

North Country Healthcare 2016 Community Health Needs Assessment: Implementation Strategy

I. Introduction:

North Country Healthcare Affiliation: On April 1, 2016, North Country Healthcare ["NCH"] was officially formed to create an integrated health system with the hospitals located in Coos County, and northern Grafton County New Hampshire. The service area for NCH encompasses these regions as well as communities in northeastern Vermont and western Maine.

As small, rural hospitals in a rapidly changing healthcare environment, joining together will keep the hospitals strong enough to maintain all of the hospitals as viable entities. The affiliation will allow our community hospitals to keep their own identities within a larger health system and will preserve access to high-quality, personal health care for people in the North Country.

Toward this end, NCH Members, (hereinafter referred to as "the System") are positioned to ensure an improvement in efficiency of healthcare delivery which will lead to an improvement in the health of the population served by the System, a consistent and satisfying patient experience and efficiencies which will translate into lower costs.

NCH Member Hospitals:

- Androscoggin Valley Hospital, Berlin, NH ["AVH"]
- Littleton Regional Healthcare, Littleton, NH ["LRH"]
- Upper Connecticut Valley Hospital Association, Colebrook, NH ["UCVH"]
- Weeks Medical Center, Lancaster, NH ["WMC"]

Community Health Needs Assessments:

The Community Health Needs Assessments ["CHNA"] for the Member Hospitals were completed by the North Country Health Consortium ["NCHC"] and an overall Executive Summary consolidating the needs of the System service area was also completed by NCHC (the latter is attached as Exhibit A of this Implementation Strategy).

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NCHC surveyed 181 community leaders and 528 community members to gather information about the health status, health concerns, unmet health needs and services as well as soliciting suggestions from the participants on improving the health of the communities served by NCH.

The top six (6) serious health Issues identified by the NCH community members are listed in Table 1. below in the column labeled “NCH.”

In addition and in support of the health issues identified, the community members identified the following programs, services and/or strategies to improve the health of the community which include, but are not limited to:

- *Access to Healthcare Services:* Increased access to addiction and mental health treatment, urgent care/walk-in centers, primary care providers, etc.
- *Environment/Economy:* Better paying jobs, affordable housing, opportunities/resources/facilities for increased physical activity for all age groups in the community, etc.
- *Education:* Mental health and substance abuse education, prevention/wellness programs, parenting classes, healthy lifestyle education, etc.

Population Health:

As stated above, NCH and its Member Hospitals expect to improve the health of the population of the NCH service area and have already embarked on significant efforts to accomplish this. The Member Hospitals and other healthcare participants in the System service area (and beyond the service area) participate in a Medicare AIM ACO and have recently formed a Community Care Organization or CCO.

The CCO will be the instrument for the System and non-System healthcare providers to enter into commercially-based risk contracts which focus on improved health and reduction in costs through coordinated clinical and administrative activities.

Acknowledging the System’s ACO and CCO efforts is important to keep in mind as the Implementation Plans are discussed in Section IV. Below.

II. Process for Prioritizing the Needs Identified:

The findings were reviewed by the Strategic Planning Committee of the NCH Board of Directors and Member Hospital Boards of Directors. The needs were evaluated and selected for inclusion in our plan based on the following criteria:

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- The need is within the scope of services offered by NCH and its Member Hospitals;
- The priority of the need as identified by the community members and the priority was weighted toward NCH System priorities; however, note the tight correlation of priorities among the NCH Member Hospitals (Table 1. below);
- The availability of other organizations within the NCH service area to meet the need; and
- The availability of data supporting the prioritization of the need.

III. Community Needs Prioritized:

Table 1., below, details the top six (6) serious health issues identified by the community members based on the 2016 CHNAs for the Member Hospitals and an overall NCH needs assessment.

NOTE: AVH’s CHNA was completed in 2015.

