Monadnock
COMMUNITY HOSPITAL
a member of GraniteOne Health

2021-2024 Community Health Needs Assessment

September 7, 2021

crescendo

Contents

Introduction

Organizational History

In 1918, Robert M. Parmelee donated his summer home in Peterborough for use as a community hospital, and in 1923 "The Peterborough Hospital" opened its doors. Parmelee hoped that his contribution would create a local hospital that the residents of the area would consider their own and would continue to support in the coming years. Mr. Parmelee's dream of a community-supported hospital has become a reality. Monadnock Community Hospital (MCH) is an integral part of the healthcare community in the Monadnock Region.

MCH Today

The major strength of MCH is found in the ability of our physicians and staff to offer extensive services utilizing state-of-the-art technology, while maintaining the personalized care of a community hospital. MCH is a 25-bed Critical Access Hospital offering Medical, Surgical and Intensive Care; Obstetrics; Pediatrics; and Mental Health services. In addition, a wide variety of outpatient services are available, including Pulmonary, Cardiac and Physical Rehabilitation; 24-hour Emergency Care; a fully equipped laboratory; and an extensive Radiology department. MCH is fortunate to have strong leadership and a dedicated community that allows us to meet the ever-changing requirements of today's healthcare environment. As that environment changes, MCH is also committed to changing and providing the communities we serve with appropriate and innovative programs.

MCH Emergency Department

The MCH Emergency Department offers health services 24 hours a day, 7 days a week to patients of all ages with all presenting complaints. The Emergency Department is responsible for the immediate treatment of any medical or surgical emergency; for initiating lifesaving procedures in all types of emergency situations; and for providing emergency and initial evaluations and treatment for other conditions including minor illnesses and injuries, and subacute medical problems. After initial assessment and stabilization, patients can be transported to other medical institutions if necessary.

Board Certified Physicians

The MCH Medical Staff includes over 135 primary and specialty care physicians, 3 dentists and 64 health professional affiliates. Medical staff offices are located in the Medical Arts Building on MCH's campus as well as in the communities of Peterborough, Jaffrey, and Antrim. One hundred percent of the Medical Staff are Board Certified in their medical specialty area.

Primary Care Services

Monadnock Community Hospital has a primary care network of physicians, nurse practitioners, psychiatrists, psychologists, and social workers. This network provides a wide range of primary and behavioral health care services for individuals and families with offices in Peterborough, Rindge, Jaffrey, and Antrim.

Mission, Vision, and Values

The Board of Trustees and staff at at Monadnock Community Hospital are committed to the following Mission, Vision and Values statement:

Our Mission

MCH is committed to improving the health and well-being of our community.

Our Vision

We will elevate the health of our community by providing accessible, high quality and value-based care.

Our Values

Compassion, Collaboration, Honesty and Respect.

Methodology, Purpose, and Data Limitations

Community Health Needs Assessment Participants and Purpose

MCH reached out to a group of individuals to participate in its Community Health Needs Assessment (CHNA) to contribute insights from patients, community service organizations, and staff. Each person provided project feedback regarding perceptions of area health needs, data evaluation, and other guidance during the CHNA process. The individuals had a breadth of community health vision, knowledge, and leadership to impact the well-being of the service area.

Section 9007(a) of the Affordable Care Act (March 2010) requires that all non-profit hospitals and health systems to complete a Community Health Needs Assessment every three years. The purpose of the Monadnock Community Hospital CHNA is to identify and prioritize community needs. In doing so, it will also provide a solid technical platform to analyze service area population health, finely tune outreach activities, highlight opportunities for collaboration, strengthen the existing community health activities, and meet IRS regulations.

The practical purpose is this: the CHNA provides a data- and research-based foundation from which to develop and drive hospital activities that impact the most people, address the most urgent needs, and otherwise respond to the highest priority needs within the hospital's purview.

Methodology Components

The CHNA methodology includes a combination of quantitative and qualitative research methods designed to evaluate perspectives and opinions of area stakeholders and healthcare consumers – especially those from underserved populations. The methodology 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:

- **Strategic Secondary Research.** This type of research includes a thorough analysis of previously published materials that provide insight regarding the community profile and health-related measures.

- **Qualitative Interviews and Discussion Groups.** This form of primary research includes discussion groups and interviews with a MCH CHNA Leadership Group, other community service providers, and healthcare consumers who represent a span of healthcare consumers in the service area.
- **Community Survey.** Crescendo conducted an online survey with more than 440 community members. Survey results and analysis can be found in this report. The survey instrument is contained in the appendices.
- **A Needs Prioritization Process.** Following the secondary research, qualitative interviews, focus group discussions, and community survey, a list of 28 community health issues was generated. MCH CHNA Leadership Group members participated in a needs prioritization meeting where top needs were discussed, along with MCH locus of control for each item. The discussions allowed a formation of a prioritized needs analysis.

Leadership Group

To ensure broad and deep community engagement in the CHNA, MCH compiled a group of community leaders, which represented public health and diverse community interests. The MCH CHNA Leadership Group is listed below:

Leadership Group Member	Community Agency
Owen Houghton	JR Rotary
Mary Drew	Reality Check
Pam Murphy	Peterborough Elementary School
Ellen Avery	Community Volunteer Transportation Company
Dennis Calcutt	Regional System of Care
Margaret Nelson	The River Center
Erika Alusic-Bingham	Southern New Hampshire Services
Susan Howard	Monadnock Area Transitional Shelter
Sandra Faber	Monadnock At Home
Karen Peterson	Monadnock Developmental Service
Chief Ed Walker	Peterborough Fire and Rescue
Phil Wyzik	Monadnock Family Services
Glo Morison	Peterborough Food Pantry
Leaf Seligman	Monadnock Restorative
Kimberly Johnston	Monadnock Center for Violence Prevention
Elizabeth Kenny	Community Volunteer at Monadnock Community Hospital

Data Limitations

In general, the secondary data utilizes the most current data sets available. The dramatic changes in 2020 and 2021 due to the COVID-19 pandemic may have impacted some of the traditional projection tools, source data, and data collection methods. For example, the American Community Survey (ACS) which provides detailed population and housing information revised its messaging, altered their mailout strategy, and made sampling adjustments to accommodate the National Processing Center's staffing limitations.[1] Where relevant, the impacts or new data due to the COVID-19 pandemic are noted.

In addition, in-person interviews and focus group discussions were conducted only by telephone or in a virtual setting. The decision to may have impacted some of traditional in-person dynamics.

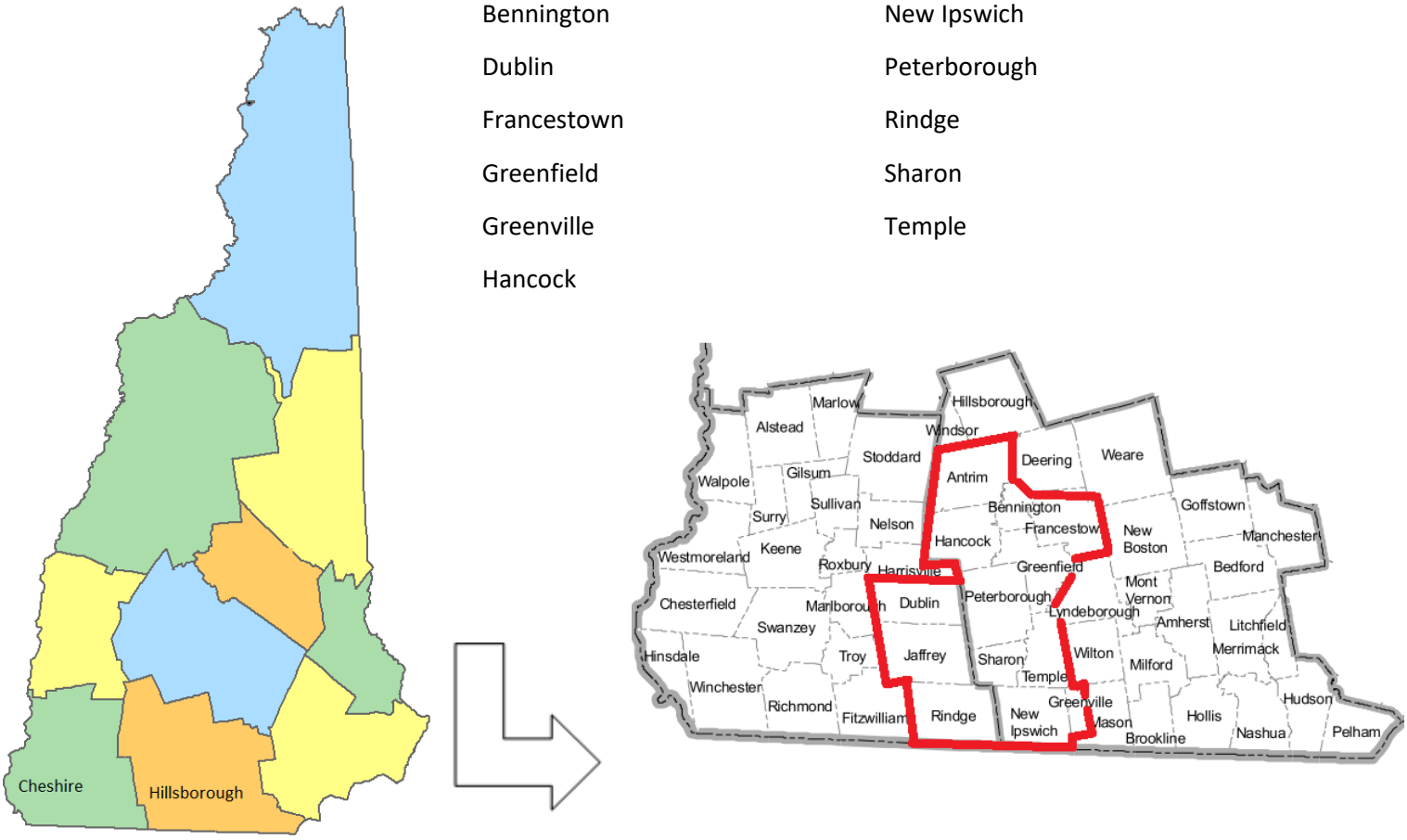
[1] See U.S. Census Bureau: https://www2.census.gov/ces/wp/2021/CES-WP-21-02.pdf

Overview of Communities Served

Area Description and Map

Monadnock Community Hospital is a 25-bed acute care facility serving a geographically distinctive market in the Greater Monadnock region of New Hampshire, whose population of 38,816[2] includes 13 towns in Cheshire and Hillsborough counties. Outlined in red, below, the towns include:

Exhibit 1: Service Area Map



Antrim
Bennington
Dublin
Francestown
Greenfield
Greenville
Hancock
Jaffrey
New Ipswich
Peterborough
Rindge
Sharon
Temple

[2] American Community Survey, 5-Year Estimates. https://data.census.gov/cedsci/table?q=population&g=0100000US_0400000US33_0500000US33011&tid=ACSDT5Y2019.B01003&hidePreview=true

The Social Vulnerability Index

The Social Vulnerability Index (SVI) helps identify areas of community health need. Developed by the Centers for Disease Control and Prevention as a metric for analyzing population data to identify vulnerable populations, the SVI's measures are housed within the domains of Socioeconomic Status, Household Composition and Disability, Minority Status and Language, Housing, and Transportation. The tool may be used to rank overall population wellbeing and mobility relative to County and State averages. It can also be used to determine the most vulnerable populations during disaster preparedness and global pandemics.

