Community Assessment

Executive Summary

September 19, 2012

Presented by
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Executive Summary

Monadnock Community Hospital is located in a vibrant area centered in Peterborough, New Hampshire. The hospital’s service area includes 13 towns with a total population of slightly over 37,000 people. Monadnock Community Hospital (MCH) has exceptional primary care physicians, state-of-the-art diagnostics, and a traditional range health care services including, but not limited to obstetrics, general surgery, orthopedics, rehabilitation, heart disease and cancer care.

MCH has long recognized the importance to its patient community and primary care physicians of having easy access to a wide spectrum of specialty care physicians. There are approximately 25 part-time specialists practicing at MCH. These physicians are available to see patients on the MCH campus at established times during each week. Typically, these specialists are either affiliated with larger specialty hospitals or are part of private practice groups.

As a part of its long term care services, MCH houses two special treatment centers:

- The Anti-Coagulation Clinic, providing convenient monitoring for patients taking Coumadin or other anticoagulation medications;
- The Bond Wellness Center, the region’s only Medically-based Fitness and Rehabilitation facility, providing community activities including a Fitness Center, Fitness Classes, Rehabilitation Therapy, Rehabilitation Programs, and information provided by visiting Specialty Physicians.

MCH also maintains an active outreach philosophy to proactively maintain the health of the community while providing rehabilitation and acute care services. MCH is heavily invested in wellness programs that help keep community members healthy and/or promote healthier rehabilitation regimens for cardiac patients. The Bond Wellness Center is used to help address some of the community’s prioritized health needs.
Background

The State of New Hampshire requires not-for-profit hospitals to conduct a Community Health Needs Assessment (CHNA) every five years. In addition, the Affordable Care Act of 2010 requires one to be done every three years. In mid-2012, MCH completed its CHNA with the goal to clearly identify and prioritize service gaps and ways that it can help improve community health – in addition to meeting state and federal regulations. Crescendo Consulting Group (CCG) assisted MCH with this important project.

This document serves to fulfill the federal and state requirements. It can also be a guidepost for other MCH marketing and community outreach initiatives. The CHNA requirements include developing the following:

- Definition of the community served by MCH
- Description of the quantitative and qualitative methodology used to identify and prioritize community needs
- A prioritized list of community health needs.
- A comprehensive list of community health or health-related resources

The following assessment addresses each of the components above in order to meet state and federal requirements, but more importantly, to help the MCH focus outreach efforts designed to improve community health.
The Community Served by Monadnock Community Hospital

Service Area Towns
The service area includes 13 towns in Cheshire and Hillsborough counties. The Monadnock Community Hospital primary service area includes towns in Cheshire and Hillsborough Counties. Outlined in red, below, the towns include:

- Antrim
- Bennington
- Dublin
- Francestown
- Greenfield
- Greenville
- Hancock
- Jaffrey
- New Ipswich
- Peterborough
- Rindge
- Sharon
- Temple
Key Demographic & Economic Indicators

According to the 2010 US Census, towns in the MCH service area have a combined population of slightly over 37,000 people. There is population diversity in regard to median age, income, and educational status. Most MCH service area towns are older than the U.S. average but have higher median incomes and educational levels. The table below shows that the median age in the service area is 41.0 years while the U.S. median is 37.2 years. The median income is 25% higher with about $65,000 in the service area compared to $52,000 in the U.S. Health and lifestyle characteristics, including key indicators of population health and morbidity / mortality data, are detailed in the appendices.

### Key Demographic and Economic Indicators

<table>
<thead>
<tr>
<th>Town</th>
<th>2010 Population</th>
<th>Median Age</th>
<th>Median Household Income</th>
<th>College Degree or Higher</th>
<th>High School or Higher</th>
<th>People Below 100% Poverty</th>
<th>People Below 200% Poverty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antrim</td>
<td>2,611</td>
<td>43.5</td>
<td>$61,607</td>
<td>26.0%</td>
<td>93.0%</td>
<td>207</td>
<td>7.9%</td>
</tr>
<tr>
<td>Bennington</td>
<td>1,306</td>
<td>38.3</td>
<td>$56,333</td>
<td>24.9%</td>
<td>91.5%</td>
<td>77</td>
<td>5.9%</td>
</tr>
<tr>
<td>Dublin</td>
<td>1,478</td>
<td>46.5</td>
<td>$63,102</td>
<td>31.9%</td>
<td>88.4%</td>
<td>27</td>
<td>1.8%</td>
</tr>
<tr>
<td>Francestown</td>
<td>1,658</td>
<td>47.5</td>
<td>$78,750</td>
<td>47.0%</td>
<td>94.2%</td>
<td>27</td>
<td>1.6%</td>
</tr>
<tr>
<td>Greenfield</td>
<td>1,384</td>
<td>42.3</td>
<td>$69,063</td>
<td>31.2%</td>
<td>87.9%</td>
<td>92</td>
<td>7.0%</td>
</tr>
<tr>
<td>Greenville</td>
<td>2,444</td>
<td>41.6</td>
<td>$52,390</td>
<td>11.5%</td>
<td>81.6%</td>
<td>251</td>
<td>10.3%</td>
</tr>
<tr>
<td>Hancock</td>
<td>1,750</td>
<td>50.8</td>
<td>$64,231</td>
<td>47.9%</td>
<td>95.6%</td>
<td>92</td>
<td>5.3%</td>
</tr>
<tr>
<td>Jaffrey</td>
<td>5,516</td>
<td>41.5</td>
<td>$56,637</td>
<td>26.4%</td>
<td>94.9%</td>
<td>346</td>
<td>6.5%</td>
</tr>
<tr>
<td>New Ipswich</td>
<td>4,983</td>
<td>36.5</td>
<td>$77,000</td>
<td>23.2%</td>
<td>85.6%</td>
<td>168</td>
<td>3.4%</td>
</tr>
<tr>
<td>Peterborough</td>
<td>6,247</td>
<td>46.6</td>
<td>$70,114</td>
<td>50.1%</td>
<td>93.3%</td>
<td>208</td>
<td>3.4%</td>
</tr>
<tr>
<td>Rindge</td>
<td>5,991</td>
<td>29.7</td>
<td>$68,250</td>
<td>31.7%</td>
<td>88.8%</td>
<td>588</td>
<td>12.2%</td>
</tr>
<tr>
<td>Sharon</td>
<td>374</td>
<td>47.5</td>
<td>$67,917</td>
<td>46.2%</td>
<td>95.8%</td>
<td>14</td>
<td>3.7%</td>
</tr>
<tr>
<td>Temple</td>
<td>1,428</td>
<td>45.1</td>
<td>$46,440</td>
<td>39.9%</td>
<td>94.7%</td>
<td>132</td>
<td>9.2%</td>
</tr>
<tr>
<td>Service Area</td>
<td>37,170</td>
<td>41.0</td>
<td>$65,348</td>
<td>32.8%</td>
<td>90.8%</td>
<td>2,229</td>
<td>8.0%</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>1,316,470</td>
<td>41.1</td>
<td>$63,277</td>
<td>32.8%</td>
<td>91.5%</td>
<td>7,172</td>
<td>22.0%</td>
</tr>
<tr>
<td>U.S.</td>
<td>308,745,538</td>
<td>37.2</td>
<td>$51,914</td>
<td>28.2%</td>
<td>85.6%</td>
<td>15.3%</td>
<td>33.6%</td>
</tr>
</tbody>
</table>


### The 2010 Poverty Guidelines (U.S. excluding Alaska and Hawaii)

<table>
<thead>
<tr>
<th>Persons in family</th>
<th>Poverty guideline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$10,830</td>
</tr>
<tr>
<td>2</td>
<td>14,570</td>
</tr>
<tr>
<td>3</td>
<td>18,310</td>
</tr>
<tr>
<td>4</td>
<td>22,050</td>
</tr>
<tr>
<td>5</td>
<td>25,790</td>
</tr>
</tbody>
</table>

For families with 5+ persons, add $3,740 for each additional person.
Needs Prioritization Methodology

MCH and CCG used a multi-phased methodology to achieve the objectives of the assessment. The methodology included the following stages:

- Establishing a Leadership Team to provide project guidance and insight regarding local health resources and perspectives of community needs
- Strategic secondary research
- Four qualitative discussion groups with healthcare consumers, service providers, and other community opinion leaders
- Needs prioritization process

Each of these stages is described below.

Establishing a Leadership Team

Purpose: The objective of the Leadership Group was to engage a broad cross-section of the community that could reasonably represent the very diverse consumers who comprise the MCH service area.

The MCH Leadership Group was established early in the project process in order to develop communication channels with, and to learn about the insights of, a diverse set of community stakeholders. In order to generate the information, CCG and MCH incorporated input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health. Group members were selected based upon their perceived community health vision, knowledge, and power to impact the well-being of the community. The steering committee included the following members:

- Contoocook Valley Transportation Company, Rebecca Harris, Project Coordinator
- ConVal School District, Pam Murphy, School Nurse
- ConVal School District, Rick Matte, Director of Student Services
- Crotched Mountain, Liz LaRose, Director of Marketing
- Good Shepherd Healthcare Center, Suzanne Singer, Marketing Executive
- Greater Peterborough Chamber of Commerce, Jack Burnett, Executive Director
- Home Healthcare & Hospice, Cathy Sorenson, Chief Clinical Operating Officer
- Jaffrey Monadnock Adult Care, Christine Selmer, Director
- Jaffrey Police Department, Bill Oswalt, Chief
- Monadnock Area Food Bank, Meredith White, Director
- Monadnock Area Transitional Shelter, Hope Pettigrew, Board of Trustees
- Monadnock at Home, Owen Houghton, Vice Chair of the Board of Directors
The steering committee also offered critical feedback on quantitative data; refined the list of community needs, helped develop the database of available resources, and participated in quantitative and qualitative research methods to build the prioritized list of community needs identified in this report.

**Strategic Secondary Research**

**Purpose:** Statistical and demographic data was used to help develop a profile of the lifestyle, demographic, and disease incidence characteristics of the service area. Identifying disparities assists in the prioritization of needs later in the process.

Strategic secondary research included a search of existing published and electronically available data sources to determine statistical profiles of the morbidity, mortality, lifestyle, and demographic characteristics of the MCH service area – along with state and national comparisons, where helpful. The list below includes some of the data sources used to support this assessment.

- Demographic Data.
  - U.S. Census
  - State of New Hampshire, Employment Security
  - State of New Hampshire, Office of Energy and Planning
- Health Risk Behavior Data from the U.S. Centers for Disease Control and Prevention
  - Behavioral Risk Factor Surveillance System Survey (BRFSS).
  - Youth Risk Behavior Survey (YRBS).
  - State of New Hampshire, Department of Education
• Morbidity and Mortality by cause.
  o State of New Hampshire, Department of Health and Human Services, Division of Public Health Services
  o Hospital Discharge Data.
  o Birth and Death Statistics.
  o Cancer Registry.
• Existing materials from other organizations

Crescendo analyzed the secondary data from the sources above and developed a series of data tables to provide a profile of the MCH service area and, more importantly, to gain a better understanding of the relative magnitude of morbidity and mortality data – identifying regional outliers, where possible. The results of the analyses are contained in the appendices.

**Qualitative Discussion Groups**

**Purpose:** The objective of the discussion groups was to generate a comprehensive list of community health related needs and to develop access to a database of services. One of the outputs of the discussion groups was the list of 40 community needs that was used in the “prioritization” phase of research.

MCH conducted five discussion groups with individuals from a breadth of community groups regarding their perceptions of healthcare service gaps. The groups (roughly 90 minutes each) included in-depth discussion about topics such as community strengths, service gaps, needs prioritization, and ways that MCH may be able to help address community needs. The information gleaned was used to help triangulate statistical data and qualitative information collected through other research modalities.

The discussion groups included the following community segments:

- **Leadership Group Members – three groups.** As noted above, the Leadership Group included executives from a diverse range of organizations that have direct contact with healthcare consumers and/or provide affiliated services. The Group helped identify an extensive list of community resources, health needs, and service gaps. The participants also reviewed secondary data and provided feedback on the results of the community opinion leader discussion group.

- **Healthcare Consumers.** Consumer sectors who participated in the MCH CHNA discussion group include the homeless, people from diverse age groups and economic strata, individuals with varying degrees of chronic illnesses, and others. Healthcare consumers provided insights regarding community health needs and reflected on the results of the secondary data research.

- **Community Opinion Leaders.** The Community Opinion Leader Group was comprised of healthcare consumers living in the MCH service area and also providing community services such as faith-based networking and in-school nursing. In addition to Leadership Group members, participants in this discussion group were able to help MCH “cast a broad net” with
regard to seeking and identifying insights from a broad range of consumers. Members included representatives from the following organizations:

- Greenfield Covenant Church
- Crotched Mountain Rehabilitation Center
- The River Center Family and Community Resource
- The Grapevine Family & Community Resource Center
- Monadnock RSVP
- Southwestern Community Services
- Town of Rindge
- Town of Peterborough

**Needs Prioritization Process**

**Purpose:** This stage used a mixed modality approach to rank order the 40 community needs identified in earlier research. The approach is designed to help build consensus around the results and thoroughly evaluate community needs.

In a method originally pioneered by the RAND Corporation in the 1950s and 1960s, Crescendo helped MCH implement a quantitative and qualitative survey method that is used to collect, distill, and reach prioritized consensus around creative ideas and/or qualitative issues and questions. Leadership Group members rated health initiatives and provided qualitative feedback. The process included three steps.

- Leadership Group members were asked to quantitatively and qualitatively evaluate each of the 40 community needs (identified by discussion group participants and through the data analysis research phase) using an electronic survey developed by Crescendo.

- The resulting needs were rank-ordered based upon the average score and aggregated qualitative comments. The survey results were sent to Leadership Group members in the form of a second survey. The second survey included the same list of 40 needs, the ranking of each of the community needs based on previous survey, and a list of qualitative comments submitted by survey participants. Leadership Group members re-rated the 40 needs based on their own opinions and the insights of others as expressed in the list of aggregated comments. Group members submitted their responses to Crescendo.

- The results of the second survey were rank-ordered based on the average scores and submitted to MCH. The complete list of the community needs evaluated in the process is included in the Appendix of this assessment. The prioritized list of the top 10 needs is included in the next section of this assessment.
Prioritized Needs
The prioritized list of community needs shown in the table below is based on input from the steering committee meetings; analysis of local, state of New Hampshire, and federal quantitative data; community input; and, the needs evaluation process.

Summary Table

<table>
<thead>
<tr>
<th>Rank</th>
<th>Health Need</th>
<th>Code Number **</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Availability of affordable healthcare, prescriptions, and related services</td>
<td>101</td>
</tr>
<tr>
<td>2</td>
<td>Behavioral health - early detection and intervention; adult social, emotional, and organically-based illnesses (e.g., schizophrenia, bipolar disorders, etc.); senior population</td>
<td>370, 400</td>
</tr>
<tr>
<td>3</td>
<td>Obesity / Nutrition / Exercise education and services</td>
<td>410, 411, 412</td>
</tr>
<tr>
<td>4</td>
<td>Transportation to/from healthcare service providers</td>
<td>561</td>
</tr>
<tr>
<td>5</td>
<td>Coordination of care between provider organizations</td>
<td>999, 562</td>
</tr>
<tr>
<td>6</td>
<td>Communication between community service providers regarding the breadth of services available</td>
<td>999, 562</td>
</tr>
<tr>
<td>7</td>
<td>Drug and Alcohol Early Detection and Treatment – Access / Availability of Alcohol / Drug Treatment</td>
<td>407</td>
</tr>
<tr>
<td>8</td>
<td>Managing the expected growth in senior health services</td>
<td>501, 372</td>
</tr>
<tr>
<td>9</td>
<td>Homeless services (healthcare for the homeless)</td>
<td>100</td>
</tr>
<tr>
<td>10</td>
<td>End of life issues (including palliative care)</td>
<td>100</td>
</tr>
</tbody>
</table>

** NOTE: Code numbers are used by the State of New Hampshire to categorize needs and develop clearer, more uniform understanding of initiatives.

Discussion of Top 10 Community Needs
Below is a brief summary of the ten leading community needs, as established by consensus among key stakeholders and community representatives.

- **Availability of affordable healthcare, prescriptions, and related services.** The high cost of healthcare – including increasingly high insurance premiums and co-pays – are often mentioned as barriers to care. Leadership Group members and other research participants indicate that socio-economic issues impact when and where patients receive services. They also indicate that since the Monadnock area is perceived as a fairly affluent community, people on the lower end of the economic ladder may be highly reluctant to seek financial assistance for healthcare or health related services.
• **Behavioral health - early detection and intervention; adult social, emotional, and organically-based illnesses (e.g., schizophrenia, bipolar disorders, etc.); senior population.** The research conducted with the Leadership Group and others considered separately behavioral health components such as early detection and intervention, organically-based illnesses, and behavioral health among the senior population. However, on the prioritized list they are combined based on the literature review and focus group insights which did not differentiate community behavioral health needs based on similar criteria.

Behavioral health needs are considered burgeoning and a highly correlative factor with many other healthcare and social service needs.

• **Obesity / Nutrition / Exercise.** For 2011, Behavior Risk Factor Surveillance Survey (BRFSS) data shows that nearly two in three New Hampshire adults are overweight or obese. The downstream impact of weight is well-established: higher rates of heart disease, diabetes, orthopedic issues, hypertension, and other conditions. Some Leadership Group members indicated that addressing the duel issues of nutrition and exercise will clearly lower obesity issues, yet these may be difficult to accomplish due to the requirement to change lifestyles among the currently healthy as well as those with health problems.

• **Transportation Services Availability.** Lack of public transportation was identified by stakeholders and community leaders as an ongoing issue particularly for residents of outlying areas. Research participants indicated that residents of Peterborough and nearby communities had good access to transportation services. However, people in areas not serviced by public transportation are less likely to seek or be able to obtain needed services. This tends to be especially true for the elderly and low income populations.

• **Coordination of care between provider organizations.** Participants stated that coordinated care helped patients receive higher quality of care and continuity, improved the patient care experience by lowering stress and reducing burdens due to excess logistical demands, and reduced costs. Together, these three benefits underlie the “Triple Aim” as described by the Institute for Healthcare Improvement (IHI) as ways to simultaneously improve population health, patient experience of care and lower costs in a changing healthcare environment. Locally, focus group participants indicated that case management services and/or better communication and transition protocols between providers (including Health Information Exchanges) may address the issue.
• **Communication between community service providers and the patient population regarding the breadth of services available.** Leadership Group members indicated that the patient population (and some providers) are not fully aware of the healthcare services available in the Greater Monadnock region. Even though services such as “New Hampshire 211” provide some degree of resource information to the public, service providers and other community organizations are often unaware of appropriate referral targets or effective ways to coordinate services with other community resources. The River Center’s “Fact Book: A Guide to Local Resources”, is an excellent publication, and it is included in this assessment as an attachment. Some Leadership Group participants suggested that MCH consider partnering with The River Center in order to maintain the accuracy of the database and develop dissemination channels.

• **Drug and Alcohol Early Detection and Treatment – Access / Availability of Alcohol / Drug Treatment.** There is a direct and secondary impact of drug and alcohol use on community health. BRFSS data for 2008-2010 shows that even though the Monadnock Public Health Region is average compared with the other Public Health Regions (PHRs) it still shows that more than one in seven adults engage in binge drinking over a 30 day period. Participants indicated that proactive measure in this area would reduce downstream health and financial burdens, as well as improve quality of life and economic productivity.

![Engaged in Binge Drinking in the Past 30 Days (Percent of Adult Population)](chart)


• **Managing the expected growth in senior services.** Leadership Group members and focus group participants both identified the aging demographic profile of the patient community (as well as the providers) as an issue and noted its impact on the health system. One community
focus group participant said, “This is a huge, impending catastrophe – more patients and possibly fewer doctors.” Demographic data shows that the number of people age 65 and older is expected to increase by about 50% from 2010 to 2020 and to more than double by 2030. Similar trends are projected for the MCH service area, as well, see Appendix B. Anecdotal data suggests that the provider community will not increase by the same rate.


- **Homeless services (healthcare for the homeless).** A New Hampshire Bureau of Homeless and Housing Services report indicates that there are no transitional shelters or emergency shelters in the Monadnock Public Health region (see Appendix C). Leadership Group members indicate that healthcare services for this population segment is growing given the economic trends since 2008. Participants suggest that coordination of behavior health, medical services, and economic assistance (including workforce development services) is particularly important for this population.

