

APPENDIX A

About the Community Health Needs Assessment

Has a Community Health Needs Assessment Report Been Adopted in the Previous Three Years?

1. The current Community Health Needs Assessment (CHNA) will be reviewed by the Mt Ascutney Hospital and Health Center Board of Trustees on December 3, 2018. The current document is a copy of our CHNA, and proof of Board Approval will be made available in the administrative/switchboard area of the hospital.
2. This CHNA and the two previous CHNA's are posted at <http://www.mtascutneyhospital.org>
3. Printed copies of this CHNA are available at the office of The Dir. of Community Health.
4. The Community Health Needs Assessment was widely distributed electronically throughout the community and presented at public forums to include the Community Health Committee October 16, 2018, the Windsor HSA Community Collaborative meeting October 17, 2018, the Windsor PATCH meeting November 8, 2018, Woodstock Health and Wellness Network, Community Health Needs Assessment Summit in January 2019, the Windsor Area Community Partnership Summit in December 2018, and multiple other community based meetings.

How Do We Meet Requirements of CHNAs?

1. Description of Community Served

The geographic area served by this Community Health Needs Assessment includes towns in the primary service area of Mt. Ascutney Hospital and Health Center. These towns are listed in Table #1, on page #five of the report, and include Bridgewater, Barnard, Hartford, Hartland, Pomfret, Reading, Weathersfield, West Windsor, Windsor and Woodstock in the State of Vermont. New Hampshire towns include Claremont, Cornish and Plainfield. There is a resident population of 44,035 individuals. Table 2 on page six of the Community Health Needs Assessment displays selected demographic and economic indicators including median household income, percentage of families in poverty (100%) and percentage of families with income less than 200% of the poverty level.

2. How the Community was Determined

The towns selected for this Community Health Needs Assessment comprise the state-defined Hospital Service Area for Mt. Ascutney Hospital and Health Center, plus additional communities whose residents commonly use our primary care services.

3. Identification and Prioritization of Significant Community Health Needs

Significant health needs of the community are identified in this CHNA and prioritized in the table on Page 2.

4. How Were Primary and Chronic Disease Needs and Other Health Issues of Uninsured, Low-Income, and Minority Populations Identified

During this CHNA process, our 6-health entity CHNA Collaborative convened one regional discussion group of persons identifying as Black/African-American; we made resident surveys widely available to community residents through public list serves, direct e-mail invitations to patients of our primary care clinics, survey links on town web sites and e-news, employee e-news in major employers, and through other systems that provided widespread access to our surveys. We also reviewed meeting minutes from two regional communities (Hartford, VT, and Claremont, NH), where issues of racial equity and racism have been explored at town and school governance levels. We partnered closely with organizations serving populations affected by poverty, lack of insurance, homelessness, behavioral health conditions,

and serious and chronic illnesses in order to survey these members of populations in our community and hosted multiple discussion groups with people affected by poverty and chronic illness.

We recognize the limitations of our engagement of racial and ethnic minority members of our community and are working to improve this part of our CHNA process. Our minority population is quite small: 1.02% of the population of Windsor County, Vermont identifies as African American, 1.0%, 1.0% as Native American, 1.5% as Hispanic/Latino, 1.2% as Asian, 97.7% identify as Caucasian. > . Wide dispersal of this population across a large geography further complicates engagement efforts. Other than an academic professional peer support council, we were unable to identify any leadership groups, advocacy councils, faith communities, or formal organizations providing leadership regarding minority health and well-being issues in our region. Our summer 2018 discussion group with community members who are Black/African American was a positive, but limited improvement over prior years.

Household median income, insurance status, and other indicators of poverty are significant drivers of disparity in our region. Poverty rates range widely by town, with 13.2% to 34.5 % of households living on incomes below 200% of federal poverty level. These populations face notable health disparity conditions associated with poverty and other social determinants of health needs. During our assessment process, Mt. Ascutney Hospital and Health Center made specific efforts to contact and receive input from members of income-vulnerable populations, including:

- i. Hosting a discussion group with two medication assisted therapy counseling groups on February 17, 2018
- ii. Hosting a discussion group with local businesses regarding employees on March 13, 2018
- iii. Hosting a discussion group with regional school nurses regarding vulnerable families living with poverty and trauma on March 29, 2018
- iv. Working with the Windsor Community Health Clinic (free clinic for the uninsured and underinsured), Mt. Ascutney Prevention Partnership social media, town of Windsor listserv, Barnard Feast And Field newsletter, Weathersfield news blogger, Woodstock job bank, Senior Solutions e-news, Mt. Ascutney Hospital and Health Center patient portal and clinics, Ottauquechee Clinic, parents and teachers in the Hartland, Windsor, Woodstock, Brownsville, Weathersfield school system, employees of Mt. Ascutney Hospital and Health Center, staff and clients of the Windsor Area Community Partnership, PATCH team, Windsor HSA Community Collaborative, Windsor Laundromat, Barnard General Store, Teago General Store, Trinity Evangelical Free Church and Foodshelf, West Windsor Fire Department, West Windsor Historical Society, Woodstock Rotary, Woodstock's Unitarian Church, St. James Church in Woodstock, Old South Church in Windsor, Rachel Harlow, Methodist Church in Windsor, St. Francis Church in Windsor, Windsor County Partners (mentoring program), Windsor Rotary, Windsor Police Department, Woodstock Police Department, Town Manager's office in Weathersfield, Town Manager's office and Hartland, Hartland Recreation Ctr., Woodstock High School Student Assistance Program, Principal's Office at Woodstock Middle School, offices of Windsor Southeast Supervisory Union and Prevention Team, Two Rivers Ottauquechee Regional Commission, Weathersfield Community Champion, Community College of Vermont, Junction Youth Center, Special Needs Alliance Board members, Woodstock Jewish Community, Artistree Community Arts and Expressive Therapy Office, staff of Woodstock Terrace, staff of Woodstock Inn, Bridgewater Transfer Station, Woodstock Foodshelf, Thompson Senior Center, Bugbee Senior Center, Olde Windsor Village Apartments, Woodstock Connection Resource Center, Visiting Nurse and Hospice of VT and NH (home-visiting programs for families with young children and for seniors with complex health needs);

and through other community organizations serving people affected by poverty and poor health.

5. Process and Methods Used to Conduct the Assessment

Methods employed by the CHNA assessment included: a) A survey of area residents made available through direct mail, paper copies in selected community locations, direct-to-respondent strategies, and intranet-based strategies; b) A survey of key state community stakeholders who were agency, municipal or community leaders; c) A series of community discussion groups; and d) A review of available population demographics and health status indicators

Community Resident Surveys: From March through July 2018, paper versions of the Resident Survey were made available to the public at the locations listed below by our six-health system collaborative. Resident zip codes of completed surveys were compared to zip codes of each hospital's defined CHNA region to attribute surveys to each hospital for analysis purposes. In some cases, organizational staff at these sites actively invited residents to participate and/or provided support for completion. In other sites, paper copies and boxes for completed surveys were left at front desks for self-service. Some surveys were distributed with pre-paid return mailers, such as to home-bound residents by organizations providing home visiting services. In addition, we widely distributed links to online versions of the Resident Survey through community list serves, e-news of large employers, schools, towns, and other public entities, and widely or publicly available sites.

- **Paper surveys and electronic survey links were disseminated at sites listed in Appendix B, pages 8-10.**

Key Stakeholders Survey: In February and March 2018 our 6-health system collaborative disseminated surveys to 277 persons identified as key community stakeholders. 153 of these individuals responded. Responses were anonymous to promote direct and complete responses. We defined key stakeholders as individuals who have important community roles in community governance, public health, public safety, correctional systems, education, health care, and human services, who have significant contact with a wide range of community members, are responsible for serving community residents who have a wide array of health, social, and other needs, or otherwise are deeply knowledgeable about the broad interests and needs of the community.

- **Key Stakeholder invited to participate in our survey are listed in Appendix C, pages 11-19.**

Discussion Groups: Between March and June 2018, we conducted in-person discussion groups provided an opportunity to have a more in-depth dialogue with community members regarding community health concerns and opportunities. Specific populations were invited to participate in discussion groups. In some cases these represented targeted outreach to populations that could be considered vulnerable to poor health, while in others these represented key community stakeholders who have a broad view of community health needs.

- **Descriptions of the various discussion groups hosted are listed in Appendix D, page 20.**

Demographics, Public Health and other Secondary Data Sources: As a part of this CHNA we also reviewed the most currently available secondary data describing health and wellbeing at the population level (i.e. data available through reports made by state and federal agencies and related sources that compile population health statistics). These data sources are regularly reported; have well-established, consistent, and valid methodologies; and are commonly used by health and public health officials to monitor demographic composition of communities and to monitor health and well-being of communities. Throughout this our CHNA, tables with these data are presented, citing specific information sources for these tables.

- **A listing of demographic, public health, and other secondary data sources used in this CHNA are listed in Appendix E, page 21. Data from these sources is presented throughout the main body of our CHNA.**

Analytical Methods Applied: Service area statistics and maps describing demographics of the service area population, such as income, age and uninsurance rates were compiled at the county subdivision level (towns) using the US Census Bureau, American Factfinder online tool. Community resident and key stakeholder survey analysis was completed using SPSS and included analysis of response frequencies and cross-tabulations to investigate variation in identified needs by respondent characteristics such as household income, age and community of residence. Community discussion groups were analyzed for key themes and patterns through transcription of discussions by question/topic followed by coding and sorting in Excel.

