



Assessing and Addressing Community Health Needs

January 2013

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BACKGROUND

Responding to the health needs of our community, especially to the most vulnerable, is central to the mission, vision and strategic plan of Mt. Ascutney Hospital and Health Center. An intentional and deliberate process has been used to understand an approach meeting community health needs. The importance of assessing the health status of our community is an essential part of the process. It is the foundation upon which implementation plans rest to meet pressing needs.

Mt. Ascutney Hospital and Health Center undertook an extensive community assessment process in 1992. At this time, review of primary and secondary indicators of community health was done. Concurrently, community focus groups were assembled to hear from persons who represent the broad interests of the community served by our hospital. These groups included those with special knowledge and expertise in public health.

The Windsor Area Community Partnership (WACP) was formed. This group, led by the hospital staff since its inception, delineated goals and objectives based on the needs identified by the assessments. Action plans were devised. Funding sources were obtained. Evaluations were done, and annual reports were both written and widely disseminated since 1992.

The importance of assessing community health, and developing and implementing programs to address selected needs was reinforced by the Patient Protection and Affordable Care Act enacted March 23, 2010. This law requires MAHHC to conduct health assessments and adopt implementation strategies to meet the community health needs which have been identified through the assessments.

Federal Requirements

Federal law and laws in many states require tax-exempt hospitals to conduct periodic community health needs assessments and adopt plans to meet assessed needs.

In order to comply with federal tax-exemption requirements in the Affordable Care Act, a tax-exempt hospital facility must:

- Conduct a community health needs assessment every three years. The assessment must:
 - Take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health.
 - Be made widely available to the public.
- Adopt an implementation strategy to meet the community health needs identified through this assessment.
- Report how it is addressing the needs identified in the community health needs assessment and a description of needs that are not being addressed with the reasons why such needs are not being addressed.

INTRODUCTION

In 2012, MAHHC entered into a collaborative process with Alice Peck Day Memorial Hospital, Dartmouth-Hitchcock Medical Center, and Granite State United Way to conduct a comprehensive community health needs assessment. The Director of Patient Care Services served on the Steering Committee that led and provided oversight to the regional assessment.

Additionally, MAHHC conducted three focus groups in a local effort to include input from persons representing the broad interests of those we serve. We included professionals with special knowledge and expertise in public health in the process.

The Upper Valley Needs Assessment report and results of our focus groups follow this introduction. On August 30, 2012, the results of the regional assessment and local assessment were presented in Windsor to the Windsor Area Community Partnership.

It is our intent to post this report on the hospital web page and to present its contents in various community forums such as the Rotary, to widely disseminate the picture of our community health needs.

OUTCOMES

Primary and secondary data was collected at the regional and local level. You will find an in depth reporting of this data in the attached appendices.

The "bottom line" outcomes, in executive summary fashion, breaks down the greatest community health needs as follows:

Regional Health Needs

1. Lack of quality jobs/income
2. Transportation access and cost
3. Housing costs
4. Tobacco/alcohol/drug use
5. Oral health
6. Mental health
7. Obesity/poor nutrition/lack of physical activity
8. All health/oral health insurance/access
9. Childcare
10. Asthma
11. Isolation/less time for community
12. Quality of/limited education

Local Health Needs

1. Strong partnership between youth, parents, schools and community with strong role models
2. Access to transportation, including community events
3. Access to quality healthcare without insurance restrictions

4. Better access to dental care, including those accepting Medicaid, also increased dental education
5. Decrease cultural stigma that leads to fear and isolation
6. Improved emphasis on restorative practices

IMPLEMENTATION PLAN

After considerable analysis and collaborative planning within the hospital and with the Windsor Area Community Partnership, the following implementation plan has been established:

1. Incorporate the top three local needs into the goals and objectives of the Windsor Area Community Partnership.
2. Create action plans to address the top three identified needs utilizing evidence based best practice approach wherever possible.
3. Assign responsibility to implement the action plans.
4. Seek funding as needed to implement the action plans.
5. Implement the action plans.
6. Evaluate the outcome of action plan implementation.
7. Document outcomes of the above effort within the annual report of the MAHHC Community Outreach in November 2013.
8. Widely and publically disseminate the outcomes of the hospital Board of Trustees, hospital staff, Windsor Area Community Partnership, and the community-at-large through posting on our website.
9. Celebrate success as a community and pursue opportunities to continue to improve areas of challenge.

