

Social Determinants of Health

Capitol Region

Educational Achievement

Goal

Improve community health by increasing the number of years of education achieved by youth and adults in the Capital Area by 2020.

Target

1. Increase opportunities for high quality and accessible education for all residents from early childhood to adulthood.
2. Improve school, college and career readiness among children, youth, and young adults.
3. Improve graduation rates among low-income and/or high-risk populations.

Strategic Objectives

1. Advocate for universal full-day kindergarten and universal pre-kindergarten programs to improve reading and mathematics achievement.
2. Promote existing educational programs, including early childhood, high-school completion and out of school time academic programs, particularly those that are easily accessible to low-income and high-risk populations and raise awareness among key sectors and the general public concerning the impact of educational achievement on health outcomes.
3. Support and implement early childhood education programs that address literacy, numeracy, cognitive development, socio-emotional development, and motor skills.
4. Support and implement high school completion programs for students at high-risk for non-completion.

Economic Wellbeing

Goal

Improve community health by promoting economic well-being for individuals, families, and communities in the Capital Area by 2020.

Target

1. Increase access to economic opportunities and assets for low-income individuals and families.
2. Increase “financial capability” of residents.
3. Decrease the percentage of households experiencing “asset poverty.” 3. Decrease impact of socioeconomic status disparities on health status.

1. Work with local businesses to implement policies and practices to improve workplace productivity, retention, advancement, and financial stability for employees and advocate for policies and laws that advance economic opportunity, particularly among disenfranchised populations.

Strategic Objectives	<p>2. Raise awareness among key sectors and the general public concerning the impact of economic wellbeing and socioeconomic disparities on health outcomes and encourage the integration of asset building and financial capability into social services and programs for low-income and vulnerable populations.</p> <p>3. Train social service providers to assist their clients in addressing short and long-term financial barriers that impact health and wellness and assist individuals and families in accessing the Earned Income Tax Credit (EITC) and other relevant financial resources.</p>
Winnipesaukee	
Goal	<p>Improve community health by reducing the number of individuals and families experiencing poverty in Belknap County by 20% by 2020.</p>
Target	<p>1. Increase community understanding of the relationship between poverty and health.</p> <p>2. Workforce Development: Work with local schools, businesses, and other partners to engage young people and all citizens to provide and enhance career and skills development, educational opportunities, and training.</p> <p>3. Increase the percentage of families earning a livable wage through enhanced career and skills development, educational opportunities, and training.</p> <p>4. Increase the percentage of children receiving subsidized early childhood care who are enrolled in accredited or licensed plus</p> <p>5. Increase the percentage of children who are “on schedule” on the Ages & Stages developmental assessment.</p>
Strategic Objectives	<p>1. Community Education: Disseminate data and other information to the general public to increase Community understanding of the relationship between poverty and health.</p> <p>2. Workforce Development: Work with local schools, businesses, and other partners to engage young people and all citizens to provide and enhance career and skills development, educational opportunities, and training.</p> <p>3. Wealth Development and Management: Help low income working families claim the earned income tax credit, build financial assets, and access relevant financial education.</p> <p>4. Early Childhood: Help all children learn & develop optimally by implementing strategies to strengthen families including linking children to a medical home.</p> <p>5. Early Childhood: Assure implementation of model practices for nutrition, physical activity, Developmental Screening, and behavioral support in early childhood programs and child care settings.</p>
Central Region	

Goal	Improve community health by addressing contributing factors to multi-generational family stress.
Target	<ol style="list-style-type: none"> 1. Increase community understanding of the relationship between poverty and health. 2. Increase the proportion of Central New Hampshire residents who have health insurance to 92% by 2020 (baseline = 87.5%). 3. Increase education and community supports available to low income families for assistance with parenting and family strengthening. 4. Increase awareness and resources available to families for assistance with aging parents.
Strategic Objectives	<ol style="list-style-type: none"> 1. Disseminate data and other information to the general public to increase community understanding of the relationship between poverty and health. 2. Provide health insurance enrollment assistance in a variety of community settings. 3. Help all children learn & develop optimally by implementing strategies to strengthen families including linking children to a medical home. 4. Sponsor education and outreach activities to bring education and awareness of resources for families to assist their aging parents.
Greater Sullivan Region	
Goal	Addressing the social determinants of health established as a priority area of focus; specific goals are under development

Tobacco Prevention and Control	
Greater Monadnock	
Goal	Reduce tobacco use by adults through evidence-based interventions and by promoting cessation supports.
Target	To reduce cigarette smoking by adults from 17.6% in 2012 to 12% by 2020.
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. Increase the adoption of tobacco-free policies and the use anti-tobacco curricula in schools. 5. Support peer groups dedicated to people who want to quit. 6. Support efforts to increase taxes on tobacco products and the use of these funds for tobacco prevention efforts.
Goal	Prevent initiation of tobacco use among youth.
Target	To reduce tobacco use by youth under 18 years old in the past 30 days from 18.1% in 2012 to 10% by 2020.
Strategic Objectives	<ol style="list-style-type: none"> 1. Provide tobacco education in schools, especially grades K-12. 2. Provide information to parents through outreach and presentations with school communities. 3. Disseminate anti-tobacco and pro-health messages. 4. Increase the adoption of tobacco-free policies and the use anti-tobacco curricula in schools. 5. Monitor the adoption and use of electronic nicotine delivery devices. 6. Support efforts to increase taxes on tobacco products and the use of these funds for tobacco prevention efforts.
Goal	Reduce cigarette smoking among pregnant women.
Target	To increase the number and availability of smoke-free worksites, housing options, campuses and public space in the Region.
Strategic Objectives	Promote the adoption, use and enforcement of tobacco-free policies at businesses and worksites, day cares, housing developments, schools and public spaces.

Heart Disease and Stroke Prevention and Control

Greater Nashua

Goal	Provide chronic disease education and screening opportunities in the GNPHR to increase awareness and reduce rates of heart disease, stroke, and diabetes.
Target	<ol style="list-style-type: none"> 1. Increase the percentage of adults getting blood pressure screening at least every 2 years to 92% by 2018. 2. Reduce the percentage of adults with hypertension from 32% to 29% by December 2018. 3. Annually in the GNPHR, increase the number of outreach educational opportunities on the early signs of stroke 4. Conduct outreach education events for pre diabetes utilizing pre-diabetes questionnaire, beginning with 8 events in 2016 and increasing to 16 events in
Strategic Objectives	<ol style="list-style-type: none"> 1. Million Hearts Campaign. This initiative is based on the ASTHO Million Hearts Project and includes focusing, coordinating, and enhancing cardiovascular disease prevention activities across the public and private sectors. Efforts include promoting self-monitoring or blood pressure tied with clinical support, promotion of awareness of high blood pressure among patients, and increased engagement of non-physician team members in hypertension management . 2. Diabetes Prevention Program (DPP). DPP is a pre-diabetes intervention program that uses community based support groups to develop lifestyle behavior change through diet and physical activity. The YUSA model is established in the GNPHR. 3. 5-2-1-0. This educational campaign provides simple, easy to remember guidance around fruit and vegetable consumption, television and computer use, physical activity, and sweetened beverage elimination.

