Community Health Improvement Plan

Strafford County Public Health Network

2015-2017

ONE VOICE FOR STRAFFORD COUNTY

STRAFFORD COUNTY PUBLIC HEALTH NETWORK

Ready Strafford Promote. Protect. Prepare.

Goodwin Community Health

Acknowledgements

The Strafford County Public Health Network wishes to acknowledge the hard work and dedication of its staff and partners: Elizabeth Clark, Dean LeMire, Melissa Silvey and Dave Hutchinson. Consultant Michelle Landry, MPH was invaluable in being the primary author of the CHIP. Without their vision, research and diligent work in reviewing the Network members input and determining the best approach towards impacting public health in Strafford County this three-year Community Health Improvement Plan would not have been possible.

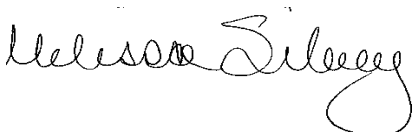
We would like to acknowledge the PHAC Executive Board for their leadership and commitment throughout the past two years, they include: Jeni Mosca, SAU 56; Kathleen Grace-Bishop-UNH Health Services; Janet Laatsch-Goodwin Community Health, Rich Leonard-Pharmacist and Farmer; Mary Wilson-SAU 64; Betsey Andrews Parker – Community Action partnership of Strafford County; Chris Kozak-Community Partners; Ken Robichaud- formerly of Strafford County; Susan Houghton-Wentworth Douglass Hospital; Wendy Presley- Frisbie Memorial Hospital; Liz Durfee- Strafford Regional Planning; Rene` Philpot-Homemakers Health Services; Terry Johnson-Healthy NH & NH HEAL Coalition; Anne Grassie- Rochester Child Care.

The Community Health Improvement Plan would not have been possible without the 165 stakeholders who came together through Network meetings and workgroups to develop and refine the CHIP to meet Strafford County's needs and feasibility.

A final thank you goes to Goodwin Community Health, it CEO-Janet Laatsch, its Board of Directors, led by Dr. David Staples, DDS and our Chief Financial Officer, Erin Ross, who work behind the scenes to ensure that the Public Health Network of Strafford County is always "partner-centered" and always has the health and wellness of Strafford County citizens in its mission each and every day.

"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

Respectfully submitted,



Melissa Silvey, Director of Public Health and Continuum of Care Coordinator

November 10, 2015

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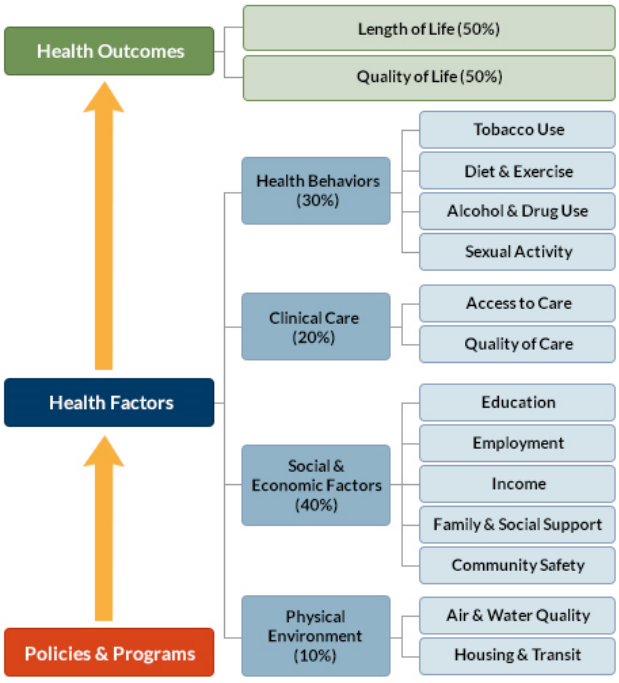
Introduction: Strafford County Regional Public Health Network

The Strafford County Regional Public Health Network is a collaboration working to enhance and improve public health-related efforts within the region. The Strafford County Regional Public Health Network is hosted by Goodwin Community Health (GCH), which is a Federally Qualified Health Center that serves 9,000 patients.

The PHAC Executive Committee will utilize the framework of Health Impact Assessment (HIA) to prioritize public health related disparities in Strafford County. Strafford County ranks 8 of 10 in Health Outcomes and Factors as reported in the 2015 County Health Rankings. The PHAC Executive Committee is committed to improving health disparities over time by implementing population level strategies to improve health outcomes.

Executive Summary

Throughout 2013 and 2014, the Strafford County Public Health Advisory Council (PHAC) comprised of 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' Community Health Needs Assessments, completed in years 2012 and 2013 respectively, and New Hampshire's State Health Improvement Plan, led to the identification of five Priority Areas.



The Strafford County Community Health Improvement Plan (CHIP) is as an action-oriented strategic plan and framework to be used to leverage resources and to engage and mobilize community stakeholder organizations to address barriers and opportunities to improve community health.

The Strafford County CHIP is the first systematic, countywide effort in place 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 attenuate vulnerabilities.

A confluence of predisposing intrinsic determinants and individuals' lifestyle and behavioral choices, as well as mitigating circumstances, work in tandem to make possible a milieu conducive to afflicting societies most vulnerable, often with long-lasting effects[1]. To affect positive change, we must apply a systems-thinking paradigm. Ultimately, the goal is multi-sectoral 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.

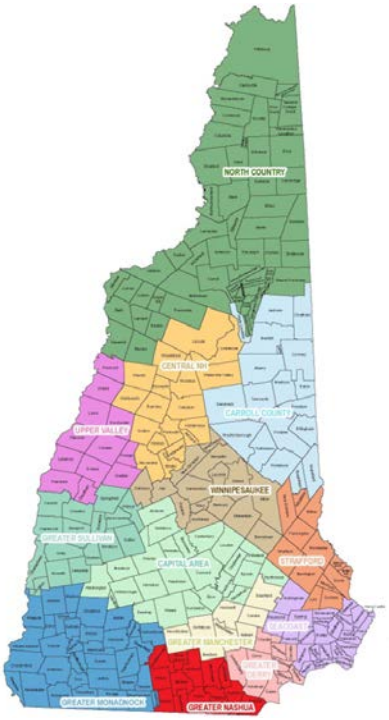
Each of the five prioritized areas of need is assigned goals, objectives and measures, as well as recommended evidence-based strategies. Each area of priority is equally important to improve the health and wellbeing of Strafford County residents. Sustained collaboration among multi-sectoral stakeholder organizations is essential to ensure that mechanisms are in place and available for ongoing data collection and aggregation, as well as assessment over the long-term. It is through these initiatives that we can promote and sustain effectively healthy environments for all residents.

[1](County Health Rankings and Roadmaps, 2015)

Community Profile

Strafford County is situated in the greater Seacoast region of southern New Hampshire and borders southern Maine. Within the County's 368.8 square miles, there are thirteen municipalities with substantial demographic and socio-economic diversity[2]. Between 2000 and 2010, Strafford County saw a 9.6 percent increase in population compared to the state's increase of 6.5 percent during the same time period[3]. In 2014, Strafford County's population was estimated at 125,604 residents; a two percent increase from the 2010 Census population data[4].

Towns Served:	
Dover	Lee
Madbury	Durham
Rollinsford	Somersworth
Strafford	Milton
Middleton	Farmington
New Durham	Barrington
Rochester	County of Strafford



Strafford County is home also to the University of New Hampshire, which has enrolled nearly 15,000 undergraduate and graduate students. The age distribution in Strafford County parallels that of the state. In 2013, children under age 5 made up 5.2 percent of the population, while persons under 18 years made up 19.7 percent[5]. The fastest growing segment of the population was persons 65 years and older accounting for 23.4 percent of the population[6].

Strafford County's ethnic characteristics mirror the state, with 92.1 percent White alone, non-Hispanic or Latino living in the County[7]. The median income in Strafford County is $59,290 compared to the State's $64,064[8], and the percentage of people living below the Federal poverty level is 10.5 percent compared to the state's 8.7 percent[9]. The top five Census tracts reporting the greatest percent of the population living under the Federal poverty level are located in Rochester, with some areas reporting upwards of 3.4 percent of the population. Population density overall in Strafford County is 333.7

[2](United States Census Bureau, 2015)
[3] (ibid)
[4](ibid)
[5](County Health Rankings and Roadmaps, 2015)
[6] (ibid)
[7] (ibid)
[8] (ibid)
[9](United States Census Bureau, 2015)

persons per square mile compared to 147.0 for state, with the highest population density recorded in Dover, at 2,336 persons per square mile[10].

Of the state's ten counties, Strafford County is ranked eighth (10 being worst) in both Health Behaviors and Health Outcomes measures[11]. Key Lifestyle Behaviors' indicators, such as the percentage of people using tobacco and alcohol, are overweight or obese, or are physically inactive affect negatively the overall Health Behaviors ranking[12].

The County 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[13]. Socioeconomic factors such as education level, employment status, and household income also affect health outcomes[14].

Through the *Rankings* model, multi-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 county[15].

The burden of chronic disease in Strafford County is great. For example, 31% of adults are obese[16]. Obesity is a major risk factor to developing heart disease and stroke.[17]Strafford County ranks third out of 10 counties in the number of adults diagnosed with, and hospitalized for, coronary heart disease, 5.65 percent and 18.19 per 10,000 admissions respectively[18]. Just as alarming is the burden of stroke, which is significantly higher than the rest of the state in which 20.49 percent of hospital admissions were attributed to stroke. What's more, Strafford County ranks third of 10 counties for stroke mortality, with 204 deaths from 2009-2013[19] and has a higher rate, 301.3, of premature age-adjusted mortality among residents under the age of 75 compared to the state's rate of 280.8.

Strafford County ranks poorly also - eighth for self-reported quality of life and health status measures in which 14 percent of the County's adult population reported being in *poor to fair health* during the past 30 days compared to the state's 11 percent. Also during the past 30 days adults reported that the number of days their *Mental Health* was 3.7 days compared to the state's 3.3 days[20].

[10](United States Census Bureau, 2015)
[11](County Health Rankings and Roadmaps, 2015)
[12] (ibid)
[13](County Health Rankings and Roadmaps, 2015)
[14] (ibid)
[15](County Health Rankings and Roadmaps, 2015)
[16](County Health Rankings and Roadmaps, 2015)
[17](New Hampshire Depatment of Health and Human Services)
[18](NH Division of Public Health Services)
[19](NH Division of Public Health Services)
[20](County Health Rankings and Roadmaps, 2015)

The Mission of the Strafford County Regional Public Health Network

OUR VISION: We envision a vibrant, healthy and productive community that values health and wellness and as a result our citizens thrive and prosper.

OUR MISSION: The mission of the Strafford County Regional Public Health Network is to *improve the health, wellness, and quality of life for all individuals in Strafford County.*

The Executive Board of the Public Health Advisory Committee (PHAC) has utilized the framework of the National Association of County and City Health Officials (NACCHO) and the County Health Rankings and Roadmaps, a Robert Wood Johnson Foundation program to prioritize public health related disparities in Strafford County.

The PHAC Executive Committee is committed to improving health disparities over time by implementing population level strategies to improve health outcomes.

Community Health Improvement Planning

INTRODUCTION TO 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 to its residents.

The Strafford County PHAC and its network of community stakeholder organizations engaged to:

- Identify and evaluate health issues
- Inventory community assets and resources
- Identify community perceptions
- Develop and implement coordinated strategies
- Provide information to community members
- Help plan effective interventions
- Develop measurable health objectives and indicators
- Provide a baseline to monitor changes and trends
- Build partnerships and coalitions
- Identify emerging issues
- Prioritize five regional public health priorities
- Develop a Community Health Improvement Plan
- Cultivate community ownership of the process

COMMUNITY HEALTH ASSESSMENT (CHA)

Community Health Needs Assessments are important tools used to assess the overall health of a community. The Community Health Needs Assessments of Frisbie Memorial Hospital and Wentworth-Douglass Hospital utilized quantitative and qualitative data sources to understand better the health needs in Strafford County. Primary sources included numerous focus groups consisting of community leaders as well as residents from target populations.

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
- Strafford County Community Action
- 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

Planning Steps

In March 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' Community Health Needs Assessments, completed in years 2012 and 2013 respectively, and New Hampshire's State Health Improvement Plan, led to the identification of five Priority Areas.

Top prioritized needs identified in the Frisbie Memorial Hospital CHNA (2012):

1. Access to resources to address Risky Behaviors (smoking, physical inactivity, substance misuse, teen pregnancy, poor nutrition, bullying)
2. Access to treatment/rehabilitation for drug and alcohol dependence
3. Access to behavioral health services (hospitalization and outpatient services)
4. Increased attention to chronic ambulatory care sensitive conditions (diabetes, COPD, CHF, oral health, asthma, hypertension)
5. Access to safe and affordable housing

Top prioritized needs identified in the Wentworth-Douglass CHNA (2013):

1. Increased access to behavioral health services
2. Access to transportation services
3. Access to primary care
4. Access to education and prevention programs
5. Access to health insurance/resource information to consumers

PRIORITIZATION TOOLS AND RESOURCES:

In March 2014, the Community Health Institute (CHI) was contracted to provide a data report that Network members could review on a variety of health related issues. CHI sent two facilitators to Strafford County's second bi-annual Network meeting, in March 2014. Over the course of four hours members reviewed the data and prioritized three areas of importance:

Substance Misuse Treatment and Recovery

Mental Health

Obesity and Nutrition

Work commenced in Network meetings and a variety of community engagement opportunities to refine and prioritize strategies and activities related to these three public health issues in Strafford County. In 2015, guidance was received by the Public Health Network from NH DPHS regarding the need to incorporate Emergency Preparedness and Substance Misuse into the CHIP. Since Substance Misuse Treatment and Recovery were identified by key stakeholders, the region set out to identify one addition priority area to incorporate into the CHIP- Heart Disease and Stroke as well as revisit prioritization, planning strategies and activities for Emergency Preparedness and the inclusion of prevention in the Substance Misuse priority. The following is a table of some of the organizations represented during the planning process.

