COMMUNITY HEALTH IMPROVEMENT PLAN

Seacoast Public Health Network 2019-2022

Seacoast Public Health Network

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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 in the research, planning, and development of the CHIP. The overall planning, coordination, and publication of the CHIP was guided by the following individuals of the Seacoast Public Health Network:

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INTRODUCTION:

The Seacoast Public Health Network (SPHN) is pleased to share the Community Health Improvement Plan (CHIP) which outlines our public health priorities and goals and objectives for 2019-2022. We greatly appreciate our Public Health Advisory Council (PHAC) members, work group members, and community partners who have provided advice and guidance to develop this plan.

Throughout 2018, the SPHN and its PHAC gathered and reviewed data to inform the selection process, interviewed community stakeholders among diverse sectors, and voted on the priorities using an online survey tool. The SPHN CHIP outlines the region's health priority areas, goals and objectives for the next three years (2019-2022). Our goal is 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.

There are thirteen Regional Public Health Networks (RPHNs) in New Hampshire involving broad public health interests. Partners include: local health departments and health officers, health care providers, social service agencies, schools, fire, police, emergency medical services, media and advocacy groups, behavioral health, and leaders in the business, government, and faith communities. Partners are working together to address complex public health issues. The New Hampshire Department of Health and Human Services (NHDHHS) provides funding to each RPHN for substance misuse prevention, continuum of care development, public health emergency preparedness and support of Public Health Advisory Councils (PHAC).

The Regional Public Health Networks are funded by The New Hampshire Department of Health and Human Services, through the Division of Public Health Services and the Division for Behavioral Health, Bureau of Drug and Alcohol Services.

What is a Community Health Improvement Plan?

The Regional Public Health Networks are tasked every three years with creating a Community Health Improvement Plan and selecting the top five health priority areas. Historically, the NH Department of Health and Human Services (NHDHHS), Division of Public Health Services (DPHS) has taken a lead role in developing the NH State Health Improvement Plan (SHIP). The SHIP highlighted ten key health areas and associated health outcome indicators that reflected the most significant health issues currently facing our population. Its goal was to assist state and community leaders in focusing their work to improve the public's health and to promote coordination and collaboration among public health partners. The strategies that were proposed for each priority were based on evidence and designed to have a high impact on the health of the population.

(SAMHSA, 2015)

Our current process has changed its orientation from a state led initiative to a community led initiative. It is the community driven initiatives that will likely increase buy-in and strengthen the network. Our goal is to promote collaboration with all public health partners to improve the health of individuals, the community, and the overall state of health in New Hampshire.

What is the Public Health Advisory Council?

The role of the PHAC is to advise the Public Health Network by identifying regional public health priorities based on assessments of community health; guiding the implementation of programs, practices and policies that are evidence-based to meet improved health outcomes; and advancing the coordination of services among partners.

"If everyone is moving forward together, then success takes care of itself."
-Henry Ford

GENERAL ROLES OF THE PHAC

- **ASK:** Asking tough questions and challenging ideas about policies and programs
- **ADVISE:** Advising public health system partners and network staff
- **ASSESS:** Assessing the health of the community is a key function of the PHAC
- **ASSURE:** Assuring that programs and services are provided in an appropriate, evidence-based manner
- **ADVOCATE:** Advocating for appropriate, evidence-based public health services and resources

GENERAL RESPONSIBILITIES OF THE PHAC

- Assist in developing structure and procedures to assure efficient council functions and communication
- Attend quarterly meetings and community forums
- Prepare for PHAC meetings through review of meeting packets and advance consideration of questions and discussion points
- Participate in Standing Committees or Task Forces
- Engage and recruit new members and partners
- State conflicts of interest and abstain from voting where applicable

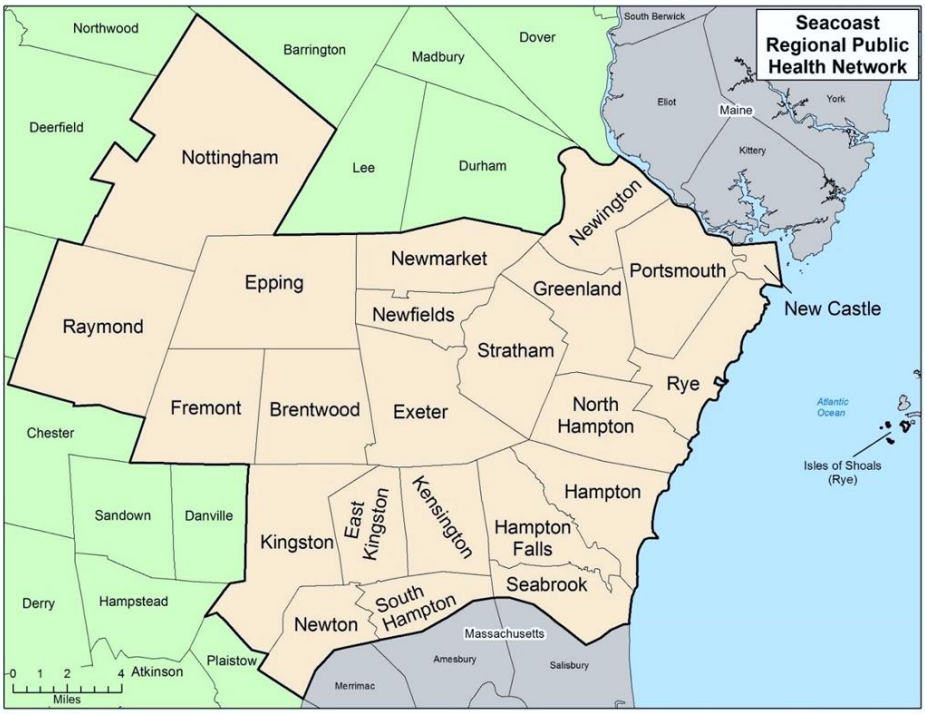
FUNCTIONS OF THE PHAC

- Identify and prioritize regional community and public health needs
- Encourage the development and coordination of appropriate community and public health services and programs
- Encourage, promote, and support community engagement on public health issues
- Advise the Seacoast Public Health Network members on all major policy matters concerning the nature, scope, and extent of community and public health concerns and responses

SEACOAST REGIONAL PUBLIC HEALTH NETWORK

The mission of the Seacoast Public Health Network is to strengthen public health partnerships in emergency preparedness, community health, substance misuse prevention and mental/behavioral health disorders across the life span to better serve our communities.

The Seacoast Public Health region is composed of 23 towns in eastern Rockingham County and serves the approximately 143,000 people living in these communities. The region includes two community hospitals, a rehabilitation hospital, and ten school districts (SPHN, 2018).



