Northern New Hampshire Region

Coos County, New Hampshire; Grafton County, New Hampshire; Caledonia County, Vermont; Essex County, Vermont

2022

Community Health Needs Assessment

LITTLETON REGIONAL HEALTHCARE

Adopted: December 18, 2022

COTTAGE HOSPITAL

Adopted: October 24, 2022

MID-STATE HEALTH CENTER

Adopted: October 3, 2022

ACHS

Adopted: October 25, 2022

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A Message to Our Community

Dear Community Member:

At Littleton Regional Healthcare, we have been committed to providing high-quality, compassionate healthcare to the greater North Country of New Hampshire and the Northeast Kingdom of Vermont since 1907. The 2022 Community Health Needs Assessment identifies local health and medical needs and provides a plan of how Littleton Regional Healthcare will respond to such needs. This document illustrates one way we are meeting our obligations to efficiently deliver primary and specialty medical services.

In compliance with the Affordable Care Act, all not-for-profit hospitals are required to develop a report on the medical and health needs of the communities they serve. We welcome you to review this document not just as part of our compliance with federal law, but of our continuing efforts to meet your health and medical needs. Littleton Regional Healthcare will conduct this effort at least once every three years. The report produced three years ago is also available for your review and comment. As you review this plan, please see if, in your opinion, we have identified the primary needs of the community and if you think our intended response will lead to needed improvements.

We do not have adequate resources to solve all the problems identified. Some issues are beyond the mission of the hospital and action is best suited for a response by others. Some improvements will require personal actions by individuals rather than the response of an organization. We view this as a plan for how we, along with other area organizations and agencies, can collaborate to bring the best each has to offer to support change and to address the most pressing identified needs.

Most importantly, this report is intended to guide our actions and the efforts of others to make needed health and medical improvements in our area. I invite your response to this report. As you read, please think about how to help us improve health and medical services in our area. We all live in, work in, and enjoy this wonderful community, and together, we can make our community healthier for every one of us.

Thank You,

Littleton Regional Healthcare

Executive Summary

The Northern New Hampshire Region Facilities ("NNHR" or the "Facilities") performed a Community Health Needs Assessment (CHNA) in partnership with QHR Health ("QHR") to determine the health needs of the local community and developed an accompanying implementation plan to address the identified health needs of the community.

The Northern New Hampshire Region Facilities include:

- Littleton Regional Healthcare, Littleton, NH ("LRH")
- Cottage Hospital, Haverhill, NH ("CH")
- Mid-State Health Center ("MSHC")
- Ammonoosuc Community Health Services, Littleton, NH ("ACHS")

This CHNA report consists of the following information:

1) a definition of the community served by the hospital and a description of how the community was determined;
2) a description of the process and methods used to conduct the CHNA;
3) a description of how the hospital solicited and considered input received from persons who represent the broad interests of the community it serves;
4) commentary on the 2019 CHNA Assessment and Implementation Strategy efforts
5) a prioritized description of the significant health needs of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs; and
6) a description of resources potentially available to address the significant health needs identified through the CHNA.

Data was gathered from multiple well-respected secondary sources to build an accurate picture of the current community and its health needs. A survey of a select group of Local Expert Advisors, as well as the general community population, was performed to review the prior CHNA and provide feedback and to ascertain whether the previously identified needs are still a priority. Additionally, the group reviewed the data gathered from secondary sources and determined the 2022 significant health needs of the community.

The 2022 Significant Health Needs identified for the Northern New Hampshire Region are:

- **Mental Health**
- **Prevention/Chronic Disease Management: Cancer, Obesity, Drug/Substance Abuse, and Alzheimer's and Dementia**
- **Access: Access to Mental Health and Substance Use Disorder Services, Access to Senior Services**
- **Affordability: Healthcare Services: Affordability**
- **Social Determinants of Health: Affordable Housing and Livable Wage**

Community Health Needs Assessment (CHNA) Overview

CHNA Purpose

A CHNA is part of the required hospital documentation of "Community Benefit" under the Affordable Care Act for 501(c)(3) hospitals. It provides comprehensive information about the community's current health status, needs, and disparities and offers a targeted action plan to address these areas, including programmatic development and partnerships.

Strategic Benefit

- Identify health disparities and social determinants to inform future outreach strategies
- Identify key service delivery gaps
- Develop an understanding of community member perceptions of healthcare in the region
- Target community organizations for collaborations

The CHNA Process

1 Identification of Local Experts

Develop a list of contacts representing individuals with specific knowledge of local health needs.

2 Community Survey

Launch of surveys to assess significant health needs and progression towards improvement.

3 Data Analysis

Review of relevant data resources to provide quantitative feedback on the local community.

4 Implementation Planning

Facilitation of session with CHNA team to build plans and finalize the CHNA report.

Process and Methods used to Conduct the Assessment

This assessment takes a comprehensive approach to determining community health needs and includes the following methodology:

- Several independent data analyses based on secondary source data.
- Augmentation of data with community opinions.
- Resolution of any data inconsistency or discrepancies by reviewing the combined opinions formed by local expert advisors and community members.

Data Collection and Analysis

The Facilities rely on secondary source data, and most secondary sources use the county as the smallest unit of analysis. Most data used in the analysis is available from public internet sources and proprietary data. Any critical data needed to address specific regulations or developed by the community members cooperating in this study are displayed in the CHNA report appendix.

Data sources are detailed in the appendix of this report and include:

- Stratasan
- www.worldlifeexpectancy.com/usa-health-rankings
- Bureau of Labor Statistics
- www.countyhealthrankings.org
- NAMI
- New Hampshire Fiscal Policy Institute
- CDC
- Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population
- New Hampshire Department of Health and Human Services (NH DHHS)
- National Cancer Institute
- Vermont Department of Health
- Mental Health America
- Vermont Housing Finance Agency
- Vermont Legislative Joint Fiscal Office

A standard process of gathering community input was developed. In addition to gathering data from the above sources:

- A CHNA survey was deployed to the Facilities' Local Expert Advisors and offered to the community to gain input on local health needs and the needs of priority populations. Local Expert Advisors were local individuals selected according to criteria required by the Federal guidelines and regulations and the Facilities' desire to represent the region's geographically diverse population. Community input from 327 identified survey respondents was received. Survey responses were gathered between April and May 2022.

Prioritizing Significant Health Needs

The survey respondents participated in a structured communication technique called the "Wisdom of Crowds" method. The premise of this approach relies on the assumption that the collective wisdom of participants is superior to the opinion of any one individual, regardless of their professional credentials.

In the Facilities' process, each survey respondent had the opportunity to introduce needs previously unidentified. A list of all needs identified by any of the analyzed data was developed. The survey respondents then ranked the importance of addressing each health need on a scale of 1 (not important) to 5 (very important), including the opportunity to list additional needs that were not identified.

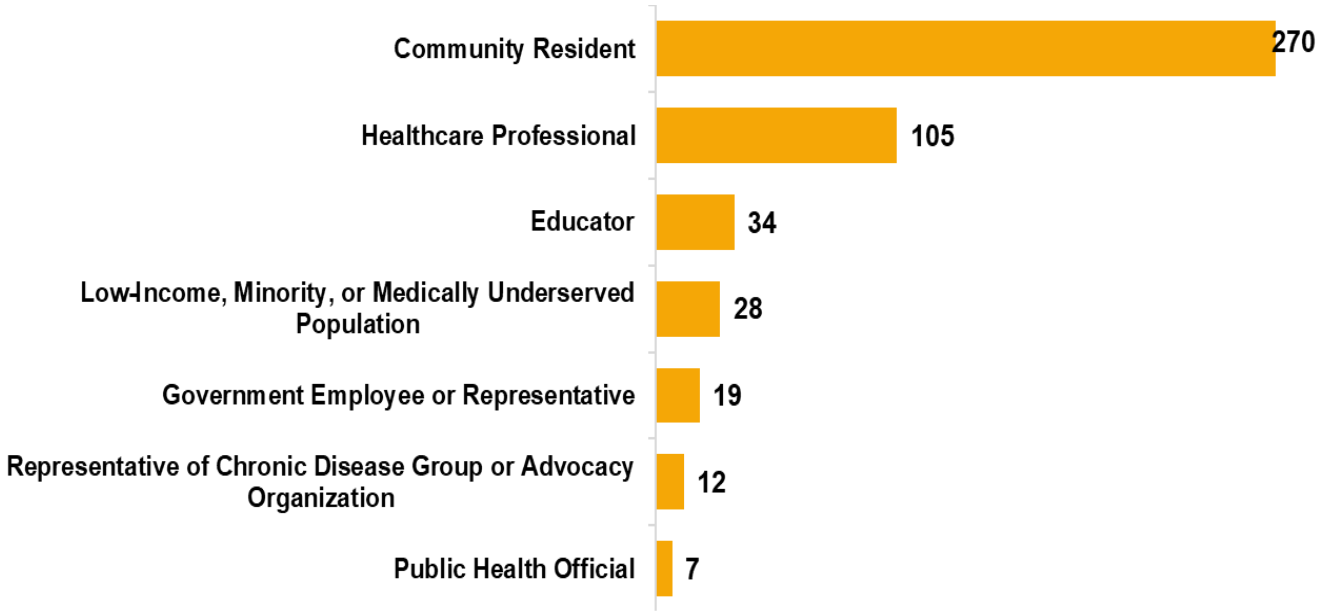
The ranked needs were divided into two groups: "Significant Needs" and "Other Identified Needs." The determination of the breakpoint — "Significant" as opposed to "Other" — was a qualitative interpretation where a reasonable break point in rank order occurred. The Facilities analyzed the health issues that received the most responses and establish a plan for addressing them.

Input from Persons Who Represent the Broad Interests of the Community

Input was obtained from the required three minimum sources and expanded to include other representative groups. The Facilities asked all those participating in the written comment solicitation process to self-identify themselves into any of the following representative classifications, which are detailed in an appendix to this report. Participants self-identified into the following classifications:

1) **Public Health Official**
2) **Government Employee or Representative**
3) **Minority or Underserved Population**
4) **Chronic Disease Groups**
5) **Community Resident**
6) **Educator**
7) **Healthcare Professional**
8) **Other** (please specify)

Survey Question: Please select all roles that apply to you (n=327)

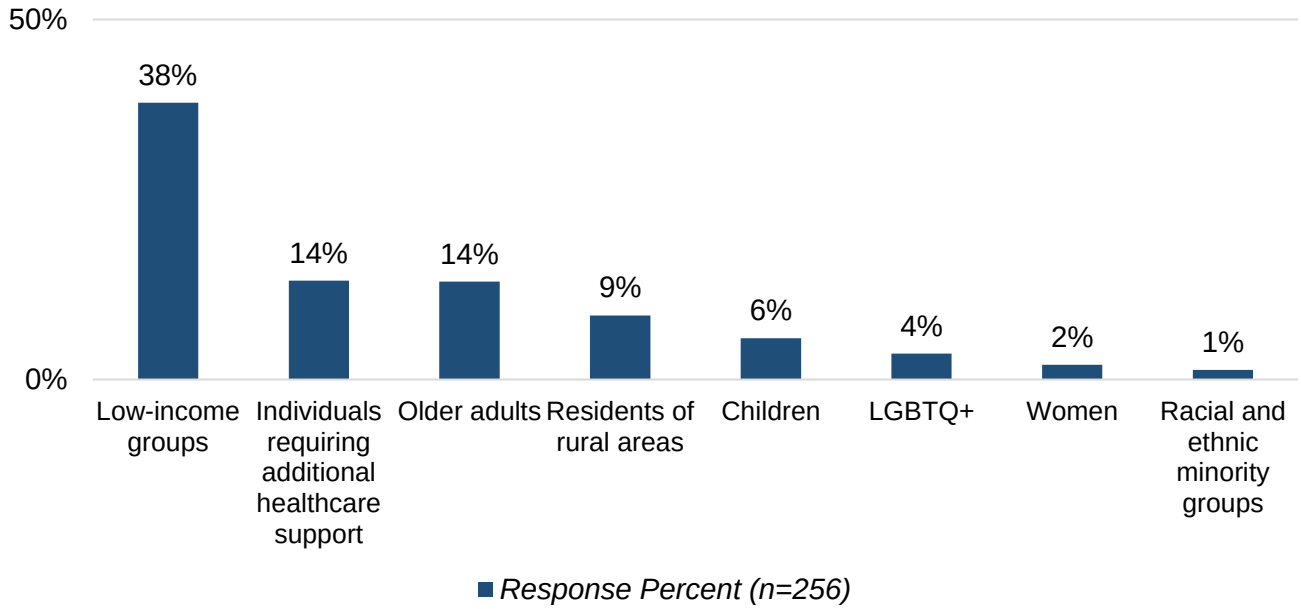


Input on Priority Populations

Information analysis augmented by local opinions showed how the Northern New Hampshire Region relates to its peers in terms of primary and chronic needs and other issues of uninsured persons, low-income persons, and minority groups. Respondents commented on whether they believe certain population groups ("Priority Populations") need help to improve their condition and, if so, what needs to be done to improve the conditions of these groups.

Survey Question: Which groups would you consider to have the greatest health needs in your community? (please select all that apply)

What do you believe to be some of the needs of the groups selected above?



- Local opinions of the needs of Priority Populations, while presented in its entirety in the appendix, were abstracted in the following "take-away" bulleted comments:
  - The top three priority populations identified by the survey respondents were low-income groups, Individuals requiring additional healthcare support, and older adults.
  - Summary of unique or pressing needs of the priority groups identified by the surveyors:
    - Transportation
    - Mental Health
    - Access to Healthcare
    - Affordability of services

Community Served

For the purpose of this study, the Northern New Hampshire Region defines its service area as Coos and Grafton Counties in New Hampshire and Essex and Caledonia Counties in Vermont. This service area includes the following zip codes:

Coos County:

03570 – Berlin	03576 – Colebrook	03579 – Errol	03575 – Bretton Woods
03581 – Gorham	03581 – Shelburne	03582 – Groveton	03589 – Mt Washington
03583 – Jefferson	03584 – Lancaster	03587 – Meadows	03590 – North Stratford
03588 – Milan	03582 – Stark	03598 – Whitefield	03589 – Mount Washington
03592 – Clarksville	03592 – Pittsburg	03598 – Carroll	03595 – Twin Mountain
03598 – Dalton	03588 – Dummer	03597 – West Stewartstown	

Grafton County:

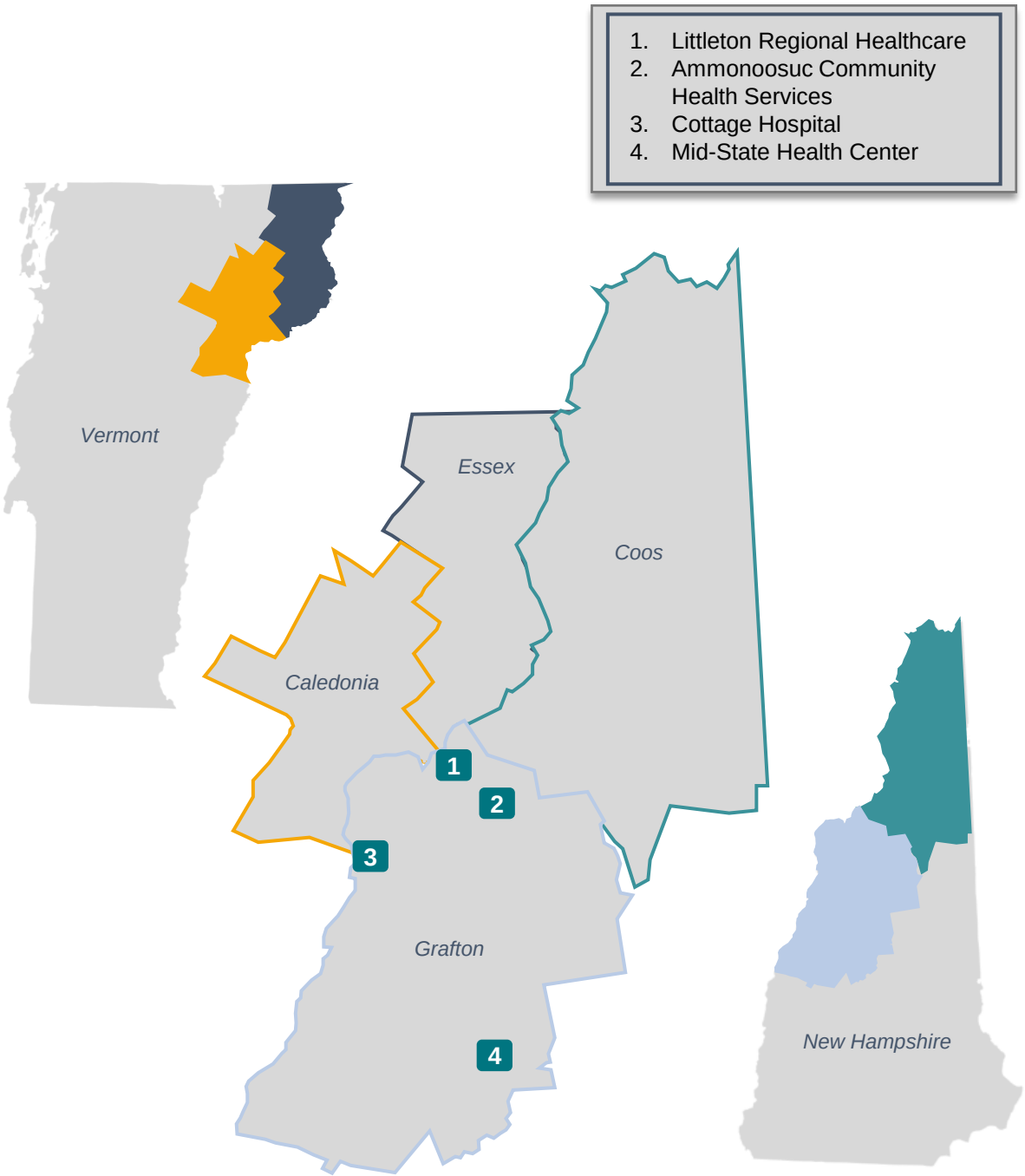
03217 – Ashland	03222 – Alexandria	03222 – Bristol	03215 – Waterville Valley
03223 – Campton	03223 – Ellsworth	03223 – Thornton	03232 – East Hebron
03238 – Glencliff	03240 – Grafton	03241 – Hebron	03245 – Holderness
03251 – Lincoln	03264 – Plymouth	03266 – Dorchester	03262 – North Woodstock
03266 – Rumney	03279 – Warren	03282 – Wentworth	03274 – Stinson Lake
03293 – Woodstock	03561 – Littleton	03574 – Bethlehem	03580 – Franconia
03585 – Landaff	03585 – Lisbon	03585 – Lyman	03585 – Sugar Hill
03740 – Bath	03741 – Canaan	03741 – Orange	03774 – North Haverhill
03748 – Enfield	03749 – Enfield Ctr	03750 – Etna	03749 – Enfield Center
03755 – Hanover	03756 – Lebanon	03765 – Haverhill	03766 – Lebanon
03768 – Lyme	03771 – Monroe	03777 – Orford	03769 – Lyme Center
03779 – Piermont	03780 – Pike	03785 – Woodsville	03785 – Benton
03784 – West Lebanon			

Essex County:

05901 – Averill	05901 – Canaan	05903 – Canaan	05902 – Beecher Falls
05903 – Lemington	05904 – Gilman	05905 – Guildhall	05906 – East Concord
05906 – Lunenburg	05907 – Norton		

Caledonia County:

05819 – Waterford	05821 – Barnet	05828 – Danville	05042 – East Ryegate
05832 – East Burke	05042 – Ryegate	05046 – Groton	05050 – Mcindoe Falls
05851 – Wheelock	05861 – Passumpsic	05862 – Peacham	05069 – South Ryegate
05867 – Sutton	05871 – West Burke	05843 – Hardwick	05819 – St. Johnsbury
05866 – Sheffield	05849 – Lyndon	05851 – Lyndonville	05850 – Lyndon Center
05836 – East Hardwick		05838 – East Saint Johnsbury	
05848 – Lower Waterford		05863 – St. Johnsbury Center	
05873 – West Danville			



Service Area Population:

126,946

Source: Stratasan, ESRI

New Hampshire Demographics

Age

	Coos County	Grafton County	New Hampshire
0 – 17	*15.5%*	*16.0%*	*18.9%*
18 – 44	*29.7%*	*35.2%*	*33.0%*
45 – 64	*30.1%*	*27.2%*	*29.0%*
65 +	*24.7%*	*21.6%*	*19.2%*

Education and Income

	Coos County	Grafton County	New Hampshire
Median Household Income	*$47,405*	*$59,048*	*$77,879*
Some High School or Less	*11.6%*	*6.8%*	*6.6%*
High School Diploma/GED	*40.3%*	*27.2%*	*28.2%*
Some College/ Associate's Degree	*29.3%*	*24.4%*	*27.2%*
Bachelor's Degree or Greater	*18.8%*	*41.7%*	*38.0%*

Race/Ethnicity

	Coos County	Grafton County	New Hampshire
White	*95.7%*	*91.7%*	*91.4%*
Black	*0.9%*	*1.2%*	*1.7%*
Asian & Pacific Islander	*0.6%*	*4.0%*	*3.1%*
Other	*2.8%*	*3.1%*	*3.8%*
Hispanic*	*2.1%*	*2.8%*	*4.4%*

*Ethnicity is calculated separately from Race

Source: Stratasan, ESRI

Vermont Demographics

Age

	Caledonia County	Essex County	Vermont
0 – 17	*19.2%*	*16%*	*17.7%*
18 – 44	*31.5%*	*26.2%*	*33.6%*
45 – 64	*27.4%*	*31.8%*	*28.2%*
65 +	*21.9%*	*26.4%*	*20.5%*

Education and Income

	Caledonia County	Essex County	Vermont
Median Household Income	*$51,067*	*$43,450*	*$62,551*
Some High School or Less	*8.1%*	*12.3%*	*6.8%*
High School Diploma/GED	*35.7%*	*46.8%*	*29.1%*
Some College/ Associate's Degree	*26.3%*	*24.2%*	*25.1%*
Bachelor's Degree or Greater	*29.9%*	*16.8%*	*39.0%*

Race/Ethnicity

	Caledonia County	Essex County	Vermont
White	*95.5%*	*96.0%*	*93.4%*
Black	*0.9%*	*0.6%*	*1.5%*
Asian & Pacific Islander	*1.0%*	*0.9%*	*2.1%*
Other	*2.6%*	*2.5%*	*3.1%*
Hispanic*	*1.9%*	*1.3%*	*2.2%*

*Ethnicity is calculated separately from Race

Source: Stratasan, ESRI

Community Health Characteristics

The data below provides an overview of Coos and Grafton Counties' strengths and weaknesses regarding health behaviors, quality of life, socioeconomic factors, access to health, and physical environment - all of which influence the health of the entire community. These statistics were included for reference in the CHNA survey to help prioritize the health needs of the community. For descriptions of each measure and dates of when the data was obtained, please visit https://www.countyhealthrankings.org.

Health Status Indicators

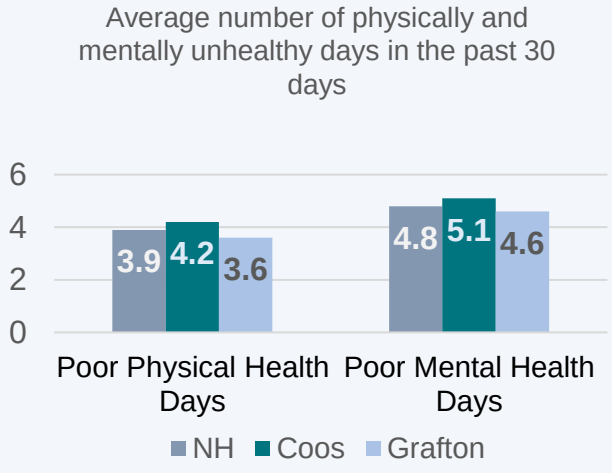
Health Behaviors

Coos		Grafton
19	Teen Births* *NH: 9*	6
34%	Adult Obesity *NH: 32%*	27%
27%	Physical Inactivity *NH: 21%*	23%

Coos		Grafton
21%	Adult Smoking *NH: 17%*	16%
19%	Excessive Drinking *NH: 21%*	20%
42%	Driving Deaths Involving Alcohol *NH: 33%*	30% **per 1,000*

Quality of Life

	Coos	Grafton
Suicide Rate *Per 100,000 (NH: 16.4)*	18.6	12.9
Poor or Fair Health *(NH: 14%)*	18%	14%
Low Birthweight *(NH: 7%)*	7%	7%



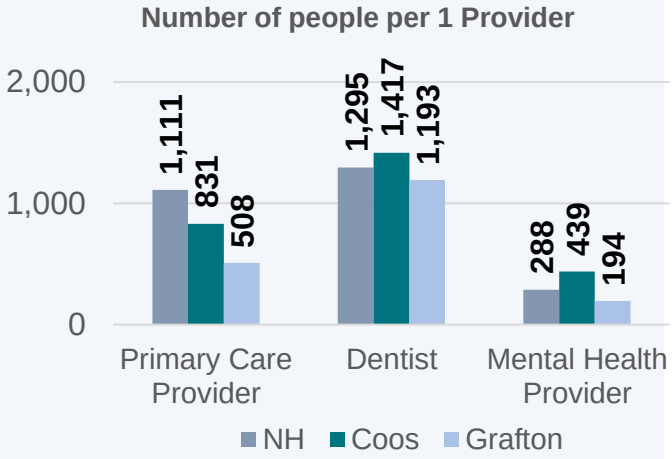
Source: County Health Rankings 2022 Report, worldlifeexpectancy.com

Socioeconomic Factors

Coos		Grafton
4.1	Income Inequality* *NH: 4.3*	4.6
19%	Children in Poverty *NH: 8%*	11%
4.4%	Unemployment *NH: 3.5%*	3.3%
159	Violent Crime* *NH: 197*	167
17%	Children in Single Parent Households *NH: 19%*	19%
132	Injury Deaths* *NH: 89*	80 *per 100,000*

Access to Health

	Coos	Grafton
Uninsured *(NH: 5.9%)*	8%	6.9%
Preventable Hospital Stays *Per 100,000 (NH: 3,436)*	2,533	2,972
Access to Exercise Opportunities *(NH: 74%)*	60%	78%



Physical Environment

	Coos	Grafton	
Air Pollution (µg/m³)	5.8	6.2	*NH: 5.7*
Severe Housing Problems**	14%	13%	*NH: 14%*
Driving to Work Alone	77%	73%	*NH: 80%*
Broadband Access	81%	84%	*NH: 89%*

Source: County Health Rankings 2022 Report, Bureau of Labor Statistics, Stratasan
*Notes: *Ratio of household income at the 80th percentile to income at the 20th percentile*
***Overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities*

Community Health Characteristics

The data below shows an overview of Caledonia and Essex Counties' strengths and weaknesses regarding health behaviors, quality of life, socioeconomic factors, access to health, and physical environment - all of which influence the health of the entire community. These statistics were used in our community and local expert survey to help prioritize the health needs of the community. For descriptions of each measure and dates of when the data was obtained, please visit https://www.countyhealthrankings.org.

