North Country Region

Coos County & Grafton County, New Hampshire

2025

Community Health Needs Assessment

Developed in Partnership With:

NCH north country healthcare

Androscoggin Valley Hospital
North Country Home Health & Hospice Agency
Upper Connecticut Valley Hospital
Weeks Medical Center

coös county Family Health

Ovation Healthcare

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Executive Summary

The North Country Region Organizations ("NCR" or the "Organizations") performed a Community Health Needs Assessment (CHNA) in partnership with Ovation Healthcare ("Ovation") to determine the health needs of the local community and developed an accompanying implementation plan to address the identified health needs.

The North Country Region Organizations 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 Organizations and a description of how the community was determined;
2) a description of the process and methods used to conduct the CHNA;
3) a description of how the Organizations solicited and considered input received from persons who represent the broad interests of the community it serves;
4) commentary on the 2022 CHNA Assessment and Implementation Strategy efforts;
5) a prioritized description of the significant health needs of the community identified through the CHNA along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs; and
6) a description of resources potentially available to address the significant health needs identified through the CHNA.

Data was gathered from multiple well-respected secondary sources to help build an accurate picture of the current community and its health needs. A broad community survey was performed to review and provide feedback on the prior CHNA and to support the determination of the Significant Health Needs of the community in 2025.

The top health priorities identified by the North Country Region facilities from this assessment are:

- Improve Behavioral Health Outcomes
- Increase Access to Local Healthcare Services
- Reduce Barriers to Care

In the Implementation Strategy section of the report, the Organizations address these areas through identified programs and resources with intended impacts included for each health need to track progress towards improved community health outcomes.

Community Health Needs Assessment

Overview

CHNA Purpose

A CHNA is part of the required documentation of "Community Benefit" under the Affordable Care Act for 501(c)(3) hospitals and fulfills requirements for accreditation for many health and public health entities. However, regardless of status, a CHNA provides many benefits to an organization. This assessment provides comprehensive information about the community's current health status, needs, and disparities and offers a targeted action plan to address these areas, including programmatic development and partnerships.

Organizational Benefits

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

CHNA Process

Process & Methods

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

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

Data Collection and Analysis

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

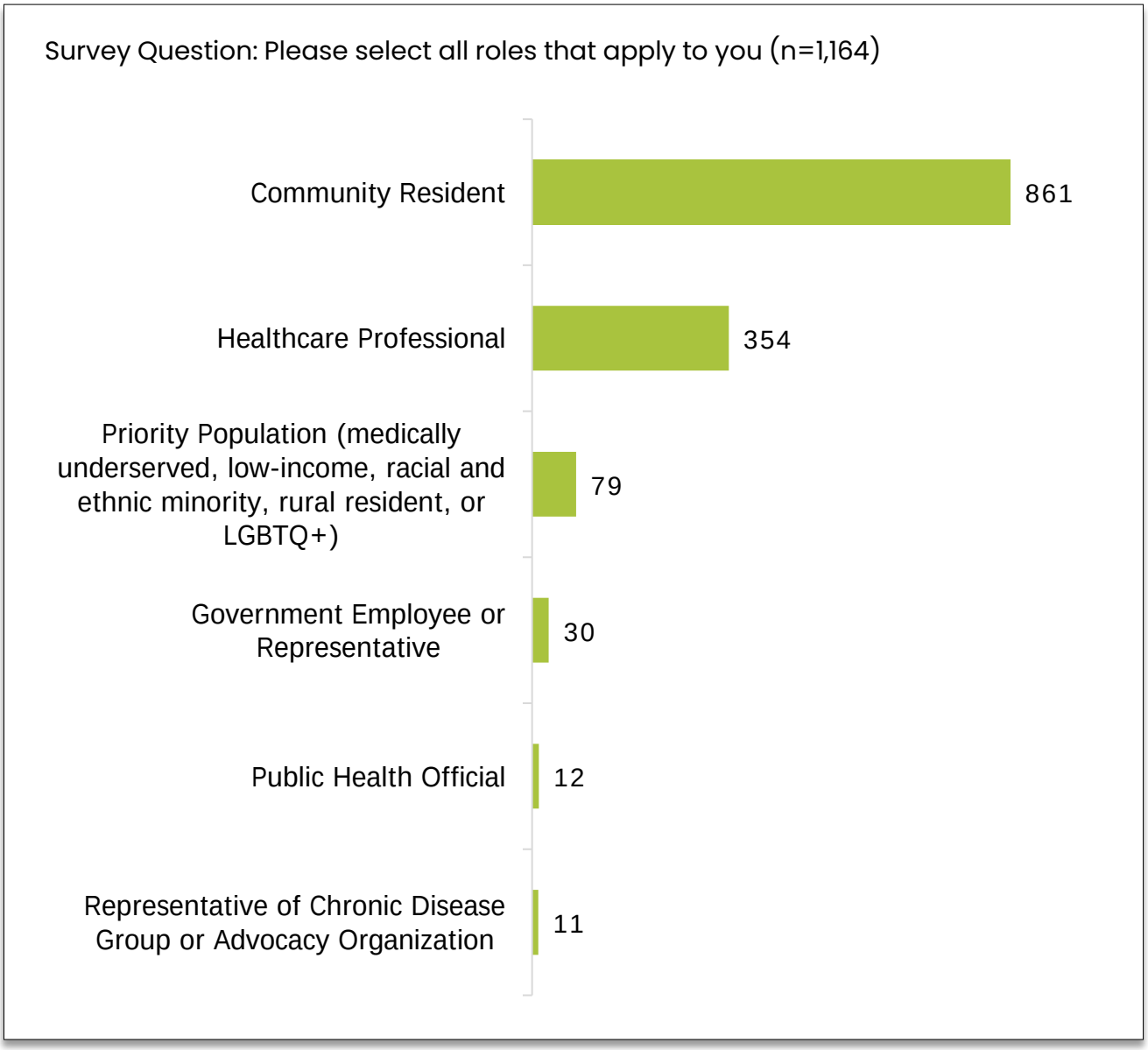
All data sources are detailed in the appendix of this report with the majority of the data used in this assessment coming from:

- County Health Rankings 2024 Report
- Centers for Medicare & Medicaid Services – CMS
- Centers for Disease Control and Prevention – CDC
- Health Resources & Services Administration – HRSA
- New Hampshire Department of Health and Human Services – NHDHHS

A standard process of gathering community input was utilized. In addition to gathering data from the above sources, a CHNA survey was deployed to local expert advisors and the general public to gain input on local health needs and the needs of priority populations. Local expert advisors were local individuals selected according to criteria required by the Federal guidelines and regulations and the NCR's desire to represent the region's economic, racial, and geographically diverse population. One thousand one hundred seventy-four (1,174) survey responses from community members were gathered in January 2025, a 237% increase in responses compared to the 2022 community survey.

Community Input

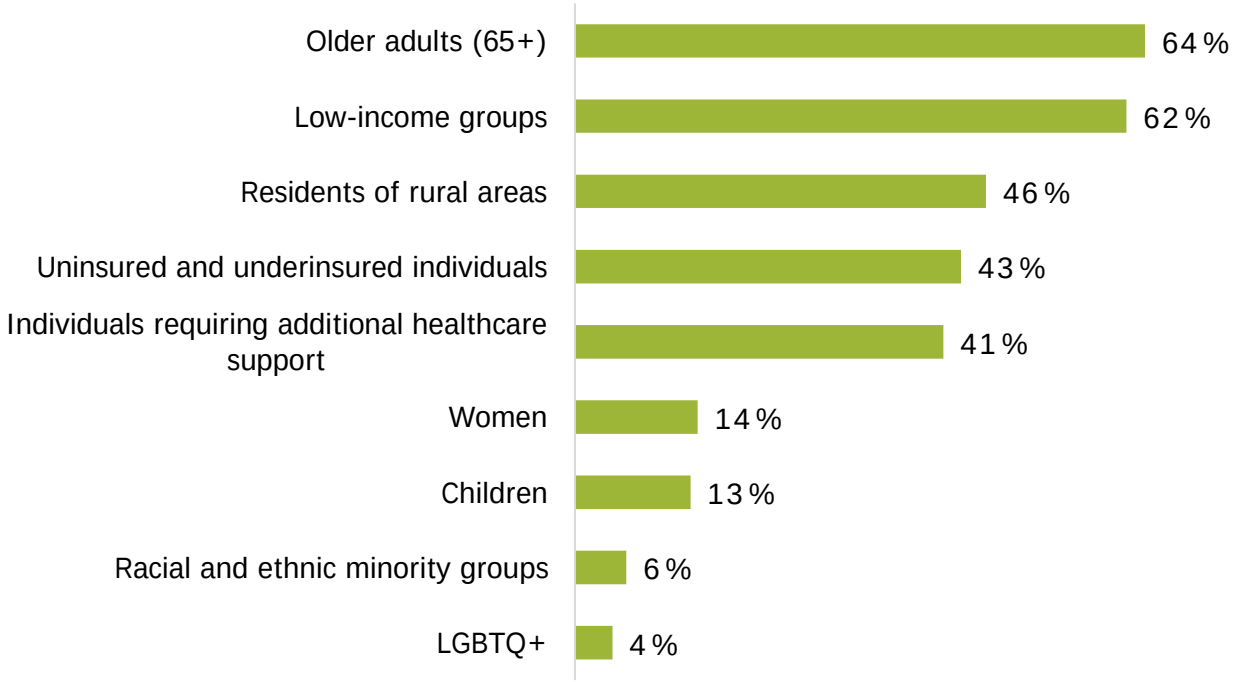
Input was obtained from the required three minimum federally required sources and expanded to include other representative groups. The Organizations asked all those participating in the written comment solicitation process to self-identify into any of the following representative classifications, which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



Priority Populations

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

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



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

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

Access to Specialists | Lack of Transportation | Affordability of Services

Input on 2022 CHNA

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

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

Impact of Actions to Address the 2022 Significant Health Needs

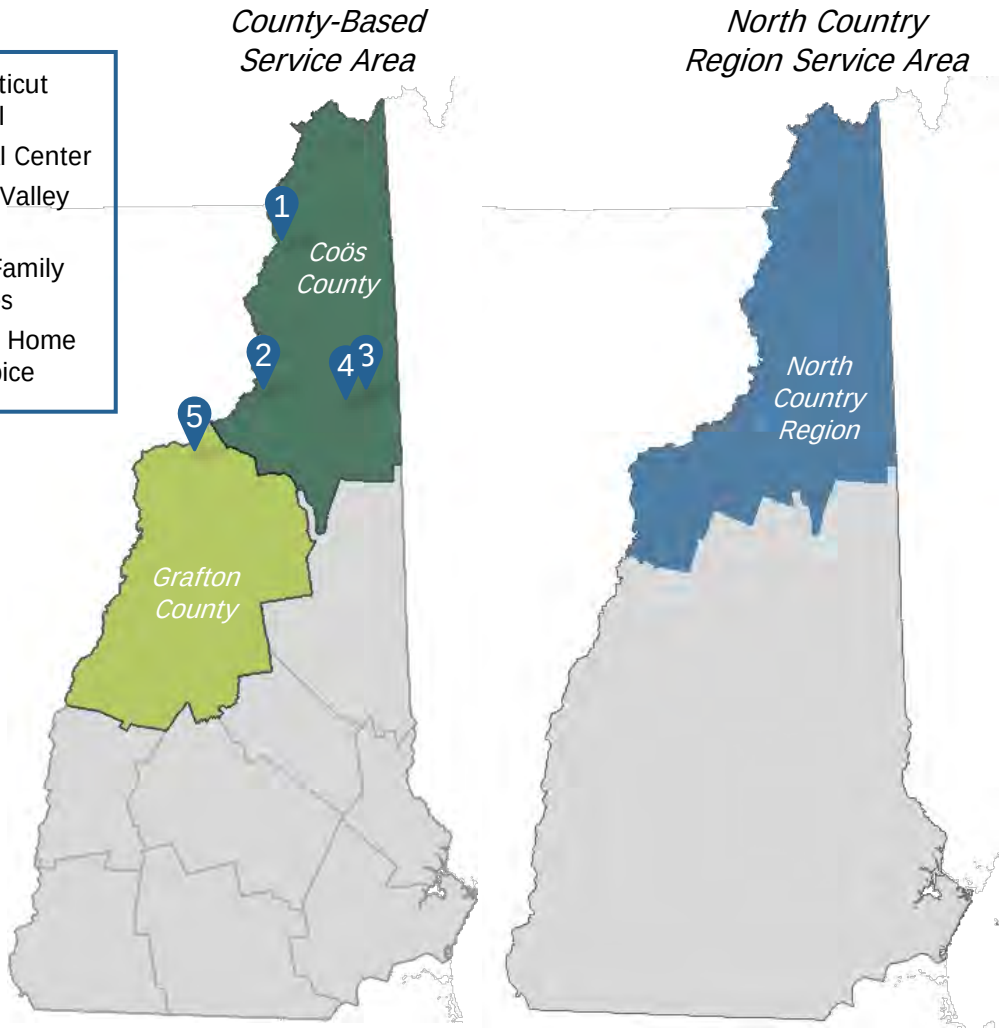
- The facilities in the North Country Region have continuously recruited providers to increase access to local services including primary care, behavioral health, physical therapy, orthopedics, palliative care, emergency medicine, pulmonology, podiatry, and more.
- The North Country Region facilities provide a range of educational and outreach programs to the community including Medicare and Medicaid enrollment, mobile dental clinic, support groups, diabetes education, vaccine clinics, and more.
- NCH implemented a patient portal now with online bill payment and digital communication.
- AVH partnered with Dartmouth Health Connected Care Center for Telehealth to provided intensive care services to patients via telemedicine.
- NCH partnered with Concord Hospital Cardiovascular Institute to provide North Country residents with advanced cardiac services closes to home.
- CCFHS opened HealthCare Express to provide walk-in care for routine healthcare needs with non appointment needed.
- CCFHS opened an additional clinic in Colebrook providing a range of primary care services, telehealth appointments, and behavioral health services.

