

Winnepesaukee Public Health Region
**Community Health
Improvement Plan**

2020-2025



Winnepesaukee Public Health Council

with support from the



**Partnership for
Public Health**

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I. EXECUTIVE SUMMARY

The Winnepesaukee Public Health Council (WPHC) is pleased to present its 2020-2025 Community Health Improvement Plan (CHIP) for the Winnepesaukee Public Health Network of New Hampshire. This is our second 5-year CHIP and the contents reflect an analysis of regional and statewide health data collected from a variety of sources as well as the regional community health needs assessment conducted in 2020. While this CHIP was initially developed to address the needs and trends identified within our WPHC community, the COVID-19 pandemic necessitated a shift in how we prioritize our work going forward. This CHIP incorporates the impact the pandemic has on each of our already identified CHIP priorities, on the community at large, and on the region's public health system.

In addition to its direct impact on the CHIP priority entitled *Increase Public Health Emergency Preparedness and Response*, the COVID-19 pandemic has deeply impacted each of the other five priorities as well: *Improve Access to Care; Reduce Substance Misuse through Prevention, Early Detection, Treatment, and Recovery; Increase Community Capacity to Address and Prevent Suicide; Improve the Health and Well-Being of Older Adults and Their Caregivers; and Improve Health through Increased Family Strengthening and Support of Individuals and Families*. The financial hardship and stress brought on by the coronavirus pandemic will last for years, and its ripple effects are likely to be felt for generations to come.

Our previous public health emergency preparedness and response work helped prepare our community response for Covid-19. The pandemic came on quickly, and our emergency planning system moved swiftly into action. The readiness and rapid response of the Winnepesaukee Public Health Region's Multi-Agency Coordinating Entity (MACE) during this challenging time was exceptional. Once the World Health Organization declared the pandemic, the MACE immediately initiated enhanced monitoring and coordination activities. Working directly with the State's Emergency Operations Center and office of Homeland Security, the region's Community Emergency Response Team (CERT) mobilized to assist in activation activities while the Medical Reserve Corps (MRC) prepared for potential service. At this writing, our team has been coordinating COVID-19 vaccination clinics throughout our community. MRC has been conducting COVID-19 vaccinations and our CERT volunteers assist with registration and monitoring of patients at vaccination sites. We remain in constant communication with local and state partners to provide streamlined and efficient COVID-19 vaccination response.

As before, our new CHIP spans across a broad demographic including children, families, individuals with disabilities and aging adults. Recognizing that social determinants of health (conditions in the places where people live, learn, work, and play) are factors that influence health risks and outcomes, we included these factors as we developed our strategies to achieve success in each priority.

There are many uncertainties, locally and globally, that make planning for improvements in the region's health over the next 5 years a delicate balance of art and science. We do know that New Hampshire's older adult population is aging (NH ranks second in the nation for median age), and this will influence the broader public health needs of the Winnepesaukee Public Health Region. We also know that the WPHC has demonstrated

the ability to pivot to address emergent public health needs in addition to pursuing steady progress and meaningful positive change in improving all aspects of public health.

As we look ahead to the next five years, we can imagine a community where all people have the opportunity to experience the conditions that allow them to live a healthy life.

Winnepesaukee Public Health Council Executive Board

Susan Wnuk, Co-Chair
Peggy LaBrecque, Co-Chair
Tamera Carmichael
Rich Crocker
Russ Keene
Alida Millham
Erin Pettingill
Susan Smith

II. INTRODUCTION

The Winnepesaukee Public Health Network Community Health Improvement Plan is intended to reflect the belief that quality of life in 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.

This document reflects a thorough assessment of community needs as well as an understanding that multiple factors influence the health of individuals and populations, including our genetic endowment, the physical environment, economic factors, social factors, and clinical health care. Increasingly Americans have gained an understanding that the social determinants of health – factors such as access to healthy food, access to safe housing, personal safety, availability of transportation, quality of education and access to good jobs – are profound influencers of our health status. This second edition of the Winnepesaukee Public Health Region Community Health Improvement Plan recognizes the importance of these factors and addresses them throughout the document. This publication builds on the priorities identified in the previous version, reports on progress toward meeting previous objectives, and updates the plan to reflect current and forecasted matters of public health importance.

This Community Health Improvement Plan (CHIP) is a guide for systematic and collective efforts to address high priority health issues in our communities from 2020 through 2025. The plan recommends goals, objectives and strategies for action and is provided to stimulate collaboration by entities across multiple community sectors including health care and public health, local government, education, social services, business, faith communities, and voluntary agencies and organizations. The CHIP can help guide policy and resource allocation to optimize health and well-being and create communities in which people can thrive.

This document represents our community's plan for health and safety, designed to be implemented through collective action by community agencies, partners, and residents across our region. Working together the region can reach a shared vision for a vibrant and healthy community characterized by accessible, integrated systems of service and support with focused attention on meeting the needs of underserved and vulnerable populations.

Following the data gathering and prioritization phases of this CHIP, the COVID-19 pandemic emerged as a national and local public health emergency, demanding rapid deployment of resources across the region and elevating emergency preparedness to a high priority level. Simultaneously, financial instability within the local community hospital system rapidly evolved into a crisis mode, creating a situation in which primary care, specialist care and acute care access were dramatically altered, at least in the short term. These events continued to unfold as the CHIP was finalized, requiring response forces to be adaptive and fluid. This plan reflects priorities and activities identified prior to the COVID-19 pandemic, but it also demonstrates the ability of the community to be responsive to dynamic and evolving needs.

III. WINNIPESAUKEE PUBLIC HEALTH COUNCIL

The Winnepesaukee Public Health Council (WPHC) 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, Inc. (ppnh.org), based in Laconia. The mission of the Partnership for Public Health is 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 Networks established in 2013 by the New Hampshire Department of Health and Human Services¹. The regions were initially established through federal funding to strengthen substance misuse prevention activities and were later expanded to address and improve emergency preparedness, behavioral health care, and general public health promotion. The regional public health network system is an integral component of the state's public health efforts and a community resource for public health information, capacity development, community partnership, and strategic planning.

Each Regional Public Health Network 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 (PHAC) and provides a variety of services including Public Health Emergency Preparedness and Substance Misuse Prevention.

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

The Winnepesaukee Public Health Council oversaw and guided the development of this Community Health Improvement Plan and continues to expand its work and its reach, serving as both a pro-active and a responsive collaborative entity. Projects launched by the Council are subject to rigorous evaluation methodologies and revised to reflect new information. Finally, the Council works with other Public Health Councils in the state of New Hampshire to identify trends and work toward building a healthy state, community by community.

¹ For more information, please visit <https://www.dhhs.nh.gov/dphs/rphn/index.htm>

Members of the Winnepesaukee Public Health Council

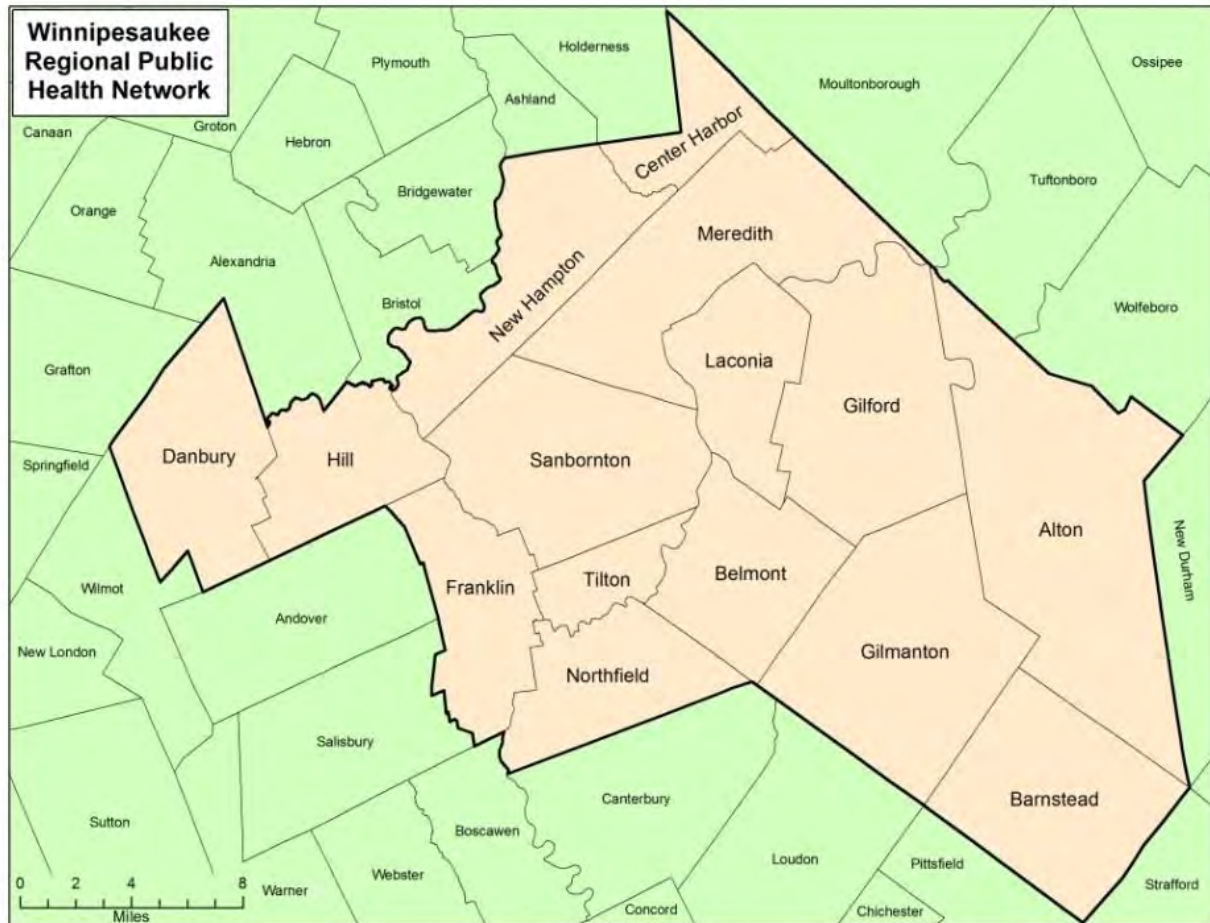
Granite VNA	Lisa Dupuis
Granite VNA	Lori Nash
City of Franklin	Jim Wells
Community Action Program of Belknap-Merrimack Counties	Susan Wnuk
Partnership for Public Health Board (Rep)	Rich Crocker
Community Member	Susan Smith
Granite United Way	Tiffany Pena
Granite United Way	Scoop Welch
Health First Family Care Center	Russ Keene
HealthFirst Family Care Center	Rebecca Robichaud
Laconia Fire Department	Kirk Beattie
Laconia Police Department	Eric Adams
Laconia School District	Mckenzie Harrington-Bacote
Lakes Region Community College	Linda Ferruolo
Lakes Region Community Developers	Carmen Lorentz
Lakes Region Community Services	Erin Pettengill
Lakes Region Community Services	Steven Swanson
LRGHealthcare	Carolyn Muller
Navigating Recovery of the Lakes Region	Daisy Pierce
NH Veteran's Home	Margaret LaBreque
Community Member	Karin Salome
Partnership for Public Health Board (Rep)	Alida Millham
Riverbend Mental Health	Susan Lunt
Tilton Family Resource Center	Michelle Lennon
Interlakes Community Caregivers, Inc.	Rachel Saliba
UNH Cooperative Extension	Melissa Lee