Health Status Indicators

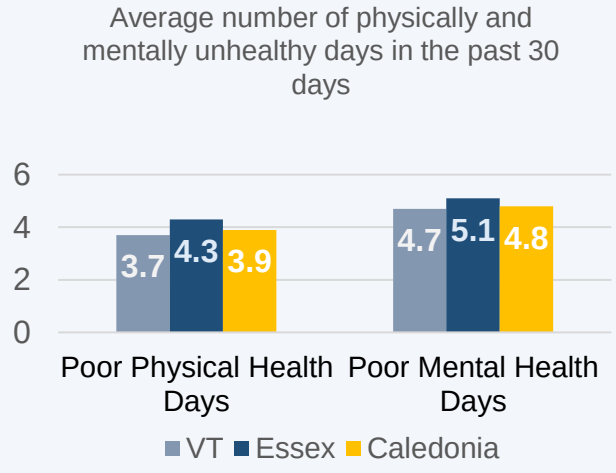
Health Behaviors

Caledonia		Essex
12	Teen Births* *VT: 10*	11
29%	Adult Obesity *VT: 27%*	30%
23%	Physical Inactivity *VT: 19%*	27%

Caledonia		Essex
19%	Adult Smoking *VT: 16%*	23%
23%	Excessive Drinking *VT 23%*	22%
42%	Driving Deaths Involving Alcohol *VT: 35%*	50%
		**per 1,000*

Quality of Life

	Caledonia	Essex
Suicide Rate *Per 100,000 (VT: 18.1)*	19.7	20.1
Poor or Fair Health *(VT: 13%)*	16%	18%
Low Birthweight *(VT: 7%)*	7%	5%



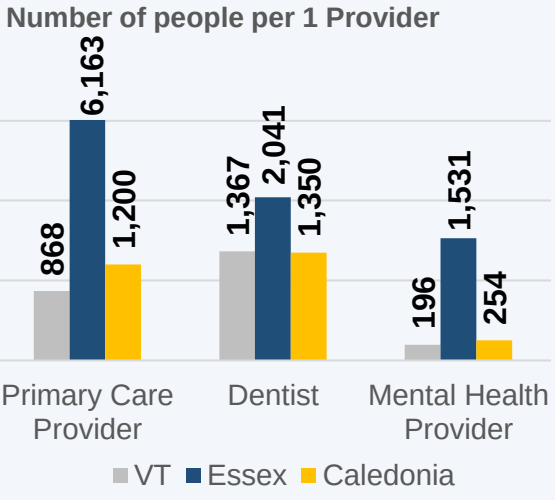
Source: County Health Rankings 2022 Report, worldlifeexpectancy.com

Socioeconomic Factors

Caledonia		Essex
4.4	Income Inequality* *VT: 4.5*	4.1
11%	Children in Poverty *VT: 10%*	18%
2.7%	Unemployment *VT: 2.5*	3.3%
113	Violent Crime* *VT: 129*	16
21%	Children in Single Parent Households *VT: 22%*	24%
13	Injury Deaths* *VT: 91*	126 *per 100,000

Access to Health

	Caledonia	Essex
Uninsured (VT: 4.0%)	4.2%	5.3%
Preventable Hospital Stays Per 100,000 (VT: 2,965)	2,730	3,295
Access to Exercise Opportunities (VT: 24%)	56%	24%



Physical Environment

	Caledonia	Essex	VT
Air Pollution (µg/m³)	5.9	5.8	6.3
Severe Housing Problems**	15%	15%	17%
Driving to Work Alone	76%	81%	74%
Broadband Access	80%	76%	83%

Source: County Health Rankings 2022 Report, Bureau of Labor Statistics, Stratasan
*Notes: *Ratio of household income at the 80th percentile to income at the 20th percentile*
***Overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities*

Methods of Identifying Health Needs

Collect & Analyze

Analyze existing data and collect new data

737 indicators collected from data sources

327 surveys completed by community members

583 comments received on actions taken since the previous CHNA

Evaluate

Evaluate indicators based on the following factors:

- Worse than benchmark
- Identified by the community
- Impact on health disparities
- Feasibility of being addressed

Select

Select priority health needs for implementation plan

Community Survey Data

This process included evaluation of health factors, community factors, and personal factors, given they each uniquely impact the overall health and health outcomes of a community:

- Health factors include chronic diseases, health conditions, and the physical health of the population.
- Community factors are the external social determinants that influence community health.
- Personal factors are the individual decisions that affect health outcomes.

In our community survey, each broad factor was broken out into more detailed components, and respondents rated the importance of addressing each component in the community on a scale from 1 to 5. Results of the health priority rankings are outlined below:

Health Factors

Survey Question: Please rate the importance of addressing each health factor on a scale of 1 (Not at all) to 5 (Extremely).

Answer Choices	Weighted Average of Votes (out of 5)
Mental Health	**4.66**
Cancer	**4.34**
Obesity	**4.30**
Alzheimer's and Dementia	**4.29**
Dental	**4.29**
Heart Disease	**4.27**
Diabetes	**4.23**
Women’s Health	**4.20**
Stroke	**4.08**
Lung Disease	**4.01**
Kidney Disease	**3.85**
Liver Disease	**3.79**
Other (please specify)	See appendix

Community Factors

Survey Question: Please rate the importance of addressing each community factor on a scale of 1 (Not at all) to 5 (Extremely).

Answer Choices	Weighted Average of Votes (out of 5)
Healthcare Services: Affordability	**4.58**
Access to Mental Health and SUD Services	**4.57**
Affordable Housing	**4.55**
Access to Senior Services	**4.36**
Transportation	**4.27**
Access to Home Health	**4.26**
Access to Childcare	**4.25**
Healthcare Services: Physical Presence	**4.22**
Education System	**4.18**
Healthcare Services: Prevention	**4.18**
Access to Healthy Food	**4.16**
Employment and Income	**4.12**
Social Support	**3.88**
Community Safety	**3.86**
Social Connections	**3.79**
Access to Exercise/Recreation	**3.74**
Other (please specify)	See appendix

Personal Factors
Survey Question: Please rate the importance of addressing each individual factor on a scale of 1 (Not at all) to 5 (Extremely).

Answer Choices	Weighted Average of Votes (out of 5)
Livable Wage	**4.37**
Drug/Substance Abuse	**4.36**
Excess Drinking	**4.23**
Smoking/Vaping/Tobacco Use	**4.18**
Diet	**4.13**
Physical Inactivity	**4.06**
Risky Sexual Behavior	**3.62**
Other (please specify)	**See appendix**

Overall health priority ranking (top-10 highlighted)

Answer Choices	Weighted Average of Votes (out of 5)
Mental Health	**4.66**
Healthcare Services: Affordability	**4.58**
Access to Mental Health and Substance Use Disorder Services	**4.57**
Affordable Housing	**4.55**
Livable Wage	**4.37**
Drug/Substance Abuse	**4.36**
Access to Senior Services	**4.36**
Cancer	**4.34**
Obesity	**4.30**
Alzheimer's and Dementia	**4.29**
Dental	**4.29**
Transportation	**4.27**
Heart Disease	**4.27**
Access to Home Health	**4.26**
Access to Childcare	**4.25**
Excess Drinking	**4.23**
Diabetes	**4.23**
Healthcare Services: Physical Presence	**4.22**
Women's Health	**4.20**
Smoking/Vaping/Tobacco Use	**4.18**
Education System	**4.18**
Healthcare Services: Prevention	**4.18**
Access to Healthy Food	**4.16**
Diet	**4.13**
Employment and Income	**4.12**
Stroke	**4.08**
Physical Inactivity	**4.06**
Lung Disease	**4.01**
Social Support	**3.88**
Community Safety	**3.86**
Kidney Disease	**3.85**
Social Connections	**3.79**
Liver Disease	**3.79**
Access to Exercise/Recreation	**3.74**
Risky Sexual Behavior	**3.62**

Evaluation & Selection Process

Worse than Benchmark Measure

Health needs were deemed "worse than the benchmark" if the supported county data was worse than the state and/or US averages

Identified by the Community

Health needs expressed in the online survey and/or mentioned frequently by community members

Feasibility of Being Addressed

Growing health needs where interventions by the hospital are feasible and could make an impact

Impact on Health Disparities

Health needs that disproportionately affect vulnerable populations and can impact health equity by being addressed

Northern New Hampshire Region - Health Need Evaluation

	Worse than Benchmark	Identified by the Community	Feasibility	Impact on Health Disparities
Mental Health	✓	✓	✓	✓
Healthcare Services: Affordability	✓	✓	✓	✓
Access to Mental Health and Substance Use Disorder Services	✓	✓	✓	✓
Affordable Housing	✓	✓		✓
Livable Wage	✓	✓		✓
Drug/Substance Abuse	✓	✓	✓	✓
Access to Senior Services	✓	✓	✓	✓
Cancer	✓	✓	✓	✓
Obesity	✓	✓	✓	✓
Alzheimer's and Dementia	✓	✓	✓	✓

Overview of Priorities

Mental Health

Mental health was the #1 community-identified health priority with 127 respondents (n=166) rating it as extremely important to be addressed in the community. Suicide is the 9th leading cause of death in both Coos and Grafton Counties while it is the 7th and 8th leading cause of death in Caledonia and Essex Counties, respectively. Mental health was identified as a top health priority in the 2019 and 2016 CHNA reports.

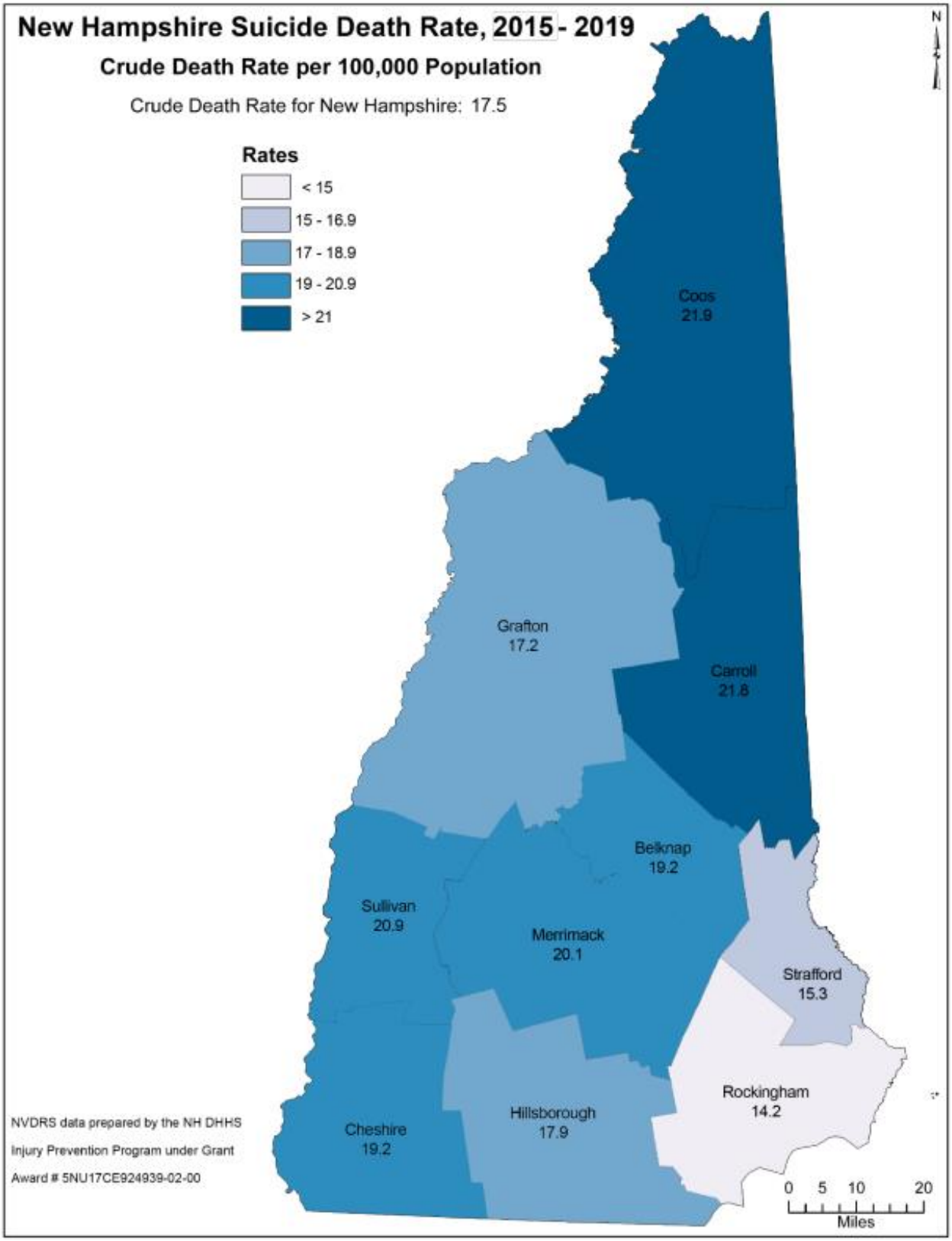
Identified priority populations such as racial and ethnic minority groups, residents of rural areas, and LGBTQ+ communities experience disparities in mental health services because of a lack of providers and an inclusive behavioral health workforce (NAMI).

Although it is difficult to measure the true rate of mental health needs in the community, the following data points give insight into this health priority:

	Coos County	Grafton County	New Hampshire
Average number of mentally unhealthy days (past 30 days)	5.1	4.6	4.8
Suicide death rate (*per 100,000*)	18.6	12.9	16.4

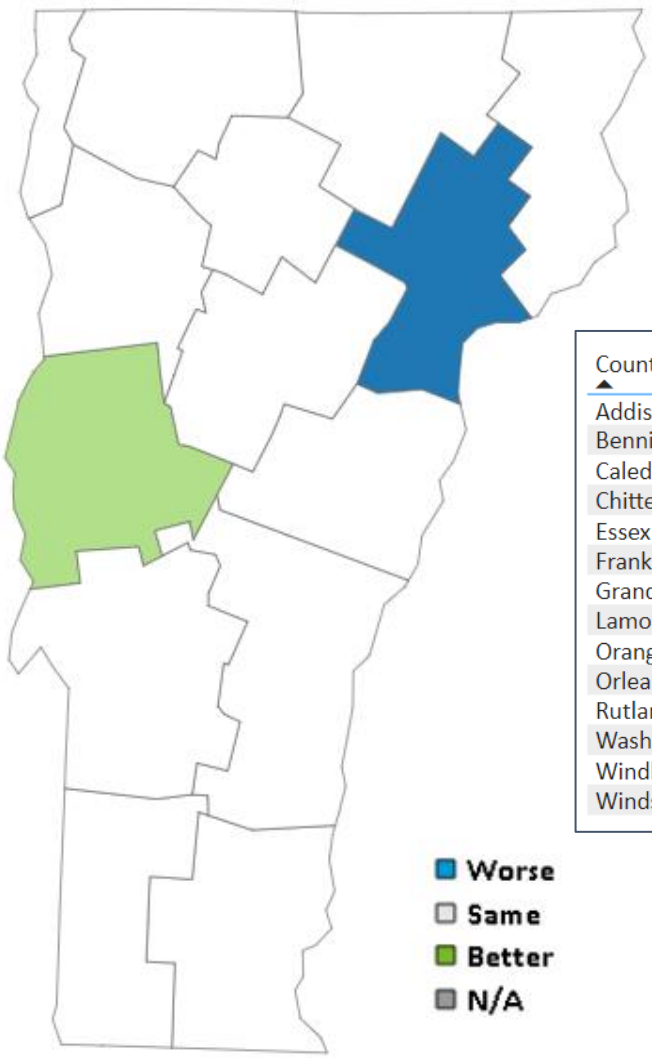
	Caledonia County	Essex County	Vermont
Average number of mentally unhealthy days (past 30 days)	4.8	5.1	4.7
Suicide death rate (*per 100,000*)	19.7	20.1	18.1

Source: County Health Rankings, worldlifeexpectancy.com



Source: NH DHHS

Rate of suicide per 100,000 Vermonters 2015-2017



County	Year(s)	Value	Compared to State
Addison	2015-2017	6.5	Better
Bennington	2015-2017	21.5	Same
Caledonia	2015-2017	34.6	Worse
Chittenden	2015-2017	12.2	Same
Essex	2015-2017	21.4	Same
Franklin	2015-2017	15.0	Same
Grand Isle	2015-2017	19.4	Same
Lamoille	2015-2017	20.1	Same
Orange	2015-2017	11.6	Same
Orleans	2015-2017	15.2	Same
Rutland	2015-2017	18.7	Same
Washington	2015-2017	15.7	Same
Windham	2015-2017	29.1	Same
Windsor	2015-2017	18.9	Same

State Value	State Year(s)
18.3	2017

Deaths from suicide per 100,000 people (Underlying cause identified as a 'death arising from an act inflicted upon oneself with the intent to kill oneself.' Includes ICD-10 codes: *U03, X60-X84, Y87.0).

Source: Vermont Department of Health – Healthy Vermonters 2020

Healthcare Services: Affordability

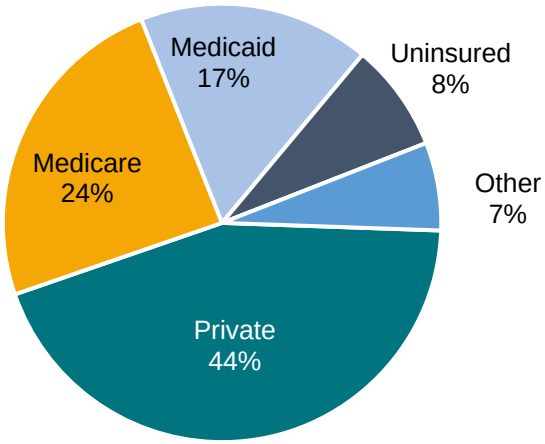
Affordability of healthcare services was the #2 identified health need in the community with 113 respondents (n=165) rating it as extremely important to be addressed. Affordability was identified as a top priority in the 2019 CHNA report.

Low-income populations were identified as the top priority populations in the community, making the affordability of healthcare services an urgent need. In addition, Coos, Grafton, Caledonia, and Essex Counties rank worse than their respective state averages when it comes to the uninsured rate, children in poverty, and median household income.

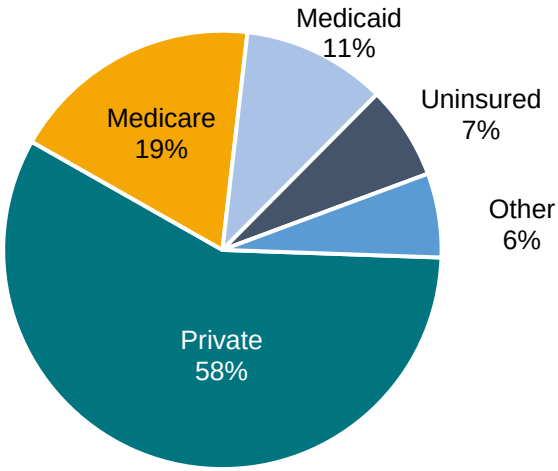
	Coos County	Grafton County	New Hampshire
Uninsured	8.0%	6.9%	5.9%
Unemployment	4.4%	3.3%	3.5%
Children in poverty	19%	11%	8%

Source: County Health Rankings, Bureau of Labor Statistics, Stratasan

Coos County
Insurance Coverage



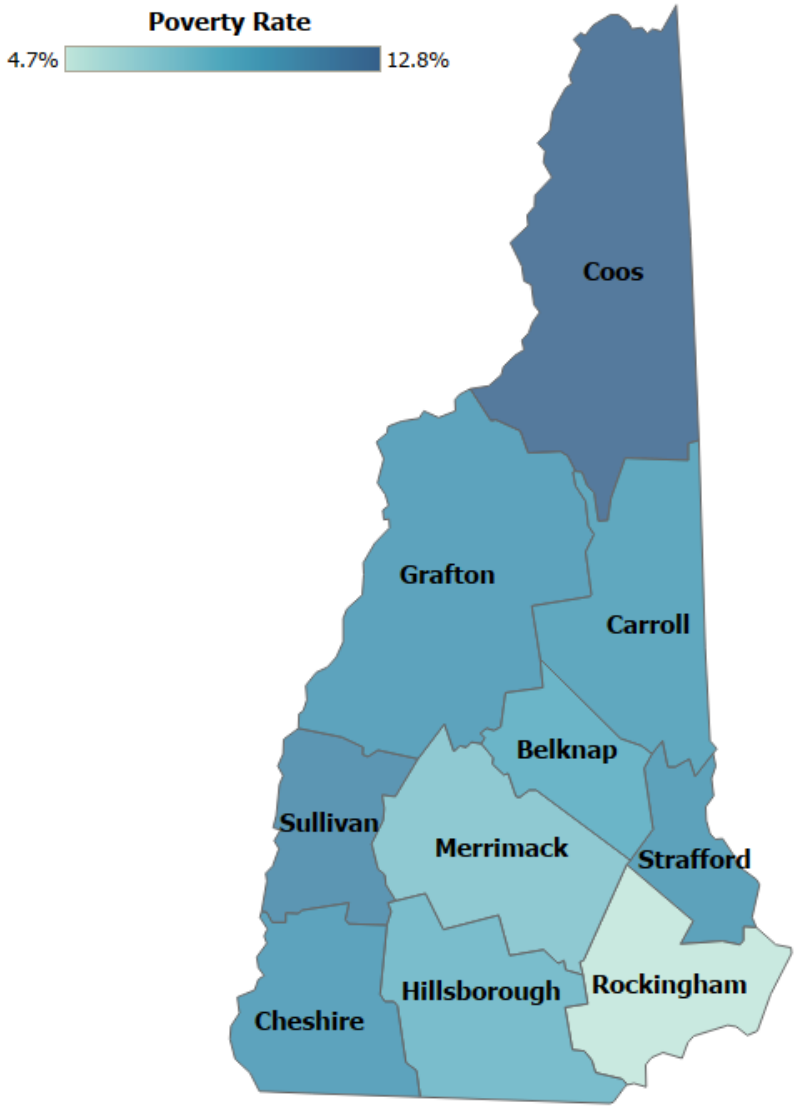
Grafton County
Insurance Coverage



Source: Stratasan

Poverty Rate Estimates by County

Source: U.S. Census Bureau, American Community Survey, 2014-2018

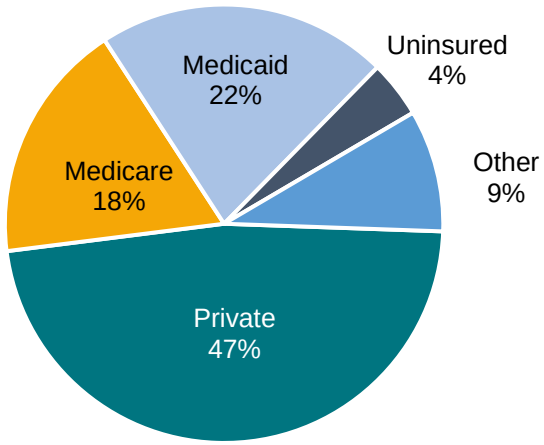


Source: New Hampshire Fiscal Policy Instititute

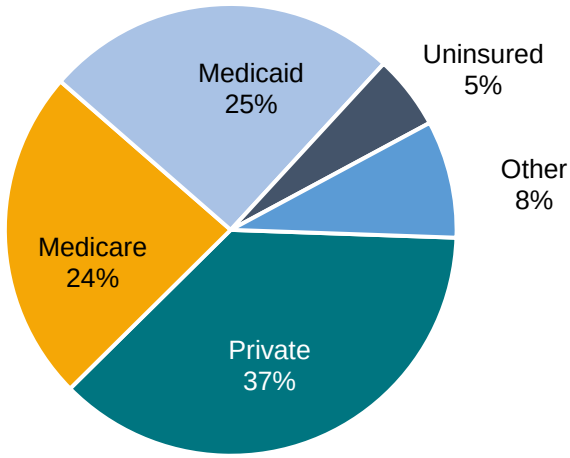
	Caledonia County	Essex County	Vermont
Uninsured	4.2%	5.3%	4.0%
Unemployment	2.7%	3.3%	2.5%
Children in poverty	11%	18%	10%

Source: County Health Rankings, Bureau of Labor Statistics, Stratasan

Caledonia County Insurance Coverage

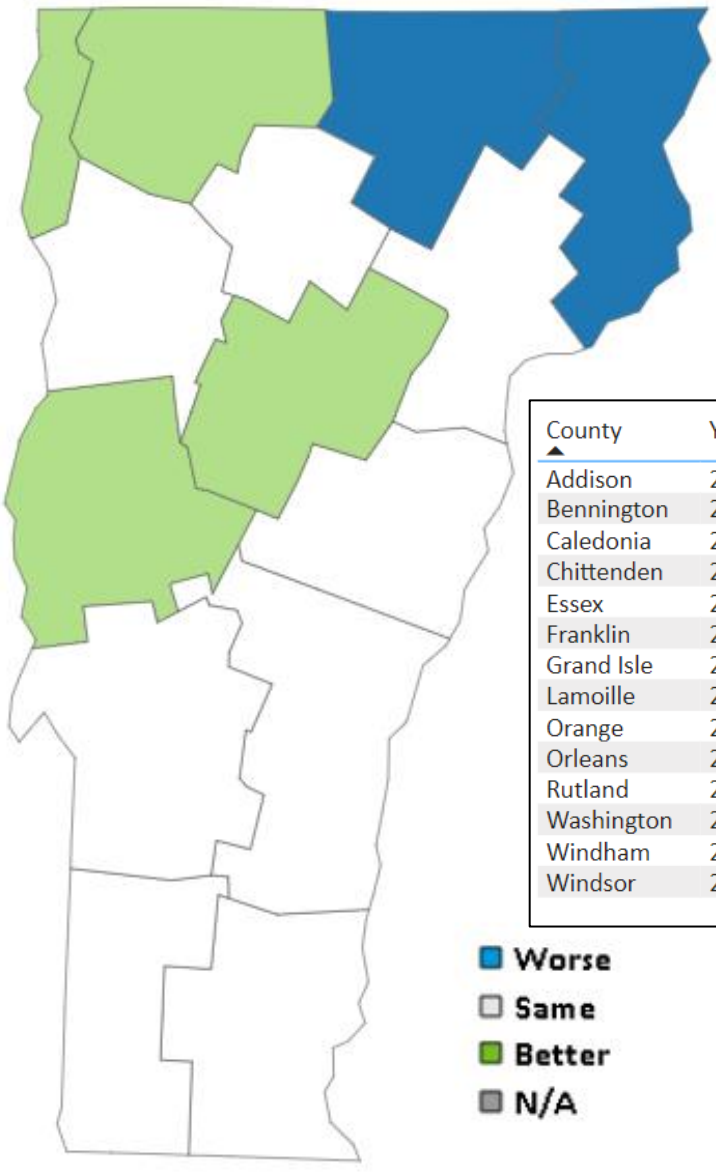


Essex County Insurance Coverage



Source: Stratasan

Percent of Vermonters living below poverty level US Census – ACS 2014-2018



County	Year(s)	Value	Compared to State
Addison	2014-2018	9.2	Better
Bennington	2014-2018	13.5	Same
Caledonia	2014-2018	12.5	Same
Chittenden	2014-2018	11.4	Same
Essex	2014-2018	15.0	Worse
Franklin	2014-2018	8.7	Better
Grand Isle	2014-2018	8.6	Better
Lamoille	2014-2018	11.8	Same
Orange	2014-2018	12.4	Same
Orleans	2014-2018	15.5	Worse
Rutland	2014-2018	12.5	Same
Washington	2014-2018	10.1	Better
Windham	2014-2018	12.8	Same
Windsor	2014-2018	11.0	Same

State Value	State Year(s)
11.5	2014-2018

The American Community Survey (ACS) computes poverty level using size of the family, age of family members, and total family income. Poverty level data can be found in the ACS table C17002. Please see data notes for more information.