APPENDIX A

Windsor Focus Group – April 26, 2012

**WINDSOR AREA COMMUNITY PARTNERSHIP
MEETING MINUTES
APRIL 26, 2012**

Attended by: Beth Brothers, Southern VT Area Health Education Center(SVAHEC); Mindi Bussino, SEVCA Outreach; Leah Dillon, Granite United Way; Laura Cody McNaughton, Vermont Department of Health; Robert Ellis, VNA/VNH; Iliana Filby, Community Member; Ben Fox, Habit, Opco, Inc.; Brenda Gould, Community; Lauren Hastings, MAHHC/Community Health Outreach; Terri Herzog, Windsor High School; Morgan Husband, Windsor High School Student; Steve Henry, Community Member; Carla Kamel, DCF/ESD; Deb Kell, MAPP Windsor Town Coordinator; Jill Lord, RN, MAHHC; Courtney McKaig, MAPP West Windsor Town Coordinator; Amy McMullen, Parent/Family Rep.; Kathy Muther, Head Start/SECVA; Jolin Rivera, Regional Community Assessment Staff; Tessie Sanborn, Windsor High School Student; Melanie Sheehan, MAHHC/MAPP; Debbi Kelin-Smith, HCRS; and Rachel Williams, Youth Managed Cafe

1. WELCOME, INTRODUCTIONS, AND INFORMATION SHARING – Jill welcomed the group and prefaced the meeting by stating that the 2012 Community Needs Assessment is an opportunity for our region, including Windsor and surrounding towns, to identify things in our community that impact health education and economic well-being. Identifying and prioritizing regional needs allows us to focus our organizations and funding opportunities more effectively on the factors in our community where change will produce meaningful improvement and well-being of the residents of our region.

A Steering Committee, including representatives from Granite United Way, Mt. Ascutney Hospital and Health Center, Dartmouth-Hitchcock Medical Center, Alice Peck Day Memorial Hospital, and other community members are guiding the needs assessment process. The most important part of this needs assessment is understanding the community through the eyes and experiences of people who work here.

The information discussed today will help us answer the question *What is our community telling us about community needs?* That will be combined with opinions of professional service providers and data about health and well-being from our community to better understand what would help us support healthier and more vibrant community.

Once again, Jill welcomed the group and introductions were made around the table. Jill then distributed copies of the questions and gave silent time to answer. Please see attached questions. The team answered in sequence questions 1 and 2, and then prioritized, through multi-voting, the three top concerns of those questions, and then addressed barriers to the top three areas of concern. The content to the first three steps in the focus group process are attached to these minutes (See attached *Upper Valley Community Needs Assessment Focus Group Discussion Results*).

We were unable to complete questions 4, 5 and 6; therefore, all members will be invited back to the next Windsor Area Community Partnership meeting on May 31, 2012, to continue the work.

Many thanks to all who participated. It was an enriching, meaningful group.

2. NEXT MEETING – The next meeting of the Windsor Area Community Partnership is scheduled for **Thursday, May 31, 2012 at 12 noon in the Board Room at MAHHC**, where the group will continue their focus group discussion beginning with Question 4.

