

Northern Strafford County Public Health Improvement Plan

Foreword

The Northern Strafford County Health and Safety Council is pleased to present the Northern Strafford County Public Health Improvement Plan.

This document will serve as a guide over the next 24 months to aid the Northern Strafford County Health and Safety Council and community partners in strengthening the local public health system. It is the first of many initiatives we will undertake to:

- Improve communication and collaboration among public health partners.
- Educate the community about on going public health activities.
- Strengthen the network of organizations, municipalities and businesses providing public health services.
- Address public health system capacity.
- Provide a benchmark for public health improvement.

The plan is a result of 680 hours of participation and input from a cross section of area organizations. Twenty six organizations representing business, non profits, providers, funders, municipalities, and state government contributed to the document. We would like to thank the following for their valuable participation:

American Red Cross-Greatbay Chapter
Avis Goodwin Community Health Center
Behavioral Health and Developmental Services
City of Rochester Fire Department
Cocheco Valley Humane Society
Community Partners
Department of Health and Human Services
Dover Adult Learning Center
Frisbie Memorial Hospital
New Hampshire Catholic Charities
New Hampshire Department of Safety
New Hampshire Institute for Health Policy & Practice
Rochester School Administrative Unit
Safe Place, Inc.
Service Link of Strafford County
Sexual Assault Support Services
Strafford County Community Action
Strafford County Head Start
Town of Farmington
Town of Middleton
Town of Milton
Town of New Durham
Town of Strafford
United Way of the Greater Seacoast
Victims, Inc.
Your VNA and Hospice

We look forward to working with you over the next 24 months and improving the health and well being of Northern Strafford County residents.

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Introduction

The Northern Strafford County Health and Safety Council (NSCHSC) is a grassroots, community wide effort to strengthen the informal and formal public health infrastructure in Northern Strafford County, New Hampshire. Formed in July 2003, NSCHSC serves approximately 46,370¹ people in the 230 square mile jurisdiction and is governed by nine representatives from the towns of Farmington, Middleton, Milton New Durham, Rochester and Strafford, Frisbie Memorial Hospital and Strafford Network. Funding for this initiative is made possible by a grant from the New Hampshire Department of Health and Human Services, Office of Community and Public Health.

One of the major initiatives of the past year was the completion of the National Health Assessment and Performance. This initiative examined the area's public health infrastructure and possible ways to improve public health delivery. We worked closely with community partners, municipal leaders, private businesses and non-profits to assess area capacity, identify health issues and assess regional resources. The following report presents the assessment results and next steps in public health improvement.

Identifying Priority Needs

During the winter of 2004, the NSCHSC hosted a series of forums to conduct the National Public Health Performance Standards assessment developed by the Centers for Disease Control and Prevention (CDC)². Sixty-four organizations and municipalities (107 people total) were invited to six workgroups to assess the local public health infrastructure via the CDC assessment tool. The sessions were attended by 27 organizations (42%) (46 different participants (40%)) bringing multiple perspectives to the table.

The results of the assessment were submitted to the CDC and the analysis was returned in mid April 2004. NSCHSC again sought out workgroup participants to review and rank the assessment results. Feedback was sought to rank the "pressing" area health issues (Physical Activity/Obesity, Diabetes, Cardiovascular Disease, Asthma, and Cancer). To ensure that all perspectives were included in the feedback process, additional effort was made to contact individuals and communities who were not able to attend the workgroup sessions. Results from the feedback were presented to the governing council in July 2004 who voted on the priorities issues outlined in the next section.

Priorities for Health Improvement

Infrastructure capacity, community education and increased cooperation among partnering communities and organizations was a driving force in the selection of the priorities for health improvement. The following goals and objectives were chosen by the council based on work group feedback, available resources, and existing need.

Goal 1: Increase the involvement and enforcement of public health laws, regulations and ordinances at the local level (Essential Service 6, Indicator 6.2)

Objective: Develop Local Emergency Operations Plans for all cities and towns in NSCHSC Service Area to meet federal and state recommendations with emergency support function annexes.

¹ New Hampshire State Office of Planning, 2001 State Census, website

² Website <http://www.phppo.cdc.gov/nphpsp/>

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Goal 2: Increase the NSCHSC service area capacity to diagnose and investigate health problem and hazards (Essential Service 2, Indicator 2.1)

Objective: Develop Emergency Support Function #8: Health and Medical protocols into all NSCHSC service area Local Emergency Operations Plans.

The events of September 11th and the increased threat of weapons of mass destruction such as small pox brought home the need for increased planning, training and cooperation among the municipalities, health providers and community organizations. While we recognize an event of such magnitude was less likely to affect the Northern Strafford County region, Rochester and surrounding communities are evacuation points for Florida Power and Light, Seabrook, NH; a threat made real after September 11th. In addition, the communities are not immune to public health emergencies such as the Hepatitis outbreak in Derry, NH during spring 2004 or the flu outbreak in winter 2004. The NSCHSC weighed the input from the work groups, the ranking from the CDC assessment, the intent of the grant from the NH Department of Health and Human Services, and the potential impact increased public health planning would have on improving emergency response during a public health emergency in choosing Goal 1 and 2.

Goal 3: Develop policies and plans to increase public health presence at the local governmental level (Essential Service 5, Indicator 5.1)

Objective: Develop Regional Health Officer model where position acts as deputy to local health officers and boards of health in technical assistance capacity.

