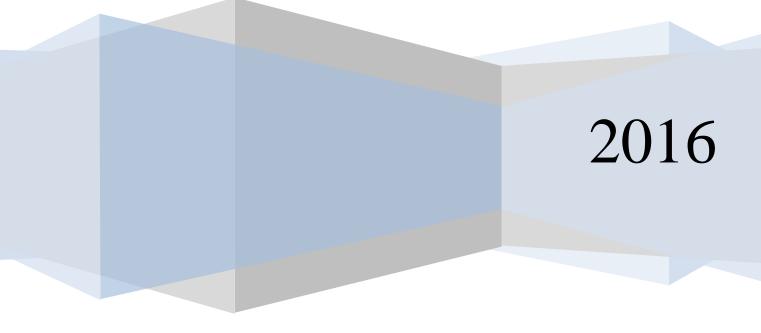
Weeks Medical Center

Community Health Needs Assessment

Prepared by: North Country Health Consortium Littleton, NH



Weeks Medical Center Community Health Needs Assessment 2016

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${\bf North\ Country\ Health care\ System\ Partners:}$

Androscoggin Valley Hospital Littleton Regional Healthcare North Country Health Consortium Upper Connecticut Valley Hospital Weeks Medical Center

Weeks Medical Center Lancaster Area Community Health Needs Assessment Executive Summary

Weeks Medical Center is a not-for-profit critical access hospital that provides a broad array of medical services to the community. A not-for-profit hospital is an organization that does not earn profits for its owners. All of the money earned by a not-for-profits is used to pursue the organization's services and mission to benefit our communities served. A not-for-profit is required to complete a community needs assessment periodically by the Federal and State Government.

Weeks Medical Center is located in Coos County the most rural county of New Hampshire. The towns served in New Hampshire include Bretton Woods, Carroll, Dalton, Dalton, Groveton, Jefferson, Lancaster, Northumberland, Randolph, Stark, Stratford/ North Stratford, Twin Mountain, and Whitefield. The towns in Essex County Vermont of Bloomfield, Gilman, Granby, Guildhall, Lunenburg, and Maidstone are served by Weeks Medical Center also. The area is not only rural but significantly older and poorer than the rest of New Hampshire and United States.

Weeks Medical Center uses its resources to provide many services to the community regardless of an individual's ability to pay. These include services such as a 24 hour per day Emergency Department and four (4) Rural Health Clinics (Physician Offices).

Weeks Medical Center's Vision is to "Improve the health of the residents of our Community by providing excellent and appropriate services". Weeks Medical Center Board of Trustees conducted a community needs assessment to identify additional areas to help improve the health of residents in our community. The assessment identified items within and outside the scope of services provided by Weeks Medical Center. The items outside the scope of services will require partnering with other organizations.

The 2016 Weeks Medical Center Community Health Needs Assessment was conducted by the North Country Health Consortium (NCHC). The assessment's goal is to identify health needs within our communities and ensure our services are aligned with those needs.

2016 Community Health Needs Assessment Summary of Findings

As part of the 2016 Weeks Medical Center Community Health Needs Assessment, 89 community leaders and 203 community members were surveyed to gather information about health status, health concerns, unmet health needs and services, and suggestions for improving health in the community.

Key findings from the Community Survey:

The *top five serious health issues* in the Lancaster area that were identified by the community assessment surveys were:

- **Substance Misuse** (includes drugs, opioids, heroin, etc.) (79%)
- Obesity/Overweight (78%)
- Unemployment/Lack of Jobs; Low-income/Poverty (75%)
- Alcohol Abuse (72%)
- Smoking and Tobacco Use (71%)

The *top six serious health concerns* for the Lancaster area that contribute to the most serious health issues were identified to be:

- Lack of Dental Insurance (84%)
- **Drug Abuse** (82%)
- Unemployment (79%)
- Cost of Healthy Foods (77%)
- Lack of Physical Exercise (75%)
- Alcohol Abuse (74%)

Key findings from the Key Informant Survey:

The top seven serious health issues in the Lancaster area, as identified by key informants, were:

- **Substance Misuse** (includes drugs, opioids, heroin, etc.) (95%)
- Alcohol Abuse (93%)
- Obesity/Overweight (92%)
- Mental Health Problems (90%)
- Unemployment/Lack of Jobs; Low-income/Poverty (89%)
- Physical Inactivity (84%)
- Smoking and Tobacco Use (83%)

Weeks Medical Center

Definition of Area served by Weeks Medical Center

Weeks Medical Center (WMC) defines for this report the primary service area to include the following zip codes:

03584 Lancaster03583 Jefferson03598 Dalton/Whitefield03590 North Stratford03582 Groveton/Stark05906 Lunenburg

05905 Guildhall 03595 Carroll/Twin Mountain

05904 Gilman 03575 Bretton Woods

The population of the primary service area for Weeks Medical Center is 14,830 according to the 2010 U.S. Census. There is no expected increase in the number of people in the WMC primary service area. The population is made up of the following groups:

	Primary Service Area	New Hampshire	United States
Gender			
Female	50.4%	50.7%	50.8%
Male	49.6%	49.3%	49.2%
Age			
0-19	22.3%	24.7%	26.9%
20-44	25.8%	31.2%	33.6%%
45-64	33.3%	30.6%	26.4%
65 and older	18.6%	13.5%	13.1%
Race			
White	98.1%	95.6%	70.0%
Other	1.8%	4.4%	30.0%
Household Income			
Less than \$10,000	7.8%	4.4%	7.1%
\$10,000-\$14,999	6.4%	4.0%	5.4%
\$15,000-\$24,999	14.6%	8.3%	10.6%
\$25,000-\$34,999	13.1%	8.7%	10.4%
\$35,000-\$49,999	18.1%	12.9%	13.8%
\$50,000-\$74,000	21.3%	19.0%	18.3%
\$75,000 or more	18.6%	42,6%	34.2%

The WMC service area is located in mountainous terrain and there is reliance upon winding secondary roads that impede travel within the service area as well as to transportation routes outside the service area. Passage is further restricted by the harsh northern New England winters that can complicate travel for five months of the year. Regardless of the time of year, travel from the vast majority of points within the service area to the population centers of St. Johnsbury in Vermont, Berlin, Lancaster, and Littleton in New Hampshire, requires a significant time commitment. The closest tertiary facility, Dartmouth Hitchcock Medical Center is located over 90 miles away. Public transportation means are nearly non-existent with the exception of the

local Community Action Program. Personal transport is costly and requires time away from work and a reliable vehicle to handle the distances and road conditions.

The geographic isolation of the WMC service area, located in Coos County, is further evidenced by the fact that the area has a population density of 6.2 persons per square mile, which qualifies it as a sparsely population rural area. The United States Department of Agriculture has also defined Coos County, New Hampshire, as a frontier county by Economic Research Service typology.

