

Summitting New Peaks: North Country Health Consortium Annual Report 2024

Celebrating NCHC's journey to improve health and overcome challenges in the North Country.

Programs at NCHC

-45 North Recovery - Reaching Rural Initiative -CHW Advance -CHWs-NH -CHWs-NH Immunization -Doula/CHW -Garrett Lee Smith Suicide Prevention -Grafton County Drug Treatment Court -Haverhill Area Substance Misuse Prevention Coalition -NC COPES - Partnership for Success -NH CHW Certification & Support -NH Healthy Families Pilot -North Country Public Health Network -North Country Recovers Together (NCRT) -North Country Recovery Friendly Workplaces -North Country Regional Prevention Network -Northern NH Area Health Education Center -Northern NH Medical Reserve Corps Unit -Northern NH Mobile Clinic -Opioid Abatement Trust Fund -PETRA Direct -Public Health Emergency Preparedness -Rural Maternal & Obstetric Management Strategies/ North Country Maternity Network (RMOMS) -UNH Preschool Development Grant -Ways2Wellness CONNECT -Young Adult Strategies

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Introduction

Dear Friends and Colleagues,

Welcome to the 2024 Annual Report of the North Country Health Consortium! We are honored to share this report with you—our members, partners, and stakeholders—and to reflect on a year of growth and resilience as we continue our journey together toward improving health and well-being across Northern New Hampshire. Our theme this year, "Summiting New Peaks," reflects both the challenges within the public health landscape that we've navigated and the progress we are making together for our communities.

This past year, we have made tremendous strides in expanding our programs and services to address the region's unique health needs. Through the commitment of our team and the collaboration of our partners, we have made meaningful progress in health access, education, and vital support for those we serve. Each of these steps represents our dedication to advancing community health and achieving greater equity, especially as we address social drivers of health, enhance digital literacy, and integrate Community Health Worker (CHW) services across our region.

In our efforts, we remain committed to staying at the forefront of new developments in public health. The language and understanding surrounding social drivers of health have continued to evolve, and we have embraced this shift. By using terminology that reflects inclusivity and respect, we are not only strengthening our services but also reinforcing our mission to provide culturally responsive, community-driven care for all.

As we look ahead, we are deeply grateful for your ongoing partnership. Together, we are building a solid foundation, scaling new heights, and making Northern New Hampshire a healthier and more resilient region. Thank you for your invaluable support and for joining us on this journey. We look forward to embracing new challenges with purpose, optimism, and a shared commitment to the future.

With appreciation,

VAUVER PERVSON

Lauren Pearson, Executive Director





Ken Gordon, Board President and Chair





Health Priority Areas

A note on language changes from previous iterations of the Health Priority Areas:

The terms "**social drivers of health**" in place of "social determinants of health" and **"substance use"** instead of "substance abuse" are now preferred because they emphasize a nonjudgmental, person-centered approach. "Drivers" highlights that factors influencing health are changeable, not predetermined. Likewise, "substance use" avoids the stigma of "abuse," fostering empathy and reducing negative labeling.



Prevention and Management of Chronic Disease

The leading causes of disability and death in the United States and in the North Country are chronic diseases. These are conditions that last one year or more and require ongoing medical attention or limit activities of daily living or both. Chronic disease examples include heart disease, cancer, diabetes, stroke, arthritis and more.

Oral Health

Oral health is multifaceted, encompassing the prevention and treatment of diseases affecting the mouth, teeth, and gums, and is essential to overall health and wellbeing as it influences nutrition, speech, confidence, and systemic health. It serves as a key indicator of a person's general health.

Wellness and Emergency Preparedness

Preparedness and response proficiency are essential to supporting mobilization of staff and volunteers during an emergency.

Mental Health and Substance Use

Mental health disorders and substance use disorders (SUDs) are two broad and often overlapping categories of conditions that can significantly impact an individual's overall well-being, relationships, and daily functioning requiring a combination of accessible services, community-based support, education, and targeted resources.

Social Drivers of Health

The Centers for Medicare & Medicaid Services defines social drivers of health (SDOH) as "The conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks."

Prevention and Management of Chronic Disease

A statewide training program for Community Health Workers (CHW) was developed and delivered, focused on **client-centered management of chronic pain**, reflecting NCHC's commitment to addressing the needs of individuals dealing with long-term health conditions.