Issue	Rank Order of Issues (% of Respondents)				
	NCH	AVH*	LRH	UCVH	WMC
Substance Misuse	1 (83.9%)	1 (89.0%)	1 (91.4%)	2 (79.0%)	1 (79.0%)
Obesity/Overweight	2 (79.0%)	5 (56.0%)	3 (81.0%)	4 (75.0%)	2 (78.0%)
Alcohol Abuse	3 (74.4%)	2 (77.0%)	4 (77.9%)	6 (72.0%)	4 (72.0%)
Low Income/Poverty	4 (74.0%)	-	-	1 (83.0%)	3 (75.0%)
Physical Inactivity	5 (72.9%)	-	-	-	-
Smoking and Tobacco Use	6 (72.1%)	4 (61.0%)	5 (74.4%)	5(73.0%)	5 (71.0%)
Unemployment/ Lack of Jobs	-	-	-	3 (78.0%)	3 (75.0%)
Mental Health Problems	-	3 (74.0%)	2 (81.5%)	-	-

* AVH’s Community Health Needs Assessment was completed in 2015.

IV. Needs Selected & Implementation Plans:

NCH and its Member Hospitals recognize that overall health and well-being transcends the walls of its organizations and they are reliant on important social and economic factors.

Recognizing the System's capabilities, resources and non-System resources, the following five (5) needs were selected and the Implementation Plan for each follows in this Section:

1. Substance Misuse
2. Obesity/Overweight
3. Alcohol Abuse
4. Smoking and Tobacco Use
5. Mental Health Problems

Below, NCH has summarized the need, available resources, a plan and measure to track progress in meeting the need through the plan proposed.

1. Substance Misuse/Alcohol Abuse/Mental Health Problems:

% of Respondents: Sub/Alcohol/Mental Health (issue rank):

NCH:	83.9%/ 74.4%/ N-A	(1/ 3/ N-A)
AVH:	89.0%/ 77.0%/ 74.0%	(1/ 2/ 3)
LRH:	91.4%/ 77.9%/ 81.5%	(1/ 4/ 2)
UCVH:	79.0%/ 72.0%/ N-A	(2/ 6/ N-A)
WMC:	79.0%/ 72.0%/ N-A	(1/ 4/ N-A)

NOTE: Needs 1, 3, and 5 from the list above have been combined under one common implementation plan. While certainly these issues can be viewed separately, the resources and barriers to access (including social stigma) as well as the complexity and relationship of these health issues, (Substance Misuse, Alcohol Abuse and Mental Health Problems) warrant a coordinated response by the community including the System.

- a. **Need:** Services to treat, and when possible, prevent Substance Misuse, Alcohol Abuse and Mental Health Problems need to increase in the System service area.
- b. **Available Services:**
 - i. The Member Hospitals each have a 24/7 emergency department offering emergency medical treatment and referral services;
 - ii. The Member Hospital emergency departments offer Naloxone (or Narcan) and certain NCH Member Hospitals are currently developing a policy for education and the provision of Narcan kits to third party friends and family members to decrease the number of accidental overdoses. Once completed, this policy will be shared with all NCH Member Hospitals;
 - iii. WMC's Primary Care sites have mental health services including but not limited to master prepared licensed clinical social worker, adult

and child psychiatrist, child psychology and licensed alcohol drug counselor embedded in primary care practices. These same services are available to WMC's inpatient and emergency departments as needed;

- iv. NCH Member Hospitals offer space for Alcoholics Anonymous, and the National Alliance on Mental Illness meetings to be held; and
- v. Community-based Mental Health and Substance Misuse services (including for alcohol abuse) are available throughout the service area; however, additional resources are needed. Services available include, but are not limited to:

1. NCH-based psychiatry, social worker and primary care provider resources;
2. Northern Human Services (ongoing and emergency services for involuntary admissions);
3. Tri-County Community Action Program;
4. The Mental Health Center;
5. Genesis Behavioral Health;
6. NIIT Project Aware Program
7. National Alliance on Mental Illness;
8. The Alternative Life Center;
9. Coos Coalition for Young Children and Families;
10. North Country Warmline;
11. The North Woods Addiction Coalition;
12. Child and Family Services (adolescents substance abuse treatment)
13. Involuntary Admissions:
 - a. Franklin Regional Hospital, Franklin, NH;
 - b. New Hampshire Hospital, Concord, NH;
 - c. Elliot Hospital, Manchester, NH

