

Upper Connecticut Valley Hospital

Community Health Needs Assessment and Implementation Plan

Prepared by:
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Littleton, NH

Adopted by the UCVH Board of Directors on January, 26, 2017



2016

**Upper Connecticut Valley Hospital
Community Health Needs Assessment
2016**

Table of Contents

Executive Summary	3
Description of Upper Connecticut Valley Service Area	7
Methodology	12
Upper Connecticut Valley Hospital.	
Community Survey Findings	14
Key Informant Survey Findings	23
Implementation Plan and Resources.....	28
Introduction.....	28
Process for Prioritizing the Needs Identified.....	29
Community Needs Prioritized.....	29
Needs Selected and Implementation Plans.....	30
Substance Misuse/Alcohol Abuse/Mental Health Problems.....	30
Need.....	31
Available Services.....	31
Plan.....	32
Measure.....	32
Obesity/Overweight.....	33
Need.....	33
Available Services.....	33
Plan.....	33
Measure.....	34
Smoking and Tobacco Use.....	34
Need.....	34
Available Services.....	34
Plan.....	34
Measure.....	34
Needs not Selected.....	35
Exhibit A.....	36
Appendices	40
Appendix A: Community Survey	
Appendix B: Key Informant Survey	

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 2010.¹ The median age in Coos County is 47.9 years, compared to 43.9 in New Hampshire. Median household income in Coos County in 2010-2015 5-year average was \$42,407², while the statewide median income was \$64, 230.³

The following table displays the 2016 County Health Rankings Health Outcomes and Health Factors Data for Coos County, New Hampshire⁴

	Coos 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%	

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)
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 Comparison⁵

Variable	Coos County	New Hampshire	United States
18+ population	82%	79%	77%
65+ population	20%	14%	15%
75+ population	9%	6%	6%
Median age	47 years	42 years	37 years
Did not finish high school	15%	9%	13%
High school graduate or	87%	92%	86%

⁵ 2010- 2013 Behavioral Risk Factor Surveillance Survey, CDC BRFSS 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 than the populations of the state and nationally. Before the age of 65, the Coos County population is evenly divided between males and females. However, by age 65, females account for over 11 percent of the population whereas males account for approximately eight percent. In the rest of the state, 65+ females comprise eight percent of the population while 65+ males comprise five percent of the population.

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

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

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

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

Chronic Diseases – Geographical Comparison⁷

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

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

Regional, State and National Comparison of Health Status Indicators⁸

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

⁷ 2011-2013 Behavioral Risk Factor Surveillance Survey, CDC BRFSS web site and New Hampshire HealthWRQS web site. Institute for Health Policy and Practice, University of New Hampshire.

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

⁹ Per 100,000 population

¹⁰ 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 <i>Includes: Private practice; Framingham, MA; Alabama; North Country Primary Care, Newport, VT; Lowell, MA; Newmarket, NH; White River Junction VA; and Stowe, VT.</i>	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 <i>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.</i>	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 <i>Includes: Insurance did not cover; partial year resident in Alabama; 20 years with same doctor; reputation; and distance.</i>	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: <i>Includes: Canaan Park Track; bowling; and indoor track for walking/jogging.</i>	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: <i>Includes: not-for-profits, public health, and other social service organizations.</i>	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: <i>Includes: Magalloway Plantation, ME; Vermont; and Silver Lake, NH</i>	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 <i>(includes drugs, opioids, heroin, etc.)</i>	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.

North Country Healthcare 2016 Community Health Needs Assessment: Implementation Strategy

I. Introduction:

North Country Healthcare Affiliation: On April 1, 2016, North Country Healthcare [“NCH”] was officially formed to create an integrated health system with the hospitals located in Coos County, and northern Grafton County New Hampshire. The service area for NCH encompasses these regions as well as communities in northeastern Vermont and western Maine.

As small, rural hospitals in a rapidly changing healthcare environment, joining together will keep the hospitals strong enough to maintain all of the hospitals as viable entities. The affiliation will allow our community hospitals to keep their own identities within a larger health system and will preserve access to high-quality, personal health care for people in the North Country.

Toward this end, NCH Members, (hereinafter referred to as “the System”) are positioned to ensure an improvement in efficiency of healthcare delivery which will lead to an improvement in the health of the population served by the System, a consistent and satisfying patient experience and efficiencies which will translate into lower costs.

