

*Maintaining Carroll County's
Course to 2030*

COMMUNITY HEALTH IMPROVEMENT PLAN

2026-2030

CARROLL COUNTY COALITION
FOR PUBLIC HEALTH
An Initiative of Granite United Way

Table of Contents

Acknowledgements.....	3
Executive Summary.....	5
Overview	7
Demographics.....	8
CHIP Priorities for Carroll County, NH.....	11
1. Community Conditions: Social Drivers of Health (SDOH).....	11
2. Prevention & Screening: Addressing Chronic Health Conditions.....	16
3. Priority 3: Behavioral Health and Wellness	21
4. Emergency Preparedness & Community Resilience	25
Resources:.....	30

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Executive Summary

The Staff of Carroll County Coalition Public Health (C3PH), along with the Leadership Team of the Carroll County Public Health Advisory Council are proud to present the third version of the Carroll County Community Health Improvement Plan (CHIP), entitled: “Maintaining Carroll County’s Course to 2030.” The aim of this third iteration of the Carroll County CHIP is to reflect on our progress over the past five years, sustain strategies that are working, and make course corrections that meet the current needs of our community moving forward. We believe this approach will make Carroll County stronger, more resilient, and healthier by 2030.

The last version of the CHIP, “Charting Carroll County’s Course to 2025” (Carroll County Community Health Improvement Plan: 2021 – 2025), addressed the most pressing health priorities for Carroll County at that time and built upon the foundation laid by “Carroll County Promise 2020”, the county’s first five year community health improvement plan spanning 2016-2020. Between 2021 to 2025 we have worked to expand our partnerships across the county to make progress on our most pressing community health needs and build a better future for the people of Carroll County. Below were the five Health Priorities that were identified in “Charting Carroll County’s Course to 2025”:

- Access to Comprehensive Physical Health Services
- Access to Comprehensive Behavioral Health Services
- Healthy Aging
- Healthy and Thriving Early Childhood Experiences
- Public Health Emergency Preparedness Across the Lifespan

Thanks to the committed effort of our partners in Carroll County, we have made significant progress in each and every Health Priority identified in the last version of the CHIP. The public health needs of a region will necessarily evolve with the changing context and conditions in the communities which people live. As we work to maintain the course for the public health of Carroll County, we remain committed to a community driven approach to identify and focus on the most emergent needs of the region. While a lot can change in

five years, these health priorities are deeply rooted in the communities we serve and will continue to remain relevant throughout the duration of this current CHIP.

The last CHIP was written midst of the COVID-19 Pandemic. In a post-pandemic landscape, there are still lingering effects of the COVID-19 pandemic that affect the conditions of our community. As we are all eager to move forward from the pandemic, it remains important to consider lessons learned and to maintain community readiness to respond to public health emergencies. The pandemic impacted an already tightening housing market and saw a surge of new residents to Carroll County, and both had an effect on access to healthcare. The context of Public Health has likely been changed forever by the pandemic, and we will still be wrestling with these changes throughout this current version of the CHIP, as we “Maintain our Course to 2030.”

Maintaining Carroll County’s Course to 2030

This current version of the CHIP was thoroughly reviewed and developed using the most recent Community Health Needs Assessments from both county hospitals and with the guidance, support, and oversight of Carroll County’s Public Health Advisory Council Leadership Team. A special thanks to both Huggins Hospital in Wolfeboro and MaineHealth Memorial Hospital in North Conway for involving C3PH in their respective Community Health Needs Assessments. Findings from both were incorporated in this version of the CHIP, to ensure that we captured the most important Health Priorities and that we are aligning efforts to address these priorities. The Health Priorities identified in this current version of the Carroll County Community Health Improvement Plan, 2026 – 2030:

Maintaining Carroll County’s Course to 2030 are as follows:

- **Community Conditions: Social Drivers of Health (SDOH)**
- **Prevention & Screening: Addressing Chronic Health Conditions**
- **Behavioral Health and Wellness**
- **Emergency Preparedness & Community Resilience**

Introduction

Overview

Carroll County Coalition for Public Health is an initiative of Granite United Way, funded by the New Hampshire Department of Health and Human Services, Division of Public Health Services, the Bureau of Drug and Alcohol Services and other grants and partnerships to serve as the Regional Public Health Network for Carroll County. We are one of thirteen Regional Public Health Networks located throughout the State. Our work focuses on the health of the population and communities that make up the County. We work with all sectors that are invested in the health and wellbeing of the people of Carroll County, and we are tasked with developing, revising, and monitoring our CHIPs as a means to guiding our work.

Carroll County is a geographically large county that sits along the eastern border of New Hampshire and western border of Maine. With Lake Winnepesaukee to the south and the White Mountain National Forest to the north, Carroll County is a destination for visitors from the east coast of the United States and beyond. The natural environment of this 932 square mile county¹ offers ample opportunity for outdoor recreation and a serene natural environment. In fact, it is often one of the top reasons that people choose to live in this County.

