

GREATER SEACOAST COMMUNITY HEALTH



2023-2026 Community Health Improvement Plan

December 2023

Acknowledgements

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The Community Health Improvement Plan would not have been possible without our stakeholders and community partners who came together through Network meetings and workgroups to develop and refine our strategies and goals that will meet the needs of those living and working in Strafford County.

Thank you also to Greater Seacoast Community Health, its CEO, Janet Laatsch, its Board of Directors, Chief Financial Officer, Erin Ross, and Grant Writer, Helen Long, and others who work to support our program and mission.

“Never doubt that a small group of thoughtful committed citizens can change the world; indeed, it's the only thing that ever has.” Margaret Meade

Ashley Wright, MS, CPS

Public Health Network Manager
Strafford County Public Health Network

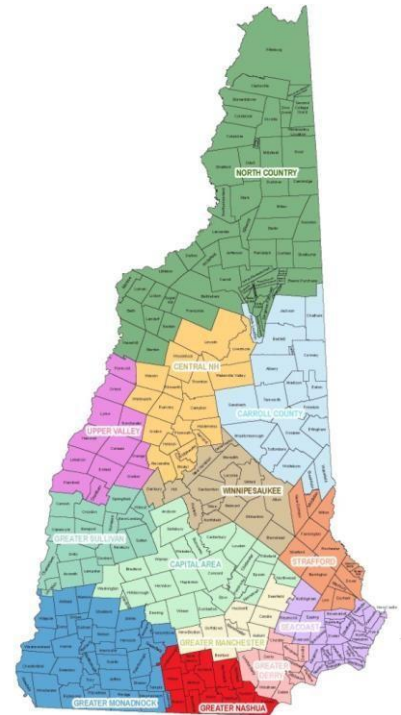
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Introduction: Strafford County Public Health Network

The Strafford County Public Health Network (SCPHN) is a collaboration of paid staff and partners from community agencies and groups working to enhance and improve public health-related efforts within Strafford County communities. One of 13 Regional Public Health Networks across the state, SCPHN is a program of Greater Seacoast Community Health (GSCH), which includes two Federally Qualified Health Centers (FQHCs), Goodwin Community Health in Somersworth and Families First in Portsmouth, as well as Lilac City Pediatrics, and several other programs, serving approximately 16,000 patients and clients agency-wide. SOS Recovery Community Organization was a program of GSCH until July 1, 2023 when they became their own 501c3 Non-Profit Organization.

It is the mission of SCPHN to improve the health, wellness, and quality of life for all individuals in Strafford County, as we envision a vibrant, healthy and productive community that values health and wellness and as a result our citizens thrive and prosper.



The Public Health Advisory Council (PHAC) is a group of key stakeholders of residents of or those who are employed in the Strafford County area that represents the communities of Strafford County and advises the Regional Public Health Network. The PHAC is comprised of individuals, organizations, governments, businesses and non-profits that are involved in promoting the health and safety of Strafford County residents by helping to guide and assure the implementation of programs, practices and policies that are evidence-based to improve health outcomes. PHAC members meet quarterly to provide leadership and guidance to SCPHN staff working to implement our 3-year Community Health Improvement Plan (CHIP), which the PHAC helps to create.

The PHAC utilized the Health Impact Assessment (HIA) framework to prioritize public health-related disparities in Strafford County that will be addressed by SCPHN in this edition of our CHIP. HIA is a planning tool that provides a way to engage partners and stakeholders in the decision making process when planning public health interventions. “It is based on the four interlinked values of democracy (promoting stakeholder participation), equity (considering the impact on the whole population), sustainable development and the ethical use of evidence.”¹

¹ World Health Organization, Health impact assessment (HIA) tools and methods, [who.int/tools/health-impact-assessments](https://www.who.int/tools/health-impact-assessments), March 13, 2023

Executive Summary

Throughout 2020 – 2022, the Strafford County Public Health Advisory Council (PHAC) convened to prioritize the region's most pressing health needs. Analysis of health data from various sources referenced throughout this document, input from stakeholders and community members, as well as the Community Needs Assessments (CNAs) from our two major hospital systems; Frisbie Memorial Hospital and Wentworth-Douglass Hospital, and New Hampshire's State Health Improvement Plan led to the identification of six Priority Areas for the 2023 – 2026 Community Health Improvement Plan (CHIP) for Strafford County.

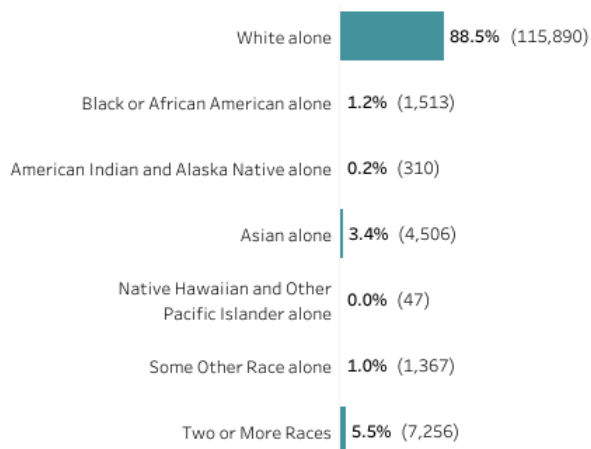
The Strafford County CHIP is an action-oriented strategic plan to be used to leverage resources and engage and mobilize community stakeholder organizations to address barriers and opportunities to improve community health. It is intended to be a systematic, countywide effort to address population-level health problems in Strafford County, to be used by health, education, government, and social service organizations to guide programs and services that promote health, improve quality of life, and diminish vulnerabilities.

To affect positive change, we must apply a systems-thinking paradigm. Ultimately, the goal is multi-sector collaboration among stakeholders to ensure that adequate resources are allocated appropriately and efficiently for sustained prevention and intervention initiatives so as to improve the health of future generations.

Each of the six priority areas of need has been assigned goals, objectives and strategies. Each area of priority is important to improving the health and wellbeing of Strafford County residents. Sustained collaboration by and between our partners across the region is essential to ensure that mechanisms are in place and available for ongoing data collection assessment over the life of this plan. It is through these initiatives that we can promote and sustain the health of individuals in Strafford County.

Community Profile

Strafford County is situated in the greater-Seacoast region of southern New Hampshire, bordering southern Maine's York County. Within Strafford County's 368.8 square miles, there are thirteen municipalities with substantial demographic and socioeconomic diversity². Between 2010 and 2020, Strafford County saw a 6.3% percent increase in population, with 130,899 total residents reported in the 2020 Census.³ Strafford County is also home to the University of New Hampshire's main campus in Durham, which had nearly 14,000 undergraduate and graduate students enrolled in the Fall Semester of 2022⁴. The age distribution in Strafford County does not differ much from that of the state with children under age 5 making up an estimated 4.5 percent, persons under 18 years estimated at 18.5 percent, and the population over age 65 accounting for an estimated 19.3 percent of the County population⁵. The population over age 65 has continued to increase across the state over the past several years, with at least 3 percent growth from 2015⁶.



Strafford County's ethnic characteristics mostly mirror the state, as well, with growing racial and ethnic diversity, as can be seen in the table to the left captured from the United States Census Bureau using data from the 2020 Census. 88.5 percent of Strafford County identifies as White alone, non-Hispanic or Latino, representing a 5 percent decrease from the 2010 Census. The median household income in Strafford County is \$76,560 compared to the State's \$83,449, and the percentage of people living below the Federal

poverty level is 9 percent compared to the state's 7.4 percent, which is lower than the 2015 estimates⁷.

Of the state's ten counties, Strafford County is ranked seventh (tenth being worst) in both Health Factors and Health Outcomes measures. Key Lifestyle Behaviors' indicators, such as the percentage of people using tobacco and alcohol, are overweight or obese, or are physically

² United States Census Bureau, 2015

³ United States Census Bureau, New Hampshire: 2020, [census.gov](https://www.census.gov)

⁴ University of New Hampshire Institutional Summary - Enrollment Census, Term 202210

⁵ United States Census Bureau, Quick Facts, New Hampshire, [census.gov](https://www.census.gov)

⁶ County Health Rankings and Roadmaps, Strafford County, 2022, [countyhealthrankings.org](https://www.countyhealthrankings.org)

⁷ United States Census Bureau, Quick Facts, New Hampshire, [census.gov](https://www.census.gov)

inactive affect negatively the overall Health Behaviors ranking⁸. In Strafford County, 23% of adults report no leisure-time activity and 32% are living with obesity⁹. These risk factors contribute to chronic disease such as the 8% of residents reporting diabetes¹⁰ and 4% living with coronary heart disease¹¹.

The County Health Rankings and Roadmaps model asserts that certain Lifestyle Behaviors, such as tobacco use, diet and exercise, and alcohol and drug use accounts for 30 percent of Health Outcomes, such as length of life and quality of life. Socioeconomic factors such as education level, employment status, and household income also affect health outcomes. Through this model, stakeholders understand better the external factors that influence behavior and affect health outcomes. This data can be used to help mobilize stakeholders to identify how best to improve health outcomes in their county¹².

Community Health Improvement Planning

The Strafford County Community Health Improvement Plan reflects the collaborative efforts of stakeholder organizations with the shared vision to improve health and quality of life of those in Strafford County.

The purpose of the PHAC is to:

1. Evaluate relevant health information (i.e., PHN community needs assessments, County Health Rankings, etc.) to develop the CHIP.
2. Make recommendations to the SCPHN staff for developing and improving the delivery of public health programs in the county.
3. Discuss health-related trends, emerging threats, and community concerns to ensure the CHIP remains relevant.
4. Review the work and recommendations of standing and ad hoc subcommittees and task forces addressing public health matters in the region.
5. Oversee the implementation and monitor the progress of the CHIP.
6. Decrease, to the extent possible, barriers to implementing the CHIP.
7. Seek external partnerships to support the key objectives and activities within the CHIP.
8. Encourage the development and coordination of appropriate community and public health services.
9. Support the SCPHN staff with the development of various forums on public health issues as needed.
10. Advise the SCPHN staff in all major policy matters concerning the nature, scope, and extent of community and public health concerns and responses.

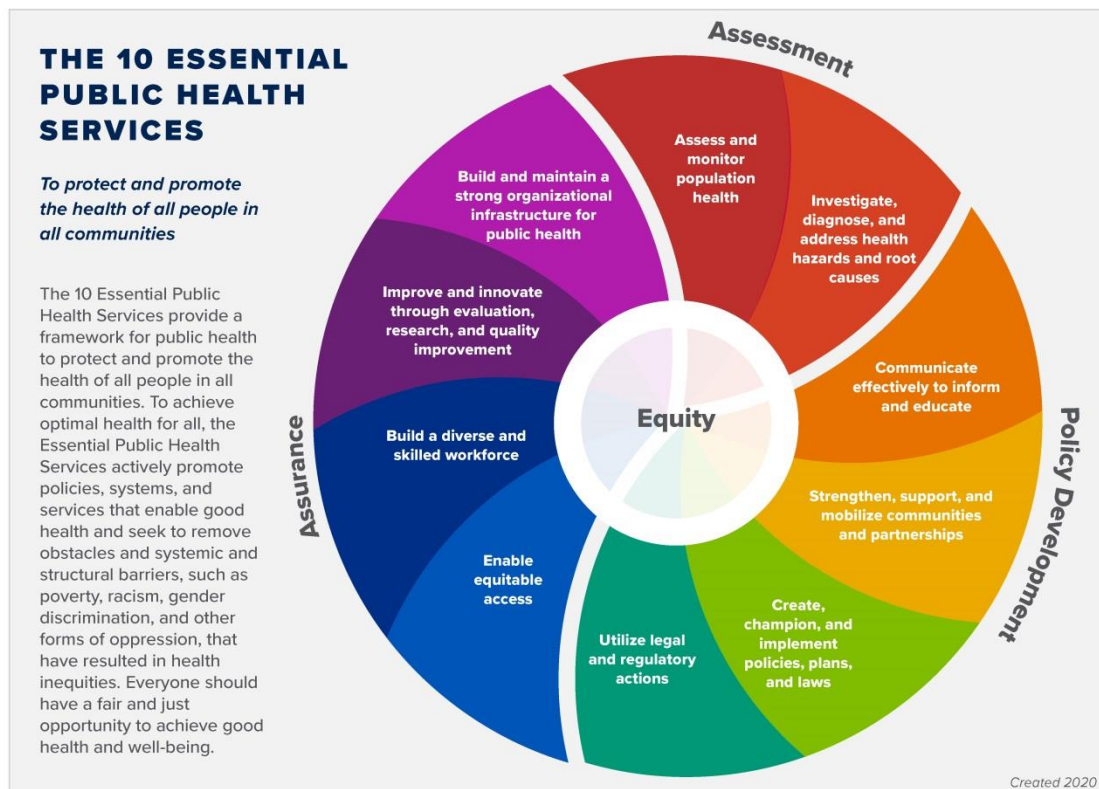
⁸ County Health Rankings and Roadmaps, Strafford County 2022

⁹ County Health Rankings and Roadmaps, Strafford County 2022

¹⁰ County Health Rankings and Roadmaps, Strafford County 2022

¹¹ NH Department of Health and Human Services wisdom.dhhs.nh.gov/

¹² County Health Rankings and Roadmaps, 2015



COMMUNITY HEALTH ASSESSMENT

Community Health Assessments (CHA) are important tools used to assess the overall health of a community by collecting and analyzing qualitative and quantitative data that looks at our population as a whole, across communities and health topics. The two major hospital systems in our region, Frisbie Memorial Hospital and Wentworth-Douglass Hospital, both conducted their own CHAs to better understand the health needs in Strafford County, which were used in the development of this CHIP. Primary sources included surveys and focus groups with community leaders, key stakeholders, and individuals from target populations within our working groups and coalitions.

