

Meeting Notes

Introductions & Information Sharing (see list of attendees on last page):

- **Bridget Aliaga** reminded folks of the All Together Networking Lunch on March 26th. Alice to send details in f/u email.
- **Hilary Davis** announced that VNH would be implementing a new payment model in 2020 and it will bring lots of change.
- **Jeana Newbern** shared information about the Lake Sunapee VNA's annual Women Making a Difference Luncheon and their call for nominations.
- **Laurie Harding** shared that Norwich is working to add a community nurse.
- **Cameron Ford** shared that Headrest is hosting a Shattering Stigma event at Lebanon Opera House. They have ongoing weekly family meetings.

Director's Update:

Alice provided brief update on the following:

- February's Advisory Council Meeting and CHIP development plans;
- Planning for the Fall Legislative Event;
- TDI Intern working on school-based food supports project;
- Racism of the Well-Intended Training on May 20th.

PHC Presentations and Work Session:

Kimberly Gilbert, Two Rivers-Ottawquechee Regional Commission, provided an overview of the Toolkit and ***Template for a Health Chapter in a Town Plan***: A Guide for Municipal Planning Commissions wishing to incorporate health-related language into their town plans compiled by the Two Rivers-Ottawquechee Regional Commission and Mt. Ascutney Prevention Partnership.

- She shared that this project started when they went looking through town plans for health-related language and did not find any. They wanted to provide towns with a simple way to build in health language and goals. Alice will share the slides and toolkit materials in a f/u email.
- Discussion included questions about how often towns updates plans (in VT, every 8 years); using town list serves to engage people in the community; and reach out to school nurses to get information that could help sell the need.
- Small Group Work: For notes of the break-out session on the following questions, please see the end of this document.
 - What changes might be needed to make the toolkit work in NH cities and towns?
 - What strategies could we all employ to engage cities and towns in this work?

Sally Kraft, DHMC, provided an overview of the ***The Doorway at Dartmouth-Hitchcock Lebanon***, which is NH's version of a hub-and-spoke system for addressing the opioid epidemic and other addictions. Bridget Aliaga will be working on developing the "spokes" in this model, meaning the outside organizations who can provide treatment and other supportive services. To connect with Bridget and others working on this project, contact them at hubandspoke@hitchcock.org.

Next Meeting:

Friday, May 17, 9:00 to 11:00 am
Hypertherm, 71 Heater Road, Lebanon

Meeting Attendees (March 15, 2019)

Bridget Aliaga, DHMC All Together & Open Doorways
Lori Bartlett, Headrest
Bill Boyle
Stacey Chiocchio, Hypertherm
Cathee Clement
Regina-Anne Cooper, QIO Qualidigm Medicare
Mike Cryans, NH Executive Council
Meagan Cudworth, DHMC
Hilary Davis, VNH
Nancy DuMont, APDMH
Hope Duncan, WCBH
Alice Ely, PHC
Barbara Farnsworth, Dartmouth-Hitchcock
Cameron Ford, Headrest
Kim Gilbert, Two Rivers Ottauquechee Planning Commission
Laurie Harding, UV Community Nursing Project
John Howe, Dartmouth-Hitchcock
Whitney Hussong, HCRS/Hartford PD
Terry Hyland, VNH
Sally Kraft, DHMC
Lindsey LeFond, DHMC OB/GYN
Beth McShinsky, Lebanon Housing Authority
Britton Mann, Open Door Integrative Wellness
Dana Michalovic, Good Neighbor Health Clinic
Rhonda Morgan, WCBH
Jeana Newbern, Lake Sunapee VNA
Pat Ralston, VT Department of Health, WRJ
Carol Sarazin, DHMC
Linda Snow, DHMC Moms in Recovery
Christine Spring, DHMC Open Doorways
Martha Tecca, CommunityCare of Lyme
Shannon Vera, VNAVNH Help at Home

WORK SESSION NOTES:

Health Chapter in a Town Plan

What changes might be needed to make the toolkit work in NH cities and towns?

- Does NH have similar agency/program to Two Rivers Ottauquechee Planning Commission?
- Provide very specific examples of initiatives for towns of any size.
- Ensure there is a capacity for training.

What strategies could be all employ to engage cities and towns in this work?

- Data collection via baseline survey; present data to community; will likely be an eye opener for townspeople.
- Data collection to determine how towns look different. Does your town look different from regional data?
- Why is this important? What are the short term and long term outcomes?
- Provide easily accessible data.
- Parks and recreation departments might be a good place to start with building interest in this work.
 - Ask Paul Coats about community engagement and whether he has tracked any of this with the rail trail project.
- Work with Town Coalitions who are already working on these types of issues.
- Work with Town Health Officers, if available.
- Meet with those holding health related positions who often aren't well supported or connected and build from there.
- How do we reach people under 50 y.o.?
- Vermont has its "blueprints" group – a gathering of professional healthcare leaders at hospitals – who might benefit from understanding this strategy and get information to a large group.
- Work to bring people together to work on this process before the Town Plan is due.
- Talk to volunteers and departments already doing this work and give them the boilerplate. Encourage them to use it even if they are out of the planning cycle.
- Remind planning commissions. Ask if the town planning commission/committee has a strategy to keep working on planning in between re-adoption of a town plan.
- Sell Town Plans as living documents.
- How do we start at a basic level for those who do not know anything about town plans? Town Government 101.
- Provide trainings to town officers covering public health. Include incentives to attend (e.g., food, child care).
- Use the information delivery method that we are using with the CHNA/CHIP.
- Work with planning students at college and graduate levels.
- "Health" as the inverse of "sickness" – we need to define these terms and incorporate "wellness" into our town vocabulary.
- Get community buy-in by adding schools and mental health to the list of elements (also people in recovery, elderly, food shelf volunteers and recipients).
- Engage community members and stakeholders as advisors and go beyond elected officials.
- Build connections to other area resources – functions similar to community health workers.
- Promote benefits of community nurses