- **End of life issues (including palliative care).** National research shows that palliative care can improve the quality of life and cut hospital costs. The Dartmouth Atlas shows that 32% of all Medicare spending is for patients with chronic illness in their last two years of life. The expense is primarily for specialty physician care and repeated hospitalizations.

  In a seminal study by Jennifer Temul among patients with metastatic non-small cell lung cancer, patients who received palliative care reported better psycho-social states (e.g., less depression and anxiety) and a better quality-of-life than those who received standard oncologic care alone. Patients who received early palliative care needed less aggressive end-
of-life care, yet their median survival was nearly three months longer than others\(^1\) and the cost of care was significantly lower. MCH Leadership Group members indicated that the growing number of elderly patients highlights the importance of addressing this community need.

The Leadership Group and the MCH executive team discussed the prioritized needs in the context of current Hospital initiatives, possible community engagement, and community health and demographic trends. The group recognized that some needs have greater importance for individual agencies or organizations. It was also agreed that substantial and on-going efforts are underway to address many of the needs and that a collaborative approach can be helpful.

The collaborative team – the Community Leadership Group and the Hospital – agreed that the assessment will help focus outreach efforts designed to improve community health, address service gaps, enhance patients’ care experience, and may even address health issues that may help contain costs (e.g., wellness). The team also concluded that the assessment may also help inspire more effective collaboration with community service organizations and better engage healthcare consumers.

Appendix A: Health Issues Evaluated in the Prioritization Process

Based on the discussion groups and the strategic secondary research, 40 community health needs were identified. Leadership Group members were then asked to rate the needs on a 5-point scale in order to develop a prioritized list (with “5” indicating the greatest need and “1” indicating the least need). The results of the evaluation are contained in the table below.

<table>
<thead>
<tr>
<th>Health Issues</th>
<th>Evaluation Mean</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability of affordable healthcare, prescriptions, and related services</td>
<td>4.38</td>
<td>1 (tie)</td>
</tr>
<tr>
<td>Behavioral health - early detection and intervention</td>
<td>4.38</td>
<td>1 (tie)</td>
</tr>
<tr>
<td>Obesity / Nutrition / Exercise education and services</td>
<td>4.31</td>
<td>3 (tie)</td>
</tr>
<tr>
<td>Transportation to/from healthcare service providers</td>
<td>4.31</td>
<td>3 (tie)</td>
</tr>
<tr>
<td>Coordination of care between healthcare service providers</td>
<td>4.23</td>
<td>5</td>
</tr>
<tr>
<td>Communication between community service providers regarding the breadth of services available</td>
<td>3.92</td>
<td>6</td>
</tr>
<tr>
<td>Addictions - Awareness and education</td>
<td>3.85</td>
<td>7 (tie)</td>
</tr>
<tr>
<td>Drug and alcohol abuse prevention</td>
<td>3.85</td>
<td>7 (tie)</td>
</tr>
<tr>
<td>Behavioral health - adult social, emotional, and organically-based illnesses (e.g., schizophrenia, bipolar disorders, etc.)</td>
<td>3.85</td>
<td>7 (tie)</td>
</tr>
<tr>
<td>Drug and alcohol abuse early detection and treatment</td>
<td>3.77</td>
<td>10 (tie)</td>
</tr>
<tr>
<td>Interagency awareness of services / communications</td>
<td>3.77</td>
<td>10 (tie)</td>
</tr>
<tr>
<td>Behavioral health - senior population</td>
<td>3.69</td>
<td>12 (tie)</td>
</tr>
<tr>
<td>Managing the expected growth in senior health services</td>
<td>3.69</td>
<td>12 (tie)</td>
</tr>
<tr>
<td>Homeless services (healthcare for the homeless)</td>
<td>3.46</td>
<td>14</td>
</tr>
<tr>
<td>End of life issues (including palliative care)</td>
<td>3.38</td>
<td>15</td>
</tr>
<tr>
<td>Parenting classes including &quot;well baby&quot;, &quot;healthy mom&quot;, etc.</td>
<td>3.31</td>
<td>16 (tie)</td>
</tr>
<tr>
<td>Wellness initiatives and the individual's ability to maintain a healthy lifestyle</td>
<td>3.31</td>
<td>16 (tie)</td>
</tr>
<tr>
<td>Elder care services</td>
<td>3.23</td>
<td>18 (tie)</td>
</tr>
<tr>
<td>Insurance coverage rates</td>
<td>3.23</td>
<td>18 (tie)</td>
</tr>
<tr>
<td>Dental health services for adults / seniors</td>
<td>3.15</td>
<td>20</td>
</tr>
<tr>
<td>Autism spectrum and other learning disabilities - early detection and services</td>
<td>3.08</td>
<td>21 (tie)</td>
</tr>
<tr>
<td>Cancer screening and other preventive care / education</td>
<td>3.08</td>
<td>21 (tie)</td>
</tr>
<tr>
<td>Environmental issues - air quality, lead exposure / poisoning, waterborne contaminants</td>
<td>3.00</td>
<td>23 (tie)</td>
</tr>
<tr>
<td>Smoking cessation services</td>
<td>3.00</td>
<td>23 (tie)</td>
</tr>
<tr>
<td>Stress management education and services</td>
<td>3.00</td>
<td>23 (tie)</td>
</tr>
<tr>
<td>Women's health - comprehensive gynecology and reproductive care for women in all stages of life</td>
<td>2.92</td>
<td>26 (tie)</td>
</tr>
<tr>
<td>Cancer treatment and co-morbid conditions such as mental health and other disease management initiatives</td>
<td>2.92</td>
<td>26 (tie)</td>
</tr>
<tr>
<td>Respiratory / pulmonology education and services</td>
<td>2.85</td>
<td>28 (tie)</td>
</tr>
<tr>
<td>Stroke prevention and education</td>
<td>2.85</td>
<td>28 (tie)</td>
</tr>
<tr>
<td>Support groups for patients and families with chronic diseases (e.g., cancer, diabetes, heart disease, and other conditions)</td>
<td>2.85</td>
<td>28 (tie)</td>
</tr>
</tbody>
</table>
# Health Issue Evaluation Scores

<table>
<thead>
<tr>
<th>Health Issues</th>
<th>Evaluation Mean</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic disease screenings - broad spectrum (hypertension, cancer, heart disease, stroke)</td>
<td>2.77</td>
<td>31 (tie)</td>
</tr>
<tr>
<td>Dementia spectrum issues</td>
<td>2.77</td>
<td>31 (tie)</td>
</tr>
<tr>
<td>Dental health services for children</td>
<td>2.77</td>
<td>31 (tie)</td>
</tr>
<tr>
<td>Diabetes awareness and management; including dialysis</td>
<td>2.77</td>
<td>31 (tie)</td>
</tr>
<tr>
<td>Mammography screenings</td>
<td>2.69</td>
<td>35 (tie)</td>
</tr>
<tr>
<td>Public information regarding available community health services - the need for a central repository and reference for local services</td>
<td>2.69</td>
<td>35 (tie)</td>
</tr>
<tr>
<td>Hypertension prevention services</td>
<td>2.62</td>
<td>37</td>
</tr>
<tr>
<td>Rheumatology and other arthritis services</td>
<td>2.54</td>
<td>38</td>
</tr>
<tr>
<td>Cholesterol screening and education</td>
<td>2.38</td>
<td>39 (tie)</td>
</tr>
<tr>
<td>Vocational rehabilitation</td>
<td>2.38</td>
<td>39 (tie)</td>
</tr>
</tbody>
</table>
Appendix B: Population Over Age 65 by County

Source: New Hampshire Center for Public Health Studies.
Appendix C: Homeless Shelters in New Hampshire

State Funded Emergency and Transitional Shelters

- Emergency Shelter – ES
- Transitional Shelter – TS
- Winter Emergency Shelter – WES

Source: Bureau of Homeless and Housing Services, Division of Community-Based Care Services, NH Department of Health and Human Services, *Homeless in New Hampshire*, July 1, 2010 - June 30, 2011.
Appendix D: YRBS Data
Comparison Between NH Students and U.S. Students 2009 YRBS

The Youth Risk Behavior Survey (YRBS) monitors priority health risk behaviors that contribute to the leading causes of death, disability, and social problems among youth and adults in the United States. The national YRBS is conducted every two years during the spring semester and provides data representative of 9th through 12th grade students in public and private schools throughout the United States. The New Hampshire YRBS also is conducted every 2 years and provides data representative of 9th through 12th grade students in public schools throughout New Hampshire.

New Hampshire, High School Youth Risk Behavior Survey, 2009

<table>
<thead>
<tr>
<th>Question</th>
<th>Female</th>
<th>Male</th>
<th>Statistical Significance at 95% Confidence</th>
<th>Male More Likely Than Female</th>
<th>Female More Likely Than Male</th>
<th>No Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rarely or never wore a bicycle helmet (among students who had ridden a bicycle during the 12 months before the survey)</td>
<td>57.0 (50.1–63.8)</td>
<td>66.3 (60.6–71.6)</td>
<td>X</td>
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</tr>
<tr>
<td>Rarely or never wore a seat belt (when riding in a car driven by someone else)</td>
<td>11.4 (8.5–15.2)</td>
<td>14.0 (10.6–18.4)</td>
<td>X</td>
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<tr>
<td>Rode with a driver who had been drinking alcohol one or more times (in a car or other vehicle during the 30 days before the survey)</td>
<td>24.6 (20.2–29.6)</td>
<td>21.7 (18.8–24.9)</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drove when drinking alcohol one or more times (in a car or other vehicle during the 30 days before the survey)</td>
<td>7.8 (5.5–10.9)</td>
<td>9.0 (6.7–12.1)</td>
<td>X</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Carried a weapon on school property on at least 1 day (for example, a gun, knife, or club during the 30 days before the survey)</td>
<td>3.4 (2.1–5.3)</td>
<td>13.7 (10.7–17.4)</td>
<td>X</td>
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<td></td>
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</tr>
<tr>
<td>Did not go to school because they felt unsafe at school or on their way to or from school on at least 1 day (during the 30 days before the survey)</td>
<td>4.8 (2.8–8.2)</td>
<td>4.2 (2.8–6.4)</td>
<td>X</td>
<td></td>
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</tr>
<tr>
<td>Threatened or injured with a weapon on school property one or more times (for example, a gun, knife, or club during the 12 months before the survey)</td>
<td>—</td>
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</tr>
<tr>
<td>Question</td>
<td>Female</td>
<td>Male</td>
<td>Statistical Significance at 95% Confidence</td>
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<tr>
<td>In a physical fight on school property one or more times (during the 12 months before the survey)</td>
<td>6.8 (4.8–9.5)</td>
<td>11.2 (8.6–14.4)</td>
<td>X</td>
<td></td>
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</tr>
<tr>
<td>Bullied on school property (during the 12 months before the survey)</td>
<td>24.4 (20.5–28.8)</td>
<td>19.9 (16.0–24.4)</td>
<td>X</td>
<td></td>
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</tr>
<tr>
<td>Felt sad or hopeless (almost every day for 2 or more weeks in a row so that they stopped doing some usual activities during the 12 months before the survey)</td>
<td>32.1 (28.3–36.2)</td>
<td>18.4 (15.4–21.9)</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seriously considered attempting suicide (during the 12 months before the survey)</td>
<td>13.8 (10.7–17.7)</td>
<td>10.2 (7.8–13.3)</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Made a plan about how they would attempt suicide (during the 12 months before the survey)</td>
<td>11.9 (8.8–15.9)</td>
<td>7.7 (5.8–10.2)</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attempted suicide one or more times (during the 12 months before the survey)</td>
<td>5.1 (3.1–8.3)</td>
<td>4.2 (2.7–6.6)</td>
<td>X</td>
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<tr>
<td>Suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse (during the 12 months before the survey)</td>
<td>1.6 (0.7–3.6)</td>
<td>1.6 (0.9–2.8)</td>
<td>X</td>
<td></td>
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<tr>
<td>Carried a weapon on at least 1 day (for example, a gun, knife, or club during the 30 days before the survey)</td>
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<tr>
<td>Carried a gun on at least 1 day (during the 30 days before the survey)</td>
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<tr>
<td>In a physical fight one or more times (during the 12 months before the survey)</td>
<td>20.3 (16.0–25.5)</td>
<td>31.1 (27.2–35.2)</td>
<td>X</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Injured in a physical fight one or more times (injuries had to be treated by a doctor or nurse, during the 12 months before the survey)</td>
<td>3.6 (2.3–5.6)</td>
<td>4.3 (3.0–6.2)</td>
<td>X</td>
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</tr>
<tr>
<td>Hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend (during the 12 months before the survey)</td>
<td>8.0 (6.0–10.5)</td>
<td>11.1 (8.4–14.4)</td>
<td>X</td>
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</tr>
<tr>
<td>Ever physically forced to have sexual intercourse (when they did not want to)</td>
<td>9.4 (7.1–12.3)</td>
<td>4.8 (3.4–6.7)</td>
<td>X</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Question</td>
<td>Percent by Gender (95% confidence interval)</td>
<td>Statistical Significance at 95% Confidence</td>
<td></td>
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<tr>
<td></td>
<td>Female</td>
<td>Male</td>
<td>Male More Likely Than Female</td>
<td>No Difference</td>
<td></td>
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<tr>
<td>Ever tried cigarette smoking (even one or two puffs)</td>
<td>—</td>
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</tr>
<tr>
<td>Smoked a whole cigarette for the first time before age 13 years</td>
<td>9.8 (7.5–12.7)</td>
<td>11.0 (8.9–13.6)</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoked cigarettes on at least 1 day (during the 30 days before the survey)</td>
<td>20.0 (16.0–24.6)</td>
<td>21.6 (18.2–25.4)</td>
<td>X</td>
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<td></td>
<td></td>
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<tr>
<td>Smoked cigarettes on 20 or more days (during the 30 days before the survey)</td>
<td>9.6 (6.9–13.3)</td>
<td>9.2 (6.9–12.2)</td>
<td>X</td>
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<tr>
<td>Smoked more than 10 cigarettes per day (among students who currently smoked cigarettes, on the days they smoked during the 30 days before the survey)</td>
<td>—</td>
<td>—</td>
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<tr>
<td>Smoked cigarettes on school property on at least 1 day (during the 30 days before the survey)</td>
<td>—</td>
<td>—</td>
<td>—</td>
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<td></td>
</tr>
<tr>
<td>Ever smoked at least one cigarette every day for 30 days</td>
<td>—</td>
<td>—</td>
<td>—</td>
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<tr>
<td>Did not try to quit smoking cigarettes (among students who currently smoked cigarettes, during the 12 months before the survey)</td>
<td>—</td>
<td>—</td>
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<tr>
<td>Usually obtained their own cigarettes by buying them in a store or gas station (among the students who were aged &lt;18 years and who currently smoked cigarettes, during the 30 days before the survey)</td>
<td>—</td>
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</tr>
<tr>
<td>Used chewing tobacco, snuff, or dip on at least 1 day (during the 30 days before the survey)</td>
<td>2.6 (1.3–5.2)</td>
<td>13.8 (11.3–16.8)</td>
<td>X</td>
<td></td>
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<td></td>
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<tr>
<td>Used chewing tobacco, snuff, or dip on school property on at least 1 day (during the 30 days before the survey)</td>
<td>—</td>
<td>—</td>
<td>—</td>
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<tr>
<td>Smoked cigars, cigarillos, or little cigars on at least 1 day (during the 30 days before the survey)</td>
<td>9.7 (6.8–13.6)</td>
<td>22.1 (18.9–25.7)</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoked cigarettes; smoked cigars, cigarillos, or little cigars; or used chewing tobacco, snuff, or dip on at least 1 day (during the 30 days before the survey)</td>
<td>23.8 (19.4–28.8)</td>
<td>33.8 (29.3–38.5)</td>
<td>X</td>
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<tr>
<td>Question</td>
<td>Percent by Gender (95% confidence interval)</td>
<td>Statistical Significance at 95% Confidence</td>
<td></td>
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<tr>
<td></td>
<td>Female</td>
<td>Male</td>
<td>Male More Likely Than Female</td>
<td>No Difference</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ever had at least one drink of alcohol on at least 1 day (during their life)</td>
<td>69.8 (64.1–74.9)</td>
<td>67.2 (62.4–71.6)</td>
<td></td>
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<tr>
<td>Drank alcohol for the first time before age 13 years (other than a few sips)</td>
<td>11.5 (9.1–14.4)</td>
<td>17.7 (14.9–20.9)</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Had at least one drink of alcohol on at least 1 day (during the 30 days before the survey)</td>
<td>39.4 (33.4–45.7)</td>
<td>39.2 (34.5–44.1)</td>
<td></td>
<td>X</td>
<td></td>
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</tr>
<tr>
<td>Had five or more drinks of alcohol in a row within a couple of hours on at least 1 day (during the 30 days before the survey)</td>
<td>24.6 (20.4–29.3)</td>
<td>23.4 (19.4–27.9)</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Usually obtained the alcohol they drank by someone giving it to them (among students who currently drank alcohol during the 30 days before the survey)</td>
<td>33.7 (27.9–40.1)</td>
<td>28.4 (22.6–35.2)</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Had at least one drink of alcohol on school property on at least 1 day (during the 30 days before the survey)</td>
<td>3.9 (2.3–6.6)</td>
<td>4.6 (3.3–6.3)</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ever used marijuana one or more times (during their life)</td>
<td>37.7 (32.1–43.7)</td>
<td>43.1 (38.5–47.9)</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tried marijuana for the first time before age 13 years</td>
<td>7.3 (5.2–10.1)</td>
<td>9.4 (7.4–11.7)</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Used marijuana one or more times (during the 30 days before the survey)</td>
<td>22.9 (18.8–27.6)</td>
<td>28.1 (22.8–34.0)</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Used marijuana on school property one or more times (during the 30 days before the survey)</td>
<td>5.3 (3.5–7.9)</td>
<td>8.3 (6.3–10.9)</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Ever used any form of cocaine one or more times (for example, powder, crack, or freebase, during their life)</td>
<td>5.9 (3.9–8.8)</td>
<td>7.0 (5.2–9.4)</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Used any form of cocaine one or more times (for example, powder, crack, or freebase, during the 30 days before the survey)</td>
<td>3.3 (1.8–6.1)</td>
<td>4.4 (2.9–6.8)</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ever sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high one or more times (during their life)</td>
<td>13.6 (10.1–18.0)</td>
<td>10.2 (7.6–13.4)</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>Female</td>
<td>Male</td>
<td>Female More Likely Than Male</td>
<td>Male More Likely Than Female</td>
<td>No Difference</td>
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<tr>
<td>Ever used heroin one or more times (also called &quot;smack&quot;, &quot;junk&quot;, or &quot;China white&quot;, during their life)</td>
<td>2.3 (1.2–4.1)</td>
<td>3.4 (2.1–5.4)</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Ever used methamphetamines one or more times (also called &quot;speed&quot;, &quot;crystal&quot;, &quot;crank&quot;, or &quot;ice&quot;, during their life)</td>
<td>5.0 (3.4–7.3)</td>
<td>4.2 (3.0–5.9)</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Ever used ecstasy one or more times (also called &quot;MDMA&quot;, during their life)</td>
<td>6.3 (3.8–10.1)</td>
<td>7.1 (4.8–10.2)</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Ever took steroid pills or shots without a doctor's prescription one or more times (during their life)</td>
<td>1.4 (0.7–2.8)</td>
<td>0.0</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
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<tr>
<td>Ever used a needle to inject any illegal drug into their body one or more times (during their life)</td>
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<tr>
<td>Offered, sold, or given an illegal drug by someone on school property (during the 12 months before the survey)</td>
<td>18.3 (14.4–23.1)</td>
<td>25.4 (21.0–30.4)</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Ever had sexual intercourse</td>
<td>46.2 (41.5–51.0)</td>
<td>46.1 (41.5–50.9)</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Had sexual intercourse for the first time before age 13 years</td>
<td>1.9 (1.1–3.2)</td>
<td>6.4 (4.4–9.2)</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Had sexual intercourse with four or more persons (during their life)</td>
<td>10.9 (8.3–14.1)</td>
<td>11.6 (9.0–14.9)</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Had sexual intercourse with at least one person (during the 3 months before the survey)</td>
<td>39.5 (34.9–44.2)</td>
<td>32.9 (28.9–37.2)</td>
<td></td>
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<td>X</td>
<td></td>
</tr>
<tr>
<td>Drank alcohol or used drugs before last sexual intercourse (among students who were currently sexually active)</td>
<td>19.5 (14.8–25.2)</td>
<td>23.5 (17.9–30.2)</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Did not use a condom during last sexual intercourse (among students who were currently sexually active)</td>
<td>46.3 (37.9–54.8)</td>
<td>39.3 (32.0–47.0)</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Did not use birth control pills before last sexual intercourse (to prevent pregnancy, among students who were currently sexually active)</td>
<td>59.2 (51.6–66.4)</td>
<td>75.6 (68.8–81.3)</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Were never taught in school about AIDS or HIV infection</td>
<td>9.1 (6.8–12.1)</td>
<td>10.8 (8.1–14.2)</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>Percent by Gender (95% confidence interval)</td>
<td>Statistical Significance at 95% Confidence</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>---------------------------------------------</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>Male</td>
<td>Female More Likely Than Male</td>
<td>Male More Likely Than Female</td>
<td>No Difference</td>
<td></td>
</tr>
<tr>
<td>Did not use Depo-Provera before last sexual intercourse (to prevent pregnancy, among students who were currently sexually active)</td>
<td>97.5 (93.3–99.1)</td>
<td>95.4 (86.9–98.5)</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Did not use birth control pills or Depo-Provera before last sexual intercourse (to prevent pregnancy, among students who were currently sexually active)</td>
<td>56.7 (49.1–64.0)</td>
<td>70.9 (62.6–78.1)</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Did not use both a condom during last sexual intercourse and birth control pills or Depo-Provera before last sexual intercourse (to prevent pregnancy, among students who were currently sexually active)</td>
<td>85.7 (79.7–90.1)</td>
<td>88.8 (83.4–92.7)</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Ate fruits and vegetables less than five times per day (100% fruit juices, fruit, green salad, potatoes [excluding French fries, fried potatoes, or potato chips], carrots, or other vegetables, during the 7 days before the survey)</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td></td>
</tr>
<tr>
<td>Did not drink 100% fruit juices (during the 7 days before the survey)</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td></td>
</tr>
<tr>
<td>Did not eat fruit (during the 7 days before the survey)</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td></td>
</tr>
<tr>
<td>Did not eat green salad (during the 7 days before the survey)</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td></td>
</tr>
<tr>
<td>Did not eat potatoes (excluding French fries, fried potatoes, or potato chips, during the 7 days before the survey)</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td></td>
</tr>
<tr>
<td>Did not eat carrots (during the 7 days before the survey)</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td></td>
</tr>
<tr>
<td>Did not eat other vegetables (excluding green salad, potatoes, or carrots, during the 7 days before the survey)</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td></td>
</tr>
<tr>
<td>Drank a can, bottle, or glass of soda or pop at least one time per day (not including diet soda or diet pop, during the 7 days before the survey)</td>
<td>14.5 (11.1–18.6)</td>
<td>29.6 (26.2–33.3)</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Drank less than three glasses per day of milk (during the 7 days before the survey)</td>
<td>85.8 (82.5–88.6)</td>
<td>72.1 (67.4–76.3)</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>Percent by Gender (95% confidence interval)</td>
<td>Statistical Significance at 95% Confidence</td>
<td>Male More Likely Than Female</td>
<td>No Difference</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>--------------------------------------------</td>
<td>------------------------------------------</td>
<td>----------------------------</td>
<td>---------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ate fruit or drank 100% fruit juices less than two times per day (during the 7 days before the survey)</td>
<td>— (—)</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ate vegetables less than three times per day (green salad, potatoes [excluding French fries, fried potatoes, or potato chips], carrots, or other vegetables, during the 7 days before the survey)</td>
<td>— (—)</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overweight (students who were &gt;= 85th percentile but &lt; 95th percentile for body mass index, by age and sex, based on reference data)</td>
<td>12.9 (9.6–17.1)  13.6 (10.9–16.9)</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obese (students who were &gt;= 95th percentile for body mass index, by age and sex, based on reference data)</td>
<td>7.7 (5.9–10.1)  16.4 (12.2–21.7)</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Described themselves as slightly or very overweight</td>
<td>31.5 (26.9–36.5)  25.3 (21.5–29.5)</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did not exercise to lose weight or to keep from gaining weight (during the 30 days before the survey)</td>
<td>31.9 (27.1–37.1)  47.7 (44.7–50.7)</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did not eat less food, fewer calories, or low-fat foods to lose weight or to keep from gaining weight (during the 30 days before the survey)</td>
<td>46.6 (42.7–50.5)  71.6 (68.5–74.5)</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Went without eating for 24 hours or more to lose weight or to keep from gaining weight (during the 30 days before the survey)</td>
<td>13.1 (10.1–16.7)  4.5 (3.4–6.1)</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Took diet pills, powders or liquids to lose weight or to keep from gaining weight (without a doctor's advice, during the 30 days before the survey)</td>
<td>6.0 (4.3–8.3)  4.1 (2.7–6.2)</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vomited or took laxatives to lose weight or to keep from gaining weight (during the 30 days before the survey)</td>
<td>5.7 (3.5–9.1)  2.0 (1.1–3.7)</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>Percent by Gender (95% confidence interval)</td>
<td>Statistical Significance at 95% Confidence</td>
<td></td>
<td></td>
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<td>-------------------------------------------------------------------------</td>
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<tr>
<td></td>
<td>Female</td>
<td>Male</td>
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<tr>
<td></td>
<td>62.9 (57.3–68.1)</td>
<td>47.1 (42.5–51.7)</td>
<td></td>
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</tr>
<tr>
<td>Physically active at least 60 minutes per day on less than 5 days (doing</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>any kind of physical activity that increased their heart rate and made</td>
<td></td>
<td></td>
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<tr>
<td>them breathe hard some of the time during the 7 days before the survey)</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Did not attend physical education classes in an average week (when they</td>
<td>61.5 (53.9–68.5)</td>
<td>56.4 (48.7–63.8)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>were in school)</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did not attend physical education classes daily (when they were in</td>
<td>77.6 (71.3–82.9)</td>
<td>74.4 (68.3–79.7)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>school)</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did not play on sports teams (run by their school or community groups</td>
<td>—</td>
<td>—</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>during the 12 months before the survey)</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Watched television 3 or more hours per day (on an average school day)</td>
<td>18.6 (15.2–22.7)</td>
<td>27.1 (24.0–30.3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Used computers 3 or more hours per day (played video or computer games</td>
<td>16.6 (13.9–19.6)</td>
<td>30.9 (27.5–34.6)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>or used a computer for something that was not school work on an average</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
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<tr>
<td>school day)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Physically active at least 60 minutes per day on less than 7 days (doing</td>
<td>85.1 (82.2–87.7)</td>
<td>68.6 (64.4–72.5)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>any kind of physical activity that increased their heart rate and made</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>them breathe hard some of the time during the 7 days before the survey)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did not participate in at least 60 minutes of physical activity on any</td>
<td>16.2 (12.3–21.0)</td>
<td>10.1 (7.8–13.0)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>day (doing any kind of physical activity that increased their heart</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>rate and made them breathe hard some of the time during the 7 days</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>before the survey)</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Compared to U.S. students, based on t-test analyses, p < .05. 2. 95% confidence interval. NA = Not available.
## Appendix E: Population Health Statistics