Frisbie Memorial Hospital	Wentworth-Douglass Hospital	Community Partners Behavioral Health Services	Ready Strafford
Goodwin Community Health	Rochester Housing Authority	Rochester Police Department	Dover Coalition for Youth
Cornerstone VNA	Strafford Regional Planning	Rochester Child Care Center	Health & Safety Council of Strafford County
Community Action Partnership	McGregor Emergency Services	City of Dover Fire	Mayor's Office, Portsmouth
Strafford County School District's	ONE Voice	LifeWise Community Program	Foundation for Healthy Communities
The Homemakers	Hamel Substance Abuse	Triangle Club	Division of Health and Human Services
HOPE	People Care	Tri-City Co-Op	Pinewood HealthCare
Southeastern NH Services	Strafford County Sheriff	Area Fire Departments	Municipalities

Community Priority Areas

The five public health priority areas chosen by the Strafford County Network include:

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

*Denotes priorities set by Public Health Advisory Council Network members

Priority Area 1: Substance Misuse, Prevention, Treatment, and Recovery

Background

Approximately 105,000 individuals (9% of the population over 12 years of age) in New Hampshire meet the American Psychiatric Association (APA) diagnostic criteria for substance use disorders (SUD). Approximately 5,000 people receive SUD services through contracts administered by the Department of Health and Human Services (DHHS) Bureau of Drug and Alcohol Services (BDAS). New Hampshire is consistently ranked highest in the nation for alcohol consumption among adults and young people per capita, and among the highest for illicit drug use, while access to treatment for resident's remains among the lowest in the U.S[21]

The consequences of substance misuse on our region are substantial, as is its toll on emotional, mental, physical, and economic wellbeing of individual residents[i]. Of particular concern is the rate by which young adults across New Hampshire are dying as a result of overdosing on heroin and the prescription narcotic Fentanyl. From 2010 to 2013, heroin use among NH residents surged dramatically and the number of heroin-related overdose deaths increased from 14 to 45 deaths. The total confirmed number of opioid overdoses resulting in death in 2014 is 326, of which 128 involved Fentanyl, a prescription opioid fifteen to twenty times more potent than heroin that is being used to 'cut' individual batches of heroin for sale. The medical examiner's office has reported more than 210 overdose deaths so far in 2015 as of late August 2015.[22]

In addition to public health impacts, the economic toll sustained in our state resulting from substance misuse and addiction is grave. In 2012, costs associated with substance misuse in NH for workplace productivity (impaired productivity and absenteeism) was $1.15 billion. The economic burden for healthcare services, including substance misuse treatment, medical care, and insurance administration totaled nearly $266 million.[23]

Costs associated with the criminal justice system, including police protection, corrections, cost to crime victims, and victim productivity loss reached $284 million[24].

In 2012 New Hampshire became the 49th in the nation to implement a Prescription Drug Monitoring Program aimed at tracking and reducing unnecessary prescriptions of addictive

[21] NH DHHS, 2015

[22] NH DHHS, 2015

[23] New Futures 2014

[24] New Futures 2014

drugs. In 2014, New Hampshire still ranked third in the nation for prescriptions of long-acting opioid pain relievers. Now, in 2015, more prescribers are complying as a condition for license renewals, prescriptions are being systematically controlled. Looking at the trends in neighboring states such as Vermont and Massachusetts, ours is poised to see even more of its residents turning to heroin as prescription opioids become scarce.

The opioid epidemic is seminal to the concerted effort now taking place in communities throughout the state. Organizations across multiple sectors, including law enforcement and health care, have engaged to identify how best to address this public health problem across the spectrum of care.

As communities across the state continue to grapple with the rising prevalence of substance misuse and addiction rates, Regional Public Health Networks, comprised of multi-sectoral organizations including health and medical, safety and law enforcement, education, business, and government domains, will employ collaborative and capacity-building efforts to leverage the resources necessary to increase access to and make available substance misuse prevention, intervention, treatment, and recovery support programs and services among youth and adults.

In September 2014 through August 2015, five focus groups were conducted locally to ascertain among select populations in Strafford County their experience or perceptions about Substance Misuse (Refer to Call Out Box).

Substance Misuse Focus Groups

- ✓ Bonfire Sober House
- ✓ Therapeutic Community Program of Stafford County Corrections (Male)
- ✓ TC SCC (Female)
- ✓ Dover Children's Home
- ✓ Leadership Roundtable

Findings implicate environmental, emotional, and mental health factors as having the greatest influence on individual behavior, including family dynamics, lack of supports, genetics, and other stressors and conditions.

There was consensus among participants within each focus group that more school-based education is needed with a focus on the negative impacts of substance misuse. According to one participant from Dover Children's Home, "It would be nice to have a continuous progressive structure of education regarding the topic of alcohol and drug misuse throughout the entire levels of grades like they do for other subjects." Similar sentiments were shared among participants in the TC Strafford County Corrections male and female populations. Specifically, there was a perceived inadequacy of substance misuse education in schools; a need to begin educating youth about substance misuse earlier on in the lower grades was endorsed by most.

Some participants suggested that substance misuse education should be taught to children as early as kindergarten.

But today's youth in Strafford County do seem to perceive harm from drinking and using drugs. Nearly 90 percent reported they are at risk if they take a prescription drug without a prescription, according to the Strafford County Youth Risk Behavior Survey collected Spring 2015; ninety-four percent of Strafford County middle schoolers believe their peers disapprove of this same behavior. Almost none surveyed believe their parents condone drinking daily or using any drugs at all, and 84 percent believe their friends frown upon regular alcohol use.

Though our focus group participants noted comprehensive school-age drug and alcohol education as a primary concern, current regional data suggests that the message about harm associated with substance misuse is being heard and not heeded. Despite the perceived harm and social pressure to not misuse substances among middle-schoolers, the rate of substance misuse among high school students in Strafford County surpassed the State in all areas except using a prescription drug without a doctor's prescription .[25]

Where is the disconnect?

Most focus group participants agreed that a person's home environment played a significant role in whether or not youth will misuse substances. Several participants acknowledged that children model after their parents' behavior. As stated by one participant from Dover Children's Home, "A lot of kiddos that are currently residents at this facility are here because of substance misuse by the parents in the home." Another participant added, "It becomes normal, and a familiar environment can make the child more vulnerable to substance misuse."

Other participants questioned whether external influences even play a role for some, suggesting that a person's genetic predisposition to substance misuse trumps all other factors. According to one participant, "Some kids in here (Bonfire) were brought up like sh**; other kids were brought up well, and they're both heinous IV heroin users…."

Most participants indicated feelings of disconnectedness, social anxiety, and/or mismanaged stress as playing large roles in their need to misuse alcohol and drugs.

*48.4% of middle school students reported being bullied on school property

[25] (Institute, 2012)

*18.1% of middle school students reported self harm
*27% of middle school students have felt sad or hopeless for two or more weeks within the past year

Prevention remains a critical priority for Strafford County, and just as important will be this region's response to an existing opiate crisis. The scope of the problem and its damages is huge; one indicator of the prevalence of opioid misuse is admissions data from treatment centers based on patients' region of residence. According to the New Hampshire Drug Monitoring Initiative, 64 Strafford County residents were admitted to treatment programs for opiate addictions between January and February of this year. Two Strafford County cities have consistently been ranked among the top ten in New Hampshire for emergency responder administration of Narcan since 2011. Strafford County accounted for 90 incidents involving Narcan by emergency medical responders between March and May of this year.[26]

There were 56 deaths by opioid overdose in Strafford County between 2009-2013. Somersworth police claimed in late June that there had been more than 50 overdose calls by that point in 2015, and 14 in June alone, 6 of which resulted in death. [27]

Strafford County's only inpatient treatment program, Southeastern New Hampshire Services, recently cut its available number of beds per licensing and Medicaid requirements that are putting the agency's future as an inpatient treatment program in jeopardy.
This year Southeastern reduced the beds in its 28-day treatment program from 14 to 10 to comply with space regulations. Other requirements needed to transition from State to Medicaid funding will cost an estimated $500k and are due in 2016 with no proposed funding source or resolution to the issue.

"There were 324 overdoses last year, and there's still a pile of autopsies to be done…"
"Five of my friends overdosed last year…"
"I've seen so many people come and go…" (Bonfire Recovery Services residents)

Many focus group participants agreed that as their addictions progressed, substance use took priority over all other valued parts of their lives. One participant shared, "We are people who are smart, have ideas…at one point, I was on a path to where I want[ed] to be, but drugs pushed me off my potential." Another added, "Whatever you live to do…becomes secondary to

[26] NH Drug Monitoring Initiative, 2015
[27] (Currie, 2015)

your first love (drugs)."

Stigma associated with untreated SUD was a common theme heard among the substance use focus groups. Several participants agreed that the longer they lived in active addiction, the worse their behavior became, and the more marginalized, criminalized, and alone they felt within their families and communities. Increasing feelings of shame accompanied unsuccessful attempts to moderate or stop their substance use, according to some. Participants referred to a diminishing "window of willingness" during which they were emotionally capable of seeking or accepting help of any kind, and emphasized the need for treatment to be readily available when people with SUD "make the call."

One of the Bonfire participants described a need in our region to have a person stationed in the emergency rooms who is there to offer support to the person recovering from the overdose experience. Other participants agreed with this idea and went on to further discuss how it would be beneficial to the person who is experiencing the overdose crisis.
"My insurance wouldn't even cover a medical detox because essentially you can't die from heroin withdrawal…."
"I called detox and they said we have no beds…."
"The grace period of someone's willingness to getting clean can be very small, so having to call treatment centers for a week to try and get a bed is not encouraging people to get clean…." – Bonfire

Other regional data

In summary, we have identified the following local shortages and barriers to substance misuse aversion, treatment, and recovery:

Themes throughout focus groups held with Strafford County

Coping skills	Access to mental health services	Number treatment beds	Funding for new or existing programs	Insurance restrictions or limitations	Follow-up or continuum of care
Sober living opportunities or halfway houses	Affordable sober living opportunitie	Crisis intervention for opiate overdose	Caregivers with access to Narcan to	Inpatient treatment duration	Reducing the stigma related to

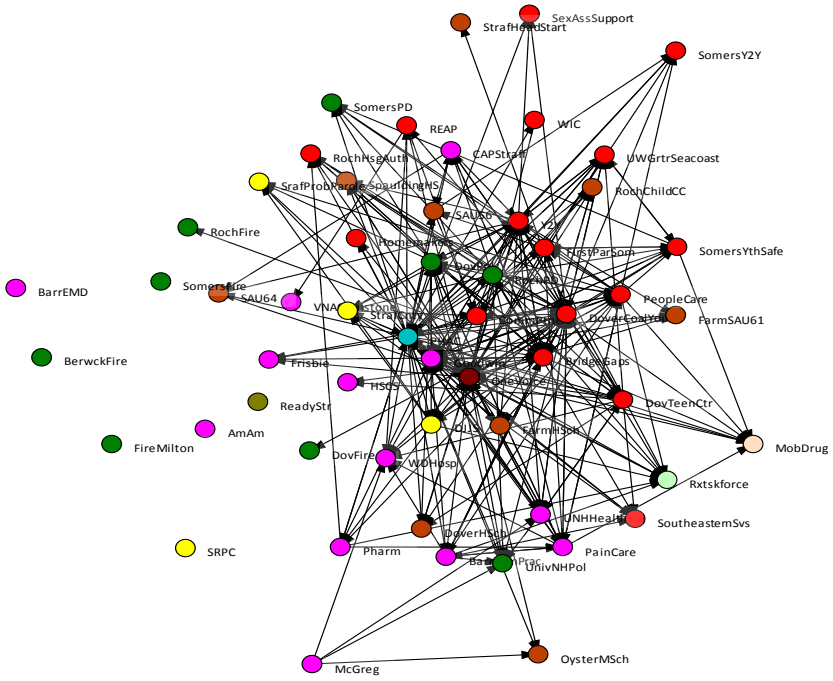
for women	s or halfway houses for men	survivors	help prevent overdose deaths	not long enough	substance abuse disorders

To effectively address substance misuse and addiction in Strafford County, prevention, treatment, and recovery supports need to be in place. PHAC and network stakeholder organizations must establish a well-coordinated and sustained effort in implementing a comprehensive and systemized community health improvement plan that includes prevention, treatment, and recovery supports.

Regional Assets & Gaps

Though our substance abuse problems grow in Strafford County, our assets are many and growing as well. Below is a list of resources known to be active. Highlighted are groups with particularly high indicated readiness for strategy implementation per their visible engagement with local and state-level planning meetings and initiatives or known activities of expansion.

Below is the PARTNER Tool results for Substance Misuse Prevention efforts in Strafford County, and the display demonstrates a strong inter-connectedness among partners in the region to address this issue.



YOUTH AND PARENT EDUCATION	INTERVENTION	TREATMENT	RECOVERY
Opioid Taskforce	Diversion programs	Medication Assisted Treatment	HOPE for NH Recovery
People Care	SBIRT	Southeastern NH Services	Recovery Coaching Academies
Life of an Athlete	ASAP	ROAD to a Better Life	AA/NA (12 step)
Dover Youth to Youth	Teen/ adult drug court	Addiction Recovery Services	Bonfire Recovery Services
Community commissions	Mental health court	Counseling	Triangle Club
Rec. department	Brief intervention		IOP alumni groups
prescriber education	CFS probation/parole		12 Step Yoga
Child sexual abuse/ SASS	Head start		
Opioid Taskforce	Primary care		
ASAP	Care coordination		
SBIRT	EMS		
after school programs	Home visiting/ DCYF		
	NHEP		
	REAP		

LOCAL GROUPS THAT COULD CONTRIBUTE

Courts	Police	Family	Lawyers
Hospitals	Schools	Advocacy	Recovery Support/Sober Living
Funders	Med. Providers	Local businesses	Politicians
Opioid Taskforce	Southeastern NH Services	Churches	

RESOURCES NEEDED

DFC funding	Stop Act	Drug Court	Community Benefits program	Juv. Justice
Private insurance	Public health	SAMHSA	NH Charitable Fund	S.V. prevention
EAP's	TANF	Non-profits		

Goals, Objectives and Strategic Approach

GOAL	**To strengthen coordination and communication among community health partners to support Substance Misuse Prevention, Treatment, and Recovery initiatives.**
OBJECTIVE 1:	**To improve access to comprehensive treatment and recovery resources.**
OBJECTIVE 2:	**To increase development opportunities in the areas of Treatment and Recovery among Strafford County Treatment and Recovery stakeholder organizations.**

OBJECTIVE 3:	**Develop and coordinate comprehensive opioid response within region for prevention, treatment, and recovery.**
OBJECTIVE 4:	**Increase the level of collaboration from collaborative to coordinated among high level medical, mental health, and SUD organizations.**

STRATEGIC APPROACH

STRATEGY 1: WORK IN COLLABORATION WITH PHAC/COC PARTNERS TO CREATE A RECOVERY CENTER HOUSING LOCAL RESOURCES IN STRAFFORD COUNTY FOR YOUTH AND ADULTS;

STRATEGY 2: WORK IN COLLABORATION WITH PHAC PARTNERS TO IDENTIFY OPPORTUNITIES TO INCREASE CAPACITY OF TREATMENT AND RECOVERY WORKFORCE TO ADDRESS SUBSTANCE MISUSE INITIATIVES;

STRATEGY 3: CONTINUE FACILITATION OF MULTI-SECTOR OPIOID TASKFORCE MONTHLY;

STRATEGY 4: CONVENE AND FACILITATE CONTINUUM OF CARE PREVENTION TREATMENT AND RECOVERY ROUNDTABLES AND COORDINATE WORKGROUPS.