Goal 3 will explore a shared Regional Health Officer to enhance the capacity of current Health Officers for education, policy development, enforcement, resource sharing and training. Diminishing resources and increased demand have made the role of health officer in our municipalities a challenge. Currently the only local public health presence are individual health officers who work full time in other capacities within the municipality or volunteer as the health officer while maintaining full time outside work. The desire to fulfill the duties of health officer exists but time, training, money or ability to find qualified persons prohibits the Health Officer and municipalities from conducting more than basic inspections or responding to health emergencies. The NSCHSC chose Goal 3 based on participant feedback and to build upon existing state RSA and local ordinances to strengthen the local governmental public health structure.

Goal 4: Mobilize community partnerships to increase area capacity to respond to public health emergencies and disasters (Essential Service 4, Indicator 4.1)

Objectives: Incorporate community partners in development of LEOP.
Obtain partnership agreements for inclusion in regional emergency guide.
Coordinate with Community Benefits groups.

Without a formal public health infrastructure in the service area, public health delivery, education and enforcement during emergencies falls to a variety of organizations, municipalities and individuals. Building from Goals 1 and 2, Goal 4 has the potential to impact public health by strengthening existing community partnerships and linking partners to increase our area's public health capacity in emergencies. The NSCHSC wants all available resources engaged and active in planning for local events. Goal 4 is a step in bringing together traditional and non traditional partners in capacity development.

Goal 5: Increase community education on public health issues, possible natural/man made emergencies and disasters (Essential Service 3, Indicator 3.1)

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- Objectives:* Develop regional emergency preparedness guide of local, state, regional and federal resources
 Develop with Strafford County Community Action Program and Southern Strafford County Health Coalition a Service Directory for Stafford County
 Coordinate education campaign on health issue for service area
 Develop web based tool of public health directory and existing public health initiatives.
 Participate in strategic activities to promote PHN, mission, and increase public health capacity.

The absence of a formal public health department has created several coalitions and partnerships in the Northern Strafford County area to address gaps in service, education, etc. Through the CDC assessment and participant feedback, there exists a need to expand existing public health resources (Strafford County Community Action Program Services Guide) and create new ones (Regional Emergency Resource Guide and web tool). Goal 5 addresses the need for expansion and creation where there does not currently exist a formal organization or coalition thus reducing the duplication of services in the area. The Council agreed the residents can best be served by working with community partners on the expansion or creation of programs to meet emerging needs/threats.

Goal 6: Develop a shared understanding of NSCHSC expectations, roles, and goals for public health development in the partnering communities.

- Objectives:* Define roles and responsibilities of partner communities
 Define goals for local government public health entity based on 10 Essential Services

As a new entity, members of the NSCHSC will evaluate the role of the public health network in the community, the benefits/weaknesses, and the potential to strengthen the public health capacity in the service area. Part of the process will include an evaluation of the council, their roles and expectations in the development of the public health network.

Results of Community Assessment

Planning, education and system capacity were top concerns to participants as the assessment results demonstrate. NSCHSC members concurred but strongly agreed there needed to be a firm planning and system building emphasis before education could occur. The table below outlines the assessment and work group feedback results. “Rank” was determined by the participants. The CDC score is represented in the “Assessment Results” with the “Overall score out of 100”. The “Priority Action” represents the activity most important to the participants to strengthen local public health capacity. A full CDC report may be obtained by calling NSCHSC at (603) 335-0168 or visiting our website at www.nschsc.org.

Rank	Essential Service	Priority Action	Assessment Results
1	#3 Inform, Educate and Empower	Indicator 3.1 Health Education	SESSION SUMMARY: This session examined how health issues are marketed in the community, its accessibility, and coordination among providers on health education programs. Overall score out of 100: 42.08

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			Additional Indicators: SECOND Indicator 3.2 Health Promotion Activities to Facilitate Healthy Living in Health Communities
2	#2 Diagnose and Investigate Health Problems and Hazards	Indicator 2.1 Identification and Surveillance of Health Threats	SESSION SUMMARY: This session addressed how we identified emerging health threats; area laboratory capability; and technical capacity for disease outbreak investigation. Overall score out of 100: 51.50 Additional Indicators: SECOND Indicator 2.3 Investigate and Respond to Public Health Emergencies THIRD Indicator 2.2 Plan for Public Health Emergencies FOURTH Indicator 2.4 Laboratory Support for Investigation of Health Threats
5	#5 Develop Policies and Plans	Indicator 5.1 Governmental Presence at the Local Level Indicator 5.2 Public Health Policy Development	Session Summary: This session examined current policy regarding prevention and treatment services; and the development of codes, regulations and legislation to guide the practice of public health. Overall score out of 100: 16.67 Additional Indicators: SECOND Indicator 5.3 Community Health Improvement Process THIRD Indicator 5.4 Strategic Planning and Alignment with the Community Health Improvement Process
7	#4 Mobilize Communities Partnerships	Indicator 4.1 Constituency Development	SESSION SUMMARY: this session involves convening and facilitating community groups and associations, including those not typically considered to be health-related to draw upon the full range of potential human and material resources in the cause of community health. Overall score out of 100: 28.89 Additional Indicators: SECOND Indicator 4.2 Community Partnerships
10	#6 Enforce Laws and Regulations	Indicator 6.2 Involvement in the Improvement of Laws,	SESSION SUMMARY: This session addressed the effectiveness of laws and regulations related to public health and possible areas where additional policies could be implemented.

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		Regulations, and Ordinances	Overall score out of 100: 70.46 Additional Indicators: SECOND Indicator 6.1 Review and Evaluate Laws, Regulations, and Ordinances AND Indicator 6.3 Enforce Laws, Regulations, and Ordinances
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Work Plan

A work plan containing goals, objectives, action steps, responsible person/organization, timeframe, measures of performance and comments is attached. Updates of the work plan may be obtained by calling NSCHSC at (603) 335-0168 or visiting our website at www.nschsc.org.