To understand better the demographic characteristics of Strafford County, economic, health, and educational data sets were retrieved from the following entities:

- U.S. Census Bureau
- Centers for Disease Control and Prevention (CDC)
- Youth Risk Behavior Surveillance System (YRBSS)
- Behavioral Risk Factor Surveillance System (BRFSS)
- US County Health Rankings and Road Maps
- NH Department of Health and Human Services

- American Community Survey
- NH DHHS Web Reporting and Querying System (WRQS)
- NH Division of Public Health Services

The following community stakeholder organizations were engaged in the CHNA process for Frisbie Memorial Hospital (FMH) and/or Wentworth-Douglass Hospital (WDH):

- City of Rochester
- Frisbie Memorial Hospital Providers
- Community Action Partnership of Strafford County
- The Monarch School
- Rochester Police Department
- The Homeless Shelter of Strafford County
- Rochester Visiting Nurses Association
- The Homemakers
- ServiceLink of Strafford County
- Health and Safety Council of Strafford County
- Wentworth-Douglass Hospital Administration & Board of Directors

CHIP DEVELOPMENT

In 2014, the Strafford County Public Health Advisory Council (PHAC), together with a network of community stakeholder organizations, convened to prioritize the region's most pressing health needs. Analysis of health and demographic data, and input from community stakeholders and residents, as well as Frisbie Memorial and Wentworth-Douglass Hospitals' CHAs, completed in years 2012 and 2013 respectively, and New Hampshire's State Health Improvement Plan (SHIP), led to the identification of five Priority Areas in SCPHN's first CHIP. Those five priorities were:

1. Substance Misuse, Prevention, Treatment, and Recovery
2. Mental Health
3. Obesity and Nutrition
4. Emergency Preparedness
5. Heart Disease and Stroke

In addition to the Community Health Assessments from our local hospital systems, data sources used to determine current priorities include 2019 Strafford County Health Rankings and Roadmaps report, 2019 Strafford County Youth Risk Behavior Survey (YRBS), 2013-2020 New Hampshire State Health Improvement Plan (SHIP), information from the work of current Regional Public Health Network (RPHN) initiatives, and data collected at the 2019 PHAC All-Partner World Café meeting.

When CHAs determine a variety of issues in different areas, developing a set of criteria to prioritize each one is crucial. The following criterion from the California Department of Health's prioritization tool was utilized in the prioritization process:

Criterion
1. Problem/Issue has severe health consequences
2. Large # of individuals are affected by the problem
3. Disproportionate effects among subgroups of the population
4. Problem results in significant economic/social cost
5. Problem is cross-cutting to multiple issues/life span effect
6. Feasibility

Each health issue is individually ranked per the above criterion. A score of 1 indicates the issue represents no problem-impact on the community and a score of 5 indicates a severe problem-impact on the community. The higher the total score, the higher the health issue ranks in priority. The highest possible score for each health issue is 30. Public Health Advisory Council members reviewed and ranked the health issues in our region. The rankings for each health issue were averaged and ranked as follows:

Table 1: Rankings of Priority Areas by PHAC

Priority Area	Average
Mental Health/Illness Prevention & Treatment	27.25
Chronic Disease education, treatment and coordination of care (diabetes, heart disease, cancer and obesity)	27.25
Substance Misuse Prevention, Treatment & Recovery	27
Community Engagement and Support for Lifestyle-related activities that positively impact obesity, access to nutritious foods, physical activities and risky behaviors	27
Access to health services (including affordable health care and prescriptions)	26
Social Determinants (basic needs, transportation, housing, etc.)	25.5
Health Screenings (mammograms, cancer, diabetes)	24
Violent Crime (partner violence, sexual assault, violence, sex trafficking)	24
Preventable Hospital Stays	22.25
Childhood Lead Exposure Prevention	22
Oral Health/Access to dental health care	21.75
Access to prenatal services	21.5
Emergency Preparedness	21.5
Older Adults/Senior Services	19.75

Sexually Transmitted Infections	19.5
Teen Pregnancy	17.25

Data collection and analysis, voting and prioritization were done with our Public Health Advisory Council members in order to select and identify the priority areas for our new Community Health Improvement Plan. Due to the timing of the prioritization, incorporation of COVID-related health needs was crucial to identify any exacerbated concerns and what initiatives had developed or evolved since the onset of the pandemic. We used input from PHAC members and SCPHN staff based on current experiences and engagement with the community through COVID pandemic to inform additionally identified needs.

2023 – 2026 CHIP Priority Areas

PHAC members electronically approved of the following CHIP Priorities, with social determinants of health such as housing and transportation and focuses on specific populations such as older adults and individuals with disabilities being considered across priorities:

1. **Substance Misuse: Prevention Treatment, Recovery and Harm Reduction**
2. **Mental Health: Prevention Treatment, Recovery and Harm Reduction**
3. **Healthy Living**
 - a. Food Security
 - b. Chronic Disease Prevention
 - c. Access to Preventative Health Screenings
4. **Public Health Emergency Preparedness**
5. **Health Care Access and Awareness**
 - a. Oral Health
 - b. Prenatal Services
 - c. Sexual Health and Sexually Transmitted Infection (STI) Prevention
6. **Injury Prevention**
 - a. Childhood Lead Poisoning
 - b. Violent Crime, specific to Domestic and Dating Violence
 - c. Suicide Prevention (*referenced predominately in the Mental Health priority section*)

Priorities 1 & 2: Mental Health & Substance Use

Background

Mental Health: Prevention, Treatment, Recovery, and Harm Reduction:

The 2020 National Survey on Drug Use and Health (NSDUH) indicated that 21% of adults aged 18 years and older (or 52.9 million people) had any mental illness in the past year, and 5.6% of people (14.2 million) had serious mental illness. According to Mental Health America, over 26

million individuals experiencing a mental health illness are going untreated.¹³ There are many reasons for this, such as capacity and stigmatization of mental health issues. The prevalence of untreated adults with mental illness is 51.9% in New Hampshire.¹⁴

Mental health is a significant issue in the Strafford County region. It is cited in numerous regional needs assessments as a priority due to the limited number of providers, including specialty providers, and cost. According to County Health Rankings data, Strafford County has a Mental Health Provider ratio of 360:1, ranking 6th of 10 in the state. Lack of availability of care in times of crisis or need perpetuates a distrust in a system that frequently fails to meet the needs of patients. Waitlists consistently exceed what one might consider to be an appropriate period to address mental health challenges, and too often we see escalation of need due to the inability to find a provider, let alone a provider that can provide the appropriate level of care needed by the time you get in the door. In 2021, 13% of Greater Seacoast's patient population had depression or other mood disorders, 18% had anxiety or PTSD, and 14% had a diagnosis of other mental health disorders or attention deficit and behavior disruption disorders, a two-fold increase from 2020. Strafford County has higher numbers of people experiencing poor mental health days and mental distress than the US average. Fifteen percent of Strafford County residents report frequent mental distress (i.e., 14 or more days per month) and an average of 4.7 mentally unhealthy days in the past month.¹⁵

The NH Healthcare Worker Coalition recognizes critical workforce shortages in health, mental health and oral health, among others, and cites the high stress of the healthcare positions compounded with stigma and lack of available support as key factors impacting the workforce. Additionally, the disconnect between cost of living and adequate wages, cumbersome licensing and credentialing requirements, lack of workforce development and school-to-job pipeline opportunities are also cited¹⁶. The strain on the system not only affects patient outcomes but also contributes to a cycle of high turnover rates and further exacerbating the workforce shortage. Addressing these shortages is imperative for maintaining a resilient and efficient system capable of meeting the diverse and growing needs of our population. Improved policies and legislation around reimbursement costs, reciprocity of licensure and improved hiring practices are noted as opportunities that could help address these challenges and support growing an adequate workforce.

Our youth under the age of 18 and young adults between the ages of 18 – 26 are populations of particular concern, including those who identify as part of the LGBTQIA+ community. The number of youth experiencing a severe mental depressive episode increased by 121,000 from 2019 to 2020.¹⁷ The state prevalence of youth with a major depressive episode is 8.3%.¹⁸ According to the 2019 Youth Risk Behavior Survey (YRBS), 35.1% of Strafford County high

¹³ Mental Health America, Adults With AMI Who Did Not Receive Treatment 2020, [2020 Adult Data | Mental Health America \(mhanational.org\)](#)

¹⁴ Ibid

¹⁵ County Health Rankings

¹⁶ Health Force NH, Understanding Our Key Healthcare Workforce Challenges ([investinnhhealth.org](#))

¹⁷ Mental Health America, Youth With Severe Major Depressive Episode 2020, [2020 Mental Health in America - Youth Data | Mental Health America \(mhanational.org\)](#)

¹⁸ Ibid

school students felt sad or hopeless, 22.4% seriously considered attempting suicide, and 9.4% actually attempted suicide.¹⁹ In a report created by Growth Partners in collaboration with SCPHN staff that further dissected and analyzed the Strafford County High School YRBS data, it was found that Strafford County students who identified as gay, bisexual, or questioning reported much higher rates of self-harm and sadness or hopelessness than did youth who identified as straight²⁰. The 2020 NSDUH indicated that young adults aged 18-25 were the most effected by any mental illness in the past year. At the state level, 33.2% of young adults reported having higher percentages of any mental illness, 22.1% received mental health services in the last year, and 2.2% attempted suicide in the last year; all higher than the average for all adults and adults aged 26 years and older.²¹ When considering the challenges related to cost of living, lack of truly affordable housing and other basic needs, helping to build resilience, and creating more supportive, connected communities become imperative to counteracting the impacts of a system that has exceeded its capacity.

Not only are we failing to provide adequate staffing resources for the behavioral health system, youth and young adults who have experienced the impacts of the cyclical nature of social services throughout their lives are more reluctant, it seems, to engage in services. The lack of engagement in services has created a negative feedback loop of unmet needs, poor mental and physical health, and a justified reluctance to receive services that attempt to scratch the surface of their complex needs. These needs not only span the realm of mental health and substance use disorders, often co-occurring, but include access to resources related to the social determinants of health, including housing, food, transportation and more.

