)	4.6 (3.3–6.3)			X
Ever used marijuana one or more times (during their life)	37.7 (32.1–43.7)	43.1 (38.5–47.9)			X
Tried marijuana for the first time before age 13 years	7.3 (5.2–10.1)	9.4 (7.4–11.7)			X
Used marijuana one or more times (during the 30 days before the survey)	22.9 (18.8–27.6)	28.1 (22.8–34.0)			X
Used marijuana on school property one or more times (during the 30 days before the survey)	5.3 (3.5–7.9)	8.3 (6.3–10.9)			X
Ever used any form of cocaine one or more times (for example, powder, crack, or freebase, during their life)	5.9 (3.9–8.8)	7.0 (5.2–9.4)			X
Used any form of cocaine one or more times (for example, powder, crack, or freebase, during the 30 days before the survey)	3.3 (1.8–6.1)	4.4 (2.9–6.8)			X
Ever sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high one or more times (during their life)	13.6 (10.1–18.0)	10.2 (7.6–13.4)			X
Ever used heroin one or more times (also called "smack", "junk", or "China white", during their life)	2.3 (1.2–4.1)	3.4 (2.1–5.4)			X
Ever used methamphetamines one or more times (also called "speed", "crystal", "crank", or "ice", during their life)	5.0 (3.4–7.3)	4.2 (3.0–5.9)			X
Ever used ecstasy one or more times (also called "MDMA", during	6.3 (3.8–10.1)	7.1 (4.8–10.2)			X

BRFSS and YRBS Data, 2009					
	Percent by Gender (95% confidence interval)		Statistical Significance at 95% Confidence		
Question	Female	Male	Female More Likely Than Male	Male More Likely Than Female	No Difference
their life)					
Ever took steroid pills or shots without a doctor's prescription one or more times (during their life)	1.4 (0.7–2.8)	0			X
Ever used a needle to inject any illegal drug into their body one or more times (during their life)	—	—			
Offered, sold, or given an illegal drug by someone on school property (during the 12 months before the survey)	18.3 (14.4–23.1)	25.4 (21.0–30.4)			X
Ever had sexual intercourse	46.2 (41.5–51.0)	46.1 (41.5–50.9)			X
Had sexual intercourse for the first time before age 13 years	1.9 (1.1–3.2)	6.4 (4.4–9.2)		X	
Had sexual intercourse with four or more persons (during their life)	10.9 (8.3–14.1)	11.6 (9.0–14.9)			X
Had sexual intercourse with at least one person (during the 3 months before the survey)	39.5 (34.9–44.2)	32.9 (28.9–37.2)	X		
Drank alcohol or used drugs before last sexual intercourse (among students who were currently sexually active)	19.5 (14.8–25.2)	23.5 (17.9–30.2)			X
Did not use a condom during last sexual intercourse (among students who were currently sexually active)	46.3 (37.9–54.8)	39.3 (32.0–47.0)			X
Did not use birth control pills before last sexual intercourse (to prevent pregnancy, among students who were currently sexually active)	59.2 (51.6–66.4)	75.6 (68.8–81.3)		X	
Were never taught in school about AIDS or HIV infection	9.1 (6.8–12.1)	10.8 (8.1–14.2)			X

BRFSS and YRBS Data, 2009					
	Percent by Gender (95% confidence interval)		Statistical Significance at 95% Confidence		
Question	Female	Male	Female More Likely Than Male	Male More Likely Than Female	No Difference
Did not use Depo-Provera before last sexual intercourse (to prevent pregnancy, among students who were currently sexually active)	97.5 (93.3–99.1)	95.4 (86.9–98.5)			X
Did not use birth control pills or Depo-Provera before last sexual intercourse (to prevent pregnancy, among students who were currently sexually active)	56.7 (49.1–64.0)	70.9 (62.6–78.1)		X	
Did not use both a condom during last sexual intercourse and birth control pills or Depo-Provera before last sexual intercourse (to prevent pregnancy, among students who were currently sexually active)	85.7 (79.7–90.1)	88.8 (83.4–92.7)			X
Ate fruits and vegetables less than five times per day (100% fruit juices, fruit, green salad, potatoes [excluding French fries, fried potatoes, or potato chips], carrots, or other vegetables, during the 7 days before the survey)	—	—			
Did not drink 100% fruit juices (during the 7 days before the survey)	—	—			
Did not eat fruit (during the 7 days before the survey)	—	—			
Did not eat green salad (during the 7 days before the survey)	—	—			
Did not eat potatoes (excluding French fries, fried potatoes, or potato chips, during the 7 days before the survey)	—	—			
Did not eat carrots (during the 7 days before the survey)	—	—			
Did not eat other vegetables (excluding green salad, potatoes, or carrots, during the 7 days before the survey)	—	—			

BRFSS and YRBS Data, 2009					
	Percent by Gender (95% confidence interval)		*Statistical Significance at 95% Confidence*		
Question	*Female*	*Male*	*Female More Likely Than Male*	*Male More Likely Than Female*	*No Difference*
Drank a can, bottle, or glass of soda or pop at least one time per day (not including diet soda or diet pop, during the 7 days before the survey)	14.5 (11.1–18.6)	29.6 (26.2–33.3)		X	
Drank less than three glasses per day of milk (during the 7 days before the survey)	85.8 (82.5–88.6)	72.1 (67.4–76.3)	X		
Ate fruit or drank 100% fruit juices less than two times per day (during the 7 days before the survey)	—	—			
Ate vegetables less than three times per day (green salad, potatoes [excluding French fries, fried potatoes, or potato chips], carrots, or other vegetables, during the 7 days before the survey)	—	—			
Overweight (students who were >= 85th percentile but < 95th percentile for body mass index, by age and sex, based on reference data)	12.9 (9.6–17.1)	13.6 (10.9–16.9)			X
Obese (students who were >= 95th percentile for body mass index, by age and sex, based on reference data)	7.7 (5.9–10.1)	16.4 (12.2–21.7)		X	
Described themselves as slightly or very overweight	31.5 (26.9–36.5)	25.3 (21.5–29.5)			X
Did not exercise to lose weight or to keep from gaining weight (during the 30 days before the survey)	31.9 (27.1–37.1)	47.7 (44.7–50.7)		X	
Did not eat less food, fewer calories, or low-fat foods to lose weight or to keep from gaining weight (during the 30 days before the survey)	46.6 (42.7–50.5)	71.6 (68.5–74.5)		X	
Went without eating for 24 hours or more to lose weight or to keep from gaining weight (during the 30 days before the survey)	13.1 (10.1–16.7)	4.5 (3.4–6.1)	X		