STRATEGY 5: DEVELOP CRISIS RESPONSE TEAMS TO ATTEND ALCOHOL AND OTHER DRUG OVERDOSE EVENTS

Summary

OBJECTIVE I: Improve access to comprehensive treatment and recovery resources
Strategy: Open a Recovery Community Center (RCC)

Efforts are underway to develop and open an RCC in Strafford County. Modeled after existing establishments in several Northeast states, the Strafford County Recovery Community Center will serve as a resource hub and peer support for those seeking or sustaining any pathway of recovery from addiction, as well as their families. Services offered will include telephone support and 1:1 recovery coaching by trained and certified recovery coaches. An existing workgroup will develop a business plan and fundraising sustainability for the RCC, develop key volunteer and peer supports to bolster capacity for RCC, and work with existing family support groups to integrate caregiver resources into the RCC. This strategy is designed to complement

and bridge gaps in service among regional addiction treatment and recovery resources and to reduce harmful stigma associated with past or present substance misuse.

OBJECTIVE II: Increase treatment and recovery workforce development opportunities among Strafford County treatment and recovery stakeholder organizations

ONE Voice aims to work with PHAC to increase capacity of treatment and recovery workforce by training peer support stakeholders in Recovery Coaching and Ethics, by developing a summer learning series for hospital staff to learn more about stigma and support patients with SUD, and by offering training for PHAC members on SUD trends, data, and interventions that can be implemented among various sectors.

OBJECTIVE III: Develop and coordinate comprehensive opioid response within region for prevention, treatment, and recovery

ONE Voice will continue its facilitation of its monthly, multi-sector Opioid Taskforce that proved successful in attracting regional and multi-state stakeholders at its culminating event, the Heroin Summit, in April 2015. Targets for this year include the development of comprehensive dissemination and outreach of naloxone strategies that align with the State's response; to establish and maintain a clearinghouse of resources for treatment to augment the NH Treatment Locator to include sober houses, recovery support and family support; to develop crisis response teams to assist LE and EMS in overdose calls to encourage individuals toward treatment and recovery; and to coordinate the next regional Summit.

OBJECTIVE IV: Increase the level of collaboration from 'collaborative' to 'coordinated' among high-level medical, mental health, and SUD organizations

One Voice will continue to facilitate its quarterly Prevention, Treatment, and Recovery (Continuum of Care) roundtables and to coordinate associated monthly workgroups. In doing so, we will ensure that the Continuum of Care (COC) Roundtables have particular SME for prevention, intervention, treatment, and recovery with a goal of using their expertise in PHAC meetings throughout the year to engage new members in SUD work.

This opioid crisis has prompted collaboration among local agencies at ONE Voice partner meetings and integration of a broad range of community members. These efforts are ongoing and building. While opioid-overdose fatalities remain a public health crisis, Strafford County is poised to make a considerable impact on the epidemic on a local level, given continuous

investment from regional and state-level stakeholders.

OBJECTIVE V: Develop crisis response teams to attend alcohol and other drug overdose events

ONE Voice and its Opioid Taskforce and Continuum of Care Roundtable will create and combine workgroups tasked with developing crisis response teams and resources to ensure that those who survive an alcohol and other drug overdoses are met with support, guidance, and advocacy following each incident. These teams will include a recovery support agent who will assist in connecting the overdose patient to needed supports per his or her need and efficacy and track progress with regular direct communication with the patient.

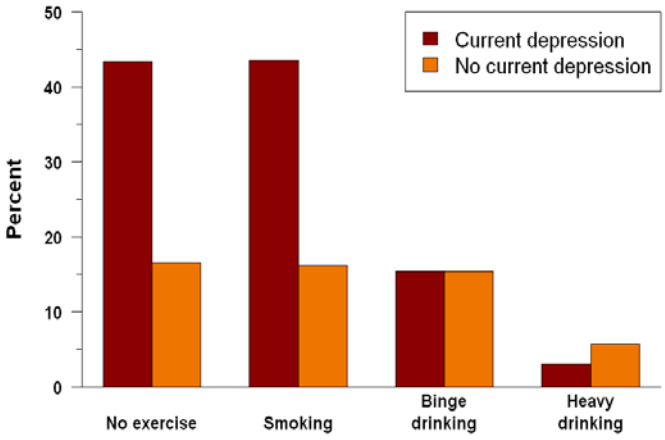
Priority Area 2: Mental Health

Background

Mental health status is essential to personal wellbeing, interpersonal relationships, and being a productive employee in the workplace and member of the community[28]. However, without treatment, mental health disorders are among the most debilitating health conditions[29]. Last year 45 million adults in the United States were diagnosed with a mental illness[30].

Persons with a mental illness have an increased risk of engaging in risky behaviors such as smoking, binge drinking, and not exercising. As a result, a person with a mental illness is at an increased risk for having co-occurring substance use dependence as well as developing chronic health conditions which can make it more challenging to receive comprehensive care as they may need to access services from different treatment systems[31],[32],[33].

Figure 1: Prevalence of Health Risk Behaviors by Current Depression Status in NH, 2006



For example, 37 percent of U.S. adults with a mental health disorder in the past year reported smoking cigarettes compared to 22 percent of adults who smoked with no mental illness[34]. Rates for binge drinking (five or more alcoholic drinks in two hours time) are also higher in adults with a mental illness where 30 percent report binge drinking, compared to 24 percent who binge drink without a mental illness[3536].

In New Hampshire the number of people with current depression reporting being physically inactive and smoking cigarettes was significantly higher than persons without depression.

[28]For the purpose of this CHIP, Mental Health is defined as a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.(Centers for Disease Control and Prevention, Program Performance and Evaluation Office, 2013)
[29](New Hampshire Health and Human Services, 2011)
[30](Substance Abuse and Mental Health Services Administration)
[31](New Hampshire Health and Human Services, 2011)
[32](Substance Abuse and Mental Health Services Administration)
[33](Substance Abuse and Mental Health Services Administration)
[34](Substance Abuse and Mental Health Services Administration)
[35](Centers for Disease Control and Prevention , 2014)
[36](Substance Abuse and Mental Health Services Administration)

However, the prevalence of New Hampshire adults reportedly having current depression did not show higher rates in binge or heavy drinking (Figure 2)[37].

In the 2011 New Hampshire State Health Profile, seven percent of adults reported having had current depression, with higher rates among the female population, persons in the lower income brackets, and those out of work[38]. Additionally, 17 percent of adults reported having had depression at some point in their life.

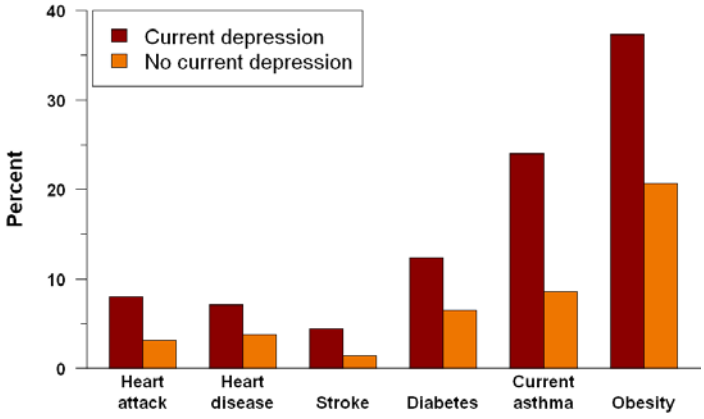


Figure 2: Prevalence of Chronic Health Conditions by Current Depression Status in NH, 2006

From 2000 to 2009, there was a significant trend toward the negative for the number of mental health outpatient and inpatient discharges in New Hampshire[39]. To illustrate, in 2000 the rate of emergency department discharges for mental health was 12.7 percent; in 2007 the rate increased to 14.3 percent. And from 2000-2007, there was a slight increase in specialty hospital mental health discharges, from 3.1 percent compared to 3.3 percent, respectively. What's more, each month throughout the state there are, on average, 30 emergency visits for mental health issues[40].

A significant barrier to accessing the appropriate mental health services is that of capacity. For instance, adults with co-occurring mental health and substance abuse disorder face substantial challenges to accessing treatment. New Hampshire has the highest per-capital addiction rate in the country and second lowest treatment capacity, attributed in part to a severe reduction in public funding as well as poor reimbursement rates[41], [42].Capacity issues can be attributed also to the fact that licensed drug and alcohol counselor services are not reimbursable[43].

There is one public-run mental health hospital, New Hampshire Hospital (NHH). With only 158 beds, of which 24 are dedicated to children and teens, there is on average22.3 people waiting

[37](New Hampshire Health and Human Services, 2011)
[38](New Hampshire Health and Human Services, 2011)
[39](New Hampshire Health and Human Services, 2011)
[40](O'Grady, 2015)
[41](O'Grady, 2015)
[42](Patrick O, 2015)
[43](Patrick O, 2015)

to be admitted is each month[44]. As a means to increase capacity the state contracts out to 10 mental health centers for treatment throughout the state[45].

A look into the readmission rate at NNH pointedly illustrates a lack of continuity of care upon discharge. For instance, of those patients previously admitted and discharged within 180 days, approximately 18 percent returned to NNH[46]. The cost to treat one person at NNH is significant: $788 per day, or $287,000 per year[47].

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A look into the readmission rate at NNH pointedly illustrates a lack of continuity of care upon discharge. For instance, of those patients previously admitted and discharged within 180 days, approximately 18 percent returned to NNH[50]. The cost to treat one person at NNH is significant: $788 per day, or $287,000 per year[51].

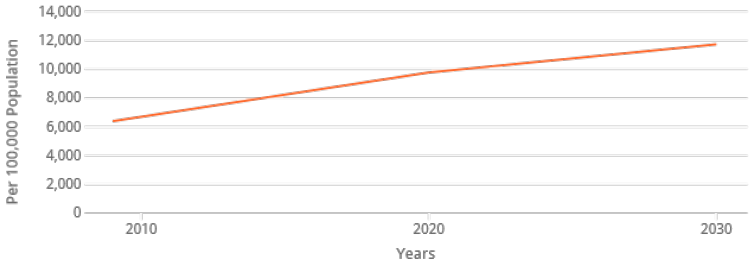
The status of mental health in New Hampshire illustrates the need for collaborative planning, action, and coordination among multi-sectoral partners to increase access to early- and ongoing-comprehensive mental health prevention, treatment, and recovery services to prevent down the road the need for acute care or incarceration[52].

Key indicators, such as an increase in the number “of people being incarcerated, higher rates of homelessness, [and] higher rates of people waiting in emergency departments for “beds” point to an inadequate behavioral health infrastructure in which there are too few mental health providers available to meet demand for services[53]. Increasingly hospital emergency departments and county jails have become surrogates for community-based mental health services. For instance, in Strafford County from 2003 to 2007, the rate of mental health-related emergency department visits was 14.3 percent (per 1,000)and sixty percent of jailed inmates at Strafford County jail are being prescribed some form of mental health medication[54],[55].

[44](Ronayne, 2015)
[45](Caroline Buck, 2011)
[46](Lessard, 2015)
[47](National Alliance on Mental Illness (NAMI) New Hampshire)
[48](Ronayne, 2015)
[49](Caroline Buck, 2011)
[50](Lessard, 2015)
[51](National Alliance on Mental Illness (NAMI) New Hampshire)
[52](NAMI New Hampshire, 2015)
[53](Lessard, 2015)
[54](New Hampshire Health and Human Services, 2011)
[55](Caroline Buck, 2011)

The ratio of persons with mental illness to mental health providers in Strafford County is 532:1, compared to the proportion at the state level, 412:1. Presently, the state contracts out to one Community Mental Health Center in Strafford County, Community Partners[56]. Still, New Hampshire ranks below the top U.S. performers in which the proportion of persons with mental illness to mental health providers, 386:1[57].Regarding measures of adequacy, the forecast looks bleak (see Figure 3)[58].

Figure 3 Emergency Department Discharges for Mental Health



Mental Health indicators such as emotional, psychological, and social wellbeing measures illustrate how well a community is meeting the health needs of its residents; poor health outcomes can be linked often to insufficient access to outpatient mental health services[59].

Strafford County ranks eighth (10 being worst) in self-reported quality of life and health status measures where 14 percent of the County's adult population reported being in *Poor to fair health* during the past 30 days compared to the state's 11 percent. Also during the past 30 days adults reported that the number of days their *Mental Health was not good* was 3.7 days compared to the state's 3.3 days[60].

To better understand how members of the community perceive Mental Health issues, four focus groups were conducted:

- Strafford County Corrections TC Males
- Strafford County Corrections TC Females
- Bonfire Sober House
- Dover Children's Home

Overall participants substantiated those barriers described above. Most were in agreement that too few mental health resources and providers are available to meet the demand. As one participant noted, "it can take up two to three months' time to get an appointment with a therapist" adding that it was particularly difficult for people on Medicare because "many therapists do not accept it." There was agreement that it was difficult to maintain continuity of

[56](NH Community Behavioral Health Association, 2015)
[57](County Health Rankings and Roadmaps, 2015)
[58](University of New Hampshire's Institute for Health Policy , 2014)
[59](County Health Rankings and Roadmaps, 2015)
[60](County Health Rankings and Roadmaps, 2015)

care due to frequent provider rotation. As one participant stated, "I've been to five therapists in the last four years…you get to a point where you can confide a lot of things to someone and boom your hit with a different person, different type of therapy, whatever it is."