According to the US Census Bureau, the 2015 population estimate in Coos County is 31,212, lower than the population of 33,052 in 2010.¹ The median age in Coos County is 47.9 years, compared to 43.9 in New Hampshire. Median household income in Coos County in 2010-2015 5-year average was \$42,407², while the statewide median income was \$64, 230.³

The following table displays the 2016 County Health Rankings Health Outcomes and

Health Factors Data for Coos County, New Hampshire⁴

	Coos	Error	Top US	New	Rank
	County	Margin	Performers*	Hampshire	(of 10)
Health Outcomes					10
Length of Life					9
Premature death	7,200	6,100- 8,300	1 7 /III	5,400	
Quality of Life	'				7
Poor or fair health	14%	14-15%	12%	13%	
Poor physical health days	3.5	3.4-3.7	2.9	3.	
Poor mental health days	3.7	3.6-3.8	2.8	3.6	
Low birth weight	6%	7-9%	6%	7%	
Health Factors					
Health Behaviors					10
Adult smoking	19%	18-19%	14%	18%	
Adult obesity	30%	27-33%	25%	27%	
Food Environment Index	8.0		8.3	8.4	
Physical Inactivity	26%	24-29%	20%	21%	
Access to exercise opportunities	66%		91%	84%	
Excessive drinking	18%	17-19%	12%	19%	
Alcohol-impaired driving deaths	18%	6-32%	14%	33%	
Sexually transmitted infections	193.2		134.1	236.2	,
Teen births	28	24-32	19	16	

¹ http://www.census.gov/quickfacts/table

² http://www.nhes.nh.gov/elmi/products/cp/documents/coos-cp.pdf

³ http://www.city-data.com/city/Grafton-New-Hampshire.html

⁴ 2016 County Health Rankings http://www.countyhealthrankings.org/app/new-hampshire/2016/county/snapshots/007

	Coos County	Error Margin	Top US Performers*	New Hampshire	Rank (of 10)
Clinical Care					10
Uninsured	16%	14-18%	11%	13%	
Primary care physicians	860:1		1,040:1	1,060:1	
Dentists	1,980:1		1,340:1	1,430:1	
Mental Health Providers	750:1		370:1	390:1	
Preventable hospital stays	60	54-66	38	46	
Diabetic monitoring	92%	85-99%	90%	90%	
Mammography screening	65%	58-73%	71%	70.%	
Social & Economic Factors					2
High school graduation	82%		93%	88%	
Some college	55%	50-60%	72%	68%	
Unemployment	5.8		3.5%	4.3%	
Children in poverty	23%	16-29%	13%	13%	
Income inequality	4.3	4.0-4.7	3.7	4.2	
Children in single-parent households	38%	32-44%	21%	28%	
Social associations	12.8		22.1	10.3	
Violent crime	143		59	181	
Injury deaths	80	67-94	51	59	
Physical Environment					1
Air pollution - particulate matter	10.6		9.5	10.5	
Drinking water violations	yes		no		
Severe housing problems	16%	14-19%	9%	16%	
Driving alone to work	80%	77-83%	71%	81%	
Long commute- driving alone	23%	21-26%	15%	38%	

^{*90}th percentile, i.e., only 10% are better. Note: Blank values reflect unreliable or missing data

The table below displays and compares selected socioeconomic and demographic characteristics of the 18+ population in the Coos County, the state of New Hampshire and the United States.

18+ Population Demographics and Socioeconomic Indicators – Geographic Comparison⁵

Variable	Coos County	New Hampshire	United States
18+ population	82%	79%	77%
65+ population	20%	14%	15%
75+ population	9%	6%	6%
Median age	47 years	42 years	37 years
	-	-	-

⁵ 2010- 2013 Behavioral Risk Factor Surveillance Survey, CDC BRFFS and NH Health WRQS web site, Institute for Health Policy and Practice, University of New Hampshire. Data for US, US Census web site, American Community Survey, 2013.

Variable	Coos County	New Hampshire	United States
Did not finish high school	15%	9%	13%
High school graduate or	87%	92%	86%
higher			
Bachelor's degree or higher	18%	34%	29%
Currently employed	48%	61%	58%
Out of work 1 year or more	2%	3%	4%
Current unemployment	9%	7%	6%
rate			
Income less than \$15,000	15%	7%	12%
per year			
Income \$15,000-\$25,000	22%	13%	18%
Income \$25,000-\$35,000	18%	10%	12%
Income \$50,000+	30%	53%	44%
Median household income	\$41,985	\$64,916	\$53,046
Families at or below 100%	13%	9%	11%
of FPL in last 12 months			
Population 18-64 at or	12%	8%	13%
below 100% FPL			
Population 65+ at or below	10%	6%	9%
FPL			

The 18+ population accounts for 82 percent of the total population of the service area. As may be ascertained from this table, the Coos County population 18+ is a larger percent of the total population than the population in the state as a whole or nationally and the 65+ population is substantially larger. The data in this table reflect an area population that is not only older but also has less income and less education that the populations of the state and nationally. Before the age of 65, the Coos County population is evenly divided between males and females. However, by age 65, females account for over 11 percent of the population whereas males account for approximately eight percent. In the rest of the state, 65+ females comprise eight percent of the population while 65+ males comprise five percent of the population.

The Coos County population is homogeneous with over 97 percent indicating their race as Caucasian. The state of New Hampshire reflects a population that is 94 percent Caucasian, one percent African American, two percent Asian, two percent Hispanic, and one percent other.⁶

Life expectancy in the US stands at almost 79 years – an increase of over 20 years since the 1950s. Longer life also means increases in the numbers of diseases affecting the population, especially the over 65 population. Many of these diseases are chronic diseases and include cardio-vascular disease, hypertension, diabetes, respiratory diseases and others. Although these diseases affect people of all age ranges, patients over 65 tend to have more than one chronic diseases or co-morbidities. More than 65 percent of Americans 65+ and 75 percent of those 80+ have multiple chronic diseases.

The table below reflects a Coos County population that suffers from chronic diseases at rates that are, in most cases, higher than those for New Hampshire and the rest of the country. In addition, this population reflects higher rates of unhealthy behaviors such as smoking, overweight and obesity as well as leading less active lives than the populations in the state and in the country.

⁶ US Census web site, American Community Survey, 2013-2014.

Chronic Diseases – Geographical Comparison⁷

Risk Factor	Coos County 18-64	Coos County 65+	NH 18-64	NH 65+	United States 18-64	United States 65+
Diabetes	8%	24%	7%	22%	6%	20%
Hypertension	27%	63%	24%	61%	24%	61%
Angina or Coronary Artery Disease	4%	15%	2%	13%	2%	13%
Heart Attack	4%	12%	2%	12%	3%	13%
Stroke	1%	6%	1%	7%	2%	8%
Overweight (Obese)	34% (33%)	43% (28%)	34% (28%)	39% (39%)	34% (27%)	40% (26%)
Smoking	23%	9%	19%	7%	17%	9%
Physical Activity in last 30 days	75%	58%	82%	69%	76%	67%

The following table reflects an area with greater risk for premature death and one that suffers from chronic diseases at rates substantially higher than New Hampshire and, in many cases, the United States.

