

Berlin/Gorham Healthcare Service Area Community Needs Assessment

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Methodology

With the assistance of the North Country Health Consortium, Androscoggin Valley Home Care Services, Androscoggin Valley Mental Health and Developmental Services, Androscoggin Valley Hospital & Mountain Health Services, Coos County Family Health Services, Family Resource Center, St. Vincent de Paul Nursing Home, and the United Way of Northern New Hampshire, worked collaboratively to conduct a Community Needs Assessment consisting of three parts:

- Key Informant Interviews
- Community Survey
- Demographic and Health Status Data Analyses

The Community Needs Assessment was conducted from December 2001-January 2002. The Methodology for each part of the project is outlined below. The Community Health Institute, Inc. analyzed the data from the key informant interviews and the community survey and provided results.

Key Informant Interviews

A total of 130 key leaders from the Berlin/Gorham area participated in four group interviews. The groups represented a broad constituency including school board members and other school representatives, law enforcement, business and economic development, health and human service workers, community board members of health and human service organizations, and municipal government.

A community leader interview/survey, approved by the participating agencies, was used to arrange and focus the interviews. The following protocol was used:

At the group interview:

- The purpose of the interview/survey and the role of the key leader was explained in terms of the NH Community Benefits Legislation;
- Participants were given copies of the interview/survey tool and given organize their thoughts;
- Responses to the survey questions were discussed as well as strategies to address the issue(s) of highest priority; and
- The next steps in the process were explained.

The following questions were included in the key leader interview:

In general, do you think the people in our community are in excellent, very good, good, fair or poor health?

What do you think are the most pressing health or healthcare issues facing the Berlin/Gorham community?

What programs, services or strategies would you suggest for addressing our most pressing health or healthcare issues?

How would you rate the **quality** of health care services in the Berlin/Gorham area? What thoughts or issues came to mind when you gave your rating?

How would you rate the **accessibility** of health care services in the Berlin/Gorham area? What thoughts or issues came to mind when you gave this rating?

What, if any, health-related programs or services in this community have been important to you and your family?

Finally, if you were given a million dollars to spend on any one thing that you believe would contribute to improved health of our community, what would you want to spend the money on?

A copy of the Key Leader Interview/Survey Guide is included in Appendix A.

Community Survey

A survey tool was developed that would assess the broader health and wellness needs of the community. The surveys were distributed to participating health care agencies, social service agencies, faith based organizations and municipalities for placement in each facility for their consumers to complete. A press release was printed in the local weekly newspaper announcing the survey, indicating where surveys could be found in each of the area communities (town offices, libraries, etc.) and indicating the dates they were available. Surveys were also distributed at local churches, at WIC clinics and to home health clients. Surveys were collected at the end of a month's time. A total of 303 surveys were completed. Information on the respondent's town of residence and demographic information was collected.

Survey questions focused on the following areas:

Quality of life in their town;

Things they like most about their town covering the topics of community, religion, children, recreation, health/medical services, arts and culture, housing and safety;

Health status of people in their community;

Three most pressing issues facing their community including opportunities for youth, services for senior citizens, recreation programs, affordable health and dental care, etc.;

Access to health care services;

Health-related programs or services important to their family;

Additional services consumers would use if available; and

Suggestions for changes that would improve health in their community.

The Community Survey form is provided in Appendix B.

Demographics and Health Status Data Analyses Methodology

Health status data is presented from the Berlin Healthcare Service Area. Data sources are cited in the text and include New Hampshire's Primary Care Access data, data from Healthcare Service Area Profiles provided by the NH Department of Health and Human Services, 2000 Census figures and the NH Behavioral Risk Factor Surveillance System data. Some data are simply not available specifically for the Berlin Hospital Service Areas so selected data for Coos County was investigated.

Executive Summary

130 community leaders were interviewed and 303 community surveys were conducted as part of the Berlin/Gorham Area Health Needs Assessment. Demographic and health status data were reviewed. The purpose of the interviews and surveys was to gather information from community leaders and residents about current health care resources and to obtain suggestions for improving the health care services to better meet community needs. Key findings of the interviews, surveys and health data analysis are summarized as follows.

- Community leaders and residents rated the overall health of people in the community as good. Males were more likely than females (51% versus 38%) to rate the quality of life in their town Very Good or Excellent. Berlin residents were much less likely than residents of other towns (32% versus 65%) to rate the quality of life in their town as Very Good or Excellent.
- The three things area residents like most about their town are:
 - Safety/low crime (56%);
 - Good place to raise children (47%); and
 - Natural beauty/Environment (47%).
- The three most pressing issues facing the community according to community leaders are:
 - Lack of health insurance (41%);
 - Lack of services for the growing elderly population (26%); and
 - Lack of preventive health programs.
- The three most pressing issues facing the community according to area residents are
 - Unemployment (62%);
 - Lack of opportunities for youth (56%); and
 - Abandoned buildings and vacant lot (38%).
- Key areas for improving the health of the community identified by both consumers and key leaders include:
 - Improved availability/affordability of health care, prescription coverage and dental care;
 - Clean air and water;
 - Smoking cessation and substance abuse prevention programs;
 - Recreational/fitness programs; and
 - Better job opportunities.

Demographic and health status data show family income more than 50% below the statewide average, a population over the age of 65 substantially higher than the state average and a population density 50% lower than the state average. Since June 2001, the unemployment rate in the Berlin area has increased from 3.4% to 12.8% in November 2001, due to the closure of the area's largest employer. Additional observations:

- Percent of population lacking health insurance was higher than state average prior to the mill closure. Current data are unavailable but anecdotal evidence reflects

substantial number of displaced workers have lost health insurance coverage since losing their employment.

- Hospital admissions for chronic conditions such as diabetes and asthma were significantly higher at 9.2 /1,000 compared with state average of 4.6/1,000

Key Informant Interviews Report

During the winter of 2001/2002, members of the Berlin Area Health Consortium conducted interviews with 130 Community Leaders from the Berlin-Gorham area. These individuals represented a broad constituency including school board members and other school representatives, law enforcement, business and economic development, health and human service workers, community board members of health and human service organizations, and town government. Some of the interviews were conducted in group settings while others were conducted one-on-one.

This document contains the summarized results of these interviews. In cases where questions asked respondents to provide a rating, group interviews were weighted to give equal value to each respondent.

1. In general, do you think the people in our community are in excellent, very good, good, fair or poor health? (1=excellent, 5=poor)

Overall, respondents rated the health people in the community as “good” (average=2.81). The majority (57%) gave a rating of “good”, while the next highest proportion of respondents (26%) rated health of people in the community as only “fair”. One percent (1%) gave a rating of “excellent”; 12% “very good”, and 3% said “poor”. Some respondents provided additional comments with their rating, which are found in Appendix C-1.

“Most folks would appear to be in fairly good health; depends a lot on economic status and definitely which community area lived in”

2. What do you think are the most pressing health or health care issues facing our community?

The majority of respondents indicated that insurance was the most pressing health care issue facing the community. This category is made up of responses related to cost of insurance and lack of insurance for people. Total percentage exceeds 100% due to respondents providing multiple comments that overlap categories.

41%	Health Insurance Issues	7%	Health Professional Availability
26%	Elderly Issues	7%	Dental Health
17%	Preventive Health	6%	Education/Health Education
16%	Mental Health	5%	Other Access Issues
15%	Alcohol/Substance Abuse	12%	Various Responses not otherwise categorized/Not sure
9%	Cost of Prescription Medicine		
8%	Cancer and Other Chronic Illness		

See Appendix C-2 for full list of comments in these categories.

3. What programs, services or strategies would you suggest for addressing our most pressing health or healthcare issues?

Many respondents suggested that more health education and wellness programs, as well as increased access to affordable health care would help to address the most pressing health or healthcare issues. Total percentage exceeds 100% due to respondents providing multiple comments that overlap categories.

- 22% Health Education/Wellness programs
- 20% Access to Affordable Healthcare
- 14% Elderly Assistance/Home care
- 7% Health System/Insurance Industry Reform
- 6% Improved Care Management
- 5% Other Access Improvements
- 5% Provider Recruitment/Retention
- 5% Dental Care Access
- 4% Prescription Solutions
- 4% Alcohol and Drug Treatment/Awareness
- 4% Walk-in Clinics
- 25% Not Sure & Various Responses not categorized

See Appendix C-3 for full list of comments in these categories.

4. On a scale of 1 to 5, how would you rate the quality of health care services in the Berlin-Gorham area?

Overall, respondents rated the quality of health care services in the Berlin-Gorham area as “good” (mean=3.33). The highest proportion of those responding (42%) gave a rating of “very good”, while the next highest proportion of respondents (39%) rated the quality of health care services in the area as “good”. Responses are shown below.

Ratings	1	2	2.5	3	3.5	4	4.5	5
Response	0	5	3	41	5	44	1	6
Percentage	0%	5%	3%	39%	5%	42%	0%	6%

4.a. What thoughts or issues came to mind when you gave your rating?

The highest proportion of respondents (26%) indicated that the high quality of care/service provided in the area is the key factor they used when considering a rating. Although the majority indicated there is high quality care in the area, the next highest proportion of respondents (21%) indicated that there is a need for more specialty care services and options and another 14% noted concerns about provider retention issues. The summary categories are shown on the next page. Total percentage exceeds 100% due to respondents providing multiple comments that overlap categories.

- 36% Good Personal Experience with Area Services/Facilities
- 21% More Specialty Care Needed
- 14% Provider Recruitment/Retention Issues
- 12% Improved Care Management Needed
- 10% Hospital Concerns
- 4% Affordability/Insurance Issues
- 4% Various Responses not otherwise categorized
- 12% Not sure

See Appendix C-4 for full list of comments in these categories.

5. On a scale of 1 to 5, how would you rate the accessibility of health care services in the Berlin-Gorham area?

Overall, respondents rated the accessibility of health care services in the Berlin-Gorham area as “good” (mean=3.26). The highest proportion of those responding (42%) gave a rating of “very good”, while the next highest proportion of respondents (29%) rated accessibility of health care services in the area as “good”.

Ratings	1	2	2.5	3	3.5	4	4.5	5
Response	1	8	0	29	2	42	1	17
Percentage	<i>1%</i>	<i>8%</i>	<i>0%</i>	<i>29%</i>	<i>2%</i>	<i>42%</i>	<i>1%</i>	<i>17%</i>

5.a. What thoughts or issues came to mind when you gave your rating?

The top response category (24%) related to the availability of services and ability to get health care appointments. Also important to a number of respondents are transportation issues (14%) and the quality of care (11%). Total percentage exceeds 100% due to respondents providing multiple comments that overlap categories.

24%	Appointment/Service Availability
14%	Travel/Distance to Care
13%	Provider Availability
9%	Improved Care Management
8%	Insurance/Financial Concerns
5%	Resources/Programs
4%	Funding
3%	Various Responses not otherwise categorized
17%	Not sure/no response

See Appendix C-5 for full list of comments in these categories.

6. What, if any, health-related programs or services in this community have been important to you and your family.

Of those who responded, the highest proportion indicated that home care has been an important service to them.

22%	Home Care
17%	Primary Care Physicians/centers
14%	Surgical/Specialty Care
8%	Health Education
8%	Hospital Services
5%	Nursing Home/Long Term Care
4%	Prenatal/Well Child Services
12%	Various Responses not otherwise categorized
28%	No Response

7. If you were given one million dollars to spend on any one thing that you believe would contribute to improved health of our community, what would you want to spend the money on?

