



ANNUAL REPORT

Year Ending December 31, 2016



INTRODUCTION

Over the years, Little Rivers has conducted periodic community health needs assessments to guide us in providing the most effective services we can. These needs assessments not only tell us what medical conditions are prevalent in the community, but they have also revealed a multitude of factors that impact one's ability to maintain health. These span a wide spectrum of social, economic, educational and physical environmental factors and collectively are referred to as "social determinants of health." Social determinants are now recognized as key drivers in preventable health disparities and therefore need to be addressed if we are to achieve optimal health for all residents of our communities. They include issues such as neighborhood safety, job opportunities, transportation options, social support, language and literacy, and availability of resources to meet basic needs such as housing and food.

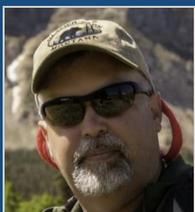
This year's annual report features three important programs at Little Rivers that have been developed to address community needs taking these social determinants into consideration: The Vermont Blueprint for Health Program, our migrant farmworker outreach program, and our new Medication Assisted Treatment program for opioid addiction. While these programs are very diverse in their goals and target populations, they have 2 important things in common: 1) they reach out to people who face barriers to managing their health, and 2) they require strong collaboration with others to be successful. The report that follows highlights these three programs and the employees who have made them so successful.

These programs are possible due to the support we receive from our community partners, as well as from the state and federal governments. We would not be able to provide any of these and many other services without that support and we are very grateful for it.

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The mission of Little Rivers Health Care Inc. is to provide respectful, comprehensive primary care for all residents in our region regardless of their ability to pay for it. We offer quality health care services to everyone. In the spirit of community, we reach out to and welcome those who need health services but have insufficient means to access them. We commit ourselves to continually reduce the burden of illness, injury and disability, and to improve the health and functioning of the people in our service area.



COVER PHOTO CREDIT: "Till Dawn Farm"
Jericho Hills Photography, Hartford, VT John Vose is a key team member at Little Rivers Health Care serving our communities as Clinical Care Coordinator in Bradford. John is a self taught photographer living in Hartford, Vermont. He has always loved the outdoors, and all the creatures that inhabit it. John strives to take photographs that tell a story, or depict a special moment in time.



LETTER FROM LEADERSHIP

HEALTHCARE IN A TIME OF UNCERTAINTY

Being designated as a federally qualified health center (FQHC) is an honor, a privilege, and a responsibility. It is a recognition hard-won that entails many benefits:

- Grant funding
- Enhanced Medicare and Medicaid reimbursement
- Eligibility to apply for Federal Tort Claims Act medical malpractice coverage
- Eligibility to participate in the federal “340B” discount drug program

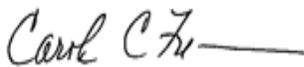
The responsibility aspect mentioned means that in order to receive those benefits, we have to:

1. serve the number of patients we have committed to serving
2. adhere to strict clinical, operational and business quality standards
3. determine and respond to the needs of the community
4. serve all without regard to ability to pay.

Of late, healthcare delivery is complicated by the fact that so much is up in the air at the national level about health insurance and “payment reform.” Although the health insurance debate is far from over, payment reform has been in progress for some time now. By now, you have probably heard that the nation and the state are now moving from “volume-based” care and toward new health care payment models that compensate providers for care that is “value-based.” This means that our reimbursement from payers will be less tied to the number of patient visits and more to clinical outcomes and the protocols we follow to produce those outcomes. Succeeding in this new environment involves re-aligning how primary care practices are structured, and how we involve our patients in their care. Some changes are already in play; they include: more comprehensive screening for health risks and conditions, more frequent appointments to monitor chronic conditions more closely, and more involvement of our care coordinators and social workers to address the needs of the whole person.

As with any major change, this creates much uncertainty and anxiety, especially since there is no clear roadmap or even agreement on where we should be headed. However, we are encouraged to see widespread bi-partisan support in Congress for the role played by health centers. The federal government and the state have provided continuing support for our work in general to serve our communities, and in particular for addressing the on-going opioid epidemic. Our Medication Assisted Treatment (MAT) program is highlighted later in this report, as well as our Blueprint for Health project and migrant farm-worker outreach program, all of which are possible because of this support.

While we have made progress and are pleased to report these accomplishments, we recognize that there is still much to be done to more fully address the needs of our patients and communities. Thank you for helping us to continue to grow and serve you.



