North Country Region

Coos County, New Hampshire
Grafton County, New Hampshire

2022

Community Health Needs Assessment

NCH north country healthcare | Androscoggin Valley Hospital

NCH | Upper Connecticut Valley Hospital

NCH north country healthcare | Weeks Medical Center

NCH north country healthcare | North Country Home Health & Hospice Agency

coös county Family Health

Approved by NCH Board on October 6th, 2022
Approved by CCFH Board on October 20th, 2022

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Executive Summary

The North Country Region ("NCR" 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 North Country Region Facilities include:

- North County Healthcare ("NCH")
  - Androscoggin Valley Hospital, Berlin, NH ("AVH")
  - North Country Home Health & Hospice Agency (NCHHHA")
  - Upper Connecticut Valley Hospital, Colebrook, NH ("UCVH")
  - Weeks Medical Center, Lancaster, NH ("WMC")
- Coos County Family Health Services ("CCFHS")

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 the community was performed to review the prior CHNA, provide feedback, review the data gathered from secondary sources, and determined the 2022 significant health needs of the community.

The 2022 Significant Health Needs identified for the North Country Region are:

- Behavioral Health
- Access to Healthcare Services: Affordability and Senior Services
- Chronic Disease Management: Cancer, Heart Disease, Alzheimer's and Dementia, and Diabetes

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

The methodology to conduct this assessment takes a comprehensive approach to assess community health needs, perform several independent data analyses based on secondary source data, augment this with community opinions, and resolve any data inconsistency or discrepancies by reviewing the combined opinions formed from the community respondents.

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

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 348 identified survey respondents was received. Survey responses were gathered in March 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.

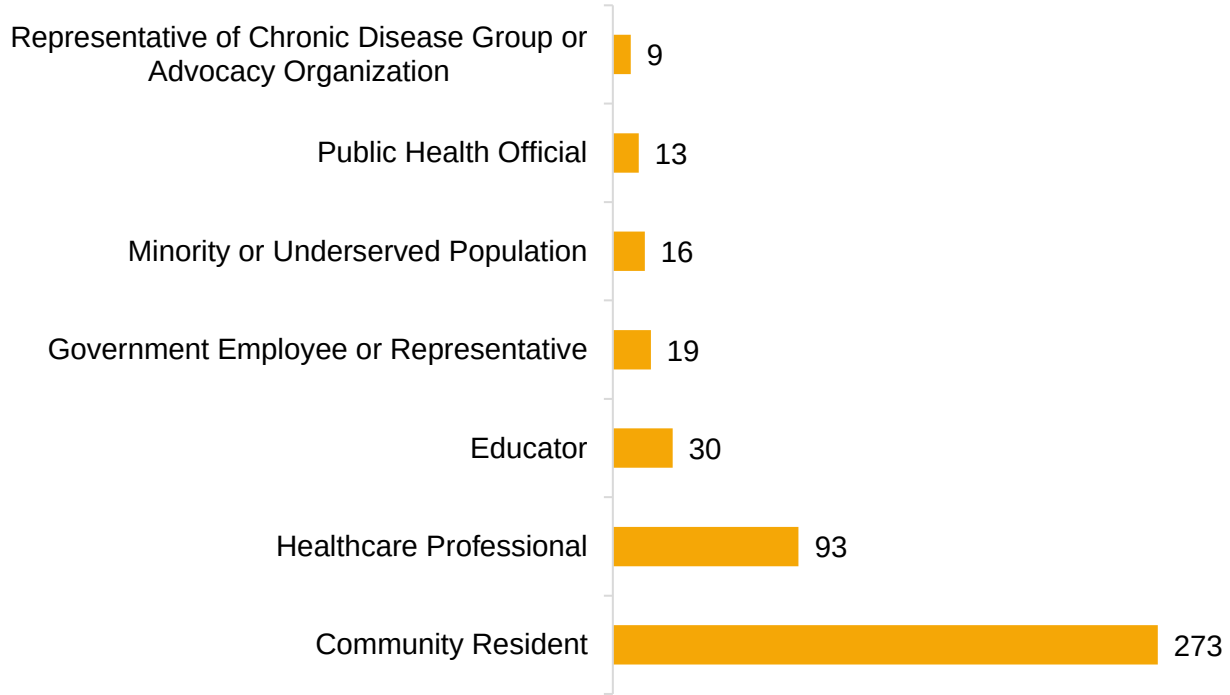
The ranked needs were divided into two groups: "Significant Needs" and "Other Identified Needs." The determination of the breakpoint — "Significant" as opposed to "Other" — was a qualitative interpretation where a reasonable break point in rank order occurred. The Facilities analyzed the health issues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

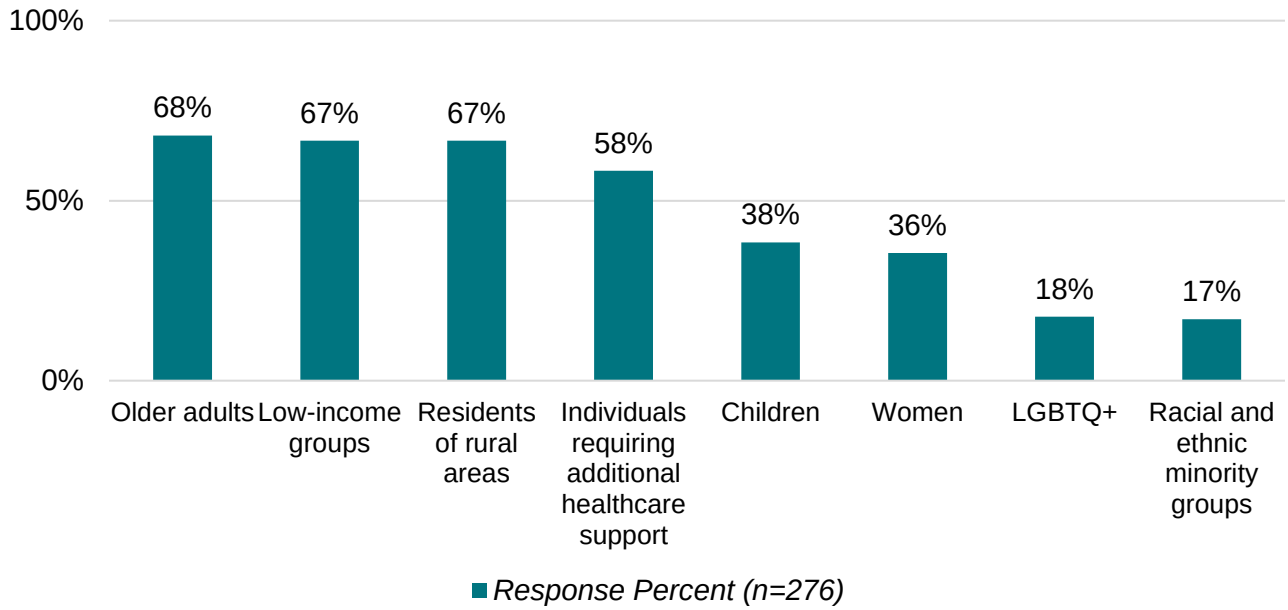
Survey Question: Please select all roles that apply to you (n=315)



Input on Priority Populations

Information analysis augmented by local opinions showed how the North Country 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: With regard to healthcare, which of the following priority populations should we focus on most as a community? (please select all that apply) Do they have any unique or pressing needs that should be addressed?



- 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 older adults, low-income groups, and residents of rural areas.
  - Summary of unique or pressing needs of the priority groups identified by the surveyors:
    - Transportation
    - Preventative care
    - Access to specialty care

Community Served

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

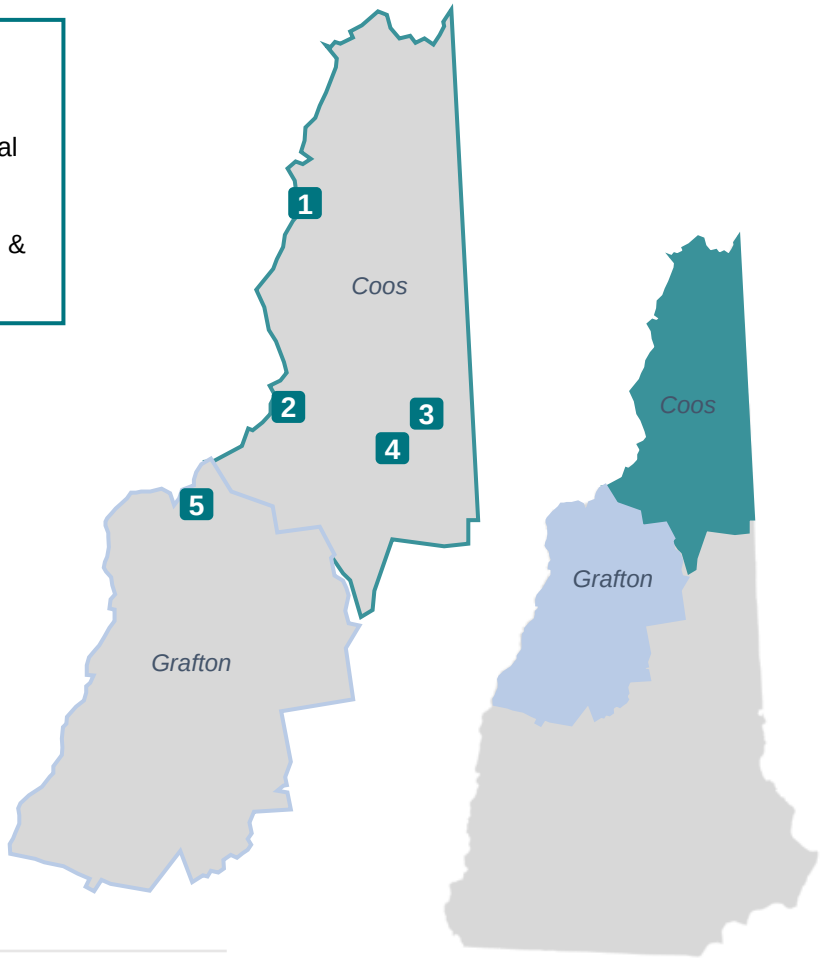
Coos County: 03575, 03576, 03579, 03581, 03582, 03583, 03584, 03588, 03590, 03592, 03593, 03595, 03598

Grafton County: 03215, 03217, 03222, 03223, 03240, 03241, 03245, 03251, 03262, 03264, 03266, 03279, 03282, 03285, 03561, 03574,03580, 03585, 03586, 03740, 03741, 03748, 03750, 03755, 03765, 03766, 03768, 03771, 03774, 03777, 03779, 03780, 03784, 03785

Though this report is a community health assessment of only Coos and Grafton Counties, the North Country Region Facilities acknowledge that they receive patients from neighboring states including, but not limited to Vermont (Bloomfield, Canaan, Gilman, Guildhall, Lemington, Lunenburg, and Maidstone), and Maine (Gilead and Bethel), whose communities have their own unique health needs and challenges. The goal of the North Country Region Facilities is to improve healthcare access and health outcomes for all patients wherever they live.