The majority of respondents indicated that if they had a million dollars they would put it towards creating equal access to health care and insurance coverage. Total percentage exceeds 100% due to respondents providing multiple comments that overlap categories.

20%	Health Insurance/Equal Access Issues	5%	Hospital Plant Improvements
18%	Elderly Care/Assisted Living	5%	Schools/Education
10%	Provider Recruitment and Retention	5%	Mental Health
8%	Preventive Care/Health Awareness	5%	Dental
7%	Youth and Family Facilities/Services	4%	Funding/Research
7%	Town/Community/Economic Development		
6%	Additional Clinics/Facilities	12%	Various Responses not otherwise categorized/Not sure
5%	Specialty Care		

See Appendix C-6 for full list of comments in these categories.

Community Survey Report

Written surveys were made available in various locations throughout the community and were completed by 303 residents. The survey instrument used closed and open-ended questions to gather comments and suggestions from residents on community assets and barriers, perceived health status, access to health services, usefulness of available health services in the community and recommendations for improving the health care services. Findings of the survey are summarized below and response detail by question is attached following the summary.

1. Profile of Respondents

Respondents were asked to identify their town of residence and the number of years they have lived in the town. The majority of respondents were from Berlin (74.3%) and Gorham (12.2%). Eleven percent were from an additional five towns including Milan (5.3%), Randolph (2.3%), Shelburne (1.7%), Errol (1.0%) and Dummer (0.7%). The remaining 2.5% were from a variety of other towns in the region. Respondents were relatively senior on average having lived in their town as average of 29 years with a range of 1-84 years. The median length of time residing in town was 24 years. The average age of the respondents were 49 years with a median age of 48 years. Eighty percent of the respondents were female. Thirty-one percent of the respondents were high school graduates, 21% had some college, 19% were college graduates and 17% had completed 11th grade or less and/or had a GED.

2. Community Assets and Barriers

Respondents were asked what three things they liked most about their town and what were the most pressing issues facing their community. The quality of life was rated very good or excellent by 40.3% of respondents, while 19.3% rate quality of life as fair or poor. Males were more likely than females (51% vs. 38%) to rate the quality of life in their town Very Good or Excellent. Berlin residents were much less likely than residents of other towns (32% vs 65%) to rate the quality of life in their town as Very Good or Excellent.

Survey respondents most frequent response to what they liked most about their town was the fact that it is safe and the crime rate is low (56%). Forty-seven percent (47%) of respondents rated the natural beauty/environment and a good place to raise children among the best characteristics of their town. Other highly rated features included good neighbors and friends (35.4%) and religious/spiritual values and strong family life (18.8%). Respondents identified health/medical services (16.8%) good schools (14.7%) and housing (14.3%) as positive features of their town. Less than ten percent of respondents mentioned community involvement, good job opportunities, social support services, recreation opportunities and arts and cultural events.

Respondents were asked to identify three pressing issues facing their community. More than half of all respondents identified two key issues including unemployment (62%) and lack of opportunities for youth (56%). Over one third of all respondents identified abandoned building and vacant lots (38%). Other common responses were alcohol and drug abuse (23%), lack of affordable health care (19%), lack of affordable dental care (16%), lack of

public transportation (14%) and lack of alternative housing options for senior citizens. Respondents reported lack of recreational opportunities (10%), poverty (10%), child abuse (9%), lack of affordable housing (6%) and teenage pregnancy (6%) as problems. Less than five percent of respondents mentioned lack of services for senior citizens, mental health, lack of health education, lack of support groups and crime and violence.

There was some difference between Berlin respondents and respondents from all other towns. Berlin Respondents Only identified unemployment (64%), lack of opportunities for youth (55%) and abandoned building (47%) as key issues. Respondents from all other towns identified lack of opportunities for youth (59%) and unemployment (53%) and lack of transportation (32%) as key issues.

3. Perception of Health Status

Respondents were asked to rate perceived health status in their town. Fifty-nine percent (59%) rated health status as good. Fourteen percent (14%) rated health status very good and only 2% as excellent. Twenty-six (26%) of respondents rated health status as poor.

4. Access to Health Care Services

Three quarters (76%) of respondents report no difficulty getting health care services for themselves or their family. The nearly one quarter (24%) of respondents who have had difficulty report lack of insurance (16%) and high cost (14%) as major barriers to access. Other barriers include long waiting times, misunderstanding with staff, lack of transportation and lack of knowledge of where to go for services.

Respondents identified health related programs and services which are important to them. Most frequently reported responses included home health related services, hospital services, primary care and community health center services, mental health and dental programs. Additional services noted as important include the availability of sliding fee scales, WIC and prenatal services, elderly care, Healthy Kids, Alcohol Treatment and medication samples.

Respondents were asked to identify programs or services, which they would use if available. Consistent with pressing issues facing their community, 34% of all respondents identified the need for more programs for youth. Twenty-seven percent (27%) requested farmers' market services. Twenty-five (25%) requested more fitness/exercise programs and twenty-four percent (24%) more recreational programs and dental services. Other programs and services sought by respondents include public transportation (19%), services for senior citizens (18%), job training (18%), smoking cessation programs (16%), nutrition/cooking programs (15%), medical services (13%) and child day care (12%).

5. Recommendations for Improved Health of the Community

Respondents were asked to identify opportunities for improving the health of the community. Increased affordability and availability of health care services were identified as priorities. Respondents identified the need for affordable health care services and pharmaceuticals, and affordable health and dental insurance. Increased availability of health care services including specialty services and dental services closer to where people live.

Respondents also identified the need to improve the air and water quality in their community. Prevention programs included smoking cessation programs, alcohol and substance abuse prevention programs. Respondents identified a need for more recreation and fitness programs for families. Residents see a need for better job opportunities and improved health care quality.

The complete survey results are in Appendix D.

Demographic and Health Status Data Analyses

What follows is selected information on the socioeconomic and health status of the population served by Androscoggin Valley Hospital, Coos Country Family Health Services, Androscoggin Valley Home Care and Androscoggin Valley Mental Health and Disability Services. In general terms the Berlin Healthcare Service Area (HSA)¹ conforms roughly to the area served by these institutions and will be used as the common component for reporting these data.

Berlin HSA Population Comparison

<i>Town</i>	<i>Population based on 2000 census²</i>	<i>Population based on 1990 census projected forward</i>
Berlin	10,331	11,924
Dummer	309	327
Errol	298	303
Gorham	2,895	3,093
Milan	1,331	1,338
Randolph	339	380
Shelburne	379	439
Total	15,882	17,804

The next table displays some of the socioeconomic characteristics of the Berlin HSA population compared with averages for the whole state and the North Country.

Selected Socioeconomic Characteristics of Berlin HSA Population

Characteristic	Berlin HSA	North Country Average³	State Average
% Receiving Medicaid/Food Stamps (children and adults)	17.2%	19.7%	11.2%
Median Family Income (1998)	\$27,093	\$29,591	\$48,819
Per capita income (1996)	\$14,102	\$14,141	\$18,697
Population Density (persons per sq. mi.)	49	32	132
Year 2000 age distribution (% of total population) ⁴			
< 5 years	4.9%	5.1%	6.1%
5-19 yrs	19%	20.4%	21.7
20-34 yrs	14.7%	15.5%	18.6%
35-54 yrs	30.8%	31.1%	32.8%
55-64 yrs	9.9%	10.9%	8.9%
65+ yrs	20.7%	17.1%	12%

¹ Healthcare Services Areas (HSAs are sets of towns representing contiguous communities that share health care resources and have similar health outcomes. These profiles have been compiled by the New Hampshire DHHS, Office of Planning and Research, from various sources.

² 2000 Census of Population and Housing, prepared by U.S. Department of Commerce, 5/2001.

³ Average based on data from all five North Country HSAs – Berlin, Colebrook, Haverhill, Littleton and Weeks.

⁴ 2000 Census of Population and Housing, prepared by the U.S. Department of Commerce, 5/2001.

It is fairly clear from these data that the residents of the Berlin HSA display many of the characteristics of a population in need. For example, family income that is more than 50 percent below the state average, a population over the age of 65 substantially higher than the state average and, in fact, is considerably higher than the North Country average, and a population density that is over 50 percent lower than the state average are all classic indications of economic deprivation.

But it is also important to note that these data were collected during a time when the Berlin unemployment rate was always below four percent. The next table displays what has happened to employment in the Berlin area since the area's paper mills closed earlier this year.

Berlin Area Unemployment⁵

<i>Area</i>	<i>June, 2001</i>	<i>November, 2001</i>
Berlin	3.4%	12.8%
Coos County	3.2%	8.2%
New Hampshire	2.9%	3.9%

A frightening but fairly realistic conclusion from these unemployment statistics is that the socioeconomic indicators for the Berlin area will reflect further decline as unemployment in the area increases.

The next table displays selected measures of health status of the Berlin HSA population. Specific data on the health status of these citizens are difficult to obtain because the population to be measured is so small. However, the HSA Area Profiles as well as "Assessing New Hampshire's Communities: Primary Care Access Data, 1993-1997" contain some important information on this population.

Selected Measures Of The Health Status of the Berlin Population

Risk Indicators	Berlin	North County Average⁶	State Average
<i>Infant Health</i>			
Mother's education < 12 years	14.9%	12.7%	10.9%
Late/no prenatal care	1.2%	1.1%	1.7%
Maternal smoking	24.3%	23.6%	17.6%
Low birth weight	5.6%	5.1%	5.2%
Mother's age < than 20 yrs	10.2%	10.7%	7.3%

⁵ New Hampshire Economic and Labor Market Information Bureau, Seasonally adjusted.

⁶ Averages are not adjusted for age or population differences within each HSA and are used only as gross comparisons with state averages.

Risk Indicators	Berlin	North County Average⁶	State Average
<i>Observations on Current Health</i>			
Percent of service area population age 65 and under characterizing its health as good, very good or excellent	92.4%	94.0%	94.8%
Percent of population under age 65 characterized as having a chronic condition lasting a year or more.	4.3%	6.4%	5.9%
Percent population, age 16-64, out of workforce because of a disability	6.0%	4.6%	2.9%
<i>Observation On Use Of Health Care</i>			
Percent of population under age 65 not confident of access to health care	19.9%	23.5%	19.0%
Percent of population under age 65 indicating no usual source of health care	6.7%	7.2%	6.9%
Percent of population under age 65 who did not see a dr. in the past year (1998/1999)	12.8%	14.3%	11.7%
Percent of population under age 65 who did not see a dentist in the past year (1998/1999)	22.1%	28.0%	21.9%

Some data on health status for the Berlin HSA population is simply not available. However, some selected Coos County data may be of use.

Measures of Mortality

Health Status Indicator (1997)	Coos County Rate	United States Rate	Healthy People 2010 Target
<i>Breast Cancer</i>	29.7	28.6	22.2
<i>Colon Cancer</i>	25.4	21.6	13.9
<i>Coronary Health Disease</i>	245.3	216	166
<i>Lung Cancer</i>	63.1	58.1	44.8
<i>Stroke</i>	54.7	62	48

In all measures of mortality except stroke, Coos County rates are higher than national averages.