Carole Freeman
Board Chairperson



Gail Auclair
Chief Executive Officer



Stephen Genereaux, MD
Chief Medical Officer

BOARD OF DIRECTORS

FQHCs are required to have a community board of directors that represents the community and governs the affairs of the organization. At least 51% of the board members must be patients of the health center. Little Rivers has been extremely fortunate to have always had active, engaged board members who generously volunteer their time and expertise. Without them, Little Rivers would not be here.

CURRENT DIRECTORS 2016/2017

Margaret Burmeister, Topsham (2009) is the executive director of Northeast Kingdom Council on Aging. She previously was the director of case management for the Central Vermont Council on Aging.

William Campbell, Haverhill (2014) is a mental health clinician at West Central Behavior Health and a psychology professor at River Valley Community College in New Hampshire. His past experience includes four years as project manager of a Federally Qualified Health Center in New York State. Bill is the vice-chairperson of the LRHC board.

Carole Freeman, Corinth (2003) was the assistant superintendent for curriculum at Washington Central Supervisory Union prior to her retirement. She is a founding member of the LRHC board and is its chairperson.

Dale Gephart, Thetford (2013) is a retired physician and the Thetford representative to the Vermont Blueprint Community Health Team.

Hope Hutchinson, Newbury (2006) is retired after 25 years as an early childhood special educator in the Orange East Supervisory Union.

Scott Labun, Newbury (2012) is an independent financial advisor. He serves as a guardian ad litem and mediator for family court, and is the treasurer of the Little Rivers board of directors.

Monique Priestley, Bradford (2014) is the owner and sole proprietor of MÉPriestley: Digital and Graphic Design. She is an avid volunteer and serves on a number of local nonprofit boards.

Carrie Bogie, Groton (2016), is a preschool teacher at Blue Mountain Union School who also has expertise in community affairs, fundraising, grant writing and social services

Timothy Ross, Newbury (2016), is currently employed as the Sr. Manager of Internal Audit at DHMC. He serves on the Finance Committee, and brings expertise in accounting, finance and health administration.

“ Never underestimate the power of a small group of committed people to change the world. In fact, it is the only thing that ever has.”

Margaret Mead

PROVIDERS & SERVICES



STEPHEN GENEREAUX, MD
Family Medicine w/ Obstetrics



MARLENE BRISTOL, FNP
Family Medicine



Fay Homan, MD
Family Medicine w/ Obstetrics



ERIN LOSKUTOFF, ARNP
Adult and Geriatric Medicine



SIMONE LESSAC-CHENEN, MD
Family Medicine



TRACY THOMPSON, LCSW
Clinical Social Work



KEVIN CONNOLLY, MD
Internal Medicine, Infectious Disease



SUSAN HANEWALD, MSW, LCSW
Clinical Social Work



JESSE REYNOLDS, MD
Family Medicine



CAROLINE EVANS, FNP
Family Medicine



MAUREEN BOARDMAN, FNP
Family Medicine, Pre/Postnatal Care



SEAN O'BRIEN, PA-C
Family Medicine



TIFFANY WHITE, LCSW

Little Rivers welcomes Tiffany White, LCSW, who joined our staff in May of 2017. Tiffany has been a licensed clinical social worker since 2014. Her prior experience as a therapist at an inpatient substance abuse treatment center makes her a great addition to our behavioral health team.

Primary Health Care

- Family Medicine - Care for people of all ages.
- Obstetrics (OB) - Family planning/maternity care before, during, and after birth.
- Internal Medicine and Infectious Disease - Care for adults.
- Pediatrics - For birth through age 20.
- Continuum of care for hospitalizations and nursing home visits.
- Home visits for homebound individuals.

Behavioral Health/Social Services

- On-Site counseling with Licensed Clinical Social Workers.
- Care Coordination: assistance with accessing community resources and services, insurance applications, and paying bills.
- Coordinating patient care with local mental health and substance abuse agencies.

- Oral Health and Dental Care
- Telemedicine
- Wellness and Disease Prevention
- Low Cost Pharmacy and Prescription
- Medication Assistance
- Financial Assistance Program

ADDRESSING COMMUNITY NEEDS

LRHC Medication Assisted Treatment Program (MAT)

Since our first report last year, LRHC's MAT program has developed into a comprehensive treatment program for those with opioid use disorder. With technical assistance and support from the Vermont Opioid Care Alliance's Hub and Spoke project, and funding from the Blueprint for Health, our program has grown to 28 patients at this writing with plans to further increase as we do more outreach.