Service Area Demographics

1. Upper Connecticut Valley Hospital
2. Weeks Medical Center
3. Androscoggin Valley Hospital
4. Coos County Family Health Services
5. North Country Home Health & Hospice



Service Area Population:

126,946

Source: Stratasan, ESRI

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

Community Health Characteristics

The data below shows 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 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

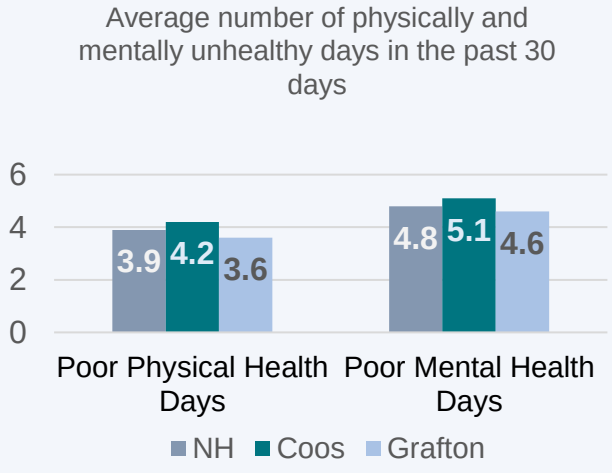
Health Behaviors

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%



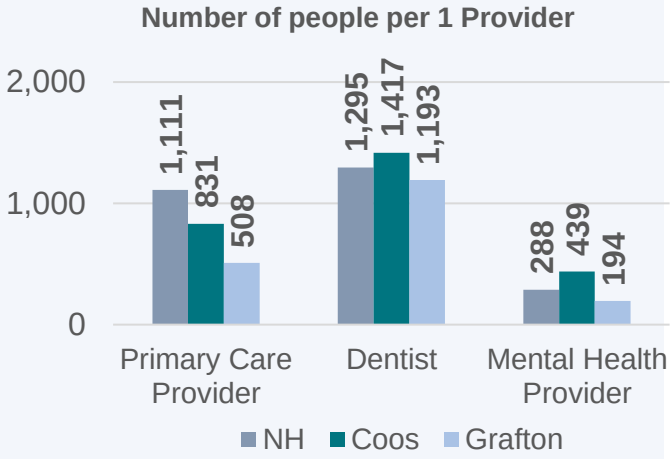
Source: County Health Rankings 2022 Report, worldlifeexpectancy.com

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: 6%)*	7%	7%
Preventable Hospital Stays *Per 100,000 (NH: 3,436)*	2,533	2,972
Access to Exercise Opportunities *(NH: 74%)*	60%	78%



Physical Environment

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

Source: County Health Rankings 2022 Report, Bureau of Labor Statistics
*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

348 surveys completed by community members

506 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

When identifying the health needs of a community, health factors, community factors, and personal factors should all be evaluated, as they all 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, while personal factors are the individual decisions that affect health outcomes.

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

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	**4.48**
Cancer	**4.44**
Heart Disease	**4.41**
Alzheimer's and Dementia	**4.31**
Diabetes	**4.31**
Obesity	**4.23**
Women's Health	**4.20**
Stroke	**4.18**
Dental	**4.05**
Lung Disease	**4.05**
Maternity-Care	**4.03**
Kidney Disease	**3.96**
Liver Disease	**3.91**
COVID-19	**3.76**
Other (please specify)	See appendix

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	**4.48**
Access to Senior Services	**4.45**
Healthcare Services: Prevention	**4.29**
Affordable Housing	**4.25**
Healthcare Services: Physical Presence	**4.24**
Employment and Income	**4.21**
Transportation	**4.21**
Access to Healthy Food	**4.18**
Access to Maternity Care	**4.08**
Access to Childcare	**4.06**
Education System	**4.04**
Social Support	**4.03**
Social Isolation	**3.94**
Community Safety	**3.90**
Access to Exercise/Recreation	**3.85**
Other (please specify)	See appendix

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)
Drug/Substance Abuse	**4.28**
Livable Wage	**4.24**
Physical Inactivity	**4.09**
Employment	**4.07**
Diet	**4.06**
Excess Drinking	**4.02**
Smoking/Vaping/Tobacco Use	**3.93**
Risky Sexual Behavior	**3.66**
Other (please specify)	See appendix

Overall health priority ranking

Answer Choices	Weighted Average of Votes (out of 5)
Mental Health	**4.48**
Healthcare Services: Affordability	**4.48**
Access to Senior Services	**4.45**
Cancer	**4.44**
Heart Disease	**4.41**
Alzheimer's and Dementia	**4.31**
Diabetes	**4.31**
Healthcare Services: Prevention	**4.29**
Drug/Substance Abuse	**4.28**
Affordable Housing	**4.25**
Healthcare Services: Physical Presence	**4.24**
Livable Wage	**4.24**
Obesity	**4.23**
Employment and Income	**4.21**
Transportation	**4.21**
Women's Health	**4.20**
Stroke	**4.18**
Access to Healthy Food	**4.18**
Physical Inactivity	**4.09**
Access to Maternity Care	**4.08**
Employment	**4.07**
Access to Childcare	**4.06**
Diet	**4.06**
Dental	**4.05**
Lung Disease	**4.05**
Education System	**4.04**
Maternity-Care	**4.03**
Social Support	**4.03**
Excess Drinking	**4.02**
Kidney Disease	**3.96**
Social Isolation	**3.94**
Smoking/Vaping/Tobacco Use	**3.93**
Liver Disease	**3.91**
Community Safety	**3.90**
Access to Exercise/Recreation	**3.85**
COVID-19	**3.76**
Risky Sexual Behavior	**3.66**

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

North Country Region - Health Need Evaluation

	Worse than Benchmark	Identified by the Community	Feasibility	Impact on Health Disparities
Mental Health	✓	✓	✓	✓
Healthcare Services: Affordability	✓	✓	✓	✓
Access to Senior Services	✓	✓	✓	✓
Cancer	✓	✓	✓	✓
Heart Disease	✓	✓	✓	✓
Alzheimer's and Dementia	✓	✓	✓	✓
Diabetes	✓	✓	✓	✓

Overview of Priorities

Mental Health

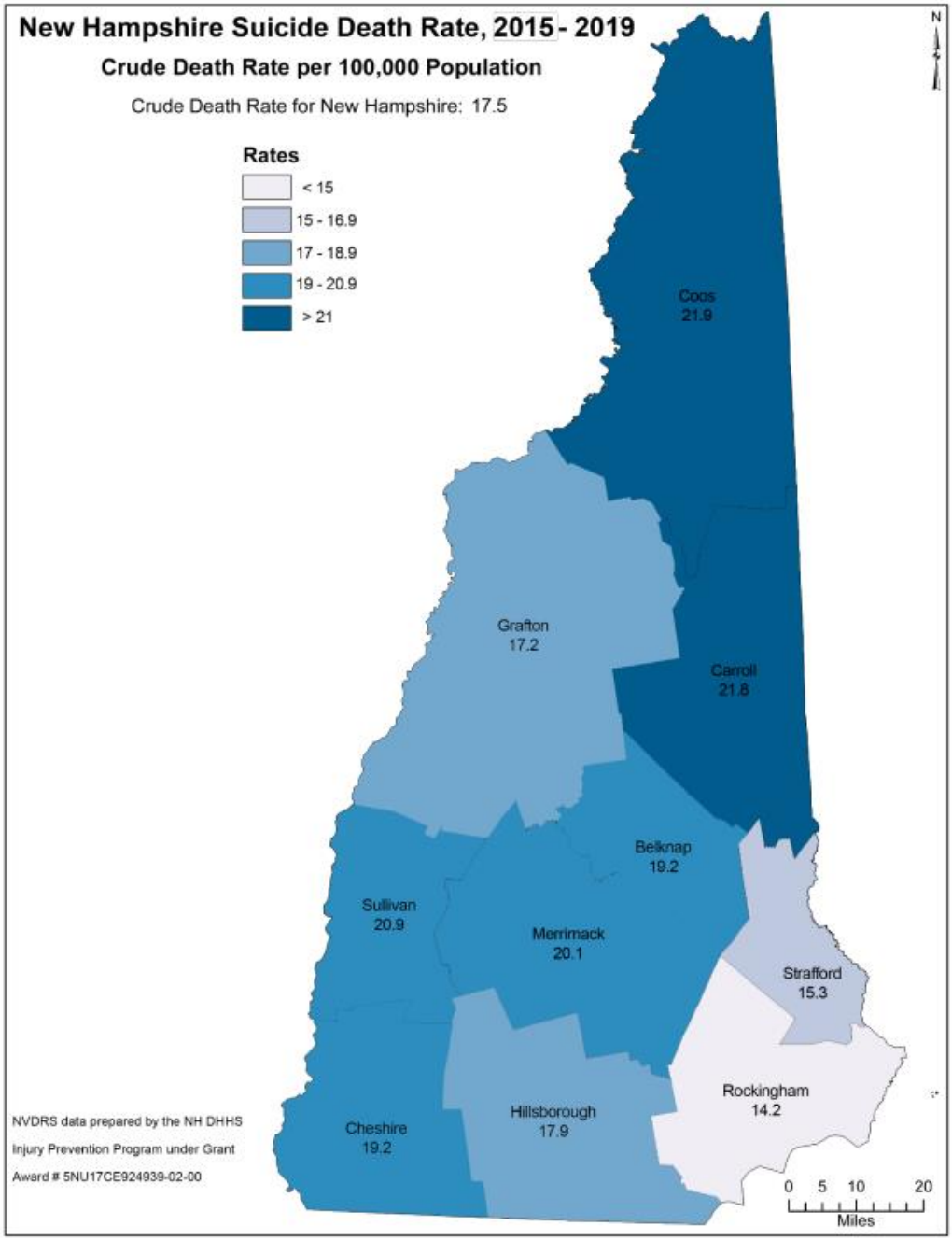
Mental health was the #1 community-identified health priority with 105 respondents (n=164) rating it as extremely important to be addressed in the community. Suicide is the 9th leading cause of death in both Coos and Grafton Counties. Mental health was identified as a top health priority in the 2019 and 2016 CHNA reports.

Additionally, lack of access to mental health services perpetuates disparities in priority populations like racial and ethnic minority groups, residents of rural areas, and LGBTQ+ communities because of a lack of providers and an inclusive behavioral health workforce (NAMI).

While it's difficult to measure the true rate of mental illness in the community, the following data points give insight into the health priority:

	Coos County	Grafton County	New Hampshire
Mental health provider ratio	439:1	194:1	288:1
Average number of mentally unhealthy days (past 30 days)	5.1	4.6	4.8
Suicide mortality (*per 100,000*)	18.6	12.9	16.4

Source: County Health Rankings, worldlifeexpectancy.com



Source: NH DHHS

Healthcare Services: Affordability

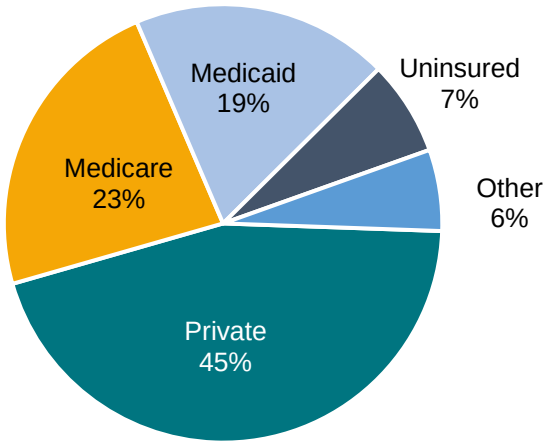
Affordability of healthcare services was the #2 identified health need in the community with 101 respondents (n=164) rating it as extremely important to be addressed. Affordability was identified as a top priority in the 2019 CHNA report.

Coos and Grafton Counties fare worse than the state average when it comes to the uninsured rate, children in poverty, and median household income. Additionally, low-income populations were identified as one of the top priority populations in the community, making the affordability of healthcare services a pressing need.

