

# Winter 2026 North Country Healthcare Listening Sessions

## A Summary Report Prepared by New Hampshire Listens

March 2026

At New Hampshire Listens, we work toward a New Hampshire where everyone feels connected, included, and genuinely heard in the decisions that impact their lives.

### Our role is to bring people together.

We help create spaces where community members can talk, listen, and learn from one another, building relationships that support thoughtful action and positive change. For more than fifteen years, New Hampshire Listens has partnered with families, local organizations, and leaders across the state, so decisions reflect the voices and lived experiences of those most impacted.

[www.nhlistens.org](http://www.nhlistens.org)



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This report summarizes perspectives shared during the Winter 2026 North Country Healthcare Listening Sessions. It reflects participants' experiences and questions at that moment in time and is intended to support shared understanding and ongoing dialogue.

## Summary Report

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## Listening Session Purpose - Winter 2026

The Winter 2026 North Country Healthcare (NCH) Listening Sessions were designed to gather community perspectives and strengthen communication during a period of transition. The sessions created opportunities for residents, staff, and community partners to share experiences, raise questions, and reflect together in small-group settings facilitated by New Hampshire (NH) Listens.

Participants represented a mix of community members, NCH staff, local partners, and board members, offering a range of experiences and perspectives across the region.

The purpose of this work was twofold:

- To hear directly from participants about their current experiences with care across the system, and
- To support constructive conversations that help inform ongoing communication and improvement efforts.

This report summarizes the reflections and questions shared in those sessions to support shared understanding and continued dialogue across the region.

## Locations, Timing, and Participation

Listening sessions were held across several North Country communities in January and February 2026 and drew more than 325 participants. The schedule included sessions in Jefferson, Berlin, Lancaster, Bethlehem, and Colebrook, with attendance varying by location.

Estimated participation is based on sign-in sheets, and actual attendance may have varied; some individuals joined more than one session.

These sessions brought together a range of community voices across the region, contributing to the breadth of perspectives reflected in this report.

**Table 1. Listening Session Schedule and Approximate Attendance**

Date	Time	Location	Town	~Count
Jan. 28 (partners)	9:00–11:00 AM	Bellevue Barn	Jefferson	~34
Jan. 28	5:30–7:30 PM	St. Kieran Community Ctr for the Arts	Berlin	~92
Feb. 3	5:30–7:30 PM	Lancaster Elementary School	Lancaster	120+
Feb. 4	5:30–7:30 PM	The Rocks Estate	Bethlehem	~38
Feb. 5	5:30–7:30 PM	Tillotson Center for the Arts	Colebrook	~46

**A brief note:** Attendance varied by location, and the high turnout in Lancaster likely reflects NCH facility-specific changes discussed in later sections. The estimated attendance below is based on sign-in sheets; actual participation may have varied, and some individuals attended more than one session.

## How to Interpret and Use These Findings

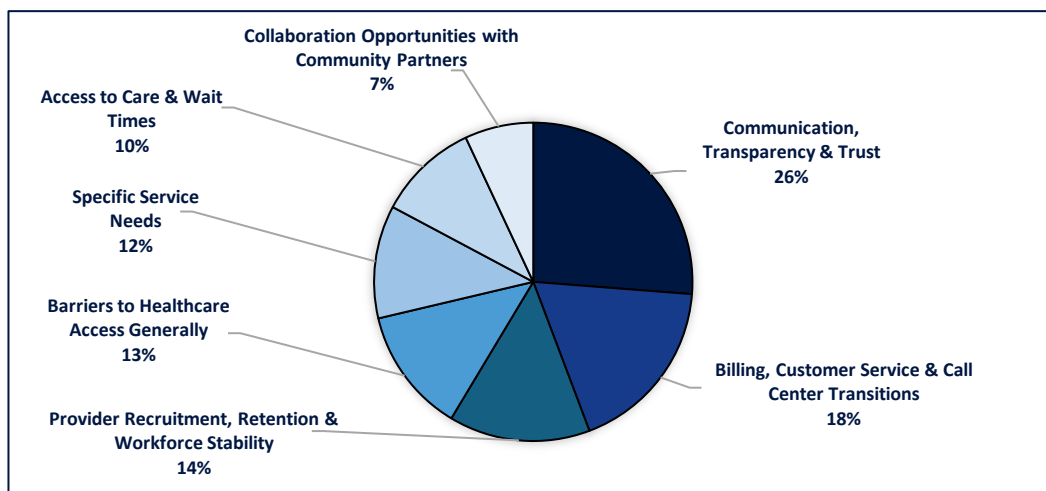
These findings summarize what participants shared during the Winter 2026 Listening Sessions through written question cards and facilitator notes. The cards were reviewed and transcribed as accurately as possible, and those that included contact information were shared with NCH so a subject-matter expert could follow up. This is a “pulse” of what was shared by participants – to promote the processes of shared understanding, strengthen communication, and inform ongoing engagement between NCH and the communities it serves. These are not formal assessments of operational performance or systemwide sentiment.

