

ACHS RAC Initiative

Gap and Proposed Solutions Chart - (Data Source: RAC Convocation 1.15.2022 recording)

Gaps	Proposed Solutions
<p>1:56:54 - 2:00:46; 5:36:28 - Whitefield Courtney Varshaw - (Librarian Whitfield Library) Experience as a MS & HS Administrator- 2,000 pop</p>	
<p>Chronically underinsured population</p>	
<p>No Community Social Workers</p>	<p>Current: Volunteers</p>
<p>No access to medical care for many</p>	<ul style="list-style-type: none"> ● Librarians assist residents’ to research their existing or emerging health issues. Librarians are trusted. ● Accessing healthcare through the schools. Rapid COVID tests at school. Exposed or symptomatic students can be given drive through rapid tests before they enter the school. ● Creativity about how we get people both information and resources.
<p>No government services. Police force & 1 member of the Public Safety team. Fire departments are limited.</p>	<p>Librarians assist with food access, light bill and rent issues.</p>
<p>No tests available in the North Country of NH. Not through health organizations & not off the shelves (1.15.2022)</p>	<p>Board Chair at ACHS is working to get tests to the libraries. Currently 500 tests are being made available for a large number of libraries. The library is finding ways to support distribution of needed tests & other products</p>
<p>Migration of outsiders into the area has created housing pressure. There is an emergent population boom, but no capacity to address it.</p>	<p>Ecovillages, properties under development</p>
<p>Book van driver got COVID, making it hard to</p>	<p>Librarians may end up “delivering to</p>

move books about the state	our neighbor”
Poor indoor air quality/ventilation	Holding workshops to teach people how to add filters to box fans
Lack of health access	Hosting telehealth at the library
Aging Community	Mixed outreach, print/virtual/both resources
Housing Crisis (prices soared due to migration, locals can't find housing)	
Lower Income- limitations financially to capability Low un-employment in theory, self-employed population (business failures not recorded)	
Google maps has re-routed people through backroads and roads are deteriorating	
High property tax is only source of tax income for funding of schools/public services	
Repairs on hold due to cost, short-term rentals due to favorable cost pre-COVID	
2:06:04 - 2:11:23; 5:32:37 - 5:36:27; 5:38:00 - 5:39:34 “North Country” (Coos County and North Grafton County) Kris van Bergen-Buteau	
Schools impacted by rapid rise of COVID cases. -Whitefield ES officially has enough clusters to qualify as an outbreak.	District COVID Coordinator has been coordinating with HHS. All possible COVID mitigation strategies are in place at the school, so HHS made no new mitigation recommendations.
Health Centers and Schools are overwhelmed. The testing + contact tracing is overwhelming the schools. BERLIN SCHOOLS have stopped notifying families when potential exposures have happened because they would be calling half of their middle school population on a daily basis. Much of staff &	There is a pathway for remote schooling, but unofficial public/local government opinion opposes it. State level leadership places remote schooling as the least desirable education option, so Superintendants do not view it as an option. Families

student body is out of school due to COVID.	that are opting to keep their children at home have some level of connectivity with the school, but it is not the organized remote learning that was undertaken earlier in the pandemic.
No Distribution of home tests. Families that want to test at home are having difficulty accessing supplies.	Distribution of home tests
Extreme stress levels among school staff	
School based clinics provided many vaccinations. The change in the definition of “fully vaccinated” has pushed many formerly “fully vaccinated” 12-17 year olds to “not fully vaccinated” status. The quarantine times are longer for those who are not fully vaccinated.	Priority to get boosters out to 12-17 year olds.
Volunteers that have been staffing clinics are getting tired. Some of these volunteers are available seasonally in summer & fall, but winter elsewhere, and are therefore unavailable.	The backup is to move to EMS providers, but they are also overwhelmed w their own exposures & infections.
The state has offered the North County a fixed COVID testing site located in one of the communities, but access to it is difficult for people who do not live in the Addroscoggin Valley..	Dialogue underway regarding 2 sites staffed part time.
Local staffing needed for state sponsored testing sites	EMS services are small, and staff serves multiple communities in the region, so they are at capacity. [Bethlehem & Littleton share fire services.]
Delta cases are declining and omicron cases are increasing simultaneously. Therefore hospitals are challenged with high acuity patients, and there are very high case counts with many who have mild symptoms.	
Food deserts and food access issues [Example: Town of Colebrook has a great grocery store. It’s up on a hill on the north end of town. If you live in an apartment on Main St. without a car, or if your car has bad tires, after a storm you will be on foot purchasing less nutritious lighter foods, not heavier fruits & vegetables because they are easier to carry.]	Maybe we could pick up someone who does group grocery shopping once a week on behalf of residents & we could rent a mini-van for that.