BRFSS and YRBS Data, 2009					
	Percent by Gender (95% confidence interval)		*Statistical Significance at 95% Confidence*		
Question	*Female*	*Male*	*Female More Likely Than Male*	*Male More Likely Than Female*	*No Difference*
Took diet pills, powders or liquids to lose weight or to keep from gaining weight (without a doctor's advice, during the 30 days before the survey)	6.0 (4.3–8.3)	4.1 (2.7–6.2)			X
Vomited or took laxatives to lose weight or to keep from gaining weight (during the 30 days before the survey)	5.7 (3.5–9.1)	2.0 (1.1–3.7)	X		
Physically active at least 60 minutes per day on less than 5 days (doing any kind of physical activity that increased their heart rate and made them breathe hard some of the time during the 7 days before the survey)	62.9 (57.3–68.1)	47.1 (42.5–51.7)	X		
Did not attend physical education classes in an average week (when they were in school)	61.5 (53.9–68.5)	56.4 (48.7–63.8)			X
Did not attend physical education classes daily (when they were in school)	77.6 (71.3–82.9)	74.4 (68.3–79.7)			X
Did not play on sports teams (run by their school or community groups during the 12 months before the survey)	—	—			
Watched television 3 or more hours per day (on an average school day)	18.6 (15.2–22.7)	27.1 (24.0–30.3)		X	
Used computers 3 or more hours per day (played video or computer games or used a computer for something that was not school work on an average school day)	16.6 (13.9–19.6)	30.9 (27.5–34.6)		X	
Physically active at least 60 minutes per day on less than 7 days (doing any kind of physical activity that increased their heart rate and made them breathe hard some of the time during the 7 days before the survey)	85.1 (82.2–87.7)	68.6 (64.4–72.5)	X		

BRFSS and YRBS Data, 2009					
	Percent by Gender (95% confidence interval)		*Statistical Significance at 95% Confidence*		
Question	*Female*	*Male*	*Female More Likely Than Male*	*Male More Likely Than Female*	*No Difference*
Did not participate in at least 60 minutes of physical activity on any day (doing any kind of physical activity that increased their heart rate and made them breathe hard some of the time during the 7 days before the survey)	16.2 (12.3–21.0)	10.1 (7.8–13.0)	X		

Compared to U.S. students, based on t-test analyses, $p < .05$. 2. 95% confidence interval. NA = Not available.

Teen Birth Rates by County and Statewide, 2008

County	Births Per 1,000 Females (age 15-19)
New Hampshire	18.4
Belknap	22.9
Carroll	18.7
Cheshire	18.2
Coos	31.6
Grafton	15.4
Hillsborough	20.5
Merrimack	16.9
Rockingham	11.5
Strafford	19.5
Sullivan	41.9

Source: New Hampshire Division of Vital Records Administration birth certificate data

Definitions: Resident births where mother is age 15 to 19 per 1,000 women age 15 to 19.

New Hampshire and Counties
Age 5 - 17 in Families in Poverty, 2007

County	Estimated Number	Percent
Belknap	1,001	10.9%
Carroll	929	14.3%
Cheshire	1,139	10.6%
Coos	842	19.2%
Grafton	1,333	11.8%
Hillsborough	6,340	9.3%
Merrimack	2,012	8.6%
Rockingham	3,168	6.3%
Strafford	1,984	11.1%
Sullivan	811	12.8%
NH	13,140	9.4%

Source: U.S. Bureau of the Census, SAIPE

Appendix D: Community Profile Data

The following data tables were used to develop the content of the presentation regarding the State of New Hampshire morbidity, mortality, risk assessment, and demographics that was shared with the CHNA Leadership Group.

Percentage of Population by Municipality and Education and Poverty Status

Town	Population 25 and Older	Percent High School or More	Percent Bachelor's Degree or More	Percent Below Poverty Line
Acworth	679	90.4%	18.3%	14.4%
Charlestown	3,536	87.2%	16.4%	6.4%
Claremont	9,356	87.7%	15.4%	18.7%
Cornish	1,197	93.7%	25.5%	7.4%
Croydon	560	85.0%	21.4%	12.5%
Goshen	656	85.1%	20.1%	7.6%
Grantham	1,941	96.9%	54.7%	8.5%
Langdon	415	90.4%	21.4%	6.7%
Lempster	833	84.5%	20.8%	14.0%
Newport	4,024	84.4%	17.1%	20.4%
Plainfield	1,868	93.1%	46.6%	8.2%
Springfield	603	95.2%	48.4%	11.3%
Sunapee	2,337	94.3%	48.7%	14.9%
Unity	1,252	88.8%	14.9%	16.5%
Washington	956	89.4%	31.9%	12.1%

Source: U.S. Census Bureau, American FactFinder, 2011

Appendix E: Morbidity and Mortality Data

Major Causes For Inpatient Hospitalization, 2003-2007
Sullivan County

	Crude Rate per 100,000 People	
Major Condition	Sullivan County	State of New Hampshire
Diseases of the circulatory system (including heart disease)	1,566	1,517
Pregnancy, childbirth, the puerperium, and complications	1,129	1,142
Newborn	1,058	1,076
Diseases of the digestive system	897	833
Diseases of the respiratory system	856	887
Injury and poisoning	825	767
*Mental disorders ****	646	495
*Diseases of the musculoskeletal system and connective tissue ****	706	570
Neoplasms	519	508
Symptoms, signs, and ill-defined conditions	470	428
Diseases of the genitourinary system	489	408
Endocrine, nutritional and metabolic diseases, and immunity disorders	298	300
Supplementary classifications	199	211
Infectious and parasitic diseases	174	195
Diseases of the skin and subcutaneous tissue	164	147
*Diseases of the nervous system and sense organs ****	207	163
Diseases of the blood and blood-forming organs	77	73
Congenital anomalies	49	49
Certain conditions originating in the perinatal period	48	51

Source: State of New Hampshire, Health Web Reporting and Querying System (Health WRQS, 2012)

*** VRH service area more than 20% above state rate

Leading Causes of Death in New England by State, Rates per 100,000 people

Disease / Condition	Conn.	Maine	Mass.	New Hampshire	Rhode Island	Vermont
Heart Disease	172.9	182.7	172.7	**179.4**	213.8	173.6
Cancer	175.7	201.9	185.2	**183.7**	184.1	172.9
Stroke	34.7	42.8	38.1	**35.5**	37.4	36.5
Chronic Lower Respiratory Diseases	35.3	52.3	35.8	**46.2**	39.0	55.6
Accidents	29.8	41.1	27.7	**35.2**	26.7	41.2
Diabetes	19.7	24.2	17.4	**22.5**	21.6	25.1
Dementia	16.1	29.1	19.8	**26.1**	18.8	25.7
Influenza / Pneumonia	20.5	21.8	24.2	**19.4**	17.2	13.7
Kidney Disease	13.1	15.5	18.4	**12.4**	11.2	7.4
Septicemia	14.5	8.6	13.2	**6.7**	8.6	4.0

Source: National Vital Statistics Report, Vol. 56, No. 10, "Deaths: Final Data for 2005"

Leading Causes of Death in Sullivan County 2003-2007 Rates per 100,000 people

Cause of Death	Sullivan County	New Hampshire
*Heart Disease ****	215.5	179.4
Cancer	196.3	183.7
*Stroke ****	48.5	35.5
Chronic Lower Respiratory Diseases	47.9	46.2
*Accidents ****	40.1	35.2
Dementia	27.6	26.1
Diabetes	24.9	22.5
Influenza and Pneumonia	21.5	19.4
Suicide	13.1	11.2
Kidney Disease	10.3	12.4

