

# SEACOAST PUBLIC HEALTH NETWORK COMMUNITY HEALTH IMPROVEMENT PLAN

2015-2017



MARY COOK, PUBLIC HEALTH EMERGENCY PREPAREDNESS MANAGER

TORY JENNISON, CONTINUUM OF CARE FACILITATOR

MARIA REYES, SUBSTANCE MISUSE PREVENTION COORDINATOR

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# Acknowledgements

The Seacoast Community Health Improvement Plan (CHIP) is a product of the Seacoast Public Health Network (SPHN), Public Health Advisory Council (PHAC), and various community partners. We are grateful to the numerous individuals and organizations who were instrumental to the research, planning, and development of the CHIP. Additionally, the SPHN would like to thank Anna Ghosh and Sarah Short from Community Health Institute for their invaluable support, guidance, and facilitation assistance throughout the CHIP development process.

The overall planning, coordination, and publication of the CHIP was guided by Mary Cook, Sandi Coyle, and Sarah Tremblay of the SPHN.

## **Contributors:**

### Public Health Advisory Council

Stacey Angers, Portsmouth Regional Hospital  
Patte Ardizzoni, Rockingham Community Action  
Cindy Boyd, United Way of the Greater Seacoast  
Celeste Clark, Raymond Coalition for Youth  
Brinn Chute, City of Portsmouth  
Brian Comeau, Exeter Fire Department  
Jay Couture, Seacoast Mental Health Center  
Deb Grabowski, Foundation for Seacoast Health  
Jim Hayes, Lincoln Street School SAU16  
Justin Looser, Portsmouth Regional Hospital  
Kelly Mann, Portsmouth Housing Authority  
Katy McDermott, Homeless Teen Coalition  
Paula Smith, Southern New Hampshire Area Health Education Center  
Stephanie Stevens, ServiceLink Resource Center  
Helen Taft, Families First Health and Support Center  
Debra Vasapolli, Exeter Health Resources  
Margie Wachtel, Families First Health and Support Center  
Craig Welch, Portsmouth Housing Authority  
Greg White, Lamprey Health Care

### Community Organizations

Tara Ball, Connor's Climb  
Melorah Bisailon, Epping High School  
Carrie Chooljian, Lamprey Health Care  
Patty Driscoll, Seacoast Mental Health Center  
Sue Durkin, Families First Health and Support Center  
Doreen Gilligan, Portsmouth Regional Hospital  
Jamie Joyce, Portsmouth Regional Hospital  
Jodie Lubarsky, Seacoast Mental Health Center  
Nancy Parker, Seacoast Medical Reserve Corps  
Maria Sillari, Greater Seacoast Coalition on Homelessness  
Barry Timmerman, Seacoast Youth Services  
Susan Turner, Families First Health and Support Center  
Grant Turpin, Portsmouth Regional Hospital  
Lauren Wool, United Way of the Greater Seacoast

# Executive Summary

In 2013, the state of New Hampshire published the State Health Improvement Plan (SHIP) 2013-2020, which highlights ten key health areas currently facing the population (tobacco, obesity/diabetes, heart disease/stroke, healthy mothers and babies, cancer prevention, asthma, injury prevention, infectious disease, emergency preparedness, and misuse of alcohol and drugs). Its aim was to assist the state and local community leaders in improving public health and promoting coordination and collaboration among public health partners.

In the fall of 2014, the Public Health Networks, including the Seacoast, were tasked with creating Community Health Improvement Plans (CHIP), by selecting five priority areas from the New Hampshire SHIP. Starting in January of 2015, the Seacoast Public Health Network and its Public Health Advisory Council gathered and reviewed data to inform the selection process, interviewed and involved various community organizations, voted on priorities, and strategically planned the Seacoast CHIP.

The six month process included robust methods for indicator selection: a review of county and regional data to choose priorities, interviews of community stakeholders and partners, and a comprehensive strategic planning session. These methods laid the foundation for the subsequent Seacoast Community Health Improvement Plan, which outlines the region's six health priorities:

## **OBESITY**

## **HEART DISEASE/STROKE**

## **INJURY PREVENTION (REDUCING FALLS IN OLDER ADULTS)**

## **MENTAL HEALTH**

## **ALCOHOL AND SUBSTANCE MISUSE**

## **PUBLIC HEALTH EMERGENCY PREPAREDNESS**

This plan will serve as the Seacoast Public Health Network and Public Health Advisory Council's work plan and deliverables for the next three years (2015-2017). It is the region's goal that it will serve to promote collaboration by all public health partners in order to improve the health of individuals, the community, and the overall state of New Hampshire.

# Seacoast Regional Public Health Network

The Seacoast Public Health Network's mission is to build and sustain a public health partnership to better serve its communities. The SPHN is one of the 13 regional public health networks in New Hampshire. Each Regional Public Health Network (RPHN) includes a host agency that has a contract with the NH Department of Health and Human Services to convene, coordinate, and facilitate public health partners in their region. These partners collectively are the Public Health Network. The Seacoast Public Health Network is comprised of local health officers, emergency management directors, first responders, schools, healthcare providers, and social service providers, to name a few.

Each host agency also provides leadership to a regional Public Health Advisory Council and services related to Public Health Emergency Preparedness and Substance Misuse Prevention. The Seacoast PHAC has members from:

City of Portsmouth's Senior Services Program  
Exeter Fire Department  
Exeter Hospital  
Families First Health and Support Center  
Foundation for Seacoast Health  
Lamprey Healthcare  
Lincoln Street School, SAU 16  
Portsmouth Housing Authority  
Portsmouth Regional Hospital  
Raymond Coalition for Youth  
Rockingham Community Action  
Seacoast Mental Health Center  
ServiceLink Resource Center  
Southern New Hampshire Area Health Education Center  
United Way of the Greater Seacoast

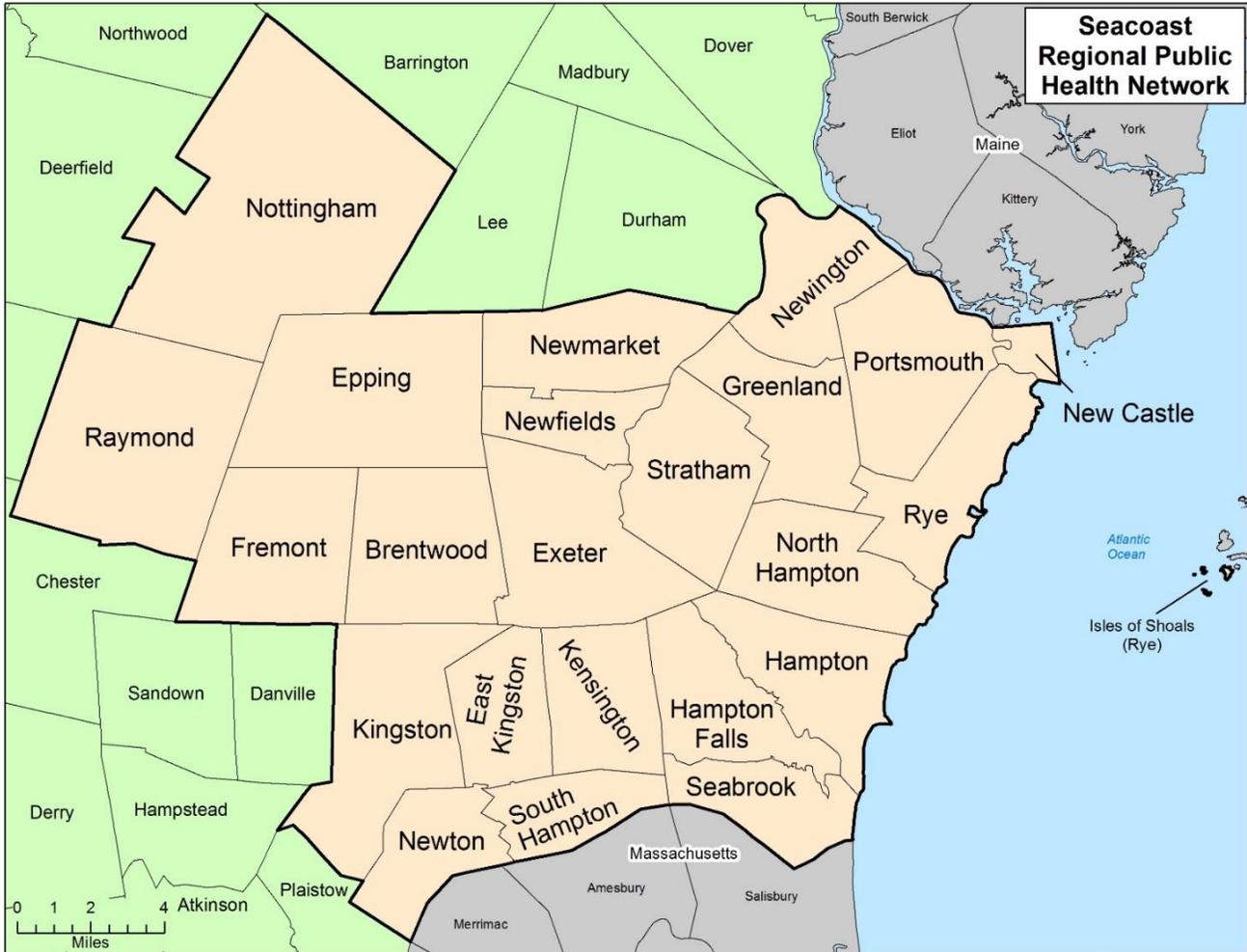
The primary work of the PHAC is to set regional health priorities, provide guidance to regional public health activities, and ensure coordination of health improvement efforts. The PHAC has overseen the development of this Community Health Improvement Plan. More information about each of New Hampshire's Public Health Networks can be found at <http://nhphn.org/who-we-are/public-health-networks/>.

# Community Profile

The Seacoast Regional Public Health Network is composed of 23 towns in eastern Rockingham County and serves the approximate 143,000 people living in these communities. The region includes two hospitals, a rehabilitation hospital, and ten school districts.

## Towns Served

Brentwood    Hampton    Newington    Raymond



- |               |               |               |               |
|---------------|---------------|---------------|---------------|
| East Kingston | Hampton Falls | Newmarket     | Rye           |
| Epping        | Kensington    | Newton        | Seabrook      |
| Exeter        | Kingston      | North Hampton | South Hampton |
| Fremont       | New Castle    | Nottingham    | Stratham      |
| Greenland     | Newfields     | Portsmouth    |               |

# Community Health Improvement Planning

## INTRODUCTION TO COMMUNITY HEALTH IMPROVEMENT PLANNING

In 2015, the PHAC engaged community partners in a community health improvement planning process. The purpose of this process was to engage community partners to:

- Identify and evaluate health issues
- Provide information to community members
- Help plan effective interventions
- Provide a baseline to monitor changes and trends
- Build partnerships and coalitions
- Identify emerging issues
- Prioritize five regional public health priorities
- Develop a Community Health Improvement Plan

## COMMUNITY HEALTH ASSESSMENT (CHA)

In September of 2014, PHAC began assessing the status of a Seacoast Community Health Improvement Plan (CHIP). Since the region's funding and focus had primarily been on emergency preparedness and substance misuse prevention, there had not been the establishment of a CHIP. The Public Health Network Amendment funding to establish a CHIP was shared with the PHAC. With guidance from the Department of Health and Human Services on creating a CHIP, the coordinators made a recommendation to the PHAC to hire a part-time person to assist the region in the plan development process and final product.

In October of 2014, inquiries were made to PHAC members regarding needs assessments completed within the last three years. It was determined that Exeter Hospital completed a Community Health Needs Assessment in 2013 which included the 23 towns within the Seacoast Public Health Network (SPHN) and highlighted many significant, regional priority health areas. Many PHAC members served on the steering committee to complete this assessment (Families First Health and Support Center, Lamprey Health Care, Seacoast Mental Health Center, and the United Way of the Greater Seacoast).

From January 2015 to May 2015, the PHAC was educated on a variety of local, county, and regional data sets in order to better inform their selection of health priorities.

## PLANNING STEPS

Beginning in January 2015, the SPHN staff coordinated and facilitated a regional process to develop the Seacoast CHIP. This process included presentations from experts of primary data sources and facilitated discussion to inform the PHAC's selection of health indicators. Presentations and topics included:

January: Anna Ghosh and Lea Lafave, Community Health Institute (CHI), presented regional PARTNER survey results that identified partnerships within the region.

February: Deb Vasapolli, Director of Public Relations Exeter Health Resources, presented Exeter Hospital's 2013 Community Need's Assessment; Sarah Tremblay oriented the PHAC to the CHIP template and expectations as outlined by CHI's webinar training

March: Mary Cook and Sarah Tremblay presented the 2014 Rockingham County Health Rankings data

April: Dr. Benjamin Chan, DHHS Epidemiologist, presented seacoast regional data based on the SHIP indicators. Following the presentation, Sarah Tremblay updated the PHAC on the 2015 Rockingham County Health Rankings, County Health Rankings trend data from 2010-2015, and an overview of all reviewed data points (See Appendix A and B, respectively). The meeting adjourned with PHAC members voting on which indicators would be included in the CHIP. Finally, members and staff attended the statewide PHAC meeting to gain an understanding of developing strategies to complete tasks.

May: Sarah Tremblay presented results from individual surveys of seacoast organizations to illustrate initiatives already being conducted in the region in relation to SHIP indicators

During the process, the PHAC suggested that staff research programs and initiatives already being done in the region in an effort to link them to the CHIP. As a result, Sarah Tremblay surveyed local organizations and stakeholders via phone and in person interviews to gain further clarity of the scope of work already being accomplished within each health indicator. This occurred during April and May of 2015, and the results were presented and used during the final CHIP Strategic meeting on May 19, 2015.

On May 19, 2015, the SPHN partnered with Community Health Institute to facilitate a CHIP Strategic Planning Session. Various community stakeholders were invited to participate and establish goals, objectives, and strategies to address the selected indicators.

## PRIORITIZATION TOOLS AND RESOURCES

Representatives of organizations were involved during all stages of this process. The PHAC was educated through presentations from experts on primary data sources. The Exeter Hospital Community Needs Assessment, 2015 County Health Rankings, and seacoast regional data, informed the PHAC's ranking of the most pressing priorities facing the region. Members ranked the indicators 1-9, one being the most important to be included in the CHIP. Therefore, the lower the score, the more likely it would be included in the CHIP (see below for rankings).

INDICATOR	VOTE
Mental Health	22
Heart Disease/Stroke	43
Obesity/Diabetes	47
Injury Prevention	48
Healthy Mothers/Babies	69
Cancer Prevention	71
Tobacco	81
Infectious Disease	81
Asthma	103
*Represents 15/18 possible votes	

The PHAC’s ranking yielded three major findings. The first was the need to create an indicator not included in the SHIP: Mental Health. Secondly, although the task was to choose three additional indicators in addition to Misuse of Alcohol and Drugs and Emergency Preparedness, there were almost identical results for Obesity/Diabetes and Injury Prevention. This illustrated the need to include four additional indicators in the Seacoast CHIP. Finally, the rankings clearly showed where the PHAC drew the line of focus; there is a large, apparent gap between Injury Prevention and Health Mothers/Babies (a 21 point difference).

In order to make this an even more robust process and ensure community involvement, the PHAC requested a deeper understanding of what stakeholders and partners were already accomplishing within the SHIP health priority areas. This was the impetus for the SPHN staff to organize and conduct numerous stakeholder interviews in order to collect information on programs, strengths, gaps, and goals and see how the SPHN could best include them in the CHIP in order to work towards a more coordinated and collaborative public health network. The questions that framed each interview as well as participating organizations are listed below:

QUESTIONS	ORGANIZATIONS
1. Programs, initiatives, or collaborative partnerships that help alleviate ( <i>insert applicable health indicator</i> )?	Connor’s Climb Epping High School Exeter Health Resources
2. Are there other partners you work with to help make this happen?	Families First Health and Support Center Lamprey Health Care
3. Population served?	Portsmouth Regional Hospital
4. Goals within the program for the future? How are they measured?	Portsmouth Senior Services Raymond Coalition for Youth
5. Funding source?	Rockingham Community Action
6. Greatest strengths and assets?	Seacoast Mental Health Center
7. What gaps hinder the success of this work/program?	Seacoast Youth Services ServiceLink Resource Center Southern NH Area Health Education Center United Way of the Greater Seacoast

The SPHN staff considered all data points, the PHAC input, and community interviews to propose six health priority areas: healthy living, heart disease/stroke, injury prevention (reducing falls in seniors), mental health, misuse of alcohol and drugs, and emergency preparedness.

In order to begin strategizing these priority areas and identifying goals, objectives, and strategies. The PHAC and various community stakeholders attended a CHIP Strategic Planning Session on May 19, 2015. CHIP data, methods, and process of indicator selection was presented to the group and discussion was opened up for any concerns about the proposed health priority areas. Subsets of attendees participated in two of four, 1 hour and 15 minute breakout sessions:

Breakout A: Substance Misuse

Breakout B: Chronic Disease (Healthy living; Heart Disease/Stroke)

Breakout C: Mental Health (includes reducing suicide deaths)

Breakout D: Injury Prevention (focus on reducing falls in seniors)

Community Health Institute guided the breakout groups through a facilitated discussion which included the following questions:

- Why** did we decide to focus on these health areas?
- What is **driving** the health issue in our community?
- What **approach** do we want to take to address the issue? How can we use our assets and partners?
- What are our potential **goals** (long term outcome) and **objectives** (changes needed to get to the outcome)?

**Note: Not all breakout sessions had time to discuss these two points:**

- What **strategy** do we want to use? Review the options and think about fit and feasibility of strategy options.
- Who** would be involved with the strategy?

As a result of this strategic planning meeting, the SPHN had the data and community input needed to complete an informed, holistic, and inclusive CHIP for the Seacoast Public Health Region.

## Community Priority Areas

The top five public health priority areas chosen by the Seacoast Public Health Network include:

1. Healthy Living
2. Heart Disease/Stroke
3. Injury Prevention (*falls in older adults*)
4. Mental Health
5. Misuse of Alcohol and Drugs
6. Public Health Emergency Preparedness

The remainder of this plan provides more in-depth information about each of the six public health priority areas listed above. The sections include county and regional data sets, assets, and objectives and strategies which will be used to reach the goals.

# Priority Area 1: Healthy Living

## STATE CONTEXT

*Taken directly from the [New Hampshire State Health Improvement Plan \(2014, p. 17\)](#)*

“Obesity is a complex health problem that impacts one in four New Hampshire adults (26.2%). Obesity also increases the risk for developing many chronic diseases. The state ranks 35th lowest in the nation for adults who are obese; 15 other states have a lower prevalence of obese adults. New Hampshire ranks 19th in the nation for children aged 10-17 years who are obese (15.5%). Obesity during childhood is predictive of obesity later in life, and is of great concern. Data collected from the New Hampshire Third Grade Healthy Smiles - Healthy Growth Survey, conducted between September 2008 and June 2009, found that 33.4% of third graders were overweight or obese. This survey collected the heights and weights of third grade students from 81 randomly selected New Hampshire public schools (3,151 third grade students). For more information about this survey, go to <http://www.dhhs.nh.gov/dphs/nhp/data.htm>.

Obesity in adults and children increases the risk of chronic diseases including type-2 diabetes, heart disease, and high blood pressure. Only 4.1% of adults with healthy weight have diabetes compared with 17.5% of adults who are obese. In adults who are neither overweight nor obese, 3.2% have had a heart attack compared with 6.2% of obese adults. Obesity is also associated with nonalcoholic fatty liver disease, gallstones, orthopedic problems, and depression. For children, poor nutrition and physical activity habits acquired at a young age can predispose them to overweight and obesity as adults.