Towns Served: Brentwood - East Kingston – Epping – Exeter – Fremont – Greenland – Hampton - Hampton Falls – Kensington – Kingston - New Castle – Newfields – Newington - Newmarket – Newton - North Hampton – Nottingham – Portsmouth – Raymond – Rye – Seabrook - South Hampton – Stratham

COMMUNITY HEALTH IMPROVEMENT PLANNING

Introduction

In 2018 the SPHN and the PHAC engaged community partners in a community health improvement strategic planning process. The purpose 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
- Strengthen community partnerships and collaboration
- Identify emerging issues
- Identify five regional public health priorities
- Develop a Community Health Improvement Plan

Methods: Prioritization Tools and Resources

Representatives from organizations were involved during all stages of the CHIP process. The SPHN coordinated an interactive tutorial on the NH Health Wisdom data program. The participants had an opportunity to work on interactive dash boards that measure health risks and outcomes, public health and chronic disease indicators. The training took place with our partners at the Epping Fire Department. In addition, the PHAC Coordinator provided on-going emerging data released from the Department of Health and Human Services and other sources to ensure that the PHAC and stakeholders were cognizant of data that could assist in making better informed decisions in the selection of the highest health priorities.

Other data sources include: NHPDMI (NH Prescription Drug Monitoring Initiative-State) National Alliance of Mental Illness (NAMI NH,) Centers for Disease Control (CDC), Youth Risk Behavioral Survey (YRBS), The Voice of Young Adults-NH Bureau of Drugs and Alcohol Services (NH BDAS), Community Health Institute (CHI), N.H. Health

Wisdom, Exeter Hospital Community Health Needs Assessment 2016, Rockingham County Health Rankings, Falls Prevention-Foundation for Health Communities NH Falls Risks Reduction Task Force, and the SPHN CHIP Survey in which the PHAC and stakeholders voted on priority areas using an online survey tool.

Results

Table 1 shows the top five choices selected in our survey by the PHAC in response to the question: "From your perspective, please select the top five health priorities in your community. Fifty people participated in the survey. A complete list of all responses to this question can be found in Appendix A.

TABLE 1. Top Five Seacoast Region Health Priorities as Determined by the PHAC.

HEALTH TOPIC	PERCENTAGE RANKED TOP 5
Behavioral Health – Co-occurring conditions	64%
Mental Health - Coping in Schools & Trauma informed care	62%
Family & Social Support (focus on children in single parent households/parents struggling with SMD/sober parenting journey/Teen supports in schools/DBART education – Bystander education)	58%
Suicide prevention	48%
Community Activating/Community Engagement	28%

PHAC members were also asked to indicate their organizations' capacity to participate in a workgroup related to the priorities identified. The results of that question can be found in Appendix B.

Table 2 indicates the answers the PHAC provided to the question: “What are the top three Social Determinants of Health (SDOH) that impact health in the seacoast public health network?”

TABLE 2. Social Determinants of Health ranked by top three, as determined by the PHAC.

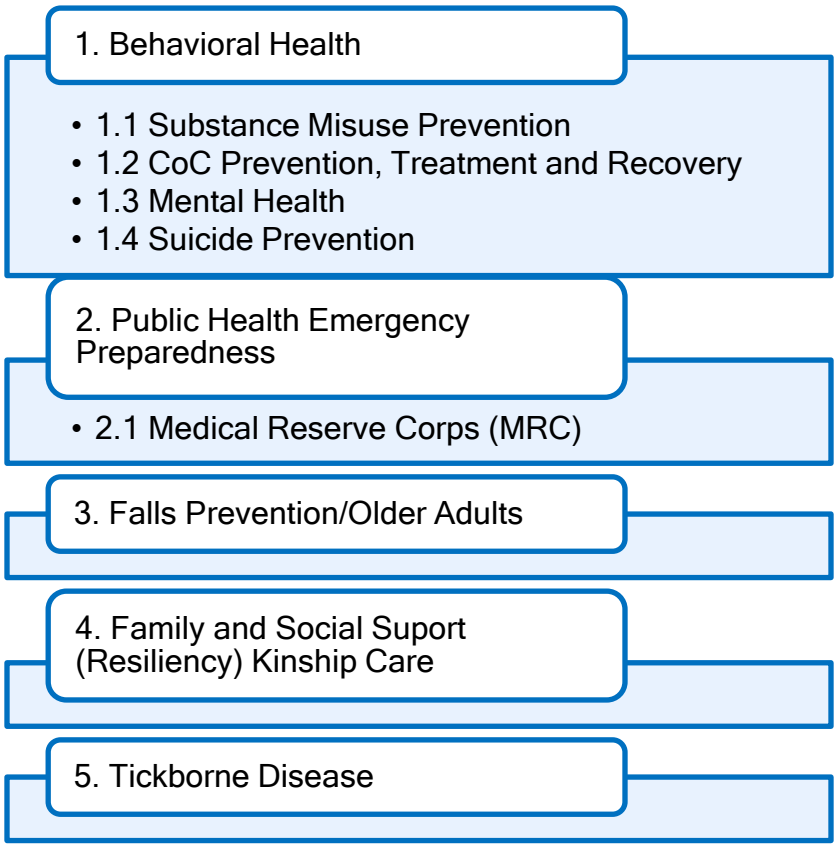
SOCIAL DETERMINANT OF HEALTH (SDOH)	RANKING
Affordable Housing	66.67%
Lack of treatment for Substance Use Disorders/Mental Health disorders	47.92%
Lack of Transportation	37.50%
Lack of support systems	35.42%
Income limitation	31.25%
Lack of insurance and or affordability of Insurance	27.08%
Access to care and or medication	18.75%
Health Equity	12.50%
Lack of work skills/Education	8.33%
Food Scarcity and or Food desert in my community	4.17%
Lack of recreational activities (parks, trails, sidewalks, etc.)	4.17%
Other (please specify)	2.08%

The PHAC and various community stakeholders worked with the SPHN throughout 2018 to review their organizational data and community surveillance too ascertain emerging concerns in the last three years. A variety of methods were utilized to help identify trends and other health issues impacting communities at large through structured interviews, coalition forums, focus groups and continuum of care asset & gaps analysis.

An online survey (see appendix A) was utilized to expand to a wider audience which included a selection of the top five health priorities and the social determinants of health. The results were presented to the PHAC and community stakeholders at a CHIP strategic planning meeting which included discussion about the proposed health priority areas. As a result of this strategic planning meeting, the PHAC concurred that the process was comprehensive and a consensus was reached to move forward with the 2019 CHIP. The CHIP was approved by the PHAC.