### Monadnock Public Health Region

**Deaths by Heart Disease by Age Group, 2006-2008**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Incidence Per 100,000 People</th>
<th>State Incidence</th>
<th>95% Significance ***</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 4</td>
<td>*</td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>5 - 14</td>
<td>*</td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>15 - 24</td>
<td>*</td>
<td>1.7</td>
<td></td>
</tr>
<tr>
<td>25 - 34</td>
<td>*</td>
<td>4.2</td>
<td></td>
</tr>
<tr>
<td>35 - 44</td>
<td>*</td>
<td>17.8</td>
<td></td>
</tr>
<tr>
<td>45 - 54</td>
<td>40.5</td>
<td>56.4</td>
<td></td>
</tr>
<tr>
<td>55 - 64</td>
<td>151.9</td>
<td>143.2</td>
<td></td>
</tr>
<tr>
<td>65 - 74</td>
<td>291.7</td>
<td>348.8</td>
<td></td>
</tr>
<tr>
<td>75 - 84</td>
<td>1,155.0</td>
<td>1,192.7</td>
<td></td>
</tr>
<tr>
<td>85 +</td>
<td>4,194.1</td>
<td>4,367.4</td>
<td></td>
</tr>
</tbody>
</table>

*** None significantly higher than the state average

## Population Health and Lifestyle Indicators

<table>
<thead>
<tr>
<th>County</th>
<th>Poor or Fair Health Status</th>
<th>Poor Physical Health</th>
<th>Poor Mental Health</th>
<th>Adult Obesity</th>
<th>Physically Inactive</th>
<th>Heavy or Binge Drinking (Past 30 days)</th>
<th>Preventable Hospital Stays</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belknap</td>
<td>12%</td>
<td>3.1</td>
<td>3.6</td>
<td>26%</td>
<td>22%</td>
<td>16%</td>
<td>57.5</td>
</tr>
<tr>
<td>Carroll</td>
<td>12%</td>
<td>3.3</td>
<td>3.4</td>
<td>24%</td>
<td>21%</td>
<td>17%</td>
<td>52.0</td>
</tr>
<tr>
<td>Cheshire</td>
<td>12%</td>
<td>3.4</td>
<td>3.3</td>
<td>28%</td>
<td>22%</td>
<td>16%</td>
<td>48.0</td>
</tr>
<tr>
<td>Coos</td>
<td>18%</td>
<td>4.4</td>
<td>4.5</td>
<td>31%</td>
<td>29%</td>
<td>19%</td>
<td>83.9</td>
</tr>
<tr>
<td>Grafton</td>
<td>10%</td>
<td>3.1</td>
<td>3.1</td>
<td>24%</td>
<td>20%</td>
<td>18%</td>
<td>47.7</td>
</tr>
<tr>
<td>Hillsborough</td>
<td>11%</td>
<td>3.2</td>
<td>3.1</td>
<td>27%</td>
<td>22%</td>
<td>18%</td>
<td>61.6</td>
</tr>
<tr>
<td>Merrimack</td>
<td>10%</td>
<td>2.8</td>
<td>2.8</td>
<td>25%</td>
<td>21%</td>
<td>16%</td>
<td>62.6</td>
</tr>
<tr>
<td>Rockingham</td>
<td>10%</td>
<td>3.1</td>
<td>3.2</td>
<td>26%</td>
<td>20%</td>
<td>19%</td>
<td>57.9</td>
</tr>
<tr>
<td>Strafford</td>
<td>14%</td>
<td>3.7</td>
<td>3.7</td>
<td>30%</td>
<td>23%</td>
<td>17%</td>
<td>64.7</td>
</tr>
<tr>
<td>Sullivan</td>
<td>12%</td>
<td>3.5</td>
<td>3.4</td>
<td>29%</td>
<td>26%</td>
<td>16%</td>
<td>57.4</td>
</tr>
<tr>
<td>U.S. Average</td>
<td>17%</td>
<td>3.8</td>
<td>3.5</td>
<td>30%</td>
<td>28%</td>
<td>14%</td>
<td>81.0</td>
</tr>
</tbody>
</table>

### Metric Definitions and Sources:
- Poor or fair health (percent of adults reporting fair or poor health), Behavioral Risk Factor Surveillance System, 2004-2010
- Poor physical health days (average number in past 30 days), BRFSS, 2004-2010
- Poor mental health days (average number in past 30 days), BRFSS, 2004-2010
- Adult obesity (percent of adults that report a BMI >= 30), National Center for Chronic Disease Prevention and Health Promotion, calculated from BRFSS, 2009
- Physical inactivity (percent of adults that report no leisure time physical activity), National Center for Chronic Disease Prevention and Health Promotion, calculated from BRFSS, 2009
- Excessive drinking (percent of adults who report heavy or binge drinking), BRFSS, 2004-2010
- Preventable hospital stays (rate per 1,000 Medicare enrollees); Preventable hospital stays are measured as the hospital discharge rate for ambulatory care-sensitive conditions per 1,000 Medicare enrollees; Medicare claims/Dartmouth Atlas; http://www.countyhealthrankings.org/health-factors/quality-care
## Monadnock Public Health Region Profile

### Key Public Health Indicators at a Glance

<table>
<thead>
<tr>
<th>Health Behaviors</th>
<th>Region</th>
<th>NH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current smoking, percent of adults (2008–2009)</td>
<td>17.4</td>
<td>16.5</td>
</tr>
<tr>
<td>Fruits and vegetables five or more times per day, percent of adults</td>
<td>27.4</td>
<td>28.0</td>
</tr>
<tr>
<td>Obese, percent of adults (2008–2009)</td>
<td>27.0</td>
<td>25.8</td>
</tr>
<tr>
<td>Overweight, percent of adults (2008–2009)</td>
<td>33.9</td>
<td>37.2</td>
</tr>
<tr>
<td>Moderate or vigorous physical activity, percent of adults</td>
<td>56.7</td>
<td>53.5</td>
</tr>
<tr>
<td>Heavy drinking, percent of adults (2008–2009)</td>
<td>5.0</td>
<td>6.0</td>
</tr>
<tr>
<td>Binge drinking, percent of adults (2008–2009)</td>
<td>16.2</td>
<td>16.1</td>
</tr>
<tr>
<td>Teen birth rate per 1,000 females age 15–19 (2008)</td>
<td>16.9</td>
<td>18.4</td>
</tr>
<tr>
<td>Always use seatbelt, percent of adults (2006, 2008)</td>
<td>65.5</td>
<td>65.6</td>
</tr>
<tr>
<td>No health insurance, percent of adults (2008–2009)</td>
<td>11.1</td>
<td>10.8</td>
</tr>
<tr>
<td>Unable to see doctor when needed due to cost, percent of adults (2008–2009)</td>
<td>13.4</td>
<td>10.9</td>
</tr>
<tr>
<td>Have primary care provider, percent of adults (2008–2009)</td>
<td>87.9</td>
<td>88.9</td>
</tr>
<tr>
<td>Flu shot in past year, percent of adults age 65 and older (2008–2009)</td>
<td>74.9</td>
<td>74.9</td>
</tr>
<tr>
<td>Acute ambulatory care sensitive condition hospital discharges, age adjusted per 100,000 population (2003–2007)</td>
<td>604.9</td>
<td>697.3</td>
</tr>
<tr>
<td>Chronic ambulatory care sensitive condition hospital discharges, age adjusted per 100,000 population (2003–2007)</td>
<td>539.5</td>
<td>605.4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Community and Environment</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Children under 6 years of age with elevated blood lead level, percent among children tested (2009)</td>
<td>0.68</td>
<td>0.78</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health Outcomes</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Premature death, years of potential life lost before age 75 per 1,000 population (2003–2007)</td>
<td>54.8</td>
<td>56.7</td>
</tr>
<tr>
<td>Low birthweight per 1,000 births (2007)</td>
<td>5.2</td>
<td>6.2</td>
</tr>
<tr>
<td>Substance abuse-related emergency hospital discharges, age-adjusted per 10,000 population (2003–2007)</td>
<td>58.0</td>
<td>68.3</td>
</tr>
<tr>
<td>Activities limited due to health in at least 14 of previous 30 days, percent of adults (2008–2009)</td>
<td>7.1</td>
<td>5.4</td>
</tr>
<tr>
<td>New cancer diagnoses, age-adjusted per 100,000 population (2003–2007)</td>
<td>466.3</td>
<td>499.8</td>
</tr>
<tr>
<td>Cancer deaths, age-adjusted per 100,000 population (2003–2007)</td>
<td>172.5</td>
<td>185.0</td>
</tr>
<tr>
<td>Mammogram in past two years, percent of women age 40 and older (2006, 2008)</td>
<td>74.8</td>
<td>81.0</td>
</tr>
</tbody>
</table>
# Monadnock Public Health Region Profile

## Key Public Health Indicators at a Glance

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Region</th>
<th>NH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colonoscopy or sigmoidoscopy in past five years, percent of adults age 50 and older (2006, 2008)</td>
<td>54.7</td>
<td>58.2</td>
</tr>
<tr>
<td><strong>Access to Care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pap test in past three years, percent of women age 18 and older (2006, 2008)</td>
<td>81.0</td>
<td>87.1</td>
</tr>
<tr>
<td>Ever told had diabetes, percent of adults (2008–2009)</td>
<td>7.5</td>
<td>7.2</td>
</tr>
<tr>
<td>Ever told blood pressure was high, percent of adults (2007, 2009)</td>
<td>28.3</td>
<td>27.6</td>
</tr>
<tr>
<td>Cholesterol tested past five years, percent of adults (2007, 2009)</td>
<td>80.9</td>
<td>81.9</td>
</tr>
<tr>
<td>Current asthma, percent (2007, 2009)</td>
<td>8.1</td>
<td>10.2</td>
</tr>
<tr>
<td>Unintentional injury-related emergency hospital disc</td>
<td>94.5</td>
<td>110.2</td>
</tr>
</tbody>
</table>


## Appendix F: Other Supporting Community Health Data Tables

### Population of Monadnock Community Hospital
**Primary Service Area by Town**

<table>
<thead>
<tr>
<th>Town</th>
<th>2010 Population</th>
<th>2000 Population</th>
<th>Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antrim</td>
<td>2,611</td>
<td>2,449</td>
<td>6.6%</td>
</tr>
<tr>
<td>Bennington</td>
<td>1,306</td>
<td>1,401</td>
<td>-6.8%</td>
</tr>
<tr>
<td>Dublin</td>
<td>1,478</td>
<td>1,476</td>
<td>0.1%</td>
</tr>
<tr>
<td>Franestown</td>
<td>1,658</td>
<td>1,480</td>
<td>12.0%</td>
</tr>
<tr>
<td>Greenfield</td>
<td>1,384</td>
<td>1,657</td>
<td>-16.5%</td>
</tr>
<tr>
<td>Greenville</td>
<td>2,444</td>
<td>2,224</td>
<td>9.9%</td>
</tr>
<tr>
<td>Hancock</td>
<td>1,750</td>
<td>1,739</td>
<td>0.6%</td>
</tr>
<tr>
<td>Jaffrey</td>
<td>5,516</td>
<td>5,476</td>
<td>0.7%</td>
</tr>
<tr>
<td>New Ipswich</td>
<td>4,983</td>
<td>4,289</td>
<td>16.2%</td>
</tr>
<tr>
<td>Peterborough</td>
<td>6,247</td>
<td>5,883</td>
<td>6.2%</td>
</tr>
<tr>
<td>Rindge</td>
<td>5,991</td>
<td>5,451</td>
<td>9.9%</td>
</tr>
<tr>
<td>Sharon</td>
<td>374</td>
<td>360</td>
<td>3.9%</td>
</tr>
<tr>
<td>Temple</td>
<td>1,428</td>
<td>1,297</td>
<td>10.1%</td>
</tr>
<tr>
<td>Total Area</td>
<td>37,170</td>
<td>35,182</td>
<td>5.7%</td>
</tr>
</tbody>
</table>

Source: US Census Bureau, 2011.
Total Requiring Help with Routine Needs

<table>
<thead>
<tr>
<th>Year</th>
<th>MCH Service Area</th>
<th>New Hampshire</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>1,229</td>
<td>43,910</td>
</tr>
<tr>
<td>2020</td>
<td>1,601</td>
<td>57,164</td>
</tr>
<tr>
<td>2030</td>
<td>1,781</td>
<td>63,592</td>
</tr>
<tr>
<td>% Increase 2030</td>
<td>45%</td>
<td>45%</td>
</tr>
</tbody>
</table>