Based on 2006 data, obesity-related medical costs in the US totaled \$147 billion annually, nearly 10% of all medical spending. Childhood obesity in the US is responsible for \$3 billion of that total in annual direct costs. Hospitalizations of children and youths diagnosed with obesity nearly doubled between 1999 and 2005, while total costs for children and youths hospitalized for obesity-related conditions increased from \$125.9 million in 2001 to \$237.6 million in 2005 US dollars. Childhood obesity increases risk of remaining obese throughout adulthood and increases risk for many chronic diseases such as asthma, heart disease, stroke, diabetes, and cancer.”<sup>1</sup>

## COUNTY AND REGIONAL CONTEXT

The 2015 Rockingham County Health Rankings show that adult obesity has been on the steady rise since 2004 and is currently at its highest rate of 26% (indicates the percentage of adults that report a BMI of 30 or more – Figure 1). Additionally, 19% of the county’s population aged 20 and over report no leisure-time physical activity – a rate that has stayed virtually the same since 2004 (Figure 2).<sup>2</sup>

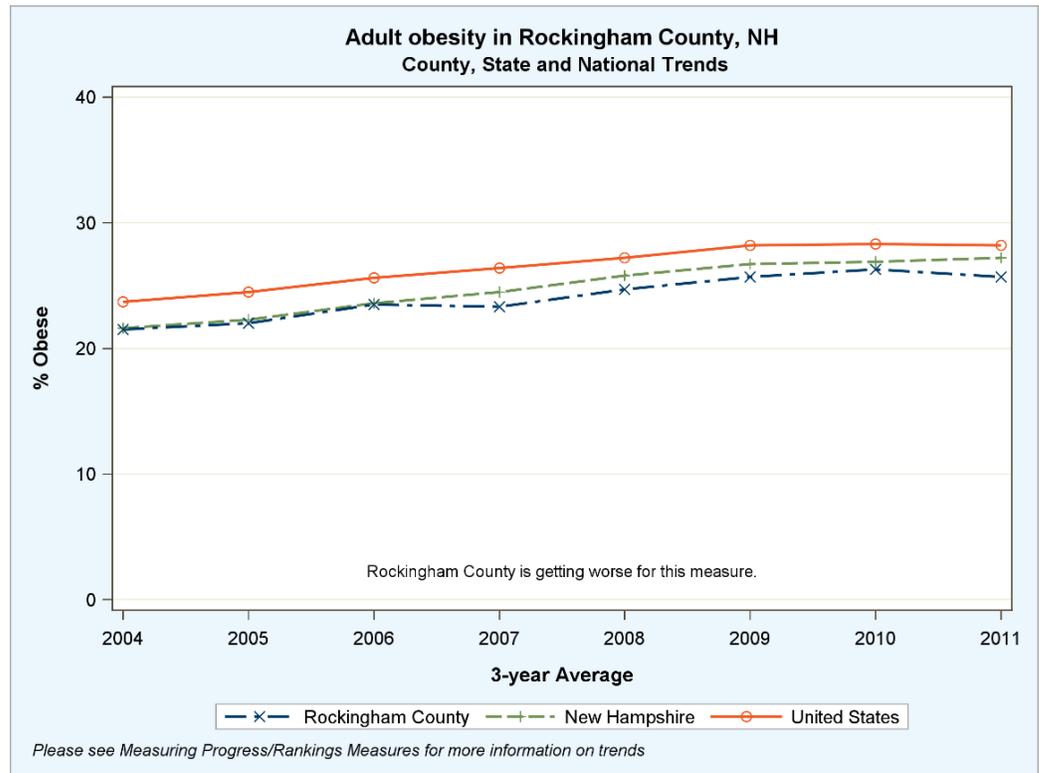
<sup>1</sup> [New Hampshire State Health Improvement Plan 2013-2020](#). 2014. Page 17.

<sup>2</sup> County Health Rankings & Roadmaps. 2015. <http://www.countyhealthrankings.org/app/newhampshire/2015/rankings/rockingham/county/outcomes/overall/snapshot>

Additionally, NH Health WISDOM data corroborates the Rockingham County Health Rankings, showing that the county and region’s obesity among adults is increasing: 24% for the seacoast region, 26.5% for Rockingham County, and 27.6% for the state in 2012 (Figure 3).<sup>3</sup>

Based on NH DHHS’s Childhood Obesity in New Hampshire 2008-2009, 15.3% of third graders are considered overweight, while 18.1% are obese (Figure 4)<sup>4</sup>. The high school (grades 9-12) rate of obesity in Rockingham County is also high, at 22.7%, as NH Kids Count reports.<sup>5</sup>

**Figure 1**  
County Data

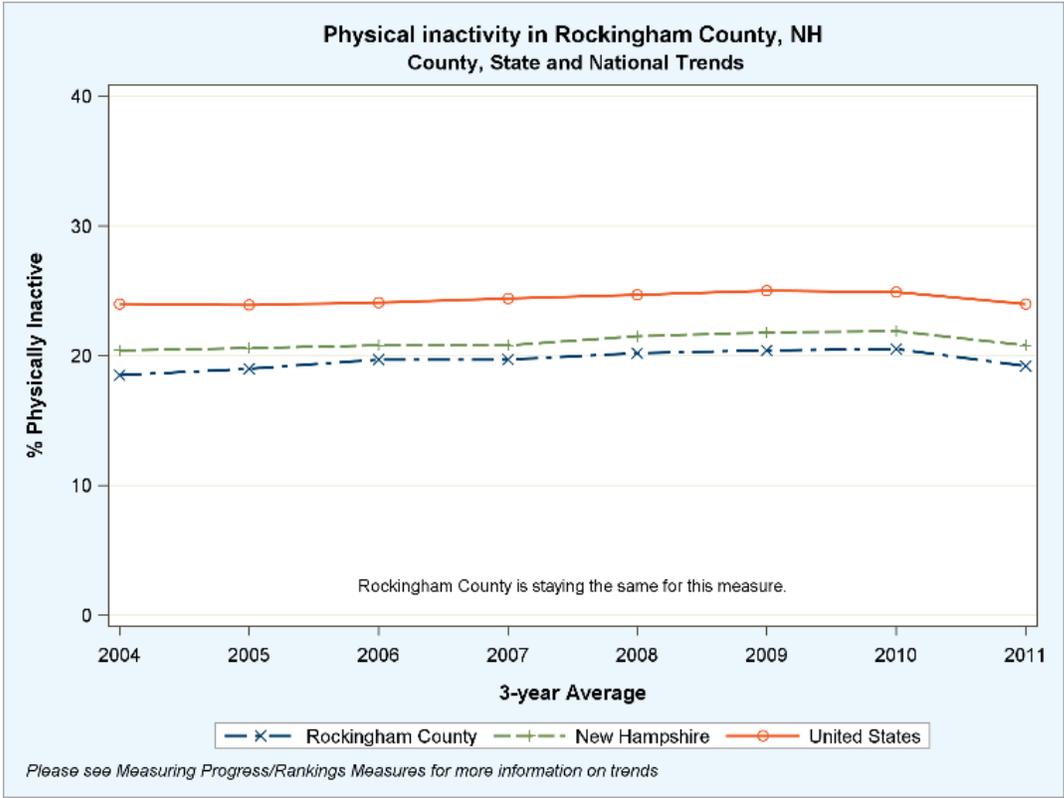


<sup>3</sup> NH Health Wisdom. 2015. [http://wisdom.dhhs.nh.gov/wisdom/#Topic\\_8676\\_Anon](http://wisdom.dhhs.nh.gov/wisdom/#Topic_8676_Anon).

<sup>4</sup> NH DHHS. 2010. Page 1. <http://www.dhhs.state.nh.us/dphs/nhp/documents/childobesityreport2010.pdf>.

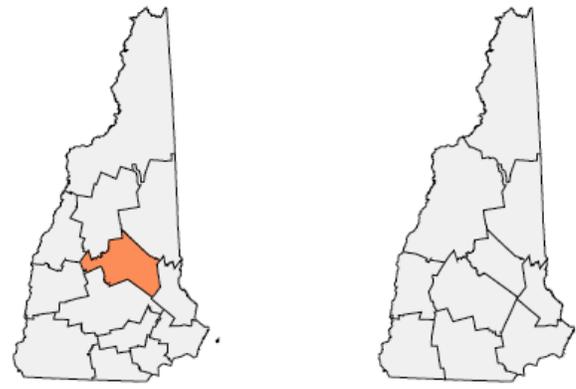
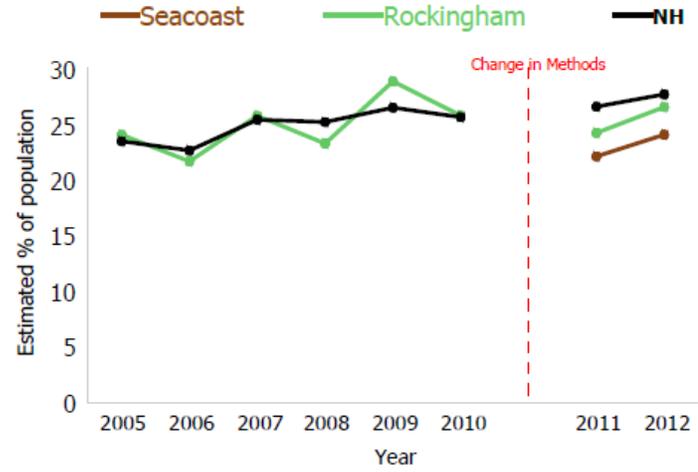
<sup>5</sup> NH Kids Count 2015 Data Book. 2015. Page 93. <http://nhkidscount.org/sites/default/files/pdfs/Full%20PDF%20NH%20Kids%20Count%202015%20Data%20Book%20FINAL.pdf>

**Figure 2**  
County Data



**Figure 3**  
Regional and County Data

**Obesity among adults**



Age	Seacoast		Rockingham	
	Female	Male	Female	Male
18 to 49	19.3	26.9	18.8	30.9
50 to 64	23.4	23.8	27.5	31.9
65 plus	29.3	24.6	27.6	20.8

Estimated % of population in 2012

Significantly lower than state | No difference than state | Significantly higher than state

### Overweight and Obesity Rates by Region Among NH Third Graders

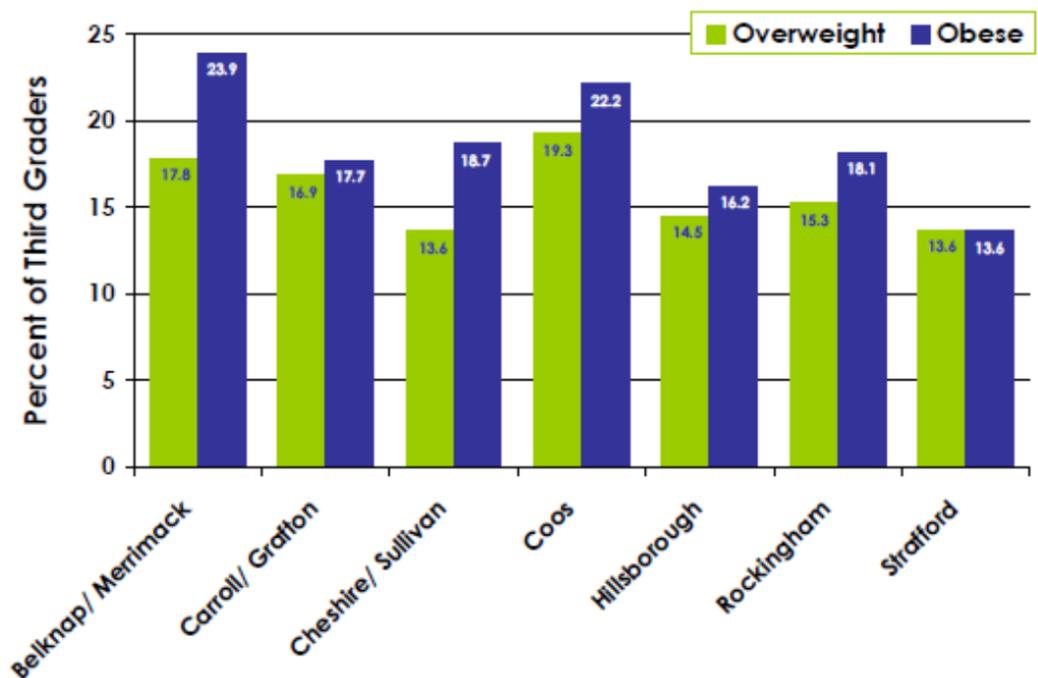


Figure 4  
County Data

#### LOCAL CONTEXT

Exeter Hospital Community Health Needs Assessment cites nutrition and obesity as a community priority. The report specifically discusses data obtained from key leader interviews concerning lack of nutritious food options for low income children and adults. It also references the 2001 BRFSS data:

“A number of obese and overweight adults and children residing within Rockingham County continues to rise. According to the 2011 Behavioral Risk Factor Surveillance System conducted by the New Hampshire Department of Health and Human Services, 29.3% of Rockingham County’s population is obese with another 36.2% being overweight.”<sup>6</sup>

## REGIONAL AND LOCAL ASSETS

Current assets were researched and isolated based on the community stakeholder interviews completed during April and May of 2015. See Appendix C for complete details of each organization’s programs, initiatives, strengths, gaps, capacity, funding, and future goals. Our main local assets in this area include strong partners such as Exeter Hospital, Families First Health and Support Center, the Foundation for Seacoast Health, Lamprey Health Care, Portsmouth Regional Hospital, Portsmouth Senior Center, Service Link, and Southern New Hampshire Area Health Education Center. Furthermore, the past regional Step it Up Seacoast facilitator has expressed interest in continuing her role (pending funding) and much of the materials and resources are already readily available (this would be the main strategy for addressing this health priority).

## Goals, Objectives and Strategic Approach

<b>GOAL 1</b>	<b>Increase awareness of obesity risk and prevention among children and adults.</b>
<b>OBJECTIVE</b>	<ol style="list-style-type: none"> <li><b>1. Coordinate regional and local level education and advocacy efforts for community design that supports biking, walking, and other active transport plans.</b></li> <li><b>2. Increase access to public and community facilities for physical activity.</b></li> <li><b>3. Increase access to, and affordability of fruits, vegetables in or near highest need communities and neighborhoods.</b></li> <li><b>4. Increase allocation of innovative and nontraditional mechanisms for increasing equitable access to healthy food in highest need communities and neighborhoods.</b></li> </ol>
<b>STRATEGIC APPROACH</b>	
<b>STRATEGY 1: CONVENE A COMMUNITY PARTNER LED REGIONAL OBESITY PREVENTION WORKGROUP TO EXECUTE OBJECTIVES.</b>	

<sup>6</sup> Exeter Hospital Community Health Needs Assessment. 2013. Page 33.

# Summary

As demonstrated by the state, county, and regional data, increasing rates of obesity is a concern in the seacoast region. In order to work towards reducing these rates among children and adults, the Seacoast Public Health Network will focus on methods and programs of education and prevention in this public health area.

## Priority Area 2: Heart Disease and Stroke

### STATE CONTEXT

*Taken directly from the [New Hampshire State Health Improvement Plan \(2014, p. 25\)](#)*

“Heart disease is the leading cause of death for both men and women in the US. In New Hampshire, it was the second leading cause of death in 2008, when over 1,700 deaths occurred and there were 5,583 hospitalizations due to heart disease. The age-adjusted death rate for coronary heart disease was 115.9 per 100,000 population. Modifiable risk factors for coronary heart disease include high blood pressure, high blood cholesterol, diabetes, overweight and obesity, tobacco use, alcohol use, physical inactivity, and a diet that is rich in saturated fat, trans fat, and cholesterol. New Hampshire is ranked 29th lowest in the country for coronary heart disease.

In 2008, stroke was the fourth leading cause of death in the US and in New Hampshire, there were 484 deaths and 1,670 people hospitalizations. High blood pressure and high blood cholesterol are major risk factors for heart disease and stroke.

In 2009, nearly 29% of New Hampshire’s residents reported having been told they have high blood pressure, and about a quarter (24.6%) of them did not take their prescribed medications for it.”<sup>7</sup>

### REGIONAL CONTEXT

According to NH Health Wisdom data, cardiovascular diseases are the second leading cause of death for both genders and all ages in the Seacoast Public Health Region (Figure 5).

Combined data from 2008-2013 shows the seacoast has lower rates of death from coronary heart disease (89.9 per 100,000), stroke (24.6 per 100,000), and heart attacks (17.6 per 100,000) than the rest of the state.

However, the seacoast region has significantly higher rates of congestive heart failure (22.7 per 100,000) than the state (15.3 per 100,000) (Figure 6).<sup>8</sup>

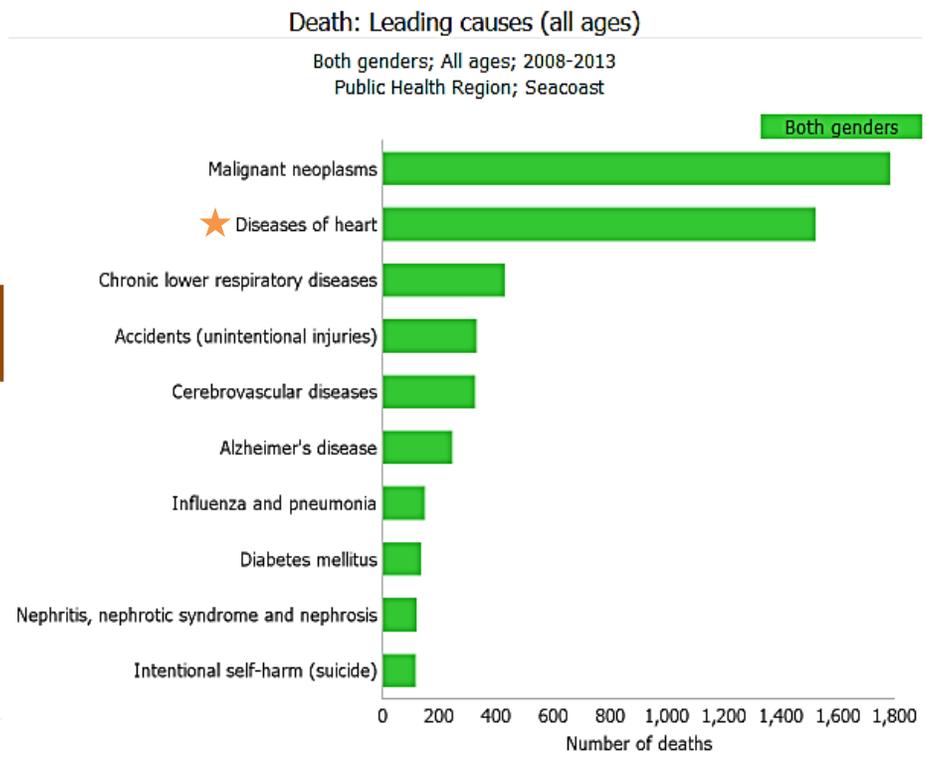
Although the region’s average for high blood pressure awareness (30.2%) is lower than the state average (30.7%), the slight difference indicates that the region has room for improvement in this area (Figure 7). Finally,

<sup>7</sup> [New Hampshire State Health Improvement Plan 2013-2020](#). 2014. Page 25.

<sup>8</sup> Dr. Benjamin Chan, MD, MPH. Seacoast Public Health Region Presentation. 9 April 2015.

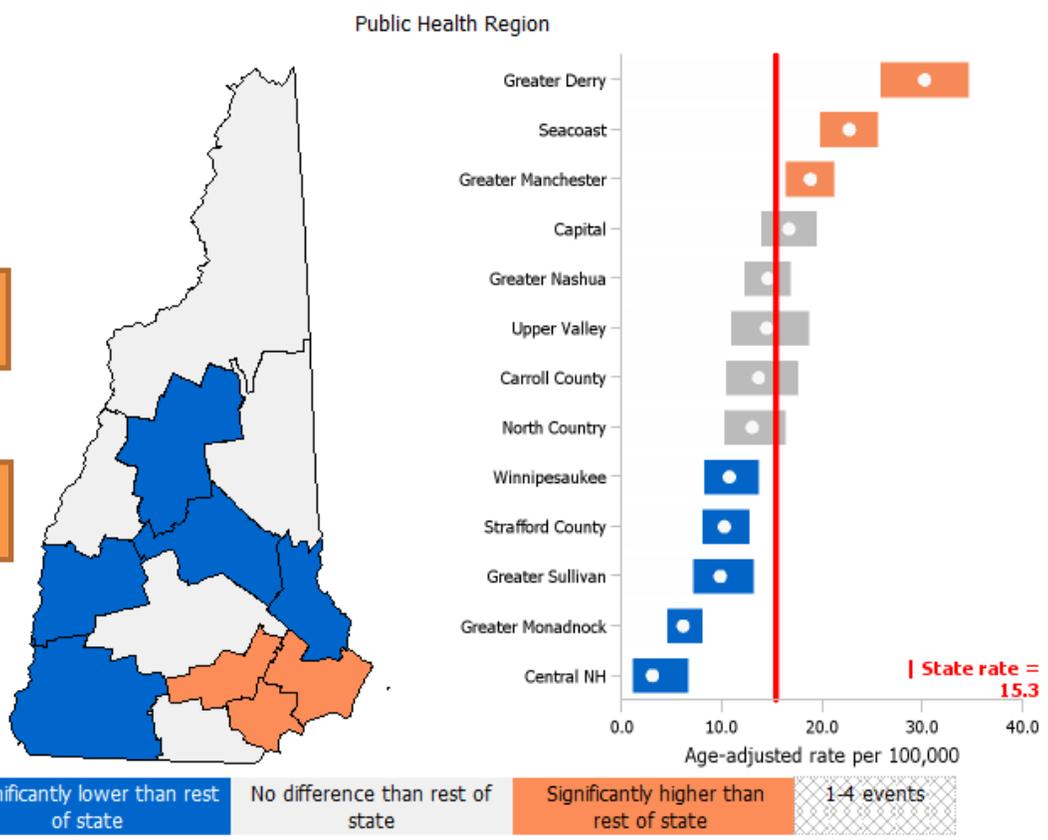
the seacoast region performs well in regards to cholesterol awareness: 86.7% for the region versus 81.0% for the state (Figure 8).