Respectfully recorded,

Jill Lord, RN, MS
Director Patient Care Services/CNO

Attachments (2)

Jill/WACP/Meeting Minutes/4-26-12 Minutes(bjo)

**UPPER VALLEY COMMUNITY NEEDS ASSESSMENT
FOCUS GROUP DISCUSSION RESULTS**

Community: Windsor VT
Date: 26 April 2012, 12-2pm
Facilitator: Jill Lord
No. of Participants: 20

Process:

1. Introduction of nature, purpose and process of focus group discussion by Jill Lord
2. Brief self-introductions
3. "Silent time" wherein participants wrote down their individual answers to discussion Questions 1 and 2
4. Verbal sharing of answers to Question 1; responses tabulated in flip chart paper
5. Verbal sharing of answers to Question 2; responses tabulated in flip chart paper
6. Prioritization of answers to Questions 1 and 2
7. "Silent time" wherein participants wrote down their individual answers to discussion Questions 3, 4 and 5
8. Verbal sharing of answers to Question 3; responses tabulated in flip chart paper
9. Meeting adjourned at 2:15pm (Questions 4 and 5 not discussed; Jill plans to utilize next month's meeting to complete the discussion)

QUESTION 1: "What do you wish could change in your town that would most benefit the health, education, and economic well-being *of your neighbors, friends, and family?*"

Answers	No. of Times Mentioned	Priority Points (for both Q1 & Q2)	Priority Ranking (for both Q1 & Q2)
1. Equal and consistent access and diagnosis of health	1	0	-
2. Better access to dental care (dentists accepting Medicaid)	4	6	2
3. More strengthening of partnerships in the community (community-engaging events)	3	8	1st (combined by group with No. 6)
4. Central source of information	1	0	-
5. Transportation and related infrastructure (including fixed sidewalks); walking and biking culture	5	0	-
6. Youth and community involvement (more and affordable activities; not only sports)	4	8	1st (combined by group with No. 3)
7. Pre-senior center for active retirees	1	2	9th (tied)
8. Awareness and usage of what's needed and what's available	2	0	-

9. Shelter; transitional and affordable housing	2	1	12 th (tied)
10. Increasing community involvement in programs	1	0	-
11. Thrift store	1	0	-
12. Soup kitchen (both centralized and decentralized)	2	3	6 th (tied)
13. Better police awareness and presence to deal with drug problem	1	0	-
14. Smoke-free zone in parks and in front of school	1	0	-
15. Poor, disabled, low-income families and elderly's access to resources	1	1	12 th (tied)
16. Legal advice/advocacy			
17. Ombudsman who links and follows through			
18. Renters'/tenants' association			
19. Good-paying jobs, including related training and educational opportunities	3	4	5 th
20. More and earlier drug education for young adults	1	0	-
21. Education on violence and gangs	1	0	-
22. What poor families say they need (voice and structure)	1	0	-
23. Improved consideration of socio-emotional/holistic approach to all students' needs	3	5	4 th (tie with No. 49 broken via vote)
24. Early parenting and education	1	0	-
25. Education about poverty	1	0	-
26. Lower gas prices	1	0	-
27. Voice for youth	1	2	9 th (tied)
28. Recycling in school (including awareness)	1	1	12 th (tied)
29. More multi-generational events	1	0	-
30. Neighbor-to-neighbor connections/social connectedness (example: labor barter)	3	3	6 th (tied)
31. Federal and State policy that follows Federal & State recommendations	1	0	-
32. Community service opportunities	1	0	-
33. Youth jobs and training opportunities	1	1	12 th (tied)

QUESTION 2: “What things most get in the way of the health, safety, education, and economic well-being *for you and your family?*”

Answers	No. of Times Mentioned	Priority Points (for both Q1 & Q2)	Priority Ranking (for both Q1 & Q2)
34. Cost of health care	4	0	-
35. Stronger links with useful and fun family events	2	0	-
36. Time and distance to, and cost of, resources	5	2	9 th (tied)
37. PCP access	1	0	-