Additional observations:

- *Percent of population lacking health insurance was higher than state average prior to mill closings. That percentage has escalated precipitously since the mills closed. Current data are unavailable. However anecdotal evidence reflects substantial number of displaced workers who have lost their health insurance since they have lost their jobs.*
- *Hospital admissions for chronic ambulatory care sensitive conditions such as diabetes and asthma were significantly higher at 9.2 admissions per 1,000 population compared with state average of 4.6 per 1,000 population.*
- *Payer mix for inpatient hospital stay reflects the following:*
 - *Medicare – 51.9%*
 - *Commercial insurance – 13.5%*
 - *HMOs – 10.6%*
 - *Medicaid 0 9.7%*
 - *Self-pay – 3.8%*

Appendices

- Appendix A:*** Key Informant Interview/Survey Guide
- Appendix B:*** Berlin/Gorham Area Health Needs Survey Form
- Appendix C:*** Key Informant Survey Results
- Appendix D:*** Community Survey Results

Appendix A

Berlin/Gorham Area Health Needs Assessment

Community Leader Interview/Survey Guide

Purpose: Berlin/Gorham Area Health Care Organizations are interested in your opinions on the health of our community and suggestions for improvement. We value your input and appreciate your time and consideration of the following questions.

1. In general, do you think the people in our community are in excellent, very good, good, fair or poor health?
2. What do you think are the most pressing health or healthcare issues facing our community?
3. What programs, services or strategies would you suggest for addressing our most pressing health or healthcare issues?
4. On a scale of 1 to 5 where 1=Poor and 5=Excellent, how would you rate the **quality** of health care services in the Berlin/Gorham area? _____ What thoughts or issues came to mind when you gave your rating?
5. On a scale of 1 to 5 where 1=Poor and 5=Excellent, how would you rate the **accessibility** of health care services in the Berlin/Gorham area? _____ What thoughts or issues came to mind when you gave this rating?
6. What, if any, health-related programs or services in this community have been important to you and your family?
7. Finally, if you were given a million dollars to spend on any one thing that you believe would contribute to improved health of our community, what would you want to spend the money on?

Appendix B
Berlin/Gorham Area Health Needs Survey

1. What town do you live in? _____

2. How many years have you lived there? _____ years

3. In general, how would you rate the quality of life in your town? (choose one)

- Excellent Very good Good Fair Poor

4. What *three (3)* things do you like most about your town? (Please check 3 items on the list below).

- | | |
|---|---|
| <input type="checkbox"/> Community involvement | <input type="checkbox"/> Health/medical services |
| <input type="checkbox"/> Schools | <input type="checkbox"/> Social support services |
| <input type="checkbox"/> Religious/spiritual values | <input type="checkbox"/> Good job opportunities |
| <input type="checkbox"/> Good place to raise children | <input type="checkbox"/> Recreation opportunities |
| <input type="checkbox"/> Strong family life | <input type="checkbox"/> Natural Beauty/Environment |
| <input type="checkbox"/> Friends/Neighbors | <input type="checkbox"/> Arts and cultural events |
| <input type="checkbox"/> Housing/Home | <input type="checkbox"/> Other (_____) |
| <input type="checkbox"/> Safety/low crime | |

5. In general, do you think people in your town are in excellent, very good, good, fair or poor health? (choose one)

- Excellent Very good Good Fair Poor

6. What do you think are the *three (3)* most pressing issues facing your community? (Please check 3 items on the list below).

- | | |
|--|---|
| <input type="checkbox"/> Abandoned buildings and vacant lots | <input type="checkbox"/> Lack of opportunities for youth |
| <input type="checkbox"/> Alcohol and drug abuse | <input type="checkbox"/> Lack of public transportation |
| <input type="checkbox"/> Child abuse/domestic violence | <input type="checkbox"/> Lack of recreational programs |
| <input type="checkbox"/> Crime and violence | <input type="checkbox"/> Lack of services for senior citizens |
| <input type="checkbox"/> Lack of affordable dental care | <input type="checkbox"/> Lack of support groups |
| <input type="checkbox"/> Lack of affordable health care | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Lack of health education | <input type="checkbox"/> Poverty |
| <input type="checkbox"/> Lack of affordable housing | <input type="checkbox"/> Teenage pregnancy |
| <i>Lack of alternative housing options for senior citizens</i> | <input type="checkbox"/> Unemployment |
| | <input type="checkbox"/> Other issue (_____) |

7. Have you or anyone in your family had difficulty getting health care services you need in the past year?

- No
- Yes, for the following reasons (check all that apply)
 - Didn't know where to go
 - No way to get there
 - Office was not open
 - No health insurance
 - Couldn't afford the services
 - Waiting time was too long
 - Misunderstanding with staff
 - Language/cultural barriers
 - Other (_____)

8. What, if any, health-related programs or services in this area have been important to you and your family?

9. What program or services would you and your family use if they were more available?
(Please check all that apply).

- Nutrition/cooking program
- Healthy heart program
- Stop smoking program
- Diabetes support program
- Child Day Care
- Adult Day Care
- Public transportation
- Job training
- Substance abuse treatment
- Programs for youth
- Services for senior citizens
- Recreational programs
- Fitness/exercise programs
- Community Gardening
- Farmer's market
- Medical services (_____)
- Dental Services
- Mental Health Services
- Parent support services
- Other service (_____)

10. If you had the ability to change any one thing that you believe would contribute to better health in your community, what would you change?

Turn page to finish the survey

11. How old are you? _____ years old

12. Are you male or female?

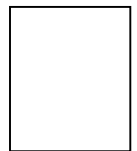
- Male Female

13. What is the highest level of education you have completed?

- 11th grade or less
 11th grade or less and GED
 12th grade, high school graduate
 Some college
 College graduate
 Graduate education

Thank You!

Please leave survey at this location or fold, tape, stamp and mail to address below.



**United Way of Northern New Hampshire
P.O. Box 614
Berlin, NH 03570**

Appendix C

Key Informant Survey Results

Appendix C-1

Comments: In general, do you think the people in our community are in excellent, very good, good, fair or poor health?

- Good - persons are living longer
- Poor - I feel that people at the ages of 40 and 50 are in poor health. I continue to hear about people of that age group developing cancer and other illnesses.
- Poor for the most part. I find that people are overweight and do very little exercise which contributes to more serious health issues.
- Those who have insurance are in good health, those with no insurance are in very poor health
- Most folks would appear to be in fairly good health and depends a lot on economic status and definitely which community area lived in
- All of the above depending on the interest each person has in himself, herself, or dependents
- Fair health. I believe we have a small percentage of people who don't (can't) read. So they do not apply for benefits they may be entitled to.
- I would say fair to good, with a "healthy" percentage in the poor area as well
- Generally good to fair. We have a high elderly population here, 2 nursing homes, etc., and high incidence of cancer
- Excellent. Adequate medical care. Good facilities. Good personnel.
- Fair - this is a personal general observation.
- Good to fair - due to such a high elderly population
- Good to fair - at this point due to mill, health care has gone down.
- Good health in referring to student population
- Very good - student population
- For the student population it is very good
- Student population is very good. Overall population - good to fair.
- I think the people in our community are in good health. We have many things to do in New Hampshire. Most people to me seem to be busy, ex. Skiing, running.
- Fair to Good, but many are aging
- Believe it depends on economic status and life style. Believe, as a whole, we are in good health
- Good, especially for those who wish to seek medical assistance.
- A small percentage are athletic and fit, but overall I think the majority are overweight with sedentary lifestyles.
- Good- high incidence of smoking, alcoholism, obesity which causes long term problems.

Appendix C-2

What do you think are the most pressing health or health care issues facing our community?

Insurance (medical and dental)

- “Cost, lack of competition, waiting period for mental health services”
- “Lack of insurance, lack of access to sliding fee scales for services, and too high a gap between Medicaid/care recipients and "the working" poor.”
- “Persons with no insurance”
- “c) high influx of population requiring extensive medical services (**uninsured**)”
- “The image that health care is affordable. The image that AV Hospital can do it all and does it poorly.”
- “Insurance coverage; specialized medicine”
- “Dental & hearing assistance, **coverage for unemployed**”
- “Health insurance”
- “Prescriptions for seniors, uninsured workers terminated by Pulp & Paper, claims not paid as funds were not given to Cigna”
- “Medicare cuts causing less money for services to those who really need them”
- “High cancer rate, **young couples not being able to afford health care**”
- “Medications, medical personnel, **insurance coverage**”
- “Insurance availability or lack thereof.”
- “Insurance - longer stays in hospital when necessary, a new definition of "home bound"”
- “Insurance and oral health”
- “Loss of insurance, cost of prescription drugs, lack of insurance, dental care for poor”
- “Mental health. Dental Health. **Lack of insurance coverage**. Substance use. Domestic violence.”
- “Life style choices - diet, smoking, lack of exercise; **lack of insurance (including dental)**”
- “Dental care; preventive medicine”
- “Cost of medical insurance; obesity and the problems it causes; uninsured folks going without care, re: PPA employee who may not be eligible for scale”
- “Mental health - waiting period for an appt extremely long; Dental health - lack of it for people without insurance or in Medicaid; People without insurance (PPA employees and others); people with poor coverage, high out of pocket expenses”
- “Lack of insurance coverage”
- “1) Dental services are not widely available to those with no insurance; 2) Affordable pharmacy supplies and prescriptions”
- “Cost of insurance/ability to pay for service”
- “The rising cost of health insurance (or loss of) may incline people to refrain from seeing a doctor”
- “High cancer rate, **people who cannot afford health care**”
- “Cost”
- “Costs of health insurance; costs of health care; cost of medication”
- “Loss of insurance in the area, people will go without necessary care and medications.”
- “Increased residents without insurance. Long term care for seniors and increased mental health issues in senior population.”

- “Insurance - with the closing of Pulp & Paper, many families have been affected by loss of insurance (health and prescription plans)”
- “1) Health insurance coverage for everyone. 2) The long wait for doctor appointments when you prefer to stick to your primary care physician.”
- “General Health Care Insurance”
- “Health care insurance for the working population”
- “a. I am not aware of any study results, but my perception is that cancer incidents seem high; b. **Lack of medical insurance**; c. Cost of medical insurance; d. Limited choices of medical insurances; e. Diminishing provider (nurses) available; f. Updated/quality equipment”
- “a. The loss of health insurance due to loss of jobs at ATC and exorbitant cost of healthcare; b. Teen pregnancies; c. Assisted living for the elderly; d. **More insurers in the State**; e. Hospice House setting to supplement home care; f. Radiation therapy for cancer treatment locally; g. Health care providers do not know how to deal with people with special needs; h. Child/spousal abuse”
- “Insurance and prescription cost. People with no insurance. Healthy Kids having six month waiting period. No dental help for adults with no insurance. Mental health long waiting list.”
- “Adequate available health care for children and poorer people. Also a lot of poorer people don't seek medical attention for themselves or their kids.”
- 4 respondents indicated “Lack of insurance”
- “Mental health issues, dental care, alcoholism, AIDS, hepatitis B&C”
- “Health care benefits for working people (“the working poor”)”
- “Health care coverage”

