Valley Regional Healthcare

Community Health Needs Assessment

2015

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

Valley Regional Hospital

Valley Regional Hospital
Community Health Needs Assessment
September 30, 2015

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

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EXECUTIVE SUMMARY

During the period March through July, 2015, a Community Health Needs Assessment in the Valley Regional Hospital service area of New Hampshire was conducted by Valley Regional Hospital in partnership with New London Hospital, Alice Peck Day Memorial Hospital, Dartmouth-Hitchcock, and Mt. Ascutney Hospital and Health Center. The purpose of the assessment was to identify community health concerns, priorities and opportunities for community health and health care delivery systems improvement. For the purposes of this assessment report, the geographic area of interest was the 15 towns Sullivan County, New Hampshire, with a total resident population of 32,715 served by Valley Regional Hospital. Methods employed in the assessment included a survey of area residents made available through direct mail and website links, a survey of key community stakeholders who are agency, municipal or community leaders, a series of community discussion groups convened in the Valley Regional Hospital service area, and a review of available population demographics and health status indicators. The table on the next page provides a summary of high priority community health needs and issues identified through these assessment methods.

SUMMARY OF COMMUNITY HEALTH NEEDS AND ISSUES BY INFORMATION SOURCE			
Community Health Issue	**Community and Key Leader Surveys**	**Community Discussion Groups**	**Community Health Status Indicators**
Alcohol and drug misuse including heroin and misuse of pain medications	Selected as the top issue by community survey respondents and the second highest priority issue by key stakeholders; 44% of community survey respondents identified substance abuse recovery programs as an important area of focus	Identified as the highest priority issue by community discussion participants, who described substance abuse as "an epidemic" and discussed impact on families and community safety	The rate of emergency department utilization for substance abuse related mental health conditions is more than double the rate for NH overall; Alcohol use by high school age youth in several districts is higher than the state average
Access to mental health care	Selected as the highest priority issue by community leaders; second highest issue identified by community survey respondents; about 7% of community respondents indicated difficulty accessing mental health services in the past year	Identified as the second highest priority issue by community discussion participants, who discussed lack of capacity, difficulty getting appointments and lack of service coordination for mental health services	The suicide rate in the region is similar to the rate for NH overall in recent years; the rate of emergency department utilization for mental health conditions is significantly higher than the rate for NH overall
Access to enough and affordable health insurance; cost of prescription drugs	Selected as the third most important community health issue by community survey respondents overall and second by respondents age 45-64; cost of Rx drugs was the top issue for respondents 65+	5th most important issue to community discussion group participants and access to certain services due to limited ability to afford services was a significant topic	The uninsured rate in the VRH service area (13.0%) is higher than the overall NH state rate (10.5%)
Lack of physical activity; need for recreational opportunities, active living	Identified as the sixth most pressing health issue by community survey respondents; biking/walking trails and recreation, fitness programs were the top 2 resources people would use if more available	Identified as a top issue by community discussion group participants	More than 1 in 5 adults in the VRH Service Area can be considered physically inactive on a regular basis – a rate similar to the rest of New Hampshire
Access to dental health care	Selected as a top 5 issue by key leader respondents and top 10 by community survey respondents; dental care was most frequently cited for access difficulties by respondents from towns with lower median household incomes	Some discussion group participants noted the importance of oral health to overall wellness, but not identified as one of the top priorities	The dentist to population ratio is about half of the ratio for the state of NH overall; approximately 1 in 6 adults in the VRH service area are considered to have poor dental health

SUMMARY OF COMMUNITY HEALTH NEEDS AND ISSUES BY INFORMATION SOURCE (continued)			
Community and Key Leader Surveys	**Community and Key Leader Surveys**	**Community and Key Leader Surveys**	**Community and Key Leader Surveys**
Poor nutrition/ unhealthy food	Selected as an important community health issue by 34% of community survey respondents and one of the major commentary themes in response to the question of 'one thing you would change to improve health'	Dietary habits, nutrition and access to healthy foods identified was a common topic of community discussion group participants	About two-thirds of adults in the VRH service area are considered overweight or obese; the rate of obesity among 3rd graders in the VRH service area is higher than the for NH overall; portions of the VRH service area are considered to have 'low food access'
Income, poverty and family stress	49% of community respondents with annual household income under $25,000 reported difficulty accessing services; 'inability to pay out of pocket expenses was the top reason cited by key leaders for access difficulties	Identified as the third most important community health issue by community discussion group participants	22% of families and 39% of children in the VRH service area are living with incomes less than 200% of the federal poverty level – rates that are substantially higher than for NH overall
Access to Primary Health Care	A top 10 issue for both community survey and key leader respondents; about 14% of community respondents reported having difficulty accessing primary care services in the past year	Access to primary health care was noted as an issue within the overall context of health insurance affordability	The ratio of primary care providers to population in the VRH service area is similar to the ratio in NH overall; Emergency Dept. visits for asthma and diabetes are higher in the VRH service area than for NH overall – a potential indicator of less primary care access
Health care for seniors	Selected as a top 5 issue by community survey respondents age 65 and over; 26% of all respondents selected 'support for older adults' as a focus area for health improvement	Identified as a top 10 issue by community discussion group participants	The proportion of the VRH service area population that is 65 or older (17%) substantially exceeds the state average; similarly the percentage of the population with at least one functional disability (15%) exceeds the state rate – reflective of an older population on average

A. COMMUNITY SURVEY RESULTS WITH SELECTED SERVICE AREA DEMOGRAPHICS

The total population of the Valley Regional Hospital Service area in 2013 (most recent estimate available) was 43,398 according to the United States Census Bureau, which is an increase of about 1,940 people or 4.8% since the year 2000. The 2015 Healthcare Community Needs Assessment Survey conducted by Valley Regional Hospital (VRH) yielded 524 individual responses including 455 from towns within the service area or approximately 1% of the total adult population. (A total of 69 survey respondents were from towns outside the region or did not identify their town of residence). As shown by Table 1, survey respondents from the VRH service area are represented in relatively close proportion overall to the service area population by town, although residents of Newport and Grantham are somewhat over-represented in proportion to their total population, while residents of Claremont and Charlestown are under-represented. It is also important to note that 2015 survey respondents were more likely to be female (72.3% of respondents), while the age distribution of respondents was similar to the population overall (e.g. 18.3% of respondents were 65 years of age or older compared to 17.1% of the overall population in the service area).

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

	2013 Population	% Total Population	% of Respondents	Difference
VRH Service Area	**43,398**		**86.8% (455)**	
Acworth	860	2.0%	0.6%	-1.4%
Charlestown/Unity	6,684	15.4%	2.6%	-12.8%
Claremont	13,224	30.5%	24.6%	-5.9%
Cornish	1,614	3.7%	2.4%	-1.3%
Goshen	728	1.7%	2.0%	0.3%
Grantham	2,960	6.8%	13.0%	6.2%
Langdon	758	1.7%	0.4%	-1.3%
Lempster	1,189	2.7%	2.4%	-0.3%
Newport/Croydon	7,088	16.3%	25.6%	9.3%
Plainfield	2,530	5.8%	5.9%	0.1%
Springfield	1,341	3.1%	3.5%	0.4%
Sunapee	3,348	7.7%	9.1%	1.4%
Washington	1,074	2.5%	0.2%	-2.3%
Other/Unknown			13.0%	

Table 2 displays additional demographic information for the towns of the VRH Service Area. On this table, municipalities are displayed in order of median household income with comparison to the median household income in New Hampshire. As displayed by the table, eight towns in the service area have higher median household incomes than the state, while 7 have median household incomes less than the state median. In addition, nine towns have a higher proportion of individuals with household incomes at 200% of the federal poverty level or less when compared to the State of New Hampshire overall. Figure 1 following this table displays a map of the service area with shading depicting the median household income by town in 5 categories from low to high median household income.

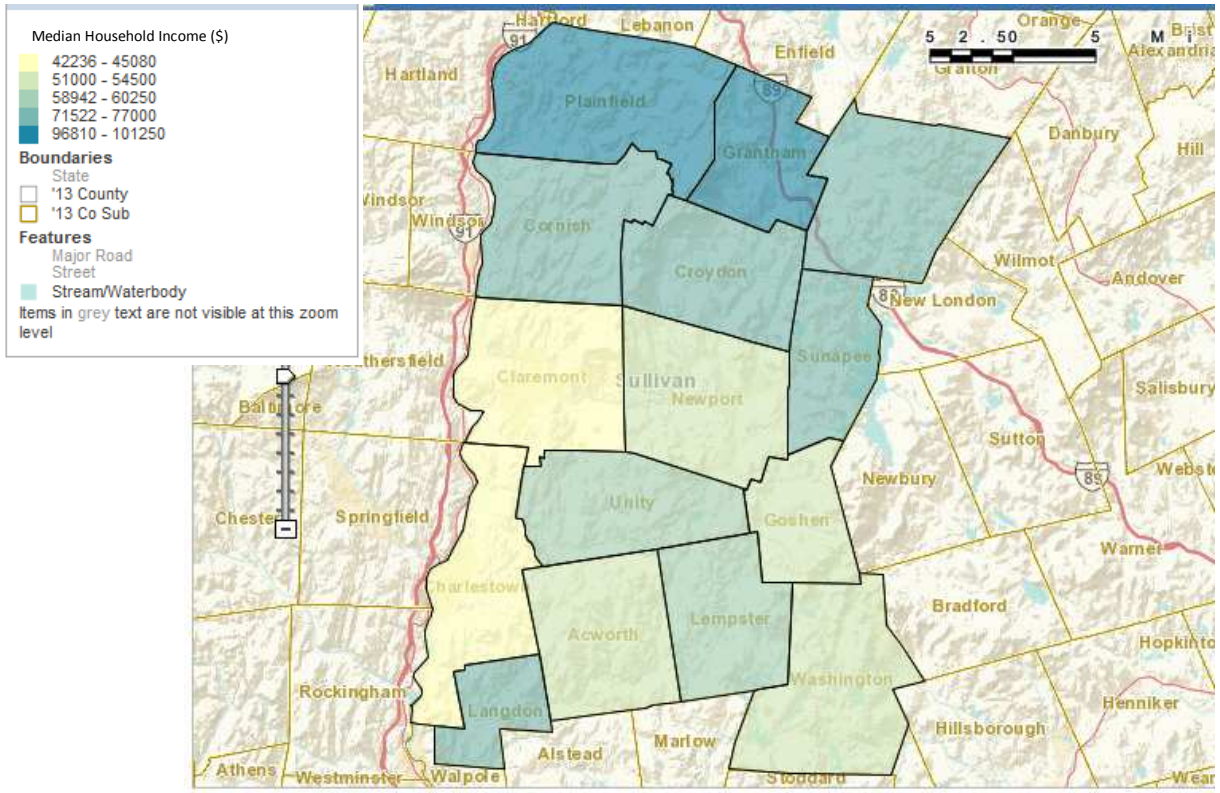
TABLE 2: Selected Demographic and Economic Indicators

Area	Median Household Income	Percent of Families in Poverty (100% FPL)	Percent of Families with income less than 200% of the Poverty level (200% FPL)
Plainfield	$101,250	0.0%	6.3%
Grantham	$96,810	0.9%	6.5%
Croydon	$77,000	3.3%	17.9%
Sunapee	$74,890	1.1%	4.7%
Cornish	$72,356	1.9%	11.9%
Springfield	$71,797	2.3%	9.4%
Langdon	$71,522	2.3%	12.2%
New Hampshire	$64,916	**5.6%**	**16.8%**
Unity	$60,250	2.0%	17.3%
Lempster	$58,942	7.4%	28.0%
Washington	$54,500	8.5%	29.2%
Acworth	$53,945	5.7%	20.9%
Goshen	$51,563	9.5%	27.1%
Newport	$51,000	5.8%	20.6%
Charlestown	$45,080	11.6%	27.9%
Claremont	$42,236	13.3%	34.0%
Service Area Total	$54,463	7.3%	21.8%

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

Figure 1 – Median Household Income by Town, VRH Service Area

2009-2013 American Community Survey; Map source: American Factfinder



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

1. Most Important Community Health Issues Identified by Survey Respondents

Table 3 displays the most important health issues as selected by respondents to the 2015 VRH Community Needs Assessment Survey. Community survey respondents were asked to select the top 5 most important health issues from a list of 24 potential issues including "Other". The complete responses with comments are included in Appendix A to this report.

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

% of All Respondents selecting the issue (n=524)	Community Health Issue
43.3%	**Cost of prescription drugs**
42.7%	**Alcohol and drug misuse**
42.2%	**Access to enough, affordable health insurance**
41.8%	**Heroin and misuse of pain medications**
40.6%	**Access to mental health care**
35.9%	**Lack of physical activity**
34.7%	**Access to dental health care**
34.2%	**Poor nutrition/unhealthy food**
26.3%	**Access to primary health care**
25.2%	**Smoking/tobacco use**
24.8%	**Mental illness**
22.9%	**Cancer**

In order to examine more closely the question of top community health issues as identified by survey respondents, two groups were created corresponding to towns with median household incomes either higher or lower than the New Hampshire median. Table 4 displays differences and similarities between the responses of these two groups (note: color coding corresponds to the overall order of priorities on the previous table.) It is interesting to note that the top issues for respondents from higher income communities are related to affordability issues – affordable health insurance and cost of prescription drugs. In contrast, the top issues in the lower income communities are related to alcohol and drug misuse.

