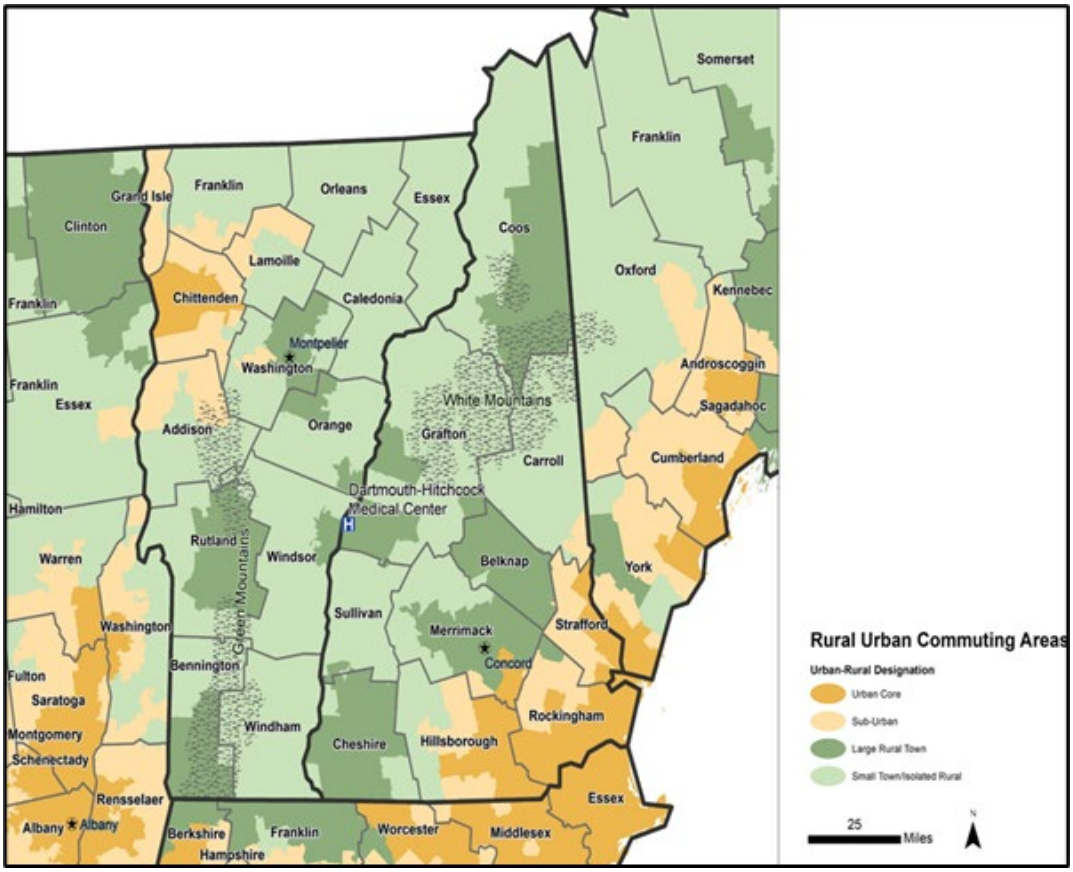
Dartmouth Health

Sources of Demographic Data and Health Outcomes

Rural Northern New England

Vermont, Maine, and New Hampshire are predominantly rural states with large percentages of land mass designated as rural and a large percent of the population living in rural areas. There are numerous ways to define rural and federal agencies use different definitions. The US Census defines the rural populations as those people who do not live-in urban areas.



Rural is not a monolithic description of place or people. Rural in Alaska is different that rural in Vermont, with health barriers and facilitators that differ between those geographies. However, scholars agree that rural populations share common characteristics:

- Rural populations are older, sicker, and die younger

- Rural populations are poorer, less educated, less likely to be employed
- Rural populations have higher rates of chronic diseases and risk factors for chronic diseases
- Rural populations have more challenges accessing health care services

https://www.ruralhealthinfo.org

https://www.cdc.gov/rural-health/php/index.html

Demographic Insights on the Surrounding Areas of Dartmouth

New Hampshire and Vermont Demographics

From 2010 to 2020, New Hampshire's population grew by 4.6%, primarily driven by migration rather than natural increase. This increase resulted in significant growth in diversity, especially among residents under 18, with more individuals identifying as Hispanic, Multiracial, Asian, and Black. [1]

