Complete Survey Results, Discussion Group Detail, and Community Resources
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2015 COMMUNITY HEALTH NEEDS SURVEY

Dear Community Member,

Dartmouth-Hitchcock and Alice Peck Day Memorial Hospital want to learn about the health of your community and we want to hear from YOU.

“Your community” can mean different things to different people. For the purpose of this survey, your community can be as big as the Greater Upper Valley region or as small as your town. Answer the survey questions by thinking about the area you see as “your community.”

Alice Peck Day Memorial Hospital and Dartmouth-Hitchcock are conducting this survey in partnership with New London Hospital; Valley Regional Hospital; and Mt. Ascutney Hospital and Health Center. Survey results will help us shape our community health programs.

Please take 5-10 minutes to give us your thoughts and opinions. The survey is completely anonymous. You will not be asked for your name or contact information. If you prefer to complete this survey online, go to the link http://bit.ly/2015UV_CHNA and complete the survey from there.

Your opinions on how we can build a healthier community are important! Thank you very much for your time.

If you have any questions about this survey please call 650-4068 or 443-9548. A summary report of the survey results will be made available locally.

Thank you again for your help.

Alice Peck Day Memorial Hospital and Dartmouth-Hitchcock
1. What do you think are the most pressing health issues in your community today? (Check up to 5)

<table>
<thead>
<tr>
<th>Issue</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to dental health care</td>
<td>34.8%</td>
</tr>
<tr>
<td>Access to mental health care</td>
<td>42.1%</td>
</tr>
<tr>
<td>Access to primary health care</td>
<td>28.5%</td>
</tr>
<tr>
<td>Access to prenatal care</td>
<td>4.4%</td>
</tr>
<tr>
<td>Access to specialty services Please specify: see below</td>
<td>5.8%</td>
</tr>
<tr>
<td>Access to enough, affordable health insurance</td>
<td>47.0%</td>
</tr>
<tr>
<td>Cost of prescription drugs</td>
<td>40.5%</td>
</tr>
<tr>
<td>Health care for seniors</td>
<td>23.4%</td>
</tr>
<tr>
<td>Mental illness</td>
<td>25.2%</td>
</tr>
<tr>
<td>Alzheimer’s disease</td>
<td>9.3%</td>
</tr>
<tr>
<td>High blood pressure/heart disease</td>
<td>10.2%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>13.3%</td>
</tr>
<tr>
<td>Cancer</td>
<td>18.3%</td>
</tr>
<tr>
<td>Asthma</td>
<td>3.1%</td>
</tr>
<tr>
<td>COPD</td>
<td>3.0%</td>
</tr>
<tr>
<td>Poor nutrition/unhealthy food</td>
<td>30.8%</td>
</tr>
<tr>
<td>Lack of physical activity</td>
<td>30.1%</td>
</tr>
<tr>
<td>Alcohol and drug misuse</td>
<td>34.5%</td>
</tr>
<tr>
<td>Heroin and misuse of pain medications</td>
<td>37.7%</td>
</tr>
<tr>
<td>Smoking/tobacco use</td>
<td>19.0%</td>
</tr>
<tr>
<td>Sexually transmitted diseases</td>
<td>3.4%</td>
</tr>
<tr>
<td>Childhood immunizations</td>
<td>4.2%</td>
</tr>
<tr>
<td>Teen pregnancy</td>
<td>5.4%</td>
</tr>
<tr>
<td>Other Please specify: see below</td>
<td>6.3%</td>
</tr>
</tbody>
</table>

*Access to Specialty Service Detail:

- Access to specialists like urology, oncology, ophthalmology...
- Derm, neurology - it takes too long to get an appointment.
- Dermatology
- Diabetes care
- ENT Ophthalmology - Pedi specialties
- Eye care
- Gastroenterology, pediatric gastroenterology, pediatric, cardiology, psychiatry, pediatric psychiatry
- Gastrointestinal
- GI. The GI dept at DHMC makes it impossible to get an appt in a timely fashion. I was hospitalized with a life-threatening GI problem, seen by at least 4 attending GI docs, one of whom said he wanted to see me in the office 1-2 weeks after discharge. When I called the office for a f/u appt, the appt secretary said that doctor "didn't see patients with my diagnosis" and didn't have any openings for 8 months anyway. I was re-hospitalized with another episode of the same life-threatening problem, and only then was I given a follow-up appt with one of the GI fellows. I subsequently received multiple additional refusals by
the GI dept to give me appts. My PCP in IM also tried to get an appt for me but her staff was unsuccessful as well.

- Orthopedics. The good docs at DHMC have all left. The last hand surgeon I saw there was frankly incompetent. His resident knew more than he did. My family gets ortho care at APD now. If you think these complaints are based in ignorance, please know that I am a physician, and I find some of DHMC’s practices appalling.

- It is difficult to get an appt with any specialist at DHMC ie GI, ophthalmology

- It now takes weeks to get into the local hospitals for tests to follow up on visits to primary care doctors. The wait can be filled with pain and anxiety and deterioration of health. This puts more strain on the Emergency Rooms as people cannot endure the wait.

- Lack of local rehab hospital for inpatient services needed beyond 1-2 days

- Occupational therapy
- Physical therapy and home health care
- Physical therapy for illnesses and post surgery that is often overlooked by insurance or as not needed. Access to pool therapy or additional means of bringing comfort/relief for many illnesses.
- PT, OT
- Neurologists, orthopedic doctors
- Orthoped., arthritis, podiatry, eye care.
- Orthopedics
- Arthritis care, particularly too few Orthopaedic practitioners to care for knee joint degenerative arthropathy.
- Rheumatology
- Pediatric occupational therapy, pediatric physical therapy
- Pediatric physical and occupational therapy
- Pediatric rheumatology
- Podiatry (for elderly)
- Preventive medicine.
- PTSD, MI, Case managers, aging.
- Specialists like pediatric OT, PT and Speech Therapy. Long waits for appointments with any specialist- ENT, Allergy, Psychiatry
- Specialized Physicians and the ability to be seen within a 2 week period.
- I would like to include access to primary care at DHMC. Many physicians work part time hours which are not conducive to a patients work schedule. It can take months to be seen due to mismatched calendars.

- Cancer care
- Cancer treatments
- More than one option for other opinions with diagnosis and test results. Also more access to trials, so not traveling to Boston for cancer treatments.
- Oncology
- Oncologists

- All of them outside from Primary care
- All!
- ANY
• Any services beyond a wellness check.
• Can only check 5. Access to any service has too much red tape.
• Health and dental care

• Addiction programs
• Addiction services clinics.
• Adolescent residential mental health facilities
• Drug addiction services
• Sober housing, Detox beds and follow up care
• Counseling
• Mental Health
• Mental health doctors
• Outpatient psychotherapy from providers who taken insurance
• Social services coordinators for families who have members who have diagnosed or undiagnosed mental illness

• Different types of support for people doing care giving for spouses with Dementia!
• For seniors: congregate and home-delivered meals, senior transportation, social services
• In-home help for older people
• Senior exercise classes
• Senior rides to dr., help living at home

• Free health care for all
• Affordable health insurance
• Dental coverage for seniors.
• Low income assistance and programs

• Access to alternative medicine such as acupuncture, naturopaths, energy healers etc.
• Alternative/Natural Healing: Naturopathic, Herbal, Energy Medicine.
• Naturopathic medicine.

• Exercise center are too costly and insurance does not cover them even with corp discount, who can afford them
• Handicapped; vision
• Services that help improve the quality of life - especially for those with disabilities. And slightly related - services that focus on healthy lives and preventative care
• Education on bullying and harassment--at all ages
• Hospice Services - educating community about end of life issues
• House calls
• Medicine schedules
• DHMC
• Services for accidents, i.e., broken leg, etc.
• Support groups for mitochondrial disease
• Veteran services and funding for those services
"Other" Pressing Health Issue Detail:

- Affordable health care (2)
- Access to affordable healthcare for the uninsured
- 1. Cost of healthcare 2. Related to cost, lack of preventive healthcare 3. Also driving up cost, patient failure to implement preventive lifestyle measures, and bogus use of the healthcare system
- Affordable eyecare
- Affordable, accessible health care for veterans
- Cost of health care
- Cost of health insurance and care.
- Cost of healthcare services, not just prescriptions
- Cost of medical and dental care, not just cost of drugs.
- Cost of medical services.
- Cost of services. Less services covered under new insurances. Feeling pressured to see certain providers in order to have more affordable healthcare.
- Cost, and contributing to cost, lack of preventive self-maintenance and care, and too-little too-late abuses of available care.
- Emphasis on access to primary care and access to affordable insurance
- High deductible health plans making needed care inaccessible even for people with insurance
- I have worked all of my adult life and have had medical insurance through my employer. Premiums passed on to the employee and out of pocket co-pays and deductibles have increased exponentially where pay increases have not. Where is this $ going and why does healthcare cost so much more than it used to?
- Insurance for primary care
- One of the impacts of the Affordable Care Act has been destruction of meaningful insurance coverage for prescriptions and the creation of high deductibles.
- People friendly health care that does not break the bank
- Premiums go up, also co-payments deductibles - so affordable is a misnomer
- Significant other Insurance being taken away
- Support for better health care from the State of New Hampshire
- The red tape and bureaucracy that one has to go through for insurance or getting one's medical records. Also, the fact that nobody can tell you how much a procedure will cost before it happens. Criminal!

- A healthy lifestyle goes a long way in the area of prevention. Many Americans and many in our community are significantly overweight; do not understand a healthy diet and how fueling your body helps to give you energy to perform in all facets of your life.
- Obesity (3)
- Obesity, Sleep habits (mostly poor)
- OBESITY- shocking it wasn't on this list. It is the #1 health problem in the Upper Valley and beyond
- Obesity, stress on children and teenagers
- & obesity
and tobacco

Children are not getting the activity they need to stay healthy

Food Addiction

Inadequate emphasis on plant based nutrition replacing most meats and dairy.

Lack of convenient access to healthy food

Lebanon is too far to go for indoor exercise.

Low income families lack of knowledge of healthy options and nutrition

Quality of child education, Walkable communities; There are far too few options on the initial list!

Too much electronic media, obesity

Access to substance use treatment No affordable comprehensive care program

Physical for Rehab Friendship House

Huge drug issue, and mental health issue destroying the future of Sullivan County

We need hospitals that can detox alcohol and drug patients

Access to health, mental health (incl substance use counseling) and health promotion services for ADOLESCENTS; teen suicide prevention

Adolescence substance abuse services

Adolescent/young adult mental and physical health status

Pediatric mental health resources

Long term care options for seniors

Affordable nursing home facilities

Loss of long term care facilities connected to community hospitals, leaving us w/ chain franchise facilities offering terrible quality of life & care.

Aging in Place

Access to cancer specialists in the Upper Valley. I know multiple people who are having to travel to Mass General for cancer treatment in melanoma and for a brain tumor.

Access to enough pediatrician services

Access to preventative health care

Access to primary care that does not change every 6 months. physicians keep moving positions and it makes it hard to have a long term relationship

Lack of doctors practicing integrative medicine 2. Over-reliance on treatment by prescription drugs

Acupuncture, Massage therapy, Herbal Medicine

Integrative medicine

Massage

Arthritis relief

Osteoarthritis

Adequate pain control for chronic pain.

Modern knowledgeable PAIN identification and treatment. I know DHMC is doing a good job, but pr. cr. docs need educ.
2015 COMMUNITY HEALTH NEEDS SURVEY
(COMPLETED IN FISCAL YEAR 2016)

- Closings of, and decline of care quality at, community hospital birthing facilities.
- Good quality safe birthing center that includes emergency births in house and quality specialty doctors that spend more than 5 minutes with patients
- Access to home birth midwives

- Coordinated care across multiple specialties
- Information exchange flow to patients.

- Opportunities for healthy, constructive activities for young adults where they can meet other people with like interests
- Social isolation
- Some support groups
- Support and coordination of care for families with children who have disabilities - the schools are not the answer - kids get services based on what school they go to, not based on what they need
- Helping those with disabilities to access the services provided for them

- Lack of public transportation
- Senior help with transportation
- Transportation to get to health care (of any type) providers

- Social support services; childhood abuse
- Impacts of domestic and sexual violence

- Affordable housing
- Poverty
- Emergency care
- Teen motor vehicle crashes; concussion
- Lyme disease and other tick borne illnesses

- Hard to choose only five!
- I could check a lot more
- I wanted to check 3 more: cost of prescription drugs, high blood pressure, and alcohol and drug misuse
- Haven't lived here long enough to know.
- Just note, I read this as my opinion of pressing issues of the community (not my own pressing issues - which are different, if any)
2. **What do you think are the most pressing safety issues in your community today?**

*(Check up to 5)*

<table>
<thead>
<tr>
<th>Issue</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>People under the influence of alcohol or drugs</td>
<td>66.8%</td>
</tr>
<tr>
<td>Crime rate</td>
<td>14.9%</td>
</tr>
<tr>
<td>Youth crime</td>
<td>9.0%</td>
</tr>
<tr>
<td>Child abuse or neglect</td>
<td>40.0%</td>
</tr>
<tr>
<td>Elder abuse</td>
<td>12.5%</td>
</tr>
<tr>
<td>Rape and sexual assault</td>
<td>18.4%</td>
</tr>
<tr>
<td>Domestic violence or partner abuse</td>
<td>41.8%</td>
</tr>
<tr>
<td>Discrimination based on race, ethnicity or sexual orientation</td>
<td>12.3%</td>
</tr>
<tr>
<td>Identity theft</td>
<td>23.5%</td>
</tr>
<tr>
<td>Being prepared for an emergency</td>
<td>21.7%</td>
</tr>
<tr>
<td>Safety at public places (parks, streets, etc.)</td>
<td>9.9%</td>
</tr>
<tr>
<td>School violence</td>
<td>7.3%</td>
</tr>
<tr>
<td>Bullying/cyber-bullying</td>
<td>46.0%</td>
</tr>
<tr>
<td>Other</td>
<td>5.6%</td>
</tr>
</tbody>
</table>

*"Other" Safety Issues Detail:

- Distracted driving (3)
- Distracted and aggressive driving
- Autos: cell phones & other electronics. Speeding, inattention, fatigue
- Cars driving too fast in areas where children are trying to walk/cross the street. People texting / talking on the phone while driving in areas where children are trying to walk/cross the street.
- Cell phone use while driving
- Dangerous driving practices
- Driving while texting
- HS and college students walking into zebra crossings and between parked cards texting without looking
- Inattentive drivers (under the influence of their cell phone)
- Reckless driving
- Lack of traffic control
- Not the children but the ADULT behind the wheel.
- People texting and using cell phones
- Road rage
- Speeding when people drive
- Safety in regards to vehicle traffic
- Speeding traffic/walker/runner/biker safety
- Talking on cell phone while driving.
- Text while driving (2)
- The way people are driving. A large percent do not even stop for red lights now.
- The way people drive on the roads i.e. tailgating, passing where it is not safe, driving over the centerline on curves
2015 COMMUNITY HEALTH NEEDS SURVEY
(COMPLETED IN FISCAL YEAR 2016)

- Depression
- Depression & it's potential to lead to inappropriate behavior
- Lack of comprehensive mental health support.
- Mental Health Care
  - Mental health for all ages, however specifically there is nothing in this community for young people. DHMC has not been a good partner to work with for services of young people with this either.
- Mental illness not being addressed which leads to other problems
- Self harm among teens - substance use related self harm, accidents and impaired driving depression related accidents and self harm.
- Stigmatization of mental illness
- Support for parents with special needs parents - they need respite. Those parenting children with mental health issues are not supported enough.
- Discrimination based on mental health issues
- Discrimination based on gender identity
- Bullying that may occur based on sexual orientation.
- I'd also select bullying/cyber-bullying, but you only wanted me to select 5.
- Partner abuse
- Workplace violence and intimidation
- Drug related crime
- Drugs
- Heroin use
- Gun violence
- Guns
- Too many untrained gun owners who carry because of fear
- Possible school shootings
- Burglary
- Rapes at Dartmouth College
- Lack of properly trained police officers
- Limited police staffing in rural communities leads to lack of deterrence and belief that you probably will not be caught.
- Never see cops out doing the basics
- Police abuse of power
- Police behavior makes people not want to have contact with them
- Unresponsive police department
- Fire, co-exposure safety
- Volunteer town fire department
- Qualification of emergency responders
• A growing elder population in a car-dependent culture
• Elders and compromised adults living alone without caregivers.
• Older citizens confined to their home with little connection and support especially if meals on wheels and other services are discontinued
• Senior organized places for cards & social places to meet.
• Seniors trying to age in place without a plan for help when they need it

• Having support during and after an illness, or after childbirth. Having someone physically checking on them at home.

• Lack of strong home units with mother and father both present and raising the children.
• Regarding Safety at public places: "Children who are unattended"
• Teens alone after school hours.

• Poor wages generate a vicious cycle of hopelessness and depression which drive abuse and violence.
• Poverty
• Under educated and employed youth

• Absence of community spirit and cooperation
• Diminishing cohesiveness of residents of towns & villages;

• Lack of walkable places (i.e. need more sidewalks for people using walking as a form of transportation)
• Having safe places to walk and cycle--lack of sidewalks and bike paths
• More sidewalks and bike lanes
• Safe places to walk
• Unwalkable routes to urban centers, villages;
• Aging infrastructure: electric hookups, storm drains, degraded sidewalk and road surfaces

• Global/environment
• Effects of climate change, especially on farms/food security, safety of our infrastructure, etc.
• Need to inform/build resilience around possibility of economic, environmental and/or energy collapse.

• The general unhealth I see when I go to the hospital-- overweight people who are walking or wheeling around smelling like smoke and drinking soda. And some of these people work at the hospital.
• Stupid people
• All of the others that I could not check off because if said (up to 5)

• I feel I live in a pretty safe community.
• NH is one of the 10 safest states in the country.
• None
2015 Community Health Needs Survey

(Completed in Fiscal Year 2016)

- I would be guessing if I selected any of these boxes. When we bought our house that borders the Mascoma Street less maintained section of the Rail Trail four years ago, our neighbor warned about youth coming up from the trail and breaking into unlocked cars.
- Don’t know
- Not sure (2)
- Not sure. None of the above have affected me, my family or those with associate with.

3. **Which of the following services or resources that support a healthy community should we focus on improving?** *(Check up to 5.)*

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>35.0%</td>
<td>Public transportation</td>
</tr>
<tr>
<td>34.3%</td>
<td>Job opportunities</td>
</tr>
<tr>
<td>21.1%</td>
<td>Job training</td>
</tr>
<tr>
<td>17.4%</td>
<td>Adult education and learning opportunities</td>
</tr>
<tr>
<td>23.4%</td>
<td>Parenting support</td>
</tr>
<tr>
<td>40.1%</td>
<td>Affordable, high quality child care</td>
</tr>
<tr>
<td>24.8%</td>
<td>Youth programs and support</td>
</tr>
<tr>
<td>28.0%</td>
<td>Education in the public schools</td>
</tr>
<tr>
<td>33.5%</td>
<td>Support for older adults</td>
</tr>
<tr>
<td>17.0%</td>
<td>Services for persons with disabilities</td>
</tr>
<tr>
<td>35.8%</td>
<td>Substance abuse recovery programs</td>
</tr>
<tr>
<td>43.6%</td>
<td>Access to affordable housing</td>
</tr>
<tr>
<td>38.6%</td>
<td>Access to healthy, affordable food</td>
</tr>
<tr>
<td>13.5%</td>
<td>Clean air and water</td>
</tr>
<tr>
<td>20.5%</td>
<td>Recreation opportunities for all ages and abilities</td>
</tr>
<tr>
<td>7.5%</td>
<td>Arts and cultural events</td>
</tr>
<tr>
<td>4.9%</td>
<td>Other</td>
</tr>
</tbody>
</table>

*Other* Healthy Community Supports Detail:

- Access to affordable mental health services for outpatients.
- Access to affordable mental health services; teen mentor/support groups or helpline
- Access to inpatient mental health care
- Access to mental health
- Access to mental health services and case management
- Adolescent psychiatry and counseling
- and substance use prevention programs
- Better community mental health programs for all ages.
- Community Mental Health and case management support
- Mental health care
- Mental health care access and affordability
- Mental health facility
- Mental health programs
- Mental health inpatient services
- NH DHHS should do more for persons with disabilities and substance use disorders.
- Affordable health care; dental & eye.
• Affordable health care. More covered services
• Affordable, accessible dental care!!
• Dental health
• Free or very low cost dental care
• Offering significant other insurance

• I’m unhappy with the quality of medical care at DHMC and Alice Peck, so it’s distressing to see that they’re spending time and money worrying about my community’s recreational opportunities and art. I want a doctor (oh, how much I want an actual doctor, and one who doesn’t disappear after three months), and medicine from my hospital. I want arts and recreation from my town. I don’t want my hospital to look out for my overall welfare. In fact I consider it an invasion of my privacy, and I’m sure this paternalism contributes to the stress that undermines my physical health.
• Local Health Clinic
• Hospitals that don’t steal from patients
• Better parking at hospitals
• Medical care without interference by insurance companies or influence of pharmaceuticals.
• Much better communication between staff and doctors at DHMC
• No idea who you are.
• Non-emergency medical care during weekends to avoid using emergency room services.
• Hospital affiliated urgent care?
• Cancer, more support
• Visiting nurse and associated services

• Affordable physical fitness facilities/classes
• Encouraging physical activity
• LOW INCOME recreation opportunities
• Make it easier to walk and cycle places (paths and places to secure your bike)
• Protected bicycle lanes
• Swim pool with aerobic exercise.

• Healthy life habits, food exercise sleep!
• Home grown food, community meals
• People have to know what to do with healthy foods - need cooking classes for veg.
• Programs to encourage reducing calorie intake adult education to avoid fad diets and bogus claims of health benefits from various foods.
• Smoking cessation and other support groups for those wanting and needing support to improve or maintain their health

• Child care for all families
• What do you mean by Affordable, High Quality Child Care? If EVERYONE can afford it, sure. If not then it's not affordable.

• And private schools!
• Better leadership in our schools
• I would love to see our public schools implement gifted programs. I believe that our public
school only provides individualized education to those who struggle to achieve. (I'm not sure what the PC terms are these days) I would also like to see elementary schools implement science and social studies on a daily basis.

- Community centers so people can stay connected after their children leave home. This will ease the transition into senior-hood and reduce loneliness in older age people. We have seniors centers but we need centers geared to people 55-60 years old who may still be working. Health clubs are not enough.
- More cultural events #1
- It is very difficult to find activities in the upper valley to do with small children.
- Programs for the "tweens". They are too old for camps (12 or over) but too young, or just not ready, to say home alone. Day-long summer care or school vacation care for this in-between age is pretty much non-existent. This would be ages around 12 to 15 or so.
- Summer camps
- Teen programs and support
- Training before children so children aren't having children.
- Big Sister, Big Brother program for children that are showing signs early mental difficulties with social or unsupportive home life.

- Confidential support for high level professionals
- Domestic and sexual violence prevention
- Supportive free group art and recreation opportunities for victims of violence, trauma and neglect.
- Eating Disorder Program/Awareness
- Life skills and financial skills education for ALL ages
- Training before children so children aren't having children.
- Teaching respect to others

- Fostering a pro-business climate so that new companies and businesses will settle here and provide meaningful job opportunities.
- More businesses to adding of new & young people to the area.
- National, state and locally supported business incubation which will help create jobs
- Public transportation, to jobs that pay a livable wage, affordable housing, and access to education & cultural events are necessities of a community that is sustainable.

- Yes, there is free bus service in the core of the Upper Valley, but increased frequency to outlying communities would be very helpful.
- Regarding Public Transportation: "Later than 6PM"
- The lack of public transportation in these two states (NH and VT) is a disgrace.
- Senior transportation, congregate and home-delivered meals, social services

- Double emphasis on affordable housing.
- Especially affordable housing
- I have watched HUGE apartment complexes go up and it is all catered to Out of Staters (DHMC) employees.
• Again I could check a lot more
• All!
• I wanted to check all the boxes, I see such a need in our area for almost all of these areas.
• I already think we have excellent access to recreation, affordable/healthy food, and clean air and water! Which is one of the reasons why I live here, good job Upper Valley!
• I'm sure all are important. These are the areas that are most important to my family at this time in our lives.

• A healthy community would not be taxing the elderly out of their homes. Broad based progressive tax and property tax rebates for mid-lower income homeowners. Dream on.
• I think there is enough support - taxes which keep getting higher to support these issues - Enough is enough!

4. In the past year, have you or someone in your household had difficulty getting the health care or human services you needed?

| 29.0% Yes (continue below) | 71.0% No (skip to question 5 on next page) |

4a. If YES, which services did you or a member of your household have difficulty getting? (Check all that apply.)

NOTE: Percentages below are of those responding “yes” to question 4 (n=429)

| 35.0% Primary health care | 14.0% Social/human services |
| 19.6% Specialty health care | 9.1% Drug and alcohol treatment/recovery services |
| Please specify: See detail below | 10.7% In-home support services |
| 30.8% Mental health care | 5.6% Long-term care (assisted living or nursing home care) |
| 6.3% Emergency health care | 7.5% Support services for persons with special needs |
| 9.3% Dental care for children | 10.3% Other |
| 38.5% Dental care for adults | Please specify: See detail below |
| 9.3% Emergency dental care | |

Specialty Health Care Detail

• GI
• GI specialty care. I called in October to see a GI specialist due to chronic stomach pain, and the first available was June 14. I went down to Mass General instead and got in within 4 weeks of my call.
• Please see earlier comments about DHMC's GI dept.
2015 COMMUNITY HEALTH NEEDS SURVEY
(COMPLETED IN FISCAL YEAR 2016)

• On-going assistance with a chronic GI issue
• Gastroenterology, pediatric gastroenterology, pediatric, cardiology, psychiatry, pediatric psychiatry
• GI colonoscopy scheduling

• Orthopedics (3)
• The phone wait time for DHMC Pedi ortho was 20 minutes long- that is just wrong!
• There are NO Cardiac, orthopedic, dermatology providers on my plan in Mascoma Valley or VT.
• Specialty health care: GI/Allergy

• 9 month wait for Dermatology appointment at DHMC
• Dermatology
• Skin issues

• A social human services coordinator attached with Neuro-psychiatry to facilitate communication between patient and the family around diagnosis, and treatment plans.
• Neurology
• Neurology, vascular, Pediatric GI appointments at DHMC - had a 4+ month lead time for apps coming out of emergency room situations
• Neurology; primary care; dermatology (for what turned out to be malignant melanoma)
• Nutrition services
• Pediatric neurology / neuropsychiatric testing
• Pediatric psychiatry

• Affording physical therapy, chiropractic care, also accessing a facility that my insurance will accept for blood work.
• Chiropractic
• Pediatric physical & occupational therapy
• Physical therapy
• Physical therapy / treatment that is outside the 'parameters'.

