

2026 Granite State Health Care Coalition Hazard Vulnerability Analysis

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Background

Purpose

This report presents and discusses the results of the 2026-2027 Granite State Health Care Coalition (GSHCC) Hazard Vulnerability Analysis (HVA).

An HVA is a systematic approach to identifying hazards or risks that are most likely to have an impact on the demand for health care services or the health care delivery system's ability to provide these services.[1] Through the identification of hazards and impacts to these systems, participants develop strategies to mitigate the impacts of the identified hazards. HVAs inform future planning and serve as a foundation for the implementation of mitigation strategies across the healthcare, public health, and behavioral health systems. The GSHCC has created an HVA process that can be built upon annually to show progress in mitigating top identified risks.

The goals of the HVA process are to:

- Identify and understand the overall likelihood, impact, and planning implications of identified hazards.
- Identify potential GSHCC systemwide mitigation strategies and review and update these strategies annually as required.
- Fulfill federal and state requirements to conduct an annual HVA.

Assumptions

This report considers several planning assumptions in its design:

- Not all staff are trained at the same level and training will remain an on-going priority for all organizations.
- Each organization should perform their own HVA to determine their greatest internal risks.
- Certifying agencies, stakeholder demand, and/or current events may require hazard specific planning not noted in this report. Planning efforts therein may require sector specific elements.
- Past and current event history around facilities and organizations may elevate certain planning initiatives over others.
- Staffing and funding needs may impact current and future risks which could alter overall hazard scenario importance.
- Environmental design may greatly impact hazard scenario ratings and should be closely considered.

HVA Approach

The GSHCC conducted the HVA following the general principles outlined in the *Health Care Preparedness and Response Capabilities* for Health Care Coalitions:

- GSHCC members and partners should participate in the HVA process.

[1] U.S. Department of Health and Human Services, Administration for Strategic Preparedness and Response. (2016). Health Care Preparedness and Response Capabilities for Health Care Coalitions. https://www.aspr.gov/sites/default/files/2025-12/Health-Care-Preparedness-and-Response-Capabilities-for-Health-Care-Coalitions.pdf?cb=4127

- The HVA should be coordinated with state and local emergency management organization assessments (e.g., Threat and Hazard Identification and Risk Assessment [THIRA]) and public health hazard assessments (e.g., jurisdictional risk assessment [JRA]).
- Hospitals, emergency medical services (EMS), emergency management, public health, and other healthcare organizations should provide input into the development of the GSHCC HVA.
- Assessment components should include regional characteristics, such as risks for natural or man-made disasters, geography, and critical infrastructure.
- The assessment should address population characteristics (including demographics), and consider those individuals with access or functional needs, including people with disabilities, vulnerable populations, and those who may require additional assistance in an emergency.
- The HVA should be regularly reviewed (annually) and shared with members and partners.
- At least seven (7) hazards must be addressed in the HVA.

Methodology

Approach

The 2026-2027 GSHCC HVA process was built upon previous GSHCC HVA processes which were adapted from two similar HVA processes established by New York City and the State of Connecticut. The 2026-2027 GSHCC HVA process resulted in the following outcomes.

Table 1

Granite State Health Care Coalition 2026 Hazard Vulnerability Analysis Hazard Outcomes

Likelihood of Occurrence (over the next 1-5 years)	Human Impact	Property/ Infrastructure Impact	Business Operations Impact	Planning in Reducing Risk
Most to Least Probable	Most to Least Catastrophic			(High to Low Priority)
Severe Weather	Armed Assailant/Active Threat ⇧	Severe Weather ⇧	Cybersecurity Incident	Severe Weather ⇧
Facility Outage	CBRN Incident ⇧	Facility Outage	Armed Assailant/Active Threat ⇧	Cybersecurity Incident ⇧
Cybersecurity Incident	Severe Weather ⇩	Cybersecurity Incident	Facility Outage	Facility Outage
Medical Surge Event	Cybersecurity Incident ⇩	Armed Assailant/Active Threat	Severe Weather	Medical Surge Event
Armed Assailant/Active Threat	Medical Surge Event	CBRN Incident	CBRN Incident	Armed Assailant/Active Threat
CBRN Incident	Facility Outage	Medical Surge Event	Medical Surge Event	CBRN Incident ⇩