IV. PARTNERSHIP FOR PUBLIC HEALTH STAFF

Tamera Carmichael	Executive Director
John Beland	Emergency Preparedness and Response Manager
Kimby Wade	Director of Prevention Strategies
Carissa Elphick	Director of Human Service Programs
Marie Tule	Finance Director
Jennifer Groleau	Administrative and Technical Support Coordinator
Linda Audet	Bookkeeper
Courtney Devost	Accounting and Program Administration Specialist
Kate Bruchacova	Community Health Educator
John Carlson	Regional Public Health Resource Officer
Lori Raymond	Medicare Counselor
Nikki Thomas	Options Counselor
Dawn Smith	Options Counselor – Caregivers and Veterans
Jane Cote	Options Counselor – Caregivers and Veterans
Martha Johnston	Options Counselor/Team Leader
Robin Jurta	Community Support Coordinator
Janet Learned	Volunteer
Emma Wisniewski	Volunteer

V. COMMUNITY PROFILE

The Winnepesaukee public health region includes the towns of Alton, Barnstead, Belmont, Center Harbor, Danbury, Franklin, Gilford, Gilmanton, Hill, Laconia, Meredith, Moultonborough², New Hampton, Northfield, Sanbornton, and Tilton. The Winnepesaukee Public Health Network serves approximately 77,000 people living in these communities.



Modest Growth, Plateauing and Small Declines in the Population: The population of the Winnepesaukee public health region has seen variable changes since the last report in which growth of 6.3% was reported. While some towns have seen modest growth of 1-3% in the last 5 years, others are plateauing or seeing small declines in population.³ Population density of the Winnepesaukee region averages 150 people per square mile but varies from a low of 31.7 in Danbury to a high of 795 in Laconia and 317 in Franklin. The average density remains similar to the state overall (147 people per square mile).⁴

² For Public Health Emergency Preparedness activities only

³ Data Source: US Census Bureau, Population estimates 2018

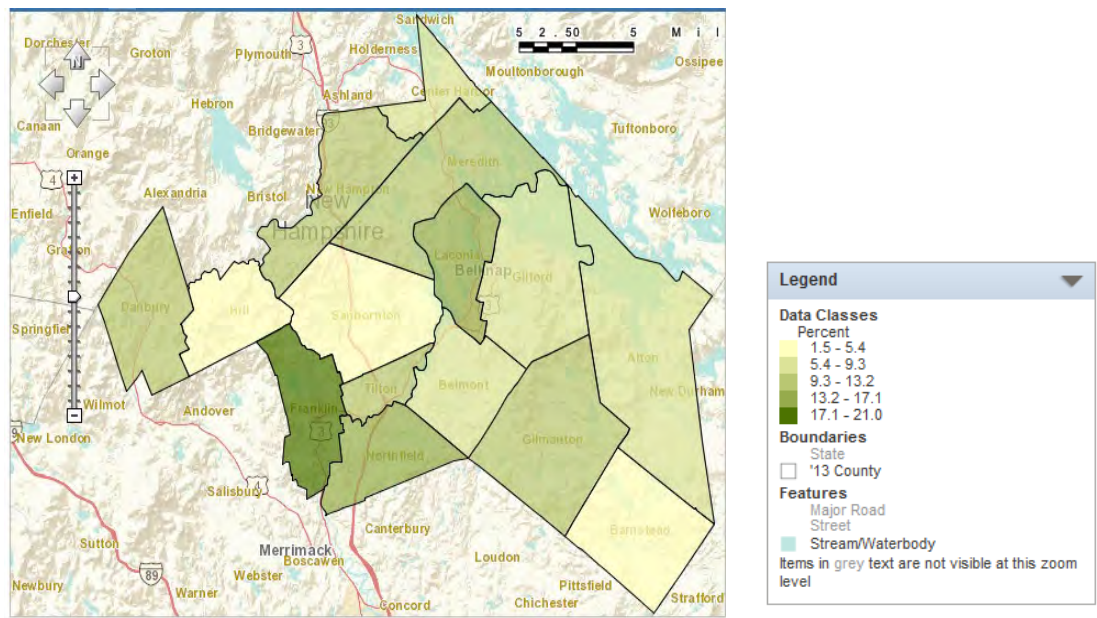
⁴ US Census Bureau, American Community Survey 5-Year Estimates, accessed via factfinder.census.gov

Older Population: Of note, New Hampshire is considered one of the oldest states on average based on the proportion of residents at or over age 65. In 2020, the state became ranked as the second oldest state in the nation, with Maine noted as the oldest state.

Residents of the Winnepesaukee region are older on average than the state at large, with 17.5% of the population age 65 years or older, an increase since the last report. By comparison, the percent of people age 65 and older in the State of New Hampshire is 16.4%.⁵ There is within the region, however, considerable variability in the proportion of the population at and over age 65, from 10.3% in Northfield and 13.9% in Belmont to 31.4 % in Sanbornton and 32.7% in New Hampton.

People Living in Poverty: The percentage of individuals in the Winnepesaukee region living on incomes at or below the federal poverty level (11.4%) is notably higher than the rate for New Hampshire overall (7.6%).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 2.7% of residents of Sanbornton who are living in poverty to 14.7% in Franklin. These are estimates provided by the US Census Bureau.

It is also important to note that the percentage of children (ages 0-17) living in poverty across the Winnepesaukee region (17.4%) is also notably higher than in New Hampshire overall (11.1%).⁴ In some towns within the region, the percentage of children living in poverty has increased since the last report. The 2020 census is expected to generate more detailed and accurate information on adult and child poverty levels.



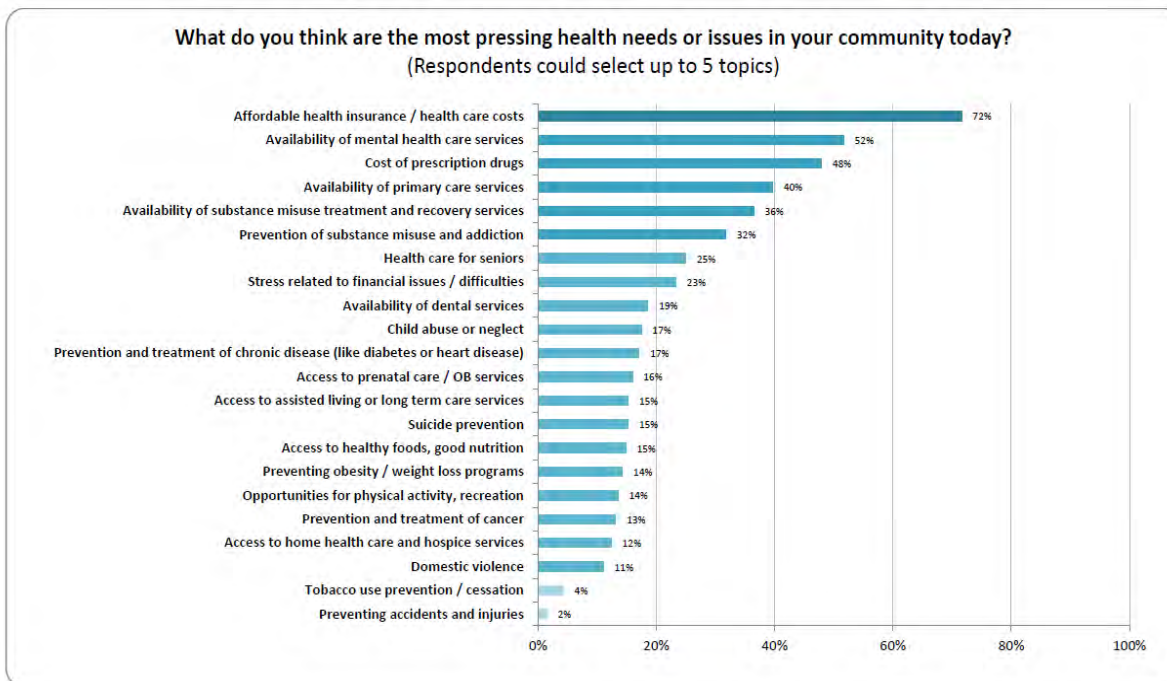
⁵ Data Source: US Census Bureau 2013-2017, American Community Survey 5-Year Estimates.

