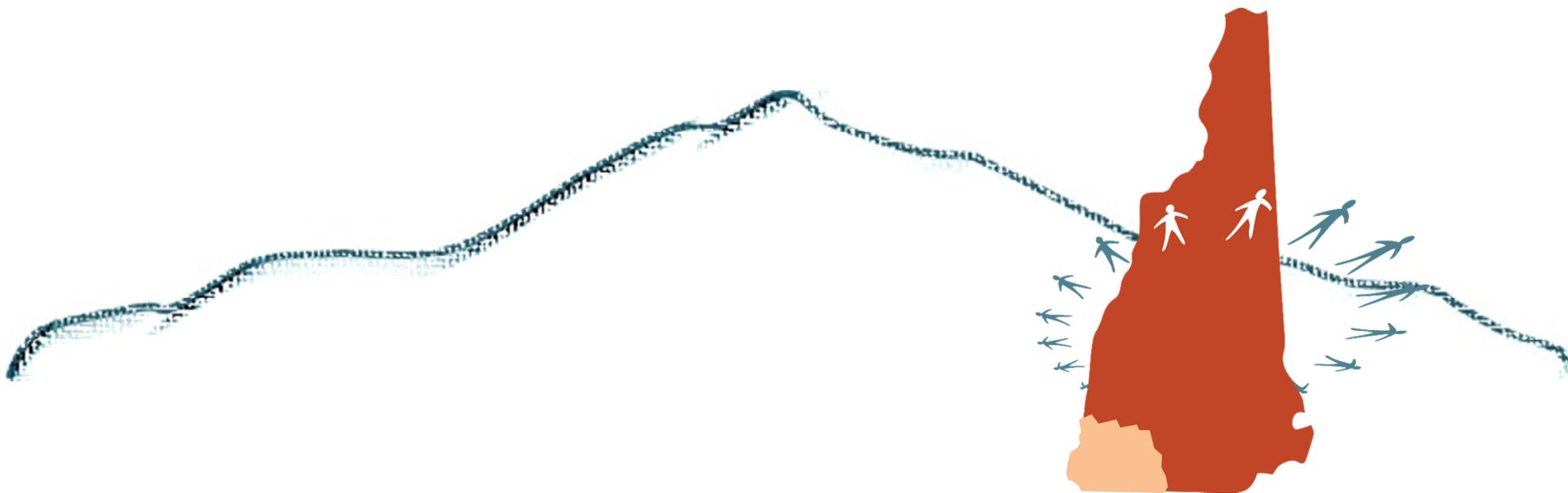


GREATER MONADNOCK PUBLIC HEALTH REGION



COMMUNITY HEALTH IMPROVEMENT PLAN

2015 - 2018

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EXECUTIVE SUMMARY

OVERVIEW OF COMMUNITY HEALTH IMPROVEMENT PLAN PURPOSE AND PROCESS

The purpose of the Community Health Improvement Plan (CHIP) is to provide a written framework to focus and solidify the activities in the Greater Monadnock region to improve the health of the community. This process began in September 2014 when the Council for a Healthier Community reviewed the State Health Improvement Plan and identified regional needs and assets. The result of the work over the course of this past year is this document, the Greater Monadnock Community Health Improvement Plan. The goal is that with sustained and aligned efforts, diverse community partners engaged in a collective impact approach will be able to document measured improvement in the identified priority areas over the coming years. This CHIP is not meant to demonstrate all the health issues facing the residents of the Monadnock Region, nor is it able to provide information on all the great programs and initiatives that are taking place in our community. As the first CHIP for the region, it is designed as a foundation for which our community can begin to address health needs in a unified way.

The CHIP can be used by a wide variety of organizations to inform their own health-related strategic planning and better align their efforts with existing work. The information in the CHIP can also be a resource to officials, employers, planners, and others to both learn about and measure progress towards important health targets. The CHIP is intended to be a living document that can be revisited and updated to meet the needs of our region and ensure that these efforts continue to be collaborative and coordinated.

EXECUTIVE SUMMARY

COMMUNITY HEALTH IMPROVEMENT PLAN PRIORITY AREAS

1. Behavioral Health

Behavioral health covers the full range of mental and emotional well-being – from daily stress and satisfaction to the treatment of mental illnesses.

- Reduce risk factors that affect behavioral health
- Reduce the proportion of adults experiencing frequent mental health distress

2. Tobacco Use

Tobacco use is the most preventable cause of death in the United States. About 17.9% of the Region's adult population currently smokes.

- Reduce tobacco use by adults
- Prevent initiation of tobacco use by youth
- Reduce cigarette smoking among pregnant women
- Reduce exposure to secondhand smoke

3. Substance & Alcohol Misuse

Alcohol and other drug misuse pose one of the greatest risks to individual and community health and safety.

Regional Network

- Increase capacity to prevent substance misuse
- Increase connections between sectors
- Obtain new data sources
- Increase public awareness

Resiliency and Recovery Oriented System of Care

- Enhance the effectiveness of system of care infrastructure
- Decrease alcohol and substance misuse

Substance Abuse Prevention

- Decrease prescription drug misuse
- Decrease prescription

4. Obesity

Obesity increases the risk for many chronic diseases and impacts 26.7% of the Region's adult population.

- Reduce adult obesity
- Reduce childhood obesity
- Increase the proportion of adults and children at a healthy weight

5. Emergency Preparedness

Natural, accidental, or even intentional public health threats are all around us.

- Increase resilience in the Greater Monadnock Region through partnerships and volunteerism
- Improve the management and distribution of medical countermeasures

6. Cancer Prevention

- Reduce the number of new cancer cases, as well as the illness, disability, and death caused by cancer.

7. Healthy Mothers, Babies & Children

- Improve the health and well-being of women, infants, children, and families

8. Heart Disease & Stroke

- Improve cardiovascular health and quality of life through prevention, detection, and treatment of risk factors for heart attack and stroke

9. Infectious Disease

- Increase immunization rates and reduce preventable infectious diseases

10. Injury Prevention

- Prevent unintentional injuries and violence, and reduce their consequences

11. Asthma

- Increase the percent of children and adults with asthma who have well-controlled asthma

I. INTRODUCTION

The Greater Monadnock Region Community Health Improvement Plan (CHIP) is a guiding document that helps provide strategic direction for the Region's priority health improvement areas. This Plan focuses on five priority issues for which the Region will work to address over the next three years in an effort to improve health and wellness in the Region. These priorities include obesity, tobacco, behavioral health, emergency preparedness, and substance and alcohol misuse. Other priorities discussed in the Plan include heart disease and stroke, healthy mothers and babies, cancer prevention, asthma, injury prevention, and infectious disease.

Because a healthy community means more than good medical care, this plan focuses on strategies that provide members of the Region's 33 communities the opportunity to make healthy choices and the ability to access health care when it is needed. With this in mind, the goals, objectives, and key actions proposed in this document are intended to

address not only individual behavior, but also the social, environmental and economic factors that influence health.

While the Plan includes strategies and content that address the needs of the Region at the time of writing, it is intended to be a dynamic document that is periodically revisited and updated to address conditions and recognize opportunities that were unforeseen at the time of its development.

This CHIP was developed over the period of February 2015 to September 2015 for the Greater Monadnock Public Health Network (GMPHN) Region by the Council for a Healthier Community with assistance from the Southwest Region Planning Commission. The GMPHN is one of 13 community health and safety networks statewide that work to enhance public health-related services, improve regional capacity to respond to public health emergencies, and to convene, coordinate, and facilitate public health partners.

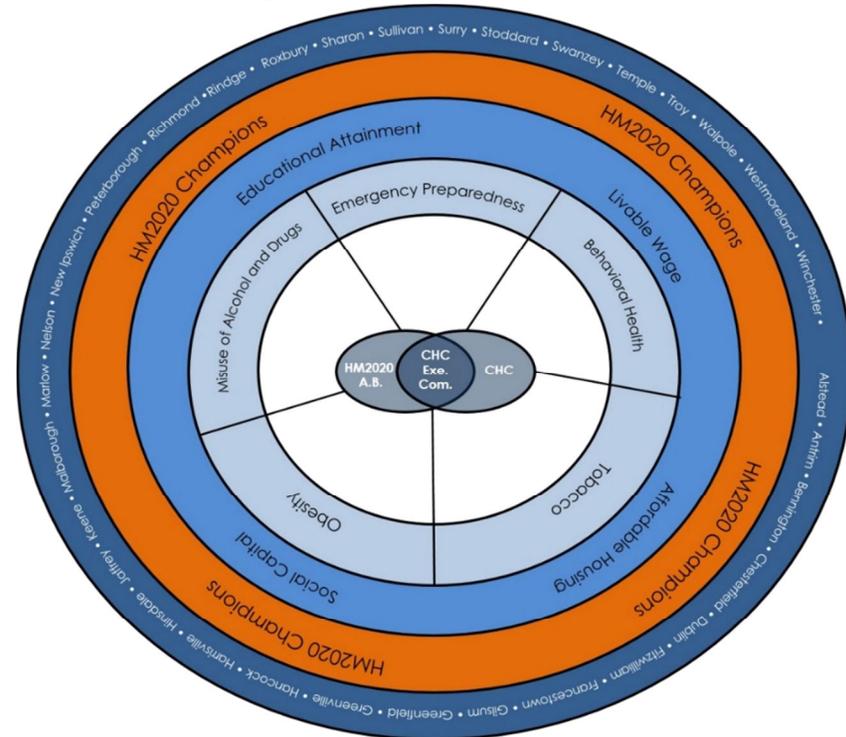


The GMPHN, with support from Cheshire Medical Center (CMC), Monadnock Voices for Prevention, and other partners, provides leadership and coordination services to address public health emergency preparedness and substance misuse prevention. It also provides support to the Council for a Healthier Community (CHC), the Region’s public health advisory council. The primary work of the CHC is to set regional health priorities, provide guidance to regional public health activities, and ensure coordination of health improvement efforts.

The CHC actively supports the work of Healthy Monadnock 2020, a community engagement initiative to foster and sustain a positive culture of health in the Region. Founded and developed by CMC in 2006, Healthy Monadnock 2020 maintains action plans for achieving the goal of becoming the healthiest community in the nation by the year 2020. These plans are being guided in the community by the Healthiest Community Advisory Board, a group of 30 individuals representing schools, organizations, coalitions and businesses. Many of Healthy Monadnock’s strategies are incorporated into this CHIP.

The graphic to the right illustrates the relationship between the Region’s health advisory coalitions and the related regional health priorities and topics they are working in coordination to address. At the center of this diagram are the Region’s coalitions focused on community health - the CHC, the CHC Executive Committee, and the Healthy Monadnock 2020 Advisory Board. Surrounding the center circle in light blue are the five regional health priorities on which this plan is focused. Outside this circle in a darker blue are social and economic factors that influence individual and community health. The orange circle represents the individual, organizational and school champions that Healthy Monadnock 2020 relies on to help achieve their vision and goals. Finally, the outermost circle lists the 33 communities that comprise the Greater Monadnock Region.

Monadnock Region Health Coalitions and Related Priorities



“The Monadnock region will be the healthiest community in the nation where all individuals reach their highest potential for health. Engaging Champions to work together to achieve goals that make the healthy choice the easy choice will create a culture of health and improve quality of life for everyone in the Monadnock Region.”

Guiding Vision of Healthy Monadnock

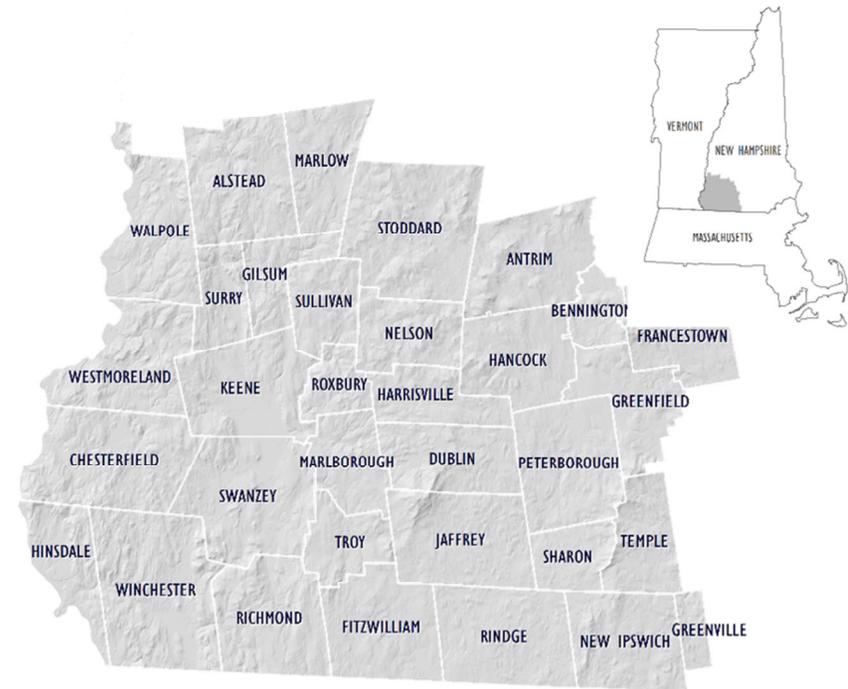
II. COMMUNITY PROFILE

The Greater Monadnock Region, which is located in the southwestern corner of New Hampshire, includes all 23 municipalities in Cheshire County and the 10 western-most towns in Hillsborough County. With the exception of the City of Keene (population 23,409), the Region is a predominantly rural area with town populations ranging from 221 persons in Roxbury to 6,939 in Swanzey. As of 2010, the Region's population totaled 101,401.

A central and defining feature of the Region is Mount Monadnock, which rises 3,165 feet above sea level. Forests cover more than 80% of this land with rural and suburban residential development emanating from village centers and small downtown areas. With the exception of Keene and a few small downtown areas, much of this development is dispersed with one house for every ten or more acres.

While a strong sense of local identity defined by municipal boundaries prevails, there is variety in where people work and shop, have social connections, spend leisure time, and access services, including health care. Mount Monadnock and its highlands bisect the landscape into two sub-regions. One is dominated by the City of Keene as an employment, commercial and population center and the other is a more linear configuration of the Contoocook River Valley's population centers of Peterborough, Jaffrey, and Rindge.

Similarly, the Region has two centers for accessing medical care - Cheshire Medical Center (CMC) / Dartmouth-Hitchcock Keene (DHK) and Monadnock Community Hospital (MCH) in Peterborough. CMC/DHK is a 169-bed, acute care health organization that serves as the referral center for Southwest New Hampshire, North Central Massachusetts and Southeast Vermont. CMC is joined with DHK, a multi-specialty group practice representing 25 primary care and specialty areas. DHK includes satellite offices in the communities of Jaffrey, Walpole, and Winchester.



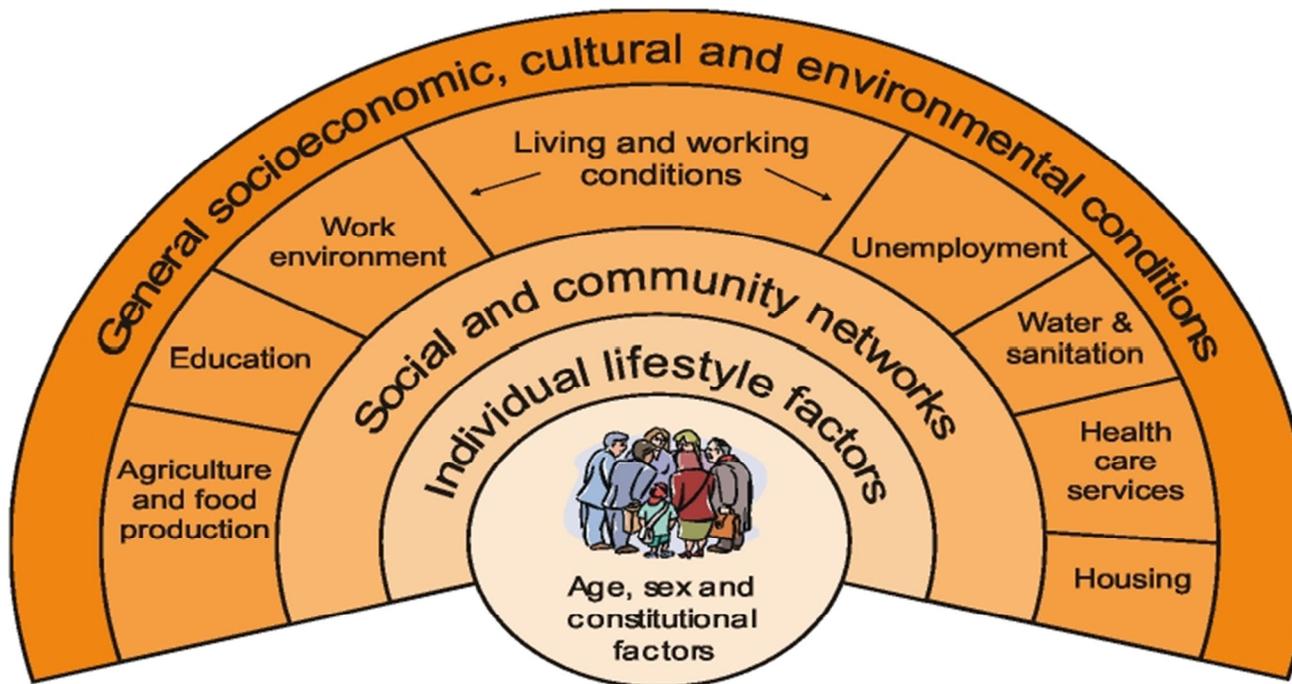
Affiliated with the Capital Region Healthcare System in Concord, MCH serves the Greater Peterborough area with a 62-bed acute care facility. The hospital staff includes over 125 primary care and specialty care physicians, and offers a variety of services including pulmonary, cardiac and physical rehabilitation; 24-hour emergency care; a fully equipped laboratory; and, an extensive radiology department. The primary care services network provides a wide range of primary and behavioral health care services for individuals and families with offices in Peterborough, Jaffrey, New Ipswich and Antrim.