## Inpatient Condition Outliers, 20%+ Above NH Rates, by Age Group

**Monadnock Public Health Region Compared to New Hampshire**

*(Discharges Per 100,000 People)*

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Major Condition</th>
<th>Age Specific Rate Monadnock PHR</th>
<th>Age Specific Rate New Hampshire</th>
<th>% Above NH Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 4</td>
<td>Diseases of the blood and blood-forming organs</td>
<td>95.4</td>
<td>71.3</td>
<td>34%</td>
</tr>
<tr>
<td>0 to 4</td>
<td>Diseases of the circulatory system</td>
<td>101.7</td>
<td>52.8</td>
<td>93%</td>
</tr>
<tr>
<td>05 to 14</td>
<td>Mental disorders</td>
<td>266.6</td>
<td>66.3</td>
<td>302%</td>
</tr>
<tr>
<td>15 to 24</td>
<td>None</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>25 to 34</td>
<td>Diseases of the blood and blood-forming organs</td>
<td>32.8</td>
<td>18.9</td>
<td>74%</td>
</tr>
<tr>
<td>25 to 34</td>
<td>Mental disorders</td>
<td>833.1</td>
<td>603.9</td>
<td>38%</td>
</tr>
<tr>
<td>35 to 44</td>
<td>Mental disorders</td>
<td>885.6</td>
<td>667.2</td>
<td>33%</td>
</tr>
<tr>
<td>45 to 54</td>
<td>None</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>55 to 64</td>
<td>None</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>65 to 74</td>
<td>None</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>75 to 84</td>
<td>None</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>85 +</td>
<td>None</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>


### Health and Socioeconomic Profile

<table>
<thead>
<tr>
<th></th>
<th>Cheshire County</th>
<th>Hillsborough County</th>
<th>New Hampshire</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Outcomes</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td>9%</td>
<td>8%</td>
<td>8%</td>
</tr>
<tr>
<td>HIV prevalence rate</td>
<td>69</td>
<td>144</td>
<td>107</td>
</tr>
<tr>
<td><strong>Health Care</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental health providers</td>
<td>1,484:1</td>
<td>2,866:1</td>
<td>2,056:1</td>
</tr>
<tr>
<td>Health care costs</td>
<td>$8,070</td>
<td>$8,220</td>
<td>$8,056</td>
</tr>
<tr>
<td>Uninsured adults</td>
<td>15%</td>
<td>15%</td>
<td>15%</td>
</tr>
<tr>
<td>Could not see doctor due to cost</td>
<td>11%</td>
<td>9%</td>
<td>10%</td>
</tr>
<tr>
<td>Dentists</td>
<td>2,046:1</td>
<td>1,540:1</td>
<td>1,733:1</td>
</tr>
<tr>
<td><strong>Social &amp; Economic Factors</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median household income</td>
<td>$49,126</td>
<td>$67,650</td>
<td>$60,917</td>
</tr>
<tr>
<td>High housing costs</td>
<td>37%</td>
<td>39%</td>
<td>38%</td>
</tr>
<tr>
<td>Children eligible for free lunch</td>
<td>18%</td>
<td>16%</td>
<td>18%</td>
</tr>
<tr>
<td>Illiteracy</td>
<td>6.30%</td>
<td>6.20%</td>
<td>5.80%</td>
</tr>
<tr>
<td>Access to healthy foods</td>
<td>38%</td>
<td>59%</td>
<td>49%</td>
</tr>
</tbody>
</table>

# Major Causes For Inpatient Hospitalization, 2003-2007

**Monadnock Public Health Region**

<table>
<thead>
<tr>
<th>Major Condition</th>
<th>Crude Rate per 100,000 People</th>
<th>Monadnock Public Health Region</th>
<th>State of New Hampshire</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diseases of the circulatory system</td>
<td>1,382.8</td>
<td>1,480.7</td>
<td></td>
</tr>
<tr>
<td>Pregnancy, childbirth, the puerperium and complications</td>
<td>995.7</td>
<td>1,088.8</td>
<td></td>
</tr>
<tr>
<td>Newborn</td>
<td>949.8</td>
<td>1,026.4</td>
<td></td>
</tr>
<tr>
<td>Diseases of the respiratory system</td>
<td>882.6</td>
<td>863.6</td>
<td></td>
</tr>
<tr>
<td>Diseases of the digestive system</td>
<td>801.8</td>
<td>905.1</td>
<td></td>
</tr>
<tr>
<td>Injury and Poisoning</td>
<td>723.9</td>
<td>791.7</td>
<td></td>
</tr>
<tr>
<td>Mental disorders ***</td>
<td>568.8 ***</td>
<td>452.7</td>
<td></td>
</tr>
<tr>
<td>Supplementary classifications</td>
<td>534.5</td>
<td>202.5</td>
<td></td>
</tr>
<tr>
<td>Diseases of the musculoskeletal system and connective tissue</td>
<td>521.3</td>
<td>601.7</td>
<td></td>
</tr>
<tr>
<td>Neoplasms</td>
<td>458.9</td>
<td>485.5</td>
<td></td>
</tr>
<tr>
<td>Diseases of the genitourinary system</td>
<td>358.4</td>
<td>415.5</td>
<td></td>
</tr>
<tr>
<td>Symptoms, signs, and ill-defined conditions</td>
<td>281.8</td>
<td>419.1</td>
<td></td>
</tr>
<tr>
<td>Endocrine, nutritional and metabolic diseases, and immunity disorders</td>
<td>248.5</td>
<td>293.6</td>
<td></td>
</tr>
<tr>
<td>Infectious and parasitic diseases</td>
<td>220.1</td>
<td>232.2</td>
<td></td>
</tr>
<tr>
<td>Diseases of the nervous system and sense organs</td>
<td>162.6</td>
<td>194.9</td>
<td></td>
</tr>
<tr>
<td>Diseases of the skin and subcutaneous tissue</td>
<td>127.7</td>
<td>155.6</td>
<td></td>
</tr>
<tr>
<td>Diseases of the blood and blood-forming organs</td>
<td>60.4</td>
<td>79.3</td>
<td></td>
</tr>
<tr>
<td>Congenital anomalies</td>
<td>39.1</td>
<td>46.4</td>
<td></td>
</tr>
<tr>
<td>Certain conditions originating in the perinatal period</td>
<td>37.8</td>
<td>48.7</td>
<td></td>
</tr>
</tbody>
</table>


*** Monadnock Public Health Region more than 20% above state rate
<table>
<thead>
<tr>
<th>County</th>
<th>Births Per 1,000 Females (age 15-19)</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Hampshire</td>
<td>18.4</td>
</tr>
<tr>
<td>Belknap</td>
<td>22.9</td>
</tr>
<tr>
<td>Carroll</td>
<td>18.7</td>
</tr>
<tr>
<td>Cheshire</td>
<td>18.2</td>
</tr>
<tr>
<td>Coos</td>
<td>31.6</td>
</tr>
<tr>
<td>Grafton</td>
<td>15.4</td>
</tr>
<tr>
<td>Hillsborough</td>
<td>20.5</td>
</tr>
<tr>
<td>Merrimack</td>
<td>16.9</td>
</tr>
<tr>
<td>Rockingham</td>
<td>11.5</td>
</tr>
<tr>
<td>Strafford</td>
<td>19.5</td>
</tr>
<tr>
<td>Sullivan</td>
<td>41.9</td>
</tr>
</tbody>
</table>

Definitions: Resident births where mother is age 15 to 19 per 1,000 women age 15 to 19.

Source: New Hampshire Division of Vital Records Administration birth certificate data.
<table>
<thead>
<tr>
<th>Place</th>
<th>Estimated Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belknap</td>
<td>1,001</td>
<td>10.9%</td>
</tr>
<tr>
<td>Carroll</td>
<td>929</td>
<td>14.3%</td>
</tr>
<tr>
<td>Cheshire</td>
<td>1,139</td>
<td>10.6%</td>
</tr>
<tr>
<td>Coos</td>
<td>842</td>
<td>19.2%</td>
</tr>
<tr>
<td>Grafton</td>
<td>1,333</td>
<td>11.8%</td>
</tr>
<tr>
<td>Hillsborough</td>
<td>6,340</td>
<td>9.3%</td>
</tr>
<tr>
<td>Merrimack</td>
<td>2,012</td>
<td>8.6%</td>
</tr>
<tr>
<td>Rockingham</td>
<td>3,168</td>
<td>6.3%</td>
</tr>
<tr>
<td>Strafford</td>
<td>1,984</td>
<td>11.1%</td>
</tr>
<tr>
<td>Sullivan</td>
<td>811</td>
<td>12.8%</td>
</tr>
<tr>
<td>NH</td>
<td>13,140</td>
<td>9.4%</td>
</tr>
</tbody>
</table>

Source: U.S. Bureau of the Census, SAIPE.
## Diabetes-Related Hospitalizations by NH County and by Age Group, 2003-2007

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Rate per 100,000 People</th>
<th>95% Confidence Interval</th>
<th>NH State Average</th>
<th>Significance at 95% Confidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belknap</td>
<td>0 - 4</td>
<td>*</td>
<td>*</td>
<td>25.1</td>
</tr>
<tr>
<td></td>
<td>5 - 14</td>
<td>56.4</td>
<td>34.9 - 86.2</td>
<td>54.9</td>
</tr>
<tr>
<td></td>
<td>15 - 24</td>
<td>59.9</td>
<td>38.4 - 89.1</td>
<td>127.9 ***</td>
</tr>
<tr>
<td></td>
<td>25 - 34</td>
<td>226.2</td>
<td>179.1 - 281.9</td>
<td>288.7</td>
</tr>
<tr>
<td></td>
<td>35 - 44</td>
<td>731.8</td>
<td>653.6 - 810</td>
<td>535.5 ***</td>
</tr>
<tr>
<td></td>
<td>45 - 54</td>
<td>1,052.00</td>
<td>962.4 - 1141.6</td>
<td>1,118.00</td>
</tr>
<tr>
<td></td>
<td>55 - 64</td>
<td>3,043.50</td>
<td>2869.3 - 3217.7</td>
<td>2,830.30 ***</td>
</tr>
<tr>
<td></td>
<td>65 - 74</td>
<td>4,984.50</td>
<td>4704.7 - 5264.3</td>
<td>5,695.20 ***</td>
</tr>
<tr>
<td></td>
<td>75 - 84</td>
<td>7,928.10</td>
<td>7506.8 - 8350.2</td>
<td>8,687.10 ***</td>
</tr>
<tr>
<td></td>
<td>85 +</td>
<td>7,967.70</td>
<td>7265.1 - 8670.3</td>
<td>7,967.70</td>
</tr>
<tr>
<td>Carroll</td>
<td>0 - 4</td>
<td>*</td>
<td>*</td>
<td>25.1</td>
</tr>
<tr>
<td></td>
<td>5 - 14</td>
<td>78.5</td>
<td>48.6 - 120</td>
<td>54.9</td>
</tr>
<tr>
<td></td>
<td>15 - 24</td>
<td>174.9</td>
<td>129.8 - 230.6</td>
<td>127.9</td>
</tr>
<tr>
<td></td>
<td>25 - 34</td>
<td>395.7</td>
<td>318.2 - 486.4</td>
<td>288.7 ***</td>
</tr>
<tr>
<td></td>
<td>35 - 44</td>
<td>823.7</td>
<td>726 - 921.4</td>
<td>535.5 ***</td>
</tr>
<tr>
<td></td>
<td>45 - 54</td>
<td>1,176.10</td>
<td>1068.7 - 1283.5</td>
<td>1,118.00</td>
</tr>
<tr>
<td></td>
<td>55 - 64</td>
<td>2,314.50</td>
<td>2148.5 - 2480.5</td>
<td>2,830.30 ***</td>
</tr>
<tr>
<td></td>
<td>65 - 74</td>
<td>4,595.30</td>
<td>4320.7 - 4869.9</td>
<td>5,695.20 ***</td>
</tr>
<tr>
<td></td>
<td>75 - 84</td>
<td>7,123.10</td>
<td>6703.3 - 7542.9</td>
<td>8,687.10 ***</td>
</tr>
<tr>
<td></td>
<td>85 +</td>
<td>7,705.00</td>
<td>6967.2 - 8442.8</td>
<td>7,967.70</td>
</tr>
<tr>
<td>Cheshire</td>
<td>0 - 4</td>
<td>*</td>
<td>*</td>
<td>25.1</td>
</tr>
<tr>
<td></td>
<td>5 - 14</td>
<td>54.5</td>
<td>35.3 - 80.5</td>
<td>54.9</td>
</tr>
<tr>
<td></td>
<td>15 - 24</td>
<td>70.2</td>
<td>51.4 - 93.6</td>
<td>127.9 ***</td>
</tr>
<tr>
<td></td>
<td>25 - 34</td>
<td>228.3</td>
<td>185.3 - 278.2</td>
<td>288.7</td>
</tr>
<tr>
<td></td>
<td>35 - 44</td>
<td>637.5</td>
<td>570.1 - 704.9</td>
<td>535.5 ***</td>
</tr>
<tr>
<td></td>
<td>45 - 54</td>
<td>1,118.40</td>
<td>1033.8 - 1203</td>
<td>1,118.00</td>
</tr>
<tr>
<td></td>
<td>55 - 64</td>
<td>2,518.40</td>
<td>2371.2 - 2665.6</td>
<td>2,830.30 ***</td>
</tr>
<tr>
<td></td>
<td>65 - 74</td>
<td>5,131.10</td>
<td>4864.5 - 5397.7</td>
<td>5,695.20 ***</td>
</tr>
<tr>
<td></td>
<td>75 - 84</td>
<td>8,803.20</td>
<td>8377.3 - 9229.1</td>
<td>8,687.10 ***</td>
</tr>
<tr>
<td></td>
<td>85 +</td>
<td>9,268.90</td>
<td>8580.3 - 9957.5</td>
<td>7,967.70 ***</td>
</tr>
<tr>
<td>Coos</td>
<td>0 - 4</td>
<td>*</td>
<td>*</td>
<td>25.1</td>
</tr>
<tr>
<td></td>
<td>5 - 14</td>
<td>73.8</td>
<td>40.3 - 123.8</td>
<td>54.9</td>
</tr>
</tbody>
</table>
## Diabetes-Related Hospitalizations

### by NH County and by Age Group, 2003-2007

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Rate per 100,000 People</th>
<th>95% Confidence Interval</th>
<th>NH State Average</th>
<th>Significance at 95% Confidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coos 15 - 24</td>
<td>87.6</td>
<td>51.9 - 138.4</td>
<td>127.9</td>
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<tr>
<td>Coos 25 - 34</td>
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<tr>
<td>Coos 35 - 44</td>
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<td>832.6 - 1084.8</td>
<td>535.5</td>
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</tr>
<tr>
<td>Coos 45 - 54</td>
<td>1,737.3</td>
<td>1579.1 - 1895.5</td>
<td>1,118.0</td>
<td>***</td>
</tr>
<tr>
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<td>4,540.4</td>
<td>4249.2 - 4831.6</td>
<td>2,830.3</td>
<td>***</td>
</tr>
<tr>
<td>Coos 65 - 74</td>
<td>8,720.9</td>
<td>8253.1 - 9188.7</td>
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</tr>
<tr>
<td>Coos 75 - 84</td>
<td>11,373.3</td>
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<tr>
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<td>Grafton 0 - 4</td>
<td>*</td>
<td>*</td>
<td>25.1</td>
<td></td>
</tr>
<tr>
<td>Grafton 5 - 14</td>
<td>55</td>
<td>35.9 - 80.6</td>
<td>54.9</td>
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<tr>
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<td>55.3 - 95.1</td>
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<td>***</td>
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<tr>
<td>Grafton 25 - 34</td>
<td>182</td>
<td>146.2 - 224</td>
<td>288.7</td>
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<tr>
<td>Grafton 35 - 44</td>
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<td>455.1 - 572.5</td>
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<tr>
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<td>2053.4 - 2313.2</td>
<td>2,830.3</td>
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</tr>
<tr>
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<td>4,743.3</td>
<td>4498.9 - 4987.7</td>
<td>5,695.2</td>
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<tr>
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<td>6,248.5</td>
<td>5912.7 - 6584.3</td>
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<tr>
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<td>24.7</td>
<td>16.8 - 35.1</td>
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</tr>
<tr>
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<td>52.2 - 70.4</td>
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</tr>
<tr>
<td>Hillsborough 15 - 24</td>
<td>159.3</td>
<td>144.1 - 174.5</td>
<td>127.9</td>
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<td>289.2</td>
<td>267.8 - 310.6</td>
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<td>555.1</td>
<td>530.1 - 580.1</td>
<td>535.5</td>
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<tr>
<td>Hillsborough 45 - 54</td>
<td>1,162.9</td>
<td>1125.5 - 1200.3</td>
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<td>2791.8 - 2936</td>
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<td>5556.7 - 5830.7</td>
<td>5,695.2</td>
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<td>8687.2 - 9112.6</td>
<td>8,687.1</td>
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<tr>
<td>Hillsborough 85 +</td>
<td>7,854.4</td>
<td>7540.9 - 8167.9</td>
<td>7,967.7</td>
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<tr>
<td>Merrimack 0 - 4</td>
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<td>*</td>
<td>25.1</td>
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</tr>
<tr>
<td>Merrimack 5 - 14</td>
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<td>38 - 68</td>
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<tr>
<td>Merrimack 15 - 24</td>
<td>99.9</td>
<td>80.8 - 119</td>
<td>127.9</td>
<td>***</td>
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</tbody>
</table>
# Diabetes-Related Hospitalizations

by NH County and by Age Group, 2003-2007

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Rate per 100,000 People</th>
<th>95% Confidence Interval</th>
<th>NH State Average</th>
<th>Significance at 95% Confidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Merrimack</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 - 34</td>
<td>396.1</td>
<td>353.2 - 439</td>
<td>288.7</td>
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</tr>
<tr>
<td>35 - 44</td>
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<td>484.3 - 567.3</td>
<td>535.5</td>
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</tr>
<tr>
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<td>1085.6 - 1205.8</td>
<td>1,118.00</td>
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<tr>
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<td>2990.8 - 3234.8</td>
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<td>6,105.70</td>
<td>5879.5 - 6331.9</td>
<td>5,695.20</td>
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</tr>
<tr>
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<td>8146.4 - 8789.2</td>
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<td>Rockingham</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 - 4</td>
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<td>24.5 - 51.2</td>
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<td>47.1</td>
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<td>54.9</td>
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<td>81.6 - 109.8</td>
<td>127.9</td>
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<td>210.2</td>
<td>187.6 - 232.8</td>
<td>288.7</td>
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<td>341.7</td>
<td>319.1 - 364.3</td>
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<tr>
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<td>849.6 - 922.8</td>
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<td>2454.4 - 2605.8</td>
<td>2,830.30</td>
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<td>5,540.40</td>
<td>5386.9 - 5693.9</td>
<td>5,695.20</td>
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<td>9094.6 - 9619.2</td>
<td>8,687.10</td>
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<tr>
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<td>8,686.90</td>
<td>8281.9 - 9091.9</td>
<td>7,967.70</td>
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<tr>
<td>Strafford</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>0 - 4</td>
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<td>*</td>
<td>25.1</td>
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<td>5 - 14</td>
<td>53.6</td>
<td>38.3 - 73</td>
<td>54.9</td>
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<td>148.6 - 200</td>
<td>127.9</td>
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<td>25 - 34</td>
<td>308.2</td>
<td>269.9 - 346.5</td>
<td>288.7</td>
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<tr>
<td>35 - 44</td>
<td>633</td>
<td>581.8 - 684.2</td>
<td>535.5</td>
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</tr>
<tr>
<td>45 - 54</td>
<td>1,404.60</td>
<td>1326.1 - 1483.1</td>
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</tr>
<tr>
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<td>3,524.60</td>
<td>3371.2 - 3678</td>
<td>2,830.30</td>
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</tr>
<tr>
<td>65 - 74</td>
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<td>6795.7 - 7351.3</td>
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</tr>
<tr>
<td>75 - 84</td>
<td>9,710.30</td>
<td>9316.9 - 10103.7</td>
<td>8,687.10</td>
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<td>85 +</td>
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<td>7017.6 - 8134.6</td>
<td>7,967.70</td>
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<tr>
<td>Sullivan</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 - 4</td>
<td>*</td>
<td>*</td>
<td>25.1</td>
<td></td>
</tr>
<tr>
<td>5 - 14</td>
<td>*</td>
<td>*</td>
<td>54.9</td>
<td></td>
</tr>
<tr>
<td>15 - 24</td>
<td>355.7</td>
<td>287.4 - 435.3</td>
<td>127.9</td>
<td>***</td>
</tr>
<tr>
<td>25 - 34</td>
<td>371.9</td>
<td>297.9 - 458.7</td>
<td>288.7</td>
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<tr>
<td>35 - 44</td>
<td>625.7</td>
<td>538.1 - 713.3</td>
<td>535.5</td>
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<tr>
<td>45 - 54</td>
<td>1,559.00</td>
<td>1426.4 - 1691.6</td>
<td>1,118.00</td>
<td>***</td>
</tr>
</tbody>
</table>
### Diabetes-Related Hospitalizations

by NH County and by Age Group, 2003-2007

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Rate per 100,000 People</th>
<th>95% Confidence Interval</th>
<th>NH State Average</th>
<th>Significance at 95% Confidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sullivan 55 - 64</td>
<td>2,851.00</td>
<td>2647 - 3055</td>
<td>2,830.30</td>
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<td>Sullivan 65 - 74</td>
<td>5,042.60</td>
<td>4714.2 - 5371</td>
<td>5,695.20</td>
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</tr>
<tr>
<td>Sullivan 75 - 84</td>
<td>7,670.30</td>
<td>7172.8 - 8167.8</td>
<td>8,687.10</td>
<td>***</td>
</tr>
<tr>
<td>Sullivan 85 +</td>
<td>7,350.30</td>
<td>6549.9 - 8150.7</td>
<td>7,967.70</td>
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</tbody>
</table>