Community Priority Areas

Considering the three mandated priority areas of Public Health Emergency Preparedness, Continuum of Care (CoC), and Substance Misuse Prevention (SMP), the top five public health priority areas were combined and organized into the following five priority areas, listed below:



PRIORITY AREA 1: BEHAVIORAL HEALTH

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), many factors influence a person's risk of developing a mental and/or substance use disorder. Effective prevention focuses on reducing those risk factors and strengthening protective factors that are most closely related to the problem being addressed. Applying the Strategic Prevention Framework (SPF) helps prevention professionals identify factors having the greatest impact on their target population. (SAMHSA, 2017). "Risk factors are characteristics at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of negative outcomes. Protective factors are characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact. Protective factors may be seen as positive countering events (SAMHSA, 2016)."

TABLE 3. Percent of high school students who report they felt sad or hopeless almost every day for 2 or more weeks in a row so that they stopped doing some usual activities (during the 12 months before the survey) (grades 9-12) (CDC, 2017)**.**

High Schoolers (grades 9-12)	New Hampshire	United States
Total	28%	31%
Male	19%	21%
Female	38%	41%

1.1 SUBSTANCE MISUSE PREVENTION

The Substance Misuse Prevention Coordinator (SMP) in each RPHN is tasked with assuring that their region has adequate prevention resources to protect and improve the health of the public. The following are some of the roles of the SMP Coordinator.

ROLE 1: To engage the six core sectors in prevention. The six core community sectors are business, community supports, education, government, health/ medical and law enforcement/safety. Each sector is impacted by substance use and has the potential to address substance misuse through the adoption and implementation of prevention

Initiatives specific to setting. It also provides knowledge and awareness of available prevention programs and services.

ROLE 2: To build a community's capacity to address substance misuse.

ROLE 3: To raise awareness and provide community-level information with the long-term aim of changing social and cultural norms.

ROLE 4: To compile, share, and use data and research for decision making.

The following are examples of activities that a SMP coordinator may carry out to build a community's capacity to address substance misuse:

- Assist with local coalition development by facilitating the application of the Strategic Prevention Framework.
- Provide school administration or a school board member with technical assistance and support to determine which prevention curriculum to use in their schools.
- Create and disseminate newsletters and issue briefs to community stakeholders related to current and emerging issues.
- Attend local health fairs and provide resources and information to the general public surrounding substance misuse prevention, treatment, and recovery.

GOALS, OBJECTIVES, AND STRATEGIES:

GOAL 1: Strengthen the capacity of the Seacoast Public Health Network to address substance misuse.	
OBJECTIVE 1: Increase density among Seacoast Public Health Network SMP partners by increasing networking opportunities to exchange resources and information and build knowledge and skills. **OBJECTIVE 2:** Increase regional network member participation in prevention related network initiatives	**STRATEGY 1:** Regional Network System Facilitation **STRATEGY 2:** Community Education and Trainings
GOAL 2: Decrease the % of youth 12-18 using prescription opioids without a prescription (1-2x in 30 days) from 5.9% to 5.4% (YRBS) **GOAL 3: Decrease the % of young adults 18-25 using prescription opioids without a prescription from 7.2% to 6.4% (YAS)**	
OBJECTIVE 1: Decrease ease of access to prescription medication through friends and family in the seacoast public health region by 10%	**STRATEGY 1:** Collaboration **STRATEGY 2:** Community Education and Trainings
GOAL 4: Decrease the % of youth (12-19) reporting binge alcohol use in the previous 30 days by 5% (YRBS)	
OBJECTIVE 1: Increase perception of harm in drinking 5+ drinks once or twice a week in youth 12-19 from 41.4% to 46.4% (YRBS) **OBJECTIVE 2:** Decrease percentage of youth reporting "very easy" access to alcohol from 36.1% to 31.1% (YRBS)	**STRATEGY 1:** Community Education & Training **STRATEGY 2:** Collaboration Update current RPHEA* and appendices to reflect new planning framework.
GOAL 5: Decrease the % of youth reporting past 30-day use of marijuana use (1-2x) from 7.8% to 7.3% (YRBS)	
OBJECTIVE 1: increase the % of youth reporting great risk of harm in using marijuana 1-2x per week from 18% to 23% (YRBS) **OBJECTIVE 2:** Decrease the % of youth reporting age of first use of marijuana was 15-15 years old from 16.2% to 11.2% (YRBS)	**STRATEGY 1:** Environmental **STRATEGY 2:** Community Education and Trainings

GOAL 6: Address emerging issues facing our region as they are presented by data trends and community stakeholders	
OBJECTIVE 1: Decrease the number of regional heroin and opioid related emergency room visits by 5% (NH DMI) **OBJECTIVE 2:** Decrease the number of seacoast high schoolers reporting past 30-day use of an electronic vapor product from 27.5% to 22.5% (YRBS)	**STRATEGY 1:** Collaboration **STRATEGY 2:** Community Education and Trainings

*RPHEA = Regional Public Health Emergency Preparedness Annex

1.2 CONTINUUM OF CARE: PREVENTION TREATMENT AND RECOVERY

The NH Department of Health and Human Services supports whole-person and whole-community approaches to improving safety, well-being, and positive health outcomes. In coordination with this approach, the NH Bureau of Drug and Alcohol Services (BDAS) is committed to developing comprehensive, effective, and accessible continuum of care in every region of the state that includes prevention, identification and early intervention, treatment and recovery supports and is integrated with primary and behavioral health. The COC Facilitator introduces a framework that encourages communities to support resilience and recovery and to lay the foundation for public health regions to begin to address the gaps in the continuum over time.

Guided by their Continuum of Care (CoC) Facilitator, each region has convened subject matter experts and other partners to complete an assets and gaps scan of substance use disorder (SUD) services to look at the number and type of SUD services, perceived gaps in SUD services, barriers to coordination, and other areas of concern that need to be addressed. The assets and gaps scan will be an ongoing process and will include sharing and dissemination of the information with concerned partners and communities. The role of the CoC facilitator has evolved over time based on funding, the data, evolving systems, and the needs of the community. The CoC has engaged in an active

