

2025 Community Health Needs Assessment

Northern New Hampshire
Coös & Grafton Counties

Northeast Vermont
Caledonia, Essex, & Orange Counties

Developed in Partnership By:



ACHS



**MID-STATE
HEALTH**

 **Ovation Healthcare**

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Executive Summary

The Northern New Hampshire, Northeast Vermont Organizations (the "Organizations") performed a Community Health Needs Assessment (CHNA) in partnership with Ovation Healthcare ("Ovation") to determine the health needs of the local community and developed an accompanying implementation plan to address the identified health needs.

The Northern New Hampshire, Northeast Vermont Organizations include:

- Ammonoosuc Community Health Services ("ACHS")
- Cottage Hospital
- Littleton Regional Healthcare
- Mid-State Health

This CHNA report consists of the following information:

- 1) a definition of the community served by the Organizations 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 Organizations solicited and considered input received from persons who represent the broad interests of the community it serves;
- 4) commentary on the 2022 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 help build an accurate picture of the current community and its health needs. A broad community survey was performed to review and provide feedback on the prior CHNA and to support the determination of the Significant Health Needs of the community in 2025.

The top health priorities identified by the Northern New Hampshire, Northeast Vermont facilities from this assessment are:



Economic Health



Access to Healthcare



Mental Health



Cancer

Community Health Needs Assessment

Overview

CHNA Purpose

A CHNA is part of the required documentation of “Community Benefit” under the Affordable Care Act for 501(c)(3) hospitals and fulfills requirements for accreditation for many health and public health entities. However, regardless of status, a CHNA provides many benefits to an organization. This assessment 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.

Organizational Benefits

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

CHNA Process

1 

Survey the Community

Develop a CHNA survey to be deployed to the broad community in order to assess significant health priorities.

2 

Data Analysis

Review survey data and relevant data resources to provide qualitative and quantitative feedback on the local community and market.

3 

Determine Top Health & Social Needs

Prioritize community health and social needs based on the community survey, data from secondary sources, and facility input.

4 

Implementation Planning

Build an implementation plan to address identified needs with actions, goals, and intended impacts on significant health needs.

Process & Methods

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 through a community-wide survey
- Resolution of any data inconsistency or discrepancies by reviewing the combined opinions formed by local expert advisors and community members

Data Collection and Analysis

This assessment relies on secondary source data, which primarily uses 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.

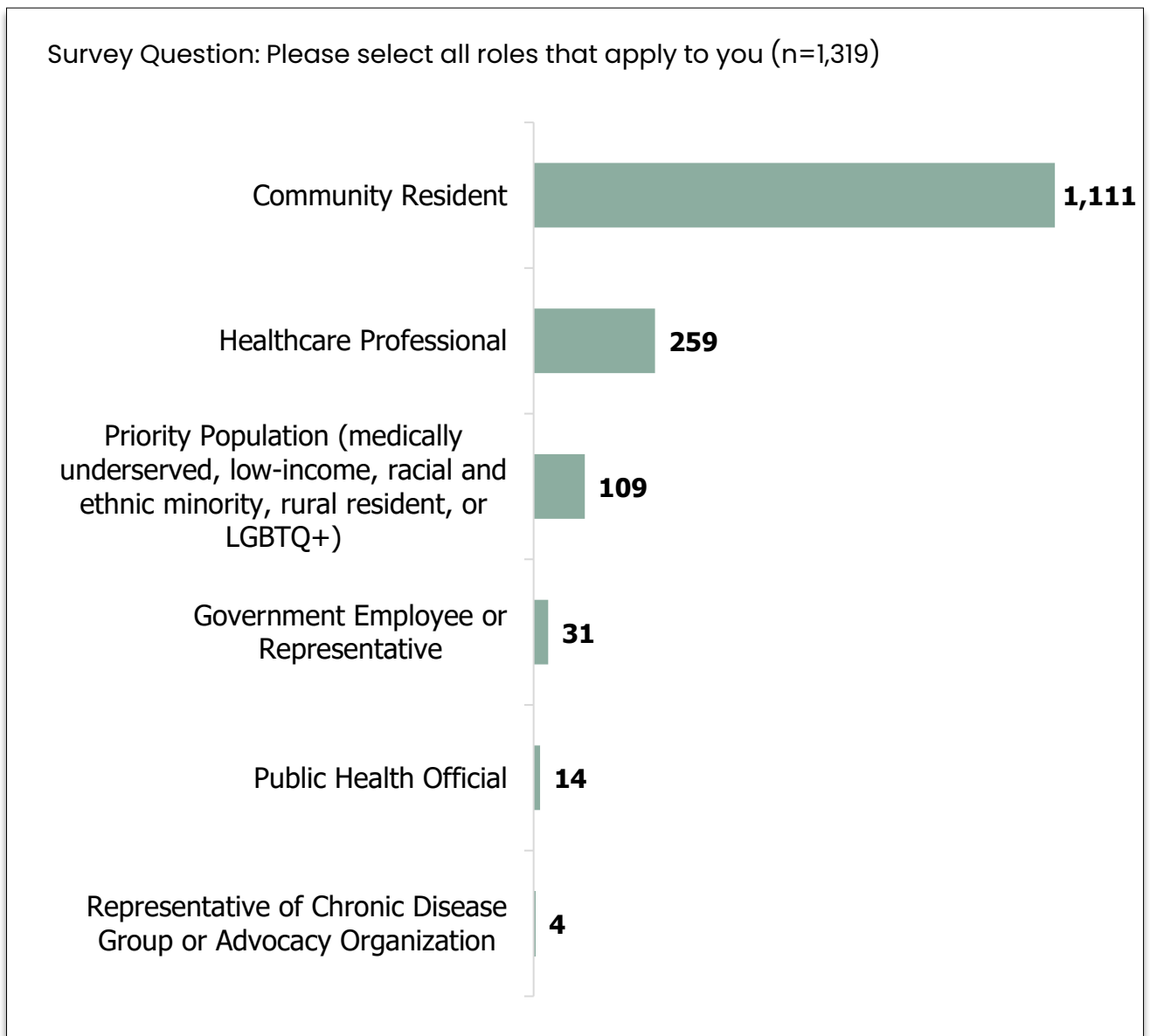
All data sources are detailed in the appendix of this report with the majority of the data used in this assessment coming from:

- County Health Rankings 2025 Report
- Centers for Medicare & Medicaid Services – CMS
- Centers for Disease Control and Prevention – CDC
- Health Resources & Services Administration – HRSA
- New Hampshire Department of Health and Human Services – NHDHHS

A standard process of gathering community input was utilized. In addition to gathering data from the above sources, a CHNA survey was deployed to local expert advisors and the general public 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 NCR's desire to represent the region's economic, racial, and geographically diverse population. One thousand three hundred forty (1,340) survey responses from community members were gathered in June 2025.

Community Input

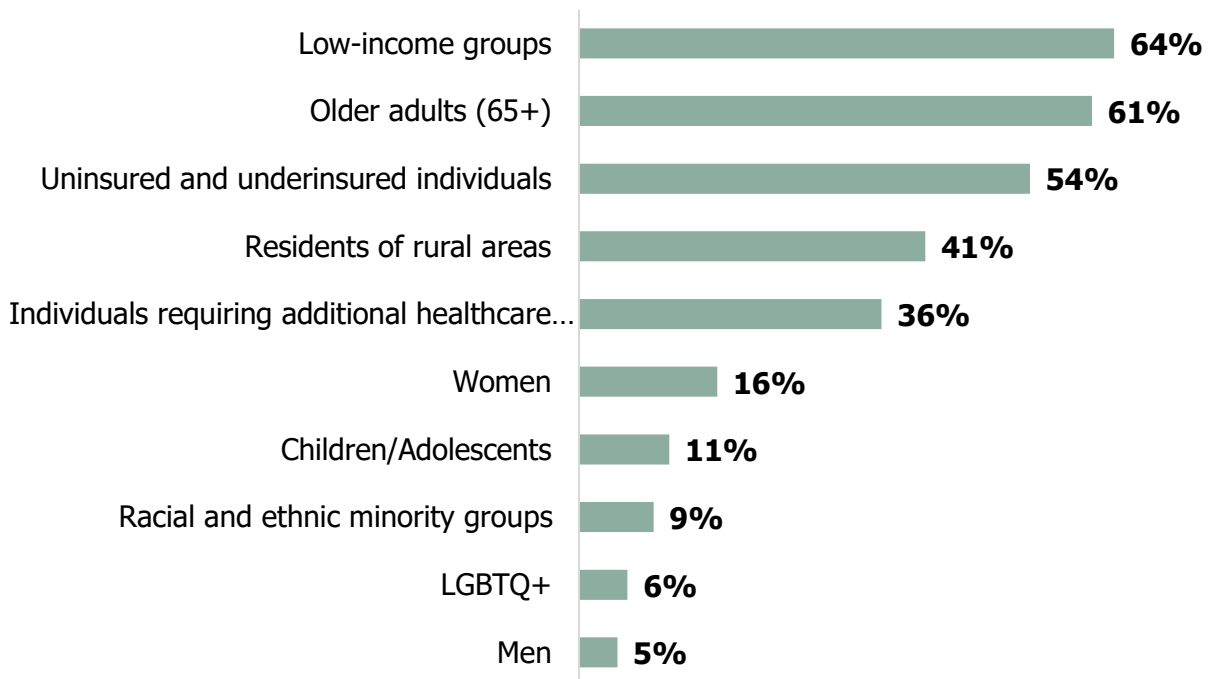
Input was obtained from the required three minimum federally required sources and expanded to include other representative groups. The Organizations asked all those participating in the written comment solicitation process to self-identify into any of the following representative classifications, which are detailed in the appendix to this report. Additionally, survey respondents were asked to identify their age, race/ethnicity, and income level to ensure a diverse range of responses were collected.



Priority Populations

Medically underserved populations are those who experience health disparities or face barriers to receiving adequate medical care because of income, geography, language, etc. The Organizations assessed what population groups in the community (“Priority Populations”) would benefit from additional focus and asked survey respondents to elaborate on the key health challenges these groups face.

Survey Question: Which groups would you consider to have the greatest health needs (rates of illness, trouble accessing healthcare, etc.) in your community?



Local opinions of the needs of Priority Populations, while presented in their entirety in the appendix, were abstracted into the following key themes:

- The top three priority populations identified were low-income groups, older adults (65+), and uninsured and underinsured individuals.
- Summary of unique or pressing needs of the priority groups identified by the respondents:

Access to
Specialists

Lack of
Transportation

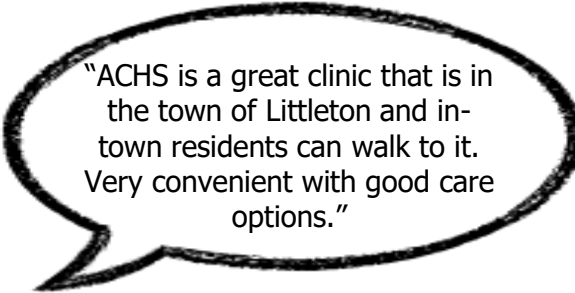
Affordability of
Services

Input on 2022 CHNA

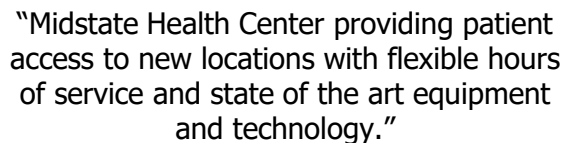
The Northern New Hampshire, Northeast Vermont Organizations considered written comments received on the prior CHNA and Implementation Strategy as a component of the development of the 2025 CHNA and Implementation Strategy. Comments were solicited from community members to provide feedback on any efforts and actions taken by the Organizations since the 2022 CHNA and Implementation Plan were conducted. These comments informed the development of the 2025 CHNA and Implementation Plan and are presented in full in the appendix of this report. The health priorities identified in the 2025 CHNA are listed below:

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

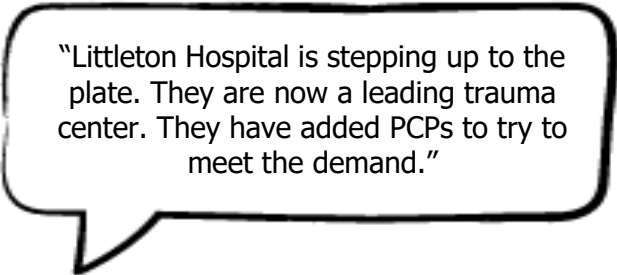
Impact of Actions to Address the 2022 Significant Health Needs



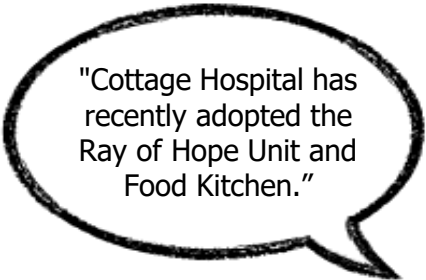
"ACHS is a great clinic that is in the town of Littleton and in-town residents can walk to it. Very convenient with good care options."



"Midstate Health Center providing patient access to new locations with flexible hours of service and state of the art equipment and technology."



"Littleton Hospital is stepping up to the plate. They are now a leading trauma center. They have added PCPs to try to meet the demand."



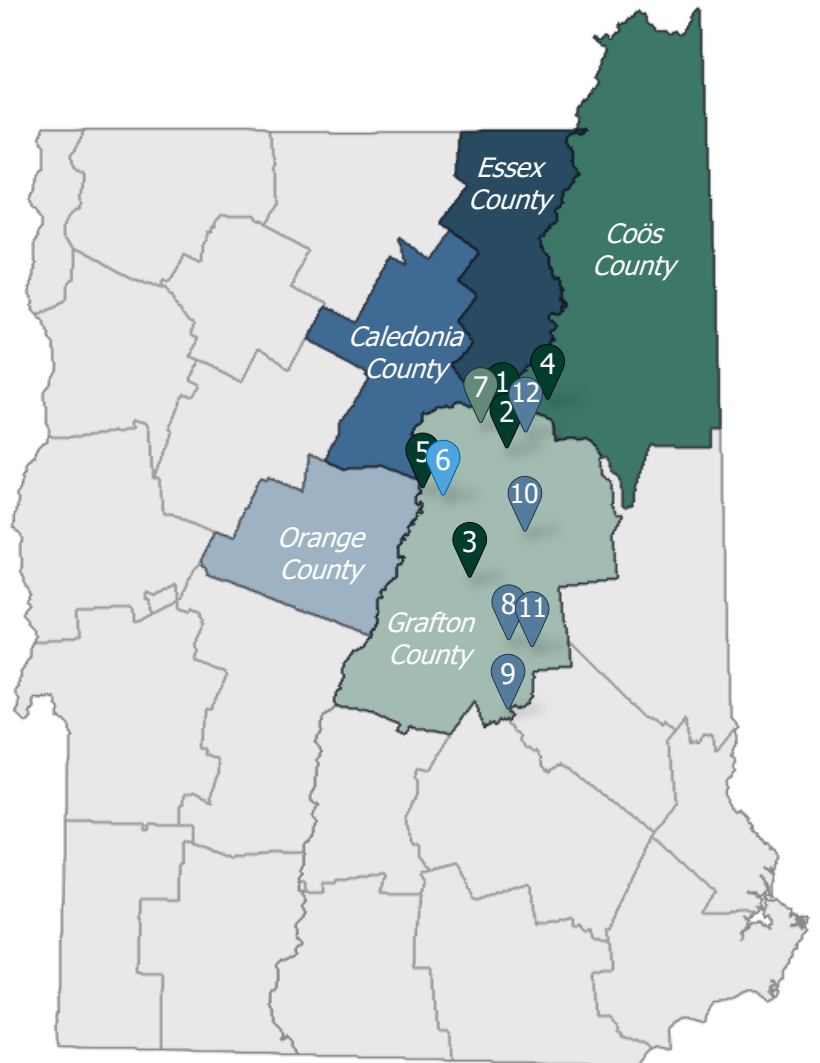
"Cottage Hospital has recently adopted the Ray of Hope Unit and Food Kitchen."

Community Served

For the purpose of this study, the service area is defined as the following counties in Northern New Hampshire and Northeast Vermont outlined on the map below: Coös and Grafton Counties in New Hampshire, and Caledonia, Essex, and Orange Counties in Vermont. Where possible, the report includes data from this county-level service area compared to New Hampshire and Vermont state averages. Geographically, the organizations are located throughout this region and the majority of their patient population come from these counties.