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

% of Respondents selecting the issue (n=169)	Towns with Lower Median Household Income	% of Respondents selecting the issue (n=286)	Towns with Higher Median Household Income
52.1%	**Access to enough, affordable health insurance**	49.0%	**Alcohol and drug misuse**
49.7%	**Cost of prescription drugs**	46.9%	**Heroin and misuse of pain medications**
45.0%	**Access to mental health care**	42.3%	**Access to mental health care**
40.8%	**Lack of physical activity**	40.9%	**Cost of prescription drugs**
34.9%	**Poor nutrition/unhealthy food**	38.1%	**Access to dental health care**
33.1%	**Heroin and misuse of pain medications**	38.1%	**Access to enough, affordable health insurance**
31.4%	**Alcohol and drug misuse**	33.2%	**Lack of physical activity**
29.6%	**Access to dental health care**	32.9%	**Poor nutrition/unhealthy food**
26.0%	**Cancer**	29.0%	**Access to primary health care**
24.3%	**Mental illness**	26.9%	**Mental illness**
23.1%	**Access to primary health care**	25.5%	**Smoking/tobacco use**
22.5%	**Health care for seniors**	20.6%	**Health care for seniors**

Chart 1 below displays the health issues with the greatest variation between the two sub-regions. For example, a higher proportion of respondents from lower income towns (49.0%) indicated that "alcohol and drug misuse" was among the most important health issues than respondents from higher income towns (31.4%; difference=17.6%). The proportion of residents choosing Teen Pregnancy as a top issue was also notably different with 19.6% of residents from lower income communities selecting this issue compared to only 3% in higher income communities (difference=16.6%).

CHART 1

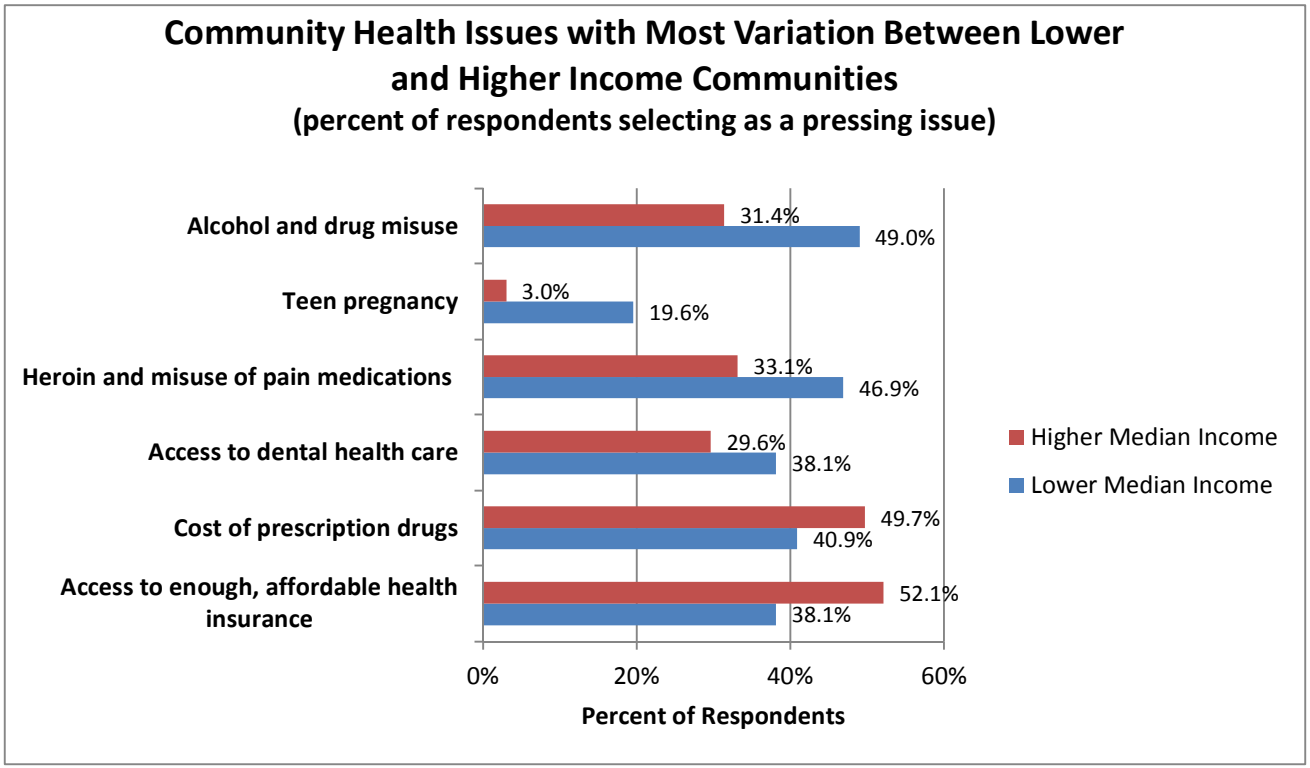


Table 5 shows the top 7 responses to the question of most important health issues by age group. While different age groups were more similar than different in their responses overall, 'Alcohol and Drug Misuse' including heroin and misuse of pain medications were selected more frequently by respondents in younger age groups as important issues compared to older respondents. Respondents in older age groups were more likely to identify 'Healthcare for Seniors' as top health issue in the community. 'Access to Mental Health Care' was the most frequent response for people between the ages of 45 and 64.

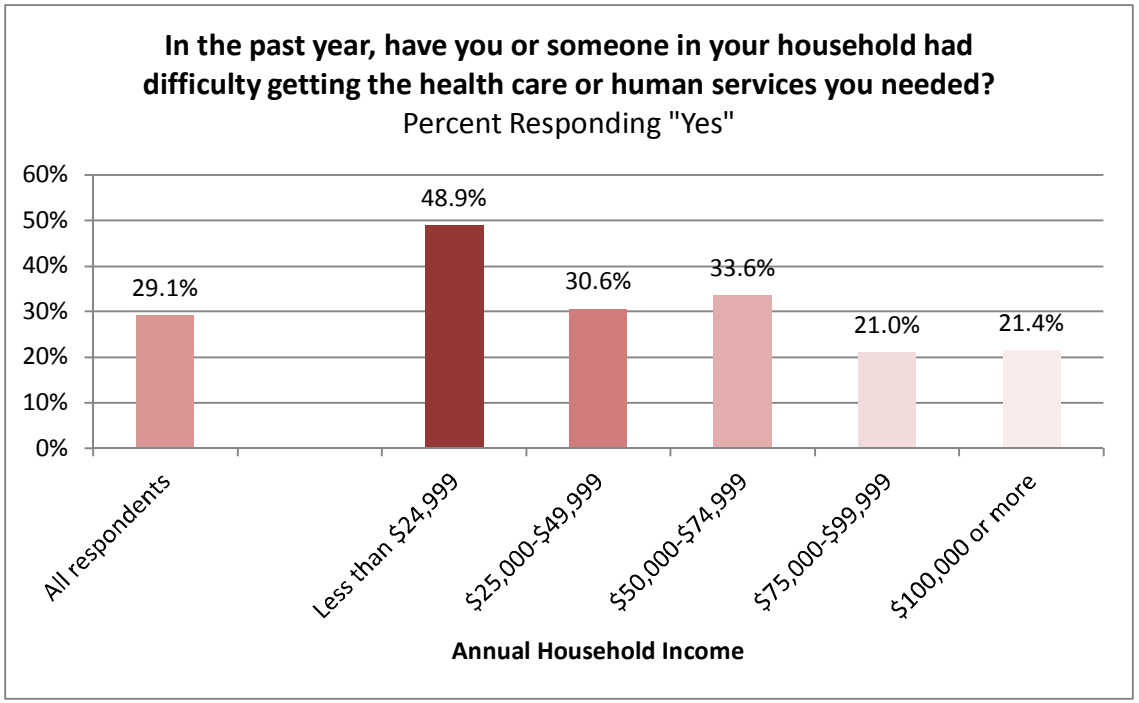
TABLE 5: Most Important Health Issues by Respondent Age

18-44 years	n=175	45-64 years	n=229	65+ years	n=90
Heroin and misuse of pain medications	49.1%	**Access to mental health care**	48.5%	**Cost of prescription drugs**	46.7%
Alcohol and drug misuse	48.6%	**Access to enough, affordable health insurance**	47.6%	**Access to mental health care**	38.9%
Poor nutrition/unhealthy food	43.4%	**Cost of prescription drugs**	44.1%	**Access to dental health care**	36.7%
Access to enough, affordable health insurance	40.0%	**Heroin and misuse of pain medications**	43.2%	**Access to enough, affordable health insurance**	34.4%
Cost of prescription drugs	40.0%	**Alcohol and drug misuse**	41.0%	**Health care for seniors**	34.4%
Lack of physical activity	38.3%	**Access to dental health care**	39.7%	**Alcohol and drug misuse**	34.4%
Access to mental health care	36.0%	**Lack of physical activity**	36.2%	**Lack of physical activity**	33.3%

2. Barriers to Services Identified by Survey Respondents

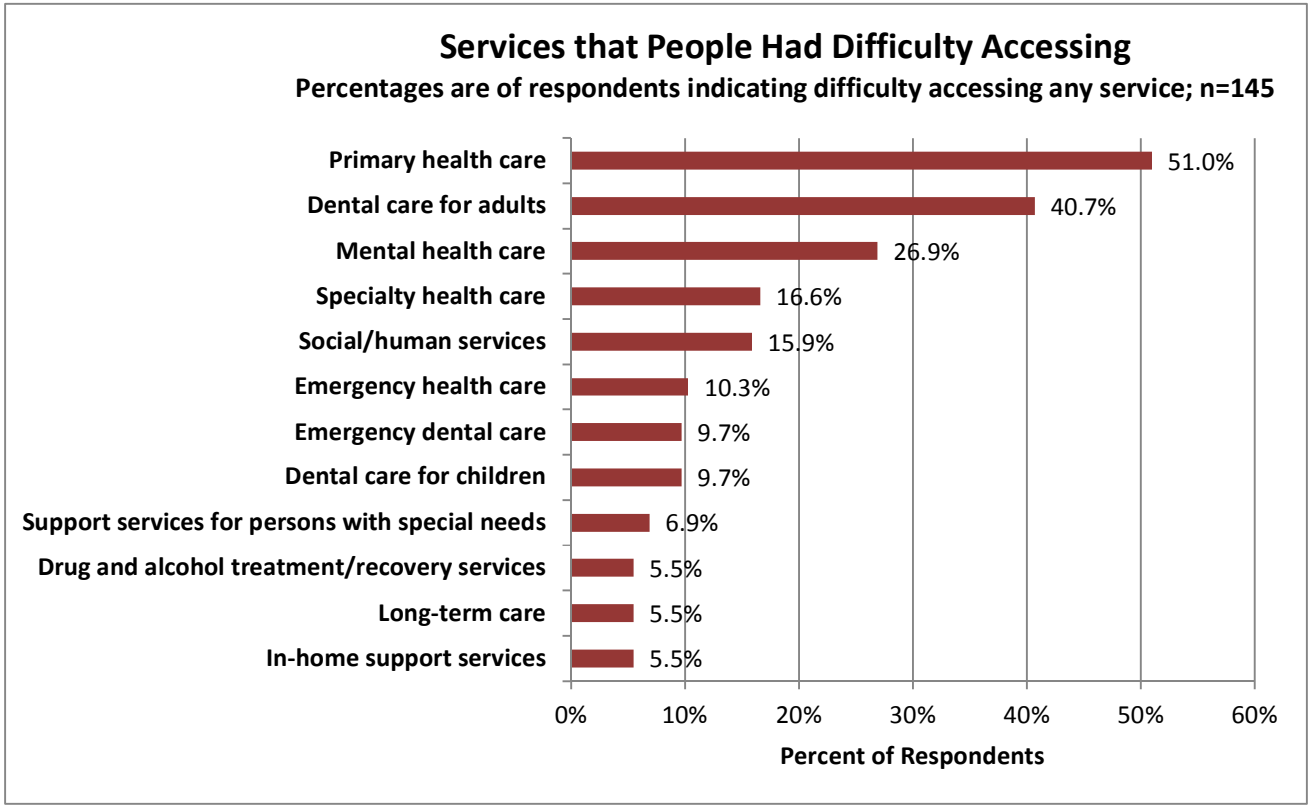
Respondents to the 2015 Community Needs Assessment Survey were asked, "In the past year, have you or someone in your household had difficulty getting the health care or human services you needed?" Overall, 29.1% of survey respondents indicated having such difficulty. As Chart 2 displays, there is a significant relationship between reported household income category and the likelihood that respondents reported having difficulty accessing services.