Information gaps that impact the hospitals ability to assess community health needs: The data gathered in the FY2018 CHNA process should be considered a 'starting point' for considering community needs to be followed with continual process of refinement through dialogue with community members, leaders, and experience. While an emphasis was placed on assembling information describing disparities in health access and outcomes, data identified in any CHNA process is inherently limited to what the assessment team asked about. Another limitation that should be noted, as outlined in the listing of data sources, is that some of the most currently available population health indicator information at the state and regional level is several years old. Also, experience suggests that CHNA respondents are highly focused on 'unmet needs,' and do not identify 'needs well-addressed' that should receive continued focus to sustain the necessary level of service capacity and quality.

List of organizations that collaborated with the hospital: Mt. Ascutney Hospital and Health Center conducted this CHNA in partnership with five other health entities that have abutting and/or overlapping service areas. These entities include: Valley Regional Hospital, New London Hospital, Alice Peck Day Memorial Hospital, Visiting Nurse and Hospice of VT and NH, and Mary Hitchcock Memorial Hospital. These six entities used common assessment tools and methods to gather community input, allowing us to identify common needs shared across hospital regions while also identifying localized variances in community health needs. A wide range of other health and human service organizations also provided input into this CHNA process and encouraged participation of clients and community members whom they serve. These agencies included The Windsor Community Health Clinic, Bayada Health and Hospice, Windsor Southeast Supervisory Union, Support and Services at Home, Windsor Connection Resource Center, Senior Solutions, Healthcare and Rehabilitative Services of Southeastern Vermont, Vermont Department of Health, Upper Valley Haven, Southeastern Vermont Education Center, Town government, Mt. Ascutney Prevention Partnership, Southeastern Vermont Community Action, Cedar Hill long-term care, WISE, OneCare Vermont, Volunteers in Action, Vermont 211, Olde Windsor Village, Windsor Area Community Partnership, PATCH Team, Windsor Area Drug Task Force, Health and Wellness Network and Community Health Committee.

Identify and Qualifications of Third Parties Contracted to Assist with this CHNA:

Technical assistance for this CHNA was provided by the Community Health Institute located in Bow, NH with a satellite office in Burlington, VT. The Community Health Institute is a non-profit organization founded in 1995, and is affiliated with JSI Research and Training Institute, a public health management consulting and research organization dedicated to improving the health of individuals and communities throughout the world. For 35 years, JSI Research and Training Institute has provided high quality technical and managerial assistance to public health programs in 106 countries, operating from 8 US and 60 international offices, with more than 500 US staff and 1,600 host country staff. Community Health Institute is the New Hampshire affiliate of JSI Research and Training Institute, and is located at 510 South Street, Bow, NH. Its primary

mission of the Community Health Institute is to provide planning, assessment, development and evaluation assistance to community-based organizations working to improve community health and health care access outcomes with an emphasis on vulnerable and underserved populations due to geographic, income or other socioeconomic factors influencing health and wellbeing. More information about the qualifications of the Community Health Institute can be found at: www.nhchi.org

6. Methods The Hospital Used To Receive Input From Persons Representing The Broad Interests Of The Community, Including When And How The Organization Consulted With The Persons

As noted above, we utilized Resident Surveys (March-June 2018); Key Stakeholder Surveys (February-March 2018), Community Discussion Groups (March-June 2018), and a review of most recently available demographic, public health, health, and other secondary community data to develop this CHNA.

- A list of locations and sites where Resident Surveys were made available to the public is available in Appendix B.
- A list of Key Stakeholders, Organizations, and Populations they serve or represent, who were invited to participate in our Key Stakeholder Survey, is available in Appendix C.
- A list of Community Discussion Groups, Dates, and Participants, is available in Appendix D.
- A list of Individuals Surveyed who Represent Governmental Organizations is available in Appendix F.
- A list of Individuals surveyed who Represent Public Health interests is available in Appendix G.

7. Process And Criteria Used To Prioritize Needs

The process for identifying the highest priority needs followed three stages. First, high priority needs were identified from the information assembled through the Community Resident and Key Stakeholder Surveys. At this stage, greater weight was placed on the priorities identified through the Community Survey (80%), with the priorities identified by key stakeholders receiving 20% weight. A second stage of prioritization also used the data collected through the Community Survey to determine variations in priority needs by key demographics including household income, age and geography. The third stage of prioritization utilized qualitative information gathered community discussion groups to substantiate, supplement or redirect findings from the Community and Key Stakeholder surveys. Community discussion information was also incorporated in the analysis to develop more depth of understanding of high priority needs. The fourth stage of the prioritization process incorporated information from secondary data sources describing population health statistics and social determinants of health. At this stage, priority needs were examined through the perspective of available data that supported the findings from the community engagement process. The purpose of this exercise was not to eliminate any of the needs identified through community engagement, but rather to consider their relative ranking based on the statistical evidence describing intermediate and long term population health outcomes. The final stage of the prioritization process involved review and endorsement by the Board of Mt. Ascutney Hospital and Health Center. The purpose of this stage of prioritization was to identify priority needs where hospital resources and efforts could have the most impact either directly or in collaboration with other regional health and human service partners. Criteria considered at this stage included:

- Does the health factor or need impact a large number of people?
- Does the health factor or need disproportionately impact a subgroup of the population?
- Will the health factor or need, if not addressed, result in significant health care or social costs?
- Is the health factor or need feasible for the region to address in terms of cost, resources, and community readiness?

- Will addressing the health factor or need build on existing efforts and partnerships?
- Is the health factor or need not being adequately addressed by current efforts in the region?

This stage of the process resulted in the set of community needs to be included in the next Mt. Ascutney Hospital and Health Center Community Health Improvement Plan.

8. Comments From Community Regarding Previous CHNAs

Following our 2015-2016 CHNA, comments were solicited through community meetings and other methods. Specific requests to improve our data gathering included requests to ask additional demographic data in Resident surveys regarding race, ethnicity, and to include opportunities to identify as transgender. Some commenters desired more attention in the CHNA to the needs of children and their families. Finally, commenters have noted the limitations of convenience surveys (particularly the Resident Survey) as a reliable data gathering source. Other comments included appreciation for the data within the CHNA.

In our 2018-2019 CHNA process we adapted surveys to include the required demographic questions. We did not substantially adapt to put more attention on children’s needs as this CHNA is intended to reflect broad community trends across all ages. Our 6-health system collaborative will continue to explore ways to assess sub-population needs in the future, and have taken steps in this direction by completing an off-cycle assessment of needs for persons with behavioral health needs in NH Upper Valley and Sullivan Counties in 2016.

There are challenges associated with convenience sampling methods of our Resident Survey. Our 6-health system collaborative acknowledges these challenges, but places a high value on offering all community members the opportunity to participate directly in the CHNA process. Resident Survey data collected via convenience surveys are combined and contrasted with Key Stakeholder Surveys, Discussion Groups, and secondary demographic and public health data, as well as reviewed by hospital community health leaders, hospital Boards, and other key community leaders to provide a multi-window view of regional community health needs.

Community members are welcome to offer comments into the current CHNA by contacting:

Jill Lord
 Mt. Ascutney Hospital and Health Center
 289 County Road
 Windsor, VT 05089
 Email: jill.m.lord@mahhc.org
 Phone: 802-674-7224
 Fax: 802-674-7155

9. Identification of Existing Community Health Facilities and Resources

A listing of existing community health facilities and resources is included in Appendix H, pages 26-27

10. Resources Dedicated to Addressing Identified Needs

In 2017 the following resources were dedicated to addressing the community health needs assessment:

Description	TOTAL COST	MAHHC	Grants, Foundations, Private Contributions
Population/Community Health at MAHHC	109,500	107,000	2,500

Alcohol and drug misuse including heroin and use of pain medications	361,500	81,500	280,000
Access to mental health	295,000	290,000	5,000
Access to dental care	28,000	18,000	10,000
Access to affordable health insurance, cost of prescription drugs	82,500	15,000	67,500
Nutrition/access to affordable food	24,000	22,500	1,500
Lack of physical activity, need for recreational opportunities and active living	16,000	15,000	1,000
Income, poverty and family stress	261,000	17,000	244,000
Access to Primary Care	290,500	30,000	260,500
Transportation	93,000	13,500	79,500
	1,561,000	609,500	951,500

A Community Health Improvement Plan has been developed in response to the 2018 CHNA. The improvement plan is as follows:

**Mt. Ascutney Hospital & Health Center
Community Health Improvement Plan 2019**

A comprehensive community health needs assessment was conducted in 2018. Copies are available on the Mt. Ascutney Hospital and Health Center website and in paper copy at the switchboard. The results have been shared widely through multiple community presentations and electronic dissemination to stakeholders. This assessment identified the following 8 topics as the most pressing community health needs:

Community Health Needs

- Access to mental health services
- Alcohol and drug abuse prevention, treatment and recovery
- Access to affordable health insurance, health care services, and prescription drugs
- Family Strengthening, including poverty and childhood trauma
- Availability of Primary Care services
- Health Care for Seniors
- Affordable Housing
- Availability of affordable adult dental care

Community Health Implementation Plan

Activity	Timeline
1. Educate the community regarding the outcomes of the Community Health Needs Assessment and engage stakeholders and the community in the planning phase of the Community Health Improvement Plan. This will be done through 2 regional Community Health Improvement Summits and multiple community health improvement dialogs with key stakeholders.	Nov. 2018 – Feb. 2019
a) Formulate workgroups for the top 3-4 health issues	Feb. 2019
b) Workgroups composed of stakeholders and community members will identify goals, strategies, tactics, timelines and outcome measures (using Results-Based Accountability)	Feb. – Apr. 2019
2. Implement Community Health Improvement Plan, as an Accountable Community for Health, utilizing a collective impact model maximizing resources and avoiding duplication	2019 - 2021
a) Maximize use of existing services to reduce risks and negative impacts, increase protective factors, and improve quality outcomes related to the area of need	
b) Improve, if needed, existing services to increase effectiveness and quality impact	
c) Create new services and strategies, as indicated, in a best practice approach designed to reduce associated risks, improve protective factors, and produce quality outcomes for population health	
3. Evaluate outcomes using Results-Based Accountability	2019 - 2021
4. Disseminate outcomes of efforts to Mt Ascutney Hospital and Health Center Board, the Green Mountain Care Board and the community via: a) Public meeting (at least 1 annually) b) Website c) Annual report (target release of January)	2019 - 2021
5. Repeat Community Health Needs Assessment in 3 years. Build on lessons learned from 2018 CHNA and work with community partners in a targeted outreach to consumers and hard-to-reach populations.	2021

This plan was approved by the Mt. Ascutney and Health Center Board of Trustees on February 4, 2019.

