Lebanon Region Public Health Needs Assessment: 2025

Public Health Council
of the Upper Valley

Lebanon Region Public Health Needs Assessment

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Acknowledgements

Alice Ely, Executive Director of the Public Health Council of the Upper Valley, wishes to acknowledge the many contributions to this work of the Lebanon Public Health Needs Assessment Working Group Members: Shaun Mulholland, City Manager, Jeremy Thibeault, Lebanon Community Paramedic, and Barbara Farnsworth, Dartmouth Population Health. In addition, numerous stakeholders from within Lebanon City Government, local service providers, and community members contributed their experiences and expertise. Georgia Nourse provided valuable support collecting data used in this report.

Cover Photo Credit: "City Sign" by Andres Casado

Purpose

The Public Health Council of the Upper Valley has partnered with the City of Lebanon to conduct a Public Health Needs Assessment. This important initiative began in 2024 and is designed to identify the current and future public health needs of the community.

Purposes include:

1. Determine what programs need to be created, enhanced or eliminated to improve the public health of those who reside, travel through, work in or conduct business in the City;
2. To determine what programs and policies will be put in place as well as what resources should be allocated to reach objectives; and
3. Form the basis of a Health Chapter in the next Lebanon Strategic Plan.

Scope of Assessment

This assessment has been conducted for the City of Lebanon, New Hampshire. The Public Health Council and the Lebanon City Manager recognize that assuring the public's health and safety crosses municipal and state borders in the greater Upper Valley region, however you define it. Therefore, it is our hope the report can serve as a tool and a roadmap to:

1. Understand the scope of public health infrastructure needs in each of our towns;
2. Make plans to ensure our communities have what they need; and
3. Last but not least – promote further development of regional (collaborative) approaches to carrying out public health functions.

Process

Key activities in developing the Lebanon Region Public Health Needs Assessment included:

- Review of relevant State and Federal Public Health Law (Appendix A)
- Stakeholder engagement to access strengths, gaps, and opportunities to improve public health functions
    - Community-based Service Providers
    - Municipal Personnel
    - Community Members
- Review of publicly available health and socio-economic data and relevant reports, including:
    - Lebanon Community Resilience Building: Summary of Findings (Jan 2024)
    - Community Health Needs Assessment: FY 2025
- Assessed existing resources
- Conducted a prioritization and feasibility assessment of potential strategies and interventions.

What Public Health Functions Are We Talking About?

For this assessment, we have examined public health functions as outlined in the following table. These correspond to a similar list from the US Centers for Disease Control and Prevention of the Ten Essential Services. The CDC list can be found in Table 2, page 51) of this report.

1	Disease Prevention and Control	Implementing programs to prevent the spread of communicable diseases, such as conducting vaccination drives, monitoring outbreaks, and providing education on disease prevention.
2	Environmental Health Services	Overseeing and regulating environmental factors that impact public health. This includes air and water quality management, waste disposal, and controlling pollution. Inspections and enforcement related to pestilence, food safety in restaurants and public eateries, lead, mold and other contaminants in residential and commercial buildings also fall under this category.
3	Health Education and Promotion	Developing and implementing campaigns and programs to educate the public about health issues and promote healthy lifestyles. This can include initiatives targeting smoking cessation, obesity prevention, nutritional education, and promotion of physical activity.
4	Community Health Services	Providing direct health services to the community, especially to underprivileged or vulnerable groups. This could include services like health screenings, maternal and child health programs, dental care, and mental health services.
5	Emergency Medical Services (EMS)	Offering rapid medical response services for emergencies, including ambulance services, paramedic services, and first responder training.
6	Public Health Surveillance and Reporting	Monitoring health trends within the community and reporting on health-related data. This involves collecting, analyzing, and disseminating information about health status, disease incidence, and risk factors within the community.
7	Regulatory Functions	Enforcing public health laws and regulations to protect community health. This includes licensing and inspection of facilities like nursing homes, childcare centers, and swimming pools.
8	Public Health Planning and Policy Development	Developing plans and policies to address current and future public health needs. This involves identifying health risks in the community, setting public health goals, and devising strategies to meet these goals.
9	Emergency Preparedness and Response	Preparing for and responding to public health emergencies, such as natural disasters, pandemics, or bioterrorism threats. This includes disaster planning, stockpiling necessary supplies, and coordinating response efforts with other agencies.
10	Mental Health and Substance misuse Services	Addressing mental health and substance misuse issues within the community through various programs and partnerships
11	Health Equity and Access Initiatives	Working to ensure that all community members have access to health services and that health disparities are addressed. This function could also include preventing discrimination, ensuring access to services that address SDOH, and addressing hate-based violence.

Summary of Recommendations

Recommendations for action emerged from all stakeholder input sessions, data, and review of public health laws. These recommendations are presented in this report in three ways, to be used for general strategic planning and detailed implementation work:

1. Summarized recommendations organized by level of implementation: A) Municipal Capacity and Systems, B) Implementation Options with Regional, Municipal, and/or Community Partners, and C) Advocacy for Enhanced State Capacity and Support.
2. Summarized Recommendations Prioritized for Impact and Feasibility by Municipal and Community Stakeholders.
3. Detailed Recommendations provided with analysis of each Public Health Function.

