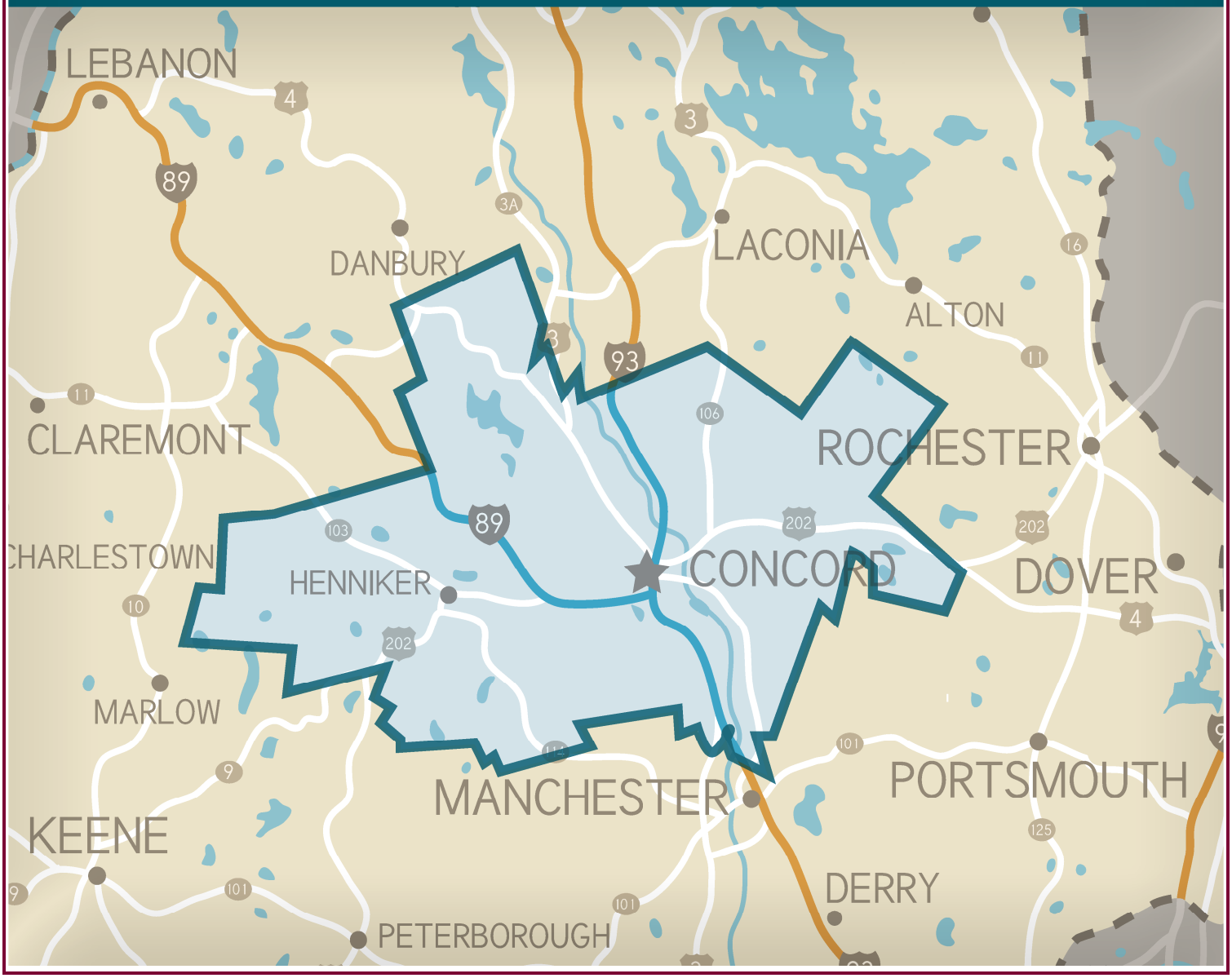
CONCORD HOSPITAL

2018 Capital Region Health Needs Assessment

CONDUCTED BY CONCORD HOSPITAL



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Introduction

Every three years Concord Hospital leads an assessment of the health needs of community members, as well as of the available resources to address those needs. The resulting Capital Region Health Needs Assessment is used as a blueprint over the succeeding three years to develop or support programs and services aimed at fulfilling the identified needs.

Organizational Overview

The Mission

Concord Hospital is a charitable organization, which exists to meet the health needs of individuals within the communities it serves.

It is the established policy of Concord Hospital to provide services on the sole basis of the medical necessity of such services as determined by the medical staff without reference to race, color, ethnicity, national origin, sexual orientation, marital status, religion, age, gender, disability or inability to pay for such services.

Hospital Profile

Our campus is 114 acres of which 29 are in conservation easement. The buildings on campus include the Payson Center for Cancer Care, Granite Ledges of Concord, HealthSouth Rehabilitation Hospital, Memorial Medical Office Building, Pillsbury Medical Office Building, Concord Hospital Family Health Center - Concord, Concord Orthopaedics Professional Association, CRVNA Hospice House and The Learning Center. Off-campus locations include Concord Hospital Medical Offices North, Concord Hospital Medical Offices East, Concord Hospital Medical Offices at Horseshoe Pond and 49 South Main Street. Concord Hospital is a regional acute care, health system with five centers of excellence:

- Center for Cardiac Care
- Center for Urologic Care
- Payson Center for Cancer Care
- The Orthopaedic Institute
- Women's Health Services
- 295 licensed beds and 238 staffed beds
- 20,873 total admissions in fiscal year 2018

Several methodologies were combined to develop a comprehensive and prioritized list of current community needs. The resulting prioritized list of community needs fall into three categories: Affordable Health Care, Mental Health and Substance Misuse, and Healthy Behaviors, Socioeconomic and Environmental Factors. The breadth of the categories of needs allows Concord Hospital to continue (or possibly expand) successful existing programs and to develop innovative approaches to possibly addressing multiple needs simultaneously. The list of the top needs categories and more detailed opportunities for improvement are shown below.

2018 Prioritized Community Needs	
Rank	Health Need
1	**Access to Affordable Health Care** • Chronic disease prevention and care – especially for special populations – low income people, seniors, veterans, New Americans, others • Access to financial information or resources to make care (including prescription medications) more affordable • Access to medical care: Shorter wait times to see a provider; improved transportation to go to appointments • Improved access to dental care • Integrated mental health and medical / physical care • Need for more integration, care coordination, navigation, and education
2	**Mental Health and Substance Misuse** • Mental health prevalence among the Medicare population represent specific higher-level needs • Prevention, screening, and early intervention efforts • Mental health services – outpatient, psychiatric, inpatient – for youth, higher-risk adults, seniors, and New Americans • Crisis services to address co-occurring medical and mental health conditions • Youth mental health education, stigma, early intervention services • Substance misuse treatment and intervention for veterans, patients prescribed pain medication, and others • Opioid intervention, crisis care, and treatment
3	**Healthy Behaviors, Socioeconomic and Environmental Factors** • Obesity, physical inactivity, and nutrition (e.g., food selection and dietary choices) are among root causes of chronic disease and all pose challenges to the service area • Cancer is the leading cause of death in the area; overall incidence rates are similar to the New Hampshire state average. However, incidence rates for many site-specific cancers are slightly above the state average • Incidence of people diagnosed with heart disease, high blood pressure, and high cholesterol are lower than the New Hampshire average • Environmental and healthy lifestyle issues are generally good in the service area; however, there may be elevated risks from radon for a portion of the community • Neighborhoods in which the Social Vulnerability Index (SVI)[1] is high may benefit from more intentional outreach and access to care (i.e., the Capital Region area south of I-393 and east of the river) • Rates of physical health Ambulatory Care Sensitive Condition[2] hospital and Emergency

[1] Social Vulnerability Index uses U.S. census variables at tract level to identify. It is a measure based on the synthesis of 42 socioeconomic, demographic and built environment variables.

2018 Prioritized Community Needs
Department use remains high for the five top chronic disease conditions: diabetes, heart failure, chronic obstructive pulmonary disease, hypertension, asthma. • There is increasing complexity of the population due to aging, increasing behavioral health, chronic disease prevalence, social challenges and substance misuse issues.

Access to care is an often-mentioned service opportunity in many communities. When considering "access to care," it is helpful to discuss the topic in greater granularity. "Access" includes five stages:

1. Capacity (i.e., the providers exist within the service area to address particular healthcare needs).
2. Awareness (e.g., health literacy and knowledge among residents regarding where to go if they need care or have health-related questions).
3. Mobility (e.g., patients have the ability to physically get to service provider locations).
4. Practical aspects such as available hours of operation, the ability to afford care, and similar matters.
5. Motivation (e.g., patients' ability to be inclined or motivated to use healthcare services or seek information).

The Capital Region CHNA methodology addressed each key component as follows:

1. Capacity: Identified and quantified in the Key Data section of the research.
2. Awareness: Characterized in-depth with the telephone survey, online (i.e., Survey Monkey®) surveys, and other modalities. The Mobile Health Study also discusses cultural and health system literacy.
3. Mobility: Transportation challenges were identified throughout all methodologies but most specifically in Mobile Health Study.
4. Operational/practical: This was a focus of the telephone survey, some of the online surveys (particularly with employers), the Mobile Health Study, and stakeholder interviews.
5. Motivation: A primary focus of phone survey very explicitly.

[2] Ambulatory Care Sensitive Conditions (ACS). "[ACS] are conditions for which good outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease." *www.ahrq.org*

Capital Region Health Needs Assessment Framework

How To Use This Study

This study provides information about the approach and findings from the Capital Region Community Health Needs Assessment (CHNA) . It includes a comprehensive review of health data and community input on issues relevant to community health in the Greater Concord area the hospital serves. The assessment covers a wide range of topics and with community input helps to foster on-going community discussion. We invite the reader to investigate and use the information in this report to help move toward solutions, the creation of goals and the implementation of activities leading to improved community health.

The Affordable Care Act requires non-profit hospitals to conduct a Community Health Needs Assessment (CHNA) every three years. The objectives of the CHNA are to help focus hospital outreach and community engagement in order to better meet the needs of the service area. In order to meet these objectives, there are several requirements. To conduct a CHNA, a hospital facility must:

- Define the community served
- Assess the community's health needs
    - Take into account input from persons representing the broad interests of its community
    - Include those with special knowledge of or expertise in public health
- Identify and prioritize health needs
- Document the CHNA
    - Create a written report
    - Adopted by an authorized body of the hospital facility
- Make the CHNA report widely available to the public
- Develop and adopt an implementation plan to address priority needs

Capital Region Community Health Needs Assessment Advisory Workgroup

The Capital Region Health Needs Assessment included an expansive and highly diverse group of individuals who participated in its CHNA Large Advisory Workgroup and contributed guidance. Each member provided project insight, feedback regarding perceptions of area health needs, data evaluation, and other guidance during the CHNA process. These individuals had a breadth of community health vision, knowledge, and power to impact the well-being of the service area. CHNA Large Advisory Workgroup members include the following:

Last Name	First Name	Title	Organization
Andrus	Dan	Chief, Concord Fire Department	City of Concord
Bresaw	Shannon	Vice President of Public Health	Granite United Way
Clark, MD	Paul	Chief Medical Information Officer	Concord Hospital
Dearborn	Jennifer	Director, Public Affairs	Concord Hospital
Doremus	Jim	Chief Executive Officer	Concord YMCA
Evers	Peter	President and CEO	Riverbend Community Mental Health, Inc.
Finn	Patricia	Clinical Director, Family Health Center	Concord Hospital
Geffken, MD	Dominic	Faculty, NH Dartmouth Family Medicine Residency	Concord Hospital
Haley	Joni	Manager, Behavioral Health, Family Health Center	Concord Hospital

Last Name	First Name	Title	Organization
Hoffman, MD	Elizabeth	Physician, Emergency Department	Concord Hospital
Lindpaintner, MD	Lyn	Medical Director, Eldercare Services	Concord Hospital
Marchildon	Amy	Director, Services for New Americans	Ascentria Care Alliance
Maxwell	Rachel	Area Director, Merrimack County	Granite United Way
Moyer	Janet	Director, Hospitality and Volunteer Services	Concord Hospital
Mumford	Chris	Chief Operating Officer	Riverbend Community Mental Health, Inc.
Phelan, DO	Doug	Family Medicine Residency Program	Concord Hospital
Telgener	Johane	Director, Center for Health Promotion	Concord Hospital
Totten	Keliane	Vice President of Community Engagement	Concord Regional VNA
Vanderlinde, MD	Tanja	Physician Advisor, Population Health	Concord Hospital
Whitney-Gill	Gwen	Integrated Case Manager	Concord Hospital
Wnuk	Susan	Director, Community, Health & Nutrition Services	Community Action Program Belknap and Merrimack Counties, Inc.

In addition, a broad array of community service organizations were recruited to participate in the CHNA process as part of the Small Advisory Workgroup. This group provided more detailed information and guidance regarding community-based services and needs. They were also able to help inform discussions regarding ways that diverse organizations can collaborate to meet high priority community health needs. Small Advisory Workgroup members include the following:

Last	First	Title	Organization
Doremus	Jim	Chief Executive Officer	Concord YMCA
Evers	Peter	President and CEO	Riverbend Community Mental Health, Inc.
Geffken, MD	Dominic	Faculty, NH Dartmouth Family Medicine Residency	Concord Hospital
Haley	Joni	Manager, Behavioral Health, Family Health Center	Concord Hospital
Hoffman, MD	Elizabeth	Physician, Emergency Department	Concord Hospital
Maxwell	Rachel	Area Director, Merrimack County	Granite United Way
Mumford	Chris	Chief Operating Officer	Riverbend Community Mental Health, Inc.
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Timeline of Activities

As noted above, the Capital Region CHNA process included a diverse set of activities. The initial CHNA work grew out of the 2017 Mobile Health Study. Subsequent activities expanded the depth and inclusivity of research activities. Concord Hospital took a deliberative and expansive approach to conducting research that has been folded into the CHNA process. However, the research was used to support ongoing initiatives throughout 2018, while dovetailing with the CHNA and setting the stage for ongoing community outreach and Implementation Plan activities. Research milestones include the following:

- **December 2017:** Mobile Health Study completed and serves as foundation and launch point for CHNA
- **April 2018:** 2018 Capital Region Health Needs Assessment Workgroup reviews and discusses Mobile Health Study and affirms using this as the starting point for the CHNA
- **June 2018:** Smaller Data Workgroup convened to help identify gaps in research, prioritize and guide additional work for Capital Region CHNA leadership
- **June-Sept 2018:** Work plan developed and implemented by Capital Region CHNA leadership
- **October 2018:** Smaller Data Workgroup input on data findings to support development of CHNA Report and Implementation plan
- **November 2018:** Present initial draft of CHNA Report to 2018 Capital Regional Health Needs Assessment Workgroup and posted for public comment
- **December 2018:** CHNA leadership present final report to Concord Hospital Board
- **January 2019:** Concord Hospital submission of CHNA Report to State and posted to Concord Hospital website
- **February 2019:** Adoption of Implementation Plan

Implementation Plan activities developed by Concord Hospital by early 2019 will support current, ongoing initiatives, as well as focus additional efforts to efficiently and effectively serve the community.

Methodology Components

The Capital Region Community Health Needs Assessment (CHNA) methodology includes a combination of quantitative and qualitative research methods designed to evaluate perspectives and opinions of area stakeholders and healthcare consumers – including those from vulnerable populations. The methodology that was used helped prioritize the needs and establish a basis for continued community engagement – in addition to simply developing a broad, community-based list of needs.

The major sections of the methodology include the following:

- **Description of the community served (map)**
- **Mobile Health Study** - The 2017-2018 Mobile Health study integrated several research modalities in order to establish a full understanding of access to care and related service issues. As such, the study identified a large breadth of data that dovetailed with the CHNA. Component research modalities include the following:
    - Literary review and research of mobile health strategies and effectiveness of various interventions
    - Data analysis from Concord Hospital
    - Stakeholder interviews (N=29)
    - Focus group sessions with seniors (including low-income), New Americans, employers, schools (N=7)
- **Key Data Analysis** - Following the Mobile Health Study, Concord Hospital conducted several other work initiatives in which data was collected and analyzed on the following segments:
    - Community Demographic Profile
    - Patient Profile and Service Use
    - Health Status
    - Youth Health
    - Community Health Profile
        - Capacity
        - Quality of Life
    - Vulnerable Populations
        - Seniors
        - Low income people (all age groups)
        - Veterans
        - New Americans (this definition includes refugees and immigrants)
        - Those with disabilities
    - Chronic Disease Prevalence
- **Targeted Group Surveys**
- **Market Days Survey Card**
- **Stakeholder Interviews**
- **Concord Hospital Internal and External Web-based Surveys**
- **Telephone Survey of 300 service area residents**

Following a review of the methodology and results of each research modality, a summary of results is presented, which forms the basis for final prioritization. The final prioritization table includes three categories (or, "domains") of needs along with detailed, higher-priority needs for each.

Capital Region Health Needs Assessment Research Results

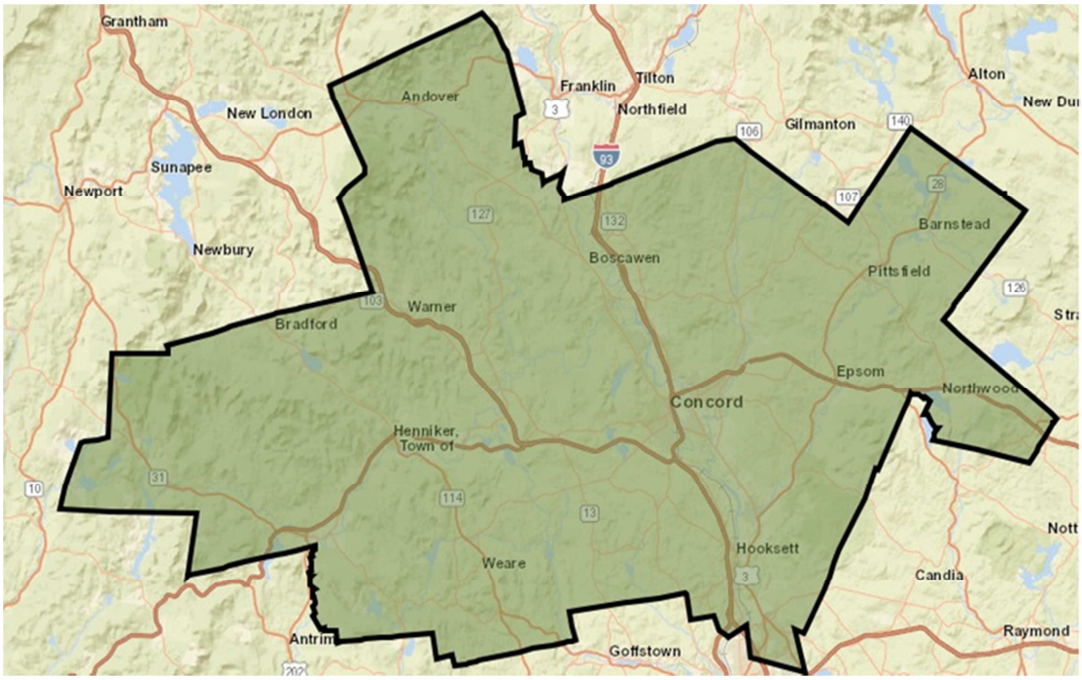
Description of the Community Served

The community served can be defined in several ways. The Capital Region CHNA describes the community in terms of geography, demographics, and health and lifestyle measures. The following section provides details regarding boundaries of the primary service, as well as the data that reflects the fabric of the population.

Community List and Map

The service area has a population of 137,884 and includes a wide area around the Capital Region, as far south as Hooksett. The list of towns and cities in the service area are shown to the right and listed below.

Allenstown	Andover
Barnstead	Boscawen
Bow	Bradford
Canterbury	Center Barnstead
Chichester	Concord
Deering	Dunbarton
Epsom	Henniker
Hillsborough	Hooksett
Hopkinton	Loudon
Northwood	Pembroke
Penacook	Pittsfield
Salisbury	Suncook
Warner	Washington
Weare	Webster
Windsor	



Mobile Health Study

Methodology

Results of the 2015 Capital Region Needs Assessment indicated that higher-priority needs included affordable access to primary care, dental and mental health and substance misuse services (especially among vulnerable populations such as refugees, the homeless, low income, and low-income seniors). During the research, suggested drivers of, and barriers to, meeting the needs included transportation, health literacy, and cost and availability of medical, dental and behavioral health providers.

To better serve the population, address unmet needs, and achieve meaningful outcomes in Capital Region Health Care's (CRHC) population health measures, a multidisciplinary workgroup was organized to follow the Needs Assessment. Initially, important and successful interventions were already underway to improve access to behavioral health and substance misuse and to address the primary care workforce in the region. To overcome the transportation challenge, the group considered a mobile van, mobile clinic, and/or a broadly defined set of mobile services as potential solutions to mitigate these barriers. To pursue the goal of further identifying related challenges, the Mobile Health Study was conducted in 2017.

The Mobile Health Study included a broad range of research approaches – all designed to provide an insightful and comprehensive perspective of core issues impacting high-priority CRHC needs. The research also formed the foundation for the 2018 CHNA. Component research approaches include the following:

- Literary review and research of mobile health strategies and effectiveness of various interventions
- Data analysis from Concord Hospital:
    - Admissions, ambulatory care sensitive condition rates for admissions and ED
    - Primary and specialty care practice information including visit counts by clinician type, no show rates and reimbursement
    - Risk stratification for the population (that is, identifying individuals at higher or emerging risk for hospitalization and emergency services)
    - Healthcare access data
- Stakeholder interviews (29)
- Focus group sessions
    - Seniors (3)
    - New Americans (2)
    - Employers (1)
    - Schools (1)

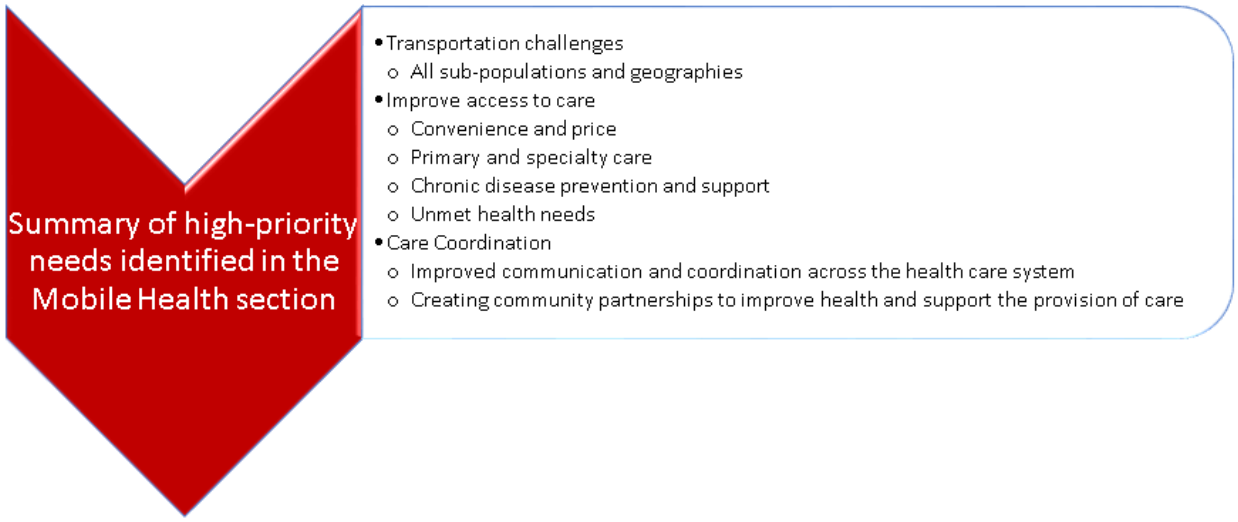
Results and Priority Needs

The Mobile Health Study culminated with the development of a list of approximately 15 research conclusions and a solid set of four prioritized interventions.

Research Conclusions	Prioritized Interventions
1. Community-based mobile health services will help to overcome transportation, mobility, language and communication barriers. Diverse mobile health strategies, customized to the sub-population and their specific needs and leveraging existing community partnership networks, are essential. 2. Capital Region Health Care (CRHC) will need to develop a multi-strategy framework for Non-Emergent Medical Transportation (NEMT) and Patient-Centered Transportation. 3. There is a need to broaden the range of services offered at existing, remote office locations to minimize travel and expense to the main campus. 4. Expansion of community-based services, targeting the Heights/Loudon Road area, where there is a high concentration of New Americans. 5. There is a need to consider mobile health strategies as part of the broader primary care planning as a potential set of strategies to improve access and/or "decant" practice-based volume. 6. Mobile health may draw in new individuals to CRHC by extending its reach to individuals that would be hindered in accessing services on the main campus or satellite offices. 7. There is sufficient market demand across the communities and each of the existing practices, to support further evaluation of mobile health strategies. 8. Utilization of community partners will be important as mobile health strategies are considered. 9. Newly introduced models in the CRHC region for homeless, substance misuse and behavioral health shed light on the potential for other community-based services. 10. Exploring opportunities to expand partnership with Concord Regional Visiting Nurse Association (CRVNA) to deliver mobile health services needs to be considered to avoid duplication of services. 11. Employers are most interested in partnering with CRHC to expand access to health care through innovative strategies that improve convenience, improve productivity and address presenteeism. 12. Mobile health strategies should consider an array of options that would seek to address all levels of access including routine, chronic and urgent care services. 13. Evaluation of opportunities to partner with and deliver additional care services in target school districts. 14. There is little bandwidth in the short term for new IT and clinical initiatives, so careful prioritization of any mobile health activities will be required. 15. Understanding the current utilization and impact of payer directed telehealth services in the employer and CHMG patient populations will be important in gaining a better understanding of payer collaborative opportunities.	1. Home-based clinician primary care visits provided by an Advanced Registered Nurse Practitioner (ARNP) or Physician Assistant (PA) with a mobile health backpack in partnership with Concord Regional Visiting Nurse Association (CRVNA) services (target populations: complex/seniors); 2. Community medical team using community buildings to deliver primary and urgent care services. Staffing model is based on a broader multi-disciplinary team including an ARNP, part-time physician, care manager or nurse navigator and community health worker. (target populations: seniors, New Americans). 3. Mobile van fully equipped to provide primary and urgent care services. Staffed with a multi-disciplinary team including an ARNP, part-time physician, care manager and community health worker (target population: employers). 4. Remote patient monitoring (RPM) using mobile medical devices and technology to enable monitoring of patients outside of conventional clinical settings, such as at home. RPM requires RN monitoring. (target populations: seniors, employers).

The Executive Summary of the 2017 Mobile Health Study provides more detailed insight to the approach and results of the work. Note though, that the Study was initiated in response to the 2015 CHNA and provide seminal information and direction for the current 2018 CHNA.

Summary highlights from each methodological section will be presented in a highlighted form and then aggregated in the research prioritization section. Summary highlights from the Mobile Health Study section are shown below.



Additional methodological steps used to build off of the Mobile Health Study foundation – methods and results – follow.