The 2026-2027 GSHCC HVA process was comprised of three phases including a survey sent to GSHCC partners, a virtual meeting, and an HVA Report. Meeting participants were briefed on results of the HVA survey, including hazard vulnerabilities, and discussed priority actions to build and sustain capabilities as well as identified potential mitigation strategy actions. A discussion was held on how to close the gaps presented utilizing polling mechanisms.

Participant Survey

Participants from across the GSHCC membership were invited to complete a brief survey. The survey evaluated whether the planning priority hazard rankings established in the 2025-2026 HVA remained accurate.

Survey responses determined the hazards prioritized for planning efforts, from highest to lowest priority, are Severe Weather, Facility Outage, Cybersecurity Incident, Medical Surge Event, Armed Assailant/Active Threat, and CBRN (Chemical, Biological, Radiological, and Nuclear) Incident. The approach of the 2026-2027 hazards was updated to reflect real-world events that have occurred within the past year. Hazards are grouped into categories and subcategories. Severe Weather encompasses winter conditions (ice storm, blizzard, snow squall, and extreme cold temperatures), summer conditions (hurricane, tropical storm, post-tropical cyclone, tornado, drought, and severe heat), and other conditions (severe wind, flooding, thunderstorms, and poor air quality). Medical Surge Event is a new hazard that describes the adequate medical evaluation and care during events that challenge or exceed the limits of medical infrastructure of an affected community. Medical Surge Event is also defined in three subcategories; conventional (facility has ability to respond with some assistance and normal staffing), contingency (facility is modifying patient care or patient care is delayed), and crisis (facility is using crisis standards of care). Cyber-attack was renamed to Cybersecurity Incident to incorporate the accidental or intentional loss of computer systems, networks, or digital devices, which may disable, destroy, or disrupt daily operations. Facility outages are a new hazard that is defined as events that affect daily operations of building and internal and external infrastructure (utility, Heating, Ventilation, Air Conditioning [HVAC], phone, network, sewer, water, etc.). The hazard of Armed Assailant/Active Threat remained the same as the survey. CBRN Incident (Chemical, Biological, Radiological, Nuclear) includes Chemical Incident, Radiological Dispersal Device (RDD) Incident, and Pandemic hazards.

The survey respondents weighed the likelihood of occurrence. Survey participants determined Severe Weather is most likely to occur followed by Facility Outage, Cybersecurity Incident, Medical Surge Event, Armed Assailant/Active Threat, followed by CBRN Incident. Survey respondents were asked to assess the severity of the identified threats and hazards and their human impact. Responses were weighted to reflect the severity of the human impact of disasters (including “communities most impacted by disasters”).

Additionally, the above table was updated to reflect the impacts on property/ infrastructure and business operations.

Identified Hazards

- Severe Weather
- Medical Surge Event
- Cybersecurity Incident
- Facility Outages
- Armed Assailant/Active Threat
- CBRN Incident

Communities Most Impacted by Disasters

According to the 2020 U.S. Census, the population of New Hampshire was 1,377,529; 21.5% of which were 65 or older. Additionally, 17.6% of New Hampshire's population is under the age of eighteen and 4.4% is under the age of five[2]. It is important to note the age makeup of a state's population as both geriatric and pediatric patients may require specialized medical care before, during, and after a disaster. The Granite State Health Care Coalition, in collaboration with the New Hampshire Department of Health and Human Services, and Coalition partners, conducts an annual review and update of the *New Hampshire Granite State Health Care Coalition Pediatric Surge Annex*. New Hampshire does not have a Level I Pediatric Trauma Center, relying heavily on Level I facilities in Boston, Massachusetts. The state's sole Level II Pediatric Trauma Center is located at Dartmouth Health Children's at Dartmouth Hitchcock Medical Center.