Service Area

- 1. ACHS – Littleton
- 2. ACHS – Franconia
- 3. ACHS – Warren
- 4. ACHS – Whitefield
- 5. ACHS – Woodsville
- 6. Cottage Hospital & Rowe Health Center
- 7. Littleton Regional Healthcare
- 8. Mid-State Health – Plymouth
- 9. Mid-State Health – Bristol
- 10. Mid-State Health – Lincoln
- 11. Mid-State Health – Diagnostic and Care Center
- 12. Mid-State Health – Littleton Dental



Source: ArcGIS, ESRI

Service Area Demographics – NH

	Coös	Grafton	New Hampshire
Demographics			
Total Population	31,372	93,146	1,402,054
Age			
Below 18 Years of Age	16.2%	15.2%	18.0%
Ages 19 to 64	57.6%	60.9%	61.2%
65 and Older	26.2%	23.9%	20.8%
Race & Ethnicity			
Non-Hispanic White	94.1%	89.5%	88.5%
Non-Hispanic Black	0.9%	1.4%	1.6%
American Indian or Alaska Native	0.6%	0.4%	0.3%
Asian	0.8%	4.1%	3.1%
Native Hawaiian or Other Pacific Islander	0.0%	0.0%	0.1%
Hispanic	2.4%	2.9%	4.8%
Gender			
Female	48.0%	50.3%	50.1%
Male	52.0%	49.7%	49.9%
Geography			
Rural	69.1%	65.7%	41.7%
Urban*	30.9%	34.3%	58.3%
Income			
Median Household Income	\$59,592	\$81,537	\$97,031

*Notes: *Urban is defined as census blocks that encompass at least 5,000 people or at least 2,000 housing units
Source: County Health Rankings 2025 Report*

Service Area Demographics - VT

	Caledonia	Essex	Orange	Vermont
Demographics				
Total Population	30,610	6,010	29,943	647,464
Age				
Below 18 Years of Age	18.1%	17.9%	17.6%	17.7%
Ages 19 to 64	58.5%	53.6%	57.9%	60.2%
65 and Older	23.4%	28.5%	24.5%	22.1%
Race & Ethnicity				
Non-Hispanic White	93.7%	94.2%	94.8%	91.5%
Non-Hispanic Black	0.8%	0.6%	0.7%	1.5%
American Indian or Alaska Native	0.5%	0.6%	0.5%	0.4%
Asian	1.2%	0.8%	0.6%	2.1%
Native Hawaiian or Other Pacific Islander	0.0%	0.0%	0.0%	0.0%
Hispanic	2.2%	1.8%	1.9%	2.6%
Gender				
Female	49.9%	49.3%	50.0%	50.4%
Male	50.1%	50.7%	50.0%	49.6%
Geography				
Rural	83.8%	100.0%	100.0%	64.9%
Urban*	16.2%	0.0%	0.0%	35.1%
Income				
Median Household Income	\$64,229	\$58,359	\$73,771	\$80,626

*Notes: *Urban is defined as census blocks that encompass at least 5,000 people or at least 2,000 housing units
Source: County Health Rankings 2025 Report*

Methods of Identifying Health Needs

Collect & Analyze

Analyze existing data and collect new data



737 indicators collected from data sources



1,340 surveys completed by community members

Evaluate

Evaluate indicators based on the following factors:



Worse than benchmark



Identified by the community



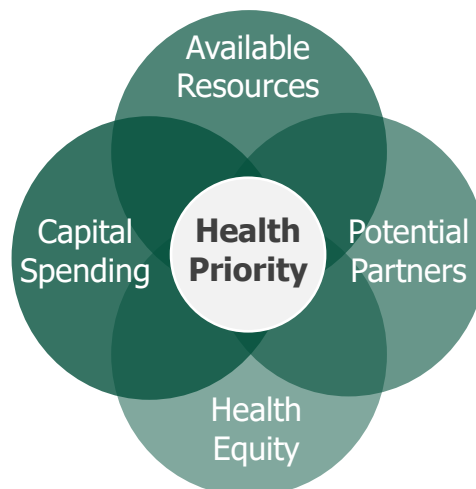
Impact on health disparities



Feasibility of being addressed

Select

Select priority health needs for implementation plan



Prioritizing Significant Health Needs

The survey respondents participated in a structured communication technique called the "Wisdom of Crowds" method. 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 Organization's process, each survey respondent had the opportunity to prioritize community health needs. The survey respondents then ranked the importance of addressing each health need on a scale of 1 (not at all) to 5 (extremely), including the opportunity to list additional needs that were not identified.

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

Ranked Health Priorities

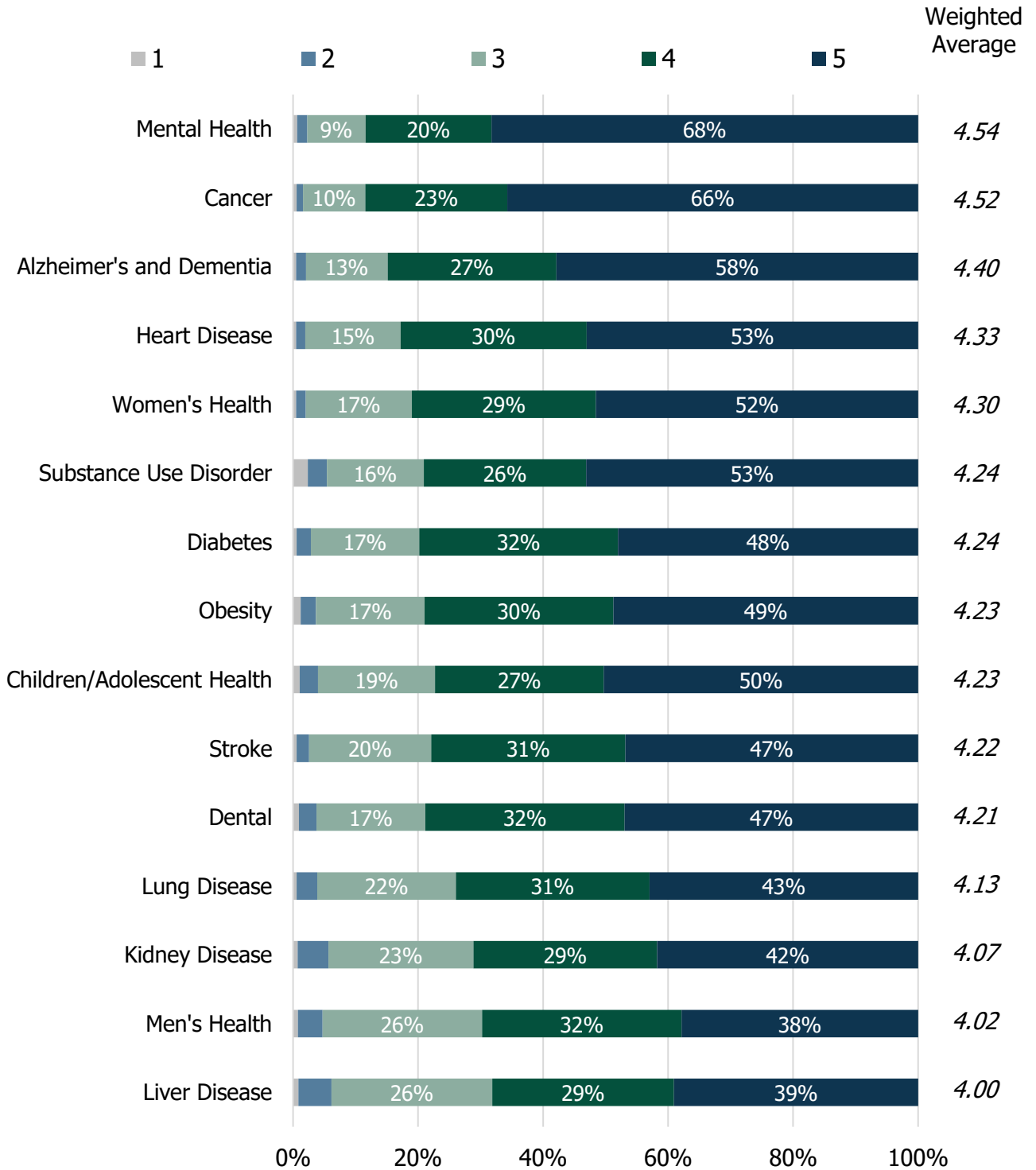
The health priority ranking process included an evaluation of health factors, community factors, and personal factors, given they each uniquely impact the overall health and health outcomes of a community:

- Health factors include chronic diseases, health conditions, and the physical health of the population.
- Community factors are the social drivers that influence community health and health equity.
- Behavioral factors are the individual actions 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. The results of the health priority rankings are outlined below:

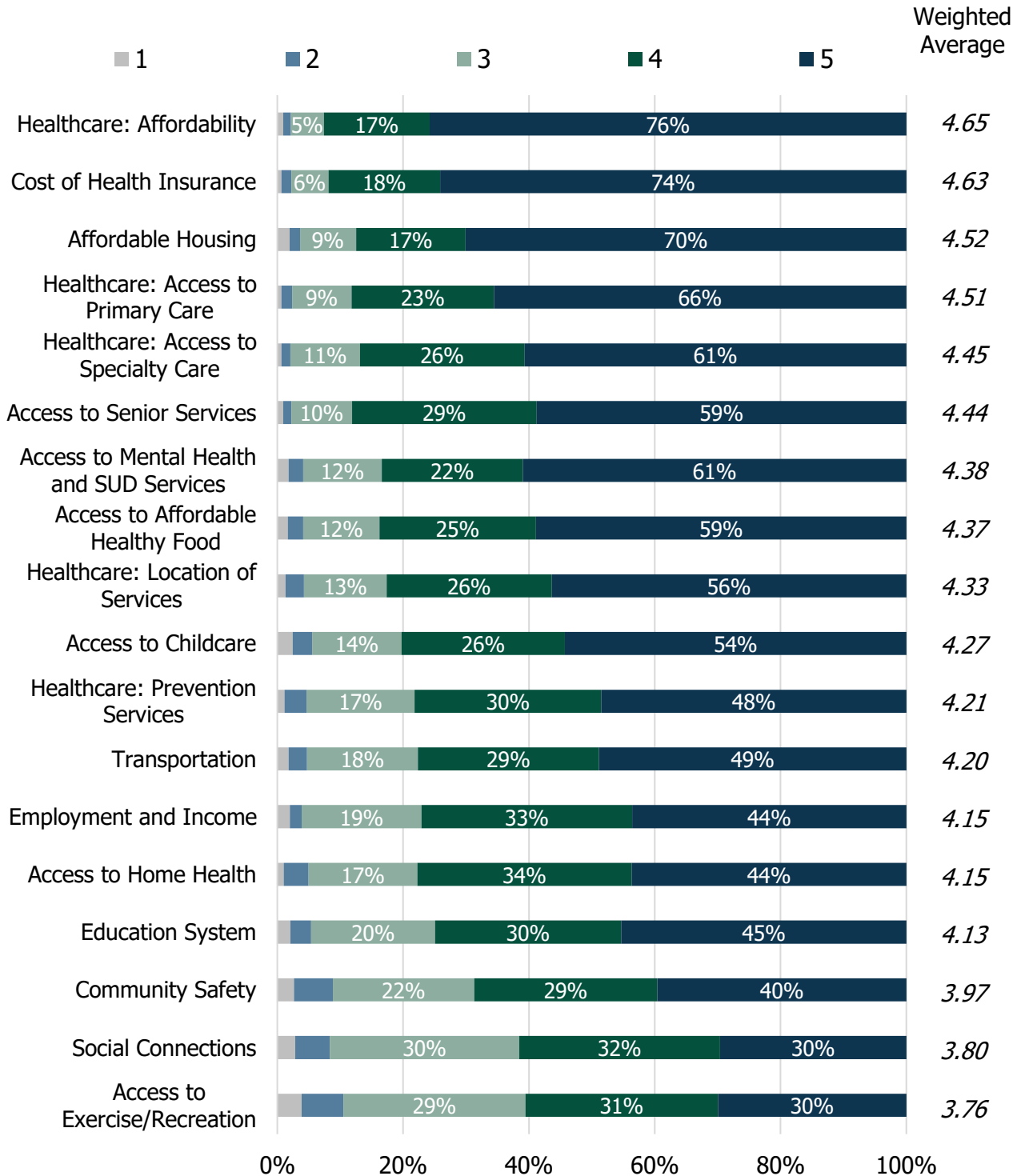
Health Factors

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



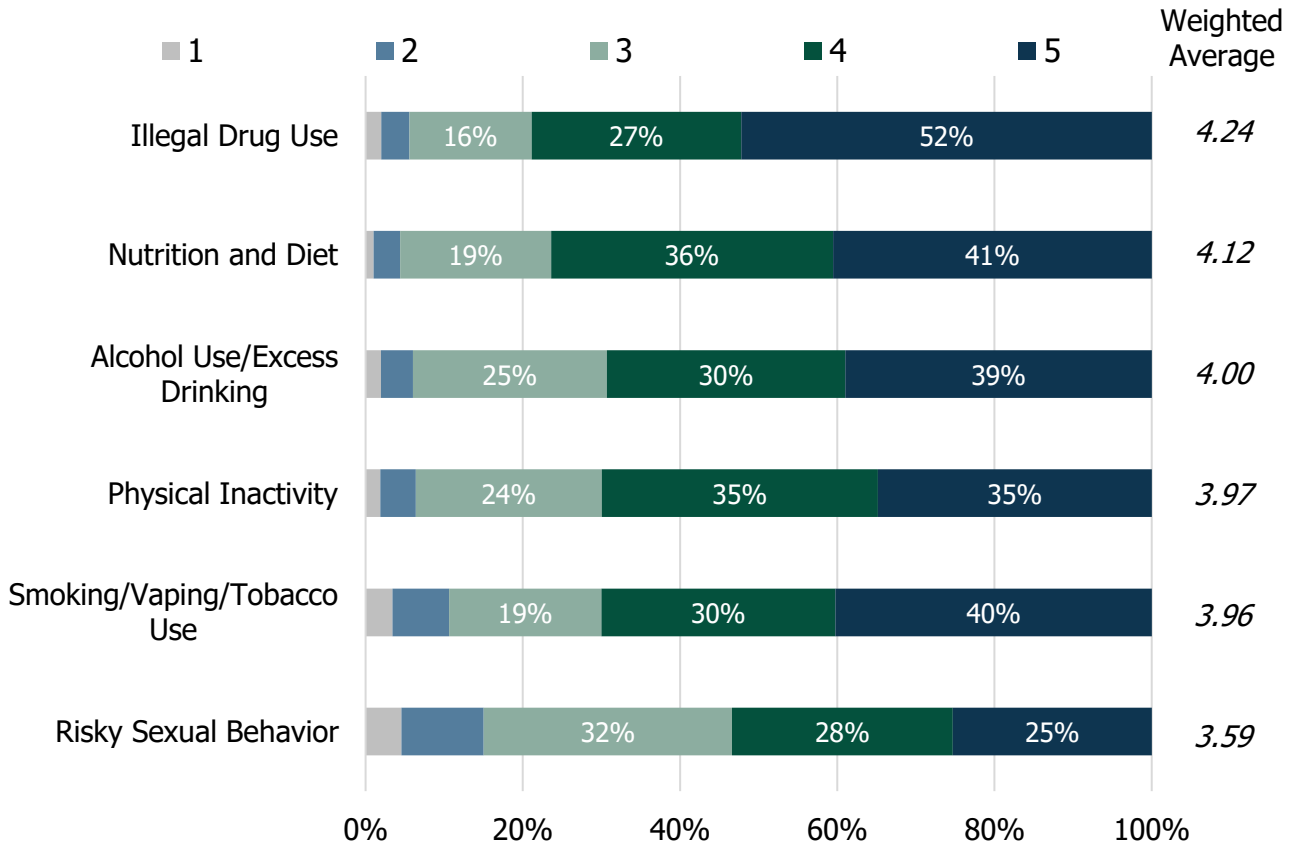
Community Factors

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



Behavioral Factors

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



Overall Health Priority Ranking (Top 10 Highlighted)

Health Issue	Weighted Average (out of 5)	Combined 4 (Important) and 5 (Extremely Important) Rating
Healthcare: Affordability	4.65	92.6%
Cost of Health Insurance	4.63	91.9%
Mental Health	4.54	88.4%
Cancer	4.52	88.4%
Affordable Housing	4.52	87.5%
Healthcare: Access to Primary Care	4.51	88.2%
Healthcare: Access to Specialty Care	4.45	86.9%
Access to Senior Services	4.44	88.1%
Alzheimer's and Dementia	4.40	84.9%
Access to Mental Health and SUD Services	4.38	83.4%
Access to Affordable Healthy Food	4.37	83.7%
Heart Disease	4.33	82.8%
Healthcare: Location of Services	4.33	82.6%
Women's Health	4.30	81.0%
Access to Childcare	4.27	80.2%
Diabetes	4.24	79.8%
Substance Use Disorder	4.24	79.1%
Illegal Drug Use	4.24	78.9%
Children/Adolescent Health	4.23	77.3%
Obesity	4.23	79.0%
Stroke	4.22	77.9%
Dental	4.21	78.8%
Healthcare: Prevention Services	4.21	78.2%
Transportation	4.20	77.7%
Access to Home Health	4.15	77.7%
Employment and Income	4.15	77.1%
Lung Disease	4.13	74.0%
Education System	4.13	74.9%
Nutrition and Diet	4.12	76.4%
Kidney Disease	4.07	71.2%
Men's Health	4.02	69.7%
Liver Disease	4.00	68.1%
Alcohol Use/Excess Drinking	4.00	69.3%
Community Safety	3.97	68.7%
Physical Inactivity	3.97	70.0%
Smoking/Vaping/Tobacco Use	3.96	70.0%
Social Connections	3.80	61.5%
Access to Exercise/Recreation	3.76	60.6%
Risky Sexual Behavior	3.59	53.4%

Community Health Characteristics

This section highlights health status indicators, outcomes, and relevant data on the health needs in Northern New Hampshire and Northeast Vermont. The data at the county level is supplemented with benchmark comparisons to the state data for both New Hampshire and Vermont. The most recently available data is used throughout this report with trended data included where available. A scorecard that compares the population health data of the service area counties can be found in the report appendix.

