APPENDICES

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Source: Chris Franzini, Nashua High School Photography Project



Source: Eden Tomaszewski, Nashua High School Photography Project

Appendix 1:

Healthcare Provider Profiles



City of Nashua, Parks & Rec Department

City of Nashua Division of Public Health and Community Services

18 Mulberry Street Nashua, NH 03060 603.589.4560 www.NashuaNH.gov



Mission

To promote, protect and preserve the health and well-being of the Greater Nashua Region through leadership and community collaboration.

Description

The Division of Public Health and Community Services (DPHCS) is the Public Health entity for the City of Nashua. It is one of only two full-service local health departments in the State of New Hampshire. The Division focuses on providing public health services based upon the 10 Essential Services of Public Health. Over thirty Division staff members are employed under the following departments and programs: Community Health Department, Environmental Health Department, City Welfare Department, Emergency Preparedness Program, Child Care Services Program, and Health Education and Prevention Services Program. All of the Departments within the Division offer services that directly impact the health, social, and economic well-being of the residents of the City of Nashua and the surrounding communities. The Division is centrally located in downtown Nashua and is easily accessed by pedestrian, vehicle, and public transportation.

Mobile Van Outreach: To provide barrier free, off-site access to community residents seeking: adult and childhood immunizations; blood pressure screening; TB, syphilis and hepatitis information and screening; referrals for shelter, food or medical care; and drug and alcohol information/referral to facilitate entry into chemical treatment programs.

Nashua Health Clinic: Both childhood and adult immunizations are made available to improve health standards and to prevent diseases for the individual, the family and the community. We also provide confidential HIV counseling and testing by trained counselors. Education is offered on risk-reduction measures and behaviors.

Immunization Clinics:

 Tuesdays
 4:00 PM - 7:00 PM

 Fridays
 8:30 AM - 10:30 AM

Service

Servicing primarily the City of Nashua and the Greater Nashua Region.

Lamprey Health Care – Nashua Center

10 Prospect Street, Suite 102 Nashua, NH 03060 603.883.1626 www.lampreyhealth.org



Mission

Our mission is to provide high quality primary medical care and other health related services with an emphasis on prevention and lifestyle management, to all individuals regardless of their insurance status or ability to pay.

Description

Lamprey Health Care (LHC) is a private, nonprofit community health center providing comprehensive family-oriented primary health care and health related services to individuals and families from the City of Nashua and thirteen surrounding towns. We seek to be a leader in providing access to medical and health services that improve the health status of the individuals and families in the communities we serve and strive to remove the barriers that prevent access to care by eliminating barriers such as language, finances, and lack of transportation. LHC's Nashua center has been serving patients in the City of Nashua since 2000 and in that time demand for services has continued to rise each year. The Nashua center is the chosen primary health care provider for a total of 5,416 patients, an over 27% increase since the start of the recession in 2008 and an over 232% increase from 2000.

Service

Nashua Area Health Center, a Center for Lamprey Health Care's primary service area includes the following towns: Amherst, Brookline, Hollis, Hudson, Litchfield, Merrimack, Milford, Nashua, Pelham and Wilton.



8 Prospect Street, PO Box 2014, Nashua, NH 03061 603.577.2000 www.snhmc.org



Mission

Southern New Hampshire Health System is committed to improving, maintaining, and preserving the overall health and well-being of individuals living in the greater Nashua area by providing information, education, and access to exceptional health and medical care services. **Description**

Southern New Hampshire Health System consists of Southern New Hampshire Medical Center founded in 1891 and its physician arm, Foundation Medical Partners founded in 1993. The Health System is committed to improving, maintaining and preserving the health of people in the greater Nashua area.

Southern New Hampshire Medical Center is a 188 bed acute care facility that retains the personal touch of a traditional community hospital while offering patients the resources of a regional medical center. It has a medical staff of over 550 primary and specialty care providers from Foundation Medical Partners, Dartmouth-Hitchcock Nashua and local independent practices. The Medical Center was awarded the prestigious Magnet Recognition status in 2007, recognizing excellence in nursing services. The hospital is now housed on two Nashua campuses.

Foundation Medical Partners is the second largest multi-specialty practice group in New Hampshire. The Foundation includes over 195 primary care and specialty providers in 55 practices, serving the greater Nashua community. Provider offices with rehabilitation clinics are located in communities throughout the greater Nashua area.

Through an established and developing relationship with the Massachusetts General Hospil patients have access to collaborative programs in children's services, cancer care, and t management of stroke patients. In addition, partnerships and affiliations with Dartmouth Media School, Dartmouth-Hitchcock Medical Center, Lahey Clinic, Joslin Diabetes Center and Childre Hospital in Boston, allow Southern New Hampshire Health System to provide its patients w seamless access to these centers of excellence and deliver a full complement of adult and materichild health care.

Service

Southern New Hampshire Medical Center's primary service area includes the following towns: Nashua, Amherst, Brookline, Greenville, Hudson, Hollis, Litchfield, Londonderry, Lyndeborough, Merrimack, Milford, Mont Vernon, Pelham, Wilton, Windham, and northern Massachusetts.



172 Kinsley Street Nashua, NH 03061-2013 603.882.3000 www.stjosephhospital.com



Mission

To provide high quality, compassionate care that contributes to the physical, emotional and spiritual well-being of our community of patients, families and neighbors.

Description

St. Joseph Healthcare is a regional, full-service healthcare system serving the Greater Nashua area, western New Hampshire and northern Massachusetts. We have built on over a century of service to meet the growing needs of our community through innovation, leading-edge technology, and the highest-quality medical care, our tradition since 1908. Our medical staff, employees, and volunteers are recognized among the very best by all the standard quality measures and by those who count the most - our patients.

On the main campus, St. Joseph Hospital, a designated magnet hospital for nursing excellence, is leading the way in the prevention, diagnosis, and treatment of disease. Our 208-bed facility combines the latest technologies with personalized medicine. Here's just some of the leading edge services we provide:

- Round-the-clock emergency services
- Comprehensive, specialized treatment and preventive services at The Cardiovascular and Diabetes Center, Breast Care Center and Oncology Center
- The state's only CARF-accredited stroke program at the Acute Rehabilitation Center
- Labor and delivery services voted among the best in the nation by our patients at The Childbirth Center
- An extensive physician network with specialists from the New England Heart Institute and primary care providers from SJ Family Medical Centers, SJ Internal Medicine, the Nashua Medical Group, Dartmouth-Hitchcock Nashua, and many more.

Service

St. Joseph's Hospital primary service area includes the following towns: Nashua, Amherst, Brookline, Greenville, Hudson, Hollis, Litchfield, Londonderry, Lyndeborough, Merrimack, Milford, Mont Vernon, Pelham, Wilton, Windham, and northern Massachusetts.



Greater Nashua Mental Health Center

at Community Council

Strengthening Individuals, Families and Our Community Since 1920!

7 & 15 Prospect Street, 100 West Pearl Street Nashua, New Hampshire 03060 603.889.6147

www.ccofnashua.org



Mission

Greater Nashua Mental Health Center at Community Council works with the community to meet the mental health needs of its residents by providing evaluation, treatment, resource development, education and research.

Description

Programs for Adults:

- Assessment & Brief Treatment,
- Individual, Couples & Group Therapy
- Community Support Services
- Assertive Community Treatment
- Psychopharmacological Consultation & Management
- Substance Abuse Services
- Batterer's Intervention Program
- Older Adult Services

Programs for Children & Adolescents

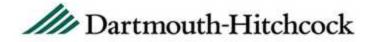
- Individual & Family Therapy
- Psychiatric Treatment
- Young Adult Program
- Group Therapy, including Adolescent Dialectical Behavior Therapy (DBT)
- School Based Mental Health Services
- Trauma Focused Treatment
- Supervised Visitation Center
- Child Impact Seminars for Divorcing Parents

Specialized Programs include:

24-Hour Emergency Services, Deaf Services Team, Community Connections Mental Health Court Project and Youth Program, Homeless Outreach Services and a Place to Live Housing Program, , and Healthy Connections - Integrated Health Care

Service

Greater Nashua Mental Health Center service area includes the following towns: Amherst, Brookline, Hollis, Hudson, Litchfield, Mason, Merrimack, Milford, Mont Vernon and Nashua



East Center - 21 East Hollis Street, Nashua, NH 03060 West & Squires Centers 589 & 591 West Hollis Street, Nashua, NH, 03062 www.dartmouth-hitchcock.org



Mission

Dartmouth Hitchcock advances health through research, education, clinical practice and community partnerships, providing each person the best care, in the right place, at the right time, every time.

Description

Dartmouth-Hitchcock has more than 100 providers who provide basic & specialty care for the whole family at our 6 locations: Nashua East Center, Nashua West Center, Squires Center, Hudson, Merrimack, and Milford. Our services include internal & family medicine, pediatrics, cardiology, orthopedics, podiatry, surgery, dermatology, allergy, gastroenterology, obstetrics, gynecology & nurse midwifery, breast health & imaging center and more.

Patients and providers benefit from convenient in-house lab and X-ray services at multiple locations; an Urgent Appointment center for same day, evening, and weekend care; and expanded radiology services include Bone Density testing (DEXA), MRI and CT services. As a multi-specialty group practice, an array of primary and specialty services is available, and many under one roof. Outpatient tertiary care is also onsite, including reproductive endocrinology/infertility services provided by specialists who travel from Lebanon.

In January 2012, Dartmouth-Hitchcock Nashua's new multi-specialty group practice facility will open at 2300 Southwood Drive off of exit-8 in Nashua, combining the existing services of the East, West & Squires Center's into one location. The building is designed to be "green" and more space-efficient and will also provide services via a new "Medical Home" practice model. This type of practice addresses patients' acute, chronic, and preventive health care needs with teams of professionals who collaborate to find the best possible outcome for each patient.

Dartmouth-Hitchcock Nashua is part of the growing Dartmouth-Hitchcock health care system, which includes the nationally recognized teaching and research care facility, Dartmouth-Hitchcock Medical Center, 90 miles north in Lebanon. The Dartmouth-Hitchcock system is also home to pediatric specialists from Children's Hospital at Dartmouth-Hitchcock (CHaD), New Hampshire's only NACHRI-approved, comprehensive, full-service, children's hospital; Norris Cotton Cancer Center, one of 40 National Cancer Institute-designated comprehensive cancer centers in the U.S. and the only one in New Hampshire.

Service

Dartmouth Hitchcock's primary service area includes the following towns: Nashua, Litchfield, Milford, Amherst, Merrimack, Hudson, Hollis, Brookline



45 High Street, Nashua, NH 03060 603.882.3616 www.harborhomes.org



Mission

To create and provide quality residential and supportive services for individuals and their families who are homeless and/or living with mental illness.

Description

Harbor Homes was formed in 1980 for individuals and families challenged by homelessness or mental illness. Today, it is the largest provider of permanent supportive housing for the homeless within New Hampshire, with more than 32 programs addressing the varying and complex needs of disadvantaged, vulnerable populations including individuals and families who are chronically homeless, veterans, developmentally disabled, elderly, and those who have been diagnosed with mental illness, substance abuse issues, chronic disease, and/or HIV/AIDS. In 2010, the agency provided affordable, supportive housing to more than 740 people, including more than 350 with mental illness, 70 honorably-discharged homeless veterans, and over 100 children; more than 1,550 people were provided with a variety of supportive services.

Harbor Homes operates numerous complimentary programs including:

- Harbor Care Clinic: provides free to low cost primary, preventive, and supplementary healthcare to men, women, and youth experiencing homelessness.
- Employment Services: Employment and workforce development programs including a Department of Labor-funded Homeless Veteran Reintegration Program that provides veterans with training and job placement, and an Employment Services Program that provides in-house employment to individuals with mental illness.
- Connections Clubhouse: committed to providing a positive, encouraging and welcoming environment that is dedicated to improving the quality of life of our members by providing social, educational and employment opportunities.
- Veterans FIRST (Federal Investment Recognizing our Servicemen and women in Transition): provides transitional housing and supportive services to honorably discharged homeless veterans and their families since 2004. Harbor Homes provides more veteran-specific housing than any other entity in the state.

Service

Harbor Homes services the state of New Hampshire, with a focus on Southern New Hampshire.

Greater Nashua Dental Connection

31 Cross Street Nashua, NH 03064 603.879.9314

www.nashuadentalconnection.com



Mission

GNDC's primary purpose is to provide oral health care access to those who are at or below 200% of the national poverty level, are without insurance, and live in Nashua and its surrounding communities.

Description

The GNDC is the only collaborative dental clinic of its kind in Southern New Hampshire and is the only agency in Greater Nashua area that provides comprehensive, preventive, restorative and emergency oral health care for all life cycles

GNDC provides: Exams, X-rays, Oral Hygiene Instruction, Prophylaxis (cleaning), Sealants, Fillings, Simple Extractions, Dentures and Oral Health Education. Besides in-clinic dental services, the organization provides education and dental outreach to area schools, single mothers and children, veterans, elderly, homeless, mentally ill and disabled individuals.