Source: Vermont Department of Health – Healthy Vermonters 2020

Access to Mental Health and Substance Use Disorder Services

Access to mental health and substance use disorder services was identified as the #3 priority with 119 respondents (n=165) rating it as being an extremely important factor to address in the community. Access to mental health and substance use disorder services was identified as a top health priority in the 2019 CHNA report for Cottage Hospital. (2019 Cottage Hospital CHNA)

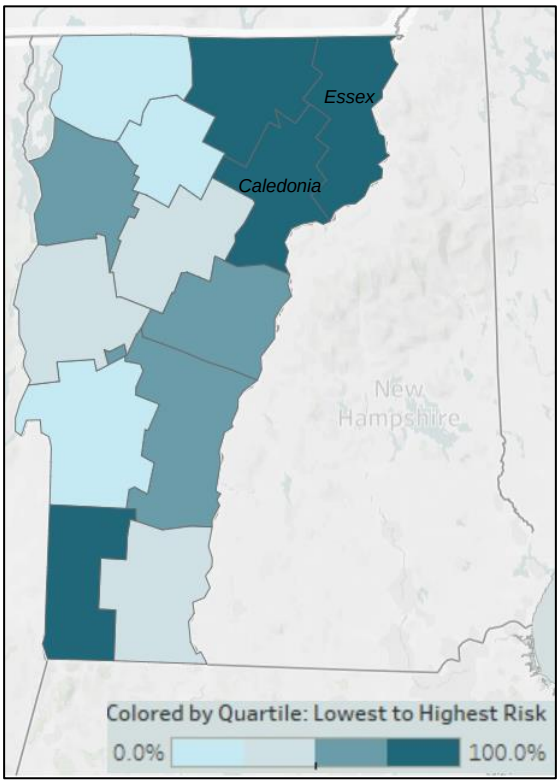
Millions of Americans with mental illness struggle to find mental health care every year. NAMI reports that nearly half of the 60 million adults and children living with mental health conditions in the United States go without any treatment. This is due to a variety of reasons including a fragmented and costly system, lack of access to providers, and high out-of-pocket expenses (NAMI).

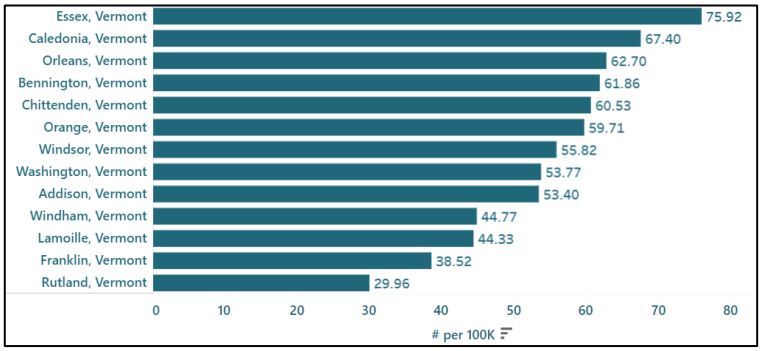
	Coos County	Grafton County	New Hampshire
Mental Health Provider Ratio	439:1	194:1	288:1
Percentage of adults reporting 14 or more days of poor mental health per month	17%	14%	15%

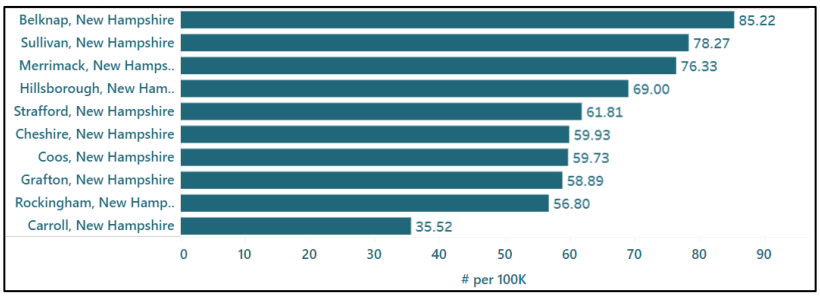
	Caledonia County	Essex County	Vermont
Mental health Provider Ratio	254:1	1,531:1	196:1
Percentage of adults reporting 14 or more days of poor mental health per month	15%	17%	15%

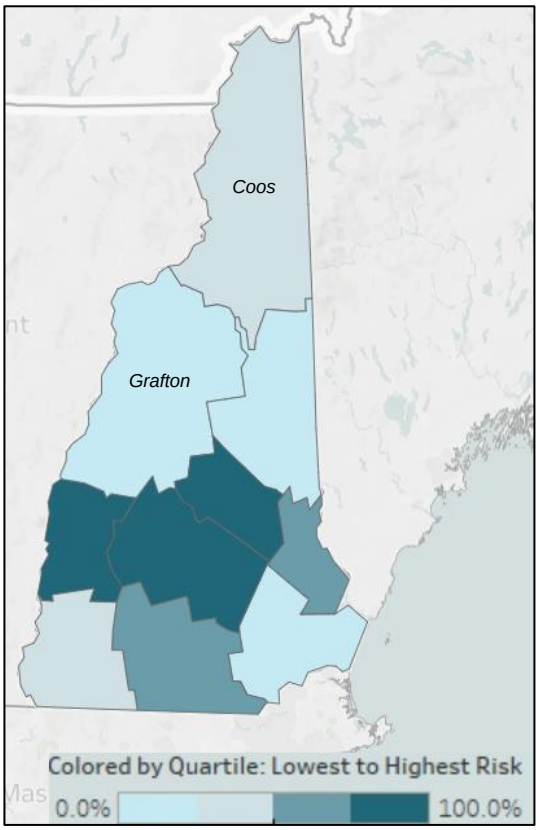
Source: County Health Rankings, worldlifeexpectancy.com

Individuals Scoring Severe Depression per 100,000 of County Population









Source: Mental Health America

Affordable Housing

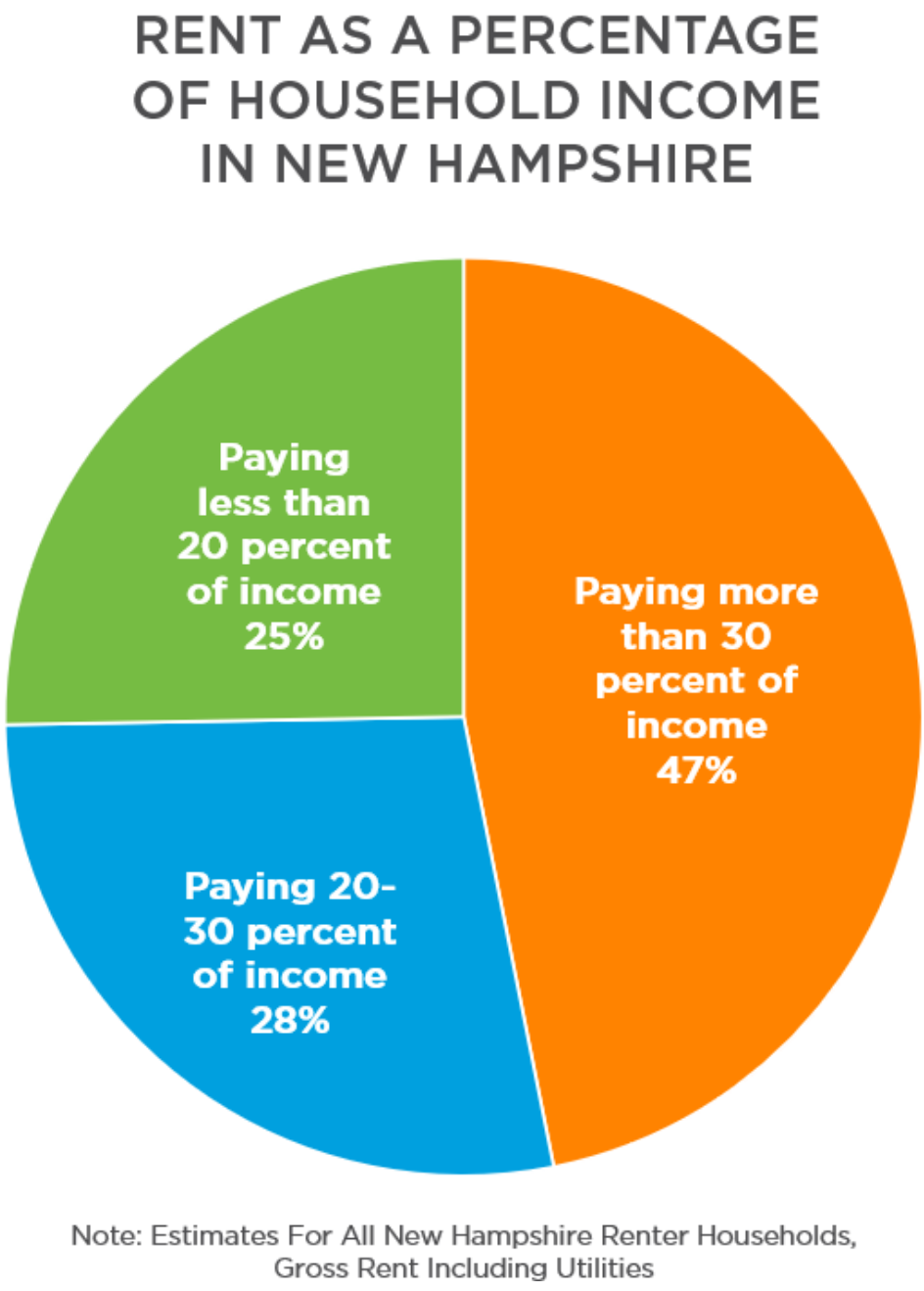
Access to affordable housing was identified as the #4 priority with 119 respondents (n=166) rating it as an extremely important factor to address in the community. Access to affordable housing was not identified as a top health priority in any of the previous CHNA reports.

Housing can affect many aspects of a person's life including their health, wealth, stability, security, and much more. Access to affordable housing impacts overall community health and is in an increasingly alarming position across the country (Habitat for Humanity). With the low-income population highlighted as a top priority in this survey, affordable housing is a significant need within this community.

	Coos County	Grafton County	New Hampshire
Severe Housing Problems*	14%	13%	14%
Severe Housing Cost Burden**	11%	14%	12%

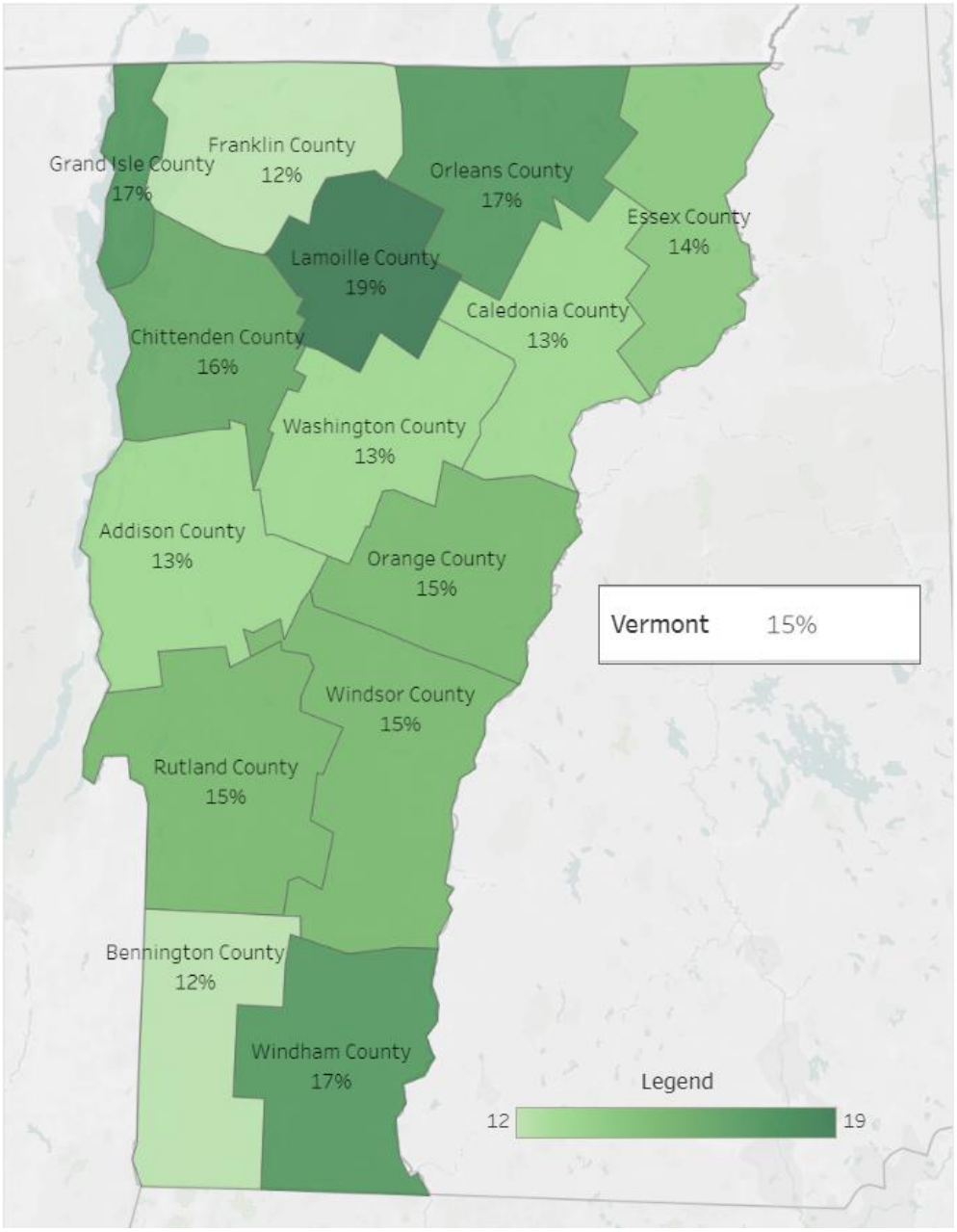
	Caledonia County	Essex County	Vermont
Severe Housing Problems*	15%	15%	17%
Severe Housing Cost Burden**	13%	15%	14%

**Overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities*
***Percentage of households that spend 50% or more of their household income on housing.*
Source: County Health Rankings



Source: New Hampshire Fiscal Policy Institute – U.S. Census Bureau, 2019

Vermont Severely Cost-Burdened Households* Census Bureau, 2019



*Households paying more than 50% of income towards housing costs

Source: Vermont Housing Finance Agency

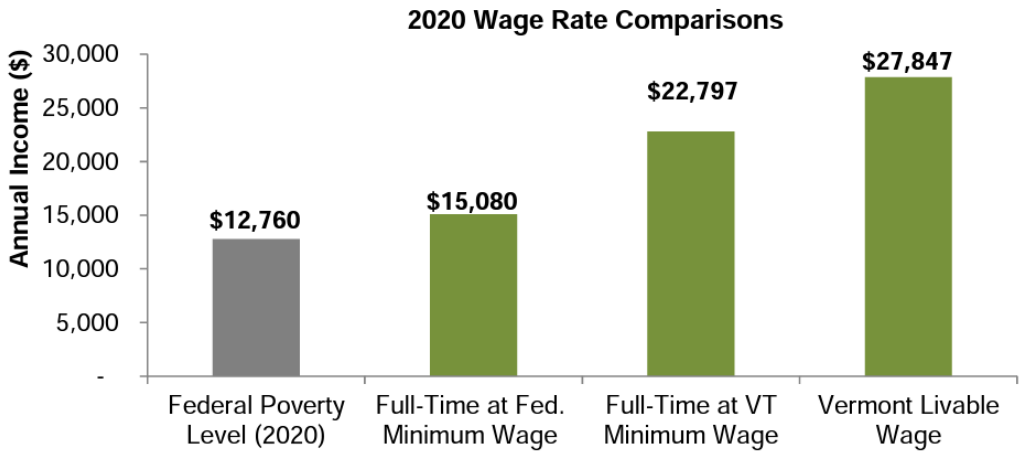
Livable Wage

Livable Wage was identified as the #5 priority with 99 respondents (n=165) rating it as an extremely important factor to address in the community. Livable Wage was not identified as a top health priority in any of the previous CHNA reports.

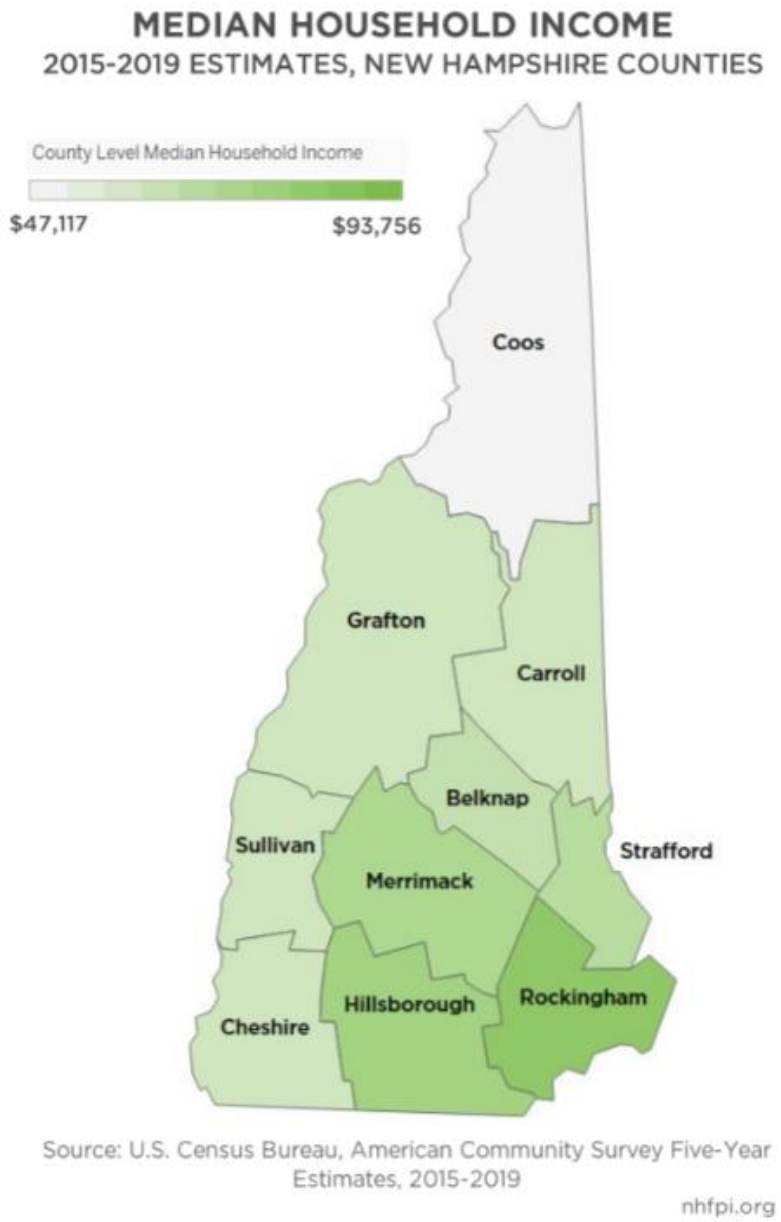
Coos, Grafton, Caledonia, and Essex Counties all have lower median household incomes than their respective states. Additionally, according to research by the Economic Policy Institute, improving wages within a community would benefit low-income, minority, and women population groups significantly which are included among the priority populations of this survey. (EPI).

	Coos County	Grafton County	New Hampshire
Median household Income	$47,405	$59,048	$77,879
	Caledonia County	**Essex County**	**Vermont**
Median Household Income	$43,450	$51,067	$62,551

Source: Stratasan



Source: Vermont Legislative Joint Fiscal Office



Source: New Hampshire Fiscal Policy Institute

Drug/Substance Abuse

Drug/Substance Abuse was identified as the #6 priority with 100 respondents (n=163) rating it as being an extremely important factor to address in the community. Drug/Substance Abuse was identified as a top health priority in any of the previous CHNA reports.

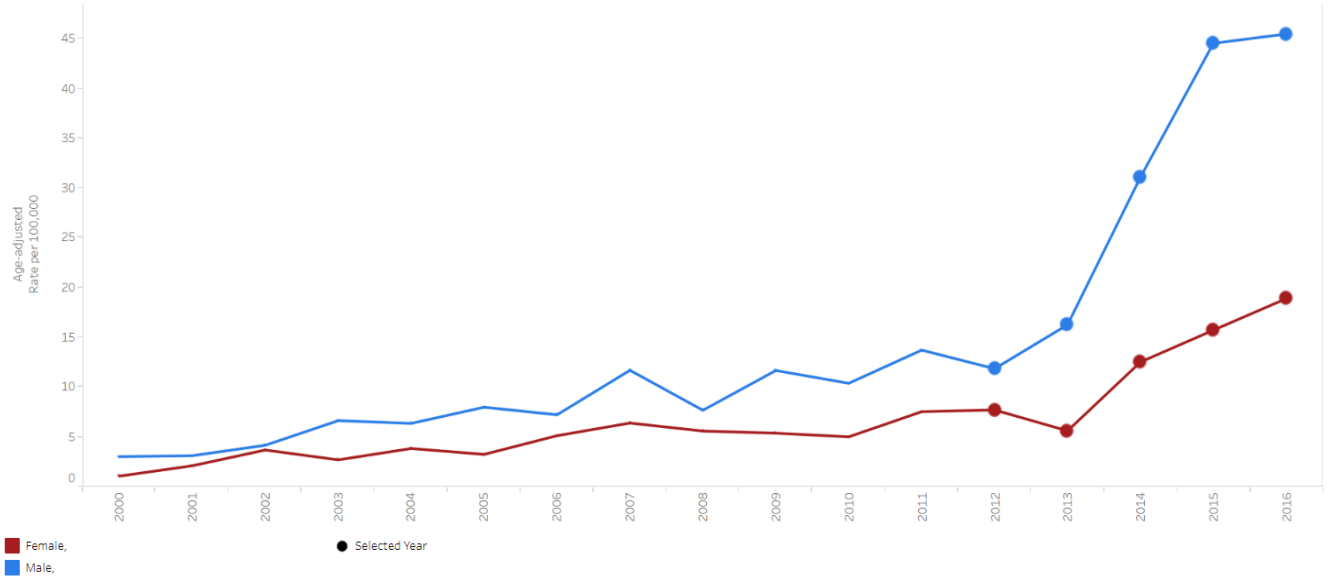
Drug/Substance Abuse majorly impacts individuals, families, and communities leading to many social, physical, mental, and public health issues. With millions of Americans struggling with this problem, it is important for communities to focus on treating this health need (ODPHP).

	Coos County	Grafton County	New Hampshire
Excessive Drinking	19%	20%	21%
Alcohol-Impaired Driving Deaths*	42%	30%	33%

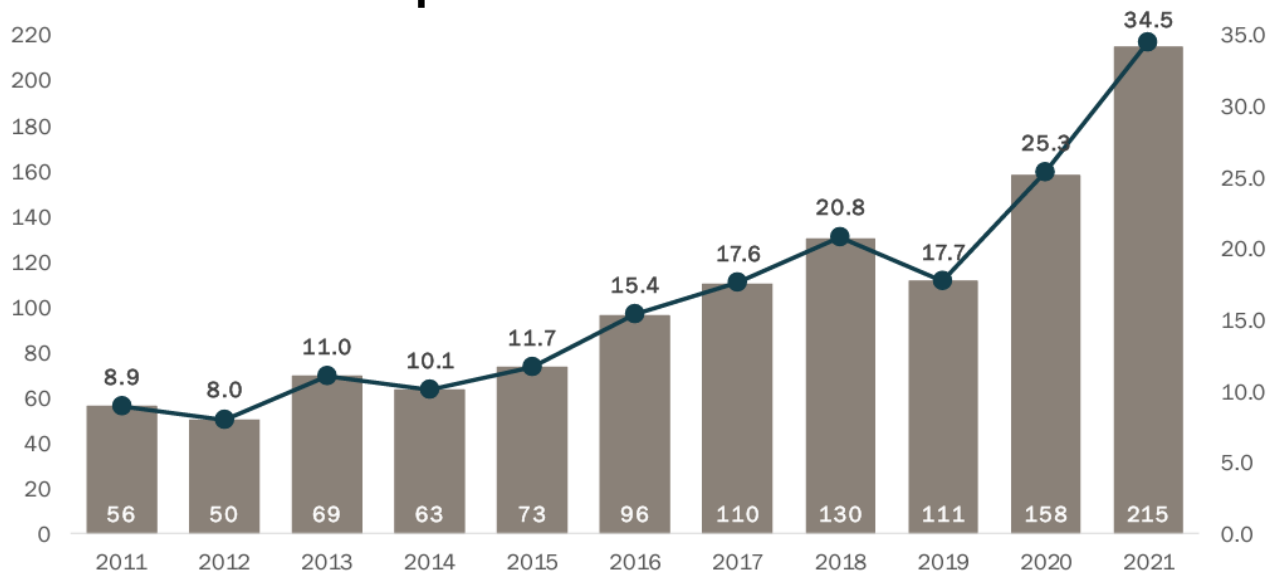
	Caledonia County	Essex County	Vermont
Excessive Drinking	19%	20%	21%
Alcohol-Impaired Driving Deaths	42%	50%	35%

**Percentage of driving deaths with alcohol involvement*
Source: County Health Rankings

New Hampshire rate per 100,00 of opioid-related deaths



Vermont number and rate per 100,000 of opioid-related deaths



*2021 data is preliminary and subject to change.

Source: New Hampshire Department of Health and Human Services, Vermont Department of Health

Access to Senior Services

Access to senior services was identified as the #7 priority with 88 respondents (n=166) rating it as being an extremely important factor to address in the community. Access to senior services was not identified as a priority in any of the previous CHNA reports.

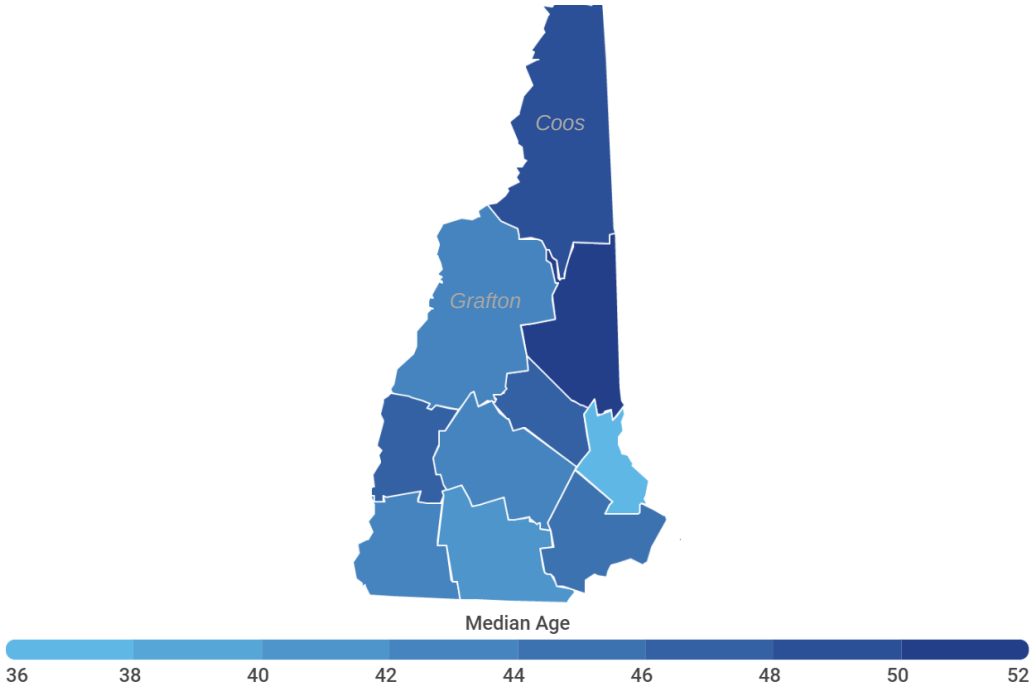
The population of people 65+ in all four counties is projected to significantly increase over the next five years. Additionally, with older adults identified as a top priority population in the community, it is important to focus on improving access to senior services.