NCH Member Hospitals:

- Androscoggin Valley Hospital, Berlin, NH [“AVH”]
- Littleton Regional Healthcare, Littleton, NH [“LRH”]
- Upper Connecticut Valley Hospital Association, Colebrook, NH [“UCVH”]
- Weeks Medical Center, Lancaster, NH [“WMC”]

Community Health Needs Assessments:

The Community Health Needs Assessments [“CHNA”] for the Member Hospitals were completed by the North Country Health Consortium [“NCHC”] and an overall Executive Summary consolidating the needs of the System service area was also completed by NCHC (the latter is attached as Exhibit A of this Implementation Strategy).

NCHC surveyed 181 community leaders and 528 community members to gather information about the health status, health concerns, unmet health needs and services as well as soliciting suggestions from the participants on improving the health of the communities served by NCH.

The top six (6) serious health Issues identified by the NCH community members are listed in Table 1. below in the column labeled “NCH.”

In addition and in support of the health issues identified, the community members identified the following programs, services and/or strategies to improve the health of the community which include, but are not limited to:

- *Access to Healthcare Services:* Increased access to addiction and mental health treatment, urgent care/walk-in centers, primary care providers, etc.
- *Environment/Economy:* Better paying jobs, affordable housing, opportunities /resources /facilities for increased physical activity for all age groups in the community, etc.
- *Education:* Mental health and substance abuse education, prevention/wellness programs, parenting classes, healthy lifestyle education, etc.

Population Health:

As stated above, NCH and its Member Hospitals expect to improve the health of the population of the NCH service area and have already embarked on significant efforts to accomplish this. The Member Hospitals and other healthcare participants in the System service area (and beyond the service area) participate in a Medicare AIM ACO and have recently formed a Community Care Organization or CCO.

The CCO will be the instrument for the System and non-System healthcare providers to enter into commercially-based risk contracts which focus on improved health and reduction in costs through coordinated clinical and administrative activities.

Acknowledging the System's ACO and CCO efforts is important to keep in mind as the Implementation Plans are discussed in Section IV. Below.

II. Process for Prioritizing the Needs Identified:

The findings were reviewed by the Strategic Planning Committee of the NCH Board of Directors and Member Hospital Boards of Directors. The needs were evaluated and selected for inclusion in our plan based on the following criteria:

- The need is within the scope of services offered by NCH and its Member Hospitals;
- The priority of the need as identified by the community members and the priority was weighted toward NCH System priorities; however, note the tight correlation of priorities among the NCH Member Hospitals (Table 1. below);
- The availability of other organizations within the NCH service area to meet the need; and
- The availability of data supporting the prioritization of the need.

III. Community Needs Prioritized:

Table 1., below, details the top six (6) serious health issues identified by the community members based on the 2016 CHNAs for the Member Hospitals and an overall NCH needs assessment.

NOTE: AVH's CHNA was completed in 2015.

IV. Needs Selected & Implementation Plans:

NCH and its Member Hospitals recognize that overall health and well-being transcends the walls of its organizations and they are reliant on important social and economic factors.

Recognizing the System’s capabilities, resources and non-System resources, the following five (5) needs were selected and the Implementation Plan for each follows in this Section:

1. Substance Misuse
2. Obesity/Overweight
3. Alcohol Abuse
4. Smoking and Tobacco Use
5. Mental Health Problems

Below, NCH has summarized the need, available resources, a plan and measure to track progress in meeting the need through the plan proposed.

1. Substance Misuse/Alcohol Abuse/Mental Health Problems:

% of Respondents: Sub/Alcohol/Mental Health (issue rank):
 NCH: 83.9%/ 74.4%/ N-A (1/ 3/ N-A)

Issue	Rank Order of Issues (% of Respondents)				
	NCH	AVH*	LRH	UCVH	WMC
Substance Misuse	1 (83.9%)	1 (89.0%)	1 (91.4%)	2 (79.0%)	1 (79.0%)
Obesity/Overweight	2 (79.0%)	5 (56.0%)	3 (81.0%)	4 (75.0%)	2 (78.0%)
Alcohol Abuse	3 (74.4%)	2 (77.0%)	4 (77.9%)	6 (72.0%)	4 (72.0%)
Low Income/Poverty	4 (74.0%)	-	-	1 (83.0%)	3 (75.0%)
Physical Inactivity	5 (72.9%)	-	-	-	-
Smoking and Tobacco Use	6 (72.1%)	4 (61.0%)	5 (74.4%)	5(73.0%)	5 (71.0%)
Unemployment/ Lack of Jobs	-	-	-	3 (78.0%)	3 (75.0%)
Mental Health Problems	-	3 (74.0%)	2 (81.5%)	-	-

* AVH’s Community Health Needs Assessment was completed in 2015.