Seacoast

Goal	Reduce the risk of heart disease and stroke among adults through education and prevention.
Target	<ol style="list-style-type: none"> 1. Increase the number of adults who report having had BP screening by 15%. 2. Increase community access to prevention and strategy messaging by supporting distribution of educational materials during at least 4 events/classes/engagement opportunities.

Strategic Objectives	<ol style="list-style-type: none"> 1. Convene a community partner led regional heart disease/stroke prevention workgroup to guide planning and execution of objectives. 2. Promote and implement million hearts campaign within the seacoast region. 3. Conduct or support at least 2 community blood pressure clinics. 4. Promote and support the implementation of better choices, better health programs within the seacoast region.
North Country	
Goal	Promote community-based educational opportunities focused on health and wellness.
Target	<ol style="list-style-type: none"> 1. By 2017, expand chronic disease self-management programs in the region by 30% 2. By 2017, increase the number of worksite wellness programs
Strategic Objectives	<ol style="list-style-type: none"> 1. Integrate Ways2Wellness into a variety of community-based settings. 2. Increase awareness around signs and symptoms related to heart disease and stroke. 3. Determine baseline for number of worksite wellness programs
Goal	Promote evidence-based strategies within primary care settings that encourage team-based clinical care.
Target	By 2017, increase the number of primary care practices that incorporate new models of health care delivery by 70%
Strategic Objectives	<ol style="list-style-type: none"> 1. Provide interprofessional training to health care providers and health profession students. 2. Create opportunities for health professionals to engage in peer learning.
Goal	Integrate Community Health Workers (CHW) into health care teams
Target	<ol style="list-style-type: none"> 1. By 2016, increase knowledge about the role and value of CHWs among health care providers 2. Increase the number of trained CHWs in the North Country
Strategic Objectives	<ol style="list-style-type: none"> 1. Outreach and marketing campaign to North Country health care entities around the role of CHWs in providing more cost-effective care delivery. 2. Train CHWs in nationally-recognized core competency areas and facilitate job placement. 3. Incorporate training modules related to prevention and management of heart disease and stroke into CHW curriculum.

Strafford County	
Goal	To achieve physically healthy communities by addressing Heart Disease and Stroke in Strafford County.
Target	<ol style="list-style-type: none"> 1. Build awareness to reduce heart disease and stroke in Strafford County. 2. Increase awareness of best practices to prevent and detect heart disease and stroke.
Strategic Objectives	<ol style="list-style-type: none"> 1. Implement million hearts campaign throughout Strafford County. 2. Collaborate with PHAC partners to increase the public awareness of heart disease and stroke prevention.

Diabetes Prevention and Control	
Greater Nashua	
Goal	Provide chronic disease education and screening opportunities in the GNPHR to increase awareness and reduce rates of heart disease, stroke, and diabetes.
Target	<ol style="list-style-type: none"> 1. Increase the percentage of adults getting blood pressure screening at least every 2 years to 92% by 2018. 2. Reduce the percentage of adults with hypertension from 32% to 29% by December 2018 3. Annually, increase the number of outreach educational opportunities in the GNPHR on the early signs of stroke. 4. Conduct outreach education events for pre diabetes utilizing pre-diabetes questionnaire, beginning with 8 events in 2016 and increasing to 16 events in 2018.
Strategic Objectives	<ol style="list-style-type: none"> 1. Million Hearts Campaign. This initiative is based on the ASTHO Million Hearts Project and includes focusing, coordinating, and enhancing cardiovascular disease prevention activities cross the public and private sectors. Efforts include promoting self-monitoring or blood pressure tied with clinical support, promotion of awareness of high blood pressure among patients, and increased engagement of non-physician team members in hypertension management. 2. Diabetes Prevention Program (DPP). DPP is a pre-diabetes intervention program that uses community based support groups to develop lifestyle behavior change through diet and physical activity. The YUSA model is established in the GNPHR. 3. 5-2-1-0. This educational campaign provides simple, easy to remember guidance around fruit and vegetable consumption, television and computer use, physical activity, and sweetened beverage riddance.
Greater Manchester	
Goal	<ol style="list-style-type: none"> 1. Promote health and reduce chronic disease risk through the consumption of healthful diets and regular physical activity to achieve and maintain a healthy body weight. 2. Improve diabetes self-management skills and increase access to care to decrease diabetes related emergency room visits and hospitalizations.
Target	<ol style="list-style-type: none"> 1. Reduce the proportion of adults considered obese in the City of Manchester from 35% (2014) to 30% by 2020. 2. Reduce the proportion of adults considered obese in Greater Manchester from 30% (2014) to 23% by 2020. 3. Reduce the proportion of adolescents considered obese in the City of Manchester from 16.8% (2013) to 16.1% by 2020. 4. Reduce the number of diabetes related ER visits for children and adults to below 15 per 10,000 persons by 2020.

5. Reduce the number of diabetes related hospitalizations in the city of Manchester to below 150 per 10,000 persons by 2020.
Maintain the number of diabetes related hospitalizations for Greater Manchester below 150 per 10,000 persons by 2020.

**Strategic
Objectives**

1. Explore the use of a hot-spotting approach to identify and assist children and adults, who are seeking diabetes-related care in the emergency and urgent care settings, with more intensive case management services and connect them with a medical home.
2. Strategically align and connect the health care delivery system in Manchester with community and public health services to improve individual outcomes and overall neighborhood health through care coordination/case management in the elementary school environment through a Community Health Worker model. This includes, but is not limited to, assisting families with Better Choices Better Health education programs to improve self-management skills, connecting them with a medical home for access to ongoing preventive health services, and establishing connections to affordable health insurance coverage.
3. Support the creation of interoperable electronic systems for case management that share clinical, public health and community data to facilitate more efficient access to clinical preventive services and other social services for chronic ambulatory care sensitive conditions.
4. Promote and ensure access to existing evidence-based disease prevention and management programs in the Region such as: Stanford University's Chronic Disease Self- Management Program, American Diabetes Association-recognized and/ or American Association of Diabetes Educators- accredited Diabetes Self-Management Education, National Diabetes Prevention Program.
5. Strategically leverage resources to continue to offer free or low cost fitness and nutrition programming for individuals and families within the Greater Manchester Region to prevent and reduce obesity.

Obesity / Healthy Weight	
Greater Monadnock	
Goal	Reduce adult and childhood obesity in the Region.
Target	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
Strategic Objectives	<ol style="list-style-type: none"> 1. 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. 2. 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. 3. Establish policies and programs that support breastfeeding-friendly environments. 4. Provide increased access to affordable and safe physical activity opportunities in early childhood settings, schools, worksites, adult care facilities, etc. 5. 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. 6. Increase awareness about the causes and consequences of overweight and obesity to support prevention and early intervention. 7. Build and support a robust local food system.
Greater Nashua	
Goal	Reduce overweight and obesity in the GNPHR
Target	<ol style="list-style-type: none"> 1. Reduce the percentage of overweight and obese adults in the GNPHR from 63.7% to 62% by December 2018 2. Reduce the percentage of overweight and obese children in the GNPHR by 1% by December 2018
Strategic Objectives	<ol style="list-style-type: none"> 1. Granite State Market Match. This program allows for individuals with Supplemental Nutrition Assistance Program (SNAP) benefits to purchase twice the value of produce at local farmer’s markets. Implementation of this strategy will give more families with financial need the ability to access fresh fruit and vegetables and will generate increased economic activity for local vendors. 2. Plan4Health Nashua. This initiative promotes transportation planning that includes consideration for pedestrians, bicyclists, motorists, and transit riders and can impact all ages and abilities.