	Coos County	Grafton County	New Hampshire	U.S.
% of Population 65+ in 2021	24.7%	21.6%	19.2%	17.3%
5-year projected increase in 65+ population	+11.3%	+17.2%	+19.0%	+15.2%

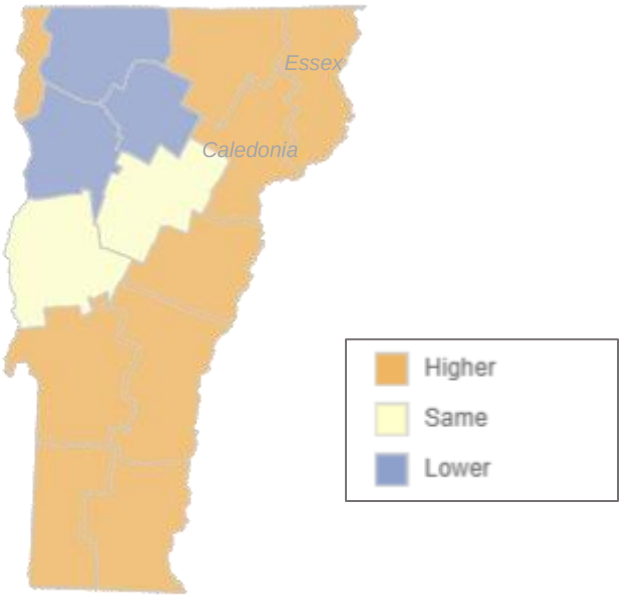
	Caledonia County	Essex County	Vermont	U.S.
% of Population 65+ in 2021	21.9%	26.4%	20.5%	17.3%
5-year projected increase in 65+ population	+13.9%	+13.9%	+16.0%	+15.2%

Source: Stratasan

New Hampshire Median Age by County, 2019



County population ages 65+ compared to Vermont average ; US Census, 2015



Source: University of New Hampshire, Vermont Department of Health

Cancer

Cancer was identified as the #8 health priority with 89 respondents (n=166) rating it as extremely important to be addressed in the community. Cancer was not identified as a top health priority in previous CHNA reports.

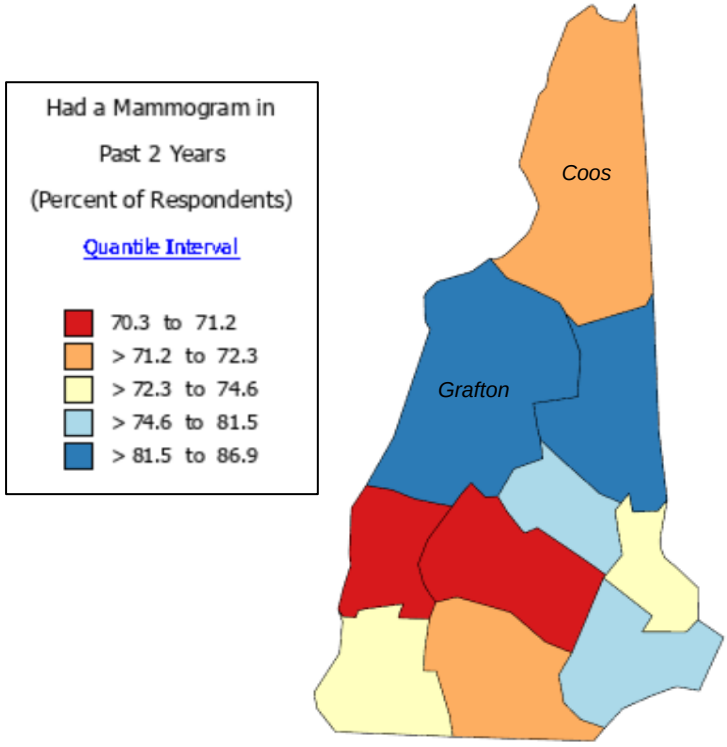
In Coos, Grafton, and Caledonia Counties, cancer is the second leading cause of death while being the leading cause of death in Essex County. The National Cancer Institute research has shown there to be cancer disparities within priority populations such as racial and ethnic minority groups, women, low-income communities, and residents of rural communities causing these groups to suffer more from cancer and its effects (NIH).

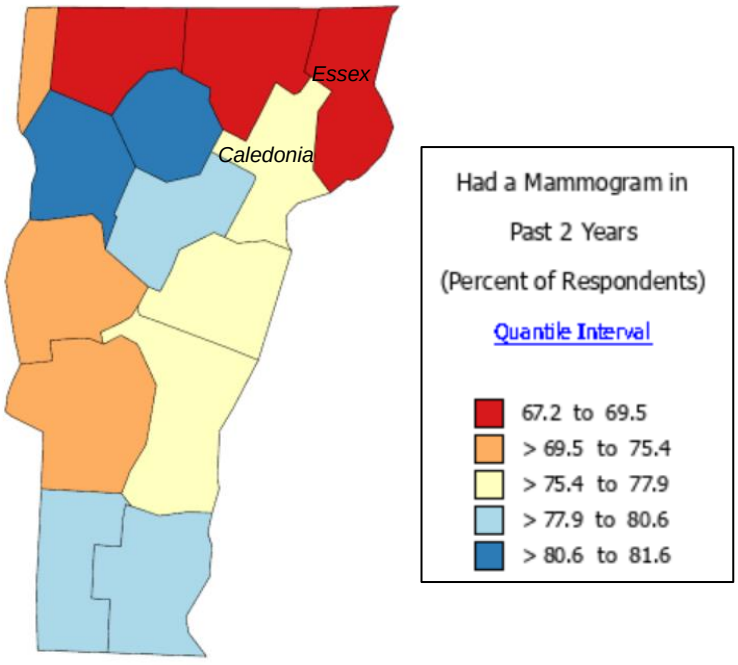
	Coos County	Grafton County	New Hampshire
Cancer incidence – all sites (*per 100,000*)	484.3	446.9	479.3
Cancer mortality – all sites (*per 100,000*)	184.3	160.2	145.0

	Caledonia County	Essex County	Vermont
Cancer incidence – all sites (*per 100,000*)	433.2	463.0	457.4
Cancer mortality – all sites (*per 100,000*)	157.5	188.7	159.0

Note: Incidence rate based on a 5-year average from 2014-2018
Source: National Cancer Institute, worldhealthrankings.com

Women Age 40+ Who Had a Mammogram in the Past 2 Years





Source: National Cancer Institute, State Cancer Profiles

Obesity

In the community survey, obesity was identified as the #9 health priority with 88 respondents (n=166) rating it as extremely important to address.

Obesity can impact many aspects of community health including overall health status, health care costs, and productivity. Those with obesity often have multiple complications from the condition and, as a result, are more at risk for heart disease, stroke, type 2 diabetes, and multiple types of cancers (CDC). When it comes to health disparities, racial and ethnic minority groups are more likely to die of heart disease and experience obesity than their white counterparts (CDC).

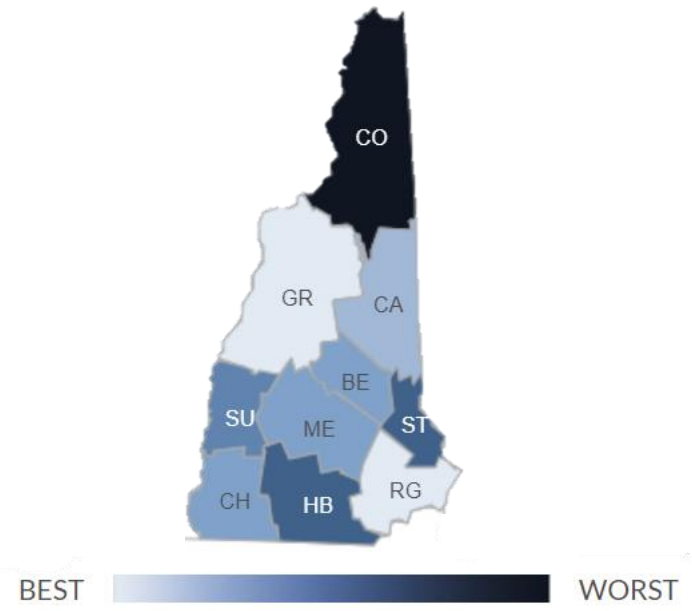
	Coos County	Grafton County	New Hampshire
Percentage of 18+ population with Obesity	34%	27%	32%
Heart Disease Death Rate (*per 100,000*)	213.9	162.0	146.5

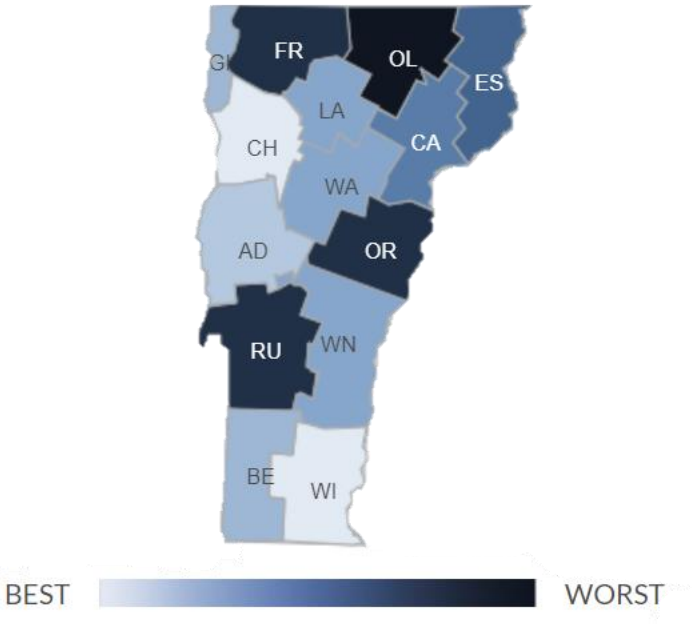
	Caledonia County	Essex County	Vermont
Percentage of 18+ population with Obesity	29%	30%	27%
Heart Disease Death Rate (*per 100,000*)	180.8	177.1	167.1

Source: worldlifeexpectancy.com, County Health Rankings

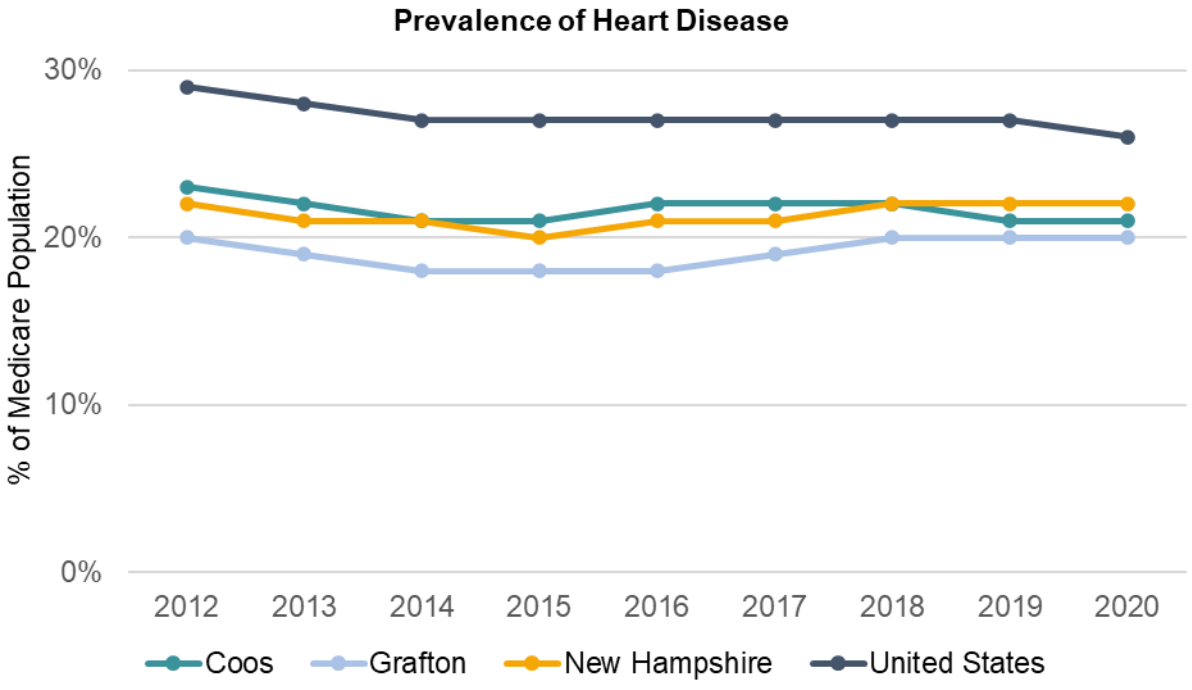
Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

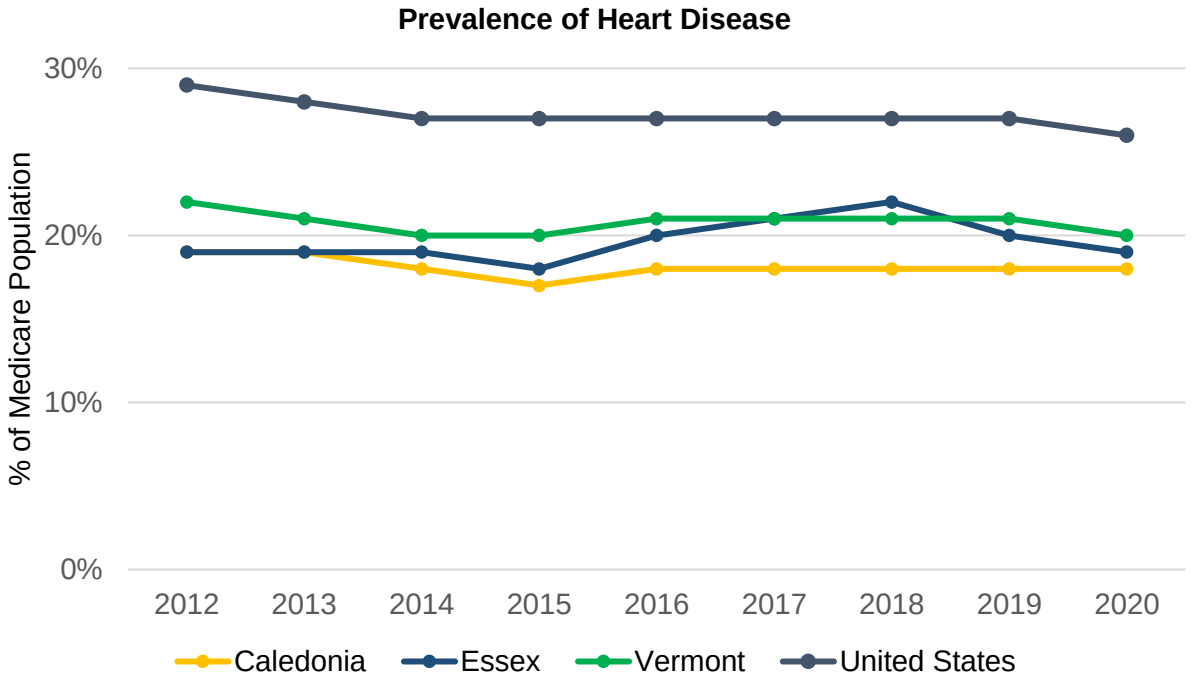
New Hampshire and Vermont Adult Obesity County Rankings





Source: County Health Rankings





Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

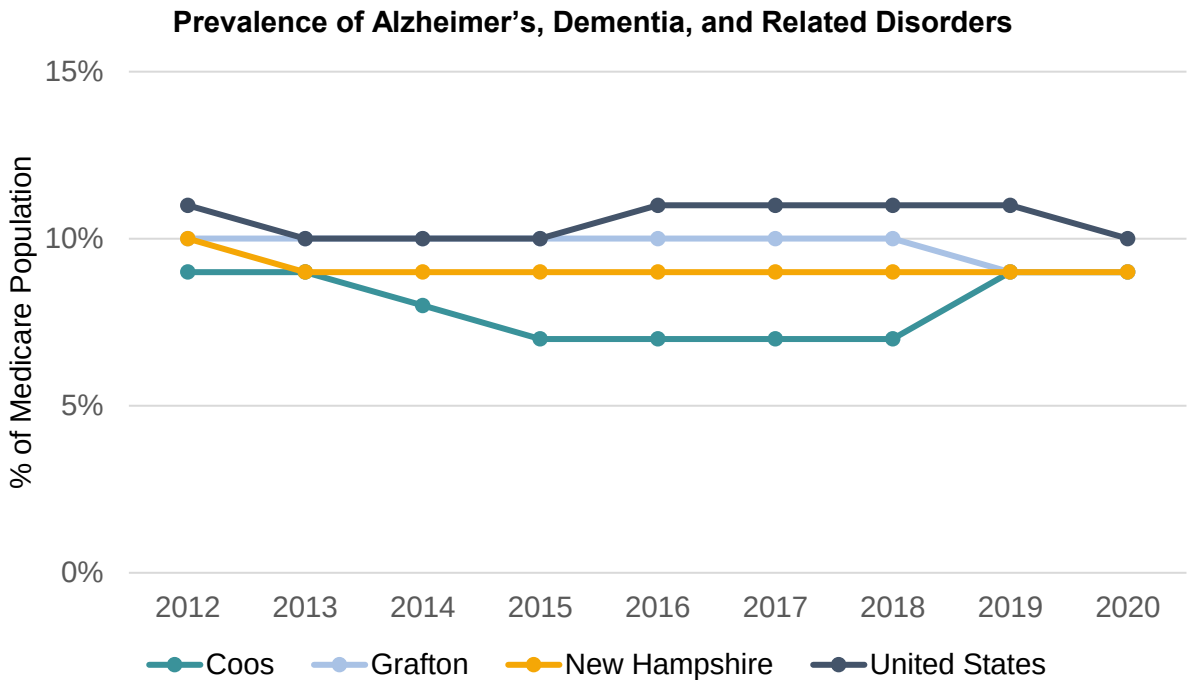
Alzheimer's and Dementia

Alzheimer's and Dementia were the #10 community-identified health priorities with 86 respondents (n=166) rating them as extremely important to address. Alzheimer's is the 6th leading cause of death in Grafton, Caledonia, and Essex Counties; and the 7th leading cause of death in Coos County. Alzheimer's and Dementia were not identified as top priorities in previous CHNA reports.

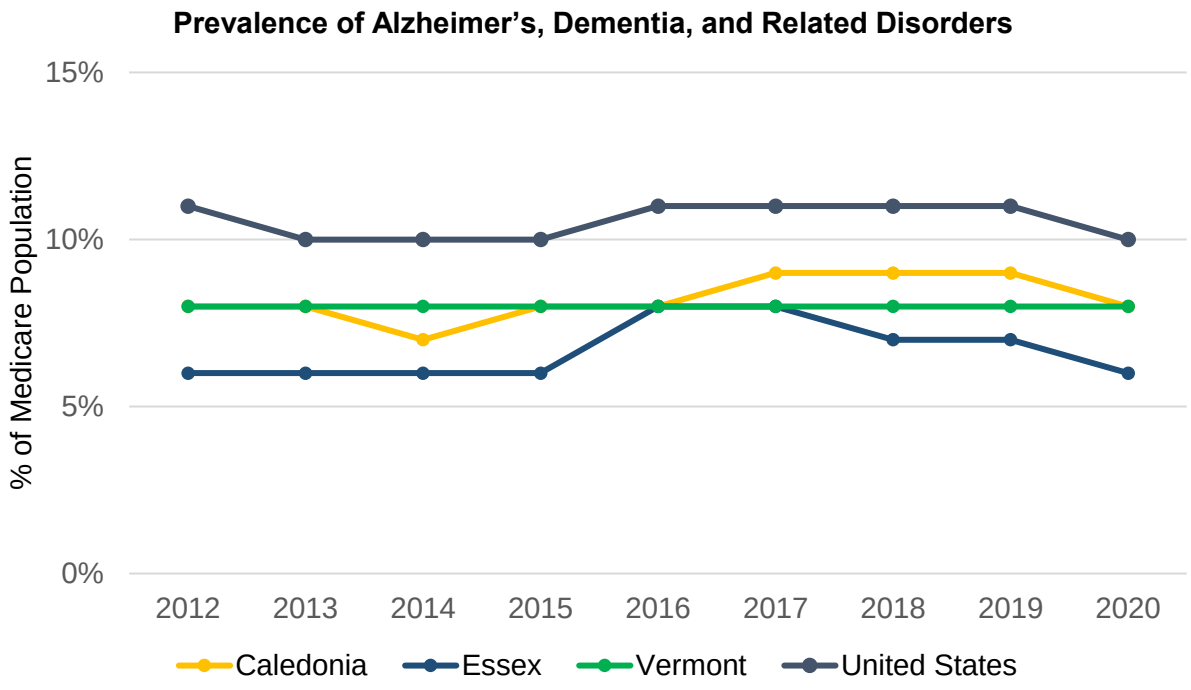
	Coos County	Grafton County	New Hampshire
Alzheimer's Death Rate (*per 100,000*)	33.6	26.7	26.1

	Caledonia County	Essex County	Vermont
Alzheimer's Death Rate (*per 100,000*)	29.4	20.8	31.0

Source: worldhealthrankings.com



Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

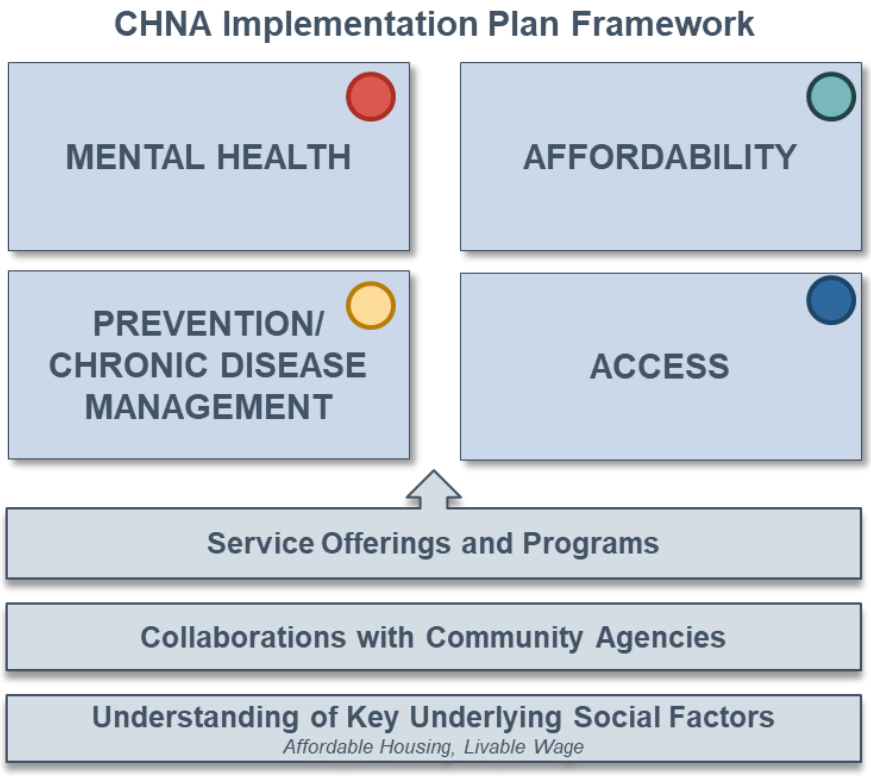


Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Implementation Plan Framework

The four Northern New Hampshire Region Organizations' action plan is organized by key groups which will allow the organization to prioritize and address the identified health needs with available time and resources.

- Mental Health
- Healthcare Services: Affordability
- Access to MH and SUD Services
- Affordable Housing
- Livable Wage
- Drug/Substance Abuse
- Access to Senior Services
- Cancer
- Obesity
- Alzheimer's and Dementia



Implementation Plan Strategy

Mental Health

Statistics:

Coos:

- Average number of mentally unhealthy days in the past 30 days: **5.1** (*NH: 4.8*)
- Suicide death rate (*per 100,000*): **25** (*NH: 18*)
- Mental health provider ratio: **440:1** (*NH: 288:1*)

Grafton:

- Average number of mentally unhealthy days in the past 30 days: **4.6** (*NH: 4.8*)
- Suicide death rate (*per 100,000*): **16** (*NH: 18*)
- Mental health provider ratio: **190:1** (*NH: 288:1*)

Caledonia:

- Average number of mentally unhealthy days in the past 30 days: **4.8** (*VT: 4.7*)
- Suicide death rate (*per 100,000*): **32** (*VT: 18*)
- Mental health provider ratio: **254:1** (*VT: 200:1*)

Essex:

- Average number of mentally unhealthy days in the past 30 days: **5.1** (*VT: 4.7*)
- Suicide death rate (*per 100,000*): **No Data** (*VT: 18*)
- Mental health provider ratio: **1,531:1** (*VT: 200:1*)

Services, programs, and resources available at the North New Hampshire Region Facilities to respond to this need include:

- The Emergency Department (LRH) acts as an intake center for all patients with emergency behavioral health needs. The process is coordinated with Northern Human Services to provide stabilization, and definitive placement of this cohort.
- Psychiatric services are provided real time as indicated by Dartmouth Hitchcock via a Telepsychiatry program.
- For those behavioral patients who must wait to be placed in the mental health system, LRH provides longitudinal care for these patients utilizing the Hospitalist Service, Telepsychiatry, in house Liaison Consultative Psychiatry, and care coordination through the continuing care department as needed
- Cottage Hospital has integrated behavioral health program in their Rural Health Clinlic

- The behavioral health needs of patients, whose primary diagnosis is not behavioral who are placed on observation or admitted to the Medical Surgical Unit are addressed by the Hospitalist Service through consultation with Telepsychiatry, in house Liaison Consultative Psychiatry, and care coordination services as needed.
- ACHS offers behavioral health services addressing mental health issues, stress, anxiety, emotional trauma, Post Traumatic Stress Disorder. Individual counseling is available for patients in need of these services.
- Cottage Hospital opened Ray of Hope, a ten-bed inpatient, adult behavioral health center.
- Cottage Hospital has increased mental health providers at the Rowe Health Center.
- ACHS began offering mental health services in local schools in 2018.
- Mid-State Health offers Behavioral Health services within clinic locations.
- The Doorway program is offered to provide screening, treatment, prevention and support for patients with substance use disorder (SUD).
- NNHR facilities have increased usage of telehealth services to reach more individuals through the COVID-19 pandemic.

Additionally, the Facilities plan to take the following steps to address this need:

- NNHR facilities plan to address involvement of mental health services in schools to address pediatric/adolescent mental health needs.
- NNHR facilities are assessing opportunities for trauma-informed school programming and gun violence prevention (Sandy Hook Promise).
- NNHR facilities will continue to coordinate with local universities to create pathway for residents and staff into the provider stream.
- ACHS has hired a Licensed Clinical Social Worker who will start in August 2022 to support mental health services.
- Mid-State Health Center will be adding a Psychiatric Nurse Practitioner to the clinical team.
- NNHR facilities will continue to engage in advocacy at the state level to ensure local access to mental health resources.
- LRH is actively recruiting behavioral health providers
- Cottage is actively recruiting behavioral health providers.

Identified measures and metrics to track progress:

- Number of behavioral health visits
- Volume of patients referred to and served by The Doorway and other community agencies
- Number of peer support referrals
- Suicide death rate
- Number of screenings performed
- Number of BH encounters in ER

Partnership organizations and organizations that can help respond to *Mental Health*:

Organization	Contact/Information
NH Department of Health and Human Services	https://www.dhhs.nh.gov/
NH Rapid Response Access Point	(833) 710-6477
Lakes Region Community Mental Health Center	(603) 536-1128
White Mountain Mental Health	(603) 444-5358
Center for New Beginnings	(603) 444-6465
The Mental Health Center	(603) 752-7404
Community Services Center in Berlin	(603) 752-1005
The Mental Health Center in Berlin	(603) 752-7404
Ray of Hope	(603) 747-9200
Connecticut River Counseling	(603) 747-2801
Clara Martin Center	(802) 222-4477
The Doorway	https://www.thedoorway.nh.gov/

Affordability

Statistics:

Coos:

- Uninsured: **9%** (*NH: 8%*)
- Unemployment rate: **4.4%** (*NH: 3.5%*)
- Median Household Income: **$47,405** (*NH: $77,879*)

Grafton:

- Uninsured rate: **9%** (*NH: 8%*)
- Unemployment rate: **3.3%** (*NH: 3.5%*)
- Median Household Income: **$59,048** (*NH: $77,879*)

Caledonia:

- Uninsured: **6%** (*VT: 6%*)
- Unemployment rate: **2.7%** (*VT: 2.5%*)
- Median Household Income: **$51,067** (*VT: $62,551*)

Essex:

- Uninsured rate: **6%** (*VT: 6%*)
- Unemployment rate: **3.3%** (*VT: 2.5%*)
- Median Household Income: **$43,450** (*VT: $62,551*)

Services, programs, and resources available at the North New Hampshire Region Facilities to respond to this need include:

- LRH had recently opened a separately licensed Urgent Care Center on campus. This center will provide cost effective accessible care for urgent conditions that are too minor for the Emergency Department, but too urgent to wait for an appointment.
- LRH endowment funds support cancer patient needs, including free breast exams and breast care and medication costs.
- LRH and Cottage Hospital offer financial assistance for patients who qualify.
- LRH provides over a million dollars annually in Charity Care for patients unable to pay for services.
- Cottage Hospital provides over one million dollars in Community Benefits to their service area
- ACHS and Mid-State Health are Federally Qualified Health Centers that provide a sliding fee scale discount for those who qualify.