This program offers an effective option that takes a whole-person approach, using individual counseling and group therapy as well as medication to provide recovery support for those with addiction. As a "spoke" provider, LRHC's MAT team partners with regional hubs to ensure seamless care and access to services in a primary care setting.



Our MAT program operates out of our Wells River clinic. The expert MAT team members include: Lynne LaCourse (LPN), Jessica McKean (Patient Services Representative), Dr. Stephen Genereaux, Dr. Simone Lessac-Chenen, Caitlin Wilson (Clinical Care Coordinator), Tracy Thompson (LCSW), and Tiffany White (LCSW).

Migrant Farmworker Outreach

Since 2007, Dr. Stephen Genereaux has been going out to 5-7 area farms twice a year with nurses and care coordinators, as well as Dartmouth medical students, to provide various health screenings and preventive services. Anywhere from 40-50 farmworkers each year have received screening and monitoring for high blood pressure, depression, and diabetes. The team also administers vaccinations for influenza, tetanus and pertussis, and provides health education.

Because these farmworkers speak Spanish as their primary language, translation is provided through the generous services of the bi-lingual Dartmouth students.



"Autumn at Bogie Mountain Dairy Farm"
by John Vose, Jericho Hills Photography

VERMONT BLUEPRINT FOR HEALTH

Little Rivers is constantly evolving and striving to improve access to quality healthcare in the Upper Valley. During the 2016-2017 grant year, we have made strides in the initiatives selected by our community collaborative team.

The **Upper Valley Community Collaborative** team consists of community organizations working to improve health in our region. This committee meets once a month to discuss initiatives that are currently under way as well as programs we would like to see to fruition. It is an opportunity for our various organizations to hear each other, support one another, and make action plans for success.

On-going throughout the year, we offer **Healthier Living Workshops** that are based on the Vermont Department of Health study *3-4-50* (see side bar).

We offer 10 workshops each grant year. LRHC and Clara Martin Center, our local community mental health center, have partnered together to offer many of these programs. **Hannaford**, a large grocery store chain in our area has graciously donated food to all of our *Healthier Living Workshops* for free.

Some of the projects conducted by the team this year include:

- Creating a secure and efficient referral system between LRHC and **Upper Valley Nutrition** so that patients at LRHC can easily schedule appointments with Melanie Loschiavo, RD, LD, CD, who is a dietician and the owner of Upper Valley Nutrition located in Bradford, VT.
- Participation in the Vermont **Park Rx** program. Health care providers received “prescriptions” to give to patients to encourage outdoor activity. These prescriptions are actually day passes to any Vermont state park and are given based on the same criteria as other recommendations to patients.
- Most recently LRHC has taken on an initiative to offer **fluoride varnish** to patients from the first tooth to six years old. LRHC has 259 patients between the ages of 0-5. Since much of our population live rurally and drink un-fluorinated well-water, we are considered a high risk community.

Affiliated Organizations

- Orange County Parent Child Services
- Newbury Health Clinic
- Thetford Community Nurse
- Little Rivers Health Care
- Thetford Elder Network
- Valley Vista
- OneCare
- Visiting Nurses Association
- Clara Martin Center
- Vermont Department of Health
- Upper Valley Pediatrics
- Upper Valley Services
- Bi-State
- Stagecoach
- Central Vermont Council on Aging
- Upper Valley Nutrition
- Department of Health and Human Services
- Bradford Elementary Nurse
- Rural Edge/SASH



Fran Clark
*Director of Operations/
 Blueprint Project Administrator*



Ashleen Buchanan
Blueprint Program Coordinator



3 BEHAVIORS

Lack of physical activity, poor diet, and tobacco use lead to...

4 CHRONIC DISEASES

Cancer, heart disease and stroke, type 2 diabetes, and lung disease result in more than...

50% OF ALL DEATHS IN VERMONT

HEALTHIER LIVING WORKSHOPS

YMCA Diabetes Prevention Program

- Chronic Pain Self Management
- Chronic Disease Self Management
- Diabetes Self Management
- Smoking Cessation

COMMUNITY HEALTH

“CURBSIDE SERVICE”



Ashley Blodgett (LNA), Erin Loskutoff (ARNP), and Dr. Fay Homan providing blood pressure screening and health information at Wells River Action Program's (W.R.A.P.) "So Long Summer, Hello Fall" event.

