

FY23-FY25 Implementation Strategy

About the Hospital and 2022 Community Health Needs Assessment Process

Exeter Hospital is a 100-bed, community-based hospital serving New Hampshire's Seacoast Region. The mission of Exeter Hospital is to improve the health of the community. The hospital's scope of care includes comprehensive medical and surgical health care services including, but not limited to: breast health, maternal/child and reproductive medicine, cardiovascular, gastroenterology, sleep medicine, occupational and employee health, oncology, orthopedics, general surgery and emergency care services. Exeter Hospital is accredited by DNV Healthcare, Inc., and is a Magnet®-recognized hospital. Magnet designation from the American Nurses Credentialing Center is the most prestigious distinction a health care organization can receive for nursing excellence and high-quality patient care.

To complete the assessment, a steering group convened in January 2022 composed of Seacoast area leaders with deep working knowledge of community health needs. In conducting this assessment and planning process, it would be difficult to overstate Exeter Hospital's commitment to community engagement and a comprehensive, data-driven, collaborative, and transparent assessment and planning process. Exeter Hospital's Steering Committee dedicated hours to ensuring a sound, objective, and inclusive process. This approach involved extensive data collection activities, substantial efforts to engage partners and community residents, and a thoughtful prioritization, planning, and reporting process.

Exeter Hospital collected a wide range of quantitative data to characterize the communities served across its Community Benefits Service Area (CBSA). The hospital also gathered data to help identify leading health-related issues, barriers to accessing care, and service gaps. Whenever possible, data was collected for specific geographic, demographic, or socioeconomic segments of the population to identify disparities and clarify the needs for specific communities.

Prioritization and Implementation Strategy Process

Federal community benefits guidelines require a nonprofit hospital to rely on their analysis of their CHNA data to determine the community health issues and priority cohorts on which it chooses to focus its Implementation Strategy (IS). By analyzing assessment data, hospitals can identify the health issues that are particularly problematic and rank these issues in order of priority. This data can also be used to identify the segments of the community that face health-related disparities or are disproportionately impacted by systemic racism or other forms of discrimination.

Led by Exeter Hospital's Community Impact Officer, the Director of Public Relations along with a steering group comprised of Seacoast area leaders, data were reviewed, and the below priorities were selected.

Definition of Area Served

Exeter Hospital's Community Health Needs Assessment was conducted using the service area consistent with its system of care practice locations, Rockingham County. Covering the southeast corner of the state, Rockingham County is home to the state's entire seacoast and features several popular resorts towns. The Piscataqua River and Portsmouth Harbor separate it from Maine on a nine-mile stretch to the northeast, and it shares a 56-mile border to the south with Massachusetts. Exeter Hospital's service locations are as follows:

Central – Brentwood, Exeter, Newfields, Newmarket

East South East – Hampton, Hampton Falls, North Hampton, Seabrook

North East – Greenland, New Castle, Newington, Portsmouth, Rye, Rye Beach, Stratham

South West – Atkinson, Danville, East Hampstead, East Kingston, Hampstead, Kensington, Kingston, Newton, Newton Junction, Plaistow, Sandown

West – Deerfield, Epping, Fremont, Nottingham, Raymond, West Nottingham



Prioritized Community Health Needs and Cohorts

Exeter Hospital is committed to promoting health, enhancing access and delivering the best care for those in its CBSA. Over the next three years, the hospital will work with its community partners to develop and/or continue programming geared to improving overall well-being and creating a healthy future for all individuals, families and communities.

Needs Not Prioritized by the Hospital

There are community health needs identified by Exeter Hospital's assessment not prioritized for investment or included in the IS. Specifically, childcare and housing were identified. While these issues are important, Exeter Hospital decided it was outside of the organization's sphere of influence and investment.

Recognizing that community benefits planning is ongoing and will change with continued community input, Exeter Hospital's IS will evolve. Circumstances may change with new opportunities, requests from the community, community and public health emergencies and other issues that may arise, which may

require a change in the IS or the strategies documented within it. Exeter Hospital is committed to assessing information and updating the plan as needed.

Implementation Strategy Details

The last three years have been marked by the COVID-19 pandemic. Supply chain issues, inflation, and unfilled positions continue to cause major disruption in daily life. The impact of the pandemic is woven throughout this report. The following five issues were identified as the greatest health needs in Rockingham County after months of research, data collection and evaluation.