Regional, State and National Comparison of Health Status Indicators⁸

Indicator	Coos	NH State	National
	County	Rate/Percent	Benchmark
			Rate/Percent
Premature Mortality (Under 65 Years) ⁹	234.7	180.1	10
Percent Elderly (65 & older)	19.4%	12.0%	12.4%
Age Adjusted Diabetes Prevalence	11.1%	7.1%	6.5%
Percent Overweight	38.6%	36.5%	35.8%
Percent Adult Obese	31%	25.8%	25%
Asthma Prevalence	15.6%	11.4%	9.1%
Hypertension Prevalence	36.7%	30.6%	30.8%
Heart Attack Prevalence	7.4%	4.1%	4.4%
High Cholesterol Prevalence	43.6%	38.7%	38.3%
Low birth weight	6.3%	7.6%	
Currently smoking	22.8%	16.9%	17.3%
Heavy alcohol use risk factor	6.1%%	6.4%	4.9%
Always wear seat belt	73.3%	81.1%	
General Health Status		_	
Fair	15.3%	9.9%	12.4%
Poor	4.9%	3.8%	3.8%

⁷ 2011-1013 Behavioral Risk Factor Surveillance Survey, CDC BRFSS web site and New Hampshire HealthWRQS web site. Institute for Health Policy and Practice, University of New Hampshire.

⁸ Data in this table were obtained from the 2011 Behavioral Risk Factor Surveillance Survey at the NH Health WRQS web site and the US Center For Disease Control web site.

⁹ Per 100,000 population

No data available

Methodology

With assistance from the North Country Health Consortium (NCHC), Week Medical Center (WMC) conducted the 2016 Community Health Needs Assessment (CHNA).

The purpose of the CHNA is to survey community members and key leaders to get information related to the demographic, socioeconomic, health status, environmental, and behavioral characteristics of residents in the WMC service area. In addition to these surveys, secondary data collected from the U.S. Bureau of the Census, Behavioral Risk Factor Surveillance Survey, County Health Rankings, and the NH State Health Profile, is reviewed and used as benchmark data to see how the area compares to state and national trends. Information from the surveys and secondary data sources are used to evaluate the health of the community, identify high priority health needs, and develop and implement strategies to address the needs of the community.

NCHC and WMC staff have been meeting with community partners since spring 2016 to plan and implement both the Community Survey (see appendix A) and the Key Informant Survey (see appendix B). To prepare for conducting the 2016 health needs assessment, North Country Health Consortium and WMC accomplished the following:

- Developed a 2016 CHNA survey tool;
- Conducted the formal 2016 CHNA between July 2016 and September 2016;
- Compiled the results of the 252 CHNA;
- Analyzed the survey data and secondary data;
- Prepared the 2016 Community Health Needs Assessment Report

Process for conducting Community Survey

A Community Health Needs Assessment 2016 Outreach Plan was created for conducting the Community Survey. The Community Survey was designed to collect demographic and socioeconomic information on the respondent and information related to their perception of the health and wellness needs of the community. Survey Monkey was used to develop an electronic survey. Two hundred and three (203) Community Surveys were completed.

Marketing, Outreach, and dissemination of the Community Survey

WMC printed a supply of hard-copy community needs surveys and outreach flyers. Paper surveys and flyers were distributed to identified community locations. Organizations with hard copies were asked to disseminate and collect completed surveys for periodic collection by NCHC. Additionally, NCHC provided a "script" to be used by individuals at designated organizations to assist with survey collection. Paper surveys were collected and manually entered into Survey Monkey in order for all of the data to be aggregated together. Twenty-seven community sites assisted with survey dissemination.

Electronic survey files were made available online via the NCHC website.

Marketing via Social Media and other Websites

Social media was used to reach a larger audience. Community partners with an established social media presence, such as a Facebook page, assisted in the marketing and outreach effort by posting information about the survey as well as the link to the survey. Organizations also posted information on their websites about the CHNA process with the Community Survey link. Links and a QR code for smartphone users were established in order to scan the code for direct access to the survey. Twenty-four on-line outlets were used for survey dissemination.

Newspapers

The local newspapers were used to promote Community Survey. Community residents were informed about the CHNA, provided the Survey Monkey link, and provided with locations (town offices, churches, libraries, etc.) where a paper survey could be completed.

Process for conducting Key Informant Survey

Survey Monkey was also used to gather information from 89 community leaders and key stakeholders in the UCVH Service Area. This group represented a broad constituency including area business and economic development leaders, community board members of health and human service organizations, municipal government, and health and human service providers. All of these individuals responded to the survey directly on-line.

Weeks Medical Center Lancaster Area Community Health Needs Assessment

Community Survey Findings

Demographics of Survey Respondents

Duration of residency in the Lancaster Area

54.8% of respondents have lived in the Lancaster area for 16+ years. Additional responses indicate 18.5% having lived in the area 11-15 years; and 26.8% having resided in the area for 10 years or less.

I have lived in my community for:	% of Respondents
Less than 1 year	3.6%
1-5 years	8.3%
6-10 years	14.9%
11-15 years	18.5%
16+ years	54.8%

***** Educational Attainment

21.9% of respondents have advanced degrees and 21.3% are four-year college graduates. About 33.1% have had some college education or are community college graduates. 21.3% percent graduated from high school, and 2.4% did not complete high school. 41.9% of college graduates (70 out of 135) indicated that they are/were first-generation college students.

Age

34.7% of respondents were 65 or older; 41.8% of respondents were between 45 and 64 years old and another 18.2% were between the ages of 30 and 44. 5.3% were between 18 and 29. 76.6% of the respondents are female and 23.4% are male.

How old are you?	% of Respondents
Less than 18 years	0 %
18-29 years	5.3%
30-44 years	18.2%
45-64 years	41.8%
65 years or older	34.7%

***** Household Data and Employment Status

65.9% of households have 2-3 individual occupants, while 16.5% had 4-5 occupants. Additionally, single individual households represent 15.3% of respondents.

32.1% of respondents reported having a household annual income over \$60,000; 9.9% are in the \$50,001 to \$60,000 range; 16.7% are in the \$40,000 to \$50,000 range; 19.8% are in the \$30,001 to \$40,000 range; and 21.6% had a household income of less than \$30,000.

Employment status of respondents included 42.1% of full-time employed individuals; 13.8% of part-time employed; 2.5% of unemployed and 0.6% of long-term unemployed (defined as more than 1 year of unemployment); and 32.7% of whom were retired. An additional 8.2% reported being retired, but working part-time. Additionally, 19 of 159 respondents indicated a status of disabled, stay at home parent, on medical leave, homemaker, self-employed, and a full-time caregiver.

Annual Household Income	% of Respondents
Under \$12,000	4.9%
\$12,001-\$20,000	7.4%
\$20,001-\$30,000	9.3%
\$30,001-\$40,000	19.8%
\$40,001-\$50,000	16.7%
\$50,001-\$60,000	9.9%
Over \$60,000	32.1%

Health and Dental Care

***** Health and Dental Insurance

For the following, "healthcare provider" refers to a doctor, nurse or other medical professional who provides routine check-ups, care for health problems, or management of health conditions.

Respondents were asked about their health and dental insurance status and about their health and dental care providers.