Source: State of New Hampshire, Health Web Reporting and Querying System (Health WRQS, 2012); National Vital Statistics Report, Vol. 56, No. 10, "Deaths: Final Data for 2005"

*** Above state rates (95% confidence)

Greater Sullivan County Deaths by Heart Disease by Age Group*

Age Group	Incidence Per 100,000 People	95% Confidence Interval	State Incidence	95% Significance **
0 - 4	—	—	—	
5 - 14	—	—	—	
15 - 24	—	—	1.6	
25 - 34	—	—	4.5	
35 - 44	—	—	17.3	
45 - 54	73.0	47.2 - 107.8	56.0	
55 - 64	206.5	156.0 - 268.2	152.9	**
65 - 74	407.2	322.9 - 506.8	415.3	
75 - 84	1,270.4	1,081.1 - 1,459.7	1346.1	
85 - +	4,496.9	3,928.0 - 5,065.8	4841.1	

Source: State of New Hampshire, Health Web Reporting and Querying System (Health WRQS, 2012)

* Greater Sullivan County Public Health Region: Acworth, Charlestown, Claremont, Croydon, Goshen, Langdon, Lempster, New London, Newbury, Newport, Springfield, Sunapee, Sutton, Unity, Wilmot

** None significantly higher than the state average

Cancer Incidence Rates for New Hampshire by County, 2004-2008

County	Incidence Rate and 95% Confidence Interval †
New Hampshire [6]	449.3 (442.5, 456.2)
U.S. (SEER+NPCR) [1]	410.4 (409.9, 410.8)
Strafford County [6]	475.8 (452.0, 500.6)
Rockingham County [6]	467.0 (452.1, 482.2)
Merrimack County [6]	463.9 (443.5, 485.0)
Cheshire County [6]	452.2 (425.1, 480.6)
Grafton County [6]	446.7 (420.9, 473.8)
Belknap County [6]	444.0 (414.7, 475.0)
Hillsborough County [6]	439.1 (426.6, 452.0)
Sullivan County [6]	433.5 (399.2, 470.2)
Coos County [6]	431.0 (392.1, 473.1)
Carroll County [6]	408.7 (378.1, 441.4)

Notes:

Created by statecancerprofiles.cancer.gov on 04/04/2012 2:33 pm.
State Cancer Registries may provide more current or more local data.
*† Incidence rates (cases per 100,000 population per year) are age-adjusted to the 2000 U.S. standard population (19 age groups: <1, 1-4, 5-9, … , 80-84, 85+). Rates are for invasive cancer only (except for bladder cancer which is invasive and in situ) or unless otherwise specified. Rates calculated using SEER*Stat. Population counts for denominators are based on Census populations as modified by NCI. The U.S. populations included with the data release have been adjusted for the population shifts due to hurricanes Katrina and Rita for 62 counties and parishes in Alabama, Mississippi, Louisiana, and Texas. The 1969-2008 U.S. Population Data File is used for SEER and NPCR incidence rates.*

§ Because of the impact on Louisiana's population for the July - December 2005 time period due to Hurricanes Katrina/Rita, SEER excluded Louisiana cases diagnosed for that six month time period. The count has been suppressed due to data consistency issues.

[1] Source: CDC's National Program of Cancer Registries Cancer Surveillance System (NPCR-CSS) November 2010 data submission and SEER November 2010 submission.
[6] Source: State Cancer Registry and the CDC's National Program of Cancer Registries Cancer Surveillance System (NPCR-CSS) November 2010 data submission. State rates include rates from metropolitan areas funded by SEER.

Interpret Rankings provides insight into interpreting cancer incidence statistics. When the population size for a denominator is small, the rates may be unstable. A rate is unstable when a small change in the numerator (e.g., only one or two additional cases) has a dramatic effect on the calculated rate.

Source: National Cancer Institute, State Cancer Profiles, 2010

Cancer Rates for Sullivan County (with State Comparisons), 2009

Age Range	Rate Per 100,000 People	95% Confidence Interval	State Rate	95% Significance (Higher than the state average)
0 - 4	*	*	3.5	
5 - 14	71.6	43.1 - 111.8	67.0	
15 - 24	983.8	864.2 - 1103.4	456.1	***
25 - 34	1492.0	1335.5 - 1648.5	665.6	***
35 - 44	1369.5	1239.9 - 1499.1	727.2	***
45 - 54	1054.0	945 - 1163	638.4	***
55 - 64	558.8	468.5 - 649.1	424.2	***
65 - 74	567.7	457.5 - 677.9	418.5	***
75 - 84	655.3	518 - 817.8	785.4	
85 +	748.6	515.3 - 1051.3	1,098.3	
Total Sullivan County	881.0	801.4 – 881.0	484.6	***

Source: Cancer Report Card – April 2009 NH Department of Health and Human Services, Division of Public Health Services, Office of Health Statistics and Data Management

Cancer Related Risk Factor Compliance Rates, New Hampshire (with U.S. Comparisons), 2008					
Cancer Type	**Behavior**	**New Hampshire Rank**	**Percent of Target Population in Compliance**	**95% Confidence Interval**	**U.S. Percent of Target Population**
Breast Cancer	Women aged 40+ who had a clinical breast exam in past 2 years	5	85.6		n/a
Breast Cancer	Women aged 40+ who have had a mammogram within the past two years	14	79	(77.2, 80.7)	76.5
Cervical Cancer	Women aged 18+ who had a pap smear in past 3 years	4	88	(86.1, 89.7)	84
Colorectal Cancer	People aged 50 + who have used home blood stool test in past 2 years	5	30.5	(28.7, 32.4)	24.1
Colorectal Cancer	People aged 50+ who had a home blood stool test in past year or a sigmoidoscopy or colonoscopy in past 5 years	9	62.3	(60.3, 64.3)	n/a
Colorectal Cancer	People aged 50 + who ever had a sigmoidoscopy or colonoscopy	15	63.6	(61.6, 65.5)	57.1
Prostate Cancer	Men aged 40+ who have had a PSA test within the past two years	n/a	50.2	(47.4, 53.0)	53.8

Source: Cancer Report Card – April 2009 NH Department of Health and Human Services, Division of Public Health Services, Office of Health Statistics and Data Management

New Cancer Cases per 100,000 Population, (with U.S. Comparisons), 2008

	NH Rank Among U.S. States (1 = Best)	Cases Per 100,000 People and 95% Confidence Interval	
		New Hampshire	U.S.
All cancers	47	498.0 (486.1, 510.1)	458.2 (457.4, 459.0)
Bladder	47	27.4 (24.7, 30.4)	21.3 (21.1, 21.5)
Breast (Female)	44	127.9 (119.8, 136.4)	117.7 (117.2, 118.2)
Colorectal	27	50.1 (46.3, 54.1)	49.5 (49.3, 49.8)
Lung-bronchus	31	70.9 (66.4, 75.6)	67.4 (67.1, 67.7)
Melanoma of skin	49	28.0 (25.2, 31.0)	17.1 (17.0, 17.3)
Prostate	36	158.0 (148.1, 168.4)	145.3 (144.6, 145.9)

