



southern  
new hampshire  
health

**Southern New Hampshire Health  
2015 Community Health  
Needs Assessment and Implementation Strategy**

## **Introduction**

Southern New Hampshire Health System's (SNHHS) mission is to improve, maintain, and preserve the overall health and well-being of individuals living in the greater Nashua area by providing information, education, and access to exceptional health and medical care services. In order to better serve our community, we collaborated with the City of Nashua and other area health partners to conduct this Community Health Needs Assessment ("CHNA"). Many of the references in this report are from the 2014 *Working Together to Build a Healthier Greater Nashua: Community Health Assessment* ("the Assessment") published October, 2014 by the City of Nashua Department of Public Health. Southern New Hampshire Health System leaders worked together to develop the implementation strategy included in this report to best address the needs of the community based on the results of the Assessment.

This is our second published CHNA. The first was published in 2012 and has been available to the public on the Southern New Hampshire Health System website. To date, we have not received any comments regarding our 2012 CHNA.

## **Community Served**

Southern New Hampshire Health System's community is defined by our service area which consists of nineteen New Hampshire and four Massachusetts towns. The service area is divided into a Primary Service Area (PSA) of thirteen New Hampshire towns (Amherst, Brookline, Hollis, Hudson, Litchfield, Lyndeborough, Mason, Merrimack, Milford, Mont Vernon, Nashua, Pelham and Wilton), a Secondary Service Area (SSA) of seven New Hampshire towns (Derry, Greenville, Londonderry, New Boston, New Ipswich, Salem and Windham) and a Massachusetts Service Area (MSA) of four neighboring Massachusetts towns (Dunstable, Pepperell, Townsend and Tyngsboro). SNHHS's PSA and SSA include all towns designated as part of the greater Nashua region by the New Hampshire Office of State Planning, the New Hampshire Department of Health and Human Services, and the Nashua Regional Planning Commission. The MSA towns were designated because of patient volume from those towns to Southern New Hampshire Medical Center.

The Assessment refers to the Greater Nashua Public Health Region which includes Amherst, Brookline, Hollis, Hudson, Litchfield, Lyndeborough, Mason, Merrimack, Milford, Mont Vernon, Nashua, Pelham, and Wilton, towns that are included in SNHHS's PSA and reflect the communities that make up the PSA, SSA and MSA.

## **Assessment Process**

The primary source of our CHNA is the 2014 *Working Together to Build a Healthier Greater Nashua: Community Health Assessment* which was published in October 2014. This Assessment was conducted by the City of Nashua Department of Public Health. The process through which this Assessment was conducted included ten focus groups with a total of 104 participants. The focus groups were comprised of a broad and diverse cross-section of the community and included residents, key leaders, and healthcare providers. Other resources used in the preparation of the Assessment include Emergency Department and Inpatient Hospitalizations Database, New Hampshire Behavioral Risk Factor Surveillance System, New Hampshire Youth Risk Behavioral System, New Hampshire Environmental Public Health Tracking Program/Environmental Health Data Integration Network, NH Trauma and Emergency Medical Services Information Systems, data from the U.S. Census Bureau, and additional secondary data sources listed on page I-8 in the Introduction section of the assessment. The City of Nashua Department of Public Health's Community Health Assessment Committee, lead by the department's epidemiologist, recruited medical, collegiate, and social service organizations to form an Advisory Board. The Advisory Board was comprised of 24 individuals from 22 area organizations that reviewed the collected data, were advocates for the process, identified resources, and helped disseminate the final report. Focus group and Data Collection subcommittees were also developed to assist with planning. This process is described in the introduction on p I-2 of the assessment. A list of the Community Health Assessment Advisory Board, Focus Group, and Data Collection Subcommittees members and their organizational affiliations is listed in the Acknowledgments. In addition to the needs identified in the assessment, SNHHS added "Abuse and Neglect" as an unmet need selected by a notable increase in the number of reported events experienced at SNHHS.

## **Community Partners**

The Assessment was published by the City of Nashua Division of Public Health and Community Services. The lead program coordinator of the Assessment was Ashley Conley, epidemiologist from the Nashua Department of Public Health. The Nashua Department of Public Health contracted with Community Health Institute, the NH office of JSI Research and Training Institute, Inc, to assist with and facilitate 10 Focus Groups comprised of 104 participants, including residents of the Greater Nashua Public Health Region, area key leaders and health professionals. The diverse cross-

section of community participants were recruited through flyers and newspaper solicitations. The professionals were identified by the advisory group and personally invited. More information on the focus groups can be found in the Greater Nashua Community Health Assessment Focus Group Summary Report.