Northern New Hampshire Area Health Education Center (NNH AHEC) played a vital role in offering **96 continuing education (CE) events**

related to healthcare access, social determinants of health, and chronic disease management. Key topics included the impact of poverty on health, best practices for managing chronic conditions like substance use disorders (SUD) and expanding the knowledge and skills of emergency providers. Sessions are regularly offered at no cost to participants.



CHW Programs secured substantial funding, including **\$80,000** for CHW direct service work, **\$300,000** for continued efforts to build the CHW workforce statewide, and **\$278,000** for immunization education, focusing on promoting vaccines in vulnerable populations, especially for COVID-19, flu, RSV, and shingles.

The Northern New Hampshire Mobile Clinic Program (NNHMCP) became fully operational with staffing and operational support from Mission Mobile Medical. Local partnerships expanded to include Cottage Hospital and specialty organizations with a goal to eventually deploy up to 3 times weekly in Northern Grafton.

Ways2Wellness CONNECT Community Health Worker program **provided direct support and services to over 70 individuals with chronic disease**.

NNH AHEC partnered with the Asthma Foundation of New England to provide education to school nurses and caregivers. These sessions focused on managing asthma, a chronic condition affecting children and adults in the region.



Prevention and Management of Chronic Disease

NCHC has experienced a **rise in demand for CHW supports and services** for people with unmanaged chronic disease especially in the most northern parts of our region, resulting in a waiting list for these services.

NNH AHEC **applied for reaccreditation as a provider of both medical and nursing education**

units this year, continuing to keep local access to rigorous professional development open to our healthcare workforce.

The AskPETRA staff developed and delivered training to staff at Upper Connecticut Valley Hospital for the **"Ask Me Anything"** campaign to encourage patients to ask for assistance regarding difficult subjects.

NNH AHEC partnered with state and national organizations to bring **evidence-based Coaching and Supervision training to the region**. Offered this year at no cost to participants, supervisors at all levels learn to improve their leadership skills, a key factor in staff retention.

New to NCHC is the **CHW/Doula program providing 1:1 support** and resources to pregnant people through delivery, and 1 year following delivery as part of the "RMOMS" grant.

Oral Health

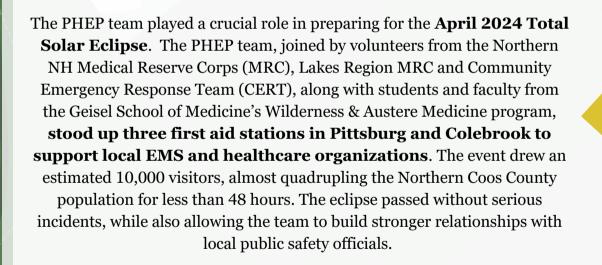
NNH AHEC assisted in developing a Disability Champion recognition program for oral health providers, as part of the UNH Institute on Disabilities' broader efforts. This initiative recognized providers who promote accessible dental care for individuals with disabilities, aligning with NCHC's mission to support health equity. NNHMCP opened discussions with government offices and private organizations to **explore financial support for oral health deployments in the region** that will aid newly covered Medicaid patients in accessing oral health care.

NNH AHEC **connected Dartmouth Health (DH) with local primary care practices** interested in participating in a Silver Diamine Fluoride (SDF) provider education program. This initiative promotes early detection and treatment of dental caries in children, helping to prevent severe dental issues later in life.



Wellness and Emergency Preparedness

The region's two existing Public Health Emergency Preparedness (PHEP) trailers were repaired and restocked this year, and a third was added to the fleet. **The trailers are equipped to stand up public health emergency response stations** including Points of Distribution (PODs) for medications and other medical counter measures, shelters for humans and pets, and alternate care sites to manage surges in patient populations. These trailers bolster the region's readiness for future public health emergencies. NNH AHEC and NNHMCP staff **participated in the Outdoor Career Expo**, promoting health careers in EMS and outdoor-related health fields. This event encouraged local youth to consider careers in health and emergency services, further integrating health into community life.





Despite a decrease in MRC volunteer numbers post-COVID, efforts continued to revitalize the roster. **MRC coordinators** are working on securing funding for ongoing training and volunteer recognition. Coordinators also became trainers for several curricula and **attended the National MRC Conference**, enabling them to further train MRC volunteers and community members.