Substance Misuse: Prevention, Treatment, Recovery, and Harm Reduction:

Like mental health, substance use disorders are cited in several needs assessments as a critical issue due to their prevalence, their intertwining with mental health issues, and the limited number of providers. The co-occurrence of mental health and substance use disorders presents a significant challenge in diagnosis and treatment. Effective interventions that address both mental health and substance use components are often limited by regulations and policies that limit provider capabilities, despite the intricacies of the comorbidity. Integrated approaches that consider clinical needs as well as social and environmental factors that can impact a person's treatment outcomes. Specific populations such as people experiencing homelessness may not access treatment due to perceived and actual barriers, including the distrust in the perpetually inadequate system described above, trapping them in a cycle of chronic homelessness. Despite the work of many to create more impactful systems and positive environments, substance use and mental health profoundly impact morbidity and mortality for those throughout Strafford County. In 2021, Greater Seacoast Community Health staff provided 6,157 visits for alcohol and other substance-related disorders and 1,032 visits for tobacco use (a 41% increase over 2020). A CDC report published in February 2021 revealed that New Hampshire had the highest percentage – 84.3% – of drug overdose deaths

¹⁹ 2019 Strafford County Youth Risk Behavior Survey

²⁰ An Analysis of Strafford County's 2017 and 2019 YRBS Data; The Relationship Between Substance Use, Mental Health and Suicidality; A Report of Findings and Recommendations

²¹ NH WISDOM Database; wisdom.dhhs.nh.gov

involving synthetic opioids from 2013 to 2019.²² A study published by the Journal of American Medical Association in 2019 found that New Hampshire and West Virginia saw the most significant drops in life expectancy, of more than a year, due to opioid deaths.²³ Strafford County consistently has the most opioid-related emergency department visits per capita in New Hampshire and, in fall 2021, had the highest suspected drug use resulting in overdose deaths per capita, at 3.65 deaths per 10,000, according to the NH Drug Monitoring Initiative. Preliminary data for March 2022 reveals that Strafford County had the highest drug overdose/abuse incidents per capita, with five incidents per 10,000 population and the second-highest Narcan administration incidents.²⁴ The age group with the most significant number of drug overdose deaths is 30-39 years, which represents 28% of all overdose deaths in 2021.²⁵ According to the NH Harm Reduction Coalition, 75% of NH people who inject drugs lack easy access to clean syringes, and 67% have shared needles in the past 30 days.²⁶

Overall, New Hampshire has higher numbers of people of all ages using and misusing substances, as detailed by the most recent National Drug Use and Health Survey conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA). And the National Institute on Alcohol Abuse and Alcoholism reports that New Hampshire has the highest per capita alcohol consumption (4.76 gallons) in the United States. Similarly to mental health, youth and young adults are populations of concern in regards to substance use. The Voice of New Hampshire's Young Adults 2019 Report describes that NH young adults (18 to 25 year old) report the highest rates of alcohol and other drug use and substance use disorders, with rates of binge drinking and marijuana use higher than the national average.²⁷ SAMHSA's survey found that 10.10% of NH youth ages 12 to 17 have used illicit substances in the past 30 days, and 10.86% have consumed alcohol. Those percentages rise significantly for those ages 18 to 25, 32.53% and 68.89%, respectively. The 2019 Strafford County High School YRBS revealed that 26.8% of students drank alcohol in the past 30 days, 52.5% (*more than half*) of Strafford County high school students have ever used an electronic vapor product and more than 40% have ever used marijuana. Additionally, more than 33% don't recall hearing, reading, or seeing a public message about avoiding alcohol or other illegal drugs.

Existing Efforts

Strafford County Public Health Network has been working to support local and regional efforts across the continuum of care for both mental health and substance use disorders.

²² Mattson CL, Tanz LJ, Quinn K, Kariisa M, Patel P, Davis NL. Trends and Geographic Patterns in Drug and Synthetic Opioid Overdose Deaths — United States, 2013–2019. MMWR Morb Mortal Wkly Rep 2021;70:202–207. DOI: [http://dx.doi.org/10.15585/mmwr.mm7006a4external icon](http://dx.doi.org/10.15585/mmwr.mm7006a4external%20icon)

²³ Woolf SH, Schoomaker H. Life Expectancy and Mortality Rates in the United States, 1959–2017. JAMA. 2019;322(20):1996–2016. doi:10.1001/jama.2019.16932

²⁴ <https://arcg.is/18P1bO>

²⁵ Ibid

²⁶ Sampling of individuals in western NH

²⁷ The Voice of New Hampshire's Young Adults 2019 Report, NH Center for Excellence Addressing Alcohol and other Drugs at the Community Health Institute/JSI Research & Training Institute

The Strafford County Addiction Task Force and Prevention Leadership Group are active working groups facilitated by SCPHN staff that brings stakeholders from across sectors and throughout the County together to work toward shared goals. Our working groups strive to create environmental changes that better support people in our communities for the prevention, treatment, recovery and reduction of harm from substance use and mental health challenges. Engaging stakeholders at every level of our community from healthcare and social service providers, businesses, educators and people with lived experiences, policy, practice and systematic change becomes possible, more achievable and sustainable.

Active partners in the Addiction Task Force and Prevention Leadership Group include:

- Arts in Reach
- Better Life Partners
- Community Partners
- Community members
- Congressman Pappas' Office
- Dover Coalition for Youth
- Dover Mental Health Alliance
- Dover Police Department
- Dover Teen Center
- Frisbie Memorial Hospital
- Granite YMCA
- Greater Seacoast Community Health
- Groups Recover Together
- HAVEN
- Hope for Families
- Hope on Haven Hill
- LiveFree Recovery
- New Futures
- NH Harm Reduction Coalition
- PineTree Institute
- Positive Transitions
- Recovery Friendly Workplace
- Rochester Police Department
- Rochester School District
- Rochester Youth Reach
- Somersworth School Board
- SOS Recovery Community Organization
- Strafford Community Action Partnership
- Strafford County Department of Corrections
- The Doorway at Wentworth-Douglass Hospital
- Triangle Club
- TripLink
- University of New Hampshire
- UNH Cooperative Extension
- Wentworth-Douglass Hospital

In addition to facilitating regional efforts, SCPHN staff support the development and operations of local efforts working to address substance use and mental health within our communities. The Dover Mental Health Alliance (DMHA) is an example of a successful grassroots coalition that has been created and begun influencing change in the Dover and the surrounding communities. As the Dover School District and community suffered the loss of three students to suicide in recent years, DMHA formed with the mission “to build a resilient community that is educated, responsive and conscious of the impact of mental illness”.²⁸ They have begun offering trainings to community members, businesses and other partners

²⁸ Dover Mental Health Alliance; dovermentalhealthalliance.org

regarding mental health and suicide prevention, taken on projects that aim to shift how partners in the community respond to individuals in crisis, among other initiatives. In wake of the most recent loss by suicide, SCPHN staff listened to Dover students about their frustrations and supported the establishment of the Dover Mental Health Initiative; a youth-led group working to drive a change in the culture of Dover High School surrounding mental health.

New Hampshire's Doorway program was established in January of 2019 as an entry-point for anyone looking to be connected with treatment or other support related to a substance use disorder. The Doorway at Wentworth-Douglass Hospital (WDH) serves the Strafford County region, and has been one of several active partners driving efforts across the continuum of care for substance use in Strafford County. The Doorway not only provides crisis management, clinical assessments, and referrals to treatment and recovery resources for their clients, but is also the main distribution point for naloxone where partners, such as SCPHN, can access large amounts of nasal naloxone for distribution to the community. Staff from the Doorway at WDH have also provided countless hours of community education and technical assistance to help address substance use and mental health in our communities. Both WDH and Frisbie Memorial Hospital (FMH), the other major hospital network in our region, are committed to improving the systems that serve those with substance use and mental health challenges in our region.

Another pillar of the work addressing substance use in Strafford County is SOS Recovery Community Organization, also known in short simply as "SOS". SOS, a part of the Greater Seacoast Community Health family, has three established recovery centers in and around Strafford County with locations in Dover, Rochester and Hampton, NH. With their mission to "support all people affected by substance use with peer-based solutions and advocacy to reduce the harm and stigma of drugs", SOS has established much of the recovery efforts in our communities and across the state of NH. SOS provides peer-based recovery support for individuals, family support for those affected by a loved ones' substance use, and a plethora of recovery-based programming out of their centers and in partnership with others. SOS has been a key partner in both recovery and harm-reduction-related efforts. NH Harm Reduction Coalition and their local chapter in Strafford County, Hand-Up Health Services, also expand access to harm reduction resources through their syringe service programs (SSPs) and other outreach efforts offering naloxone, basic wound supplies, safe sex supplies, and more.

The Governor's Recovery Friendly Workplace Initiative (RFW) has been extremely active in our region with the support of our SMP and SOS Recovery Organization as formal roles to support the implementation of the program developed. *"RFWs support their communities by recognizing recovery from substance use disorder as a strength and by being willing to work*

*intentionally with people in recovery. RFWs encourage a healthy and safe environment where employers, employees, and communities can collaborate to create positive change and eliminate barriers for those impacted by addiction”.*²⁹ RFW Advisors have found seats at many tables with our partners, opening the door to opportunity for collaborations which have expanded the initiative throughout our communities.

Mental Health Work Plan:

Goal: Promote and foster mental health and wellness in our communities by increasing equitable access to appropriate supports, services and resources across the continuum of care	
Objectives	Strategies
Strengthen messaging around mental health and wellness that decreases stigma and promotes healthy strategies for coping with stress	<p>Promote existing, or create and share, messages, campaigns and information that promote positive wellness and coping strategies and reduce stigma related to mental health</p> <p>Promote, host and participate in activities that develop stress management and coping skills and build resiliency across the lifespan</p>
Improve social-connectedness that promotes a shared responsibility of caring for selves as well as others in the community	<p>Create and support opportunities for people in our communities to engage in health promotion and wellness initiatives, including topics across the continuum of mental health</p> <p>Promote existing, or create and share, messages, campaigns and information that promote shared responsibility of caring for selves as well as others in the community</p> <p>Support the development of community-based efforts addressing needs across the continuum of care for mental health</p>
Increase the effectiveness of coordination of care by and between service providers that allow individuals and providers to more efficiently navigate systems to connect with services and resources	<p>Educate healthcare and service providers, educators and other partners in the community on existing programs and resources across the continuum for mental health</p> <p>Promote policy, practice and systems-wide changes that strengthen healthcare and service providers’ ability to make and receive referrals and otherwise connect people to services</p>

²⁹ NH Recovery Friendly Workplace Initiative; recoveryfriendlyworkplace.com

<p>Improve both awareness of and equitable access to services across the continuum that provide the appropriate levels of care to best meet the needs of individuals in the community</p>	<p>Advocate for improvements to policy, legislation and regulation that will promote growth of the workforce</p> <p>Share and/or develop information and materials about existing programs and resources</p> <p>Facilitate collaboration amongst healthcare and service providers to develop and promote programs and resources that fill existing gaps across the continuum of care and that will allow patients to connect with the services that will most appropriately meet their needs</p>
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Substance Use Work Plan:

<p>Goal: Expand existing systems to provide timely access to appropriate services and resources across the continuum of care that meet the needs of those in our community related to the prevention, treatment, recovery and reduction of harm from substance use and related disorders</p>	
Objectives	Strategies
<p>Strengthen the messaging around social norms that inspire positive wellness strategies that aid in the reduction of stress and do not involve the use of substances</p>	<p>Promote existing, or create and share, messages, campaigns and information that promote positive wellness and coping strategies that do not involve the use of substance</p> <p>Promote, host and participate in activities that develop stress management and coping skills and build resiliency across the lifespan</p>
<p>Improve social-connectedness that promotes a shared responsibility of caring for selves as well as others in the community</p>	<p>Create and support opportunities for people in our communities to engage in health promotion and wellness initiatives, including topics across the continuum of substance use</p> <p>Support the development of community-based efforts addressing needs across the continuum of care for substance use</p>
<p>Increase the effectiveness of coordination of care by and between service providers that allow individuals and providers to more efficiently navigate systems to connect with services and resources</p>	<p>Educate healthcare and service providers, educators and other partners in the community on existing programs and resources across the continuum for substance use and mental health</p> <p>Promote policy, practice and systems-wide changes that strengthen healthcare and service providers' ability to make and receive referrals and otherwise connect people to services</p>

<p>Improve both awareness of and equitable access to services across the continuum that provide appropriate levels of care to best meet the needs of individuals in the community</p>	<p>Advocate for improvements to policy, legislation and regulation that will promote growth of the workforce</p> <p>Share and/or develop information and materials about existing programs and resources</p> <p>Facilitate collaboration amongst service providers to develop and promote programs and resources that fill existing gaps across the continuum of care and that will allow patients to connect with the services that will most appropriately meet their needs</p>
<p>Reduce stigma associated with accessing resources across the continuum of care in an effort to increase the number of individuals seeking services and decrease the length of time between onset of symptoms and treatment.</p>	<p>Promote existing, or create and share, messages, campaigns and information that normalize accessing services across the continuum of care for substance use</p>

Summary

SCPHN staff, our Addiction Task Force, Prevention Leadership Group and other partners developed and implemented strategies and facilitated collaboration amongst partners providing services across the continuum of care throughout our communities.

Community outreach and distribution of resources and educational materials helped to spread awareness of available programs, services and helpful information to partners, providers, youth, families and other members of the Strafford County community:

- 1,600 Resource Guides to partners with information about mental health and substance use treatment resources
- More than 2,500 of our 'Roadmap to Prevention' brochures were shared, including information about how individuals and communities can practice prevention, along with helpful resources and data
- During COVID-19 vaccination clinics, 1,800 community members received packets of resources which included the Roadmaps, Resource Guides, safe medication storage and disposal, and other resources related to substance use, mental health, and more.
- 757 kits of Naloxone distributed between 2019 – 2021

SCPHN worked to improve infrastructure in our region through data collection, collaborative partnerships, and by offering technical assistance to support local efforts:

- Youth Risk Behavioral Survey (YRBS) was implemented in 2019 and 2021 at middle schools in Strafford County; 4 schools participated in 2019 and 5 in 2021
- Provided technical assistance to Community Partners staff and other community stakeholders for the development of the Dover Mental Health Alliance – a local, grassroots coalition working to prevent suicide and support mental health in the greater-Dover community
- Provided onboarding, education and other support to the Governor Sununu’s Recovery Friendly Workplace Initiative
- Partnered with Seacoast Outright to host two support groups for LGBTQIA+ youth in Strafford County which spread prevention messaging to what is considered a high risk youth population
- SCPHN staff were able to discuss healthcare needs and gaps from at least 20 community members from the LGBTQ+ community at a ‘Pride’ event and later partnered with Greater Seacoast Community Health to build a more inclusive healthcare practice through the work of their Inclusivity Committee
- Supported the collection of more than 5,000 pounds of unused, unwanted or expired medication were disposed of at DEA’s National Drug Takeback Days between October 2018 and April 2021 at local police departments in Strafford County
- The Vulnerable Populations Group of our COVID-19 Management Team for Strafford County created a partnership with T-Mobile, supported by grant funding through the IDN, NH Charitable Foundation and the City of Rochester to purchase devices for individuals in our community to remain connected while the world relied on telehealth and other virtual services. Through FY21, this program connected 67 individuals with video-enabled phones who otherwise would not have had access to primary care and behavioral health providers, recovery supports or other resources.