Key Data Analysis

Methodology

Data sets are vital to ensuring an analytic focus and provide an important foundation for objective study. The factors that impact health, and therefore health needs in a population, are varied and multifactorial. A diverse array of data is therefore required to adequately draw conclusions about the community's health needs. As important as access to primary care, insurance, and prescriptions are to one's health, so are food security, personal safety and environmental conditions. To collect and analyze the data, the Capital Region CHNA relied on numerous external datasets including NH Health WISDOM, Centers for Disease Control and Prevention (CDC), New Hampshire HealthWRQS, Community Commons[3], County Health Rankings[4], NH Public Health Data, MapNH Health, and other state demographic and health related datasets. Concord also used internal data resources and reports, as well as external reports providing a deeper dive on the current state of oral health, aging, equity, youth, economic status, disability, veterans, insurance coverage, housing, environmental concerns and long-term services and supports.

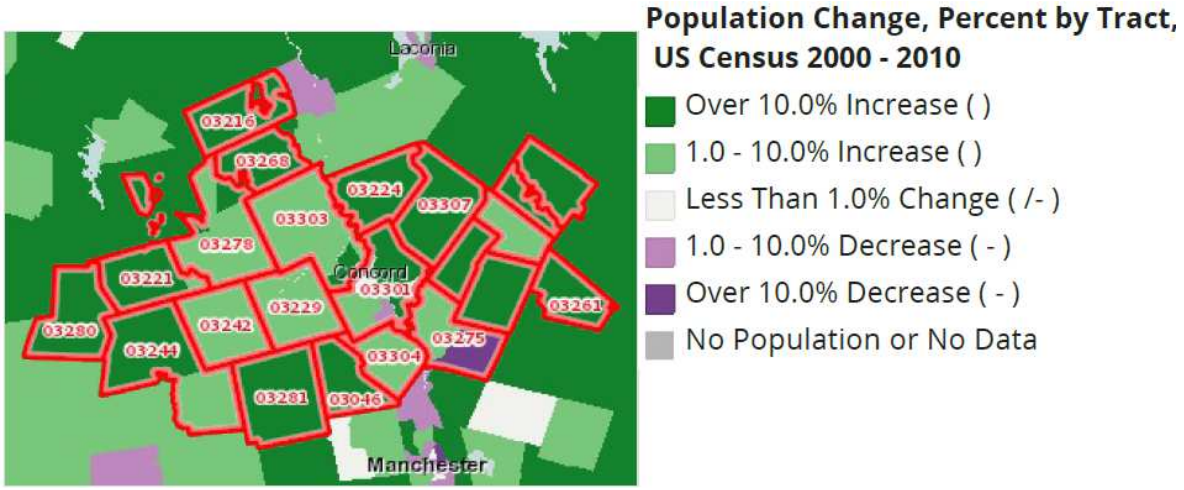
Results and Priority Needs

Community Demographic Profile and Other Secondary Research Highlights

Total Population and Growth

A total of 137,884 people live in the 910.40 square mile report area defined for this assessment according to the U.S. Census Bureau American Community Survey 2012-16 5-year estimates. The population density for this area, estimated at 148.77 persons per square mile, is greater than the national average population density of 90.19 persons per square mile.

The Capital Region service area experienced a 8.49% population increase from 2000 to 2010 – a rate higher than any other single New Hampshire county. The rate is expected to plateau; however, there will be a substantial shift in population to the Medicare age group. Neighborhoods in the eastern (especially northeastern) service area quadrant showed the greatest increase.

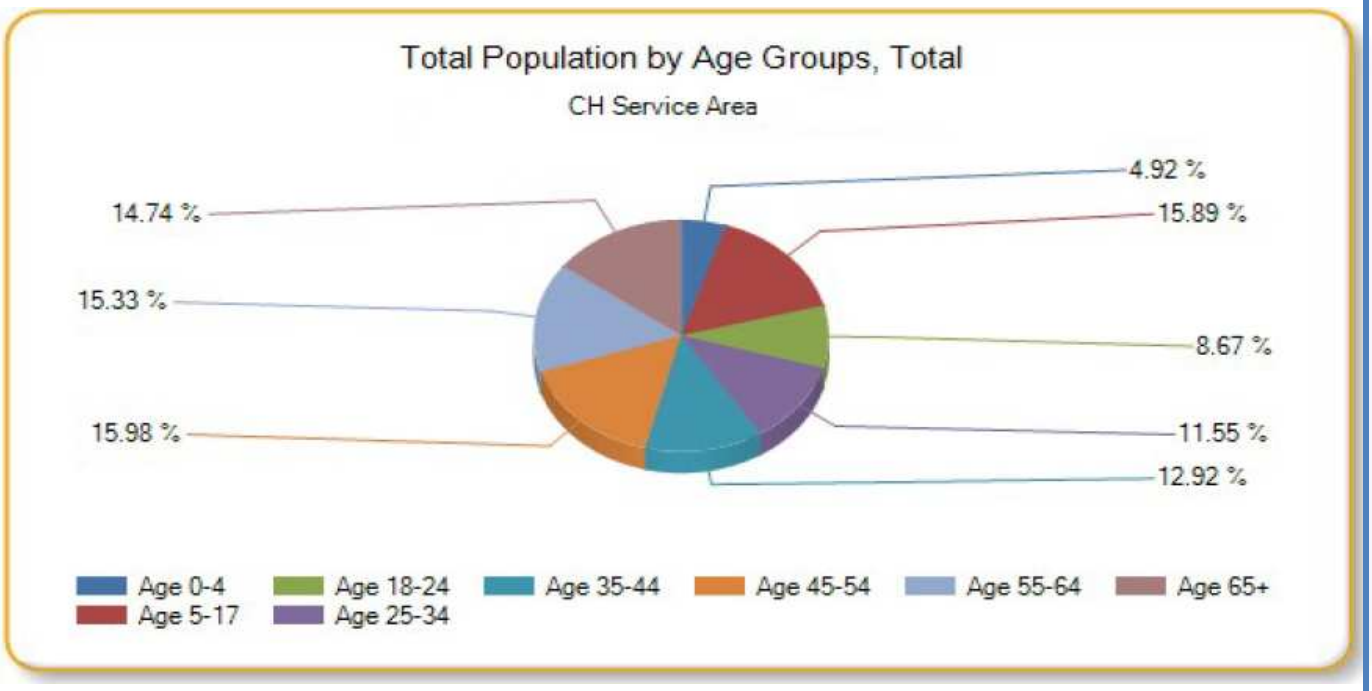


[3] Community Commons is a web site tool built to assist hospitals and organizations seeking to better understand the needs and assets of their communities as well as collaborate to make measurable improvements in community health and well-being (see https://www.communitycommons.org/). Community Commons draws data from numerous sources that have been used to create the findings found in this report. A list of data sources used may be found in the appendices.

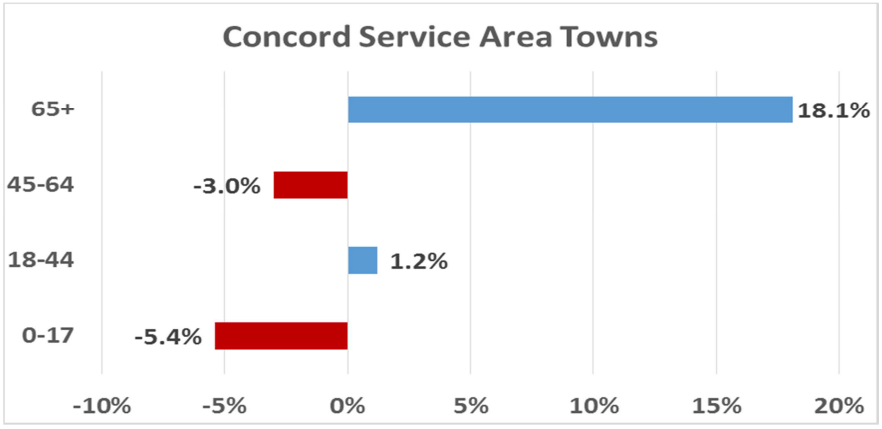
[4] The County Health Rankings provide a snapshot of a community's health and a starting point for investigating and discussing ways to improve health. www.countyhealthrankings.org.

Population by Age Group and Trends

Nearly two of five people in the Capital Region Service Area are either under age 18 (20.81%) or over age 65 (14.74%). These tend to be the higher-use age groups for healthcare services.



As noted above, total population is expected to plateau over the next few years, but there will be a shift to larger numbers of older patients.

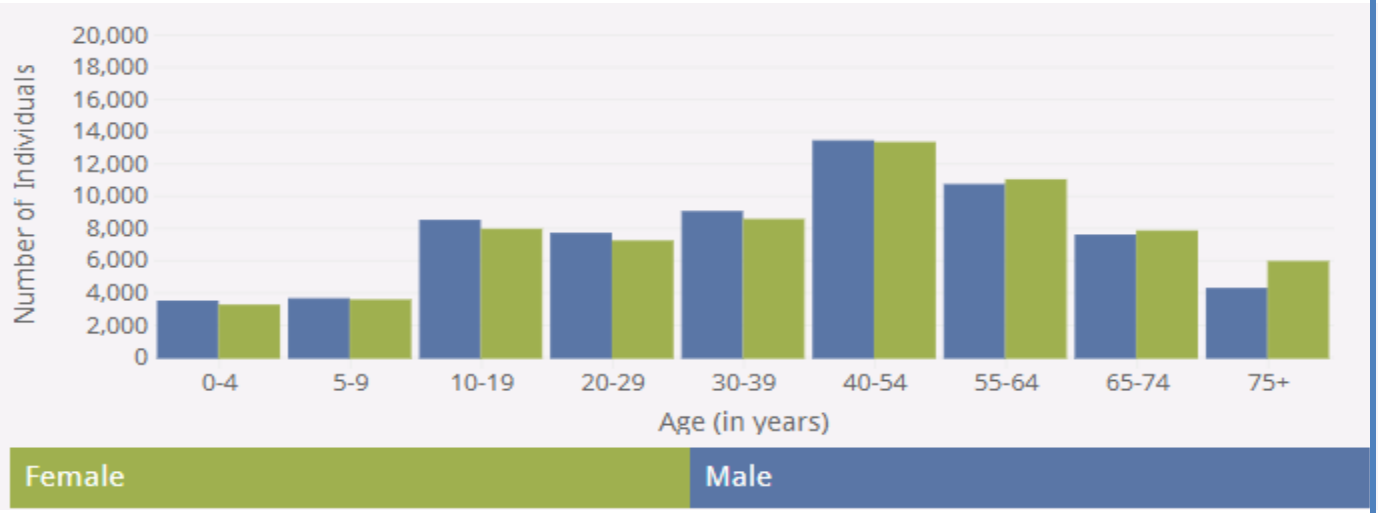


- 65+ age group currently represents 16% of our service area population and 25% of our practice patients, which will increase to 30% by 2022.
- The growth in the elderly population will impact the demand for and type of healthcare services needed.

According to MapNH Health, "over the next 15 to 20-year period, many regions in New Hampshire will experience demographic changes that will create distinct sets of challenges for health systems and

communities. These changes have many implications on health and related services, but planning now can have a positive impact on our health future as a state."[5]

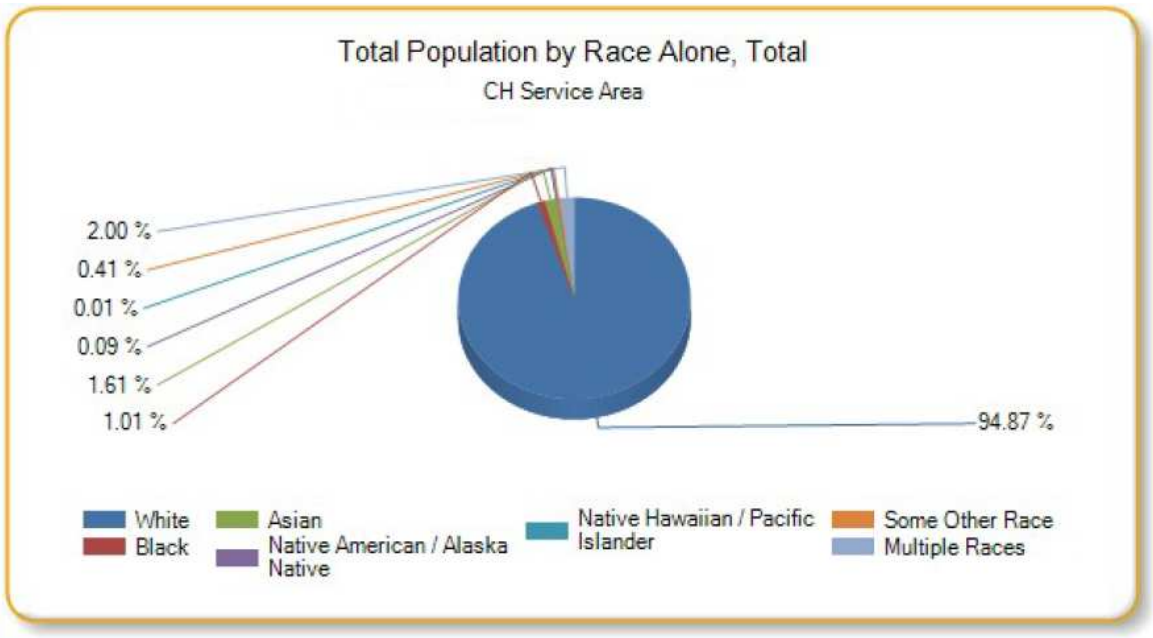
By 2020, there are expected to be between 45,000 and 50,000 residents age 40 and above in the Concord Hospital Health Service Area



- At most age groups, there are similar numbers of males and female; however, in one of the highest health needs per capita age groups (age 75 and above), there are notably more females than males.

Ethnicity

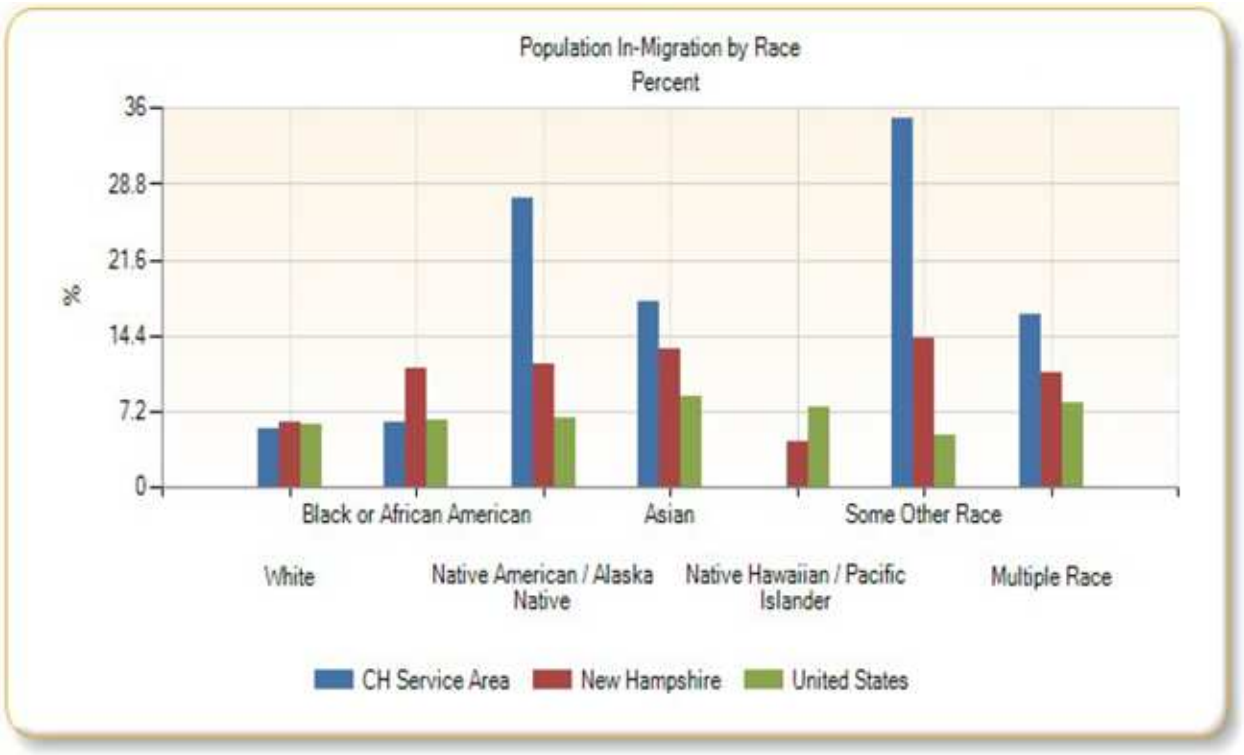
The Capital Region Service Area is largely Caucasian, as nearly 95% of the population is white.



- There is a limited percent of minorities, yet minorities are comprising a growing portion of new residents.

[5] MapNH Health; New Hampshire Citizens Health Initiative. Available at https://www.mapnhhealth.org/health-map?map=hsa&region=null&ind=2642&year=2020 .

The Population In-Migration indicator describes the race or ethnicity of people new to the area within a one-year period. Of the 134,286 persons residing in the report area, an estimated 6.1% relocated to the area, according to the latest American Community Survey 5-year estimates.[6]



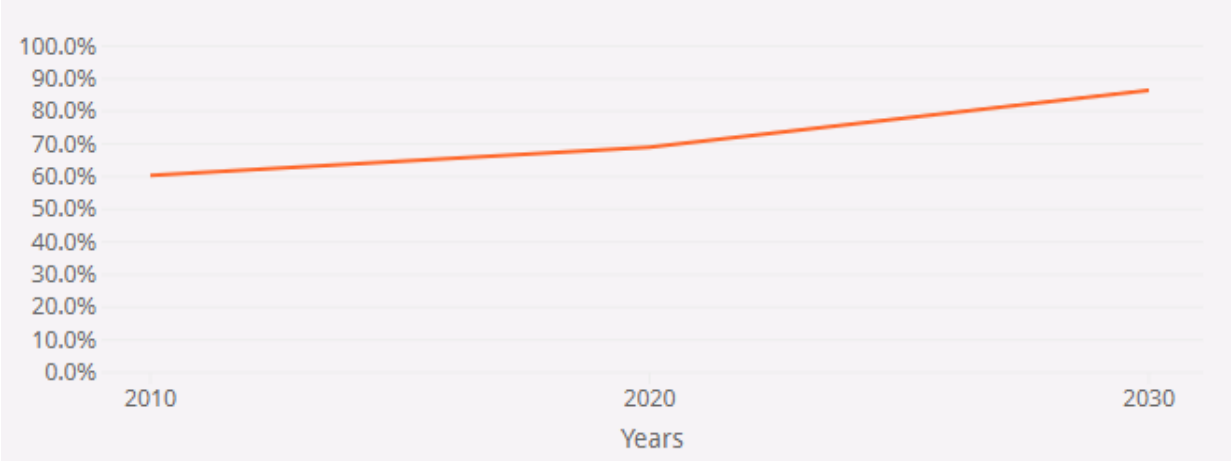
- Over 27% of the roughly 8,100 in-migration service area residents indicate that they are American Indian / Native Alaskan; 35% are some other race.

[6] Persons who moved to a new household from outside of their current county of residence, from outside their state of residence, or from abroad are considered part of the in-migrated population. Persons who moved to a new household from a different household within their current county of residence are not included.

Population Age Ratio

The following graph shows the ratio of people commonly out of the workforce (i.e., people younger than 20 and older than 64) to the working-age population – displayed as a percentage.[7]

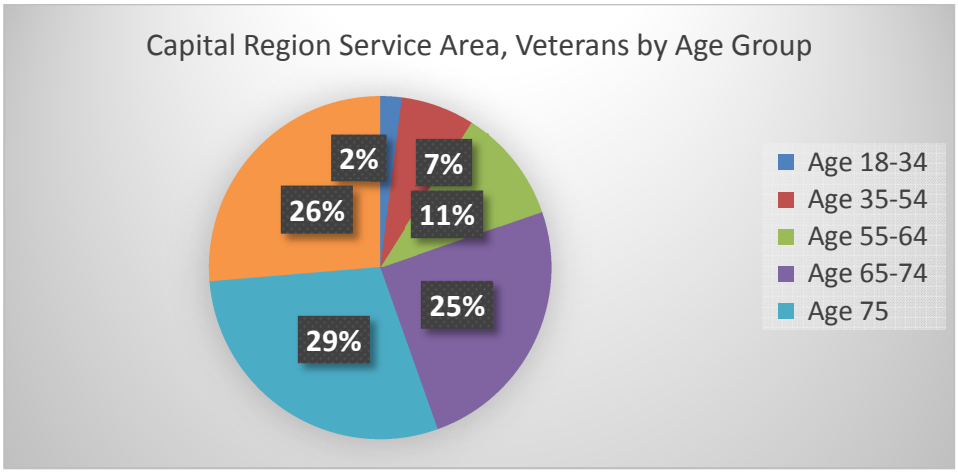
The ratio of people "not in the workforce" to "the percent of people in the workforce" is expected to increase over the next ten years – further straining the healthcare system.



- As the trend line increases, the relative percent of children and seniors (age groups that generally rely more on health care services) increases, as well – indicating a potential long-term increase in healthcare needs.
- "As the working age population decreases, the population dependency ratio increases. In general, a ratio of 80% is considered 'sustainable'; higher ratios indicate potential challenges to ensuring an adequate workforce population."[8]

Veteran Population

More than one in ten adults in the Capital Region Service Area is a veteran.



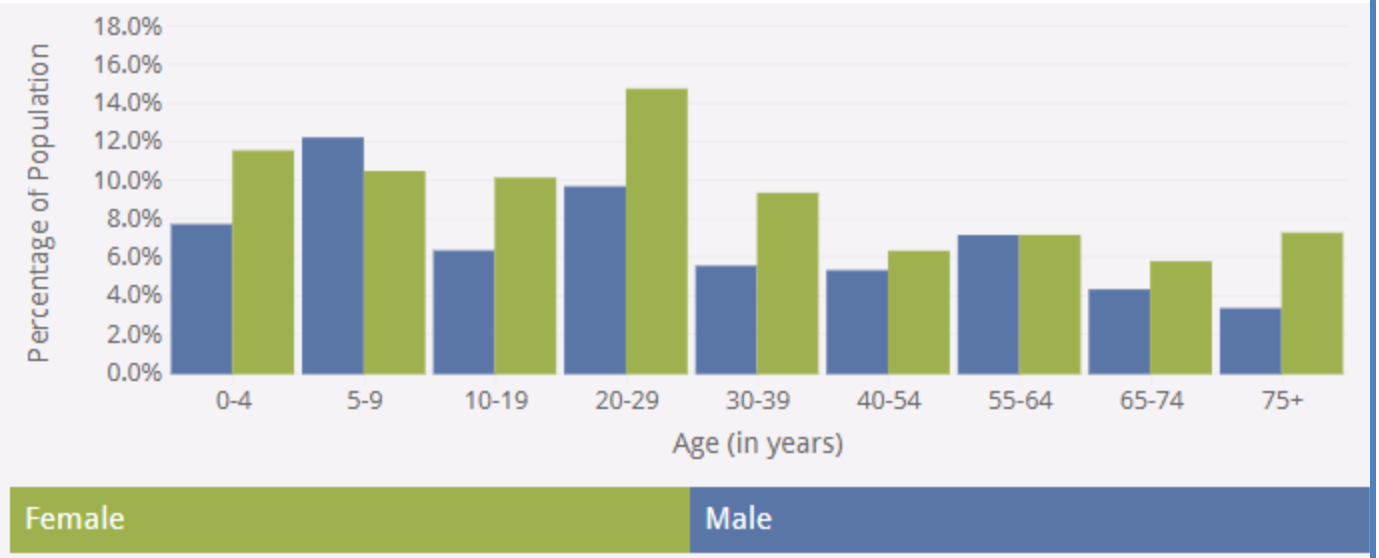
- More than half of area veterans are age 65 or older.[9]

[7] MapNH Health; New Hampshire Citizens Health Initiative. Available at https://www.mapnhhealth.org/health-map?map=hsa&region=null&ind=2642&year=2020 .
[8] Ibid.

Poverty

Poverty (defined as those living below 200% of the federal poverty level set by the U.S. Census Bureau) is a leading social determinant of health indicator. For people living in poverty, access to services that support healthy behavior is often limited. Poverty projections can help inform efforts in planning for a wide array of social services and economic resources. The graphs below depict the percentage of the population living in poverty.

Poverty rates in the Capital Region Service Area are highest among children under age 10 and among young adults age 20-29 (especially females).



- Across all age groups. Approximately 8.8% of women and 6.7% of men are expected to live below 200% of the Federal Poverty Level.
- The expected 2020 poverty rate is very similar to the 2010 rate.

[9] This indicator reports the percentage of the population age 18 and older that served (even for a short time), but is not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or that served in the U.S. Merchant Marine during World War II.

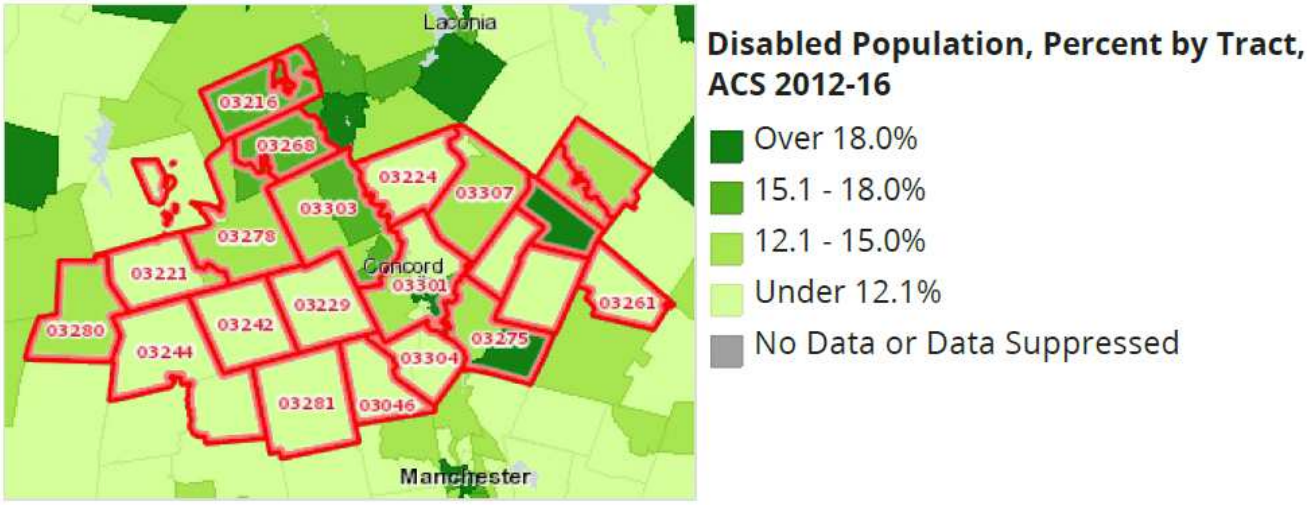
Disability Status

Approximately one of five Capital Region Service Area residents is living with a disability. Disabilities often increase the need for care and challenge the ability of the person who has the disability to get services.