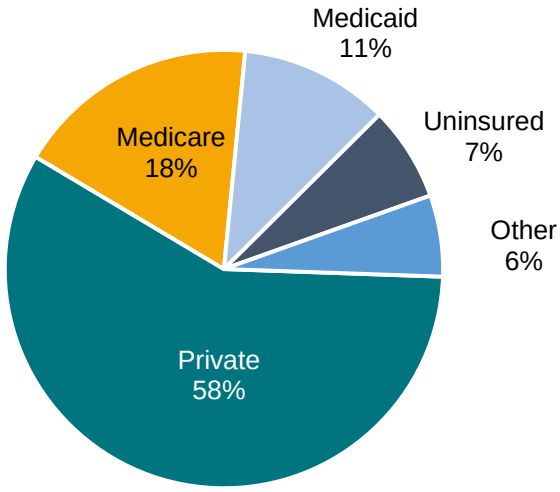
	Coos County	Grafton County	New Hampshire
Uninsured	7.3%	6.9%	5.8%
Unemployment	4.4%	3.3%	3.5%
Children in poverty	19%	11%	8%
Median household income	$47,405	$59,048	$77,879

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

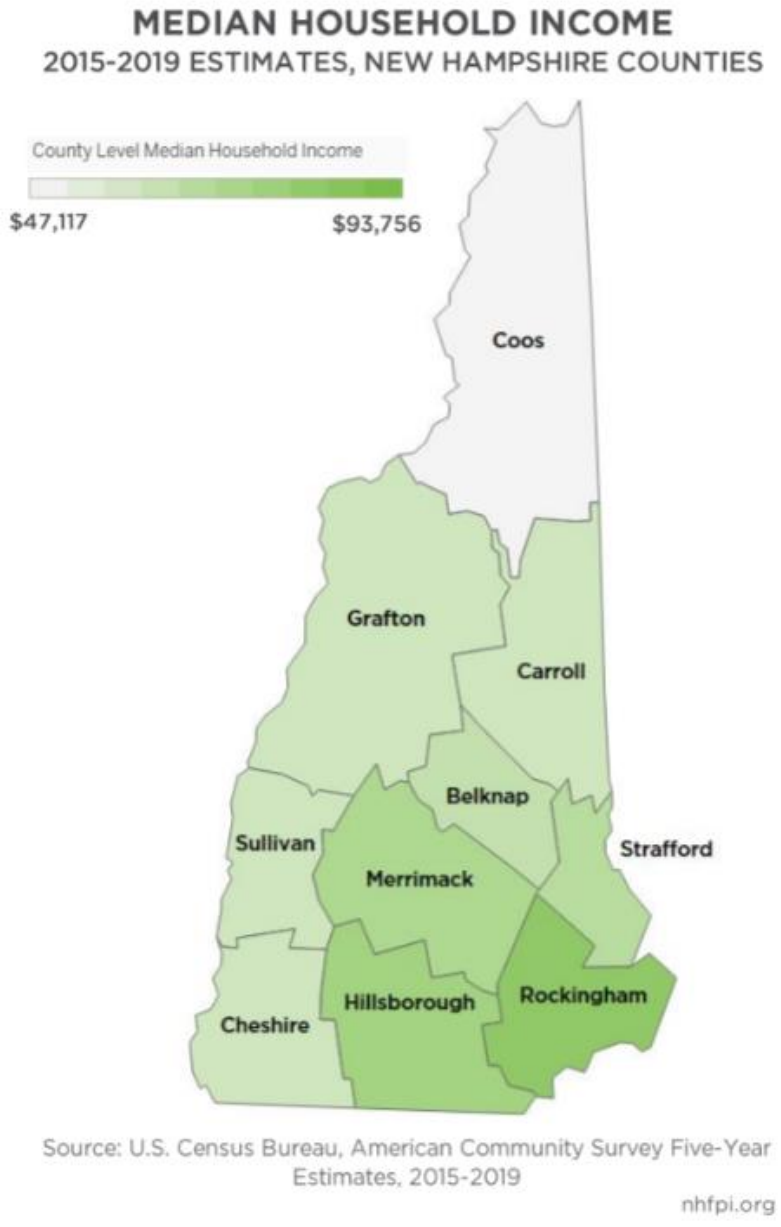
Coos County
Insurance Coverage



Grafton County
Insurance Coverage



Source: Stratasan



Source: New Hampshire Fiscal Policy Institute

Access to Senior Services

Access to senior services was identified as the #3 priority with 100 respondents (n=164) rating it as being an extremely important factor to address in the community. Access to senior services was not identified as a top health priority in any of the previous CHNA reports.

Older adults were identified as the top priority population in the community making access to senior services an important need. Additionally, the population of people 65+ is projected to greatly increase in the service area over the next five years.

	Coos County	Grafton County	New Hampshire	U.S.
% of the 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%

Source: Stratasan

Cancer

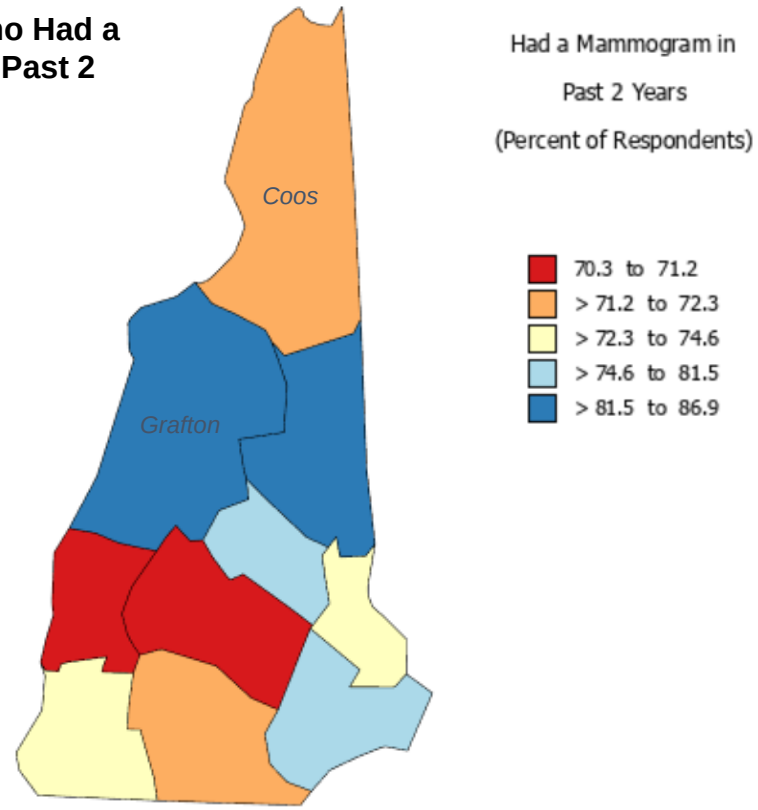
Cancer was identified as the #4 health priority with 97 respondents (n=163) rating it as extremely important to be addressed in the community. Cancer was not identified as a top health priority in previous CHNA reports.

Cancer is the second leading cause of death in both Coos and Grafton Counties. Additionally, priority populations such as racial and ethnic minority groups, women, low-income communities, and residents of rural communities 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

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



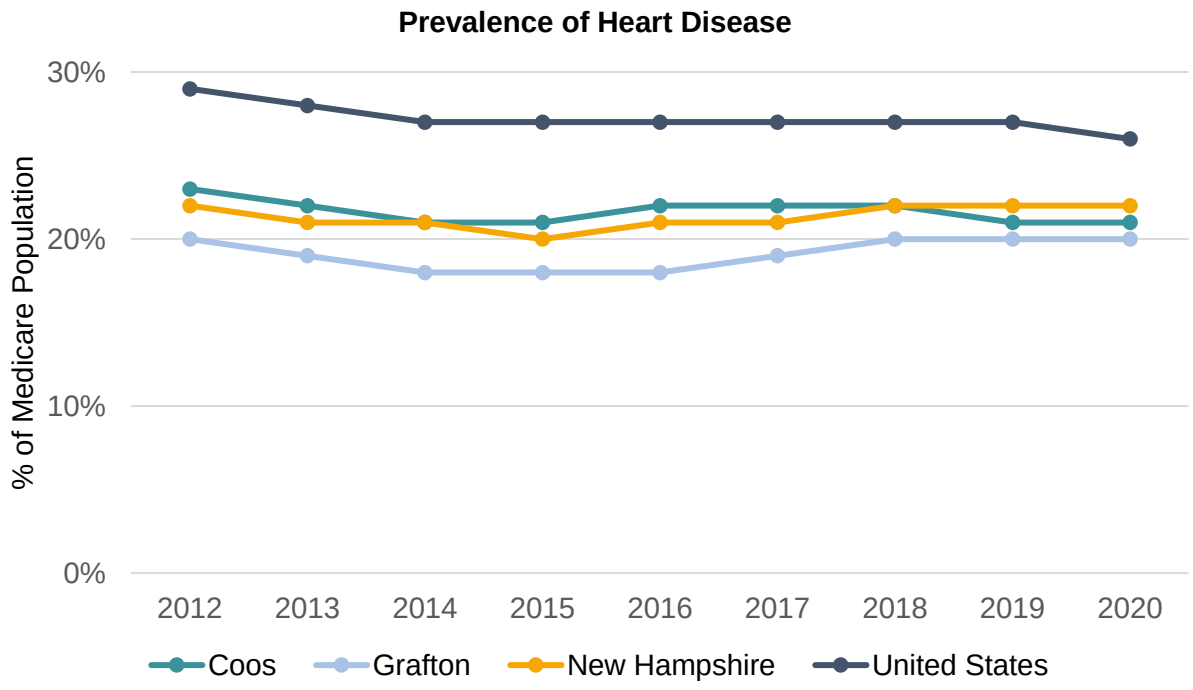
Source: National Cancer Institute, State Cancer Profiles

Heart Disease

In the community survey, heart disease was identified as the #5 health priority with 90 respondents (n=164) rating it as extremely important to address. Heart disease is the leading cause of death in both Coos and Grafton Counties. When it comes to health disparities, racial and ethnic minority groups are more likely to die of heart disease than their white counterparts (CDC).

	Coos County	Grafton County	New Hampshire
Heart disease mortality (*per 100,000*)	213.9	162.0	146.5

Source: worldhealthrankings.com



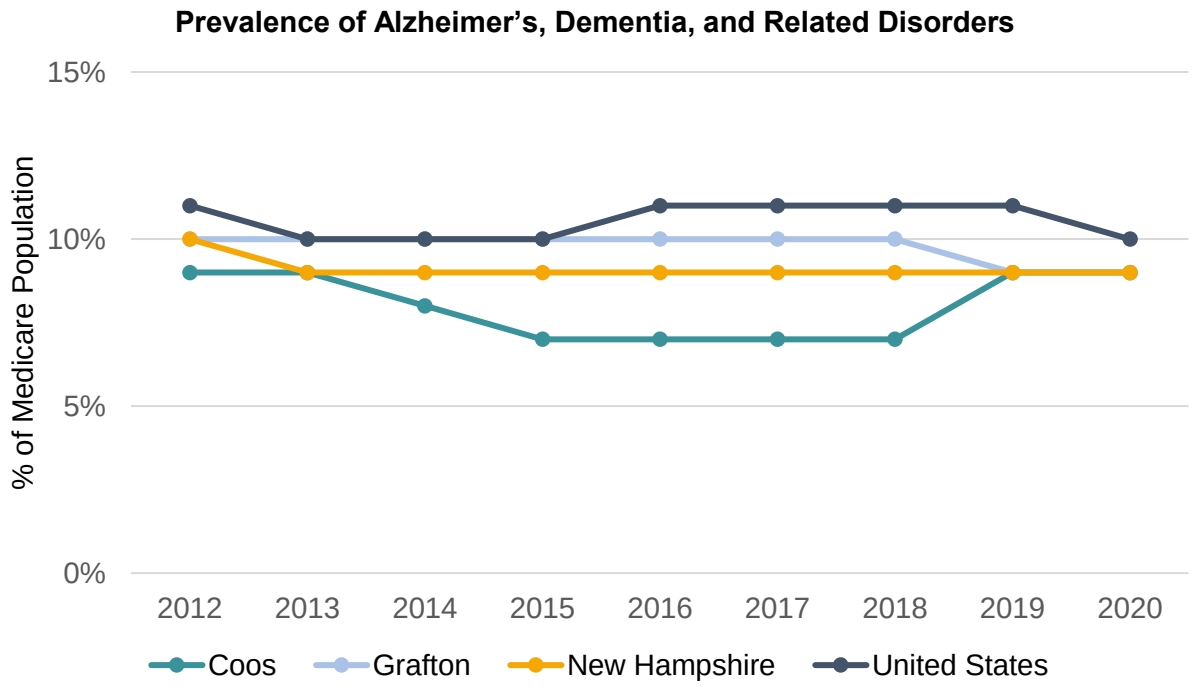
Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Alzheimer's and Dementia

Alzheimer's and dementia were the #6 community-identified health priorities with 85 respondents (n=163) rating them as extremely important to address. Alzheimer's is the 6th leading cause of death in Grafton County and the 7th leading cause of death Coos County. Alzheimer's and dementia were not identified as top priorities in previous CHNA reports.