We will track time and resources of staff as well as Grant funding dedicated to the 2019 Community Health Improvement Plan.

11. Evaluation of Actions Taken to Address the Previous CHNA.

In response to our FY15 CHNA, Mt. Ascutney Hospital and Health Center developed its 2016 – 2018 Community Health Improvement Plan, which can be found at:

<http://www.mtascutneyhospital.org/community-services/community-resources/community-health-needs>

This plan defines how Mt. Ascutney Hospital and Health Center addressed needs identified in the FY15 CHNA.

An evaluation of current progress and impact of the MHMH FY2015-2018 Community Health Program is available in Appendix I, pages 27-31.

12. Partners With Whom this CHNA was Conducted

This CHNA used a shared approach between six health care entities (CHNA Collaborative) that have adjoining Hospital Service Areas and identify a small number of towns as being co-served. *Each health receives a separate CHNA report for its defined service area, so this is not a 'joint' CHNA.* However, each health system benefits from using similar CHNA tools and approaches during a common CHNA assessment time-frame, particularly because residents of communities served by each entity may access surveys or discussion groups in another service region. For example, residents of towns served by Mt. Ascutney Hospital and Health Center may be employees of Mary Hitchcock Memorial Hospital and access an electronic link to the survey through Mary Hitchcock's employee eNews. This survey is attributed by zip code of the respondent to the hospital serving the town in which they reside. Sharing common tools and approaches to this CHNA also allows the CHNA Collaborative to compare and contrast community health concerns across a broader geographic region through which our residents commonly travel as part of daily living, allowing us to see larger regional trends as well as localized needs.

The six health entities comprising the CHNA Collaborative include:

- Alice Peck Day Memorial Hospital, 1 Alice Peck Day Drive, Lebanon, NH 03766
- Mary Hitchcock Memorial Hospital, 1 Medical Center Drive, Lebanon NH 03766
- Mt Ascutney Hospital and Health Center, 289 County Road, Windsor, VT, 05089
- New London Hospital, 273 County Road, New London, NH 03257
- Valley Regional Hospital, 243 Elm Street, Claremont, NH 03743
- Visiting Nurse and Hospice of VT and NH, PO Box 1339, White River Junction, VT 05001

13. Identification of Service Areas of Joint CHNA Partners

As noted in 14. above, this CHNA used a shared approach between six neighboring health systems, but each entity conducted these activities in its own defined service area and receives a separate CHNA report specific to their hospital service region. It is not a 'joint' CHNA in the sense that one report addressed needs of all six partner organizations. These six entities have adjoining service regions, with occasional overlap of service regions. The service region used for Mt. Ascutney Hospital and Health Center is clearly identified in Appendix A, Question 1, and is distinct from the service regions identified by the other five health entities sharing this common CHNA approach.

Appendix B**Locations where Paper Versions of the CHNA Resident Survey Were Made Available to the Public**

Location	Date Made Available
Ottauquechee Health Center	3/12
Mt. Ascutney Hospital and Health Center Clinics	3/17
Hartland Schools	3/17
Windsor Schools	3/17
Woodstock Schools	3/17
Brownsville Schools	3/17
Weathersfield Schools	3/17
Dartmouth-Hitchcock Adult & Pediatric Primary Care Clinics	
Employees of Mt. Ascutney Hospital and Health Center	3/17
Via Windsor Area Community Partnership Members	3/17
PATCH Team	3/17
Windsor Hospital Service Area Community Collaborative	3/17
Windsor Laundromat	3/19
Barnard General store	3/20
Teago General Store	3/20
Trinity Evangelical Free Church	3/20
West Windsor Fire Department	3/20
West Windsor Historical Society	3/20
Mt. Ascutney Hospital and Health Center Board of Trustees	3/20
Windsor Food shelf	3/20
Woodstock Rotary	3/12
Woodstock Unitarian Church	3/20
St. James Church, Woodstock	3/21
Old South Church	3/20
Racheal Harlow Methodist Church, Windsor	3/20
Catholic Church, Windsor	3/20
Windsor County Partners	3/20
Windsor Rotary	3/20
Police Department, Windsor	3/21
Police Department, Woodstock	
Town Manager's Office, Weathersfield	3/21
Town Manager's Office, Hartland	
Hartland Recreation Center	3/21
Woodstock High School Student Assistance Program	3/21
Principal's Office, Woodstock Middle-High School	3/21
Offices of WSESU Prevention Team	3/21
Two Rivers Ottauquechee Regional Commission	3/21
Weathersfield Community Champion	3/21
Community College of VT, Upper Valley Campus	3/23
Junction Youth Center	3/21
Special Needs Alliance Board Members	3/23
Woodstock Jewish Community	3/26
Artistree Community Arts and Expressive Therapy Office	3/23
Staff of Woodstock Terrace	3/30
Staff of Woodstock Inn	3/30
Bridgewater Transfer Station	3/30
Woodstock Food Shelf	3/30
Thompson Senior Center	

Bugbee Senior Center
 Royalton Senior Center
 Hartland Recreation Center
 Lebanon Towers Senior Housing
 Upper Valley Senior Center
 Norwich Gill Terrace Apartments
 Olde Windsor Village Apartments
 Windsor Connection Resource Center
 Thompson Senior Center, Woodstock
 Families Served by Nurse Family Partnership
 Town Meeting, Hartford, VT
 Town Meeting, Reading, VT
 Town Meeting, Norwich, VT
 Town Meeting, Hartland, VT
 Town Meeting, Royalton, VT
 Town Meeting, Enfield, NH
 Town Meeting, Orford, NH
 Newport Health Center Registration
 New London Hospital Registration
 New London Pediatrics Registration
 Kearsarge Council on Aging
 New London Hospital Cafeteria
 Newport Health Center Breakroom
 Newport Senior Center

Dissemination locations for electronic CHNA Resident Survey included:

Posting Location	Date Posted (when recorded)
Hartford List Serve	3/8/2018
Upper Valley List Serve	3/12/2018
DailyUV Digital Community News	3/8/2018
Upper Valley Public Health Council e-newsletter	3/8/2018
Dartmouth-Hitchcock Facebook	3/22/2018
All Together Coalition Facebook	3/15/2018
UV Public Health Council Facebook	3/12/2018
Town of Hartford Information Facebook	3/8/2018
What's up Claremont Facebook	
Town of Hartford Recreation eNews	3/25/18
New London Hospital Facebook	
Wellness Connection Facebook	3/16/18
Greater Sullivan County Public Health Network Facebook	3/16/18
WNTK Facebook	3/17/18
City of Lebanon eNews	3/16/18
City of Lebanon Web page	3/16/18

City of Lebanon Social Media	3/16/18
Mascoma Community Health Care eNews	
Town of Hanover eNews	3/19/18
Enfield Community Bulletin Board	3/16/18
Dartmouth-Hitchcock Today Employee eNews	3/14/18
Mascoma Schools eNews	
Hartford Schools eNews	4/10/2018
Hartford Community Coalition Facebook	3/12/2018
New London Hospital Employee eNews	3/16/18
Hypertherm Employee eNews	
Wellness Connection Employers (self-selecting)	3/8/18
Lebanon Chamber of Commerce	3/23/2018
Partners in Community Wellness Mailing List, eNews	
New London Hospital Public Web page	3/12/18
Wellness Connection Member E-Mail List	3/8/18
Kearsarge Interfaith Leadership Council E-Mail List	3/8/18
Alice Peck Day Patients via Direct e-Mail	
Alice Peck Day Employee E-Mail	3/20/18
Alice Peck Day Facebook	3/20/2018
Elder Forum Member E-Mail List	
Friends of Alice Peck Day Member E-Mail List	
Valley Regional Hospital Public Web Page	
Valley Regional Hospital Facebook	
Valley Regional Hospital Employee E-Mail List	
Claremont Chamber of Commerce e-News	
Newport Chamber of Commerce e-News	
Greater Sullivan County Public Health Network Member E-Mail	
E-Ticker e-Community Newsletter	
Mt Ascutney Prevention Partnership E-Mail Lists/Social Media	3/17
Mt Ascutney Prevention Partnership E-Mail Lists/Social Media	
Mt Ascutney Prevention Partnership Patients via Patient Portal	
Windsor Tom Marsh e-News	3/17
Ottauquechee Community Partnership Board & newsletter	3/21
Barnard "Feast and Field" newsletter	3/21
Weathersfield news blogger	3/23
Woodstock Job Bank weekly notice	3/26
Senior Solutions eNews	4/10
Parents of Dartmouth-Hitchcock Pediatric Patients via direct e-mail	July 2018
Dartmouth-Hitchcock Aging Resource Center eNews	4/8/2018
Lebanon School District eNews	4/26/2018
UV Childcare Provider e-News	3/20/2018

