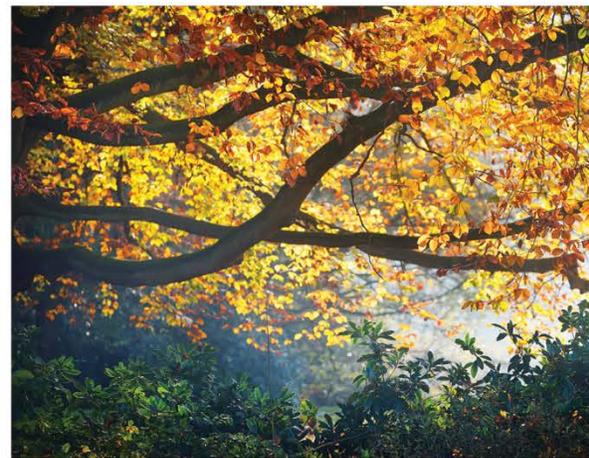
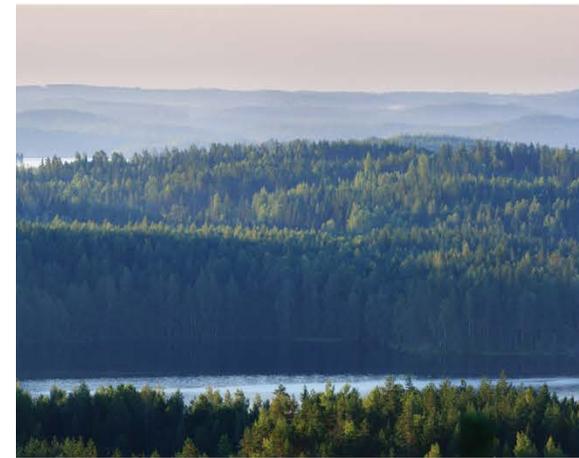


Winnepesaukee Public Health Region

Community Health Improvement Plan



Winnepesaukee Public Health Council



with support from the

**PARTNERSHIP FOR
PUBLIC HEALTH**

Building a healthier, resilient, and vibrant community through active partnerships.





EXECUTIVE SUMMARY

The Winnepesaukee Public Health Council is pleased to present the first Winnepesaukee Community Health Improvement Plan. This Plan builds upon the work of individuals working collectively with support provided by the Lakes Region Partnership for Public Health and Caring Community Network of the Twin Rivers. Our collective vision is to build a healthy, resilient, and vibrant community for every person, and every family.

Public health is the practice of preventing disease and promoting good health within groups of people-- from small communities to entire countries. Public Health is YOUR health. It embodies everything from clean air to safe food and water, access to healthcare and safer communities.

Through public health planning and prevention initiatives, the public gets sick less frequently, children grow to become healthy adults through adequate resources including health care, and our community reduces the impact of disasters by preparing people for the effects of catastrophes such as hurricanes, floods and terrorist attacks.

In preparing this Plan, the Council and its workgroups have reviewed needs assessments, utilizing data from many different sources such as community focus groups, key stakeholder interviews, and surveys. Building on this information, needs have been prioritized and work plans have been developed. This Community Health Improvement Plan identifies needs, goals, measurable objectives, and strategies to help us as we work together on solutions to important issues facing our community.

We are all responsible for the health of our citizens. The importance of healthy living and safety in our homes and communities are values that we all share. We look forward to working with the entire community to better understand the health problems confronting our citizens and to implement strategies to respond to the public health needs of our community.

We invite you to read through the report, study the objectives and strategies, and consider how you can become involved. The Winnepesaukee Public Health Council thanks the individuals, agencies, state and local governments who participated in this endeavor without whom it would not be possible.

Winnepesaukee Public Health Council

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INTRODUCTION

The Winnepesaukee Public Health Region Community Health Improvement Plan reflects the understanding that the quality of the communities where we live, work, and play is as important to achieving good health as receiving regular health care services, proper nutrition, and adequate physical activity. There are many factors that influence health. The physical environment, economic and social factors, and clinical care all contribute to individual and community health outcomes and are incorporated into this plan.

This Community Health Improvement Plan (CHIP) is intended as a guide for systematic and collective efforts to address high priority health issues in our communities. The Plan recommends goals, objectives and strategies for action and is intended for collaborative use by entities across multiple community sectors including health care and public health, local government, education, social services, business, faith, and voluntary agencies and organizations. The CHIP can help to guide policy, program and resource allocation decisions that optimize health and well-being. This is truly our community's plan for health, designed to be implemented through collective action by community agencies, partners, and residents across our region. Working together we can reach our shared vision for a vibrant and healthy community characterized by accessible, integrated systems of service delivery with focused attention on meeting the needs of underserved populations.

Winnepesaukee Public Health Council

The Winnepesaukee Public Health Council is a collaborative of organizations working to enhance and improve community health and public health-related services throughout the region. The Winnepesaukee Public Health Council is hosted by the Partnership for Public Health (ppnh.org), based in Laconia in a cooperative agreement with the Caring Community Network of the Twin Rivers (ccntr.org) based in Franklin. The missions of the Partnership for Public Health and CCNTR are to improve the health and well-being of the region through inter-organizational collaboration and community and public health improvement activities.

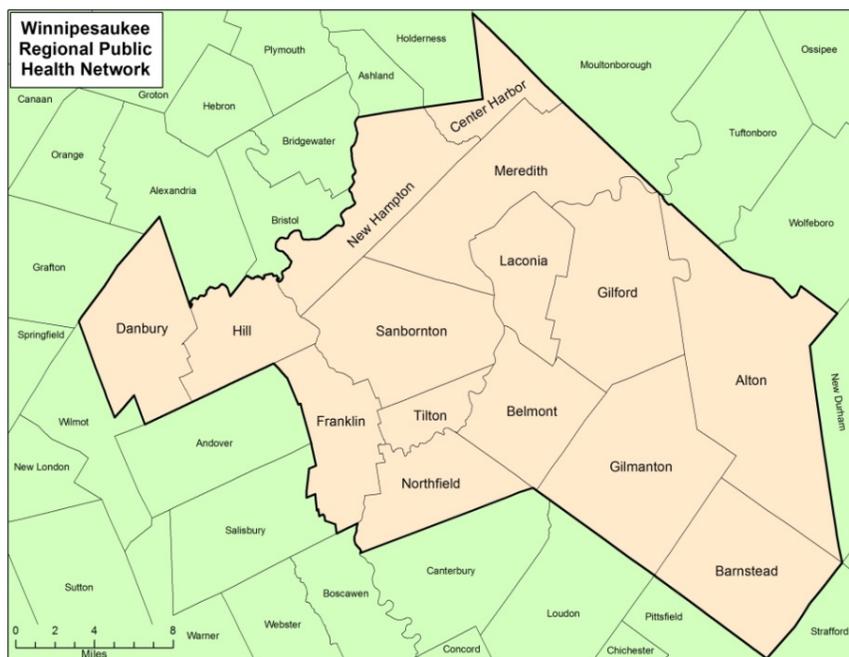
The Winnepesaukee Public Health Council is one of 13 regional public health councils in New Hampshire. Each Regional Public Health Council includes a host agency that convenes, coordinates, and facilitates a broad partnership of organizations and individuals who contribute to or have a stake in the health of their region. Each host agency provides leadership through a regional Public Health Advisory Council and provides a variety of services including Public Health Emergency Preparedness and Substance Misuse Prevention.

The Winnepesaukee Public Health Council is comprised of community leaders and representatives from a diverse group of community sectors, health care, public health, business, faith, government, education, social services, mental health, and citizen representatives. The primary work of the Council is to set regional health priorities, provide guidance to regional public health activities, and ensure coordination of health improvement efforts. More information about each of New Hampshire's Public Health Councils and Networks can be found at nhphn.org/who-we-are/public-health-networks/.

The Winnepesaukee Public Health Council has overseen the development of this Community Health Improvement Plan in collaboration with the Financial Stability Partnership. The Financial Stability Partnership (FSP), sponsored by Granite United Way, is a collaborative community-based initiative focused on bringing all sectors of the community together to address a common agenda: Reducing poverty in the region.

Community Profile

The Winnepesaukee Public Health Region includes Alton, Barnstead, Belmont, Center Harbor, Danbury, Franklin, Gilford, Gilmanton, Hill, Laconia, Meredith, Moultonborough¹, New Hampton, Northfield, Sanbornton, and Tilton. The Winnepesaukee Public Health Council serves approximately 84,000 people living in these communities.