Behavioral Health

Mental Health

Mental health was the #3 community-identified health priority with 88% of respondents rating it as important to be addressed in the community (important is categorized as a 4 or 5 rating on the community survey). While data is limited in the Vermont service area, the New Hampshire service area shows disparities in suicide mortality with Coös County having a significantly higher suicide mortality rate compared to the state (17.0 compared to 10.6 per 100,000, respectively) (NIH).

Poor mental health disproportionately affects people in priority populations like racial and ethnic minority groups and residents of rural areas due to a lack of access to providers as seen in the mental health provider ratios below (NAMI). While it's difficult to measure the true rate of mental illness in the community, the following data points give insight into this health priority:

	Coös	Grafton	New Hampshire
Poor Mental Health Days past 30 days (2021)	6.1	5.4	5.7
Population per 1 Mental Health Provider (2023)	418:1	167:1	250:1
Suicide Mortality Rate per 100,000 (2019-2023)	17.0	10.7	10.6
Suicide or self-harm-related ED visits per 100,000 (2017-2021)	213.4	158.4	185.8

Source: County Health Rankings 2025 Report, NIH: HDPulse, NHDHHS

	Caledonia	Essex	Orange	Vermont
Poor Mental Health Days past 30 days (2021)	5.9	6.2	5.3	5.5
Population per 1 Mental Health Provider (2023)	232:1	1,503:1	241:1	174:1
Suicide Mortality Rate per 100,000 (2019-2023)	N/A	N/A	N/A	4.2

Source: County Health Rankings 2025 Report, NIH: HDPulse

Drug, Substance, and Alcohol Use

Seventy-nine percent (79%) of survey respondents said that both substance use disorder and illegal drug use are important issues to address in the region. Additionally, 83% of respondents said that access to mental health and substance use disorder is a high priority in the community.

In New Hampshire, Coös County has a higher rate of drug overdose deaths compared to the state while Grafton County has a lower rate. The region sees similar rates of excessive drinking compared to the state, but also sees higher rates of adult smoking. When evaluating opioid overdoses, the region sees a lower rate of overdose ED visits, but Coös County sees a significantly higher rate of opioid overdose deaths.

In Vermont, Caledonia County has the highest rates of drug-related overdose deaths and opioid overdose deaths. The rate of opioid overdose ED visits is also significantly higher in Caledonia County compared to the state. Excessive drinking in the three Vermont service area counties is similar to the state average, while Caledonia and Essex Counties have higher rates of smoking compared to the state.

	Coös	Grafton	New Hampshire
Drug-Related Overdose Deaths per 100,000 (2020-2022)	57.5	20.4	31.8
Excessive Drinking (2022)	21.0%	21.6%	20.9%
Alcohol-Impaired Driving Deaths (2017-2021)	35.7%	36.7%	37.2%
Adult Smoking (2022)	17.5%	12.8%	11.5%
Opioid Overdose Deaths per 100,000 (2019-2023)	45.7	19.3	28.6
Opioid Overdose ED Visits per 100,000 (2017-2021)	111.8	70.1	136.8

Source: County Health Rankings 2025 Report, NHDHHS

	Caledonia	Essex	Orange	Vermont
Drug-Related Overdose Deaths per 100,000 (2020-2022)	40.8	N/A	36.3	37.5
Excessive Drinking (2022)	23.6%	21.3%	23.0%	23.0%
Alcohol-Impaired Driving Deaths (2017-2021)	33.3%	66.7%	29.4%	33.0%
Adult Smoking (2022)	17.4%	15.0%	11.8%	13.7%
Opioid Overdose Deaths per 100,000 (2022-2024)	13.1	N/A	6.7	10.8
Opioid Overdose ED Visits per 10,000 (2022-2024)	26.2	N/A	N/A	15.2

Source: County Health Rankings 2025 Report, Vermont Department of Health

Chronic Diseases

Cancer

Cancer was identified as the #4 community health issue with 88% of survey respondents rating it as important to address in the community. Cancer is the leading cause of death in Grafton County and the 2nd leading cause of death in all other service area counties (NIH). Additionally, 32% of survey respondents said they would like to see additional access to cancer care in the region.

Both Coös and Caledonia Counties have higher incidence rates and mortality rates for cancer compared to the state averages. Alternatively, Grafton and Orange Counties have lower incidence rates and mortality rates for cancer compared to the state averages. Patterns of high cancer incidence and mortality often indicate both barriers to early detection and treatment, and inadequate access to cancer treatment, particularly in underserved communities.

	Coös	Grafton	New Hampshire
Cancer Incidence Rate Age-Adjusted per 100,000 (2017-2021)	481.5	447.3	472.5
Cancer Mortality Rate per 100,000 (2019-2023)	163.3	141.5	145.2

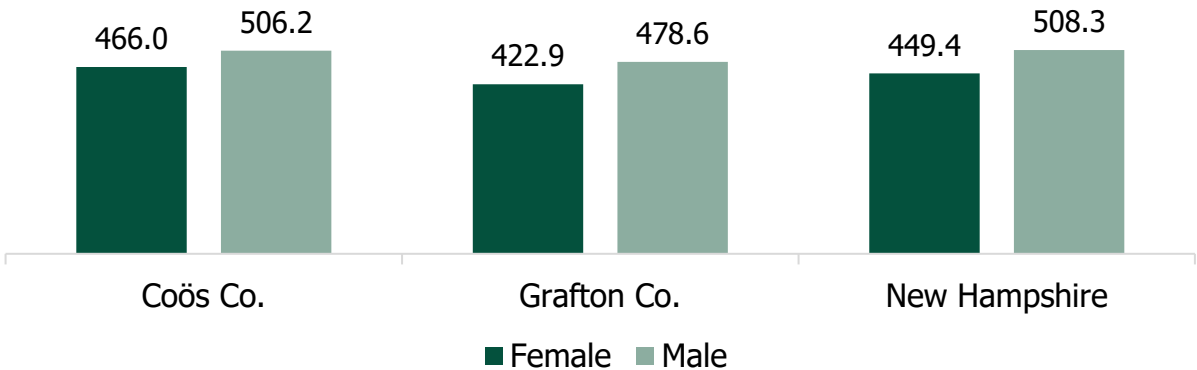
Source: NIH: HDPulse, National Cancer Institute

	Caledonia	Essex	Orange	Vermont
Cancer Incidence Rate Age-Adjusted per 100,000 (2017-2021)	453.6	425.9	433.2	447.3
Cancer Mortality Rate per 100,000 (2019-2023)	170.4	169.1	138.9	150.6

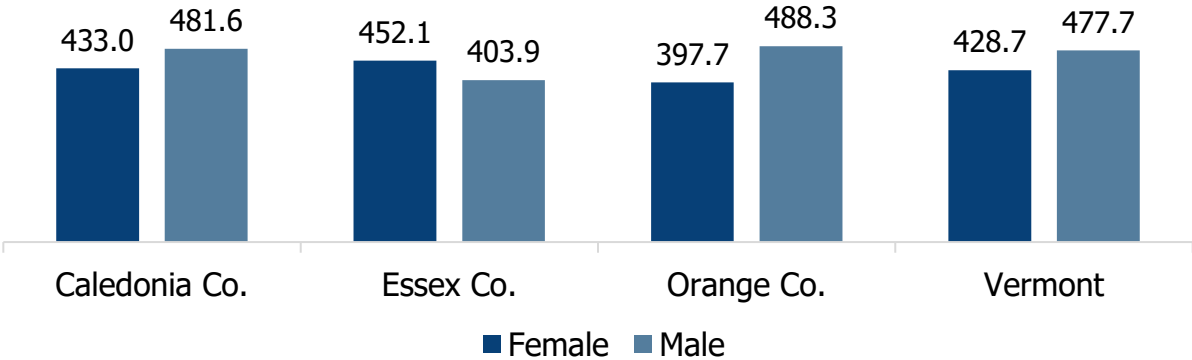
Source: NIH: HDPulse, National Cancer Institute

When evaluating health equity across genders, men have higher incidence rates of cancer compared to women. This disparity can be due to a multitude of factors including behavioral factors like tobacco use and diet, as well as healthcare utilization like preventative care and screening (CDC). Essex County is the only county in the service area where women have a higher incidence rate of cancer compared to men (452.1 compared to 403.9, respectively).

Cancer Incidence Rates by Gender (*per 100,000*)

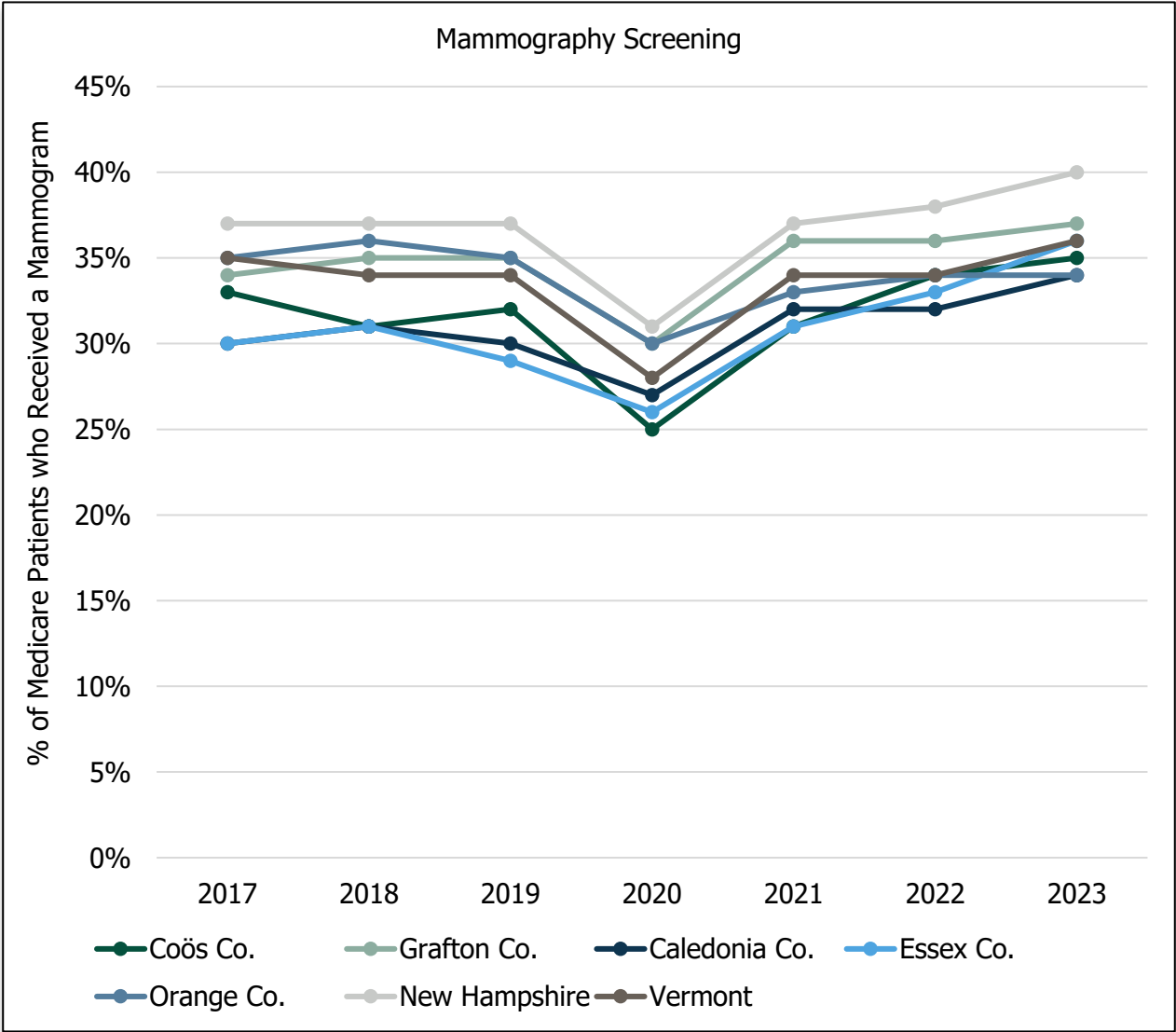


Cancer Incidence Rates by Gender (*per 100,000*)



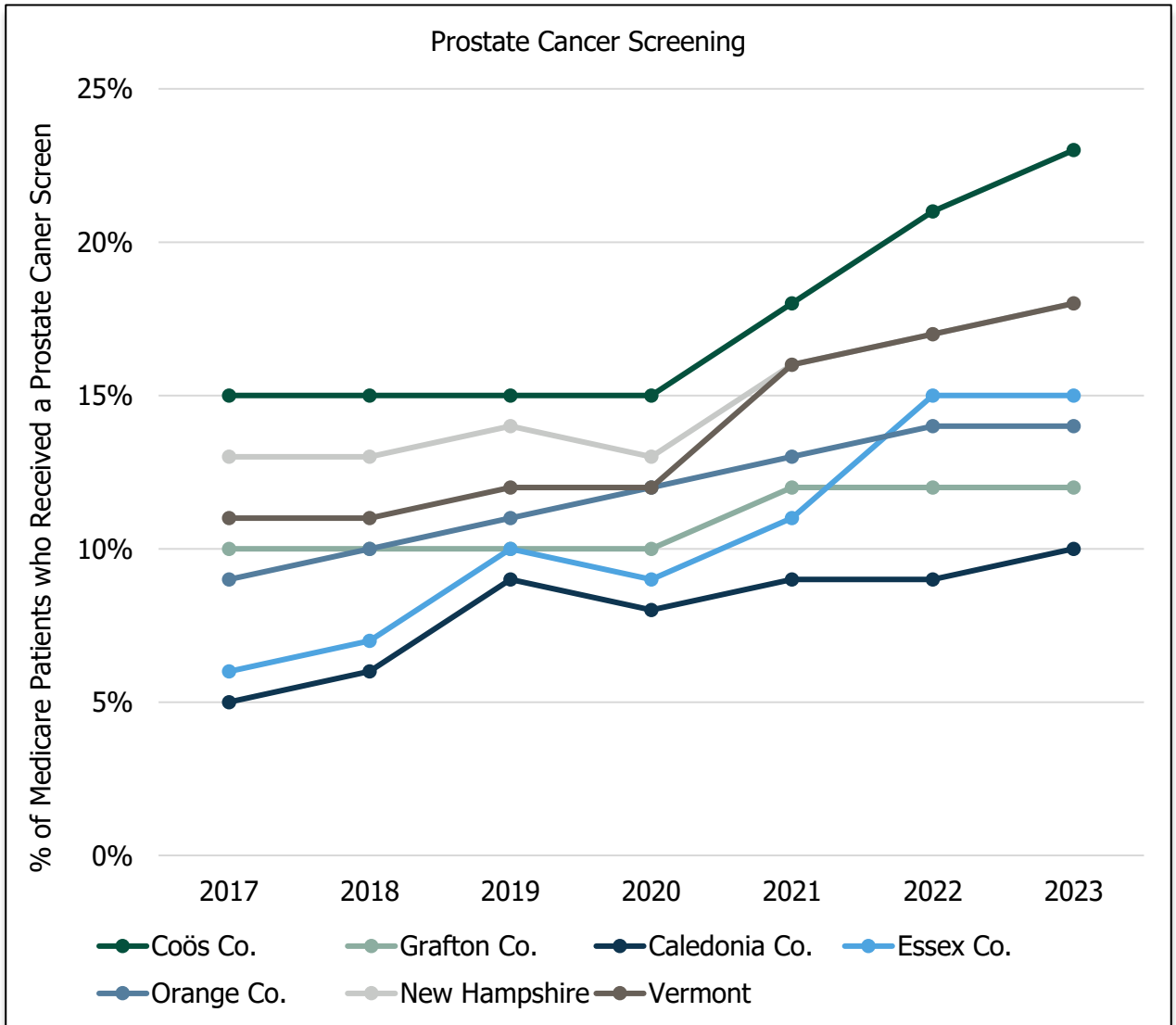
Source: National Cancer Institute

The rate of Medicare enrollees (women age 65+) who have received a mammogram in the past year is lower across the service area compared to the state averages with lower mammogram adherence in Caledonia and Orange Counties. In the region, mammography rates have increased in recent years after a dip downward in 2020 during the COVID-19 pandemic.



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

Among Medicare enrollees (men age 65+), all service area counties have lower prostate cancer screening rates compared to state averages except for Coös County, which has the highest screening rate in the region. These rates have been steadily increasing since 2020.