Community Served

For the purpose of this study, the service area is defined as the North Country Region outlined on the map in blue below. Where possible, the report includes data from this service area. Because population health data is often reported at the county level, data for Coös and Grafton Counties is also included in this report. The data presented in this report includes both the North Country Region service area and the county-level service area compared to New Hampshire state averages. Geographically, the North Country Region Facilities are located across both Coös and Grafton Counties

Service Area

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



Source: County Health Rankings 2024 Report

Service Area Demographics

	Coös	Grafton	New Hampshire
Demographics			
Total Population	31,504	91,126	1,395,231
Age			
Below 18 Years of Age	16%	16%	18%
Ages 19 to 64	58%	60%	62%
65 and Older	26%	24%	20%
Race & Ethnicity			
Non-Hispanic White	95%	90%	89%
Non-Hispanic Black	1%	1%	2%
American Indian or Alaska Native	1%	0%	0%
Asian	1%	4%	3%
Native Hawaiian or Other Pacific Islander	0%	0%	0%
Hispanic	2%	3%	5%
Gender			
Female	48%	50%	50%
Male	52%	50%	50%
Geography			
Rural	69%	66%	42%
Urban*	31%	34%	58%
Income			
Median Household Income	$52,292	$81,205	$90,750

*Notes: *Urban is defined as census blocks that encompass at least 5,000 people or at least 2,000 housing units*
Source: County Health Rankings 2024 Report

Methods of Identifying Health Needs

Collect & Analyze

Analyze existing data and collect new data

737 indicators collected from data sources

1,174 surveys completed by community members

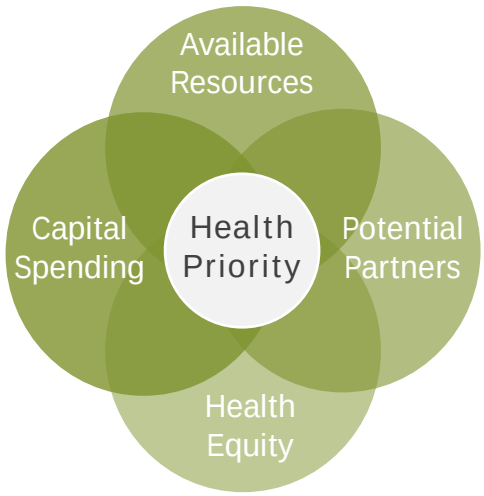
Evaluate

Evaluate indicators based on the following factors:

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

Select

Select priority health needs for implementation plan



Prioritizing Significant Health Needs

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

In the NCR's process, each survey respondent had the opportunity to prioritize community health needs. The survey respondents then ranked the importance of addressing each health need on a scale of 1 (not at all) to 5 (extremely), including the opportunity to list additional needs that were not identified.

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

Ranked Health Priorities

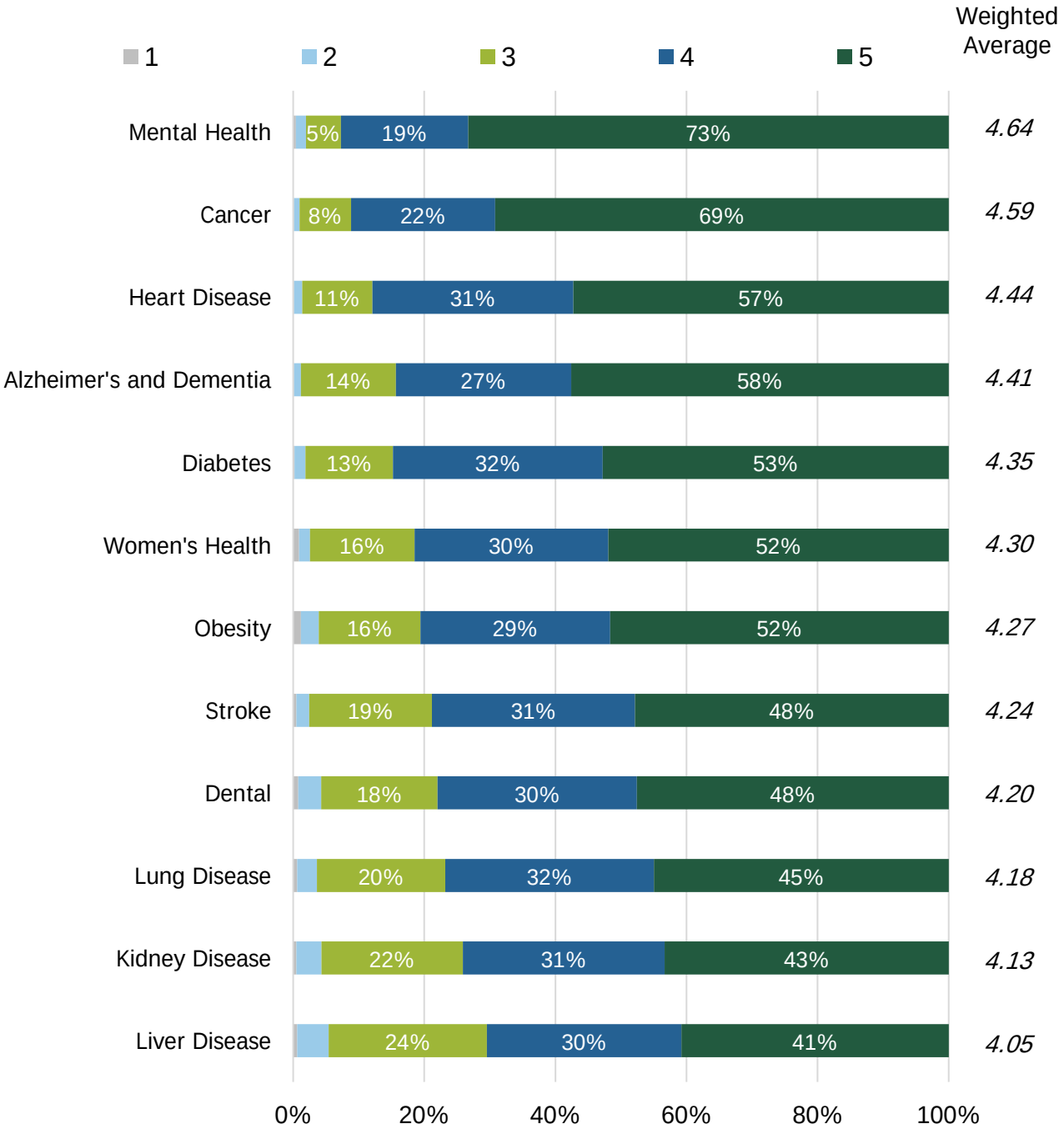
The health priority ranking process included an evaluation of health factors, community factors, and personal factors, given they each uniquely impact the overall health and health outcomes of a community:

- Health factors include chronic diseases, health conditions, and the physical health of the population.
- Community factors are the social drivers that influence community health and health equity.
- Behavioral factors are the individual actions that affect health outcomes.

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

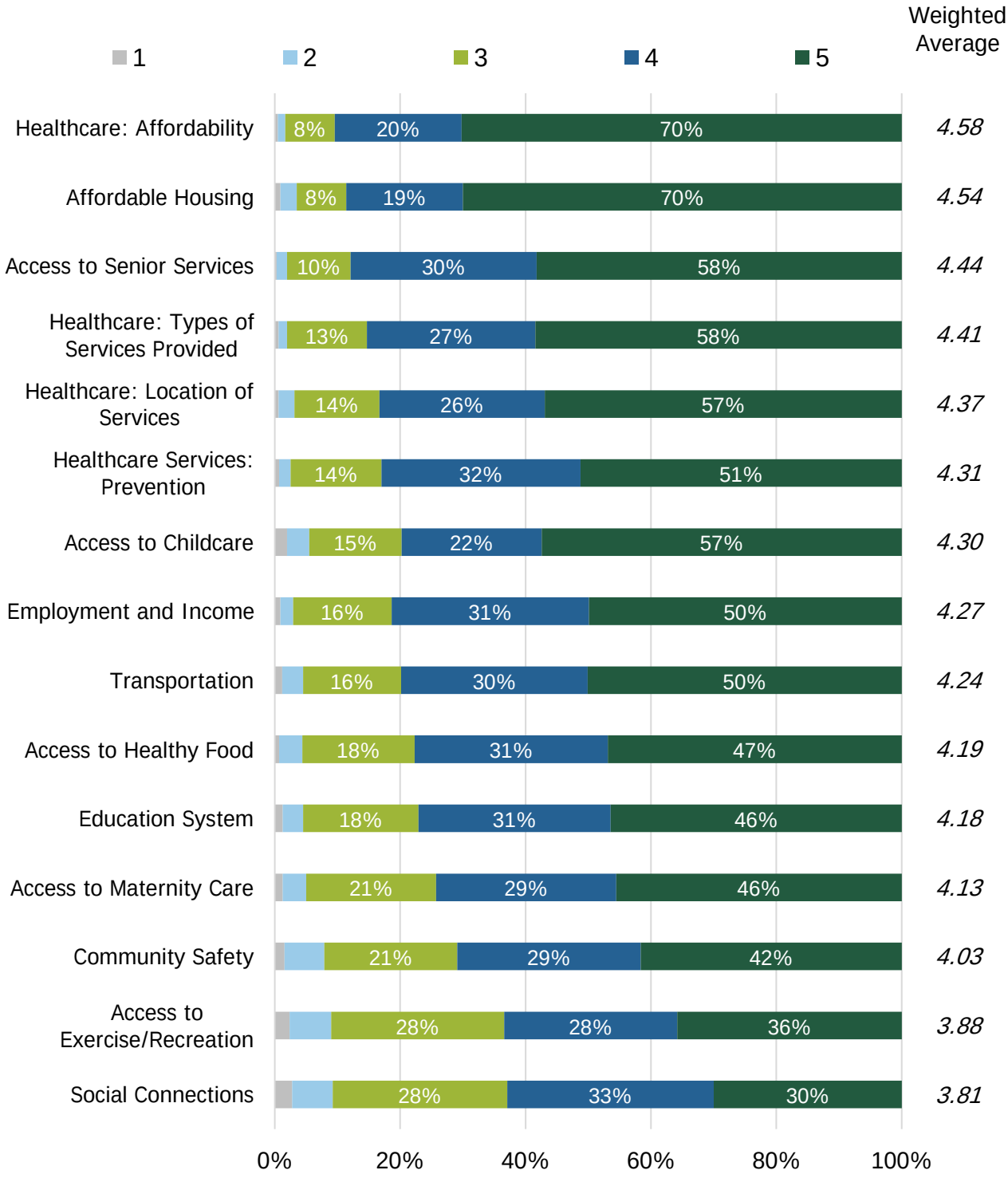
Health Factors

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



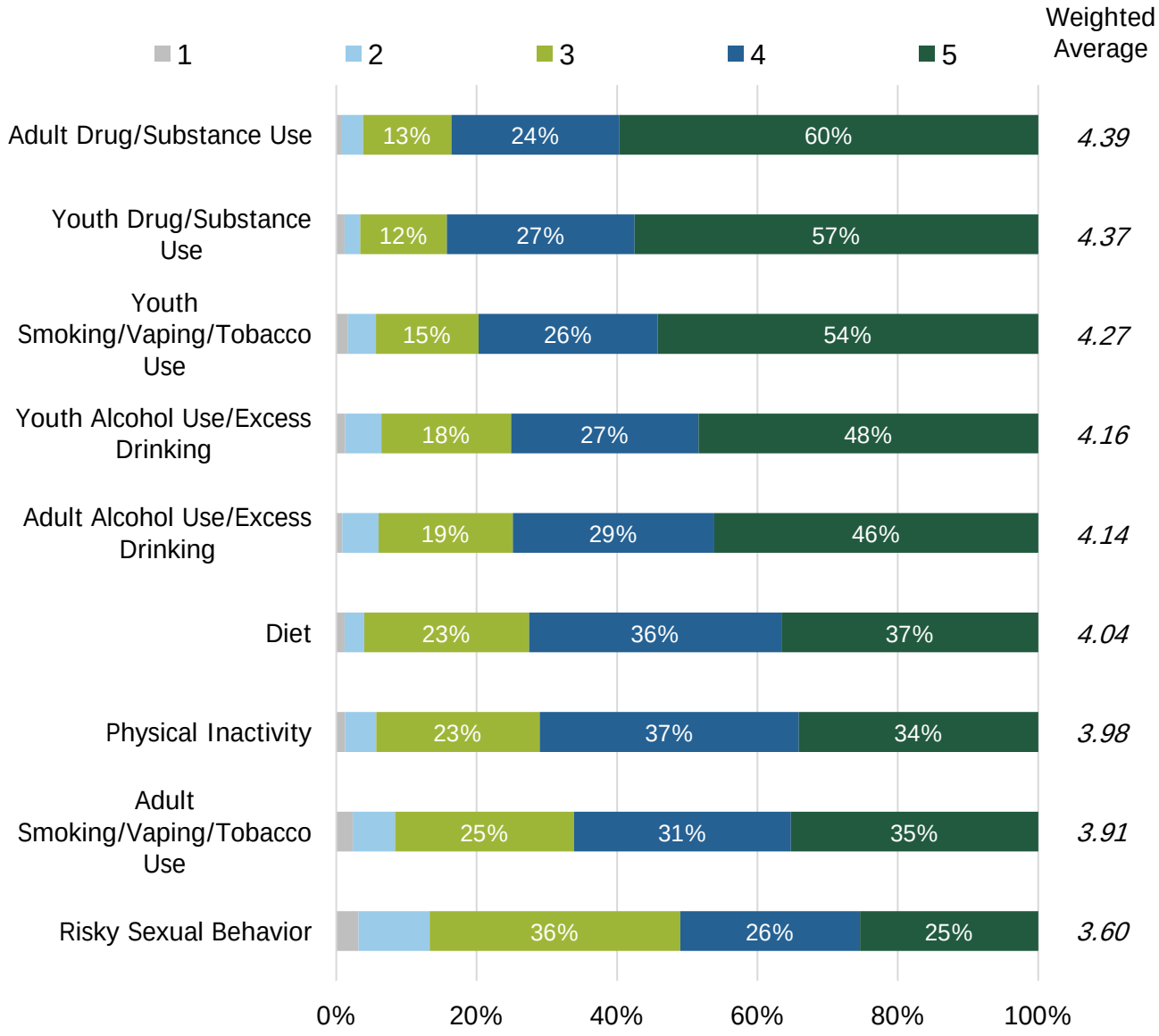
Community Factors

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



Behavioral Factors

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



Overall Health Priority Ranking (Top 10 Highlighted)