Participants agreed that the stigmatization of mental health issues the community was also a barrier to seeking care.

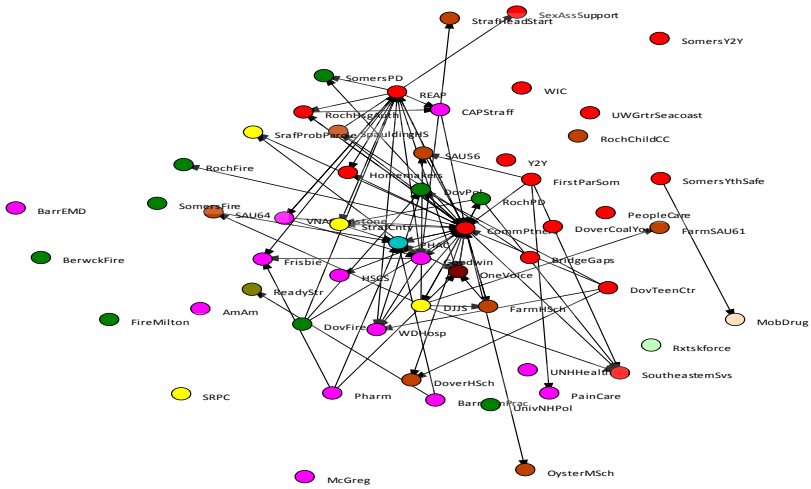
One participant recommended and others agreed that it would be helpful to have an intake specialist available at the emergency department to refer people to mental health resources because they believe that the only way a person can receive immediate help is to go to the emergency room.

There was agreement among many focus group participants that it is easier to obtain a prescription to treat mental illness compared to receiving ongoing counseling with a mental health therapist.

Regional Assets & Gaps

The measure of collaboration among community stakeholder organizations as depicted in the Partner Tool graphic shows that there are opportunities to increase collaborative efforts to better integrate mental health services in the region.

Community Partners Behavioral Health	Frisbie Memorial Hospital	Wentworth-Douglass Hospital Health System
Goodwin Community Health	Primary Care	School Districts, Strafford County
McGregor Memorial EMS	Rochester Pediatric Associates	Wild Irish Farm, LLC
Health & Safety Council of Strafford County	The Homemakers Health Services	Rochester Hill Family Practice
Rochester Police Department	Rochester Housing Authority	Rochester Youth Reach
Family Care of Farmington		



Goals, Objectives and Strategic Approach

GOAL	**To strengthen coordination and communication among community health partners to support Mental Health initiatives.**
OBJECTIVE 1:	**Increase coordination among area hospitals and other health care organizations to facilitate the creation and integration of acute care services.**
OBJECTIVE 2:	**Identify and garner resources to support Mental Health.**

STRATEGIC APPROACH

STRATEGY 1: ESTABLISH A MENTAL HEALTH WORKGROUP OF AREA HOSPITALS AND COMMUNITY HEALTH ORGANIZATIONS TO CONVENE AND COLLABORATE TO ADDRESS MENTAL HEALTH SUPPORTS WITH EMPHASIS ONCOORDINATED CRISIS SUPPORT SERVICES AND DUAL DIAGNOSIS TREATMENT OPPORTUNITIES.

STRATEGY 2: DEVELOP AND CULTIVATE RESOURCES TO ENCOURAGE MENTAL HEALTH WORKFORCE IS ADEQUATELY TRAINED AND DISSEMINATES TO MENTAL HEALTH STAKEHOLDERS.

Summary

Strengthening coordination and communication among community health partners is essential to supporting Mental Health initiatives in Strafford County. This can be achieved through the following objectives.

Objective 1: To increase the coordination among area hospitals and other health care organizations to facilitate the creation and integration of acute care services.

To achieve this objective, PHAC and network partners propose the strategy of establishing a mental health workgroup of area hospitals and community health organizations to convene and collaborate to address mental health supports with emphasis on coordinated crisis support services and dual diagnosis treatment opportunities. Previously stated, 25 percent of persons with mental illness have co-occurring substance disorders[61]. Early intervention and treatment for co-occurring disorders is essential for recovery[62]. By coordinating the integration of mental health acute care services and supports into the health delivery system, resources can be leveraged more efficiently and effectively among the two hospitals and community health care organizations in Strafford County. A collaborative effort between Frisbie Memorial and Wentworth-Douglass Hospitals, as well as other community health organizations, to develop plans for crisis supports will increase the number of persons with mental health disorders receiving support.

In an effort to reduce barriers and the amount of time to receiving appropriate treatment, the care management workgroup will be tasked with identifying evidence-based models to determine fit, feasibility and readiness to replicate. Coordinate in conjunction with PHAC network members' key components of replication.

A coordinated approach can more effectively safeguard access to outpatient and inpatient mental and physical health care services as well as ensure widespread dissemination of evidence-based interventions[63][64].Three activities to support this strategy include:

1. Identify high level mental health operational stakeholders to convene and develop plans for crisis support and dual diagnosis treatment services in Strafford County.
2. Identify evidence-based models and programs nationwide to adapt and replicate in Strafford County.
3. Identify appropriate payor representation to participate in a mental health workgroup.

[61](Substance Abuse and Mental Health Services Administration)
[62](National Alliance on Mental Illness (NAMI) - New Hampshire, 2015)
[63]New Hampshire Health and Human Services, 2011)
[64](National Alliance on Mental Illness (NAMI) - New Hampshire, 2015)

Objective 2: Identify and garner resources to support Mental Health.

Making available mental health services and supports to more people can be achieved in part by ensuring that the mental health workforce is adequately trained. PHAC and network partners recommend developing, cultivating and disseminating resources to mental health stakeholders as a means to increase capacity of trained mental health professionals. This can be achieved by developing scholarship opportunities that promote further continuing education for mental health direct services providers. In addition, by increasing the number of trained mental health professionals in Strafford County, more resources are available to create a training hub to train the general population on mental health, and opportunity to integrate the aforementioned Mental Health First Aid program in our communities.

To increase capacity for community-based mental health services, Strafford County's two acute care hospitals, as well as representatives from the insurance industry, may convene to identify opportunities to make available a Designated Receiving Facility (DRF) to expand the availability of beds so that persons with mental illness can be treated in their own communities. As of 2008, the number of DRF beds in the state was reduced to eight from 101 previously, as only one hospital-based DRF is in existence[65].

To help reduce the number of emergency department visits or incarceration rates of persons with mental health illness, community health organizations collaborate to increase access resources to increase the number of persons trained in Mental Health First Aid. Mental Health First Aid is an evidenced-based intervention designed to increase public awareness of mental illness to affect how people perceive mental illness as well as providing education on how to respond appropriately to a person in mental distress[66].

One in five adolescents will report a serious mental health issue throughout their school career[67]. To ensure that resources that support emotional wellbeing are made available to students, PHAC and network partners recommend, through the garnering of Mental Health assets, supporting school districts in Strafford County to proactively address students' mental health needs through policy, programs, and practices. Several school-based mental health interventions are underway presently in Dover, Portsmouth, and Exeter, New Hampshire to tap into as a resource[68].

[65](NH Department of Health & Human Services, New Hampshire Bureau of Behavioral Health, and The Community Behavioral Association, 2008)
[66](SAMHSA's National Registry of Evidence-Based Programs and Practices, 2014)
[67](Hawkins, 2015)
[68](ibid)

We recommend the following activities to develop and cultivate resources to encourage mental health workforce is adequately trained and disseminating to mental health stakeholders:

1. Develop scholarship opportunities to promote further continuing education for mental health direct service providers.
2. Create a training hub for general population training on Mental Health.
3. Support school districts in addressing mental health of its students through policy, programs, and practices.

Priority Area 3: Obesity and Nutrition

Background

Obesity is a chronic health condition primarily attributable to behavioral risk factors such as poor diet and physical inactivity. It is a serious public health problem in New Hampshire, where one in four adults is obese (BMI $\geq$ 30). Obesity strongly increases the risk of developing chronic health conditions such as heart disease, type-2 diabetes, hypertension, cancer, osteoarthritis and stroke. For example, 17.5% of obese adults have type-2 diabetes, compared to only 4.1% of adults with a healthy weight.[69]

Approximately, 12.6% of 3rd grade students are obese in New Hampshire and 15.4% overweight.[70] Additionally, over 15% of New Hampshire youth aged 10-17 years are obese. Obesity in youth increases the risk of obesity in adulthood which puts them at risk for developing multiple chronic health conditions and premature death. [2]

Additionally, a considerable economic burden is associated with obesity. In the United States, 147-210 billion dollars, or nearly 10% of all medical spending, is attributed to obesity-related medical costs based on 2006 data.[71] Moreover, obesity can lead to reduced work productivity and absenteeism. Approximately, $4.3 billion annually is spent on employee absenteeism.[72]

Recent research has found that poor nutrition in children is associated with poor academic performance and that increasing nutrition can lead to more energy, better concentration and improved cognitive performance in students[73].

While poor nutrition and lack of physical activity are often cited as the cause, obesity is a complex condition in which a multitude of influences is at play. What a person chooses to eat is a behavioral choice but also an economic one. Lower education attainment and income levels

[69] (NH Division of Public Health Services, 2013)
[70] (Third Grade Survey 2013-14)
[71](Finkelstein, 2009)
[72] (Cawley J., 2007)
[73] (Wilder Research, 2014)

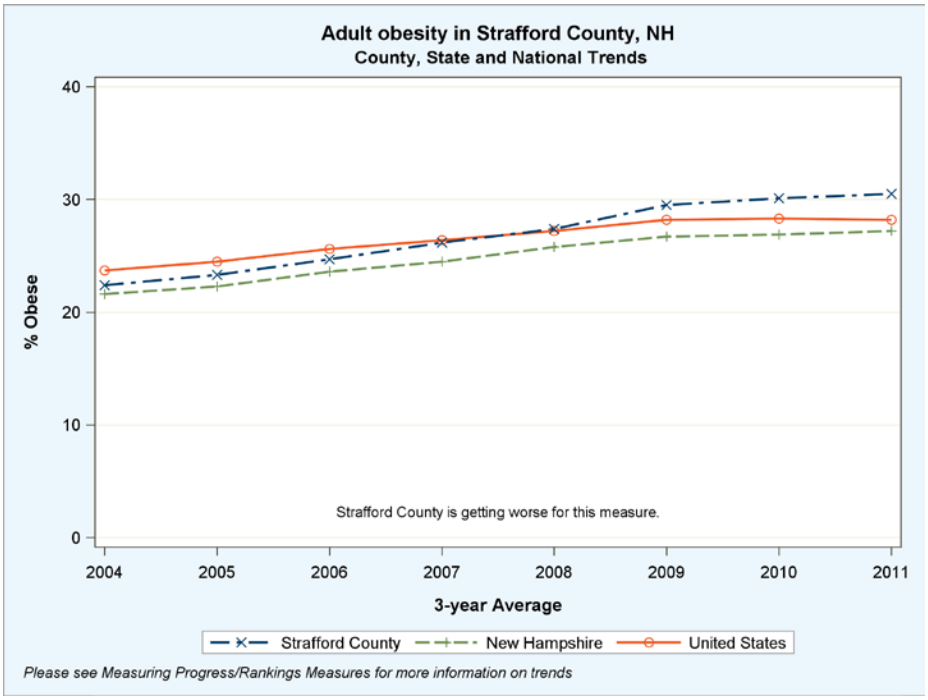
are strongly associated with obesity in New Hampshire. These social determinants couples with an individual's physical environment – where one works, lives, and plays – greatly impacts the food options available to that individual and his/her family. For example, parts of New Hampshire have limited access to fresh, healthy and affordable food. These geographical areas are sometimes referred to as food deserts, and tend to disproportionally affect low income urban or rural areas.

Similarly, the physical activity level a person engages in should be considered within the context of where he or she lives. The "built environment," meaning neighborhoods, streets, buildings, sidewalks, and bike lanes can also play a major role. Some evidence suggests that an environment that is more conducive to physical activity will significantly affect the amount of daily exercise a person gets, and low-income neighborhoods tend to have less recreational areas/ facilities than wealthier neighborhoods.[74][75]

Obesity rates are increasing in Strafford County. According to the 2015 County Health Rankings, 31% of adults are obese in Strafford County compared to an average of 27% in the state of New Hamphire. Overall, Strafford County ranks 8 out of 10 for health outcomes and health factors in New Hampshire.[76]

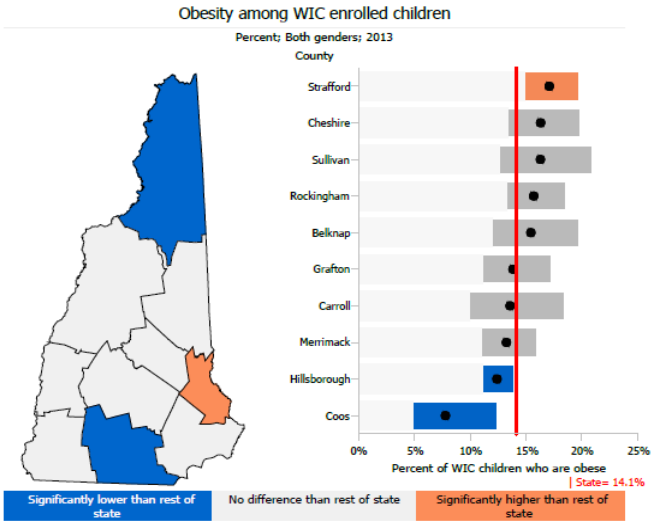
The Strafford County Public Health Advisory Council Network (PHAC), which consists of approximately 165 stakeholders hailing from Strafford County or working in Strafford County, selected obesity/nutrition as one of Strafford County's top three health priorities based on data gathered and presented to them by the Community Health Institue (see appendix) and based on fit and feasibility o address in our county.