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

Cardiovascular Health

Heart disease is the leading cause of death in all service area counties except for Grafton County, where it is the 2nd leading cause of death. Additionally, all counties except for Grafton County have higher mortality rates from heart disease compared to state averages. In the Medicare population, heart disease prevalence is lower across the region than in the states, indicating a disparity between incidence and mortality rates often due to limited access to screening and treatment.

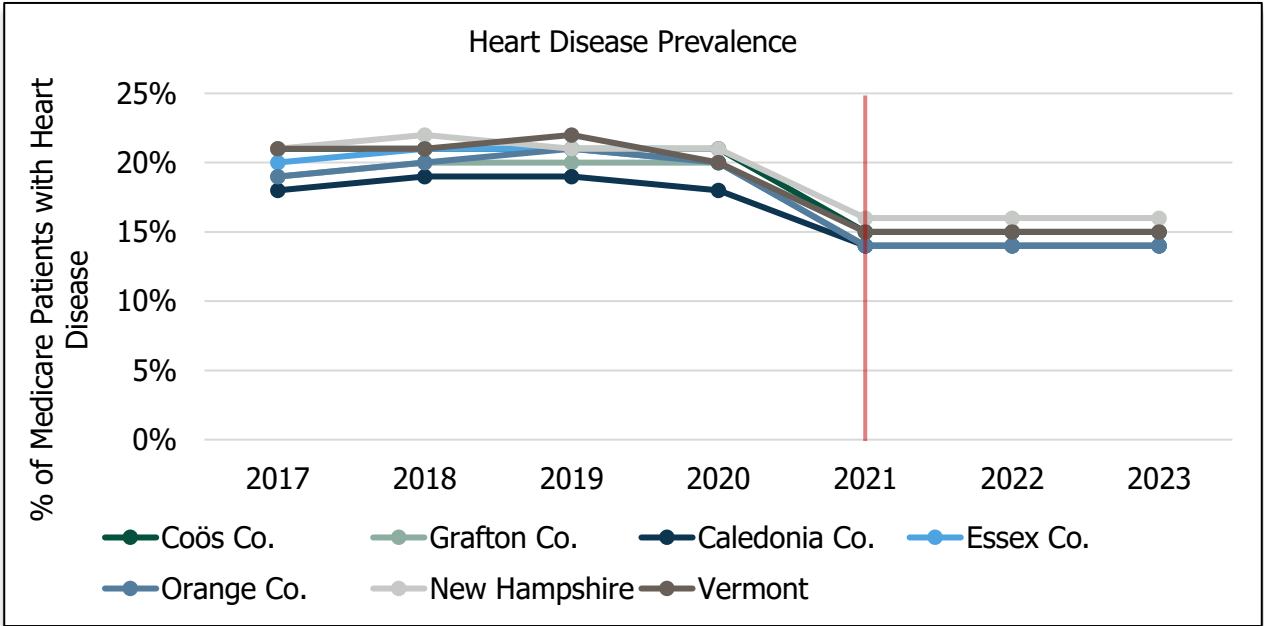
Across the region, mortality rates from stroke are higher than state averages while the prevalence of stroke among the Medicare population is fairly similar across all service area counties in comparison to the states.

	Coös	Grafton	New Hampshire
Heart Disease Mortality Rate per 100,000 (2019-2023)	190.7	141.2	150.6
Stroke Mortality Rate per 100,000 (2019-2023)	34.3	33.7	30.6

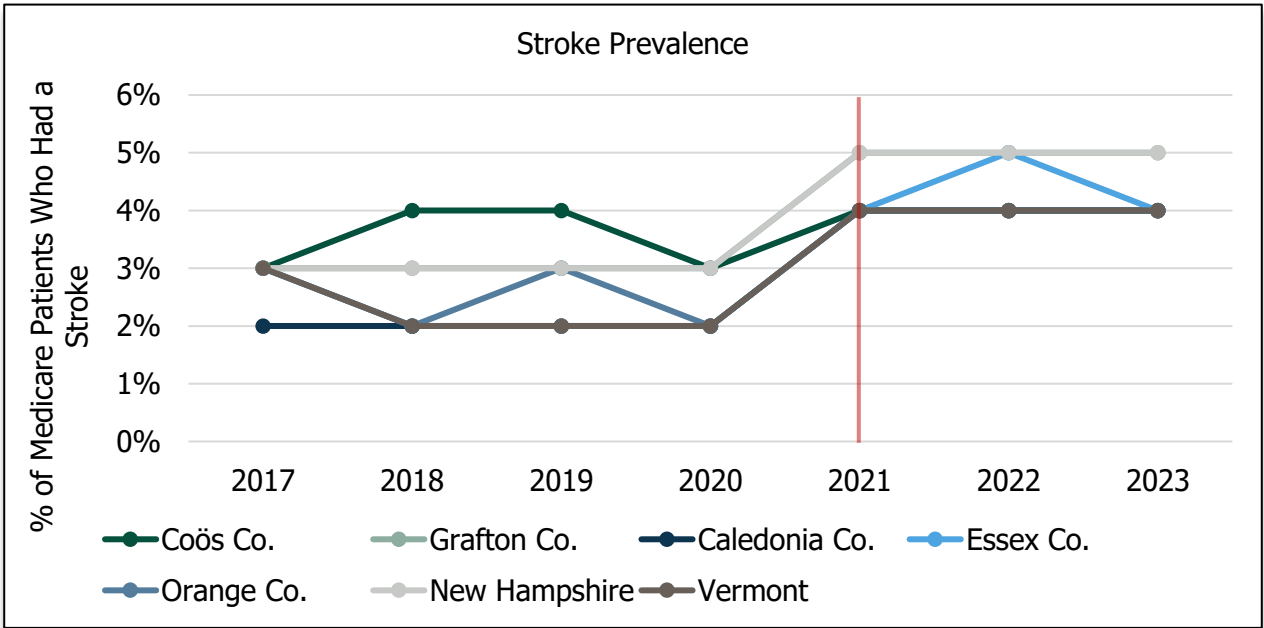
Source: NIH: HDPulse

	Caledonia	Essex	Orange	Vermont
Heart Disease Mortality Rate per 100,000 (2019-2023)	183.8	208.2	163.5	163.1
Stroke Mortality Rate per 100,000 (2019-2023)	32.2	N/A	30.2	28.8

Source: NIH: HDPulse



Note: Grafton, Caledonia, Essex, and Orange Counties overlap between 2021 and 2023; Coös County overlaps with Vermont between 2021 and 2023.



Note: Coös, Caledonia, and Orange Counties overlap with Vermont between 2021 and 2023; Grafton County overlaps with New Hampshire between 2021 and 2023.

*Note: There was a change in algorithm in 2021, marked by the vertical red line representing a break in trend lines
Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population*

Diabetes

Coös County has the highest diabetes prevalence and mortality rate in the region. Coös County also sees a high rate of diabetes-related inpatient stays. Caledonia County has the lowest diabetes mortality rate while Orange County has the lowest diabetes prevalence.

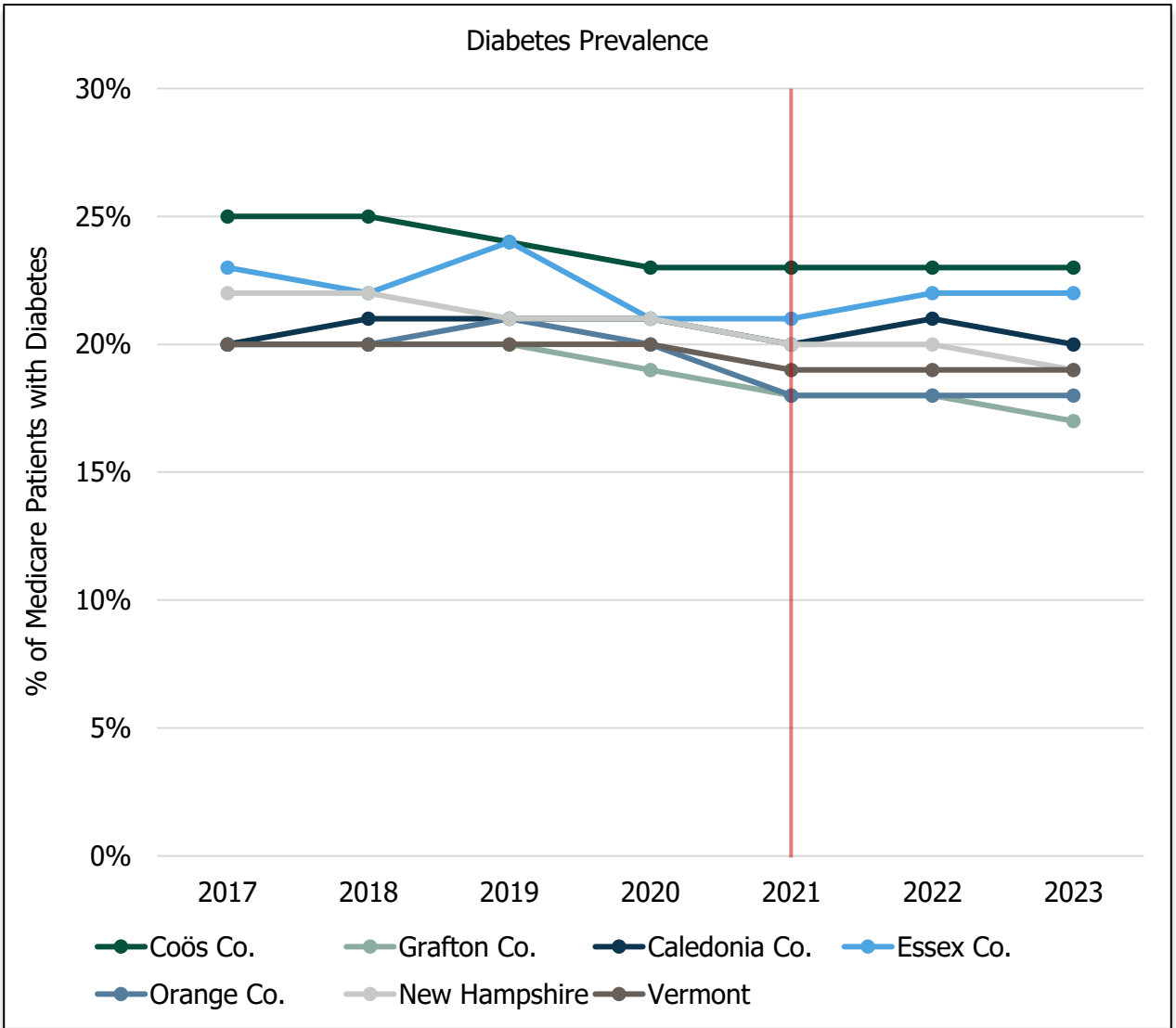
In the Medicare population, both Coös, Caledonia, and Essex Counties have a higher prevalence of diabetes compared to New Hampshire and Vermont averages, though rates have been declining in recent years across the region.

	Coös	Grafton	New Hampshire
Diabetes Mortality Rate per 100,000 (2019-2023)	29.1	18.4	20.2
Diabetes Prevalence (2023)	9.1%	7.6%	8.1%
Diabetes-related inpatient stays per 100,000 (2017-2021)	1,703.2	1,207.1	1,567.6
Prediabetes prevalence (2022)	7.1%	9.5%	11.5%

Source: NHDHHS, NIH: HDPulse, County Health Rankings 2025 Report

	Caledonia	Essex	Orange	Vermont
Diabetes Mortality Rate per 100,000 (2019-2023)	14.7	N/A	16.1	17.8
Diabetes Prevalence (2022)	8.1%	7.8%	6.5%	7.0%
Adults (18+) with Diabetes Who Have Received Formal Diabetes Education (2020, 2022)	53%	N/A	45%	50%

Source: NIH: HDPulse, County Health Rankings 2025 Report, Vermont Department of Health



*Note: There was a change in algorithm in 2021, marked by the vertical red line representing a break in trend lines
 Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population*

Obesity and Unhealthy Eating

Coös County and Essex County have the highest rates of adult obesity in the region. These counties also see a combination of both limited access to healthy foods as well as higher rates of physical inactivity. This combination contributes to an increased risk of chronic diseases and further exacerbates health disparities, especially in low-income and rural communities. Additionally, obesity, physical inactivity, and diet are well-established risk factors for type 2 diabetes development (American Diabetes Association).

	Coös	Grafton	New Hampshire
Adult Obesity (2022)	35.9%	28.8%	30.0%
Limited Access to Healthy Foods (2019)	5.2%	2.5%	4.2%
Physical Inactivity (2022)	22.0%	17.0%	19.0%
Access to Exercise Opportunities (2023)	73.2%	84.3%	84.9%

Source: County Health Rankings 2025 Report

	Caledonia	Essex	Orange	Vermont
Adult Obesity (2022)	29.7%	32.7%	26.7%	26.9%
Limited Access to Healthy Foods (2019)	1.7%	10.0%	3.5%	3.0%
Physical Inactivity (2022)	20.4%	19.7%	16.5%	18.5%
Access to Exercise Opportunities (2023)	55.7%	31.6%	47.4%	69.9%

Source: County Health Rankings 2025 Report

Alzheimer’s and Dementia

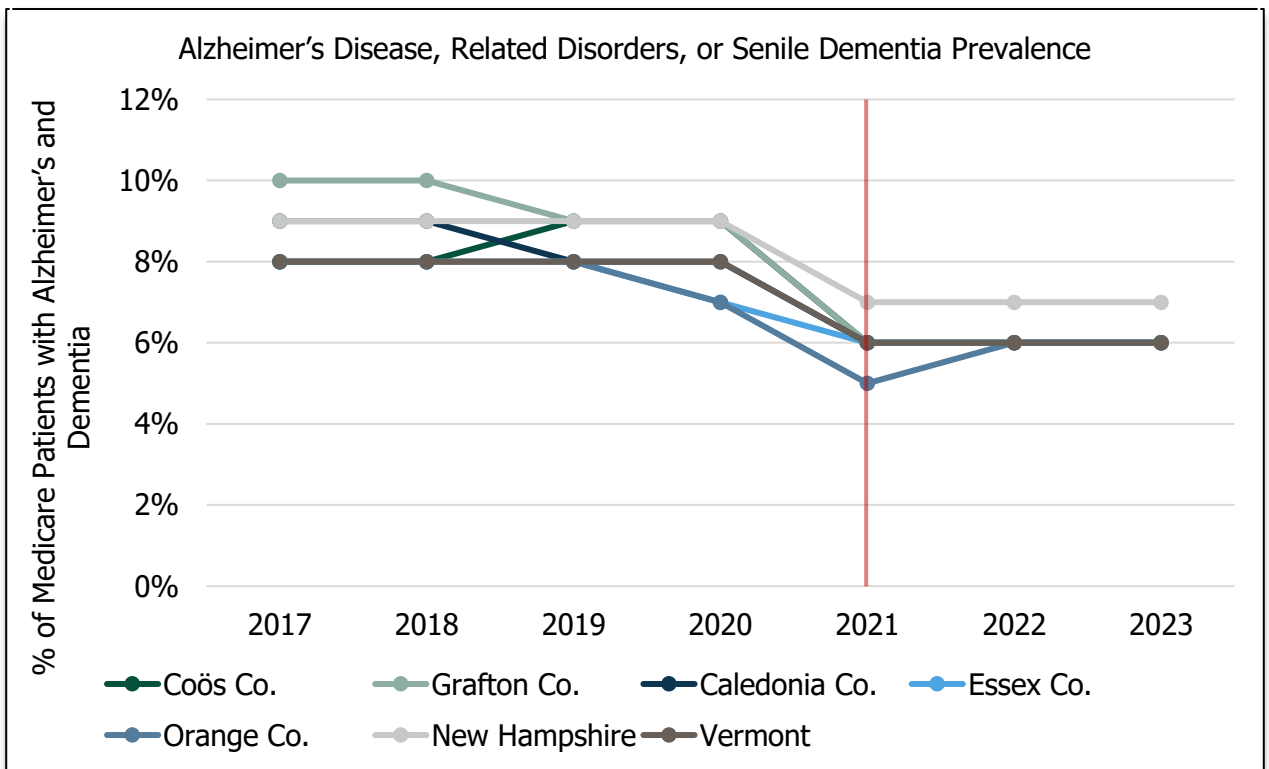
Coös and Caledonia Counties have the highest mortality rates for Alzheimer’s in the region and are both higher than New Hampshire and Vermont averages. In the Medicare population, the prevalence of Alzheimer’s, related disorders, or senile dementia is 6% for all service area counties.

	Coös	Grafton	New Hampshire
Alzheimer’s Mortality Rate per 100,000 (2019-2023)	48.6	22.9	26.1

Source: NIH: HDPulse

	Caledonia	Essex	Orange	Vermont
Alzheimer’s Mortality Rate per 100,000 (2019-2023)	39.1	N/A	26.6	35.2

Source: NIH: HDPulse



Note: There was a change in algorithm in 2021, marked by the vertical red line representing a break in trend lines; Coös, Grafton, Caledonia, and Essex Counties overlap with Vermont between 2021 and 2023.