APPENDIX C

Persons Invited to Contribute through Key Stakeholder Surveys

Name	Title/Organization	Populations Represented or Regularly Served
Steve Schneider	Executive Director, UV Lake Sunapee Regional Planning Commission	Regional Residents
Paula Maville	Interim City Manager- Lebanon	Regional Residents
Lynne Goodwin	Director of Human Services, Lebanon	Persons affected by poverty, chronic illness, behavioral health, housing, and other conditions
Lori Hirshfield	Director of Planning, Hartford	Regional Residents
Leo Pullar	Town Manager, Hartford	Regional Residents
Bill Bellion	Chief, Canaan Fire/EMS	Persons affected by chronic illness, behavioral health, health, housing, and other conditions
Charlie Dennis	Chief, Hanover Police	Persons affected by chronic illness, behavioral health, health, lack of safety, and other conditions
Timothy Julian	Chief, Springfield Police	Persons affected by chronic illness, behavioral health, health, lack of safety, and other conditions
Phil Kastem	Chief, Hartford PD	Persons affected by chronic illness, behavioral health, health, lack of safety, and other conditions
Scott Cooney	Chief, Hartford Fire/EMS	Persons affected by chronic illness, behavioral health, health, housing, and other conditions
Brett Mayfield	Health Officer, Hartford	Persons affected by poverty, chronic illness, behavioral health, health, housing, and other conditions
Alan Johnson	SelectBoard, Hartford	Regional Residents
David Cahil	State's Attorney, Windsor County	Persons affected by chronic illness, behavioral health, health, housing; victims of crimes and persons involved in the justice system.
Julia Griffin	Town Manager, Hanover	Regional Residents
Chris Christopoulos	Chief, Lebanon Fire	Persons affected by chronic illness, behavioral health, health, housing, and other conditions
Andy White	Captain, Lebanon Fire/EMS	Persons affected by chronic illness, behavioral health, health, housing, and other conditions
Shawn Russell	MD (Ret.), Orange, NH	
Lara Saffo	County Attorney, Grafton County	
Ed Andersen	Chief, New London Police	Persons affected by chronic illness, behavioral health, health, lack of safety, and other conditions
Jason Lyon	Chief, New London Fire	Persons affected by chronic illness, behavioral health, health, housing, and other conditions
Kim Hallquist	Town Administrator, New London	Regional Residents
Dennis Pavlicek	Town Administrator, Newbury NH	Regional Residents
Derek Ferland	County Manager, Sullivan County	Regional Residents
Ryan McNutt	City Manager, Claremont	Regional Residents
Charlene Lovett	Mayor, Claremont	Regional Residents
Paul Brown	Administrator, Town of Newport	Regional Residents
Steven Neill	SelectBoard Member, Charlestown	Regional Residents
Brenda Ferland	Past SelectBoard Member, Charlestown	Regional Residents
Jane Barkie	Town Manager, Washington	Regional Residents
Cindy Williams	Town Clerk, Goshen	Regional Residents
Donna Nashawaty	Town Manager, Sunapee	Regional Residents

Keith Cutting	EMS, Springfield	
Stephanie Schell	Human Services Director, Plainfield	
Tracy Decker	Town Secretary, Unity	Regional Residents
James Mullen	Town Manager, Weathersfield	Regional Residents
Dick Beaty	Past SelectBoard Chair, West Windsor	Regional Residents
Glenn Seward	Past SelectBoard Member, West Windsor	Regional Residents
Tom Kenyon	Past SelectBoard Member, West Windsor	Regional Residents
Bryan Burr	Chief, Claremont Fire	Persons affected by chronic illness, behavioral health, health, housing, and other conditions
Mark Chase	Chief, Claremont Police	Persons affected by chronic illness, behavioral health, health, lack of safety, and other conditions
John Simonds	Sheriff, Sullivan County	Persons affected by chronic illness, behavioral health, health, lack of safety, and other conditions
Kathi Bradt	Administrative Assistant, Acworth	Regional Residents
Doug Hackett	Chief, Cornish Police	Persons affected by chronic illness, behavioral health, health, lack of safety, and other conditions
Ingrid Locher	Official, Lempster	Regional Residents
Wayne Whitford	Health Officer, Newbury	
Tom Marsh	Town Manager, Windsor	Regional Residents
Jason Rasmussen	Director of Planning, South. Windsor Regional Planning Commission	Regional Residents
Kathleen Otto	Southern Windsor Regional Planning Commission	Regional Residents
Kimberly Gilbert	Planner, Two Rivers-Ottawaquechee Regional Planning Commission	Regional Residents
Christopher Damiani	Planner, Two Rivers-Ottawaquechee Regional Planning Commission	Regional Residents
Kathy Hemenway	Area Director, VT Division of Children and Families	
Maryann Babic-Keith	NH DCYF,	
Kevin McAllister	Chief, Windsor Fire	Persons affected by chronic illness, behavioral health, health, housing, and other conditions
Bill Soule	Community Corrections District Manager, VT Probation & Parole	Persons affected by chronic illness, behavioral health, health, housing; victims of crimes and persons involved in the justice system.
Bill Sampson	Chief, Windsor Police	Persons affected by chronic illness, behavioral health, health, lack of safety, and other conditions
Dave Berry	Superintendent, Sullivan County Corrections	Persons affected by chronic illness, behavioral health, health, lack of safety, and other conditions
William Daniels	Chief, Weathersfield Police	Persons affected by chronic illness, behavioral health, health, lack of safety, and other conditions
Philip Swanson	Town Manager, Woodstock VT	Regional Residents
Chief Blish	Chief, Woodstock VT Police	Persons affected by chronic illness, behavioral health, health, lack of safety, and other conditions
Kelly Murphy	Consultant, Nonprofit First Responders	Regional Residents
Mike Chamberlin	Sheriff, Windsor County	Persons affected by chronic illness, behavioral health, health, lack of safety, and other conditions
Sally Bouchard	Executive Director, Community Dental, Claremont	
Steve Chapman	Medical Director, CHaD/Boyle Pediatrics Program	
Doug Williamson	MD, APD Pediatrics	

Cathy Morrow	MD, D-H Primary Care	
Daniel Stadler	MD, D-H Geriatric Primary Care	
Lisa Furmanski	MD, APD Senior Care Team	
Patricia Lanter	MD, D-H Emergency Dept.	
Bob Alvarenga	Volunteer Dentist, Red Logan Dental Clinic	
Brian Lombardo	Medical Director, APD Primary Care	
Dave Beaufait	MD, Enfield	
Donna Ransmier	Clinical Director, Mascoma Valley Health Clinic	
Linda Sawyer	Director, D-H Pharmacy	
Ed McGee	Pharmacist/Owner, Enfield Family Pharmacy	
Jeanne McLaughlin	President/CEO, Visiting Nurse and Hospice of VT & NH	
Steven Powell, MD	Psychiatrist, New London Hospital	
James Murphy, MD	MD, Senior Administrator, New London Hospital	
James Culhane	President/CEO, Lake Sunapee Region Visiting Nurse Association	
Jeana Newbern	Community Outreach Manager, Lake Sunapee Region VNA	
Ted Purdy	Administrator, Sullivan County Healthcare / Nursing Home	
Lisa Paquette	Administrator, White River Family Practice	
Mary Bender, MD	Section Chief Pediatrics, MAHHC	
Mary Joyce, MD	Medical Director, Clinic, MAHHC	
Marlene Sachs, MD	Geriatric Lead MD, MAHHC	
Richard Marasa, MD	Med. Dir., ED, Springfield Hospital	
Catherine Schneider, MD	Surgeon, MAHHC	
Carol Lethaler,	Clinical Specialist, Visiting Nurse and Hospice of VT & NH	
Karen Baranowski	MD, CT Valley Home Health	
Oliver Herfort	MD, Internist, Valley Regional Healthcare	
Trish Peters	Case Manager, NLH	
Dr. Kramer	Dentist, Claremont, NH	
Chris Lopez	Pharmacist, New London Hospital	
Erin Angley, LICSW	Social Worker, Newport Health Center	
Kelley Spanos	Newport Health Clinic	
Lisa MacLean	School Nurse, Kearsarge Schools	
Monica Valovic	Health Teacher, Kearsarge Schools	
Laura Byrne	Executive Director, HIV/HCV Resource Center	
Ginny Alvord	Primary Care MD, Valley Regional	
Jim Keady	MD, Keady Family Practice	
Laura McNaughton	Director, VT DOH WRJ region	
Alice Ely	Executive Director, UV Public Health Council	