Based upon 2024 American Community Survey Estimates, 14.3% of the NH population are considered disabled, similar to the national average. This includes persons with hearing, vision cognitive, ambulatory, self-care, and/ or independent living difficulties[3]. Persons with disabilities require special consideration during a disaster as they may require specialized medical needs to include medical equipment or transportation needs. 8.1% speak a language other than English at home with 2.4% of the state's population speaking English less than "very well" according to Community Resilience Estimates provided by the U.S. Census Bureau[4]. Those with limited English proficiency may have difficulty in accessing or comprehending emergency communications during a disaster. The State of New Hampshire Homeland Security and Emergency Management and local emergency management coordinators and public health officials work to ensure community messaging; to include press releases and public health and safety information, is available in multiple languages. Community Resilience Estimates also note 15.4% of the state's population is considered vulnerable; with that percentage of the population experiencing three or more components of social vulnerability. The areas of the state with the highest levels of vulnerability are Grafton and Coos counties in the northern part of the state, as well as Hillsborough County, where Manchester and Nashua sit; the two largest cities in the state.

41.6% of the population of the state resides in rural areas.[5] Those residing in rural areas may experience difficulty during an emergency as access and transportation routes may be impacted, preventing evacuation, receiving medical care, or medical attention from first responders. A lack of personal and reliable transportation may also affect those before, during, and after an emergency.

According to data provided by U.S. Department of Health and Human Services (HHS) emPOWER, New Hampshire has over 11,000 at-risk Medicare beneficiaries, with the greatest number of at-risk beneficiaries living in Rockingham, Strafford, Merrimack, and Hillsborough counties. Medicare beneficiaries rely on electricity-dependent durable medical and assistive equipment (DME) and devices to live independently in their homes, and some of those individuals also have health care service dependencies. Severe weather and other emergencies, especially those with prolonged power outages,

[2] U.S. Census Bureau https://data.census.gov/profile/New_Hampshire?g=040XX00US33#populations-and-people
[3] U.S. Census Bureau https://data.census.gov/profile/New_Hampshire?g=040XX00US33#health
[4] U.S. Census Bureau https://data.census.gov/table/ACSST1Y2024.S1601?g=040XX00US33
[5] U.S. Census Bureau, Community Resilience Estimates, https://data.census.gov/table/DECENNIALCD1182020.P2?q=rural+population+new+hampshire

can be life-threatening for these individuals[6]. It is paramount that emergency planning and response efforts consider at-risk individuals impacted by a disaster to ensure their needs are met during an emergency event. The GSHCC works closely with all partners and members to ensure that they have the support that they need during an emergency.

Meeting

Overview

A total of forty-nine partners participated in the virtual meeting representing hospitals, EMS, emergency management, public health, long-term care, home health care and hospice, as well as additional sectors. A full list of participant sectors is available in Appendix B- GSHCC HVA Participants.

Methodology

Meeting participants were brought together to accomplish the following objectives:

1. Review 2026 HVA survey results
2. Reaffirm Priority Actions to build and sustain preparedness, response, and recovery capabilities
3. Identify mitigation strategy actions
4. Propose potential solutions for closing gaps

Strategies, suggestions, and thoughts were captured through discussion, Microsoft Teams chat, and Easy Retro Boards. Participants were asked to vote on potential recommendations to build and sustain priority actions.

Hazard Vulnerabilities

Based on the survey, the New Hampshire Department of Health and Human Service (DHHS) Emergency Preparedness Response Recovery (EPRR) team and the GSHCC team identified the following hazard vulnerabilities. The hazard vulnerabilities were identified based on real-world incidents that have occurred in the past. It should be noted that staffing and funding were pervasive vulnerabilities associated with all six priority hazards.

Severe Weather

Recent severe weather events pose vulnerabilities in staffing, EMS transport, and utility failures. The inclement weather, impassable roads, and vulnerable infrastructure may inhibit staff from reporting to shifts and affect the provision of patient care and medical operations. Additionally, established plans may not adequately account for patient movement under extreme weather conditions should a facility need to transport or evacuate vulnerable populations.