## **Community Health Needs**

During the process of developing the Assessment, Nashua residents, medical providers and key leaders in the community participated in focus groups assigned with the task of evaluating the health of the community and ranking and prioritizing identified needs. The focus groups collaboratively identified the top three health issues as mental health/substance misuse, access to and coordination of health care, and opportunities for healthy living/obesity. Additional areas identified as community health needs with corresponding pages in which they are referred to in the Assessment are listed below:

- A. Mental Health/Substance Misuse (pp. 2-14, 8 to 8-16)
- B. Access to and Coordination of Health Care (pp. 2-3 to 2-5)
- C. Opportunities for Healthy Living/Obesity (pp. 6 to 6-13)
- D. Other Areas (Listed in no particular order.)
  - (1 ) Transportation (pp. 10-5 to 10-7)
  - (2 ) Oral Health (pp. 2-9 to 2-13)
  - (3 ) Asthma (p 5-11)
  - (4 ) Cancer and Cancer Screenings (pp. 4 to 4-10)
  - (5 ) Diabetes (pp. 5-9 to 5-11)
  - (6 ) Emergency Preparedness (pp. 10 to 10-12)
  - (7 ) Heart Disease and Stroke ( pp. 5-2 to 5-4 & 5-7 to 5-8)
  - (8 ) Immunizations (pp. 7-11 to 7-12)
  - (9 ) Infectious Disease (pp. 7 – 7-17)
  - (10) Injury (pp 9-8 to 9-9.)
  - (11) Maternal Child Health (pp. 3 to 3-22)
  - (12) Lead Poisoning (p. 3-15)
  - (13) Occupational Health (pp. 11 to 11-6)
  - (14) Poisonings (pp. 9-10 to 9-11)
  - (15) Tobacco (pp. 8-11 to 8-14)
  - (16) Violence (pp 9-1 to 9-7)
  - (17) Abuse and Neglect

## **Area Resources Available to Address Community Health Needs**

A detailed description of existing health care facilities and other resources within the greater Nashua community can be found in Appendix 2 of the Assessment. These include Southern New Hampshire Health System, Lamprey Health Center, St. Joseph Healthcare, Greater Nashua Mental Health Center, Dartmouth-Hitchcock Nashua, Harbor Homes, Inc., Greater Nashua Dental Connection, as well as other independent providers, service providers, home care agencies, long-term care providers, end-of-life care providers, senior centers and pharmacies.

## **Implementation Strategy**

Southern New Hampshire Health System has developed its implementation plan to address the health care needs of the city of Nashua and its surrounding communities. This implementation strategy can be found in Exhibit 1 of this CHNA.

The contents of this CHNA will be posted on the SNHHS web site and are available upon request. The CHNA will also be submitted as part of the Southern NH Medical Center 990 tax return.

Exhibit 1: See graph on following page

**Southern New Hampshire Health System (SNHHS)**  
**Including Southern NH Medical Center (SNHMC) and Foundation Medical Partners (FMP)**  
**Community Needs Implementation Strategy Grid**