Priority: Mental and Behavioral Health

Substance use disorder and mental health services remain significant concerns for residents living or working in the Seacoast region or area.

Consistent with published secondary data at the state and national level, substance use disorder and mental health services remain significant concerns for Seacoast residents. According to the 2022 State of Mental Health in America, New Hampshire is ranked 6th in the country for youth mental illness and access to care. “A low overall ranking indicates a higher prevalence of mental illness and lower rates of access to care.” The Access Ranking indicates how much access to mental health care exists within a state. The access measures include access to insurance, access to treatment, quality and cost of insurance, access to special education, and workforce availability. In 2019, New Hampshire was ranked 10th.

Priority: Access to Care

The Community Health Survey clearly showed people cannot afford preventative care and delay appointments. Obesity in Rockingham County increased 14% from 2019-2022 while preventative wellness visits were down by 20%.

Access to care continues to be a notable concern. The 2022 Community Health survey showed a decline in how people ranked their personal health. In 2019, 91% (644/710) of respondents claimed that their health was good or very good. In 2022, only 80% of people choose those categories. In 2019, 9% (66/710) of people reported their health as fair or poor, while in 2022 that number increased to 20% (248/1255).

Priority: Transportation

Transportation remains both a health need priority and a barrier to care, most prominently for older adults and individuals living with disabilities in the community. When asked about the primary reason Seacoast residents are unable to access healthcare, the second leading answer in 2022 (20%) was transportation. This is more than double from 2016, when 9% of respondents chose that category. Lack of transportation leads to social isolation and declining health outcomes.

The Exeter Age Friendly Community Survey was adopted from a national model developed by the AARP and promoted in 2022 by Exeter Parks and Recreation and other partners. When asked what concerns residents had about growing older in Exeter, 54% of the 332 respondents chose “having transportation options once I stop driving,” while 59% of respondents rated public transportation as fair or poor. It is worth noting that the town of Exeter has more resources available than other towns in Rockingham County, such as discount taxi vouchers and robust nonprofit ride-sharing programs.

Priority: Social Determinants of Health

Good health cannot be attributed solely to high quality medical care. We know that social and economic factors contribute up to 80% of an individual’s health status. For example, individuals under financial strain are more likely to be depressed and may forgo medical care or prescriptions.

The Five Key Social Determinants of Health are:

- 1.Economic Stability
- 2.Education
- 3.Social and Community Context
- 4.Health and Health Care Access
- 5.Neighborhood and Built Environment

Priority: Needs of Older Adults & Other Underserved Populations

New Hampshire has the second-oldest population in the nation, with one out of every five residents currently over the age of 60. This trend is set to continue. Members of the LGBTQIA+ community have specific health care concerns and often find it difficult to find a provider to meet their needs.

Resources

Resources/Financial Investment: Exeter Hospital expends substantial resources on its community benefits program to achieve the goals and objectives in its IS. These resources are expended, according to its current IS, through direct and in-kind investments in programs or services operated by Exeter Hospital and/or its partners to improve the health of those living in its CBSA. Additionally, Exeter Hospital works on its own or with its partners to leverage funds through public or private grants and other funding sources. Finally, Exeter Hospital supports residents in its CBSA by providing “charity” care to individuals who are low-resourced and/or who are unable to pay for care and services. Moving forward, Exeter Hospital will continue to commit resources through the same array of direct, in-kind, leveraged, or “charity” care expenditures to carry out its community benefits mission.

Priority: Access to Care

| Goal: Provide comprehensive access to high-quality health care services including primary care and specialty care particularly for those who face cultural, linguistic, and economic barriers. | | | | | |
|--|---|---|--|---|--------------------|
| Strategies | Cohort(s) | Initiatives to address the priority | Metrics/What we are measuring | Identified Partners | Secondary priority |
| Promote access to health care, health insurance, patient financial counselors, and needed medical services for patients who are uninsured or underinsured. | Low-resourced populations Racially, ethnically, & linguistically diverse populations | Patient financial counselors Primary Care Support Supporting Access to Primary Medical and Behavioral Health Care for Underserved Populations | # patients and clients assisted # referrals to services | Lamprey Health Care | |
| Promote equitable care, health equity, health literacy, and cultural humility for patients, especially those who face cultural and linguistic barriers | Racially, ethnically, & linguistically diverse populations LGBTQIA+ | Interpreter Services | # of patients assisted # of languages provided | Exeter Hospital Interpreter Services | Not Applicable |

