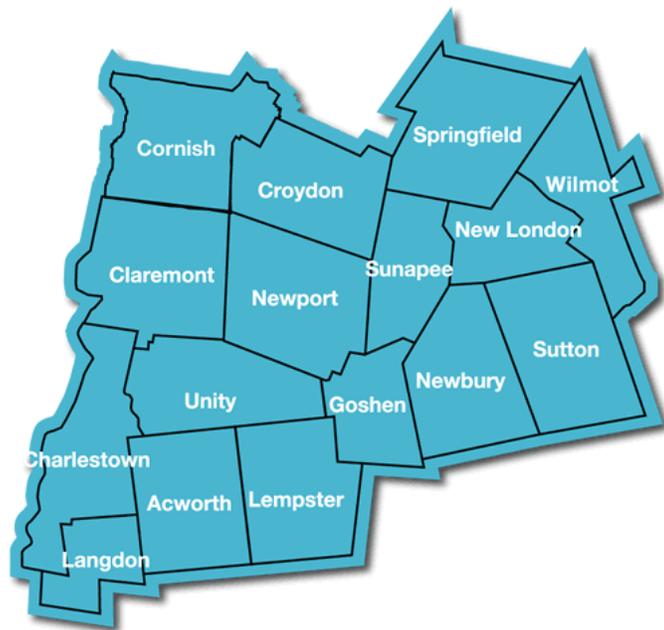


Greater Sullivan County Public Health Region

Community Health Improvement Plan

Public Health Priorities 2015-2020

Aurora Drew, PhD



About the Region

The Greater Sullivan County Public Health Region is one of 13 New Hampshire public health regions.¹ This region includes the following 15 rural towns and one city with a combined population of approximately 47,000 people:² Acworth, Charlestown, Claremont, Cornish, Croydon, Goshen, Langdon, Lempster, Newport, Springfield, Sunapee, and Unity in Sullivan County and Newbury, New London, Sutton, and Wilmot in Merrimack County. There are two community hospitals located in the region: Valley Regional Hospital on the western edge of the region in Claremont and New London Hospital in the eastern part of the region.

Public Health Priorities

Healthy Eating and Active Living

Access to Care

Healthy Families

Substance Misuse Prevention and Reduction

Emergency Preparedness

Methods to Select Priorities

In 2015, Sullivan County received funding from the State of New Hampshire to develop a regional Community Health Improvement Plan aligned with the State Health Improvement Plan.³ Stakeholders in this region gathered at a series of meetings and presentations to review available health data and identify public health priorities. We started this effort in April 2015 with a presentation by Dr. Jose Montero about the State Health Improvement Plan⁴ followed by a presentation in May from State Epidemiologist Dr. Ben Chan about health data specific to this region.⁵ In June, the region reviewed the most recent county health rankings data with a community coach via webinar.⁶ In August, a group of community stakeholders agreed to a process for selecting priorities.

During this time period both hospitals in the region conducted collaborative Community Health Needs Assessments. These needs assessments^{7, 8} became important sources of information for identifying public health priorities in this region. In October, Jonathan Stewart, from the Community Health Institute, presented the combined results of the two community health needs assessments.⁹ In November, a group of stakeholders met to review the data received over the previous several sessions and to identify the priority areas now contained in this report. The funding sources for this effort required both Emergency Preparedness and Substance Misuse to be among the regional public health priorities. Stakeholders identified the other three priority areas based on the available data and several meetings described above.

Hundreds of people contributed to this process in a range of ways, and we define these participants as stakeholders. Some people participated in meetings where they reviewed health data. Others completed surveys or focus groups that were part of the hospital community health needs assessments. Participants represented many sectors of the community including hospitals, healthcare, non-profit organizations, schools,

public health, government, faith-based organizations, and more. Twenty undergraduate students in a public health class at Colby-Sawyer College also contributed to this process and plan. The primary author of this plan taught that class in Fall 2015, integrating this regional community health improvement planning project into the syllabus for the class. Students reviewed the same data sources, selected public health priorities and wrote sections of this plan in small groups. The students are listed in the acknowledgment section.

In January 2016, community stakeholders and the public had an opportunity to read and provide input on a draft of this document.

A note about the data: as stated above, this region touches communities in two counties. In some cases, data sources applied to Sullivan County only, and in other cases regional data sources were available. This report attempts to be clear about the referenced population.

Priorities

The five priority areas for the Greater Sullivan County Public Health Region include healthy eating and active living, access to care, healthy families, substance misuse prevention and reduction and emergency preparedness. The following section describes the initial focus within each priority area, how it aligns with the State Health Improvement Plan goals, and some relevant data for our region.

HEALTHY EATING AND ACTIVE LIVING

Initial focus on obesity. The State Health improvement plan includes goals to reduce adult and childhood obesity.