• Prenatal
• Allergy testing and treatment
• Alternative Healing: Naturopathic, Herbal and Energy Medicine
• Integrated, naturopathic
• Appropriate medical care for a transgender patient.
• Blood tests, laser eye procedure
• Cancer screening ordered by physician but denied by BCBS
• Care for metastatic melanoma
• Endocrinology
• ENT
• Eye care (2)
• Vision
• Functional medicine
• Getting a corn removed
• Hearing loss aid
• Hospice care
• Inability of prescription services due to mandatory mail order required by employer and Orthopedics at DHMC
• Prescriptions affordability
• Living on disability income with only Medicare A & B. Get healthcare @ DHMC where I am eligible for reduced fee, but no one there has an interest in or focus on fibromyalgia/chronic fatigue issues. Consulted with integrative practitioner, but very difficult to get there (1 hr away) and Medicare limits the amount of time and frequency of visits.
• Local wound care
• Many specialty services for severely disabled young adult
• Rehab for concussion - we had to go to Pittsburgh to get it diagnosis and treated. Specialty service here just said never to play the sport again. His brain was injured and could be healed just no quality services here.
• Rehabilitation services that required a hospital stay of 7 days. Patient had to go to Concord for these services as there was no local provider.
• Inpatient, PHP, residential mental health care
• Rheumatology
• Senior care
• Shoulder Surgery
• Vascular surgery
• Sleep Services
• Traumatic brain injury
• Trying to find a Lyme specialist.
• Urology
• You may not see the issue of dying respectfully with dignity as specialty health care, but I do.
• Adaptive driving lessons
• All

“Other” service detail

• Affordable care
• Affordable health & prescription care.
• Affordable prescriptions
• All because of cost, even with insurance
• “Financially handicapped” is the worst. You would not believe how ignorant and socially unattached a two person income household of 40,000+ per year is to a household of two person income of less than 20,000 per year. Do you know or socialize with a person who lives in a house that has less then 20,000 a year? In order to sincerely understand what qualifies 'a individual in low income' household in the state of NH, You need to research the states "policy" guidelines.
• Being a carpenter, my boyfriend does not have health or dental coverage.
• Coverage for hospital services (like mammogram)
Health Insurance
- Insurance company won’t pay for my medication
- Terrible problems with Vermont Health Connect - resulting in breaks in coverage.

Finding a dental specialist (endodontist) for a child with Medicaid is nearly impossible. Had to travel to Manchester. Only such provider found after calling approximately 25 endodontists statewide
- Impossible to find / access a dental provider who accepts my Affordable Care Act Dental Insurance

Prescription Drugs
- Prescription
- Rx medication

A coordinator or liaison for my now ex-husband who became paranoid, blamed me for his clinical major depression and anxiety - and divorced me and ran our family through a terrible divorce --- rather than use services.

Access at D-H for teenage counseling is impossible. Had to go outside of the system and pay out of pocket.
- Access to affordable mental health professionals
- In Patient mental health care for children is needed in the Hanover/Lebanon area. Respite care also
- The Upper Valley lacks enough affordable MH providers

Eye care (2)
- Eye glass prescriptions / eye glasses

Gastrointestinal care
- Had to use ED for care d/t primary would not see me until all previous providers info had been received. Expensive care for respiratory or GI issue
- Transitions/Referral from primary care to GI at DHMC - takes too long, and often have to see wrong person so wastes a lot of money.

Lack of appointments
- Medical doctors to meet ones schedule
- Very long wait to see a specialist at Dartmouth (weeks - months!)

C PAP machine/supplies
- Care for visiting out of state child for high fever.
- Dermatology
- Integrative medicine
- Medical diagnosis support while unable to work.
- Need more MI time & home time w/ CM.
- Needed help with a new case of shingles on a saturday. didn't want to go to emergency. ended up at CVS health care. that went well but annoyed that DHMC had no one but emergency available on the weekend. used to have prn on saturday but that has been done away with
2015 COMMUNITY HEALTH NEEDS SURVEY
(COMPLETE IN FISCAL YEAR 2016)

- We were unable to obtain local primary care physicians
- Physical therapy
- Social humans services = "big problem!"
- SSI-SSD, too many questions. Don't always have car to get out of town to appointments
- I applied for Disability got denied because husband makes too much money for retirement. I should still be able to get disability as should others for these 2 reasons. Can't live together if we both get checks - that's discrimination.
- Assisted housing
- Exercise with work-out equipment
- No difficulty

4b. If YES to #4, why was it difficult to get the services you needed? (Check all that apply.)

**NOTE: Percentages below are of those responding “yes” to question 4 (n=125)**

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>17.9%</td>
<td>Did not know where to go to get services</td>
</tr>
<tr>
<td>11.2%</td>
<td>Did not understand how to get the service</td>
</tr>
<tr>
<td>8.9%</td>
<td>Office was not open when I could go</td>
</tr>
<tr>
<td>18.6%</td>
<td>Service I needed was not available in my area</td>
</tr>
<tr>
<td>6.5%</td>
<td>Had no way to get there</td>
</tr>
<tr>
<td>33.1%</td>
<td>Waiting time to get an appointment was too long</td>
</tr>
<tr>
<td>4.0%</td>
<td>Had no one to watch my child</td>
</tr>
<tr>
<td>15.6%</td>
<td>Was not eligible for the services</td>
</tr>
<tr>
<td>7.2%</td>
<td>Needed help with paperwork</td>
</tr>
<tr>
<td>4.2%</td>
<td>Misunderstanding with staff</td>
</tr>
<tr>
<td>17.7%</td>
<td>Had no health insurance</td>
</tr>
<tr>
<td>24.9%</td>
<td>Had no dental insurance</td>
</tr>
<tr>
<td>24.5%</td>
<td>Insurance deductible was too expensive</td>
</tr>
<tr>
<td>40.1%</td>
<td>Could not afford to pay</td>
</tr>
<tr>
<td>17.0%</td>
<td>Service was not accepting new clients/patients</td>
</tr>
<tr>
<td>9.3%</td>
<td>Service was not accepting Medicaid</td>
</tr>
<tr>
<td>4.4%</td>
<td>I was turned away</td>
</tr>
<tr>
<td>0.2%</td>
<td>Language/cultural barrier</td>
</tr>
<tr>
<td>4.7%</td>
<td>Did not want people to know that I needed the service</td>
</tr>
</tbody>
</table>
| 12.6%      | Other

**Please specify: See detail below**

“Other” reason detail

- Cost
- Emphasis on deductible was too expensive
- Preventive care follow up care to preexisting condition; too costly out of pocket.
- Have had to go to Wal-Mart to get affordable prescriptions for substitute drugs with bad side-effects and not as effective as my physician prefers. Too much discretionary power given to insurance companies.
Health insurance did not cover adequately
Insurance did not cover the physician I have been seeing for many years
Insurance not accepted at any vision providers in area. Not willing to pay cost of exam.
Lack of funding for all in need of services. Inadequacy of existing agencies to meet needs.
My health plan not accepted
My sister was trying to take care of her husband with ALS and work. She was denied many financial aid help because they supposedly made to much money on his disability insurance. Really !!!
Service available for patients with Medicaid, but not with an insurance that actually covers the need, now this makes a lot of sense!
Service did not accept my Affordable Care Act dental insurance

Mental health care within health insurance network had 4-month wait. Had to go out of network for timely care.
Many psych MDs do not accept health insurance. Many didn't have appts for 4-6 weeks later and many didn't answer or return phone calls.
Psychiatry attached to Dartmouth/APD was not accepting medicaid. A private psychiatrist in ST J and a LCSW separate from the hospital coordinated my husband's care. Even though he was suicidal and had fire arms (lots of them) no one seemed to get that he was at risk and so was my family.
Not enough mental health providers, not enough office staff for Ortho
Not enough pediatric mental health resources in the area
Very difficult to find child mental health care in area
Very limited mental health services available
Waiting period for drug rehab very long
Shortage of affordable mental health facilities

There is only one pediatric dentist in the area and we didn't agree with his treatment plan for my child, so we go to Concord. My child needs a pediatric dentist instead of a family dentist due to a dental condition.
Not enough pediatric oral dental resources in the area

Not enough primary care doctors in the area, wait time is too long
Had to be on wait list
Saw same MD at New London shorter wait
Not in network
MD office not open at the onset of problem. didn't want wait till after the weekend
Office closed before one could get out of work - no weekend hours
Lack of appointments in a good time frame
Also, after scheduling appointment and showing up, it takes way too long to get in. Can't afford for Drs to be late. I don't get paid to wait for doctors who are an hour behind schedule.
Cellphone service not good at hospital (Alice Peck Day), trouble arranging appointments to set up hospice care.
Difficult finding in-home support.
DHMC does not do a good job of handing me off to a new primary physician when mine
leaves (happened three times)

- Did not provide the solution
- Stupidity of my DHMC doctors
- Was told to go to ER.
- Doctor was not informed where I could receive auxiliary services; unable to get care when I needed it - waiting time to long; limited mental health care outside one or two providers and needed to avoid seeing those available because of work related issues;
- Family members discharged from DHMC with mental health issues. Should not have been discharged after seven days.
- Financially handicapped Help Lyme clinic DHMC to aid our serious mental illness crisis
- Doctor gives a visit once a month for two hours. What a joke.
- Lack of knowledge of how to treat my son's type of concussion
- Miscommunication on records - far too many doctors - almost 2 years in pain - no diagnosis.
- My health insurance has a specific exclusion for transgender people. My medical situation was complex, and although I am a transitioned trans woman, my oncologist did not work to understand why my case did not fit within the standard oncological protocols, and instead offered a referral to a psychiatrist. I had to search for several months to get the treatment I needed from doctors who understood my situation.
- Needed a referral from a local doctor.
- Office did not return phone calls to make appointment
- Physician not available for consultation.
- Primary care doesn't refer appropriately, don't know who to refer to or when. Hard to get appt.
- Provider referral was required but twice asked two different providers to place the referrals and still waiting.
- The provider met with me and never got back to me with the promised information for an appointment with someone who could assist me.
- Severe fatigue limits me greatly in my ability to get to appts and to manage to follow new treatment plans. Recommendations were given for supplements, but have not yet tried them because need to be sure that if there is adverse reaction, I will be able to manage that. (My 87-yr-old mother lives with me)
- My adult child needs extra help with transit to services due to her extremely anxious reactions enroute; few skilled and personally qualified people are available to provide that type of help in our region.
- State case manager apparently just too busy to provide services to which my family member is entitled (including submitting for cash reimbursements to which she is entitled). Cancels appointments, does not follow through on commitments, family member left hanging.
- State Medicaid staff NOT helpful in referring to a covered provider. Had to do the legwork alone.
- When a person is at the end of their life, no one wants to be bothered and don't want to care. You get what is the point.
- I live in Manchester, NH
5. In the past year, have you or someone in your household had to travel outside of the local area to get the services you needed?

18.8% Yes (continue below)  81.2% No (skip to question 6 on next page)

5a. IF YES, what type of services did you have to travel outside of the area to get?

Please specify:

Outside of the area service detail (comments from 243 survey respondents)

- Dental (4)
- Dental services (3)
- Dental care (2)
- Dental check up
- Dental healthcare
- Dental doctor
- Dental (to Hartford, CT)
- I prefer a dentist in MA; it's not a 'need to', but prefer to;-)
- Dentures
- Endodontics
- Children's Dental
- Dental for child
- Pediatric dental care
- Pediatric dentist, also veterinary for small animals (not sure if that counts here!)
- Pediatric dentistry
- Oral surgery (2)
- Oral surgery. D-H quoted $50,000 to $60,000 for jaw surgery for my son. The Fletcher Allen surgeon quoted $10,000 to $12,000. The absurdity of the situation is that, if he had had the surgery at D-H I would have paid less out of pocket because it would have been in network, paid at a better rate and subject to a lower out of pocket. Because I was proactive, sought a second opinion and made what I thought was a wise financial choice, it actually cost me $7,000 more. Ridiculous, right???
- Orthodontic Care
- Periodontist
- Periodontal subspecialist
- Special needs dentistry
- Specialist pediatric (surgical) dental care.
- Specialized oral surgery
- Travelled to Burlington for affordable dental visit at VTC Dental Clinic
• Child inpatient mental health care & no beds available for days even within a 2+ hr radius
• Acute mental health care
• In 2013, my daughter's mental health challenges could only be served in Rhode Island, requiring a 3-month stay there.
• Inpatient and PHP services for mental health
• Inpatient mental health treatment for a household member
• Mental health (2)
• Mental health care
• Mental health care - Lebanon
• Mental health counseling.
• Mental health help
• Mental health services; child psychiatry child gastrointestinal services
• Mental health support
• Support for mental illness care
• Psychiatric services for adolescent
• Youth mental help, suicide watch, after support and care, support for the parents
• Special Ed therapy, trauma therapy for child
• Psychiatric services. Is driving 45 miles each way "outside the area?"
• Psychiatry - to St Johnsbury
• PTSD treatment
• Mental Health/Substance Abuse
• My brother could not get into an alcohol rehab center so went out of state
• Drug rehab services
• Rehab and addiction help. Rehab is thousands of dollars even with insurance, more without.
• Substance abuse and recovery
• Substance abuse recovery
• Substance recovery
• Cancer radiation treatment Cancer services, and auto immune issues
• Cancer treatment (2)
• Cancer treatments because the specialist at NCCC had gone elsewhere. It is not pleasant for the patient to start locally then have to continue treatments in Boston, which isn't convenient.
• Alternative treatment for cancer relief / local hospitals only treat 'their way' to ensure their statistics are what they want....not focusing on the patients’ needs/wants for quality of life issues.
• Clinical trial for cancer
• Follow up cancer care.
• Oncology
• Proton radiation treatment
• skin cancer removal (located in Vermont)
• Treatment and care for metastatic melanoma
• PCP (3)
• Primary care (4)
• Primary care (check up)
• Primary Care (I live in Manchester, NH and the earliest I could set an appointment for a bad infection was 3 months later!) Also, I tried several different offices, no availabilities.
• Primary care doctor
• Primary care physician appointments
• Primary health care
• Family doctors
• General dr. care physicals monitoring blood sugar every 3 months. have to travel to Lebanon from Canaan
• General health is a distance, but we are moving soon.
• My annual check ups with my doctor.
• Routine physical exam

• Affordable, medicare and medicaid covered primary, mental, and dental health care
• Health insurance
• In order to have services covered by health insurance had to travel out of the area
• Mental & physical therapy too costly and not appropriately covered under most insurance / to cost to continue care.
• Stuff not covered by health insurance. Labs
• Therapist who matched my insurance and schedule

• Laser eye procedure
• Cataract operation
• Laser eye surgery consultation
• Lasik eye surgery
• Displaced retina
• Eye doctor (2)
• Eye surgery
• Ocular plastic surgery
• Ophthalmology
• Ophthalmology services for intermediate uveitis
• Optical
• Pedi ophthalmologist

• Heart attack
• Ablation
• Cardiac
• Cardiac specialist
• Cardiologist
• Cardiology
• Heart related
• Heart Surgery (VA pt)
• Endocrinology as DH was stumped and unsure what to do
• Endocrinology (3)
• Endocrinologist (traveled to Dartmouth-Hitchcock)
• Specialty endocrine care - referred to Boston

• Blood work (2)
• Bloodwork all the way to Concord.
• Blood tests

• Allergy - pedi
• Allergy appt
• Allergy testing and treatment

• Rheumatology (2)
• Rheumatology

• Boston Children's Hospital - Pediatric Pain Clinic
• Pediatric specialist
• Child development. I like getting practical information and find it difficult at Dartmouth

• Concord hospital for hip replacement
• Back surgery
• Foot orthopedics
• Foot surgery
• Hand surgery. After a hand surgeon at DHMC didn't want to deal with an iatrogenic complication caused at DHMC, I went to see Dr. Murphy at New London.
• Hip surgery
• Orthopedics specialist, 2nd opinion
• Orthosis, Specialty support group (EDS in Boston)
• We needed an experienced orthopedist to consult on a foot injury.

• Surgery (2)
• Facial feminization surgery
• Husband went to CA to have surgery on an acoustic neuroma.
• Needed emergency eye surgery and doctor at DHMC was on vacation so they sent me to Boston (this was actually 1 1/2 years ago.) In roughly that same time frame, another family member had to travel to Burlington to terminate a pregnancy.
• Thoracic surgeon

• Podiatry (2)
• Quality podiatry

• Gastroenterology
• Gastroenterologist
• GI services at Mass General
Bowel checked for polyps
Health care specialist - G. I. Pediatric.
Pediatric Gastroenterology (2)
Pediatric GI specialist

We are considering doing so - we have over an 8 week wait to pain clinic at Dartmouth - an additional long wait to see GI doc for someone with ileostomy & history of blockages - in Connecticut we would not have to wait for more than a few days. Both my wife and I have had surgery at APD - very short wait time to be seen.

Neurology
I live in Woodstock, had to go to Dartmouth for neurology. Dartmouth- no easy parking- too much walking
Neurologist I ended up going to Mass General
Neuro
Neurologic consult
Neurology/rehab medicine
Neurosurgery

Alternative medicine: naturopathic doctor
ND naturopathic doctor
Naturopathic doctor
Saw integrative medicine doctor who specializes in fibromyalgia/chronic fatigue and other women's health issues.

Urology
Urologist (located in Vermont)
Urology/gynecology

GYN
Women’s healthcare

Dermatology (2)
Dr. recommended Dermatologist

Emergency Care
Emergency Room Services

Housing
Housing for Special needs adult son

Human resources
Human services
Motor Vehicle Services Health Human Services
Help with SSI

We had a friend living with us who would have had to drive to Concord to apply for the medical and food stamp benefits she and her daughter could have used. Without a car, this felt out of reach to her.
2015 COMMUNITY HEALTH NEEDS SURVEY  
(COMPLETED IN FISCAL YEAR 2016)

- Residential special education program for girls on autism spectrum.
- Special education services
  
- Rehabilitation services to help with recovery from a back injury (PT & OT in a hospital setting)
- Evaluation for recovery from TBI Spaulding Medical Center - spouse.
- Wheelchair training for a Parkinson's patient

- Expert 2nd opinions
- My friend had to travel for second opinion in surgical options
- Second opinions in another state
- Accurate Diagnosis
- Appliances
- Asthma help
- Chiropractic-good one
- Clinic appointment
- Boston for medical reasons
- Complex medical care
- DHMC did not have a bed for my husband when he developed pulmonary embolism due to a routine surgical procedure. It took 6 hours to transport him from Gifford to UVM Med, where he died the next day.
- Diagnosis and rehab plan for concussion
- Elderly care
- Food, health, meds.
- Go to Leb/Hanover for Hospital.
- Health Issue
- Hearing
- Home birth midwifery
- Internal medicine dr. that wasn't a resident dr.
- Kinesiology, nutrition
- Lebanon "YMCA"
- Liver specialist
- Lung specialist
- Lyme disease treatment
- Mayo clinic - kidney donation
- Medical testing
- Need to address atypical epilepsy...must travel to Boston (BIDMC) for treatment.
- Prescriptions
- Sleep Services, for sooner appointment and accommodating special request
- Special treatment for autoimmune treatment
- Specialty care for MS
- To get infusion for MS
- Specialty diagnosis - Mass. General - Boston
- Specialty doctor and PT services for scoliosis
- Specialty in Boston.
2015 COMMUNITY HEALTH NEEDS SURVEY
(COMPLETED IN FISCAL YEAR 2016)

- Specialty services Resp.
- Step parenting group support
- Support for transgender child
- Support group for eating disorder

- All (2)
- All health care except emergency room.
- Health and dental care
- Primary, specialized, and dental
- Primary, specialty, and dental
- Hospital/Dental/Child Care
- Specialist care
- Specialty care
- Health care (2)
- Medical (2)
- Medical appointments
- Physician appointments
- Physician care
- Medical care (2)
- Medical care, driver's license
- Medical and therapy. After years of going to DHMC, Boston Medical diagnosed her. Thank god she happened to be living down there at the time.
- All medical services
- Doctors
- All of the above
- All services offered @ DHMC are 45 miles from my home
- There is no health care of any kind in my local area (i.e. within 25 miles of my home). All access to health care involves at least a 45 minute drive.
- To get good health care
- V.A. WRG
- VA medical assistance
- WRJ for healthcare
- We prefer the services at DHMC so we travel to get them. Some specialty services refer us to DHMC.
- None
### 6. Which of the following programs or services would you or your family use if it were more available in your community? (Check all that apply.)

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>After-school activities</td>
<td>16.2%</td>
</tr>
<tr>
<td>Affordable childcare</td>
<td>15.7%</td>
</tr>
<tr>
<td>Adult daycare</td>
<td>5.2%</td>
</tr>
<tr>
<td>Parenting support groups</td>
<td>6.3%</td>
</tr>
<tr>
<td>Family counseling</td>
<td>10.1%</td>
</tr>
<tr>
<td>Education workshops for parents</td>
<td>8.6%</td>
</tr>
<tr>
<td>Mental health counseling</td>
<td>16.1%</td>
</tr>
<tr>
<td>Stress reduction and relaxation classes</td>
<td>30.7%</td>
</tr>
<tr>
<td>Caregiver support</td>
<td>9.9%</td>
</tr>
<tr>
<td>Better balance/falls reduction programs</td>
<td>10.3%</td>
</tr>
<tr>
<td>Recreation/fitness programs</td>
<td>37.1%</td>
</tr>
<tr>
<td>Medical services</td>
<td>8.4%</td>
</tr>
<tr>
<td>Dental services</td>
<td>13.0%</td>
</tr>
<tr>
<td>Nutrition/cooking programs</td>
<td>21.5%</td>
</tr>
<tr>
<td>Weight loss program</td>
<td>26.1%</td>
</tr>
<tr>
<td>Diabetes support group</td>
<td>5.2%</td>
</tr>
<tr>
<td>Drug and alcohol prevention programs</td>
<td>7.2%</td>
</tr>
<tr>
<td>Drug and alcohol treatment</td>
<td>6.1%</td>
</tr>
<tr>
<td>Stop smoking program</td>
<td>6.3%</td>
</tr>
<tr>
<td>Public transportation</td>
<td>27.8%</td>
</tr>
<tr>
<td>Biking/walking trails and pathways</td>
<td>39.8%</td>
</tr>
<tr>
<td>Community gardening</td>
<td>12.5%</td>
</tr>
<tr>
<td>Adult education</td>
<td>15.7%</td>
</tr>
<tr>
<td>Job training</td>
<td>8.9%</td>
</tr>
<tr>
<td>Lesbian, gay, trans-gender and bisexual support services</td>
<td>3.6%</td>
</tr>
<tr>
<td>Other</td>
<td>3.1%</td>
</tr>
</tbody>
</table>

**Medical or Dental Services detail:**
- All (3)
- Affordable
- Affordable routine care
- More affordable services. I have insurance with a high deductible and can't afford to meet my deductible. Bring back the $25 copay
- Lack of insurance has impeded me and my significant other from getting the dental care and in his case, primary medical help.
- General health care that I can afford and dental care that I can get that I won’t have to go broke to get basic dental care in an emergency.
- All - cardiac, orthopedic, dermatology, OB/GYN
- All dental, All medical
- All primary care services, all dental services
- Medical services: all and any  Dental services: all and any
- Medical: ALL  Dental: All
- Any
- Any in the Mascoma Valley
- As needed
- Both (2)
- Both - closer to Canaan
2015 COMMUNITY HEALTH NEEDS SURVEY  
(COMPLETED IN FISCAL YEAR 2016)

- Basic medical and dental services.
- Basic health maintenance
- Check ups
- General Internal Medicine and General Dental services
- Just normal check up
- More affordable preventative care
- Preventative and emergency care
- Preventative care Services for students without insurance
- Primary care regular dentist
- Primary Care and Dental cleaning/procedures
- primary care and general dentistry
- Primary care and primary dentistry
- Primary care physician, physical therapy, dentist check ups
- Primary Care; Dental Care - All.
- Primary care; hygienist appts (dental)
- Primary, preventative care for both medical and dental.
- Quality Primary Care medical and primary dental services, not available in Canaan

- Affordable - all insurance accepted. General - cleaning, fillings, proactive to prevent teeth lost, help with alternative processes.
- Affordable care for extractions and dentures
- Affordable Dental Care that doesn’t require crazy.
- Affordable dental for kids; Medical deductible is so high
- Affordable health or dental services. Lower out of pocket deductibles and out of pocket expenses.
- Affordable means of acquiring dental services on a limited budget beyond what the insurance is willing to pay. Often the dental services are neglected because the perceived bill will be too high to contemplate looking into. Therefore a service where arrangements could be made without compromising the quality of service given.
- Adult dental that was affordable
- Adult dental
- Special needs adult dentistry
- All dental services - both emergencies, extractions, cleaning, etc.
- All services needed for healthy teeth
- Any and all dental services - Medicaid providers are scare due to poor reimbursement rates.
- Basic dental care
- Checkups, crowns
- Checkups, fillings, x-rays
- Cleaning
- Cleaning, fillings
- Cleaning, maintenance
- Cleaning, periodontal, fillings, crowns, root canals
- Dental
- Dental - restorative
- Dental = pain relief, extractions, all dental
• Dental care
• Dental care for adults and children
• Dental care for low-income people
• Dental care. Haven't been to a dentist in more than 5 yrs. No insurance. Cannot afford it out-of-pocket.
• Dental checkup, teeth replacement
• Dental Cleanings Annual physicals
• Dental services are available but even with insurance the cost is still extremely high.
• Dental services that take insurance rather than require patients to seek reimbursement after the fact. This is cost-prohibitive to people who don't have cash on hand to pay for dental services.
• Dental services, many dentists don't take medicaid patients
• Dental services: affordable rates
• Dental services: affordable.
• Dental services: Again we all don't have a car and afraid to ride community bus - Advance transit.
• Dental services: All.
• Dental services: any affordable care! Even cleanings are over $100 now!
• Dental services: Basic cleaning
• Dental services: care
• Dental services: Caries, regular prophylaxis
• Dental services: Check ups, cleanings, root canals.
• Dental services: Covered by insurance would be nice!
• Dental services: dentures
• Dental Services: For adults without coverage.
• Dental services: for children, adults to many toothless people in our area.
• Dental services: for my daughter & son-in-law, low cost services.
• Dental services: free dental work.
• Dental services: Full or 3/4 coverage.
• Dental services: general dental care.
• Dental services: kids/adults
• Dental services: More affordable
• Dental services: More medicaid.
• Dental services: Neither my husband nor I have seen a dentist for several years - not due to lack of access, plenty of dentists around, but no dental insurance.
• Dental services: Prevention
• Dental services: We have to pay out of pocket
• Dental- insurance coverage
dental-$500 limit for VT M'caid is inadequate
• Dental-All;
• Dental: False teeth.
• Dental: I have no dental insurance. The Red Logan told me they didn't know when I could get my teeth cleaned. Clinic doesn't have enough volunteers. They have a waiting list.
• Dental. Affordable for uninsured
• Dentist
• Dentist available especially for pulling/tooth/teeth that are qualified oral surgeons.
2015 Community Health Needs Survey
(Completed in Fiscal Year 2016)

More help in getting dentures. Root canal figured out and expedite as painful to wait.