VI. COMMUNITY HEALTH NEEDS ASSESSMENT

The Partnership for Public Health, on behalf of the Winnepesaukee Public Health Council, joined a collaborative of four agencies serving the region in a comprehensive community health improvement planning process. The purpose of this process was to engage community partners to:

- Better understand the health-related issues and concerns impacting the well-being of area residents;
- Inform community health improvement plans, partnerships and initiatives; and
- Satisfy state and federal Community Health Needs Assessment requirements for Community Benefit reporting.

The assessment went beyond the Winnepesaukee region and included the geographic area of 26 cities and towns in central New Hampshire known generally as the Lakes Region, with a total resident population of 101,227 served by the LRGHealthcare system including Lakes Region General Hospital and Franklin Regional Hospital. In addition, the planning committee felt it important to specifically ask community members for input on how COVID-19 has affected them and their communities as the pandemic was an over-arching concern affecting both the community health needs assessment plan and distribution process and the content of community input. The resulting 2020 Lakes Region Community Health Needs Assessment (CHNA) report⁶ was released in early 2021, and its key findings have substantiated much of the work of the Community Health Improvement Plan (CHIP) process and have been incorporated into this document.



⁶ <https://lrgh.org/wp-content/uploads/2021/01/2020-Lakes-Region-Community-Health-Needs-Assessment-v12.28.30.pdf>

VII. PLANNING PROCESS

The community health needs assessment was conducted during the period of September through December 2020. Methods employed in the assessment included: surveys of community residents made available through social media, email distribution and website links through multiple channels throughout the region (paper survey collection was curtailed for this community health needs assessment cycle due to the COVID-19 pandemic); a direct email survey of community leaders representing multiple community sectors; a set of three community discussion groups; and a review of available population demographics and health status indicators.

All information collection activities and analyses sought to focus assessment activities on vulnerable and disproportionately served populations in the region including populations that could experience limited access to health-related services or resources due to income, age, disability, and social or physical isolation.

Participants recognized the intersection between and among these issues and their impact on the well-being of individuals and the community. The Planning Council noted the paucity of up-to-date data to assist in projecting needs and evaluation progress. Census data in this region is often estimated based on previous trends, but does not generally factor in intermediate changes. Consequently, this assessment is based on needs expressed through the public process and information identified by providers who attend to those needs.

VIII. COMMUNITY HEALTH IMPROVEMENT PRIORITIES AND PLANS

The planning process led by the Winnepesaukee Public Health Council resulted in six public health priority areas selected for focused action over the next five years (2020-2025). They are not presented in order of importance; rather each priority is to receive attention and resource as needed and available.

Between 2016 and 2017, under provisions made possible by the Affordable Care Act, the federal health insurance exchange enrolled approximately 48,000 NH individuals, and state enrollment in Medicaid rose to 189,000. The 2020 Lakes Region CHAN, however, reported the estimated proportion of people with no health insurance (7.7%) is higher than the overall percentage in the state (5.9%). The assessment also found that approximately 11% of adults delayed or avoided a health care visit because of cost and about 9% reported not having a personal doctor or health care provider. Community members and leaders who participated in the assessment felt that affordable health insurance and prescription drug costs were a top concern.

A recent development further impacted access to health care. At the time this report was in draft form, the local hospital announced suspension of a number of its owned primary care and specialty care practices, resulting in a decline in access to regional healthcare providers. Further, the hospital discontinued elective surgery and a number of other programs as the COVID-19 pandemic emerged. At the time of this writing the hospital has filed bankruptcy and is being acquired by Concord Hospital non-profit hospital nearby. In May 2020, the hospital was operating only a limited number of practices and had transferred patients to those practices and to HealthFirst, a Federally Qualified Health Center. The Public Health Council continued to follow the plan of the regional hospital and its former affiliated practices and will address emerging needs as the situation unfolds.

The 2020-2025 plan presented here addresses the priorities identified by community-based workgroups and local partners of the Winnepesaukee Public Health Council. Together they identified goals and objectives, developed work plans, and continue to implement strategies for health improvement for each priority area. In some cases, objectives 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 the 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.

COMMUNITY PRIORITIES

- Strengthen Public Health Emergency Preparedness and Response Capability
- Improve Access to Care and Support Integrated Care
- Reduce Substance Misuse Through Prevention, Early Detection, Treatment and Recovery
- Increase Community Capacity to Address and Prevent Suicide
- Improve the Health and Well-Being of Older Adults and Their Caregivers
- Improve Health through Increased Family Strengthening and Support of Individuals and Families.

IX. PRIORITY AREAS

The Community Health Improvement Plan (CHIP) addresses each of the six identified priorities separately. Under each priority, the report presents information about the background and importance of the priority in the Winnepesaukee Region. Here you will find data and graphs or charts that express the current and evolving situation. This background information is followed by the new goals, objectives and strategies for 2020-2025.

PRIORITY AREA 1:

Strengthen Public Health Emergency Preparedness and Response Capability

Background and Importance

Prior to the emergence of the COVID-19 pandemic, emergency preparedness had been an inaugural core function of the Winnepesaukee Public Health Network. The potential for natural disasters, disease epidemics and other catastrophic events to impact communities and states had already become evident through the events of Hurricane Katrina, H1N1 influenza outbreaks and Zika virus. To prepare citizens and the community for readiness, the Winnepesaukee Public Health Network (WPHN) routinely worked throughout the year to convene community leaders, emergency response teams, medical teams, community educators, communication experts and common citizens to plan for public health emergencies to limit illness and death, preserve continuity of government/business, minimize social disruption and minimize economic loss.

In collaboration with state officials, the Partnership for Public Health created and convened a regional *Public Health Emergency Planning Council* in the early 2000s that continues today. The Council includes town officials, health officers, emergency management directors, fire/rescue workers, police, schools and others to assess, plan and test regional emergency preparedness. Through this Council, the region distributes materials to assist citizens in understanding and preparing for emergencies, and trains and supports regional emergency volunteer capacity through entities such as the Lakes Region Community Emergency Response Team (LR-CERT) and the Lakes Region Medical Reserve Corps (LR-MRC). The Council also designs and coordinates Points of Dispensing Sites (PODs) to distribute medication or vaccines on a large scale in the event of a health emergency requiring rapid deployment of pharmaceuticals and biologics. It works closely with Emergency Response Personnel in the state and the federal government to coordinate activities and assure a state of readiness. Even in the face of these efforts, data from the 2013 NH Behavioral Risk Factor Survey indicated that only 32% of Winnepesaukee Region and NH adults felt “well-prepared” to handle a large-scale disaster or emergency.

2020-2025 GOALS, OBJECTIVES AND STRATEGIC APPROACHES

PUBLIC HEALTH EMERGENCY PREPAREDNESS & RESPONSE

GOAL 1 *Increase regional capacity to prepare for, respond to and recover from public health emergencies.*

Objective 1 Increase the percentage of schools participating in the school flu vaccine distribution program from 24% to 35% by 2025.

Objective 2 Increase the access and utilization of emergency plan information and education page which includes a communication plan for family members on network's website pphnh.org from 2020 baseline.

Objective 3 Increase diverse volunteer member roster by 2% to respond to various types of Public Health Emergencies.

GOAL 2 *Continue to lead regional participation in the response to COVID-19, working with state and local resources to contain and control viral spread.*

Objective 1 Work with the state COVID Operations Team to deploy resources, open PODs and/or operate Alternate Care Sites (ACSS) as needed throughout the COVID-19 pandemic response.

Objective 2 Increase closed Points of Dispensing (PODs) by 2 in strategic locations around the region by 2025.

To achieve these goals and objectives, our regional partners for this priority area will carry out a range of strategic approaches.

PUBLIC HEALTH EMERGENCY PREPAREDNESS & RESPONSE STRATEGIC APPROACHES

STRATEGY 1: Increase community information and education relative to personal and household preparedness using COVID-19 as a learning opportunity.

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; and expand capacity for behavioral health emergency response for the general public.

STRATEGY 5: Maintain communications with the state COVID-19 Operations Center and maintain readiness to deploy the opening and management of ACS or PODs as needed.