III. DETERMINANTS OF HEALTH

“Health begins where we live, learn, work and play. Opportunities for health start at home, in our neighborhoods and work places. And all people - regardless of background, education or money - should have the chance to make choices that lead to a long and healthy life.”

-Robert Wood Johnson Foundation

The factors that shape and determine health are multifaceted and often involve an array of economic, environmental and social conditions. The circumstances in which people are born, grow up, live, work and age, as well as the systems put in place to deal with illness have an impact on individual health and well-being. These circumstances, which are shaped and influenced by economics, policies, programs and other aspects of our social structure, can vary significantly among communities and individuals depending on factors such as income, exposure to crime and violence, social support structures, education, access to health care, transportation options, etc.



Source: Dahlgren G, Whitehead M (1991) Policies and Strategies to Promote Social Equity in Health, Institute of Futures Studies: Stockholm

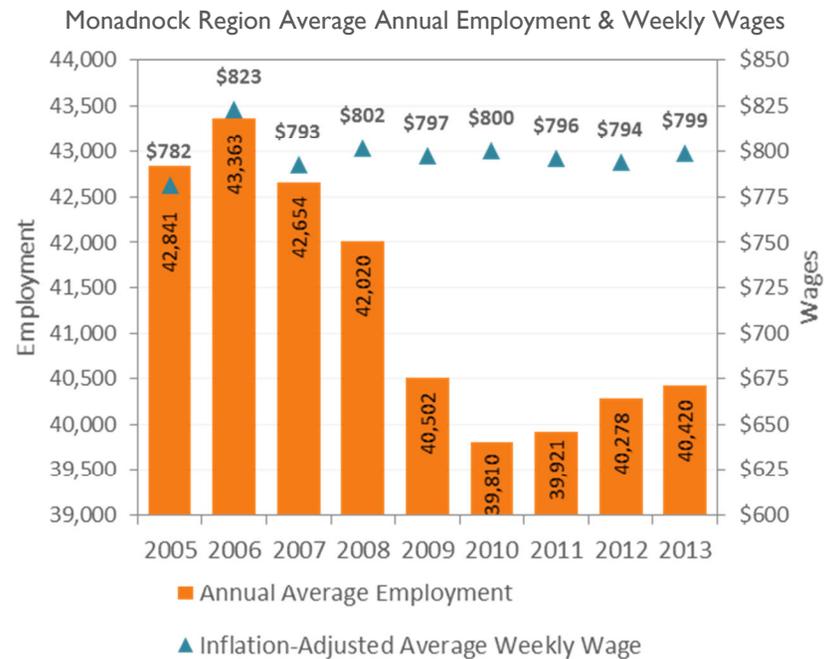
Acknowledging that community health is a complex issue, this section of the Plan explores the economic, social, and physical factors at play in the Region that can broadly influence health such as access to goods and services, economic opportunity, quality housing, social capital, education, etc. It also addresses the varying degree of impact that these factors can have on health outcomes of specific populations.

ECONOMIC ENVIRONMENT

A community’s well-being is inextricably linked to the economy in which its residents participate. A Region’s economy impacts multiple aspects of community life including the ability to earn a living, develop skills and access training, attract new residents and businesses to an area, and access services. In vibrant, healthy communities, people have sufficient income for essentials, businesses and organizations are able to hire new employees, and jobs are relatively easy to obtain.

Despite its remote location and rural landscape, the Monadnock Region has had success with building and maintaining a diverse and resilient regional economy. However, in recent years, the economy has faced some of the most significant economic challenges since the Great Depression - the collapse of the housing market, a global recession, and over a decade of stagnant wages. Still today, six years after the Recession’s official end, the average annual unemployment rate in the Region was 4.1% in 2014. While this rate is lower than the state (4.3%) and nation (6.2%), it is still 0.8 percentage points higher than the prerecession low of 3.3% in 2006.

In 2013, the Region’s average weekly wage of \$799 was 15% less than the statewide average of \$942. According to research conducted by Healthy Monadnock 2020, an individual working a 40-hour work week must earn a minimum of \$600 weekly or \$2,600 monthly to afford to live in the Region. In 2012, 26% of workers living in the Region earned \$1,250 per month or less, 36% earned between \$1,251 and \$3,333 per month, and 38% of workers earn more than \$3,333 per month.



Source: NH Department of Employment Security

Residents need access to employment opportunities that are of a living wage in order to be self-sufficient and lead healthy lifestyles. Socioeconomic status underlies three major determinants of health: health care, environmental exposure, and health behavior. In addition, chronic stress associated with lower socioeconomic status may also increase morbidity and mortality. If workers are not earning enough, their ability to pay for essential needs such as housing, transportation, health care, food, taxes, etc. is severely limited, and they must make decisions about what they can afford in order to survive. These individuals are often forced to seek support from other resources, such as family, friends, government programs, or move out of the Region.

Some living in the Region are more economically vulnerable than others. These populations include but are not limited to single parent households; individuals living on a fixed income, such as persons with disabilities, elderly, unemployed workers; individuals experiencing homelessness; households without access to a vehicle; racial and ethnic minorities; and, children of lower-income. Studies find that Americans living in poverty are much more likely to be in fair or poor health and have disabling conditions, and are less likely to have used many types of healthcare.¹ Some of these populations and the economic challenges they face are described below and in the following sections.

Single Parent Households

Where most households have two wage earners to pay for the rent or a mortgage payment, single parent households do not have that benefit. Approximately 28.3% households in the Region are single parent families with children under age 18. One of the greatest challenges faced by single parent families is the availability and cost of child care. In NH the average annual cost of full-time child care for an infant in a licensed child care center is 41% of a single mother's median family income, compared to 12% of married couple's family income.²

In NH, the average annual cost of full-time child care for an infant in a licensed child care center is 41% of a single mother's median family income, compared to 12% of married couple's family income.

The high cost of child care affects families' ability to choose the arrangements and quality of care they may want for their children. It can also impact their ability to maintain full time employment. Some families have the opportunity to rely on relatives, friends or neighbors for help, while some must stay at home to meet their needs.

¹ National Center for Health Statistics at the Department of Health and Human Services, 2005.

<http://www.cdc.gov/nchs/products/pubs/pub d/hus/state.htm>

² Childcare Aware of America, "Parents and the high Cost of Child Care" 2013.

http://usa.childcareaware.org/sites/default/files/cost_of_care_2013_103113_0.pdf

Persons with Disabilities

Within the Southwest Region, over 11% of non-institutionalized persons have some form of disability, and almost 1 in 3 residents age 65 or older have a disability that impacts their daily life. Most common are ambulatory difficulties that limit an individual's ability to walk or climb stairs. These account for 47% of all disabilities in the Region. Nearly 30% of all disabled persons have difficulty living independently, 37% have cognitive difficulties, 32% have hearing difficulties, 15% have self-care difficulties, and 14% have vision difficulties. Although persons with disabilities are dispersed throughout the Region, there is a significant concentration in Hinsdale, where 25.5% of the population has a disability.

Within the Region the income of 17.7% of 20 to 64 year olds with disabilities is below the federal poverty line - more than double the rate for people of the same age who are not disabled.

Poverty is perhaps one of the most significant barriers for this population. Within the Region the income of 17.7% of 20 to 64 year olds with disabilities is below the federal poverty line - more than double the rate for people of the same age who are not disabled. This situation is particularly difficult for disabled residents who depend on the government's basic welfare program, Supplemental Security Income (SSI). In December 2012, the average monthly payment for SSI in Cheshire County was \$526.³ The vast majority (97%) of SSI recipients in Cheshire County were categorized as blind and disabled, and 77% were between the ages of 19 and 64.

³ U.S. Social Security Administration, 2013 <http://www.ssa.gov/oact/ssir/SSI13/ssi2013.pdf>

Children of Lower-Income

According to estimates from the American Community Survey, children under 18 years represented 20.4% of the Region's population in 2013 but they comprised 26% of all people in poverty. Children of lower-income are disproportionately at risk for factors that threaten healthy development. As early as 24 months, children in families of lower-income have been found to show lags in cognitive and behavioral development compared to their peers in families of higher-income. Children who experience poverty and related factors such as poor nutrition and lack of preventative health care are vulnerable to poor outcomes in such areas as school performance, health, and mental health. These youth are often behind their more advantaged peers from the start, as they often lack the resources and opportunities found to lead to healthier outcomes.

PHYSICAL ENVIRONMENT

Access to Goods, Services and Other Destinations

Having safe, convenient, and affordable options for accessing employment, goods, services, and social and recreational activities is integral to maintaining a healthy, vibrant community and quality of life. In a rural area like the Monadnock Region, these options are extremely limited. Low population density, hilly terrain, far distances between service centers, and limited public transportation are significant challenges to getting around. For many living in the Region, the only safe or practical way to access destinations is by automobile. However, this travel option is not available to all residents. Within the Region, 4.9% of households do not have a vehicle available.

Depending on where you live and where you need to go, non-motorized transportation options in the Region are also limited. Sidewalks line approximately 5.5% (103 miles) of the Region's roadways and most are concentrated in downtown areas and some village centers. For even the most physically fit residents, bicycling can



*Top photo: Winter road conditions in the Region can make it difficult to get around;
Bottom photo: Volunteer drivers help transport residents of the Region to medical appointments and other destinations.*

be a challenge. There are steep hills, narrow shoulders along roadways, variable weather, and few bicycle racks and dedicated bicycle lanes.

As the population grows older and the ability to own or operate a vehicle diminishes, the need for enhanced mobility options will only increase. It is estimated that 1 in 5 individuals over the age of 65 in the Region are non-drivers. For individuals to maintain their independence and/or remain in their homes as they grow older, they need to have the ability to get to medical appointments and the grocery store, and to connect with friends and others in the community.

Although the rise of the Internet has expanded the ways in which individuals can access goods and services, including health care, from even the remotest of areas, high-performing Internet service is not available in all parts of the Region nor is it always affordable.

Availability of Quality Housing

The current supply and location of housing in the Region is not well aligned with the evolving needs of different populations. Both younger and older populations generally tend to prefer, and to some degree require, housing that is smaller in size, and located near goods and services or flexible transportation options. However, the Region's housing stock is composed mostly of owner-occupied structures that are between 3-4 bedrooms (51%). Even though the majority of households (64%) are composed of 1 or 2 persons.

Nearly 1 in 3 housing units in the Region are older than 75 years old and lack characteristics that are conducive to aging in place or to individuals with limited mobility, such as bedrooms and bathrooms at the street level, entrances without steps, wide doorways, etc. These older homes are generally more expensive to own, especially with respect to wintertime heating costs.

Irrespective of supply, many individuals face economic challenges fulfilling their housing preferences. High property taxes can be a substantial portion of housing cost burden, and are an economic obstacle for both first-time home buyers and older home owners. Between 1990 and 2010, Cheshire County's average equalized property tax rate rose by 19%, a significantly higher increase than Hillsborough County's 5% and Sullivan County's 1%.

Approximately 21% of renter households in the Region are paying greater than 50% of their income on rent alone.

The rental market has grown less affordable in recent years. Between 2000 and 2011, the Region's median monthly gross rent rose by 52% and rental vacancy rates fell below 3%, meaning renters are paying more with fewer options to choose from. Households paying more than 30% of their income on housing are considered cost burdened because they have fewer resources to afford transportation, food, clothing, medical care, and other necessities. Approximately 21% of renter households in the Region are paying greater than 50% of their income on rent alone.

The cost of rental housing and lack of affordable housing options in the Region for low and very low income people, creates challenges for individuals who are struggling to survive as low wage earners or on fixed incomes. The 2013 New Hampshire Point-In-Time counts identified 2,576 people that were homeless in the state in 2013, an increase of just over 5% from the 2012 count. This same count of homeless persons identified 103 sheltered and 25 unsheltered homeless individuals in Cheshire County from 292 persons and an average stay of 97.95 days in 2012.⁴

⁴ NH Department of Health and Human Services, "Homelessness in New Hampshire" 2013.

SOCIAL ENVIRONMENT

The presence of strong and diverse social networks can increase individual well-being and community resilience by linking people more strongly to their community and to each other. It is through these face-to-face interactions, which may be formal (e.g. clubs or town committees) or informal (e.g. a group of friends meeting for lunch), that people have the opportunity to connect, interact and form social ties. These networks provide both emotional and practical help in coping with stressors. Opportunities for social connectedness are especially important in rural areas, where your nearest neighbor could be a far distance away and social isolation is not uncommon.

While we are fortunate in the Monadnock Region to have robust social and civic associations, investment in these networks will become even more critical in the future. It is estimated that the segment of the population that is 65 and older will increase from 15% to 26% of total population between 2010 and 2040. As communities grow older, maintaining generational balance will become critical to community vitality and social capital building. Communities need younger workers and citizens, not just to support aging seniors but for their diverse knowledge, creativity and energy. The Region's businesses, industries, institutions, and organizations rely on the availability of a skilled workforce for sustainable and balanced economic growth. Local schools need younger families to support and advocate for the quality education that is needed to prepare future generations for success.

As our population grows older, the need for appropriate housing, transportation, health care, delivery and supportive services will only increase. While seniors and 'Baby Boomers' generally want to age in their own homes or locale, most of our Region's communities do not currently support the appropriate housing, social services and transportation these older adults need to live independently.

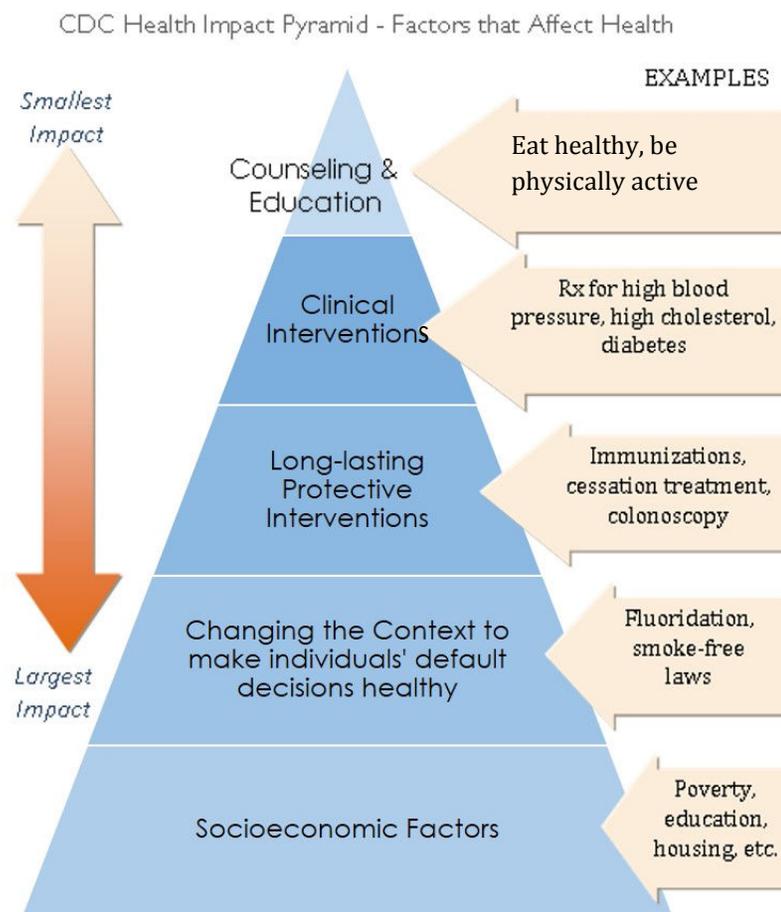


Above photos: Communities can enhance population health by creating and maintaining opportunities for social connections and to establish social networks. These spaces can be as simple as village stores, libraries, town hall, the post office, etc.

Although these trends are not unique to the Region, they do present potential social and economic challenges for its future. Imbalanced growth in older populations could leave the Region vulnerable to a host of health care and social services costs without a productive base to support them. As the aging Baby Boomer population approaches retirement, new workers will be needed to fill their places and, eventually, to take care of them. In addition, local governments will face challenges in providing social and health care services to this growing population of seniors. The NH Center for Public Policy Studies estimates that by 2018, health care will account for almost 24% of New Hampshire's Gross State Product - an increase from 13% in 1998. Although healthcare use varies by age and gender, it is becoming more expensive as people overall are receiving more care, more often. It is likely that these costs will only continue to rise into the future.

HEALTH EQUITY

Addressing environmental, social and economic determinants of health is an important approach towards achieving health equity. Health equity is when everyone has the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of their social position or other socially determined circumstance. Determinants of health such as economic disadvantage, unequal access to health care, lack of education, etc. are contributing factors of health inequities. In more recent years, health organizations, institutions, and education programs have been encouraged to look beyond individual behavior and address the underlying conditions that have an impact on individual and community health. Where possible, this Plan incorporates strategies and factors that address some of these determinants of health; however, these strategies should not be considered comprehensive approaches to addressing healthy inequity. There is much more that can and should be done in the Region to improve access to health. This Plan provides a starting point to address regional health priorities and is intended to be developed further over time.



SOCIAL DETERMINANTS OF HEALTH STRATEGIES

The Healthy Monadnock 2020 action strategies were selected by citizen work groups in 2011 and 2013. Over 500 Monadnock Region residents assisted in the development of strategies aimed at improving the health outcomes of children, adolescents/teens, adults and seniors. The plan acknowledges that the overarching aspects of the following goal and strategic objectives are such that they will benefit the overall health of Southwest NH residents and play a key role in the success of each community priority area discussed.

