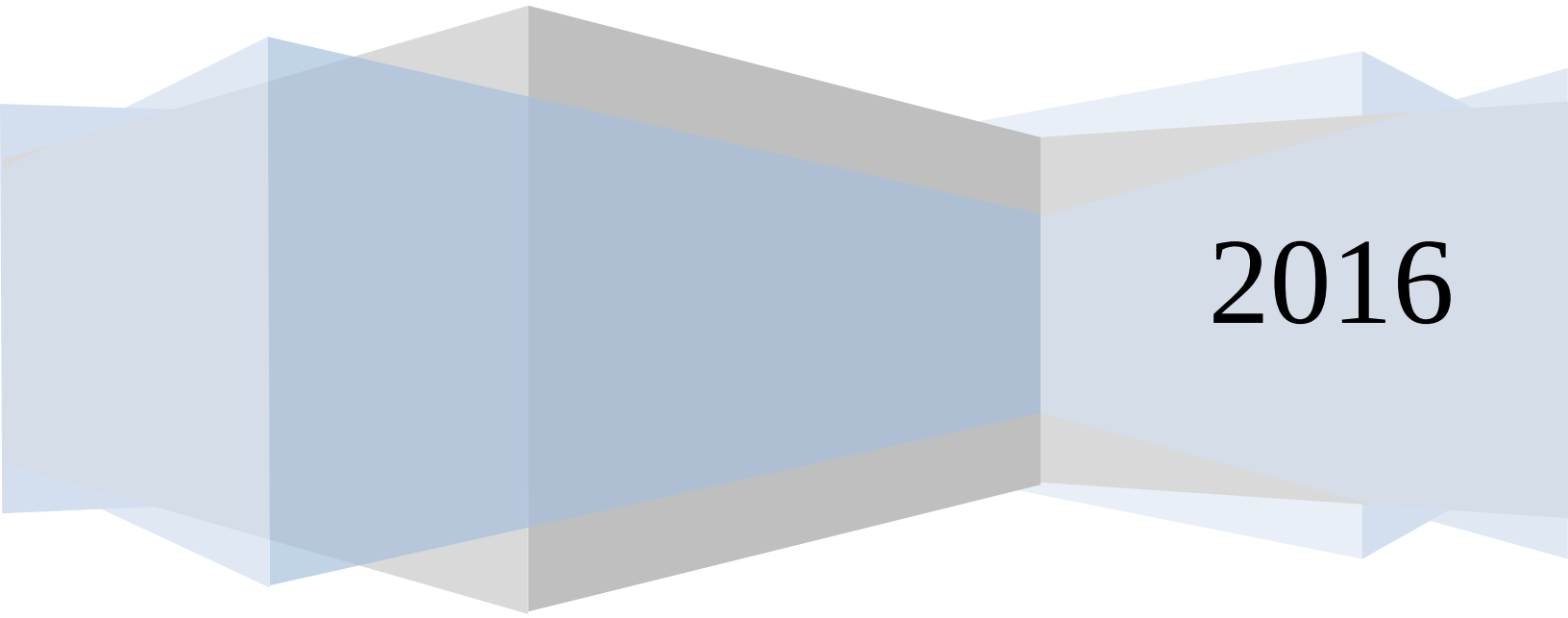
North Country Regional

Community Health Needs Assessment

Prepared by:
North Country Health Consortium
Littleton, NH



2016

North Country Regional
Community Health Needs Assessment

2016

Prepared for:

Androscoggin Valley Hospital

Littleton Regional Healthcare

Upper Connecticut Valley Hospital

Weeks Medical Center

Prepared by:
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2016

Table of Contents

North Country Regional Community Health Needs Assessment
Executive Summary

As part of the 2016 North Country Regional Community Health Needs Assessment, 181 community leaders and 528 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 six serious health issues*** in the North Country that were identified by the community assessment surveys were:

- **Substance Misuse** (includes drugs, opioids, heroin, etc.) (83.9%)
- **Obesity/Overweight** (79%)
- **Alcohol Abuse** (74.4%)
- **Low-income/Poverty** (74%)
- **Physical Inactivity** (72.9%)
- **Smoking and Tobacco Use** (72.1%)

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

- **Drug Abuse** (84%)
- **Lack of Dental Insurance** (79%)
- **Cost of Prescription Drugs** (78%)
- **Lack of Physical Exercise** (75%)
- **Cost of Healthy Foods** (74%)
- **Alcohol Abuse** (72%)

Community members identified the following ***programs, services or strategies to improve the health of the community***:

- **Access to Healthcare and Services:** need urgent care facilities; weekend and evening availability for urgent care beyond emergency departments; addiction treatment and supports as well as Suboxone prescribers; access to mental health services, including psychiatrists and child development specialists; continuum of care services for mental health and substance misuse, appropriately addressing the social determinants of health; in-home supports for children with emotional and developmental needs; expanded healthcare workforce, including primary care providers, actual MDs/DOs, dermatologists, pediatricians, functional medicine, specialists, and internal medicine; need a naturopath care giver; access to more affordable prescription medications; access to more affordable dental services, especially for the uninsured; more community-based services for seniors; assistance with navigating the marketplace; more safety net services for low-income families; COPD and cardiac rehab; local cancer care; more of a focus on preventative care versus sick care; better in-home care for elderly by qualified individuals; more police to help combat the drug abuse problems in the region; access to on-call nurses; develop more homeless shelters out of vacant buildings; better insurance benefits that cover gym memberships and decrease other out-of-pocket costs; need exchange

programs; more patient education classes at hospitals; hospice house; free diabetes classes; medical art therapy programing; autism services, such as OT and ABA therapy, and more funding to support parents who are paying for these services; palliative care outpatient clinic; and weight loss services.

- **Environment/Economy:** better public transportation options; opportunities for families to have fun; less fast food; more affordable housing; lower taxes for homeowners; better paying jobs that provide benefits, especially health insurance; varied exercise programs; affordable rec programs for kids; more programs and activities for middle age group; more safe places to walk, cross-country ski, and organized events; more recycling; more 5K races or community run/walks; enhance walking areas to entice residents to walk; more community recreation centers; more businesses and social activities; access to more affordable fresh and healthy food; more integration between agencies and institutions; more healthy dining options; better handicapped accessibility universally; support services for the elderly to age in-place; more jobs and industry; more farm to table programs; more spaces for community gardens; more inclusive activities for people with disabilities; more outdoor gatherings, such as outdoor movies or music and treasure hunts; access to indoor walking space; develop initiative for retaining young people in the region; create a pedestrian walkway that connects to shops and services; offer extended hours for water aerobics, water jogging, and low-impact aerobics for adult at local rec center; library expansion to include cultural offerings and plant swaps; dedicated bike lanes; adult organized sports; continue to develop technology infrastructure; expand volunteer opportunities for teens; affordable bus trips for seniors to different areas and places of interest; and public health challenges, such as community-wide walking challenge; lower cost childcare.

- **Education:** mental health and substance abuse prevention education in school, especially young children; better promotion of community activities and events that are open to the public; intensive primary and secondary prevention education programs; parenting classes; education for healthy lifestyles for all ages; more holistic health groups and education; cooking classes for local food pantry and community meals participants; reduce stigma associated with addiction; on-going health seminars; better education for police and healthcare providers who interact with people with mental illness or substance abuse issues; education around cost-effective ways to eat healthy; teen cooking classes; create hotline for food, cooking, and shopping to assist people trying to learn better eating habits; community forums, public radio, and TV spot ads for promotion of education and activities; life skills education for teens; community education on food allergies; education for elderly regarding Medicare choices, when to register, and how to prepare for nursing home placement; structured health education in schools; hygiene education in schools; well-advertised support groups for drug abuse assistance and help; one-on-one outreach to individuals living in poverty or victims of substance abuse to develop a sense of self-worth and coping skills and an opportunity to become a visible member of the community; and community food drives with nutrition education.

Key findings from the Key Informant Survey:

The ***top five serious health issues*** in the North Country, as identified by key informants, were:

- **Substance Misuse** (drugs, opioids, heroin, etc.) (94%)
- **Alcohol Abuse** (91%)
- **Obesity/Overweight** (90%)
- **Mental Health Problems** (89%)
- **Low-income/Poverty** (85%)

Key informants identified the following as ***challenges in the North Country healthcare system***:

- **Access to Healthcare:** healthcare costs are prohibitive; transportation to needed medical treatment and services remains a barrier for residents; long travel distances to specialists; low-incomes families need services but lack the necessary resources; and Medicaid transportation assistance is cumbersome with the spenddown requirements.

- **Affordable Health and Dental Insurance:** high deductibles and co-pays; premiums are too costly; many North Country residents lack health insurance; health insurance plans are inadequate and won't cover all of the services that an individual ultimately needs; lack of dental insurance in the region; lower reimbursement limits the number of tests that providers can order; and conflicting recommendations between the government and expert recommendations for care.

- **Barriers to Healthy Living**: healthy food is costly; cost of medications and prescription drugs; high cost for exercise and wellness classes and activities; lack resources for teaching parenting skills to families; lack of community service opportunities; lack of education regarding healthy living and other determinants of health for low-income families; smoking and other unhealthy behaviors lead to chronic illnesses that become costly and disabling, therefore have an impact on the economy; access to dental care; obesity; need to shift the mindset to prevention versus treatment; and the current alcohol and drug dependence.

- **Healthcare Workforce Capacity**: Lack providers in the region; the high turnover rates for primary care and specialists affects patient relationship; lack of jobs for spouses of providers who want to work in the region; communication among the healthcare workforce remains problematic, especially between hospitals and primary care; expanded hours for healthcare services is needed, but facilities lack the resources to pay for the additional staffing; patients' ability to pay for services affects workforce and the ability to hire; and difficult to attract and retain qualified, quality providers.

- **Inadequate Behavioral Health Services:** inadequate behavioral health treatment and resources, including for mental health, alcohol, and substance use treatment; stigma associated with treatment; providers need to take a "whole-person" approach; better processes for referral as current wait times for treatment are not acceptable; need more behavioral health workforce; and adequate coverage for services in insurance plans.

Key informants identified the following ***new or existing programs or services that could be implemented or enhanced to improve the health of the residents in the North Country***:

- **Education:** adult education around fitness; evening and summer classes offered at schools for adults, including sewing, gardening, Spanish, basket weaving, etc.; healthy eating seminars; more programs for adults; more educational programs on drug misuse; invest in local workforce to create opportunities for advancement; increased educational opportunities for healthcare positions; parenting programs; free or low-cost nutrition education; community education programs to teach how to shop and cook healthy meals; raise awareness of services that are available in the region, as many are unaware and may be traveling longer distances for services; and offer "how to recognize mental health issues" workshops; education on home economics.

- **Expanded Services:** including substance abuse and mental health services; drug and alcohol abuse treatment centers; more veteran's services; add Certified Health Educators into school curriculums as well as health, physical, and mental health programs; more physical activities for seniors; half-way house for those struggling with addiction; cardiac rehab; early screening for disabilities; mobile preventative services and testing unit to go to communities to provide care; providers offer house calls for seniors; develop a cancer treatment center and a diabetes center; more narcotics support groups; make alternative healthcare options available; smoking cessation programs; local cancer treatment; more public health dentistry; local laboratory services included in insurance (Anthem) network; outpatient clinic open 7 days a week; better outreach for services across the board; recovery supports, including workers and housing; adult dental services; continuity of care services upon discharge; increase screening for suicide; dermatology; a mental health respite program to help those in need or crisis stabilization; and employ Community Health Workers.

- **Enhanced Environment**: better walking options, including walking trails and better sidewalks; funding to expand community recreation center facilities and services; indoor walking areas; better public transportation and accommodations for those with behavioral health issues; more grocery stores with affordable options; farm-to-table initiatives; workplace integration of health improvement incentives and initiatives; free or low-cost exercise classes; set community health improvement goals; increase physical activities for all ages; institute fitness challenges; and start walking groups and create bike-friendly roads.

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

The following sections of this
"North Country Regional Community Health Needs Assessment Report" will provide specific community health needs information for each individual North Country hospital.

Description of the North Country Region

The North Country region- inclusive of Coos and Northern Grafton Counties- is located in mountainous terrain and there is reliance upon winding secondary roads that impede travel within the region 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 120 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.

Coos County Demographics

The geographic isolation of the North Country service area 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 $42,407[2], 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 Hampshire[4]

	Coos County	Error Margin	Top US Performers*	New Hampshire	Rank (of 10)
Health Outcomes					**10**
Length of Life					9
Premature death	7,200	6,100-8,300	5,200	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					**10**
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%	

[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)
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	
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%	

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

Grafton County Demographics

Grafton County covers nearly one-fifth of the state of New Hampshire. Grafton County includes 1,709 square miles of land and 40.8 square miles of inland water area. The population density is 52.2 persons per square mile. Sixty-nine percent of Grafton County is rural.

According to the US Census Bureau, the 2014 population was 89,360, only slightly higher than the population 89,114 in 2010.[5] The median age in Grafton County is 45.6 years, compared to 43.9 in New Hampshire. Median income in Grafton County in 2013 was $51,926, while the statewide median income was $64, 230.[6]

[5] http://www.census.gov/quickfacts/table
[6] http://www.city-data.com/city/Grafton-New-Hampshire.html

The following table displays the 2016 County Health Rankings Health Outcomes and Health Factors Data for Grafton County, New Hampshire[7]

	Grafton County	Error Margin	Top US Performers*	New Hampshire	Rank (of 10)
Health Outcomes					**3**
Length of Life					2
Premature death	5,000	4,400-5,500	5,200	5,400	
Quality of Life					**7**
Poor or fair health	12%	12-12%	12%	13%	
Poor physical health days	3.3	3.1-3.4	2.9	3.	
Poor mental health days	3.5	3.3-3.6	2.8	3.6	
Low birth weight	6%	6-7%	6%	7%	
Health Factors					**2**
Health Behaviors					**6**
Adult smoking	17%	17-18%	14%	18%	
Adult obesity	27%	24-29%	25%	27%	
Food Environment Index	8.3		8.3	8.4	
Physical Inactivity	18%	16-20%	20%	21%	
Access to exercise opportunities	83%		91%	84%	
Excessive drinking	18%	18-19%	12%	19%	
Alcohol-impaired driving deaths	38%	30-45%	14%	33%	
Sexually transmitted infections	264.6		134.1	236.2	
Teen births	13	12-14	19	16	
Clinical Care					**2**
Uninsured	16%	14-17%	11%	13%	
Primary care physicians	500:1		1,040:1	1,060:1	
Dentists	1,260:1		1,340:1	1,430:1	
Mental Health Providers	270:1		370:1	390:1	
Preventable hospital stays	38	35-41	38	46	
Diabetic monitoring	90%	84-95%	90%	90%	
Mammography screening	71%	66-76%	71%	70.%	
Social & Economic Factors					**2**
High school graduation	92%		93%	88%	
Some college	66%	62-70%	72%	68%	
Unemployment	3.6%		3.5%	4.3%	

[7] 2016 County Health Rankings http://www.countyhealthrankings.org/app/new-hampshire/2016/county/snapshots/007

	Grafton County	Error Margin	Top US Performers*	New Hampshire	Rank (of 10)
Children in poverty	16%	11-20%	13%	13%	
Income inequality	4.2	3.9-4.5	3.7	4.2	
Children in single-parent households	32%	28-36%	21%	28%	
Social associations	13.8		22.1	10.3	
Violent crime	169		59	181	
Injury deaths	57	50-64	51	59	
Physical Environment					**1**
Air pollution - particulate matter	10.5		9.5	10.5	
Drinking water violations	yes		no		
Severe housing problems	16%	14-17%	9%	16%	
Driving alone to work	73%	72-75%	71%	81%	
Long commute- driving alone	28%	26-30%	15%	38%	

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

In terms of geography, Northern Grafton and Coos counties are really one contiguous region forming the upper third of the state of New Hampshire. It is an area defined by the natural beauty of the White Mountains and burdened by the substantial economic and geographic barriers they create. For this assessment selected Coos County data is used because Northern Grafton County, the primary service area for Littleton Regional Healthcare, is more closely aligned demographically with Coos County than with the rest of Grafton County.

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

18+ Population Demographics and Socioeconomic Indicators – Geographic Comparison[8]

Variable	North Country	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
Did not finish high school	15%	9%	13%
High school graduate or higher	87%	92%	86%
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 rate	9%	7%	6%
Income less than $15,000 per year	15%	7%	12%

[8] 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	North Country	New Hampshire	United States
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% of FPL in last 12 months	13%	9%	11%
Population 18-64 at or below 100% FPL	12%	8%	13%
Population 65+ at or below FPL	10%	6%	9%

The 18+ population accounts for 82 percent of the total population of the service area. As may be ascertained from this table, the North Country 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 North Country 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 North Country 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.[9]

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 North Country 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.

[9] US Census web site, American Community Survey, 2013-2014.

Chronic Diseases – Geographical Comparison[10]

Risk Factor	North Country 18-64	North Country 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 Indicators[11]

Indicator	*North Country Region*	*NH State Rate/Percent*	*National Benchmark Rate/Percent*
Premature Mortality (Under 65 Years)[12]	234.7	180.1	[13]
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%

[10] 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.
[11] 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.
[12] Per 100,000 population
[13] No data available

Methodology

With assistance from the North Country Health Consortium (NCHC), Littleton Regional Healthcare (LRH), Upper Connecticut Valley Hospital (UCVH), and 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 North Country Healthcare System Service Area. In addition to conducting community and key informant 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 implementation strategies to address the needs of North Country communities.

NCHC, LRH, UCVH, and WMC staff have been meeting 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, LRH, UCVH, and WMC accomplished the following:

- Developed the 2016 CHNA survey tools;
- Conducted the formal 2016 CHNA between July 2016 and September 2016;
- Compiled the results of the 709 CHNA responses;
- 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. Five hundred and twenty-eight (528) Community Surveys were completed.

Marketing, Outreach, and Dissemination of the Community Survey
Each North Country Healthcare System partner 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 outreach. Paper surveys were collected and manually entered into Survey Monkey in order for all of the data to be aggregated together. Overall, eighty-five (85) community sites assisted with survey dissemination. Additionally, NCHC attended two community events to conduct survey outreach.

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. Fifty-nine online outlets were used for survey dissemination and outreach.

Newspapers
The local newspapers were used to promote the Community Survey. Community residents were informed about the CHNA, provided the Survey Monkey access link, and provided with locations (town offices, churches, libraries, etc.) where a paper survey could be completed. Targeted advertising was done in one area of the North Country region.

Process for conducting Key Informant Survey
Survey Monkey was also used to gather information from one-hundred eighty-one (181) community leaders and key stakeholders in the North Country Region. 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 online.

North Country Regional Aggregate Report:

Community Survey Findings

Demographics of Survey Respondents

- **Location of Residency**

528 North Country community residents completed the 2016 Community Needs Survey. 38.4% of respondents were indicated that they reside in the Lancaster area; another 38.4% indicated that reside in the Littleton Area; and 17% indicated residency in the Colebrook Area.

Where do you live:	% of Respondents
Colebrook Area *Includes: New Hampshire towns: Clarksville, Colebrook, Columbia, Dixville Notch, Errol, Pittsburg, Stewartstown, and Stratford. Vermont towns: Averill, Beecher Falls, Brunswick, Canaan, Lemington, and Norton*	17%
Lancaster Area *Includes: New Hampshire towns: Dalton, Groveton, Jefferson, Lancaster, Stark, Twin Mountain, and Whitefield. Vermont towns: Bloomfield, Concord, Gilman, Lunenburg, and Maidstone*	38.4%
Littleton Area *Includes: New Hampshire towns: Bath, Bethlehem, Easton, Franconia, Sugar Hill, Lincoln, Lisbon, Littleton, Monroe, and North Woodstock. Vermont towns: Lyndonville, St. Johnsbury, and Waterford*	38.4%
Berlin Area** *Includes: Berlin, Dummer, Errol, Gorham, Milan, Randolph, and Shelburne*	6.1%

*****32 of 528 respondents to the community survey indicated that they reside in the Berlin Area. The Berlin Area was not a target region for this community assessment process. The responses have been included in this "North Country Regional Aggregate" report, but do not depict a representative sample of the Berlin area. Please see the full "Androscoggin Valley Hospital Community Health Needs Report" conducted in 2015 in the following section of this report.***

- **Duration of residency in the North Country**

55.3% of respondents have lived in the North Country for 16+ years. Additional responses indicate 15.1% having lived in the region for 11-15 years; and 29.6% having resided in the region for 10 years or less.

I have lived in my community for:	% of Respondents
Less than 1 year	3.4%
1-5 years	14.2%
6-10 years	12.0%
11-15 years	15.1%
16+ years	55.3%

- **Educational Attainment**

23.8% of respondents have advanced degrees and 21.3% are four-year college graduates. About 34.6% have had some college education or are community college graduates. 18% percent graduated from high school, and 2.2% did not complete high school. 38.5% of college graduates (169 out of 364) indicated that they are/were first-generation college students.

- **Age**

25.9% of respondents were 65 or older; 45.5% of respondents are between 45 and 64 years old and another 22.3% are between the ages of 30 and 44. 6.1% are between 18 and 29. 81.7% of the respondents are female and 18.3% are male.

How old are you?	% of Respondents
Less than 18 years	0.2%
18-29 years	6.1%
30-44 years	22.3%
45-64 years	45.5%
65 years or older	25.9%

- **Household Data and Employment Status**

62.8% of households have 2-3 individual occupants, while 19.4% had 4-5 occupants. Additionally, single individual households represent 15.1% of respondents.

41.4% of respondents reported having a household annual income over $60,000; 11.7 % are in the $50,001 to $60,000 range; 12.4% are in the $40,000 to $50,000 range; 14.4 % are in the $30,001 to $40,000 range; and 20.1% had a household income of less than $30,000.

Employment status of respondents included 52.3% of full-time employed individuals; 12% of part-time employed; 2.6% of unemployed and 1.4% of long-term unemployed (defined as more than 1 year of unemployment); and 26.1% of who were retired. An additional 5.5% reported

being retired, but working part-time. 44 respondents additionally indicated a status of student, disabled, stay at home parent, on medical leave, homemaker, in a temporary position, self-employed, per-diem, and a full-time caregiver.

Annual Household Income	% of Respondents
Under $12,000	4.3%
$12,001-$20,000	6.2%
$20,001-$30,000	9.6%
$30,001-$40,000	14.4%
$40,001-$50,000	12.4%
$50,001-$60,000	11.7%
Over $60,000	41.4%

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	96.6%
Report having a healthcare provider	97.2%
Report seeing a healthcare provider at least once in the past year	93.0%
Report having dental insurance	55.3%
Report seeing a dentist at least once in the past year	71.0%

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

Health Insurance Coverage	2016
Purchased directly from company or agency	11.5%
Enrolled in the Health Insurance Marketplace (“Obamacare”)	8%
Insured through employer	58.3%
Medicare/Medicaid	36%
NH Health Protection Program (“Expanded Medicaid”)	1.4%
Do not currently have health insurance	3.4%

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

Dental Insurance Coverage	2016
Purchased directly from company or agency	6.0%
Insured through employer	49.4%
Do not currently have dental insurance	43.6%

37.5% of the respondents have a primary healthcare provider that is located at Weeks Medical Center and 20% of the respondents see a provider at North Country Primary Care (located at Littleton Regional Healthcare) in Littleton. 15.6% of respondents use a healthcare provider Ammonoosuc Community Health Services, 11.4% use Indian Stream Health Center, and 9.5% travel to a provider outside of the North Country Healthcare System. 3.2% of respondents indicated that they do not have a healthcare provider. 57.8% of respondents have been seeing their healthcare provider for 5+ years.