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

Healthcare Access

Access & Affordability

Access to affordable and quality healthcare services is a key driver to improved health outcomes, economic stability, and health equity. The counties in Northern New Hampshire and Northeast Vermont have both lower household incomes and higher uninsured populations than New Hampshire and Vermont averages. Both Coös and Grafton Counties are designated as health professional shortage area (HPSA) populations for primary care, and high-need geographic HPSAs for mental health.

	Coös	Grafton	New Hampshire
Uninsured Population (2022)	8.7%	8.0%	7.0%
Population per 1 Primary Care Physician (2022)	894:1	530:1	1,149:1
Population per 1 Primary Care Provider (APP) (2021)	697:1	220:1	530:1
Population per 1 Dentist (2022)	1,370:1	1,199:1	1,302:1

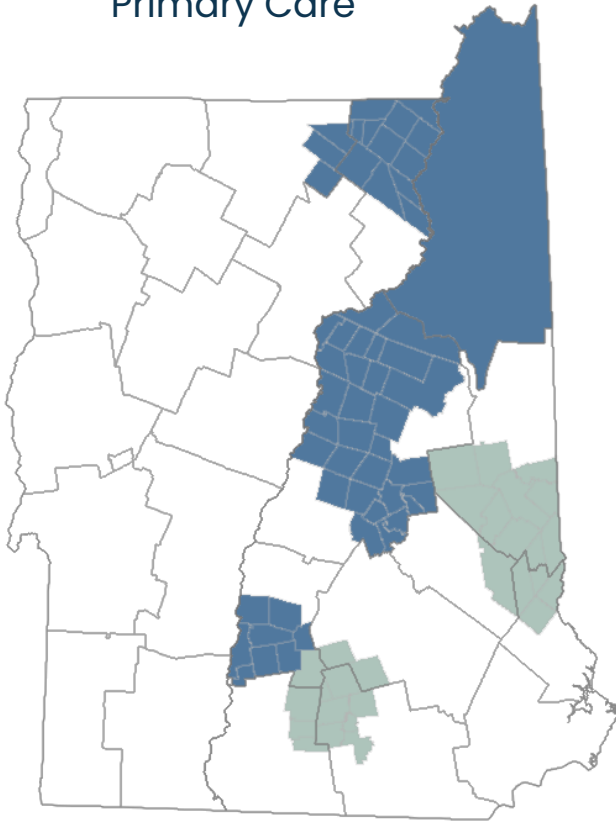
Source: County Health Rankings 2025 Report

	Caledonia	Essex	Orange	Vermont
Uninsured Population (2022)	6.3%	6.2%	5.7%	5.8%
Population per 1 Primary Care Physician (2022)	1,267:1	5,925:1	1,231:1	899:1
Population per 1 Primary Care Provider (APP) (2021)	696:1	1,002:1	1,109:1	698:1
Population per 1 Dentist (2022)	1,274:1	1,998:1	3,316:1	1,377:1

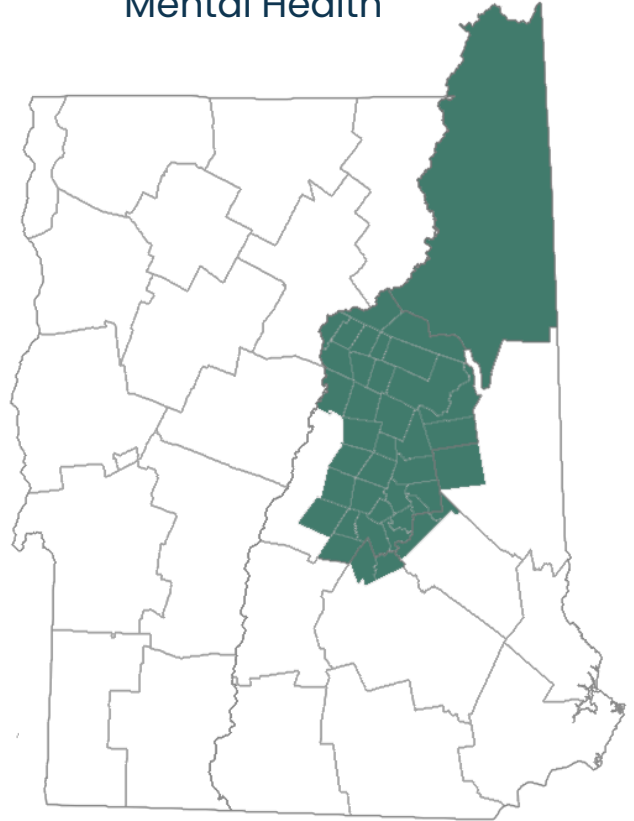
Source: County Health Rankings 2025 Report




New Hampshire Health Professional Shortage Areas (HPSA)

Primary Care



Mental Health

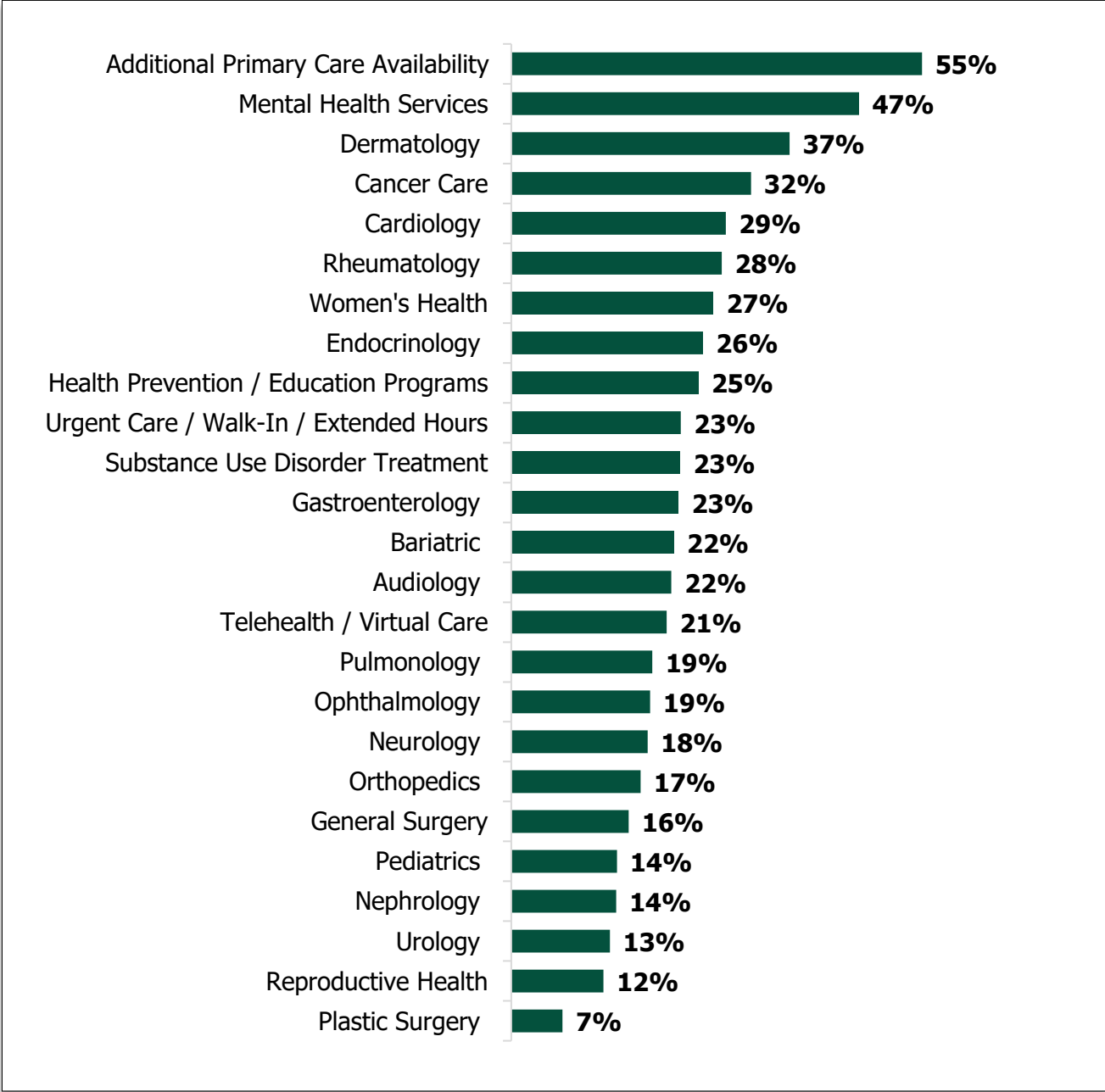


-  HPSA Population: *a shortage of services for a specific population subset within an established geographic area*
-  Geographic HPSA: *a shortage of services for the entire population within an established geographic area*
-  High Needs Geographic HPSA: *a Geographic HPSA in an area with unusually high needs based on criteria like income and death rates*

Source: data.hrsa.gov

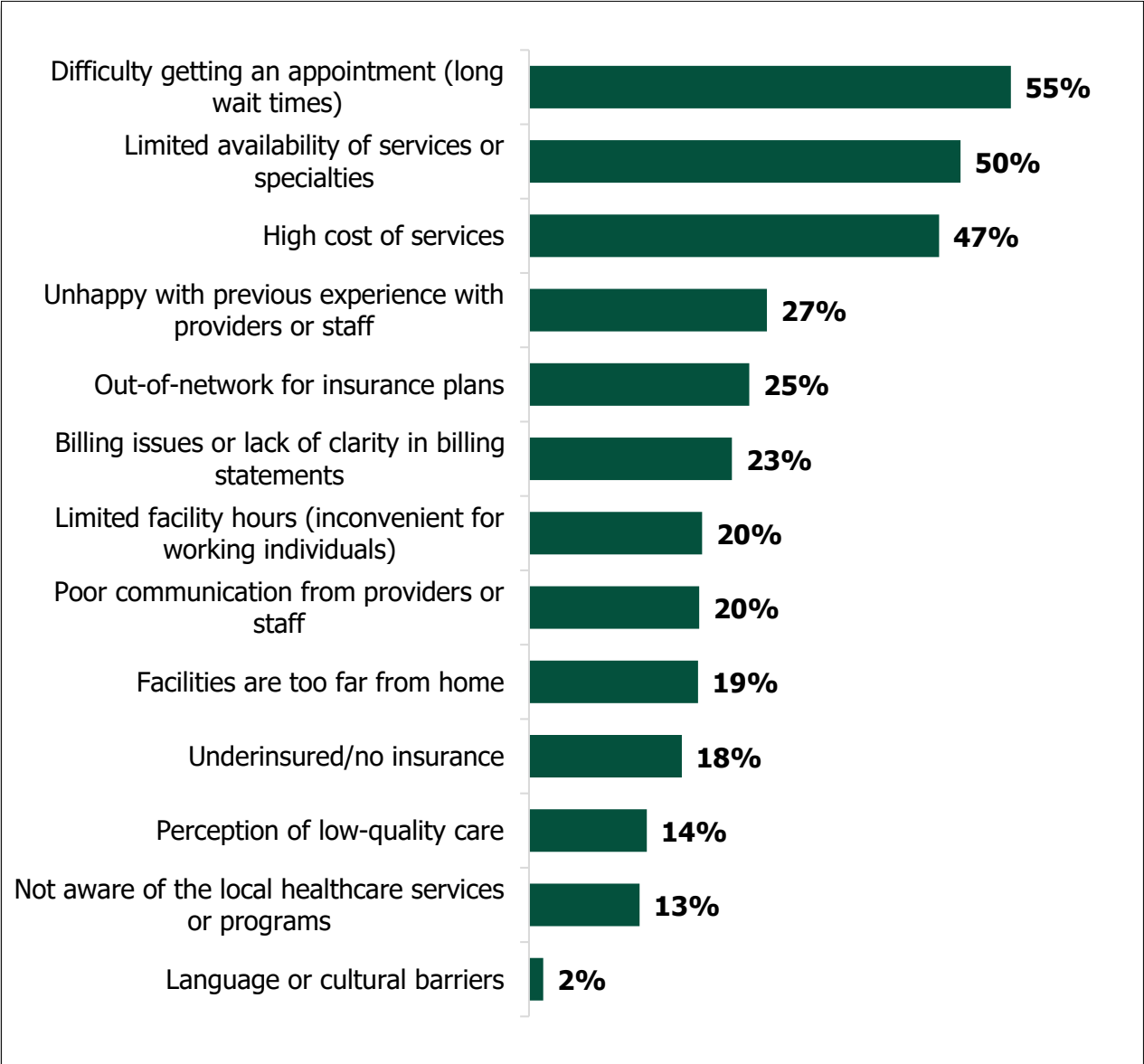
In the community survey, respondents were asked to identify what healthcare services and programs they would like to see available in their community. Additional primary care availability was the top identified service need, with 55% of respondents saying they would like to see it available in their community, followed by mental health services (47%) and dermatology (37%).

Survey Question: What additional services/offerings would you like to see available locally? (select all that apply)



When survey respondents were asked about their barriers to care, difficulty getting an appointment was the top barrier identified by 55% of respondents, followed by limited availability of services or specialties (50%) and high cost of services (47%).

Survey Question: What barriers keep you or anyone in your household from receiving routine healthcare? (Please select all that apply)



Prevention Services

Prevention services including routine check-ups, health screenings, and education can help prevent or detect diseases early when they are easier to treat. Preventive care reduces the burden on healthcare systems by preventing unnecessary hospital stays and costly care. In the community survey, 25% of respondents said they would like to see additional health prevention and education programs available in the region.

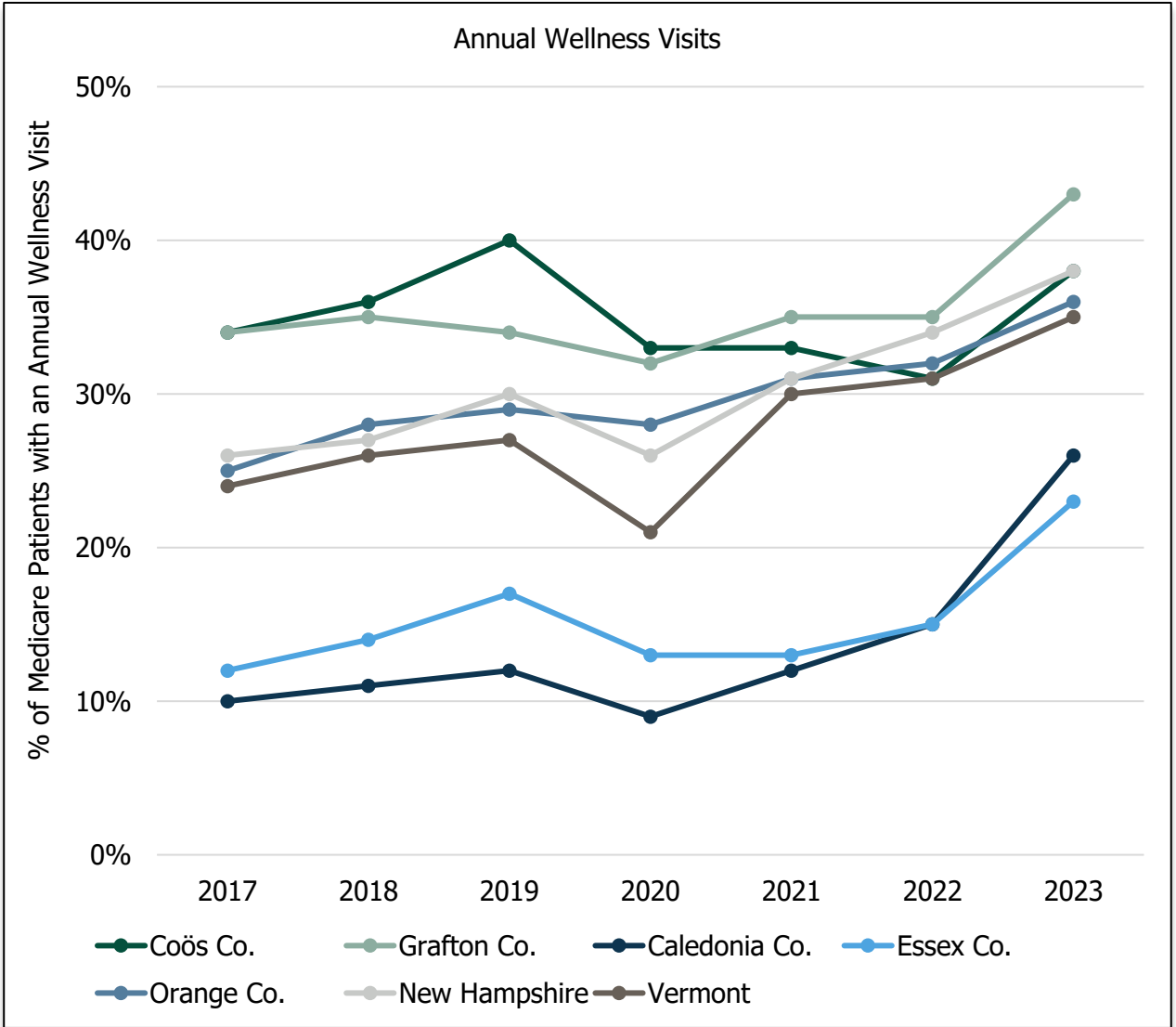
Across the service area, all counties have lower flu vaccine adherence rates and mammography screening rates compared to their states. Caledonia County has the highest rate of preventable hospital stays (hospital stays for ambulatory-care sensitive conditions) in the region. This rate represents the effectiveness of preventive care in a community, reflecting how well primary care services manage chronic conditions and prevent avoidable hospital admissions. Additionally, while the rate of annual wellness visits in the Medicare population is lowest in Caledonia and Essex Counties, rates have been increasing in recent years across the service area.