PUBLIC HEALTH EMERGENCY PREPAREDNESS & RESPONSE KEY PARTNERS

Health, Safety, Fire, Police and Emergence Service from the following towns:
Alton, Barnstead, Belmont, Center Harbor, Danbury, Franklin, Gilford, Gilmanton, Hill, Laconia, Meredith, Moultonborough, New Hampton, Northfield, Sanbornton, and Tilton

Bank of NH	Belknap County Nursing Home
Belknap County Sheriff	Franklin VNA
Genesis Mountain Ridge	Goldenview Health Care Center
Granite VNA	Health First Family Care
Laconia Middle School	Lakes Region Community College
Lakes Region Community Mental Center	Lakes Region Mutual Fire Aid
Lakes Region VNA	LRGHealthcare
NH Veterans Home	Partnership for Public Health
Peabody Home	St. Francis Rehabilitation & Nursing Center
Taylor Community	

PRIORITY AREA 2:

Improve Access to Care and Support Integrated Care

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 meaningfully 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 region, the ratio of residents per behavioral care provider is substantially higher than for New Hampshire overall. In more rural areas, the travel required to visit a behavioral health provider further limits access due to distance and transportation deficits. According to the most recently available data, residents of the Winnepesaukee region are also significantly more likely to use an emergency department for mental health conditions.

Furthermore, the 2020 Lakes Region Community Health Needs Assessment identified high rates of stress and anxiety as a result of the COVID-19 pandemic as well as deteriorating economic conditions and increasing family hardship that are likely to be exacerbating behavioral health conditions. Participants in the assessment rated the availability of mental health services as their second highest priority, noting insufficient local capacity and increased need for services as a result of anxiety, stress and isolation associated with COVID-19.

Local and regional quantitative data confirming the pandemic's effect on behavioral health, particularly on children, may not be available for years. However, there are already anecdotes from schools and primary care practices relative to Covid-19's social and emotional impact on children and teens in the region. Despite a lack of local data, *Psychiatry Research* (November 2020) reported a literature review of research conducted since the pandemic began that found evidence of increased irritability, distractibility and attention-seeking among children of all ages. Parents also reported higher rates of observable fear, isolation, disturbed sleep, poor appetite, agitation and separation-related anxiety in their children. The study also found older teens to have more anxiety associated with their education and career paths.⁷ These behavioral impacts are likely to endure for years, particularly for children and youth with existing or underlying behavioral health conditions. Integrated

⁷ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7444649/>

care partners and service providers are anticipating significant increases in demand for behavioral health services as a result.

Important capacity relative to this priority has been serving the region for the last few years. The Community Health Services Network, LLC (CHSN) was created in February 2016 as part of the state's Section 1115 Delivery System Reform Incentive Payment (DSRIP) Medicaid transformation waiver. The waiver called for regions across New Hampshire to create Integrated Delivery Networks (IDNs) to work aggressively with the state and community partners to improve access to behavioral health care services and support efforts for integrated healthcare across the delivery system. Each IDN is comprised of health and social service partners who are committed to working together to improve access to care, and reduce gaps in transitions of care by improving coordination of care and providing linkages to community supports. The CHSN, the state's Integrated Delivery Network 5, spans the Winnepesaukee and Central NH public health regions. The CHSN has over 30 members and affiliate partners that work together to bring integrated healthcare to patients in the region. Although the waiver closed on December 31, 2020, CHSN has continued to support Health Information Technology (HIT) infrastructure, workforce development, access to care, and care coordination especially for those with co-occurring substance use and behavioral health conditions. The region will benefit from continuation of the CHSN and WPHC partners as they continue to look for opportunities to ensure the community can access health care with emphasis on integrating care across delivery systems.

To address behavioral health care priorities, the Winnepesaukee Public Health Council worked with the following key organizations: Community Health Services Network, Partnership for Public Health, LRGHealthcare (LRGH and FRH), Lakes Region Mental Health Center, Riverbend Community Mental Health Center, HealthFirst Family Care Center, Lakes Region VNA, Granite VNA, Franklin VNA & Hospice, Horizons Counseling Center, Navigating Recovery of the Lakes Region, Greater Tilton Family Resource Center, and Project Aware.

Objectives identified in the previous community health improvement plan relative to behavioral health care have been achieved. At the time this priority was identified, the state baseline ratio of patients to behavioral health care providers was 801:1. According to NH County Health Rankings, by early 2020, Belknap County had the highest ratio of behavioral health care providers per resident population in the state (200:1), and Merrimack County has the third highest ratio (280:1). Belknap County providers increased from 235 in 2015 to 304 in 2020, and Merrimack County providers increased from 358 to 522. Thus, the number of behavioral health providers has increased by 300% as of the end of January 2020.

Relative to improvements in behavioral health care service levels, the data source for the original baseline (1,672 visits per 100,000 people) reflected only Medicaid clients and has not been updated; thus, it is impossible to make a firm comparison. However, a reference substitute has emerged that will be used as the baseline for future comparison. That new reference point involves a count of behavioral health sensitive diagnoses assigned to people who sought service at LRGHealthcare (Lakes and Franklin hospitals) in 2015. This figure (1,608 visits per 100,000 people) will be used for future comparison, provided that both hospitals maintain emergency room services after the COVID-19 pandemic has been resolved. (Note: At the time this report was written, LRGHealthcare had suspended routine operations, furloughed 600 employees and focused on COVID-19 – related care.)

In consideration of progress made to date and of information reviewed and prioritized during the planning process, the following goals, objectives and strategic approaches are presented for 2020-2025 to support behavioral health care services.

2020-2025 GOALS, OBJECTIVES AND STRATEGIC APPROACHES

IMPROVE ACCESS TO CARE AND SUPPORT INTEGRATED CARE

GOAL 1

Improve access to mental health and substance abuse treatment services in the Winnepesaukee region and provide urgent services within the community with a focus on youth access.*

Objective 1

Enhance referrals to behavioral health providers by 10% through training, marketing, increased communication with primary and post-acute care providers, public safety officials, and the emergency department.

Objective 2

Decrease the rate of emergency department visits for mental health conditions by 5% by 2025.

GOAL 2

Improve access to primary care services in the Winnepesaukee region.

Objective 1

Reduce the ratio of primary care physicians per 1000 individuals by 10% from 1560:1 to 1404:1 by 2025.

Objective 2

Reduce the number of uninsured from 8% to 7% by 2025.

To achieve these goals and objectives, our regional partners for this priority area will carry out a range of strategic approaches.

ACCESS TO CARE & INTEGRATED CARE STRATEGIC APPROACHES

STRATEGY 1: Outreach to area primary care and post-acute providers, police, EMT and emergency room staff to increase awareness of behavioral health options and referral.

STRATEGY 2: Continue to expand behavioral health care service sites and modify hours of operation to meet the schedules of clients, including the CHSN's exploration of telehealth and mobile health options.

STRATEGY 3: Maintain and strengthen the integrated service system model (Community Health Services Network), leverage opportunities presented by changes in health care access, and seek modifications in the reimbursement model.

ACCESS TO CARE & INTEGRATED CARE SERVICES KEY PARTNERS

Ascentria	Belknap County
Bridge House	Central NH VNA
Communities for Alcohol & Drug Free Youth	CAP Belknap-Merrimack Counties Community
Bridges	Cornerbridge
Crotched Mountain Foundation	Easter Seals NH/Farnum North
Franklin VNA	Genesis Behavioral Health
Grafton County	Granite State Independent Living
HealthFirst Family Care Center	Horizons Counseling Center
Lakes Region Community Services	Lakes Region VNA
LRGHealthcare	Merrimack County
Mid-State Health Center	National Alliance on Mental Illness-NH
Navigating Recovery of the Lakes Region	NH Alcohol and Drug Abuse Counselors
NH Veterans Home	Newfound Area Nursing Association
Partnership for Public Health	Pemi-Baker Community Health
Plymouth Area Recovery Connection	Riverbend Community Mental Health
Speare Memorial Hospital	

PRIORITY AREA 3:

Reduce Substance Misuse through Prevention, Early Detection, Treatment and Recovery

Background and Importance

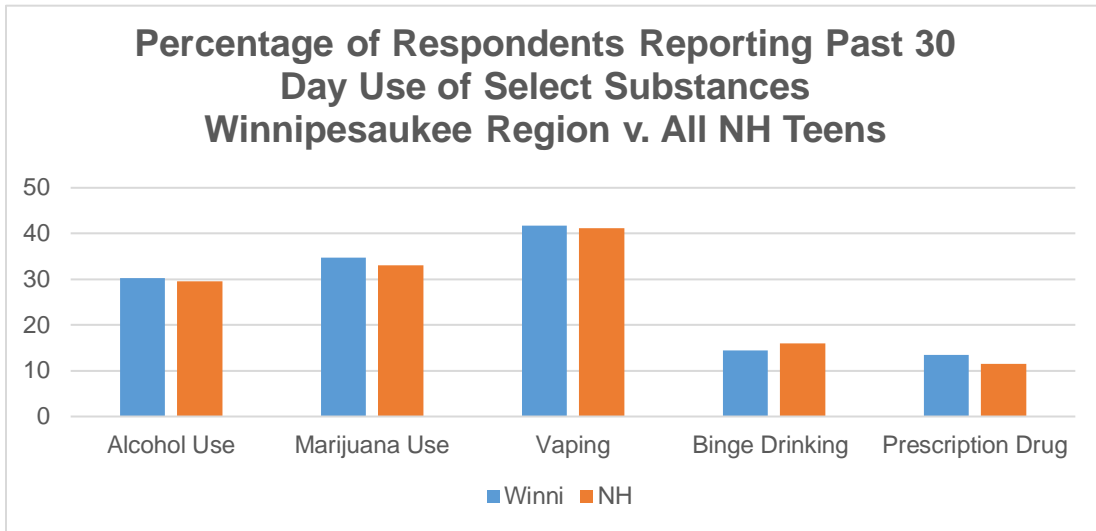
Substance misuse continues to be one of the most prevalent and problematic public health issues of our nation and our region. It presents a wide range of safety and health risks and affects physical, social and emotional well-being. Substance misuse involving alcohol, illicit drugs, misuse of prescription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

The 2020 Lakes Region Community Health Needs Assessment found that substances are being used in the region for intentional self-harm at a rate higher than the state average and that the 2018 rate of Drug and Alcohol Related Emergency Department Visits per 100,000 in the Lakes Region was significantly higher than the state overall. The assessment also found that community members and leaders prioritized substance misuse and access to treatment and recovery services as a top priority due to continuing stigma and gaps in services for withdrawal management.