Source: Cancer Report Card – April 2009 NH Department of Health and Human Services, Division of Public Health Services, Office of Health Statistics and Data Management

Cancer Death Ranking and Rates by Type, 2008

	NH Rank Among U.S. States (1 = Best)	Cases Per 100,000 People and 95% Confidence Interval	
		New Hampshire	U.S.
All cancers	29	186.9 (179.7, 194.4)	184.0 (183.5, 184.5)
Bladder	38	4.9 (3.8, 6.3)	4.3 (4.3, 4.4)
Breast (Female)	22	23.4 (20.1, 27.1)	24.0 (23.8, 24.2)
Colorectal	27	18.0 (15.8, 20.4)	17.4 (17.2, 17.5)
Lung-bronchus	27	53.8 (50.0, 57.9)	52.8 (52.5, 53.0)
Melanoma of Skin	19	2.8 (2.0, 3.9)	2.7 (2.7, 2.8)
Prostate	17	23.8 (19.6, 28.4)	24.6 (24.4, 24.9)

Source: Cancer Report Card – April 2009 NH Department of Health and Human Services, Division of Public Health Services, Office of Health Statistics and Data Management

Diabetes-related Hospitalizations by NH County and by Age Group, 2003-2007

County	*Age Range*	*Rate per 100,000 People*	*95% Confidence Interval*	*NH State Average*	*Significance Versus NH State Average at 95% Confidence*
Belknap	0 - 4	*	*	25.1	
Belknap	5 - 14	56.4	34.9 - 86.2	54.9	
Belknap	15 - 24	59.9	38.4 - 89.1	127.9	***
Belknap	25 - 34	226.2	179.1 - 281.9	288.7	
Belknap	35 - 44	731.8	653.6 - 810	535.5	***
Belknap	45 - 54	1,052.00	962.4 - 1141.6	1,118.00	
Belknap	55 - 64	3,043.50	2869.3 - 3217.7	2,830.30	***
Belknap	65 - 74	4,984.50	4704.7 - 5264.3	5,695.20	***
Belknap	75 - 84	7,928.10	7506 - 8350.2	8,687.10	***
Belknap	85 +	7,967.70	7265.1 - 8670.3	7,967.70	
Carroll	0 - 4	*	*	25.1	
Carroll	5 - 14	78.5	48.6 - 120	54.9	
Carroll	15 - 24	174.9	129.8 - 230.6	127.9	
Carroll	25 - 34	395.7	318.2 - 486.4	288.7	***
Carroll	35 - 44	823.7	726 - 921.4	535.5	***
Carroll	45 - 54	1,176.10	1068.7 - 1283.5	1,118.00	
Carroll	55 - 64	2,314.50	2148.5 - 2480.5	2,830.30	***
Carroll	65 - 74	4,595.30	4320.7 - 4869.9	5,695.20	***
Carroll	75 - 84	7,123.10	6703.3 - 7542.9	8,687.10	***
Carroll	85 +	7,705.00	6967.2 - 8442.8	7,967.70	
Cheshire	0 - 4	*	*	25.1	
Cheshire	5 - 14	54.5	35.3 - 80.5	54.9	
Cheshire	15 - 24	70.2	51.4 - 93.6	127.9	***
Cheshire	25 - 34	228.3	185.3 - 278.2	288.7	
Cheshire	35 - 44	637.5	570.1 - 704.9	535.5	***
Cheshire	45 - 54	1,118.40	1033.8 - 1203	1,118.00	
Cheshire	55 - 64	2,518.40	2371.2 - 2665.6	2,830.30	***
Cheshire	65 - 74	5,131.10	4864.5 - 5397.7	5,695.20	***
Cheshire	75 - 84	8,803.20	8377.3 - 9229.1	8,687.10	
Cheshire	85 +	9,268.90	8580.3 - 9957.5	7,967.70	***
Coos	0 - 4	*	*	25.1	
Coos	5 - 14	73.8	40.3 - 123.8	54.9	
Coos	15 - 24	87.6	51.9 - 138.4	127.9	

Diabetes-related Hospitalizations by NH County and by Age Group, 2003-2007

County	*Age Range*	*Rate per 100,000 People*	*95% Confidence Interval*	*NH State Average*	*Significance Versus NH State Average at 95% Confidence*
Coos	25 - 34	729.9	600.4 - 859.4	288.7	***
Coos	35 - 44	958.7	832.6 - 1084.8	535.5	***
Coos	45 - 54	1,737.30	1579.1 - 1895.5	1,118.00	***
Coos	55 - 64	4,540.40	4249.2 - 4831.6	2,830.30	***
Coos	65 - 74	8,720.90	8253.1 - 9188.7	5,695.20	***
Coos	75 - 84	11,373.30	10750.7 - 11995.9	8,687.10	***
Coos	85 +	11,280.10	10288.4 - 12271.8	7,967.70	***
Grafton	0 - 4	*	*	25.1	
Grafton	5 - 14	55	35.9 - 80.6	54.9	
Grafton	15 - 24	73.2	55.3 - 95.1	127.9	***
Grafton	25 - 34	182	146.2 - 224	288.7	***
Grafton	35 - 44	513.8	455.1 - 572.5	535.5	
Grafton	45 - 54	897.30	825 - 969.6	1,118.00	***
Grafton	55 - 64	2,183.30	2053.4 - 2313.2	2,830.30	***
Grafton	65 - 74	4,743.30	4498.9 - 4987.7	5,695.20	***
Grafton	75 - 84	6,248.50	5912.7 - 6584.3	8,687.10	***
Hillsborough	0 - 4	24.7	16.8 - 35.1	25.1	
Hillsborough	5 - 14	61.3	52.2 - 70.4	54.9	
Hillsborough	15 - 24	159.3	144.1 - 174.5	127.9	***
Hillsborough	25 - 34	289.2	267.8 - 310.6	288.7	
Hillsborough	35 - 44	555.1	530.1 - 580.1	535.5	
Hillsborough	45 - 54	1,162.90	1125.5 - 1200.3	1,118.00	***
Hillsborough	55 - 64	2,863.90	2791.8 - 2936	2,830.30	
Hillsborough	65 - 74	5,693.70	5556.7 - 5830.7	5,695.20	
Hillsborough	75 - 84	8,899.90	8687.2 - 9112.6	8,687.10	
Hillsborough	85 +	7,854.40	7540.9 - 8167.9	7,967.70	
Merrimack	0 - 4	*	*	25.1	
Merrimack	5 - 14	51.4	38 - 68	54.9	
Merrimack	15 - 24	99.9	80.8 - 119	127.9	***
Merrimack	25 - 34	396.1	353.2 - 439	288.7	***