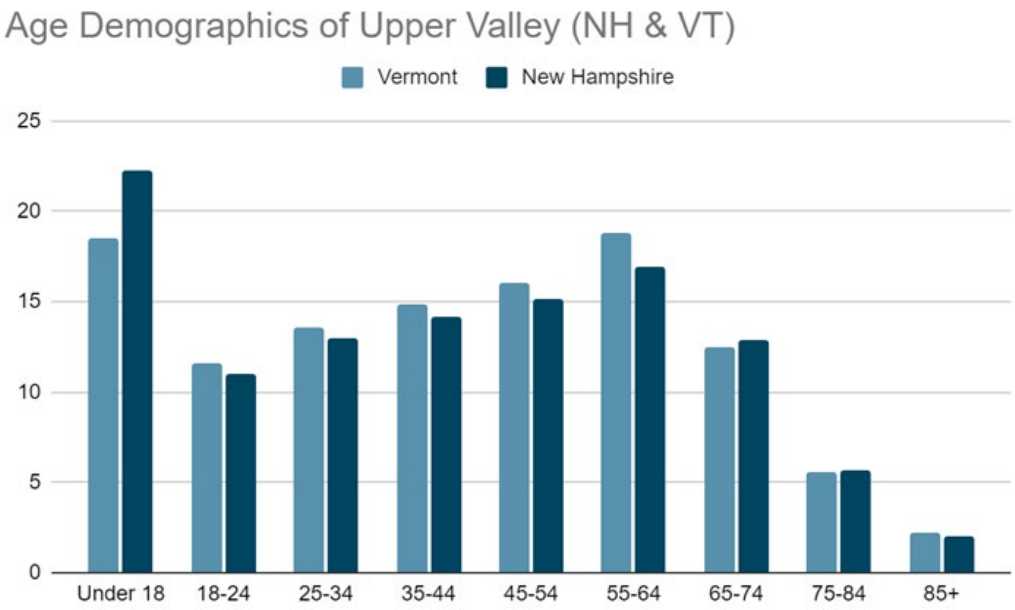
In Vermont, the population grew by 2.8% over the same period, with a total of 643,077 residents by 2020. This growth, while slower than the national average, also saw increases in diversity among younger residents.

Upper Valley Specifics

The Upper Valley, as defined by Vital Communities, consists of 69 towns spanning Vermont and New Hampshire, centered around the Connecticut River. From 2010 to 2020, towns like Lebanon experienced nearly 9% population growth, while some rural areas saw declines. The Upper Valley mirrors broader state trends with increasing diversity among younger residents and an aging population.[2]

[1] Gibson, S., & Plourde, S. (2021, August 12). N.H. Census updates: The Upper Valley leads a Census analysis of 551 U.S. 'micropolitan' areas. New Hampshire Public Radio. https://www.nhpr.org/nh-news/2021-08-12/census-nh-latest

[2] Gibson, S., & Plourde, S. (2021, August 12). N.H. Census updates: The Upper Valley leads a Census analysis of 551 U.S. 'micropolitan' areas. New Hampshire Public Radio. https://www.nhpr.org/nh-news/2021-08-12/census-nh-latest



These demographic shifts highlight the need for tailored community engagement strategies to address the diverse needs of the Upper Valley's population, ensuring effective health initiative planning and equitable service access

Introduction to Community Health Needs Assessment

The Public Health Accreditation Board defines community health needs assessment (or CHNA) as a comprehensive picture of a community's current health status, factors contributing to higher health risks or poorer health outcomes, and community resources available to improve health. Community health assessments are comprised of data and information from multiple sources, which describe the community's demographics; health status; morbidity and mortality; socioeconomic characteristics; quality of life; community resources; behavioral factors; the environment (including the built environment); and other social and structural determinants of health status.[3]

[3] Public Health Accreditation Board, Standards-Measures-Initial-Accreditation-Version-2022.pdf (phaboard.org), October 2022.

Tax-exempt hospitals must complete a CHNA at least once every three years and adopt an implementation strategy that is responsive to community needs. These reports provide valuable insights into health-related challenges community members experience.