- ACHS has a charity care program available for patients that are eligible.
- Cottage Hospital offers 50% off for those that are uninsured.
- Mid-State Health Center offers assistance in enrolling in the Health Insurance Marketplace and a self-pay discount of 30%.

Additionally, the Facilities plan to take the following steps to address *Affordability*:

- Cottage Hospital recognizes the need for a walk-in clinic for their service area to decrease ED usage while providing more convenient access to community members
- NNHR facilities are focused on engaging in advocacy efforts around the 340b drug pricing program.
- NNHR facilities will continue to educate the community on the value of local healthcare organizations and need for their support in civic engagement and advocacy.
- NNHR facilities are exploring options for affordable housing in the community for providers and staff.

Identified measures and metrics to track progress:

- Annual charity care contribution
- Hospital Medicaid payer mix
- Number of patients who are signed up for financial assistance programs
- Number of urgent care visits

Partnership organizations and organizations that can help respond to this need:

Organization	Contact/Information
Tri County CAP	http://www.tccap.org/
NH Department of Health and Human Services	(603) 444-6786
Harvard Pilgrim Health Care	https://www.harvardpilgrim.org/public/home
ServiceLink	https://www.servicelink.nh.gov/
The Doorway	https://www.thedoorway.nh.gov/

Prevention/Chronic Disease Management

Statistics:

Coos:

- Heart disease mortality*: **213.9** (*NH: 146.5*)
- Cancer mortality*: **184.3** (*NH: 145.0*)
- Alzheimer's mortality*: **33.6** (*NH: 26.1*)
- Adult Obesity: **34%** (*NH: 32%*)
- Overdose Deaths*: **24** (*NH: 31)*

**per 100,000*

Grafton:

- Heart disease mortality*: **162.0** (*NH: 146.5*)
- Cancer mortality*: **160.2** (*NH: 145.0*)
- Alzheimer's mortality*: **26.7** (*NH: 26.1*)
- Adult Obesity: **27%** (*NH: 32%*)
- Overdose Deaths*: **17** (*NH: 31)*

**per 100,000*

Caledonia:

- Heart disease mortality*: **180.8** (*VT: 167.1*)
- Cancer mortality*: **175.6** (*VT: 152.2*)
- Alzheimer's mortality*: **29.4** (*VT: 31.0*)
- Adult Obesity: **29%** (*VT: 27%*)
- Overdose Deaths*: **33** (*VT: 25)*

**per 100,000*

Essex:

- Heart disease mortality*: **177.1** *(VT: 167.1)*
- Cancer mortality*: **188.7** (*VT: 152.2*)
- Alzheimer's mortality*: **20.8** (*VT: 31.0*)
- Adult Obesity: **30%** (*VT: 27%)*
- Overdose Deaths*: **No Data** (*VT: 25)*

**per 100,000*

Services, programs, and resources available at the Northern New Hampshire Region Facilities to respond to this need include:

Drug/Substance Abuse:

- LRH provides space at no cost to Alcohol Anonymous each week providing a support group to an average of 25 individuals weekly.
- LRH serves as the "hub" for the State of NH Doorway Program offering 24 hours a day 365 days per year access to drug treatment including medically assisted treatment (MAT).
- Access to initiation of MAT is also maintained in the LRH Emergency Department. The Emergency Department is available to act as a site to provide initial evaluation, stabilization, symptom control and initiation of MAT as clinically indicated.
- ACHS has integrated Substance Use Disorder/ Behavioral Health with six care delivery locations.
- ACHS offers a remote patient monitoring program to monitor and manage chronic conditions from home.
- Mid-State Health Center's RISE Recovery Services offers substance use disorder treatment and recovery options, including a MAT program, Intensive Outpatient Program, and recovery support services.
- Acute alcohol withdrawal and medical complications of alcohol abuse are stabilized in the LRH Emergency Department and cared for as clinically indicated by our Hospital Medicine and Critical care specialists. Alcohol addicted patients who are medically stabilized are referred to alcohol addiction specialty care facilities with care coordination through our care coordination professional staff.
- Cottage continued the efforts of the Haverhill Area Substance & Misuse Prevention Program with the financial support of a Drug Free Community federal grant.
- ACHS has integrated BH services in the K – 12 Schools in our service area as one manner of prevention, diagnosis, and treatment to mitigate future SUD occurrences.
- Cottage Hospital provides consults to inpatients via Psychiatric professionals from the inpatient geriatric psych unit

Cancer:

- LRH offers Oncology, Hematology, and Infusion services through partnership with Dartmouth-Hitchcock's Norris Cotton Cancer center.
- Cottage Hospital offers diagnostic imaging to screen for cancer as well as infusion services

Obesity:

- LRH employs a full-time diabetes educator.
- ACHS employs a wellness coach.
- CCFHS provides nutritional education to patients.

- Mid-State Health Center has a registered dietitian/nutritionist to offer nutritional services, integrated into patient care plans.
- Cottage Hospital had a registered Dietician and provides diabetes prevention programing
- Mid-State Health Center offers a food security program with an on-site food pantry for all patients who screen positive for food insecurity.

Alzheimer's and Dementia:

- Cottage Hospital's Ray of Hope inpatient unit offers mental health care for seniors who may be experiencing an acute psychiatric episode.
- LRH offers Neurology services to diagnose and manage patients with neurological conditions.
- LRH, Cottage Hospital, and Mid-State Health Center provide Internal Medicine services.

Additionally, the Facilities plan to take the following steps to address this need:

- NNHR Facilities are looking into a potential collaboration on mobile kitchens in the community and exploring opportunities to leverage local food pantry/food bank to provide healthy food options and recipes.
- NNHR facilities plan to increase education regarding proper Emergency Department usage and where community members can best receive care appropriate to their health needs.
- NNHR facilities exploring synergies with Food Co-Op curbside service program, including virtual teaching opportunities.
- ACHS is assessing opportunity for Tai Chi exercise classes, offering multiple benefits, including preventing fall risks for Seniors.
- NNHR facilities are exploring opportunities for virtual education sessions to provide health education to the community (e.g., podcasts, Facebook Live events).
- ACHS will be continuing to implement Resilient American Communities (RAC) initiatives to improve individual and community health and wellness, including funding for project coordinator roles, technology enablement, and COVID-19 Vaccine equity.

Identified measures and metrics to track progress:

- Total number of mammography screenings provided
- Cancer incidence and mortality
- Health screening rates
- Participation in education programs
- Number of patients in SUD programs
- Decrease in overdose deaths

Partnership organizations and organizations that can help respond to *Prevention/ Chronic Disease Management*:

Organization	Contact/Information
Dartmouth-Hitchcock Norris Cotton Cancer Center	https://www.catholicmedicalcenter.org/locations/dartmouth-hitchcock-norris-cotton-cancer-center
211 NH - An initiative of Granite United Way	1-866-444-4211
American Heart Association	https://www.heart.org/
American Cancer Society- NH	https://www.cancer.org/about-us/local/new-hampshire.html
NH Department of Health and Human Services	https://www.dhhs.nh.gov/
White Mountain Recovery Home	(603) 262-3964
North Country Serenity Center	(603) 444-1300
Granite State Narcotics Anonymous	(888) 624-3578
Littleton Food Coop	(603) 444-2800
Weight Watchers	(800) 651-6000
Healthy Eating Active Living (HEAL), Berlin	(603) 752-2120, https://healnh.org/
AA NH Contact Area 43	(603) 622-6967, https://nhaa.net/nh-area-43
New Hampshire Detox	(603) 932-7692 https://www.nh-detox.com/
Amethyst Foundation	https://amethystfoundation.com/
The Doorway	https://www.thedoorway.nh.gov/

Access

Statistics:

Coos:

- Primary Care Provider Ratio: **831:1** (*NH: 1,110:1*)

Grafton:

- Primary Care Provider Ratio: **508:1** (*NH: 1,110:1*)

Caledonia:

- Primary Care Provider Ratio: **1,200:1** (*VT: 868:1*)

Essex:

- Primary Care Provider Ratio: **6,163:1** *(VT: 868:1*)

Services, programs, and resources available at the North New Hampshire Region Facilities to respond to this need include:

- Provide 24 hours a day 365 days per year Emergency Medicine staffed by Emergency Medicine Board Certified Physicians
- LRH also provides every day, around the clock, Hospital and Critical Care Medicine, General Surgery, and Obstetrics and Gynecology staffed by in specialty Board Certified Physicians.
- LRH is partnering with Dartmouth Hitchcock in providing enhanced, tertiary care level critical care services through an “always on” telemedicine connection to Dartmouth Hitchcock Critical Care experts.
- LRH is expanding its Primary care capabilities to enhance access and is committed to maintain its significant and comprehensive Specialty care capabilities.
- CCFHA refers patients to local transportation provided by Tri-County Transit in Coos and Grafton County.
- Cottage increased primary care providers at the Rowe Health Center.
- Cottage RHC is currently open one night per week until 7 pm to ensure after-hours access.
- Cottage worked with local transportation options to provide a more comprehensive plan for local access to care.
- Cottage offer Gastroenterology services 1 day per month through Dartmouth Health partnership.
- LRH offers two community wellness fairs each year at no cost to those who attend. Free health screenings, flu vaccines, skin cancer screenings, prostate screenings and hearing screenings are available to those who attend. In addition to free screenings, LRH offers healthy eating, cardiac care, diabetes education, rehabilitation, infection control information and various health related demonstrations at both events.

- Mid-State Health Center has begun offering a rotation of specialists to provide increased access to the community. Providing this rotation has eased the barrier to accessing these specialists.
- Mid-State Health Center has a community health worker following up with patients after Emergency Department visits to educate them on appropriate access points moving forward.
- Mid-State Health Center offers transportation services for patients who do not have access to transportation to appointments.
- All NNHR facilities have increased usage of telemedicine to increase access of healthcare within the community.

Additionally, the Facilities plan to take the following steps to address this need:

- Cottage Hospital has obtained a van and is looking into providing a van service to patients for increased accessibility to appointments.
- NNHR Facilities plan to increase usage of telehealth within all areas of healthcare.
- NNHR Facilities plan to restart their community health fairs to provide free screenings, connections to local providers and organizations, and free vaccinations.
- NNHR Facilities plan to continue collaboration with Dartmouth Medical School to increase providers and residents within their service areas.
- NNHR facilities exploring opportunities to educate patients on appropriate points of access for care.
- Cottage Hospital is adding specialty services, including a new General Surgeon, assessing tele-neurology partnership with Dartmouth Health, and recruiting for Dermatology and Urology.
- LRH is launching a Mobile Integrated Health program through its recently reinstated EMS program. This service will work closely with local EMS providers throughout the region.
- NNHR facilities are assessing models to support the needs of Seniors, including reinstating Bone Builders program, exploring opportunity to replicate village to village model, and addressing social isolation.
- LRH has expanded its telehealth capabilities for primary care, urgent care, and their specialty services.
- LRH offers quarterly virtual health and wellness webinars that are free to attend and open to the public.
- LRH and MSHC collaborate clinically through MSHC's Visiting Specialist Program. LRH's specialty medical providers see patients in MSHC's Central New Hampshire offices, allowing residents of this region access to the specialized care LRH offers.

- LRH and other healthcare partners launched the Northern New Hampshire Mobile Health Clinic in mid-September to meet the healthcare needs of Grafton and Coos Counties.
- LRH has Dartmouth-Health providers readily available for telehealth consults in a variety of areas, including Psychiatry, Neurology, Neonatal Intensive Care, Adult Intensive Care, and Emergency Medicine. This allows patients to stay close to home while having access to the highest quality tertiary care.

Identified measures and metrics to track progress:

- Monitor number of individuals needing transportation to and from LRH, ACHS, CCFHS and Mid-State Health Center.
- Number of outpatient visits
- Increase number of individuals that attend wellness fairs, community health related education, and any other free healthcare service.

Partnership organizations and organizations that can help respond to *Access*:

Organization	Contact/Information
Tri County Transit	(603) 752-1741
Tri County CAP	(603) 747-3013, www.tccap.org
NH Department of Health and Human Services	(603) 271-4440, www.dhhs.state.nh.us
Family Support New Hampshire	https://www.fsnh.org/
Dartmouth Health	https://www.dartmouth-hitchcock.org/

Other health needs identified during the CHNA process:

11. Dental
12. Transportation
13. Heart Disease
14. Access to Home Health
15. Access to Childcare
16. Excess Drinking
17. Diabetes
18. Healthcare Services: Physical Presence
19. Women's Health
20. Smoking/Vaping/Tobacco Use
21. Education System
22. Healthcare Services: Prevention
23. Access to Healthy Food
24. Diet
25. Employment and Income
26. Stroke
27. Physical Inactivity
28. Lung Disease
29. Social Support
30. Community Safety
31. Kidney Disease
32. Social Connections
33. Liver Disease
34. Access to Exercise/Recreation
35. Risky Sexual Behavior

Appendix

Community Data

Community Demographics

	Coos County				Grafton County			
	2021	2026	% Change	% of Total	2021	2026	% Change	% of Total
Population								
Total Population	***33,196***	***32,781***	***-1.3%***	***100.0%***	***93,750***	***95,726***	***2.1%***	***100.0%***
By Age								
00 - 17	5,146	5,005	-2.7%	15.5%	14,954	15,021	0.4%	16.0%
18 - 44	9,851	9,483	-3.7%	29.7%	33,005	32,871	-0.4%	35.2%
45 - 64	9,990	9,158	-8.3%	30.1%	25,519	24,082	-5.6%	27.2%
65+	8,209	9,135	11.3%	24.7%	20,272	23,752	17.2%	21.6%
Female Childbearing Age (15-44)	4,739	4,503	-5.0%	14.3%	17,529	17,373	-0.9%	18.7%
By Race/Ethnicity								
White	31,756	31,140	-1.9%	95.7%	85,931	86,629	0.8%	91.7%
Black	302	364	20.5%	0.9%	1,124	1,311	16.6%	1.2%
Asian & Pacific Islander	207	226	9.2%	0.6%	3,767	4,479	18.9%	4.0%
Other	931	1,051	12.9%	2.8%	2,928	3,307	12.9%	3.1%
Hispanic*	694	874	25.9%	2.1%	2,620	3,242	23.7%	2.8%
Households								
Total Households	14,102	14,015	-0.6%		38,396	39,394	2.6%	
Median Household Income	$ 47,405	$ 49,240			$ 59,048	$ 62,859		
Education Distribution								
Some High School or Less				11.6%				6.8%
High School Diploma/GED				40.3%				27.2%
Some College/Associates Degree				29.3%				24.4%
Bachelor's Degree or Greater				18.8%				41.7%

*Ethnicity is calculated separately from Race

	New Hampshire				US AVG.	
	2021	2026	% Change	% of Total	% Change	% of Total
Population						
Total Population	***1,399,122***	***1,437,571***	***2.7%***	***100.0%***	***3.6%***	***100.0%***
By Age						
00 - 17	264,185	263,354	-0.3%	18.9%	2.4%	21.7%
18 - 44	461,110	471,801	2.3%	33.0%	2.7%	36.0%
45 - 64	405,419	382,973	-5.5%	29.0%	-2.2%	25.0%
65+	268,408	319,443	19.0%	19.2%	15.2%	17.3%
Female Childbearing Age (15-44)	252,538	256,095	1.4%	18.0%	2.5%	19.5%
By Race/Ethnicity						
White	1,279,488	1,297,584	1.4%	91.4%	1.4%	69.2%
Black	23,177	27,315	17.9%	1.7%	4.9%	13.0%
Asian & Pacific Islander	43,581	51,657	18.5%	3.1%	13.6%	6.1%
Other	52,876	61,015	15.4%	3.8%	10.0%	11.7%
Hispanic*	61,438	73,376	19.4%	4.4%	10.9%	18.9%
Households						
Total Households	557,262	574,501	3.1%			
Median Household Income	$ 77,879	$ 83,556			US Avg. $64,730 | $72,932	
Education Distribution						
Some High School or Less				6.6%		11.1%
High School Diploma/GED				28.2%		26.8%
Some College/Associates Degree				27.2%		28.5%
Bachelor's Degree or Greater				38.0%		33.6%

*Ethnicity is calculated separately from Race

Source: Stratasan

Community Demographics

	Essex County, VT				Caledonia County, VT			
	2021	2026	% Change	% of Total	2021	2026	% Change	% of Total
Population								
Total Population	***6,379***	***6,324***	***-0.9%***	***100.0%***	***31,031***	***31,544***	***1.7%***	***100.0%***
By Age								
00 - 17	997	987	*-1.0%*	*16%*	5,958	6,012	*0.9%*	*19.2%*
18 - 44	1,673	1,606	*-4.0%*	*26.2%*	9,779	9,738	*-0.4%*	*31.5%*
45 - 64	2,027	1,815	*-10.5%*	*31.8%*	8,498	8,054	*-5.2%*	*27.4%*
65+	1,682	1,916	*13.9%*	*26.4%*	6,796	7,740	*13.9%*	*21.9%*
Female Childbearing Age (15-44)	937	903	*-3.6%*	*14.7%*	5,258	5,182	*-1.4%*	*16.9%*
By Race/Ethnicity								
White	6,124	6,069	*-0.9%*	*96.0%*	29,647	29,945	*1.0%*	*95.5%*
Black	41	41	*0.0%*	*0.6%*	282	361	*28.0%*	*0.9%*
Asian & Pacific Islander	55	55	*0.0%*	*0.9%*	300	350	*16.7%*	*1.0%*
Other	159	159	*0.0%*	*2.5%*	802	888	*10.7%*	*2.6%*
Hispanic*	80	80	*0.0%*	*1.3%*	581	744	*28.1%*	*1.9%*
Households								
Total Households	2,894	2,881	*-0.4%*		12,601	12,836	*1.9%*	
Median Household Income	$ 43,450	$ 44,557			$ 51,067	$ 52,582		
Education Distribution								
Some High School or Less				*12.3%*				*8.1%*
High School Diploma/GED				*46.8%*				*35.7%*
Some College/Associates Degree				*24.2%*				*26.3%*
Bachelor's Degree or Greater				*16.8%*				*29.9%*

*Ethnicity is calculated separately from Race

	Vermont				US AVG.	
	2021	2026	% Change	% of Total	% Change	% of Total
Population						
Total Population	***641,845***	***648,931***	***1.1%***	***100.0%***	***3.6%***	***100.0%***
By Age						
00 - 17	113,716	112,515	*-1.1%*	*17.7%*	*2.4%*	*21.7%*
18 - 44	215,557	215,171	*-0.2%*	*33.6%*	*2.7%*	*36.0%*
45 - 64	181,273	168,958	*-6.8%*	*28.2%*	*-2.2%*	*25.0%*
65+	131,299	152,287	*16.0%*	*20.5%*	*15.2%*	*17.3%*
Female Childbearing Age (15-44)	116,209	115,226	*-0.8%*	*18.1%*	*2.5%*	*19.5%*
By Race/Ethnicity						
White	599,455	599,030	*-0.1%*	*93.4%*	*1.4%*	*69.2%*
Black	9,350	11,200	*19.8%*	*1.5%*	*4.9%*	*13.0%*
Asian & Pacific Islander	13,420	16,618	*23.8%*	*2.1%*	*13.6%*	*6.1%*
Other	19,620	22,083	*12.6%*	*3.1%*	*10.0%*	*11.7%*
Hispanic*	14,099	16,764	*18.9%*	*2.2%*	*10.9%*	*18.9%*
Households						
Total Households	265,830	269,628	*1.4%*			
Median Household Income	$ 62,551	$ 68,178			*US Avg. $64,730 | $72,932*	
Education Distribution						
Some High School or Less				*6.8%*		*11.1%*
High School Diploma/GED				*29.1%*		*26.8%*
Some College/Associates Degree				*25.1%*		*28.5%*
Bachelor's Degree or Greater				*39.0%*		*33.6%*

*Ethnicity is calculated separately from Race

Source: Stratasan

Leading Cause of Death

The Leading Causes of Death are determined by official Centers for Disease Control and Prevention (CDC) final death total. The following tables contain New Hampshire and Vermont's Top 15 Leading Causes of Death (now including COVID-19) listed in rank orders for each county. Each county was compared to all other counties within their state, their state average, and whether the death rate was higher, lower, or as expected compared to the U.S. average.

Cause of Death			Rank among all counties in NH (#1 rank = worst in state)	Rate of Death per 100,000 age adjusted		Observation (Coos County Compared to U.S.)
NH Rank	Coos Rank	Condition		NH	Coos	
1	1	Heart Disease	1 of 10	146.5	213.9	***Higher than expected***
2	2	Cancer	4 of 10	145.0	184.3	***Higher than expected***
3	3	Accidents	1 of 10	58.1	61.8	***As expected***
5	4	Lung	1 of 10	33.4	54.6	***Higher than expected***
6	5	Stroke	6 of 10	29.8	35.9	***As expected***
4	6	COVID-19	4 of 10	40.9	34.7	***Lower than expected***
7	7	Alzheimer's	1 of 10	26.1	33.6	***As expected***
8	8	Diabetes	3 of 10	19.2	24.2	***As expected***
9	9	Suicide	2 of 10	16.4	18.6	***Higher than expected***
12	10	Flu - Pneumonia	1 of 10	9.6	17.9	***As expected***
13	11	Kidney	4 of 10	9.4	11.5	***As expected***
10	12	Liver	1 of 10	11.9	10.2	***As expected***
11	13	Parkinson's	8 of 10	10.7	7.2	***As expected***
14	14	Blood Poisoning	6 of 10	7.6	6.9	***As expected***
15	15	Hypertension	5 of 10	7.2	5.5	***As expected***
16	16	Homicide	1 of 10	0.0	3.1	***As expected***

**County Death Rate Observation: Higher than expected = 5 or more deaths per 100,000 compared to the US; Lower than expect = 5 or more less deaths per 100,000 compared to the US*

Source: worldlifeexpectancy.com

Cause of Death			Rank among all counties in NH (#1 rank = worst in state)	Rate of Death per 100,000 age adjusted		Observation (Grafton County Compared to U.S.)
NH Rank	Grafton Rank	Condition		NH	Grafton	
1	1	Heart Disease	9 of 10	146.5	162.0	***Lower than expected***
2	2	Cancer	10 of 10	145.0	160.2	***Higher than expected***
3	3	Accidents	9 of 10	58.1	39.3	***Lower than expected***
5	4	Lung	9 of 10	33.4	37.9	***As expected***
6	5	Stroke	10 of 10	29.8	32.7	***Lower than expected***
7	6	Alzheimer's	4 of 10	26.1	26.7	***Lower than expected***
8	7	Diabetes	8 of 10	19.2	17.7	***Lower than expected***
12	8	Flu - Pneumonia	8 of 10	9.6	13.4	***As expected***
9	9	Suicide	8 of 10	16.4	12.9	***As expected***
13	10	Kidney	7 of 10	9.4	9.3	***As expected***
11	11	Parkinson's	1 of 10	10.7	8.9	***As expected***
10	12	Liver	9 of 10	11.9	7.9	***Lower than expected***
4	13	COVID-19	10 of 10	40.9	7.2	***Lower than expected***
15	14	Hypertension	8 of 10	7.2	4.9	***Lower than expected***
14	15	Blood Poisoning	10 of 10	7.6	4.7	***As expected***
16	16	Homicide	3 of 10	0.0	1.8	***Lower than expected***

**County Death Rate Observation: Higher than expected = 5 or more deaths per 100,000 compared to the US; Lower than expect = 5 or more less deaths per 100,000 compared to the US*

Source: worldlifeexpectancy.com

Cause of Death			Rank among all counties in VT (#1 rank = worst in state)	Rate of Death per 100,000 age adjusted		Observation (Caledonia County Compared to U.S.)
VT Rank	Caledonia Rank	Condition		VT	Caledonia	
1	1	Heart Disease	5 of 14	167.1	180.8	***Higher than expected***
2	2	Cancer	9 of 14	152.2	175.6	***Higher than expected***
3	3	Accidents	9 of 14	67.1	47.2	***Lower than expected***
4	4	Lung	9 of 14	37.4	44.3	***Higher than expected***
6	5	Stroke	7 of 14	28.3	37.3	***As expected***
5	6	Alzheimer's	7 of 14	31.0	29.4	***As expected***
8	7	Diabetes	6 of 14	17.5	22.3	***As expected***
7	8	Suicide	2 of 14	18.1	19.7	***Higher than expected***
13	9	Flu - Pneumonia	7 of 14	6.2	11.7	***As expected***
11	10	Parkinson's	2 of 14	11.0	11.2	***As expected***
12	11	Hypertension	4 of 14	9.1	8.9	***As expected***
10	12	Liver	8 of 14	11.3	7.3	***Lower than expected***
9	13	COVID-19	12 of 14	16.0	6.2	***Lower than expected***
15	14	Kidney	11 of 14	2.7	5.2	***Lower than expected***
14	15	Blood Poisoning	10 of 14	5.3	4.2	***Lower than expected***
16	16	Homicide	6 of 14	0.0	2.3	***Lower than expected***

**County Death Rate Observation: Higher than expected = 5 or more deaths per 100,000 compared to the US; Lower than expect = 5 or more less deaths per 100,000 compared to the US*

Source: worldlifeexpectancy.com

Cause of Death			Rank among all counties in VT (#1 rank = worst in state)	Rate of Death per 100,000 age adjusted		Observation (Essex County Compared to U.S.)
VT Rank	Essex Rank	Condition		VT	Essex	
2	1	Cancer	2 of 14	152.2	188.7	***Higher than expected***
1	2	Heart Disease	7 of 14	167.1	177.1	***Higher than expected***
3	3	Accidents	1 of 14	67.1	60.1	***As expected***
4	4	Lung	1 of 14	37.4	58.9	***Higher than expected***
6	5	Stroke	14 of 14	28.3	28.0	***Lower than expected***
5	6	Alzheimer's	14 of 14	31.0	20.8	***Lower than expected***
7	7	Suicide	1 of 14	18.1	20.1	***Higher than expected***
8	8	Diabetes	14 of 14	17.5	15.1	***Lower than expected***
13	9	Flu - Pneumonia	10 of 14	6.2	10.2	***As expected***
9	10	COVID-19	9 of 14	16.0	8.9	***Lower than expected***
10	11	Liver	7 of 14	11.3	7.5	***Lower than expected***
14	12	Blood Poisoning	1 of 14	5.3	7.0	***As expected***
11	13	Parkinson's	14 of 14	11.0	5.7	***As expected***
12	14	Hypertension	12 of 14	9.1	5.6	***As expected***
15	15	Kidney	10 of 14	2.7	5.5	***Lower than expected***
16	16	Homicide	1 of 14	0.0	3.7	***As expected***

**County Death Rate Observation: Higher than expected = 5 or more deaths per 100,000 compared to the US; Lower than expect = 5 or more less deaths per 100,000 compared to the US*