Health Issue	Weighted Average (out of 5)	Combined 4 (Important) and 5 (Extremely Important) Rating
Mental Health	4.64	92.7%
Cancer	4.59	91.2%
Healthcare: Affordability	4.58	90.4%
Affordable Housing	4.54	88.6%
Heart Disease	4.44	87.9%
Access to Senior Services	4.44	87.9%
Alzheimer's and Dementia	4.41	84.3%
Healthcare: Types of Services Provided	4.41	85.3%
Adult Drug/Substance Use	4.39	83.6%
Healthcare: Location of Services	4.37	83.3%
Youth Drug/Substance Use	4.37	84.2%
Diabetes	4.35	84.8%
Healthcare Services: Prevention	4.31	83.0%
Women's Health	4.30	81.5%
Access to Childcare	4.30	79.8%
Obesity	4.27	80.6%
Employment and Income	4.27	81.4%
Youth Smoking/Vaping/Tobacco Use	4.27	79.7%
Stroke	4.24	78.8%
Transportation	4.24	79.9%
Dental	4.20	78.0%
Access to Healthy Food	4.19	77.7%
Lung Disease	4.18	76.8%
Education System	4.18	77.1%
Youth Alcohol Use/Excess Drinking	4.16	75.1%
Adult Alcohol Use/Excess Drinking	4.14	74.8%
Kidney Disease	4.13	74.1%
Access to Maternity Care	4.13	74.3%
Liver Disease	4.05	70.5%
Diet	4.04	72.5%
Community Safety	4.03	70.9%
Physical Inactivity	3.98	71.0%
Adult Smoking/Vaping/Tobacco Use	3.91	66.1%
Access to Exercise/Recreation	3.88	63.4%
Social Connections	3.81	62.9%
Risky Sexual Behavior	3.60	51.0%

Community Health Characteristics

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

Behavioral Health

Mental Health

Mental health was the #3 community-identified health priority with 88% of respondents rating it as important to be addressed in the community (important is categorized as a 4 or 5 rating on the community survey). The suicide mortality rate is higher in the North Country Region compared to the New Hampshire average (NHDHHS).

Poor mental health disproportionately affects people in priority populations like racial and ethnic minority groups and residents of rural areas due to a lack of access to providers as seen in the mental health provider ratios below (NAMI).

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

	Coös	Grafton	New Hampshire
Poor Mental Health Days past 30 days (2021)	5.2	4.9	5.2
Population per 1 Mental Health Provider (2023)	470:1	175:1	263:1

Source: County Health Rankings 2024 Report

	North Country	New Hampshire
Suicide Mortality Rate per 100,000 (2019-2023)	24.8	15.6
Suicide or self-harm-related ED visits per 100,000 (2017-2021)	217.3	182.8

Source: NHDHHS

Drug, Substance, and Alcohol Use

Eighty-four percent (84%) of survey respondents said that both adult and youth drug and substance use is an important issue to address in the North Country Region. Coös County has a higher rate of drug overdose deaths compared to the state while Grafton County has a lower rate. While both counties have lower rates of excessive drinking compared to the state, they both have higher rates of adult smoking. When evaluating opioid overdoses, the North Country region sees a lower rate of overdose ED visits, but a significantly higher rate of opioid overdose deaths.

	Coös	Grafton	New Hampshire
Drug-Related Overdose Deaths per 100,000 (2020-2022)	37.2	19.8	30.2
Excessive Drinking (2022)	17%	17%	19%
Alcohol-Impaired Driving Deaths (2017-2021)	40%	27%	35%
Adult Smoking (2022)	19%	14%	13%

Source: County Health Rankings 2024 Report,

	North Country	New Hampshire
Opioid Overdose Deaths per 100,000 (2019-2023)	41.1	27.6
Opioid Overdose ED Visits per 100,000 (2017-2021)	99.5	133.5

Source: NHDHHS

Chronic Diseases

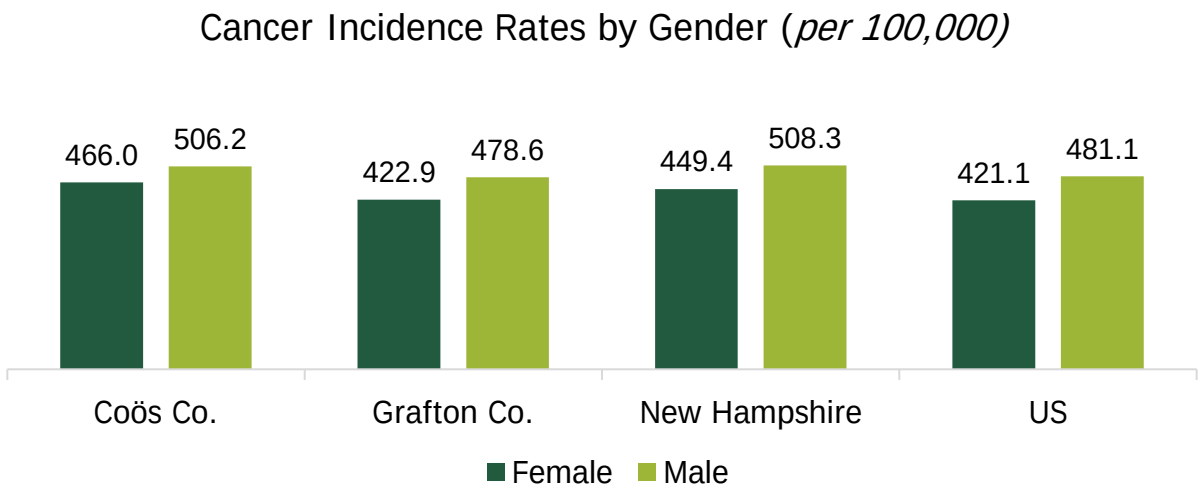
Cancer

Cancer was identified as the #2 community health issue with 91% of survey respondents rating it as important to address in the community. Cancer is the 2nd leading cause of death in both Coös and Grafton Counties (CDC Final Deaths). Additionally, 35% of survey respondents said they would like to see additional access to cancer care in the North Country Region.

The North Country Region has both a higher cancer incidence rate compared to the state and a cancer mortality rate. This pattern often indicates both barriers to early detection and treatment, and inadequate access to cancer treatment, particularly in underserved communities. When evaluating health equity across genders, men have higher incidence rates of cancer compared to women. This disparity can be due to a multitude of factors including behavioral factors like tobacco use and diet, as well as healthcare utilization like preventative care and screening (CDC).

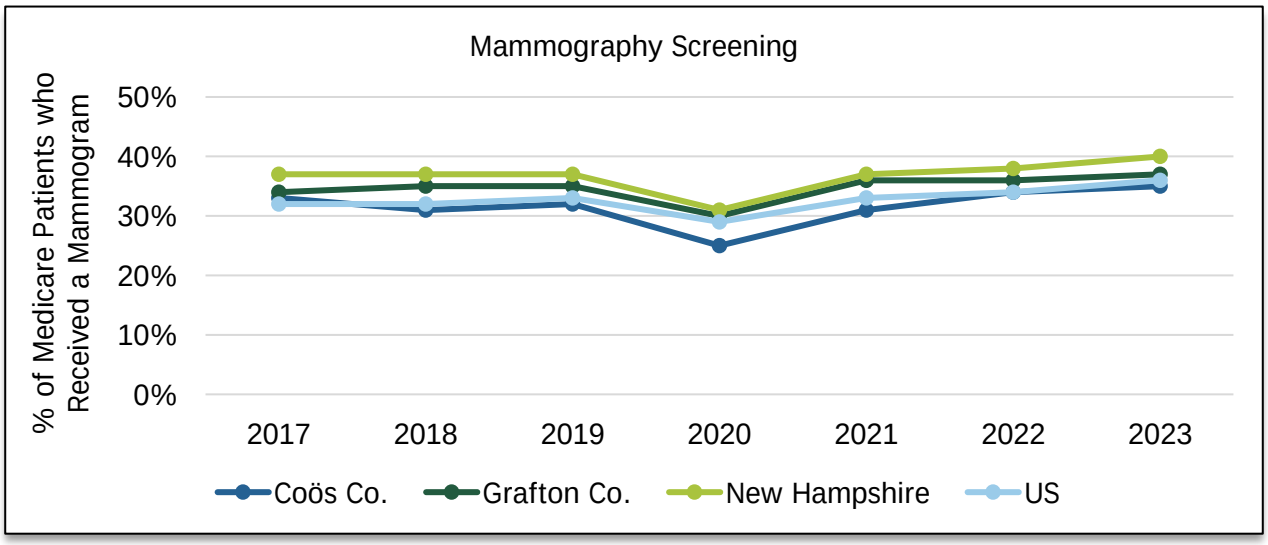
	North Country	New Hampshire
Cancer Incidence Rate Age-Adjusted per 100,000 (2017-2021)	492.3	472.2
Cancer Mortality Rate per 100,000 (2019-2023)	157.7	142.8

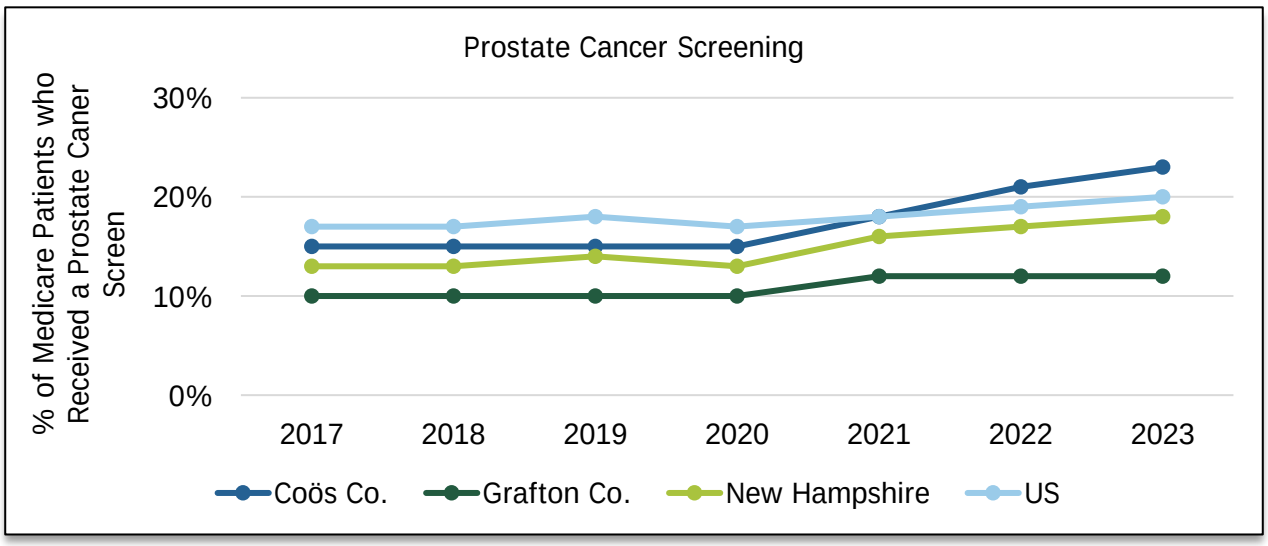
Source: NHDHHS



Source: National Cancer Institute

The rate of Medicare enrollees (women age 65+) who have received a mammogram in the past year is lower in both Coös County and Grafton Counties compared to the state. These rates have increased in recent years after a dip downward in 2020 during the COVID-19 pandemic. Among Medicare enrollees (men age 65+), Coös County had a higher prostate cancer screening rate compared to New Hampshire while Grafton County had a lower rate.