GOAL 1	Insure that all people, regardless of background, education or money have the chance to make choices that lead to a long and healthy life.
Target	<i>Reduce the proportion of children living in poverty from 14.3% to 8% in 2020</i>
Strategic Objectives	<ul style="list-style-type: none"> ➤ Implement programs, projects and policies that increase income and wages for low and moderate wage earners (e.g. living wage campaign/ordinances, earned income tax credits, paid leave, etc.) ➤ Implement programs, projects and policies that eliminate healthcare poverty (debt and lack of access) ➤ Implement programs, projects and policies that increase availability of good paying jobs ➤ Streamline access to social services including unemployment services (e.g. create one point of entry) including employment services ➤ Increase access to higher education (college, job training, etc.) for middle and low income students ➤ Implement programs, projects and policies to ensure all children earn a high school diploma (or its equivalent) ➤ Implement programs, projects and policies to ensure that all children (0-5) are ready for kindergarten ➤ Implement programs, projects and policies to support students during transitions (e.g. pre-school to kindergarten, elementary school to middle school, high school to college, or job training. ➤ Create pathways that improve access to higher education /job training for all secondary school students ➤ Implement programs, projects and policies that improve college affordability

IV. COMMUNITY PRIORITY AREAS

Throughout the development of this Plan, the CHC engaged diverse community partners in a process to identify and evaluate current and emerging health issues, select regional public health priorities, and help plan effective interventions for these priority areas. Through this community-based process, five health-related issues were identified as the priority health focus areas for the Region to address in a coordinated manner over the next three years. These priorities are listed below in no specific order:

- Behavioral Health
- Substance and Alcohol Misuse
- Tobacco
- Obesity
- Emergency Preparedness

While these priority areas have been identified as most important for the Region to address at this time, there are many other health priorities for the Region including heart disease and stroke, healthy mothers and babies, cancer prevention, asthma, injury prevention, and infectious disease, etc. Over time, it is the intent of the GMPHN and CHC to develop similar content for the remaining priorities, and potentially, identify new priorities.

The following sections provide an overview of each regional health priority area and identify strategic goals and objectives. When possible, goals and objectives were aligned with existing regional and state initiatives such as Healthy Monadnock 2020 and the NH State Health Improvement Plan. Community leaders and subject matter experts were consulted throughout the plan development process to ensure collaboration with existing initiatives and community partners. Statistics, especially through the Centers for Disease Control Behavioral Risk

Factor Surveillance Survey, were not always available for the Public Health Network. In such cases, statistics for Cheshire County were used.



Making Connections

Health priorities may be addressed with a variety of strategies. The strategies of this plan fall under several key themes:

- **Partnerships** and integration with businesses, regional assets and others
- **Services and Programs** to deliver health messages, treatments, and values
- **Access** to technology, expertise, and treatments
- **Training, Education, and Research**, including evidence-based best practices, the study of health issues, and coaching or recruiting
- **Workforce Development** ensures the success and stability of important initiatives and services
- **Policies** that encourage desired outcomes and deter unhealthy ones
- **Communication and Outreach** creates and sustains attention and enthusiasm

Community Priority Area Strategic Objectives	Partnerships	Services and Programs	Access	Training, Education, and Research	Workforce Development	Policies	Communication and Outreach
Behavioral Health	X	X	X	X	X		X
Tobacco Use	X	X	X	X		X	X
Substance & Alcohol Misuse	X	X	X	X	X	X	X
Obesity	X	X	X			X	X
Emergency Preparedness	X	X		X			X
Cancer Prevention		X	X				X
Health Mothers, Babies, and Children		X	X				X
Heart Disease and Stroke		X	X				X
Infectious Disease		X	X				X
Injury Prevention	X	X				X	X
Asthma	X	X				X	X

PRIORITY AREA 1: BEHAVIORAL HEALTH

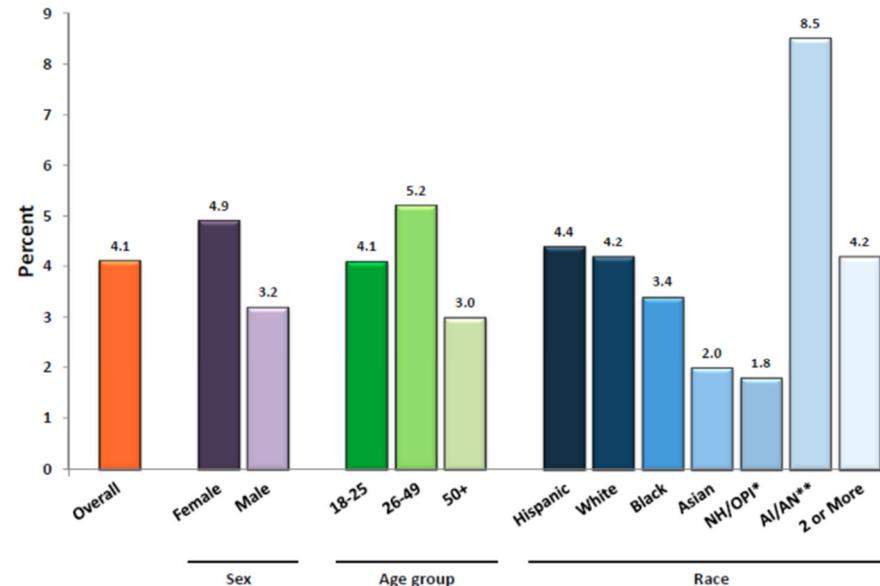
Behavioral health is a term that covers the full range of mental and emotional well-being – from how we cope with day to day challenges of life to the treatment of mental illnesses as well as substance use and other addictive behavior. It is an essential part of overall health, as it affects how we think, feel, and act. It also helps determine how we handle stress, relate to others and make choices.

In the context of this document, behavioral health is wide reaching and includes, mental disorders, such as depressions, bipolar disorder, schizophrenia, Alzheimer’s Disease etc., as well as mental health, which is defined as a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community. Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. They can contribute to a host of problems that may include disability, pain, or death.

An estimated 26.2% of adults in the United States (one in four adults) suffer from a diagnosable mental disorder in a given year.⁵ In 2012, it was estimated that 9.6 million or 4.1% of adults age 18 or older in the United States had severe mental illness in the past year. If New Hampshire is consistent with the rest of the nation, this suggests that more than 250,000 adults have a diagnosable mental disorder in the state. Among children ages 5 to 19 in New Hampshire, it is estimated that as many as 55,756 have a diagnosable mental health disorder and almost 14,000 have a serious emotional disturbance.

⁵ From *Discovery to Cure: Accelerating the Development of New and Personalized Interventions for Mental Illness*. 2010. A report of the National Advisory Mental Health Council’s Workgroup. http://www.nimh.nih.gov/about/advisory-boards-and-groups/namhc/reports/fromdiscoverytocure_103739.pdf

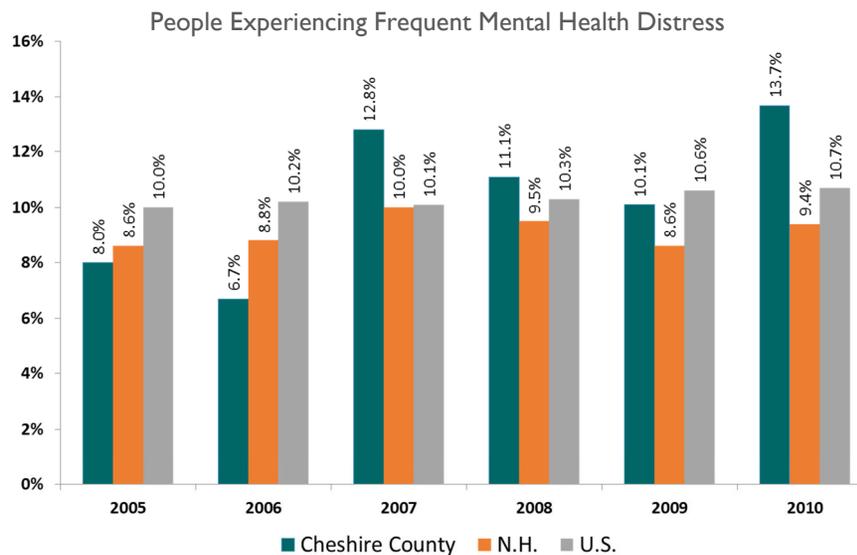
Prevalence of Mental Illness among Adults in the United States



Sources: National Institute of Mental Health; SAMSA

Behavioral health was identified by the CHC as a health area of growing concern for which current prevention and treatment services do not sufficiently address community needs. While current treatment exists, the demand exceeds the current capacity of the system which is impeded by the limited availability of funding, resources, and trained providers. Recent data shows that there is a significant need for increased support for behavioral health services in the Region. A community needs survey conducted by Southwestern Community Services in 2015 identified the need for more mental health services as the second highest need in the Region, next to substance abuse and addiction. In 2015, Monadnock Family Services (MFS), which is one of ten community-based mental health centers in the state, reported an

87% increase in adults served over the past seven years, growing from 457 adults in 2007 to 1046 in 2014. However, budget cuts in recent years to mental health services and lack of public understanding and awareness of the impact of serious mental illness is on families and communities, has significantly impacted the Region’s ability to adequately support behavioral and mental health needs. According to Healthy Monadnock 2020, the percentage of the Region’s population experiencing frequent mental health distress, which is defined as 14 or more poor mental health days per month, increased from an estimated 8% of the population in 2005 to 13.7% of the population in 2010. The NH Department of Health and Human Services Hospital Discharge Data Collection System reported that the Region experienced significantly higher mental health discharges than the state overall in 2009.



Source: NH Behavioral Risk Factor Surveillance Survey

Health Impacts

- Mental disorders are among the leading causes of disability and premature mortality in the United States, accounting for 25% of all years of life lost to disability and premature mortality.⁶
- Behavioral and physical health are closely connected. Mental disorders can affect a person’s ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on behavioral health and decrease a person’s ability to participate in treatment and recovery.
- Behavioral, mental and substance use conditions are heavily implicated in and adversely affect the course and treatment of illnesses such as diabetes, heart disease and cancer. Specifically, depression is linked to coronary heart disease, stroke, colorectal cancer, back pain, irritable bowel syndrome, multiple sclerosis, and possibly type 2 diabetes.
- Mental illness is associated with increased occurrence of chronic diseases such as cardiovascular disease, diabetes, obesity, asthma, epilepsy and cancer. Of the 3,655 clients served by CMC/DHK in 2014 with a behavioral health diagnosis, 88% have at least one or two chronic diseases in addition to their behavioral health diagnosis; 84% have hypertension, 58% are smokers, and 28% have diabetes. Based upon an internal survey of health risks, it was found that more than half of adults served by MFS with severe and persistent mental illness smoke cigarettes, obesity is present in 42.7% and another 15% have a BMI that classifies them as overweight, 28.9% have significant dental problems, only 12.4% get regular exercise, and 10% get no primary health care.

⁶ Healthy People 2020 <http://www.healthypeople.gov/2020/topics-objectives/topic/mental-health-and-mental-disorders>

- Persons with serious mental illness face numerous challenges to achieving and sustaining fitness and weight loss, including the metabolic effects of psychoactive medications, the impact of symptoms on motivation, poor diet, difficulty affording healthy foods, physical inactivity, and inadequate access to safe, affordable and supported options for physical exercise. As a result, rates of obesity in persons with serious mental illness are nearly twice those in the general population, contributing to reduced life expectancy in this group largely as a result of cardiovascular disease.

Economic Impacts

- In 2006, NH spent \$126 per capita on mental health agency services (\$166 million), which accounted for 3.7% of total state spending. Since this time, funding for mental health services in NH has been significantly reduced.
- 44% of all Medicaid enrolled adults accessed services for a mental illness in 2005 at a cost of \$162 million, which accounted for almost one-third of the total non-pharmacy Medicaid medical expenditures for adults. Much of the care provided through Medicaid is designed to provide long term-care services to the severe and persistently mentally ill through community based care options, community mental health clinics, and - for those with Alzheimer's disease - nursing homes throughout the state.⁷
- In total, in 2005, there were approximately \$43 million in payments for mental health services provided to privately insured adults. Whereas individuals in the public mental health system are receiving services through multiple systems of care, the expenditures for the private system were predominately for office-

based individual psychotherapy rather than long-term care services. However, there is a distinction between the population being served by the private system of insurance and that being served via the Medicaid program.⁸

- The aging of the population will have significant implications for the system of mental health services and both the state and county budgets. The elderly account for a significant share of Medicaid funded mental health services. Over \$100 million in mental health expenditures - or 38% of all Medicaid mental health expenditures - were provided to those over the age of 60. One third of these expenditures were for Alzheimer's patients being served in a nursing home.⁹

What Can Be Done?

As individual paths to recovery differ and the array and degree of mental and behavioral disorders are significantly varied, prevention and treatment at the community level should be inherently interdisciplinary and draw on a variety of different strategies. Similar to the other health priorities addressed in this document, behavioral health strategies involve a combination of clinical care treatment and prevention options, community based policy and program changes, and actions that might influence socioeconomic and environmental conditions.

While there are some resources available within the Region to address behavioral health needs, public behavioral health programs and services have experienced significant challenges within recent years that impact their ability to meet the growing demand for services. Primary challenges include decreasing financial support and Medicaid

⁷ NH Center for Public Policy Studies. 2008. *Mental Health and Adults: Aging Will Drive the System.*

⁸ NH Center for Public Policy Studies. 2008. *Mental Health and Adults: Aging Will Drive the System.*

⁹ NH Center for Public Policy Studies. 2008. *Mental Health and Adults: Aging Will Drive the System.*

funding from the state of NH and recruiting and retaining skilled behavioral professionals and providers. There is also the challenge of lack of knowledge and understanding of the impact of serious mental illness and behavioral health disorders on families and communities.

Schools play a large role in providing mental health services to children in the Region. Although not all children in need of mental health services receive them, many that do receive them through the school system. According to the NH Center for Public Policy Studies, 25% or 17,680 children in NH received services for a mental illness in 2005 through the Medicaid program and the state's schools were among the primary providers of those services. Slightly more than 50% of schools in New Hampshire provide school-wide screening for behavioral or emotional problems, and 73% of schools provide individual counseling services.

With lack of state funding and limited care options in our Region, it has become imperative for agencies such as MFS to share resources and think differently about collaboration and integration of care. Recognizing the compelling need to do more together, health care leaders from CMC/DHK, MFS, Monadnock Area Peer Support Agency, and Dartmouth Medical School began meeting in 2014 to transform Cheshire County's system of care through the integration of primary and behavioral health services. The approach towards integration discussed by these leaders will involve bringing new community behavioral health resources from MFS to each of the five Patient Centered Medical Home teams and also bring primary care resources from CMC/DHK to the behavioral health home at MFS.

What Are We Doing?

➤ **Antioch University New England's Psychology Services Center** provides services for people with problems ranging from everyday stress and relationship issues to more serious problems like depression and ADHD, as well as any assessment needs. The Center, which is staffed by trained clinical psychology doctoral

students, serves as a model program in professional psychology that emphasizes training and supervision and that stays abreast of changes in research and service delivery in the health care field.

- **Emerald House** is a transitional residence and treatment center managed by MFS for persons recovering from mental illness and preparing to re-enter the community. They offer individualized services that specialize in teaching independent living skills, including vocational skills, nutrition, budgeting and social interaction.
- **Monadnock Family Services (MFS)** is a nonprofit, comprehensive, community mental health center serving the Region. Each year, MFS serves approximately 500 children with emotional and behavioral disturbances and 800 adults with mental illness through more than a dozen distinct programs in: parent education; youth development; family support; elder care; veterans services; substance abuse prevention and treatment; and, individual and group treatment and recovery support for persons and families struggling with mental illness. It is one of ten community mental health centers in New Hampshire, and has locations within Keene, Peterborough, Antrim, Walpole, and Winchester.
- **Monadnock Area Peer Support Agency** is a consumer run organization with the mission to provide free opportunities for mental health consumers to come together and support each other in moving forward toward self-determined goals and to establish a culture in which members and participants feel more empowered and less dependent on the mental health system.
- **MAPS Counseling Services** is one of the largest providers of outpatient mental health services in the Region, serving more than 1,000 individuals or families each year at locations in Keene and Peterborough. MAPS is closely affiliated with Antioch University New England as a training site for mental health interns and

practicum students, and is supported by the Monadnock United Way.

- The **Monadnock System of Care Collaborative** was formed to align child serving agencies in the region through a shared visioning process, an asset map of current services and gap management plan, an evidenced-based workforce plan, and by engaging youth and their families throughout the process. The Collaborative will also analyze state and system policies and strategic plans around mental health issues, develop a plan to educate policy makers and the general public, and take other important steps to optimize and coordinate mental health services in the Monadnock Region.
- Both **MCH** and **CMC/DHK** have on staff trained professionals and experts to offer behavioral and mental health services and treatment options for a full range of emotional, behavioral, and mental health issues for both adults and youth.

Regional Assets

Included below is a list of entities that are working to address behavioral health through treatment, prevention, and support activities and services in the Region. It should be noted that this list may not be comprehensive, and there might be other organizations working to address this priority in the Region either directly or indirectly.