HELPING OUR PATIENTS PAY FOR HEALTH CARE



- Our sliding fee scale helps our patients pay for their health care, so that we may promote the best possible care that you need and deserve.
- Many established and prospective patients may be eligible for discounted or free services.
- How do you apply? Please contact one of our Clinical Care Coordinators at your local clinic for assistance in applying or for further information.

Bradford Clinic **John Vose, Clinical Care Coordinator**
802-222-4637, Extension 218

East Corinth Clinic **Justine Huntington, Clinical Care Coordinator**
802-222-4637, Extension 408

Wells River Clinic **Caitlin Wilson, Clinical Care Coordinator**
802-222-4637, Extension 310





With increasing attention being paid to “value-based” care, the work of the Little Rivers **Quality Assurance/Performance Improvement Committee*** is more important than ever. Under the leadership of Maureen Boardman, FNP, Clinical Quality Director, this committee has guided and supported the work needed to ensure compliance with recognized standards and overall high quality, effective care. As a result, Little Rivers has earned Level 3 certification as a Patient-Centered Medical Home, the highest level attainable, for the 2017-2020 program period, and also qualified for meaningful use incentive payments from the state for the past 4 years.

2016 was especially busy with the team taking on and monitoring a long list of projects, including:

- 2 Learning Collaboratives:
 - Geriatric Workforce Enhancement Project (GWEP) to encourage patients 66 and over to take advantage of free annual wellness visits
 - Vermont Child Health Improvement Program (VCHIP) Adolescent well care project to help us to use more adolescent-friendly approaches to screening and primary care services for this population.
- Population Health Management Projects:
 - “Right for Me” grant project to make long-acting contraceptives more readily available.
 - “Panel Management” letters were sent to patients to remind/encourage them to come in for:
 - Zostavax (shingles) vaccines
 - HPV (human papilloma virus) vaccines
 - Well-child visits
 - Routine adult physicals
 - Hepatitis C screening
- Quality improvement monitoring projects to
 - Increase screening for hypertension, diabetes, colo-rectal cancer, anxiety, depression, and substance misuse.
 - Improve tracking and follow-through on diagnostic testing.
 - Increase the use and usefulness of after-visit summaries.

Many thanks go out to Maureen and the QA/PI Committee members, and to Dr. Simone Lessac-Chenen, Director of Clinical Operations and Informatics, for all the work that went into these projects. Thanks also to the providers, nursing staff and support staff who are the ones to actually implement the projects and drive the successful outcomes.

QA/PI COMMITTEE MEMBERS:

Maureen Boardman - Chair, Bonnie Tuttle, Courtney Carter, Dale Gephart, Fran Clark, Gail Auclair, Hope Hutchinson, Jamie Riley, Justine Huntington, Keisha Covey, Kristen Bigelow-Talbert, Rachel Shellabarger, Simone Lessac-Chenen.





FY 2016 PERFORMANCE ON QUALITY MEASURES

Profile Measure	2016 Results	2016 VT FQHC Average	2016 National FQHC Average	2016 UDS Results Comments	
<i>Patient Profile: Who are we serving?</i>					
Uninsured Patients	5.20%	8.3%	23.3%	Slight increase in private insurance enrollees with corresponding decreases in uninsured and Medicaid likely due to increased enrollment in health exchange	
Medicaid Patients	26.79	29.4%	49.7%		
Medicare Patients	25.07	21.6%	9.2%		
Private Insurance	42.47	40.7%	17.7%		
<100% Federal Poverty Level	17.6	31.6%	70.0%	These percentages are based on the number of patients who filled out the household size and income forms, which is only 43.4% of our patients.	
<200% Federal Poverty Level	56.9	63.1%	92.0%		
<i>Quality: Are Our Standards High?</i>		VT 2016	US 2016		
Pregnant Patients Entering Care in 1st Trimester	97.7	90.8%	74.1%	The number of prenatal patients decreased from 59 to 44, likely due in large part to the closure of CH Birthing Center.	
Pap Test Rate for Eligible Women	61.43	53.2%	54.4%	Performance is better than state and national averages but working on improving.	
Childhood Immunization Rate of 2 year olds	6.12	49.0%	42.8%	Addition of Rotavirus and timeframe to achieve compliance down to age 2 years from 3 has worsened performance on this measure.	
Low Birth Weight	12.9	6.1%	7.8%	Statistically insignificant due to very small numbers.	
Controlled Diabetes-HbA1C <9	72.17	65.8%	54.2%		
Controlled Hypertension	66.71	65.3%	62.4%		
Weight Assessment and Counseling - children	67.14	56.8%	62.9%		
Weight Assessment and Counseling - adults	52.86	54.1%	62.5%		
Tobacco Use Assessment and Intervention	80.81	80.5%	85.2%		
Asthma Medication Therapy	84.78	89.2%	87.4%		
Lipid Therapy for CAD	84.52	77.2%	79.5%		
Aspirin Therapy for IVD	81.63	84.7%	78.4%		
Colorectal Cancer Screening	51.58	61.3%	39.9%		
Depression Screening	77.11	46.2%	60.3%		
<i>Efficiency: Are Our Resources Maximized?</i>					
Medical cost/medical patient	760.2	\$653.22	\$577.8		Comparisons with other health centers are difficult due to many variables: the mix of services, size of the health center, productivity, other grant projects, etc.
Medical cost/medical visit	244.73	\$199.87	\$184.7		
Total Cost /Patient	940.09	\$904.06	\$889.85		
Total Cost/Visit	240.68	\$229.36	\$221.02		
Total Unduplicated Patients Seen	5588				
Total Visits	22,241				
Medical Visits / Patient / Year	3.47	3.27	3.13		
Medical Provider FTEs	8.05				
Non-clinical FTEs	22.09				
Total FTEs	51.53				