Respondents were asked about health and dental care:	2016
Report having health insurance	96.3%
Report having a healthcare provider	97.4%
Report seeing a healthcare provider at least once in the past year	93.1%
Report having dental insurance	51.3%
Report seeing a dentist at least once in the past year	66.5%

Respondents indicated the following regarding the source of their health insurance coverage:

Health Insurance Coverage	2016
Purchased directly from company or agency	15.8%
Enrolled in the Health Insurance Marketplace ("Obamacare")	7.9%
Insured through employer	48.9%
Medicare/Medicaid	45.3%
NH Health Protection Program ("Expanded Medicaid")	2.1%
Do not currently have health insurance	3.7%

Respondents indicated the following regarding the source of their dental insurance coverage:

Dental Insurance Coverage	2016
Purchased directly from company or agency	7.9%
Insured through employer	42.3%
Do not currently have dental insurance	48.7%

74.3% of the respondents have a primary healthcare provider that is located at Weeks Medical Center. 9.8% of the respondents see a provider at Ammonoosuc Community Health Services and 4.4% go to North Country Primary Care (located at Littleton Regional Healthcare) in Littleton. Other primary care sites used by Lancaster area resident are Indian Stream Health Center (1.1%) and Coos County Family Health Services (1.6%). 5.5% of respondents travel to a provider outside of the North Country Healthcare System. 3.3% of respondents indicated that they do not have a healthcare provider. 57.6% of respondents have been seeing their primary healthcare provider for 5+ years.

Location of Healthcare Provider	% of Respondents
Indian Stream Health Center	1.1%
Coos County Family Health Services	1.6%
Weeks Medical Center- Physician Offices	74.3%
Ammonoosuc Community Health Services	9.8%
North Country Primary Care (at Littleton Regional Healthcare)	4.4%
Seek care outside of the North Country Healthcare System	5.5%
Do not have a healthcare provider	3.3%
Other	
Includes: Concord; Wolfeboro; Private Practice; Twin Mountain;	
New Jersey; White Mountain Family Practice; Dartmouth-Hitchcock	N/A
Medical Center; Concord Health Center in Vermont; Florida; Little	
Rivers Healthcare, Wells River, VT	

***** Hospital and Specialty Services

For the following, "specialty care" refers to any specific health service(s) that focus on certain parts of the body, diseases/conditions, or period of life. A "specialist" refers to a healthcare provider that provides such services.

Respondents were asked if they received hospital and/or specialty care outside of the North Country Healthcare system. 13.3% of respondents indicated that they receive hospital or specialty care outside of the North Country Healthcare System and 13.8% indicated that they did not receive care from a hospital/specialist in the past year. Of respondents who indicate that they receive their hospital and/or specialty care from the North Country Healthcare System report the following:

Where do you receive your hospital and/or specialty care:	% of Respondents
Upper Connecticut Valley Hospital	1.1%
Androscoggin Valley Hospital	4.3%
Weeks Medical Center - Hospital	55.9%
Littleton Regional Healthcare	33.0%
Outside of the North Country Healthcare System	13.3%
Other	
Includes: Dartmouth-Hitchcock Medical Center; Women's Wellness	
Center, St. Johnsbury, VT; Speare Memorial Hospital; Florida;	N/A
Northeastern Vermont Regional Hospital; Concord Orthopedics;	
Concord Eye Care; and Poland.	

Reasons for acquiring hospital services and/or specialty care outside of the North Country Healthcare System varied, including personal choice (14.1%) and services not offered in the community (16.5%). Please note: multiple responses were accepted from participants:

Why did you receive care from a hospital and/or specialty care outside of the North Country Healthcare System:	% of Respondents
Personal Choice	14.1%
Services not offered in community	16.5%
Cost	1.2%
Recommended by health insurance provider	1.2%
Referred by healthcare provider	11.2%
Did not look for or receive hospital/specialty care outside of the North Country Healthcare System	61.8%
Other Includes: Personal preference; much more qualified; worker's comp; recently relocated; prefer a female for OB/GYN services; worker's comp; live in Florida for half the year and receive care there; long wait locally; and facility does not accept my insurance.	N/A

Personal Wellness

Respondents were asked about their health status in the areas of diabetes, heart disease, tobacco, weight, exercise, and mental health.

Respondents were asked about their health status:	2016
Report being told they have diabetes	17.9%
Report being told they have heart disease	8.4%
Report being told they have asthma	15.1%
Report being told they have high blood pressure	44.7%
Have been advised in the last 5 years to lose weight	49.2%
Report exercise at least 3 times a week	54.5%
Smoke cigarettes on a daily basis	6.7%
Use smokeless tobacco on a daily basis	0%
Report in the last 30 days that they drank 5 or more drinks of alcohol in a row within a couple of hours.	4.4%
Report usually feeling happy and positive about their life every day or more than half the days	78%

The Patient Health Questionnaire-2 (PHQ-2) depression screening revealed that of the 175 respondents to this question, 4% had little interest or pleasure doing things and 2% felt down, depressed, or hopeless nearly every day.

How often have you felt the following in the past 2 weeks:					
Answer Options	Not at all	Less than half the days	About half the days	More than half the days	Every day
Little interest or pleasure doing things	93	43	15	17	7
Feeling down, depresses, or hopeless	105	43	16	7	4

Survey respondents were asked if they had health concerns that they had not discussed with their healthcare provider. Of those who responded, 15.7% said "yes," and 74.7% said "no." Given the opportunity to expound on the reason(s) why the respondent had not discussed their health concerns with their provider, the following responses were provided: cost and affordability; lack of insurance; would require making a new appointment for each concern to be addressed; too embarrassed; difficult to explain; not willing to explain all aches and pains; and short appointment time.

Additionally, respondents were asked to indicate sources they were comfortable accessing for health and wellness information. 92.6% responded "A healthcare provider"; 57.7% responded "My Spouse/Significant Other;" 63.4% responded "Online," which includes: Google search, Facebook, health/medical websites, online chats/forums, etc.; 54.3% responded "Friend(s)/Peer(s)."