Priority	Need	Description	Mission Driven	Ability to Impact	Actions/Programs to Address Health Need	Resources Committed to Address Health Need	Anticipated Impact of Actions	Evaluation of Actions taken since last CHNA
I	<b>Mental Health/Substance Misuse</b>	On average Nashua adults had 3.5 mentally unhealthy days each month; from 2008 - 2013 there were 124 suicides in the GNPHR. Suicide rate was 11.2 per 100,000 and the HP2020 goal is 10.2 per 100,000. In 2013 there were 473 arrests for drugs in Nashua compared to 340 in 2009. In 2012 there were 106 ED visits related to heroin and in 2013 there were 224 visits	Direct	High	<p>Inpatient Behavioral Health Unit (BHU)</p> <p>Outpatient Partial Hospitalization Program (PHP) available 7 days per week</p> <p>*New* Intensive Outpatient Substance Abuse Program (IOP)</p> <p>Acute Community Crisis Evaluation Service System (ACCESS) available 24/7 to assist in assessment and triage</p> <p>Psychiatrists assist with assessment &amp; treatment of patients that are inappropriate for voluntary unit</p> <p>Collaborative discussion with Granite Health Network (GHN) partners regarding protocol screening &amp; diagnosis of clinical depression</p> <p>Various Community Lectures &amp; Health Fairs</p>	<p>Increasing BHU staffed beds from 12 to 18. Adding elective detox program for substance misuse. Adding 7.1 FTEs to BHU, PHP and IOP. Adding Behavior Health Administrator position. Adding 8.2 FTE's to bring ACCESS program in-house. Our Community Education Department performs various education programs, lectures, and health fairs based on the needs assessment as well as the various clinical service areas offered by SNHHS. Ongoing public discussions as exemplified by the panel discussion with US Senator Kelly Ayotte to raise awareness of the growing heroin problem.</p>	<p>20% Increase in BHU Patient Days</p> <p>1,800 visits annually</p> <p>900 visits annually</p> <p>2,500 visits annually</p> <p>Fund 3.25 FTE Psychiatrists</p> <p>Education &amp; Awareness</p>	BHU, PHP and Access programs are effective and have grown 6%-7.5% over the last two years. We continue to expand services available and hold community forums and events.
I	<b>Access to and Coordination of Healthcare</b>	In Nashua 10.8% do not have health insurance. There were 2,316 enrollees into the Healthcare Marketplace in 2013, There is difficulty accessing providers, especially specialists (i.e. mental health, psychiatrists), Coordination of care between providers for follow-up of patients with chronic conditions can be challenging, Cost of care can be high, Lack of public transportation from the regional towns into Nashua, The aging population have challenges with housing, medication, health literacy, navigating the health system & insurance	Direct	High	<p>Immediate Care programs in South Nashua, Merrimack, Hudson, Pelham, Pepperell, Amherst enhance access to timely care</p> <p>Commitment to Coordinated Care</p> <p>Staff available on site to help with Medicaid &amp; Expanded Medicaid Applications; Participation in Exchange programs; Prescription Assistance Program</p> <p>Partnership with Massachusetts General Hospital (MGH) provides local access to over 35 Boston area specialists</p> <p>Interpreter Services Program</p> <p>OB/GYN residency program expands access to Women's Health in collaboration with Lamprey</p>	<p>Opening of Pepperell, MA and Amherst, NH Immediate care locations in 2015 and 2016. Overall 77.7 FTE's are committed to Immediate Care sites.</p> <p>All physician practices are NCQA Certified Patient Centered Medical Homes; Participating in Medicare ACO</p> <p>2 FTE's Committed to Medicaid &amp; Expanded Medicaid Applications. Fund \$140,000 to third party agency to assist with applications for Medicaid, prescription assistance, and financial assistance.</p> <p>Funding of Professional Services Agreement with MGH</p> <p>SNHHS invests \$500,000 in our Interpreter Services Program to assist patients with their care.</p> <p>SNHHS Funds 3.25 OB Resident FTEs</p>	<p>5 - 10% Increase in Immediate Care Visits</p> <p>Lower Cost of Care</p> <p>Self-Pay drops to &lt;3.5% of revenue</p>	<p>Immediate Care visits have grown 24% over last 3 years and we continue to expand. SNHHS successfully assisted uninsured patients with obtaining Medicaid and financial assistance resulting in lower % of Self Pay patients.</p>
I	<b>Opportunities for Healthy Living/Obesity</b>	In the GNPHR, 37% of moms were overweight or obese before their pregnancy. In Nashua, 17.4% of children ages 6-11 years are obese compared to 18.1% of children in NH. The HP2020 Goal = 15.7% and the SHIP 2020 Goal = 16.2%. About 12% of high school students in Nashua are obese. About 80% of adults still do not meet the guidelines for both aerobic and muscle-strengthening activities.	Direct	Moderate	<p>Fund Granite State Fit Kids; Nutrition Education; Various Exercise Classes; All Pediatric Practices record weight; SNHMC protocol in ED to record weight on all patients &lt; 18 y.o.; Fitness 4 Everybody; Health class taught at YMCA; Personal Training; Prescribe the "Y" (YMCA) participation; MGH Pediatric Obesity Project; Primary Care providing more Community Based Programs</p>	<p>Fund Clinical Nutrition Department at cost of \$485,000. Granite State Fit Kids \$5,000 Annual Funding. Commitment to team based management with respect to wellness.</p>	<p>Increased education, reporting, and awareness to promote healthy living and address the issue of obesity.</p>	<p>Funded various programs like Fitness "U" &amp; Granite State Fit Kids. Held various community classes. Care Management protocols followed.</p>