Source: worldlifeexpectancy.com

County Health Rankings

	Coos	Grafton	New Hampshire	U.S. Median	Top U.S. Performers
Length of Life					
Overall Rank *(best being #1)*	***9/10***	***2/10***			
- Premature Death*	**7,575**	**5,926**	6,360	8,200	5,400
Quality of Life					
Overall Rank *(best being #1)*	***10/10***	***6/10***			
- Poor or Fair Health	**18%**	**14%**	14%	17%	12%
- Poor Physical Health Days	**4.2**	**3.6**	3.9	3.9	3.1
- Poor Mental Health Days	**5.1**	**4.6**	4.8	4.2	3.4
- Low Birthweight	**7%**	**7%**	7%	8%	6%
Health Behaviors					
Overall Rank *(best being #1)*	***10/10***	***2/10***			
- Adult Smoking	**21%**	**16%**	17%	17%	14%
- Adult Obesity	**34%**	**27%**	32%	33%	26%
- Physical Inactivity	**27%**	**23%**	21%	27%	20%
- Access to Exercise Opportunities	**60%**	**78%**	74%	66%	91%
- Excessive Drinking	**19%**	**20%**	21%	18%	13%
- Alcohol-Impaired Driving Deaths	**42%**	**30%**	33%	28%	11%
- Sexually Transmitted Infections*	**218.6**	**263.7**	263.1	327.4	161.4
- Teen Births *(per 1,000 female population ages 15-19)*	**19**	**6**	9	28	13
Clinical Care					
Overall Rank *(best being #1)*	***6/10***	***4/10***			
- Uninsured	**9%**	**9%**	8%	11%	6%
- Population per Primary Care Provider	**831**	**508**	1,111	2,070	1,030
- Population per Dentist	**1,417**	**1,193**	1,295	2,410	1,240
- Population per Mental Health Provider	**439**	**194**	288	890	290
- Preventable Hospital Stays	**2,533**	**2,972**	3,436	4,710	2,761
- Mammography Screening	**45%**	**47%**	49%	41%	50%
- Flu vaccinations	**43%**	**43%**	52%	43%	53%
Social & Economic Factors					
Overall Rank *(best being #1)*	***10/10***	***3/10***			
- High school graduation	**88%**	**93%**	93%	90%	96%
- Unemployment	**7.9%**	**5.8%**	6.7%	3.9%	2.6%
- Children in Poverty	**19%**	**11%**	8%	20%	11%
- Income inequality**	**4.1**	**4.6**	4.3	4.4	3.7
- Children in Single-Parent Households	**17%**	**19%**	19%	32%	20%
- Violent Crime*	**159**	**167**	197	205	63
- Injury Deaths*	**132**	**80**	89	84	58
- Median household income	**$49,465**	**$77,022**	$81,415	$50,600	$69,000
- Suicides	**25**	**16**	18	17	11
Physical Environment					
Overall Rank *(best being #1)*	***4/10***	***2/10***			
- Air Pollution - Particulate Matter (µg/m³)	**5.8**	**6.2**	5.7	9.4	6.1
- Severe Housing Problems***	**14%**	**13%**	14%	14%	9%
- Driving to work alone	**77%**	**73%**	80%	81%	72%
- Long commute - driving alone	**24%**	**32%**	39%	31%	16%

Per 100,000 Population

****Ratio of household income at the 80th percentile to income at the 20th percentile***

*****Overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities***

Key (Legend)

- Better than NH
- Same as NH
- Worse than NH

Source: County Health Rankings 2022 Report

County Health Rankings

	Caledonia	Essex	Vermont	U.S. Median	Top U.S. Performers
Length of Life					
Overall Rank *(best being #1)*	***10/14***	***7/14***			
- Premature Death*	**7,893**	**6,817**	6,430	8,200	5,400
Quality of Life					
Overall Rank *(best being #1)*	***11/14***	***10/14***			
- Poor or Fair Health	**16%**	**18%**	13%	17%	12%
- Poor Physical Health Days	**3.9**	**4.3**	3.7	3.9	3.1
- Poor Mental Health Days	**4.8**	**5.1**	4.7	4.2	3.4
- Low Birthweight	**7%**	**5%**	7%	8%	6%
Health Behaviors					
Overall Rank *(best being #1)*	***11/14***	***14/14***			
- Adult Smoking	**19%**	**23%**	16%	17%	14%
- Adult Obesity	**29%**	**30%**	27%	33%	26%
- Physical Inactivity	**23%**	**27%**	19%	27%	20%
- Access to Exercise Opportunities	**56%**	**24%**	63%	66%	91%
- Excessive Drinking	**23%**	**22%**	23%	18%	13%
- Alcohol-Impaired Driving Deaths	**42%**	**50%**	35%	28%	11%
- Sexually Transmitted Infections*	**256.7**	**357**	275.3	327.4	161.4
- Teen Births *(per 1,000 female population ages 15-*	**12**	**11**	10	28	13
Clinical Care					
Overall Rank *(best being #1)*	***10/14***	***14/14***			
- Uninsured	**6%**	**6%**	6%	11%	6%
- Population per Primary Care Provider	**1,200**	**6,163**	868	2,070	1,030
- Population per Dentist	**1,350**	**2,041**	1,367	2,410	1,240
- Population per Mental Health Provider	**254**	**1,531**	196	890	290
- Preventable Hospital Stays	**2,730**	**3,295**	2,965	4,710	2,761
- Mammography Screening	**41%**	**40%**	46%	41%	50%
- Flu vaccinations	**38%**	**42%**	49%	43%	53%
Social & Economic Factors					
Overall Rank *(best being #1)*	***8/14***	***13/14***			
- High school graduation	**93%**	**88%**	93%	90%	96%
- Unemployment	**5.8%**	**6.5%**	5.6%	3.9%	2.6%
- Children in Poverty	**11%**	**18%**	10%	20%	11%
- Income inequality**	**4.4**	**4.1**	4.5	4.4	3.7
- Children in Single-Parent Households	**21%**	**24%**	22%	32%	20%
- Violent Crime*	**113**	**16**	129	205	63
- Injury Deaths*	**13**	**126**	91	84	58
- Median household income	**$52,203**	**$50,956**	$67,717	$50,600	$69,000
- Suicides	**32**	**n.d.**	18	17	11
Physical Environment					
Overall Rank *(best being #1)*	***2/14***	***5/14***			
- Air Pollution - Particulate Matter (µg/m³)	**5.9**	**5.8**	6.3	9.4	6.1
- Severe Housing Problems***	**15%**	**15%**	17%	14%	9%
- Driving to work alone	**76%**	**81%**	74%	81%	72%
- Long commute - driving alone	**32%**	**41%**	32%	31%	16%

Per 100,000 Population

****Ratio of household income at the 80th percentile to income at the 20th percentile***

*****Overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities***

Note: n.d. = no data

Key (Legend)

- Better than VT
- Same as VT
- Worse than VT

Source: County Health Rankings 2022 Report

Detailed Approach

The Northern New Hampshire Region Facilities (“NNHR” or the “Facilities") are organized as not-for-profit health systems. A Community Health Needs Assessment (CHNA) is part of the required hospital documentation of “Community Benefit” under the Affordable Care Act (ACA), required of all not-for-profit hospitals as a condition of retaining tax-exempt status. A CHNA helps a hospital identify and respond to the primary health needs of its residents.

This study is to comply with the standards required of a not-for-profit hospital.

In addition to completing a CHNA and funding necessary improvements, a not-for-profit hospital must document the following:

- Financial assistance policy and policies relating to emergency medical care
- Billing and collections
- Charges for medical care

Further explanation and specific regulations are available from Health and Human Services (HHS), the Internal Revenue Service (IRS), and the U.S. Department of the Treasury.

Project Objectives

The Northern New Hampshire Region Facilities partnered with QHR Health to:

- Complete a CHNA report, compliant with Treasury – IRS
- Provide the Facilities with the information required to complete the IRS – Schedule H (Form 990)
- Produce the information necessary for the Facilities to issue an assessment of community health needs and document its intended response

Overview of Community Health Needs Assessment

Typically, non-profit hospitals qualify for tax-exempt status as a Charitable Organization, described in Section 501©(3) of the Internal Revenue Code; however, the term ‘Charitable Organization’ is undefined. Prior to the passage of Medicare, the charity was generally recognized as care provided for those who did not have the means to pay. With the introduction of Medicare, the government met the burden of providing compensation for such care.

In response, IRS Revenue ruling 69-545 eliminated the Charitable Organization standard and established the Community Benefit Standard as the basis for tax exemption. Community Benefit determines if hospitals promote the health of a broad class of individuals in the community, based on factors including:

- An Emergency Room open to all, regardless of ability to pay
- Surplus funds used to improve patient care, expand facilities, train, etc.
- A board controlled by independent civic leaders
- All available and qualified physicians granted hospital privileges

Specifically, the IRS requires:

- Effective on tax years beginning after March 23, 2012, each 501(c)(3) hospital facility must conduct a CHNA at least once every three taxable years and adopt an implementation strategy to meet the community needs identified through the assessment.
- The assessment may be based on current information collected by a public health agency or non-profit organization and may be conducted together with one or more other organizations, including related organizations.
- The assessment process must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise of public health issues.
- The hospital must disclose in its annual information report to the IRS (Form 990 and related schedules) how it is addressing the needs identified in the assessment and, if all identified needs are not addressed, the reasons why (e.g., lack of financial or human resources).
- Each hospital facility is required to make the assessment widely available and downloadable from the hospital website.
- Failure to complete a CHNA in any applicable three-year period results in an excise tax to the organization of $50,000. For example, if a facility does not complete a CHNA in taxable years one, two, or three, it is subject to a penalty in year three. If it then fails to complete a CHNA in year four, it is subject to another penalty in year four (for failing to satisfy the requirement during the three-year period beginning with taxable year two and ending with taxable year four).
- An organization that fails to disclose how it is meeting needs identified in the assessment is subject to existing incomplete return penalties.

Community Health Needs Assessment Subsequent to Initial Assessment

The Final Regulations establish a required step for a CHNA developed after the initial report. This requirement calls for considering written comments received on the prior CHNA and Implementation Strategy as a component of the development of the next CHNA and Implementation Strategy. The specific requirement is:

"The 2013 proposed regulations provided that, in assessing the health needs of its community, a hospital facility must take into account input received from, at a minimum, the following three sources:

1) *At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community;*
2) *members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations; and*
3) *written comments received on the hospital facility's most recently conducted CHNA and most recently adopted implementation strategy.*

…the final regulations retain the three categories of persons representing the broad interests of the community specified in the 2013 proposed regulations but clarify that a hospital facility must "solicit" input from these categories and take into account the input "received." The Treasury Department and the IRS expect, however, that a hospital facility claiming that it solicited, but could not obtain, input from one of the required categories of persons will be able to document that it made reasonable efforts to obtain such input, and the final regulations require the CHNA report to describe any such efforts."

Representatives of the various diverse constituencies outlined by regulation to be active participants in this process were actively solicited to obtain their written opinion. Opinions obtained formed the introductory step in this assessment.

To complete a CHNA:

"… the final regulations provide that a hospital facility must document its CHNA in a CHNA report that is adopted by an authorized body of the hospital facility and includes:

1) *A definition of the community served by the hospital facility and a description of how the community was determined;*

2) *a description of the process and methods used to conduct the CHNA;*
3) *a description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves;*
4) *a prioritized description of the significant health needs of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs; and*
5) *a description of resources potentially available to address the significant health needs identified through the CHNA.*

… final regulations provide that a CHNA report will be considered to describe the process and methods used to conduct the CHNA if the CHNA report describes the data and other information used in the assessment, as well as the methods of collecting and analyzing this data and information, and identifies any parties with whom the hospital facility collaborated, or with whom it contracted for assistance, in conducting the CHNA."

Additionally, all CHNAs developed after the very first CHNA received written commentary on the prior Assessment and Implementation Strategy efforts. The Facilities followed the Federal requirements in the solicitation of written comments by securing characteristics of individuals providing written comments but did not maintain identification data.

"…the final regulations provide that a CHNA report does not need to name or otherwise identify any specific individual providing input on the CHNA, which would include input provided by individuals in the form of written comments."

The methodology takes a comprehensive approach to the solicitation of written comments. Input was obtained from the required three minimum sources and expanded input to include other representative groups. The Facilities asked all those participating in the written comment solicitation process to self-identify themselves into any of the following representative classifications. Written comment participants self-identified into the following classifications:

1) **Public Health Official** – Persons with special knowledge of or expertise in public health
2) **Government Employee or Representative** – Federal, tribal, regional, State, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the facility
3) **Minority and Underserved Population** – Leaders, representatives, or members of medically underserved, low income, and minority populations, and populations with chronic disease needs in the community served by the facility. Also, in other federal regulations the term Priority Populations, which include rural residents and LGBT interests, is employed and for consistency is included in this definition
4) **Chronic Disease Groups** – Representative of or member of Chronic Disease Group or Organization, including mental and oral health
5) **Community Resident** – Individuals, volunteers, civic leaders, medical personnel, and others to fulfill the spirit of broad input required by the federal regulations
6) **Educator** – Persons whose profession is to instruct individuals on subject matter or broad topics
7) **Healthcare Professional** – Individuals who provide healthcare services or work in the healthcare field with an understanding/education on health services and needs.

   Other (please specify)

The methodology also takes a comprehensive approach to assess community health needs, perform several independent data analyses based on secondary source data, augment this with Local Expert Advisor and community opinions, and resolve any data inconsistency or discrepancies by reviewing the combined opinions formed from the survey respondents. The Facilities rely on secondary source data, and most secondary sources use the county as the smallest unit of analysis. Community residents were asked to note if they perceived the problems or needs identified by secondary sources existed in their portion of the county.

Most data used in the analysis is available from public Internet sources and proprietary data. Any critical data needed to address specific regulations or developed by the survey respondents cooperating in this study are displayed in this appendix.

Data sources include:

Website or Data Source	Data Element	Date Accessed	Data Date
Stratasan	Assess characteristics of the service area, at a zip code level; and, to access population size, trends and socio-economic characteristics	February 2022	2021
www.worldlifeexpectancy.com /usa-health-rankings	15 top causes of death	May 2022	2021
Bureau of Labor Statistics	Unemployment rates	May 2022	2021
www.countyhealthrankings.org	Assessment of health needs of hospital county compared to all state counties	May 2022	2013-2020
NAMI	Statistics on mental health rates and services	June 2022	2021
New Hampshire Fiscal Policy Institute	Median household income map	June 2022	2015-2019
CDC	Racial and ethnic disparities in heart disease	June 2022	2019
Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population	Health outcome measures and disparities in chronic diseases	June 2022	2020
New Hampshire Department of Health and Human Services (NH DHHS)	Suicide death rate map	June 2022	2020
National Cancer Institute	Cancer disparities	June 2022	2020
National Cancer Institute	Cancer incidence rates	June 2022	2014-2018
https://mhanational.org/mha-state-county-data	Severe Depression per 100,000	June 2022	2020-2021
Vermont Department of Health	Suicide death rate map, Vermonters living below poverty level	June 2022	2015-2017, 2014-2018
Vermont Housing Finance Agency https://www.housingdata.org/profile	Severely cost-burdened households in Vermont	June 2022	2019
Vermont Legislative Joint Fiscal Office	Livable Wage and Vermont Wages	June 2022	2020

A standard process of gathering community input was developed. In addition to gathering data from the above sources:

- A CHNA survey was deployed to the community to gain input on local health needs and the needs of priority populations. Community input from 327 survey respondents was received. Survey responses started on April 25th, 2022, and ended on May 20th, 2022. In the Facilities' process, the survey respondents had the opportunity to introduce needs previously unidentified. A list of all needs identified by any of the analyzed data was developed. The survey respondents then ranked each health need's importance from not at all (1 rating) to very (5 rating).
- The survey respondents participated in a structured communication technique called the "Wisdom of Crowds" method. The premise of this approach relies on the assumption that the collective wisdom of participants is superior to the opinion of any one individual, regardless of their professional credentials.

Survey Results

Q1: Which state do you reside in?

Answer Choices	Responses	
Vermont	10.12%	33
New Hampshire	89.88%	293
Other	0.00%	0
	Answered	326
	Skipped	1

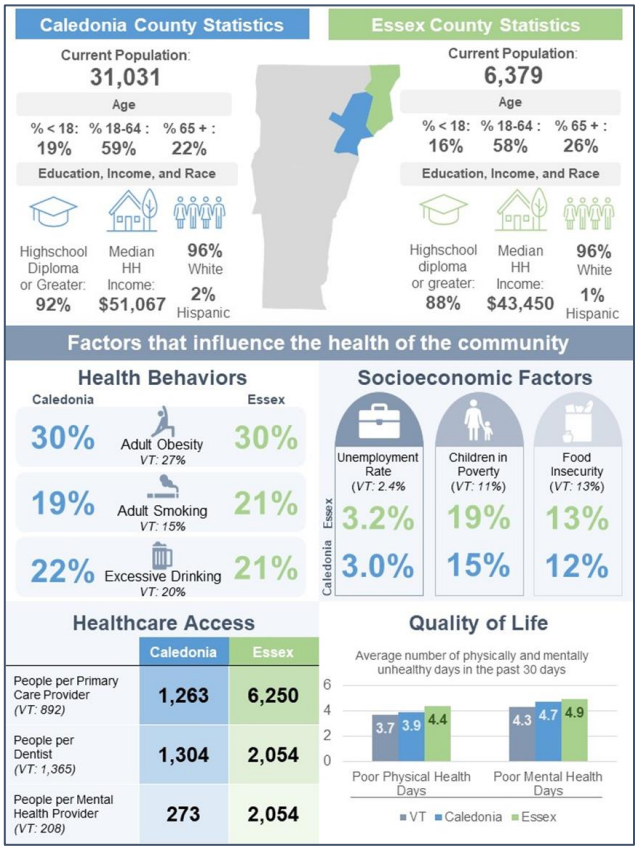
Q2: What county do you primarily reside in?

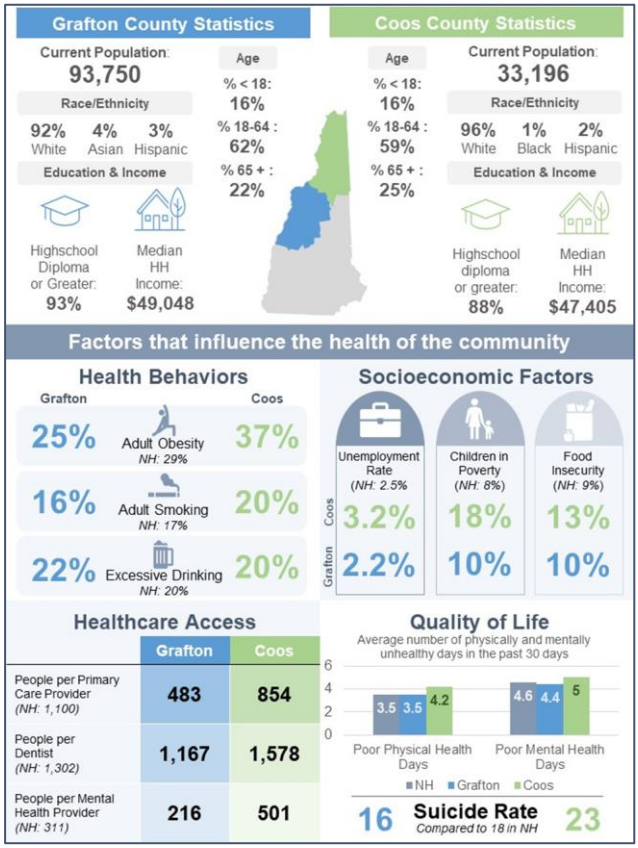
Answer Choices	Responses
Grafton	228
Coos	48
Caledonia	16
Unspecified	9
Carroll	5
Orange	4
Orleans	3
Essex	3
Belknap	1

Q3: Do you believe the above data accurately reflects your county today?

Answer Choices	Responses	
Yes, the data accurately reflects my county today	87.20%	218
No, the data does not reflect my county today	12.80%	32
Comments on your answer or the above data:		63
	Answered	250
	Skipped	77

Data for Q3:





Comments on the answer or above data:

- I believe the poverty level is higher.
- Seems accurate
- I believe alcohol and tobacco usage is much higher, as well as marijuana usage and even opioid usage. I also believe the unemployment rate is higher (sometimes by choice) and as a result there is a higher level of poverty and food insecurity than the survey result depict.
- No idea if statistics are correct
- No , poverty level and availability of services
- Strange question, really, how can I know if these statistics are correct unless I take time to research this information for myself.
- I think we've lost dental and mental health, possibly primary care
- I'm not truly familiar w/the statistics of our county. I do feel the numbers do not accurately reflect the obesity, smoking, children in poverty, or food insecurity. I work w/these people and live in the county, so I see probably more than is reported.
- I dont feel I can comment accurately on the entire Grafton County.
- Probably worse than you think. Like they said about covid data.
- i do not know if anything is accurate

- Northern Grafton is much more like Coös County than Southern Grafton. It really skews the numbers.
- The above figures appear to be reasonable, but I really don't know how accurate they are. I'm a bit surprised that such a question is included in the survey.
- Excessive drinking seems low.
- Don't know
- Not sure, but seems a little low
- Grafton County does have Blacks
- Not sure
- That is ridiculous question!
- I believe that food insecurity is much higher than reported by the average household in my community. Not everyone who is struggling seeks outside resources, for many reasons. Including not knowing how to obtain outside resources, pride etc. I believe the suicide rate has many factors. From my personal household experience when seeking help you always hit a dead end. You get admitted to the hospital but there is no place to send a teen. You will have to keep them in the hospital taking up a bed for weeks and than they are sent hours away when a bed opens up. WE NEED A MENTAL HEALTH FACILITY FOR MINORS IN NORTHERN NH. We keep patching these kids up but not completing the treatment needed.
- There are people living in trailers in the woods that may not have been reached.
- Lacking in Doctors for aging. Lacking in doctors for all.
- How would I know?
- Don’t think the mental health and providers per people is right now.
- I don't know if it reflects my county
- Grafton County statistics skewed positive by Hanover Lebanon area.
- Many of the Health Care Access & Behaviors statistics seem very low for Grafton County. Also Haverhill alone has experienced a very high suicide rate, the reported numbers are very low.
- Higher poverty, food insecurity rate,
- Statistics would vary greatly if Hanover/Lebanon are outliers
- Unsure
- I have never looked at the statistics, hopefully these represent the numbers accurately.
- I work in healthcare so I am familiar with these factors and trends.
- I feel that excessive drinking is much higher in this area as well as drug issues
- I think "Health behaviors" are all low
- I feel there is a higher percentage of obesity
- I am not sure

- Don't know how well this reflects my country
- No idea if the data is accurate
- At the moment numbers are probably accurate. I believe things will change drastically as the economy worsens.
- The data seems reasonable - but I have no way of actually verifying it.
- If it is it is very sad
- I am sure the data is correct but the average person person doesn't have all these facts
- As far as I know - I'm not 100% updated on this info.
- I have no idea what is valid in these statistics
- There is much more food insecurity, obesity and smoking than is represented on those charts
- i have not reason to believe that the above data is wrong. Hopefully it is complete. Does this include alternative means of health care. I would be interested in what % of the populations receives no health care? What families are food insecure? What families receive free/reduced lunches? Would these questions above affect the date that you have above?
- I do not have any other data to conflict or confirm this
- I am unsure these statistics, believe obesity might be higher, but have no data to compare
- Shortage of dentists and primary cares have waiting lists. Obesity and alcohol/ drugs are an issue and not subsiding.
- Black population in Grafton is not listed
- people per primary care is much higher from what I can see and I believe more that 22% of the population is 65+
- With gentrification happening rapidly, it’s hard to know if these stats are accurate. My perception is that things are much worse in all areas than these stats show.
- However, northern Grafton County is most likely a little more similar to Coos County.
- not sure
- I have no basis for answering this question.
- I am a retired registered nurse. I do believe this data!!
- It seems there is an even higher ratio of people per dentists and mental health providers --- cant find a low-income dentist or counselor.
- I have no reason not to believe these statistics are representative of Grafton County.
- Seems accurate with what info I am aware of.
- have no idea
- I wonder if the people per dentist # is accurate. The FQHC dental clinic in Bristol is unable to keep up with the influx of new patients into the dental practice. What about this data when you look at different populations (socioeconomic status, medicaid eligibility)?
- Unsure without checking sources
- I have no county data myself so this will have to be considered accurate?

- "This chart paints a pretty rosy picture compared with what I see. Obesity is low, excessive drinking is low, and all three socioeconomic factors are low. Healthcare access figures are, unfortunately, roughly correct.
- Hard to estimate the quality of life figures."
- I don’t know
- I don't live in either of these counties
- I don’t be leave the data that gets reported on
- I don’t really know.
- The drinking, smoking, and education numbers seem low
- I would trust the data if it is up-to-date since i have no way of knowing otherwise.
- I think we have higher rates of obesity, alcoholism, tobacco, mental health issues and we are more than 99% Caucasian.
- Obesity, I think is greater then shown?
- "Food security has improved
- Mental Health Access is worse"
- I think the HH income is less!

Q4: Please select all roles that apply to you.

Answer Choices	Responses	
Community Resident	91.92%	273
Healthcare Professional	37.05%	93
Educator	13.89%	30
Government Employee or Representative	8.96%	19
Minority or Underserved Population	7.51%	16
Public Health Official	6.07%	13
Representative of Chronic Disease Group or Advocacy Organization	4.23%	9
	Answered	315
	Skipped	33

Q5: Which groups would you consider having the greatest health needs in your community? (please rank by priority with 1 being the population with least need of additional healthcare support and 8 being the population with the greatest need of additional healthcare support in your community)

Answer Choices	Responses	
Low-income groups	38.46%	182
Individuals requiring additional healthcare support	13.74%	182
Older adults	13.61%	191
Residents of rural areas	8.92%	157
Children	5.73%	157
LGBTQ+	3.59%	167
Women	2.05%	146
Racial and ethnic minority groups	1.33%	150
	Answered	256
	Skipped	71

Unique or pressing needs of the above selected groups:

- Help with day care so the single mothers can get and keep better paying jobs. As soon as they get better paying jobs the state will no longer help them. The single moms lose what ever ground they have gained. A lot of low income families do not meet the guide lines for state help if the parents are working. With inflation they are really struggling. The children of low income families do not get proper nutrition. They are left alone to much while parents work. Some families cannot afford proper day care. There are many programs for our elderly. We need to put as much effort into our low income.
- Education as to the importance of keeping up with healthcare
- Affordable dental and vision care and access to more pcp’s and specialists.
- "Better nutrition, better health care, more education about importance of good nutrition and health care. Better access to farm produce and more nourishing food.
- Less expensive medication costs, more outdoor space at the elementary schools for recess and resumption of physical education classes. The fact that so many children rely on buses for school transportation...and parents are unable to get children from day-cares, schools, etc until late in the day due to parent work schedules and lack of after school day cares,...decreases chances for children to play, participate in sports, and/or get exercise is a part of health issues exacerbation and body weight issues.