- Dentists that accept Medicaid & who offer alternatives to amalgam for fillings & are good with children
- Fillings teeth extraction
- Free dental care for those who are below poverty line...areas like grafton and parts of orange may not be covered by the white river clinic as you have to be 20 miles or under
- Full affordable dental care. Dental services in the northern regions are lacking in technology and professional training. Not everyone wants to have their teeth pulled.
- General dentistry - they won't accept my employer's dental insurance
- Dental clinics
- Help with paying for the out of pocket cost to have cavities and crown done
- I have no dental insurance. I need to see the dentist but I can't afford to.
- I need dentures and can't get to a dental provider.
- ALL dental services.
- Make dental services more affordable!
- Medicaid accepting dentist
- Medicaid covered dental services that doesn't have a 4-5 month wait list
- Dental services: preventive care cleanings, x-rays
- Dental Services: haven't seen a dentist in 7 yrs
- Dental: Acquiring new dentures
- My 2 adult children unable to afford any dental care. My son has only front teeth remaining; also has root canal that's broken through into maxillary sinus
- No dental care in Canaan have to travel to Lebanon
- Orthodontia for kids
- Pediatric dentistry
- Dental health services
- Preventive and regular dental checkups, cleaning
- Reduced price dental care
- Regular dental check-ups, root canals, crowns, tooth reconstruction, teeth whitening
- Root canals and crowns are so expensive and insurances only pay half that it still leaves a lot to pay for those who can't afford it.
- Rotting teeth. Not accepting new patients with Medicaid
- Routine checkups and cleaning, periodontal
- Tooth extraction

- Comprehensive total care primary care
- Doctor appointments that are affordable
- Better variable hours, shorter waiting times, lower copay
- Having my doctor / clinic closer for my regular care and or when I'm sick. I have to travel 45 miles one way.
- Medical services: better hospitality
- Medical services: for older adults
- Medical services: good doctors, more primary care consistency.
- Medical Services: primary/regular care needed
- More pcp's
- Only one dr. close by and do not like him. Have to travel for general care.
2015 Community Health Needs Survey  
(Completed in Fiscal Year 2016)

- Physical exams
- Primary care (2)
- Primary care doctor
- Primary care physicians
- PRIMARY CARE!!! I have a PCP that I adore, but when I'm sick enough to warrant an office visit, I'm told I can be seen in 6-8 weeks. What good does that do if I'm sick NOW?
- Q&A primary care for issues that arise here, which is outside my insurance catchment area, from a provider with access to my medical records elsewhere.

- I would like to not travel so far from Canaan and am happy that it seems we will be getting a local clinic. Any and all medical and dental services.
- Local clinic with PCP, xrays, mental health, dental
- Local dentistry services, primary care medical services.
- Local health care center
- General Health Clinic
- Walk-in clinics for all ages, non-emergency & covered by insurance
- Would be nice to have primary medical care and dental services in or closer to Canaan
- Would like services closer than the 45 minute drive and congestion we currently have in going to Lebanon.
- Would use local services if available.

- Medical services: mental
- Pediatric mental health
- Mental health services
- Not services for myself; I'm more concerned about the mental health of our local health providers (our neighbors and friends)
- Mental health

- Adult neurometabolic physicians
- Chiropractic
- Emergency care, routine care
- Emergency Services for accidents
- Eye care
- Low cost dental & eye care which are NOT covered by Medicare
- Health care coverage which does not contain clauses specifically excluding me because I am trans.
- Integrative medical treatment for fibromyalgia/chronic fatigue.
- It would be proactive of Anthem to include acupuncture, Reiki and massage as eligible benefits for the preventative benefits that these types of body work offer.
- Medical: Arthritis care
- Pediatric specialty services as listed previously
- Physical rehabilitation
- Support surrounding a Bariatric Surgery, such as fitness programs, cooking education. In order to succeed these items need to be a part of my continuing program for a healthier me.
- Cultural events in Canaan area are too limited.
"Other" programs or services detail:

- Affordable Exercise/Fitness facilities incl. pool nearby
- Dog friendly walking/hiking trails
- Bike paths so kids/parents can bike to school/work!!!
- Exercise
- Gyms that are affordable to everyone
- Meet up groups for older adults interested in outdoor activities without an emphasis on dating
- SAFE biking and walking trails AND affordable classes
- Would LOVE to see the rail trail extended towards West Leb

- "Tweens" care/activities for school vacations, most especially summer.
- Children between the ages of 12 and 16 need to be able to work or be challenged
- Girls on the Run for Junior High/high schoolers-not track team
- Homeschool programs
- If there are after school transportation to libraries, that would be nice.
- Safe and appealing teen social activities and "hang out" space
- Summer child care/camps for non-Neuro typical
- YMCA

- Access to "healthy food" shopping
- Farmer's Markets
- Local food emphasis

- Addiction through a medical lens - not through AA, or other ad hoc organizations of agencies
- Al Anon meetings, Alateen meetings
- My family has access to the services we need but we know of several that need help with addiction and mental illnesses

- Highly skilled community support staff for disabled/special needs adult
- Availability to competent, compassionate social workers
- Aging in place support services

- A community 'Haven'
- Combined community events, like holiday celebrations and parades. Why separate them all by town? Or if so, spread them out and invite other towns to attend the smaller ones
- Volunteer opportunities

- Cancer class - support group.
- Cancer, for family members

- Pain reduction for migraines without medication use
- Chronic pain support group
2015 COMMUNITY HEALTH NEEDS SURVEY  
(COMPLETED IN FISCAL YEAR 2016)

- Adult responsibility, Could be done through the mail. Our children learn from us.
- Dental coverage is lacking
- A community SVC or public transportation after surgery or procedure: i.e. rides home!
- Holistic healing services
- Opportunities for creativity.
- Programs that focus on obesity. And smoking, of course.
- If these services were affordable
- My nuclear family has the money to afford services but my neighbors do not. It is for them I worry.
- Programs are available but normally for those who can afford them, not the general public
- Services for all the community members not just low income
- We would need free programs
- I can't say for sure my use of these would increase as these are currently available and our family does take advantage of them to some degree, but these are the items that our family is most interested in at this time in our lives.
- I live alone & do not need any services at this time.
- No needs; just busy on the farm
- None of the above. The services / opportunities we need are available.
- These do not apply to me - I live alone and I have access to all that I need.
- We already use these services, which we value
- We do not feel we personally need any services not already available
- We're fortunate not to need any of above currently.

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

See all responses (n=986 respondents) included at the end of this attachment.
The following questions will help us to better understand the characteristics of people answering this survey. **This information will not be used to identify you in any way.**

### 8. What is your age?

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-24</td>
<td>23.2%</td>
</tr>
<tr>
<td>25-34</td>
<td>22.0%</td>
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<tr>
<td>35-44</td>
<td>16.3%</td>
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<tr>
<td>55-64</td>
<td>13.4%</td>
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<tr>
<td>75 and older</td>
<td>2.7%</td>
</tr>
<tr>
<td>Missing</td>
<td>125 responses</td>
</tr>
</tbody>
</table>

### 9. What is your gender?

<table>
<thead>
<tr>
<th>Gender</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>21.7%</td>
</tr>
<tr>
<td>Female</td>
<td>78.3%</td>
</tr>
<tr>
<td>Missing</td>
<td>132 responses</td>
</tr>
</tbody>
</table>

### 10. About how many years have you lived in this area?

- **Average=26.1 years; Median=23 years** (131 missing responses)

<table>
<thead>
<tr>
<th>Years Range</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 years or less</td>
<td>12.8%</td>
</tr>
<tr>
<td>6 to 10 years</td>
<td>11.0%</td>
</tr>
<tr>
<td>11 to 20 years</td>
<td>21.7%</td>
</tr>
<tr>
<td>21 to 40 years</td>
<td>33.7%</td>
</tr>
<tr>
<td>More than 40 years</td>
<td>20.8%</td>
</tr>
</tbody>
</table>
11. What is the zip code of your current local residence?

DH-APD Service Area; 83.3%  
Outside Service area; 16.7%

- 21.2% Lebanon/West Lebanon  
- 12.2% Canaan/Orange  
- 10.5% Hanover/Etna  
- 9.9% Hartford/White River Jct.  
- 7.3% Enfield  
- 3.7% Grantham  
- 3.2% Norwich  
- 2.7% Orford  
- 2.2% Plainfield/Meriden  
- 2.1% Grafton  
- 2.1% Thetford  
- 1.5% Woodstock  
- 1.2% Fairlee  
- 1.1% Hartland  
- 1.0% Lyme  
- 0.6% Sharon  
- 0.6% Dorchester/Rumney  
- 0.2% Piermont  

1.9% Claremont  
1.5% Newport  
0.9% Windsor  
0.8% Bradford VT  
0.8% Cornish  
0.8% Sunapee  
0.7% Haverhill  
0.6% Royalton  
0.6% Springfield VT  
0.6% Springfield NH  
0.4% Bradford NH  
0.6% Strafford VT  
0.4% Vershire  
0.3% New London  
0.3% Randolph  
0.3% Weathersfield  
0.2% Bristol  
0.2% Charlestown  
0.2% Bethel  
0.2% Newbury VT

And 4.5% of respondents from 45 other towns / cities; plus 143 missing responses
12. **Approximately, what is your annual household income?**

<table>
<thead>
<tr>
<th>Income Range</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $15,000</td>
<td>6.0%</td>
</tr>
<tr>
<td>$15,000-$24,999</td>
<td>7.8%</td>
</tr>
<tr>
<td>$25,000-$49,999</td>
<td>17.8%</td>
</tr>
<tr>
<td>$50,000-$74,999</td>
<td>21.6%</td>
</tr>
<tr>
<td>$75,000-$99,999</td>
<td>16.2%</td>
</tr>
<tr>
<td>$100,000 or more</td>
<td>30.7%</td>
</tr>
</tbody>
</table>

268 missing responses

13. **How many people are in your household?**

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 person</td>
<td>15.2%</td>
</tr>
<tr>
<td>2 people</td>
<td>41.3%</td>
</tr>
<tr>
<td>3 people</td>
<td>17.3%</td>
</tr>
<tr>
<td>4 people</td>
<td>17.1%</td>
</tr>
<tr>
<td>5 people</td>
<td>5.8%</td>
</tr>
<tr>
<td>6 or more people</td>
<td>3.3%</td>
</tr>
</tbody>
</table>

188 missing responses
7. If you could change one thing that you believe would contribute to better health in your community, what would you change?

(986 survey respondents answered this question; 63.0%)

AFFORDABILITY OF HEALTH CARE/LOW COST OR SUBSIDIZED SERVICES; INSURANCE; HEALTH CARE PAYMENT REFORM (16.5% of respondents)

- Access for all.
- Access to affordable and personal primary care
- Access to affordable health at all the local hospitals.
- Access to affordable health care
- Ability to get help with prescription drugs
- Access to enough affordable health insurance.
- Access to good healthcare and dental services for ALL - especially low income people
- Access to health care for everyone.
- Access to healthcare
- Add significant other options to employees insurance
- Affordability of health care
- Affordability of services
- Affordable care (3)
- Affordable cost for low income households Dental care Mental care Eye care Food pantries
- Affordable Health and dental
- AFFORDABLE health and dental care
- Affordable health and dental plans.
- Affordable health care (7)
- Affordable health care for all people. Many people forego services such as dental or annual physicals because they cannot afford them.
- Affordable health care for everyone
- Affordable health care options for all
- Affordable health coverage - including dental & hospital services.
- Affordable health insurance (2)
- Affordable health/dental for everyone! Affordable adequate childcare for parents wanting/need ing to return to work.
- Affordable healthcare & insurance for everyone.
- Affordable healthcare for everyone.
- Affordable healthcare-many do not seek care due to cost and I know one struggling with medical bills who may not be able to send her child to college this fall, due to medical bills and having been uninsured for a short time.
- Affordable individual health insurance
- Affordable insurance
- Affordable insurance for middle income
- Affordable insurance/healthcare
2015 COMMUNITY HEALTH NEEDS SURVEY
(COMPLETED IN FISCAL YEAR 2016)

- Affordable Medical services
- Affordable prescription drugs for all
- Affordable primary health and dental care for immigrants who don't qualify for Medicaid and can't afford insurance.
- Affordable single payer healthcare system
- Affordable, healthy, food - supermarket.
- Affordability
- Allow more competition in the State to purchase insurance. Remove the mandates built into the insurance plans for example maternity care is in health plans men purchase.
- Better health insurance coverage for medical care and drug purchase.
- Better insurance coverage
- Better insurance coverage as so many people are underinsured.
- Better understanding of financial cost on families for medical care. Even with insurance it is very expensive.
- Bring back the $25 copay and get rid of high deductible plans. Require providers to fully understand the out of pocket financial cost of care - even routine - they provide and refer to their patients before they offer, provide, or refer them.
- Affordable health care - everyone deserves this.
- Changing the insurance programs to make them more affordable to people
- Cost (2)
- Cost & accessibility
- Cost of care
- Cost of health care (2)
- Cost of health care working for both New London Hosp and DHMC, absurd amount out of pocket
- Cheaper health insurance
- Cheaper mental health care
- Cost of healthcare insurance. I believe many people are not using preventative medical services due to the high deductible costs.
- Cost of insurance and high deductibles
- Cost of medical services and prescriptions
- Cost so it was affordable
- Cost-people don't go to all their appointments or take all their meds due to high cost
- Cost (2)
- Eliminate insurance company oversight of healthcare.
- Expense of care
- Eye and dental care should be part of health ins policies
- Free eye care as well as jobs
- Free health care for all
- Free health care (2)
- Free health services
- Get Obama out of office! Health Care Cheaper
- Have a real national insurance program as in Canada or the UK. Private health insurance will never work.
- Having more free programs for ALL ages and income levels at various times
- Having things more affordable with some type of payment plans.
Health care costs & prescription drug costs.

Health care price

Health care should be available to all and should be single-payer to really get costs down. Otherwise this is a wonderful community with great resources. Health promotion is alive and well here.

Health care that is not dictated by for-profit insurance companies

Health insurance that does not force you to change providers. DHMC's "affordable" ElevateHealth Provider list eliminated MANY smaller practices and individual providers. Not a good move for the community.

High cost of health care services

High cost of medical care

High Deductibles

High deductibles & multiple deductibles for different categories. ie medical deductible, dme deductible, etc

I think the cost of health care, dental care and prescriptions are out of control.

I would move us to a single-payer health care system regardless of the high cost.

I would reduce governmental intervention in our health matters. Give me the choices, I will make the decision as to what is best for me.

Increase reimbursement to Physicians while decreasing insurance company and government control over physician autonomy.

Insurance companies controlling health care

Insurance cost

Insurances makes it impossible to change companies without penalties for trying to switch over to a better one. Going 6 months with no insurance is impossible these days.

It is too expensive to seek out care at MHMH. I would lower the cost of the services and not order unnecessary tests.

Less costly, more traditional healthcare benefits. Low deductible fully insured.

Give back accountability for one's own health to the individual by responsibility for payment/insurance. The "patient" is not currently the customer, payers and employers are. Full transparency in health care costs, self-directed goals, effective choices for treatment, ownership of one's own medical record, and access to support when needed will all follow.

Low, affordable healthcare

Lower cost

Lower cost for care for poor, working poor and elderly

Lower cost health care.

Lower costs at DHMC

Lower deductibles for D-H employees; increased help with medical bills for employees

Lower health care costs

Lower medical costs

Lower the cost of health insurance so it's not such a financial burden on families

Make access to health insurance easy and affordable

Make health care and housing affordable

Make healthcare more affordable. There are still plenty of people who can't afford insurance and with fewer covered services, people will look elsewhere or simply not seek treatment.
• Make it free to all
• Make things more affordable, such as insurance.
• Making it affordable
• Making services more affordable
• More accessible health and dental care for adults. It needs to be affordable for those that cannot afford dental insurance, and if they do, the out of pocket is too much still. It is also impossible to have health care if you do not have insurance, you are turned away if you cannot pay.
• More affordable health care (3)
• More affordable health insurance (2)
• More affordable health insurance programs.
• More affordable health insurance with lower deductibles and better coverage.
• More affordable healthcare insurance
• More affordable insurance - especially for lower income folks, young people
• More affordable medical care, and a way to get there
• More choices for health care in Vermont! The Vermont Exchange is good in theory but not great in reality. The premiums are outrageously high and don't even cover eye or dental care, something everyone also needs. If you are middle class and don't qualify for a subsidy, you pay a lot for little care. Very disappointed. Also very disappointed as a business owner that we can't provide health care to our employees because doing so would make those that have children ineligible to receive a subsidy to cover their family as well, because the law would consider them to be provided with "affordable health care" through the plan at work. To clarify, by offering employees a health care plan themselves, they would be deemed to have affordable health care and ineligible for any subsidies to help pay for their children/families which can be over $500-$1000/month, definitely not affordable! In response, we have just not offered it to any employees as to not make certain ones ineligible for subsidies to cover their families. Clearly not what the law intended! New Hampshire has much lower premiums through their private market place that covers dental and eye, I know because I just moved from there and lost coverage. ouch!
• More emphasis on Holistic healing and having that covered under health insurance.
• More reasonable prices for health and mental health care
• Obama care
• Price of health care and prescription drugs - especially "brand name" drugs when generic is not available or not an option.
• Reduce cost (2)
• Reduce cost of healthcare, specifically prescriptions
• Reduce prices for prescriptions and dental checks
• Reduce the cost of medical services or increase wages.
• Reduce the prices charged by Dartmouth Hitchcock. $25,000 per year for insurance for a family is a lot of money (even if nominally a large fraction is paid by my employer).
• Remove the influence of the for-profit private insurance industry from it's position between me and my health providers.
• See above, or better, a single-payer national health insurance system.
• Single Payer Health Insurance for ALL people!
• Single payer healthcare.
• State-provided health insurance.
2015 COMMUNITY HEALTH NEEDS SURVEY
(COMPLETED IN FISCAL YEAR 2016)

- The cost and availability of QUALITY health insurance
- The cost of affordable healthcare.
- The cost of health care is too high. Income limits for assistance is too low.
- The cost of health insurance. There are many people that make just enough income to be qualified for an insurance plan that is too expensive for them. They end up struggling to pay for their insurance and/or they go without the healthcare they need.
- The cost of healthcare is ridiculous. Most of the time I don't go to the doctors when needed because I can't afford my copay. $15 for that copay is money I could be using to feed my child so I'm not going to waste it on seeing a doctor that is just going to order tests I can't pay for and prescriptions I can't pay for. I think that our health care and prescription costs need a major overhaul in America. My husband hasn't been to a doctor in 10 years because we can't afford it and he doesn't see the point. This is not ok. Why can't we have free healthcare and medications like most of the rest of the world!!
- The cost of it
- The cost to patients
- The cost of quality health care
- The expense of health insurance
- The price it costs to get medical care.
- There should be single payer healthcare!
- To make it more affordable for people to get help with the care they need.
- Truly universal health insurance
- Universal access to basic health care.
- Universal access to healthcare
- Universal health coverage services for all available at minimal cost instead of insurance model
- What is covered by insurance
- Where I live (about 1 mile from the hospital) there are people still living without healthcare that do not qualify for help but can't afford to pay for healthcare. They are kind of in a "donut hole" of sorts but this is a demographic that is growing. I would find a way to meet the needs of this specific group of people.
- While I'm not personally experiencing issues, it seems that access to medical and dental care for low income people is an issue. There are community organizations trying to fill the need, but they are underfunded and overworked. Substance abuse and mental health seem to be areas of concern also, and we need to address them before there is a crisis. Personally I like the community events that we have in Lebanon- farmers market, walk/runs, the Lebanon rec dept is fantastic.
IMPROVED RESOURCES, PROGRAMS OR ENVIRONMENT FOR HEALTHY EATING/NUTRITION/FOOD AFFORDABILITY; HEALTHY LIFESTYLE EDUCATION (14.5% of respondents)

• A farmers market and easy access to healthy whole foods.
• A focus on better healthy living and prevention, rather than treatment of the symptoms afterwards.
• A fresh food market in town, with competitive pricing.
• I would institute a massive change in food production, marketing, consumption, and education. I would outlaw sugar and force grocery stores to only sell foods that promote rather than harming health.
• A shift to educating people about health, including food, exercise, environmental exposures before they get sick.
• A supermarket for cost-efficient alternatives for "healthy" foods.
• A supermarket that has everything.
• Access to affordable, nutritious food for lower-income people.
• Access to healthy food prep classes/workshops at times a working person could attend.
• Access to healthy foods for everyone.
• Add more Motivational Programs for Health and Nutrition.
• Affordable food - healthier food is always higher priced.
• Good food for all - more local agriculture.
• Affordable healthy food and how to make prep simple and fast.
• Affordable non-processed food choices.
• Affordable organic foods.
• All physicians should discuss weight management with their patients - probably at every visit.
• Availability of fresh produce.
• Awareness of obesity.
• Getting rid of fast food.
• Better access to healthy affordable foods and physical exercises and education on the importance of that for all.
• Better diet - especially for young people better eating habits.
• Better education about the benefits of good nutrition.
• Better nutrition.
• Better health promotion in public schools.
• Better nutritional programs in schools and healthy school lunches.
• Better school lunch programs. Currently they are expensive and unhealthy, which will lead to more health problems for kids.
• Better, healthy eating habits.
• Costs of unhealthy foods vs. costs of healthy diets.
• Create a school based food program for children who have financial need so no child goes without food.
• Decrease obesity.
• Daily exercise with nutritional advise.
• Easier access to fresh produce and real food.
• Easier access to healthy food.
2015 Community Health Needs Survey  
(Completed in Fiscal Year 2016)

- Easier and more affordable access to fresh fruits and vegetables. Getting a nutritious meal is a priority for most people but the cost is so much that most can't afford to make it happen as regularly as they might wish.
- Eating habits
- Education about healthy eating available to lower income people.
- Eliminate all drive thru access to restaurants
- Eliminate the chemicals and GMO's in our food. That is the one thing that would improve everyone's health. I feel strongly that our hospitals and schools should be serving organic healthy food.
- Emphasis on disease prevention and health maintenance
- Figuring out how to get people to eat more fresh food and less processed food
- Focus on behaviour compliance in healthy behaviours.
- Food choices.
- Free community personal wellness education programs (potentially linked to social support services as a qualifier in continuing to receive services) with the aim of teaching self-care strategies from condition management to shopping and cooking education classes to free yoga on the park etc. - based on prevention/health promotion
- Free wellness programs in every community. Nutrition, cooking classes, fitness and fun activities for all ages.
- Fresh food being more affordable. (We - fortunately - have lots of fresh food available - but it's very expensive).
- Get a good grocery store in my town of Enfield (Market Basket or Trader Joes)
- Get rid of Dunkin Donuts and make high quality food and exercise programs (like gym memberships) covered by insurance (about the cost of 1-2 clinic visits). Improve work hours so people are less stressed out and have time to cook and exercise.
- Get rid of fast food restaurants
- Get rid of sugar lobbyists, they have ruined food and are making children fat
- Get rid of sugary food and treats in the schools.
- Getting rid of fast food places.
- Good grocery store in this town. Market basket or fresh market or whole foods.
- Grocery store
- Grocery store options
- Have a grocery store like Market Basket in the area.
- Have doctors talk more of good nutrition and exercise.
- Healthier Affordable Foods
- Healthier eating
- Healthier food and increased physical activity for school children.
- Healthier local foods in schools. Teaching children about growing and cooking
- Healthy food being more affordable than junk food
- Healthy foods, affordable foods, some way of engaging young and old in 'healthier' cooking - that or ability to find decent prepared foods closer to home. Support for some form of food cooperative where cooking techniques can be learned, foods can be prepared, frozen, sold at reasonable costs. Better access to fresh produce at decent costs and access to knowledge about preparation, especially for families working long hours at a distance from home.
2015 COMMUNITY HEALTH NEEDS SURVEY
(COMPLETED IN FISCAL YEAR 2016)

- Help people to eat less and exercise more—some incentive
- How best to avoid cancer
- How we eat—more plant based foods
- I would change food selection choices/prices at the grocery!!
- I’ve observed a high percentage of obesity, and poor conditioning. There’s a start.
- Improve portion sizes in all fast food restaurants
- In-store promotion of plant-based food choices and preparation in all local groceries, to counter the devastatingly effective processed food promotionals.
- Increase healthy fast casual, take out, or meal service options OR Group cooking classes for healthy, family friendly meals, especially on a budget.
- Increase physical activity & healthy eating.
- Increased access to nutritious produce and food for all
- Increased access to and affordability of healthy food choices.
- Increased education for adults and parents regarding healthy decision making, nutrition, sexual health, and better access to community healthcare.
- Kids would grow up with a connection to the earth, green places, gardens and their community—their needs would be filled by people and nature, not electronics, drugs, etc.
- Less junk food more exercise
- Less screen time for children, toddlers, etc... (and their parents).
- Less sugar in foods and drinks in the schools, supermarkets, at sporting events, etc.
- Local market for healthy food
- Low cost healthy foods
- Making good use of our lands, both private and common, to grow healthy food for everyone, not just the well-to-do. We all need more physical exercise, more reason to work together.
- Making healthier food more affordable for those of us who are on either a fixed or low income
- Maybe access/education about healthy food choices
- Mobile affordable veggi venders, that go to towns on specific days. people can’t afford to eat healthy. I make okay money and it’s still too hard to buy healthy food.
- More access to organic healthy food. make junk food off the shelf!
- More affordable food options
- More affordable healthy food options.
- More affordable healthy food.
- Access to healthy foods
- More education
- More education on health related issues to bring more awareness and understanding
- More emphasis on nutrition in the elementary schools.
- More healthy affordable choices at restaurants.
- More incentive at work for wellness activities.
- More public health education
- More public health outreach among all populations
- My personal commitment to healthy eating and exercise. Educating youth and young adults on the same.
2015 Community Health Needs Survey  
(Completed in Fiscal Year 2016)

- No more cars... We all ride bikes or walk to work or school.... built in exercise! But seriously... keep the free snack program at school... and extend it to send leftovers home with kids.
- Not change, but enlighten young people about their important piece in the community, their health and how and what they do or don't do how it will effect them, i.e., like not brushing their teeth!
- Nutrition
- Nutrition classes for lower income families
- Nutrition Education (2)
- Nutrition education - battling obesity
- Nutrition/cooking classes
- Nutritional awareness
- Nutritional food at affordable prices
- Nutritious training that would be easily available
- Obesity
- People need to get serious about diet and exercise. those two things change lives and are low cost solutions. I am stunned by the obesity I see in the upper valley.
- People's ability to connect with their landbase/natural surround, for their own health/wellness and for the health/wellness of the land (including air and water)
- Physical activity of the adult community and emphasis on proper balance of weight control and nutrition
- Preventative care and a community-wide focus on health - increase in ways for folks to get and stay healthy and for the environment to be healthy
- Provide increased access to affordable healthier food
- Public information regarding prevention and cure of disease through food. Most all serious disease today are primarily caused by our national diet.
- Reduce obesity (2)
- Reduce the # of overweight / obese people - they are endangering themselves & stressing the system unnecessarily.
- Reduction of the number of obese children and adults. This obviously encompasses both activity/exercise and nutrition education.
- Remove from sale any foods containing GMO's and preservatives, and insecticides.
- Rent a bike program, free cooking classes for healthier eating
- School lunches
- Sorry, 2 things, affordable food & affordable, user friendly health care
- Starting at a young age, educate about how to stay healthy, eat well, and reduce stress!
- Stopping all cancers.
- Stress reduction, massage, etc.
- Support healthy, sustainable lifestyle changes for weight loss
- Teach the danger of obesity and how to eliminate it.
- Teaching better nutrition/eating habits and more accessible quality produce!
- Price supports, food stamps for nutritionally high quality local foods only, to enable less expensive vegetables, meats, fruits
- Poor nutritional choices rural people make.
- The cost of food that is healthful needs to be reduced
The cost of healthcare is often a topic in our household. We feel more often than not, healthcare professionals over-prescribe medications (especially antibiotics to children!!!) to bandaid symptoms to larger health issues. We believe a lot of the problems we see today is directly tied to nutrition, which is something NO traditional doctor ever asks about or discusses. When I was growing up, the "junk food" (highly processed foods such as chips, cookies, cereals, boxed meals, etc) were more rare at home. Now, those same items seem to be staples as they store easily and can be purchased on sale in bulk at an often lower price point than fresh produce and meats. Our bodies need a certain level of nutrients and minerals to stay healthy. I don’t understand why nutrition and WHERE we are getting it from is not at the forefront of health discussions. We are what we eat, and for many, it's processed chemicals. It's time for us to wake up and make headlines that what and how we eat matters more than anyone thinks.