Deb Langner	Health Officer, New London	
Ashley Greenfield	Coordinator, Greater Sullivan County Public Health Network	
Bridget Aliagia	Coordinator, Upper Valley Public Health Network	
Jackie Baker	Coordinator, Upper Valley Public Health Network	
Kirsten Vigneault	Lead, Greater Sullivan County Public Health	
Suzanne Carr	Human Services Director, Claremont	Persons affected by poverty, chronic illness, behavioral health, health, housing; victims of crimes and persons involved in the justice system.
Suellen Griffin	CEO, West Central Behavioral Health	Persons affected by poverty, chronic illness, behavioral health, health, housing; victims of crimes and persons involved in the justice system.
Donna Stamper	Director, NAMI-NH Upper Valley	Persons affected by poverty, chronic illness, behavioral health, health, housing; victims of crimes and persons involved in the justice system.
Katie McDonnell	Clinical Supervisor, West Central Behavioral Health	Persons affected by poverty, chronic illness, behavioral health, health, housing; victims of crimes and persons involved in the justice system.
Kate Lampher	Adult Services Lead, Health Care Rehabilitative Services	Persons affected by poverty, chronic illness, behavioral health, health, housing; victims of crimes and persons involved in the justice system.
Christine Reid	Child Services Lead, Health Care Rehabilitative Services	Persons affected by poverty, chronic illness, behavioral health, health, housing; victims of crimes and persons involved in the justice system.
Kathy Duhamel	Senior Program Coordinator, Health Care Rehabilitative Services	Persons affected by poverty, chronic illness, behavioral health, health, housing; victims of crimes and persons involved in the justice system.
Jessica Powell	Manager, NH Region 1 Integrated Delivery Network	Persons affected by poverty, chronic illness, behavioral health, health, housing; victims of crimes and persons involved in the justice system.
Benita Walton, MD	MD, New London Hospital	
Dr. Jennifer Connors	MD, Community Mental Health, MAHHC	Persons affected by poverty, chronic illness, behavioral health, health, housing; victims of crimes and persons involved in the justice system.
Michael Johnson	Director, Turning Point, Springfield, VT	Persons affected by poverty, chronic illness, behavioral health, health, housing; victims of crimes and persons involved in the justice system.
Heather Prebish	Executive Director, Groups/ Lebanon	Persons affected by poverty, chronic illness, behavioral health, health, housing; victims of crimes and persons involved in the justice system.
Cameron Ford	Executive Director, Headrest	Persons affected by poverty, chronic illness, behavioral health, health, housing; victims of crimes and persons involved in the justice system.
Kathleen Russo	Clinical Director, Headrest	Persons affected by poverty, chronic illness, behavioral health, health, housing; victims of crimes and persons involved in the justice system.
Heidi Postupack	Executive Director, Second Growth	Persons affected by poverty, chronic illness, behavioral health, health, housing; victims of crimes and persons involved in the justice system.
Angie Laduc	Facilitator, All Together Coalition	
Deanna Dolan	Coordinator Greater Sullivan County Public Health	
Peter Mason, MD	Medical Director, NH Region I Integrated Delivery Network	Persons affected by poverty, chronic illness, behavioral health, health, housing; victims of crimes and persons involved in the justice system.

Melanie Sheehan	Manager, Mt Ascutney Prevention Partnership	
Julie Frew	Medical Director, D-H Mom's in Recovery	Persons affected by poverty, chronic illness, behavioral health, complicated pregnancy, health, housing; victims of crimes and persons involved in the justice system.
Claudia Marieb	Consultant, VT Dept. of Health	Persons affected by poverty, chronic illness, behavioral health, health, housing; victims of crimes and persons involved in the justice system.
Jeff Backus	Assistant House Director, Dismas House	Persons affected by poverty, chronic illness, behavioral health, health, housing; victims of crimes and persons involved in the justice system.
Daisy Goodman	Certified Nurse Midwife, D-H Mom's in Recovery	Persons affected by poverty, chronic illness, behavioral health, complicated pregnancy, health, housing; victims of crimes and persons involved in the justice system.
Wayne Miller	Manager, Hope for NH Recovery	Persons affected by poverty, chronic illness, behavioral health, health, housing; victims of crimes and persons involved in the justice system.
Shelia Young	Director, Second Wind/Turning Point Peer Recovery Center	Persons affected by poverty, chronic illness, behavioral health, health, housing; victims of crimes and persons involved in the justice system.
Frederick Lord, MD	Medical Director, Connecticut Valley Recovery	Persons affected by poverty, chronic illness, behavioral health, health, housing; victims of crimes and persons involved in the justice system.
Kyle Fisher	Executive Director, Listen Community Services	
Gianessa Pirro	Regional Manager, Southeast VT Community Action	
Sara Kobylenski	Executive Director,, Upper Valley Haven	
Ditha DiSimone	Director, Lebanon Housing Authority	
Faye Grearson	Manager, Twin Pines Housing Trust	
Keith Thibault	Manager, Southwest Community Services	
Rob Waters	Homeless Outreach Coord., Southwest Community Services	
Van Chesnut	Executive Director, Advanced Transit	
Terri Bingham, Board Chair	Chair, Kearsarge Community Food Pantry	
Pam Smith	Lead, Trinity Evangelical Food Shelf	
Hanna Koby	Lead, Kearsarge Food Hub	
Prudence Pease	Coordinator, Working Bridges	
Cindy Stevens	Executive Director, Claremont Soup Kitchen	
Robin Wittemann	Executive Director, Baby Steps	
Rebecca Gagnon	General Manager Current (public transportation)	
John Tansy	President, Windsor Improvement Corp	
Mark Mills	CEO, Pathways	
Matthew Garcia	Director, SPARK Community Center	
Nicole Jorgensen	Executive Director, High Horses Therapeutic Riding Program	
Laura Perez	Executive Director, Special Needs Support Center	

Sheila Powers	Principal, White River School	
Nelson Fogg	Principal, Harford High School	
Stephanie Pluhar	Nurse, Mascoma High School	
Cynthia Collea	Principal, Enfield School	
Creigh Moffat	Nurse, Rivendell Middle/High School	
Valerie Mahar	Vice-President of Student Services, River Valley College	
Patrick Andrew	Superintendent, Mascoma Schools	
Joanne Roberts	Superintendent, SAU 88	
Debbie Laffan	GED Coordinator, SAU 88	
Jeannette Hutchins	Nurse, Hartford Schools	
Sue Stuebner	President, Colby Sawyer College	Regional Residents
Cindy Gallagher	Superintendent, SAU 43	
Winifried Feneberg	Superintendent, SAU 65	
Larry Elliot	Director of Student Support Services, SAU 65	
Beth Stern	Guidance Counselor, Kearsarge Schools	
Russell Holden	Superintendent, Sunapee SAU	
Lori Landry	Superintendent, Fall Mountain SAU	
Michele Munson	Superintendent, Lempster/Goshen Schools	
Kelly George	Teaching Principal Croydon School	
Jennifer Prileson	Principal, Cornish School	
Christy Whipple	Head of School, Newport Montessori School	
Rebecca Wurdak	Coordinator, English as a Second Language, SAU 88	
Representative	Head Start	
Debbie Freeman	Teacher, NH Jobs for America's Graduates	
Dr. David Baker	Superintendent, Windsor Southeast Supervisory Union	
Jean Marie Oakman	Principal, Weathersfield Elementary	
Jennifer Aldrich	Principal, Albert Bridge, W. Windsor	
Christine Bourne	Principal, Hartland Elementary	
Tiffano Cassano	Principal, Windsor K-12	
Karen Townsend, RN	Nurse, Windsor K-12	
Middleton McGoodwin	Superintendent, SAU 6	
Corey Leclair	Assistant Superintendent, SAU 6	
Lori Brown	Regional Manager, Vermont Adult Learning	
Kelly French	Nurse, The Family Place	Parents affected by poverty, chronic illness, behavioral health, health, housing; victims of crimes, persons involved in the justice system; parents of children with special needs, and young children.
Jenn Hosmer	Program Director, Children's Center of the Upper Valley	Broad parent populations, including Parents affected by poverty, chronic illness, behavioral

		health, health, housing; victims of crimes, persons involved in the justice system, and young children.
Tina Walker	Director of Child Care Services, ABC's Childcare	Broad parent populations, including Parents affected by poverty, chronic illness, behavioral health, health, housing; victims of crimes, persons involved in the justice system, and young children.
Maggie Monroe-Cassell	Executive Director, TLC Family Resource Center	Broad parent populations, including Parents affected by poverty, chronic illness, behavioral health, health, housing; victims of crimes, persons involved in the justice system, and young children.
Richard Beard	VT Probation and Parole	
Hope Charkins	Children with Special Needs, Vermont Dept. of Health	Parents of children with special needs; often families experiencing financial stress
Lawrence Kopp	Manager, Bayada Health	
Diane Baird	Family Services Specialist, Springfield Head Start	
Cindy Stevens	Executive Director, Claremont Soup Kitchen	
Ellen McPhetres	Pathways of the River Valley	
Dawn Ranney	Director, Sullivan County United Way	
Leigh Niland	Planned Parenthood of Northern NE	
Nancy Russell	Director Babble-On Day Care	
Becky Holland	Workplace Success Program	
Maureen Burford	Creative Lives After School Program	
Sharon Miller-Dombroski	Executive Director, Green Mountain Children's Center	
Gail Kennedy	Child, Youth and Family Resiliency field Specialist, UNH Extension	
Cathy Pellerin	Lead, One-4-All Early Childhood Play, Teen Drop-In, Clothing Closet	
Laurie Adams	Program Director, Windsor Early Childhood Education Center	
Jillian Ripanotti	Director, Springfield VT Parent Child Center	
Trinity Dix	Manager, Fast Forward Program, SAU 6	
B. Daniels	Program Director, Southwestern Community Services	
Rev Stephen Silver	Minister, First Congregational Church of Lebanon	
Rev. Paul Voltmer	Senior Pastor, Trinity Evangelical Free Church, Windsor	
Kelly Sundberg Seaman	Reverend, St. Andrew's and Epiphany Episcopal Churches	
Eliot Fay	reverend, South Congregational Church, Newport	
Charles Glidewell	Senior Pastor, Firth Baptist Church, New London	
Jay MacLeod	Reverend, St Andrews Episcopal Church, New London	
Cheryl Dean	Chaplain, New London Hospital	
Chari Urban	South Congregational Church, Newport	
Paul Sawyer	Minister, Hartland Unitarian Universalist Church	
Rusty Fowler	Human Resources, Hypertherm	Regional Residents