Summarized Recommendations Organized By Level Of Implementation

Municipal Capacity and Systems

1. Public Health and Emergency Services

- Enhance Staffing and Training: Crosstrain EMS and Town Health Officer (THO) on reporting and response roles. Ensure adequate staffing for THO, Fire, Police, and EMS to meet emergency planning and response needs. Expand Lebanon Community Nursing and Community Paramedic programs based on demand.
- Mental Health and Social Services: Add a Police Social Worker to address moderate mental health crises and coordinate with state/local agencies. Continue Crisis Intervention Team training for police and municipal staff. Increase investments in mental health and substance misuse treatment.
- Inter-Departmental Coordination: Create a staffed inter-departmental team (including THO, Emergency Management Director, Fire/Police Chiefs, etc.) to improve public health collaboration and data sharing. Identify municipal data for periodic public health assessments.
- Health Codes and Oversight: Establish health codes granting THO independent enforcement authority. Review public health capacity every 3-5 years and set goals in the Strategic Plan. Integrate THO into public health emergency roles.

2. Infrastructure and Environmental Resilience

- Stormwater Management: Develop a comprehensive Stormwater Management Plan, including culvert assessments, transportation asset management, and innovations like permeable pavement and municipal rain gardens. Incorporate Mascoma watershed study recommendations into stormwater policies and water quality initiatives.
- Water Systems: Complete EPA-mandated lead pipe removal from municipal and private water lines. Assess private water/sewer systems for vulnerabilities and resident education

needs. Secure a second regional drinking water source to reduce reliance on Mascoma Lake.
- Building Codes and Ordinances: Update building codes to enhance resilience in new and redeveloped structures. Adopt ordinances for self-inspection of local restaurants/food establishments.
- Advocacy: Provide resources to support renters advocating with landlords for better housing conditions, especially as more apartments are being bought out by external investors.

3. Emergency Preparedness and Response
- Emergency Plans: Develop and maintain short- and long-term emergency response and recovery plans, including regional evacuation and sheltering (with pet accommodations). Conduct regular training, tabletop exercises, and drills, focusing on scenarios like power loss during extreme weather.
- Community Engagement: Explore establishing a Lebanon Community Emergency Response Team (CERT) to support professionals and build a workforce pipeline. Improve emergency communication reach to ensure all residents can receive critical updates.
- Regional Coordination: Enhance coordination with neighboring communities for watershed management, water sourcing, and emergency sheltering.

4. Equity and Community Services
- Environmental Justice and DEI: Support the Environmental Justice Task Force and Lebanon DEI Commission to advance equity through action plans and sustainable community initiatives. Maintain anti-discrimination policies and hold municipal employees accountable.
- Target Support for Vulnerable Residents: Analyze neighborhood demographics to identify pockets of vulnerable residents and how city infrastructure meets their needs in those neighborhoods.
- Housing and Homelessness: Enact zoning for supportive/transitional housing and emergency shelters near services. Include homelessness strategies in the 2024 Master Plan update and analyze policies to decriminalize homelessness.
- Access to Resources: Support micro-transit options to improve access. Attract additional grocery stores to decentralize food access, potentially through rezoning.

5. Community Needs and Resource Allocation
- Service Capacity: Assess changing demands for municipal and agency services through department reports and local assessments. Prioritize community needs to align investments in funded agencies.
- Health and Education Services: Support agencies providing health education, promotion, and care to underserved populations. Continue funding local agencies addressing public health and social services.

Explore Implementation Options with Regional, Municipal, and/or Community Partners

1. Regional Coordination and Leadership
   - Public Health Planning: Provide leadership in regional public health planning, policy development, and emergency preparedness, collaborating with the Public Health Council of the Upper Valley, Regional Public Health Emergency Preparedness Coordinator, and other municipal officials. Participate in regional training and drills.
   - Regional Town Health Officer (THO): Support a study to design and pilot a shared Regional THO model, assessing whether it should replace or supplement local THO roles, and address implementation barriers.
   - Periodic Reviews: Work with public health partners to conduct regional reviews, set priorities, and report progress periodically. Support regional analysis of THO annual reports.

2. Data Sharing and Resource Mapping
   - Regional Data System: Build and maintain a regional data-sharing system to provide program, resource, public health function, and community health status data for municipal, regional, and program-level planning.
   - Resource Mapping: Map community health, health education, and promotion resources to ensure all priority conditions (e.g., mental health, substance misuse, insect-borne diseases) are addressed. Develop and maintain resource guides and inter-agency communications.
   - Advocacy: Advocate to Upper Valley municipalities for the value of a regional approach to supporting health education, promotion, and community health resources.

3. Health Education and Workforce Development
   - Public Education: Increase public education on ticks, insect-borne diseases, and access to primary care for underserved populations, by leveraging local partners.
   - Workforce Training: Facilitate THO training and regional coordination to enhance knowledge, skills, and awareness of referral sources. Design education/vocational programs to build the primary care services workforce.

4. Communicable Disease and Emergency Response
   - Disease Control: Improve communication between the municipality and hospitals for identifying, tracking, and controlling communicable diseases. Develop and maintain a guide to prevention/mitigation strategies and responsible organizations.
   - Vaccine Access: Maximize vaccine availability by coordinating with Upper Valley providers in NH and VT.
   - EMS Capacity: Facilitate a regional review of EMS and public health emergency response systems to realign mutual aid and identify capacity-building needs.