As the COVID-19 pandemic limited our ability to reach our community, we shared several messages, created online materials, resources and campaigns to share information:

- National Prevention Week (NPW) campaigns reached 1,500 people in 2020 and 3,583 in 2021
- Video briefs created with partners sharing prevention messaging, resources and information reached 2,666 people in 2020 and 2,198 in 2021
- Mental Illness Awareness Week Campaign reached 1,312 people
- National Prevention Month Campaign reached 225 people in 2020
- Virtual Takeback Day messaging reached 5,518 people in April 2020

Increasing capacity of professionals and community members continues to be a focus of our efforts in the substance use and mental health priority areas. Before, during and following the COVID-19 shutdowns, our partners and staff engaged hundreds to build knowledge and skills in areas across the continuum of care:

- Hosted a Legislative Breakfast for more than twenty NH lawmakers and other stakeholders in 2019 to learn about gaps in prevention, treatment, and recovery services as well as effective program models
- Addiction Summit brought more than 150 individuals together in November 2019 for workshops focused on ACE's, resiliency and creating trauma informed communities
- Partnered with Greater Seacoast Community Health, the Integrated Delivery Network Region 6, and the Doorway at Wentworth-Douglass Hospital to host an event called *Beyond Self Care: Creating a Safer System* focused on systemic solutions to compassion fatigue and vicarious trauma in the workplace including a panel discussion and interactive break outs discussing personal, interpersonal and organizational solutions for 97 attendees
- Provided a virtual professional development series *ACES & Trauma: Working Towards Resiliency* in 2021 for 75 individuals in three trainings focused across individual, interpersonal and community-based work, providing a common language to discuss ACES and trauma and actionable steps to building resilience – those trainings were:
 - *Understanding ACES* with the ACE Interface project
 - *Developmental Relationships: Bring Intention to Practice* with the Search Institute
 - and *Building Community Resilience to Address Addiction* with Liz-Blackwell Moore of Birch-Lane Strategies
- Partnered with the Rochester Police Department, NH Children's Behavioral Health Collaborative, and the NH Department of Corrections Family Connections Center to host a screening of *Tre Mason Dasan*, a film exploring the effects of incarceration and the lasting impact it has on children, along with a panel discussion, for 21 community members
- Delivered a Youth Mental Health First Aid instructor training for 16 partners who have implemented a number of Youth MHFA trainings throughout Strafford County

In the coming years, growing our network of partners and increasing engagement across sectors to build more supportive environments will be a primary focus in addressing mental health, substance use, and co-occurring disorders. By expanding who we have traditionally considered partners in work across the continuum of care, we can connect efforts to address system-wide problems by creating an ecosystem of services and resources that are available, accessible and sufficient. While we advocate for change to improved workforce in mental and behavioral healthcare, we will continue facilitating collaboration across sectors to expand access to services. By fostering communication channels and expanding the knowledge of service providers across areas of expertise, our systems can adapt to address the complex needs of individuals presenting with substance use and mental health-related challenges.

These efforts will also not only focus on those specific needs related to a person's behavioral health, but will include addressing social determinants of health and basic needs, as well.

Identifying gaps is a crucial step in addressing the root cause of a problem because it allows for a comprehensive understanding of the factors contributing to the issue. As we look to address mental health, substance use and co-occurring disorders, understanding the structural, systematic or social barriers that are limiting access to care is crucial to identifying opportunities for meaningful change. . Providing a place at our tables for people with lived experience will allow us to better develop realistic and impactful strategies that break down barriers. The complexities of the needs experienced by people with mental health and substance use disorders cross boundaries that have been created across our healthcare and social service systems. As we support individuals in navigating these systems, we must simultaneously create a more interconnected ecosystem of services and resources that are more easily accessible by removing silos and facilitating collaborative approaches to improve efficiency and effectiveness of the services we are able to provide with whatever capacity we can achieve.

By tracking service utilization to recognize gaps in resources throughout our region, we can continue driving systems-wide change in the connectivity of our networks and improve access to care in an informed way. The Youth Risk Behavior Survey (YRBS) at both the high school and middle school levels are key sources of data, as are the County Health Rankings, Behavioral Risk Factor Surveillance System (BRFSS) and the NH Young Adult Assessment Survey, which all track attitudes and behaviors across the lifespan related to mental health and substance use, among other topics. By tracking the trends in these data sets, we can monitor key risk and protective factors, as well as health behaviors and outcomes over time, which will enhance our ability to create more positive, supportive communities that foster wellbeing, and support individuals across the continuum of care of substance use and mental health.

Priority 3: Healthy Living: Food Security, Chronic Disease Prevention, Health Screenings

Background

What a person consumes is not always a behavioral choice, but is more often impacted by socioeconomic factors such as the availability and accessibility of nutritious foods. According to the NH Public Health Association, one in six households in New Hampshire are food insecure, which is two times the rate at the beginning of 2020; three in four homes have children³⁰. The lack of access to nutritious foods leads to a poor diet pattern, which can contribute to the development of chronic health conditions and negatively impact quality of life. Stigma associated with federal programs is a notable barrier for individuals and families in

³⁰ NH Public Health Association, 2021 Report

need to take advantage of these programs, resulting in some of the lowest enrollment rates in the country. The 2022 County Health Rankings reveal that 9% of Strafford County residents are food insecure, and 5% are low-income and do not live close to a grocery store.³¹ An average of 34% of students in Strafford County public schools are eligible for free or reduced lunch, with some schools seeing rates well over 50% eligibility.³² Participation in the National School Lunch Program declined from 2015 to 2018 despite the increased food insecurity of almost 5,000 children during the same period. New Hampshire ranks 3rd from the bottom in School Breakfast Program district participation.³³ Foodservice workers and other partners cite complicated enrollment processes and a lack of understanding of eligibility requirements as barriers to participation. Lack of knowledge on how to prepare and incorporate nutritious foods into diets can be a barrier to the uptake of nutritious foods, even when accessible.

Table 2: Eligibility for Free/Reduced Lunch

Region/School District	Percent Eligible
New Hampshire	27%
Strafford County	28%
Farmington School District	34%
Middleton School	39%
Milton School District	30%
Rochester School District	41%
Somersworth School District	31%

Table 2 Description: Data from the NH Department of Education's Free/Reduced School Lunch Eligibility Rates by District showing the state and county average, and all school districts with a percent eligible greater than 30% of the total enrollment.³⁴

The development or experience of chronic health conditions such as diabetes, heart disease and stroke can severely impact a person's quality of life. Risk factors for developing these and other chronic health conditions include low physical activity and poor nutrition, as well as experiencing conditions such as pre-diabetes or high blood pressure.³⁵ In Strafford County, 8% of adults 20 years and older have Type-2 diabetes, ranking 9th of 10 in the 2022 County Health Rankings, 32% of adults 18 and older are

³¹ County Health Rankings

³² NH Department of Education

³³ NH Public Health Association

³⁴ NH Department of Education, Free and Reduced School Lunch Eligibility, education.nh.gov/who-we-are/division-of-educator-and-analytic-resources/bureau-of-education-statistics/free-and-reduced-lunch-eligibility

³⁵ National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) cdc.gov/chronicdisease/index.htm

experiencing obesity (8th of 10) and 23% of adults over 18 are physically inactive (8th of 10).³⁶

A New Hampshire Fiscal Policy Institute (NHFPI) December 2020 report revealed that levels of food insecurity remained elevated in New Hampshire throughout the latter half of the recovery from the Great Recession, while levels declined steadily elsewhere in the country. Groups facing heightened food insecurity include households with children, households headed by a single parent, individuals identifying as Hispanic or African American, and older adults, and households with incomes below or near poverty levels face higher levels of food insecurity.

According to the Trust for America's Health, food insecurity is linked to higher levels of obesity, and children are exhibiting earlier onset of conditions like hypertension and high cholesterol. In New Hampshire, 14% of children ages 10-17 and 32% of adults are obese.³⁷ And according to the CDC, obesity rates for WIC-enrolled children in New Hampshire rose significantly – by 1.9% in 2018. These data are similar for Strafford County residents, with several communities seeing rates of adult obesity closer to 40%. Life expectancy in the US decreased for three straight years, driven by higher rates of death among middle-aged Americans, according to a 2019 report published in the Journal of American Medicine.³⁸ By 2014, midlife mortality increased across all racial groups, caused by drug overdoses, alcohol abuse, suicides, and a diverse list of organ system diseases.³⁹ The most significant relative increases in midlife mortality rates occurred in New England, with New Hampshire experiencing the highest increase, 23.3%.⁴⁰ As of 2019, the four leading causes of death in New Hampshire are coronary heart disease, COVID-19, lung disease, and lung cancer.⁴¹ Among New Hampshire counties, Strafford County has the highest rates of cancer, kidney disease, and diabetes.⁴² The most recent data for premature death and mortality shows Strafford County trending worse than state and US averages.⁴³ Rochester and Somersworth residents have the highest rates of emergency department visits for asthma, diabetes, heart attack, and chronic obstructive pulmonary disease.⁴⁴

Chronic disease is also impacted by environmental factors including availability and accessibility of healthcare, health-intervention programs, and physical wellness resources, as well as social factors such as stigma. In general, communities in northern

³⁶ County Health Rankings

³⁷ Robert Wood Foundation and County Health Rankings

³⁸ Woolf SH, Schoomaker H. Life Expectancy and Mortality Rates in the United States, 1959-2017. JAMA. 2019;322(20):1996–2016. doi:10.1001/jama.2019.16932

³⁹ Ibid

⁴⁰ Ibid

⁴¹ Centers for Disease Control and Prevention: Final Deaths 2019 Release Date 12/22/20, accessed at worldlifeexpectancy.com

⁴² Ibid

⁴³ County Health Rankings

⁴⁴ Source: NH Department of Health and Human Services (NH DHHS) Data Portal, Community Health Indicators

Strafford County have the highest rates of socioeconomic factors and health factors that contribute to poor health and wellness outcomes. Milton, Farmington, and Rochester have the highest rates of uninsured children and adults; Milton has the highest rates of children living in poverty, children living with single parents, and people with disabilities.⁴⁵ In Strafford County, 7% of children live in poverty, and 20% live in single-parent households.⁴⁶ Poverty tends to be higher among Strafford County households with children ages 0-5; from 2015 to 2019, 25.6% lived below 200% of the Federal Poverty Level (FPL); 11.4% below 100% FPL. New County Health Rankings reveal that more than 6,500 Strafford County households spend 50% or more of their household income on housing. The median income in Strafford County is \$47,379. And, rental costs in Strafford County have increased 28.7% since 2015, meaning a Stafford County resident must earn at least \$55,800 (118% more than the median income) to afford a two-bedroom apartment.⁴⁷

Existing Efforts

Strafford County Healthy Living Coalition

Strafford County's Healthy Living Coalition, a group facilitated by SCPHN staff, is a coalition of partners, organizations and community members who are working together to develop and implement shared goals and strategies to improve the quality of life of residents in Strafford County as it relates to food and nutrition security, chronic disease prevention, and health promotion. This group is comprised of members from non-profit organizations, hospitals and healthcare, federal nutrition programs, education, community-based programs and more. Active partners in this Coalition include:

- UNH Cooperative Extension
- Granite United Way
- Gather
- Somersworth School District
- Seacoast Eat Local
- Wentworth-Douglass Hospital
- Granite YMCA
- WIC
- Strafford Community Action Partnership
- Meals on Wheels
- NH Hunger Solutions
- NH Food Bank
- Seacoast Food Providers Network
- Cornerstone VNA

Partners represented in our Healthy Living Coalition partners and other agencies are working to address food security and chronic disease across the state. NH Hunger Solutions facilitates the NH Food Access Coalition, a large number of stakeholders working to coordinate additional collaboration and coordination on statewide initiatives such as advocacy, increasing access to Supplemental Nutrition Assistance Program (SNAP) benefits and other federal nutrition programs, and increasing equity through their State Partnerships Improving Nutrition Equity (SPINE) initiative. Partners

⁴⁵ Source: NH Department of Health and Human Services (NH DHHS) Data Portal, Community Health Indicators

⁴⁶ County Health Rankings

⁴⁷ 2021 New Hampshire Rental Cost Survey Report, New Hampshire Housing Finance Authority

like UNH Cooperative Extension are working to increase awareness and access to services through their Food Access Map, “an online platform that enables organizations to offer their services and share their needs with the public”.⁴⁸ The interactive map shows locations where free or low cost food is offered, where benefits can be used, and can be filtered or searched by need or geographic area, and shows where donations are needed and accepted. Seacoast Eat Local’s efforts spread throughout the Seacoast region, including Strafford County, where they provide educational programming, coordinate and provide administrative oversight for several summer and winter farmer’s markets, and helping people connect with and maximize their use of SNAP benefits through programs like Granite State Market Match (GSMM).