Exhibit 2: Social Vulnerability Index by Town

	Antrim	Bennington	Dublin	Francestown	Greenfield	Greenville	Hancock	Jaffrey	New Ipswich	Peterborough	Rindge	Sharon	Temple
Population	2,753	1,568	1,708	1,626	1,837	2,086	1,665	5,363	5,399	6,566	6,444	369	1,432
Below Poverty	7.3%	4.3%	4.8%	3.7%	7.3%	6.5%	1.6%	8.7%	4.2%	7.5%	7.8%	3.8%	6.9%
Median Income ($)	56,250	71,667	83,438	103,588	77,059	75,721	56,458	57,405	80,882	60,324	81,737	78,750	82,917
Age 65+	19.2%	15.2%	24.9%	22.0%	17.7%	19.4%	28.1%	19.7%	14.1%	26.0%	14.6%	20.3%	20.2%
Age 17 or Younger	18.0%	21.1%	17.9%	16.3%	17.9%	20.8%	15.6%	20.5%	25.8%	18.0%	19.4%	16.8%	16.7%
Household with Disability	7.9%	7.9%	4.8%	6.3%	10.2%	17.3%	8.4%	10.6%	7.0%	9.1%	7.1%	7.0%	7.3%
Single-Parent Household	22.9%	33.3%	ND	ND	ND	18.7%	32.0%	38.4%	ND	40.3%	ND	ND	ND
Ethnic Minority	3.6%	3.7%	4.3%	4.5%	3.2%	4.3%	3.8%	5.4%	3.0%	5.8%	6.3%	2.7%	3.0%
Do not Speak English	0.0%	0.0%	ND	ND	ND	0.0%	0.0%	0.0%	ND	0.0%	ND	ND	ND
Multi-Unit Housing Structures	17.1%	17.1%	ND	ND	ND	27.6%	19.8%	19.3%	ND	28.2%	ND	ND	ND
Mobile Homes	1.1%	3.5%	ND	ND	ND	0.0%	0.0%	9.6%	ND	0.0%	ND	ND	ND
No Vehicle	2.3%	0.0%	ND	ND	ND	4.8%	0.0%	2.8%	ND	12.0%	ND	ND	ND

SOURCE: ESRI Data 2021. American Community Survey 2019 5-Year Estimates.
https://data.census.gov/cedsci/table?q=population&g=0100000US_0400000US33_0500000US33011&tid=ACSDT5Y2019.B01003&hidePreview=true

Exhibit 3: Social Vulnerability Index, Service Area Combined

	United States	New Hampshire	Hillsborough County	Monadnock Service Area
Population	324,697,795	1,397,908	413,035	38,816
Below Poverty	13.1%	7.6%	7.8%	6.4%
Unemployed	6.7%	3.8%	3.5%	3.6%
Median Income	$62,203	$75,181	$84,651	$75,683
Age 65+	16.6%	18.5%	15.2%	19.5%
Age 17 or Younger	21.9%	19.1%	20.7%	19.7%
Household with Disability	9.1%	9.5%	12.1%	8.6%
Single-Parent Household	29.0%	24.1%	23.8%	30.9%
Ethnic Minority	30.6%	8.4%	15.6%	4.7%
Do not Speak English	2.6%	0.4%	2.8%	0.0%
Multi-Unit Housing Structures	26.3%	23.7%	36.8%	21.5%
Mobile Homes	6.2%	5.5%	2.0%	2.4%
No Vehicle	8.6%	5.1%	5.7%	3.7%

SOURCE: ESRI Data 2021. American Community Survey 2019 5-Year Estimates.
https://data.census.gov/cedsci/table?q=population&g=0100000US_0400000US33_0500000US33011&tid=ACSDT5Y2019.B01003&hidePreview=true

Social Vulnerability Index Data Table Highlights

- The Monadnock service area is defined by its high senior citizen population. Nearly 20% (19.5%) of Monadnock service area residents are age 65 and over, a somewhat higher percentage than the state (18.5%) and county (15.2%) average.

- Median incomes are strong in the Monadnock service area ($75,683), and poverty rates are slightly lower (6.4%) than the Hillsborough County average (7.8%). By town, high poverty rates are noteworthy in Jaffrey (8.7%), Rindge (7.8%) Peterborough (7.5%), Greenfield (7.3%) and Antrim (7.3%). Poverty rates are low in Hancock (1.6%), Francestown (3.7%), and Sharon (3.8%).

- The number of single-parent households in the Monadnock service area is high – over 30% (30.9%). Single-Parent Households may indicate a vulnerable population, which may experience a lack of childcare options and/or a single source of income – contributing factors to the cycle of poverty

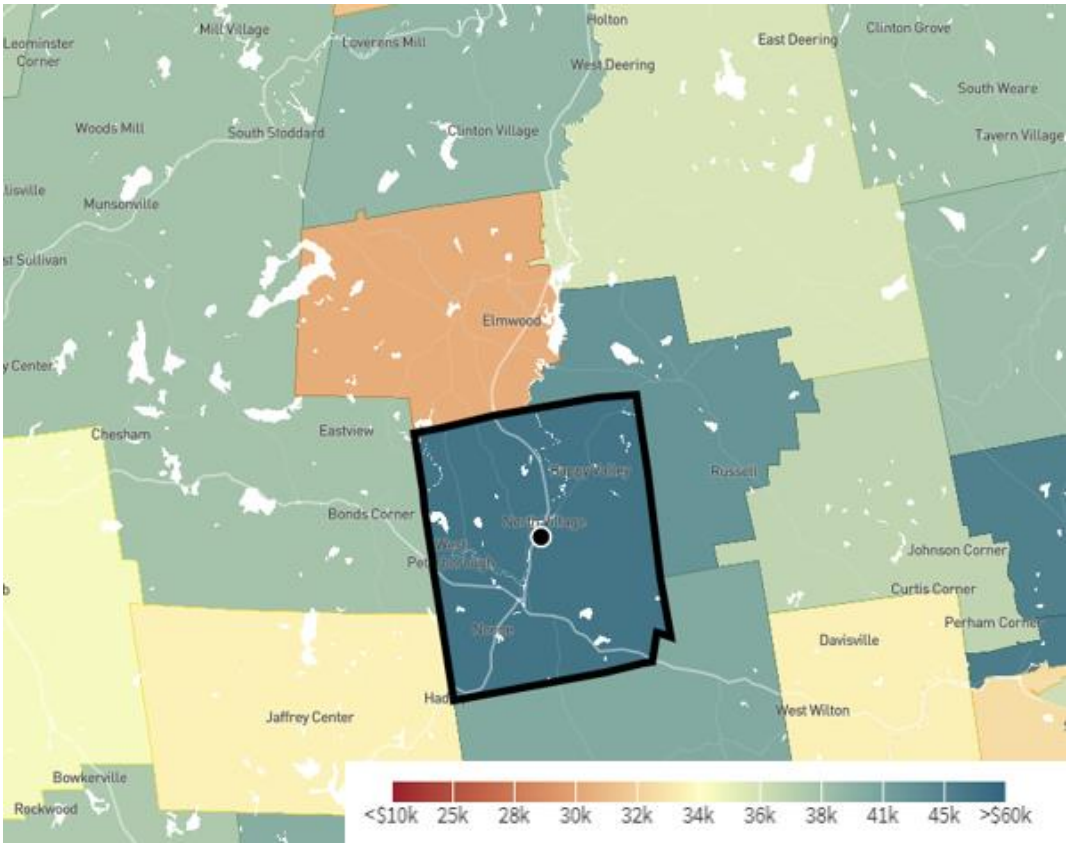
- While Hillsborough County experiences great population diversity compared with the New Hampshire average, that is not reflected in the Monadnock service area. Just 4.7% of the service area population identifies as an ethnic minority, well below county (15.6%) and state (8.4%) averages.

- Youth (i.e., age 17 or younger) make up nearly 20% of the Monadnock service area population (19.7%) – similar to state and county averages.

The Opportunity Atlas

To further illustrate the needs and disparities of the Monadnock service area, the Opportunity Atlas is an informative tool. The Opportunity Atlas analyzes census data and tax returns to track economic and social mobility among individuals born in distinct geographic regions.

Exhibit 4: The Opportunity Atlas, Peterborough, and Surrounding Service Areas



SOURCE: The Opportunity Atlas. https://www.opportunityatlas.org/

In Exhibit 4 above, the blue color represents higher income "opportunity" for children raised in a respective area, while orange and red indicate lower income "opportunity." Economic opportunity is most common in Peterborough and the immediate areas surrounding Monadnock Community Hospital (identified with a black dot). Relatively greater area of need can be seen in Jaffrey and Hancock.

Recap of 2019-2021 Community Health Needs

In 2018, the Monadnock Community Health Needs Assessment identified the following areas of need:

Exhibit 5: 2018 Community Health Needs Assessment Prioritized Needs

2018 Prioritized Community Needs	
Rank	**Need**
1	Behavioral health – early detection and intervention
2	Behavioral health care for adult social, emotional, and organically based illnesses
3	Drug and alcohol abuse treatment
4	Drug and alcohol education and early intervention
5	Affordable medical care for seniors and lower income households
6	Affordable Dental services for adults
7	Coordination of care
8	Coordination of care between provider organizations
9	Youth-oriented health programs
10	Services that provide transportation to medical appointments and the pharmacy

The top areas of need for the 2021-24 Community Health Needs Assessment are summarized below. Note that the highest priority needs are similar to the 2018 list, yet differences exist. The narrative following the table below provides insight regarding the collection of data, qualitative findings, and other material used to develop the 2021 list of prioritized needs.

Since the completion of the 2018 Needs Assessment, Monadnock Community Hospital has implemented the following action items to better serve community need:

- MCH provides a full-time athletic trainer to the ConVal and Conant Schools throughout the school year and offers a summer program to prepare student athletes for their season.
- MCH has an outpatient behavioral health department and subsidizes it over $500,000 per year. The MCH Emergency Department also always has a social worker on call 24/7.
- In late 2019 MCH signed a contract with Reality Check to offer a Recovery Coach program at MCH for patients both in the ED and in outpatient settings. Due to COVID-19 this was not utilized as expected and the contract was terminated. However, the partnership with Reality Check remains and if a patient needs a Recovery Coach, they can call Reality Check directly rather than having one show up to an appointment or the Emergency Room.

Exhibit 6: 2021 Community Health Needs Assessment Prioritized Needs

2021 Prioritized Community Needs	
Rank	**Need**
1	Affordable healthcare services
2	Funding for depression/anxiety
3	Early intervention for substance use
4	Crisis care programs for mental health
5	Domestic violence Resources
6	Transportation
7	Caring for aging parents
8	Dental care /Specialty services
9	Post addiction services
10	Prescription assistance

A prioritized community need that is new in this 2021 CHNA report is crisis care programs for mental health, which MCH CHNA Leadership Group agreed was pertinent to address. The ongoing mental health concerns in the Greater Monadnock region are in many ways linked to the unprecedented COVID-19 pandemic, which has impacted communities in a variety of ways.

Prioritized needs that are still impactful from the 2018 CHNA report and therefore identified again in 2021 include: the need for continued affordable healthcare services, dental and specialty care services, and additional services to support behavioral health and substance use disorder

For a detailed description of how the 2021 prioritized needs were determined, please see the Needs Prioritization report section on page 39.

Secondary Data Analysis

Population Demographics

Exhibit 7: Key Demographic Change Rates by Town, 2017-2019.

Trends and changes from 2017 to 2019 are noted by arrows ↑↓. An upward arrow (↑) indicates an increase of more than 10% from 2017, a downward arrow (↓) indicates a decrease of more than 10%. If no arrow is present, there is no identified change from 2018. Data presented is from 2019.

	Population	Median Age	Median Income ($)
Antrim	2,753	46.1	56,250
Bennington	1,568	39.2	71,667↑
Dublin	1,708	50	83,438
Francestown	1,626	50.9	103,588↑
Greenfield	1,837	45.3	77,059↑
Greenville	2,086	42.3	75,721
Hancock	1,665	54	56,458
Jaffrey	5,363	45.3	57,405
New Ipswich	5,399	38	80,882
Peterborough	6,566	49.1	60,324
Rindge	6,444	33.3	81,737↑
Sharon	369	49.0	78,750↑
Temple	1,432	49.0	82,917
Service Area	38,816	43.6	74,323
New Hampshire	1,397,908	42.3	76,768
U.S.	333,793,107	38.5	62,843

SOURCE: American Community Survey, 2017, 2019 5-Year Estimates.
https://data.census.gov/cedsci/table?q=population&g=0100000US_0400000US33_0500000US33011&tid=ACSDT5Y2019.B01003&hidePreview=true
https://data.census.gov/cedsci/table?q=age&g=1600000US3301620,3360500&tid=ACSST5Y2017.S0101&hidePreview=true&moe=false

- Since 2017, the Monadnock service area has seen notable income jumps in Bennington, Francestown, Greenfield, Rindge, and Sharon.
- There have been no other large (i.e., +/- 10%) data changes since 2017. For instance, the median age of the Monadnock service area decreased from 44.8 in 2017 to 43.6 in 2019 – not a change of more than 10%.