Regional Behavioral Health Resources
Antioch University New England
Brattleboro Retreat
Cheshire County Department of Corrections
Cheshire Medical Center / Dartmouth-Hitchcock Keene
Counseling Centers
Easter Seals
Faith-Based Communities
Keene Housing
MAPS Counseling Services
Monadnock Area Peer Support Agency
Monadnock Community Hospital
Monadnock Developmental Services
Monadnock Family Services
Monadnock Regional System of Care Collaborative
Monadnock United Way
Monadnock Voices for Prevention
Schools and School Administration Units in the Region
Southern New Hampshire Services
Southwestern Community Services

Goals & Strategic Objectives

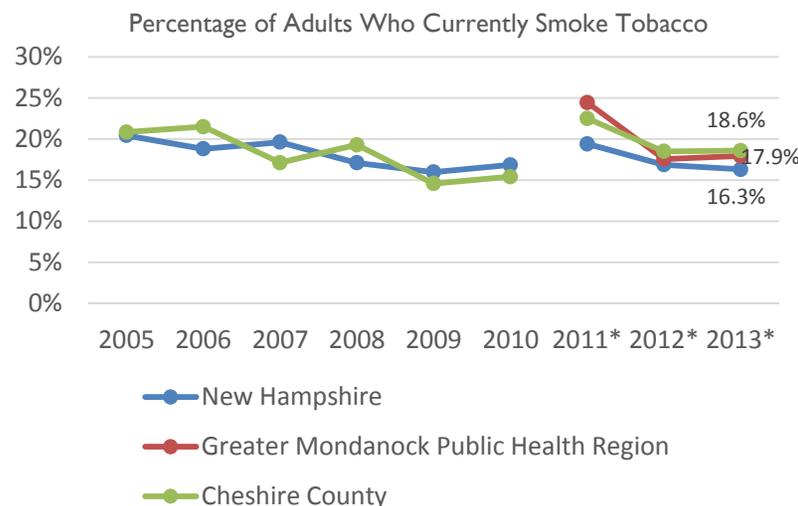
GOAL 1	Foster an accepting community that supports positive behavioral health.
Target	<i>Reduce risk factors that affect behavioral health.</i>
Strategic Objectives	<ul style="list-style-type: none"> ➤ Increase awareness and understanding of behavioral health issues in the Region (i.e. enhance training for healthcare providers; integrate mental health education into classroom curricula; conduct a community awareness campaign). ➤ Support and expand programs or develop spaces in communities that facilitate the sharing of skills, services, and experiences between people of different ages, abilities and incomes to enhance social connectedness. ➤ Increase access to healthy and affordable food options within communities. ➤ Increase safe and convenient options for physical activity within communities. ➤ Enhance and expand the availability and array of housing options that are affordable and accessible within the Region located near service centers. ➤ Implement programs, projects, and policies that support mental wellbeing in the workplace. ➤ Create the conditions for cross-sector collaborations to implement programs, projects, and policies that support mental well-being.
GOAL 2	Enhance behavioral health of adults and youth in the Region.
Target	<i>To reduce the proportion of adults experiencing frequent mental health distress from 8.4% in 2012 to 6% in 2020.</i>
Strategic Objectives	<ul style="list-style-type: none"> ➤ Improve the assessment of regional mental health needs. ➤ Increase the availability, affordability, and accessibility of high quality behavioral health services within the Region’s communities and educational institutions. ➤ Further the integration of behavioral health, mental health, primary care, and other specialty care services. ➤ Ensure early identification and referral to appropriate services for children, youth and adults with behavioral health issues. ➤ Increase the availability of qualified behavioral health providers in the Region. ➤ Train community members, providers and others to recognize, assist and link individuals to behavioral health services and resources. ➤ Improve the availability and accessibility of alternatives to long-term institutional care, including home and community based services. ➤ Support and enhance community based prevention programs that help increase behavioral health among individuals and families. ➤ Build resilience in children ages 0 to 18 through asset-building programs, projects and policies (e.g. Life Skills Training, adult/child mentor programs, etc.).

PRIORITY AREA 2: TOBACCO USE

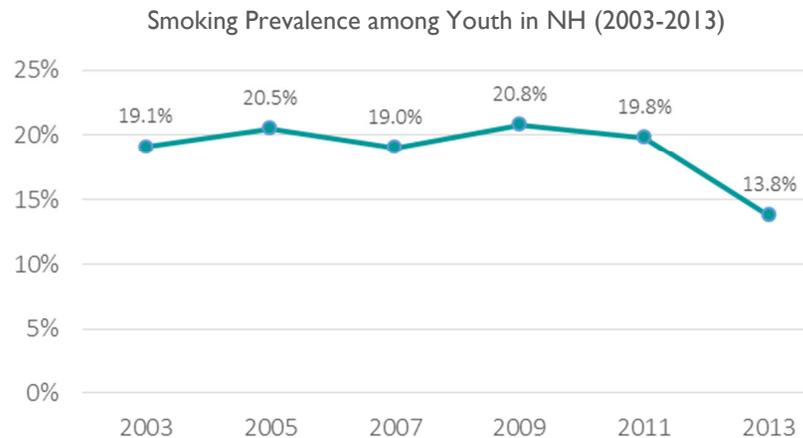
According to the Centers for Disease Control and Prevention (CDC), tobacco use is the single most preventable cause of death in the United States. Yet, each year, smoking and secondhand smoke causes 443,000, (or 1 in 5 deaths) nationwide, and 41,000 of those deaths are from exposure to secondhand smoke.¹⁰ In New Hampshire, smoking results in early death for approximately 1,900 individuals every year.¹¹

Despite our growing knowledge that tobacco is bad for our health, there are still 14,185 adults age 18 and older or 17.6% of the population in the Greater Monadnock Region that smoked tobacco in 2012 and 172,719 adults or 16.9% of the adult population statewide.¹²

One of the primary challenges to reducing smoking rates is the highly addictive nature of nicotine, a chemical found in all tobacco products. Nicotine is quickly absorbed into the bloodstream and within seconds reaches the brain. This causes the release of adrenaline, creating a buzz of pleasure and energy. However, this feeling fades quickly and leaves the user feeling tired and wanting the buzz again. It is well documented that most smokers identify tobacco use as harmful and express a desire to reduce or stop using it; unfortunately, more than 85% of those who try to quit on their own relapse, most within a week.¹³ Tobacco and nicotine products come in many forms. People either smoke, chew or sniff them, or inhale their vapors. Common types of smoked tobacco products include cigarettes, cigars and pipes, and hookahs or water pipes. Products where the tobacco is not burned include chewing tobacco, snuff, dip, etc. Electronic nicotine delivery systems (e.g. electronic cigarettes) are smokeless, battery-operated



Source: Behavioral Risk Factor Surveillance Survey; *Indicates change in survey



Source: Youth Risk Behavior Survey- NH Sample

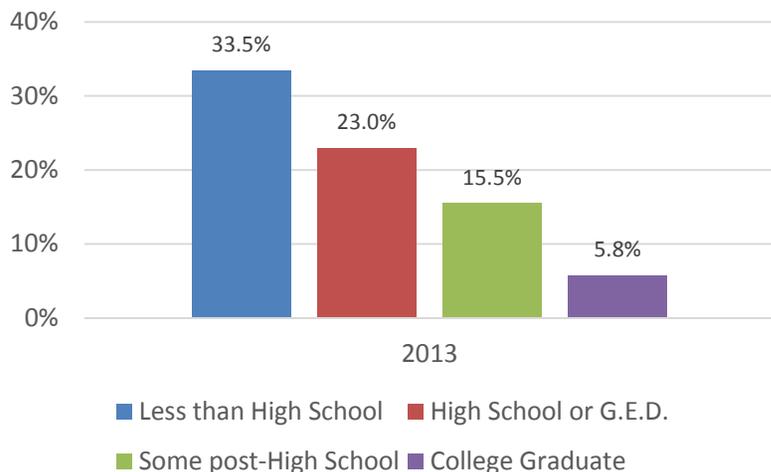
¹⁰ Tobacco Control State Highlights 2012, Centers for Disease Control

¹¹ NH Health Wisdom Database

¹² NH Behavioral Risk Factor Surveillance Survey

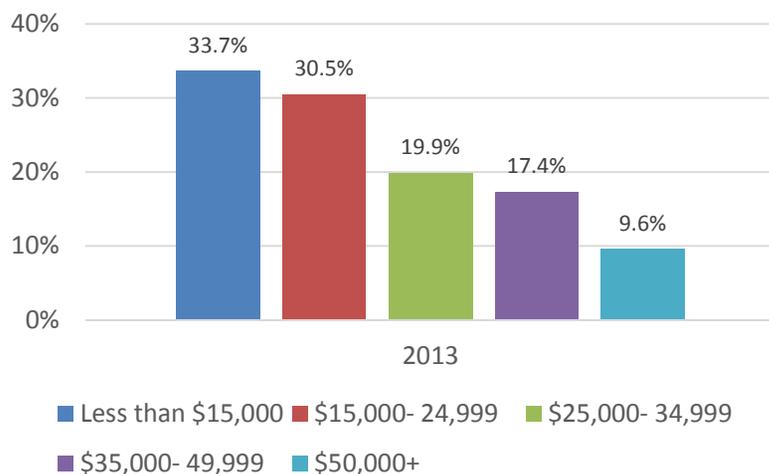
¹³ National Institute on Drug Abuse <http://www.drugabuse.gov/publications/research-reports/tobacco/nicotine-addictive>

Percentage of NH Adults Who Currently Smoke by Level of Education



Source: Behavioral Risk Factor Surveillance Survey

Percentage of NH Adults Who Currently Smoke by Household Income



Source: Behavioral Risk Factor Surveillance Survey

devices that deliver flavored nicotine to the lungs without burning tobacco but rather vaporizing a liquid form.

The use of these smokeless tobacco products and electronic delivery devices is on the rise in NH, particularly among high school aged youth. The percentage of adults who currently use smokeless tobacco in the Region is 3.4%; whereas, 7.3% of youth in grades 9-12 in the Region reported using a smokeless tobacco product, an increase of 3% from 2003 estimates.

Preventing tobacco use among youth is particularly important as data shows that about 80% of users start by the age of 13 and 99% start by the age of 26. Most of these users will carry their nicotine addiction into adulthood, risking chronic disease and premature death. Although youth smoking rates in the Region have declined in recent years (decreasing from 21.2% in 2009 to 18.1% in 2011), the state of NH’s youth smoking prevalence at 19.8% is the highest among the New England states and ranks 35th in the nation.¹⁴

Health Impacts of Tobacco Use

- According to the U.S. Department of Health and Human Services, smoking tobacco leads to disease and disability and harms nearly every organ of the body. On average adults who smoke die 10 years earlier than nonsmokers.
- Chemicals produced by burning tobacco, such as tar, carbon monoxide, acetaldehyde, and nitrosamines, can cause harm to the body. Tar can cause lung cancer and other serious diseases that affect breathing such as emphysema and chronic bronchitis. Cigarette smoking accounts for about one-third of all cancers, including 90% of lung cancer cases. Carbon monoxide can cause heart problems, which is one reason why people who smoke are at

¹⁴ NH Behavioral Risk Factor Surveillance Survey; NH Youth Risk Factor Surveillance Survey

high risk for heart disease. Smoking can also increase risk for stroke, heart attack, vascular disease, diabetes, aneurysm, tuberculosis, certain eye diseases, and problems of the immune system. Smokeless tobacco increases the risk of cancer, especially oral cancers.

- Second- and third-hand smoke expose many others to the dangers associated with smoke inhalation and exposure. The CDC has reported that second-hand smoke can contain more than 7,000 toxic chemicals, 70 of which can cause cancer. These chemicals are especially dangerous to young children, and exposures to these chemicals place a child at a higher risk for developing ear infections, asthma, bronchitis, pneumonia, and allergies.
- Smoking during pregnancy is associated with higher risk for poor birth outcomes often requiring hospitalization for the infant, mother, or both. Babies of mothers who smoke during pregnancy have a higher risk of Sudden Infant Death Syndrome (SIDS), low birth weight, or other issues. According to the NH Birth Data, 17.3% of the mothers in the Region in 2013 reported smoking during pregnancy. This is significantly higher than the statewide rate of 14.2%.

Economic Impacts

- Each year, the state of NH spends \$729 million in private and public healthcare costs directly caused by smoking, including \$115 million covered by Medicaid.
- Lost work productivity attributable to death from tobacco use in the state accounts for more than \$419 million per year. Economic costs due to premature deaths attributable to smoking are estimated to be \$483 million each year.

- In the United States, tobacco use costs \$300 billion per year in direct medical care (\$170 billion) and lost productivity (\$156 billion).

What Can Be Done?

Reducing tobacco use and exposure to secondhand smoke where we live, work and play will help reduce health complications and environmental hazards. To be effective at achieving this goal, the Region has identified three goal areas and related strategies. These goals include preventing the initiation of tobacco use among young people, eliminating nonsmoker's exposure to secondhand smoke, and promoting quitting among adults and young people.

Strategies to address these goals vary from instituting policies and programs to education and outreach to advocacy. Examples of strategies include creating smoke-free environments including housing development, worksites, commercial property, playgrounds and recreation areas; developing targeted outreach and communications campaigns that utilize technology such as texting and social media to help reach younger audiences; pursuing or supporting actions to discourage exposure of smoking to young people such as vendor compliance checks, raising taxes on tobacco products, etc.

What Are We Doing?

In 1995, CMC, through its Community Needs Assessment, determined that youth smoking was an issue of primary concern for the Region. As a result of this finding the Cheshire Coalition for Tobacco Free Youth was formed in 1996, which later evolved into the Cheshire Coalition for Tobacco Free Communities. This coalition, which is composed of physicians, educators, youth, community members, police departments, and elected officials, has undertaken a number of activities and developed a variety of programs to provide treatment

options and encourage prevention of tobacco use in Cheshire County. Some of these programs are described below.

- **Vendor Compliance Checks** - Youth volunteers work with enforcement personnel to check area retailers for compliance with youth access laws. Stores and store clerks are fined or must attend a state-sponsored retailer education class if they are found non-compliant.
- **Kick Butts Day** is a nation-wide advocacy initiative, which empowers youth to take charge against tobacco use, that the Coalition has organized activities around on an annual basis.
- **Smoke-Free Worksites** - The Coalition has been active in assisting area worksites in creating healthy, smoke-free environments for customers and employees. The Keene Smoking Ordinance was implemented in 2002 and in 2007 the NH Legislature passed the amended NH Indoor Smoking Act, which prohibited smoking in restaurants, lounges, and enclosed places owned and operated by social, fraternal or religious organizations when open to the general public. The Coalition conducts surveys of area business to assess tobacco use policies. In addition, they offer cessation support to employees, as well as for employers who are implementing more comprehensive policies regarding tobacco use.
- **Smoke-Free Housing** - In 2015, in partnership with Healthy Monadnock 2020, the Coalition developed a searchable online database of smoke-free housing available in the Region. This web-based resource is a place for individuals seeking smoke-free housing options as well as individuals or businesses seeking to advertise available smoke-free housing units can go to either search or post information.
- **Community Education Programs** - The Coalition has presented tobacco education programs for local businesses, organizations,

and institutions. In addition they work with other community coalitions to provide safe, substance-free activities for area youth.

Other tobacco-related resources and programs in the Region are described below.

- **Monadnock Alcohol and Drug Abuse Coalition (MADAC)** is focused on influencing public awareness, policy and funding to support alcohol, tobacco and other drug prevention, treatment and recovery in Cheshire County. MADAC offers prevention activities and education to reduce youth and young adult substance use; advocates for policy change and increased funding for prevention, treatment and recovery; and, offers prevention trainings and substance-free events.
- **Quit to be FIT** is a program of Monadnock Community Hospital that offers individual tobacco counseling, wellness coaching, and incorporates exercise to help those addicted to tobacco become smoke-free.



- **Monadnock Voices for Prevention (MVP)** is a regional network working to reduce substance misuse in the Greater Monadnock Region. The network has expanded to involve numerous partners and includes regional and local prevention coalitions, volunteers, schools, law enforcement, business, social service agencies, health care, civic groups, government and programs that work to address drug, tobacco and alcohol use, and abuse. These groups partner with each other and the MVP Leadership Team, staff, and fiscal agent (Cheshire County) in the assessment, planning, implementation and evaluation of regional strategies to reduce substance abuse and build community resiliency.



Regional Assets

Included below is a list of coalitions, organizations and institutions in the Region that are working to address tobacco use through treatment, prevention, and support activities and services. It should be noted that this list may not be comprehensive, and there might be other organizations working to address this priority in the Region either directly or indirectly.

Regional Tobacco Prevention and Treatment Resources
Cheshire Coalition for Tobacco Free Communities
Cheshire Medical Center / Dartmouth-Hitchcock Keene
City of Keene
Dental Health Works
Faith-Based Communities
Home Healthcare, Hospice and Community Services
Keene Family YMCA
Keene Housing
Keene State College
Monadnock Alcohol and Drug Abuse Coalition
Monadnock Community Hospital - Quit to Be Fit Program
Monadnock Developmental Services
Monadnock Family Services
Monadnock United Way
Monadnock Voices for Prevention
NH Tobacco Helpline
Regional Dental Health Care Providers
Southwestern Community Services
The River Center

Goals & Strategic Objectives

GOAL 1	Reduce tobacco use by adults through evidence-based interventions and by promoting cessation supports.
Target	<i>To reduce cigarette smoking by adults from 17.6% in 2012 to 12% by 2020.</i>
Strategic Objectives	<ol style="list-style-type: none"> 1. Promote use of New Hampshire’s cessation quit line (1-800-QUIT-NOW). 2. Work with healthcare providers to institutionalize evidence-based best practices. 3. Increase the number of attempts to quit using proven cessation techniques. 4. Provide discounted and affordable cessation aids like patches and gum. 5. Support peer groups dedicated to people who want to quit. 6. Integrate tobacco treatment into health and other community support systems.
GOAL 2	Prevent initiation of tobacco use among youth.
Target	<i>To reduce tobacco use by youth under 18 years old in the past 30 days from 18.1% in 2012 to 10% by 2020.</i>
Strategic Objectives	<ul style="list-style-type: none"> ➤ Provide tobacco education in schools, especially grades K-12. ➤ Provide information to parents through outreach and presentations with school communities. ➤ Disseminate anti-tobacco and pro-health messages. ➤ Increase the adoption of tobacco-free policies and the use anti-tobacco curricula in schools. ➤ Monitor the adoption and use of electronic nicotine delivery devices. ➤ Support efforts to increase taxes on tobacco products and the use of these funds for tobacco prevention efforts.
GOAL 3	Reduce cigarette smoking among pregnant women.
Target	<i>To reduce the number of women who report smoking during pregnancy from 17.3% in 2012 to 10% by 2020.</i>
Strategic Objectives	<ul style="list-style-type: none"> ➤ Identify and support women and expectant mothers in efforts to quit smoking. ➤ Provide training and technical assistance to healthcare and public health providers on helping women quit using tobacco before, during and after pregnancy.
GOAL 4	Reduce exposure to secondhand smoke in workplaces, businesses, campuses, housing units, and other public spaces.
Target	<i>To increase the number and availability of smoke-free worksites, housing options, campuses and public space in the Region.</i>
Strategic Objective	<ul style="list-style-type: none"> ➤ Promote the adoption, use and enforcement of tobacco-free policies at businesses and worksites, day cares, housing developments, schools and public spaces.