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

Source: worldhealthrankings.com



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

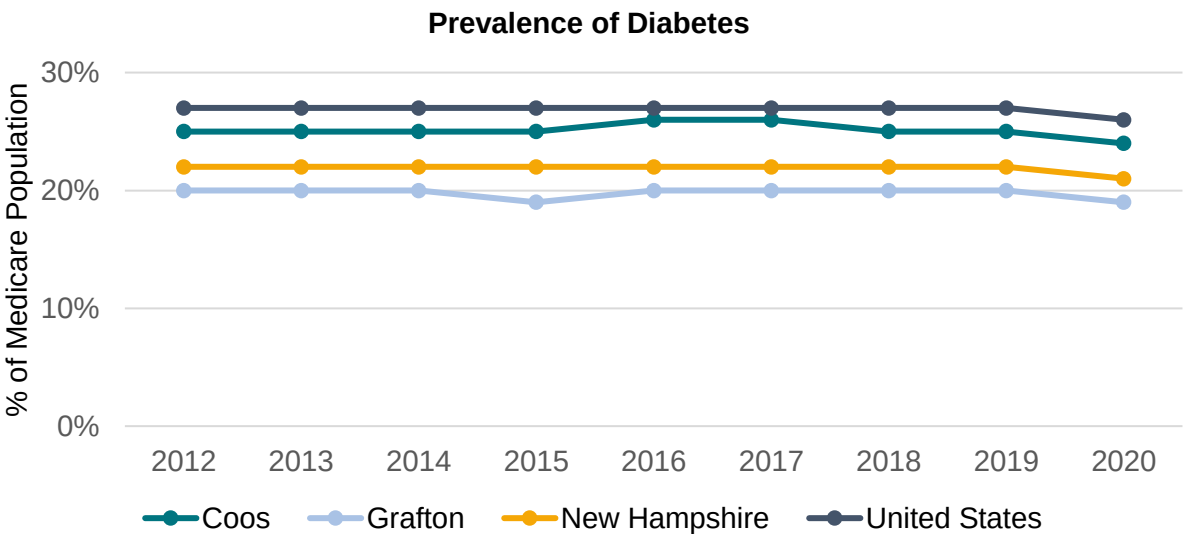
Diabetes

Diabetes was identified as the #7 health priority with 81 respondents (n=164) rating it as extremely important to address. Diabetes is the 7th leading cause of death in Grafton County and the 8th leading cause of death in Coos County. Diabetes was not identified as a top priority in previous CHNA reports.

Coos County fares worse than the state average when it comes to adult obesity, physical inactivity, access to exercise opportunities, and diabetes mortality. Alternatively, Grafton County fares better than the state average across the same categories except for physical inactivity.

	Coos County	Grafton County	New Hampshire
Adult obesity	34%	27%	32%
Physical inactivity	27%	23%	21%
Access to exercise opportunities	60%	78%	74%
Diabetes mortality (*per 100,000*)	24.2	17.7	19.2

Source: County Health Rankings, worldlifeexpectancy.com

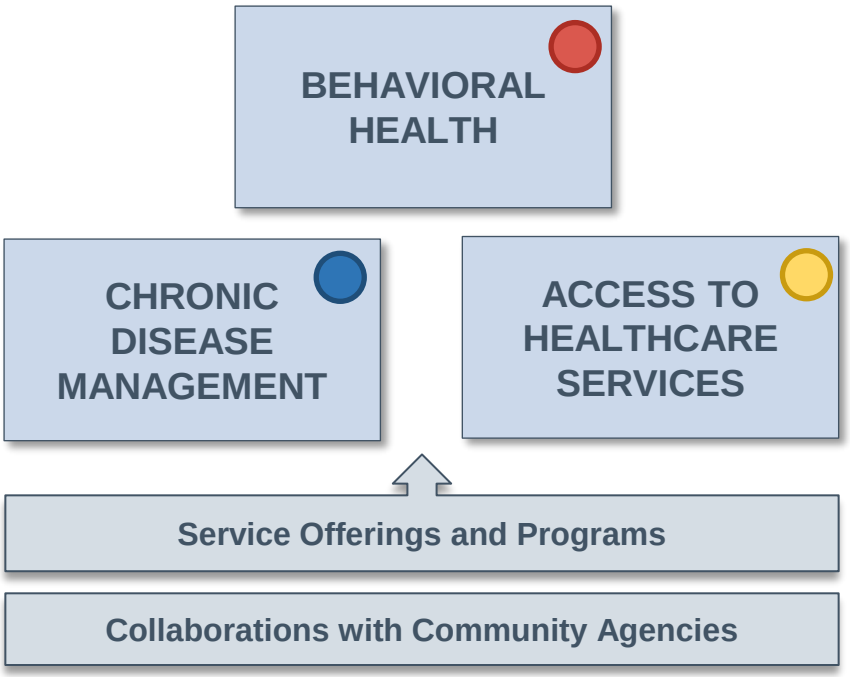


Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Implementation Plan Framework

The Facilities have determined that the action plan to address the identified health priorities will be organized into subgroups in order to adequately address the health needs with available time and resources.

- Mental Health
- Affordability of Healthcare Services
- Access to Senior Services
- Cancer
- Heart Disease
- Alzheimer's and Dementia
- Diabetes



Implementation Plan Strategy

Behavioral Health

Statistics:

Coos:

- Mental health provider ratio: **439:1** (*NH: 288:1*)
- Average number of mentally unhealthy days in the past 30 days: **5.1** (*NH: 4.8*)
- Suicide death rate (*per 100,000*): **18.6** (*NH: 16.4*)

Grafton:

- Mental health provider ratio: **194:1** (*NH: 288:1*)
- Average number of mentally unhealthy days in the past 30 days: **4.6** (*NH: 4.8*)
- Suicide mortality rate (*per 100,000*): **12.9** (*NH: 16.4*)

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

- Telepsych services are available through the emergency department (ED) 24/7.
- 24/7 emergency medical treatment and referral services through the EDs.
- Education regarding Naloxone (Narcan) given during CPR/BLS/First Aid Community Training.
- Narcan kits are distributed to community partners (schools, first responders, and other mental health and recovery sites in community agencies).
- Narcan kits are distributed to patients who are at high risk (history of overdose or high dosage of prescribed narcotic/opioid) who are seen in the EDs.
- Medication/drug deactivation disposal kits are distributed to patients in the EDs, as well as in recovery centers.
- Patient education is provided on opioid use and misuse to those who are prescribed narcotics/opioids in the EDs.
- 24-7 call center for mental health and substance abuse.
- Social workers, care managers, and community health workers are available.
- The Facilities participate in the Behavioral Health Clinical Learning Collaborative.
- The North Country Recovery Center is a multidisciplinary treatment center for individuals dealing with addiction.
- The Doorway Program is available at AVH.
- A multi-disciplinary team including community mental health resources is available at AVH.
- Medication drop box at UCVH, WMC, and AVH.

- WMC offers adult and pediatric mental health counseling at several locations.
- An integrated mental health program within the primary care setting to include warm hand-offs is available at WMC.
- Adult psychiatric services and substance abuse counseling is available at CCFHS.

Evaluation of actions taken since the immediately preceding CHNA:

- Substance abuse counseling and medication-assisted treatment (MAT) are now available at 5 different locations and services are continuing to expand.
- WMC hired a psychiatrist that offers consultation for outpatients, inpatients, and ED patients.
- WMC hired multiple mental health professionals and 2 community recovery support staff.
- Through a $125,000 grant from the Foundation for Healthy Communities, UCVH launched the UCVH Substance Use Disorder (SUD) Treatment Project with the goal of educating hospital staff on how to be more effective in supporting SUD patients and families and connecting them more efficiently with needed resources.

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

- Continue to recruit mental health and SUD professionals.
- UCVH and WMC will partner in opening a satellite primary care and behavioral health clinic on a part-time basis in Stewartstown, NH.
- WMC plans to establish a presence in local schools with primary care and mental health.

Identified measures and metrics to track progress:

- Number of patients successfully receiving services from the Doorway Program with a goal of reduction in the number of patients who drop from the program
- Number of pain management prescriptions written per active patient
- Number of substance abuse-related visits to the emergency department
- Number of substance abuse-related diagnoses
- Number of substance abuse admits
- Decrease in number of patients admitted to the emergency department with behavioral health as a primary diagnosis
- IEA Patient Days
- Visits in CCFHS and AVH MAT programs
- CCFHS and WMC primary care provider visits with a behavioral health diagnosis among those on encounter bill (e.g., depression, anxiety, substance abuse, etc.)
- Screenings conducted for depression, anxiety, ADHD, bipolar etc. in NCH or CCFHS EMR
- Mental health observation/hold beds at all 3 NCH hospitals

- Telepsych encounters with NHS from ED at all 3 NCH hospitals
- Telepsych encounters with DHMC from ED at all 3 NCH hospitals
- Number of suboxone inductions started in an NCH ED followed by prompt intake at a MAT program

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

Organization	Contact/Information
Northern Human Services	(603) 447-3347
NH Community Behavioral Health Association	(603) 225-6633
NH Department of Health and Human Services	https://www.dhhs.nh.gov/
NH Rapid Response Access Point	(833) 710-6477
Foundation for Healthy Communities	https://www.healthynh.org/
Local Alcoholics Anonymous/Narcotics Anonymous groups	https://nhaa.net/
New Hampshire Hospital	(603) 271-5395 NHHAdminSupport@dhhs.nh.gov
North Country Health Consortium WARM Program	(603) 259-3700 ext. 222

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*)
- Diabetes mortality rate*: **24.2** (*NH: 19.2*)

**per 100,000*

Grafton:

- Heart disease mortality*: **162.0** (*NH: 288:1*)
- Cancer mortality*: **160.2** (*NH: 4.8*)
- Alzheimer's mortality*: **26.7** (*NH: 26.1*)
- Diabetes mortality rate*: **17.7** (*NH: 16.4*)

**per 100,000*

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

- Nutritional management and counseling.
- Primary Care/Family Medicine clinics.
- Community health and wellness fairs.
- Education and outreach to the community.
- Employee wellness program.
- Community health lecture series.
- Mobile health unit.
- Advanced Care Planning is available.
- Social workers, community health workers, and care coordination services are available.
- Nutrition services are available at multiple sites.
- Referrals to Ways to Wellness Program at North Country Health Consortium.
- Ambulatory Nursing Services (infusion therapy/medication education/wound care) services are available with referrals to other entities for additional services.
- WMC hosts free blood pressure screenings at a local bank.
- WMC has a Lifestyle Medicine Program that uses therapeutic lifestyle interventions as a primary modality to treat chronic conditions.

- CCFHS provides free blood pressure cuffs.
- A Prescription Food Program is available at UCVH.

Heart Disease:

- Cardiac rehabilitation services.
- Cardiac testing services.
- Cardiologist consults through Catholic Medical Center.

Cancer:

- Specialists available for cancer screening, diagnosis, and treatment.
    - Two oncologists/hematologists offer regular clinics
    - Neurologists
    - Urologists (cancer of prostate, bladder, kidney)
    - OB/GYN (cancer of cervix, uterus, ovary)
    - General surgeons and GI (colon cancer)
    - 3D Mammography with stereotactic biopsy capabilities
    - Interventional Radiology, including lung biopsy
    - PET/CT scanning
- Breast and Cervical Cancer Screening Program.
- WMC partners with Dartmouth Health on a CDC colonoscopy screening project.

Alzheimer's and Dementia:

- Savvy Caregiver program at UCVH – caregiver training for dementia patients.