In regard to opportunities for physical wellness, respondents were asked how likely they were to use the following community venues for exercise or physical activity:

Venue/Location	Likely or Very Likely
Town Recreation Center	15%
At Home	77%
Around the neighborhood (ex. Walk, run, bike, etc.)	79%
Gym or weight room at local business	24%
National Parks (ex. hiking, kayaking, etc.)	51%
Fitness and/or yoga classes	22%
Other: Includes: State owned parks; Presidential Rail Trail; go to Weeks Medical Center to be monitored; personal garden; Evergreen lap pool; and gym at my place of employment.	N/A

❖ Access to Health and Dental Care Services and Barriers to Overall Wellness

Respondents were asked if health services were available when they or a family member needed them in the last two years. Of those who indicated that they needed and sought services, the following table reflects the accessibility of such services:

	Did not Need/Did not Seek	Received Every	Received Some of	Never Able to Get
Services:	Services	Time	the Time	Services
Well care in a doctor's office	16%	73%	5%	2%
Sick care in a doctor's office	30%	57%	8%	3%
Dental cleaning	26%	60%	8%	4%
Dental filling(s)	54%	33%	8%	3%
Prescription drugs	10%	77%	10%	2%
Home health care services	88%	8%	1%	1%
Mental health counseling	79%	11%	5%	3%
Alcohol and drug abuse counseling	97%	0%	0%	2%
Emergency room care	51%	41%	6%	1%
Nursing home care	97%	1%	0%	1%
Assisted Living	97%	1%	0%	1%
Hospice Care	96%	2%	1%	0%

Services:	Did not Need/Did not Seek Services	Received Every Time	Received Some of the Time	Never Able to Get Services
Lab work	11%	81%	9%	0%
X-ray	34%	58%	8%	0%
Eating disorder treatment	95%	2%	1%	1%
Cancer treatment	88%	8%	1%	2%
Rehab services (Physical Therapy or Occupational Therapy)	69%	25%	4%	1%
Nutrition services (ex. Counseling or Education)	88%	6%	2%	2%

Respondents were asked if they or their family were unable to receive health services in the last two years, why they were unable to get services. Of the 47 individuals who responded that they/their family needed services and were unable to receive them, the top five reasons included:

- No dental insurance (51%)
- Could not afford deductibles or co-pays (45%)
- Could not get an appointment in an acceptable timeframe (32%)
- Could not afford the medication prescribed (19%)
- Could not take the time off from work (17%)

Support System and Wellness

Asked to identify all the people/groups they considered "support systems" or someone with whom they "can trust to talk," 92.7% respondents of the community survey felt they had some type of support outlet. A vast majority of respondents reported they could confide in family and friends, 87.2% and 69.3% respectively. Another 16.8% reported they chose the faith-based community to confide in. Only 3.4% of the respondents reported participating in an organized support group. Other respondents indicated coworkers, counselors, and providers as support systems. 7.3% of respondents felt they had no support system.

Community Wellness

Presented with a list of health issues and conditions, respondents were asked to identify the seriousness of health issues in their community. The top 5 serious health issues identified in the 2016 community survey were:

- **Substance Misuse** (includes drugs, opioids, heroin, etc.) (79%)
- Obesity/Overweight (78%)
- Unemployment/Lack of Jobs; Low-income/Poverty (75%)
- Alcohol Abuse (72%)
- Smoking and Tobacco Use (71%)

Respondents were posed with a list of situations and conditions to consider the impact that each has on the community's most serious health issues. Collectively, participants identified the following as the top 6 serious health concerns that lead to the most serious health issues in the community:

- Lack of Dental Insurance (84%)
- **Drug Abuse** (82%)
- Unemployment (79%)
- Cost of Healthy Foods (77%)
- Lack of Physical Exercise (75%)
- Alcohol Abuse (74%)

Respondents were asked if the community had enough or adequate recreational and social activities available to help maintain the health and well-being of all age groups. The following responses were obtained:

	Agree or
Age group	Strongly Agree
Children	42%
Teenagers	21%
Adults	26%
Seniors	23%

Weeks Medical Center

Lancaster Area Community Health Needs Assessment Key Informant Survey Findings

Key informant surveys were completed by 89 participants in the Lancaster area; 10 participants indicated serving all or multiple North Country regions, including the Lancaster area. The key informants who were recruited to complete the Key Informant Survey during summer 2016 were from the following occupational fields: healthcare, education, business, public safety, government, not-for-profits, public health, and other social service organizations.

Throughout this report, "the community" refers to where the key informant works, practices, or serves community members.

***** Key Informant Demographics

Key informants were asked to identify the occupational field that they represent. The respondents included:

Occupational Field	% of Respondents
Healthcare	49.4%
Education	24.7%
Business	4.7%
Public Safety	5.9%
Government	3.5%
Other:	
Includes: not-for-profits, public health, and other	11.8%
social service organizations.	

The majority of key informant respondents, 67.1%, indicated having worked, practiced, or served in the North Country region for more than 10 years. 10.6% indicated having worked in the region for 7-10 years; 9.4% indicated 4-6 years; 7.1% indicated 1-3 years; and 5.9% have only been working in the region for less than 1 year.

Key informants who work in the Lancaster area and also reside in the North Country indicated that they reside in:

Area where Key Informants live:	% of Respondents
Colebrook area	3.5%
Lancaster area	71.8%
Littleton area	9.4%
Berlin area	10.6%
Other: Includes: Franconia, Silver Lake, Bretton Woods	4.7%

Community Health Priorities

When key informants were asked to identify the serious health issues or concerns in the community, the following priorities areas were identified:

Health Issue or Concern	% of Respondents who "Agree" or "Strongly Agree"
Substance Misuse (includes drugs, opioids, heroin, etc.)	95%
Alcohol Abuse	93%
Obesity/Overweight	92%
Mental Health Problems	90%
Unemployment/Lack of Jobs; Low-income/Poverty	89%
Physical Inactivity	84%
Smoking and Tobacco Use	83%
Cancer	83%

The key informants were asked *identify the top five barriers that keep people from addressing their health needs*. Below are the top five responses listed in descending order of importance:

- Cannot afford deductibles and co-pays (86%)
- Lack of dental insurance (79%)
- Lack of mental healthcare (70%)
- Unwillingness to seek healthcare (70%)
- Lack of affordable prescription drugs (66%)

The key informants were asked to *identify which high-risk behaviors need to be addressed in the community*. The top responses in descending order are:

- Substance abuse (opioids, heroin, etc.) (97%)
- Alcohol Abuse (92%)
- **Tobacco Use** (85%)
- **Domestic Abuse** (65%)

Below you will find the top three healthy behaviors that key informants feel should be encouraged:

- Increasing physical activity (97%)
- Eating healthy foods, like lean proteins, healthy fats, fruits and vegetables (97%)
- Maintaining oral health (95%)

Key informants were asked about the conditions in the community that affect residents' ability to live comfortably. The following were the top three responses:

- Adequate transportation (55%)
- Adequate healthcare (46%)
- Length of commute to work (44%)

Key informants were asked if the community had enough or adequate recreational and social activities available to help maintain the health and well-being of all age groups. The following responses were obtained:

Age group	Agree or Strongly Agree
Children	39%
Teenagers	14%
Adults	25%
Seniors	24%

Key informants were asked *if the community will be able to meet the physical and mental health needs of the aging population so they may lead full and productive lives at home.* Of those responding to this question, 13% said "Agree" or "Strongly Agree", while 39% said "Disagree."

Personal Health

Key informants were asked where their primary healthcare provider is located. They indicated the following:

Location of Primary Healthcare Provider	% of Respondents
Indian Stream Health Center	2.5%
Coos County Family Health Services	6.2%
Weeks Medical Center- Physician Offices	60.5%
Ammonoosuc Community Health Services	11.1%
North Country Primary Care (at Littleton Regional Healthcare)	7.4%
Seek care outside of the North Country Healthcare System	12.3%
Do not have a healthcare provider	0%

Key informants were asked if they received care from a healthcare provider, hospital, or specialist outside of the North Country Healthcare system. 47.1% of respondents indicated "yes", 52.9% indicated "no". Reasons for acquiring primary, hospital, specialty care outside of the North Country Healthcare System varied, including services not offered in the community (23.9%) and personal choice (22.5%) (multiple responses were accepted from participants).