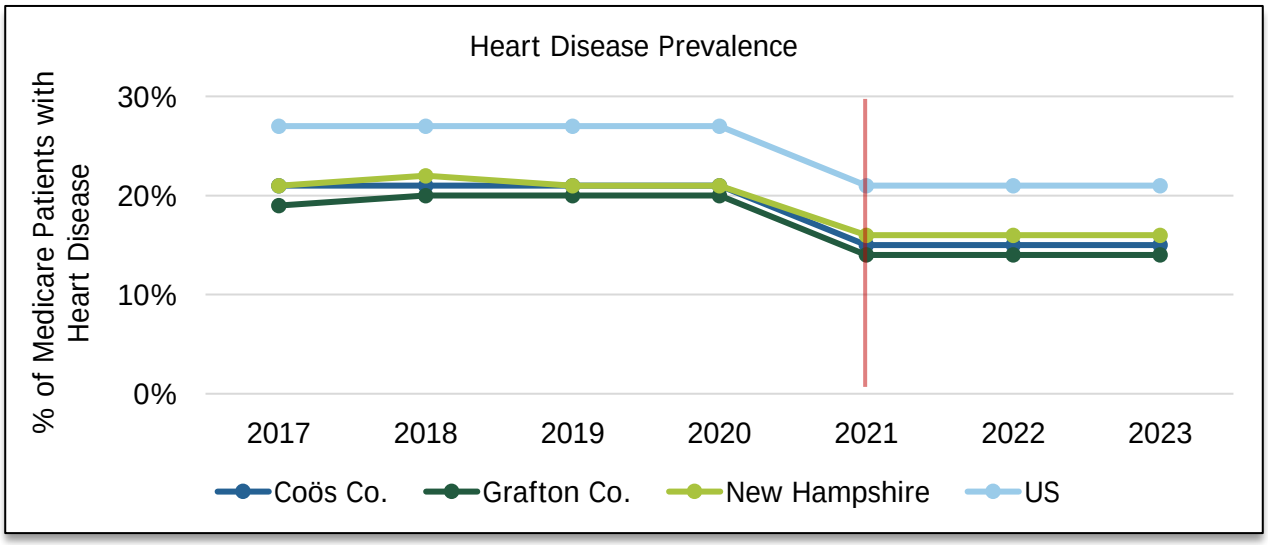


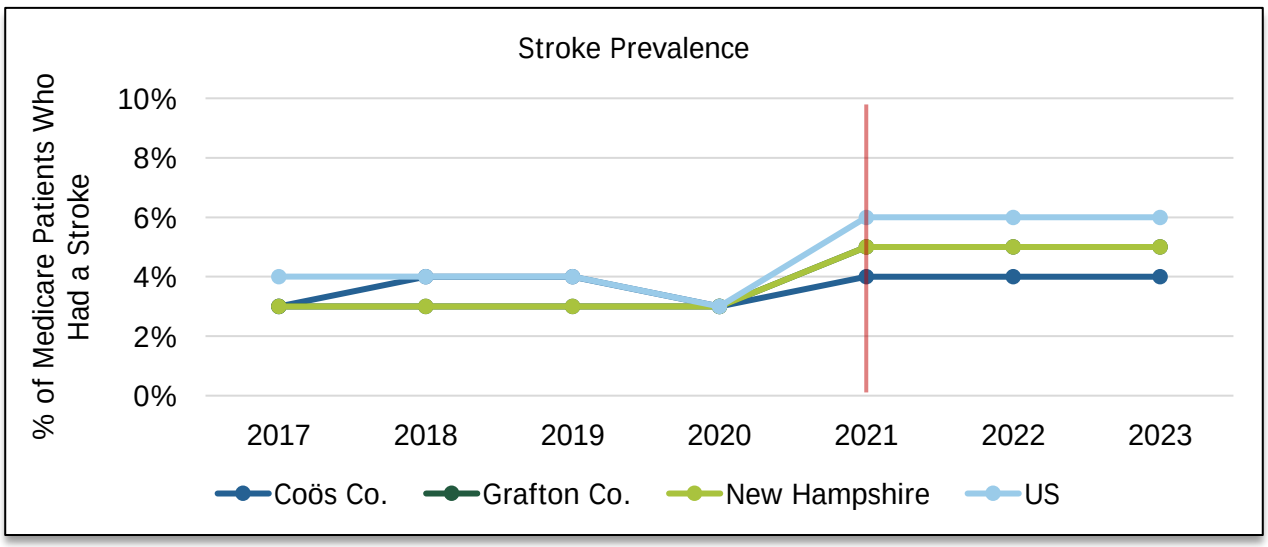
Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Cardiovascular Health

Heart disease is the leading cause of death in both Coös and Grafton Counties. The heart disease mortality rate is significantly higher in the North Country Region compared to the state average (116.3 compared to 82.9 per 100,000, respectively). Additionally, the Region has a higher mortality rate from stroke compared to the state (34.4 compared to 29.9 per 100,000, respectively) (NHDHHS, 2019-2023).

In the Medicare population, both service area counties have a lower prevalence of heart disease than New Hampshire. The prevalence of stroke in the region is similar to that of the state in Grafton County but lower in Coös County.





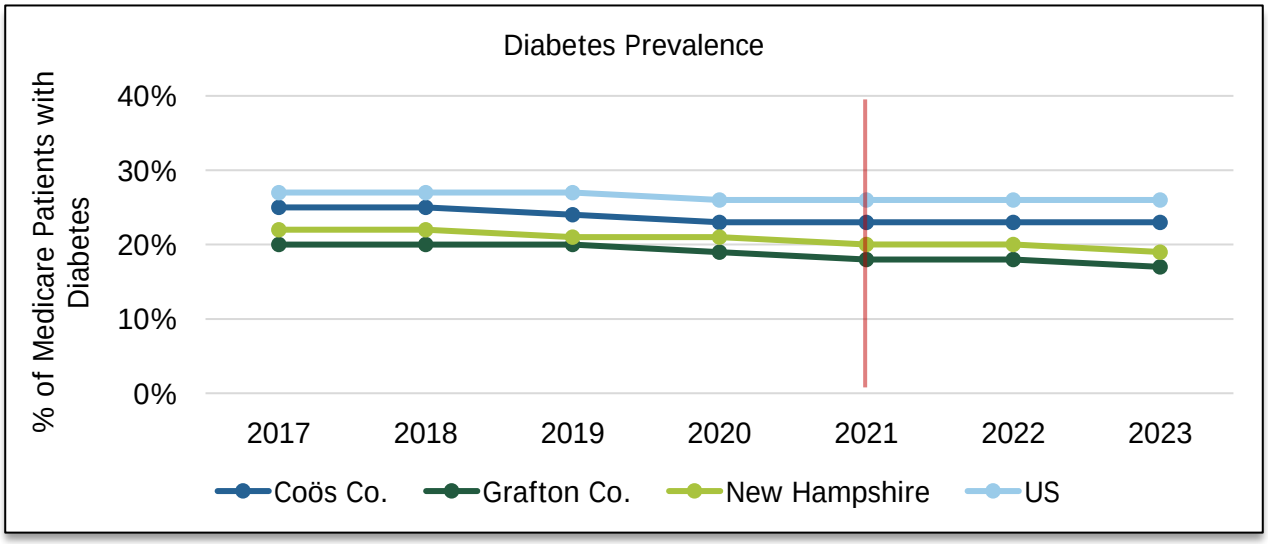
Note: There was a change in algorithm in 2021, marked by the vertical red line representing a break in trend lines
Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Diabetes

The North Country Region sees a significantly higher percentage of adults with diabetes compared to New Hampshire. In the Medicare population, both Coös and Grafton Counties have a higher prevalence of diabetes compared to the state, though rates have been stable over the past decade.

	North Country	New Hampshire
Diabetes-related inpatient stays per 100,000 (2017-2021)	1,565,6	1,540.7
Prediabetes prevalence (2022)	8.3%	11.5%
Diabetes Prevalence (2023)	16.1%	9.8%

Source: NHDHHS



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

Obesity and Unhealthy Eating

In Coös County, adults have higher rates of obesity than in New Hampshire on average. Coös County also sees a combination of both limited access to healthy foods as well as higher rates of physical inactivity. This combination contributes to an increased risk of chronic diseases and further exacerbates health disparities, especially in low-income and rural communities. Additionally, obesity, physical inactivity, and diet are well-established risk factors for type 2 diabetes development (American Diabetes Association).

	Coös	Grafton	New Hampshire
Adult Obesity (2022)	36%	29%	31%
Limited Access to Healthy Foods (2019)	5%	3%	4%
Physical Inactivity (2022)	24%	19%	19%
Access to Exercise Opportunities (2023)	71%	85%	85%

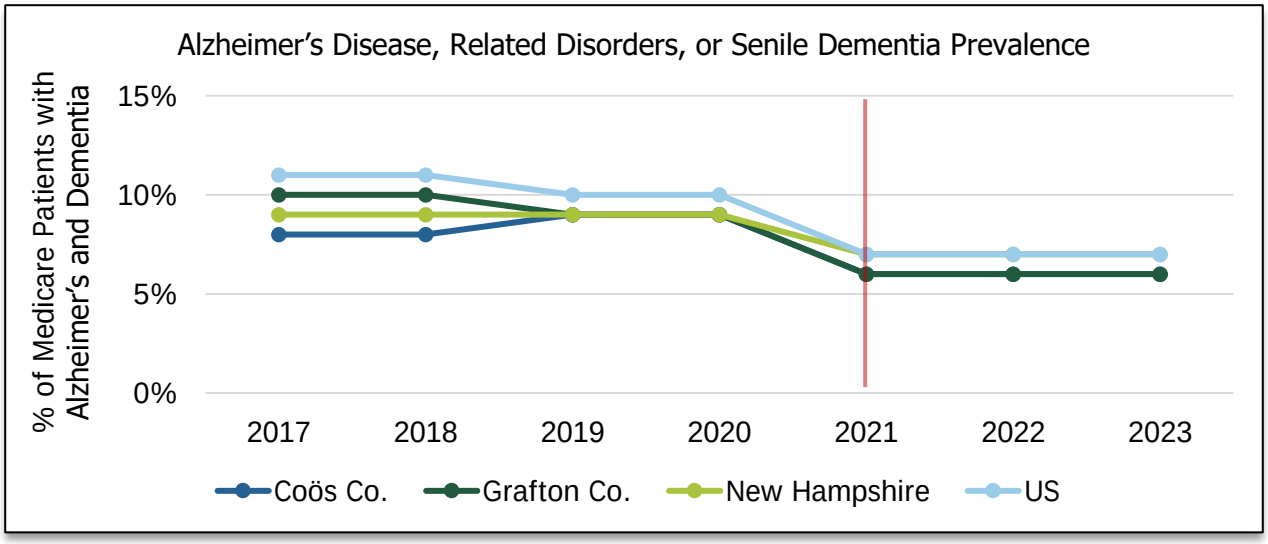
Source: County Health Rankings 2024 Report

Alzheimer's and Dementia

Alzheimer's and Dementia was identified as the #7 community health issue with 84% of survey respondents rating it as important to address in the community. The mortality rate for Alzheimer's is higher in both Coös and Grafton Counties compared to the state. Alternatively, the prevalence of Alzheimer's, related disorders, or senile dementia in the Medicare population is lower in both North Country Region counties than in the state.

	Coös	Grafton	New Hampshire
Alzheimer's Mortality Rate per 100,000 (2022)	35.6	27.4	23.5

Source: CDC Final Deaths



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

Healthcare Access

Access & Affordability

Access to affordable and quality healthcare services is a key driver to improved health outcomes, economic stability, and health equity. The North Country Region has both a lower household income and a higher uninsured population than the state. Both Coös and Grafton Counties are designated as health professional shortage area (HPSA) populations for primary care, and high-need geographic HPSAs for mental health as shown on the following page.

	Coös	Grafton	New Hampshire
Population per 1 Primary Care Physician (2022)	894:1	530:1	1,149:1
Population per 1 Dentist (2022)	1,370:1	1,199:1	1,302:1

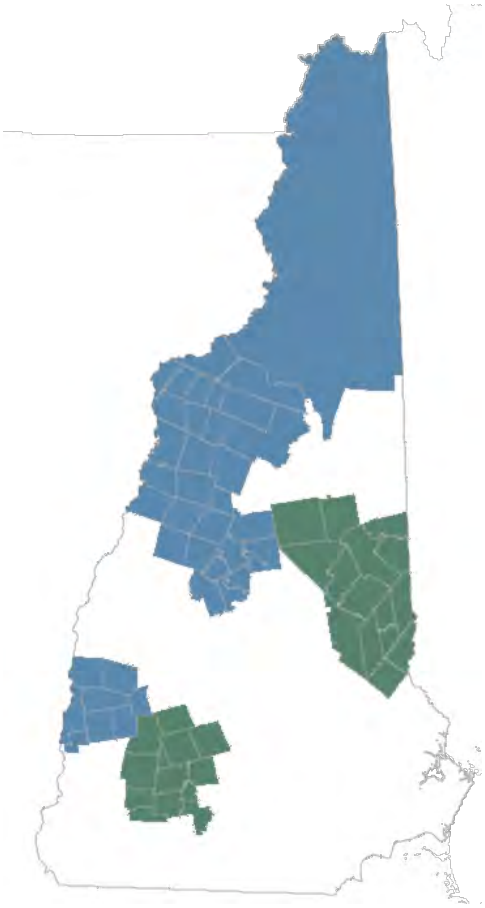
Source: County Health Rankings 2024 Report

	North Country	New Hampshire
Median Household Income (2017-2021)	$52,054	$83,449
Uninsured Population (Over 19 Years of Age) (2017-2021)	4.3%	3.1%

Source: New Hampshire Children's Health Foundation, NHDHHS

New Hampshire Health Professional Shortage Areas (HPSA)