Vulnerabilities in housing and sheltering during an extreme winter weather event pose a public health and safety issue. Exercising for severe weather within the healthcare continuum, especially regarding secondary impacts such as power outages or disruptions in utilities as well as staffing.

[6] U.S. Department of Health and Human Services, Administration for Strategic Preparedness and Response. (2024) https://empowerprogram.hhs.gov/empowermap

Facility Outage

Planned or unplanned facility outages pose vulnerabilities in patient care and medical operations. Health care facilities in New Hampshire have experienced planned and unplanned phone, network water, sewer, and electrical power outages due to community construction work. Due to the unplanned outages, facilities curtail normal patient operations and activate their emergency supplies and inventory to continue patient care.

Cybersecurity Incident

The lack of robust Cybersecurity plans, policies, and procedures remained the primary vulnerability associated with this hazard and would inhibit their ability to respond to such an event within the healthcare continuum. Such an event may affect electronic and digital systems or other operations systems within a healthcare facility, such as Electronic Medical Records (EMR), which may impact the ability to provide patient care or facility operations. Insufficient staff awareness, expertise, or understanding of cyber also proved to be a vulnerability, as did the potential use of third-party vendors for bad actors to gain unauthorized access to a facility's systems.

Other vulnerabilities including outdated computer hardware and software, a lack of downtime forms and tools, and potential delays in facility communications for staff that may inhibit limiting negative effects and exacerbating facility vulnerabilities. Cyber-related exercises focusing on real-world operational impacts are necessary in preparing or responding to such an event. Further impacts and vulnerabilities associated with a cyber event have been identified and presented in the *2026 GSHCC Cybersecurity Assessment.* In coordination with NH DHHS EPRR, the GSHCC team will be drafting the new Cybersecurity Response Plan and Extended Downtime Response Plan. These plans will provide additional support within the health care continuum in planning, response, and exercising cybersecurity and extended downtime incidents. These plans will also be exercised with health care partners in a discussion-based exercise in the next two budget periods.

Armed Assailant/ Active Threat

Health care facilities lack well-developed facility plans associated with an armed assailant/ active threat. When planning an exercise in the health care setting for armed assailant/active threat, there is a risk/ benefit to conducting exercises related to this type of hazard, which has the potential for posing a greater risk to patients and visitors unaware of exercises being conducted. As such, facilities may opt not to exercise these types of scenarios.

Medical Surge Event

Medical surge events can occur at a moment's notice which causes vulnerabilities in delivering medical care to patients. Medical surge events may include but are not limited to mass casualty incidents (MCI), infectious disease outbreaks, damage to facilities, supply chain issues, and staffing shortages. New Hampshire has developed a Medical Operations Coordination Center (MOCC) to support health care facilities when the volume of patients exceeds operating capacity. Additional information regarding medical surge events and how New Hampshire addresses response actions can be found in the *NH Medical Surge Response Base Plan*.

CBRN Incident

Outdated or lack of CBRN incident response guides poses vulnerabilities in responding to CBRN incidents. Participants noted additional training and incident response guide templates would reduce their vulnerabilities.

Insufficient Personal Protective Equipment (PPE), decontamination systems/ kits, and HVAC systems present a gap in readiness for a chemical incident. An overall lack of responder and staff training limited Hazardous Material (HazMat) awareness and training, and infrequent or unrealistic chemical-centered exercises present potential vulnerabilities.

Should a radiological incident occur, a primary vulnerability that was noted was the lack of medical facilities specializing in radiation related injuries within the state. New Hampshire maintains one Radiation Injury Treatment Network (RITN) Transplant Center- Adults Only, located at Dartmouth Hitchcock Medical Center (DHMC) in Lebanon, NH. This center does not serve pediatric patients. The closest RITN facilities serving pediatric patients are Dana Farber and Boston Children's Hospital, both in Boston, Massachusetts. Seabrook Station Nuclear Power Plant located in Seabrook, NH and Portsmouth Naval Shipyard, located just over the Piscataqua River in Kittery, Maine are located across the state from DHMC. Should a radiological incident occur at either facility, transportation or specialized treatment may need to occur at facilities out of state. Other Level II Trauma Centers in the state may not have bed availability to treat an influx of patients from a radiological event.