Patty McGoldrick	Executive Director, Lake Sunapee Region Chamber of Commerce	Regional Residents
Ella Casey	Executive Director, Newport Chamber of Commerce	Regional Residents
Rob Taylor	Executive Director, Lebanon Area Chamber of Commerce	Regional Residents
Tammy Latvis	Chair, Hartford Chamber of Commerce	Regional Residents
Richard Ackerman	Senior Director, Red River Computing	Regional Residents
Elyse Crossman	Director, Claremont Chamber of Commerce	Regional Residents
Tom Sullivan	Vice President of Operations, Sturm Ruger	Regional Residents
Gabrielle Lucke	Diversity and Education Training Program, Dartmouth College	Regional Residents
Beverly Widger	Senior Director Human Resources, Mascoma Savings Bank	Regional Residents
Melissa Miner	Wellness Director, Dartmouth College	
Bob McClellan	Medical Director, D-H Live Well Work Well	
Scott Hausler	Director, Hartford Recreation	
Kati Jopek	Director, Mascoma Recreation	
Shelby Gille	Executive Director, CCBA	
Rich Synnott	Executive Director, UVAC	
Paul Coats	Director, Lebanon Recreation	
Scott Blewitt	Director, New London Recreation	
PJ Lovely	Director, Newport Recreation	
Rachel Quaye	Operations Manager, New London Outing Club	
Harry Ladue	Director, Windsor Recreation	
Mark Brislin	Director, Claremont Community Center	
John Leonard	Director, Hartland Recreation	
Laurie Harding	Co-Director, Upper Valley Community Nursing project	
Roberta Berner	Executive Director, Grafton County Senior Citizens Council	
Sharon Dunbar	Director, Mascoma Senior Center	
Janet Lowell	Community Nurse, Lebanon	
Deanna Jones	Executive Director, Thompson Senior Center	
Len Brown	Executive Director, Bugbee Senior Center, WRJ	
Dale Gephart	Lead, Thetford Elder Network	
Carolyn Lorie	Coordinator, SASH Program, Twin Pines Housing Trust	
Ellen Thompson	Community Nurse, Lyme	
Kelley Keith	Executive Director, Kearsarge Council on Aging	
Brenda Burns	Executive Director, Newport Senior Center	
Mark Boutwell	Director of Social Services, Senior Solutions	

Carol Stamatakis	Executive Director, Senior Solutions	
Larry Flint	Volunteer, Community Champion, Sullivan County	
Rita Bennett, RN	Wellness Nurse, SASH	
Nancy McCullough	Nurse, MAHHC Community Health Team	
Claire Lessard	Executive Director, Claremont Senior Center	
Leigh Stocker	Director of Marketing, Summercrest Senior Living	
Linda Schettino	Earl Bourdon Center, Claremont	
Coordinator	Coordinator, Sullivan County Meals on Wheels	
Rebecca Rostron	ServiceLink	
Nora Kells Gordon	ServiceLink	
Janet Lowell	Community Nurse, Lebanon LIGHT program	
Jill Lloyd	Lead, Aging in Hartland	
Jane Rayno	President, New London Rotary	Regional Residents
Dean Cashman	Lebanon Rotary/ Riverside	Regional Residents
Suellen Griffin	President, Lebanon Rotary	Regional Residents
Todd Allen	Hanover Rotary	Regional Residents
Martha McLeod	President, Lake Sunapee Bank	Regional Residents
Abby Tassel	Senior Program Advisor, WISE	
Deborah Mozden	Executive Director, Turning Points Network	
Cathy Bean	Sexual Assault/CAPP Coordinator, Dartmouth-Hitchcock	
Peggy O'Neil, WISE	Executive Director, WISE	
Terri Page	Transit Director, Southwestern Community Services	
Rob Schultz	Regional Program Director, Granite United Way	
Courtney Hillhouse	Coordinator, Mt Ascutney Prevention Project	
Peter Gregory	Executive Director, Twin Rivers Regional Planning Commission	
Pat Crocker	Planner, Transportation, UVLS Regional Planning Commission	
Paula Wehde	Media Member, Windsor On Air	

Appendix D

Community Discussion Groups

- *February 17, 2018 at Connecticut Valley Recovery Services, 4 participants.* Discussion with low-income, teens or young adults who were in a substance use disorder recovery program/medication assisted therapy program.
- *March 13, 2018 At Mt. Ascutney Hospital and Health Center 7 participants.* Discussion with various leaders of the business community in Windsor. One of the focuses of this group are the needs and challenges for employees.
- *March 29, 2018 at Mt. Ascutney Hospital Health Center, with 8 participants.* Discussion with regional school nurses. The focus of this group included children, families and the community. There was a particular focus on families experiencing trauma and living in chaos and poverty.

APPENDIX E

Summary Sources of Demographic, Public Health, Health, and Other Secondary Data Sources Used in This CHNA

1. U.S. Census Bureau, 2012 – 2016 American Community Survey 5-Year Estimates
2. U.S. Census Bureau, 2010 US Census
3. Vermont 2-1-1, Common Referral Needs, Custom Report, 2018
4. Community Commons, Institute for People, Place, and Possibility – Service area specific data report, various indicators and years
5. Behavioral Risk Factor Surveillance System, Vermont and New Hampshire, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2014-2016
6. Centers for Disease Control and Prevention. 2017 Youth Risk Behavior Survey, Vermont and New Hampshire
7. State Health Department data at healthvermont.gov., NH Health WISDOM and NH Health WRQS for vital statistics and hospital discharge data, various years and indicators, Bureau of Data and Systems Management (BDSM), Office of Medicaid Business and Policy (OMBP), Office of Health Statistics and Data Management (HSDM), Bureau of Public Health Statistics and Informatics (BPHSI)
8. Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2014
9. NH Division of Vital Records Administration, 2012-2016; VT Dept of Health, 2016; birth certificate data
10. NH Division of Vital Records, 2012-2016; VDH, 2012-2014; death certificate data
11. US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2015-16
12. VT Cancer Registry, 2011-2015; NH State Cancer Registry, 2011 - 2015
13. National Cancer Institute, State Cancer Profiles, 2011 – 2015
14. Vermont Agency of Human Services, 2016
15. National Center for Health Statistics, National Vital Statistics System accessed via County Health Rankings, 2014-2016.

APPENDIX F**Persons Consulted in this CHNA Who Represent Governmental Organizations**

Name	Title/Organization
Steve Schneider	Executive Director, UV Lake Sunapee Regional Planning Commission
Paula Maville	Interim City Manager- Lebanon
Lynne Goodwin	Director of Human Services, Lebanon
Lori Hirshfield	Director of Planning, Hartford
Leo Pullar	Town Manager, Hartford
Bill Bellion	Chief, Canaan Fire/EMS
Charlie Dennis	Chief, Hanover Police
Timothy Julian	Chief, Springfield Police
Phil Kastem	Chief, Hartford PD
Scott Cooney	Chief, Hartford Fire/EMS
Brett Mayfield	Health Officer, Hartford
Alan Johnson	SelectBoard, Hartford
David Cahil	State's Attorney, Windsor County
Julia Griffin	Town Manager, Hanover
Chris Christopoulos	Chief, Lebanon Fire
Andy White	Captain, Lebanon Fire/EMS
Lara Saffo	County Attorney, Grafton County
Ed Andersen	Chief, New London Police
Jason Lyon	Chief, New London Fire
Kim Hallquist	Town Administrator, New London
Dennis Pavlicek	Town Administrator, Newbury NH
Derek Ferland	County Manager, Sullivan County
Ryan McNutt	City Manager, Claremont
Charlene Lovett	Mayor, Claremont
Paul Brown	Administrator, Town of Newport
Steven Neill	SelectBoard Member, Charlestown
Jane Barkie	Town Manager, Washington
Cindy Williams	Town Clerk, Goshen
Donna Nashawaty	Town Manager, Sunapee
Keith Cutting	EMS, Springfield
Stephanie Schell	Human Services Director, Plainfield
Tracy Decker	Town Secretary, Unity
James Mullen	Town Manager, Weathersfield
Bryan Burr	Chief, Claremont Fire
Mark Chase	Chief, Claremont Police
John Simonds	Sheriff, Sullivan County
Kathi Bradt	Administrative Assistant, Acworth
Doug Hackett	Chief, Cornish Police
Ingrid Locher	Official, Lempster

Wayne Whitford	Health Officer, Newbury
Tom Marsh	Town Manager, Windsor
Jason Rasmussen	Director of Planning, South. Windsor Regional Planning Commission
Kathleen Otto	Southern Windsor Regional Planning Commission
Kimberly Gilbert	Planner, Two Rivers-Ottawaquechee Regional Planning Commission
Christopher Damiani	Planner, Two Rivers-Ottawaquechee Regional Planning Commission
Kathy Hemenway	Area Director, VT Division of Children and Families
Maryann Babic-Keith	NH DCYF
Kevin McAllister	Chief, Windsor Fire
Bill Soule	Community Corrections District Manager, VT Probation & Parole
Bill Sampson	Chief, Windsor Police
Dave Berry	Superintendent, Sullivan County Corrections
William Daniels	Chief, Weathersfield Police
Philip Swanson	Town Manager, Woodstock VT
Chief Blish	Chief, Woodstock VT Police
Kelly Murphy	Consultant, Nonprofit First Responders
Mike Chamberlin	Sheriff, Windsor County
Laura McNaughton	Director, VT DOH WRJ region
Alice Ely	Executive Director, UV Public Health Council
Deb Langner	Health Officer, New London
Ashley Greenfield	Coordinator, Greater Sullivan County Public Health Network
Bridget Aliagia	Coordinator, Upper Valley Public Health Network
Jackie Baker	Coordinator, Upper Valley Public Health Network
Kirsten Vigneault	Lead, Greater Sullivan County Public Health
Suzanne Carr	Human Services Director, Claremont
Sheila Powers	Principal, White River School
Nelson Fogg	Principal, Harford High School
Cynthia Collea	Principal, Enfield School
Creigh Moffat	Nurse, Rivendell Middle/High School
Patrick Andrew	Superintendent, Mascoma Schools
Joanne Roberts	Superintendent, SAU 88
Cindy Gallagher	Superintendent, SAU 43
Winifried Feneberg	Superintendent, SAU 65
Russell Holden	Superintendent, Sunapee SAU
Lori Landry	Superintendent, Fall Mountain SAU
Michele Munson	Superintendent, Lempster/Goshen Schools
Kelly George	Teaching Principal Croydon School
Jennifer Prileson	Principal, Cornish School
Dr. David Baker	Superintendent, Windsor Southeast Supervisory Union
Jean Marie Oakman	Principal, Weathersfield Elementary
Jennifer Aldrich	Principal, Albert Bridge, W. Windsor
Christine Bourne	Principal, Hartland Elementary
Tiffano Cassano	Principal, Windsor K-12