Diabetes-related Hospitalizations by NH County and by Age Group, 2003-2007

County	*Age Range*	*Rate per 100,000 People*	*95% Confidence Interval*	*NH State Average*	*Significance Versus NH State Average at 95% Confidence*
Merrimack	35 - 44	525.8	484.3 - 567.3	535.5	
Merrimack	45 - 54	1,145.70	1085.6 - 1205.8	1,118.00	
Merrimack	55 - 64	3,112.80	2990.8 - 3234.8	2,830.30	***
Merrimack	65 - 74	6,105.70	5879.5 - 6331.9	5,695.20	***
Merrimack	75 - 84	8,467.80	8146.4 - 8789.2	8,687.10	
Rockingham	0 - 4	36.1	24.5 - 51.2	25.1	
Rockingham	5 - 14	47.1	38.2 - 57.5	54.9	
Rockingham	15 - 24	95.7	81.6 - 109.8	127.9	***
Rockingham	25 - 34	210.2	187.6 - 232.8	288.7	***
Rockingham	35 - 44	341.7	319.1 - 364.3	535.5	***
Rockingham	45 - 54	886.20	849.6 - 922.8	1,118.00	***
Rockingham	55 - 64	2,530.10	2454.4 - 2605.8	2,830.30	***
Rockingham	65 - 74	5,540.40	5386.9 - 5693.9	5,695.20	
Rockingham	75 - 84	9,356.90	9094.6 - 9619.2	8,687.10	***
Rockingham	85 +	8,686.90	8281.9 - 9091.9	7,967.70	***
Strafford	0 - 4	*	*	25.1	
Strafford	5 - 14	53.6	38.3 - 73	54.9	
Strafford	15 - 24	174.3	148.6 - 200	127.9	***
Strafford	25 - 34	308.2	269.9 - 346.5	288.7	
Strafford	35 - 44	633	581.8 - 684.2	535.5	***
Strafford	45 - 54	1,404.60	1326.1 - 1483.1	1,118.00	***
Strafford	55 - 64	3,524.60	3371.2 - 3678	2,830.30	***
Strafford	65 - 74	7,073.50	6795.7 - 7351.3	5,695.20	***
Strafford	75 - 84	9,710.30	9316.9 - 10103.7	8,687.10	***
Strafford	85 +	7,576.10	7017.6 - 8134.6	7,967.70	
Sullivan	0 - 4	*	*	25.1	
Sullivan	5 - 14	*	*	54.9	
Sullivan	15 - 24	355.7	287.4 - 435.3	127.9	***
Sullivan	25 - 34	371.9	297.9 - 458.7	288.7	
Sullivan	35 - 44	625.7	538.1 - 713.3	535.5	***
Sullivan	45 - 54	1,559.00	1426.4 - 1691.6	1,118.00	***
Sullivan	55 - 64	2,851.00	2647 - 3055	2,830.30	
Sullivan	65 - 74	5,042.60	4714.2 - 5371	5,695.20	***

Diabetes-related Hospitalizations by NH County and by Age Group, 2003-2007					
County	*Age Range*	*Rate per 100,000 People*	*95% Confidence Interval*	*NH State Average*	*Significance Versus NH State Average at 95% Confidence*
Sullivan	75 - 84	7,670.30	7172.8 - 8167.8	8,687.10	***
Sullivan	85 +	7,350.30	6549.9 - 8150.7	7,967.70	
NH	0 - 4	25.1	20.3 - 30.7	25.1	
NH	5 - 14	54.9	50 - 59.8	54.9	
NH	15 - 24	127.9	120.6 - 135.2	127.9	
NH	25 - 34	288.7	276.6 - 300.8	288.7	
NH	35 - 44	535.5	521.5 - 549.5	535.5	
NH	45 - 54	1,118.00	1097.9 - 1138.1	1,118.00	
NH	55 - 64	2,830.30	2791.7 - 2868.9	2,830.30	
NH	65 - 74	5,695.20	5623.7 - 5766.7	5,695.20	
NH	75 - 84	8,687.10	8577.8 - 8796.4	8,687.10	
NH	85 +	7,967.70	8133.6 - 8858	7,967.70	***

Source: State of New Hampshire, Health Web Reporting and Querying System (Health WRQS, 2012)

Diabetes-Related Hospitalizations by NH County, 2003-2007					
County	Age Range	Rate per 100,000 People	95% Confidence Interval	NH State Average	Significance at 95% Confidence
Belknap	Overall	1383.8	1346.0 - 1421.6	1,440.4	***
Carroll	Overall	1328.9	1287.9 - 1369.9	1,440.4	
Cheshire	Overall	1400.6	1365.1 - 1436.1	1,440.4	
Coos	Overall	2170.7	2108.5 - 2232.9	1,440.4	***
Grafton	Overall	1110.2	1080.2 - 1140.2	1,440.4	
Hillsborough	Overall	1,465.8	1448.7 - 1482.9	1,440.4	
Merrimack	Overall	1,490.5	1463.1 - 1517.9	1,440.4	***
Rockingham	Overall	1,367.2	1347.8 - 1386.6	1,440.4	
Strafford	Overall	1,695.0	1661.4 - 1728.6	1,440.4	***
Sullivan	Overall	1,458.0	1411.2 - 1504.8	1,440.4	
NH	**Overall**	**1,440.4**	**1431.4 - 1449.4**		

Source: State of New Hampshire, Health Web Reporting and Querying System (Health WRQS, 2012)

Appendix F: Lifestyle and Behavior Indicators

Greater Sullivan County Public Health Region Profile* *Key Lifestyle and Behavior Indicators at a Glance*		
Health Behaviors	***Region***	***NH***
Current smoking, percent of adults (2008–2009)	16.1	16.5
Fruits and vegetables five or more times per day, percent of adults	29.8	28.0
Obese, percent of adults (2008–2009)	26	25.8
Overweight, percent of adults (2008–2009)	34.3	37.2
Moderate or vigorous physical activity, percent of adults	53.4	53.5
Heavy drinking, percent of adults (2008–2009)	5.5	6.0
Binge drinking, percent of adults (2008–2009)	13.8	16.1
Teen birth rate per 1,000 females age 15–19 (2008)	358.5	18.4
Always use seatbelt, percent of adults (2006, 2008)	62.3	65.6
No health insurance, percent of adults (2008–2009)	16.2	10.8
Unable to see doctor when needed due to cost, percent of adults (2008–2009)	14.5	10.9
Have primary care provider, percent of adults (2008–2009)	85.6	88.9
Flu shot in past year, percent of adults age 65 and older (2008–2009)	80.5	74.9
Acute ambulatory care sensitive condition hospital discharges, age adjusted per 100,000 population (2003–2007)	657.5	697.3
Chronic ambulatory care sensitive condition hospital discharges, age adjusted per 100,000 population (2003–2007)	521.8	605.4
Community and Environment		
Children under 6 years of age with elevated blood lead level, percent among children tested (2009)	0.82	0.78
Health Outcomes		
Premature death, years of potential life lost before age 75 per 1,000 population (2003–2007)	69.8	56.7
Low birthweight per 1,000 births (2007)	6.0	6.2
Substance abuse-related emergency hospital discharges, age-adjusted per 10,000 population (2003–2007)	92.3	68.3
Activities limited due to health in at least 14 of previous 30 days, percent of adults (2008–2009)	7.5	5.4
New cancer diagnoses, age-adjusted per 100,000 population (2003–2007)	489.5	499.8
Cancer deaths, age-adjusted per 100,000 population (2003–2007)	190.3	185.0
Mammogram in past two years, percent of women age 40 and older (2006, 2008)1 79.4 81.0	79.4	81.0