Biological incidents continue to create vulnerabilities throughout the health care continuum in funding, staffing, and knowledge high consequence infectious diseases (HCID). The healthcare continuum continues to reel from responding to the COVID-19 pandemic.

Mitigation Strategy and Priority Actions

The GSHCC team reviewed previously identified mitigation strategies, planned activities, and barriers/challenges, and priority actions to build and sustain preparedness, response, and recovery capabilities.

Mitigation Strategies

Mitigation strategies were reviewed and validated in the previous year's HVA process. Mitigation strategy actions and activities were discussed at the meeting and will be reviewed in subsequent Hazard Vulnerability Analyses.

Mitigation Strategy #1: Provide additional trainings of value to all partners.

- Disseminate upcoming webinars and State, Federal, and partner-sponsored training and education in member email updates.
    - Texas A&M Engineering Extension (TEEX) Cybersecurity Training(s), Homeland Security Exercise and Evaluation Program (HSEEP), TEEX, Pediatric Disaster Course, Continuity of Operations (COOP), TEEX & Federal Emergency Management Agency (FEMA) Center for Domestic Preparedness (CDP) CBRN Training(s)

Mitigation Strategy #2: Provide additional planning guidance to all partners.

- Conduct workshops or seminars that address changing planning priorities, expectations, and requirements.
    - Exercise Fundamentals, After-Action Report & Improvement Plan (AAR/IP) Development Workshop, and Emergency Operations Plan (EOP)
- Create a Cybersecurity Toolkit for partners to support just-in-time training, plan development, and trainings on mitigating cyber threats
- Add a planning guidance section on GSHCC website to include GSHCC plan templates
    - Create a repository of various incident response guides for health care partners

Mitigation Strategy #3: Strengthen partner engagement in GSHCC exercises.

- Provide planning support regarding scope, scenario, and objectives development.
- Conduct exercises for partners to allow facilities to test their plans during the exercise
    - Patient Movement Exercise Mini Drills, Medical Response & Surge Exercise (MRSE), Chemical Response Exercise, Medical Surge Exercise, Natural Disaster Exercise, Rural Coordination, Biological Emergencies, Radiological Response

Priority Actions

The GSHCC team and HVA meeting participants updated and reaffirmed potential priority actions to build and sustain preparedness, response, and recovery capabilities across the healthcare continuum in the state. These potential priority actions were reviewed and validated by the GSHCC Leadership Team.

Preparedness

Build Capabilities

1. Provide Train-the-Trainer (TtT) opportunities
    a. N95 Fit Test TtT, Med Sled, TtT, Hospital Incident Command System (HICS), Nursing Home Incident Command System (NHICS)
2. Conduct workshops to develop incident response guides

Sustain Capabilities

1. Invite all healthcare sectors to participate in GSHCC exercises, trainings, meetings, and events

Response

Build Capabilities

1. Educate partners on the GSHCC's role and responsibilities responding to emergency events.
2. Draft Cybersecurity Support Plan and Extended Downtime Support Plan.

Sustain Capabilities

1. Continue providing Incident Command System (ICS) training to partners.
2. Provide CBRN first responder education, TTXs, and response plans for partners.
3. Continue to support the draft of Hospital Family Reception Center Plan template for partners.

Recovery

Build Capabilities

1. Promote Recovery Trainings.
2. Create a TTX on how to work through the recovery phase of an event.

Sustain Capabilities

1. Educate partners on the new NH GSHCC Recovery Plan.
2. Provide subject matter expert presentations on disaster recovery at GSHCC meetings.