A sparsely populated county with no urban hub or true city, economic opportunities center around ecotourism, outdoor adventure, resorts, retail shopping, restaurants, lodging, and forest products. In fact, Conway, the municipality with the largest population in the County, was voted number 1 ski town in the USA Today's "10 Best" of 2024.² All of these factors make Carroll County a destination that many people from around the USA and the world want to visit. This, in turn, necessitates an economy that meets the needs of a transient service industry population and its visitor population

¹ <https://www.census.gov/quickfacts/carrollcountynewhampshire>

² <https://10best.usatoday.com/awards/best-ski-town/>

While the County's economy is deeply rooted in tourism, it is home to over 50,000 full-time residents. For those who live in this County, the very landscape that makes it such a destination, does provide some challenges. The natural geography of the County leads to fragmented service centers, difficult commutes, and housing and transportation challenges in northern climates with long home-heating seasons, snow and ice. Regional coordination among county service providers is key to promoting the health and wellbeing of the people of the county. While school districts, hospitals and community service providers do their best to meet community needs, the region's rugged geography creates challenges for access to care and services throughout Carroll County.

Demographics



Carroll County saw the fastest rate of population growth in New Hampshire since 2020: a 4.7% increase between July 2020 and July 2024.³ The 2024 US Census population estimate for Carroll County is 52,580.⁴ It remains a sparsely populated county, with the population per square mile at 54.⁵ With a median age of 54⁶ and 33% of the population over age 65, we are the oldest county in the state of New Hampshire.⁷ While an aging population brings challenges with each passing year, it also creates great opportunity for our community.

While shifts in the age of the population continue to skew older, Carroll County is also home to families with children. About 14% of the County's population is under 18 years of

³ <https://www.nhpr.org/nh-news/2025-07-22/carroll-county-population-surges-while-many-regions-of-new-hampshire-stay-flat>

⁴ <https://www.census.gov/quickfacts/carrollcountynewhampshire>

⁵ <https://www.census.gov/quickfacts/carrollcountynewhampshire>

⁶ American Community Survey, 2023: <https://censusreporter.org/profiles/05000US33003-carroll-county-nh/#:~:text=51%2C259%20Population,54.2%20Median%20age>

⁷ <https://www.census.gov/quickfacts/carrollcountynewhampshire>

age.⁸ This necessitates a focus on services that address the needs of families and children too. Carroll County's childhood poverty rate is 7%⁹ and 4% of young people under the age of 18 do not have health insurance.¹⁰

The median household income in Carroll County is \$82,961¹¹, but there are pockets of disparity located throughout the county. For example, the median income of single-father headed households is \$64,511 and the median income of single-mother headed households is \$51,038.¹² This disparity in income levels throughout the county paints very different pictures of how families are doing, from household to household. Additionally, limited housing stock and extremely low vacancy rates put upward pressure on housing costs and contribute to housing insecurity in the county. Since 2020, the median housing value in Carroll County has surged and now sits at \$348,900 (20% higher than the national median)¹³. Furthermore, sale prices have ballooned even further and the median sale price for a single-family home sits at \$465,000.¹⁴

Carroll County's population is predominantly White, but it increasingly includes residents who were born outside the United States, English language learners and people with diverse cultural backgrounds, reflecting gradual demographic changes. At the same time, part of the county's cultural diversity comes from families with deep historical roots in the region, as well as individuals and families who have migrated here from elsewhere in the Northeast and other parts of the country. Carroll County hosts international J1 Exchange Visitor Visa Holders who come to the county for seasonal hospitality and other work opportunities. Carroll County is also home to significant numbers of same-sex marriage households and LGBTQ individuals. Service delivery in the region must consider the needs

⁸ <https://www.census.gov/quickfacts/carrollcountynewhampshire>

⁹ <https://datacenter.aecf.org/data/tables/10280-children-in-poverty?loc=31&loct=5#detailed/5/4430-4439/false/2545,2048,574,1729,37,871,870/764/19906,19907>

¹⁰ <https://datacenter.aecf.org/data/tables/10304-childrens-health-insurance-coverage-by-type?loc=31&loct=5#detailed/5/4430-4439/false/2545,2048,1729,870/1361,3151,3452,3453/19935>

¹¹ <https://www.census.gov/quickfacts/carrollcountynewhampshire>

¹² <https://datacenter.aecf.org/data/tables/10278-median-family-income-by-family-type?loc=31&loct=5#detailed/5/4430-4439/false/2545,2048,574,1729,37,871,870/6344,4648,4151,3288/19903>

¹³ <https://censusreporter.org/profiles/05000US33003-carroll-county-nh/#:~:text=51%2C259%20Population,54.2%20Median%20age>

¹⁴ <https://www.realtor.com/local/market/new-hampshire/carroll-county>

of everyone who lives and works in Carroll County as well as those who visit our communities.

Table 1: *Carroll County Demographics* for a more detailed summary of the County's Demographic breakdown.