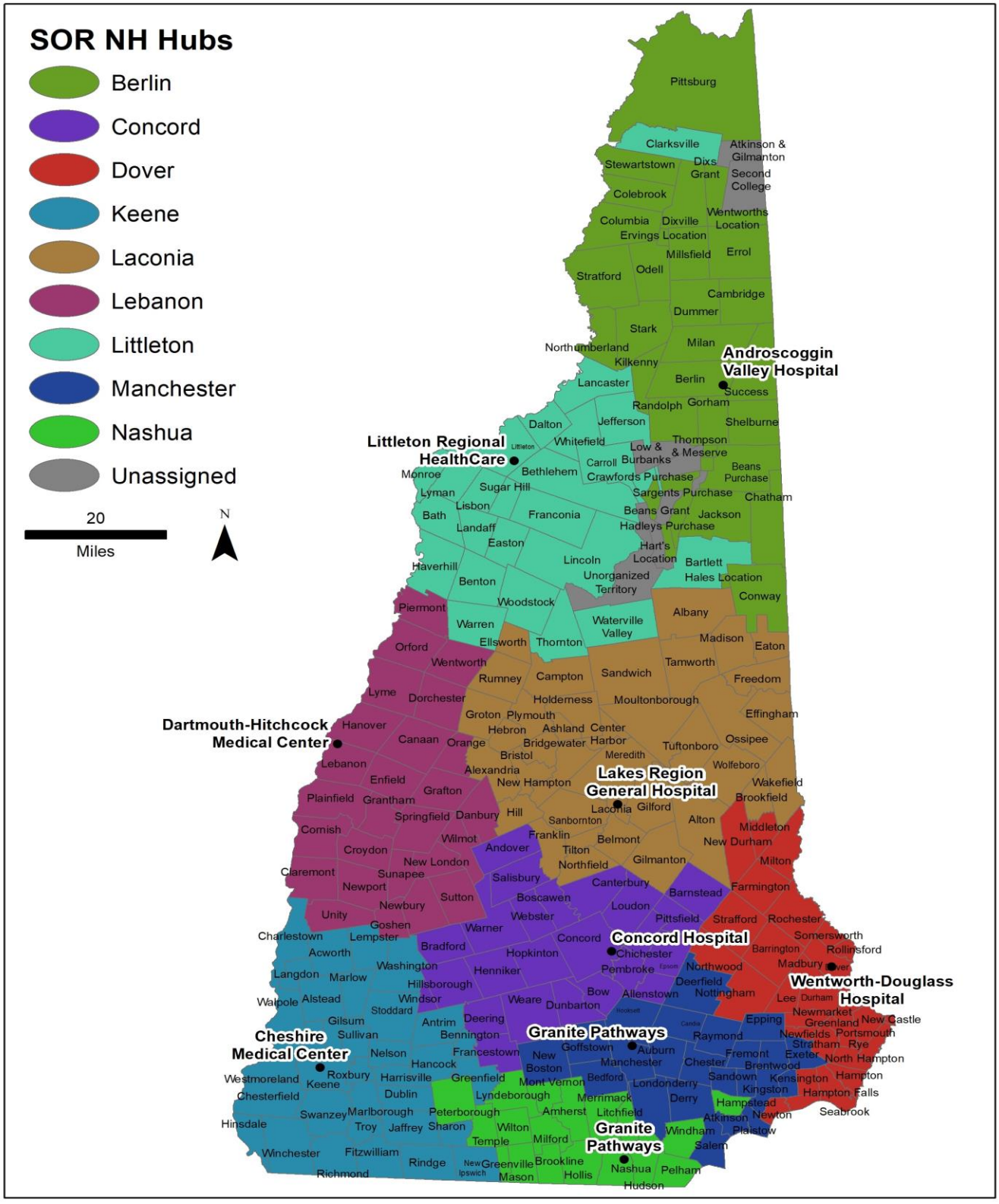
collaboration with the Integrated Delivery Network (IDN). The IDN is a state-wide regional Medicaid demonstration project to improve access and quality to mental health services and integration of mental health, substance use disorder treatment and integration of physical and behavioral care, with focus on improving transitions of care). Region 6 IDN (aka-Connections for Health) includes Seacoast Public Health Region and Strafford County.

The NH Doorway model, also known as the Hub (often a Hospital or health agency) and Spoke (the treatment and recovery support organizations) are no more than one hour away from the person's home town. A person in need calls 211 and can access a professional therapist to provide a screening over the phone or in person. The model is client centric and they decide where and what kind of treatment they desire. The model focuses on people who need assistance with Opioid Use Disorders but any drug and or alcohol use disorders will be treated. In addition, each doorway may disseminate Naloxone nasal kits for any client in need and or community agency with in the Doorway area. For more information visit https://www.hhs.gov/about/news/2018/09/19/hhs-awards-over-1-billion-combat-opioid-crisis.html

Doorway Services:

- Screening and evaluation
- Treatment, including Medication Assisted Treatment
- Prevention, including naloxone
- Supports and services to assist in long-term recovery
- Peer recovery support service

The State Opioid Response NH Hubs Map



1.3 MENTAL HEALTH

The NH 2019 ten-year Mental Health Plan is committed to improving access to care and strive for an integrated continuum of care across the life span.

Throughout the Seacoast Public Health Network communities spoke loud and clear through their coalitions, partner/stakeholder meetings, schools, law enforcement, and health and business sectors that there is a great need for family support, early intervention of mental and behavioral health and substance misuse disorders. It is vital that we also examine the social determinants of health that often are the barriers that inhibit progress towards recovery even with appropriate treatment. The plan of care must be holistic, comprehensive and client centric for maximum efficacy (SAMHSA, 2017).

1.4 SUICIDE PREVENTION

The alarming mortality rate from death by suicide among youth, young adults and those across the life span has spurred many entities from all sectors to take urgent action. The NH Bureau of Drug and Alcohol Services (NHBDAS) has provided funding to launch evidence-informed young adult strategies with the goal to reduce risk factors while enhancing protective factors to positively impact healthy decisions around emotional health, substance misuse prevention, and suicide among their peers and other stakeholders. The SPHN has been active with the implementation of the NAMI Suicide prevention program “CONNECT,” that engages young people to learn the signs and symptoms of suicide and decrease stigma around mental/behavioral health care (Connect, 2019) The goal is to implement a train the trainer pool of young adult leaders who disseminate peer to peer evidence-based suicide prevention through a message of hope that helps mitigate the shame and stigma around mental health treatment.

GOALS, OBJECTIVES, AND STRATEGIES:

GOAL 1: Strengthen the capacity of the Seacoast Public Health Network to prevent death by suicide:	
OBJECTIVE 1: Increase youth and young adults peer to peer education by providing three train the trainer evidence base programs from July 1 2018 thru June 30 2019 that teaches the warning signs of the risk of suicide and mental health depressive/anxiety symptoms. **OBJECTIVE 2**. Collaborate thru the SPHN PHAC and other community organizations who provide suicide prevention training/mental health first aid education to pool resources to increase capacity and sustainability.	**STRATEGY 1:** Community Education and NAMI/other trainings. **STRATEGY 2:** Health Promotion
GOAL 2: Increase anti-stigma education regarding mental health and suicide by 3% of youth (12-17) and young adults (18-25)	
OBJECTIVE 1: Disseminate and support mental health and substance misuse anti-stigma education through social media, local coalitions and Suicide prevention efforts throughout the SPHN.	**STRATEGY 1:** Health promotion, Sharing in community of practice

PRIORITY AREA 2: PUBLIC HEALTH EMERGENCY PREPAREDNESS

The Seacoast Public Health Emergency Preparedness (PHEP) Network has been in establishment since 2007 and includes emergency management directors, fire/police personnel, hospital emergency preparedness coordinators, health officers as well as other community partners. 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 (RPHEA) provides the regional plans indicating how the region will respond to an emergency including activation, operations, and demobilization. During the activation phase of an emergency, the Seacoast Public Health Emergency Preparedness (PHEP) would set up our 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 for the region during a public health incident.

