

# COMMUNITY HEALTH IMPROVEMENT PLAN

## PRIORITY AREA OVERVIEW

The Carroll County Coalition for Public Health (C3PH) region is comprised of the following communities: Albany, Bartlett, Brookfield, Chatham, Conway, Eaton, Effingham, Freedom, Hart's Location, Hale's Location, Jackson, Madison, Moultonborough, Ossipee, Sandwich, Tamworth, Tuftonboro, Wakefield and Wolfeboro.



### Early Childhood and Early Parenting Support:

**Provide for the optimal development of children and families, ensuring all children enter kindergarten healthy and ready to learn and thrive.**

- All children birth-5 and their families will have access to age-appropriate developmental screening programs.
- Increase the number of families receiving home visiting pre- and post-natal services.
- Decrease the number of uninsured children in Carroll County to zero.

**Sample Strategy: Improve identification, coordination and integration of organizations offering developmental screenings and data entry.**

### Access to Comprehensive Behavioral Health Services:

**Improve access to a comprehensive, coordinated continuum of behavioral health services.**

- Increase awareness of and access to related services and decrease stigma of behavioral health issues.
- Improve communication, education and build collaboration among healthcare, social services, safety, education, business, government and concerned citizens to address specific issues including substance use disorder, suicide, depression and feelings of hopelessness and isolation.
- Reduce rate of suicide deaths and suicide attempts by adolescents each year.
- Build capacity for and expand delivery of services related to mental health prevention, screening, early intervention, and treatment through primary care and other behavioral health care settings.
- Increase access to affordable health insurance coverage.

**Sample Strategy: Promote the health insurance navigation services of White Mountain Community Health Center.**

### Public Health Emergency Preparedness Across the Life Span:

**Increase community preparedness and individual preparedness of residents and ensure that all residents have access to mental health services if they seek sheltering services.**

- 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.
- Incorporate preparation for functional needs and behavioral health supports into mass casualty and shelter planning.

**Sample Strategy: Develop, train, and maintain the volunteer workforce needed for behavioral health support in shelters.**

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## Substance Misuse and Addiction:



### **Prevent and reduce substance misuse (including alcohol, marijuana and prescription drugs) among all generations.**

- Enhance the capacity of the Carroll County Prevention Network and its partners to effectively address substance misuse across the lifespan.
- Reduce drug-related overdose incidents and deaths each year.
- Increase public awareness relative to the harm and consequences of alcohol and drug misuse.
- Prevent and reduce substance misuse among youth and young adults (12-25).
- Prevent and reduce substance misuse among adults.
- Promptly respond to and prevent harms associated with emerging drug threats.

**Sample Strategy: Participate in DEA Drug Take Back Days with law enforcement partners and promote the installation of permanent drop boxes.**

## Chronic Disease:



### **Reduce the disease incidence and prevalence in regards to chronic health conditions such as obesity, cancer, heart disease, diabetes, hypertension and asthma.**

- Improve access to care for residents suffering from chronic diseases.
- Reduce the proportion of adults and children considered obese.
- Decrease the number of hospitalizations for respiratory related ailments.
- Decrease the number of hospitalizations for diabetes related ailments.

**Sample Strategy: Promote healthy eating and activity initiatives for all age groups, such as "Let's Go."**

## 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.**

- Reduce hospital admissions caused by falls for people over age 65.
- Reduce fall-related deaths among residents over the age of 65.
- Increase the number of people who have signed advanced care directives.
- Reduce the number of chronic diseases in people over age 65.

**Sample Strategy: Increase facilitated advanced care planning conversations among families about needs, connection, purpose, and wishes using Advanced Care Directives as a platform.**

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