- I don’t have the expertise to address all these groups, but I can say from my own experience that in Coos County there is not enough support for women’s medicine or geriatrics. As a 65 year old woman, I’m concerned about that.
- Access to affordable healthcare for fixed income older adults is a struggle for many. Wide-coverage supplemental insurance is not always an option due to their tight financial budgets. Many supplemental insurances cover only the difference between what Medicare covers and the billed amount. If Medicare deems something "not medically necessary" , regardless of their primary care provider diagnosis, these supplements do not cover, either, putting the patients in a position of deciding if they can afford to pay out-of-pocket and still meet their basic needs financially.
- This page is poorly put together and conceptually pretty stupid. How can one possibly rank the "groups" above considering ALL of the above have inadequate healthcare support and unmet health needs?! This is why I'm not filling in any of the blanks on this page.
- Less costly health care. Faster appointment availability. Lower cost health insurance.
- Additional opportunities for assisted living support for older citizens
- Less travel for the elderly and good solid care
- Access to specialized care without having to travel to Dartmouth or further. Lack of transportation. Cost barriers to access- underinsured.
- Access and education on the services that are available. Transportation is also an issue.
- Mental health, transportation, dental
- Access to mental health services, Substance abuse services, Transportation, Home Care, financial assistance
- Historically, women put their own health needs on the back burner in relation to the needs of her family. Especially in lower income, rural families. The time and money is spent where it is most needed, which is generally not their own health concerns. I also see the lack of ability for older residents to access health care, mostly due to transportation issues.
- As a retired physician who recently moved to Bethlehem from Providence RI I was shocked by the lack of access to healthcare, dental care and eye care.
- Food medical care and education that isn’t negative based. Low income. Everyone needs a lot.
- Dental, eye care, Gerontology and senior housing is lacking.
- Better health coverage for familys
- Blood pressure issues, joint issues, obesity

- There is a mental health crisis in Coos county. We need more resources in regards to psychological evaluations and mental health facilities that provide care for minors. It is also difficult for LGBTQ young adults and teens to find similar support. I have seen and experienced within my family. Hospitals doing the best they can to reach out for services. However, there are almost no resources. It is the same scenario time after time. Go to the ED for mental health crisis. Get admitted to floor (when room is available)Stay like a prisoner in a room (terrible for mental health-but I understand the need) taking up a room and security. Hospital seeks out a place to send mental health patient-you find out if you want to wait for a mental health facility you can wait weeks. (In my case making my teens mental health worse being confined to a room). Than it gets negotiated down to being sent home with and emergency counseling session to follow release. Than you wait and wait for a psychological eval in my case months. This is just a general scenario that plays out.
- All groups need proper health care if they care about their health!
- Education of children - good teachers and schools. People in rural areas - access to job training - ie building trades desperately need people. Women - pro choice rights.
- All
- Affordable health care
- affordable healthcare, healthy food choices availability and education, quality education in general, childcare assistance
- Dental care. Medication.
- Nutritional education, Mental Health care, Dental
- Well if anyone inside me who has had numerous health conditions this area is not the place to be.
- Lack of insurance, lack of affordable health care options, lack of affordable dental care.
- Women need earlier pre-natal care and more consistent and comprehensive post-natal care. Kids seemed well covered by Medicaid, but rely on parents to get them to needed appointments. Definitely need dental care options for low income.
- Easier access to healthcare for immediate needs - not having to wait 2 weeks to see a doctor for a specific need AND access to specialized care when all the needed help is downstate
- Hours available before and after work (more than 8-5), transportation needs to get to health care, sliding scales that don't require a lot of work to qualify. Not having to wait months to be seen.
- access without fear of insurmountable expenses
- Access to doctors that don't dismiss needs /symptoms, affordable care.
- dental, home-based services, counseling, nutritional education, jobs that pay a living wage, transportation

- Health education/health literacy. Access to basic needs (nutritious food, transportation, safe housing, etc.) in order to manage one's health. Behavioral and mental health services and supports. Oral health care. Substance use prevention, treatment, and recovery support (especially safe transitional housing during recovery).
- Knowledge and desire to seek health care when needed
- Access to both Primary and Specialty care within a reasonable time period. Affordable and available Psychiatric care.
- Better start with the kids since most vulnerable and best chance of making positive change. All areas are desperate and I could only prioritize children since not reasonable ethically to do otherwise.
- With CCFHS they provide a variety of programs for the underserved. A concern is Coos is a very large rural area with healthcare but people have to travel for services. Home health can be a limited resource throughout the northern area of Coos.
- There is not nor has there ever been equality in healthcare for those in any minority. The disparities need to be corrected.
- Dental care. Better health insurance. Heating assistance. Food security. Safe and affordable housing.
- Poverty is an issue for older adults who have not prepared for retirement or have exhausted retirement savings to support their adult children and/or grandchildren. Elderly exploitation is a concern. Lack of affordable housing. Lack of services. The Covid pandemic has taken a serious toll on the healthcare industry. There is a profound shortage of workers to provide needed in home care (nursing aides and homemakers). Profound lack of motivation among working age adults. Entitlement mentality has become a sadly prevalent force in our society.
- To be heard. To be treated as a person rather than a case. To have root causes treated vs symptoms
- Primary care, non-ER urgent care, preventive care/vaccinations/testing, dental care, mental health care, high quality nutrition, transportation to medical, mental health, and dental appointments, child care that allows guardians to attend appointments
- Transportation for elderly
- There are so many safety nets in place for LGBTQ+, and minority that the vast population get overlooked and under cared for. It shodnt take months to get in to see a pcp. When your sick, you don't want see a random APRN at an urgent care clinic that has no idea what your medical history is, and simply dismisses you,you want to see the person you TRUST to know what's best for you.
- More mental health services, better access to health services for rural residents, more home care services, more funding for healthcare services to low-income persons, more affordable health insurance and better coverage
- Cardiac, neurology, fitness centers, less short term rentals

- More information to what is available to them.
- Lack of affordable housing. Costs of living in a rural area with no infrastructure.
- Access, services in all areas, costs, testing
- Education, community support, childcare
- As a result of my 36 years as a teacher of D/HH students in Nebraska, Colorado, and then returning to finish out my career in my “home state” of Vermont, I was exposed to a WIDE VARIETY of needs and service level skills needs, AND PROVIDERS and options. YOU MIGHT SAY, “I’ve seen it all! And the ONE COMMON FACTOR THROUGHOUT MY communication, the inability to communicate with others is THE SINGLE MOST CHALLENGING, (& often devastating, negatively impacting) disability of ALL. SO…NEEDS- access to communication, in a variety of forms. Communication is NOT a 1 type fits ALL”! Everyone has a natural, innate communication style. Many hearing folks are NOT STRONG auditory learners! SO, EDUCATING our youth needs to assess the learners’ style, recognizing & honor this AND PROCEED ACCORDINGLY!"
- I don't like your system as several should be rated the same and it can't be done.
- There's not much support for these groups
- Chronic illness. No money/insurance
- Those without insurance are the most vulnerable to disease and need the most help!
- Not enough PCP taking new patients
- Hard to explain since you won't let me check each group. Eighty percent of welfare money goes to non white people, so I feel that they're getting plenty of help. Every female I've talked to about this subject seems totally mystified and confused to learn that a white male is not wealthy enough to buy health insurance, so I'm feeling like women are doing just fine as well. The latest fad is to overly promote the alphabet people as superior to all others, so for now, they're likely doing just fine. The hardest hit group is poor people that work. Countless times I've spent hours doing research to fill out financial paperwork so that I can be told that I am white, male, I have thrown my life away working, and I was neither attractive enough or sadistic enough to condemn anyone else to such a stupid existence. For my group, "finacial aid" seems to be more of a way of putting the little people in their place.
- Pre-natal care, access to reproductive care and counseling, addictive behavior treatment, dental care - preventative and treatment
- Better housing options and affordable housing for seniors. Healthcare visits from PCP to elderly.
- Being able to afford the doctor. Those on fixed income avoid the things they can't afford
- Health Education - how lifestyle choices affect health. Access to care - primary care provider shortages. Financial constraints - money for gas, food, medication. Invisibility
- Adequate nutrition education concerning diet and the availability of good food. The need for an exercise program.
- I have no idea. We are poverty level but have had the very best of care from the very best doctors.

- Health education - importance of lifestyle choices for good health. Access to care - lack of primary care providers in our area. Financial resources to maintain a healthy lifestyle. Ability to afford medications.
- I do not feel the older adults are taken care of as well as they should be. I feel providers focus more on younger people.
- Some of the possible factors that would be involved would be prejudice and not being aware of being prejudice; basic needs like running water, heat, shelter, food insecurities; bullying and not understanding diversity in people and their lives, and transportation for the older populations.
- Payment for medical services, dental care, transportation.
- Affordable primary care/diagnosis. Affordable access to specialist when needed.
- Access to more primary care providers, better food access. Activities during winter months to keep seniors and those with chronic conditions active.
- I can`t ever get me teeth cleaned!!!!!!
- Many of these people are older, poorer and don't have ready access to good health care, and/or, don't have it as a priority given financial concerns.
- Individuals with identified conditions sometimes lack the means to appropriately address/manage these conditions. I want to be clear that LGBTQ+ & racial minority populations are not 'un-needing' (they very much are), for the purpose of this exercise I have categorized highest to lowest 'need' based upon likely population % & not actual need
- Survey only let me select one group. We don’t have a large minority population but lower income families and older adults need more options.
- "No dental or vision coverage, many with hearing loss, no hearing aid coverage, Medications may not be covered.
- Transportation, help with shopping or help around the house throughout the week, financial help for buying food and medications.
- Access to urgent care. Prenatal and ob care. Mental health access
- I believe ALL of these groups need additional help.
- Not enough primary care in our area. Waiting lists are too long, and Many low income in the area that are not getting the help they need.
- Access to readily available QUALITY healthcare.
- Too much overlap between groups to rank. Primary health needs across the board are affordable housing options and dental care.
- Access to doctors and vaccines. Inability to pay for or receive medications/vaccines
- I think overall the greatest need is for individuals who are in the low-income groups. The other factors listed could be within low-income as well. I think substance use and mental health resources are the greatest need in the community.
- dental care, housing, food

- Access to primary care has become more limited due to loss of providers. People in rural areas have to travel long distances for specialist care. Costs of travel and care can be obstacles.
- Money for food, taxes are very high, transportation, assistance applying for resources, in home care, medical needs
- I feel like mid to lower class has the greatest needs. The low income has a ton of government support.
- Transportation, access to dental care/oral surgeon, preventive care, mental health care
- Preventive care and at least an annual health assessment (Physical)
- Healthcare, dental care, mental healthcare, are all but inaccessible in rural parts of the state. How can you even find a good provider?
- Mental Health. Availability of services. Affordable Housing
- Dental, Counseling, transportation, access to care.
- access to community and group fitness (esp post-COVID!) for north country adults, elderly and those suffering from Parkinsons, the later of which have substantially increased health risks associated with isolation and lack of continued exercise.
- Lack of access to primary care. Not enough HCPs leading to reliance on ED'S and Urgent Care for primary care
- These groups are not mutually exclusive, for example, residents of rural areas can include all of the other categories, so my scale may not be relevant to what you are seeking. Needs: transportation
- access to medical and behavioral health needs. This was challenging to rank as I believe all these groups have potential for high needs.
- Access in the form of transportation and breaking down the cost barrier for those that are uninsured or underinsured.
- Affordability, navigating the extremely complex insurance companies and reimbursement (related to affordability as well), lack of access to specialists or choice of primary care doctors without a lengthy drive
- Transportation
- Same treatment as the higher income bracket or better health insurance carriers
- Mental health care. Better care for elderly in particular the elderly who need full care.
- For low income groups, the increasing costs for housing, food and life supports are daunting. Women and children fall into the low income group quite often. Those needing extra care and older adults who are low income are struggling. Note we have a lot of older adults who are not low income and they are doing just fine. Since we have fewer ethnic minorities and LBTBQ people, although they struggle as marginalized groups, there are just fewer of them, Residents of rural areas may or may not be financially strapped. Lots of money is hiding in the NH mountains. Many rural folk, are however, indigent.
- Access to adorable healthcare. The lack of medical insurance and a universal healthcare system.
- Adequate transportation. Financial barriers

- Primary care physician. Dental care. Mental health care. Nutritional assistance
- Ease/reasonable cost of and access to health care
- I think that there are still a number of people who fall into a grey zone of income that is too high for medicaid, but too low to afford ACA insurance. Many of these individuals are living rurally and their access to care is more difficult. Women and older adults often seem to fall into this economic category as well.
- Transportation, specialty care, treatment for substance/alcohol use disorder
- in home assistance for personal care. Transportation. long term care facility. low income housing.
- You can not pit some of these groups against each other
- Older adults and children are least able to advocate for themselves and are most likely to be hidden from the public eye.
- We need more dental providers (dentists, dental assistants, hygienists, specialists), more providers that accept adult patients with medicaid (especially oral surgeons) and more oral surgeons with hospital privileges. To accommodate more providers we need more dental chairs, so expanded clinics. This would help address the growing capacity issues at the state's health center dental clinics. There are more patients in need of dental services than there are available spots. Unaddressed dental needs lead to missed days of work and school, increased emergency room visits, poorly controlled medical conditions and thus increased hospitalizations, unemployability due to poor esthetics, social isolation and substance misuse. We need to increase services for patients with intellectual and developmental disabilities. This means creating clinics with sedation services and partnering dentists with hospitals to treat the most complex patients in the hospital setting. This model requires more training of the providers and staff but mostly just facilities willing to offer dental services.

Q6: Littleton Regional Healthcare and Cottage Hospital conducted separate Community Health Needs Assessment processes in 2019 and would like your feedback on the actions taken from that past work. Please select the organization that you would like to answer on behalf of:

Answer Choices	Responses	
Littleton Regional Healthcare and other Northern NH Region Facilities (ACHS, Mid-State Health Center)	87.69%	228
Cottage Hospital	12.31%	32
	Answered	276
	Skipped	72

Q7: Please share what you have seen done by the NNHR facilities to address Drug/Substance Abuse.

- LRH runs the Doorway Clinic for these issues.
- I don’t know, but wish I did. I’ll do better at reading the newsletter.
- Nothing
- Access to counseling
- Special drug court. New halfway house in Littleton for drug recovery.
- Lock meds up in hospital. Drop box at police station
- Some good PR but that's about it.
- Nothing obvious
- Doorway program, drug take back
- added providers
- The SUD clinic.
- Nothing
- Narcan and fentanyl test strips distribution by ACHS at community locations.
- Drug abuse office at LRH
- Don’t know
- Am not sure
- ACHS Littleton setup appears welcoming to individuals who choose to deal with this.
- no knowledge
- Narcan training.
- not enough
- I'm not familiar with it
- New center on Cottage Street
- LRH hosts the Littleton Doorway. The primary care providers at AHCS and Cottage have done a TON to integrate SUD screenings and treatment into their normal operations.
- nothing
- nothing
- Eliminating meth production & distribution sites from our community.
- Nothing
- Detox facility in Bethlehem
- Very little. Maybe medical management is slightly more available, but there don't seem to be any improvement in accessibility to inpatient treatment.
- Concern that communities don't acknowledge the problem with Drug and Substance abuse. It seems to be a quiet problem. We have increased outpatient services in Coos

- As a community member that uses LRH for medical care, I am not aware of new programs. Maybe due to not needing this type of service? I would like to see it promoted more publicly for those that have any healthcare disparities
- The gateway program but I dont know much about the services for that
- Doorway program
- Doorways
- Nothing
- I am not sure what has been done, I am sure there is concern, but I don't know what actions have been taken.
- Do not know
- More access to support
- NA
- No idea. I don't need it.
- Not observed
- Important issue but need to focus as much on other health issues instead of just this one.
- I have only heard that there are not enough beds or a separate area for those patients
- Not much
- Public education on the availability of services.
- Very Little
- Don' know
- I am not sure how to answer this since i have not been involved with this.
- Read the newspapers. Not enough
- At the local level only some added police to address drug issues. A.Kuster, M. Hassan and J. Sheehan have worked to get funding.
- Acces to Narcan
- More support available however it continues to be a significant health problem
- I’m sure there are things happening in all of these areas but I personally am not witness to this.
- opening of an in patient detox center in Bethlehem
- None
- Treatment is more widely available in primary care.
- Have not directly seen anything specific
- Not sure
- The doorway
- doorway
- New Facilities for drug/substance abuse
- New centers for care

- There is more being done by NCHC in terms of training and educating the community
- participation in state " wheel and spoke" program, LRH as center
- investment in recovery programs
- I've heard a little more outreach about programs
- Not much
- Doorways program has opened and is quite busy and doing a good job
- The Doorway
- All I have seen them do is take them in the hospital.
- Trainings for Narcam use and distribution. Consistent screenings and questions by health care providers.
- Network with local non-profits and government
- More options for accessing treatment but still long waitlist to receive treatment
- There has been some progress made
- The Doorway at LRH, development of IOP at Mid State Health Center
- CADY is involved with the youth in our town
- n/a
- Participate in Doorway program

Q8: Please share what you have seen done by the NNHR facilities to address Mental Health.

- The staff have access to help outside of LRH, as well as having provider for mental health on staff. Doorway is also available.
- Additional resources but we need more access mental health professionals.
- NOthing
- Questions when going to see pcp
- Don't know.
- Nothing
- Please see above.
- Mental health care availability remains terrible
- Nothing?
- added providers and marketing the services better
- We try to help our patient's who are here for an appointment and having mental health concerns with a social worker while they are in the office.
- Nothing
- None. Still have a critical shortage and minimal support for anything short of hospitalization.
- Not sure
- Don't know

- Have nothing to share
- ACHS as #7
- Need
- no knowledge
- Need clinicians to work with first responders when dealing with mental health issues.
- not enough
- Not enough help. Noone hS openings. I have. Allen at least 10 aces and got the same answers no openings all. Booked up
- ACHS has added a number of mental health providers to their team, even pushing services into local schools. LRH has had providers from time to time, but the turnover makes getting appointments difficult and its hard to keep restarting treatment relationships. Cottage's addition of geriatric unit has been huge for supporting older residents with significant mental health needs, and they have worked hard to provide counseling services as part of their integrated primary care.
- nothing
- Nothing
- Not any where near enough; this is a critical issue in our area.
- Nothing but ask a question about depression.
- consultations available with psychiatry and mental health professionals using technology.
- Yes, there is an increase in mid-level practioners, Certified NPs and Masters level social workers. That's good, but short term counseling and meds don't work well for people with MDD, C-PTSD. We need more access to Psychiatrists and PhD level Therapists.
- No enough. Pts turned away due no place to admit them so they are simply discharged
- Mental health continues to be an underserved population. With increasing needs.
- As a community member that uses LRH for medical care, I am not aware of new programs. Maybe due to not needing this type of service? I would like to see it promoted more publicly for those that have any healthcare disparities
- I am not familiar with any services done by them but I feel a lot more needs to be done in regards to mental health services in the community
- ?
- Nothing
- Same as above
- Mental Health services are severely impacted by no providers
- Striving to hire more mental Healthcare professionals
- NA
- A psychiatrist. You need more. You also need therapists.
- Not observed
- I haven’t witnessed much done for this in my area.

- They try but so many more people are affected by this
- Not much
- Demonstrated success of virtual counseling visits during COVID.
- Very Little
- Don't know
- I am not sure how to answer this.
- Send to concord state
- I know of no efforts but perhaps that is due to a lack of reporting.
- Still continues to be a significant health problem
- ACHS doing behavioral health services and outreach
- WMCMH is doing a great job
- CRSWs
- There has been talk of expanding budget to offer after hours mental health services. I have not seen this happen yet.
- ??
- Not enough here
- See #7
- arranging for holding mental health patients while transitioning to state facility
- there is an attempt to hire more providers though this proves difficult
- Unaware
- Not much
- Still seems to be difficult to find mental health services for people of all types. More people are finding it online but it often isn't covered by insurance and may not be accessible for those without reliable internet/cell service
- White Mountain mental.
- All I have seen them do is take them in the emergency room. I believe there is a terrible support system for this group and nowhere for them to go because it is so overwhelmed.
- Addition of services to regional facilities. Community education around access to services. Information at care facilities. Included service at medical care facilities.
- Network with local non-profits and government
- N/a
- There still remains a lot to be done
- behavior health providers in primary care offices
- MSH have counselors
- n/a
- Emergency Department as a door into mental health. ACHS has mental health provider integrated into primary care

Q9: Please share what you have seen done by the NNHR facilities to address Obesity/Overweight.

- We have nutrition experts on staff for help, We have a diabetes counselor on staff. The cafeteria has a lot of healthy choices.
- More resources and programs available. The key is to get people to use them.
- Nothing
- Questions when going to see pcp
- Don't know. Whenever I've been to the LRHC facilities, I've been struck how overweight and obese many of the nurses are. Perhaps physical fitness programs should be setup for employers, and that they should be encourged to participate in.
- Nothing
- Some minor PR.
- Very little
- Articles about nutrition in newsletter/newspaper
- added questions to wellness checks
- Nothing
- Cooking with Chad, distribution of cookbooks oriented towards inexpensive food.
- "Overeaters anonymous meetings
- Diabetic nurse"
- Don’t know
- Have no idea
- ACHS as #7
- "I hope alotnred Transportatio since Dartmouth and concord being prescribed for care since we lavkonh care services 1. Eye surgery 2. Dermatology 3. Oral surgery 4. To
- no knowledge
- Need more community awareness and promotions to help motivate fitness.
- need more
- No knowledge of this but I am one of them
- Nothing that I know of
- nothing
- nothing
- Nothing, or very very little.
- Nothing but dismiss pain & hormonal causes
- children who attend PCP visits are given information about proper diet guidelines and exercise.
- No seen
- nothing

- As a community member that uses LRH for medical care, I am not aware of new programs. Maybe due to not needing this type of service? I would like to see it promoted more publicly for those that have any healthcare disparities
- I have seen cooking info on healthy meals, I have seen educational info and nutritional services
- I know nutritionist is available but ???
- Nothing in fact they chose to shit down the cardiac rehab services
- Same as above
- Do not know
- Better education but much more needed
- NA
- Not much. There needs to be weekly sessions.
- Not observed
- This need seems to get shoved to the back burner and needs to be addressed more. It gets overshadowed by drug abuse and mental health.
- They have a dietary person and encourage healthy eating
- ACHS had Cooking with Chad - healthy, simple to make recipes with videos on the website and demonstrations at the COOP in Littleton.
- Very Little
- Don't know
- I am not sure how to answer this.
- Nothing that I can see
- none
- Some workshops/classes on nutrition.
- More support/resources available but continues to be a significant health problem
- information sharing; nutritional videos
- Nothing
- Not sure
- Haven't seen this
- in house dietician and weight management follow up
- Nothing
- notices of programs in LRH weekly news letter
- hiring of a dietician in primary care
- Unaware- and I believe this is important. I believe many other health issues could be reduced if people had more opportunity to address this.
- Since Covid not much
- Not much that I can recall, though LRH does have a dietitian. Not sure how many people use that service though. I do remember seeing fitness classes at LRH but those stopped due to pandemic.

- Haven’t any knowledge of a specific program other than Weight watchers here in Littleton.
- I wouldn’t know what they do.
- Improvement of nutrition therapy to health care services
- Unknown
- N/a
- There still remains a lot to be done
- screening
- n/a
- Dietitian/Nutritionist employed by health care facilities. Not aware of any outreach to broader community.

Q10: Please share what you have seen done by the NNHR facilities to address Accessibility of Healthcare Services.

- We do not turn anyone away. We have a health fair for education as well as giving vaccines. We have been a leader in the Covid pandemic for giving shots and education to the staff as well as our community. We hold education series with our different specialty doctors for the community and staff.
- Not dure
- North Country Healthcare is opening clinics (pharmacy, drug prevention assistance
- Physical accessibility seems to be pretty good at LRHC.
- Nothing
- A lot of advertising.
- Most buildings seem to be accessible
- Kept prices low and provide transportation if needed
- Nothing
- Nothing.
- LRH care a van
- Satellite offices such as ACHS
- I think you do a fine job
- Don't know
- LRH has done an outstanding job in addressing the needs of its community in relationship to Covid-19.
- no knowledge
- need more
- Yeah, it's pretty bad. I waited 6 months to see the gastro at littleton regional paid my 50 dollar copay only to have my symptoms ignored, told it was in my head and offered a antidepressant. Noone deserves that.

- All have some sort of sliding fee or subsidized pricing schedule for low-income and un- and under-insured residents. Some have also added night and evening appointment hours. LRH ran the Care-A-Van to help with transportation barriers for a while, but I think that's no longer in service.
- nothing
- nothing
- Nice outreach for those concerned about payment
- Transportation and Insurance are key, we need more.
- Nothing
- I am unaware of any changes in services in this area in fact many have lost progress due to measures taken to control the virus.
- I feel LRH has failed in this area. It was very easy to see a provider within a suitable amount if time. Now LRH seems to depend on urgent care to fill in the gaps. I have a primary care provider for a reason.
- Low income sliding fee scale healthcare services. Urgent care. Pandemic response.
- Transportation services, numerous locations
- ?
- Nothing, providers and staff are leaving in droves. The leadership at LRH is failing miserably and doing questionably legal things.
- Urgent care is a big plus...
- Do not know
- Urgent care, great emergency services
- NA
- Opened urgent care
- Not enough. Need more nurses and doctors. I can’t get in to have cataract surgery.
- I think it is done well.
- Not observed
- Opened Urgent Care at LRH
- Not much
- They have a van that can bring people to the hospital
- ACHS has worked tirelessly to try to recruit providers in all areas. This has become a nation wide problem.
- I do not see accessibility as an issue
- Have always had access to whatever we needed at LRH whether our PCP or a specialist.
- When I call for a prescription for antibiotics for the dentist, my doctor has been ready to prescribe this need.
- The pandemic restrictions have posed a terrible problem for this aspect. That cannot be helped but I’m hoping that this will improve.

- Urgent Care Facility
- Littleton Urgent Care as well as Convenient MD. Not sure where this comment belongs, the current issues with EMS services is critical. Have also heard from people that many healthcare workers have left. We need to attract and retain them. Have seen other facilities focus too much on admin vs the personnel that deliver the needed services.
- Added providers
- For those that live in rural communities the accessibility to healthcare services continues to be a challenge
- ACHS is fully accessible
- None
- Not sure
- Not sure
- Haven't seen this
- Tri county cap
- Nothing. The situation is no better now than in 2019
- notices of community programs such as Virtual Health and Wellness Series in LRH letter
- providing some transportation
- Unaware
- Covid has slowed many thing down or completely did away with for now
- There are more offices/satellite locations openings, as well as the LRH urgent care and the ClearChoiceMd urgent care facility in Lincoln. LRH also did a great job making covid tests and vaccines available for the region throughout the pandemic
- Opening of Urgent Care at LRH.
- The opening of urgent cares.
- "Opening of Urgent Care centers
- Expansion of services by local providers"
- Unknown
- N/a
- There has been some progress
- MSH has a van to pick up community members and transport to appointments
- n/a
- Sliding fee scale at ACHS

Q11: Please share what you have seen done by the NNHR facilities to address Alcohol Abuse.

- The staff have access to counseling as well as the having the Doorway clinic to help with your addiction. We also have mental health providers on staff.
- More propane and resources, but again the truck is to get people to use them.

- The Doorway in Berlin
- Access to counseling
- Don't know.
- Nothing
- Nothing.
- new programs available
- We do annual screenings (essentially a series of questions during patient intake for appointments) regarding alcohol use.
- All substance abuse falls under the doorways program and LRH is a doorway.
- Not sure
- Don’t know
- Have no idea
- ACHS as #7
- ?????
- no knowledge
- More awareness and referrals to A.A.
- need more
- I have got any knowledge to comment
- LRH hosts the Doorway in Littleton, which provides SUD services ... pretty sure they address alcohol addiction as well as opioids, etc. The primary care offices at ACHS and Cottage are also great about screening for needs related to alcohol use and referring to treatment as necessary.
- ????
- nothing
- Not enough, but there are local AA meetings. More needs to be done.
- They ask a question on their survey.
- Have sought a higher license professionals.
- Unaware
- As a community member that uses LRH for medical care, I am not aware of new programs. Maybe due to not needing this type of service? I would like to see it promoted more publicly for those that have any healthcare disparities
- I dont recall seeing anything specifically done for this other than AA meetings being held in different areas
- Doorways
- Zero
- Not sure
- Do not know

- N/A
- NA
- Don't know. Not involved.
- Not observed
- A lot has been done. Now there needs to be more focus on obesity management groups and needs for the elderly especially in rural areas.
- That goes with drug abuse and I don't know much about it
- More needs to be done
- unknown
- Very Little
- Don't know
- Not sure I can answer this. I have not been involved.
- Read the newspapers. Not enough
- No knowledge
- More support available but continues to be a significant health problem
- ACHS has an active alcohol abuse counselor
- None
- Not sure
- Not sure
- Haven't seen this
- Community efforts
- There is more community outreach
- not aware of specific programs, but I am confident that LRH is involved with care
- uncertain
- Unaware
- Not much
- I am not aware of what it was like prior and am also not aware of what it's like now
- The Doorway program as well as the residential care facility in Bethlehem.
- Treatments are availabke
- I haven’t seen anything in my position.
- Not aware
- Network with local non-profits and government
- There still needs a lot to be done
- screening
- CADY is involved with our local youth
- n/a
- Have not seen anything publicly available on this issue

Q12: Please share what you have seen done by the NNHR facilities to address Affordability of Healthcare Services.