CHART 2



The survey also asked people to indicate the areas in which they had difficulty getting services or assistance. As displayed by Chart 3, the most common service type that people had difficulty accessing were primary health care (52.4% of those respondents indicating difficulty accessing any services); dental care for adults (37%) and mental health care (30%). Note that percentages on this chart are of the subset of respondents who indicated any difficulty accessing services (25% of all respondents; n=124).

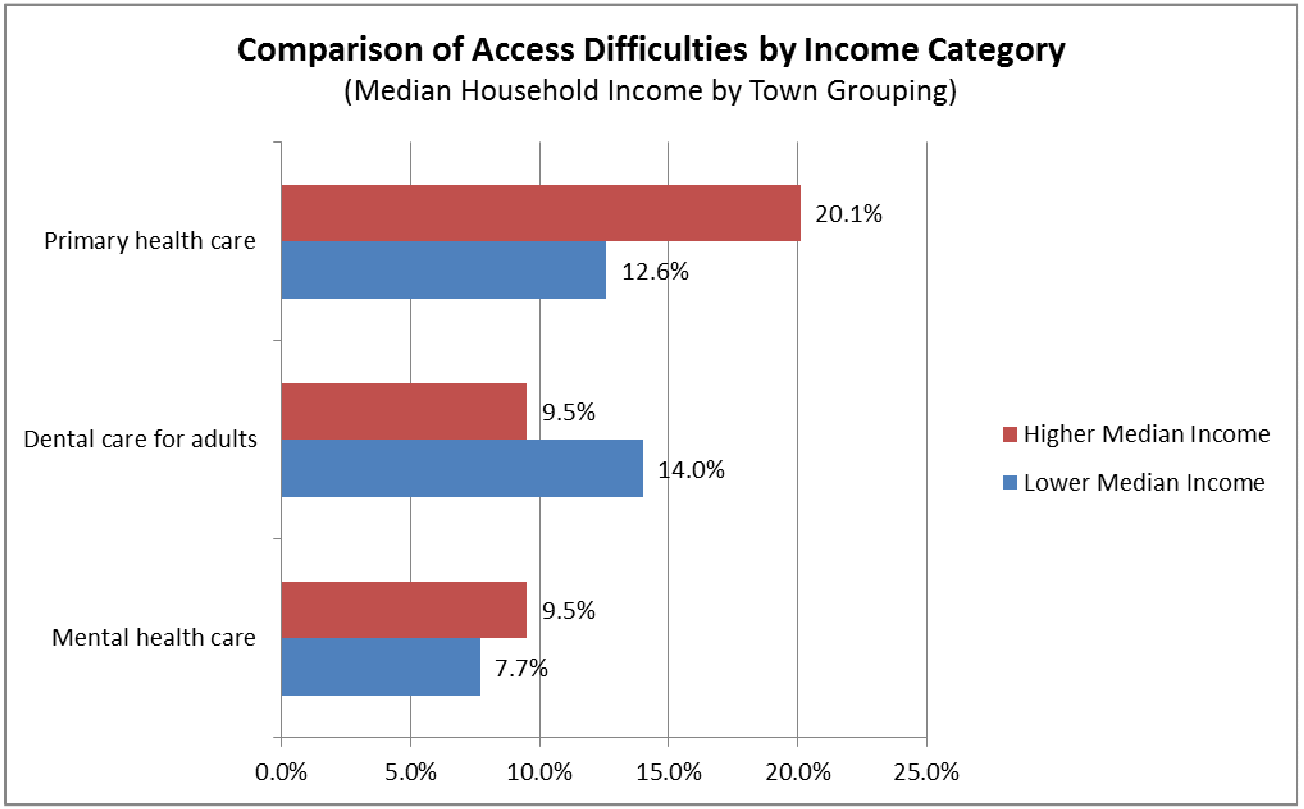
CHART 3



In a separate question, 37.5% of survey respondents indicated that 'they or someone in their household had to travel outside of the local area to get the services you needed in the past year'. They type of services people traveled for were reported in an open ended question. These complete results are included in Appendix A.

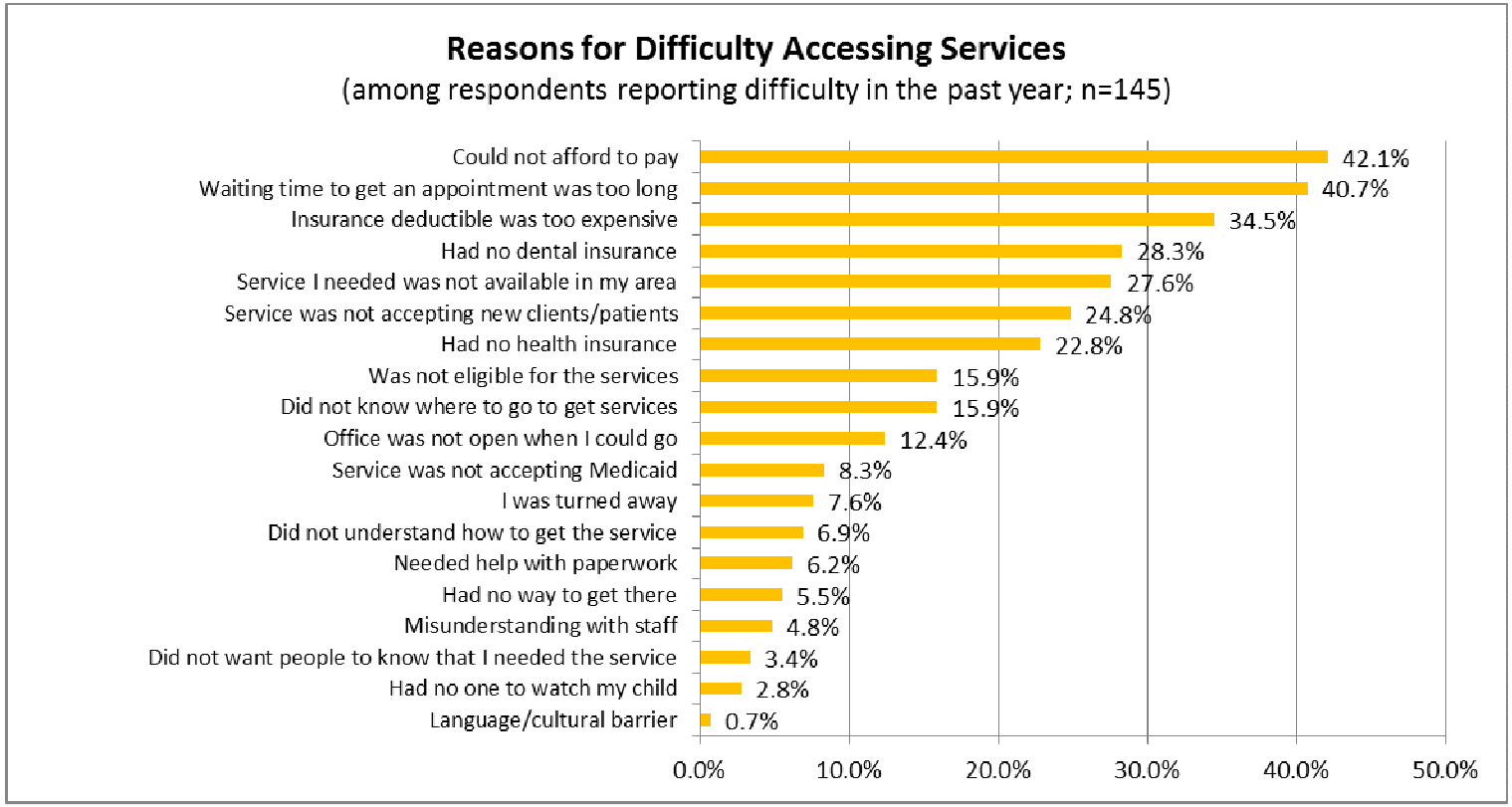
Chart 4 provides a comparison of reported access difficulties for the top three service types between higher income communities and lower income communities in the VRH service area. Respondents from the higher income town group were more likely to report difficulty accessing primary health care, while those from the lower income town group were more likely to report difficulty accessing adult dental care. Note that percentages on this chart are of all survey respondents (e.g. 20.1% of all respondents from higher income towns reported difficulty accessing primary health care services.)

CHART 4



Respondents who reported difficulty accessing services in the past year for themselves or family member were also asked to indicate the reasons why they had difficulty. As shown on Chart 5, the top reasons cited were and could not afford to pay for the service (42%) and waiting time for an appointment (41%).

CHART 5



Further analysis of these two questions addressing access to specific types of services is shown by Table 6. Among respondents indicating difficulty accessing adult dental care, the top reason indicated for difficulty accessing services was lack of dental insurance (64%). Among respondents indicating difficulty accessing primary health care, about 45% indicated they had difficulty accessing services in the past year due to affordability of services and 38% had difficulty due to waiting time for an appointment. These were also the top two reasons selected by respondents having difficulty accessing mental health care. However, "service I needed was not available in my area" was the third most common reason for access difficulties cited by both those having difficulty with mental health care and adult dental care. In a separate question, about 36% of survey respondents indicated that they or someone in their household had to travel outside of the local area in the past year to get the services they needed. In an open-ended follow-up question, dental care and mental health care were two of the most commonly cited services for which people were traveling outside of the area. (See Appendix A for complete survey responses.)

TABLE 6: TOP REASONS RESPONDENTS HAD DIFFICULTY ACCESSING SERVICES BY TYPE OF SERVICE

(Percentage of respondents who reported difficulty accessing a particular type of service)

Primary Health Care (n=74, 14.1% of all respondents)	Dental Care for Adults (n=59, 11.3% of all respondents)	Mental Health Care (n=39, 7.4% of all respondents)
41.9% of respondents who had difficulty receiving primary health care also reported they ***Could not afford to pay***	**61.0%** of respondents who had difficulty receiving adult dental care also reported they ***Had no dental insurance***	***56.4%*** of respondents who had difficulty receiving mental health care also reported the ***Waiting time to get an appointment was too long***
41.9% Waiting time to get an appointment was too long	***61.0% Could not afford to pay***	**53.8%** ***Could not afford to pay***
40.5% insurance deductible was too expensive	***39.0% Insurance deductible was too expensive***	***43.6% Service I needed was not available in my area***
31.1% Had no health insurance	***37.3% Waiting time to get an appointment was too long***	***43.6% Insurance deductible was too expensive***
31.1% Service was not accepting new clients/patients	***33.9% Service I needed was not available in my area***	***41.0% Had no health insurance***

3. Community Health Resources Needing More Attention

The 2015 VRH Community Needs Assessment Survey also asked people to select from a list of services or resources that support a healthy community that should receive more focus. As shown by Chart 6, the top resources identified by survey respondents as needing more attention were substance abuse recovery programs; job opportunities; affordable, high quality child care; and access to healthy, affordable food; and.

CHART 6

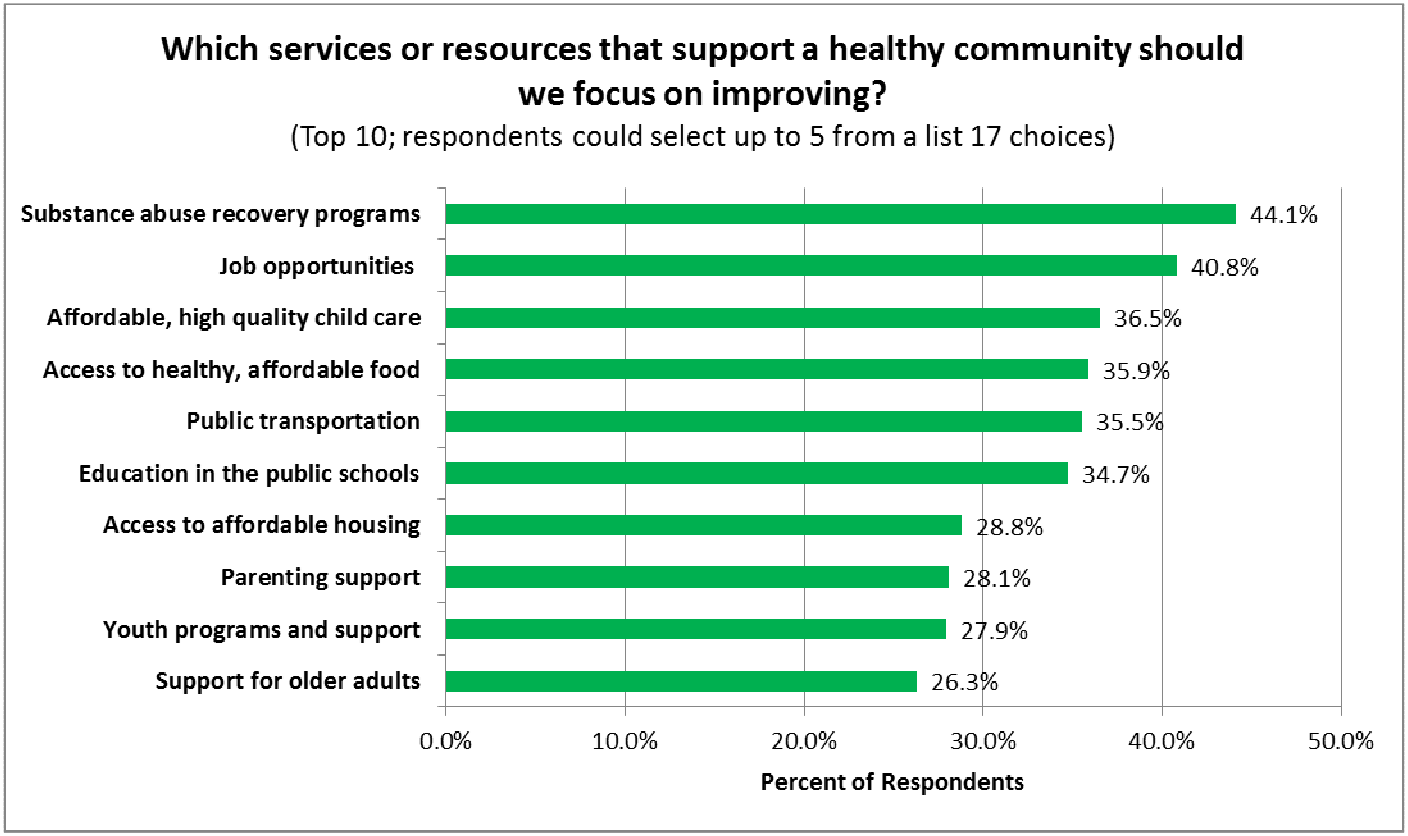


Chart 7 displays the top 10 program or services survey respondents indicated they would use if more available in their community. Table 7 on the next page displays the top programs or resources of interest by age category. Biking/walking trails, recreation/fitness programs and weight loss programs were of interest to all age groups. However, the top services of interest for seniors was public transportation and about 24% of seniors indicated interests in better balance/falls reduction programs.