Healthy Living Work Plan:

Goal: Improve the quality of life of residents in Strafford County by promoting healthy lifestyle factors across the lifespan, eliminating stigma, and creating an environment that fosters positive relationships between service providers and community members	
Objectives	Strategies
Create environmental and systems change that better support people experiencing or who are at risk of experiencing food insecurity and/or diet-related or chronic-health conditions in accessing available resources and programs, including federal nutrition programs such as SNAP and WIC, and health intervention programs	<p>Educate healthcare and service providers, educators and other partners in the community on existing resources and tools</p> <p>Evaluate the existence of, accessibility and efficacy of programs, resources and strategies related to the prevention, early-intervention and reduction of harm from chronic diseases</p> <p>Share and/or develop information and materials about existing programs and resources</p>
Improve social norms and reduce stigma to create more equitable access to programs and resources and increase the consumption of nutritious foods	<p>Conduct a community assessment of programs, tools, and initiatives that are helping to reduce stigma and increase access to and engagement in food access programs</p> <p>Share and/or develop universal messaging related to the benefits of these programs on overall community-health and wellbeing and show long-term impacts of enrollment in these programs on individual and family-health</p>

⁴⁸ New Hampshire Food Access Map, extension.unh.edu/resource/new-hampshire-food-access-map

<p>Increase access to health screenings to identify common health conditions and risk factors in order to connect individuals with prevention and early-intervention resources and existing health-intervention programs, to decrease the prevalence of chronic disease and decrease the incidence of additional complications and harms from chronic disease</p>	<p>Provide professional development, skills and tools for partners conducting community outreach to screen for common health conditions and risk factors</p>
<p>Increase community engagement in programs, coalitions and workgroups that are working to improve access to nutritious foods and other health-interventions in the Strafford County region</p>	<p>Develop a call to action for community members to get involved with the Healthy Living Coalition and our partners</p> <p>Develop and maintain a system/structure for volunteers to be connected with existing opportunities, including connecting with and supporting the work of NH's Master Wellness Volunteer Program as it relates to Healthy-Living-related work</p>

Summary

In years past, our work plans to address our healthy living-related initiatives have focused on building capacity for a sustainable coalition, and included more individual-level strategies such as providing cooking classes, creating campaigns and posters related to stroke and heart disease prevention education, and developing programming or opportunities to increase access to physical activity and food resources for individuals. The expansion of our Healthy Living Coalition over the last CHIP period has allowed us to consider taking an environmental and systems-level approach this time around. While it is important to provide opportunities to individuals, families and community members, our strategic plan will focus on improving the capacity of those working in our healthcare and social service agencies to create a stronger, more integrated system of care.

By educating our service providers and those working with individuals experiencing or who are at risk of experiencing food insecurity, we are creating a system of interconnected providers who can assist with navigation and access to resources. And by improving existing infrastructure and building awareness of these programs and resources, people will have improved access to services that will better meet their needs, thus creating a systems-wide change in why, how, and how-often people are accessing them.

We will measure the success of our strategies in the short term by tracking the number of opportunities and activities offered, the number of partners and healthcare or service providers engaged, and the outcomes of those activities such as knowledge gain and engagement with our tools and resources. We will also look to measure our impact by tracking engagement in referral coordination and practice change related to our activities. As well as looking at enrollment and engagement in food access and health intervention programs in our region, conducting focus groups and surveys, and tracking data from sources such as DHHS Wisdom, County Health Rankings, Youth Risk Behavior Survey, and more.

Overall, our Healthy Living Coalition and other partners will work to improve awareness of and access to food and health-intervention resources and programs, and will build the capacity of service providers and other professionals in the community, as well as individuals, to navigate and access those needed resources. By fostering positive relationships and shared-responsibility within our communities, we will look to drive system and county-wide environmental change that will create further opportunity for people to access much-needed services related to food and diet-related health conditions.

Priority 4: Emergency Preparedness

Background

Data from the Federal Emergency Management Administration's (FEMA) National Household Survey (NHS) conducted in 2022 asks general disaster and preparedness questions that provide insight on perceptions, awareness, and the public's degree of preparedness for potential emergencies and disasters such as pandemics, chemical emergencies, extreme heat and more. The data from the NHS is used to identify opportunities to build capacity in our communities to improve preparedness and readiness for emergency response.⁴⁹ Key findings from the most recent report include:

- **Key Finding 1:** People are less likely to get involved with others to prepare than they are to take other steps. Across all hazards, “plan with neighbors” and “get involved in your community” are among the least commonly taken actions.
- **Key Finding 2:** People's perception of hazard risk is often higher than the awareness of what to do about it. In other words: many people acknowledge the risk, but they have not been exposed to what to do about it.

These key findings and others, as well as supportive data points like those listed in the table below derived from this report, assist emergency preparedness and public health professionals in creating strategies and plans that will improve individual, family and

⁴⁹ <https://community.fema.gov/PreparednessConnect/s/article/FEMA-Data-Digest-2022-National-Household-Survey-on-Disaster-Preparedness>

community-level preparedness. Communities that are prepared help generate more efficient and effective response efforts if and when disaster strikes.

Table 3: What have you done to prepare for [the following emergencies] in the last year?

	Assemble or Update Supplies	Make a Plan	Plan With Neighbors	Practice Emergency Drills/Habits	Sign-Up for Alerts/ Warnings	None of the Above
Active Shooter	9%	29%	11%	21%	27%	37%
Pandemic	27%	28%	11%	13%	29%	24%
Chemical Emergency	10%	18%	9%	13%	28%	48%

Despite varying degrees of perceived risk to certain hazards, ten percent of FEMA’s NHS respondents have no intent to prepare for a pandemic in next year, twenty percent have no intent to prepare for an active shooter in the next year, and thirty-one percent have no intent to prepare for a chemical emergency in next year.

Results from the 2013 New Hampshire BRFSS Survey on Emergency Preparedness indicated that 32.2 percent of adults believe they are well prepared to handle a large-scale disaster or emergency, while 53.6 percent were somewhat prepared and 14.1 percent were not prepared. Responses to questions about the supply of water, medications, and evacuation plan reveal that 63.2 percent of adults have three days water supply and 82.7 percent have three days’ supply of prescription medication. Only 16.8 percent reported having a written evacuation plan in place⁵⁰. Though there is no comparable state-level data since the beginning of the COVID-19 pandemic, we can use data such as the FEMA report as a reference for continued need for improvement.

FEMA’s NHS also outlined disparities among subpopulations in the community. People in non-primarily English-speaking households reported more awareness and perceived risk, but were slightly less likely to be prepared for an emergency. Individuals who reported being socioeconomically disadvantaged were much less likely to take preparedness actions that had costs associated with them. People who identified as LGBTQ+ were less likely to have seen messaging related to emergency preparedness, but had a high perception of risk. These data highlight unique opportunities for targeted strategies and messaging to create more equitable access to preparedness resources and information.

⁵⁰ 2013 New Hampshire BRFSS Survey on Emergency Preparedness

In New Hampshire, people of color have higher rates of COVID-19; rates are particularly high among native Hawaiians and Pacific Islanders, Hispanic/Latino, and African American populations. Almost 31,000 Strafford County residents have been infected with COVID-19, 265 have been hospitalized, and 210 have died due to complications of COVID-19⁵¹. This, despite almost 60% of residents being fully vaccinated. Strafford County has the third-highest percentage of cumulative COVID-19 cases in the state and currently has the fourth-highest infection rate. Schools in Rochester and Dover are experiencing higher cumulative COVID-19 cases among students and staff, 195 and 260, respectively. In contrast, schools in Somersworth, Farmington, and Milton have seen less than 100 cumulative cases in their respective districts to date.

COVID-19 and previous evidence-based best practices exhibit the need for high focus on traditional at-risk populations. Early in COVID-19, it was recognized that the infrastructure built for emergency preparedness and response catered to the needs of local municipalities and were not organized for effective regional response efforts, despite efforts of the state offices and RPHNs. It was also apparent the overwhelming majority of communities Emergency Management Directors (EMD) were not appropriately educated for the need to facilitate services to a diverse population. Furthermore, the EMDs who also served other roles within their municipalities lacked the capacity to operate within a regional model. While this regional Incident Management Approach has worked well for day to day incidents and traditional emergencies; PHEP emergencies seemed to be abandoned in the All Hazards philosophy.

Throughout time it is evident that marginalized and disenfranchised populations suffer the most from all disaster types where traditional planning has often lacked specific planning for these populations. It is proven that cross-sector and cross-agency planning with Diversity, Equity, and Inclusion is imperative to disaster planning, response, recovery, and mitigation processes. SCPHN will work to enhance capabilities for a community response with these principles at the forefront.

Existing Efforts

SCPHN works collaboratively with partners to support training exercises, disseminate information, plans and executes community-based vaccination clinics at the direction of NH DHHS, including those for COVID-19. Beginning in early 2021, the SCPHN team, community stakeholders, and volunteers from the Strafford County Medical Reserve Corps (MRC) administered more than 50,000 doses of COVID-19 vaccines through 2022. SCPHN-hosted clinics targeted locations that served vulnerable populations and those on the pandemic's front lines such as nursing homes, healthcare workers and first responders, shelters, community action programs, schools, childcare providers, correctional facilities, and many more.

⁵¹ NH Department of Health and Human Services COVID-19 Dashboard

During the pandemic, the team worked with UNH Cooperative Extension on a project to increase knowledge about the COVID-19 vaccines to decrease vaccine hesitancy in our rural communities by engaging community influencers in those communities to develop and share messaging and resources. The team also worked collaboratively on situational awareness of community needs related to COVID-19, emphasizing school guidance and bridging from vaccine dissemination to a determined focus on community education and mental health awareness.

In addition to vaccination efforts and community education, our Incident Management Team (IMT) focused on mitigating additional risks and concerns related to emerging needs in the community such as food security, housing, and access to health care for chronic disease management, mental health and substance use disorders, among other topics. The breadth of knowledge and awareness the IMT facilitated led to several successful strategies to reach our most vulnerable populations throughout the pandemic by fostering information and resource sharing.

The Hepatitis A outbreak in the year preceding Covid-19 activated our first mobile PODs in an effort to gain access to targeted populations. Vaccine distribution was achieved in restaurants for staff, mobile distribution in marginalized housing, with service providers and businesses serving targeted populations. Taking vaccines to those who needed access to care proved to be a successful program and on a very miniature scale and those successes were used to inform our approaches in Covid-19 response.

SCPHN's Emergency Preparedness Working Group, Ready Strafford, was established in 2010 in an effort directed by NH DHHS to regionalize emergency preparedness and response efforts. Ready Strafford was traditionally divided into sections including hospitals, Emergency Management Directors (EMD's) and long term care facilities, which allowed for focused conversations and education based on their function. These groups were brought together quarterly for meetings, and as needed for education, training and exercises. A significant focus was placed on long term care facilities in their education in years prior to the pandemic. Leading into the pandemic, our Ready Strafford group met to discuss potential direction and action, and was ultimately engaged in our bi-regional incident Management Team (IMT) to coordinate regional response efforts and support our local entities, as appropriate and able.

SCPHN houses four Point of Distribution (POD) trailers that are pivotal to supplement our lack of physical storage capabilities. Conceptually, the trailers are likely outdated along with some of their supplies, however due to lack of storage and with new information about their functionality coming out of this response, the capacity and potential for improved value remain. Additionally, there is a need for support and coordination at a state-level for the rotation of supplies and continued improvement of their functionality.

All municipalities, school systems, and health care facilities maintain their own emergency plans. Continued effort to be involved with these from a technical assistance role will allow for integration and knowledge of the PHEP function, and will be instrumental for continuity of operations in preparation for the next disease outbreak or other disaster.