The Denture Program:

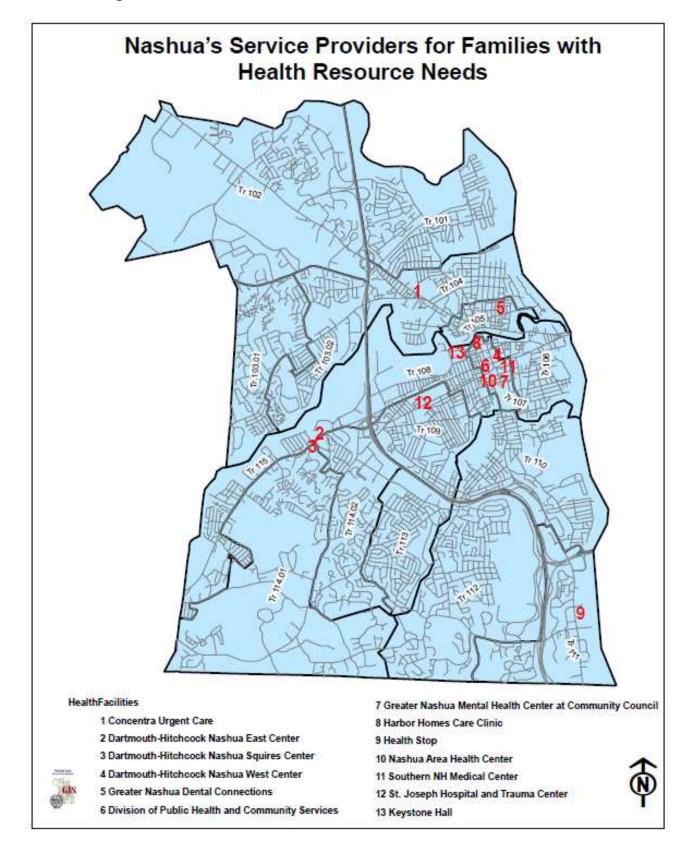
The Denture Program dramatically improves the quality of life and overall health of many impoverished elderly citizens and individuals with deteriorating health issues. Our clinic is seeing more patients in dire need of denture care.

The School Program:

Based on community need and local school requests, Greater Nashua Dental Connection offers oral health services for children from 18 Nashua schools. Several local dentists volunteer their time at the clinic to provide checkups for students from the city who do not have dental insurance. With the support of Nashua school nurses and health administrators, the clinic serves approximately 15-25 students every week or every other week depending on the needs of each school. What is unique about this program is it is the only dental program that provides in-clinic oral health care to uninsured/impoverished children.

Service

Nashua Dental Connection's primary service area includes the following towns: Amherst, Brookline, Hollis, Hudson, Litchfield, Lyndenborough, Merrimack, Milford, Mont Vernon, Nashua, Wilton



Map A1.1 Providers for Families with Health Resource Needs

	Nashua's Service Providers for Families with Health Resource Needs				
#	Organization	Address	Phone		
1	Concentra Urgent Care	14A Broad St Nashua, NH	603-889-2354		
2	Dartmouth-Hitchcock Nashua East Center	21 East Hollis St Nashua, NH	603-577-4000		
3	Dartmouth-Hitchcock Nashua Squires Center	589 West Hollis St Nashua, NH	603-577-4260		
4	Dartmouth-Hitchcock Nashua West Center	591 West Hollis St Nashua, NH	603-577-4400		
5	Greater Nashua Dental Connection	31 Cross St Nashua, NH	603-879-9314		
6	Division of Public Health & Community Services	18 Mulberry St Nashua, NH	603-589-4560		
7	Greater Nashua Mental Health Center at Community Council	7 Prospect St Nashua, NH	603-889-6147		
8	Harbor Homes Care Clinic	45 High St Nashua, NH	603-821-7788		
9	Health Stop	228 Daniel Webster Highway Nashua, NH	603-888-9200		
10	Lamprey Health Care – Nashua Center	10 Prospect St Nashua, NH	603-883-1626		
11	Southern NH Medical Center	8 Prospect St Nashua, NH	603-577-2000		
12	St. Joseph Hospital	172 Kinsley St Nashua, NH	603-882-3000		
13	Greater Nashua Council on Alcoholism, Inc. Keystone Hall	5 Pine St Nashua, NH	603-881-4848		

Hospitals					
Facility Name	Phone	Facility Type			
Southern NH Medical Center	603-577-2000	Hospital			
St. Joseph Hospital	603-882-3000	Hospital			
Pharmacies					
Facility Name	Phone	Facility Type			
Nashua					
Costco Pharmacy 311 Daniel HWY	603-888-0514	Pharmacy			
CVS Pharmacy 240-242 Main St	603-886-1786	Pharmacy			
CVS Pharmacy 633 Amherst St	603-880-6861	Pharmacy			
CVS Pharmacy 214 Daniel Webster HWY	603-888-4354	Pharmacy			
Hannaford Supermarket & Pharmacy 175 Coliseum Ave	603-889-6663	Pharmacy			
Peter's Pharmacy 495 Amherst St	603-889-3333	Pharmacy			
Medicine World 262 Main Dunstable Rd	603-881-9500	Pharmacy			
Rite Aide 331 Main St	603-886-9210	Pharmacy			
Rite Aide 145 Amherst St	603-598-9450	Pharmacy			
Shaw's Osco Pharmacy 300 Main St	603-579-5445	Pharmacy			
Shaw's Supermarket 213 Daniel Webster HWY	603-891-1174	Pharmacy			
Target Pharmacy 310 Daniel Webster HWY	603-891-4858	Pharmacy			
Walgreen Pharmacy 217 Daniel Webster HWY	603-891-2907	Pharmacy			
Walgreen Pharmacy 550 Amherst St	603-595-3373	Pharmacy			
Walgreen Pharmacy 283 Main St	603-889-6124	Pharmacy			
Wingate Pharmacy 129 Main St	603-882-9733	Pharmacy			
	Needs/Food Panti	ries			
Facility	Phone	Facility Type			
Milford	<u> </u>				

Share 34 Amherst St Milford, NH 03055 Nashua	603-673-9898	Food Pantry
Corpus Christi Food Pantry 43 Franklin St Nashua, NH 03064	603-598-1641	Food Pantry
Salvation Army Food Pantry 1 Montgomery Ave Nashua, NH 03060	603-883-7841	Food Pantry
Tolles Street Mission 52 Whitney St Nashua, NH 03060	603-880-4984	Food Pantry
Nashua Soup Kitchen & Shelter 42 Chestnut St Nashua, NH 03060	603-889-7770	Soup Kitchen and Homeless Shelter
Nashua Pastoral Care Center 7 Concord St Nashua, NH 03060	603-886-2866	Basic Needs/ Food Pantry
E	nd of Life Care	
Facility	Phone	Facility Type
Facility Merrimack		Facility Type
-	Phone 603-595-5688 603-437-3525	Facility Type Hospice
Merrimack Community Hospice House 210 Naticook Rd	603-595-5688	
Merrimack Community Hospice House 210 Naticook Rd Merrimack, NH 03054 Home Health & Hospice Care 80 Continental Blvd Merrimack, NH 03054 Milford	603-595-5688 603-437-3525 603-424-3822	Hospice
Merrimack Community Hospice House 210 Naticook Rd Merrimack, NH 03054 Home Health & Hospice Care 80 Continental Blvd Merrimack, NH 03054	603-595-5688 603-437-3525 603-424-3822	Hospice
MerrimackCommunity Hospice House210 Naticook RdMerrimack, NH 03054Home Health & Hospice Care80 Continental BlvdMerrimack, NH 03054MilfordSouhegan Home & HospiceCare24 North River Rd	603-595-5688 603-437-3525 603-424-3822 603-882-2941	Hospice
MerrimackCommunity Hospice House210 Naticook RdMerrimack, NH 03054Home Health & Hospice Care80 Continental BlvdMerrimack, NH 03054MilfordSouhegan Home & HospiceCare24 North River RdMilford, NH 03055	603-595-5688 603-437-3525 603-424-3822 603-882-2941	Hospice

Home Health & Hospice Care 22 Prospect St Nashua, NH 03060	603-424-3822 603-882-2941	Hospice		
Ft	uneral Homes			
Funeral Home Name	Phone	Facility Type		
Hudson				
Dumont-Sullivan Funeral Homes 50 Ferry St Hudson, NH 03051	603-882-9431	Funeral Home		
Merrimack				
George R. Rivet Funeral Home Inc 425 Daniel Webster HWY Merrimack, NH 03054	603-424-5530	Funeral Home		
Milford				
Smith and Heald Funeral Home 63 Elm St Milford, NH 03055	603-673-1422	Funeral Home		
Nashua				
Anctil-Rochette and Son Funeral Home 21 Kinsley St Nashua, NH 03060	603-883-3041	Funeral Home		
Davis Funeral Home 1 Lock St Nashua, NH 03064	603-883-3401	Funeral Home		
Farwell Funeral Service Inc 18 Lock St Nashua, NH 03064	603-882-0591	Funeral Home		
St. Laurent Funeral Home 116 Elm St Nashua, NH 03060	603-882-1771	Funeral Home		
Zis-Sweeney Funeral Home 26 Kinsley St Nashua, NH 03060	603-882-3501	Funeral Home		
Pelham				
Pelham Funeral Home 11 Nashua Rd Pelham, NH 03076	603-635-3333	Funeral Home		
Home Care and Support				
Facility	Phone	Facility Type		

Meals on Wheels & Congregate Dining/St. Joseph's Community Services P.O. Box 910 Merrimack, NH 03054	603-424-9967	Support		
Home Health & Hospice Care 80 Continental Blvd Merrimack, NH 03054	603-424-3822 603-882-2941	Home Care and Hospice		
Care Givers Inc 491 Amherst St Nashua, NH 03063	603-595-4502	Drivers		
Gateway of Greater Nashua 144 Canal St Nashua, NH 03060	603-882-6333	Support		
VNA of Manchester and Southern NH 33 S. Commercial St Suite 401 Manchester, NH 03101	603-622-3781 800-624-6084 603-622-3782	Home Care		
La Leche League 7 Poliquin Dr Nashua, NH 03062	603-891-3530	Infant care		
Long Term Care				
	ong Term Care			
L Facility	Phone	Facility Type		
		Facility Type		
Facility		Facility Type Elderly/Nursing Home		
Facility Hudson Fairview Nursing Home 203 Lowell Rd	Phone			
FacilityHudsonFairview Nursing Home203 Lowell RdHudson, NH 03051Laurel Place203 Lowell Rd	Phone 603-882-5261	Elderly/Nursing Home		
FacilityHudsonFairview Nursing Home203 Lowell RdHudson, NH 03051Laurel Place203 Lowell RdHudson, NH 03051	Phone 603-882-5261	Elderly/Nursing Home		
FacilityHudsonFairview Nursing Home203 Lowell RdHudson, NH 03051Laurel Place203 Lowell RdHudson, NH 03051MerrimackRose Haven Home8 Jennifer Dr	Phone 603-882-5261 603- 883-2419	Elderly/Nursing Home Elderly/Nursing Home		
FacilityHudsonFairview Nursing Home203 Lowell RdHudson, NH 03051Laurel Place203 Lowell RdHudson, NH 03051MerrimackRose Haven Home8 Jennifer DrMerrimack, NH 03054	Phone 603-882-5261 603- 883-2419	Elderly/Nursing Home Elderly/Nursing Home		
FacilityHudsonFairview Nursing Home203 Lowell RdHudson, NH 03051Laurel Place203 Lowell RdHudson, NH 03051MerrimackRose Haven Home8 Jennifer DrMerrimack, NH 03054MilfordPillsbury Home95 High StMilford, NH 03055Mont Vernon	Phone 603-882-5261 603- 883-2419 603-424-5919	Elderly/Nursing Home Elderly/Nursing Home Elderly/Nursing Home		
FacilityHudsonFairview Nursing Home203 Lowell RdHudson, NH 03051Laurel Place203 Lowell RdHudson, NH 03051MerrimackRose Haven Home8 Jennifer DrMerrimack, NH 03054MilfordPillsbury Home95 High StMilford, NH 03055	Phone 603-882-5261 603- 883-2419 603-424-5919	Elderly/Nursing Home Elderly/Nursing Home Elderly/Nursing Home		

Greater Nashua Subacute & Rehabilitation Center 55 Harris Rd Nashua, NH 03062	603-888-4829	Elderly/Nursing Home
Greenbriar Terrace Healthcare 55 Harris Rd Nashua, NH 03062	603-888-1573	Elderly/Nursing Home
Hunt Community 10 Allds St Nashua, NH 03060	603-882-6511	Elderly/Nursing Home
Nashua Crossings Assisted Living 674 W. Hollis St Nashua, NH 03060	603-882-2898	Elderly/Nursing Home
The Aynsley 80 Lake St Nashua, NH 03060	603-881-4190	Elderly/Nursing Home
The Courville at Nashua 22 Hunt St Nashua, NH 03060	603-889-5450	Elderly/Nursing Home
8	Senior Centers	
Facility	Phone	Facility Type
Nashua		
Nashua Senior Activity Center 70 Temple St Nashua, NH 03060	603-889-6155 603-816-2640	Senior Activity Center
Area Agency of Greater Nashua 144 Canal St Nashua, NH 03060	603-882-6333	Adult Day Care
Pelham	1	
Pelham Senior Center 8 Nashua Rd Pelham, NH 03076	603-635-3800	Senior Activity Center

Appendix 2: 2010 Nashua Community Health Survey



Source: City of Nashua, Division of Public Health and Community Services

The purpose of this study was to conduct an efficient, low-cost health survey for the City of Nashua's Community Health Assessment and to exercise a rapid needs assessment for use in disaster response. An operations-based functional exercise was developed to test communications capabilities, emergency operations center management and epidemiological surveillance and investigation capabilities. The Health Survey Committee was composed of Division of Public Health and Community Services staff and Community Health Assessment Advisory Board members. Volunteers were from numerous agencies including Greater Nashua Public Health regional partners, medical partners and the local colleges. The Health Survey Committee determined the content and length of the health survey, qualifications for volunteers, avenues to publicize the survey, and the structure of the public health emergency operations center to ensure the safety of volunteers and efficiency of the survey. The following objectives were developed for the 2010 Nashua Community Health Survey (2010 NCHS):

- Objective 1: To test the Greater Nashua Public Health Region communications plans using landlines, cell phones, walkie talkies and handheld radios.
- Objective 2: To coordinate the health survey, allocate resources, provide support and maintain communication with volunteers.
- Objective 3: To gather health data from 210 residents using the Centers for Disease Control and Prevention's Community Assessment for Public Health Emergency Response (CASPER) protocol and Capturx software and Anoto digital pens and paper.