- We take all state insurance. We participate in the state vaccine program for our children. In the last two years LRH has not increased the fees for the clinic service charges and only raised them on a few of the facility side charges.
- I don’t know
- Nothing
- Sliding scale access
- Don't know.
- Nothing
- Nothing.
- Costs seem to increase constantly
- Kept prices down, used sliding scale
- LRH has a the "LRH Care" program which offers financial assistance to those w/limited financial resources and certain insurances.
- Unknown.
- Payment plans
- ACHS sliding fee
- Never heard anyone ever complain to me
- ACHS has easy to understand and prominently posted info at their entry
- no knowledge
- Need better and easy accessible location to serve handicap and seniors.
- need more
- Again I have no knowledge to comment
- beyond their sliding fee scale/charity care programs, it's still hard to know ... the hospitals list prices, but still with insurance rates and variability in the way, it's hard to know whether they're reasonable.
- ?
- nothing
- Nice outreach for those concerned about payment
- Not enough
- Nothing
- Most health care services have access to a sliding fee and also take public health insurance policies for payment
- Don’t help financially to support needed transportation to another more appropriate facility. If pt can not get there they are on there own
- LRH billing process has gone down hill!

- Slidong fee scales and programs that help with hospital bills
- not sure
- Nothing, it is one of the most expensive hospitals in the state. The billing department doesn't know a thing.
- Not aware of any
- Nothing
- N/A
- NA
- They have a financial aid system.
- Not observed
- Unsure
- I don't know. I think urgent care is more affordable
- Sliding scale fees advertised at LRH and ACHS.
- Nothing. Healthcare in Northern New Hampshire is prohibitively expensive
- LRH offers financial assistance to folks who are low income or in need.
- have not been involved with this, so I can not anwer.
- Nothing - as a senior citizen with a medicare advantage plan my co-pay amounts have only increased and the small dental benefit I had was discontinued by UHC
- Urgent Care Facility
- No knowledge
- Health Insurance costs continue to rise much faster than other costs
- ACHS has a sliding fee scale
- None
- Not sure
- Sliding scale fees
- LRH offeres income based discount for those who qualify.
- Community Health centers are available
- Nothing
- management of Covid cost assistance delivery from federal and state sources for NNHR population--obviously specific to this time frame
- sliding scale availability/transportation
- Unaware
- We live in a small town with little availability like the city
- The billing has slowly gotten more detailed and quicker to arrive, which helps to coincide with patient memories of what happened, which reduces confusion!
- Charitable care at LRH with councilors available to help a patient navigate the system. ServiceLink.

- Still unaffordable in some areas
- Well affordable health care in this whole country is non existent. So up here it is worse since the avg income is 50k. That could be one visit to the emergency room or worse.
- Offering of sliding scales
- Unknown
- There has been some improvement at the state and federal level
- sliding scale
- n/a
- "Sliding fee scale and FQHC at ACHS
- Facilities accept Medicare and Medicaid"

Q13: Please share what you have seen done by the NNHR facilities to address Dental.

- All employees have access to dental coverage. LRH does not supply this service. Our providers do educate the patients on the importance of good dental care for ones complete health.
- I don’t know
- Coos Family Health opened a clinic in belrin
- Not a lot!
- Don't think dental facilities are provided at LRHC.
- Mobile unit
- Nothing.
- Many dentists with new technologies but very expensive
- Mid-State added a second Dentist
- We have less dental now than we had two years ago.
- Dental van
- Don’t know, but this is a real need for low income people in this area
- I never heard of anyone say anything ever being done I wish there was something done for sure
- ACHS as #7
- no knowledge
- None
- in big need
- Nothing
- ACHS offered dental services, but I think they were suspended during the pandemic?
- nothing
- nothing
- Very little
- Nothing

- this is an area which we have lost significant ground due to the lack of availability of license dental professionals who want to work in the public sector and accept Medicaid.
- Nothing to make Dental access easier especially in emergencies. So we use the Emergency Dept to get antibiotics for an abscess. We can't afford to see a Dentist but the ED has to see us.
- Not seen
- New dental program with CCFHS in Berlin. Wondering if they have or going to expand north?
- We need oral surgery and more dental opportunities for those with state insurance. Many dentists in the area refuse to accept it. Lets face it, in this catchment area, we have lots of families that are in need. A large percent of family would utilize molar express in schools but that has not been available for years. We need more programs like this in the schools for those with barriers to get such needed services.
- There is one sliding fee scale program in the area and a mobile dental or at least their was a mobile dental. I feel like this is still a HUGE area need. Even where there is sliding fee scale sometimes there are no appointments or dentists available for long periods of time
- We need dental access for Medicare patients
- Opened ACHS dental but then with Covid and loss of staff it seems as though it was a bit of a bust
- ACHS has Dental available, no others
- Amonoosuc is the only place to help in that way.
- Not aware of any.
- Nothing
- N/A
- NA
- Don't know. Not involved.
- Not observed
- More clinics available
- No dentist on site. Medicare doesn't pay for dental so many people don't get cleaning or check ups.
- We need more dental options for low income.families
- Again ACHS has been unable to attract or retain a permanent dental professional. ACHS continues to pursue all avenues to accomplish this.
- I do not believe dental is an issue. There are adequate dentists. The issue is cost.
- Don't know. We have a Medicare Advantage Plan that pays well on our dental. 1st time in many years we could afford dental work.
- My care coordinating with my dental and medical has been great!!
- Nothing
- I believe that can`t get a fulltime Dentist
- No knowledge

- Dental accessibility continues to be a problem
- This is continuing to be a large problem. It is difficult to get dental providers to come to the north country.
- None
- Access to affordable dental care remains a problem in Northern NH. There are many obstacles.
- ACHS dental is no longer available and nursing homes need help. Not enough is being done to address this issue.
- Nothing, i have waited over 2 years to get my dental needs addressed and am still getting overdue work done..
- ACHS lost their dental provider and was unable to attact new dentists. Sadly this much needed service is no longer available.
- Not much here
- Nothing
- Ammonoosuc Health has developed affiliations with dentists in this period, I believe
- increase in dental providers at MId-State
- Unaware
- Lots of dental but no clinics for ppl with no insurance.
- I am not informed enough about this to answer
- Not aware of anything specific.
- There are quite a few options for dental around here for adults. Children it is lacking.
- Included service with medical care.
- Unknown
- Nothing lack of adequate dental care is still a big problem
- There still needs financial assistance
- Dental practices placed within primary care practices
- MSH is offering dental exams
- I'm not aware of how NNHR has addressed this issue.
- Dental program at ACHS

Q14: Please share what you have seen done by Cottage Hospital to address Behavioral Health Services.

- Nothing that has been advertised. Not available.
- None
- Unsure
- They have some processes in place.
- Has the geriatric behavioral health unit
- Ray of Hope
- Not familiar with this.

- Nothing
- Seeking Psychiatrist
- Ray of Hope but staff bully each other
- Geriatric care unit
- Ray of Hope unit as well as provider in the RHC
- Nothing
- Can't say...Don't know
- The Ray of Hope program has been instrumental in providing high quality care to seniors in need of behavior health care.
- Geriatric Behavioral Health unite
- unknown

Q15: Please share what you have seen done by Cottage Hospital to address Substance Use Prevention and Treatment.

- Nothing, they don’t offer services
- Partipated in Community group for prevention. Various events
- Unsure
- Not aware of anything
- used to have a task force but i don't see there are many services or resources from Cottage for patients who are seeking help from substance use. We have lost several community members to overdoses and we need to help those who are seeking it.
- I haven't personally seen anything.
- Not familiar with this.
- Nothing
- Uncertain
- Nothing I specifically know of…
- Community education
- participation in the haverhill area substance misuse group
- Im very disappointed in this. Someone i know personally goes there for treatment, to get suboxin to avoid using heroin, and has to submit urine to prove shes not using. She had no one supervise her while collecting the sample! They might as well not bother. Since when can an addict be trusted?
- I have not seen any.
- Nothing
- unknown
- Nothing, but Inhave seen Little Rivers very active in the community in this issue.

Q16: Please share what you have seen done by Cottage Hospital to address Senior Services.

- Not sure ive seen anything
- Kept primary care practice and hired new provider
- Unsure
- They do have a senior ward but I'm not familiar with what else
- participate in collaboration with area services, nothing specifically from cottage that i am aware of.
- Community work with Horse Meadow Senior Center
- The in-patient geriatric psych unit is a boon for the region.
- Ray of hope
- Uncertain
- Ray of Hope
- Community education
- Ray of Hope. vaccine clinic at Horse Meadows. Little Free Pantry
- Cant saynot aware of anythung
- CH works with area senior programs to provide transportation for seniors who need assistance.
- Nothing
- unknown
- They have a good cardiac rehab facility.

Q17: Please share what you have seen done by Cottage Hospital to address Transportation.

- See a van but it's never used or available
- None
- I think I've seen a bus
- Nothing.
- Cottage now has a van and it would be great if we could use it to up patients get to and from appointments.
- I haven't personally seen anything.
- Not familiar with this.
- Nothing
- Uncertain
- Nothing I know of
- Public transport
- They work with Horse Meadow and RCT to arrange transportation.
- Bought a bus, but don't use it.
- unknown

Q18: Please share what you have seen done by Cottage Hospital to address Financial Services.

- Cottage care,
- None
- They are helpful if you call the number.
- Cottage care is a great program and much appreciated. They do need to advertise it more.
- Patient Access is being trained to complete presumptive eligibility on patients how meet specific criteria. Cottage care application and information is provided to self pay patients or those that state they cannot pay.
- I haven't personally seen anything.
- My understanding is that Cottage Hospital has a generous sliding fee discount program.
- unknown
- Uncertain
- Made things more difficult?
- Charity care
- Sliding scale
- My father was given the option the make payments on his hospital stay bill, that wasn’t covered by insurance.
- No clue
- Make us pay weeks in advance to even schedule an appointment.
- They have the Cottage Cares financial assistance program. Patients who have enrolled in financial services at some other local health care practices can sometimes automatically be accepted into the Cottage Cares program which reduces barriers to care.
- Gotten to be that you can't afford payments. More than my morgage.
- unknown

Q19: Please rate the importance of addressing each health factor on a scale of 1 (Not at all) to 5 (Extremely)

	1	2	3	4	5	Total	*Weighted Average*
Mental Health	2	1	10	26	127	166	4.66
Cancer	1	2	26	48	89	166	4.34
Obesity	3	7	15	53	88	166	4.3
Alzheimer's and Dementia	1	4	27	48	86	166	4.29
Dental	3	3	27	43	91	167	4.29
Heart Disease	3	1	22	63	78	167	4.27
Diabetes	1	5	27	55	78	166	4.23
Women's Health	2	6	23	59	74	164	4.2
Stroke	3	5	32	61	64	165	4.08
Lung Disease	2	8	33	60	57	160	4.01
Kidney Disease	5	7	47	54	51	164	3.85
Liver Disease	4	11	50	51	49	165	3.79
Other (please specify)						18	
						Answered	169
						Skipped	158

Other:

- Need to offer comprehensive physical exam capability.
- Pain Management
- Abortion access
- Eye care ... please, please, please, can we put the teeth, eyes and brain back in the body - treat the WHOLE person!!!
- Substance abuse
- Employee heath. Domestic violence adolescent health, they need to do more outreach to local schools and communities,
- Concern for alzheimer's and dementia as family's often feel their only resource is the hospital. A better planning for resources and addressing the diagnosis early and plans of care at home or LTC. With our large elderly population home health is an important healthcare need.
- Lyme disease
- All healthcare needs are very important individually
- By addressing these issues, I dont mean "follow protocol", I mean find out what is causing the problem and address THAT.

- Elder skin care(full body)
- Geriatrics
- Children
- Addiction, poverty
- Ortho needed in this area with aging population and rec areas
- Newborns, and Mid wivery
- Eye and ear
- Many these conditions are linked. Prevention is the best way to address many of them.

Q20: Please rate the importance of addressing each community factor on a scale of 1 (not important) to 5 (very important)

	1	2	3	4	5	Total	*Weighted Average*
Healthcare Services: Affordability	1	0	14	37	113	165	4.58
Access to Mental Health and Substance Use Disorder Services	2	3	13	28	119	165	4.57
Affordable Housing	3	3	12	29	119	166	4.55
Access to Senior Services	2	4	15	57	88	166	4.36
Transportation	2	9	23	37	91	162	4.27
Access to Home Health	3	2	24	56	79	164	4.26
Access to Childcare	3	7	26	38	90	164	4.25
Healthcare Services: Physical Presence	4	4	29	42	86	165	4.22
Education System	6	6	27	38	86	163	4.18
Healthcare Services: Prevention	2	9	30	41	83	165	4.18
Access to Healthy Food	4	5	31	44	79	163	4.16
Employment and Income	5	4	29	54	72	164	4.12
Social Support	5	11	41	47	59	163	3.88
Community Safety	6	12	44	42	62	166	3.86
Social Connections	5	9	51	50	49	164	3.79
Access to Exercise/Recreation	8	10	51	41	53	163	3.74
Other (please specify)						8	
						Answered	167
						Skipped	160

Other:

- "Access to Exercise/Recreation" is an individual responsibility
- Autism awareness
- We have many resources for exercise and recreation in the north country.
- Those I rated low are not a hospitals concern, its a community concern, but not up to the hospital

- Buddy system support
- tax breaks for senior citizens, especially school tax
- Access to Dental Services
- Some of these are already being addressed. Others are in crucial need of addressing.

Q21: Please rate the importance of addressing each personal factor on a scale of 1 (not important) to 5 (very important)

	1	2	3	4	5	Total	*Weighted Average*
Livable Wage	4	3	20	39	101	99	4.37
Drug/Substance Abuse	4	8	13	38	84	100	4.36
Excess Drinking	4	8	19	47	60	85	4.23
Smoking/Vaping/Tobacco Use	7	7	22	41	68	86	4.18
Diet	3	5	34	49	57	75	4.13
Physical Inactivity	7	5	27	57	71	68	4.06
Risky Sexual Behavior	11	18	42	43	60	49	3.62
Other (please specify)						6	
						Answered	166
						Skipped	161

Other:

- Abortion services
- They are all extremely important obviously.
- Again, unless its a nedical issue, its none of the hospital's business
- The tobacco users are younger and younger
- less focus on areas where individual makes poor choices
- Socio economic factors dispose people to other concerns.

Q22: Overall, how much has the COVID-19 pandemic affected you and your household?

Answer Choices	Responses	
Noticeable impact, has changed daily behavior	46.58%	75
Some impact, has not change daily behavior	24.84%	40
Significant daily disruption, reduced access to needs	17.39%	28
No impact, no change	5.59%	9
Severe daily disruption, immediate needs unmet	5.59%	9
	Answered	161
	Skipped	166

Q23: What has been negatively impacted by the COVID-19 pandemic in your community? (Please select all that apply)

Answer Choices	Responses	
Social support systems	63.52%	101
Employment	57.23%	91
Childcare	54.09%	86
Housing	50.31%	80
Access to healthcare services	49.06%	78
Education	47.17%	75
Food security	43.40%	69
Poverty	37.11%	59
Transportation	33.96%	54
Public safety	31.45%	50
Nutrition	27.04%	43
Racial and cultural disparities	6.29%	10
Other (please specify)	10.06%	16
	Answered	159
	Skipped	168

Other:

- Social interactions and indoor group activities have been reduced.
- Community involvement
- Vacations

- Tech safety. Scams
- Inability to socialize with friends and family
- Adult day care for special needs son
- Businesses can't find employees, which impacts most aspects of society.
- dental
- Mental health
- lack of workforce
- Stress
- I am unsure of how to accurately describe this. I am disabled, retired, and homebound. And dependent on others for all outside needs.
- Death of family members & friends.
- The impact on mental health of this community is huge and not enough resources or availability to address this. Especially for children.
- Social unrest
- Prevalence of dx

Q24: Have you or your family delayed using any of the following healthcare services during the COVID-19 pandemic? (Please select all that apply)

Answer Choices	Responses	
None of the above	40.76%	64
Primary care (routine visits, preventative visits, screenings)	33.76%	53
Specialty care (care and treatment of a specific health condition that require a specialist)	24.84%	39
Elective care (planned in advance opposed to emergency treatment)	21.66%	34
All types of healthcare services	18.47%	29
Other (please specify)	13.38%	21
Inpatient hospital care (care of patients whose condition requires admission to a hospital)	7.64%	12
Urgent care/Walk-in clinics	6.37%	10
Emergency care (medical services required for immediate diagnosis and treatment of medical condition)	5.10%	8
	Answered	157
	Skipped	170

Other:

- Business as usual
- Never needed services. Still had our usual dental and check ups.
- Unable to get an appt with a doctor at ACHS I wanted due to COVID restrictions and then backlog
- Dental care
- Dental and vision, but also really struggled to get into mental health services - almost 6 months on a waiting list for my kids!!!
- We did not delay...healthcare institutions made it nearly impossible to get what patients needed.
- dental
- I have been able to access care, and I know how to use the system
- Dental
- Dental
- Dental care
- Husband missed critical cancer f/u
- Dental
- My situation is very unique. Disabled from misDX/ mistreatment for MS resulting in severe disabilities. I am under care of neurologists, PT, PCP, AND my incredible husband!!
- Routine dental
- Dental
- dental
- try to avoid unnecessary visits to healthcare facilties
- dental
- dental
- more an issue of availability not delay on our part

Q25: How can healthcare providers continue to support the community through the challenges of COVID-19? (please select all that apply)

Answer Choices	Responses	
Serving as a trusted source of information and education	81.17%	125
Offering alternatives to in-person healthcare visits via telehealth or virtual care	72.73%	112
Connecting with patients through digital communication channels (e.g., patient portal, social media, etc.)	63.64%	98
Posting enhanced safety measures and process changes to prepare for your upcoming appointment	62.99%	97
Sharing local patient and healthcare providers stories and successes with the community	25.32%	39
Other (please specify)	14.29%	22
	Answered	154
	Skipped	173

Other:

- Offer CPR and emergency response to drug overdose cases training.
- Digital is good
- Just tell the Truth
- W2
- Get back to normal, provide services needed without unnecessary restrictions.
- Wear N95 throughout care delivery..vax nurses
- Becoming a test site
- sharing staff occasionally
- Don't force us into remote health care.
- Improve access, quality of care and messaging
- we need to return to preventive services, Covid will continue to be a health concern and how can we live with this not be afraid.
- it's a little last to ask these. Patients are treated like plague carriers until proven otherwise. Vaccines are FORCED on people
- Stop the masking and screening and random worker Covid tests. Open up like the rest of the world
- Importance of vaccines and boosters
- Continuing to be present in schools, educating students and staff in an ongoing manner! Education is POWER!
- Set a good example by getting vaccinsted/boosted, wearing masks when appropriate and following up to date public health guidelines.
- More information and support for navigating the riral healthcare system

- They should keep working so we can have our appointments met. Stop limiting services.
- vaccinations and testing
- Stay open and staffed

Q26: COVID-19 has led to an increase in virtual and at-home healthcare options, including telemedicine, telephone visits, remote monitoring, etc. What alternative care options do you believe would benefit the community most? (please select all that apply)

Answer Choices	Responses	
Video visits with a healthcare provider	61.94%	96
Telephone visits with a healthcare provider	57.42%	89
Virtual triage/screening option before coming to clinic/hospital	41.29%	64
Remote monitoring technologies to manage chronic diseases (e.g., wearable heart monitor, Bluetooth-enabled scale, Fitbit, etc.)	50.97%	79
Smartphone app to communicate with a healthcare provider	34.84%	54
Patient portal feature of your electronic medical record to communicate with a healthcare provider	52.90%	82
Addressing challenges with broadband connectivity to allow for greater access to virtual care options	58.06%	90
Other (please specify)	14.19%	22
	Answered	155
	Skipped	172

Other:

- If I have to pay for healthcare, I want to see my Doctor, not the nurse, not the almost doctor, nor any other personnel
- None
- Better integration of primary care provider and hospital software systems.
- Telehealth is good, we are 20 miles away
- Although remote health care has significant value, nothing is equivalent to in-person care in terms of effectiveness and value. We need more HCPs of all varieties in our area. (Example: there are too few cardiologists in the area, and they are too old.)
- Not needed
- Affordable internet services and the availability of cell phone service

- Stop making the problem worse than it is
- Education and help for people who don’t know how to use computers and vid
- Oo
- How many in rural areas can do virtual visits?
- Not everyone uses technology especially our elderly and concern for patients to see their providers is important
- I don't think in person visits should ever stop all this virtual and portal stuff looses propper communication with your Doctor.
- no other options matter if we don't get service in the area
- actually seeing the doctor
- Virtual mental health visits
- Many don't have access to electronics, or know how to use them. I think our expectations are too high in that respect
- Broadband access is a priority. Without that, many are excluded from participating.
- Allow new patients and appointment setting theough email/portal instead of only over the phone
- pt education for groups with limited prior experience with these technologies
- Some of these ar in place. People can’t afford the technology to do this stuff up here. Some people can’t even get an internet connection to do any of it.
- provide transportation for those that don't have it

Q27: What healthcare services/programs will be most important to supporting community health as we move into the future? (please select all that apply)

Answer Choices	Responses	
Primary care	87.26%	137
Elder/senior care	74.52%	117
Mental health	72.61%	114
Substance abuse services	58.60%	92
Specialty care	56.69%	89
Chronic disease management programming	52.23%	82
Pediatrics/children's health	46.50%	73
Urgent care/Walk-in clinics	45.86%	72
Women's health	45.86%	72
Emergency care	42.04%	66
EMS/Paramedic Service	41.40%	65
Other (please specify)	8.92%	14
	Answered	157
	Skipped	170

Other:

- Better nutrition counseling classes.
- Pain Management
- Chronic pain management.
- Cost of services upfront.
- Eye surgery. Family practice no
- dental
- Get rid of urgent care useless
- all
- Everything & Everyone working together!! THANKS 🙏 to ALL FIRST, and “second” and EVERYONE WHO IS PULLING TOGETHER, working so diligently to keep us safe, and pull us through this pandemic!!
- The most at risk populations seem to have suffered the most during the pandemic and would benefit from increased services. Especially mental health and substance use.
- Dental care
- Birthing centers
- The north country needs access to a neurologist in a reasonable time frame
- I have checked all possibilities with the premise that LRH should continue working with Dartmouth Health as it has been

Q28: Please share resources and solutions that would support you and the community during the COVID-19 pandemic and in the future.

- I think staffing and Providers need more support to deal with all of the issues and anxiety they are dealing with from the public and patients. They became short with patients and each other. Someone needs to help them deal with all this added responsibility mentally and physically. We all felt burnt out and still do on some level.
- Better communication within the providers office...not waiting 6 weeks for a referral from 1 Dr to another. LRH is pathetic in that respect. Finally went to convenient MD - much better
- LRH website
- Classes in CPR, and best response in various medical emergency situations like drug overdose and heart attacks
- Messaging primary care doctor and phone calls to take place of in person visits
- (1) Establish universal health care, whether on a state or national level, which means (2) increase taxes on the wealthy!!; (3) bring prices of pharmaceuticals under control; (4) bring more competent HCPs into our area; (5) eliminate for-profit health facilities in favor of nonprofits; (6) disestablish private, for-profit health insurance.
- We need increased beds for inpatient psychiatry, great increase in outpatient mental health, great increase in dentists that take Medicaid and sliding scale

- Every one is doing the best they can in this rural area with what they have for medical staff and support.
- Expansion of mental health services, especially psychologists and LICSW due to Medicare's restrictions. Access to psychiatric services so that med changes are possible. Move away from substance abuse abstinence treatment as the only thing in the area. I have no need for that, but the area is saturated with it. I need support for non-alz dementia, including caregiver respite. I need transportation options to get to appointments.
- Community paramedicine
- There needs to be AFFORDABLE internet service in our community! People cannot utilize the telehealth services without internet or cell phone service.
- We need more than one ambulance in Littleton
- Listen to the patients needs. We are buried in policy. People tell me on a regular basis they feel avoided and not listened to. It's just "that's the way it is".
- Be sure about the correctness of the information before it is put out to the public. There is a lot of confusion out here. Keep it simple.
- I decided not to finish this survey realizing I don't live in the counties this survey uses in Vt
- The problem isn’t as bad as they make it out to be
- testing facilities availability
- Noted above
- Being able to bring a support person with u to appointments
- As we come out of covid isolation, ways for people to connect again.
- Very Poor Survey many questions not possible to answer
- The pandemic is beyond us, start focusing on the future and getting our community back to normal. This more than anything will provide the foundation needed to support and promote healthy mental health.
- A universal community mask mandate. Acknowledgement that COVID isn't done.
- Increased access to mental/behavioral health and oral health care in particular.
- CEO (previous one) modeling appropriate medical and social choices based on science. Easier access to Covid testing for New Hampshire residents.
- More in home health care
- The communities working together and sharing information and resources.
- Definitely telehealth or video. Stores and pharmacies providing curbside pick up or delivery. Transportation options. Available covid testing .
- LRH parking lot lighting needs to be replaced to reduce the light pollution that it has created
- Something has to be considered for non-tech savvy population who have no access to virtual medical assistance.
- Get rid of LRH leadership so the hospital can move forward.

- Get rid of Fauci
- Laughter, send in the clowns, virtual or in person. Larger communities have seen great success with children, adults and seniors by inducing laughter!
- Hire more doctors.
- Free access to vaccines such as flu, hepatitis, shingles, measles, pneumonia, HPV, childhood diseases
- Offer well child visits (and sick visits?) at schools to improve health literacy at younger ages so that next generations view relationships with health care providers as part of a norm.
- Have tried a number of times to get into the patient portal at LRH to no avail. Asked at LRH and no info. I do access Partner's Healthcare portal which is very easy. You can access records, see test results, make appointments and they send frequent updates. Very user friendly and they have a well integrated system with all their providers.
- Truth
- Enhanced EMS services that provide advice prior to transport on needs
- A directory of resources that are presented in a clear and concise manner for individuals to access. The directory could be set up similar to therapistaid.com with various worksheets and interactive activities the individual can participate in, as well as local resources or "next steps" in dealing with whatever concern the individual has. The topic areas could be founded from this needs assessment and used to guide some sort of resource platform individuals in the community could use. This could be shared at the local libraries and other areas for individuals who may not have access to computers/wifi in their homes.
- A strong, consistent, science based message updated regularly regarding interventions to promote disease control. This could be based upon the CDC County ratings each week. Sort of like the Smokey Bear fire risk signs that increase public awareness of changing conditions that impact fire danger. We are going to have to live with Covid19 going forward and need to develop strategies to increase public awareness of changing conditions and appropriate actions to mitigate risk.
- Better access to supporting seniors to stay in their homes longer
- More food stamps,more housing support, more food shelf items
- We need local community centers like the whole village in Plymouth where people can access community resources.
- I would love to know specific response times for EMS services in my area. The ambulance is parked so far away from my house that it seems unreliable in an emergency situation. Additionally, with the ending of the 3G network, we lost cell service at our house which makes calling EMS in an emergency unreliable. This is a huge issuenin the region that I think is not being addressed. Cell service should be expanding, not retracting!
- More dental options for low income and emergency surgery, more access to mental healthy providers, more teen behavioral health.
- Anything that will attract more primary care providers and increase access to specialists (driving to DH or CMC is difficult and the wait for appointments is harmful)

- I have been in the area from 45 years and feel very fortunate that the health care system locally has always met my personal needs very well. (but I'm a pretty healthy person with insurance) Thank you!
- These services are all needed. Stop limiting things like surgeries and diagnostics and number of visits because of Covid. We never did it for any other local outbreak. When someone had the flu they were allowed to go to the doctor to be seen. Not left outside and told not to come in until it is ok for instance.
- Access to primary care provider or support by phone and telemedicine.
- Regional emergency medical service for all northern Grafton County communities
- find a way to entice people to want to return to the work force.