Report Area	Total Population (For Whom Disability Status Is Determined)	Total Population with a Disability	Percent Population with a Disability
CH Service Area*	132,348	16,942	12.8%
Belknap County, NH	59,647	8,601	14.42%
Hillsborough County, NH	400,673	44,397	11.08%
Merrimack County, NH	144,313	19,744	13.68%
Rockingham County, NH	298,124	30,383	10.19%
Strafford County, NH	124,504	16,004	12.85%
Sullivan County, NH	42,577	6,136	14.41%
New Hampshire	1,310,949	161,401	12.31%
United States	313,576,137	39,272,529	12.52%

Note: This indicator is compared with the state average.
Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract

Higher percentage of people with disabilities tend to be found in census tracts within the 03301 and 03303 zip codes where 15.1% to 18.0% of residents report having a disability. Overall, on a more detailed level, variability within Concord 03301 and 03303 ranges from 8.5% to 21.0%.



Patient Profile and Service Use

The patient profile provides tremendous insight regarding the composition of the high-need community in the service area. This section provides a snapshot of patients accessing services at different locations across Concord Hospital/Concord Hospital Medical Group, as well as key demographics associated with the four cohorts based on the location of service: Primary care, Specialty care, ED/Urgent care and "Bedded" patients.

Patient Profile	Unique Patient[10] Counts by Defined Population	Percent of patients that interacted with other parts of Concord Hospital system (Primary care, Specialty care, ED/Urgent care, Hospital beds)
Primary Care Patients *Primary care patients based on the last visit from the 3-year period ending 9/30/17 * All CHMG primary care practices	68,211	42%
Specialty Care Patients *Primary care patients based on the last visit from the 2-year period ending 9/30/17 * Specialty care practices: - Cardiac Associates - Center for Urologic Care - Concord OB/GYN - Concord Pulmonary Medicine - Neurology Associates	41,762	72%
ED / Urgent Care Patients *Patients with a visit during the 1-year period ending 6/30/18: - CH Emergency Department - CH Walk-In Urgent Care Center	33,984	77%
Bedded Patients[11] *Patients with a hospital stay during the 1-year period ending 6/30/18: - Inpatient- Observation	11,161	88%

- Many patients interact with more than one site or location of service with the highest percentage, 88%, of individuals in the "bedded" cohort receiving services at more than one of the four hospital service locations. The efficient integration of these different service locations has a positive impact on patients' ability to efficiently and effectively access care.

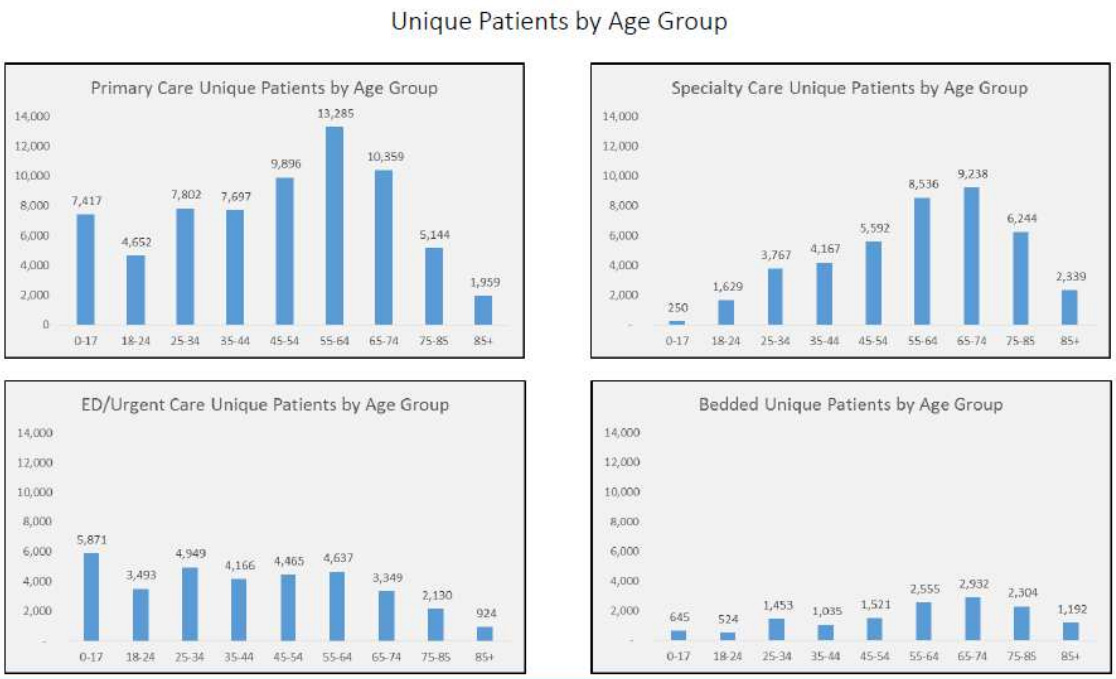
[10] Unique patients is a count of individuals versus number of encounters. Each unique patient could have multiple encounters at any one site.

[11] Bedded patients are those individuals that literally occupied a "bed" at Concord Hospital whether that bed was an inpatient or observational bed. Note, too, that although the majority of patients come from the hospital's Primary Service Area (PSA), which mirrors the community defined for this assessment, more than one-third of bedded patients are from outside of the PSA. In addition, primary care patients are the least likely to seek care outside of the PSA.

Across all four cohorts, patients are somewhat more likely to be female.

- Approximately 55% of Capital Region patients are female.

Primary care and specialty care patients tend to be in the 55+ age groups.



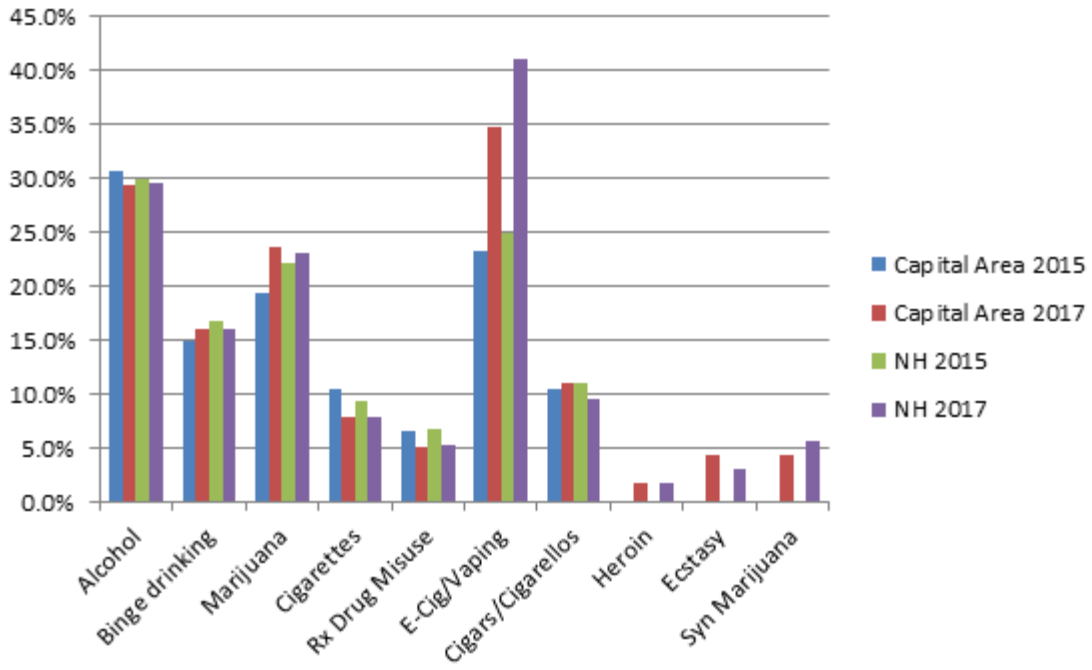
- Approximately half of primary care patients (44%) and specialty care patients (53%) are age 55 and older.
- A higher percentage (63%) of bedded care patients tend to be over age 55, while Emergency Department / Urgent Care patients tend to be more evenly spread across age groups with those age 0 to 17 being the largest percentage.

Youth Health and Substance Misuse

Substance misuse among high school age youth has been an ongoing challenge in the Capital Region. However, continued use of alcohol, increasing use of marijuana, and emerging use of e-cigarettes ("vaping") may present additional needs.

Substance misuse in the Capital Area closely paralleled the state in 2015 and 2017 for most substances.

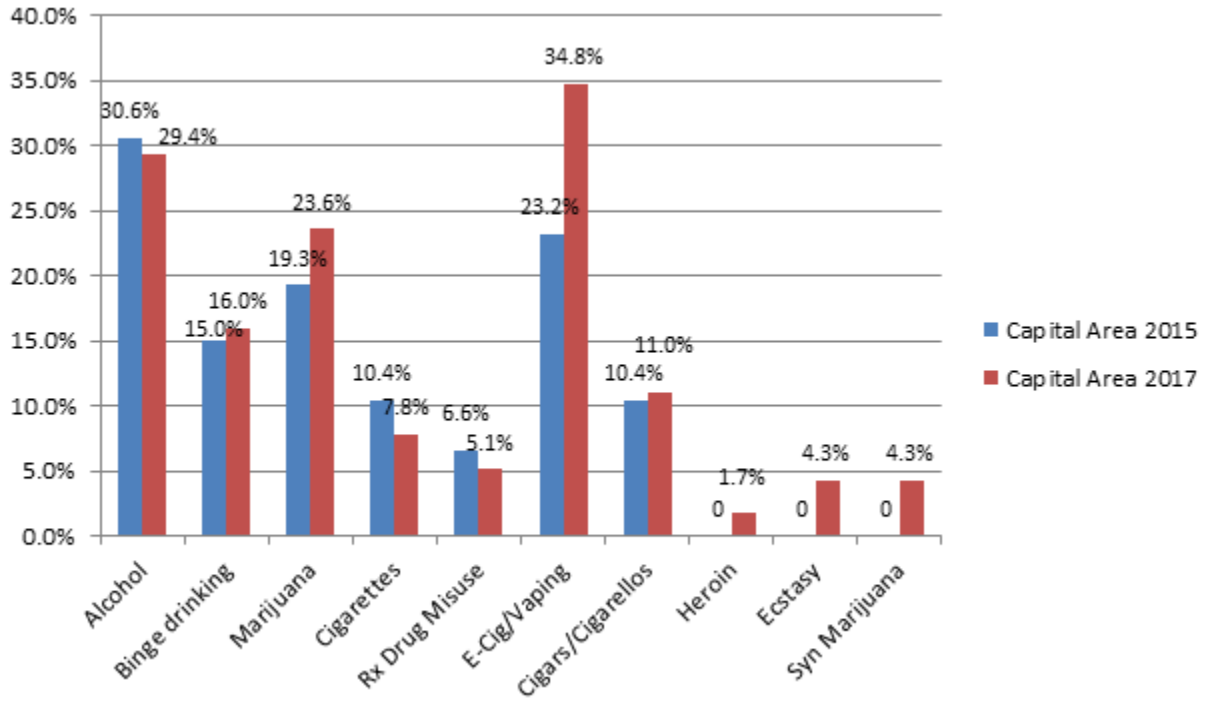
Past 30-day Day Use by Substance among High School Aged Youth
(YRBS, 2015 & 2017)



	Capital Area		NH	
	2015	**2017**	**2015**	**2017**
Alcohol	30.6%	29.4%	29.9%	29.6%
Binge drinking	15.0%	16.0%	16.8%	16.0%
Marijuana	19.3%	23.6%	22.2%	23.1%
Cigarettes	10.4%	7.8%	9.3%	7.8%
Rx Drug Misuse	6.6%	5.1%	6.8%	5.2%
E-Cig/Vaping	23.2%	34.8%	25.0%	41.1%
Cigars/Cigarillos	10.4%	11.0%	11.0%	9.5%
Heroin	NA	1.7%	NA	1.8%
Ecstasy	NA	4.3%	NA	3.0%
Syn Marijuana	NA	4.3%	NA	5.6%

- Marijuana use in the Capital Area slightly trailed the state average in 2015 (19.3% of high school age youth compared to 22.2% in the state average) but in 2017, Capital Area use of marijuana surpassed the state average (23.6% in the Capital Area compared with 23.1% statewide).
- Use of e-cigarettes and vaping (though rising substantially throughout the state and Capital Area) increased faster statewide than in the Capital Area.

Marijuana use and use of e-cigarette / vaping increased substantially from 2015 to 2017.



- The percent of high school age youth using e-cigarettes or vaping increased from 23.2% in 2015 to 34.8% in 2017 – an approximate 50% increase.
- Marijuana use also increased – from 19.3% in 2015 to 23.6% in 2017.

This section provides summary information regarding the health status of area residents, system capacity, and related health issues. Including a brief summary of mortality and morbidity data for Merrimack County relative to state of New Hampshire averages and trends.

Chronic Disease Prevalence and Mortality

Cancer and heart disease are the most common causes of death; however, the death rate of people dying from diabetes and cerebrovascular disease (e.g., stroke) is much higher than the New Hampshire state average.

Most Common Causes of Death, 2012-2016

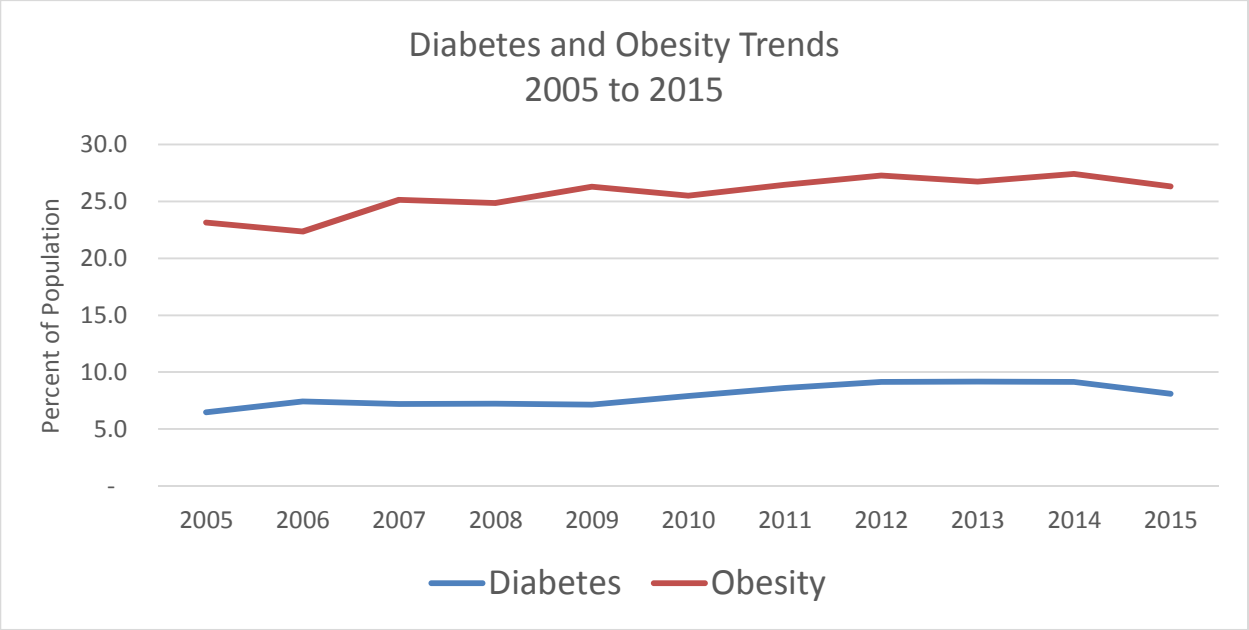
Condition	Merrimack County Crude rate per 100,000 population	State crude rate per 100,000 population	Merrimack County Variance to NH Average (%)
Malignant neoplasms	223.35	199.5	12.0%
Diseases of heart	199.87	182.59	9.5%
Chronic lower respiratory diseases	54.55	50.55	7.9%
Accidents (unintentional injuries)	53.19	52.51	1.3%
Cerebrovascular diseases	40.03	33.64	19.0%
Alzheimer's disease	30.12	29.75	1.2%
Diabetes mellitus	29.99	22.42	33.8%
Intentional self-harm (suicide)	15.88	16.27	-2.4%
Influenza and pneumonia	14.52	16.28	-10.8%
Chronic liver disease and cirrhosis	12.62	11.11	13.6%

Source: NH Wisdom, 2012-2016. Available at https://wisdom.dhhs.nh.gov

- Approximately 10% about the state average, more people die from cancer and heart disease in Merrimack County[12] and in the New Hampshire state average.
- The rate of people dying from diabetes is more than 30% (33.8%) above the state average.
- Death rates for cerebrovascular disease and several other chronic conditions is higher than the state average.
- Influenza and pneumonia death rates are slightly (10.8%) below the Merrimack County average.

[12] NOTE: Cause of Death data was not available at the sub-county (e.g., Capital Region Service Area) level.

Though rising from 2005 to 2007, obesity rates in Merrimack County rose slightly to approximately 26% to 28% of the population in 2011; they have been relatively stale since 2011. Diabetes rates mirror obesity trends.[13]



- The percent of people with diabetes has risen slightly from 6% in 2005 to approximately 8% to 9% in 2014 and 2015.
- Obesity and diabetes rates reflect similar trends.

Diagnosed incidence of heart disease, high blood pressure, and high cholesterol are lower than the New Hampshire average.

Condition	Merrimack County (Percent of Adults)	New Hampshire (Percent of Adults)
Chronic Health Conditions		
Coronary heart disease prevalence	3.3%	3.8%
High blood pressure	27.2%	29.1%
High cholesterol	32.2%	35.6%
Lifestyle-related Conditions		
Obesity	25.0%	26.4%
Physical activity	57.2%	53.2%
Smoking Prevalence	14.8%	16.3%
Fruit and vegetable consumption	33.0%	27.7%

Source: NH WISDOM, 2015.

- Chronic health conditions (e.g., heart disease, high blood pressure, and high cholesterol) are about 10% below the New Hampshire average.
- Lifestyle-related challenges such as obesity, physical activity, smoking, and fruit and vegetable consumption are similar to the state average rates.

[13] NH WISDOM, 2015, available 2018.

The Merrimack County overall cancer incidence in 2015 was 601.57 diagnoses per 100,000 people – similar to the New Hampshire state rate. Incidence rates for the most commonly diagnosed cancers (i.e., lung and bronchus and colorectal cancers) are slightly below the New Hampshire averages, but diagnoses rates for some other types are above the state.

Cancer Rates by Site, 2015

Cancer Site	Crude rate per 100,000 population	State crude rate per 100,000 population	Merrimack County Variance to NH Average (%)
Lung and Bronchus	81.7	81.9	-0.2%
Colorectal	43.4	46.7	-7.1%
Melanoma of Skin	42.0	35.1	19.7%
Bladder	34.1	34.0	0.4%
Non-Hodgkin Lymphoma	26.2	25.4	3.0%
Kidney and Renal Pelvis	22.9	18.5	23.9%
Thyroid	19.1	17.8	7.5%
Leukemia	18.3	16.9	8.0%
Pancreas	18.0	14.9	20.9%
Oral Cavity and Pharynx	16.0	15.4	4.2%
Esophagus	10.0	8.8	14.0%
Liver and Intrahepatic Bile Duct	9.8	7.6	29.1%
Brain and Other CNS	8.5	8.3	3.0%
Multiple Myeloma	7.9	7.8	0.9%
Larynx	4.7	4.1	16.2%
Stomach	4.5	6.4	-30.4%
Hodgkin Lymphoma	2.9	2.8	0.4%
Mesothelioma	1.6	1.4	19.9%

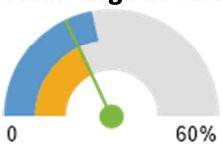
Source: NH WISDOM, 2015.

- The incidence of melanoma, kidney, pancreas, liver, and mesothelioma are each approximately 20% or more above the state average.
- All site-specific cancer rates (except for three) are above the state average.

Chronic Disease Prevalence Among Medicare Patients

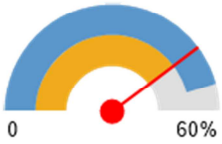
Chronic disease conditions among Capital Region Service Area Medicare beneficiaries is similar to the New Hampshire average on most measures. However, apart from the relative comparison, a very high percentage of Medicare beneficiaries (primarily seniors) suffer from one or more chronic conditions.

Percentage of Medicare Beneficiaries with Diabetes



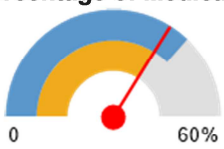
Capital Region Service Area* (21.4%)
New Hampshire (21.56%)
United States (26.55%)

Percentage of Medicare Beneficiaries with High Blood Pressure



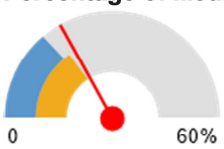
Capital Region Service Area* (47.62%)
New Hampshire (47.56%)
United States (54.99%)

Percentage of Medicare Beneficiaries with High Cholesterol



Capital Region Service Area* (40.61%)
New Hampshire (40.56%)
United States (44.61%)

Percentage of Medicare Beneficiaries with Depression



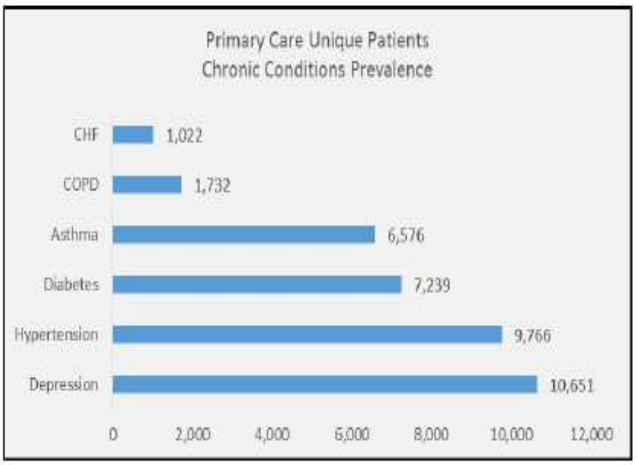
Capital Region Service Area* (20.21%)
New Hampshire (18.8%)
United States (16.7%)

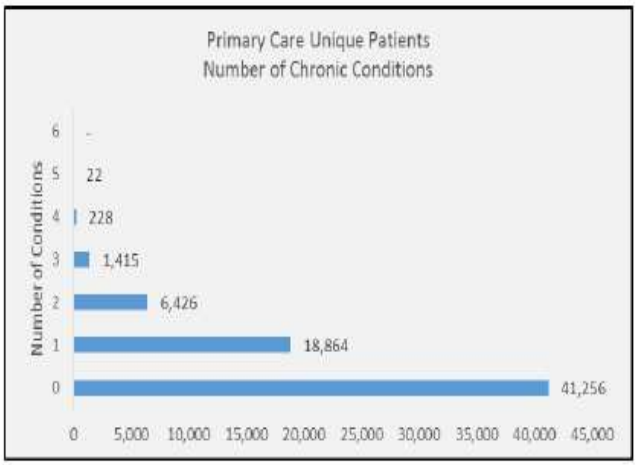
- More than one of five Medicare beneficiaries has diabetes.
- All shown Capital Region chronic disease prevalence percentages are better than the U.S. average.
- Given the current population of the city of Concord (about 43,000), the statistics reflect that approximately 4,000 seniors in Concord alone suffer from chronic conditions.

Concord Hospital Patient Health Status

While the majority of unique patients (60.5%) receiving services at CHMG primary care practices do not have a chronic condition, among those who do, more than one of five (21%) have multiple conditions.

Unique Primary Care Patients by Chronic Conditions Prevalence





- Two of five (40%) CHMG primary care patients have one or more chronic health conditions.
- Depression and high blood pressure (hypertension) are the most common chronic conditions.

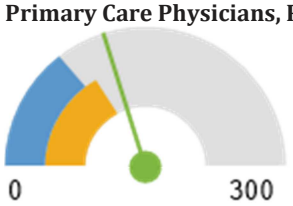
Capacity and Access to Care

When considering "access to care," it is helpful to discuss the topic in greater granularity. "Access" includes five stages:

1. Capacity (i.e., the providers exist within the service area to address particular healthcare needs).
2. Awareness (e.g., health literacy and knowledge among residents regarding where to go if they need care or have health-related questions).
3. Mobility (e.g., patients have the ability to physically get to service provider locations).
4. Practical aspects such as available hours of operation, the ability to afford care, and similar matters.
5. Motivation (e.g., patients' ability to be inclined or motivated to use healthcare services or seek information).

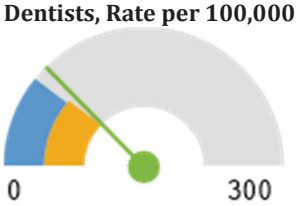
Addressing the first stage of access to care, capacity, the Capital Region Service Area has more primary care providers and dentists per 100,000 than the state or U.S. average.

Primary Care Physicians, Rate per 100,000 Pop.



Capital Region Service Area* (120.9)
New Hampshire (102)
United States (87.8)

Dentists, Rate per 100,000 Pop.



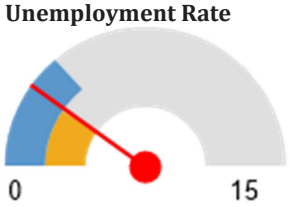
Capital Region Service Area* (76.87)
New Hampshire (70.9)
United States (65.6)

- The Capital Region has more than 30% more Primary Care Physicians (PCPs) than the U.S. average, and nearly 20% more than the New Hampshire average.
- Regarding dental care providers, the Capital Region is also above the state and national average. However, anecdotal information indicates that this may be a growing challenge to the Region (and elsewhere), as there appears to be more dentists retiring or otherwise leaving practice in the New Hampshire than new ones practicing in the area.

Quality of Life

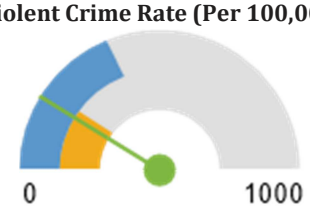
Quality of life is generally very favorable in the Capital Region Service Area. Low unemployment and low crime rates are indicative of related Capital Region strengths.

Unemployment Rate



Capital Region Service Area* (3)
New Hampshire (2.9)
United States (4.2)

Violent Crime Rate (Per 100,000 Pop.)