**Figure 5**  
Regional Data

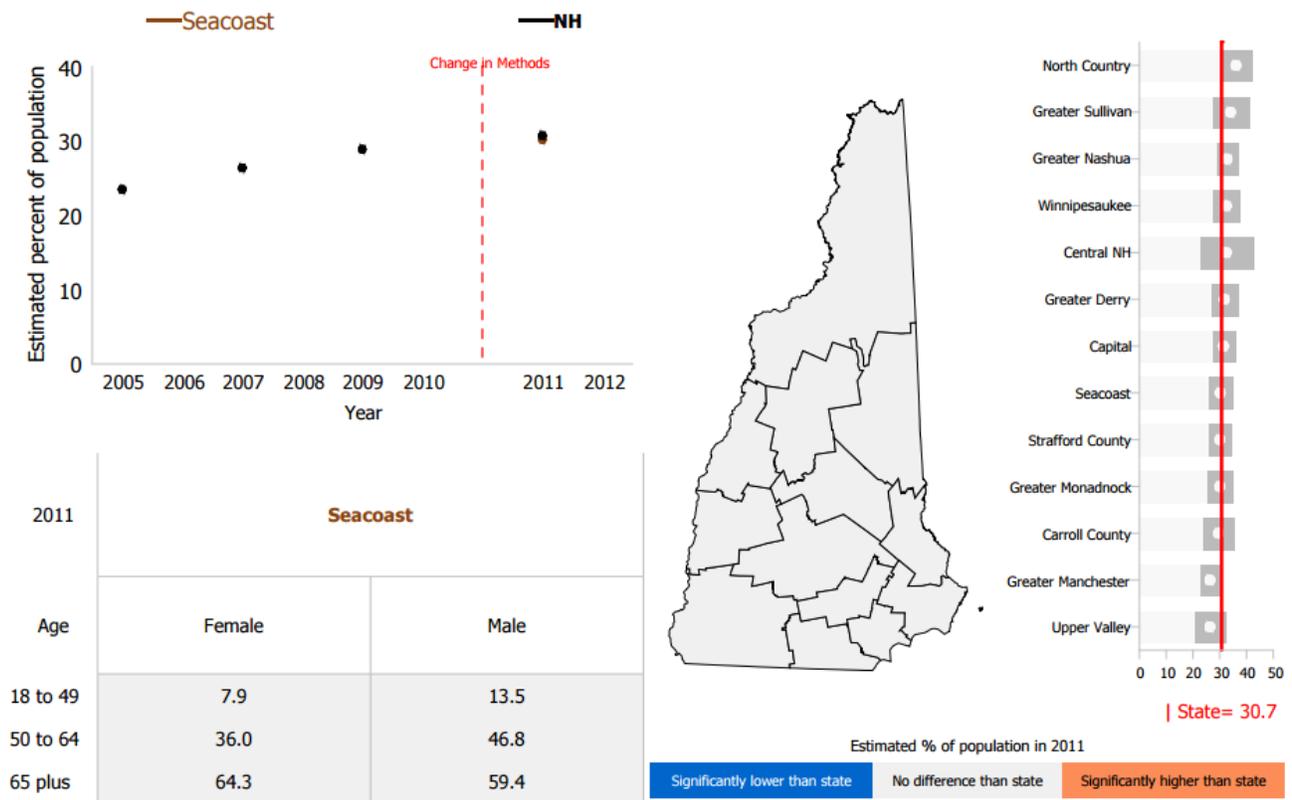


**Figure 7**  
Regional Data

**Figure 6**  
Regional Data



## High Blood Pressure Awareness (adults)



### 2011 High Blood Pressure Awareness (Adults)

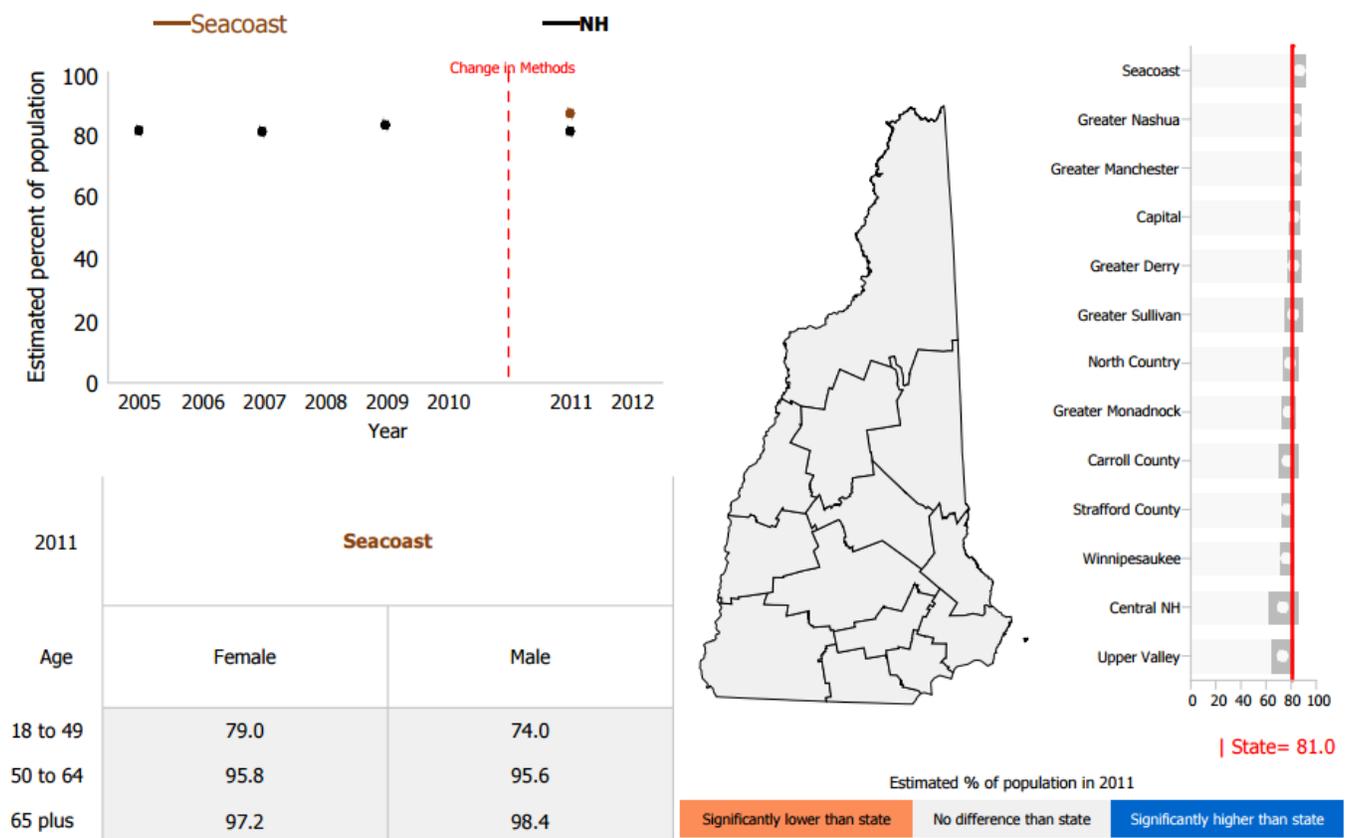
Seacoast Region: 30.2% (33,615 adults)

State: 30.7% (316,196 adults)

**Figure 8**

Regional Data

## Cholesterol awareness (adults)



### 2011 Cholesterol Awareness (Adults)

Seacoast Region: 86.7% (93,859 adults)  
 State: 81.0% (808,977 adults)

## LOCAL CONTEXT

Although the Exeter Hospital Community Needs Assessment does not explicitly identify heart disease and stroke as a priority area, it acknowledges how obesity is a “particular concern due to related health issues it can lead to such as diabetes and heart disease.”<sup>9</sup>

## REGIONAL ASSETS

<sup>9</sup> Exeter Hospital Community Health Needs Assessment. 2013. Page 34.

Current assets were researched and isolated based on the community stakeholder interviews completed during April and May of 2015. See Appendix C for complete details of each organization’s programs, initiatives, strengths, gaps, capacity, funding, and future goals. Our main local assets in this area include strong partners: Exeter Hospital, Families First Health and Support Center, Foundation for Seacoast Health, Lamprey Health Care, Portsmouth Regional Hospital, Portsmouth Senior Center, Seacoast Medical Reserve Corps, Service Link, and Southern New Hampshire Area Health Education Center. Lamprey Health Care and Exeter Hospital offer Better Choices, Better Health self-management programs. Lamprey Health Care Center and Families First Health and Support Center offer Million Hearts campaign, an evidence based, national initiative to prevent cardiovascular disease.

## Goals, Objectives and Strategic Approach

GOAL 1	<b>Reduce the risk of heart disease and stroke among adults through education and prevention.</b>
OBJECTIVE	<ol style="list-style-type: none"> <li><b>1. Increase the number of adults who report having had BP screening by 15%.</b></li> <li><b>2. Increase community access to prevention and strategy messaging by supporting distribution of educational materials during at least 4 events/classes/engagement opportunities.</b></li> </ol>
<p>STRATEGIC APPROACH</p> <p>STRATEGY 1: CONVENE A COMMUNITY PARTNER LED REGIONAL HEART DISEASE/STROKE PREVENTION WORKGROUP TO GUIDE PLANNING AND EXECUTION OF OBJECTIVES.</p> <p>STRATEGY 2: PROMOTE AND IMPLEMENT MILLION HEARTS CAMPAIGN WITHIN THE SEACOAST REGION.</p> <p>STRATEGY 3: CONDUCT OR SUPPORT AT LEAST 2 COMMUNITY BLOOD PRESSURE CLINICS.</p> <p>STRATEGY 4: PROMOTE AND SUPPORT THE IMPLEMENTATION OF BETTER CHOICES, BETTER HEALTH PROGRAMS WITHIN THE SEACOAST REGION.</p>	

## Summary

Regional and state data supports the need for increased heart disease and stroke prevention programming. Perhaps even more importantly, on a local level, stakeholders recognize that the same preventative programs and measures for heart disease are connected to obesity. This relationship reinforces the region’s decision to choose prevention of obesity and heart disease/stroke as priority areas. Programming for both areas will work towards alleviating both issues. Within heart disease/stroke, the strategies will include promoting Million Hearts and Better Choices, Better Health programs throughout the region. The region will include implementing three new Million Hearts campaigns at local medical practices, conducting five Better Choices, Better Health programs, and training Seacoast Medical Reserve Corps volunteers to use Million Hearts Campaign materials throughout the seacoast community. Seacoast Medical Reserve Corps will partner with Families First Health and

Support Center to perform blood pressure checks and to promote Million Hearts in the Mobile Health Care program.

## PRIORITY AREA 3: INJURY PREVENTION (OLDER ADULTS)

### STATE CONTEXT

*Taken directly from the [New Hampshire State Health Improvement Plan \(2014, p. 57\)](#)*

“Every 15 seconds, an older adult is seen in a US emergency department for a fall-related injury. In New Hampshire, injuries are seen in the emergency department at a rate of 4,622.8 per 100,000 people, which mirrors the national rate. Falls are the leading cause of both fatal and non-fatal injuries for New Hampshire residents 65 and older. Approximately 105 older Granite Staters die every year because of a fall. This rate has remained stagnant over the past 10 years. Twenty to 30% of older adults who fall sustain moderate to serious injuries such as hip fractures and traumatic brain injuries. These injuries can make it impossible to live independently and are associated with functional decline leading to an early death. Among older adults living in the community, falls can be a strong predictor of placement in a nursing home. But falls are not an inevitable consequence of aging; they can be prevented.”<sup>10</sup>

### REGIONAL CONTEXT

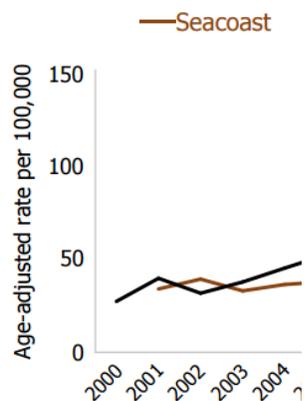
Compared to New Hampshire, the seacoast region ranks well and is either right in line or significantly below the state level. There is no difference in fall related deaths for the 65+ age group (Figure 9), and lower rates of emergency department (ED) visits for hip fractures due to falls (Figure 10) and for general falls (Figure 11).<sup>11</sup> The Rockingham County Health Rankings were consulted, but does not currently provide measures or data related to this public health indicator.

<sup>10</sup> [New Hampshire State Health Improvement Plan 2013-2020](#). 2014. Page 57.

<sup>11</sup> Dr. Benjamin Chan, MD, MPH. Seacoast Public Health Region Presentation. 9 April 2015.

**Figure 9**  
Regional Data

### Fall related death



2009-2013	
Age	Female
65 to 74	20.2
75 to 84	82.0
85 plus	281.0

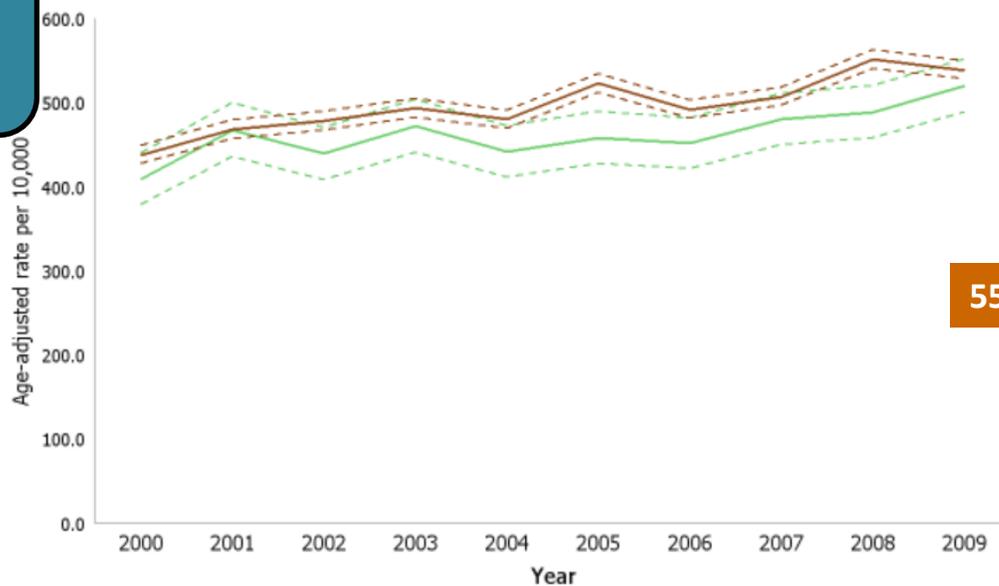
### Fall related hospital visits (age 65 and over -emergency dept.)

Age-adjusted rate; Both genders; 65 and over; 2000-2009;

State; New Hampshire

Public Health Region; Seacoast

..... 95%CI



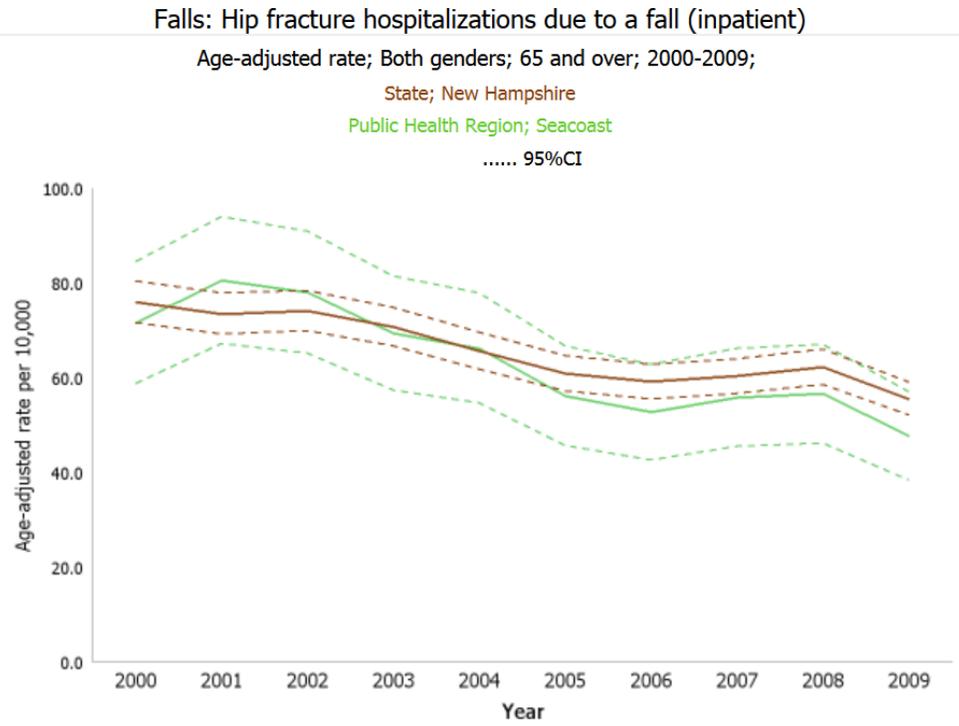
### Fall Related Deaths (age 65 and over) 2013, per 100,000 people

Seacoast Region: 120.7 (27 cases)  
State: 104.3 (204 cases)

55.6

**Figure 10**  
Regional Data

**Figure 11**  
Regional Data



## LOCAL CONTEXT

Despite these positive trends, the seacoast community has identified elder care and support services as being a significant local need due to an aging population. The Exeter Hospital Community Needs Assessment highlights the steadily rising elderly population and the shortage of community resources and services required to meet their needs. This has been cited as a concern since the 2003 assessment.<sup>12</sup> Qualitative interviews with representatives from Portsmouth Senior Center, Families First Health and Support Center, and ServiceLink Resource Center echoed the 2013 report, citing that the need for these services is growing due to a significant increase in the aging population.

While these local resources do not explicitly cite injury prevention as it is framed in the NH SHIP, the region is interested in addressing this health priority by instituting and supporting programming that has multi-component fall prevention interventions.<sup>13</sup> This best practice combines preventative and educational aspects such as strength/balance, medication management, and safety in order to reduce the risk of falls. The strategy approaches injury prevention more holistically and will permit the region to continue enhancing current programs that not only work towards reducing fall related deaths, but also preventative care like nutrition, fitness, and education.

## REGIONAL ASSETS

Current assets were researched and isolated based on the community stakeholder interviews completed during April and May of 2015. See Appendix C for complete details of each organization's programs, initiatives, strengths, gaps, capacity, funding, and future goals. Our main local assets in this area include strong partners such as Exeter Hospital, Families First Health and Support Center, Lamprey Health Care, Portsmouth Regional Hospital, Portsmouth Senior Center, and Service Link.

These partners currently have numerous programs and initiatives that align with this health priority:

- Families First Health and Support Center is implementing a new home-based visitation program for seniors.
- Seacoast YMCA offers a swimming program for seniors and the Silver Sneakers program (additionally, the Exeter YMCA should be breaking ground by next year).
- The Portsmouth Senior Center offers Zumba, Tai Chi, chair yoga, and strength and balance programs.
  - Newmarket's Sunrise/Sunset Program for seniors offers similar programs.

<sup>12</sup> Exeter Hospital Community Health Needs Assessment. 2013. Page 7.

<sup>13</sup> County Health Rankings and Roadmaps. 2015. <http://www.countyhealthrankings.org/policies/multi-component-fall-prevention-interventions-among-older-adults>.