Exhibit 8: Educational Attainment

	United States	New Hampshire	Monadnock Service Area
Less Than 9th Grade	4.8%	2.4%	1.6%
9-12th Grade (No Diploma)	6.5%	4.3%	4.3%
HS Diploma	22.8%	23.5%	24.2%
GED/Alternative Credential	3.9%	4.2%	3.3%
Some College, No Degree	20.1%	18.3%	19.6%
Associate Degree	8.7%	10.3%	9.5%
Bachelor's Degree	20.2%	22.4%	22.5%
Graduate or Professional Degree	12.9%	14.7%	15.0%

SOURCE: ESRI Data, 2021.

- Educational attainment is typically a strong indicator of future economic status. The Bureau of Labor Statistics estimates Americans with a graduate or professional degree earn three times more than individuals without a high school diploma.[3]
- In the Monadnock Service area, where incomes are similar to the state average, the percent of individuals with a bachelor's degree is nearly identical to the state average. Educational attainment rates in the Monadnock service area are slightly better than those nationwide.

Exhibit 9: Unemployment

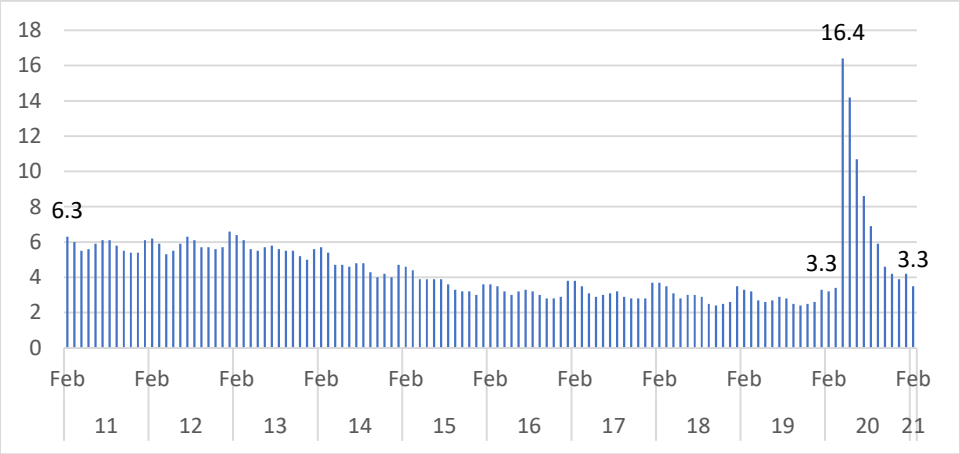
	United States	New Hampshire	Hillsborough County
February 2019	3.8%	2.6%	3.3%
February 2021	6.2%	3.3%	3.3%

SOURCE: Bureau of Labor Statistics. https://www.bls.gov/

- Unemployment increased sharply in the United States from February 2019 to February 2021. However, unemployment in Hillsborough County and the New Hampshire average has stabilized.

[3] US Bureau of Labor Statistics. https://www.bls.gov/careeroutlook/2016/data-on-display/education-matters.htm#:~:text=According%20to%20data%20from%20the,decreases%20as%20educational%20attainment%20rises.&text=That's%20more%20than%20triple%20the,than%20a%20high%20school%20diploma

Exhibit 10: Unemployment, Hillsborough County, 2011-2021 (Unemployment Rate as Percent)



SOURCE: Bureau of Labor Statistics. https://www.bls.gov/

- Unemployment in Hillsborough County was on a steady decline from 2011 to 2019, prior to the COVID-19 pandemic.
- Unemployment peaked in April 2020 (16.4%) and has been declining since then – returning to near pre-COVID levels. However, the labor participation rate is lower for Hillsborough County in March 2021 than February 2020 (pre-COVID-19) – 61.4% compared to 63.4%. The impact is that an additional nearly 2,000 people in Hillsborough County are without income (though not showing up in unemployment data).[4]

Exhibit 11: Disability Status by Age

	United States	New Hampshire	Hillsborough County
Overall	12.7%	13.1%	12.1%
Under 5 years	0.7%	0.8%	2.0%
5 to 17 years	5.6%	6.0%	6.5%
18 to 34 years	6.7%	8.5%	6.9%
35 to 64 years	12.4%	11.6%	10.6%
65 to 74 years	24.1%	21.2%	21.9%
75 years and over	47.1%	46.2%	47.8%

SOURCE: American Community Survey, 2019 5-Year Estimates.
https://data.census.gov/cedsci/table?q=population&g=0100000US_0400000US33_0500000US33011&tid=ACSDT5Y2019.B01003&hidePreview=true

- The age groups experiencing the highest rates of disability in Hillsborough County are seniors aged 65-74 (21.9%) and seniors aged 75 and over (47.8%).
- A slightly higher percentage of children in Hillsborough County experience some form of disability than the state average.

[4] U.S. Bureau of Labor Statistics. https://fred.stlouisfed.org/series/CIVPART

Exhibit 12: Disability Status by Type

	United States	New Hampshire	Hillsborough County
Overall	12.7%	13.1%	12.1%
With a hearing difficulty	3.6%	3.7%	2.9%
With a vision difficulty	2.3%	1.9%	1.4%
With a cognitive difficulty	5.2%	5.5%	5.1%
With an ambulatory difficulty	6.9%	6.2%	5.6%
With a self-care difficulty	2.6%	2.0%	2.3%
With an independent living difficulty	5.9%	5.3%	5.2%

SOURCE: American Community Survey, 2019 5-Year Estimates.
https://data.census.gov/cedsci/table?q=population&g=0100000US_0400000US33_0500000US33011&tid=ACSDT5Y2019.B01003&hidePreview=true

- The most common forms of disability in Hillsborough County are ambulatory difficulty (5.6%) and independent living difficulty (5.2%).
- Hillsborough County averages slightly lower overall rates of disability than the New Hampshire and National average.

Exhibit 13: Veteran Status

	United States	New Hampshire	Hillsborough County
Veteran Status	7.3%	8.8%	8.1%
Male	91.1%	92.0%	91.8%
Female	8.9%	8.0%	8.2%
Poverty Status	6.8%	4.6%	4.6%
Disability Status	29.3%	27.7%	27.1%

SOURCE: American Community Survey, 2019 5-Year Estimates.
https://data.census.gov/cedsci/table?q=population&g=0100000US_0400000US33_0500000US33011&tid=ACSDT5Y2019.B01003&hidePreview=true

- Over one in four veterans in Hillsborough County experience some form of disability.
- Hillsborough County averages a slightly higher rate of Veteran population (8.1% of the total population) than the national average 7.3%.

Exhibit 14: Educational Attainment by Town

	Antrim	Bennington	Dublin	Francestown	Greenfield	Greenville	Hancock	Jaffrey	New Ipswich	Peterborough	Rindge	Sharon	Temple
>9th Grade	2.5%	1.8%	0.0%	0.6%	2.2%	1.4%	1.2%	1.4%	1.0%	0.2%	1.8%	3.6%	3.6%
9-12 Grade, No Diploma	6.0%	5.6%	3.7%	3.7%	6.5%	5.3%	1.2%	4.6%	5.4%	3.6%	3.7%	3.2%	3.2%
HS Diploma	22.7%	33.0%	24.1%	18.2%	34.1%	21.4%	15.4%	32.9%	27.9%	14.5%	32.5%	19.2%	19.3%
GED	7.0%	2.1%	2.0%	1.8%	5.0%	7.2%	1.9%	5.4%	2.5%	1.7%	4.2%	1.4%	1.3%
Some College, No Degree	26.5%	17.9%	13.5%	17.9%	19.1%	29.0%	14.8%	21.4%	23.0%	18.5%	19.6%	16.7%	16.6%
Associate Degree	13.4%	6.7%	4.0%	10.1%	8.8%	7.7%	12.4%	11.5%	12.0%	7.3%	13.2%	8.2%	8.1%
Bachelor's degree	14.6%	20.4%	33.4%	29.9%	12.6%	19.5%	24.7%	11.4%	17.4%	27.6%	16.2%	32.3%	32.2%
Graduate Degree	7.3%	13.3%	19.4%	17.9%	11.7%	8.6%	28.4%	11.4%	10.8%	26.6%	8.8%	15.6%	15.8%

SOURCE: Esri Data, 2021.

- Dublin and Temple have the highest rates of bachelor's degree completion in the Monadnock service area and are also two of the wealthiest towns in the Monadnock service area, drawing a clear parallel between educational attainment and income. Francestown, the service area's wealthiest town, also experiences high rates of educational attainment.
- There is a strong correlation between educational attainment and future earnings. A Bureau of Labor Statistics study found median weekly earnings for those with the highest levels of educational attainment—doctoral and professional degrees—were more than triple those with the lowest level, less than a high school diploma. [5]

[5] SOURCE: Bureau of Labor Statistics. Measuring the Value of Education. https://www.bls.gov/careeroutlook/2018/data-on-display/education-pays.htm#:~:text=Median%20weekly%20earnings%20in%202017,weekly%20earnings%20for%20all%20workers

Exhibit 15: Employment by Industry Type

	United States	%	New Hampshire	%	Hillsborough County	%
Civilian employed population 16 years and over	154,842,185		729,701		227,110	
Agriculture, forestry, fishing and hunting, and mining:	2,743,687	1.8%	5,504	0.8%	1,070	0.5%
Construction	10,207,602	6.6%	49,625	6.8%	13,864	6.1%
Manufacturing	15,651,460	10.1%	92,548	12.7%	31,762	14.0%
Wholesale trade	4,016,566	2.6%	19,290	2.6%	5,968	2.6%
Retail trade	17,267,009	11.2%	89,698	12.3%	27,852	12.3%
Transportation and warehousing, and utilities:	8,305,602	5.4%	27,974	3.8%	8,999	4.0%
Information	3,114,222	2.0%	14,937	2.0%	5,417	2.4%
Finance and insurance, and real estate and rental and leasing:	10,151,206	6.6%	45,841	6.3%	14,786	6.5%
Professional, scientific, and management, and administrative and waste management services:	17,924,655	11.6%	80,967	11.1%	29,970	13.2%
Educational services, and health care and social assistance:	35,840,954	23.1%	180,605	24.8%	52,795	23.2%
Arts, entertainment, and recreation, and accommodation and food services:	14,962,299	9.7%	62,668	8.6%	17,509	7.7%
Other services, except public administration	7,522,777	4.9%	31,355	4.3%	10,070	4.4%
Public administration	7,134,146	4.6%	28,689	3.9%	7,048	3.1%

SOURCE: American Community Survey, 2019 5-Year Estimates.
https://data.census.gov/cedsci/table?q=industry&g=1600000US3301620&tid=ACSST5Y2019.S2404&hidePreview=true&moe=false

- Educational Services, Health Care, and Social Assistance are the most common industry sectors in Hillsborough County. Agriculture, Forestry, Fishing, Hunting and Mining is the least common industry type.
- In Hillsborough County, a notably higher percentage of people work in Manufacturing (14.0%) than the national average (10.1%).