Wellness and Emergency Preparedness

The **PHEP Coordinator became trained as a CERT trainer in order to develop localized CERT teams** that can augment the regional MRC. This will further strengthen community resilience by ensuring more trained volunteers are ready to respond to emergencies.



MRC coordinators **participated in the planning of a large-scale Public Health Emergency Hands On Training (HOT) exercise**, engaging MRC and CERT volunteers from around the state, along with multiple public safety agencies. Leveraging that experience, the MRC team has begun planning a similar opportunity for the North Country, with an emphasis on engaging CERT and MRC volunteers from the region with assistance from teams around the state.

NCHC partnered with the White Mountain Regional High School (WMRHS) Science Department to **pilot the Teen CERT curriculum for high schools**. This FEMA curriculum teaches high school students in grades 10-12 critical emergency response skills, fostering early engagement in emergency preparedness.

This year, the **PHEP Coordinator became a Stop the Bleed trainer**, and the Public Health Network (PHN) has claimed access to two Stop the Bleed Training kits through MRC grant funds. The number 1 cause of preventable death after injury is bleeding, and this training gives community members the skills necessary to control bleeding until EMS arrives. The **PHEP team provided a Stop the Bleed training** at Littleton High School and planned Stop the Bleed training for WMRHS industry certification day, further integrating emergency preparedness training into youth education. The Grafton County Drug Treatment Court provides individuals with substance use disorders an alternative to prison through a voluntary, structured program of intensive treatment and supervision. Designed for those at high risk and high need, it helps participants achieve recovery and a substance-free life while avoiding lengthy sentences.

Mental Health and Substance Use



This year, the team has worked to strengthen adherence to gold standard practices, including the following team commitments:

DTC utilizes team interviews to ensure that new staff are a good fit to the existing team and ensure that they have a solid understanding of this alternative sentencing program from the start.



Adopting the best practice standard of the team and participants participating in court via a "round table" seating arrangement. This allows participants more face-to-face time with the judge and establishes a collaborative culture where everyone is on the same page and supporting the participants' success.

When the usual judge is not available, the team works to get a stand in judge in order to ensure stability and consistency for the participants, because consistency is important to establishing and maintaining recovery. The team also keeps vigilant track of incentives, sanctions and communication with participants, ensuring that case files contain all necessary documentation to support participant and core team accountability.

HALLENGE WALL

Case Managers strive to maximize faceto-face contact with participants as a means to establish trust and ensure that resource needs are identified and met as soon as possible. Participants are also encouraged to engage with to outside sources if needed for further evaluation, assessments and treatment.

"Nobody Walks Alone" Recovery Walk started in August and ran through September for National Recovery Month to raise awareness of substance use and provide funds to support individuals working towards recovery. This event will be held annually.



Summiting New Peaks

Coos County's 45 North Recovery Group, which includes NCHC, was chosen for the national Reaching Rural initiative to address substance use in Colebrook through collaboration and resource development.

> NCHC provided statewide education and technical assistance in the passing of Senate Bill 403 that allows for voluntary CHW certification in NH opening the door to development of sustainable funding for this workforce.



NCHC was awarded a competitive grant from University of Vermont to customize a Naloxone (Narcan) vending machine that is located outside the entrance to 262 Cottage Street in Littleton. The vending machine dispenses free Naloxone and can be accessed 24/7.

The Recovery Friendly Workplace (RFW) initiative saw significant growth, with 31 businesses in the North Country now designated as Recovery Friendly Workplaces, representing over 2,200 employees. This program encourages workplaces to support individuals in recovery, reduce stigma, and foster a supportive work environment.

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Grafton County Drug Treatment Court supports recovery by providing treatment and accountability as an alternative to incarceration. 8 participants successfully graduated this year. NCHC continued its role as an advocate for rural health equity. The PHN co-facilitated a two-month series titled, Rural Health Equity ECHO: Tackling the Social Drivers of Health (SDOH), the NNH AHEC held another successful North Country Weekend for Rural Health Equity Scholars and faculty from the Geisel School of Medicine and Franklin Pierce University.



As part of the region's preparedness activities, the PHEP coordinator participated in various food insecurity initiatives, focusing particularly on vulnerable populations such as children.