FINANCIAL AUDIT

Statement of Operations

Years Ended December 31, 2016 and 2015

	<u>2016</u>	<u>2015</u>
Operating revenue		
Patient service revenue	\$ 3,480,009	\$ 3,341,522
Recovery of (provision for) bad debts	<u>34,874</u>	<u>(19,648)</u>
Net patient service revenue	3,514,883	3,321,874
Grant revenue	1,494,795	1,308,780
Other operating revenue	<u>377,016</u>	<u>342,867</u>
Total operating revenue	<u>5,386,694</u>	<u>4,973,521</u>
Operating expenses		
Salaries and benefits	3,978,827	3,378,997
Other operating expenses	1,123,367	912,383
Depreciation	120,168	118,797
Interest expense	<u>25,014</u>	<u>18,056</u>
Total operating expenses	<u>5,247,376</u>	<u>4,428,233</u>
Operating income	139,318	545,288
Non-operating revenue		
Contributions	<u>19,504</u>	<u>14,335</u>
Excess of revenue over expenses	158,822	559,623
Grants for capital acquisition	46,173	-
Non-cash contribution for capital acquisition	<u>-</u>	<u>33,000</u>
Increase in unrestricted net assets	204,995	592,623
Net assets, beginning of year	<u>1,869,606</u>	<u>1,276,983</u>
Net assets, end of year	<u>\$ 2,074,601</u>	<u>\$ 1,869,606</u>

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Little Rivers Health Care, Inc. as of December 31, 2016 and 2015, and the results of its operations, changes in its net assets and its cash flows for the years then ended, in accordance with U.S. generally accepted accounting principles.

Berry Dunn McNeil & Parker, LLC

Manchester, New Hampshire
May 31, 2017
VT Registration No. 92-0000278

*Excerpt from Auditor's Report by:
Berry Dunn Mc Neil & Parker
1000 Elm Street
Manchester, New Hampshire*

Balance Sheet

Balance Sheets

December 31, 2016 and 2015

ASSETS

	<u>2016</u>	<u>2015</u>
Current assets		
Cash and cash equivalents	\$ 975,476	\$ 754,204
Patient accounts receivable, less allowance for uncollectible accounts of \$230,983 in 2016 and \$304,381 in 2015	271,303	237,717
Grants receivable	1,112,832	290,018
Other receivables	93,087	131,255
Due from third party payers	40,665	23,843
Prepaid expenses	<u>70,864</u>	<u>68,644</u>
Total current assets	2,564,227	1,505,681
Property and equipment, net	<u>1,607,138</u>	<u>1,605,036</u>
Total assets	<u>\$ 4,171,365</u>	<u>\$ 3,110,717</u>

LIABILITIES AND NET ASSETS

Current liabilities		
Accounts payable and accrued expenses	\$ 87,642	\$ 56,284
Accrued payroll and related expenses	238,729	183,805
Deferred revenue	1,102,536	275,386
Current maturities on long-term debt	<u>45,560</u>	<u>54,838</u>
Total current liabilities	1,474,467	570,313
Long-term debt, less current maturities	<u>622,297</u>	<u>670,798</u>
Total liabilities	2,096,764	1,241,111
Net assets		
Unrestricted	<u>2,074,601</u>	<u>1,869,606</u>
Total liabilities and net assets	<u>\$ 4,171,365</u>	<u>\$ 3,110,717</u>



Little Rivers Health Care, Inc. is a distinguished non-profit organization with NINE years of perfect financial audits with no auditor-issued management letters. This extraordinary achievement is a result of exceptional efforts of the LRHC financial and administration team members.