Capital Region Service Area* (174.96)
New Hampshire (204.9)
United States (379.7)

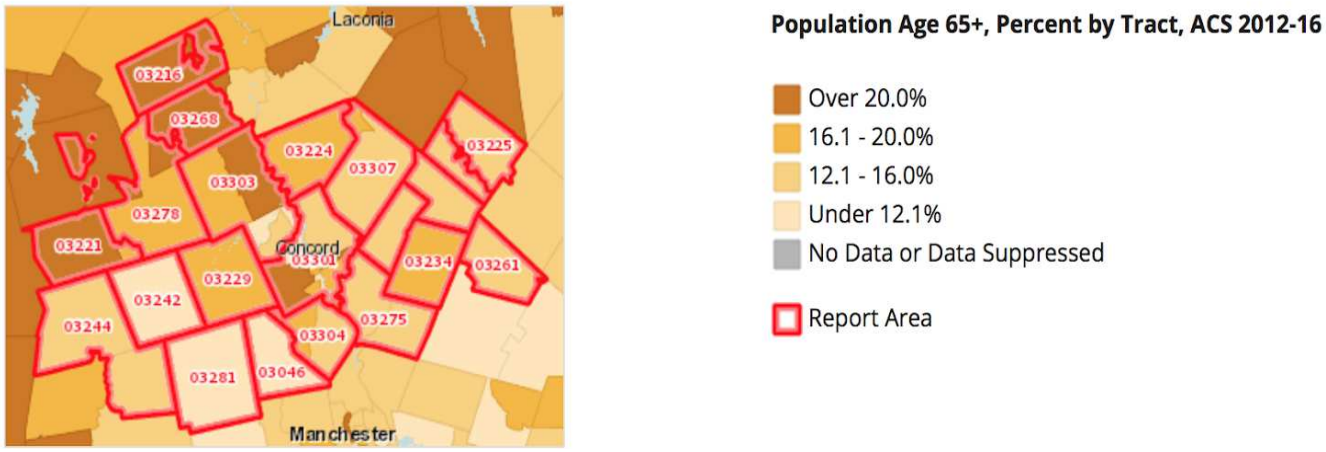
- Nationally and statewide, unemployment rates are currently low. The Capital Region Service Area rate is similar to the New Hampshire state average and substantially below the U.S. average.
- The Capital Region violent crime rate is less than half of the U.S. average and even below the state average.

Vulnerable Populations

There are several definitions of vulnerable populations, but most tend to restate common threads seen throughout this report. According to the National Collaborating Center for Determinants of Health, "vulnerable populations are groups and communities at a higher risk for poor health as a result of the barriers they experience to social, economic, political and environmental resources, as well as limitations due to illness or disability." In the Capital Region service area, vulnerable populations are often those most challenged in their ability to access services. This report has identified several vulnerable populations defined by age, socio-economic challenges, refugee status, veteran status, geographic and other environmental limitations and disability status. The following section provides summary data on some measures related to vulnerable populations.

Age

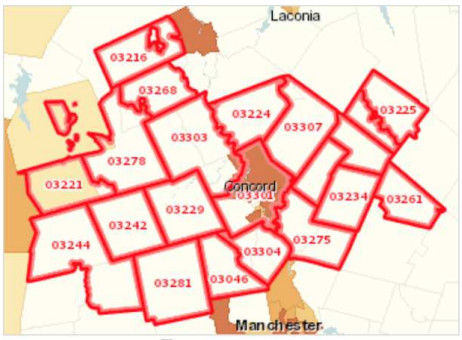
The following map shows several zip code areas in the Capital Region service area have 20% or more of the population age 65 or older.



- Higher concentrations of older residents (e.g., northwest quadrant of the Capital Region service area) tend to increase the need for services as well as reduce access to care due to transportation, coordination of care, or other issues.
- The southern portions of the area tend to be younger (though, as will be shown, have different needs).

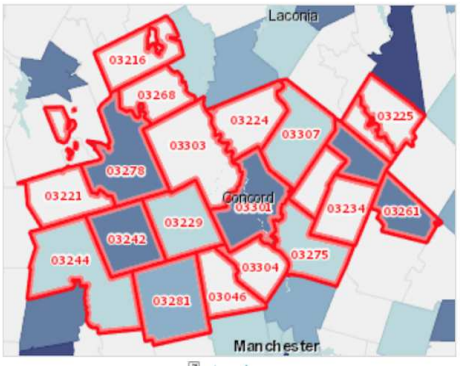
Food Insecure

For most of the service area, food insecurity[14] is presented as a relatively minor issue; however, there are pockets where food insecurity is likely significant. Furthermore, key stakeholders and responses in Targeted Survey Monkey® and the web-based surveys suggest the possibility of under-reported food insecurity.



Population with Limited Food Access, Low Income, Percent by Tract, FARA 2015

- Over 50.0%
- 20.1 - 50.0%
- 5.1 - 20.0%
- Under 5.1%
- No Low Food Access
- Report Area



All Retail Food Outlets, Rate (Per 100,000 Pop.) by ZCTA, CBP 2016

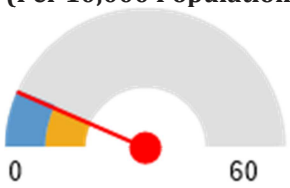
- Over 50.0
- 30.1 - 50.0
- 20.1 - 30.0
- Under 20.1
- No Retail Food Outlets
- Report Area

- There are approximately 14,000 people in the Capital Region with food insecurity. The percentage (roughly 10%) may be somewhat under-reported as national research shows that people tend to underreport food insecurity[15].
- The maps above indicate that only the neighborhoods in the eastern side of zip code area 03301 where over 50% of the population is noted as having limited access to food and low income. This includes the census tracts east of I-93.
- Throughout the service area, there are generally several retail food outlets in the more populated areas. As shown on the second map above, more populated neighborhoods tend to have a high number of retail food outlets, while those in less populated areas have fewer. Yet, even among low population density zip code neighborhoods, areas with high concentrations of retail food outlets are nearby. However, quality of the food and the ability to purchase food of higher quality with a limited budget is not a consideration of the above data.

[14] Food insecurity is defined by Community Commons as the household-level economic and social condition of limited or uncertain access to adequate food.
[15] RTI International, "Current and Prospective Scope of Hunger and Food Security in America: A Review of Current Research," 2014.

- According to the U.S. Department of Agriculture, the Supplemental Nutrition Assistance Program (SNAP) program offers nutrition assistance to low-income individuals and families and provides economic benefits to communities. To implement SNAP program elements, the U.S. Food and Nutrition Service works with State agencies, nutrition educators, and neighborhood and faith-based organizations and others to increase access to benefits.[16] As shown to the right, the Capital Region Service Area use of SNAP benefits per 10,000 population is very similar to the state and U.S. average.

SNAP-Authorized Retailers, Rate (Per 10,000 Population)



Capital Region Service Area* (7.9)

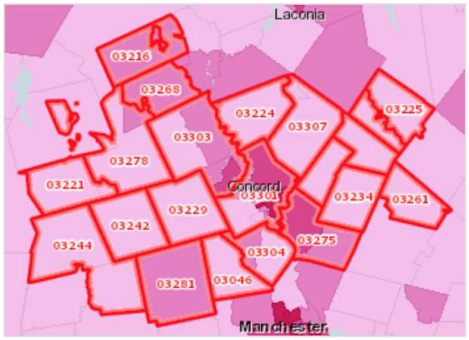
New Hampshire (8.15)

United States (8.25)

New Americans

Refugees and others facing language barriers can be some of the most vulnerable populations, as they often face challenges related to access to health-related information, self-care support, direct care services, and others.

Most parts of the Capital Region face low language-based barriers.



Population with Limited English Proficiency, Percent by Tract, ACS 2012-16

Over 4.0%
2.1 - 4.0%
1.1 - 2.0%
Under 1.1%
No Data or Data Suppressed

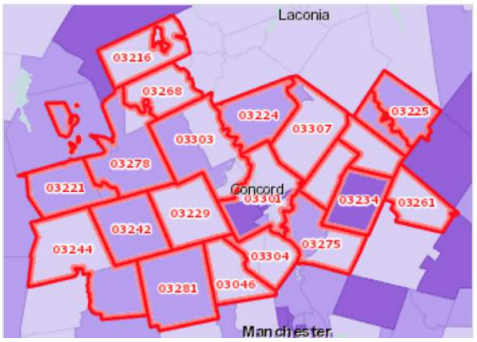
Report Area

- Only in the central Concord area (in zip code 03301, east of I-93) are there more than 4.0% of the population challenged by language barriers.

[16] U.S. Department of Agriculture. Available at: https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program-snap

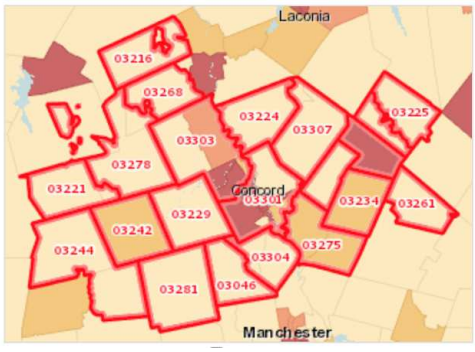
Those Dependent on Public Transportation

People living in the higher-risk census tracts of the Capital Region Service Area are most likely to use public transportation to go to work, yet only a fairly small percentage of workers (1.1% to 4.0%) do so.



Workers Traveling to Work Using Public Transit, Percent by Tract, ACS 2012-16

- Over 4.0%
- 1.1 - 4.0%
- 0.1 - 1.0%
- No Workers Using Public Transit
- No Data or Data Suppressed
- Report Area



Households with No Vehicle, Percent by Tract, ACS 2012-16

- Over 8.0%
- 6.1 - 8.0%
- 4.1 - 6.0%
- Under 4.1%
- No Data or Data Suppressed
- Report Area

- In the area with the highest use of public transportation (Concord city west of I-93), over 8.0% of households do not have vehicles. The impact is that they have lower access to health care services, and many are disinclined to use public transportation to do so.

The Key Data section of the CHNA provides a great breadth of information that statistically characterizes the area in terms of demographics, service use, health status, vulnerable populations, and other factors. Please note the following section summary.

Summary of high-priority needs identified in the Key Data section

- Chronic disease awareness, prevention, and treatment services
- Lifestyle – obesity, physical inactivity, and nutrition – support
- Services and access to care for low income people
- Mental health and chronic disease prevalence among the Medicare population
- Mental health services for the broader community
- Awareness and education (i.e., health literacy) for vulnerable populations and others at-risk for developing chronic conditions
- Substance misuse prevention / education, urgent care, and appropriate treatment
- Support and services for people with a disability
- Support and services for new Americans and those in-migrated – health literacy, community health education, and clear channels by which to access the healthcare system
- Increase understanding of social challenges and health needs at the neighborhood level

Targeted Survey Monkey®

Approach and Activities

A Survey Monkey® tool was used more extensively in this Assessment than in past years. With 86 responses, the Survey Monkey® tool provided a mechanism to connect broadly and conveniently with many people in the key stakeholder communities and easily allowed for minor tweaks to the survey tool depending on the audience. The Advisory Workgroup provided recommendations on stakeholder groups to engage using the Survey Monkey® tool and for the first-time recommended seeking input from providers and other clinical staff.

The surveys were sent out to individuals directly by Concord Hospital and CHNA leadership and staff who had an existing relationship to improve the response rate. Concord Hospital's Chief Medical Officer and Medical Staff President sent out an email to all medical staff encouraging provider participation. CRVNA leadership sent an email out to all home care nurses encouraging participation. Providers and clinical staff are important stakeholder groups with a unique perspective and provided additional insight into challenges of vulnerable populations in the primary care, home care and acute care settings.

For all groups, staff continued to encourage participation in the survey over a two- to-three-week period. All Surveys were conducted during the time period of August-September 2018. The core of all surveys included asking the following questions:

So that we might better serve the health needs of our community members, please identify the following items:

1. Please identify the priority health needs for patients we serve and their families:
2. Please identify priority health needs for the broader community:
3. Please identify non-medical factors that impact the health of the patients we serve and the broader community:
4. Access to health services means the timely use of personal health services to achieve the best health outcomes. In your opinion, what health services are the most difficult for community members to access?
5. Respondents were asked to comment on their perception of progress made on addressing priority needs from the 2015 CHNA.

To support the work described above, several surveys were created. They are listed below.

- 2018 Capital Region Health Needs Assessment Survey of Concord Hospital Medical Staff (also used to survey CRVNA clinical staff after the Medical Staff survey was completed)
- 2018 Capital Region Health Needs Assessment Survey of Emergency Services Professionals
- 2018 Capital Region Health Needs Assessment Survey of School Counselors & Nurses
- 2018 Capital Region Health Needs Assessment Survey of Business Partners in Health
- 2018 Capital Region Health Needs Assessment Survey of Faith-Based Community Leaders
- 2018 Capital Region Health Needs Assessment Survey of Long-Term Service & Support Providers
- 2018 Capital Region Health Needs Assessment Survey of Young Professionals
- 2018 Capital Region Health Needs Assessment Survey of Early Childcare Providers (0 to 5 Years)

Survey summary results are shown in the following table.

Measure	Survey Respondent Sub-Group								
	Total	*CH Med Staff*	*EMS*	*School Counselors*	*BPH*	*Faith-Based*	*LTSS*	*Young Prof.*	*Early Childcare Prof.*
Behavioral / Mental Health Care	41.7%	39.6%	33.3%	66.7%	20.0%	40.0%	33.3%	0.0%	57.1%
Substance Misuse Services / Support	39.3%	39.6%	50.0%	55.6%	0.0%	60.0%	0.0%	0.0%	42.9%
Access to / Affordable Care	33.3%	31.3%	16.7%	22.2%	60.0%	40.0%	33.3%	100.0%	42.9%
Access to / Affordable Medications	20.2%	25.0%	0.0%	11.1%	40.0%	20.0%	0.0%	0.0%	14.3%
Nutrition/ Weight Services & Support	13.1%	16.7%	0.0%	11.1%	0.0%	0.0%	33.3%	0.0%	14.3%
Coordination of Care / Case Management	10.7%	14.6%	16.7%	0.0%	0.0%	0.0%	0.0%	0.0%	14.3%
Healthcare Education (e.g., how to access care)	10.7%	8.3%	33.3%	22.2%	20.0%	0.0%	0.0%	0.0%	0.0%
Active Life- style / Wellness Activities	10.7%	8.3%	0.0%	22.2%	20.0%	0.0%	0.0%	100.0%	14.3%
Pediatric Services / Support Services	9.5%	4.2%	0.0%	22.2%	0.0%	0.0%	0.0%	0.0%	57.1%
Pain Management	8.3%	14.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Food Insecurity	8.3%	6.3%	0.0%	22.2%	0.0%	0.0%	33.3%	0.0%	14.3%
Access to Specialty Care	7.1%	12.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Transportation	7.1%	8.3%	16.7%	0.0%	0.0%	0.0%	33.3%	0.0%	0.0%

- Prevention/health promotion, behavioral/mental health care and substance misuse-related issues, Access to care and management of chronic conditions, were the most highly recognized needs in the community.
- Affordability to care, impacting access to care, was also highly related.
- Transportation challenges, income/income disparities and access to healthy food were highly rated "non-medical" factors impacting health needs.

Results and Priority Needs

Throughout the research, mental health and substance misuse issues were frequently identified as some of the leading needs in the area – for students and families, as well as for the broader community. There were some minor differences, though, when survey respondents identified needs for "students and families" and for "the broader community."

- For students and families, survey respondents indicated that routine care is among the higher-priority needs. This typically includes things such as immunizations, well checks and annual physicals, age-based screenings, and similar activities.
- In the broader community, survey respondents noted that health and chronic disease literacy (i.e., "Education related to medical conditions such as diabetes") was among the higher-priority needs. There was also greater emphasis on a more in-depth set of activities needed to address mental health issues among undiagnosed individuals.

- Mental health needs are of the highest priority
- Routine health care
- Effects of substance misuse
- Dental care
- Mental health issues
- Alcohol and drug misuse guidance
- Wellness practices – exercise, diet, etc.

Priority health needs for the students and families

- Mental health
- Effects of substance misuse
- Education related to medical conditions such as diabetes
- Dental care
- Mental health issues – both diagnosed and not diagnosed
- Alcohol and drug misuse guidance
- Wellness practices – exercise, diet, etc.

Priority health needs for the broader community

- Substance misuse
- Distance to access medical providers / lack of public transportation
- Navigating the Affordable Care Act
- General acceptance of alcohol and drug misuse by minors
- Options for physical activity, especially recognition of importance
- Availability of healthy foods and knowledge about healthy food choices

Non-medical factors that impact health and health needs

Summary points of the survey results are highlighted in the chevron and bullets below.

Summary of high-priority needs identified in the Targeted Survey Monkey section

- Substance misuse prevention / education, urgent care, and appropriate treatment
- Mental health services – both for diagnosed and not diagnosed individuals; prevention / diversion and treatment
- Education related to chronic conditions such as diabetes
- Dental care
- Alcohol and substance misuse guidance
- Wellness practices – exercise, diet, etc.

Market Days Survey Cards

Approach and Activities

Market Days Festival is a three-day (June 21-23, 2018) summer street festival drawing tens of thousands to downtown Concord. For the first time, Concord provided small 2018 Capital Region Health Needs Assessment cards that festival attendees could complete, with the following questions:

1. Priority health needs for you and your family?
2. Priority health needs for the broader community?
3. Nonmedical factors that impact the health needs of the broader community?

The surveys were available at tables for the Center for Health Promotion and Stop the Bleed campaign, and Payson Center for Cancer Care. Staff attendees used the opportunity to ask passersby to their tables if they might be interested in completing a brief survey for the Capital Region Health Needs Assessment. The festival draws crowds well beyond the Capital Region. To ensure that responses are only included for people living in the Capital Region, the card also requested that people indicate the town they live in. Ten cards were received.

Results and Priority Needs

Comments from the survey cards were also fairly consistent with telephone research results but had a greater interest in mental health and substance misuse issues – as well as issues impacting children and young families.

Priority health needs for you and your family	Priority health needs for the broader community	Nonmedical factors that impact the health needs of the broader community
Preventive services and education	Mental health and substance misuse services	Lack of transportation and financial burdens
Easy access to care with short wait times	Affordability Medical and dental care for the uninsured and low-income resources	Child welfare
Reproductive and sexual health for children and teens	Substance misuse education and care: • Mental health services and accessibility • Opioid services	Dioxin levels in the Merrimack river
Mental health services, dental, and vision	Drug misuse (e.g., methamphetamines) treatment and public safety Vision screening for children	Family education and lack of skills & support
Access to primary care providers	Family/parent education	Accessibility: • Transportation • Affordability (e.g., out of pocket costs)
Access to farms, parks, and health[y environments]	Affordable exercise and healthy foods, safe walking and biking	Food health education

- Mental health and substance misuse services
- Affordability
  Medical and dental care for the uninsured and low income resources
- Substance misuse education and care
  Mental health services and accessibility
  Opioid services
- Drug misuse (e.g., methamphetamines) treatment and public safety
- Vision screening for children
- Family/parent education
- Affordable exercise and healthy foods, safe walking and biking

Stakeholder Interviews

Approach and Activities

Stakeholder interviews (N=24) were used as a way to connect with those in multi-sector leadership positions in the state and region and served a dual purpose of bringing visibility and awareness to the needs assessment work to a broader audience. Advisory Workgroup members identified key stakeholders as interview candidates representing influential, knowledgeable individuals across a variety of consultancy groups. Three key questions were asked to ensure consistency in what questions were asked and to facilitate the aggregation of responses. Interviews were conducted over the summer and into the fall of 2018. First, stakeholders were asked what they saw as the priority health needs for them personally and the people they served or interacted with regularly. Second, stakeholders were asked what they saw as the broader priority health needs of the Capital Region community. Third, stakeholders were asked to reflect on any non-medical factors that may impact health needs in our community. Twenty-four stakeholder interviews with a diverse set of individuals representing a wide range of community members – including the underserved populations – were included.

Last Name	First Name	Title	Organization
Aspell	Tom	City Manager	City of Concord
Bouley	Jim	Mayor	City of Concord
Bresaw	Shannon	Vice President of Public Health	Granite United Way
Champlin	Byron	Ward Four City Councilor	City Council
Chassie	Tobi	Director of Student Services	Pittsfield School District
Cherala, MD	Sai	Chief, Population Health and Community Services	NH Department of Health and Human Services
Clough	Craig	EMS Coordinator/Manager	Concord Hospital
Davis	Diane	Director, Nurse Navigation and Palliative Care Program	Concord Hospital
DiPasquali	Anna-Marie	ELL Social Worker	Concord High School
Doremus	Jim	CEO	Concord Family YMCA
Duval	John	Director of Security	Concord Hospital
Emond	Chris	Executive Director	Boys & Girls Club of Greater Concord
Freeman	John	Superintendent, SAU 51	Pittsfield School District
Friedlander, MD	Bob	Community Volunteer	Boys & Girls Club of Greater Concord
Hemingway	Sue	School Based Clinical Coordinator	Concord Hospital Family Health Center
Hoffman, MD	Elizabeth	Emergency Department physician	Concord Hospital
Lee	Melissa	5210 Coordinator	Concord Hospital
McGinley	Lauren	2-1-1 NH State Opioid Response Project Manager	New Hampshire 211
Presti	Alicia	Meals on Wheels Community Outreach Manager	CAP, Merrimack-Belknap Counties, Meals on Wheels
Schacter	Deborah	Policy Advisor and Senior Program Officer, Capital Region	NH Charitable Foundation
Telgener	Johane	Director, Center for Health Promotion	Concord Hospital
Timsina	Rup	Bi-cultural Liaison and Family Literacy Coordinator	Concord High School
Valeras	Aimee	Scholarly Activity Faculty	Concord Hospital Family Health Center
Whitney-Gill	Gwen	Integrated Case Manager	Concord Hospital Family Health Center

Results and Priority Needs

Stakeholder interviews are often one of the more rich and insight-filled research modalities, as interviewees are encouraged to provide more in-depth responses to key questions. The interview responses, in this case, were fairly consistent with telephone survey results, as behavioral health and substance misuse, access to care, and support for services to vulnerable populations were – in some fashion – among the most commonly identified needs. Note the following summaries of key.

When you think of the health needs of the Capital Region communities, what especially vulnerable populations do you think deserve our particular attention?

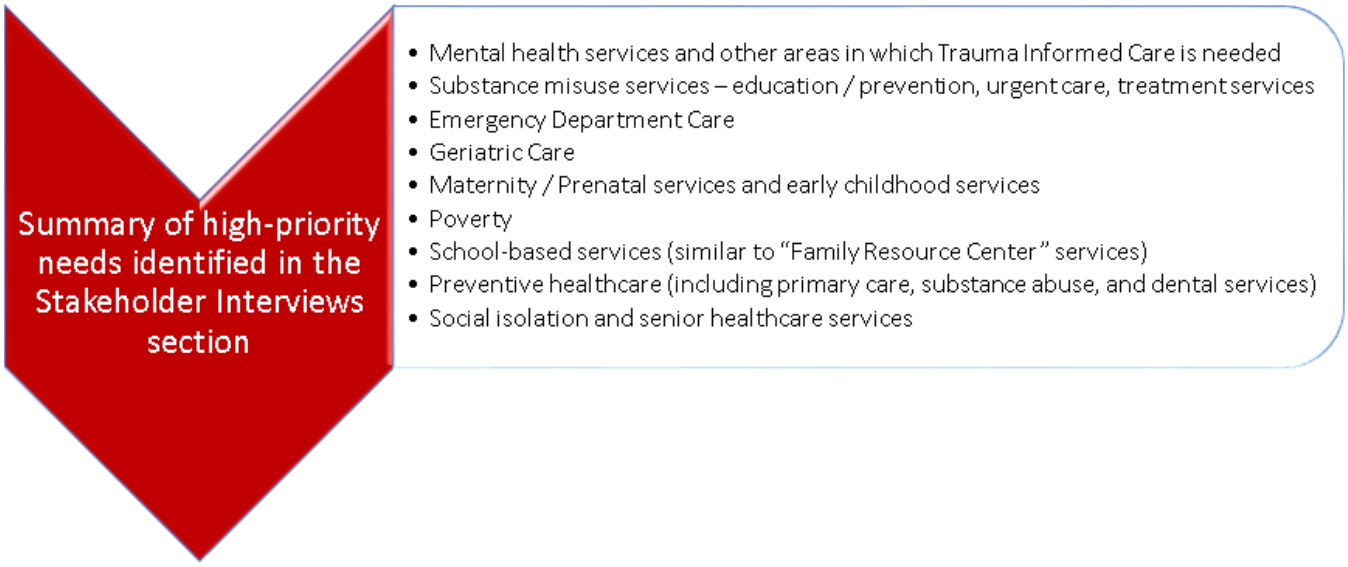
Need	**Vulnerable Population**
Emergency Care (first contact)	Elderly, especially low income
Geriatric Care	Seniors
Maternity / Prenatal services and early childhood services	Low income and single moms
Poverty	Low income children and families; as well as families impacted by incarceration and other components of the criminal justice system
School-based services (similar to "Family Resource Center" services – a place where children and/or families can go to learn about helpful community resources, opportunities, and support)	Low income children and families
Preventive health care (including primary care, substance misuse, and dental services)	Vulnerable women
Social isolation and senior healthcare services	Seniors
Mental health services and other areas in which Trauma Informed Care would be helpful	All

- The 2015 CHNA identified affordability of care, drug and substance misuse, behavioral health access, and understanding the insurance system as top needs. The 2018 CHNA also identifies these areas, as well as some additional research supported services – especially for higher-risk populations such as seniors, low income children and families, vulnerable women, and others.
- The 2018 CHNA also reflects a more nuanced perception of behavioral health needs such as companionship services to address social isolation for seniors, school-based services, and preventive care (behavioral health, as well as physical health).

When asked to talk about what they saw as the broader priority health needs of the Capital Region community, interviewees noted seven priority areas.

- New Americans – Mental Health. Interviewees noted that the cumulative trauma experienced in their birth country as well as issues resulting from relocation, is not being addressed. As multiple generations of New Americans settle in the Capital region service area the diversity of the Concord school system, in particular has grown. Of note, 17% of students at Concord High School are New Americans.
- Behavioral health. Behavioral health needs are widespread, but interviewees especially noted school-based issues. For example, a high percentage (some say 50% or more) of preschools have had violent behaviors displayed in the classroom.
- Food Insecurity. Some interviews suggested that activity has increased at the NH Food Bank and that summer meal activities at the Boys' and Girls' Club (serving breakfast, lunch, dinner) was strong.
- Opioid crisis. Opioids represent a pervasive crisis in many areas. Interviewees indicated that community education and prevention strategies may be constructive in helping to divert individuals from the addiction. The SMART MOVES program was noted as being a positive example. Interviewees also noted that children are at particular risk of being negatively impacted by a parent with substance misuse disorder.
- Oral health. Interviewees said that programs such as the Delta Dental mobile dental clinic work well. However, the issue remains a high priority – especially for children.
- Teen Health. The most frequently identified teen issues include substance misuse education and intervention, sexual health, and healthy lifestyle education.
- Transportation. Interviewees said there are a lot of resources that exist in our community. For example, the Boys' and Girls' Club provides transportation for kids to dental services. Some suggest that there may be an opportunity to expand use of similar programs.

In summary, stakeholders identified a succinct set of higher-priority needs.



Concord Hospital Web Survey (internal and external)

Approach and Activities

An external Concord Hospital web-based survey and internal Concord Hospital web-based survey on community needs was developed and promoted on Twitter, Facebook and Concord Hospital's external website home page and internally on the "Bridge" site. Both surveys were open October 22 – October 31, 2018. The following questions were asked and allowed for free text responses:

We're surveying residents of Concord Hospital's service areas. Please select the New Hampshire town or city in which you're a resident in 2018:

1. Please identify priority health needs for you and your family.
2. Please identify priority health needs for the broader community.
3. Please identify nonmedical factors that impact the health of the broader community.