Diabetes:

- Diabetes education programs are offered at multiple sites.
- Diabetes support groups at multiple sites.
- Telehealth diabetes services are provided through DHMC.
- Diabetes management nurse practitioner is available at WMC and a diabetes nurse educator is available at both WMC and CCFHS.
- WMC pharmacist provides home visits for medication reviews.
- WMC provides support with prescription assistance programs.

Evaluation of actions taken since the immediately preceding CHNA:

- Opened a retail pharmacy in Colebrook with a pharmacist available for in-person consults.

- CCFHS nurse received Certified Diabetes Care and Education Specialists (CDCES) credential.
- WMC received ADA Accreditation for Diabetes Self Management Education and Training Program.

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

- Look into expanding free blood pressure screenings to other areas.
- Revamp the employee wellness program.
- Increase primary care throughout the region.
- Recruiting an Endocrinologist at WMC.
- WMC plans to utilize a grant to fund mobile integrated health through local EMS.
- WMC plans to increase the use of low-dose CT screenings through the pulmonary department.
- Added Open Bore MRI with breast capabilities at WMC.
- UCVH has recently assisted WMC in launching a diabetes management program modeled after UCVH's. Through the continued partnership, we expect greater access and participation in these programs in the Colebrook and Lancaster markets.
- UCVH is seeking funding from the Neil and Louise Tillotson Fund to support the ongoing operations associated with a wellness center which will include indoor dry-side fitness, a pool, physical rehabilitation, community wellness, and an indoor, year-round walking track. Charity care discounts will be offered for indoor walking memberships - based on income and ongoing participation.
- UCVH is increasing the number of Savvy Caregiver workshops.

Identified measures and metrics to track progress:

- Number of patient encounters with the mobile health unit
- Number of blood pressure checks
- Number of free and paid walking memberships
- WMC and CCFHS primary care visits for such chronic diseases on encounter bill/EMR
- AVH neurologist visits for Alzheimer's disease and other dementias at all NCH sites based on encounter bill/EMR
- CMC/NEHVI practitioner visits for heart disease (or any visits) at all 3 NCH sites
- Cardiac rehab visits or unique patients at NCH facilities that have such programs
- Volume of cardiac tests at NCH facilities (e.g., stress tests, echos)
- Number of community health lectures

- Percentage of diabetic patients with at least 2 HgA1C's in the last 12 months
- Percentage of diabetic patients with most recent HgA1C < 7.5% (good) or > 9.0% (bad)
- Percentage of diabetic patients with a dilated retinal exam in the last 12 months
- Cancer screening services/volumes, such as mammograms, colonoscopies, PSA tests, Cologuard test, and stools for occult blood

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

Organization	Contact/Information
Dartmouth-Hitchcock Medical Center	https://www.dartmouth-hitchcock.org/
New England Heart and Vascular Institute	https://www.catholicmedicalcenter.org/locations/new-england-heart-vascular-institute-catholic-me
American Heart Association	https://www.heart.org/
NH Department of Health and Human Services	https://www.dhhs.nh.gov/
Androscoggin Valley Home Care Services	(603) 752-7505 https://avhomecare.org/
Catholic Medical Center	https://www.catholicmedicalcenter.org/
North Country Health Consortium	(603) 259-3700 https://nchcnh.org/

Access to Healthcare Services

Statistics:

Coos:

- Uninsured rate: **7.3%** (*NH: 15.8%*)
- Unemployment rate: **4.4%** (*NH: 3.5%*)
- Median household income: **$47,405** (*NH: $77,879*)

Grafton:

- Uninsured rate: **6.9%** (*NH: 15.8%*)
- Unemployment rate: **3.3%** (*NH: 3.5%*)
- Median household income: **$59,048** (*NH: $77,879*)

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

- Telemedicine appointments are offered for different service lines.
- Mail order or delivery of medications by pharmacies is available.
- Social workers, care managers, and community health workers are available.
- A Community Health Fund is established.
- Home monitoring programs available – blood pressure, weights, continuous glucose monitoring.
- Outpatient specialty services available throughout the North Country Region.
- Rehab services for area schools and the local nursing home.
- Ambulatory nursing services are available throughout the North Country Region.
- Education classes are available throughout the North Country Region.
- The Facilities provide community health/outreach programs/collaboration.
- Collaboration with area entities to work on best options/processes for providing support and appropriate transitions to the best place for patients who have limited to no financial/family support.
- Participation in ACO.
- Patient Financial Services is available to assist patients in payment options and plans.
- Care Management works with inpatients who have no insurance to assist in Medicaid applications, when applicable.
- Sliding scale fee is available at each Facility.
- Mobile health unit.

- Care Management works with available local resources to assist with the transportation needs of patients.
- North Country Healthcare physicians see patients at multiple locations.
- WMC's four rural health clinics have open access scheduling with same-day appointments and evening hours. CCFHS offers weekend clinics and after-hour care.
- WMC has a partnership with Caleb Caregivers volunteer services.
- WMC and CCFHS have providers who conduct home visits.
- CCFHS offers a no-interest payment plan.
- Dental and oral healthcare provided at CCFHS.
- Savvy Caregiver program at UCVH – caregiver training for dementia patients.

Evaluation of actions taken since the immediately preceding CHNA:

- COVID-19 vaccination, education, and treatment provided at various sites.
- CCFHS implemented a sliding scale fee for medication.
- North Country Home Health & Hospice Agency now serves all of Grafton County.
- WMC expanded primary care to Colebrook and Littleton to improve ease of access.

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

- CCFHS is opening a clinic location in Colebrook.
- WMC plans to evaluate re-instating weekend hours.
- UCVH is launching MDsave – program to compare procedure prices and pay for services.
- UCVH is increasing the number of Savvy Caregiver workshops.
- UCVH is launching the Golden Years program.
- CCFHS is partnering with UCVH and Tri County CAP to offer transportation in rural northern and western Coos County. Such transportation is intended to ensure access to primary care, dental care, and specialty care appointments as well as transportation to the patients' homes from the hospital and providers' offices.
- The three Coos County hospitals have contributed a combined $150,000 to fund a mobile health clinic van, which will launch in August 2022. This van will offer vaccine clinics, health screening clinics, and primary care clinics throughout the rural parts of Coos and Grafton Counties.

Identified measures and metrics to track progress:

- Number of outpatient visits
- 30-day inpatient readmissions rate
- Transfer rate from emergency department to other facility
- Population to primary care ratio or the number of new primary care practitioners recruited to the area (WMC/CCFHS)
- Population-based net physician
- Inpatient length of stay
- Readmission rate
- Transportation provided (trips, miles, financial value)
- Charity care contribution
- Telemedicine visits by various types of practitioners

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

Organization	Contact/Information
Tri County CAP	http://www.tccap.org/
The Healthy Living Center of Excellence	https://healthyliving4me.org/
Harvard Pilgrim Health Care	https://www.harvardpilgrim.org/public/home
MDsave	https://www.mdsave.com/
Great Northwoods Community Foundation	(603) 326-5986
Androscoggin Valley Home Care Services	(603) 752-7505 https://avhomecare.org/
Coos County Family Dental	(603) 752-2424

Other health needs identified during the CHNA process:

8. Healthcare Services: Prevention
9. Drug/Substance Abuse (resources included in the behavioral health section of this report)
10. Affordable Housing
11. Healthcare Services: Physical Presence
12. Livable Wage
13. Obesity
14. Employment and Income
15. Transportation
16. Women's Health
17. Stroke
18. Access to Healthy Food
19. Physical Inactivity
20. Access to Maternity Care
21. Employment
22. Access to Childcare
23. Diet
24. Dental
25. Lung Disease
26. Education System
27. Maternity-Care
28. Social Support
29. Excess Drinking
30. Kidney Disease
31. Social Isolation
32. Smoking/Vaping/Tobacco Use
33. Liver Disease
34. Community Safety
35. Access to Exercise/Recreation
36. COVID-19
37. 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

Leading Cause of Death

The Leading Causes of Death are determined by official Centers for Disease Control and Prevention (CDC) final death total. New Hampshire's Top 15 Leading Causes of Death (now including COVID-19) are listed in the tables below in Coos and Grafton Counties' rank orders. Each county was compared to all other New Hampshire counties, the New Hampshire 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

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

Detailed Approach

The North Country Region Facilities (“NCR” 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 North Country 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

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 348 survey respondents was received. Survey responses started on March 1st, 2022 and ended on March 22nd, 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 needs importance from not at all (1 rating) to very (5 rating).
- The survey respondents participated in a structured communication technique called a "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

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

Q2: Please select which roles 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

Q3: What town do you primarily reside in?

Answer Choices	Responses
Lancaster	72
Colebrook	34
Berlin	26
Whitefield	20
Gorham	15
Dalton	11
Littleton	11
Jefferson	11
Maidstone, VT	10
Bethlehem	7
Lunenburg, VT	7
Milan	6
Columbia	6
Northumberland	6
Randolph	6
Canaan	6
Pittsburg	5
Guildhall	5
Stratford	4
Stark	3
Shelburne	3
Franconia	3
Stewartstown	3
Carroll	2
Brunswick	2
Bloomfield, VT	2
Clarksville	1
Sugarhill	1
Concord	1
Essex Jct, VT	1
Venice, FL	1
Passumpsic, VT	1
BeecherFalls, VT	1
Sheffield, VT	1
Errol	1
Mikan	1
Landaff	1
Lemington	1
Piermont	1
Twin Mountain	1
Dummer	1
Wentworth	1
Woodstock	1
Bartlett	1

Q4: What is your age?

Answer Choices	Responses	
65+	47.78%	151
55-64	25.95%	82
45-54	15.82%	50
35-44	6.01%	19
25-34	3.16%	10
18-24	0.32%	1
Under 18	0.00%	0
Prefer not to respond	0.95%	3
	Answered	316
	Skipped	32

Q5 contained personally identifying data not included in this report.

Q6: With regard to healthcare, which of the following priority populations should we focus on most as a community? (please select all that apply) Do they have any unique or pressing needs that should be addressed?

Answer Choices	Responses	
Older adults	68.12%	188
Low-income groups	66.67%	184
Residents of rural areas	66.67%	184
Individuals requiring additional healthcare support	58.33%	161
Children	38.41%	106
Women	35.51%	98
LGBTQ+	17.75%	49
Racial and ethnic minority groups	17.03%	47
	Answered	276
	Skipped	72

Unique or pressing needs of the above selected groups:

- There has been a tremendous influx of people migrating to the north country to retire. The primary concern is healthcare. We need to focus on the needs of that age group if we're going to get more people retiring up here
- Community outreach and no cost/very low cost routine health care screenings in communities to prevent chronic disease. Free education workshops via zoom may also be worthwhile. (diabetes, BP, heart disease, proper nutrition, etc)
- Access, including transportation
- Mental health, social interaction with others in their group, and access/transportation to health care facilities.
- Getting the older Residents to you and making sure all children have available Health Care
- Access to care, especially to specialists. Financial assistance , especially for uninsured/ underinsured. Eg Sliding scale. Low cost prescriptions; ex 340 b program . Weekend and after hours access to care. Transportation to care. Mental health care ; counseling and psychiatry. Community outreach programs. Oral health program.
- More behavioral health options for all
- Transportation!
- low income- need connections to SDOH and behavioral health care, this population is under served and needs ""whole"" healthcare especially during COVID. Residents of rural areas need to have integrated health care where all aspects of their physical and emotional health can be addressed. Women of child bearing years, especially pregnant women need additional supports for successful birthing. Individuals with chronic disease are too ill or incapable of advocating for needed services.
- Increase Behavioral Health Services, homeless,
- It is important to meet the needs of our low income residents. They need assistance with transportation, cost of meds and cost of their healthcare. We all live in a rural setting up here in the north country. We need consistent healthcare within the communities UCVH and Weeks Medical Center serve. Specialized care is available as determined by the primary care doctor. Transportation for many is another need for many."
- Older adults need monitoring as there is a higher incident of health problems but my first concern is individuals requiring additional healthcare support especially those who need intellectual or/and mental health monitoring. Many of these people can not monitor their own healthcare and some facilities just write them off especially those with special needs.
- Travel to and from appointments is a big issue.
- Mental health, stress related to Covid and world new
- Primarily costs but there are issues with transportation, other mobility restrictions, childcare for single mothers, food insecurity in all of these groups the list goes on
- Birth control access, sexual health education, pregnancy and postpartum support
- It varies by group. The need for compassionate and affordable healthcare is foremost.