SCPHN ‘houses’ the Medical Reserve Corps (MRC) for the Strafford County region, which is a network of volunteers who work to support community efforts and events and respond to public health emergencies. Our Volunteer Coordinator utilizes the NH Responds system to manage the volunteer-base, where we have over 400 registered volunteers. We communicate with volunteers regularly to keep them engaged, and offer trainings on a monthly basis to provide education and skill-development related to existing and emerging public health needs and topics.

Emergency Preparedness Work Plan:

Goal: Build a community that is prepared to respond to emerging health concerns, public health incidents and emergencies	
Objectives	Strategies
Increase integration of key stakeholder organizations to build capacity to support public health efforts	<p>Collaborate with community organizations to improve the capacity to participate in efforts related to a public health responses</p> <p>Provide technical assistance to community partners engaging in emergency preparedness-related discussions</p> <p>Educate partners and community members on emergency preparedness across our communities</p> <p>Provide professional development and community education opportunities in our communities on emergency preparedness-related topics</p>
Identify and initiate Medical Countermeasure dispensing strategies	<p>Increase efficiency of Point of Distribution (POD) system</p> <p>Provide professional development training opportunities to new and current partners</p>
Build capacity of our Medical Reserve Corps. Volunteer Base	<p>Build additional opportunities for volunteers to remain connected with PHN during non-emergency times</p> <p>Provide trainings to volunteers to build capacity and readiness to respond to public health incidents and emergencies</p>

<p>Increase access to vaccination and other preventative measures related to COVID-19 and other emerging infectious diseases</p>	<p>Decrease vaccine hesitancy related to COVID-19 and other immunizations by developing and/or distributing existing educational materials related to vaccine safety and effectiveness</p> <p>Provide resources such as test-kits and Personal Protective Equipment (PPE) to community members and partner organizations</p> <p>Increase awareness of relevant information about COVID-19 and other infectious diseases by improving communication practices and strengthening communication channels</p> <p>Provide COVID-19 and other immunizations, as needed, in community-based settings where those with barriers to healthcare resources can access information, resources and vaccinations</p>
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Summary

Historically, there has been a concerted effort for all-population countermeasures. While this should be an acknowledged possibility and accordingly planned for, participating in planning at the state level is needed to manage expectations. A new precedent was set during Covid-19 with state-operated fixed-sites and a regional mobile vaccination effort led by the RPHNs. Strafford County was the first region to test a drive-thru POD back in 2016. This success was an outline for the overall state mobile response and was a key driver of the success of our mobile vaccination efforts in the County. In addition, our efforts included door-to-door vaccinations, home visits for homebound individuals or those with transportation barriers, and mobile ‘strike teams’ who visited individuals in encampments and truly out in the community. The efficiency through which we were able to operate led to more than 50,000 successful vaccinations against Covid-19. Though successful, the preparation for our vaccination efforts was not as outlined in the plans created with RPHN and state partners, and unveiled incredible inefficiencies which led to a shift in actual response methods.

As the Public Health Network, much of our work relies on partnerships with individuals, programs and organizations serving our communities. The PHEP-work is no exception, though partnerships in this area have struggled in years leading up to the pandemic. In building our IMT for our Covid-19 response, it became apparent that our network of partners across priority areas such as food security, mental health, and emergency preparedness were “siloed” within their own systems. Building a stronger regional network of partners across sectors within the PHEP-realm will be a focus of our efforts moving forward, along with strengthening our volunteer core in the MRC. Regional partner engagement will include a focus on diversity, equity, and inclusion, with an eye towards those serving our underserved populations. During the pandemic a lot of our focus was on building equity and inclusion in our resources and services. Our efforts in real time were

limited based on the availability of participants, however in non-response times an inclusive table can be set.

Through identifying diverse community leaders and having them represented at our planning tables like Ready Strafford, we will have the ability to identify unique challenges faced in different communities and greater equity can be achieved. These additional insights will be fruitful for regional efforts as well as for local emergency services and management. Whether through email list or web based platforms, setting objectives, improving our current list and increasing our routine correspondence will help improve our reach and streamline our communication. Increase in volunteer recruitment and cross-sector engagement will be a measurable component of our region's capacity. Our communities have been burdened with extraordinary circumstances over the past several years, which have exhausted many of our partners within the emergency preparedness and response sector and beyond. Now more than ever, this work is at the forefront of public health and we are committed to taking advantage of the opportunities to create new and improved systems with the support and partnership of our Network partners.

Priority 5: Healthcare Awareness and Access: Oral Health, Prenatal Services, and Sexual Health

Background

Access to quality, affordable healthcare has been a priority in several community needs assessments conducted by area hospitals within the past three years. Many primary care, oral, and mental health providers in our service area do not provide services to uninsured patients and may limit the number of Medicaid patients they serve. And New Hampshire pays one of the lowest Medicaid rates in the nation, impacting employers' abilities to pay higher wages and successfully recruit and retain a qualified workforce. For several years, New Hampshire has been experiencing staffing shortages in the healthcare sector (with an estimated 2,000 vacancies), including oral health and specialty health services. The situation worsened during the pandemic. All of Strafford County (13 towns and cities) is designated as a Medically Underserved Area, with a high priority for primary, oral and mental health providers. The ratio of people per primary care provider is 1570:1, oral health provider is 1,380:1, and mental health provider is 360:1.⁵²

Infants born to women who receive late or no prenatal care are twice as likely to have low birth weights as infants born to women who receive prenatal care in the first trimester. In addition, babies born with low birthweight may be more likely than babies born at a normal weight to have certain health conditions later in life. These health conditions include diabetes, heart disease, high blood pressure, metabolic syndrome, obesity, and intellectual

⁵² County Health Rankings

and developmental disabilities. In Strafford County, 7% of children are born at low birthweight.⁵³ In 2021, Greater Seacoast Community Health (GSCH) served 336 women in their prenatal program; 28% were under age 25, seventy-eight percent established care during their first trimester, and 10% delivered a low birthweight baby.⁵⁴ The majority of GSCH prenatal patients are low-income, single with a history of substance misuse, smoking, and/or domestic violence, contributing to poor health outcomes for themselves and their children. Approximately twenty percent of women screened positive for substance use during pregnancy, and more than 30% screened positive for tobacco use. Additionally, Strafford County has the third-highest value of people over the age of thirteen living with HIV.⁵⁵ According to the NH Women's Foundation 2021 report "The Status of Girls in New Hampshire," there has been a 43% rise in Chlamydia amongst girls since 2014. The increase is linked to decreases in condom use. Strafford County has the highest rates for newly diagnosed chlamydia cases, 352.9 per 100,000 population, and the lowest rates in the state for mammography screening (41%).⁵⁶ Strafford County ranks in the middle for teen births compared to other NH counties – 7 per 1,000.⁵⁷

Access to oral health care in New Hampshire is particularly challenging for low-income adults. Thirty percent of people in Greater Seacoast's service area have not had a dental visit in a year or more.⁵⁸ The cost of oral health care is often cited as a barrier for many adults, even those with dental insurance coverage. New Hampshire is one of four states that has expanded Medicaid but still doesn't have a dental benefit. It's also among just ten states that only cover emergency services, not including traumatic injuries. In addition, nearly 24% of high school students in Strafford County reported that they had not seen a dentist for a check-up, exam, teeth cleaning, or other dental work during the past 12 months.⁵⁹ There is historical data to support evidence that children in Strafford County have rates of tooth decay significantly higher than the state rate. The Carsey School published research showing a great need for oral health treatment for children in Strafford County, with rates of untreated decay among third-graders the highest in the state (14.2%).⁶⁰

Dental visits to hospital emergency departments for non-traumatic dental conditions are a common occurrence – reportedly in the tens of thousands statewide annually. A report published in 2015 found that an estimated 44 to 51 percent of these visits to New Hampshire hospitals were self-pay, suggesting a lack of dental insurance as a primary driver.⁶¹ In New Hampshire, 32.3% of adults aged 65 or older have lost six or more teeth

⁵³ County Health Rankings

⁵⁴ Greater Seacoast Community Health, UDS

⁵⁵ County Health Rankings

⁵⁶ Ibid

⁵⁷ nhwomensfoundation.org/wp-content/uploads/2021/12/NHWF_SOG_2021_P7.pdf

⁵⁸ UDS Data

⁵⁹ YRBS Regional Report 2021: Strafford County

⁶⁰ Jaffee, Eleanor M., Widmer, Joan C., Speropolous, Lisa I., Oral Health Care Access in New Hampshire, University of New Hampshire Carsey School of Public Policy, September 2015

⁶¹ Jaffee, Eleanor M., Widmer, Joan C., and Speropolous, Lisa I., "Oral Health Care Access in New Hampshire," Carsey School of Public Policy, Regional Issue Brief #44, September 2015.

due to tooth decay or gum disease; 12.3% have lost all of their natural teeth.⁶² According to the Centers for Disease Control and Prevention, water fluoridation is recommended by public health, medical, and dental organizations. Drinking fluoridated water keeps teeth strong and reduces cavities by about 25% in children and adults.⁶³ Yet, only 46.7% of New Hampshire residents served by community water systems receive fluoridated water; seventeen of the 46 water systems in Strafford County are fluoridated.⁶⁴ Forty-eight percent of GSCH's oral health patients served in 2021 needed advanced treatment such as rehabilitative and restorative services or oral surgery; 20% or more than 750 people received emergency oral health services. In Greater Seacoast's service area, the percentages of people who have not visited an oral health provider in the past year ranged from 21.80% to 39.10%, with communities in northern Strafford County seeing some of the highest rates.⁶⁵

Existing Efforts

There are several coalitions that exist such as the NH Oral Health Coalition and the Community Health Worker Coalition that are working in the space of expanding access to healthcare statewide. The NH Oral Health Coalition has a number of priorities outlined as part of their *Oral Health 2020 Initiative* that they are working towards including expanding Medicare and Medicaid coverage for adult dental care and improving the perception and value that our communities put on oral health.⁶⁶ The Coalition's website includes information on initiatives they play an active role in like *Oral Health 2020* and *Healthy People 2020*, and houses useful tools such as a Geographic Information System (GIS) map that shows community-based, non-traditional oral health programs, and educational resources for providers on oral health topics. The Community Health Worker coalition is coordinated out of the North Country Health Consortium (the North Country Public Health Network), and is focused on expanding the Community Health Worker (CHW) workforce across the state and integrating them into the healthcare systems. SCPHN currently staffs one CHW that participates in the CHW Coalition and other communities of practice that aim to build capacity and drive that integration of CHWs into our systems. We hope to sustain that position within our team and utilize that role to carry forward many strategies outlined in this document related to educating community members, healthcare and social service providers, and building stronger systems of care coordination.

Another partner working to improve care coordination and access to services is Unite Us. The Unite Us platform is a closed-loop referral system that offers healthcare and other service providers a tool to generate and manage incoming and outgoing referrals from other entities. Unite Us has been growing its network of providers in New Hampshire over the past several years and we will continue to advocate for partners in the Strafford County

⁶² Ibid

⁶³ Centers for Disease Control and Prevention, Division of Oral Health, Community Water Fluoridation, <https://www.cdc.gov/fluoridation/index.html>

⁶⁴ Ibid

⁶⁵ UDS Data 2020

⁶⁶ NH Oral Health Coalition, Oral health 2020, nhalhealth.org/blog/dentaquest-2/oral-health-2020

region to utilize this tool to build a more connected and integrated network of resources for our population.

Healthcare Access Work Plans:

Goal: Increase the number of people accessing oral healthcare	
Objectives	Strategies
Advocate for policy and practice change	Support policy change to increase scope of practice for dental hygienists Educate policy makers regarding impact of Medicaid/Medicare expansion, discrepancies in reimbursement rates and re-basing costs
Workforce Development	Support the development of programs offering training and professional development for oral healthcare roles (<i>such as career tech and adult-learning programs</i>) Educate and outreach to high school aged youth and young adults to join healthcare fields Educate providers about the benefits to accepting Medicare/Medicaid patients
Increase understanding of oral health and available resources	Educate community members on the impact that oral health has on overall health Increase awareness of existing resources for oral health amongst social service agencies and other community partners (<i>such as insurance, provider/care options, and care coordination/referrals</i>) Increase awareness of existing resources for oral health amongst community members (<i>such as insurance and provider/care options</i>)

Goal: Increase access to prenatal care	
Objectives	Strategies
Decrease Barriers to Accessing Care	Increase understanding of population-level differences in access to prenatal care Identify barriers, including cultural and social barriers, that contribute to the population-level differences in access to prenatal care Develop specific strategies to removing those barriers identified that decrease access to prenatal care

Increase understanding of prenatal health and available resources	<p>Educate community members on the importance of accessing prenatal care during first trimester</p> <p>Increase awareness of existing resources for prenatal health amongst social service agencies and other community partners</p> <p>Increase awareness of existing resources for prenatal health amongst community members</p>
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Goal: Prevent sexually transmitted infections (STI)	
Objectives	Strategies
Increase Access to Preventative Resources	<p>Increase awareness of safe-sex practices amongst community members</p> <p>Increase number of providers, social service agencies, and partners who distribute preventative resources and information</p>
Increase understanding of sexually transmitted infections (STIs) and available testing and treatment resources	<p>Educate community members on symptoms of STI's, the importance of identification and treatment</p> <p>Increase awareness of existing resources for testing and treatment resources amongst social service agencies and other community partners</p> <p>Increase awareness of existing resources for testing and treatment resources amongst community members</p>

Summary

Increasing access to healthcare are new priorities for SCPHN for our 2023 – 2026 CHIP. Our initial focus will be on identifying and supporting existing efforts and finding our seat at tables in the region that are already working strategically to address these issues. We must increase our own knowledge and understanding of the barriers that exist within these systems of care before we are able to lead or impact related efforts and mobilize additional partners. Though new to our CHIP this cycle, we already have a number of partners through our recurring priorities that we plan to support and engage with.