Indicator	Carroll County	New Hampshire
<u>% Below 18 Years of Age **</u>	14.4%	18.0%
<u>% 65 and Older **</u>	31.6%	20.8%
<u>% Female **</u>	49.9%	50.1%
<u>% American Indian or Alaska Native **</u>	0.4%	0.3%
<u>% Asian **</u>	0.8%	3.1%
<u>% Hispanic **</u>	1.8%	4.8%
<u>% Native Hawaiian or Other Pacific Islander **</u>	0.0%	0.1%
<u>% Non-Hispanic Black **</u>	0.6%	1.6%
<u>% Non-Hispanic White **</u>	95.2%	88.5%
<u>% Disability: Functional Limitations **</u>	26%	27%
<u>% Not Proficient in English **</u>	0%	1%
<u>Children in Single-Parent Households **</u>	19%	18%
<u>% Rural **</u>	89.5%	41.7%
<u>Population **</u>	52,448	1,402,054

Table 1: Carroll County Demographics¹⁵

¹⁵ <https://www.countyhealthrankings.org/health-data/new-hampshire/carroll?year=2025>

CHIP Priorities for Carroll County, NH 2026 -2030

1. Community Conditions: Social Drivers of Health (SDOH)

This section focuses on stabilizing the foundational needs that underpin health, especially in a region affected by tourism and rural isolation.

Strategic Focus Areas	Rationale
a. Housing Stability and Affordable Access	Emphasizes the affordability crisis as a direct health driver (as noted in local documents) and the need for stable residences.
b. Rural Transportation & Mobility Access	Highlights the challenge of delivering services across a rural landscape and the need for reliable transport to jobs, food, and healthcare.
c. Food Security & Access to Healthy, Local Nutrition	Focuses on ensuring reliable access to food, particularly for seniors and children, throughout the widely dispersed communities.
d. Early Childhood Development and Accessible Child Care	Stresses that accessible, quality childcare is essential for child development and parental workforce/economic stability (an SDOH).
Building a Bedrock for Health: Why Social Drivers are the Core Priority for Carroll County The mountains, forests, and pristine waters of Carroll County, New Hampshire, offer a quality of life many seek, yet this tranquil backdrop obscures a growing crisis of instability for our year-round residents. The Carroll County Coalition for Public Health (C3PH)	

recognizes that the most significant determinant of our community's well-being lies not within clinic walls, but within the Social Drivers of Health (SDOH). These foundational conditions—where people live, move, eat, and raise their families—account for the majority of a person's health outcomes. Priority 1 of our Community Health Improvement Plan (CHIP) is a declaration that addressing these four interwoven drivers is the necessary and urgent path to a healthier, more resilient Carroll County.

The Crisis of Stability: Housing and Transportation

The most immediate challenge is the squeeze felt by the workforce, articulated in focus area 1A: Housing Stability and Affordable Access. Public awareness of this crisis is rightfully high. In a region where second homes and short-term rentals drive up prices, teachers, nurses, and essential service workers are forced into impossible financial trade-offs. Housing costs become a direct health driver, contributing to financial stress that causes residents to delay preventive care, leading to higher utilization of crisis services. Our strategy, therefore, must be two-pronged: supporting initiatives to decrease the cost of housing through workforce housing efforts and home share models, while simultaneously working to increase residents' income through better-supported businesses and targeted initiatives.

Responses to MaineHealth Memorial's 2024 Community Health Survey.¹⁶

¹⁶ <https://assets.mainehealth.io/s3fs-public/2025-08/MHMEM%20Memorial%20CHNA%20Report.pdf>

**Table 1: Housing Needs, 2024**

	Impacts me	Impacts a loved one	Impacts my community	Doesn't have an impact	I don't know	Not applicable
Housing costs	31.2%	30.5%	80.1%	2.8%	2.1%	1.4%
Availability of affordable, quality homes/rentals	24.8%	29.8%	83.7%	2.1%	1.4%	1.4%
Availability of affordable, quality housing for older adults or those with special needs	12.1%	17.0%	81.6%	5.7%	6.4%	0.7%
Issues associated with home ownership or renting	31.2%	30.5%	75.9%	3.6%	5.7%	0.7%
Health risks in homes (indoor air, tobacco smoke residue, pests, lead, mold)	12.8%	19.2%	58.2%	5.0%	22.7%	5.7%
Homelessness or availability of shelter beds	8.5%	13.5%	73.1%	4.3%	16.3%	1.4%
Cost of utilities	36.9%	29.8%	74.5%	6.4%	4.3%	1.4%
Costs associated with weatherization	27.7%	24.1%	73.8%	2.8%	11.4%	2.1%

Housing stability, however, is meaningless without the means to access it. This brings us to focus area 1B: Rural Transportation & Mobility Access. In this sprawling, rural landscape, the closure of key regional services like local taxi services leaves significant gaps. While the public may not always recognize this as a factor impacting public health, lack of transportation is barrier to accessing everything from jobs and healthy food to life-saving medical appointments and pediatric well visits. Our reliance on mostly volunteer driver organizations requires a sustained effort to increase the desirability of driver positions to ensure folks without transportation can make essential healthcare appointments. Without reliable mobility, all other community resources remain geographically out of reach.

