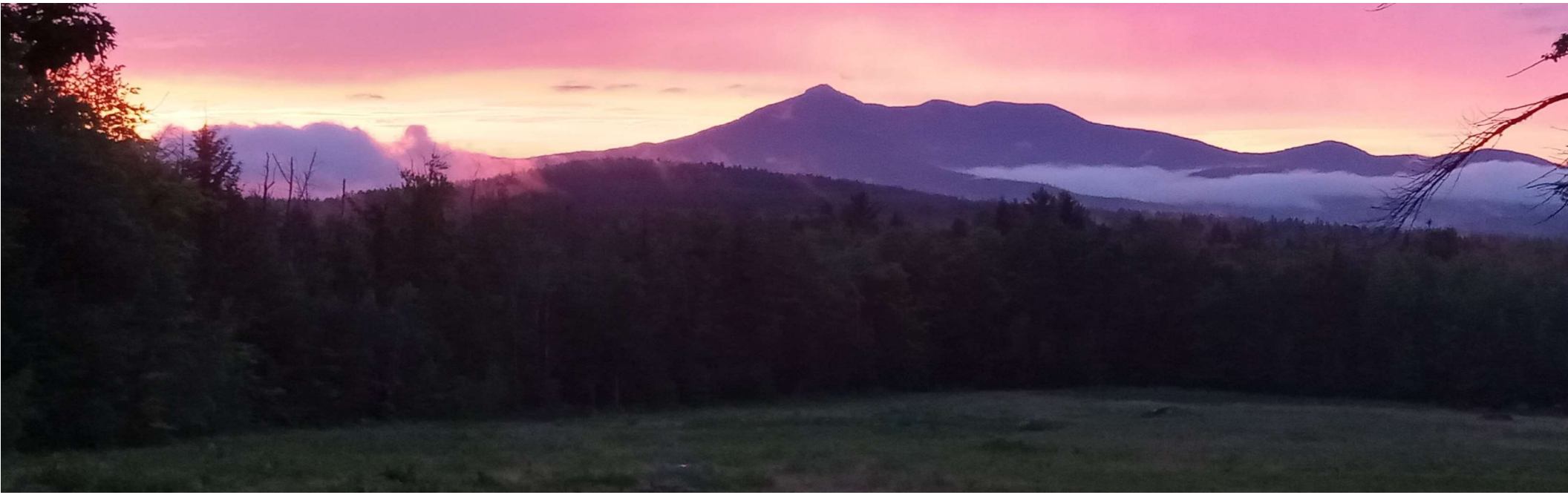

Carroll County

Regional Public Health Network

Annual Public Health Advisory Council Meeting

December 8, 2025

Granite United Way
Graniteuw.org

Agenda

- **Continental Breakfast & Welcome**
  - 8:30 – 9am
- **Review of Carroll County Public Health Network and Community Health Priorities:** Closing out the CHIP
  - 9 – 10:45am
- **Review of Proposed Priorities:** Facilitated Conversation at Tables
  - 10 – 11am
- **Wrap-up**
  - 11 – 11:15am

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Carroll County Coalition for Public Health

Staffing:
- Caleb Gilbert, Director of Public Health
- Catalina Kirsch, Continuum of Care Facilitator
- Jen Thomas, Substance Misuse Prevention Coordinator
- Lindsay Richardson, Public Health Emergency Preparedness and Response Coordinator
- Soyla Hernandez, Community Heath Worker
- Linda Burns, Volunteer Coordinator
- Emily McArdle, Public Health Consultant

Structure:
- Granite United Way – Fiscal Agent/Parent Organization
- Public Health Advisory Council Leadership Team
- Community Health Improvement Plan
- State Contracts