Elderly Issues

- “Lack of preventive health services to uninsured elderly”
- “Elderly services”
- “Elderly care”
- “Elderly aging, Alzheimer's”
- “Elderly and low income family health”
- “Prescriptions for seniors, uninsured workers terminated by Pulp & Paper, claims not paid as funds were not given to Cigna”
- “Old age”
- “Hospital upheaval, **lack of assisted living facilities**”
- “A burgeoning elderly population that may strain the resources of the health care community”
- “Growing elderly population”
- “Immunizations of as many children as possible, education of under-informed parents as to how to properly care for children, **large percentage of elderly**, COPD health issues”
- “Aging”
- “Alcoholism, mental health, **services for those not ready for nursing home, but need care**”
- “Mental health, depression, etc. **Also issues facing elderly**”
- “Too much: smoking, drinking obesity. Lack of education on good health **and, of course, elderly care.**”

- “Elderly care - high elderly population require additional services - also we need more specialists (more frequent visits from specialists)”
- “Smoking, diet, **elder care**, alcohol, cancer”
- “Dental, smoking, drinking, mental health, **elder care - in home, intermediate, nursing home**”
- “Elderly with MH issues as well as the ability to pay for supports and services”
- “Aging, substance use, economic stresses”
- “Continuum of care for seniors more involvement in the community by the hospital, better outreach, community education, etc.”
- “Mental health issues & **dementia care (Respite)**”
- “Substance use, mental health. **Lack of services for the elderly** (i.e. to maintain them in the community vs. nursing home)”
- “Funding for longer term in-home health supports for non-Medicaid eligible elders - e.g. personal care for frail elder w/ 5-10K savings . This person has not enough savings to pay for this of care AND maintain a cushion for home repairs, taxes, etc.”
- “Increased residents without insurance. **Long term care for seniors and increased mental health issues in senior population.**”
- “Smoking, drugs, **old age sicknesses**”
- “More care needs to be spent with elderly.”
- “a. The loss of health insurance due to loss of jobs at ATC and exorbitant cost of healthcare; b. Teen pregnancies; c. **Assisted living for the elderly**; d. More insurers in the State; e. Hospice House setting to supplement home care; f. Radiation therapy for cancer treatment locally; g. Health care providers do not know how to deal with people with special needs; h. Child/spousal abuse”
- “Need more levels of care for people who can't be totally independent but don't meet nursing home level of care.”

Preventive Health (except dental)

- “Smoking, high fat diet, alcohol use”
- “Prevention care and prescription coverage”
- “People don't eat right or exercise enough”
- “Life style choices - diet, smoking, lack of exercise; lack of insurance (including dental)”
- “Dental care; **preventative medicine**”
- “Cost of medical insurance; **obesity and the problems it causes**; uninsured folks going without care, re: PPA employee who may not be eligible for scale”
- “Seeking preventative/maintenance care, cost of pharmaceuticals”
- “Alcohol problems, poor diet, lack of exercise, lack of basic knowledge of implementing healthy life”
- “Too much: smoking, drinking obesity. Lack of education on good health and, of course, elderly care.”
- “Health care related education relative to food & exercise - lifestyle!”
- “Smoking, diet, elder care, alcohol, cancer”
- “Smoking, bad eating habits, heart disease”
- “Smoking”
- “Smoking, drugs, old age sicknesses”
- “I think that people in my community have bad smoking and drinking habits.”

- “Smoking”
- “Obesity, diabetes, depression. Fragmentation of services, lack of follow-up”
- “Stress”
- “**Immunizations of as many children as possible**, education of under-informed parents as to how to properly care for children, large percentage of elderly, COPD health issues”

Mental Health Needs/Access to Mental Health Services

- “Cost, lack of competition, waiting period for mental health services”
- “Alcoholism, mental problems (schizophrenia)”
- “Mental illness seems to be among the leaders with drug and alcohol abuse.”
- “Mental illness and alcohol abuse”
- “Mental illness and family taking responsibilities”
- “Alcoholism, **mental health**, services for those not ready for nursing home, but need care”
- “Mental health. Dental Health. Lack of insurance coverage. Substance use. Domestic violence.”
- “Mental health - waiting period for an appt extremely long; Dental health - lack of it for people without insurance or in Medicaid; People without insurance (PPA employees and others); people with poor coverage, high out of pocket expenses”
- “Mental health, depression, etc. Also issues facing elderly”
- “Currently anxiety and depression - as our mill recently closed its doors laying off 850 employees in August.”
- “Dental, smoking, drinking, **mental health**, elder care - in home, intermediate, nursing home”
- “Mental health issues & dementia care (Respite)”
- “Substance use, mental health. Lack of services for the elderly (i.e. to maintain them in the community vs. nursing home)”
- “Mental health”
- “Insurance and prescription cost. People with no insurance. Healthy Kids having six month waiting period. No dental help for adults with no insurance. **Mental health long waiting list.**”
- “Stress”
- “Mental health issues, dental care, alcoholism, AIDS, hepatitis B&C”
- “The mental health system needs to be accessible to more people.”

Alcohol/Substance Abuse

- “98% of the juveniles are on some medical drug of some kind. I find the problem is in the family life not only personal problems.”
- “Unsure (**alcohol**)”
- “Alcoholism, mental problems (schizophrenia)”
- “Mental illness seems to be among the leaders with **drug and alcohol abuse.**”
- “Mental illness and **alcohol abuse**”
- “Alcoholism, mental health, services for those not ready for nursing home, but need care”
- “Drug and alcohol abuse”
- “Mental health. Dental Health. Lack of insurance coverage. Substance use. Domestic violence.”

- “Alcohol problems, poor diet, lack of exercise, lack of basic knowledge of implementing healthy life”
- “Smoking, diet, elder care, **alcohol**, cancer”
- “Dental, smoking, **drinking**, mental health, elder care - in home, intermediate, nursing home”
- “Aging, **substance use**, economic stresses”
- “Substance use, mental health. Lack of services for the elderly (i.e. to maintain them in the community vs. nursing home)”
- “I have heard cancer is very high in our area. **Also in our school, I believe we have a Major drinking problem.**”
- “Smoking, **drugs**, old age sicknesses”
- “I think that people in my community have bad smoking and **drinking habits.**”
- “Mental health issues, dental care, **alcoholism**, AIDS, hepatitis B&C”

Cost of Prescription Medicine

- “The cost of medications and the distance one needs to travel for health care”
- “Prescriptions for seniors, uninsured workers terminated by Pulp & Paper, claims not paid as funds were not given to Cigna”
- “Medications, medical personnel, insurance coverage”
- “Loss of insurance, **cost of prescription drugs**, lack of insurance, dental care for poor”
- “Prevention care and **prescription coverage**”
- “Seeking preventative/maintenance care, **cost of pharmaceuticals**”
- “1) Dental services are not widely available to those with no insurance; 2) **Affordable pharmacy supplies and prescriptions**”
- “Costs of health insurance; costs of health care; **cost of medication**”
- “The cost of medications and prescription drugs. They are far too expensive.”
- “Insurance and prescription cost. People with no insurance. Healthy Kids having six month waiting period. No dental help for adults with no insurance. Mental health long waiting list.”

Cancer and Other Critical Illness

- “high rate of cancer and other critical illnesses;”
- “High cancer rate, young couples not being able to afford health care”
- “High cancer rate, people who cannot afford health care”
- “Smoking, diet, elder care, alcohol, **cancer**”
- “Smoking, bad eating habits, **heart disease**”
- “I have heard cancer is very high in our area. Also in our school, I believe we have a Major drinking problem.”
- “Cancer”
- “a. I am not aware of any study results, but **my perception is that cancer incidents seem high**; b. Lack of medical insurance; c. Cost of medical insurance; d. Limited choices of medical insurances; e. Diminishing provider (nurses) available; f. Updated/quality equipment”
- “Immunizations of as many children as possible, education of under-informed parents as to how to properly care for children, large percentage of elderly, **COPD health issues**”

Education/Health Education

- “Immunizations of as many children as possible, **education of under-informed parents** as to how to properly care for children, large percentage of elderly, COPD health issues”
- “Alcohol problems, poor diet, lack of exercise, **lack of basic knowledge** of implementing healthy life”
- “Lack of education for the general public. The elder who have not had Years of education.”
- “Too much: smoking, drinking obesity. **Lack of education on good health** and, of course, elderly care.”
- “Health care related education relative to food & exercise - lifestyle!”
- “Continuum of care for seniors more involvement in the community by the hospital, better outreach, **community education**, etc.”
- “A complete picture of all health and related services, well publicized, on a continuing basis. Include state services also.”

Health professional availability/turnover

- “Not enough physicians or short term doctors”
- “Medications, **medical personnel**, insurance coverage”
- “Availability of doctors - frequently requests for appointments are met by 1-3 month "delays" or "go to emergency". Intake over the phone is often unprofessional and incomplete (scheduling can take precedence over assessment)”
- “We need less turnovers in doctors. Some come and go so quickly; people need a longstanding doctor who knows them well.”
- “Elderly care - high elderly population require additional services - **also we need more specialists** (more frequent visits from specialists)”
- “Individuals not seeking medical advice. Doctors coming and leaving so much. Patients start getting used to a doctor and they leave and it happens again. I'm aware of individuals who refuse to seek medical advice due to the constant change.”
- “a. I am not aware of any study results, but my perception is that cancer incidents seem high; b. Lack of medical insurance; c. Cost of medical insurance; d. Limited choices of medical insurances; e. **Diminishing provider (nurses) available**; f. Updated/quality equipment”
- “Insurance coverage; **specialized medicine**”

Dental Health

- “**Dental** & hearing assistance, coverage for unemployed”
- “Loss of insurance, cost of prescription drugs, lack of insurance, **dental care for poor**”
- “Insurance and **oral health**”
- “Loss of insurance, cost of prescription drugs, lack of insurance, **dental care for poor**”
- “Mental health. **Dental Health**. Lack of insurance coverage. Substance use. Domestic violence.”
- “**Dental care**; preventive medicine”
- “**Dental**, smoking, drinking, mental health, elder care - in home, intermediate, nursing home”
- “Mental health issues, **dental care**, alcoholism, AIDS, hepatitis B&C”

Other Access Issues (not dental; not health insurance)

- “The cost of medications and the distance one needs to travel for health care”
- “Prenatal and early childhood”
- “Elderly and low income family health”
- “1) Health insurance coverage for everyone. 2) The long wait for doctor appointments when you prefer to stick to your primary care physician.”
- “a. The loss of health insurance due to loss of jobs at ATC and exorbitant cost of healthcare; b. Teen pregnancies; c. Assisted living for the elderly; d. More insurers in the State; e. Hospice House setting to supplement home care; f. Radiation therapy for cancer treatment locally; g. Health care providers do not know how to deal with people with special needs; h. Child/spousal abuse”
- “People being able to get to the doctor”

Various Responses not otherwise categorized

- “Substantial loss of jobs has put the community in a health risk state”
- “Perception of quality of health care in Berlin/Gorham (vs. Littleton, Dartmouth, etc.)”
- “a. The loss of health insurance due to loss of jobs at ATC and exorbitant cost of healthcare; b. Teen pregnancies; c. Assisted living for the elderly; d. More insurers in the State; e. Hospice House setting to supplement home care; f. Radiation therapy for cancer treatment locally; **g. Health care providers do not know how to deal with people with special needs; h. Child/spousal abuse**”
- “Mental illness and **family taking responsibilities**”
- “Funding”
- “**Hospital upheaval**, lack of assisted living facilities”
- “Mental health. Dental Health. Lack of insurance coverage. Substance use. **Domestic violence.**”
- “**I think the possibilities of having mercury in the river.** Also the citizens that don't have good health insurance aren't getting the full attention they need.”
- “a. I am not aware of any study results, but my perception is that cancer incidents seem high; b. Lack of medical insurance; c. Cost of medical insurance; d. Limited choices of medical insurances; e. Diminishing provider (nurses) available; f. **Updated/quality equipment**”
- 4 respondents indicated “Not sure” or “don't know”

Appendix C-3

What programs, services or strategies would you suggest for addressing our most pressing health or healthcare issues?