Results and Priority Needs

External Concord Hospital Web-Based Survey results:

Priority Health Needs	**Number of responses**
Prevention/Wellness	21
Mental Health/Substance Misuse	19
Access	17
Chronic conditions	12
Affordability	11
Vulnerable Populations (Elder, Youth, Homeless, Limited English)	6
Dental	3
Non-medical Factors Impacting Health	**Number of responses**
Transportation	7
Socio-economic (Income, Education, Poverty, etc.)	5
Healthy Food	5
Public safety	3
Cultural	3
Housing/Homelessness	2
Health care navigation and coordination	2

Concord Hospital Internal Web-Based Survey results:

Priority Health Needs	**Number of Responses**
Mental Health/Substance Misuse	22
Prevention/Wellness	8
Affordability	7
Access	6
Dental	3
Primary Care	3
Integration of Mental Health and Primary Care	3
Older adults	2
Health system navigation	1
Non-Medical Factors Impacting Health	**Number of Responses**
Socio-economic (Income, Education, Poverty, etc.)	12
Non-Emergent Medical Transportation	9
Affordable Housing/Homelessness	8
Food Insecurity	5
Cultural (Limited English Proficiency, other cultural barriers)	3
"Home environment"	1

There were similarities in the responses from the broader community externally and the internal web survey completed by Concord Hospital employees.

- Both surveys indicated prevention/wellness, behavioral/mental health care and substance misuse-related issues, access to care and affordability, were highly recognized needs in the community. Dental care, while not the highest priority, was also recognized in both surveys.
- Management of chronic disease was specifically called out by the broader community as a need.
- Both groups identified non-emergent medical transportation challenges, socio-economic disparities and access to healthy food as highly rated "non-medical" factors impacting health needs. Affordable housing/homelessness was recognized by both groups as a non-medical factor; however, this factor was more frequently cited by employees.

The summarized needs from the external and internal surveys closely mirror the findings from other research modalities.

Telephone Survey

Approach and Activities

The purpose of the telephone survey was to reach a diverse set of Capital Region service area residents and learn their opinions regarding health-related needs.

- 300 Sample Size
- Random Digit Dial (RDD) of landlines and cell phones
- Inclusive of the Capital Region service area
- Respondents were demographically similar to current hospital user profiles
- Interviews (average 16 minutes) were conducted in late September / early October 2018
- Targeted telephone numbers included cell phones, as well as landlines in order to seek representation by those who only use mobile communications

Survey responses were tabulated and analyzed using Statistical Package for the Social Sciences (SPSS). Trends and correlations were noted and included in the following summary of results.

Results and Priority Needs

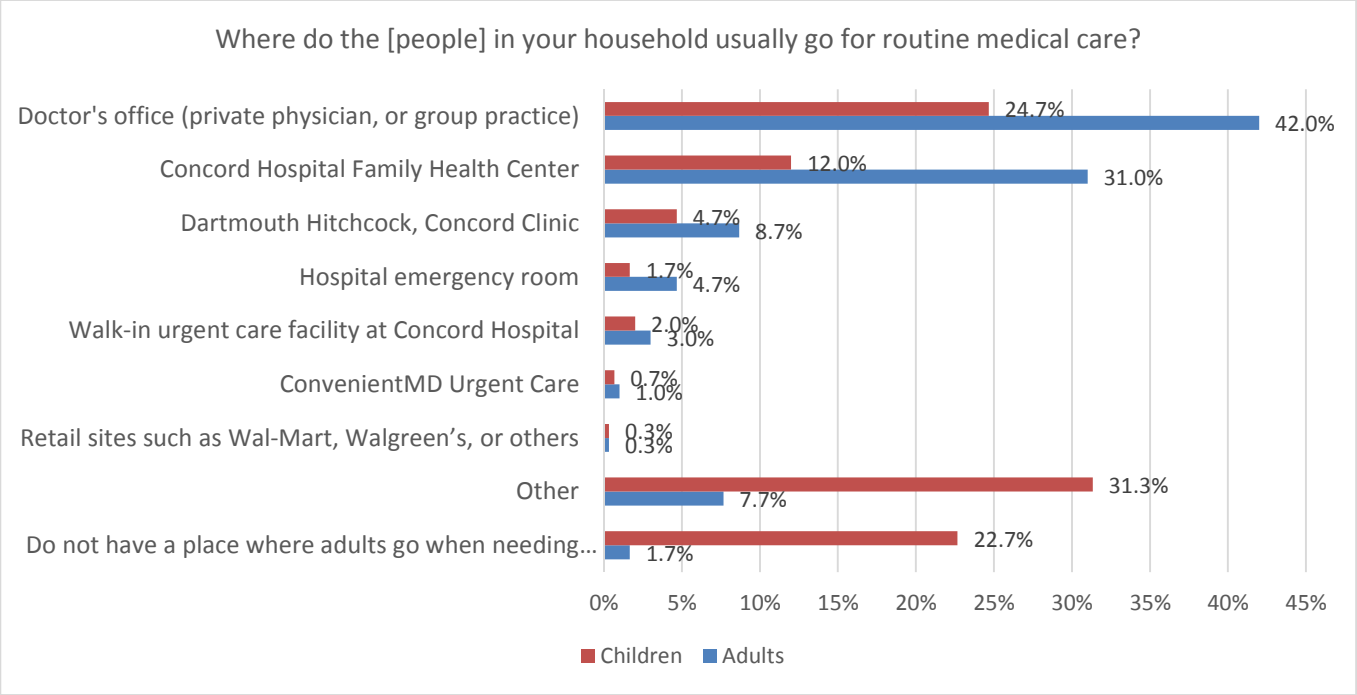
Telephone survey results were initially categorized into five groups:

- Service Use and Health Status
- Prioritized Needs
- Patient Engagement and Activation
- Health Attitudes and Perceptions
- Ability to Access Required or Wanted Services

Highlights of each section follow.

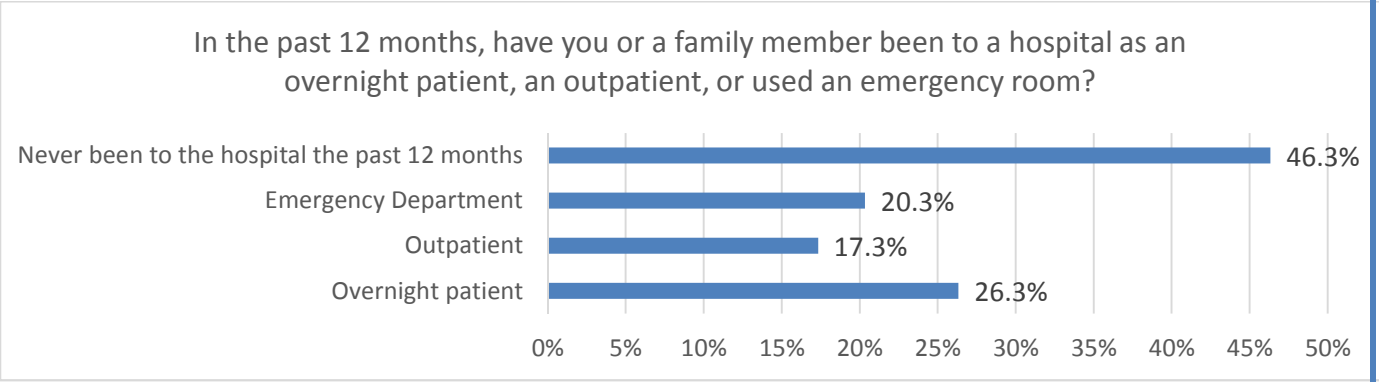
Service Use and Health Status

Most service area adults have a place for routine medical care.[17]



- The majority of adults (81.7%) have a place for routine medical care at a doctor's office, health center, or clinic.
- A relatively high percentage (22.7%) of households with children do not have a routine medical care location.

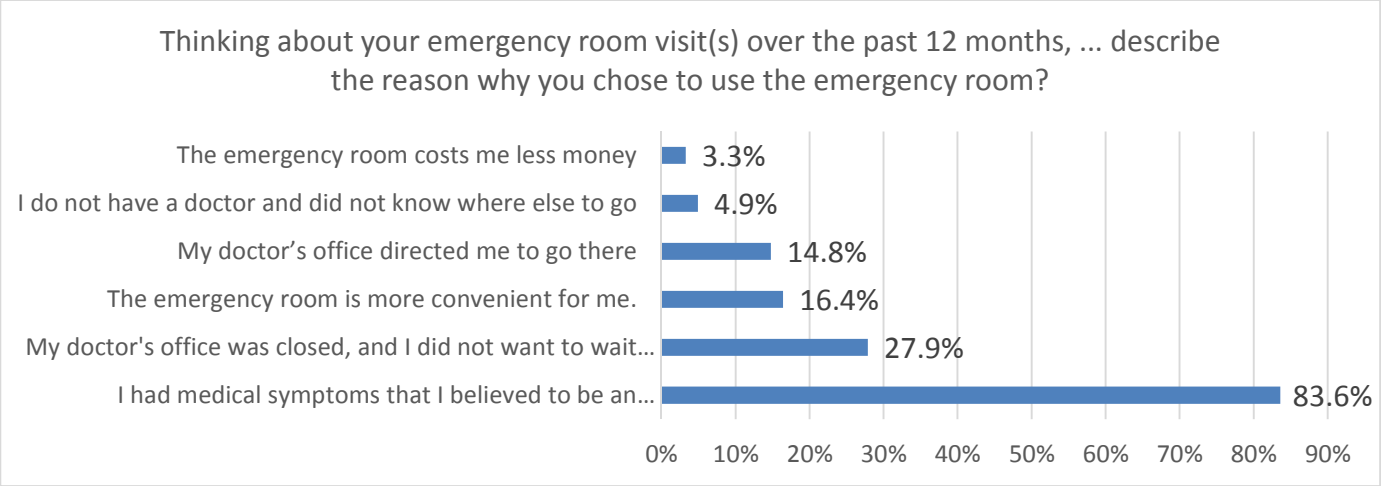
Health service use among survey participants has been most commonly used for overnight stays and for the Emergency Department.



- Nearly half of respondents had not been to the hospital in the prior year.
- Emergency Department services were used by over one in five respondents (20.3%).

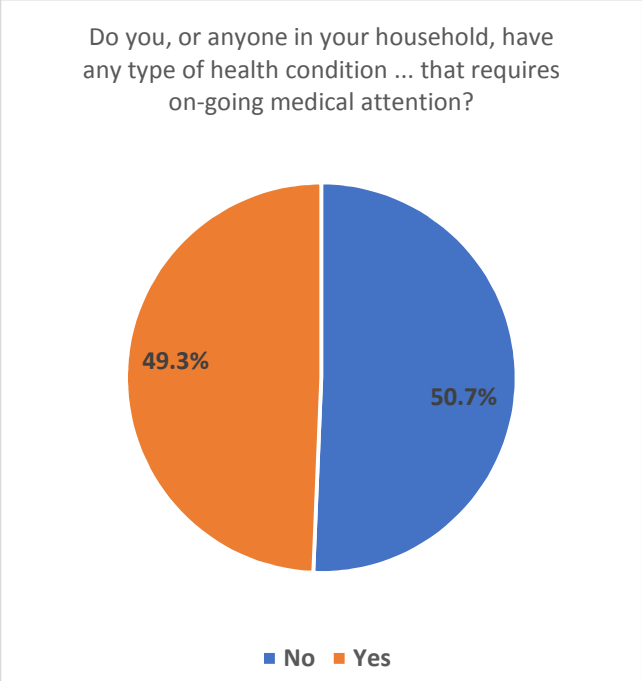
[17] NOTE: Nearly all "Others" for Children's Routine Care include households saying that their children are grown, or they have none.

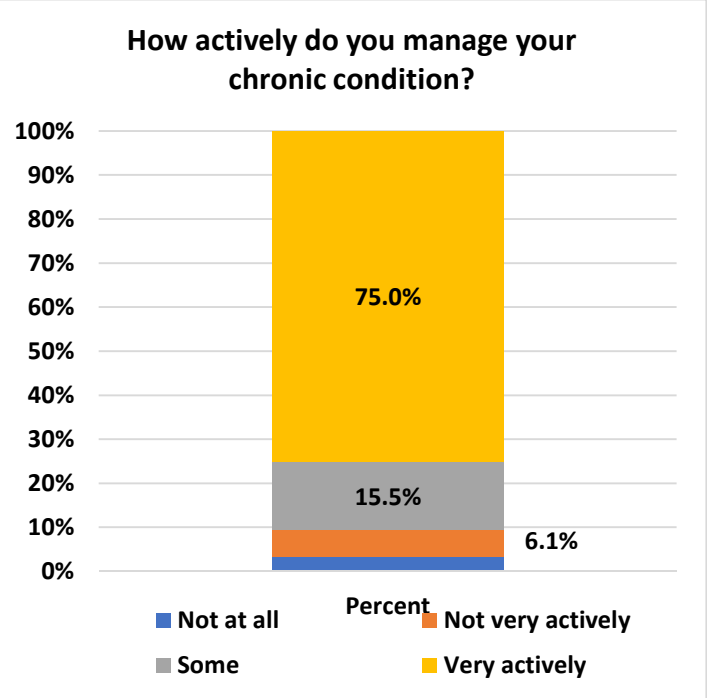
The large majority of people using the Emergency Department indicate that they did so for an appropriate reason.[18]



- Most people using the Emergency Department had symptoms they believed to be an emergency.
- Approximately 20% of Emergency Department patients went there because it costs less money, they did not know where else to go, or the Emergency Department was more convenient.

Although half of survey participants (49%) indicate that they have a chronic health condition, most (75%) say that they actively manage it.





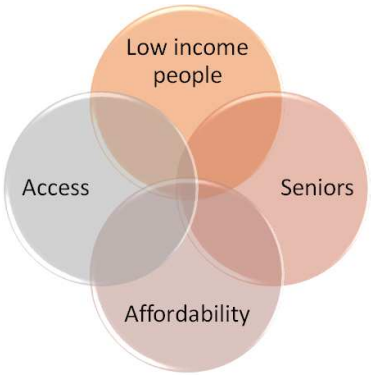
- Roughly half of the respondents have a chronic condition – most (90.5%) actively manage their condition.

[18] NOTE: Percentages in the tables above do not sum to 100% since multiple responses were allowed.

- Only about one of 10 people with a chronic condition say that they do not actively manage it.

Prioritized Needs

When identifying high-need community health issues, survey participants noted several, non-mutually exclusive subpopulations that tend to be disproportionately impacted:



- Seniors: Services for seniors and other special populations
- Low Income: Affordability of medical services and prescription drugs – Community-wide
- Access to medical care: Shorter wait times to see a provider; improved transportation to go to appointments
- Affordability: System-wide affordability of care (including improved access to dental care)
- Other services (e.g., mental health, substance misuse, chronic disease, and others) – Respondents noted them as needs but slightly less frequently as others.

Survey respondents were invited to rate each of 22 community needs on a multi-point scale. The full list of ranked needs included in the survey is shown below.

Affordability and access to care are among the highest rated health-related needs.

Healthcare Services or Issues Impacting Access to Care
Percent of Respondents

Community Need	Great Need for More	Top Two Box
More affordable medical care	50.5	56.7
More affordable prescription drugs	39.2	51.9
Healthcare services for low income people	37.3	44.6
Services for seniors	30.0	40.7
Quicker access – shorter wait time – to a doctor's office	26.7	35.3
Transportation to get to healthcare services	25.4	34.1
Dental care services for adults	24.7	36.8
Opioid or other prescription drug abuse prevention or treatment	23.5	31.2
Medical care services for adults	22.7	34.0
Mental health care services for adults	22.1	31.2
Suicide prevention	21.4	28.8
Medical care services for children	21.1	28.2
Home healthcare	20.6	29.9
Mental health care services for children	20.6	30.5
Dental care services for children	20.2	27.7
Grief or bereavement support	18.6	24.6
Alcohol misuse prevention or treatment	18.3	26.2
Pain management	18.2	25.4
Access to birth control	17.9	23.5
Hospice and end-of-life service	17.8	26.0
Maintaining a healthy weight	16.7	25.6
Care coordination	14.3	24.7

- Even though the ratings help identify three prioritization levels, there are recognized needs in all issue areas.
- Leading needs include …
    - More affordable care
    - More services for seniors and for dental care patients
    - Easier access to care – transportation, shorter wait time, etc.

- Mental health and substance misuse issues (among others) are also highly noted.

Most need perceptions are consistent across age groups. Note in the columns shown in the table below that shaded areas (which denote top-rated need within each age group) tend to fall on the same measures, e.g., Healthcare services for low income people, More affordable medical care, More affordable prescription drugs, etc.

Higher-Priority Needs By Age Group			
	Age Group		
Measure	18-44	45-64	65 and Older
Access to birth control	17.8%	33.7%	16.2%
Alcohol misuse prevention or treatment	22.2%	30.2%	20.3%
Care coordination or someone to help you set healthcare goals and adhere to medical advice	20.0%	22.1%	16.2%
Grief or bereavement support	31.1%	24.4%	20.3%
Home healthcare	31.1%	33.7%	17.6%
Healthcare services for low income people	64.4%	58.1%	36.5%
Hospice and end-of-life service	20.0%	32.6%	14.9%
Maintaining a healthy weight	15.6%	29.1%	20.3%
Quicker access – shorter wait time – to a doctor's office	44.4%	43.0%	25.7%
Medical care services for children	24.4%	36.0%	20.3%
Mental health care services for children	28.9%	29.1%	24.3%
Dental care services for children	31.1%	36.0%	14.9%
Medical care services for adults	24.4%	34.9%	32.4%
Mental health care services for adults	31.1%	34.9%	24.3%
Dental care services for adults	33.3%	41.9%	24.3%
More affordable medical care	73.3%	74.4%	64.9%
More affordable prescription drugs	53.3%	55.8%	54.1%
Pain management	24.4%	27.9%	18.9%
Opioid or other prescription drug abuse prevention or treatment	35.6%	38.4%	21.6%
Services for seniors	35.6%	40.7%	45.9%
Suicide prevention	35.6%	34.9%	17.6%
Transportation to get to healthcare services	31.1%	45.3%	25.7%

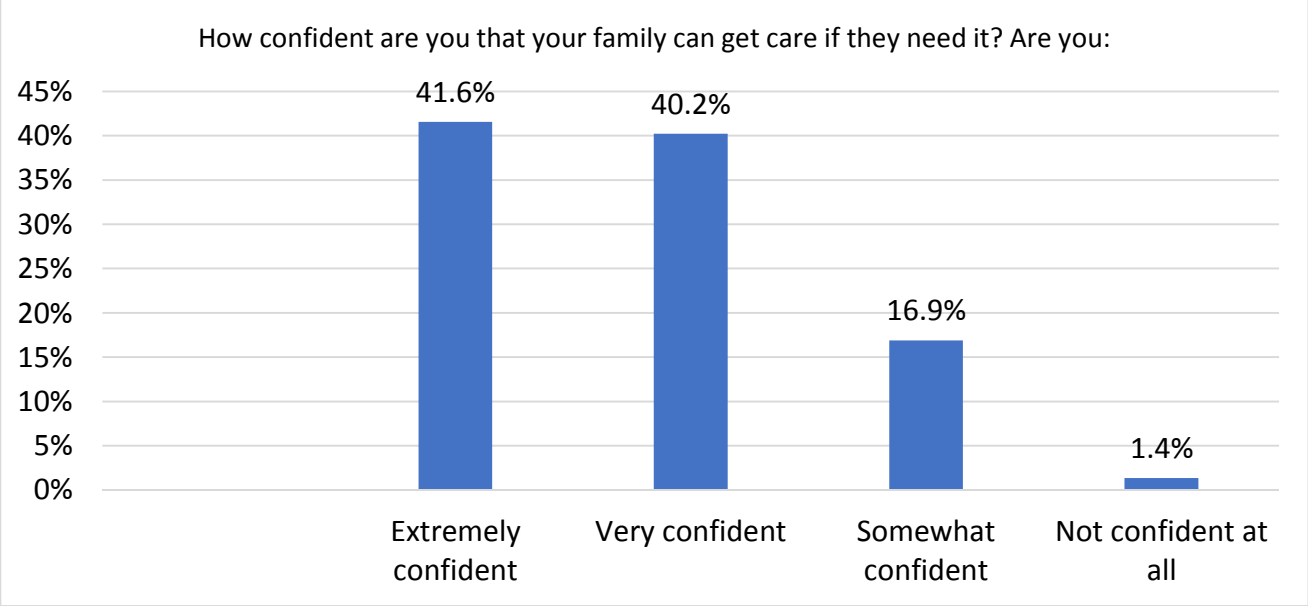
Shaded areas represent the top 25% of responses WITHIN each column (i.e., Age Group).

- Younger community members (i.e., under age 45) tend to more highly support additional attention for suicide prevention and "Opioid or other prescription drug misuse prevention or treatment" relative to older members.
- Dental issues tend to be somewhat more important among 45 to 64-year-old people.

Patient Engagement, Activation, and Approach to Care

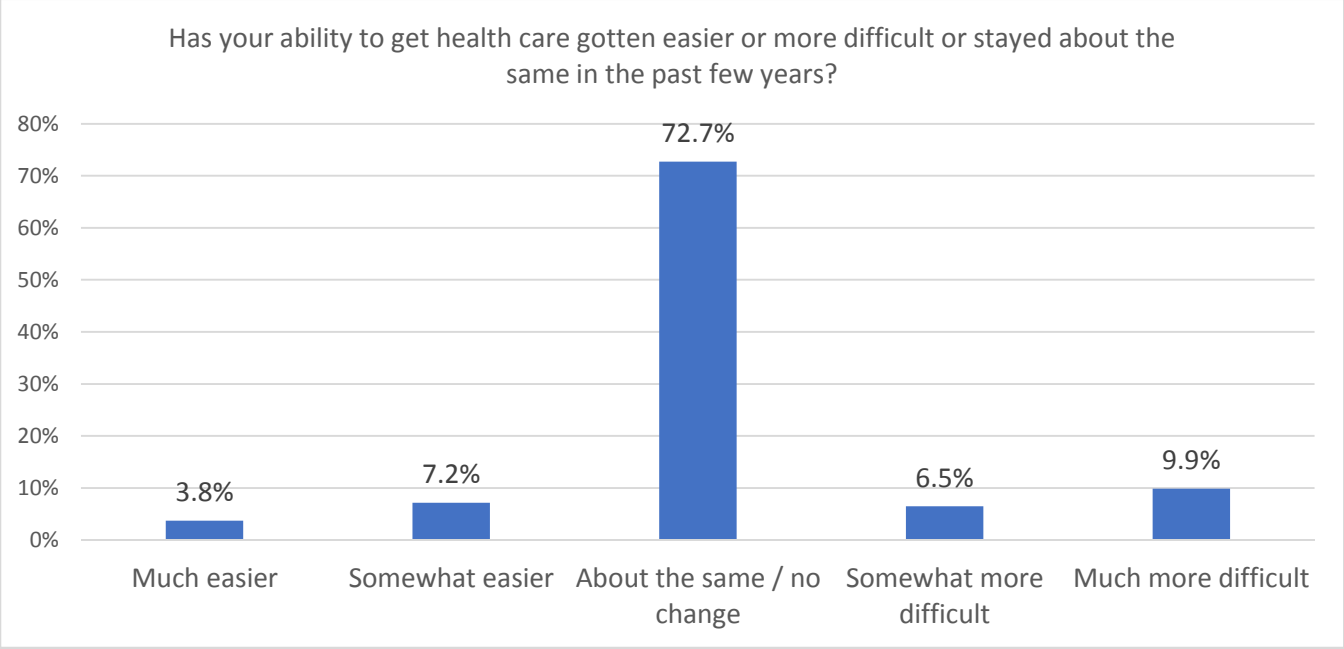
The survey included a series of questions designed to measure the respondents' ability or inclination to take greater initiative when managing their own health care. Key results include the following:

Community members are confident that they can get care, if needed.



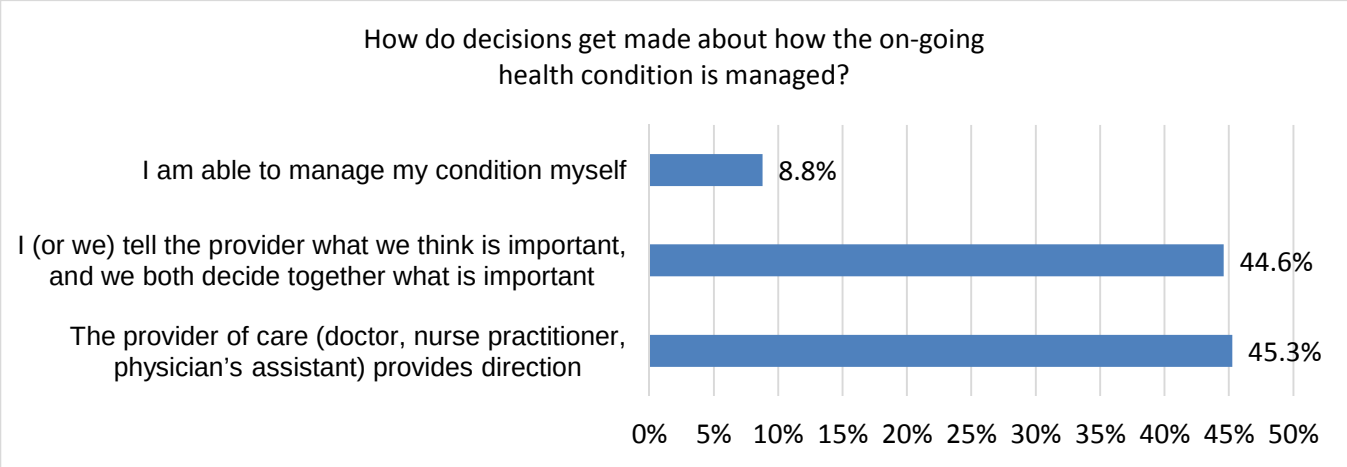
- More than four of five (81.8%) indicate that they are "Very confident" or "Extremely confident" that they can get healthcare services, if needed.

Access to care perceptions are stable – indicating that their ability to get care, when needed, is about the same as it was in past years.