The region has an inventory of regional assets such as medical supplies, cots, blankets, wheelchairs, office supplies, signage and other items that would be needed in setting up a shelter, a point of dispensing (POD) site, or an alternate care site (ACS). The region has identified six POD sites and 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 could be activated to assist towns.

Seacoast regional PHEP data originates from the 2013 Behavioral Risk Factor Surveillance Survey (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 4).

TABLE 4: 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
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
Seacoast	(n=433)	98,936	29.1	52.3	18.6

In response to this 2013 data, we have ongoing initiatives to provide family emergency preparedness classes to help the community become better prepared for emergencies. Classes are taught at town libraries, senior centers, housing authorities, food pantries. We also provide emergency preparedness information at events across the region.

GOALS, OBJECTIVES, AND STRATEGIES:

GOAL 1: Provide leadership and coordination to improve regional emergency response plans and the capacity of partnering entities to mitigate, prepare for, respond to and recover from public health emergencies.	
OBJECTIVE 1: By June 30, 2019, the PHEP Manager will engage 65% (15 out of 23) municipalities in regional PHEP activities.	**STRATEGY 1:** Maintain a core group of regional preparedness partners that are significantly engaged in PHEP activities.
GOAL 2: U**nderstand and assess the hazards and social conditions that increase vulnerability within the public health region.**	
OBJECTIVE 1: Enhance the Seacoast Public Health Region's knowledge and response to assess the potential impact of hazards on the health care, behavioral health, and public health systems and to identify risk mitigation strategies that could reduce hazard impacts.	**STRATEGY 1:** Conduct a hazard Vulnerability Assessment with partners that will identify potential mitigation strategies.
GOAL 3: Maintain the regional public health emergency annex (RPHEA) based on guidance from DPHS; disseminate, educate, and train partners on the RPHEA to ensure a coordinated response to emergencies.	
OBJECTIVE 1: By June 30, 2019, with partner input, adapt current RPHEA to new template provided by DPHS. **OBJECTIVE 2:** By June 30, 2019, update RPHEA and appendices to meet recommendations from prior operational reviews.	**STRATEGY 1:** Update current RPHEA and appendices to reflect new planning framework.
GOAL 4: Conduct emergency drills and exercises in order to meet the CDC's medical countermeasure (MCM) requirements. **GOAL 5: Participate in drills and exercises conducted by other regional entities as appropriate.** **GOAL 6: Participate in statewide drills and exercises as appropriate and as funding allows.**	
OBJECTIVE 1: By May 31, 2019 conduct at least 3 drills in order to meet CDC's MCM requirements. **OBJECTIVE 2**: Completion and documentation of the Assessment Tool.	**STRATEGY 1:** Engage partners to participate in 3 different drills (MACE staff notification, assembly and set up) to meet MCM requirements.

2.1 SEACOAST MEDICAL RESERVE CORPS

The Seacoast Medical Reserve Corps (MRC) is a team of trained medical and non-medical volunteers who support and assist local first responders in sheltering needs, public health emergencies, and other disasters. The mission of the MRC is to engage volunteers to strengthen public health, emergency response and community resiliency.

The Seacoast MRC is one of 13 units in New Hampshire, with more than 1,000 across the country. We have over 150 members in our database with a wide range of skills and experience, including non-medical personnel.

Volunteers learn vital skills to take care of themselves, family members and neighbors during an emergency and provide critical help to local emergency responders. Additionally, volunteers provide support during community events and help promote preparedness throughout the seacoast region.

Functions of the Seacoast MRC include: helping at a road race by giving water or first aid, providing support at a shelter, educational outreach to local and regional groups, assisting at a vaccination clinic or Point of Dispensing site, participating in exercises or drills with First Responders such as Active Shooter or the Pease Airport Drill, and providing support at the Pease Oil Spill Drills or the Sail Portsmouth Tall Ships. Our unit has also responded to events outside of our region. We provide CPR and First Aid Training, You Are the Help Until Help Arrives training, and a 20-hour CERT (Community Emergency Response Training) on an annual basis. The team meets monthly for training and updates.

GOALS, OBJECTIVES, AND STRATEGIES:

GOAL 1: Recruit, train, and retain volunteers to assist during emergencies, with a priority on individuals from the health care sector.	
OBJECTIVE 1: Increase the number of volunteers in the Seacoast MRC by June 2019 by 2%.	**STRATEGY 1:** Provide leadership and coordination in engaging the Seacoast MRC volunteers.
GOAL 2: Coordinate and train MRC volunteers.	
OBJECTIVE 2: Increase knowledge and skills of volunteers	**STRATEGY 1:** Participate in quarterly NH CERT/MRC Coordinator's meetings **STRATEGY 2:** Engage MRC volunteers to participate in monthly trainings.
GOAL 3: Recruit and retain healthcare personnel to the seacoast MRC team.	
OBJECTIVE 3: Recruit ten new volunteers from the healthcare sector	**STRATEGY 1:** Conduct outreach to healthcare agencies.
GOAL 4: Conduct a training of the FEMA program "You Are The Help Until Help Arrives."	
OBJECTIVE 1: Increase knowledge and skills of participants	**STRATEGY 1:** Teach basic skills to keep people with life threatening injuries alive until professionals arrive. **STRATEGY 2:** Use simple and effective skills to save lives. Communicate 911 operations effectively. **STRATEGY 3**: Act to protect the injured from further harm. Position the injured. Stop life threatening bleeding. Provide emotional support.
GOAL 5: **Notify volunteers at the time of an incident using multi modes of communication.**	
OBJECTIVE 1: Exercise notification and documented responses recorded after Action Report completed	**STRATEGY 1:** Using the NH Responds System, notify volunteers via email/phone/SMS asking for availability to respond.

PRIORITY AREA 3: FALLS PREVENTION/ OLDER ADULTS

Falls are the leading cause of both fatal and non-fatal injuries for New Hampshire residents age 65 and older. Approximately one hundred-and-five Granite State seniors die every year due to a fall. This rate has remained the same over the past 10 years. 20-30% 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.