Location of Healthcare Provider	% of Respondents
Indian Stream Health Center	11.4%
Coos County Family Health Services	3.8%
Weeks Medical Center- Physician Offices	37.5%
Ammonoosuc Community Health Services	15.6%
North Country Primary Care (at Littleton Regional Healthcare)	20%
Seek care outside of the North Country Healthcare System	9.5%
Do not have a healthcare provider	3.2%
Other *Includes: Wells River Junction- VA; Memorial Hospital; private practice; Concord; Wolfeboro; Newport; Laconia; Lowell and Framingham, Massachusetts;, Stowe, Vermont; Newmarket; Twin Mountain; Little Rivers Healthcare; New Jersey; Corner Medical; Linwood Medical Office; White Mountain Family Health; Dartmouth-Hitchcock Medical Center*	N/A

- **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. 16.1% of respondents indicated that they receive hospital or specialty care outside of the North Country Healthcare System and 13.4% 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	9.8%
Androscoggin Valley Hospital	6.3%
Weeks Medical Center - Hospital	27.7%
Littleton Regional Healthcare	44.2%
Outside of the North Country Healthcare System	16.1%
Other *Includes: Dartmouth-Hitchcock Medical Center; Catholic Medical Center; Norris Cotton Cancer Center; Northeastern Vermont Regional Hospital; Boston Children's Hospital; Concord Hospital; Speare Memorial Hospital; Brigham and Women's Hospital; Cottage Hospital; and Partner's Healthcare in Boston. Additionally, residents traveled to Florida, Alabama, Texas, and Poland for care.*	N/A

Reasons for acquiring hospital services and/or specialty care outside of the North Country Healthcare System varied, including personal choice (19.6%) and services not offered in the community (15.9%). 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	19.6%
Services not offered in community	15.9%
Cost	3.1%
Recommended by health insurance provider	2.2%
Referred by healthcare provider	14.1%
Did not look for or receive hospital/specialty care outside of the North Country Healthcare System	54.5%
Other *Includes: Needed specialty care not offered; insurance coverage purposes; recently relocated; better and more advanced care in urban area; prefer a female for OB/GYN services; worker's comp; reputation; local facility won't accept my insurance; competency with complicated diagnosis; live in Florida for half the year and receive care there; and needed a back specialist.*	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	12.9%
Report being told they have heart disease	7.5%
Report being told they have asthma	13.3%
Report being told they have high blood pressure	36.3%

Respondents were asked about their health status:	2016
Have been advised in the last 5 years to lose weight	48.4%
Report exercise at least 3 times a week	54.5%
Smoke cigarettes on a daily basis	7.6%
Use smokeless tobacco on a daily basis	0.2%
Report in the last 30 days that they drank 5 or more drinks of alcohol in a row within a couple of hours.	7.4%
Report usually feeling happy and positive about their life every day or more than half the days	80%

The Patient Health Questionnaire-2 (PHQ-2) depression screening revealed that of the 460 respondents to this question, 10% had little interest or pleasure doing things and 4% 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	240	128	36	32	13
Feeling down, depresses, or hopeless	275	122	32	13	7

Survey respondents were asked if they had health concerns that they had not discussed with their healthcare provider. Of those who responded, 16.5% said "yes," and 71.4% 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; lack of trust; uncomfortable as a consistent relationship hasn't been established; was directed to an "online source" to manage my illness; staff were not helpful and uninformed; prefer to self-manage at home; prefer to keep documentation to a minimum; and health concerns are not significant enough to have addresses yet.

Additionally, respondents were asked to indicate sources they were comfortable accessing for health and wellness information. 90.5% responded "A healthcare provider"; 59.9% responded "Online," which includes: Google search, Facebook, health/medical websites, online chats/forums, etc.; 57.5% responded "My Spouse/Significant Other;" and 55.9% 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	17%
At Home	80%
Around the neighborhood (ex. Walk, run, bike, etc.)	80%
Gym or weight room at local business	23%
National Parks (ex. hiking, kayaking, etc.)	54%
Fitness and/or yoga classes	28%
Other: *Includes: Local hikes; bowling; outdoor and indoor track; local pool; fitness classes, but not yoga; outdoor walking trails; ballet studio; at a healthcare facility to be monitored; skiing; using pedometers to monitor steps; would like to see local hospitals offer more exercise programs; gym on-site at 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:

Services:	Did not Need/Did not Seek Services	Received Every Time	Received Some of the Time	Never Able to Get Services
Well care in a doctor's office	17%	73%	6%	1%
Sick care in a doctor's office	29%	61%	7%	2%
Dental cleaning	21%	66%	6%	5%
Dental filling(s)	50%	37%	7%	5%
Prescription drugs	11%	77%	9%	1%
Home health care services	88%	8%	2%	1%
Mental health counseling	79%	12%	5%	2%
Alcohol and drug abuse counseling	97%	0%	1%	2%
Emergency room care	52%	41%	6%	0%
Nursing home care	98%	1%	0%	0%
Assisted Living	98%	1%	0%	0%
Hospice Care	97%	2%	0%	0%
Lab work	12%	80%	8%	0%
X-ray	36%	57%	6%	0%
Eating disorder treatment	97%	1%	2%	1%

Services:	Did not Need/Did not Seek Services	Received Every Time	Received Some of the Time	Never Able to Get Services
Cancer treatment	89%	8%	0%	1%
Rehab services (Physical Therapy or Occupational Therapy)	70%	23%	5%	1%
Nutrition services (ex. Counseling or Education)	89%	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 111 individuals who responded that they/their family needed services and were unable to receive them, the top five reasons included:

- **No dental insurance** (49%)
- **Could not afford deductibles or co-pays** (43%)
- **Services were not available in the community** (32%)
- **Could not get an appointment in an acceptable timeframe** (25%)
- **Could not afford the medication prescribed** (19%)

❖ **Support System and Wellness**

Asked to identify all the people/groups they considered "support systems" or someone with whom they "can trust to talk," 94.6% respondents of the community survey felt they had some type of support system to confide in. A vast majority of respondents reported they could confide in family and friends, 88.7% and 76.1% respectively. Another 18% reported they chose the faith-based community to confide in. Only 3.5% of the respondents reported participating in an organized support group. Other respondents indicated counselors and mental health providers as support systems. 5.4% 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 6 serious health issues identified in the 2016 community survey were:

- **Substance Misuse** (includes drugs, opioids, heroin, etc.) (83.9%)
- **Obesity/Overweight** (79%)
- **Alcohol Abuse** (74.4%)
- **Low-income/Poverty** (74%)
- **Physical Inactivity** (72.9%)
- **Smoking and Tobacco Use** (72.1%)

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 North Country:

- **Drug Abuse** (84%)
- **Lack of Dental Insurance** (79%)
- **Cost of Prescription Drugs** (78%)
- **Lack of Physical Exercise** (75%)
- **Cost of Healthy Foods** (74%)
- **Alcohol Abuse** (72%)

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 for the North Country region:

Age group	Agree or Strongly Agree
Children	41%
Teenagers	20%
Adults	28%
Seniors	28%

Community members providing additional reasons for their answer contributed the following:

- **Children:** Need more outlets for mental and physical wellness; need regular library programs; need more socialization opportunities for toddlers; children need more opportunity to go, learn, experience, investigate, or engage with public figures, including police, fireman, business leaders, community volunteers, military leaders, etc.; children 0-5 lack opportunities to play sports; some towns have wonderful recreation programs, but are cost prohibitive; and the hours for pick-up at some rec programs create difficulty for parents as they are not reasonable for the working parent.

- **Teenagers**: Need teen centers; need opportunities for physical activity outside of sports, which can be cost prohibitive for some; need to have more chem-free events and activities; teenagers need more positive social activities as most events are family and/or adult-oriented; need constructive after-school activity; need supervised activities; put in a bowling alley in the Littleton area at the old Brooks pharmacy plaza.

- **Adults**: Activities for adults are lacking, including social opportunities for people with health and mental disabilities.

- **Seniors**: Seniors need transportation to participate in activities; need more intellectual activities; active seniors need safe places to walk and cycle; social, cultural, and educational events are needed; and need better sidewalks and walking paths.

When asked ***will the community be able to meet the health needs (physical and mental) of the aging population, so they may lead full and productive lives at home***, 17% of the respondents answered "Strongly Agree" or "Agree", 38% "Somewhat Agree", and 34% "Disagree". In regard to why the ***community may not be ready to meet the physical and mental health needs of the aging population***, the top concerns were:

- **Workforce Capacity:** nursing and medical professional shortages; Emergency Medical Services (EMS) are mostly staffed by volunteers, making emergency calls less timely; need more doctors providing geriatric care; and need more services provided in the home.

- **Lack of Programming/Access to Services:** Lack COPD and heart rehab; poor healthcare options; the region lacks mental health supports; transportation is lacking; lack of structured housing for middle-income seniors; accessing programs is difficult; lack substance abuse treatment and mental health programming across the lifespan; need more assisted living facilities; social supports and support systems are lacking for aging residents; and lack affordable senior housing.

- **Affordability:** Aging residents are having difficulty affording basic living necessities and are faced with going without needed medications or medical care; the cost of resources is overwhelming; cannot afford long-term care or long-term insurance; and aging in place is difficult as in-home care is too expensive.

Survey respondents were asked about ***conditions that affect their ability to live comfortably in their community.*** The top three conditions identified are:

- Adequate Transportation
- Adequate Healthcare
- Adequate Lighting at Night

Respondents were asked to ***identify one change or new or existing program/service that could be created to help improve the health of the community***, the following responses were provided:

- **Access to Healthcare and Services:** need urgent care facilities; weekend and evening availability for urgent care beyond emergency departments; addiction treatment and supports as well as Suboxone prescribers; access to mental health services, including psychiatrists and child development specialists; continuum of care services for mental health and substance misuse, appropriately addressing the social determinants of health; in-home supports for children with emotional and developmental needs; expanded healthcare workforce, including primary care providers, actual MDs/DOs, dermatologists, pediatricians, functional medicine, specialists, and internal medicine; need a naturopath care giver; access to more affordable prescription medications; access to more affordable dental services, especially for the uninsured; more community-based services for seniors; assistance with navigating the marketplace; more safety net services for low-income families; COPD and cardiac rehab; local cancer care; more of a focus on preventative care versus sick care; better in-home care for elderly by qualified individuals; more police to help combat the drug abuse problems in the region; access to on-call nurses; develop more homeless shelters out of vacant buildings; better insurance benefits that cover gym memberships and decrease other out-of-pocket costs; need exchange programs; more patient education classes at hospitals; hospice house; free diabetes

classes; medical art therapy programing; autism services, such as OT and ABA therapy, and more funding to support parents who are paying for these services; palliative care outpatient clinic; and weight loss services.

- **Environment/Economy:** better public transportation options; opportunities for families to have fun; less fast food; more affordable housing; lower taxes for homeowners; better paying jobs that provide benefits, especially health insurance; varied exercise programs; affordable rec programs for kids; more programs and activities for middle age group; more safe places to walk, cross-country ski, and organized events; more recycling; more 5K races or community run/walks; enhance walking areas to entice residents to walk; more community recreation centers; more businesses and social activities; access to more affordable fresh and healthy food; more integration between agencies and institutions; more healthy dining options; better handicapped accessibility universally; support services for the elderly to age in-place; more jobs and industry; more farm to table programs; more spaces for community gardens; more inclusive activities for people with disabilities; more outdoor gatherings, such as outdoor movies or music and treasure hunts; access to indoor walking space; develop initiative for retaining young people in the region; create a pedestrian walkway that connects to shops and services; offer extended hours for water aerobics, water jogging, and low-impact aerobics for adult at local rec center; library expansion to include cultural offerings and plant swaps; dedicated bike lanes; adult organized sports; continue to develop technology infrastructure; expand volunteer opportunities for teens; affordable bus trips for seniors to different areas and places of interest; and public health challenges, such as community-wide walking challenge; lower cost childcare.

- **Education:** mental health and substance abuse prevention education in school, especially young children; better promotion of community activities and events that are open to the public; intensive primary and secondary prevention education programs; parenting classes; education for healthy lifestyles for all ages; more holistic health groups and education; cooking classes for local food pantry and community meals participants; reduce stigma associated with addiction; on-going health seminars; better education for police and healthcare providers who interact with people with mental illness or substance abuse issues; education around cost-effective ways to eat healthy; teen cooking classes; create hotline for food, cooking, and shopping to assist people trying to learn better eating habits; community forums, public radio, and TV spot ads for promotion of education and activities; life skills education for teens; community education on food allergies; education for elderly regarding Medicare choices, when to register, and how to prepare for nursing home placement; structured health education in schools; hygiene education in schools; well-advertised support groups for drug abuse assistance and help; one-on-one outreach to individuals living in poverty or victims of substance abuse to develop a sense of self-worth and coping skills and an opportunity to become a visible member of the community; and community food drives with nutrition education.

Survey respondents were asked ***why they live in their community (within the North Country)***. ***Reasons included***: family; the good people who care about their neighbors; many were born here; the natural beauty; it feels safe; access to a variety of great outdoor recreational activities; rural setting preferred; small town with a slower pace than city living; quality of life; quality schools; affordable living; very good people; cool climate; cannot afford to leave; lower taxes; quiet; clean; comfortable; friendly; good churches; strong sense of community; low population; no traffic; not overcrowded; peaceful; clean air; born and raised here; friends; work; low crime; supportive neighbors; and accessible and quality healthcare.

North Country Regional Aggregate Report:

Key Informant Survey Findings

Key informant surveys were completed by 182 participants throughout the North Country region during the summer of 2016. 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	58.1%
Education	15%
Business	6%
Public Safety	4.2%
Government	3.6%
Other: *Includes: law, retired, non-profit healthcare education and advocacy; maintenance; human service; fitness, nutrition, and wellness; recreation; public health; transportation; and social services*	13.2%

The majority of key informant respondents, 64.1%, indicated having worked, practiced, or served in the North Country region for more than 10 years. 10.8% indicated having worked in the region for 7-10 years; 10.2% indicated 4-6 years; 7.2% indicated 1-3 years; and 7.8% have only been working in the region for less than 1 year.

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

Area where Key Informants live:	% of Respondents
Colebrook area	22.2%
Lancaster area	41.3%
Littleton area	21.6%
Berlin area	9%
Other: *Includes: Magalloway Plantation, Maine; North Haverhill, NH; Vermont; Silver Lake, NH; and Lincoln, NH.*	6%

❖ **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.)*	94%
Alcohol Abuse	91%
Obesity/Overweight	90%
Mental Health Problems	89%
Low-income/Poverty	85%
Unemployment/Lack of Jobs	84%
Smoking and Tobacco Use	84%
Physical Inactivity	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** (85%)
- **Lack of dental insurance** (75%)
- **Lack of mental healthcare** (74%)
- **Unwillingness to seek healthcare** (72%)
- **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.)** (93%)
- **Alcohol Abuse** (88%)
- **Tobacco Use** (86%)
- **Domestic Abuse** (69%)

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

- **Eating healthy foods, like lean proteins, healthy fats, fruits and vegetables** (98%)
- **Increasing physical activity** (97%)
- **Maintaining oral health** (96%)

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**
- **Adequate healthcare**
- **Length of commute to work**

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	46%
Teenagers	22%
Adults	31%
Seniors	29%

Key Informants providing additional reasons for their answer contributed the following:
Many key informants spoke about: awareness of programs and motivation to participate; outdoor activities are plentiful; need to change the perception that "there is nothing to do";

- **Children:** Afterschool programs are lacking; lack of variety of activities for children, tweens, and teens, such as: skate parks, skiing, mini-golf, and other indoor recreation; rec programs and libraries offer activities, however, fees may be a barrier; incorporate more activities into schools.

- **Teenagers**: Need more recreational facilities, like video rentals, movies, parks; seasonal recreation is not adequate- such as pool and summer recreation programs- for year-round; especially need more social activities for teenagers; youth have opportunities to play sports, but for those who are not interested and are not introduced to alternative activities, they may turn to unhealthy options; lack of transportation is a barrier to youth participating in social activities given the remoteness of the region; financial barriers impede participation; need volleyball programs for teens and adults.

- **Adults**: Develop an adult educational program at the high school; social activities for adults are lacking; gym memberships are too expensive; adults may have too much on their plates to participate in the available activities; activities need to be offered outside of work hours; need volleyball programs for teens and adults.

- **Seniors**: Need more social activities for shut-in seniors; there are minimal safe recreation options for seniors; social activities for seniors are lacking; transportation is a barrier for seniors; lack of options for social activities for seniors.

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, 17% said "Agree" or "Strongly Agree", while 35% said "Disagree." A summary of responses is below:

- Offer computer, fitness, language, pottery, etc. classes at local high schools in the evenings and summers for seniors; fixed incomes and lack of ability to pay for in-home care; home health needs must be improved to allow for aging in place; transportation is a barrier; need more social activities offered for seniors; mental health for aging population is lacking; encourage volunteerism to support more activities for seniors- "it takes a village"; need to go back to multi-generational housing; unreliable home health services; low-income families have barriers paying for home health services if a family member needs more assistance than what they can provide; expansion of services is needed with the aging of the baby boomers; need cardiac and pulmonary rehab services; need to prepare for "demographic tsunami" by expanding services to include assisted living, end of life care, a hospice house, and palliative care services in the home; for seniors who are above the financial threshold for services and would have to resort to private pay, they can't afford it and end up in the nursing homes; need more doctors for more timely appointments and experienced health care; need training and support to caregivers and communities, health workers to reach out, and reimbursement for coordinating care.

❖ **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	14.2%
Coos County Family Health Services	8.4%
Weeks Medical Center- Physician Offices	36.8%
Ammonoosuc Community Health Services	18.7%
North Country Primary Care (at Littleton Regional Healthcare)	9.0%
Seek care outside of the North Country Healthcare System	12.3%
Do not have a healthcare provider	0.6%

Key informants were asked if they received care from a healthcare provider, hospital, or specialist outside of the North Country Healthcare system. 48.8% of respondents indicated "yes", 51.2% indicated "no". Reasons for acquiring primary, hospital, specialty care outside of the North Country Healthcare System varied, including services not offered in the community (23.3%) and personal choice (21.8%) (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	21.8%
Services not offered in community	23.3%
Cost	3.0%
Recommended by health insurance provider	5.3%
Referred by healthcare provider	21.1%
Did not look for or receive hospital/specialty care outside of the North Country Healthcare System	47.7%
Other *Includes: confidentiality concerns; provider moved outside of the region; live outside of the state; insurance coverage and network inclusion; long wait-time for dermatology; use VA services; and sought board-certified allergist, endocrinologist.*	N/A

When key informants were asked to ***identify challenges in the healthcare system or in the community*** that affect their line of work, the following themes emerged:

- **Access to Healthcare:** healthcare costs are prohibitive; transportation to needed medical treatment and services remains a barrier for residents; long travel distances to specialists; low-incomes families need services but lack the necessary resources; and Medicaid transportation assistance is cumbersome with the spenddown requirements.

- **Affordable Health and Dental Insurance:** high deductibles and co-pays; premiums are too costly; many North Country residents lack health insurance; health insurance plans are inadequate and won't cover all of the services that an individual ultimately needs; lack of dental insurance in the region; lower reimbursement limits the number of tests that providers can order; and conflicting recommendations between the government and expert recommendations for care.

- **Barriers to Healthy Living**: healthy food is costly; cost of medications and prescription drugs; high cost for exercise and wellness classes and activities; lack resources for teaching parenting skills to families; lack of community service opportunities; lack of education regarding healthy living and other determinants of health for low-income families; smoking and other unhealthy behaviors lead to chronic illnesses that become costly and disabling, therefore have an impact on the economy; access to dental care; obesity; need to shift the mindset to prevention versus treatment; and the current alcohol and drug dependence.

- **Healthcare Workforce Capacity**: Lack providers in the region; the high turnover rates for primary care and specialists affects patient relationship; lack of jobs for spouses of providers who want to work in the region; communication among the healthcare workforce remains problematic, especially between hospitals and primary care; expanded hours for healthcare services is needed, but facilities lack the resources to pay for the additional staffing; patients' ability to pay for services affects workforce and the ability to hire; and difficult to attract and retain qualified, quality providers.

- **Inadequate Behavioral Health Services:** inadequate behavioral health treatment and resources, including for mental health, alcohol, and substance use treatment; stigma associated with treatment; providers need to take a "whole-person" approach; better processes for referral as current wait times for treatment are not acceptable; need more behavioral health workforce; and adequate coverage for services in insurance plans.

Key informants were asked what ***new or existing programs or services could be implemented or enhanced to improve the health of residents in the community,*** the following responses were mentioned most frequently:

- **Education:** adult education around fitness; evening and summer classes offered at schools for adults, including sewing, gardening, Spanish, basket weaving, etc.; healthy eating seminars; more programs for adults; more educational programs on drug misuse; invest in local workforce to create opportunities for advancement; increased educational opportunities for healthcare positions; parenting programs; free or low-cost nutrition education; community education programs to teach how to shop and cook healthy meals; raise awareness of services that are available in the region, as many are unaware and may be traveling longer distances for services; and offer "how to recognize mental health issues" workshops; education on home economics.

- **Expanded Services:** including substance abuse and mental health services; drug and alcohol abuse treatment centers; more veteran's services; add Certified Health Educators into school curriculums as well as health, physical, and mental health programs; more physical activities for seniors; half-way house for those struggling with addiction; cardiac rehab; early screening for disabilities; mobile preventative services and testing unit to go to communities to provide care; providers offer house calls for seniors; develop a cancer treatment center and a diabetes center; more narcotics support groups; make alternative healthcare options available; smoking cessation programs; local cancer treatment; more public health dentistry; local laboratory services included in insurance (Anthem) network; outpatient clinic open 7 days a week; better outreach for services across the board; recovery supports, including workers and housing; adult dental services; continuity of care services upon discharge; increase screening for suicide; dermatology; a mental health respite program to help those in need or crisis stabilization; and employ Community Health Workers.

- **Enhanced Environment**: better walking options, including walking trails and better sidewalks; funding to expand community recreation center facilities and services; indoor walking areas; better public transportation and accommodations for those with behavioral health issues; more grocery stores with affordable options; farm-to-table initiatives; workplace integration of health improvement incentives and initiatives; free or low-cost exercise classes; set community health improvement goals; increase physical activities for all ages; institute fitness challenges; and start walking groups and create bike-friendly roads.

Key informants were asked ***why they choose to work, practice, or serve in the community. Responses included:*** prefer rural living; vast outdoor opportunities; born and raised here; the passion to help people; great community; the caring people; a fondness for fresh air; slower-paced; sense of family and pride amongst the communities; close-knit; fulfilling work; feeling of accomplishment helping their home community; family roots; friends; great place to raise a family; quality of life; cohesive and mission-driven work; beautiful landscape; to fill critical needs in the region; passion for rural healthcare; and own property here.

Androscoggin Valley Hospital

Community Health Needs Assessment

Prepared by:
North Country Health Consortium
Littleton, NH

Conducted in 2015

Androscoggin Valley Community Needs Assessment

December 2015

Prepared for:

Androscoggin Valley Hospital
Androscoggin Valley Home Care Services
Coos County Family Health Services
Family Resource Center
Granite United Way – Northern Region
National Alliance on Mental Illness NH (NAMI)
Northern Human Services
Tri-County Community Action Program
White Mountains Community College

Prepared by:
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Littleton, NH

Androscoggin Valley Hospital
Community Health Needs Assessment
2015

Table of Contents

Androscoggin Valley Community Health Needs Assessment

Executive Summary

As part of the 2015 Androscoggin Valley Community Health Needs Assessment, 73 community leaders and 213 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 identified by the community assessment surveys were:

- **Substance Misuse (includes drugs, opioids, heroin, etc.)**
- **Alcohol Abuse**
- **Mental Health Problems**
- **Smoking and Tobacco Use**
- **Obesity/Overweight**

The top five serious health concerns that contribute to the most serious health issues were identified to be:

- **Drug/Alcohol Abuse**
- **Unemployment/Lack of Jobs**
- **Poverty**
- **Cost of healthy foods**
- **Lack of dental and health insurance**

Community members identified the following programs, services or strategies to improve the health of the community:

- **Greater healthcare accessibility** – examples include a walk-in or free clinic; urgent care; accessibility of dental services for Medicaid and low-income families; improve asthma education and bring back pulmonary rehab; more transportation options.

- **Affordable healthcare** – low-cost health insurance with lower co-pays and deductibles; greater access to services and supports for low to middle-income families trying to make ends meet.

- **Access to mental health and substance abuse services** – increase the number of mental health providers working in the community, including integration at health centers and the hospital; hold support groups for individuals affected by mental illness; implement community programs to reduce stigma around mental illness; greater access to substance abuse services, including outpatient and in-patient treatment, drug courts, and counseling services.