# Goals, Objectives and Strategic Approach

<b>GOAL 1</b>	<b>Evaluate and reduce fall related hospitalizations by 5%.</b>
<b>OBJECTIVE</b>	<ol style="list-style-type: none"> <li>1. Increase senior, provider and caregiver awareness of individual fall risk.</li> <li>2. Increase senior, provider and caregiver awareness of evidence based fall prevention programs.</li> <li>3. Increase senior, provider and caregiver awareness about medication related fall risk.</li> </ol>
<p><b>STRATEGIC APPROACH</b></p> <p>STRATEGY 1: CONVENE A COMMUNITY PARTNER LED REGIONAL INJURY PREVENTION WORKGROUP TO GUIDE PLANNING AND EXECUTION OF OBJECTIVES.</p> <p>STRATEGY 2: DISTRIBUTE STANDARDIZED RISK ASSESSMENTS TO AT LEAST 6 PROVIDERS AND SENIOR CAREGIVERS.</p> <p>STRATEGY 3: DISTRIBUTE INFORMATION ABOUT AND/OR SUPPORT DEMONSTRATION OF BALANCE MANAGEMENT AND FITNESS PROGRAMS IN AT LEAST 3 COMMUNITIES.</p> <p>STRATEGY 4: DISTIBUTE EDUCATION ABOUT PRESCRIPTION MEDICATION MANAGEMENT TO AT LEAST 6 PROVIDERS.</p> <p>STRATEGY 5: RECRUIT AND RETAIN PHARMACY SUBJECT MATTER EXPERTISE TO INJURY PREVENTION WORKGROUP.</p>	

## Summary

Although regional data does not suggest the need to address this particular health priority area, local stakeholders have identified it as being a significant need in the seacoast region. Furthermore, they have determined that holistic, inclusive programming and systematic changes are needed. To accomplish the goal of reducing injuries and fall related deaths in older adults, the SPHN will work towards providing increased access to wellness programs, education and prevention. Implementation and accomplishment of this goal will take the form of two best practices identified by the County Health Rankings and Roadmaps: 1) Standardizing risk assessments and 2) Multicomponent fall prevention interventions (including increasing access to balance and fitness programs and increasing education in regards to prescription management).

# Priority Area 4: Mental Health

## STATE CONTEXT

### MENTAL HEALTH

The New Hampshire State Health Improvement Plan references mental health but does not include it as one of the ten priority areas:

“Because New Hampshire is a small state with limited human and financial resources, it is imperative that the public health system remain focused on those areas where our collective actions will leverage the most improvement. And while mental health is a key component of a healthy population, and is referenced in this plan, we recognize that mental health has a historically distinct group of stakeholders and DPHS has not systematically addressed it as part of its portfolio. For guidance in identifying mental health priorities, we defer to the New Hampshire mental health plan, *Addressing the Critical Mental Health Needs of NH’s Citizens: A Strategy for Restoration*”<sup>14</sup>

According to the aforementioned mental health plan, basic outpatient treatment is readily available but,

“Care in the middle and at the higher end of the spectrum of treatment, including intensive outpatient care, residential care, and inpatient care, is not easily available to many individuals with severe mental illness, resulting in an overburden on New Hampshire Hospital and poor outcomes for individuals who are unable to access sufficient treatment choices to remain in the community or to be discharged from the hospital when ready.”<sup>15</sup>

The plan also explains that New Hampshire Hospital was, in 2008, functioning at capacity despite the steady rise of state population and need for intensive care. There are six main challenges that the Community Mental Health System in NH is facing:

1. Population growth and more individuals needing psychiatric care.
2. Restricted funding for Medicaid services.
3. Lack of inpatient and residential alternatives.
4. Increased housing instability and homelessness.
5. Once admitted, patients remain longer than necessary, unable to be discharged due to high level of treatment needs.
6. Shortage of psychiatrists and treatment professionals.<sup>16</sup>

This plan was created with a vision to improve mental health needs within ten years, however it has yet to be properly funded, and the state’s needs continue to rise. SAMHSA’s 2014 Behavioral Health Barometer reports

<sup>14</sup> [New Hampshire State Health Improvement Plan 2013-2020](#). 2014. Page III.

<sup>15</sup> [Addressing the Critical Mental Health Needs of NH’s Citizens: A Strategy for Restoration](#). August 2008. Page 4.

<sup>16</sup> [Addressing the Critical Mental Health Needs of NH’s Citizens: A Strategy for Restoration](#). August 2008. Page 5.

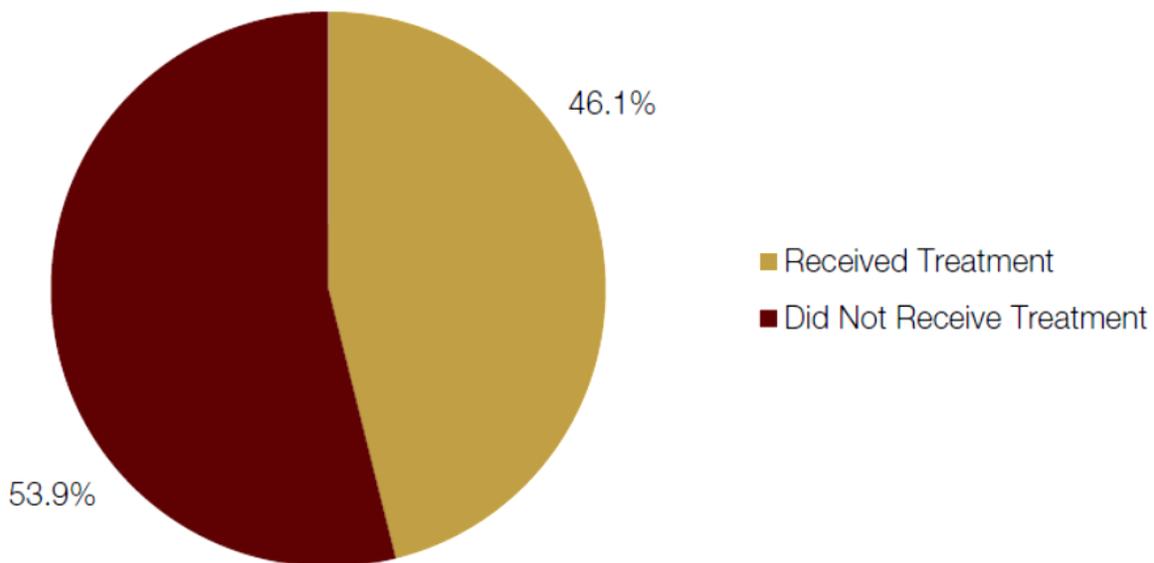
on the rates of mental illness across the state of New Hampshire. Between 2009 and 2013, 45,000 adults ages 18 or older had a serious mental health illness (4.3% of population within the year prior to being surveyed).<sup>17</sup>

As shown in Figure 12, 92,000 adults with any mental illness per year in 2009-2013 received mental health treatment or counseling (46.1% within the year prior to being surveyed).<sup>18</sup>

**Figure 12**  
State Data

### Past-Year Mental Health Treatment/Counseling Among Adults Aged 18 or Older with Any Mental Illness (AMI) in New Hampshire (2009–2013)<sup>2</sup>

*New Hampshire's percentage of mental health treatment among adults with AMI was similar to the national percentage in 2009–2013.*



<sup>17</sup> Behavioral Health Barometer: New Hampshire, 2014. [http://www.samhsa.gov/data/sites/default/files/State\\_BHBarometers\\_2014\\_2/BHBarometer-NH.pdf](http://www.samhsa.gov/data/sites/default/files/State_BHBarometers_2014_2/BHBarometer-NH.pdf), Page 9.

<sup>18</sup> Behavioral Health Barometer: New Hampshire, 2014. [http://www.samhsa.gov/data/sites/default/files/State\\_BHBarometers\\_2014\\_2/BHBarometer-NH.pdf](http://www.samhsa.gov/data/sites/default/files/State_BHBarometers_2014_2/BHBarometer-NH.pdf), Page 10.

**SUICIDE PREVENTION** (TAKEN DIRECTLY FROM THE NH STATE HEALTH IMPROVEMENT PLAN, PAGE 57-58)

“Suicide is a major public health problem both nationally and in New Hampshire. Suicide is the second leading cause of death in New Hampshire for those ages 15-34 and has historically outnumbered homicides by eight to one. Firearms are the leading mechanism for suicide in New Hampshire, followed by poisoning and hanging. Family and friends of those who died by suicide have an increased risk of ending their own lives. Many others are affected in a variety of ways, including those providing emergency care to the victims and those who may feel that they failed to prevent a death. Thus, it could be said that suicide has a rippling effect in the community in which it occurs, affecting many people.

In an average year in New Hampshire, approximately 156 people die by suicide, 186 are hospitalized, and close to 945 are treated in the emergency department for self-inflicted injuries. Self-inflicted injuries are only a proxy for suicide attempts and it is thought that the number of actual attempts is much higher. Suicide is a complicated issue and never can be attributed to just one precipitating factor. However, it is generally preventable. In a 2008 University of New Hampshire poll, three-quarters or 75% of respondents agreed that suicide was preventable. In that same poll of New Hampshire adults, 81% agreed that if someone were thinking about, threatening, or had attempted suicide, they would know how to find help. These results mimic that of a similar survey in 2006.

Nationally, suicide results in an annual medical cost and productivity lost estimate of \$34.6 billion; nonfatal, self-inflicted injuries are another \$6.5 billion. In New Hampshire, it is estimated that the medical costs due to suicide deaths alone are \$379,000 annually and loss of work productivity costs another \$161 million. Self-inflicted injuries add a cost of \$7 million. Much of the costs associated with suicides are those in lost work productivity or the cost of the potential work productivity lost.”<sup>19</sup>

SAMHSA’s 2014 Behavioral Health Barometer reports on depression and suicide behaviors across the state of New Hampshire. Figure 13 shows approximately 11,000 adolescents (10.6%) per year between 2009 and 2013 had at least one major depressive episode (MDE) within the year prior to being surveyed<sup>20</sup>. Of those adolescents with MDE, about 5,000 (47.1% of all adolescents with MDE) per year between 2009 and 2013 received treatment for their depression.<sup>21</sup> During the same timeframe, about 45,000 adults (4.4%) had serious thoughts of suicide with the year prior to being surveyed.<sup>22</sup>

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<sup>19</sup> [New Hampshire State Health Improvement Plan 2013-2020](#). 2014. Page 57-58.

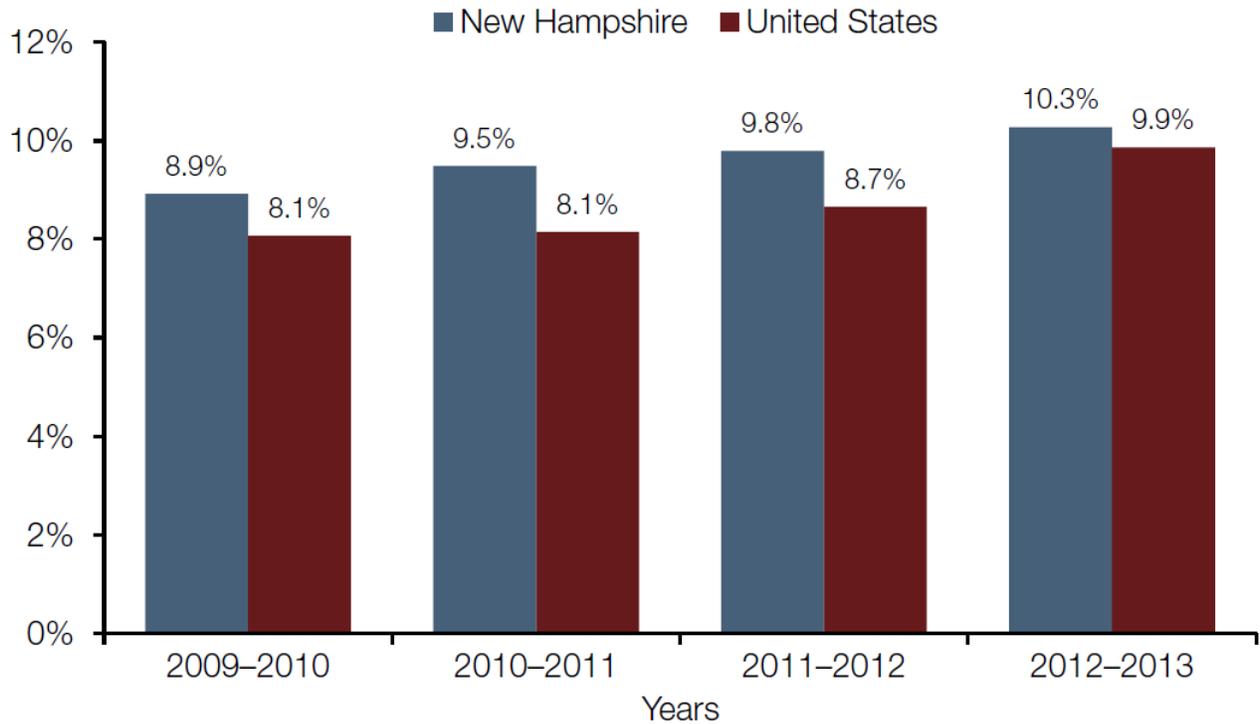
<sup>20</sup> Behavioral Health Barometer: New Hampshire, 2014. [http://www.samhsa.gov/data/sites/default/files/State\\_BHBarometers\\_2014\\_2/BHBarometer-NH.pdf](http://www.samhsa.gov/data/sites/default/files/State_BHBarometers_2014_2/BHBarometer-NH.pdf). Page 6.

<sup>21</sup> Behavioral Health Barometer: New Hampshire, 2014. [http://www.samhsa.gov/data/sites/default/files/State\\_BHBarometers\\_2014\\_2/BHBarometer-NH.pdf](http://www.samhsa.gov/data/sites/default/files/State_BHBarometers_2014_2/BHBarometer-NH.pdf). Page 7.

<sup>22</sup> Behavioral Health Barometer: New Hampshire, 2014. [http://www.samhsa.gov/data/sites/default/files/State\\_BHBarometers\\_2014\\_2/BHBarometer-NH.pdf](http://www.samhsa.gov/data/sites/default/files/State_BHBarometers_2014_2/BHBarometer-NH.pdf). Page 8.

**Figure 12**  
State Data

**Past-Year Major Depressive Episode (MDE) Among Adolescents Aged 12-17 in New Hampshire and the United States (2009-2013)**



COUNTY CONTEXT

The 2012 National Survey on Drug Use and Health (NSDUH) shows that although Rockingham County is consistently below the state average for each of these areas (see chart below), the county still has work to do, particularly with providing appropriate treatment and support to the 18.05% of its population suffering from mental illness (of any type/severity).<sup>23</sup>

Data Indicator (Rockingham county, 18 years and over)	County	State
Serious mental illness in the past year and any mental illness in the past year	3.79%	4.39%
Any mental illness in the past year	18.05%	19.52%
Had serious thoughts of suicide in the past year	4.32%	4.56%
Had at least one major depressive episode in the past year	6.69%	7.37%

<sup>23</sup> National Survey on Drug Use and Health. 2012. <http://www.samhsa.gov/data/sites/default/files/substate2k12-StateTabs/NSDUHsubstateStateTabsNH2012.htm>.

According to the 2015 County Health Rankings, Rockingham is the fourth worst county in New Hampshire for ratio of mental health providers (ratio of the county population to the number of mental health providers – psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, advanced practice nurses): 498 people to one provider. Rockingham is preceded by Coos, Sullivan, and Strafford counties.<sup>24</sup>

## REGIONAL CONTEXT



The seacoast region has a slightly higher average for suicide and self-harm related hospital visits (emergency department) than the state, 16.6 people (208 cases in 2009) to 16.0 people (2,045 cases in 2009) per 10,000. Additionally, females have a higher suicide rate across all age ranges than males (Figure 13).

There is no difference in suicide mortality rate between the state and region; 12.5 cases per 100,000 people in 2013 (18 cases in the seacoast and 180 cases in the state during 2013).<sup>25</sup>

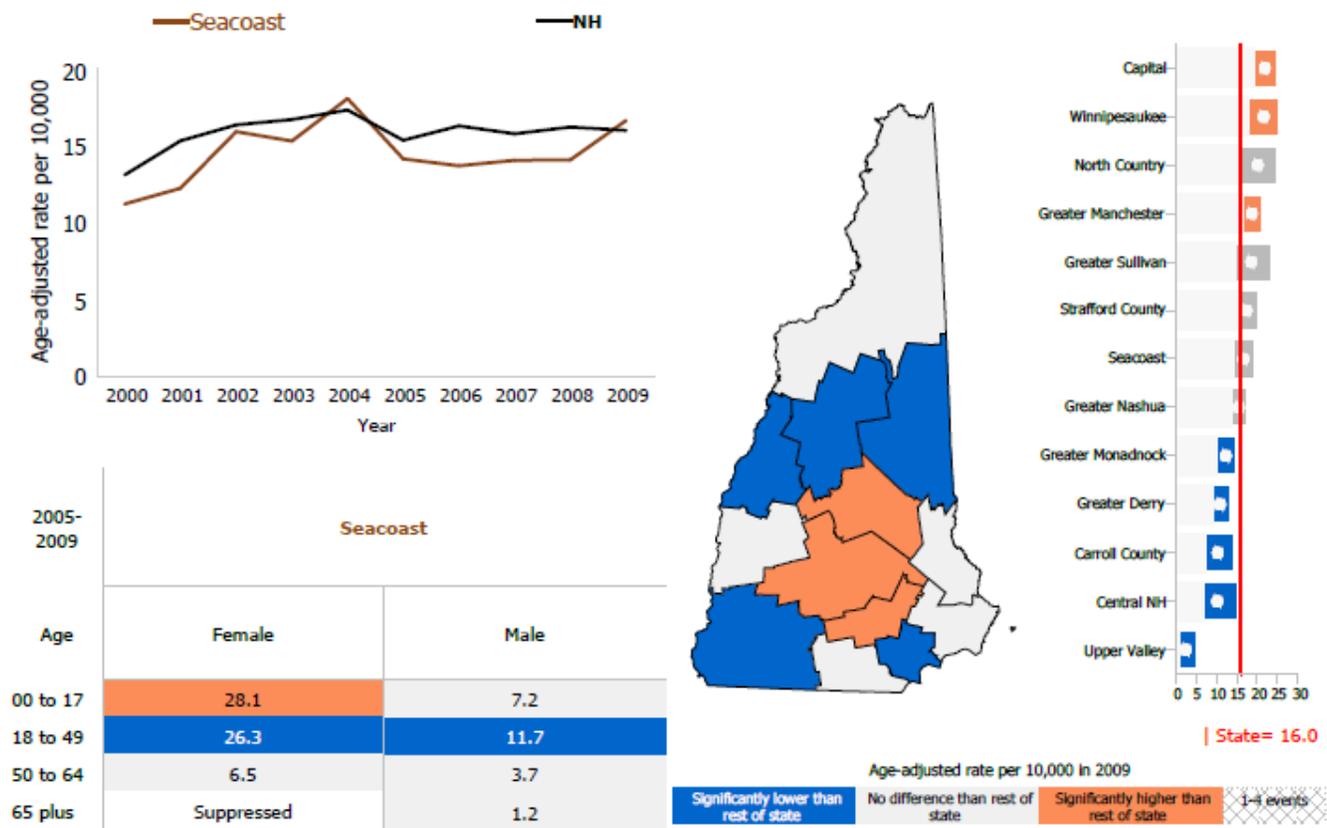
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<sup>24</sup> County Health Rankings. 2015. <http://www.countyhealthrankings.org/app/new-hampshire/2015/measure/factors/62/data?sort=sc-2>

<sup>25</sup> NH Health Wisdom. 2015. [http://wisdom.dhhs.nh.gov/wisdom/#CommunityProf\\_9942\\_Anon](http://wisdom.dhhs.nh.gov/wisdom/#CommunityProf_9942_Anon).

**Figure 13**  
Regional Data

### Suicide or self harm related hospital visits (emergency dept.)



### REGIONAL ASSETS

Current assets were researched and isolated based on the community stakeholder interviews completed during April and May of 2015. See Appendix C for complete details of each organization’s programs, initiatives, strengths, gaps, capacity, funding, and future goals. Our main local assets in this area include strong partners: Connor’s Climb, Exeter Hospital, Families First Health and Support Center, Lamprey Health Care, Portsmouth Regional Hospital, Raymond Coalition for Youth, Seacoast Mental Health Center, Seacoast Youth Services, and ServiceLink Resource Center.