CHART 7

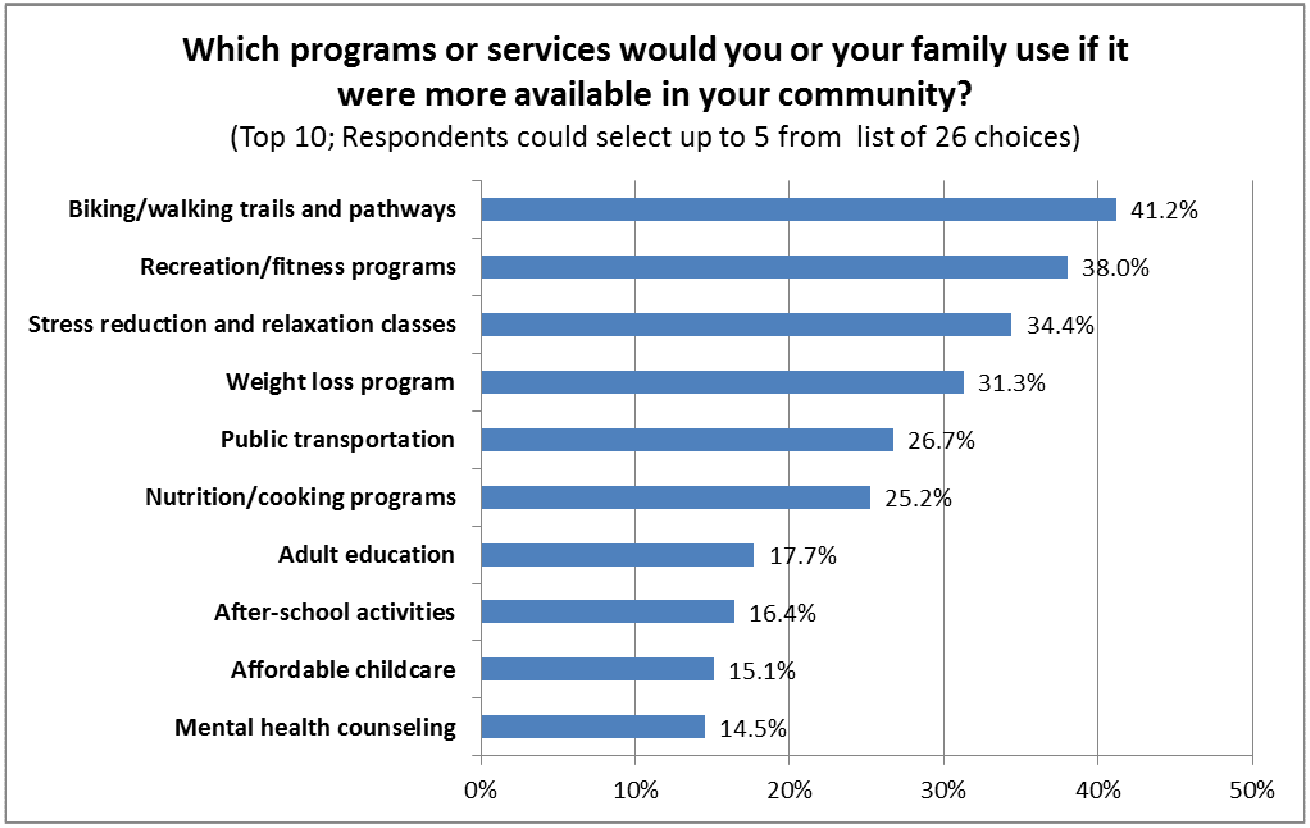


TABLE 7: Programs or Services of Interest by Age Category

18-44 years	n=175	45-64years	n=229	65+ years	n=90
Biking/walking trails and pathways	48.6%	Biking/walking trails and pathways	45.9%	Public transportation	40.0%
Recreation/fitness programs	46.9%	Recreation/fitness programs	38.9%	Biking/walking trails and pathways	26.7%
Stress reduction and relaxation classes	41.7%	Stress reduction and relaxation classes	38.4%	Recreation/fitness programs	25.6%
Weight loss program	40.0%	Weight loss program	29.7%	Better balance/falls reduction programs	24.4%
Nutrition/cooking programs	37.7%	Public transportation	27.5%	Weight loss program	23.3%

The 2015 VRH Community Needs Assessment Survey asked people to respond to the question, ***"If you could change one thing that you believe would contribute to better health in your community, what would you change?"*** A total of 330 survey respondents (63%) provided written responses to this question. Table 8 on the next page provides a summary of the most common responses by topic theme. All comment detail can be found in Appendix A of this report.

TABLE 8

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

Improved resources, programs or environment for healthy living; health promotion/education; nutrition; food affordability	14.8% of respondents
Accessibility/availability of mental health and substance abuse services; substance misuse prevention	13.3%
Affordability of health care/low cost or subsidized services; insurance; health care payment reform	13.3%
Health care provider availability including certain specialties; hours and wait time; health care delivery system improvements	11.8%
Improved programs or environment for physical activity, active living, affordable recreation and fitness	8.2%
Community services/supports; caring culture; social opportunities	7.3%
Programs for youth and families; parenting support	6.7%
Transportation services	3.9%
Employment opportunities/benefits; economy; housing	3.9%
Personal responsibility/reduce dependence	3.9%
Crime/violence; law enforcement	2.7%
Accessibility/affordability of dental care	2.1%
Senior services, programs	2.1%
Improve educational system	2.1%

B. KEY STAKEHOLDER SURVEY

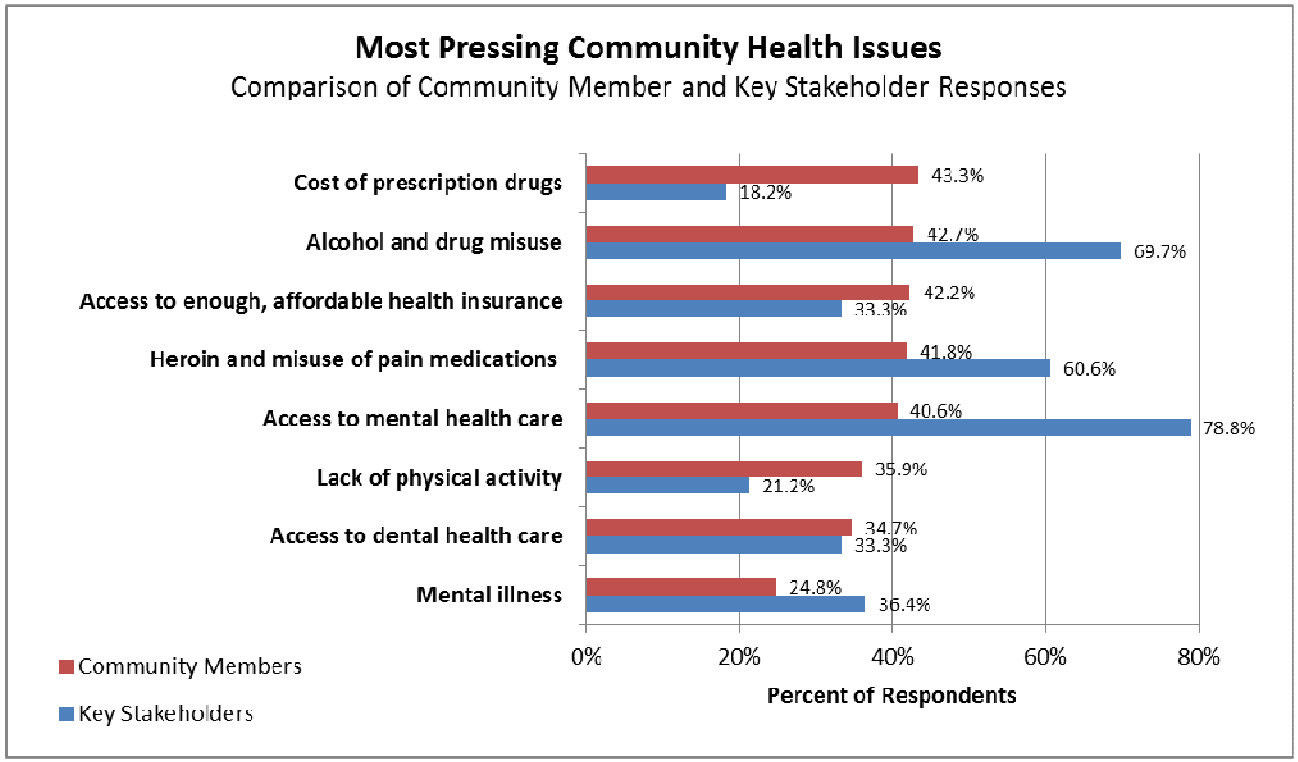
In addition to the survey of community residents, the 2015 VRH Community Health Needs Assessment included an online survey of key stakeholders representing different community sectors and agencies. This survey was conducted to supplement the community survey by gathering input on needs from the perspective of community leaders and service providers. The survey was conducted in conjunction with New London Hospital, Alice Peck Day Memorial Hospital, Dartmouth-Hitchcock, and Mt. Ascutney Hospital and Health Center. At the beginning of the survey, respondents were asked to indicate the region they primarily serve or are most familiar with, which could be multiple and overlapping regions. A total of 33 key stakeholder respondents indicated that their responses were reflective of the VRH service area. Respondents represented the following sectors: Human Service/Social Service (21%), Mental/Behavioral Health (14%), Home Health Care (10%), Primary Health Care (7%), Medical Subspecialty (3%) Long Term Care (3%), Faith-Based/Cultural Organization (7%), Public Safety/Fire (7%), Education/Youth Services (7%), Municipal/County Government (14%), Community Member/Volunteer (3%), and Public Health (3%).

Table 9 displays the top 6 most pressing community health issues from the perspective of key stakeholders. Chart 8 on the next page compares these responses with the top 6 community health issues identified by respondents to the community survey. Four of the six top priorities were the same between these two groups of respondents. Community health issues identified by community members that were ranked lower by key stakeholders were 'Cost of Prescription Drugs' (which was the top issue for community respondents) and 'Lack of physical activity'. Community health issues ranked in the top 6 by key stakeholders that were ranked somewhat lower by community members (although still in the top 12) were 'Mental illness' and 'Access to dental health care' (ranked 7th by community respondents).

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

% of All Respondents selecting the issue (n=33)	Community Health Issue
78.8%	**Access to mental health care**
69.7%	**Alcohol and drug misuse**
60.6%	**Heroin and misuse of pain medications**
36.4%	**Mental illness**
33.3%	**Access to dental health care**
33.3%	**Access to enough, affordable health insurance**

CHART 8



Key stakeholders were also asked if there are specific populations in the community that are not being adequately served by local health services. About 88% of respondents indicated that there are specific underserved populations. Chart 9 displays results from key stakeholder responses on specific populations thought to be currently underserved. 'People in need of Mental Health Care', 'Uninsured/Underinsured", People in need of substance abuse treatment', and 'Low Income/Poor' were the most frequently indicated populations perceived to be currently underserved.