- **Employment Opportunities and Training**- need more employment opportunities; more opportunities for those without degrees, but with comparable experience as people are

often disqualified based on education; job training; business innovation to boost the economy.

- **Access to Health and Fitness**: increase accessibility of fresh and affordable produce, especially at community events; year-round farmer's markets; better fitness facilities and adult sports programs; more activities for all ages with better advertising; create a community center such as a YMCA; more affordable gym memberships; start with young children and families to instill nutrition and fitness education; cooking classes and nutrition programs for the community; more social groups that focus on hobbies and interests of local residents; more community gatherings or activity meet-up groups.

Key findings from the Key Informant Survey:

The top five serious health issues identified by key informants were:

- **Substance Misuse (Drugs, Opioids, Heroin)**
- **Mental Health Problems**
- **Alcohol Abuse**
- **Obesity/Overweight**
- **Lack of Access to Healthy Foods**

Key informants identified the following as challenges in the healthcare system of the community:

- **Healthcare accessibility** – need non-emergent care facilities and/or expanded primary care hours to divert ER use for acute appointments; establish local behavioral health and treatment services, including substance abuse treatment; system enhancements to increase provider communication for continuity of care; need to ensure middle-class has access to healthcare services.

- **Healthcare affordability** – medications need to be more affordable and obtainable; universal acceptance of the same insurances among all North Country hospitals.

Key informants identified the following programs, services or strategies to improve the health of the residents in the community:

- **Healthcare accessibility** – Mental health and substance abuse treatment services need to be available without an anticipated month(s) long waitlist; ability to get appointments in a timely manner; acquire state and other funding to expand access to all healthcare services- mental health, substance abuse, medical, dental, etc.; implement mobile clinics to offer free screenings to reach the population who may not be using traditional health systems; palliative care and home visiting for preventative medicine.

- **Better nutrition and more physical activity** – expanded grocery store options including healthy food choices and fresh produce; support groups and community programs that promote physical activity and health; more preventative programs especially for early childhood; environmental changes that lead to more physical activity, including lighting, walking paths, etc.

- **Education** – health education; education to youth about drug and alcohol prevention, including DARE; educating providers about mental health.

Additional information, including details and analysis of survey results can be found in the appendices of the full report.

Community Partners:
Androscoggin Valley Hospital
Androscoggin Valley Home Care Services
Coos County Family Health Services
Family Resource Center
Granite United Way – Northern Region
National Alliance on Mental Illness NH
Northern Human Services
Tri-County Community Action Program
North Country Health Consortium
White Mountains Community College

Description of the Androscoggin Valley Health Care Service Area

Androscoggin Valley Hospital, Androscoggin Valley Home Care Services, Coos County Family Health Services, Family Resource Center, Granite United Way – Northern Region, National Alliance on Mental Illness NH, Northern Human Services, North Country Health Consortium, Tri-County Community Action Program, and White Mountains Community College conducted a community survey in the Fall of 2015 to fulfill requirements of the Patient Protection and Affordable Care Act (PPACA) that requires not-for-profit hospitals to conduct a community health needs assessment not less frequently than every three years and adopt an implementation strategy to meet the community health needs identified through the assessment. Surveys were distributed throughout the community and respondents were primarily from the Androscoggin Valley Health Care Service Area.

Demographics

The geographic area used for this needs assessment is aligned with the Androscoggin Valley Health Care Service Area (Berlin HSA). The Berlin HSA is composed of the city of Berlin, and the towns of Gorham, Shelburne, Milan, Randolph, Dummer, Errol and Stark. These communities are within the boundaries of Coös County, which is bordered by the State of Maine to the east, the State of Vermont to the west and Quebec, Canada to the north. The city of Berlin (the only city in Coös County) defines much of the region as the largest community in the County with an estimated population of 10,638.[14] The population of Coös County, according to the 2014 Census estimate, is 31,653.

The other communities in the Berlin HSA have populations less than 3,000. Gorham is the next largest community with a population of 2,820. Milan's population is 1,337, Stark has 563 residents, Randolph has 309, Dummer has 300, Errol has 289 and Shelburne has 373 residents. Total population of the Berlin HSA is 16,629[15]. Unless otherwise noted, Coös County data will be reported to reflect the status of the Berlin HSA.

Coos County is still feeling the effects of the paper mills closing in the last 7 years. The 2015 County Health Rankings Report lists the unemployment rate in Coös County at 6.4%, compared to New Hampshire's rate of 5.3%.[16] In 2012 the rate was 7.9% with NH at 6.1%[17]. Additionally, the rate of uninsured residents in Coos County was 15%.

According to Enroll America, Coos County's rate of uninsured is at 9%, which represents a decrease of 6% from the 2012 rate of 15% in the county. The expansion of Medicaid under the Affordable Care Act, known as the NH Health Protection Program, was instrumental in decreasing the rate of uninsured residents. As of November 2015, Coos County has 1,716 residents enrolled in the New Hampshire Health Protection Program[18].

[14] NH.gov: http://www.nh.gov/municipal/berlin.html
[15] NH.gov: https://www.nh.gov/municipal/
[16] 2015 County Health Rankings http://www.countyhealthrankings.org/app/new-hampshire/2015/county/snapshots/007
[17] 2012 County Health Rankings http://www.countyhealthrankings.org/app/new-hampshire/2012/county/snapshots/007
[18] NH Fiscal Policy Institute: http://www.nhfpi.org/research/health-policy/new-hampshire-health-protection-program-coverage-over-44000-granite-staters.html

Coös County Profile, 2010 Census and 2005-2009 American Community Profile

General, Social, and Economic Characteristics of the Coos County Population

Characteristic	Coös County[19]	New Hampshire
2010 Census population increase or decrease	4.2% decrease	0.8% increase
Total Population (2014 Census Estimates)	31,653	1,326,813
Female	49%	50.6%
Male	51%	49.4%
Median Age (years)	46.4 years	41.1 years
65 and over	21.8%	15.9%
H.S graduate or higher[20]	86.6%	92%
Bachelor's degree or higher	17.8%	34.4%
Speak a language other than English at home[21]	13.1%	19.6%
In labor force (16+ years)	59.3%	68.6%
Median household income (in 2014 dollars)	$42,407	$65,986
Per capita income in past 12 months: 2010-2014 (in 2014 dollars)	$24,737	$33,821
Families below 100% FPL	13.4%	8.7%
Female headed families with children 18 or under below 100% FPL	47.2%	30.6%
Individuals 65+ below 100% FPL	8.3%	5.9%

The following table displays the 2015 County Health Rankings Health Outcomes and Health Factors Data for Coös County, New Hampshire[22]

	Coos County	Error Margin	Top US Performers*	New Hampshire	Rank (of 10)
Health Outcomes					**10**
Mortality					10
Premature death	7,407	6,227-8,588	5,200	5,275	
Morbidity					**10**
Poor or fair health	18%	16-21%	10%	11%	
Poor physical health days	4.3	3.8-4.8	2.5	3.2	
Poor mental health days	4.8	4.2-5.4	2.3	3.3	
Low birth weight	7.8%	6.6-8.9%	5.9%	6.8%	
Health Factors					**10**
Health Behaviors					**10**

[19] Census.gov Quick Facts: http://www.census.gov/quickfacts/table/PST045214/33007,00,33
[20] US Census Bureau, American Community Survey, 5-year estimates (2005-2009) http://www.census.gov/quickfacts/table/PST045214/33007,00,33
[21] http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_5YR_DP02&src=pt
[22] 2015 County Health Rankings http://www.countyhealthrankings.org/app/new-hampshire/2015/county/snapshots/007

	Coos County	Error Margin	Top US Performers*	New Hampshire	Rank (of 10)
Adult smoking	22%	19-24%	14%	17%	
Adult obesity	31%	29-34%	25%	27%	
Food Environment Index	8.1		8.4	8.6	
Physical Inactivity	27%	25-30%	20%	21%	
Access to exercise opportunities	74%		92%	90%	
Excessive drinking	18%	16-20%	10%	18%	
Alcohol-impaired driving deaths	33%		14%	32%	
Sexually transmitted infections	137		138	233	
Teen births	28	24-32	20	17	
Clinical Care					**7**
Uninsured	16%	15-18%	11%	13%	
Primary care physicians	867:1		1,045:1	1,080:1	
Dentists	2,000:1		1,377:1	1,484:1	
Mental Health Providers	780:1		386:1	412:1	
Preventable hospital stays	57	51-63	41	51	
Diabetic screening	93%	86-100%	90%	90%	
Mammography screening	67.8%	60.2-75.5%	70.7%	70.7%	
Social & Economic Factors					**10**
High school graduation	90%			86%	
Some college	54.5%	49.6-59.5%	71.0%	67.7%	
Unemployment	6.4%		4.0%	5.3%	
Children in poverty	22%	16-29%	13%	11%	
Income inequality	4.4	4.0-4.7	3.7	4.2	
Children in single-parent households	37%	30-43%	20%	27%	
Social associations	12.5		22.0	10.3	
Violent crime	143		59	181	
Injury deaths	88	74-103	50	57	
Physical Environment					**7**
Air pollution - particulate matter	10.6		9.5	10.5	
Drinking water violations	2%		0%	16%	
Severe housing problems	16%	14-19%	9%	16%	
Driving alone to work	80%	78-82%	71%	81%	
Long commute- driving alone	23%	20-25%	15%	37%	

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

Methodology

With assistance from the North Country Health Consortium (NCHC), Androscoggin Valley Hospital (AVH), together with the Androscoggin Valley Community Partners (AVCP) conducted the 2015 Androscoggin Valley Community Health Needs Assessment (CHNA). In addition to NCHC and AVH, the following agencies from the AVCP group participated in the development and implementation of the survey:

- Androscoggin Valley Hospital
- Androscoggin Valley Home Care Services
- Coos County Family Health Services
- Family Resource Center
- Granite United Way – Northern Region
- National Alliance on Mental Illness NH
- Northern Human Services
- Tri-County Community Action Program
- North Country Health Consortium
- White Mountains Community College

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 Androscoggin Valley. In addition to these surveys, secondary data collected from the U.S. Bureau of the Census, Behavioral Risk Factor Surveillance Survey, County Health Rankings, the NH Fiscal Policy Institute, NH Municipality website, and the NH State Health Profile, is reviewed and used as benchmark data to see how the Androscoggin Valley 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.

The participating agencies have been meeting on a monthly basis since the summer of 2015 to plan and implement both the Community Survey and the Key Informant Survey. To prepare for conducting the 2015 community health needs assessment, participants accomplished the following:

- Reviewed the 2012 Community Needs Assessment survey tool and results;
- Developed a 2015 CHNA survey tool with the assistance of NCHC;
- Conducted the formal 2015 CHNA between November 2015 and December 2015;
- Compiled the results of the 2015 CHNA with the assistance of NCHC;
- Analyzed the survey and secondary data;
- Prepared the 2015 Community Health Needs Assessment Report

Process for conducting Community Survey
Survey Monkey was used to develop an electronic survey to collect demographic and socioeconomic information on the respondent and information related to their health status. In addition, the respondents were asked questions about the health and wellness needs of the community.

Each participating AVCP agency received a unique Survey Monkey web-collector link for collecting survey responses from patients and/or clients. To assist AVCP partners in outreach efforts for collecting community data, individual flyers were created with their unique links and a QR code for smartphone users to be able to scan the code for direct access to the survey. Individual participating agencies disseminated their link to closed email lists, etc. New in 2015, additional outreach was done using Facebook to promote the opportunity to provide feedback to area residents. A general web-collector link was created for use on social media for tracking the effectiveness of using this new outreach method, in which 121 responses were collected.

Paper copies of the survey were also placed at participating health care agencies, social service agencies, and municipalities for consumers to complete. The paper surveys were then collected and manually entered into Survey Monkey for all of the data could be aggregated together. The surveys were made available to the community from November 4- December 8th, 2015 in which a total of 213 surveys were completed.

Process for conducting Key Informant Survey
Survey Monkey was also used to gather information from 73 community leaders and key stakeholders in the Androscoggin Valley. This group represented a broad constituency including area business and economic development leaders, community board members of health and human service organizations, municipal government, school administration and staff, and health and human service providers. All of these individuals responded to the survey directly online.

Androscoggin Valley Health Care Service Area

Community Health Needs Assessment

Community Survey Report

Demographics of Survey Respondents

- **Location of Residency**

74.6% of respondents were from Berlin or Gorham while 16% were from other towns in the Androscoggin Valley area. Over 9% of respondents were from other towns in surrounding Northern NH and Maine communities.

Where do you live:	% of Respondents
Berlin	56.3%
Dummer	0.5%
Errol	0.5%
Gorham	18.3%
Milan	10.8%
Randolph	2.8%
Shelburne	1.4%
Other: *Includes: Jefferson, Lancaster, Bethlehem, Littleton, Whitefield, Franconia, Piermont, North Conway, Stark, Groveton, Gilead, Maine, and Fryeburg, Maine.*	9.4%

- **Duration of residency in Androscoggin Valley**

72.7% of respondents have lived in the Androscoggin Valley area for 16+ years. Many additional responses indicate a range of 20-73 years and many residing in the area for the duration of their lives thus far.

How long have you lived in this area?	% of Respondents
Less than 1 year	2.8%
1-5 years	9.4%
6-10 years	6.6%
11-15 years	8.5%
16+ years	57.7%
Other: ***Other responses range from 20-73 years***	15%

- **Educational Attainment**

14.2% of respondents have advanced degrees and 21.7% are college graduates. About 50% have had some college education or are community college graduates. 12.7% percent graduated from high school, and 0.2% did not complete high school. 57.6% of respondents to this question (106 out of 184) are first-generation college students.

- **Age**

58% of respondents are between 45 and 64 years old and another 25.5% are between the ages of 30 and 44. 8.5% are between 18 and 29. 83.2% of the respondents are female and 16.8% are male.

How old are you?	% of Respondents
Less than 18 years	0%
18-29 years	8.5%
30-44 years	25.5%
45-64 years	58%
65 years or older	8%

- **Household Data and Employment Status**

60.5% of households have 2-3 individual occupants, while 22.4% had 4-5 occupants. Additionally, single individual households represent 15.2% of respondents.

51.5% of respondents reported having a household annual income over $60,000; 8.5% are in the $50,001 to $60,000 range; 9.5% are in the $40,000 to $50,000 range; 13% are in the $30,001 to $40,000 range; and 17.5% a household income of less than $30,000.

Employment status of respondents included 96.9% of employed individuals, 1% of unemployed and 2% of long-term unemployed (defined as more than 1 year of unemployment). 21 respondents additionally indicated a status of retired, disabled, stay at home parent, part-time employed, or soon to be unemployed.

Annual Household Income	% of Respondents
Under $12,000	4.5%
$12,001-$20,000	6.5%
$20,001-$30,000	6.5%
$30,001-$40,000	13%
$40,001-$50,000	9.5%
$50,001-$60,000	8.5%
Over $60,000	51.5%

Health and Dental Care

- **Health and Dental Insurance**

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:	2005	2010	2012	2015
Report having health insurance	83%	91%	91%	98.6%
Report having a healthcare provider	95%	83%	92%	95.2%
Report seeing a healthcare provider at least once in the last year	N/A	N/A	92%	88.5%
Report having dental insurance	N/A	45%	55%	73.9%
Report seeing a dentist at least once in the last year	63%	63%	61%	76%

Respondents indicated an increase in health and dental insurance coverage. Health insurance coverage increased 7.6% and dental insurance increased 18.9% from 2012. The number of respondents reporting they had a healthcare provider in 2015 increased by 3.2% from 2012. 88.5% of respondents reported seeing their healthcare provider at least once in the last year, representing a 3.5% decrease from 2012.

69.8% of the respondents have a healthcare provider that is located in Berlin, and 22.2% of the respondents see a provider in Gorham. 2.1% of respondents use a healthcare provider from Lancaster, 1.1% travel to North Conway, and 1.1% used a variety of other providers. 4.8% of respondents indicated that they do not have a healthcare provider. 64.6% of respondents have been with their current healthcare providers for 5 or more years.

Location of Healthcare Provider	% of Respondents
Berlin	69.8%
Gorham	22.2%
Lancaster	2.1%
North Conway	1.1%
Other ***Includes: Littleton, Groveton, Franconia, Whitefield, Lebanon, Conway, Twin Mountain, Texas, and New York***	1.1%
Do not have a healthcare provider	4.8%

❖ Hospital and Specialty Services

Respondents were asked if they received care from a physician who is a specialist outside of their community. 40% of respondents indicated "yes", 48.6% indicated "no", and 11.4% indicated that they did not receive care from a physician who is a specialist in the last year. Reasons for acquiring specialty care outside of the community varied, including personal choice (23.7%) and services not offered in the community (25.6%) (multiple responses were accepted from participants).

Why did you receive care from a physician who is a specialist outside of your community:	% of Respondents
Personal Choice	23.7%
Services not offered in this community	25.6%
Cost	0%
Recommended by health insurance provider	2.6%
Not applicable as I did not look for or receive care outside of my community	48.7%
Other *Includes: Recommended by peers; referred by surgeon; preference for outside provider; long-term care not provided locally.*	N/A

Additionally, respondents were asked if they looked for or received care from a hospital, other than Androscoggin Valley Hospital, located outside of their community, 25% indicated "yes" while 75% indicated "no". Of those who sought care from another hospital, personal choice and services not offered ranked at the top, 18.4% and 14.3% respectively (multiple responses were accepted from participants).

Why did you receive care from a hospital outside of your community:	% of Respondents
Personal Choice	18.4%
Services not offered in this community	14.3%
Cost	3.4%
Recommended by health insurance provider	1.4%
Not applicable as I did not look for or receive care outside of my community	64.6%
Other *Includes: Recommended by peer; provider located at a different hospital; services too costly for uninsured (i.e. imaging); preferred a doctor with more experience in procedure; urgent care; walk-in clinic services on Saturday; lack of confidence in local providers.*	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:	2005	2010	2012	2015
Report being told they have diabetes	10%	9%	13%	9.2%
Report being told they have heart disease	N/A	8%	6%	2.9%
Report being told they have asthma	N/A	N/A	15%	12.6%
Report being told they have high blood	N/A	N/A	30%	23.2%
Smoke cigarettes on a daily basis	22%	19%	17%	7.3%*
Use smokeless tobacco on a daily basis	N/A	1%	3%	1%
Report in the last 30 days that they drank 5 or more drinks of alcohol in a row within a couple of hours.	N/A	N/A	11%	8.3%
Report exercise at least 3 times a week	54%	55%	51%	53.2%
Have been advised in the last 5 years to lose weight	N/A	33%	37%	40.9%
Report usually feeling happy about their life	76%	70%	70%	74.5%

**1% declined to answer daily smoking question and 8 respondents skipped the question.*

The percentage of respondents who have been told they have diabetes has declined by 3.8% since 2012 and now stands at 9.2%. In addition, there was a 3.9% increase in the number of respondents who have been advised to lose weight in the last 5 years, and a 2.2% increase in respondents who report exercising at least 3 times a week. During the past 30 days, respondents who reported they had consumed 5 or more drinks of alcohol in a row, that is, within a couple of hours, declined by 2.7%. Tobacco use declined as the percentage of respondents who smoke cigarettes on a daily basis decreased by 9.7% and the use of smokeless tobacco declined by 2%.

❖ **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. The table below reflects the availability of services required:

Services:	Received Every Time	Received Some of the Time	Never Able to Get Services
Well care in a doctor's office	74%	9%	0%
Sick care in a doctor's office	59%	11%	2%
Dental cleaning	77%	5%	5%
Dental filling(s)	44%	9%	5%
Prescription drugs	80%	7%	1%

Home health care services	7%	0.5%	0.5%
Mental health counseling	15%	4%	4%
Alcohol and drug abuse counseling	2%	0.5%	3%
Emergency room care	41%	6%	0.5%
Nursing home care	3%	0%	0%
Assisted Living	2%	0%	0%
Hospice Care	1%	0%	0%
Lab work	73%	9%	0.5%
X-ray	54%	5%	0%
Eating disorder treatment	4%	0.5%	2%
Cancer treatment	5%	0.5%	0%
Rehab services (Physical Therapy or Occupational Therapy)	22%	2%	1%
Nutrition services (ex. Counseling or Education)	8%	2%	0.5%

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. The top five responses are below:

- Cannot get an appointment in an acceptable timeframe (15.9%)
- Could not afford deductibles and co-pays (12.2%)
- Do not have dental insurance (9.8%)
- Could not get an appointment (9.8%)
- Services not available in community (including mental health services) (6.7%)

❖ **Support System and Wellness**

93.2% respondents of the community survey felt they had some type of support system to confide in. A vast majority of these respondents reported they could confide in family and friends, 85.9% and 73.2% respectively. Another 12.2% reported they chose the faith-based community to confide in. Only 2.4% of the respondents reported participating in an organized support group. 6.8% of respondents felt they had no support system.

The Patient Health Questionnaire-2 (PHQ-2) depression screening question, added in 2015, revealed that of the 202 respondents to this question, 2.97% had little interest or pleasure doing things and 4.46% felt down, depressed, or hopeless nearly every day.

Over the past two weeks, how often have you been bothered by any of the following problems?				
Answer Options	**Not at all**	**Several Days**	**More than half the days**	**Nearly every day**
Little interest or pleasure doing things	142	43	8	6
Feeling down, depresses, or hopeless	135	45	12	9

Community Wellness

Respondents were asked to identify the seriousness of health issues in their community. The top 5 serious health issues identified in the 2015 community survey were:

- Substance Misuse (includes drugs, opioids, heroin, etc.) (89%)
- Alcohol Abuse (77%)
- Mental Health Problems (74%)
- Smoking and Tobacco Use (61%)
- Obesity/Overweight (56%)

Respondents were asked to identify serious health concerns that lead to the most serious health issues in the community. The top concerns in 2015 were:

- Drug/Alcohol Abuse (87% and 80%, respectively)
- Unemployment/Lack of Jobs (76% and 72%, respectively)
- Poverty (70%)
- Cost of healthy foods (55%)
- Lack of dental and health insurance (54%)

When asked what programs, services or strategies would improve the health of the community, the following responses were mentioned most frequently:

- **Greater healthcare accessibility** – examples include a walk-in or free clinic; urgent care; accessibility of dental services for Medicaid and low-income families; improve asthma education and bring back pulmonary rehab; more transportation options.

- **Affordable healthcare** – low-cost health insurance with lower co-pays and deductibles; greater access to services and supports for low to middle-income families trying to make ends meet.

- **Access to mental health and substance abuse services** – increase the number of mental health providers working in the community, including integration at health centers and the hospital; hold support groups for individuals affected by mental illness; implement community programs to reduce stigma around mental illness; greater access to substance abuse services, including outpatient and in-patient treatment, drug courts, and counseling services.

- **Employment Opportunities and Training**- need more employment opportunities; more opportunities for those without degrees, but with comparable experience as people are often disqualified based on education; job training; business innovation to boost the economy.

- **Access to Health and Fitness**: increase accessibility of fresh and affordable produce, especially at community events; year-round farmer's markets; better fitness facilities and adult sports programs; more activities for all ages with better advertising; create a community center such as a YMCA; more affordable gym memberships; start with young children and families to instill nutrition and fitness education; cooking classes and

nutrition programs for the community; more social groups that focus on hobbies and interests of local residents; more community gatherings or activity meet-up groups.

Survey Prompt:	2010	2012	2015
Top 3 health issues identified:	1. Alcohol/drug addiction 2. Mental health problems 3. Obesity/overweight	1. Obesity/Overweight 2. Alcohol/Drug Abuse 3. Mental health problems	1. Substance Misuse (includes drugs, opioids, heroin, etc.) 2. Alcohol abuse 3. Mental Health Problems
What would contribute to better health in the community?	1. Affordable health insurance 2. Healthier food options available in community and schools 3. Improve economy, i.e. jobs	1. Improved healthcare 2. accessibility 3. Affordable healthcare 4. More mental health services	1. Greater healthcare access 2. Affordable healthcare 3. Access to Mental Health and Substance Abuse Services 4. Employment Opportunities and Training 5. Access to Health and Fitness

Respondents were asked to identify ***one thing they would change to improve the health of their community***. The responses provided are summarized below:

- **Improved access to healthcare**- issues related to access included the need for urgent care clinics; more affordable health care, health insurance, and prescriptions; more providers for ensuring timely appointments.