The assessment protocol was based on the Centers for Disease Control and Prevention's CASPER. A multistage cluster sampling technique, based on the World Health Organization's Expanded Program on Immunizations, was used to identify thirty randomly selected census block groups and households based on probability proportionate to the number of housing units. Seven randomly selected households from each block group were interviewed by teams of volunteers with a thirty-four question health survey. Questions targeted various health and emergency preparedness topics. Data was collected using a paper-based system with Capturx software for Anoto digital pens and analyzed using Epi-Info.[™] Maps with a pre-determined, random walking path of each block group were generated using ESRI's ArcGIS software. Volunteers received training on survey methodology, the questionnaire and the maps prior to deployment.

The City of Nashua is located in the southern portion of New Hampshire's Hillsborough County, approximately halfway between the Cities of Lowell, Massachusetts, and Manchester, New Hampshire. It's nearly 31 square miles are home to an estimated 86,494 people according to the 2010 US Census, or roughly 6.6% of New Hampshire's total population of 1,316,470 people. The second largest city in New Hampshire, Nashua's population is more than double that of Concord, the state's capitol and third largest city. There are 34,801 households in Nashua with an average household size of 2.45 people and 21,537 families with an average household size of 3.05 people. Assessment teams approached 833 households and completed 207 surveys for a 25% response rate. Of the 833 households, contact was made with a resident at 426 households for a 49% cooperation rate. When compared with the 2000 US Census and 2005-2009 American Community Survey, the respondents were similar in age, gender, income and race (Table A2.1).

The rapid needs assessment tool successfully gathered health and emergency preparedness data for the community health assessment while training volunteers and exercising the ability to operate this protocol in the event of a disaster. A formal After Action Report and Improvement Plan were developed and are available upon request from the City of Nashua, Division of Public Health and Community Services (603-589-4560).

Survey Methods

The survey was conducted over the course of four Saturdays in October and November 2010 as an operations-based Homeland Security Exercise and Evaluation Program (HSEEP) compliant exercise. The start and end times of the health survey were kept consistent. The population for the survey consisted of consenting City of Nashua residents that were 18 years of age or older. The survey consisted of thirty-four questions from a variety of health topics, as well as several questions on emergency preparedness. Prior to conducting the survey, a small focus group reviewed the questions for cultural sensitivity and readability. Most of the questions on the survey were gathered from existing national surveys such as the Center for Disease Control's Behavioral Risk Factor Surveillance System (BRFSS). Four of the questions were not included in the final analysis because the data was inconsistent and it was determined that the interviewers and/or respondents misinterpreted the questions. The survey was translated into Spanish and Portuguese and translators were sent to the block groups within the City with the highest percentage of Spanish and Portuguese speakers. The volunteers tracked the answers to the survey on an answer sheet utilizing Capturx software for Anoto digital pens (Figure A2.1, Figure A2.2). Verbal consent from respondents was obtained and personal identifiers were not collected. Survey completion times averaged from fifteen to thirty minutes, depending on the interviewer and the respondent.

Figure A2.1 Image of Anoto Digital Pen



For this two-stage cluster sampling technique, the City of Nashua was divided into block groups of which 30 clusters were randomly selected using probability proportionate to the estimated number of housing units. Maps of the selected block groups were printed using ESRI's ArcGIS onto digital paper. Next, a random walking path was plotted in each cluster for the volunteers to follow (Figure A2.3). The starting point was pre-determined at the top left hand corner of the block group. The direction of the walking path was determined by rolling a dice. In the field, the volunteers went to every third house to conduct a survey and used the digital pens on the maps to document the houses that were surveyed, refused, had no one home and those that had a language barrier. A language barrier that could not be overcome was encountered at 6 (1.4%) of the 426 households visited where a resident was reached.

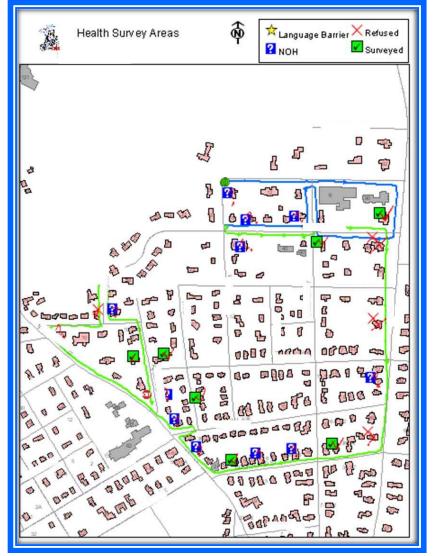


Figure A2.3 Example of a Random Walking Path in a Census Block Group

Interview teams, consisting of two members each, were deployed into the field and assigned a team leader. Team leaders were stationed at the public health emergency operations center with the project coordinator.

The CASPER toolkit includes templates for orienting and debriefing teams, consent forms and tracking forms which were used as guides for the health survey. Following the protocol, the necessary supplies were organized and the teams were provided a red vest, identification badges, handheld radios, clipboards and supporting documentation. Prior to deployment, fifty-eight volunteers received six hours of training on the survey methodology, the questionnaire and the maps with their walking path. After completing the surveys, volunteers were debriefed, completed an evaluation form and were provided a certificate of appreciation. A hotwash, or debrief, was held with the evaluator, team leaders and support staff to gather the highlights and challenges of the day.

Data Analysis

Data from the answer sheets and maps was collected using Capturx software for Anoto digital pens. The information from the answer sheets was downloaded into Microsoft Excel and analyzed using Epi Info[™] while the data from the maps was downloaded into ESRI's ArcGIS. To account for the lack of a simple random sample, each housing unit was assigned a weight so the estimates could be generalized to every housing unit from the sampling frame. Weighted and unweighted frequencies were calculated with 95% Confidence Intervals.

Results

A total of 207 (98.6%) out of a possible 210 health surveys were completed. Forty-four percent (44%) of the respondents were male and 7% were Hispanic compared to the 2005-2009 American Community Survey which states 49% of the population is male and 8% is Hispanic. Overall, the respondents were a good representation of the community and were comparable by age, gender, income, education and race (Table A2.1).

Respondent Demographics					
US Census Bureau, 2005-2009 American Community Survey					
Gender	Health Survey (n)	Health Survey (%)	US Census (%)		
Male	92	44%	49%		
Female	115	56%	51%		
US Cen	sus Bureau, 2005-2009	American Community	v Survey		
Ethnicity	Health Survey (n)	Health Survey (%)	US Census (%)		
Hispanic	14	7%	8%		
Not Hispanic	192	93%	92%		
Refused	1	0.5%	*		
US Cen	sus Bureau, 2005-2009	American Community	v Survey		
Race	Health Survey (n)	Health Survey (%)	US Census (%)		
Caucasian	168	81%	86%		
Asian	15	7%	6.9%		
Other	24	12%	*		
US Cen	sus Bureau, 2005-2009	American Community	v Survey		
Income	Health Survey (n)	Health Survey (%)	US Census (%)		
Less than \$10,000	5	2%	4%		
\$10,000-\$14,999	7	3%	4%		
\$15,000-\$24,999	16	8%	8%		
\$25,000-\$34,999	18	9%	8%		

Table A2.1 2010 Nashua Community Health SurveyRespondent Demographics

Nashua Community Health Assessment Page A2-5

\$35,000-\$49,999	18	9%	13%
\$50,000-\$74,999	34	16%	19%
\$75,000-\$99,999	29	14%	15%
\$100,000 or more	50	24%	28%
Don't Know	8	4%	NA
Refused	22	11%	NA
TOTAL	207	100%	*
US Cen	isus Bureau, 2005-200	9 American Communit	y Survey
	Health Survey (n)	Health Survey (%)	US Census (%) (For 25 years and over)
Less than 9 th grade	9	4.3%	3.6%
9 th to 12 th grade, no diploma	5	2.4%	5.7%
High School graduate	39	18.8%	27.3%
Some college, no degree	37	17.9%	18.3%
Associate's degree	34	16.4%	8.8%
Bachelor's degree	48	23.2%	23.7%
Graduate or professional degree	34	16.4%	12.6%
	US Census Burea	u, 2000 US Census	
Age	Health Survey (n)	Health Survey (%)	US Census (%)
18 to 24yrs	15	7.2%	8.1%
25 to 34yrs	30	14.5%	15.9%
35 to 44yrs	48	23.2%	17.6%
45 to 54yrs	43	20.8%	13.6%
55 to 64yrs	36	17.4%	8.5%
65 to 74yrs	17	8.2%	6.1%
75 to 84yrs	13	6.3%	4.1%
<u>></u> 85yrs	5	2.4%	1.4%

* = Not applicable

TOTAL

100%

207

*

Community Health

The first two questions of the survey asked residents about the health of the Nashua community. When respondents were asked how they would rate the health of the Nashua community, 49% said healthy or very healthy, 40% said somewhat healthy and 4% said unhealthy (Figure A2.4, Table A2.2). If residents could fix one health issue, 18% would fix some aspect of healthcare (e.g. access to healthcare, insurance and affordability), 16% would fix some aspect of environmental health (e.g. sanitation, air quality, sidewalks) and 15% would change inadequate physical exercise, nutrition and weight management (Figure A2.5).

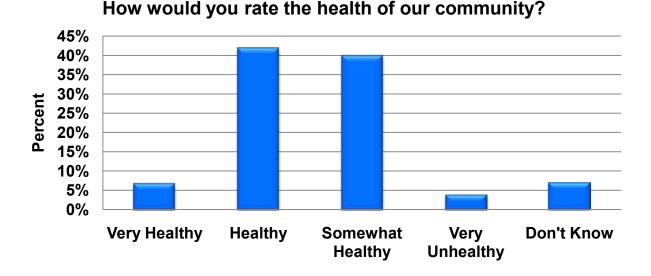
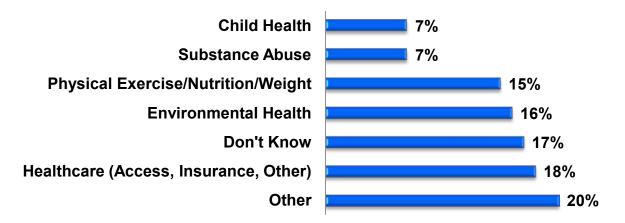


Figure A2.4 Perceived Health of the Nashua Community

Table A2.2 Perceived Health of the Nashua Community

How would you rate the health of our community? (Weighted Frequencies)				
	Estimated number of housing units	Percentage (n)	95% Confidence Intervals	
Very Healthy	2,296	6.7% (14)	6.5-7.0%	
Healthy	14,432	42.4% (88)	41.8-42.9%	
Somewhat Healthy	13,736	40.3% (83)	39.8-40.8%	
Very Unhealthy	1,312	3.9% (8)	3.7-4.1%	
Don't Know	2,296	6.7% (14)	6.5-7.0%	

Figure A2.5 Health Issues as Perceived by Residents What one health issue would you fix to make Nashua a healthier place to live?



Personal Health

The second section of the survey focused on the health of residents and access to healthcare and dental care. A routine check-up is a general physical exam, not an exam for a specific injury or illness and 90% of Nashua residents have seen a doctor for a routine check-up within the past 2 years and 2% have never been to a doctor for a routine check-up. Additionally, 88% of residents have one person they think of as their personal doctor and 18% have visited the emergency room one time for their own health and 7% went to the emergency room two or more times in the past 12 months for their own care. When looking at access to healthcare, 95% percent of residents did not have trouble accessing medical care or surgery in the past 12 months. Of those that did experience trouble, insurance and not being able to afford the cost of healthcare were the most common reasons (Table A2.3).