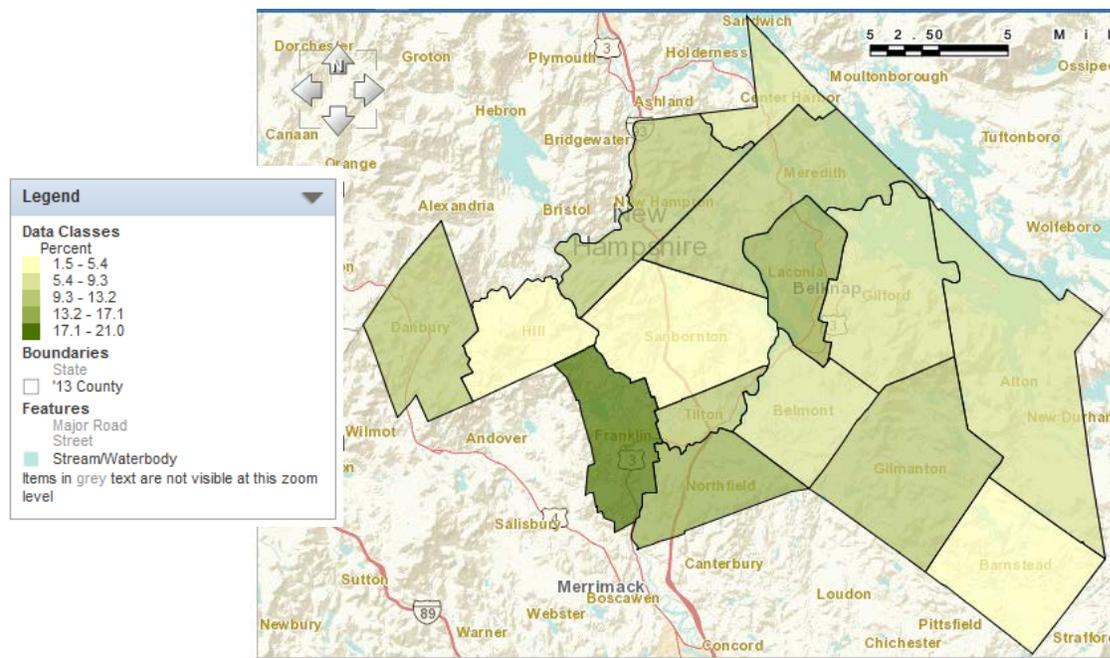
¹ For Public Health Emergency Preparedness activities only

Growing Population: The population of the Winnepesaukee Public Health Region has been growing (6.2% increase between the 2000 and 2010 US Census) at a rate similar to the population growth in New Hampshire overall (6.5% increase).² Population density of the Winnepesaukee Public Health Region (150 people per square mile) is also similar to the state overall (147 people per square mile).³

Older Population: Residents of the Winnepesaukee Public Health Region are slightly older on average with 15.5% of the population age 65 years or older compared to the State of New Hampshire with 14.2% of the population 65 or older.⁴

People Living in Poverty: The percentage of individuals in the Winnepesaukee Public Health Region living with incomes at or below the federal poverty level (11.4%) is notably higher than the rate for New Hampshire overall (8.7%).⁴ The map below, which displays the percentage of individuals with income at or below the poverty level by municipality, shows a significant range on this measure from an estimated 1.5% of residents of Sanbornton who are living in poverty to 21.0% in Franklin. It is also important to note that the percentage of children (ages 0-17) living in poverty across the Winnepesaukee Public Health Region (17.4%) is also notably higher than in New Hampshire overall (11.1%).⁴

Percent of Individuals with Income at or Below the Poverty Level



2 Data Source: US Census Bureau, Decennial Census. 2000 - 2010

3 US Census Bureau, American Community Survey. 2009-13 accessed via Community Commons, www.communitycommons.org

4 Data Source: US Census Bureau, American Community Survey. 2009-13

COMMUNITY HEALTH IMPROVEMENT PLAN DEVELOPMENT

During 2015, the Winnepesaukee Public Health Council engaged 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
- Identify current regional public health priorities
- Develop a Community Health Improvement Plan

The community health improvement planning process began with review of several related community health assessments of the region and consideration of priority areas for action that were highlighted by the findings of these assessments.

Community Health Needs Assessment

In 2013, a comprehensive Community Health Needs Assessment was completed by the Lakes Region Health Data Collaborative comprised of the Lakes Region Partnership for Public Health, Central New Hampshire VNA and Hospice, Community Action Program Belknap-Merrimack Counties, Genesis Behavioral Health, Granite United Way, Health First Family Care Center, Lakes Region Community Services, and LRGHealthcare. The assessment included review of a large number of indicators of social and economic determinants of health, access to health services, health promotion and disease prevention, illness and injury, substance abuse and public safety. The assessment also included a series of community discussions with representatives from a variety of settings and perspectives.

In 2014, a similar Community Health Needs Assessment was completed by LRGHealthcare that expanded on the 2013 assessment to include 26 cities and towns served by the LRGHealthcare system. Methods employed in this assessment included a survey of area residents made available through direct mail and website links, a series of community discussion groups convened in the Franklin Region and the Laconia Region (the latter conducted in 2013 in collaboration with the Lakes Region Partnership for Public Health), and updates of available population demographics and health status indicators.



The purpose of each of these assessments was to identify community health concerns, priorities and opportunities for community health and health care delivery systems improvement. Priorities and opportunities for community health improvement were identified by considering such factors as:

- Does the health factor or outcome have the potential to result in severe disability or death?
- Does the health factor or outcome impact a large number of people?
- Does the health factor or outcome disproportionately impact a subgroup of the population?
- Will the health factor or outcome, if not addressed, result in significant health care or social costs?
- Is the health factor or outcome feasible for the region to address in terms of cost, resources, and community will?
- Will addressing the health factor or outcome build on existing efforts and partnerships?
- Is the health factor or outcome not being adequately addressed by current efforts in the region?

Among the most pressing community needs affecting overall health and wellbeing identified through these assessment and prioritization processes are:

- Access to behavioral and physical health services;
- Coordination and integration of health, and social services;
- Substance misuse and addiction prevention, treatment, and recovery;
- Income inequality and poverty, including related needs for:
 - livable wages;
 - affordable housing;
 - access to transportation
- Obesity prevention - access to healthy food and opportunities for physical activity.

These pressing needs, each requiring integrated approaches and solutions, have prevented our community from reaching its full potential.

Planning Process

To address the needs identified through the community health needs assessment activities, the Winnepesaukee Public Health Council has convened workgroups in a number of priority areas to further define potential opportunities for community health improvement. In some cases, these activities are building on the efforts of existing partnerships and workgroups, while in other cases new workgroups have been formed. In all cases, these efforts are moving forward in collaboration with multiple local organizations and individuals representing a broad cross-section of regional assets and strengths. Current workgroups that have worked to define the goals, objectives and strategic approaches incorporated in this community health improvement plan include:

- **Access to Health Care Work Group** with leadership from LRGHealthcare to address access to health insurance and consumer navigation of the health care system;
- **Community Health Services Network** addressing access to behavioral health care services;
- **Substance Misuse and Addiction Leadership Teams** working to prevent and reduce substance abuse and prevent suicide;
- **Ageing and Disability Work Group** to improve the health and well-being of older adults and their caregivers;
- **Healthy Eating, Active Living (HEAL) Coalitions** working to address childhood obesity and chronic disease;
- **Emergency Planning Council** working to improve Emergency Preparedness across the region; and
- **Financial Stability Partnership** with leadership from Granite United Way working to improve health through increased financial stability.

Community Health Improvement Priorities and Plans

The top public health priority areas chosen by the Winnepesaukee Public Health Council for focused community health improvement efforts over the next five years include:

1. Improve Access to Health Insurance and Consumer Navigation of the Health Care System
2. Improve Access to Behavioral Health Care Services
3. Reduce Substance Misuse and Addiction Through Prevention, Treatment and Recovery
4. Prevent Suicide
5. Improve the Health and Well-Being of Older Adults and Their Caregivers
6. Prevent Childhood Obesity through Healthy Eating and Active Living
7. Increase Public Health Emergency Preparedness
8. Improve Health through Increased Financial Stability of Individuals and Families

The remainder of this Plan provides more in-depth information about each of the public health priority areas listed above and plans for improvement. Through the community-based workgroups, local partners of the Winnepesaukee Public Health Council have identified goals and objectives, have developed detailed work plans and are beginning work to implement strategies for health improvement for each priority area.