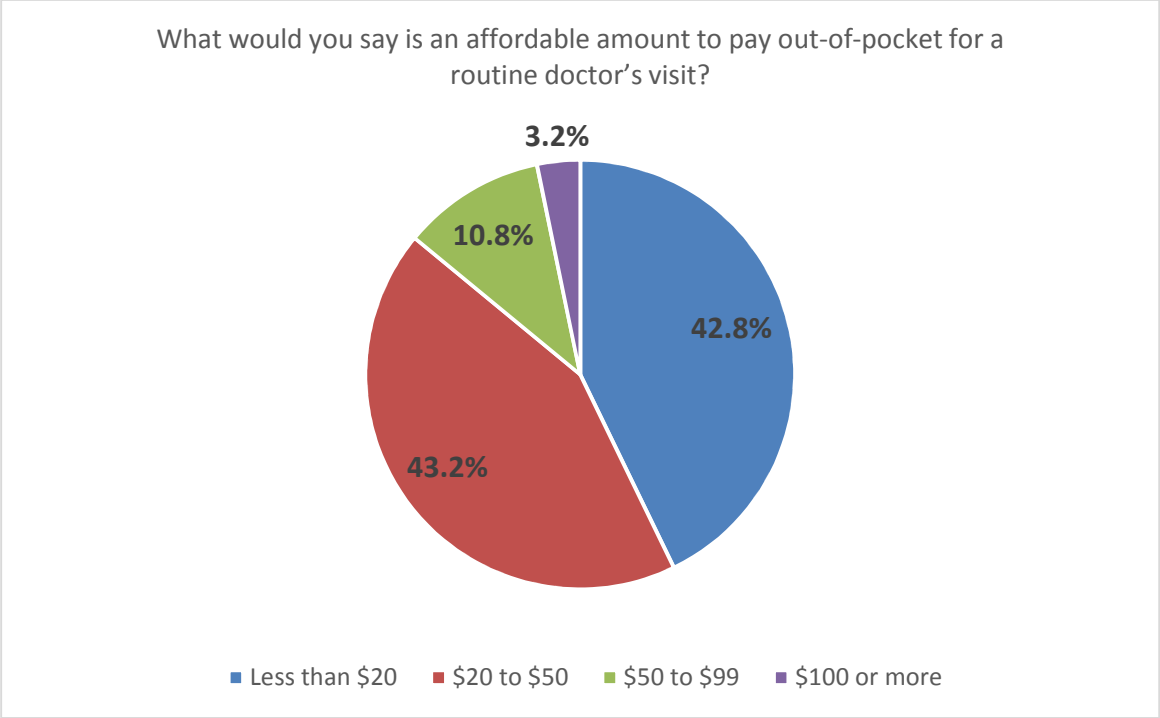
- Most survey participants see little change in their ability to get care, if needed.

Shared decision-making is part of many patients' approach to care.



- Equal percentages of people indicate that (1) they participate in some form of shared decision-making process with their doctor, or, (2) the providers give direction.

When approaching care, patients often note that affordability is a primary obstacle. The telephone survey directly addressed the issue for established clearer understanding of perceptions.



- When asked about the "affordable" cost of a routine doctor's visit, most people (86.0%) stated less than $50.
- The median value was about $25.

Health Attitudes and Perceptions

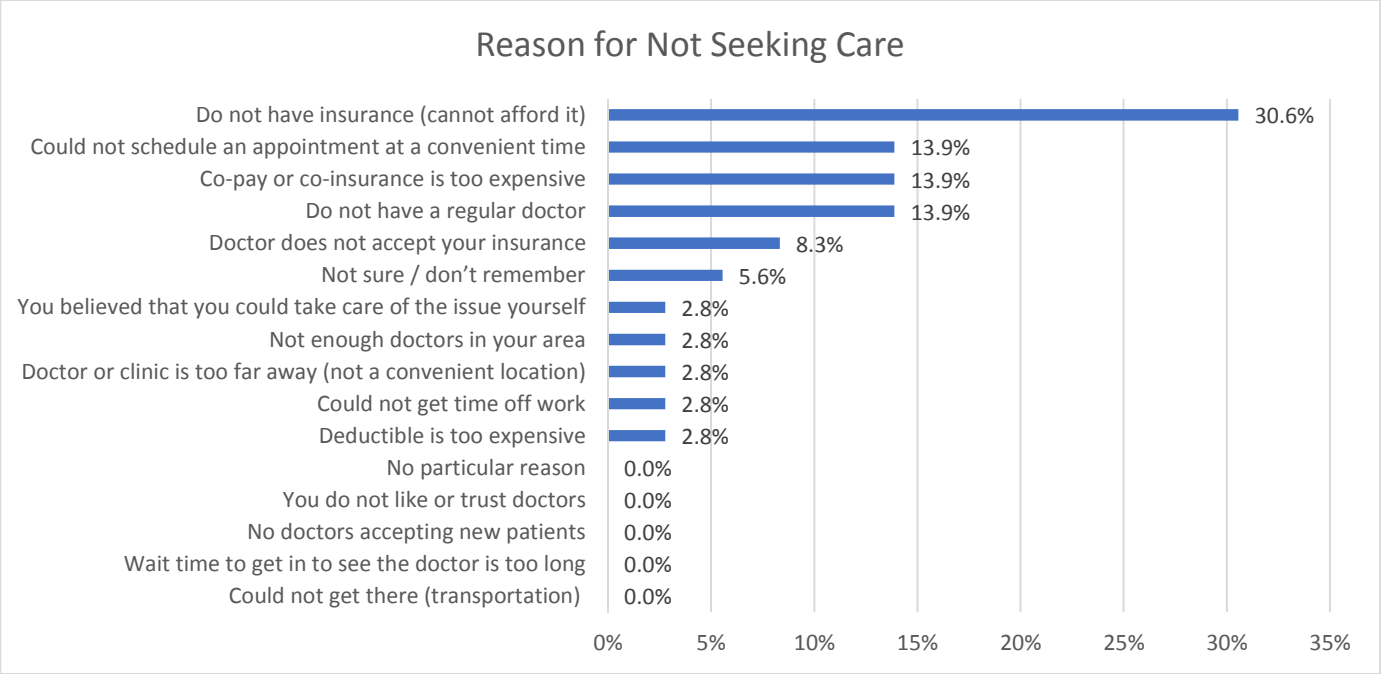
In the telephone survey, respondents were asked about a range of healthcare services or needs, whether or not they needed those services over the past year, and (if they needed the services) were they able to get them. The list of healthcare services or needs is shown below.

Results show that most people who needed services were able to get them.

Health Need	No	Yes. Needed or wanted the service and got the necessary care	Yes. Needed or wanted the service but was unable to get care
Access to birth control	89.0%	10.3%	0.7%
Alcohol misuse prevention or treatment	98.7%	1.3%	0.0%
Cancer screening or cancer treatment	74.7%	24.0%	1.3%
Care coordination or someone to help you set healthcare goals and adhere to medical advice	81.3%	18.0%	0.7%
Emergency dental care	88.0%	11.0%	1.0%
Dental visits for a routine cleaning or check-up	30.3%	66.0%	3.7%
Home health service	86.0%	13.7%	0.3%
Hospice or end-of-life care	95.0%	5.0%	0.0%
Medical check-ups or routine medical exams	24.0%	74.7%	1.3%
Medical care due to sickness or medical condition	53.0%	45.7%	1.3%
Medical treatment due to an accident or injury	80.7%	19.3%	0.0%
Mental health care or counseling	86.3%	12.0%	1.7%
Opioid or other substance misuse prevention or treatment	95.7%	4.3%	0.0%
Preventive health services, such as flu shots, mammograms, pap smears and other types of medical screenings	34.3%	65.0%	0.7%
Services to help maintain a healthy weight	84.3%	14.7%	1.0%
Smoking or tobacco prevention or treatment	95.7%	4.0%	0.3%
Suicide prevention	97.0%	3.0%	0.0%

- Residents actively sought out routine medical exams (74.7%), preventive services (65.0%), and routine dental visits (66%).
- Most of whom got the necessary services.
- Roughly 1% to 2% were unable to get care – most commonly for routine dental care and mental health care.
- Of the 1% to 2% unable to get care, the majority (78.3%) were adults.

For the small percentage of people who said that they did not receive needed services, financial issues were the most common reasons given.



- Financial issues were the most common reasons for not getting care, as a large portion of this category of respondent said that they did not have insurance (30.6%), co-pay or co-insurance is too expensive (13.9%), and/or deductible is too expensive (2.8%).
- Other access issues (e.g., could not schedule at a convenient time, no regular doctor, and others) were also mentioned as reasons for not getting required care.
- There was little difference in "reasons" for adults or children.

The Telephone Survey needs summary helps to quantitatively triangulate insight gained from other CHNA research methodologies while shedding new light on the perceived ability of area residents to get needed services.

Summary of high-priority needs identified in the Concord Hospital Telephone Survey section

- Most participants report being able to access services; few (1% to 2%) are unable to get services – primarily due to financial issues.
- Higher-priority groups of needs include …
  - Affordability of medical services and prescription drugs – Community-wide
  - Access to medical care: Shorter wait times to see a provider; improved transportation to go to appointments
  - Healthcare services for special populations – Low income people, seniors, others
  - Improved access to dental care
  - Other services (e.g., mental health, substance misuse, chronic disease, and others) – Respondents noted them as need but slightly less than others.

Aggregated Research Results and List of Needs

The seven related methodologies yielded a great deal of information. Each of the previous research sections contained a red chevron summary of key results. Those summaries are captured in the tables below. Note that some of the wording may have been slightly modified from the summary chevrons in order to remain consistent across research modalities while still retaining the original intent.

Mobile Health Study	Key Data	Targeted Survey Monkey®	Market Days Survey Cards
Access to care	Chronic disease services and education	Chronic disease services and education	Health literacy
Care coordination	Health literacy	Dental care	Lifestyle issues: Obesity, nutrition, physical activity
Community partnerships	Lifestyle issues: Obesity, nutrition, physical activity	Lifestyle issues: Obesity, nutrition, physical activity	Mental health services
Services and Access for vulnerable populations (older adults, low income, New Americans)	Mental health education, crisis services, and treatment (including youth)	Mental health services	Services and access for low income populations
Transportation	Senior services	Substance misuse prevention / education, urgent care, and appropriate treatment	Substance misuse prevention / education, urgent care, and appropriate treatment
Chronic disease services and education	Services and access for socially vulnerable populations		
	Services for New Americans		
	Services for those with a disability		
	Substance misuse prevention / education, urgent care, and appropriate treatment		
	Services for Veterans		

Stakeholder Interviews	Web-based Survey	Telephone Survey
Emergency Department Care	Access to affordable care and prescription drugs for all residents	Access to affordable care and prescription drugs for all residents
Maternity / Prenatal services and early childhood services	Mental health services	Access to medical care: Shorter wait times to see a provider; improved transportation to go to appointments
Mental health services and other areas in which Trauma Informed Care is needed	Services and access for socially vulnerable populations	Dental care services
Preventive health care	Substance misuse services – education / prevention, urgent care, treatment services	Senior services including companion services to address social isolation and senior healthcare services
School-based services	Transportation	Services and access for low income populations
Senior services including companionship services to address social isolation and senior healthcare services		Substance misuse services – education / prevention, urgent care, treatment services
Services and access for low income populations		
Substance misuse services – education / prevention, urgent care, treatment services		

Prioritized Needs Summary

Based on common themes across research modalities, as summarized on the previous page, the resulting prioritized list of community needs fall into three categories: Access to Affordable Health Care, Mental Health and Substance Misuse, and Healthy Behaviors and Lifestyle-Related Conditions. The breadth of the categories of needs allows Concord Hospital to continue (or possibly expand) successful existing programs and to develop innovative approaches to possibly addressing multiple needs simultaneously. The list of the top need categories and more detailed opportunities for improvement are shown below.

- Access to Affordable Health Care
    - Chronic disease prevention and care – especially for special populations – low income people, seniors, others
    - Access to financial information or resources to make care (and Rx) more affordable
    - Access to medical care: Shorter wait times to see a provider; improved transportation to go to appointments
    - Improved access to dental care
    - Integrated mental health and medical/physical care
    - Overarching themes about integration/care coordination/navigation/education
- Mental Health and Substance Misuse-Related Issues
    - Mental health and chronic disease prevalence among the Medicare population represent specific higher-level needs
    - Prevention, screening, and early intervention efforts (chronic disease and mental health) may be helpful to reduce later onset
    - Mental health services – outpatient, psychiatric, inpatient – for youth, higher-risk adults, seniors, and New Americans
    - Crisis services that can address co-occurring medical and mental health conditions
    - Youth mental health education, stigma, early intervention services
    - Substance misuse treatment and intervention for veterans, patients prescribed pain medication, and others
    - Opioid intervention, crisis care, and treatment
- Healthy Behaviors, Socioeconomic and Environmental Factors
    - Obesity, physical inactivity, and nutrition are among root causes of chronic disease and all pose challenges to the service area
    - Environmental and healthy lifestyle issues are generally good in the service area; however, there may be elevated risks from radon for a portion of the community
    - Neighborhoods in which the Social Vulnerability Index[19] (SVI)is high may benefit from more intention outreach and access to care (i.e., the Capital Region area south of I-393 and east of the river)
    - Programs designed to maintain health and wellness and divert patients from higher levels of care while still meeting their needs

[19] Social Vulnerability Index uses U.S. census variables at tract level to identify. It is a measure based on the synthesis of 42 socioeconomic, demographic and built environment variables.

- Community-based activities to supplement conventional inpatient and outpatient services – helping to avoid readmissions, improve community health, and potentially lowering the total cost of care

Appendices

- Mobile Health Study Executive Summary
- Online Community Survey Screenshots
- Survey Monkey® Targeted Group (Long Term Services and Support Providers) Survey Screenshots
- Survey Monkey® Targeted Group Surveys
- Market Days Survey Card Sample
- Stakeholder Interview Template
- Telephone Survey Instrument
- Select Data Sources for Community Needs Assessment
- Community Resource Guide

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Concord Hospital Mobile Health Study
Executive Summary

December 20, 2017

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ADVISORS

Executive Summary

"Mobile health, broadly defined, is the delivery of health services in community settings or patients' homes through community clinics, co-location, home-based visits, and technology extensions (mobile EMR, secure email, secure texting, mHealth, telehealth, remote patient monitoring and patient portals)." – Illume Advisors

During Fiscal Year 2016, the Concord Hospital and Concord Hospital Trust combined provided for more than $48M in funding and services to individuals within its service area population of more than 134,000 through:

- Community Health Services;
- Health Professions Education;
- Subsidized Health Services;
- Research;
- Direct Financial Contributions;
- Community Building Activities;
- Community Benefit Operations; and
- Charity Care.

The most recent Capital Region Community Needs Assessment[1] (Assessment) was published in 2015, by the Concord Hospital Trust; the leader and collaborative organizer for regular, comprehensive community needs assessments. The Assessment included input from more than 1,700 individuals through focus groups, community listening sessions, telephonic, on-line and written surveys, individual interviews, and incorporated demographic and health status data sets from the Community Commons[2].

The Assessment's highest priority needs identified across each of the input sources included: affordable access to primary, dental and mental health and substance abuse services within and across vulnerable populations such as refugees, the homeless, low income, and low-income seniors. Whereas there was a degree of consistency identified broadly in community needs, the specific drivers of, barriers to, and the individualized service needs themselves were not fully transparent. However, the findings pointed towards transportation, health literacy, and cost and availability of medical, dental and behavioral health providers as likely drivers.

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[1] http://www.concordhospital.org/app/files/public/1232/Capital-Region-Community-Health-Needs-Assessment-2015.pdf
[2] https://www.communitycommons.org/

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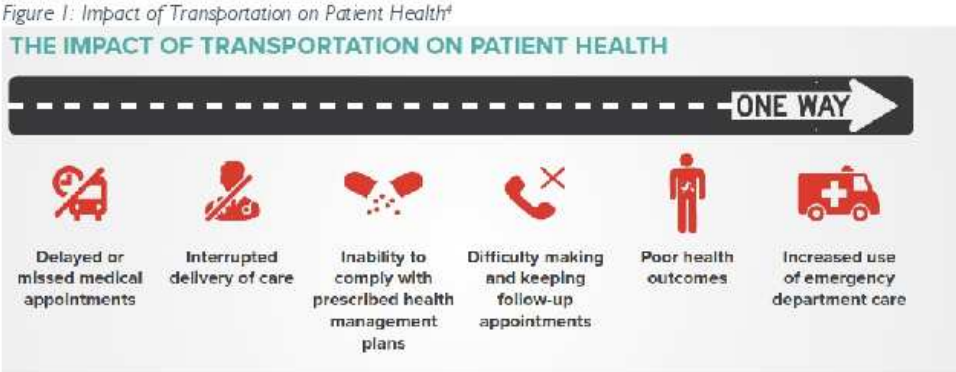
To better serve the population, address unmet needs, and achieve meaningful outcomes in Capital Region Health Care's (CRHC) population health measures, a multidisciplinary workgroup was organized to follow the needs Assessment. Whereas important and successful interventions were underway to improve access to behavioral health and substance abuse and address the primary care workforce in the region, to overcome the transportation challenge, the group considered a mobile van, mobile clinic and/or a broadly defined set of mobile services as potential solutions to mitigate these barriers.

The unmet needs identified in the Assessment, and the initial mobile strategies suggested by the workgroup, align with evidenced-based strategies, such as those identified through a comprehensive national effort by Health Outreach Partners (HOP), which included national data sets, national surveys and community profiles that evaluated for a broad range of interventions. In their reports *Rides to Wellness Community Scan Project, Overcoming Obstacles to Health Care, Transportation Models that Work, and Transportation & Health Access*, HOP cited transportation as a significant barrier to accessing care, affecting 3% to 67% of the population, both urban and rural, with 3.6M Americans missing at least one medical appointment per year due to a lack of transportation.[3] This inability to secure reliable transportation has a detrimental effect on the health status of patients and the population at large (**Figure 1**):

Figure 1: Impact of Transportation on Patient Health[4]



To determine whether mobile health services would indeed have the direct benefit desired by CRHC in its 22-town service area, meet the outcomes necessary to affect the identified community needs, be financially viable, and be designed in such a way that is in keeping with

[3] 2017, Spring. Report entitled "Rides to Wellness Community Scan Project". Health Outreach Partners. https://outreach-partners.org/wp-content/uploads/2017/06/FTA-Comm-Profiles-2.pdf

[4] 2016, October 24. Report entitled "Transportation and Health Access: Where Are We Now and Where Can We Go?". Health Outreach Partners. https://outreach-partners.org/2016/10/24/transportation-health-access-now-go/. **Appendix F**.

highest outcomes for such a venture, the Trust endeavored to conduct a comprehensive feasibility study of practical alternatives resulting in this report.

This initiative is being developed at a time when CRHC is working towards fully implementing a population health strategy and executing on a new strategic plan. The plan has multiple objectives that dovetail with the mobile health project, including:

- Enhancing patient access;
- Re-engineering the primary care model;
- Implementing care coordination across the continuum;
- Creating community partnerships to improve health and support the provision of care; and
- Optimizing movement to value-based and shared-risk reimbursement.

Ultimately CRHC needs to prepare the organization to manage risk with multiple payers, implement sound population health strategies, and manage the health of patients with complex health needs who are often at socioeconomic disadvantage. *Mobile health has the opportunity to play a role in achieving each of these three objectives.*

To determine the role mobile health should play in the Capital Region, Concord Hospital and the Concord Hospital Trust engaged Illume Advisors (Illume) from April through September 2017, to:

1. Leverage the voice of the customer and existing population health data to determine distinct needs across sub-populations, communities and practices;
2. Assess mobile health interventions that would best address needs and reduce barriers among sub-populations (e.g. elderly, refugee/immigrant populations or New Americans);
3. Research national evidence and validated outcomes from community-level interventions;
4. Evaluate the operational, financial and technical feasibility of a mobile van or other community-based mobile health interventions; and
5. Facilitate the prioritization and selection of the best-fit strategies.

Illume conducted interviews with Concord Hospital staff and key community stakeholders, performed a comprehensive literature review for evidence and outcomes, and held focus groups with seniors, refugee and immigrant populations (New Americans), employers and school personnel, and in addition to analyzing pertinent financial, population health and practice data points that serve as indicators of access issues. The data points analyzed included emergency room visits and admissions for care that were most appropriate for an office setting (Ambulatory Care Sensitive Conditions or ACSCs), no-show rates for primary care visits, and stratification of health risk across the population.

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The study found that there is no "one size fits all" approach to mobile health in Concord Hospital's 22-community service area, which is highly reflective of the broad range of needs, preferences and barriers that are experienced across all sub-populations, and are not exclusive to vulnerable populations.

Key Findings

Transportation

1. Transportation is a significant, but not exclusive, barrier impacting all sub-populations and across urban Concord and rural settings;
    a. Senior focus groups identified transportation and health factors which impact mobility as the top two challenges in accessing care;
    b. In the New Americans population, who are largely located in the Heights/Loudon Road area, in addition to transportation, language barriers, a lack of understanding of health system norms, coordination of care, medication adherence and post-care communication posed barriers to care;

Access

2. Among employers interviewed, their leadership placed a high value on convenience, accessibility, price, and location for primary and urgent care;
3. Access to primary and specialty care and lack of continuity of care pose significant challenges across the community, and whereas a myriad of services are already being performed across many communities, these are not necessarily well-known, coordinated and/or effectively leveraged to mitigate access pressures;
4. The prevalence of chronic disease and increasing and/or unmet behavioral health needs exacerbate challenges to the healthcare system across all sites of service and sub-populations;
5. CRHC experiences greater than 12,000 no shows per year resulting in lost revenue of approximately $1 million and nearly 2,000 emergency department visits and admissions for Ambulatory Care Sensitive Conditions (e.g., heart failure, chronic obstructive pulmonary disease or COPD);

Mobile health interest

6. Each sub-population varies in what they view are the most effective mobile health strategies to reduce the challenges they face in accessing healthcare:
    a. New Americans: Identified the greatest interest in mobile health strategies with over 94% indicating they would use some form of mobile health services. They expressed a strong preference for:
        i. Access to doctor or nurse with clinic hours set up in a community building for urgent or preventive care;
        ii. Access to a nurse for follow-up questions set up in a community building; and
        iii. Access to a pharmacist to answer medication problems set up in a community building.

b. Seniors: Seniors said they would use mobile health services depending on the type of service:
    i. 88% would use home based doctor or nurse visits; and
    ii. 70% would use a mobile van or remote monitoring if offered.
c. Employers: Compared to the senior and New American populations, Employers were the least interested in mobile health strategies as a way to reduce challenges their employees faced in accessing healthcare. However, options they saw as most promising included:
    i. Technology extensions including telehealth and remote patient monitoring (RPM);
    ii. Access to a doctor or nurse with clinic hours set up in a community building for urgent or preventive care; and
    iii. Mobile van in more rural parts of the CRHC service area.
d. Schools: Limited data was available due to lack of availability of key stakeholders as the research fell during the summer months, however, outside of the formal mobile health study a sub-set of primary service area school districts have expressed needs in their community that could be addressed through mobile health options;

Operational and Technical Feasibility

7. CRHC is currently undergoing a significant enterprise EHR implementation starting December 2017. Once the new system is stabilized in 2018, ongoing work will provide the opportunity to enhance communication and enable mobile health strategies, including incorporating telehealth services and texting options on a broader scale.
8. For low-income populations, school-based programs are well received, but staffing and documentation into the CRHC electronic health record (EHR) fall short as the current model leverages only residents and school-owned paper records. Further, low volume in small communities places stress on potential operational and financial models;

Other

9. Additional findings, important to the strategy and work of CRHC, were captured and included in the full report.

Conclusions

Important objectives of the study included having a deeper understanding of the needs of the sub-populations and communities and their interest in mobile health interventions overall. Based on the findings, it is clear to the research team that mobile, community-based care holds the potential to significantly reduce barriers to access and improve health outcomes across CRHC's service region. The following outlines more detailed conclusions drawn from the highlighted findings:

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1. Community-based mobile health services will help to overcome transportation, mobility, language and communication barriers. Diverse mobile health strategies, customized to the sub-population and their specific needs and leveraging existing community partnership networks, are essential;
2. CRHC will need to develop a multi-strategy framework for Non-Emergent Medical Transportation (NEMT) and Patient-Centered Transportation as suggested in the Health Outreach Partners Model;
3. There is a need to broaden the range of services offered at existing, remote office locations to minimize travel and expense to the main campus (e.g., access to radiology at Epsom and physical therapy at FHC-Hillsboro);
4. Expansion of community-based services, targeting the Heights/Loudon Rd area, where there is a high concentration of New Americans needs to be explored;
5. There is a need to consider mobile health strategies as part of the broader primary care planning as a potential set of strategies to improve access and/or "decant" practice-based volume;
6. Mobile health may draw in new individuals to CRHC by extending its reach to individuals that would be hindered in accessing services on the main campus or satellite offices;
7. While it is understood that not all of the no-shows or ACSC admissions would or should be remedied through community-based mobile health services, these findings serve as a strong indicator that there is sufficient market demand across the communities and each of the existing practices, to support further evaluation of mobile health strategies;
8. Utilization of community partners will be important as mobile health strategies are considered and will help guide individuals to access services and facilitate technology uptake;
9. Newly introduced models in the CRHC region for homeless, substance-use and behavioral health shed light on the potential for other community-based services;
10. Exploring opportunities to expand partnership with CRVNA to deliver mobile health services needs to be considered to avoid duplication of services and with the emerging needs (e.g., home care, wound care, nutrition, social isolation, mobility) of a more complex, aging population;
11. Employers are most interested in partnering with CRHC to expand access to healthcare through innovative strategies that improve convenience, improve productivity and address presenteeism;
12. Mobile health strategies should consider an array of options that would seek to address all levels of access including routine, chronic and urgent care services;
13. Evaluation of opportunities to partner with and deliver additional care services in target school districts;
14. Due to the implementation of a new enterprise EHR there is little bandwidth in the short term for new IT and clinical initiatives, so careful prioritization of any mobile health activities will be required; and

15. Understanding the current utilization and impact of payer directed telehealth services in the employer and CHMG patient populations will be important in gaining a better understanding of payer collaborative opportunities as part of the broader approach to telehealth.

Mobile Health Strategy Prioritization

Having confirmed the demand for mobile health services in the community, the researchers endeavored to create a short list of options for the senior team to consider for further business planning and feasibility evaluation. To facilitate the prioritization and selection of the best-fit strategies, the researchers identified four key interventions that were aligned with the HOP findings, and were tested with each of the focus groups. These included:

1. Home-based clinician primary care visits provided by an ARNP or PA with a mobile health backpack in partnership with CRVNA services (target populations: complex/seniors);
2. Community medical team using community buildings to deliver primary and urgent care services. Staffing model is based on a broader multi-disciplinary team including an ARNP, part-time physician, care manager or nurse navigator and community health worker. (target populations: seniors, New Americans).
3. Mobile van. Van fully equipped to provide primary and urgent care services. Staffed with a multi-disciplinary team including an ARNP, part-time physician, care manager and community health worker (target population: employers).
4. Remote patient monitoring. Remote patient monitoring (RPM) using mobile medical devices and technology to enable monitoring of patients outside of conventional clinical settings, such as at home. RPM requires RN monitoring. (target populations: seniors, employers).