Primary Care



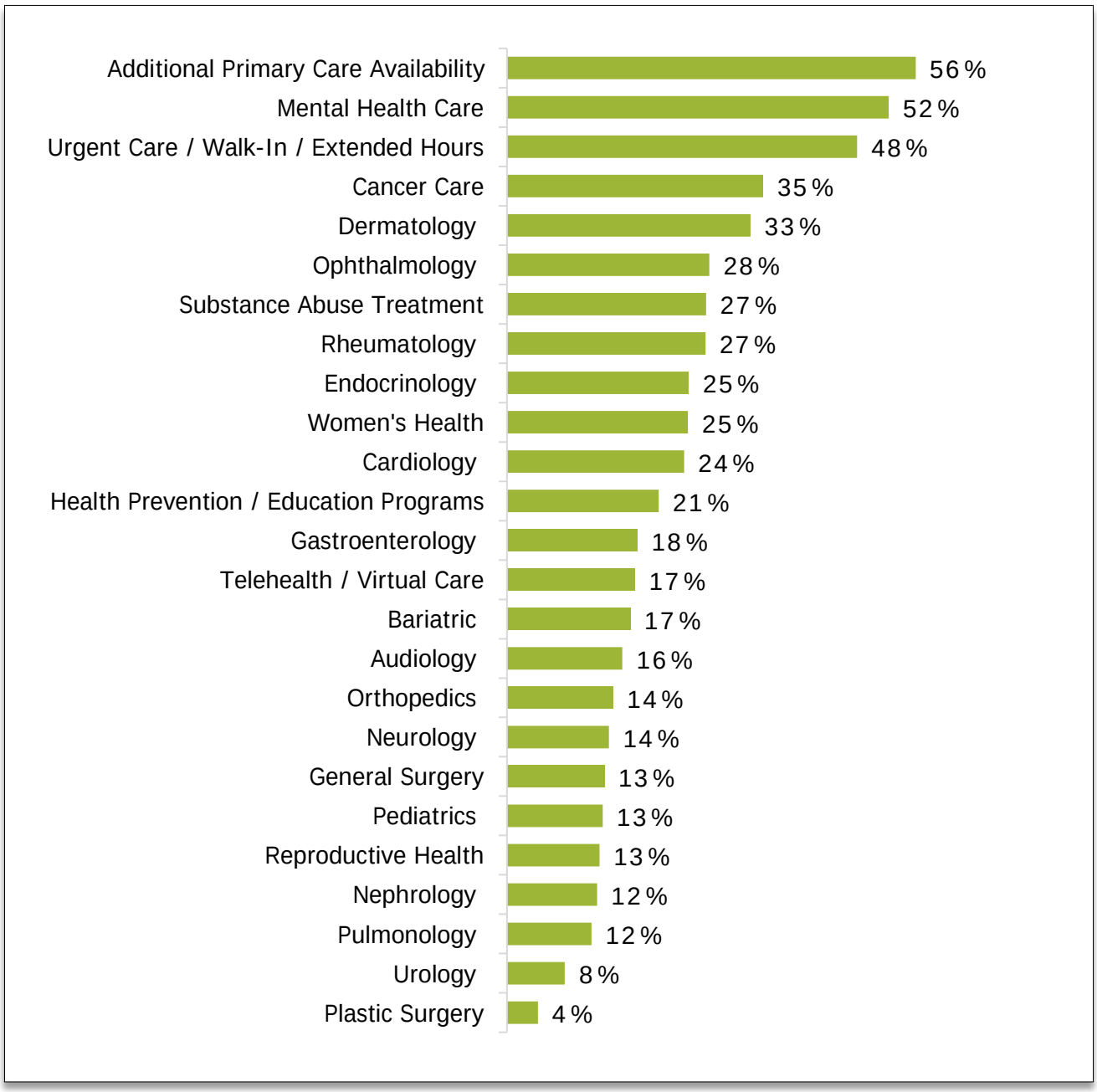
Mental Health

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

Source: data.hrsa.gov

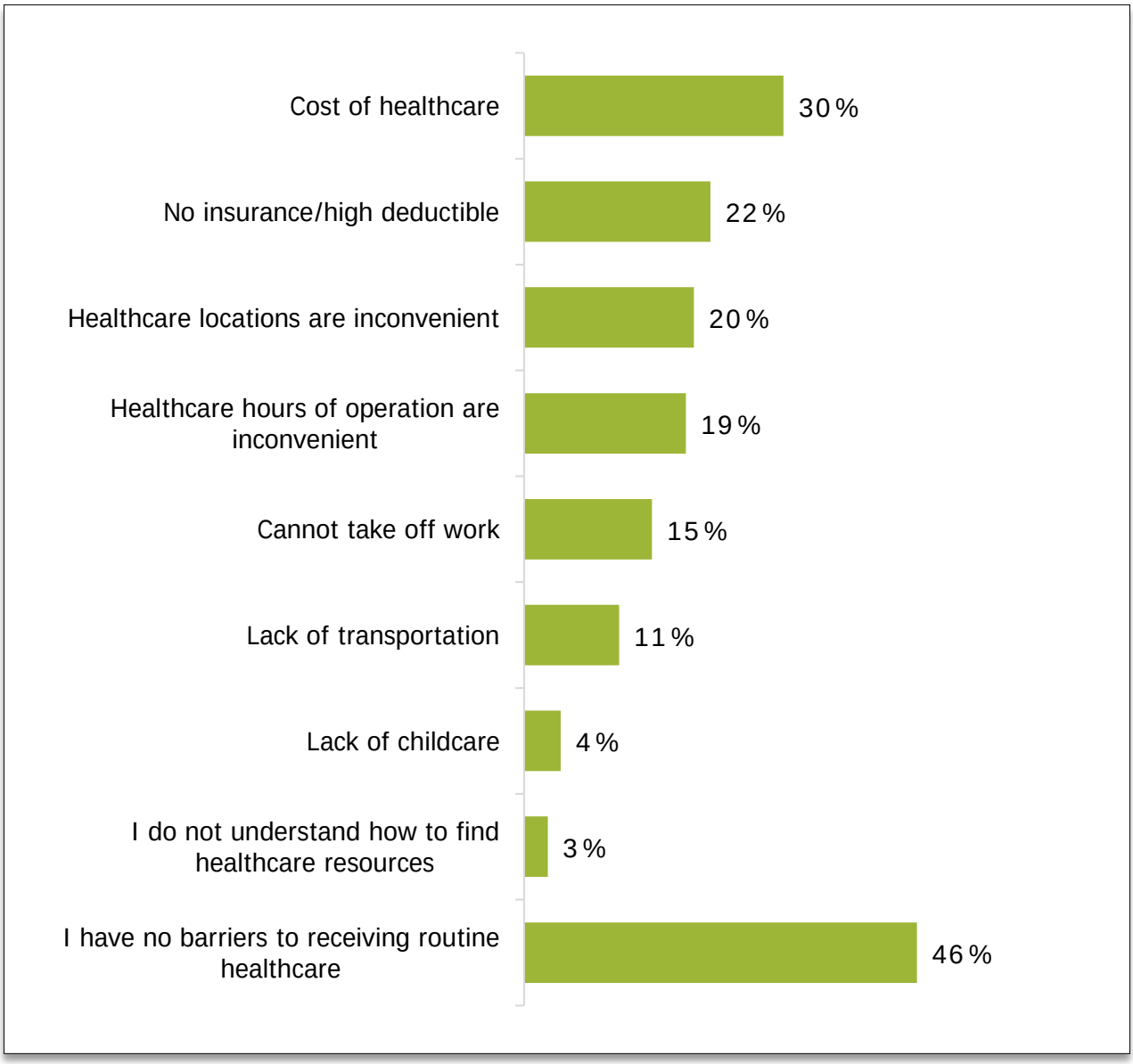
In the community survey, respondents were asked to identify what healthcare services and programs they would like to see available in their community. Additional primary care availability was the top identified service need with 56% of respondents saying they would like to see it available in their community followed by mental health care (52%) and urgent care (48%).

Survey Question: What additional services/offerings would you like to see available in the North Country Region? (select all that apply)



When survey respondents were asked about their barriers to care, the cost of healthcare was the top barrier identified by 30% of respondents, lack of insurance/high deductibles (22%). Many survey respondents (46%) reported having no barriers to receiving routine healthcare.

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



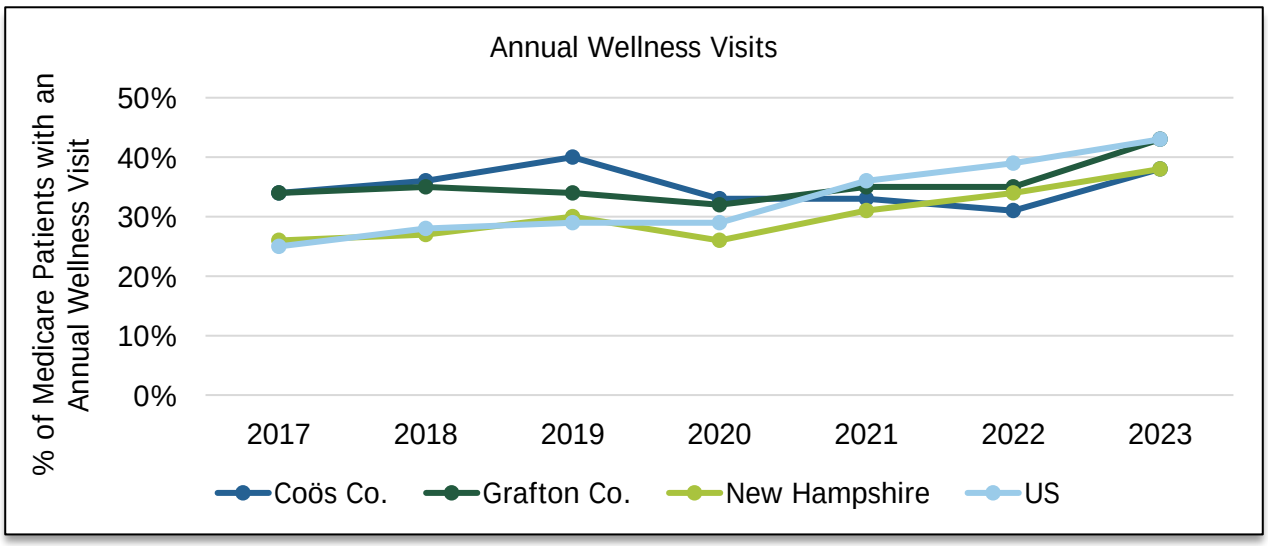
Prevention Services

Prevention services including routine check-ups, health screenings, and education can help prevent or detect diseases early when they are easier to treat. Preventive care reduces the burden on healthcare systems by preventing unnecessary hospital stays and costly care. In the community survey, 21% of respondents said they would like to see additional health prevention and education programs available in the region.

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

	Coös	Grafton	New Hampshire
Preventable Hospital Stays per 100,000 (2022)	2,798	2,045	2,478
Mammography Screening (2022)	43%	47%	48%
Flu Vaccination (2022)	43%	48%	51%

Source: County Health Rankings 2024 Report



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

Access to Senior Services

Access to senior services was identified as the #5 priority with 87% of survey respondents rating it as an important factor to address in the community. Older adults were identified as the top priority population in the community making access to senior services an important need. Additionally, the North Country Region has a large population aged 65+, 30% of whom live alone.

	North Country	New Hampshire
Population 65+ (2017-2021)	23.8%	18.2%
Elderly (65+) Living Alone (2017-2021)	30.3%	24.9%
Elderly (65+) Who Have Experienced a Fall (2023)	30.8%	27.4%

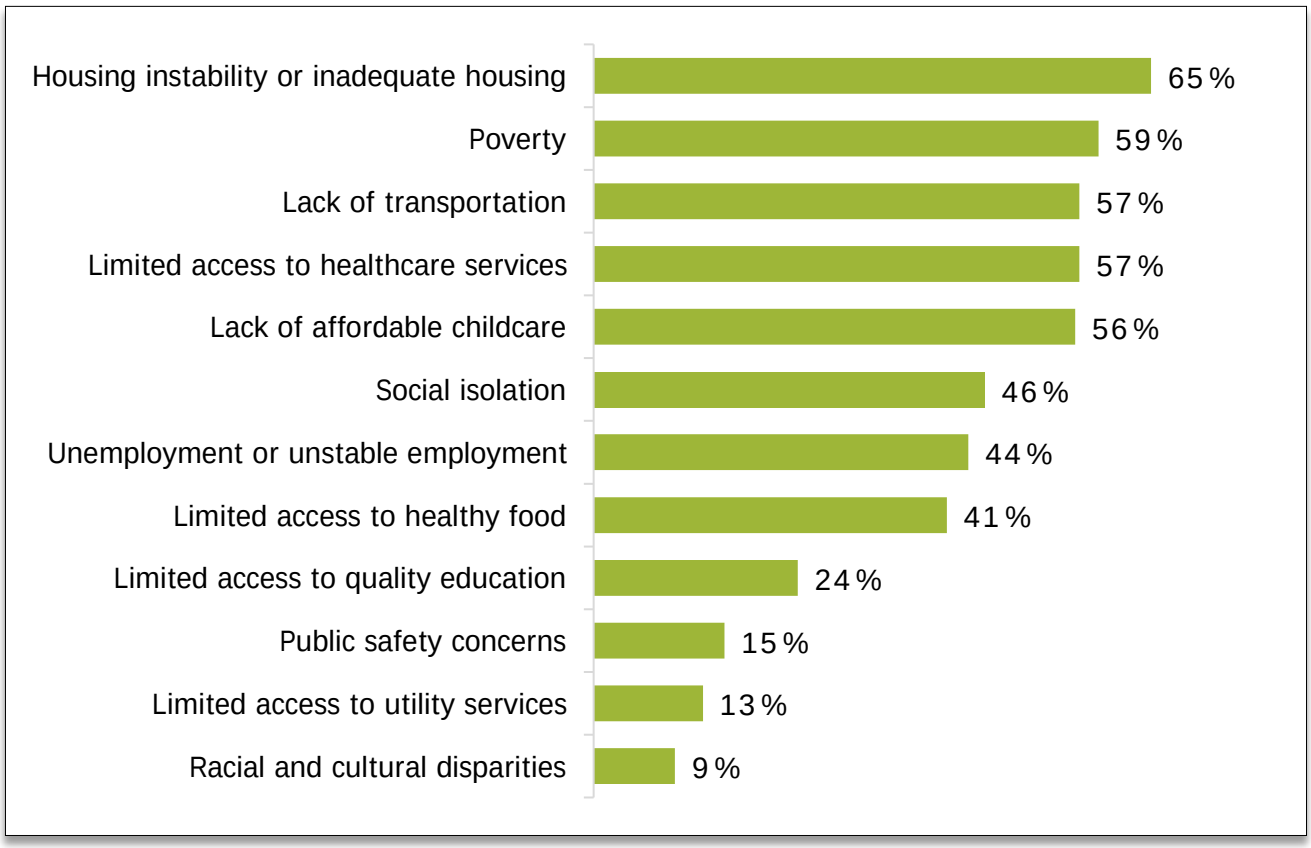
Source: NHDHHS

Social Drivers of Health

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

Survey respondents were asked to identify the key social drivers of health (SDoH) that negatively impact the community. The top SDoH identified was housing instability with 65% of survey respondents identifying it as negatively impacting the community followed by poverty and lack of transportation.

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



Housing

Access to affordable and safe housing influences a wide range of factors that contribute to physical and mental well-being. There is evidence that a lack of access to affordable and stable housing can lead to negative health outcomes such as mental illnesses and stress, exposure to environmental hazards, and financial instability (Center for Housing Policy). More Grafton County residents experience severe housing problems (overcrowding, high housing costs, lack of plumbing) than the state average. Additionally, 13% of Grafton County residents and 11% of Coös County residents spend 50% or more of their household income on housing.