- **Access to mental health and substance abuse resources**- Prevention education in schools; more clinician providing mental health services; establish substance abuse treatment services and provide assistance to those addicted to drugs and alcohol.

- **Create an environment conducive to overall health-** *Structural changes for increased physical activities include*: skate park; bike and walking paths; better fitness centers; a community recreation center. *Better access to healthy foods include:* year-round access to fresh produce; better grocery options (i.e. Market Basket); education about nutrition for schools and the community.

- **Increase employment opportunities**- emphasize education and post-secondary training among youth for better employment options; create better paying jobs to stop the exodus of young adults; more job opportunities for workers of all ages.

Survey respondents were asked about ***environmental factors that affect their ability to live comfortably in their community.*** The top three environmental issues identified are:

- Inadequate lighting at night
- Inadequate transportation
- Not enough safe places to walk

When asked ***will the community be able to meet the physical and mental health needs of the aging population so they may lead full and productive lives at home***, 13.2% of the respondents answered "yes", 60.5% answered "no", and 26.3% were "not sure". In regard to why the ***community may not be ready to meet the physical and mental health needs of the aging population***, the top concerns were financial, capacity and mental health:

- **Financial concerns** - lack of funding for the services the aging population will need; lack of affordable housing and assistance.

- **Capacity** - substantial workforce shortages to provide in-home care; younger generations are seeking employment outside of the area and are not able to assist aging family members as easily.

- **Mental health** - many respondents feel there are not enough mental health workers or services in the community; communication problems persist between mental health and primary care.

Community members completing the survey were asked ***does the community have recreational and social activities for all ages in the community to help them maintain their health and well-being.*** Of those responding to this question, 23.8% said "yes", 61.6% said "no", and 14.6% were "not sure". The top three areas of need include:

- **Programs for children and teens** - need for chemical-free social activities; more for younger children and early teens aside from just sports; transportation should be considered.

- **More recreational and social activities for the community** - examples given include needing more to do in the winter months aside from snowmobiling; having organized classes to teach the community members how to participate in outdoor recreational activities the area has to offer; need more physical activity events; support groups; specialty interest groups.

- **Financial concerns** - even though there were social and recreational activities offered in the area, these activities were too costly for some residents; need more affordable activities that can be accessible to all residents regardless of income; transportation remains an issue.

Survey respondents were asked ***why they live in the Androscoggin Valley***. Reasons included family; the good people who care about their neighbors; many were born here; the natural beauty; it feels safe; access to a variety of great outdoor recreational activities; rural setting preferred; small town with a slower pace than city living.

Androscoggin Valley Key Informant Survey Report

Key informant surveys were completed by 73 participants in the Androscoggin Valley during the Fall of 2015. The key informants who were recruited to complete the Key Informant Surveys included the Berlin City Council; Town Government Officials in all Androscoggin Valley towns; officials, superintendents and staff of School Administration Units (SAU) #3 and #20; CEOs, staff, and Board members of local health and human services agencies, including the community health center, the local hospital, mental health center, community action agency and family resource center.

❖ Community Health Concerns

When the key informants were asked to ***identify the serious health issues or concerns that need to be addressed in the community*** the following choices received a greater than 50% response as major concerns that need to be addressed:

Issue	% of Respondents
Substance Misuse (Drugs, Opioids, Heroin)	86.3%
Mental Health Problems	74%
Low-Income/Poverty	61.6%
Alcohol Abuse	58.9%
Unemployment/Lack of Jobs	57.5%
Obesity/Overweight	53.4%
Lack of Access to Healthy Foods	50.7%
Bed Bugs in Homes	50.7%

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

- Lack of mental healthcare
- Cannot afford the deductibles and co-pays
- Lack of healthcare insurance
- Lack of dental insurance
- Lack of regular doctor or health provider

When asked to list the services that are not available, the following were provided:

- Walk-in clinics to allow for better use of AVH resources
- Substance abuse services including: suboxone treatment, in-patient detox and rehabilitation, and other out-patient services
- Chronic Care
- Pediatric specialty doctors in areas such as audiology, ENT, and urology
- Mental health services that are available in a timely manner

❖ **Hospital and Specialty Services**

51.7% of the key informants have primary care providers that are located in Berlin, 32.8% have providers in Gorham, 5.2% have providers in Lancaster, 6.9% see primary care providers in North Conway and 3.4% of those responding reported not having a primary healthcare provider. In addition, 4 key informants identified Colebrook, the VA, and Franconia as the locations of their healthcare providers.

Location of Healthcare Provider	% of Respondents
Berlin	51.7%
Gorham	32.8%
Lancaster	5.2%
North Conway	6.9%
Other ***Includes: Colebrook, VA, Franconia***	N/A
Do not have a healthcare provider	3.4%

Key informants were asked ***in the past year, have you sought care from a physician who is a specialist outside of your community,*** 48.4% responded "yes", 43.5% replied "no", and 8.1% said "they have never sought care by a physician who is a specialist in the last year". The respondents that answered yes, they had sought care from a physician who is a specialist outside of the community, were then asked to explain why they left the community to see a physician specialist. The following reasons were identified:

Why did you receive care from a physician who is a specialist outside of your community:	% of Respondents
Personal Choice	21.7%
Services not offered in this community	43.5%
Cost	0%
Recommended by health insurance provider	0%
Not applicable as I did not look for or receive care outside of my community	34.8%
Other *Includes: VA; could not get tests in reasonable timeframe; referred by physician; poor experience with local provider.*	N/A

The key informants were asked if ***in the last year they had sought care from a hospital outside of the community***. Of those who responded, 27.4% of the participants replied "yes" and 72.6% replied "no".

When asked why they went to a different hospital, 8% of the respondents replied it was a personal choice, 29.7% felt services were not offered in the community, and 2.7% of the respondents mentioned cost as a reason they sought care from a hospital outside of the community.

Why did you receive care from a hospital outside of your community:	% of Respondents
Personal Choice	8%
Services not offered in this community	29.7%
Cost	2.7%
Recommended by health insurance provider	0.0%
Not applicable as I did not look for or receive care outside of my community	48.6%
Other *Includes: Considering outside imaging services as its more costly locally; VA; advised to go outside of the local hospital for services.*	N/A

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.) (96.5%)
- **Alcohol Abuse** (80.7%)
- **Tobacco Use** (52.6%)
- **Domestic Violence** (52.6%)

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

- **Eating healthy foods**
- **Increasing physical activity**
- **Achieving and maintaining healthy weight status**

When key informants were asked to ***identify challenges in the healthcare system of the community*** both healthcare accessibility and healthcare affordability rose to the top:

- **Healthcare accessibility** – Mental health and substance abuse treatment services needed; ability to get appointments and in a timely manner; providers need more time with patients; poverty and lack of education hinder accessibility; walk-in clinic and/or urgent care needed.

- **Healthcare affordability**- medications need to be more affordable and obtainable; cost in general.

Key informants were asked to ***identify programs, services or strategies that would improve the health of the residents in the community.*** Responses included:

- **Healthcare accessibility** – Mental health and substance abuse treatment services need to be available without an anticipated month(s) long waitlist; ability to get appointments in a timely manner; acquire state and other funding to expand access to all healthcare services- mental health, substance abuse, medical, dental, etc.; implement mobile clinics to offer free screenings to reach the population who may not be using traditional health systems, palliative care and home visiting for preventative medicine.

- **Better nutrition and more physical activity** – expanded grocery store options including healthy food choices and fresh produce; support groups and community programs that promote physical activity and health; more preventative programs especially for early childhood; environmental changes that lead to more physical activity, including lighting, walking paths, etc.

- **Education** – health education; education to youth about drug and alcohol prevention, including DARE; educating providers about mental health.

Key informants were asked ***what environmental issues needed to be improved in the community,*** the following were the top three responses:

- **Inadequate Transportation**
- **Inadequate Healthcare**
- **Personal Safety in Homes or the Community**

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, 15.3% said "yes", 50.8% said "no", and 33.9% were "not sure". A summary of responses is below:

- **Financial Concerns** – funding cuts for elderly programs; funding cuts for staffing for programs that inevitably impact the elderly; the tax-base dwindles as the population ages.

- **Capacity** – lack of home healthcare; need more transportation options for elderly to remain in their homes; long waitlists for services; lack clinically trained staff to reach out to elderly in their homes.

- **Mental Health** – mental health is lacking, especially for families dealing with dementia.

Key informants were asked to ***identify specific services, not already available, that would meet the physical and mental health needs of the aging population.*** The top services mentioned were:

- **Better healthcare accessibility** – qualified healthcare providers with knowledge about geriatric needs; respite for dementia patients; follow-up and continuity of care; transportation to stores and appointments.
- **More home healthcare and assisted living**,– more home healthcare services, addition of assisted living facilities; meals on wheels; structural changes in homes conducive to aging in place.

- **More mental health services** – mental health outreach services and in-patient mental health options.

Key informants were asked ***does the community have recreational and social activities for all ages in the community to help them maintain their health and well-being.*** Of those responding to this question, 25% said "yes", 56.7% said "no", and 18.3% were "not sure". The top areas of need include:

- **More programs for children, teens, and families** – organized activities for teens with transportation and supervision; after school programs for youth; community center or YMCA; day camps during the summer; indoor family recreation; health clubs with childcare.

- **Better Outreach** – better promotion of what is already going on in the area.

- **More activities to promote physical activity** – organized activities to promote physical activity; more activities for the winter months; community walking paths; more running events and cycling events; affordable activities for all ages.

Key informants were asked ***what aspects of the community motivate you to serve as a leader***. Responses included:

- **Wanting to make a difference** – ability to help others and make a difference, help worthwhile organizations that serve others; commitment to building healthy infrastructure, empowerment of small communities; my children's health, education, and happiness.

- **Community**- the people, neighbors, officers, educators- all working to build a healthy environment for all.

Summary of Community Meeting

Androscoggin Valley Hospital, Berlin, NH
February 23, 2016
6:00-7:00pm

Attending: ***Nancy Frank***, North Country Health Consortium; ***James Patry***, Androscoggin Valley Hospital; ***Margo Sullivan***, Androscoggin Valley Homecare Services; ***Ken Gordon***, Coös County Family Health Services; ***Kristy Letendre***, Tri-County Community Action Program Friendship House; ***Brian O'Hearn***, Androscoggin Valley Hospital; ***Chuck Henderson***, North Country Representative for U.S. Sen. Jeanne Shaheen; ***Beverly Raymond***, Tri-County Community Action Program Transportation; ***Michael Peterson***, Androscoggin Valley Hospital; ***Elaine Belanger***, North Country Health Consortium, and ***2 community members***.

Nancy Frank presented a synopsis of the findings from the 2015 Community Health Survey Results and who participated as a Key Informant, what agencies collaborated with the planning and development of the survey, and how many community members filled out the survey. She explained the various means of distribution of the survey electronically, paper at various community offices and through social media. The majority of the community surveys were completed electronically. ***See presentation included in report***.

A panel consisting of ***Ken Gordon***, CEO, CCFHS; ***Brian O'Hearn***, Chief Nursing Officer, AVH; ***Kristy Letendre***, Director, Friendship House; ***Margo Sullivan***, Director, AV Home Care Services was convened. James Patry was the moderator for the panel.

Androscoggin Valley Community Providers (AVCP) group participated in the process of developing the survey and helping to disperse it to their organizations. Not for profit health care organizations as well as governmental organizations are included in this group: Androscoggin Valley Home Care Services, Androscoggin Valley Hospital, Coös County Family Health Services, Northern Human Services, Family Resource Center, White Mountains Community College, faith based community, NH Dept. of Health and Human Services, Berlin District Office, Granite United Way, Tri-County Community Action Program, SAU 3 and SAU 20, City of Berlin Health Department, NH Legal Assistance Berlin Office. AVCP meets to address issues, events, and problems that arise in the Androscoggin Valley which includes Berlin, Gorham, Milan, Dummer, Randolph, and Shelburne NH which is AVH's Health Service Area. According to the Key Informants' survey results, walk-in clinics, substance abuse services, care coordination, and more pediatric as well as mental health services are missing in the community.

Question to the panel—is there an increase in substance abuse trend across the state? Is this something that comes up in other hospital assessments?

Responses:
Ken Gordon mentioned how many grandparents are taking care of their grandchildren. He had no idea how large the numbers are in the community.

Margo Sullivan- They are seeing that the care givers are getting older in her agency. The care givers are in their 70's and they are caring for their parents who are in their 90's. The age of the caregiver hampers how much care they can give.

Ken Gordon—The percentage of kids in poverty in NH and the North Country—24% is huge. This many children in poverty points out how social determinants of health need to come to the forefront.

As Moderator, James Patry posed the question: How have the entities represented by the individuals present, worked collaboratively to address some of the issues seen from the report?

Responses:
Kristy Letendre with Tri-County CAP's perspective: Since the Berlin Drug Forum last November, there has been a movement from the community to increase access to treatment and prevention of substance misuse. There is a coalition that has formed which is more in a steering committee phase to organize a coalition of professionals and community members including the recovery community. The committee has met twice with the next meeting in March. Kristy would like to see health providers in all aspects of the health continuum working together to collaborate on prevention and recovery and in caring for clients. Collaboration has improved.

Ken Gordon mentioned the Coös Coalition for Young Children and Families (see their website here http://investincooskids.com/index.html) that already exists that focuses on infants, children and families including prevention strategies. Ken referenced how local schools and mental health organizations have come together.

Brian O'Hearn spoke about how hospitals are usually on the receiving end of a crisis, however, in the last few months AVH has been working with White Mountains Community College (WMCC) and the Nursing Program to improve the existing relationship and encourage the "grow our own" philosophy of staffing the hospital, community health centers and visiting nurse programs with local nursing staff. Brian also stated that issues such as these require a full community effort including the hospital.

AVH is a community hospital that will participate in the coalition and look to working with the community to increase prevention as well as being there to answer to the crisis as it happens.

Margo Sullivan spoke of the vulnerable elderly population that makes up most of their clients. The NH Home Care Association is beginning to address the problem of "Drug Diversion" by some of the family and caregivers of this elderly population. "It happens very easily in the home." At the state level, Adult Protection Services is increasing as reports of incidents of abuse, or neglect are increasing due to problems facing family caregivers. Margo indicated that Home Care is trying to bring the issue of drug diversion to the surface. Home Care recognizes some program needs to be put in place.

AVH President, Michael Peterson, asked about integrating Mental Health with Substance Abuse Treatment. **Kristy** mentioned that the integration of mental health services and substance abuse treatment are offered through Northern Human Services and Friendship House.

Friendship House is collaborating with other organizations to expand services. Unfortunately, there are not enough mental health providers or substance abuse treatment providers in the North Country. Funding is always an issue. However, there are attempts being made to expand dual diagnosis treatment.

High rates of depression are seen in the elderly population that AV Home Care works with. Many are isolated and look forward to the weekly visits of the homecare providers as their only connection with others.

Depression is a huge issue in the residential setting at Friendship House. Clients were using substances to self-medicate and during treatment many times the issue of depression and anxiety are underlying causes of their condition.

Ken Gordon—Post-Traumatic Stress Disorder (PTSD) is very high on the list of disorders with implications that need to be addressed. Ken mentioned that he didn't realize how much PTSD affects the community. As a result, CCFHS is looking to increase Mental Health Services at their offices.

Local mental health organization is very under-resourced so many are being managed by primary care providers. There is new funding at the state-level to build capacity and may help all providers. The North Country needs more services, especially recovery support services. 0

Question
Most of the services are geared to responding to crisis and not for continued support. What can the average person do?

Responses:
Kristy Letendre---Call representatives at state government for increase funding. Community needs more support from business community—they need to step up their support in the community and help fund support and other services.

Margo Sullivan—I agree. There's also room for improvement with the coordination of services for patients/clients. These are still fragmented. We do what we do well, but improvement is needed to collaborate and to take care of the patients/clients that all providers see.

Ken Gordon—Average person can contribute by thinking of family, neighbors and community. CCFHS needs help in looking out for one another. This needs to be encouraged community wide. Many think of liability or lawsuits, but providers cannot take the place of family support. There are systems in place, but these systems do not take the place of family/friends.

Question
Talk more about the Berlin Coalition

Responses:
Kristy Letendre, this stems from the community forum on addiction that took place last November. The committee is looking at the process of taking ideas and information and how to

move forward. An expert was brought in by one of the partners to discuss how to build coalitions. Group is looking at Stand Up Laconia, members of the government, school, police, recovery community and the community at large. The November meeting was very well attended and the momentum is increasing. Basically it's a steering committee that has been meeting monthly. Their job is to invite missing members and forma plan for moving forward. The plan is to get the community more involved relative to this area.

Ken Gordon mentioned Transportation. It's like water; you don't miss until you don't have it. Bev from Tri-County CAP Transportation spoke of the demand from the region for transportation and the demand is overwhelming. There is a big need for transportation for long distance appointments for specialty services. Tri-County CAP works with volunteer drivers to help with long distance transportation services. Again, this program does not have enough funding to have enough resources to keep up with the demand.

Question:
Any Parting Words?

Responses:
Ken Gordon—Health—access to care are just part of the social determinants of health. Housing, poverty, 24% of North Country children lives in poverty; need to be addressed to improve health.
Margo Sullivan—we need to try new things and be creative.
Kristy Letendre—Develop our own plan moving forward that fits the needs of the North Country.
James Patry—Yankee Ingenuity is alive and well
Nancy Frank— Organizations coming together is a very unique North Country asset. It's very powerful the way community comes together and this should not be lost in the data.
Brian O'Hearn— Forging new relationship with WMCC nursing is one example. We need to invest in ourselves.

Littleton Regional Healthcare

Community Health Needs Assessment

Prepared by:
North Country Health Consortium
Littleton, NH

2016

Littleton Regional Healthcare
Community Health Needs Assessment
2016

Table of Contents

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

Littleton Regional Healthcare

Littleton Area Community Health Needs Assessment

Executive Summary

Littleton Regional Healthcare (LRH) is a not-for-profit critical access hospital that offers a large variety of medical services to meet the growing healthcare needs of our community. Our mission is to provide quality, compassionate and accessible healthcare in a manner that brings value to all. We are collaborating with our neighboring hospitals and providers to ensure LRH will be positioned to serve our communities with high quality, cost-effective healthcare services for years to come.

Littleton Regional Healthcare is located in Grafton County, at the edge of the White Mountains and bounded on the northwest by the Connecticut River, and is considered the "business hub" of the Western White Mountains. LRH's primary service area includes Littleton, Bethlehem, Lisbon, Franconia, Sugar Hill. LRH's secondary service area includes Whitefield, Lancaster, Groveton, Monroe, North Woodstock, Lincoln, Woodsville, and Bath (all in NH), and St. Johnsbury, Lunenberg, Lyndonville, Concord, Gilman (all in VT). This area spans across a good majority of Northern New Hampshire and the Northeast Kingdom of VT.

The Affordable Care Act requires a not-for-profit hospital to conduct a community health needs assessment every three years to retain tax-exempt status. The 2016 Littleton Regional Healthcare Community Health Needs Assessment was conducted by the North Country Health Consortium (NCHC) and approved by the Littleton Regional Healthcare Board of Directors. The purpose of the community health needs assessment is to develop strategies to address the community's health needs and identified issues.

2016 Community Health Needs Assessment Summary of Findings

As part of the 2016 Littleton Regional Healthcare Community Health Needs Assessment, 49 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 Littleton area that were identified by the community assessment surveys were:

- **Substance Misuse** (includes drugs, opioids, heroin, etc.) (91.4%)
- **Mental Health Problems** (81.5%)
- **Obesity/Overweight** (81%)
- **Alcohol Abuse** (77.9%)
- **Smoking and Tobacco Use** (74.4%)

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

- **Drug Abuse** (88%)
- **Cost of prescription drugs** (79%)
- **Lack of Physical Exercise** (77%)
- **Lack of Dental Insurance** (76%)
- **Cost of Healthy Food** (72%)

Community members identified the following programs, services or strategies to improve the health of the community:

- **Increased workforce, services, and supports for Mental Health and Substance Abuse:** Respondents named mental health and substance/drug misuse, both separately and together, as number one issues to address and for which to create new programs and services in the community. In regard to mental health, respondents requested more coverage, availability of services and supports, less wait time to see counselors and psychiatrists, and access to early intervention. In regard to drug/substance misuse in the community, respondents asserted the need for more services and supports, naming affordability and adequate promotion of available services, as important factors. Additionally, in regard to substance misuse and mental health, there is a need for increased and integrated services, including: continuum of care for mental health and substance abuse; a psychiatry venue with Suboxone clinic; mental health centers for patients that are suicidal and in need of drug rehab and safe detox; and support groups, both for those afflicted with addiction, and their families. Also suggested was the implementation of drop boxes for anonymous used-syringe disposal, and increased police presence due to drug-related crimes inciting feelings of unsafety amongst community members.

- **Improved availability and access to primary, preventative, and specialty care providers, services, and supports:** Respondents weighed in with requests to improve the community's access to primary care. Amongst the suggestions was a call for more qualified providers and specialty services, including: primary care, dermatology, mental health, dental care, functional health, and services dedicated to people with disabilities/special needs. Increasing physicians' hours of availability, along with opening more clinics, were suggestions for expanding access and preventative care opportunities, and to allow for walk-ins and urgent care services. Additionally, to improve accessibility to primary and preventative care, respondents broadly suggested making services more affordable, or gave specific ways or areas in which to do so: reduce costs of services at LRH; hospitals accommodating payment plans for patients; free screenings; and "realistic" sliding scales for dental care. Respondents also expressed desire for integration of healthcare across services and within the community, suggesting: health and wellness driven by the individual and broader community, rather than disease management; a team approach to primary care, including dental and mental health; and quality primary care accompanied by adequate social and mental health supports to implement care plans for complex patients. Another respondent brought up an alternate opportunity to connect people's healthcare to community support, describing, a program at North Eastern Vermont Regional Hospital (NVRH) that connects all caregivers in the community to each other and the supports they need, resulting in "less ER visits and less cost to the hospital." Respondents expressed that hospitals should perform more outreach and to adopt a community health approach towards prevention and education.

- **Increased opportunities for affordable/free physical activity and recreational options, including services and venues:** Respondents indicated better physical health and weight loss as a priority to improving the health of the community. Collectively, they requested more opportunities for physical activity, including events, programs, services, and venues. For events, respondents mentioned: social gatherings that encourage exercise, community walks/runs, a public health challenge like, "Walk Littleton," and family-oriented outdoor gatherings for all ages (e.g. movies, music, and treasure hunts). Respondents' ideas around program offerings referred to a range of populations and needs, where cost was noted as a common barrier. Respondents said they wanted lower-cost gym/fitness classes for adults and working adults; less-expensive recreation programs for kids, including, ones that run during school vacation, and day camps; teen centers and town-sponsored safe "drop-in places" for kids and teens (e.g. with a social worker-chaperone at the Evergreen facility); more programs and inclusion for people with disabilities; exercise/walking clubs tailored to people managing specific medical conditions; and overall more wellness programs available throughout the community. To provide social support along with exercise and recreational activities, respondents called for community-based programs and groups for all ages, including the elderly and "latch-key kids." Promotion and creating more public awareness around programs and activities, especially free ones, was also considered important to respondents. It was also suggested to extend outreach efforts, such as for senior activities, as volunteer opportunities for young people. Where environmental changes or dedicated facilities are indicated, respondents' requested: a recreational center with low-cost membership; indoor track/walking spaces, and accessible outdoor paths for walking and biking. Repairs to

outdoor spaces were also mentioned to encourage physical activity. Respondents additionally asked for improvements to the Riverwalk, as well as to streets and sidewalks, specifically pointing out the poor shape of Littleton's Main. St. and the crossing on Cottage St. in front of the Bike Shop, deemed unsafe.