Photo Credit: "Park" by Justin Creasy

5. Social Vulnerabilities and Substance misuse

- Social Vulnerabilities: Collaborate with partners (e.g., neighboring municipalities, state, regional planning commissions, private employers, social service providers) to study and address social vulnerabilities related to housing, poverty, and mental health through resource sharing and regional program co-development.
- Substance misuse Support: Maintain and expand substance misuse support networks and awareness initiatives based on community needs, including mapping resources, advocating for regional approaches, and supporting resource guides.

<u>Advocate for Enhanced State Capacity and Support</u>

1. Communication and Data Access

- Communicable Disease Protocols: Ensure clear protocols and routine information flow between state agencies and municipalities for identifying, tracking, and controlling communicable diseases. Maintain 3-deep contact lists at state and local levels for timely report transmission.
- Data Access: Improve routine access to essential public health function and health status data at the Regional Public Health Network level to support regional planning and response.

2. Resource and Program Support
    - Vaccine and Infrastructure Funding: Advocate for continued state support for vaccine programs and investments to help municipalities develop or upgrade resilient public health infrastructure.
    - Health Education and Promotion: Recommend that state-level health education and promotion programs prioritize resource allocation to Regional Public Health Networks for regional strategy implementation.
    - Emergency Preparedness: Ensure adequate state resources and systems to support ongoing public health emergency planning and training.

3. Legislative Advocacy and Reporting
    - Annual Reports: Support the provision of annual reports to legislators summarizing community and public health priorities, system capacity, cost barriers, and impacts on local health outcomes.
    - Legislative Education: Provide periodic education to local legislators on the public health system's status and legislative barriers to addressing current needs.

4. System and Role Expansion
    - Mental Health Services: Advocate for expanding the mental health system to address the needs of individuals relying on local police, EMS, and emergency departments due to insufficient care access.
    - Town Health Officer (THO) Role: Advocate for clarification and potential expansion of the THO role at municipal and regional levels to enhance public health capacity.

Summarized Recommendations Prioritized for Impact and Feasibility

Level[1]	Summarized Recommendations	Impact	Feasibility
MCS	Mental Health and Social Services: Add a Police Social Worker to address moderate mental health crises and coordinate with state/local agencies. Continue Crisis Intervention Team training for police and municipal staff. Increase investments in mental health and substance misuse treatment.	1	Moderate
ADV	Mental Health Services: Advocate for expanding the mental health system to address the needs of individuals relying on local police, EMS, and emergency departments due to insufficient care access.	2	High
MCS	Enhance Staffing and Training: Crosstrain EMS and Town Health Officer (THO) on reporting and response roles. Ensure adequate staffing for THO, Fire, Police, and EMS to meet emergency planning and response needs. Expand Lebanon Community Nursing and Community Paramedic programs based on demand.	3	Moderate
REG	Substance Misuse Support: Maintain and expand substance misuse support networks and awareness initiatives based on community needs, including mapping resources, advocating for regional approaches, and supporting resource guides.	4	High
MCS	Emergency Plans: Develop and maintain short- and long-term emergency response and recovery plans, including regional evacuation and sheltering (with pet accommodations). Conduct regular training, tabletop exercises, and drills, focusing on scenarios like power loss during extreme weather.	5	High
REG	EMS Capacity: Facilitate a regional review of EMS and public health emergency response systems to realign mutual aid and identify capacity-building needs	6	High
MCS	Water Systems: Complete EPA-mandated lead pipe removal from municipal and private water lines. Assess private water/sewer systems for vulnerabilities and resident education needs. Secure a second regional drinking water source to reduce reliance on Mascoma Lake.	7	Low
MCS	Access to Resources: Support micro-transit options to improve access. Attract additional grocery stores to decentralize.	8	Low
REG	Vaccine Access: Maximize vaccine availability by coordinating with Upper Valley providers in NH and VT.	9	Moderate
MCS	Environmental Justice and DEI: Support the Environmental Justice Task Force and Lebanon DEI Commission to advance equity through action plans and sustainable community initiatives. Maintain anti-discrimination policies and hold municipal employees accountable.	10	High
MCS	Housing and Homelessness: Enact zoning for supportive/transitional housing and emergency shelters near services. Include homelessness strategies in the 2024 Master Plan update and analyze policies to decriminalize homelessness.	11	Moderate
MCS	Health and Education Services: Support agencies providing health education, promotion, and care to underserved populations. Continue funding local agencies addressing public health and social services.	12	Moderate

[1] Level of Implementation: MSC = Municipal Capacity and Systems, REG = Implementation Options with Regional, Municipal, and/or Community Partners, and ADV = Advocacy for Enhanced State Capacity and Support