Priority	Need	Description	Mission Driven	Ability to Impact	Actions/Programs to Address Health Need	Resources Committed to Address Health Need	Anticipated Impact of Actions	Evaluation of Actions taken since last CHNA
II	<b>Transportation</b>	In the GNPHR some census tracts have between 23% and 37% of households without a vehicle	Indirect	Low	Partnership with American Cancer Society to provide transportation to cancer treatments; Work with Nashua Public Transit to provide information on public transportation to patients; Social Workers created resource pool to help get patients to appointments	Spend approximately \$20,000 annually for taxi service to and from our locations.	Assist Patients get to appointments and receive the healthcare they need.	\$20,000 spent annually for taxi service to and from our locations.
II	<b>Oral Health</b>	In the GNPHR, 35% of adults over 65 have lost at least 6 teeth and 37% of Nashua adults have lost more than 6 teeth. Of adults over 65 in NH, 12% needed urgent care, 43% had untreated decay and 20% had an oral cancer screening.	Indirect	Low	Our Emergency Department (ED) works with the Dental Connection to streamline referrals to their clinic. Some patients that present to our ED with toothaches and infections are referred to their dentist's office. We are exploring collaboration to bring dental clinics to communities through GHN participation.	SNHHS has committed \$10K to the Dental Connection, a community organization that offers low cost dental care to low income Nashua area residents	Assist Patients with getting their dental care in the correct care setting.	Recently Added
II	<b>Asthma</b>	8% of adults and 9% of children nationally have asthma. In Nashua 10% of children and 7% of adults have asthma. From 2001 to 2010 there was a statistically significant increase among NH adults.	Direct	Moderate	Outpatient practices maintain access for same day appointments; Through medical intelligence software, evidence based protocol and decision support to assess and identify disease severity; Evidence based protocol for patients admitted with asthma; Pediatric asthma protocol for admitted patients, with tracking and trending national best practices for children's asthma care (CAC); State of the art and accredited Pulmonary Rehab program educates patients about early symptom recognition and mitigation strategies; Asthma action plan for every adult & child; Participation in National Heart, Lung, Blood Institute Studies; Working in concert with GHN on identifying at risk patients and targeted interventions throughout the spectrum/continuum of care; Asthma Education for children at Nashua Library; Lung screening at Oracle health fair	Investment of time and funding for Actions/Programs described	Asthma patients will be educated and cared for in the correct environment and in a timely manner.	Followed evidence based protocol and decision support to assess and identify disease severity and evidence based protocol for patients admitted with COPD
II	<b>Cancer and Cancer Screening</b>	Leading cause of death in Nashua, GNPHR and NH. HP2020 goal is to reduce cancer mortality to 161 per 100,000. In Nashua it is 153.9 per 100,000 and in the GNPHR it is 168.7 per 100,000.	Direct	High	Transitioned Oncology to MGH bringing their Oncology Specialists locally; Started multi-disciplinary clinics for breast cancer; Added and expanded genetic counseling services; Integrated palliative and behavioral health care into oncology program; Enhanced specialized cancer care surgical services; Participation in national database for benchmarking; Lung Cancer Screening Center designation by ACR; Adding low-dose CT screening program to identify lung cancer; Participation in clinical trials; Skin Cancer Screenings	Investment in Professional Services Agreement with MGH for Oncology, genetic counseling, palliative care, specialized cancer care surgical services. Investment in the Tumor Registry. Provide Skin Cancer Screenings	Enhanced specialized cancer care from MGH programs. Increased awareness and care from screenings.	MGH Oncology was brought to SNHHS. In 2014, six education courses included skin cancer, GYN cancer, lung cancer, palliative care, breast cancer, and prostate cancer.
II	<b>Diabetes</b>	In Nashua, 9.9% have diabetes and 9.5% in the GNPHR have diabetes. Hospitalization rate due to diabetes in Nashua is significantly higher than in the GNPHR or NH. 8% of Nashua residents have pre-diabetes compared to 7% in NH. 48% of Nashua diabetics took a diabetes self-management course compared to 56% in NH.	Direct	High	Coordination of care with Specialties to reduce diabetic complications; Multiple evidence based inpatient protocols for diabetes care, including education on diet, exercise and medication management as well as cues for outpatient follow-up nutrition counseling; Evidence based protocol with decision support in EMR with cues for best practices and tracking of compliance. Developing mechanisms to Identify high risk patients through medical intelligence software and to target these patients for evidence based interventions; Working with Community to develop motivational intervention and exercised based programs	Investment of time and funding for Actions/Programs described; SNHHS added .5 MD FTE to improve access. SNHHS employs a clinical educator at .75 FTE	At risk diabetes patients will be educated and cared for in the correct environment and in a timely manner.	Evidence based protocols established and followed. In 2014, three diabetes courses were held with 110 participants.