Through our planning processes, we engaged with a number of existing partners and stakeholders in the community to develop the goals, objectives and strategies outlined above. In these strategic planning meetings, a number of specific needs were discussed across those subcategories of prenatal health, oral health and STI prevention, but themes did emerge in the strategies including educating community members and increasing their awareness of existing resources in the community, as well as increasing the capacity of our healthcare and social-service providers to identify and connect clients and patients with resources and services in order to drive that systems-level change.

Lack of ability to respond to identified needs amongst healthcare providers is a systematic problem that is perpetuated by the lack of knowledge of resources in the community. By increasing the capacity of our healthcare and social-service agencies, we can improve the coordination of care across community services and healthcare providers, increasing the ability for clients and patients to be directly connected to services that meet their needs.

Our impact will be measured by the number of partnerships we are able to establish in these areas and the development of any new strategies or efforts that form as a result of our efforts. We will be able to track and report on our reach for outreach and messaging via social media and other communication channels. We will utilize existing data sets such as the Youth Risk Behavior Survey (YRBS) and the County Health Rankings, as well as information we are able to gather from our healthcare partners related to care coordination, service utilization and patient outcomes.

Priority 6: Injury prevention: Suicide Prevention, Childhood Lead Poisoning, Domestic and Dating Violence

Background

The prevalence of adults with suicidal thoughts increased significantly from 2019 to 2020; the national average is 4.19%;⁶⁷ in New Hampshire, it is 4.89%.⁶⁸ According to New Hampshire Coalition for Suicide Prevention, suicide death rates in New Hampshire are approximately 35% higher than the national average, and suicide is the second leading cause of death for New Hampshire residents aged 10 to 44.⁶⁹ Fifteen percent of Strafford County adults report 14 or more days of poor mental health per month.⁷⁰ The 2019 Youth Risk Behavior Survey for Strafford County High Schools revealed that 22.4% of survey participants seriously considered attempting suicide in the past 12 months. And more than 35% felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities. More about mental health and suicide is located in the Mental Health and Substance Use priorities section, which includes the work plan outlining goals, objectives and strategies that SCPHN will follow over the next CHIP cycle to prevent suicide in Strafford County.

The dangers of lead are well-researched; the outcomes of lead exposure are particularly serious for children under the age of five. Testing children's blood for lead is a very important thing to do, yet the number of children who are tested each year continues to decrease, dropping 25% from 2019-2021⁷¹. Low levels can lead to growth and development delays; higher levels can impact the central nervous system and other bodily systems and

⁶⁷ Mental Health America, Adults with Serious Thoughts of Suicide, [2020 Prevalence Data | Mental Health America \(mhanational.org\)](https://www.mhanational.org/2020-prevalence-data)

⁶⁸ Ibid

⁶⁹ New Hampshire Coalition for Suicide Prevention, zerosuicidesnh.org

⁷⁰ County Health Rankings

⁷¹ 2021 Lead Exposure in New Hampshire Data Brief, NH Department of Health and Human Services (NH DHHS)

even lead to death. Yet, four percent of Strafford County children under age 6 have blood lead levels 5ug/dl or greater (anything over five is considered high and requires action).⁷² From 2019 – 2021, Strafford County Public Health was funded by the NH Department of Health and Human Services (NH DHHS) to coordinate efforts in our region to prevent childhood lead poisoning, specifically in the cities of Rochester and Somersworth, as they have some of the highest reported elevated blood lead levels (EBLL) in the region.⁷³ That funding from NH DHHS has since ended, but the need for coordinated efforts on this topic remains.

In the 2016 *Domestic Violence Counts, New Hampshire Summary* report, the then thirteen domestic violence programs in the state were surveyed about the services they provided in a 24-hour period. During that 24-hour period, 128 individuals accessed residential services to flee domestic violence situations, 104 more accessed non-residential support services such as counseling and legal aid, there were 76 hotline calls, and 26 unmet requests for residential and support services due to lack of capacity in the service providers.⁷⁴ In the same 2021 report published by the National Network to End Domestic Violence (NNEDV), the now twelve domestic violence programs in the state reported the following in a 24-hour period; 151 individuals accessed residential services, 149 accessed non-residential support, there were 110 hotline calls, and 42 unmet requests for residential and support services.⁷⁵ As quoted in the 2021 report, “during the pandemic, we have experienced a higher-than-normal volume of crisis calls. Our access to motels, hotels, and safe houses has also increased. In an average year, we provide between 5,000 and 6,000 bed nights. This past year, this number grew to more than 15,000.”

The NH Domestic Violence Fatality Review Committee published their Biennial Report with data from the years of 2018 and 2019. A reported 31,110 people sought services for domestic violence, stalking and sexual assault from the state’s 13 crisis centers, and an additional 3,074 adults and children were turned away by the Centers due to lack of capacity.⁷⁶ In that time period, 21 people died as a result of domestic violence, which represents a “dramatic increase from the prior reporting period”. Eighty-six percent of those victims were women and 95% of the perpetrators were men. In that timeframe, Strafford County had the fourth-highest rate of domestic violence-related homicides in New Hampshire.

The following chart from the Biennial Report shows the age distribution of domestic violence victims in 2018 – 2019.

⁷² Source: NH Department of Health and Human Services (NH DHHS) Data Portal, Community Health Indicators

⁷³ 2019 Lead Exposure Data Brief for the Strafford County Region, NH Department of Health and Human Services (NH DHHS)

⁷⁴ 11th Annual Domestic Violence Counts Report. Retrieved from: nhdsv.org/uploads/1/0/7/5/107511883/new_hampshire.pdf

⁷⁵ National Network to End Domestic Violence (2022). 16th Annual Domestic Violence Counts Report. Washington, DC. Retrieved from: nnedv.org/DVCounts.

⁷⁶ NH Domestic Violence Fatality Review Committee, 2018-2019 Biennial Report

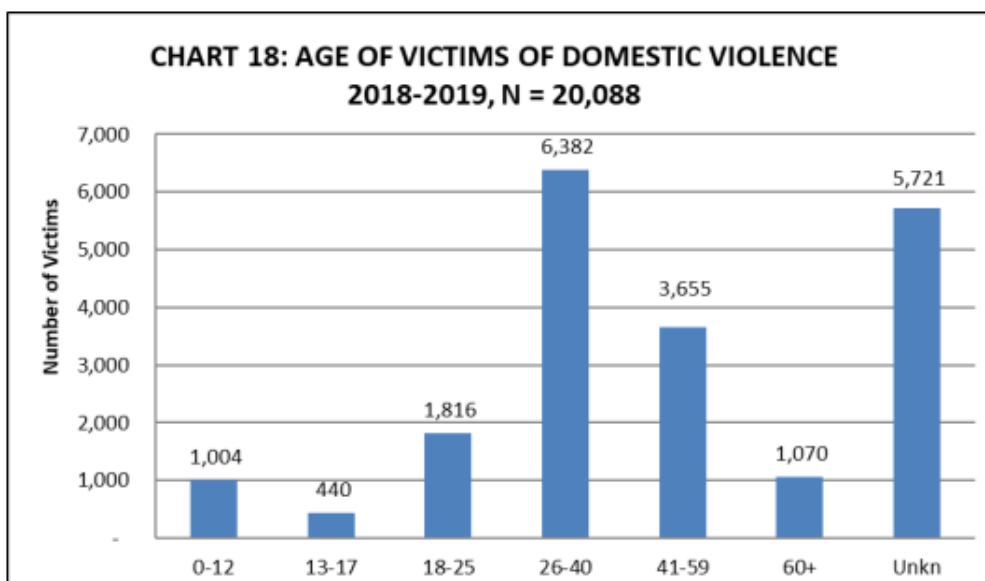


CHART 18

The majority of victims served by crisis centers are adults, however, at least **7%** of the domestic violence victims in New Hampshire accessing services in 2018-2019 were children, with over **1,000** of them being under the age of 13.

As noted in the chart above, the issue of domestic and dating violence is not unique to adults. The data in the 2021 Youth Risk Behavior Survey (YRBS) provides some insight into the experiences of domestic violence in our high school-aged population. Over 20 percent of all students and 26 percent of female students completing the YRBS in Strafford County indicated that someone they were dating or going out with frequently tried to control or emotionally hurt them within the past twelve months. Nearly six percent of students responding to the YRBS reported that a person they were dating physically hurt them, over six percent reported being forced to do sexual things that they did not want to do, and eight percent reported having ever been forced to have sexual intercourse when they did not want to. In addition to their own domestic violence experiences, exposure to violence in the home is a noted Adverse Childhood Experience (ACE), and nearly 20% of students in Strafford County reported having seen or heard adults in their home slap, hit, kick, punch or hurt each other.⁷⁷

Existing Efforts

- Creating a Lead Poisoning Prevention Task Force with representatives from community action, municipal community development, housing, healthcare, and regional planning focused on community education and advocacy; and
- The NH DHHS Division of Public Health Services continues to invest in the Healthy Homes and Lead Poisoning Prevention Program, which provides data and direction for partners throughout the state to take action to support childhood lead poisoning prevention efforts.



⁷⁷ 2021 Youth Risk Behavior Survey Results, Strafford County, Detail Tables - Weighted Data

- NH Coalition Against Domestic and Dating Violence, HAVEN, Strafford County Family Justice Center and Ending the Violence are all programs that operate state-wide and/or within the Strafford County region providing education, support, resources and services to people involved with dating and domestic violence.
- Programs such as Dover Mental Health Alliance (DMHA) and Rochester Mental Health Alliance are local coalitions in the region that are working to create palatable change in the realm of mental health, with focus on preventing suicide across our communities. DMHA has led efforts to implement the NAMI NH Connects Suicide Prevention curriculum in the greater-Dover community, among other efforts, to build-up capacity to support mental health community-wide. Additionally, programs like Connor's Climb continue to drive educational and anti-stigma efforts related to youth suicide in our region and beyond. Other resources related to mental health and suicide prevention are outlined in our 'Mental Health Priority' section.

Injury Prevention Work Plans:

Goal: Reduce the rates of lead poisoning in children under 5 years old in Strafford County	
Objectives	Strategies
Increase the number of children under age 5 being tested for lead	<p>Create and/or share existing information and materials related to childhood lead poisoning and testing resources</p> <p>Build partnerships with early childhood coalitions and stakeholders in the community who can share information and materials related to childhood lead poisoning</p> <p>Distribute materials used to detect lead in paint and water sources</p>
Build capacity of community stakeholders to prevent lead poisoning in children under 5 years	<p>Educate healthcare and service providers, educators and other partners in the community on existing resources and tools to prevent childhood lead poisoning</p> <p>Educate landlords, contractors and others in the building trades and housing sector on legislation and resources related to lead abatement</p> <p>Increase partner engagement in statewide efforts to prevent childhood lead poisoning</p>

Goal: Decrease the incidence of domestic and dating violence across the lifespan	
Objectives	Strategies
Increase awareness of existing resources related to domestic and dating violence	<p>Share information about existing resources related to domestic and dating violence via social media, at outreach events, and through other communication channels</p>

Build capacity of community stakeholders to identify domestic and dating violence and offer support	<p>Educate healthcare, service providers, educators and other partners on the risk factors and warning signs associated with domestic and dating violence</p> <p>Distribute materials and information related to the risk factors and warning signs associated with dating and domestic violence to our communities</p>
Create positive social norms about healthy relationships in youth and young adults	<p>Promote messaging and resources related to building and maintaining healthy relationships for youth and young adults</p> <p>Provide information, tools and resources for adults working with youth to talk about domestic and dating violence and share prevention messaging</p>

****Strategies and activities that will focus on suicide prevention can be found in the Mental Health priority section.***

During the most recent CHIP cycle, both suicide prevention and lead poisoning prevention initiatives were funded through SCPHN, though lead prevention was not specifically included as a priority. SCPHN worked to build-up working groups in Somersworth and Rochester that included key stakeholders from the municipalities and service agencies such as Community Action Partnership of Strafford County to generate local efforts to address needs related to childhood lead poisoning. Additionally, outreach and educational efforts within the region provided lead paint testing kits, educational books, and other related materials and information for parents of children under 5, contractors, property owners and others. We will continue supporting outreach and educational efforts with partners serving families with children under 5 and will identify other feasible strategies to mitigate risk and impact of lead poisoning on our most impacted communities.