In addition, numerous facilities are available throughout New Hampshire, Maine and Vermont to treat mental health and substance use disorder conditions on a voluntary basis and the NCH Member hospitals refer to these facilities on a regular basis;

14. Pathways Psychiatric Counseling; and
15. FQHC resources through Ammonoosuc Community Health Services – Littleton, Franconia, Warren, Woodsville, and Whitefield, NH; Coos County Family Health Services – Berlin and Gorham, NH; and Indian Stream Health Center – Colebrook, NH and Canaan, VT.

- c. **Plan:** The System is in discussions with State officials to determine potential funding sources for, and the long-term feasibility of creating inpatient, partial hospitalization and intensive outpatient programs to address the needs of these three health concerns. Such funding may come through the State of New Hampshire Transformation Waiver (see below).

In addition and in collaboration with local healthcare partners, the NCH Member Hospitals are participating in New Hampshire Region 7 activities under which the State of New Hampshire is targeting four (4) main areas:

- Deliver integrated physical and behavioral health care that better addresses the full range of individuals' needs;
- Expand capacity to address emerging and ongoing behavioral health needs in an appropriate setting;
- Reduce gaps in care during transitions across care settings by improving coordination across providers and linking patients with community supports; and
- Move fifty percent of Medicaid reimbursement to alternative payment models by the end of the demonstration period.

For more information on this effort go to the State's website at:

<http://www.dhhs.nh.gov/section-1115-waiver/>

The System will also work with its ACO and CCO partners to ensure access and availability of behavioral health and substance misuse diagnostic and therapeutic services.

d. Measure:

- i. A reduction in the number of drug-addicted patients who present at NCH Member facilities;
- ii. Reduction in suicides and deaths by overdoses in Northern New Hampshire;
- iii. Monitoring the number of patients admitted to NCH Member Hospitals awaiting placement for Mental Health/Substance Misuse; and
- iv. Monitor NCH System efforts in working with the State of New Hampshire to build capacity for inpatient, partial hospitalization and intensive outpatient programs.

2. Obesity/Overweight:

% of Respondents (issue rank):

NCH: 79.0% (2)

AVH: 56.0% (5)

LRH: 81.0% (3)

UCVH: 75.0% (4)

WMC: 78.0% (2)

- a. **Need:** A large percent of the population in the System service area is obese. This is a result of the poor socioeconomics in the area that leads to poor nutritional habits. The prevalence of obesity also results in the poor health status as indicated by the rate of high blood pressure and diabetes in the region.
- b. **Available Services:** NCH Member Hospitals each offer the services of registered dietitians and diabetes educators. The dietitians are available to work with inpatients, outpatients and provide consults for patients in the physician offices.

Among our services are: Medical Nutrition Therapy, Diabetes Self-Management Program, and National Diabetes Prevention Program. Also work in partnership with the UNH Cooperative Extension, SAU#7, and the Farm School Beacon Project, providing cooking nutrition classes to low income community members, and focusing on the improvement of health of our area school's children and their families.

NCH Member Hospitals also offer wellness classes, meeting space for Weight Watchers® group meetings for the public, and healthy and affordable meal choices for the public/visitors.

- c. **Plan:** The System, through its own efforts and the efforts of the ACO and CCO will work with community partners to develop awareness and strategies to combat obesity and encourage proper nutrition and exercise.