The Partnership for Success Grant was awarded in August. With this support, NCHC will be developing the North Country Community of Prevention practices to Educate and reduce Stigma (NC COPES). This youthfocused initiative will work to reduce stigma and provide education, with a special focus on rural and LGBTQ+ subpopulations.

The UP Conference educated 200+ students on substance dangers and mental health, empowering them to lead, make decisions, and impact their communities positively.

Mental Health and Substance Use

Community Engagement & Public Education was prioritized. NCHC participated in a variety of public events, including the **Summit Salute at Mt. Washington for 140 veterans**, several high school career fairs, the Littleton region's Kamik 5K, and **co-hosting with UCVH the author Sam Quinones addressing the opioid epidemic and the importance of community-based solutions**. A media campaign included **appearances on WMUR and NHPR**, raising awareness of

substance use and recovery services available in the region. Families were educated about substance use and safe disposal of prescriptions through the "Dealer at Your Door"
 program; the distribution of the NCHC Family Reunification Guide; and over 800 Safe Sex kits were shared with individuals in the region to help prevent spread of infectious disease, and unwanted pregnancy.

Naloxone administration training was provided to the entire Woodsville
 High School student body of 200 students through the DFC program.
 Additionally, vaping prevention presentations were delivered to hundreds of
 middle and high school students throughout the North Country.

Collaboration with community stakeholders was a priority, with initiatives like the **Berlin Coalition** building effort drawing significant participation from local leaders. The **North Country Recovers Together (NCRT) group added an Opioid Taskforce** and **developed an Annulment clinic program in partnership with 603Legal aid**, to assist with housing opportunities for previously incarcerated individuals.

Naloxone Access & Harm Reduction was a key focus this year increasing community access to life-saving resources. In addition to the Naloxone Vending Machine being installed, **"SaveOneLife" kits were distributed at multiple locations across the region equaling a distribution of 1,130 doses** and **15 Naloxboxes were placed** in schools and other locations **across the region**. The distribution efforts were well-publicized and received strong community support.

Mental Health and Substance Use

School Social and Emotional Learning (SEL) Coordinator (funded by Opioid Abatement Funds) shared end of the year goals met:
school staff trained as SEL Coordinators
schools now using age-appropriate SEL curriculum
Social Emotional Learning Certification Series scheduled July 12-25, 8:00-9:30 AM each day.
\$225 students in Berlin doing daily Class Catalyst check in with their teachers
Gratitude Journals presented to all classes using Class Catalyst A major focus of the year was enhancing the workforce's capacity to address SUD and mental health needs. NCHC partnered with the University of New Hampshire and other organizations to offer **Peer Workforce and Conscious Discipline training** for early educators, and ongoing **SEL Certification for school staff**. In partnership with NAMI NH, the **40 hour Crisis Intervention Training (CIT)** was provided to law enforcement, first responders and peer recovery staff in Colebrook, **Stigma reduction training** was presented to 55 Giesel School of Medicine students; **2 full Certified Recovery Support Workers (CRSW) 5 part training series** were provided to increase the region's Peer workforce; and the "**Ask Me Anything Campaign**" **and training** was kicked off at UCVH with staff training on and a toolkit to support the broad needs of patients.

The Drug-Free Communities (DFC) Program works exclusively with the residents and population located in the Haverhill and Woodsville, NH area. The initiatives of the group are facilitated through the work of the Haverhill Area Substance Misuse Prevention Coalition (HASMPC), a group of diverse concerned citizens living and working in the community and who are dedicated to helping prevent substance misuse among young people and their families.



This year some initiatives of the HASMPC included: **sending middle school students to the Leaders in Prevention conference**, helping to **support administration of the Youth Risk Behavior Survey**, **supported the Haverhill Recreation Teen Nights**, as well as working with the local high school Student Assistance Professional to teach a **semester long Youth Leadership Exploration Course**.

Mental Health and Substance Use

The Coos County Juvenile Court Diversion Restorative Justice Program, accredited by the New Hampshire Judicial Branch Family Division, became an NCHC-administered program in August. This initiative aims to **support first-time, minor offenders in making amends to their communities and developing into positive community members**—while avoiding the formal judicial system and its potential long-term impacts.

PETRA Direct brought **age-appropriate trainings to students across multiple age groups in North Country schools** including Cyber Bullying and Internet Safety, Puberty/Sex Education, Mental Health, and Substance Misuse.