# Goals, Objectives and Strategic Approach

GOAL 1	<b>Increase community capacity to identify and assist people struggling with mental health and substance abuse disorders.</b>
OBJECTIVE	<ol style="list-style-type: none"> <li><b>1. Develop resilience in the network of area partners and stakeholders.</b></li> <li><b>2. Promote the use of evidence based programs to 4 area partners.</b></li> </ol>
STRATEGIC APPROACH	
STRATEGY 1: CONVENE AND SUPPORT A CONTINUUM OF CARE COUNCIL.	
STRATEGY 2: PROMOTE AND/OR PROVIDE MENTAL HEALTH FIRST AID AND/OR HEALTHY CLASSROOMS TRAINING TO 4 AREA PARTNERS.	
GOAL 2	<b>Increase regional SPHN partner awareness of importance of an skills in integrated healthcare.</b>
OBJECTIVE	<ol style="list-style-type: none"> <li><b>1. Increase SPHN PARTNER survey participation from 37.8% to 60%.</b></li> </ol>
STRATEGIC APPROACH	
STRATEGY 1: INCLUDE CONTINUUM OF CARE COUNCIL REPORTING AT SEACOAST PHN PHAC AND CHIP PRIORITY AREA WORKGROUP MEETINGS.	
STRATEGY 2: PROMOTE THE IMPORTANCE OF THE PARTNER SURVEY TOOL AND PROVIDE MINI-TRAINING REGARDING NETWORK DEVELOPMENT AT EVERY SPHN EVENT, AS APPROPRIATE.	

## Summary



Although there is a lack of regional mental health data (NH WISDOM Health does not currently measure this), there is state and county data to support the need to address mental health in the region. Moreover, the suicide rates for youth ages 12-18 and young adults ages 18-24 are an increasing concern for the region, county, and state. In order to reduce suicide rates, the Seacoast Public Health Network will work to increase community capacity to identify and assist people struggling with mental health and substance abuse disorders. Work will focus on increasing access to wellness programs, education, and prevention by promoting, providing or supporting community partner education to programs like Mental Health First Aid and Healthy Classrooms and collaborating with suicide prevention partners like Connor's Climb to support community efforts to destigmatize suicide risk. The Seacoast Public Health Network will focus on increasing education for patients, the broader community, and providers of mental health and substance use disorders via strategies designed to reduce barriers to integrated health by hosting an annual regional and statewide summit for providers, consumers, and the community, working with the Seacoast Collaborative to promote regional opportunities, and recruiting and convening a Continuum of Care working group to support integration of substance misuse strategies with behavioral and medical health care.

# Priority Area 5: Misuse of Alcohol and Drugs

## STATE CONTEXT

*Taken directly from the [New Hampshire State Health Improvement Plan \(2014, p. 81\)](#)*

### ALCOHOL USE—BINGE DRINKING IN YOUTH AND ADULTS

“Excessive alcohol use is the third leading preventable cause of death in the US. Binge drinking is defined as consuming four or more alcoholic drinks on one or more occasion for women and five or more drinks on one or more occasion for men. More than half of alcohol consumed by adults in the US is in the context of binge drinking. More than 38 million adults nationally binge drink, about four times a month, and the largest number of drinks per binge is eight, on average. New Hampshire ranks sixth highest among states in rate of binge drinking for those 18-25 years old.”

### MARIJUANA USE

“In 2012, marijuana was the most commonly used illicit drug, with 18.9 million users. It was used by 79.0% of current illicit drug users. About two thirds (62.8%) of illicit drug users used only marijuana in the past month. In 2010, there were 364,449 admissions of people into drug treatment programs nationally with marijuana as their primary drug of addiction, a 254% increase since 1992.”

### PRESCRIPTION PAIN MEDICATION USE

“The death toll from overdoses of prescription painkillers has more than tripled in the past decade, with more than 40 people dying every day from overdoses of opioids like hydrocodone and oxycodone. This epidemic is blamed largely on misuse of prescriptions for nonmedical reasons, but increasing use of drugs for pain control is also a contributing factor. From 1991 to 2009, prescriptions for opioid analgesics almost tripled, to over 200 million. In 2010, about 12 million people age 12 or older nationally reported non-medical use of prescription pain medication in the past year. In New Hampshire, the percentage of individuals entering state-funded substance abuse treatment for oxycodone increased by over 60% between 2008 and 2010, from 11.6% to 18.7%. In 2010, oxycodone became their second most prevalent drug of abuse after alcohol.

New Hampshire’s young adults age 18-25 are abusing pain medication at a significantly higher rate (16.78%) than young adults nationwide (11.94%). New Hampshire’s rate is second highest in the nation. In 2011 approximately one in five (20.4%) New Hampshire high school students reported having taken a prescription drug without a doctor’s prescription at least once in their lifetime, while one in ten (10.4%) reported having taken a prescription drug without a doctor’s prescription at least once in the past 30 days.”<sup>26</sup>

## COUNTY CONTEXT

### 2012 NATIONAL SURVEY ON DRUG USE AND HEALTH (NSDUH), ROCKINGHAM COUNTY

Rockingham County is generally performs slightly better than New Hampshire’s overall NSDUH rankings. However, the data indicators are still high and increasing each year. Rockingham has a higher alcohol use (in the

<sup>26</sup> [New Hampshire State Health Improvement Plan 2013-2020](#). 2014. Page 81.

past month, ages 12 and up) and binge alcohol use (in the past month, ages 12 and up) than the state of New Hampshire (see highlighted rows below).<sup>27</sup>

Data Indicator	County	State
Illicit drug use in the past month (ages 12+)	10.07%	10.97%
Illicit drug use other than marijuana in the past month (ages 12+)	3.20%	3.79%
Marijuana use in the past month (ages 12+)	8.18%	8.72%
Perceptions of great risk of smoking marijuana once a month (age 12+)	22.58%	22.50%
Marijuana use in the past year (ages 12+)	12.36%	14.40%
Cocaine use in the past year (ages 12+)	1.56%	1.99%
Nonmedical use of pain relievers in the past year (ages 12+)	3.94%	4.41%
Alcohol use in the past month (ages 12+)	66.09%	63.12%
Binge alcohol use in the past month (ages 12+)	24.96%	23.89%
Perception of risk of having five or more alcoholic beverages once or twice a week (ages 12+)	35.61%	37.73%
Alcohol use in the past month (ages 12-20)	30.57%	33.93%
Binge alcohol use in the past month (ages 12-20)	19.45%	22.13%
Serious mental illness in the past year and any mental illness in the past year (ages 18+)	3.79%	4.39%
Any mental illness in the past year (ages 18+)	18.05%	19.52%
Had serious thoughts of suicide in the past year (ages 18+)	4.32%	4.56%
Had at least one major depressive episode in the past year (ages 18+)	6.69%	7.37%

#### COUNTY OPIATE DATA 2013 – 2014

The following table shows opiate related emergency room visits, opiate related deaths, and narcotic administration by EMS across all counties in New Hampshire (Rockingham is highlighted in orange).<sup>28</sup>

COUNTY	Opiate-related ER visits by ICD-9 Code					Opiate-related deaths			EMS Narcan incidences		
	2013	2014	% Change	# of towns in ER count	2014 Per capita ER visits	2013	2014	% Change	2013	2014	% Change
Belknap	38	50	32%	10	0.083%	7	14	100%	46	69	50%
Carroll	38	25	-34%	4	0.053%	4	8	100%	52	62	19%
Cheshire	7	19	171%	1	0.025%	12	14	17%	34	65	91%
Coos	27	28	4%	2	0.088%	6	8	33%	18	41	128%
Grafton	24	28	17%	4	0.031%	10	17	70%	47	56	19%
Hillsborough	287	414	44%	13	0.102%	54	93	72%	398	759	91%
Merrimack	78	130	67%	8	0.088%	16	35	119%	131	185	41%
Rockingham	91	225	147%	23	0.075%	29	54	86%	180	381	112%
Strafford	62	195	215%	8	0.155%	19	36	89%	132	292	121%
Sullivan	2	1	-50%	1	0.002%	3	2	-33.33%	12	11	-8%
State	654	1,115	70%	74		160	281	75.63%	1,050	1,921	N/A

<sup>27</sup> National Survey on Drug Use and Health. 2012. <http://www.samhsa.gov/data/sites/default/files/substate2k12-StateTabs/NSDUHsubstateStateTabsNH2012.htm>.

<sup>28</sup> Shea, Katy. County Opiate Data 2013-2014.

## REGIONAL CONTEXT

The Seacoast Public Health Network (SPHN) serves one of the largest populated regions in the state with vast diversity in the culture, demographics, and geography. As with many regions in NH, socio-economic stratification has a noticeable influence on the culture of the communities. The Region absorbs hundreds of families each year as they leave the cities of northeastern Massachusetts to reside or vacation in the greater seacoast area of NH. Many residents commute to Boston for work where the wages are often higher and there are more opportunities. Others commute to Manchester, Concord, Portsmouth or other NH cities where there are more opportunities for employment.

Rural areas located off major highways provide convenient locations for drug activity, and because of the Region's close proximity to I-95, local law enforcement agencies have experienced copious amounts of drug trafficking. In September of 2014, Rockingham County became 1 of 28 "High Intensity Drug Trafficking Areas" (HIDTA) regions designated by the federal Office of National Drug Control Policy. In order to address this, several of the small and often understaffed NH departments have partnered with the DEA, the Counter Drug Task Force, and larger law enforcement agencies in neighboring Massachusetts (MA). Root cause analysis shows that all of the seacoast communities have suffered a significant increase in shoplifting, and burglaries over the past 2 years. The increase in property crimes are most often attributed to the pursuit of prescription drugs, which results in devastating health and safety consequences for the general community.

In the last few years, quantitative and qualitative data as well as community feedback indicated that alcohol, marijuana and non-medical prescription drug use among youth are the prioritized substances to address in the SPHN Region. Among high school aged youth 39.9% have used alcohol in the past 30-days, while 32.9% have reported use in New Hampshire. The percentage of high school students in the SPHN region who reported using marijuana in the past 30 days is 27.1%, which is higher than the state rate of 24.4%. The percentage of high school students in the region who reported use of non-medical prescription drugs in the past 30 days is 8.4%, which is slightly higher than the state rate of 7.6%.<sup>29</sup> The region has experienced a trend of higher than state averages for substance use related data points on the YRBS for the last several years, however, also experienced an overall statistically significant change in the desirable direction (decrease of risk factors and increase in protective factors) for just about *all* substance use related data measures from 2011 to 2013.

Over the last several months, the rising consequences and visibility of addiction to heroin and opiates has drawn attention from the masses. Data compiled by the newly formed NH Drug Monitoring initiative of the NH Information and Analysis Center demonstrates validity to this growing concern and is evident of a critical situation. NH has been drastically hit by this epidemic, and the region has ranked high with trends associated to heroin and opioid addiction. Between December and February of 2015, Rockingham ranked the 2<sup>nd</sup> highest county for number of emergency department visits, totaling 35 visits. Rockingham also ranked 2<sup>nd</sup> highest county for number of narcan administrations for a total of 142 doses. Sadly, the county also ranked 2<sup>nd</sup> highest for the number of drug overdose deaths.

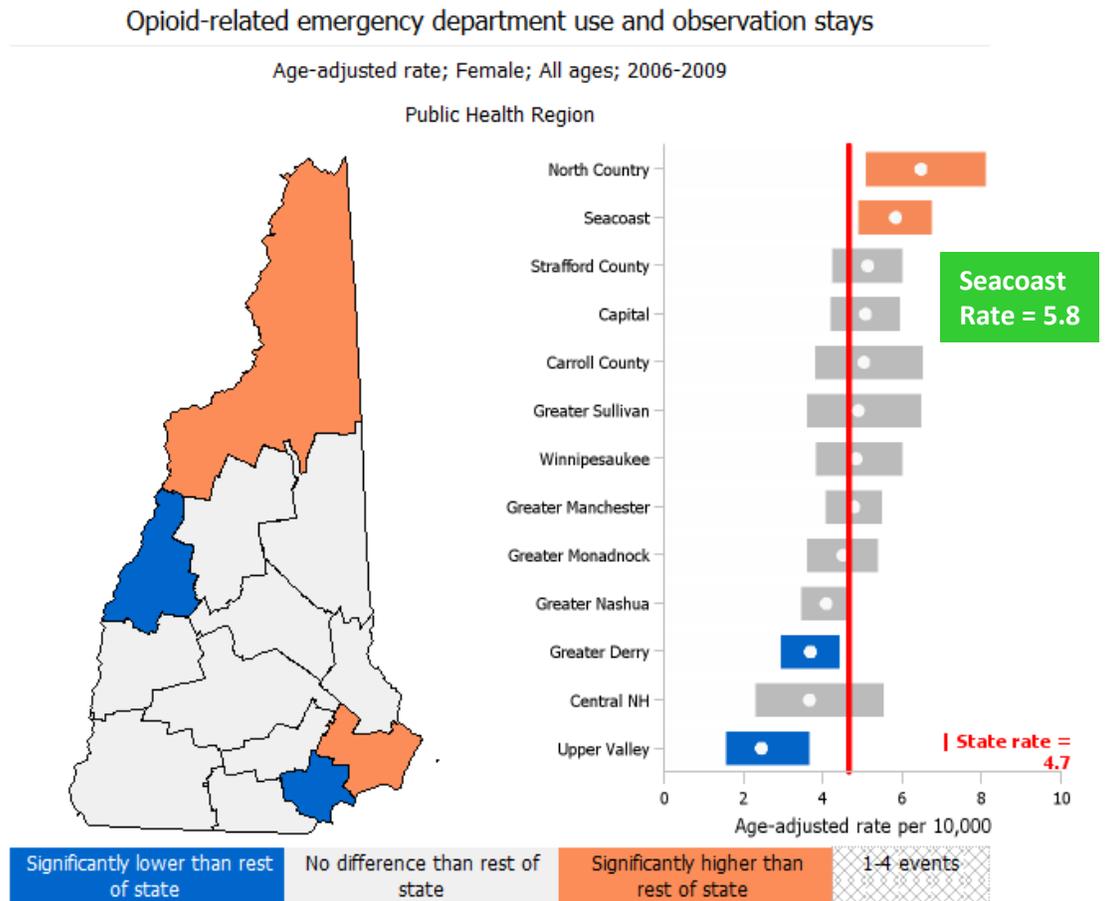
Regional data is currently unavailable for alcohol and marijuana use through NH Health WISDOM, however there is preliminary data in regards to the heroin use. Data analysis by state epidemiologist, Dr. Benjamin Chan, shows

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<sup>29</sup> (2013). Youth Risk Behavior Survey

that opioid-related emergency department use and observation stays for females is significantly higher than the rest of the state (see Figures 14 and 15).<sup>30</sup>

**Figure 14**  
Regional Data



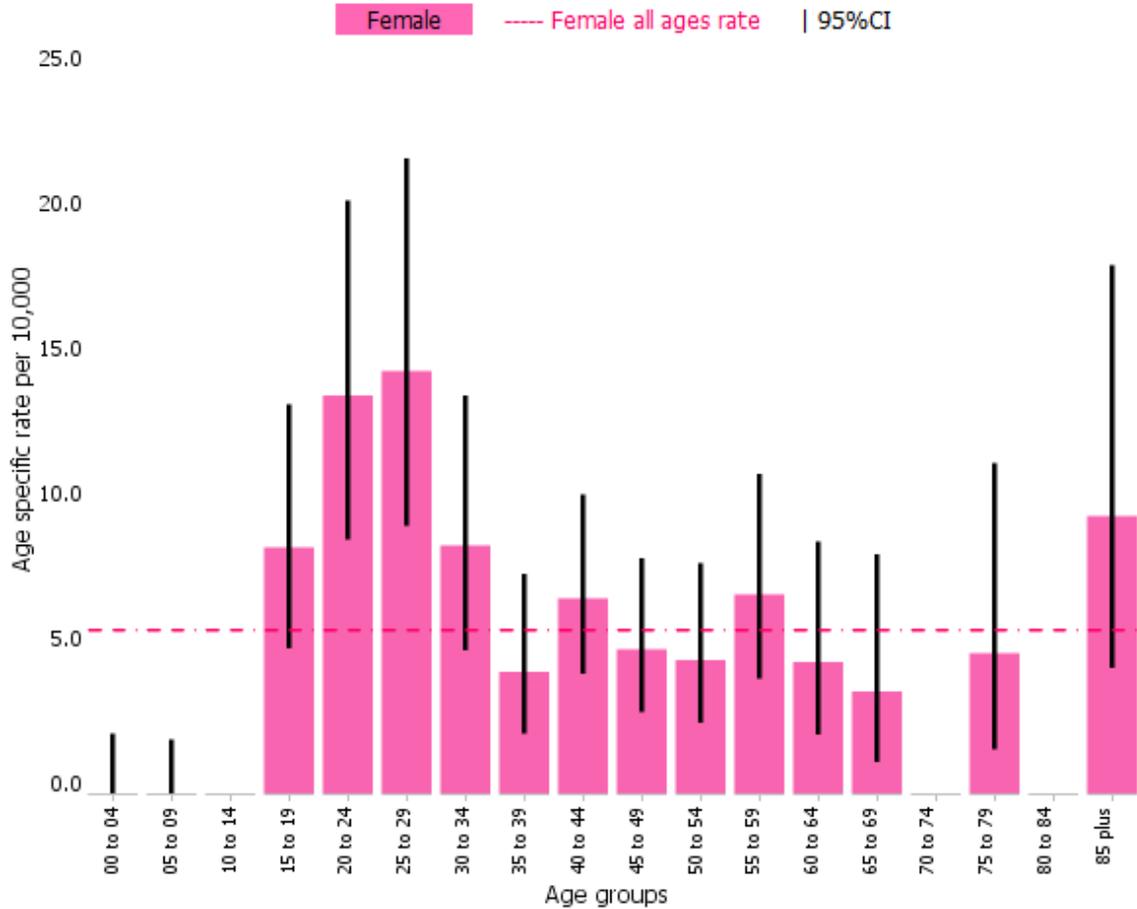
<sup>30</sup> Dr. Benjamin Chan, MD, MPH. Seacoast Public Health Region Presentation. 9 April 2015.

**Figure 15**  
Regional Data

## Opioid-related emergency department use and observation stays

Age specific rate; Female; All ages; 2005-2009

Public Health Region; Seacoast



### REGIONAL ASSETS

Current assets were researched and isolated based on the community stakeholder interviews completed during April and May of 2015. See Appendix C for complete details of each organization’s programs, initiatives, strengths, gaps, capacity, funding, and future goals. Our main local assets in this area include strong partners: Epping Middle School, Exeter Hospital, Families First Health and Support Center, Lamprey Health Care, Portsmouth Regional Hospital, Raymond Coalition for Youth, Seacoast Mental Health Center, and Seacoast Youth Services.