Funding:
- NH DHHS Contracts: DPHS and BDAS
- Charitable Funds

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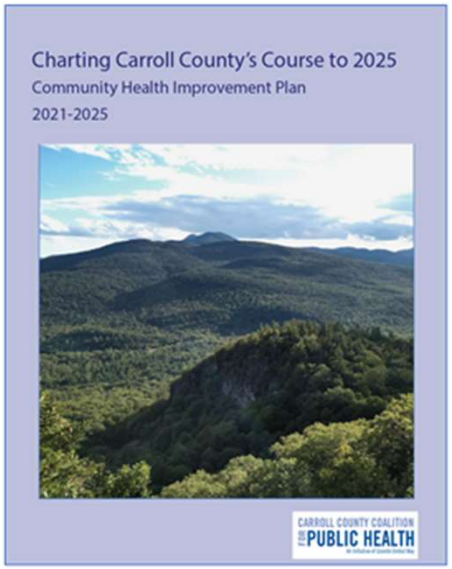
Carroll County Coalition for Public Health

Community Health Improvement Plan Priorities:

Access to Comprehensive Physical Health Services
Access to Comprehensive Behavioral Health Services
Healthy Aging
Healthy and Thriving Early Childhood Experiences
Public Health Emergency Preparedness Across the Lifespan



Capabilities: Vaccination clinics, emergency operations planning, emergency response, Medical Reserve Corps and Community Emergency Response Team, emergency response training, convening and facilitating partner meetings, Naloxone distribution and OD prevention, Substance Misuse Prevention technical assistance and training, suicide prevention planning and training, Community Health Worker, Public Health Advisory Council, Community Health Improvement Plan, Community Health Needs Assessment, data analysis, early childhood coalition facilitation

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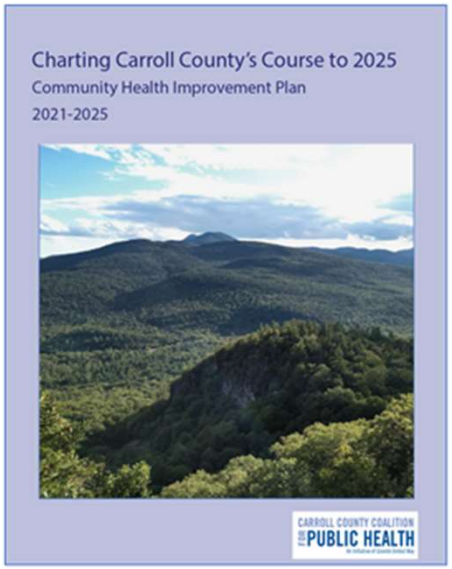
Community Health Improvement Plan Priorities

Access to Comprehensive Physical Health Services
Goal: Make access to physical healthcare services more well-coordinated, financially attainable, and
expansive in Carroll County

1. Increase access to care coordination resources throughout Carroll County.
2. Increase access to preventive healthcare services in Carroll County.
3. Increase access to financial resources that help individuals obtain the care they need



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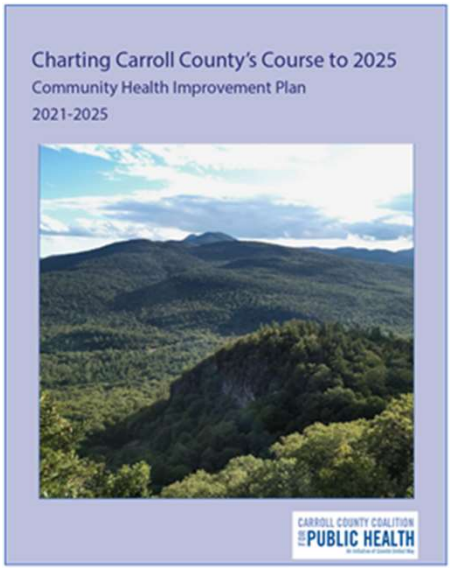
Community Health Improvement Plan Priorities



Access to Comprehensive Behavioral Health Services

Goal: Increase access to comprehensive prevention, intervention, treatment, and recovery services
for behavioral health across Carroll County, NH.