90% of residents have seen a doctor for a routine check-up within the past 2 years and 2% have never seen a doctor for a routine check-up. - 2010 NCHS

A routine check-up is a general physical exam, not an exam for a specific injury, illness, or condition. About how long has it been since you last visited a doctor for a routine checkup? (Weighted Frequencies)						
	Estimated number of housing units	Percentage (n)	95% Confidence Intervals			
Within the past year	25,748	75.6% (157)	75.1-76.0%			
Within past 2 years	4,920	14.4% (30)	14.1-14.8%			
Within past 5 years	1,804	5.3% (11)	5.1-5.5%			
5 or more years ago	820	2.4% (5)	2.2-2.6%			
Never	780	2.3% (4)	2.3-4.7%			
Do you have one pe	rson you think of as you (Weighted Fr	ur personal doctor or he requencies)	althcare provider?			
Yes	30,136	88.4% (183)	88.1-88.8%			
No	3,772	11.1% (23)	10.7-11.4%			
Don't Know	164	0.5% (1)	0.4-0.6%			
In the past 12 month	s, how many times have own he (Weighted Fr		ency room for your			
0	25,420	74.6% (155)	*			
1	6,232	18.3% (38)	*			
<u>></u> 2	2,420	7.1% (14)	*			
During the past 12 months, was there any time when you needed medical care or surgery but did not get it?						
Yes	1,476	4.3% (9)	4.1-4.6%			
No	32,268	94.7% (196)	94.5-94.9%			
Don't Know	328	1% (2)	0.9-1.1%			
* = Not applicable						

Table A2.3 Access to Healthcare

For dental care, 77% of residents have visited a dentist or dental hygienist for a cleaning within the past 2 years, 10% within the past 5 years, 11% five or more years ago and 1% have never visited a dentist for a cleaning. Eighty-eight (88%) percent of residents did not have trouble accessing dental care, but of those experiencing problems, most cited insurance, not being able to afford dental care and dental practices not accepting their insurance as the common reasons (Table A2.4).

How long has it been since you had your teeth cleaned by a dentist or dental hygienist? (Weighted Frequencies)				
	Estimated number of housing units	Percentage (n)	95% Confidence Intervals	
Within the past year	23,452	68.8% (143)	68.3-69.3%	
Within the past 2 years	2,624	7.7% (16)	7.4-8.0%	
Within the past 5 years	3,568	10.5% (21)	10.1-10.8%	
5 or more years ago	3,772	11% (23)	10.7-11.4%	
Never	492	1.4% (3)	1.3-1.6%	
Don't Know	164	0.5% (1)	0.4-0.6%	
During the past 12 months, was there a time when you needed dental care but could not get it at that time? (Weighted Frequencies)				
Yes	4,100	12% (25)	11.7-12.4%	
No	29,808	87.5% (181)	87.1-87.8%	
Don't Know	164	0.5% (1)	0.4-0.6%	

Table A2.4 Access to Dental Care

Unhealthy behaviors were referenced in the health survey by looking at smoking tobacco and the amount of daily "screen time" for adults. Screen time is defined as the amount of time spent watching TV, playing video games or using the computer for recreation that is not work related. Fifteen percent (15%) of the population smoked cigarettes for all 30 days during the past month and an additional 1.5% smoked between three to nineteen days during the past month. When residents were asked where they would send a friend that wanted to quit smoking, 58% would tell them to talk to a doctor and 11% would suggest the NH Quitline. Screen time is a strong component of residents' lives where 17.5% spend three or more hours and 82% spend one to two hours of screen time each day (Table A2.5).



Source: City of Nashua, Division of Public Health and Community Services

During the past 30 days, on how many days did you smoke cigarettes? (Weighted Frequencies)				
	Estimated number of housing units	Percentage (n)	95% Confidence Intervals	
0 Days	28,372	83.3% (173)	82.9-83.7%	
3 to 5 Days	164	0.5% (1)	0.4-0.6%	
6 to 9 Days	0	0% (0)	0	
10 to 19 Days	328	1.0% (2)	0.9-1.1%	
20 to 29 Days	0	0% (0)	0	
All 30 Days	5,208	15.3% (31)	14.9-15.7%	
If a friend or family m	ember wanted to quit, w (Weighted Fr		m to go to get help?	
NH Quitline	3,772	11.1% (23)	10.7-11.4%	
Doctor	19,844	58.2% (121)	57.7-58.8%	
Church	984	2.9% (6)	2.7-3.1%	
Pharmacy	1,928	5.7% (11)	5.4-5.9%	
Hospital	656	1.9%	1.8-2.1%	
Private Counselor/ Therapist	2,132	6.3% (13)	6.0-6.5%	
Health Department	328	1.0% (2)	0.9-1.1%	
Other	2,788	8.2% (17)	7.9-8.5%	
Don't Know	1,640	4.8% (10)	4.6-5.0%	
How many hours per day do you watch TV, play video games, or use the computer for recreation that is not work related? (Weighted Frequencies)				
0-1 Hours	10,988	32.3% (67)	*	
2-3 Hours	20,460	60% (124)	*	
4-5 Hours	2,460	7.2% (15)	*	
6+ Hours	164	0.5% (1)	*	
* = Not applicable				

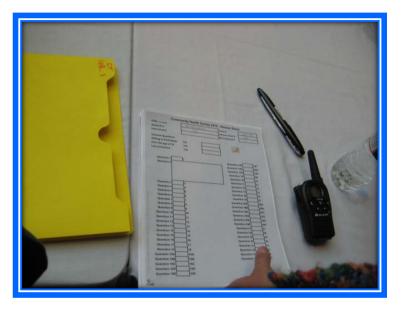
Table A2.5 Behaviors Related to Health

To access help for a mental health or substance abuse problem, 33% of residents would tell a friend or family member to talk with their doctor, 22% would tell them to go to a private counselor or therapist and 20% would recommend the Greater Nashua Mental Health Center at

Community Council (Table A2.6). To get health related information, 51% reported that they go to a doctor or nurse, 26% referenced the internet and 9% talked to friends and family (Table A2.7).

If a friend or family member needed counseling for a mental health or a drug/alcohol abuse problem, who would you tell them to call or talk to? (Weighted Frequencies)			
	Estimated number of housing units	Percentage (n)	95% Confidence Intervals
Private Counselor or Therapist	7,544	22.1% (46)	21.7-22.6%
Doctor	11,152	32.7% (68)	32.2-33.2%
Support Group (e.g. AA, Al-Anon)	4,428	13.0% (27)	12.6-13.4%
Minister/ Religious Official	1,640	4.8% (10)	4.6-5.0%
School Counselor	164	0.5% (1)	0.4-0.6%
Greater Nashua Mental Health Center	6,684	19.6% (40)	19.2-20.0%
Other	1,312	3.9% (8)	3.7-4.1%
Don't Know	1,148	3.4% (7)	3.2-3.6%

Table A2.6 Obtaining Assistance for Mental/Substance Abuse



Source: City of Nashua, Division of Public Health and Community Services

Where do you go to get most of your health-related information? (Weighted Frequencies)			
	Estimated number of housing units	Percentage (n)	95% Confidence Intervals
Friends and Family	2,952	8.7% (18)	8.4-9.0%
Hospital	1,312	3.9% (8)	3.7-4.1%
My child's school	164	0.5% (1)	0.4-0.6%
Doctor/Nurse	17,344	50.9% (105)	50.4-51.4%
Pharmacist	328	1.0% (2)	0.9-1.1%
Help Lines	164	0.5% (1)	0.4-0.6%
Church	0	0% (0)	0%
Internet	8,856	26% (54)	25.5-26.5%
Books/ Magazines	1,312	3.9% (8)	3.7-4.1%
Health Department	0	0% (0)	0%
Other	1,476	4.3% (9)	4.1-4.6%
Don't Know	164	0.5% (1)	0.4-0.6%

Table A2.7 Obtaining Health Information

The prevalence of chronic conditions was ascertained by asking respondents if they have ever been told by a physician or medical provider that they have a medical condition. Approximately, 15% of adult residents have been told by a provider at some point in their lifetime that they have asthma, 20% have depression, and 15% have anxiety. Thirty percent (30%) of residents reported overweight/obesity, cholesterol and high blood pressure. Coronary heart disease was the lowest at 4% (Table A2.8).

Annually, the seasonal influenza vaccine is administered by clinics, provider's offices and pharmacies throughout Nashua. Receiving the influenza vaccine is especially important for individuals with chronic medical conditions. According to the survey, 51% of adult residents received their seasonal influenza vaccine during the 2009-2010 flu season (Table A2.9).

51% of Nashua adults received their seasonal influenza vaccine during the 2009-2010 influenza season. - 2010 NCHS

Has a doctor, nurse, or other health professional EVER told you that you have any of the conditions I am about to read? (Weighted Frequencies)			
	Estimated number of housing units with condition	Percentage (n) with condition	95% Confidence Intervals
Asthma	5,248	15.4% (32)	15-15.8%
Depression	6,724	19.7% (41)	19.3-20.2%
Anxiety	5,084	14.9% (31)	14.5-15.3%
Heart Attack	1,804	5.3% (11)	5.1-5.5%
Coronary Heart Disease	1,476	4% (9)	4.1-4.6%
Overweight/Obesity	10,168	29.8% (62)	29.4-30.3%
High Blood Pressure	10,332	30.3% (63)	29.8-30.8%
High Cholesterol	10,168	29.8% (62)	29.4-30.3%
Diabetes	3,280	9.6% (20)	9.3-9.9%

Table A2.8 Prevalence of Chronic Conditions

Table A2.9 Seasonal Influenza Vaccination

Last year, did you get the seasonal flu vaccine? (Weighted Frequencies)				
	Estimated number of housing units	Percentage (n)	95% Confidence Intervals	
Yes	17,384	51% (106)	48.4-49.5%	
No	16,688	49% (101)	50.5-51.6%	

Emergency Preparedness

The third section of the health survey was dedicated to emergency preparedness and included questions relating to evacuation, safety in the household, and communications. Results of the study show that 52% percent of households utilize the television, 20% use the radio and 18% access the internet for gathering information from authorities during an incident. If a mandatory evacuation from authorities was issued, 94% of households indicated they would evacuate and 63% would go to a relative or friend's house. The main reasons households might not evacuate when asked to do so were due to concerns over traffic jams and leaving property or pets behind. Furthermore, when evaluating preparedness in the household prior to an event, 98% of households have smoke detectors, 65% have carbon monoxide detectors and 73% have fire extinguishers. Only 49% of households have an alternate source of heat but 93% have air conditioning (Table A2.11).

If public authorities announced a mandatory evacuation from your community due to a large-scale disaster or emergency, would you evacuate? (Weighted Frequencies)				
	Estimated number of housing units	Percentage (n)	95% Confidence Intervals	
Yes	32,410	94.2% (195)	94-94.5%	
No	492	1.4% (3)	1.3-1.6%	
Don't Know	1,476	4.3% (9)	4.1-4.6%	
If you had to evacuate from your home, where would you go? (Weighted Frequencies)				
Relative/Friends House	21,608	63% (131)	62.9-63.9%	
Hotel	4,264	13% (26)	12.2-12.9%	
Emergency Shelter	3,772	11% (23)	10.7-11.4%	
Other	1,328	10% (27)	9.8-10.4%	
What would be your main method or way of getting information from authorities in a large-scale disaster or emergency? (Weighted Frequencies)				
Television	17,876	52.5% (109)	51.9-53.0%	
Radio	6,888	20.2% (42)	19.8-20.6%	
Internet	6,192	18.2% (37)	17.8-18.6%	
Print Media	820	2.4% (5)	2.2-2.6%	
Neighbors	492	1.4% (3)	1.3-1.6%	
Other	1,804	5.3% (11)	5.1-5.5%	

Table A2.10 Emergency Evacuations

Do you have - ? (Weighted Frequencies)				
	Estimated number of housing units with Item	Percentage (n) with Item	95% Confidence Intervals	
Working smoke detector	33,580	98.6% (204)	98.4-98.7%	
Working carbon monoxide detector	22,264	65.3% (135)	64.8-65.8%	
Working fire extinguisher	24,724	72.6% (150)	72.1-73.0%	
Adequate heating for the winter	33,908	99.5% (206)	99.4-99.6%	
An alternate heating source if the power goes out	16,728	49.1%(102)	48.6-49.6%	
Working air conditioner or central air	31,776	93.3% (193)	93-93.5%	

Table A2.11 Household Safety and Preparedness

Limitations of Data

Selection bias, or only surveying individuals that were home or willing to participate in the survey, was a limitation of the study.

Conclusion

The rapid needs assessment successfully gathered health and emergency preparedness data for the community health assessment while training volunteers and exercising the ability to operate this protocol in the event of a disaster. The collected health data provides additional situational awareness on the current health and well-being of Nashua residents and the emergency preparedness data will assist emergency management with enhancing existing plans and protocols prior to an incident.

After reviewing debriefing notes and evaluations, a formal After Action Report and Improvement Plan were completed. Identified best practices include working with apartment complexes to survey their residents, using new technology with the Capturx software for Anoto digital pens, employing risk communications as part of our media campaign to notify residents and using ArcGIS to track households. Lessons learned included the need to develop training specifically for the team leaders, utilizing handheld radios instead of walkie talkies for communications, and expanding risk communications to target the elderly population in the community.