Chart 10 displays results from key stakeholder responses on the most significant barriers in the community that keep people from accessing the services they need. 'Inability to pay out of pocket expenses', 'Lack of transportation', and 'Inability to navigate the health care system' were most frequently cited. Complete survey responses for the key stakeholder survey can be found in Appendix B to this report.

CHART 9

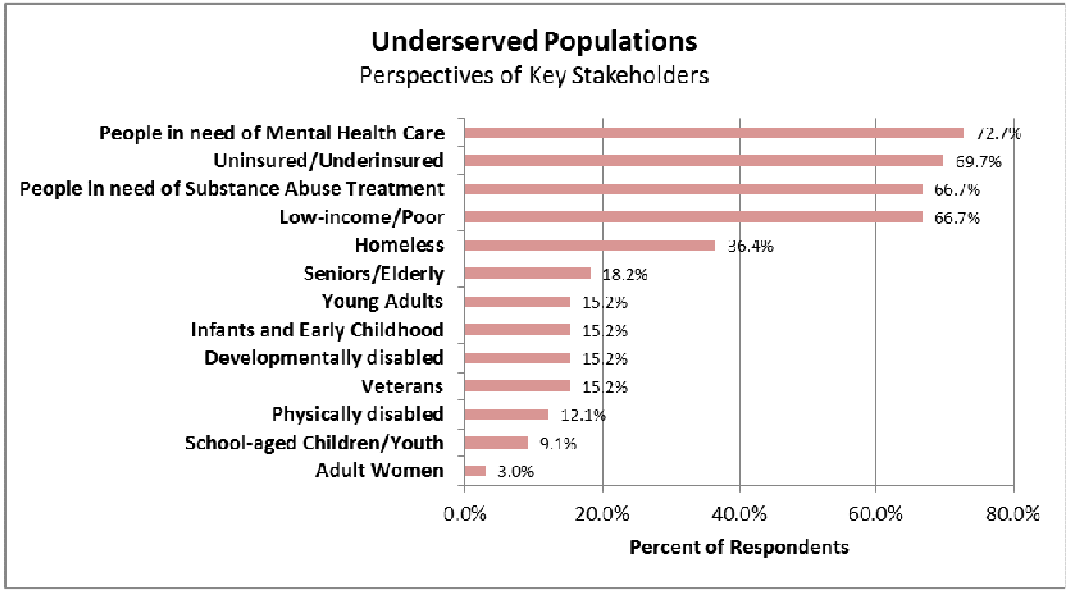
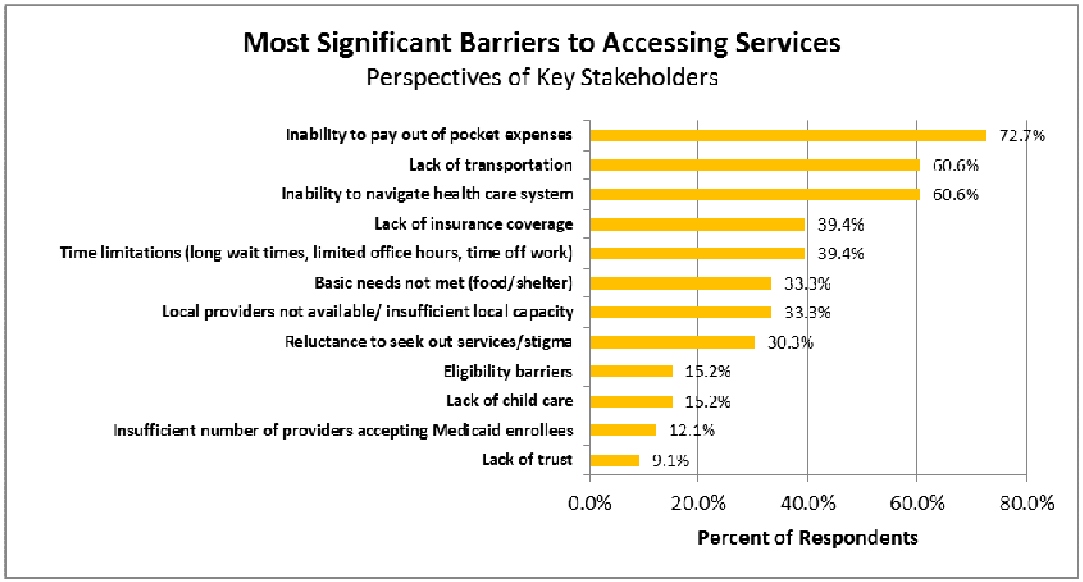


CHART 10



C. COMMUNITY HEALTH DISCUSSION GROUPS

A set of three discussion groups were convened in the Summer of 2015 as part of the effort by Valley Regional Hospital to understand the health-related needs of the community and to plan programs and services that address those needs. The purpose of the discussions was to get input on health issues that matter to the community and thoughts and perceptions about the health of the community from different perspectives. Three discussion groups were convened representing a variety of important community sectors and perspectives including:

- **Newport Area Residents (11 participants)**
- **Business Leaders (7 participants)**
- **Claremont Soup Kitchen (10 participants)**

1. Discussion Group Themes

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

1. Discussion group participants comprehended and described a comprehensive, holistic perspective on health and well-being. The interconnectedness of health behaviors, the physical environment, programs and services, and underlying determinants of health such as financial health and education were all discussed with respect to individual and community health outcomes.

2. Participants had mixed feelings about the overall health of the community. Positive factors cited include the perception of increased participation in physical activity and a number of specific workplace or community resources that promote health and wellness. However, there was also significant discussion of the challenges faced by individuals and families under economic stress, issues of aging, and lack of affordable nutrition and exercise programs. Several comments identified the lack of knowledge among individual community members on how to navigate the health insurance systems and services. A number of comments also specifically cited substance abuse and barriers to accessing mental health services as highly significant negative contributors to health in the community.

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

3. Participants identified a wide variety of community strengths and resources that promote health and community connectedness, including community centers, the Claremont Soup Kitchen, the new urgent care center at Valley Regional Hospital, and workplace programs, such as Dartmouth Health Connect.

> *Many people have no idea what's available to stay healthy. Programs are offered, but people don't come. There's no motivation. – Newport Discussion Group Participant*

4. Participants identified a range of barriers to promoting good health in the community including the lack of awareness of available community resources; financial pressures on individuals, families, and community service organizations; substance abuse and lack of available treatment, high stress levels that influence mental and emotional health; uncertainty of public safety; and variability in access to services and health insurance.

5. With respect to what organizations could be doing better to support or improve community health, participants identified needs for enhanced health education, increased awareness of available health and financial resources, improved access to and availability of specific services such as mental health care, substance abuse treatment and transportation, increased communication and coordination between agencies, and socio-economic improvements.

> *I would love to see a clinic for drug and alcohol in Claremont; to help get them off and stay off; to help them better themselves and their families. – Claremont Discussion Group Participant*

2. High Priority Issues from VRH Discussion Groups

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

1. *Alcohol and Drug Abuse*
2. *Access to Mental Health/Behavioral Health Care Services*
3. *Income, poverty*
4. *Fragile families, family stress*
5. *Access to Health Insurance*
6. *Physical Activity, recreational opportunities, active living*
7. *Education*
8. *Affordable Housing*
9. *Access to Elder Care Services*

The chart below displays these top overall regional priorities, as well as the priorities identified by each set of discussion groups. Consistent with the findings from the community and key stakeholder surveys. Substance misuse, access to mental health care, and related issues of socioeconomic stresses among individuals and families are top issues of concern across the region.

Priority Rank	Overall	Business Leaders Group	Claremont Group	Newport Group
1	**Alcohol and Drug Abuse**	Fragile families, family stress	Alcohol and Drug Abuse	Alcohol and Drug Abuse
2	**Access to Mental Health, Behavioral Health Care Services**	Income, poverty	Education	Access to Mental Health, Behavioral Health Care Services
3	**Income, poverty**	Alcohol and Drug Abuse	Physical Activity, recreational opportunities, active living	Income, poverty
4	**Fragile families, family stress**	Access to Mental Health, Behavioral Health Care Services	Affordable housing	Physical Activity, recreational opportunities, active living
5	**Access to Health Insurance**	Access to Health Insurance	Public safety, crime, domestic violence	Access to Health Insurance
6	**Physical Activity, recreational opportunities, active living**	Affordable housing	Faith/Religion	Access to Elder Care Services
7	**Affordable housing**	Access to Prescriptions/Medications	Access to Mental Health, Behavioral Health Care Services	Affordable housing
8	**Education**	Chronic Diseases such as Heart Disease, Diabetes, Arthritis, Asthma and COPD	Access to Health Insurance	Fragile families, family stress
9	**Access to Elder Care Services**	Access to Elder Care Services	Access to Primary Health Care Services	Access to Dental Care Services

D. COMMUNITY HEALTH STATUS INDICATORS

This section of the 2015 VRH Community Health Needs Assessment report provides information on key indicators and measures of community health status. Some measures that are associated with health status have been included earlier in this report, such as measures of income and poverty. Where possible, statistics are presented specific to the 15 town VRH service area. In some cases, statistics are reported for 'Sullivan County, NH', but it is useful to note that the VRH service area is contiguous with Sullivan Count.

1. Demographics and Social Determinants of Health

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

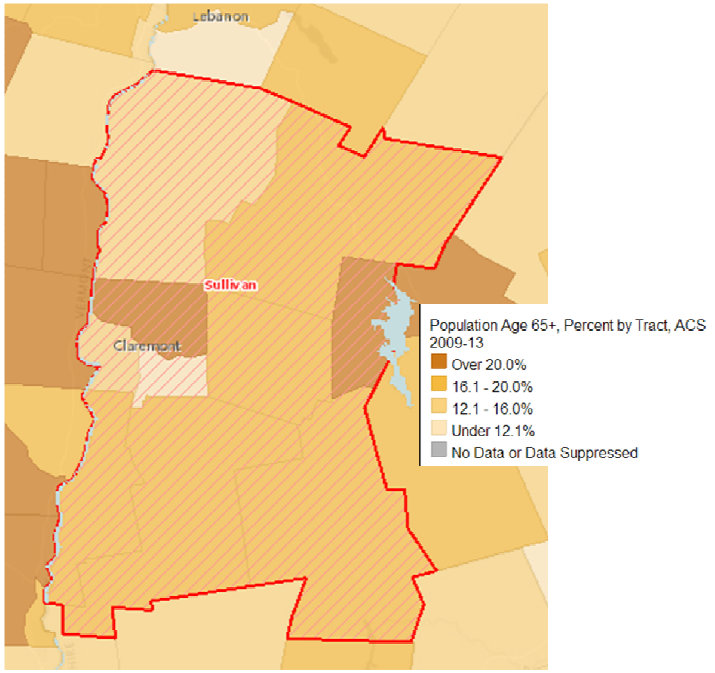
a. General Population Characteristics

According to the 2013 American Community Survey, the population of the VRH Service Area is older than New Hampshire's population on average. The service area map on the next page displays the percent of the population 65 years of age and older by town. Between 2000 and 2013, the population of the VRH Service Area grew more slowly than the New Hampshire population.

Indicators	VRH Service Area	New Hampshire
Population Overview		
Total Population	43,398	1,319,171
Over age of 65	17.1%	14.2%
Under age of 5	5.1%	5.2%
Change in population (2000 to 2013)	+4.8%	+6.7%

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

Percent of Population 65 years of age and older
Valley Regional Hospital Service Area Towns



b. Income, Poverty and Unemployment

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

Area	Percent of Children in Poverty Income < 100% FPL	Percent of Children in Poverty Income < 200% FPL
VRH Service Area	12.6%	39.3%
New Hampshire	11.1%	27.2%

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

Unemployment is measured as the percent of the civilian labor force, age 16 and over that is unemployed, but seeking work. From 2009 – 2013, the unemployment rates in Goshen, Washington, Claremont, Lempster, Langdon, and Acworth were higher than both the New Hampshire and VRH Service Area rates. However, this difference was not statistically significant. This is displayed by the table below.

Area	Percent of the Population Unemployed
Goshen	10.4
Washington	10.1
Claremont	9.8
Lempster	8.8
Langdon	8.1
Acworth	7.1
New Hampshire	**7.0%**
VRH Service Area	**6.4%**
Cornish	6.0
Unity	6.0
Newport	5.2
Springfield	4.7
Sunapee	4.5
Charlestown	4.2*
Croydon	4.0*
Grantham	2.7**
Plainfield	1.9**
*Unemployment rate in town is statistically significantly different than that for NH *Unemployment rate in town is statistically significantly different than that for NH and the VRH Service Area	
Data Source: U.S. Census Bureau, 2009 – 2013 American Community Survey 5-Year Estimates.	

c. Education

Educational attainment is also considered a key driver of health status with lower levels of education linked to both poverty and poor health. A lower proportion of the population of the VRH Service Area have earned at least a high school diploma or equivalent compared to New Hampshire overall. However, this difference is not statistically significant. The table below presents data on the percentage of the population aged 25 and older without a high school diploma (or equivalent).