	3. 5-2-1-0. This educational campaign provides simple, easy to remember guidance around fruit and vegetable consumption, television and computer use, physical activity, and sweetened beverage elimination.
Strategic Objectives	4. Prescribe the Y. This program allows pediatricians to prescribe a YMCA membership to overweight and obese children at no cost to the family.
Capitol Region	
Goal	Reduce the proportion of children and adults considered overweight or obese in the Capital Area by 2020.
Target	1. Increase healthy eating among youth and adults. 2. Increase the number of youth and adults who engage in physical activity. 3. Increase breastfeeding initiation, duration, and exclusivity among women who have children. 4. Decrease the number of hours of recreational screen time per day among youth.
Strategic Objectives	<ol style="list-style-type: none"> 1. Advocate for sectors to consider impacts on obesity when making policy decisions. 2. Support schools and early learning centers in meeting nutritional, physical activity, and screen time guidelines. 3. Implement workplace policies, programs, and practices that support breastfeeding. 4. Increase public awareness and education of risk factors for obesity through social marketing , workshops, trainings, and "point of decision" prompts. 5. Implement counseling, behavioral interventions, and screenings in healthcare settings to address nutrition, physical activity and screen time. 6. Implement worksite nutrition and physical activity programs. 7. Increase and promote availability of healthy foods and physical activity. 8. Restrict availability of unhealthy foods. 9. Modify the environment to encourage healthy eating and physical activity.
Seacoast	
Goal	Increase awareness of obesity risk and prevention among children and adults.
Target	<ol style="list-style-type: none"> 1. Increase the number of businesses who participate in Let's Go Healthy Workplaces by 3. 2. Increase the number of schools who participate in 5210 Campaign by 3.
Strategic Objectives	Convene a community partner led regional obesity prevention workgroup to execute objectives.

Upper Valley	
Goal	Reduce obesity and overweight in children and adults in the Upper Valley
Target # 1	Reduce the percentage of children that are overweight and obese from 31% (Grafton County) to 29% by 2020.
Strategic Objectives	<ol style="list-style-type: none"> 1. Improve school and childcare nutrition environments. 2. Improve nutrition environments in non-school public settings. 3. Increase access to safe and affordable physical activity in the built environment. 4. Increase pediatric screening and coaching regarding healthy diet, weight and physical activity.
Target # 2	Reduce the percentage of adults that are overweight and obese from 63% to 59% by 2020.
Strategic Objectives	<ol style="list-style-type: none"> 1. Improve nutrition environments in worksites and restaurants. 2. Educate low income populations in strategies for sustainable and healthy food use. 3. Increase access to safe and affordable physical activity in the built environment.
Target # 3	Reduce household food insecurity from 10% to 5% by 2020.
Strategic Objectives	<ol style="list-style-type: none"> 1. Educate low income populations in strategies for sustainable and healthy food use. 2. Increase access to and affordability of healthy food in all communities.
Winnepesaukee	
Goal	Promote healthy eating and active living at an early age to reduce the lifelong burden of chronic diseases such as heart disease, stroke, diabetes and cancer.
Target	<ol style="list-style-type: none"> 1. Reduce overweight and obesity rates among elementary school age children by 5% by 2020. 2. Reduce obesity rates among young children, ages 2-4, served by the Women, Infants, and Children (WIC) program by 3% by 2020. 3. Increase the percentage of women who initiate breastfeeding of newborns by 5% by 2020.
	<ol style="list-style-type: none"> 1. Increase access to healthy and affordable fruits and vegetables (community gardens, farmer's markets with EBT, gleaning, in food pantries).

Strategic Objectives	<ol style="list-style-type: none"> 2. Provide education and ongoing support to young families - especially families served by the women, infants, and children (WIC) program - on budgeting, shopping, and cooking healthy meals. 3. Partner with schools to implement best practices in promoting healthy eating and physical activity. 4. Promote livable, walkable community design. 5. Support safe, accessible public spaces for physical activity (parks, trails, sidewalks, bike paths, good lighting). 6. Work with patients and regional providers of perinatal services, such as the LRGHealthcare Family Birthplace, to review and improve current strategies for promoting breastfeeding.
North Country	
Goal	Reduce prevalence of obesity in Northern New Hampshire.
Target	<ol style="list-style-type: none"> 1. Reduce the proportion of North Country adults considered obese from 31.8% (2012) to 30.2% by 2016 and 28.6% by 2020 (2012 BRFSS). 2. Reduce the proportion of North Country children considered obese from 21.6% (2014) to 20.5% by 2016 and 19.5% by 2020. (2014 3rd grade survey for Coos County).
Strategic Objectives	<ol style="list-style-type: none"> 1. Provide resources and education on healthy eating, physical activity, and stress management to the general population. 2. Engage food establishments to participate in community education initiatives. 3. Support health care clinicians to screen for obesity by measuring body mass index and deliver appropriate care according to clinical practice guidelines for obesity. 4. Incorporate the Ways To Wellness Program into North Country health care systems. 5. Increase use of electronic health records to document interventions for overweight and obese patients. 6. Provide continuing education opportunities for health care professionals.
Strafford County	
Goal	To promote physically healthy communities by addressing obesity and improving nutrition in Strafford County.
Target	<ol style="list-style-type: none"> 1. Develop a HEAL Coalition in Strafford County. 2. Increase access to free or low cost physical activity opportunities in Strafford County. 3. Improve youth nutrition through expansion of existing programs and school policies.
	<ol style="list-style-type: none"> 1. Establish workgroup to develop and broaden network priorities for obesity and nutrition in Strafford County.

Strategic Objectives	2. Work in collaboration with PHAC partners to identify opportunities to increase access to free and low cost physical activity opportunities in Strafford County. 3. Coordinated school health program to assess current practices and strengthen/change policies and programs.
Central Region	
Goal	Promote healthy eating and active living at an early age to reduce the lifelong burden of chronic diseases such as heart disease, stroke, diabetes and cancer.
Target	1. Reduce overweight and obesity rates among elementary school age children by 3% by 2020. 2. Increase the percentage of women who initiate breastfeeding of newborns by 5% by 2020.
Goal	Support achievement of healthy weight goals by adults through primary care-based counseling and community-based nutrition and physical activity initiatives.
Target	Reduce overweight and obesity rates among adults in the CNHHP region by 5% by 2020.
Strategic Objectives	1. Partner with area schools and school nurses to incorporate 5-2-1-0 health education messaging and supports (5 – fruits and veggies; two (2) – hours or less of recreational screen time; 1 – hour or more of physical activity; 0 – sugary drinks, more water). 2. Implement universal screening and counseling for obesity in primary care preventive visits using BMI measurement, diet and exercise information and counseling, and establishment of health weight plans as indicated. 3. Work with patients and regional providers of perinatal services to review and improve current strategies for promoting breastfeeding. 4. Increase access to healthy and affordable fruits and vegetables (community gardens, farmer's markets, through the WIC program, in food pantries). 5. Support safe, accessible public spaces for physical activity (parks, trails, sidewalks, bike paths, good lighting).
South Central Region	
Goal	1. Reduce serious health issues associated with obesity by promoting healthy eating and active living to children and adults. 2. Support children and adults to achieve healthy weight goals by engaging primary care physicians and other partner agencies to screen for healthy weight and to provide nutrition and physical activity counseling.