- Keeping all services in house not contracting outside help
- advance care planning, signs of dementia
- Equity in access to healthcare services, increased support for identified needs, home supports
- I feel low income people neglect medical care because of pricing and hard to get help with paying when needed. Always a fight
- Residents of rural communities being able to get to treatment facility. Older adults having available information of options for treatments and being a ti Ike involved in those choices having them be advised of the pros and cons of these treatments Not being treated as you are old and you should be aware of this effecting what can be done for you To the best of my knowledge this does not happen at weeks but know it does a some treatment facilities. Just making them feel they still have worth and not being swept under the rug.
- Clinics for low income families.
- Transportation
- Preventative care
- We need an ENDOCRINOLOGIST in Coos County. We have a large number of patients with diabetes and thyroid disease in the North Country, and there is not one single endocrinologist anywhere in Coos County.
- When calling for an appt have spots open for people if they need same day instead of waiting fir a week to be seen.
- Older people need more services simple
- Affordable Quality health care
- We are a very spread out community. These groups don't always have transportation or support from family members. Many are abused by those who are supposed to be caring for them. Many are not able to get out and seek that help or realize they need it. The entire community is in need of health care.
- Lack of understanding in this area
- A Healthcare coach for individuals with multiple high risk health needs would be helpful. Continued zoom appts encouraged
- Specialist in our area in different medical areas
- Children with anxiety. Students say they are anxious all the time and don't know how to move past it to be productive.
- All may have limited access to healthcare, whether it be financial/insurance issues, mobility issues, communication issues (e.g., older residents uncomfortable using modern communication methods), or some other impairment.
- Being able to get appointments when they are ill.
- Senior citizens who leaving alone
- LTC beds for the elderly or disabled.
- Mammograms, Vax

- Low income groups often struggle with financial choices and forego regular healthcare checks which lead to use of emergency room visits for nonurgent care. Poor nutrition and dental care also create far reaching issues.
- access to affordable health care and meds
- arthritis and joint degradation, chronic disease
- Specialty physicians and family practitioners are desperately needed, not just nurse practitioners
- Access for older citizens. Annual physicals and emergency care for International agricultural workers. Birth control and preventive information and services, especially for those 21 and younger. More information about how to make app's for vaccines. Particular attention and support for first-time moms and dads.
- The older adults do not understand the ""new"" healthcare. The on-line, the portals, just the new way. So they don't call because they can't get a real person. They can't hear the automated answering system and the automated answering system can't hear the older person. So they rely on ""someone"" to make those calls for them, so if they ask you better do it, because they've waited until it's urgent before asking. The young adults may seek help for their children, but not themselves. Too expensive. COVID sure didn't help, but it's been kind of heading in that direction anyway. If you're not on-line, you're left out.
- ability to pay
- I think identifying NCH as being open and friendly to the LGBTQ+ community is really important. The same is true for racial and ethnic minoriites.
- Assessment and follow up for tests.
- Hard to leave home, fall between the tracks, no place to gather or receive support or education--or food
- Preventative medicine for chronic disease
- Mental health and substance abuse patients
- Treat all groups equally
- Medication Management. Prescription Drug Costs. Post acute hospital care. Mental Health Care.
- Kidney care, Children in need. Work more closely with DH with testing that can be performed closer to home. Dementia in the elderly. Drug rehab and prevention.
- Transportation to medical appointments, especially those that require someone to wait with you while you have your procedure. Help with funding for procedures for patients with high deductible or catastrophic insurance. Help obtaining dental care (without dental insurance).
- A doctor whose career focuses on diabetes and all of it's consequences.
- Older adults are isolated and having difficulty getting to appointments. I cannot tell you how many have no emergency contact listed.... they are alone.
- Options for receiving services, when there are obstacles, such as low-income or lack of transportation, when services are out-of-town.

- It is the characteristic of Coos county to be financially depressed . Our population are Seniors . Because of the economic situation we do have low income and rural folks .
- There are not a lot of resources available in the area, transportation and housing are barriers for a lot of patients, and unable to afford medications.
- Dermatology springs to mind.
- Older group..lower price due to Social Security
- Availability and affordability
- The elderly lack the support needed as far as assisted living facilities. The current nursing home staffing crisis has created an issue with keeping the hospital filled with social admissions and limiting acute beds.
- mental health situations
- Older Adults-Many healthcare needs that if gone untreated can increase complications requiring more services. Children-If given proper treatment and guidance at a young age they might follow a healthy path for the rest of their lives decreasing the need for extensive healthcare needs in the future.
- Not a lot of services for children in our area have to travel to far, new school programs. Need for long-term planning/care prior to them actually needing it.
- Quality, affordable access to basic health care and specialty care.
- Mental health, substance abuse, access to routine care, dementia (elders)
- Low income and in many cases far removed from facilities
- Racial & ethnic minority groups - understanding their health care needs which can differ; incorporating into our culture and community better. Low-income groups - ramping up services for health, nutrition, education, transportation. Residents of rural areas - access to services including better internet and transportation to appointments; Women - access to health services, particularly those related to specific female needs; Education access and job training. Older adults - access to health and social services, transportation, coordination of care for their needs. Individuals requiring additional health support - transportation and coordination of care; access. LGBTQ+ - community training to understand LGBTQ+; specialized training for providers who care for this population."
- Affordable, timely access to healthcare.
- Respite care, mental health care, palliative care, continuity of care, home care, chronic disease management, substance use disorder management
- Obesity, diabetes, oral care, behavioral health, substance abuse. ..
- Social determinants of health impact all of these groups disproportionately; in particular, though, transportation, food insecurity and low health literacy are significant barriers to health and wellness.
- Elderly who have very little to no family support. Those that do have family support are left with only one overwhelmed caregiver.
- These populations have chronically more barriers to access healthcare-transportation, finances, education, advocacy, etc

- Potential opportunities may exist to outreach to rural citizens in surrounding towns including VT and ME who might not realize AVH's comprehensive service array. Baby boomers are going to dominate this areas need for health. Are over the next 20+ years. AVH is adding new service lines and that should continue to be a priority.
- Mental health
- Cost
- The majority population in the county, geriatric specialist needs.
- Improved access to office visits with a doctor. Due to the pandemic, many elderly feel that they cannot call to get an appointment with a doctor for an emergency or even for their annual physical.
- aging population, affordable housing, transportation, communication about what is available

Q7: Please share comments or observations about the actions the NCR facilities have taken to address Drug/Substance Abuse.

- BH Practioners embedded in medical facilities
- There is an increase in BH and SUD providers available, however they are still significantly under staffed. Needs more public advertisement, awareness and work to connect providers outside the NCH walls to these programs.
- Very Important to do as much as possible to stop drugs educate from Schools
- Need more availability in Colebrook .
- The MAT program is expanding and growing to meet these needs
- Educational awareness
- The top issues are always the same however all are a priority. There are still many in need.
- The set up of several MAT programs
- improved availability of SUD treatment
- Weeks has increased staff for SUD but now need more staffing for mental health services
- MAT Program in Colebrook has been established
- It really helps my mental stability being able to be consulted by your proffesionals
- Weeks has been proactive in developing programs for this issue and constituency.
- We have a great program in place, although I do feel that there are cases where the care has slipped into enabling.
- Have really tried to help substance abuse in the North Country.
- due to Pandemic community outreach was minimal. We need more support meetings like AA
- Recovery support workers are a good addition to address SUD needs in communities

- Mental illness and sense Covid-19 and how much health insurance companies are raise rates on the old and poor
- Appears to being addressed
- The SUD treatment program fills a great need
- Weeks did an outstanding job with supplying the covid vaccinations. Well organizations and way ahead of ghe state program
- MAT programs
- continues to be a shortage of clincians
- Good to see that there is a department dedicated to mental health and addictions. Stigma is always difficult to eradicate.
- Weeks has estabilished a good program for this population, but i feel if the patient fails a requirement they should be kicked out of the program
- Much improved, making an impact
- The doorway at AVH, LRH (moved), each clinic, Lancaster, Littleton, Whitefield, Groveton, No Stratford and Colebrook
- Worked with North Country health Consortium to develop the Community health Worker program and recovery health coaches. Added training, etc.
- I have seen an improvement in availability of help in this area.
- Positive strides have been made in this area. I know we hired several health care professionals in this area.
- DRUG SCREENS
- Have developed the DoorWay and Mat programs
- Weeks opened the North Country Recovery Center, which was big step forward.
- Drug and substance abuse facilities will assist with providing SUD patients with the support needed to prevent chronic illness.
- Weeks has been doing a drug treatment program which seems to be working well. I feel the Drug/substance abuse issue is a major issue that is still not under control.
- No direct, first hand experience but hear incidentally that efforts are substantially improved over the past few years.
- The Doorway Program, MAT programs at AVH and CCFHS
- education, doorway, hiring more professionals
- Weeks Medical Center has been very proactive with this issue with the clinics and with counseling.
- The MAT clinic needs someone on call on weekends. We need more education to reduce stigma
- Excellent program
- Encouraged by increasing MAT services
- No wrong door initiate was good addition for increased access to individuals with SUD needs.

- With the Doorway available in the community
- Good
- There has been alot put towards this and there is alot offered currently
- very impressed with how far we have come in terms of Narcan, Doorway and strategy to address the problem/barriers.

Q8: Please share comments or observations about the actions the NCR facilities have taken to address Mental Health.

- BH Practitioners embedded in medical facilites
- This seems to be an ongoing challenge. Not sure there is a plan right now, although discussions are taking place.
- There is an increase in BH and SUD providers available, however they are still significantly under staffed.
- NH needs more facilities to help them
- Since Indian Steam Health Center closed , NCH will need to provide more counselors in Colebrook. Also psychiatry consults for medications for more complex cases that PCPS cannot handle.
- Serious lack of mental health care workers in the entire area. People can't get appointments for 6 months or none at all. Those suicidal will have already committed the act with these wait times.
- Behavioral health has hired new staff as well.
- Support group
- More providers needed in Upper Coos
- Have not seen much change
- Behavioral health is a priority and additional providers have been hired.
- Hiring more mental health providers
- improved availability of MH services, however the community members are still on long wait lists for services.
- Currently hiring additional mental health services but will still be a shortage of licensed mental health providers
- There seems to be more mental health professionals than there was. However, it's a difficult choice of profession and many move on
- The Behavioral Health initiatives at Weeks are well coordinated, thoughtful and effective, depending on the abilities of the recipients to implement the assistance offered.
- We have a great mental health program that is continuing to expand.
- With COVID taking its toll on families, both young and old, what we have accomplished has fallen a few steps back. We need to begin to rebuild.
- Additional MSWs for the Weeks outpt. clinics

- More MH focused supports necessary, especially in schools targeting children and youth
- Always seems a weak link in care. Too few state beds. Few providers
- One NP to see all the patients
- Always need more resources
- I use the mental health opportunities.
- Psych NPs provide a needed service but intensive outpatient programs are needed
- Counselors in primary care
- Need more services very lacking in this area
- The shortage of therapists has become more of a problem
- Weeks has a great BH program. They are always available
- Embedded behavioral health w/ primary care in each clinic, Lancaster, Littleton, Whitefield, Groveton, No Stratford and Colebrook
- I don't know. I'm aware of counselors, but was not comfortable with the way the emotional health system is set up....
- Hired more mental health counselors but it is still lacking, with long waits.
- Positive strides have been made in this area. I know we hired several health care professionals in this area.
- Have developed the DoorWay and Mat programs
- I see that you have added several new mental health providers. I just wish this could be marketed better so that people are less ashamed or unaware that these services exist for them. The approach is often too clinical, when people just need to know someone is there to help.
- Mental health requires an inpatient facility in the north. The hospitals are holding patients while they await DRF beds, the north country is competing with the same beds the rest of the state is trying to utilize.
- I believe the Mental Health issue is a major issue. There does not seem to be enough resources to address the mental health issues, which have become much worse since Covid.
- Still need more services around mental health there is not much and hard to get access to.
- Appear to be increasing # of providers and available appts.
- Behavioral health services at CCFHS
- Not adequate. Providers are flaky or don’t stay here long enough to be a benefit.
- hiring qualified professionals
- This has been a difficult issue with shortages of mental healthworkers.
- Services available, and affordable with insurance. Crisis help lacking, emergency, out patient and much needed in patient.
- Not enough providers extremely long wait
- Encouraged by increased services. Would like to see more collaboration with community mental health, early childhood mental health.