Objectives:

1. Promote regional efforts to expand access to telehealth and other remote services.
2. Facilitate cross-sector communication and collaboration between community service providers
3. Increase community and workplace training options to decrease stigma and improve awareness,

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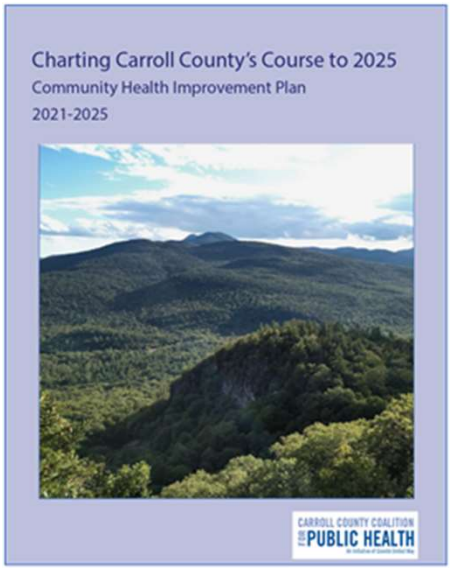
Community Health Improvement Plan Priorities



Access to Comprehensive Behavioral Health Services

Goal: Increase access to comprehensive prevention, intervention, treatment, and recovery services
for behavioral health across Carroll County, NH.

Objectives (continued):

4. Expand Youth Suicide Prevention training, intervention and postvention response resources in Carroll County.
5. Establish youth engagement activities within regional Substance Misuse and Suicide Prevention initiatives.
6. Promote community education and prevention activities related to tobacco and nicotine use prevention and cessation.

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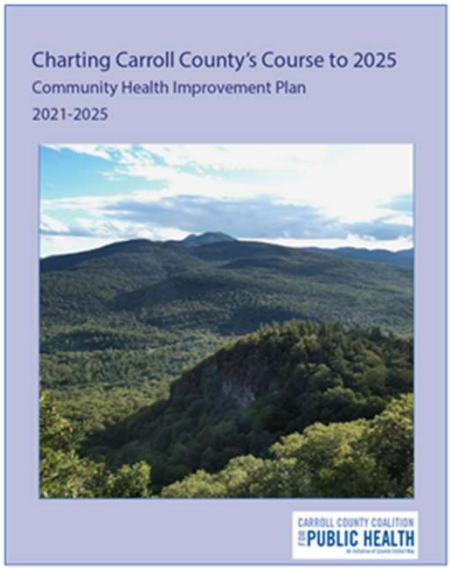
Community Health Improvement Plan Priorities



Healthy Aging

Goal: Make Carroll County a place where people can age well in the communities where they live.

Objectives:

1. Increase resources and educational opportunities to make Carroll County communities dementiafriendly communities.
2. Increase coordination of services for older adults with chronic conditions.
3. Work with Carroll County communities to make them more liveable for older adults and all people.
4. Enhance the coordination and increase the utilization of Advanced Care Directives.

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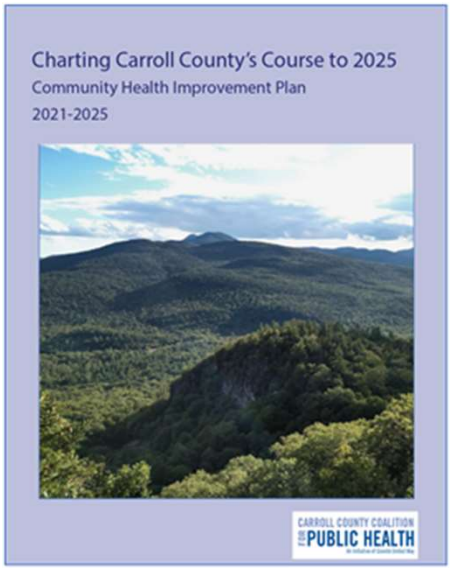
Community Health Improvement Plan Priorities

Healthy and Thriving Early Childhood Experiences

Objectives:

1. Increase Lead Poisoning Prevention awareness and increase blood lead level testing rates in the County.
2. Increase awareness and understanding of Home Visiting resources in the County for families and providers.
3. Increase information and support for first-time parents and parents of children with special needs
4. Increase the ability of communities to promote resilience amongst families and young children.
5. Increase options for families to access quality childcare in the County.