## Goals, Objectives, and Strategic Approach

GOAL 1	<b>Strengthen the capacity of the Seacoast Public Health Network to address Substance Misuse.</b>
OBJECTIVE	<ol style="list-style-type: none"> <li>1. Increase regional network membership in Allies for Substance Abuse Prevention (ASAP) by 20% from 2016-2019.</li> <li>2. Develop and/or provide tool-kit guidance for regional partners on substance related coalition building.</li> <li>3. Increase density among Seacoast PHN SMP partners as reported in PARTNER Survey from 9.8% to 20% by increasing networking opportunities to exchange resources and information and build knowledge and skills.</li> </ol>
<p>STRATEGIC APPROACH</p> <p>STRATEGY 1: HOST AND PROMOTE QUARTERLY REGIONAL ASAP ROUND TABLE MEETINGS FOR MH &amp; SUD PROVIDERS AND STAKEHOLDERS.</p> <p>STRATEGY 2: RESEARCH, COMPILE AND DISTRIBUTE TOOLS AND GUIDANCE FOR COMMUNITY BASED COALITION BUILDING STRATEGIES.</p> <p>STRATEGY 3: CREATE AND MAINTAIN A SPEAKERS BUREAU OF SUBJECT MATTER EXPERTS FOR REGIONAL PARTNERS TO CONSULT FOR PLANNING/PROGRAMMING.</p> <p>STRATEGY 4: HOST AND/OR SUPPORT REGIONAL NETWORKING AND EDUCATIONAL OPPORTUNITIES FOR NETWORK MEMBERSHIP AND BROADER COMMUNITY.</p> <p>STRATEGY 5: EXPAND GRANITE YOUTH ALLIANCE NETWORK SUPPORT BEYOND Y2Y FOCUSED MODELS TO AT LEAST 2 OTHER YOUTH EMPOWERMENT PROJECTS.</p>	
GOAL 2	<b>Decrease the % of youth (ages 12-19) reporting binge alcohol use in the previous 30 days by 5% from 19.5% to 14.5% by 2017.</b>
OBJECTIVE	<ol style="list-style-type: none"> <li>1. Decrease number of students who report easy access to alcohol through friends and family purchasing from 68% to 50%.</li> <li>2. Increase public perception of harm and consequences associated with underage alcohol and drug misuse by 15%.</li> </ol>
<p>STRATEGIC APPROACH</p> <p>STRATEGY 1: INCREASE NUMBER OF GRANITE YOUTH ALLIANCE MEMBER TEAMS RECEIVING SUPPORT FROM 3 TO 8.</p> <p>STRATEGY 2: INCREASE YOUTH PARTICIPATION IN GRANITE YOUTH ALLIANCE PROGRAMMING TO EDUCATE OUTH AND ADULTS ABOUT RISKS OF UNDERAGE ALOCHOL USE AND EXCESSIVE DRINKING.</p> <p>STRATEGY 3: HOLD OR SUPPORT AT LEAST 2 COMPLIANCE CHECKS AND 2 SERVER TRAININGS WITH REGIONAL PARTNERS AND THE NH LIQUOR COMMISSION.</p>	

<b>GOAL 3</b>	<b>Decrease opioid drug misuse across the lifespan by 2017.</b>
<b>OBJECTIVE</b>	<ol style="list-style-type: none"> <li><b>1. Increase the number of providers reporting awareness and utilization of opioid best practices by 20%.</b></li> <li><b>2. Decrease ease of access to prescription medication through friends and family by 10%.</b></li> <li><b>3. Increase public perception of the harm and consequences of prescription drug abuse by 15%.</b></li> </ol>

STRATEGIC APPROACH

STRATEGY 1: PROMOTE AND PRESENT TRAINING FOR PRESCRIBERS ON SAFE OPIOID PRESCRIPTION PRACTICES INCLUDING BEST PRACTICE TOOLS LIKE PAIN TREATMENT CONTRACTS.

STRATEGY 2: PROMOTE EDUCATION MATERIALS AT COMMUNITY EVENTS TO INFORM YOUTH AND ADULTS ABOUT THE RISKS ASSOCIATED WITH PRESCRIPTION DRUG MISUSE.

STRATEGY 3: DELIVER OR SUPPORT 4 LEARNING SESSIONS TO PROMOTE AWARENESS OF EARLY WARNING SIGNS OF DRUG/OPIOID USE AND ABUSE TO PARENTS AND COMMUNITY MEMBERS.

<b>GOAL 4</b>	<b>Reduce barriers to treatment and recovery support services by decreasing stigma and increasing access to care.</b>
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<b>OBJECTIVE</b>	<b>Decrease the number of regional heroin and opioid related emergency room visits by 50% by 2017.</b>
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STRATEGIC APPROACH

STRATEGY 1: SUPPORT COMMUNITY BASED NARCAN TRAINING AND DISTRIBUTION EFFORTS PER NH STATE GUIDANCE AND PARTNER PREFERENCE.

STRATEGY 2: DISSEMINATE EFFECTIVE MESSAGING ALONG THE CONTINUUM OF CARE FOR REGIONAL PARTNERS TO USE FOR SOCIAL MEDIA CAMPAIGNS.

STRATEGY 3: SUPPORT IDENTIFICATION OF AND EFFORTS TO ADDRESS GAPS AND NEEDS IN COMMUNITY PREVENTION, INTERVENTION, TREATMENT AND RECOVERY SERVICES.

STRATEGY 4: HOLD OR SUPPORT AT LEAST 2 COMMUNITY FORUMS ON SUBSTANCE USE CONTINUUM OF CARE.

## Summary

State, county, and regional data support the need for specific goals surrounding the reduction of alcohol and substance misuse. Alcohol, marijuana and non-medical prescription drug use among youth are the prioritized substances to address in the SPHN Region. Additionally, the rising consequences and visibility of addiction to heroin and opiates has spread throughout the region. From 2013 to 2014, there was an 86% increase of opiate related deaths in Rockingham County and it is currently ranked second highest in the state for the number of drug overdoses every year. For these reasons, the SPHN will focus on various strategic approaches that will strengthen its capacity to address substance misuse and ultimately decrease alcohol use among youth, prescription drug use across the lifespan, and the number of heroin and opioid related overdoses.

## Priority Area 6: Public Health Emergency Preparedness

### STATE CONTEXT

*Taken directly from the [New Hampshire State Health Improvement Plan \(2014, p. 75-76\)](#)*

“New Hampshire’s primary preparedness strategy is to identify opportunities to align currently existing resources in order to meet operational needs. New Hampshire is well positioned to coordinate all statewide activities in order to support the State’s response during an emergency. Collaborative work among agencies is crucial and already exists in the coordination of response among the Department of Health and Human Services’ Emergency Services Unit (ESU) and Division of Public Health Services (DPHS); the Department of Safety’s Division of Homeland Security and Emergency Management (HSEM); and regional and local partners.

In the event of a public health emergency, multiple entities mount a response in a coordinated manner. Emergency preparedness has been demonstrated in several instances; the distribution of H1N1 pandemic vaccine in 2009 through hospital systems and public health clinics administering over 200,000 vaccinations; a response to a gastrointestinal anthrax case in Durham which unified multiple local, state and federal agencies to manage the response including the closure and subsequent decontamination of a building; in 2012 over 700 patients were exposed to a contaminated medication from a compound pharmacy resulting in 14 cases of fungal infection; and the Hepatitis C outbreak affecting 32 patients at Exeter Hospital, testing over 4,000 persons, involving over 150 statewide responders and lasting for one year ending in June 2013.

Natural disasters may cause mass displacement of people and disrupt supplies of food, shelter, water and health care. Costs of natural disasters and public health emergency events may vary widely depending upon the cause, scope, duration and impact. A large-scale public health event such as the Hepatitis C outbreak at Exeter Hospital in 2012-2013 utilized resources across the State. The investigation and response efforts involved approximately 150 staff and included epidemiologists, public health nurses, laboratory workers, emergency service unit workers, administrators, support staff, and many others. The investigation and response efforts cost nearly \$400,000. The majority of the costs were incurred for the laboratory testing and overtime hours for staff

necessary to conduct public blood screening clinics over 8 days, serving 1,190 people. Being able to assess a financial impact from an event allows for decision making and allocation of resources.”<sup>31</sup>

## REGIONAL CONTEXT

The region faces a wide array of risks, which may pose a significant threat to the population and property within the town. These include natural, human-caused and technological emergencies or disasters. The Seabrook Nuclear Power Plant provides safe, reliable and low-cost electricity. It is located on a 900-acre site in the towns of Seabrook, Hampton, and Hampton Falls.

The region is fortunate to have the Seacoast Incident Management Team. This team of active fire and police personnel are available to assist the public health region during an emergency or disaster. For example, the team assisted with communications and logistics at the Hepatitis C clinics in 2011.

Seacoast regional PHEP data originates from the 2013 BRFSS and is mainly focused on family and household preparedness. In response to how prepared a household is to handle a large-scale disaster or emergency, just over half of those surveyed reported they are somewhat prepared. In comparison to other public health regions, the seacoast has the highest percentage of households “not at all” prepared for an emergency situation (Table 1).<sup>32</sup>

62.5% of households have a 3-day supply of water for all occupants – this ranks the region 9 out of 13 public health regions. The highest performing region is Greater Derry at 70.6% and the lowest is Greater Manchester at 56.6% (Table 2).<sup>33</sup>

Finally, 17.4% of households in the region have a written disaster evacuation plan – this ranks the region 5 out of 13 public health regions (Table 3).<sup>34</sup>

**Table 1: How well prepared do you feel your household is to handle a large-scale disaster or emergency?**

PHRs ( n=5,729)	Weighted f	Well-prepared	Somewhat	Not at all
North Country (n=363)	37,483	37.5 %	48.9 %	13.5 %
Upper Valley (n=204)	33,252	25.0	62.2	12.8
Central NH (n=130)	23,568	31.6	60.0	8.4
Carroll County (n=334)	34,732	37.4	50.3	12.3
Greater Sullivan (n=327)	32,571	37.1	49.1	13.9

<sup>31</sup> [New Hampshire State Health Improvement Plan 2013-2020](#). 2014. Page 75-76.

<sup>32</sup> Results from the 2013 New Hampshire BRFSS Survey on Emergency Preparedness. 2015. Slide 5.

<sup>33</sup> Results from the 2013 New Hampshire BRFSS Survey on Emergency Preparedness. 2015. Slide 6.

<sup>34</sup> Results from the 2013 New Hampshire BRFSS Survey on Emergency Preparedness. 2015. Slide 8.

Winnipesaukee (n=407)	56,501	31.7	51.8	16.5
Strafford County (n=579)	81,511	30.7	55.0	14.3
Greater Monadnock (n=532)	74,001	29.0	59.4	11.6
Capital Area (n=630)	90,015	32.6	53.1	14.2
Greater Nashua (n=775)	133,875	32.7	52.5	14.8
Greater Manchester (n=657)	122,301	28.4	56.1	15.5
Greater Derry (n=358)	92,495	37.5	52.0	10.5
<b>Seacoast (n=433)</b>	<b>98,936</b>	<b>29.1</b>	<b>52.3</b>	<b>18.6</b>

**Table 2: Does your household have a 3-day supply of water for everyone who lives there?**

PHRs ( n=5,724)	Weighted f	Yes %	95.0% Confidence Limits
North Country (n=367)	37,797	61.8 (n=23,359)	55.0 – 68.6
Upper Valley (n=203)	33,199	44.4	35.2 – 53.5
Central NH (n=129)	23,638	65.1	53.6 – 76.7
Carroll County (n=331)	34,623	64.7	58.4 – 70.9
Greater Sullivan (n=330)	32,909	68.3	61.5 - 75.1
Winnipesaukee (n=408)	56,546	66.7	60.6 – 72.7
Strafford County (n=582)	81,948	62.8	57.2 – 68.4
Greater Monadnock (n=536)	74,471	64.0	58.8 – 69.2
Capital Area (n=626)	88,504	64.4	59.5 – 69.2
Greater Nashua (n=774)	133,758	62.0	57.5 – 66.4
Greater Manchester (n=650)	120,955	59.6	54.5 – 64.7
Greater Derry (n=357)	92,029	70.6	64.5 – 76.7
<b>Seacoast (n=431)</b>	<b>98,134</b>	<b>62.5</b>	<b>56.7 – 68.2</b>

**Table 3: Does your household have a written disaster evacuation plan for how you will leave your home, in case of a large-scale disaster or emergency that requires evacuation?**

## REGIONAL ASSETS

PHRs ( n=5,703)	Weighted f	Yes %	95.0% Confidence Limits
North Country (n=369)	38,011	22.5 (n= 8,552)	15.8 -29.2
Upper Valley (n=204)	33,299	11.3	6.2 -16.5
Central NH (n=128)	23,023	19.1	8.7- 29.5
Carroll County (n=328)	34,191	16.4	11.5 – 21.4
Greater Sullivan (n=325)	32,797	20.3	13.8 – 26.7
Winnepesaukee (n=403)	56,287	15.1	10.6 – 19.7
Strafford County (n=580)	81,428	18.6	14.2 – 22.9
Greater Monadnock (n=534)	73,934	13.9	10.6 – 17.3
Capital Area (n=623)	88,831	17.0	13.1 – 20.9
Greater Nashua (n=774)	132,855	15.1	11.8 – 18.4
Greater Manchester (n=651)	121,802	15.4	11.6 – 19.1
Greater Derry (n=352)	90,565	18.9	14.0 – 23.7
<b>Seacoast (n=432)</b>	<b>98,297</b>	<b>17.4</b>	<b>13.3 – 21.6</b>

The Seacoast Public Health Emergency Preparedness Network has been in establishment since 2007 and includes emergency management directors, fire/police personnel, hospital emergency preparedness, and health officers as well as representatives from the 10 community sectors in the region. A regional approach assures and strengthens regional and local emergency preparedness response capacities for both natural and manmade events. In addition, it can help access additional public health resources in a more timely and organized manner.

The Regional Public Health Emergency Preparedness Annex or Plan includes how the region will respond to an emergency by setting up a MACE (Multi-Area Coordinating Entity). This group, made up of members of the Seacoast Preparedness Network serves as a public health emergency operations center during a public health emergency. The group's role is to coordinate the management of and response to a regional public health incident. The MACE coordinates information, goods, services, problem solving and command and control.

The Plan also includes an inventory of regional assets such as medical supplies, cots, blankets, wheelchairs, office supplies, signage and other items that would be need in setting up a shelter, a point of dispensing (POD) site, or an alternate care site. The region has identified six POD sites, one back-up POD site, three alternate care sites (ACS). Sheltering is a local response and thus not part of this plan; however the region has collaborated with local towns in developing a regional shelter plan and the Seacoast Medical Reserve Corps is a resource of volunteers who would be activated to respond in setting up a shelter, a POD, or an ACS.

One identified strength is the Medical Reserve Corps unit. Currently, the region has a volunteer coordinator and 120 registered volunteers. This group comes together monthly for training. They are activated on a regular a

basis for outreach events such as working at road races and providing first aid support and/or radio support, providing blood pressure checks at a community or employee health fair, as well as staffing a shelter during a power outage, hurricane, or another disaster.

The region offers a Community Emergency Response Team (CERT) class twice per year. This free 20 hour course is facilitated by the volunteer coordinator, volunteers, and fire personnel. The topics include triage, first aid/CPR, bioterrorism, the Incident Command System and more. The group currently has a Medical Team and Pet Shelter team to respond to emergencies.

Another identified strength, is the teaching of family and individual preparedness workshops. This course helps participants understand the importance of personal preparedness and helps them create a personal emergency preparedness plan. Currently, we have trained approximately 200 individuals at senior centers, mobile home parks, and healthcare centers.

The goal moving forward is to offer more workshops within the region which will in turn, build resilient communities. Additionally, by offering this course at healthcare facilities such as Lamprey Health Care, Families First Health and Support Center, Portsmouth Regional Hospital, and Rockingham VNA and Hospice, it will also serve to recruit attendees to join our Medical Reserve Corps Unit.

In addition, the region is required to maintain a three-year training calendar. This includes point of dispensing training, just in time training, and a training component at each quarterly meeting. Many partners in the region will be participating in the statewide functional exercise, taking place in August 2016 and may include setting up a POD or notifying and activating staff and volunteers. Training strengthens the region's emergency response readiness and increases the confidence level of all who participate.

# Goals, Objectives and Strategic Approach

GOAL 1	<b>Build resiliency in community preparedness.</b>
OBJECTIVE	<ol style="list-style-type: none"> <li>1. <b>Decrease percentage of households “not at all prepared” from 18.6% to 15%.</b></li> <li>2. <b>Increase the % of EP network meeting attendees who attend at least 50% of quarterly Emergency Preparedness Team meetings.</b></li> </ol>
<p>STRATEGIC APPROACH</p> <p>STRATEGY 1: CONDUCT A MINIMUM OF THREE FAMILY PREPAREDNESS INFORMATION SESSIONS FOR COMMUNITY PARTNERS.</p> <p>STRATEGY 2: PARTNER WITH SEACOAST MRC TO CONDUCT OUTREACH AT A MINIMUM OF THREE AREA EVENTS AND BUSINESSES.</p> <p>STRATEGY 3: SURVEY EP TEAM MEMBERS REGARDING ONGOING TRAINING NEEDS.</p> <p>STRATEGY 4: CONDUCT PRESENTATIONS ON “CREATING KITS AND PLANS FOR PEOPLE WITH DISABILITIES” AT MOBILE HOME PARKS.</p>	
GOAL 2	<b>Strengthen the region’s capacity to respond to public health emergencies</b>
OBJECTIVE	<ol style="list-style-type: none"> <li>1. <b>Increase the number of available volunteer health care workers with the skills, licensure, and credentialing needed to fill understaffed positions as described in the Regional Public Health Emergency Annex.</b></li> <li>2. <b>Increase the knowledge and skills of healthcare workers who respond to an emergency.</b></li> </ol>
<p>STRATEGIC APPROACH</p> <p>STRATEGY 1: CONDUCT OUTREACH AT 3 HEALTH CARE ENTITIES TO RECRUIT HEALTH CARE WORKERS PER RECRUITMENT PLAN.</p> <p>STRATEGY 2: CONDUCT A JUST IN TIME TRAINING USING MEMS (MODULAR EMERGENCY MANAGEMENT SYSTEM) TRAINING MATERIALS FOR REGIONAL PARTNERS AND NEW RECRUITS.</p>	
GOAL 3	<b>Strengthen the region’s emergency response readiness</b>
OBJECTIVE	<b>Increase the region’s ability to dispense emergency countermeasures to the public through education and training.</b>
<p>STRATEGIC APPROACH</p> <p>STRATEGY 1: PARTICIPATE IN STATEWIDE FUNCTIONAL EXERCISE (TBD).</p> <p>STRATEGY 2: CONDUCT A POINT OF DISPENSING (POD) TRAINING FOR REGIONAL PARTNERS.</p>	

### STRATEGY 3: PARTICIPATE IN THE 2016 INTEGRATED EMERGENCY VOLUNTEER TRAINING EXERCISE.

## Summary

State and regional data support the need to include emergency preparedness in the Seacoast CHIP. In comparison to other public health regions, the seacoast has the highest percentage of households “not at all” prepared for an emergency situation. Additionally, the region is lagging behind in other family preparedness measures such as having a 3-day supply of water for all household occupants and having a written disaster evacuation plan. In order to continue to improve the PHEP system in the region, the SPHN will focus on increasing community engagement in public health emergency activities, increasing outreach to health care entities to train health care workers to fill positions in the Regional Public Health Emergency Annex, and increasing the region’s ability to dispense emergency countermeasures to the public. These goals and objectives will be complemented by a strategic plan informed by our partners and regional assets.