Domestic and dating violence is a new priority area for our Network and as such, we will focus first on better understanding the systems and resources that exist in our region and across the state, and identifying gaps. Our approach will lean into supporting existing programs and partners in this area, and we will work to identify opportunities to integrate our strategies into that existing infrastructure and continue to drive collaborative efforts by building our network of partners in this priority area.

Although new to our Community Health Improvement Plan, our Public Health Network will work to build the existing capacity of our team and partners to facilitate a coordinated effort across these categories. In building awareness and understanding of these topics in our communities, we will continue to realize the barriers and opportunities that exist to improve the health and wellbeing of those in our region.

Appendices

Appendix A: Mental Health Work Plan:

Goal: Promote and foster mental health and wellness in our communities by increasing equitable access to appropriate supports, services and resources across the continuum of care	
Objectives	Strategies
Strengthen messaging around mental health and wellness that decreases stigma and promotes healthy strategies for coping with stress	<p>Promote existing, or create and share, messages, campaigns and information that promote positive wellness and coping strategies and reduce stigma related to mental health</p> <p>Promote, host and participate in activities that develop stress management and coping skills and build resiliency across the lifespan</p>
Improve social-connectedness that promotes a shared responsibility of caring for selves as well as others in the community	<p>Create and support opportunities for people in our communities to engage in health promotion and wellness initiatives, including topics across the continuum of mental health</p> <p>Promote existing, or create and share, messages, campaigns and information that promote shared responsibility of caring for selves as well as others in the community</p> <p>Support the development of community-based efforts addressing needs across the continuum of care for mental health</p>
Increase the effectiveness of coordination of care by and between service providers that allow individuals and providers to more efficiently navigate systems to connect with services and resources	<p>Educate healthcare and service providers, educators and other partners in the community on existing programs and resources across the continuum for mental health</p> <p>Promote policy, practice and systems-wide changes that strengthen healthcare and service providers' ability to make and receive referrals and otherwise connect people to services</p>
Improve both awareness of and equitable access to services across the continuum that provide the appropriate levels of care to best meet the needs of individuals in the community	<p>Advocate for improvements to policy, legislation and regulation that will promote growth of the workforce</p> <p>Share and/or develop information and materials about existing programs and resources</p> <p>Facilitate collaboration amongst healthcare and service providers to develop and promote programs and resources that fill existing gaps across the continuum of care and that will allow</p>

	patients to connect with the services that will most appropriately meet their needs
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Appendix B: Substance Use Work Plan:

Goal: Expand existing systems to provide timely access to appropriate services and resources across the continuum of care that meet the needs of those in our community related to the prevention, treatment, recovery and reduction of harm from substance use and related disorders	
Objectives	Strategies
Strengthen the messaging around social norms that inspire positive wellness strategies that aid in the reduction of stress and do not involve the use of substances	<p>Promote existing, or create and share, messages, campaigns and information that promote positive wellness and coping strategies that do not involve the use of substance</p> <p>Promote, host and participate in activities that develop stress management and coping skills and build resiliency across the lifespan</p>
Improve social-connectedness that promotes a shared responsibility of caring for selves as well as others in the community	<p>Create and support opportunities for people in our communities to engage in health promotion and wellness initiatives, including topics across the continuum of substance use</p> <p>Support the development of community-based efforts addressing needs across the continuum of care for substance use</p>
Increase the effectiveness of coordination of care by and between service providers that allow individuals and providers to more efficiently navigate systems to connect with services and resources	<p>Educate healthcare and service providers, educators and other partners in the community on existing programs and resources across the continuum for substance use and mental health</p> <p>Promote policy, practice and systems-wide changes that strengthen healthcare and service providers' ability to make and receive referrals and otherwise connect people to services</p>

<p>Improve both awareness of and equitable access to services across the continuum that provide appropriate levels of care to best meet the needs of individuals in the community</p>	<p>Advocate for improvements to policy, legislation and regulation that will promote growth of the workforce</p> <p>Share and/or develop information and materials about existing programs and resources</p> <p>Facilitate collaboration amongst service providers to develop and promote programs and resources that fill existing gaps across the continuum of care and that will allow patients to connect with the services that will most appropriately meet their needs</p>
<p>Reduce stigma associated with accessing resources across the continuum of care in an effort to increase the number of individuals seeking services and decrease the length of time between onset of symptoms and treatment.</p>	<p>Promote existing, or create and share, messages, campaigns and information that normalize accessing services across the continuum of care for substance use</p>

Appendix C: Healthy Living Work Plan:

<p>Goal: Improve the quality of life of residents in Strafford County by promoting healthy lifestyle factors across the lifespan, eliminating stigma, and creating an environment that fosters positive relationships between service providers and community members</p>	
Objectives	Strategies
<p>Create environmental and systems change that better support people experiencing or who are at risk of experiencing food insecurity and/or diet-related or chronic-health conditions in accessing available resources and programs, including federal nutrition programs such as SNAP and WIC, and health intervention programs</p>	<p>Educate healthcare and service providers, educators and other partners in the community on existing resources and tools</p> <p>Evaluate the existence of, accessibility and efficacy of programs, resources and strategies related to the prevention, early-intervention and reduction of harm from chronic diseases</p> <p>Share and/or develop information and materials about existing programs and resources</p>

<p>Improve social norms and reduce stigma to create more equitable access to programs and resources and increase the consumption of nutritious foods</p>	<p>Conduct a community assessment of programs, tools, and initiatives that are helping to reduce stigma and increase access to and engagement in food access programs</p> <p>Share and/or develop universal messaging related to the benefits of these programs on overall community-health and wellbeing and show long-term impacts of enrollment in these programs on individual and family-health</p>
<p>Increase access to health screenings to identify common health conditions and risk factors in order to connect individuals with prevention and early-intervention resources and existing health-intervention programs, to decrease the prevalence of chronic disease and decrease the incidence of additional complications and harms from chronic disease</p>	<p>Provide professional development, skills and tools for partners conducting community outreach to screen for common health conditions and risk factors</p>
<p>Increase community engagement in programs, coalitions and workgroups that are working to improve access to nutritious foods and other health-interventions in the Strafford County region</p>	<p>Develop a call to action for community members to get involved with the Healthy Living Coalition and our partners</p> <p>Develop and maintain a system/structure for volunteers to be connected with existing opportunities, including connecting with and supporting the work of NH's Master Wellness Volunteer Program as it relates to Healthy-Living-related work</p>

Appendix D: Emergency Preparedness Work Plan:

<p>Goal: Build a community that is prepared to respond to emerging health concerns, public health incidents and emergencies</p>	
<p>Objectives</p>	<p>Strategies</p>

<p>Increase integration of key stakeholder organizations to build capacity to support public health efforts</p>	<p>Collaborate with community organizations to improve the capacity to participate in efforts related to a public health responses</p> <p>Provide technical assistance to community partners engaging in emergency preparedness-related discussions</p> <p>Educate partners and community members on emergency preparedness across our communities</p> <p>Provide professional development and community education opportunities in our communities on emergency preparedness-related topics</p>
<p>Identify and initiate Medical Countermeasure dispensing strategies</p>	<p>Increase efficiency of Point of Distribution (POD) system</p> <p>Provide professional development training opportunities to new and current partners</p>
<p>Build capacity of our Medical Reserve Corps. Volunteer Base</p>	<p>Build additional opportunities for volunteers to remain connected with PHN during non-emergency times</p> <p>Provide trainings to volunteers to build capacity and readiness to respond to public health incidents and emergencies</p>
<p>Increase access to vaccination and other preventative measures related to COVID-19 and other emerging infectious diseases</p>	<p>Decrease vaccine hesitancy related to COVID-19 and other immunizations by developing and/or distributing existing educational materials related to vaccine safety and effectiveness</p> <p>Provide resources such as test-kits and Personal Protective Equipment (PPE) to community members and partner organizations</p> <p>Increase awareness of relevant information about COVID-19 and other infectious diseases by improving communication practices and strengthening communication channels</p> <p>Provide COVID-19 and other immunizations, as needed, in community-based settings where those with barriers to healthcare resources can access information, resources and vaccinations</p>

Appendix E: Healthcare Access Work Plans:

Goal: Increase the number of people accessing oral healthcare	
Objectives	Strategies

Advocate for policy and practice change	<p>Support policy change to increase scope of practice for dental hygienists</p> <p>Educate policy makers regarding impact of Medicaid/Medicare expansion, discrepancies in reimbursement rates and re-basing costs</p>
Workforce Development	<p>Support the development of programs offering training and professional development for oral healthcare roles (<i>such as career tech and adult-learning programs</i>)</p> <p>Educate and outreach to high school aged youth and young adults to join healthcare fields</p> <p>Educate providers about the benefits to accepting Medicare/Medicaid patients</p>
Increase understanding of oral health and available resources	<p>Educate community members on the impact that oral health has on overall health</p> <p>Increase awareness of existing resources for oral health amongst social service agencies and other community partners (<i>such as insurance, provider/care options, and care coordination/referrals</i>)</p> <p>Increase awareness of existing resources for oral health amongst community members (<i>such as insurance and provider/care options</i>)</p>

Goal: Increase access to prenatal care	
Objectives	Strategies
Decrease Barriers to Accessing Care	<p>Increase understanding of population-level differences in access to prenatal care</p> <p>Identify barriers, including cultural and social barriers, that contribute to the population-level differences in access to prenatal care</p> <p>Develop specific strategies to removing those barriers identified that decrease access to prenatal care</p>
Increase understanding of prenatal health and available resources	<p>Educate community members on the importance of accessing prenatal care during first trimester</p> <p>Increase awareness of existing resources for prenatal health amongst social service agencies and other community partners</p>

	Increase awareness of existing resources for prenatal health amongst community members
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Goal: Prevent sexually transmitted infections (STI)	
Objectives	Strategies
Increase Access to Preventative Resources	<p>Increase awareness of safe-sex practices amongst community members</p> <p>Increase number of providers, social service agencies, and partners who distribute preventative resources and information</p>
Increase understanding of sexually transmitted infections (STIs) and available testing and treatment resources	<p>Educate community members on symptoms of STI's, the importance of identification and treatment</p> <p>Increase awareness of existing resources for testing and treatment resources amongst social service agencies and other community partners</p> <p>Increase awareness of existing resources for testing and treatment resources amongst community members</p>

Appendix F: Injury Prevention Work Plans:

Goal: Reduce the rates of lead poisoning in children under five years old in Strafford County	
Objectives	Strategies
Increase the number of children under age 5 being tested for lead	<p>Create and/or share existing information and materials related to childhood lead poisoning and testing resources</p> <p>Build partnerships with early childhood coalitions and stakeholders in the community who can share information and materials related to childhood lead poisoning</p> <p>Distribute materials used to detect lead in paint and water sources</p>

<p>Build capacity of community stakeholders to prevent lead poisoning in children under 5 years</p>	<p>Educate healthcare and service providers, educators and other partners in the community on existing resources and tools to prevent childhood lead poisoning</p> <p>Educate landlords, contractors and others in the building trades and housing sector on legislation and resources related to lead abatement</p> <p>Increase partner engagement in statewide efforts to prevent childhood lead poisoning</p>
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Goal: Decrease the incidence of domestic and dating violence across the lifespan	
Objectives	Strategies
<p>Increase awareness of existing resources related to domestic and dating violence</p>	<p>Share information about existing resources related to domestic and dating violence via social media, at outreach events, and through other communication channels</p>
<p>Build capacity of community stakeholders to identify domestic and dating violence and offer support</p>	<p>Educate healthcare, service providers, educators and other partners on the risk factors and warning signs associated with domestic and dating violence</p> <p>Distribute materials and information related to the risk factors and warning signs associated with dating and domestic violence to our communities</p>
<p>Create positive social norms about healthy relationships in youth and young adults</p>	<p>Promote messaging and resources related to building and maintaining healthy relationships for youth and young adults</p> <p>Provide information, tools and resources for adults working with youth to talk about domestic and dating violence and share prevention messaging</p>

Appendix G: Contact Information

STRAFFORD COUNTY PUBLIC HEALTH NETWORK

Address: Greater Seacoast Community Health

311 Route 108 Somersworth, NH 03878

Phone: 603-749-2346 ext. 2579

Email: SCPHN@GoodwinCH.org

Website: SCPHN.org