NCH Member Hospitals will continue to support community education and wellness activities to combat the obesity epidemic. Examples of initiatives underway include:

AVH: Collaboration with Coos County Family Health Services to support and staff the local Farmers' Market offerings throughout the Summer months; A developing initiative with the NH Cooperative Extension Service and WREN to support a "farm to table" for locally sourced produce for large meal providers (including AVH); and an ongoing dietician education series and support group offered through AVH Dietary Services;

LRH: Will seek to add new fitness classes for the public;

UCVH: Will deploy a "Bike Blender" for use at community events; and

WMC: Weeks Medical Center is trialing an Intensive Behavioral Therapy ["IBT"] approach, an intensive weight management program led by a dietitian and supported by behavioral health team. Our hope

is to replicate this intensive model of weight management at other NCH sites for implementation.

- d. **Measure:** The goal of our efforts will be to reduce the rate of adult obesity in the service area specifically and more broadly for the State of New Hampshire.

3. Smoking and Tobacco Use:

% of Respondents (issue rank):

NCH: 72.1% (6)

AVH: 61.0% (4)

LRH: 74.4% (5)

UCVH: 73.0% (5)

WMC: 71.0% (5)

- a. **Need:** There is a higher rate of smoking in the NCH System service area.
- b. **Available Services:** NCH Member Hospitals offer ongoing tobacco cessation classes for the public to assist in reducing tobacco usage. Services include NCH Member Hospital Emergency Departments and primary care practice screenings for tobacco use. There are also FQHC tobacco screening and cessation resources throughout the region.

Smoke Free Campuses: All NCH Member Hospitals now have smoke free campuses and offer resources to employees to quit their tobacco habits.

- c. **Plan –** The System will continue to offer smoking cessation classes on a regular basis and will create a marketing plan to encourage individuals to give up tobacco including raising awareness of the risk associated with e-cigarettes or “vaping.”

It is important to note that the NCH System efforts around tobacco cessation are integrated into its efforts for population health improvement through the ACO and CCO it participates in.

- d. **Measure –** The goal of our efforts will be to reduce the percent of patients that use tobacco products and help reduce New Hampshire’s smoking rates.

V. Needs not Selected:

Although NCH recognizes the importance of all needs identified by the community, such as dental disease and lack of access to affordable dental care, access to health insurance, the cost of healthy food, affordable housing, cost of prescription drugs, poverty/lack of jobs and more, the System may not directly design strategies for these issues in the implementation plan.

However, this does not mean that the System will remain silent or will not engage community stakeholders as broader efforts are undertaken to address these needs. NCH Member Hospitals are already engaged at various levels in addressing these concerns and as responsible corporate citizens, and the largest employers in their respective communities, acknowledge the importance of working to address these other concerns.

Resources are also available in communities throughout the service area which address the issues raised above and will be offered as resources to patients when specific needs are identified by Member Hospitals for specific patients.

With respect to access to health insurance, the System and its Member Hospitals are developing a strategy to contract with third party insurers to provide affordable access to health insurance for the broadest segment of the population possible and will continue its efforts to ensure that Medicaid Expansion at the State and Federal levels is preserved in meaningful, cost-effective form. These efforts are in addition to sliding scale fee reductions (based on income) and charity care policies which the NCH Members have adopted.

Exhibit A

North Country Health Care

2016 Community Health Needs Assessment

Executive Summary

As part of the 2016 North Country Regional Community Health Needs Assessment, 181 community leaders and 528 community members were surveyed to gather information about health status, health concerns, unmet health needs and services, and suggestions for improving health in the community.

Key findings from the Community Survey:

The *top six serious health issues* in the North Country that were identified by the community assessment surveys were:

- Substance Misuse (includes drugs, opioids, heroin, etc.) (83.9%)
- Obesity/Overweight (79%)
- Alcohol Abuse (74.4%)
- Low-income/Poverty (74%)
- Physical Inactivity (72.9o/o)
- Smoking and Tobacco Use (72.1%)

The *top six serious health concerns* for the North Country that contribute to the most serious health issues were identified to be:

- Drug Abuse (84%)
- Lack of Dental Insurance (79%)
- Cost of Prescription Drugs (78%)
- Lack of Physical Exercise (75%)
- Cost of Healthy Foods (74%)
- Alcohol Abuse (72%)