Target	<ol style="list-style-type: none"> 1. Establish a regional Healthy Eating/Active Living (HEAL) workgroup by October 2016. 2. Complete an assessment of existing regional assets and compile a directory for individuals and families by March 2017. 3. Reduce overweight and obesity rates among adults in the South Central region by 3% by 2020 (from 66% of adults to 63%).
Strategic Objectives	<ol style="list-style-type: none"> 1. Develop of a regional, multi-sector HEAL workgroup to enhance supportive community environments for physical activity and healthy food options. 2. Initiate social media outreach on healthy food and community-based active living options in the South Central PHR. 3. Implement universal screening using BMI measurement and obesity counseling (diet and exercise) in primary care and other settings. 4. Increase access to healthy and affordable fruits and vegetables through community gardens, farmer's markets, the WIC program, and food pantries. 5. Support safe, accessible public spaces for physical activity (walkable and age friendly communities, complete streets initiatives, parks, trails, sidewalks, and bike paths).
Greater Sullivan Region	
Goal	Reducing obesity established as a priority area of focus; specific goals are under development

Injury Prevention/Suicide Prevention	
Greater Nashua	
Goal	Increase awareness of suicide prevention, indicators, and prevention resources in the GNPHR
Target	1. Identify at least one evidence based suicide prevention program for common use among community partners by December 2015.
Strategic Objectives	1. CONNECT Suicide Prevention. CONNECT provides training in suicide prevention across the lifespan for professionals and laypersons. CONNECT is included in the Best Practices Registry that is used to disseminate information about best practices that address specific objectives of the National Strategy for Suicide Prevention.
Capitol Region	
Goal	Reduce the number of suicide deaths in the capital area by 2020.
Target	<ol style="list-style-type: none"> 1. Decrease suicide or self-harm related hospital visits (emergency room and inpatient). 2. Decrease percentage of youth and adults who seriously considered suicide. 3. Decrease percentage of youth who report feeling sad or hopeless. 4. Increase safe messaging in Capital Area communities and key sectors, including the media. 5. Increase knowledge and capacity of community “gatekeepers” and sectors regarding best practices in suicide prevention.
Strategic Objectives	<ol style="list-style-type: none"> 1. Advocate for policies that support mental health and suicide prevention education, awareness and strategies. 2. Work with key community sectors and organizations, including the media, to establish safe messaging policies and procedures. 3. Promote safe messaging strategies among all sectors, including media. 4. Promote the National Suicide Prevention Lifeline and other information and resources to support prevention efforts. 5. Develop messaging and resources to support survivors of suicide attempts and survivors of suicide loss. 6. Implement evidence-based training programs, including CONNECT prevention and posttension programs.

	7. Work with key community sectors to reduce access to lethal means.
Winnipesaukee	
Goal	Reduce suicide incidence in the Winnipesaukee Public Health Region.
Target	<ol style="list-style-type: none"> 1. Reduce the percentage of high school age youth who report having attempted suicide in the past year to 4% (baseline=7.6%, 2009-2013 YRBS) 2. Reduce the rate of suicide or self-harm related emergency department visits to 16.0 per 10,000 population (baseline=20.5 per 10,000 population) Increase the number of people trained in Suicide Prevention, Postvention and/or Counseling on Access to Lethal Means (CALM) within key community sectors. 3. Increase the number of people trained in Suicide Prevention, Postvention and/or Counseling on Access to Lethal Means (CALM) within key community sectors. 4. (developmental) Increase the proportion of media professionals who have received training in appropriate reporting of suicidal events following the national Reporting on Suicide: Recommendations for the Media. 5. (developmental) Increase utilization of postvention training and protocols (i.e. After a Suicide Toolkit, Media Recommendations) for first responders, law enforcement, emergency departments, schools and others who may be involved or affected by a suicide to reduce risk of contagion and promote healing. 6. (developmental) Identify key data sources and tools that may better identify high-risk populations and/or other trends which would inform suicide prevention efforts.
Strategic Objectives	<ol style="list-style-type: none"> 1. Formalize a regional postvention response team comprised of members from various key sectors and representing regional geography. 2. Target prevention efforts on populations with characteristics placing them at higher risk for suicide, such as: substance abuse, military experience, minority and refugee populations, sexual and gender minority populations, young adults not enrolled in college, justice-involved young people, and youth and young adults who have had an inpatient psychiatric admission. 3. Coordinate prevention and postvention training across multiple community sectors and settings. 4. Promote education tailored to specific high risk populations that includes hopeful messaging, suicide warning signs, help seeking behaviors, and resources. 5. Promote the integration and coordination of suicide prevention and postvention best practices, policies and protocols across multiple community sectors and settings.

Carroll County	
Goal	Increase access to mental health screening, prevention, and early intervention for residents facing mental health challenges to prevent emergency service utilization and suicide deaths.
Target	Reduce the number and rate of suicide deaths and suicide attempts by adolescents each year from (TBD) to (TBD)
Strategic Objectives	<ol style="list-style-type: none"> 1. Collaborate to add additional mental health service capacity in our county with special attention to expanding services in the middle two-thirds of the county where residents are distant from care. 2. Collaborate to co-locate these additional mental health practitioners in primary care clinics and schools to facilitate early intervention, efficient referrals, and “warm hand-offs.” 3. Pursue innovative collaborations between towns and/or town coalitions and the hospitals and mental health center to secure funding for additional services.
Target	Reduce the number and rate of suicide deaths at all ages each year from (TBD) to (TBD)
Strategic Objectives	<ol style="list-style-type: none"> 1. Equip community members and staff at all school districts in Carroll County with suicide prevention training to better recognize and effectively respond to warning signs of suicide risk. 2. Incorporate reducing access to lethal means into the screening protocols used by health and social service agencies across the county and into all suicide prevention training. 3. Equip public relations and media leaders with information to promote safe messaging about suicide.
Work Plan	1, 2 &3: Provide community-based and organization-based training in the Counseling on Access to Lethal Means (CALM), provide suicide prevention training to community organization staff, and conduct Safe Messaging workshops for media, spokespersons, others
Greater Manchester	
Goal	Increase awareness, knowledge and community capacity to recognize and connect individuals at risk for suicide.
Target	1. Reduce the rate of suicide or self-harm related emergency department visits to 15.8 per 10,000 population by 2020 (baseline=17.5 per 10,000 population).