Response to MaineHealth Memorial's 2024 Community Health Survey¹⁷

¹⁷ <https://assets.mainehealth.io/s3fs-public/2025-08/MHMEM%20Memorial%20CHNA%20Report.pdf>

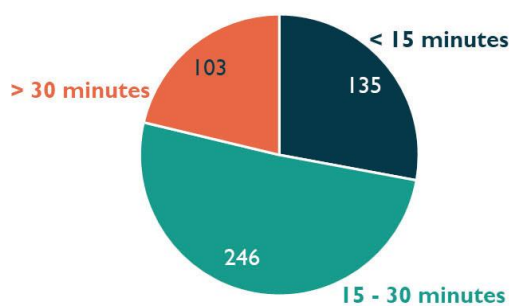
**Table 2: Transportation Needs, 2024**

	Impacts me	Impacts a loved one	Impacts my community	Doesn't have an impact	I don't know	Not applicable
Access to transportation (for medical appointments, work, childcare)	16.2%	16.9%	81.1%	4.7%	6.8%	0.0%
Availability of public transportation (buses, trains, ride shares, taxis)	24.3%	21.0%	85.1%	6.1%	2.7%	0.0%
Availability of transportation that meets a variety of specific needs (older adults, physical or cognitive needs)	8.8%	15.5%	81.1%	4.7%	8.1%	0.0%
Costs associated with owning and maintaining a vehicle (insurance, registration, repairs)	33.8%	31.8%	68.9%	10.1%	6.8%	1.4%

Nourishing the Future: Food and Early Childhood:

A third foundational pillar is objective 1C: Food Security & Access to Healthy, Local Nutrition. Our community shows strong engagement in this area, particularly in acute response situations. The high public awareness reflects the success of local partnerships, but to move beyond crisis management, we must prioritize strengthening and supporting the sustained efforts of the Carroll County Food Access Network (CCFAN). Reliable access to healthy, local nutrition is paramount for supporting the health of our seniors and ensuring children have the fuel for optimal development.

Intersection of Transportation and Food Access in Carroll County:



** How long does it take you to travel (one way) to get food or groceries?¹⁸*

This leads directly to focus area 1D: Early Childhood Development and Accessible Child

¹⁸ Carsey School analysis of CCFAN 2023 Survey:

<https://scholars.unh.edu/cgi/viewcontent.cgi?article=2667&context=extension>

Care. Quality, accessible childcare is not just a convenience; it is a critical Social Driver of Health that enables parental workforce participation and stabilizes a family's economic foundation. Yet, community discussion notes indicate both low public awareness and a low sustainability level for these vital services. The strain is evident: specialists for children under five are scarce, and the number of young children experiencing high Adverse Childhood Experiences (ACEs) is rising. By investing in sustainable, quality childcare, we are making a direct investment in the long-term physical and mental health of the next generation.

An Interdependent Solution:

The greatest opportunity for success lies in recognizing that these are not four separate problems, but one interconnected system. A lack of childcare prevents a parent from taking a better-paying job (worsening 1A). A lack of transportation prevents a struggling family from accessing food banks or job training (worsening 1B and 1C).

Over the past five years, Carroll County has seen some progress related to accessing to physical and behavioral health services, but we still see SDOH barriers to accessing this care. Additionally, partners report observing a decline in the mental health of the populations they serve. This decline is a consequence of prolonged stress resulting from deep-rooted SDOH issues. By uniting our efforts under Priority 1– strengthening housing, mobilizing transportation, securing nutrition, and investing in our children – C3PH is committed to building the stable foundation necessary for all Carroll County residents to thrive. Addressing these conditions is how we reverse the decline in behavioral health and ensure that the positive gains in physical health are sustained for years to come.

2. Prevention & Screening: Addressing Chronic Health Conditions

This section focuses on reducing the county’s high rate of chronic disease, specifically prioritizing early detection.

Strategic Focus Areas	Rationale
a. Targeted Cancer Screening & Adult Preventive Care	Directly addresses Carroll County’s highest-in-state cancer rate. Prioritizes evidence-based, localized outreach to increase cancer and chronic disease screenings.
b. Pediatric Well Visits and Developmental Screening	Maintains focus on children, ensuring consistent access to primary care and screening to address developmental delays early.
c. Reducing Cancer and Cardiovascular Disease Incidence	Maintains the focus on the two leading chronic diseases, with an emphasis on reducing new cases (incidence) as a long-term goal.
d. Healthy Aging, Social Connection, and In-Home Support	Adds Social Connection and In-Home Support to address isolation and the need for services to support the independence of the aging rural population.
The Front Lines of Health: A Focus on Prevention and Early Detection in Carroll County The majestic landscape of Carroll County, with its clean air and vibrant outdoor life, should naturally foster good health. Yet, our data reveals a stark and urgent truth: chronic disease casts a long shadow over our residents, with the county facing some of the highest cancer	

rates in the state. Priority 2 of the Carroll County Coalition for Public Health (C3PH) CHIP is a strategic commitment to transforming our community’s health trajectory from a reactive system—treating illness after it strikes—to a proactive one focused on Prevention and Screening. This priority targets the full lifespan, from children’s developmental needs to the independence of our aging population.

The Critical Imperative: Adult Screening and Disease Reduction

The cornerstone of this priority is focus area 2A: Targeted Cancer Screening & Adult Preventive Care and focus area 2C: Reducing Cancer and Cardiovascular Disease Incidence. The high incidence of cancer in our region is a serious call to action. While strides have been made in New Hampshire regarding certain preventive behaviors, the key to saving lives lies in early detection. Cancer, like many chronic diseases, is often treatable when caught in its initial stages.