Health Survey Sponsors

City of Nashua, Division of Public Health & Community Services Lamprey Health Care – Nashua Center New Hampshire Department of Health & Human Services, Public Health Emergency Preparedness Grant St. Joseph Hospital Southern New Hampshire Medical Center

Project Coordinators

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2010 Nashua Community Health Survey Committee

Division of Public Health & Community Service

Victoria Alabi, Public Health Associate Mike Amichetti, Case Technician Theresa Calope, Public Health Nurse Debbie Daniels, Medical Director Corinn Dembkoski, Public Health Specialist Meredith Lyons, Environmental Health Specialist

Community Health Institute

Amy Cullum, Senior Consultant

Lamprey Health Care – Nashua Center Mariellen Durso, Director

United Way of Greater Nashua Ray Peterson, Vice President

Number of Participants

October 23, 2010

November 6, 2010

Volunteers: 33 Evaluators: 1 Support Staff: 9 Volunteers: 26 Evaluators: 0 Support Staff: 5

Note: On two additional days, Nashua DPHCS staff went into the neighborhoods to get remaining surveys from residents to reach the goal of 210 surveys.

Participating Organizations

- City of Nashua, Assessing & GIS Department City of Nashua, Board of Health City of Nashua, Division of Public Health & **Community Services** City of Nashua, Risk Management City of Nashua, Police Department **Community Members** Dartmouth-Hitchcock Gateways Community Services Greater Derry Medical Reserve Corps Greater Nashua Public Health Region Greater Nashua Mental Health Center at **Community Council** Hillsborough County Amateur Radio **Emergency Services**
- Lamprey Health Care Nashua Center Nashua Community College Nashua Police Athletic League NH Department of Health & Human Services NH Gateway Chapter of the American Red Cross NH Homeland Security & Emergency Management Parent Coach Rivier College Southern New Hampshire Medical Center Southern NH Services St. Joseph Hospital St. Luis de Gonzague Parish
- **Technical Assistance**

Jodie Dionne-Odom, NH DHHS Elizabeth Daly, NH DHHS Jennifer Horney, University of North Carolina Angelo Marino, City of Nashua Assessing & GIS Department Bebe Jo Selwyn, University of Texas

Volunteers

American Red Cross Ashley Pushkarewicz

City of Nashua, DPH&CS

Victoria Alabi Mike Amichetti Theresa Calope Ashley Conley Patty Crooker Debbie Daniels

Community Members Jim Dembkoski Linda Fielding

Dartmouth-Hitchcock Tracy Bennett Lorraine Schreib

Gateways Community Services Kristen Leppanen Jo-Ann Sheehan

Greater Derry Medical Reserve Corps Maria Rocheleau

Corinn Dembkoski Janet Graziano Sue LaPointe Meredith Lyons Al Matkowsky Sandy Mulcahy Luis Porres Howard Price Barbara Scacco Kerran Vigroux Betty Wendt

Greater Nashua Mental Health Center at Community Council

Joan Haskell Jennifer McGrath

Hillsborough County Amateur Radio Emergency Services Jim Blaine

Lamprey Health Care – Nashua Center

Mariellen Durso Mara Lessard Justine Nims-Largy Maria Cecilia Pereira Janice Watson

Nashua Community College

Emma DeLosAngeles Angela Mercado Tresa Ann O'Connor

Nashua Police Athletic League Leah Nora Chauvin

Nashua Police Department Ed Lecius

NH Dept. Health & Human Services

Adnela Alic Rick Cricenti Melissa Gravilla Deborah LaFave Darlene Morse Carole Totzkay Sandy Weld

NH HSEM

Fallon Reed

Rivier College

Sandra Harrington Elizabeth Kilar Susan Mika Edlie Rivas Danielle Spinhirn Sarah Stauff Kristen Tyler Emily Veloso

Southern NH Medical Center

Mark Hastings

Southern NH Services

Amy Moutenot

St. Joseph Hospital Fran Dupuis

St. Louis De Gonzague Parish Carmen Dussault

2010 Nashua Community Health Survey Press Release

Contact: Ashley Conley & Debbie Daniels City of Nashua Division of Public Health & Community Services 18 Mulberry Street Nashua, NH 03060 Phone: (603) 589-4560



PRESS RELEASE

Nashua will Conduct a City-Wide Health Survey

Nashua, NH: On October 23, 2010 the City of Nashua, Division of Public Health & Community Services will be conducting a city-wide Community Health Assessment. Volunteers will be administering the survey by visiting randomly selected households throughout Nashua from 10:00 AM to 4:30 PM. They will be carrying identification and wearing red vests.

This survey is part of a larger Community Health Assessment that the city is conducting. The goal of this assessment is to gain an understanding of the health concerns of the community by identifying, collecting and analyzing health information from the residents and organizations within Nashua. Survey questions include topics such as individual health, emergency preparedness and basic demographic information.

The Nashua Community Health Assessment Advisory Board is comprised of the City of Nashua and over 20 community organizations. "We believe that conducting a health assessment will help us to identify the existing and emerging health issues in Nashua. With this data, we can develop a Community Health Improvement Plan that will benefit all residents," says Dr. Debbie Daniels, Medical Director of the Nashua Division of Public Health & Community Services. Once the surveys are completed, the data will be compiled and analyzed by Division staff. A final report will be available in 2011 and will be used to guide programs within the city to improve the health and well-being of Nashua residents. For additional information contact the Division at 603-589-4560. The rain date is scheduled for Saturday, November 6^{th} 2010.

2010 Nashua Community Health Survey Flyer

EALTH Í UBLIC 0 NASHUA

Nashua's Community Health Assessment

Date: October 23rd 2010 Time: 10:00am to 4:30pm Where: In your neighborhood!

Rain Date: November 6th 2010

The City of Nashua and over 20 community partner agencies want to know what you think about your health and the health of the city. Representatives will be coming door-to-door with a survey with a variety of health questions. The survey is voluntary and completely anonymous.

For more information, please contact the Division of Public Health & Community Services at 589-4560



2010 Community Health Survey

Hello, I am ______ and I am from the Nashua Health Department. We are doing a survey on the health of our City, and your household was randomly chosen to be a part of it. The survey will help us develop health programs and make Nashua a healthier place to live. The survey is voluntary and all the information you give us will be confidential and will not be linked to you in any way. It should take no longer than 20 minutes to complete.

Would you be willing to complete the survey?	YES	NO
Are you over 18yrs of age?	YES	NO
Do you live in Nashua?	YES	NO

If yes to all, start questionnaire. If no to any, politely thank them and move to the next appropriate household.

Internal Use Only:	
Date:	10/23/2010
Names of Interviewers:	
Team #:	

In an emergency, dial 911. Nashua Police Department: 594-3500 Headquarters: 589-xxxx

PART 1: Community Health

First, I am going to ask you some questions about the health of our community. Remember, the answers you give will not be linked to you in any way. You can choose not to answer a question if you feel uncomfortable.

Q1	How would you rate the health of our community?	1 Very Healthy
		2 Healthy
	(Read answers.)	3 Somewhat healthy
		4 Very unhealthy
		98 Don't Know
		99 Refused
Q2	What one health issue would you fix in order to make	Answer:
	Nashua a healthier place to live?	
		98 Don't Know
		99 Refused

PART 2: Personal Health

Now, I am going to ask you some questions about your own personal health. Remember, you can choose not to answer a question if you feel uncomfortable.

Q3	A routine checkup is a general physical exam, not an	1 Within the past year
	exam for a specific injury, illness or condition. About	2 Within past 2 years
	how long has it been since you last visited a doctor for a	3 Within past 5 years
	routine checkup?	4 5 or more years ago
		5 Never
	(Read answers.)	*****
		98 Don't Know
		99 Refused
Q4	Do you have one person you think of as your personal	1 Yes
	doctor or healthcare provider?	2 No
		98 Don't Know
		99 Refused
Q5	In the past 12 months, how many times have you gone to	Number of times
	an emergency room for your own health?	98 Don't know
		99 Refused
Q6	Sometimes people have difficulties in getting medical	1 Yes (go to Q7)
	care when they need it. During the past 12 months, was	2 No (go to Q8)
	there any time when you needed medical care or surgery	98 Don't Know (go to Q8)
	but did not get it?	99 Refused (go to Q8)

Q7	The LAST time you did not get the care you needed, what was the MAIN reason you didn't get care? (Please check one answer. Give the card, read question, read answers.)	 Could not afford it No insurance Doctor did not accept Medicaid/insurance Insurance didn't cover it Not serious enough Waiting too long in clinic/office Difficulty in getting an appointment Doesn't trust/like/believe doctors No doctor available Didn't know where to go No way to get there Hours not convenient Speak a different language Health of another family member XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Q8	How long has it been since you had your teeth cleaned by a dentist or dental hygienist? (If necessary, read answers.)	 99 Refused 1 Within the past year 2 Within the past 2 years 3 Within the past 5 years 4 5 or more years ago 5 Never xxxxxxxxxxxxxxxxxxxxx 98 Don't Know
Q9	During the past 12 months, was there a time when you needed dental care but could not get it at that time?	 99 Refused 1 Yes (go to Q10) 2 No (go to Q11) 98 Don't Know (go to Q11) 99 Refused (go to Q11)

Q10	The last time you could not get the dental care you	1 Could not afford it
	needed, what was the main reason you couldn't get care?	2 No insurance
		3 Dentist did not accept
	(Please check one answer. Give the card, read question,	Medicaid/insurance
	read answers.)	4 Not serious enough
		5 Waiting too long in
		clinic/office
		6 Difficulty in getting an
		appointment
		7 Doesn't trust/like/believe
		doctors
		8 No doctor available
		9 Didn't know where to go
		10 No way to get there
		11 Hours not convenient
		12 Speak a different language
		13 Health of another family
		member
		14 Other reason
		98 Don't know
011		99 Refused
Q11	If a friend or family member needed counseling for a	1 Private counselor or therapist
	mental health or a drug/alcohol abuse problem, who	2 Doctor
	would you tell them to call or talk to?	3 Support group (e.g. AA, Al- Anon)
	(Please check one answer. Give the card, read question,	4 Minister/religious official
	read answers.)	5 School counselor
		6 Greater Nashua Mental Health
		Center
		7 Other

		98 Don't Know
		99 Refused
Q12	During a normal week, outside of your regular work,	Times (If "0," go to Q13,
	how many times do you exercise at least half an hour?	otherwise go to Q14)
		98 Don't know (go to Q14)
	(If needed, give the following examples: Walking, running, playing sports, weight lifting.)	99 Refused (go to Q14)

Q13	What is the main reason you do not exercise for at least a half hour during a normal week? (Please check one answer. Give the card, read question, read answers.)	 Lack of time Cost Lack of convenient exercise facility Lack of child care Lack of sidewalks Lack of motivation Don't know where to go to exercise Physical disability I don't know how Too tired My job is physical/labor Other
		98 Don't Know99 Refused
Q14	How many hours per day do you watch TV, play video games, or use the computer for recreation that is not work related?	1 0-1 hours 2 2-3 hours 3 4-5 hours 4 6+ hours
	(Read answers.)	xxxxxxxxxxxxxxxxxxxxxxxxxxxxx 98 Don't Know 99 Refused
Q15	Not counting juice, think about how often you eat fruit. On average, how many cups of fruit do you eat every day? One apple equals one cup.	Number of cups of fruit 97 Never eat fruit 98 Don't Know 99 Refused
Q16	Not counting potato products, such as French fries or chips, think about how often you eat vegetables. On average, how many cups of vegetables do you eat every day? One large tomato equals one cup. (Note: Ketchup is not a vegetable)	Number of cups of vegetables 97 Never eat vegetables 98 Don't Know 99 Refused
Q17	During the past 30 days, on how many days did you smoke cigarettes?	 0 days 1 or 2 days 3 to 5 days 6 to 9 days 10 to 19 days 20 to 29 days All 30 days 98 Don't Know 99 Refused

Q18	If a friend or family member wanted to quit, where	1 NH Quitline
QIO	would you tell them to go to get help?	2 Doctor
	would you ten them to go to get help.	3 Church
	(Please check one answer. Give the card, read question,	4 Pharmacy
	read answers.)	5 Hospital
	Teau answers.)	1
		1
		1
		98 Don't Know
0.10		99 Refused
Q19	Has a doctor, nurse or other health professional EVER told you that you have any of the conditions I am about to read?	A. Asthma 1 Yes 2 No
	to read:	B. Depression
		1 Yes 2 No
		1 1 es 2 no
		C. Anxiety disorder
		C. Anxiety disorder 1 Yes 2 No
		I Tes 2 No
		D. High blood proggura
		D. High blood pressure 1 Yes 2 No
		I Tes 2 No
		E. High cholesterol 1 Yes 2 No
		F. Diabetes (not during pregnancy) 1 Yes 2 No
		G. Heart attack 1 Yes 2 No
		H. Angina or coronary heart disease (also known as coronary artery disease) 1 Yes 2 No
		I. Overweight/Obesity 1 Yes 2 No
		98 Don't Know 99 Refused

Q20	Where do you get most of your health-related	1 Friends and family
	information?	2 Hospital
		3 My child's school
	(Please check one answer. Give the card, read question,	4 Doctor/nurse
	read answers.)	5 Pharmacist
		6 Help lines
		7 Church
		8 Internet
		9 Books/magazines
		10 Health department
		11 Other
		xxxxxxxxxxxxxxxxxxxxxxxxxxx
		98 Don't Know
		99 Refused
001		1
Q21	Now I will ask you a question about seasonal flu. A flu	1 Yes
	vaccine can be a flu shot injected into your arm or a	2 No
	spray in the nose. Last year, did you get a seasonal flu	98 Don't Know
	vaccine?	99 Refused
	(Note: the nasal spray is called "FluMist". This question is not referring to the H1N1/swine flu/pandemic vaccine.)	