Greater Sullivan County Public Health Region Profile*
Key Lifestyle and Behavior Indicators at a Glance

Health Behaviors	*Region*	*NH*
Colonoscopy or sigmoidoscopy in past five years, percent of adults age 50 and older (2006, 2008)	54.9	58.2
Access to Care		
Pap test in past three years, percent of women age 18 and older (2006, 2008)	88.5	87.1
Ever told had diabetes, percent of adults (2008–2009)	8.4	7.2
Ever told blood pressure was high, percent of adults (2007, 2009)	28.1	27.6
Cholesterol tested past five years, percent of adults (2007, 2009)	80.0	81.9
Current asthma, percent (2007, 2009)	8.9	10.2
Unintentional injury-related emergency hospital disc	129.6	110.2

Source: New Hampshire Department of Health and Human Services, Division of Public Health Services, 2011 Snapshot of New Hampshire's Public Health Regions, Counties, and the Cities of Manchester and Nashua, 2011

* Greater Sullivan County Public Health Region: Acworth, Charlestown, Claremont, Croydon, Goshen, Langdon, Lempster, New London, Newbury, Newport, Springfield, Sunapee, Sutton, Unity, Wilmot

Sullivan County Public Health Region Profile, Key Indicators

Health Behaviors	Region	NH
Obese, percent of adults (2008–2009)	26.0	25.8
Overweight, percent of adults (2008–2009)	34.3	37.2
Moderate or vigorous physical activity, percent of adults (2007, 2009)	53.4	53.5
Fruits and vegetables five or more times per day, percent of adults	29.8	28.0
Current smoking, percent of adults (2008–2009)	16.1	16.5

Source: New Hampshire Department of Health and Human Services, Division of Public Health Services, 2011 Snapshot of New Hampshire's Public Health Regions, Counties, and the Cities of Manchester and Nashua. 2011

Top Mental Health Hospitalizations by Age Group for Sullivan County (with NH State Comparison), 2003-2007

County	Age Range	Rate Per 100,000 People	95% Confidence Interval	State Rate	95% Significance
Sullivan	0 - 4	*	*	3.5	
Sullivan	5 - 14	71.6	43.1 – 1,11.8	67	
Sullivan	15 - 24	983.8	864.2 – 1,103.4	456.1	***
Sullivan	25 - 34	1,492.0	1,335.5 – 1,648.5	665.6	***
Sullivan	35 - 44	1,369.5	1,239.9 – 1,499.1	727.2	***
Sullivan	45 - 54	1,054.0	945 – 1,163	638.4	***
Sullivan	55 - 64	558.8	468.5 - 649.1	424.2	***
Sullivan	65 - 74	567.7	457.5 - 677.9	418.5	***
Sullivan	75 - 84	655.3	518 - 817.8	785.4	
Sullivan	85 +	748.6	515.3 - 1051.3	1,098.30	
Sullivan	**Overall**	**881.0**	**801.4 - 881**	**484.6**	***

Source: State of New Hampshire, Health Web Reporting and Querying System (Health WRQS, 2012)

*** Above NH state rate (at 95% confidence)

Appendix G: Existing Healthcare Resources and Facilities

Healthcare Resources and Facilities	
Organization List	**Service Type**
Baptist Church *Main Street* *Claremont, NH 03743* *(603) 542-2344*	Faith-based group
Berean Baptist Church *429 Sunapee Street* *Newport, NH 03773* *(603) 938-2330*	Faith-based group
Calvary Baptist Church *97 Maple Avenue* *Claremont, NH 03743* *(603) 542-9600*	Faith-based group
Charlestown Ambulance Service *PO Box 369, 215 Springfield Road* *Charlestown, NH 03603* *(603) 826-3686*	Emergency Medical Service (EMS) provider
Charlestown Bible Church *37 Hammond Road* *Charlestown, NH 03603* *(603) 826-5121*	Faith-based group
Charlestown Fire Department *1 Main Street* *Charlestown, NH 03603* *(603) 826-3311*	Fire Department

Charlestown Foursquare Church *Wheeler Rand Road* *Charlestown, NH 03603* *(603) 826-3979*	Faith-based group
Charlestown Senior Center *223 Old Springfield Road* *Charlestown, NH 03603* *(603) 826-5987*	Senior services
Child and Family Services *169 Main Street* *Claremont, NH, 03743* *(603) 542-1253*	Case management
Christ Community Church *1259 Route 12a* *Plainfield, NH 03781* *(603) 675-5673*	Faith-based group
Church of The Nazarene *175 Mulberry Street* *Claremont, NH 03743* *(603) 543-1434*	Faith-based group
Cinnamon Street Childcare Center *3 Ice House Plaza* *Newport, NH 03773* *(603) 863-4543*	Early childhood education
Claremont Fire Department *100 Broad Street* *Claremont, NH 03743* *(603) 542-5156*	Fire Department
Claremont Senior Center *5 Acer Heights Road* *Claremont, NH 03743* *(603) 543-5998*	Senior services

Claremont Soup Kitchen *53 Central Street* *Claremont, NH 03743* *(603) 543-3290*	Nutrition services
Community Alliance of Human Services *27 John Stark Highway* *Newport, NH 03773* *(603) 863-7708*	Homecare and diversion services
Community Alliance of Human Services – Transportation (CATS) *P.O. Box 869* *Claremont, NH 03743* *(603) 863-0003*	Transportation
Community Dental Care of Claremont *1 Tremont Street* *Claremont, NH 03743* *(603) 287-1300*	Dental care services
Congregational Church *Main Street* *Charlestown, NH 03603* *(603) 826-3335*	Faith-based group
Connecticut Valley Home Care & Hospice *958 John Stark Highway* *Newport, NH 03773* *(603) 543-6800*	Home care and hospice services
Counseling Center of Claremont *241 Elm Street* *Claremont, NH, 03743* *(603) 542-2578*	Emotional and behavioral health services
Counseling Center of Newport *167 Summer Street* *Newport, NH 03773* *(603) 863-1951*	Behavioral health and counseling

Croydon Flat Church *Croydon Turnpike Road* *Croydon, NH 03773* *(603) 863-6195*	Faith-based group
Golden Cross Ambulance *5 Lincoln Heights* *Claremont, NH 03743* *(603) 542-6660*	Emergency Medical Service (EMS) provider
Good Beginnings of Sullivan County *109 Pleasant Street* *Claremont, NH 03743* *(603) 542-1848*	Health, child development, and family services
Greater Sullivan County Public Health Network *5 Nursing Home Drive* *Unity, NH 03743* *(603) 398-2222*	Broad based community services
Headrest *14 Church Street* *Lebanon, NH 03766* *(603) 448-4400*	Crisis intervention
Homeless Services; Sullivan County Housing Coalition *96-102 Main Street, PO Box 1338* *Claremont, NH 03743* *(603) 542-2448*	Homeless services
Lake Sunapee VNA *107 Newport Road* *New London, NH 03257* *(603) 526-4077*	Home Care & Hospice
Lempster Fire Department *11 Lempster Street* *Lempster, NH 03605* *(603) 863-6375*	Fire Department