Community health needs assessments are important resources for researchers, educators and clinicians seeking information on important barriers to health. CHNA can help researchers focus efforts on the topics that have the greatest relevance to communities.

Learn more about CHNA

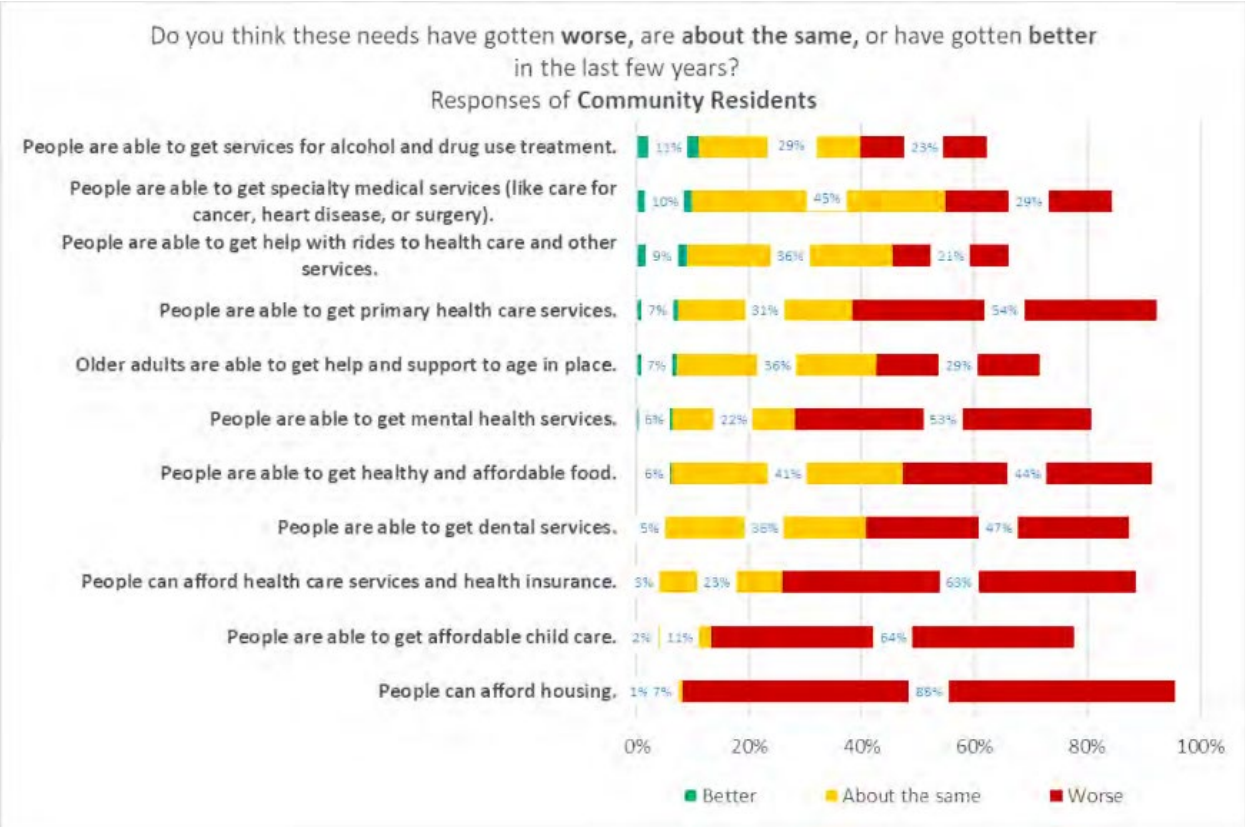
Health Priorities of Regional Communities: Community Health Needs Assessments presented by Greg Norman, MS, Senior Director of Community Health at Dartmouth-Hitchcock. In the webinar at the following link, Mr. Norman discusses common elements of hospital-based Community Health Needs Assessments in NH and VT and how these tools can help connect researchers and community members:

https://video.dartmouth-hitchcock.org/media/Health+Priorities+of+Regional+Communities%3A+Community+Health+Needs+Assessments/1_dmyurdy8