New Hampshire has experienced a significant crisis related to use of opioids since 2015, and the Winnepesaukee region has been identified as a portion of the state with significant risk. A common pathway for initiation of opioid use begins with a legitimate prescription following surgery or injury, which sometimes escalates into regular use unrelated to an injury. As opportunities to obtain prescription medication are reduced, the demand has switched to street heroin, which is less costly to obtain but extremely potent. Illegal dealers have laced heroin with synthetic fentanyl, enhancing its potency and dramatically escalating the risk of overdose and death.

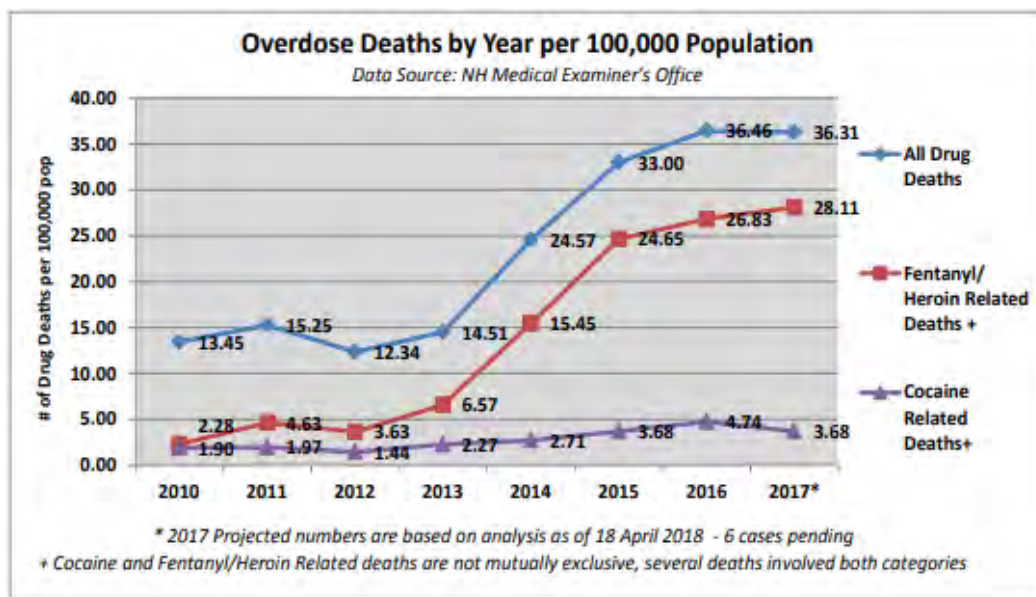
Alcohol is the most prevalent substance misused in the United States and in New Hampshire. Underage drinking, binge drinking, regular heavy drinking and drinking during pregnancy are some forms of alcohol misuse that pose highest risk. Marijuana continues to be the illicit drug most often selected by teens and young adults. The majority of people 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 recognized as a “gateway drug”, a contributing factor leading to the use of other drugs.

During the past five years, vaping has become a habit of concern, especially among teens where the reported use of vaping products far exceeds use of cigarettes. Teens report that they enjoy the flavors available in vaping products. Attempts to limit the sale of such products has had very limited success, and their use continues to increase among teens. Vaping presents significant health challenges, particularly to the respiratory system. Most teens report that they begin vaping by sharing items with a friend or having an older acquaintance obtain products for them. The next 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.

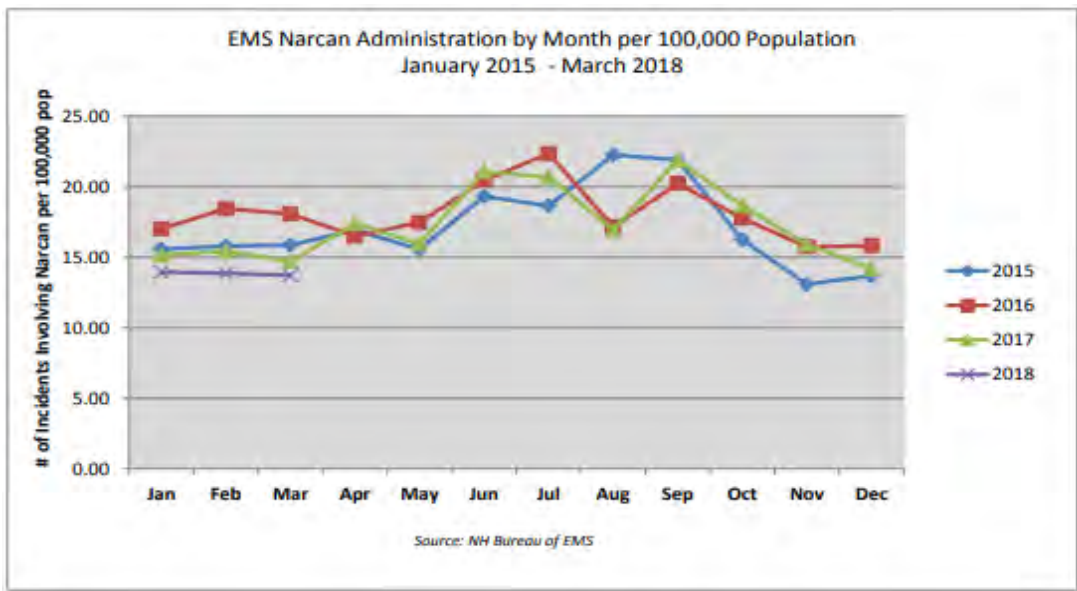


Data Source: NH Youth Risk Behavior Survey, 2017

Since 2015, the misuse of prescription drugs, particularly prescription pain relievers, has significantly increased the risk to individual health, is a powerful contributing factor to misuse of other opioids including heroin, and is a cause of unintentional overdose and mortality. Since 2015, the Winnepesaukee region has been identified as a hot spot for overdose deaths. As a consequence, the Public Health Network has prioritized this as an area of high importance. Data below illustrate the increase in opioid-related overdoses from 2010 to 2017.



In 2015, in response to the alarming volume of overdose deaths, NH began to permit public safety officers to administer Narcan to persons who overdosed in order to save their lives. In spite of this, deaths due to overdose increased steadily from 2015 and 2018 and have just seen a slight decline in 2019, with some cases still pending review as of early 2020.



2020-2025 GOALS, OBJECTIVES AND STRATEGIC APPROACHES

SUBSTANCE MISUSE PREVENTION, EARLY DETECTION, TREATMENT & RECOVERY

GOAL 1

Prevent and reduce substance misuse among youth with emphasis on misuse of alcohol, tobacco, cannabis, and opiates (prescription drugs and heroin) in the Winnepesaukee region.

Objective 1

Decrease past 30-day use among high school aged youth as reported on and tracked by the Youth Risk Behavior Survey (baseline being the 2019 YRBS for the Winnepesaukee region).

Objective 2

Increase perception of harm for substance use among high school aged youth as reported on and tracked by the Youth Risk Behavior Survey (baseline being the 2019 YRBS for the Winnepesaukee region).

GOAL 2

Cultivate leadership and impart knowledge of substance misuse to improve understanding of the impact of alcohol use and the use of other substances within the Winnepesaukee region.

Objective 1

Offer educational opportunities annually to community members, leaders, lawmakers and policymakers to increase their awareness of alcohol and other substance use costs, impacts, the savings realized from efforts and services, and the health outcomes of individuals being supported and served.

SUBSTANCE MISUSE PREVENTION, EARLY DETECTION, TREATMENT & RECOVERY

GOAL 3

Promote the implementation of standardized, effective policies, practices, and programs across multiple sectors including education, business, local government, community supports, and law enforcement/criminal justice within the Winnepesaukee region.

Objective 1

Continue to sustain and support implementation of effective policies, practices, and programs with sufficient, on-going technical assistance and related resources.

Objective 2

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.

GOAL 4

Increase community capacity to address substance misuse and substance use disorder throughout the Winnepesaukee region.

Objective 1

Continue to provide ongoing technical assistance and support to local coalitions (strategic planning, logic models, steering committees, community awareness events, etc.) as needed and required by coalition leadership.

Objective 2

Increase access and awareness of resources and options for the continuum of care (prevention, early identification, treatment, and recovery) through distribution of information and promotion of opportunities available.