• The cost of the healthier options.
• The obesity problem
• The way people eat. Reduce amt of sugar in everyone's diet.
• Too many fast food restaurants
• Water doesn't cost more than soda pop. Understanding this is not in the realm we are speaking of, but access to affordable fruit/veggie, protein. It's cheap to eat bad.
• Weight loss
• WISE prevention programs in every school for every age level.
• Working towards better nutrition to cut down on obesity.

ACCESSIBILITY/AVAILABILITY OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES; SUBSTANCE MISUSE PREVENTION (13.1% of respondents)

• Access to mental health and/or mental illness support and therapies, especially for teens. I would also like to see our community focus more on restorative justice models, seeking guidance from the Upper Valley Court Diversion Programs.
• Access to mental health care (2)
• Access to mental health care. We had a horrible time finding a care provider for my bipolar husband when we moved here two years ago.
• Access to mental health providers
• Access to mental health services (2)
• Access to mental health services. It is deplorable at present.
• Access to youth and adolescent mental health counseling and treatment
• Accessible mental health care
• Add more mental health services in the northern areas. There are no reputable services north of Dartmouth. Orford, Haverhill, North Haverhill, and Woodsville have nothing to offer and because of that many people without transportation don’t bother to get help.
• Affordable access to mental health professionals and support groups for eating disorders
• Affordable and accessible mental health counseling and prescription management by the same practitioner-either mental health nurse practitioners or psychologists.
• A serious public health - everyone in community-and state effort to curb drug use/abuse
• Attitudes toward mental health care
• Attitudes towards mental health and enough facilities to help those in need.
• Access to the drugs in the area
• Addiction treatment program options and availability
• Addictions
• Additional health and substance abuse education provided to youth, especially regarding prescription drug dangers and abuse.
• Alcohol, drug abuse
• Alcohol/drug abuse. I can't believe none of these questions relate to the carnage caused by drunk/drugged driving, or the role law enforcement and the judicial system play in this issue.
• Allowing people to stay in a rehab treatment center that don't have insurance.
• Approach to drug addiction. Rehab rather than punishment.
• Better access to mental health
• Better access to mental health care
• Better access to mental health treatment and substance abuse treatment. Public transportation in Newport, Claremont, Sunapee, Charlestown etc. is horrendous. The Community Alliance does what it can, but is not convenient or affordable for many people. Also, working at West Central and having a waiting list of over 100 people we desperately need more mental health services in the Sullivan County area.
• Better drug and alcohol abuse prevention and treatment programs for our youth.
• Better mental health and substance abusers treatment
• Better mental health services
• Better support for substance abuse and recovery
• Better understanding of mental health issues to drug abuse
• Child counselor access - very limited
• Comprehensive drug rehab programs
• Dealing with the heroin epidemic and it's root causes
• Dealing with the various drug addictions in the upper valley
• Decrease substance (including tobacco) use
• Decrease in drug activity
• Decrease substance abuse
• Drug abuse (3)
• Drug addiction
• Drug and alcohol abuse
• Drug Misuse
• Drug treatment for addicts
• Drug use and availability
• Drug use, youth mental health
• Drug/alcohol rehab facility
• Destigmatization of mental health care through our designated mental health agency. Better wages, training, and more job opportunities within community mental health agencies. More therapeutic groups for anyone who is interested. Social skills groups for young adults. Public transportation on nights and weekends. Peer navigators able to work with anyone to navigate social systems.
• Doctor office or hospital for mental health
• Doctors/counselors mentioning on a broad basis the presence of 12-step programs for food addiction. Overeaters Anonymous saved my life - physically & emotionally. Food addiction is real but not brought to the attention of those who could benefit from it. It took me 5 years to join OA after I heard about it. I joined when I was desperate and am so thankful to the mental health counselor who told me about it.
• Easier access to quality mental health care and addiction programs. I'm very worried about the heroin use in this community. I don't see many resources to obtain help for this group of people.
• Easy access to drug and alcohol rehabilitation programs and after care support programs.
• Easy access to pain killers and related drugs
• Education and help involving drug abuse
• Educating the younger generation about the dangers of using not only illegal drugs, but abusing prescription drugs. They do not seem to understand the dangers associated with prescription drug abuse
• Eliminate drug abuse
• Eliminate fraternities and the alcohol culture on the Dartmouth campus
• Eradicate the heroin/opiate epidemic
• Everyone needs basic health care and dental care to maintain a good lifestyle, those that have an addiction issue to get help but I realize you can't mandate they get those services if they aren't ready to change.
• Family counseling. Pro-active mental health screenings & treatment.
• Faster reaction time from Primary Care providers in cases of mental health
• Find a CURE for addiction!
• Free alcohol treatment programs
• Get most of the drugs (heroin, opiates, that are infiltrating our youth).
• Get rid of drug abuse/better counseling
• Greater access (both in terms of cost and availability of services) to mental health care.
• Greater availability for mental illness support services
• Have mental Health counselors readily available. Not to have to wait a month or more to see someone
• Have more free substance abuse treatment options.
• Help for people hooked on prescription pills.
• Heroin & drug addiction services, treatment, prevention and more protection for the public services that deal with these issues i.e. fire/ambulance and police.
• Heroin/drug addiction services
• High quality and well coordinated mental health services
• I would change the general outlook on mental health. I feel the majority of the population does not see mental health in this country as a pressing issue. I feel when people are asked, "do you think you are healthy?" they often don't reflect on their mental health.
• I would like to see more services for mental health.
• Improve access to Mental health services
• Improve mental health delivery
• Mental health
• Mental health access that is affordable
• Mental health care
• Mental health services (2)
• Mental health/drug addiction services
• Improved access to mental health services at affordable rates.
• Increase access to mental health services.
• Increased access to mental health services
• Kids and early drug use
• Less drugs
• Make cigarettes and illegal opioids vanish
• More access to mental health, addiction services
• More accessible mental health
• More community mental health providers
• More community outreach and greater partnerships with mental health providers; greater advocacy with state to assure more support especially for mental health and addiction issues
• More drug abuse awareness - not just police
• More help for people with substance abuse.
• More mental health services for teens
• More Psychiatrists in private practice who accept health insurance or medicaid
• More services for mental health especially for children and adolescents; support/counseling for parents of children w/ mental health issues
• More substance abuse help
• More supports for mental health issues with young children
• More drug diversion programs
• More widely-available mental health care and access to that care
• Most awareness about the number of people with mental health issues and the lack of services to handle them. Mental illness is widespread yet you would never know it.
• My greatest concern right now is the limited amount of inpatient mental health care. I am also very concerned about the increased use of heroin and the abuse of other medications that are used in an abusive way.
• Need more pediatric mental health services; very poor insurance coverage.
• Drug and alcohol education
• Reduce the availability of illicit substances, especially in the schools.
• Reduce the use of tobacco, drugs and alcohol in our community with an emphasis on youth prevention.
• Reducing drug and alcohol abuse
• Reducing the use of drugs and more treatment facilities
• Rise in drug abuse/addiction
• Services for people with mental health and addiction problems
• Simpler access to mental health programs while provide a plan for the individuals.
• Strict drug policy at Hanover High School
• Substance abuse
• Support and services for individuals with mental health problems.
• Take the druggies out.
• Tell people to cut down on smoking and alcohol
• The amount of drugs being circulated
2015 Community Health Needs Survey  
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- The heroin problem.
- The issues with hard drugs in our area, affecting adults and children.
- The ongoing, increasing drug problem in many communities is terrifying.
- The predisposition that doing drugs is considered 'cool' in this community.
- There needs to be a greater emphasis on dealing with drug addiction, mental health and poverty.
- Try to reach kids about the dangers of experimenting with drugs BEFORE they are vulnerable.
- Understanding mental health
- We need more good family and child therapists who work in the evening hours and accept insurance.

Improved Resources, Programs or Environment for Physical Activity, Active Living; Affordable Recreation and Fitness (11.8% of respondents)

- More biking/walking trails on roads like route 10 or River Road for increased safety
- Specific request: wilder dam provides hiking trails, picnic benches etc... Provides security personnel for its facility. An excellent place for elders to get exercise. Advance transit (local bus) passes this site but claims there is no place suitable to stop. There is a semicircular entrance/exit. A flag stop would be possible there.
- A health/exercise place that is close enough to be able to use on a regular basis.
- A stadium for workouts
- Access and safety of the walking and bike paths
- Access to affordable recreation activities.
- Access to affordable recreational activities like swimming.
- Access to recreation activities
- Add a safe walking path
- Access to affordable fitness facilities (like Planet Fitness)
- Add bike lanes to Etna Rd/Great hollow rd
- Add more bikeways
- Add sidewalks on main roads.
- Activity level of school age children.
- Addiction to video games, i.e. get out more, take a dog for a walk,
- Affordable access to gyms
- Fitness programs for people who have limitations in mobility.
- Access to fitness center and fitness activities that are available outside of working hours.
- Access to free exercise programs during winter months.
- Access to indoor fitness
- Access to indoor walking track in winter. In larger communities, one can walk in shopping malls prior to opening.
- Allow workers time during their day to be fit and give them the tools and space to engage in fitness.
- Availability of fitness classes after 5pm
- Availability of yoga, stress reduction, and exercise classes in town.
Awareness and access to stress reduction such as yoga and exercise classes
Better road condition allowing residents to walk safely.
Better walking and biking trails for commuting.
Better walking/biking options so people could more easily get from one place to another by foot/bike. We know how important exercise is to preventing health problems, but it’s hard, even in our town, to get around safely and easily without getting in one’s car.
Bike lanes /more sidewalks
Bike lanes on all main roads to encourage safe alternate transport for those of us who are new to using a bike.
Bike totals and more sidewalks to enable safe self propelled transportation between West Lebanon and adjoining towns!!!
Biking / walking trails
Biking and walking paths.
Build a bike/walk/run path along the river. This could be supported by business on the land side with restaurants, etc...
Build sidewalks/paths and encourage everyone to walk more.
Cheaper fees to join and monthly fees at a health care facility
Cheaper more available gyms.
Complete Streets program see here: http://www.smartgrowthamerica.org/complete-streets/complete-streets-fundamentals/complete-streets-faq In the winter the shoulders and sidewalks are not maintained for cyclists/walkers - with the length of our winters it seems counterproductive. People need to go outside safely in all types of weather. Allow access to the trails at DHMC in the winter. People need the practice walking on uneven ground. In the winter we are instead forced to walk on the nonexistent road shoulder which is probably even more dangerous that whatever fall risk they think they are preventing.
Continued investment in making roads easier for walking and biking
Employer support for gym membership
Employers providing better benefits to their employees in terms of health benefits, access to exercise programs and equipment and time to do it
Encourage families to exercise together.
Encouraging a culture of routine activity - walking, for example. We have few sidewalks and limited public transportation, so people tend to drive everywhere.
European style support for cycling as a viable means of transportation. (Dedicated bike lanes, separate from traffic).
Exercise classes
Exercise classes for adults.
Exercise classes like bone builders in the evenings for those who are still working. .
Exercise group
Fewer cars - make Dartmouth campus pedestrian only - force more bike/pedestrian/bus traffic
Fitness program with childcare.
Fitness/gyms open 24/7 so people working off-shifts have better access
Focus on built environment to encourage more healthy activity (ie. separate bike lanes to ensure safety).
I would add more walking, hiking and biking trails
• I would greatly reduce the cost of entry to Storrs Pond. It's a great outdoor spot, and most people who live in Hanover probably don't bat an eyelash at paying to get in. Children in families who might not find it an affordable option for outdoor fun are probably some of the children who could benefit most from having cheaper access to it.

• I would like a indoor public gym for winter time activities.

• I would like to see a fitness facility that has an emphasis on affordability (Plant Fitness model--$10 down and $10 a month).

• Improve roads for safer walking, biking, running etc.

• Incentives for community exercise

• Increased opportunities to exercise at work

• Increasing safety on walking/running trails, specifically the Rail Trail. It is an amazing resource but I personally know people who avoid using it because it has a reputation for not being safe.

• Indoor fitness facilities.

• Indoor wall climbing facility and an on-campus fitness center.

• Institutionalize periods of movement, including standing desks and well-marked and publicized walking routes.

• Insurance companies pay for all or part of health related memberships/classes.

• Affordable gym in/near Thetford.

• Less expensive gym membership for older folks i.e. - Planet Fitness.

• Making the cost of Exercise facilities be more affordable or offer a better discount for those w/in the community the facility it located.

• More walking friendly roads.

• More access to recreation / fitness programs for everyone at low/no cost.

• More advertisement for outdoor/indoor activities that are free or low cost via flyers, newspaper, radio, website that is updated. Activities should range for all ages and abilities including specific ones for health conditions that cause disability such as stroke, Parkinsons, etc...

• More affordable and better variety of fitness and recreation programs

• More affordable fitness/health clubs. In the winter it can be bitterly cold, and exercising outside is not always an option. The health clubs in the area are too expensive.

• More bike paths

• More exercise programs for seniors.

• More facilities such as walking and bike paths for people to get exercise outdoors instead of in a gym

• More gym membership scholarships or subsidies. Weight watchers-type programs at reduced cost (or free).

• More individuals using health club memberships.

• More offerings of outdoor activities for beginners

• More park

• More paved trails

• More sidewalks (2)

• More sidewalks - especially along Rt. 120

• More sidewalks and bike lanes. More than 1 designated walk to work day a year.

• More trails and pathways
• More walking/biking trails
• Bike lanes on the roadways
• Open space parks/areas for families and adults
• Opportunities for multi-age exercise/fitness events. Not high power, just getting folks moving
• Paved trail that would span the UV to include Hanover, WRJ, Lebanon, so people could commute without using vehicle
• Protected bicycle lanes to facilitate commuting (see city of Montreal for examples). Increasing bicycle access promotes local businesses and health
• Provide affordable and accessible fitness and recreational centers for indoor winter exercise.
• Recreation availability for all
• Recreational paths to exercise or roads with wider shoulder so plenty of room for cyclist to bike without fear of being pushed off road or people driving to close to cyclist
• Residential discounts for fitness centers if you pay local taxes
• Safe walking paths and bikeways so that people could get from one part of town to another without fear of being hit by cars
• Safe walking paths and community challenges for exercise, similar to Howe's Community Read efforts
• Safer space for bicyclists on/along roadways (so they can safely access "rails trails").
• Separated bike lanes on the roads (not just a painted line but an actual barrier/curb
• Sidewalks and crosswalks along route 4 in Lebanon (to Price Chopper, Jake's coffee shop, etc.) General walkability throughout Lebanon, to/from surrounding towns, etc.
• Sidewalks for easy walking
• Sidewalks for safer walking & encourage more people/children to walk
• Sidewalks or wide shoulders added to roads so we can walk, bike, and run safely
• Sidewalks! There are no sidewalks in my community so walking is more dangerous. And out of the question in winter.
• SPA-related
• The access to safe and healthy activities such as a public basketball court or bigger park system.
• The culture of the community; kids would walk to school and play outdoors, adults would bike and walk to work. Physical activity would play a major role in people's lives.
• There are no low cost gyms in the area. The DHMC hospital work out rooms provide an option for employees only and the equipment is very limited.
• This community could use more bike paths.
• To get our young people moving more, more actively involved in anything besides sitting around playing video games, texting on their phone...a body in motion stays in motion..
• Walk-in type of facility with exercise equipment and play space for toddlers/children with small fees.
• Walkability
• Walkable community
• Walking paths
• Walking places
• Wider bike lanes
• Winter access to activities...an indoor pool...affordable places for indoor exercising

HEALTH CARE PROVIDER AVAILABILITY INCLUDING CERTAIN SPECIALTIES; HOURS AND WAIT TIME; HEALTH CARE DELIVERY SYSTEM IMPROVEMENTS (10.0%% of respondents)

• A doctor who can talk with you and take their eyes off computer awhile. They talk to computer and occasionally look at you and say is that okay.
• A health center
• A way for everyone to have at least one health check-up per year and follow up to any health problems found. This should also include dental check ups as well.
• More skilled and personally qualified special needs MDs, clinicians, support staff
• Access - I believe that there is a major access issue in the community as there are too many people and not enough hours of physician/dentist time available in the needed services.
• Access to emergency/urgent/hospice care
• Access to nearby primary care (affordable to those with limited insurance)...
• Access to non-judgmental services.
• Access to primary care and primary mental health services.
• Accessibility to good health care
• Accessible health and dental care
• Access to health services
• Again, closer, more affordable services than the 45 minute drive to Lebanon. I'm looking forward to the future Mascoma clinic.
• Always getting to see the same doctor instead of whoever is on call.
• An online portal for patients to select a primary care physician based on location, specialty and doctor rating.
• Availability of more senior doctors; not residents who made big mistake with my husband and he now has cancer.
• Be able to get seen when needed, not days later.
• Better access to healthcare nearby
• Better access to treatment for tick borne diseases (not just lyme)
• Better accessibility to medical, dental services
• Build a health center in Canaan
• Better communication between health care providers. Electronic transmission of electronic files i.e. MRI, CT scans would make it easier because we have no choice but to receive long distance care.
• Better communication of Health Care Providers and their Clients
• Closer access to health care provider
• Closer access to prescriptions
• Communication between the providers and the recipients
• Community access to dentists and doctors without having to travel to Lebanon, etc.
• Community based services that allowed walk-in appts that are affordable. Urgent care centers are pricey, even with insurance.
• DHMC is horrible!
• Different counseling in walking distance in Lebanon, NH area. Have more services at Alice Peck Day on cancer patients/ a cancer center and MRI, Breast, special machine.
• Discrimination on health care workers part
• Early childhood wellness checkups that can help kids before problems escalate
• Easier & more obvious access to available services.
• Easier access to primary care doctor
• Expand availability of free family planning services.
• Expanded hours for basic medical and dental services so those with jobs can access the care available.
• Expedited processing of records sharing and/or referral placing.
• For services to better suit my needs. Often appointments are scheduled and it does not fit the times that I have noted as being convenient for me. For more support and for the care to be less expensive, even with health care the costs are very expensive.
• Medical care in this town.
• Greater availability to primary care physicians. right now it is too difficult to get onto a physicians' patient list. too many md's have their patient lists closed
• Group pediatric visits. kinda live centering for prenatal.
• Have a doctor full time in town.
• Have a local clinic that would provide basic services and non critical emergency care as well as dentistry
• Have a primary care center closer to my home
• Have more offices open in our small community so we don't have to travel so far.
• Having a local clinic would negate the need to travel to Lebanon. And I understand that such a project is in the works.
• Having an affordable health care place in town
• Having more doctors (50 years ago we had 7 doctors in our town; today we have 2).
• Health care to make it more easy to get!
• Healthcare
• Have a modern, comprehensive primary care program that, in one complex, offers total TRUE primary care
• Hold doctors more accountable for mistakes.
• I have had an incredibly difficult time trying to pick a primary care physician at Dartmouth. I was assigned one several years ago for a physical I needed and now I can not switch. Everyone else appears to not be accepting new patients. It is very frustrating. I would like to have some say in my primary care physician but it appears that is not possible at Dartmouth.
• I IMAGINE being able to choose any provider at an affordable insurance premium, one who is conveniently located close to my home.
• I would change the infra structure of the Dartmouth Hitchcock Alice Peck Day. Seems to be about the money brought in and not the concern of the patient any more.
• I would have a local community health center.
• I would make sure that the care a person receives is more conditional. When a person needs more than one physician than a care coordinator should automatically be assigned & all the information can be filtered down to me (person the that will speak with the client). When you have too many doctors and nurses speaking to one client, that clients becomes confused because he/she has too many people giving him different information.
• I would provide more access to chronic medical condition support that is not costly
• Improve access to health care.
• Less message of "we're creating a sustainable health system" and more DHMC: Discovering, Healing, Mentoring, Caring...that's what our team does best.
• Less of an emphasis on using medications. More mentally stimulating alternatives. Also more education on mental illness in public schools.
• Local access
• Local access to health care.
• Local clinic for regular visits/ physicals, Urgent care.
• Local health/wellness clinic available for all in the community weather you have the ability to pay or not.
• Local medical help that is affordable
• Location of nearest health center
• Local IP rehab facility
• Make medical providers more accessible to patients. It feels like running a gauntlet to get an appt or ask a question of a doctor.
• Making appointment times at DHMC more appropriate for patients living 40 miles or more from the facility.
• Mandatory health requirements for healthcare workers. They are supposed to be setting an example. I don't want an aid or nurse OR doctor who smells like smoke and is obese.
• Medical and dental education prevention services.
• More access and choice of GPs. You should not have to go into a Hospital for general care. Nothing says you are presumed "sick" like this does. The UV has little to NO choices.
• More access to primary care - it seems that many of the primary care providers are too busy to listen and provide care for an issue that is not resolved in one appointment.
• More of a network and communication between several doctors providing a patient's care, and less wait time for appointments with specialists.
• More and well educated Speciality physicians available within days
• More available primary care givers
• More doctors in the small towns.
• More doctors that care and will spend the time reviewing your needs, Dartmouth is a big business and the doctors goals are get you in and get you out. Don't get me wrong we are very fortunate to have the facilities but we need more primary doctors with time to make the proper diagnoses and to be available within a reasonable amount of time when called upon.
• More MS support
• More personal or telephone healthcare counselling
• More private physicians outside of DHMC. More time to spend with patients. Accessible advocacy for seniors within each community.
• More than 1 doctor in any & all Emergency Rooms!
• More timely access to specialty services. You get referred to a specialist, and you know it'll take months! You're not sure that your or your children's health can wait that long.
• More visiting nurses
2015 COMMUNITY HEALTH NEEDS SURVEY  
(COMPLETED IN FISCAL YEAR 2016)

- Need somewhere closer
- One of the more missed DHMC services, Fowler House type care access for locals.
- Open Doc office
- Providers that didn't write you off as already dead when you're over 80 and in poor health. Patients and families who do not have a clue about their medical options need affordable advocates and this service is available (and what it is.)
- Proximity of needed services.
- Quicker access to primary care doc
- Reasonable wait times for appointments.
- RX access. Pre-authorizations and requiring patients to use alternate less effective medications. It might save dollars but gives less benefit to the patient. Trying to get back your meds is time consuming, frustrating, and causes you to not get your RX filled timely. I've waited a week for a less than $10 med for pre-authorization when the med it was replacing was $350. Fortunately, I had a few pills at home, otherwise I would have been without. It took several phone calls to get the pre-authorizing done in the one week.
- Smaller, more accessible, people friendly health offices
- Smaller, more family oriented hospital settings,. Smaller buildings, closer to home
- The number of extremely talented doctors leaving DHMC.
- There is a real lack of a mission for us at DHMC. The "mission" should be the patient, and everyone, especially staff, should see themselves individually accountable to caring for the patient. This is not the case currently, communication by and the level of the individual doctor approaches incompetence. Staff, instead of a mission orientation, generally come from a "don't blame me" approach, and see themselves as accountable only to their job description not the patient. I blame failure of leadership for this at the highest levels.
- We desperately need a community Health Center in Canaan, with Primary Care, Dental, and eye care services, at a minimum
- We need more urgent care - walk-in type facilities.