Health Education/Wellness Programs

- “Inform public of endowments and gifts to health agencies to better serve everyone”
- “a) increase education; b) increase collaboration/cooperation between health service providers”
- “More free seminars (locally - within walking distance of downtown)”
- “Education programs; funding for uninsured/dental”
- “Medication programs, continue education on preventative measures”
- “Education of the children in the school system - inviting parents in to be with their children to learn.”
- “More and widespread health education. Creative home care assistance, more traveling nurses co-oping.”
- “More home health services - **additional substance abuse programs in schools to go along with DARE program. Family violence programs**”
- “In-home counseling, workshops”
- “More community education; better communication amongst medical and mental health providers; education groups required as part of medical treatment hosted by mental health/medical professionals.”
- “Educating workshops/classes”
- “Have other kids go to younger schools to talk about not smoking and how unhealthy it is.”
- “Health classes”
- “Focus on encouraging people to take control of preventive/maintenance strategies. Mental health practitioners working With primary care. AL-ANON!!”
- “a. Expanding medical education programs at NHCTC; b. A plan to renew aging equipment, purchase new equipment, and to provide care/treatment locally.”
- “a. Training teachers on identifying child abuse, especially at the elementary level; b. Instruction on the Healthy Kids Program; c. Creation of a version of the Healthy Kids Program for healthy adults; d. Develop training for health care providers on caring for developmentally disabled persons; e. **More training for teens on avoiding teen pregnancy - offered through the Hospital, not just the schools.**”
- “Education on the importance of health care. A clinic where people can just walk in and get treated, centrally located.”
- “Nutrition programs that are interesting”
- “Early detection programs”
- “Early intervention”
- “More emphasis on wellness programs.”
- “Wellness programs for children - helping the elderly afford in-home care.”
- “Free programs on healthy living”
- “Cancer is a very difficult health care issue to address, but I believe that promoting the disease might help, so that awareness of the issue may be spread”

Access to Affordable Healthcare

- “Easier access to health care through subsidies or sliding scales according to income. Better and more consistent health care providers at AVH/Mental Health.”
- “Provide dental & hearing assistance, coverage for unemployed”
- “Address high cancer rate and young couples not being able to afford health care”
- “Work with the state of NH in developing additional programs to the uninsured”
- “Offer affordable insurance to the families”
- “Education programs; **funding for uninsured/dental**”
- “Reduce turn around time for mental health; Increase dental health programs; **continue to look for ways to help people without insurance: Community resources**”
- “Addressing patient needs and making available the services at affordable cost”
- “Easier ways for children to get health care and more affordable insurance for self-employed people.”
- “Better insurance coverage. A reduced prescription drug cost for the elderly.”
- “Possibly have a program for those who are less fortunate, so they can get the fullest care that they need.”
- “Having affordable health care (total)”
- “Insurance coverage at reasonable rate”
- “* To have dental financial assistance for adults and children. * Dentist who would do wisdom teeth or pediatrics. *Follow up system to make sure parents follow through with health care of child.”
- “Affordable insurance/affordable health care for those without”
- “Easier access to insurance”
- “Making available services for individuals who do not qualify for Medicaid.”
- “Easier access to mental health system, mental health care in the home. Funded dental programs.”
- “Affordable health insurance for the working poor.”
- “More sliding fee based services”
- “Could an adult program be developed similar to Healthy Kids? Could mega grants be available for oral health of adults and children? Could school children receive fluoridation tablets if desired?”
- “Expansion of programs to include the poor and those on Social Security only”

Elderly Assistance/Home care

- “Assistance to elderly (more)”
- “Elderly services”
- “More one on one with the elderly and a straight across the board health care system”
- “Long term care”
- “A quality assisted living facility that includes a dementia unit”
- “More and widespread health education. **Creative home care assistance, more traveling nurses co-oping.**”
- “More home health services - additional substance abuse programs in schools to go along with DARE program. Family violence programs”
- “Wellness programs for children - **helping the elderly afford in-home care.**”

- “A block of monies to deal with elderly with MH issues on a yearly basis, especially assisted living”
- “Residential Care; Senior Mental issues”
- “The area needs an assisted living facility that will take people with dementia. In the doctor's office - a special nurse that does follow up with clients to make sure they are doing well and what they are supposed to.”
- “Beef up subsidies for in-home care which could help pay part of cost; develop sliding scale for in-home cost share; develop assisted living facilities for Berlin area.”
- “The community needs a local assisted living facility.”
- “Better insurance coverage. **A reduced prescription drug cost for the elderly.**”
- “Resident care facilities such as St. Kiernan House to meet needs of elders and incapacitated adults.”

Health System/Insurance Industry Reform

- “Restructuring of the Hospital. Let community know everyone works together. Image is everything. Do not let people fall through the cracks.”
- “Re-vamping health care as a whole”
- “More one on one with the elderly and **a straight across the board health care system**”
- “Re-privatize the whole system so that all 3rd party payers are eliminated”
- “Contact state reps - new laws concerning health care”
- “Reinstate Medicare cuts - insurances always trying not to pay.”
- “Health insurance companies should be allowed to underwrite groups as in the past when we had many successful companies in the state”
- “a. Expanding medical education programs at NHCTC; b. **A plan to renew aging equipment, purchase new equipment, and to provide care/treatment locally.**”

Improved Care Management

- “a) increase education; b) **increase collaboration/cooperation between health service providers**”
- “Outreach, patient follow up by doctors and/or staff/professionals”
- “The area needs an assisted living facility that will take people with dementia. In the doctor's office - a special nurse that does follow up with clients to make sure they are doing well and what they are supposed to.”
- “A person could be on hand at clinic sites to help clients without insurance - apply for those services and direct them to appropriate agency with papers already filled out (If they don't understand, they won't do it)”
- “Focus on encouraging people to take control of preventive/maintenance strategies. **Mental health practitioners working With primary care. AL-ANON!!**”
- “More community education; **better communication amongst medical and mental health providers**; education groups required as part of medical treatment hosted by mental health/medical professionals.”
- “* To have dental financial assistance for adults and children. * Dentist who would do wisdom teeth or pediatrics. ***Follow up system to make sure parents follow through with health care of child.**”

Dental Care Access

- “Dental & hearing assistance, coverage for unemployed”
- “Education programs; funding for uninsured/**dental**”
- “More support for dental care, beyond hygiene and education”
- “Reduce turn around time for mental health; **Increase dental health programs**; continue to look for ways to help people without insurance: Community resources”
- “Getting an affordable pharmacy program. **Better access to dental services.**”
- “* To have dental financial assistance for adults and children. * **Dentist who would do wisdom teeth or pediatrics.** *Follow up system to make sure parents follow through with health care of child.”

Provider Recruitment/Retention

- “See if more specialized professionals can be recruited”
- “Doctors need to stay longer, home calls when necessary”
- “Higher number of mental health providers. Broaden and diversify area's economic base to help ensure health insurance coverage.”
- “More and widespread health education. Creative home care assistance, **more traveling nurses** co-oping (?)”
- “Recruit and KEEP doctors so patients can be comfortable in seeking medical advice and care. Patients can become familiar with a doctor for longer than just a few months.”

Other Access Improvements

- “More town & state provided health care as needed”
- “Set up a way to help them get there”
- “We need to pressure the State for more Federal Aid and funding and also grant money for our schools.”
- “Identification of gaps, including transportation and financial assistance. Invite community input. Ask for solutions.”
- “Have it so students can see a professional about their problems easily.”

Prescription Solutions

- “Bulk buying of medications like Maine is proposing”
- “Prescriptive cost/coverage; while there is not a statistical basis, I see a need for child care for ill children - with so many parents working this is quite a problem”
- “Medication programs, continue education on preventative measures”
- “Getting an affordable pharmacy program. Better access to dental services.”

Alcohol and Drug Treatment/Awareness

- “Alcohol/drug treatment”
- “Programs to promote region wide awareness of alcohol problems”
- “More home health services - additional substance abuse programs in schools to go along with DARE program. Family violence programs”
- “For our school, I think assembly or something needs to be done to stress the consequences of alcohol and drugs to our body.”

Walk-in Clinics

- “Low income clinics”
- “Perhaps "walk-in clinic" or more screening clinics”
- “Wellness clinics - school based programs addressing a concept of "total" wellness at a young age”
- “Education on the importance of health care. A clinic where people can just walk in and get treated, centrally located.”

Don't Know & Various Responses not categorized

- 21 respondents indicated “Don't know” or had no response
- “Our paper mill has always been blamed for high cancer rate. Now that it is down, how will this affect our health? This should be studied.”
- “Bringing employers to the area. We are experiencing hardships in the area, people are losing their homes, cars, morale is low, depression and anxiety high.”
- “Canus (cancer?), heart”
- “More funding.”
- “Not sure, but I might suggest more studies and house calls.”
- “more choices, more services for youth”
- “Positive (unintelligible) on high quality of healthcare present here. Procedures available here that are available elsewhere.”

Appendix C-4

Quality Rating Comments: What thoughts or issues came to mind when you gave your rating?

Good Personal Experience with Area Services/Facilities

- very personable staff, easy to get appointment
- Having **experienced care** through AVHHHH and AVHCS, **needs are being met with high quality of respect**
- CCFHS are providing a much needed service - I would rate them higher than other "quality" health care services.
- Capable, well-qualified, caring health professionals and staff.
- Good quality of care, good facilities
- Individual providers excellent
- We are fortunate to have the services that are here considering the demographics and size of the community
- Good doctors
- 4 out of 5 people seem to be **satisfied with the care they are receiving**
- If people realize they can get care, the care is great, for the poor as well as people of means.
- I know of so many elderlies who have home care - visiting nurses and providers.
- Speaking as an outsider, trained in urban/suburban areas, I believe that locals don't realize the high quality of care
- Between Berlin and Gorham we have 3 good family health services that provide good services
- I know that our service program is great but am not sure about the other clinics in town
- My personal experience, also anecdotally I hear less complaints about the quality of care
- I think for a rural area we have a lot to offer the community in expertise
- Accommodating with appointments, very caring staff ready to refer if not qualified
- Providers I have contact with have always been great!
- Health care providers are much more educated in a broader range than in the past
- We have a good team of health care providers with many specialists.
- Health care providers will call back and answer questions.
- AVH, CCFH, St. Lukes, CC Nursing, & St. Vin. are all excellent facilities and well run.
- Personally, I was always pleased with the care given to myself and my family.
- I think we have excellent providers in the community but they are at times limited in what they can do because of reimbursement, and also because of the communities attitude.
- From my personal and family's visits to the hospital or a clinic, we have been pretty impressed with the service.
- Nursing home care, emergency services, physical appointments
- I have had very good experiences with my PCP
- The compassion and problem solving skills of the health care/social worker staff
- Genuine caring from most doctors and nurses
- Care given to a family member
- I really like CCFHS

- I have had good experiences with AVH & CCFHS
- In relationship to other areas - home health care is much more available and consistent
- Quality of care is excellent for Medicaid recipients
- The local home health agencies are great!