[74] (Hannon C., 2006)
[75](Moore, 2008)
[76] (County Health Rankings and Roadmaps, 2015)



Source: 2015 County Health Rankings

Childhood obesity in Strafford County, particularly among low-income populations, is substantial. This corresponds to findings throughout the state of New Hampshire that low-income areas have higher obesity rates.[77] Strafford County has statistically significantly higher obesity rates among WIC enrolled youth than any other county in the state as depicted in the graph below based on data from the Pediatric Nutrition Surveillance System in 2013.



Source: Pediatric Nutrition Surveillance System (PedNSS)

[77] (NH Division of Public Health Services, 2013)

Parts of Strafford County have very high free/reduced lunch rates which can be associated with higher obesity rates unless schools have strong meal standards.[78]

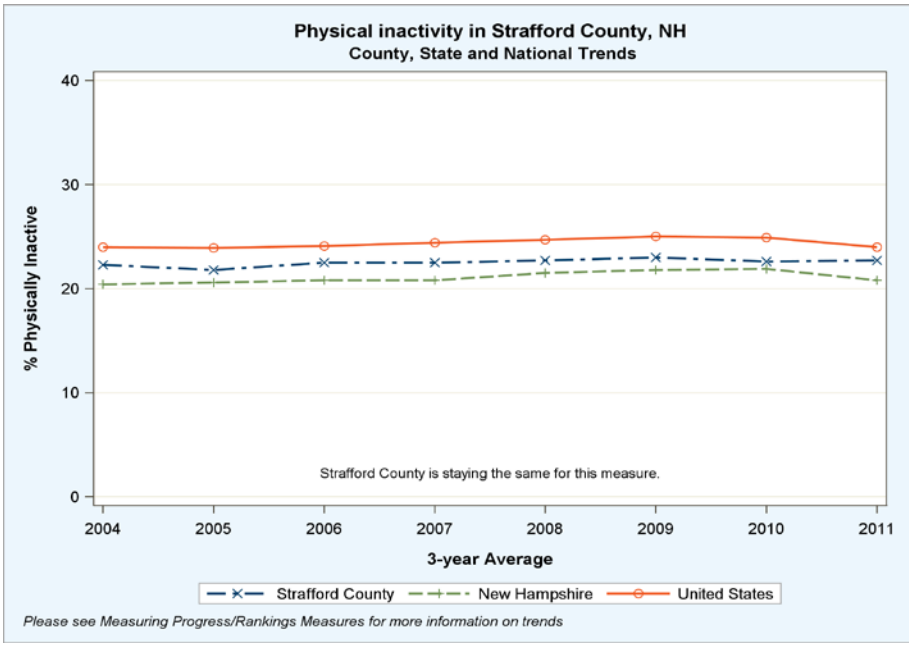
Eligible for free/reduced lunch

Farmington*	**49.02%**
Somersworth*	**47.20%**
Strafford	**35.9%**
New Hampshire	**29%**

Source: NH Department of Education

*Districts in the Coordinated School Health Program

Approximately 23% of adults in Strafford County report that they are physically inactive, meaning they do no leisure time physical activity. See graph below:



Source: 2015 County Health rankings

High levels of passive activity such as TV and computer time are linked to physical inactivity and obesity. About 45% of middle school students in Strafford County reported using a computer for non-school related activities for 3 or more hours on an average school day, and 23% reporting watching three or more hours of TV on an average school day according to the 2015

[78] (National Center for Education Statistics)

Middle School Youth Risk Behavior Survey[79]. It is recommended to have 2 hours or less of recreational screen time a day. There is a public education campaign called 5-2-1-0 that follows the nutrition and physical activity recommendations. It stands for 5 fruits and veggies, 2 hours or less of recreational screen time, 1 hour of physical activity and 0 sugary beverages a day.[80]

Adequate fruit and vegetable consumption (five or more servings a day) is low among adults in Strafford County with 70.20% consuming less than the recommended 5 servings of fruits and vegetables each day.[81]

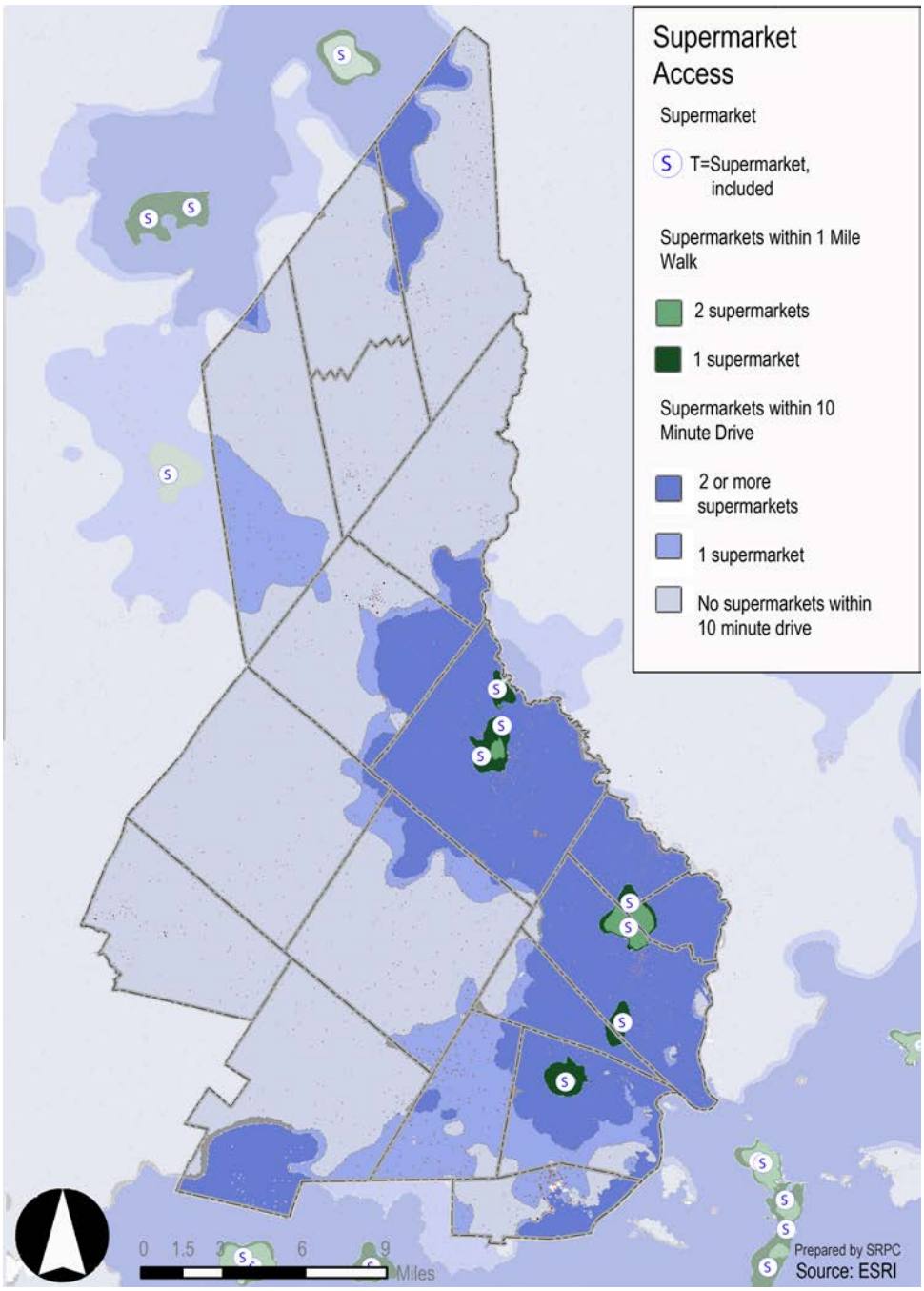
Environmental conditions may be impacting nutrition in Strafford County. Parts of Strafford County have low access to fresh produce, known as food deserts. There is a low rate of grocery store establishments per 100,000 population with only 16.24 compared to 19.67 in the state of NH, and 21.14 in the United States. Recreation and physical activity access was also low in Strafford County, with 8.12 per 100,000 versus 15.19 in the state of New Hampshire.[82] See the image below prepared by Strafford Regional Planning depicting the distance to grocery stores throughout Strafford County.

[79] Strafford County YRBS Middle School Aggregate Data Report, 2015

[80] Accessed www.healthynh.com on Sept. 20 2015

[81] Centers for Disease Control and Prevention , 2005-09

[82] US Census Bureau, 2012



Qualitative themes from two focus groups conducted by the SCPHN supported these quantitative findings that there is a deficiency of healthy food access in Stafford County. The SCPHN conducted two obesity/nutrition focus groups during the summer of 2015. One was held at Frisbie Memorial Hospital (FMH) at the Newborn Baby and Moms group, and one at Goodwin Community Health (GCH) through its' Empowering Whole Health group.

The lack of accessible healthy food was indicated as a barrier to eating healthy, particularly during the FMH focus group. One participant explained that she lives in New Durham and has to drive into Rochester to get decent options of healthy food at grocery stores. Additionally, participants from the GCH group indicated that there is an abundance of fast foods in Strafford County. Another theme that came out of both focus groups was that there is a strong perception that healthy food is expensive and not convenient. Both focus groups suggested grocery store tours would be beneficial in changing that perception and would help adults figure out what to eat on a budget. To increase convenience the participants suggested more information on simple meals that can be prepared ahead of time and frozen, as well as possibly prepackaged meals that have all of the portioned out ingredients to pick up at grocery stores.

The lack of sufficient free/low cost physical activity opportunities was heavily discussed during these focus groups. A theme that came out of both focus groups was that there is insufficient infrastructure/access to free or low cost physical activity opportunities. As one participant stated:

> *I live right on [a busy road] and that road is way too busy to take the stroller out and go for a walk. So if I want to go for a walk or get exercise…I have to go somewhere as opposed to just walking out my door*

Participants in both focus groups felt there needed to be more access to free workout groups and recreational trails that are accessible via bus routes. The FMH focus group felt there needed to be more stroller-accessible trails and the GCH group felt there should be more trails that have physical activity stations similar to a trail in Portsmouth. Additionally, both groups felt that there should be more exercise groups that are oriented for a particular group (i.e. walking groups for persons with diabetes, new moms etc.) that way they can gain support from people in similar circumstances.

REGIONAL ASSETS

In 2013, Strafford County formed a PHAC of over 165 people who strive to improve public health in Strafford County. This group meets biannually and includes breakouts for individuals to collaborate on Obesity/Nutrition topics. There is also a Public Health Advisory Council Executive Board of high level stakeholders that meets quarterly and includes the Director of Healthy Eating Active Living NH (HEAL). Our PHAC Advisory Council determined the following list of assets in Strafford County that are currently working towards addressing this priority:

The Works Fitness Center	Farmers Markets
YMCA	Seacoast Early Learning Alliance
Partners in health community partners	Schools
Rochester Childcare	After School Programs
UP Program- after school program	Coop extension NH food strategy
People/orgs researching and identifying walkability	68 hours of hunger program
CAP	Gardening meet-ups
Community Gardens	Seacoast Eat Local
Meals on Wheels	WIC
Summer vacation meals 0-19	Rotary Club

The Strafford County Public Health Network has partnered with Strafford Regional Planning who has very high readiness to improve public health through approaches such as increasing the infrastructure and accessibility of trails and bike paths. We have partnered with Seacoast Eat Local to provide SNAP/EBT and their incentive programs at the Somersworth Farmers Market. Moreover, through our Somersworth Farmers Market initiative we have been able to collaborate with WIC and UNH cooperative extension program, both of which are organizations that are working towards and eager to improve nutrition in Strafford County. Lastly, SCPHN has partnered with two school districts to implement a Coordinated School Health Program (CSHP). CSHP works on improving the health and nutritional well-being of students through coordinated and comprehensive nutrition policies that enhance the school classroom, cafeteria, and community environment, and support lifelong healthful eating habits in turn improves students' academic performance.

Despite the number of regional assets that our PHAC was able to identify that are working towards this priority area, there is a lack of coordination and collaboration among partners according to the 2014 partner survey results. The partner tool is a web-based social network analysis tool designed by the Robert Wood Johnson Foundation to measure and monitor collaboration among people/organizations. Questions were asked to stakeholders and organizations related to the obesity/nutrition priority areas which did not show many connections among stakeholders/organizations. See image:

Goals, Objectives and Strategic Approach

GOAL	**To promote physically healthy communities by addressing obesity and improving nutrition in Strafford County.**
OBJECTIVE 1:	**Develop a HEAL Coalition in Strafford County.**
OBJECTIVE 2:	**Increase access to free or low cost physical activity opportunities in Strafford County.**
OBJECTIVE 3:	**Improve youth nutrition through expansion of existing programs and school policies.**

STRATEGIC APPROACH

STRATEGY 1: ESTABLISH WORKGROUP TO DEVELOP AND BROADEN NETWORK PRIORITIES FOR OBESITY AND NUTRITION IN STRAFFORD COUNTY.

STRATEGY 2: WORK IN COLLABORATION WITH PHAC PARTNERS TO IDENTIFY OPPORTUNITIES TO INCREASE ACCESS TO FREE AND LOW COST PHYSICAL ACTIVITY OPPORTUNITIES IN STRAFFORD COUNTY.

STRATEGY 3: COORDINATED SCHOOL HEALTH PROGRAM TO ASSESS CURRENT PRACTICIES AND STRENGTHEN/CHANGE POLICIES AND PROGRAMS.

Summary

OBJECTIVE ONE is to build a healthy eating active living (HEAL) coalition in Strafford County. HEAL is a network of state and community partners dedicated to advancing population-based approaches to reduce the prevalence of obesity and chronic disease in New Hampshire. HEAL aims to improve access to healthy foods and opportunities for physical activity, prioritizing its work in communities and populations with the greatest health disparities.[83] To build a HEAL coalition in Strafford county we will first build capacity and gather community support by engaging PHAC partners to form an obesity/nutrition workgroup. By forming this work group, we aim to increase our capacity to make changes through the sharing of resources and

[83] (HealNH, 2015)

collaborating on funding opportunities. Additionally, this workgroup will collaborate on implementing a healthy eating and physical activity unified message throughout Strafford County (e.g. HEAL 5-2-1-0). We will also collaborate with partners to continue the Somersworth Farmers Market and consider opportunities to expand in other high need areas.

OBJECTIVE TWO is to increase access to free or low cost physical activity opportunities, we will first need to gather a list of the existing opportunities and gaps to equitable access in Strafford County. Then through our workgroup and PHAC partners we will develop and disseminate materials of existing free and low cost physical activity opportunities. Additionally, through the workgroup identify needs and potential partners to bolster free and low cost physical activity opportunities throughout Strafford County.