EMPLOYMENT OPPORTUNITIES/BENEFITS; ECONOMY; HOUSING; CHILD CARE (6.2% of respondents)

- Affordable (Quality) housing and childcare for family members
- Affordable, high quality child care
- Child care
- Create childcare opportunities for children whose families don't have money to for the services.
- More affordable high-quality childcare
- Greater access to high speed internet in rural areas.
- Affordable housing (4)
- Affordable housing apartments in the area. the prices are so artificially high, rents are comparable to Boston but not the salaries. Saving on rents would divert those funds for more healthier choices in food such as organic and local grown.
- Affordable housing based on income
- Affordable housing for everyone
• Affordable housing for Seniors
• Affordable housing, more walkable towns
• An affordable community. Everything is too expensive.
• Better pay for health care workers
• Better paying jobs
• Career counseling, job training, living wages!!!
• Cost of living and wages in the Upper Valley do not match up. Finding permanent, full-time employment with basic benefits is extremely difficult for anyone with less than an undergraduate degree, and even when full-time employment is found wages simply do not keep-up with the cost of living. People in the area are forced to choose between safe child care, safe vehicles, a healthy diet, fitness, and health care, the majority of people in the upper valley cannot afford to invest in all of those basic needs (not to mention investing in retirement or college funds)
• Cost of living increase - to the middle class - the middle class is becoming poverty.
• Disproportionate pay scales, rich getting super rich and the rest getting the shaft makes all facets of life difficult, health mental health, stress, and ability to liver healthier life
• Economic development. The under-riding cause for despair that leads to violence and substance abuse reflects the long-term effects of the deindustrialization of many of our communities without anything to replace the shuttered factories and stores that have closed due to drop in disposable income.
• Economy - President - Government - Unruly Laws!
• Families who are barely able to keep up with bills despite full-time working status. I'm glad minimum wages are being raised in some states, but this is important.
• Give all a living wage.
• Helping the lower and middle class so parents do not have to work long hours or two jobs to pay for housing, food, etc.
• Hunger reduction
• Income levels job opportunities
• Increased affordability of living well in this region on a modest income - the high cost of housing (both ownership & rental) longer commutes, high cost of healthy food - these make it challenging to live out the healthy principles our health education says we should pursue!
• Increased focus on opportunities for families living in rural poverty
• Increased job opportunities, better wages, improved work environment
• Jobs, job training and reduced cost for basic health maintenance services.
• Less homeless people/affordable housing.
• Less low income housing to get rid of the drug issues
• Living wage job opportunities
• Meaningful job opportunities
• More affordable housing (2)
• More affordable housing for families in need that have a bad past with crime
• More affordable housing within walking distance of jobs and grocery stores.
• More affordable housing, affordable childcare support programs, insurance being affordable, crack down on the opioid abuse - welfare.
• Affordable child care and job training
• More high quality housing that people with average incomes can afford and don’t have to qualify for affordable housing to be able to take advantage of.
• More housing for low income people
• More jobs so people won't get so stressed out or depressed from lack of a money issue.
• More places to work with higher wages.
• More quality child care - with teachers paid a living wage.
• Opportunities for young adults (18-24) to learn skills that would help them get jobs, or figure out what they would like to do/be good at for a career/jobs for youth in this age group, who choose not to obtain a BS/BA, are scarce. Those who do get hired, either have connections, or often end up at Walmart or grocery stores. Many youth are capable of more and deserve a chance to contribute in more challenging settings.
• Pay all my bills up. A lot of extra bills
• Pay levels should be higher and housing costs should be lower and better quality
• Poverty (2)
• Provide jobs in broader range of upper valley so daily impact on Lebanon is reduced. Too much noise, traffic, and time spent getting around is reducing quality of life for everyone.
• Provide more 1-on-1 support to low income wage earners (e.g. Working Bridges)
• Provide much more affordable housing
• Raise the minimum wage so that people can make better choices about nutrition and health care.
• Raise the minimum wage to a middle class entry income (in both states).
• The cost of everything.
• The economic disparity in my town/ region.
• There are huge disparities between communities that are wealthy and those that are less well off. It would benefit everyone to have less inequality.

COMMUNITY SERVICES/SUPPORTS; CARING CULTURE; SOCIAL OPPORTUNITIES (5.8% of respondents)

• A single place where a person could find out all the resources (local and online) that are available so the person in need isn't left on their own to find by fiat what is out there to help in their situation.
• Development of a simple phone number information page for in homes Readable for all ages
• Activities to get to know your neighbors…. we are connected by so much technology that we forget to "connect" face to face.
• An increase feeling of community. I think people are so busy that they do not pay attention to those in need. People do not have time for community activities and therefore the community bonds have become less. This impacts all areas of our society.
• Better funding for social services that specifically work with veterans
• Community center with variety of classes available without having to drive 45 minutes.
• Community centers with services for families
2015 Community Health Needs Survey
(Completed in Fiscal Year 2016)

- Community health screening
- Culture - kind - open hearts. Smiley - go to Mayo Clinic & feel the culture!
- Education and information about navigating the health care system and advocating for yourself or your family member
- Education and promotion of options available.
- Eliminate electronic devices. games. social media...it's making people fat, disconnected with life and discontent.
- Getting information out on all local programs
- Have a less competitive environment/ stress a slower pace to life
- Having people in the community reaching out to people in need. More programs such parish nurses.
- Help everyone. We are all human.
- Helping more people through more transitional shelter
- How we are all stuck in our own houses with little contact with the rest of the community.
- Increase ways for communities to connect - eg, via Listserv postings and other means, electronic as well as actual face-to-face events, to get people acquainted and strengthen their bonds with one another and the community. Improves caring, improves networking, builds community "base".
- Lebanon has always been a wonderful town. Services listed has always been there. Just need to get the word out on how to get the services needed.
- Make sure people can get the help they need for the issues in their lives.
- Moderation in the use of iphones, etc..People are losing touch with the people/places around them
- More access to senior meetings and dating groups.
- More activities for people in the area. Also childcare seems limited after a child gets to around 7 years old. They still need a place to go after school until about 11 or 12 years of age, but there are no places like that around here.
- More arts and craft free classes (e.g. stained glass, knitting, pottery, beading, cooking, hiking).
- More community activities, especially in the winter.
- More community based events, ie hiking for a cause
- More community building activities, reducing stigma around mental illness and drug use, creating family events within our communities - open to all - we all need to feel connected to this place that we live
- More community screening services
- More family oriented activities offered to the general public.
- More free programs Cooking classes Free exercise programs
- More involvement and feeling of togetherness/community
- More kindness generally
- More opportunities like the upcoming Hartford community Coalition Block Party where we meet neighbors, learn about community services and feel safe and supported.
- More organized activities that young adults could become involved in. There is a dearth of activities for young people who are out of high school or college but have not yet started families. It's a huge hole that is sending young people out of VT and
NH to find other areas to live that have more opportunities to connect person-to-person in healthy ways with people their age.

- More organized community recreation, with reaching out to people with minimal transportation
- More public and social events.
- Regular device- or electronics-free nights and events. More coordination of community events so they don't all happen at the same time then nothing happens. More direct appeals from the whole community specific targeted needs.
- More social programs for adults with Asperger’s, OCD, mood disorders
- More volunteerism is added.
- Need more community-building; too much isolation from one another in our community
- New recreational center.
- People's attitude towards one another. People have become cold and cruel. We are all in this together folks; no one gets out alive.
- People's awareness that everything they do in public affects those around them from road rage and texting while driving to leaving litter and dog excrement behind.
- People's perception of who should belong in a community.
- Return back the clock to some old fashion values where people were kind and courteous
- Society's attitudes toward all kinds of illness to foster greater compassion
- Reduction of stress for rural living through development of cultural and economic opportunities that encourage mental, spiritual and physical health.
- Spiritual/Christian counseling
- Support and education for racial harassment. Racism is alive and well in the D-H workplace and in our community
- Support for working mom's - Help with transport to sport events for kids / after school programs
- Support groups of all kinds
- That a true culture of caring really existed
- The identity with dead ends and failure.
- Improve staffing & accountability for state social services so people can actually get all the services they're eligible for and get them in a timely manner.
- What state and federal agency and programs consider low-income. Your income for a two person household has to be below $1,500.00 per month to receive any food or heat assistance unrealistic guidelines for a household that no longer have children under the age of 18 years. You have to still be providing for youth in home in order to receive help of any kind.
- We have to remove the sense of hopelessness that contributes to negative behaviors like drug and alcohol abuse, overeating, and a circumscribed vision of what's possible.
PROGRAMS/SERVICES FOR YOUTH AND FAMILIES; PARENTING EDUCATION/SUPPORT
(4.4% of respondents)

- Improve services to teens from the funded institutions -- it seems the burden on working with high risk teens falls to one small underfunded nonprofit, Second Growth, and the institutions in the area only "study" the problem or work with upper income families' kids. The police don't apply for juvenile justice funding that could allow for new support and diversion programs. The Universities don't allocate resources to "local" kids, when they could be a huge source of peer counseling, mentoring, and community programs.
- Bullying prevention/awareness; Addressing parental stress/domestic violence
  - 1) Preschool, after school programs and programs during vacations and summer break should be free and should be organized through the public school system. That level of investment in our children would have a dramatic impact on the current and long term health of the community, esp. for those most at risk. 2) School and community athletic/recreation programs should focus on maximizing participation rather than maximizing competitive performance for a small group of top athletes. Increasing the general level of physical activity is the most important thing that can be done to improve the physical and mental health of the community.

- Additional youth programs
  - After school place to go for teens (instead of the parks for small children)
  - After school programs for high schoolers (non-sport)

- As a teacher, I see a need for parenting education about nutrition, cellphone/internet safety, and financial planning support. Too many families are ill-prepared, uninformed, and too busy to prioritize and make quality decisions.

- Early childhood - infant --> 5 intervention with families.
- Better education with higher risk populations.
- Counseling
  - Better parenting for struggling families with income or drugs. more motivation to work and raise children to be healthy, motivated and future positive community members

- Bringing parenting/social survival skills to young people
  - Create and anti-bullying program in the elementary schools, beginning in kindergarten. Mandatory participation of all students throughout the school district.

- Create volunteer opportunities for youth, to help keep them out of trouble.

- Early interventions for Adverse Childhood Experiences (ACE) Trainings such as Trauma Smart Head Start so educators, bus drivers, lunch ladies and the like know how to support ACE kids.

- Help single parents with accessible parenting skills workshops, also how their lifestyle choices influence the success if their children in school. Teach them about healthy food choice, not junk food all the time.

- Helping families provide healthy options for their children to have the next generation grow up with healthy habits and more knowledge about healthy living.

- I believe there are a lot of young people having kids that are not emotionally/mentally ready to do so. It makes for neglect of the child. Every new parent should have a support group available to them. Too many times children are returned to a parent who abuses them.
I think having a variety of activities for teens, along the lines of The Junction in White River, would be very beneficial to the community.

Improved family services, including parenting and healthy living

Increase active, healthy parenting

Increase community activities for the young people.

Teen center, healthy social opportunities for young and old. Buses for students available so students have access to more activities and social opportunities.

Local Food Pantry for Enfield, Canaan area? Not really sure. I have no special needs at this time, so hard to tell the needs of others. I would have always loved to see a after school facility near the school for students of all the area schools have like a teen center. If I hit a lottery that what I would do. A center with computers to access, games, snacks etc with an affordable rate.

Many Parents aren't parenting, holding kids accountable, issuing natural consequences. No one to provide safety net but school. Need life skills, acceptable behavior taught at all grade levels

Money directed to early childcare and young parental support, as well as increased awareness of emotional and mental health issues surrounding drug use and most crime.

More after school activities for young teens

More after-school physical activities for kids that are not competitive sports. Activities for kids who don't enjoy sports-- like martial arts or rock climbing-- cost a fortune compared to rec center soccer. All kids should be encouraged to find a physical activity they enjoy.

More classes / opportunities for parents to be involved about their children’s well being. Whether it be educational, health related etc. Involved parents raise healthier, happier children who do better in school and stay out of trouble.

More focus on prevention and early child / family issues so that we can address some of the underlying issues that have been checked off as areas of concern.

More resources for children and young adults.

More support & respite for parents of children with special needs - especially those with mental health issues

Parent education and improved nutrition for schools

Parenting education and personal interaction skills

Parents need to be more involved

Programs and support groups for kids

Programs for the "tweens". This is an age where they are too old for traditional camps, but they need to still be monitored to a certain degree. They need activities with "chaperone's" to keep them busy. Around 15 or 16 years old you could expect your child to be fine during summer vacation while the parents are at work, but that in-between age is crucial. Kids left unsupervised for longer periods of time at that age, it is too easy for them to start getting into trouble. We need options for them. Right now there are no options available for them.

Reducing trauma and increasing trauma supports and trauma-informed care.

Strengthen families

Teen Pregnancy (2)

The ages of 12 to 16 ye olds need to be kept busy.....

Very poor family legal system.
TRANSPORTATION SERVICES (3.7% of respondents)

- A bus line that went all the way to the UVAC from White River.
- More public transportation in rural areas
- Access, better transportation system
- Better public transit
- Better Public Transportation
- Better support and transportation: related to being able to get to doctors appointments.
- Better support for poor people who need services and a way to get to them.
- Bus service to the Saturday farmer's market in Enfield
- Easy access to health services public transportation
- Improve alternative transport options. Better public transportation and more bike routes.
- I would have the advance transit on weekends for a $1 per trip. People would pay to have public transportation on the weekend.
- Lack of public transportation to all five towns.
- Also access to public transportation
- More accessibility to public transportation (later hours for people who work different shift)
- More programs geared toward public transport in our area.
- More public transportation to wider areas - Plainfield, Cornish, Claremont, Windsor.
- More public transit
- More use of public transportation- environmental impact includes noise pollution.
- Public transportation (6)
- Provide transportation to health centers and transfer to other forms of transportation.
- Public transport for elderly
- Public transportation for people without transportation to get to the services they need.
- Public transportation in the evening, weekends to keep seniors learning and connected to others. It is difficult if driving in the dark or in winter is no longer possible for seniors
- Public transportation options
- Public transportation outside the existing coverage of advance transit. Only core towns have access.
- Public transportation to for medical services
- Rides to doctors appointments
- Transportation
- Transportation - it is so difficult to get around without a car
- Transportation to services/activities that would contribute to better health
- Well, ideally I'd like there to be health & fitness facilities, and healthy grocery stores to be in my town, but that is unlikely. In the end, I think the most reasonable answer is TRANSPORTATION. There is little opportunity to travel to Lebanon where most of the facilities currently exist for care, exercise places, and healthy food.
ACCESSIBILITY/AFFORDABILITY OF DENTAL CARE (2.2% of respondents)

- Allow dental hygiene to be maintained by subsidized care where/when needed.
- A program for adult dental care for adults on state health insurance or no insurance
- Affordable access to dental care
- Affordable dental care (2)
- Affordable and accessible dental care for all ages.
- Better access to dental services
- Cheap or full coverage for dental insurance are or very reduced clinics.
- Dental care for all when needed - provide greater reimbursement for dentists for those patients in need.
- Dental care providers do not accept the insurance plan my employer offers. (Cigna) We must pay up front for services and then apply for reimbursement. This can be prohibitively costly.
- Dental for adult.
- Dental for adults - not just emergency extractions!
- Dental Health coverage for adults.
- Dental health for all
- Dental work for those who can not afford it
- Dental, dental, dental - the service in WRT is way over-loaded and the rest of us do without because of cost.
- Easier to get dental help no matter the insurance
- Free dental care (2)
- I would change dental services - make them affordable for everyone in NH but also allow for the lower income to be covered, not just children.
- More dental clinics
- One thing that's difficult to say; so much help is needed. I lean towards teeth & being able to eat & speak well. My community has only emergency teeth care. I had to lose the teeth I did have because of diseased gums. Volunteers pull - that's all they can do. My dentures were from a program out of Concord, NH and they are 20 years old and I've lost bone & have a hard time eating. The bottom teeth are ill fitting. It's a challenge!

SENIOR SERVICES, PROGRAMS (2.2% of respondents)

- Access to transportation and community supports for seniors
- Add adult day programs
- Aging in place opportunities for seniors
- Better food (consistently) at the Lebanon senior center
- Community nursing to support aging in place.
- Consistent, reliable, sufficient support for our senior and disabled services, especially at county, state, and federal levels.
- Elder support for widow
- Elder support in the community
- Elderly housing/services
- Improved access/affordability of long-term care for seniors
Greater awareness of the needs of the elderly. Read Gowande's Book, "Being Mortal." It says it all.
Healthcare for the seniors and persons of disabilities. They use a lot of their Social Security money for health care.
More elderly resources for Aging in place or community
More help for elders, more adult daycare outreach in communities. Programs so that seniors can stay at home but be cared for outside home during day. More visiting nurses that spend more time with patients.
More support for Seniors
Home support services for aging.
Services that decrease isolation of elders - including transportation, senior center in our own town etc.
Support for aging in place.
The CCB offering free or low cost programs to seniors.
There would be a cadre of people who checked on those living alone, helped them get to appointments and generally help to assess the person's ability to continue living alone safely (assessing cognitive, physical, emotional and psychological well-being).
We need a State Legislator aware of the need for funding for services to the old and infirmed.
We need to take care of our elderly!! They used to take care of us! PLEASE.

IMPROVE EDUCATIONAL SYSTEM (2.0% of respondents)

- Full day kindergarten programs
- Adult education
- Better education leading to better paying jobs
- Better school system
- Better schools
- Education (2)
- Education from the primary grades thru high school
- I'd improve education, specifically literacy, civics, and mathematics.
- Have a college/university here! Dartmouth too expensive.
- Improve Education
- Improve our schools by tracking teacher performances.
- Improve public education
- Improved health education in the schools K-12
- More funding for adult education/college
- Improved public schools.
- Public education
- Public school education
- Stronger support in the public schools.
- The elementary school is listed as one of the top twenty in NH; the middle and high school are rated very low. This needs to be addressed.
TOBACCO CESSATION AND PREVENTION (1.5% of respondents)

- Ban the sale of tobacco products
- Banning cigarettes
- For people to stop smoking
- Have people stop smoking
- More tobacco cessation
- People should quit smoking.
- People would stop smoking.. cigarettes and pot.
- Prohibit smoking
- Smoking (2)
- Smoking cessation-especially among youth
- Smoking cessation.
- Smoking education
- Smoking tobacco in a vehicle w/ children should be illegal.
- Stop smoking.

CRIME/VIOLENCE; LAW ENFORCEMENT (1.5% of respondents)

- Rape/sexual assault prevention/education/resources to help victims
- Availability of illegal drugs
- Better enforce laws about dog excrement. Owners do not clean after their dogs, and dog excrement on public sidewalks, play fields and children playgrounds present a serious health issue
- Cyber safety
- Decreased crime rates and decreased drug use resulting in crime in the community.
- Eliminate the easy access to illegal narcotics for teens. Heroin and prescription drugs are readily available in our community, more so than most people realize.
- Impossible to achieve, but stopping the flow of drugs into the UV.
- More emphasis on fighting heroin sales and use
- More enforcement of barking and nuisance dogs!!!
- More staff on Police force to enforce laws and get drugs off the streets and away from our youth!
- Remove heroin and other opiates from community
- Sex offenders should be put in jail for much longer than they are sentenced for.
- The drug (illegal) trafficking running the I91/I89 & Rt113 corridors and drug trafficking in my own town (Thetford, VT) wouldn’t exist.
- The drugs and crime in my area
- To get the drugs off the streets. Too much of this in our community!!!
PERSONAL RESPONSIBILITY/REDUCE DEPENDENCE (1.2% of all respondents)

- Accountability of those that get reduced or free health care!!!
- All teens complete a parenting class hoping to prevent teen pregnancy. There are too many grandparents that have to take the responsibility of raising their grandchild because the parent is not reliable or responsible.
- Require parenting class, drug, tobacco and alcohol abuse programs for anyone seeking state or federal assistance.
- Allowing reasonable consequences to happen for choices made without rescuing - after more community effort is made for children to realize that having children is not an answer to finding love.
- An awareness of how much time people spend on the internet/smart phones/video games that keeps them from 1) shopping for and preparing healthy food 2) exercising and 3) interacting with other people, especially parents who should be engaging with their children.
- Change the culture of those who are unemployed or underemployed. What ever it takes to stop generations of families from expecting handouts. Provide education and jobs, support services for daycare, transportation, etc. Set expectations and REWARD those who help themselves and their families. Create a treatment plan for every family and each person in the family. Many will appreciate this because they will see the value in improving their lives as well as their childrens'. Also, don't be afraid to throw a little tough love when necessary. Many folks will appreciate this kind of help; those who don't are not worth supporting with taxpayer dollars. Let's put our money on those who try or want to try. Am I ranting??
- Counseling to young pregnant unwed parents on how hard it is to raise children. And how to take care of themselves instead of expecting hand outs
- Less welfare, more work
- Make training and licensing mandatory before adults could pro-create.
- Misuse of drugs and make people work
- More people going to work instead of living off the system.
- Role our personal responsibility / self care plays in this.

DISABILITY SERVICES (0.6% of respondents)

- I would institute a program at each hospital to facilitate access to services for people with disabilities. The program would train advocates to interface with doctors and nurses and train doctors and nurses to better serve people with disabilities. There is too much lack of information and awareness and insensitivity among health practitioners toward people with disabilities. I would especially like to see training around posttraumatic stress disorder, which impacts thousands of people in our state.
- A bias against mental illness and disabilities.
- Assisted living for persons with disabilities (mental and developmental); more supportive services for people with mental illness
- Better support for those with disabilities on helping to complete paperwork, provide information on resources to help them "work through the system, and general support for dealing with their disability.
- Discrimination against people with disabilities
- Facility for folks with disabilities...a permanent place when needed
INCREASED COORDINATION/COLLABORATION (0.5% of respondents)

- Better accessibility to the services that do exist. Most of the services I could want are in my community, but only if you know where to look.
- Collaboration of businesses working together
- In home community health profession, as needed to help navigate medical needs and resources.
- More collaboration between the modern, Allopathic community and the alternative, natural healing community. That would give EVERY opportunity for wellness to every patient. Referrals in both directions would make patients more comfortable trying something new.
- Patient navigation support services for those with chronic illness

LOWER TAXES/TAX REFORM (0.5% of respondents)

- Cost of living and taxes. Then there may be money for other important issues.
- Lower taxes, would help us to better afford basic needs. Cost of heating oil/propane very high.
- Lower taxes. Not paying as much for services for other people.
- Taxes
- The state's dependence on property taxes -- it puts mental care out of reach for me, short-changes people with mental illness, substance issues, and overlooks needs of the elderly

SAFE DRIVING (0.4% of respondents)

- Better quality roads
- Less traffic/speed of traffic on Etna Rd
- Promote safe driving on our roads
- Safe driving - crack down on tailgating.

OTHER PUBLIC HEALTH / ENVIRONMENTAL HEALTH (1.3% of respondents)

- A serious public health effort targeting childhood immunizations
- Better system/support in school for children to wash hands frequently. Thus reducing the number of illnesses within the school
- More hand sanitizers that are readily available.
- Clean H2O and air
- The water quality
- Change the air, get rid of pollution
- Less pollution and littering
- More trash cans.
- People spitting every 2 seconds on everything.
- Public safety education. Fire co-exposure.
2015 COMMUNITY HEALTH NEEDS SURVEY
(COMPLETED IN FISCAL YEAR 2016)

- Public/community health outreach about basic safety practices (seat belts, car seats, helmets, emergency preparedness, etc..) and importance of managing medical issues (asthma, DM 2, heart disease, hypertension, obesity, etc..).
- Replace fossil fuels with renewable energy sources.
- We live in a great community. However, I have noticed, in the past five years, a small faction of "Sustainable Community" committee members, actually making life harder for us residents by engineering and implementing changes to our town lighting system, the roads, etc. These changes may feel good to the committee members but are unreasonable and unnecessary to those of us who are impacted by the changes. I would ask this movement to back off.

OTHER
- Extending daylight savings to all-year.
- EC Fiber or similar to homes in Hanover, but not Comcast.
- Eliminate Republicans.
- Eliminate the outside influence of Washington politicians and let locals determine what we really need.
- Fire the President.
- Everything strict zoning.
- Hanover residents sense of entitlement.
- I think this welfare survey - terribly written!
- No Fluoride in water.
- “?” (4)
- Can't pick one......
- Tough question
- No comment
- No idea
- None
- Can't think of anything
- Not sure (4)
- Nothing (3)
- Nothing really
- Unknown
- Unsure

- I am personally happy with what we have - especially having DHMC so close. My husband has been battling cancer, and DHMC has been superb. We now value DHMC and its proximity so much more than we ever did before this illness.
- I'm not sure. This community is healthier than the one I moved from. I think it's the culture of being a year round outdoor active community.
- In my opinion, I believe that this community provides an excellent community health services. Keep up the good works.
- We have a great community!
APPENDIX B – KEY STAKEHOLDER SURVEY RESULTS

ALL RESPONSE FREQUENCIES AND COMMENTS
Dear Colleague,

Alice Peck Day Memorial Hospital, Dartmouth-Hitchcock, Mt. Ascutney Hospital and Health Center, New London Hospital, and Valley Regional Hospital are partnering to conduct a comprehensive assessment of community health needs across our region of New Hampshire and Vermont.

You have been identified as an individual with valuable knowledge and opinions regarding community health needs. Please take 5-10 minutes to give us your thoughts and perceptions through this survey. Your responses will be confidential, although you will be offered an option for providing your contact information at the end of the survey.

Results from the survey and other assessment activities will help us shape our plans and build partnerships for community health improvement. We look forward to continuing our work together to maintain and improve the health of our communities.

Thank you very much for your time and assistance!