Population Health Measures

Exhibit 16: Leading Causes of Death[6]

	United States	New Hampshire	Hillsborough County
Total	728.8	711.9	710.3
Cancer	156.0	156.0	150.9
Heart Disease	166.0	148.9	148.0
Accidents	45.7	60.6	62.3
Chronic Lower Respiratory Disease	40.8	41.2	39.8
Stroke	37.3	27.9	25.4
Alzheimer's disease	29.4	29.4	24.4
Diabetes	21.2	18.0	18.8
Suicide	13.6	17.8	17.8

SOURCE: National Institutes of Health, Death Rate Report for New Hampshire by County. 2018.
https://hdpulse.nimhd.nih.gov/data/deathrates/index.php?stateFIPS=33&cod=247&year=0&race=00&sex=0&age=160&type=death&sortVariableName=name&sortOrder=desc

- Cancer is the leading cause of death in Hillsborough County, which differs from the national average, where Heart Disease is the leading cause of death.
- The Hillsborough County overall mortality rate is very similar to the state average and slightly lower than the national average.
- Heart disease, stroke, and Alzheimer's disease mortality rates in Hillsborough County are notably lower than the national average.

Exhibit 17: Chronic Disease Summary, Incidence Rate

	United States	New Hampshire	Hillsborough County
Heart Disease	26.8%	21.5%	21.7%
High Blood Pressure	57.2%	49.8%	51.6%
Asthma	5.0%	4.8%	5.6%
Diabetes	9.5%	8.0%	8.5%

SOURCE: Community Commons, National Center for Chronic Disease Prevention and Health Promotion.
https://www.communitycommons.org/entities/4c128e63-7457-4e58-84bb-ac161fa0277e
https://www.cdc.gov/chronicdisease/index.htm

- Chronic disease incidence rates are better (lower) than the U.S. average for most conditions. However, Hillsborough County has slightly higher rates of asthma than the New Hampshire and national average.

[6] Deaths per 100,000 population.

Exhibit 18: Health Status

	New Hampshire	Hillsborough County
Poor or Fair Health	13.0%	12.0%
Poor Physical Health Days	3.5	3.4
Poor Mental Health Days[7]	4.6	4.2

SOURCE: County Health Rankings, 2021. https://www.countyhealthrankings.org/

- Hillsborough County residents experience slightly fewer poor mental health days per month (4.2) than the New Hampshire average (4.6). Self-reported health status is a general measure of health-related quality of life (HRQoL) in a population. Measuring HRQoL helps characterize the burden of disabilities and chronic diseases in a population.[8]

Exhibit 19: Physical Health Indicators

	United States	New Hampshire	Hillsborough County
Adults who are Obese	29.5%	28.4%	28.2%
Current Smokers	15.7%	14.8%	13.5%
Physical Inactivity	22.1%	19.9%	21.2%

SOURCE: Community Commons, National Center for Chronic Disease Prevention and Health Promotion. 2019 https://www.communitycommons.org/entities/4c128e63-7457-4e58-84bb-ac161fa0277e https://www.cdc.gov/chronicdisease/index.htm

- Hillsborough County residents have slightly worse rates of physical inactivity than the state average. Slightly over one in five (21.2%) Hillsborough County residents does not get any form of physical activity. Physical activity may play an important role in the management of mild-to-moderate mental health conditions, especially depression and anxiety[9] -- in addition to general health and chronic medical conditions.
- There are slightly less smokers in Hillsborough County than the state and national average.

[7]Average number of mentally unhealthy days reported in past 30 days (age-adjusted).

[8] County Health Rankings. https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-outcomes/quality-of-life/poor-mental-health-days

[9]Paluska, Schwenk. "Physical Activity and Mental Health." https://link.springer.com/article/10.2165/00007256-200029030-00003

Exhibit 20: Healthcare Providers

	United States	New Hampshire	Hillsborough County
Primary Care Physicians	2,648 to 1	1,100:1	1,160:1
Mental Health Providers	1,649 to 1	310:1	310:1
Dentists	2,911 to 1	1,300:1	1,210:1

SOURCE: County Health Rankings, 2021. https://www.countyhealthrankings.org/

- Hillsborough County and the State of New Hampshire have a much better ratio of providers compared to U.S. averages. For example, in Hillsborough County and New Hampshire, there is one mental health provider for every 310 residents – much better than the U.S. ratio of one provider for every 1,649 residents.
- Hillsborough County has similar rates of primary care, mental health, and dental providers per person compared with the New Hampshire average.

Exhibit 21: Maternal and Child Health

	United States	New Hampshire	Hillsborough County
Teen Birth Rate[10]	22.7%	10.6%	13.5%
Low Birth Weight	8.2%	6.8%	7.2%
Infant Mortality[11]	5.8%	3.7%	3.1%

SOURCE: Community Commons, National Center for Chronic Disease Prevention and Health Promotion. CDC Wonder Database. https://www.communitycommons.org/entities/4c128e63-7457-4e58-84bb-ac161fa0277e https://www.cdc.gov/chronicdisease/index.htm https://wonder.cdc.gov/

- Teen births are much less common in Hillsborough County (13.5%) than the national average (22.7%).
- Hillsborough County has a lower rate of infant mortality (3.1%) than the New Hampshire and national averages, but a slightly higher low birth weight percentage (7.2%) than the New Hampshire average (6.8%).

[10] Per 1,000 women aged 15-19

[11] Deaths per 1,000 live births

Exhibit 22: Insurance Status

	United States	New Hampshire	Hillsborough County
Uninsured Population	8.8%	5.9%	6.2%
Male (Uninsured)	9.9%	6.8%	7.2%
Female (Uninsured)	7.9%	5.1%	5.2%
Uninsured Seniors	0.8%	0.3%	0.4%
Uninsured Children	5.1%	2.8%	2.6%

SOURCE: County Health Rankings, 2021. https://www.countyhealthrankings.org/

- The uninsured rates in New Hampshire and Hillsborough County are lower than the national average.
- Men are slightly more likely than women to be uninsured across comparative regions.

Exhibit 23: Home Care Status, Rates Per 100,000 Population

	United States	New Hampshire
Adult-Day Services	4.1	3.7
Nursing Home	26.1	31.6
Residential Care Community	15.4	15.3
Home Health Agency	94.4	99.2
Hospice	28.4	23.7

SOURCE: National Center for Health Statistics, Long-Term Care Providers and Service Users in the United States, 2019. https://www.cdc.gov/nchs/npals/reports.htm

- Care services include a broad range of health, personal care, and supportive services that meet the needs of frail older people and other adults whose capacity for selfcare is limited because of a chronic illness; injury; physical, cognitive, or mental disability; or other health-related conditions[12].
- New Hampshire residents have higher rates of home health agency use (99.2) and nursing home use (31.6) than national averages.

[12]National Center for Health Statistics, Long-Term Care Providers and Service Users in the United States, 2019. https://www.cdc.gov/nchs/npals/reports.htm

Behavioral Health and Risk Measures

Exhibit 24: Mental Health, Teens, 2019

	New Hampshire	Greater Monadnock
Felt Sad or Hopeless for Two Weeks in a Row	28.1%	32.0%
Seriously Considered Attempting Suicide	16.1%	19.4
Attempted Suicide One or More Times	5.9%	7.8%
Suicide Attempt Resulted in Treatment by Doctor or Nurse	1.9%	2.5%

SOURCE: NH WISDOM. https://www.dhhs.nh.gov/dphs/hsdm/documents/greater-monadnock-yrbs-results-2019.pdf

- Over 30% of Greater Monadnock area teens reported feeling sad or hopeless for two consecutive weeks in 2019, pre COVID-19 pandemic. Those numbers may be higher now.[13]
- Nearly one in five Greater Monadnock area teens seriously considered suicide. Over 7% reported a suicide attempt – with over 2% serious enough to warrant medical treatment. These may be small percentages, but the number of individual lives and families requires urgent attention.

Exhibit 25: Substance Use, Teens, 2019

	New Hampshire	Greater Monadnock
Drink Alcohol	29.6%	30.9%
Binge Drink	15.8%	17.1%
Use Marijuana	22.9%	25.3%
Ever Used Heroin	1.7%	2.3%
Ever Used Methamphetamine	1.7%	2.8%
Ever Used RX Without Prescription	11.3%	13.6%
Use RX Without Prescription	5.1%	6.1%

SOURCE: NH WISDOM. https://www.dhhs.nh.gov/dphs/hsdm/documents/greater-monadnock-yrbs-results-2019.pdf

- On average, Greater Monadnock area teens use substances at a slightly higher rate than their peers statewide.
- There is a small percentage of Greater Monadnock area high school students using hard drugs such as heroin (2.3%) and methamphetamine (2.8%).

[13] A U.S. Centers for Disease Control (CDC) study in June 2020 found 40.9% of respondents reported at least one adverse mental or behavioral health condition including symptoms of anxiety disorder or depressive disorder (30.9%). SOURCE: CDC, https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm#:~:text=Overall%2C%2040.9%25%20of%205%2C470%20respondents,reported%20having%20started%20or%20increased

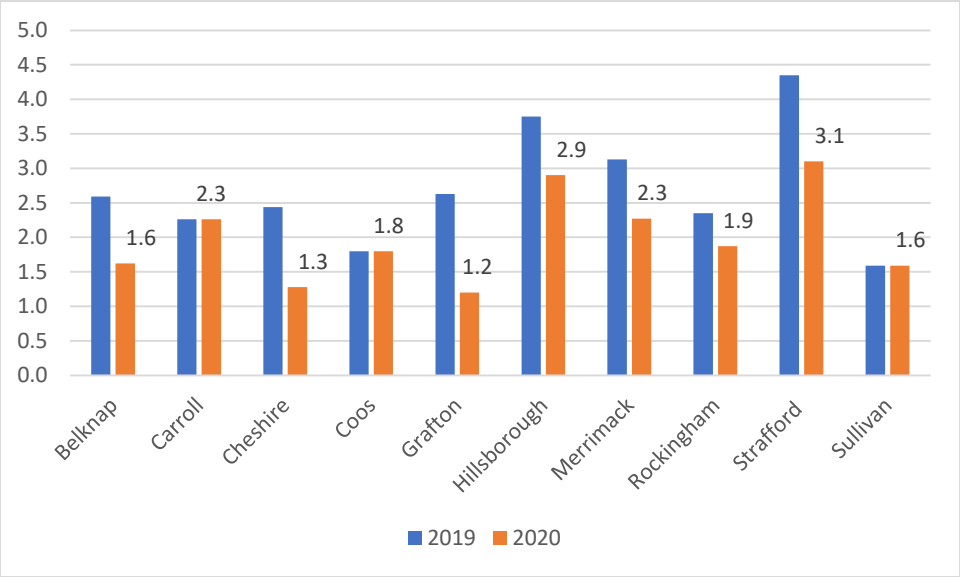
Exhibit 26: Nicotine Use, Teens, 2019

	New Hampshire	Greater Monadnock
Smoke Cigarettes	7.7%	10.3%
Use Vape or Electronic Cigarette	23.7%	18.3%

SOURCE: NH WISDOM. https://www.dhhs.nh.gov/dphs/hsdm/documents/greater-monadnock-yrbs-results-2019.pdf

- Around 10% of teens smoke cigarettes in the Greater Monadnock area, and around 20% use a Vape or Electronic Cigarette.
- Nicotine use in the Greater Monadnock region is varied compared with the state average – a higher percentage of Monadnock teens smoke cigarettes than the state average, but a lower percentage use a vape or electronic cigarette.