Specialty Care Needs

- More serious medical conditions have to be dealt with out of the area.
- **Lack of specialty care services**
- We **need more specialty doctors** that come to the area so people may get second opinions without taking business elsewhere.
- There's not much of a choice when it comes to specialized services. Traveling to larger facilities (Hanover, for example) are the only resources.
- Not enough specialty care
- Lack of specialty fields
- The number of specialists. The ability to get a second opinion.
- Access to specialists
- Doctors we have are good but lacking in specialties
- We are a small town and there are **limitations** inherent because of the economic resources
- Lack of mental health & dental health services for adults & children
- Changing power from physicians to health insurance companies which resulted in limited treatments/services. Need to put decisions back in physicians' hands!
- The lack of specialty medical care in the area - including OB-GYN (only 1!)
- Major regional concern for access is availability of mental health providers and possibly skills/adequacy for variety of needs, including alcohol, drug, substance abuse treatment - and coverage for same.
- Very minimal specialized services
- The health care in Berlin I believe should be faster and have more (options/opinions?)
- a lot of people have heart problems.
- Not enough time with doctor during a visit. Accessibility to nutrition counseling at the doctor's office would benefit patients who won't make special trip to hospital for such counseling.
- The unavailability to treat and keep the health - beyond just your local doctor. Need dental, vision to stay healthy.
- Access to specialists, clinics limited. Need to travel for chemo/dialysis. No support for families.
- Specialists are out of town.

Provider Recruitment/Retention

- Lack of interest for doctors who are qualified "(unintelligible)" to stay in the area
- Revolving door doctors
- More doctors needed
- Transitory medical staffing (in 12 years, I have had 6+ doctors)! Too many "too early" releases.
- There has been a large turnover in the past 5 years with area physicians - the general public feel there is no continuity of care.

- Need to attract medical staff who will stay in the area.
- Prison has taken some staff - area staff is maybe spread too thin?
- The longevity of physician staying here
- Because of under staffing at the hospital, some patients are not given the care they need.
- So many elderly need assistance, but not enough people or funds to help out.
- The lack of doctors in the area make it difficult to receive the care that you or your family may need quickly.
- I think we need a more range of doctors. Dr Glenney can't do everything.
- Doctors coming and leaving so much
- Doctor turnover
- as far as consistency of phy. Services I would rate 2 - due to the turnover of physicians.
- There is too high of a turnover in medical staff at the Hospital
- High turnover rate - lack of consistency of care.
- Rate of doctor turnover

Improved Care Management

- I have seen nurses & CNAs in the hospital not bother to look at the doctor's orders before giving or taking away meds. A tech argued with me over my husband's name, she was drawing blood from the wrong person and wouldn't read the arm band.
- The very poor should be educated that free programs are available.
- Cost, accessibility, and awareness for all income levels and age levels, not enough people are aware of proper diet and health life styles
- Problems of communication from health care providers to recipients.
- Not enough follow through and up by doctors.
- The health care providers in this community need to work on improving their image in order for community members continue to seek primary health care locally.
- and the doctors could explain more
- I volunteered at the hospital and some nurses didn't have patience. One in particular said that a patient who was crying would have to wait until she had time because she had just seen her. The doctors don't do full check-ups (lab-testing) to back up their thoughts.
- Not enough time with doctor during a visit. Accessibility to nutrition counseling at the doctor's office would benefit patients who won't make special trip to hospital for such counseling.
- I don't care for Mountain Health - they seem much more concerned with their business rather than their patients.
- Some elderly seem to slip through the cracks.
- Poor communications among/between physicians. Lack of continuity, frequent changes of MD's, hesitancy or failure to refer, not taking time to listen to patients and not taking time to explain things fully to patients and families.

Hospital Concerns

- Hospital services poor due to interminable waits, poor attitudes, mix ups on testing, etc.
- The amount of time needed to make an appointment to see a doctor
- Infection problems at the local hospital
- With the turmoil at AVH - and general concerns about care that I have observed at AVH - I pray that there will be improvements

- Reminded of some "routine" procedures gone bad within last four years.
- The poor reputation of the hospital; managed care's influence on how PCP's have to conduct their business, i.e. have to see X amount of patients per day which decreases quality of care
- Problems with coordinating care; patients not seeing their own doctor in hospital; cost of medications, too little time for PCPs to coordinate pharmaceutical (unintelligible) program.
- The hospital could be a little faster
- When you go to the hospital you wait like 2-3 hours in waiting room then they let you see a doctor for like 5 minutes and your in the room another 30 minutes alone
- Because of under staffing at the hospital, some patients are not given the care they need.
- It takes too long to get into the ER and the cost is unreal.
- The doctors at the hospital don't seem to know what they are doing from some stories I hear.
- Local hospital, but economic conditions prevent it from obtaining various costly equipment
- Poor quality or inability to correctly diagnose x-rays; Long wait time in the emergency department; Poor attitude of some support staff towards customers service.
- There is too high of a turnover in medical staff at the Hospital
- The people administering the care are not always friendly and courteous. I have chosen not to have my child at AVH because of the way some of my close friends were treated there.

Affordability/Insurance Issues

- The acceptance of health insurances.
- Affordability to the uninsured
- Insurance for individuals over 18
- Health care services are doing the best they can with the amount of funds they have. More money is needed.
- some falling in the cracks to qualify for programs.

Various Responses not otherwise categorized/Not sure

- 16 provided no response
- Better advertisement in the community as to the service they provide.
- Accessibility
- At one time we had personal physicians instead of institutions hiring and paying physicians.
- We only deal with people who have no immediate family in the area, and refuse to take any outside help
- but have had difficulty with scheduling Mammogram (twice I was called and they cancelled)

Appendix C-5

Accessibility Rating Comments: What thoughts or issues came to mind when you gave your rating?

Appointment/Service Availability

- Usually don't have to wait too long for a medical appointment
- I do believe no one is refused
- have a long waiting list at times.
- Amount of time needed to make appointment to see the doctor
- The care is there if you need it
- I believe everyone can and should have access to health care as needed
- Very accessible
- I have not heard of people being turned away in emergency situations, however in regular care setting they are denied.
- The rating would be higher if referrals weren't so frequently "emergency room"
- Long waiting times for both that they receive.
- Accessibility is not an issue. You may not see the same provider (or your choice) if it is an acute illness. Dental - definite problems.
- Can get appointments very readily when needed. On the flip side, sometimes routine appointments are difficult to get and sometimes you wait and wait and wait...
- Timing of appointments
- You can usually get an appointment when you need one.
- Length of time to get appointments sometimes short, sometimes longer
- Usually no problem getting appointments
- changes in appointment times
- I have never had difficulty making an appointment to see my PCP
- We do have an accessible hospital and an accessible health clinic
- People not getting in to see the doctor because of no openings.
- With personal experiences in the ER, it took a while to be administered care.
- I find that finding and getting help is very easy and effective.
- I can usually see my family doctor whenever I need to.
- Our health care facilities are very accessible. If any troubles come about, there's always help.
- I have not had to deal with this personally, but I have a close family member that has been going through tough times with an illness and has had many services provided to him.
- Berlin and Gorham has a lot of accessibility.
- Rarely have had a problem obtaining an appointment, but sometimes have had to wait a long time to see a doctor and/or visit a specialist
- You can usually get an appointment when you need one
- I think care can be received within 2 days of hosp. D/C and as far as phy. Offices they are pretty flexible with scheduling.
- For the most part the medical centers are fairly accessible, one may have to wait, however.

- Sometimes difficult to get appointment with physician.

Travel/Distance to Care

- follow up appointments in Hanover or Manchester
- Good proximity to health service providers
- Availability of transportation - bus, taxi, RSVP, friends and family. Geographically, little travel is required.
- Specialized care - need to travel distances; local OK
- It is the long distance medical that is a problem
- What is here is excellent, however the distance one must travel for "specialists" - i.e. "medical (unintelligible)" is still unacceptable
- We must hope that our local providers will continue to refer patients to specialists even if it is out of our area.
- We are 2 hours north of any huge hospital. Our care is limited locally. We are constantly sending patients out on transfers to other hospitals due to lack of services locally.
- Hospital just minutes away from downtown Berlin
- Assume access good but significant issue is distance from major medical facility (Dartmouth, Concord, Portland, Boston)
- Most specialists are not in our area, so there is a lot of traveling involved.
- There are many health care places to visit in Berlin so it doesn't matter where you live.
- I go out of town for most services except for a basic physical.
- Problems for frail elders getting to appointments
- Both Berlin and Gorham are easy places to get to.
- Sometimes in the winter the hospital road is icy, but it is easy to get to.
- Nursing homes, hospital and medical centers are spread very well over the community
- Unless the children of the elderly are available to take their parent(s) to doctor appointments, many won't go
- Many people are required to travel to Hanover to receive care.
- Need to travel to see specialist and some test/procedures and when specialist do come to AVH can take months to see.
- There should be a centrally located walk-in clinic. AVH is out of the way and it's difficult for people without cars to get there.

Improved Care Management

- Again, I would rate CCFHS as a 4, but I feel AVH does not provide access to all folks regardless of need.
- Availability of health care provider on weekends and evenings.
- When police are involved and give information to another agency, it would be nice if we receive a call back to advise us what if anything is being done for the person in need.
- The affability of physicians, nurses, and some but not all receptionists
- One health care facility is very good, the other one not so good
- We have good services available, CCFHS is v very important for low income and elderly
- The city does have cholesterol clinics periodically, but how many people take advantage of it?
- Evening hours were not heard of at a health center 20 years ago

- Facilities in Gorham and Berlin have from our family experience have provided good services on routine items, but some problems with complicated issues.
- Getting a doctors appointment has improved significantly with very timely and accurate diagnosis; Good utilization of Physician Assistants and ARNP's to assist with physician accessibility
- Nice to have doctors willing to make home visits.

Resources/Programs

- I feel that Meals on Wheels and Freedom Express.
- With Freedom Express, etc., it seems people are able to get to where they want to go.
- Sparsely populated area equipped with many state, local & government organizations in this area
- Efforts have been made to expand services (i.e. chemo)
- Transportation is always available to all that ask for it, if it is needed
- there is public transportation for those who need it.

Provider Availability

- high availability of medical providers for declining population
- When thinking of mental health availability, I know that mental health workers are understaffed
- Choices of specialist/physicians are limited
- Limited access to specialist
- I think we have enough providers
- Doctors have too many people to see. Not enough time given to each person
- Visiting nurse and providers
- Mental health & 1 Care providers
- Continue to assess and evaluate nursing shortage!
- Ample staff whether it be a PA, nurse practitioner or physician
- Variety of providers.
- Area hospitals (done?) a good job of attracting (physicians?)
- Good utilization of Physician Assistants and ARNP's to assist with physician accessibility; Lack of physicians
- Area could use a visiting podiatrist.

Insurance/Financial Concerns

- Available but unbelievably expensive
- Excluding dental. Funds limited to cover uninsured dental procedures.
- I'm there are people not getting medical care due to financial worries - especially in light of recent changes
- Very little experience yet. However we need to insure that those out of work at the mill have health care for family and themselves
- Free care and state programs give equal accessibility to all. Does everyone know about it?
- Insurance/sliding fee schedule
- Again insurance plays a big factor in health care.

- The individuals who fall in the "in between" zones need more attention. In-between zones means people who make a little above income guidelines, but not enough for adequate support.
- There are a couple places that offer a sliding fee which helps those who can't afford to pay.