In some cases, objectives that are included in this Plan are described as developmental. These objectives describe important areas in which strategic action will occur, but for which quantitative baseline data are not currently available at the regional level. An important aspect of our work will be to engage state and local partners to assemble more specific information that can better describe our progress toward improving the health of our communities.

PRIORITY AREA 1: Improve Access to Health Insurance and Consumer Navigation of the Health Care System

Background and Importance

Access to care refers to the ease with which an individual can obtain needed services - the right care, for the right person, at the right time. Access is influenced by a variety of factors including affordability of services and insurance coverage for services, provider capacity in relationship to population need and demand for services, and related concepts of availability, proximity and appropriateness of services.

While having health insurance is a crucial step toward accessing needed health care services and emergency treatment, health insurance by itself does not ensure access. It is also necessary to have comprehensive coverage, providers that accept the individual's health insurance, and relatively close proximity of providers to patients in the community.

The complexity of the health care delivery system can also contribute to limitations in accessing the right care at the right time. When navigating the health care system is too confusing or burdensome, patients and their caregivers may respond by delaying or failing to get needed care or by seeking care in more easily accessible, but less appropriate settings such as emergency departments. In response, health care systems are increasingly recognizing the important roles of care coordinators, patient navigators and primary care medical homes.

Geographic Area	Percent of Individuals with Health Insurance Coverage ⁵	Percent of adults who report having a personal doctor or health care provider ⁶
Winnepesaukee Region	88.0%	86.1%
New Hampshire	89.5%	87.5%

⁵ Data Source: US Census Bureau, American Community Survey. 2009-13

⁶ Data Source: NHDHHS, Behavioral Risk Factor Surveillance System 2011-2012.

Regional Initiatives and Opportunities

The Access to Health Care Work Group, with leadership from LRGHealthcare and extensive collaboration of many local organizations, is working to improve access to health care services, health insurance and consumer navigation of the health care system. Key initiatives that are ongoing in this priority area include:

- LRGHealthcare is continuing to subsidize primary and specialty care practices in geographically diverse service areas including subsidies to Health First to help assure that primary care needs of the community are met;
- LRGHealthcare is offering expanded service hours to include weekends and evenings and continues to recruit additional primary care and specialty providers;
- LRGHealthcare is supporting coordination of care by community based nurse care managers;
- Genesis Behavioral Health is working to create an integrated behavioral health and primary care model care by embedding primary care providers in several practice locations;
- Enrollment assistance and care coordination is available through Health First Family Care Center and LRGHealthcare;
- Health First provides primary care using a patient centered medical home model for all regardless of insurance status or ability to pay
- ServiceLink Resource Center provides up-to-date information and assistance helping individuals and families make informed choices about health care and other services;
- “My Health, My Care” educational resources have been developed for distribution through community organizations to help individuals and families to understand and navigate the health care delivery system.
- Provision of clinical training sites for Physicians, Nurse Practitioners and Physician Assistants at LRGHealthcare, Genesis Behavioral Health and Health First Family Care Center and Social Workers at Horizons Counseling Center.

Goals, Objectives and Strategic Approach

Goal 1	Reduce financial barriers to health care access by increasing health insurance coverage
Objective 1	Increase the proportion of Winnepesaukee region residents who have health insurance to 92% by 2020 (baseline = 88%).
Goal 2	Increase the proportion of Winnepesaukee region residents who have appropriate, coordinated access to the health care system
Objective 1	Increase the proportion of Winnepesaukee region adults who have a personal health care provider to 90% by 2020 (baseline = 86%).
Objective 2	Recruit 30 local community organizations to distribute “My Health, My Care” educational resources to their clients

STRATEGIC APPROACH

STRATEGY 1: Distribute educational resources with basic health information and service options to assist individuals and families to make informed decisions about their health care.

STRATEGY 2: Provide health insurance enrollment assistance in a variety of community settings.

PRIORITY AREA 2: Improve Access to Behavioral Health Care Services

Background and Importance

Good mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships, and the ability to adapt to and cope with life's challenges. Mental health is essential to youth and adults for personal well-being, family and interpersonal relationships, and the ability to contribute to one's community.

Behavioral health care services include approaches to promoting well-being by preventing or intervening in mental illness such as depression or anxiety, as well as preventing or intervening in substance abuse or other addictions. Unfortunately, mental illness and addictions continue to be associated with stigma that may prevent seeking or receiving needed health care services. Additionally, capacity for behavioral health care services is often insufficient and in some cases not well connected to other parts of the health care system. People with both acute and chronic mental health conditions are often under-diagnosed and under-treated, leaving them with significantly poorer health and social outcomes including shortened life spans, lower rates of steady employment, and higher rates of homelessness.

A shortage of behavioral health professionals can contribute to reduced access and poorer health outcomes. In the Winnepesaukee Public Health Region, the ratio of residents per behavioral care provider is substantially higher than for New Hampshire overall. According to the most recently available data, residents of the Winnepesaukee Public Health Region are also significantly more likely to use an emergency department for mental health conditions.

Geographic Area	Ratio of People per Behavioral Health Provider ⁷	Rate of Emergency Department Visits for Mental Health Conditions (per 100,000 people; all ages) ⁸
Winnepesaukee Region	801	1,587
New Hampshire	438	1,474

⁷ Data Sources: NH Board of Mental Health Practice/ NH Board of Licensing of AOD Use Professionals, Certified Recovery Support Workers/New Hampshire Board of Medicine licensure list 10/22/2010.

⁸ Data Source: NH DHHS Hospital Discharge Data Collection System, 2007-2009. Regional rate is statistically different and higher than the overall NH rate

Regional Initiatives and Opportunities

The Community Health Services Network is working to address access to behavioral health care services as part of this Community Health Improvement Plan. Existing resources and opportunities that can be built upon in this priority area include:

- The federal Affordable Care Act provides important new opportunities to improve access to behavioral health care services by making coverage and treatment an essential benefit of plans offered through the health insurance exchange and through expansion of Medicaid benefits.
- Locally, Genesis Behavioral Health is a key provider organization of behavioral health services. Genesis Behavioral Health (GBH) is working to increase the depth and breadth of Substance Use Disorder services for individuals dually diagnosed with mental health and addiction illnesses.
- GBH is working to expand the number and scope of licensed staff, as well as partnering with Plymouth State University to address workforce retention.
- GBH is also working to improve access to care by expanding transportation services, expanding service sites and hours of operation and by developing an improved urgent care model.
- LRGHealthcare is working to address the acute shortage of behavioral care capacity in the region by supporting these important services:
 - Designated Receiving Facility at Franklin Regional Hospital
 - The Senior Psychiatric Services Unit at Lakes Region General Hospital
- Horizons Counseling Center is working to provide affordable and accessible treatment services to those struggling with substance use as a co-occurring mental health disorders including assessment, treatment and supportive community reentry for offenders incarcerated in the Belknap County Department of Corrections (DOC).
- Project Aware in the Franklin School District and Safe Schools in Laconia provide behavioral health services in the school setting.

Goals, Objectives and Strategic Approach

Goal 1	Increase access to mental health and substance abuse treatment* services in the Winnepesaukee Public Health Region.
Objective 1	Increase the ratio of Behavioral Health Care Providers per resident population by 10% by 2020.
Objective 2	Decrease the rate of emergency department visits for mental health conditions by 10% by 2020.

STRATEGIC APPROACH

STRATEGY 1: Identify barriers to access considering factors such as geography, affordability, sufficiency in number of providers and other systemic barriers.

STRATEGY 2: Recruit and train additional licensed clinicians.

STRATEGY 3: Expand service sites and hours of operation.

STRATEGY 4: Develop an integrated service system model (Community Health Services Network) and leverage opportunities presented by the Affordable Care Act by seeking modifications in the reimbursement model.