Area	Percent of Population Aged 25+ with No High School Diploma
VRH Service Area	9.9%
New Hampshire	8.2%

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

d. Language

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

Area	Percent of Population Aged 5+ Who Speak English Less Than "Very Well"
VRH Service Area	0.9%
New Hampshire	2.5%

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

e. Housing

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

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

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

Area	Percent of Housing Units That Are Owner-Occupied	Percent of Housing Units Categorized As "Substandard"	Percent of Households with Housing Costs ≥30% of Household Income
VRH Service Area	76.4%	33.1%	39.7%
New Hampshire	74.9%	36.6%	42.4%

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

f. Transportation

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

Area	Percent of Workers Aged 16+ in Households with No Vehicle Available
VRH Service Area	1.5%
New Hampshire	1.7%

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

g. Disability Status

Disability is defined as the product of interactions among individuals' bodies; their physical, emotional, and mental health; and the physical and social environment in which they live, work, or play. Disability exists where this interaction results in limitations of activities and restrictions to full participation at school, at work, at home, or in the community. The US Census Bureau (American Community Survey) identifies people reporting serious difficulty with four basic areas of functioning – hearing, vision, cognition, and ambulation. According to the 2013 American Community Survey, 15.2% of VRH Service Area residents report having at least one disability, a rate that is higher than the overall NH rate and possibly reflective of an older population on average.

Area	Percent of Population Reporting Serious Difficulty With Hearing, Vision, Cognition and/or Ambulation
Valley Regional Hospital Service	15.2%*
New Hampshire	11.6%

*Data Source: U.S. Census Bureau, 2009 – 2013 American Community Survey 5-Year Estimates. Accessed using Community Commons. *Percent is statistically different and higher than the overall NH rate.*

2. Health Promotion and Disease Prevention

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

a. Fruit and Vegetable Consumption

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

Area	Percent of Adults Consuming Few Fruits or Vegetables
Sullivan County, NH	74.0%
New Hampshire	71.6%

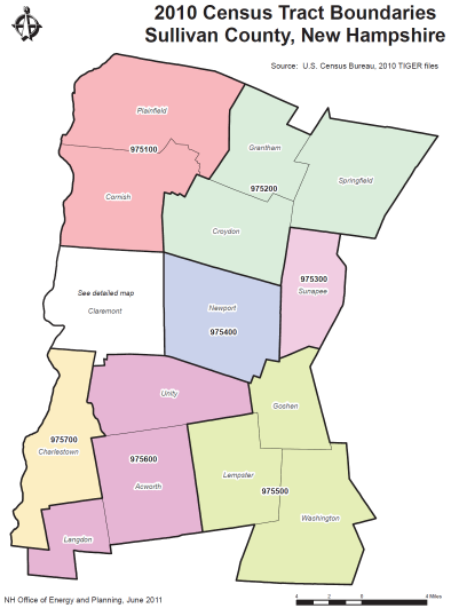
Data Source: Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2005, 2007, 2009. Accessed using NH HealthWRQS. County rates are not significantly different from each other or from the overall NH rate.

b. Access to Healthy Foods

Lack of access to supermarkets can contribute to low fruit and vegetable consumption. Access may be limited by distance as well as by lack of transportation. The USDA Food Access Research Atlas classifies four census tracts in the Valley Regional Hospital Service Area as having limited access to supermarkets based on these characteristics: Claremont Census Tracts 9758, 975901, and 975902, with, respectively, 9.3%, 13.7%, and 9.3% of households reporting having no vehicle available although they are located at least a half a mile from the nearest supermarket; and Newport Census Tract 9754 with 6.3% of households report having no vehicle available although they are located at least a half a mile from the nearest supermarket.

Town	Census Tract	Proportion of Residents with No Vehicle Further Than .5 Miles from Supermarket	Proportion of Population with Low Food Access*
Newport	9754	6.3%	73.1%
Goshen, Lempster, Washington	9755	1.7%	29.0%
Charlestown	9757	2.6%	80.0%
Claremont	9758	9.3%	100.0%
Claremont	975901	13.7%	86.0%
Claremont	975902	9.3%	78.0%

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



Food deserts are another measure of food access. A food desert is defined as a low-income census tract where a substantial number or share of residents has low access to a supermarket or large grocery store. Low access to supermarkets translates to less choice and potentially higher prices for food. All of the census tracts listed in the above table except for Census Tract 957902 can be classified as food deserts using this measure.

c. Physical Inactivity

Lack of physical activity can lead to significant health issues such as obesity and poor cardiovascular health. The table below reports the percentage of adults aged 20 and older who self-report no leisure time physical activity, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?". More than 1 in 5 adults in the Valley Regional Hospital Service Area can be considered physically inactive on a regular basis – a rate similar to the rest of New Hampshire.

Area	Physically Inactive in the Past 30 Days
Sullivan County, NH	21.60%
New Hampshire	20.17%

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

The Youth Risk Behavior Survey (YRBS) asks high school students how many of the previous 7 days they were physically active for a total of at least 60 minutes. Six of the seven schools with students from towns in the VRH Service Area participated in the survey in 2013. The YRBS data presented on the next page includes all schools that students within the Hospital Service Area attend; however, data also includes students from outside of the Hospital Service Area that attend the same schools. The table and graph below present data from the 2013 YRBS on the proportion of high school students from the Hospital Service Area that report exercising for 60+ minutes on at least five of the seven days prior to the taking the survey.

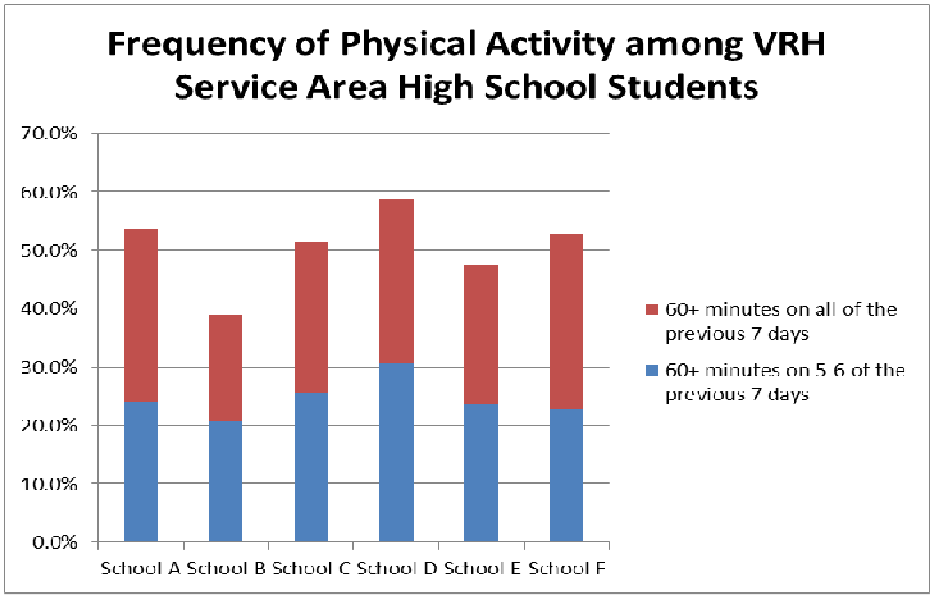
School	Physically Active 60+ Minutes Per Day on 5+ of the Previous 7 Days	Physically Active 60+ Minutes per Day on All 7 of the Previous 7 Days
School A	53.7%*	29.7%*
School B	39.0%**	18.2%**
School C	51.4%*	25.9%*
School D	58.7%*	28.1%*
School E	47.5%	23.9%
School F	52.7%*	29.9%*
NH	**47.0%**	**22.9%**

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

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

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

In addition, a majority of students in each school (range 62.8-76.8% depending on school) said that they had zero days of physical education classes during the average school week.



d. Pneumonia and Influenza Vaccinations (Adults)

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

Area	Adult Immunization Rates	
	Pneumococcal Vaccination Adults Aged 65+	Influenza Vaccination Adults Aged 18+
Sullivan County, NH	69.5%	40.0%
New Hampshire	72.0%	40.1%

Data Source: Pneumococcal Vaccination: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006 - 2010. Influenza Vaccination: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2012. Accessed using NH HealthWRQS. Rates are not significantly different from the overall NH rate.

e. Cancer Screening

Evidence suggests that cancer screening appropriate to age can reduce cancer mortality. Cancer screening rates can also reflect degree of access to preventive care, levels of health knowledge, insufficient outreach, and/or the degree to which social barriers preventing utilization of services. The table below reports the percentage of women aged 18 and older who report that they have had a Pap test in the past three years from 2006- 2010 and 2012.

Area	Percent of Women Who Have Had a Recent Pap Test	
	2006 - 2010	2012
Sullivan County, NH	78.2%	78.2%
New Hampshire	79.5%	78.6%

Data Source: 2006-2010 Data: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2012 Data: Accessed using NH HealthWRQS. Rates are not significantly different from the overall NH rate.

The table below reports the percentage of adults 50 and older who self-report that they have ever had a sigmoidoscopy or colonoscopy 2006- 2010 and in 2012.

Area	Percent of Adults Aged 50 Or Older Ever Screened For Colon Cancer	
	2006 - 2010	2012
Sullivan County, NH	64.4%	73.7%
New Hampshire	69.7%	77.4%

Data Source: 2006-2010 Data: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2012 Data: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2012. Accessed using NH HealthWRQS. Rates are not significantly different from the overall NH rate.

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

Area	Percent of Medicare Enrollees Aged 67 - 69 Recently Screened For Breast Cancer
Sullivan County, NH	69.8%
New Hampshire	70.7%

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

f. Adult Substance Abuse

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

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

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

Area	Engaged in Binge Drinking in Past 30 days, Percent of Adults		
	Male	Female	Total
Sullivan County, NH	22.5%	7.9%	15.1%
New Hampshire	23.2%	13.3%	18.1%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2012. Accessed using NH HealthWRQS. Binge drinking is among women is significantly lower than for men in Sullivan County and in NH. Rates are not significantly different from the overall NH rates.

The next table presents data on heavy alcohol use. Men are considered heavy drinkers if they report having more than 2 drinks per day. Women are considered heavy drinkers if they report having more than 1 drink per day.

Area	Heavy Alcohol Use, Percent of Adults		
	Male	Female	Total
Sullivan County, NH	3.5%	5.3%	4.4%
New Hampshire	7.5%	6.9%	7.2%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2012. Accessed using NH HealthWRQS. Rates are not significantly different from the overall NH rate.

The rate of utilization of the emergency department for substance abuse-related conditions can indicate a variety of concerns including prevalence of substance abuse in the community, community norms, and limited access to treatment. The rate of emergency department utilization for substance abuse related mental health conditions by residents in the Valley Regional Hospital Service area was significantly higher than the overall New Hampshire rate in the time period 2008-2009 (most current information available). Notably, the rate of emergency department utilization for substance abuse-related mental health conditions is significantly higher for Sullivan County than for New Hampshire overall for all age groups except the 0 – 4, 4 –15, and 85+ age groups.

Substance Abuse-Related Mental Health Condition ED Visits and Observation Stays* (per 100,000 people)	
Area	**Overall, Age Adjusted**
Sullivan County, NH	1,871.0**
New Hampshire	892.7

*Data Source: NH DHHS Hospital Discharge Data Collection System, 2008-2009. Accessed using NH HealthWRQS. *Resident ED visits with any diagnosis of a mental health disorder for substance abuse (ICD 9CM code 291, 292, 304, 305, excluding 305.1). **Rate is statistically different and higher than the overall NH rate.*

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

Neonatal Abstinence Discharges, 2006-2009 (per 1,000)	
Area	**Overall, Age Adjusted**
Sullivan County, NH	16.3*
New Hampshire	6.7

*Data Source: Bureau of Data and Systems Management (BDSM), Office of Medicaid Business and Policy (OMBP), Office of Health Statistics and Data Management (HSDM), Bureau of Public Health Statistics and Informatics (BPHSI), New Hampshire Department of Health and Human Services (NH DHHS), 2009. *Resident ED discharges with diagnosis (ICD 9CM code 779.5). **Rate is significantly different and higher than the overall NH rate*

g. Youth Substance Abuse

The table below presents data collected in the Youth Risk Behavior Survey (YRBS) on the proportion of high school students from the VRH Service Area who reported ever using the substances listed in the left column. Six of the seven schools with students from towns in the VRH Service Area participated in the YRBS in 2013.