Middleton McGoodwin	Superintendent, SAU 6
Corey Leclair	Assistant Superintendent, SAU 6
Richard Beard	VT Probation and Parole
Hope Charkins	Children with Special Needs, Vermont Dept. of Health
Scott Hausler	Director, Hartford Recreation
Kati Jopek	Director, Mascoma Recreation
Paul Coats	Director, Lebanon Recreation
Scott Blewitt	Director, New London Recreation
PJ Lovely	Director, Newport Recreation
Harry Ladue	Director, Windsor Recreation
John Leonard	Director, Hartland Recreation
Peter Gregory	Executive Director, Twin Rivers Regional Planning Commission
Pat Crocker	Planner, Transportation, UVLS Regional Planning Commission

APPENDIX G

Persons Consulted in this CHNA Who Represent Public Health Organizations

Name	Title/Organization
Brett Mayfield	Health Officer, Hartford
Wayne Whitford	Health Officer, Newbury
Alice Ely	Executive Director, UV Public Health Council
Deb Langner	Health Officer, New London
Ashley Greenfield	Coordinator, Greater Sullivan County Public Health Network
Bridget Aliagia	Coordinator, Upper Valley Public Health Network
Jackie Baker	Coordinator, Upper Valley Public Health Network
Kirsten Vigneault	Lead, Greater Sullivan County Public Health
Deanna Dolan	Coordinator Greater Sullivan County Public Health
Melanie Sheehan	Manager, Mt Ascutney Prevention Partnership
Claudia Marieb	Consultant, VT Dept. of Health
Laura McNaughton	Director, VT DOH WRJ region

APPENDIX H

Community Health Facilities and Resources That Address Needs Identified in this CHNA

Community partners who have worked with Mt. Ascutney Hospital and Health Center to address needs identified in our CHNA include:

- Windsor County Sheriff and DEA
- Healthcare and Rehabilitative Services of Southeastern Vermont
- Windsor County Prevention Partners
- Ottauquechee Community Partnership
- CT Valley Recovery Services
- Bradford Psychiatric Associates
- White River Family Practice
- Blue Cross Blue Shield
- Windsor Police Department
- Windsor Connection Resource Center
- Vermont Department of Health
- Vermont Prescription Monitoring Program
- Dartmouth Hitchcock Medical Center
- Support and Services at Home
- Turning Point Recovery Center in Springfield and Hartford
- UVM and Vermont Medical Society
- SBIRT Vermont
- Windsor County Prevention Partners
- Two Rivers Ottauquechee Regional Commission
- Windsor South East Supervisory Union
- Woodstock Police Department
- Towns of Weathersfield, Woodstock and Windsor
- Junction Youth Center
- Windsor Community Health Clinic
- West Central Behavioral Health
- Mount Ascutney Pediatrics
- Northeast Delta dental
- School Dental Hygienist
- Ottauquechee Health Foundation – Smiles program
- St. Francis Church, Old South Church, Trinity Evangelical Free Church
- Windsor Recreation Department
- Windsor Foodshelf
- Springfield Supported Housing
- hunger free Vermont
- Southern Vermont area health education Center That
- Vermont housing Association
- Vermont Foodbank
- Vermont Department of Health
- Windsor HSA Community Collaborative
- Gov.'s Council on worksite wellness
- UVM's Vermont Center on children youth and families
- Albert Bridge School's principal Jennifer Aldrich
- Building Bright Futures and Promise Communities Steering Committee
- Volunteers in Action
- CT River transit
- The Current bus company
- Southern Windsor County Regional Planning Commission
- Aging in Hartland
- Senior Solutions

- Thompson Senior Center
- Woodstock Area Adult Day Services – Scotland house

APPENDIX I

Evaluation of Current Progress and Impact of Actions Taken to Address Needs Identified in the Previous CHNA

An intentional effort was made to evaluate the progress and impact on actions taken to address the needs in the 2015 CHNA. The following format was used to collect data in a survey:

In 2015, a community health needs assessment was done. Based on the identified needs, an action plan was put into place. A list of those actions can be found by clicking on this link: [Actions Taken](#). Your input will help us understand the effect of these actions.

Please answer the following questions based on your own experience and what you see in your own community.

Thank you!

Jill Lord, RN, MS
 Director of Community Health

For the statement below, would you say that over the last 3 years, the condition has improved, stayed the same or are worse?

Question Title

*** 1. For the statement below, would you say that over the last 3 years, the condition has improved, stayed the same or are worse? w 0**

	Improved	Same	Worse	Don't know
Alcohol and drug misuse (including use of heroin and pain medication)	Alcohol and drug misuse (including use of heroin and pain medication) Improved	Alcohol and drug misuse (including use of heroin and pain medication) Same	Alcohol and drug misuse (including use of heroin and pain medication) Worse	Alcohol and drug misuse (including use of heroin and pain medication) Don't know
People can get mental health care when they need it	People can get mental health care when they need it Improved	People can get mental health care when they need it Same	People can get mental health care when they need it Worse	People can get mental health care when they need it Don't know
People can get dental health care when they need it	People can get dental health care when they need it Improved	People can get dental health care when they need it Same	People can get dental health care when they need it Worse	People can get dental health care when they need it Don't know
People can get medical care when they need it	People can get medical care when they need it Improved	People can get medical care when they need it Same	People can get medical care when they need it Worse	People can get medical care when they need it Don't know

	Improved	Same	Worse	Don't know
People can get affordable health insurance	People can get affordable health insurance Improved	People can get affordable health insurance Same	People can get affordable health insurance Worse	People can get affordable health insurance Don't know
People can afford the medications they need	People can afford the medications they need Improved	People can afford the medications they need Same	People can afford the medications they need Worse	People can afford the medications they need Don't know
People are exercising and active	People are exercising and active Improved	People are exercising and active Same	People are exercising and active Worse	People are exercising and active Don't know
Income, poverty and family stress	Income, poverty and family stress Improved	Income, poverty and family stress Same	Income, poverty and family stress Worse	Income, poverty and family stress Don't know
Seniors can get medical care when they need it	Seniors can get medical care when they need it Improved	Seniors can get medical care when they need it Same	Seniors can get medical care when they need it Worse	Seniors can get medical care when they need it Don't know
Tobacco use/smoking	Tobacco use/smoking Improved	Tobacco use/smoking Same	Tobacco use/smoking Worse	Tobacco use/smoking Don't know

Comments (Optional)

Mt. Ascutney Hospital and community partners (such as mental health, food shelves, recreation departments, etc.) have been working to improve the conditions above. How aware are you of their activities?

Question Title

*** 2. Mt. Ascutney Hospital and community partners (such as mental health, food shelves, recreation departments, etc.) have been working to improve the conditions above. How aware are you of their activities? w 0**

Very aware

Somewhat aware

Not at all aware

Comments (Optional)

My view of the communities' needs is based on (Check all that apply)

Question Title

*** 3. My view of the communities' needs is based on (Check all that apply) w 0**

My needs

Needs of my friends

Needs of my family

Needs of the people I serve

This survey is anonymous. The town I am from is:

Question Title

*** 4. This survey is anonymous. The town I am from is: w 0**

I would like to join you in this effort to bring health to my community. You can contact me at:

Question Title

*** 5. I would like to join you in this effort to bring health to my community. You can contact me at: w 0**

Name

Phone

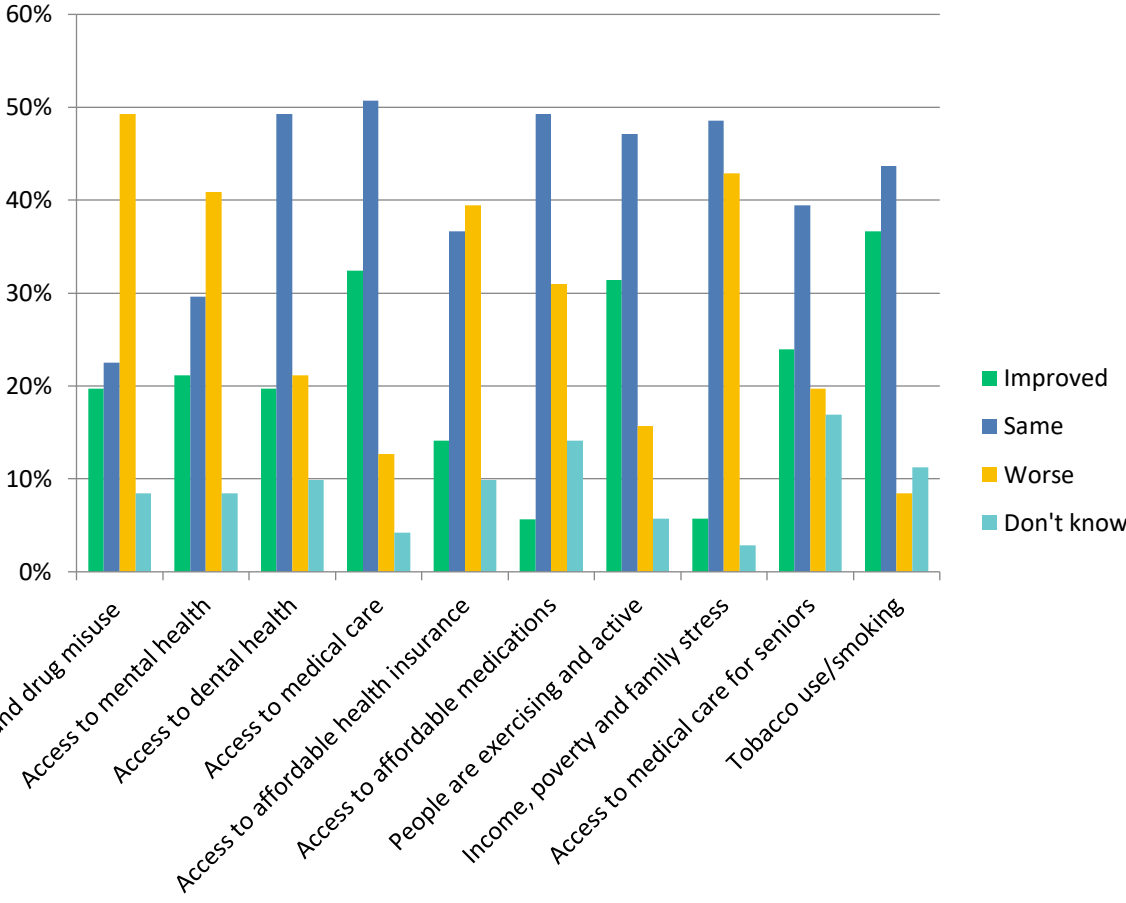
Email

Done

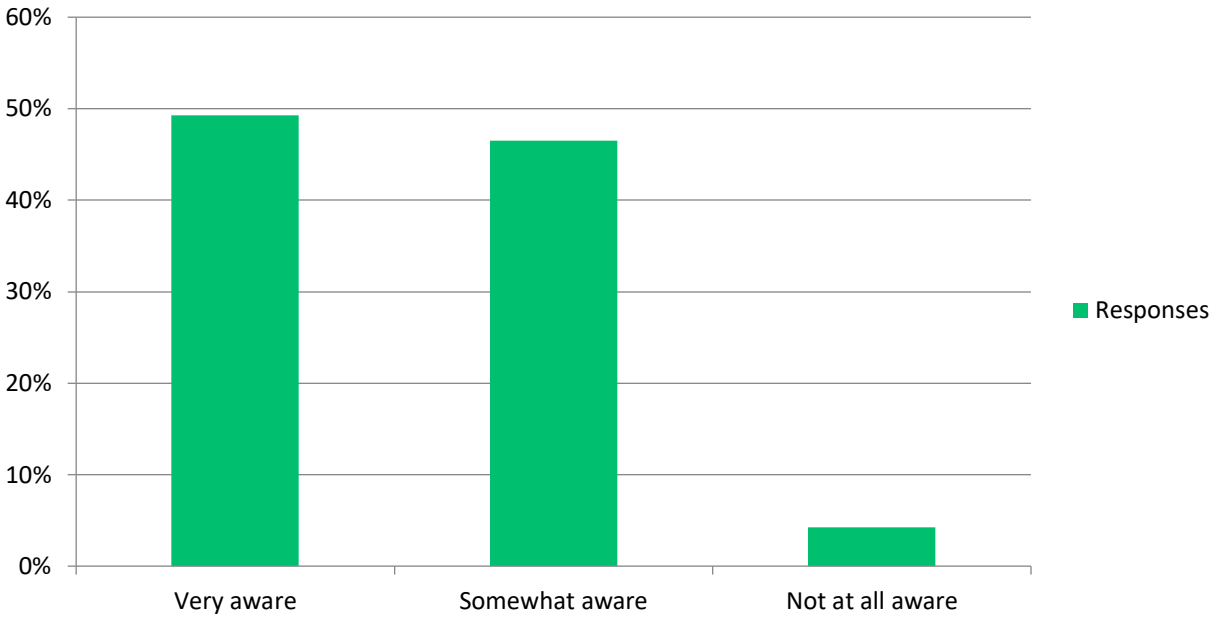
Bottom of Form

For the statement below, would you say that over the last 3 years, the condition has improved, stayed the same or are worse?	Improved		Same		Worse		Don't know	Total	
	%	Count	%	Count	%	Count			
Alcohol and drug misuse	19.72%	14	22.54%	16	49.30%	35	8.45%	6	71
Access to mental health	21.13%	15	29.58%	21	40.85%	29	8.45%	6	71
Access to dental health	19.72%	14	49.30%	35	21.13%	15	9.86%	7	71
Access to medical care	32.39%	23	50.70%	36	12.68%	9	4.23%	3	71
Access to affordable health insurance	14.08%	10	36.62%	26	39.44%	28	9.86%	7	71
Access to affordable medications	5.63%	4	49.30%	35	30.99%	22	14.08%	10	71
People are exercising and active	31.43%	22	47.14%	33	15.71%	11	5.71%	4	70
Income, poverty and family stress	5.71%	4	48.57%	34	42.86%	30	2.86%	2	70
Access to medical care for seniors	23.94%	17	39.44%	28	19.72%	14	16.90%	12	71
Tobacco use/smoking	36.62%	26	43.66%	31	8.45%	6	11.27%	8	71
Comments (Optional)									8
							Answered		71
							Skipped		0

Over the last 3 years, the condition has improved, stayed the same or is worse



Awareness of Mt. Ascutney Hospital and community partners work to improve the needs identified in the CHNA



Participation by Town

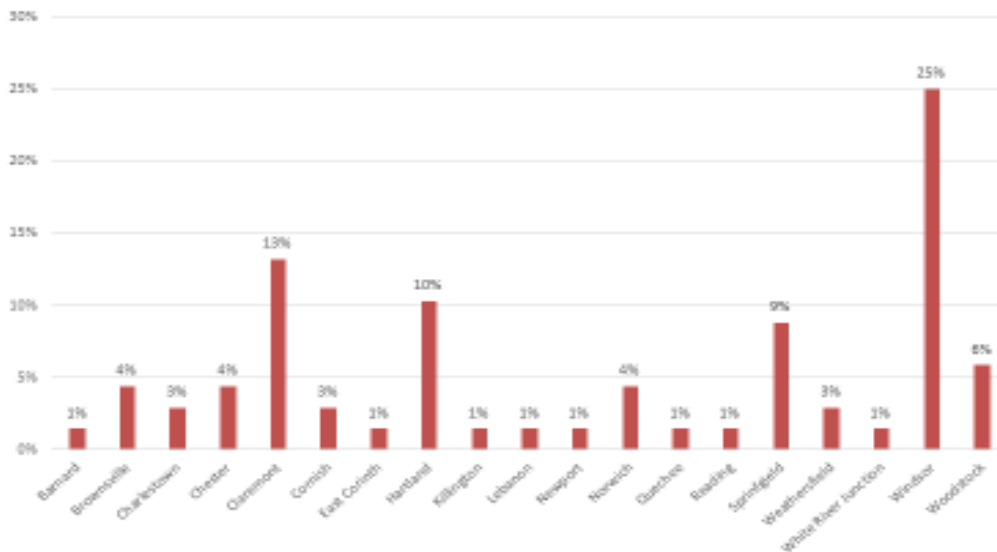


Table 10: Comparison of Selected Community Health Indicators between 2015 and 2018 with NH State Comparison

Community Health Indicator	Geographic Area	2015 Community Health Assessment	2018 Community Health Assessment	State Comparisons (most recent statistics available)	
				VT	NH
Access to care					
Percentage of adult population (age 18+) without health insurance coverage	MAHHC Service Area	10.8%	7.5%	5.3%	8.4%
Do not having a personal doctor or health care provider, percent of adults	Windsor County	13%	14%	12%	13%
Have not visited a dentist or dental clinic in the past year, percent of adults	Windsor County	28%	31%	29%	30%
Health Promotion and Disease Prevention					
Current smoking, percent of adults	Windsor County	19%	19%	18%	17%
Physically inactive in the past 30 days, % of adults	Windsor County	20%	23%	18%	21%
Binge drinking, percent of adults	Windsor County	17%	15%	17%	16%
Teen Birth Rate, per 1,000 Women Age 15-19	Windsor County	27.4	22.6	16.8	11.0

Community Health Indicator	Geographic Area	2015 Community Health Assessment	2018 Community Health Assessment	State Comparisons (most recent statistics available)	
				VT	NH
Health Outcomes					
Obese, percent of adults	Windsor County	26%	28%	28%	27%
Ever told had diabetes, percent of adults	Windsor County	6%	10%	8%	9%
Current asthma, percent of adults	Windsor County	10%	11%	11%	10%
Coronary Heart Disease Mortality, per 100,000 people, age-adjusted	Windsor County	121.3	89.1	105.4	94.6
Cancer Incidence, All sites, per 100,000 people, age-adjusted	Windsor County	NA	456.4	454.9	497.4
Cancer Deaths, All Sites, per 100,000 people, age-adjusted	Windsor County	171.0	161.0	168.6	162.3