AVH: 89.0%/ 77.0%/ 74.0% (1/ 2/ 3)
 LRH: 91.4%/ 77.9%/ 81.5% (1/ 4/ 2)
 UCVH: 79.0%/ 72.0%/ N-A (2/ 6/ N-A)
 WMC: 79.0%/ 72.0%/ N-A (1/ 4/ N-A)

NOTE: Needs 1, 3, and 5 from the list above have been combined under one common implementation plan. While certainly these issues can be viewed separately, the resources and barriers to access (including social stigma) as well as the complexity and relationship of these

health issues, (Substance Misuse, Alcohol Abuse and Mental Health Problems) warrant a coordinated response by the community including the System.

- a. **Need:** Services to treat, and when possible, prevent Substance Misuse, Alcohol Abuse and Mental Health Problems need to increase in the System service area.
- b. **Available Services:**
 - i. The Member Hospitals each have a 24/7 emergency department offering emergency medical treatment and referral services;
 - ii. The Member Hospital emergency departments offer Naloxone (or Narcan) and certain NCH Member Hospitals are currently developing a policy for education and the provision of Narcan kits to third party friends and family members to decrease the number of accidental overdoses. Once completed, this policy will be shared with all NCH Member Hospitals;
 - iii. WMC's Primary Care sites have mental health services including but not limited to master prepared licensed clinical social worker, adult and child psychiatrist, child psychology and licensed alcohol drug counselor embedded in primary care practices. These same services are available to WMC's inpatient and emergency departments as needed;
 - iv. NCH Member Hospitals offer space for Alcoholics Anonymous, and the National Alliance on Mental Illness meetings to be held; and
 - v. Community-based Mental Health and Substance Misuse services (including for alcohol abuse) are available throughout the service area; however, additional resources are needed. Services available include, but are not limited to:
 1. NCH-based psychiatry, social worker and primary care provider resources;
 2. Northern Human Services (ongoing and emergency services for involuntary admissions);
 3. Tri-County Community Action Program;
 4. The Mental Health Center;
 5. Genesis Behavioral Health;
 6. NIIT Project Aware Program
 7. National Alliance on Mental Illness;
 8. The Alternative Life Center;
 9. Coos Coalition for Young Children and Families;
 10. North Country Warmline;
 11. Child and Family Services (adolescents substance abuse treatment)
 12. Involuntary Admissions:
 - a. Franklin Regional Hospital, Franklin, NH;
 - b. New Hampshire Hospital, Concord, NH;
 - c. Elliot Hospital, Manchester, NH

In addition, numerous facilities are available throughout New Hampshire, Maine and Vermont to treat mental health and substance use disorder conditions on a voluntary basis and the NCH Member hospitals refer to these facilities on a regular basis;

13. Pathways Psychiatric Counseling; and
14. FQHC resources through Ammonoosuc Community Health Services – Littleton, Franconia, Warren, Woodsville, and Whitefield, NH; Coos County Family Health Services – Berlin and Gorham, NH; and Indian Stream Health Center – Colebrook, NH and Canaan, VT.

- c. **Plan:** The System is in discussions with State officials to determine potential funding sources for, and the long-term feasibility of creating inpatient, partial hospitalization and intensive outpatient programs to address the needs of these three health concerns. Such funding may come through the State of New Hampshire Transformation Waiver (see below).

In addition and in collaboration with local healthcare partners, the NCH Member Hospitals are participating in New Hampshire Region 7 activities under which the State of New Hampshire is targeting four (4) main areas:

- Deliver integrated physical and behavioral health care that better addresses the full range of individuals' needs;
- Expand capacity to address emerging and ongoing behavioral health needs in an appropriate setting;
- Reduce gaps in care during transitions across care settings by improving coordination across providers and linking patients with community supports; and
- Move fifty percent of Medicaid reimbursement to alternative payment models by the end of the demonstration period.

For more information on this effort go to the State's website at:

<http://www.dhhs.nh.gov/section-1115-waiver/>

The System will also work with its ACO and CCO partners to ensure access and availability of behavioral health and substance misuse diagnostic and therapeutic services.

- d. **Measure:**
- i. A reduction in the number of drug-addicted patients who present at NCH Member facilities;
 - ii. Reduction in suicides and deaths by overdoses in Northern New Hampshire;
 - iii. Monitoring the number of patients admitted to NCH Member Hospitals awaiting placement for Mental Health/Substance Misuse; and
 - iv. Monitor NCH System efforts in working with the State of New Hampshire to build capacity for inpatient, partial hospitalization and intensive outpatient programs.