Objective 3

Expand and strengthen peer-based recovery supports by raising awareness, improving accessibility, and supporting recovery programs and services made available across the region.

SUBSTANCE MISUSE STRATEGIC APPROACHES

STRATEGY 1: Increase community awareness relative to the harm and consequences of alcohol and substance misuse, the treatment and recovery support services available, and the understanding that recovery is possible and achievable.

STRATEGY 2: Continue to collect, coordinate, and disperse information, resources, and data about the effects and impact of alcohol and substance misuse on individuals, families, communities, and community sectors, as well as share hopeful, positive, and successful efforts to reduce misuse and promote recovery.

STRATEGY 3: Cultivate expanded leadership, particularly among lawmakers and policymakers, to improve knowledge of the impact of alcohol and other substance misuse; to improve understanding of effective policies, practices, and programs to address misuse; and to develop and retain champions for such efforts.

STRATEGY 4: 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.

STRATEGY 5: Advocate for and support adequate, sustained financial resourcing of alcohol and other substance misuse for prevention, intervention, treatment, and recovery supports.

STRATEGY 6: Support training availability and access relative to the topics of alcohol and other substances for a wide range of professionals, practitioners, and community partners within different sectors and varying settings.

STRATEGY 7: Foster partnerships and collaborations among key sectors involving the alignment of efforts with strategic stakeholders to include family resource centers and youth serving organizations.

STRATEGY 8: Provide ongoing technical assistance and support to existing and developing local coalitions in the region as they continue their efforts to promote youth substance misuse prevention.

SUBSTANCE MISUSE KEY PARTNERS

Groups Recover Together	HealthFirst Family Care Center
Lakes Region Community Services	Lakes Region Mental Health Center
LRGHealthcare	Navigating Recovery of the Lakes Region
New Beginnings - Without Violence and Abuse	New Futures
Partners in Community Wellness (PicWell)	Partnership for Public Health
Sober Treads @ Greater Tilton Area Family Resource Center	Tilton Youth Assistance Program
Winnepesaukee Public Health Council	Winnepesaukee Region Fire Departments
Winnepesaukee Region Police Departments	Winnepesaukee Region School Districts
Winnepesaukee Region Municipalities	Winnepesaukee Region Local Coalitions

PRIORITY AREA 4:

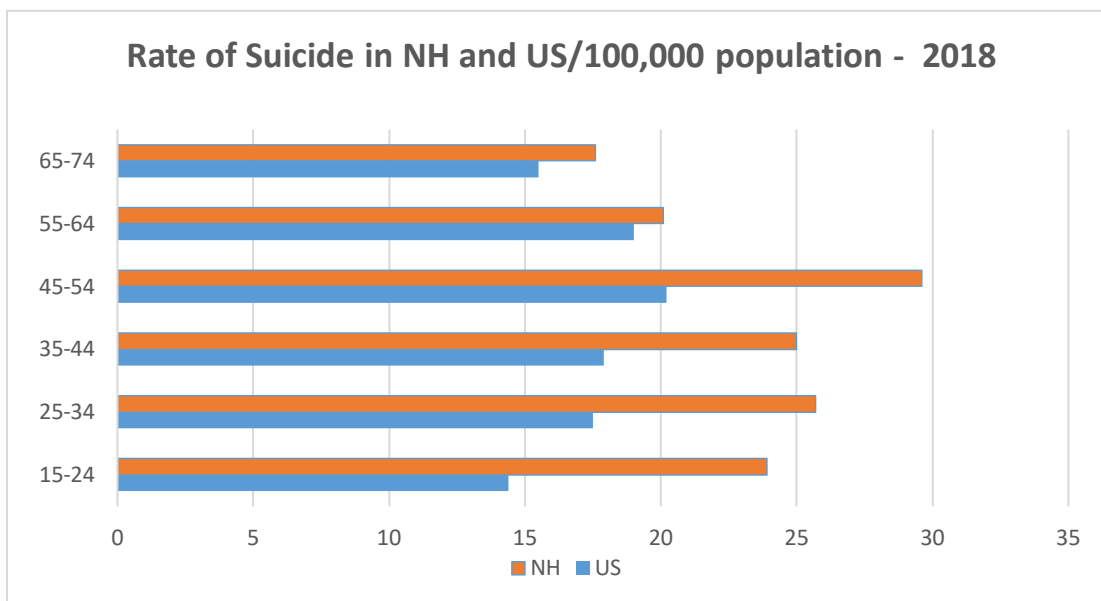
Increase Community Capacity to Address and Prevent Suicide

Background and Importance

Suicide has emerged as a major public health problem that affects individuals, their families and society. According to National Center for Health Statistics 2017 data, suicide is the 8th leading cause of death in New Hampshire and the second leading cause of death among people ages 24 and younger. While suicide has emerged as a national problem, New Hampshire's rates are 50% higher than the nation as a whole. Closely related to substance use and behavioral health problems, suicidal ideation and attempts at suicide are a symptom of extreme emotional distress. Drugs and alcohol are frequently viewed as a form of self-medication for underlying mental illness, are able to amplify underlying mental illnesses, or can cause a person without mental illness to experience the onset of symptoms for the first time.

The 2020 Lakes Region Community Health Needs Assessment found that the rate of self-harm related Emergency Department visits including self-intentional poisonings due to drugs, alcohol or other toxic substances among Lakes Region residents in 2018 was significantly higher than for the state overall.

As shown by the chart below, the NH suicide rate is significantly higher than the US rate for all ages. Of particular note are the rates for NH residents between 15 and 54.



Source: CDC Wonder Online Database 2018

In the Winnepesaukee region, data from the Youth Behavioral Risk Survey show that suicidal ideation rates among teens was higher than those of the overall state adolescent population (20% v. 16.1% respectively) while suicide attempts were slightly lower at 4.2% for the region compared to 5.9% for the state.

2020-2025 GOALS, OBJECTIVES AND STRATEGIC APPROACHES

COMMUNITY CAPACITY TO ADDRESS & PREVENT SUICIDE

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 based on the regional percentage in the Youth Risk Behavior Survey (baseline would be 7.8 from the 2019 YRBS for the Winnepesaukee region).

Objective 2 Provide ongoing trainings in Suicide Prevention, Postvention and/or Counseling on Access to Lethal Means (CALM) within key community sectors and settings.

Objective 3 Educate local media professionals in appropriate reporting of suicidal events following the nationally established guidance from the Suicide Prevention Resource Center for *Safe and Effective Messaging and Reporting*.

Objective 4 Promote utilization of postvention training and protocols (i.e. After a Suicide Toolkit, Reporting Recommendations Toolkit) 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 5 Identify key data sources, relevant resources, and essential tools that may better identify high-risk populations and/or other trends that may inform suicide prevention efforts, education, and outreach.

ADDRESSING & PREVENTING SUICIDE STRATEGIC APPROACHES

STRATEGY 1: Target prevention efforts on populations with circumstances and/or characteristics that place them at higher risk for suicide, such as substance misuse, military experience, minority and refugee populations, sexual and gender minority populations, young adults not enrolled in college, justice-involved young people, youth and young adults who have had an inpatient psychiatric admission, and older adults living alone and socially isolated.

STRATEGY 2: Promote education tailored to specific high-risk populations that includes hopeful messaging, suicide warning signs, help-seeking behaviors, and pertinent resources.

STRATEGY 3: Coordinate, collaborate, and facilitate suicide prevention and postvention trainings across multiple community sectors within a wide range of settings throughout the region.

STRATEGY 4: Promote the integration and coordination of suicide prevention and postvention best practices, policies and protocols across multiple community sectors and settings throughout the region.

STRATEGY 5: Ongoing dissemination of relevant and timely education, information, research, data, and/or resources related to suicide prevention and postvention throughout the region.

ADDRESSING & PREVENTION SUICIDE KEY PARTNERS

American Foundation for Suicide Prevention - NH Chapter

National Alliance on Mental Illness - NH

Partners in Community Wellness (PiCWell)

Partnership for Public Health

Winnepesaukee Public Health Council

Winnepesaukee Region Fire Departments

Winnepesaukee Region Police Departments

Winnepesaukee Region School Districts

Winnepesaukee Region Municipalities

PRIORITY AREA 5:

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

Background and Importance

Communities thrive when people of all ages are able to live healthy lives, interact safely with others and master skills and resilience as they age. Increasingly, public health professionals have come to recognize the importance of what is termed the *Social Determinants of Health*. These are economic, social, environmental and financial forces that impact the ability of people to manage their lives and improve well-being. Communities have a responsibility to identify issues that create social determinants in order to give all people the opportunity to become engaged, healthy and effective members of their community.

Older Adults and Family Caregivers: While New Hampshire is ranked as the second oldest state in the nation, residents of the Winnepesaukee region are older on average than the state at large. In 2019, 22% of the population of the region was age 65 years or older compared to the state proportion of 18%, an increase since the last report⁸. There is, however, considerable variability within the region relative to the proportion of the population at and over age 65, ranging from 10.3% in Northfield and 13.9% in Belmont to 31.4 % in Sanbornton and 32.7% in New Hampton.