	Coös	Grafton	New Hampshire
Severe Housing Problems (2016-2020)	13%	15%	14%
Severe Housing Cost Burden (Greater than 50% of Household Income) (2018-2022)	11%	13%	12%
Broadband Access (2018-2022)	85%	86%	91%

Source: County Health Rankings 2024 Report

	North Country	New Hampshire
Homes Built Before 1970 (2017-2021)	30.6%	22.4%
Substandard Housing (2017-2021)	23.7%	24.3%
Median Home Value (2017-2021)	$134,400	$288,700
Rent Above 30% of Household Income (2017-2021)	37.9%	43.8%

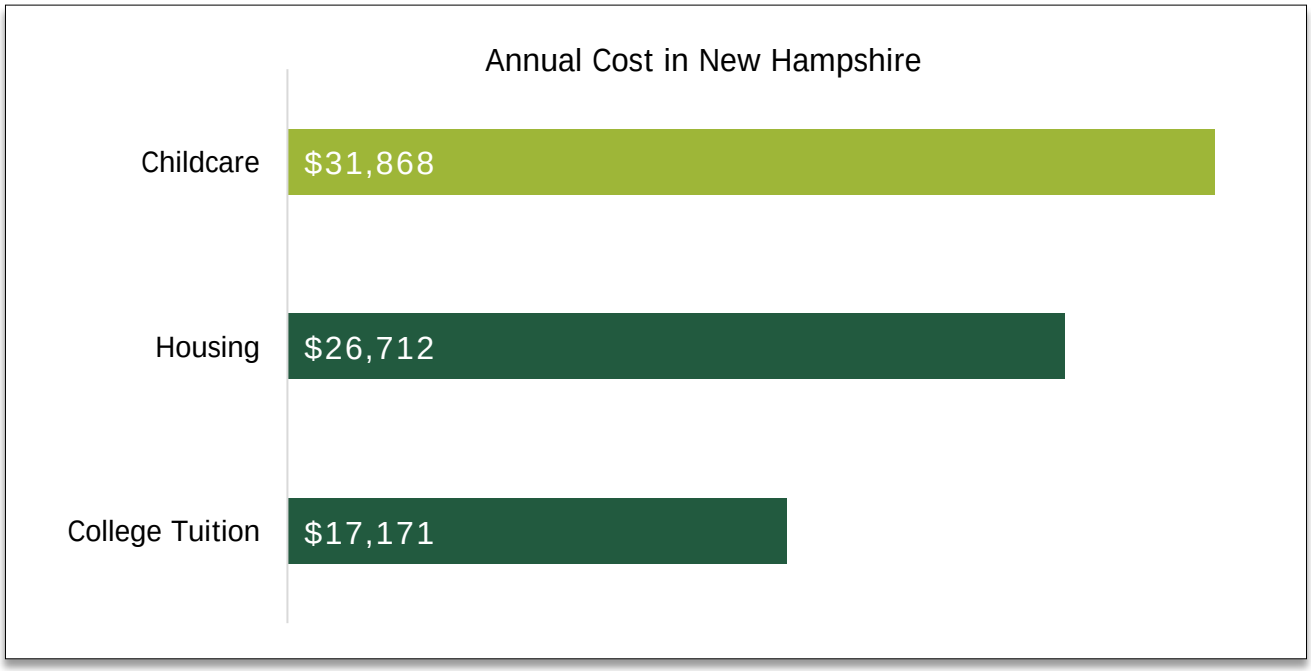
Source: New Hampshire Children's Health Foundation, NHDHHS

Access to Childcare

The average yearly cost of infant care in New Hampshire is $17,250. The U.S. Department of Health and Human Services defines affordable childcare as being no more than 7% of a family's income (Child Care Aware). In Grafton County, 29% of household income is required for childcare expenses while that rate grows to 35% in Coös County.

	Coös	Grafton	New Hampshire
Children in Single-Parent Households (2018-2022)	18%	21%	19%
Child Care Cost Burden - % of HHI used for childcare (2023)	35%	29%	29%
Child Care Centers per 1,000 Under Age 5 (2010-2022)	11	11	10

Source: County Health Rankings 2024 Report



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

Transportation

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

	North Country	New Hampshire
Commute Longer Than 35 Minutes (2017-2021)	18.0%	25.7%
No Vehicle for the Household (2017-2021)	7.8%	4.7%

Source: NHDHHS

Income, Employment, and Education

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

	Coös	Grafton	New Hampshire
High School Completion (2018-2022)	89%	93%	94%
Some College – includes those who had and had not attained degrees (2023)	56%	69%	71%
Unemployment (2023)	3%	2%	3%
Children in Poverty (2022)	16%	10%	8%

Source: County Health Rankings 2024 Report, U.S. Bureau of Labor Statistics, NHDHHS

	North Country	New Hampshire
Families in Poverty (2017-2021)	23.5%	13.3%
Eight Graders proficient in Reading (2017-2021)	43.6%	45.4%
Bachelor's Degree or Higher (2017-2021)	25.0%	38.2%
Households Who Receive Food Stamps/SNAP (2017-2021)	11.4%	5.6%

Source: New Hampshire Children's Health Foundation

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 U.S. 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 are feasible, and the Organizations could make an impact

Impact on Health Equity

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

Health Need Evaluation	Worse than Benchmark	Identified by the Community	Feasibility	Impact on Health Equity
Mental Health	✓	✓	✓	✓
Cancer	✓	✓	✓	✓
Healthcare: Affordability	✓	✓	✓	✓
Affordable Housing	✓	✓		✓
Heart Disease	✓	✓	✓	✓
Access to Senior Services	✓	✓	✓	✓
Alzheimer's and Dementia	✓	✓	✓	✓
Healthcare: Types of Services Provided	✓	✓	✓	✓
Adult Drug/Substance Use	✓	✓	✓	✓
Healthcare: Location of Services		✓	✓	✓

Implementation Plan

Implementation Plan Framework

The Organizations in the North Country Region assessed the top health priorities in alignment with their missions and strategic goals. They also assessed the feasibility of addressing the top health needs based on organizational resources, financial constraints, and capacity. After evaluation, the Organizations in the North Country Region determined that action plans would be developed for the following health priorities:

Improve Behavioral Health Outcomes

Relevant Needs Addressed: Mental Health, Adult Drug/Substance Use

Goal: Enhance access to behavioral health services to improve mental health and substance use disorder (SUD) outcomes in the community.

Increase Access to Local Healthcare Services

Relevant Needs Addressed: Healthcare – Types of Services

Goal: Expand healthcare access by strengthening local primary and specialty care services, reducing travel burdens, and improving care coordination.

Reduce Barriers to Care

Relevant Needs Addressed: Healthcare – Affordability

Goal: Ensure all community members can access healthcare by expanding financial assistance and connecting patients to community resources.

The North Country Region Organizations developed this action plan to directly address the community's most pressing healthcare needs, recognizing that broader social determinants, like education, housing, and transportation, also have a significant impact on health outcomes. The Organizations are committed to collaborating with local partners who are better positioned to lead efforts in these areas and will work to support and complement these initiatives while focusing resources and expertise on improving healthcare delivery and outcomes.

Improve Behavioral Health Outcomes

Regional Services and Programs Committed to Respond to This Need:

North Country Healthcare (AVH, NCHHHA, UCVH, WMC)

- 24/7 Emergency Services: Crisis medical care, referrals, and telepsych services through the Emergency Departments (EDs).
- Narcan Access & Education: Community CPR/BLS/First Aid trainings include Naloxone (Narcan) education. Free Narcan kits are distributed to high-risk ED patients and community partners such as schools, first responders, and mental health agencies.
- Opioid Safety & Education: Patient education on safe opioid use provided to those prescribed narcotics in the ED. Medication deactivation kits are offered in EDs and recovery centers to ensure safe disposal of unused prescriptions.
- Care Team Support: Social workers, case managers, and community health workers available to support recovery and connect patients to resources.
- Community Collaboration: Active participation in the Behavioral Health Clinical Learning Collaborative. A multidisciplinary mental health team is embedded at AVH, connecting patients to ongoing support.
- Treatment & Recovery Centers: The Doorway at AVH provides addiction treatment and recovery services. The Weeks North Country Recovery Center is a multidisciplinary treatment center for individuals dealing with an addiction to drugs, opioids, alcohol, and all substance use disorders with services in multiple locations: Lancaster, Whitefield, Groveton, north Stratford, Littleton, and Colebrook.
- Recovery Services: Medication-Assisted Treatment (MAT) provided by a team of recovery specialists utilizing treatment medications along with therapy.
- Safe Medication Disposal: Medication drop boxes are available at UCVH, WMC, and AVH for easy and responsible disposal.
- Comprehensive Counseling: WMC provides adult and pediatric mental health counseling across multiple convenient locations.
- Primary Care Integration: Mental health services are embedded within WMC's primary care clinics, offering seamless support and warm hand-offs between providers.

Coös County Family Health Services

- Comprehensive Services: Adult psychiatric care and substance abuse counseling are available through CCFHS, ensuring comprehensive behavioral health support.
- Affordable Care: CCFHS offers a sliding fee scale for eligible patients who do not have insurance coverage for behavioral health support.
- Recovery Services: Medication-Assisted Treatment (MAT) provided by a team of recovery specialists utilizing treatment medications along with therapy.
- Medical Social Work: Staff provide facilitation and care coordination with community resources, including social needs and mental health referrals.

Goals and Objectives to Address this Significant Health Need

Goal: Enhance access to behavioral health services to improve mental health and substance use disorder (SUD) outcomes in the community.

Objectives:

- Identify and pursue new grant opportunities, including telehealth-specific opportunities, to expand and sustain behavioral health programs.
- Develop a long-term sustainability plan for current grant-funded initiatives with a focus on workforce development.
- Advance integrated behavioral health models by strengthening community partnerships and building seamless connections between behavioral health and community resources.

Impact of Actions and Access to Resources

Note: Each organization is responsible for internal tracking of relevant measures utilizing available patient-level data to drive toward future impacts.

- Increased access to services and programs
- Long-term sustainability of behavioral health services
- Improved community behavioral health outcomes

Increase Access to Local Healthcare Services

Regional Services and Programs Committed to Respond to This Need:

North Country Healthcare (AVH, NCHHHA, UCVH, WMC)

- Local Access to Specialty Care: A range of specialty care services are available across the NCH facilities to limit patients' need to travel for care, including cardiology, dermatology, neurology, oncology, podiatry, urology, and more.
- Convenient Care Options:
    - Telemedicine appointments are available across multiple service lines for accessible, flexible care.
    - Mobile health unit brings healthcare directly to underserved areas.
    - Open access scheduling at WMC's four rural health clinics offers same-day appointments and evening hours.
    - Physicians provide care at multiple locations to meet patients where they are.
    - Ambulatory nursing services are available throughout the region.
    - UCVH partners with CCFHS for non-emergency transport to provide transportation services to patients who need assistance getting to or from medical appointments, dental visits, behavioral health appointments, and pharmacy visits.
- Supporting Health at Home:
    - Home monitoring programs for blood pressure, weight, and continuous glucose levels.
    - Home visits provided by select providers.
    - Rehab services are provided on-site at local nursing homes.
    - NCHHHA provides comprehensive home care including skilled observation and assessment, nursing case management, surgical aftercare, wound care, pediatrics, rehab services, and more. Hospice services are also provides including 24/7 clinical support, medical supplies, care management, and more.
- Care Coordination & Navigation
    - Social workers, care managers, and community health workers are available to support patients.
    - Participation in an Accountable Care Organization (ACO) to support coordinated, value-based care.
- Health Education & Community Outreach: the NCH facilities host a range of community outreach programs and education classes, including the Diabetes Self-Management & Education Program, Savvy Caregiver Program at UCVH, a range of free health education lectures, and more.

- Convenient Care Options:
    - Healthcare Express provides walk-in care for routine, non-emergent, healthcare needs.
    - Same day appointment, weekend, and after-hours care available at CCFHS clinics.
    - Telehealth program allows patients to visit with specialty care doctors from the CCFHS offices.
- Supporting Health at Home:
    - Home visits are provided by select primary care providers.
    - Home visits for Mother and Baby.
- Dental Care: Coös County Family Dental offers a range of dental services from cleanings to fillings with a sliding fee discount program for qualifying patients.
- Pharmacy Program: CCFHS has a list of medications that are available at low prescription prices for patients.

Goals and Objectives to Address this Significant Health Need

Goal: Expand healthcare access by strengthening local primary and specialty care services, reducing travel burdens, and improving care coordination.

- Strengthen the healthcare workforce by prioritizing recruitment and retention strategies for key services to ensure adequate access to care across the region.
- Continuously evaluate healthcare infrastructure through facility and capital planning to support expanded service and program delivery.
- Increase community awareness of available local healthcare services through coordinated outreach, education, and marketing efforts.

Impact of Actions and Access to Resources

Note: Each organization is responsible for internal tracking of relevant measures utilizing available patient-level data to drive toward future impacts.

- Increased access to care through local specialty service availability and expanded access to primary care.
    - Outpatient visit volumes
    - New provider recruitment
- Improved awareness of local services to increase new patient utilization and participation in health education events/programs.

Reduce Barriers to Care

Regional Services and Programs Committed to Respond to This Need:

North Country Healthcare (AVH, NCHHHA, UCVH, WMC)

- Financial Assistance & Affordability:
    - Sliding scale fee structures at each facility for income-based affordability.
    - Patient Financial Services offers help with payment plans and billing options.
    - Mail order and medication delivery available from participating pharmacies.
    - Community Health Fund established to support local health needs.
- Addressing Social Needs:
    - Patients are screened for Social Determinants of Health like transportation, food security, and poverty. Patients who screen positive are referred to Case and Care Management teams who provide assistance with applications and connection to community resources.
    - Patient Access Team and Community Health workers area available to help patients apply for financial assistance and insurance, support care transitions, and connect patients with community resources through collaborations with local agencies.
    - UCVH partners with CCFHS for non-emergency transport to provide transportation services to patients who need assistance getting to or from medical appointments, dental visits, behavioral health appointments, and pharmacy visits.
    - Food security program offers access to free or discounted healthy food for patients who screen positive for food insecurity.
    - UCVH offers a food security program with free, monthly CSA-style food boxes that are nutritionally balanced to patients screening for food insecurity. This program provides boxes to food insecure patients with comorbidities identified by provider referral, along with nutrition education specific to managing chronic disease. The program also provides bags of nonperishable foods to food insecure inpatients upon discharge.

Coös County Family Health Services

- Financial Assistance & Affordability: Financial assistance program offers a sliding fee scale and no-interest payment plan.
- Addressing Social Needs:
    - CCFHS partners with Tri-County CAP Transit to provide scheduled rides to appointments. Tri-County CAP Transit also stops at all CCFHS locations.
    - Medical Social Work provides facilitation and care coordination with community resources, including housing, transportation, insurance referrals, and food security.

Goals and Objectives to Address this Significant Health Need

Goal: Ensure all community members can access healthcare by expanding financial assistance and connecting patients to community resources.

Objectives:

- Develop a sustainable and standardized model for implementing Social Determinant of Health Screening with a focus on ensuring patients with a positive screen are connected to resources.
- Explore creating a centralized resource list of organizational and community services and resources to be utilized by patients and providers.
- Continuously evaluate financial assistance programs to ensure they are responsive to emerging financial barriers.