	Coös	Grafton	New Hampshire
Preventable Hospital Stays per 100,000 (2022)	1,950	1,889	2,348
Mammography Screening (2022)	46.0%	47.0%	50.0%
Flu Vaccination (2022)	40.0%	49.0%	53.0%

Source: County Health Rankings 2025 Report

	Caledonia	Essex	Orange	Vermont
Preventable Hospital Stays per 100,000 (2022)	3,050	1,408	2,548	2,130
Mammography Screening (2022)	44.0%	40.0%	44.0%	45.0%
Flu Vaccination (2022)	27.0%	30.0%	48.0%	50.0%

Source: County Health Rankings 2025 Report



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

Access to Senior Services

Access to senior services was identified as the #8 priority with 88% of survey respondents rating it as an important factor to address in the community. Older adults were identified as the top priority population, further reinforcing the importance of adequate senior services. Additionally, the service area counties have a significant concentration of seniors compared to state averages, with this population expected to increase over the next 5 years.

	Coös	Grafton	New Hampshire
Population 65+ (2017-2021)	26.2%	23.9%	20.8%
Elderly (65+) Living Alone (2017-2021)	30.3%	25.8%	24.9%
Elderly (65+) Who Have Experienced a Fall (2023)	29.6%	30.4%	27.4%

Source: NHDHHS

	Caledonia	Essex	Orange	Vermont
Population 65+ (2017-2021)	23.4%	28.5%	24.5%	22.1%
Elderly (65+) Deaths Related to Falls per 100,000 (2022-2023)	126	29	138	118

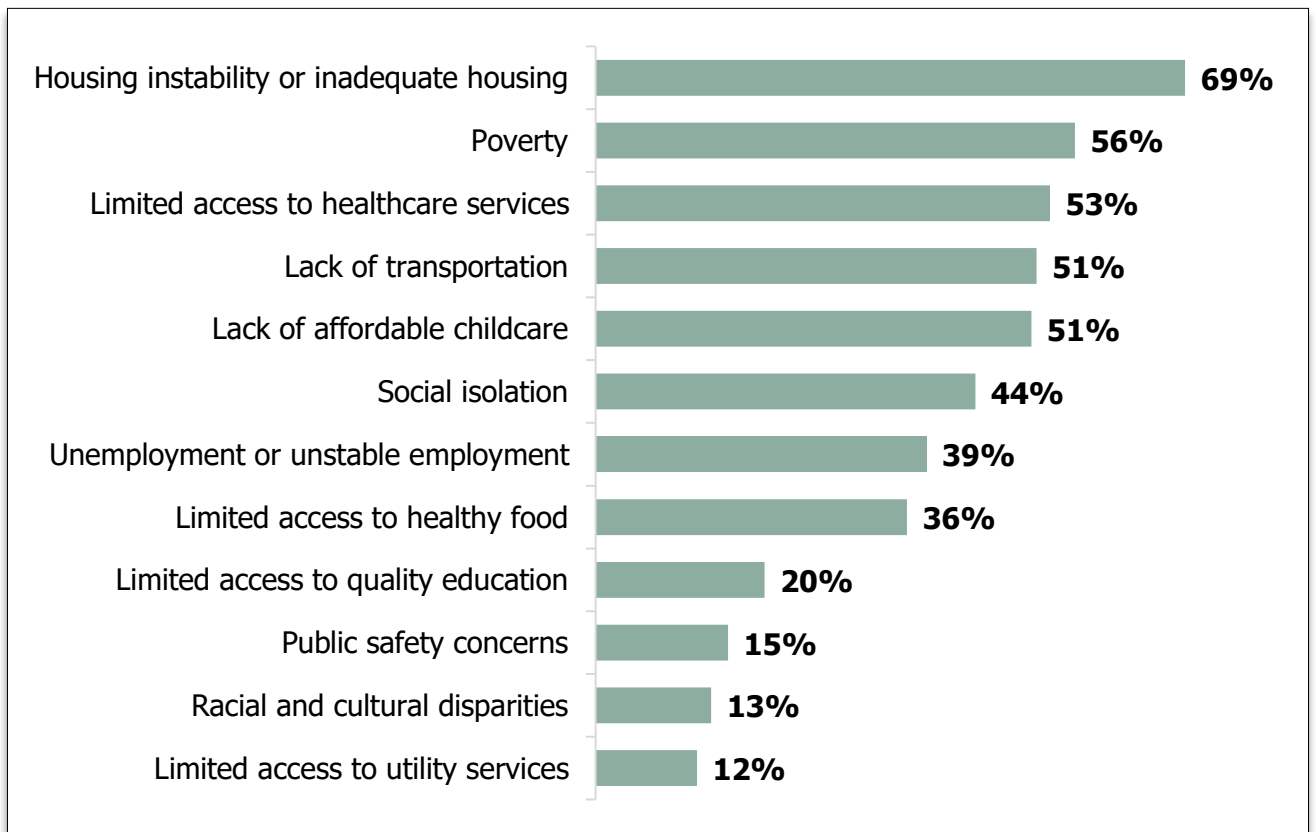
Source: Vermont Department of Health

Social Drivers of Health

Social drivers of health, such as economic stability, education, and access to healthcare, significantly influence health outcomes by shaping individuals' living conditions, behaviors, and access to resources necessary for maintaining good health. These factors can lead to health disparities, with marginalized groups often experiencing worse health outcomes due to these determinants.

Survey respondents were asked to identify the key social drivers of health (SDoH) that negatively impact the community. The top SDoH identified was housing instability with 69% of survey respondents identifying it as negatively impacting the community, followed by poverty and limited access to healthcare services.

Survey Question: Social drivers of health (SDoH) are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes. Please select the key social drivers that negatively impact the health of you or your community (please select all that apply):



Housing

Access to affordable and safe housing influences a wide range of factors that contribute to physical and mental well-being. There is evidence that a lack of access to affordable and stable housing can lead to negative health outcomes such as mental illnesses and stress, exposure to environmental hazards, and financial instability (Center for Housing Policy).

In the region, Essex County has the greatest percentage of residents who experience severe housing problems (overcrowding, high housing costs, lack of plumbing). The highest housing cost burden is in Grafton County and Essex County, where approximately 14% of residents spend 50% or more of their household income on housing. Additionally, all service area counties experience less access to broadband services compared to state averages.

	Coös	Grafton	New Hampshire
Severe Housing Problems (2016-2020)	11.3%	13.6%	13.5%
Severe Housing Cost Burden (Greater than 50% of Household Income) (2018-2022)	11.1%	14.1%	12.4%
Broadband Access (2018-2022)	86.3%	88.1%	91.8%

Source: County Health Rankings 2025 Report

	Caledonia	Essex	Orange	Vermont
Severe Housing Problems (2016-2020)	14.7%	17.0%	13.3%	15.3%
Severe Housing Cost Burden (Greater than 50% of Household Income) (2018-2022)	12.2%	13.8%	12.3%	13.9%
Broadband Access (2018-2022)	84.9%	83.9%	86.6%	87.9%

Source: County Health Rankings 2025 Report

Access to Childcare

The average yearly cost of childcare for a family with two children is \$31,868 in New Hampshire and \$35,016 in Vermont. The U.S. Department of Health and Human Services defines affordable childcare as being no more than 7% of a family's income (Child Care Aware). In Coös and Caledonia Counties, 46% of household income is required for childcare expenses while that rate grows to over 50% in both Essex and Orange Counties.

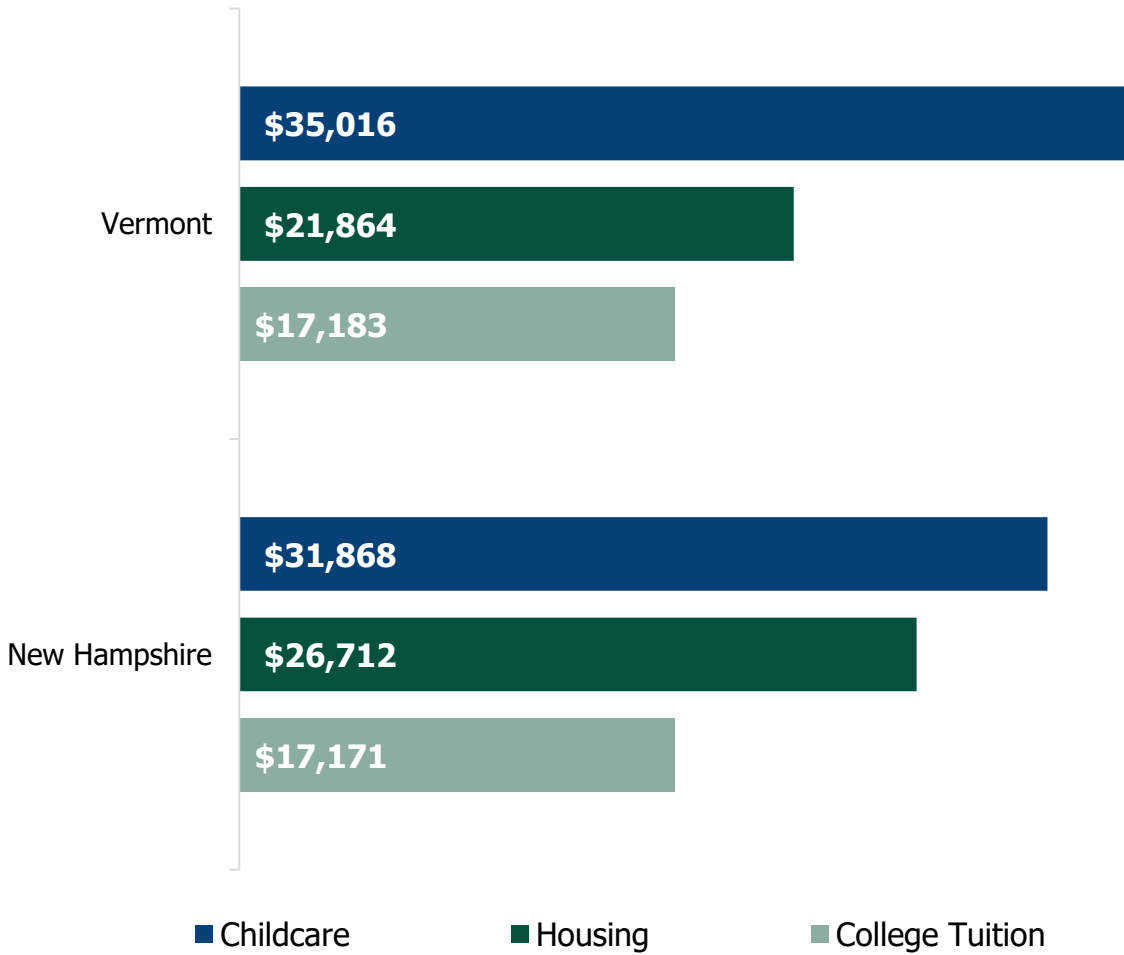
	Coös	Grafton	New Hampshire
Children in Single-Parent Households (2018-2022)	19.7%	19.8%	18.4%
Child Care Cost Burden - % of HHI used for childcare (2023)	45.8%	35.4%	34.6%
Child Care Centers per 1,000 Under Age 5 (2010-2022)	10.6	10.7	10.2

Source: County Health Rankings 2025 Report

	Caledonia	Essex	Orange	Vermont
Children in Single-Parent Households (2018-2022)	22.3%	29.4%	22.4%	21.1%
Child Care Cost Burden - % of HHI used for childcare (2023)	45.7%	51.0%	50.4%	50.1%
Child Care Centers per 1,000 Under Age 5 (2010-2022)	23.7	20.7	26.5	23.8

Source: County Health Rankings 2025 Report

Annual Cost for Household Expenses



*Note: Annual childcare price for 2 children (an infant and 4-year-old) in a center
Source: Child Care Aware (2023)*

Transportation

Access to transportation plays a critical role in health outcomes, particularly in rural and underserved communities. Reliable transportation enables individuals to attend medical appointments, access preventive care, obtain medications, and reach grocery stores with healthy food options. Transportation barriers disproportionately affect vulnerable populations, including older adults, low-income individuals, and those living in remote areas, ultimately contributing to health disparities and poorer overall community health. In Coös and Grafton Counties, nearly 8% of households do not have a vehicle, greater than the New Hampshire average.

	Coös	Grafton	New Hampshire
Commute Longer Than 35 Minutes (2017-2021)	18.0%	18.8%	25.7%
No Vehicle for the Household (2017-2021)	7.8%	6.7%	4.7%

Source: NHDHHS

Income, Employment, and Education

Income, employment, and education play a role in the community’s ability to afford healthcare and impact health outcomes through health literacy and access to health insurance. Educational attainment and employment impact mental health through poverty and unstable work environments, health behaviors like smoking, diet, and exercise, and access to health insurance (HealthAffairs). Additionally, these factors impact people’s ability to afford services to live healthy and happy lives like safe housing, transportation, childcare, and healthy food.

	Coös	Grafton	New Hampshire
Median Household Income (2023)	\$59,592	\$81,537	\$97,031
High School Completion (2018-2022)	89.5%	93.9%	94.1%
Some College – includes those who had and had not attained degrees (2023)	56.9%	71.7%	71.4%
Unemployment (2023)	2.6%	1.9%	2.2%
Children in Poverty (2022)	17.6%	9.8%	8.2%

Source: County Health Rankings 2025 Report

	Caledonia	Essex	Orange	Vermont
Median Household Income (2023)	\$64,229	\$58,359	\$73,771	\$80,626
High School Completion (2018-2022)	93.7%	88.5%	94.7%	94.5%
Some College – includes those who had and had not attained degrees (2023)	61.3%	57.2%	64.9%	71.4%
Unemployment (2023)	2.3%	2.9%	2.0%	2.0%
Children in Poverty (2022)	16.0%	19.1%	11.4%	10.2%

Source: County Health Rankings 2025 Report

Evaluation & Selection Process

Worse than Benchmark Measure	Identified by the Community	Feasibility of Being Addressed	Impact on Health Equity
			
Health needs were deemed "worse than the benchmark" if the supported county data was worse than the state and/or U.S. averages	Health needs expressed in the online survey and/or mentioned frequently by community members	Growing health needs where interventions are feasible, and the Organizations could make an impact	Health needs that disproportionately affect vulnerable populations and can impact health equity if addressed

Health Need Evaluation	Worse than Benchmark	Identified by the Community	Feasibility	Impact on Health Equity
Healthcare: Affordability	✓	✓	✓	✓
Cost of Health Insurance	✓	✓		✓
Mental Health	✓	✓	✓	✓
Cancer	✓	✓	✓	✓
Affordable Housing		✓		✓
Healthcare: Access to Primary Care	✓	✓	✓	✓
Healthcare: Access to Specialty Care	✓	✓	✓	✓
Access to Senior Services	✓	✓	✓	✓
Alzheimer's and Dementia		✓	✓	✓
Access to Mental Health and SUD Services	✓	✓	✓	✓

Implementation Plan

Health Priority Selection Process

To determine the top health priorities for the community, a structured evaluation and selection process was conducted, where leaders from each Organization reviewed and discussed both community survey findings and key secondary data indicators, comparing local health outcomes to state benchmarks to identify areas of concern. Each potential priority was assessed based on several criteria: the level of community concern (as reflected in survey responses), whether the issue showed worse-than-average performance compared to the state (NH or VT), the organization's capacity and resources to meaningfully address the need, and the potential impact on advancing health equity and improving access to care. This collaborative, data-informed process ensured that the selected priorities were both grounded in evidence and aligned with each organization's mission and capabilities.

The top 4 priorities identified by the Organizations in Northern New Hampshire and Northeast Vermont, with the development of implementation strategies are:



Economic Health



Access to Healthcare



Mental Health



Cancer

Health Needs Not Addressed

The Organizations acknowledge the significance of all health priorities identified through the community survey and overall assessment. While many of these needs are currently being addressed through existing programs, resources, and strategies led by other community organizations, the Organizations have chosen to focus their future efforts on four top-priority areas where they can make the most meaningful impact. By concentrating attention and resources on these key issues, the Organizations aim to strengthen outcomes through targeted programming and strategic collaboration.

Economic Health

Services and Programs Committed to Respond to This Need

ACHS

- Sliding Fee Scale program offers reduced-cost services for income-eligible uninsured or underinsured patients.
- Food as Medicine Portable Teaching Kitchen (FMPTK) offers cooking lessons anywhere in the community with a focus on affordable ingredients and healthy meals.
- Patient Navigators are available to provide free assistance in applying for Medicaid, coordinating transportation, accessing housing and legal resources, and more.
- Early Childhood Development Program deploys community health workers to families in the community, providing screening, resources, and support for children aged 0-5.
- “Ride Together” community of trust logistics platform designed to create a sustainable and affordable transportation program for community members.