PRIORITY AREA 3: SUBSTANCE & ALCOHOL MISUSE

Alcohol and other drug misuse pose one of the greatest risks to individual and community health and safety. Substance misuse has both short- and long-term health and safety consequences, many of which are associated with significant personal and societal costs. According to the National Survey on Drug Use and Health (NSDUH), in 2010 an estimated 22.6 million Americans aged 12 or older used illicit drugs in the past month and over 131 million people reported being current drinkers of alcohol.¹⁵

In comparison to national figures, NH’s substance abuse rates are statistically higher for a number of population groups. Among youth aged 12-17 and young adults aged 18-25, New Hampshire’s rates of binge drinking are significantly higher than the United States.¹⁶ In addition, New Hampshire’s 12 to 17 year-olds are one-and-one-half times more likely than those nationwide to smoke marijuana. This amounts to one in four NH high school aged children who engage in regular binge drinking and regular marijuana smoking.¹⁷ The rate of young adult drinking (18 to 25 year olds) in NH is the highest in the country and young adults in NH have higher rates of use of illicit drugs other than marijuana and higher rates of non-medical use of painkillers compared to peers nationally.

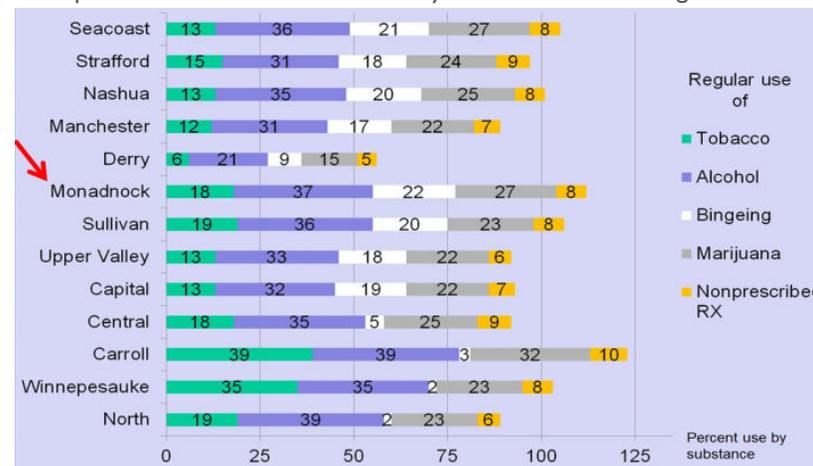
¹⁵ SAMHSA. (2011). *Results from the 2010 National Survey on Drug Use and Health: Summary of National Findings*. pp 1-6. Retrieved from: <http://www.samhsa.gov/data/NSDUH/2k10NSDUH/2k10Results.pdf>

¹⁶ SAMHSA. (2010). *Results from the 2009 National Survey on Drug Use and Health: Volume I. Summary of National Findings*. p 3. Retrieved from: <http://oas.samhsa.gov/NSDUH/2k9NSDUH/2k9ResultsP.pdf>

¹⁷ NH DOE. (2011) *NH Youth Risk Behavior Survey Results* pp 76, 91. Retrieved from: http://www.education.nh.gov/instruction/school_health/documents/2011nhyrbsdetailtables.pdf

Alcohol and substance use in the Monadnock Region poses problems for individuals of all ages. In a comparison of alcohol use in Cheshire County to the state and national data, we rate highest in regular use, binge drinking, and heavy use. Among high school aged students surveyed as part of the Youth Risk Behavioral Factor Survey, 58% either approve or strongly approve of someone their age having one or two drinks of alcohol nearly every day; 8% reported using prescription drugs such as OxyContin, Percocet, Vicodin, Adderall, Ritalin, or Xanax without a doctor’s prescription in their lifetime; 16% think it would be

Comparison of Substance Use Rates by NH Public Health Regions in 2013



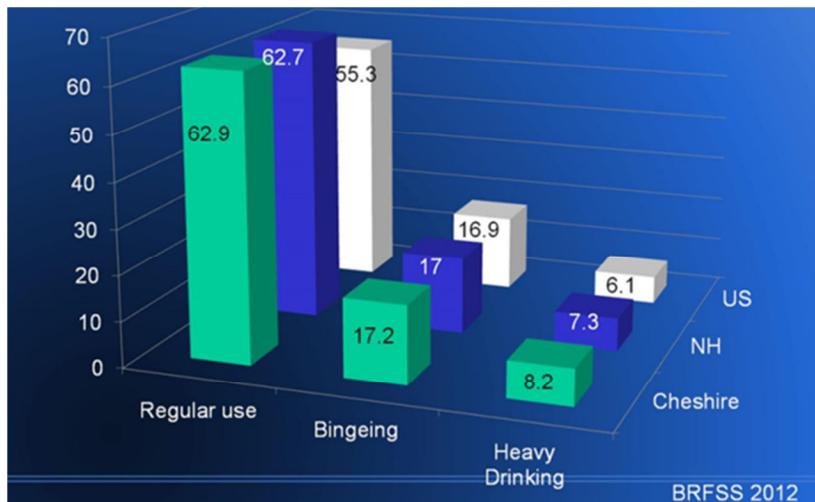
Source: National Youth Risk Behavior Survey

very easy for them to get a prescription drug without a doctor’s prescription if they wanted.

Older adults (age 65+) make up only 13% of the population, and account for one third of total outpatient spending on prescription drugs. Non-medicinal use of prescription drugs is estimated to increase to 2.7 million by older adults by the year 2020.

While the Region has seen progress in the decrease of prescription drug misuse and the improvement of prescribing practices, it has also seen a rapid increase in heroin and synthetic drug use. Community leaders, school administrators, and parents in the Region have expressed public agreement that heroin was among several substances in the community that needs to be addressed. Cheshire Department of Corrections evaluated a sampling of inmates in 2014. Of the 351 inmates evaluated, 89% presented with alcohol or drug issues. Of the 89% the primary drug of choice was heroin at 53% and second was

Comparison of Alcohol Use 2012



alcohol at 19%.¹⁸

Health Impacts

- The devastating consequences of alcohol and other drug misuse range from increased violence and unsafe or unwanted sexual

activity to car crashes and life-threatening overdoses, and death. Between 2001 and 2006, the percentage of car crashes in the state related to alcohol ranged between 35% and 45%.¹⁹ In 2014, there were 326 overdose deaths in NH, a significant increase from 48 in 2000. Of those deaths, 13 were Cheshire County drug related deaths. The number of deaths due to prescribed and over-the-counter drugs almost doubled between 2008 and 2009, but now deaths due to heroin and related opioids has skyrocketed.

- Alcohol and other drug use may lead to health problems including respiratory disease, depression, cancer, fetal alcohol syndrome, and elevated blood pressure. Other impacts on health include increased tolerance leading to physical and mental dependency; liver, lung, and kidney problems; brain damage, hallucinations, tremors, convulsions, memory loss, and impaired judgment; poor academic performance and increased dropout rates; sexually transmitted diseases and unintended pregnancy; risk from intravenous drug use; adverse effects from withdrawal; increased medical conditions including cirrhosis of the liver; cardiovascular disease; injuries; seizures; birth defects; and, many other diseases.
- Impacts from substance use are not just to the individual using. Families of an abuser can suffer from domestic violence, child abuse, trauma, social isolation, emotional strain, neglect, and fractured families. In addition, often family living conditions decline. This could include less quality and availability of food, increased sanitation issues, and increased hazardous conditions.
- As a parent under the influence, there is an increased risk for the safety and health of their children. Not only do children experience high stress and become burdened with adult roles, they often experience social and educational withdrawal as well as

¹⁸ Cheshire County Department of Corrections Case Management Services Annual Report 2014

¹⁹ National Highway Traffic Safety Administration. Fatality Analysis Reporting System (FARS). Retrieved from: <http://www.nhtsa.gov/FARS>

developmental delays. A result may be out-of-home placement of the child. It has been calculated that one-third to two-thirds of substantiated child abuse/neglect cases involve parental substance abuse. The health impact on children of mothers who misuse alcohol or other substances during pregnancy can result in birth defects, emotional and behavioral disorders, neonatal abstinence syndrome and/or Fetal Alcohol Syndrome, growth deficiency, and lower IQ.

Economic Impacts

- Alcohol and other drug misuse pose economic burdens as well. The costs associated with alcohol and other drug misuse in the U.S. topped \$400 million in 2005, with 95.6% of costs incurred related to alcohol and drug problems, such as hospital stays, emergency response, and criminal activity. Local governments in 2005 spent almost 16% of their budgets on dealing with substance abuse and addiction, compared to 13.3% in 1998. This amount places the issue as the second most costly to local governments after elementary and secondary education.
- In spite of the staggering costs associated with alcohol and other drug misuse consequences, in 2005, only 1.9% of substance abuse funds across the United States were committed to prevention and treatment, 0.4% to research, 1.4% to taxation and regulation, and 0.7% to interdiction.²⁰ For every \$100 spent on alcohol and other drug misuse problems, states spent an average of \$2.38 on prevention and treatment. New Hampshire ranked last in the nation, spending just 22 cents of every \$100 of substance abuse expenditures on prevention and treatment of alcohol and drug

²⁰ *The National Center on Addiction and Substance Abuse at Columbia University. (May 2009) Shoveling Up II: The Impact of Substance Abuse on Federal, State, and Local Budgets. p 4. Retrieved from: <http://www.casacolumbia.org/articlefiles/380-ShovelingUpII.pdf>*

Summary of NH Costs of Substance Misuse in 2012 (\$ in Millions)	
	Annual Costs
Productivity	
Impaired Productivity	\$1,084.36
Absenteeism	\$66.40
Subtotal	\$1,150.76
Health Care	
Substance Misuse Treatment	\$15.60
Medical Care	\$230.76
Insurance Administration	\$19.61
Subtotal	\$265.98
Criminal Justice	
Police Protection	\$139/92
Judicial System	\$27.64
Corrections	\$100.06
Cost to Crime Victims	\$11.69
Victim Productivity Loss	\$4.77
Subtotal	\$284.08
Other	
Motor Vehicle Crashes	\$73.88
State/Local Tax Revenue	\$61.04
Subtotal	\$134.92
Total	\$1,835.74
NH Gross State Product	\$66,111
Substance Misuse Costs as a % of Gross State Product	2.8%
Lifetime Costs Related to Annual Impacts	
Premature Death	\$392.90
Grand Total	\$2,228.62
Substance Misuse Costs as a % of Gross State Product	3.4%

abuse and addiction.²¹ However, research shows that for each dollar invested in prevention, a savings of up to \$10 in treatment for alcohol or other substance abuse can be seen.²²

- NH has consistently used earmarked prevention dollars for other purposes. While 5% of gross profits of the NH Liquor Commission are designated for prevention and treatment, the legislature consistently suspends this appropriation. The appropriation to the Governor's Fund for Alcohol Abuse, Prevention and Treatment dropped from \$5.6 million in 2009 to \$1.8 million in 2014, a year when the Commission reported an all-time record in sales (\$626 million). This ranks NH as second lowest in the nation in expenditures for prevention of substance misuse.

What Can Be Done?

Given the large scale of social and financial impacts of substance abuse, the Monadnock Region recognizes the urgency and need to work collectively. Prevention, treatment, and recovery efforts need to be allied to increase efficiencies and expand impacts as we address issues from multiple sides. Complex community health problems including underage drinking, tobacco use, illegal drugs, and the misuse of prescription drugs require comprehensive, collaborative, culturally appropriate solutions to achieve wide scale community benefits.

The Substance Abuse and Mental Health Services Administration (SAMHSA) has developed a new recovery focused model to enhance the availability and quality of addiction treatment in the United States. This model is called the Resiliency and Recovery Oriented Systems of Care (RROSC). The RROSC has opened a door of opportunity for governments and communities to implement effective strategies to

²¹ *Ibid.* p 116.

²² Aos et al. 2001; Hawkins et al. 1999; Pentz 1998; Spoth et al. 2002a; Jones et al. 2008; Foster et al. 2007; Miller and Hendrie 2009

combat substance abuse problems. The key is finding the right individual, family, school, and community-level interventions. Both the research and leading experts in the field emphasize the importance of this comprehensive approach in order to maximize impact.

Implementing the RROSC will not only have a significant impact on reducing stigma and misuse and increasing access to comprehensive services, it will help the Monadnock Region reach its goal of becoming the Healthiest Community in the Nation. However, a contributing barrier is that current community organizations and resources struggle to keep their doors open as they compete for the few available dollars. While the will to work collaboratively exists, the pressures of reduced staff, increased work responsibilities and the drive to bring dollars in the door make it difficult for staff to find the time to plan and implement new collaborative models.

What Are We Doing?

- **Monadnock Voices for Prevention (MVP)** is a regional network working to reduce substance misuse in the Greater Monadnock Region. The network has expanded to involve numerous partners and includes regional and local prevention coalitions, volunteers, schools, law enforcement, business, social service agencies, health care, civic groups, government and programs that work to address drug, tobacco and alcohol use, and abuse. Some of the many activities of MVP and its partners organizations include:
 - The promotion of social host laws and prom/graduation safety campaigns
 - Annual compliance checks
 - Alignment with national prevention activities
 - Facilitating Town Hall meetings/community forums on alcohol and other drugs awareness and education
 - Partnerships with local colleges on prevention strategies for reducing alcohol and prescription drug misuse on campus

- Utilizing media (Media Collaborative) for prevention messaging for social norms campaigns
 - Assistance with data collection
 - Advocating for the enforcement of underage drinking laws
 - Coordination of collection and disposal of unused, expired prescription drugs
 - Advocating for legislative change pertaining to behavioral health
 - Assistance to local school districts and businesses in revising alcohol and drug use policies to be more supportive and less punitive.
 - Advocating for increased tobacco excise taxes, restricting youth access to tobacco, product placement, and tobacco licensing.
 - Supporting control of the sale of legal marijuana, synthetics, and bath salts in retailer locations, and reduction of drug use and dealing in communities
- Treatment options in the Region include Phoenix House - Keene, **Phoenix House** Dublin Center and Phoenix Academy – Dublin, which serves adults and youth in transitional living/residential treatment facilities. **MFS** provides substance use and abuse counseling services throughout Cheshire County. The region also has private outpatient providers and the **Cheshire County Drug Court system**.
- **Keene Serenity Center** is a non-profit recovery center that offers a supportive and sober environment, which includes daily meetings and a drop in center for individuals working on their sobriety.
- **Monadnock Alcohol and Drug Abuse Coalition (MADAC)** is focused on influencing public awareness, policy and funding to support alcohol, tobacco and other drug prevention, treatment and recovery in Cheshire County. MADAC offers prevention activities and education to reduce youth and young adult substance use; advocates for policy change and increased funding for prevention, treatment and recovery; and, offers prevention trainings and substance-free events.
- **Families Advocating Substance Treatment, Education and Recovery (F.A.S.T.E.R.)**, is a peer to peer support group for families and friends with a loved one suffering from dependency issues. MVP coordinated with the National Alliance on Mental Illness New Hampshire, a grassroots non-profit organization dedicated to improving the lives of people affected by mental illness, to train facilitators for the Monadnock Region. Currently there are F.A.S.T.E.R. groups available in Peterborough and Keene.
- The **Controlled Substance Management Network** planning process involves CMC/DHK, MFS, Phoenix House Keene, Monadnock Voices for Prevention, and Antioch University New England and a variety of community partners including Keene Police Department and pharmacists. The group is working to develop a network capable of integrating behavioral health into a primary care setting with a focus on optimal controlled substances prescribing and management including shared care coordination for behavioral health needs and addiction services in order to reduce the burden of prescription drug overuse, misuse and abuse.

Regional Assets

Included below is a list of entities that are working to address substance and alcohol misuse treatment, prevention, and support

activities and services in the Region. It should be noted that this list may not be comprehensive, and there might be other organizations working to address this priority in the Region either directly or indirectly.

Regional Alcohol & Substance Use Resources			
Prevention	Intervention	Treatment	Recovery
<ul style="list-style-type: none"> · Acting Out · Advocates For Healthy Youth · Cheshire County Sheriff's Office & Regional Police Departments · Cheshire County Tobacco Free Communities Coalition · Cheshire Medical Center / Dartmouth-Hitchcock Keene · City of Keene Youth Services & Hillsborough County Youth Services · Counseling Centers · Faith-Based Communities · Franklin Pierce University · Healthy Monadnock 2020 · IMPACT Monadnock / Monadnock United Way · Keene State College · Monadnock Alcohol & Drug Abuse Coalition · Monadnock Center for Violence Prevention · Monadnock Community Hospital · Regional School Districts · Samaritans · ServiceLink Aging & Disability Resource Center · The Grapevine Center · The River Center · Winchester Coalition 	<ul style="list-style-type: none"> · Cheshire County Department of Corrections · Cheshire County Drug Court / Alternative Sentencing and Mental Health Court · Cheshire County Sheriff's Office & Regional Police Departments · Cheshire Medical Center / Dartmouth-Hitchcock Keene · City of Keene Youth Services & Hillsborough County Youth Services · Counseling Centers · Faith-Based Communities · Franklin Pierce University · Keene State College · Monadnock Area Peer Support · Monadnock Community Hospital · Regional School Districts 	<ul style="list-style-type: none"> · Autumn Recovery · Cheshire County Department of Corrections · Cheshire County Drug Court / Alternative Sentencing and Mental Health Court · Counseling Centers · Faith-Based Communities · Franklin Pierce University · Keene State College · Monadnock Area Pastoral Counseling Service · Monadnock Family Services · Mountain Wellness · Phoenix House/Academy · Touchstone Counseling 	<ul style="list-style-type: none"> · Alanon, Nara-non · Alcoholics Anonymous/ Narcotics Anonymous · Bridges Program (12 Step Outreach) · Cheshire County Department of Corrections: Second Chance for Success · Faith-Based Communities · F.A.S.T.E.R · HOPE for NH Recovery · Keene Serenity Center · Monadnock Area Peer Support

Goals & Strategic Objectives

The goal and objectives detailed below include a subset of those included in the Region’s 2016-2019 Prevention Plan. This Strategic Prevention Plan along with the Region’s Resiliency and Recovery Oriented Systems of Care Plan provide more detailed information related to this health area and the strategic approach of those working to address this issue within the Region. The goals are presented in three sections: the overall focus of the regional network, substance misuse and prevention, and resiliency and recovery oriented system of care.