Priority: Transportation

| Goal: Provide access to care through transportation services | | | | | |
|--|---|---|---|--|---|
| Reduce barriers to care by providing/supporting free or reduced cost transportation for homebound residents needed care. | Low-resourced populations Racially, ethnically, & linguistically | Continued subsidization of Paramedicine program intercept vehicle Taxi voucher program | # patients assisted # rides provided | Cooperative Alliance for Seacoast Transportation (COAST) | Access to Care Social Determinants of Health Older adults |

| | | | | | |
|--|--|--|--|---|--|
| | diverse populations LGBTQIA+ | Community grants to support transportation access and infrastructure | | Transportation Assistance for Seacoast Citizens (TASC) | |
|--|--|--|--|---|--|

Priority: Social Determinants of Health (particularly food security and housing)

| Goal: Enhance the built, social, and economic environments where people live, work, play, and learn in order to improve health and quality-of-life outcomes. | | | | | |
|--|---|---|---|---------------------|-----------------------|
| Strategies | Cohort(s) | Initiatives to address the priority | Metrics/What we are measuring | Identified Partners | Secondary priority |
| Support impactful programs that address issues associated with the social determinants of health. | Youth Low-resourced populations Racially, ethnically, & linguistically diverse populations LGBTQIA+ | Community grants to support emergency food to low- income individuals and families, seniors only food pantry, senior food delivery and Emergency Financial Assistance | # of grantees length of grant period \$ amount invested grant outcomes | St. Vincent de Paul | Not Applicable |

Priority: Mental Health and Substance Use

Goal: Promote social and emotional wellness by fostering resilient communities and building equitable, accessible, and supportive systems of care to address mental health and substance use.

| Strategies | Cohort(s) | Initiatives to address the priority | Metrics/What we are measuring | Identified Partners | Secondary priority |
|---|--|---|---|---|--------------------------|
| Support impactful programs that promote healthy development and increase mental health to children, youth, families, and community residents. | Youth Low-resourced populations Racially, ethnically, & linguistically diverse populations LGBTQIA+ | Support for mental health services provided by Seacoast Mental Health in Exeter Emergency Department Mental Health First Aid Trainings Community grants to support behavioral health access and suicide prevention | # of people trained # of community grants # of community residents served | Seacoast Mental Health Austin17 House NAMI NH Arts in Reach Chase Home Haven Big Brothers Big Sisters New Hampshire Girls on the Run Key Collective Connors Climb Foundation | Equitable access to care |

Priority: Older Adults and other underserved populations

| Goal: Enhance access to screening, referral services, coordinated health and support services for older adults and other underserved populations. | | | | | |
|---|--|---|---|----------------------|--------------------------|
| Strategies | Cohort(s) | Initiatives to address the priority | Metrics/What we are measuring | Identified Partners | Secondary priority |
| Provide preventive health information, services, and support for older adults and other underserved populations | Low-resourced populations Racially, ethnically, & linguistically diverse populations LGBTQIA+ Youth | Community grant support for Senior Luncheons, Health, wellness & Fitness Classes, Senior trips and Part Time Senior Coordinator | # clients assisted and their demographics # of grants issued | Exeter Senior Center | Equitable Access to Care |

Questions regarding the FY 2022 assessment, planning process, Implementation Strategy or past assessment processes should be directed to:

Christine Healey

Director, Community Benefits Community Relations

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(781) 901-4701

General Regulatory Information

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| Contact Person: | Christine Healey |
| Date of written plan: | September 2022 |
| Date written plan was adopted by authorized governing body: | Approved by the Board of Trustees September 30, 2022. |
| Date written plan was required to be adopted | September 30, 2022 |
| Date updated written plan was adopted by authorized governing body: | September 13, 2024 |
| Authorized governing body that adopted the written plan: | Exeter Hospital Board of Trustees |
| Was the written plan adopted by the authorized governing body on or before the 15th day of the fifth month after the end of the taxable year the CHNA was completed? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Date facility's prior written plan was adopted by organization's governing body: | September 27, 2019 |
| Name and EIN of hospital organization operating hospital facility: | Exeter Hospital 222674014 |
| Address of hospital organization: | Exeter Hospital 5 Alumni Drive Exeter, New Hampshire 03833 |