2. Obesity/Overweight:

% of Respondents (issue rank):

NCH: 79.0% (2)

AVH: 56.0% (5)

LRH: 81.0% (3)

UCVH: 75.0% (4)

WMC: 78.0% (2)

- a. **Need:** A large percent of the population in the System service area is obese. This is a result of the poor socioeconomics in the area that leads to poor nutritional habits. The prevalence of obesity also results in the poor health status as indicated by the rate of high blood pressure and diabetes in the region.
- b. **Available Services:** NCH Member Hospitals each offer the services of registered dietitians and diabetes educators. The dietitians are available to work with inpatients, outpatients and provide consults for patients in the physician offices.

Among our services are: Medical Nutrition Therapy, Diabetes Self-Management Program, and National Diabetes Prevention Program. Also work in partnership with the UNH Cooperative Extension, SAU#7, and the Farm School Beacon Project, providing cooking nutrition classes to low income community members, and focusing on the improvement of health of our area school's children and their families.

NCH Member Hospitals also offer wellness classes, meeting space for Weight Watchers® group meetings for the public, and healthy and affordable meal choices for the public/visitors.

- c. **Plan:** The System, through its own efforts and the efforts of the ACO and CCO will work with community partners to develop awareness and strategies to combat obesity and encourage proper nutrition and exercise.

NCH Member Hospitals will continue to support community education and wellness activities to combat the obesity epidemic. Examples of initiatives underway include:

AVH: Collaboration with Coos County Family Health Services to support and staff the local Farmers' Market offerings throughout the Summer months; A developing initiative with the NH Cooperative Extension Service and WREN to support a "farm to table" for locally sourced produce for large meal providers (including AVH); and an ongoing dietician education series and support group offered through AVH Dietary Services;

LRH: Will seek to add new fitness classes for the public;
UCVH: Will deploy a “Bike Blender” for use at community events; and
WMC: Weeks Medical Center is trialing an Intensive Behavioral Therapy [“IBT”] approach, an intensive weight management program led by a dietitian and supported by behavioral health team. Our hope is to replicate this intensive model of weight management at other NCH sites for implementation.

- d. **Measure:** The goal of our efforts will be to reduce the rate of adult obesity in the service area specifically and more broadly for the State of New Hampshire.

3. Smoking and Tobacco Use:

% of Respondents (issue rank):

NCH: 72.1% (6)

AVH: 61.0% (4)

LRH: 74.4% (5)

UCVH: 73.0% (5)

WMC: 71.0% (5)

- a. **Need:** There is a higher rate of smoking in the NCH System service area.
- b. **Available Services:** NCH Member Hospitals offer ongoing tobacco cessation classes for the public to assist in reducing tobacco usage. Services include NCH Member Hospital Emergency Departments and primary care practice screenings for tobacco use. There are also FQHC tobacco screening and cessation resources throughout the region.

Smoke Free Campuses: All NCH Member Hospitals now have smoke free campuses and offer resources to employees to quit their tobacco habits.

- c. **Plan** – The System will continue to offer smoking cessation classes on a regular basis and will create a marketing plan to encourage individuals to give up tobacco including raising awareness of the risk associated with e-cigarettes or “vaping.”

It is important to note that the NCH System efforts around tobacco cessation are integrated into its efforts for population health improvement through the ACO and CCO it participates in.

- d. **Measure** – The goal of our efforts will be to reduce the percent of patients that use tobacco products and help reduce New Hampshire’s smoking rates.

V. Needs not Selected:

Although NCH recognizes the importance of all needs identified by the community, such as dental disease and lack of access to affordable dental care, access to health insurance, the cost of healthy food, affordable housing, cost of prescription drugs, poverty/lack of jobs and more, the System may not directly design strategies for these issues in the implementation plan.

However, this does not mean that the System will remain silent or will not engage community stakeholders as broader efforts are undertaken to address these needs. NCH Member Hospitals are already engaged at various levels in addressing these concerns and as responsible corporate citizens, and the largest employers in their respective communities, acknowledge the importance of working to address these other concerns.

Resources are also available in communities throughout the service area which address the issues raised above and will be offered as resources to patients when specific needs are identified by Member Hospitals for specific patients.

With respect to access to health insurance, the System and its Member Hospitals are developing a strategy to contract with third party insurers to provide affordable access to health insurance for the broadest segment of the population possible and will continue its efforts to ensure that Medicaid Expansion at the State and Federal levels is preserved in meaningful, cost-effective form. These efforts are in addition to sliding scale fee reductions (based on income) and charity care policies which the NCH Members have adopted.