Appendices

Appendix A Acronyms and Abbreviations
Appendix B GSHCC HVA Participants & Survey Questions/Answers

Appendix A Acronyms and Abbreviations

AAR/IP	After-Action Report & Improvement Plan
CBRN	Chemical, Biological, Radiological, Nuclear
CDP	Center for Domestic Preparedness
COOP	Continuity of Operations
DHHS	Department Health & Human Service
DHMC	Dartmouth Hitchcock Medical Center
DME	Durable Medical Equipment
EMR	Electronic Medical Record
EMS	Emergency Medical Services
EOP	Emergency Operations Plan
EPRR	Emergency Preparedness Response & Recovery
FEMA	Federal Emergency Management Agency
GSHCC	Granite State Health Care Coalition
HazMat	Hazardous Material
HCID	High Consequence Infectious Disease
HHS	U.S. Department of Health and Human Services
HICS	Hospital Incident Command System
HSEEP	Homeland Security Exercise Evaluation Program
HVA	Hazard Vulnerability Analysis
HVAC	Heating, Ventilation, Air Conditioning
ICS	Incident Command System
JRA	Jurisdictional Risk Assessment
LTC	Long-Term Care
MCI	Mass Casualty Incident
MOCC	Medical Operations Coordination Center
MRSE	Medical Response & Surge Exercise
NHICS	Nursing Home Incident Command System
PPE	Personal Protective Equipment
RDD	Radiological Dispersal Device
RITN	Radiation Injury Treatment Network
TEEX	Texas A&M Engineering Extension Service

THIRA	Threat and Hazard Identification and Risk Assessment
TtT	Train-the-Trainer
TTX	Tabletop exercise

Appendix B GSHCC HVA Participants & Survey Questions/Answers

HVA Survey Response Participants

Sector
Ambulatory Surgical Center
Dialysis
Emergency Management
Emergency Medical Services
Community Health Center/Federally Qualified Health Center
Home Health Care & Hospice Care
Hospital
Long-Term Care, Assisted Living, Nursing Home
Mental Health Care, Behavioral Health Care
Public Health
Public Safety

HVA Meeting Participants

Sector
Dialysis
Emergency Management
Emergency Medical Services
Home Health Care & Hospice Care
Hospital
Long-Term Care, Assisted Living, Nursing Home
Mental Health Care, Behavioral Health Care
Public Health

Mitigation Strategies 2025 – 2026

1. Provide additional trainings of value to all partners
2. Provide additional planning guidance to all partners
3. Strengthen partner engagement in GSHCC exercises

Did the GSHCC successfully complete the three mitigation strategies in the past year?

Yes: 95%

No: 5%

Have the trainings conducted by the GSHCC in the last year been valuable?

Yes: 97%

No: 3%

Do you feel GSHCC provides planning guidance to partners?

Yes: 95%

No: 5%

Do you feel GSHCC partners and members are adequately engaged in exercise?

Yes: 96%

No: 4%

Review of 2026 HVA Survey Results (aggregate)

Are there other mitigation strategies you would like to see the GSHCC provide to partners?

- Online training options
- Home/hospice focused tabletop drills
- Regional Mass Fatality/Decedent Surge Plans for hospital entity support
- Partner specific trainings
- Behavioral Health/Mental Health focused trainings
- More Train-the-Trainer options
- Developmental workshop for incident action guides

Review of 2026 HVA Survey Results (aggregate)

What other hazards should GSHCC consider that have not been identified?

- Bomb Threat, Suspicious Package
- Behavioral Health patients during emergencies
- Widespread power outage
- Mass feeding
- Political Unrest

Review of 2026 HVA Survey Results (aggregate)

What can the GSHCC do to provide additional value to your organization?

- Assist in future exercises
- Onsite trainings at partner locations
- Train-the-Trainer trainings
- Exercise development trainings

Review of 2026 HVA Survey Results (aggregate)

What additional training would you like to see this year?

- COOP Planning
- Hospital Reunification
- Patient Decontamination planning
- Active Shooter/Active Threat
- Special Pathogen
- Mass Casualty in rural communities
- Statewide communication downtime
- Juvare Training