### Diabetes-Related Hospitalizations by NH County, 2003-2007

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Rate per 100,000 People</th>
<th>95% Confidence Interval</th>
<th>NH State Average</th>
<th>Significance at 95% Confidence</th>
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</thead>
<tbody>
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<td>1346 - 1421.6</td>
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<td>1287.9 - 1369.9</td>
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<td>Cheshire Overall</td>
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<td>1365.1 - 1436.1</td>
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<tr>
<td>Coos Overall</td>
<td>2170.7</td>
<td>2108.5 - 2232.9</td>
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<td>Grafton Overall</td>
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<td>1080.2 - 1140.2</td>
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<td>Hillsborough Overall</td>
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<td>1463.1 - 1517.9</td>
<td>1,440.4</td>
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<td>Rockingham Overall</td>
<td>1,367.2</td>
<td>1347.8 - 1386.6</td>
<td>1,440.4</td>
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</tr>
<tr>
<td>Strafford Overall</td>
<td>1,695.0</td>
<td>1661.4 - 1728.6</td>
<td>1,440.4</td>
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</tr>
<tr>
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<td>1431.4 - 1449.4</td>
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### Leading Causes of Death in New England by State, 2005

**Rates per 100,000 People**

<table>
<thead>
<tr>
<th>Disease / Condition</th>
<th>Conn.</th>
<th>Maine</th>
<th>Mass.</th>
<th>New Hampshire</th>
<th>Rhode Island</th>
<th>Vermont</th>
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<tbody>
<tr>
<td>Heart Disease</td>
<td>172.9</td>
<td>182.7</td>
<td>172.7</td>
<td>179.4</td>
<td>213.8</td>
<td>173.6</td>
</tr>
<tr>
<td>Cancer</td>
<td>175.7</td>
<td>201.9</td>
<td>185.2</td>
<td>183.7</td>
<td>184.1</td>
<td>172.9</td>
</tr>
<tr>
<td>Stroke</td>
<td>34.7</td>
<td>42.8</td>
<td>38.1</td>
<td>35.5</td>
<td>37.4</td>
<td>36.5</td>
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<tr>
<td>Chronic Lower Respiratory Diseases</td>
<td>35.3</td>
<td>52.3</td>
<td>35.8</td>
<td>46.2</td>
<td>39.0</td>
<td>55.6</td>
</tr>
<tr>
<td>Accidents</td>
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<td>41.1</td>
<td>27.7</td>
<td>35.2</td>
<td>26.7</td>
<td>41.2</td>
</tr>
<tr>
<td>Diabetes</td>
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<td>24.2</td>
<td>17.4</td>
<td>22.5</td>
<td>21.6</td>
<td>25.1</td>
</tr>
<tr>
<td>Dementia</td>
<td>16.1</td>
<td>29.1</td>
<td>19.8</td>
<td>26.1</td>
<td>18.8</td>
<td>25.7</td>
</tr>
<tr>
<td>Influenza / Pneumonia</td>
<td>20.5</td>
<td>21.8</td>
<td>24.2</td>
<td>19.4</td>
<td>17.2</td>
<td>13.7</td>
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<td>Kidney Disease</td>
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<td>15.5</td>
<td>18.4</td>
<td>12.4</td>
<td>11.2</td>
<td>7.4</td>
</tr>
<tr>
<td>Septicemia</td>
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<td>8.6</td>
<td>13.2</td>
<td>6.7</td>
<td>8.6</td>
<td>4.0</td>
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</table>


### Leading Causes of Death in Greater Monadnock Public Health District, 2006-2008

**Rates per 100,000 people**

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Greater Monadnock Public Health Region</th>
<th>New Hampshire</th>
<th>U.S.</th>
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<td>190.2</td>
<td>186.2</td>
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<tr>
<td>Heart disease</td>
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<td>183.5</td>
<td>203.1</td>
</tr>
<tr>
<td>Lower respiratory conditions</td>
<td>65.6</td>
<td>47.2</td>
<td>***</td>
</tr>
<tr>
<td>Accidents</td>
<td>39.1</td>
<td>35.9</td>
<td>39.9</td>
</tr>
<tr>
<td>Dementia</td>
<td>38.5</td>
<td>29.3</td>
<td>***</td>
</tr>
<tr>
<td>Stroke</td>
<td>35.9</td>
<td>36.1</td>
<td>44.0</td>
</tr>
<tr>
<td>Diabetes</td>
<td>25.5</td>
<td>21.7</td>
<td>23.2</td>
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<tr>
<td>Influenza or pneumonia</td>
<td>16.2</td>
<td>15.5</td>
<td>18.5</td>
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<tr>
<td>Suicide</td>
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<td>12.1</td>
<td>11.8</td>
</tr>
<tr>
<td>Parkinson’s disease</td>
<td>8.7</td>
<td>6.3</td>
<td>***</td>
</tr>
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</table>

Source: State of New Hampshire, Health Web Reporting and Querying System (Health WRQS, 2012)

Note that this is a slightly different time period than the prior table, so New Hampshire numbers do not exactly align

*** Indicates areas in which the GMMPHR disease rate is 20%+ greater than NH rates
### Leading Causes of Hospitalization in the Greater Monadnock Public Health District, 2006-2008

<table>
<thead>
<tr>
<th>Major Condition</th>
<th>Greater Monadnock Public Health Region</th>
<th>State of New Hampshire</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diseases of the circulatory system</td>
<td>1,383</td>
<td>1,481</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>996</td>
<td>1,089</td>
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<td>Newborn</td>
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<td>1,026</td>
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<tr>
<td>Respiratory diseases</td>
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<td>864</td>
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<tr>
<td>Digestive system diseases</td>
<td>802</td>
<td>905</td>
</tr>
<tr>
<td>Injury of poisoning</td>
<td>724</td>
<td>792</td>
</tr>
<tr>
<td>Mental disorders</td>
<td>569</td>
<td>453</td>
</tr>
<tr>
<td>Musculoskeletal diseases</td>
<td>521</td>
<td>602</td>
</tr>
<tr>
<td>Cancer</td>
<td>459</td>
<td>486</td>
</tr>
<tr>
<td>Genitourinary diseases</td>
<td>358</td>
<td>416</td>
</tr>
<tr>
<td>Endocrine, nutri., metabolic and immunity diseases</td>
<td>249</td>
<td>294</td>
</tr>
<tr>
<td>Infectious and parasite diseases</td>
<td>220</td>
<td>232</td>
</tr>
<tr>
<td>Nervous system diseases</td>
<td>163</td>
<td>195</td>
</tr>
<tr>
<td>Skin diseases</td>
<td>128</td>
<td>156</td>
</tr>
<tr>
<td>Blood or blood forming diseases</td>
<td>60</td>
<td>79</td>
</tr>
<tr>
<td>Congenital anomalies</td>
<td>39</td>
<td>46</td>
</tr>
</tbody>
</table>

Source: State of New Hampshire, Health Web Reporting and Querying System (Health WRQS, 2012)

*** Indicates areas in which the GMPHR disease rate is 20%+ greater than NH rates
## Cancer Incidence Rates for New Hampshire by County, 2004-2008

<table>
<thead>
<tr>
<th>County</th>
<th>Incidence Rate and 95% Confidence Int.</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Hampshire 6</td>
<td>449.3 (442.5, 456.2)</td>
</tr>
<tr>
<td>US (SEER+NPCR) 1</td>
<td>410.4 (409.9, 410.8)</td>
</tr>
<tr>
<td>Strafford County 6</td>
<td>475.8 (452.0, 500.6)</td>
</tr>
<tr>
<td>Rockingham County 6</td>
<td>467.0 (452.1, 482.2)</td>
</tr>
<tr>
<td>Merrimack County 6</td>
<td>463.9 (443.5, 485.0)</td>
</tr>
<tr>
<td>Cheshire County 6</td>
<td>452.2 (425.1, 480.6)</td>
</tr>
<tr>
<td>Grafton County 6</td>
<td>446.7 (420.9, 473.8)</td>
</tr>
<tr>
<td>Belknap County 6</td>
<td>444.0 (414.7, 475.0)</td>
</tr>
<tr>
<td>Hillsborough County 6</td>
<td>439.1 (426.6, 452.0)</td>
</tr>
<tr>
<td>Sullivan County 6</td>
<td>433.5 (399.2, 470.2)</td>
</tr>
<tr>
<td>Coos County 6</td>
<td>431.0 (392.1, 473.1)</td>
</tr>
<tr>
<td>Carroll County 6</td>
<td>408.7 (378.1, 441.4)</td>
</tr>
</tbody>
</table>

### Notes:

- Created by statecancerprofiles.cancer.gov on 04/04/2012 2:33 pm.
- **State Cancer Registries** may provide more current or more local data.
- † Incidence rates (cases per 100,000 population per year) are age-adjusted to the **2000 US standard population** (19 age groups: <1, 1-4, 5-9, ..., 80-84, 85+). Rates are for invasive cancer only (except for bladder cancer which is invasive and in situ) or unless otherwise specified. Rates calculated using SEER*Stat. Population counts for denominators are based on Census populations as modified by NCI. The US populations included with the data release have been adjusted for the population shifts due to hurricanes Katrina and Rita for 62 counties and parishes in Alabama, Mississippi, Louisiana, and Texas. The 1969-2008 US Population Data File is used for SEER and NPCR incidence rates.
- § Because of the impact on Louisiana’s population for the July - December 2005 time period due to Hurricanes Katrina/Rita, **SEER excluded Louisiana cases** diagnosed for that six month time period. The count has been suppressed due to data consistency.

1. Source: CDC’s National Program of Cancer Registries Cancer Surveillance System (NPCR-CSS) November 2010 data submission and [SEER November 2010 submission](#).  
6. Source: State Cancer Registry and the CDC’s National Program of Cancer Registries Cancer Surveillance System (NPCR-CSS) November 2010 data submission. State rates include rates from metropolitan areas funded by SEER.

**Interpret Rankings** provides insight into interpreting cancer incidence statistics. When the population size for a denominator is small, the rates may be unstable. A rate is unstable when a small change in the numerator (e.g., only one or two additional cases) has a dramatic effect on the calculated rate.

Source: National Cancer Institute, State Cancer Profiles, 2010.
## Cancer Related Risk Factor Compliance Rates, New Hampshire (with U.S. Comparisons), 2008

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>Behavior</th>
<th>New Hampshire Rank</th>
<th>Percent of Target Population in Compliance</th>
<th>95% Confidence Interval</th>
<th>U.S. Percent of Target Pop.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Cancer</td>
<td>Women aged 40+ who had a clinical breast exam in past 2 years</td>
<td>5</td>
<td>85.6</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td>Breast Cancer</td>
<td>Women aged 40+ who have had a mammogram within the past two years</td>
<td>14</td>
<td>79</td>
<td>(77.2, 80.7)</td>
<td>76.5</td>
</tr>
<tr>
<td>Cervical Cancer</td>
<td>Women aged 18+ who had a pap smear in past 3 years</td>
<td>4</td>
<td>88</td>
<td>(86.1, 89.7)</td>
<td>84</td>
</tr>
<tr>
<td>Colorectal Cancer</td>
<td>People aged 50+ who have used home blood stool test in past 2 years</td>
<td>5</td>
<td>30.5</td>
<td>(28.7, 32.4)</td>
<td>24.1</td>
</tr>
<tr>
<td>Colorectal Cancer</td>
<td>People aged 50+ who had a home blood stool test in past year or a sigmoidoscopy or colonoscopy in past 5 years</td>
<td>9</td>
<td>62.3</td>
<td>(60.3, 64.3)</td>
<td>n/a</td>
</tr>
<tr>
<td>Colorectal Cancer</td>
<td>People aged 50+ who ever had a sigmoidoscopy or colonoscopy</td>
<td>15</td>
<td>63.6</td>
<td>(61.6, 65.5)</td>
<td>57.1</td>
</tr>
<tr>
<td>Prostate Cancer</td>
<td>Men aged 40+ who have had a PSA test within the past two years</td>
<td>n/a</td>
<td>50.2</td>
<td>(47.4, 53.0)</td>
<td>53.8</td>
</tr>
</tbody>
</table>

Source: Cancer Report Card – April 2009 NH Department of Health and Human Services, Division of Public Health Services, Office of Health Statistics and Data Management
### New Cancer Cases per 100,000 Population, (with U.S. Comparisons), 2008

<table>
<thead>
<tr>
<th></th>
<th>NH Rank Among U.S. States (1 = Best)</th>
<th>New Hampshire</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>All cancers</td>
<td>47</td>
<td>498.0 (486.1, 510.1)</td>
<td>458.2 (457.4, 459.0)</td>
</tr>
<tr>
<td>Bladder</td>
<td>47</td>
<td>27.4 (24.7, 30.4)</td>
<td>21.3 (21.1, 21.5)</td>
</tr>
<tr>
<td>Breast (Female)</td>
<td>44</td>
<td>127.9 (119.8, 136.4)</td>
<td>117.7 (117.2, 118.2)</td>
</tr>
<tr>
<td>Colorectal</td>
<td>27</td>
<td>50.1 (46.3, 54.1)</td>
<td>49.5 (49.3, 49.8)</td>
</tr>
<tr>
<td>Lung-bronchus</td>
<td>31</td>
<td>70.9 (66.4, 75.6)</td>
<td>67.4 (67.1, 67.7)</td>
</tr>
<tr>
<td>Melanoma of Skin</td>
<td>49</td>
<td>28.0 (25.2, 31.0)</td>
<td>17.1 (17.0, 17.3)</td>
</tr>
<tr>
<td>Prostate</td>
<td>36</td>
<td>158.0 (148.1, 168.4)</td>
<td>145.3 (144.6, 145.9)</td>
</tr>
</tbody>
</table>

Source: Cancer Report Card – April 2009 NH Department of Health and Human Services, Division of Public Health Services, Office of Health Statistics and Data Management

### Cancer Death Ranking and Rates by Type, 2008

<table>
<thead>
<tr>
<th></th>
<th>NH Rank Among U.S. States (1 = Best)</th>
<th>Cancer Deaths Per 100,000 People, 2008</th>
<th>Cases Per 100,000 People and 95% Confidence Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>All cancers</td>
<td>29</td>
<td>186.9 (179.7, 194.4)</td>
<td>184.0 (183.5, 184.5)</td>
</tr>
<tr>
<td>Bladder</td>
<td>38</td>
<td>4.9 (3.8, 6.3)</td>
<td>4.3 (4.3, 4.4)</td>
</tr>
<tr>
<td>Breast (Female)</td>
<td>22</td>
<td>23.4 (20.1, 27.1)</td>
<td>24.0 (23.8, 24.2)</td>
</tr>
<tr>
<td>Colorectal</td>
<td>27</td>
<td>18.0 (15.8, 20.4)</td>
<td>17.4 (17.2, 17.5)</td>
</tr>
<tr>
<td>Lung-bronchus</td>
<td>27</td>
<td>53.8 (50.0, 57.9)</td>
<td>52.8 (52.5, 53.0)</td>
</tr>
<tr>
<td>Melanoma of Skin</td>
<td>19</td>
<td>2.8 (2.0, 3.9)</td>
<td>2.7 (2.7, 2.8)</td>
</tr>
<tr>
<td>Prostate</td>
<td>17</td>
<td>23.8 (19.6, 28.4)</td>
<td>24.6 (24.4, 24.9)</td>
</tr>
</tbody>
</table>

Source: Cancer Report Card – April 2009 NH Department of Health and Human Services, Division of Public Health Services, Office of Health Statistics and Data Management
Appendix G: Community Directory of Health Resources

Courtesy of the River Center

The River Center
46 Concord
Peterborough, NH 03458
http://www.rivercenter.us/
Help in a Hurry

ALCOHOL AND DRUGS
Focus on Recovery Helpline
1-800-234-0420
*Drug and alcohol abuse 24-hour hotline and treatment.*
www.focusonrecovery.org

Monadnock Region Substance Abuse Services
1-603-924-7236
*Alcohol and drug crisis and counseling services 24 hours a day.*
www.mfs.org

Phoenix House
1-800-378-4435
603-563-8501 Dublin (Serves adults and adolescents)
603-358-4041 Keene – Adult Residential Short Term
603-358-5035 Keene – Adolescent Outpatient & SASY (Self-Assessment Saturdays for Youth)
*Alcohol and drug 24-hour crisis intervention. 28-day in-patient program. Residential treatment for alcohol or substance abuse.*
www.phoenixhouse.org

DISASTER RELIEF
American Red Cross
1-800-244-2214
*Offers help in fire, flood, or other disasters. Also, CPR training and other educational services, AIDS information.*
www.redcross.org

MEDICAL EMERGENCY
Call 911
*Will put you in touch with your local emergency personnel.*

Monadnock Community Hospital
924-7191 Ask for the Emergency Room.

MENTAL HEALTH
Monadnock Family Services
603-357-4400
*Emergency services 24 hours daily – 7 days a week.*

POISON
Northern New England Poison Center
1-800-222-1222 (24 hr hotline)
*Call in case of accidental poisoning, or to find out if something is hazardous.*

RUNAWAYS
Runaway Hotline
1-800-RUNAWAY (1-800-786-2929)
www.1800runaway.org 24-hour help
SHELTER
Monadnock United Way Helpline
1-800-368-4357
M-F 8:30am – 4:30pm
www.SCSHeeps.org

Homeless Outreach
Southwestern Community Services
1-800-529-0005 x243
Will help find shelter.

Monadnock Area Transitional Shelter (MATS)
603-924-5033 Peterborough
Shelter, food, clothing, and other services for people who are homeless; alcohol and drug free.
www.matsnh.org

NH Homeless Hotline
1-800-852-3388
www.dhhs.nh.gov/dcbcs/bhhs

Shelter From The Storm
603-532-7047
Transitional housing and support services for the temporarily homeless of Jaffrey.
www.shelterfromthestormNH.org

United Church of Jaffrey Emergency Shelter
603-532-7047
Emergency shelter, open to all on a first-come, first-served basis.

STAYING SAFE
Bureau of Elderly and Adult Services
1-800-351-1888
1-800-735-2964 (TDD number)
HOURS: 8 am – 4:30 pm – Call 911 after hours
Adult protective services (18 years+) for physical or emotional abuse, neglect, self-neglect or exploitation.

Division of Children, Youth and Families (DCYF)
603-271-6562
1-800-894-5533
1-800-735-2964 (TDD number)
To report abuse and neglect during business hours. After hours call local police.
http://www.dhhs.nh.gov/dcyf/cps/

Monadnock Center for Violence Prevention
603-209-4015 Peterborough
603-532-6288 Jaffrey
603-352-3782 Keene
1-888-511-6287
Advocacy, information and referral for people experiencing domestic and sexual violence. 24-hour crisis hotline, emergency shelter, safety planning, support groups, peer counseling, and legal advocacy.
www.mcvprevention.org
SUICIDE PREVENTION
The Samaritans, Inc.
603-924-7000 Peterborough
603-357-5505 Keene
1-800-273-8255 National Hotline
www.samaritansnh.org

NOT SURE?
NH Information and Referral Line
Dial 211

Monadnock United Way HELP LINE
1-800-368-4357
8 am – 4:30 pm
Call and Ask Questions

Ask questions about the academic background and experience of the caregivers. How do caregivers set limits or teach right from wrong? Find out how many children are in a group with an adult (the younger the child the smaller the number per adult; for example, infants under one year require 1 adult to no more than 3 babies). What kinds of activities and materials are available? What is the daily routine? How much time are the children outside? What is served for snack? For an all-day program, ask where the children rest and for how long? Visit each program that you are considering and when you have found one that you like, visit that one again unexpectedly!!