38. Additional staff/human resources to support activities	2	0	-
39. socialization	1	0	-
40. Know-how regarding resources	1	0	-
41. Location/venue matches function and need	1	0	-
42. Achieving balance in life	3	1	12 th (tied)
43. Additional resources for youth activities	2	0	-
44. Increased access to opportunities to speak up	3	3	6 th (tied)
45. Cost of living	3	0	-
46. Lack of engagement of others and with self	2	0	-
47. Cost and lack of childcare	3	1	12 th (tied)
48. Uninsured/underinsured	1	0	-
49. Stigma, leading to fear and isolation	2	5	3 rd (tie with No. 23 broken via vote)
50. Shorter workweek	1	0	-
51. Opportunities to build community	1	0	-
52. Burnout and community cynicism	1	1	
53. Sabbatical from work	1	0	-
54. Cost of food	1	0	-
55. Road conditions	1	0	-
56. Voice for currently and formerly incarcerated	1	1	
57. Opportunities for part-time employment	1	0	-
58. Access to psychiatry	1	1	

QUESTION 3: “*What barriers get in the way* of the people in your town being able to access services/jobs/education that would improve their health and wellbeing?”

PRIORITY ISSUE (Rank 1): *strengthening of partnerships in the community through youth and community involvement*

Answers	No. of Times Mentioned
Time	7
Lack of funding	6
Lack of outreach	2
Communication	7
Stigma (afraid of getting involved)	1
Lack of knowledge	3
Competition for funding	1
Robust follow-through	1
Not “thinking outside the box”	1
Having relationships with those outside usual circle	1
Cynicism	1
Lack of resources	1
Donor burnout	1

PRIORITY ISSUE (Rank 2): better access to dental care (dentists accepting Medicaid)

Answers	No. of Times Mentioned
financial	3
transportation	4
Dentists taking Medicaid	5
Insurance coverage (affordable and useful)	4
Knowledge of available resources	1
Communicating available resources/lack of community outreach	3
Lac of dentists	5
Reimbursement rates	1
Lack of prevention education	2
Medicare and Medicaid gap	1
Emergency dental care	1
Clinic for uninsured and underinsured	1
Access to quality and affordable dentures	1
More choices other than extraction	1
Dental coverage to all children	1

PRIORITY ISSUE (Rank 3): Getting rid of stigma (that leads to fear and isolation)

Answers	No. of Times Mentioned
Communication	5
Community connection and support structures	2
Lack of confidence	3
More opportunities for cross-cultural, cross-generational, cross-class and cross-income engagement	2
Genuine acceptance	1
Cynicism	1
Lack of involvement/spiraling isolation	3
Lack of outreach, peer mentoring	1
Labeling; putting ourselves in boxes; stereotypes	3
Media (all types)	2
Lack of leadership	1
Social media/internet	1

Documented by: Jolan Rivera

APPENDIX B

Windsor Focus Group – May 31, 2012

**UPPER VALLEY COMMUNITY NEEDS ASSESSMENT
FOCUS GROUP DISCUSSION RESULTS**

Community: Windsor VT
Date: 31 May 2012, 12-1:30 PM
Facilitator: Jill Lord
No. of Participants: 18

Jill welcomed the group and provided a summary statement of the work accomplished on April 26, 2012, and reviewed the outcomes of that work. Please see attached. Jill then outlined the task for today, which was to answer the final two questions: (1) What most helps you and people in your town to be healthy, safe and able to enjoy life? and (2) What practical solutions would you recommend to improve the top three issues for Windsor (a) more strengthening of partnerships in community through youth and community involvement; (b) better access to dental care (dentists accepting Medicaid); and (c) getting rid of stigma that leads to fear and isolation.

Jill then challenged the group to take five minutes of silence and record their suggestions to the questions. The group then shared their answers and suggestions as follows:

QUESTION 1: *"What most helps you and people in your town to be healthy, safe and able to enjoy life?"*

Answers	No. of Times Mentioned	Priority Points (for both Q1 & Q2)	Priority Ranking (for both Q1 & Q2)
Level of comfort	1		
Sense of belonging	2		
Stable, safe affordable housing	2		
Access to quality health care without insurance restrictions	1		
Knowledge of programs and how to access them with personal invitations	2		
Time for recreation and exercise	3		
Strong partnerships between youth, parents, schools and community with strong role models	1		
Community gatherings	3		
Access to mental health services when needed	1		
Support at home—physical and emotional	1		
Proper nutrition—local, organic, affordable	3		
Access to jobs with minimum wage	1		
Finding your passion	1		
Diversity of jobs with purpose, both volunteer and paid	1		
Relationships, belonging and support	3		
Open spaces with parks and nature	2		
Years of mobility	1		
Good work/life balance	1		
Access to transportation and community events	1		

