Carroll County Promise 2020: Community Health Improvement Plan 2016-2020



CARROLL COUNTY COALITION

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Cover Photo of Mt.Chocorua overlooking Chocorua Lake by Woodland Images, 2016.

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The following individuals served as the core Public Health Advisory Council Executive Committee in 2015 and were actively involved in the development of the initial draft of Carroll County Promise 2020, Carroll County Coalition for Public Health's Community Health Improvement Plan:

Beth Hertzfeld – Principal of Ossipee Central School. Beth has decades of experience in Ossipee and particular interest in access to mental health and substance abuse services for young families.

Doug Wyman – Chief of Police in Sandwich. Doug has been an outspoken advocate for improving the way our county responds to and supports residents with mental health and substance use issues.

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Jane MacKay – Area Director of Northern Human Services. Jane has weathered the storm of repeated slashes to behavioral health funding and has identified some promising models for rural regions.

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Jo Anne Rainville – Executive Director of Tamworth Community Nurses Association. Jo Anne runs a town and community funded program that provides office and home-based preventive services to ALL ages.

Kathy Barnard – Planning Board Chair for Town of Wolfeboro. Along with multiple volunteer and government posts, Kathy works with the Eastern Lakes Region Housing Coalition and serves on the Board of Trustees of Huggins Hospital.

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Patricia McMurry – Executive Director of White Mountain Community Health Center. Patricia is actively seeking to increase access to substance abuse services and other primary and preventive care.

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Kristy LeTendre - Director of Clinical Services, Tri-County Community Action Program

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Executive Summary

The staff of Carroll County Coalition for Public Health (C₃PH) and their Public Health Advisory Council (PHAC), which consists of the general membership known as the Carroll County Roundtable and the PHAC Executive Committee, are proud to present the Carroll County Community Health Improvement Plan (CHIP) entitled "Carroll County Promise 2020." Carroll County Promise 2020 tackles public health challenges that no one organization or community can address in isolation. We are interdependent. Like the opioid crisis that has captured recent headlines, the 6 public health priorities we identify cut across town lines, across generations. We commit to working together as a county to forge county-wide solutions.

The Carroll County Public Health Advisory Council (PHAC) is a group of local leaders representing medical, mental health, education, social service, government, and business communities who convened in April 2015 to craft a shared vision of where we want to be together by 2020. In 2016, after a change in C3PH staffing, new membership on the PHAC Leadership Team and the release of the Huggins Hospital and Memorial Hospital Community Health Needs Assessments, this final plan was adopted.

To assess where we are now, C₃PH's PHAC reviewed key local population health data including the Huggins Hospital and Memorial Hospital Community Health Needs Assessments (both 2013 and 2016) and the Mount Washington Valley Housing Matters Report (2012). Data from the NH Citizens Health Initiative was reviewed to anticipate key demographic trends likely to impact population health in Carroll County in the coming decades. We compared local health factors and outcomes with other counties in the state and nation using data from the Annie E. Casey Foundation. Finally, we investigated within-county data at the census-tract level using the NH Social Vulnerability Index (see *http://nhdphs.maps.arcgis.com* for a visual tour of disparities in Carroll County) to identify demographic, social, and economic disparities among our diverse rural towns:

• **Together, we are the fastest aging population in New Hampshire.** We have the highest percentage of population over age 65 (24.5%) of any county in the state and the correspondingly highest projected levels of primary care demand.

• Together, we share the housing and workforce challenges of a seasonal tourism economy. Wages in retail and service industries have not nearly kept up with housing costs leading many to struggle or migrate to secure affordable housing and employers report difficulty attracting and retaining workers.

• Yet, our 17 towns experience wide disparities in factors impacting the health of residents. Levels of poverty, disability, and education, as well as percentages of children and the elderly vary widely across town lines. Generally, residents across the middle two-thirds of the county have higher levels of socio-economic vulnerability and are also most distant from the medical, educational, and social services associated with the hubs of Wolfeboro and North Conway.

• And, Carroll County residents at key generational turning points face heightened risks. Poverty rates in Carroll County, for example, are highest among our youngest children, young adults who are just entering parenthood and the workforce, and the elderly.

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Setting Priorities for Carroll County 2020: Drawing on these key social determinants of health in Carroll County, we selected priorities with an eye to demographic trends, geographic disparities, and the risks facing residents at generational turning points. We focused intentionally on areas that participants in the Huggins Hospital and Memorial Hospital Community Needs Assessments identified as public health priorities in need of more resources and collaboration, as well as those priorities where strategies and funding resources were already in place. Finally, in recognition of our shared economic challenges, we selected priorities that complement efforts to prepare, attract, and retain the workforce and employers of the future. Six priorities were selected that met these criteria:

- Early Childhood and Early Parenting Support
- Access to Comprehensive Behavioral Health Services
- Substance Misuse and Addiction
- Chronic Disease

1

- Aging with Connection and Purpose
- Emergency Preparedness Across the Lifespan

Workgroups associated with each priority will be identifying and establishing benchmarks that are readily measurable on an annual basis and for which baseline data exists or can efficiently be gathered. Benchmarks will be chosen to closely align with key objectives outlined in the New Hampshire State Health Improvement Plan.¹ To address each goal, we will highlight a small group of promising evidence-informed approaches that are already underway or can be embarked upon by county-wide workgroups to make a difference. The benchmarks will be used to measure our progress and hold ourselves accountable to our promise.

Changing the Carroll County Narrative – From Pessimism to Promise:

In years when both county and state budgets are beset with challenges that hamper efforts to expand public health resources, we refuse to be held back by pessimism. We are determined to focus on promising solutions that bring out the best of local ingenuity, collaboration, and mutual aid that are at the heart of Carroll County.

NH State Health Improvement Plan: http://www.dhhs.nh.gov/dphs/documents/nhship2013-2020.pdf

Introduction

Overview

The Carroll County Public Health Network is one of the 13 regional public health networks in New Hampshire.² Each Regional Public Health Network (RPHN) includes a fiscal agent, a PHAC lead, Public Health Emergency Preparedness and Substance Misuse Prevention coordinators, and a Continuum of Care facilitator. Carroll County Coalition for Public Health was established in 2009 as a 501(c)3 organization to serve as the host agency for the Carroll County Public Health Network. The new organization consisted of a governing body of a volunteer Board of Directors which was representative of Carroll County communities and included heathcare, town representatives, emergency management personnel and members of the Regional Coordination Committee. In 2016 NHDHHS reassigned the contract to Granite United Way to serve as the host agency for Carroll County Coalition for Public Health, allowing C3PH to terminate their 501(c)3 status and become an intiative of Granite United Way. The initial Carroll County Public Health Advisory Council (PHAC) was a group of local leaders representing medical, mental health, education, social service, government, and business communities who convened in April 2015 to develop Carroll County Promise 2020. After Granite United Way became the host agency, it was determined that the Carroll County Roundtable could serve as the general membership of the Public Health Advisory Council. A new Public Health Advisory Council Executive Committee was convened, reflecting changes in staffing of organizations that had been involved in the initial CHIP development (see list of planning participants under acknowledgements, pg. 1)

Carroll County Promise 2020 Community Health Improvement Plan (CHIP) outlines 6 priority areas of focus, representing the most significant health issues facing our region. Working groups are in various stages of development to address these priorities. The proposed strategic approaches are based on significant evidence and have been shown to significantly impact the identified goals and objectives. Carroll County Promise 2020 CHIP aligns with existing assessments and plans, including the Huggins and Memorial Hospital 2016 Community Health Needs Assessments, the 2013-2020 New Hampshire State Health Improvement Plan (SHIP) and the 2016 Youth Risk Behavior Survey. Carroll County Promise 2020 CHIP serves as a guide to be used for collective action by key stakeholders from a variety of community sectors, including business, education, health, safety, government and community/family supports. These sectors witness the impact of the public health concerns identified in this plan, and they can also play a valuable role in leading efforts to address the factors that influence health outcomes in the region. The identified priority areas are too complex for one organization or sector to solve on its own. Carroll County Promise 2020 CHIP provides a framework for multiple entities to systematically address shared priorities to achieve significant improvements in the health of our communities.