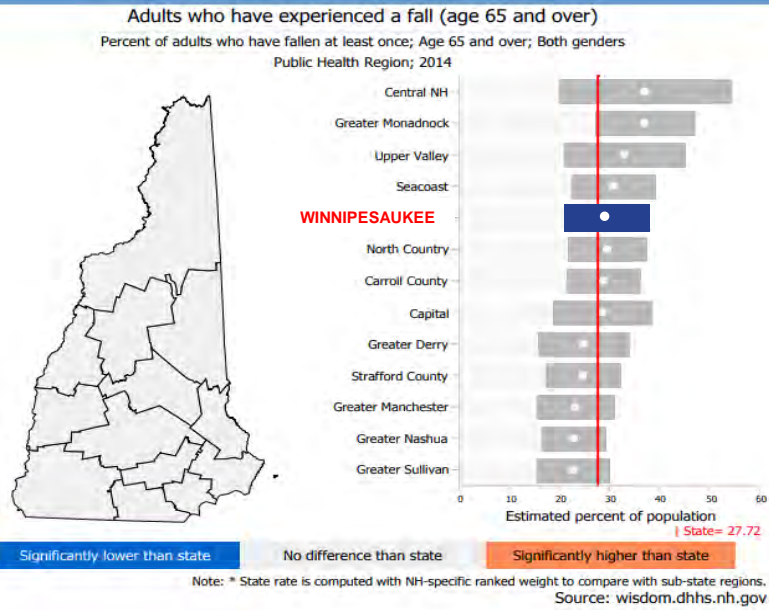
By 2030, the proportion of the population of Belknap County that is 65 years of age or older is projected to reach 30%, nearly double the current percentage.⁹ This rapid and substantial demographic shift has profound implications for the capacity and array of health care, housing, social services and 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. Furthermore, the 2020 Lakes Region Community Health Needs Assessment participants prioritized health care, assisted living and long term care resources for older adults and felt that resources to support aging in place should remain as priorities for community health improvement.

Older Adult Falls: Every year about one out of three older adults (those aged 65 or older) experiences a fall, but fewer 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 The Winnepesaukee region, falls and fall deaths are aligned with the state average overall, but are a source of considerable morbidity in the state. The tables below indicate the comparison of falls data throughout the state by public health region.

⁸ Lakes Region Community Health Needs Assessment, 2020.

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

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



2020-2025 GOALS, OBJECTIVES AND STRATEGIC APPROACHES

HEALTH & WELL-BEING OF OLDER ADULTS AND THEIR CAREGIVERS

GOAL 1 *Support aging in place by improving services and supports for unpaid caregivers.*

Objective 1 Optimize 100% usage the use of the NH Family Caregiver Program to support respite care for family caregivers.

Objective 2 Maintain offerings for peer support through available support groups throughout the region.

GOAL 2 *Prevent older adult injury, disability, and death due to falls.*

Objective 1 Maintain or reduce the number of Emergency Medical Service transports to the emergency room that are related to older adult falls by 5% by 2025.

Objective 2 Maintain or increase the number of Medicare Annual Wellness Visits that occur throughout the region.

OLDER ADULTS & THEIR CAREGIVERS STRATEGIC APPROACHES

STRATEGY 1: Increase awareness of family caregiving with a focus on connecting family caregivers to available supports and services.

STRATEGY 2: Promote the use of virtual meeting software to create new opportunities for peer support.

STRATEGY 3: Continuously research and stay up to date on evidence-informed falls prevention education and training.

STRATEGY 4: Work with community partners to increase capacity to offer evidence informed falls prevention education and training throughout the region.

STRATEGY 5: Provide up-to-date resources on falls prevention to professionals and community partners.

STRATEGY 6: Promote inter-organizational information and referrals for assistance to high risk individuals.

STRATEGY 7: Continue to convene a workgroup of providers, partners, and community members with a focus on caregiver support and falls prevention. Participate in the New Hampshire Falls Risk Reduction Task Force.

STRATEGY 8: Integrated networking with community stakeholders who have a focus on aging in place.

OLDER ADULTS & THEIR CAREGIVERS KEY PARTNERS

Age at Home	Belknap-Merrimack Community Action Program
Granite VNA	Comfort Keepers
Franklin VNA and Hospice	Genesis Healthcare
HealthFirst Family Care Center	Lakes Region Community Services
Lakes Region Mental Health Center	LRGHealthcare
New Hampshire Veteran's Home	New Hampshire Catholic Charities
Partnership for Public Health	Visiting Angels
Wesley Woods	

PRIORITY AREA 6:

Improve Health through Increased Family Strengthening and Support of Individuals and Families¹¹

Background and Importance

The impact of poverty on health has been well documented. Low income families are disadvantaged through limited choices in housing, food security, education, transportation, job opportunity, child care access and overall family stability. Low-income status itself is a risk factor for adverse childhood developmental outcomes that increase children's and their parents' vulnerability for compromised long-term negative health outcomes.¹²

In the United States, the proportion of young children living in poverty is increasing faster than other age groups, and some of this rise is due to the enormous economic instability ushered in by the COVID-19 pandemic. While New Hampshire typically celebrates one of the lowest rates of childhood poverty in the nation, not all regions of the state are so well favored. While the state has a 7.4% poverty rate overall⁹, the Winnepesaukee region reported a rate as high as 11.1% prior to the pandemic. The region's dependence on tourism and the significant financial downturn caused by the pandemic are likely to amplify the proportion who live in poverty because low-income parents are commonly employed in service-related industries hard hit by the closure of businesses during the pandemic.

Furthermore, the 2020 Lakes Region Community Health Needs Assessment reported data from the U.S. Census that the region compared to the state overall has a higher proportion of family households with children that are headed by a single parent (33.9% for the region compared with 28.3% for NH) and a higher proportion of individuals with a disability (16.4% for the region compared with 12.8% for NH). The NH Department of Health and Human Services' Bureau of Housing "Point in Time" homeless count for January 29, 2020, reported 113 homeless individuals in Belknap County¹³. Underscoring this count, multiple and diverse focus groups convened as part of the 2020 Lakes Region Community Health Needs Assessment identified and prioritized homelessness as a growing concern in the region.

Additionally, the CDC-Kaiser Study¹⁴ on the impact of adverse childhood experiences (ACE) demonstrates that traumatic experiences as a child have a profound impact on health throughout the lifespan. Families form the core of a child's early relationships and experiences, and these are foundational to healthy development. In particular, early learning experiences are recognized to form the network of neural pathways that will serve the growing child throughout his or her life. Similarly, violent and traumatic childhood experiences are recognized to negatively impact a child's brain development and the ability to manage stress and engage in healthy behaviors. The effects of violent or traumatic experiences are recognized to form a cascade of negative impacts throughout the lifespan. Thus, it is important to provide children and families with supports when they face challenges such as poverty, unemployment, poor health, domestic violence and substance misuse.

¹¹ New priority area for 2020-2025

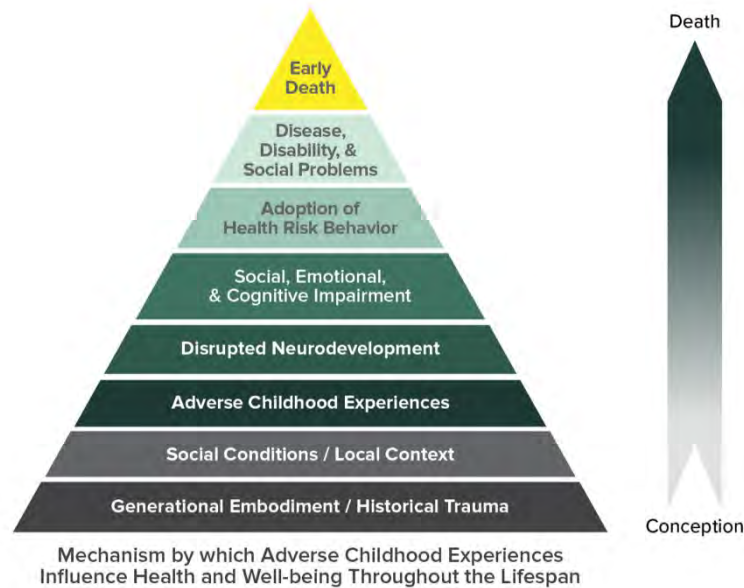
¹² ZERO TO THREE National Center for Infants, Toddlers and Families. Early Experiences Matter: A Guide to improved policies for Infants and Toddlers. (2009)

¹³ Spotlight on Poverty & Opportunity, NH 2018

¹⁴ CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) Study, 1998

¹⁵ <https://www.dhhs.nh.gov/dcbcs/bhhs/documents/pit-2020.pdf>

Efforts to support families in the Winnepesaukee region must include those that provide adequate and stable employment, income sufficient to meet basic needs, and supports that help to foster safe and healthy environments marked by positive and consistent relationships with adults at home and in the community. Comprehensive community and family support services can support families in providing more stable foundations for themselves and their developing children.



CDC-Kaiser Adverse Childhood Experiences ACE Pyramid

GOALS, OBJECTIVES, AND STRATEGIC APPROACHES

FAMILY STRENGTHENING & SUPPORT

GOAL 1	<i>Collaborate with partner agencies to provide comprehensive family support services to the region.</i>
Objective 1	Work to strengthen and preserve families by continuing to convene the Community Integration Team (CIT) in the Winnepesaukee region.
Objective 2	Focus on meeting the needs of children with Adverse Childhood Experiences (ACEs) by a) maintaining the Adverse Childhood Experiences Response Team (ACERT) and b) increasing referrals for family supports and services by 5% by 2025.
Objective 3	Offer one Boundary Spanning Leadership workshop for community partners in the region.
Objective 4	Support an electronic referral process for interagency collaboration in the region with a focus on increasing participation and sustainability.