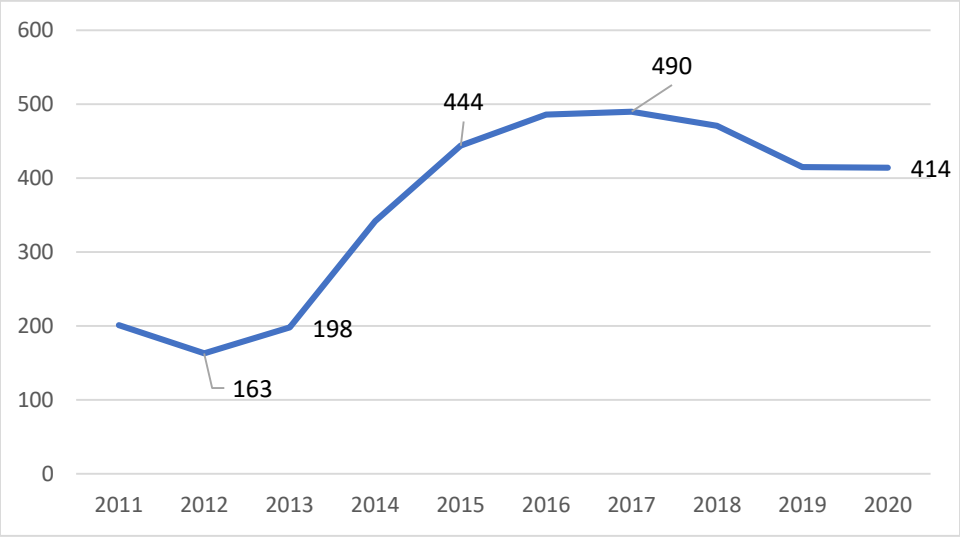
Exhibit 27: Drug Overdose Deaths per 10,000 Population, by County, 2019-2020



SOURCE: New Hampshire Drug Monitoring Initiative, 2020 Overview Report.
https://www.dhhs.nh.gov/dcbcs/bdas/documents/dmi-2020-overview.pdf

- Drug overdose deaths in New Hampshire fell from 2019 to 2020.
- Hillsborough County averages the second highest rate of drug overdose death statewide (2.9 per 10,000 population), second only to Strafford County.

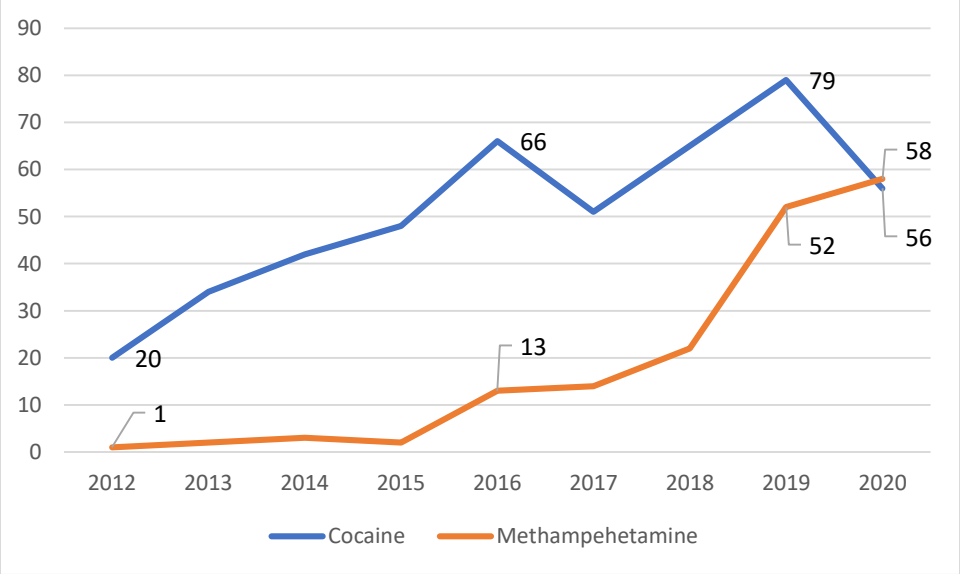
Exhibit 28: Total Overdose Deaths, New Hampshire, 2011-2020



SOURCE: New Hampshire Drug Monitoring Initiative, 2020 Overview Report.
https://www.dhhs.nh.gov/dcbcs/bdas/documents/dmi-2020-overview.pdf

- Statewide, overdose deaths appear to have peaked in 2017 (largely due to the opioid epidemic), but numbers remain high.

Exhibit 29: Total Overdose Deaths Involving Cocaine or Methamphetamine, New Hampshire, 2012-2020



SOURCE: New Hampshire Drug Monitoring Initiative, 2020 Overview Report.
https://www.dhhs.nh.gov/dcbcs/bdas/documents/dmi-2020-overview.pdf

- The rise in cocaine and methamphetamine involvement in drug overdose deaths illustrates how even though opioid overdoses are slightly down, drug mortality is still a statewide epidemic.

Qualitative Research Summary

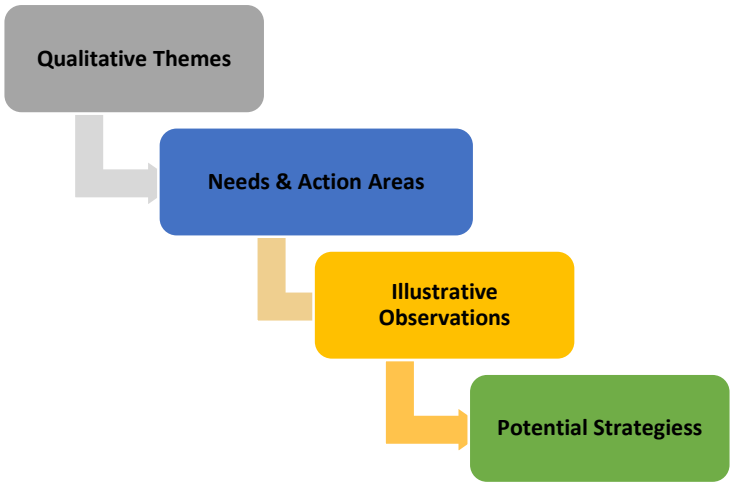
The qualitative primary research stage included stakeholder interviews and focus group discussions across the community. The 13 one-on-one interviews lasted approximately 30 minutes in length, although some community members chose to share a great deal of information, so some calls exceeded 30 minutes. The interviews provided the opportunity to have in-depth discussions about community, social, health, and service issues with individuals able to provide insight regarding health services and access needs. The stakeholder interview guide was designed to elicit respondents' opinions about community strengths and resources, health-related needs, the expected ongoing impact of the COVID-19 pandemic, the community-based strategies to address those needs, special insights from marginalized groups, and other topics.

The two focus group discussions (FGDs) – plus two MCH CHNA Leadership Group meetings – (held via Zoom) used a moderator's guide similar to the stakeholder interview guide (see Appendix). The FGDs enabled the participants to highlight areas of consensus as to what they see as the biggest health-related needs facing the community.

In total over 40 individuals provided input from the following segments:

- Healthcare service consumers
- General community members
- MCH CHNA Leadership Group
- Community service providers

The combination of qualitative individual interviews and focus the group discussions resulted in a consensus of several top areas of need that can be described as **Qualitative Themes.** Each of these themes cut across and impact the subsequent Needs & Action Areas. The Themes are identified in the following section with a short explanation for each.



The Needs & Action Areas include an overview of the subject and utilize de-identified **Illustrative Observations in italics** which are representative of respondents' consensus perspectives. The following needs and action areas were also used to guide needs prioritization with the MCH CHNA Leadership Group. See the graphic to the right that illustrates the hierarchical nature of the qualitative research section that follows.

Qualitative Discussion Themes

Qualitative research provided the basis for three, higher-level community needs themes.

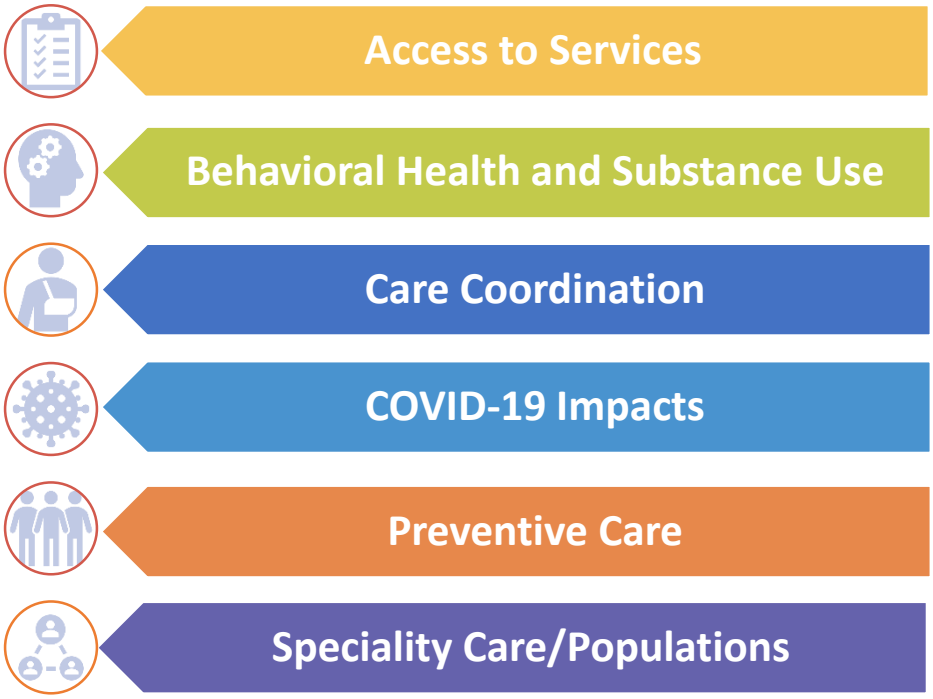
Monadnock's unique geographic and demographic challenges. *The need for improved care coordination, access to services, specialty care and preventive care all pertain to the unique challenges faced by Monadnock's rural, older, population, which require specific needs.*

Monadnock is well thought of and considered a community leader. *When sharing experiences with Monadnock Hospital, service providers and community members relayed a positive message. Constructive criticism centered on expanding community outreach.*

Improved community impact will be most likely achieved through a holistic approach. *The top action areas and observations (outlined below) are interwoven with one another. For instance – care coordination, identified as a top need, will improve access to services (another top need.) These can have a positive downstream effect to improve behavioral health care treatment (yet another top need).*

Needs, Action Areas and Observations

Key needs and areas and primary observations that are representative of respondents' consensus perspectives from the interviews are included below. Each ***theme*** above is embedded within the six key categories of ***needs*** listed below (presented alphabetically – not in order of priority):



Access to Services

Monadnock's geographic locale makes accessing services difficult for some communities, especially in outlying areas. Transportation and the cost of care are the two, most commonly noted "access to care" issues.

Transportation issues are a large barrier for many residents of the service area, where sometimes ambulances are the only methods of quickly accessing care. Cost barriers may arise when some individuals do not meet the requirements for services like Medicare, but do not have the means to pay for other forms of insurance.

- *"Convenient access to a hospital or healthcare is so important. Without Monadnock, we would have to drive about an hour to get anywhere."*
- *"We respond to 911 emergency calls, we are nondiscriminatory. I would say because we are a rural area, we are providing transportation that other people might be driving themselves."*
- *"You can have the greatest doctors, but if people think they won't be able to access it, what's the point? I will find myself frustrated with hoops to jump through, and I am someone who likes to work the system, talk to everyone. I think about - so many people aren't comfortable doing that, how will they ever understand what's happening? I will have an appointment - they schedule a follow up elsewhere, and I'll ask, 'What's the cheapest way to do this?' 'Is this covered?' and they don't know, that's not their job."*
- *"Choices for primary care are limited. I struggle finding a doctor I feel listens, really wants to work with me."*
- *"We do not have transportation. If we got a grant for a community bus or van or something, that would be huge. Children and adolescents and seniors especially do not have any access to services in this way."*
- *"Communication is so key and vital to this. For instance, a lot of people will mention transportation - there are some community transpiration options, but I guess people have not been able to easily understand or access that. I think service providers could do better outreach and update their websites more often."*

Behavioral Health and Substance Use

Behavioral health was reported to be a rising need in the Monadnock region where impacts of the COVID-19 pandemic (e.g., social isolation, economic insecurity, housing concerns, and other general anxiety and depression-related issues) have exacerbated underlying issues. Secondary data revealed that depression rates have risen during the COVID-19 pandemic: A CDC study in June 2020 found 40.9% of respondents reported at least one adverse mental or behavioral health condition, including symptoms of anxiety disorder or depressive disorder (30.9%).[14] Community members noted barriers such as access to care or overcoming stigma as factors for some populations unable to receive or seek treatment.