PART 3: Emergency Preparedness

Now I am going to ask you some questions about being prepared for emergencies and disasters.

Q22	What would be your main method or way of getting information from authorities in a large-scale disaster or emergency?	 Television Radio Internet Print media (e.g. newspaper)
	(Read answers.)	 5 Neighbors 6 Other xxxxxxxxxxxxxxxxxxxxxxxx 98 Don't Know 99 Refused
Q23	If public authorities announced a mandatory evacuation from your community due to a large-scale disaster or emergency, would you evacuate?	1 Yes 2 No 98 Don't Know 99 Refused

Q24	If you had to evacuate from your home, where would	1 Relative or friend's house
Q24	you go?	2 Hotel
	you go:	3 Emergency Shelter
	(Read answers.)	4 Other
	(Read answers.)	
		98 Don't Know
		99 Refused
Q25	What would be the main reason you might not evacuate	1 Lack of transportation
Q25	if asked to do so?	2 Lack of trust in public officials
		3 Concern about leaving property
	(Please check one answer. Give the card, read question,	behind
	read answers.)	4 Concern about personal safety
	read answers.)	5 Concern about leaving pets
		6 Concern about traffic jams and
		inability to get out
		7 Health problems
		8 Other
		98 Don't Know
		99 Refused
Q26	Do you have -	A. A working smoke detector
Q20		1 Yes 2 No
	(Note: Carbon monoxide (CO) detectors check the level	1 100 2 110
	of CO in your home. It is not a smoke detector.)	B. A working carbon monoxide
	or com your nome. It is not a smoke detector.)	detector
		1 Yes 2 No
		C. A working fire extinguisher
		1 Yes 2 No
		D. Adequate heating for the winter
		1 Yes 2 No
		E. An alternate source of heat if
		the power goes out
		1 Yes 2 No
		F. A working air conditioner or
		central air
		1 Yes 2 No
		98 Don't Know
		98 Don't Know 99 Refused
<u> </u>		>> Netuoeu

PART 4: Demographic Questions

Next, we would like to ask you some general questions about you. Your answers will remain anonymous.

Q28For this survey, may I ask, are you male or female?98Don' 99Q28For this survey, may I ask, are you male or female?1Male 22Fema 99RefusQ29Are you Hispanic or Latino?1Yes	sed
Q28For this survey, may I ask, are you male or female?99RefusQ29Are you Hispanic or Latino?1MaleQ29Are you Hispanic or Latino?1Yes	sed
Q28For this survey, may I ask, are you male or female?1Male2Fema99RefusQ29Are you Hispanic or Latino?1Yes	
Q29Are you Hispanic or Latino?2FemaPFema99RefusRefus1Yes	
Q29Are you Hispanic or Latino?99Refus1Yes	le
Q29Are you Hispanic or Latino?1Yes	
2 No	
99 Refu	sed
	or African American
	ican Indian or Alaskan
(Please check one answer. Give the card, read question, Native	
read answers.) 3 Asian	
i cuu uns (ci si)	e Hawaiian or Other Pacific
Island	
5 White	or Caucasian
6 Multi	racial
7 Other	
XXXXXXXX	*****
98 Don'	
99 Refuse	ed
Q31 What is the highest level of school, college or vocational 1 Less	than 9 th grade
	n grade, no diploma
	school graduate (or
	equivalent)
	iate's Degree or Vocational
Traini	ng
5 Some	college (no degree)
6 Bache	elor's degree
7 Gradu	ate or professional degree
8 Other	
98 Don'	t Know
99 Refu	sed

Q32	Is your annual household income from all sources –	1 Less than \$10,000
-		2 \$10,000 to \$14,999
	(Please check one answer. Give the card, read	3 \$15,000 to \$24,999
	question, read answers.)	4 \$25,000 to \$34,999
		5 \$35,000 to \$49,999
		6 \$50,000 to \$74,999
		7 \$75,000 to \$99,999
		8 \$100,000 or more
		xxxxxxxxxxxxxxxxxxxxxxxxxxxx
		98 Don't Know
		99 Refused
Q33	How many people does this income support?	Number of people
		98 Don't know
		99 Refused
Q34	Do you have working internet access in your	1 Yes
	household?	2 No
		98 Don't Know
		99 Refused

That is the end of the survey! Thank you for your time, we appreciate your help in making Nashua a healthier place to live. Here is a packet of information you may find useful. Have a nice day!

Interviewer: Hand them the information packet. Remember to SMILE.

Appendix 3: Focus Groups – Facilitated Discussions on Health



Source: City of Nashua, Division of Public Health and Community Services

The Community Health Assessment Advisory Board determined that convening focus groups was the best method for engaging key stakeholders to discuss Nashua's health and healthcare needs. The Advisory Board and Focus Group Subcommittee identified key leaders and medical providers based on their role in managing community resources, providing direct health care services and spearheading change in the Nashua community. Two focus groups, one with key leaders (Table A3.1) and a second with medical providers (Table A3.2) were held in March 2011.

The first focus group was with 16 key leaders from the Nashua and Greater Nashua community. It was held at Southern New Hampshire Medical Center and was conducted on Thursday, March 3, 2011. The second focus group was held on Monday, March 7, 2011 at St. Joseph Hospital with 18 medical providers from the City of Nashua. In total, the medical providers represented four disciplines – family medicine, obstetrics and gynecology, pediatrics and internal medicine – and five healthcare facilities – Southern New Hampshire Medical Center, St. Joseph Hospital, Dartmouth-Hitchcock (Nashua), Lamprey Healthcare – Nashua Center and the Harbor Care Clinic, a program of Harbor Homes, Inc.

Both groups completed quantitative surveys with questions similar to those included on the 2010 Nashua Community Health Survey completed by Nashua residents in October 2010. Once analyzed, this data provided the opportunity to identify common themes and opinions regarding Nashua's health needs as perceived by key leaders, providers and the public.

KEY LEADER	TITLE	AGENCY
Sanders Burnstein, MD	Medical Director	Dartmouth-Hitchcock (Nashua)
Danielle Fuller	Director, Human Resources	Gateways
Rolf Goodwin	Vice Chair, Board of Directors	United Way of Greater Nashua
Tracey Goyette, RN BSN	School Nurse	City of Nashua, Nashua School District
Donnalee Lozeau	Mayor	City of Nashua
Melinda Luther, RN	Professor, Nursing Department	Nashua Community College
Ann Peters	CEO	Lamprey Health Care – Nashua Center
David Ross	President & CEO	St. Joseph Hospital
Melissa Sears	Vice President, Strategy/Business Development	St. Joseph Hospital
Jason Smith	Executive Director	Courville at Nashua
Susan Stearns	Director, Development	Greater Nashua Mental Health Center of Community Council
Anthony Storace, DMD	Chairman	City of Nashua, Board of Health
Dedra Twomey	Business Manager	Greater Nashua Dental Connection
Ronald Vaillancourt	Director, Field Operations	Rockingham Regional Ambulance
Scott Westover	Vice President, Planning and Communication	Southern New Hampshire Medical Center
Tom Whilhelmsen	President & CEO	Southern New Hampshire Medical Center
Facilitator: Kathy Hersh,	Nashua Community Development	Division Director

Table A3.1 Key Leader Focus Group Attendees

MEDICAL PROVIDER	PRACTICE	AGENCY
Albee Budnitz, MD	Internal Medicine	Southern New Hampshire Medical Center
Mark Conway, MD	Obstetrics & Gynecology	St. Joseph Hospital
Rebecca Cooper Piela, APRN	Internal Medicine	Southern New Hampshire Medical Center
Leslie Dionne, MD	Internal Medicine	Dartmouth-Hitchcock
Rob Dorf, MD	Family Medicine	Southern New Hampshire Medical Center
Jack Faraci, MD	Obstetrics & Gynecology	St. Joseph Hospital
Larry Learner, MD	Pediatrics	Merrimack Valley Pediatrics
Donald Levi, MD	Pediatrics	St. Joseph Hospital
Louise Mermer, APRN	Pediatrics	St. Joseph Hospital
Dana O'Shea, MD	Internal Medicine	Harbor Care Clinic
Mary Peterson, PA	Internal Medicine	St. Joseph Hospital
Joanne Pomeranz, ARPN	Internal Medicine	Harbor Care Clinic
Donald Reape, MD	Internal Medicine	St. Joseph Hospital
Chris Riccio, MD	Internal Medicine/ Pediatrics	Southern New Hampshire Medical Center
Ajay Sharma, MD	Family Medicine	City of Nashua, Board of Health
Edward Scully, MD	Medical Director	Lamprey Health Care – Nashua Center
Jon Thyng, MD	Family Medicine	Dartmouth-Hitchcock
Barbara Watrous, CNM	Obstetrics & Gynecology	St. Joseph Hospital
Facilitator: Debbie Danie	ls, MD, MPH, Medical Directo	or for DPHCS

Table A3.2 Medical Provider Focus Group Attendees

Key Leader Focus Group

Prior to the focus group, formal invitation packets were mailed to all the key leaders. Included in the packet was an official invitation letter from the Division of Public Health and Community Services (DPHCS) Director, a one-page pamphlet highlighting the major components of the overall assessment, and a brief survey to gather data on their views of Nashua's health and resources.

The focus group began with a welcome from the Mayor, followed by introductions of the DPHCS staff and focus group participants. The facilitator opened the session by providing an overview of the evening, reviewing the ground rules and asking the key leaders the first of five questions, *"What do you think are the three most important health issues in the Nashua community?"*

For this question, key leaders were given five minutes to record their answers on a sheet of paper. Once the brainstorming was complete, each person was asked to read their answers aloud. The assistant facilitator recorded each answer on a post-it on the wall. When all key leaders were done reading their answers, the assistant facilitator rearranged the post-its so that similar ones were grouped together. The facilitator then helped the key leaders name each of the grouped post-its under a broader category (e.g. preventative health, long term disease management).

Each participant was given five red dots to put on the major categories they considered to be most important in Nashua. The category with the most dots was chosen for further discussion using the following questions:

- Why is this a major health issue? What do you see in your daily work that makes you think this is an issue?
- What is the Nashua community currently doing to address this health issue?
- Are the resources we currently have adequate to address this health issue?
- What actions can we take as a community to address this group of issues?

The three CHA Division staff present during the session served as scribes and recorded participant responses with laptops and Adapx pens and paper. The assistant facilitator also recorded major responses on easels at the front of the room. At the end of the focus group, the assistant facilitator thanked the key leaders for their participation, reminded them to complete the quantitative survey, and explained the next steps in the CHA process. Evaluation forms were then administered to each participant.

Results

What do you think are the three most important health issues in the Nashua community?

According to the key leaders, the three major health issues affecting the Nashua community are:

- Unhealthy behaviors (with a specific concern around obesity),
- Access to health resources, and
- Mental health issues.

Other health topics expressed in the focus group were:

- Lack of a common understanding of what healthcare includes and failure to recognize other components (e. g. dental care) that contribute to overall health
- Transportation to health services for families with decreased access
- Child and elder abuse
- Substance abuse (including smoking)
- Safe and affordable housing

Why is this (unhealthy behaviors - obesity) a major health issue? What do you see in your daily work that makes you think this (unhealthy behaviors - obesity) is an issue?

Key leaders highlighted that unhealthy behaviors contribute to chronic disease, poor mental health and poor quality of life. Children were identified as vulnerable populations for several reasons. They are learning unhealthy eating habits at home and are experiencing health complications such as Type II diabetes as a result. One participant stated that some children have never eaten fruits and vegetables and can not recognize healthy foods. Another commented that during a specific event the kids present "[didn't] know what a salad was and wouldn't touch it". Unhealthy behaviors have direct effects on the greater community - increased medical and insurance costs, loss of work hours and decreased work productivity among

employees. For these reasons, the participants felt that it is important for Nashua to tackle this issue sooner rather than later.

What is the Nashua community currently doing to address this (unhealthy behaviors - obesity) health issue?

The key leaders mentioned certain programs and opportunities currently available throughout the City organized to address the issues of unhealthy behaviors. Women, Infants and Children (WIC) provides coupons for low income families to shop at farmer's markets. The hospitals offer a variety of education and wellness programs and activities such as classes held within grocery stores to teach people how to shop for and cook healthy foods. Activities promoted by the 5-2-1-0 campaign allow for a common approach to issues of nutrition and physical activity. Some schools within the Nashua School District have used state grants to introduce salad, fruits and vegetables to schoolchildren which are especially important for children who may not receive such foods at home. Nashua's biking and walking trails, and parks such as Mines Falls were also identified as physical resources allowing residents the opportunity to engage in physical activity.