OBJECTIVE THREE is to improve youth nutrition through expansion of existing practices, programs and policies, we will engage CSHP champions to assess and determine needs of current nutrition opportunities in K-12 schools in two school districts through a school assessment. Also, champions will explore nutritional opportunities to integrate in K-12 schools. Lastly, through CSH we will outreach to school leaders with data to affect policy changes to impact nutrition and physical activity practices in the two school districts.

Priority Area 4: Emergency Preparedness

Background

Public health threats are always present. Communities that "align currently existing resources in order to meet operational needs" are more resilient because they are aware of potential risks and better prepared in emergency situations[84]. New Hampshire has in place collaborative relationships among numerous federal- and state-level agencies, including the Department of Health and Human Services, the Department of Homeland Security and Emergency Management as well as the state's 13 Public Health Networks[85].Through the Public Health Network system, communities throughout the state can build capacity among stakeholder organizations, including hospitals, health care providers, social service agencies, local government officials, and fire, police, and EMS to ensure a coordinated response to reduce risk during an adverse incident[86].

Results from the 2013 New Hampshire BRFSS Survey on Emergency Preparedness indicate 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*[87].Responses to questions about supply of water, medications, and evacuation plan reveal that 63.2 percent of adults have*3 days water supply* and 82.7 percent have *3days supply of prescription medication*. Only 16.8 percent reported having a *written evacuation plan* in place[88].

The 2013 New Hampshire BRFSS Survey on People with Disability revealed 6.8 percent of people have a health problem that requires special equipment such as a cane, wheelchair, a special bed, or a special telephone[89].Only 2.9 percent of adults reported being blind or having

[84](NH Division of Public Health Services, 2013)
[85] (ibid)
[86] (ibid)
[87](Lim, 2015)
[88] (ibid)
[89](Lim, Results form the 2013 New Hampshire BRFSS Survey on People with Disability, 2015)

serious difficulty seeing, even when wearing glasses[90]. 9.7 percent reported having difficulty concentrating, remembering, or making decisions because of a mental, physical, or emotional condition. 10.8 percent reported having difficulty walking or climbing stairs. 3 percent have difficulty dressing or bathing[91].

Emergency Preparedness activities are coordinated through Ready Strafford, which is a collaborative network comprised of key Emergency Preparedness and Public Health stakeholders and partners to effectively respond to public health emergencies and threats. Ready Strafford practices an "all hazards" response approach to monitor health status, diagnose and investigate health problems and health hazards, inform public about health issues, mobilize community partners, and enforce laws and regulations that protect health and ensure safety.

Over the past year, Ready Strafford has made progress engaging and collaborating with new partners to continually build community resilience and sustain public health and emergency response systems.

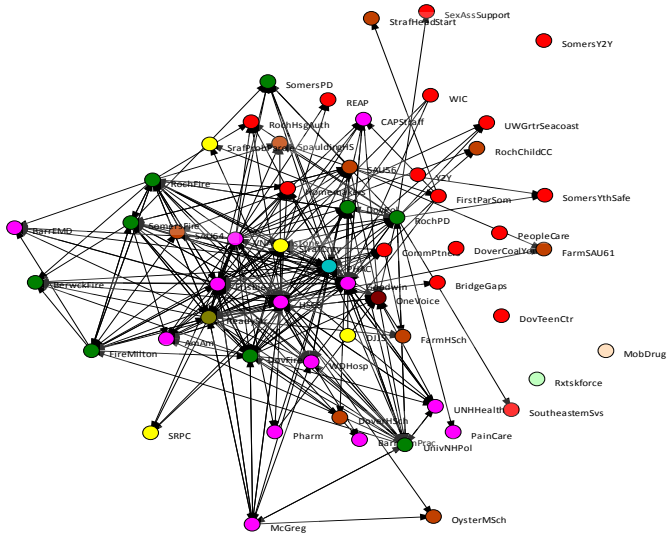
Results from the 2013 New Hampshire BRFSS Survey on Emergency Preparedness indicate 30.7 percent of adults in Strafford County consider themselves *well prepared* in the event of an *wide-scale disaster or emergency*, while 55 percent believed to *be somewhat* and 14.3 percent believed they were *not at all prepared*[92]. Responses to questions about supply of water, medications, and evacuation plan reveal that 62.8 percent of Strafford County adults had a *3 day water supply*, 81.9 percent had *3 day supply of prescription medication*, and only 18.6 percent had *written evacuation plans* in place[93].

The 2013 New Hampshire BRFSS Survey on People with Disability revealed that 4.3 percent of adults report being *blind or having serious difficulty seeing*[94]. Strafford County had the second

[90] (ibid)
[91](Lim, Results form the 2013 New Hampshire BRFSS Survey on People with Disability, 2015)
[92](Lim, 2015)
[93] (ibid)
[94](Lim, Results form the 2013 New Hampshire BRFSS Survey on People with Disability, 2015)

highest number of adults, 13.8 percent, who had *difficulty concentrating, remembering, or making decisions*, and had also the second highest number of people, 12.6 percent, having *difficulty walking or climbing stairs*[95]. In measuring activities of daily life, 3.6 percent reported *having difficulty dressing or bathing*, and 7 percent reporting having difficulty shopping or going to doctor appointments[96].

Regional Assets



PARTNERS INCLUDE:

Hospitals	Municipalities including: Fire, Police, and EMS	School districts
Strafford County Citizen Corp.	Cornerstone VNA	Community Action Partnership
health care providers	community health centers	Community Mental Health

[95] (ibid)

[96] (ibid)

Goals, Objectives and Strategic Approach

GOAL	**To build community resilience and to strengthen and sustain public health and emergency response systems.**
OBJECTIVE 1:	**Increase the integration of key stakeholder organizations within the public health network that engage in public health emergency planning, training, exercising, and response.**
OBJECTIVE 2:	**Increase the capacity of community partners to support health preparedness.**
OBJECTIVE 3:	**Identify and initiate Medical Countermeasure dispensing strategies**

STRATEGIC APPROACH

STRATEGY 1: COLLABORATE WITH COMMUNITY ORGANIZATIONS TO IMPROVE THE CAPACITY TO DELIVER THE TEN ESSENTIAL PUBLIC HEALTH SERVICES.

STRATEGY 2: CONDUCT OUTREACH TO ELECTED AND APPOINTED MUNICIPAL OFFICIALS TO ENSURE KNOWLEDGE OF REGIONAL PUBLIC HEALTH EMERGENCY PLANS.

STRATEGY 3: INCREAES CLOSED POINT OF DISTRIBUTION (POD) CAPACITY TO FACILITATE REGIONAL MEDICAL COUNTERMEASURES.

Summary

Building community resilience, and strengthening and sustaining public health and emergency systems in Strafford County, can be accomplished through three Objectives.

OBJECTIVE 1**:** Increase the integration of key stakeholder organizations within the public health network that engage in public health emergency planning, training, exercising, and response.

PHAC and network partners propose collaborating with community organizations to improve the capacity to deliver the Ten Essential Public Health Services by convening and facilitating community partnerships, task forces, or initiatives that foster the ability to ensure vulnerable populations can recover from an emergency.

To accomplish this objective, we recommend the following activity:

1. Convene and facilitate community partnerships, task forces, or initiatives that foster the ability of first responders to ensure vulnerable populations can recover from an emergency.

OBJECTIVE 2: Increase the capacity of community partners to support health preparedness.

PHAC and network partners recommend conducting outreach to elected and appointment municipal officials to ensure knowledge of regional public health emergency plans through coordinating and facilitating meetings with City/Town Managers, Emergency Managers, and Health Officers to increase awareness of their role in Emergency Preparedness.

To accomplish this objective, we recommend the following activity:

1. Coordinate and facilitate meetings with City/Town Managers, Emergency Managers, and Health Officers to increase awareness of their role in emergency preparedness response.

OBJECTIVE 3: Identify and initiate Medical Countermeasure dispensing strategies

PHAC and network partners recommend increasing Close Point of Distribution (POD) capacity to facilitate regional medical countermeasures by developing Closed POD capacity through memorandum of understanding development, training, and exercises.

To accomplish this objective, we recommend the following activity:

1. Develop Closed POD capacity through memorandum of understanding development, training, and exercises.

Priority Area 5: Heart Disease and Stroke

Background

Heart disease remains the largest cause of premature death in the United States and is the second leading cause of death in New Hampshire. In 2008, 1,700 deaths and 5,583 hospitalizations occurred due to heart disease[97].Heart disease includes several types of conditions, the most common being coronary artery disease, which results when plaque builds up in the arteries reducing blood flow to the heart[98]. Risk factors to developing heart disease include high blood pressure, obesity, smoking, high cholesterol levels, and lack of exercise[99]. In 2009, approximately 29 percent of New Hampshire's adult population reported having high blood pressure and over 38 percent reported having high cholesterol.[100] Nationally, high blood pressure is attributable to nearly 30% of all coronary heart disease and approximately 20%–50% of strokes[101].

NH State Health Improvement Plan 2013-2020 Priority Objectives, Executive Summary

- Reduce high blood cholesterol in adults
- Reduce high blood pressure in adults
- Reduce coronary heart disease deaths
- Reduce stroke deaths

Stroke is the fourth leading cause of death in the United States, and in 2008, there were 484 deaths and 1,670 hospitalizations in New Hampshire attributed to stroke[102]. Stroke occurs when blood vessels carrying oxygen to the brain is blocked or ruptures[103]. Leading modifiable risks factors for both heart disease and stroke including high blood pressure, heart disease, smoking, poor diet, and high cholesterol[104].

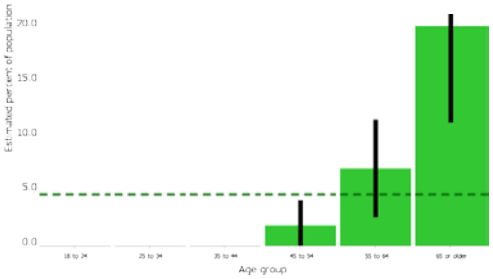
Preventing heart disease and stroke can be accomplished through a concerted effort among health care providers, insurers, community leaders, and public health agencies[105]. Increasing

[97](NH Division of Public Health Services, 2013)
[98](Heart Disease Facts, 2015)
[99](Heart Disease Facts, 2015)
[100](NH Division of Public Health Services, 2013)
[101](NH Environmental Public Health Tracking, 2015)
[102](NH Division of Public Health Services, 2013)
[103](Stroke Risk Factors, 2012)
[104] (ibid)
[105](New Hampshire Depatment of Health and Human Services)

awareness of health promoting behaviors and treating high blood pressure and high cholesterol levels early on can help reduce risk of developing heart disease and stroke and improve overall health and wellbeing[106].New Hampshire acknowledges heart disease and stroke as serious health conditions that have "broad implications for society overall with significant impacts on economic and cultural wellbeing"[107]. With that, Heart Disease and Stroke was identified as one of 10 key areas addressed in the NH State Health Improvement Plan, 2013-2015[108].

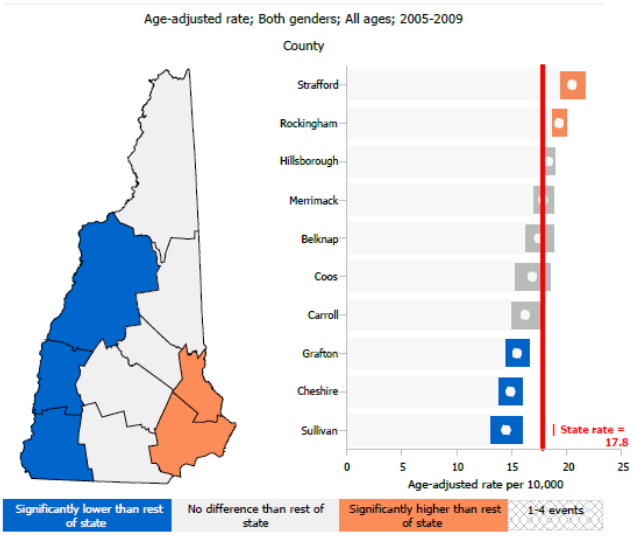
The burden of heart disease in Strafford County is great. Strafford County ranks third out of 10 counties in the number of adults diagnosed with, and hospitalized for, coronary heart disease,5.65 percent and 18.19 per 10,000admissions respectively (Figure 5)[109]. Just as alarming is the burden of stroke in Strafford County, which is significantly higher than the rest of the state. From 2009-2013, Strafford County had the highest rate in the state for hospital admissions attributable to stroke[110] (Figure 6) and third highest rate for stroke mortality (204 deaths)[111].

Figure 5: Coronary Heart Disease Prevalence, 2013



Strafford County ranks poorly also for the number of adults reporting having high blood pressure, being obese, smoking cigarettes, having high cholesterol levels, and being physically inactive[112].For example, 19 percent of adults report smoking cigarettes,23 percent report being physically inactive, and31 percent report being obese[113].

Figure 6: Stroke Hospitalizations 2005-2009



Over 33 percent of adults between the age of 55 and 64 reported having high blood pressure. The rate significantly increases for people age 65 years and

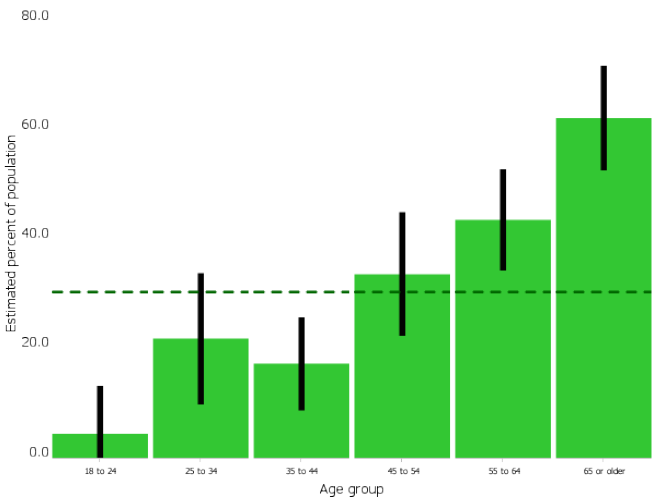
[106] (ibid)
[107] (ibid)
[108] (ibid)
[109](NH Division of Public Health Services)
[110](NH Division of Public Health Services)
[111](NH Division of Public Health Services)
[112](Heart Disease Facts, 2015)
[113](County Health Rankings and Roadmaps, 2015)

older to reporting having high blood pressure (Figure 7)[114].