Alice Peck Day Memorial Hospital
Dartmouth-Hitchcock
Mt. Ascutney Hospital and Health Center
New London Hospital
Valley Regional Hospital
1. Community can mean different things to different people. For the purpose of this survey, please consider the community to be the geographic areas you select from the list below. Please select the areas you primarily serve or are most familiar with. (Select all that apply)

119 TOTAL RESPONDENTS from a sample of 205 key stakeholders; 58% response rate
Note: Percentages below total more than 100% since respondents could select more than one area.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Geographic Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>58.0%</td>
<td>Greater Lebanon/Hartford area</td>
</tr>
<tr>
<td>21.0%</td>
<td>Greater New London area</td>
</tr>
<tr>
<td>27.7%</td>
<td>Greater Claremont area</td>
</tr>
<tr>
<td>27.7%</td>
<td>Greater Windsor area</td>
</tr>
<tr>
<td>16.0%</td>
<td>Other service area/region</td>
</tr>
</tbody>
</table>

*Please specify:* Nearly all respondents indicating an “other” region either specified a smaller sub-region within the areas above or additional service areas beyond the areas listed above. These respondents are also included in the categories above as indicated.

NOTE: RESPONSE FREQUENCIES AND COMMENTS FOR ALL REMAINING QUESTIONS ON THE FOLLOWING PAGES ARE FROM THE ‘GREATER LEBANON/HARTFORD AREA’ RESPONDENTS ONLY; n=69
2. What do you think are the most pressing **health issues** in your community today?  
(*Choose up to 5.)*

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Health Issue</th>
</tr>
</thead>
<tbody>
<tr>
<td>53.6%</td>
<td>Access to dental health care</td>
</tr>
<tr>
<td>72.5%</td>
<td>Access to mental health care</td>
</tr>
<tr>
<td>18.8%</td>
<td>Access to primary health care</td>
</tr>
<tr>
<td>2.9%</td>
<td>Access to prenatal care</td>
</tr>
<tr>
<td>5.8%</td>
<td>Cancer</td>
</tr>
<tr>
<td>1.4%</td>
<td>Asthma</td>
</tr>
<tr>
<td>2.9%</td>
<td>COPD</td>
</tr>
<tr>
<td>31.9%</td>
<td>Access to specialty services <strong>Please specify:</strong> Drug addiction treatment and long term addiction treatment</td>
</tr>
<tr>
<td>27.5%</td>
<td>Lack of physical activity</td>
</tr>
<tr>
<td>33.3%</td>
<td>Access to enough, affordable health insurance</td>
</tr>
<tr>
<td>53.6%</td>
<td>Alcohol and drug misuse</td>
</tr>
<tr>
<td>55.1%</td>
<td>Heroin and misuse of pain medications</td>
</tr>
<tr>
<td>18.8%</td>
<td>Cost of prescription drugs</td>
</tr>
<tr>
<td>15.9%</td>
<td>Smoking/tobacco use</td>
</tr>
<tr>
<td>1.4%</td>
<td>Sexually transmitted diseases</td>
</tr>
<tr>
<td>1.4%</td>
<td>Mental illness</td>
</tr>
<tr>
<td>1.4%</td>
<td>Childhood immunizations</td>
</tr>
<tr>
<td>4.3%</td>
<td>High blood pressure/heart disease</td>
</tr>
<tr>
<td>4.3%</td>
<td>Teen pregnancy</td>
</tr>
<tr>
<td>7.2%</td>
<td>Diabetes</td>
</tr>
<tr>
<td>5.8%</td>
<td>Other <strong>Please specify:</strong> See comments below</td>
</tr>
</tbody>
</table>

Other pressing health issue comments:
- Above is for students: for adults and children it’s poor nutrition/unhealthy food, lack of physical activity; adults only it’s alcohol, tobacco and drug misuse, high blood pressure, mental illness
- Child Abuse/Neglect; Family Violence
- The need for a more qualified workforce to include properly trained Master Level Licensed Alcohol and Drug Counselors
- Transportation and lack of connectivity for virtual visits/telehealth needs
3. **What do you think are the most pressing safety issues in your community today? (Choose up to 5.)**

<table>
<thead>
<tr>
<th>Issue</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>People under the influence of alcohol or drugs</td>
<td>75.4%</td>
</tr>
<tr>
<td>Crime rate</td>
<td>5.8%</td>
</tr>
<tr>
<td>Youth crime</td>
<td>4.3%</td>
</tr>
<tr>
<td>Frail elders at home</td>
<td>46.4%</td>
</tr>
<tr>
<td>Child abuse or neglect</td>
<td>46.4%</td>
</tr>
<tr>
<td>Elder abuse</td>
<td>8.7%</td>
</tr>
<tr>
<td>Domestic violence or partner abuse</td>
<td>60.9%</td>
</tr>
<tr>
<td>Rape and sexual assault</td>
<td>23.2%</td>
</tr>
<tr>
<td>Discrimination based on race, ethnicity or sexual orientation</td>
<td>10.1%</td>
</tr>
<tr>
<td>Identity theft</td>
<td>18.8%</td>
</tr>
<tr>
<td>Being prepared for an emergency</td>
<td>23.2%</td>
</tr>
<tr>
<td>Safety at public places (parks, streets, etc.)</td>
<td>11.6%</td>
</tr>
<tr>
<td>School violence</td>
<td>2.9%</td>
</tr>
<tr>
<td>Bullying/cyber-bullying</td>
<td>44.9%</td>
</tr>
<tr>
<td>Other (Please specify): see comments below</td>
<td>5.8%</td>
</tr>
</tbody>
</table>

Other comments:
- "Invisible" poverty
- Auto accidents
- Discrimination based on age i.e. elders
- Lack of sidewalks and wide shoulders on the roads for pedestrians and bicyclists

4. **Which of the following services or resources that support a healthy community should we focus on improving? (Choose up to 5.)**

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public transportation</td>
<td>62.3%</td>
</tr>
<tr>
<td>Job opportunities</td>
<td>31.9%</td>
</tr>
<tr>
<td>Job training</td>
<td>18.8%</td>
</tr>
<tr>
<td>Adult education and learning opportunities</td>
<td>11.6%</td>
</tr>
<tr>
<td>Parenting support</td>
<td>34.8%</td>
</tr>
<tr>
<td>Affordable support</td>
<td>46.4%</td>
</tr>
<tr>
<td>Youth programs and support</td>
<td>21.7%</td>
</tr>
<tr>
<td>Education in the public schools</td>
<td>20.3%</td>
</tr>
<tr>
<td>Support for older adults</td>
<td>37.7%</td>
</tr>
<tr>
<td>Services for persons with disabilities</td>
<td>7.2%</td>
</tr>
<tr>
<td>Substance abuse recovery programs</td>
<td>56.5%</td>
</tr>
<tr>
<td>Access to affordable housing</td>
<td>58.0%</td>
</tr>
<tr>
<td>Access to healthy, affordable food</td>
<td>31.9%</td>
</tr>
<tr>
<td>Clean air and water</td>
<td>1.4%</td>
</tr>
<tr>
<td>Recreation opportunities for all ages and abilities</td>
<td>18.8%</td>
</tr>
<tr>
<td>Arts and cultural events</td>
<td>5.8%</td>
</tr>
<tr>
<td>Other (Please specify): see comments below</td>
<td>11.1%</td>
</tr>
</tbody>
</table>

Other Comments:
- Access to affordable dental care
- Affordable housing
**KEY STAKEHOLDER SURVEY**

- Assisted living options for low income elders
- Supported housing for those with mental illness
- Increased integration across socioeconomic lines; local parks
- Providing a workforce of addiction specialists who are ready, willing and able to treat co-occurring disorders (mental health/substance abuse).
- Public transportation to extend outside current routes including to Enfield, Canaan, Plainfield, West Hartford

### 5. What are the most significant barriers that keep people in the community from accessing the health care services they need? (Choose up to 5.)

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Barrier Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>34.8%</td>
<td>Local providers not available/insufficient local capacity</td>
</tr>
<tr>
<td>37.7%</td>
<td>Time limitations (long wait times, limited office hours, time off work)</td>
</tr>
<tr>
<td>66.7%</td>
<td>Inability to navigate health care system</td>
</tr>
<tr>
<td>60.9%</td>
<td>Inability to pay out of pocket expenses</td>
</tr>
<tr>
<td>31.9%</td>
<td>Lack of insurance coverage</td>
</tr>
<tr>
<td>17.4%</td>
<td>Insufficient number of providers accepting Medicaid enrollees</td>
</tr>
<tr>
<td>18.8%</td>
<td>Lack of child care</td>
</tr>
<tr>
<td>39.1%</td>
<td>Basic needs not met (food/shelter)</td>
</tr>
<tr>
<td>62.3%</td>
<td>Lack of transportation</td>
</tr>
<tr>
<td>18.8%</td>
<td>Lack of trust</td>
</tr>
<tr>
<td>1.4%</td>
<td>Language/cultural barriers</td>
</tr>
<tr>
<td>15.9%</td>
<td>Eligibility barriers</td>
</tr>
<tr>
<td>40.6%</td>
<td>Reluctance to seek out services/stigma</td>
</tr>
<tr>
<td>0.0%</td>
<td>None/no barriers</td>
</tr>
<tr>
<td>5.8%</td>
<td>Other (please specify): See comments below</td>
</tr>
</tbody>
</table>

- It’s ALL of these - can't get there without transportation- many do not realize Medicaid will assist with transportation; reluctance to seek services is also a big problem. Lastly - priorities--lack of understanding what needs health attention and/or repercussions if care not sought for certain health needs vs. other needs
- Misuse of health services i.e. using emergency departments for routine or minor illness/injury
- Not able to connect with someone that they can rely on during the off hours to help them make an appropriate decision about urgent needs without going to the emergency room.
- People are spending their discretionary income on soda, alcohol, tobacco & cell phone contracts. Medicaid reimbursement for dental services in VT is too low and Medicaid reimbursement for dental services in NH is, I believe, non-existent. APD, New London, Ascutney, and DHMC should pool their resources and start a general dental practice residency, using the RLDC as the clinical facility and DHMC to provide the didactic portion of the program.
Are there particular types of health providers, specialties or services that are needed in the community due to insufficient capacity or availability?

- **56.7%** Yes
- **1.5%** No
- **41.8%** Not Sure

2 missing responses

**6a. If YES, please describe the types of health providers, specialties or services that are needed and, if applicable, particular towns or areas of the region where they are needed.**

*Note: Responses below are from 39 survey respondents who selected “Yes” on the previous question. Some respondents noted more than one service / provider type and their comments are separated below for purposes of grouping similar responses.*

- **Affordable behavioral health providers.**
- **Mental health providers in rural areas**
- **Mental Health and inpatient for youth - general comment for all regions in VT and NH.**
- **Mental Health Care Providers are needed across the State**
- **Mental health counseling for children and adults**
- **Mental health providers in the Hartford/Lebanon area.**
- **Mental health providers, Hartford**
- **Mental health services, emergency treatment for mental health issues, Substance abuse clinicians, In-House treatment facilities especially for adolescents/teens throughout the Upper Valley and surrounding communities**
- **Mental health services, geriatric services; mostly in Claremont and Windsor areas**
- **Mental health therapists/counselors, psychiatrists adults and children who take Medicaid, supported employment**
- **Mental health treatment. Waiting list for local mental health center is too long.**
- **Mental Health**
- **More mental health services - also anything remotely local tends to have staff who are there for only short periods as they move on to "greener pastures"**
- **Mental health providers in outlying areas.**
- **Mental health services**
- **Mental Health services that are covered by insurance**
- **Psychiatry, mental health services**
- **Mental health providers, primarily care providers**

- **Addiction treatment facilities and long term treatment facilities**
- **Additional addiction treatment providers**
- **Substance Abuse Counselors and Suboxone providers are needed**
- **Medication assisted substance misuse treatment...needed all throughout New England**
• Inpatient detox facilities for individuals who suffer from substance use disorders
• Substance abuse counselor/recovery coaches groups for young parents in recover
• Substance abuse services- particularly residential, gender specific, trauma based; also need in-patient detox option
• Substance abuse/recovery-not just methadone clinics requiring daily transportation over long distances (West Lebanon or Concord)
• Substance misuse and mental health services

• As mentioned, a Dental Practice residency, GPR would help tremendously.
• Dental care, especially that which takes Medicaid
• Dentist, everywhere, Mental Health Professionals, everywhere and nurses in all settings.
• Free dental care, all communities
• Dentists that serve Medicaid populations especially children in rural areas
• Dental Health Care Providers are needed in Upper Valley
• Dental health providers accepting insurance in the Hartford/Lebanon area.
• Oral health care providers who accept Medicaid or provide pro bono services
• Oral health for adults and children
• Pediatric dental- WRJct.
• Dental practices that will take Medicaid patients (are in short supply)
• Dental services for low income people
• Dental providers in the Mascoma Valley

• Continuity with and relationship with primary care provider.
• Local community based primary care
• More general MDs, it should not take months to get a physical
• Non-emergent health care during 'off hours'
• Primary care including in home appointments Primary care physicians and pediatricians are in short supply
• Primary care physicians
• Primary Care Providers - Rural areas
• Primary care providers, holistic or functional medicine, nutritionist within medical practices, health advocates throughout the region.
• Having integrative health care available to people with fewer resources is almost non-existent

• Geriatricians
• Geriatricians, mid-level providers in geriatric care specialty, available to make home visits, affordable nurse aide services for those in low income, help for transportation to appointments for those who can't take public transportation
• Long wait times to get specialty appointments seems to be an issue in every region. Pediatric Ophthalmology, Dermatology, Dental, Neurology, Need more Gerontologists!
• Transportation for rural communities to health care providers.

• Since it is relevant to the field I am employed, I would say child care is a huge need especially for those families that work second or third shift with no family support. There are more and more single family households with no place for their children to go so who do they rely on for help? The towns that are in need of that type of service may be the Upper Valley area and even Sullivan County.

• Affordable and supportive housing, "Housing First"; Shelters (Again Plymouth, Claremont or WRJ-typically full) Families in Transition (FIT) a private non-profit in Manchester, Concord and Seacoast reports that they are willing to work with communities "but wait to be invited in and work collaboratively for funding"-and a Market Basket in the Mascoma region would be huge

7. Are there specific populations in the community that you think are not being adequately served by local health services?

- 78.3% Yes
- 0.0% No
- 18.8% Not Sure

2 missing responses

7a. If yes, which populations are underserved? (Select all that apply)

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Populations</th>
</tr>
</thead>
<tbody>
<tr>
<td>58.0%</td>
<td>Uninsured/Underinsured</td>
</tr>
<tr>
<td>63.8%</td>
<td>Low-income/Poor</td>
</tr>
<tr>
<td>0.0%</td>
<td>Hispanic/Latino</td>
</tr>
<tr>
<td>0.0%</td>
<td>Black/African-American</td>
</tr>
<tr>
<td>5.8%</td>
<td>Immigrants/Refugees</td>
</tr>
<tr>
<td>5.8%</td>
<td>Veterans</td>
</tr>
<tr>
<td>7.2%</td>
<td>Physically disabled</td>
</tr>
<tr>
<td>14.5%</td>
<td>Developmentally disabled</td>
</tr>
<tr>
<td>66.7%</td>
<td>People in need of Mental Health Care</td>
</tr>
<tr>
<td>58.0%</td>
<td>People in need of Substance Abuse Treatment</td>
</tr>
<tr>
<td>30.4%</td>
<td>Homeless</td>
</tr>
<tr>
<td>11.6%</td>
<td>Infants and Early Childhood</td>
</tr>
<tr>
<td>10.1%</td>
<td>School-aged Children/Youth</td>
</tr>
<tr>
<td>15.9%</td>
<td>Young Adults</td>
</tr>
<tr>
<td>24.6%</td>
<td>Seniors/Elderly</td>
</tr>
<tr>
<td>4.3%</td>
<td>Adult Women</td>
</tr>
<tr>
<td>4.3%</td>
<td>Adult Men</td>
</tr>
<tr>
<td>1.4%</td>
<td>None</td>
</tr>
<tr>
<td>1.4%</td>
<td>Other (please specify): see below</td>
</tr>
</tbody>
</table>

Other Comment: Infants, children and youth in families with chronic mental health impacted and substance using adults-they are emotionally, physically and mentally neglected and abused however the SSA does not have the capacity or resource to adequately respond -many children are chronically at risk.
8. In your opinion, what is being done well in the community to support good health and quality of life?

Note: Responses below are from 54 survey respondents who offered comments on this question. Some respondents noted more than concept or idea and their comments are separated below for purposes of grouping similar responses.

- Numerous healthcare organizations putting effort into community outreach and support programs including hiring care coordinators and social workers to support patients. Increasing community coalitions striving to reduce duplication of services and improve collaboration across services to prevent individuals falling through the cracks.
- APD Dental Initiative; WCBH efforts; DHMC efforts; Headrest/and the Haven efforts to serve those in need and impact the conditions that impede progress.
- Collaboration between multiple agencies.
- Communication and bringing the needs to light.
- Local community services collaborating to fill gaps in service areas.
- Lots of collaboration to address needs, innovative approaches.
- Community Care Coordinator and Community Health Teams - i.e. Mt. Ascutney and Ottauquechee Health Center. Wonderful resource, just need more time for Community Care Coordinators! They’re very effective. Similar to Parrish or Community Nurses.
- Community Health Teams, DVHA Chronic care staff, Collaborations on specific cases between health and human services.
- Community Nurse programs.
- Community providers working together as MDT's and wrapping services when they can around families.
- Every support agency has good, heartfelt intentions but the needs are greater than what is available to give.
- Some of the care coordination at DHMC; Upper Valley Smiles; Girls on the Run; Lisa Furmanski’s elder care team; Turning Point (2nd Wind Foundation); Wise's school programs; Haven food shelf and Healthy Eating; Good Neighbor and Red Logan; community and parish nursing programs; many mindfulness and related programs; many health facilities for people who can afford it; locavore food movement and farmers markets.
- Spark= a great addition AVA outreach   Headrest  Halls of Hope Mental Health Court West Central's Quality Improvement family member initiative  Lebanon Police Dept Crisis Intervention Training
- Excellent human services but often working in silos.
- Free/ low income clinic such as Red Logan. Doctor dinosaur for children. Community Dinners, food shelves.
- An increase in communication about the issues, such as this survey.
- People are talking about it (this survey, for example)
- Surveys and attempts such as this to identify needs, Presence of major medical center and medical school putting increasing emphasis on population health.
• There is wonderful collaboration among a variety of organizations that are dedicated to improving the health of lower income families, and improving the living, working, playing environment so all community members can live healthier lives.
• This community is very active in seeking solutions and providing information.
• UVIP efforts  HCC organization

• Green Mountain Care is readily available for people who need it.
• Great clinics and clinicians
• Access to high quality hospital care; abundance of local specialists
• Availability of tertiary care hospital. Senior centers offering community, meals and social service resources.
• Basic access is good.
• Local clinics, health/wellness education
• Prevention is funded and there are a lot of prevention and research programs.
• Providers we do have are high quality; senior centers
• We have an incredible array of quality health care and support services in the Upper Valley. However, many support services are under threat due to funding cuts.

• Public education in good nutrition, good dental care etc.
• Schools are excellent resources, and can be used to build community capacity
• Work with children in schools regarding nutrition and exercise
• Support through churches, senior center, community groups
• Supportive community environment
• The anti-smoking campaign seems to be catching on.
• Wellness programs at schools; senior centers and the work that they do; the Rail Trail availability; health education opportunities at DHMC...HEAL
• The local hospitals are supporting education, outreach, and funding the GNHC
• There is so much positive support in the community for good healthy and quality of life and sometimes it is just educating people on what those supports are. There is WIC, the Junction for teens, food shelves, lots of free community events for families, dental clinics, free parenting workshops, etc. There is a long list.

• Emphasis on eating locally grown foods; outdoor exercise opportunities.
• Local farmers markets for fresh local food.
• Access to public resources. Parks, recreation and healthcare providers.
• Farmer's Market; Rail trail expansion
• Good outdoor recreational opportunities, expansion of farmers' markets around the region, strong base of non-profits and advocacy groups working on (some) health-related issues, and municipalities dedicated to maintaining clean air and water.
• Good outdoor opportunities, good community action committees and spirit
• Hartford Recreation Dept. offers affordable and diverse opportunities.
• I think that all the work that the UV HEAL is doing is really starting to show. It seems like where ever you turn the implementations such as healthy menu choices are there in the
public. I think especially child care centers are paying more attention to what they are serving children and educating the families in which they serve. I like the fact that bigger organizations are going to smoke free work environments.

- In this area there are a number of good recreational activities at relatively low cost.
- Safe walking/biking trails
- Recreation departments and organizations do a lot of wellness activities although I wish more events were free to some of the public. Folks seem to be paying attention to issues of the community more based off conversations and social media. There are a lot of organizations and providers invested in the health of the community.
- Good food is accessible, reasonable access to outdoor recreation, clean air and water

- Expansion of substance abuse treatment programs
- New initiatives to screen young people for mental health and substance abuse problems. Good recreation programs in most areas.

- Having more community resources available such as urgent care centers, parks and free public transportation are great. Getting more businesses involved with educating employee as to what resources are available is happening but there needs to be more of it.
- I think that for people in the "good health" network, there is tons of information available and lots of opportunities to take advantage of. I'm just not sure that the word is reaching the people outside of that bubble. As always, one of the big challenges seems to be how to reach people.
- Lots of public programs addressing education and employment are available, but they don't reach far enough or deep enough to be effective. Lots of duplicated services with the same limitations: no transportation or childcare.
- Not enough - our focus on population health is keeping us from seeing the trees in the forest (underserved populations in needs of specific types of services). We promote an integrated, comprehensive approach but we are not delivering it because we are not committing to making the up-front investment needed.

- Hospice care, care for those with insurance, those who have advocacy through their family or themselves,

- Increased number - still not adequate - of providers willing to come to patient's home to deliver care

- Not sure
9. **If you could change one thing that you believe would contribute to better health in your community, what would you change?**

*Note: Responses below are from 58 survey respondents who offered comments on this question. Some respondents noted more than one concept or idea and their comments are separated below for purposes of grouping similar responses.*

- Access to a continuum of care for addiction treatment especially for pregnant women and their children
- Add more addiction treatment
- Fund substance abuse and mental health services in coordination with primary care and women's health services; including transitional housing for women and children;
- Funding needs to go to treatment. We have had over 321 deaths last year, in NH, due to opiate overdoses. There may be this many this year already. This does not include the thousands of people, right now, who are not in treatment or in treatment and not receiving the right care.
- Lower access to heroin and prescription drugs, get everyone into treatment programs
- more recovery groups/coaches, transportation support

- Improve access to mental health treatment
- Better free mental health services
- Reimburse adequately for mental health and substance abuse
- Increase mental health services that are affordable and able to be found by clients
- increased access to mental health services
- Mental health intervention in youth. Mental health issues are contributing to opiate use as well as other substance abuse.
- Providing more access to quality mental health services. We are fortunate to have a great community Mental Health program but they are overworked with not enough providers. Also mandatory prevention/outreach in schools on identifying and responding to child abuse.

- Address childhood/adolescent trauma
- Increased parenting skills across income/socio-economic levels. Required ongoing parenting classes, groups attached to medical and school homes. Community involvement in raising the expectations of all involved in parenting/raising children.

- Access to high quality foods
- Better nutrition
- More "training" for parents/guardians on how to provide more nutritious meals, etc with their limited income as well as encouraging physical fitness...but how do we get them to "buy In"
- Support for healthy eating that goes beyond talking about it. I would like to see affordable or free community work groups that teach how to put healthy meals on the table that kids will eat and how to do this while working full time and juggling schedules.
It seems that we should be able to take a more hands on approach to teaching rather than preaching healthy behaviors, which creating a supportive network in the community.

- For the families I work with, I would love to see a way to encourage more physical activity from/for them. I’m not sure exactly what I am picturing, but I see folks making positive changes with nutrition and not with exercise and I want to support that, but need to figure out how.
- Everyone moving - being physically active
- I would say better access to physical activity establishments, maybe something at the community centers throughout the community. As people struggle just to pay their bills, gym memberships are out of the question where if something was offered maybe once a week more people would be apt to become more active. Maybe some sort of clubs-hiking, zumba or yoga where a trained professional could donate their time to a group of people?
- More emphasis and ultimately a cultural shift that focuses on healthy activities, outdoor activities and food/nutrition education
- Take tobacco products and alcohol out of convenience stores and grocery stores. Those items would be for sale at "adult-only" stores.

- Accessible and safe locations for exercise
- Improved pedestrian pathways to connect upper valley communities.
- Engage, encourage, support more holistic, nutrition-based healthcare providers.
- Locally disseminated continuity primary care access
- Make health care actually care of health, versus care of illness. Docs would call to see how you are and set up regular visits. Insurance would pay for free or low cost health maintenance activities such as gym fees or sports equipment.
- More investment in Primary Care. Centering Health Care on the community level and not at the Referral Hospitals
- Providing "alternative"/integrative care to more people.
- More collaboration between emergency rooms and human services
- Stronger links between healthcare systems and community based providers working on a variety of health issues.

- Access to very affordable dental care including denture work
- Accessible, affordable medical and dental care.
- DHMC should, in collaboration with Harvard School of Dental Medicine, implement a dental practice residency program, using the RLDC facilities.

- Change how we pay for health care. Perhaps go to single payer system.
- Move to a single payer system
- The complexity of the health care system and reimbursement coverage makes it very challenging for even to people already familiar exposed the insurance world.
• Better coordinated support to assisting seniors to enable them to age in place
• Better funding for support services such as nutrition for seniors.
• Better support and communication between hospitals and Community Based Services like senior centers. Senior Centers provide home delivered meals and transportation from rural locations to doctor's appointments. Research shows seniors involved with senior centers have better recovery rates and less re-admissions. Communication from hospital discharge planners to senior centers should be more frequent/consistent for senior patients. Formal partnerships should be developed and grants should be available for transportation to appointments and meals at the time of hospital discharge (1 week? 2 weeks?).
• Recognizing changing demographics by expanding local and state support of elder services.