Are the resources we currently have adequate to address this (unhealthy behaviors – obesity) health issue?

The key leaders believe that Nashua has the necessary resources to address unhealthy behaviors, but one participant commented, "We're just not using them the right way". Another participant stated that "All the key stakeholders need to collaborate more effectively" because "greater coordination...will allow the resources to go further". They identified important human resources – college students, non-healthcare employers, restaurant owners and chefs, members of the religious community – that are important partners in creating energy around healthy eating and living. They identified physical resources such as schools and community health centers as places to reach and engage parents and other members of the public. However, any coordination and programming is going to need funding, as one participant asked, "Where is the money going to come from?" So they did acknowledge the important need for financial resources.

What actions can we take as a community to address this group of issues (unhealthy behaviors)?

When asked about action steps to address unhealthy behaviors and obesity, one participant said "education and awareness is critically important". Emphasizing the financial and social costs of eating poorly versus the benefits of eating well, must be properly communicated. Additionally, another participant verbalized the need to diversify the pool of those delivering these educational messages. Community resources and spaces such as schools, community kitchens, community gardens and farmer's markets can be tools in promoting the notion that cooking can be simple, fun and done on a limited budget. With the many cooking shows currently on television, "cooking has become cool" and it is important to capitalize on this energy according to one participant. Participants suggested creating a financial pool of resources to not only create but also sustain new initiatives and organizations working on obesity issues.

In summary, action steps around obesity should be focused on:

- Education and outreach
- Community partnership and programming
- Financial sustainability of health programs/organizations

At the end of the focus group, key leaders were eager to contribute to future efforts focused on addressing unhealthy behaviors in Nashua, such as the Community Health Improvement Plan.

Quantitative Survey for Key Leaders

Surveys were administered to all 16 key leader focus group participants. 12 out of 16 key leaders completed the survey (75% response rate). If a participant did not answer a question, or provided more than one answer, he/she was not included in the analysis of that question. Below is a copy of the survey with the data from each question inserted in each field.

How would you rate the health of the Nashua community? (Please circle) (N=12)		
Very Healthy	1 (8%)	
Healthy	7 (58%)	
Somewhat healthy	2 (17%)	
Very unhealthy	1 (8%)	
* No response	1 (8%)	
What and health issue would you fix in order to make Nachus a healthiar place to live? (N=9)		

What one health issue would you fix in order to make Nashua a healthier place to live? (N=8)

- Decrease Obesity
- Access to Mental Health Service
- Better access to preventive care for low income or no insurance citizens
- Promote healthier lifestyles
- Improve care coordination among all providers involved in care
- Reduce incidences of c-difficile, MRSA and VRE's
- Continued emphasis upon the whole person not just physical health vs. mental health vs. substance abuse, etc.
- Nutrition/exercise

Please rate how well you think the Nashua community does the following? (Place a checkmark)

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Promotes regular physical activity (n=12)	1 (8%)	6 (50%)	3 (25%)	2 (17%)	
Promotes healthy weight and good nutrition (n=12)	1 (8%)	4 (33%)	6 (50%)	1 (8%)	
Prevents childhood obesity (n=12)		5 (42%)	5 (42%)	2 (17%)	
Prevents and reduces tobacco use (n=10)	1 (10%)	4 (40%)	5 (50%)		
Prevents and reduces alcohol use (n=12)		6 (50%)	6 (50%)		
Prevents and reduces drug use (n=11)		6 (55%)	5 (45%)		
Promotes mental health and well-being (n=11)		6 (55%)	5 (45%)		
Promotes healthy environments (n=11)	1 (9%)	9 (82%)		1 (9%)	
Makes available quality health care (n=11)	6 (55%)	4 (36%)	1(9%)		
Makes available quality dental care	1 (8%)	9 (75%)	1 (8%)	1 (8%)	

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(n=12)					
Provides access to transportation for health care and resources throughout the community (n=12)	2 (17%)	5 (42%)	4 (33%)	1 (8%)	
Provides interpretation services for non- English speakers (n=12)	3 (25%)	5 (42%)	4 (33%)		

According to the survey, more than 50% of the key leaders that participated in the focus group believe that Nashua is a healthy city. A majority of the participants agree that Nashua promotes regular physical activity (50%), promotes mental health and well-being (55%) and promotes healthy environments (82%). Responses from the focus group indicate that the key leaders are invested in increasing efforts to create an even healthier Nashua.

Medical Provider Focus Group

Prior to the medical provider focus group, hospital administrators from each of the medical sites were contacted to help organize a group of medical providers. Some providers were also contacted directly. Confirmatory emails were sent to all participants prior to the meeting. The medical provider focus group was facilitated similarly to the key leader focus group with a few adjustments. The first question the medical providers were asked was, *"In your Nashua clinical practice, what are the three most important health issues you encounter?"*

For this question, the facilitator provided participants with three post-its and asked each of them to write one health issue per post-it. They were also instructed to write an "O", "P", "A" or "other" on the post-it to specify the category to which the health issue belonged - obstetrics, pediatrics, adult or other respectively. Going around the room, the participants stated and explained each of their three health issues. The facilitator collected the post-its after each provider and placed them into the four categories as denoted. After all the participants offered their answers, the facilitator approached each respective category and grouped similar post-its together, ensuring that the participants agreed with the groupings. The providers agreed that obesity was the most important health issue. Therefore, the facilitator led a discussion about obesity with the following questions:

- Why is this a major health issue?
- Are the resources necessary to deal with this health issue available? If so, what resources are available? If not, why not?
- What additional resources within your practice or in the community could be provided to better address this health issue?

Three scribes were present to record participant responses. At the end of the session, the participants were thanked, reminded to complete the surveys and asked to fill out evaluation forms.

Results

In your Nashua clinical practice, what are the three most important health issues you encounter?

The focus groups allowed the medical providers to discuss some of the health issues they confront on a daily basis in their practices. From their perspective, the three major health issues affecting their patients are:

- Obesity,
- Mental health, and
- Substance abuse.

Other health topics that were brainstormed in the focus group were:

- Diabetes and other chronic illnesses,
- Asthma and respiratory issues,
- Tobacco and substance use,
- Lack of health insurance, and
- Uncoordinated care among providers/lack of professional communication and information sharing.

Why is this (obesity) a major health issue?

Similar to the key leaders, the medical providers named obesity as the major health issue affecting the Nashua community. Obesity leads to life-threatening issues, leads to poor school performance in children and can lead to mental health issues. One provider commented that "people overeat as a means of self-medicating for emotional issues". Participants did recognize some of the challenges that influence healthy living – high costs of healthy foods, busy work schedules that prevent healthy food preparation at home and unsafe neighborhoods that prevent outside physical activity. But they also emphasized society's role in promoting obesity – the media's role in marketing unhealthy foods and distorting nutritional information, big portion sizes at restaurants and emphasis on what not to eat, rather than what to eat.

Are the resources necessary to deal with this health issue (obesity) available? If so, what resources are available? If not, why not?

One participant felt that the "resources are inadequate to combat constant bombardment from commercials" while another participant said that the resources are available but "fragmented". Another participant commented that there is so much information available to people, "but people don't seem to be motivated to change". One provider commented that schools can be good resources to reach children and teach them basic education about nutrition. However, some providers felt that because schools are underfunded there will be a focus on serving foods that kids will eat, which may not always be healthy.

The participants touched on some clinical issues that impede proper management of obesity issues. It was said that some providers do not acknowledge obesity in their patients and that there are still significant issues in how providers document obesity. One provider commented that they have such limited face time with patients during an office visit that they must prioritize which issues to address and unfortunately, not all of the patient's health issues are properly addressed.

What additional resources within your practice or in the community could be provided to better address this health issue (obesity)?

The providers felt strongly about countering the negative messages present in society that encourage unhealthy behavior. It was suggested that physicians improve their delivery of key health messages to their patients so that the messages are understandable but not oversimplified. Messaging should be directed towards adults and parents so they understand the health care costs associated with unhealthy eating and so they come to recognize their responsibility in ensuring not only their health but also the health of their children. Motivational interviewing was said to be an effective tool in not only talking with people about healthy alternatives but also in supporting and encouraging them to make healthy choices. Ideas to explore audio-visual capabilities, interactive media, and public service announcements to reach the public were also discussed.

Because time is such a crucial resource when meeting with patients, one provider noted the importance of scheduling more frequent follow-up visits with patients so they are up-to-date with the patient's health status and progress.

Overall, the providers recognize that there needs to be a "coordinated approach" to deal with the issue of obesity. As one provider said, "it's got to be more than doctors in medicine…it's got to be community based, school based".

In summary, action steps around obesity should be focused on:

- Positive health messaging
- Adult education on healthy behaviors
- More frequent patient follow-ups

Quantitative Survey for Medical Providers

1. What is your specialty? Family Practice Obstetrics & Gynecology Internal Medicine Pediatrics Internal Medicine/Pediatrician	28% (5) 17% (3) 33% (6) 17% (3) 6% (1)
2. How many years have you practiced in	Nashua?
3. In your Nashua practice, what three he your patients? Please rank them from	alth concerns do you encounter most frequently in most to least frequent, A being most.
 Nutrition, Obesity and Physical Activit Mental Health Chronic Conditions 	у
4. Do you participate in the NH Health Ale NH Division of Public Health Services?	ert Network (HAN) through e-mails from the Circle one. (N=17) YES NO 67% 28%
5. Do you feel that you have been made s in Nashua through the City or State Div	ufficiently aware of public health concerns /isions of Public Health? (N=18) YES NO 83% 17%

6. Please rate whether the following health problems are a significant concern in your
Nashua practice. Place an 'X' in the corresponding box.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Asthma (n=16)					
Diabetes (n=17)					
Hypertension (n=17)					
High cholesterol (n=17)					
Coronary artery disease (n=17)					
Mental health issues (n=17)					
Obesity (n=17)	*Most rated among all practices				
Low birth weight (n=13)					
Tobacco use (n=17)					
Alcohol use (n=17)					
Drug use (n=17)					
Lack of preventive care (n=17)					
Lack of regular exercise (n=17)					
Lack of proper nutrition (n=17)					
Lack of health insurance (n=17)					
Lack of interpretation services (n=17)					*Least rated among all practices

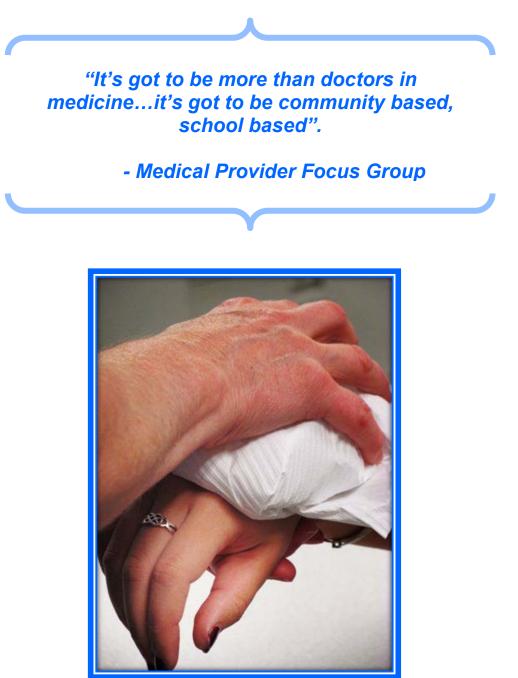
7. What one health issue would you fix in order to make Nashua a healthier place to live? (n=10)

- Obesity and lack of exercise
- More mental health services
- Motivate patients to assume personal responsibility for healthy lifestyle choices
- Better access to mental health providers
- Mental health services for low income women with access and communication with other providers
- Better care coordination/collaboration between various sections of health care providers
- Community/teaching resources for diabetes/obesity
- More fitness program schools; more walking to school when possible
- G-M-N (obesity, lack of regular exercise, lack of proper nutrition) can't separate them
- Obesity

Similar to their answers during the focus group, when asked what health concern do they most frequently encounter in their patients, providers responded that it was some issue related to obesity, nutrition or physical activity. The second most frequent health concern encountered was related to mental health and the third was chronic disease. When looking closely within practices, the answer to question three varied. For example, obesity was ranked the most

frequent health concern observed among family practitioners and pediatricians. For OBGYNs it was women's health issues and for internal medicine practitioners it was chronic diseases.

Regardless of specialty, obesity was chosen as the most significant concern for all practices in question six. In addition to obesity, family practitioners strongly agreed that chronic disease (diabetes, hypertension, high cholesterol) and tobacco use were issues of specific concern. OBGYNs and pediatricians strongly agreed that lack of exercise and nutrition were issues of concern. All practices strongly disagreed that the lack of interpretation services was a significant concern.