- **Improved nutrition, addressing issues of access, affordability, and education around healthy eating:** The desire to improve the health and weight status of the community by targeting people's nutrition and eating habits rose prominently amongst respondents. Their suggestions for promoting a healthy diet and lifestyle centered on widespread education throughout the community, and targeting groups ranging from teens and seniors, to families. Respondents recommended cooking classes, for food pantry clients and teens, education around nutrition on a budget, and a hotline that teaches and supports callers with health-conscious food shopping and preparation. Respondents also proposed programs, such as tax or health insurance breaks to incentivize families to reduce their consumption of sugar or to participate in education and routine blood-sugar testing by a door-to-door public health staff. A healthy grocery store, and alternative to the Littleton Co-op, was also indicated for affordable groceries.

Key findings from the Key Informant Survey:

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

- **Mental Health Problems** (91%)
- **Substance Misuse** (includes drugs, opioids, heroin, etc.) (89%)
- **Alcohol Abuse** (82%)
- **Obesity/Overweight** (82%)
- **Physical Inactivity** (80%)
- **Smoking and Tobacco Use** (80%)
- **Oral Health/Dental Disease** (80%)

Key informants identified the following as ***challenges in the North Country healthcare system***:

- **Lack of workforce and services:** Respondents identified strong workforce and ability to recruit qualified workforce as overarching challenges. Issues around accessibility of services were identified, including: unacceptable hospital bed wait-periods of 5-7 days, a problem noted as prevalent across New Hampshire hospitals; and lack of specialists in the area.

- **Shortage of mental health/ substance misuse recovery services:** Specifically, mental health issues and substance abuse are major challenges in the community and pointed to a lack of services and wait-time to receive treatment for both as particular problems.

- **Lack of services/supports for senior and vulnerable populations:** The aging and vulnerable adults were identified as populations for whom funding, services, and staffing is inadequate. While needy elderly often fall short of qualifying for home support, respondents reported, they may not be sick enough or willing to access hospice care. Further, the lack of supports and services in place for middle-income adults that do not qualify for Medicaid assistance was also noted.

- **Limited access to transportation:** When it comes to transportation, key informants noted a lack in: accessibility to services; funding for services to meet residents' operational requests; and volunteers willing to drive patients needing treatment. In particular, respondents pointed out the gaps in service for transportation from Lincoln or Woodstock to Littleton or Plymouth as a challenge, with only one small clinic in Lincoln. Additionally, healthcare provider respondents noted travel to major medical facilities, such as Dartmouth-Hitchcock Medical Center and Catholic Medical Center for specialized services, as obstacles for their patients. Additionally proposed was that community members and medical centers may be unaware of public transportation, or falsely believe that services are limited to groups, such as the elderly or disabled.

- **Healthcare reimbursement:** Respondents acknowledged issues around reimbursement: as far as rates and services that involve coordination of services; effects of healthcare reimbursement on medical practices and the ability to afford high-quality healthcare; and capacity of the small healthcare system to stay afloat amidst continuing reductions in reimbursements along with competition from the state's larger healthcare system.

- **Inadequate healthcare insurance and coverage:** Respondents described a complicated system that overwhelms people for a variety of reasons, including: lack of education, age, and geographic isolation. Respondents additionally noted issues with affordability, namely for: the cost of insurance and high deductibles; the care of basically healthy people; and prescriptions for Medicare recipients. As far as areas where coverage is lacking, respondents named: insurance covering dental; private pay assuming too-large of a burden and costing too much; and government regulations limiting coverage of healthcare-related costs and benefits.

- **Physical Wellness and Prevention:** Respondents named obesity and diabetes as key health issues in the community. Shifting the community's interests in healthcare from treatment to prevention was a noted challenge. Lack of community-wide support and education around healthy eating and physical activity was identified, as was access to high-quality, affordable food. Lack of resources to educate the community around parenting skills was also mentioned.

Littleton Regional Healthcare

Description of Littleton Regional Healthcare Service Area

The Littleton Regional Healthcare (LRH) service area is Grafton County, although services are primarily delivered in the northern tier of the county. Towns in the service area include the following zip codes:

03215 Waterville Valley	03217 Ashland	03222 Bristol
03223 Campton	03238 Glencliff	03240 Grafton
03241 Hebron	03245 Holderness	03251 Lincoln
03262 North Woodstock	03264 Plymouth	03266 Rumney
03274 Stinson Lake	03279 Warren	03282 Wentworth
03285 Thornton	03293 Woodstock	03561 Littleton
03574 Bethlehem	03580 Franconia	03585 Lisbon
03585 Lyman	03586 Sugar Hill	03740 Bath
03741 Canaan	03748 Enfield	03749 Enfield Center
03750 Etna	03755 Hanover	03756 Dartmouth Hitchcock
03765 & 6 Lebanon	03765 Haverhill	03768 Lyme
03769 Lyme Center	03771 Monroe	03774 North Haverhill
03777 Orford	03779 Piermont	03780 Pike
03784 West Lebanon	03785 Woodsville	

Grafton County covers nearly one-fifth of the state of New Hampshire. Grafton County includes 1,709 square miles of land and 40.8 square miles of inland water area. The population density is 52.2 persons per square mile. Sixty-nine percent of Grafton County is rural.

According to the US Census Bureau, the 2014 population was 89,360, only slightly higher than the population 89,114 in 2010.[23] The median age in Grafton County is 45.6 years, compared to 43.9 in New Hampshire. Median income in Grafton County in 2013 was $51,926, while the statewide median income was $64, 230.[24]

[23] http://www.census.gov/quickfacts/table
[24] http://www.city-data.com/city/Grafton-New-Hampshire.html

The following table displays the 2016 County Health Rankings Health Outcomes and Health Factors Data for Grafton County, New Hampshire[25]

	Grafton County	Error Margin	Top US Performers*	New Hampshire	Rank (of 10)
Health Outcomes					**3**
Length of Life					2
Premature death	5,000	4,400-5,500	5,200	5,400	
Quality of Life					**7**
Poor or fair health	12%	12-12%	12%	13%	
Poor physical health days	3.3	3.1-3.4	2.9	3.	
Poor mental health days	3.5	3.3-3.6	2.8	3.6	
Low birth weight	6%	6-7%	6%	7%	
Health Factors					**2**
Health Behaviors					**6**
Adult smoking	17%	17-18%	14%	18%	
Adult obesity	27%	24-29%	25%	27%	
Food Environment Index	8.3		8.3	8.4	
Physical Inactivity	18%	16-20%	20%	21%	
Access to exercise opportunities	83%		91%	84%	
Excessive drinking	18%	18-19%	12%	19%	
Alcohol-impaired driving deaths	38%	30-45%	14%	33%	
Sexually transmitted infections	264.6		134.1	236.2	
Teen births	13	12-14	19	16	
Clinical Care					**2**
Uninsured	16%	14-17%	11%	13%	
Primary care physicians	500:1		1,040:1	1,060:1	
Dentists	1,260:1		1,340:1	1,430:1	
Mental Health Providers	270:1		370:1	390:1	
Preventable hospital stays	38	35-41	38	46	
Diabetic monitoring	90%	84-95%	90%	90%	
Mammography screening	71%	66-76%	71%	70.%	
Social & Economic Factors					**2**
High school graduation	92%		93%	88%	
Some college	66%	62-70%	72%	68%	
Unemployment	3.6%		3.5%	4.3%	

[25] 2016 County Health Rankings http://www.countyhealthrankings.org/app/new-hampshire/2016/county/snapshots/007

	Grafton County	Error Margin	Top US Performers*	New Hampshire	Rank (of 10)
Children in poverty	16%	11-20%	13%	13%	
Income inequality	4.2	3.9-4.5	3.7	4.2	
Children in single-parent households	32%	28-36%	21%	28%	
Social associations	13.8		22.1	10.3	
Violent crime	169		59	181	
Injury deaths	57	50-64	51	59	
Physical Environment					**1**
Air pollution - particulate matter	10.5		9.5	10.5	
Drinking water violations	yes		no		
Severe housing problems	16%	14-17%	9%	16%	
Driving alone to work	73%	72-75%	71%	81%	
Long commute- driving alone	28%	26-30%	15%	38%	

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

In terms of geography, northern Grafton and Coos counties are really one contiguous region forming the upper third of the state of New Hampshire. It is an area defined by the natural beauty of the White Mountains and burdened by the substantial economic and geographic barriers they create. For this assessment selected Coos County data is used because Northern Grafton County, the primary service area for Littleton Regional Healthcare, is more closely aligned demographically with Coos County than with the rest of Grafton County.

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

18+ Population Demographics and Socioeconomic Indicators – Geographic Comparison[26]

Variable	North Country	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
Did not finish high school	15%	9%	13%
High school graduate or higher	87%	92%	86%
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 rate	9%	7%	6%
Income less than $15,000 per year	15%	7%	12%

[26] 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	North Country	New Hampshire	United States
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% of FPL in last 12 months	13%	9%	11%
Population 18-64 at or below 100% FPL	12%	8%	13%
Population 65+ at or below FPL	10%	6%	9%

The 18+ population accounts for 82 percent of the total population of the service area. As may be ascertained from this table, the North Country 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 North Country 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 North Country 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.[27]

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 North Country 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.

[27] US Census web site, American Community Survey, 2013-2014.

Chronic Diseases – Geographical Comparison[28]

Risk Factor	North Country 18-64	North Country 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 Indicators[29]

Indicator	*North Country Region*	*NH State Rate/Percent*	*National Benchmark Rate/Percent*
Premature Mortality (Under 65 Years)[30]	234.7	180.1	[31]
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%

[28] 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.
[29] 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.
[30] Per 100,000 population
[31] No data available

Methodology

With assistance from the North Country Health Consortium (NCHC), Littleton Regional Healthcare (LRH) 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 LRH Service Area. In addition to conducting community and key informant 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 implementation strategies to address the needs of community.

NCHC and LRH staff have been meeting 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 LRH accomplished the following:

- Developed the 2016 CHNA survey tools;
- 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
NCHC and LRH 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 outreach. Paper surveys were collected and manually entered into Survey Monkey in order for all of the data to be aggregated together. Twenty-nine 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. Sixteen online outlets were used for survey dissemination and outreach.

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 49 community leaders and key stakeholders in the LRH 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 online.

Littleton Regional Healthcare
Littleton Area Community Health Needs Assessment
Community Survey Findings

Demographics of Survey Respondents

- **Duration of residency in the Littleton Area**

57% of respondents have lived in the Littleton area for 16+ years. Additional responses indicate 12.1% having lived in the area 11-15 years; and 30.9% having resided in the area for 10 years or less.

I have lived in my community for:	% of Respondents
Less than 1 year	4.2%
1-5 years	16.4%
6-10 years	10.3%
11-15 years	12.1%
16+ years	57.0%

- **Educational Attainment**

25.5% of respondents have advanced degrees and 25.5% are four-year college graduates. About 33.9% have had some college education or are community college graduates. 14.5% percent graduated from high school, and 0.6% did not complete high school. 41% of college graduates (58 out of 142) indicated that they are/were first-generation college students.

- **Age**

12.1% of respondents were 65 or older; 52.7% of respondents were between 45 and 64 years old, and another 26.7% represent those in the 30-44 years age group. 7.9% were between 18 and 29 years of age. 85.5% of the respondents are female and 14.5% are male.

How old are you?	% of Respondents
Less than 18 years	0.6%
18-29 years	7.9%
30-44 years	26.7%
45-64 years	52.7%
65 years or older	12.1%

❖ Household Data and Employment Status

55.5% of households have 2-3 individual occupants, while 25% represent homes with 4-5 members. Additionally, single-occupancy households represent 15.9% of respondents.

55.5% of respondents reported having a household annual income over $60,000; 14.8% are in the $50,001 to $60,000 range; 7.1% are in the $40,000 to $50,000 range; 9.7% are in the $30,001 to $40,000 range; and 12.8% had a household income of less than $30,000.

Employment status of respondents included 68.8% of full-time employed individuals; 13% of part-time employed; 1.3% of unemployed and 1.3% of long-term unemployed (defined as more than 1 year of unemployment); and 11.7% of whom were retired. An additional 3.9% reported being retired, but working part-time. Additionally, 14 of 154 respondents indicated a status of disabled, stay at home parent, on maternity leave, a homemaker, self-employed, per diem, in a temporary position, and a full-time caregiver.

Annual Household Income	% of Respondents
Under $12,000	1.9%
$12,001-$20,000	3.2%
$20,001-$30,000	7.7%
$30,001-$40,000	9.7%
$40,001-$50,000	7.1%
$50,001-$60,000	14.8%
Over $60,000	55.5%

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	97.4%
Report having a healthcare provider	96.4%
Report seeing a healthcare provider at least once in the past year	92.2%
Report having dental insurance	69.2%
Report seeing a dentist at least once in the past year	79.9%

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

Health Insurance Coverage	2016
Purchased directly from company or agency	8.2%
Enrolled in the Health Insurance Marketplace ("Obamacare")	8.2%
Insured through employer	71.1%
Medicare/Medicaid	19.6%
NH Health Protection Program ("Expanded Medicaid")	0.5%
Do not currently have health insurance.	2.6%

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

Dental Insurance Coverage	2016
Purchased directly from company or agency	4.1%
Insured through employer	64.4%
Do not currently have dental insurance.	30.8%

45.5% of the respondents have a primary healthcare provider that is located at North Country Primary Care (at Littleton Regional Healthcare) and 31.5% of the respondents see a provider at Ammonoosuc Community Health Services. 6.7% of respondents see a provider at Weeks Medical Center. Additionally, 12.9% see a provider outside of the North Country Healthcare System, and 4.5% indicated that they do not have a healthcare provider. 55.4% of respondents have been seeing their primary healthcare provider for 5+ years.

Location of Primary Healthcare Provider	% of Respondents
Indian Stream Health Center	0%
Coos County Family Health Services	0%
Weeks Medical Center- Physician Offices	6.7%
Ammonoosuc Community Health Services	31.5%
North Country Primary Care (at Littleton Regional Healthcare)	45.5%
Seek care outside of the North Country Healthcare System	12.9%
Do not have a healthcare provider	4.5%

❖ **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. 16.7% of respondents indicated that they receive hospital or specialty care outside of the North Country Healthcare System and 14% 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	0%
Androscoggin Valley Hospital	0%
Weeks Medical Center - Hospital	4.8%
Littleton Regional Healthcare	71.5%
Outside of the North Country Healthcare System	16.7%
Other *Includes: Dartmouth Hitchcock Medical Center; North Eastern Vermont Regional Hospital; Cottage Hospital; Boston Children's Hospital; Boston Partners in Health; Norris Cotton Cancer Center; Catholic Medical; St. Johnsbury Health Center; University of Vermont; ClearChoiceMD*	N/A

Reasons for acquiring hospital services and/or specialty care outside of the North Country Healthcare System varied, including personal choice (20.2%), referred by a healthcare provider (15.6%), and services not offered in the community (13.3%). 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	20.2%
Services not offered in community	13.3%
Cost	4.6%
Recommended by health insurance provider	2.9%
Referred by healthcare provider	15.6%
Did not look for or receive hospital/specialty care outside of the North Country Healthcare System	52%
Other *Includes: recent relocation to the area; part-time residency in another state; receiving treatment in another state where injured; local dentist does not accept their dental insurance; insurance coverage limited to University of Vermont; lacking a primary care provider at time of service; care initiated at DHMC while*	N/A

Why did you receive care from a hospital and/or specialty care outside of the North Country Healthcare System:	% of Respondents
local dermatologist on medical leave; seeking a heart specialist; provider recommendation for thyroidectomy outside North Country; concerns trust, quality of care, and competency with complicated diagnosis; and perceptions of better care being available from outside sources and urban areas.	

❖ **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	5.1%
Report being told they have heart disease	5.1%
Report being told they have asthma	13.1%
Report being told they have high blood pressure	24.6%
Have been advised in the last 5 years to lose weight	49.4%
Report exercise at least 3 times a week	59.9%
Smoke cigarettes on a daily basis	5.8%
Use smokeless tobacco on a daily basis	0.6%
Report in the last 30 days that they drank 5 or more drinks of alcohol in a row within a couple of hours.	8.8%
Report usually feeling happy and positive about their life	82%

The Patient Health Questionnaire-2 (PHQ-2) depression screening revealed that of the 164 respondents to this question, 7% had little interest or pleasure doing things, while 1% out of the166 participants 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	96	45	11	10	2
Feeling down, depresses, or hopeless	107	49	9	1	0

Survey respondents were asked if they had health concerns that they had not discussed with their healthcare provider. Of those who responded, 15.3% said “yes,” and 70.5% 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: too embarrassed and/or uncomfortable; unestablished relationship with provider and/or lack trust; individual perception

that the issue(s) are minor or not significant; not having routine physicals; lack of motivation to make an appointment just to discuss issues; high deductible and out of pocket expenses; provider dissatisfaction; and short appointment time.

Additionally, respondents were asked to indicate sources they were comfortable accessing for health and wellness information. 87.5% responded "A healthcare provider"; 59.5% responded "My Spouse/Significant Other"; 61.3% responded "Friend(s)/Peer(s)"; and 60.7% responded "Online," which includes: Google search, Facebook, health/medical websites, online chats/forums, etc.

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	17%
At Home	83%
Around the neighborhood (ex. Walk, run, bike, etc.)	82%
Gym or weight room at local business	28%
National Parks (ex. hiking, kayaking, etc.)	62%
Fitness and/or yoga classes	35%
Other: *Includes: fitness classes that are local and affordable, instructor-led, high-intensity, and/or hosted at Littleton Regional Hospital due to "convenience"; classes at Littleton Regional Healthcare, especially the "Bone Builders" program; a gym at their place of employment; hospital gym; ballet studio; indoor track; local roads and trails for running and hiking; lakes and rivers to swim, kayak, and paddle board; and state parks for skiing; pedometer.*	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:

Services:	Did not Need/Did not Seek Services	Received Every Time	Received Some of the Time	Never Able to Get Services
Well care in a doctor's office	16%	77%	3%	1%
Sick care in a doctor's office	26%	66%	6%	1%
Dental cleaning	15%	76%	4%	5%
Dental filling(s)	42%	45%	6%	5%
Prescription drugs	14%	75%	9%	1%

Services:	Did not Need/Did not Seek Services	Received Every Time	Received Some of the Time	Never Able to Get Services
Home health care services	89%	6%	2%	2%
Mental health counseling	80%	13%	6%	1%
Alcohol and drug abuse counseling	99%	0%	0%	1%
Emergency room care	53%	42%	5%	1%
Nursing home care	99%	1%	0%	0%
Assisted Living	100%	0%	0%	0%
Hospice Care	97%	3%	0%	0%
Lab work	13%	80%	6%	1%
X-ray	38%	58%	3%	1%
Eating disorder treatment	98%	0%	2%	0%
Cancer treatment	92%	8%	0%	1%
Rehab services (Physical Therapy or Occupational Therapy)	71%	23%	5%	1%
Nutrition services (ex. Counseling or Education)	89%	7%	1%	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 33 individuals who responded that they/their family needed services and were unable to receive them, the top five reasons included:

- Could not afford deductibles and co-pays (48%)
- Services unavailable in community (39%)
- Could not take time off work (30%)
- Do not have dental insurance (27%)
- Could not get an appointment in acceptable time frame (24%)
- Felt the issue could be self-managed/without medical intervention (24%)

❖ **Support System and Wellness**

Asked to identify all the people/groups they considered "support systems" or someone with whom they "can trust to talk," 97.6% of survey respondents indicated having such a support outlet. A vast majority of respondents reported they could confide in family and friends, 91.8% and 81.8% respectively. Another 19.4% reported they chose the faith-based community to confide in. Only 4.1% of the respondents reported participating in an organized support group. Other respondents indicated counselors at local health and human service provider organizations. 2.4% 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.) (91.4%)
- **Mental Health Problems** (81.5%)
- **Obesity/Overweight** (81%)
- **Alcohol Abuse** (77.9%)
- **Smoking and Tobacco Use** (74.4%)

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 5 serious health concerns that lead to the most serious health issues in the community:

- **Drug Abuse** (88%)
- **Cost of prescription drugs** (79%)
- **Lack of Physical Exercise** (77%)
- **Lack of Dental Insurance** (76%)
- **Cost of Healthy Food** (72%)

Respondents were asked to consider the community's available recreational and social activities available for all age groups. The following table shows the combined rates of respondents that "agree" and "strongly agree" that there are "enough and adequate" resources to "help maintain the health and well-being" for the indicated groups:

Age group	Agree or Strongly Agree
Children	37%
Teenagers	19%
Adults	30%
Seniors	28%

Prompted to substantiate their selections, respondents aired their perceptions of the community's resources and suggestions to improve conditions for the different groups. One theme that emerged were respondents that pointed to the potential for all ages to participate in a variety of activities, many of which are free of cost, given the abundance of outdoor recreation and natural resources, including: fields, parks, playgrounds, and walking trails in town/National parks. Underutilization of available resources was presumed to be due to people's negative perceptions around local resources, and lack of publicity to raise awareness around programs. On the other hand, it was also suggested that opportunities for all age groups exist, but exclude people with health or mental disabilities. Respondents' ideas for specific environmental improvements include: repairing sidewalks, increasing access to paths for biking and walking, and reclaiming the vacant Brooks Pharmacy lot in Littleton to provide a venue for children and teens. Based on the collective input from all participants' responses, the top three areas of need include:

- **Overall, increased program offerings and social opportunities that are affordable or free to the community, and which meet during times convenient to a range of scheduling needs:** Specifically, working parents that coordinate their kids' transportation for activities, was a group brought up for consideration. Respondents also indicated expense and time of day of offerings as barriers to access.

- **Availability of positive "outlets," both physical space and programming, for children and teenagers:** Respondents' perceptions of limited opportunities for kids and teens to positively engage, be physically active, and socialize, emerged as common themes. Pointing to the dearth of options, respondents said kids are limited to: summer and after school programs, the Boys & Girls Club in Lisbon, and sports, if they opted to participate. The movie theater was identified as the sole teen-friendly establishment.

- **Expanded social and physical activity offerings for seniors, including access:** Resources of the existing senior center was described as sparse, especially for active seniors. Transportation to enable activity participation was also flagged as lacking.

When asked ***will the community be able to meet the health needs (physical and mental) of the aging population, so they may lead full and productive lives at home***, 17% of the respondents answered "Strongly Agree" or "Agree", 38% "Somewhat Agree", and 34% "Disagree". In regard to why the ***community may not be ready to meet the physical and mental health needs of the aging population***, the top concerns were:

- **Limited financial resources amidst rising healthcare costs:** Respondents' concerns consistently conveyed a multipronged barrier: the "financial restraints" faced by individuals within the aging community, impacting their ability to afford increasing healthcare costs, along with the obstacle to access the region's scant resources. Respondents noted a significant lack of affordable senior housing, denying those who are failing in health a place to live, where some seniors are relegated to choose, medical care or housing and sustenance

- **Inadequate healthcare workforce and supports for caregivers:** Respondents referenced a general lack of personnel in the region to provide care and support for the aging population. Specific worker shortages were mentioned: at long term care facilities, for qualified nurses staffed at home health agencies, and for providers that handle geriatric care." Moreover, questions were raised over the plight of caretakers, their availability, and the resource-strain incurred by families charged with the care of their aging loved ones. Due to the noted increase of seniors who care for parents and grandchildren, suggestions for resources to support them was also indicated

- **Lack of mental health supports and services:** Respondents acknowledged concern over the availability and accessibility of people and supports to help maintain the mental wellness of the aging. Access to social networks and support was also noted as problematic due to transportation. Respondents mentioned many families hire personal attendants to improve aging loved ones quality of life. Self-identified healthcare employee respondents weighing in reported regularly witnessing serious mental illness, neglect, and lack of mental supports.

Survey respondents were asked about ***conditions that affect their ability to live comfortably in their community.*** The top three conditions identified are:

- **Adequate Transportation**
- **Adequate Healthcare**
- **Adequate Lighting at Night**

Respondents were asked to ***identify one change or new or existing program/service that could be created to help improve the health of the community***, the following responses were provided:

- **Increased workforce, services, and supports for Mental Health and Substance Abuse:** Respondents named mental health and substance/drug misuse, both separately and together, as number one issues to address and for which to create new programs and services in the community. In regard to mental health, respondents requested more coverage, availability of services and supports, less wait time to see counselors and psychiatrists, and access to early intervention. In regard to drug/substance misuse in the community, respondents asserted the need for more services and supports, naming affordability and adequate promotion of available services, as important factors. Additionally, in regard to substance misuse and mental health, there is a need for increased and integrated services, including: continuum of care for mental health and substance abuse; a psychiatry venue with Suboxone clinic; mental health centers for patients that are suicidal and in need of drug rehab and safe detox; and support groups, both for those afflicted with addiction, and their families. Also suggested was the implementation of drop boxes for anonymous used-syringe disposal, and increased police presence due to drug-related crimes inciting feelings of unsafety amongst community members.