FUTURE PLANS

In April of 2016, Little Rivers was awarded a \$1 million capital grant to fund the renovation of the Bradford clinic. Since that time, the design work has been completed, permits have been secured, and contracts and sub-contracts executed. Due to the decision to expand the scope of the project to include additional floor space in the back of the building, the timeline had to be expanded. However, the construction begins September 25th!



Enjoying a light-hearted role reversal: Tom Barrup of Kingdom Construction dressed in scrubs and Dr. Jessie Reynolds donning construction gear. We look forward to partnering with Kingdom Construction and regional subcontractors!

This renovation will result in more exam rooms and office space, enhance handicap accessibility, improve privacy, and allow for better workflows. All in all, we will have a more comfortable, welcoming environment for our patients and staff.



DONORS & GIVING

CONSIDER PLANNED GIVING AS A GIFT TO LRHC & YOUR COMMUNITY

LRHC is a not-for-profit organization, and we exist partially through federal and state grant funding. That funding covers only a small portion of the cost of caring for individuals and families in need.



If you would like to make a donation and would like more information, please contact us:

Little Rivers Health Care Community Relations
P.O. Box 338 • Bradford, Vermont 05033
communications@littlerivers.org
Andrew Barter, Community Relations Director
802-222-3023

Outright Gifts • Financial Benefit Gifts • Estate Gifts

2016 LITTLE RIVERS HEALTH CARE DONORS

Faith Alexandre

Anonymous - 11

Diane Barber

Barton Street Dental

Russell & Elin Batten

Walter Bone

Tom & Mary Burnham

Sarah & Charlie Calley

Aaron & Becky Cole

Copies and More

Jeremy & Sandra Dickson

Hal Drury

Carole Freeman

Cadence Genereaux

Sarah Green

Meredith Hatfield

Joyce Day Homan

Hope Hutchinson

Todd and Natalie Jesdale

Andrew Jones

Charles & Catherine Kent

Scott & Jane Labun

Connie Linnell

David Merrill

Merry Meadow Farm, Inc.

Kerstin Nichols

William & Sue Parmenter

Connie Philleo and Claude

Phipps

Peter Phipps & Odile Mattiauda

John Renfrew

Dean and Louise Rowden

Peter & Jackie Sinclair

Martina Stever

Altoon Sultan

Town of Bradford

Town of Corinth

Town of Fairlee

Town of Groton

Town of Ryegate

Town of Thetford

Town of Topsham

Carolyn Wade

Dave & Laura Williams

Lester Williams

Barbara Zimmer



THANK YOU FOR SUPPORTING LITTLE RIVERS!

In the fall, when you see geese heading south for the winter fly along in v formation, one might consider what science has discovered as to why geese fly this way. Each bird flaps its wings creating uplift for the bird immediately following. A flock has a greater flying range in formation than a single bird would have on its own. When a goose falls out of formation, it feels the drag and resistance of trying to fly alone and quickly rejoins the formation. The goose takes advantage of the lifting power of the bird in front. The geese in formation honk from behind to encourage those flying up front to keep their speed. When a goose gets sick or wounded and falls out of formation, two other geese will fall out of formation with that goose to follow it down to lend help and protection. They stay with that fallen goose until it is able to fly or it dies. Only then do they launch out on their own or with another formation to catch up with their flock. People, who share a common direction and sense of community, can reach a goal more quickly and easily because they are traveling on the thrust of one another. It is harder to do something alone than together. It is beneficial to take turns doing demanding work. By sharing leadership and depending upon others in a group, there is a chance to lead and an opportunity to rest.



ADMINISTRATION & BILLING

146 Mill Street • PO Box 338
Bradford, VT 05033

802-222-4637 General
802-222-5659 Billing

www.littlerivers.org

BRADFORD

437 South Main ST
802-222-9317

EAST CORINTH

720 Village Road
802-429-5321

WELLS RIVER

65 Main Street North
802-757-2325