Source: Alexis Abbott, Nashua High School Photography Project

Appendix 4: Acronyms



Source: Chris Franzini, Nashua High School Photography Project

AIDSAcquired Immune Deficiency SyndromeAPNCUAdequacy of Prenatal Care Utilization IndexBRFSSBehavioral Risk Factor Surveillance SystemBMIBody Mass IndexCDCCenters for Disease Control and PreventionCHACommunity Health AssessmentCHIPConfidence IntervalCHIPConfidence IntervalDESDepartment of Environmental ServicesDHHSDepartment of Health and Human ServicesDVIDriving Under the InfluenceDVIDriving Under the InfluenceDWIGreater Nashua Public Health RegionHCCHarbor Care Clinic, a program of Harbor Homes, IncHCVHepatitis C VirusHIVLamprey Healthcare – Nashua CenterMSMMen who have sex with menNAMINational Alliance on Mental IllnessNCHSNational Center for Health Statistics	2010 NCHS	Nashua Community Health Survey
BRFSSBehavioral Risk Factor Surveillance SystemBMIBody Mass IndexCDCCenters for Disease Control and PreventionCHACommunity Health AssessmentCHIPCommunity Health Improvement Plan (Introduction)CHIPChildren's Health Insurance Program (Chapter 2)CIConfidence IntervalDESDepartment of Environmental ServicesDHHSDepartment of Health and Human ServicesDVIDriving Under the InfluenceDWIDriving While IntoxicatedFEMAFederal Emergency Management AgencyGNPHRGreater Nashua Public Health RegionHCVHepatitis C VirusHIVHuman Immunodeficiency VirusHIVLamprey Healthcare – Nashua CenterMSMMen who have sex with menNAMINational Alliance on Mental Illness	AIDS	Acquired Immune Deficiency Syndrome
BMIBody Mass IndexCDCCenters for Disease Control and PreventionCHACommunity Health AssessmentCHIPCommunity Health Improvement Plan (Introduction)CHIPChildren's Health Insurance Program (Chapter 2)CIConfidence IntervalDESDepartment of Environmental ServicesDHHSDepartment of Health and Human ServicesDHHSDivision of Public Health and Community ServicesDUIDriving Under the InfluenceDWIDriving While IntoxicatedFEMAFederal Emergency Management AgencyGNPHRGreater Nashua Public Health RegionHCCHarbor Care Clinic, a program of Harbor Homes, IncHVHuman Immunodeficiency VirusHIVLamprey Healthcare – Nashua CenterMSMMen who have sex with menNAMINational Alliance on Mental Illness	APNCU	Adequacy of Prenatal Care Utilization Index
CDCCenters for Disease Control and PreventionCHACommunity Health AssessmentCHIPCommunity Health Improvement Plan (Introduction)CHIPChildren's Health Insurance Program (Chapter 2)CIConfidence IntervalDESDepartment of Environmental ServicesDHHSDepartment of Health and Human ServicesDHHSDivision of Public Health and Community ServicesDUIDriving Under the InfluenceDWIDriving While IntoxicatedFEMAFederal Emergency Management AgencyGNPHRGreater Nashua Public Health RegionHCCHarbor Care Clinic, a program of Harbor Homes, IncHCVHepatitis C VirusHIVHuman Immunodeficiency VirusHP2020Healthy People 2020LHCLamprey Healthcare – Nashua CenterMSMMen who have sex with menNAMINational Alliance on Mental Illness	BRFSS	Behavioral Risk Factor Surveillance System
CHACommunity Health AssessmentCHIPCommunity Health Improvement Plan (Introduction)CHIPChildren's Health Insurance Program (Chapter 2)CIConfidence IntervalDESDepartment of Environmental ServicesDHHSDepartment of Health and Human ServicesDPHCSDivision of Public Health and Community ServicesDUIDriving Under the InfluenceDWIDriving While IntoxicatedFEMAFederal Emergency Management AgencyGNPHRGreater Nashua Public Health RegionHCVHepatitis C VirusHIVHuman Immunodeficiency VirusHIVLamprey Healthcare – Nashua CenterMSMMen who have sex with menNAMINational Alliance on Mental Illness	BMI	Body Mass Index
CHIPCommunity Health Improvement Plan (Introduction)CHIPChildren's Health Insurance Program (Chapter 2)CIConfidence IntervalDESDepartment of Environmental ServicesDHHSDepartment of Health and Human ServicesDPHCSDivision of Public Health and Community ServicesDUIDriving Under the InfluenceDWIDriving While IntoxicatedFEMAFederal Emergency Management AgencyGNPHRGreater Nashua Public Health RegionHCCHarbor Care Clinic, a program of Harbor Homes, IncHIVHuman Immunodeficiency VirusHIVLamprey Healthcare – Nashua CenterMSMMen who have sex with menNAMINational Alliance on Mental Illness	CDC	Centers for Disease Control and Prevention
CHIPChildren's Health Insurance Program (Chapter 2)CIConfidence IntervalDESDepartment of Environmental ServicesDHHSDepartment of Health and Human ServicesDPHCSDivision of Public Health and Community ServicesDUIDriving Under the InfluenceDWIDriving While IntoxicatedFEMAFederal Emergency Management AgencyGNPHRGreater Nashua Public Health RegionHCCHarbor Care Clinic, a program of Harbor Homes, IncHCVHepatitis C VirusHIVHuman Immunodeficiency VirusHP2020Healthy People 2020LHCLamprey Healthcare – Nashua CenterMSMMen who have sex with menNAMINational Alliance on Mental Illness	CHA	Community Health Assessment
CIConfidence IntervalDESDepartment of Environmental ServicesDHHSDepartment of Health and Human ServicesDPHCSDivision of Public Health and Community ServicesDUIDriving Under the InfluenceDWIDriving While IntoxicatedFEMAFederal Emergency Management AgencyGNPHRGreater Nashua Public Health RegionHCCHarbor Care Clinic, a program of Harbor Homes, IncHIVHuman Immunodeficiency VirusHIVLamprey Healthcare – Nashua CenterMSMMen who have sex with menNAMINational Alliance on Mental Illness	CHIP	Community Health Improvement Plan (Introduction)
DESDepartment of Environmental ServicesDHHSDepartment of Health and Human ServicesDPHCSDivision of Public Health and Community ServicesDUIDriving Under the InfluenceDWIDriving While IntoxicatedFEMAFederal Emergency Management AgencyGNPHRGreater Nashua Public Health RegionHCCHarbor Care Clinic, a program of Harbor Homes, IncHCVHepatitis C VirusHIVHuman Immunodeficiency VirusHP2020Healthy People 2020LHCLamprey Healthcare – Nashua CenterMSMMen who have sex with menNAMINational Alliance on Mental Illness	CHIP	Children's Health Insurance Program (Chapter 2)
DHHSDepartment of Health and Human ServicesDPHCSDivision of Public Health and Community ServicesDUIDriving Under the InfluenceDWIDriving While IntoxicatedFEMAFederal Emergency Management AgencyGNPHRGreater Nashua Public Health RegionHCCHarbor Care Clinic, a program of Harbor Homes, IncHCVHepatitis C VirusHIVHuman Immunodeficiency VirusHP2020Healthy People 2020LHCLamprey Healthcare – Nashua CenterMSMMen who have sex with menNAMINational Alliance on Mental Illness	CI	Confidence Interval
DPHCSDivision of Public Health and Community ServicesDUIDriving Under the InfluenceDWIDriving While IntoxicatedFEMAFederal Emergency Management AgencyGNPHRGreater Nashua Public Health RegionHCCHarbor Care Clinic, a program of Harbor Homes, IncHCVHepatitis C VirusHIVHuman Immunodeficiency VirusHP2020Healthy People 2020LHCLamprey Healthcare – Nashua CenterMSMMen who have sex with menNAMINational Alliance on Mental Illness	DES	Department of Environmental Services
DUIDriving Under the InfluenceDWIDriving While IntoxicatedDWIDriving While IntoxicatedFEMAFederal Emergency Management AgencyGNPHRGreater Nashua Public Health RegionHCCHarbor Care Clinic, a program of Harbor Homes, IncHCVHepatitis C VirusHIVHuman Immunodeficiency VirusHP2020Healthy People 2020LHCLamprey Healthcare – Nashua CenterMSMMen who have sex with menNAMINational Alliance on Mental Illness	DHHS	Department of Health and Human Services
DWIDriving While IntoxicatedFEMAFederal Emergency Management AgencyGNPHRGreater Nashua Public Health RegionHCCHarbor Care Clinic, a program of Harbor Homes, IncHCVHepatitis C VirusHIVHuman Immunodeficiency VirusHP2020Healthy People 2020LHCLamprey Healthcare – Nashua CenterMSMMen who have sex with menNAMINational Alliance on Mental Illness	DPHCS	Division of Public Health and Community Services
 FEMA Federal Emergency Management Agency GNPHR Greater Nashua Public Health Region HCC Harbor Care Clinic, a program of Harbor Homes, Inc HCV Hepatitis C Virus HIV Human Immunodeficiency Virus HP2020 Healthy People 2020 LHC Lamprey Healthcare – Nashua Center MSM Men who have sex with men NAMI National Alliance on Mental Illness 	DUI	Driving Under the Influence
GNPHRGreater Nashua Public Health RegionHCCHarbor Care Clinic, a program of Harbor Homes, IncHCVHepatitis C VirusHIVHuman Immunodeficiency VirusHP2020Healthy People 2020LHCLamprey Healthcare – Nashua CenterMSMMen who have sex with menNAMINational Alliance on Mental Illness	DWI	Driving While Intoxicated
HCCHarbor Care Clinic, a program of Harbor Homes, IncHCVHepatitis C VirusHIVHuman Immunodeficiency VirusHP2020Healthy People 2020LHCLamprey Healthcare – Nashua CenterMSMMen who have sex with menNAMINational Alliance on Mental Illness	FEMA	Federal Emergency Management Agency
HCVHepatitis C VirusHIVHuman Immunodeficiency VirusHP2020Healthy People 2020LHCLamprey Healthcare – Nashua CenterMSMMen who have sex with menNAMINational Alliance on Mental Illness	GNPHR	Greater Nashua Public Health Region
HIVHuman Immunodeficiency VirusHP2020Healthy People 2020LHCLamprey Healthcare – Nashua CenterMSMMen who have sex with menNAMINational Alliance on Mental Illness	HCC	Harbor Care Clinic, a program of Harbor Homes, Inc
HP2020Healthy People 2020LHCLamprey Healthcare – Nashua CenterMSMMen who have sex with menNAMINational Alliance on Mental Illness	HCV	Hepatitis C Virus
LHCLamprey Healthcare – Nashua CenterMSMMen who have sex with menNAMINational Alliance on Mental Illness	HIV	Human Immunodeficiency Virus
MSMMen who have sex with menNAMINational Alliance on Mental Illness	HP2020	Healthy People 2020
NAMI National Alliance on Mental Illness	LHC	Lamprey Healthcare – Nashua Center
	MSM	Men who have sex with men
NCHS National Center for Health Statistics	NAMI	National Alliance on Mental Illness
	NCHS	National Center for Health Statistics
NHHK NH Healthy Kids	NHHK	NH Healthy Kids

NIDA	National Institute on Drugs and Alcohol
NH	New Hampshire
PCP	Primary Care Provider
PNC	Pre-natal Care
SAMHSA	Substance Abuse and Mental Health Services Administration
SCHIP	State Children's Health Insurance Program
STD	Sexually Transmitted Disease
ТВ	Tuberculosis
USDA	United States Department of Agriculture
WIC	Women, Infant and Children
YRBS	Youth Risk Behavioral System

Appendix 5: Nashua High School Photography Project



Source: Eddie Sullivan, Nashua High School North

Purpose

The Community Health Assessment focuses on the needs and health concerns of the Nashua community. To enhance the visual components of the report while adding a personal touch from community, the Division of Public Health and Community Services partnered with teachers from Nashua High School North and Nashua High School South. Their photography students were asked to take pictures of what they considered to be public health and healthy and unhealthy items or behaviors within the community. The students submitted their pictures for the Nashua Community Health Assessment and are displayed throughout the report. The collaboration was a success and created a partnership for future endeavors and allowed students to express their creative talents for a city-wide initiative. The students were able to gain insight into the field of public health and provide a service to the community. The students that participated in the project received a Certificate of Appreciation and are acknowledged below.

Nashua High School North

Teacher:

Erin Knoetig

Students:

Emily Bedard Alexa Brouillard Hailey Butler Amanda Clarke Morgan Delapena Chris Franzini Chris Gollihue Emerald Hardiman Sylvia Lund Danielle Sicurella Eddie Sullivan Eden Tomaszewski

Nashua High School South

Teacher:

Angela Walsh

Students:

Alexis Abbott Mary Barnovsky Carolyn Deibert Zach Roberge Shauna Vautier

Nashua High School North

Erin Knoetig, Teacher Photography I Class



Alexa Brouillard

Chris Franzini



Amanda Clarke

Danielle Sicurella



Chris Gollihue



Eddie Sullivan



Emily Bedard



Morgan Delapena



Sylvia Lund



Emerald Hardiman



Eden Tomaszewski



Hailey Butler

Nashua High School South

Angela Walsh, Teacher Photography II Class



Mary Barnovsky



Carolyn Deibert



Shauna Vautier



Zach Roberge



Alexis Abbott