The SPHN CHIP Falls Prevention committee is a diverse and dedicated group of stakeholders with expertise in falls and injury prevention.
Our motivated volunteers take action through education within the region. The workgroup's objectives were developed through a community-based process and data analysis to prioritize the most pressing issues based on the region's needs. The Falls Prevention committee has remained very active over the past year to increase the awareness of individual fall risk among:

- Seniors
- Providers
- Individuals with disabilities
- Caregivers

"1 in 4 Americans aged 65+ falls each year." ***~National Council on Aging***

The seacoast is addressing this health priority by instituting and supporting programming that has multicomponent fall prevention interventions. This best practice combines preventative and educational aspects such as strength/balance, medication management, and safety in order to reduce the risk of falls.

New Hampshire Falls Facts:

- 2016 NH Census 1,334,795
- 17% NH residents are 65 = 226,915
- 1/3 of 65+ NH residents fall annually = 75,638
- Average cost per fall $16,667
- Annual cost for NH falls = $1.26 billion

Falls are the leading cause of unintentional injury deaths among people 65-85+ with 210 deaths (CDC, 2016). There were 12,045 older adults treated for fall related injuries in emergency departments and hospitals (WISQARS2). Total approximate cost for NH older adult hospitalizations (inpatient and emergency departments) was $416.5 million (WISQARS3). Combined cost related to older adult injury deaths (ages 65+) in New Hampshire total $33,576,000, including the cost of work lost (WISQARS3). For those hospitalized for falls, approximately 68% of the falls occurred in or near the home and 18.6% at a residential institution. Approximately 33% of hospitalizations for falls were due to fracture and 15% was due to traumatic brain injury (WISQARS4 and NHUHDDS5).

- Annual number of deaths from falls: 210 (WISQUARS)
- Annual number of hospital admissions due to falls: 2,220
- Annual number of emergency department visits due to falls: 9,825 (WISQUARS)

As the population ages, the impact and cost of fall-related deaths and injuries will increase dramatically unless funding is increased to address the issue (New Hampshire Falls Risk Reduction, 2017).

GOALS, OBJECTIVES, AND STRATEGIES:

GOAL 1: Increase Fall Prevention Trainers in Matter of Balance (MOB) and other Evidence-Based trainings by 3%	
OBJECTIVE 1: Increase Fall Prevention Trainers/Coaches in Matter of Balance (MOB) and other Evidence-Based trainings by 3%	**STRATEGY 1:** Continue to convene a community partner led regional injury prevention workgroup to guide planning and execution of objectives. **STRATEGY 2:** Identify evidence-based risk assessment tools. **STRATEGY 3:** Utilize partner agencies' social media and marketing that focus on fall prevention tips and stigma. **STRATEGY 4:** Increase Screen, Assess, and Intervene (STEADi) assessment at community health events.
OBJECTIVE 2: increase awareness of evidence-based fall prevention programs among seniors, individuals with disabilities, providers and caregivers.	**STRATEGY 1:** Identify evidence-based fall prevention programs. **STRATEGY 2:** Assess evidence-based fall prevention programs. **STRATEGY 3:** Collaborate with bordering regions (EX: South Central) to maximize limited resources. **STRATEGY 4:** Create partnerships with youth and young adults to assist in disseminating information. **STRATEGY 5**: Utilize SPHN networks to partner with diverse sectors
OBJECTIVE 3: Increase senior, provider and caregiver awareness about medication related fall risk.	**STRATEGY 1:** Identify and assess education about prescription medication management strategies. **STRATEGY 2:** Recruit and retain pharmacy subject matter expertise to injury prevention workgroup.

PRIORITY AREA 4: FAMILY AND SOCIAL SUPPORT

Family and Social Support is a broad priority that encompasses the needs of children, youth, adults, and families. The SPHN will engage partners to leverage resources to meet the needs of these gaps. Key areas of intervention include building resiliency through training and resource dissemination.

"The table below illustrates that young adults generally prefer to turn to friends/peers over parents when they are experiencing serious personal problems. However, over half (51.3%) of all respondents selected "parent or guardian" as who they would talk to about serious problems. The key message here is that family and peer support is instrumental to the health and well-being of young adults NH (BDAS, 2017)."

TABLE 5: Who young adults would prefer to talk to about serious personal problems.

WHO TO TALK TO ABOUT SERIOUS PROBLEMS	N (UNWEIGHTED)	%
Friends	2572	62.8
My significant other	2550	56.1
Parent or guardian	2134	51.3
Other family member	1245	29.3
Some other person	787	19.1
There is nobody I can talk to	177	4.8

NH BDAS has implemented a multi-strategy level approach to address the needs of young adults in high-risk, high-need communities. In 2015 the "Voices of New Hampshire Young Adult Assessment" (BDAS, 2017) was undertaken in partnership by the RPHN's and the Community Health Institute (CHI) to gather data on the status of young adults (18yr-25yr) in NH. NH BDAS responded to the results expressed by young adults and implemented the Young Adult Strategy grant to help meet the needs of college students, young adults in the workplace, young adults who are parents and young adults in transition.

The SPHN chose an evidence-based training called *Resiliency and Thriving* (Bennett, 2019), from the *Organizational Wellness Learning Institute* (OWLS, 2017) and the *National Wellness Institute* (NWI). Dr. Bennett and OWLS have been recognized and supported by SAMHSA and the U.S. Surgeon General for its evidence-based research. The goal and objective of the training is to educate young adult employees to be leaders who can instruct their peers on resiliency skills, health mindfulness, self-examination, and

> **"Resilience is the process of bouncing back from adversity and continually learning and growing."**
>
> ***-Dr. Joel Bennett, PhD***

the risks of substance misuse. These interventions are part of a work wellness culture that can help mitigate anxiety, depression and substance misuse thru peer to peer support and compassionate care from their employers. In return, business owners can improve their productivity, reduce absenteeism, and ultimately create a culture of team wellness where employees can thrive at the workplace. A win-win for all.

Over time the state and various community sectors have united to develop innovative systems of care with transitional support to help families and individuals sustain recovery from SUD and mental health disorders (MHD).