Answers	No. of Times Mentioned	Priority Points (for both Q1 & Q2)	Priority Ranking (for both Q1 & Q2)
Promotion of healthy environments with restriction of unhealthy options	1		
Safety in all environments	1		
Strong law enforcement behind substance use	1		
Schools as an institution	1		
Positive community infrastructure, i.e., schools, police, etc.	1		
Acknowledgement/recognition of positive contributions	1		
Assessment and open discussion of drugs	1		
Walk ability, bike ability	1		
Knowing peoples names to say hello	1		
Well funded Rec and Library	1		

QUESTION 2: *"What practical solutions would you recommend to improve the top three issues for Windsor?"*

(a) More strengthening of partnerships in community through youth and community involvement

Answers	No. of Times Mentioned	Priority Points (for both Q1 & Q2)	Priority Ranking (for both Q1 & Q2)
Development of youth mentoring program	2		
Venues to highlight youth talent	1		
Teen advertising boards at libraries	1		
Central communication vehicle to connect youth to opportunities	2		
Youth shadow programs	1		
Youth build type projects, i.e., building skills	1		
Including youth in planning and development of programs	1		
Resource Center Welcome Packet	1		
Small grassroots mobilization, i.e., community connection with commitment	1		
Support of Youth Managed Café, interest and attendance	1		
Expertise with developing leaders in vulnerable populations	1		
Common goals and activities across generations	2		
Investigate the spark that creates commitment from all sectors	1		
Asset development strategies	1		
Empower youth, invite to address specific topics	1		
Connect community members where talents and input can be utilized for common good	1		
Opportunities for ownership creates investment	1		
Youth governing board	1		
Inspirational speakers open to the public to broaden knowledge to all	1		
Windsor on Air, youth skills development and utilization for community events and meetings	1		

Answers regarding dental care and getting rid of stigma were not shared at the meeting due to time limits, but are included here for your information.

(b) Better access to dental care (dentists accepting Medicaid)

Answers	No. of Times Mentioned	Priority Points (for both Q1 & Q2)	Priority Ranking (for both Q1 & Q2)
Transportation opportunities	2		
Information about above available to wide range of population	1		
Assistance with cost, qualification, paperwork, early access to treatment "Tooth Tutor"	1		
Educating more people about the issue	1		
Forming a group that could go to the state government with this concern (advocacy)	1		
Teach youth about available resources	1		
Dental clinics in the immediate area	1		
More dentists who are willing to accept Medicaid	1		
Financial incentives for dentists to come and advocate for higher reimbursement	1		
Contact dental schools, Ronald McDonald Van, Springfield Dental Clinic, Ludlow Dental Clinic	1		
Incentives for dental students to come to the area	1		
Mobile dental van	1		
Promotion of what exists	1		
Media campaign, especially pediatric varnish, etc.			
Prevention education on dental prevention, i.e., juice, sugar-sweetened beverages	1		
Have a dental clinic in the school or traveling dental clinic into the school	1		
Access for the uninsured and underinsured	1		
Don't know, but definitely needed	1		
Basic dental insurance	1		
Could have a dental maintenance plan created, i.e., \$50.00/month gets you cleaning services, etc.	1		
Have dentist have community service as well	1		
Brochure of area providers	1		
Routine part of care, fluoride prevents problems, don't have to pull teeth	1		
How can a low income person get dental care	1		
Subsidy to dentists to help defray losses would pay off as a dental/periodontal diseases can cause serious overall health issues, which are costly to treat	1		
Rent mobile dental van	1		
Solicit hygienist/dentist for volunteers	1		
Incentives for dentists—federal \$\$	1		
Helping people set priorities in their budget	1		