Target	2. Increase the number of people trained in Suicide Prevention, Postvention and/or Counseling on Access to Lethal Means (CALM) within key community sectors.
Strategic Objectives	Promote the integration and coordination of suicide prevention and postvention best practices, policies and protocols across multiple community sectors and settings.
South Central Region	
Goal	Reduce youth and adult suicide rates by increasing community awareness, knowledge, and capacity to recognize individuals at risk for suicide and to connect them with appropriate resources.
Target	<ol style="list-style-type: none"> 1. Reduce the rate of suicide or self-harm related emergency department visits to 9.0 per 10,000 population by 2020 (baseline=10.7 per 10,000 population). 2. Increase the number of people trained in Suicide Prevention, Postvention, and Counseling on Access to Lethal Means (CALM) within key community sectors.
Strategic Objectives	<ol style="list-style-type: none"> 1. Promote the integration and coordination of suicide prevention and postvention best practices, policies, and protocols across multiple community sectors and settings. 2. Identify emerging issues, best practices, research, and resources through continued collection, analysis, and reporting of qualitative and quantitative data on injury prevention.
Falls Prevention	
Capitol Region	
Goal	Reduce the rate of falls among older adults, ages 65 and older, in the Capital Area by 2019.
Target	<ol style="list-style-type: none"> 1. Decrease fear of falling among older adults. 2. Increase confidence among older adults regarding falls and balance. 3. Increase strength and balance among older adults. 4. Decrease environmental hazards that may increase falls among older adults.
	<ol style="list-style-type: none"> 1. Advocate for policies that support falls prevention initiatives and strategies. 2. Increase awareness and education among the public, particularly older adults, about preventing falls.

Strategic Objectives	<ol style="list-style-type: none"> 3. Promote safe messaging strategies among all sectors, including media. 4. Implement evidence-based falls prevention programs, including Matter of Balance and Tai Ji Quan: Moving for Better Balance. 5. Implement multi-component falls prevention interventions among older adults (exercise, education, home or environmental modification, medication optimization, and vitamin D supplementation). 6. Assess and address environmental hazards in the home by conducting falls risk assessments.
Seacoast	
Goal	Evaluate and reduce fall related hospitalizations by 5%.
Target	<ol style="list-style-type: none"> 1. Increase senior, provider and caregiver awareness of individual fall risk. 2. Increase senior, provider and caregiver awareness of evidence based fall prevention programs. 3. Increase senior, provider and caregiver awareness about medication related fall risk.
Strategic Objectives	<ol style="list-style-type: none"> 1. Convene a community partner led regional injury prevention workgroup to guide planning and execution of objectives. 2. Distribute standardized risk assessments to at least 6 providers and senior caregivers. 3. Distribute information about and/or support demonstration of balance management and fitness programs in at least 3 communities. 4. Distribute education about prescription medication management to at least 6 providers. 5. Recruit and retain pharmacy subject matter expertise to injury prevention workgroup.
Upper Valley	
Goal	Increase regional capacity to provide evidence-based falls prevention programs to ensure continuous programming by 2017.
Target	Increase the number of Matter of Balance Instructors and Lay Leaders in the Upper Valley by 2017.
Strategic Objectives	<ol style="list-style-type: none"> 1. Collaborate with RSVP to recruit Lay Leaders and establish an organizational home for MOB in the Upper Valley. 2. Work with D-H programs to increase access to trained instructors.

Target	Increase the number of Tai Ji Quan: Moving for Better Balance certified instructors in the Upper Valley by 2017.
Strategic Objectives	1. Collaborate with RSVP to establish an organizational home for TJQ:MBB in the Upper Valley. 2. Work with D-H programs to increase access to trained instructors.
Target	Establish program sites in Canaan, Oxford, and Lebanon to ensure availability throughout the region.
Carroll County	
Goal	Improve the preparation, connection, and purpose experienced by older residents by teaching skills to prevent injuries and improve life-planning conversations with their families and caregivers.
Target	Reduce preventable hospitalizations among residents over the age of 65 from 17,000 per 100,000 in 2009 to 15,000 per 100,000 by 2020.
Strategic Objectives	Explore innovative local models to increase the number of home-visiting well-checks for older residents to increase early identification and support for preventable health issues.
Target	Reduce fall-related deaths among residents over the age of 65
Strategic Objectives	Teach Matter-of-Balance fall-prevention programs to residents in every town by making use of senior centers, faith communities, libraries and other natural gathering spaces.
Target	Increase # residents over age 65 who have discussed their life goals and needs with family.
Strategic Objectives	Facilitate advanced planning conversation among families about needs, connection, purpose and wishes during retirement and at the end of life using Advanced Directives as a platform.
Greater Manchester	
Goal	Prevent older adult injury, disability and death due to falls.

Target	Reduce emergency department visits (baseline=432.1 per 10,000 population) and hospitalizations (baseline=132.6 per 10,000 population) due to older adult falls by 10% by 2020.
Strategic Objectives	Train professionals going into homes on home environment risk assessment and strategies for falls risk reduction (e.g. FIRE/EMS, Home Health, Community Health Workers) and facilitate inter-organizational information and referrals for assistance to high risk individuals.
Unintentional Injuries & Acts of Violence	
Greater Manchester	
Goal	<ol style="list-style-type: none"> 1. Reduce unintentional injuries focusing on those in the home for children under five and on those involved in physical activity up to the age of 24. 2. Reduce the rate of intentional injuries and overall acts of violence.
Target	<ol style="list-style-type: none"> 1. Reduce emergency department visits due to injury among children, youth, and young adults by 10% by 2020. 2. Reduce the rate of assault injury emergency department visits and observation stays by 10% by 2020. 3. Decrease the proportion of high school students who report being in a physical fight on school property during the last 12 months by 10% by 2020 (baseline= 7.6% of high school students in 2015).
Strategic Objectives	<ol style="list-style-type: none"> 1. Strengthen school-based health and wellness policies to include injury prevention education and increase local compliance with statewide injury, violence and concussion prevention recommendations. 2. Educate the public and policy makers about strategies for intervention and facilitate the prevention of domestic violence injury and fatalities through multi-disciplinary collaboration.
South Central Region	
Goal	1. Reduce youth injury and fatality associated with reckless and distracted driving by promoting use of seatbelts and distraction-free driving.
Target	Increase knowledge and awareness of seatbelt safety and the dangers of distracted driving. Goal 2
	1. Empower youth to encourage their peers, parents, and community to make safe choices when driving and as passengers through education and training.

Strategic Objectives	<ul style="list-style-type: none">- Collaborate with the education sector to conduct meetings of high school aged youth to develop and implement youth leader Action Plan for driver and passenger safety.- Collaborate with local media resources to develop social media campaigns that increase awareness of seatbelt safety and distracted driving.- Promote inclusion of driving safety programs (i.e. NH Teen Driver Program Tool Kit) in all high schools.
	<p>2. Engage parents as positive role models to influence youth driving habits and behaviors through education and training.</p> <ul style="list-style-type: none">- Identify and facilitate opportunities for youth engagement by parents and community members on the importance of positive role modeling and safe driving habits.- Collaborate with youth to develop educational materials and media messages that are targeted to parents of K-12 youth about road safety and kids.- Promote the www.NHparentsofteendrivers.com website and other resources as guides.