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II	<b>Emergency Preparedness</b>	Since 2011, there have been 10 events that received federal declarations. By census tract in the GNPHR, between ~3% and more than 20% of residents have a disability. From 2005 to 2009, there were 29 inpatient hospitalizations from heat related events. In 2009 there were 119 visits to the emergency department from carbon monoxide	Indirect	High	Provide for a regional structure and process to improve organizational emergency preparedness through joint planning and problem solving; Continued planning efforts with the Healthcare Emergency Response Coalition (HERC), Local Emergency Preparedness Committee and first responders. Joint presentations at the State and local levels. Use of PHEP staff for internal trainings. Coordination of medical assets and communications for the healthcare system.	Conduct a minimum of two drills annually. Commitment of time and resources of the Director of Emergency Management, and the VP of Facilities & Emergency Management. Time associated equates to 1 FTE.	Effectively prepare for, respond to and recover from emergencies that impact the region's healthcare infrastructure.	Joint exercises and training plans, cross use of evaluators, plan/exercise review and development.
II	<b>Heart Disease and Stroke</b>	In the GNPHR, 31% have high blood pressure, 2.5% have coronary heart disease and 4% have had a heart attack. According to EMS reports, there were 1,103 calls for cardiac related events in the GNPHR. From 2006 to 2010, there were 213 deaths from heart attacks in the GNPHR. 32% of GNPHR adults have hypertension compared to 31% in NH. HP2020 goal to reduce hypertension to 27% and the SHIP goal is to reduce hypertension to 22%. Death rate from stroke was 33 per 100,000 in GNPHR and 27 per 100,000 in Nashua. HP2020 goal to reduce death rate to 34 per 100,000 and SHIP goal to reduce to 28 per	Direct	High	DNV accredited Primary Stroke Center; AHA Gold+ award for "Getting with the guidelines"; Manage Hypertension based on performance based standards Cardiac and Pulmonary rehab; Support group for patients and families with heart disease; Go Red celebration; Cardiac Rehab week; Pulmonary Rehab week; Arthritis Exercise class; Exercise RX for Provider offices; PEP for pulmonary rehab; Healthy Living presentation at Senior Supper; Participation in National Measure Up Pressure Down Program	Investment of time and funding for Actions/Programs described including .33 FTE for support groups Purchased EKG transmitter for Pelham EMS in effort to improve cardiac care enabling field activation and decreasing D2B time for STEMI.	Maintain and improve targeted global measurements for Acute Myocardial Infraction (AMI), Congestive Heart Failure (CHF) and Stroke.	Established accreditation by DVA as a Primary Stroke Center. Beat targeted global measurements for AMI & CHF. In 2014, various Blood Pressure screenings and Cardiac Rehab education sessions were performed.
II	<b>Immunizations</b>	HP2020 goal to immunize 90% of children with childhood vaccines. MMR, HepB, poliovirus vaccine and varicella vaccine NH met the 90% goal but was below this goal for DTaP, pneumococcal and Hib. HP2020 goal to immunize 85% of children with HepA; NH immunized 53%.HP2020 goal to have 85% of newborns to get birth dose of HepB, NH only vaccinated 74% in 2013. HP2020 goal to immunize 80% of adolescents with the HPV and meningococcal vaccine; NH did not meet this with only 68% vaccinated with meningococcal and 40% with HPV.HP2020 goal to increase adults 65 and older vaccinated with the pneumonia vaccine to 90% and NH vaccinated 91% with the pneumococcal vaccine. In this age group, 59% got the influenza vaccine.	Direct	High	Protocols in place in inpatient environment for flu vaccination that have achieved higher than benchmark results; Achieved excellence for administration of newborn vaccinations; 100% of SNHHS staff are required to receive flu vaccine; Education sessions are provided on the benefits of immunizations	Investment of time and funding for Actions/Programs described	Maintain 100% flu vaccine compliance for SNHHS staff. Maintain vaccination results that beat benchmarks.	Established policy of 100% participation in flu vaccine. Education sessions on benefits of vaccinations provided.
II	<b>Infectious Disease</b>	Chlamydia rate 262 per 100,000 in Nashua, 232 per 100,000 in NH, Gonorrhea rate 10 per 100,000 in Nashua, 11 per 100,000 in NH. From 2009 - 2013 there were 47 probable or confirmed cases of chickenpox and 25 cases of pertussis in Nashua. 7 active cases of TB from 2009-2013. 32 cases of foodborne and waterborne disease in Nashua in 2013	Direct	Moderate	Robust infectious disease practice in place that services the needs of 4 area hospitals; All required infectious diseases and conditions to the State of NH Bureau of Communicable Disease Control; SNHMC Infection Prevention director and specialist are active participants in the Greater Nashua Infection Prevention and Control Coalition which is coordinated by the Nashua Health Department which group shares information and improves communication with local infection prevention partners	Investment of time and funding for Actions/Programs described	SNHHS to continue to provide Infection Prevention services for 4 area hospitals.	SNHHS provided Infection Prevention services for 4 area hospitals. In 2014, 441 reports were filed NH Bureau of Communicable Disease Control;