Twenty-seven percent of adults in Sullivan County are obese, and 24% of adults are physically inactive.¹⁰ Among adults, the rates in this region are similar to the state averages. Among children, obesity is more common among third graders in Sullivan County (17.4%) compared to the state average (12.6%).¹¹ Both hospital community health needs assessments identified poor

nutrition and lack of physical activity among the top ten priority areas.^{7,8}

ACCESS TO CARE

Initial focus on mental health and dental health. The State Health Improvement Plan includes the following goals for dental and mental health: to reduce childhood dental caries, to reduce suicide deaths for all and to reduce suicide attempts for adolescents.³

There are fewer mental and dental health providers in our region than elsewhere in the state. Sullivan County has 589 people for each mental health provider and 3,070 people for each dentist.¹⁰ The state ratios are 386:1 and 1,377:1, respectively.¹⁰ Both hospital community health needs assessments identified access to mental health care in the top two priorities and access to dental health care in the top ten priorities.^{7,8}

HEALTHY FAMILIES

Initial focus on teen births, elder care/child care, and social determinants of health. The State Health Improvement Plan includes goals to reduce unintended teen births, reduce falls-related deaths in older adults, and several other goals that could align within this broad priority area.³ Stakeholder discussions also indicated this area could include topics that were not directly measured in many of our data sources such as violence.

Sullivan County had the highest rate of teen births in New Hampshire with 31 births per 1,000 females ages 15-19.¹⁰ There is some evidence in the most recently available data that the teen birth rate is now decreasing and approaching the state rate.⁵ Measures of social vulnerability are high in some parts of this region, especially the City of Claremont, the region's largest community.¹² Both hospital community health needs assessments identified income, poverty and family stress in the top ten priorities.³

SUBSTANCE MISUSE PREVENTION AND REDUCTION

Initial focus on substance misuse prevention, enhancing the continuum of care for substance misuse, and reducing smoking, especially among pregnant women.

The State Health Improvement Plan includes goals to reduce binge drinking, marijuana use in youth, non-medical use of pain relievers, drug-related overdose deaths, cigarette and tobacco use, and smoking during pregnancy.³

Thirty-two percent of driving deaths in New Hampshire have alcohol involvement, and 35% of driving deaths in Sullivan County have alcohol involvement.¹⁰ Overdose deaths in this region are similar to state rates at 9.7 deaths per 100,000 people.⁵ Smoking during pregnancy is more common in the Greater Sullivan County Public Health Region (21.7% of mothers) than in New Hampshire (14.5% of mothers).⁵ In this region, about a third of pregnant mothers who are 15-24 years old report smoking during pregnancy.⁵ Both hospital community health needs assessments identified alcohol and drug misuse as one of the top two community issues.^{7,8}

EMERGENCY PREPAREDNESS

Initial focus on improving health outcomes for vulnerable populations through collaborative planning for preparedness and recovery efforts. The State Health Improvement Plan includes goals to increase community engagement in public health emergency activities and strengthen the capacity to respond to public health emergencies in a timely manner.³ Emergency preparedness requires participation from government, individuals and communities.

Hazards in this region include floods, winter storms, thunderstorms, power outages, chemical and hazardous materials, fires, terrorism, extreme heat, large scale outbreaks of infectious diseases, and intentional or unintentional releases of biological or chemical agents, or other threats to public health. In the last ten years, the region has been impacted by significant and fatal

natural disasters including ice storms, flooding, and microbursts. The Greater Sullivan County Public Health Region uses a three sequential phase program designed to guide planning in case of any emergency that may arise. This program includes preparedness, response, and recovery.

Next Steps

The Public Health Advisory Council in the Greater Sullivan County Public Health Region is developing specific plans and teams of regional stakeholders to assess and address each of these priorities. The first steps are to carefully review additional information about each priority area with community stakeholders and fully understand current efforts. Currently, there are funded positions working on substance misuse and emergency preparedness at the regional level, but the other areas may not have dedicated staff. There are many opportunities for regional collaboration in these priority areas to coordinate and spread effective efforts.

Acknowledgments

Thank you to the many organizations and community members who attended meetings, participated in needs assessments, and contributed to this process. Several organizations hosted these efforts including Valley Regional Hospital, New London Hospital, Colby-Sawyer College, and the Greater Sullivan County Public Health Network with participation from the City of Claremont, Community Dental Care of Claremont, Dartmouth-Hitchcock Medical Center, Healthy Vibrant Claremont, Lake Sunapee Region VNA and Hospice, Newport Revitalization Committee, ReThink Health: Upper Connecticut River Valley, SAU 43, Southwestern Community Services, Sullivan County, Town of New London, Upper Valley Lake Sunapee Regional Planning Commission, West Central Behavioral Health, the TLC Family Resource Center and other organizations. Special thanks to Tom Bathrick and the Colby-Sawyer College students in PBH 230 in Fall 2015: Salvador Alba-Trujillo, Amanda Calvo, Elyssa Clairmont, Emma Collins, Kristin Ellis, Alisha Famiglietti, Tavi Francis, Chelsea Jennings, Kailene Laundry, Meybel Lopez-Flores, Benedith Merisme, Allyson Mignault, Corinna Moskal, Victoria Palacios, Carline Paul, Ai Sy, Julia Varney, Nicole Viau, Makenzie Welch and Brooke Willard.

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- ¹² New Hampshire Social Vulnerability Index. <http://nhdphs.maps.arcgis.com/apps/StorytellingTextLegend/index.html?appid=dc66d7ed36a4424e949ea7fa822082e4>