² New Hampshire Regional Public Health Networks: http://nhphn.org/who-we-are/

Community Profile



The Carroll County Public Health Region is composed of 19 communities spread across a geographic area of 934 square miles with a total population of approximately 47,000 people. Carroll is the only county in New Hampshire that does not contain a city. Compounding the lack of a central urban core are the multiple and overlapping divisions in the county by school district, hospital catchment area, and service provision sector. As a result, coordinating service efforts cross-town can be complex.³ Carroll County is rural, with significant distances between towns, and includes a large portion of the White Mountain National Forest within its borders as well as five state parks, dozens of lakes and ponds, and several popular ski destinations. Few public transportation options exist for those traveling into and out of the region or between communities. The local economy is heavily dependent on four-season tourism which encompasses the hospitality, retail, food, and beverage industries. The county has been growing as a retirement and pre-retirement destination for people throughout New England. This trend is enhanced by technology that allows people to relocate here and continue to work. "Compared to the state of New Hampshire, it is considerably older, with 24.5% of the population over the age of 65 compared to 15.9% of New Hampshire residents. Carroll County compares unfavorably to the State of New Hampshire on several key socioeconomic measures including a significantly lower median income and higher poverty rates. It also has a higher proportion of single parent families." 4

Carson, Jessica A. and Mattingly, Marybeth J.: "It's a Whole Different World Up Here": Carroll County Results from the Carsey Study on Community and Opportunity, A Working Paper. Carsey School of Public Policy, UNH, 2015.
 Memorial Hospital 2016 Community Health Needs Assessment: http://www.mainehealth.org/workfiles/mh_ community/CHNA%20County%20Report_Memorial_FINAL_6.23.16.pdf

Data from the 2016 County Health Rankings show selected indicators related to health, access to health and mental health care as well as the social determinants of health that play an important role in determining optimal health outcomes.⁵

Indicator	Carroll County	NH
Health Status	1	
People who report poor health	12.00%	13.00%
Number of poor physical health days reported in past 30 days	3.4	3.1
Number of poor mental health days in past 30 days	3.4	3.6
Excessive Drinking	17.00%	19.00%
Adult Obesity	23.00%	27.00%
Access to Care		
Uninsured	18.00%	13.00%
Ratio of population to primary care physicians	1,190 to 1	1,060 to 1
Ratio of population to mental health providers	430 to 1	390 to 1
Preventable hospital stays	45	46
Socio-economic Indicators		
Media Household Income	\$50,866.00	\$64,916.00
High School Graduation	90.00%	88.00%
Unemployment	4.30%	4.30%
Children in Poverty	18.00%	13.00%
Children Eligible for free and reduced lunch	28.00%	22.00%
Children in single-parent households	26.00%	28.00%
Indicator		
Injury deaths	81	59
Violent crimes/100,000	171	181
Teen Births	20	
Severe housing problems	17	16.00%

It is important to note that levels of poverty, disability, and education as well as the percentage of children and people over 65 vary widely across town lines. Carsey School of Public Policy researchers noted that "housing stock is another area in which the tourism and retirement economy has impacted Carroll's residents. In general, residents agree that housing costs— particularly for renters—in Carroll County do not align with wage levels. Indeed, more than half of Carroll's renters (55.2%) spend 30 percent or more of their household income on rent and utilities, 19% meeting the definition of "cost burdened" set by the U.S. Department of Housing and Urban Development."⁶

^{5 2016} Carroll County Health Rankings: http://www.countyhealthrankings.org/app/new-hampshire/2016/rankings/ carroll/county/factors/overall/snapshot

⁶ Carson, Jessica A. and Mattingly, Marybeth J.: "It's a Whole Different World Up Here": Carroll County Results from the Carsey Study on Community and Opportunity, A Working Paper. Carsey School of Public Policy, UNH, 2015.

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It is important to work with community partners addressing housing issues and other social determinants of health. "Social determinants of health are the conditions in which people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks." The effects of these social determinants of health "...should be the concern of the entire healthcare community, not just public health practitioners."⁷



⁷ Healthy People 2020: https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health

The Vision and Mission of Carroll County Coalition for Public Health

Our Vision: All Carroll County residents will enjoy good health, a safe environment, and opportunities to succeed and thrive at all phases of life through the proactive, coordinated and comprehensive delivery of essential health services.

Our Mission: To realize this vision, Carroll County Coalition for Public Health will focus public attention on 6 key public health priorities that impact residents across the lifespan, engage our communities in evidence-informed solutions, and set clear benchmarks by which we will measure our collective impact.

Carroll County Promise 2020 Community Health Improvement Plan Development

Planning Steps

In 2015 the PHAC reviewed key local population health data including the Huggins Hospital and Memorial Hospital Community Needs Assessments (2013) and the Mt. Washington Valley Housing Matters Report (2012). Data from the NH Citizens Health Initiative was reviewed to anticipate key demographic trends likely to impact population health in Carroll County in the coming decades. Local health factors and outcomes were compared with other counties in the state and nation using data from the Annie E. Casey Foundation and the NH Social Vulnerability Index.

In 2016 the PHAC and PHAC Executive Committee continued to guide the work of the Public Health Advisory Council Coordinator and the engagement of community partners by:

- •Reviewing regional community health needs assessments and surveys
- •Reviewing relevant regional data
- •Providing information to community members
- •Building and sustaining partnerships and coalitions
- •Identifying emerging issues
- •Ultimately prioritizing 6 regional public health initiatives
- •Finalizing Carroll County Promise 2020 CHIP

Members of the C₃PH Public Health Advisory Council attended the Community Forums of both Memorial Hospital and Huggins Hospital to review the commonalities and overall themes in their 2016 Community Health Needs Assessments and through quarterly meetings worked to better align the priorities in the Carroll County Promise 2020 CHIP.

Setting Priorities for Carroll County 2020

As a result of the planning work noted above, six public health priorities were selected:

• **Early Childhood and Early Parenting Support:** Provide for the optimal development of children and families living in Carroll County, ensuring all children enter kindergarten healthy and ready to learn and thrive by 2020.

• Access to Comprehensive Behavioral Health Services: Improve access to a comprehensive, coordinated continuum of behavioral healthcare services in Carroll County by 2020.