# Appendix A: 2010 – 2015 Rockingham County Health Rankings Trend Data

## 2010 – 2015 Data

Measures	2010	2011	2012	2013	2014	2015
<b>HEALTH OUTCOMES</b>						
<i>Rank 1 of 10; defined by length of life and quality of life</i>	2	1	2	1	1	1
Length of Life <i>Rank 1 of 10</i>	1	1	1	1	1	2
Premature Death <i>Years of potential life lost before age 75 per 100,000 population</i>	5,084	4,915	4,740	4,865	4,865	4,955
Quality of Life <i>Rank 1 of 10; defined by factors such as physical health days, mental health days, and low birthweight</i>	6	5	6	4	2	2
Diabetes <i>Adults 20 and over diagnosed with diabetes</i>		7%	8%	8%	8%	9%
<b>HEALTH FACTORS</b>						
<i>Rank 1 of 10; defined by health behaviors, clinical care, social/economic factors, and physical environment</i>	2	2	3	1	1	2
Health Behaviors <i>Rank 1 of 10</i>	4	4	3	3	2	2
Adult Smoking <i>Percentage of adults who are current smokers</i>	20%	19%	18%	17%	16%	16%
Adult Obesity <i>Percentage of adults reporting a BMI of 30 or more</i>	23%	25%	26%	26%	26%	26%
Excessive Drinking <i>Percent of adults binge drinking in past 30 days</i>	18%	19%	19%	20%	20%	20%
Motor Vehicle Crash Deaths <i>Number per 100,000 population</i>	9	9	9	9	9	9
Physical Inactivity <i>Adults 20 and older reporting no physical activity</i>		20%	20%	20%	21%	19%
Sexually Transmitted Infections <i>Number of newly diagnosed chlamydia cases per 100,000 population</i>	95	115	121	132	166	191
Teen Births <i>Number per 1,000 female population ages 15-19</i>	13	13	12	12	11	11
Clinical Care <i>Rank 1 of 10</i>	3	3	3	2	3	4
Preventable Hospital Stays <i>Number for ambulatory-care sensitive conditions</i>	63	61	58	59	64	57

<i>per 1,000 Medicare enrollees</i>						
Diabetic Monitoring <i>Percentage of diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring</i>	86%	86%	88%	89%	89%	90%
Mammography Screening <i>Percentage of female Medicare enrollees ages 67-69 that receive mammography screening</i>		71.3%	75.5%	77.4%	74.2%	73.7%
Social and Economic Factors <i>Rank 1 of 10</i>	2	1	1	1	1	1
Unemployment <i>Population ages 16 and older seeking work</i>	4%	6.7%	6.3%	5.7%	6.0%	5.7%
Children in Poverty <i>Percentage under 18 in poverty</i>	6%	5%	7%	8%	8%	7%
Inadequate Social Support <i>Adults without social/emotional support</i>	16%	16%	16%	16%	16%	
Physical Environment <i>Rank 1 of 10; defined by factors such as air pollution, access to healthy food, housing problems, recreational facilities, etc.</i>	2	10	10	6	3	3

# Appendix B: Data Comparison

## CHIP Alignment with Data Sources

	Tobacco	Obesity/ Diabetes	Heart Disease/ Stroke	Healthy Mothers /Babies	Cancer Prevention	Asthma	Injury Prevention	Infectious Disease	Mental Health/ SUDS
Exeter Hospital Community Needs Assessment		●		●			●		●
Rockingham County Health Rankings		●						●	
Seacoast Regional Data (TBD)		●	●						
Connor's Climb							●		
Epping High School									●
Exeter Hospital		●	●				●		●
Families First		●	●	●	●				●
Lamprey Health Care									●
Portsmouth Regional Hospital									●
Raymond Coalition for Youth							●		●
Seacoast Mental Health Center									●
Seacoast Youth Services									●
Senior Services		●					●		
ServiceLink Resource Center		●	●				●		●
Southern NH AHEC			●						

### EXETER HOSPITAL NEEDS ASSESSMENT

#### 1. Mental Health Care Access

- a. Most significant need in Rockingham County; high population of need but lack of providers, not enough beds, and long wait times to get an appointment

## 2. Injury Prevention

- a. Correlates lack of mental health care services, substance abuse, prescription drug abuse, and youth suicide as the most discussed topics in terms of health needs in Rockingham county
- b. EHNA noted the need for elder care and support services due to the rise of the aging population; although it did not specifically link it to “Injury Prevention”

## 3. Nutrition/Obesity

- a. Obesity is on the rise in Rockingham County; 29.3% of the population is obese while 36.2% is considered overweight (2011 BRFSS)
- b. Lack of fresh, nutritious meals for low-income children and adults continues to be a concern

## 4. Healthy Mothers/Babies

- a. Pediatric and adult dental care was expressed as a significant community need

### ROCKINGHAM COUNTY HEALTH RANKINGS: NOTABLE TRENDS 2010 – 2015

#### 1. Diabetes/Obesity

- a. Adults over 20 diagnosed with diabetes increased from 7% to 9%
- b. Adult obesity increased from 23% to 26%
- c. Adults 20 and older reporting no physical activity has fluctuated between 19-21%

#### 2. Tobacco

- a. Adult smoking decreased from 20% to 16%

#### 3. Sexually Transmitted Infection

- a. Number of newly diagnosed chlamydia cases per 100,000 population increased from 95 to 191, demonstrating a prevalence increase of 101%

### SEACOAST REGIONAL DATA

#### 1. Diabetes/Obesity

- a. Prevalence similar to the state of NH, and has been slowly increasing since 2009
- b. Rate of diabetes hospitalization significantly lower (why?)

#### 2. Heart Disease/Stroke

- a. Higher rates of congestive heart failure mortality but lower hospitalization (why?)

# Appendix C: Regional Assets and Partners

## Priority Areas 1 and 2: Obesity & Heart Disease/Stroke

### FAMILIES FIRST HEALTH AND SUPPORT CENTER

#### EXISTING PROGRAMS/STRATEGIES

- Million Hearts
- Diabetes self-management (group & individual)
- Nutrition Counseling

#### PARTNERSHIPS

- Various

#### STRENGTHS/ASSETS

- Focus on developing best practices
- Diabetes educator & nutritionist
- Community visibility/ involvement
- Programs tailored to patient need; educational focus

#### GAPS

- Difficult to get children to come to group diabetes/weight sessions

#### FUTURE GOALS

- Re-evaluating and organizing strategies for childhood diabetes/obesity
- Decrease hospitalizations
- Continued push for education

#### POPULATION SERVED

- Adults, children
- Homeless populations (Million Hearts)

#### FUNDING SOURCE

- Contributions
- Fees for Service
- Government
- Grants

## PORTSMOUTH SENIOR SERVICES

### EXISTING PROGRAMS/STRATEGIES

- Better Choices, Better Health (Diabetes, self-management, medication education)
- Referral to Rite Aid to help them organize meds and set up a delivery system directly to home
- Had a cooking class available at one time
- SNAP twice a year

### PARTNERSHIPS

- Families First Health and Support Center
- Rite Aid
- SNAP

### STRENGTHS/ASSETS

- Focus on prevention and education (1 in 3 seniors are malnourished which can lead to falls)

### GAPS

- Measured results

### FUTURE GOALS

- Interested in doing more within this issue area
- Accessing seniors' adult children and caregivers (educating them, potential partners and donors)

### POPULATION SERVED

- Seniors

### FUNDING SOURCE

- Program fees
- Mark Wentworth Home
- Municipal Support
- NOTE: Endowment for Health will potentially be offering opportunities to apply for funding in the future

## SERVICELINK RESOURCE CENTER

### EXISTING PROGRAMS/STRATEGIES

- Referral to resources, educate people on how to use their benefits
- Marketplace assistance

### PARTNERSHIPS

- RCA

- One Sky
- Area homecare
- Community Health Centers
- Granite State Independent Living

#### STRENGTHS/ASSETS

- Receive a lot of calls from people with diabetes who cannot afford to pay for insulin

#### GAPS

- Constant insecure funding
- Need is growing: aging population, population of adults with autism who grow out of services when they become 21

#### FUTURE GOALS

- To survive - ServiceLink Resource Center has been cut from the budget

#### POPULATION SERVED

- All populations

#### FUNDING SOURCE

- State of New Hampshire
- Contracts with Easter Seals, CAPs, etc.

### SOUTHERN NEW HAMPSHIRE AREA HEALTH EDUCATION CENTER

#### EXISTING PROGRAMS/STRATEGIES

- Million Hearts
- Better Choices, Better Health
- Lunch & Learns
- Blitzmail
- NH Chronic Disease Conference

#### PARTNERSHIPS

- Health centers
- Hospitals

#### STRENGTHS/ASSETS

- Provide ongoing education for students, health professionals, and community members
- Focus on awareness, program, and practice change

#### GAPS

- Always a challenge to develop an educational plan to "move the needle" and implement behavioral change

## POPULATION SERVED

- Health professionals
- Students
- Community members

## FUNDING SOURCE

- Has funding to put towards diabetes/obesity and heart disease

## VARIOUS PROGRAMS THAT DON'T CURRENTLY EXIST

### EXISTING PROGRAMS/STRATEGIES

- HEAL Coalition: Step it Up Seacoast
- Seacoast Grow a Row
- 5210 Program
- Nutrition class at Families First Health and Support Center

### PARTNERSHIPS

- Schools
- Foundation for Seacoast Health
- United Way of the Greater Seacoast
- Food Providers Network
- Local farmers/gardeners
- Health care centers
- YMCA
- RCA
- UNH Coop Ext
- Kim Truesdale
- Rockingham County CRN

### STRENGTHS/ASSETS

- Walking Passport (11 local walks in the Portsmouth area)
- Nutrition and fitness resource guide
- Farmers/gardeners plant extra food in their seasonal crops and contact local food pantries to donate during harvest season
- Push for education/prevention: film showings, 5210 cards in health care offices, etc.
- Started gardens at elementary schools (Portsmouth, Newfields, Exeter), programming that introduced new vegetables every week, etc.

### GAPS

- Funding
- Dedicated, full time staff
- Clear mission/vision

### FUTURE GOALS

- N/A – currently no funding

#### POPULATION SERVED

- All populations, Rockingham County

#### FUNDING SOURCE

- Grants
- Pro bono work

### *Priority Area 3: Injury Prevention (falls in older adults)*

#### PORTSMOUTH SENIOR SERVICES

##### EXISTING PROGRAMS/STRATEGIES

- Preventative activities and initiatives that revolve around fitness, making sure home is safe, reducing heart disease and stroke
- Education and outreach (to seniors and their children)
- Socialization (can't get information if you're isolated)
- Activities that increase fitness - chair yoga, line dancing, gentle yoga

##### PARTNERSHIPS

- Families First Health and Support Center
- Northeast Rehabilitation Center
- Municipalities
- Exeter Hospital
- Portsmouth Regional Hospital
- AARP

##### STRENGTHS/ASSETS

- Focus on prevention and education
- Meeting people where they are, empowering them
- Increasing access and ways to socialize

##### GAPS

- Measured results

##### FUTURE GOALS

- Accessing seniors' adult children and caregivers (educating them, potential partners and donors)

#### POPULATION SERVED

- Seniors

#### FUNDING SOURCE

- Program fees
- Mark Wentworth Home
- Municipal Support

- NOTE: Endowment for Health will potentially be offering opportunities to apply for funding in the future

## SERVICELINK RESOURCE CENTER

### EXISTING PROGRAMS/STRATEGIES

- Caregiver grant - install bathroom bars, emergency response system, would consider partnering with OT/PT to demonstrate safety
- Referral to resources, educate people on how to use their benefits
- Marketplace assistance

### PARTNERSHIPS

- RCA
- One Sky
- Area homecare
- Community Health Centers
- Granite State Independent Living

### STRENGTHS/ASSETS

- Expertise in geographic resources
- Positive relationships with agencies
- Caring staff of five

### GAPS

- Constant insecure funding
- Need is growing: aging population, population of adults with autism who grow out of services when they become 21

### FUTURE GOALS

- To survive - ServiceLink Resource Center has been cut from the budget

### POPULATION SERVED

- All populations

### FUNDING SOURCE

- State of New Hampshire
- Contracts with Easter Seals, CAPs, etc.

## *Priority Area 4 & 5: Mental Health and Alcohol and Drugs Misuse*

## CONNOR'S CLIMB

### EXISTING PROGRAMS/STRATEGIES

- Adolescent Suicide Prevention

- Advocacy, public policy work (implement suicide awareness curriculum/training in schools)
- 5K fundraiser
- Signs of Suicide Program

#### PARTNERSHIPS

- Schools - teachers and staff
- American Foundation for Suicide Prevention
- Legislators (Senator Ayotte)
- Suicide Prevention Council
- Will to Live Foundation (Atlanta, GA)
- Screening for NH
- Exeter Hospital
- Board
- Connor's friends

#### STRENGTHS/ASSETS

- Community support

#### GAPS

- Political climate
- Stigma

#### FUTURE GOALS

- Achieve 501c3 status
- Continue to raise awareness
- Have it mandated (provide accountability)
- Organizing an event for educators to learn about implementation into schools, identify what best practices would work = grass roots organizing to make case stronger when they try to get bill approved

#### POPULATION SERVED

- Youth
- Teachers and staff

#### FUNDING SOURCE

- 5K fundraiser
- Note: Becoming a 501c3 will open up doors for grant applications

### EPPING HIGH SCHOOL

#### EXISTING PROGRAMS/STRATEGIES

- Granite Youth Alliance
- Student Athlete Leadership Team

## PARTNERSHIPS

- Epping Elementary School
- Epping Middle School
- Police Department
- Baptist Church (after school program)
- Seacoast Mental Health Center (Counselor 2 days a week)

## STRENGTHS/ASSETS

- The kids are motivated and want to do this; school, teachers, and principal fully support them

## GAPS

- Parent education (kids recognize this as a need)
- Resources; facility for programs for teens (Rec programs elementary only)
- Transportation and access to resources
- SUD Counselor (used to have one from CFS)

## FUTURE GOALS

- Expand Epping coalition
- Work on engaging parents

## POPULATION SERVED

- Epping youth

## FUNDING SOURCE

- Grants (Life of an Athlete, Granite Youth Alliance)
- Fundraisers

## FAMILIES FIRST HEALTH AND SUPPORT CENTER

### EXISTING PROGRAMS/STRATEGIES

- Substance Abuse, Behavioral Health Counselor
- Mobile Health Care

### PARTNERSHIPS

- Various
- Mobile Van: Cross Roads, Salvation Army, St. John's, Feaster Apartments, Margeson Apartments, St. Vincent de Paul, Strafford County Court

### STRENGTHS/ASSETS

- Substance abuse counselor on staff; behaviorist can go into exam room for support
- Routine screenings for SUDs and depression
- CAGE and SBIRT data measures
- Provides link to mental health services to homeless populations

## GAPS

- Mental health affects everything; resources are not even touching need
- Volunteer psychiatrist offers extra support; need for someone more accessible to help family practitioners make med recommendations
- Patients typically discharged from corrections/inpatient with 2 days of medication - NOT enough support

## FUTURE GOALS

- Education
- Increase access to SUD and Mental Health resources/services

## POPULATION SERVED

- Adults
- Homeless populations (Mobile Health Care)

## FUNDING SOURCE

- Contributions
- Fees for Service
- Government
- Grants

## LAMPREY HEALTH CARE

### EXISTING PROGRAMS/STRATEGIES

- Education efforts (partner with RCFY, police dept., NAMI)
- Services for those seeking treatment (no direct services, but primary care is the first place to ask for help)
- Hired behavioral health manager in the next few weeks
- In process of getting a Licensed Independent Clinical Social Worker (to offer brief therapy for patients/grant funded)
- Patient Centered Care (Held to a much higher standard because of grants - PHQ2, ESPIRT, Cage Aid, PSUS methods of evaluation)
- Outreach to patients (follow up to ensure they have accessed needed services)

### PARTNERSHIPS

- Raymond Coalition for Youth
- Law enforcement
- NAMI
- ROAD to a Better Life
- Merrimack Valley Counseling
- Seacoast Mental Health Center

## STRENGTHS/ASSETS

- Not putting up any walls - getting people the help they need
- Establishing relationships that work and will be effective in helping them get better

## GAPS

- Not enough treatment
- Difficulties often start with patients - establishing a relationship that is trusting/understanding and determining what they are willing to do

## FUTURE GOALS

- Would like LADCs
- In the process of hiring a psychiatric nurse practitioner (can consult on behavioral health and medication to assist with detoxing/withdrawal)
- Long term - determine whether or not providers would want to provide suboxone
- Provide more support to patients
- Education - involve people in their own health
- Preventative care

## POPULATION SERVED

- Adults

## FUNDING SOURCE

- Grant funding
- Insured/ Uninsured
- Private funds

## PORTSMOUTH REGIONAL HOSPITAL

### EXISTING PROGRAMS/STRATEGIES

- 30 bed hospital (all voluntary)
- Crisis stabilization unit
- Offer brief counseling to work with families
- 24 hour hotline

### PARTNERSHIPS

- All community health facilities
- Seacoast Mental Health Center
- Private practitioners
- DCYF
- Shelters
- PCPs

## STRENGTHS/ASSETS

- Big, for profit hospital

## GAPS

- Proper aftercare
- Transportation
- Funding for medication
- Wait lists for treatment

## FUTURE GOALS

- Growth - offer partial hospitalization (none within 50 miles of PRH)
- Expanding programming to prevention of eating disorders (study for feasibility for child/adolescent)
- Just expanded from 22 to 30 beds in April

## POPULATION SERVED

- Mainly adults in emergency department (will refer to Hampstead and Cheshire as needed)

## RAYMOND COALITION FOR YOUTH

### EXISTING PROGRAMS/STRATEGIES

- Monthly networking meetings
- Weekly youth action groups
- Spring clean up
- Family Fun Night
- Project Safeguard
- Prevention Week (SAMSA)
- Diversion program/My Choice program (first time violation, referred to program with adult, 4 week skill building)
- Social media campaigns
- Connect Suicide Prevention Model (NAMI) – several facilitators trained

### PARTNERSHIPS

- Raymond community
- Schools
- Police Department
- Spills over to other communities (i.e. Candia)

### STRENGTHS/ASSETS

- Commitment of partners (time, dedication, see the issues, see what we're doing to make a difference)
- Local, state, and national recognition
- Trained 700 people in Raymond (2005-2009)
- Provides positive messaging, how to recognize signs, and is the only resource in the community
- Cost is just the materials
- Whole community can participate in training
- Awareness, creates a space to talk about this issue
- Consolidated into a 3 hour training

## GAPS

- No resources for recovery in the district
- Lack of funding
- Stigma, cultural norms of the community
- Communication/networking - need an avenue to talk, share resources within the state of NH
- Time
- Community buy-in

## FUTURE GOALS

- Although limited funding, hoping to expand and create leadership for coalition
- Continued education
- 2014 – new staff were trained on suicide prevention (hope to host another training)

## POPULATION SERVED

- Youth
- Community of Raymond

## FUNDING SOURCE

- Grants

## SEACOAST MENTAL HEALTH CENTER

### EXISTING PROGRAMS/STRATEGIES

- Adult Services (outpatient, target case management, functional support services, psychiatry, supported employment)
- Drug Court Program
- REAP program (community based counseling/education services for older adults)
- PATH Program (connects homeless individuals suffering w/mental illness to services)
- Group Home
- Child Impact Program for parents going through divorce/how to help children adjust
- RENEW program driven by youth to help map out futures/co-located at schools and health centers
- Consultation/Outreach services to schools
- ASD services for children
- Mental Health First Aid

### PARTNERSHIPS

- Schools, guidance departments
- Pediatricians are great advocates (from provider side)
- Contract w/Exeter Hospital
- Close working relationship w/Portsmouth Regional Hospital
- Jails/courthouses
- Department CYAF
- Families First Health and Support Center/Lamprey - Co-located nurse practitioner

## STRENGTHS/ASSETS

- Been in the community for over 50 years (1963), strong reputation
- Strong staff, dedicated, well trained (even brand new SMHC staff get training and support), wide range of expertise (people who have been there since the beginning and those since March 2015)
- Open to working with community partners, collaborative
- Strength in advocacy

## GAPS

- Continue to impact curriculum and core impacts; strengthen relationships with local universities
- SUD services
- Community residences (group homes)
- Respite care (doesn't exist anywhere) - crisis stabilization (beds) would be a great support
- Ability to maintain staff (salaries)
- Relationship with Southeastern

## FUTURE GOALS

- Agency wide focus on improving workforce through hiring and retaining credentialed staff (fewer students choosing psychiatry, those pursuing Bachelor's degree leave right away, etc.)
- Improving evidence based practices and continuing to keep staff educated
- Substance abuse services - outpatient
- State working to expand how to serve Veterans
- Increased need for group work and psychoeducation for parents (children are presenting intense symptoms, younger and younger)
- Reduce stigma of what mental health is

## POPULATION SERVED

- All ages
- All acuity levels
- 24 towns, eastern Rockingham county

## FUNDING SOURCE

- Medicaid (mostly from care management services)
- Grants
- Fundraising

## SEACOAST YOUTH SERVICES

### EXISTING PROGRAMS/STRATEGIES

- Adolescent Support Groups
- Parent Support Group
- Individual counseling, psychosocial assessments, MLADC services
- Just launched co-occurring intensive outpatient program
- School based services
- Juvenile Court Diversion

- Family themed therapy
- Dialectic Behavior Therapy (DBT) Group
- Seabrook Adventure Zone (afterschool & summer programming)

#### PARTNERSHIPS

- Winnacunnet High School
- Timberlane Regional HS
- Seabrook Elementary
- Juvenile Justice System (especially Portsmouth JPPO)
- Bruce Harris (once a week)
- Vic Maloney highly connected to local businesses/community
- Board (various backgrounds)
- Schools
- Rick Alleva (incorporate Mindfulness into schools)
- 10. Chucky Rosa - Community Service program
- 11. LADC Board (licensing purposes)

#### STRENGTHS/ASSETS

- Staff and people at SYS
- Ability to connect with youth
- Good range of experience, enthusiasm and dedication to mission, a lot of heart
- Community relationships
- Provide ALL components to treatment
- Ability to try new things

#### GAPS

- Space
- Getting parents to invest
- Effective marketing

#### FUTURE GOALS

- Not be reliant on grant funding (third party billing, credentialing process to be able to bill for services)
- Strengthen relationships with schools
- Effective marketing
- Get word out about IOP

#### POPULATION SERVED

- Youth
- Families
- Rockingham county and bordering Massachusetts communities

#### FUNDING SOURCE

- Grants
- Donors
- Third party billing

## SERVICELINK RESOURCE CENTER

### EXISTING PROGRAMS/STRATEGIES

- REAP Grant (Seacoast Mental Health Center)

### PARTNERSHIPS

- RCA
- One Sky
- Area homecare
- Community Health Centers
- Granite State Independent Living

### STRENGTHS/ASSETS

- Expertise in geographic resources
- Positive relationships with agencies
- Caring staff of five

### GAPS

- Constant insecure funding
- Need is growing: aging population, population of adults with autism who grow out of services when they become 21

### FUTURE GOALS

- To survive – Servicelink Resource Center has been cut from the budget

### POPULATION SERVED

- All populations

### FUNDING SOURCE

- State of New Hampshire
- Contracts with Easter Seals, CAPs, etc.