New London Hospital *273 County Road* *New London, NH* *(603) 526-5500*	Direct medical care services
New London Hospital EMS *273 County Road* *New London, NH 03257* *(603) 526-5257*	Emergency Medical Service (EMS) provider
Newport Fire & EMS; Town of Newport *15 Sunapee Street* *Newport, NH 03773* *(603) 863-1416*	Fire Department
Newport Fire-EMS *11 Sunapee Street* *Newport NH 03773* *(603) 863-5577*	Emergency Medical Service (EMS) provider
Newport Senior Center *76 South Main Street* *Newport, NH 03773* *(603) 863-3177*	Senior services
NH West American Red Cross *83 Court Street* *Keene, NH 03431* *(800) 464-6692*	Crisis emergency response, blood collection, volunteer transportation
Pathways of the River Valley *654 Main Street* *Claremont, NH 03743* *(603) 542-8706*	Services for individuals with developmental disabilities and families
Planned Parenthood *136 Pleasant Street* *Claremont, NH 03743* *(603) 542-4568*	Health and referral services

River Valley Community College *1 College Drive* *Claremont, NH 03743* *(603) 542-7744*	College that offers nursing services to students
Service Link *96 Main Street, # 105* *Claremont, NH 03743* *(603) 542-5177*	Referral provider
Sheriff's Department *15 Sunapee Street* *Newport, NH* *03773* *(603) 863 3240*	Public safety
South Congregational Church *20 Church Street* *Newport, NH 03773* *(603) 863 3729*	Faith-based group
Southwestern Community Services *96-102 Main Street, PO Box 1338* *Claremont, NH 03743* *(603) 863-3112*	Broad based community services
Sullivan County Nutritional Services *76 South Main Street; PO Box 387* *Newport, NH 03773* *(603) 863-3177*	Nutritional services for the elderly and persons with disabilities
Sullivan County Substance Abuse Coalition *23 Main Street* *Newport, NH 03773* *(603) 477-5565*	Community coalition for the prevention of drug and alcohol abuse
Sunapee Police Department *9 Sargent Road; P.O. Box 91* *Sunapee, NH 03782* *(603) 763-5555*	Public safety

Trinity Episcopal Church *PO Box 172, 120 Broad Street* *Claremont, NH 03743* *(603) 542 2103*	Faith-based group
Turning Points Network *11 School Street* *Claremont, NH 03743* *(603) 543-0155*	Domestic violence, sexual assault & stalking support services
Union Episcopal Church *133 Old Church Road* *Claremont, NH 03743* *(603) 542-7209*	Faith-based group
United Way of Sullivan County *23 Main Street* *Newport, NH 03773* *(603) 543-0121*	Referral provider
University of New Hampshire, Cooperative Extension *24 Main Street* *Newport, NH 03773* *(877) 398-4769*	Nutrition education and other community classes
Valley Regional Hospital *243 Elm Street* *Claremont, NH 03743* *(603) 542-7771*	Direct medical care services
VRH – Associates in Medicine *241 Elm Street* *Claremont, NH 03743* *(603) 542-6900*	Adult medical services
VRH – Associates in Medicine for Pediatrics *9 Dunning Street* *Claremont, NH 03743* *(603) 542-6700*	Newborn to 18 years pediatric care

VRH – Kane Cardiology Center *243 Elm Street* *Claremont, NH 03743* *(603) 542-1809*	Outpatient satellite collaboration with Dartmouth Hitchcock Cardiology
VRH – Kane Oncology Center *243 Elm Street* *Claremont, NH 03743* *(603) 542-8603*	Outpatient satellite collaboration with Norris Cotton Cancer Center
VRH – Valley Regional Orthopaedics *243 Elm Street* *Claremont, NH 03743* *(603) 542-7666*	Orthopaedics, sports medicine & joint care
VRH – Priority Care Occupational Health *243 Elm Street* *Claremont, NH 03743* *(603) 542-1825*	Occupational medical health services
VRH – Valley Regional Primary Care Physicians *17 Main Street* *Newport, NH 03773* *(603) 863-6400*	Primary care providers
VRH – Valley Regional Surgical Associates *251 Elm Street* *Claremont, NH 03743* *(603) 542-6777*	Surgical services
VRH – Valley Regional Urology *5 Dunning Street* *Claremont, NH 03743* *(603) 542-7669*	Urological services
VRH – Women's Health, Gynecology & Midwifery *224 Elm Street* *Claremont, NH 03743* *(603) 543-6920*	Women's Health & Reproductive care services

Washington Rescue Squad *PO Box 233* *Washington NH 03280* *(603) 495-3133*	Emergency Medical Service (EMS) provider
West Central Behavioral Health *140 North Street* *Claremont, NH 03743* *(603) 542-5128*	Behavioral health and counseling

Appendix H: Leadership Group / Focus Group Moderator's Guide

Valley Regional Hospital
Community Assessment

Focus Group Discussion Guide

Focus Group 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.
- *Explain the necessity for note-taking, audiotaping, and confidentiality.* The session is being audiotaped for future reference. I will be taking notes for a summary of the session which will indicate the themes that emerged. However, specific comments and experiences will not be attributed to any one individual in the summary report. Please consider what you hear here to be confidential.
- *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 two hours.
- *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, let's take a minute to introduce ourselves around the table. Please tell us your name, the organization where you work, your job title, and a little about what your does in the community.
    - PROBES: What was your role in the community activities listed?
    - What was the outcome of your efforts?
2. You all encompass a wide variety of community services. Let's think about the framework for a minute and define "community health." What does the phrase mean in terms of objectives and services – "how wide do we cast the net"? [DEVELOP WHITE BOARD LISTS]
    - PROBES: Types of issues (disease management, behavioral health, social services, etc.), target groups, or individuals?
3. I'd like to quickly go around the room. In <u>your particular area of service or knowledge</u>, what are the biggest community health issues that YOUR ORGANIZATION addresses?

* 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

4. Next, I'd like to talk about the most **critical community health** needs and their impact – particularly as they relate to activities where Valley Regional Hospital may be able to contribute. Based on what you've said so far, you've mentioned three broad categories of needs: disease management / general healthcare, behavioral health, and social services. [I WILL MODIFY THIS LIST BASED ON ACTUAL RESPONSES.] Let's take them one at a time.
    - Disease management and general healthcare (e.g., diabetes, cancer, cardio-vascular disease, hypertension, infectious disease, Alzheimer's, wellness initiatives, etc.)
        1. PROBE: What are the more important issues in the community?
        2. [FOR EACH] How well are they met? Who currently provides the services?
    - Behavioral health (e.g., responses to stress, domestic violence, risky behaviors, general clinical MH issues, etc.)
        1. PROBE: What are the more important issues in the community?
        2. [FOR ONES POTENTIALLY WITHIN Valley Regional Hospital's PURVIEW] How well are they met? Who currently provides the services?
    - Social services (e.g., D&A abuse, homelessness, youth-oriented programs, elder care, smoking cessation, etc.).
        1. PROBE: What are the more important issues in the community?
        2. [FOR ONES POTENTIALLY WITHIN Valley Regional Hospital's PURVIEW] How well are they met? Who currently provides the services?