Call the New Hampshire Bureau for Child Care Standards and Licensing at 1-800-852-3345 x4624 to ask if there have been any complaints about the program that you chose. Trust your feelings about a fit between a program and your child. For assistance with paying for childcare, contact the Division of Family Assistance at 1-800-624-9700 or 603-357-3510.

REFERRALS AND INFORMATION

Easter Seals Child Care Resource & Referral (CFCC)
603-355-4341 Keene
800-870-8728
Refers people to childcare providers in Cheshire/Hillsborough Counties.

www.nhccrr.org
ALL AREAS

Head Start Program
603-464-5981, 603-464-3136 Hillsboro
603-532-4135 Jaffrey

*Early childhood development program (3 and 4 years) for families with low incomes. Free to eligible families. Call for information. All locations open to area residents.*

[www.nhsa.org](http://www.nhsa.org)

ANTRIM

Before School Club
at Antrim Elementary and Great Brook Schools
Call The Grapevine at 603-588-2620 to register

AGES: School age

HOURS: Mon-Fri 6:45am – 8:45am
After School Club 2:15-5:15pm

First Friends Preschool
at Antrim Elementary School
603-588-3690

AGES: 3 to 5 years

HOURS: Mon-Fri, 9-12 (school term)

The Learning Vine
at The Grapevine Family & Community Resource Center
603-588-2620

AGES: 3½ to 5

HOURS: W & F, 9-11:30 am

DUBLIN

Cobb Meadow, A Waldorf Preschool
273 Cobb Meadow Road
603-563-7755

AGES: 3 to 6 1/2 years

HOURS: Mon-Fri 8:30am -1pm (school term)
Tues & Thurs aftercare to 3:30
Gardening days (summer)

Dublin Community Preschool
101 Main Street
603-563-8508

AGES: 3 to 8 years

HOURS: Mon-Fri, 7am – 3:30pm
GREENFIELD
First Friends Preschool
Greenfield Elementary School
603-547-3334
AGES: 3 to 5 years
HOURS: Mon-Fri, 9-12

Wonderworks Learning Center
1 Verney Drive
603-547-3311 x1350
AGES: 6 weeks to 12 years
HOURS: Mon-Fri, 6am – 5:30pm (year round)
www.crotchedmountain.org

HANCOCK
Hancock Cooperative Preschool
Main Street
603-525-4614
AGES: 3 to 5 years
HOURS: Mon-Fri mornings, school term
www.hancockpreschool.com

Little Pockets Day Care
Bennington Road
603-525-3595
Ages: 6 weeks-13 years
Mon-Fri, 6am – 5:30pm

Tammy’s Playhouse
Forest Road
603-525-4008
AGES: 6 weeks to 10 years
HOURS: Mon-Fri, 7am – 5:30pm, all year

HARRISVILLE
Harrisville Children’s Center
66 Main Street
603-827-3905
AGES: 6 weeks to 6 years
HOURS: Mon-Fri, 7am – 5:30pm
www.harrisvillechildrenscenter.org
JAFFREY
Adventures in Learning Preschool
391 Nutting Road
603-532-7621
AGES: 3 to 5 years
HOURS: Mon-Fri, 9am – 3pm, school term

Diane Hoffman Family Day Care
20 Gilmore Pond Road
603-532-6440
AGES: 3 months to 9 years
HOURS: Mon-Fri, 6:00am – 4:30pm, all year

Jaffrey-Rindge Inclusive Preschool
603-899-2347
Half-day sessions
AGES: 3 to 4 year olds
HOURS: M Tu Th 8:45-11:45 am (3 yr olds)
W & F 8:45-11:45 am and Tu & Th 12:15-3 pm (4 yr olds)

Sand Box Nursery School
United Church of Jaffrey, Main Street
603-532-6939
AGES: 3 to 5
HOURS: M W F, 9-11:30 am (4 & 5 yr olds)
Tu & Th 9-11:30 am (3 yr olds)

The Kids Club
49 Squantum Road
603-532-6543
AGES: 6 weeks to 12 years
HOURS: Mon-Fri 6:30am – 5:30pm, all year

NEW IPSWICH
Our Redeemer Preschool
200 Ashby Road
603-878-1837
AGES: 4 and 5 year olds
HOURS: Tu W Th, 9-12 (school term)
www.ouurredeemernh.org/preschool.htm

PETERBOROUGH
Happy Valley School
130 Gulf Road  
603-924-7362  
AGES: 3 to 6 years  
HOURS: Mon-Fri, 7:30am – 5:30pm (school term)  
www.happyvalleynh.org

Hunter Farm Playschool  
199 Hunter Farm Road  
603-924-0156  
AGES: 6 weeks to 9 years  
HOURS: Mon-Fri, 8:15am – 5:15pm

Kids Together: A Place To Go  
at the Monadnock Country Club  
603-924-2226  
After school program  
AGES: 3rd to 8th grade  
HOURS: Tu W Th, after school – 5pm  
www.theplacetogo.org

Monadnock Community Early Learning Center  
Community Lane, Rt. 202 South  
Preschool childcare; before- and after-school program  
603-532-6021  
AGES: 12 months – 2nd grade  
HOURS: Mon-Fri, 6:30am – 6pm  
www.mcelc.org

Pine Hill Waldorf Child Care at ConVal High School  
Route 202 North  
603-924-6620  
AGES: 6 wks to 5 years (day); up to 10yrs before & after school  
HOURS: Mon-Fri, 7am – 5:30pm

Puddle Jumpers  
Colleen Stone  
11 Cabana Drive  
603-924-4448  
AGES: 6 weeks – 14 years  
HOURS: Mon-Fri 6:30am – 5:30pm, year round  
www.puddlejumpers-nh.com

School Kids in Peterborough (SKIP)  
Childcare at Peterborough Elementary School
603-924-7050
AGES: K – 8th grade; before and after school program
HOURS: Mon-Fri, 6:30-8:30am, 12-3pm, 3-6pm

South Peterborough Kindergarten
29 Old Jaffrey Road
603-924-3102
AGES: 3½ to 5
HOURS: M Tu Th F, 9am-noon (school term)

TEMPLE
Temple Community Preschool
Rte. 45
603-878-3886
AGES: 3 to 5
HOURS: Tu W Th, 9am-noon (school term)

SCHOOL DISTRICT PRESCHOOLS FOR ELIGIBLE CHILDREN
Programs to aid in child development, ages 3 to 5, free testing.

ConVal School District SAU #1
603-924-7503 Special Education office
Antrim, Bennington, Dublin, Francestown, Greenfield, Hancock, Peterborough, Sharon, and Temple.

Jaffrey-Rindge School District SAU #47
603-899-3363
Jaffrey and Rindge.

Mascenic School District SAU #87
603-721-0160
Mason, New Ipswich, and Greenville.

FAMILY SUPPORT PROGRAMS
Monadnock Developmental Services
Early Supports and Services program
603-355-4341
Refers people to childcare providers in Cheshire/Hillsborough Counties.

Family Resource Connection
1-800-298-4321
Resource for families with children. Assists with information about development and special needs. Receive information by phone or mail. Also “lending library” reading materials sent to your local library.
www.nh.gov/nhsl/frc
The Grapevine Family & Community Resource Center
Antrim
603-588-2620
Parent education and family support programs, cooperative preschool, before school care, and other services on site. The Grapevine is a DCYF certified site for supervised visits between non-custodial parents and their children. For parents who do not have a visitation supervisor, qualified staff will be available, when possible.

North Peterborough Family Program
Southern NH Services
603-924-9601
Provides connections to community resources to help with difficult family living situations. Youth programs after school and during the summer.
www.snhs.org/

The River Center
603-924-6800
Parent education and family support programs. Weekly parent/child programs (birth to 5 years), single parent group.
www.rivercenter.us

UNH Cooperative Extension Family Development Newsletter
603-641-6060
Free informational newsletter for parents of newborns, toddlers (13-24 months), preschoolers, school-age children, and teens.
www.extension.org/pages/15369/

Clothes and Furniture

ALL AREAS
Church rummage sales are a great way to find what you need for not much money.

Salvation Army Representatives
603-588-7246 Antrim
603-876-3863 Dublin and Marlborough – Marilyn Ayers
603-899-5181 x100 Fitzwilliam and Rindge – Mary Drew
603-532-7484 Jaffrey
603-352-0607 Keene
603-924-9621 Peterborough – Jim Grant
Provides a wide range of services for those in need.
Can be used by all in cases of emergency.

Troy Helping Hands Center
603-242-3007
TIMES: M-Sat 10am – 1:30pm

Clothing and small household appliances

ANTRIM
Antrim Presbyterian Church
Revival Shop
Main Street
603-588-2209
High-quality consignment shop.
TIMES: Third Thurs of month 5:30-7pm, Fri 10am-1pm,
Sat 10 am – 2pm

GREENFIELD
Greenfield Congregational Covenant Church
Clothes Closet
12 Depot Drive
603-547-3626
TIMES: Sat 10am-12pm
Inexpensive clothing and bag sales.

JAFFREY
Chloe’s Closet
603-532-6211
80 Monadnock Plaza, Unit 9
Second-hand clothing.
TIMES: M,W,Th, & F 10 am – 5 pm, Sat 9:30am – 3pm
Find on FaceBook

Thrifty Bear
603-532-7553
2 Main Street
Second-hand clothing for children and adults, car seats, cribs, bureaus, toys, etc.
TIMES: Tue by chance; Wed-Sat 10:30am – 5pm

KEENE
Linda’s Closet
29 Center Street
603-357-1015
TIMES: Wed 6-8pm, Thurs 11-2pm, Sat 9am-noon
Women’s professional clothing

www.lindascloset.org

Salvation Army Thrift Store
Rte 12, Keene
603-357-2207
TIMES: Mon-Sat 10am – 5pm

St. James Thrift Store
25 Lamson Street
603-352-3697
TIMES: M-F 10am – 4pm, Sat 10am – 2pm

PETERBOROUGH

Cents of Style
43 Grove Street
603-784-5184
Second-hand clothing

Community Closet
The River Center
46 Concord Street
603-924-2159
FREE Second-hand clothing for all
TIMES: Sat 10am – 12pm

Peterborough Recycling Center
Mini Mall
Scott Mitchell Road
603-924-8095
TIMES: T, W, F, Sat 8am – 5:45pm
Residents only.

Serendipity Shop
603-924-3202
All Saints’ Episcopal Church, Concord St., Peterborough, lower level of Reynolds Hall. Consigned clothing at reduced prices.
TIMES: Th 1 – 4 pm; F 10 am – 4 pm; Sat 10 am – 12 noon

RINDGE

Rindge Recycling Center
Second Hand Shop
603-899-2107
TIMES: Tue & Thu 10am – 3pm, Sat 8am – 3pm
Residents only.

TROY
Helping Hand Center
1 Depot Street
603-242-3007
TIMES: Mon-Sat 10am-1:30pm
Open to all for clothing

Counseling, Mediation, and Services

COUNSELING AND MEDIATION
Alcoholics Anonymous
800-593-3330 Statewide
Call for meeting times in Peterborough, Greenfield, Antrim, Dublin, Hancock, Hillsboro, Rindge, and Jaffrey.
www.nhaa.net

New Hampshire Catholic Charities
800-562-5249
Marriage and individual counseling, adoption, and community outreach. Sliding fee scale.
www.nh-cc.org

Cheshire Mediation (Cheshire County)
603-358-3322
Provides parent/child, divorce, victim/offender counseling; peer mediation; and eldercare mediation. Sliding fee scale.
http://cheshiremediation.com

Child Land Family Services
603-357-8772
Family counseling for any family with a child in the court system for abuse, neglect, delinquency or CHINS, and for families at risk of having a child placed out of the home. All income levels eligible.

MAPS Counseling Services
603-924-2240 Peterborough
Individual, couple, family, and group counseling. Workshops and special groups. All income levels eligible.
www.mapsnh.org

Monadnock Family Services
Mental health, substance abuse, and community services. All income levels eligible. 603-924-7236 Peterborough with satellite offices in Antrim & Jaffrey. 603-357-4400 Emergency  www.mfs.org

INFORMATION AND SUPPORT
Adoptive Families for Children 800-940-4456 Provides complete adoption services. Pregnancy and adoption counseling available for parents considering relinquishing a child for adoption. International and domestic adoptions.  www.adoptivefamiliesforchildren.com email: info@adoptivefamiliesforchildren

Compassionate Friends 603-472-8805 Manchester/Nashua Support group for grief education and support for individuals dealing with the death of a child.  www.tcfmanchester.org

Consumer Product Safety Commission Hotline 800-638-2772 TIMES: M-F 8:30 am – 5:00 pm

Creating Positive Change 603-924-4981 A community coalition that educates youth, families and communities about the prevention of substance abuse. Free classes on prevention for youth; family and community activities.  www.cpcnh.org/

Early Home Support 603-924-6800 The River Center home visiting program in collaboration with Home Healthcare, Hospice, and Community Services for income-eligible pregnant and parenting young women. No fee for services.  www.rivercenter.us

Granite State Independent Living 603-228-9680 Keene/Concord Provides tools and resources for people with disabilities to live life as they choose.  www.gsil.org
Granite State Monarchs Peer Support Center
603-352-5093
64 Beaver Street, Keene
*Intentional peer support for consumers of mental health services*
[www.gsmonarchs.org](http://www.gsmonarchs.org)

Grapevine Family & Community Resource Center
603-588-2620
*Weekly parent/child play and learn programs, educational programs, support, information, community dinners, and referral.*
[www.antrimnh.org](http://www.antrimnh.org)

Hospice Services at Home Health Care, Hospice and Community Services (HCS)
603-532-8353 Peterborough
800-541-4145
*Offers a variety of support and health services to assist in maintaining the quality of life while someone you love is dying. Also provides grief support, and offers special programs to help children cope with death and loss.*
[www.hcsservices.org/](http://www.hcsservices.org/)

Monadnock Center for Violence Prevention
1-888-511-6287
603-209-4015 Jaffrey/ Peterborough office
*Advocacy, information, and referral for people experiencing or surviving domestic and/or sexual violence. 24-hour crisis hotline, emergency shelter, safety planning, help with police and courts, support groups. Free and confidential services.*
TIMES: M 8am – 4pm  The River Center, Peterborough
W&F 8am – 4pm  Thu 11am-4pm  MFS Building, Jaffrey
[www.mcvprevention.org](http://www.mcvprevention.org)

Monadnock ServiceLink Resource Center
1-866-634-9412
*Information and supported referral for seniors and adults who experience a disability. Long term care counseling.*
[www.servicelink.com](http://www.servicelink.com)

National Alliance for the Mentally Ill (NAMI)
800-242-6264 Concord
*Support group: Family to family*
603-563-9946 Dublin
703-516-7227 TDD for the hearing impaired
Support for families with a member who has a mental or emotional disorder.
www.naminh.org

Parent to Parent of NH
800-698-5465
Support, information, and referral for parents of children with similar special needs.
www.parenttoparentnh.org

Project LIFT
603-464-5285
Volunteer literacy program with tutoring, GED preparation, and testing.
www.conknet.com/~fullerlibrary/ProjectLIFT.html

The River Center
603-924-6800
A Family & Community Resource Center serving all eastern Monadnock towns.
► Administration
► Parenting Programs
► Information & Assisted Referral
► Employment Resource Center
► Money Matters
Located at The River Center
► Monadnock Center for Violence Prevention 1-888-511-6287
► Southern NH Services Fuel Assistance 1-877-757-7048
Food Programs 800-332-1073
► MAPS Counseling Services 603-924-2240

The Samaritans
Crisis Hotlines: 603-924-7000 Peterborough
Toll Free Teen Hotline: 1-877-583-8336
Befriending people in crisis situations; emergency crisis intervention; 24 hours.
www.samaritansnh.org

UNH Cooperative Extension
603-352-4550 Cheshire County Office
603-641-6060 Hillsborough County Office
TIMES: M-F 8 am – 4:00 pm
http://extension.unh.edu
The University of New Hampshire Cooperative Extension provides New Hampshire citizens with education and information, enhancing their ability to make informed decisions that strengthen youth, families and
EDUCATION AND HEALTH

Assistive Technology and Equipment Center (ATEC)
1-800-932-5837
_Evaluation and consultation for those in need of specialized equipment (wheelchairs, adaptive switches, communications, etc.)._

Association for the Blind, NH
McGreal Sight Center
1-800-464-3075
_Individual, family, and peer support counseling and referral, group services, rehabilitation teaching, orientation and mobility training, low-vision services, volunteer services, technology and braille, technical aids and devices, public education, and prevention of blindness._
[www.sightcenter.org](http://www.sightcenter.org)

Bureau of Special Education Preschool Program, NH State Department of Education
603-271-2178 Concord
_Ensures that school districts provide a free and appropriate education to children who have educational disabilities. Parents should call the local school district first. If problems arise with the school, call the state department for help._

Bureau of Special Medical Services, NH Division of Public Health
1-800-852-3345, x4488
_Health programs for diagnosis and treatment of children (ages 0-20) who have physical disabilities, chronic illnesses, or developmental delays._
_TIMES: M – F 8 am – 4:30 pm_
[www.dhhs.state.nh.us/dcbcs/bds/sms](http://www.dhhs.state.nh.us/dcbcs/bds/sms)

Crotched Mountain Rehabilitation Center (CMRC)
603-547-3311 Greenfield
_Day and residential: School and brain injury program. Also outpatient diagnostic and medical services; PT, OT, speech, audiology; driving evaluation and education._
[www.crotchedmountain.org](http://www.crotchedmountain.org)

Easter Seals New Hampshire
1-800-307-2737 Lebanon
Vocational Department
603-355-1067
Assisting people with disabilities who are re-entering the work force
Child Resource & Referral.
603-355-4327
Provides information and referrals for child care

Monadnock Developmental Services (MDS)
Early Supports and Services
603-352-0165
Provides early supports and services (early intervention) to children birth to age 3 and their families.

Multi-sensory Intervention through Consultation and Education (MICE)
603-228-1028 Concord
603-228-5755 TDD for the hearing impaired.
Home visiting program for children (birth through 3 years) with vision and hearing problems.

NH State Library Services to the Blind & Physically Handicapped
1-800-491-4200
Talking books, free service to people with disabilities, including dyslexia. Supplies by mail, cassette books and records, and equipment needed to use them.

Northeast Passage
603-862-0070 Durham
1-800-735-2964 TTY for the hearing impaired.
Developing, delivering, and evaluating innovative barrier-free recreation and health promotion programs. Promotes client independence through education and problem solving, creating opportunities, and collaborating with others to create a strong network of accessible recreation.
www.nepassage.org

Resource Center for Autism, Institute on Disability
603228-2084
Professional development and technical assistance, evaluation and diagnosis, and academic and research initiatives, Ph.D. program in the study of autism spectrum disorders.
www.iod.unh.edu

RISE for Baby and Family
603-357-1395
Provides early supports and services for families with children (birth to 3 years) who may have developmental delays.

Special Olympics
1-800-639-2608
Participation in sports for individuals with intellectual and physical disabilities.
www.sonh.org

Therapeutic Recreation Adventures in Learning (TRAIL)
603-826-3153 Charlestown
Year round adventures for children with physical and intellectual disabilities.
www.trail4kids.org

Vision and Hearing Network, NH Department of Education
603-226-2900 Concord
Resources for school-aged children.

**EMPLOYMENT**

Associates in Career and Community Employment Support Services, Inc. (ACCESS)
603-924-7006 Peterborough
Works with individuals to find meaningful and valued community employment.