# Appendix D: Healthy Living Work Plan

<b>Goal: Increase awareness of obesity risk and prevention among children and adults.</b>		
1. COORDINATE REGIONAL AND LOCAL LEVEL EDUCATION AND ADVOCACY EFFORTS FOR COMMUNITY DESIGN THAT SUPPORTS BIKING, WALKING, AND OTHER ACTIVE TRANSPORT PLANS.		
<b>Strategies:</b>	<b>Short-term Performance Targets</b>	<b>Intermediate Performance Targets</b>
1. Convene a community partner led regional healthy living prevention workgroup to execute objectives.	1. Develop workgroup to address goals	

<b>Goal: Increase awareness of obesity risk and prevention among children and adults.</b>		
1. INCREASE ACCESS TO PUBLIC AND COMMUNITY FACILITIES FOR PHYSICAL ACTIVITY THROUGH COORDINATED REGIONAL AND LOCAL EDUCATION AND ADVOCACY FOR JOINT USE AGREEMENTS WITH A PRIORITY FOR HIGHEST NEED COMMUNITIES AND NEIGHBORHOODS.		
<b>Strategies:</b>	<b>Short-term Performance Targets</b>	<b>Intermediate Performance Targets</b>
1. Convene a community partner led regional healthy living prevention workgroup to execute objectives.	1. Develop workgroup to address goals	

<b>Goal: Increase awareness of obesity risk and prevention among children and adults.</b>		
1. INCREASE ACCESS TO, AND AFFORDABILITY OF, FRUITS AND VEGETABLES IN AND NEAR THE HIGHEST NEED COMMUNITIES AND NEIGHBORHOODS.		
<b>Strategies:</b>	<b>Short-term Performance Targets</b>	<b>Intermediate Performance Targets</b>
1. Convene a community partner led regional healthy living prevention		

workgroup to execute objectives		
<b>Goal: Increase awareness of obesity risk and prevention among children and adults.</b>		
1. INCREASE ALLOCATION OF INNOVATIVE AND NONTRADITIONAL FINANCING MECHANISMS FOR INCREASING EQUITABLE ACCESS TO HEALTHY FOOD IN HIGHEST NEED COMMUNITIES AND NEIGHBORHOODS.		
<b>Strategies:</b>  1. Convene a community partner led regional healthy living prevention workgroup to execute objectives	<b>Short-term Performance Targets</b>  <b>1.</b> Develop workgroup to address goals	<b>Intermediate Performance Targets</b>

# Appendix E: Heart Disease/Stroke Work Plan

<b>Goal: Reduce the risk of heart disease and stroke among adults through education and prevention.</b>		
<b>OBJECTIVE 1: INCREASE THE NUMBER OF ADULTS WHO REPORT HAVING HAD BP SCREENING BY 15%.</b>		
<b>Strategies</b>	<b>Short-term Performance Targets</b>	<b>Intermediate Performance Targets</b>
<p>1. Convene a community partner led regional heart disease/stroke prevention workgroup to guide planning and execution of objectives.</p> <p>2. Promote and implement Million Hearts Campaign within the Seacoast region.</p>	<p>1. Develop workgroup to address heart disease/stroke goals</p> <p>2. Create partnership with Seacoast Medical Reserve Corps and Lamprey Health Care Center to offer community programs</p> <p>3. Create partnership with Seacoast Medical Reserve Corps and Families First Health and Support Center's Mobile Van</p>	
<b>OBJECTIVE 2: INCREASE COMMUNITY ACCESS TO PREVENTION AND STREATEGY MESSAGING BY SUPPORTING DISTRIBUTION OF EDUCATION MATERIAL DURING AT LEAST 4 EVENTS/CLASSES/ENGAGEMENT OPPORTUNITIES.</b>		
<b>Strategies:</b>	<b>Short-term Performance Targets</b>	<b>Intermediate Performance Targets</b>
<p>1. Conduct or support at least two community blood pressure clinics.</p> <p>2. Promote and support the implementation of Better Choices, Better Health programs within the Seacoast region.</p>	<p>1. Develop workgroup to address heart disease/stroke goals</p> <p>2. Partner with Lamprey Health Care Center and Portsmouth Regional Hospital to implement community-based programs</p>	

# Appendix F: Injury Prevention *(falls in older adults)* Work Plan

<b>Goal: Evaluate and reduce fall related hospitalizations by 5%.</b>		
<b>OBJECTIVE 1: INCREASE AWARENESS OF INDIVIDUAL FALL RISK AMONG SENIORS, INDIVIDUALS WITH DISABILITIES, PROVIDERS AND CAREGIVERS.</b>		
<b>Strategies</b>	<b>Short-term Performance Targets</b>	<b>Intermediate Performance Targets</b>
<ol style="list-style-type: none"> <li>1. Convene a community partner led regional injury prevention workgroup to guide planning and execution of objectives.</li> <li>2. Identify evidence based risk assessment tools.</li> <li>3. Increase availability of Falls Prevention Master Trainers in the region.</li> </ol>	<ol style="list-style-type: none"> <li>1. Review and revise injury Prevention Workplan.</li> <li>2. Distribute standardized risk assessments to at least 6 providers and senior caregivers.</li> <li>3. Identify Falls Prevention Master Trainers in the Seacoast Public Health Network.</li> </ol>	<ol style="list-style-type: none"> <li>1. Develop and distribute Fall Prevention Toolkits to a minimum of 3 providers and senior caregivers for dissemination to clients.</li> <li>2. Promote or hold a minimum of 1 Falls Prevention Master Trainer class in the Seacoast Public Health Network.</li> </ol>
<b>OBJECTIVE 2: INCREASE AWARENESS OF EVIDENCE BASED FALL PREVENTION PROGRAMS.AMONG SENIORS , INDIVIDUALS WITH DISABILITIES, PROVIDERS AND CAREGIVERS.</b>		
<b>Strategies</b>	<b>Short-term Performance Targets</b>	<b>Intermediate Performance Targets</b>
<ol style="list-style-type: none"> <li>1. Identify evidence based fall prevention programs.</li> <li>2. Assess evidence based fall prevention programs.</li> </ol>	<ol style="list-style-type: none"> <li>1. Distribute information about and/or support demonstration of balance management and fitness programs in at least 3 communities.</li> </ol>	<ol style="list-style-type: none"> <li>1. Develop and distribute Fall Prevention Tool-kits to at least 3 providers and senior caregivers for dissemination to clients including the regional October 2016 Senior Fair.</li> </ol>
<b>OBJECTIVE 3: INCREASE SENIOR, PROVIDER AND CAREGIVER AWARENESS ABOUT MEDICATION RELATED FALL RISK.</b>		
<b>Strategies</b>	<b>Short-term Performance Targets</b>	<b>Intermediate Performance Targets</b>
<ol style="list-style-type: none"> <li>1. Identify and assess education about prescription medication management strategies.</li> <li>2. Recruit and retain pharmacy subject matter expertise to injury prevention workgroup.</li> </ol>	<ol style="list-style-type: none"> <li>1. Partner with Portsmouth Regional Hospital to provide medication management to seniors in the community.</li> </ol>	<ol style="list-style-type: none"> <li>1. Distribute prescription medication management guidance to at least 6 providers.</li> </ol>

# APPENDIX G: MENTAL HEALTH WORK PLAN

<b>Goal: Increase community capacity to identify and assist people struggling with mental health and substance abuse disorders.</b>		
OBJECTIVE 1: DEVELOP RESILIENCE IN THE NETWORK OF AREA PARTNERS AND STAKEHOLDERS.		
<b>Strategies</b>	<b>Short-term Performance Targets</b>	<b>Intermediate Performance Targets</b>
1. Convene and support a Continuum of Care Council.	1. Identify Seacoast Public Health members and community members to join the council.	
OBJECTIVE 2: PROMOTE USE OF EVIDENCE BASED PROGRAMS TO 4 AREA PARTNERS.		
<b>Strategies</b>	<b>Short-term Performance Targets</b>	<b>Intermediate Performance Targets</b>
1. Promote and/or provide Mental Health First Aid and/or Health Classrooms training to 4 area partners.	1. Partner with Seacoast Mental Center to promote and provide Mental Health First Aid presentations.  2. Partner with Center for Collaborative Change to promote and provide Healthy Classrooms training to regional school districts.	
<b>Goal: Increase regional SPHN partner awareness of importance of skills in integrated healthcare.</b>		
OBJECTIVE 3: INCREASE SPHN PARTNER SURVEY FROM 37.8% TO 60%.		
<b>Strategies</b>	<b>Short-term Performance Targets</b>	<b>Intermediate Performance Targets</b>
1. Include Continuum of Care Council reporting at Seacoast PHN PHAC and CHIP priority area workgroup meetings.  2. Promote the importance of the partner survey tool and provide mini-training regarding the network development at every SPHN event, as appropriate.	1. Partner with CFex to administer the PARTNER survey within an effective timeframe.  2. Educate community partners as to the importance of completing the PARTNER survey.  3. Administer the PARTNER survey.  4. Review data from PARTNER survey.	

# Appendix H: Alcohol and Substance Misuse Work Plan

<b>Goal: Strengthen the capacity of the Seacoast Public Health Network to address substance misuse.</b>		
OBJECTIVE 1: INCREASE REGIONAL NETWORK MEMBERSHIP IN ALLIES FOR SUBSTANCE ABUSE PREVENTION (ASAP) BY 20% FROM 2016-2019.		
<b>Strategies</b>	<b>Short-term Performance Targets</b>	<b>Intermediate Performance Targets</b>
1. Host and promote quarterly regional ASAP Round Table meetings for MH & SUD providers and stakeholders.	1. Convene ASAP Round Table in October 2015, and again in Q1 2016 and in Q2 2016.	1. Convene Round Table 4x in FY 2017
OBJECTIVE 2: DEVELOP AND PROVIDE TOOL-KIT GUIDANCE FOR REGIONAL PARTNERS ON SUBSTANCE RELATED COALITION BUILDING.		
<b>Strategies</b>	<b>Short-term Performance Targets</b>	<b>Intermediate Performance Targets</b>
1. Research, compile and distribute tools and guidance for community based coalition building strategies.  2. Create and maintain a speaker's bureau of subject matter experts for regional partners to consult for planning/programming.	1. Partner with NH Listens to identify coalition building needs and resources.  2. Make coalition building resources & guidance available on an ongoing basis, present tool-kit @ Spring 2016 PHAC meeting.  3. Promote development of SME list to fall 2015 & spring 2016 PHAC meetings. Distribute to other partners as appropriate.	3. Revise and distribute tool-kit resources per partner request.
OBJECTIVE 3: INCREASE DENSITY AMONG SEACOAST PHN SMP PARTNERS AS REPORTED IN PARTNER SURVEY FROM 9.8% TO 20% BY INCREASING NETWORKING OPPORTUNITIES TO EXCHANGE RESOURCES AND INFORMATION AND BUILD KNOWLEDGE AND SKILLS.		
<b>Strategies</b>	<b>Short-term Performance Targets</b>	<b>Intermediate Performance Targets</b>
1. Host and/or support regional networking and educational opportunities for network membership and broader community.	1. Convene SMP/ASAP Round Table.  2. Attend Seacoast Collaborative meetings to share and promote SPHN SMP work.	

<p>2. Expand Granite Youth Alliance network support beyond Y2Y focused models to at least 2 other youth empowerment projects.</p>	<p>3. Hold learning/networking Summit as indicated in Mental Health workplan.</p> <p>4. Collaborate with Rockingham County Drug Court and Community Corrections program staff on prevention programming.</p> <p>5. Participate in Newmarket Substance Misuse Prevention/ASAP coalition as subject matter expert support for substance misuse and coalition building.</p> <p>6. Create and deliver SBIRT training to area partners upon request.</p> <p>7. Convene or support at least 2 opportunities for participants of Granite Youth Alliance youth empowerment teams/programs to network and share successful strategies.</p>	
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**Goal: Decrease the % of youth (ages 12-19) reporting binge alcohol use in the previous 30 days by 5% from 19.5% to 14.5% by 2017.**

**OBJECTIVE 1: DECREASE NUMBER OF STUDENTS WHO REPORT EASY ACCESS TO ALCOHOL THROUGH FRIENDS AND FAMILIES AND UNDERAGE PURCHASING FROM 68% TO 50%.**

Strategies	Short-term Performance Targets	Intermediate Performance Targets
<p>1. Increase number of Granite Youth Alliance member teams receiving support from 3 to 8.</p> <p>2. Increase youth participation in Granite Youth Alliance programming to educate youth and adults about risks of underage alcohol use and</p>	<p>1. Leverage additional external resources to support expansion of Granite Youth Alliance youth empowerment network across the entire Seacoast Public Health Network</p> <p>Coordinate development of partnership between local film professionals active in SMP media development and GYA youth film</p>	

<p>excessive drinking.</p> <p>3. Hold or support 2 compliance checks and 3 server trainings with regional partners and the NH Liquor Commission.</p>	<p>festival activities for Spring 2016 event.</p> <p>Design and coordinate a multi-team initiative by GYA participants to increase regional partner perception of harm related to substance misuse.</p>	
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**OBJECTIVE 2: INCREASE PUBLIC PERCEPTION OF HARM AND CONSEQUENCES OF UNDERAGE ALCOHOL AND DRUG MISUSE BY 15%.**

<b>Strategies</b>	<b>Short-term Performance Targets</b>	<b>Intermediate Performance Targets</b>
<p>1. Hold or support at least 2 Community Forums on Substance Use Continuum of Care.</p> <p>2. Collect and disseminate data on alcohol use among school aged youth and the impact of alcohol use on education, athletic performance and community connectedness.</p>	<p>1. Facilitate a community forum in at least one regional community during the Fall 2015.</p> <p>2. Convene a regional Access to Recovery Day in FY 16.</p> <p>3. Identify available data on regional performance.</p> <p>4. Create and deliver educational sessions on regional risk and performance to or in collaboration with at least 6 partners.</p>	

**Goal: Decrease opioid drug misuse across the lifespan by 2017.**

**OBJECTIVE 1: INCREASE THE NUMBER OF PROVIDERS REPORTING AWARENESS AND UTILIZATION OF OPIOID BEST PRACTICES BY 20%.**

<b>Strategies</b>	<b>Short-term Performance Targets</b>	<b>Intermediate Performance Targets</b>
<p>1. Promote and present training for prescribers on safe opioid prescription practices including best practice tools like pain treatment contracts.</p>	<p>1. Promote awareness of <a href="http://prescribetoprevent.org">prescribetoprevent.org</a> to all SPHN workgroup participants, PHAC partners, and SMP/CoC stakeholders.</p> <p>2. Develop additional training resources as indicated, to include continuing education, for regional healthcare partners</p>	

**OBJECTIVE 2: DECREASE EASE OF ACCESS TO PRESCRIPTION MEDICATION THROUGH FRIENDS AND FAMILIES BY 10%.**

Strategies	Short-term Performance Targets	Intermediate Performance Targets
1. Promote education materials at community events to inform youth and adults about the risks associated with prescription drug misuse.	1. Promote safe RX Opioid misuse, storage and disposal safety at a minimum of 2 senior-focused events, 2 youth focused events, and 2 general population events.	

**Goal: Reduce barriers to treatment and recovery support services by decreasing stigma and increasing access to care.**

**OBJECTIVE 1: DECREASE THE NUMBER OF REGIONAL HEROIN AND OPIOID RELATED EMERGENCY ROOM VISITS BY 50% BY 2017.**

Strategies	Short-term Performance Targets	Intermediate Performance Targets
<p>1. Support community based Narcan training and distribution efforts per NH state guidance and partner preference.</p> <p>2. Disseminate effective messaging along the Continuum of Care for regional partners to use for social media campaigns.</p> <p>3. Support identification of and efforts to address gaps and needs in community prevention, intervention, treatment and recovery services.</p> <p>4. Hold or support at least 2 Community Forums on Substance Use Continuum of Care.</p>	<p>1. Ensure at least 2 SPHN staff are trained Trainers to provide community based Narcan education to regional partners.</p> <p>2. Coordinate provision or distribution of messaging and strategy guidance for at least 2 dedicated opioid/narcan social media campaigns to regional partners for their own community education.</p> <p>3. Convene and coordinate Continuum of Care Advisory Council</p> <p>4. Update Regional SMP strategic plan annually with CoC priorities and findings.</p> <p>5. Facilitate a community forum in at least one regional community during the Fall 2015 and one in Spring 2016.</p> <p>6. Provide staff subject matter expertise as speakers/coordination assistance for forums held by communities within the region upon</p>	

request.

## Appendix I: Public Health Emergency Preparedness Work Plan

<b>Goal: Build resiliency in community preparedness.</b>		
OBJECTIVE 1: DECREASE PERCENTAGE OF HOUSEHOLDS "NOT AT ALL PREPARED" FROM 18.6% TO 15%.		
Strategies	Short-term Performance Targets	Intermediate Performance Targets
<ol style="list-style-type: none"> <li>1. Conduct a minimum of three family preparedness information sessions for community partners.</li> <li>2. Partner with Seacoast MRC to conduct outreach at a minimum of three area events and businesses.</li> <li>3. Conduct presentations on "Creating Kits and Plans for People with Disabilities" at mobile home parks.</li> </ol>	<ol style="list-style-type: none"> <li>1. Increase # of citizens in region who are prepared for an emergency</li> <li>2. Increase # of citizens who will share information with family members</li> <li>3. Provide education and outreach to the community</li> </ol>	
OBJECTIVE 2: INCREASE THE % OF REGIONAL PARTNERS WHO ATTEND AT LEAST 50% OF QUARTERLY EMERGENCY PREPAREDNESS TEAM MEETINGS.		
Strategies	Short-term Performance Targets	Intermediate Performance Targets
<ol style="list-style-type: none"> <li>1. Survey EP Team members regarding ongoing training needs.</li> </ol>	<ol style="list-style-type: none"> <li>3. Convene 5 meetings per year at different locations within the region.</li> <li>4. Attend Seacoast Collaborative meetings to share and promote EP work.</li> </ol>	
<b>Goal: Strengthen the region's capacity to respond to public health emergencies.</b>		

OBJECTIVE 1: INCREASE THE NUMBER OF AVAILABLE VOLUNTEER HEALTH CARE WORKERS WITH THE SKILLS, LICENSURE AND CREDENTIALIING NEEDED TO FILL UNDERSTAFFED POSITIONS AS DESCRIBED IN THE REGIONAL PUBLIC HEALTH EMERGENCY ANNEX.

Strategies	Short-term Performance Targets	Intermediate Performance Targets
1. Conduct outreach at three healthcare entities to recruit healthcare workers per recruitment plan.	1. Increased knowledge of the Seacoast Medical Reserve Corps 2. Increased participation in regional planning and response capabilities.	

OBJECTIVE 2: INCREASE KNOWLEDGE AND SKILLS OF HEALTHCARE WORKERS WHO RESPOND TO AN EMERGENCY.

Strategies	Short-term Performance Targets	Intermediate Performance Targets
1. Conduct a Just in Time training using in MEMS (Modular Emergency Management System) training materials for regional partners and new recruits.	1. Strengthen the region’s emergency response readiness.	

**Goal: Strengthen the region’s emergency response readiness.**

OBJECTIVE 1: INCREASE THE REGION'S ABILITY TO DISPENSE EMERGENCY COUNTERMEASURES TO THE PUBLIC THROUGH EDUCATION AND TRAINING.

Strategies	Short-term Performance Targets	Intermediate Performance Targets
1. Participate in statewide functional exercise (date TBD). 2. Conduct a Point of Dispensing (POD) training for regional partners. 3. Participate in the 2016 integrated emergency volunteer training exercise POD planning committee.	1. Increased knowledge and skills to work at a POD. 2. Increased knowledge of the Incident Command System. 3. Point of Dispensing plans updated and reviewed increases preparedness. 4. Maintain and Update Public Health Emergency Response Plans for the 2015 MCM-ORR Technical Assistance Review	