Level[1]	Summarized Recommendations	Impact	Feasibility
REG	Social Vulnerabilities: Collaborate with partners (e.g., neighboring municipalities, state, regional planning commissions, private employers, social service providers) to study and address social vulnerabilities related to housing, poverty, and mental health through resource sharing and regional program co-development.	13	High
ADV	Vaccine and Infrastructure Funding: Advocate for continued state support for vaccine programs and investments to help municipalities develop or upgrade resilient public health infrastructure.	14	High
ADV	Health Education and Promotion: Recommend that state-level health education and promotion programs prioritize resource allocation to Regional Public Health Networks for regional strategy implementation.	15	High
ADV	Emergency Preparedness: Ensure adequate state resources and systems to support ongoing public health emergency planning and training.	16	Low
MCS	Service Capacity: Assess changing demands for municipal and agency services through department reports and local assessments. Prioritize community needs to align investments in funded agencies.	17	Moderate
REG	Public Health Planning: Provide leadership in regional public health planning, policy development, and emergency preparedness, collaborating with the Public Health Council of the Upper Valley, Regional Public Health Emergency Preparedness Coordinator, and other municipal officials. Participate in regional training and drills.	18	High
REG	Disease Control: Improve communication between the municipality and hospitals for identifying, tracking, and controlling communicable diseases. Develop and maintain a guide to prevention/mitigation strategies and responsible organizations.	19	High
ADV	Town Health Officer (THO) Role: Advocate for clarification and potential expansion of the THO role at municipal and regional levels to enhance public health capacity.	20	High
REG	Public Education: Increase public education on ticks, insect-borne diseases, and access to primary care for underserved populations, leveraging partners like the Dartmouth game lab.	21	High
ADV	Communicable Disease Protocols: Ensure clear protocols and routine information flow between state agencies and municipalities for identifying, tracking, and controlling communicable diseases. Maintain 3-deep contact lists at state and local levels for timely report transmission.	22	Moderate
ADV	Data Access: Improve routine access to essential public health function and health status data at the Regional Public Health Network level to support regional planning and response.	23	Moderate
ADV	Legislative Education: Provide periodic education to local legislators on the public health system's status and legislative barriers to addressing current needs.	24	High
REG	Advocacy: Advocate to Upper Valley municipalities for the value of a regional approach to supporting health education, promotion, and community health resources.	25	High
REG	Workforce Training: Facilitate THO training and regional coordination to enhance knowledge, skills, and awareness of referral sources. Design education/vocational programs to build the primary care services workforce.	26	Moderate
ADV	Annual Reports: Support the provision of annual reports to legislators summarizing community and public health priorities, system capacity, cost barriers, and impacts on local health outcomes.	27	Moderate

Level[1]	Summarized Recommendations	Impact	Feasibility
MCS	Regional Coordination: Enhance coordination with neighboring communities for watershed management, water sourcing, and emergency sheltering.	28	Moderate
REG	Regional Town Health Officer (THO): Support a study to design and pilot a shared Regional THO model, assessing whether it should replace or supplement local THO roles, and address implementation barriers.	29	Moderate
REG	Resource Mapping: Map community health, health education, and promotion resources to ensure all priority conditions (e.g., mental health, substance misuse, insect-borne diseases) are addressed. Develop and maintain resource guides and inter-agency communications.	30	Moderate
MCS	Health Codes and Oversight: Establish health codes granting THO independent enforcement authority. Review public health capacity every 3-5 years and set goals in the Strategic Plan. Integrate THO into public health emergency roles.	31	Moderate
MCS	Inf/Env Res: [Building Codes and Ordinances: Update building codes to enhance resilience in new and redeveloped structures. Adopt ordinances for self-inspection of local restaurants/food establishments]	32	Low
MCS	EP/Resp: [Community Engagement: Explore establishing a Lebanon Community Emergency Response Team (CERT) to support professionals and build a workforce pipeline. Improve emergency communication reach to ensure all residents can receive critical updates.]	33	Moderate
MCS	PH/ES: [Inter-Departmental Coordination: Create a staffed inter-departmental team (including THO, Emergency Management Director, Fire/Police Chiefs, etc.) to improve public health collaboration and data sharing. Identify municipal data for periodic public health assessments.]	34	High
REG	RegCoord/Lead: [Periodic Reviews: Work with public health partners to conduct regional reviews, set priorities, and report progress periodically. Support regional analysis of THO annual reports.]	35	High
MCS	Inf/Env Res: [Stormwater Management: Develop a comprehensive Stormwater Management Plan, including culvert assessments, transportation asset management, and innovations like permeable pavement and municipal rain gardens. Incorporate Mascoma watershed study recommendations into stormwater policies and water quality initiatives.]	36	Low
REG	RegStaf/Res: [Regional Data System: Build and maintain a regional data-sharing system to provide program, resource, public health function, and community health status data for municipal, regional, and program-level planning.]	37	Moderate

Public Health Functions Analysis

What follows is an assessment of each public health function that identifies:

- Corresponding CDC Essential Public Health Services[2];
- What entities have responsibility, authority and resources for conducting the function;
- Stakeholder Input;
- Supporting Data Overview; and
- Recommendations.

Disease Prevention and Control

CDC Essential Public Health Services (2020) #2

> Implementing programs to prevent the spread of communicable diseases, such as conducting vaccination drives, monitoring outbreaks, and providing education on disease prevention.

What entities have responsibility, authority and resources for conducting the function?

- STATE has responsibility and capacity to lead on this function/service.
- MUNICIPALITY(IES) play a role in reporting and response, though usually dependent upon State guidance, direction, and resources. Local EMDs (Emergency Management Directors) support preparedness for such events, along with RPHN's designated Public Health Emergency Preparedness Coordinator.
- COMMUNITY PARTNERS, including hospitals, healthcare providers, and social service organizations play ongoing roles in prevention and response.

Stakeholder Input

Municipal stakeholders, including regional planners, identified the following:

1. **Strengths**: State monitors communicable diseases, and notifications go through the Health Alert Network (HAN). RPHNs receive vaccines early in outbreaks, and preventive care is provided for high-risk groups through organizations like Dartmouth Health and Community Paramedic. Lebanon uses "LebAlert" for public notifications.