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II	<b>Injury</b>	There were 760 EMS calls in the GNPHR for falls in the elderly in 2013. From 2000 to 2013, there were 113 fall related deaths in adults over 65 in the GNPHR. In 2013 in Nashua, there were 306 individuals transported by EMS for motor vehicle accidents and an additional 424 in the GNPHR. GNPHR high schools students: 8% never wear a seatbelt while driving, 19% rode one or more times in the past month with someone that was drinking and 48% texted or emailed while driving.	Indirect	Low	Seatbelt training for newborns going home; internal falls committee; NH Falls Commission participant; patient screening process for fall risk; Participation in GHN Falls Prevention collaboration; MGH Trauma prevention ; Matter of Balance program	Investment of time and funding for Actions/Programs described	Education and Awareness on Falls Prevention.	Recently Added
II	<b>Maternal Child Health</b>	HP2020 goal to reduce caesarean sections among low-risk women to 23.9%; of all deliveries, 28% of births in Nashua were by c-section compared to 30.5% in NH and 29% in the GNPHR. Of moms enrolled in WIC in 2013, 22% of babies were being breastfed for a total of 6 months and 21% were exclusively breastfed until 3 months. The HP2020 target for breastfeeding exclusively for three months is 46%. The HP2020 goal is to increase exclusively breastfeeding to 25.5% at 6 months. Nationally, at 12 months of age 26% of babies were breastfed until 12 months of age and about 43% were breastfed to 6 months.	Direct	High	PERINATAL MEASURES: <b>Elective Delivery prior to 39 week (Rate: Q115 - 0% 2014 - 2%) C-Sec Rate for Low-Risk 1st Birth Women (Rate: Q115 - 22.3% 2014 - 19.9%) Infants Exclusively Breastfed-entire hospitalization (Rate: Q115 - 76.4% 2014 - 69.7%) Infants Exclusively Breastfed-entire hospitalization-mother's choice (Rate: Q115 - 98.2% 2014-96.1%)</b> C-sections tracked with best practices; Breast feeding program (Lactation specialists) - Rack card "The Importance of Breastfeeding" being distributed to patients prenatally through primary OB's office: Various Childbirth Education Classes Offered	Investment of time and funding for Actions/Programs described	Education & Awareness	93 Education sessions were held in 2014 in 11 areas ranging from Breastfeeding to Infant CPR. All were well attended.
II	<b>Lead Poisoning</b>	There were 74 cases of lead poisoning in kids in 2012 in NH. In Nashua in 2012, the screening rates for lead in 12-23 month olds was 60% and for 24-35 month olds was 30%.	Indirect	Low	Pediatric practices currently conduct screening and/or testing in appropriate age group; Physician practices compliant with latest lead screening recommendations	This practice is embedded into our care management protocols; Investment of time and funding for Actions/Programs described	Education & Awareness	Continuation of care management protocols
II	<b>Occupational Health</b>	In NH there were 73 work related fatalities, 236,937 emergency department visits from 2000 to 2009 where workers compensation was used and 5,691 inpatient hospitalizations. • From 2001 to 2009 there were 488 visits to a hospital for an amputated appendage. • Crude rate of emergency department visits was 2,013 per 100,000 in the GNPHR and 2,957 per 100,000 in NH.	Indirect	Low	Our rehabilitation services at 6 locations help our patients have a smooth transition from injury to recovery and back to the workplace; We offer a wide range of services including physical therapy, occupational therapy, and speech language pathology; Our rehabilitation centers provide consultations, assessments, therapy, classes and treatments to help people get back to work	We employ 39 Physical Therapists and PT Assistants, 8 Occupational Therapists, and 3 Speech Language Pathologists	Rehabilitative services for smooth transition to workplace. Education and awareness.	Recently Added
II	<b>Poisonings</b>	In the GNPHR in 2007, the age adjusted rate for poisoning related emergency department visits was 32 per 10,000 compared to 35 per 10,000 in NH and 44 per 10,000 in Nashua. There has been a steady increase in poisonings in Nashua since 2000. The highest rates are in 0-4 year olds and 15 to 19 year olds.	Indirect	Low	Our Community Medical School has run programs on drug abuse and newer drugs of use, such as synthetic marijuana and methamphetamines	Investment of time and funding for Actions/Programs described	Education & Awareness	Recently Added
II	<b>Tobacco</b>	18% of Nashua residents are current smokers, 15% in GNPHR and 17% in NH. HP2020 goal to reduce smoking to 12% and the SHIP goal to reduce smoking to 12%. In 2013 in the GNPHR, 89% of moms did not smoke during their pregnancy, 9.8% did. Of moms between 15 and 24 years of age, about 26% smoked during their pregnancy. The HP2020 goal is to increase abstinence to 98.6%.	Direct	Moderate	SNHHS Tobacco Strategy which includes • EMR identification of Tobacco status; Breathe NH one-page handout: <i>Quit Smoking: 10 Steps to Quitting</i> provided; Quit Works-NH Enrollment Form and Quick Guide to Pharmacotherapy in Tobacco Treatment given pending readiness • Providers/hospitalists, nurses, embedded care coordinators (ECC) & transitional care coordinators (TCC) encouraged to enroll patients in the Quit Works-NH program either by completing enrollment form or by calling, 1-800-QUIT-NOW Helpline. Quit Works-NH Referrals monitored. Lung Cancer Screening Program	Investment of time and funding for Actions/Programs described	Early diagnosis Lung Cancer; decrease smoking attributable deaths from Lung, Trachea and Bronchus (2011-2012 Average # smoking attributable deaths to Lung, Trachea & Bronchus: 614 annual in NH)	In 2014, EMR now tracks tobacco users, 1420 documented Smoking Cessation on Education Assessment, 15 referrals made to Quit Works-NH program, and 6 Cardiopulmonary patients were counseled for Smoking Cessation while in rehab.