REGIONAL NETWORK	GOAL 1	Increase regional capacity to prevent substance misuse across agencies and communities in the Greater Monadnock Region.
	Strategic Objectives	<ul style="list-style-type: none"> ➤ Increase the frequency of communication across agencies and communities. ➤ Increase knowledge and awareness of current substance misuse issues in the Region. ➤ Increase level of collaborative activity across agencies in the Region. ➤ Educate lawmakers, policy makers and regional decision makers to include the Public Health Network Advisory Council annually or more often to increase their awareness of alcohol and other drug costs, impacts, and savings realized from efforts and services, and the successful health outcomes of individuals being served. ➤ Increase cross-agency resourcing and related coordination for collaborative initiatives.
	GOAL 2	Increase the connections and relationships across six core sectors in relation to substance misuse throughout the Monadnock Region.
	Strategic Objectives	<ul style="list-style-type: none"> ➤ Increase the perception of risk and responsibility among business and faith-based sectors. ➤ Increase the engagement of the business and faith-based sectors in prevention efforts. ➤ Increase the number of best practices implemented by the six core sectors.
	GOAL 3	Obtain a minimum of 3 new regional data sources for substance misuse across the life span.
	Strategic Objectives	<ul style="list-style-type: none"> ➤ Obtain one new regional data source for substance use in the pre/postnatal population. ➤ Increase data sources for the 12-17 year old population. ➤ Obtain one new regional data source for the 18-25 year old non-college population. ➤ Increase data sources for the 18-25 year old population. ➤ Obtain one new regional data source for the 25-65 year old population. ➤ Obtain one new regional data source for the 65 and older population.
	GOAL 4	Increase public awareness relative to the harm and consequences of alcohol and drug misuse, treatment and recovery support services available, and the success of recovery.
	Strategic Objectives	<ul style="list-style-type: none"> ➤ Produce and disseminate effective messages for a range of topics, public audiences, and media channels regularly each year.

SUBSTANCE MISUES PREVENTION	GOAL 1	Decrease prescription drug misuse across the lifespan.
	Targets	<ul style="list-style-type: none"> ✓ <i>Decrease prescription drugs misuse in youth (12-17) by 5 percentage points by 2019.</i> ✓ <i>Decrease prescription drugs misuse in young adults (18-25) by 3 percentage points by 2019.</i> ✓ <i>Decrease prescription drugs misuse adults (26-65) by 3 percentage points by 2019.</i> ✓ <i>Decrease prescription drugs misuse in older adults (65+) by 3 percentage points by 2019.</i>
	Strategic Objectives	<ul style="list-style-type: none"> ➤ Continue to expand the capacity of the Partnership for Drug Free New Hampshire (PDFNH) through private and public contributions. ➤ Utilize the media collaborative and other methods to expand community awareness. ➤ Determine best method to reach specific audiences such as parents, coaches, and workplaces.
	GOAL 2	Decrease binge drinking of alcohol across the lifespan.
	Targets	<ul style="list-style-type: none"> ✓ <i>Decrease underage and binge drinking of alcohol in youth (12-17) by 5 percentage points by 2019.</i> ✓ <i>Decrease binge drinking of alcohol in young adults (18-25) by 3 percentage points by 2019.</i> ✓ <i>Decrease binge drinking of alcohol in adults (26-65) by 3 percentage points by 2019.</i> ✓ <i>Decrease binge drinking of alcohol in older adults (65+) by 3 percentage points by 2019.</i>
	Strategic Objectives	<ul style="list-style-type: none"> ➤ Increase the perception of harm of alcohol misuse across the life span. ➤ Positively impact social norms to influence societal acceptance of alcohol misuse across the life span.

RESILIENCY AND RECOVERY ORIENTED SYSTEM OF CARE	
GOAL 1	Enhance the effectiveness of system of care infrastructure for substance abuse disorders across the continuum of care
Objectives	<ol style="list-style-type: none"> 1. Establish and implement a resiliency and recovery oriented systems of care (RROSC) that coordinates multiple systems, services, and supports that are person-centered, self-directed and designed to meet individual needs and promotes pathways to recovery from substance use disorders 2. Link behavioral health and substance use disorder continuums of care
Strategic Approach	<p>Strategy 1: Establish a core team of partners that will implement a pilot RROSC system of care and a plan to promote regional RROSC resources</p> <p>Strategy 2: Build in links between behavioral health and substance use disorder systems of care</p> <p>Strategy 3: Increase RROSC knowledge and engagement in at least 5 community sectors and with 5 community partners</p> <p>Strategy 4: Obtain one additional funding source for RROSC System of Care</p>

RESILIENCY AND RECOVERY ORIENTED SYSTEM OF CARE

GOAL 2	<p>Decrease alcohol and substance misuse in the region across the lifespan</p> <p>a. By ensuring that prevention is a key component in all partners' RROSC implementation</p> <p>b. By enhancing availability and quality of intervention, treatment, and recovery support systems</p>
Objectives	<p>A. Increase RROSC partners prevention efforts</p> <p>B. Increase RROSC partners intervention, treatment, and recovery efforts</p> <ol style="list-style-type: none"> 1. Implement and improve the intervention practices of 10 partners 2. Increase regional treatment space availability by 10% 3. Increase regional participation in recovery support services by 25%
Strategic Approach	<p>A. Prevention</p> <ul style="list-style-type: none"> • Strategy 1: Assist partners in identifying their role in prevention and connecting them to regional prevention efforts <p>B. Intervention, Treatment and Recovery</p> <ul style="list-style-type: none"> • Strategy 1: Leadership <ul style="list-style-type: none"> ○ Expand community and state leadership relative to effective early intervention, treatment and recovery from alcohol and other drug misuse. • Strategy 2: Financial Resourcing <ul style="list-style-type: none"> ○ Increase financial resources to effectively intervene in, treat, and support recovery from alcohol and other drug misuse • Strategy 3: Education <ul style="list-style-type: none"> ○ Educate people with dependency issues about resources available and how to access them ○ Educate family and friends of people with dependency issues on signs and symptoms of dependency, resources available and how to access them ○ Increase community awareness of substance misuse as a medical condition, the effectiveness of treatment and recovery, and the community's role in the support of people in recovery ○ Educate community resources how to collaborate efficiently and the availability of local tools and resources to help them expand the reach and impact of their work • Strategy 4: Training and Professional Development <ul style="list-style-type: none"> ○ Expand training and professional development within local systems and community sectors impacted by alcohol and other drug misuse and its consequences ○ Increase utilization of training opportunities through a variety of methods • Strategy 5: Data Utilization <ul style="list-style-type: none"> ○ Expand data analysis and dissemination to better understand the prevalence of alcohol and other drug misuse, its impacts, and the efficacy of support efforts • Strategy 6: Policy, Practice, and Programs <ul style="list-style-type: none"> ○ Promote the implementation of effective policies, practices and programs across community systems to support people with substance use disorders

PRIORITY AREA 4: OBESITY

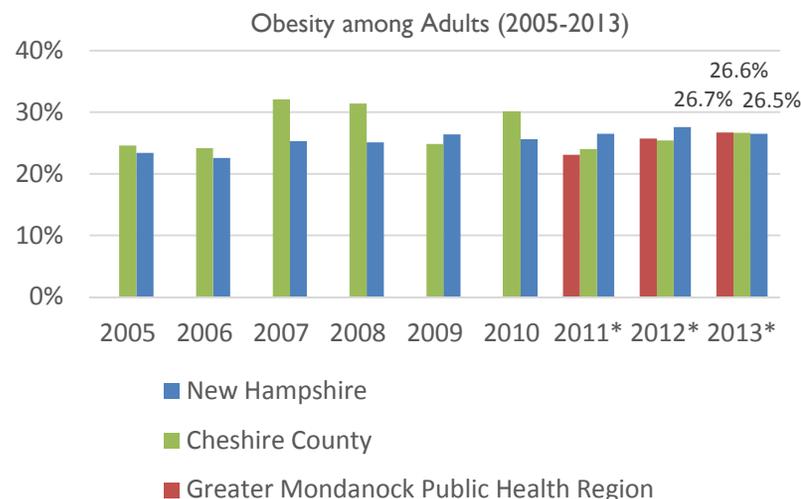
Over recent decades, the number of obese individuals in this country has increased at an epidemic level. In 1990, obese adults made up less than 15% of the population in most states. By 2012, 43 states had obesity rates of 25% or higher, including New Hampshire.²³

Obesity is a complex health issue defined as abnormal or excessive fat accumulation that may impair health. It is measured by body mass index (BMI), which is calculated from an individual’s height and weight. Individuals with a BMI between 19.5 and 24.9 are considered at normal weight. A BMI between 25 and 29.9 is considered overweight, and a BMI at or over 30 is considered obese.

In 2012, 25.4% of Cheshire County’s adult population was considered obese. Only 37.9% of the County’s population was at a healthy weight. Although this rate exceeds the state and national averages of 36.4% and 33.4% respectively, the majority of youth in the Region are either obese or overweight.²⁴

Health Impacts of Obesity

- Obesity is a major contributor to some of the leading causes of death in the Region, including heart disease, some types of cancer, and diabetes. According to the Office of the Surgeon General, it may be attributable to approximately 300,000 deaths in the United States per year.
- Research has shown that overweight and obesity are associated with increased risk for several chronic diseases and conditions including coronary heart disease, type 2 diabetes, high blood pressure, stroke, liver and gallbladder disease, sleep apnea, and



Health Consequences of Being Overweight or Obese*:

- Hypertension
- High total cholesterol
- Type 2 diabetes
- Coronary heart disease
- Stroke
- Gallbladder disease
- Arthritis
- Sleep apnea & respiratory problems
- Some cancers

*This is not an exhaustive list.

²³ The Centers for Disease Control and Prevention, 2012

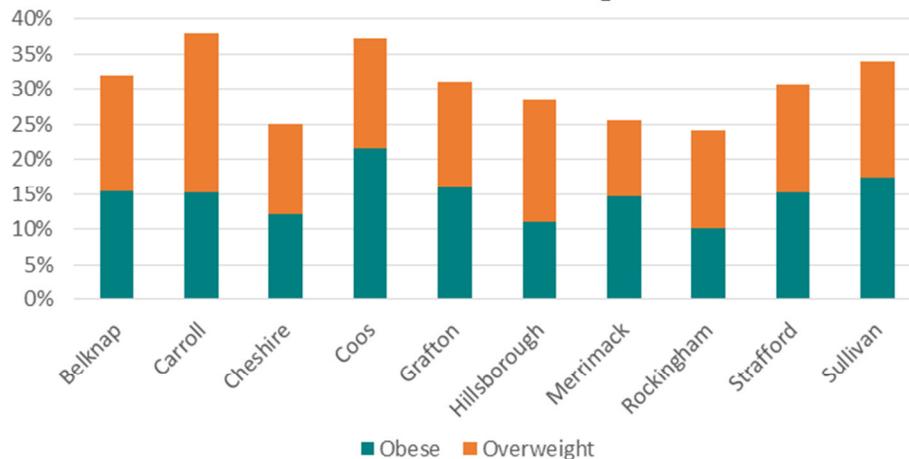
²⁴ Youth Risk Behavioral Surveillance Survey, 2012

depression. Compared to individuals at a normal weight, those who are obese have a 50% to 100% increased risk of premature death from all causes.²⁵ Overweight and obese individuals may also suffer from social stigmatization, discrimination, and poor body image.

- Being overweight is a key risk factor for diabetes. It is estimated that the risk of developing type 2 diabetes increases by 25% for each additional unit of BMI added above 22 kg/m² (approximately 5-7 pounds for an adult of average height).²⁶ In 2012, 8.72% of Cheshire County adults were diagnosed with diabetes, compared to 9.51% statewide and 9.3% nationwide. Without intervention, the prevalence of diabetes is expected to continue to rise due to changes in age, overall population growth, and increasing numbers of people who are overweight, obese or less physically active.

- The risk of death among people with diabetes is about twice that of people without diabetes of a similar age. It is the 7th leading cause of death in the Region, comprising 2.5% of all deaths.²⁷ It is also associated with numerous health problems including blindness, heart disease, kidney failure, nerve damage, dental disease, stroke, and complications of pregnancy. In 2012, the percent of adults who have diabetes as well as coronary heart disease in Cheshire County was 23.85% compared to 16.09% statewide.
- Although diseases associated with obesity occur most frequently in adults, significant consequences of excess weight occur in overweight children and adolescents. Overweight or obese children and adolescents are more likely to become overweight or obese adults. Type 2 diabetes, high blood lipids, and hypertension as well as early maturation and orthopedic problems also occur with increased frequency in overweight youth.

Percent of NH Third Graders who are Overweight or Obese, 2013-2014



Data collected from *The New Hampshire Third Grade Healthy Smiles - Healthy Growth Survey*, found that 25% of third graders in Cheshire County were overweight (12.8%) or obese (12.2%) in the 2013-2014 school year.¹ Statewide, 12.6% of third grade students were obese and 15.4% were overweight at the time of the survey.

Although Cheshire County experienced the third lowest obesity and overweight rate in the state compared to the other nine counties, it is still well above 15%, which is the target established by the Centers for Disease Control and Prevention.

²⁵ Office of the Surgeon General <http://www.ncbi.nlm.nih.gov/books/NBK44210/#A13>

²⁶ <http://www.dhhs.nh.gov/dphs/cdpc/diabetes/documents/action-plan.pdf>

²⁷ NH Division of Vital Records Administration, death certificate data, 2008

Economic Impacts of Obesity

- Overweight and obesity and their associated health problems can have substantial economic consequences. Based on 2006 data, the estimated annual medical cost of obesity in the United States is \$147 billion dollars, nearly 10% of all medical spending. This estimate represents an 87% increase in medical spending on obesity from 1998, when the estimated medical costs of obesity were \$78.5 billion.²⁸
- The increasing prevalence of overweight and obesity is associated with both direct and indirect costs. Direct health care costs refer to preventative, diagnostic, and treatment services related to overweight and obesity (e.g. physician visits and hospital and nursing home care). Indirect costs refer to the value of wages lost by people unable to work because of illness or disability, as well as the value of future earnings lost by premature death. Most of the cost associated with obesity is due to type 2 diabetes, coronary heart disease, and hypertension.

What Can Be Done?

Obesity, type 2 diabetes, and their related diseases are largely preventable and can be managed through lifestyle modifications. Promoting and supporting healthy lifestyle habits, including healthy eating and physical activity, are simple yet important measures for addressing these conditions. However, preventative measures must extend beyond individual behavior change. Our social and built environments play a fundamental role in shaping people's choices, determining the ease at which individuals can access affordable food or physical activity.

In 2012, less than a third (27%) of Cheshire County residents reported eating the recommended amount of fruits and vegetables daily.

Within the Region, some residents have limited access to stores and markets that provide healthy and affordable food such as fruits and vegetables, especially in more rural and lower income neighborhoods.



²⁸ Finkelstein et al., 2009 <http://content.healthaffairs.org/content/28/5/w822.full?sid=6750b63f-0970-461b-9d39-9439a49405d8>

It is often easier and cheaper to access less healthy foods and beverages. In 2012, less than a third (27%) of Cheshire County residents reported eating the recommended amount of fruits and vegetables daily. This compares to 28% of people statewide.

For many, it can be challenging to incorporate physical activity into a daily routine. The 2008 Physical Activity Guidelines for Americans state that adults should get at least 150 minutes of moderate intensity physical activity or 75 minutes of intensive physical activity every week. In 2012, 24.6% of Cheshire County residents reported meeting these

In 2012, 24.6% of Cheshire County residents reported meeting physical activity guidelines.

guidelines, compared to 22.3% statewide and 21% nationwide. However, in many areas, the safest or most practical way to access destinations is by automobile.

Of the Region's working population, 25.3% travel greater than 25 miles to work each day, primarily by automobile. Many of these workers spend most of their day sitting at a desk or inside an office, with little break for physical activity. While it used to be that children routinely moved around their neighborhoods and to school by foot or bicycle, fewer than 15% of school children nationwide walk or bike to school.

Making changes to our built and social environments, including neighborhoods, downtown areas or village centers, workplaces, and schools, can directly influence the level of physical activity or access to healthy food, which can lead to improved health and weight loss. Examples of environmental changes include locating parks and recreation centers along routes that can be accessed safely via walking, bicycling, or riding the bus where transit is available; organizing walking school buses or implement Safe Routes to School action plans to promote safe walking and biking opportunities to school; making it

convenient and cost-effective for workplaces, restaurants, and schools to purchase locally grown or fresh fruits and vegetables and limit the availability of less healthy food choices.

What Are We Doing?

There are numerous examples of projects and programs in the Region focused on improving access to physical activity and healthy eating. A few of these many efforts are described below and on the next page.

WORKSITE WELLNESS

- The **Healthy Monadnock Organizational Champions Program** work to make it easier for employees to adopt, improve and maintain healthy lifestyle behaviors in the workplace and home. Healthy Monadnock recruits organizations to become champions and helps those who are also employers with worksite wellness assessment, education, planning, implementation and evaluation.

YOUTH WELLNESS

- **Advocates for Healthy Youth (AFHY)** was formed in 2002 when pediatricians from CMC/DHK had concerns about the rising rates of childhood obesity in our community, but knew they could not address the issue alone. They needed to band together with other partners in the community - public schools, academic researchers, municipalities, business, and industry and citizens - to make a difference. As a community based coalition, AFHY develops education, intervention and prevention programs and provides a voice at the local and state level on critical policy issues important to children's health.

- **Coordinated Approach through Child Health Kids Club (CATCH)** is an after school program focused on educating children on health and nutrition. The program is run throughout the school year and aims to keep children healthy for life by educating them on diet and exercise. The children also practice their healthy habits by spending an hour doing fun and vigorous physical activity and by choosing a healthy snack to bring to each meeting. The success of this program, which originated in Keene, has led to the creation of 57 other CATCH programs throughout the state.
- **5-2-1-0** is a statewide public education campaign to bring awareness to daily recommendations for nutrition and physical activity. Its core recommendations are to encourage families and youth to eat 5 servings of fruits and vegetables daily, reduce time in front of electronic device screens to 2 hours or less day, participate in at least 1 hour of moderate to vigorous physical activity, and restrict soda and sugar-sweetened sports and fruit drinks to 0. Within the Region, this campaign is supported by Keene State College students in the Physical Education Majors Club, dietetic interns from the College, members of the Advocates for Healthy Youth Coalition, and many area school districts. The Pediatrics practice at CMC/DHK is designated as a 5-2-1-0 Let's Go! Healthcare site for accurately calculating youth BMI and engaging families in respectful conversations about weight using a 5210 healthy habits questionnaire.