Percent of Students Reporting They Ever Used Substance							
	School A	School B	School C	School D	School E	School F	NH
Alcohol	62.0%	68.5%*	64.0%	57.7%**	63.7%	67.6%*	61.4%
Marijuana	37.6%	42.9%	41.8%	32.0%**	34.9%**	43.4%	39.9%
Synthetic Marijuana	18.4%	18.6%	13.6%	9.0%	17.2%	19.2%	n/a
Prescription Drugs Without Prescription	14.6%	18.0%	17.7%	14.4%	16.2%	15.2%	16.5%
Cocaine	5.8%	5.4%	6.5%	5.5%	5.3%	6.8%*	4.90%
Inhalants	8.6%	7.6%	10.2%*	6.7%	5.6%**	8.3%	8.00%
Ecstasy	6.3%	5.4%**	6.5%	5.1%**	5.6%**	4.2%**	7.40%
Heroin	2.8%	2.2%	4.4%*	2.0%	1.0%**	2.4%	2.70%
Methamphetamines	3.0%	2.5%	4.4%*	2.6%	2.8%	4.2%*	2.90%

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

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

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

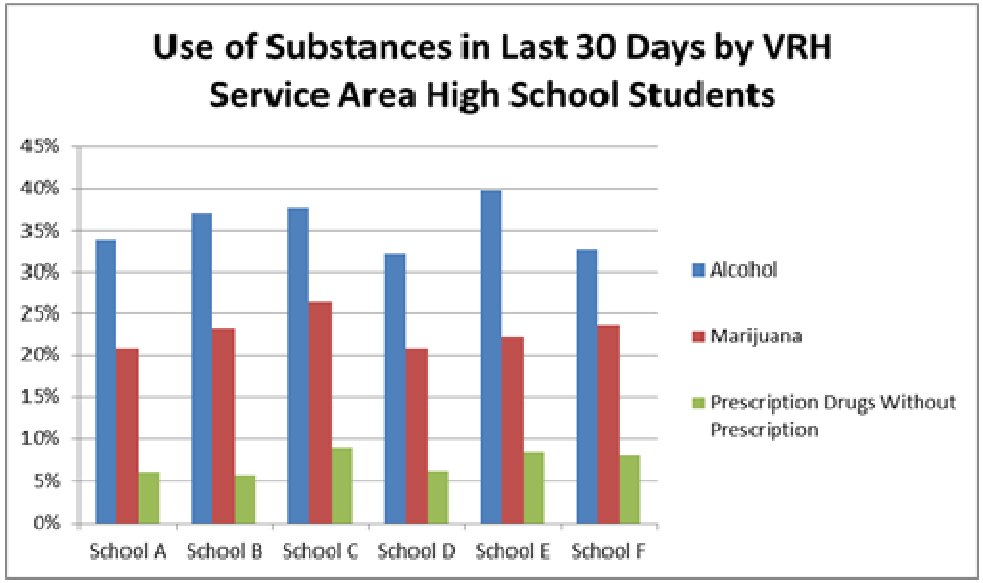
The table and graph below present data from the 2013 YRBS on the proportion of high school students from the Hospital Service Area who report using alcohol, marijuana and prescription medications without a prescription in the past 30 days. Six of the seven schools with students from towns in the VRH Service Area participated in the survey in 2013. As displayed by the chart, youth from 3 of these schools reported higher rates of current alcohol use than the overall NH rate.

Percent of Students Reporting Any Use of Substance In Last 30 Days			
School	**Alcohol**	**Marijuana**	**Prescription Drugs Without Prescription**
School A	33.8%	20.8%**	6.1%
School B	37.0%*	23.3%	5.7%
School C	37.6%*	26.4%	8.9%
School D	32.2%	20.8%**	6.3%
School E	39.8%*	22.2%	8.4%
School F	32.7%	23.7%	8.0%
NH	32.9%	24.4%	n/a

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

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

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



h. Cigarette Smoking

Tobacco use is a primary contributor to leading causes of death such as lung cancer, respiratory disease and cardiovascular disease. The next table reports the percentage of adults aged 18 and older who self-report currently smoking cigarettes some days or every day. Between 2006 and 2012, more than one in five adults in Sullivan County were current smokers.

Area	Percent of Adults Who Are Current Smokers
	2006 - 2012
Sullivan County, NH	21.1%
New Hampshire	17.1%

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

The table below presents data from the 2013 YRBS on the proportion of high school students from the Hospital Service Area who report that they are current smokers. Six of the seven schools with students from towns in the VRH Service Area participated in the survey in 2013.

School	Current Smoker (1+ day/month)	Frequent Smoker (20+ days/month)
School A	20.6%*	8.2%*
School B	16.8%*	6.6%
School C	17.8%*	6.3%
School D	11.6%	3.3%**
School E	20.4%*	9.2%*
School F	17.2%*	8.6%*
NH	13.8%	5.5%

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

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

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

i. Teen Birth Rate

Teen pregnancy is closely linked to economic prosperity, educational attainment, and overall infant and child well-being. The teen birth rate in the in the Valley Regional Hospital Service Area, was estimated to be 27.0 per 1,000 women aged 15 – 19 in the 2009 – 2013 time period.

Area	Teen Birth Rate per 1,000 Women Age 15-19
Sullivan County, NH	27.0*
New Hampshire	10.0

*Data Source: American Community Survey 2009 – 2013. *Rate is statistically different and higher than the overall NH rate.*

3. Illness and Injury

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

a. Premature Mortality

An overall measure of the burden of disease is premature mortality. The indicator below expresses premature mortality as the rate of death, regardless of cause, where age is less than 75 years and less than 65 years at the time of death. The data shown in the table below are from the period 2008 and 2010 (the most current information available). The rate of premature death in Sullivan County, NH was significantly higher than the rate for New Hampshire overall for those under 65 years of age, and may be significantly higher for those under 75 years of age (confidence intervals were not available).

Area	Premature Mortality	
	Deaths per 100,000 People Under Age 75	Deaths per 100,000 People Under Age 65
Sullivan County, NH	381.9	189.8*
New Hampshire	307.2	160.9

*Data Source: People under age 75: University of Wisconsin Population Health Institute, County Health Rankings. Centers for Disease Control and Prevention, National Vital Statistics System. 2008-2010. People under age 65: NH Division of Vital Records Administration Death Certificate Data, 2008-2010. Accessed using NH HealthWRQS. *Rate is significantly different from and higher than the overall NH rate.*

b. Overweight and Obesity

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

Area	Percent of Adults Obese	Percent of Adults Overweight or Obese
Sullivan County, NH	28.0%	66.7%
New Hampshire	26.9%	62.0%

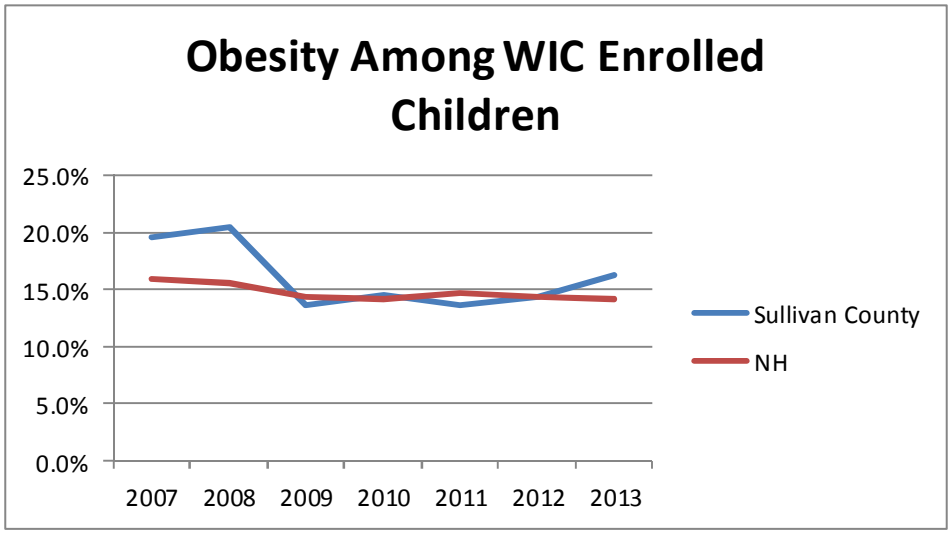
Data source: Behavioral Risk Factor Surveillance System 2011-2012. Hospital Service Area estimates from Community Commons. Rates are not significantly different from each other or from the overall NH rate.

Children who are overweight and obese suffer both short- and long-term impacts. In addition, children who are obese are likely to be obese as adults. The table below presents data on the proportion of WIC-enrolled children and 3rd graders who are obese in Sullivan County, compared with New Hampshire.

Area	Percent of WIC-enrolled Children Who Are Obese	Percent of 3rd Graders Who Are Obese
Sullivan County, NH	16.3%	17.4%*
New Hampshire	12.6%	12.6%

*Data Source: WIC Enrollees: NH WIC Agencies, 2013. Accessed from NH WISDOM. County rate is not statistically different than the overall NH rate. 2013-2014 NH Department of Health and Human Services Third Grade Healthy Smiles Healthy Growth Survey. Accessed from NH WISDOM. *The proportion of third-graders who are obese is significantly different and higher in Sullivan County compared to the New Hampshire rate.*

The graph below presents trend data from NH Wisdom on the proportion of WIC-enrolled children who are obese in Sullivan County, compared with New Hampshire. While there no statistically significant change in obesity rates has been detected at the county level, state level rates of obesity for WIC enrolled children declined significantly from 15.9% in 2007 to 14.1% in 2013. Additionally, New Hampshire has registered statistically significant decreases in the proportion of third graders who are obese, with rates falling from 18.0% in 2009 to 12.6% in 2014 (no county-level trend data is available for this indicator).



c. Oral Health

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

According to the 2013-2014 NH Department of Health and Human Services Third Grade Healthy Smiles Healthy Growth Survey, third graders in Sullivan County have significantly higher rates of tooth decay experience and treated tooth decay that third graders

statewide. A lower proportion of Sullivan County third graders had unmet treatment needs, however, a higher proportion had urgent treatment needs. Finally, a significantly higher proportion of Sullivan County third graders have received dental sealants.

	Percent of Third Graders	
	Sullivan County, NH	New Hampshire
Decay experience	45.5%*	35.4%
Untreated decay	6.8%	8.2%
Treated decay	41.6%*	31.8%
Need treatment	6.1%**	8.1%
Need urgent treatment	1.8%*	1.0%
Dental sealants	91.3%*	60.9%

*Data Source: 2013-2014 NH Department of Health and Human Services Third Grade Healthy Smiles Healthy Growth Survey. Accessed http://www.dhhs.nh.gov/dphs/bchs/rhpc/oral/. *Statistically different and higher than the overall NH rate. ** Statistically different and lower than the overall NH rate.*

The table below presents data on the rate of emergency department utilization for dental diagnoses for Sullivan County, compared with New Hampshire. Use of emergency departments for dental care can indicate lack of access to preventive and curative dental care and is an indicator of poor dental health. The rate of dental ED discharges is significantly higher for Sullivan County residents that for New Hampshire overall.

Area	Dental ED Discharges, Age Adjusted*
Sullivan County, NH	270.9**
New Hampshire	127.6

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

d. Cancer

Cancer is the leading cause of death in New Hampshire and in the Valley Regional Hospital Service Area. Although not all cancers can be prevented, risk factors for some cancers can be reduced. According to the New Hampshire State Health Improvement Plan, nearly two-thirds of cancer diagnoses and deaths in the US can be linked to behaviors, including tobacco use, poor nutrition, obesity, and lack of exercise. The table below shows cancer incidence rates by site group for the cancer types that account for the majority of New Hampshire's cancer deaths and new cases.

	New Cancer Cases (per 100,000 people), Age Adjusted	
	Sullivan County, NH	**New Hampshire**
All cancers (2008)	440.8	481.2
2007 – 2011 Data		
Prostate	104.8	151.7
Breast (female)	117.3	134.1
Lung and bronchus	72.7	69.4
Colorectal	38.6	41.3
Melanoma of skin	Not available	26.7
Bladder	Not available	29.4

Data Source: All cancers: NH State Cancer Registry, 2008. Site-specific data: State Cancer Profiles, 2007 - 2011. Accessed via Community Commons.

Cancer Mortality: The rate of death due to cancer in the Valley Regional Hospital Services Area was similar to the overall NH rate in 2010. It is not possible to calculate death rates for some cancer types due to low numbers of deaths from these cancers in the region.

	Cancer Deaths (per 100,000 people), Age Adjusted	
	Sullivan County, NH	**New Hampshire**
All cancers	146.6	155.6
Colorectal	Not available	43.4
Lung and bronchus	46.7	43.2
Breast (female)	Not available	20.0
Prostate	Not available	19.6
Bladder	Not available	4.7
Melanoma of skin	Not available	1.9

Data Source: NH State Cancer Registry, 2010. Accessed using NH HealthWRQS. Hospital Service Area rates, where available, are not significantly different from the overall NH rate.

e. Heart Disease

Heart disease is the second leading cause of death in New Hampshire and in the Valley Regional Hospital Service Area after all forms of cancer. Heart disease is closely related to unhealthy weight, high blood pressure, high cholesterol, and substance abuse including tobacco use.

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

Area	Percent of Adults with Heart Disease
Sullivan County, NH	4.2%
New Hampshire	4.0%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2011-2012. Rate is not significantly different from the overall NH rate.

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

Area	Percent of Adults Who Have Had Cholesterol Levels Checked Within Past 5 Years
Sullivan County, NH	81.0%
New Hampshire	81.0%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2011. Accessed using NH HealthWRQS. Rate is not significantly different from the overall NH rate.

Area	Percent of Adults With High Cholesterol
Sullivan County, NH	41.3%
New Hampshire	39.2%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2011. Accessed using NH HealthWRQS. Rate is not significantly different from the overall NH rate.