• **Substance Misuse and Addiction:** Prevent and reduce substance misuse (including alcohol, marijuana and prescription drugs) among all generations in Carroll County by 2020.

• **Chronic Disease:** Reduce the disease incidence and prevalence in Carroll County in regards to chronic health conditions such as obesity, cancer, heart disease, diabetes, hypertension and asthma.

• Aging with Connection and Purpose: Improve the health of older residents of our communities by enhancing connection and purpose through collaboration with community partners to address multiple social determinants of health including nutrition, transportation, housing, home healthcare and community engagement.

• Public Health Emergency Preparedness Across the Life Span: Increase community preparedness and individual preparedness of Carroll County residents and ensure that all residents have access to mental health services if they seek sheltering services.

Objectives that are chosen in each priority area are readily measurable on an annual basis. To address each objective, a small group of promising, evidence-informed strategic approaches are identified that are already underway or can be embarked upon by county-wide workgroups to make a difference. Workgroups will identify specific, attainable benchmarks which will be selected to align with key objectives outlined in the New Hampshire State Improvement Plan as well as objectives identified in the Memorial Hospital and Huggins Hospital Community Health Needs Assessments. Benchmarks identified by the workgroups will be presented to the Public Health Advisory Council Executive Committee for endorsement. Data indicators will be used to measure our progress and hold ourselves accountable to the promise. C3PH, in partnership with other organizations and individuals participating in our Public Health Advisory Council, is applying the principles of a Collective Impact approach to solve these complex public health priorities. The Carroll County Promise 2020 CHIP has been designed as a document with the ability to be flexible to adapt to the changing needs of the region, with individual work plans to be created by the workgroup addressing each priority. These work plans can be found at www.c3ph.org.

Early Childhood and Early Parenting Support

Background

"New Hampshire is only as strong as our children, their families and the communities in which they build their lives. We have a shared responsibility to one another to ensure every child has the opportunity to succeed. It's time to do more. Our future prosperity and productivity as a state depends on investing in our children now."

(NH Kids Count 2015 Data Book)

Established in 2015, the Carroll County Early Childhood Coalition (CCECC) identifies common priorities and activities that will create a coordinated system of support for young children and their families in Carroll County. The CCECC serves as a workgroup of Carroll County Coalition for Public Health's Community Health Improvement Plan addressing early childhood and early parenting support with the mission to provide for the optimal development of children and families living in Carroll County, ensuring all children enter kindergarten healthy and ready to learn and thrive.

The Carroll County Early Childhood Coalition is also a member of Spark NH's Early Childhood Community of Practice in that it will strive to meet SparkNH's stated goals:

- Children and families in NH have the best opportunities for early and lifelong health.
- Effective learning opportunities are provided in all settings including the home, childcare and after school programs, preschools and elementary schools from birth through the primary grades.
- Families have the skills, basic resources, and supports to promote their children's development and learning starting before birth and continuing through the primary grades.
- NH's young children and their families have the benefit of well-coordinated early childhood programs and services that work effectively on their behalf. ⁸

⁸ SparkNH's Framework for Action: http://sparknh.com/Framework-For-Action

There were approximately 1782 children aged 0-4 in Carroll County in 2014. Carroll County had the second highest number of children under 5 enrolled in the Women, Infant and Children Program in 2013, with 28.8% compared to a state average of 18.3%. "Growing up in poverty is one of the greatest threats to healthy child development. Poverty and financial stress can impede children's cognitive development and their ability to learn. It can contribute to behavioral, social and emotional problems and poor health."⁹

The NH KIDS COUNT 2015 Data Book is an eye one of the 8,153 children living in Carroll Cour life be like?	
of children stude	Dut of 8 nts in your county are le for free and reduced lunch
thouseholds are headed by single-parents	Both of your parents would have to make
83% and of students are proficient or above in reading of students are proficient or above in reading are proficient or above in math kids in your county are enrolled in kindergarten	\$19.21 an hour to meet your family's basic needs or almost 3x the minimum wage
178 children and youth	
These are just a fraction of the findings for Carroll County published in t 2015 Data Book. To learn more about your county and the state, please nhkidscount.org	he NH KIDS COUNT

Research has demonstrated that the likelihood of developmental delays and later health problems, including heart disease, diabetes, substance abuse, and depression, increases for children who have had a greater exposure to adverse childhood experiences. These experiences, also referred to as "toxic stress," may include physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship. Research also indicates that supportive, responsive relationships with caring adults as early in life as possible can prevent or reverse the damaging effects of toxic stress response. ¹⁰

⁹ NH Kids Count: http://datacenter.kidscount.org/data/customreports/4431/any

¹⁰ Harvard University's Center on the Developing Child: http://developingchild.harvard.edu/science/key-concepts/toxic-stress/



Extensive research has also demonstrated that there are tremendous benefits for government and society with investments made in early childhood education programs, not only to children and their families, but to government and society as a whole. As documented in a Report to the White House in December 2014 entitled "The Economics of Early Childhood Investments," these benefits include tax revenue increases and transfer payment decreases due to higher earnings, remedial education and education system savings, reduced involvement with the criminal justice system as well as overall improvements in health.¹¹

State and Regional Assets

Carroll County is fortunate to have strong organizations engaged in early childhood education and development that provide mutually-reinforcing activities and cooperative data sharing. State and regional partners addressing this priority include:

- Tri-County Community Action Program/Head Start Governor Wentworth Regional School District
- Children Unlimited
- Central NH Visiting Nurse Association
- Women, Infant and Children Program
- Memorial Hospital
- Huggins Hospital
- Saco River Medical Group
- Childcare Aware of NH
- Mt. Washington Valley Children's Museum
- Believe in Books Literacy Foundation
- White Mountain Community Health Center
- Carroll County Public Libraries
- Northern Human Services

- - Granite State College
 - White Mountain Community College
 - Moultonborough School District
 - SAU9
 - SAU13
 - SPARK NH

11 White House Report: The Economics of Early Childhood Investments, December 2014: https://www.whitehouse. gov/sites/default/files/docs/early_childhood_report1.pdf

Goals, Objectives and Strategic Approach

GOAL	Provide for the optimal development of children and families living in Carroll County, ensuring all children enter kindergarten healthy and ready to learn and thrive.
Objective 1	All children birth-5 and their families will have access to age appropriate developmental screening programs that will ensure they enter kindergarten at their maximum potential.
Strategic Approach	
 Support an increase in Watch Me Grow training opportunities for community partners. Increase # of children receiving age-appropriate developmental screenings (NH SHIP). Improve identification, coordination and integration of organizations offering devel- 	

- Improve identification, coordination and integration of organizations offering developmental screenings and data entry.

Objective 2	Increase # of families receiving in-home visiting pre and post-natal services.
Strategic Approach	
- Improve identification, coordination and integration of organizations offering home visiting programs. - Increase rate of referrals to home-visiting programs.	

Objective 3	Decrease number of uninsured children in Carroll County to zero.
Strategic Approach	
- Provide all parents with information about insurance options available to them.	