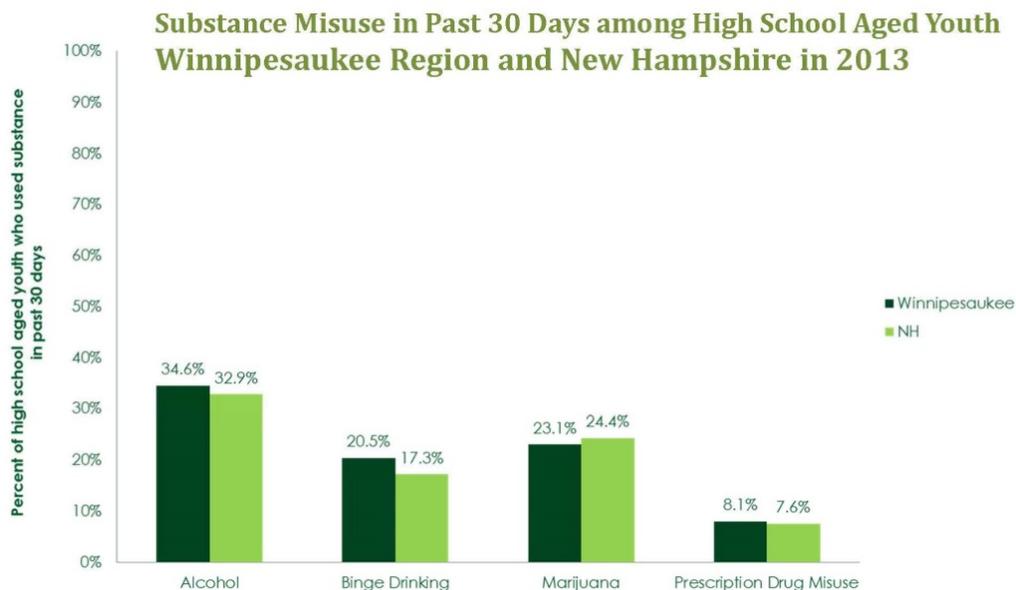
*Note: Additional goals and objectives for increasing access to substance abuse treatment are addressed in the next priority area of Substance Misuse and Addiction Prevention, Treatment and Recovery.

PRIORITY AREA 3: Reduce Substance Misuse and Addiction through Prevention, Treatment and Recovery

Background and Importance

Substance misuse is one of the most prevalent and problematic public health issues that poses a wide range of safety and health risks, impacting physical, social and emotional well-being. Substance misuse, involving alcohol, illicit drugs, misuse of prescription drugs, or combinations of all of these behaviors, is associated with a complex range of negative consequences for health and wellbeing of individuals, families and communities. In addition to contributing to both acute and chronic disease and injury, substance abuse is associated with destructive social conditions, including family dysfunction, lower prosperity, domestic violence and crime.

Alcohol remains the most prevalent substance misused in the United States and in New Hampshire. Underage drinking, binge drinking, regular heavy drinking and drinking during pregnancy are some forms of alcohol misuse that pose highest risk. Marijuana is the illicit drug most likely to be used by teens and young adults. A majority of people being admitted to treatment programs in NH cite marijuana as a primary or secondary reason for seeking treatment. Marijuana use has a wide range of effects, particularly on cardiopulmonary and mental health, and is also known to be a contributing factor leading to the use of other drugs. The chart below displays rates of current substance misuse (reported use in the past 30 days) among high school aged youth in the Winnepesaukee Region, which are similar to rates for the state overall.



Data Source: NH Youth Risk Behavior Survey, 2013

In recent years, the misuse of prescription drugs, particularly prescription pain relievers, has significantly increased as a risk to individual health and can be a contributing factor leading to misuse of other drugs including heroin and a cause of unintentional overdose and mortality. The table below displays data describing the significant rise of opioid misuse in the region and the state, which has become epidemic.

Geographic Area	Percent Increase in Emergency Department Visits for Opioid Misuse; 2013 to 2014	Percent Increase in Opioid Related Deaths; 2013 to 2014
Belknap County	32%	110%
New Hampshire	112%	79%

Data Sources: NH Emergency Medical Services and Office of the Medical Examiner, 2013-2014

Regional Initiatives and Opportunities

The Substance Misuse and Addiction Leadership Team is working to develop improved capacity and strategies to prevent and reduce substance abuse through this Community Health Improvement Plan. Regional assets and opportunities for supporting this work include:

- There is an established, volunteer-based Leadership Team focusing on our suicide prevention and substance use disorder initiatives, which is comprised of both substance use disorder and mental health content experts from across our region.
- The Partners in Prevention (PIP) Regional Network provides support to local coalitions and prevention providers working to reduce the impact of substance abuse and suicide on individuals and families in our region.
- The Winnepesaukee region is part of New Hampshire's Regional Network System for the prevention and reduction of substance misuse, which is a coordinated system made up of regional substance misuse coordinators and networks of community stakeholders who lead, plan, support, monitor, and carry out prevention efforts to influence choices and behaviors that promote healthy lives, safe neighborhoods, and thriving economies.
- Horizons Counseling Center has partnered with many other Belknap County stakeholders to develop and implement the Belknap County Recovery Court to address the connection between addiction and crime.

- Horizons is also working with LRGHealthcare to expand access to medical assisted treatment for individuals with opiate addiction.
- Currently, there are three active local community coalitions in the region and interest is building in other communities. Local coalitions include:
 - Gilford Drug & Alcohol Task Force
 - Franklin Mayor’s Drug Task Force (www.franklinnh.org)
 - Stand Up Laconia (www.standuplaconia.com)
- Alignment of regional efforts with the State Plan for Reducing Substance Misuse and Promoting Recovery: Collective Action, Collective Impact
- Efforts are guided by a community engagement model that benefits from the participation of six core community sectors who are both impacted by substance use disorders and who play a valuable role in community-based and sector-specific best practice efforts. The six sectors are identified as: Business, Education, Health, Safety, Government and Community Based Supports.

Goals, Objectives and Strategic Approach

(Also refer to the separate Winnepesaukee Region 2015-2018 Substance Misuse Prevention Strategic Plan for additional detail on specific prevention goals, objectives and strategies.)

Goal 1	Prevent and reduce substance misuse among youth and young adults (18-25) with emphasis on misuse of alcohol, tobacco, marijuana, and opiates (prescription drugs and heroin)
Objective 1	<p>Decrease past 30-day use among high school aged youth, as tracked by the Youth Risk Behavior Survey (YRBS).</p> <ul style="list-style-type: none"> • Alcohol: From 34.6% (2013) to < 20% (2019) • Tobacco: From 17.6% (2013) to < 10% (2019) • Marijuana: From 23.1% (2013) to < 15% (2019) • Non-medical use of Prescription Drugs: From 8.1% (2013) to < 5% (2019) • Heroin (lifetime use): From 3.5% (2013) to < 1% (2019)
Objective 2 (developmental)	<p>Increase community understanding of the root causes contributing to substance misuse among 18-25 year olds.</p>

Objective 3 (developmental)	Increase identification and application of relevant research-based strategies to address substance misuse among young adults.
Goal 2	Cultivate expanded leadership to improve understanding of the impact of alcohol and other drug misuse in the region
Objective 1	Offer educational opportunities to lawmakers and policymakers annually to increase their awareness of alcohol and other drug costs, impacts, the savings realized from efforts and services, and the health outcomes of individuals being served.
Objective 2	Engage at least four employers as regular participants in Public Health Council Workgroups addressing this priority area.
Goal 3	Promote the implementation of standardized, effective policies, practices and programs across multiple sectors within the region including education, business, local government, community supports, and law enforcement/criminal justice
Objective 1	Provide 3 trainings per year on effective policies, practices and programs across multiple sectors.
Objective 2 (developmental)	Support implementation of effective policy, practice, and programs with sufficient, on-going technical assistance.
Objective 3 (developmental)	Expand best practice prevention efforts to elementary and middle school youth including determination of key data sources and tools that may better identify youth at high-risk for substance misuse.
Objective 4	Provide relevant substance use disorder training in higher education for at least three majors and study areas.
Goal 4	Increase local capacity to address substance misuse and addiction across the region
Objective 1	Increase the number of operational local community coalitions in the region from 3 to 5.

Objective 2 (developmental)	Increase treatment options across the region for youth and adults to meet gaps identified in regional assessment (assessment completed May 2016).
Objective 3 (developmental)	Increase peer-based recovery supports across the region for youth and adults to meet gaps identified in regional assessment (assessment completed May 2016).
Goal 5	Complete an assessment of gaps in services and limitations on access across the substance misuse “continuum of care” prevention-intervention-treatment and recovery supports and services
Objective 1	Assessment of current prevention, intervention, treatment and recovery supports and services completed by May 2016.
Goal 6	Develop a regional strategic plan to address identified gaps in services across the continuum of care, including expanded treatment options and peer-based recovery supports
Objective 1	Continuum of Care Strategic Plan completed by September 2016.