Decision criteria were developed to assist CRHC in identifying the top two priorities, from the four best-fit options, to provide additional operational and financial analysis and market assessment. The decision criteria assessed for:

- Impact of program or service: The degree of demonstrable impact the program or service will have on the breadth of the population, including improvements to quality, access and satisfaction;
- Degree of strategic alignment: The extent to which the program or service directly aligns with organizational and/or community needs strategy and broader strategic plan.
- Measurable efficiency: The realized savings in medical, variable, personnel or fixed costs in a 12-month period post implementation;
- Financial sustainability: The degree to which the program or service generates revenue or is eligible for long-term outside funding sources to offset its operating costs;
- New resource requirements: The number of new resources as FTEs and/or contracted resources required to offer the program and service;

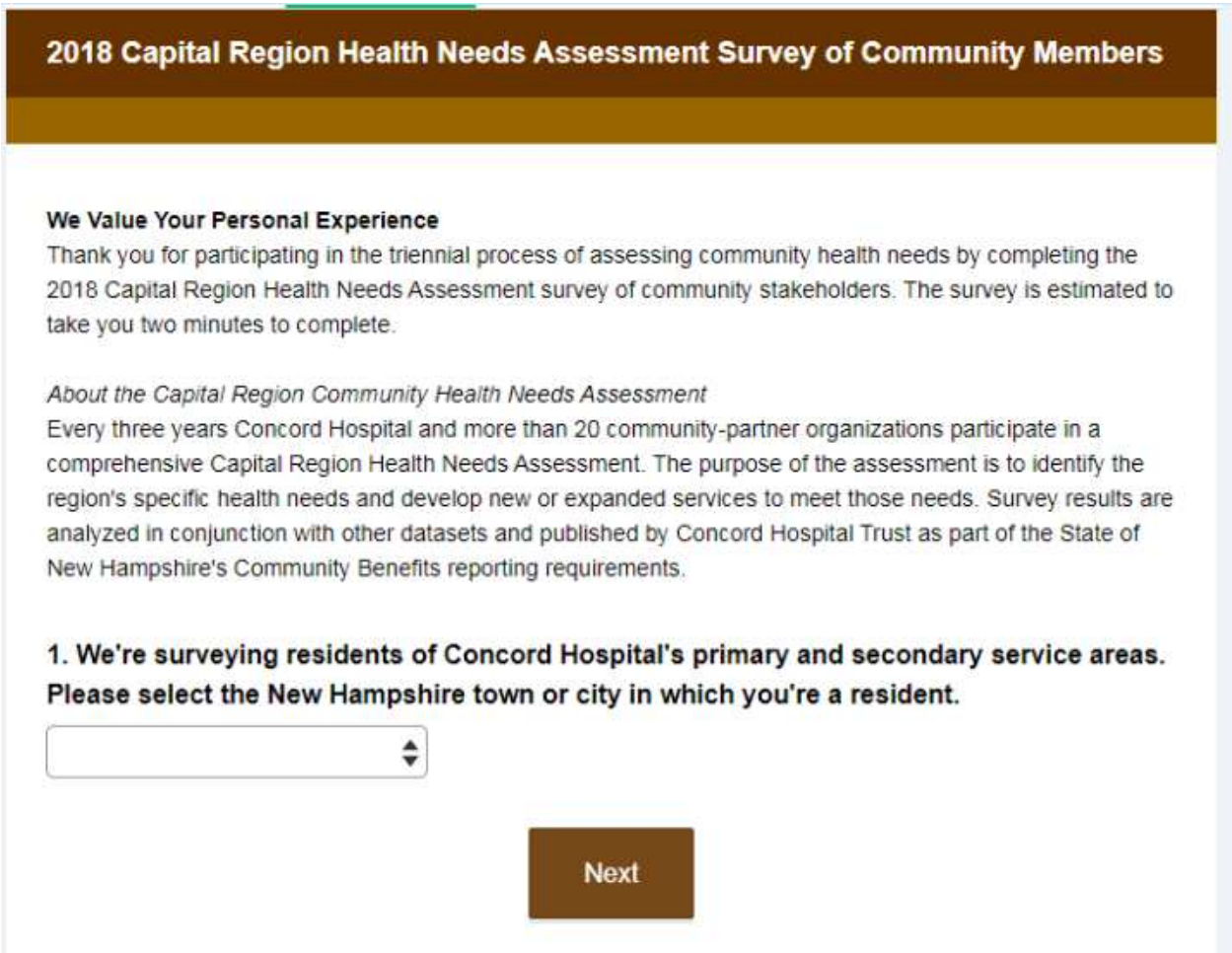
- Internal resource effort: Estimated number of hours for resources to stand-up and annually support the product or service;
- Operational and technical feasibility: The degree of operational and technical feasibility to stand-up and support the product or service.

By taking the four intervention opportunities and applying weighting, and scoring that recognize the potential for impact, effectiveness, and strategic alignment, two of the options (#1 and #2) are recommended for priority consideration in CRHC's strategic planning efforts.

1. Home-based clinician primary care visits provided by an ARNP or PA with a mobile health backpack in partnership with CRVNA (target populations: complex/seniors);
2. Community medical team using community buildings to deliver primary and urgent care services. Staffing model is based on a broader multi-disciplinary team including an ARNP, part-time physician, care manager or nurse navigator and community health worker. (target populations: seniors, New Americans).

Recommendations

To build on the output of this study, we recommend initiating an internal feasibility and business planning process for the top two priorities in the context of the primary care planning and population health strategies. We would also recommend further exploration of some of the primary and ancillary findings from this study as part of the 2018 CRHC Community Health Needs Assessment.



2018 Capital Region Health Needs Assessment Survey of Community Members

We Value Your Personal Experience

Thank you for participating in the triennial process of assessing community health needs by completing the 2018 Capital Region Health Needs Assessment survey of community stakeholders. The survey is estimated to take you two minutes to complete.

About the Capital Region Community Health Needs Assessment

Every three years Concord Hospital and more than 20 community-partner organizations participate in a comprehensive Capital Region Health Needs Assessment. The purpose of the assessment is to identify the region's specific health needs and develop new or expanded services to meet those needs. Survey results are analyzed in conjunction with other datasets and published by Concord Hospital Trust as part of the State of New Hampshire's Community Benefits reporting requirements.

1. We're surveying residents of Concord Hospital's primary and secondary service areas. Please select the New Hampshire town or city in which you're a resident.

Next

2018 Capital Region Health Needs Assessment Survey of Community Members

2. Please identify priority health needs for you and your family.

3. Please identify priority health needs for the broader community.

4. Please identify nonmedical factors that impact the health of the broader community.

Prev Done

2018 Capital Region Health Needs Assessment Survey of Long Term Service & Support Providers

We Value Your Professional Knowledge & Experience

Thank you for participating in the triennial process of assessing community health needs by completing the 2018 Capital Region Health Needs Assessment survey of community stakeholders. The survey is estimated to take you four minutes to complete.

About the Capital Region Community Health Needs Assessment

Every three years Concord Hospital and more than 20 community-partner organizations participate in a comprehensive Capital Region Health Needs Assessment. The purpose of the assessment is to identify the region's specific health needs and develop new or expanded services to meet those needs. Survey results are analyzed in conjunction with other datasets and published by Concord Hospital Trust as part of the State of New Hampshire's Community Benefits reporting requirements.

Next

2018 Capital Region Health Needs Assessment Survey of Long Term Service & Support Providers

1. Please identify priority health needs for your patients and their families:

2. Please identify priority health needs for the broader community:

3. Please identify nonmedical factors that impact the health of the patients in your care and the broader community:

4. Access to health services means the timely use of personal health services to achieve the best health outcomes. In your opinion, what health services are the most difficult for community members to access?

5. In your opinion, what's the status of the following priority health needs identified in the 2015 Capital Region Health Needs Assessment Report?

	Met	Partially Met	Not Met
Access to affordable healthcare	○	○	○
Drug and substance use services	○	○	○
Behavioral health access and affordability	○	○	○
Cardiovascular health	○	○	○
Understanding insurance and the healthcare system	○	○	○

Who is addressing these needs? And, do you have recommendations on what could or should be done to address them?

2018 Capital Region Health Needs Assessment

Survey Monkey® Targeted Group Surveys

See Survey Monkey® Sample of Long Term Services and Support Providers for complete questions used in all surveys.

School Counselors & Nurses

1. Please identify priority health needs for your students and their families:
2. Please identify priority heath needs for the broader community:
3. Please identify nonmedical factors that impact the health of your students and the broader community:

Business Partners in Health

1. Please identify priority health needs for your employees and their families:
2. Please identify priority heath needs for the broader community:
3. Please identify nonmedical factors that impact the health of your employees and the broader community:
4. How can businesses be more engaged in responding to health of their employees:

Early Childcare Providers (Ages 0-5)

1. Please identify priority health needs for the children in your program, ages 0-5 years, and their families:
2. Please identify priority heath needs for the broader community:
3. Please identify nonmedical factors that impact the health of the children in your care and the broader community:

Faith-Based Community Leaders

1. Please identify priority health needs for the members of your congregation and their families:
2. Please identify priority heath needs for the broader community:
3. Please identify nonmedical factors that impact the health of your congregation and the broader community:

Emergency Service Professionals

1. Please identify priority health needs for your patients and their families:
2. Please identify priority heath needs for the broader community:
3. Please identify nonmedical factors that impact the health of your patients and the broader community:

Young Professionals

1. Please identify priority health needs for other young professionals and their families:
2. Please identify priority heath needs for the broader community:
3. Please identify nonmedical factors that impact the health of your peers and the broader community:

Long Term Services and Support Providers

1. Please identify priority health needs for your patients and their families:
2. Please identify priority heath needs for the broader community:
3. Please identify nonmedical factors that impact the health of the patients in your care and the broader community:

Concord Hospital Medical Staff and CRVNA Home Care team

1. Please identify priority health needs for your patients and their families:
2. Please identify priority health needs for the broader community:
3. What health services are the most difficult for community members to access?

Concord Hospital Employees

1. Please identify priority health needs for patients we serve and their families:
2. Please identify priority health needs for the broader community:
3. Please identify nonmedical factors that impact the health of patients we serve and the broader community:

2018 Capital Region Health Needs Assessment

A Collaborative Partnership Facilitated by Concord Hospital

So that we might better serve the health needs of our community members, **please identify the following items**:

1. Priority health needs for you and your family: _____
   _____
   _____

2. Priority health needs for the broader community: _____
   _____
   _____

3. Nonmedical factors that impact the health needs of the broader community: _____
   _____
   _____

4. Town/City you reside in: _____

CONCORD HOSPITAL

Stakeholder Interview Template[20]
Capital Region Health Needs Assessment 2018

Introduce yourself, if necessary. Introduce the purpose and the focus of the interview. Remember, your task is to find out what the other person thinks, and to refrain from inserting your own opinions into the interview.

Thanks for taking time for this discussion today. We are part of a workgroup organized by Concord Hospital to assess the health needs of the region. As a part of a community benefit reporting responsibilities, every three years, we need to conduct an assessment of the health needs of the community – both needs that are currently being met and unmet needs. We have decided to interview you because we value your perspective on the health needs in the Capital Region community. We are also conducting consumer surveys and focus groups, as well as analyzing the "hard data" about the health needs in the community. Our primary purpose is to use this information to help us make the community better for the people who live here. Obviously, every community has many needs, but we want to hear what you think are the most important health needs in this community. I will be taking notes as we talk. Do you have any questions before we begin? *Answer them*

1. First, when you think of the health needs of the capital region community, what especially vulnerable populations do you think deserve our particular attention?

List them. Ask for name of contact person who works particularly with each population.

When we conducted our last health needs assessment, in 2015, we identified the following health needs in our community:

- Affordability
- Drug and Substance Use
- Behavioral Health Access and Affordability
- Cardiovascular Health
- Understanding Insurance and the Healthcare System

[20] NOTE: In some cases, interviews were able to address related issues helpful to the CHNA process but not explicitly noted in the template. The approach allowed the interviews to learn more in-depth, insightful information regarding CHNA-related topics. Information learned using this approach is embedded in the research results.

Keeping those needs in mind, and from your perspective, what do you think are the most important health needs in this community? Your list should include health needs that are currently being met as well as health needs that are not currently being met.

Write them in a list, and make sure to ask for clarification, if needed. Once the list is relatively complete (probably about 10 items long; see next page for template), go back to the first item and work your way through. In each case ask:

3. Is this a met need or an unmet need?

4. For the health needs that are currently being met: who (or what organization) is meeting those needs? *List the groups next to the needs they are addressing.*

5. Does anything more need to be done to address this need?

Write down any specific suggestions.

6. Of the priority health needs that are not already being met adequately, which do you think are the top three? *Write the priority number next to each need: 1 = top priority.*

7. For the top health unmet needs you have identified: You said that ……. is an important community need. What, specifically, ought to be done about ……?

Repeat this with at least the top 3 unmet needs, beginning with the #1 priority need.

8. Is there anything else that you would you like us to know as we begin to think more about how to address these needs? *Write down responses to this in as much detail as you can.*

Thank you very much for your time. We are having this same discussion with several community leaders. We will be putting all of the information together soon and we will develop a plan to make the health services in our community even better and more comprehensive for the people who live here.

Helpful Information for Interviewer Reference: Region Served

Concord Hospital's Primary Service Area:

Town	Zip Code
Allenstown	03275
Andover	03216
Barnstead	03218
Boscawen	03303
Bow	03304
Bradford	03221
Canterbury	03224
Center Barnstead	03225
Chichester	03258
Concord	03301
Deering	03244
Dunbarton	03046
Epsom	03234
Henniker	03242
Hillsborough	03244
Hopkinton	03229
Loudon	03307
Northwood	03261
Pembroke	03275
Penacook	03303
Pittsfield	03263
Salisbury	03268
Suncook	03275
Warner	03278
Washington	03280
Weare	03281
Webster	03303
Windsor	03244

INTRODUCTION

Hello, my name is_____, and I'm calling on behalf of Concord Hospital and its partners. We are conducting a community health care needs assessment survey. I assure you that this is not a sales call. We are only interested in your opinion.

[IF RESPONDENT ASKS HOW LONG THIS WILL TAKE] The survey takes about 10 minutes to complete, and it is important because it helps us to better understand community members' health needs.

SA1. For statistical purposes only, are you 18 years old or older?
YES (continue)
NO (re-screen for anyone AGE 18+)
(DON'T KNOW/REFUSED) - terminate

SA. Are you the decision-maker or the person who makes most of your family's health care decisions?
YES (continue)
NO (RE-SCREEN: May I speak with the decision-maker in this household?)
(VOL) DON'T KNOW/REFUSED (terminate)

SB. Which town do you live in? (Do not read list; record response accurately)

Allenstown	Hooksett
Andover	Hopkinton
Barnstead	Loudon
Boscawen	Northwood
Bow	Pembroke
Bradford	Penacook
Canterbury	Pittsfield
Center Barnstead	Salisbury
Chichester	Suncook
Concord	Warner
Deering	Washington
Dunbarton	Weare
Epsom	Webster
Henniker	Windsor
Hillsborough	OTHER (terminate)

PRIMARY CARE (ACCESS TO CARE)

1. Where do the adults in your household usually go for routine medical care? (Do not read list; record closest response)
   - Doctor's office (private physician, or group practice)
   - Concord Hospital Family Health Center
   - Hospital emergency room
   - Walk-in urgent care facility at Concord Hospital
   - Retail sites such as Wal-Mart, Walgreen's, or others
   - Dartmouth Hitchcock, Concord Clinic
   - ConvenientMD Urgent Care
   - Do not have a place where adults go when needing routine medical care
   - Other SPECIFY _____

2. Where do you usually take the children in your household for routine medical care? (Do not read list; record closest response)
   - Doctor's office (private physician, or group practice)
   - Concord Hospital Family Health Center
   - Hospital emergency room
   - Walk-in urgent care facility at Concord Hospital
   - Retail sites such as Wal-Mart, Walgreen's, or others
   - Dartmouth Hitchcock, Concord Clinic
   - ConvenientMD Urgent Care
   - Do not have a place where adults go when needing routine medical care
   - Other SPECIFY _____

APPROPRIATE USE OF THE EMERGENCY DEPARTMENT

3. In the past 12 months, have you or a family member been to a hospital as an overnight patient, an outpatient, or used an emergency room? (ACCEPT ALL MENTIONS)
   - Overnight patient <<Go to Q5>>
   - Outpatient <<Go to Q5>>
   - Used an emergency room << Go to Q4>>
   - (VOL) Never been to a hospital the past 12 months <<Go to Q5>>
   - (VOL) Don't know/Refused <<Go to Q5>>

4. Thinking about your emergency room visit(s) over the past 12 months, which of the following issues I will read to you describe the reason why you chose to use the emergency room? You can say YES or NO as I read each.

   I had medical symptoms that I believed to be an emergency.
   My doctor's office was closed, and I did not want to wait until they re-opened.
   My primary care doctor's office was open but I could not get an appointment soon enough.
   The emergency room costs me less money.
   The emergency room is more convenient for me.
   My doctor's office directed me to go there
   I do not have a doctor and did not know where else to go.

CHRONIC DISEASE

5. Would you say your general health is excellent, very good, good, fair or poor?
   - Excellent
   - Very good
   - Good
   - Fair
   - Poor
   - (VOL) DON'T KNOW/REFUSED

6. Do you, or anyone in your household, have any type of health condition (such as asthma, cancer, diabetes **[dah-yuh-BEE-tis]**, heart disease, high cholesterol, hypertension, etc.) that requires on-going medical attention?
   - Yes [Go to Q7]
   - No [Skip to Q9]

7. How actively do you or your family member manage health condition that requires on-going medical attention?
   - Not at all
   - Not very actively
   - Some
   - Very actively

8. How do decisions get made about how the on-going health condition is managed? [READ LIST]
   - The provider of care (doctor, nurse practitioner, physician's assistant) provides direction
   - I (or we) tell the provider what we think is important, and we both decide together what is important
   - I am able to manage my condition myself
   - (VOL) DON'T KNOW/REFUSED

ACCESS TO CARE

9. I am going to read you a short list of healthcare services and ask if anyone in your household has **needed or wanted** each type of service in the past 12 months and was able or unable to get care, for any reason. For each healthcare service that I read, please respond:

   1 (NO) Did not need the service

   2 (YES) Needed or wanted the service and got the necessary care

   3 (YES) Needed or wanted the service but was unable to get care

   9a. [IF Q9=3] Did you need or want to **get services for adults, for children, or both?** (ACCEPT MULTIPLE RESPONSES)

   1 FOR ADULTS

   2 FOR CHILD/CHILDREN

   3 FOR BOTH

   4 (DON'T KNOW/REFUSED)

Did you or someone in your home need … (RANDOMIZE)	(a) No	(b) Yes. Needed or wanted the service and got the necessary care	(c) Yes. Needed or wanted the service but was unable to get care	
			ADULTS	CHILDREN
a. Access to birth control				
b. Alcohol misuse prevention or treatment				
c. Cancer screening or cancer treatment				
d. Care coordination or someone to help you set healthcare goals and adhere to medical advice				
e. Emergency dental care				
f. Dental visits for a routine cleaning or check-up				
g. Home health service				
h. Hospice or end-of-life care				
i. Medical check-ups or routine medical exams				
j. Medical care due to sickness or medical condition				
k. Medical treatment due to an accident or injury				
l. Mental health care or counseling				
m. Opioid or other prescription drug abuse prevention or treatment				
n. Preventive health services, such as flu shots, mammograms, pap smears and other types of medical screenings				
o. Services to help maintain a healthy weight				
p. Smoking or tobacco prevention or treatment				
q. Suicide prevention				

[ASK Q10 TO ANY OR ALL ITEMS ANSWERED "3=Unable to get care" in Q9]

10. What is the primary reason why you were unable to obtain this type of care?
[DISPLAY ITEM FROM Q9 ANSWERED WITH PUNCH 3 ONE AT A TIME]

[DO NOT READ LIST; MARK THE CLOSEST RESPONSE]

- Do not have a regular doctor
- Do not have insurance (cannot afford it)
- Deductible is too expensive
- Co-pay or co-insurance is too expensive
- Could not get time off work
- Could not schedule an appointment at a convenient time
- Could not get there (transportation)

- Doctor or clinic is too far away (not a convenient location)
- Doctor does not accept your insurance
- Not enough doctors in your area
- Wait time to get in to see the doctor is too long
- No doctors accepting new patients
- You do not like or trust doctors
- You believed that you could take care of the issue yourself
- No particular reason
- Not sure / don't remember
- Other (specify)
- (VOL) DON'T KNOW/REFUSED

11. In the past 12 months, have you or anyone else in your household needed or wanted to fill a drug prescription?
    YES (GO TO Q11a)
    NO (No prescriptions needed or wanted) [Skip to Q#13]

    11a. [IF YES IN Q11] I will read you a few statements about your household's drug prescription refill in the past 12 months. Please answer YES or NO as I read each.

    a) The Prescriptions needed or wanted were for **CHILDREN**, and I was able to fill ALL of them <<Skip to Q#13>>
    b) The Prescriptions needed or wanted were for **ADULTS**, and I was able to fill ALL of them <<Skip to Q#13>>
    c) I was ABLE to fill ONLY SOME or NONE of the Prescriptions needed or wanted for **CHILDREN** <<Go to Q#12>>
    d) I was ABLE to fill ONLY SOME or NONE of the Prescriptions needed or wanted for **ADULTS** <<Go to Q#12>>

    INTERVIEWER, IF EITHER c) or d) ARE SELECTED – OR BOTH – GO TO Q#12; OTHERWISE, GO TO Q#13.

12. What is the primary reason why you were unable to fill drug prescriptions? [DO NOT READ LIST; MARK THE CLOSEST RESPONSE]
    - Could not afford it
    - No insurance (respondent does not have insurance)
    - Not covered by insurance (have insurance, but did not pay, or not pay enough)
    - Could not get to pharmacy (no transportation)
    - Could not get time off work
    - Did not think I needed it
    - Other (specify)
    - (VOL) DON'T KNOW/REFUSED

COMMUNITY NEEDS

13. I am going to read a list of healthcare services or things that impact the ability of people to access services. Please use a 5-point scale with 1 being "No need at all for more" and 5 being "Great need for more" of this service.
    - 6=(VOL) DON'T KNOW/REFUSED

    (RANDOMIZE)
    a. Access to birth control
    b. Alcohol misuse prevention or treatment
    c. Care coordination or someone to help you set healthcare goals and adhere to medical advice
    d. Grief or bereavement support
    e. Home healthcare
    f. Healthcare services for low income people
    g. Hospice and end-of-life service
    h. Maintaining a healthy weight
    i. Quicker access – shorter wait time – to a doctor's office
    j. Medical care services for children
    k. Mental health care services for children
    l. Dental care services for children
    m. Medical care services for adults
    n. Mental health care services for adults
    o. Dental care services for adults
    p. More affordable medical care
    q. More affordable prescription drugs
    r. Pain management
    s. Opioid or other prescription drug abuse prevention or treatment
    t. Services for seniors
    u. Suicide prevention
    v. Transportation to get to healthcare services

14. Of the list that we just covered, which **ONE** do you think is the most important health need of people in your area? [**DO NOT READ LIST**] **[OPEN-END; with pre-coded list – USE SAME LIST AS Q13]**

15. What would you say is an affordable amount to pay out-of-pocket for a routine doctor's visit?
    a. Less than $20
    b. $20 to $50
    c. $50 to $99
    d. $100 or more
    e. (VOL) DON'T KNOW/REFUSED

HEALTH STATUS and ACTIVATION

16. Has your ability to get healthcare gotten easier or more difficult or stayed about the same in the past few years?
    - Much easier
    - Somewhat easier
    - About the same / no change
    - Somewhat more difficult
    - Much more difficult
- (VOL) DON'T KNOW/REFUSED

17. How would you rate your overall satisfaction with life in the community where you live? Would you say you are:
    - Completely satisfied
    - Very satisfied
    - Somewhat satisfied
    - Not satisfied at all
- (VOL) DON'T KNOW/REFUSED

18. How confident are you that your family can get care if they need it? Are you:
    - Extremely confident
    - Very confident
    - Somewhat confident
    - Not confident at all
    - (VOL) DON'T KNOW/REFUSED

19. How often are you persistent in asking your doctor questions about your health and the treatment(s) prescribed until you are sure that you understand?
    - Always
    - Sometime
    - Rarely
    - Never
    - (VOL) DON'T KNOW/REFUSED

20. How confident are you that you can identify when it is necessary for you to get medical care?
    - Very confident
    - Confident
    - Somewhat confident
    - Not at all confident
    - (VOL) DON'T KNOW/REFUSED

Next, I will read you statements and please let me know whether you STRONGLY AGREE, AGREE, DISAGREE or STRONGLY DISAGREE with each statement as it applies to you personally. Your answers should be what are true for you and not just want you think the doctor wants you to say. If the statement does not apply to you, please just say so.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- (VOL) DOES NOT APPLY TO ME

21. When all is said and done, I am the person who is responsible for managing my health.
22. Taking an active role in my own healthcare is the most important factor in determining my health and ability to function.
23. I am confident that I can take actions that will help prevent or minimize some symptoms or problems associated with my health.
24. I am confident that I can maintain lifestyle changes, like eating right and exercising, even during times of stress

In these next statements, please tell me whether you AGREE STRONGLY, AGREE, DISAGREE or DISAGREE STRONGLY on each.

- Agree strongly
- Agree
- Disagree
- Disagree strongly
- Not applicable

(RANDOMIZE)

25. I /We are able to follow the provider's recommendations about what foods to eat and to avoid
26. I/We follow the provider's recommendation about how much physical exercise is advisable
27. I/We follow the provider's recommendation regarding use of medications and supplements.
28. I/we avoid the things that may be harmful to my health such as cigarettes, alcohol, or other substances, excess sugar

29. Next, please tell me if you believe each statement is an IMPORTANT part, a SLIGHTLY IMPORTANT part, a VERY IMPORTANT part or NOT AN IMPORTANT PART AT ALL of a healthy community?

1 = Not important at all
2 = Slightly important
3 = Important
4 = Very important
5= (VOL) DON'T KNOW/REFUSED

- Easy, affordable access to healthy food
- Transportation to services
- Affordable housing
- Access to educational, economic, and job opportunities
- Quality of education and job training
- Availability of community-based resources in support of community living and opportunities for recreational and leisure-time activities
- Public safety / a safe environment
- Social support
- Access to the Internet

DEMOGRAPHICS

30. In what year were you born?
[ENTER 4 DIGIT YEAR OF BIRTH] RANGE: 1900 to 2000
[CODE REFUSED=9999]

30a. ***[IF REFUSED IN Q30]*** *Could you tell me at which of these age groups you belong? (READ LIST)*

18-24
25-34
35-44
45-54
55-64
Or are you 65 or older?
Refused

QAGE: CODE Q30 + Q30A:
18-24
25-34
35-44
45-54
55-64
65+
Refused

31. What is the highest grade or year in school you completed? **[DO NOT READ]**
    - Less than high school
    - Graduated high school
    - Some college or vocational training
    - Graduated vocational/technical college
    - Graduated college (4-year Bachelor Degree)
    - Attended Graduate or Professional school (Masters, PhD, MPA, Lawyer)

32. What was your total annual household income last year? Was it..?
    - Less than $20,000
    - $20,000 to $34,999
    - $35,000 to $49,999
    - $50,000 to $64,999
    - $65,000 to $79,999
    - $80,000 to $94,999
    - Over $95,000

    (VOL) DON'T KNOW/REFUSED

33. GENDER (by OBSERVATION) – ASK THIS UP FRONT

[**INTERVIEWER:** IF YOU ARE UNCERTAIN OF THE RESPONDENT's GENDER, ASK POLITELY] Are you a…?

a. Male
b. Female
c. (VOL) Transgender
d. (VOL) Other or DON'T KNOW/REFUSED

34. How would you best describe your race and/or ethnicity? (Open ended)

CLOSING: That was the last question. THANK YOU for your time and participation. Have a great rest of the day/evening.