ACCESS TO HEALTHY FOOD OPTIONS

- The **Cheshire County Conservation District (CCCD) "Double Up Veggie Bucks"** program is a way to expand affordable access to local food by allowing individuals who qualify for federal nutrition assistance to shop at both the Keene and Walpole Farmers Markets using their benefits cards and doubling their purchasing power up to an extra \$10.00 a day. In 2014, the program doubled in size with 115 new families using their benefits at the Keene Market.



Top photo: Children participate in the Keene Recreation Department's CATCH program; below photo: Shared use trails make it convenient for residents and others to travel via non-motorized modes of transportation.

- **Cheshire County Nutrition Connections** is a program of University of NH's Cooperative Extension that provides nutrition education at no cost to limited-income seniors and families with children through in-home visits, group sessions, and home study lessons.
- **Monadnock Menus**, another program coordinated by the CCCD, is a service that gathers and delivers local agricultural products to schools, businesses and other institutions in the Region using an online ordering system. The project was created by a group of volunteers who wanted to see more local food available in area restaurants but recognized that a challenge for restaurant owners and school food service directors is the ordering, gathering, and distribution of products on a local scale.
- **Turn a New Leaf** is a program organized by the Healthy Monadnock Champions Program with support from Keene State College's Dietetic Internship Program to promote healthy menu labeling, which helps customers identify healthier food and beverage options at dining establishments, including cafeterias, in the Region.
- **The Cornucopia Project**, which is based in Peterborough, offers classes to elementary schools in the ConVal School District where students learn about healthy food choices through their school gardens. They also offer youth and adult cooking and nutrition programs through a partnership with the Peterborough Recreation Department.
- **Southwestern Community Services** administers the Women, Infants and Children (WIC) program, which provides supplemental foods, health care referrals, and nutrition education at no cost to families of low-income pregnant, breastfeeding, and non-breastfeeding post-partum women, and to infants and children up to 5 years of age. The WIC program has on staff several mothers who have successfully breastfed their children and have completed

an 18 hour training course, who act as peer counselors to other WIC families.

- The **Monadnock Coalition for the Promotion of Breastfeeding** was formed in 2011 to address the disparities in breastfeeding initiation and continuation between low and higher income families. The group undertook a community-based participatory research project of low income mothers in southwestern NH. From that study's results the group has created and is implementing a 4-part community action plan that includes changes to the social and policy environment to make breastfeeding the norm for infant nutrition.

ACCESS TO PHYSICAL ACTIVITY

- **Monadnock Family Services' InSHAPE** program pairs a person with a severe mental illness, such as depression, with a personal health mentor, who is also a certified personal fitness trainer. Together, the team tailors a unique personal health plan that the participant carries out with the mentor's support. Health mentors guide, coach and help to motivate participants as they set specific personal health and fitness goals, develop personal nutrition plans and learn basic cooking, food shopping and menu-planning skills.



Regional Assets

Included below is a list of organizations and institutions in the Region that are working to address obesity through programs that provide direct obesity treatment and prevention and programs that address healthy eating and physical activity. It should be noted that this is not

necessarily a comprehensive list, and there may be other organizations working to address these issue areas either directly or indirectly.

Regional Resources for Obesity Prevention and Treatment	Direct Care	Healthy Eating	Physical Activity
Advocates for Healthy Youth		X	X
Antioch University New England Institute		X	
Cheshire County Conservation District		X	
Cheshire County Nutrition Connections		X	X
Cheshire Medical Center / Dartmouth-Hitchcock Keene	X	X	X
Healthy ME Afterschool Club		X	X
Keene Community Kitchen		X	
Keene Family YMCA			X
Keene State College		X	X
Monadnock Alliance for Sustainable Transportation			X
Monadnock Buy Local		X	
Monadnock Community Hospital	X	X	X
Monadnock Family Services' In SHAPE		X	X
Monadnock Farm and Community Coalition		X	
Municipal Officials and Staff			X
School Administrative Units		X	X
Southern New Hampshire Services		X	X
Southwest Region Planning Commission			X
Southwestern Community Services	X	X	
The Cornucopia Project		X	
The River Center		X	

Goals, Objectives & Strategic Approach

GOAL 1	Reduce adult and childhood obesity in the Region.
Targets	<p><i>To increase the proportion of adults in the Region at a healthy weight from 37.9% in 2012 to 50% in 2020.</i></p> <p><i>To decrease the proportion of children (ages 7-10) in the Region considered obese or overweight from 25.0% in 2014 to 20.0% in 2020.</i></p>
Strategic Objectives	<ul style="list-style-type: none"> ➤ Implement programs, projects, and policies that increase physical activity opportunities in early childhood settings, schools, workplaces, food pantries, neighborhoods, and public and private recreational facilities. ➤ Increase access to and labelling of healthier food and beverages in early childhood settings, schools, workplaces, retail stores, neighborhoods, and restaurants, cafeterias, and food pantries. ➤ Establish policies and programs that support breastfeeding-friendly environments. ➤ Provide increased access to affordable and safe physical activity opportunities in early childhood settings, schools, worksites, adult care facilities, etc. ➤ Increase patient and provider access and utilization of tools, programs, and other resources to manage health. Increase patient and provider access and utilization of tools, programs, and other resources available to manage their health. ➤ Increase awareness about the causes and consequences of overweight and obesity to support prevention and early intervention. ➤ Build and support a robust local food system.

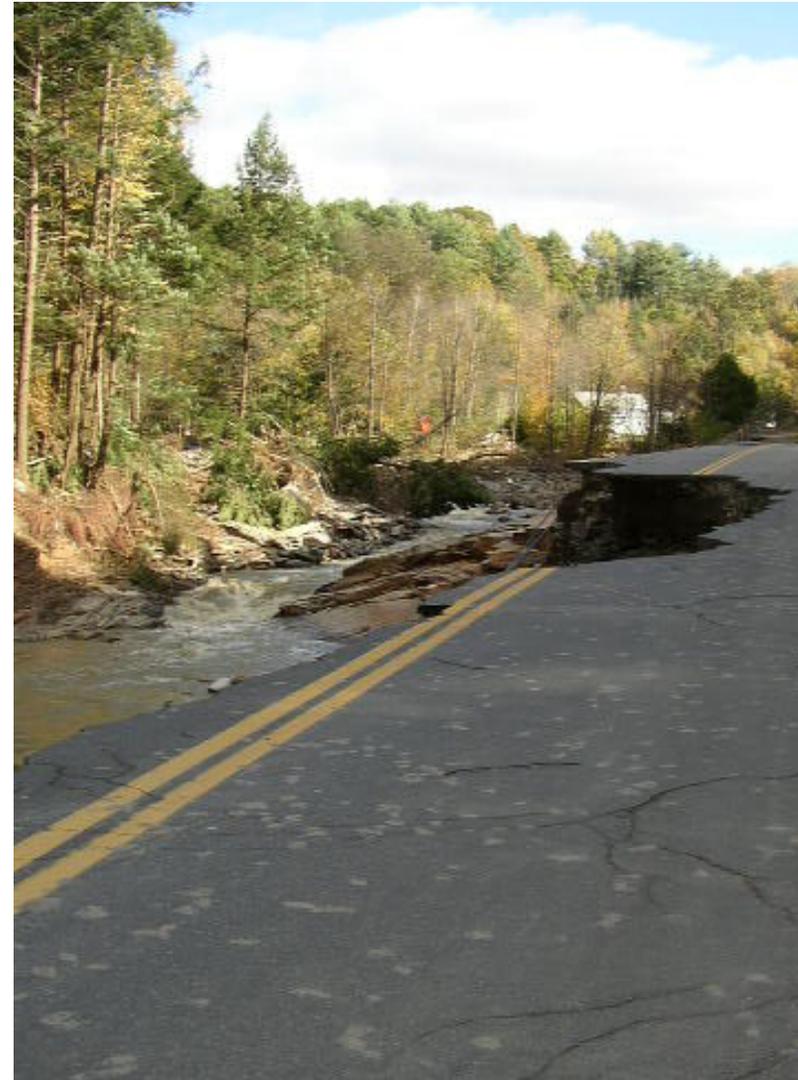
PRIORITY AREA 5: EMERGENCY PREPAREDNESS

Natural, accidental, or even intentional public health threats are all around us. A critical element of protecting the public's health is being prepared to prevent, respond to, and rapidly recover from these threats. Emergency preparedness is vital to empowering communities and building resilience, or rather the ability to withstand and recover quickly from difficult conditions.

Preparedness efforts are instrumental in assuring that community partners are aware of their potential risks in the Region and have the appropriate public health emergency response plans to address the needs of their community. The necessity for emergency preparedness in the Region has been demonstrated many times - distribution of H1N1 pandemic vaccine in 2009 through points of dispensing; setting up cooling shelters during very hot summer months; responding and recovering from natural disaster such as floods, hurricanes, and ice storms; and, supporting other regional responses to public health emergencies such as the 2012 Hepatitis C outbreak involving over 150 statewide responders.

Health Impacts

- Public health threats and natural or manmade disasters can have direct and indirect impacts on the health of individuals and communities. While these impacts vary depending on the event type and its severity, potential resulting health problems could include physical or emotional trauma, acute disease, increased morbidity and mortality, chronic stress, increased potential for disease transmission and the risk of epidemic outbreaks of communicable diseases.



Above photo: Damage from the 2005 floods in Alstead, NH

- Although public health emergencies and natural disasters do not discriminate, some events might affect certain populations disproportionately. The Greater Monadnock region is comprised of many different populations all of which are considered during emergency preparedness for the chance that they might be disproportionately affected. Children can be more susceptible to certain infectious diseases. They are also more reliant on others for assistance during an emergency and may need more help with coping and recovering after an event. Elderly populations may need assistance with transportation, acquiring emergency medications, along with more intense supports and services especially if they are in a nursing home or rehabilitation facility.

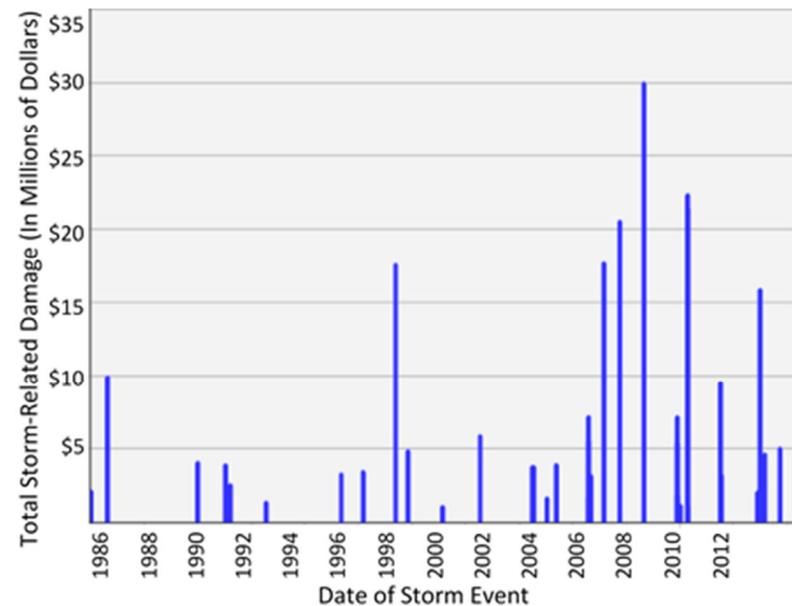
Persons living below the poverty level are of concern because these individuals may not be able to stockpile needed emergency supplies and are less likely to have any supplemental funds after an emergency or disaster to be able to quickly recover. Other vulnerable populations include individuals with limited English proficiency, persons with disabilities, persons of lower income, individuals without access to transportation, and individuals experiencing homelessness.

Economic Impacts

- The costs of public health emergency events may vary widely depending on the cause, scope, duration and impact. A large-scale public health event such as the Hepatitis C outbreak at Exeter Hospital in 2012-2013, which involved extensive investigation and response efforts, cost nearly \$400,000.
- Extreme weather events like heat waves, storms, and floods have increased over the past decade in the Region. According to the Federal Emergency Management Agency (FEMA), there were 13 severe storms and flooding events in the Region declared as Major Disasters between 2003 and 2012.

Statewide, there have been 32 Major Disaster declarations since 1953, 53% of which have occurred since 2000. These storms have caused significant damage to property, roadway infrastructure, and other utilities, costing millions to repair. According to the U.S. Department of Homeland Security, failing to prepare for extreme weather events has cost the United States \$1.15 trillion in economic losses from 1980 to 2010, and could cost another trillion in coming years.

Cost of Extreme Weather in New Hampshire



What Can Be Done?

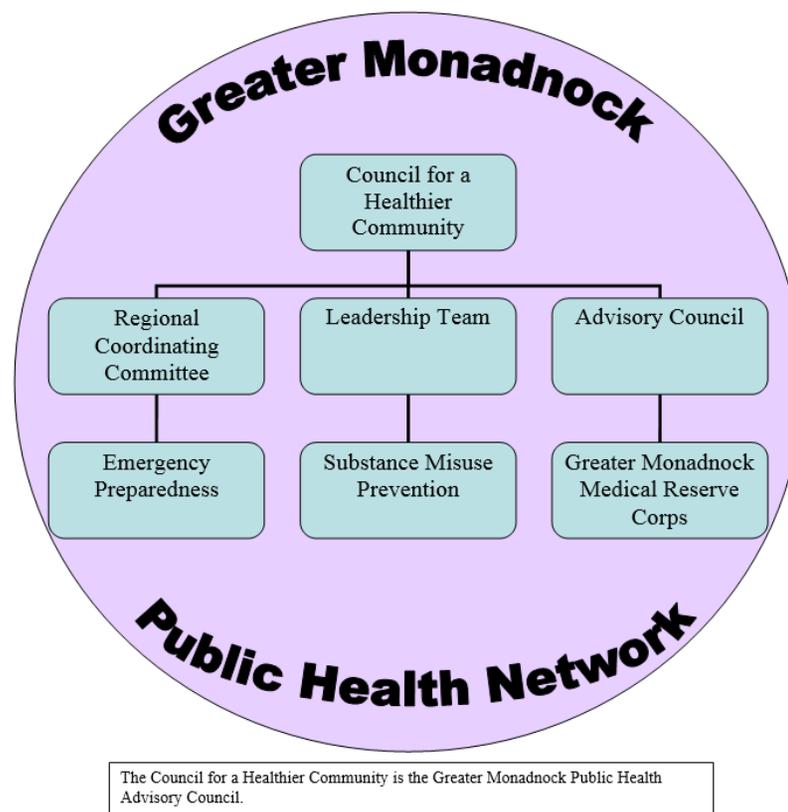
Given that resources are limited in the wake of an emergency, it is likely that communities will be the first to respond and may be on their own for hours or potentially days before help arrives from regional, state and/or federal sources. In these hours, towns must look to themselves and their neighbors for answers and assistance. For this reason and others, it is imperative that communities build preparedness and local response capabilities as well as overall resilience in advance of a disaster or emergency.

While many communities in the Region have in place plans and trained volunteers to respond to a disaster or emergency, building resilience is an ongoing task. To improve resilience within the Region, we must routinely assess our capacity to meet the needs of our population in the event of an emergency; enhance local and regional planning for potential disasters and emergencies; and, ensure that we have sufficient and reliable infrastructure to access food, water, shelter, and other necessities and to maintain channels of communication.

Regional emergency preparedness is important to help identify vulnerable populations and help them better prepare for emergencies. With this data emergency responders are able to better address regional needs as well as focus and tailor emergency preparedness efforts based on the population and geographical sub-region.

During an emergency, information sharing and situational awareness is very important. Addressing the great diversity of special health and medical concerns of vulnerable populations, language and cultural barriers, and other life circumstances in an emergency presents many challenges for emergency management professionals and volunteers. However, the more prepared emergency managers are for handling these needs in advance, the more successful the response and recovery effort will be. Preparedness can involve attending trainings on this topic, becoming better informed of the types and locations of

vulnerable populations living in a community, and reaching out to these groups in advance of a disaster or emergency to better understand their needs. The Greater Monadnock Public Health Network (GMPHN), in partnership with the Region’s major hospitals, recently developed a guide for healthcare providers and community partners in the Region on how to interact with vulnerable populations in emergencies or disasters.



What Are We Doing?

The Region is known for its coordinated efforts with emergency preparedness. There is a high level of buy in for the core components of emergency preparedness such as networking, training, exercising, and evaluating. There are many groups, individuals, agencies, and towns that come together to build community resilience to strengthen and sustain public health emergency preparedness efforts. Some of these entities are described below.

- In the Region, the **GMPHN** provides leadership and coordination to improve the readiness of partners to mount an effective response to public health emergencies and threats. GMPHN works closely with hospitals, municipal emergency management directors, and other governmental, public health, and health care entities to plan for public health emergencies and ensure the provision of public health, medical, and behavioral health services before, during, and after an incident. In addition, it coordinates efforts to recruit, train, and deploy a volunteer Medical Reserve Corps (MRC) during public health emergencies. The MRC supports local emergency responders to provide emergency public health services throughout the Region. MRC volunteers include medical, public health, and general professionals.

The GMPHN provides regional trainings to help educate and update those who are responsible for emergency operations planning in their local community as well as those who will be responding to help all populations in our Region in the event of a natural disaster or emergency.

- There is a very active and engaged **Regional Coordinating Committee (RCC)** that helps to plan next steps for emergency preparedness efforts in the Region. The RCC is comprised of many regional partners who are active in planning as well as responses, trainings, and exercises. Other partners of the RCC include

Southwestern Fire Mutual Aid, Keene Police and Fire Departments, Peterborough Fire Department, Keene Recreation Department, Jaffrey Fire Department, New Ipswich Emergency Management Director, Southwest Region Planning Commission, and the Cheshire County Sheriff's Office.