Why did you receive care from a hospital and/or specialty	0/ CD 1 /
care outside of the North Country Healthcare System:	% of Respondents
Personal Choice	22.5%
Services not offered in community	23.9%
Cost	1.4%
Recommended by health insurance provider	4.2%
Referred by healthcare provider	18.3%
Did not look for or receive hospital/specialty care outside of	50.7%
the North Country Healthcare System	30.770
Other	N/A

Weeks Medical Center Lancaster Area Community Health Needs Assessment Appendices

Appendix A

North Country Health Needs: Community Survey 2016

Introduction

We are committed to the health of our communities!









North Country healthcare and human services organizations are interested in your opinion on the priority health concerns and needs in your community. Please take a few minutes to help make the North Country healthcare system the best it can be for you and your community. Participation in this survey is completely voluntary and your answers will remain confidential, as no one will be identified in the survey report.

Thank you,
Androscoggin Valley Hospital
Littleton Regional Healthcare
Upper Connecticut Valley Hospital
Weeks Medical Center

1. I live in:

Colebrook area (includes: NH: Clarksville, Colebrook, Columbia, Dixville Notch, Errol, Pittsburg, Stewartstown, and Stratford; VT: Averill, Beecher Falls, Brunswick, Canaan, Lemington, and Norton)	Littleton area (includes: NH : Bath, Bethlehem, Easton Franconia, Sugar Hill, Lincoln, Lisbon, Littleton, Monroe and North Woodstock; VT : Lyndonville, St. Johnsbury, and Waterford)
Lancaster area (includes: NH: Dalton, Groveton, Jefferson, Lancaster, Stark, Twin Mountain, and Whitefield; VT: Bloomfield, Concord, Gilman, Lunenburg, and Maidstone)	Berlin area (Includes: Berlin, Dummer, Errol, Gorham, Milan, Randolph, and Shelburne)
Other (please specify)	

Health and Dental Care

2. I have the following health insurance coverage (choose all that apply):
Insurance I buy directly from a company or agency
Insurance I get through the health insurance marketplace (aka. "Obamacare")
Insurance through an employer
Medicare Medicare
Medicaid
NH Health Protection Program (aka. expanded Medicaid)
I don't have health insurance coverage
3. I have the following dental insurance coverage (choose all that apply):
Dental insurance I buy directly from a company or agency
Dental insurance through an employer
I don't have dental insurance coverage
Other (please specify):
4. In the past year, I have seen a dentist at least once for a regular check-up:
Yes
○ No
O Not sure
NOTE: For the following questions, "healthcare provider" refers to a doctor, nurse or
other medical professional you see for routine check-ups, health problems, or
management of health conditions:

Yes	
○ No	
O Not sure	
Other (please speci	ify)
	eeing my healthcare provider for:
Less than a ye	ar
1-2 Years	
3-4 Years	
5+ Years	
I don't have a l	healthcare provider
7. My primary he	ealthcare provider is located at:
Indian Stream	Health Center
Coos County F	Family Health Services
Weeks Medica	al Center- Physician Offices
Ammonoosuc	Community Health Services
North Country	Primary Care (at Littleton Regional Healthcare)
My primary hea	althcare provider is located outside the North Country healthcare system
I don't have a	primary healthcare provider.
Other Location outs	side the North Country healthcare system (please specify):

8. I receive my hospital and/or specialty care at:
Upper Connecticut Valley Hospital
Androscoggin Valley Hospital
Weeks Medical Center- Hospital
Littleton Regional Healthcare
I get my hospital and/or specialty care outside of the North Country healthcare system
I don't get hospital and/or specialty care
Other Location outside the North Country healthcare system (please specify):
9. In the past year, if you had looked for or received care from a healthcare provider, specialist, or hospital <u>outside the North Country</u> , please tell us why (check all that apply): Personal choice
Services not offered in my community
Cost
Recommended by health insurance provider
Referred by a healthcare provider
I did not look for nor receive care from a healthcare provider, specialist, or hospital outside of the North Country healthcare system
Other (please specify):

Barriers to Overall Wellness

10. In the past two years, if you and/or your family<u>needed OR were told you needed</u>, any of the following health services, please tell us how often you and/or your family received these services:

	Did not need	Did not seek services	Received every time	Received some of the time	Never able to get services	Not sure
Well care in a doctor's office						
Sick care in a doctor's office					\bigcirc	\bigcirc
Dental cleaning						
Dental filling(s)						
Prescription drugs						
Home health care services						
Mental health counseling						
Alcohol or drug abuse counseling						
Emergency room care						
Nursing home care						
Assisted living						
Hospice care						
Lab work						
X-Ray						
Eating disorder treatment			\bigcirc			
Cancer treatment						
Rehab services (physical or occupational therapy)						
Nutrition dervices (ex. counseling or education)	\bigcirc		\bigcirc	\bigcirc	\bigcirc	

Barriers to Overall Wellness

My family and I did not need any health services My family and I received all the health services that we needed I/they preferred to manage the condition without medical attention I/they do not have a primary healthcare provider I/they could not get mental health services I/they do not have health insurance I/they do not have dental insurance I/they could not afford deductibles and co-pays
I/they preferred to manage the condition without medical attention I/they do not have a primary healthcare provider I/they could not get mental health services I/they do not have health insurance I/they do not have dental insurance
I/they do not have a primary healthcare provider I/they could not get mental health services I/they do not have health insurance I/they do not have dental insurance
I/they could not get mental health services I/they do not have health insurance I/they do not have dental insurance
I/they do not have health insuranceI/they do not have dental insurance
I/they do not have dental insurance
I/they could not afford deductibles and co-pays
I/they could not afford the medication prescribed
The healthcare provider did not accept Medicaid
The healthcare provider did not accept Medicare
I/they could not get an appointment
I/they could not get an appointment in an acceptable timeframe
I/they could not take the time off from work
I/they did not have transportation
I/they felt that the issue or condition could be self-managed without medical intervention
The service(s) I/they needed was not available in the community
I/they felt there was a language barrier and could not get translation services
I/they felt there were concerns about discrimination
I/they felt there were concerns about confidentiality
I/they felt that the healthcare provider did not effectively communicate in a way that I/they could understand my/their health condition(s)
Other (please specify):

Personal Health

12. I have been told by a healthcare provider that I have (check all that apply):
Diabetes
Heart disease
Asthma
High blood pressure
None of the above
I haven't seen or don't have a healthcare provider
13. In the last five years, my healthcare provider has advised me to lose weight:
Yes
○ No
I haven't seen or don't have a healthcare provider
14. I have personal health concerns that I have <u>NOT</u> discussed with my healthcare provider:
Yes, I have health concerns that I haven't discussed with my provider
No, I have discussed all health concerns with my provider
I don't have any health concerns
I don't have any health concerns I haven't seen or don't have a healthcare provider
I haven't seen or don't have a healthcare provider
I haven't seen or don't have a healthcare provider
I haven't seen or don't have a healthcare provider
I haven't seen or don't have a healthcare provider
I haven't seen or don't have a healthcare provider
I haven't seen or don't have a healthcare provider