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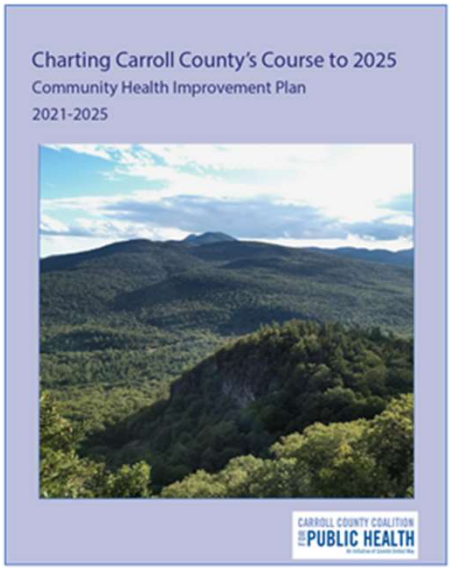
Community Health Improvement Plan Priorities

Public Health Emergency Preparedness Across the Lifespan

Goal: Carroll County is prepared for all health hazards and public health emergencies.

Objectives:

1. Increase Personal Preparedness in Carroll County.
2. Increase Regional Public Health Emergency Preparedness.
3. Expand the ability for Carroll County to respond and recover before, during, and after a Public Health Emergency.
4. Enhance regional emergency sheltering resources in Carroll County.



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Carroll County Coalition for Public Health

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Tailored CHIP Priorities for Carroll County, NH 2026 -2030

1. Community Conditions: Social Drivers of Health (SDOH)

This section focuses on stabilizing the foundational needs that underpin health, especially in a region affected by tourism and rural isolation.

Tailored Carroll County Priority	Rationale
a. Housing Stability and Affordable Access	Emphasizes the **affordability crisis** as a direct health driver (as noted in local documents) and the need for stable residences.
b. Rural Transportation & Mobility Access	Highlights the challenge of delivering services across a **rural landscape** and the need for reliable transport to jobs, food, and healthcare.
c. Food Security & Access to Healthy, Local Nutrition	Focuses on ensuring reliable access to food, particularly for seniors and children, throughout the widely dispersed communities.
d. Early Childhood Development and Accessible Child Care	Stresses that **accessible, quality child care** is essential for child development and parental workforce/economic stability (an SDOH).

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2. Prevention & Screening: Addressing Chronic Disease

This section focuses on reducing the county's high rate of chronic disease, specifically prioritizing early detection.

Tailored Carroll County Priority	Rationale
a. Targeted Cancer Screening & Adult Preventive Care	**Directly addresses Carroll County's highest-in-state cancer rate.** Prioritizes evidence-based,

	localized outreach to increase cancer and chronic disease screenings.
b. Pediatric Well Visits and Developmental Screening	Maintains focus on children, ensuring consistent access to primary care and screening to address developmental delays early.
c. Reducing Excessive Alcohol Use & Related Harm	Clearly defines the behavior (excessive use) and the goal (reducing harm) as a key protective and risk factor.

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3. Behavioral Health and Wellness

This category combines mental health and substance use to reflect an integrated approach to care.

Tailored Carroll County Priority	Rationale
a. Integrated Behavioral Healthcare and Suicide Prevention	Reflects the common co-occurrence of these issues. **Suicide Prevention** is elevated as a key youth and adult mental health outcome.
b. Youth and Young Adult Substance Misuse Prevention	Focuses prevention efforts on the most at-risk demographics (youth and young adults) for early intervention.
c. Promoting Resilience and Connectedness in Youth	Shifts the focus from negative outcomes to **building protective factors** (resilience, social connection) as the core strategy for youth wellness.

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4. Health Conditions & Outcomes

This section focuses on systems and outcomes for specific, vulnerable populations.

Tailored Carroll County Priority	Rationale
a. Reducing Cancer and Cardiovascular Disease Incidence	Maintains the focus on the two leading chronic diseases, with an emphasis on **reducing new cases** (incidence) as a long-term goal.
b. Healthy Aging, Social Connection, and In-Home Support	Adds **Social Connection and In-Home Support** to address isolation and the need for services to support the independence of the aging rural population.

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5. Emergency Preparedness & System Resilience

This category is simplified to focus on system functionality, rather than listing every type of disaster.

Tailored Carroll County Priority	Rationale
a. Strengthening Public Health System Resilience and All-Hazards Response	The term "**All-Hazards Response**" is a public health standard that encompasses all three sub-points (natural, biological, and human-made disasters) and is more concise. "**System Resilience**" focuses on the network's ability to maintain essential services.