Heart Disease Morbidity and Mortality: The rate of inpatient hospital utilization due to heart disease is lower among residents of Sullivan County, compared to the New Hampshire population overall, while the rate of emergency department utilization due to heart disease is significantly higher. The rate of death due to heart disease in Sullivan County was similar to that among the NH population in the 2009 and 2010 time period.

Area	Heart Disease Inpatient Discharges, Age Adjusted	Heart Disease ED Visits and Observation Stays, Age Adjusted
Sullivan County, NH	206.8*	74.6*
New Hampshire	271.5	49.9

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

	Coronary Heart Disease Deaths (per 100,000 people), Age Adjusted
Sullivan County, NH	120.7
New Hampshire	97.7

Data Source: NH Division of Vital Records death certificate data, 2013. Accessed using NH WISDOM. Rate is not statistically different than the overall NH rate.

f. Diabetes

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

Diabetes Prevalence: This indicator reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. About 8.0% of adults in Sullivan County and 8.1% of New Hampshire adults overall report having been told by a health professional that they have diabetes.

Area	Percent of Adults with Diabetes, Age Adjusted
Sullivan County, NH	8.0%
New Hampshire	8.1%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2012. Accessed using Community Commons. Rates are not significantly different from the overall NH rate.

Diabetes-related Morbidity and Mortality: The rate of emergency department utilization in Sullivan County due to diabetes is significantly higher than the New Hampshire rate overall. Inpatient utilization resulting from diabetes is not significantly higher for Sullivan County residents compared to the New Hampshire population overall. The rate of death due to diabetes among Sullivan County residents is comparable to the overall rate for New Hampshire.

Diabetes ED Visits and Observation Stays (per 100,000 people)	
Area	**Overall, Age Adjusted**
Sullivan County, NH	189.2*
New Hampshire	150.2

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

Diabetes and Diabetes-Related Inpatient Utilization (per 100,000 people), Overall, Age-Adjusted			
Area	**Diabetes Inpatient Discharges**	**Diabetes-Related Inpatient Discharges**	**Diabetes-Related Lower Extremity Amputation Inpatient Discharges**
Sullivan County, NH	117.8	1318.7	24.3
New Hampshire	99.0	1,380.2	16.4

Data Source: NH DHHS Hospital Discharge Data Collection System, 2008-2009. Accessed using NH HealthWRQS. Rates are not statistically different than the overall NH rates.

Deaths Due to Diabetes or Diabetes as an Underlying Cause (per 100,000 people, age adjusted)		
Area	**Diabetes Deaths**	**Diabetes Underlying Cause and Related Deaths**
Sullivan County, NH	17.9	66.8
New Hampshire	16.2	60.5

Data Source: NH Division of Vital Records death certificate data, 2009-2010. Accessed using NH HealthWRQS. Rates are not statistically different than the overall NH rates.

g. Asthma

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

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

Area	Percent Adults with Asthma
Sullivan County, NH	9.0%
New Hampshire	10.1%

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

Asthma-related Emergency Department Use: The rate of utilization of the emergency department for asthma care can indicate a variety of concerns including poor environmental conditions, limited access to primary care, and difficulties with asthma self-management skills. The rate of emergency department utilization for asthma care by Sullivan County residents was significantly higher than the overall New Hampshire rate during the period 2008 and 2009 (the most current information available).

Area	Asthma ED Visits and Observation Stays (per 100,000 people), Age Adjusted
Sullivan County, NH	717.5*
New Hampshire	493.3

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

h. Unintentional Injury

Unintentional injuries from any cause requiring emergency department visits and observation stays are also significantly higher for Sullivan County residents compared to the overall New Hampshire population.

Area	Unintentional Injury ED Visits and Observation Stays per 100,000 People Age Adjusted
Sullivan County, NH	12,431.2*
New Hampshire	10,451.1

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

Falls are a major source of unintentional injury, particularly affecting seniors. The table below reports the rate of unintentional injury emergency department visits and observation stays from falls for Sullivan County residents compared to the overall New Hampshire population from 2009 (the most recent data available). Sullivan County residents were significantly more likely to be seen in an emergency department due to a fall injury than their counterparts statewide. However, rates of emergency department use among Sullivan County residents aged over 65 years were similar to NH rates overall.

Area	Unintentional Injury ED Visits and Observation Stays per 100,000 People, Age Adjusted			
	All Ages	Aged 65 - 74	Aged 75 – 84	Aged 85+
Sullivan County, NH	3561.6*	2916.7	5051.3	11,278.2
New Hampshire	3006.9	2778.5	5208.0	9383.0

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

i. Assault Injury

The table below shows the rate of assault injury emergency department visits and observation stays for Sullivan County residents compared to the overall New Hampshire population from 2009 (the most recent data available). Sullivan County residents were significantly more likely to experience emergency department visits and observation stays due to an assault injury than the NH population overall.

Area	Assault Injury ED Visits and Observation Stays per 100,000 People, Age Adjusted
Sullivan County, NH	359.8*
New Hampshire	264.2

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

4. Access to Care

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

a. Insurance Coverage

The table below displays recent estimates of the proportion of residents who do not have any form of health insurance coverage by municipality. The overall uninsurance rate in the VRH Service Area was estimated to be 13% in 2009 – 2013, which was significantly different than that of New Hampshire overall.

Area	Percent of the Total Population without Health Insurance Coverage
Goshen	21.2%*+
Lempster	19.7%*
Acworth	18.1%*
Unity	16.7%*
Charlestown	15.7%
Newport	15.4%
Washington	13.3%
VRH Service Area	**13.0%***
New Hampshire	**10.5%**
Croydon	10.4%
Cornish	9.9%
Claremont	9.5%*
Grantham	8.4%
Langdon	8.0%
Springfield	7.8%+
Plainfield	4.5%*+
Sunapee	4.4%*+

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

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

The table below presents information on the number of primary care physicians per 100,000 population. Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs.

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

Area	Primary Care Physicians per 100,000 Population	Percent Adults without Any Regular Doctor
VRH Service Area	89.7	14.4%
New Hampshire	92.6	12.8%

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

c. Availability of Dentists

The table below presents information on the number of dentists per 100,000 population. The estimated rate for the VRH Service Area is lower than the overall state rate, although it is not possible to say whether this difference is statistically significant.

The table below also provides information about the percentage of adults aged 18 and older who self-report that they have not visited a dentist, dental hygienist or dental clinic within the past year.

Finally, the table reports the percentage of adults age 18 and older who self-report that six or more of their permanent teeth have been removed due to tooth decay, gum disease, or infection. In addition to highlighting needed improvements in preventive oral health care, this indicator can also highlight a lack of access to care, a lack of health knowledge, or social and economic barriers preventing utilization of services.

Area	Dentists per 100,000 Population	Percent Adults with No Dental Exam in Last Year	Percent Adults with Poor Dental Health
VRH Service Area	32.6	33.9%	18.5%
New Hampshire	67.4	26.9%	15.2%

Data Source: Dentists per 100,000 population: US Health Resources and Services Administration Area Health Resource File, 2013. Accessed using Community Commons.
Adults With No Dental Exam, Adults With Poor Dental Health: Centers for Disease Control and Prevention, Behavior Risk Factor Surveillance System, 2012. Accessed using NH HealthWRQS.
Adults with Poor Dental Health: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010.

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

Overutilization or dependence on emergency departments for care of individuals with mental health conditions can be an indication of limited access to or capacity of outpatient mental health services. Utilization of emergency departments for mental health conditions was significantly higher for VRH Service Area communities compared to New Hampshire during 2009 (most recent data available).

Mental Health Condition ED Visits and Observation Stays per 100,000 people	
Area	**Overall, Age Adjusted**
VRH Service Area	1960.0*
New Hampshire	1511.6

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

e. Suicide

This indicator reports the rate of death due to intentional self-harm (suicide) per 100,000 people. Suicide rates can be an indicator of access to mental health care. During the period 2009 and 2010, the suicide rate in the VRH Region was not statistically different from the overall NH state rate of suicide deaths.

Suicide Deaths By Any Cause Or Mechanism per 100,000 people	
Area	**Overall, Age Adjusted**
VRH Service Area	13.6
New Hampshire	12.0

Data Source: NH DHHS Hospital Discharge Data Collection System, 2009-2010. This rate is not significantly different from the overall NH rate.

E. SUMMARY OF COMMUNITY HEALTH NEEDS

The table below provides a summary of community health needs and issues identified through the 2015 surveys of community health needs and priorities, the community health discussion groups, and the collection of indicators of community health status. Appendix D to this report includes an inventory of community health resources and facilities in addition to Valley Regional Hospital that are potential community assets for addressing these needs.

SUMMARY OF COMMUNITY HEALTH NEEDS AND ISSUES BY INFORMATION SOURCE			
Community Health Issue	**Community and Key Leader Surveys**	**Community Discussion Groups**	**Community Health Status Indicators**
Alcohol and drug misuse including heroin and misuse of pain medications	Selected as the top issue by community survey respondents and the second highest priority issue by key stakeholders; 44% of community survey respondents identified substance abuse recovery programs as an important area of focus	Identified as the highest priority issue by community discussion participants, who described substance abuse as "an epidemic" and discussed impact on families and community safety	The rate of emergency department utilization for substance abuse related mental health conditions is more than double the rate for NH overall; Alcohol use by high school age youth in several districts is higher than the state average
Access to mental health care	Selected as the highest priority issue by community leaders; second highest issue identified by community survey respondents; about 7% of community respondents indicated difficulty accessing mental health services in the past year	Identified as the second highest priority issue by community discussion participants, who discussed lack of capacity, difficulty getting appointments and lack of service coordination for mental health services	The suicide rate in the region is similar to the rate for NH overall in recent years; the rate of emergency department utilization for mental health conditions is significantly higher than the rate for NH overall
Access to enough and affordable health insurance; cost of prescription drugs	Selected as the third most important community health issue by community survey respondents overall and second by respondents age 45-64; cost of Rx drugs was the top issue for respondents 65+	5th most important issue to community discussion group participants and access to certain services due to limited ability to afford services was a significant topic	The uninsured rate in the VRH service area (13.0%) is higher than the overall NH state rate (10.5%)

SUMMARY OF COMMUNITY HEALTH NEEDS AND ISSUES BY INFORMATION SOURCE (continued)			
Community Health Issue	**Community and Key Leader Surveys**	**Community Discussion Groups**	**Community Health Status Indicators**
Lack of physical activity; need for recreational opportunities, active living	Identified as the sixth most pressing health issue by community survey respondents; biking/walking trails and recreation, fitness programs were the top 2 resources people would use if more available	Identified as a top issue by community discussion group participants	More than 1 in 5 adults in the VRH Service Area can be considered physically inactive on a regular basis – a rate similar to the rest of New Hampshire
Access to dental health care	Selected as a top 5 issue by key leader respondents and top 10 by community survey respondents; dental care was most frequently cited for access difficulties by respondents from towns with lower median household incomes	Some discussion group participants noted the importance of oral health to overall wellness, but not identified as one of the top priorities	The dentist to population ratio is about half of the ratio for the state of NH overall; approximately 1 in 6 adults in the VRH service area are considered to have poor dental health
Poor nutrition/ unhealthy food	Selected as an important community health issue by 34% of community survey respondents and one of the major commentary themes in response to the question of 'one thing you would change to improve health'	Dietary habits, nutrition and access to healthy foods identified was a common topic of community discussion group participants	About two-thirds of adults in the VRHH service area are considered overweight or obese; the rate of obesity among 3rd graders in the VRH service area is higher than the for NH overall; portions of the VRH service area are considered to have 'low food access'
Income, poverty and family stress	49% of community respondents with annual household income under $25,000 reported difficulty accessing services; 'inability to pay out of pocket expenses was the top reason cited by key leaders for access difficulties	Identified as the third most important community health issue by community discussion group participants	22% of families and 39% of children in the VRH service area are living with incomes less than 200% of the federal poverty level – rates that are substantially higher than for NH overall
Access to Primary Health Care	A top 10 issue for both community survey and key leader respondents; about 14% of community respondents reported having difficulty accessing primary care services in the past year	Access to primary health care was noted as an issue within the overall context of health insurance affordability	The ratio of primary care providers to population in the VRH service area is similar to the ratio in NH overall; Emergency Dept. visits for asthma and diabetes are higher in the VRH service area than for NH overall – a potential indicator of less primary care access

SUMMARY OF COMMUNITY HEALTH NEEDS AND ISSUES BY INFORMATION SOURCE (continued)			
Community Health Issue	**Community Health Issue**	**Community Health Issue**	**Community Health Issue**
Health care for seniors	Selected as a top 5 issue by community survey respondents age 65 and over; 26% of all respondents selected 'support for older adults' as a focus area for health improvement	Identified as a top 10 issue by community discussion group participants	The proportion of the VRH service area population that is 65 or older (17%) substantially exceeds the state average; similarly the percentage of the population with at least one functional disability (15%) exceeds the state rate – reflective of an older population on average