- The **Health Care Workforce group (HWG)** is a regional group composed of long-term care facilities, nursing homes, hospitals, rehabilitation facilities, social service agencies, etc. This group meets regularly to develop and update plans and policies around emergency preparedness. Each member of the HWG has signed an agreement to voluntarily coordinate mutual aid services with each of the signatories in the good faith effort to minimize risk to patient/client care and health care facility operations.
- The HWG was an integral part of starting the regional **Closed Points of Dispensing (PODs)**. Closed PODs are an important option for dispensing medication in a short amount of time to a condensed population such as a nursing home or hospital. This option helps to expedite the dispensing of time sensitive medication while also keeping some populations with functional and access needs in a safe space and taking thousands of people off of the dispensing numbers for open PODs.

Greater Monadnock Medical Reserve Corps (GMMRC) is a regional volunteer agency with over 100 pre-credentialed and background checked individuals. The GMMRC is one of over 1,000 units in the country and one of 14 units in the state of New Hampshire. It is made up of medical and non-medical volunteers who are trained for various emergency responses as well as activated to respond to local and statewide public health emergencies. The GMMRC is a regional resource to help with public health events such as medication take back events, anytime CPR, and a local marathon. GMMRC can assist in emergencies by helping with a shelter during a hurricane, dispensing pandemic

influenza vaccine at multiple regional clinics, and assisting across the state in the event of a Hepatitis C outbreak. The GMMRC is also a critical part of regional exercises, which allow facilities to replicate and practice what an emergency might entail without disturbing daily operations. GMMRC volunteers are trained on the incident command system, CPR and first aid, downed power lines, psychological first aid, pet sheltering, personal and family preparedness, just to name a few.

- The GMPHN also has three regional trailers with emergency supplies. The three trailers can be transported to wherever they are needed. Inside the trailers there is an array of emergency response supplies, such as traffic cones, cots, blankets, sheets, pillows, masks, gloves, bandages, underpads, commodes, oxygen concentrators, privacy screens, etc. These supplies have been used at vaccination clinics, shelters, and the Annual DeMar Marathon.



Above photo: Town of Stoddard Emergency Operations Planning Committee

Regional Assets

Included below is a list of entities that are working to address emergency preparedness through planning, training, response and support activities and services in the Region. It should be noted that this list may not be comprehensive, and there might be other organizations working to address this priority in the Region either directly or indirectly.

Regional Emergency Preparedness Resources
American Red Cross
Cheshire County Government
Cheshire Medical Center / Dartmouth-Hitchcock Keene
Faith-Based Communities
Greater Monadnock Medical Reserve Corps
Greater Monadnock Public Health Network
Local Emergency Management Directors, Departments, & Committees
Monadnock Community Hospital
Southwest Region Planning Commission
Southwestern NH District Mutual Aid

Goals & Strategic Objectives

The GMPHN maintains a work plan for the Region that includes a list of activities to enhance public health preparedness in the Region. The goals listed below are developed from those included within this work plan.

GOAL 1	Increase resilience in the Greater Monadnock Region through partnerships.
Target	<i>Increase the number of partners from the Region's 33 towns so that 50% of towns have active representation in public health planning, exercising or training activity by 2018.</i>
Strategic Approach	➤ Identify and recruit key leaders from non-participating regional towns to attend planning sessions, trainings, and become involved in emergency exercises.
GOAL 2	Increase resilience in the Greater Monadnock Region through volunteerism and social connectedness.
Target	<i>Increase the number of regional Medical Reserve Corps (MRC) volunteers from 100 to 150 by 2018.</i>
Strategic Approach	➤ Identify and recruit individuals, both medical and non-medical, to join the MRC through large employers and other civic groups.
GOAL 3	Increase resilience in the Greater Monadnock Region through education and awareness.
Target	<i>Increase the number of regional trainings from an average of 6 per year to an average of 12 per year.</i>
Strategic Approach	➤ Coordinate and advertise at least 12 regional trainings per year to both partners and the general public.

OTHER REGIONAL HEALTH PRIORITIES

6. CANCER PREVENTION

Cancer is a term used for any disease caused when abnormal cells divide uncontrollably and invade other tissues. These diseases are the leading cause of death in NH. Approximately 7,000 cases are diagnosed each year, and 2,600 deaths occur. Because cancer is not just one disease, there are many ways to reduce risk, including healthy lifestyle choices like avoiding tobacco, limiting alcohol use, and protecting skin from sun exposure. New cancer cases can be prevented and the use of screenings can help to treat diseases before they become cancerous, or when they are at an early stage.

Regional assets include: Cheshire Medical Center, Dental Health Works, Faith-Based Communities, Monadnock Collaborative/Pilot Health, Monadnock Developmental Services, Monadnock United Way, SAU 29, Southwest Region Planning Commission, and others

Goal: Reduce the number of new cancer cases, as well as the illness, disability, and death caused by cancer.

Strategic Objectives:

- Increase colorectal cancer screenings - *In 2012, an estimated 72% of the adult population over 50 ever had a sigmoidoscopy or colonoscopy.*
- Increase mammogram screening for breast cancer - *In 2012, an estimated 73% of the female population over 40 in the Region received a mammogram in the past two years.*
- Reduce melanoma deaths - *In 2010, adult men in Cheshire County aged 18 to 49 were much more likely than women to have had a sunburn in the last year (59.7% versus 35.6%).*
- Reduce deaths from lung cancer

7. HEALTHY MOTHERS, BABIES & CHILDREN

Pregnancy can provide an opportunity to identify existing health risks in woman and prevent future health problems for the mother and her children. In some cases, pregnancies are affected by the mother's preconception health status. Age, access to health care, and poverty are among the most important factors. Preterm births (less than 37 weeks gestation) have an increased risk of health complications.

Regional assets include: Cheshire Medical Center, City of Keene, Dental Health Works, Faith-Based Communities, Home Healthcare Hospice and Community Services, Monadnock Developmental Services, Monadnock United Way, Southwestern Community Services, The River Center, and others

Goal: Improve the health and well-being of women, infants, children, and families.

Strategic Objectives:

- Reduce preterm births
- Reduce unintended teen births - *In 2010, the teen birth rate for the Region was 15.4 per 1,000 women (age 15-19) versus 14.2 per 1,000 women in the entire state.*
- Increase screening for Autism Spectrum Disorder (ASD) and other developmental delays
- Reduce childhood dental caries - *In 2014, Cheshire County 3rd grade students were more likely to receive a protective sealant and caries, than students throughout the state as a whole. 6.7% of these students had untreated cavities.*

8. HEART DISEASE & STROKE

Heart disease is the second leading cause of death in NH and stroke is the fifth leading cause of death. Both heart disease and stroke are strongly related to high blood pressure, high blood cholesterol, cigarette smoking, diabetes, physical inactivity, and insufficient amounts of fruits and vegetables.

Regional assets include: Antioch University New England, Cheshire Medical Center, Faith-Based Communities, Home Healthcare Hospice and Community Services, Keene Family YMCA, Keene Housing, Keene State College, Monadnock Collaborative/Pilot Health, Monadnock Community Hospital, Monadnock Developmental Services, SAU 29, and others

Goal: Improve cardiovascular health and quality of life through prevention, detection, and treatment of risk factors for heart attack and stroke; early identification and treatment of heart attacks and strokes; and prevention of repeat cardiovascular events.

Strategic Objectives:

- Reduce high blood pressure - *In 2011, an estimated 30% of adults in the Region had high blood pressure.*
- Reduce Childhood Obesity
- Reduce coronary heart disease deaths - *In 2010, the rate of heart disease deaths in the Region was 131.6 per 100,000 people. In 2000, the rate was 238.0 per 100,000.*
- Reduce stroke deaths

9. INFECTIOUS DISEASE

Vaccines are among the most cost-effective ways to prevent many diseases. According to the National Immunization Survey, NH ranked second highest in the country for childhood immunization coverage (80.1% of the population aged 19-35 months). This childhood vaccination series prevents diseases that can have serious long-term health effects.

Regional assets include: Cheshire Medical Center, City of Keene, Faith-Based Communities, Home Healthcare Hospice and Community Services, Monadnock Community Hospital, Monadnock Developmental Services, SAU 29, and others

Goal: Increase immunization rates and reduce preventable infectious diseases.

Strategic Objectives:

- Increase childhood vaccinations
- Reduce healthcare associated infections
- Increase timeliness of foodborne illness investigations
- Enhance food safety
- Increase seasonal influenza vaccination

10. INJURY PREVENTION

More people ages 1-44 dies of injuries in NH than any other cause. Some are unpredictable but others can be addressed through behavioral or cultural changes.

Regional assets include: Cheshire Medical Center, Faith-Based Communities, Home Healthcare Hospice and Community Services, Keene Family YMCA, Keene State College, Monadnock Center for Violence Prevention, Monadnock Collaborative/Pilot Health, Monadnock Developmental Services, Monadnock Family Services, Monadnock United Way, Southwestern Community Services, Southwest Region Planning Commission, and others

Goal: Prevent unintentional injuries and violence, and reduce their consequences.

Strategic Objectives:

- Reduce unintentional poisoning deaths
- Reduce falls-related deaths in older adults
- Reduce motor vehicle crash injuries for all persons
- Reduce suicide deaths for all persons
- Reduce suicide attempts by adolescents

11. ASTHMA

Asthma is a chronic lung disease that inflames and narrows the airways, making it difficult to breathe. Triggers to this condition can include particulates from burning tobacco or wood, as well as other indoor and outdoor pollutants. People with asthma are at a higher risk of complications from influenza and other illnesses. In NH, approximately 43.5% of adults with asthma in 2012 received a flu immunization. In the Region, however, on 21.9% received an immunization, and in Cheshire County, only 16% of adults with asthma received an immunization. This is particularly an issue for adults ages 18 to 49, where only 10.1% were immunized in the Region, and only 1.7% in Cheshire County. In general, prevalence of asthma is higher among groups with a higher body mass index and among women. NH's asthma rate is among the highest in the nation. In 2012, approximately 10.4% of children, and 10.1% of adults had asthma and 14.1% of adults had asthma at some point in their lifetime.

Regional assets include: Cheshire Medical Center, City of Keene, Faith-Based Communities, Monadnock Community Hospital, Monadnock Developmental Services, SAU 29, Southwest Region Planning Commission, and others

Goal: Increase the percent of children and adults with asthma who have well-controlled asthma

Strategic Objectives:

- Increase the percent of adults and children with asthma who have well-controlled asthma.
- Increase the number of adults with asthma who received an influenza
- Reduce or control environmental risk factors for asthma

NEXT STEPS

This plan was developed to help the residents of the Monadnock Region lead healthier and more productive lives. With the completion of the plan, many of the partners involved will implement strategies through action plans. The document will be used by partner organizations to complete work plans to address the Region's health priorities.

The CHIP will be widely distributed to partner organizations as a means to track progress toward health priority targets and learn about the involvement of other agencies working towards similar goals. In the future, the CHIP will be updated as new information is available. We will continue to work with a wide range of community partners to modify the Greater Monadnock Community Health Improvement Plan (CHIP).

The success in developing the CHIP can only be continued by commitment and participation by stakeholders in Southwest NH. It is our hope that you will be inspired to join in this effort.

To get involved or for more information contact:

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Greater Monadnock Public Health Network
Cheshire Medical Center
580 Court Street
Keene, NH 03431
Phone: 603-354-5454
Fax: 603-354-6674

MONADNOCK REGION ORGANIZATIONS BY PRIORITY AREA

Behavioral Health, Tobacco, Substance & Alcohol Misuse, Obesity, and Emergency Preparedness

	Behavioral Health	Tobacco	Substance & Alcohol Misuse	Obesity	Emergency Preparedness
Acting Out	X		X		
Advocates for Healthy Youth (AFHY)			X	X	
Al-Anon of NH Support Groups (Districts 7, 19)			X		
Alateen of NH Support Groups (District 7, 19)			X		
Alcoholics Anonymous (Districts 7, 19)			X		
American Red Cross					X
Antioch University New England	X			X	
Autumn Recovery			X		
Brattleboro Retreat	X				
Bridges Program			X		
Cheshire Coalition for Tobacco Free Communities		X	X		
Cheshire County Conservation District				X	
Cheshire County Department of Corrections	X		X		
Cheshire County Drug Court/Alternative Sentencing and Mental Health Court			X		
Cheshire County Government					X
Cheshire County Healthy Eating Active Living (HEAL)				X	
Cheshire County Nutrition Connections				X	
Cheshire County Sheriff's Office & Regional Police Departments			X		
Cheshire Medical Center/Dartmouth Hitchcock Keene	X	X	X	X	X
City of Keene		X	X	X	X
Counseling Centers	X		X		
Dental Health Works and Regional Dental Health Care Providers		X			

	Behavioral Health	Tobacco	Substance & Alcohol Misuse	Obesity	Emergency Preparedness
Easter Seals	X				
F.A.S.T.E.R.			X		
Faith-Based Communities	X	X	X	X	X
Franklin Pierce University			X		
Greater Monadnock Medical Reserve Corps					X
Healthy ME Afterschool Club				X	
Healthy Monadnock 2020		X	X	X	
Hillsborough County Youth Services			X		
Home Healthcare Hospice & Community Services		X		X	X
HOPE for NH Recovery			X		
Keene Community Kitchen				X	
Keene Family YMCA		X	X	X	
Keene Housing	X	X	X	X	
Keene Serenity Center					
Keene State College		X	X	X	X
MAPS Counseling Services	X		X		
Monadnock Healthy Teeth to Toes					
Monadnock Alcohol and Drug Abuse Coalition		X	X		
Monadnock Alliance for Sustainable Transportation				X	
Monadnock Area Peer Support Agency	X		X		
Monadnock Buy Local				X	
Monadnock Center for Violence Prevention					
Monadnock Community Hospital	X	X	X	X	X
Monadnock Developmental Services	X	X	X	X	
Monadnock Family Services	X	X	X	X	X

	Behavioral Health	Tobacco	Substance & Alcohol Misuse	Obesity	Emergency Preparedness
Monadnock Farm and Community Coalition				X	
Monadnock Regional System of Care Collaborative	X				
Monadnock United Way	X	X	X		
Monadnock Voices for Prevention	X	X	X		
Mountain Wellness			X		
Municipal Officials and Staff				X	X
Nar-Anon			X		
Narcotics Anonymous			X		
NH Tobacco Helpline		X			
Phoenix House/Academy			X		
Samaritans			X		
Schools and School Administrative Units	X	X	X	X	X
Servicelink Aging & Disability Resource Center			X		
Southern New Hampshire Services	X				
Southwest Region Planning Commission				X	X
Southwestern Community Services		X	X		
Southwestern NH District Mutual Aid					X
The Cornucopia Project				X	
The Grapevine Center			X		
The River Center		X			
Touchstone Counseling			X		
Wediko Children's Services	X				
Winchester Coalition			X		

MONADNOCK REGION ORGANIZATIONS BY PRIORITY AREA

Cancer Prevention, Healthy Mothers & Babies, Heart Disease & Stroke, Infectious Disease, Injury Prevention, and Asthma

	Cancer Prevention	Healthy Mothers & Babies	Heart Disease & Stroke	Infectious Disease	Injury Prevention	Asthma
Acting Out						
Advocates for Healthy Youth (AFHY)						
Al-Anon of NH Support Groups (Districts 7, 19)						
Alateen of NH Support Groups (District 7, 19)						
Alcoholics Anonymous (Districts 7, 19)						
American Red Cross						
Antioch University New England			X			
Autumn Recovery						
Brattleboro Retreat						
Bridges Program						
Cheshire Coalition for Tobacco Free Communities						
Cheshire County Conservation District						
Cheshire County Department of Corrections						
Cheshire County Drug Court/Alternative Sentencing and Mental Health Court						
Cheshire County Government						
Cheshire County Healthy Eating Active Living (HEAL)						
Cheshire County Nutrition Connections						
Cheshire County Sheriff's Office & Regional Police Departments						
Cheshire Medical Center/Dartmouth Hitchcock Keene	X	X	X	X	X	X
City of Keene		X		X		X
Counseling Centers						

	Cancer Prevention	Healthy Mothers & Babies	Heart Disease & Stroke	Infectious Disease	Injury Prevention	Asthma
Dental Health Works and Regional Dental Health Care Providers						
Easter Seals						
F.A.S.T.E.R.						
Faith-Based Communities	X	X	X	X	X	X
Franklin Pierce University						
Greater Monadnock Medical Reserve Corps						
Healthy ME Afterschool Club						
Healthy Monadnock 2020						
Hillsborough County Youth Services						
Home Healthcare Hospice & Community Services		X	X	X	X	
HOPE for NH Recovery						
Keene Community Kitchen						
Keene Family YMCA			x		X	
Keene Housing			X			
Keene Serenity Center						
Keene State College			X		X	
MAPS Counseling Services						
Monadnock Healthy Teeth to Toes		X				
Monadnock Alcohol and Drug Abuse Coalition						
Monadnock Alliance for Sustainable Transportation						
Monadnock Area Peer Support Agency						
Monadnock Buy Local						
Monadnock Center for Violence Prevention					X	
Monadnock Community Hospital			X	X		X
Monadnock Developmental Services	X	X	X	X	X	X

	Cancer Prevention	Healthy Mothers & Babies	Heart Disease & Stroke	Infectious Disease	Injury Prevention	Asthma
Monadnock Family Services					X	
Monadnock Farm and Community Coalition						
Monadnock Regional System of Care Collaborative						
Monadnock United Way	X	X			X	
Monadnock Voices for Prevention						
Mountain Wellness						
Municipal Officials and Staff						
Nar-Anon						
Narcotics Anonymous						
NH Tobacco Helpline						
Phoenix House/Academy						
Samaritans					X	
Schools and School Administrative Units	X		X	X	X	X
SerrviceLink Aging & Disability Resource Center						
Southern New Hampshire Services						
Southwest Region Planning Commission						
Southwestern Community Services		X			X	
Southwestern NH District Mutual Aid						
The Cornucopia Project						
The Grapevine Center						
The River Center		X				
Touchstone Counseling						
Wediko Children's Services						
Winchester Coalition						