- **Improved availability and access to primary, preventative, and specialty care providers, services, and supports:** Respondents weighed in with requests to improve the community's access to primary care. Amongst the suggestions was a call for more qualified providers and specialty services, including: primary care, dermatology, mental health, dental care, functional health, and services dedicated to people with disabilities/special needs. Increasing physicians' hours of availability, along with opening more clinics, were suggestions for expanding access and preventative care opportunities, and to allow for walk-ins and urgent care services. Additionally, to improve accessibility to primary and preventative care, respondents broadly suggested making services more affordable, or gave specific ways or areas in which to do so: reduce costs of services at LRH; hospitals accommodating payment plans for patients; free screenings; and "realistic" sliding scales for dental care. Respondents also expressed desire for integration of healthcare across services and within the community, suggesting: health and wellness driven by the individual and broader community, rather than disease management; a team approach to primary care, including dental and mental health; and quality primary care accompanied by adequate social and mental health supports to implement care plans for complex patients. Another respondent brought up an alternate opportunity to connect people's healthcare to community support, describing, a program at North Eastern Vermont Regional Hospital (NVRH) that connects all caregivers in the community to each other and the supports they need, resulting in "less ER visits and less cost to the

hospital." Respondents expressed that hospitals should perform more outreach and to adopt a community health approach towards prevention and education.

- **Increased opportunities for affordable/free physical activity and recreational options, including services and venues:** Respondents indicated better physical health and weight loss as a priority to improving the health of the community. Collectively, they requested more opportunities for physical activity, including events, programs, services, and venues. For events, respondents mentioned: social gatherings that encourage exercise, community walks/runs, a public health challenge like, "Walk Littleton," and family-oriented outdoor gatherings for all ages (e.g. movies, music, and treasure hunts). Respondents' ideas around program offerings referred to a range of populations and needs, where cost was noted as a common barrier. Respondents said they wanted lower-cost gym/fitness classes for adults and working adults; less-expensive recreation programs for kids, including, ones that run during school vacation, and day camps; teen centers and town-sponsored safe "drop-in places" for kids and teens (e.g. with a social worker-chaperone at the Evergreen facility); more programs and inclusion for people with disabilities; exercise/walking clubs tailored to people managing specific medical conditions; and overall more wellness programs available throughout the community. To provide social support along with exercise and recreational activities, respondents called for community-based programs and groups for all ages, including the elderly and "latch-key kids." Promotion and creating more public awareness around programs and activities, especially free ones, was also considered important to respondents. It was also suggested to extend outreach efforts, such as for senior activities, as volunteer opportunities for young people. Where environmental changes or dedicated facilities are indicated, respondents' requested: a recreational center with low-cost membership; indoor track/walking spaces, and accessible outdoor paths for walking and biking. Repairs to outdoor spaces were also mentioned to encourage physical activity. Respondents additionally asked for improvements to the Riverwalk, as well as to streets and sidewalks, specifically pointing out the poor shape of Littleton's Main. St. and the crossing on Cottage St. in front of the Bike Shop, deemed unsafe.

- **Improved nutrition, addressing issues of access, affordability, and education around healthy eating:** The desire to improve the health and weight status of the community by targeting people's nutrition and eating habits rose prominently amongst respondents. Their suggestions for promoting a healthy diet and lifestyle centered on widespread education throughout the community, and targeting groups ranging from teens and seniors, to families. Respondents recommended cooking classes, for food pantry clients and teens, education around nutrition on a budget, and a hotline that teaches and supports callers with health-conscious food shopping and preparation. Respondents also proposed programs, such as tax or health insurance breaks to incentivize families to reduce their consumption of sugar or to participate in education and routine blood-sugar testing by a door-to-door public health staff. A healthy grocery store, and alternative to the Littleton Co-op, was also indicated for affordable groceries.

Survey respondents were asked ***why they live in their community (within the North Country)***. ***Reasons included:*** Having established roots in the area, such as family or a spouse's local ties, as were friends and the community; born and raised in the area; caregiver responsibilities to aging family members, or going on to start a family where they grew up, allowing them to raise children near familial support and the school district in a safe neighborhood; employment; and preference for the environment and quality of life, including natural beauty, rural setting, access to outdoor recreation, air quality, affordability, and the pace of small town living.

Littleton Regional Healthcare
Littleton Area Community Health Needs Assessment
Key Informant Survey Findings

Key informant surveys were completed by 49 participants in the Littleton area; 10 participants indicated serving all or multiple North Country regions, including the Littleton area. The key informants who were recruited to complete the Key Informant Survey during summer 2016 were from the following occupational fields: healthcare, business, public safety, government, non-profit, social services, senior care, and other fields.

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	60%
Education	0%
Business	6.7%
Public Safety	2.2%
Government	8.9%
Other: *Includes: public health, non-profit, law, pharmacy, social services, transportation for public and human services, pharmacy, senior care*	22.2%

The majority (57.8%) of key informant respondents indicated having worked, practiced, or served in the Littleton area for more than 10 years. 11.1% indicated having worked in the region for 7-10 years; 8.9% indicated 4-6 years; 6.7% indicated 1-3 years; and 15.6% have only been working in the region for less than 1 year.

Key informants who work in the Littleton area who also reside in the North Country indicated that they live in:

Area where Key Informants live:	% of Respondents
Colebrook area	2.2%
Lancaster area	13.3%
Littleton area	71.1%
Berlin area	6.7%
Other: *Includes: North Haverhill, Silver Lake, Lincoln*	6.7%

❖ **Community Health Priorities**

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

Health Issue or Concern	% of Respondents who "Agree" or "Strongly Agree"
Mental Health Problems	91%
Substance Misuse *(includes drugs, opioids, heroin, etc.)*	89%
Alcohol Abuse	82%
Obesity/Overweight	82%
Physical Inactivity	80%
Smoking and Tobacco Use	80%
Oral Health/Dental Disease	80%
Diabetes	73%

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:

- **Lack of mental healthcare** (80%)
- **Cannot afford the deductibles and co-pays** (73%)
- **Lack of dental insurance** (70%)
- **Unwillingness to seek healthcare** (64%)
- **Lack of affordable prescription drugs** (62%)

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 (includes opioids, heroin, etc.)** (87%)
- **Tobacco Use** (87%)
- **Alcohol Abuse** (78%)
- **Domestic Abuse** (73%)

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

- **Achieving and maintaining healthy weight status** (100%)
- **Eating healthy foods, like lean proteins, healthy fats, fruits and vegetables** (100%)
- **Maintaining oral health** (100%)

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** (69%)
- **Adequate healthcare** (51%)
- **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	56%
Teenagers	27%
Adults	33%
Seniors	31%

Key Informants providing additional reasons for their answer contributed the following:
One theme that emerged was the perception that there are abundant social and recreational opportunities. Accessibility to outdoor resources is an asset of the rural area, pointing to prospective physical activities through the seasons, such as walking, hiking, paddling, and snowshoeing. However, that people do not take advantage of available resources was thought to be an issue. Respondents identified the following overall barriers to people's activity engagement: access, motivation, lack of awareness, cost, and transportation.

- **Children:** As far as resources for children, respondents indicated lack of after school programs as a gap that affects working parents and household providers. A suggestion to address this void was to incorporate activity within the structure of school, such as more recess time.

- **Teens:** Respondents expressed a general lack of availability of activities to occupy teens, namely at low or no cost. A volleyball program open to both teens and adults was proposed as an offering.

- **Adults:** Respondents named isolation and loneliness as a distinct plight for adults in the community, namely those who are single. With the lack of low or no-cost activities being a barrier, respondents' suggested the following to increase adults' access: incorporating wellness resources into workplaces; and adult education programs offered at the high schools.

- **Seniors:** A suggestion for increasing access to services for seniors was integration of activities and resources within senior housing.

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, 18% said they "Agree" or "Strongly Agree," while 40% said "Disagree." A summary of responses is below:

Overall, a common sentiment across responses was uncertainty— over the aging population and its needs outpacing the capacity of the healthcare system and growth of available services. Collectively, respondents' answers pointed to the following top areas of need for the community's aging Baby Boomers:

- **Home health supports:** The capacity to maintain the independence of the aging, and their ability to remain in their homes, was an indicated priority need for seniors. Respondents' pointed to seniors' decline in hope and life expectancy as a byproduct of nursing home admission. As far as specific needs and barriers to access of home health supports, respondents named: affordability of private services, the need for more, and more robust, home health supports, including both volunteer and professional workforce, as well as training, support, and reimbursement for care coordination provided by caregivers and community health workers.

- **Housing and end-of-life care:** Respondents referred to housing as an area of need for the community's elderly. Specifically, affordable assisted living is lacking, as are options for transitional residency, such as senior residential communities that can provide additional support on a needs-basis. Respondents also said that end-of-life care is limited, where a more robust profile of hospice and palliative care services is indicated, for example, more services in the home for end-of-life, and a hospice house.

- **Mental health services:** Respondents expressed mental health as an area of general lack for seniors, as far as available services and accessibility to those requiring them. With the need and demand for mental health services overwhelming capacity, key informant respondents noted a reactionary, rather than proactive, approach routinely adopted to address serious mental health cases.

❖ **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	0%
Coos County Family Health Services	7.5%
Weeks Medical Center- Physician Offices	10%
Ammonoosuc Community Health Services	50%
North Country Primary Care (at Littleton Regional Healthcare)	22.5%
Seek care outside of the North Country Healthcare System	7.5%
Do not have a healthcare provider	2.5%
Other: *Includes: LinWood Medical Center, Kingdom Internal Medicine, Cheshire Medical Center, Dartmouth-Hitchcock Medical Center, and providers in: Concord, Salem, Keene, and Vermont*	N/A

Key informants were asked if they received care from a healthcare provider, hospital or specialist outside of the North Country Healthcare system. 39.5% of respondents indicated "yes", 60.5% indicated "no." Reasons for acquiring primary, hospital, or specialty care outside of the North Country Healthcare System varied, including personal choice (24.2%) and referred by healthcare provider (15.2%) (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	24.2%
Services not offered in community	9.1%
Cost	0%
Recommended by health insurance provider	0%
Referred by healthcare provider	15.2%
Did not look for or receive hospital/specialty care outside of the North Country Healthcare System	63.6%
Other *Includes: Recent relocation to area, currently live outside of New Hampshire, sought board-certified allergist/endocrinologist, oncology was not offered at LRH, confidentiality concerns, perceptions of provider competency*	N/A

When key informants were asked to ***identify challenges in the healthcare system or in the community*** that affect their line of work, the following themes emerged:

- **Lack of workforce and services:** Respondents identified strong workforce and ability to recruit qualified workforce as overarching challenges. Issues around accessibility of services were identified, including: unacceptable hospital bed wait-periods of 5-7 days, a problem noted as prevalent across New Hampshire hospitals; and lack of specialists in the area.

- **Shortage of mental health/ substance misuse recovery services:** Specifically, mental health issues and substance abuse are major challenges in the community and pointed to a lack of services and wait-time to receive treatment for both as particular problems.

- **Lack of services/supports for senior and vulnerable populations:** The aging and vulnerable adults were identified as populations for whom funding, services, and staffing is inadequate. While needy elderly often fall short of qualifying for home support, respondents reported, they may not be sick enough or willing to access hospice care. Further, the lack of supports and services in place for middle-income adults that do not qualify for Medicaid assistance was also noted.

- **Limited access to transportation:** When it comes to transportation, key informants noted a lack in: accessibility to services; funding for services to meet residents' operational requests; and volunteers willing to drive patients needing treatment. In particular, respondents pointed out the gaps in service for transportation from Lincoln or Woodstock to Littleton or Plymouth as a challenge, with only one small clinic in Lincoln. Additionally, healthcare provider respondents noted travel to major medical facilities,

such as Dartmouth-Hitchcock Medical Center and Catholic Medical Center for specialized services, as obstacles for their patients. Additionally proposed was that community members and medical centers may be unaware of public transportation, or falsely believe that services are limited to groups, such as the elderly or disabled.

- **Healthcare reimbursement:** Respondents acknowledged issues around reimbursement: as far as rates and services that involve coordination of services; effects of healthcare reimbursement on medical practices and the ability to afford high-quality healthcare; and capacity of the small healthcare system to stay afloat amidst continuing reductions in reimbursements along with competition from the state's larger healthcare system.

- **Inadequate healthcare insurance and coverage:** Respondents described a complicated system that overwhelms people for a variety of reasons, including: lack of education, age, and geographic isolation. Respondents additionally noted issues with affordability, namely for: the cost of insurance and high deductibles; the care of basically healthy people; and prescriptions for Medicare recipients. As far as areas where coverage is lacking, respondents named: insurance covering dental; private pay assuming too-large of a burden and costing too much; and government regulations limiting coverage of healthcare-related costs and benefits.

- **Physical Wellness and Prevention:** Respondents named obesity and diabetes as key health issues in the community. Shifting the community's interests in healthcare from treatment to prevention was a noted challenge. Lack of community-wide support and education around healthy eating and physical activity was identified, as was access to high-quality, affordable food. Lack of resources to educate the community around parenting skills was also mentioned.

Key informants were asked what ***new or existing programs or services could be implemented or enhanced to improve the health of residents in the community,*** the following responses were provided:

The difficulty of implementing or enhancing services in the absence of new revenue sources was noted; as was the suggestion to set community health improvement goals; and addressing social determinants of health. Themes that emerged from respondents' collective answers are as follows:

- **Increase Access to Services:** Broadly, respondents noted a need for outreach and to identify means of getting information to the community in order to increase their access to available programs and services. Additionally identified was the need for additional, and accessible, transportation services in order to transport residents' to different appointments and events. As far as improving the community's access to needed healthcare, respondents proposed: extended physician hours; increasing oral care access, including expanding ACHS's dental program; and an outpatient clinic (open every day, with some evening appointment availability) for emergencies arising outside of regular physician hours, and to reduce burden to emergency rooms.

- **Expand prevention-based initiatives and education around healthy lifestyles:** To improve the health status of the community, respondents brought up an array of topics around which to provide the community education and supports: health coaching; home economics; parenting classes; and education for healthy eating and physical activity. To promote physical activity, respondents proposed: free exercise classes; walking groups; bike-friendly roads; and community-based activity programs for all ages. As far as encouraging healthy eating, key informants suggested: farm-to-table initiatives; and taxation on unhealthy foods (e.g. soda). Respondents additionally recommended "messages and motivation where we spend most of our time," including: school-based programs; after-school programs for kids and teens; and integration of health improvement initiatives and incentives within the workplace.

- **Improve healthcare coverage and insurance:** Respondents expressed perceived ineffectiveness of government guidelines and impositions to health insurance and related expenses. Notably, respondents commented that healthcare needs to be more affordable for everyone; and also suggested the expansion of Medicaid to middle-income clients. Additionally, respondents proposed increasing program coverage to include oral, hearing, and eye care, either for free or at reasonable rates.

- **Expand senior living/housing services and supports:** For seniors, respondents brought up the need for expanded residential options and services: more in-home supports and sick-care for seniors living at home; development of senior living communities; a bridge between home care and hospice; and a regional hospice house.

- **Increase mental health and substance misuse services:** Respondents broadly noted a demand for increasing availability across behavioral health and substance misuse/addiction recovery services, supports, facilities, and providers/workers.

Key informants were asked ***why they choose to work, practice, or serve in the community.*** Their responses spanned across personal and professional motivations, including:

- **Professional motivations:** feeling connected to the mission and work of their organizations, as well as helping people, and serving disadvantaged populations. Commitments to rural health issues; serving vulnerable adults and seniors; matching people to their needs, including providers and services; and providing excellent care to all residents, regardless of income/insurance statuses. Beliefs that national health begins at the community level; the tremendous need in the North Country; and that everyone deserves to be safe and living with their families. Respondents also described the following benefits to their work environments, or conditions attached to their jobs: the collaboration of providers; feeling supported in my practice; satisfaction with employer and colleagues; job availability commensurate with education and desire for job satisfaction; and the community encompassing coverage area.

- **Personal reasons:** Respondents mentioned feeling connected to their jobs due to their roots in the community. Understanding towards the community's "unique personal pride, needs and thought-processes" as a result of growing up locally; and "making a difference" with the ability to serve friends and family. Additionally mentioned were

being close to family; the community and its people; the area feeling like home; and simply, love of the area and state. Moreover, respondents praised the area for its natural beauty, rural, mountainous landscape, and the perks afforded by such a setting; outdoor recreations; being active; ability to grow food; ability to ride a bike to work; as well as proximity to options of cities and oceans, while remaining removed from busier communities.

Upper Connecticut Valley Hospital

Community Health Needs Assessment

Prepared by:
North Country Health Consortium
Littleton, NH

2016

Upper Connecticut Valley Hospital
Community Health Needs Assessment
2016

Table of Contents

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

Upper Connecticut Valley Hospital
Colebrook Area Community Health Needs Assessment
Executive Summary

Upper Connecticut Valley Hospital Association, Inc. is a not-for-profit critical access hospital that provides a broad array of medical services to the community. Our Mission is to improve the well-being of the rural communities we serve by promoting health and assuring access to quality of care. The name Upper Connecticut Valley Hospital refers to the headwaters of the Connecticut River that is part of the 850 square mile service area of the hospital, which includes 18 towns and over 8,000 people in New Hampshire, Vermont and Maine. Upper Connecticut Valley Hospital is the smallest hospital in New Hampshire with 16 beds, and became a federally designated Critical Access Hospital in 2001.

A Critical Access Hospital is defined as a geographically remote facility that provides outpatient and inpatient hospital services to people in rural areas. To be designated as a Critical Access Hospital, a hospital must provide 24-hour emergency services; have an average length of stay for its inpatients of 96 hours or less; have 25-beds or less; be located either more than a 35-mile drive from the nearest hospital or 15 miles in areas with mountainous terrain or only secondary roads; or be designated as a "necessary provider" by the Governor.

Upper Connecticut Valley Hospital uses its resources to provide many services to the community regardless of an individual's ability to pay and has established a financial assistance policy that considers a patient's ability to pay based on income and other factors.

As part of Upper Connecticut Valley Hospital's commitment to assuring access to care and meeting the needs of the neighbors we serve, and as required by the Federal and State Governments, the Upper Connecticut Valley Hospital conducts a community needs assessment to identify additional areas to help improve the health of residents in our community.

The 2016 UCVH Community Health Needs Assessment was conducted by the North Country Health Consortium (NCHC) in collaboration with the North Country Healthcare system and approved by the Upper Connecticut Valley Hospital Board of Directors. The assessment's goal is to identify primary health issues and needs, and to have access to critical information that will ensure our services are aligned with those needs and required partnering and collaborating with other organizations.

2016 Community Health Needs Assessment Summary of Findings

As part of the 2016 Upper Connecticut Valley Hospital Community Health Needs Assessment, 57 community leaders and 90 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 six serious health issues*** in the Colebrook area that were identified by the community assessment surveys were:

- **Low-income/Poverty** (83%)
- **Substance Misuse** (includes drugs, opioids, heroin, etc.) (79%)
- **Unemployment/Lack of Jobs** (78%)
- **Obesity/Overweight** (75%)
- **Smoking and Tobacco Use** (73%)
- **Alcohol Abuse** (72%)

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

- **Drug Abuse** (82%)
- **Poverty** (76%)
- **Lack of Dental Insurance** (75%)
- **Unemployment** (74%)
- **Lack of Jobs** (72%)
- **Lack of Physical Exercise** (72%)
- **Cost of Healthy Food** (72%)

Community members identified the following ***programs, services or strategies to improve the health of the community***:

- **Healthcare Enhancements:** less prescribing of narcotics; need more doctors; bring Veterans Administration (VA) back fully into the area; local hospital needs to accept more types of health insurance; COPD and Heart Rehab programs locally; more free or low-cost services available and shorter wait times for these services; low-income dental clinics; more internal medicine doctors for aging residents; we need younger physicians as the workforce is aging as well; limited physician accessibility is causing migration to primary care services outside of the area; more holistic health groups and information; improved tact in the ER as demeanor can be belittling; focus more on preventative healthcare and less on the sick care model; need more qualified LNAs to assist the elderly in their homes, as well as RNs providing regular wellness visits; better transportation options for healthcare access; addiction is a major issue in the community and therefore need a rehab facility, program, or clinic to help these people; substance use disorder treatment and recovery supports that address all aspects of daily living; local cancer care; more specialists available locally; need a pediatrician on staff; physical therapy program at the hospital; and offer more mental health counseling.

- **Environmental Enhancements**: need more jobs with benefits; more awareness and outreach for programs that are being offered; more programs for the middle age group; more places to walk, cross-country ski, and organized events; transportation to out-lying communities; address overall wellness, including nutrition and family stressors that lead to addiction or substance misuse; affordable housing; better quality jobs that will retain and recruit productive, hard-working families; improved nutrition and healthy eating for low-income families and children, including encouraging families to purchase fruits and vegetables and less processed foods; more inclusive outreach to elderly, disabled, and the poor; a community college closer to the area, leading to more qualified nurses, techs, and teachers; a more welcoming community feel to entice people to reside in the region; affordable grocery store with affordable healthy foods and more variety; better nutrition and healthier meals at schools and for elderly meal programs; extended hours at the rec center for program such as water aerobics, water jogging, low-impact aerobics, etc. for adults only; something to encourage young people to stay in the area; yoga classes; free afterschool programs for children with healthy snacks; the town rec program and the rec center should be connected, not separate entities; a walking group for seniors; and free community gatherings, such as concerts.

Key findings from the Key Informant Survey:

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

- **Alcohol Abuse** (98%)
- **Unemployment/Lack of Jobs; Low-income/Poverty** (98%)
- **Substance Misuse** (includes drugs, opioids, heroin, etc.) (96%)
- **Obesity/Overweight** (92%)
- **Mental Health Problems** (90%)
- **Smoking and Tobacco Use** (90%)
- **Physical Inactivity** (88%)

Key informants identified the following as ***challenges in the North Country healthcare system***:

- Some individuals don't understand their medical history or why they are on certain medications; healthcare costs; not enough doctors; third-party payers do not cover the cost to deliver the services and don't incentivize people to take better care of themselves; lack of staff to maintain quality care; lack of jobs for spouses of providers coming into the area; frustration with insurance processing, referrals, waiting for information to be sent to PCP, waiting for PCP to contact patient, and billing; behavioral health- patients are waiting at the local hospital for placement; transportation; providers need to see the whole person, not just their medical history; lack of healthcare professionals; individuals' lack of ability to pay for healthcare and insurance; affordable health insurance, deductibles, and co-pays; lack of dental care; many young people going on disability; drug and alcohol addiction; preventative medicine; communication; demand for different healthcare needs, but having to travel for them; lack of public transportation for residents in need of specialty care outside of the area; not enough funding, services, or staffing to meet the needs of vulnerable adults and the aging population; complicated systems that overwhelm patients; poverty, domestic violence, lack of mental health service, child

neglect and abuse; lack of communication between hospitals and primary care providers; and obesity and diabetes.

Key informants identified the following ***new or existing programs or services that could be implemented or enhanced to improve the health of the residents in the North Country***:

- **Access to Care/Services:** Substance abuse and mental health services; better promotion and outreach to raise awareness of available services; more VA services; cardiac rehab; preventative health screenings; Cancer Center and Diabetes Center; increased educational opportunities for RNs and other healthcare positions to expand skills; better partnership between active living entities and healthcare providers; outpatient clinic open 24/7; expand Medicaid to include middle-income residents; recovery supports including workers and housing; stroke care; and continuity of care with discharge.

- **Environmental Enhancements:** better and more sidewalks and walking trails; more funding to support expansion of the Community Rec Center in Colebrook to provide better health programs; public transportation; need activities that bring the community together as a whole and more activities for all ages; bring in a more competitive grocery store with affordable healthy foods; and setting community health improvement goals.