5. On average, the n	umber of times	per week that	i currently exercise	· IS:	
) 1					
2					
3					
4 or more					
6. Please tell us, how or physical activity:	v likely are you t	to use the foll	owing venues in yo	ur community	for exercise
	Very likely	Likely	Would consider	Not likely	Not sure
Town Recreation Center					
My home					
Around the neighborhood (ex. walk, run, bike, etc.)					
Gym or weight room at a local business			\bigcirc	\bigcirc	\bigcirc
National Parks (ex. hiking, kayaking, etc.)					
Fitness and/or yoga classes					
any, please tell us other	venues you are like	ely to use or the r	eason(s) for your answe	ers:	
7. I smoke cigarettes		<u> </u>			

18. I use smokeless to	bacco on a d	aily basis:			
Yes					
No					
19. During the past 30 couple of hours:	days, I have	consumed 5 or mo	re alcoholic dr	inks in a row, that	is, within a
Yes					
No					
20. Please tell us, how	ofton have v	ou falt the fallowin	ng in the nast 2	wooks?	
20. Flease tell us, now	Often flave y	Less than half the	About half the	More than half the	
	Not at all	days	days	days	Every day
Happy and positive about my life				\bigcirc	
Little interest or pleasure doing things					
Down, depressed, or hopeless					
Family Friends					
Faith-based communit	ty				
Organized support gro	oup				
No, I don't have a supp	port system				
Other (please specify):					

22. I feel comfortable going to the following sources for information or advice related to health and wellness (check all that apply):
A healthcare provider
My spouse/ significant other
My daughter/ son
Extended family member(s)
Friend(s) / peer(s)
Online (including: Google search, Facebook, health/ medical websites, online chats/ forums etc.)
Organized support groups/ clubs with people "like me" who are dealing with similar issues
Magazines/ newspaper articles on health topics
Books on health topics
TV programs or talk shows on health topics
Other (please specify):

Community Wellness

For questions #23-27, please tell us how much you agree with the following statements in regards to the conditions and people indicated.

23. I believe the following health issues or conditions are serious problems in my community:

	Strongly agree	Agree	Somewhat agree	Disagree	Not sure
Lack of safe and healthy housing					
HIV/AIDS					
Diabetes					
Cancer					
Domestic violence					
Teenage pregnancy					
High blood pressure			0		
Suicide					
Mental health problems					
Heart disease and stroke					
Oral health/dental disease					
Alcohol abuse					
Substance misuse (includes drugs, opioids, heroin, etc.)					0
Sexually transmitted diseases					
Child abuse and neglect			\bigcirc		
Flu/contagious diseases					
Obesity/overweight					
Asthma					

	Strongly agree		
Smoking and tobacco use			
Physical inactivity			
Unemployment/ lack of jobs			
Low-income/ poverty			
Bedbugs in homes			
Lack of access to healthy foods			
People being prepared in the event of an emergency (ex. during natural disasters such as an ice storm)			0
ther (please specify):			

North Country Health Needs: Community Survey 2016

Community Wellness

24. I believe the following situations have a significant impact on the most serious health issues (including mental health and overall physical health) that I see in my community:

	Strongly agree	Agree	Somewhat agree	Disagree	Not sure
Health care services not available					
Health care services not affordable					
Unwillingness to seek healthcare					
Lack of health insurance					
Lack of dental insurance					
Lack of safe and healthy housing					
Cost of prescription drugs					
Bullying					
Discrimination					
Alcohol abuse					
Drug abuse					
Unemployment					
Lack of jobs					
Lack of transportation					
Poor nutrition					
Caregiver burnout					
Cost of healthy foods					
Lack of health information/education					
Lack of physical exercise			\bigcirc		
Poverty					

ate recreational ollowing age gr	-	
ollowing age gr	roups:	
the health need	eds (physical and at home:	mental) of the
newhat agree	Disagree	Not sure

	Strongly agree	Agree	Somewhat agree	Disagree	Not sure
_ead paint in my home					
Air quality			\bigcirc		
Drinking water quality					
Not enough safe places to walk			\bigcirc		
Adequate lighting at night					
Personal Safety in my home or community					
Adequate healthcare					
Adequate transportation					
The length of my commute to work			\bigcirc		

North Country Health Needs: Community Survey 2016

Demographics

28. I have lived in my community for:	
Less than 1 year	
1-5 years	
6-10 years	
11-15 Years	
16 or more years	
29. The number of people that live in my hous	
<u> </u>	6-7
2-3	8-9
4-5	10 or more
30. My annual household income is:	
	040,004, 050,000
Under \$12,000	\$40,001 - \$50,000
\$12,001 - 20,000	\$50,001 - \$60,000
\$20,001 - \$30,000	Over \$60,000
\$30,001 - \$40,000	
31. My current employment status is:	
Full-time employed (40+ hours per week)	
Part-time employed (less than 40 hours per week)	
Unemployed	
Long-term unemployed (more than 1 year unemployed)	yed)
Retired	
Retired, but work part-time	
Other (please specify):	

32. The highest level of education I have comple	ted is:
Less than high school	Community College graduate
High school graduate	Four-year college graduate
Some college	Advanced degree
33. I was/am a first-generation college student:	
Yes	
○ No	
I did not attend college	
34. My age group is:	
Less than 18 years	45-64 years
18-29 years	65 years or older
30-44 years	oo years or order
00 44 yours	
35. I am:	
Male	
Female	

North Country Health Needs: Community Survey 2016 Community Member Insight

Community Member Insight
36. What is one change that would improve the health of your community?
37. What new or existing programs or services could be created or changed to help improve the health of the community?
38. Please tell us, why do you choose to live in your community?
Thank you for your time.
Thank you for your time.

Appendix B

North Country Health Needs: Key Informant Survey 2016

1. Introduction

We are committed to the health of our communities!







UPPER CONNECTICUT VALLEY HOSPITAL
Compassionate Healthcare...Close to Home

North Country healthcare and human service organizations are interested in your opinion on the priority needs and health concerns in the community that you serve. Please take a few minutes to help make the North Country healthcare system the best it can be for the community. Participation in this survey is completely voluntary and your answers will remain confidential, as no one will be identified in the survey report.

Thank you,
Androscoggin Valley Hospital
Littleton Regional Healthcare
Upper Connecticut Valley Hospital
Weeks Medical Center

1	The community	v in which l	I work practice	or serve communit	v mamhare	ie
ı	 THE COMMITTEE	y	i work, practice,	Of 3CIVC COMMINICATION	y ilicilibei 3	13.