[2] Three (3) CDC Essential Public Health Services not addressed in this report collectively reflect the purpose and scope of this needs assessment:

- #4: Strengthen, support, and mobilize communities and partnerships to improve health
- #9: Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement
- #10: Build and maintain a strong organizational infrastructure for public health

2. **Weaknesses/Opportunities**: Lack of redundancy in state notification systems; need to advocate for 3-deep contacts[3]. Need for better coordination of communication tools across the region and better engagement with towns. Communications weaknesses exist post-identification of problems and with hospitals (needs to be bi-directional). Increased integration of Town Health Officers (THOs) into local response and communications could be beneficial.

Community Stakeholders and Lebanon residents are concerned that limited transportation options are a barrier for preventive health care (e.g. primary care, vaccines, and screenings) that could provide early detection and prevention of communicable diseases as well as other debilitating conditions.

Supporting Data Overview[4]

In our review of relevant secondary data relating to Communicable, Infectious, and Vector-Borne diseases, we found the following:

- Most data are available only at the state-level, so we are unable to determine whether Lebanon or the Upper Valley Region experience problematic levels of disease or significant differences from other regions. This was true for Hepatitis A and Chlamydia.
- Hepatitis A and Chlamydia rates between 2019 and 2021 show decreases for both New Hampshire and Vermont, reflecting the national trend.
- For the 2022-2023 flu season, both New Hampshire and Vermont had vaccination rates near or above US rates.
- Cases of Lyme Disease decreased significantly in both New Hampshire and Vermont between 2017 and 2021. While the number of ticks in the area has remained the same if not increased, it is possible we have gotten better at prevention and treatment.

Additional details for these indicators can be found in Appendix B.

[3] According to Lebanon Fire Department and Community Paramedic, there are relatively few communicable disease reports from the State of NH to the City. There may be one or none in any given year. For this reason, a three-deep contact protocol is even more important to account for staff turnover and other system changes.
[4] Data source references are provided as footnotes in Appendix B, if not noted on the relevant page.

Recommendations

Municipal Capacity and Systems

- Cross train EMS and Town Health Officer on roles relative to reporting, receiving reports from the state, and responding to reports.

Explore Implementation Options with Regional, Municipal, and/or Community Partners

- Improve communication between municipality and hospitals relative to identification, tracking and control of communicable disease in the community.
- Develop and maintain a guide to prevention and mitigation strategies available in the community/region and a contact list for the organizations responsible.
- Maximize the availability of vaccines by facilitating coordination between providers in the Upper Valley of NH & Vt.
- Build and maintain a regional data sharing system that provides program/resource, public health function, and community health status data to support planning at the municipal, regional, and program levels.

Advocate for Enhanced State Capacity and Support

- Ensure clear understanding of protocols and the routine flow of information between state agencies and municipalities regarding the identification, tracking and control of communicable disease.
- Ensure protocols, and capacity, for reporting include 3-deep contact lists at the state and local levels to provide timely transmission and receipt of communicable disease reports.

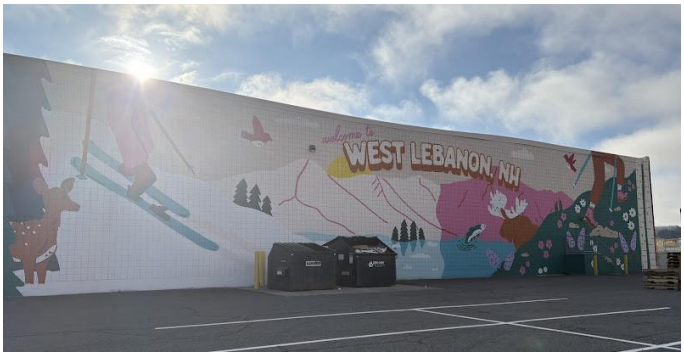


Photo Credit: "Beautiful Mural on Pet Smart Building" by Sarah Stillson

Environmental Health Services

CDC Essential Public Health Services (2020) #2

Overseeing and regulating environmental factors that impact public health. This includes air and water quality management, waste disposal, and controlling pollution. Inspections and enforcement related to pestilence, food safety in restaurants and public eateries, lead, mold and other contaminants in residential and commercial buildings also fall under this category.

What entities have responsibility, authority and resources for conducting the function?

1. STATE has capacity, resources, and authority for any functions not delegated to municipalities. Key agencies are NH DHHS/DPHS Public Health Laboratory, Bureau of Public Health Protection, and Department of Environmental Services.
2. MUNICIPALITY(IES) have responsibility and capacity for monitoring and compliance with multiple federal and state regulations: Clean Air Act, US EPA, NH DES Regulations, Clean Water Act, Septic System Inspections/Enforcement.
3. COMMUNITY PARTNERS
    - Healthcare providers and systems are involved in screening, education, and treatment to address the impact of contaminants, vector borne diseases and climate change on human health.
    - Regional Planning Commissions and the Public Health Council may play a role in applying for grants for capacity building, assessment, and planning. These grants are generally issue-specific and do not sustain public health capacity.