• Affordable (low-low income) supported housing
• Affordable rental housing
• More affordable housing
• Create more affordable housing and supported housing along the lines of the "Housing First" model.
• Increase access to affordable, supported housing

• Better transportation resources
• Greatly expand public transportation to rural areas
• Improve transportation by increasing hours, routes, and clarity of the schedule.
• Transportation
• Public transport to the nearest providers (closest is 8 miles from one of the schools, farther from the rest) OR one evening/night that a clinic sees residents in a school or town hall

• Better education and information as to what is available in the communities. Getting the school systems, local governments and businesses working together to improve community health. It has to be a group effort and it seems certain groups are doing more than others. Collaboration has to happen.
• Collaboration among all groups who have similar missions so as not to duplicate services that are either already in existence but might need more support to improve their outreach or to afford to hire more people to do the work. This survey makes me hopeful that perhaps that is what is happening. There are a lot of services but they are not all aware of what is already happening and if we could all try to enhance what we already have available and have the ability to work together to fund the needed services the community would be better served.
• Better partnership with schools

• Not sure, N/A (2)
10. Please indicate which of the following categories BEST represents your work or affiliation in the community. *(CHOOSE 1)*

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Health Care</td>
<td>7.2%</td>
</tr>
<tr>
<td>Medical Sub-Specialty</td>
<td>1.4%</td>
</tr>
<tr>
<td>Dental/Oral Health Care</td>
<td>1.4%</td>
</tr>
<tr>
<td>Mental/Behavioral Health</td>
<td>8.7%</td>
</tr>
<tr>
<td>Home Health Care</td>
<td>5.8%</td>
</tr>
<tr>
<td>Long Term Care</td>
<td>0.0%</td>
</tr>
<tr>
<td>Emergency Medical Service</td>
<td>1.4%</td>
</tr>
<tr>
<td>Public Safety/Fire</td>
<td>4.3%</td>
</tr>
<tr>
<td>Public Health</td>
<td>7.2%</td>
</tr>
<tr>
<td>Human Service/Social Service</td>
<td>20.3%</td>
</tr>
<tr>
<td>Faith-Based/Cultural Organization</td>
<td>0.0%</td>
</tr>
<tr>
<td>Education/Youth Services</td>
<td>13.0%</td>
</tr>
<tr>
<td>Municipal/County Government</td>
<td>8.7%</td>
</tr>
<tr>
<td>Business Sector</td>
<td>1.4%</td>
</tr>
<tr>
<td>Community Member</td>
<td>2.9%</td>
</tr>
</tbody>
</table>

**Other (specify):**
- Area Agency (DD)
- Community health nurse
- Elder care
- Hospital Admin
- Medical Administration
- Parish/Community Nurse (RN)
- Pharmacy
- Property management
- Public Transportation
- Recreation
- Senior resources, meals, transportation, and wellness
- Substance Abuse Prevention
- Volunteer

**Thank you very much for completing our survey!**
APPENDIX C – COMMUNITY DISCUSSION COMMENT DETAIL

BY QUESTION CATEGORY
### 1A - Perspectives on Health and Wellness: What comes to mind when you hear the words “health” or “wellness”?

<table>
<thead>
<tr>
<th></th>
<th>Teenage Mothers</th>
<th>Low Income Families</th>
<th>UVIP</th>
<th>Business</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Holistic Perspective, Interconnectness of Mind, Body, Spirit, Community</strong></td>
<td>Taking care of yourself. Finding resources/ways to make sure you are healthy.</td>
<td>Health = Individual Wellness = Community</td>
<td></td>
<td>&quot;You can always tell what's going on with an employee - it's the one who's always late because of child care issues, family members with substance abuse issues, etc...&quot;</td>
</tr>
<tr>
<td></td>
<td>It's important &amp; we need it.</td>
<td>Health plays off of the community - if people are unhealthy, then they cannot work and that can create a domino effect in the overall community atmosphere</td>
<td></td>
<td>Need to educate on being well &quot;financially.&quot;</td>
</tr>
<tr>
<td></td>
<td>Healthy image of yourself.</td>
<td>Mind, Body, and Spirit - if one is off balance it's going to negative affect the other elements</td>
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<tr>
<td></td>
<td>Physical, mental, social.</td>
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<tr>
<td></td>
<td>Not just working out &amp; eating, but it's overall your mental and emotional health &amp; habits.</td>
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<tr>
<td><strong>Health Behaviors</strong></td>
<td></td>
<td></td>
<td></td>
<td>Need to make decisions on a day-to-day basis - don't have the time to take care of myself, figure out where all of those resources are, etc...</td>
</tr>
<tr>
<td></td>
<td>What can I do for my health?</td>
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<td></td>
</tr>
</tbody>
</table>
1A - Perspectives on Health and Wellness: What comes to mind when you hear the words “health” or “wellness”?

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<th>Health Outcomes</th>
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<th>Business</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Absence of disease</td>
<td></td>
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<tr>
<td></td>
<td>Health is important.</td>
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<table>
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<tr>
<th>Physical Environment</th>
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</thead>
<tbody>
<tr>
<td>If the community infrastructure isn't &quot;healthy&quot; (e.g. inner city) the individuals won't be</td>
<td></td>
<td>Stress in the workplace - people aren't next to them and they don't have time to get out and take care of the things they need to</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Social and Economic Factors</th>
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</thead>
<tbody>
<tr>
<td>Relationship between health of the individual and the health of the community?</td>
<td></td>
<td>Economic/financial stress impacting overall health</td>
<td></td>
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</tr>
<tr>
<td>Access to community activities will benefit the individual</td>
<td></td>
<td>Affordability &amp; Accessibility to comprehensive health care</td>
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<tr>
<td>School can have a positive impact on kids who are not in a healthy home environment</td>
<td></td>
<td>Not being aware of how the system(s) works</td>
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<td></td>
<td></td>
<td>Don't know what they have available as resources</td>
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<tr>
<td></td>
<td></td>
<td>Employees are unaware of supplemental resources that are available (VT &amp; NH)</td>
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<tr>
<td>1A - Perspectives on Health and Wellness: What comes to mind when you hear the words “health” or “wellness”?</td>
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<td><strong>Low Income Families</strong></td>
<td><strong>UVIP</strong></td>
<td><strong>Business</strong></td>
<td></td>
</tr>
<tr>
<td>Hospital employees experiences same stresses in terms of economic instability</td>
<td></td>
<td></td>
<td>Affordability - gym memberships, health insurance - people are struggling to do anything extra. They're just getting from day-to-day.</td>
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<tr>
<td>1B - Are people in the community healthy? Contributing factors</td>
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</tr>
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<td>Holistic Perspective, Interconnectdness of Mind, Body, Spirit, Community</td>
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<td></td>
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</tr>
<tr>
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<td><strong>Low Income Families</strong></td>
<td><strong>UVIP</strong></td>
<td><strong>Business</strong></td>
<td></td>
</tr>
<tr>
<td>Close community - yes about 50/50 are healthy in the sense of physical, mental and emotional health</td>
<td>Community is healthy and striving to help people be healthy</td>
<td></td>
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</tr>
<tr>
<td>Need more efforts around expanding the understanding of mental health and well being</td>
<td></td>
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</tr>
<tr>
<td><strong>Health Behaviors</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>A lot of drug use in the area, particularly among young people</td>
<td>Eating healthy, exercising, taking care of the body</td>
<td>Employees take advantage of services provided (gym facility, incentives, etc...)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>America as a whole, it's insane with drugs.</td>
<td>A lot of addicts in this community - so no in that respects</td>
<td></td>
<td>Majority of jobs can't get away (nurses can't pop out for an 1 hour appointment) but overall employees are pretty healthy</td>
<td></td>
</tr>
</tbody>
</table>
### 1B - Are people in the community healthy? Contributing factors

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<tbody>
<tr>
<td>As a whole, few people are healthy overall. Someone may be healthy mentally &amp; socially but have high blood pressure. Someone else may be physically fit and appear healthy but have a drug problem.</td>
<td>Doing well in some areas of health and poorly in others</td>
<td>Biggest concern and area that people are asking for help in is stress reduction &amp; management</td>
<td></td>
</tr>
<tr>
<td>Most people are not <em>completely</em> healthy</td>
<td>Lots of deaths in the high school due to addiction</td>
<td></td>
<td>Two groups - one of people who are stable and then others who are always in a potential crisis state (financially, chronic health conditions, homeless).</td>
</tr>
<tr>
<td>It's all for good intentions but some people do have unhealthy lifestyles that make the system an unhealthy lifestyle</td>
<td>Upper Valley is a good mix of both healthy &amp; unhealthy populations</td>
<td>With every staff you have those who are committed to health &amp; wellness and those who are not.</td>
<td></td>
</tr>
<tr>
<td>Instead of trying to change to a healthy lifestyle they are gaming the system to work it around their unhealthy lifestyle</td>
<td></td>
<td>Tend to be healthier in the summer time with farmer's markets &amp; outdoor activities.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tend to hibernate during the winter time because of weather and economic burden of winter activities.</td>
<td></td>
</tr>
</tbody>
</table>

**Services, Programs, Facilities**
### 1B - Are people in the community healthy? Contributing factors

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<tr>
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</thead>
<tbody>
<tr>
<td>Lack of support &amp; activities provided</td>
<td>Many resources available in the community</td>
<td>Challenging people (program/services/facility coordinators) to think about benefits in terms of, &quot;is this a benefit that families who are in crisis mode can use?&quot;</td>
<td></td>
</tr>
<tr>
<td>Have the Family Place that supports mothers, and the Haven which supports the homeless</td>
<td>Physical health - there is a lot of things around the area for people to do (many resources to keep people physically active)</td>
<td></td>
<td>Need better access to mental health &amp; substance abuse services for family members.</td>
</tr>
<tr>
<td>There is not a lot for the kids who are growing up</td>
<td>Community has a lot of resources but people do not know about the resources - this is where the connection gets dropped</td>
<td></td>
<td>Most of the mental health providers in the area to do not accept insurance.</td>
</tr>
<tr>
<td>Need more opportunities for low cost sports activities. Despite scholarships being available, the application process &amp; forms are cumbersome and a barrier for many people.</td>
<td>Need more athletic facilities/community gyms - YMCA</td>
<td></td>
<td>Most people do not have the money to pay out of pocket for the weekly mental health services that they need.</td>
</tr>
</tbody>
</table>
### 1B - Are people in the community healthy? Contributing factors

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</tr>
</thead>
<tbody>
<tr>
<td>Something like the</td>
<td>Something like the &quot;Boys and Girls</td>
<td>Aquatics center is expensive</td>
<td>Lack of available mental health services leads to underlying</td>
<td>Lack of available mental health services leads to underlying conditions not being addressed,</td>
</tr>
<tr>
<td>&quot;Boys and Girls</td>
<td>Club&quot;</td>
<td></td>
<td>conditions not being addressed, missing work, etc…</td>
<td>missing work, etc…</td>
</tr>
<tr>
<td>&quot;Big Brother, Big</td>
<td>Used to have &quot;Big Brother, Big Sister&quot;</td>
<td>When you're buying groceries and just</td>
<td>Employees have a child that needs rehab but there is no space in</td>
<td>Employees have a child that needs rehab but there is no space in treatment facilities</td>
</tr>
<tr>
<td>&quot;Big Sister&quot; when</td>
<td>when growing up</td>
<td>getting by, the last thing you're going</td>
<td>treatment facilities</td>
<td></td>
</tr>
<tr>
<td>growing up</td>
<td></td>
<td>to do is pay for a gym</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Northwood has</td>
<td>Northwood has program &quot;Dream,&quot; that</td>
<td>A lot of resources &amp; hospitals for</td>
<td>Lack of efficacious health navigators - getting insurance through</td>
<td>Lack of efficacious health navigators - getting insurance through Green Mountain Care is</td>
</tr>
<tr>
<td>&quot;Dream,&quot; that</td>
<td>provides field trips for kids.</td>
<td>community support</td>
<td>Green Mountain Care is being explained in a way potential</td>
<td>being explained in a way potential recipients don't understand</td>
</tr>
<tr>
<td>employees</td>
<td></td>
<td></td>
<td>recipients don't understand</td>
<td></td>
</tr>
<tr>
<td>Chronic illness</td>
<td>Chronic illness support is important to</td>
<td>inadequate communication; missing work,</td>
<td>Insurance discussions are in a language they (employees/patients)</td>
<td></td>
</tr>
<tr>
<td>support</td>
<td>managing and caring for the illnesses</td>
<td>employees/patients don't internalize</td>
<td>don't internalize</td>
<td></td>
</tr>
<tr>
<td>Running races</td>
<td>Running races are available but there</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>are not places or things to do to help</td>
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<td></td>
<td>you</td>
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<td><strong>UVIP</strong></td>
<td><strong>Business</strong></td>
<td></td>
</tr>
<tr>
<td>Maybe there is but there isn't a lot of public awareness about it - so I'm not sure</td>
<td></td>
<td></td>
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<tr>
<td>Tai Chi by the river in White River</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Implement it in school</td>
<td></td>
<td></td>
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<tr>
<td>More sports options for kids so they don't pick the wrong options (drugs)</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Family Place has been a tremendous resource - helped me when I couldn't get food, toiletries</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>November - WIC is going to do an EBT card so it can tell you what you've used and what you still have left</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People cheat the system and buy stuff they don't need - that has to do with health in many ways, especially healthy living funds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A lot of the WIC system is not monitored well enough</td>
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</tbody>
</table>
### 1B - Are people in the community healthy? Contributing factors

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<tbody>
<tr>
<td>Needs to be more around here - things so people can have fun and keep people out of trouble.</td>
<td></td>
<td></td>
<td></td>
<td>Workers coming from all places in NH - when coordinating wellness events it's difficult to find a convenient place for all</td>
</tr>
<tr>
<td>&quot;What else can people do around here besides take drugs? Nothing.&quot;</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Social and Economic Factors</th>
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</thead>
<tbody>
<tr>
<td>Social media impacts our mental being &amp; state</td>
<td></td>
<td>Need to expand education, move towards a career or having a job</td>
<td>Socioeconomic impacts income, education, &amp; access to available resources</td>
<td></td>
</tr>
<tr>
<td>If there are people, places, programs that can help it should be publicized</td>
<td>Employment &amp; education affects health</td>
<td></td>
<td>Faculty have knowledge &amp; financial resources</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>There is a lot of stress that comes with school - cafeterias should coordinate calorie counting efforts, PE needs to be more structured and focused on individual instead of as a whole class, mental health as far as not having structured goals &amp; not knowing where I wanted to go and had no support in figuring that out</td>
<td>There are scholarships and apprenticeships in the community, but there is a gap between wealthy and those in poverty</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Anxiety about life, what to eat, where all that comes in wasn't put forth in academic career as high schooler</td>
<td></td>
<td>Employees are living from paycheck to paycheck - when they're trying to decide between a mortgage, car payment &amp; food, they're choosing food which leads to a housing crisis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Get support from the Family Place, but there needs to be more in the community.</td>
<td></td>
<td>“New Americans” are really struggling in the Upper Valley - lack of awareness &amp; access to services for this population</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If you don't have the family support you need, then you are going to go on the wrong track</td>
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1B - Are people in the community healthy? Contributing factors

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<tbody>
<tr>
<td>Family and friends need to</td>
<td>support/push those with drug problems or other health problems to maintain</td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>healthy lifestyles</td>
<td></td>
<td></td>
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<tr>
<td>Lack of transportation</td>
<td>services to get from outskirts of service area to actual facility</td>
<td></td>
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<tr>
<td>Help with children at</td>
<td>grocery stores, parks, etc...</td>
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</tbody>
</table>
**1C - What do the people you know worry about most when it comes to your health or your family's health?**

| Holistic Perspective, Interconnectedness of Mind, Body, Spirit, Community |
|---|---|---|---|
| Mental health is a big concern - it's where your motivation and your strength comes from. Without that, it doesn't push you to meet your goals or better yourself. | Not having the tools and resources to "age with dignity" | | |
| Paying attention to human dignity – that is something that I have seen missing from the system | | | |

| Health Behaviors |
|---|---|---|
| Not enough time in the day to incorporate physical activities | | More prescription drug use in recent years |
| | | Parents of teenagers should be concerned about substance misuse among youth - it's everywhere |
| | | Senior issues - alzheimer's and caregiver concerns. |
| | | Flexibility in job varies - faculty can come & go but food service staff have more rigid schedules. |

**Services, Programs, Facilities**
| 1C - What do the people you know worry about most when it comes to your health or your family’s health? |
|---------------------------------|-----------------|-----------------|-----------------|
| **Teenage Mothers**             | **Low Income Families** | **UVIP**         | **Business**     |
| Transportation is difficult to get (one person with license, one without), no public transportation | Lack of continuity in services - prescription on a Saturday night? Where is this person going to get that medication? Is there going to be someone @ home when he gets there. Can he get in his car? | Some employees are unable to afford services needed for self and/or family members (SUD treatment, nursing homes, etc...) |
| Counseling is helpful - once a week so I can be reflective and work on the things that I need to correct from the prior week | Lack of communication during discharge with therapy @ DHMC | Long term employee who is having some type of health crisis (either family member or self) and doesn’t have a strong safety net, and is stuck in a place where they don’t qualify for any services (disability, senior discounts, etc...) |
|                                | Costly to get transportation in rural areas | Group has stability in their lives but when a crisis happens or a life change happens there are not support systems in place to assist these people |
|                                | Disconnect between institutions and individuals who have cultural needs | Aging individuals with complex health issues that are staying in the home - falls on back of adult children |
### 1C - What do the people you know worry about most when it comes to your health or your family's health?

<table>
<thead>
<tr>
<th>Teenage Mothers</th>
<th>Low Income Families</th>
<th>UVIP</th>
<th>Business</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>What's going to happen when they get home?</td>
<td>Systems have not kept up with the reality of seniors aging in place and the financial/health risks that associate that lifestyle</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The moment the patient is leaving the doctor’s office, they are essentially on their own. If it’s an elderly person, their health is going to be compromised.</td>
<td></td>
</tr>
</tbody>
</table>

#### Social and Economic Factors

| Balancing physical health with busy schedules | Culture divide between Hanover & Norwich and everybody else | Youth & Teenagers - there is so much drug use & suicide rates |
| Challenges to time to help you do the things you need to do to stay healthy | Patient has to be the advocate & make a lot of decisions | Huge change in the past few years with drug use |
| Being able to reflect on what you’re stressed about and being able to talk about it with someone. | One-on-one meeting – doctor wanted her to pursue regular exercise (e.g. swimming); had to figure out gym membership expenses, potentially hazardous gym environments, transportation & burden to caregivers | Less employee substance abuse issues but more young family members dealing with this issue |
| Money is a big concern. Want to take kids to activities but cannot afford it or need to spend that money on getting to work. | Disconnect between resources that are available in the community & the expectation that was placed on the patient | Huge deductible issues - too high for patients |
| 1C - What do the people you know worry about most when it comes to your health or your family's health? |
|---|---|---|---|
| **Teenage Mothers** | **Low Income Families** | **UVIP** | **Business** |
| Money is a contributing factor to stress - coping strategies can be unhealthy |  |  | Help loans for heating & oil season are already coming in |
|  |  |  | Less worry about transportation issues - access to transportation has improved in the past few years |
|  |  |  | We have this understructure of New Americans who are vulnerable and there are gaping holes in the services available to them. |
|  |  |  | Employee didn't understand the available services so they prioritized financing mental health services over other financial commitments (mortgage, car payments, etc..) when they could have been getting free mental health services. |
## 2A - Community strengths and resources that promote health

(When you think of people, places or events in your community that promote health what comes to mind?)

<table>
<thead>
<tr>
<th>Health/Human Service Organizations</th>
<th>Teenage Mothers</th>
<th>Low Income Families</th>
<th>UVIP</th>
<th>Business</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dartmouth Hitchcock is a great resource for programs and services</td>
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<tr>
<td>Annual flu shots – bonus gift for communities; impossible to avoid getting a flu shot</td>
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<tr>
<td>Dartmouth Health Connect - practice is available to anyone that is on their health insurance; has health coaches that are in-practice that conduct a lot of outreach to their patients</td>
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<tr>
<td>DH is accessible by public transit, which is critical</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Community Service Organizations, Coalitions, Businesses, Charities</th>
<th>Teenage Mothers</th>
<th>Low Income Families</th>
<th>UVIP</th>
<th>Business</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hartford Coalition Group - promotes community engagement and activities</td>
<td></td>
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<tr>
<td>King Arther provides access to CSA for employees- can be used every day</td>
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<tr>
<td>Hartford Coalition Group had meeting at Wilder Center to discuss community-wide issues (e.g. seizures, epilepsy, alcohol, drugs) and what can be done to improve the community</td>
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<tr>
<td>Have resources available and disseminate how/where to access resources</td>
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<tr>
<td><strong>2A - Community strengths and resources that promote health</strong> (When you think of people, places or events in your community that promote health what comes to mind?)</td>
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<tr>
<td><strong>Physical Environment, Recreational Assets, Events, Programs</strong></td>
<td><strong>Teenage Mothers</strong></td>
<td><strong>Low Income Families</strong></td>
<td><strong>UVIP</strong></td>
<td><strong>Business</strong></td>
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<tr>
<td></td>
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<td></td>
<td>Farmer’s Markets give people a natural gathering place</td>
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<td></td>
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<td></td>
<td>Walking trails &amp; biking</td>
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<tr>
<td><strong>Social Groups, Informal Connections</strong></td>
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<td></td>
<td>When a family offers to share an evening meal, the people who come to these community events you create a network of care</td>
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<td></td>
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<td></td>
<td>Once a month, seniors get together for a senior luncheon. A lot of interaction. Have a paid community resource person in the community</td>
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</tr>
<tr>
<td><strong>Other Assets, Strategies, Initiatives</strong></td>
<td></td>
<td></td>
<td>Free bus service (should expand operation time and frequency)</td>
<td></td>
</tr>
<tr>
<td>2B - Barriers in the community to promoting good health</td>
<td>Teenage Mothers</td>
<td>Low Income Families</td>
<td>UVIP</td>
<td>Business</td>
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<td>---------------------------------------------------------</td>
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</tr>
<tr>
<td><strong>Organizational/Service Barriers and Needs</strong></td>
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<tr>
<td>Child care supports - some appointments and counseling</td>
<td>Child care supports - some appointments and counseling sessions children shouldn't be with the parent for</td>
<td>Lack of transportation services available to seniors for access to medical centers Social workers (Genesis, DH), ministers, doctor all struggled to find transportation options</td>
<td>&quot;My family doesn't use services&quot; mentality/pride.</td>
<td></td>
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<tr>
<td>sessions children shouldn't be with the parent for</td>
<td></td>
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<tr>
<td>Cost of healthcare and going to the doctor - copays</td>
<td>Cost of healthcare and going to the doctor - copays</td>
<td>Patient experiencing hip pain (was a nurse, knew how to access services); tried to connect with physician through &quot;My DH&quot; but did not receive a response</td>
<td>Locals will not go to local food bank because community will see their car outside; need referrals to services outside of the community for sense of anonymity</td>
<td></td>
</tr>
<tr>
<td>If you're working, can't get to hospital during 9-5</td>
<td>If you're working, can't get to hospital during 9-5 hours and are forced to go to the ER, which is more expensive</td>
<td>Discharge planner at Genesis did not speak with adult children, did not communicate plan (access to prescriptions, future follow-up appointments, was the assisted living facility prepared to provide care to disability? Special equipment?)</td>
<td></td>
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<tr>
<td>hours and are forced to go to the ER, which is more</td>
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<tr>
<td>expensive</td>
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</tbody>
</table>
### 2B - Barriers in the community to promoting good health

(What is happening in your community that gets in the way of or undermines good health?)

<table>
<thead>
<tr>
<th>Teenage Mothers</th>
<th>Low Income Families</th>
<th>UVIP</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Lack of communication between regional hospitals (APD &amp; DHMC) with regards to patient care</td>
<td>One doctor’s opinion on procedure and treatment/ variations in practice can be a barrier for receiving the needed care</td>
<td>For patients who are not familiar with health care protocol &amp; care continuum, this type of discharge would have left them helpless</td>
<td>Some forethought &amp; anticipation for what’s going to happen next – but it’s not comprehensive enough</td>
</tr>
<tr>
<td>Aging Resource Center – “That’s for my boss, that’s not for me.”</td>
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<tr>
<td>There’s an assumption that people can use the technology without issue (MyDH required a lot of IT assistance)</td>
<td></td>
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<tr>
<td>One-on-one meeting – doctor wanted her to pursue regular exercise (e.g. swimming); had to figure out gym membership expenses, potentially hazardous gym environments, transportation &amp; burden to caregivers</td>
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</table>
### 2B - Barriers in the community to promoting good health
(What is happening in your community that gets in the way of or undermines good health?)

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</thead>
<tbody>
<tr>
<td>Environment at DHMC can make feel people out-of-place</td>
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<tr>
<td>Quality of hospital care can depend on the day, employees there, etc...</td>
<td></td>
<td></td>
<td>Disconnect between institutions and individuals who have cultural needs</td>
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</tr>
<tr>
<td>Dealt with mental illness for entire life - often times is not taken seriously because it's not a physical injury</td>
<td></td>
<td></td>
<td>Disconnect between resources that are available in the community &amp; the expectation that was placed on the patient</td>
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</tr>
<tr>
<td>Has to be an emergency to go to the hospital for a mental illness related event</td>
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<td></td>
<td>Community education – it’s a two way street (e.g. 90 year old who has never asked for help won't suddenly change)</td>
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</tr>
<tr>
<td>Lack of empathy or understanding for substance use disorders or mental health care</td>
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<tr>
<td>Past addiction issues influences the care given by providers</td>
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</tbody>
</table>
### 2B - Barriers in the community to promoting good health

*(What is happening in your community that gets in the way of or undermines good health?)*

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<th>Low Income Families</th>
<th>UVIP</th>
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</tr>
</thead>
<tbody>
<tr>
<td>History of addiction</td>
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<tr>
<td>to alcohol and that</td>
<td>influences the way that pain relief is provided by health care providers</td>
<td></td>
<td></td>
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<tr>
<td>Social and Economic</td>
<td></td>
<td></td>
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<tr>
<td>Factors</td>
<td>Bus system is great but it's tricky - Have to wait for the bus for a couple of</td>
<td></td>
<td>Costly to get transportation in rural areas</td>
<td></td>
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<tr>
<td></td>
<td>hours, consumes a lot of time from the day</td>
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<tr>
<td></td>
<td>Would pay for the bus if it could increase frequency and service hours</td>
<td></td>
<td>Disconnect between institutions and individuals who have cultural needs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Experience based on what class you're coming from and the injury status,</td>
<td></td>
<td>Disconnect between resources that are available in the community &amp; the expectation that was placed on the patient</td>
<td></td>
</tr>
<tr>
<td></td>
<td>treated as inferior by health professionals</td>
<td></td>
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</tbody>
</table>
2B - Barriers in the community to promoting good health (What is happening in your community that gets in the way of or undermines good health?)