- More emphasis and more qualified providers
- Addition of providers but these providers are working in silos instead of communicating with other providers.
- Further opportunities exist. Northern Human Service offers a very wide service array across the NCH area and is always a collaborative partner.
- There is still a larger need for mental health services than currently exists in northern NH.
- Mental health services are good, but crisis beds are a problem. Long waits in ED for psych beds is not good or fair to hospitals
- Collaborative efforts have paid off between AVH, CCFHS, NHS and NHH.

Q9: Please share comments or observations about the actions the NCR facilities have taken to address Obesity/Overweight.

- UCVH has implemented some healthy diet "prescriptions" and healthy meal planning.
- Trial weight loss management program is in place which needs to be expanded and have different options for people to utilize one size does not fit all in weight loss. Connections need to be made with primary care in and out of NCH, cardiology, sleep medicine and diet education programs to treat the whole picture.
- Educate from the Schools more Clinics for adults
- I am only aware of dietician at UCVH for individual appointments. Weight Watchers for groups would be good to have available. Since Rec Center and Bridge Street Gym closed, it would be great if NCH , perhaps together with area schools and Town could re-open the Rec Center and expand exercise options besides the pool .
- Underadvertised
- Seeing lots of diabetes awareness
- The new dietary groups at the hospital provide outreach to those in need.
- Improved actions taken to address obesity
- As someone who is morbidly obese I'm not aware of any programs especially covered by insurance. I was not aware that anything is available.
- Lifestyle Medicine in Colebrook
- Not a lot of supportive care available. As a person of size, I am counselled to lose weight, but I do not have many affordable treatment options.
- not enough focus on raising awareness
- I don’t think medical professionals treat obesity like they do other medical problems. Not enough discussion from doctor to patient about the importance of losing weight.
- Steady, persistent community outreach and education is needed. I don't think you can count checking the weight at a primary care visit as an action! especially if there is nowhere to send the person and no ongoing support.
- Weeks IBT program and behavioral health. UCVH & AVH partner with CMC.
- Unaware of what your actions are. But an ongoing weekly program is needed with support groups, as extra pounds is a serious issue in the North Country

- Diabetes education classes/groups/nutrition counseling. There definitely could be more improvement in this area.
- I I'm not aware of actions the NCR facilities have taken, but I suspect actions have been taken.
- Diabetes clinic's
- Not aware of anything being done in this area. There was a weight watchers group but it ended. There needs to be more physical activity programs coming from the hospital.
- Endocrinology services are needed in the north county.
- Clinics education efforts
- ER protocols and OR have instituted procedures to manage certain obese patients. Nutrition and diabetes education has been enhanced.
- The obesity clinic has been available to anyone in the area
- offer registered dieticians to patients

Q10: Please share comments or observations about the actions the NCR facilities have taken to address Accessibility.

- The new building seems great and totally accessible
- If this includes transportation, I believe a volunteer driver organization has been enlisted to help.
- Transportation still remains a real and significant barrier to accessing health care. There is a desperate need for more primary care availability.
- Accessibility can be defined as "doors and entrances" and "affordability". From a physical accessing point, I think UCVH is fine, and user friendly. From an affordability standpoint I believe there are options for those patients that have trouble paying / or lack insurance.
- I Think UCVH as done a great with all needs here
- Weeks has opened a site in Colebrook which has helped since Indian Steam closed. A van might be helpful to transport people to Drs offices and Pharmacy.
- New building? It's fine
- The new Dr offices in Lancaster and expansion of facilities to Littleton and Colebrook.
- More accessible
- Transportation is available, varying payment options are available.
- Opening more clinics throughout the region
- Increased accessibility
- Good. Job
- Increased services since 2019 and access points
- With the merger there are more locations but there is a greater supply of specialists which is awesome.
- Caleb Caregivers in Lancaster and Colebrook for transportation

- We have taken a lot of actions to ensure that patients of all abilities are able to access all of our facilities.
- New Facility is gorgeous and accessible by anybody weather in a wheelchair structure walking
- Community Healthcare Workers are a good addition to communities. Providing services in the home wherever possible is recommended.
- Easy access in the new facility. Quick appointments when needed
- 3 places to be seen
- Facilities seem to be accessible
- Accessibility is ok
- Easier to access appts.
- Social workers help people to get all the benefits possible and the health access programs get people in the door. Large deductibles and copayments remain a barrier.
- I have an excellent primary care provider in Whitefield Weeks clinic who is veyr accessible
- Accessibility seems to have much improved in the past few years.
- Much worse. Primary care physicians and providers are leaving in droves and either not being replaced or being replaced by less experienced providers with a decreased ability to provide complex care.
- Gaining providers Great!
- It is very hard to get into see your PCP. Have been called to change appts several times
- More services, improved
- Opening clinics in Colebrook and Littleton. Telehealth visits added. Case Mgt working with patients for transportation.
- Seniors are really struggling with accessibility. If they cannot get on the tri county bus themselves they will need a wheelchair to go up on the lift.
- I suspect positive actions have been taken.
- Accessibility I think is good
- All buildings are handicap accessible.
- transportation is limited to the public. Patients require wheelchair vans for medical appointment access to care.
- More offices and extend hours (pre Covid
- Efforts made to bring new staff to community with goal of long term retention. Could do more to retain local staff.
- Clinics in multiple communities have helped.
- Very accessible if patients reach out
- during covid pandemic they have opened up telehealth and phone options and helped consumers get devices to participate in their healthcare remotely
- Not sure except sharing medical staff across the NCH area had been beneficial.

- More locations for care in the region
- The accessibility has gotten better with the hospital in getting more specialty doctors.
- some improvement with the tri county cap bus but some people have difficulty getting into it
- Increased accessibility in terms of SUD and MH, Same with other areas

Q11: Please share comments or observations about the actions the NCR facilities have taken to address Alcohol Abuse.

- There is an increase in BH and SUD providers available, however they are still significantly under staffed. Needs more public advertisement and work to connect providers outside the NCH walls to these programs.
- Again more Education from Schools working with them about Alcohol Abuse
- I am not aware of anything specific other than Doorways which seems to be more focused on drug abuse , specifically opiates . Space for AA to meet would be helpful .
- Support groups, community education
- Improved outreach and connections to services
- Doing good
- I am not well informed about this area.
- Again, we have a program in place, but there are times when I feel we do not place enough responsibility on the patient.
- Substance abuse is at the forefront for our communities but programs are being put into place to assist families.
- Greater effort at raising awareness of risks is recommended
- Opioids abuse is getting more attention
- SUD counselors in all WMC clinics.
- Positive strides have been made in this area. I know we hired several health care professionals in this area.
- There was an AA group at the hospital, but Covid put an end to that. Renew this effort and maybe begin some real-life alcohol education programs that could be provided to the local schools.
- implementation of programs and hiring professionals
- Not sure, though ads indicate an increase in available resources. Overall staff most likely not as insightful or educated as need be.
- Good program
- Love MAT program. Would like to see more screening of patients for SA issues.
- Not sure except for No wrong door initiative.
- Good
- See we have improved so attribute toward SUD efforts and likely MH Outpatient access

Q12: Please share comments or observations about the actions the NCR facilities have taken to address Affordability.

- UCVH lowered the cost of CAT scans, even though that meant taking a bit of a hit on the books.
- There have been price adjustments and improvements in helping patients sign up for available programs.
- Not aware of actions other than applying for financial assistance. Small discount for prompt pay which many cannot afford to take advantage of . Indian Stream had a sliding scale . None of the local Drs offices have that option at this time . Also navigators to help patients enroll in Medicaid, or ACA insurance on the Exchange . Walk in clinic hours no longer available at UCVH . Need to restart that with hours in evening and weekends now that ISHC has closed. 340 B RX program ended when ISHC closed . That was a huge loss for the community .
- Health care is not affordable in general. Insurance is ridiculous, big pharma seems to rule all
- Sliding fee scales returning to Colebrook area
- Need more prescription assistance programs
- Doing a good job
- Various payment options are available.
- hard one to control
- Sliding scale, Need additional financial navigators
- On a none government program I do know Weeks had/has Health Access which bailed me out several years ago when I could not afford my insurance.
- Very good programs. Need to better inform the community
- Affordable for those who are well insured, otherwise I don't think so
- I have good healthcare insurance
- They have helped me when I needed hey and guided me in the direction I needed to go. I know a few people that complain about not having insurance yet they don't want to fill out paperwork do get help so that's unfortunate for them. Weeks medical has always helped me when I needed it.
- Just like everything. Healthcare just keeps getting more expensive.
- Assistance with sliding fee and enrolling patients in insurance.
- Weeks Affordable Care folks do try to help people reduce cost as a barrier.
- Not affordable for social security
- usual discount and sliding fees
- Not sure of current status. On a political level, the burden should not be fully put onto the local level, more needs to be done to call out insurance companies and educate the public on costs and benefits.
- Feels like implementation of ACA / Expanded Medicaid has helped

- Case management to assess health care eligibility and sliding fee scales are beneficial tools.
- healthcare is through the roof, but some without insurance can use a sliding fee scale
- Likely remains an issue

Q13: Please share comments or observations about the actions the NCR facilities have taken to address Dental.

- Low cost dental clinic
- Have had discussions to encourage providers to move into/stay in area.
- Still lack dental care
- I believe that UCVH has been actively working with the Berlin FQHC about sharing a dentist. This is great!
- Any Help here would help Work with Schools
- Perhaps a hygienist could be recruited to do screenings and cleanings depending on their scope of practice in New Hampshire .
- Sliding fee clinic anticipated for Colebrook area
- The need still exists in Northernmost Coos
- Hear we are going to have dental care. MUCH NEEDED AND APPRECIATED
- Currently planning for dental to be offered to patients.
- Planning dental program in Colebrook in collaboration with CCFHS
- More dental clinics in schools if possible.
- Only effort I know of is at CCFHS
- Dental for the elderly is very lacking in this area
- Dental services continue to be difficult to access.
- There is always more that can be done to improve access to dental health.
- Great relationships with local dentists.
- Unsure, they used to have the mobile unit from NCHC which was amazing!
- I'm not aware of actions the NCR facilities have taken, but I suspect actions have been taken.
- We need low income programs for dental .
- Week should have a hospital affiliated dentist.
- No local dental providers accepting new patients--major problem!
- CCFHS Family Dental a big help
- Lacking, severely lacking...
- Love the work with Mountain View Dental. I remain concerned with affordable care and accessibility
- Excellent!! Ccfhs has done a wonderful job

- addition of dental clinics that take medicaid and expansion of dental services.
- Coos Dental has been another avenue for people to go to
- Good
- CCFHS has taken the lead in improving access in our area

Q14: Do you believe the above data accurately reflects your community today?