FAMILY STRENGTHENING & SUPPORT

GOAL 2 *Improve health and family stabilization by assisting families with income stabilization in the aftermath of COVID-19.*

Objective 1 Return to pre-COVID-19 poverty rate of 11.1 % by 2025 through assisting families in accessing local, State, and Federal supports.

GOAL 3 *Increase support services and shelter options for people experiencing homelessness.*

Objective 1 Create a resource guide specific to services for people experiencing homelessness to help streamline inter-agency referrals.

Objective 2 Continue to work toward the development of a low-barrier warming shelter and support its capacity to become a year-round, low-barrier shelter with funding and staffing.

Objective 3 Continue to work toward the creation of more supportive housing, including permanent supportive housing.

FAMILY STRENGTHENING & SUPPORT STRATEGIC APPROACHES

STRATEGY 1: Disseminate data and other information to the general public to increase community understanding of the relationship between Adverse Childhood Experiences (ACEs) and health.

STRATEGY 2: Educate and cross-train staff of all community organizations on the broad range of family support services in the region.

STRATEGY 3: Help low-income working families claim the earned income tax credit and COVID stabilization funds, build financial assets, and access relevant financial education.

STRATEGY 4: Provide training in ACE and receive referrals from law enforcement, primary care providers and other referral sources who interact with children at or near the time of negative experiences.

STRATEGY 5: Help all children learn and develop optimally by implementing strategies to strengthen families including linking children to a medical home. Provide a community response to ACEs and outreach to families to offer organized family support.

STRATEGY 6: Assure implementation of model practices for nutrition, physical activity, Developmental Screening, and behavioral support in early childhood programs and childcare settings.

FAMILY STRENGTHENING & SUPPORT KEY PARTNERS

Belknap House	Child Advocacy Center
Early Head Start	Greater Tilton Area Family Resource Center
Granite United Way	Healthy Families America
Lakes Region Community Developers	Family Resource Center
Lakes Region Community Services	Navigating Recovery of the Lakes Region
LRHealthcare Doorway	NH Division of Children, Youth, and Families
New Beginnings	Winnepesaukee Region School Districts
Partnership for Public Health	Winnepesaukee Region Law Enforcement

X. ACKNOWLEDGEMENTS

The Partnership for Public Health extends its sincere gratitude to the many partners who participated in the development of this five-year Community Health Improvement Plan. As much as this work is carried out in the daily routines of professionals, advocates and community representatives, it is also work that we do after hours, behind the scenes and often without recognition. The work involved in developing and carrying out this plan comes from far more than professional duty. It represents a deep and personal commitment by many to the well-being of every member of our community, and we look forward to working together to realize our collective goals for a safe, healthy, and bright future for the region.

XI. APPENDICES

APPENDIX 1

WORKGROUP OF THE EMERGENCY PLANNING COUNCIL

First Name	Last Name	Affiliation
Ryan	Heath	Alton Police Chief/EMD
John	Dever III	Alton Health Officer
Wayne	Santos	Barnstead EMD
Jason	Leavitt	Barnstead Deputy EMD
Fab	Cusson	Barnstead Health Officer
Michael	Newhall	Belmont EMD/Fire Chief
Steve	Paquin	Belmont Health Officer
Ken	Balance	Center Harbor Health Officer
Tyler	Driscoll	Center Harbor EMD
Kyle	Levesque	Danbury EMD/Fire Chief
Lyn	England	Danbury Health Officer
Michael	Foss	Franklin Fire Chief-EMD
Steve	Reale	Franklin Code/Health Officer
Steve	Carrier	Gilford EMD/Fire Chief
Brad	Ober	Gilford Fire Deputy Chief/Health Officer
Paul	Hempel III	Gilmanton EMD/Fire Chief
Arthur	Capello	Gilmanton Health Officer
Deanna	Ford	Hill Fire Chief-EMD/Health Officer
Kirk	Beattie	Laconia EMD/ Fire Chief
Jason	Beane	Laconia Deputy Chief EMS/Health Officer
Matt	Canfield	Laconia Police Chief
Allan	Grafton	Laconia Police Captain
Kevin	Morrow	Meredith Police Chief/EMD
John	Greenwood	Meredith Health Officer
David	Bengtson	Moultonboro EMD/Fire Chief
Stephen	Zalewski	Moultonboro Health Officer
Michael	Drake	New Hampton EMD/Fire Chief
Thomas	O'Shea	New Hampton Health Officer
John	Raffaely	Northfield EMD/Police Chief
Jason	Durgin	Northfield Health Officer
Paul	Dexter	Sanbornton EMD/ Fire Chief
Michael	Capsalis	Sanbornton Health Officer
Robert	Cormier	Tilton Police Chief/EMD
Katherine	Dawson	Tilton Health Officer
Kevin	Nugent	Lakes Region Mutual Fire Aid
Mike	Moyer	Belknap County Sherriff

Dr. Larissa	Baia	Lakes Region Community College
Alison	Bryant	Laconia Middle School
Richard	Teed	Lakes Region Community Mental Center
Russell	Keene	Health First Family Care
John	Prickett	LRGHealthcare
Jamie	Laroche	LRGHealthcare
Lisa	Dupuis	Granite VNA
Lori	Nash	Granite VNA
Tabitha	Dowd	Franklin VNA
Debra	Peaslee	Lakes Region VNA
Kirk	Beswick	Taylor Community
Mark	Latham	Taylor Community
Shelley	Richardson	Belknap County Nursing Home
Diane	Roberts	Belknap County Nursing Home
Jeanne	Sanders	Goldenview
Rosemary	Simino	Goldenview
Brenda	Buttrick	St. Francis
Andy	Daigneau	St. Francis
Peggy	LaBrecque	NH Veterans Home
Brian	Baker	NH Veterans Home
Meg	Miller	Peabody Home
Steve	Kulacz	Peabody Home
Chantal	Dja Konan	Genesis Mountain Ridge
Ralph	Wegner	Bank of NH
Tamera	Carmichael	Partnership for Public Health
John	Beland	Partnership for Public Health
Kate	Bruchacova	Partnership for Public Health
Karin	Salome	Partnership for Public Health

APPENDIX 2

WORKGROUP FOR THE PICWELL PROGRAM

First Name	Last Name	Affiliation
Eric	Adams	Laconia Police Department
Sara	Dupont	Speare Memorial Hospital
Carissa	Elphick	Partnership for Public Health
Shauna	Foster	New Beginnings
David	Ferruolo	Health First Family Care Center
Andrew	Gately	Community Member
Brian	Keys	Laconia Fire Department
Michelle	Lennon	Northfield-Tilton Congregational Church & GTAFRC

Kerri	Lowe	Lakes Region Community Services Family Resource Center
Joy	Moody	Greater Tilton Area Family Resource Center
Daisy	Pierce	Navigating Recovery of the Lakes Region
Lisa	Ransom	Inter-Lakes High School
Dawn	Shimberg	Tilton Youth Assistance Program
Brody	Testa	Youth Representative
Kandyce	Tucker	Franklin Mayor's Drug Taskforce
Kimibly	Wade	Partnership for Public Health

APPENDIX 3

AGING & DISABILITY WORKGROUP

First Name	Last Name	Affiliation
Carissa	Elphick	Partnership for Public Health
Carolyn	Muller	LRGHealthcare
Holly	French	Lakes Region Community Services
Jim	Wells	Community Member - Franklin
Joyce	Cameron	Gateways Community Services
Karen	Grzelak	Community Member - Franklin
Kristen	Jordan	Franklin VNA & Hospice
Laurel	Trahan	Age at Home
Leonard	Campbell	NH Catholic Charities
Lisa	Dupuis	Granite VNA
Martha	Swats	Comfort Keepers
Mary	Boulduc	Lakes Region Community Services
Peggy	Labrecque	NH Veteran's Home
Rebecca	Robichaud	HealthFirst Family Care Center
Rebecca	Soule	Lakes Region Mental Health Center
Rich	Crocker	Community Member
Shannon	Kelley	Lakes Region Community Services
Stace	Dickers-Hendricks	Gilford Public Library
Tabitha	Dowd	Franklin VNA & Hospice
Timothy	Whitman	Genesis Healthcare Center - Laconia
Tom	Menard	Laconia Senior Center

APPENDIX 5

COMMUNITY HEALTH SERVICES NETWORK BOARD

First Name	Last Name	Affiliation
Maggie	Pritchard	Lakes Region Mental Health Center

Russell	Keene	Health First Family Care Center
Jacqui	Abikoff	Horizons Counseling
Amy	Dennis	Pemi-Baker Community Health
Rebecca	Bryant	Lakes Region Community Services
Debra	Peaslee	Lakes Region VNA
Lisa	Dupuis	Granite VNA
Jeanne	Agri	Belknap Merrimack CAP
Bob	MacLeod	Mid-State Health Center
Michelle	McEwen	Speare Memorial Hospital
Tamera	Carmichael	Partnership for Public Health
Debra	Naro	Communities for Alcohol-and Drug-free Youth (CADY)
Kevin	Donovan	LRGHealthcare
Krystin	Albert	Franklin VNA & Hospice
Susan	DiLuzio	Newfound Area Nursing Association (NANA)