Summary

The Carroll County Early Childhood Coalition (CCECC) is a vibrant and active group of professionals and stakeholders committed to improving supports for children and young families throughout Carroll County. Working cooperatively and collaboratively, the CCECC will continue to identify opportunities to engage new partners, share and leverage resources, and identify appropriate evidence-informed initiatives to provide for the optimal development of children and families living in Carroll County, ensuring all children enter kindergarten healthy and ready to learn and thrive.

Access to Comprehensive Behavioral Health Services

Background

Although not specifically addressed in the NH State Health Improvement Plan as a state priority, "Injury Prevention" and "Misuse of Alcohol and Other Drugs" are priorities that can be positively impacted by increasing access to mental and behavioral health resources. Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Stigma, additional health issues, access to services, and complexities of treatment delivery also prevent many from receiving adequate treatment for their mental health issues. Access to mental health providers was cited in both Huggins and Memorial Hospitals Community Needs Assessments (CHNA) as a gap in the region. In Memorial Hospital's CHNA 81% of stakeholders surveyed indicated that depression plays a major role in the overall health of residents in the region, with 90% responding that access to behavioral care/mental health care is a critical issue. The 2015 Youth Risk Behavior Survey noted that 26.8% of high-school age youth felt sad or hopeless for at least 2 weeks straight, with 15% of youth having seriously considered suicide. A shortage of behavioral health professionals can contribute to reduced access and poorer health outcomes. ¹²

Carroll County is part of the catchment area of Northern Human Services, the designated mental health center for the region. Northern Human Services also covers Coos and upper Grafton Counties, essentially half of the geography of the state. In addition to mental health services provided by Northern Human Services, the county has a number of private mental health and substance use disorder counselors, primarily in the more heavily populated communities of Conway/North Conway and Wolfeboro.

In the 2016 County Health Rankings data was presented showing the ratio of the county population to the number of mental health providers, which is comprised of psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists and advanced practice nurses specializing in mental health care. In 2015, marriage and family therapists and mental health providers that treat alcohol and other drug abuse were added to this measure.¹³ The graph below illustrates that the ratio of population per mental health/behavioral health providers is higher than the state as a whole.

^{12 2015} Youth Risk Behavior Survey: https://wisdom.dhhs.nh.gov/wisdom/#TopicGroup_8985E7A8FAD548A59514D91EAA707A9C

^{13 2016} Carroll County Health Rankings: http://www.countyhealthrankings.org/app/new-hampshire/2016/rankings/ carroll/county/factors/overall/snapshot

Area	Ratio of Population per Mental Health Providers	
Carroll County	435:1	
New Hampshire	390:1	

While few in number, the mental/behavioral health providers in the community offer a variety of services and specialty areas. There are, however, few providers, aside from Northern Human Services, who provide services to uninsured or underinsured persons. Additionally, there is a dramatic lack of psychiatrists both in New Hampshire and across the country. Recent headlines highlighting substance misuse and addiction in Carroll County have raised the level of community awareness regarding substance use disorders significantly. A workgroup to address access and continuum of care for behavioral health services is being identified and will closely align with the objectives and strategies under the 1115 Medicaid Transformation Waiver Program as part of the efforts of Integrated Delivery Network #7 to transform NH's behavioral health delivery system and better integrate behavioral health with primary care. "Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery."¹⁴ In terms of substance use, NH is above the US average for alcohol and illegal drug use,¹⁵ with the 2nd highest rate in the US for alcohol use and the 10th highest rates for illegal drug use. Additional assessments that will help inform this work in the future include the 2016 Gaps and Assets Assessment Report completed by C3PH's Continuum of Care Facilitator. Although physical health, mental health and substance use disorders are linked, each specialty requires different training and expertise and there are few truly integrated treatment options.

Mental Health Indicators – Individuals Age 18 and Up		
Mental Health Issue	New Hampshire	United States
Serious Mental Illness-Past Year	4.73%	4.15%
Major Depressive Episode – Past Year	7.90%	6.63%
Had Thoughts of Suicide – Past Year	4.12%	3.94%

Source: National Survey on Drug Use and Health, 2013-2014

¹⁴ Healthy People 2020: https://www.healthypeople.gov/2020/topics-objectives/topic/mental-health-and-mentaldisorders

¹⁵ National Survey on Drug Use and Health, 2013-2014: http://www.samhsa.gov/data/population-data-nsduh

State and Regional Assets

Many organizations across the county are realizing that it is crucial to work together to address the challenges of improving the access to comprehensive behavioral health services. State and regional partners currently addressing this priority include:

- Tri-County Community Action Program
- Memorial Hospital
- Huggins Hospital
- Saco River Medical Group
- White Mountain Community Health Center
- Ossipee Family Planning and Teen Clinic
- T. Murray Wellness Center
- Tamworth Community Nurse Association
- Visiting Nurse Homecare and Hospice
- Central NH Visiting Nurse Association
- Service Link of Carroll County
- Northern Human Services
- Sinfonia Family Services of New Hampshire
- Governor Wentworth Regional School District
- Moultonborough School District
- SAU9
- SAU13
- Children Unlimited: Carroll County Family Resource Center

Goals, Objectives and Strategic Approach

GOAL	Improve access to a comprehensive, coordinated continuum of behavioral health services in Carroll County by 2020.	
Objective 1	Increase awareness and decrease stigma of behavioral health issues.	
	Strategic Approach	
- Support an increase in Watch Me Grow training opportunities for community partners. - Increase # of children receiving age-appropriate developmental screenings (NH SHIP). - Improve identification, coordination and integration of organizations offering developmental screenings and data entry.		
Objective 2	Increase collaboration and education with agencies, businesses, individuals and the general public to address specific issues including suicide, depression and feelings of hopelessness and isolation.	
Objective 3	Reduce rate of suicide deaths and suicide attempts by adolescents each year (NH SHIP).	
Objective 4	Reduce number of hospital emergency department visits for mental health.	
Objective 5	Improve access to mental health screening, prevention, and early intervention for residents through primary care settings.	
Objective 6	Increase access to affordable health insurance coverage.	

Strategic Approach

- Provide public education on the importance of behavioral health to overall health, especially as it relates to chronic disease and substance use disorders.

- Provide trainings and resources to the business community regarding behavioral health issues and the impact it can have on workforce productivity.

- Provide trainings and resources to the school community that can provide early identification, intervention and referral for students with behavioral health issues to better recognize and effectively respond to warning signs of suicide risk.

- Identify and develop key components of a comprehensive system of care for behavioral health services.

- Promote information and referral resources among providers and within communities.

- Promote services of certified health insurance navigator at White Mountain Community Health Center and other locations when available.

Summary

During the spring and summer of 2015, C3PH coordinated multiple suicide prevention-related activities focused on steps that all of us can take to better recognize individuals who may be experiencing mental health challenges in our communities. Efforts involved leaders from local schools, law enforcement, and print and media outlets who participated in training about safe messaging about suicide, as well as CALM (Counseling on Access to Lethal Means) and suicide prevention trainings with several local schools and community group.