The scope and diversity of services is expanding to meet the individual's needs of where they are at and equally important address the social determinants of health that can often impact a person's recovery when not addressed. (NEJM Catalyst, 2017)

Vital elements of the system are guided by the premise that stigma can be a barrier to care and families are often neglected. The diversity of support systems (Ex: Community Recovery Workers, transitional care coordination and family education) have increased exponentially. Although substance misuse is often complex, early intervention with youth

and children are paramount to mitigating the risk factors of those who may have a vulnerability to behavioral health and or substance misuse disorders. The SPHN survey also identified serious health priorities across the lifespan that have been unheeded for several years. Community stakeholders have urgently noted the lack of a comprehensive approach has augmented the unmet needs of children/youth in single parent households, parents struggling with substance misuse, (specifically the rise of Opioid Use Disorder (OUD), teen support in schools and the high rise of kinship care in the state of NH. The SPHN will work with our partners to create a regional information resource guide to assist relative caregivers in need of help to determine what the best options for them are and the children involved. In NH, there is more than 10,000 children living in grandparent-headed households and over 4.500 grandparents reporting that they are responsible for their grandchildren who live with them.

GOALS, OBJECTIVES, AND STRATEGIES:

GOAL 1: Strengthen the capacity of the Seacoast Public Health Network to address resiliency building.	
OBJECTIVE 1: Increase regional network member participation in resiliency related network initiatives.	**STRATEGY 1:** Community Education and Trainings.
GOAL 2: Increase health consciousness among young adults aged 18-25 who are employed in the hospitality industry	
OBJECTIVE 1: Reduce stress and unhealthy habits in young adults. **OBJECTIVE 2:** Increase resiliency, communication skills and on-the-job teamwork in young adults.	**STRATEGY 1:** Deliver Team Resilience program to young adults aged 18-25 employed in the hospitality industry.
GOAL 3: Increase availability of training and other resources to enhance family and social support.	
OBJECTIVE 1: Increase knowledge about community resources for family and social support. **OBJECTIVE 2:** Increase availability of Bystander Education (anti-bullying).	**STRATEGY 1:** Identify community resources for family and social support**.** **STRATEGY 2:** Deliver Bystander Education.

PRIORITY AREA 5: TICKBORNE DISEASE

The prevention and treatment of tick related health impacts is known to be an important issue for seacoast residents and health professionals. The SPHN proposes to address the issues of expanding tick habitat, tick safe practices and other aspects of how to prevent Tickborne Disease (TBD). This Plan of Action summarizes the proposed activities of a training and outreach project to address tick-safe practices and related health impacts in the seacoast region from January 2019 through June of 2020.

PROBLEM STATEMENT: The Northeastern US climate is becoming warmer, wetter, with more severe weather events and rising sea levels. Expansion of tick habitat, a longer tick season, and greater exposure to tick bites and related pathogen contribute to these changes in land uses like more suburbs expanding into forest areas have also increased tick habitat and exposure to the pest. Greater tick activity has increased mental stress and emotional worry about the potential for tick bites and health problems. Regarding health impacts, once a tickborne infection begins, there is the personal burden of illness and suffering, as well as, the rising social costs of medical treatment and environmental control of ticks. In addition, there are many public misunderstandings regarding the science of how to prevent and treat the acute tickborne infections versus any associated chronic illness.

THEORY OF CHANGE: People can adapt to changing climate conditions and related health impacts via education, environmental controls, supportive policies, and other actions. Education and behavior change theories to be explored include the Health Belief Model that has been proven effective to influence the confidence to act and feelings of self-efficacy to reduce the risk of tick bites. Environmental science and recent research literature demonstrate that changes in landscaping and pest management can reduce exposure to ticks and may reduce related disease. Change in policies can also influence

human risks by creating default decisions (i.e. use of insect repellents) or improve landscaping to help reduce or avoid tick habitat along the forest edge.

The Seacoast PHN Emergency Preparedness Manager with the assistance of the Seacoast PHN Public Advisory Council (PHAC) established a tickborne disease and tick-safe workgroup to guide the development and implementation of a Plan of Action. Members of the workgroup participated in State of NH led trainings as well as informational meetings with subject matter experts within New Hampshire Division of Public Health Services. The workgroup also reached out to staff in the Tick-Free NH project. The training and informational meetings allowed workgroup members to review similar projects that were implemented in other areas of the state and to identify the interventions outlined in the Plan of Action. Seacoast PHN staff met with area infectious disease specialists to identify a clinical champion with the knowledge and of diagnosis and treatment of tickborne diseases. Additionally, staff met with the UNH Cooperative Extension to identify subject matter experts with knowledge of prevention and control measures that reduce tick habitat and exposure to tickborne diseases. Lastly, staff met with camp administrators to discuss the project, gain buy in for participation, and identify specific camp needs related to the topic.

The Plan of Action outlines the following interventions to address the relationship between rising temperatures and increased exposure to ticks due to expanding tick habitat and a longer tick summer season. The specific five (5) interventions include:

1. Education and training of adult counselors or caregivers at after-school programs and summer camps to instruct others in tick-safe knowledge, skills and abilities.
2. Education of youth participating in school or camp programs (by the adult counselors).
3. Policy change related to insect repellant use by targeted camps and after-school programs.
4. Environmental control measures to reduce tick habitat by targeted camps and after-school programs.

5. Continuing Medical Education (CMEs) for clinicians on prevention and the timely diagnosis and treatment of tickborne diseases.

Given limited financial resources, the interventions were selected as complementary, cost effective strategies that also promote cost sharing with camp and after-school organizations. The train-the-trainer model expands opportunities to deliver health messaging about prevention of tick-borne diseases to youth and their caregivers. The value of implementing camp/school repellant policies is reinforced by health education and when combined ensure greater compliance with a primary protective factor. The environmental control measures encourage cost sharing among organizations wherein one organization provides an expert assessment and recommends changes to reduce tick habitat and the other organization implements the recommended changes (either at their expense or partially subsidized). Lastly, the use of a clinical champion and other subject matter experts ensures that the proposed interventions are viewed as credible by the target audiences for this project.

In regard to the evaluation plan, a more complete description of ways to measure the effectiveness of the proposed interventions will be developed. The final product is expected to be a brief written summary of the measurement tools for each of the interventions. Examples may include a set of training pre-post assessments that measure knowledge, skills or abilities (i.e. confidence) to use the new information. Other examples could include pre-post measures of any policy impacts, or pre-post measures of tick abundance in relation to landscape changes.

The original proposal for project funding identified the need for health education on the topic of tick-borne diseases. Through the planning process, the project workgroup identified the need for complementary behavior change and policy focused strategies to support the health education activities – namely promotion of insect repellant policies and identification of potential changes to habitat in and around camps. The initial discussions with camps (and after-school programs) revealed strong interest and

commitment to participate in the pilot project – especially related to increasing knowledge of environmental control measures.

In order to advance the pilot interventions in a timely and fiscally responsible manner, Seacoast PHN staff will need to work closely with UNH Cooperative Extension to develop and validate an assessment tool for identifying risks and recommending changes to reduce tick habitat and to develop and implement the tick-borne diseases prevention training.