Monadnock Developmental Services (MDS)
1-800-469-6082
603-924-4203 Peterborough
Assists eligible adults to find employment through support services and referral to contracted organizations.
www.mds-nh.org

Employment Resource Center
at The River Center
Peterborough
603-924-6800
Connects people of all ages and abilities to work opportunities through teaching skills and providing one-on-one assistance with job search, resume development, applications and interviews. On-site resources available.
www.rivercenter.us

Services for the Blind
1-800-621-7876
Bruce Chipman
*Assists people, 55 and older, with visual impairments and disabilities to secure employment.*

**HOUSING**

**Lukas Foundation and Community**
603-878-4796 Temple
*Year-round residential community serving the needs of adults of all ages with developmental disabilities, promoting human service through cooperative living, social interaction and spiritual activity as developed by Rudolph Steiner.*
[www.lukascommunity.org](http://www.lukascommunity.org)

**Monadnock Developmental Services**
1-800-469-6082
*Will assist with residential services for adults who have service agreements with the agency.*
[www.mds-nh.org](http://www.mds-nh.org)

**NH Community Loan Fund**
603-224-6669 Concord
*Home of your own program.*
[info@nhclf.org](mailto:info@nhclf.org)

**NH Housing Finance Authority (NHHFA)**
1-800-640-7239
*HOURS: Mon-Thu 8:30am-5pm, Fri 8:30am-4:30pm Accessible housing for people with disabilities.*

**Plowshare Farm Life Sharing Community**
603-547-2547 Greenfield
*Life sharing offers an opportunity for adults with developmental disabilities as well as other emotional and physical challenges to live, work, and grow in an extended family environment.*
[www.plowsharefarm.org](http://www.plowsharefarm.org)

**Robin Hill Farm**
603-924-6531 Peterborough
*Provides supportive residential treatment and rehabilitation for persons with an acquired brain injury, which may include traumatic brain injury, stroke, and anoxia. Short term, post acute, and longer term needs are addressed.*
[www.robinhillfarm.com](http://www.robinhillfarm.com)
Also see Senior Services section pages.

INFORMATION, SUPPORT AND RESOURCES

Brain Injury Association
1-800-773-8400
Provides assistance to individuals and families who have experienced a brain injury to acquire supports and services in their communities.
www.bianh.org

Developmental Disabilities Council, NH
1-800-852-3345x.3236
1-800-735-2964 TDD Concord
Advocates for NH citizens with developmental disabilities to promote their contributions to society.

Family Resource Connection
1-800-298-4321
Resources for families with children, and in particular, those who may have developmental delays and disabilities.
www.nh.gov/nhsl/frc

Granite State Independent Living (GSIL)
603-228-9680 Keene
Provides tools and resources for people with disabilities to live life as they choose.
www.gsil.org

Information and Assisted Referral
The River Center
603-924-6800
Provides locally accessible information and connections to information about financial benefits information, housing, food etc, by phone, walk-in or appointment.

Institute on Disability, University of New Hampshire
603-228-2084 Concord
603-862-4320 Durham
The IOD envisions a future where all persons, including those living with disabilities, are fully engaged members of their communities.
www.iod.unh.edu

UNH School of Law
603-228-1541 Concord
An independent, non-partisan research and policy institute that studies
current New Hampshire issues involving the overlap of health care, social supports, and the law.

www.piercelaw.edu/healthlaw

Monadnock Developmental Services (MDS)
1-800-469-6082
603-924-4203 Peterborough
Information about services for children and adults of all ages who have or may have developmental problems. Also, family support services, case management, and respite care.

www.mds-nh.org/

Monadnock Service Link
1-866-634-9412
Information and supported referral and long term care counseling for seniors and adults with disabilities.

www.nh.gov/servicelink

Monadnock Worksource
603-924-3326 Peterborough
Residential, vocational, therapeutic, and day activity services to adults with developmental disabilities.

www.monadnockworksource.org

National Alliance for the Mentally Ill (NAMI)
1-800-242-6264 (For New Hampshire)
603-924-6540 Peterborough (NAMI Monadnock)
703-516-7227 TDD for the hearing impaired
Support for families with a member who has a mental or emotional disorder.

www.naminh.org

Northeast Deaf & Hard of Hearing Services (NDHHS)
603-224-1850 Concord
1-866-634-4764 TDD for the hearing impaired
NDHHS seeks to empower, educate and advocate for equal access and opportunity for deaf and hard of hearing citizens of New Hampshire.

www.ndhhs.org

Parent Information Center
1-800-947-7005 Concord
Information, support, advocacy, and training for parents about special education issues.
HOURS: Mon-Fri 9am-4:30pm

www.parentinformationcenter.org
Parent to Parent of NH
1-800-698-5465
Support, information, and referral from parents for parents of children with any special needs.
www.prphn.org

People First of NH
1-800-566-2128
A non-profit organization directed by people who have disabilities for the purpose of self-advocacy.
www.peoplefirstofnh.org

Sight Services for Independent Living
1-800-581-6881
A statewide no cost program providing services to adults 55 and older with significant vision loss living at home. Services may include assessment, skill training, and adaptive aids.

Social Security Administration
1-800-772-1213
Federal program of financial and medical benefits for the elderly, the disabled, widows, and survivors. Supplementary Security Income provides cash payments to families with disabled children.

State Family Support Coordinator, Division of Developmental Services
1-800-852-3345
1-800-735-2964 TDD for the hearing impaired.
Will direct you to available services for family members with disabilities.

LEGAL
Disability Rights Center
1-800-834-1721
Insures access to appropriate services for people with disabilities.
www.drcnh.org

SCHOOL DISTRICT SPECIAL EDUCATION DEPARTMENTS
AGES 3-21
SAU #1 ConVal Office of Special Education
Antrim, Bennington, Dublin, Franestown, Greenfield, Hancock, Peterborough, Sharon, Temple.
603-924-7503
HOURS: Mon-Fri 8am-4:30pm

SAU #47 Jaffrey-Rindge Office of Special Education
Food

ALL AREAS

Free Community Suppers

Mondays  5:30 – 6:30pm
Peterborough – Union Congregational Church 603-924-3272

Tuesdays  5:30-6:30pm  Closed in August
Peterborough – All Saint’s Church 603-924-3202

Wednesdays  5:30 – 6:30pm
Peterborough – Peterborough Unitarian Universalist Church 603-924-6245

Thursdays  5:30 – 6:30pm
First Thursday  – Francestown Community Church 603-547-2013
Second Thursday  – Bennington Pierce School 603-588-2131
Third Thursday  – Antrim Presbyterian Church 603-588-2209
Fourth Thursday  – Hancock Congregational Church Vestry 603-525-6628
Call the Grapevine at 603-588-2620 before 12 noon on Wednesday for a ride to Thursday’s supper.

Fridays  5:30 – 6:30pm – Greenfield Meeting House

Community Kitchen
Free Hot Suppers 5 – 6:30, M – F
Mechanic Street, Keene 603-352-3200

Community Suppers
2nd Saturday of month 5:30 – 6:30pm
United Church of Jaffrey  603-532-7047

4th Monday of month 5 – 7pm
First Congregational Church of Rindge

Food Stamp Program, NH Dept. of Health and Human Services
1-800-624-9700 or 357-3510
1-800-735-2964 TDD for the hearing impaired.
Emergency and longer term food stamps. Must apply in person and meet income level to get help.

Salvation Army
603-924-9621
Your local Salvation Army representative will help you get food, clothes, prescriptions, wheelchairs, etc.

Southern NH Services: Hillsborough County
1-800-322-1073
Call to register for programs in Antrim, Greenville, Hillsboro, Peterborough and Wilton.

Southwestern Community Services: Cheshire County
1-800-529-0005
Serves Dublin, Jaffrey, and Rindge.

Women, Infants and Children Program (WIC)
Federal program that offers vouchers for food to eligible women, infants, and children to age 5. Breastfeeding support and healthcare referrals for pregnant or breastfeeding women.

Commodity Supplemental Food Program (CSFP)
For women and children under 6 who are not enrolled in WIC, and for eligible elderly people. Farmers’ Market Nutrition Program gives coupons for those on WIC to purchase fresh fruits and vegetables.

MONADNOCK AREA FOOD BANKS
Many towns have a food bank that offers basic foods to people in need.

ANTRIM
Antrim Baptist Church
603-588-6614
TIMES: Sat 10 am -12 noon and by appointment
Antrim and Bennington residents

First Presbyterian Church
603-588-2209
TIMES: Friday & Saturday 10 am – 4pm

GREENFIELD
Greenfield Congregational Covenant Church
12 Depot Drive at the Ministry Center
547-3626
TIMES: Sat 10 am -12 noon
Open to all

GREENVILLE
Sacred Heart Parish
St. Vincent DePaul Society
603-878-0518
TIMES: by appointment Mon, Tue, Wed, Thu

HILLSBORO
Hillsboro District Food Pantry
7 Church Street
603-464-4080
TIMES: Tue 5 – 7 pm
Residents only

JAFFREY
Compassion Food Pantry
of Calvary Assembly of God
48 Stratton Road
603-532-6131
TIMES: Tue 4:30 – 6:30 pm
Open to all

United Church of Jaffrey Food Pantry
Main Street
603-532-7047
TIMES: Tue 10am – 1pm, 6pm – 8pm, Wed 6:30 – 8pm,
Thu 9am -1 2noon
Jaffrey & Rindge residents

KEENE
Community Kitchen
37 Mechanic Street
603-352-3200
Hot Meal Hours: Mon-Fri 5 – 6:30 pm
Food Pantry Hours: Wed 12:30 – 5:30 pm, Th 11:30 am – 4 pm

PETERBOROUGH
Monadnock Area Food Bank
All Saints Episcopal Church Parish House
51 Concord St.
603-924-3202 or 603-924-0028
TIMES: Mon 9 – 11am, Tue and Sat 10am -12noon
Peterborough Human Services Fund
Town Hall
1 Grove Street
603-924-8000 x117
TIMES: Mon-Fri 9am – 12noon, Thu 5-7pm

RINDGE
Rindge Food Pantry
Butternut Building, 646 Route 119, lower level
603-899-5031
TIMES: Thu 2 – 7:00pm
Rindge & Jaffrey residents

TROY
Helping Hand Center Food Pantry
1 Depot Street
603-242-3007
TIMES: Mon-Sat 10am-1:30pm
Open to Troy & Fitzwilliam for food

WILTON
Open Cupboard Pantry
603-654-6547 or 603-654-2635
TIMES: by appointment

Fun: Recreation and Libraries

ALL AREAS
Actor’s Circle Theater/Cosmic Expressions
603-924-3876 Peterborough
Produces two shows per year.
www.actorscircletheatre.org

Big Brothers Big Sisters of Western New Hampshire
603-352-9536 x110
Youth mentoring connections.
www.bbbswnh.org

Boy Scouts of America
Daniel Webster Council
1-800-221-0009
www.nhscouting.org
4-H Clubs
603-641-6060 Hillsborough County
603-352-4550 Cheshire County
4-H helps youth acquire knowledge, develop life skills and form attitudes to enable them to become self-directing, productive and contributing members of society. It is offered free of charge to youth ages 5-18. Youth from all cultural and economic backgrounds get involved in 4-H fun and learning. Call for local programs.
www.extension.unh.edu

Girl Scouts of America
Swift Water Council
1-800-654-1270
Leadership skills, career exploration, community service, decision making skills, grades. K-12
www.girlscoutsgwm.org

NH State Library Services to the Handicapped
1-800-491-4200
Talking books, free service to people with disabilities, including dyslexia. Supplies by mail, cassette books and records, and equipment needed to use them.
www.nh.gov/nhsl/talking_books

Swimming
Crotched Mt. Rehabilitation Center, Greenfield
603-547-3311 x1870
The CMRC pool has open swims, adult lap swims, and lessons for adults and children ages six months and up. Open to all, free for Greenfield residents.
www.cmf.org

LIBRARIES AND RECREATION DEPARTMENTS
Most town libraries offer story hours for preschool children during the school year, summer reading programs, and occasional children's movie showings. Call your local library for information. The recreation department in a town may offer various sports programs, summer activities such as swimming lessons or craft classes, and other seasonal activities. Call to find out what your town offers and how and when to sign up.

ANTRIM
Antrim Recreation Department
603-588-6785
Meets monthly, operates via phone/mail.
Parks & Recreation, summer camps, activities and sports.

Antrim Tuttle Library
603-588-3121
TIMES: Mon & Wed 2 – 6pm, Tue & Thu 2 – 8pm,
Fri 9am – 12noon, Sat 10am – 4pm

BENNINGTON
G.E.P. Dodge Library
603-588-6585
Story times, movies.
TIMES: M 9 am – 7 pm, T 2 – 6 pm, Th Noon – 8 pm, F Noon – 5 pm, Sun
4 – 6 pm
www.dodgelibrary.com

DUBLIN
Dublin Recreation Committee
603-563-8544  Vira Elder
Sports, summer and after-school activities.

Dublin Town Library
603-563-8658
Story time, movies, various programs.
TIMES: Mon, Tue, Thu, 4 – 8pm, Wed 9am – 12pm and 4 – 8 pm,
Sat 9 – 1pm
www.townofdublin.org

FRANCESTOWN
Bixby Memorial Library
603-547-2730
Story time, guest readers, movies.
TIMES: Tue 1-5pm, Wed & Fri 10am-12noon, Thu 1-6pm,
Fri 1-5pm, Sat 9am-1pm
http://www.francestown-nh.gov/Pages/FRANCESTOWNNH_Library/libhis

GREENFIELD
Greenfield Recreation Department
603-547-3442
After school activities, summer sports, trips.

Stephenson Memorial Library
603-547-2790
TIMES: Mon noon-8pm, Wed 10:30-8pm,
Fri 10:30am-5pm
www.greenfield-nh.gov

GREENVILLE
Chamberlin Library
603-878-1105
TIMES: Mon & Wed 3 – 8pm, Tue & Thu 9am – 8pm,
Fri 9am – 5pm, Sat 9am – 1pm (except Memorial Day weekend through Labor Day Weekend)
www.chamberlinlibrary.org

HANCOCK
Hancock Public Library
603-525-4411
TIMES: Mon & Wed 2 – 6pm, Tue & Thu 10am – 7pm,
Sat 10 – 4pm
www.hancocknh.org

JAEFFREY
Jaffrey Public Library
603-532-7301
TIMES: Mon & Wed 10am – 5:30pm, Tue & Thu 1 – 7:30pm,
Fri 10am – 4:30pm, Sat 10am- 2pm

Jaffrey Recreation Department
603-532-7863
TIMES: Mon, Tue, Thu, Fri 8 am – 1 pm, Wed 8 am – 4 pm

MASON
Mason Public Library
603-878-3867
TIMES: Tue, Wed, Thu 9am-4pm, Tue, Wed 6-8pm, Sat 1-4pm

NEW IPSWICH
New Ipswich Library
603-878-4644
TIMES: Mon & Wed 2 – 8pm, Tue & Fri 9am – 1pm,
Sat 9am – 12 noon (except July and August).
www.townofnewipswich.org

PETERBOROUGH
Western Hillsborough County Family Services
Southern NH Services, Inc.
603-924-9601
Youth programs for after school and summer recreation.

Peterborough Recreation Department
603-924-8080
Trips, camps, sports, classes, contests. Senior day, arts & crafts
Summer programs open to all ConVal School District children.
TIMES: Mon-Fri 8:30 am – 4:30 pm
www.townofpeterborough.com

Peterborough Town Library
603-924-8040
TIMES: M,W,F 10 am – 6 pm, T,Th 10 am – 8 pm,
Sat 10 am – 4 pm
Sunday 12 noon – 2 (closed during Summer)
www.townofpeterborough.com

RINDGE
Rindge Ingalls Memorial Library
603-899-3303
TIMES: Mon, Wed, Fri 10am – 5pm, Tue & Thu 2:30 – 8pm,
Sat 9 – 12noon
www.town.rindge.nh.us/library

Rindge Recreation Department
603-899-6847

TEMPLE
Mansfield Public Library
603-878-3100
TIMES: Mon & Fri 10am-4pm, Tue & Thu 3-8pm,
Sat 10:30am-1:30pm

Temple Recreation Department
603-878-1479

Health and Medical Care

AIDS/HIV TESTING
AIDS Services of the Monadnock Region
603-357-6855 Keene
Support and education for HIV-positive individuals, couples, and/or
families. Will make home visits. May get answering machine.
www.asmronline.org
CHILD HEALTHCARE
Home Healthcare, Hospice, and Community Services (HCS)
45 Main Street, Peterborough
1-800-541-4145
603-532-8353 - Eastern Monadnock Region Office

- Well Child Check-ups
  *Well care, immunizations, hearing and vision testing for children, birth to age 18 from non-insured or under-insured families. Visiting nurses.

- Prenatal Program
  *A home visiting program providing education and supportive services for soon-to-be and new parents.

- Early Home Support (with The Family Center)
  *Home-based teen pregnancy and parenting program provides comprehensive education and supportive services to help young families. Pregnancy testing.

Monadnock Healthy Teeth
603-924-4673

*School based dental program serving students grades K-3 in the ConVal, Mascenic and Jaffrey/Rindge school districts by providing education, screening, cleaning, fluoride treatment, sealant, and referrals for care.*

[Monadnock Healthy Teeth](http://MonadnockCommunityHospital.com/main/HealthyTeeth.php)

Monadnock Regional Pediatrics
924-7101 Peterborough

DENTAL

NHTI Dental Clinic
603-271-7160

*Preventive dental services for all ages with low incomes – cleaning, x-rays, and sealants only. By appointment.*

Monadnock Healthy Teeth
603-924-4673

*School based dental program serving students grades K-3 in the ConVal, Mascenic and Jaffrey/Rindge school districts by providing education, screening, cleaning, fluoride treatment, sealant, and referrals for care.*

[Monadnock Healthy Teeth](http://MonadnockCommunityHospital.com/main/HealthyTeeth.php)
DISABILITIES AND CHRONIC ILLNESSES

NH Bureau of Special Medical Services
603-271-4488
1-800-852-3345 x1-4488

Programs for diagnosis and treatment of children birth to 21 years who have physical disabilities or chronic illness. Medicaid or insurance accepted. Available to all regardless of ability to pay.

NH Family Voices
1-800-852-3345 x.1-4525

Family to Family Health information center
www.nhfv.com

Crotched Mountain Rehabilitation Center (CMRC) Outpatient
603-547-3311 Greenfield

Speech, Physical and Occupational Therapy, Audiology, Developmental Pediatrics diagnostics, driving evaluation.
www.crotchedmountain.org

NH Partners in Health
At Monadnock Development Services
1-800-469-6082

Information about resources for families who have children with chronic illness or disabilities.
www.mds-nh.org

Resource Center for Autism at the Institute on Disability
603-228-2084

Professional development and technical assistance, evaluation and diagnosis, and academic and research initiatives, Ph.D. program in the study of autism spectrum disorders.
www.iod.unh.edu

GENETIC COUNSELING

Genetics Department at Dartmouth Hitchcock Hospital
603-653-6044

Genetic counseling, assessment, and diagnosis.