Cottage Hospital

- Patients with no insurance coverage are eligible for Cottage Hospital Community Health Discount, with additional financial assistance available to eligible patients.
- Community support and economic development through scholarships for continuing education, support for local school programs, charity care, and participation as a clinical training site.

Littleton

- Financial Assistance Program offers free or discounted care to patients who qualify, with access to support in applying through the Patient Financial Services Department.
- Case Management and Social Services professionals help arrange services and resources for patients upon discharge.
- The LRH Auxiliary supports a range of programs, including student scholarships, the Reach Out and Read Program, the Littleton High School Allied Health Program, and more.

Mid-State Health

- Services are available on a sliding scale to all patients who qualify.
- Patient Accounts Representatives are available to assist with the Health Care Marketplace Application, prescription assistance, payment plans, and other programs.
- Breast and Cervical Cancer Program (BCCP) provides cancer screenings to patients without health insurance. BCCP is a New Hampshire state program that covers the cost of cancer screenings, including breast exams, pelvic exams, Pap smears, and mammograms.
- Accountable Care Organization provides coordinated care to patients with benefits from provider communication, timeliness, and cost savings.
- Little Antlers Learning Center provides access to early childhood education, supporting the next generation of children and families in the community.

Future Goals and Objectives to Address this Significant Health Need

Goal: Reduce financial barriers to healthcare by aligning financial assistance policies and improving patient awareness.

Objectives:

- Establish a regional shared standard of eligibility for financial assistance.
- Expand financial counseling services regionally, ensuring consistent patient navigation support.
- Launch an education campaign to promote financial assistance and insurance literacy across the community.

Metrics to Track the Impact of Actions and Access to Resources

- Number of patients qualifying for financial assistance
- Amount of charity care/community benefit
- Uninsured population

Other Local Organizations Available to Respond to This Need

- Family Support New Hampshire (FSNH)
- Local Chambers of Commerce
- NH Department of Health and Human Services
- The Family Resource Center
- Tri-County Community Action Program (TCCAP)

Access to Healthcare

Services and Programs Committed to Respond to This Need

ACHS

- Integrated healthcare services are provided at a range of convenient locations across the region, including Franconia, Littleton, Warren, Whitefield, and Woodsville.
- Telehealth appointments are available to patients which allows those who lack transportation or are homebound to receive medical care without leaving their home.
- Partnership with local eye doctors to provide affordable eye exams and frames to qualifying patients.
- Free professional language support services are available, including TTY (Text Telephone) services to support healthcare access for patients who do not speak English.
- Chronic Care Management Program offers support to patients to develop coordinated care plans, proactively manage health, and medication management.

Cottage Hospital

- Access to a level IV Trauma Center, multi-specialty Rural Health Clinic, and Center of Orthopedic Excellence.
- Specialty services are offered at Cottage Hospital to ensure patients don't need to travel for care and can access continuity of care between primary care and specialty care. Specialty services include diabetes education, medical nutrition therapy, infusion therapy, and respiratory therapy.
- Transfer In Center accepts medical, surgical, and trauma patients from other rural and critical access hospitals.

Littleton

- Two convenient urgent care locations (Littleton, Lincoln) provide walk-in access to urgent, non-threatening injuries and illnesses.
- Through partnership with Dartmouth Health, over 60 specialties are offered by LRH to provide access to services like Cardiology, Dermatology, Oncology, and more.
- Sauter Birthing Suite provides local access to maternity care where over 50% of nursing staff hold national certifications in Inpatient Obstetrics, Newborn Nursery Care, Maternal Newborn, Pediatrics, or Child Passenger Safety.
- The Alpine Clinic, an affiliate of LRH, offers orthopedic specialty services in four convenient locations across Northern New Hampshire.
- North Country Pharmacy allows patients to access their healthcare services and prescriptions conveniently in one place. Additionally, two secure prescription lockers are available, in the North Country Pharmacy and LRH's Lincoln Urgent Care, to serve patients locally beyond usual hours of operation.
- LRH is the only hospital in northern New Hampshire with Level III Trauma Center Certification

Mid-State Health

- Visiting Specialist Program brings specialists and other health care professionals to provide services at a Mid-State location to help increase access to services that residents may otherwise have difficulty obtaining. Visiting Specialists include Orthopedics, ENT, Podiatry, Allergy, and Urology.
- Telehealth visits are offered to provide convenient access to healthcare appointments from the comfort of home while still being able to see and/or talk to a Mid-State provider.
- On-site imaging and lab services, including X-Ray, Ultrasound, MRI, and CT scans for convenient and comprehensive care at affordable cost.
- Multiple Same-Day Care locations provide convenient access to urgent, non-emergency needs in Plymouth, Bristol, and Lincoln with expanded evening and weekend hours and accepts walk-ins.
- Integrated, comprehensive dental services are available for children and adults at locations in both Bristol and Littleton. A Sliding Fee Scale is offered for dental services to qualifying patients.
- On-site pharmacy services are offered in Mid-State's Plymouth office through Genoa Healthcare with local access to medications, refill assistance, financial assistance, and courier services to the Bristol Office.

Future Goals and Objectives to Address this Significant Health Need

Goal: Expand local and timely access to both primary and specialty care services.

Objectives:

- Strengthen shared staffing models (e.g., rotating specialists across facilities).
- Advocate for regional transportation solutions and telehealth expansion to offset travel barriers.
- Pursue workforce recruitment strategies, including housing partnerships and training pipelines.

Metrics to Track the Impact of Actions and Access to Resources

- Primary care provider ratio
- Third next available appointment by specialty
- Wait time for a new-patient appointment in primary care

Other Local Organizations Available to Respond to This Need

- Dartmouth Health
- NH Department of Health and Human Services

Mental Health

Services and Programs Committed to Respond to This Need

ACHS

- Dedicated team of Behavioral Health Specialists provides support for mental health issues, stress, anxiety, emotional trauma, PTSD, depression, and addiction treatment.
- Telehealth appointments with Behavioral Health Specialists for patients who lack transportation or are homebound.
- K-12 BH Program provides on-site counselors at local schools so kids have easy access to behavioral health services.

Cottage Hospital

- Ray of Hope is a 10-bed voluntary short-stay inpatient unit for adults 65+ struggling with mental health concerns.
- The Rowe Health Center offers an integrated approach combining physical and mental health services to established primary care patients.

Littleton

- The Doorway at LRH provides treatment, support, and resources for prevention and awareness of opioid use disorder or other substance use disorders.
- North Country Primary Care offers integrated behavioral health services, including depression screening, mental health support, and medication management.

Mid-State Health

- Integrated behavioral health and primary care model provides access to behavioral health services in one place to address a range of personal challenges, including life transitions, management of health conditions, and behavior changes.
- Mid-State's Recovery program provides Peer-to-Peer Support services, Medication-Assisted Treatment (MAT), and behavioral health services.

Future Goals and Objectives to Address this Significant Health Need

Goal: Improve availability and sustainability of mental health services through workforce, policy, and collaborative solutions.

Objectives:

- Expand tele-mental health services, advocating for permanent policy support.
- Develop shared regional workforce recruitment/retention strategies.
- Strengthen integration of mental health into primary care through patient education.

Metrics to Track the Impact of Actions and Access to Resources

- Mental health provider ratio
- Number of patients receiving integrated behavioral health services in primary care
- Tele-mental health visit utilization

Other Local Organizations Available to Respond to This Need

- Center for New Beginnings
- Lakes Region Community Mental Health Center
- NH Department of Health and Human Services
- NH Rapid Response Access Point (NHRRAP)
- North Country Health Consortium
- North Country Serenity Center
- Northern Human Services
- The Doorway
- The Friendship House
- White Mountain Recovery Homes

Cancer

Services and Programs Committed to Respond to This Need

ACHS

- Cancer screening services and education including healthy lifestyle support, primary care screenings, and breast and cervical cancer screening.

Cottage Hospital

- Cancer screening services including mammography and colonoscopies. Cancer treatment such as breast surgery, colon cancer surgery, and skin cancer removal offered by general surgeons.

Littleton

- Partnership with Dartmouth Health to provide Oncology, Hematology, and infusion services locally offering cancer diagnosis, treatment, and prevention services. Services include 3-D mammography, lung cancer screening, chemotherapy, and more.

Mid-State Health

- A range of cancer screening services are offered including free breast and cervical cancer screening for eligible patients during awareness months.
- Breast and Cervical Cancer Program (BCCP) provides cancer screenings to patients without health insurance. BCCP is a New Hampshire state program that covers the cost of cancer screenings, including breast exams, pelvic exams, Pap smears, and mammograms.

Future Goals and Objectives to Address this Significant Health Need

Goal: Increase early detection and improve access to cancer care services locally.

Objectives:

- Expand community cancer screening campaigns.
- Strengthen regional collaboration for oncology services.
- Explore financial navigation services for cancer patients to offset costs.

Metrics to Track the Impact of Actions and Access to Resources

- Cancer screening rates (mammography, colonoscopy, lung CT)
- Cancer incidence rate
- Cancer mortality rate

Other Local Organizations Available to Respond to This Need

- American Cancer Society – NH
- Dartmouth Cancer Center
- NH Department of Health and Human Services

Appendix

Community Data Tables

Leading Cause of Death

The Leading Causes of Death are determined by the official Centers for Disease Control and Prevention (CDC) final death total. The Top 15 Leading Causes of Death are listed in the tables below in U.S. rank order. Each County's mortality rates are compared to state average, and whether the death rate was higher (red), or lower (green) compared to the state average.

New Hampshire

	Coös	Grafton	New Hampshire	U.S.
Heart Disease	190.7	141.2	150.6	168.9
Cancer	163.3	141.5	145.2	145.4
Accidents	113.5	55.2	62.7	59.7
Cerebrovascular Diseases (Stroke)	34.3	33.7	30.6	39.8
Chronic Lower Respiratory Disease	58.8	30.4	36.6	35.9
Alzheimer's	48.6	22.9	26.1	30.8
Diabetes	29.1	18.4	20.2	23.9
Suicide	25.0	16.6	15.9	13.9
Kidney	17.0	10.7	10.6	13.4
Liver	19.3	10.5	12.6	13.1
Pneumonia	9.9	6.3	7.8	10.7
Blood Poisoning	9.7	5.0	7.5	10.0
Homicide	N/A	N/A	2.1	7.6

Source: NIH: HDPulse (2017-2023)

Vermont

	Caledonia	Essex	Orange	Vermont	U.S.
Heart Disease	183.8	208.2	163.5	163.1	168.9
Cancer	170.4	169.1	138.9	150.6	145.4
Accidents	83.2	109.0	74.3	72.0	59.7
Cerebrovascular Diseases (Stroke)	32.2	N/A	30.2	28.8	39.8
Chronic Lower Respiratory Disease	36.2	48.2	30.7	33.6	35.9
Alzheimer's	39.1	N/A	26.6	35.2	30.8
Diabetes	14.7	N/A	16.1	17.8	23.9
Suicide	23.5	N/A	22.7	17.9	13.9
Kidney	N/A	N/A	N/A	4.2	13.4
Liver	11.7	N/A	9.2	10.8	13.1
Pneumonia	N/A	N/A	N/A	4.4	10.7
Blood Poisoning	N/A	N/A	N/A	4.5	10.0
Homicide	N/A	N/A	N/A	2.7	7.6

Source: NIH: HDPulse (2017-2023)

County Health Rankings – NH

	Coos	Grafton	New Hampshire	US Overall
Length of Life				
Premature Death*	● 11,270	● 6,277	6,622	8,400
Life Expectancy*	● 74	● 80	79	77
Quality of Life				
Poor or Fair Health	● 17%	● 13%	14%	17%
Poor Physical Health Days	● 4.4	● 3.4	3.9	3.9
Poor Mental Health Days	● 6.1	● 5.4	5.7	5.1
Low Birthweight*	● 7%	● 7%	7%	8%
Health Behaviors				
Adult Smoking	● 18%	● 13%	12%	13%
Adult Obesity	● 36%	● 29%	30%	34%
Limited Access to Healthy Foods	● 5%	● 3%	4%	6%
Physical Inactivity	● 22%	● 17%	19%	23%
Access to Exercise Opportunities	● 73%	● 84%	85%	84%
Excessive Drinking	● 21%	● 22%	21%	19%
Alcohol-Impaired Driving Deaths	● 36%	● 37%	37%	26%
Drug Overdose Deaths*	● 57	● 20	32	31
Sexually Transmitted Infections*	● 143	● 212	203	495
Teen Births (<i>per 1,000 females ages 15-19</i>)	● 14	● 5	6	16
Clinical Care				
Uninsured	● 9%	● 8%	7%	10%
Primary Care Physicians (MDs & DOs)	894:1	530:1	1149:1	1,330:1
Other Primary Care Providers (APPs)	697:1	220:1	530:1	710:1
Dentists	1370:1	1199:1	1302:1	1,360:1
Mental Health Providers	418:1	167:1	250:1	300:1
Preventable Hospital Stays*	● 1,950	● 1,889	2,348	2,666
Mammography Screening	● 46%	● 47%	50%	44%
Flu Vaccinations	● 40%	● 49%	53%	48%
Social & Economic Factors				
High School Completion	● 90%	● 94%	94%	89%
Some College	● 57%	● 72%	71%	68%
Unemployment	● 3%	● 2%	2%	3.6%
Children in Poverty	● 18%	● 10%	8%	16%
Children in Single-Parent Households	● 20%	● 20%	18%	25%
Injury Deaths*	● 157.8	● 84.9	88.9	84
Child Care Cost Burden (<i>% of HHI used for childcare</i>)	● 46%	● 35%	35%	28%
Child Care Centers (<i>per 1,000 under age 5</i>)	● 11	● 11	10	7
Physical Environment				
Severe Housing Problems	● 11%	● 14%	14%	17%
Long Commute - Driving Alone (<i>> 30 min. commute</i>)	● 28%	● 32%	39%	37%
Severe Housing Cost Burden (<i>50% or more of HHI</i>)	● 11%	● 14%	12%	15%
Broadband Access	● 86%	● 88%	92%	90%

*Per 100,000 Population

Key (Legend)

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

Source: County Health Rankings 2025 Report

County Health Rankings - VT

	Caledonia	Essex	Orange	Vermont	US Overall
Length of Life					
Premature Death*	● 8,885	● 9,787	● 7,382	7,142	8,400
Life Expectancy*	● 77	● 77	● 79	79	77
Quality of Life					
Poor or Fair Health	● 14%	● 16%	● 11%	13%	17%
Poor Physical Health Days	● 3.9	● 4.6	● 3.7	3.7	3.9
Poor Mental Health Days	● 5.9	● 6.2	● 5.3	5.5	5.1
Low Birthweight*	● 8%	● 4%	● 8%	7%	8%
Health Behaviors					
Adult Smoking	● 17%	● 15%	● 12%	14%	13%
Adult Obesity	● 30%	● 33%	● 27%	27%	34%
Limited Access to Healthy Foods	● 2%	● 10%	● 3%	3%	6%
Physical Inactivity	● 20%	● 20%	● 17%	19%	23%
Access to Exercise Opportunities	● 56%	● 32%	● 47%	70%	84%
Excessive Drinking	● 24%	● 21%	● 23%	23%	19%
Alcohol-Impaired Driving Deaths	● 33%	● 67%	● 29%	33%	26%
Drug Overdose Deaths*	● 41	N/A	● 36	37	31
Sexually Transmitted Infections*	● 131	● 250	● 97	198	495
Teen Births (per 1,000 females ages 15-19)	● 9	N/A	● 7	7	16
Clinical Care					
Uninsured	● 6%	● 6%	● 6%	6%	10%
Primary Care Physicians (MDs & DOs)	1267:1	5925:1	1231:1	899:1	1,330:1
Other Primary Care Providers (APPs)	696:1	1002:1	1109:1	698:1	710:1
Dentists	1274:1	1998:1	3316:1	1377:1	1,360:1
Mental Health Providers	232:1	1503:1	241:1	174:1	300:1
Preventable Hospital Stays*	● 3,050	● 1,408	● 2,548	2,130	2,666
Mammography Screening	● 44%	● 40%	● 44%	45%	44%
Flu Vaccinations	● 27%	● 30%	● 48%	50%	48%
Social & Economic Factors					
High School Completion	● 94%	● 89%	● 95%	95%	89%
Some College	● 61%	● 57%	● 65%	71%	68%
Unemployment	● 2%	● 3%	● 2%	2%	3.6%
Children in Poverty	● 16%	● 19%	● 11%	10%	16%
Children in Single-Parent Households	● 22%	● 29%	● 22%	21%	25%
Injury Deaths*	● 123.9	● 118.2	● 112.2	102.1	84
Child Care Cost Burden (% of HHI used for childcare)	● 46%	● 51%	● 50%	50%	28%
Child Care Centers (per 1,000 under age 5)	● 24	● 21	● 27	24	7
Physical Environment					
Severe Housing Problems	● 15%	● 17%	● 13%	15%	17%
Long Commute - Driving Alone (> 30 min. commute)	● 33%	● 43%	● 43%	33%	37%
Severe Housing Cost Burden (50% or more of HHI)	● 12%	● 14%	● 12%	14%	15%
Broadband Access	● 85%	● 84%	● 87%	88%	90%

*Per 100,000 Population

Key (Legend)

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

Source: County Health Rankings 2025 Report

Data and Inputs

Data Limitations

Rural communities and those with low population sizes face several data limitations including but not limited to:

- Small sample sizes: small populations reduce the statistical power and do not capture the full diversity of the community
- Data privacy: to ensure the confidentiality of individuals in small communities, data may be aggregated or withheld
- Data gaps: some events may happen less frequently in small populations leading to limited data and gaps in time
- Resource constraints: rural areas often have less funding for data collection and access to data collection technologies
- Underrepresentation in national surveys: many national level data sources focus on urban areas due to the higher population making access to data in small communities more limited

This assessment is meant to capture the health status of the service area at a specific point in time, combining both qualitative data from the local community through survey collection and quantitative data from multiple sources where the county is available as the smallest unit of analysis.