Funding

- Services are accessible, but not always to the extent needed due to funding cuts
- people are reluctant to apply for charity care which providers like the hospital must give to have their non-profit status.
- Excluding dental. Funds limited to cover uninsured dental procedures.
- Funding is largest deterrent. I feel there is staffing available and the need is great but who will pay.

Various Responses not otherwise categorized/Not sure

- 22 Provided no response
- Guidelines restrictive
- Area hospital and local dentists
- Some people I know had extreme pain and should have been admitted to the ER, but instead they drugged them and sent them home.
- Medical providers wholly married to traditional interventions. Not open to alternative and they work! But aren't reimbursed.

Appendix C-6

Comments: If you were given one million dollars...

Health Insurance/Equal Access Issues

- Equal access to health care regardless of income or "status" in the community.
- Insurance coverage
- Deal with the rising costs of health insurance and care
- Family with income who cannot afford insurance
- Provide care to those whom insurance will not cover the service.
- A community health center providing services to all regardless of income!
- Healthy Adult insurance (like Health Kids)
- Insure all people so they can receive the health care they need.
- To distribute equally to all providers to give free services to any woman needing a mammogram for the first time at the age of 40
- Make sure everyone can receive health care. I wish health insurance was not so expensive. I'd put the money toward a plan to help pay for our health insurance. It's unreasonably high, yet it is so needed.
- (unintelligible) insurance
- Helping people pay for services and medications they cannot afford to pay without insurance.
- Medical insurance pool to cover to some extent individuals over 18 years.
- I would spend it on insurance for citizens who couldn't afford it.
- Health insurance for those who do not have any
- Supplement health care cost - insurance, dental, but also vision for exams and glasses.
- Provide cheaper insurance.
- Insurance coverage for everyone - medical & dental.
- Making insurance or health care available to mid class citizen - those who do not meet guidelines for Medicaid.

Elderly Care/Assisted Living

- Healthcare facility for elderly "Daycare" program which would offer respite to caregivers or family members - this in conjunction with childcare to encourage elderly to be involved and feel needed.
- Something to keep the elderly active physically that is considered mainstream (not merely to say it exists)
- Elderly Outreach
- Elderly Care
- Home nursing care for our elderly
- Long term care for the elderly and the disabled and handicapped.
- Senior housing, assisted living, streamline hospital procedures.
- Coffee Drop In center for mobile elderly
- Day care center for Alzheimer's, dementia, residents of community; dialysis technology here in Berlin/Gorham (or in addition to Whitefield); re-establishing visiting nurses levels of some years ago
- Affordable housing for elderly MH population.

- Respite & assisted living facilities.
- Probably wouldn't be enough, but would establish case management for frail elders using multi-services in order to coordinate care.
- An assisted living facility
- I would spend the money on financial relief for the elderly. It is important for them.
- Access home care to those who "fall between the cracks" and cannot truly afford care due to either very limited or no assets.
- Doctors who do house calls to the elderly and homebound. Personnel to help elderly with paper work at doctor appointments, funding for those who need care but fall through the cracks and can't really afford it. Be able to have follow up appointments with same doctor. After being a patient at hospital, this is not always possible.
- Assisted Living
- Assisted living arrangements.
- Assisted living facility - (Medicaid & non-Medicaid). Adult day care program.
- Adult day care services, assisted living.

Provider Recruitment and Retention

- Bring more doctors into the community/improve hospital
- Enticing better doctors and nurses at AVH
- More qualified doctors
- More doctors & specialists
- Attract more physicians in order to increase accessibility.
- A private pay clinic with good physicians, and nurses.
- To get more doctors and nurses which are greatly needed.
- More nursing services - CNAs & RN/LPN
- I would spend the money on more doctors
- I would expand staff at the health buildings (ex-hospital) to allow for more personal, one-on-one care. I feel that to be in the hospital could be scary and make you feel uneasy; so to have someone there to answer questions and comfort you is important.
- I would want to spend the money on more doctors. Sometimes you can't help when a person gets sick and with a variety of doctors it will be easier all around.
- Retainment of doctors.
- Nurse education and incentives; c. More care, less administration

Preventive Care/Health Awareness

- Preventive care
- Awareness that health is important from birth, and saves money in the end.
- Getting people to come together and share their health problems and ways to improve their health
- Raise preventive health services to lower poor health.
- Institute school based education program to try to influence people's choices before they become ingrained
- Preventative health making being healthy an issue for our younger population. This would resolve more complicated issues that arrive due to lack of prevention.

- Somehow discover those people who are unknowingly prematurely killing or disabling themselves through poor health life styles and enlighten them, change their habits and secondly make sure the elderly, esp. poor elderly, are visited by health professionals.
- Provide better education to people of all ages as to lifestyle issues that ultimately affect healthcare.
- Probably would be most effective IF effort spent on preventive side (education).
- concerted effort to change lifestyles, re: smoking, diet, healthy living, etc.
- Preventive wellness program including dental and mental health care, vision, dietary, for everyone. Treating and keeping the whole person's whole and healthy.

Youth and Family Facilities/Services

- Something like a YMCA for kids to get involved rather than getting in trouble on the streets.
- Expanded recreation facilities - walking or bike paths - community center with facilities for young and old to exercise in a setting that doesn't cost \$500 per year.
- A community facility such as a YMCA where the cost would be affordable to all citizens of Berlin.
- A center where teenagers could get advice about themselves, health-wise and personal, and also a place where they could be comfortable talking about their lives, etc.
- Wellness, health club for all age groups at low cost, getting people from all age groups to join healthy activities that enhance good health
- This probably is dumb, but I would build a place that is fun to be at so younger kids have better things to do than drink and smoke and that would make people healthier and it would start with the younger generations.
- If I had a million dollars, I certainly would use some of it to establish a fund for our local family resource center for after school programs for young adults (computer training leadership workshops and also an area where both young and old could walk safely and exercise at their pace.)
- A shelter bed for youth, 24/7 service
- I spend it on reuniting families. Domestic violence always has alcohol involved. A lot of illegitimate children. I would center my attention on family focus.
- Not sure, but would be needing to recommend drug and alcohol treatment, parenting skills.

Town/Community/Economic Development

- Raze the mills and rebuild with a shopping mall with big names (Target, Filenes, Marshalls, Sears, Victoria Secret, Christmas Tree Shops, Olive Garden). The razing and building alone would give people jobs and then retail and restaurant jobs would boost the economy. People would come from Mount Washington Valley, Littleton, Colebrook. Then people from out of state would come to hike, fish, ski, shop, eat. It will boost the city's morale and people will be less depressed because their economy would be strong. They also wouldn't be so isolated. Property prices would increase as salaries, as tax bases = better education in schools, etc., etc. Someone just has to be willing to invest in here and the people need to be willing to receive it.

- Convert downtown empty spaces to: 1. Coffee Drop In center for mobile elderly; 2. Tech Health Center (1st priority); 3. Mothers' Only Drop In Center - children's play area with books, etc. Fathers also welcome!
- A library; culture, education and social activities that engender a sense of Community, personal pride.
- Public transportation.
- I think a huge contribution to poor health in our community is due to our mill and my million dollars would be spent with eliminating pollution.
- I would probably spend it on the pollution the mill put into the air and see what affects it would have on people.
- Pay off mortgages to reduce operating costs
- Economic development - "Give a man a fish and you feed him for a day. Teach a man to fish and you feed him for a lifetime."
- Currently - employment opportunities and a way to access the interstate closer to Berlin/Gorham so that we could be less remote. Businesses, doctors, etc., would be more apt to establish themselves here and this would eliminate our need to travel two hours to DHMC for services.

Additional Clinics/Facilities

- Maybe an additional facility.
- A community health center providing services to all regardless of income!
- Local treatment facilities for variety of issues
- 24 hour health care clinic.
- Set up special clinics to help people in need of health care.
- A free and/or low cost clinic in the downtown area where everyone can get health care and intervention for poor families and their kids.
- A free clinic or reduced rate clinic.
- Free clinics.
- A private pay clinic with a full array of new diagnostic equipment, good physicians, and nurses. No acceptance of 3rd party payments or government influence.

Hospital Plant Improvements

- On the other end of spectrum, capital is required to make the hospital facilities "adequate" for needs.
- Expansion on the hospital.
- I would expand the hospital and ER so that more people could get help faster.
- Update/expand local hospital equipment and train employees in its use.
- Buy needed diagnostic and treatment equipment
- Better equipment for AVH

Specialty Care

- Increased "specialty" care, i.e. - ENT, immunologist, orthopedics, etc. Example - there is presently a 5-6 month wait to see Lynn Brown at both D-H and Lancaster.
- A dialysis center, expanded chemo center

- Bringing procedures done in Dartmouth, Elliott, CMC, etc., to Berlin (if you can do this for a million \$!)
- More out reach clinics from DHMC, etc., to avoid having to travel
- Oncology Radiation at our local hospital
- Specialist for vision and dental to visit the area - ? Office part time. Also more help with mental health to shorten waiting list. To look at middle income families who don't qualify for help but struggle and end up not seeking medical or dental/vision help because can't afford dentist or new (photocopy cut off)

Mental Health

- Mental health services on site at Health Clinics.
- Affordable housing for elderly MH population.
- More awareness of mental health, so people can see that they need help. This could lead to them becoming healthy in other areas if treated
- Preventive wellness program including mental health care
- Also more help with mental health to shorten waiting list.
- 1) Give \$ to the mental health system

Dental

- Fluoridation, dental care for children and adults
- Expand school based dental programs
- Dental Health Services for everyone including people with Medicaid.
- Dental services.
- Preventive wellness program including dental

Funding/Research

- Base allocation on gaps and/or additional needs identified in #3. Consider funding research if indicated.
- Establish an endowment fund to help stabilize funding
- Seed money for grass roots groups to meet smaller but important needs.
- Help fund client services.
- Cancer research.
- I would give money to canus (cancer?) and heart.
- I would invest in an objective "external" assessment/study of how to improve the delivery of primary care and hospital based services for a community facing our aging and declining population.

Schools/Education

- Education
- I would set up a fund - schools - "Nurses" would be able to buy equipment (long lasting) for use in schools to help educate future generations of community leaders.
- Education - in schools, community groups, elderly homes, clinics, etc. Start at grammar school and continue up. Awareness.

Various Responses not otherwise categorized/Not sure

- 12 respondents had no answer.
- Many different items. Need to continue to devote attention to the vulnerability of healthcare in the community.
- Pharmaceuticals
- Birth control implants

Appendix D

BERLIN/GORHAM AREA HEALTH NEEDS SURVEY RESULTS

Total Completed Surveys=303

Respondent Demographics

What town do you live in?

74.3%	Berlin
12.2%	Gorham
5.3%	Milan
2.3%	Randolph
1.7%	Shelburne
1.0%	Errol
0.7%	Dummer
2.5%	Other

How many years have you lived there?

Average = 29 years; median= 24 years; range= 1-84 years

How old are you?

Average = 49 years; median= 48 years; range= 13-89 years

Are you male or female?

20% Male; 80% Female

What is the highest level of education you have completed?

9%	11 th grade or less
8%	11 th grade or less and GED
31%	12 th grade, high school graduate
21%	Some College
19%	College graduate
13%	Graduate Education

In general, how would you rate the quality of life in your town?