Moving forward, eight local volunteers from towns and school districts across the county have been certified as trainers in the NAMI-NH's nationally recognized CONNECT Suicide Prevention and Postvention curricula. Another local volunteer has been approved as a trainer for the national best practice CALM initiative. These local volunteers stand ready to provide no-cost training to schools and community groups to better connect people in crisis to care. Local innovations such as the long-standing Moultonborough Mental Health and Suicide Coalition has been successful in securing local access to mental health services for town residents. This type of model is one that Northern Human Services and multiple local partners including schools, faith groups, and law enforcement are eager to adapt to other towns or town coalitions. In 2016 the SAU9 Health and Wellness Committee identified that Social and Emotional Health will be a priority to address in their updated Health and Wellness Plan.

Our county residents and community partner organizations will continue to collaborate in the future to ensure all Carroll County residents have access to high quality, coordinated and comprehensive behavioral health services.

Substance Misuse and Addiction

Background

New Hampshire has experienced increased heroin use in the past year. Overdose deaths in 2015 were 439, with 22 deaths occurring in Carroll County. From 2013 to 2015 there was a 128.6% increase in the number of all drug deaths. The Office of the Chief Medical Examiner predicts that there will be approximately 488 drug related deaths in 2016.¹⁶



Source: www.wisdom.dhhs.nh.gov, 2016

Alcohol abuse remains a problem for New Hampshire families as well. 29.9% of our high-school age children currently drink alcohol, with 42.3% of students usually obtaining the alcohol from someone giving it to them.¹⁷ Carroll County data suggests that substance misuse among our high school population ranks among the highest in the state; qualitative data suggests that our young adult population is heavily involved in binge drinking, opiate use and engaged in negative behaviors to support their opiate use. Often children are present when law enforcement takes action, and the impact on families is devastating.

16 Office of the Chief Medical Examiner: https://wisdom.dhhs.nh.gov/c10/epht/Document/ME20161007.pdf

17 NH DHHS Youth Risk Behavior Survey http://www.dhhs.nh.gov/dphs/hsdm/yrbs.htm

Carroll County Promise 2020

Carroll County has an active Prevention Leadership Team that has been planning and working to address substance use disorder issues in the county. In 2015 representatives from all segments of the community engaged in planning for and executing a county-wide community event: *From Silence to Solutions: Carroll County Tackles Heroin.* Since then individuals who participated in that event have met in work groups to develop specific activities designed to reduce stigma associated with substance use disorders, to promote evidence-based program implementation among health-care providers, and to support increased substance use disorder treatment and recovery support services across the county.

The Prevention Leadership Team is the work group addressing substance misuse in the Carroll County Public Health Network. They guided the development of the Carroll County Regional Substance Misuse Prevention Strategic Plan 2016-2019 (available at www.c3ph.org.) and meet bimonthly to receive updates on the progress of the annual prevention work plan. Members of this group as well as the Continuum of Care Facilitator in the region are able to provide expertise and assistance to other Public Health Council Advisory Work Groups including the Early Childhood and Aging work groups to ensure that partners have the tools necessary to enhance prevention, intervention, treatment and recovery supports for their special populations.

State and Regional Assets

The following is a sampling of the organizations actively involved in substance use disorder prevention, intervention, treatment and recovery support efforts in Carroll County:

- Tri-County Community Action Program
- Memorial Hospital
- Huggins Hospital
- White Mountain Restorative Justice Program
- White Mountain Community Health Center
- Northern Human Services
- Sinfonia Family Services of New Hampshire
- Governor Wentworth Regional School District
- Moultonborough School District
- SAU9
- Paul School, Wakefield
- Ossipee Congregational Church
- NH State Police
- Carroll County Sheriff's Department
- Tuftonboro Police Department
- Wakefield Police Department
- Wolfeboro Police Department
- Sandwich Police Department
- Ossipee Police Department
- Tamworth Police Department
- Conway Police Department
- Bartlett Police Department
- Moultonborough Police Department
- Carroll County Police Chiefs

- Conway Daily Sun
- Salmon Press (Granite State News and Carroll County Independent)
- Mt Washington Valley Chamber of Commerce
- Ad Hoc Providers Group
- Kingswood Youth Center
- Appalachian Mountain Teen Project
- WMWV and WASR Radio Stations

Goals, Objectives and Strategic Approach

GOAL	Prevent and reduce substance misuse (including alcohol, marijuana and prescription drugs) among all generations in Carroll County by 2020.	
Objective 1	Enhance the capacity of the Carroll County Prevention Network and its partners to effectively address substance misuse across the lifespan in the region.	
	Strategic Approach	
 Increase network membership by 20% by 2019. Increase sector representation within the network to include, at a minimum, 5 members from each sector by 2019. Increase the knowledge and skills of network members to promote, implement and evaluate sector-based initiatives throughout the region. 		
Objective 2 Reduce drug-related overdose incidents and deaths each year (NH SHIP).		
Strategic Approach		
 Work with emergency services and others to make naloxone more readily available. Work with law enforcement in the county to increase referrals to treatment for drug offenses. Advocate for increased treatment services throughout Carroll County, with special attention to the middle of the county where there are few services at the present time. 		

Objective 3	Increase public awareness relative to the harm and consequences of alcohol and drug misuse.	
Strategic Approach		
- Produce and dissen and media channels.	ninate effective messages for a range of topics, public audiences	
Objective 4	Prevent and reduce substance misuse (including alcohol, marijuana, prescription drugs) among youth and young adults (12-25) by 2019.	
Strategic Approach		
 Increase community education and training through information, dissemination and education. Provide feedback and disseminate information on current policies and provide resources on evidence-based policies, practices and programs for implementation. Decrease access to alcohol, marijuana and prescription drugs. Participate in DEA Drug Take Back Days with law enforcement partners and promote the installation of permanent drop boxes. 		

Objective 5	Reduce substance misuse (including alcohol, marijuana, prescription drugs) among adults (25+) by 2019.	
Strategic Approach		
 Increase community education and training. Provide feedback and disseminate information on current policies and provide. resources on evidence-based policies,t practices and programs for implementation. Participate in DEA Drug Take Back Days with law enforcement partners and promote the installation of permanent drop boxes. 		
Objective 6	Promptly respond to and prevent harms associated with emerging drug threats in the Carroll County Public Health Region.	
Strategic Approach		
- Increase data collection and monitoring efforts among key stakeholders to identify emerging issues of concern related to substance misuse. - As emerging issues arise follow the Strategic Prevention Framework and develop and implement appropriate research based strategies to address concerns.		

Summary

The workgroup addressing the priority of Substance Misuse and Addiction in Carroll County builds on the work of the Substance Misuse Prevention Network and the Continuum of Care Facilitator. It continues to advocate for increased access to substance use disorder services in the county and to build the capacity of our public health network partners to provide evidence-based prevention, intervention, treatment and recovery support services through training and technical assistance, such as those available through Anyone/Anytime and Partnership for a Drug Free NH. By increasing the awareness of the substance misuse problem throughout our communities, the workgroup hopes to destigmatize mental health and substance use disorder treatment and recovery support.