Community members identified the following *programs, services or strategies to improve the health of the community*:

- **Access to Healthcare and Services:** Need urgent care facilities; weekend and evening availability for urgent care beyond emergency departments; addiction treatment and supports as well as Suboxone prescribers; access to mental health services, including psychiatrists and child development specialists; continuum of care services for mental health and substance misuse, appropriately addressing the social determinants of health; in-home supports for children with emotional and developmental needs; expanded healthcare workforce, including primary care providers, actual MDs/DOs, dermatologists, pediatricians, functional medicine, specialists, and internal medicine; need a naturopath care giver; access to more affordable prescription medications; access to more affordable dental services, especially for the uninsured; more community-based services for seniors; assistance with navigating the marketplace; more safety net services for low-income families; COPD and cardiac rehab; local cancer care; more of a focus on preventative care versus sick care; better in-home care for elderly by qualified individuals; more police to help combat the drug abuse problems in the region; access to on-call nurses; develop more homeless shelters out of vacant buildings; better insurance benefits that cover gym memberships and decrease other out-of-pocket costs; need exchange programs; more

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patient education classes at hospitals; hospice house; free diabetes classes; medical art therapy programing; autism services, such as OT and ABA therapy, and more funding to support parents who are paying for these services; palliative care outpatient clinic; and weight loss services.

- **Environment/Economy:** Better public transportation options; opportunities for families to have fun; less fast food; more affordable housing; lower taxes for homeowners; better paying jobs that provide benefits, especially health insurance; varied exercise programs; affordable rec programs for kids; more programs and activities for middle age group; more safe places to walk, cross-country ski, and organized events; more recycling; more 5K races or community run/walks; enhance walking areas to entice residents to walk; more community recreation centers; more businesses and social activities; access to more affordable fresh and healthy food; more integration between agencies and institutions; more healthy dining options; better handicapped accessibility universally; support services for the elderly to age in-place; more jobs and industry; more farm to table programs; more spaces for community gardens; more inclusive activities for people with disabilities; more outdoor gatherings, such as outdoor movies or music and treasure hunts; access to indoor walking space; develop initiative for retaining young people in the region; create a pedestrian walkway that connects to shops and services; offer extended hours for water aerobics, water jogging, and low-impact aerobics for adult at local rec center; library expansion to include cultural offerings and plant swaps; dedicated bike lanes; adult organized sports; continue to develop technology infrastructure; expand volunteer opportunities for teens; affordable bus trips for seniors to different areas and places of interest; and public health challenges, such as community-wide walking challenge; lower cost childcare.
- **Education:** Mental health and substance abuse prevention education in school, especially young children; better promotion of community activities and events that are open to the public; intensive primary and secondary prevention education programs; parenting classes; education for healthy lifestyles for all ages; more holistic health groups and education; cooking classes for local food pantry and community meals participants; reduce stigma associated with addiction; on-going health seminars; better education for police and healthcare providers who interact with people with mental illness or substance abuse issues; education around cost-effective ways to eat healthy; teen cooking classes; create hotline for food, cooking, and shopping to assist people trying to learn better eating habits; community forums, public radio, and TV spot ads for promotion of education and activities; life skills education for teens; community education on food allergies; education for elderly regarding Medicare choices, when to register, and how to prepare for nursing home placement; structured health education in schools; hygiene education in schools; well-advertised support groups for drug abuse assistance and help; one-on-one outreach to individuals living in poverty or victims of substance abuse to develop a sense of self-worth and coping skills and an opportunity to become a visible member of the community; and community food drives with nutrition education.