GAPS

5. [IF NOT CLEAR FROM EARLIER DISCUSSIONS] Which of the issues that you mentioned affect the largest numbers of people?
6. Given the community health needs that we've discussed, 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.]
    - Where should we be more vigilant?
7. 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 Valley Regional Hospital and your organization or the target populations you serve.

8. What are the critical challenges to better serving the target populations?
    - PROBE: Where are the overlaps across organizations?
9. ["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?
10. Regarding the needs and gaps that we've discussed, where do you think Valley Regional Hospital could make an impact? Why? How?

11. If there was ONE project that Valley Regional Hospital would develop that impacted target populations with whom **YOU** provide services, what would be your first choice?
    - PROBE: Why? What do you think that Valley Regional Hospital could bring to the table?
    - Is this a short-term project or a long-term project?
12. Are there any other community health objectives that are unique to this area? If so, what are they and why are they unique?
13. Is there anything about the area that makes it easier or more difficult to meet community health needs compared to other places?
14. Can we assume that different population segments have different health needs?
    1. Children
    2. Young adults
    3. Middle aged adults
    4. Seniors
    - What do you think would be the greatest needs for each of the following population groups?
    - Why?
    - Is it a growing issue?
    - PROBE: How do you think that they can be reached?

Closing

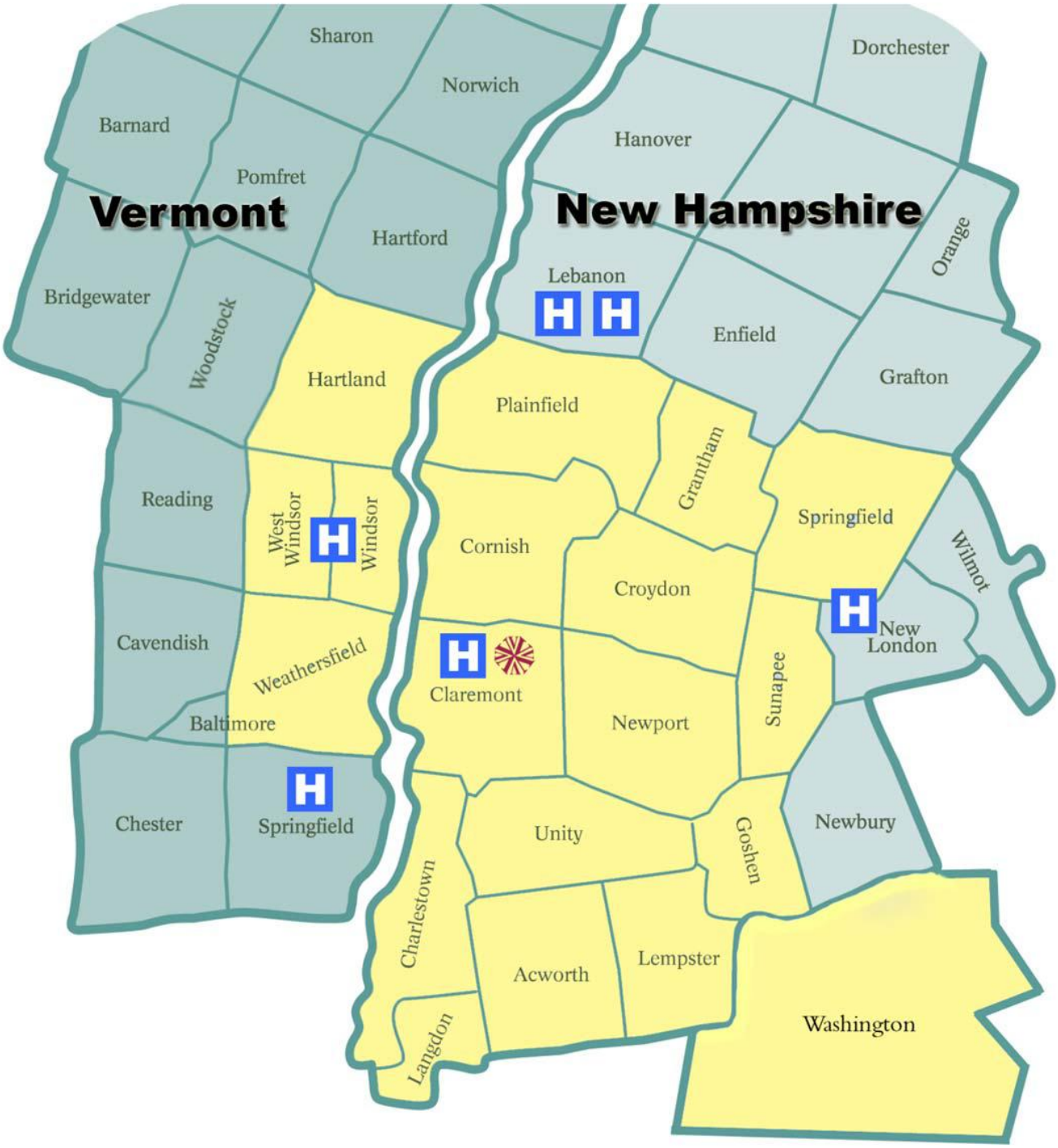
15. Finally, if you could change one thing with COMMUNITY HEALTH in the area, what would it be?

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

Appendix I: Participating Community Groups

- Cinnamon Street Early Education & Childcare Center, Patty Harford, Executive Director
- Claremont Police Department, Alex Scott, Chief of Police
- Claremont Soup Kitchen, Jan Bunnell, Executive Director
- Community Dental Care of Claremont, Sue Schroeter, Director
- Connecticut Valley Home Care, Dianne Lemay, Interim Director
- Golden Cross Ambulance, Dale Girard, Owner
- Greater Claremont Chamber of Commerce, Kelly Murphy, Interim Executive Director
- Greater Sullivan County Public Health Region, Jessica McAuliff, Regional Coordinator
- Healthcare Consumers
- Members of the Homeless Community
- River Valley Community College, Steven Budd, President
- School Administrative Unit #6, Allen Damren, Assistant Superintendent
- ServiceLink, Jennifer Seher, Director
- Southwestern Community Services, Gail Merrill, Program Director
- Sturm Ruger, Gary Gray, RN, Company Health Coordinator
- Sullivan County Healthcare, Ted Purdy, Administrator
- Sullivan County, Greg Chanis, Administrator
- Turning Points Network, Deborah Mozden, Executive Director
- UNH Cooperative Extension, Gail Kennedy, Family and Consumer Resources Coordinator
- Valley Regional Hospital, Associates in Medicine for Pediatrics, Shirley Tan, MD, Physician
- Valley Regional Hospital, Tracy Pike, RN, Nurse Manager
- West Central Behavioral Health, Pat Kinne, Older Adult Service Manager

Appendix J: Broad Service Area Map



Appendix K: State of New Hampshire Community Benefits Codes

(See following three pages)