Chronic Disease

Background

Eating a healthy diet, being physically active and maintaining a healthy weight are essential for an individual's overall health and the treatment and prevention of existing chronic health conditions from worsening over time. According to the National Center for Chronic Disease Prevention and Health Promotion, it is estimated that treatment for chronic diseases account for 86% of our nation's health care costs.¹⁸ "25.8% of adults in Carroll County have three or more chronic health conditions, with respiratory diseases, cancer, cardiovascular diseases and diabetes being the most prevalent."¹⁹ Many of these chronic diseases can be attributed to obesity, which is defined by the Centers for Disease Control and Prevention as "weight that is higher than what is considered as a healthy weight for a given height as determined by a person's Body Mass Index (BMI).²⁰ A person with a BMI of 25-30 falls within the overweight range, while a person with BMI higher than 30 is considered obese. "Obesity is a complex health issue that is a result of genes, metabolism, behavior, environment, culture and socio-economic status."²¹



Source: www.wisdom.dhhs.nh.gov,2016

¹⁸ Centers for Disease Control and Prevention: http://www.cdc.gov/chronicdisease/

¹⁹ Memorial Hospital Community Health Needs Assessment, 2016: http://www.mainehealth.org/workfiles/mh_ community/CHNA%20County%20Report_Memorial_FINAL_6.23.16.pdf

²⁰ Centers for Disease Control and Prevention: https://www.cdc.gov/obesity/adult/defining.html

²¹ NH Health WISDOM: https://wisdom.dhhs.nh.gov/wisdom/#Topic_C592D4F396C546058649E106C802DB89_ Anon

Carroll County Promise 2020

73% of community stakeholders interviewed as part of the 2016 Memorial Hospital CHNA stated childhood obesity was the most important issue in family health, with 81% saying obesity was the biggest chronic disease issue. Huggins Hospital discovered in their community survey of over 300 families in their region that 80% of the respondents had one of more of the following diseases:

- High blood pressure/hypertension (46%)
- High cholesterol (34%)
- Arthritis (32%)
- Overweight or obese (24%)
- Cancer (19%)
- Diabetes (17%)
- Heart disease (12%)
- Asthma (11%) 22

Programs in Carroll County are already underway to address obesity as well as access to specialty care and coordination of care for residents who suffer from multiple chronic diseases. Examples of the programs include Diabetes and Prediabetes Education Classes, "Let's Go" Childhood Obesity Prevention Program,²³ "Better Choices, Better Health",²⁴ Aqua Therapy and Water Aerobics²⁵ and "Slow Cooker" classes.²⁶

State and Regional Assets

Carroll County is fortunate to have organizations who are already partnering across sectors to collaborate and offer programs to help people to lead healthy and active lifestyles. State and regional partners to date include:

- Huggins Hospital
- Memorial Hospital
- White Mountain Community Health Center
- Saco River Medical Group
- Northern Human Services
- Tri-County Community Action Program/Head Start
- University of New Hampshire Cooperative Extension
- Children Unlimited
- Believe in Books Literacy Foundation
- Bartlett Community Preschool
- Governor Wentworth Regional School District
- Moultonborough School District
- SAU9
- SAU13
- Mt. Washington Valley Trails Association
- •Carroll County Recreation Departments
- 22 Huggins Hospital Community Health Needs Assessment, 2016:
- 23 http://www.letsgo.org/
- 24 http://www.memorialhospitalnh.org/health-wellness/better-choices-better-health
- 25 https://www.hugginshospital.org/services/aquatic-therapy
- 26 https://extension.unh.edu/Food-Health

Goals, Objectives and Strategic Approach

GOAL	Reduce the disease incidence and prevalence in Carroll County in regards to chronic health conditions such as obesity, cancer, heart disease, diabetes, hypertension and respiratory disease.	
Objective 1	Improve access to care for residents suffering from chronic diseases.	
Strategic Approach		
- Increase specialty services for chronic disease prevention and education. - Increase care coordination strategies for patients with chronic diseases.		
Objective 2	Reduce the proportion of adults and children considered obese (NHSHIP).	
Strategic Approach		
-Expand community education and programming across all community sectors. - Promote healthy eating and nutrition programs for all age groups. - Promote health activity initiatives for all age groups.		
Objective 3	Decrease number of hospitalizations for respiratory related ailments.	
Strategic Approach		
- Increase evidence-based interventions to reduce tobacco use in adults. - Increase evidence-based interventions to prevent initiation of tobacco use among youth.		



Summary

The Carroll County Public Health Network is committed to reducing the rates of chronic diseases among our Carroll County residents by facilitating and convening organizations to expand community education and programming accessible to all Carroll County residents aimed at promoting healthy and active lifestyles and good nutrition and eating habits. By working together in community partnerships including schools, healthcare providers, businesses and governmental entities we will work to bring about the transformational change needed in our culture to reduce obesity rates in order to improve long-term health outcomes and reduce healthcare costs.

Aging with Connection and Purpose

Background

According to projections by the NH Citizen's Health Initiative, Carroll County is older and aging faster than any other county in the State of NH. Indeed, the population age ratio (ratio of people under 25 and over 65 to the working age population) is expected to hit nearly 120% by 2030, and all of the age-ratio gain will be in the over 65 age range as child population is projected to decrease. Ratios of 80% or higher are widely considered unsustainable, as fewer and fewer working residents are called on to provide services for an expanding older population.²⁷



Carroll County Population Pyramid, 2014²⁸

As the human and financial resources available to support elderly residents shrinks, it will be essential to find ways to address issues of nutrition, transportation, housing, home healthcare and overall community engagement for our seniors in order to reduce hospital admissions so as to control health care costs and increase quality of life for our elders. This is very important to consider as Carroll County is projected to have the highest primary care demand of any county in the state by 2030 according to the NH Citizens Health Initiative.²⁹

Steps must be taken to help residents prepare for aging by planning ahead for their physical, social, emotional, and financial health. Programs that help prevent falls and their effects on the overall health and housing consequences must be a top priority for Carroll County going forward.

28 Source: U.S. Census Bureau, Population Estimates, 2014

²⁷ MapNH Health, a project of the NH Citizen's Health Initiative, a program of UNH's Institute for Health Policy and Practice: http://www.mapnhhealth.org/health-map?map=county®ion=null&ind=2643&year=2020

²⁹ MapNH Health, a project of the NH Citizen's Health Initiative, a program of UNH's Institute for Health Policy and Practice: http://www.mapnhhealth.org/health-map?map=county®ion=null&ind=2644&year=2020

According to data compiled by NH Health WISDOM:30

- Deaths due to falls in older adults have increased between 2000 and 2013.
- More males age 65 and older are seen in the emergency department due to falls than females.
- More females age 65 and older need inpatient hospital care due to falls than males.
- The higher a person's age is, the more likely they are to need hospital care or die from a fall.

As stated in NH's State Health Improvement Plan(2013-2020), "in 2009 in New Hampshire, the total approximate cost of emergency and inpatient hospital visits due to falls in the older adult was 105.6 million dollars."³¹ Carroll County seniors are fortunate to have a variety of falls prevention programs through local hospitals, nursing homes and senior centers. Additional innovative approaches to reduce hospital admissions in the population over 65 years in age include town-wide "Good Morning Programs" and other neighbor care programs. The Tamworth Community Nurses Association(TCNA) provides preventive well-checks for residents of all ages, a service that is particularly helpful for older residents and their families who are attempting to balance the goal of independent living with housing, social, and physical needs. Through close collaboration and sharing of resources local communities can learn and adapt programs that will best serve their town's aging populations. An example of this connectivity is the support and promotion of the New Life Program at Memorial Hospital that supports mothers suffering from addiction.