Leading Causes of Death in Carroll New Hampshire

LEADING CAUSES OF DEATH UNDER AGE 75	DEATHS	RATE PER 100,000
Malignant neoplasms	218	163.7
Diseases of heart	136	102.1
Accidents	72	54.1
Chronic lower respiratory diseases	32	24
Intentional self-harm	23	17.3

Source: CDC WONDER (<https://wonder.cdc.gov/>).

Leading causes of premature death are presented as crude rates (not age-adjusted). Crude rates show the true incidence of premature death within a county and are influenced by the underlying age distribution. For additional information please view the CDC WONDER Documentation (<https://wonder.cdc.gov/wonder/help/ucd-expanded.html>).

Use caution when comparing crude rates between counties with different age distributions. Crude rates are not comparable with age-adjusted rates provided in snapshots prior to 2024.

**from Huggins Hospital 2025 Community Health Needs Assessment ¹⁹*

¹⁹ https://www.hugginshospital.org/assets/docs/2025_Huggins_Hospital_CHNA.pdf

Our approach will be highly localized and evidence-based:

Localized Outreach: We must move beyond general health campaigns. Our goal is to coordinate and expand screening programs—for breast, colorectal, and cervical cancer—by delivering resources directly to our dispersed communities. This means strategic partnerships with healthcare providers to ensure residents can access screening services.

The Chronic Disease Connection: The same proactive screening infrastructure that catches cancer early must be leveraged for cardiovascular disease—the other leading killer. Adult preventive care, including blood pressure, cholesterol, and diabetes checks, is essential to reduce the long-term incidence of heart attacks and strokes. By linking chronic disease management resources to primary care, we can help residents manage conditions before they lead to severe, costly health events.

Building a Healthy Future: Investing in Our Youngest Residents

While we address the immediate threat of chronic disease in adults, we must simultaneously safeguard the health of our children. Focus area 2B: Pediatric Well Visits and Developmental Screening ensures a consistent focus on the county's future.

Pediatric well visits are the foundation of lifelong health. They are not merely for vaccinations; they are crucial opportunities to conduct essential Ages & Stages Questionnaires (ASQ-3)²⁰ and other developmental screening tools recommended by the American Academy of Pediatrics. In a rural area like ours, access to pediatric specialists for conditions like Autism Spectrum Disorder or ADHD can be limited or require long travel times. By focusing on consistent screening during these preventative visits, we can:

Catch Delays Early: Identifying developmental delays or behavioral health concerns sooner ensures children receive early intervention services when they are most effective, maximizing their potential and reducing the future burden on specialized systems.

²⁰ <https://agesandstages.com/>

Support Caregivers: Well visits provide a consistent touchpoint for pediatricians to address the mental and behavioral health challenges noted in our community discussion. This also addresses the growing strain on the "sandwich generation" who care for both young children and aging parents.

Supporting Independence: Healthy Aging and Social Connection

Finally, our community is aging rapidly, and we currently stand as the county with the oldest median age. Focus area 2D: Healthy Aging, Social Connection, and In-Home Support is the strategic response to supporting this vital demographic.

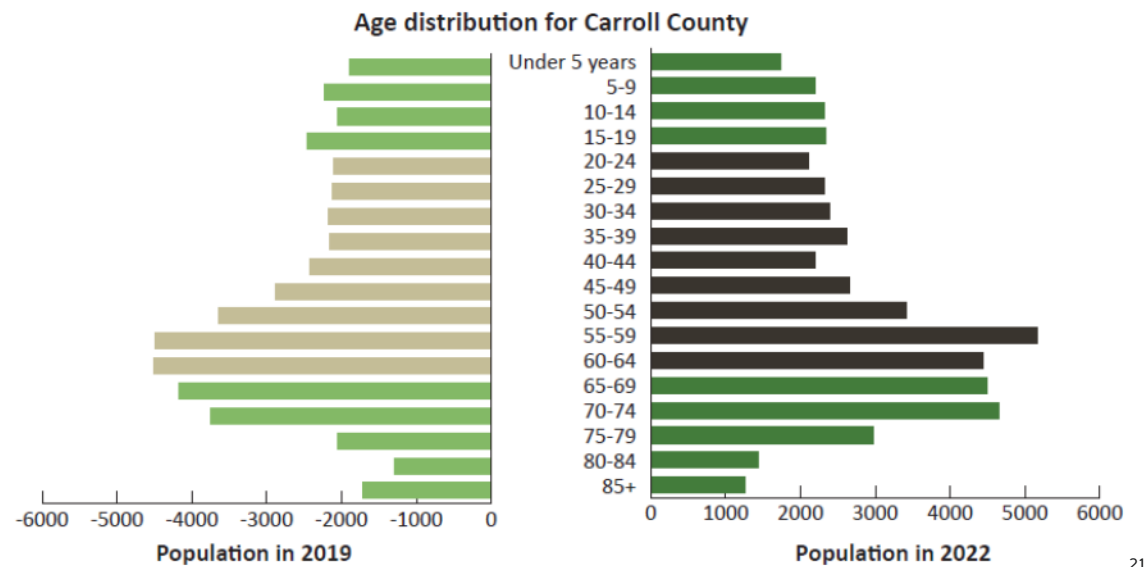
The twin threats to a senior's health are isolation and a loss of independence. Social isolation, exacerbated by geographic distance and limited rural transportation, significantly increases the risk of heart disease, stroke, and dementia. Our plan acknowledges that health extends beyond medical care by adding social connection as a public health priority.