Oral Health	
Upper Valley	
Goal	Reduce the number of children with untreated oral health needs.
Target	Reduce the percentage of 3rd graders with untreated decay from 11.7% to 11% by 2017. (measured via 3rd grade UV SMILES data)
Strategic Objectives	<ol style="list-style-type: none"> 1. Increase the number of regional pediatric health care providers who routinely use fluoride varnish as part of well care. 2. Maintain or increase the number of oral health screenings available at schools and WIC clinics or other early childhood locations serving vulnerable populations and increase the use of temporary restorative care in these settings. 3. Increase the availability of mobile dental services in partnership with school-based oral health programs.
Goal	Reduce the number of adults with crisis oral health needs.
Target	Reduce emergency room visits for preventable oral health conditions from >350 to <300 by 2017.
Strategic Objectives	<ol style="list-style-type: none"> 1. Continue exploratory planning to establish a dental residency aligned with the Harvard School of Dentistry at the VA Medical Center in White River Junction, VT, that includes rotations providing community-based dental care for lower-income populations. 2. Increase the number of volunteer dentists or paid dentist capacity at Red Logan Dental Clinic. 3. Deploy a Public Health Dental Hygienist to community settings where high-needs populations already congregate, such as senior centers, substance use treatment facilities, financial assistance services, and worksites with high numbers of lower-income, uninsured individuals. 4. Explore possibilities for increasing dental care associated with the planned Mascoma Health Care Clinic.
North Country	
Goal	All North Country residents have equitable access to appropriate and affordable oral health care

Target	<ol style="list-style-type: none"> 1. Reduce the percent of third grade students with dental caries experience in their primary and permanent teeth from 43.6% (2009) to 41.4% by 2015 and 39.2% by 2020. 2. By 2017, increase the number of adults in the region who have received oral health care within the past year to 70%. 3. Reduce the number of oral health related emergency department visits in the region by 50%.
Strategic Objectives	<ol style="list-style-type: none"> 1. Outreach and oral health care services to communities and schools through the Molar Express program. 2. Collaborate with healthcare system partners and increase care coordination and referral.
Goal	Promote and implement timely interventions that prevent and control dental disease and injury across the lifespan of North Country residents.
Target	<ol style="list-style-type: none"> 1. By 2017, increase the number of medical practices in the region providing fluoride varnish applications. 2. Increase educational opportunities for parents, school personnel, and students on the importance of oral and facial injury prevention by 50%.
Strategic Objectives	<ol style="list-style-type: none"> 1. Promote the integration of oral health into primary care through interprofessional education and collaboration. 2. Educational campaign that includes resources, services and guidelines for appropriate oral health care.
Goal	Strengthen the integration of oral health into overall health.
Target	<ol style="list-style-type: none"> 1. Assess the current level of integration of oral health into overall health, by 2016. 2. By 2017, Increase awareness of the importance of oral health as a significant factor in overall health.
Strategic Objectives	<ol style="list-style-type: none"> 1. Survey community stakeholders to determine level of integration of oral health into overall health. 2. Provide trainings to health care professionals using evidence-based oral health curriculum. 3. Incorporate oral health resources into the NCHC Primary Care Extension Center 4. Promote the integration of oral health into wellness initiatives at employers, organizations, schools and community groups.
Greater Sullivan Region	
Goal	Improving access to oral health services established as a priority area of focus; specific goals are under development

Healthy Homes / Lead Prevention	
Capitol Region	
Goal	Decrease the rate of elevated blood lead levels among children under 6 years of age in the Capital Area by 2019.
Target	<ol style="list-style-type: none"> 1. Increase understanding of the root causes and factors that contribute to elevated blood lead levels among children in the Capital Area. 2. Decrease exposure of children to lead paint in older housing and to the contaminated dust and soil it generates. 3. Increase number of children under 6 years of age tested for elevated blood lead levels.
Strategic Objectives	<ol style="list-style-type: none"> 1. Conduct comprehensive assessment to determine factors that contribute to high blood lead levels among children in Capital Area, and advocate for universal lead screenings in high-risk communities. 2. Increase awareness among healthcare providers and parents concerning the importance of testing and the general hazards associated with lead-based paint and dust. 3. Work with healthcare providers to increase testing for elevated blood lead levels among children under age 6. 4. Access resources to assist with lead abatement efforts.
Greater Manchester	
Goal	Improve asthma self-management skills, mitigate environmental triggers, and increase access to care to decrease asthma related emergency room visits and hospitalizations.
Target	<ol style="list-style-type: none"> 1. Decrease asthma-related emergency room visits for children and adults to 57 visits per 10,000 population by 2020 (79.9 visits in Manchester and 58.7 visits in Greater Manchester in 2009). 2. Decrease asthma-related hospitalizations for children and adults to 8.7 hospitalizations per 10,000 population by 2020 (16.6 hospitalizations in Manchester and 12.8 hospitalizations in Greater Manchester in 2009).
	<ol style="list-style-type: none"> 1. Expand the capacity of existing in-home interventions for children to also serve adults at high- risk for asthma. Healthy homes interventions have been successful in improving outcomes by teaching allergen avoidance, improving indoor air quality in homes, and improving self-management skills.

Strategic Objectives

2. Utilize a hot-spotting approach to identify and assist children and adults, who are seeking asthma care in the emergency and urgent care settings, to connect with expanded home-visiting services and a medical home. Including the creation of interoperable electronic systems for case management that share clinical, public health and community data to facilitate more efficient access to clinical preventive services and other social services.
3. Strategically align and connect the health care delivery system in Manchester with community and public health services to improve individual outcomes and overall neighborhood health through care coordination/case management in the elementary school environment through a Community Health Worker model. This includes, but is not limited to, assisting families with Better Choices Better Health education programs to improve self-management skills, connecting them with a medical home for access to ongoing preventive health services, and establishing connections to affordable health insurance coverage.
4. Create Asthma-Friendly Schools in Greater Manchester through connections with programs, such as Breathe NH's Asthma Care for Kids. Components of an asthma- friendly school, as endorsed by the CDC and National Asthma Education and Prevention Improvement Program include the following: promote schools that are free of tobacco; endorse an "anti-idling" campaign; reduce indoor allergens and triggers like dust, cockroaches, animals, and chemicals; ensure every asthmatic has a written asthma plan; train all school staff about asthma and allergy reduction measures.