Select Data Sources for Community Needs Assessment

DATA SOURCE	REFERENCE
CONCORD HOSPITAL MOBILE HEALTH STUDY	Concord Hospital Internal documents
CATCONCORD HOSPITAL NEIGHBORHOOD HOUSING STRATEGIC PLANNING 2017 ENVIRONMENTAL SCAN	https://www.catchhousing.org/
CRVNA ADMISSIONS BY TOWN 2016 AND 2017	Mobile health document
CONCORD HOSPITAL INTERNAL DATA: ACSC, PRACTICE LEVEL	Concord Hospital Internal documents
CONCORD HOSPITAL POPULATION HEALTH CURRENT STATE ASSESSMENT	Concord Hospital Internal documents
COMMUNITY PROFILE DATA - EMPLOYERS	Mobile health document
CONCORD HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT 2015	www.concordhospital.org
CAPITAL REGION COMMUNITY HEALTH IMPROVEMENT PLAN 2015	http://www.capitalareaphn.org/initiatives/public-health-advisory-council
CONCORD HOSPITAL PRIMARY CARE DEVELOPMENT PLAN 2018	Concord Hospital Internal documents
THE ABCS OF SCHOOL-BASED HEALTH CENTER PATCH	Concord Hospital Internal documents
2015 KIDS COUNT PROFILE (ANN CASEY FOUNDATION)	https://datacenter.kidscount.org/
2017, 2016, 2015 YOUTH RISK BEHAVIOR SURVEY RESULTS	https://wisdom.dhhs.nh.gov/wisdom/#TopicGroup_8985E7A8FAD548A59514D91EAA707A9C
MAPNHHEALTH	https://www.mapnhhealth.org/
NH WISDOM	https://wisdom.dhhs.nh.gov
CDC	https://www.cdc.gov/nchs/pressroom/states/newhampshire/newhampshire.htm
NH ORAL HEALTH BASELINE SURVEY 1, APRIL 2017	https://nhoralhealth.org
REFUGEE STATISTICS	https://www.dhhs.nh.gov/omh/refugee/
STATE OF NH HEALTH IMPROVEMENT PLAN 2013-2020	https://www.dhhs.nh.gov/dphs/documents/nhship2013-2020.pdf
NH ENVIRONMENTAL PUBLIC HEALTH TRACKING PROGRAM	https://wisdom.dhhs.nh.gov/wisdom/#StartPage_69A411AED88A4247BC1AF177B6B0B06E
BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS)	http://nhhealthwrqs.org/HealthWRQS2?SubSystem=BRFSS
HEALTH AND EQUITY IN NEW HAMPSHIRE: 2013 REPORT CARD	https://wisdom.dhhs.nh.gov/c10/epht/healthequity/HealthEquity2013.pdf
SOCIAL VULNERABILITY INDEX	http://nhvieww.maps.arcgis.com/apps/PublicGallery/index.html?appid=38764e6f2a894165a60dd5c983543221
SUMMARY OF 2017 & 2018 NH DRUG OVERDOSE DEATHS	Office of NH Medical Examiner

DATA SOURCE	REFERENCE
CROSS BORDER CONVERSATIONS ON CAREGIVING, FINAL REPORT MARCH 2017	Tri-State Learning Collaborative on Aging
NH ALLIANCE ON HEALTHY AGING, OPPORTUNITIES AHEAD, ADVOCACY PRIORITIES 2018-2023	http://www.endowmentforhealth.org/uploads/resources/id138/Final%20aha%20priorities.pdf
ARSENIC CONCERNS	http://www.nhpr.org/post/50000-nh-wells-risk-high-arsenic-negative-health-impacts#stream/0
COUNTY HEALTH RANKINGS DATA, 2015-2018	http://www.countyhealthrankings.org/explore-health-rankings/use-data
MEASURING NH'S MUNICIPALITIES ECONOMIC DISPARITIES AND FISCAL CAPACITIES, AUGUST 29, 2018	http://nhfpi.org/research/state-economy/measuring-new-hampshires-municipalities-economic-disparities-and-fiscal-capacities.html
NEW HAMPSHIRE'S ECONOMY: STRENGTHS AND CONSTRAINTS, JUNE 4 2018	http://nhfpi.org/research/state-economy/new-hampshires-economy-strengths-and-constraints.html
COVERING THE CARE: HEALTH INSURANCE COVERAGE IN NEW HAMPSHIRE	https://scholars.unh.edu/law_facpub/344/
COVERING THE CARE: MEDICAID, WORK AND COMMUNITY ENGAGEMENT, JUNE 2018	UNH Institute for Health Policy and Practice
COVERING THE CARE: FOCUS ON NH MARKETPLAE, JUNE 2017	UNH Institute for Health Policy and Practice
COMMONWEALTH FUND STATE SCORECARD, 2018	https://www.commonwealthfund.org/
COMMUNITY COMMONS	https://www.communitycommons.org/
MERCER EMPLOYEE HEALTH DATA	Concord Hospital Internal documents
2018 NEW HAMPSHIRE DISABILITY & PUBLIC HEALTH REPORT	https://iod.unh.edu/sites/default/files/media/DPH/dph_report_2018_web.pdf
NH DEMOGRAPHIC VULNERABILITY	https://nhvieww.maps.arcgis.com/apps/MapSeries/index.html?appid=78d69a6b09bf4e79902b6eda930016f5
NEW HAMPSHIRE HOUSING, 2017 RESIDENTIAL RENTAL COST STUDY	https://www.nhhfa.org/assets/pdf/data-planning/rentalsurvey/RentSurvey_2017.pdf
NEW HAMPSHIRE 211	https://www.211nh.org/
NH LONG-TERM SERVICES AND SUPPORTS SCORECARD	http://www.longtermscorecard.org/

Resource Matrix

The following table shows the community groups engaged in the CHNA research and the modality with which they participated.

STAKEHOLDER GROUP ENGAGED	RESEARCH MODALITY
Older Adults	Mobile Health, written survey Horseshoe Pond, data
Local Government	Interviews
New Americans	Mobile Health, email to interpreters, data
Community	Interviews, Web survey
School-based	Interviews & Survey Monkey® (school nurses, admin, guidance, teens), data
Employers	Mobile Health, Survey Monkey®, data, CH staff web survey
Lower income	Mobile Health, data
Behavioral Health/SUD	Mobile Health, data
Stakeholder	Methodology
LTSS Community	Survey Monkey®, data, interviews
Early childhood	Survey Monkey®, data
SDOH	Data
First Responders	Survey Monkey®, data
General Public	Phone/web/written surveys, Market Days survey cards, data
Providers	Survey Monkey®, interview
Faith	Survey Monkey®
Young Adults	Survey Monkey®
Public Health	Interviews, data
Veterans	Data

NOTE: Some organizations may be listed multiple times if they serve more than one category of service.

ORGANIZATION NAME	CATEGORY OF SERVICE	DESCRIPTION OF SERVICES	PRIMARY COMMUNITY FOCUS	WEBSITE
211	Education	Call center service for NH residents to learn about all health and human services available	Anyone and everyone	http://www.211nh.org/
BRIDGES OUT OF POVERTY	Education	Process's Bridges Out of Poverty community support program provides a family of concepts, workshops, and products to help employers, community organizations, social service agencies, and individuals address and reduce poverty in a comprehensive way. Bridges brings people from all sectors and economic classes together to improve job retention rates, build resources, improve outcomes, and support those who are moving out of poverty.	Low-income Families	https://www.facebook.com/bridgesoutofpoverty/
HEAD START PROGRAM	Education	Head Start is a program that helps eligible young children between the ages of three and five grow up ready to succeed in school and in life. Programs work to meet high standards for delivering quality services to children and their families. Children who attend Head Start programs participate in fun activities while developing skills in a variety of areas, including social skills. Children in Head Start also receive nutritious meals and the necessary health care in a safe environment.	Low-income Families	http://www.dhhs.nh.gov/dcyf/headstart/
SECOND START (ESL)	Education	Our mission is to help people become more productive workers, family members and community citizens. We provide supportive, affordable and effective educational programs, including: adult basic education, job training and career counseling, education and training for at-risk youth, and child care services.	Low-income and New American population	http://www.second-start.org/adult-education-and-hiset/english-as-a-secondary-language/
211	General Assistance	Call center service for NH residents to learn about all health and human services available	Anyone and everyone	http://www.211nh.org/

ORGANIZATION NAME	CATEGORY OF SERVICE	DESCRIPTION OF SERVICES	PRIMARY COMMUNITY FOCUS	WEBSITE
ASCENTRIA HEALTHCARE	General Assistance	Provides services for older adults, New Americans, refugees and low income families to break the cycle of poverty, and build thriving communities where everyone has the chance to achieve their full potential, regardless of background or disadvantage.	Refugee and New American Low-Income Older Adults	http://www.ascentria.org/office-locations
BRIDGES OUT OF POVERTY	General Assistance	Process's Bridges Out of Poverty community support program provides a family of concepts, workshops, and products to help employers, community organizations, social service agencies, and individuals address and reduce poverty in a comprehensive way. Bridges brings people from all sectors and economic classes together to improve job retention rates, build resources, improve outcomes, and support those who are moving out of poverty.	Low-income Families	
CHILD AND FAMILY SERVICES	General Assistance	Provides Parent Aide Child Health Support Services: The Parent Aide program is designed to give your family the opportunity to strengthen and establish healthy bonds. The program provides supervised visits between you and your child(ren) and offers emotional support and practical solutions managing family life.	Families	http://www.cfsnh.org/
COMMUNITY ACTION PROGRAM (CAPBMCI)	General Assistance	Non-profit, private agency providing relief services to the elderly and low-income community.	Elderly and Low Income	https://www.nh.gov/oep/energy/programs/fuel-assistance/agencies.htm
CONCORD REGIONAL VISITING NURSE ASSOCIATION (CRVNA)	General Assistance	Concord Regional VNA provides skilled services at home, as ordered and directed by your doctor. Our home care team offers hands-on care and teaches you and your caregiver the skills needed to succeed including taking and monitoring vital signs that can help identify problems early and prevent them from becoming serious.	Elderly, Chronic Care Management, Low-Income	https://www.crvna.org/

ORGANIZATION NAME	CATEGORY OF SERVICE	DESCRIPTION OF SERVICES	PRIMARY COMMUNITY FOCUS	WEBSITE
EASTER SEALS	General Assistance	Currently Easter Seals provides a range of services. Transportation, community-based and in-home services in the Manchester community and beyond and has an interest in expanding its geographic footprint through partnerships.	Seniors, New Americans, Disabled, Low-Income	http://www.easterseals.com/nh/our-programs/transportation/
FAMILY HEALTH CENTER	General Assistance	Providing comprehensive primary and preventive care, behavioral health care and dental care for the entire family, in collaboration with NH Dartmouth Family Medicine Residency Program. We meet the needs of the uninsured, patients with mental illness or social stresses, people living in poverty and refugees, as well as teens and women in need of reproductive health care. All services are provided regardless of ability to pay, with financial counselors on-site to assist eligible patients with applying for financial assistance and Medicaid.	Low-income Families Refugees Teens and Women	http://www.concordhospital.org/services/family-health-centers/
FRAIL ELDER HOME VISITING PROGRAM	General Assistance	Assists geriatric patients with chronic conditions to get to appointments or receive coordinated care at home to provide early detection and treatment for issues that otherwise might require treatment from specialists or in the Emergency Department.	Elderly; Chronic Care Management	
GENESIS HEALTHCARE	General Assistance	Multiple long term care facilities in Concord region including: Harris Hill Center, Pleasant View Center, Pleasant View Retirement, Granite Ledges of Concord, Mountain Ridge Center (Franklin).	Seniors, Rehabilitation Patients	http://nh.genesishcc.com

ORGANIZATION NAME	CATEGORY OF SERVICE	DESCRIPTION OF SERVICES	PRIMARY COMMUNITY FOCUS	WEBSITE
GRANITE PATHWAYS	General Assistance	Oversees implementation of resources for providing access points to serve people; case management services; navigation related to initial assessment; identify appropriate level of care. Supports individuals with mental illness and addiction in building personal equity and achieve their life goals as valued members of their community.	People with mental health issues	http://www.granitepathwaysnh.org/
HEAD START PROGRAM	General Assistance	Head Start is a program that helps eligible young children between the ages of three and five grow up ready to succeed in school and in life. Programs work to meet high standards for delivering quality services to children and their families. Children who attend Head Start programs participate in fun activities while developing skills in a variety of areas, including social skills. Children in Head Start also receive nutritious meals and the necessary health care in a safe environment.	Low-income Families	http://www.dhhs.nh.gov/dcyf/headstart/
JOAN GILMORE OF WELCOME CONCORD (WELCOMING NH, SUPPORTED BY NHCF AND NHEH)	General Assistance	Through education and cultural activities that both engage non-immigrant audiences and empower immigrants to claim their own voices, Welcoming New Hampshire strives to build an understanding of the impact and contributions of immigrants that will lead to stronger and more inclusive communities and fight back against the anti-immigrant sentiment that has divided so many.	Refugee and New American	http://miracoalition.org/welcomingNH

ORGANIZATION NAME	CATEGORY OF SERVICE	DESCRIPTION OF SERVICES	PRIMARY COMMUNITY FOCUS	WEBSITE
MEDICAID TRANSPORTATION BENEFIT VIA (MCOS)	General Assistance	Medicaid has a transportation benefit for beneficiaries.	Low-income Families; Refugees and New Americans	http://www.kff.org/medicaid/state-indicator/non-emergency-medical-transportation-services/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D
NEW HAMPSHIRE HOUSING FINANCE AUTHORITY	General Assistance	New Hampshire Housing's mission is to promote, finance and support affordable housing and related services for the people of New Hampshire. Although established by statute as a public instrumentality, New Hampshire Housing is not a state agency and receives no operating funds from the state government	Low-income; Medicaid; Medicare	http://www.nhhfa.org/

ORGANIZATION NAME	CATEGORY OF SERVICE	DESCRIPTION OF SERVICES	PRIMARY COMMUNITY FOCUS	WEBSITE
OFFICE OF MINORITY HEALTH AND REFUGEE AFFAIRS	General Assistance	Provides a sustained focus on the provision of culturally and linguistically appropriate services to NH's residents by DHHS. Maintains communication with racial, ethnic and other medically underserved populations to create partnerships to enhance the overall health of the communities by developing combined opportunities and resources to address health disparities; and Collaborates and partners with federal and regional state minority health offices and NH health and community agencies regarding various regional, national and state health disparity initiatives. A great example of a successful regional partnership is the bi-annual New England Regional Minority Health Conference.	Refugee and New Americans	http://www.dhhs.nh.gov/omh/
PARTNERS IN HEALTH	General Assistance	New Hampshire Partners in Health is a community-based, family centered program that addresses the needs of families who have a child (birth to 21) with chronic health conditions. Partners in Health (PiH) will assist one in getting the care and services that the family feels are important. In collaboration with schools, medical providers, churches, social services and other community organizations, your PiH family support coordinator will work with you to enhance quality of life for your family.	Low-income Families	http://www.cfsnh.org/index.php/programs-services/family-support/partners-in-health

ORGANIZATION NAME	CATEGORY OF SERVICE	DESCRIPTION OF SERVICES	PRIMARY COMMUNITY FOCUS	WEBSITE
PUBLIC HEALTH NETWORK (13 IN NH)	General Assistance	The purpose of the RPHNs is to integrate multiple public health initiatives and services into a common network of community stakeholders.	Substance users/abusers and family members	http://nhphn.org/
REFUGEE ADVISORY COMMITTEE	General Assistance	Hosted by the NH Office of Refugee Resettlement, the Refugee Advisory Committee focuses on all aspects of refugee resettlement. The committee is comprised of the voluntary organizations that case manage refugees during resettlement process, state and local government organizations, and faith-based organizations.	Refugee and New American	http://www.nasomh.org/page.asp?id=1&detail=6685
REGIONAL PLANNING COMMISSION(S) / NHDOT	General Assistance	Master planning with communities regarding transportation and community planning.	Communities/Transportation Planning	http://www.nharpc.org/
RIVERBEND	General Assistance	Our Mission: Caring for the mental health of our community	All with Mental Health Conditions	
SECOND START (ESL)	General Assistance	Our mission is to help people become more productive workers, family members and community citizens. We provide supportive, affordable and effective educational programs, including: adult basic education, job training and career counseling, education and training for at-risk youth, and child care services.	Low-income Families	http://www.second-start.org/adult-education-and-hiset/english-as-a-secondary-language/
SERVICELINK	General Assistance	Transportation options connection.	Anyone	https://www.servicelink.nh.gov/

ORGANIZATION NAME	CATEGORY OF SERVICE	DESCRIPTION OF SERVICES	PRIMARY COMMUNITY FOCUS	WEBSITE
THE NASHUA GATE CITY HEALTH AND WELLNESS IMMIGRANT INTEGRATION INITIATIVE	General Assistance	This organization focuses on immigrants, refugees and receiving communities. This initiative supports two main objectives 1) to develop of a process for municipal, social and health care agencies to work together with new arrivals to navigate health and social service systems and 2) to share a collective responsibility in the development of strategies to reduce social and cultural barriers to health, well being and economic mobility through healthy community connectedness. Endowment for Health	Refugees and New Americans	Kelly Laflamme 603-228-2448 x317Kelly Laflamme
CHILD AND FAMILY SERVICES	Healthcare Delivery	Provides Parent Aide Child Health Support Services: The Parent Aide program is designed to give your family the opportunity to strengthen and establish healthy bonds. The program provides supervised visits between you and your child(ren) and offers emotional support and practical solutions managing family life.	Families	http://www.cfsnh.org/
CHILD AND FAMILY SERVICES	Healthcare Delivery	Provides Parent Aide Child Health Support Services: The Parent Aide program is designed to give your family the opportunity to strengthen and establish healthy bonds. The program provides supervised visits between you and your child(ren) and offers emotional support and practical solutions managing family life.	Families	http://www.cfsnh.org/
CONCORD REGIONAL VISITING NURSE ASSOCIATION (CRVNA)	Healthcare Delivery	Concord Regional VNA provides skilled services at home, as ordered and directed by your doctor. Our home care team offers hands-on care and teaches you and your caregiver the skills needed to succeed including taking and monitoring vital signs that can help identify problems early and prevent them from becoming serious.	Elderly, Chronic Care Management, Low-Income	https://www.crvna.org/
EASTER SEALS	Healthcare Delivery	Currently Easter Seals provides a range of services. Transportation, community-based and in-home services in the Manchester community and beyond and has an interest in expanding its geographic footprint through partnerships.	Seniors, New Americans, Disabled, Low-Income	http://www.easterseals.com/nh/our-programs/transportation/

ORGANIZATION NAME	CATEGORY OF SERVICE	DESCRIPTION OF SERVICES	PRIMARY COMMUNITY FOCUS	WEBSITE
FRAIL ELDER HOME VISITING PROGRAM	Healthcare Delivery	Assists geriatric patients with chronic conditions to get to appointments or receive coordinated care at home to provide early detection and treatment for issues that otherwise might require treatment from specialists or in the Emergency Department.	Elderly; Chronic Care Management	
GENESIS HEALTHCARE	Healthcare Delivery	Multiple long term care facilities in Concord region including: Harris Hill Center, Pleasant View Center, Pleasant View Retirement, Granite Ledges of Concord, Mountain Ridge Center (Franklin).	Seniors, Rehabilitation Patients	http://nh.genesishcc.com
GRANITE PATHWAYS	Healthcare Delivery	Oversees implementation of resources for providing access points to serve people; case management services; navigation related to initial assessment; identify appropriate level of care. Supports individuals with mental illness and addiction in building personal equity and achieve their life goals as valued members of their community.	People with mental health issues	http://www.granitepathwaysnh.org/
PARTNERS IN HEALTH	Healthcare Delivery	New Hampshire Partners in Health is a community-based, family centered program that addresses the needs of families who have a child (birth to 21) with chronic health conditions. Partners in Health (PiH) will assist one in getting the care and services that the family feels are important. In collaboration with schools, medical providers, churches, social services and other community organizations, your PiH family support coordinator will work with you to enhance quality of life for your family.	Low-income Families	http://www.cfsnh.org/index.php/programs-services/family-support/partners-in-health
PUBLIC HEALTH NETWORK (13 IN NH)	Healthcare Delivery	The purpose of the RPHNs is to integrate multiple public health initiatives and services into a common network of community stakeholders.	Substance users/abusers and family members	http://nhphn.org/
RIVERBEND	Healthcare Delivery	Our Mission: Caring for the mental health of our community	All with Mental Health Conditions	

ORGANIZATION NAME	CATEGORY OF SERVICE	DESCRIPTION OF SERVICES	PRIMARY COMMUNITY FOCUS	WEBSITE
NEW HAMPSHIRE HOUSING FINANCE AUTHORITY	Housing	New Hampshire Housing Finance Authority PO Box 5087, Manchester NH 03108	Discuss transportation needs with those living at affordable housing establishments	Low-income; Medicaid; Medicare
ASCENTRIA HEALTHCARE	New Americans	Provides services for older adults, New Americans, refugees and low income families to break the cycle of poverty, and build thriving communities where everyone has the chance to achieve their full potential, regardless of background or disadvantage.	Refugee and New American Low-Income Older Adults	http://www.ascentria.org/office-locations
JOAN GILMORE OF WELCOME CONCORD (WELCOMING NH, SUPPORTED BY NHCF AND NHEH)	New Americans	Through education and cultural activities that both engage non-immigrant audiences and empower immigrants to claim their own voices, Welcoming New Hampshire strives to build an understanding of the impact and contributions of immigrants that will lead to stronger and more inclusive communities and fight back against the anti-immigrant sentiment that has divided so many.	Refugee and New American	http://miracoalition.org/welcomingNH

ORGANIZATION NAME	CATEGORY OF SERVICE	DESCRIPTION OF SERVICES	PRIMARY COMMUNITY FOCUS	WEBSITE
OFFICE OF MINORITY HEALTH AND REFUGEE AFFAIRS	New Americans	Provides a sustained focus on the provision of culturally and linguistically appropriate services to NH's residents by DHHS; Maintains communication with racial, ethnic and other medically underserved populations to create partnerships to enhance the overall health of the communities by developing combined opportunities and resources to address health disparities; and Collaborates and partners with federal and regional state minority health offices and NH health and community agencies regarding various regional, national and state health disparity initiatives. A great example of a successful regional partnership is the bi-annual New England Regional Minority Health Conference.	Refugee and New American	http://www.dhhs.nh.gov/omh/
REFUGEE ADVISORY COMMITTEE	New Americans	Hosted by the NH Office of Refugee Resettlement, the Refugee Advisory Committee focuses on all aspects of refugee resettlement. The committee is comprised of the voluntary organizations that case manage refugees during resettlement process, state and local government organizations, and faith-based organizations.	Refugee and New American	http://www.nasomh.org/page.asp?id=1&detail=6685

ORGANIZATION NAME	CATEGORY OF SERVICE	DESCRIPTION OF SERVICES	PRIMARY COMMUNITY FOCUS	WEBSITE
THE NASHUA GATE CITY HEALTH AND WELLNESS IMMIGRANT INTEGRATION INITIATIVE	New Americans	This organization focuses on immigrants, refugees and receiving communities. This initiative supports two main objectives 1) to develop of a process for municipal, social and health care agencies to work together with new arrivals to navigate health and social service systems and 2) to share a collective responsibility in the development of strategies to reduce social and cultural barriers to health, well being and economic mobility through healthy community connectedness. Endowment for Health	Refugees and New Americans	Kelly Laflamme 603-228-2448 x317Kelly Laflamme
ADA PARATRANSIT CONCORD AREA TRANSIT	Transportation	Part of Concord Area Transit; minimal fee and free transfers from one ride to another	Disabled	Only pdf. docuements available
CHAPIN SENIOR CENTER	Transportation	Volunteer Drivers, Serves New London, Sunapee, Wilmont, Andover, Springfield, Grantham, Danbury, Newbury and Sutton	Elderly	http://coachapincenter.org/transportation.html
COMMUNITY ACTION PROGRAM (CAPBMCI)	Transportation	Non-profit, private agency providing relief servcies to the elderly and low-income community.	Elderly and Low Income	https://www.nh.gov/oep/energy/programs/fuel-assistance/agencies.htm

ORGANIZATION NAME	CATEGORY OF SERVICE	DESCRIPTION OF SERVICES	PRIMARY COMMUNITY FOCUS	WEBSITE
CONCORD SENIOR TRANSIT AND CONCORD AREA TRANSIT	Transportation	Wheelchair Van Transportation Local Transit Travel Training Travel Reimbursement Non-emergency Medical Transportation ADA (Americans with Disabilities Act) Para-transit Application Assistance Concord, Boscawen, Bow, Pembroke, Penacook, Salisbury. Limited rides to Suncook and Canterbury.	Elderly	https://www.gsil.org/disability-support/transportation-services/
DEPARTMENT OF TRANSPORTATION (511)	Transportation	511 website provides current traffic information across all of New England	Anyone	http://newengland511.org/
EASTER SEALS	Transportation	Currently Easter Seals provides a range of services. Transportation, community-based and in-home services in the Manchester community and beyond and has an interest in expanding its geographic footprint through partnerships.	Seniors, New Americans, Disabled, Low-Income	http://www.easterseals.com/nh/our-programs/transportation/
FRIENDS PROGRAM	Transportation	Merrimack, Belknap, Rockingham and Strafford Counties (volunteer driver program for 60+ and those with disabilities)	Elderly, Disabled	http://www.friendsprogram.org/
GRANITE STATE INDEPENDENT LIVING	Transportation	Statewide. Medicaid non-emergency medical transportation.	Elderly and Low Income	https://www.gsil.org/disability-support/transportation-services/

ORGANIZATION NAME	CATEGORY OF SERVICE	DESCRIPTION OF SERVICES	PRIMARY COMMUNITY FOCUS	WEBSITE
MEDICAID TRANSPORTATION BENEFIT VIA (MCOS)	Transportation	Medicaid has a transportation benefit for beneficiaries.	Low-income Families; Refugees and New Americans	http://www.kff.org/medicaid/state-indicator/non-emergency-medical-transportation-services/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D
REGIONAL PLANNING COMMISSION(S) / NHDOT	Transportation	Master planning with communities regarding transportation and community planning.	Communities/Transportation Planning	http://www.nharpc.org/
SERVICELINK	Transportation	Transportation options connection.	Anyone	https://www.servicelink.nh.gov/

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