Carroll County Coalition for Public Health
PHAC Annual Meeting
December 8, 2025

Facilitator Questions – Discussion Notes

1. **Feasibility and Community Readiness**
   Please take a look at the five priorities and objectives. Which priority objectives do you think the community is most ready to make changes on and why?

- 1A. Housing Stability and Affordable Access
  - Support workforce housing
  - Support MWV Housing Coalition, and their home share initiatives
  - Need to not only decrease cost of housing but increase income- Trainings, support to businesses to pay employees better
  - People living together to afford housing → Need for healthy relationships, conflict resolution, communication education
  - Public awareness high
- 1B. Rural Transportation and Mobility Access
  - Focus on gaps in the region (e.g. Fast Taxi closed)
  - Road safety, audit to reduce road deaths, walking/biking accidents
  - Tri-County CAP making social runs- Need to increase desirability for folks to be drivers
  - Public awareness low
  - Low readiness/funding
- 1C. Food Security and Access to Healthy, Local Nutrition
  - Community engaged in food security
  - Strengthen and support Carroll County Food Access Network
  - Public awareness high
  - Strong in acute situations
- 1D. Early Childhood Development and Accessible Childcare
  - Public awareness low
  - Low sustainability
- 2. Prevention & Screening- Addressing Chronic Disease
  - Need more data- community level data
  - Still some barriers to address
- 2B. Pediatric Well Visits and Developmental Screening
  - Well visits available, transportation is a barrier
- 3A. Behavioral Health
  - Remember wellness across the lifespan, not just youth
  - Five community tools for early ID and referral
- 3B. Youth and Young Adult Substance Misuse Prevention
  - Supports are there but need practitioners
  - Groups in place like Youth Wellness Team and Children Unlimited new "New to Adulting" groups at KHS (opportunity for collaboration)
- 5A. Emergency Preparedness

    - Ready and available

2. **Gaps and Missing Context**
   Based on your direct experience working with the populations you serve, is there any critical issue or major Social Driver of Health (SDOH) currently missing from this list? If so, where specifically in the county are we seeing this challenge most acutely?

- Issues with insurance/Financial access to care
    - Marketplace premiums going up, decrease in Medicare options, Medigap, increased premiums and copays, people not being able to afford insurance and going without it → Delaying care and preventative services → Increase in crisis services
    - Limited access to behavioral healthcare
    - EMS/ambulance costs (not covered by insurance or too expensive) → Delaying care (how to offset? Towns?)
    - Most mental health professionals don't take Medicare
- 4B. Healthy aging, social connection, and in-home support
    - In Home Support- Do not have caregivers even if people can afford it (which most people can't)
    - Healthy aging/social connection- Transportation barriers
- Mental health patient beds not being moved out of the Emergency Rooms (minors)
- Lack of digital literacy relative to accessing family health records
- Health literacy
- Public health messaging across the board- Getting info out to the community
- County level advocacy to access federal/state funds and resources
- Combating misinformation in healthcare
- Tie libraries to Early Childhood Development
- Fuel assistance needs
- Radon detection- connection to cancer (2A)
- Lead poisoning prevention
- Transportation- Need across county, and need funding
- 3A- Add specifics for mental health for young children (under 5)- Most specialists don't serve this population, those that do are overworked/wait lists, is becoming increasingly important, high number of kids with high ACEs
- Discussion about initiatives for group therapy to offset costs

3. **Clarity and Focus**
   Are these priorities written clearly enough to guide the next 5-year Community Health Improvement Plan, and are there any key pieces missing related to community health?

- Overall priorities and objectives are clear, easy to understand, similar to CCFAN's priorities as well
- 3A- Add specifics for mental health for young children (under 5)

- Merge 2 (Prevention and Screening: Addressing Chronic Disease) and 4 (Health Conditions and Outcomes)
    - Monika at Huggins offered to help- Sometimes when merging reporting not all of the data gets the right amount of urgency
- Clarify questions about cancer (specifics- radon, lead)
- 2C (Reducing Excessive Alcohol Use and Related Harm) and 4A (Reducing Cancer and Cardiovascular Disease Incidence) are confusing, need more definition/elaboration and refinement
- Move 2A (Reducing Excessive Alcohol Use and Related Harm) to Behavioral Health

4. **Collaboration Potential**

Where do you see the greatest opportunity for cross-sector collaboration between community partners?