STRATEGIC APPROACH

STRATEGY 1: Leadership – Cultivate expanded leadership, particularly among state lawmakers and policy makers, to improve understanding of the impact of alcohol and other drug abuse in the state; to improve understanding of effective policies, programs and practices to address misuse; and to develop champions for such efforts.

STRATEGY 2: Financial resourcing – advocate for and support adequate, sustained financial resourcing of alcohol and drug abuse prevention, intervention, treatment and recovery supports.

STRATEGY 3: Public education – increase public awareness relative to the harm and consequences of alcohol and drug misuse, treatment and recovery support services available, and that recovery is achievable.

STRATEGY 4: Training and professional development – support training availability and access relative to alcohol and other drug topics for a wide range of professionals and practitioners within different community sectors.

STRATEGY 5: Collaboration – Foster partnerships among key community sectors including alignment of efforts with the financial stability partnership.

STRATEGY 6: Technical assistance – Provide technical assistance to Support and enhance efforts of existing local coalitions (stand up Laconia, Franklin mayor’s drug task force, Gilford drug & alcohol task force), to develop local coalitions in additional communities, and to Expand treatment services and recovery supports for youth and adults.

STRATEGY 7: Data utilization – continue to collect and share data about the impact of alcohol and drug abuse on individuals, families, communities and community sectors, and about successful efforts to reduce misuse and promote recovery.

STRATEGY 8: Effective policy, practice and programs – promote the implementation of effective policies, practices and programs across and within community sectors and systems and through a combination of direct programming, early intervention and environmental change activities.

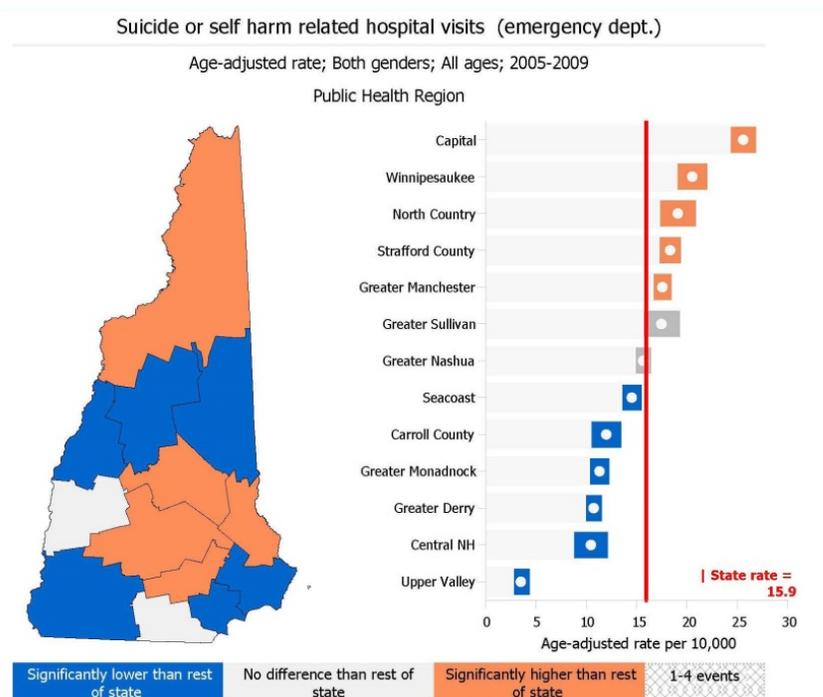
PRIORITY AREA 4: Suicide Prevention

Background and Importance

Although New Hampshire has made great strides in suicide prevention efforts, suicide remains the second leading cause of death (after accidental injury) among New Hampshire youth and young adults up to age 34 and the fourth leading cause of death for adults up to age 55.

As shown by the chart below, the rate of suicide or self-harm related emergency department visits was significantly higher in the Winnepesaukee Region (20.5 per 10,000 population; equivalent to about 150 emergency department visits per year related to suicide or self-harm) than in the state overall during the period 2005 to 2009 (15.9 per 10,000 population; most recent data available).

It is also important to note that there are strong relationships between substance misuse, mental health and suicidal behavior. Drugs and alcohol can be a form of self-medication for underlying mental illness symptoms, can worsen underlying mental illnesses, or can cause a person without mental illness to experience the onset of symptoms for the first time. Youth in the Winnepesaukee Region who report on the Youth Risk Behavior Survey that they have attempted suicide in the past year are also twice as likely to have reported recent use of alcohol or marijuana and more than 4 times as likely to report having misused prescription medications.



Geographic Area	Percent of High School Age Youth Who Report Having Attempted Suicide in the past year; 2013	Suicide Mortality, All Ages; Age Adjusted Rate per 100,000; 2009-2013
Winnepesaukee Region	7.9%	16.6
New Hampshire	6.7%	13.0

Data Sources: NH Youth Risk Behavior Survey, 2013 and NH Health WISDOM, accessed 2015

Regional Initiatives and Opportunities

The Substance Misuse and Addiction Leadership Team is working to develop improved capacity and strategies to prevent suicide through this Community Health Improvement Plan. Regional assets and opportunities for supporting this work include:

- There is an established, volunteer-based leadership team focusing on suicide prevention and substance use disorder initiatives, which is comprised of both substance use disorder and mental health content experts from across our region.
- Intentional alignment of regional efforts with the state suicide prevention plan.
- Efforts are guided by a community engagement model that benefits from the participation of six core community sectors who are both impacted by suicide and who play a valuable role in community-based and sector-specific best practice efforts. The six sectors are identified as: business, education, health, safety, government and community based supports.
- There are trainers in our region trained to deliver to core sectors the Connect Suicide Prevention and Postvention program, a best-practice curriculum developed by NAMI-NH.

Goals, Objectives and Strategic Approach

Goal 1	Reduce suicide incidence in the Winnepesaukee Public Health Region.
Objective 1	Reduce the percentage of high school age youth who report having attempted suicide in the past year to 4% (baseline=7.6%, 2009-2013 YRBS)
Objective 2	Reduce the rate of suicide or self-harm related emergency department visits to 16.0 per 10,000 population (baseline=20.5 per 10,000 population)

Objective 3 (developmental)	Increase the number of people trained in Suicide Prevention, Postvention and/or Counseling on Access to Lethal Means (CALM) within key community sectors.
Objective 4 (developmental)	Increase the proportion of media professionals who have received training in appropriate reporting of suicidal events following the national <i>Reporting on Suicide: Recommendations for the Media</i> .
Objective 5 (developmental)	Increase utilization of postvention training and protocols (<i>i.e. After a Suicide Toolkit, Media Recommendations</i>) for first responders, law enforcement, emergency departments, schools and others who may be involved or affected by a suicide to reduce risk of contagion and promote healing.
Objective 6 (developmental)	Identify key data sources and tools that may better identify high-risk populations and/or other trends which would inform suicide prevention efforts.

STRATEGIC APPROACH

STRATEGY 1: Formalize a regional postvention response team comprised of members from various key sectors and representing regional geography.

STRATEGY 2: Target prevention efforts on populations with characteristics placing them at higher risk for suicide, such as: substance abuse, military experience, minority and refugee populations, sexual and gender minority populations, young adults not enrolled in college, justice-involved young people, and youth and young adults who have had an inpatient psychiatric admission.

STRATEGY 3: Coordinate prevention and postvention training across multiple community sectors and settings.

STRATEGY 4: Promote education tailored to specific high risk populations that includes hopeful messaging, suicide warning signs, help seeking behaviors, and resources.

STRATEGY 5: Promote the integration and coordination of suicide prevention and postvention best practices, policies and protocols across multiple community sectors and settings.

PRIORITY AREA 5:

Improve the Health and Well-Being of Older Adults and Their Caregivers

Background and Importance

Increasing Numbers of Older Adults and Family Caregivers: By the year 2030, the proportion of the population of Belknap County that is 65 years of age or older is projected to reach 30% - nearly double the current percentage.⁹ This rapid and substantial demographic shift has profound implications for the capacity and array of health care, housing, social services and other supports needed for an aging population. As people age, they naturally look for alternatives to institutional care and ways to limit the direct costs of health care. This demographic shift has important implications for the support needs of increasing numbers of family members who will be involved in providing regular care for a relative, partner or friend.