Answer Choices	Responses	
Yes, the data accurately reflects my community today	89.33%	134
No, the data does not reflect my community today	10.67%	16
	Answered	150
	Skipped	198

Comments:

- Coos is the poorest county in the state with the highest rate of poverty, one of the lowest rates of higher education, and fewer opportunities for advancement (education, employment, housing, etc) than other areas of the state. It also has an overwhelming aging population. Poverty and lack of opportunity = poor health outcomes. Health becomes secondary to economic survival.
- Certainly health and food insecurity have not improved during Covid . . . except perhaps in short term with more food drives and school meals available.
- "Children in poverty": is that statistic derived beyond the median income figures? not sure about that one.
- Working for TCCAP, I find these statistics similar to the findings from our community needs surveys
- I think the numbers for today may reflect an even less healthy population. Providers are less now than in 2019 as well.
- Grafton county data includes southern Grafton county which is a very different demographic from northern Grafton
- From my experience a mental health provider can safely manage roughly 125 pts
- Based on when this data was generated, how has Covid quarantine affected the statistics?
- Saddened by the number of people per PCP!
- Living in Coos County, I feel that the percentages for the health behaviors are vastly under-reported.

- I am appalled at the difference between the counties in terms of health care access! Shameful. And that shows the numbers for only PCP rates. Start adding in specialists and I'm sure it's even worse. There are some specialists you can't get at all (e.g. endocrinologist) in Coos County.
- Lots of opportunities for improvement
- interesting numbers but I think they are a bit off
- From what I see it appears accurate
- I believe that the % of obesity is higher.
- I absolutely believe this data is an accurate portrayal of Coos and Grafton counties.
- It's startling, but certainly reflects that these areas still need attention, in our county and our state.
- Dental is an issue. It takes well over 6+ months to get into a dentist. That is just for a cleaning/check up. If you have a problem it still takes a long time to get in as well.
- We're relatively isolated, especially during Covid times, so it's difficult to say.
- Obviously not enough providers
- I take care of many people in my practice who have multiple health care issues including smoking, obesity, alcoholism, and mental health problems.
- Coos county needs help
- Poverty and poor health status quite bad in Coös. Northern Grafton more similar than Southern Grafton.
- Accurate

Q15: 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	0	4	18	37	105	164	4.48
Cancer	0	2	22	42	97	163	4.44
Heart Disease	0	1	20	53	90	164	4.41
Alzheimer's and Dementia	1	5	22	50	85	163	4.31
Diabetes	0	2	26	55	81	164	4.31
Obesity	1	7	24	50	78	160	4.23
Women's Health	0	4	31	53	70	158	4.20
Stroke	1	5	31	51	73	161	4.18
Dental	2	13	28	52	68	163	4.05
Lung Disease	0	10	34	56	62	162	4.05
Maternity-Care	3	5	39	50	63	160	4.03
Kidney Disease	1	10	43	49	59	162	3.96
Liver Disease	1	10	44	54	53	162	3.91
COVID-19	5	21	42	38	59	165	3.76
Other (please specify)						13	
						Answered	168
						Skipped	180

Other:

- Medical Counseling - helping patients be better informed self-advocates
- substance abuse
- Home health services to keep people out of nursing homes and in their own homes whenever possible.
- addiction
- Neurology
- Mental health
- Palliative Care and Hospice
- Focus on healthy lifestyle
- Hearing loss.
- Heart disease

Q16: 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	2	16	44	101	164	4.48
Access to Senior Services	3	1	16	44	100	164	4.45
Healthcare Services: Prevention	0	3	30	47	83	163	4.29
Affordable Housing	4	6	25	38	90	163	4.25
Healthcare Services: Physical Presence	1	7	24	51	81	164	4.24
Employment and Income	3	6	23	53	78	163	4.21
Transportation	2	9	24	44	82	161	4.21
Access to Healthy Food	4	4	31	44	80	163	4.18
Access to Maternity Care	2	9	32	49	69	161	4.08
Access to Childcare	6	5	36	42	74	163	4.06
Education System	5	7	34	47	70	163	4.04
Social Support	3	10	34	47	68	162	4.03
Social Isolation	5	13	34	44	66	162	3.94
Community Safety	5	16	34	44	64	163	3.90
Access to Exercise/Recreation	7	9	41	50	56	163	3.85
Other (please specify)						8	
						Answered	165
						Skipped	183

Other:

- Senior services should include - meal deliveries for those who cannot afford or are housebound
- Reference to affordable housing, government housing takes 30% of social security off the top of the elderly's income.
- More services delivered in homes can help with transportation barrier
- Real bus service. Can’t commute to any jobs with the useless schedule
- transportation is a significant barrier
- Reducing stigma

Q17: 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*
Drug/Substance Abuse	6	11	16	28	101	162	4.28
Livable Wage	4	10	13	51	84	162	4.24
Physical Inactivity	1	4	35	61	60	161	4.09
Employment	5	5	32	52	68	162	4.07
Diet	2	6	30	67	57	162	4.06
Excess Drinking	8	9	25	49	71	162	4.02
Smoking/Vaping/Tobacco Use	7	12	26	56	60	161	3.93
Risky Sexual Behavior	8	17	40	52	44	161	3.66
Other (please specify)						4	
						Answered	163
						Skipped	185

Other:

- Environment conditions
- All are important but some are too personal to address openly.
- State of SC needs to approve medical marijuana
- most of these are personal choices and support is often not accepted
- Overall safety
- All of the personal factors above are equally important and need to be addressed holistically to adequately manage as best of a healthy lifestyle as possible.

Q18: Overall, how much has the COVID-19 pandemic affected you and your household?

Answer Choices	Responses	
Noticeable impact, planning for changes to daily behavior	40.26%	62
Significant daily disruption, reduced access	27.92%	43
Some impact, does not change daily behavior	23.38%	36
No impact, no change	5.19%	8
Severe daily disruption, immediate needs unmet	3.25%	5
	Answered	154
	Skipped	194

Q19: Social determinants of health 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 determinants that have been negatively impacted by the COVID-19 pandemic in your community (please select all that apply):

Answer Choices	Responses	
Employment	70.07%	103
Social support systems	60.54%	89
Childcare	59.18%	87
Education	55.78%	82
Access to healthcare services	53.74%	79
Food security	44.22%	65
Poverty	40.82%	60
Housing	37.41%	55
Transportation	35.37%	52
Public safety	31.29%	46
Nutrition	29.25%	43
Racial and cultural disparties	9.52%	14
Other (please specify)	6.12%	9
	Answered	147
	Skipped	201

Comments:

- social interaction especially with family. also travel
- family dynamics
- I was not able to visit my parents in their last weeks and months. Covid restrictions were excessive
- compliance with masks and social distance
- Church

Q20: During the COVID-19 pandemic, what healthcare services, if any, have you or your family delayed accessing? (please select all that apply)

Answer Choices	Responses	
Primary care (routine visits, preventative visits, screenings)	32.00%	48
Specialty care (care and treatment of a specific health condition that requires a specialist)	23.33%	35
Elective care (planned in advance opposed to emergency treatment)	18.00%	27
All types of healthcare services	16.00%	24
Emergency care (medical services required for immediate diagnosis and treatment of medical condition)	10.67%	16
Urgent care/Walk-in clinics	9.33%	14
Inpatient hospital care (care of patients whose condition requires admission to a hospital)	6.00%	9
None of the above	44.00%	66
Other (please specify)	8.00%	12
	Answered	150
	Skipped	198

Comments:

- dental, eye
- Dental and physical therapy
- I had an accident in 5/2019 and lost my left leg below the knee. I needed many, many medical services when the pandemic hit in 3/2020. NONE of my medical services were interrupted.
- Dental

- Eyes and dental
- dental
- dental
- Ongoing services- mental health, physical therapy. Dental care
- Urologist initial appointment canceled due to Covid and he had kidney cancer
- Dental

Q21: 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	83.11%	123
Offering alternatives to in-person healthcare visits via telehealth or virtual care	65.54%	97
Posting enhanced safety measures and process changes to prepare for your upcoming appointment	54.05%	80
Connecting with patients through digital communication channels (e.g., patient portal, social media, etc.)	54.05%	80
Sharing local patient and healthcare providers' stories and successes with the community	30.41%	45
Other (please specify)	12.84%	19
	Answered	148
	Skipped	200

Comments:

- Allow other person to accompany
- connecting those negatively impacted by COVID 19 to external supports and services
- Improving Patient education about science and health
- One thing we need to remember is many of the older population does not have access to a computer or more importantly cannot afford wifi. Not all elderly have cell phones.
- More same day appt in Colebrook
- inconveniences of having to make appointments for lab work.
- We need more health care providers so appointments scheduled don't need to be rescheduled because the provider is being asked to fill in elsewhere.
- Communicate the impact that delaying health care needs might have. Data is available on how many additional people will get cancer because they didn't get screened, for example.
- Hospitals worry about money and the government rather than people.
- Prescriptions should be renewed without any requirement for in-person appointments or any tests

Q22: 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	65.25%	92
Patient portal feature of your electronic medical record to communicate with a healthcare provder	62.41%	88
Telephone visits with a healthcare provider	55.32%	78
Remote monitoring technologies to manage chronic diseases (e.g., wearable heart monitor, Bluetooth-enabled scale, Fitbit, etc.)	48.94%	69
Virtual triage/screening option before coming to clinic/hospital	39.01%	55
Smartphone app to communicate with a healthcare provider	39.01%	55
Other (please specify)	13.48%	19
	Answered	141
	Skipped	207

Comments:

- Improve the broadband accessibility
- Older population might not be computer/tech savvy and internet access should not be taken for granted. It's not available everywhere.
- at home visits by medical providers especially for the elderly and disabled or high risk
- video group counseling/mental health support group
- Access to technology is NOT universal, especially for those who suffer from poverty and Seniors.
- All are in use in Coos County.
- At-home visits
- Nothing can take the place of a face to face visit. But, I've used both phone and Zoom options when my appointment was just a follow up.
- More same day appts
- Not everyone has access to a computer.
- In person visits
- home care option for people who can't get out but need a provider
- People need to be face to face with providers. People's actions, moods, body movements all need to be observed by Healthcare workers for real treatments.

Q23: 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	90.67%	136
Elder/senior care	74.67%	112
Mental health	67.33%	101
Urgent care/Walk-in clinics	64.00%	96
Chronic disease management programming	56.67%	85
Specialty care	55.33%	83
Substance abuse services	54.00%	81
Emergency care	50.67%	76
EMS/Paramedic Service	49.33%	74
Pediatrics/children's health	42.67%	64
Women's health	37.33%	56
Other (please specify)	5.33%	8
	Answered	150
	Skipped	198

Comments:

- Affordable dental care and getting medicare to pay for adult preventive care!
- 340 b pharmacy program
- these services integrated
- There so many but these are important!
- effective patient education programs
- Walk in clinics
- Medication Management by Pharmacists
- Cardiac care

Q24: Please share resources and solutions that would support you and the community during the COVID-19 pandemic and in the future

- walk in booster clinics in the community at places people already frequent
- Maintaining up to date guidelines and recommendations.
- The UCVH website could share a monthly or bi weekly update on number of tests, cases, successes, etc.
- "Free masks, Free hand sanitizer, Free Covid 19 rapid tests.
- the navigation is essential especially for marginalized populations, there will be long term effects for many families, who cannot prioritize health or behavioral health care over day to day coping. Utilize the NCHC Community Health worker programs to provide ongoing community supports to patients under the care of providers. Individuals will not focus on health if they do not have the safety of a safe living environment or adequate food and transportation.
- I feel you are all a great job! But we can't have everything we would like. Thank You All.
- Keep the information flowing to the and from the patients.
- virtual and at-home visits, scheduled zooms
- Require vaccines or proof of vaccination to access care. Immunization records are a public good.
- Virtual appointments, ie with Zoom
- Same day appt in Colebrook.
- Upgrading internet access for all
- These are too far away for those with no health coverage.
- Going back to in person diabetic meetings and other support groups, as not everyone has access to a computer or access to voom meeting s.
- More help
- Community and health profession mutual engagement
- Compliance with your regulations
- Continued updates/posts on the WMC FB page.
- The staff is excellent. I am grateful for their help
- CDC, HHS.
- Consistency versus confusion
- Increased sharing of information with community
- Long lasting effects and after care
- The community stakeholder group meetings during Covid were great!! What collaboration!!
- Better Information network