Answers	No. of Times Mentioned	Priority Points (for both Q1 & Q2)	Priority Ranking (for both Q1 & Q2)
Clinics available for low income	1		
Health education in schools	1		
Grant writing	1		
Red Logan Dental Clinic	1		
Subsidy to dentists who are willing to take Medicaid	1		

(c) Getting rid of stigma that leads to fear and isolation

Answers	No. of Times Mentioned	Priority Points (for both Q1 & Q2)	Priority Ranking (for both Q1 & Q2)
Identify and support indigenous leaders	1		
Exposure via participating in activities with each other	1		
Change current economic system	1		
Collaboration between groups involve indigenous community leaders—pay them to reach out to others to get folks involved in developing a response to concerns	1		
Maintain privacy for services	1		
Common card for all receiving services	1		
Personal connections	1		
Invites to be involved	1		
Attend workshops	1		
Mini Guiding Good Choices	1		
Community improvement project	1		
Access all sectors that speak you are valued to all residents	1		
Handicap access to community events	1		
Transportation to community events	1		
Lots of communication	1		
Minimizing the fear of I'm different	1		
How we work with others, 1:1 modeling, no judgment	1		
Get list of all residents	1		
Enlist students and adults to form groups to visit block by block	1		
Use a survey and form for discussion	1		
All community opinions, opportunities, etc.	1		
Community volunteer	1		
Workdays to help those who are old or handicapped	1		
Visible community efforts that everyone can see people taking part in the community	1		
Making sidewalks downtown safe for handicapped	1		
More positive publicity of the happenings in our community	1		
Sharing of positive information around town	1		
Increase street lighting	1		
Investment in question (a) improves question (c)	1		

Answers	No. of Times Mentioned	Priority Points (for both Q1 & Q2)	Priority Ranking (for both Q1 & Q2)
Restorative practices	1		
Trust	1		
Give responsibility	1		
Because someone is low-income, doesn't mean they are a bad person or on drugs, etc.	1		
Same as making connections in community to (a)	1		
Educate the public via media tools	1		
More joining of youth/elder populations and socioeconomic levels, such as housing	1		
Community working together	1		
Taking pride in Windsor	1		
Community events at low or no cost	1		
Visibility of campaign	1		
Mental illness or any topic	1		
Education	1		

3. NEXT MEETING – The next meeting of the Windsor Area Community Partnership is scheduled for **Thursday, June 28 at 12 noon in the Board Room at MAHHC. Jill invited all members to return on June 28, at our next meeting to explore next steps, prioritize needs and develop an action plan.**

Respectfully recorded,

Jill Lord, RN, MS
Director Patient Care Services/CNO

Jill/WACP/5-31-12 Focus Group Notes (Windsor, VT)

APPENDIX C

Windsor Focus Group – June 28, 2012

**UPPER VALLEY COMMUNITY NEEDS ASSESSMENT
FOCUS GROUP DISCUSSION RESULTS**

Community: Windsor, VT

Date: 28 June, 2012, 12:00-1:30 PM

Facilitator: Jill Lord, RN, MS

No of Participants: 9

As a follow-up to the meeting of May 31, 2012, the group continued their work in priority ranking answers to the questions and sub-questions as follows:

QUESTION 1: *"What most helps you and people in your town to be healthy, safe and able to enjoy life?"*

Answers	No. of Times Mentioned	Priority Points (for both Q1 & Q2)	Priority Ranking (for both Q1 & Q2)
Level of comfort	1		
Sense of belonging	2	1	
Stable, safe affordable housing	2	2	
Access to quality health care without insurance restrictions	1	3	3
Knowledge of programs and how to access them with personal invitations	2	3	
Time for recreation and exercise	3	1	
Strong partnerships between youth, parents, schools and community with strong role models	1	5	1
Community gatherings	3	3	
Access to mental health services when needed	1	1	
Support at home—physical and emotional	1	1	
Proper nutrition—local, organic, affordable	3		
Access to jobs with minimum wage	1		
Finding your passion	1		
Diversity of jobs with purpose, both volunteer and paid	1	2	
Relationships, belonging and support	3	1	
Open spaces with parks and nature	2	1	
Years of mobility	1		
Good work/life balance	1		
Access to transportation and community events	1	4	2
Promotion of healthy environments with restriction of unhealthy options	1		
Safety in all environments	1	1	
Strong law enforcement behind substance use	1	1	
Schools as an institution	1		
Positive community infrastructure, i.e., schools, police, etc.	1		
Acknowledgement/recognition of positive contributions	1	1	
Assessment and open discussion of drugs	1		
Walk ability, bike ability	1		
Knowing peoples names to say hello	1		
Well funded Rec and Library	1		