Ongoing CHW training efforts included **monthly** CHWsLEARN events, focused on vital topics like the digital divide and chronic disease self-management. In April, a comprehensive overhaul of CHW training materials was completed to align with the new "Foundations for Community Health Workers" manual. Additionally, a CHW Supervisor Training was introduced to support statewide leadership development for the CHW workforce. CHW Integration training sessions with national trainers also helped strengthen CHW service delivery across the state.

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Social Drivers of Health

Addressing food insecurity remained a key focus for NCHC in the last year. The Mobile Food Pantry continued its outreach with support from the Medical Reserve Corps (MRC), and NCHC **played an active role in the North Country Food** & Agricultural Council Steering Committee, working on hunger resiliency initiatives across the region.

The **CHWs-NH Statewide Conference** was held in April and saw increased participation and engagement, setting a strong foundation for future CHW workforce development.

The Northern NH Mobile Clinic Program was re-launched this year, providing a critical service in reducing SDOH barriers to healthcare access, particularly in remote areas. The program, after undergoing a fiscal and governance transfer, partnered with several organizations, including Cottage Hospital/Rowe Health Center, to **expand deployments**. Further opportunities are being explored to provide primary and optometric care through community outreach clinics, and the team is identifying new partnerships for future deployments.

This year, the **DTC team has focused on improving program alignment with national gold standard practices** by working to meet participants' needs as they relate to social drivers of health. DTC has been working collaboratively with DHHS to ensure that each participant who is eligible gets enrolled in health coverage plans, including Medicaid and Medicare. They partnered with local organizations to provide participants with access to basic hygiene, food, and school necessities, and strengthened DTC connections with the Community Housing Program (CHP) to utilize housing funds for participants who may need a little extra assistance when they first enter the program.

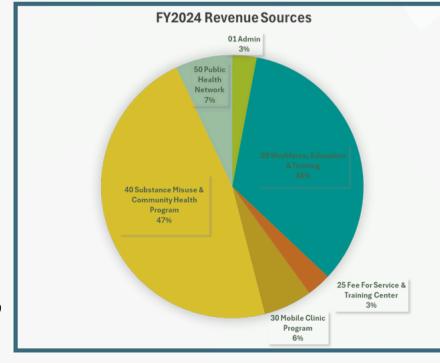


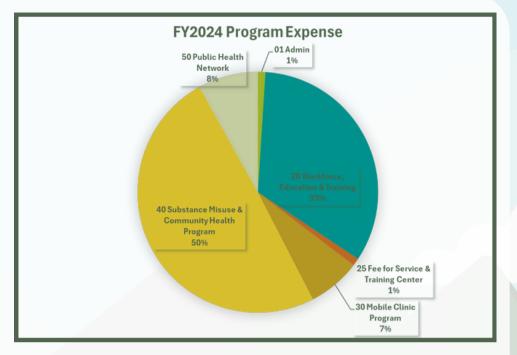
Finances

FY2024 Program Expense

01 Admin	1%
20 Workforce, Education, and Training	33%
25 Fee for Service and Training Center	1%
30 Mobile Clinic Program	7%
40 Substance Misuse and Community Health Program	49%
50 Public Health Network	8%







FY2024 Revenue Sources

01 Admin	3%
20 Workforce, Education, and Training	34%
25 Fee for Service and Training Center	3%
30 Mobile Clinic Program	6%
40 Substance Misuse and Community Health Program	47%
50 Public Health Network	7%

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- Integrated Delivery Network Region #7
- · JSI Research & Training Institute
- \cdot Mary Hitchcock Memorial Hospital/Dartmouth Hitchcock
- · NAMI New Hampshire
- Neil and Louise Tillotson, New Hampshire Charitable Foundation
- \cdot New Hampshire Bureau of Drug & Alcohol Services
- \cdot New Hampshire Department of Health & Human Services
- \cdot New Hampshire Healthy Families
- · New Hampshire Judicial Branch
- New Hampshire Medical Society Bowler-Bartlett Foundation
- \cdot Recovery Friendly Workplace of New Hampshire
- Southern New Hampshire Area Health Education Center/Lamprey Health
- \cdot State of NH General Funds/Opioid Abatement Trust Fund
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- University of New Hampshire College of Health & Human Services
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