Substance Use Disorder (SUD) was also noted as a common issue. New Hampshire's substance use trends are well documented[15], and some stakeholders shared the opinion that although statistics around opioid related substance use are no longer as high as they once were, other substances (like methamphetamine) are now being used at a high rate in the region.

- *"There is still a mental health stigma. Not everyone is seeking (treatment) out. However, I do think there has been a lot of communication about self-care and that stigma has been somewhat reduced. I know there is a group called Reality Check in Jaffrey that focuses on substance use and abuse. There is certainly substance use in the schools."*
- *"I think behavioral health is the primary concern, and with COVID it feels like it's been even worse - and now we are not able to find practitioner for a prescription, etc. I've heard anecdotally, very long wait times. In the past, we had a therapist who would come see students. That is not happening at the elementary level anymore."*
- *"I think good behavioral health care is relationship based. I think getting out into the community to be a known commodity can be very helpful."*
- *"There is a long delay when setting up an appointment for mental health treatment. I think there is a dearth of providers."*
- *"I work with teens, there are high rates of substance use, many of them do not have great support systems or easy resources."*
- *"There may just not be enough patients to warrant numerous practitioners opening up shop in the area. But I think there is a real opportunity with telepsychiatry and telehealth."*

[14] Centers for Disease Control, Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic. https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm

[15] https://www.dhhs.nh.gov/dcbcs/bdas/documents/dmi-2020-overview.pdf

Care Coordination

Many stakeholders and focus group participants spoke about the need to bolster care coordination. Stakeholders described the Monadnock administrative and medical staff in very positive terms, however, it was emphasized that many patients may not understand how to navigate through the medical system on their own. Current expert consensus suggests that such care coordination programs appear to improve quality of care (and there is a growing body of knowledge providing strong and consistent evidence of substantial financial savings).[16] Proposed actions to improve patient care coordination and improve the overall patient experience included access to health advocates, increased community collaboration, and patient education.

- *"Making connections between services would be helpful. Case management, connecting a patient from primary care to physical therapy, etcetera."*
- *"I think the hospital is a very good community collaborator, and helping patients navigate their way around the system is something (the hospital) can continue to build."*
- *"I would like to help our community understand they are their own best advocates for their well-being. They have a voice to make a difference and can advocate for their own best interests."*
- *"I think advocacy is important in-patient situations, there is not a system in place to provide advocacy in the room. System navigation could be helpful. Post check-up, that sort of thing."*
- *"Advocacy is so important - my dad went to the doctor and refused a test. Now he has to go back, it's another copay, and most people wouldn't even go in, or feel bad about refusing the test. So, providing an advocate is so important."*

COVID-19 Impacts

The COVID-19 pandemic has impacted the lives of all residents in the Monadnock region – some more than others. Service providers report augmenting the care they provided, and in some cases, temporarily eliminating some services. However, many community members reported an opinion that there was an increased level of community compassion and resolve in the face of difficulty, with food shelters remaining overstocked, and friends and neighbors helping one another. The physical impacts of the virus touched many, as did the mental toll. Moving community events to Zoom or other technology platforms was reported to be an inferior substitute for some, and the lack of time in schools stole precious time from young people. One stakeholder noted, "Parents are feeling stressed and anxious, and we know kids are like sponges – they are inheriting that."

[16]MedVision, 2018. Available at https://www.medvision-solutions.com/how-does-care-coordination-impact-healthcare-payer-organizations ; Science Direct, 2016. https://www.sciencedirect.com/science/article/abs/pii/S0891524517301797#:~:text=Hospital%20charges%20for%20patients%20who,of%20124%20pediatric%20tracheostomy%20patients; Institute for Healthcare Improvement, "Care Coordination Model: Better Care at Lower Cost for People with Multiple Health and Social Needs,: 2011. http://www.ihi.org/resources/Pages/IHIWhitePapers/IHICareCoordinationModelWhitePaper.aspx

- *"There is a drive though (vaccine) site at Keene State. Recently, we've seen Walgreens open up a site and the Laconia race track up north. But there was nothing locally. It could have been easy and so much more accessible if there were something local."*
- *"I would say people are uneasy about getting a vaccination. We are trying to talk them though the process, we are also trying to help them make an appointment, figuring out a way to get them a ride."*
- *"I think COVID exacerbated some existing needs and services. Transportation volunteers stopped. So that issue was significant. The need for more support caregivers cropped up. Some families refused care in this time, especially from those who were going house to house. I know childcare needs were difficult."*
- *"Not being able to be there from an advocacy standpoint in hospitals for friends and family - we couldn't get in the hospitals, couldn't hear about their care plans or make recommendations".*
- *"I am seeing a lot of challenges from the pandemic - frontline workers, especially. I am curious to see what happens with our kids coming out of this, but the adults and families are also not doing well. About 1/3 of our schools were free or reduced lunch and we lost that for a while. I think there is an idea this is a cute little town, but there is a lot need there."*
- *"It feels like it's taken the wind out of everyone's sails. (The community) really revolves around fellowship. This digital communication has created enough of a distance."*

Preventive Care

A crucial need in the Monadnock region is continued improvement of access to preventive care. Stakeholders cited the barriers of transportation, access (i.e., financial counseling and resources, awareness of ways to navigate the healthcare system, availability of providers in some medical specialties, and a lack of follow-up care and support services after an inpatient stay), and provider shortages that – in some cases – lead to preventable 911 calls and hospital visits. Stakeholders also noted that the COVID-19 pandemic halted elective procedures and other preventive care.

- *"I have direct medical practice through [name of provider), it is great. But so many do not."*
- *"This area may never be a place for providers to put down long roots, but I think it can still be an attractive place for young families for a while. We have outdoor recreation, natural beauty, and quality of life."*
- *"A lot of our people who are calling 911 - I think if they had home health care, or nurse visitation, they would not need our emergency treatment. Preventive care would be huge. These are people who simply never see a medical professional. We might say, get a call to Wal-Mart, to someone who is having a diabetic episode. That is preventable."*
- *"The COVID pause has been strange - it's like we've taken a pit stop. But we're not back in the race. It's such a part of preventive care, we need to get back on track. Maybe doctors need to go down their list, see who they need to call".*

Specialty Care/Populations

A distinguishing feature of the Monadnock region is its rural locale and high population percentage of seniors. Many stakeholders discussed the unique challenges faced by seniors, including a relative lack of specialty care – in particular geriatric medicine, dermatology, neurology / Alzheimer's care, behavioral health, and surgery. A related challenge exits around recruiting and retaining specialists, which leads to some healthcare consumers to the frustration of "starting over" with specialty care providers, or simply giving up on accessing care.

- *"I think geriatric medicine - we are an older state. I would like to see more emphasis on that. I think specialty services are important. Typically, we have to leave and go to Keene or Manchester, or even Boston."*
- *We have an older population, a lot of elderly living alone, I am definitely worried about their wellbeing."*
- *"The area has issues enlisting new doctors. I went to meet a surgeon when I was diagnosed, they said 'By the way, you have to find a new surgeon, we are not going to be here in a week.' Since then, there has been another new surgical group. I just want more stability when it comes to this. It is not the hospitals' fault, and I know they are frustrated. But communication could still be facilitated better."*
- *"I have to drive to Concord to see a dermatologist. We lack that specialty care. I am open to telehealth specialty care, but a lot of times, you go there to get something done, it's not always just a consult."*
- *"Programs for Alzheimer's are important. I think about how New Hampshire is one of the oldest populations in the United States, we see a lot of Alzheimer's and dementia. Those affiliated ailments may be heart surgery or a hip replacement. But we are trying to get physicians to identify all of the above, the holistic needs."*

Community Survey

A community wide survey was conducted in the Monadnock service area. The survey included representation from all thirteen Monadnock service area towns, with respondents completing the survey instrument online.

Total Sample

A total of 446 total respondents completed the community survey. The sample size yields a total margin of error +/- 4.6%, at the 95% confidence interval.

Survey Instrument

The questionnaire, offered in both Spanish and English, included closed-ended, need-specific evaluation questions; open-ended questions; and demographic questions. The responses were tabulated using SPSS (Statistical Package for the Social Sciences) and can be used to help provide directional support for the prioritized set of community health needs.[17]

Survey Data Collection

Monadnock Hospital facilitated survey advertising via internal and external communications lists and social media.

Top Needs

The top five community needs as identified by the survey were:

1. **Housing for all incomes/ages**
2. **Crisis care programs for mental health**
3. **Affordable healthcare services for people or families with low income**
4. **Counseling services for adolescents / children**
5. **Counseling services for depression or anxiety**

Note: Like many areas, housing was a highly ranked community need. However, when reviewing needs most central to the MCH's purview, housing is not among them.

For a thorough analysis of survey results, please see below:

[17] Research suggests that individuals sharing many of the demographic characteristics of the target population may provide socially desirable responses, and thus compromise the validity of the items. Special care was exercised to minimize the amount of this non-sampling error by a careful assessment design effects (e.g., question order, question wording, response alternatives).

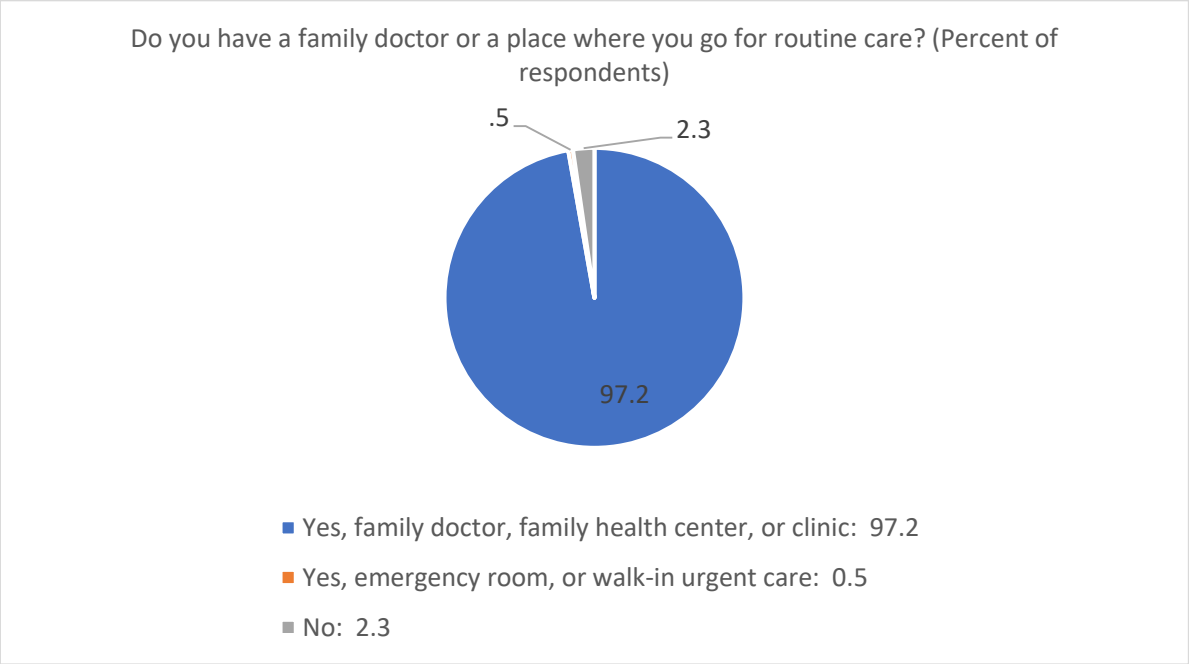
Exhibit 30: Community Needs Ranked by Community Response Categories