HEALTH INSURANCE

New Hampshire Health Access
Grants for the uninsured through your physician or hospital. Applications available online.
www.healthynh.com/fhc/initiatives/access/NHHAN.php
New Hampshire Healthy Kids Insurance Program
1-877-464-2447 for general information
603-924-7191 x1142 Monadnock Community Hospital
603-415-1807 Elsa Tinkerton

*Free and low-cost health insurance plans available to newborns through 18-year-olds. Coverage is also available for pregnant women. Monadnock Community Hospital will assist in the application process.*

**MEDICATION**
Medication Bridge Program
at Monadnock Community Hospital
603-924-1794  Tori Flynt, Director

**LOCAL MEDICAL PRACTICES**
Antrim Medical Group
603-588-4200 Antrim

Jaffrey Family Medicine
603-532-8775 Jaffrey

Monadnock Community Hospital
603-924-7191
• Prescription Financial Aid Program
• Wellness Center
• Rehabilitation Center
• Social Services (Medicaid applications, and other assistance)
  [www.monadnockcommunityhospital.com](http://www.monadnockcommunityhospital.com)

MCH Financial Grant Program
Rebecca Stone 603-924-1717

Monadnock Family Care
603-924-4664 Peterborough

Monadnock Internists
603-924-4671 Peterborough

New Ipswich Family Medicine
603-878-1092 New Ipswich

North Meadow Family Health
603-924-8200 Peterborough

Peterborough Internal Medicine
603-924-4680 Peterborough
WOMEN'S HEALTH CARE
Monadnock OB-GYN Associates
Gynecology and Obstetrics
603-924-9444

Planned Parenthood of Northern New England
1-800-230-7526 or 352-6898
1-800-293-3034 (emergency after hours)
8 Middle St., Keene walk-in clinic
TIMES: M 8-5, Tu-W-Th 11-5, F 8-5, Sat 9-1
Walk In Hours: W 3-6, F 2-4
www.plannedparenthood.org

Heat

ALL AREAS
CHESHIRE COUNTY
Southwestern Community Services
1-800-529-0005 Keene
Grants for fuel (wood, oil, electric, gas).
www.scshelps.org

HILLSBOROUGH COUNTY
Southern NH Services
1-877-757-7048 Peterborough Toll Free
603-924-2243 Peterborough Office
603-878-3364 Greenville Office
Grants for fuel (wood, oil, electric, gas).
www.snhs.org

Neighbor Helping Neighbor
1-800-529-0005 Cheshire County
603-668-8010 Hillsborough County
Clients who aren't eligible for fuel assistance and have a disconnection notice.
www.psnh.com

ANTRIM
The Grapevine Wood Bank
For residents of Antrim, Hancock, Bennington, Franestown
603-588-2620

FRANCESTOWN
Franestown Wood Bank
Phyllis Naegeli, 603-860-1120

GREENFIELD
Greenfield Wood Bank
603-547-3442

PETERBOROUGH
Peterborough Heat Fund
“Keep Peterborough Warm”
Residents only
603-924-8000 x101

RINDGE
First Congregational Church, Call 603-899-5722
Pastor’s Discretionary Fund providing small financial support to those needing help with heating costs.

Help in a Hurry

ALCOHOL AND DRUGS
Focus on Recovery Helpline
1-800-234-0420
Drug and alcohol abuse 24-hour hotline and treatment.
www.focusonrecovery.org

Monadnock Region Substance Abuse Services
1-603-924-7236
Alcohol and drug crisis and counseling services 24 hours a day.
www.mfs.org

Phoenix House
1-800-378-4435
603-563-8501 Dublin (Serves adults and adolescents)
603-358-4041 Keene – Adult Residential Short Term
603-358-5035 Keene – Adolescent Outpatient & SASY (Self-Assessment Saturdays for Youth)
Alcohol and drug 24-hour crisis intervention. 28-day in-patient program.
Residential treatment for alcohol or substance abuse.
DISASTER RELIEF
American Red Cross
1-800-244-2214
Offers help in fire, flood, or other disasters. Also, CPR training and other educational services, AIDS information.
www.redcross.org

MEDICAL EMERGENCY
Call 911
Will put you in touch with your local emergency personnel.

Monadnock Community Hospital
924-7191 Ask for the Emergency Room.

MENTAL HEALTH
Monadnock Family Services
603-357-4400
Emergency services 24 hours daily – 7 days a week.

POISON
Northern New England Poison Center
1-800-222-1222 (24 hr hotline)
Call in case of accidental poisoning, or to find out if something is hazardous.

RUNAWAYS
Runaway Hotline
1-800-RUNAWAY (1-800-786-2929)
www.1800runaway.org 24-hour help

SHELTER
Monadnock United Way Helpline
1-800-368-4357
M-F 8:30am – 4:30pm
www.SCSHelps.org

Homeless Outreach
Southwestern Community Services
1-800-529-0005 x243
Will help find shelter.

Monadnock Area Transitional Shelter (MATS)
603-924-5033 Peterborough
Shelter, food, clothing, and other services for people who are homeless; 
alcohol and drug free.
www.matsnh.org

NH Homeless Hotline
1-800-852-3388
www.dhhs.nh.gov/dcbcs/bhhs

Shelter From The Storm
603-532-7047
Transitional housing and support services for the temporarily homeless of 
Jaffrey.
www.shelterfromthestormNH.org

United Church of Jaffrey Emergency Shelter
603-532-7047
Emergency shelter, open to all on a first-come, first-served basis.

STAYING SAFE
Bureau of Elderly and Adult Services
1-800-351-1888
1-800-735-2964 (TDD number)
HOURS: 8 am – 4:30 pm – Call 911 after hours
Adult protective services (18 years+) for physical or emotional abuse, 
neglect, self-neglect or exploitation.

Division of Children, Youth and Families (DCYF)
603-271-6562
1-800-894-5533
1-800-735-2964 (TDD number)
To report abuse and neglect during business hours. After hours call local 
police.
http://www.dhhs.nh.gov/dcyf/cps/

Monadnock Center for Violence Prevention
603-209-4015 Peterborough
603-532-6288 Jaffrey
603-352-3782 Keene
1-888-511-6287
Advocacy, information and referral for people experiencing domestic and 
sexual violence. 24-hour crisis hotline, emergency shelter, safety planning, 
support groups, peer counseling, and legal advocacy.
www.mcvprevention.org
SUICIDE PREVENTION

The Samaritans, Inc.
603-924-7000 Peterborough
603-357-5505 Keene
1-800-273-8255 National Hotline

_Befriending people in crisis situations, emergency crisis intervention. Will not accept collect calls in crisis situations._

[www.samaritansnh.org](http://www.samaritansnh.org)

NOT SURE?

NH Information and Referral Line
Dial 211

Monadnock United Way HELP LINE
1-800-368-4357
8 am – 4:30 pm

Housing

HOUSING HELP

Contoocook Housing Trust
603-878-1247

_The Contoocook Housing Trust develops and provides affordable housing opportunities, including rentals and small homeownership loans, for families with modest incomes in 13 towns in the Contoocook Valley region._

[www.housingtrust.org](http://www.housingtrust.org)

Cheshire Housing Trust
603-357-7603

_Assistance for low and moderate income families in securing permanent affordable housing, and first time home buyers program. Cheshire County residents._

[http://cheshirehousingtrust.org](http://cheshirehousingtrust.org)

Making Home Affordable
1-888-995-4673

_Home Affordable Refinance Program for loans held by Fannie Mae or Freddie Mac. Home Affordable Modification Program for all other mortgages._

[www.makinghomeaffordable.gov](http://www.makinghomeaffordable.gov)

Monadnock Area Transitional Shelter (MATS)
603-924-5033 Peterborough
*Alcohol- and drug-free shelter, food, clothing, and other services for people who are homeless.*

**Monadnock Habitat for Humanity**
603-357-8474 Keene
603-228-3001 Concord
*Partner families help to build their own homes and then buy them through zero-profit, zero-interest mortgages. Cheshire and Sullivan counties.*
[www.habitat.org/local](http://www.habitat.org/local)

**NH Housing Finance Authority**
1-800-439-7247 Rental/Housing Management
1-800-649-0470 Single-family home buying
1-603-472-2089 TDD for people who are hearing impaired
*Rental and home-buyer programs for people with low incomes.*

**Southwestern Community Services**
**Emergency Housing Program**
1-800-529-0005
*Delivers direct care through emergency and transitional shelters to the homeless population and those in imminent danger of becoming homeless.*
[www.scshelps.org](http://www.scshelps.org)

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**RENTALS FOR PEOPLE WITH LOW AND MODERATE INCOMES**

**Contoocook Housing Trust**
603-878-1247

**Peterborough**

**Heatherbrook Apartment Rentals**
603-924-9707 or 1-802-362-4660 Thm, Inc.

**Pine View Apartments (formerly Prescott Hill)**
603-924-6091

**Riverview Apartments**
603-924-4136

**Rockbrook Apartments**
603-641-2163 Stewart Property Management

**Woodland Heights**
603-878-2400 SK Properties
*(senior & disabled, not family)*
Jaffrey
Gilmore Court
603-878-2400 SK Properties
(senior & disabled, not family)

Jaffrey Housing
603-352-7512 SCS Management Company

Jaffrey Mills Apartments
Great Brook Jaffrey LP
Stewart Property Mgt 603-641-2163

Jaffwood Apartments
603-532-7103

Village of Jaffrey
603-669-8551 Eastpoint Properties

SENIOR AND DISABILITY HOUSING
211 NH
Homeless information and referral services 24/7, 365 days a year.
For out-of-state callers or phone lines that requires you dial a “9”:
1-866-444-4211

Also see Senior Services and Disability Services

Legal Help

ALL AREAS
Disability Rights Center
1-800-834-1721
Insures access to appropriate services for people with disabilities.

NH Bar Association
LAWLINE
1-800-868-1212
Lawline telephones are staffed by attorneys who provide free legal advice to any caller. No income guidelines for the Lawline program.
TIMES: 2nd Wednesday of each month, 6 – 8 pm
www.nhbar.org

Legal Advice and Referral Center
1-800-639-5290
Assists clients primarily in the areas of family law, landlord tenant/housing
issues, public benefits, and consumer issues. Must be financially eligible.

TIMES: MTWF 9am-12pm AND 1-4pm

www.nhlegalaid.org

Commission on the Status of Women, NH
603-862-1058

Publishes A Legal Handbook for Women in NH. Contact NH Commission on the Status of Women, State House Annex, Room 334, Concord, NH 03301

www.unh.edu/womens-commission

Division of Child Support Services, NH
1-800-624-9700 Keene district office

Locates non-custodial parent, establishes paternity, child support orders, and custody and visitation orders.

Legal Assistance, NH
1-800-562-3994 Claremont (Monadnock region)
1-800-517-0577 Nashua
1-800-562-3174 Manchester

New Hampshire Legal Assistance provides free legal help to low-income and elderly persons who cannot afford a private attorney. Handles legal matters involving health care, public and private housing issues, food stamps, welfare, unemployment compensation, utility shut-off and nursing home problems.

TIMES: M-F 8:30 am – 5 pm

www.NHLA.org

NH Public Defender
603-357-4891 Keene
603-224-1236 Concord

Provides free legal service to defendants charged with felonies or misdemeanors. Staff attorneys represent clients in probable cause hearings, plea negotiations, felony and misdemeanor trials, and juvenile proceedings and appeals. Counsel can be appointed at an initial hearing. Forms are available at Jaffrey District Clerk of Courts in Jaffrey.

www.nhpd.org

Money and Work

ALL AREAS

Community Loan Fund
603-224-6669
Serves as a catalyst, leveraging financial, human & civic resources to enable traditionally underserved people to participate more fully in the NH economy; complementing and extending the reach of conventional lenders & public institutions.

http://www.communityloanfund.org

Free Credit Report
1-877-322-8228
Get your free credit report and learn what to do to clear up your credit history.
www.annualcreditreport.com

Greenpath Debt Solutions of NH & VT
1-800-327-6778
Helps families repay and deal with loans, debts, and credit cards.
www.greenpath.com

Link-Up Life Line
1-888-641-8722
Financial assistance (up to 50%) for telephone and installation charges. To apply, contact local telephone company.
www.lifeline.gov

Money Matters at the River Center
603-924-6800
Free tax preparation, financial tools workshops, individual money coaching.

Project LIFT
603-464-5285
Regional adult literacy program.
www.conknet.com/~fullerlibrary/ProjectLIFT.html

Temporary Assistance to Needy Families (TANF)
NH Department of Health & Human Services
1-800-624-9700
M – F 8-4:30
Program provides money for food, housing, heat and lights, clothing, etc. Need-based eligibility.
www.dhhs.nh.gov/dfa/tanf

UNH Cooperative Extension
603-641-6060 Hillsborough County
603-352-4550 Cheshire County
“Taking Care of Your Finances”: Five-session course helps individuals and
couples handle their money better by setting goals, learning good communication, managing debt, and keeping good records. Start times and locations vary.

www.ceinfo.unh.edu

EMPLOYMENT

Associates in Career & Community Employment Support Services, Inc.
(ACCESS)
603-924-7006 Peterborough
See Disability Services section.

Employment Resource Center
At The River Center
603-924-6800
Connects people of all ages and abilities to work opportunities through teaching skills and providing one-on-one assistance with job search, resume development, applications, and interviews. On site resources available.

www.rivercenter.us

NH Department of Employment Security (NHDES)
603-352-1904 Keene
Job search, resume development, interview techniques, unemployment claims.

www.nh.gov/nhes

Vocational Rehabilitation
603-357-0266 Keene
Assists people with disabilities to secure employment.
(Refer to Disability Services section for additional listings.)

www.education.nh.gov/career/vocational

TOWN WELFARE OFFICES

Each town is required by law to give emergency help for food, housing, fuel. (If unable to reach Welfare Office, call local police.)

Antrim
603-588-6785 x.226
M-Th 8 am – 2:30 pm

Bennington
603-588-2189
Call for appointment.

Dublin
603-563-8544
*Call for appointment.*

**Francestown**
603-547-3469
*Call for appointment.*

**Greenfield**
603-547-1414
M-F 9 am – 5 pm

**Greenville**
603-878-6193
*Call for appointment.*

**Hancock**
603-525-4441
M-F 8:30 am – 4:30 pm

**Jaffrey**
603-532-7880 or 7445
*Call for appointment.*

**New Ipswich**
603-878-2772
M-F 9 am – 4 pm

**Peterborough**
603-924-8000 x100
*Call for appointment.*

**Rindge**
603-899-5181 x100
*Call for appointment.*

**Sharon**
603-924-7002
*Call for appointment.*

**Temple**
603-878-2486
Iphigenia Hatt 603-668-4411 x6433
*Call for appointment.*

**Senior Services**
FOOD SERVICES

Commodity Supplemental Food Program (CFSP)
For income eligible seniors.
Southern NH Services (SNHS)
800-322-1073
Hillsborough County residents.
Southwestern Community Services (SCS)
603-352-7512
Cheshire County residents.
www.dhhs.nh.gov/dphs/nhp/wic/csfp.htm

Meals on Wheels

Hancock, Greenfield, Greenville, Peterborough, Mason, New Ipswich
and Temple: 603-878-3109
Dublin, Jaffrey, Rindge: 603-532-7263
Hillsborough, Bennington, Deering, Francestown, and Windsor:
603-464-3553
Meals delivered by paid staff and volunteers to people age 60 and over,
Monday through Friday, lunch or supper $2.50/day or $12.50/week. Meals
also available to people under age 60 who fit specific guidelines.

HOUSING FOR INCOME ELIGIBLE SENIORS and PEOPLE WITH
DISABILITIES

APARTMENTS
Antrim
Antrim Village Apartments
603-588-6368

Greenfield
Greenfield Commons
603-547-2361

Greenville
Greenville Falls
603-878-1964

Jaffrey
Gilmore Court
603-878-2400 SK Properties

Jaffrey Housing
603-352-7512 SCS Management Company
Village of Jaffrey
603-669-8551 Eastpoint Properties

Peterborough
Heatherbrook
603-924-9707 or 1-802-362-4660 Thm, Inc.

Pine Street Apartments
603-878-1247 Contoocook Housing Trust

Pine View Apartments (formerly Prescott Hill)
603-924-6091 or 1-904-694-1075 Finlay Management, Inc.

Rockbrook
603-641-2163 Stewart Property Management

Woodland Heights
603-878-2400 SK Properties

ASSISTED LIVING
RiverMead
Peterborough
603-924-0062

Scott-Farrar Home
Peterborough
603-924-3691

Peterborough
Heatherbrook
603-924-9707

Pine Street Apartments
603-878-1247

Prescott Hill
603-924-6091

Rockbrook
603-641-2163

Summerhill
603-924-6238

Woodland Heights
603-878-2400
Southern NH Services
603-668-8010

**ASSISTED LIVING**

Rivermead
Peterborough 603-924-0062
www.rivermead.org

Scott-Farrar Home
Peterborough 603-924-3691
www.scott-farrar.org

Summerhill
Peterborough 924-6238
www.summerhill.com

**NURSING HOMES AND CARE COMMUNITIES**

Pheasantwood – Harborside Healthcare
924-7267 Peterborough

Good Shepard Healthcare Center
603-532-8762 Jaffrey

**INFORMATION AND SUPPORT**

Bureau of Elderly and Adult Services
800-351-1888
Adult protective services (18 years+) for physical or emotional abuse, neglect, self-neglect or exploitation
www.dhhs.state.nh.us/dhhs/beas

Compassionate Friends Support
603-532-7554 Jaffrey
603-472-8805 Manchester/Nashua
Support for people dealing with the death of a child, grief education.

Legal Assistance, NH
800-562-3994 Claremont (Monadnock area)
800-517-0577 Nashua
800-562-3174 Manchester
New Hampshire Legal Assistance provides free legal help to low-income and elderly persons who cannot afford a private attorney. Handles legal matters involving health care, public and private housing issues, food stamps, welfare, unemployment compensation, utility shut-off, and nursing home problems.
M-F 8:30 am – 5 pm
www.NHLA.org

Monadnock at Home
603-371-0809
Serving the towns east of Mt. Monadnock, helping seniors 62 & over live their lives to the fullest while staying in their own home. Services include transportation to appointments and once-a-week grocery trips, help with simple maintenance or basic technical problems, social and educational opportunities, telephone check-ins, and volunteer opportunities.
www.monadnockathome.org

Monadnock ServiceLink Resource Center
1-866-634-9412
Individuals and families of all ages and abilities may call for information about resources and help. ServiceLink can follow a person for 90 days, and can do home visits.
Long term care counseling for seniors and adults with disabilities.

National Able Network
603-623-5627
The senior community service employment program offers seniors 55 and older support, resources and career counseling.

RSVP / Monadnock Volunteer Center
603-924-7350 Peterborough
603-357-6893 Keene
Using the skills and talents of people of all ages to provide solutions to meet community needs through volunteerism: friendly visits, telephone reassurance phone calls, transportation to medical appointments, minor household repairs and chores.
www.monadnockvolunteercenter.org

Rural Rides Senior Transportation
800-244-2214 x120
Rides for medical appointments and needed services. Call one day ahead by noon.

The Samaritans, Inc.
603-924-7000 Peterborough
603-357-5505 Keene
www.samaritansnh.org
Services for the Blind & Visually Impaired
800-581-6881
A statewide no cost program providing services to adults 55 and older with significant vision loss living at home. Services may include assessment, skill training, and adaptive aids.

Social Security Administration
800-772-1213
Keene: 603-352-3487
Manchester: 603-641-2180
Federal program of financial and medical benefits for the elderly, the disabled, widows, and survivors. Supplementary Security Income provides cash payments to families with disabled children.

MEDICAL SUPPORT
Alzheimer’s Association
800-272-3900 Help line
Information, referral, support, and education.
www.alz.org

Home Healthcare, Hospice and Community Services (HCS)
800-541-4145 Keene
603-532-8353 Peterborough
Variety of services that assist people with recovery at home after an illness or injury. Services include visiting nurses; physical, occupational, and speech therapists; medical social workers; home health aides and hospice care. HCS offers programs that provide long term in-home assistance.
www.HCSservices.org

Monadnock Adult Care Center
22 North Street, Jaffrey
603-532-2427
Improves the quality of life of participants, families, and caregivers while supporting an individual’s efforts to remain independent. Offers structured care during the day to adults with physical, emotional, and/or social challenges. Transportation may be available.

NHTI Dental Hygiene Clinic – Concord
603-271-7160
Preventive dental services for all ages with low incomes – cleaning, x-rays, and sealants only. By appointment
http://nhti.edu/dentalclinic.html
Transportation

ALL AREAS
Contoocook Valley Transportation Cooperative (CVTC)
1-877-428-2882
Offering transportation for everyone; ride programs, ride share, volunteer driver networks, and Supper Shuttles.
www.cvtc-nh.org

Rural Rides, American Red Cross
1-800-244-2214
Transportation Program for medical appointments and needed services. Call minimum one day ahead by noon.
www.NHredcross.org

Good News Garage
603-669-6937 Manchester
1-877-400-6065
Two programs for people with low incomes to access safe transportation. Income guidelines.
• Program 1: Must be referred by caseworker from DHHS and TANF recipient.
• Program 2: Jump Start – must be a resident of NH, have driver’s license, and a job.
www.goodnewsgarage.org

Monadnock at Home
603-371-0809
For residents of towns east of Mt. Monadnock, ages 62+. Providing transportation to appointments & once-a-week grocery trips, to enable seniors to stay in their homes.
www.monadnockathome.org

More Than Wheels
1-866-455-2522
Non-profit helping consumers get the best deal on a reliable, fuel-efficient car.
www.morethanwheels.org

View All Services