Impact of Actions and Access to Resources

Note: Each organization is responsible for internal tracking of relevant measures utilizing available patient-level data to drive toward future impacts.

- Increased utilization of programs and resources
    - Financial assistance program utilization
    - Patients screened positive for SDOH who are connected to resources
- Improved alignment on charitable giving
    - Alignment of philanthropic goals with specific programs to address barriers to care

Appendix

Community Data Tables

Leading Cause of Death

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

	Coös	Grafton	New Hampshire	U.S.
Heart Disease	218.2	163.5	154.1	173.8
Cancer	185.1	159.4	145.7	146.6
Accidents	65.0	40.2	63.2	64.7
Stroke	36.9	33.4	30.3	41.1
Lung	55.7	37.6	35.7	34.7
Alzheimer's	35.6	27.4	23.5	31.0
Diabetes	24.1	18.2	20.8	25.4
Liver	10.7	8.0	14.0	14.5
Suicide	19.2	13.0	15.1	14.1
Kidney	11.8	9.7	10.0	13.6
Hypertension	5.8	5.3	6.4	10.7
Flu - Pneumonia	17.8	13.3	6.6	10.5
Blood Poisoning	7.2	5.0	6.7	10.2
Parkinson's	7.6	8.9	9.4	9.8
Homicide	3.0	1.8	n/a	8.2

Source: worldlifeexpectancy.com, CDC (2022)

County Health Rankings

	Coos	Grafton	Carroll	New Hampshire	US Overall
Length of Life					
Premature Death*	9,224	6,291	6,795	6,499	8,000
Life Expectancy*	76	80	80	79	79
Quality of Life					
Poor or Fair Health	15%	11%	12%	11%	14%
Poor Physical Health Days	3.7	2.9	3.0	3.0	3.3
Poor Mental Health Days	5.2	4.9	5.1	5.2	4.8
Low Birthweight*	7%	7%	6%	7%	8%
Health Behaviors					
Adult Smoking	19%	14%	14%	13%	15%
Adult Obesity	36%	29%	29%	31%	34%
Limited Access to Healthy Foods	5%	3%	n/a	4%	12%
Physical Inactivity	24%	19%	18%	19%	23%
Access to Exercise Opportunities	71%	85%	76%	85%	84%
Excessive Drinking	17%	17%	17%	19%	18%
Alcohol-Impaired Driving Deaths	40%	27%	25%	35%	26%
Drug Overdose Deaths*	37.2	19.8	26.7	30.2	23
Sexually Transmitted Infections*	86	169	111	218	496
Teen Births *(per 1,000 females ages 15-19)*	15	6	9	7	17
Clinical Care					
Uninsured	8%	7%	7%	6%	10%
Primary Care Physicians	894:1	530:1	1226:1	1149:1	1,330:1
Dentists	1370:1	1199:1	1491:1	1302:1	1,360:1
Mental Health Providers	470:1	175:1	355:1	263:1	320:1
Preventable Hospital Stays*	2,798	2,045	1,730	2,478	2,681
Mammography Screening	43%	47%	48%	48%	43%
Flu Vaccinations	43%	48%	47%	51%	46%
Social & Economic Factors					
High School Completion	89%	93%	95%	94%	89%
Some College	56%	69%	69%	71%	68%
Unemployment	3.3%	2.3%	2.6%	2.5%	3.7%
Children in Poverty	16%	10%	12%	8%	16%
Children in Single-Parent Households	18%	21%	21%	19%	25%
Injury Deaths*	139.3	79.7	105.1	87.9	80
Child Care Cost Burden *(% of HHI used for childcare)*	35%	29%	32%	29%	27%
Child Care Centers *(per 1,000 under age 5)*	11	11	15	10	7
Physical Environment					
Severe Housing Problems	13%	15%	14%	14%	17%
Long Commute - Driving Alone *(> 30 min. commute)*	26%	32%	37%	39%	36%
Severe Housing Cost Burden *(50% or more of HHI)*	11%	13%	15%	12%	14%
Broadband Access	85%	86%	91%	91%	87%

**Per 100,000 Population*

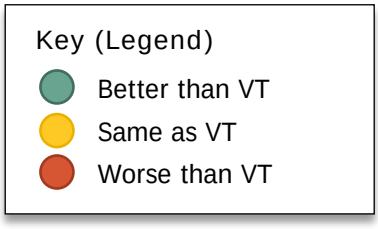
Key (Legend)
- Better than NH
- Same as NH
- Worse than NH

Source: County Health Rankings 2024 Report

County Health Rankings

	Essex	Caledonia	Vermont	US Overall
Length of Life				
Premature Death*	8,253	8,246	6,693	8,000
Life Expectancy*	78	77	79	79
Quality of Life				
Poor or Fair Health	15%	13%	11%	14%
Poor Physical Health Days	3.9	3.2	3.1	3.3
Poor Mental Health Days	5.5	5.5	5.5	4.8
Low Birthweight*	3%	7%	7%	8%
Health Behaviors				
Adult Smoking	21%	18%	16%	15%
Adult Obesity	35%	32%	29%	34%
Limited Access to Healthy Foods	10%	2%	3%	12%
Physical Inactivity	23%	20%	16%	23%
Access to Exercise Opportunities	32%	62%	71%	84%
Excessive Drinking	16%	18%	22%	18%
Alcohol-Impaired Driving Deaths	60%	33%	32%	26%
Drug Overdose Deaths*	n/a	41.1	30.4	23
Sexually Transmitted Infections*	84	89	141	496
Teen Births *(per 1,000 females ages 15-19)*	n/a	9	8	17
Clinical Care				
Uninsured	5%	5%	5%	10%
Primary Care Physicians	5925:1	1267:1	899:1	1,330:1
Dentists	1998:1	1274:1	1377:1	1,360:1
Mental Health Providers	1499:1	233:1	184:1	320:1
Preventable Hospital Stays*	2,762	2,221	2,182	2,681
Mammography Screening	40%	43%	45%	43%
Flu Vaccinations	30%	24%	49%	46%
Social & Economic Factors				
High School Completion	89%	94%	94%	89%
Some College	52%	65%	71%	68%
Unemployment	4.0%	3.1%	2.6%	3.7%
Children in Poverty	17%	14%	11%	16%
Children in Single-Parent Households	25%	21%	21%	25%
Injury Deaths*	123.8	117.6	95.9	80
Child Care Cost Burden *(% of HHI used for childcare)*	47%	36%	39%	27%
Child Care Centers *(per 1,000 under age 5)*	21	24	24	7
Physical Environment				
Severe Housing Problems	16%	15%	16%	17%
Long Commute - Driving Alone *(> 30 min. commute)*	44%	33%	32%	36%
Severe Housing Cost Burden *(50% or more of HHI)*	13%	13%	14%	14%
Broadband Access	81%	83%	86%	87%

**Per 100,000 Population*



Source: County Health Rankings 2024 Report

County Health Rankings

	Oxford	Maine	US Overall
Length of Life			
Premature Death*	8,897	7,812	8,000
Life Expectancy*	77	78	79
Quality of Life			
Poor or Fair Health	14%	14%	14%
Poor Physical Health Days	3.7	3.5	3.3
Poor Mental Health Days	5.6	5.2	4.8
Low Birthweight*	8%	7%	8%
Health Behaviors			
Adult Smoking	20%	17%	15%
Adult Obesity	34%	32%	34%
Limited Access to Healthy Foods	5%	4%	12%
Physical Inactivity	26%	25%	23%
Access to Exercise Opportunities	37%	66%	84%
Excessive Drinking	18%	20%	18%
Alcohol-Impaired Driving Deaths	38%	33%	26%
Drug Overdose Deaths*	28.0	36.3	23
Sexually Transmitted Infections*	189	246	496
Teen Births *(per 1,000 females ages 15-19)*	16	11	17
Clinical Care			
Uninsured	8%	7%	10%
Primary Care Physicians	1503:1	932:1	1,330:1
Dentists	2587:1	1406:1	1,360:1
Mental Health Providers	348:1	184:1	320:1
Preventable Hospital Stays*	1,710	2,004	2,681
Mammography Screening	44%	44%	43%
Flu Vaccinations	32%	46%	46%
Social & Economic Factors			
High School Completion	91%	94%	89%
Some College	54%	70%	68%
Unemployment	3.3%	2.9%	3.7%
Children in Poverty	16%	12%	16%
Children in Single-Parent Households	19%	19%	25%
Injury Deaths*	108.4	103.9	80
Child Care Cost Burden *(% of HHI used for childcare)*	30%	32%	27%
Child Care Centers *(per 1,000 under age 5)*	11	12	7
Physical Environment			
Severe Housing Problems	13%	13%	17%
Long Commute - Driving Alone *(> 30 min. commute)*	43%	34%	36%
Severe Housing Cost Burden *(50% or more of HHI)*	12%	12%	14%
Broadband Access	83%	87%	87%

**Per 100,000 Population*

Key (Legend)

- Better than ME
- Same as ME
- Worse than ME

Source: County Health Rankings 2024 Report

Data and Inputs

Data Limitations

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

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

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

Local Expert Groups

Survey Respondents self-identify themselves into any of the following representative classifications:

1) Public Health Official – Persons with special knowledge of or expertise in public health
2) Government Employee or Representative – Federal, tribal, regional, State, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the organizations
3) Chronic Disease Groups – Representative of or member of Chronic Disease Group or Organization, including mental and oral health
4) Community Resident – Individuals, volunteers, civic leaders, medical personnel, and others to fulfill the spirit of broad input required by the federal regulations
5) Priority Population – Persons who identify as medically underserved, low-income, racial and ethnic minority, rural resident, or LGBTQ+
6) Healthcare Professional – Individuals who provide healthcare services or work in the healthcare field with an understanding / education on health services and needs.
7) Other (please specify)

Data Sources

Source	Data Element	Date Accessed	Data Date
County Health Rankings 2024 Report	Assessment of health needs of the county compared to all counties in the state; County demographic data	February 2025	2013-2022
CDC Final Deaths	15 top causes of death	February 2025	2022
Bureau of Labor Statistics	Unemployment rates	February 2025	2023
New Hampshire Department of Health and Human Services	County level population health data	February 2025	2017-2022
National Alliance on Mental Illness – NAMI	Statistics on mental health rates and services	February 2025	2022
Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population	Health outcome measures and disparities in chronic diseases	February 2025	2022
American Diabetes Association	Type 2 diabetes risk factors	February 2025	2005
Centers for Disease Control and Prevention – CDC	Racial and ethnic disparities in heart disease	February 2025	2019
Health Resources & Services Administration – data.hrsa.gov	HPSA designated areas	February 2025	2023
Center for Housing Policy	Impacts of affordable housing on health	February 2025	2015
Child Care Aware	Childcare costs	February 2025	2023
Health Affairs: Leigh, Du	Effects of low wages on health	February 2025	2022

Survey Results

Based on 1,174 survey responses gathered in January 2025.

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

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

Answer Choices	Responses	
Community Resident	73.97%	861
Healthcare Professional	30.41%	354
Priority Population (medically underserved, low-income, racial and ethnic minority, rural resident, or LGBTQ+)	6.79%	79
Government Employee or Representative	2.58%	30
Public Health Official	1.03%	12
Representative of Chronic Disease Group or Advocacy Organization	0.95%	11
	Answered	1,164
	Skipped	10

Q2: Race/Ethnicity (select all that apply)

Answer Choices	Responses	
White or Caucasian	95.13%	1,114
Prefer not to respond	3.76%	44
Asian or Asian American	0.77%	9
American Indian or Alaska Native	0.68%	8
Hispanic or Latino	0.26%	3
Black or African American	0.09%	1
Native Hawaiian or other Pacific Islander	0.09%	1
Other	0.26%	3
	Answered	1,171
	Skipped	3

Q3: Age group

Answer Choices	Responses	
18-24	1.42%	4
25-34	17.08%	48
35-44	24.20%	68
45-54	20.28%	57
55-64	19.57%	55
65+	17.44%	49
Prefer not to respond	1.88%	22
	Answered	1,172
	Skipped	2

Q4: Employment Status

Answer Choices	Responses	
Employed full-time (32+ hours per week)	47.99%	562
Retired	35.18%	412
Employed part-time (less than 32 hours per week)	5.98%	70
Self-employed	3.84%	45
Unable to work due to disability or illness	3.59%	42
Prefer not to respond	1.45%	17
Not employed and not looking for work	0.94%	11
Unemployed and looking for work	0.51%	6
Student	0.51%	6
	Answered Skipped	1,171 3

Q5: Health insurance coverage: (select all that apply)

Answer Choices	Responses	
Private Health Insurance (Blue Cross Blue Shield, Aetna, UnitedHealthcare, etc.)	67.66%	791
Medicare	36.87%	431
Medicaid	5.30%	62
Health Insurance Marketplace (through Healthcare.gov)	4.88%	57
VA or TRICARE	3.76%	44
I am underinsured (I have insurance but it does not fully cover my healthcare needs)	2.74%	32
I am uninsured (I do not have any health insurance coverage)	1.28%	15
Other	3.59%	42
	Answered Skipped	1,169 5

Q6: Household Income

Answer Choices	Responses	
Less than $25,000	7.12%	83
$25,000 to $49,999	18.10%	211
$50,000 to $99,999	28.82%	336
$100,000 to $149,999	17.41%	203
$149,999 to $200,000	8.49%	99
$200,000 or more	4.55%	53
Prefer not to respond	15.52%	181
	Answered Skipped	1,166 8

Q7: What ZIP code do you primarily live in?

Answer Choices	Responses	
03570	18.2%	210
03584	12.9%	149
03576	11.9%	137
03581	7.3%	84
03598	6.6%	76
03582	5.9%	68
03588	4.6%	53
03561	3.1%	36
03592	3.0%	34
05903	2.9%	33
03583	2.7%	31
05905	2.6%	30
03574	2.5%	29
03590	2.1%	24
03579	1.2%	14
05906	1.2%	14
03593	1.1%	13
03597	0.9%	10
03586	0.7%	8

Q7: What ZIP code do you primarily live in? (cont.)