QUESTION 2: "What practical solutions would you recommend to improve the top three issues for Windsor?"

(a) More strengthening of partnerships in community through youth and community involvement

Answers	No. of Times Mentioned	Priority Points (for both Q1 & Q2)	Priority Ranking (for both Q1 & Q2)
Development of youth mentoring program	2	1	
Venues to highlight youth talent	1		
Teen advertising boards at libraries	1		
Central communication vehicle to connect youth to opportunities	2	2	
Youth shadow programs	1	2	
Youth build type projects, i.e., building skills	1		
Including youth in planning and development of programs	1	1	
Resource Center Welcome Packet	1		
Small grassroots mobilization, i.e., community connection with commitment	1	7	1
Support of Youth Managed Café, interest and attendance	1	4	3
Expertise with developing leaders in vulnerable populations	1	2	
Common goals and activities across generations	2	3	
Investigate the spark that creates commitment from all sectors	1		
Asset development strategies	1		
Empower youth, invite to address specific topics	1	1	
Connect community members where talents and input can be utilized for common good	1	5	2
Opportunities for ownership creates investment	1	1	
Youth governing board	1	1	
Inspirational speakers open to the public to broaden knowledge to all	1		
Windsor on Air, youth skills development and utilization for community events and meetings	1	1	

Answers regarding dental care and getting rid of stigma were not shared at the meeting due to time limits, but are included here for your information.

(b) Better access to dental care (dentists accepting Medicaid)

Answers	No. of Times Mentioned	Priority Points (for both Q1 & Q2)	Priority Ranking (for both Q1 & Q2)
Transportation opportunities	2		
Information about above available to wide range of population	1		
Assistance with cost, qualification, paperwork, early access to treatment "Tooth Tutor"	1		
Educating more people about the issue	1		
Forming a group that could go to the state government with this concern (advocacy)	1		

Answers	No. of Times Mentioned	Priority Points (for both Q1 & Q2)	Priority Ranking (for both Q1 & Q2)
Teach youth about available resources	1		
Dental clinics in the immediate area	1	6	1
More dentists who are willing to accept Medicaid	1	4	2
Financial incentives for dentists to come and advocate for higher reimbursement	1		
Contact dental schools, Ronald McDonald Van, Springfield Dental Clinic, Ludlow Dental Clinic	1	2	
Incentives for dental students to come to the area	1	2	
Mobile dental van	1	2	
Promotion of what exists	1		
Media campaign, especially pediatric varnish, etc.			
Prevention education on dental prevention, i.e., juice, sugar-sweetened beverages	1	3	3
Have a dental clinic in the school or traveling dental clinic into the school	1		
Access for the uninsured and underinsured	1	2	
Don't know, but definitely needed	1		
Basic dental insurance	1		
Could have a dental maintenance plan created, i.e., \$50.00/month gets you cleaning services, etc.	1	3	
Have dentist have community service as well	1		
Brochure of area providers just do it	1		
Routine part of care, fluoride prevents problems, don't have to pull teeth	1	1	
How can a low income person get dental care	1		
Subsidy to dentists to help defray losses would pay off as a dental/periodontal diseases can cause serious overall health issues, which are costly to treat	1	1	
Rent mobile dental van	1		
Solicit hygienist/dentist for volunteers	1		
Incentives for dentists—federal \$\$	1		
Helping people set priorities in their budget	1		
Clinics available for low income	1		
Health education in schools	1		
Grant writing	1		
Red Logan Dental Clinic	1		
Subsidy to dentists who are willing to take Medicaid	1		