To better understand how Heart Disease and Stroke is perceived by the community, two focus groups were conducted at:

- The Homemakers Health Services Day Out program
- St. Ann Senior Living Center – Bishop Gendron Apartments

Figure 7: High Blood Pressure Awareness (Adults) 2013



In total 28 participants – 25 women and three men age 60 years and older – were asked questions about heart disease and stroke prevention. Sixty percent of the participants have been diagnosed with heart disease and/or have had a stroke. Given that the majority of the participants have a history of heart disease most were able to identify preventative measures to reduce risk. Responses included:

- Maintain a healthy lifestyle
- Exercise and stay active
- Eat healthy food choices
- Have cholesterol and blood pressure screened
- Regular visits with doctor

Similar responses were provided when asked how to prevent stroke with the addition of: understanding and recognizing the signs and symptoms of stroke.

Participants listed only two resources they were aware of to prevent heart disease and stroke: access to health care providers and transportation.

Barriers that prevent seniors from reducing risks include self-knowledge of health related emergency was primary barrier. Even those who had previously had experienced either an emergency to heart disease or stroke, knowledge and awareness remained paramount to extending the chain of life. Other barriers include expenses and cost of care, transportation, and hereditary issues.

[114](NH Environmental Public Health Tracking, 2015)

Regional Assets

The following organizations are those "assets" to address Heart Disease and Stroke initiatives:

- Frisbie Memorial Hospital
- Goodwin Community Health Center
- Wentworth-Douglass Hospital
- Community Partners Behavioral Health Center
- The Strafford County Y
- Rochester Child Care Center
- Strafford Regional Planning Commission
- Community Action Partnership of Strafford County

As illustrated in Partner Tool graphic, there are opportunities to engage new, and improve coordination with existing, stakeholder organizations to increase awareness of heart disease and stroke prevention. A "collective impact" fosters accountability among stakeholder organizations to improve population health[115]. Increasing coordination among stakeholder organizations and employing evidence-based protocols in the health care setting can improve overall health and wellbeing.

Presently, several initiatives are underway to reduce the risk of developing heart disease and stroke including integrating the Million Hearts' "Ten Steps for Improving Blood Pressure Control in the Primary Care Setting" and the American Heart Association's Go Red for Women initiative.

[115](New Hampshire Depatment of Health and Human Services)

Goals, Objectives and Strategic Approach

GOAL	**To achieve physically healthy communities by addressing Heart Disease and Stroke in Strafford County.**
OBJECTIVE 1:	**Build awareness to reduce heart disease and stroke in Strafford County.**
OBJECTIVE 2:	**Increase awareness of best practices to prevent and detect heart disease and stroke.**
STRATEGIC APPROACH STRATEGY 1: IMPLEMENT MILLION HEARTS CAMPAIGN THROUGHOUT STRAFFORD COUNTY. STRATEGY 2: COLLABORATE WITH PHAC PARTNERS TO INCREASE THE PUBLIC AWARENESS OF HEART DISEASE AND STROKE PREVENTION.	

Summary

To achieve the overarching goal that Strafford County is home to "physically healthy communities by addressing Heart Disease and Stroke" requires a concerted effort among multi-sectoral stakeholder organizations[116]. The Strafford County CHIP Heart Disease and Stroke objectives align with those in the NH State Health Improvement Plan to reduce risk factors of developing heart disease and stroke[117].

The Strafford County PHAC and network stakeholder organizations recommend integrating the Million Hearts initiative throughout primary care settings in Strafford County to increase awareness of risk factors associated with developing heart disease and stroke. Through the Million Hearts initiative, evidenced-based prevention and interventions can be effectively diffused within primary care and other health care setting as a means to increase provider and patient engagement[118]. The process of integrating the Million Hearts initiatives is presently underway. For example, Goodwin Community Health Center has trained staff at Community

[116](NH Division of Public Health Services, 2013)
[117](NH Division of Public Health Services, 2013)
[118](Cheshire Medical Center/Dartmouth-Hitchcock Keene)

Partners Behavioral Health on how to use automated blood pressure cuffs so that they can measure blood pressure of their patients. Goodwin Community Health, Frisbie Memorial Hospital and Wentworth-Douglass Hospital are employing the Million Hearts evidence-based "Ten Steps for Blood Pressure Control in the Primary Care Setting" model to reduce risk for developing heart disease and stroke and to affect long-lasting behavioral change[119]. The Physician Association of Rochester and its primary care provider members are working with local restaurants to develop a listing of foods lower in sodium on menus to distribute to patients in primary care offices.

PHAC and network partners recommend expanding the American Heart Association's Go Red for Women initiative throughout Strafford County to increase public awareness about heart disease and stroke prevention. Go Red for Women events help to build momentum by bringing attention to the issue of heart disease and women so that more people take action to prevent heart disease[120].

Preventing risk factors such as uncontrolled blood pressure and high cholesterol will reduce the incidence of heart disease and stroke[121]. However, in the event that stroke does occur, rapid response is essential to optimize recovery. The CDC reports that only 38 percent of the public is aware of stroke warning signs and 48 percent of stroke deaths occur before a person is hospitalized[122].

Through FAST stroke recognition education, more community members will be aware of the warning signs of stroke. PHAC and network partners recommend a coordinated community-oriented effort among area hospitals and health care agencies to provide FAST stroke recognition education to the community to improve health outcomes.

[119](Cheshire Medical Center/Dartmouth-Hitchcock Keene)
[120](American Heart Association, 2015)
[121](NH Division of Public Health Services, 2013)
[122](New Hampshire Depatment of Health and Human Services)

Appendix A: Substance Misuse Prevention, Treatment, and Recovery

Objective 1: Improve access to comprehensive treatment and recovery resources.		
STRATEGY 1: WORK IN COLLABORATION WITH PHAC/COC PARTNERS TO CREATE A RECOVERY CENTER HOUSING LOCAL RESOURCES IN STRAFFORD COUNTY FOR YOUTH AND ADULTS.		
Activities	**Short-term Performance Targets**	**Intermediate Performance Targets**
1. Through established workgroup develop business plan and fundraising/sustainability; 2. Develop key volunteer and peer supports to bolster capacity for Recovery Center; 3. Work with existing Family Support groups to integrate caregiver resources into Recovery Center	1. A) Two fundraising events held by March 1 2016 1. B) Business plan completed by March 1 2016 2. Commitments from two local residential care entities to supplant RCC with weekly volunteer hours 3. Commitments from two family support groups to hold weekly meetings at RCC by April 1 2016	1. Funds raised to cover 12 months of overhead costs for RCC by February 1 2016 2. Contracts signed with three funding sources with fiscal commitments through Jan 1 2017 3. Two weekly family support meetings scheduled at RCC by Jan 1 2017
Objective 2: Increase workforce development opportunities in the areas of Treatment and Recovery among Strafford County Treatment and Recovery stakeholder organizations.		
STRATEGY 2: WORK IN COLLABORATION WITH PHAC PARTNERS TO IDENTIFY OPPORTUNITIES TO INCREASE CAPACITY OF TREATMENT AND RECOVERY WORKFORCE TO ADDRESS SUBSTANCE MISUSE INITIATIVES.		
Activities	**Short-term Performance Targets**	**Intermediate Performance Targets**
1. Train peer support stakeholders in Recovery Coaching and Ethics; 2. Develop summer learning series for hospital staff to learn more about stigma and support patients with SUD; 3. Offer training for PHAC members on SUD trends, data, and interventions that can be	1. One Recovery Coach Training completed in Strafford County by April 1 2016 2. One two-session summer learning series completed with 20 attendees each by October 1 2016 3. One training completed during midday break at bi-annual PHAC meeting by Oct 1 2016	1. Thirty certified Recovery Coaches residing in Strafford County by January 1 2017 2. One workgroup created to continue SUD support & cultural competency awareness efforts 3. Public training by regional experts convened during

implemented among various sectors.		Recovery Summit 2017

Objective 3: Develop and coordinate comprehensive opioid response within the region for prevention, treatment, and recovery.

STRATEGY 3: CONTINUE FACILITATION OF MULTI-SECTOR OPIOID TASKFORCE MONTHLY

Activities	Short-term Performance Targets	Intermediate Performance Targets
1. Develop comprehensive dissemination and outreach of Naloxone strategies that align with State response; 2. Establish and maintain clearinghouse of resources for treatment to augment NH Treatment Locator including sober houses, recovery support, and family support; 3. Coordinate Strafford County Recovery Summit; 4. Develop Crisis Response teams to assist LE and EMS in overdose calls to encourage individual towards treatment and recovery.	1. 70 percent of Strafford County pharmacies dispensing naloxone and related equipment by August 1 2016 2. ONE Voice website to create and populate 'Resources' page by Feb 1 2016 3. Convene Strafford County Recovery Summit with 250 attendees by June 1 2016 4. Commit one regional hospital to utilize recovery support agent during overdose calls by Jan 1 2017	1. 100 percent of Strafford County pharmacies dispensing naloxone and related equipment by August 1 2018 2. 'Resources' page to include step-by-step instructions for Strafford County residents seeking treatment, recovery supports; troubleshooting common insurance issues by Jan 1 2017 3. Convene Strafford County Recovery summit with 350 attendees by June 1 2017 4. Commit two regional hospitals to utilize recovery support agent during overdose calls by Jan 1 2018

Objective 4: Increase the level of collaboration from collaborative to coordinated among high-level medical, mental health, and SUD organizations.

STRATEGY 4: CONVENE AND FACILITATE CONTINUUM OF CARE PREVENTION AND TREATMENT AND RECOVERY ROUNDTABLES AND COORDINATE WORKGROUPS.

Activities	Short-term Performance Targets	Intermediate Performance Targets
1. Oversee and coordinate all workgroups and CoC Roundtable quarterly and monthly; 2. Ensure that the CoC Roundtable has particular SME for prevention, intervention, treatment, and recovery; 3. Use their expertise in PHAC meetings throughout the year to engage new members in SUD work.	1. Appoint chairs for each existing workgroup by Jan 1 2016 2. Agenda items related to prevention, treatment, and recovery added to each meeting agenda (review date: May 15 2016) 3. One featured PHAC member to present on SUD topic per each PHAC meeting (review date: Sept. 22 2016)	1. Increase roundtable membership from 14 to 18 by May 1 2016 2. Agenda items have been added concerning prevention, treatment, and recovery for each Continuum of Care meeting (review date: May 15 2017) 3. One featured PHAC member to present on SUD topic per each PHAC meeting (review date: Sept. 21 2017)

Appendix B: Mental Health

Objective 1: Increase coordination among area hospitals and other health care organizations to facilitate the creation and integration of acute care services.

STRATEGY 1: ESTABLISH A MENTAL HEALTH WORKGROUP OF AREA HOSPITALS AND COMMUNITY HEALTH ORGANIZATIONS TO CONVENE AND COLLABORATE TO ADDRESS MENTAL HEALTH SUPPORTS WITH EMPHASIS ON COORDINATED CRISIS SUPPORT SERVICES AND DUAL DIAGNOSIS TREATMENT SERVICES.

Activities	Short-term Performance Targets	Intermediate Performance Targets
1. Identify high-level mental health operational stakeholders to convene and develop plans for crisis support and dual diagnosis treatment services in Strafford County;	1. Mental Health workgroup stakeholders identified.	1. Mental Health workgroup convenes quarterly each year for three years to develop plans for crisis support and dual diagnosis treatment services.
2. Identify evidence-based models and programs nationwide to adapt and replicate in Strafford County;	2. Evidence-based models and programs to be adapted and replicated identified.	2. Plans to adapt and replicate evidence-based models and programs created.
3. Identify appropriate payor representation to participate in a mental health workgroup.	3. Appropriate payor representation identified for Mental Health workgroup.	3. Payor representative(s) participate in quarterly Mental Health workgroup each year.

Objective 2: Identify and garner resources to support mental health.

STRATEGY 2: DEVELOP AND CULTIVATE RESOURCES TO ENCOURAGE MENTAL HEALTH WORKFORCE IS ADEQUATELY TRAINED AND DISSEMINATE TO MENTAL HEALTH STAKEHOLDERS.		
Activities	**Short-term Performance Targets**	**Intermediate Performance Targets**
1. Develop scholarship opportunities to promote further continuing education for mental health direct service providers;	1. Identify course and training offerings (i.e. AHEC) to develop scholarship opportunities to support continuing education initiatives for Mental Health service providers developed.	1. Scholarships awarded to _____ Mental Health service providers within 3 years.
2. Create a training hub for general population training on Mental Health;	2. Identify resources to support the creation of a Mental Health training hub for the general public.	2. Mental Health training hub created to train general public on Mental Health.
3. Support school districts in addressing mental health of its students through policy, programs and practices.	3. Policy, programs and practices to address students' Mental Health identified.	3. Initiatives in place in _____ [number of schools] in Strafford County to address students' Mental Health.