Keyfindings from the Key Informant Survey:

The *top five serious health issues* in the North Country, as identified by key informants, were:

- Substance Misuse (drugs, opioids, heroin, etc.) (94%)
- Alcohol Abuse (91%)
- Obesity/Overweight (90%)
- Mental Health Problems (89%)
- Low-income/Poverty (85%)

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Key informants identified the following as *challenges in the North Country healthcare system*:

- **Access to Healthcare:** Healthcare costs are prohibitive; transportation to needed medical treatment and services remains a barrier for residents; long travel distances to specialists; low-income families need services but lack the necessary resources; and Medicaid transportation assistance is cumbersome with the spenddown requirements.
- **Affordable Health and Dental Insurance:** High deductibles and co-pays; premiums are too costly; many North Country residents lack health insurance; health insurance plans are inadequate and won't cover all of the services that an individual ultimately needs; lack of dental insurance in the region; lower reimbursement limits the number of tests that providers can order; and conflicting recommendations between the government and expert recommendations for care.
- **Barriers to Healthy Living:** Healthy food is costly; cost of medications and prescription drugs; high cost for exercise and wellness classes and activities; lack resources for teaching parenting skills to families; lack of community service opportunities; lack of education regarding healthy living and other determinants of health for low-income families; smoking and other unhealthy behaviors lead to chronic illnesses that become costly and disabling, therefore have an impact on the economy; access to dental care; obesity; need to shift the mindset to prevention versus treatment; and the current alcohol and drug dependence.
- **Healthcare Workforce Capacity:** Lack providers in the region; the high turnover rates for primary care and specialists affects patient relationship; lack of jobs for spouses of providers who want to work in the region; communication among the healthcare workforce remains problematic, especially between hospitals and primary care; expanded hours for healthcare services is needed, but facilities lack the resources to pay for the additional staffing; patients' ability to pay for services affects workforce and the ability to hire; and difficult to attract and retain qualified, quality providers.
- **Inadequate Behavioral Health Services:** Inadequate behavioral health treatment and resources, including for mental health, alcohol, and substance use treatment; stigma associated with treatment; providers need to take a "whole-person" approach; better processes for referral as current wait times for treatment are not acceptable; need more behavioral health workforce; and adequate coverage for services in insurance plans.

Key informants identified the following *new or existing programs or services that could be implemented or enhanced to improve the health of the residents in the North Country*:

- **Education:** Adult education around fitness; evening and summer classes offered at schools for adults, including sewing, gardening, Spanish, basket weaving, etc.; healthy eating seminars; more programs for adults; more educational programs on drug misuse; invest in local workforce to create opportunities for advancement; increased educational opportunities for healthcare positions; parenting programs; free or low-cost nutrition education; community education programs to teach how to shop and cook healthy meals; raise awareness of services that are available in the region, as many are unaware and may be traveling longer distances for services; and offer "how to recognize mental health issues" workshops; education on home economics.
- **Expanded Services:** Including substance abuse and mental health services; drug and alcohol abuse treatment centers; more veteran's services; add Certified Health Educators into school curriculums as well as health, physical, and mental health programs; more physical activities for seniors; half-way house for those struggling with addiction; cardiac rehab; early screening for disabilities; mobile preventative services and testing unit to go to communities to provide

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care; providers offer house calls for seniors; develop a cancer treatment center and a diabetes center; more narcotics support groups; make alternative healthcare options available; smoking cessation programs; local cancer treatment; more public health dentistry; local laboratory services included in insurance (Anthem) network; outpatient clinic open 7 days a week; better outreach for services across the board; recovery supports, including workers and housing; adult dental services; continuity of care services upon discharge; increase screening for suicide; dermatology; a mental health respite program to help those in need or crisis stabilization; and employ Community Health Workers.

- **Enhanced Environment:** Better walking options, including walking trails and better sidewalks; funding to expand community recreation center facilities and services; indoor walking areas; better public transportation and accommodations for those with behavioral health issues; more grocery stores with affordable options; farm-to-table initiatives; workplace integration of health improvement incentives and initiatives; free or low-cost exercise classes; set community health improvement goals; increase physical activities for all ages; institute fitness challenges; and start walking groups and create bike-friendly roads.

North Country Healthcare System Partners:

Androscoggin Valley Hospital
Littleton Regional Healthcare
North Country Health Consortium
Upper Connecticut Valley Hospital
Weeks Medical Center