- **Education:** add Certified Health Educators to the school curriculum; physical and mental health programs in schools; offer community service in exchange for free diet and exercise programs; money for college to educate those in need to increase their opportunities for advancement; and support low-income families/individuals to shop for and cook healthy meals.

Upper Connecticut Valley Hospital

Definition of Area served by Upper Connecticut Valley Hospital

Upper Connecticut Valley Hospital defines for this report the primary service area to include the following zip codes:

03576 Colebrook NH	05903 Canaan VT
03576 Columbia NH	05903 Lemington VT
03576 Dixville Notch NH	05905 Bloomfield VT
03579 Errol NH	05905 Brunswick VT
03597 Stewartstown NH	05907 Norton VT
03579 Wentworth Location NH	05901 Averill VT
03590 Stratford NH	05902 Beecher Falls VT
03592 Clarksville NH	04463 Lincoln Plantation ME
03592 Pittsburg NH	03579 Magalloway Plantation ME

The population of the primary service area for Upper Connecticut Valley Hospital is 8,116 according to the 2010 U.S. Census. There is no expected increase in the number of people in the UCVH primary service area. The population is made up of the following groups:

	Primary Service Area	**New Hampshire**	**United States**
Gender			
Female	49.3%	50.7%	50.8%
Male	50.7%	49.3%	49.2%
Age			
0-17	17.9%	24.7%	26.9%
18-64	58.9%	61.8%	60.0%
65 and older	34.2%	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 UCVH 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 120 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 UCVH 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.[32] 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 $42,407[33], while the statewide median income was $64, 230.[34]

The following table displays the 2016 County Health Rankings Health Outcomes and Health Factors Data for Coos County, New Hampshire[35]

	Coos County	**Error Margin**	**Top US Performers***	**New Hampshire**	**Rank (of 10)**
Health Outcomes					**10**
Length of Life					9
Premature death	7,200	6,100-8,300	5,200	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					**10**
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%	

[32] http://www.census.gov/quickfacts/table
[33] http://www.nhes.nh.gov/elmi/products/cp/documents/coos-cp.pdf
[34] http://www.city-data.com/city/Grafton-New-Hampshire.html
[35] 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)
Sexually transmitted infections	193.2		134.1	236.2	
Teen births	28	24-32	19	16	
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%	

*90th 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 Comparison[36]

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
Did not finish high school	15%	9%	13%
High school graduate or	87%	92%	86%

[36] 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
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 rate	9%	7%	6%
Income less than $15,000 per year	15%	7%	12%
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% of FPL in last 12 months	13%	9%	11%
Population 18-64 at or below 100% FPL	12%	8%	13%
Population 65+ at or below FPL	10%	6%	9%

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.[37]

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.

[37] US Census web site, American Community Survey, 2013-2014.

Chronic Diseases – Geographical Comparison[38]

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 Indicators[39]

Indicator	*Coos County*	*NH State Rate/Percent*	*National Benchmark Rate/Percent*
Premature Mortality (Under 65 Years)[40]	234.7	180.1	[41]
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%

[38] 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.
[39] 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.
[40] Per 100,000 population
[41] No data available

Methodology

With assistance from the North Country Health Consortium (NCHC), Upper Connecticut Valley Hospital (UCVH) 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 UCVH 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 UCVH staff have been meeting 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 UCVH accomplished the following:

- Developed the 2016 CHNA survey tools;
- 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. Ninety (90) Community Surveys were completed.

Marketing, Outreach, and dissemination of the Community Survey
NCHC and UCVH 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 outreach and collection. Paper surveys were collected and manually entered into Survey Monkey in order for all of the data to be aggregated together. Twenty-nine 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. Nineteen online 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 57 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 online.

Upper Connecticut Valley Hospital
Colebrook Area Community Health Needs Assessment
Community Survey Findings

Demographics of Survey Respondents

- **Duration of residency in the Colebrook Area**

52.5% of respondents have lived in the Colebrook area for 16+ years. Additional responses indicate 15% having lived in the area 11-15 years, and 32.6% having resided in the area for 10 years or less.

I have lived in my community for:	% of Respondents
Less than 1 year	1.3%
1-5 years	18.8%
6-10 years	12.5%
11-15 years	15%
16+ years	52.5%

- **Educational Attainment**

22.2% of respondents have advanced degrees and 14.8% are four-year college graduates. About 35.8% have had some college education or are community college graduates. 22.2% percent graduated from high school, and 4.9% did not complete high school. 47% of college graduates (60 out of 80) indicated that they are/were first-generation college students.

- **Age**

36.7% of respondents were 65 or older. 40.5% of respondents were between 45 and 64 years old and another 19% were between the ages of 30 and 44. 3.8% were between 18 and 29. 83.8% of the respondents are female and 16.3% are male.

How old are you?	% of Respondents
Less than 18 years	0%
18-29 years	3.8%
30-44 years	19%
45-64 years	40.5%
65 years or older	36.7%

❖ **Household Data and Employment Status**

73.8% of households have 2-3 individual occupants, while 13.8% had 4-5 occupants. Additionally, single individual households represent 11.3% of respondents.

33.8% of respondents reported having a household annual income over $60,000; 12.7% are in the $50,001 to $60,000 range; 12.7% are in the $40,000 to $50,000 range; 11.3% are in the $30,001 to $40,000 range; and 29.6% had a household income of less than $30,000.

Employment status of respondents included 38.2% of full-time employed individuals; 9.2% of part-time employed; 3.9% of unemployed and 3.9% of long-term unemployed (defined as more than 1 year of unemployment); and 40.8% of whom were retired. An additional 3.9% reported being retired, but working part-time. Additionally, 8 of 76 respondents indicated a status of disabled, stay at home parent, and seasonal employment.

Annual Household Income	% of Respondents
Under $12,000	5.6%
$12,001-$20,000	8.5%
$20,001-$30,000	15.5%
$30,001-$40,000	11.3%
$40,001-$50,000	12.7%
$50,001-$60,000	12.7%
Over $60,000	33.8%

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	94.2%
Report having a healthcare provider	98.8%
Report seeing a healthcare provider at least once in the past year	94.2%
Report having dental insurance	35.3%
Report seeing a dentist at least once in the past year	65.1%

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

Health Insurance Coverage	2016
Purchased directly from company or agency	12.8%
Enrolled in the Health Insurance Marketplace ("Obamacare")	5.8%
Insured through employer	46.5%
Medicare/Medicaid	50.0%
NH Health Protection Program ("Expanded Medicaid")	0%
Do not currently have health insurance	5.8%

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

Dental Insurance Coverage	2016
Purchased directly from company or agency	7.1%
Insured through employer	25.9%
Do not currently have dental insurance	64.7%

63.4% of the respondents have a primary healthcare provider that is located at Indian Stream Health Center. 23.2% of the respondents see a provider at Weeks Medical Center, and 2.4% go to North Country Primary Care (located at Littleton Regional Healthcare) in Littleton. 13.4% of respondents travel to a provider outside of the North Country Healthcare System. 65.1% of respondents have been seeing their primary healthcare provider for 5+ years.

Location of Primary Healthcare Provider	% of Respondents
Indian Stream Health Center	63.4%
Coos County Family Health Services	0.0%
Weeks Medical Center- Physician Offices	23.2%
Ammonoosuc Community Health Services	0.0%
North Country Primary Care (at Littleton Regional Healthcare)	2.4%
Seek care outside of the North Country Healthcare System	13.4%
Do not have a healthcare provider	0.0%
Other *Includes: Private practice; Framingham, MA; Alabama; North Country Primary Care, Newport, VT; Lowell, MA; Newmarket, NH; White River Junction VA; and Stowe, VT.*	N/A

❖ **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. 21.2% of respondents indicated that they receive hospital or specialty care outside of the North Country Healthcare System and 11.8% indicated that they did not receive care from a hospital/specialist in the past year. 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	54.1%
Androscoggin Valley Hospital	5.9%
Weeks Medical Center - Hospital	14.1%
Littleton Regional Healthcare	16.5%
Outside of the North Country Healthcare System	21.2%
Other *Includes: Dartmouth-Hitchcock Medical Center; Catholic Medical Center; Women to Women, Yarmouth, ME; Concord Hospital; Lawrence, MA; University of Vermont Medical Center; Brigham and Women's Hospital; Concord Orthopedics and Rheumatology; and North Country Hospital, Newport, VT.*	N/A

Reasons for acquiring hospital services and/or specialty care outside of the North Country Healthcare System varied, including personal choice (26%) and services not offered in the community (18.2%). 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	26.0%
Services not offered in community	18.2%
Cost	2.6%
Recommended by health insurance provider	3.9%
Referred by healthcare provider	14.3%
Did not look for or receive hospital/specialty care outside of the North Country Healthcare System	46.8%
Other *Includes: Insurance did not cover; partial year resident in Alabama; 20 years with same doctor; reputation; and distance.*	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	16.0%
Report being told they have heart disease	12.3%
Report being told they have asthma	11.1%
Report being told they have high blood pressure	44.4%
Have been advised in the last 5 years to lose weight	49.4%
Report exercise at least 3 times a week	55.5%
Smoke cigarettes on a daily basis	12.7%
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.	11.1%
Report usually feeling happy and positive about their life every day or more than half the days	81%

The Patient Health Questionnaire-2 (PHQ-2) depression screening revealed that of the 79 respondents to this question, 9% had little interest or pleasure doing things and 8% 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	36	29	7	5	2
Feeling down, depresses, or hopeless	46	23	3	5	1

Survey respondents were asked if they had health concerns that they had not discussed with their healthcare provider. Of those who responded, 15.6% said “yes,” and 71.4% 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: lack of trust, have dental needs but no insurance, haven’t made an appointment, and affordability due to lack of insurance.

Additionally, respondents were asked to indicate sources they were comfortable accessing for health and wellness information. 92.6% responded “A healthcare provider”; 53.1% responded “Online,” which includes: Google search, Facebook, health/medical websites, online chats/forums, etc.; 50.6% responded “My Spouse/Significant Other”; and 50.6% 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	26%
At Home	78%
Around the neighborhood (ex. Walk, run, bike, etc.)	76%
Gym or weight room at local business	10%
National Parks (ex. hiking, kayaking, etc.)	46%
Fitness and/or yoga classes	29%
Other: *Includes: Canaan Park Track; bowling; and indoor track for walking/jogging.*	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:

Services:	Did not Need/Did not Seek Services	Received Every Time	Received Some of the Time	Never Able to Get Services
Well care in a doctor's office	17%	72%	8%	0%
Sick care in a doctor's office	35%	59%	7%	0%
Dental cleaning	27%	60%	6%	5%
Dental filling(s)	59%	29%	7%	5%
Prescription drugs	9%	84%	7%	0%
Home health care services	85%	11%	3%	0%
Mental health counseling	83%	9%	5%	1%
Alcohol and drug abuse counseling	95%	0%	4%	0%
Emergency room care	56%	39%	5%	0%
Nursing home care	100%	0%	0%	0%
Assisted Living	99%	1%	0%	0%
Hospice Care	97%	3%	0%	0%
Lab work	12%	74%	14%	0%
X-ray	37%	54%	8%	0%
Eating disorder treatment	99%	0%	1%	0%
Cancer treatment	88%	9%	1%	0%
Rehab services (Physical Therapy or Occupational Therapy)	72%	24%	4%	0%
Nutrition services (ex. Counseling or Education)	92%	4%	4%	0%

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 23 individuals who responded that they/their family needed services and were unable to receive them, the top five reasons included:

- **No dental insurance** (70%)
- **Could not afford deductibles or co-pays** (39%)
- **Services not available in the community** (39%)
- **No health insurance** (30%)
- **Felt the issue or condition could be self-managed without medical intervention** (26%)

❖ **Support System and Wellness**

Asked to identify all the people/groups they considered "support systems" or someone with whom they "can trust to talk," 92.6% 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, 87.7% and 77.8% respectively. Another 17.3% reported they chose the faith-based community to confide in. Only 3.7% of the respondents reported participating in an organized support group. One respondent indicated a counselor as a support system. 7.4% 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 6 serious health issues identified in the 2016 community survey were:

- **Low-income/Poverty** (83%)
- **Substance Misuse** (includes drugs, opioids, heroin, etc.) (79%)
- **Unemployment/Lack of Jobs** (78%)
- **Obesity/Overweight** (75%)
- **Smoking and Tobacco Use** (73%)
- **Alcohol Abuse** (72%)

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 8 serious health concerns that lead to the most serious health issues in the community:

- **Drug Abuse** (82%)
- **Poverty** (76%)
- **Lack of Dental Insurance** (75%)
- **Unemployment** (74%)
- **Lack of Jobs** (72%)
- **Lack of Physical Exercise** (72%)
- **Cost of Healthy Food** (72%)

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:

Age group	Agree or Strongly Agree
Children	48%
Teenagers	20%
Adults	30%
Seniors	36%

Community members providing additional reasons for their answer contributed the following:

- **Children and Teenagers:** need more activities outside of school sports; children 5 and under lack opportunities to participate in sports- perhaps a week-long soccer camp could be implemented; and Colebrook has a wonderful recreation program, but many cannot afford for their children to attend.

- **Adults and Seniors**: adults work long hours causing inadequate exercise; adults and seniors are intimidated by the recreation center and feel out of place- they need comfortable places to walk or cycle; and seniors need more education on their potential needs in the future- many lack understanding of Medicare and insurance choices.

When asked ***will the community be able to meet the health needs (physical and mental) of the aging population, so they may lead full and productive lives at home***, 19% of the respondents answered "Strongly Agree" or "Agree", 48% "Somewhat Agree", and 23% "Disagree". In regard to why the ***community may not be ready to meet the physical and mental health needs of the aging population***, the following responses were provided:

- Rurality of the region makes it difficult to reach people, especially with the lack of cell phone service and other modern conveniences; seniors are just falling through the cracks; food, heat, and housing taxes are expensive, causing seniors to choose between meeting basic needs or their medications; seniors lack a support system if family members or friends do not reside locally; there needs to be more planning and action on meeting the needs of the elderly; the area needs COPD and Heart Rehab programs; elderly residents cannot afford long-term care or long-term insurance; the population is aging rapidly and there aren't enough healthcare dollars available to meet the needs of this population; the capacity and affordability of in-home care is not adequate to meet the need, and private pay is too costly; assisted living facilities are in dire need of services; "Meals on Wheels" meals need to be better tasting and more healthy; and EMT services are staffed by mostly volunteers and therefore they cannot reach people in a timely manner.

Survey respondents were asked about ***conditions that affect their ability to live comfortably in their community.*** The top three conditions identified are:

- **Adequate healthcare**
- **Adequate transportation**
- **Not enough safe places to walk**

Respondents were asked to ***identify one change or new or existing program/service that could be created to help improve the health of the community***, the following responses were provided:

- **Healthcare Enhancements:** less prescribing of narcotics; need more doctors; bring Veterans Administration (VA) back fully into the area; local hospital needs to accept more types of health insurance; COPD and Heart Rehab programs locally; more free or low-cost services available and shorter wait times for these services; low-income dental clinics; more internal medicine doctors for aging residents; we need younger physicians as the workforce is aging as well; limited physician accessibility is causing migration to primary care services outside of the area; more holistic health groups and information; improved tact in the ER as demeanor can be belittling; focus more on preventative healthcare and less on the sick care model; need more qualified LNAs to assist the elderly in their homes, as well as RNs providing regular wellness visits; better transportation options for healthcare access; addiction is a major issue in the community and therefore need a rehab facility, program, or clinic to help these people; substance use disorder treatment and recovery supports that address all aspects of daily living; local cancer care; more specialists available locally; need a pediatrician on staff; physical therapy program at the hospital; and offer more mental health counseling.
- **Environmental Enhancements**: need more jobs with benefits; more awareness and outreach for programs that are being offered; more programs for the middle age group; more places to walk, cross-country ski, and organized events; transportation to out-lying communities; address overall wellness, including nutrition and family stressors that lead to addiction or substance misuse; affordable housing; better quality jobs that will retain and recruit productive, hard-working families; improved nutrition and healthy eating for low-income families and children, including encouraging families to purchase fruits and vegetables and less processed foods; more inclusive outreach to elderly, disabled, and the poor; a community college closer to the area, leading to more qualified nurses, techs, and teachers; a more welcoming community feel to entice people to reside in the region; affordable grocery store with affordable healthy foods and more variety; better nutrition and healthier meals at schools and for elderly meal programs; extended hours at the rec center for program such as water aerobics, water jogging, low-impact aerobics, etc. for adults only; something to encourage young people to stay in the area; yoga classes; free afterschool programs for children with healthy snacks; the town rec program and the rec center should be connected, not separate entities; a walking group for seniors; and free community gatherings, such as concerts.

Survey respondents were asked ***why they live in their community.***
Responses included: Born and raised in the area; prefer rural living; opportunities for outdoor recreation; environmental quality; beautiful area and small town mentality; family roots; peace and quiet; small school for their children; quality of life; supporting aging parents; love the support of a small community; too expensive to move; safety; and family and friends.

Upper Connecticut Valley Hospital
Colebrook Area Community Health Needs Assessment
Key Informant Survey Findings

Key informant surveys were completed by 57 participants in the Colebrook area; 10 participants indicated serving all or multiple North Country regions, including the Colebrook 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	62%
Education	6%
Business	6%
Public Safety	6%
Government	4%
Other: *Includes: not-for-profits, public health, and other social service organizations.*	16%

The majority of key informant respondents, 66%, indicated having worked, practiced, or served in the North Country region for more than 10 years. 8% indicated having worked in the region for 7-10 years; 8% indicated 4-6 years; 8% indicated 1-3 years; and 10% have only been working in the region for less than 1 year.

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

Area where Key Informants live:	% of Respondents
Colebrook area	66%
Lancaster area	10%
Littleton area	8%
Berlin area	6%
Other: *Includes: Magalloway Plantation, ME; Vermont; and Silver Lake, NH*	10%

❖ **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"
Alcohol Abuse	98%
Unemployment/Lack of Jobs; Low-income/Poverty	98%
Substance Misuse *(includes drugs, opioids, heroin, etc.)*	96%
Obesity/Overweight	92%
Mental Health Problems	90%
Smoking and Tobacco Use	90%
Physical Inactivity	88%

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** (88%)
- **Unwillingness to seek healthcare** (84%)
- **Lack of mental healthcare** (78%)
- **Lack of dental insurance** (76%)
- **Lack of affordable prescription drugs** (67%)

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.)** (96%)
- **Alcohol Abuse** (96%)
- **Tobacco Use** (88%)
- **Not getting cancer and heart disease screenings** (78%)

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

- **Increasing physical activity** (98%)
- **Eating healthy foods, like lean proteins, healthy fats, fruits and vegetables** (98%)
- **Maintaining oral health** (96%)
- **Safe sex** (96%)

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** (76%)
- **Length of commute to work** (54%)
- **Adequate healthcare** (46%)

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	44%
Teenagers	28%
Adults	34%
Seniors	32%

Key Informants providing additional reasons for their answer contributed the following:

- **Children and Teenagers:** teenagers need a safe, sober place to socialize; lack variety in recreational options for children and teens, such as outdoor skate parks, skiing, mini-golf, and indoor recreation; children and teenagers need more low or no-cost activities to positively channel their energy.

- **Adults and Seniors:** need more social activities for seniors who are "shut-ins"; seniors lack safe recreation options; and the local gym is not affordable for most.

- **General Responses:** current offerings and opportunities are underutilized, and transportation and poverty make it difficult for individuals to participate in local activities.

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, 24% said "Agree" or "Strongly Agree", while 34% said "Disagree." A summary of responses is below:

- Transportation is lacking; lack of good indoor space for winter activities other than swimming; home health needs must be improved to allow for the aging population to lead full and productive lives at home; low-income families have difficulty paying for home care services; nursing homes in the area do not accept elderly patients with psychiatric issues; need cardiac and pulmonary rehab services locally; and the aging cannot afford private services enabling them to remain in their homes.

❖ **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	44.4%
Coos County Family Health Services	11.1%
Weeks Medical Center- Physician Offices	11.1%
Ammonoosuc Community Health Services	8.9%
North Country Primary Care (at Littleton Regional Healthcare)	6.7%
Seek care outside of the North Country Healthcare System	17.8%
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. 63.3% of respondents indicated "yes", 36.7% indicated "no". Reasons for acquiring primary, hospital, specialty care outside of the North Country Healthcare System varied, including personal choice (23.7%) and referred by healthcare provider (28.9%) (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	23.7%
Services not offered in community	26.3%
Cost	5.3%
Recommended by health insurance provider	7.9%
Referred by healthcare provider	28.9%
Did not look for or receive hospital/specialty care outside of the North Country Healthcare System	31.6%
Other	N/A

When key informants were asked to ***identify challenges in the healthcare system or in the community*** that affect their line of work, the following themes emerged:

- Some individuals don't understand their medical history or why they are on certain medications; healthcare costs; not enough doctors; third-party payers do not cover the cost to deliver the services and don't incentivize people to take better care of themselves; lack of staff to maintain quality care; lack of jobs for spouses of providers coming into the area; frustration with insurance processing, referrals, waiting for information to be sent to PCP, waiting for PCP to contact patient, and billing; behavioral health- patients are waiting at the local hospital for placement; transportation; providers need to see the whole person, not just their medical history; lack of healthcare professionals; individuals' lack of ability to pay for healthcare and insurance; affordable health insurance, deductibles, and co-pays; lack of dental care; many young people going on disability; drug and alcohol addiction; preventative medicine; communication; demand for different healthcare needs, but having to travel for them; lack of public transportation for residents in need of specialty care outside of the area; not enough funding, services, or staffing to

meet the needs of vulnerable adults and the aging population; complicated systems that overwhelm patients; poverty, domestic violence, lack of mental health service, child neglect and abuse; lack of communication between hospitals and primary care providers; and obesity and diabetes.

Key informants were asked what ***new or existing programs or services could be implemented or enhanced to improve the health of residents*** in the community, the following responses were mentioned most frequently:

- **Access to Care/Services:** Substance abuse and mental health services; better promotion and outreach to raise awareness of available services; more VA services; cardiac rehab; preventative health screenings; Cancer Center and Diabetes Center; increased educational opportunities for RNs and other healthcare positions to expand skills; better partnership between active living entities and healthcare providers; outpatient clinic open 24/7; expand Medicaid to include middle-income residents; recovery supports including workers and housing; stroke care; and continuity of care with discharge.

- **Environmental Enhancements:** better and more sidewalks and walking trails; more funding to support expansion of the Community Rec Center in Colebrook to provide better health programs; public transportation; need activities that bring the community together as a whole and more activities for all ages; bring in a more competitive grocery store with affordable healthy foods; and setting community health improvement goals.

- **Education:** add Certified Health Educators to the school curriculum; physical and mental health programs in schools; offer community service in exchange for free diet and exercise programs; money for college to educate those in need to increase their opportunities for advancement; and support low-income families/individuals to shop for and cook healthy meals.

Key informants were asked ***why they choose to work, practice, or serve in the community. Responses include:*** Born and raised here; love it here; passion for rural living; the people; it's a great place to live; love the fresh air; sense of family and having pride for your hard-work; family and friends; opportunity to make a difference in the community; the region is beautiful; quality of life; safety; dedication to serving vulnerable adults and senior citizens in New Hampshire; the collaboration of providers; for the schools; and to fill critical needs.