Answer Choices	Responses	
03580	0.4%	5
03585	0.4%	5
03595	0.4%	5
03838	0.4%	5
05819	0.4%	5
03813	0.3%	4
03771	0.3%	3
04217	0.3%	3
05851	0.3%	3
05855	0.3%	3
05902	0.3%	3
03576	0.2%	2
03740	0.2%	2
03785	0.2%	2
03812	0.2%	2
04773	0.2%	2
05836	0.2%	2
05858	0.2%	2
05904	0.2%	2
03581	0.2%	2
01360	0.1%	1
03251	0.1%	1
03261	0.1%	1
03262	0.1%	1
03285	0.1%	1
03301	0.1%	1
03307	0.1%	1
03461	0.1%	1
03575	0.1%	1
03748	0.1%	1
03774	0.1%	1

Q7: What ZIP code do you primarily live in? (cont.)

Answer Choices	Responses	
03809	0.1%	1
03811	0.1%	1
03814	0.1%	1
03818	0.1%	1
03849	0.1%	1
03854	0.1%	1
03860	0.1%	1
03864	0.1%	1
03875	0.1%	1
03953	0.1%	1
04276	0.1%	1
04964	0.1%	1
05753	0.1%	1
05828	0.1%	1
05832	0.1%	1
05842	0.1%	1
05846	0.1%	1
05907	0.1%	1
18017	0.1%	1
28804	0.1%	1
29405	0.1%	1
29835	0.1%	1
48820	0.1%	1
55118	0.1%	1
	Answered	1,151
	Skipped	23

Q8: Which groups would you consider to have the greatest health needs (rates of illness, trouble accessing healthcare, etc.) In your community? (Please select your top 3 responses if possible)

Answer Choices	Responses	
Older adults (65+)	63.96%	710
Low-income groups	61.89%	687
Residents of rural areas	46.13%	512
Uninsured and underinsured individuals	43.33%	481
Individuals requiring additional healthcare support	41.35%	459
Women	13.78%	153
Children	12.97%	144
Racial and ethnic minority groups	5.77%	64
LGBTQ+	4.23%	47
	Answered	1,110
	Skipped	64

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

- Access to specialty medicine, transportation, access to women based medicine and whole body treatments,
- Specialty providers are hard to access in this area. Waiting for appointments
- Access to transportation, safety to disclose LGBTQ+ information, access to medical staff that stays in this area. I have gotten countless letters informing me that doctors are leaving
- In the North Country the biggest barrier for low income is the need for travel outside of the area for specialty care for cancer treatment, dialysis, cardiac care, trauma hospital care and follow up, etc. this creates a significant financial burden for the patient and their caregivers for travel and many low income patients lack basic transportation as well as the ability to purchase healthy foods to support their recovery and healing nutrition needs.
- Difficulty getting to regular appointments due to inconsistent transportation and difficulty getting to specialist appointments as they tend to be much further away and transportation isn't always available.
- Primary care lack of availability and timeliness. Lack of wellness related programs to prevent escalation of issues. Urgent care availability.

Q9: 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	4	16	55	200	754	1,029	4.64
Cancer	1	9	81	226	712	1,029	4.59
Heart Disease	1	13	110	314	587	1,025	4.44
Alzheimer's and Dementia	1	11	149	275	592	1,028	4.41
Diabetes	2	17	136	325	537	1,017	4.35
Women's Health	9	17	161	298	524	1,009	4.30
Obesity	12	28	159	296	529	1,024	4.27
Stroke	5	20	191	316	488	1,020	4.24
Dental	8	36	182	312	488	1,026	4.20
Lung Disease	6	31	199	324	458	1,018	4.18
Kidney Disease	5	39	220	314	442	1,020	4.13
Liver Disease	6	49	245	301	414	1,015	4.05
Other (please specify)						71	
						Answered	1,037
						Skipped	137

Comments:

- Every one of the above is related to our diets. Food should be treated as medicine.
- Chemical addiction
- Many rural areas are food deserts
- Substance abuse
- pain management
- Chronic pain
- Developmentally disabled
- Education at an early age to exercise, walk, and eat healthy
- Men's mental health balance
- All of these health factors are important -- for our area, access to good primary care and national scale referral to specialists are most important.
- Preventive medicine
- Pediatric care

Q10: Please rate the importance of addressing each community factor on a scale of 1 (Not at all) to 5 (Extremely).

	1	2	3	4	5	Total	Weighted Average
Healthcare: Affordability	5	12	81	207	718	1,023	4.58
Affordable Housing	9	27	81	191	719	1,027	4.54
Access to Senior Services	3	17	104	305	598	1,027	4.44
Healthcare: Types of Services Provided	6	14	130	274	596	1,020	4.41
Healthcare: Location of Services	6	26	139	270	583	1,024	4.37
Healthcare Services: Prevention	7	19	148	325	524	1,023	4.31
Access to Childcare	20	36	151	228	587	1,022	4.30
Employment and Income	9	21	160	321	509	1,020	4.27
Transportation	12	34	160	304	512	1,022	4.24
Access to Healthy Food	7	38	183	315	479	1,022	4.19
Education System	13	33	188	313	474	1,021	4.18
Access to Maternity Care	13	38	210	292	462	1,015	4.13
Community Safety	16	65	217	299	426	1,023	4.03
Access to Exercise/Recreation	24	67	280	280	363	1,014	3.88
Social Connections	28	66	283	335	305	1,017	3.81
Other (please specify)						26	
						Answered	1,037
						Skipped	137

Comments:

- Access to services is difficult living in a more rural community where transportation is underserved.
- Community fun gathering and activities promoting healthy living styles!
- Access to affordable dentist
- Young women need to be educated on cost and time to take care of children
- Our area lacks so many resources. Less if finances are tight.
- Need Handicap bus on weekends.

Q11: Please rate the importance of addressing each behavioral factor in your community on a scale of 1 (Not at all) to 5 (Extremely).

	1	2	3	4	5	Total	Weighted Average
Adult Drug/Substance Use	7	32	129	245	611	1024	4.39
Youth Drug/Substance Use	12	23	126	273	587	1021	4.37
Youth Smoking/Vaping/Tobacco Use	17	40	148	258	548	1011	4.27
Youth Alcohol Use/Excess Drinking	13	53	189	273	495	1023	4.16
Adult Alcohol Use/Excess Drinking	9	53	197	295	475	1029	4.14
Diet	12	29	240	368	374	1023	4.04
Physical Inactivity	13	45	238	377	348	1021	3.98
Adult Smoking/Vaping/Tobacco Use	24	62	261	316	361	1024	3.91
Risky Sexual Behavior	32	102	360	258	256	1008	3.60
Other (please specify)						19	
						Answered Skipped	1,033 141

Comments:

- Isolation
- Support for youth in community service such as Scouts and 4-H.
- Child adolescent risky behavior
- Compulsive Disorders, Developmental and Educational Disabilities
- Need greater emphasis on school sports that are not varsity teams
- Education at a young age about the health detriments of using alcohol, drugs, smoking, risky sex.
- Drugs and Alcohol in adults and children need to be addressed. We have an epidemic of such in the North Country

Q12: Please provide feedback on any actions you've seen taken by the North Country Region Organizations to address the 2022 significant health needs in your community and what additional actions you would like to see.

- I am unaware of any improvements implemented for these community health needs. Of those listed, behavioral health seems to be one of the highest needs, still. More providers are needed in this area to help fill the gap.
- Many people are opting to avoid doctors because of the unknown cost. Also, dental….in this area? So many are not accepting new clients.
- I would love to see AVH expanded to meet the needs of Coos County for all of the patients that have to go to St Johnsbury, Dartmouth, Concord, Portland, even Boston for care. Make AVH a leading NH trauma hospital with cancer treatment given the high rate of cancer in this area. Expand access to mental health treatment and provide beds for patients locally in need -
- Hire medical professionals who work to prevent chronic diseases BEFORE they happen & who treat the entire body, looking to find the cause of issues.
- I think our hospitals are doing their best to provide community health care but that the emphasis is on emergency care rather than prevention.
- Retaining providers
- Tri-Cap's shuttle is great to connect communities to people who have barriers to transportation.
- It's great to have local hospitals and reliable EMS services. Area EMS services may lack resources to assist individuals who exceed the available equipment's weight capacities.
- I'd like to see a senior center in the area to address loneliness, build supportive networks and offer mobility programming to prevent falls (and I think Colonel Town would be a great place for it--they hold a senior workout class).
- I would like to see an endocrinologist who can dispense medication (thyroid medicine) without having to travel across the state to find one!
- Increase telehealth options for behavioral health. Need to support women's health more- maternal mental health provider specific to pregnancy and postpartum, support groups and increased staff hours dedicated to this area. Childcare options for working parents supported by the larger area employers.
- A lot of work done on the drug crisis and prevention
- In home care for seniors to minimize need for nursing home care.
- I believe CCFHS and NCH provide excellent services for the community and are committed to improving it more.

Q13: Social drivers of health (SDoH) are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes. Please select the key social drivers that negatively impact the health of you or your community (please select all that apply):

Answer Choices	Responses	
Housing instability or inadequate housing	64.95%	617
Poverty	58.84%	559
Limited access to healthcare services	56.63%	538
Lack of transportation	56.63%	538
Lack of affordable childcare	56.11%	533
Social isolation	45.58%	433
Unemployment or unstable employment	43.68%	415
Limited access to healthy food	41.16%	391
Limited access to quality education	23.79%	226
Public safety concerns	15.26%	145
Limited access to utility services	12.74%	121
Racial and cultural disparities	9.47%	90
Other (please specify)	7.05%	67
	Answered	950
	Skipped	224

Comments:

- Limited access to knowledge of healthy eating
- Limited mental health support
- Stigma/Discrimination
- Livable wages
- Cultural disconnect. Less looking out/helping out neighbors routinely and diminished sense of community. Loss of volunteers. High property taxes.
- Unaddressed mental health needs
- Affordable Housing is a Huge need. Also, Case Managers or Case Workers who can actually go and contact their assigned cases.eirt
- Loss of woman's healthcare doctor

Q14: What barriers keep you or anyone in your household from receiving routine healthcare? (Please select all that apply)

Answer Choices	Responses	
I have no barriers to receiving routine healthcare	45.89%	430
Cost of healthcare	30.31%	284
No insurance/high deductible	21.77%	204
Healthcare locations are inconvenient	19.85%	186
Healthcare hours of operation are inconvenient	18.89%	177
Cannot take off work	14.94%	140
Lack of transportation	11.10%	104
Lack of childcare	4.27%	40
I do not understand how to find healthcare resources	2.77%	26
Other	13.13%	123
	Answered	937
	Skipped	237

Comments

- Unavailability of needed services- mental health counselors
- Timely appointments with PCP. 5-6 months lead time for an annual visit.
- Lack of trust in the knowledge of available providers.
- Delays in getting appointments
- Not eligible for help due to set income guidelines.
- Lack of providers taking new patients
- Lack of available appointments due to staffing shortages
- Limited ability to see a physician PCP in a timely manner
- Not having a ride for procedures that require a pick up, plus requirement can't be public transit
- Lack of stable primary care
- We dread the day that health insurance will cost too much
- Inability to find good mental health care and waiting periods to get in

Q15: What facility(s) do you primarily seek healthcare services at? (Please select all that apply)

Answer Choices	Responses	
Weeks Medical Center	57.88%	562
Androscoggin Valley Hospital	35.74%	347
Coös County Family Health Services	30.69%	298
Dartmouth-Hitchcock Medical Center	26.06%	253
Littleton Regional Healthcare	24.61%	239
Upper Connecticut Valley Hospital	19.36%	188
Memorial Hospital	2.88%	28
Northeastern Vermont Regional Hospital	1.96%	19
Alice Peck Day Memorial Hospital	0.82%	8
Speare Memorial Hospital	0.72%	7
Cottage Hospital	0.62%	6
Other	11.02%	107
	Answered	971
	Skipped	203

Q16: What additional services / offerings would you like to see available in the Huron Area? (select all that apply)

Answer Choices	Responses	
Additional Primary Care Availability	55.77%	517
Mental Health Care	52.10%	483
Urgent Care / Walk-In / Extended Hours	47.79%	443
Cancer Care	34.95%	324
Dermatology	33.23%	308
Ophthalmology	27.62%	256
Substance Abuse Treatment	27.18%	252
Rheumatology	27.08%	251
Endocrinology	24.81%	230
Women's Health	24.70%	229
Cardiology	24.16%	224
Health Prevention / Education Programs	20.71%	192
Gastroenterology	17.80%	165
Telehealth / Virtual Care	17.48%	162
Bariatric	16.83%	156
Audiology	15.75%	146
Orthopedics	14.46%	134
Neurology	13.92%	129
General Surgery	13.27%	123
Pediatrics	13.05%	121
Reproductive Health	12.62%	117
Nephrology	12.30%	114
Pulmonology	11.54%	107
Urology	7.87%	73
Plastic Surgery	4.21%	39
Other (please specify)	7.23%	67
	Answered	927
	Skipped	247

Comments

- Walk in hours for routine physicals
- Women's Whole Health
- In home medical visits, multidisciplinary patient care
- An Urgent Care/Walk-In would be a crucial addition to the region
- Housing for dementia and Alzheimer's assisted living and progressive care

Q17: Where do you get most of your health information? (Check all that apply)

Answer Choices	Responses	
Doctor/Health Care Provider	88.97%	863
Website/Internet	54.02%	524
Hospital	24.95%	242
Family or Friends	18.25%	177
Workplace	16.08%	156
Newspaper/Magazine	10.00%	97
Word of Mouth	9.90%	96
Social Media	8.87%	86
School/College	5.98%	58
Television	5.05%	49
Radio	0.82%	8
Other (please specify)	7.01%	68
	Answered	970
	Skipped	204

Comments:

- Through CEU information, nursing magazines, legit websites
- Workplace: Foundation for Healthy Communities/Hew Hampshire Hospital Association
- Credible medical sources
- doing research
- Community partners, conferences
- Literature
- credible, science-based research
- Friends in the field
- NCH and the affiliates within.
- Mayo Clinic
- library
- Medical Journals
- I am a healthcare provider. I gratefully am able to do my own research and advocate for myself and my family