The themes reflect the perspectives of those who chose to participate and represent a moment-in-time snapshot. They do not capture every detail discussed at the sessions or represent the broader North Country population. Some reflections may include incomplete information or misunderstandings, and NH Listens did not verify the factual accuracy of statements. Reflections and questions do represent participant understandings at the time.

## Themes and Community Insights

Figure 1 illustrates how the 244 questions and comments from the Winter 2026 listening sessions were organized into major themes. These themes reflect the topics that participants raised most often, including access to care, communication, provider stability, billing challenges, and trust. The distribution of themes utilizing percentages provides a snapshot of what mattered most to attendees across the five sessions and illustrates where participant questions were most concentrated. This visual is intended to help readers understand the range and emphasis of concerns shared during the engagement, recognizing that the themes reflect only those who chose to participate.

**Figure 1. Winter 2026 Listening Session Breakdown of Participant Questions by Theme**  
(n=244 different questions/statements on cards)



Across all sessions, community members described experiences with scheduling, provider transitions, and communication processes. While some of the issues raised are not within the

purview of NCH, an active partnership network exists to work together on improvements. **Participants consistently shared appreciation for dedicated staff** and expressed interest in clearer updates and stronger coordination across services.

**Access to Care & Wait Times.** Participants described increasing difficulty scheduling timely appointments and longer waits for both primary and specialty care. Many also noted uncertainties caused by provider turnover. Leadership acknowledged these challenges and highlighted ongoing efforts to reduce backlogs and strengthen access through partnerships.

**Barriers to Healthcare Access in General.** Participants shared that travel distances, limited public transportation, and EMS staffing shortages create barriers to accessing care, especially for older adults and those with complex needs. Leadership noted these challenges and described ongoing reviews of EMS staffing models and partnerships.

**Billing, Customer Service & Call Center Transitions.** Participants often reported confusion related to billing statements, delays in reaching staff, and challenges associated with outsourced call centers unfamiliar with local contexts. Leadership shared updates on retraining, call handling, and efforts to address billing backlogs.

**Collaboration Opportunities with Community Partners.** Some community partners expressed interest in stronger coordination across healthcare, education, and social-service organizations. Suggestions included clearer pathways into healthcare careers, improved information sharing, and regular communication with regional partners.

**Communication, Transparency & Trust.** Across locations, unclear or inconsistent communication was a central concern. Many participants reported learning new information for the first time during the sessions and asked for clearer explanations of decisions, more timely updates, and distinctions between local, systemwide, and national issues.

**Provider Recruitment, Retention & Workforce Stability.** Participants expressed concerns about provider recruitment and retention, and the impact staffing shortages have on continuity of care across EMS, home health, and specialty services. Leadership discussed rural recruitment challenges and plans for a rural residency program to support long-term stability.

**Specific Service Needs.** Participants raised concerns about maternal health, behavioral health, senior care, pediatrics, and specialty services. They asked for reassurance about future access and clearer communication about availability and plans for potential expansion. Leadership shared their commitment to access to care.

**A brief note:** NCH works with external EMS providers who respond to emergencies requiring skilled prehospital care.

## Summaries by Listening Session

The following session-based summaries describe themes, statements, and questions raised by participants at each listening session. They reflect only the perspectives of those who attended and are not a broader community assessment. Reflections may include accurate observations, incomplete information, misunderstandings, or secondhand perspectives, and facilitator notes were used to support documentation.

