

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.