Appendix C: Obesity and Nutrition

Objective 1: Develop a HEAL coalition in Strafford County		
STRATEGY 1: ESTABLISH QUARTERLY A WORKGROUP TO DEVELOP OBESITY AND NUTRITION WORKGROUP TO BROADEN NETWORK PRIORITIES.		
Activities	**Short-term Performance Targets**	**Intermediate Performance Targets**
1. Implement a healthy eating and physical activity unified message throughout Strafford County 2. Increase the coordination and collaboration of healthy eating and physical activity initiatives throughout Strafford County	1. With PHAC partners determine a unified message and create a plan for avenues to disseminate 2. Establish a comprehensive list of initiatives organizations are currently working towards throughout Strafford County	1. Disseminate message in at least 3 formats throughout Strafford County 2. Partners collaborate on at least one new initiative in Strafford County
Objective 2: Increase access to free or low cost physical activity opportunities in Strafford County.		
STRATEGY 2: WORK IN COLLABORATION WITH PHAC PARTNERS TO IDENTIFY OPPORTUNITIES TO INCREASE AWARENESS AND REINFORCE FREE AND LOW COST PHYSICAL ACTIVITY OPPORTUNITIES IN STRAFFORD COUNTY.		
Activities	**Short-term Performance Targets**	**Intermediate Performance Targets**
1. Engage PHAC partners to develop and disseminate materials of existing free and low cost physical activity opportunities 2. Identify potential opportunities to bolster free and low cost physical activity opportunities in Strafford County	1. Establish a robust list of free and low cost physical activity opportunities in Strafford County 2. With PHAC partners identify gaps in equitable access to physical activity opportunities	1. Distribute materials containing information of existing free and low-cost physical activity opportunities 2. Pursue at least one opportunity to increase access and/or bolster physical activity in Strafford County
Objective 3: Improve youth nutrition through expansion of existing programs and school policies		
STRATEGY 3: COORDINATED SCHOOL HEALTH PROGRAM TO ASSESS CURRENT PRACTICES AND STRENGTHEN / CHANGE POLICIES AND PROGRAMS		
Activities	**Short-term Performance Targets**	**Intermediate Performance Targets**

1. Engage CSH champions to assess current nutrition opportunities in K-12 schools in two school districts 2. Assess nutritional opportunities to integrate in K-12 schools utilizing CSH champions 3. Outreach to school leaders with data to affect policy and program changes	1. CSH champions complete initial assessments in their schools and review results 2. With CSH champions research evidence based nutrition opportunities to integrate in their schools 3. With CSH champions compile data to support selected policy and program changes that will impact their health priorities	1. Using a represented wellness committee review results and determine gaps 2. Incorporate at least one adjustment to impact nutrition in CSH schools 3. With CSH champs present to school board and other administrators to create at least one policy or program change

Appendix D: Emergency Preparedness

Objective 1: Increase the integration of key stakeholder organizations within the public health network that engage in public health emergency planning, training, exercising, and response.		
STRATEGY 1: COLLABORATE WITH COMMUNITY ORGANIZATIONS TO IMPROVE CAPACITY TO DELIVER THE TEN ESSENTIAL PUBLIC HEALTH SERVICES.		
Activities	**Short-term Performance Targets**	**Intermediate Performance Targets**
1. Convene and facilitate community partnerships, task forces, or initiatives that foster the ability of first responders to ensure vulnerable populations can recover from an emergency.	1. Continue to facilitate emergency preparedness partnerships, task forces, or initiatives so that first responders can ensure vulnerable populations can recover in an emergency.	1. Strafford County Regional Public Health Area Network to convene and facilitate emergency preparedness team quarterly for each year over three years.
Objective 2: Increase the capacity of community partners to support health preparedness.		
STRATEGY 2: CONDUCT OUTREACH TO ELECTED AND APPOINTED MUNICIPAL OFFICIALS TO ENSURE KNOWLEDGE OF REGIONAL PUBLIC HEALTH EMERGENCY PLANS.		
Activities	**Short-term Performance Targets**	**Intermediate Performance Targets**
1. Coordinate and facilitate meetings with City/Town Managers, Emergency Managers, and Health Officers to increase awareness of their role in emergency preparedness response.	1. Continue to coordinate and facilitate meetings with City officials, Emergency Response Managers and Health Officers to increase awareness of Emergency Preparedness responsibilities.	1. Meetings to be scheduled quarterly each year over three years.
Objective 3: Identify and initiate Medical Countermeasure dispensing strategies.		
STRATEGY 3: INCREASE CLOSE POINT OF DISTRIBUTION (POD) CAPACITY TO FACILITATE REGIONAL MEDICAL COUNTERMEASURES.		
Activities	**Short-term Performance Targets**	**Intermediate Performance Targets**

1. Develop Closed POD capacity through memorandum of understanding development, training, and exercises.	1. Convene stakeholders to develop workplan to develop CLOSED POD capacity through memorandum of understanding development, training, and exercises.	1. CLOSED POD capacity through memorandum of understanding development, training, and exercises developed and implemented.

Appendix E: Heart Disease and Stroke

Objective 1: Build awareness to reduce heart disease and stroke in Strafford County.		
STRATEGY 1: IMPLEMENT MILLION HEARTS CAMPAIGN THROUGHOUT STRAFFORD COUNTY.		
Activities	**Short-term Performance Targets**	**Intermediate Performance Targets**
1. Coordinate with PHAC partners to increase the number of medical practitioners implementing the Million Hearts Campaign in a minimum of three practices in Strafford County 2. Coordinate with PHAC partners to create and disseminate resources	1. With PHAC partners determine a list of practices and practitioners currently implementing the Million Hearts Campaign 2. Select or create appropriate resources to disseminate to partners and practices	1. Increase the number of practices implementing Million Hearts to ensure at least 3 practices are using it 2. Distribute at least 500 resources
Objective 2: Increase awareness of best practices to prevent and detect heart disease and stroke.		
STRATEGY 2: COLLABORATE WITH PHAC PARTNERS TO INCREASE PUBLIC AWARENESS OF HEART DISEASE AND STROKE PREVENTION.		
Activities	**Short-term Performance Targets**	**Intermediate Performance Targets**
1. Coordinate and work in collaboration with PHAC partners to identify opportunities to expand Go Red and FAST Stroke recognition initiatives throughout Strafford County	1. With PHAC partners determine at least 2 new avenues to expand Go Red and FAST stroke recognition initiatives	1.Increase the awareness of GO Red and FAST stroke recognition in Strafford County

APPENDIX F: Asset and Gap Inventory-Refer to PDF

Existing Strategies/Actions		Strengths/Assets	Barriers/ Challenges	Proposed Strategies/ Activities	Stakeholders and Resources
Substance Misuse: Prevention, Treatment and Recovery					
I. Increase the coordination of treatment and recovery of stakeholder organizations by 5% in three years.					
Youth education/prevention	MAT	DFC Funding	HLOC	#1 Workforce development-license issues	SENHS
Parent education/prevention	AA/NA (12-Step)	Stop Act	Stigma	#2 Dual diagnosis treatment-inpatient youth and adult	Police
Drug taskforce	Bonfire	Drug Court	Media coverage	#3 Community resource center/recovery support center youth and adult (all resources in place FJC model)	Schools
PeopleCare - Farmington	Triangle Club	Community Benefits	Provider support/ancillary support		Medical providers
L.O.A	HOPE	Juvenile Justice	Outreach		Local businesses
Youth to Youth	IOP Alumni group	Private Insurance	Silo		Church
Community commissions	12-Step Yoga	Public Health	Crisis phone		Family
Rec. Department after school program	SENDHD	SAMSAA	Chronic absenteeism		Advocacy
Prescriber education	ROAD (IOP, MAT)	NH Charitable Fund	Tx facilities	DARE - All schools	Courts
Child sexual abuse/SASS	Cocheco counseling	S.V. prevention	Prison program/re-entry	Lunch and Learns	Hospital
ASAP	Merrimack Valley (M+D)	EAPs	RSS for women	Job assistance/adolescents	Funders
Teen/adult drug court	Outpatient Counseling	TANF	Childcare	Use media to discuss SUD	Bonfire
Mental health court	NHEP	Nonprofits	Transportation	F/U wellness	Politicians
Brief intervention	REAP	Bridging the Gap Rochester Community Coalition for Alcohol and Drug Dependence	Prevention services - early childhood education	Comm/committee/SUD	Lawyers
CFS probation/parole	Home visiting/DCYF		Access to treatment	Coordinated Care	Media
Head Start	REAP at Community Partners (older adults)	In shape= Healthy Choices/Changes	Single payer	Outreach board provider ED/PCP	Probation/parole
Primary Care			Family support		Drug industry
Care coordination			RSS for adolescents		MH
EMS			Treatment for adolescents		New Future
CIT			Provider development for recovery and treatment		Pharmacies
			Domestic and sexual abuse		HOPE

Mental Health					
Education	MH Peer Support	Community Partners in Schools	Stigma	Educate youth on how to effectively manage emotions	
Safe Schools, Healthy Students	Clear Path Program (Homemakers)	Homecare agencies	Push back from school boards and parents	Media campaign on MH*	
Existing Strategies/Actions		**Strengths/Assets**	**Barriers/ Challenges**	**Proposed Strategies/ Activities**	**Stakeholders and Resources**
Youth Peer Groups i.e. Youth to Youth	Adult	Rochester Rec. Programs	Elder isolation	MH Specialists in primary care	
Mental Health Wellness Programs - Businesses	MH Court	Social workers in primary care	Lack of access to physical ed	#1 Educate all school aged youth	
NH Guard Program	MH Respite Housing	SCPB	lack of resources	#2 MH IOP with transportation	
Mental Health First Aid	EAP	Social workers in schools	Lack of access to information and training for parents	#3 Mentoring youth program	
Engagement of Insurance industry	CFS	Rochester Housing Authority	PCs practicing beyond scope		
PPIS Models	SAP	SASS, A Safe Place	Competing policies/procedures between agencies i.e. police		
Portsmouth support programs i.e. include teacher support	MH Court- Felony Level	CAP	Wait time for interventions		
	Geri psych unit	Mental Health First Aid	Communicating assets/coordination	Educate medical community re: MH - use consult model i.e. MIA	
	Integrated BH and primary care	Tri City CO-OP	Environmental stressors	Mental Health First Aid for Strafford County	
	CHINS Strafford County	CIT Team	Family/community engagement	Data mine successful population-based screening and preventions	
		Safe Schools/ Healthy Student Grant in Rochester	Access to health coverage	Engage business community	
		Healthy Choices, Healthy Changes	Payors/insurance companies	Improve transition process from ER to appropriate treatment i.e. IOP, inpatient beds	
		Family Justice Center			
Obesity and Nutrition					

WDH: sweetened beverages ban on campus		The Works Fitness Center and YMCA	Lack of transportation to fitness facilities	1. Continue to build a HEAL coalition. Activities: I. Create a workgroup to broaden the network to implement HEAL programs/initiatives	

Existing Strategies/Actions		Strengths/Assets	Barriers/ Challenges	Proposed Strategies/ Activities	Stakeholders and Resources
Health Families Home Visiting Program (CAP)		Partners in Health community partners	Lack of knowledge i.e. parks	2. Increase free/low cost phyisical activity opportunities. Activities: I. Outreach to conservation commissions in the community to identify opportunities to access space for recreational purposes. II. Increase access to fitness programs in the community.	
Grown an Extra Row for Pantries (CAP)		Rochester Childcare	No longer 21st Century Program	3. Improve youth nutrition through expansion of existing program and school policies. Activities: I. Coordinated School Health Program to change/strengthen policies and programs. II. Expand early education programs. III. Outreach to community leaders with data to affect policy changes (framing importance: economically and socially).	
Summer Meals Program (CAP)		UP Program- after school program	Outreach to parents		
Comm health edu lectures at FMH		People/orgs researching and identifying walkability	Commodity food options		

Recipe of the month, healthy meal class at FMH		CAP	End 68 Hours of Hunger nutrition		
		Community Gardens	Kids don't like "healthy" food		
		Meals on Wheels	School snacks/food		
		Summer vacation meals 0-19	Lack of physical activity		
		Rotary Club	EBT cards wrong incentives		
		Farmers Markets	Need lower cost food providers		
		Seacoast Early Learning Alliance	Geographic challenge		
		Schools	infrastructure challenge		
		After School Programs	No cheap, accessible winter outdoor rec		
		Coop extension NH food strategy			
		68 hours of hunger program			
		Meet ups: reg. gardening			

Emergency Preparedness

Existing Strategies/Actions		Strengths/Assets	Barriers/ Challenges	Proposed Strategies/ Activities	Stakeholders and Resources
1. Increase the integration of key stakeholder organizations by PHN that engage in PH emergency planning, training, exercising, and responding. **2.** Increase the emergency public information and warning capability among stakeholder organizations from 30% to 37%. **3.** Increase the number of schools of students receiving the influenza vaccine clinic from 16 to 18.					
Community Resilience and Recovery	Public education to inform and prepare individuals and communities. Support services network for long-term recovery. Emergency public information and warning. Local social networks for preparedness and resilience. Public engagement in local decision making Integrated Support from NGOs Post Incident social network re-engagement Case management support	FMH/WDH Structural Facilities Paid Full Time Staff HSEM Large Knowledge Base Outreach Emergency Preparedness Task Force NGOs Operational Awareness Technology	Money Stakeholder buy-in Time/Priorities Mindset of working Regionally Part-time Unpaid Staff Comfort Level Education/Mentorship Vulnerable Populations Don't understand Value	Public education to inform and prepare individuals and communities. Emergency public information and warning. Continuity of Operation Planning (COOP). Recovery Exercises. D	Existing resource Supply Chains EPT Membership EMDs, Fire/Police, Department Heads, FMH/WDH, HHCs, CERT/MRC

Infrastructure	Support services network for long-term recovery.			Interoperable and resilient communications systems. Generators Installation/Function.	Private contractors Existing resource Supply Chains EPT Membership EMDs, Fire/Police, Department Heads, FMH/WDH, HHCs, CERT/MRC
Situational Awareness	Risk assessment and risk management. Monitoring of available resources. Epidemiological Surveillance & investigation. CBRNE			Risk assessment and risk management. Monitoring of available healthcare networks.	EMDs, Fire/Police, Department Heads, FMH/WDH, HHCs
Incident Management	Local social networks for preparedness and resilience.			ICS Education, Training and Exercising.	
Disease Containment and Mitigation	Management and distribution of medical countermeasures.			Educating Stakeholders Personal Protective Equipment Management and distribution of	
School Flu	Implementing and evaluating school based influenza clinics.		Personal beliefs, Religion, Language, Reimbursement Models, Education, State Policies, Staffing, Money	Implementing and Evaluating school based influenza clinics. Vaccination Education. Community Clinics.	CERT/MRC, Fire, HCCs Staff
Existing Strategies/Actions		**Strengths/Assets**	**Barriers/ Challenges**	**Proposed Strategies/ Activities**	**Stakeholders and Resources**
Stroke and Heart Disease					
Million Hearts with Community Partners				1. Expand million hearts campaign throughout the community. I. Engage community stakeholder organizations.	
Homemakers: Know your Numbers campaign				2. Increase access to chronic disease self-management programs (e.g. better choices better health). I. Look into a partnership w/FMH, WDH, YMCA, etc.	
FMH: Go Red Breakfast					

APPENDIX G: Contact Information

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