<table>
<thead>
<tr>
<th>Teenage Mothers</th>
<th>Low Income Families</th>
<th>UVIP</th>
<th>Business</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Makes you feel unwelcome and dissuades you from going to a hospital in the future</td>
<td>Culture divide between Hanover &amp; Norwich and everybody else</td>
<td>We, as a community including the hospital, need to be invested in the next step.</td>
</tr>
<tr>
<td>2C - Awareness of programs or activities that have focused on recent priority areas</td>
<td></td>
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<tr>
<td>-----------------------------------------------------------------</td>
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</tr>
<tr>
<td>Teenage Mothers</td>
<td>Low Income Families</td>
<td>UVIP</td>
<td>Business</td>
</tr>
<tr>
<td>Tobacco, Alcohol and Drug Use</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Suboxone clinic in the area has been helpful</td>
<td>Substance Misuse issues - the source of how that's happening has changed</td>
<td></td>
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</tr>
<tr>
<td>Overall, not a lot of improvement in access to services for addiction</td>
<td>Providers are more aware of over-prescribed medications but users are finding new substances</td>
<td></td>
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<tr>
<td>Smoking cessation services - provided at Family Place - but they stopped abruptly and didn't know what to do after</td>
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</tr>
<tr>
<td>One-on-one services were helpful to discuss personal triggers</td>
<td></td>
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</tr>
<tr>
<td>Mental health &amp; access to mental health services</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Second Growth has a weekly women's group available for counseling.</td>
<td></td>
<td>Resources are available but they are not being maximized in their utility, so we create more resources, which is perhaps a detriment</td>
<td></td>
</tr>
</tbody>
</table>
### 2C - Awareness of programs or activities that have focused on recent priority areas

<table>
<thead>
<tr>
<th></th>
<th>Teenage Mothers</th>
<th>Low Income Families</th>
<th>UVIP</th>
<th>Business</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to services is limited - waiting lists, uninformed on available services, etc...</td>
<td></td>
<td></td>
<td></td>
<td>Many resources are only available from 8-5, when are people working? You can be put on hold for 45 minutes only to speak with a person who may not have the answer</td>
</tr>
<tr>
<td>Access to services is limited - waiting lists, uninformed on available services, etc...</td>
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</tr>
<tr>
<td>Second Growth was a great resource, but it was only for women, didn't have a men's group</td>
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</tbody>
</table>

#### Nutrition and physical activity

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<tr>
<th></th>
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<th>Local produce &amp; the Farmer's Market - like being able to easily access fruits &amp; vegetables on their way to the parking lot</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Community dinners being utilized</td>
</tr>
</tbody>
</table>

#### Primary Care & Oral health

|                         |          |            |            | |
|-------------------------|----------|-----------|-----------| |
| 2C - Awareness of programs or activities that have focused on recent priority areas |
|----------------------------------|---------------------------------|-----------------|-----------------|
| **Teenage Mothers**             | **Low Income Families**         | **UVIP**        | **Business**    |
| Had to travel 2+ hours to have  | There could be but there is a  | School-based    | "More services  |
| wisdom teeth removed; wait 6    | disconnect of awareness on     | dental health   | available to help |
| months                          | resources and programs available| clinics through | patients navigate |
|                                 |                                 | WIC programs    | their chronic    |
|                                 |                                 |                 | conditions - not |
|                                 |                                 |                 | necessarily      |
|                                 |                                 |                 | efforts with a   |
|                                 |                                 |                 | billing code     |
|                                 |                                 |                 | but the         |
|                                 |                                 |                 | lifestyles       |
|                                 |                                 |                 | changes and      |
|                                 |                                 |                 | little things    |
|                                 |                                 |                 | that can help    |
|                                 |                                 |                 | keep their       |
|                                 |                                 |                 | conditions in    |
|                                 |                                 |                 | check."         |
| Would be nice to have oral      | Often only learn of resources   | Community based |                                 |
| surgeon in the area             | when you are in need or know    | dental hygienist|                                 |
|                                 | someone                         | (screenings,     |                                 |
|                                 |                                 | varnishes,       |                                 |
|                                 |                                 | treatments)      |                                 |
|                                 |                                 |                 |                                 |
|                                 | Unaware of any improvements     |                 |                                 |
|                                 | made for increasing access to   |                 |                                 |
|                                 | dental services                  |                 |                                 |
|                                 |                                 |                 |                                 |
|                                 | Insurance prices have sky       |                 |                                 |
|                                 | rocketed - now have to pay      |                 |                                 |
|                                 | out of pocket for prescriptions  |                 |                                 |
|                                 | Programs are available but often|                 |                                 |
|                                 | times don't qualify             |                 |                                 |
|                                 | Prescriptions are cheaper       |                 |                                 |
|                                 | (could be a product of new      |                 |                                 |
|                                 | insurance)                      |                 |                                 |

**Transportation & income challenges**

"Working Bridges" - addresses the group of people who come from generational poverty and explain the services available to them.
| 2C - Awareness of programs or activities that have focused on recent priority areas |
|----------------------------------------|-----------------|-----------------|------------------|
|                                        | Teenage Mothers | Low Income Families | UVIP | Business |
|                                        |                 |                  |      |          |
|                                        |                 |                  |      | Working Bridges also assists people who previously had been stable and experience a life change or crisis & make them aware of the services available to them |
|                                        |                 |                  |      | Information for available social services has moved into the world of technology - most of the people who need these services cannot access or navigate the necessary technology |
|                                        |                 |                  |      | More people are using public transportation in the past few years |
### 3A - Most important issues for the community to address to improve health (supplemental comments to priority/ranking list)

<table>
<thead>
<tr>
<th>Alcohol/ Drug Misuse</th>
<th>Teenage Mothers</th>
<th>Low Income Families</th>
<th>UVIP</th>
<th>Business</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol &amp; drug abuse services - lots of drug issues</td>
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<tr>
<td>White River Junction has intersection of highway traffic &amp; drug trade</td>
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<tr>
<td>Lots of folks struggle with alcohol and drug abuse.</td>
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<tr>
<td>Motivation is lacked &amp; money is drained by substance misuse habits.</td>
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<tr>
<td>Get rid of prescription drugs or more intensive drug monitoring.</td>
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<tr>
<td>Some doctors are very aware of prescription drug misuse and monitor it closely.</td>
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<tr>
<td>Used to just smoke pot, then they moved to pills &amp; now the laced heroin.</td>
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<tr>
<td>Family members and friends who have been affected.</td>
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</tbody>
</table>

**Improved Care Coordination and Community Supports**
<table>
<thead>
<tr>
<th>3A - Most important issues for the community to address to improve health (supplemental comments to priority/ranking list)</th>
<th>Teenage Mothers</th>
<th>Low Income Families</th>
<th>UVIP</th>
<th>Business</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anticipatory &amp; comprehensive pre-planning (upon check-in, patients are given an assessment)</td>
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<tr>
<td>A wraparound, comprehensive system of communication when an individual is going home, he or she can be asked, “is there a nurse in your community? Is there someone that you will connect with in your community? Not just your family.”</td>
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<tr>
<td>&quot;It’s not good enough to say, “I’m going to help you transition, and if you want to learn about this go to the aging resource center.”</td>
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</tbody>
</table>

**Social and Economic Factors; Fragile Families, Family Stress**

Family stress is a pressing issue - we know what we’re taught; knowing that parents are teaching their kids are healthy lifestyle.

**Access to Mental Health**

"It’s not just that they can’t afford it; there is some real intimidation going on by landlords as to what repairs you can/can’t ask for."
### 3A - Most important issues for the community to address to improve health (supplemental comments to priority/ranking list)

<table>
<thead>
<tr>
<th>Teenage Mothers</th>
<th>Low Income Families</th>
<th>UVIP</th>
<th>Business</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education and income poverty - if community was more structured &amp; there was educational reform it could lower some of the drug, alcohol &amp; other health issues</td>
<td></td>
<td></td>
<td>Community has experienced substance abuse &amp; suicide</td>
</tr>
<tr>
<td>Mandatory to have after-school activities (can be of their choosing)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&quot;Lots of these things are connected and one thing leads to another. Domestic violence and crime can be linked to alcohol and drug abuse. If you work a really crappy job then you might be in poverty and it’s tough to find affordable housing&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education is seen as optional and not a privilege anymore.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employment is the biggest thing now - you have to have that income coming in to support your family or else you’re on welfare.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teenage Mothers</td>
<td>Low Income Families</td>
<td>UVIP</td>
<td>Business</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Employers are not offering full time jobs, it's part-time and low end payment makes it difficult to make ends-meet</td>
<td></td>
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<tr>
<td>Low income housing is scarce</td>
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<tr>
<td>3C - What health and human service organizations could be doing to better support or help improve health in the priority areas</td>
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<tr>
<td>---------------------------------------------------------------</td>
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<tr>
<td><strong>Improve Communication and Coordination</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teenage Mothers</td>
<td>Low Income Families</td>
<td>UVIP</td>
<td>Business</td>
</tr>
<tr>
<td>Having a good relationship with your doctor - I can tell my doctor cares and takes me seriously</td>
<td>Implement team approach to mental health &amp; substance use disorder patient care</td>
<td>Make discharge plan &amp; resources available through telehealth</td>
<td></td>
</tr>
<tr>
<td>Miscommunication with health care systems (waiting times, inaccurate weight measurement)</td>
<td>Increase and improve communication between providers</td>
<td>Discharge planners knew the client ahead of time; most of the time do not know who the patient is, where they’re from, not just on the day that they are being discharged</td>
<td></td>
</tr>
<tr>
<td>&quot;Old ways&quot; need to start coming back in to play - when people knew their doctors personally</td>
<td></td>
<td>Community resource for helpline</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Information desk at DHMC – positive addition to the lobby</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Checklist fidelity – are there checklists of what should be available to every patient in orthopedics? Is this given to the patients?</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hub &amp; spoke model – information flow back and forth from patients/community to providers/hospital systems</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Collective communication and coordinated action that is really simple for the patient</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Make discharge plan &amp; resources available through telehealth</td>
<td></td>
</tr>
<tr>
<td><strong>Increase Awareness of Available Resources</strong></td>
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</tr>
</tbody>
</table>
### 3C - What health and human service organizations could be doing to better support or help improve health in the priority areas

<table>
<thead>
<tr>
<th>Teenage Mothers</th>
<th>Low Income Families</th>
<th>UVIP</th>
<th>Business</th>
</tr>
</thead>
<tbody>
<tr>
<td>Make programs that are available really obvious</td>
<td></td>
<td>Transportation: upper valley senior center provides transportation (limited 8:30-3:00); on a donation basis - folks do not know about this resource</td>
<td></td>
</tr>
</tbody>
</table>

**Improve Services and Supports**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Hub &amp; spoke model – information flow back and forth from patients/community to providers/hospital systems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shorten waits for care - was in a lot of pain and had to wait for a long time to see someone</td>
<td></td>
<td>A wraparound, comprehensive system of communication when an individual is going home, he or she can be asked, “is there a nurse in your community? Is there someone that you will connect with in your community? Not just your family.”</td>
</tr>
<tr>
<td>More doctors can help shorten waits for care</td>
<td></td>
<td>Full Circle America – telehealth program in Maine; technologies that are not invasive but provide a layer of security &amp; protection</td>
</tr>
<tr>
<td>Services are not timely, not paid attention to</td>
<td></td>
<td>Facilitation of helping seniors stay in their community</td>
</tr>
</tbody>
</table>

**Social, Cultural, Economic Changes**

| | Coordinate volunteer efforts & fundraisers to pay for new services (benefits are two-fold: money and community engagement) | |
|-----------------|------------------------------------------------------------------|
APPENDIX D – EXISTING COMMUNITY HEALTH RESOURCES
AND FACILITIES
# Appendix D: Upper Valley Area Resource Guide

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HEALTH NEEDS

ADDITION

Consumer's Guide to Substance Use Treatment
http://www.uvalltogether.org/resources/
Lists additional providers and resources for those seeking substance abuse treatment

Upper Valley Mental Health Resource Guide
http://www.uvmentalhealth.org

NEW HAMPSHIRE

New Hampshire Alcohol and Drug Treatment Locater
http://nhtreatment.org/

Dartmouth-Hitchcock Medical Center Addiction Treatment Program
Rivermill Complex. Suite 3-B1
Lebanon, NH 03766
(603) 653-1860 M-F, 8-5
(800) 556-6249 24 hours, 7 days a week

Headrest
http://www.headrest.org/
14 Church Street
Lebanon, NH 03766
(603) 448-4400
Emergency (800) 639-6095 or (800) 784-7433

West Central Behavioral Health
http://www.wcbh.org/home.php?msg=RS
Dartmouth-Hitchcock Counseling Center of Lebanon
20 W. Park Street, Suite 416
Lebanon, NH 03766
(603) 448-1101
Emergency (800) 556-6249

VERMONT

Vermont Department of Health
Healthcare and Rehabilitation Services of Southeastern Vermont
49 School Street
P.O. Box 709
Hartford, VT 05047
(802) 295-3031
Emergency (800) 622-4235
First Stop for Children’s Services: (855) 220-9430

Second Growth
http://www.secondgrowth.org
205 Billings Farm Rd., Building 1
White River Junction, VT 05001
(802) 295-9800

Upper Valley Turning Point
http://www.secondwindfound.org/upper-valley-turning-point
200 Olcott Dr
Hartford, VT 05001
(802) 295-5206

AGING RESOURCES

NEW HAMPSHIRE

ServiceLink
http://www.servicelink.nh.gov/
(866) 634-9412

Dartmouth Hitchcock Aging Resource Center
http://www.dartmouth-hitchcock.org/aging_resource_center.html
46 Centerra Parkway, 2nd Floor, Lebanon, NH
(603) 653-3460

Grafton County Senior Citizens Council
http://www.gcscc.org/
10 Campbell Street
PO Box 433
Lebanon, NH 03766
(603) 448-4897
VERMONT

Senior Solutions
http://www.seniorsolutionsvt.org/
38 Pleasant Street
Springfield, VT 05156
1 (800) 642-5119

SASH (Support And Services at Home)
http://www.sashvt.org/
(802) 863-2224

DENTAL CARE

NEW HAMPSHIRE

New Hampshire Department of Health and Human Services
NH Smiles Program

VERMONT

Vermont State Dental Clinic
70 North Main St, White River Junction
(802) 296-5598

Red Logan Dental Clinic
http://www.goodneighborhealthclinic.org
70 North Main Street
White River Junction, VT 05001
(802) 295-7573

EMERGENCY MEDICAL CARE

Alice Peck Day Memorial Hospital
http://www.alicepeckday.org/
10 Alice Peck Day Drive, Lebanon, NH 03766
(603) 448-3121
Dartmouth Hitchcock Medical Center
http://www.dartmouth-hitchcock.org/
One Medical Center Drive
Lebanon, NH 03756
(603) 650-5000

Dial 911 to connect to your local Fire, EMS or FAST squad for emergency assistance

MENTAL HEALTH CARE

Upper Valley Mental Health Resource Guide
http://www.uvmentalhealth.org

NEW HAMPSHIRE

Dartmouth Hitchcock Psychiatric Associates
One Medical Center Drive
Lebanon, NH 03756
(603) 650-7075
Emergency (800) 556-6249

National Alliance on Mental Illness – New Hampshire
http://www.naminh.org/
1 (800) 242-6264

West Central Behavioral Health
http://www.wcbh.org/home.php?msg=RS
Dartmouth-Hitchcock Counseling Center of Lebanon
20 W. Park Street, Suite 416
Lebanon, NH 03766
(603) 448-1101 (Lebanon Children's counseling)
(603) 448-0126 (Main Office)
(603) 448-5610 (Counseling & Recovery Center Adults)

VERMONT

Healthcare and Rehabilitation Services of Southeastern Vermont
49 School Street
P.O. Box 709
Hartford, VT 05047
(802) 295-3031
Emergency (800) 622-4235.
First Stop for Children’s Services: (855) 220-9430

Clara Martin Center
http://www.claramartin.org
11 North Main Street
Randolph, VT 05060
(802) 728-4466
Emergency (800) 639-6360
National Alliance on Mental Illness – VT
http://namivt.org/
(802) 876-7949

PRESCRIPTION ASSISTANCE

GoodRx
https://www.goodrx.com/
Helps patients locate discount pharmacy programs

NeedyMed
http://www.needymeds.org/
Helps patients locate and apply for drug company prescription assistance programs

Rx Assist
http://www.rxassist.org/patients
Helps patients locate and apply for drug company prescription assistance programs

If you have a primary care doctor, ask them for assistance finding affordable medications or medication coverage plans.

NEW HAMPSHIRE

Foundation for Healthy Communities
Medication Bridge Program
(603) 415-4297

Alice Peck Day Memorial Hospital
http://www.alicepeckday.org/about/community/health/
Prescription Assistance- Call your APD provider for assistance
(603) 448-3122

Dartmouth Hitchcock Medical Center Medication Assistance Program
(603) 650-5400
VERMONT

Vermont Department for Children and Families
Healthy Vermonters and VPharm
http://dcf.vermont.gov/benefits/prescription
1-(800)-250-8427

Good Neighbor Health Clinics
http://www.goodneighborhealthclinic.org/index.html
70 North Main Street
White River Junction, VT 05001
(802)-295-1868
Helps patients apply for drug company assistance programs and provides some medication vouchers

PRIMARY CARE

NEW HAMPSHIRE

Dartmouth Hitchcock Primary Care
Find a Provider (800) 653-0776

Robert A. Mesropian Center for Community Care at Alice Peck Day Hospital
Find a Provider http://www.alicepeckday.org/providers/find_a_provider/
(603) 448 3122

VERMONT

Vermont Medicaid Provider Lookup
http://www.vtmedicaid.com/secure/providerLookUp.do
1 (800) 250-8427

Good Neighbor Health Clinics
http://www.goodneighborhealthclinic.org/index.html
70 North Main Street
White River Junction, VT 05001
(802)-295-1868
Provides free care for low income and uninsured individuals in their service area
Little Rivers Health Care  
146 Mill St.  
Bradford, VT  
(802) 222-4637  
Provides free or reduced cost care for low income and uninsured individuals in their service area

## SPECIAL NEEDS SERVICES

### NEW HAMPSHIRE

Pathways of the River Valley  
[http://www.pathwaysnh.org](http://www.pathwaysnh.org)  
654 Main Street  
Claremont, NH 03743  
(603) 542-8706

Special Needs Support Center  
12 Flynn St.  
Lebanon, NH 03766  
(603) 448-6311  
Provides links to many other local resources at  

### VERMONT

Healthcare and Rehabilitation Services of Southeastern Vermont  
49 School Street  
P.O. Box 709  
Hartford, VT 05047  
(802) 295-3031  
Provides home services, employment assistances and other supports for individuals with developmental disabilities

Lincoln Street, Inc.  
[http://www.lincolnstreeetinc.org](http://www.lincolnstreeetinc.org)  
374 River Street  
Springfield, Vermont 05156  
(802) 886-1833
NEW HAMPSHIRE

Listen Community Services  
http://www.listencommunityservices.org/  
60 Hanover Street  
Lebanon, NH 03766  
(603) 448-4553

Office of Care Management  
Dartmouth Hitchcock Medical Center  
http://www.dartmouth-hitchcock.org/supportive-services/care_coordination.html  
(603) 650-5789

Women’s Information Service of the Upper Valley  
http://www.wiseuv.org  
38 Bank Street  
Lebanon, NH 03766  
Offices: (603) 448-5922, Hotline: 866-348-WISE  
Crisis support and advocacy for survivors of domestic abuse, sexual assault and stalking

VERMONT

Southeastern Vermont Community Action  
http://www.sevca.org/family-services/crisis-resolution  
220 Holiday drive, Suite 30  
White River Junction, VT 05001  
(802) 295-5215

07 Park Street, Suite 2  
Springfield, VT 05156  
(802) 885-6153

Upper Valley Haven  
https://uppervalleyhaven.org/  
712 Hartford Ave  
White River Junction, VT 05001  
(802) 295-6500
FINANCIAL ASSISTANCE

NEW HAMPSHIRE

Tri County Community Action Program
http://www.tccap.org/
(800) 552-4617

Listen Community Services
http://www.listencommunityservices.org/
60 Hanover Street
Lebanon, NH 03766
(603) 448-4553

Southwestern Community Services
http://www.scshelps.org
96-102 Main Street
PO Box 1338
Claremont, NH 03743
(603) 542-9528

Upper Valley Town Welfare Officers
Contact information can be found at: http://www.dartmouth-hitchcock.org/supportive-services/financial_assistance_upper_valley.html

VERMONT

Department for Children and Families
Economic Services Division
http://dcf.vermont.gov/benefits
Hartford District Office
118 Prospect Street, White River Junction, VT 05001
(802) 295-8820

Capstone Community Action
http://www.capstonevt.org
(802) 479-1053

South Eastern Vermont Community Action
www.sevca.org
(802) 722-4575
FOOD SERVICES

NEW HAMPSHIRE

Community Action Program Belknap-Merrimack Counties (Includes Grafton County)
http://www.bm-cap.org/wic.htm
2 Industrial Park Drive
Concord, NH 03302
(603) 225-2050
Provides WIC and CSFP programs

Southwestern Community Services (Includes Sullivan County)
http://www.scshelps.org/wic.htm
PO Box 603, 63 Community Way
Keene, NH 03431
(603) 352-7512
Provides WIC and CSFP programs

Grafton County Senior Citizens Council
http://www.gcscc.org/
10 Campbell Street
PO Box 433
Lebanon, NH 03766
(603) 448-4897
Provides information about various congregate meals for seniors throughout the week, and about Meals on Wheels Programs

VERMONT

Vermont Department of Health
http://dcf.vermont.gov/benefits
Hartford District Office
118 Prospect Street, White River Junction, VT 05001
(802) 295-8820
Provides WIC and CSFP programs

Listen Community Services
http://www.listencommunityservices.org/
Community Dinner Hall
42 Maple Street
White River Junction, VT 05001
(603) 448-4553
Provides daily congregate meals

Upper Valley Haven
https://uppervalleyhaven.org/
712 Hartford Ave
White River Junction, VT 05001
(802) 295-6500
Provides daily congregate meals, food shelf, and nutrition services

LEGAL SERVICES

NEW HAMPSHIRE

Legal Advice and Referral Center
http://www.larcnh.org/
15 Green Street
Concord, NH 03301
(800) 639-5290

New Hampshire Legal Assistance
http://www.nhla.org
24 Opera House Square, Suite 206
Claremont, NH 03743
(800) 562-3994

VERMONT

Vermont Legal Aid
http://www.vtlegalaid.org
56 Main Street, Suite 301
Springfield, VT 05156
(802) 885-5181

Disability Rights Vermont
http://www.disabilityrightsvt.org
1 Scale Ave., Suite 23
Howe Center, Bldg. 14
Rutland, VT 05701
(802) 773-3944
Provides a variety of legal services for crime victims, aging, disabled, and mentally ill persons, among other programs

PARENTING RESOURCES

Child Care Centers located in the Upper Valley
Planned Parenthood
https://www.plannedparenthood.org

136 Pleasant St
Claremont, NH 03743
(603) 542-4568

79 South Main Street
White River Junction, VT 05001
(802) 281-6056

NEW HAMPSHIRE

Good Beginnings of the Upper Valley
http://www.gbuv.org/
PO Box 5054
West Lebanon, NH 03784
(603) 298-9524

TLC Family Resource Center
http://www.tlcfamilyrc.org
109 Pleasant St. PO Box 1098
Claremont, NH 03743
(603) 542-1848

VERMONT

The Family Place
http://www.familyplacevt.org/
319 US Rte 5 South
Norwich, Vermont 05055
(802) 649-3268

PHYSICAL ACTIVITY RESOURCES

Arts, Sports and More - Upper Valley Resources
http://tinyurl.com/arts-sports-more
Provides parks and recreation information, sports and athletics activities, and community engagement opportunities

CCBA (Lebanon Recreation Center)
http://www.joinccba.org/

Witherell Recreation Center
Pool/Fitness Center
1 Taylor Street
Lebanon, NH
(603) 448-6477

Carter Community Building
Youth Drop-In Center/ Preschool
1 Campbell Street
Lebanon, NH
(603) 448-3055

Grafton County Senior Citizens Council
http://www.gcscc.org/
10 Campbell Street
PO Box 433
Lebanon, NH 03766
(603) 448-4897
Provides information about various recreational opportunities for older adults, including falls prevention programs

Upper Valley Aquatic Center
http://uvacswim.org
PO Box 1198
White River Junction, VT 05001
(802) 296-2850

Upper Valley Trails Alliance
http://www.uvtrails.org/
PO Box 1215
Norwich, VT 05501
(802) 649-9075

TRANSPORTATION

View NH and VT ride services at: http://www.dartmouth-hitchcock.org/supportive-services/transportation.html

Advanced Transit
http://www.advancetransit.com/
(800) 571-9779
Grafton County Senior Citizens Council
http://www.gcscc.org/
10 Campbell Street
PO Box 433
Lebanon, NH 03766
(603) 448-4897
Provides scheduled transportation for seniors

Stagecoach
http://www.stagecoach-rides.org/
(802) 728-3773
Provides scheduled transportation for seniors

SHELTER

NEW HAMPSHIRE

New Hampshire Helpline
(800) 852-3388
24/7 October – April, 8:30 am – 8:30 pm April – October. Connects the caller to local shelter coordinators

Listen Community Services
http://www.listencommunityservices.org/
60 Hanover Street
Lebanon, NH 03766
(603) 448-4553
Provides rent, fuel payment assistance, and loans for housing

Southwestern Community Services
http://www.scshelps.org/homeless.htm
(603) 542-3160

Tri County CAP Homeless Programs
http://www.tccap.org/
(603) 443-6150, after hours and on weekends call: Headrest at (603) 448-4400

VERMONT

United Ways of Vermont 211
http://www.vermont211.org/
Dial 2-1-1
Upper Valley Haven
https://uppervalleyhaven.org/
712 Hartford Ave
White River Junction, VT 05001
(802) 295-6500
Provides supportive housing for adults and families in transition as well as temporary, seasonal sheltering

Springfield Family Center
(802) 885-3646

OTHER RESOURCES

DailyUV
https://dailyuv.com/
Provides listing of physical activity and social engagement opportunities in the Upper Valley

Valley News Calendar
http://calendar.vnews.com/
Provides listing of physical activity and social engagement opportunities in the Upper Valley