Rank	Need	"No more focus needed"	"Somewhat More Focus Needed"	"Much more focus needed"	Average Score[18]
1	Housing for all incomes/ages	6.1%	28.0%	66.0%	2.60
2	Crisis care programs for mental health	6.0%	28.9%	65.0%	2.59
3	Affordable healthcare services for people or families with low income	8.3%	28.2%	63.5%	2.55
4	Counseling services for adolescents / children	10.1%	28.6%	61.3%	2.51
5	Counseling services for depression or anxiety	8.5%	33.1%	58.5%	2.50
6	Affordable quality childcare	8.5%	33.8%	57.7%	2.49
7	Post-addictions treatment support programs	7.7%	38.3%	54.0%	2.46
8	Early intervention for substance use disorders	8.4%	37.5%	54.0%	2.46
9	Medical Assisted Treatment (MAT) for opioid addiction	10.1%	38.2%	51.7%	2.42
10	Caring for aging parents and resources to help	6.9%	49.5%	43.6%	2.37
11	Long-term care or dementia care	10.7%	42.0%	47.3%	2.37
12	Prescription assistance	14.3%	36.6%	49.1%	2.35
13	Homelessness	10.9%	45.3%	43.8%	2.33
14	Domestic Violence Resources	9.6%	49.0%	41.4%	2.32
15	Transportation	7.8%	53.5%	38.8%	2.31
16	Primary care services (such as a family doctor or other provider of routine care)	14.9%	41.6%	43.5%	2.29
17	Job readiness	11.4%	49.2%	39.4%	2.28
18	Programs for diabetes and/or obesity	11.6%	50.2%	38.2%	2.27
19	Transportation services for people needing to go to doctor's appointments or the hospital	9.7%	54.6%	35.7%	2.26
20	Specialty care services: Dermatology	16.7%	42.0%	41.3%	2.25
21	Secure sources for affordable, nutritious food	15.1%	47.8%	37.1%	2.22
22	Specialty care services: Cancer care	19.7%	41.8%	38.5%	2.19
23	Heart health or cardiovascular health	19.9%	49.8%	30.3%	2.10
24	Specialty care services: Cardiology	23.6%	45.2%	31.3%	2.08
25	Parenting classes	22.1%	49.3%	28.6%	2.06
26	Dental	35.9%	34.3%	29.8%	1.94
27	Emergency care and trauma services	34.0%	42.2%	23.8%	1.90
28	HIV AIDS testing	44.7%	42.0%	13.3%	1.69

[18] "No more focus needed" = 1, "Somewhat more focus needed" = 2, "Much more focus needed" = 3. "Average score" presented as composite weighted score.

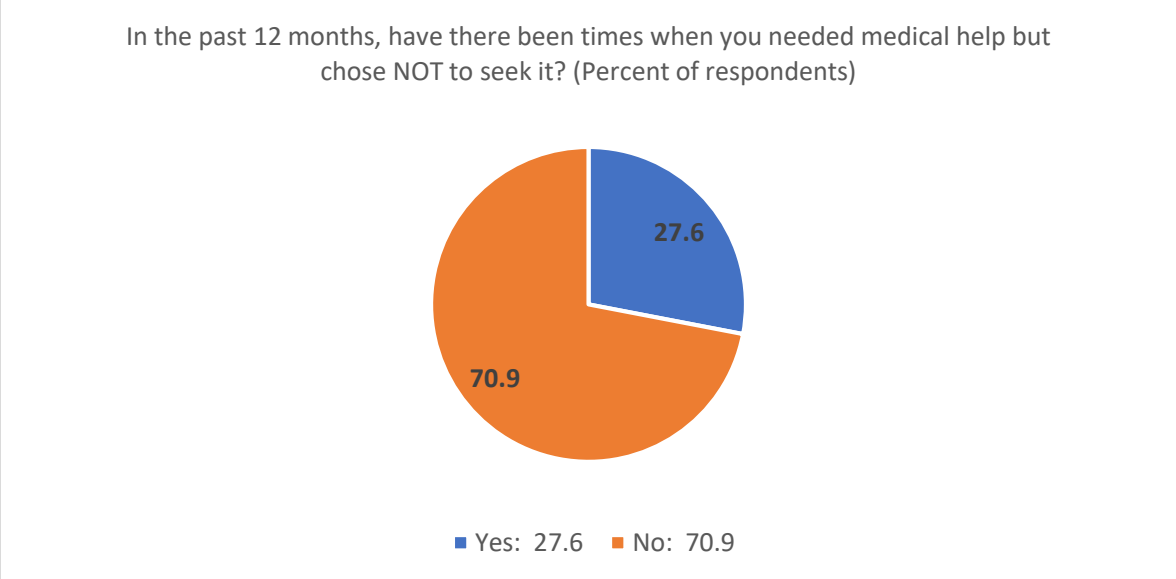
Survey respondent profiles skewed towards those who have a family doctor, family health center, or clinic they visit for routine care.

Exhibit 31: Access to Care



Over one quarter (27.6%) of survey respondents indicated there was a time in the past year they needed medical help and chose not to seek it.

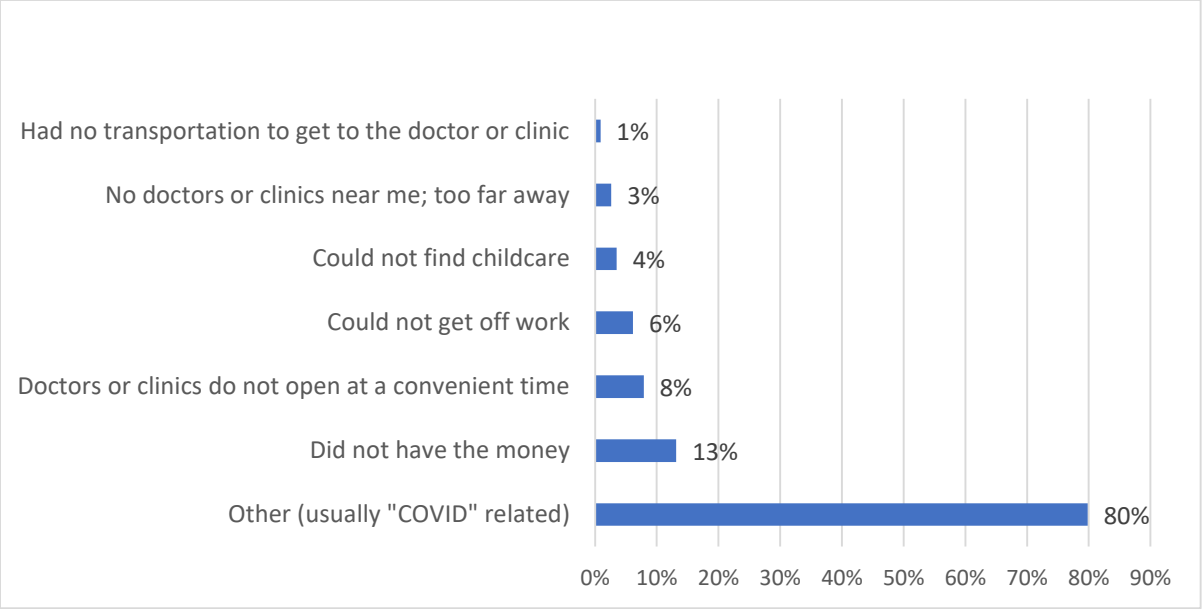
Exhibit 32: Seeking Care



Survey respondents overwhelmingly cited the COVID-19 pandemic as a reason for not seeking medical care in the past year.

Exhibit 33: Reasons for not Seeking Care

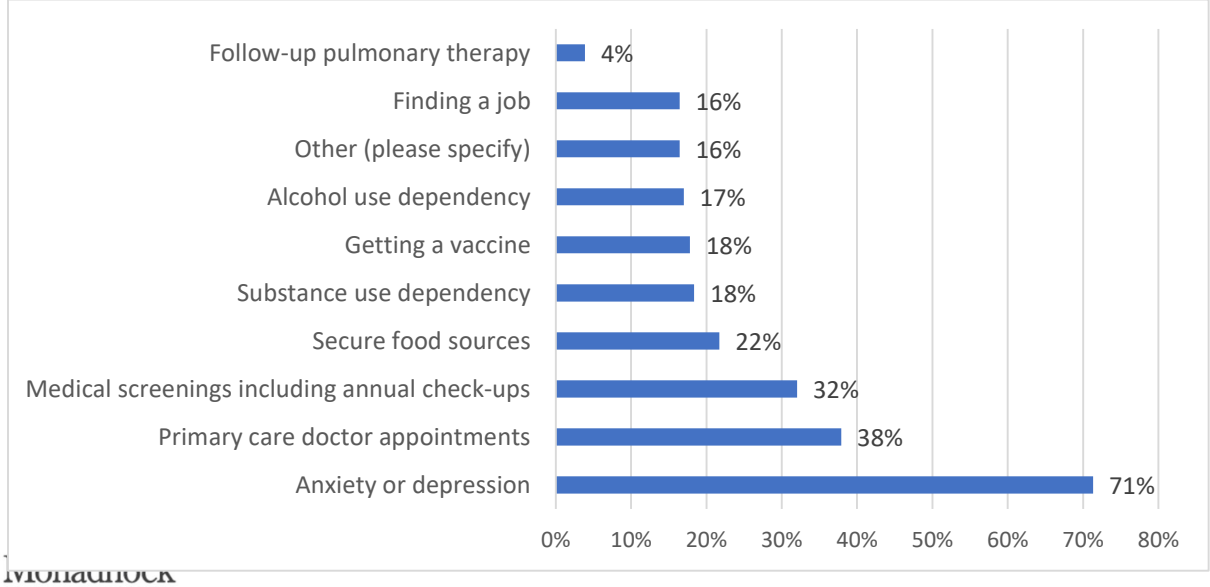
If you had a medical need but did not seek care, why did you NOT get care?



The COVID related issues with which people struggle most as identified by survey respondents were anxiety or depression, primary care doctor appointments, and medical screenings.

Exhibit 34: COVID Related Challenges

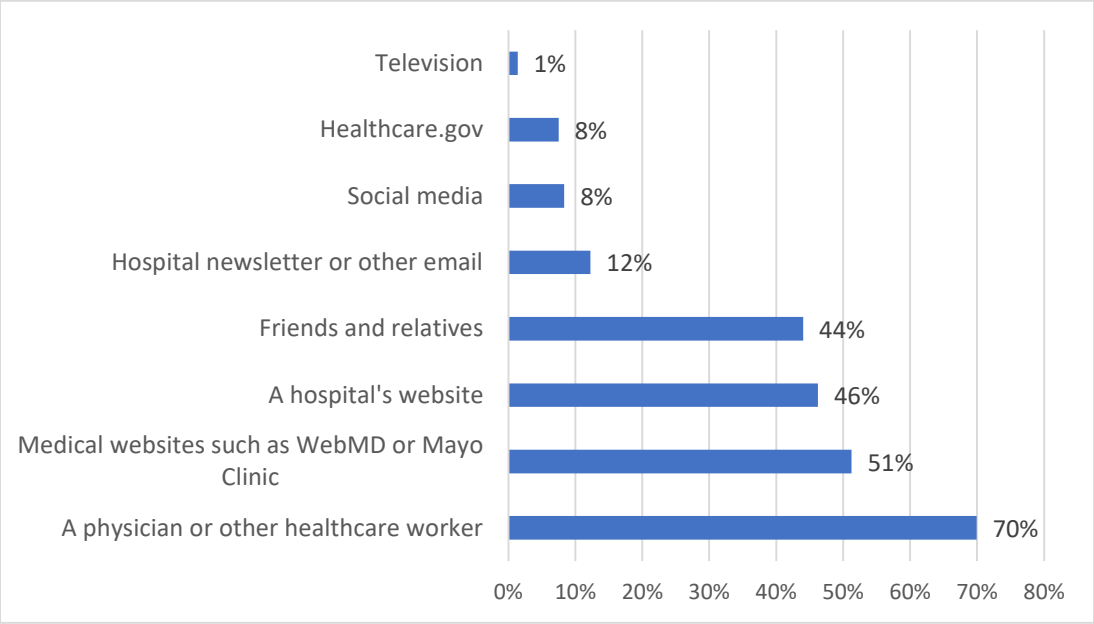
Since the beginning of the COVID-19 pandemic, which of the following are the top issues with which people struggle?