Behavioral Health Awareness and Capacity	
Greater Monadnock	
Goal	Foster an accepting community that supports positive behavioral health.
Target	Reduce risk factors that affect behavioral health.
Strategic Objectives	<ol style="list-style-type: none"> 1. 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). 2. 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. 3. Increase access to healthy and affordable food options within communities. 4. Increase safe and convenient options for physical activity within communities. 5. Enhance and expand the availability and array of housing options that are affordable and accessible within the Region located near service centers. 6. Implement programs, projects, and policies that support mental wellbeing in the workplace. 7. Create the conditions for cross-sector collaborations to implement programs, projects, and policies that support mental well-being.
Goal	Enhance behavioral health of adults and youth in the Region.
Strategic Objectives	<ol style="list-style-type: none"> 1. Improve the assessment of regional mental health needs. 2. Increase the availability, affordability, and accessibility of high quality behavioral health services within the Region’s communities and educational institutions. 3. Further the integration of behavioral health, mental health, primary care, and other specialty care services. 4. Ensure early identification and referral to appropriate services for children, youth and adults with behavioral health issues. 5. Increase the availability of qualified behavioral health providers in the Region. 6. Train community members, providers and others to recognize, assist and link individuals to behavioral health services and resources. 7. Improve the availability and accessibility of alternatives to long-term institutional care, including home and community based services.

Strategic Objectives (cont.)	8. Support and enhance community based prevention programs that help increase behavioral health among individuals and families. 9. 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.).
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Greater Nashua

Goal	Conduct a comprehensive analysis of the mental health system capacity in the GNPHR, including gaps/needs, identifying mental health resources, and indicating priority areas for improvement.
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Target	1. Develop an exploratory committee of highly engaged stakeholders by December 2015. 2. Complete a comprehensive report on the mental health system capacity in the GNPHR by December 2016.
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Strategic Objectives	1. Establish a committee to include representatives from the current workgroup and develop an action plan to recruit others. 2. Coordinate with the NH Bureau of Alcohol and Substance Misuse (BDAS) and Center for Excellence (CFEX) contractor to obtain template for use in asset identification and service gaps.
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Seacoast

Goal	Increase community capacity to identify and assist people struggling with mental health and substance abuse disorders.
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Target	1. Develop resilience in the network of area partners and stakeholders. 2. Promote the use of evidence based programs to 4 area partners.
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Strategic Objectives	1. Convene and support a continuum of care council. 2. Promote and/or provide mental health first aid and/or healthy classrooms training to 4 area partners.
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Goal	Increase regional SPHN partner awareness of importance of an skills in integrated healthcare.
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Target	Increase SPHN PARTNER survey participation from 37.8% to 60%.
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Strategic Objectives	<ol style="list-style-type: none"> 1. Include continuum of care council reporting at seacoast PHN PHAC and chip priority area workgroup meetings. 2. Promote the importance of the partner survey tool and provide mini-training regarding network development at every SPHN event, as appropriate.
North Country	
Goal	Increase awareness of mental health issues
Target	<ol style="list-style-type: none"> 1. Increase collaboration and education with agencies, individuals, and the public to address specific issues including suicide, depression, and feelings of hopelessness and isolation. 2. By 2017, 5 additional communities incorporate activities with schools, parents, and providers to engage youth, and support leadership development.
Strategic Objectives	<ol style="list-style-type: none"> 1. Encourage inclusive community activities. 2. Increase awareness and education about co-occurring substance and mental health disorders. 3. Provide public education on the importance of mental health to overall health. 4. Incorporate mental health promotion into chronic disease and substance misuse prevention efforts
Goal	Improved access to mental health care services for North Country residents
Target	<ol style="list-style-type: none"> 1. By 2016, assess mental health service delivery and identify the regional barriers that exist for receiving mental health services. 2. By 2017, increase behavioral health and primary care integration in primary care practices.
Strategic Objectives	<ol style="list-style-type: none"> 1. Provide educational guidelines to primary care providers for the prevention, identification and treatment of mental disorders. 2. Work with schools to implement and support programs that can provide identification, early intervention and referral for students with mental health conditions. 3. Explore options to maximize access to mental health services (e.g. Telemedicine)
Stafford County	

Goal	To strengthen coordination and communication among community health partners to support Mental Health initiatives.
Target	<ol style="list-style-type: none"> 1. Increase coordination among area hospitals and other health care organizations to facilitate the creation and integration of acute care services. 2. Identify and garner resources to support Mental Health.
Strategic Objectives	<ol style="list-style-type: none"> 1. Establish a mental health workgroup of area hospitals and community health organizations to convene and collaborate to address mental health supports with emphasis on coordinated crisis support services and dual diagnosis treatment opportunities. 2. Develop and cultivate resources to encourage mental health workforce is adequately trained and disseminates to mental health stakeholders.

Access to Health Care	
Greater Nashua	
Goal	Enhance access to quality, comprehensive healthcare services in the GNPHR
Target	<ol style="list-style-type: none"> 1. In a collaborative process, collect data to identify populations experiencing barriers to healthcare services and the causes for lack of access and availability of healthcare services in the GNPHR by 12/2016. 2. Increase the percent of adults (89.2% in 2012) and children (96.8% in 2012) with health insurance to 100% in the GNPHR by 12/2020. 3. Increase the percent of pregnant women in the GNPHR receiving prenatal care in the first trimester from 76% to 79% by August 2018. 4. Increase the percent of people who receive screening for colorectal, lung, cervical and breast cancer based on the most recent USPSTF guidelines, with an emphasis on disparate populations, by August 2018.
Strategic Objectives	<ol style="list-style-type: none"> 1. Data Collection 2. "My Health. My Care" video series. Expanding use of this video series to audiences with low health literacy increases awareness and understanding about how to obtain, understand, and use health insurance. 3. Establish Pre-Natal task force to identify strategies that support the pre-natal care objective. 4. Establish Cancer Screening task force to identify strategies that support the cancer screening objective.
Winnepesaukee	
Goal	Reduce financial barriers to health care access by increasing health insurance coverage.
Target	Increase the proportion of Winnepesaukee region residents who have health insurance to 92% by 2020 (baseline = 88%).
Goal	Increase the proportion of Winnepesaukee region residents who have appropriate, coordinated access to the health care system
Target	1. Increase the proportion of Winnepesaukee region adults who have a personal health care provider to 90% by 2020 (baseline = 86%).

Target	2. Recruit 30 local community organizations to distribute “My Health, My Care” educational resources to their clients.
Strategic Objectives	1. Distribute educational resources with basic health information and service options to assist individuals and families to make informed decisions about their health care. 2: Provide health insurance enrollment assistance in a variety of community settings.

Access to Behavioral Health Care	
Capitol Region	
Goal	Improve access to a comprehensive, coordinated continuum of behavioral health care services in the Capital Area by 2019.
Target	<ol style="list-style-type: none"> 1. Increase access to affordable insurance coverage. 2. Increase access to behavioral health supports in primary care settings and decrease rates of emergency room visits or hospitalizations that could have been prevented. 3. Increase awareness of available services across the continuum of care and increase the number of services across the continuum of care to address unmet needs.
Strategic Objectives	<ol style="list-style-type: none"> 1. Support policies that increase access to insurance coverage, including Medicaid, employer-based insurance and plans offered through the marketplace, Identify and develop key components of a comprehensive system of care for behavioral health services, and develop systems and protocols that support Primary Behavioral Healthcare Integration. 2. Promote information and referral resources among providers and within communities. 3. Develop and implement Mental Health and Substance Use Disorder first aid training and curriculum.
Carroll County	
Goal	Increase access to mental health screening, prevention, and early intervention for residents facing mental health challenges to prevent emergency services utilization and suicide deaths.
Target	Reduce the number of hospital emergency department visits for mental health from (TBD) to (TBD).
Strategic Objectives	<ol style="list-style-type: none"> 1A1. Collaborate to add additional mental health service capacity in our county with special attention to expanding services in the middle two-thirds of the county where residents are distant from care. 1A2. Collaborate to co-locate these additional mental health practitioners in primary care clinics and schools to facilitate early intervention, efficient referrals, and “warm hand-offs.” 1A3: Pursue innovative collaborations between towns and/or town coalitions and the hospitals and mental health center to secure funding for additional services.

