Public Health Council of the Upper Valley
Partner Meeting
September 18, 2026

See list of attendees at the end of the notes.

Thank you to everyone who participated in our September partner meeting. We appreciated the robust attendance both in person and on teams and everyone's patience with new security measures and tech challenges. Informal poll about in-person vs online attendance was discussed with consensus for continued hybrid meetings but allowing for simultaneous use of technology tools for integrated notes and extra time for new security procedures.

- October meeting
    - Chance to reflect on what was decided to do
    - Make sure 2027 agenda is set
- November annual meeting
    - Celebrating PHC 25 years (There will be cake!)
    - Highlight where the organization is heading

Topic: Increasing Access to Community Care

Initial presentation defined the topic as follows to prepare for the working session

- What is access to community based care?
    - Deliver services directly into communities
    - Access and trust at grassroots level
    - Rising needs and shrinking capacity is threatening progress
    - Reduce rural barriers to access
    - Next steps: Inventory what is working and where gaps exist
    - Then: Identify opportunities to strength or expand

Framing Questions

At the partner meeting, attendees answered three framing questions:

1. If we could make it easier for people to access some health services in the places where they already live, work, gather, or receive other services, what would that look like?
2. Are there people, populations, or communities who could benefit from occasional, targeted health services being offered closer to where they are? Who are they, and what might make those services useful to them?
3. If we are successful with this goal three years from now, what will be easier for people to access than it is today?

Analysis of the Responses Led to the Following Key Takeaways: 1. Bring services to places people already go

- Offer pop-ups, mobile vans, and walk-in or drop-in services
- Use trusted places such as libraries, food shelves, schools, churches, town halls, and senior centers
- Offer several services in one place so people make fewer trips

2. Transportation is the biggest barrier

- This is especially true in rural towns without public transit and for people without a driver's license
- Ideas included ride shares, home visits, in-home care, and rides to surgical procedures

3. Some groups would benefit most from targeted services

- Older adults and frail elders, especially those who live alone or have fixed incomes
- People with disabilities
- Unhoused people
- Immigrants, refugees, and New Americans
- Families with young children or no childcare
- Farm workers and people in recovery
- People without internet access or technology skills
- People who have had negative experiences with health systems
- Rural towns named: Canaan, Dorchester, Enfield, Orange, and Grafton

4. Many people don't know what's available or how to get it

- For example, MCHC still often hears "You have dental?"
- Ideas included care navigators, community health workers, and a central hub/resource list
- Use plain, accessible language
- Share information where people already look

5. What success looks like in three years

- A real person to call instead of a phone menu
- Help finding their way through the health system
- Shorter waits for specialists
- Care closer to home, including preventive care, dental care, vaccinations, and mental health and addiction services
- Help with basic needs like food and housing
- Care that feels trusted and welcoming, with no judgment

Discussion Themes

1. Work with communities instead of "parachuting" in

- Create an informal council of community care stewards from underserved towns
- Listen first, and ask residents what they need
- Make sure town leaders know where to send someone who is struggling

2. Map existing resources before building anything new

- The goal is to avoid duplicating work that is already being done
- Possible map layers:
    - Community meals
    - Foot care clinics
    - Youth programs and clinics
    - AA and NA meetings
    - Services for unhoused people
    - Sequential intercept mapping
- Add public transit, including what is available early in the morning and late at night
- The maps would be for internal use only
- PHC is looking for a geography student intern to help
- One concern was how much work it would take to keep the maps up to date

3. Community health workers and community nursing

- Hire people who already know the community
- This approach was seen as especially effective in rural areas
- A community nurse could work as a team with community health workers

4. Specific gaps

- Housing for people with a criminal justice history
- Internet access and technology classes
- Access for people who use mobility devices
- A possible program in New Hampshire only that would offer private spaces, training, and loaned devices for online care

5. Root causes

- Why do so many communities need support?
- What is reducing capacity while needs keep rising?

Chip Strategy Review & Update (See slides)

Network Announcements:

- Flu Clinics are starting in October

Attendee List:

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