10.5%	Excellent
29.8%	Very good
40.3%	Good
14.2%	Fair
5.1%	Poor

Males were more likely than females (51% versus 38%) to rate the quality of life in their town Very Good or Excellent.

Berlin residents were much less likely than residents of other towns (32% versus 65%) to rate the quality of life in their town as Very Good or Excellent.

What *three* (3) things do you like most about your town?

56.0%	Safety/low crime (159)	14.3%	Housing/Home (41)
47.3%	Good place to raise children (137)	9.5%	Community involvement (28)
47.1%	Natural Beauty/Environment (131)	8.8%	Recreation opportunities (25)
35.4%	Friends/Neighbors (102)	7.5%	Social support services (21)
19.6%	Religious/spiritual values (57)	1.8%	Arts and cultural events (5)
18.8%	Strong family life (54)	0.4%	Good job opportunities (1)
16.8%	Health/medical services (47)	2.1%	Other (6)
14.7%	Schools (43)		

In general, do you think people in your town are in excellent, very good, good, fair or poor health?

1.7%	Excellent
13.7%	Very good
58.7%	Good
22.9%	Fair
3.1%	Poor

Berlin residents were much less likely than residents of other towns (10% versus 31%) to think people in their town are in excellent or very good health

What do you think are the *three (3)* most pressing issues facing your community? (Please check 3 items on the list below).

- | | | | |
|-----|---|-----|---|
| 62% | Unemployment (172) | 10% | Poverty (28) |
| 56% | Lack of opportunities for youth (163) | 9% | Child abuse (27) |
| 38% | Abandoned buildings and vacant lots (113) | 6% | Lack of affordable housing (19) |
| 23% | Alcohol and drug abuse (69) | 6% | Teenage pregnancy (17) |
| 19% | Lack of affordable health care (55) | 4% | Lack of services for senior citizens (13) |
| 16% | Lack of affordable dental care (46) | 4% | Mental Health (11) |
| 14% | Lack of public transportation (40) | 2% | Lack of health education (7) |
| 11% | Lack of alternative housing option for senior citizens (31) | 2% | Crime and violence (6) |
| 10% | Lack of recreational programs(29) | 2% | Lack of support groups (5) |
| | | 6% | Other issue(16) (city maintenance; schooling) |

3 Most Pressing Issues – Berlin Respondents Only

- Unemployment – 64%
- Lack of opportunities for youth – 55%
- Abandoned buildings – 47%

3 Most Pressing Issues – All Other Towns

- Lack of opportunities for youth – 59%
- Unemployment – 53%
- Lack of public transportation – 32%

Have you or anyone in your family had difficulty getting health care services you need in the past year?

- 76% No
- 24% Yes, for the following reasons

16%	No health insurance (48)	3%	No way to get there (10)
14%	Couldn't afford the services (41)	3%	Didn't know where to go (8)
5%	Waiting time was too long (15)	1%	Office was not open (3)
4%	Misunderstanding with staff (11)	1%	Specialty not available
		0%	Language/cultural barriers (0)
		4%	Other (11)

What, if any, health-related programs or services in this community have been important to you and your family?

Home Health; VNA (18)
Hospital (15)
Mountain Health (12)
Coos County Family Health Services (11)
AVMHC/Mental Health (11)
Dental Programs (10)
Sliding Fee and Medical Cost reductions (8)
WIC (7)
Prenatal/OB/GYN Care (7)
Elderly Care/Assisted Living (6)
Healthy Kids/Medicaid (6)
Alcohol Treatment/Support Services (5)
Medication Costs/Samples (5)
Hospital Lectures series/Wellness/Nutrition programs (4)
Transportation (4)
Cancer Treatment (4)
Eyecare (3)
Child & Family Services (2)
Diabetic Support (2)
Vocational Rehab/Job Training (2)
Blood Pressure Screening
Flu Clinics
Good Shepard Services
Chiropractic
Alternative Medicines
Housing

What program or services would you and your family use if they were more available?
(Please check all that apply).

34.0% Programs for youth (103)	13.2% Medical services (40)
27.4% Farmer's market (83)	12.2% Child Day Care (37)
25.4% Fitness/exercise programs (77)	9.9% Parent support services (30)
23.8% Recreational programs (72)	8.6% Adult Day Care (26)
23.8% Dental Services (72)	8.3% Healthy heart program (25)
18.5% Public transportation (56)	7.6% Diabetes support program (23)
18.2% Services for senior citizens (55)	6.9% Community Gardening (21)
17.5% Job training (53)	6.6% Mental Health Services (20)
15.8% Stop smoking program (48)	4.3% Substance abuse treatment (13)
15.2% Nutrition/cooking program (46)	4.3% Other service (13)

Finally, if you had the ability to change any one thing that you believe would contribute to improved health of our community, what would you change?

Health Care Affordability/Insurance/Affordable Prescription coverage (33 responses)

- Affordable health insurance coverage (15)
- Affordable adult health insurance w/dental coverage (5)
- Adequate/free health care for those who have no health insurance (2)
- Be able to provide affordable dental health insurance for all
- Free Drs – Dentist (like Canada)
- Affordable prescriptions (6)
- Charges for prescription drugs. Persons do not follow regimens because of cost.
- Cost of healthcare
- Affordable eyecare

Health/Dental Care Availability (29 responses)

- Retain/recruit physicians; more choice of physicians/specialties (15)
- Better education for each age group on medical care available to them at low or no cost.
- Get doctors up here for specialty health problems so we don't need to go to the Hanover clinic or Lancaster
- Child psychologist in the area.
- Have a veteran clinic at local hospital.
- More Dental Service availability (4)
- More dentists that accept Medicaid/Healthy Kids (2)
- A dentist that does sedation
- Better access to chiropractic and alternative care.
- Access to services and night appointment
- Easier accessibility to doctors when needed

Clean Air/Water (22 responses)

- Improve air quality/mill emissions (9)
- Mill should stay closed (3)
- Anything contaminating our air & water supply
- More people to car pool
- Industry that provides jobs without EPA issues.
- Toxic chemicals in air and water etc., and doesn't cancer(s) & breathing problems
- Help the paper mill to clean the air we breathe
- Cleaner water (2)
- Water better than it once was.
- Water system
- Pollution

Stop Smoking/Other Substance Abuse Prevention (20 responses)

- No smoking in public places/restaurants (4)
- Reduce smoking levels among children/teens & adults.
- C.E R/T smoking, alcohol & general info on substance abuse
- Discourage smoking, no smoking !!
- Get people to stop smoking
- Increased awareness of the negative effects of smoking & substance abuse
- Reduce smoking levels among children/teens & adults.
- Alcohol consumption (4)
- Awareness of control issues, different types of additions (not just substance), negative and positive attitudes.
- More effective programs toward elimination of alcohol and drug abuse (Use).
- Substance Abuse
- Earlier drug, alcohol & sex ed programs needed @ younger ages.
- Attitude of adults that it's okay, acceptable for older teens to drink (teens of any age)
- Clean up: That people would desire clean living - no drugs, no alcohol, no cigarettes

Recreation/Fitness (17 responses)

- A designated safe park for children to play
- A place for families to spend time together
- A substance free club or hangout spot for anyone
- Access to fitness center for low-income parents.
- Build swimming pools - Outdoor & Indoor pools.
- YMCA or Community Building
- No ATV use except when snow on ground.
- Fitness and exercise programs walking, running, bike paths
- For a small town, there is surely a large amount of cars, people should car pool or walk where they have to go.
- People wouldn't be so overweight which causes numerous health problems. Get them not so inactive (2)
- Get people outside to enjoy skiing, hiking, snowshoeing, etc.
- I would have a big recreation center opened 7 days a week, more programs, sports, trips, coffee house
- More community activities, gatherings and events.
- Tax supported recreational facility.
- To use local indoor pools on a pay as you use basis.
- Develop part of railbed into walking path - 8 feet or more wide - paved for elderly use or for those pushing strollers two or more miles long with benches every 1/4 mile.
- I would build a complete walkway/bikeway along the river from, perhaps, Cascade or below to the Dairy Bar. This town has a tremendous number of walkers and our river is so beautiful it'd be a wonderful gift.

Employment/Economic Issues (16 responses)

- More job opportunities (12)
- Better job opportunities would solve mental, alcohol and drug problems.
- Bring in good paying jobs that include health benefits. Quality businesses not a prison or casino.
- Employment for all
- Minimum wage & cost of living

Improved Health Care Quality (14 responses)

- Better Hospital Services (2)
- More qualified doctors (4)/better educated in diabetes; more educated, conscientious, understanding, and caring
- Medical community should embrace local talent in medical field rather than outsiders who come and go.
- Bring in outside agency to evaluate hospital & staff.
- Screening new doctors that enter our hospital. Also have more advance equipment at hospital.
- Informed doctors
- Provider communication- attitude
- The attitudes of the CCFHS workers. They are not very pleasant, and they don't seem to care.
- Have Mountain Health desk people be more accommodating and less rude
- Suggest that health service personnel think thru all procedures to & from them, not limit their vision to matter in front of them.

Educational Issues/Opportunities (9 responses)

- Better education possibilities (e.g. 4-yr college) – (4)
- Better parenting training.
- Easy access to education.
- For school personnel be trained and informed of different mental illnesses in children to work with them not against them!
- Give the community more information on health & support groups.
- Increase education

Senior Programs/Issues (9 responses)

- Housing for middle income elderly and assisted living apt.
- Better home health care for elderly
- Better medical service for the elderly (2)
- Better transportation for seniors.
- Cost of prescription drugs for seniors
- Elderly seniors requiring more attention - not getting enough.
- Health and food services for the elderly
- More services & transportation & housing for senior citizens
- Shared homes for elderly (2)

Town Issues (8 responses)

- Big area library w/parking
- Changing the Tech-Community College into a 4-year college would boost economic, social and cultural diversity.
- For the city fathers to think more of Berlin people than themselves
- People against changes
- If taxes, power rates and good roads to get to any place out of the mountains good doctors would stay longer.
- Improved sidewalk so we can walk without tripping
- Stiffer sentences for drug abusers; pushers.
- The abandoned buildings and give people better, cleaner, nicer places to live in town, tear down all the old dirty inefficient buildings

Youth Programs (7 responses)

- Better Youth opportunities
- YMCA or Community building with a bowling alley and swimming pool. (2)
- Give the youth in our community greater opportunities to do work, recreational, and otherwise
- Boys and Girls clubs
- Dance club for teens
- More help for ADHD kids/people, like some sort of support group
- School day program spec. ed.

Prevention programs (6 responses)

- Better nutritional programs for the schools. A wider variety of healthy food options in cafeteria.
- Encourage more people in the lower income/no health ins to get medical checkups, and improve their nutrition
- Encouraging overweight people to reduce. Proper nutrition for children.
- I would tax junk food and other things that are illness promoting to subsidize health care costs.
- Wellness programs
- More healthy programs

Transportation (3 responses)

- Better transportation for seniors.
- Free transportation to & from doctors appointments.
- More public transportation available (2)

Other Ideas/priority areas

- Create a fund to help people pay rent, electric, telephone, and food bills w/o red tape or waiting for response
- Work to end the cynicism about area health professionals
- Mental health service
- Check on the director of mental health.
- Need for more people to be concerned about his/her neighbor.
- People's attitudes
- Set up of a barter system, trading goods (skills) & services that would help more individuals in the community. This would increase pride in abilities & unify the community.