Stakeholder Input

Municipal stakeholders, including regional planners, identified the following:

1. **Strengths**: Local authority, particularly through Town Health Officers (THOs), manages public health concerns related to environmental exposures, air/water quality, and nuisances. Some local challenges related to housing and transportation.
2. **Weaknesses/Opportunities**: Positions are inadequate for the current workload. Need for a regional THO approach to ensure expertise and consistency but would need to address questions of authority. Local training and cooperation could improve THO effectiveness. Lack of authority in some areas: 1) City of Lebanon contracts for restaurant inspections but must report infractions to the State for enforcement; 2) City of Lebanon Code Enforcement personnel respond to complaints and provide guidance, despite not having authority for enforcement actions; and 3) air quality. Addressing housing conditions, especially in rental markets, remains challenging and enforcing

existing minimum housing standards (such as requiring landlords to provide heat in the winter) as a gap. THOs are not adequately integrated into emergency preparedness planning and communications and may not understand their potential roles.

Community Stakeholders had no comments or concerns about Environmental Health Services in our area. Lebanon residents expressed concern about rental housing conditions, especially as more properties are purchased by non-local investors. Lebanon residents also recommended a Regional THO approach.

Photo Credit: Boston Lot Lake by Sarah Wasserman

> *"Primary drinking water source is from Mascoma Lake which has experienced droughts in recent years resulting in growing concerns about the long-term reliability of the current resource for Lebanon."*
> *Lebanon Community Resilience Report, Jan 2024*

> *"Growing number of private water wells running dry during longer, more intense drought periods in the mid to late summer months."*
> *Lebanon Community Resilience Report, Jan 2024*

Supporting Data Overview

In our review of relevant secondary data relating to Environment Health, we found the following:

- Air quality in the Upper Valley is likely very good. In 2022 and the 5 years prior, Grafton County experienced zero "days with maximum 8-hour average ozone concentration; New Hampshire; Monitor and Modeled."
- Water Quality from community water systems is also likely good. Of the 37 Grafton County community water systems tested for arsenic in 2023, 28 had undetectable levels and 7 had levels less than or equal to MCL (maximum contaminant level); unfortunately,

the data does not identify which community water systems detected arsenic. Other contaminants detected at some level in Grafton County community water systems but within MCL limits: uranium and nitrates.

- Water quality in private wells is unknown as is the current health of private septic systems. According to data available at NH's Wisdom data dashboard, about 75 of Lebanon's private water systems were tested through the NH Department of Environmental Services between 2006 and 2022. Among results were 48% testing above guidance levels for radon (comparable to state), 26% high for sodium (state 36%), 22% high for iron (state 18%), and 14% high for (stagnant) lead (comparable to state). The total number of private wells and septic systems is unknown to the Town Health Officer, who would be responsible for responding to contamination and septic failures.
- Housing Quality and Risk of Harmful Exposures: In the DHMC-APD Service Area, 32% of housing units were built before 1960 (more than 65 years old) and 55% were built before 1980, meaning all these buildings likely have lead paint on exterior and interior surfaces. Other earlier building materials can be harmful, and older homes may have inadequate ventilation and structural issues. Also, in the DHMC-APD Service Area, 0.8% of occupied housing units lack complete plumbing and 1.1% lack complete kitchen facilities.
- Childhood lead exposure can be devastating to a young child's health and development. In 2023, 33 children screened in the UV Public Health Region (UVPHR)[5] had a BLL of 3.5 µg/dL or higher[6], in Lebanon, that number was 7 children. Between 2019 and 2023, 51 children in Lebanon have had new BLLs of 3.5 µg/dL or higher.

Additional details for these indicators can be found in Appendix B.

[5] UV Public Health Region constitutes the municipalities of Canaan, Dorchester, Enfield, Grafton, Grantham, Hanover, Lebanon, Lyme, Orange, Orford, Piermont, and Plainfield.
[6] The number 3.5 is significant in blood lead level screening because the Centers for Disease Control and Prevention (CDC) defines an elevated blood lead level (BLL) as 3.5 micrograms of lead per deciliter of blood (µg/dL) or higher, prompting public health action and further investigation.

Recommendations

Municipal Capacity and Systems

- Ensure adequate staff capacity for Town Health Officer roles.
- Work to update building codes that help to increase the overall resilience of redevelopment and new builds.[7]
- Adopt necessary ordinance changes to self-inspect local restaurants and food establishments.
- Help to advance equity within Lebanon and across the region through the work of the Environmental Justice Task Force that is in the process of defining what is needed and develop an action plan for a more equitable and sustainable community.
- The City is required by US EPA to remove the lead from drinking water pipes. The City is in the process of implementing a program to remove lead from the municipal drinking water pipes and, later, those water lines from the public system to the individual houses and commercial properties.
- Develop a comprehensive Stormwater Management Plan and any associated regulations and enforcement, to become more proactive and less reactionary around flood events. Include a full culvert assessment or management plan, consider a transportation asset management system, investigate an expansion of the stormwater drainage system. Consider innovations in water retention and road surfaces, such as grooving roads, permeable pavement, or municipal rain gardens.
- Incorporate recommendations from forthcoming Mascoma watershed study into stormwater quantity and water quality policies, practices, projects, and public education. This includes adequately resourcing the solutions, improving regional coordination with other communities in the watershed, conducting water testing to identify and fix the root causes of the harmful algal blooms in Lake Mascoma.
- Continue to explore options to secure a second regional water source (i.e., drinking water well) to help reduce dependence on a single source via the Mascoma Lake and expand

[7] Recommendations in **Blue** text are drawn from the Lebanon Community Resilience Building report, January 2024, as they align with the concerns and opportunities explored in this report.

provisioning to additional municipalities such as Hanover and Hartford, as needed. Communicate updates on these developments to the public.