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II	<b>Violence</b>	The Nashua Police Department reports that in 2013 there were 74 reported forcible sex offenses and 18 non-forcible sex offenses. According to the Trauma and EMS Information System, there were 33 EMS calls for firearms/stabbings based on assault or self-inflicted. In the GNPHR, of high school students 5.4% were injured in a physical fight and had to be treated by a doctor or nurse one or more times during the past 12 months	Indirect	Low	SNHMC has a Sexual Assault Nurse Examiner (SANE) program that works closely with Bridges; Sexual assaults managed by SANE nurses have a higher conviction rate and provide for a less traumatic evaluation; SANE RNs provide community presentations to promote better awareness on this issue; An ED doctor oversees the medical side of the SANE program and is on the Board of Bridges; We continue to have a strong Trauma affiliation with MGH with monthly grand round lectures and multidisciplinary educational case presentations of which local first responders including police have attended these presentations; Directors of Emergency Management and the ED working and training with the Nashua Police Tactical Unit, providing medical oversight	Investments in the SANE program	Increased education, reporting, and awareness to address violence.	Recently Added
II	<b>Abuse and Neglect</b>	SNHHS has experienced an increase in abuse and neglect reporting. Reports filed per State guidelines: Children/Youth/Family 178 in 2014; 180 in 2013; 129 in 2012 Adult/Elderly 62 in 2014; 27 in 2013; 39 in 2012	Indirect	Moderate	Education and training sessions on the need to report; ED Provider on Child Abuse Advocacy Board	Investment of time and funding for Actions/Programs described	Increased education, reporting, and awareness to address abuse and neglect.	Recently Added