The full set of questions **addressed and collected during the sessions** often represented curiosity about future planning for services, leadership, and logistics for accessing healthcare.

The illustrative questions in this section serve as examples that reflect the types of questions raised by attendees and do not represent verified information or broader community sentiment.

### Jefferson, NH — Partner Listening Session (January 28, 2026)

Participants in Jefferson shared reflections related to access to care, billing transitions, staffing challenges, and communication. Several also spoke about long-standing local relationships and expressed interest in continued collaboration among organizations.

Illustrative examples of participant questions included:

- “How do we strengthen board development and work closely with community partners?”
- “Can you address people’s fear that NCH would go away?”
- “Transportation—how do we support this for access to quality care?”

### Berlin, NH — Community Listening Session (January 28, 2026)

Participants in Berlin described individual experiences with access to care, provider changes, billing interactions, and communication challenges. Many noted appreciation for staff and long-standing relationships within the community.

Illustrative examples of participant questions included:

- “Is NCH acquiring another affiliate?”
- “How does the salary of the NCH CEO compare to others in similar positions?”
- “Why is it that when a person calls the hospital it rings over and over?”

### Lancaster, NH — Community Listening Session (February 3, 2026)

Attendees in Lancaster shared personal reflections related to provider transitions, billing challenges, and communication experiences. Some participants also spoke about their long history with Weeks Medical Center and how recent changes have felt disconnected to North Country communities.

Illustrative examples of participant questions included:

- “Tell us more about the residency possibility — what are the next steps?”
- Are NCH leadership going to act on this feedback, or is this only an opportunity to vent?”
- Why is it so hard to reach someone local? Calling a local number does NOT get you a local person.”



### **Bethlehem, NH — Community Listening Session (February 4, 2026)**

Bethlehem participants described individual experiences with access to certain services, questions about provider availability, and interest in clearer communication.

Illustrative examples of participant questions included:

- “Are there plans for expanding services that are currently referred out?”
- “How does the salary of [NCH Cabinet] compare to those of leaders at other local hospitals?”
- “What is the process for telling people who their new PCP is? Never got a call back.”

### **Colebrook, NH — Community Listening Session (February 5, 2026)**

Participants in Colebrook discussed personal experiences related to primary care availability, wait times, and communication with call-center functions. Some attendees also highlighted the importance of their local hospital and expressed interest in more information about future planning.

Illustrative examples of participant questions included:

- “Has NCH considered adding urgent care services in addition to current clinics?”
- “How is the consultant fee for the [NCH Cabinet] compensation study justified?”
- “If I want an appointment with my PCP, how do I get one? She’s 4 months out.”



## Suggested Next Steps for Continued Engagement

The aim of this ongoing engagement is to help ensure that progress reflects the priorities and experiences of North Country residents. Building on what community members shared during the winter listening sessions, continued opportunities for dialogue can help strengthen communication and relationships across the NCH system.

Many participants expressed interest in staying informed as changes unfold, and staff and community partners noted the value of dedicated spaces for conversation. NCH is considering options for future engagement, which may include staff-focused conversations, partner-oriented problem-solving sessions, informal opportunities for leaders to connect, and more community wide opportunities.

Based on themes raised during the sessions, the following areas were identified as potential opportunities to support ongoing engagement and communication:

- **Communication and shared understanding:** Offering brief updates on what has been heard so far and how input is being used will support clarity.
- **Community-specific context:** Sharing updates that reflect each town or facility's history, and priorities can help people feel that their local experiences are represented.
- **Creating inclusive spaces:** Providing multiple ways for people to participate—including staff, board members, and community members—may help broaden involvement.
- **Highlighting community strengths:** Lifting up examples of dedication and partnership may provide helpful balance as communities discuss what is working well and where more attention could be useful.
- **Leadership presence and connection:** Opportunities for leaders to join conversations or share observations may support shared understanding.
- **Ongoing and transparent communication:** Many participants expressed interest in clearer pathways for how information moves between leadership, staff, facilities, and the community.

Questions about the report or next steps can be directed to NCH leadership, who remain open to continued conversation as this work progresses. Reach out to [NCHListens@NorthCountryHealth.org](mailto:NCHListens@NorthCountryHealth.org)