- Assess the private water and sewer systems present in the City of Lebanon to determine needs for resident education, potential ordinance change, and potential vulnerabilities caused by failures (e.g. wastewater contamination, dry wells, etc.).

Explore Implementation Options with Regional, Municipal, and/or Community Partners

- Facilitate Town Health Officer (THO) training and regional coordination to ensure adequate knowledge and skills, awareness of regional trends, and knowledge of referral sources to help residents mitigate issues.
- Support study of a shared Regional Town Health Officer that determines the best model (e.g. replacing town level THO or supplementing/coordinating), assesses and addresses barriers to implementation, and designs a pilot test of the chosen model.
- Increase public education (e.g., Dartmouth game lab, etc.) on ticks and other insect borne diseases as well as access to primary care needs for those who cannot afford to visit a doctor immediately after getting bitten.
- Provide resources to support renters advocating with landlords for better housing conditions, especially as more apartments are being bought out by external investors.

Advocate for Enhanced State Capacity and Support

- Advocate for continued state support for vaccine programs and investment that allow municipalities to develop or upgrade resilient infrastructure.

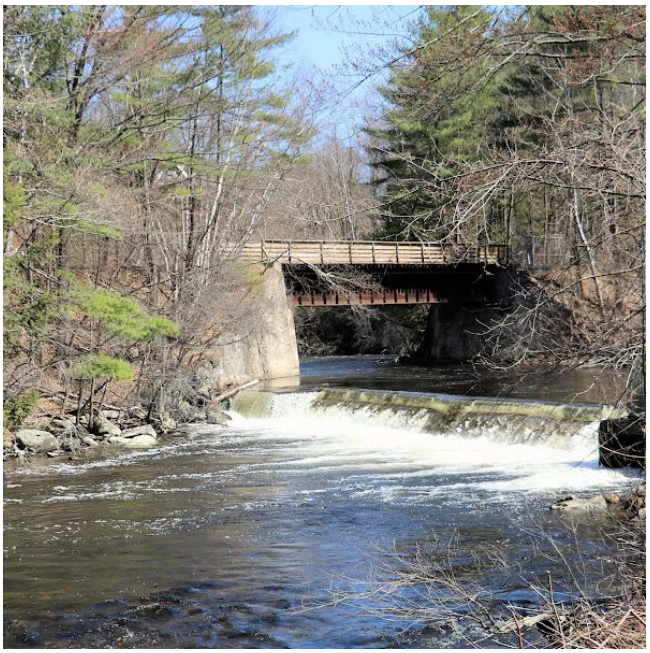


Photo Credit: Pumping Station Dam by David Bagley

Health Education and Promotion

CDC Essential Public Health Services (2020) #3

> Developing and implementing campaigns and programs to educate the public about health issues and promote healthy lifestyles. This can include initiatives targeting smoking cessation, obesity prevention, nutritional education, and promotion of physical activity.

What entities have responsibility, authority and resources for conducting the function?

- STATE hosts numerous programs of health education and health promotion, including in areas such as chronic disease prevention and management, substance misuse prevention (including tobacco), healthy homes, and physical activity. Key partners are programs within DHHS Division of Public Health Services, Division of Behavioral Health, and Division of Elderly and Adult Services.[8]
- MUNICIPALITY(IES) provides access to recreation programs, public parks and active transportation options. Local school districts provide health education and physical activity for students.
- COMMUNITY PARTNERS:
    - Healthcare providers and systems implement community health programs like chronic disease management, smoking cessation and food as medicine. They also support some broad public health campaigns.
    - Many local organizations are involved in providing public education, for example:
        - Mental Health First Aid and CONNECT Suicide Prevention Training
        - Media campaigns
        - School-based education and prevention programs

Stakeholder Input

- Stakeholders advocated for improvement to the health and healthcare navigation system in the region and for ensuring that health education and promotion are embedded within this system.
- Stakeholders also advocated for increased focus in health education and promotion geared to and for vulnerable populations, such as the elderly and others.
- Municipal Stakeholders did not review this function.
- Lebanon residents spoke up for preserving people's rights to protect their health by masking themselves when they believe it is beneficial. Some expressed concern about efforts in other communities to ban masking by individuals.

[8] Support for these programs is overwhelmingly federal funds, and it is not common for the State to contract with local or regional entities for sustained and comprehensive programming.

Supporting Data Overview

Common health promotion and disease prevention programs use strategies such as screening and early detection, health communications, health education, and policy, systems, and environmental change. Levels of Prevention include:

- **Primary Prevention:** Focuses on preventing diseases from occurring in the first place.
    - Examples: Immunizations, tobacco cessation programs, needle exchange programs, promoting healthy diets and physical activity, and safe housing.
- **Secondary Prevention:** Emphasizes early disease detection and treatment to prevent complications.
    - Examples: Pap smears, mammograms, colonoscopies, and screenings for chronic diseases.
- **Tertiary Prevention:** Focuses on managing chronic diseases and preventing further complications.
    - Examples: Rehabilitation programs, medication management, and support groups for individuals with chronic conditions.