<p>Rural tracts with residents in need of healthy foods</p>	<p>Educate residents who hunt and fish how to forage safely for nutritious food</p> <p>Hold community gleaning days</p> <p>Hold community food processing days to create shelf stable food stores</p>
<p>Breakthrough infections: Unvaccinated children being cared for by vaccinated parents in old homes that are poorly ventilated. Despite being vaccinated, the viral load became too high and there were many breakthrough infections in the early days of Delta.</p>	<p>Educating about modification of box fans w filters</p> <p>[Information provided by Dr. Bruce Gould (CT) on the RAC Convocation call: the filters are called a Corsi-Rosenthal Box or Cube and is a do it yourself air filter built out a common 20 inch box fan (about \$22 at Home Depot or Lowes), 4 MERV13a HVAC filters and a roll of duct tape.</p> <p>https://www.google.com/search?q=corsi-rosenthal+air+filter&rlz=1C1CHBF_enUS869US869&oq=corsi-&aqs=chrome.3.69i57j0i512l9.8191j0j7&sourceid=chrome&ie=UTF-8#:~:text=School%20of%20Public,news%20%E2%80%BA%202021/11</p> <p>Plans for the Box:</p> <p>https://encycla.com/Corsi-Rosenthal_Cube#construction-guide]</p>
<p>People disconnected from health care who do not seek care, even when they have severe COVID.</p> <p>“Yankee” culture of just toughing out ‘this flu’ was costing lives when monoclonal therapy was readily available.</p>	<p>Connect people to care & work for continuum of care</p>
<p>2:14:30 - 2:21:17; 5:15:15</p> <p>Ed Shanshala, CEO Ammonoosuc Community Health Service North Country geography of 26 towns, 30K residents 5 care delivery sites)</p>	
<p>Although ACHS has monoclonal antibody infusion therapy capacity, its relevance diminishes with the rise of Omicron.</p>	<p>Astrazeneca may have cross reactive capabilities, but is not available in the geography.</p> <p>Existing Referrals for those who qualify for monoclonal antibody</p>

	<p>treatment:</p> <ul style="list-style-type: none"> -Cottage Hospital in Woodsville (proximal critical access hospital) -Littleton Hospital in Littleton
<p>Hospital staffing challenges Staffing challenges at ACHS's 5 operatory Dental Suite</p>	<p>ACHS providing monoclonal infusion</p> <ul style="list-style-type: none"> -use of 5 operatory Dental Suite for monoclonal infusion -isolated to this building
<p>Initial lack of equipment to outfit the Dental Suite for monoclonal infusion</p>	<p>Borrow nursing home poles, lease Coremed pumps on a 90 day contract</p>
<p>Infusion nurse needed in the Dental Suite for monoclonal infusion, but moving a nurse there would pull from Diabetes program</p>	
<p>Home test kit distribution network</p>	<p>Inter-library loan bus</p>
<p>Civil society does not have sufficient upstream tools to relieve the burden on the health system</p>	<p>Civil Society COVID Combat Kit with masks, suicide prevention & behavioral health communication, test kits, polyethylene glycosilated lambda 3 transdermal interferon patch</p>
<p>Key people who are not yet engaged or are currently overwhelmed</p>	<p>Patricia Tilley: Director, Division of Public Health Services · NH Lori Shibonette: Department of Health and Human Services (DHHS), Department of Health and Human Services Commissioner and sits on the SHA SHIP</p> <p>[Additional Individuals named as important to a RAC Whole of Society Effort:</p> <p>Marie Ramas: Family Medicine Specialist in Nashua, NH (urban) who has been in dialogue w Ed about RAC</p> <p>Jo Porter (Institute for Health Policy and Practice, part of the UNH College of Health and Human Services) Introduced to the concept of RAC</p> <p>Katie McCoy UNH Clinical Assistant Professor</p>

	<p>Social Work Introduced to the concept of RAC</p> <p>Senator Dr. Tom Sherman, Chair of the Senate Health and Human Services Committee</p> <p>House Representative Dr. Jerry Knirk, NH State Health Assessment/State Health Improvement Plan Advisory Council, Vice-Chair, 2020 and on Health, Human Services and Elderly Affairs Committee]</p>
Representative voices missed in data collection.	Recruitment of many diverse participating organizations
Limited resources	Leverage the limited resources that are available: ACHS, an FQHC, is collaborating with hospitals [Hospitals engaging with RAC may be able to meet responsibilities identified in the Community Benefits Plans meaningfully without pulling them off their acute care mission.]

Gaps	Proposed Solutions
5:06:39 - 5:10:16; 5:15:26-5:22:19; 5:31:41 - Peter Ames, Exec. Dir. Foundation for Healthy Communities - Working on Community Systems Improvement & Population Health (part of the NH Community Hospital Association)	
Hospital capacity issues at 120% capacity or more	Support hospitals
3 waves hitting simultaneously are creating the current crisis: COVID 25% - 30% of hospital patients, Acute Behavioral Health (substance & mental health) & delayed care last 2 years	Using connections to community assets that can help relieve the burden on the hospitals. Defer hospital admissions by better utilizing community connections.
Patient acuity level is higher than it has been typical in the past	Bridge clinical care systems & other community based systems: Ag, housing transp & food systems. Behavior change to improve health outcomes.

	Connect the 2 constituencies to increase healthier outcomes
Gaps in community stakeholders engaged	<p>-Explore RAC methods to engage stakeholders deeply in the community where it can be most impactful. Platforms that leverage data. Not as board as yet, but get much more local and focused in the community.</p> <p>-Providing information more broadly about going to the right location for your care [using community services first, using telehealth as an option, test at home when possible, get preventative care through primary care to avoid unnecessary hospital admissions] Appropriate channel of care for level of acuity</p> <p>[Coordinating through/with existing statewide Foundation collaborative Tables may be the right forum to support this work.]</p>