Target	Reduce the number and rate of suicide deaths and suicide attempts by adolescents each year from (TBD) to (TBD) (NH SHIP).
Strategic Objectives	<p>1B1. Equip community members and staff at all school districts in Carroll County with suicide prevention training to better recognize and effectively respond to warning signs of suicide risk.</p> <p>1B2. Encourage all school districts to develop and revise their suicide prevention protocols and critical incident response procedures and to provide thorough training for all staff.</p> <p>1B3. Incorporate reducing access to lethal means into the screening protocols used by health and social service agencies across the county and into all suicide prevention training.</p>
Target	Reduce the number and rate of suicide deaths at all ages each year from (TBD) to (TBD) (NH SHIP).
Strategic Objectives	<p>1C1. Equip community members and staff at all school districts in Carroll County with suicide prevention training to better recognize and effectively respond to warning signs of suicide risk.</p> <p>1C2. Incorporate reducing access to lethal means into the screening protocols used by health and social service agencies across the county and into all suicide prevention training.</p> <p>1C3. Equip public relations and media leaders with information to promote safe messaging about suicide.</p>
Central Region	
Goal	Increase access to mental health and substance abuse treatment* services in the Central New Hampshire Public Health Region.
Target	<p>1. Increase the ratio of Behavioral Health Care Providers per resident population by 10% by 2020.</p> <p>2. Decrease the rate of emergency department visits for mental health conditions by 10% by 2020.</p>
Strategic Objectives	<p>1. Recruit and retain additional licensed clinicians.</p> <p>2. Expand service sites and hours of operation.</p> <p>3. Continue to implement and sustain activities to support effective delivery of mental health services in the primary care setting including:</p> <ul style="list-style-type: none"> • Psychiatric consultation to primary care clinicians for management of medications and more complex cases (Spear);

<p>Strategic Objectives</p>	<ul style="list-style-type: none"> • Project Ignite care management model in primary care to increase screening and access to behavioral health care management for patients 55 and older with depression and co-occurring chronic illness such as diabetes or hypertension <p>4. Through the OneHealth initiative, continue to implement and sustain effective delivery of primary care services in the mental health setting for persons with serious mental illness.</p>
<p>South Central Region</p>	
<p>Goal</p>	<p>Increase capacity for and access to behavioral health services* in the South Central Public Health Region.</p>
<p>Target</p>	<ol style="list-style-type: none"> 1. Convene an workgroup of key stakeholders of the behavioral health system by September 2016. 2. Complete an analysis of the regional behavioral health system to identify priority action areas in Workforce Capacity and Barriers to Access by April 2017.
<p>Strategic Objectives</p>	<ol style="list-style-type: none"> 1. Establish working groups on Workforce Capacity and Barriers to Access to gather data and information, conduct analysis, compile reports, and draft an action plan to be presented to the South Central PHAC and other key stakeholders. 2. Coordinate activities with the Region 4 Integrated Delivery Network team, the Bureau of Behavioral Health, and others to develop a structure and process for information sharing including service gaps and opportunities for change.
<p>Greater Sullivan Region</p>	
<p>Goal</p>	<p>Improving access to behavioral health services established as a priority area of focus; specific goals are under development</p>

Healthy Mothers and Babies	
Carroll County	
Goal	Increase the number of children receiving age-appropriate developmental screenings .
Target	Develop and sustain a developmental screening system for children birth-Age 5 in Carroll County.
Strategic Objectives	<ol style="list-style-type: none"> 1. Building on existing Watch Me Grow (WVG) work, engage a steering committee to plan and monitor developmental screenings in Carroll County. 2. Review and support centralized data collection system and input into Welligent. 3. Identify organizations already administering ASQ.
Goal	Increase the number of parents receiving in-home visiting pre- and post-natal services.
Target	Increase capacity of existing home visiting agencies, including Head Start, Central NH VNH Healthy Families, White Mountain Community Health Center.
Strategic Objectives	<ol style="list-style-type: none"> 1. Building on existing Watch Me Grow (WVG) work, engage a steering committee to plan and monitor developmental screenings in Carroll County. 2. Review and support centralized data collection system and input into Welligent. 3. Identify organizations already administering ASQ.
Goal	Decrease number of uninsured children in Carroll County to 0.
Target	Provide all parents with information about insurance options available to them.
Strategic Objectives	N/A
Greater Sullivan Region	
Goal	Decreasing teen births established as a priority area of focus; specific goals are under development .

Aging	
Carroll County	
Goal	Improve the preparation, connection, and purpose experienced by older residents by teaching skills to prevent injuries and improve life-planning conversations with their families and caregivers.
Target	Reduce preventable hospitalizations among residents over the age of 65 from 17,000 per 100,000 in 2009 to 15,000 per 100,000 by 2020.
Strategic Objectives	Explore innovative local models to increase the number of home-visiting well-checks for older residents to increase early identification and support for preventable health issues.
Goal	Reduce fall-related deaths among residents over the age of 65.
Strategic Objectives	Teach Matter-of-Balance fall-prevention programs to residents in every town by making use of senior centers, faith communities, libraries and other natural gathering spaces.
Target	Increase the number of residents over age 65 who have discussed their life goals and needs with family
Strategic Objectives	Facilitate advanced planning conversation among families about needs, connection, purpose and wishes during retirement and at the end of life using Advanced Directives as a platform.
Winnipesaukee	
Goal	Support aging in place by improving services and supports for unpaid caregivers and senior companions of older adults.
Target	Increase the proportion of older adult caregivers who perceive having sufficient caregiving skills and emotional support.
Goal	Prevent older adult injury, disability and death due to falls.

Target	Reduce emergency department visits and hospitalizations due to older adult falls by 10% by 2020.
Goal	Reduce the proportion of Emergency Medical Service run activity that is related to older adult falls by 10% by 2020.
Strategic Objectives	<ol style="list-style-type: none"> 1. Train 5 lay leaders/coaches in the “Matter of Balance” curriculum. Implement “Matter of Balance” classes for older adults and their caregivers. 2. Train professionals going into homes on home environment risk assessment and strategies for falls risk reduction (e.g. FIRE/EMS, Home Health, Friendly/Home Visitors). Facilitate inter-organizational information and referrals for assistance to high risk individuals. 3. Increase capacity to implement "Remembering When" classes (from the national fire protection academy) for general adult education on protection from falls. 4. Increase awareness of existing resources for fitness.
Greater Sullivan Region	
Goal	Improving access to elder care services established as a priority area of focus; specific goals are under development