State and Regional Assets

The following is a list of the organizations actively involved with issues affecting our aging populations in Carroll County:

- Tri-County Community Action Program
- Memorial Hospital/Merriman House
- Huggins Hospital
- White Mountain Community Health Center
- Tamworth Community Nurse Association
- Visiting Nurse Homecare and Hospice
- Central NH Visiting Nurse Association
- Service Link of Carroll County
- Northern Human Services
- Wolfeboro Senior Center
- Gibson Senior Services
- Abundant Blessings
- Mineral Springs/Genesis Healthcare
- Timberland Homecare
- Mountainview Nursing Home
- Cooper, Cargill, Chant Attorneys at Law
- Law Offices of G. Thomas Bickford
- MWV Housing Coalition

³⁰ NH Health WISDOM: Older Adult Falls Community Profile: https://wisdom.dhhs.nh.gov/ wisdom/#CommunityProf_61C0C7A4A23F4C1792E8EB9804D25154_Anon

³¹ NH State Health Improvement Plan (2013-2020) from 2005-2009 Elder Falls Issue Brief: http://www.dhhs.nh.gov/ dphs/documents/nhship2013-2020.pdf

Goals, Objectives and Strategic Approach

GOAL	Improve the health of older residents of our communities by enhancing connection and purpose through collaboration with community partners to address multiple social determinants of health including nutrition, transportation, housing, home healthcare and community engagement.	
Objective 1	Reduce hospital admissions caused by falls for people over age 65.	
Objective 2	Reduce fall-related deaths among residents over the age of 65 (NHSHIP).	
Objective 3	Increase number of people who have signed advanced care directives.	
Objective 4	Reduce the number of chronic diseases in people over age 65.	
Strategic Approach		
 Explore innovative local models, programs and initiatives for older residents to increase early identification for preventable health issues, provide support to maximize independence, increase intergenerational activities and support caregivers. Provide fall-prevention programs and sustainable activities to continue support to residents in every town by making use of senior centers, faith communities, libraries and other natural gathering spaces. 		
- Increase facilitated advanced planning conversations among families about needs, connection, purpose and wishes during retirement and at the end of life using Advanced Directives as a platform.		
	dvanced planning conversations among families about needs, connection, uring retirement and at the end of life using Advanced Directives as a	
platform.	dvanced planning conversations among families about needs, connection, uring retirement and at the end of life using Advanced Directives as a es and access for social engagement in a variety of community settings.	
platform. - Increase opportunitie	uring retirement and at the end of life using Advanced Directives as a	
platform. - Increase opportunitie - Increase the eldercare	uring retirement and at the end of life using Advanced Directives as a es and access for social engagement in a variety of community settings. e workforce through increased training opportunities at local colleges. of safe, affordable housing options to allow residents over 65 to live	
platform. - Increase opportunitie - Increase the eldercard - Increase the number independently for as lo - Help to ensure the lea	uring retirement and at the end of life using Advanced Directives as a es and access for social engagement in a variety of community settings. e workforce through increased training opportunities at local colleges. of safe, affordable housing options to allow residents over 65 to live	

Summary

Carroll County's aging population, many of whom reside in Carroll County without extended family supports, is projected to continue to increase in the years ahead. A workgroup has already formed to address the objectives and strategic approaches as stated in the CHIP. Members of this workgroup are addressing additional concerns including transportation, housing, and home care challenges through increased cooperation, collaboration and leveraging of resources among other community partners.

In the short term, there are already initiatives and programs in place to enhance balance (Matter of Balance), provide quality, nutritional meals (Meals on Wheels, congregate meals), conduct home safety assessments and a variety of social programming to ensure our aging population feels a sense of connection and purpose within the broader Carroll County communities. Looking to the future, our community partners will continue to explore and consider evidence-based programs such as adult day programs and innovative housing options so as to enable our residents to age with connection and purpose as valued members of our communities.

Public Health Emergency Preparedness Across the Lifespan

Background

Public Health Emergency Preparedness is an important aspect of community health. The Carroll County Coalition for Public Health receives guidance from the Centers for Disease Control and Prevention (CDC) on the preparedness capabilities that are necessary in the event of a public health threat. Threats can include the spread of infectious disease, environmental events, bio-chemical hazards, acts of terrorism or natural disasters.

Carroll County Coalition for Public Health recognizes that in order to protect and preserve the health of the people of this region, it is of utmost importance to be prepared for any health hazard that could arise. A robust plan for Public Health Emergency Preparedness and Response region-wide has been developed, but a plan in writing needs to translate to real action to protect the population's health. In 2015 a public health hazard vulnerability assessment was conducted, through focus groups and workshop sessions with public health and wellness oriented leaders in the Carroll County community. Out of this series of meetings, an Action Plan was created which prioritized how the region can best focus on Emergency Preparedness improvements over the months and years to come. Partners pointed out the importance of integration of behavioral health resources as a key to preparedness, and also focused on how to help our children learn how to be safe, well and prepared, and share this knowledge with their families.

In 2015 and 2016 the Citizens Corps Council was strengthened in Carroll County, and for the first time, volunteers completed 20-hour Community Emergency Response Team (CERT) training in addition to Medical Reserve Corps (MRC) orientation. 21 new volunteers were added to the organization by June 2016. The growing cadre of regional volunteers have participated in several response activities across the region. Some of these have included: a search and rescue with NH Fish and Game, assisting with the school based vaccination program in 13 schools, working at County Naloxone Distribution events, and staffing Points of Dispensing centers. The School Based Clinics program vaccinated over 800 children in 2015 from the flu at no cost to families, resulting in reduced absenteeism and illness in our County. The program will continue in the next three years, with partnership of the Visiting Nurses Association.

In 2016 two major Emergency Preparedness exercises were conducted around the concept of Point of Dispensing (POD), focusing on the Conway Middle School POD site serving the northern portion of the region. A Point of Dispensing (POD) is a place where vaccines, antibiotics, and other medications or supplies can be quickly dispensed to a large number of people during a widespread outbreak of disease. A POD may also be used to respond to a range of public health events or emergencies. The first exercise, in April 2016, focused on establishing a quick and effective set up for the POD site. The second exercise was conducted in August 2016 over two days, and was a part of a large State-Wide full scale effort to practice distribution of medicine from the Centers for Disease Control's Strategic National Stockpile.

In addition to dispensing vaccine or medication quickly and accurately to the public, a POD is designed to serve all clients, including those with functional needs (language and literacy barriers, physical and cognitive disabilities, elders and children). The integration of these functional needs

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services and behavioral health services at the POD is especially important, and aligns with the findings of a Regional Hazard Vulnerability Assessment which was conducted in the summer of 2015. During the August 2016 POD Exercise, a major focus was on integration of these needs and services to POD clients. The exercise overall was a success for the region, as it brought partners together from many agencies, and 71 individual volunteers participated over the two-day event on August 5th and 6th. The After Action Report and Improvement Plan is available through the Carroll County Coalition for Public Health Office to emergency managers and law enforcement as a "For Official Use Only" document.