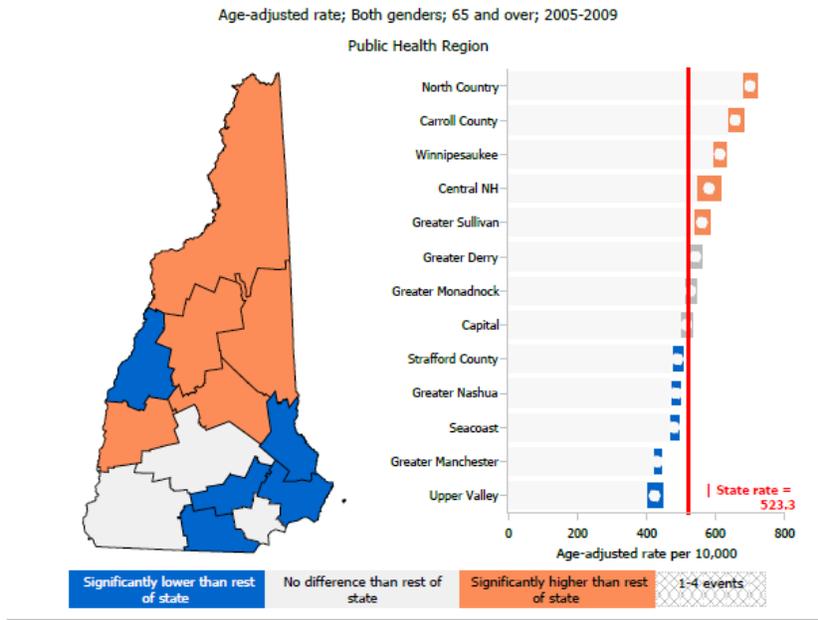
Older Adult Falls: Every year about one out of three older adults (those aged 65 or older) experiences a fall, but less than half talk to their healthcare providers about it.¹⁰ Among older adults, falls are the leading cause of both fatal and nonfatal injuries. Falls can cause moderate to severe injuries, such as hip fractures and head traumas, and can increase the risk of early death. In New Hampshire, more males than females age 65 and older are seen in emergency departments for injuries due to falls, while females are more likely to need inpatient hospitalization as a result of a fall.

As shown by the map on the next page, the rate of emergency department visits and observation stays due to falls was higher in the Winnepesaukee Public Health Region than for the state overall during the period 2005-2009. The annual age adjusted rate in the Winnepesaukee PHR over this time period was 614.1 per 10,000 people age 65 and over compared to the NH state rate of 523.3.

⁹ New Hampshire Center for Public Policy Studies, Senior Housing Perspectives. March, 2014.

¹⁰ <http://www.cdc.gov/homeandrecreationalafety/falls/adultfalls.html>

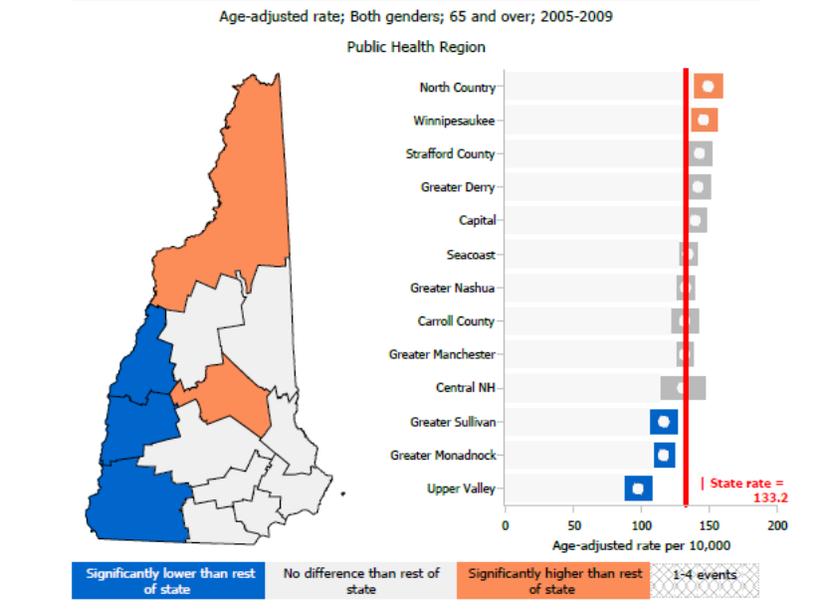
Fall related hospital visits (age 65 and over -emergency dept.)



Data Source: NH Health WISDOM, accessed 2015

The rate of hospitalizations due to falls was also higher in the Winnipesaukee Public Health Region than for the state overall during the period 2005-2009. The annual age adjusted rate in the Winnipesaukee PHR over this time period was 146.4 per 10,000 people age 65 and over compared to the NH state rate of 133.2.

Fall related hospitalizations (age 65 and over -inpatient)



Data Source: NH Health WISDOM, accessed 2015.

Regional Initiatives and Opportunities

The Aging and Disability Work Group is leading efforts to improve the health and well-being of older adults and their caregivers through this Community Health Improvement Plan. Existing resources and initiatives that can be built upon in this priority area include:

- ServiceLink Resource Center of Belknap County provides up-to-date information and assistance to help individuals and families make informed choices about health care and other services for older adults, people with disabilities and their families.
- ServiceLink, LRGHealthcare and other community partners provide support to family caregivers through caregiver grants, support groups in local communities, caregiver website offering resources, “Powerful Tools for Caregivers”, and “Remembering When” and Chronic Disease Self-Management classes.
- “Matter of Balance” training partners to promote falls prevention led by Community Action Program Belknap-Merrimack Counties with LRGHealthcare, Catholic Charities and Lakes Region VNA.
- Multiple community partners working together on assessment of home environments for falls risks and reduction strategies including Municipal Fire Departments, Emergency Medical Services, Home Health providers and through support of Senior Safety Day.

Goals, Objectives and Strategic Approach

Goal 1	Support aging in place by improving services and supports for unpaid caregivers and senior companions of older adults
Objective 1 (developmental)	Increase the proportion of older adult caregivers who perceive having sufficient caregiving skills and emotional support
Goal 2	Prevent older adult injury, disability and death due to falls.
Objective 1	Reduce emergency department visits and hospitalizations due to older adult falls by 10% by 2020.
Objective 2 (developmental)	Reduce the proportion of Emergency Medical Service run activity that is related to older adult falls by 10% by 2020.

STRATEGIC APPROACH

Increased Support for Aging in Place

STRATEGY 1: increase opportunities for Peer support through the Caregiver Network. Provide respite care to caregivers to enable them to attend peer support offerings.

STRATEGY 2: Provide information and training through expanded implementation of "Powerful Tools for Caregivers" and Chronic Disease Self-Management Programs. Connect with existing social and respite programs.

STRATEGY 3: Increase resources for respite care. Include a focus on eliminating service gaps for low income families.

STRATEGY 4: Increase intergenerational opportunities for social interaction and recreation (e.g. utilization of the Bessie Rowell intergenerational center in Franklin)

Prevention of Older Adult Falls

STRATEGY 1: Train 5 lay leaders/coaches in the "Matter of Balance" curriculum. Implement "Matter of Balance" classes for older adults and their caregivers.

STRATEGY 2: Train professionals going into homes on home environment risk assessment and strategies for falls risk reduction (e.g. FIRE/EMS, Home Health, Friendly/Home Visitors). Facilitate inter-organizational information and referrals for assistance to high risk individuals.

STRATEGY 3: Increase capacity to Implement "Remembering When" classes (from the national fire protection academy) for general adult education on protection from falls.

Strategy 4: Increase awareness of existing resources for fitness and recreation with an emphasis on outreach to high risk older adults and caregivers.

PRIORITY AREA 6: Prevent Childhood Obesity through Healthy Eating and Active Living

Background and Importance

Excess weight has become a prevalent problem in the United States. Being overweight or obese can indicate an unhealthy lifestyle that puts individuals at risk for a variety of further health issues including hypertension, heart disease and diabetes. Healthy lifestyles including healthy eating and regular physical activity habits begin at an early age and can be linked to a number of factors including the social and physical environment.

The societal trend toward unhealthy body weight has also occurred among children. The indicators below display the results of a recent sample of third grade students from Belknap County. The proportion of overweight or obese children in the region is higher than overall rates across New Hampshire.