This requires:

Bridging the Divide: Leveraging technology to connect homebound and geographically isolated older adults through virtual telecommunication and using telehealth services. Existing community assets like libraries and senior centers can help support this initiative in addition to offering a place for older adults to build social connections.

In-Home Support Infrastructure: The desire to "age in place" is strong among our residents, with a large majority preferring to remain in their homes. To achieve this, we must expand access to non-medical support services, such as home-delivered meals, light housekeeping, and personal care. Investing in this in-home support infrastructure and the workforce that provides it is the most effective way to prevent falls, maintain nutrition, and keep our older residents independent, healthy, and out of higher-cost institutional care settings.

By prioritizing screening across the lifespan and building robust support systems for both the young and the old, Carroll County can effectively manage chronic disease, decrease its highest-in-state incidence rate, and secure a healthier future for all its residents.



²¹ <https://assets.mainehealth.io/s3fs-public/2025-06/Mt%20Washington%20Valley%20Health%20Profile%202025.pdf>

Priority 3: Behavioral Health and Wellness

Cultivating a Culture of Healing and Resilience in Carroll County

This category combines mental health and substance use to reflect an integrated approach to care. While Carroll County residents possess a fiercely independent spirit, challenges like mental illness, isolation, and addiction demand a community response as interconnected as our landscape. We move beyond the fragmented systems of the past to focus on the whole person and build protective factors across the lifespan.

Strategic Focus Areas

Focus Area	Rationale
A. Behavioral Health Access & Suicide Prevention	Reflects a recovery-oriented system of care and the common co-occurrence of these issues. Suicide prevention is elevated as a key health outcome.
B. Youth & Young Adult Substance Misuse Prevention	Focuses efforts on the most at-risk demographics to boost capacity and increase protective factors.
C. Promoting Resilience & Connectedness	Shifts focus from negative outcomes to building social connection as a core strategy for all ages.
D. Reducing Alcohol-Related Risks & Harm	Clearly defines the goal of reducing harm from excessive use through education and partnerships.

Behavioral Health and Wellness:

Cultivating a Culture of Healing and Resilience in Carroll County

The mountains and lakes of Carroll County hold undeniable beauty and reflect a fiercely independent community spirit. However, the private struggles of many residents—the quiet battles with mental illness, the isolation of addiction, and the tragedy of suicide—demand a community response as strong and interconnected as our landscape. Priority 3, Behavioral Health and Wellness, is our commitment to confronting these issues not as separate crises, but as components of a single, integrated health challenge. This priority moves beyond the fragmented system of the past, uniting mental health and substance use care to focus on the whole person, promoting wellness, and building protective factors across the lifespan.

3A. The Foundation: Integration and Crisis Response

The primary goal is to address historical barriers: access, workforce shortages, and pervasive stigma.

- **Current Reality:** The ratio of mental health providers to residents in Carroll County is 330:1²². Carroll County has elevated rates of suicide deaths in comparison to the rest of the state and has the second highest rate by county behind Coös County to the north²³.
- **The PCP Partnership:** Primary care providers (PCPs) are often the most trusted health contacts in rural settings²⁴. By promoting increased collaboration between primary care and behavioral health providers, we can:
 - **Increase Access:** Patients receive seamless screening for depression or anxiety during standard check-ups, reducing travel time and anonymity concerns.
 - **Ensure Whole-Person Treatment:** Since two-thirds of patients with

²² <https://www.countyhealthrankings.org/health-data/new-hampshire/carroll?year=2025>

²³ <https://www.concordmonitor.com/2024/04/27/suicide-rates-decrease-nh-mental-health-54866095/#:~:text=Coos%20County%20stands%20out%20with,population%20during%20the%20same%20period.>

²⁴ <https://www.ruralhealthinfo.org/topics/healthcare-access>

behavioral health conditions have co-occurring medical conditions, integration leads to better outcomes and lower costs.

- **Intervene Earlier:** Universal screening for adults and youth establishes a system for immediate, compassionate support through mobile crisis teams and rapid referral pathways.

Tactical Objectives:

- Utilize stakeholder groups to assess capacity and raise awareness of behavioral health needs.
 - Host community education and resource distribution on addiction, harm reduction, and suicide prevention.
 - Continue providing suicide prevention trainings and addressing risk factors for poor mental health.
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3B & 3C. Protecting Our Future: Prevention across the life span

The long-term health of Carroll County rests on the resilience of our youth, enhancing their ability to thrive throughout the life span. This priority places a strong emphasis on empowering our youth, through focus areas 3D: Promoting Resilience and Connectedness in Youth and 3B: Youth and Young Adult Substance Misuse Prevention.