GOALS, OBJECTIVES, AND STRATEGIES:

GOAL 1: Within 2 years, reduce the opportunities for exposure to tick-borne diseases among youth and their caregivers and increase awareness of tick-borne diseases among clinicians in high risk areas of the Seacoast Public Health Network (PHN).	
OBJECTIVE 1: By May 2019, use an education intervention to increase by 10% after-school educators' knowledge levels of tickborne diseases prevention strategies in high risk areas of the Seacoast PHN. By June 2019, increase by 30% camp counselors, nurses, and staff knowledge levels of tickborne diseases in high risk areas of the Seacoast PHN. **OBJECTIVE 2:** By June 2019, use a policy intervention to engage with 50% of camps and after-school programs that are participating in the pilot project will have insect repellant policies. **OBJECTIVE 3:** By March 2019, increase by 10% the number of health care providers (MD, PA, ARNP, etc.) in the NH seacoast who have completed a CEU module on tick-borne disease. **OBJECTIVE 4:** By June 2019, use an environmental control intervention to engage with 50% of the camps and after school programs to identify locations of higher risk tick habitat and develop a written plan to reduce them or restrict access with environmental controls such as landscaping or integrated Pest Management (IPM) practices.	**STRATEGY 1:** Partner with trusted and respected role models for children and families (teachers, counselors, clinicians) to convey information and encourage participation. **STRATEGY 2:** Utilize venues where children are already gathered for purposes of learning or recreation to begin process of behavior change and/or reinforcement. **STRATEGY 3**: Create, wherever possible, opportunities for parents/ guardians/children to automatically comply rather than having to choose to comply with protection actions. **STRATEGY 4:** Create an environment that reduces opportunities for youth to come into contact with ticks and involve maintenance staff in those plans.

Summary

The SPHN Community Health Improvement Plan was developed through community feedback, data, survey and our PHAC members. This is an evolving document that will require a collective effort from all sectors of the community and diverse partners. Our work plans will serve as a guide that can be modified as the environment changes. Community surveillance and data will guide us to apply the right evidence-based strategies that make sense for families and communities throughout the seacoast.

The state of NH system of care has seen numerous fluctuations in a relatively short period of time. As with all systems there will be modifications as the environment and needs change.

There is optimism that we can improve the health of the community. Several pioneering outcomes are ascending throughout the continuum of health care. This includes an Integrated Delivery Network System with emphasis on a consumer centric care that adds vital support during critical care transitions, to creative methods to treat and recover from substance misuse and mental/behavioral health disorders. The traditional history of a “cookie cutter” approach to treatment and recovery is becoming obsolete. People now have options such as holistic approaches to chronic pain and stress, medication assisted treatment that follows the medical model, recovery options that have broken the mold of “You can only get well with traditional 12 step models” or abstinence. Although these programs still serve many there has always been a need to offer diverse and inclusive options for everyone on a recovery path.

We have incredible talent, drive and commitment from our local coalitions whose consistent work has been strengthening families and children for several years. As a community it’s a worthwhile investment to sustain this important asset which is paramount to prevention outcomes.

Our stakeholder survey revealed the top five health priorities are a great concern to our region. Many have shared that it’s unacceptable that so many young and others across the life span have succumb to death by suicide and Opioid/Fentanyl overdose. Together we will make the seacoast region attractive not just for its natural beauty but for its people who are dedicated to making this a healthier area for all to thrive!

Appendix A

Top Five Health Priorities as Determined by the PHAC:

HEALTH TOPIC	PERCENTAGE RANKED TOP 5%
Behavioral Health – Co-occurring conditions	64%
Mental Health - Coping in Schools & Trauma informed care	62%
Family & Social Support (focus on children in single parent households/parents struggling with SMD/sober parenting journey/Teen supports in schools/DBART education – Bystander education)	58%
Suicide prevention	48%
Community Activating/Community Engagement	28%
Climate Change and Pollution (Water Quality, Food Production, Recycling using a policy systems development approach)	26%
Resiliency building	26%
Healthy Living – Food Insecurity	24%
Falls Prevention & evidence-based practices	22%
Transitions (inpatient to community)	18%
Stigma	12%
Harm Reduction	8%
Oral Health	8%
Transitions (incarceration)	8%
Environment & Recreation	6%
Healthy Living – HEAL strategic plan	4%
Sexually Transmitted Diseases/Infections (i.e. Chlamydia, Gonorrhea, HPV)	4%
Transportation	28%
Other*	16%

*Other priorities include: Tobacco use, bullying, opioids, family violence, needs of the developmentally disabled, and affordable housing for families

Appendix B

"Please indicate your capacity to participate in a workgroup related to the priorities you identified."

Topic	No Capacity	Limited Capacity	Some Capacity	Significant Capacity	Total	Weighted Average
Climate Change and Pollution	55.81% 24	27.91% 12	11.63% 5	4.65% 2	43	1.65
Community Activating/ Engagement	28.57% 12	30.95% 13	26.19% 11	14.29% 6	42	2.26
Environment and Recreation	51.22% 21	34.15% 14	14.63% 6	0.00% 0	41	1.63
Falls Prevention	42.50% 17	20.00% 8	25.00% 10	12.50% 5	40	2.08
Family and Social Support	23.26% 10	32.56% 14	32.56% 14	11.63% 5	43	2.33
Harm Reduction	50.00% 20	17.50% 7	20.00% 8	12.50% 5	40	1.95
Healthy Living Food Insecurity	35.71% 15	40.48% 17	16.67% 7	7.14% 3	42	
Healthy Living HEAL strategic plan	51.28% 20	30.77% 12	17.95% 7	0.00% 0	29	1.67
Oral Health	66.67% 26	25.64% 10	9.13% 2	2.56% 1	30	1.44
Behavioral Health/ Co-Occurring Conditions	35.56% 16	31.11% 14	20.00% 9	13.33% 6	45	2.17
Mental Health	29.79% 14	25.53% 12	31.19% 15	12.77% 6	47	2.28
Resiliency Building	31.82% 14	27.27% 12	27.27% 12	13.64% 6	44	2.23
STDs	70.00% 28	20.00% 8	7.50% 3	2.50% 1	40	1.43
Stigma	53.66% 22	14.63% 6	21.95% 9	9.76% 4	41	1.88
Suicide Prevention	28.89& 13	28.89% 13	22,22% 10	20.00% 9	45	2.33
Transitions (incarceration)	61.54% 34	30.77% 12	5.13% 2	2.56% 1	39	1.49
Transitions (inpatient to community)	53.66% 22	24.39% 10	12.20% 5	9.76% 4	41	1.78
Transportation	52.50% 21	30.00% 12	17.50% 7	00.00% 0	40	1.65

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