Local Expert Groups

Survey Respondents self-identify into any of the following representative 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 organizations
- 3) **Chronic Disease Groups** – Representative of or member of Chronic Disease Group or Organization, including mental and oral health
- 4) **Community Resident** – Individuals, volunteers, civic leaders, medical personnel, and others to fulfill the spirit of broad input required by the federal regulations
- 5) **Priority Population** – Persons who identify as medically underserved, low-income, racial and ethnic minority, rural resident, or LGBTQ+
- 6) **Healthcare Professional** – Individuals who provide healthcare services or work in the healthcare field with an understanding / education on health services and needs.
- 7) **Other (please specify)**

Data Sources

Source	Data Element	Date Accessed	Data Date
County Health Rankings 2025 Report	Assessment of health needs of the county compared to all counties in the state; County demographic data	July 2025	2014-2023
NIH: HDPulse	Leading causes of death	July 2025	2019-2023
New Hampshire Department of Health and Human Services - NHDHHS	County level population health data	July 2025	2017-2022
Vermont Department of Health	County level population health data	July 2025	2020-2024
National Alliance on Mental Illness – NAMI	Statistics on mental health rates and services	July 2025	2022
NIH: National Cancer Institute	State cancer profiles; incidence rates	July 2025	2017-2021
Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population	Health outcome measures and disparities in chronic diseases	July 2025	2022
American Diabetes Association	Type 2 diabetes risk factors	July 2025	2005
Centers for Disease Control and Prevention – CDC	Racial and ethnic disparities in heart disease	July 2025	2019
Health Resources & Services Administration – data.hrsa.gov	HPSA designated areas	July 2025	2023
Center for Housing Policy	Impacts of affordable housing on health	July 2025	2015
Child Care Aware	Childcare costs	July 2025	2023
Health Affairs: Leigh, Du	Effects of low wages on health	July 2025	2022

Survey Results

Based on 1,340 survey responses gathered in June 2025.

Due to a high volume of survey responses, not all comments are provided in this report. All included comments are unedited and are contained in this report in the format they were received.

Q1: Your role in the community (select all that apply)

Answer Choices	Responses	
Community Resident	84.23%	1,111
Healthcare Professional	19.64%	259
Priority Population (medically underserved, low-income, racial and ethnic minority, rural resident, or LGBTQ+)	8.26%	109
Government Employee or Representative	2.35%	31
Public Health Official	1.06%	14
Representative of Chronic Disease Group or Advocacy Organization	0.30%	4
	Answered	1,319
	Skipped	21

Q2: Race/Ethnicity (select all that apply)

Answer Choices	Responses	
White or Caucasian	98.33%	1,297
Black or African American	0.61%	8
American Indian or Alaska Native	0.61%	8
Hispanic or Latino	0.53%	7
Asian or Asian American	0.53%	7
Native Hawaiian or other Pacific Islander	0.15%	2
Other	0.76%	10
	Answered	1,319
	Skipped	21

Q3: Age group

Answer Choices	Responses	
18-24	1.95%	26
25-34	6.02%	80
35-44	8.50%	113
45-54	11.35%	151
55-64	19.92%	265
65+	52.26%	695
	Answered	1,330
	Skipped	10

Q4: What ZIP code do you primarily live in?

Answer Choices	Responses	
03561	19.6%	258
03574	8.0%	105
03580	7.2%	95
03585	6.3%	83
03598	6.2%	81
05819	3.0%	39
03785	2.9%	38
03584	2.8%	37
03774	2.5%	33
03251	2.5%	33
03586	2.5%	33
03740	2.2%	29
03595	1.8%	24
03771	1.8%	24
03570	1.6%	21
03262	1.4%	18
05906	1.1%	14
03583	1.1%	14
03582	1.1%	14
03576	0.9%	12
05851	0.9%	12
05051	0.8%	10
03581	0.8%	10
03264	0.8%	10
All Others (Less than 10 responses each)	20.3%	267
	Answered	1,314
	Skipped	26

Q5: Which groups would you consider to have the greatest health needs (rates of illness, trouble accessing healthcare, etc.) In your community?

Answer Choices	Responses	
Low-income groups	63.62%	794
Older adults (65+)	60.98%	761
Uninsured and underinsured individuals	53.61%	669
Residents of rural areas	41.19%	514
Individuals requiring additional healthcare support	35.98%	449
Women	16.43%	205
Children/Adolescents	10.74%	134
Racial and ethnic minority groups	8.89%	111
LGBTQ+	5.77%	72
Men	4.57%	57
	Answered	1,248
	Skipped	92

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

- Transportation issues; lack of support system at home/during medical visits; medications and/or age may cause mental fog/impairment for older adults, who may therefore need additional help
- Homeless and drug addiction
- Access to dental care, mental health, health insurance that is affordable
- Lack of insurance, lack of money, lack of access and/ or inability to get to Healthcare facilities.
- Uninsured folks do not have a GP and due to being low income they do not have access to preventative services.
- Affordable care options, help in understanding and completing paperwork for any available assistance, transportation to appointments or perhaps mobile health checkup stations to increase access to preventative care.
- Lack of ability to pay and/or lack of knowledge of resources available to them (if they exist) for free or close to free care
- Affordable healthcare during non work hours
- For racial and ethnic minorities, language is often a barrier. There are also financial and transportation issues that come with low-income and uninsured community members.

Q6: 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	7	17	99	213	723	1,059	4.54
Cancer	6	11	106	242	699	1,064	4.52
Alzheimer's and Dementia	5	17	140	289	620	1,071	4.40
Heart Disease	5	16	163	318	567	1,069	4.33
Women's Health	5	16	176	305	534	1,036	4.30
Diabetes	6	24	184	337	509	1,060	4.24
Substance Use Disorder	25	32	164	274	561	1,056	4.24
Children/Adolescent Health	11	31	197	284	529	1,052	4.23
Obesity	13	26	185	322	519	1,065	4.23
Stroke	6	21	206	328	494	1,055	4.22
Dental	10	30	185	339	499	1,063	4.21
Lung Disease	6	35	234	327	454	1,056	4.13
Kidney Disease	8	52	246	312	443	1,061	4.07
Men's Health	8	42	269	336	399	1,054	4.02
Liver Disease	9	56	272	307	413	1,057	4.00
Other (please specify)						68	
						Answered	1,083
						Skipped	257

Comments:

- Nutrition programs
- Dental is very important
- Pain Clinic, Neurology
- Public health
- Orthopedic Health - Extremely important
- Neurological Disorders, Thyroid Disease
- LGBTQ
- Trauma-informed medical care
- Psychiatric needs of patients.
- Sudden onset of viral and bacterial infections

Q7: Please rate the importance of addressing each community factor on a scale of 1 (Not at all) to 5 (Extremely).

	1	2	3	4	5	Total	Weighted Average
Healthcare: Affordability	10	13	56	179	808	1,066	4.65
Cost of Health Insurance	7	17	63	190	792	1,069	4.63
Affordable Housing	21	18	95	186	750	1,070	4.52
Access to Primary Care	7	18	101	241	699	1,066	4.51
Access to Specialty Care	7	15	118	279	647	1,066	4.45
Access to Senior Services	10	14	104	316	633	1,077	4.44
Access to Mental Health and SUD Services	19	25	133	239	650	1,066	4.38
Access to Affordable Healthy Food	18	26	130	266	630	1,070	4.37
Healthcare: Location of Services	14	31	139	278	597	1,059	4.33
Access to Childcare	26	33	151	276	577	1,063	4.27
Healthcare: Prevention Services	12	37	182	314	513	1,058	4.21
Transportation	19	31	186	304	516	1,056	4.20
Access to Home Health	11	42	184	363	465	1,065	4.15
Employment and Income	21	20	202	355	462	1,060	4.15
Education System	22	35	208	313	479	1,057	4.13
Community Safety	28	65	236	306	416	1,051	3.97
Social Connections	30	58	317	336	312	1,053	3.80
Access to Exercise/Recreation	41	71	308	326	319	1,065	3.76
Other (please specify)						40	
						Answered	1,083
						Skipped	257

Comments:

- Focus more on mental health that will help with everything else.
- All are interconnected
- Pharmacy access, primary care, specialty care
- Housing is really bad
- Education of what is a healthy affordable meal.
- Communication/coordination between providers/agencies
- Access to internet

Q8: Please rate the importance of addressing each behavioral factor in your community on a scale of 1 (Not at all) to 5 (Extremely).

	1	2	3	4	5	Total	Weighted Average
Illegal Drug Use	21	38	165	283	554	1,061	4.24
Nutrition and Diet	11	36	205	383	433	1,068	4.12
Alcohol Use/Excess Drinking	21	43	263	323	415	1,065	4.00
Physical Inactivity	20	48	252	374	371	1,065	3.97
Smoking/Vaping/Tobacco Use	36	76	204	314	424	1,054	3.96
Risky Sexual Behavior	48	110	332	295	266	1,051	3.59
Other (please specify)						30	
						Answered	1,075
						Skipped	265

Comments:

- Even when activities are offered, transportation can be a deterrent of using programs offered.
- Actual dieticians, not just nutritionists, to give a detailed meal plan
- Ethics of behavioral health - ie proper medicines for disorders and diseases.
- Domestic violence and abuse.
- Seat belts
- Inpatient addiction treatment
- Need for early glaucoma diagnosis to prevent blindness
- Technology addiction; social withdrawal; developmentally inappropriate access to touchscreens (especially by toddlers); too much time indoors; domestic violence
- Eating disorders, gaming, gambling, other process-type addictions/behaviors
- More education to community r/t all these issues

Q9: Please provide feedback on any actions you've seen taken by the Organizations in Northern New Hampshire to address the significant health needs in your community and what additional actions you would like to see.

- attempts to hire mental health and primary care into FQHCs. attempts to put mental health providers into schools. barriers to effectiveness are mainly related to workforce. need better reimbursement and loan repayment to address this.
- We need to have access to specialists in a more timely manner. Shouldn't have to wait months to see one.
- There is still a shortage of primary care providers, mental health providers. Affordable housing and living wages are also an issue in this area.
- More housing for the homeless.
- I do not see much information provided in the wider community about the health care services. Not sure if doctors have information available in their offices or in the hospital in general.
- More community outreach to address access and engagement.
- Need pharmacy access!
- I would like to see more collaboration amongst healthcare facilities and individual practitioners. Currently, it's up to us to go around to each doctor and share what one has said to the other. Instead, they need to be more focused on holistic care.
- People need access to acute care appointments. Primary care has been lacking in this area.
- I have seen organizations assist with transportation needs and financial needs of patients with cancer. I have seen primary care providers go to houses of patients who are unable to make it to the hospital or clinic.
- ACHS offers a sliding fee scale to those who have difficulty paying for the costs associated with services they receive.
- Specific areas have opened up additional resources, but locally where I am. They really aren't any. I would love to see more provider care available and more options.
- I want to see increased behavioral health services available at ALL schools (Elementary, Middle & High School). We need increased affordable housing, access to public transportation and affordable childcare (in order to work for those who are able).
- Healthcare is accessible but still expensive. Mental Health. still not easy to see someone or affordable. Housing is getting worse and what is available is expensive"
- Access is hard due to wait lists, not taking new patients, not accepting all insurance
- Service Link is a great resource.

Q10: Social drivers of health (SDoH) are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes. Please select the key social drivers that negatively impact the health of you or your community (please select all that apply):

Answer Choices	Responses	
Housing instability or inadequate housing	68.70%	663
Poverty	55.85%	539
Limited access to healthcare services	52.95%	511
Lack of transportation	51.40%	496
Lack of affordable childcare	50.78%	490
Social isolation	44.25%	427
Unemployment or unstable employment	38.55%	372
Limited access to healthy food	36.27%	350
Limited access to quality education	19.69%	190
Public safety concerns	15.44%	149
Racial and cultural disparities	13.47%	130
Limited access to utility services	11.81%	114
Other (please specify)	8.50%	82
	Answered	965
	Skipped	375

Comments:

- Lack of Insurance Companies to accept what rural folks have for Medical, Dental and Eye care Insurances
- Limited job availability and livable wages.
- drug abuse and excessive homelessness
- The cost of healthcare
- Lack of quality childcare
- Unemployment and cost of living
- Ignorance
- Social stigma around poverty and substance/mental health disorders
- Homelessness, winter heating costs, doctors constantly leaving Littleton area
- There are not enough PCPs and some specialists

Q11: What barriers keep you or anyone in your household from receiving local healthcare services? (select all that apply)

Answer Choices	Responses	
Difficulty getting an appointment (long wait times)	55.49%	470
Limited availability of services or specialties	49.70%	421
High cost of services	47.23%	400
Unhappy with previous experience with providers or staff	27.39%	232
Out-of-network for insurance plans	25.38%	215
Billing issues or lack of clarity in billing statements	23.38%	198
Limited facility hours (inconvenient for working individuals)	19.95%	169
Poor communication from providers or staff	19.60%	166
Facilities are too far from home	19.48%	165
Underinsured/no insurance	17.59%	149
Perception of low-quality care	13.58%	115
Not aware of the local healthcare services or programs	12.75%	108
Language or cultural barriers	1.65%	14
Other	12.40%	105
	Answered	847
	Skipped	493

Comments

- Limited time available with doctors during appointments- doctors appear rushed to complete services.
- Transportation to services or programs. Transportation to get fresh produce on a weekly basis. Being on fixed income, the increase in food cost
- Poor insurance coverage causing me to pay out of pocket
- Maintaining care providers whether in a clinic or hospital. Too frequent turn over of staff.
- No transportation; having to cancel & reschedule appointments due to ongoing health issue
- Veteran's administration benefits not accepted locally

Q12: What additional services / offerings would you like to see available locally?
(select all that apply)

Answer Choices	Responses	
Additional Primary Care Availability	55.31%	521
Mental Health Services	46.82%	441
Dermatology	37.47%	353
Cancer Care	32.27%	304
Cardiology	28.87%	272
Rheumatology	28.34%	267
Women's Health	27.18%	256
Endocrinology	25.80%	243
Health Prevention / Education Programs	25.16%	237
Urgent Care / Walk-In / Extended Hours	22.82%	215
Substance Use Disorder Treatment	22.72%	214
Gastroenterology	22.51%	212
Bariatric	21.87%	206
Audiology	21.55%	203
Telehealth / Virtual Care	20.91%	197
Pulmonology	19.00%	179
Ophthalmology	18.68%	176
Neurology	18.37%	173
Orthopedics	17.41%	164
General Surgery	15.82%	149
Pediatrics	14.23%	134
Nephrology	14.12%	133
Urology	13.27%	125
Reproductive Health	12.42%	117
Plastic Surgery	6.90%	65
Other (please specify)	9.77%	92
	Answered	942
	Skipped	398

Comments

- Dental oral surgeons
- Hematology, physical therapy
- Affordable alternative health care - holistic treatments
- Pain management
- All without such a long wait for appointment
- Geriatric health

Q13: Where do you get most of your health information? (Check all that apply)

Answer Choices	Responses	
Doctor/Healthcare Provider	86.47%	850
Websites/Internet (Google, WebMD, Mayo Clinic)	56.36%	554
Hospital or Clinic	33.47%	329
Family or Friends	29.60%	291
Public Health Agencies (Local Health Department, CDC, etc.)	18.31%	180
Word of Mouth	14.55%	143
Newspaper/Magazine (Online Publications)	13.12%	129
Social Media (Facebook, Twitter, Instagram, TikTok)	11.70%	115
Workplace	10.07%	99
Newspaper/Magazine (Print Publications)	8.34%	82
Podcasts/YouTube Videos	8.14%	80
Television	5.80%	57
School/College	4.48%	44
AI Platform (ChatGPT)	4.37%	43
Radio	2.14%	21
Other (please specify)	8.24%	81
	Answered	983
	Skipped	357

Comments:

- NIH, CDC, IOM
- Doctor only
- Trained health care worker
- I am a retired RN
- Medical insurance advisor
- Herbalists, holistic websites
- Personal research done via the internet from trusted sources
- Internet
- Mayo newsletter
- I'm a retired RN
- Use internet only after talking face to face with someone about an issue