(c) Getting rid of stigma that leads to fear and isolation

Answers	No. of Times Mentioned	Priority Points (for both Q1 & Q2)	Priority Ranking (for both Q1 & Q2)
Identify and support indigenous leaders	1	1	
Exposure via participating in activities with each other	1		

Answers	No. of Times Mentioned	Priority Points (for both Q1 & Q2)	Priority Ranking (for both Q1 & Q2)
Change current economic system	1		
Collaboration between groups involve indigenous community leaders—pay them to reach out to others to get folks involved in developing a response to concerns	1		
Maintain privacy for services	1		
Common card for all receiving services	1		
Personal connections	1	2	
Invites to be involved	1	1	
Attend workshops	1		
Mini Guiding Good Choices	1		
Community improvement project	1	3	
Access all sectors that speak you are valued to all residents	1		
Handicap access to community events	1	1	
Transportation to community events	1	2	3
Lots of communication	1		
Minimizing the fear of I'm different	1		
How we work with others, 1:1 modeling, no judgment	1		
Get list of all residents	1		
Enlist students and adults to form groups to visit block by block	1		
Use a survey and form for discussion	1		
All community opinions, opportunities, etc.	1		
Community volunteer	1		
Workdays to help those who are old or handicapped	1	2	
Visible community efforts that everyone can see people taking part in the community	1	1	
Making sidewalks downtown safe for handicapped	1	1	
More positive publicity of the happenings in our community	1	1	
Sharing of positive information around town	1		
Increase street lighting	1		
Investment in question (a) improves question (c)	1	5	1
Restorative practices	1	3	2
Trust	1		
Give responsibility	1		
Because someone is low-income, doesn't mean they are a bad person or on drugs, etc.	1		
Same as making connections in community to (a)	1		
Educate the public via media tools	1		
More joining of youth/elder populations and socioeconomic levels, such as housing	1	1	
Community working together	1		
Taking pride in Windsor	1		
Community events at low or no cost	1	3	
Visibility of campaign	1		
Mental illness or any topic	1		
Education	1	1	

APPENDIX D

Local Report of Community Assessment

August 30, 2012

**COMMUNITY ASSESSMENT
AUGUST 30, 2012**

I. Regional Summary [See attached]

A. Regional Themes

1. Income is more of a driver of health outcomes than rurality
2. Difference between income groupings of priorities encapsulate Problems people have vs. why they have problems
(higher income) *(lower income)*
3. People/families are complex and embroiled in multiple problems requiring collaborative rather than unidimensional solutions

B. Follow up from Regional Assessment

1. Report in October
2. Report will inform giving of United Way shows priorities are Education, Income, Health
3. Resource guide may be forthcoming
4. Regional group will continue to meet quarterly to develop visioning for 2020 and track indicators for improvement and convene like-minded work group, i.e., transportation.

C. Local Assessment

QUESTION 1: *"What most helps you and people in your town to be healthy, safe and able to enjoy life?"*

Ranking

1. Strong partnership between youth, parents, schools and community with strong role models
2. Access to transportation, including community events
3. Access to quality health care without insurance restrictions

QUESTION 2: *"What practical solutions would you recommend to improve the top three issues for Windsor?"*

(a) More strengthening of partnerships in community through youth and community involvement

Ranking

1. Small grass roots mobilization, i.e., community connection with commitment
2. Connect community members where talents and input can be utilized for the common good
3. Support Youth Managed Café, interest and attendance

(b) Better access to dental care (dentists accepting Medicaid)

Ranking

1. Dental clinics in immediate area
2. More dentists willing to accept Medicaid
3. Prevention education on dental prevention, i.e., juice, sugar-sweetened beverages

(c) Getting rid of stigma that leads to fear and isolation

Ranking

1. Investment in question improves question (c)
2. Restorative practices
3. Transportation to community events

APPENDIX E

***2012 Upper Valley
Community Needs Assessment Report***