Weeks Medical Center

Community Health Needs Assessment

Prepared by:
North Country Health Consortium
Littleton, NH

2016

Weeks Medical Center
Community Health Needs Assessment
2016

Table of Contents

North Country Healthcare 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) and approved by the Weeks Medical Center's Board of Trustees. 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%)

Community members identified the following ***programs, services or strategies to improve the health of the community***:

- **Access to Services/Care:** better access to addiction treatment and recovery supports; affordable and local access to mental health and dental services; need more doctors (MDs) to accommodate timely appointments; lower cost healthcare and assistance with navigating the marketplace; better transportation for accessing medical care; lower prescription prices; extended office hours for providers, including nights and weekends for urgent care; dental insurance is cost prohibitive and coverage is limited; need more dentist in the North Country that accept Medicaid; more support services for senior citizens so they can remain in their homes; higher quality practitioners; need more psychiatrists and child development specialists, more Suboxone prescribers, more internal medicine MDs, a naturopath, and a full-time adult psychiatrist at Weeks Medical Center; in-home supports for children with emotional, behavioral, and developmental needs; regular and frequent health checks at home; try to control excessive prescribing; access to on-call nurses; allow volunteering in the hospital to do Art Therapy; need more specialists in the area; legal assistance for non-family guardians/caregivers; more support services for low-income families; walk-in clinics; free smoking cessation; free exercise programs; a birthing center and a hospice house; access to dental care with a sliding-fee scale north of Littleton; expand the role of the Certified Dental Assistant; free dental services to seniors and disabled individuals; more rehab and detox facilities- individuals

should not have to "dry-out" in jails; have radiology technicians train primary care physicians; group therapy for mental health, especially teens; adult mobile dental services; and more community outreach and collaboration at the hospital, including with local health and fitness professionals and businesses.

- **Education:** provide appropriate mental health and drug abuse education in schools, including teaching students the dangers and risks of drug abuse; more education on addiction and reducing stigma around it especially when individuals require medical care- they are being discriminated against; educate residents on healthy living and healthy eating habits; raise awareness of available services; on-going health seminars; incorporate nutrition education into schools, and especially school staff and healthcare workers who are the role models; expand library offerings to include more cultural activities and a plant swap; more nutrition and support for everyone; and community food drives that educate on healthy eating and meal preparation.

- **Environmental Enhancement:** increase commerce, jobs, and industry; more social gatherings for seniors; enhance Main Street to become more inviting and attractive to other towns and for enticing walkers; cost of living raise; ban wood burning furnace; need a community gym or indoor recreation center for all ages; a competitive grocery store with affordable, healthy options; whole community involvement; adding railings in establishments that lack ramps; utilize the "old Emerson Sporting Goods Building" in Groveton and turn it into a health club, including yoga, aerobics, free weights, and all other machines, such as treadmills and stationary bikes- call it the "Weeks Memorial Health Club Center"; more walking trails; community gardens; a day center to include light meals, companionship, and respite for older couples; access to free activities; improve sidewalks and add bike lanes; affordability and availability of whole foods; open a community center for teens; incorporate adult organized sports; summer hockey leagues for kids; enhance infrastructure, including roads and technology; transportation to acquire necessities, such as groceries; a lap pool for swimming; more farmer markets with affordable produce; and extend volunteer opportunities for tweens and teens at community events.

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%)

Key informants identified the following as ***challenges in the North Country healthcare system***:

- **Affordability of Healthcare**: there are individuals who can't pay for their care, but are in great need; economy and rising costs of healthy foods, medications, insurance, and every-day living; overall cost of healthcare and lack of quality providers; lack of funding to meet the needs of children and families; prescription, co-pay, and deductible costs; practically nothing available for middle-income adults who don't qualify for Medicaid; cost of private insurance; and affordable assisted living facilities.

- **Access to Healthcare:** It takes too long to get an appointment or seen in the ER; lack of EMS capacity, including fire and police, leading to longer response times; lack of reliable transportation, volunteers to transport, and awareness of available public transportation services; substance abuse and mental health; access to healthcare in schools; inadequate educations regarding health and healthy choices; extended clinic hours, including a walk-in clinic; lack funding, services, and staffing to meet the needs of vulnerable adults and aging population; number of available primary care providers; lack of pediatric services; insurance restrictions; lack of coordination of mental health services; lack of resources for inpatient hospitalization; lack of consensus between payers and expert recommendations; and earlier screening for mental health issues.

- **Community Challenges:** poor role modeling from parents, including violence, late night socializing, and drug use; drug abuse issues; lack of community service opportunities for youth in the area; poverty trauma; and need business development to affect poverty.

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 Lancaster	03583 Jefferson
03598 Dalton/Whitefield	03590 North Stratford
03582 Groveton/Stark	05906 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.[42] 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 $42,407[43], while the statewide median income was $64, 230.[44]

The following table displays the 2016 County Health Rankings Health Outcomes and Health Factors Data for Coos County, New Hampshire[45]

	Coos County	Error Margin	Top US Performers*	New Hampshire	Rank (of 10)
Health Outcomes					**10**
Length of Life					9
Premature death	7,200	6,100-8,300	5,200	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					**10**
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	

[42] http://www.census.gov/quickfacts/table
[43] http://www.nhes.nh.gov/elmi/products/cp/documents/coos-cp.pdf
[44] http://www.city-data.com/city/Grafton-New-Hampshire.html
[45] 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%	

*90th 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 Comparison[46]

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

[46] 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 higher	87%	92%	86%
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 rate	9%	7%	6%
Income less than $15,000 per year	15%	7%	12%
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% of FPL in last 12 months	13%	9%	11%
Population 18-64 at or below 100% FPL	12%	8%	13%
Population 65+ at or below FPL	10%	6%	9%

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.[47]

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.

[47] US Census web site, American Community Survey, 2013-2014.

***Chronic Diseases – Geographical Comparison*[48]**

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 Indicators[49]

Indicator	*Coos County*	*NH State Rate/Percent*	*National Benchmark Rate/Percent*
Premature Mortality (Under 65 Years)[50]	234.7	180.1	[51]
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%

[48] 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.
[49] 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.
[50] Per 100,000 population
[51] 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 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 the 2016 CHNA survey tools;
- 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
NCHC and 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 outreach. 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 online 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 WMC 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 online.

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 of159 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 Medical Center; Concord Health Center in Vermont; Florida; Little Rivers Healthcare, Wells River, VT*	N/A

❖ **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; Northeastern Vermont Regional Hospital; Concord Orthopedics; Concord Eye Care; and Poland.*	N/A

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:

Services:	Did not Need/Did not Seek Services	Received Every Time	Received Some of the Time	Never Able to Get 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:

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

Community members providing additional reasons for their answer contributed the following:

- **Children:** financial barriers exists for some children who want to play sports; no regular library programs in Whitefield, Lancaster, and Jefferson; minimal parks for children to play; affordability of rec programs is a barrier for low-income and single parent families.

- **Teenagers**: the area needs a teen center; need organized, after-school activities; teens need more options than just "hanging out."

- **Adults**: need more adult programs in Whitefield; better promotion of available opportunities; very little offerings for full-time residents in the way of social, cultural, and educational activities.

- **Seniors**: need more intellectual activities and opportunities of interest to seniors.

When asked ***will the community be able to meet the health needs (physical and mental) of the aging population, so they may lead full and productive lives at home***, 19% of the respondents answered "Strongly Agree" or "Agree", 30% "Somewhat Agree", and 36% "Disagree". In regard to why the ***community may not be ready to meet the physical and mental health needs of the aging population***, the top concerns were:

- **Workforce Capacity:** nurse shortages locally and nationally; lack workforce capacity for future needs around home care.

- **Environmental Concerns:** poverty; lack of jobs; lack of structured housing for that is affordable for middle-income seniors; seniors are more comfortable at home and need in-home services to "age-in-place"; need to create more social support opportunities for seniors, including activities that bring peers together; need more senior activities that are not tied to a church or nursing home.

- **Access to care:** lack of mental health services for seniors; lack of substance abuse treatment; need mental health and substance abuse treatment centers for seniors that is accepted by all insurers; feelings of anger and hopelessness; poor healthcare options; transportation is lacking; long travel distances to see a doctor; affordability of home healthcare services can be a barrier.

Survey respondents were asked about ***conditions that affect their ability to live comfortably in their community.*** The top three conditions identified are:

- **Adequate Transportation**
- **Adequate Healthcare**
- **Adequate Lighting at Night**

Respondents were asked to ***identify one change or new or existing program/service that could be created to help improve the health of the community***, the following responses were provided:

- **Access to Services/Care:** better access to addiction treatment and recovery supports; affordable and local access to mental health and dental services; need more doctors (MDs) to accommodate timely appointments; lower cost healthcare and assistance with navigating the marketplace; better transportation for accessing medical care; lower prescription prices; extended office hours for providers, including nights and weekends for urgent care; dental insurance is cost prohibitive and coverage is limited; need more dentist in the North Country that accept Medicaid; more support services for senior citizens so they can remain in their homes; higher quality practitioners; need more psychiatrists and child development specialists, more Suboxone prescribers, more internal medicine MDs, a naturopath, and a full-time adult psychiatrist at Weeks Medical Center; in-home supports for children with emotional, behavioral, and developmental needs; regular and frequent health checks at home; try to control excessive prescribing; access to on-call nurses; allow volunteering in the hospital to do Art Therapy; need more specialists in the area; legal assistance for non-family guardians/caregivers; more support services for low-income families; walk-in clinics; free smoking cessation; free exercise programs; a birthing center and a hospice house; access to dental care with a sliding-fee scale north of Littleton; expand the role of the Certified Dental Assistant; free dental services to seniors and disabled individuals; more rehab and detox facilities- individuals

should not have to "dry-out" in jails; have radiology technicians train primary care physicians; group therapy for mental health, especially teens; adult mobile dental services; and more community outreach and collaboration at the hospital, including with local health and fitness professionals and businesses.

- **Education:** provide appropriate mental health and drug abuse education in schools, including teaching students the dangers and risks of drug abuse; more education on addiction and reducing stigma around it especially when individuals require medical care- they are being discriminated against; educate residents on healthy living and healthy eating habits; raise awareness of available services; on-going health seminars; incorporate nutrition education into schools, and especially school staff and healthcare workers who are the role models; expand library offerings to include more cultural activities and a plant swap; more nutrition and support for everyone; and community food drives that educate on healthy eating and meal preparation.

- **Environmental Enhancement:** increase commerce, jobs, and industry; more social gatherings for seniors; enhance Main Street to become more inviting and attractive to other towns and for enticing walkers; cost of living raise; ban wood burning furnace; need a community gym or indoor recreation center for all ages; a competitive grocery store with affordable, healthy options; whole community involvement; adding railings in establishments that lack ramps; utilize the "old Emerson Sporting Goods Building" in Groveton and turn it into a health club, including yoga, aerobics, free weights, and all other machines, such as treadmills and stationary bikes- call it the "Weeks Memorial Health Club Center"; more walking trails; community gardens; a day center to include light meals, companionship, and respite for older couples; access to free activities; improve sidewalks and add bike lanes; affordability and availability of whole foods; open a community center for teens; incorporate adult organized sports; summer hockey leagues for kids; enhance infrastructure, including roads and technology; transportation to acquire necessities, such as groceries; a lap pool for swimming; more farmer markets with affordable produce; and extend volunteer opportunities for tweens and teens at community events.

Survey respondents were asked ***why they live in their community.***
Responses included: born here; low-cost in regard to taxes; family ties here; small and close to work; beautiful and peaceful; nature; the community and the people; passion for the natural, rural setting; quality of life; slower paced living; safety; job-related; too expensive to move; friends; love the North Country; great place to raise a family; and own property here.

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 social service organizations.*	11.8%

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**
- **Adequate healthcare**
- **Length of commute to work**

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 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 the North Country Healthcare System	50.7%
Other	N/A

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 providing additional reasons for their answer contributed the following:

- **Children and Teens:** need more affordable and social activities for children and teens, including movies, video rental, and parks; need recreational facilities; need to change the mindset that "there is nothing to do"; children and teens have opportunities, but don't seem to participate; transportation barriers impede children and teens from participating in activities; need other activities for youth who are uninterested in playing sports; cost and time impact the ability to participate in activities; and a YMCA or "Big Brothers/Big Sisters" program would be great for teens.

- **Adults and Seniors:** lacking social activities for all ages, especially adults and seniors; there aren't any activities for seniors in some communities; and volleyballs programs for adults and teens.

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." A summary of responses is below:

- **Healthcare Services and Community Support**: lack of ability to pay for in-home care; mental health services for seniors is lacking; home healthcare is good, but social isolation and distance from family causes health issues; encourage volunteerism among young people to organize senior events; multi-generational housing; need a senior center with daily schedules activities; need adequate capacity to help elderly age in their homes; assisted living facilities are having trouble staying open due to funding; the aging cannot afford private services in their homes and often have to go to nursing homes, which

significantly reduces their life expectancy; and community health workers may bridge gaps in supportive care for aging who remain in their homes.

When key informants were asked to ***identify challenges in the healthcare system or in the community*** that affect their line of work, the following themes emerged:

- **Affordability of Healthcare**: there are individuals who can't pay for their care, but are in great need; economy and rising costs of healthy foods, medications, insurance, and every-day living; overall cost of healthcare and lack of quality providers; lack of funding to meet the needs of children and families; prescription, co-pay, and deductible costs; practically nothing available for middle-income adults who don't qualify for Medicaid; cost of private insurance; and affordable assisted living facilities.

- **Access to Healthcare:** It takes too long to get an appointment or seen in the ER; lack of EMS capacity, including fire and police, leading to longer response times; lack of reliable transportation, volunteers to transport, and awareness of available public transportation services; substance abuse and mental health; access to healthcare in schools; inadequate educations regarding health and healthy choices; extended clinic hours, including a walk-in clinic; lack funding, services, and staffing to meet the needs of vulnerable adults and aging population; number of available primary care providers; lack of pediatric services; insurance restrictions; lack of coordination of mental health services; lack of resources for inpatient hospitalization; lack of consensus between payers and expert recommendations; and earlier screening for mental health issues.

- **Community Challenges:** poor role modeling from parents, including violence, late night socializing, and drug use; drug abuse issues; lack of community service opportunities for youth in the area; poverty trauma; and need business development to affect poverty.

Key informants were asked what ***new or existing programs or services could be implemented or enhanced to improve the health of residents*** in the community, the following responses were mentioned most frequently:

- **Access to Care/Services:** "Weeks on Wheels" used to provide preventative services and testing around the North Country- this could be more supported and expanded; early screening of disabilities, such as autism, ADD, and ADHD; parenting programs; access to mental health; smoking cessation programs; drug and alcohol abuse treatment centers; walk-in/outpatient clinics open 7-days a week; laboratories that are covered by insurance (namely, Anthem); more mental health and substance misuse treatment support; transportation and outreach; recovery supports; drug counselling; low-impact exercise programs; mental health respite program for crisis stabilization; and Community Health Workers.

- **Education:** healthy eating and exercise education; educational programs on drug misuse; education around mental health, to reduce stigma and shame; better publicized information about supports, such as the State children's health insurance program; nutrition education for those with Diabetes or weight problems; community education programs to teach people how to shop for and cook health meals; community classes on

how to create a personal budget; mentoring and programs or organized social activities for children that are not based on income.

- **Environmental Enhancements:** more programs for middle-aged generation; community programs that promote activity, such as hiking clubs, biking clubs, running clubs, walking clubs, and boot camp in the park clubs; more positive police involvement for children; more jobs to give people meaning in their lives; and set community health improvement goals.

Key informants were asked ***why they choose to work, practice, or serve in the community. Responses included:*** born here; grew up in the community; passion to help youth and the community; passion for emergency medicine; fulfilling work; passion for helping others; great place to raise a family; small, comfortable community; family resides in the area; to give back to the community where they grew up; dedicated to serving vulnerable adults and seniors; there is tremendous need in the North Country; collaboration of providers, the beautiful landscape, and the small town community feel; quality of life; spouse's job; and own property here.

North Country Regional Community Health Needs Assessment

Appendices

Appendix A:	North Country Health Needs: Community Survey 2016
Appendix B:	North Country Health Needs: Key Informant Survey 2016

Appendix A

North Country Health Needs: Community Survey 2016

Introduction

We are committed to the health of our communities!

Androscoggin Valley Hospital

Littleton Regional Healthcare

Upper Connecticut Valley Hospital
Compassionate Healthcare...Close to Home

Weeks Medical Center

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)

North Country Health Needs: Community Survey 2016

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
- [ ] 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
- ( ) 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:

5. I have a healthcare provider that I see at least once a year:

- ◯ Yes
- ◯ No
- ◯ Not sure

Other (please specify)

6. I have been seeing my healthcare provider for:

- ◯ Less than a year
- ◯ 1-2 Years
- ◯ 3-4 Years
- ◯ 5+ Years
- ◯ I don't have a healthcare provider

7. 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):

NOTE: For the following questions, "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:

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 outside the North Country, 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	○	○	○	○	○	○
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	○	○	○	○	○	○
Cancer treatment	○	○	○	○	○	○
Rehab services (physical or occupational therapy)	○	○	○	○	○	○
Nutrition dervices (ex. counseling or education)	○	○	○	○	○	○

Barriers to Overall Wellness

11. In the past two years, if you and/or your family did not OR were unable to receive health services of any kind, please tell us why (check all that apply):

- [ ] 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 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 NOT 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 haven't seen or don't have a healthcare provider

If you have any health concerns that you have not discussed with your healthcare provider, please tell us why:

Personal Health

15. On average, the number of times per week that I currently exercise is:

- ◯ 0
- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4 or more

16. Please tell us, how likely are you to use the following venues in your community for exercise or physical activity:

	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	◯	◯	◯	◯	◯
National Parks (ex. hiking, kayaking, etc.)	◯	◯	◯	◯	◯
Fitness and/or yoga classes	◯	◯	◯	◯	◯

If any, please tell us other venues you are likely to use or the reason(s) for your answers:

17. I smoke cigarettes on a daily basis:

- ◯ Yes
- ◯ No

18. I use smokeless tobacco on a daily basis:

- ◯ Yes
- ◯ No

19. During the past 30 days, I have consumed 5 or more alcoholic drinks in a row, that is, within a couple of hours:

- ◯ Yes
- ◯ No

20. Please tell us, how often have you felt the following in the past 2 weeks?

	Not at all	Less than half the days	About half the days	More than half the days	Every day
Happy and positive about my life	◯	◯	◯	◯	◯
Little interest or pleasure doing things	◯	◯	◯	◯	◯
Down, depressed, or hopeless	◯	◯	◯	◯	◯

21. I have a support system or someone I can trust to talk to, including (check all that apply):

- ☐ Family
- ☐ Friends
- ☐ Faith-based community
- ☐ Organized support group
- ☐ No, I don't have a support 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	○	○	○	○	○
Suicide	○	○	○	○	○
Mental health problems	○	○	○	○	○
Heart disease and stroke	○	○	○	○	○
Oral health/dental disease	○	○	○	○	○
Alcohol abuse	○	○	○	○	○
Substance misuse (includes drugs, opioids, heroin, etc.)	○	○	○	○	○
Sexually transmitted diseases	○	○	○	○	○
Child abuse and neglect	○	○	○	○	○
Flu/contagious diseases	○	○	○	○	○
Obesity/overweight	○	○	○	○	○
Asthma	○	○	○	○	○

	Strongly agree	Agree	Somewhat agree	Disagree	Not sure
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)	○	○	○	○	○

Other (please specify):

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	○	○	○	○	○
Poverty	○	○	○	○	○

	Strongly agree	Agree	Somewhat agree	Disagree	Not sure
Lack of social opportunities	◯	◯	◯	◯	◯
Lack of community gatherings and other connections to the larger community	◯	◯	◯	◯	◯
Lack of volunteer opportunities	◯	◯	◯	◯	◯

Other (please specify):

25. I feel my community has enough and adequate recreational and social activities available to help maintain the health and well-being of the following age groups:

	Strongly agree	Agree	Somewhat agree	Disagree	Not sure
Children	◯	◯	◯	◯	◯
Teenagers	◯	◯	◯	◯	◯
Adults	◯	◯	◯	◯	◯
Seniors	◯	◯	◯	◯	◯

Please tell us reason(s) for your answers:

26. I believe the community will be able to meet the health needs (physical and mental) of the AGING population, so they may lead full and productive lives at home:

Strongly agree	Agree	Somewhat agree	Disagree	Not sure
◯	◯	◯	◯	◯

Please tell us reason(s) for your answer:

27. The following conditions affect my ability to live comfortably in my community:

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

Other (please specify):

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 household is:

- ◯ 1
- ◯ 2-3
- ◯ 4-5
- ◯ 6-7
- ◯ 8-9
- ◯ 10 or more

30. My annual household income is:

- ◯ Under $12,000
- ◯ $12,001 - 20,000
- ◯ $20,001 - $30,000
- ◯ $30,001 - $40,000
- ◯ $40,001 - $50,000
- ◯ $50,001 - $60,000
- ◯ Over $60,000

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)
- ◯ Retired
- ◯ Retired, but work part-time

Other (please specify):

32. The highest level of education I have completed is:

- ◯ Less than high school
- ◯ High school graduate
- ◯ Some college
- ◯ Community College graduate
- ◯ Four-year college graduate
- ◯ 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
- ◯ 18-29 years
- ◯ 30-44 years
- ◯ 45-64 years
- ◯ 65 years or older

35. I am:

- ◯ Male
- ◯ Female

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.

Appendix B

North Country Health Needs: Key Informant Survey 2016

1. Introduction

We are committed to the health of our communities!

Androscoggin Valley Hospital

Littleton Regional Healthcare

Upper Connecticut Valley Hospital
Compassionate Healthcare...Close to Home

Weeks Medical Center

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 in which I work, practice, or serve community members is:

- ○ **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):

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	○	○	○	○	○
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	○	○	○	○	○
Cannot afford the deductibles and co-pays	○	○	○	○	○
Health provider does not accept Medicaid	○	○	○	○	○
Health provider does not accept Medicare	○	○	○	○	○
Cannot get appointment in an acceptable timeframe	○	○	○	○	○
Cannot take time off from work	○	○	○	○	○
Health services needed are not available	○	○	○	○	○
Language or translation services not available	○	○	○	○	○
Lack of transportation to services	○	○	○	○	○
Confidentiality concerns	○	○	○	○	○
Discrimination concerns	○	○	○	○	○

	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):

4. The following high-risk behaviors need to be addressed in the community:

	Strongly agree	Agree	Somewhat agree	Disagree	Not sure
Not getting cancer and heart disease screenings	○	○	○	○	○
Alcohol abuse	○	○	○	○	○
Substance abuse (opioids, heroin, etc.)	○	○	○	○	○
Tobacco use	○	○	○	○	○
Not wearing a seat belt	○	○	○	○	○
Not wearing a helmet when riding a motorcycle or a bicycle	○	○	○	○	○
Violent crimes	○	○	○	○	○
Domestic abuse	○	○	○	○	○

Other (please specify):

5. The following healthy behaviors should be encouraged in the community:

	Strongly agree	Agree	Somewhat agree	Disagree	Not sure
Achieving and maintaining healthy weight status	○	○	○	○	○
Increasing physical activity	○	○	○	○	○
Eating healthy foods, like lean proteins, healthy fats, fruits, and vegetables	○	○	○	○	○
Preventing injury	○	○	○	○	○
Keeping immunizations current	○	○	○	○	○
Receiving regular health check-ups	○	○	○	○	○
Maintaining oral health	○	○	○	○	○
Smoking Cessation	○	○	○	○	○
Safe Sex	○	○	○	○	○

Other (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	○	○	○	○	○
Personal safety in homes or the community	○	○	○	○	○
Adequate healthcare	○	○	○	○	○
Adequate transportation	○	○	○	○	○
Length of commute to work	○	○	○	○	○

Other (specify):

7. I feel the community has enough and adequate recreational and social activities available to help maintain the health and well-being of the following age groups:

	Strongly agree	Agree	Somewhat agree	Disagree	Not sure
Children	○	○	○	○	○
Teenagers	○	○	○	○	○
Adults	○	○	○	○	○
Seniors	○	○	○	○	○

Please indicate reason(s) for your answers:

8. I believe the community will be able to meet the health needs (physical and mental) of the AGING population so they may lead full and productive lives at home:

Strongly agree	Agree	Somewhat agree	Disagree	Not sure
○	○	○	○	○

Please indicate reason(s) for your answer (including 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 hospital<u>outside of the North Country healthcare system</u>:

- ○ Yes
- ○ No

11. In the past year, if you had pursued care from a healthcare provider, specialist, or hospital <u>outside of the North Country healthcare system</u>, please indicate why (select all that apply):

- [ ] 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 healthcare system

Other (please specify):

6. Demographics

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):

7. Community Key Informant Insight

15. What are the challenge(s) that you see in the healthcare system or in the community that affect your line of work?

16. What new or existing programs or services could be implemented or enhanced to improve the health of residents in the community?

17. Why do you choose to work, practice, or serve in the community?