Exhibit A North Country Health Care 2016 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-income 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

**Upper Connecticut Valley Hospital
Colebrook Area Community Health Needs Assessment
Appendices**

Appendix A

North Country Health Needs: Community Survey 2016

Introduction

We are committed to the health of our communities!



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

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

1. I live in:

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

Health and Dental Care

2. I have the following health insurance coverage (choose all that apply):

- Insurance I buy directly from a company or agency
- Insurance I get through the health insurance marketplace (aka. "Obamacare")
- Insurance through an employer
- Medicare
- 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):

North Country Health Needs: Community Survey 2016

Barriers to Overall Wellness

10. In the past two years, if you and/or your family needed OR were told you needed, 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sick care in a doctor's office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental cleaning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental filling(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home health care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol or drug abuse counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency room care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing home care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assisted living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospice care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lab work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
X-Ray	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating disorder treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rehab services (physical or occupational therapy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutrition services (ex. counseling or education)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Around the neighborhood (ex. walk, run, bike, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gym or weight room at a local business	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
National Parks (ex. hiking, kayaking, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fitness and/or yoga classes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Little interest or pleasure doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Down, depressed, or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV/AIDS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teenage pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart disease and stroke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral health/dental disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance misuse (includes drugs, opioids, heroin, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexually transmitted diseases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child abuse and neglect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flu/contagious diseases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity/overweight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly agree	Agree	Somewhat agree	Disagree	Not sure
Smoking and tobacco use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical inactivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unemployment/ lack of jobs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low-income/ poverty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bedbugs in homes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of access to healthy foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People being prepared in the event of an emergency (ex. during natural disasters such as an ice storm)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify):

North Country Health Needs: Community Survey 2016

Community Wellness

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

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

	Strongly agree	Agree	Somewhat agree	Disagree	Not sure
Lack of social opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of community gatherings and other connections to the larger community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of volunteer opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teenagers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seniors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Air quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drinking water quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not enough safe places to walk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequate lighting at night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal Safety in my home or community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequate healthcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequate transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The length of my commute to work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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:

- | | |
|---|--|
| <input type="radio"/> Less than high school | <input type="radio"/> Community College graduate |
| <input type="radio"/> High school graduate | <input type="radio"/> Four-year college graduate |
| <input type="radio"/> Some college | <input type="radio"/> Advanced degree |

33. I was/am a first-generation college student:

- Yes
- No
- I did not attend college

34. My age group is:

- | | |
|--|---|
| <input type="radio"/> Less than 18 years | <input type="radio"/> 45-64 years |
| <input type="radio"/> 18-29 years | <input type="radio"/> 65 years or older |
| <input type="radio"/> 30-44 years | |

35. I am:

- Male
- Female

Community Member Insight

36. What is one change that would improve the health of your community?

37. What new or existing programs or services could be created or changed to help improve the health of the community?

38. Please tell us, why do you choose to live in your community?

Thank you for your time.

Appendix B

North Country Health Needs: Key Informant Survey 2016

1. Introduction

We are committed to the health of our communities!



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):

North Country Health Needs: Key Informant Survey 2016

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV/AIDS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teenage pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart disease and stroke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral health/ dental disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance misuse (drugs, opioids, heroin etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexually transmitted diseases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of mental healthcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of affordable prescription drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unwillingness to seek healthcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cannot afford the deductibles and co-pays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health provider does not accept Medicaid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health provider does not accept Medicare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cannot get appointment in an acceptable timeframe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cannot take time off from work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health services needed are not available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Language or translation services not available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of transportation to services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Confidentiality concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discrimination concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly agree	Agree	Somewhat agree	Disagree	Not sure
Lack of regular doctor or health provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of healthcare insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of dental insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance abuse (opioids, heroin, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not wearing a seat belt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not wearing a helmet when riding a motorcycle or a bicycle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violent crimes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increasing physical activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating healthy foods, like lean proteins, healthy fats, fruits, and vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preventing injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keeping immunizations current	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Receiving regular health check-ups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maintaining oral health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking Cessation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safe Sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Air quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drinking water quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not enough safe places to walk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequate lighting at night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal safety in homes or the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequate healthcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequate transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Length of commute to work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teenagers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seniors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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 outside of the North Country healthcare system:

- Yes
- No

11. In the past year, if you had pursued care from a healthcare provider, specialist, or hospital outside of the North Country healthcare system, 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?