The most effective prevention strategy is not focused solely on deterring negative behavior, but on building strong, internal protective factors. Resilience- the learned ability to encounter challenges, learn from them and adapt behavior to be able thrive—is fostered by consistent relationships with safe, caring adults, social-emotional learning, and opportunities for meaningful engagement. Our focus will be on:

- **Community-Led Resilience:** Implementing evidence-based, trauma-informed programs in schools and community centers to build social-emotional competencies.
- **Youth-Driven Prevention:** Engaging young adults (ages 18-25) as leaders who can share relatable messages with peers to reshape community norms. This direct approach is critical in preventing the progression of early substance use patterns.

Tactical Objectives:

- Research and promote best practices in prevention and social-emotional learning.
- Provide technical assistance for youth organizations and those supporting youth.
- Address prevention comprehensively by engaging all socio-ecological levels (universal, selected, and indicated).

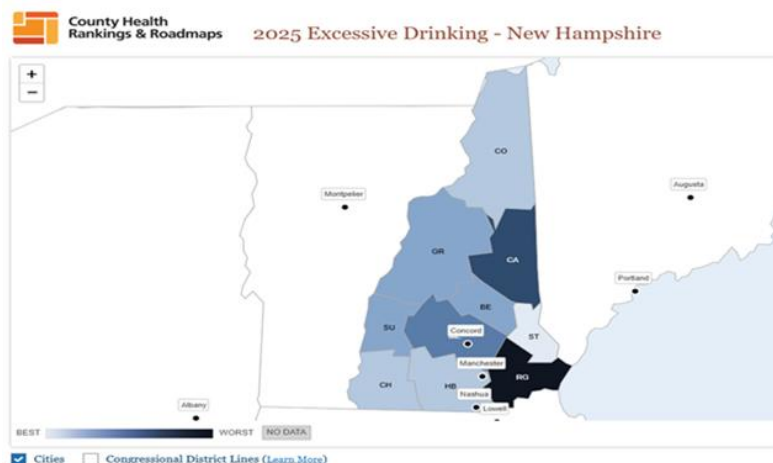
3D. Addressing the Social Fabric: Alcohol Risks

Alcohol misuse is a significant risk factor for physical disease and social harm in our region. This strategy is about harm reduction and redefining social acceptability.

- **Social Norms Campaigns:** Using data to correct misconceptions that excessive drinking is more prevalent than it actually is.
- **Environmental Strategies:** Working with local businesses and vendors to support responsible beverage service and limit alcohol availability to high-risk individuals.
- **Pathways to Change:** Promoting non-stigmatizing support such as community groups, "Dry January," and recovery-friendly social events.²⁵

Tactical Objectives:

- Raise awareness about the impacts of and contributors to excessive alcohol use.
- Learn directly from community members about their behaviors and needs regarding alcohol.
- Research and promote alcohol harm reduction skills and prevention practices.



²⁵ <https://www.countyhealthrankings.org/health-data/new-hampshire/carroll?year=2025#community-conditions>

4. Emergency Preparedness & Community Resilience

This category is simplified to focus on system functionality, rather than listing every type of disaster.

Strategic Focus Areas	Rationale
a. Strengthening Public Health System Resilience and All-Hazards Response	The term "All-Hazards Response" is a public health standard that encompasses all three sub-points (natural, biological, and human-made disasters) and is more concise. "System Resilience" focuses on the network's ability to maintain essential services.
b. Engage community partners and municipalities on emergency preparedness initiatives.	Both municipal and non-profit service providers benefit by engaging in initiatives that help them prepare for a respond to a public health emergency.
Emergency Preparedness & System Resilience: The Bedrock of a Safe Carroll County The peace and serenity of Carroll County, with its remote villages nestled among the mountains, are its greatest assets. Yet, these very qualities—the distance, rugged terrain, and reliance on decentralized services—can quickly become profound vulnerabilities when disaster strikes. The priority of Emergency Preparedness & System Resilience acknowledges that the greatest risk to our community is not a specific hazard, but the failure of our essential systems to withstand, adapt, and recover from disruption. Our goal is to forge a community-wide safety net, ensuring that when the unthinkable happens, the health and well-being of every resident remain protected.	

The All-Hazards Mandate and System Functionality

The core of our approach lies in focus area 4A: Strengthening Public Health System Resilience and All-Hazards Response. This is a strategic shift away from preparing for a single type of disaster— flood, a pandemic, or a major power outage—and towards building a comprehensive, flexible framework ready for any event. The "All-Hazards Response" standard ensures that our planning addresses common denominators: mass communication failures, supply chain disruptions, resource scarcity, and the need for surge capacity in health services.

"System Resilience" is our measure of success. In a health context, this means ensuring that critical functions—like access to emergency medical services (EMS), continuity of care for chronic conditions, and the ability of primary care providers to act as frontline responders—can be maintained, adjusted, and swiftly restored even when infrastructure fails. In rural areas, this is uniquely challenging:

Geographic and Infrastructure Hurdles: Long travel distances, low population density, and spotty communication infrastructure (cell service and broadband) create delays in response and make coordinating resources difficult.

**Resource and Workforce Limitations:* Many of our vital services, including EMS and fire departments, rely heavily on volunteers or operate with small, strained budgets, limiting their capacity for extensive training and equipment investment.