- Priority 1- Social Drivers of Health (all)
- Priority 2- Prevention and Screening- Addressing Chronic Disease
- Priority 5- Emergency Preparedness and System Resilience
- Housing- MWV Housing Coalition
- Children Unlimited, Ossipee Round Table, Northern Lakes and Mountains Early Childhood Partnership
- Transportation
- Food security- Carroll County Food Access Network (Similar goals)
- Intergenerational programming
- Extended learning opportunities
- Healthcare pathway
- Public Health Emergency Preparedness for youth
- Apprenticeships- Businesses, Community College System of NH
- Part time opportunities for older adults
- Gibson Center and Hospital for Healthy Aging
- C3PH and Carroll County Adult Ed
- Transportation and Carroll County Adult Ed
- Engaging community partners on emergency preparedness to collaborate and share best practices- include municipalities
- Local organizations' collaboration is a big strength in the area
- Opportunity to collaborate with Children Unlimited for young adult prevention/new to adulting groups
- Carroll County Food Access Network and Emergency Preparedness- Emergency Preparedness for Farming (Joy attended a presentation)
- Coos County- Online screening program, Children Unlimited applying- ASQ's online- at-home screenings
- 5A- Strengthening Public Health System Resilience and All-Hazards Response- Stakeholders are aware but active committees not in place- Need managers, emergency directors, township and community sectors, schools, businesses, etc.

5. **Community Health Status**

   C3PH is closing out its last 5-year Community Health Improvement Plan at the end of this month. What has changed most related to health status in the last five years and is this reflected in these proposed priorities for the next CHIP?

   - Overall, priorities and objectives feel like they reflect the future well
   - Work is ongoing
   - Priority 1: Social Drivers of Health is a big focus and needs to be addressed in the next 5 years
   - Past 5 years- Got systems in place like Covid vaccine clinics (including for childcare workers), testing kits, masks- Organizations know where to go to get help/supplies
   - Seeing minor improvements in NH
     - YRBS decrease in risk factors
     - Increased access to physical health and Memorial and Huggins
   - Changes in insurance availability and people losing healthcare benefits
   - SUD- More education, Narcan
   - Mental Health and Behavioral Health organizations doing more outreach- reducing stigma and should continue
   - Increase in “sandwich generation”- caring for both children and elderly parents
   - Increased need in caregiver resources
   - Should still watch/monitor telehealth- billing, accessibility
   - Mobile community health- Pop up clinics and community paramedics
   - Behavioral health has declined
   - Physical health has improved

First name	Last name	Email	Attendance	
1. Meghan	Berry	mberry@thechildrenscenternh.org	M.B.	1
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4. Valeda	Cerasale	vcerasale@northernhs.org		
5. Ashlee	Chaine	ACHAINE@VNHCH.ORG		
6. MARTIN	CLORAN	martycloran@outlook.com	cm	4
7. Nichole	Cotton	ncotton@caphr.org	NC	5
8. Mandi	Emery	aemery@northernhs.org		
9. Alex	Farley	a_farley@sau9.org		
10. Kera	Favorite	kfavorite@hugginshospital.org	KF	6
11. Joy	Gagnon	joy.gagnon@unh.edu	JG	7
12. Jessalyn	Geerdes	jgeerdes@vnhch.org	jg	8
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15. ~~Mitchell~~	~~Henderson~~	mitchell@whitehorseac.com		
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18. Catalina	Kirsch	catalina.kirsch@graniteuw.org	CK	12
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21. Cathleen	Livingston	clivingston@childrenunlimitedinc.org	CL	14
22. David	M Smolen	execdirector@gibsoncenter.org	D.S.	15
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26. Trish	Reynolds	trish.reynolds@mainehealth.org	TR	17
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37. Allana	Isley		AI	25
38. Julie	Lanoie		J.L.	26
39. Kara	Lorture		K.C.	27
40. Jenifer	Robinson		JR	28
41. Monica	O'CLAIR		MC	29
42. Soyla	HERNANDEZ		SH	30
43.				
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