The most common sources of information used to find out about healthcare providers and health monitoring were physicians/healthcare workers, medical websites, hospital websites, and friends and relatives (word of mouth).

Exhibit 35: COVID Related Challenges

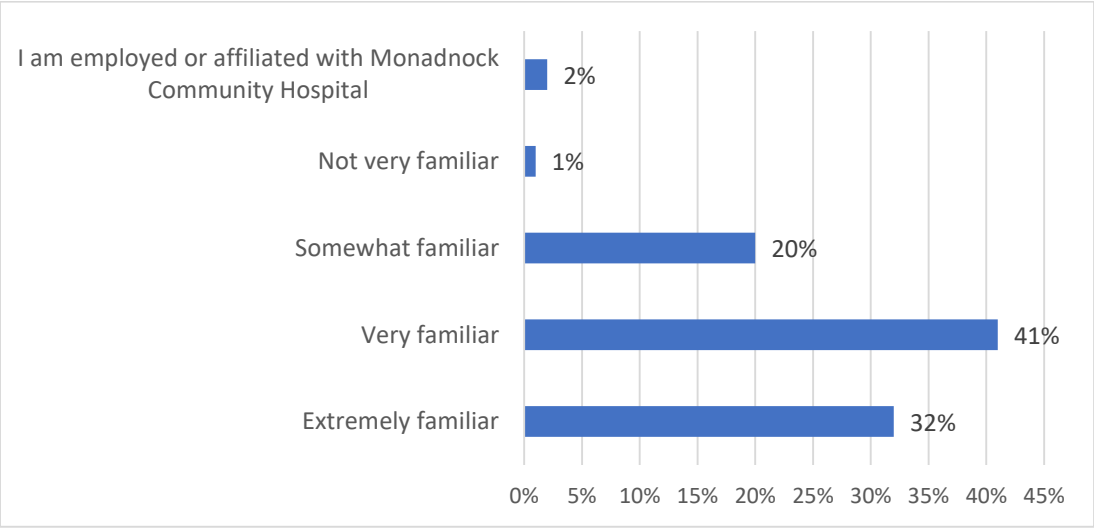
What sources do you normally use to find out about healthcare providers, hospitals, your own health, or to monitor your own health?



Most survey respondents had strong familiarity with Monadnock Hospital.

Exhibit 36: COVID Related Challenges

How familiar are you with Monadnock Hospital? (Percent of respondents)



Conclusions and Needs Prioritization

The secondary and primary research techniques generated an extensive list of community health needs, service gaps, barriers to healthcare, and recommendations to address them. In order to synthesize material and create consensus among Monadnock Community Hospital's leaders and other key stakeholders regarding the recommendations, MCH utilized the following prioritization approach.

Prioritizing the community needs involved two steps, or "rounds." The first utilized the community survey, which was disseminated electronically and with hard copies to the community at large, to identify approximately 28 community needs.

The second round was a prioritization process of the Hospital's CHNA Leadership Group. Leadership Group members were asked to determine if a given need falls within the Monadnock Community hospital purview to address, and to determine the hospital's "Locus of Control" to impact a need. For instance - affordable housing, while important, was decided not to be a within the purview of MCH to address. For needs that were determined to be within the MCH purview, Leadership Group members assigned a "Locus of Control" rating to determine how MCH can best make an impact. The explanation for Locus of Control scoring is outlined below:

1 = "We could do it ourselves"

2 = "We could do it with collaboration"

3 = "We could support, but others would need to lead."

The top prioritized results are as follows:

Exhibit 37: Prioritized Needs, 2021-2024[19]

Need	Locus of Control
Affordable healthcare services	1
Funding for depression/anxiety	1
Early intervention for substance use	1
Crisis care programs for mental health	1
Domestic violence Resources	2
Transportation	2
Caring for aging parents	2
Dental care /Specialty services	2
Post addiction services	2
Prescription assistance	2

[19] Additional prioritized needs that were identified within Locus of Control 3 ("We could support, but others would need to lead.") were "Long term dementia care" and "Medication Assisted Treatment (MAT)".

Implementation Strategy Considerations

The Implementation Plan to be developed by Monadnock Community Hospital is considered a required "next step" to follow the CHNA in which a prioritized list of community needs has been developed. As is seen above, the needs list includes a wide range of issues that fall into one of several categories:

- Community needs which MCH is already addressing but may enhance efforts
- Needs which MCH is already addressing to an appropriate degree
- Needs that are not part of MCH's purview (e.g., better addressed by other organizations), so an appropriate ongoing role for MCH may be minimal.

It is important to note though, that all of the identified needs are important, and MCH is dedicated to its mission of "Improving the health and well-being of our community" and vision of "Elevating the health of our community by providing accessible, high quality and value-based care." To each degree possible, MCH will continue working effectively and efficiently to strengthen the community.

To do so, MCH will develop the Implementation Plan that identifies which community needs MCH is already addressing, the degree of control it has over the ability to address each need, and the estimated timeline it would take to begin to address each need. The resulting Implementation Plan will show which of the CHNA prioritized needs MCH will address (and how, at a high level) and which ones it will not address (and why not).

The purpose of the Implementation Plan is to support the organization's efforts to efficiently and effectively deploy resources that address the most pressing community needs.

Appendices

Appendix A: Community Survey Instrument

Monadnock Community Hospital
Community Health Needs Assessment

Community Survey

Introduction and Objectives

We are conducting a very brief survey on behalf of Monadnock Community Hospital. The purpose is to better understand your perceptions of health needs and services in the area.

We have just a few short questions and would really value your input. The survey will take about 8 to 10 minutes, and your comments will be kept confidential.

Thank you for being willing to share your thoughts!

1. **Do you have a family doctor, or a place where you go for care?**
   - Yes, family doctor, family health center, or clinic
   - Yes, emergency room, or walk-in urgent care
   - No
   - Other (specify) _____

2. **In the past 12 months, have there been times when you needed medical help but chose NOT to seek it?**
   - Yes
   - No

3. **If YES, why did you NOT get care?**
   - Doctor might not know my language; difficult to communicate
   - Did not have the money
   - No doctors or clinics near me; too far away
   - Had no transportation to get to the doctor or clinic
   - Doctors or clinics do not open at a convenient time
   - Could not get off work
   - Could not find childcare
   - Other (please specify)

4. **How familiar are you with Monadnock Community Hospital?**
    - Very familiar
    - Somewhat familiar
    - Not very familiar
    - I am employed or affiliated with Monadnock Community Hospital

A healthy community can include different things such as the availability of healthcare services or behavioral health services. A healthy community many also include social, economic factors, environmental factors, or lifestyle topics such as obesity, smoking, substance abuse, and healthy living issues.

5. **Thinking broadly about health – mental, physical, or spiritual - when you hear a "healthy community" or "improving community health" what is the first thing that comes to mind?** OPEN ENDED:

The next few questions ask you about some issues in several areas. Please rate them on a 1 to 3 scale -- where 1 means that No More Focus is needed, 2 means Somewhat More Focus Needed, and 3 means Much More Focus Needed.

6. **Which of the following social or medical issues do you feel need more focus by the community?** (Circle your answers)

CATEGORY	NEEDS	No More Focus Needed (1)	Somewhat More Focus Needed (2)	Much More Focus Needed (3)	Do not know
Social, Economic, and Physical Environment Issues	Transportation services for people needing to go to doctor's appointments or the hospital	1	2	3	DK
	Secure sources for affordable, nutritious food	1	2	3	DK
	Affordable Quality Child Care	1	2	3	DK
	Transportation	1	2	3	DK
	Homelessness	1	2	3	DK
	Housing for all incomes/ages	1	2	3	DK
	Domestic Violence Resources	1	2	3	DK
	Job Readiness	1	2	3	DK
Medical / Health Issues	Primary Care Services (services (such as a family doctor or other provider of routine care)	1	2	3	DK
	Emergency Care and Trauma Services	1	2	3	DK
	Dental				
	Specialty Services, for example - cardiology - cancer care - dermatologists	1	2	3	DK
	Long Term Care or Dementia Care	1	2	3	DK
	Affordable healthcare services for people or families with low income	1	2	3	DK
	Prescription Assistance	1	2	3	DK

7. **Which of the following mental health or behavioral issues do you feel need more focus by the community?** (Circle your answers)

CATEGORY	NEEDS	No More Focus Needed (1)	Somewhat More Focus Needed (2)	Much More Focus Needed (3)	Do not know
Mental health and Substance Use Disorders	Counseling services for Depression or Anxiety	1	2	3	DK
	Counselling Services for adolescents / children	1	2	3	DK
	Early intervention for Substance use disorders	1	2	3	DK
	Medical Assisted Treatment for Opioid Addiction; suboxone	1	2	3	DK
	Post- Addictions Treatment Support Programs	1	2	3	DK
	Crisis Care Programs for mental health	1	2	3	DK
Lifestyle & Behaviors	Programs for Diabetes and/or Obesity	1	2	3	DK
	Caring for aging parents and resources to help	1	2	3	DK
	Parenting Classes	1	2	3	DK
	HIV AIDS Testing	1	2	3	DK
	Heart Health or Cardiovascular Health	1	2	3	DK

8. **Of all the issues, what do you think are the top one or two greatest health issues in the community?**
   OPEN ENDED:

9. **Since COVID, which of the following are the top issues with which people struggle?** (Please select two or three)
   - Finding a job
   - Getting a vaccine
   - Follow-up pulmonary therapy
   - Secure food sources
   - Anxiety or depression
   - Other _____

10. **Which of the following sources do you normally use to find out about healthcare providers, hospitals, your own health or to monitor your own health?** (Select all that apply)

    - **Healthcare.gov**
    - **A physician or other healthcare worker**
    - **Social media**
    - **A hospital's website**
    - **Medical websites such as WebMD or Mayo Clinic**
    - **Friends and relatives**
    - **Television**

The following are a few demographic questions that help us groups the responses later.

11. **In what year were you born?**
    OPEN ENDED:

12. **In what county do you live?**
    OPEN ENDED

13. **What is the highest grade or year in school you completed?**
    (CHECK ONE)
    - Less than high school
    - Graduated high school
    - Some college or vocational training
    - Graduated college (4-year bachelor's degree)
    - Completed Graduate or Professional school (Masters, PhD, Lawyer)

14. **What is your race?**
    (CHECK ALL THAT APPLY)
    - African American
    - American Indian
    - Asian
    - Caucasian
    - Hispanic
    - Mixed Race
    - Other

15. **Which of the following ranges best describes your total annual household income last year?** (CHECK ONE)
    - Less than $25,000
    - $25,000 to $50,000
    - $50,000 to $75,999
    - $75,000 to $100,000
    - $100,000 or more

16. **Gender: How do you identify?**
    - Male
    - Female
    - Non-binary/Other
    - _____

THIS COMPLETES THE STUDY – THANK YOU FOR YOUR PARTICIPATION!!

Monadnock
COMMUNITY HOSPITAL

Community Health Needs Assessment

Focus Group Discussion

Presented by crescendo

1

Discussion Questions

- Thinking broadly about the strengths of the Monadnock service area and its residents; what are some of the positive things about living here? What are some community strengths?

- How would you define community health? What does a healthy community look like to you?

Discussion Questions

Monadnock COMMUNITY HOSPITAL

What are the two or three greatest health related issues in the Monadnock service area?

What types of Healthcare services are generally available and what services do you think need more focus?

Are there any populations in the Monadnock service area that are especially vulnerable?

Discussion Questions

Monadnock COMMUNITY HOSPITAL

- What are the critical challenges or barriers to better addressing the needs we have just discussed? Are there ways Monadnock Hospital or community partners can help with this?

- In what ways has the COVID-19 pandemic affected the Monadnock community?

4

Discussion Questions

Monadnock COMMUNITY HOSPITAL

What are the most important non-healthcare related needs in the area?

How do consumers generally learn about access to and availability of services in the area?

Magic Wand

- If there was one issue that you could personally change with the wave of a magic wand, what would it be?

crescendo

Questions?

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