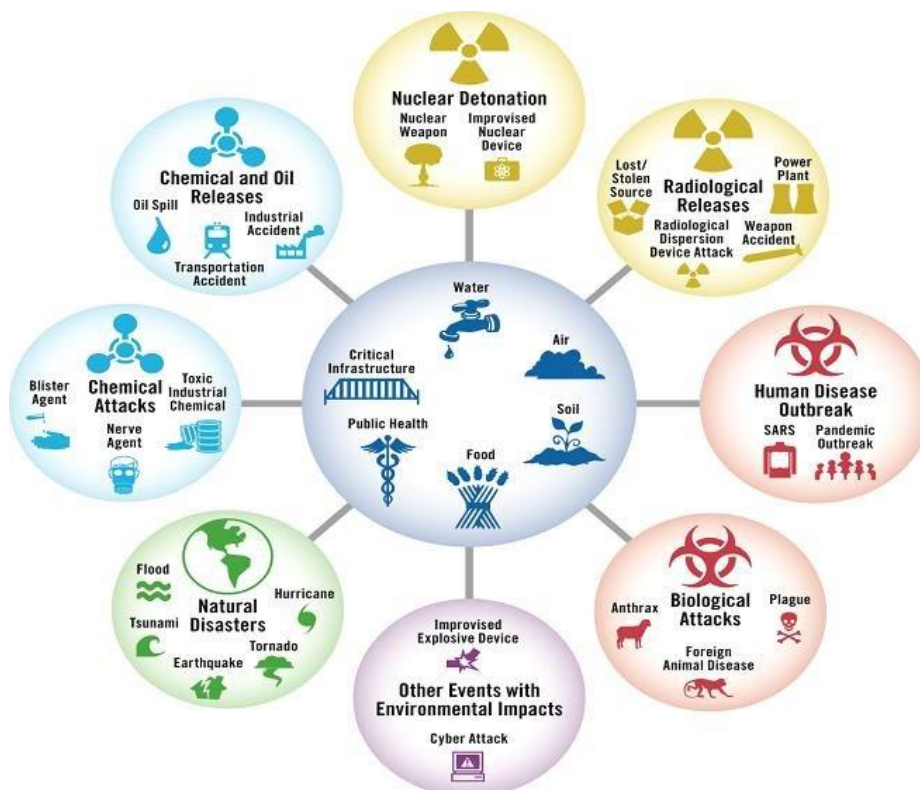
To overcome these challenges, resilience must be intentional. We must move beyond simple awareness to formalizing structures. As noted by our local stakeholders, while awareness is present, local stakeholder committees currently lack adequate capacity. Strengthening resilience means activating and sustaining this formalized, multi-sector working groups, using standardized procedures like the National Incident Management System (NIMS) to ensure that every organization speaks the same language during a crisis.

The Strength in Unity: Engaging the Whole Community

A public health system cannot be resilient if it acts in isolation. This principle underpins focus area 3B: Engage community partners and municipalities on emergency preparedness initiatives.

In rural environments, the greatest asset is often the tightly knit social network and the willingness of neighbors to help neighbors. However, this community spirit must be channeled through coordinated, functional systems. The Whole Community Approach is essential, it recognizes that every entity, from the local general store to the non-profit food bank, plays a vital role in stabilization and recovery.

All Disasters and Hazards²⁶:



²⁶ <https://www.epa.gov/disaster-debris/all-disasters-and-hazards>

The Crucial Engagement Targets:

Municipalities and Emergency Directors: Local governments are responsible for public safety, road maintenance, and establishing official shelters. Bringing emergency directors and township sectors into coordinated planning ensures that the policies (like establishing evacuation routes or emergency permits) align with the capabilities of local health and service providers.

Non-Profit and Service Providers: Community partners like schools, faith-based organizations, and non-profit health providers (such as behavioral health centers and food access networks) are the lifeblood of social support. Engaging them ensures they have Continuity of Operations Plans (COOPs), which are vital for maintaining essential services—like providing meals to seniors or delivering mental health support—when their physical facilities may be compromised. Their participation also allows for the essential sharing of resources (e.g., using a school gym as a shelter) and leveraging existing trust within the community.

Businesses and Economic Sectors: The economic stability of the county is a critical “community lifeline” that must be restored quickly. Engaging businesses ensures supply chains for essentials (fuel, food, medicine) are considered in planning and that their own continuity plans integrate with the broader community recovery efforts.

By fostering these multi-sector coalitions, including town managers, emergency management directors, community-based organizations, schools, and businesses—we pool limited resources, improve communication channels (a known weakness in rural areas), and ensure that recovery efforts are not just restorative but sustainable.

The commitment to Emergency Preparedness & System Resilience is a promise that Carroll County is investing in its own future. It is about building a robust, interconnected health and safety infrastructure that is ready for the next flood, the next public health crisis, or the next unexpected challenge, guaranteeing that our community can “bounce back” stronger than before.

Resources:

- [Carroll County Coalition for Public Health Website](#)
- [NH DHHS Data Portal](#)
- [Regional Public Health Networks](#)
- [The Doorway NH](#)
- [Huggins 2025 Community Health Needs Assessment](#)
- [MaineHealth Memorial Hospital 2025 Community Health Needs Assessment](#)