7.2 Introduction to Community Health Needs Assessment

The Community Health Needs Assessment (CHNA) conducted by Dartmouth-Hitchcock, Alice Peck Day Memorial Hospital, and Visiting Nurse and Hospice for Vermont and New Hampshire evaluates the health-related issues impacting the Upper Valley's residents. These assessments, conducted every three years, compile community level data and help report on needs as defined by community members.[4]

[4] Dartmouth-Hitchcock, Alice Peck Day Memorial Hospital, & Visiting Nurse and Hospice for Vermont and New Hampshire. (2025). Community health needs assessment. Retrieved from https://www.dartmouth-hitchcock.org/sites/default/files/2025-03/2025-community-health-needs-assessment.pdf



Identified Community Health Needs in Upper Valley CHNA

- Mental Health Services: Access to mental health services is a top priority, with 23% of respondents reporting difficulty accessing these services in the past year.
- Substance Misuse: Substance Use Disorder, particularly with opioids, remains a critical issue, with efforts focused on prevention, education, and recovery services.
- Chronic Diseases: Managing chronic diseases like diabetes, cardiovascular disease, and respiratory conditions is crucial, requiring ongoing care and support.
- Access to Healthcare: Access remains a challenge, especially for low-income and rural populations, with issues like the cost of healthcare services, health insurance, and prescription drugs.

- Health Equity: Disparities in health outcomes based on race, ethnicity, and socioeconomic status need addressing through inclusive community engagement and targeted interventions.
- Nutrition and Physical Activity: Ensuring the ability to buy and eat healthy foods is a priority, with 10% of households experiencing food insecurity.
- Dental Care Services: Access to affordable dental care is a significant issue, particularly for adults, with high costs and long wait times as common barriers.
- Public Health Preparedness: Ensuring readiness for potential health incidents through coordinated public health initiatives is essential.

Since community health needs can change every three years and new challenges can emerge, researchers should review the latest CHNAs to understand the current needs and priorities of the community.

Sources of Health Data

There are many existing tools and resources that document health, public health, and social determinants of health (SDoH) data that researchers can use to help prioritize and inform their research.

Hospital Community Health Needs Assessments (CHNAs)

CHNAs provide a comprehensive view of local health issues and engage with the community to understand their needs.

How to Find: All non-profit hospitals in the US conduct CHNAs every three years. Search the hospital's website for "Community Health Needs Assessment" or "Community Health Improvement Plan".

Examples:

- Dartmouth-Hitchcock Medical Center (DHMC)
- Alice Peck Day Memorial Hospital (APD)

- Mt. Ascutney Hospital and Health Center (MAHHC)
- New London Hospital (NLH)
- Cheshire Medical Center
- Southwestern Vermont Medical Center (SWVTMC)
- Valley Regional Hospital (VRH)

State Health Departments

State health departments provide extensive health data through online displays or databases.

Examples:

New Hampshire:

- NH WISDOM
    - NH Lives Well

Vermont:

- Vermont Department of Health Data Pages

National Geo-Mapping Resources

These resources offer visual data on health and SDoH at various geographic levels.

Examples:

- County Health Rankings: Offers core health and SDoH data with county-level comparisons.
- Area Deprivation Index (ADI): Rates relative SDoH deprivation across geographies, helping identify areas with high health disparities.

Federal Sources

Various federal datasets provide comprehensive health data.

Examples:

- U.S. Census Bureau
- Behavioral Risk Factor Surveillance System (BRFSS)
- Youth Risk Behavior Surveillance System (YRBSS)
- National Survey on Drug Use and Health (NSDUH)

County or Municipal Health Department

State health departments provide extensive health data through online displays or databases.

Examples:

- Manchester Health Department
- Nashua Division of Public Health and Community Services

Other Rural Health Data Bases

- https://www.ruralhealthinfo.org/topics/statistics-and-data/data-sources-and-tools
- https://www.cdc.gov/ruralhealth/docs/ruralhealth-aag-508.pdf
- https://www.cdc.gov/rural-health/php/resources/?CDC_AAref_Val=https://www.cdc.gov/ruralhealth/resources.html https://www.ruralhealthinfo.org/topics/what-is-rural
- Rural New England Data Analysis Dashboard — NERHA https://www.nerha.org/rural-data-analysis-dashboard