	Colebrook area (includes: NH: Clarksville, Colebrook, Columbia, Dixville Notch, Errol, Pittsburg, Stewartstown, and Stratford; VT: Averill, Beecher Falls, Brunswick, Canaan, Lemington, and Norton)	Franconia, Sugar Hill, Lincoln, Lisbon, Littleton, Monroe and North Woodstock; VT : Lyndonville, St. Johnsbury, and Waterford)
	Lancaster area (includes: NH: Dalton, Groveton, Jefferson, Lancaster, Stark, Twin Mountain, and Whitefield; VT: Bloomfield, Concord, Gilman, Lunenburg, and Maidstone)	Berlin area (includes: Berlin, Dummer, Errol, Gorham, Milan, Randolph, and Shelburne)
\bigcirc	Other (please specify):	

2. Community Health Priorities

NOTE: Throughout the survey, "the community" refers to where you work, practice, or serve community members.

For questions #2-8, please tell us how much you agree with the following statements in regards to the conditions and people indicated.

2. I believe the following health issues or conditions are a serious problem in the community:

	Strongly agree	Agree	Somewhat agree	Disagree	Not sure
Lack of safe and healthy housing					
HIV/AIDS					
Diabetes					
Cancer					
Domestic violence					
Teenage pregnancy					
High blood pressure					
Suicide					
Mental health problems					
Heart disease and stroke			\bigcirc		
Oral health/ dental disease					
Alcohol abuse					
Substance misuse (drugs, opioids, heroin etc.)					
Sexually transmitted diseases					

	Strongly agree	Agree	Somewhat agree	Disagree	Not sure
Child abuse and neglect					
Flu/ contagious diseases					
Obesity/overweight					
Asthma					
Smoking and tobacco use					
Physical inactivity					
Unemployment/ lack of jobs					
Low-income/ poverty					
Bedbugs in homes					
Lack of access to healthy foods					
People being prepared in the event of an emergency (ex. during natural disasters such as an ice storm)					

3. Community Health Priorities

3. The following barriers prevent community members from addressing their health needs:

	Strongly agree	Agree	Somewhat agree	Disagree	Not sure
Lack of access to healthy foods					
Lack of mental healthcare					
Lack of affordable prescription drugs					
Unwillingness to seek healthcare			\bigcirc		
Cannot afford the deductibles and copays	0				
Health provider does not accept Medicaid					
Health provider does not accept Medicare			\bigcirc		
Cannot get appointment in an acceptable timeframe	\bigcirc				
Cannot take time off from work					
Health services needed are not available	\bigcirc				
Language or translation services not available	0		0		
Lack of transportation to services			\bigcirc		
Confidentiality concerns			\circ		
Discrimination concerns	\bigcirc			\bigcirc	

	Strongly agree	Agree	Somewhat agree	Disagree	Not sure
Lack of regular doctor or health provider					
Lack of healthcare insurance					
Lack of dental insurance					
other (please specify):			_		
. The following high	-risk behaviors n	eed to be add	Iressed in the comn	nunity:	
	Strongly agree	Agree	Somewhat agree	Disagree	Not sure
Not getting cancer and heart disease screenings					
Alcohol abuse			\bigcirc		
Substance abuse (opioids, heroin, etc.)					
Tobacco use					
Not wearing a seat belt					
Not wearing a helmet when riding a motorcycle or a bicycle					\bigcirc
Violent crimes					
Domestic abuse					
Other (please specify):					

	Strongly agree	Agree	Somewhat agree	Disagree	Not sure
Achieving and maintaining healthy weight status					
ncreasing physical activity					
Eating healthy foods, like lean proteins, healthy fats, fruits, and vegetables				\circ	\circ
Preventing injury					
Keeping immunizations current			\circ		
Receiving regular health check-ups	\bigcirc		\bigcirc	\bigcirc	\bigcirc
Maintaining oral health					
Smoking Cessation					
Safe Sex					
ther (please specify):					

4. Environmental Barriers

6. In my opinion, the following conditions affect people's ability to live comfortably in the community:

	Strongly agree	Agree	Somewhat agree	Disagree	Not sure
Lead paint in buildings/ residences					
Air quality					
Drinking water quality					
Not enough safe places to walk					
Adequate lighting at night			\bigcirc		
Personal safety in homes or the community					
Adequate healthcare					
Adequate transportation					
Length of commute to work					
Other (specify):					

	Strongly agree	Agree Somew	hat agree Disagree	Not sure
Children				
Teenagers				
Adults				
Seniors				
ease indicate reason	(s) for your answers:			
I believe the com	nmunity will be able	to meet the health nee	eds (physical and me	ntal) of the
GING population Strongly agree	so they may lead fu	III and productive lives Somewhat agree	s at home: Disagree	Not sure
ease indicate reason	(s) for your answer (incl	uding input or suggestions	on existing or unavailable	services):
ease indicate reason	(s) for your answer (incl	uding input or suggestions	on existing or unavailable	services):

5. Personal Health

NOTE: For the following questions, "healthcare provider" refers to a doctor, nurse, or other medical professional you see for routine check-ups, health problems, or management of health conditions; a "specialist" refers to a healthcare provider that focuses on certain parts of the body, diseases/conditions, or period of life:
9. My primary healthcare provider is located at:
Indian Stream Health Center
Coos County Family Health Services
Weeks Medical Center - Physician Offices
Ammonoosuc Community Health Services
North Country Primary Care (at Littleton Regional Healthcare)
My primary healthcare provider is located outside the North Country healthcare system
I don't have a primary healthcare provider
Other location outside the North Country healthcare system (please specify):
10. In the past year, I have pursued care from a healthcare provider, specialist, or hospitabutside of the North Country healthcare system: Yes No

11. In the past year, if you had pursued care from a he outside of the North Country healthcare system, pleas	
Personal choice	
Services not offered in this community	
Cost	
Recommended by health insurance provider	
Referred by a healthcare provider	
I did not seek medical care outside of the North Country heal	thcare system
Other (please specify):	

6. Demographics

40.71
12. The occupational field that I represent is:
() Healthcare
Education
Business
Public Safety
Government
Other (please specify):
13. I have worked, practiced, or served in the community for:
Less than a year
1-3 years
4-6 years
7-10 years
More than 10 years
14. I live in:
Colebrook area (includes: NH: Clarksville, Colebrook, Columbia, Dixville Notch, Errol, Pittsburg, Stewartstown, and Stratford; VT: Averill, Beecher Falls, Brunswick, Canaan, Lemington, and Norton)
Lancaster area (includes: NH: Dalton, Groveton, Jefferson, Lancaster, Stark, Twin Mountain, and Whitefield; VT: Bloomfield, Concord, Gilman, Lunenburg, and Maidstone)
Littleton area (includes: NH: Bath, Bethlehem, Easton, Franconia, Sugar Hill, Lincoln, Lisbon, Littleton, Monroe, and North Woodstock; VT: Lyndonville, St. Johnsbury, and Waterford)
Berlin area (Includes: Berlin, Dummer, Errol, Gorham, Milan, Randolph, and Shelburne)
Other (please specify):

What are the clur line of work?	allenge(s) that ye	ou see in the	healthcare sy	stem or in the	community th	hat affec
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	isting programs in the communit		ould be implei	mented or enh	nanced to imp	rove the
Why do you ch	oose to work, pra	ctice, or serv	e in the comn	nunity?		
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