State and Regional Assets

The Carroll County Coalition for Public Health leads a Regional Coordination Committee, made up of local public safety and public health leaders, who meet at least quarterly to review preparedness plans and conduct training exercises. The following is a list of the organizations actively involved with emergency preparedness issues in Carroll County:

- Memorial Hospital
- Huggins Hospital
- VNA and Hospice
- Municipal Emergency Medical Services
- Town Selectboards
- Fire Departments
- Police Departments
- School Districts
- Emergency Management Directors
- Health Officers
- NH Department of Fish and Game
- Citizen Corps volunteers
- The Disaster Behavioral Health Response Team (DBHRT)

Technical support to the regional emergency planning work is offered through:

- Community Health Institute/JSI
- NH State Department of Health and Human Services
- NH Department of Safety
- NH Homeland Security Emergency Management
- NH Citizen Corps Council
- Volunteer New Hampshire

Goals, Objectives and Strategic Approach

GOAL	Increase community preparedness and individual preparedness of Carroll County residents and ensure that all residents have access to mental health services if they seek sheltering services.	
Objective 1	Educate Carroll County residents on the importance of preparing for an emergency by increasing community participation in personal preparedness actions at home and at school.	
Strategic Approach		
- Plan and execute an emergency preparedness campaign for National Preparedness Month 2016 and National Preparedness Month 2017. Theme "Take One Action". - Hold emergency preparedness trainings in schools by expanding enrollment in the STEP program.		
Objective 2	Incorporate preparation for functional needs and behavioral health supports, into mass casualty and shelter planning.	
Strategic Approach		
 Empower municipal leaders as pioneers to learn and share functional needs sheltering support guidance. Develop, train and maintain the workforce needed for behavioral health support in shelters. When organizations exercise response capabilities, choose activities which incorporate behavioral health needs. 		

Summary

The Carroll County Public Health Network is committed to integrating Emergency Preparedness with other initiatives in the County. The active Regional Coordination Committee (RCC) serves as the work group for the Emergency Preparedness priority area. In addition to the RCC, a Citizen Corps Leadership Team has formed. It is committed to building membership in both the Medical Reserve Corps and the Community Emergency Response Teams through targeted recruiting in the community. In the coming years, the region's emergency preparedness work will continue to expand upon existing programs, while adding new initiatives that will benefit the health and safety of our Carroll County residents.

Conclusion

With the completion of C₃PH's Carroll County Promise 2020 CHIP we now look forward to making our public health priority goals a reality. Working together through a model of collective impact with our community partners we will strive to increase communication and awareness among all Carroll County residents in the implementation of our mutually reinforcing public health strategies. We will focus on promising solutions that bring out the best of local ingenuity, collaboration and mutual aid that are at the heart of Carroll County as we strive to achieve our vision that all Carroll County residents will enjoy good health, a safe environment, and opportunities to succeed and thrive at all phases of life.

Resources

Annie E. Casey Foundation's Kids Count Data Center: http://datacenter.kidscount.org/data#NH/2/o/char/o

Collective Action-Collective Impact: Substance Misuse Prevention 5-year Plan: *http://www.dhhs.nh.gov/dcbcs/bdas/documents/collectiveaction.pdf*

County Health Rankings and Roadmaps: *http://www.countyhealthrankings.org/*

Harvard University Center on the Developing Child: *http://developingchild.harvard.edu/about/*

Healthy People 2020:

https://www.healthypeople.gov/2020/About-Healthy-People

Huggins Hospital Community Health Needs Assessment 2013: https://www.hugginshospital.org/assets/pdf/HugginsCHNA-IP.pdf

Huggins Hospital Community Health Needs Assessment 2016: https://www.hugginshospital.org/assets/pdf/Huggins_Community_Health_Summit_2016.pdf

Memorial Hospital Community Health Needs Assessment 2013 http://www.memorialhospitalnh.org/docs/chna/Memorial-Hospital-CHNA-and-Implementation-Plan.pdf

Memorial Hospital Community Health Needs Assessment 2016: http://www.mainehealth.org/workfiles/mh_community/CHNA%20County%20Report_Memorial_ FINAL_6.23.16.pdf

National Survey Drug Use and Health(NSDUH): http://www.samhsa.gov/data/population-data-nsduh

NH Health WISDOM:

https://wisdom.dhhs.nh.gov/wisdom/#main

This website includes links to the following resources:

- NH Health:
 - o NH Dept of Health and Human Resources (DHHS)
 - o NH Dept of Public Health Services (DHPS)
- NH Health Strategy:
 - o The NH State Health Improvement Plan (NH SHIP)
- Health Data Links
 - o Map NH Health
 - o DPHS Social Vulnerability Map
 - o CDC National Center for Health Statistics
 - o State Health Improvement Priorities
 - Asthma
 - Cancer
 - Healthy Mothers and Babies
 - Heart Disease and Stroke
 - Injury Prevention
 - Misuse of Alcohol and Drugs
 - Obesity/Diabetes
 - Tobacco
- State Initiatives
 - o NH Environmental Public Health Tracking Program
 - o Health Equity
 - o Occupational Health Surveillance Program
 - o NH Youth Risk Behavior Survey

NH Behavioral Risk Factor Surveillance System (BRFSS):

http://www.dhhs.nh.gov/dphs/hsdm/brfss/

NH Office of Chief Medical Examiner:

http://doj.nh.gov/medical-examiner/

SAMHSA Strategic Prevention Framework:

http://www.samhsa.gov/data/

Spark NH Framework for Action:

http://sparknh.com/Framework-For-Action

University of New Hampshire Carsey School of Public Policy: *https://carsey.unh.edu/*

White House Report: The Economics of Early Childhood Investments, December 2014: *https://www.whitehouse.gov/sites/default/files/docs/early_childhood_report1.pdf*

Plans for Other Health Priority Areas:

- 2013 Suicide Prevention Plan
- CBHC Plan
- Coalition to End Homelessness Strategic Plan
- HEAL Strategic Plan
- NH-Outdoor Recreation Overview
- Red Cross Strategic Plan.pdf
- SPARK NH Strategic Plan

Tools

Community Tool Box: *http://ctb.ku.edu/en*

FSG Collective Impact:

http://www.fsg.org/ideas-in-action/collective-impact

SAMHSA Strategic Prevention Framework:

http://www.samhsa.gov/data/

Tamarack Institute: http://www.tamarackcommunity.ca/collectiveimpact

Mobilizing for Action through Planning and Partnerships (MAPP) http://www.naccho.org/topics/infrastructure/mapp/

Protocol for Assessing Community Excellence in Environmental (PACE EH) *http://www.naccho.org/topics/environmental/PACE-EH/*

Tamarack Institute: http://www.tamarackcommunity.ca/collectiveimpact

The Institute of Medicine's Community Health Improvement Process (CHIP) http://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/ chip/main

The Guide to Community Preventive Services: The Community Guide http: //www.thecommunityguide.org/index.html

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Carroll County Coalition for Public Health an initiative of Granite United Way

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