Geographic Area	Percent Obese, 3rd grade students	Percent Overweight or Obese, 3rd grade students
Belknap County	15.4%	31.9%
New Hampshire	12.6%	28.0%

Data Source: NH 2013-2014 Third Grade Healthy Smiles-Healthy Growth Survey, NH DHHS.
Regional rates are statistically different and higher than overall NH rates.

Young children from lower income families in Belknap County who are served by federally funded Women, Infants, and Children (WIC) programs are also more likely to be obese (17.2%) compared to the state overall (14.2%).¹¹

Obesity prevention can begin at birth. Research has shown that breastfeeding not only improves the health of babies, but also of mothers who breastfeed. Breastfed babies are less likely to develop chronic diseases such as asthma, obesity, and type 2 diabetes, and breastfeeding mothers are less likely to experience postpartum depression, or develop ovarian and breast cancers, and type 2 diabetes.¹² In New Hampshire, the percentage of babies who started breastfeeding increased from 81% in 2000 to 86% in

¹¹ NH WIC enrolled children ages 2-4, 2012-2013; accessed by NH Health WISDOM, 2015.

¹² Office on Women's Health in the Office of the Assistant Secretary for Health at the U.S. Department of Health and Human Services . Retrieved from WomensHealth.gov: www.womenshealth.gov/breastfeeding/why-breastfeeding-is-important/index.html

2010.¹³ Further, the percentage of babies being breastfed at six months of age increased from 34% in 2000 to 54% in 2010.

Regional Initiatives and Opportunities

A region-wide Healthy Eating, Active Living (HEAL) Coalition is working to address childhood obesity and chronic disease through this community health improvement plan. Regional assets and opportunities for supporting this work include:

- Good access to natural recreational resources;
- Trail system availability and expansion including ongoing development of the WOW trail;
- Local farms and buy local foods initiatives;
- Local Healthy Eating, Active Living Coalitions;
- Motivational Interviewing training for all medical students through LRGHealthcare
- Physical Activity and Nutrition policy development in schools, community centers and worksites.

GOALS, OBJECTIVES AND STRATEGIC APPROACH

Goal 1	Promote healthy eating and active living at an early age to reduce the lifelong burden of chronic diseases such as heart disease, stroke, diabetes and cancer.
Objective 1	Reduce overweight and obesity rates among elementary school age children by 5% by 2020.
Objective 2	Reduce obesity rates among young children, ages 2-4, served by the Women, Infants, and Children (WIC) program by 3% by 2020.
Objective 3	Increase the percentage of women who initiate breastfeeding of newborns by 5% by 2020.

¹³ Press Release. New Hampshire Breastfeeding Rates Rise Along With Decrease In Obesity Among Low-Income Children. Maternal and Child Health, NH Department of Health and Human Services. Publish Date: August 16, 2013

STRATEGIC APPROACH

STRATEGY 1: Increase access to healthy and affordable fruits and vegetables (community gardens, farmer's markets with EBT, gleaning, in food pantries).

STRATEGY 2: Provide education and ongoing support to young families - especially families served by the women, infants, and children (WIC) program - on budgeting, shopping, and cooking healthy meals.

STRATEGY 3: Partner with schools to implement best practices in promoting healthy eating and physical activity.

STRATEGY 4: Promote livable, walkable community design.

STRATEGY 5: Support safe, accessible public spaces for physical activity (parks, trails, sidewalks, bike paths, good lighting).

STRATEGY 6: Work with patients and regional providers of perinatal services, such as the LRGHealthcare Family Birthplace, to review and improve current strategies for promoting breastfeeding.

PRIORITY AREA 7: Increase Public Health Emergency Preparedness

Background and Importance

Like many other states, New Hampshire is no stranger to public health emergencies resulting from disease outbreaks and epidemics such as H1N1 (Swine Flu) and natural disasters with substantial public health impacts such as ice storms, hurricanes and severe flooding. In order to be well prepared to respond and recover from such emergencies, it is essential for regional emergency preparedness and response partners to build strong relationships and work together in advance on developing, exercising and improving emergency plans and response capabilities.

Equally important to an effective community response to emergencies is the level of Personal Preparedness of individuals and families. Personal Preparedness lessens the impact on families, on workplaces and on communities. While government and voluntary organizations can provide important functions in an emergency, it is important for all citizens to have an understanding of shared responsibilities, including emergency planning for our most vulnerable populations, as well as strategies for increasing self-reliance including identification of personal support networks in an emergency.

Geographic Area	Percent of adults who feel their household is "well prepared" to handle a large-scale disaster or emergency; 2013
Winnipesaukee Region	32%
New Hampshire	32%

Data Source: NH Behavioral Risk Factor Survey, 2013.

Regional Initiatives and Opportunities

The Public Health Emergency Planning Council is working to improve Emergency Preparedness across the region through this Community Health Improvement Plan. Regional assets and opportunities for supporting this work include:

- The Partnership for Public Health supports and convenes a regional Public Health Emergency Planning Council including town officials, health officers, emergency management directors, fire/rescue workers, police, schools and others to plan for public health emergencies to limit illness and death, preserve continuity of government/business, minimize social disruption and minimize economic loss.
- Strong and consistent participation from a wide-variety of sectors including First Responders, Schools, Safety, Behavioral Health, and Healthcare
- Plans to rapidly provide medicine and/or vaccines to the entire population through Points of Dispensing sites (PODs) are frequently tested and improved.
- The region has also worked hard to build regional emergency volunteer capacity through entities such as:
 - Lakes Region Community Emergency Response Team (LR-CERT)
 - Lakes Region Medical Reserve Corps (LR- MRC)
 - Regional exercises and improvement planning are conducted on a regular basis
 - Frequent information dissemination and training opportunities on Personal Emergency Preparedness

Goals, Objectives and Strategic Approach

Goal 1	Increase regional capacity to prepare for, respond to and recover from Public Health Emergencies
Objective 1	Increase the proportion of residents who self-report being “well prepared” to handle a large-scale disaster or emergency to 40% by 2020 (baseline=32%)
Objective 2	Increase the number of trained volunteers available to support public health emergency response by 20% by 2020.
Objective 3 (developmental)	Increase the capacity and resources of municipal emergency response organizations to support Responder Safety and Health

STRATEGIC APPROACH

STRATEGY 1: Increase personal and household preparedness through community information and education

STRATEGY 2: Engage local civic and volunteer organizations as partners for identification and training of volunteers to support emergency response functions

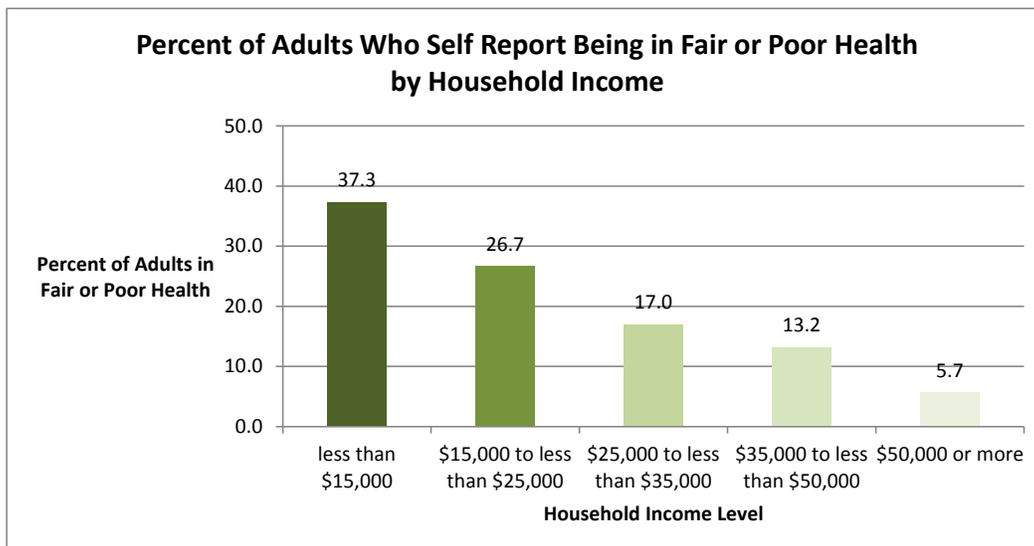
STRATEGY 3: Identify and disseminate model policies, procedures, training and other resources for supporting Responder Safety and Health in all response phases.

STRATEGY 4: Conduct outreach to increase regional capacity to support responder health and safety including resources for long term, post event support. as well as to expand capacity for behavioral health emergency response for the general public

PRIORITY AREA 8: Improve Health through Increased Financial Stability of Individuals and Families

Background and Importance

The relationship between income and health is well documented. The chart below displays the relationship between household income level and the proportion of adults in New Hampshire who report being in fair or poor health.



Data Source: NH Behavioral Risk Factor Survey, 2011-2012

The proportion of young children living in Poverty is increasing more quickly than other age groups. Families with young children are also at higher risk of experiencing food insecurity and children living in low-income families are more likely to suffer from malnutrition and underdevelopment than the general population. Low-income is also a substantial risk-factor for many adverse childhood developmental outcomes that put children and their parents at increased vulnerability of compromised long-term health outcomes.¹⁴

Because families form the core of a child's early environments of relationships and experiences that are foundational to healthy development, it is important to provide families with supports when they face challenges such as poverty, unemployment, or poor health. Efforts to support families in the Winnepesaukee Region must include those that provide adequate and stable employment, income sufficient to meet basic needs, and that provide children with safe and healthy environments marked by positive and

¹⁴ ZERO TO THREE National Center for Infants, Toddlers and Families. Early Experiences Matter: A Guide to improved policies for Infants and Toddlers. (2009)



consistent relationships with adults at home and in the community. Services such as quality early childhood care, home visiting and respite care programs for families with special health care needs, mentoring programs, employment assistance and educational support programs, and financial aid programs all can support families in providing more stable foundations for themselves and their developing children.

Regional Initiatives and Opportunities

The Financial Stability Partnership with leadership from granite united way and many partners across the region are working in coordination with this community health improvement plan to improve health through increased financial stability. The Financial Stability Partnership (FSP) is a collaborative community-based initiative focused on bringing all sectors of the community together to address a common agenda: reducing poverty in Belknap County by 20% by 2020.

The Financial Stability Partnership's efforts are led by workgroups made up of representatives from social service providers, business, government and faith-based sectors, and community members at large. Current FSP workgroups include:

- Early Childhood
- Adolescents
- Health Care
- Wealth Development and Management
- Workforce Development
- Transportation

The FSP workgroups are closely coordinating their efforts, and in some cases are fully integrated with the workgroups outlined in this Community Health Improvement Plan such as in the priority areas of improving access to health care and preventing substance misuse. Additional goals, objectives and strategies not already included in previous sections of this plan are described below.

Goals, Objectives and Strategic Approach

Goal 1	Improve community health by reducing the number of individuals and families experiencing poverty in Belknap County by 20% by 2020
Objective 1 (developmental)	Increase community understanding of the relationship between poverty and health.
Objective 2 (developmental)	Increase training and resources available to lower income families for assistance with wealth development and management.
Objective 3	Increase the percentage of families earning a livable wage through enhanced career and skills development, educational opportunities, and training.
Objective 4	Increase the percentage of children receiving subsidized early childhood care who are enrolled in accredited or licensed plus programs.
Objective 5 (developmental)	Increase the percentage of children who are “on schedule” on the Ages & Stages developmental assessment.

STRATEGIC APPROACH

STRATEGY 1 – Community Education: Disseminate data and other information to the general public to increase Community understanding of the relationship between poverty and health

STRATEGY 2 - Workforce Development: Work with local schools, businesses, and other partners to engage young people and all citizens to provide and enhance career and skills development, educational opportunities, and training.

STRATEGY 3 - Wealth Development and Management: Help low income working families claim the earned income tax credit, build financial assets, and access relevant financial education.

STRATEGY 4 - Early Childhood: Help all children learn & develop optimally by implementing strategies to strengthen families including linking children to a medical home.

STRATEGY 5 - Early Childhood: Assure implementation of model practices for nutrition, physical activity, Developmental Screening, and behavioral support in early childhood programs and child care settings.

Summary

It is not possible for a single organization or individual to achieve the large scale impact necessary to improve the overall health of the Winnepesaukee Region as outlined by this Community Health Improvement Plan. The success of this endeavor hinges on the ability of the community to embrace a shared vision and common agenda and to leverage our existing resources and expertise to ensure a collective impact approach to community health improvement.

Collective Impact occurs when organizations from different sectors agree to solve specific health and social problems using a common agenda, aligning their efforts, and using common measures of success.

The Five Conditions of Collective Impact¹⁵

Common Agenda	All participants have a shared vision for change including a common understanding of the problem and a joint approach to solving it through agreed upon actions.
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Shared Measurement	Collecting data and measuring results consistently across all participants ensures efforts remain aligned and participants hold each other accountable.
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Mutually Reinforcing Activities	Participant activities must be differentiated while still being coordinated through a mutually reinforcing plan of action.
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Continuous Communication	Consistent and open communication is needed across the many players to build trust, assure mutual objectives, and create common motivation.
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Backbone Support	Creating and managing collective impact requires a separate organization(s) with staff and a specific set of skills to serve as the backbone for the entire initiative and coordinate participating organizations and agencies.
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In fact, the process to date for developing the Winnepesaukee Region Community Health Improvement plan has encompassed the five components of the collective model to ensure an inclusive and effective plan. This process has engaged of a wide array of stakeholders including the community at large to: determine priority areas of

¹⁵ Kania, J., Kramer, M., Collective Impact. 2011: Stanford Social Innovation Review.



concern; support the development of a common vision for community health; identify multi-sector, cross-cutting strategies; conduct outreach to existing and new communication channels for dissemination of information; and develop a shared focus on measurable outcomes for monitoring progress and facilitating accountability.

The Winnepesaukee Public Health Council, along with the Financial Stability Partnership, challenges YOU to find a way to utilize your strengths – both personally and organizationally – to support the implementation of the Winnepesaukee Community Health Improvement Plan. We must all share in the responsibility of caring for our community's health and well-being. The future growth and vitality of the Winnepesaukee Region depends on it.

ACKNOWLEDGEMENTS

Winnepesaukee Public Health Region Community Health Improvement Plan Participating Agencies

Alton Fire Department	Laconia Clinic
Alton Police Department	Laconia Fire Department
Appalachian Teen Mountain Project	Laconia Housing Authority
Ascentria Care Alliance	Laconia Human Relations/Refugee Connections
Bank of New Hampshire	Laconia Middle School
Barnstead Emergency Management Director	Laconia Parks & Recreation
Belknap County Conservation District	Laconia Police Department
Belknap County Corrections	Laconia School District
Belknap Economic Development Council	Lakes Region Child Care Services
Belknap County Sheriff	Lakes Region Community College
Belmont Fire Department	Lakes Region Community Emergency Response Team (LR-CERT)
Belmont Police Department	Lakes Region Community Services
Boys and Girls Club of the Lakes Region	Lakes Region Conservation Commission
Caring Community Network of the Twin Rivers (CCNTR)	Lakes Region Food Network
Center Harbor Fire Department	Lakes Region General Hospital
Center Harbor Police Department	Lakes Region Medical Reserve Corps
Central NH VNA & Hospice	Lakes Region Mutual Fire Aid
Community Health Institute	Lakes Region Partnership for Public Health
Congregational Church of Laconia	Lakes Region Planning Commission
Comfort Keepers	Lakes Region Visiting Nurse Association
Community Action Program Belknap-Merrimack Counties	LRGHealthcare
Community Matters	Meredith Fire Department
Community Representatives: Franklin, Gilford, Laconia, Loudon, Northfield, Sanbornton	New Hampton Fire Department
Family Resource Center of Central NH	NH Catholic Charities
Franklin Fire Department	NH Committee on Aging

Franklin Parks & Recreation	NH Food Bank
Franklin Police Department	NH Public Health Nurse
Franklin Regional Hospital	NH Veterans Home
Franklin, City Selectboard	NH Voices for Health
Franklin School District	Northeast Organic Farming Association NH (NOFA)
Franklin VNA & Hospice	Parish of St Andre Bessette
Genesis Behavioral Health	Parents, Family, and Friends of Lesbians and Gays (P-FLAG NH)
Genesis Healthcare	Prescott Farm Environmental Education Center
Gilford Fire Department	Salvation Army
Gilford Police Department	Sanbornton Fire Department
Gilford School District	Sanbornton Police Department
Gilford, Town	Taylor Community
Granite United Way	Tilton Northfield Fire Department
HealthFirst Family Care Center	Tilton Police Department
HOME Team	Town of Tilton
Horizons Counseling Center	UNH Cooperative Extension
Laconia Area Community Land Trust	Wesley Woods
Laconia, City	WOW Trail

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