Many Upper Valley organizations provide health education and promotion strategies. Area hospitals and clinics provide their patients with smoking cessation; addiction prevention and treatment; chronic disease education, prevention, and management programs for conditions such as diabetes and hypertension. The All Together and Hartford Community Coalitions provide community education in substance misuse prevention and early intervention as well as mental health training. Other organizations provide valuable community education on topics such as gender-based violence, emergency preparedness, recovery friendly workplaces, and disability friendly workplaces, among others. What is clear is that we do not have a detailed understanding of how well priority health concerns in the region are covered, by what organizations, and how well coordinated and comprehensive our efforts are.

Table: Common Health Education and Promotion Programs by Local Providers

Common Programs:	Local Providers[9]
Immunizations: Protecting against infectious diseases through vaccinations.	Health Care Providers, Dartmouth Health, Good Neighbor Health Clinic, Public Health Council
Nutrition and Physical Activity Promotion: Encouraging healthy eating habits and regular exercise.	Lebanon Parks & Recreation, CCBA, UV Trails Alliance, Co-op Food Stores, DH Aging Resource Center, Upper Valley Senior Center, Lebanon Farmers Market
Injury Prevention: Reducing the risk of injuries through education and interventions.	DH Injury Prevention Center
Mental Health Programs: Promoting mental well-being and addressing mental health conditions.	WCBH
Tobacco Cessation Programs: Helping people quit smoking and other forms of tobacco use.	DH Tobacco Treatment Program
Drug and Alcohol Abuse Prevention: Reducing the risk of substance misuse and its consequences.	All Together Coalition, TLC Recovery Center, Headrest
Sexual Health Promotion: Promoting responsible sexual behavior and preventing sexually transmitted infections.	WISE
HIV/AIDS Prevention: Reducing the risk of HIV transmission through education and prevention programs.	HIV/HCV Resource Center
Needle Exchange Programs: Reducing the risk of HIV and hepatitis C transmission among injection drug users.	HIV/HCV Resource Center
Community-Based Interventions: Addressing social determinants of health, such as poverty, lack of access to healthcare, and environmental hazards.	LISTEN Community Services, The UV Haven, Waypoint, School-based, Advance Transit

Recommendations

Municipal Capacity and Systems

- Continue to support the municipal and local agencies that provide services addressing this function.
- Assess the changing demands for these services and the resulting capacity impacts through reports from department heads, funded outside agencies, and other local assessments.
- Develop a proactive prioritization of community needs to align investments in funded outside agencies.

[9] This list is illustrative of the organizations involved in providing Health Education and Promotion but is not exhaustive.

Explore Implementation Options with Regional, Municipal, and/or Community Partners

- Map health education and health promotion resources to ensure all priority conditions are known and addressed.
- Use municipal communication platforms to share health education information, including posters in public places such as public pools and buildings.
- Advocate for the value of a regional approach to supporting health education and promotion resources to other Upper Valley municipalities.

Advocate for Enhanced State Capacity and Support

- Recommend that state-level health education and health promotion programs prioritize providing resources to Regional Public Health Networks to implement strategies on the regional level.

Photo Credit: "Enjoying the trails on a beautiful day!" by Hannah Brilling

Community Health Services

CDC Essential Public Health Services (2020) #7

Providing direct health services to the community, especially to underprivileged or vulnerable groups. This could include services like health screenings, maternal and child health programs, dental care, and mental health services.

What entities have responsibility, authority and resources for conducting the function?

- STATE supports this function primarily through Medicaid and support for safety net programs for behavioral health, community health centers, and family resource centers.
- MUNICIPALITY(IES) use local funds to support community-based organizations providing direct care to residents under state "welfare" requirements. The City of Lebanon has elected to support a Community Paramedicine Program and Community Nurses, as have numerous other towns in the region.
- COMMUNITY PARTNERS
    - Healthcare providers and systems (both public and private) provide health screenings, dental care, maternity and childcare programs. This includes hospitals, provider practices, visiting nurse programs and safety net programs like GNHC, Red Logan, and MCHC/Health First.
    - Other organizations that provide safety net programs, especially for vulnerable groups, include HIV/HCV Resource Center, LISTEN Community Services, WCBH, and Grafton County Senior Citizens, among others.

Stakeholder Input

- Many stakeholders noted a severe shortage of community mental health services. There are too few treatment options and existing options have waitlists.
- Dental care in our region is of great concern. Barriers include shortage of available providers, insurance coverage, and transportation.
- Another area of concern is childcare. The shortage of childcare options drives up the cost for existing programs, making it inaccessible to many.
- Stakeholders expressed concern for older adults, specifically isolation in this population and shortage of assisted living options.

Top Priorities from Upper Valley Community Health Needs Assessment 2024

- Access to Care
    - Availability of Primary & Specialty Care
    - Cost of Health Care Services
    - Access to Adult Dental Care
    - Availability of Mental Health Services
    - Health & Human Services Workforce Shortages
    - Navigating the Health Care System
- Basic & Social Needs
    - Affordable Housing
    - Transportation
    - Affordable Childcare
    - Food Access
- Support for Older Adults

Lebanon residents identified that the large aging population in downtown Lebanon may be increasingly housebound, and the poor condition of sidewalks affects walkability, especially for older adults, and exacerbates isolation.

- More older adults will need affordable assisted living options or services, ideally while still allowing them to stay connected to the community
- Supporting elders with dementia and their caregivers will be an increasing concern, and there are few resources available. This will also affect the workforce, as caregivers may not be able to leave the home for respite or to get their needs met.

Lebanon residents also expressed concern about potential cuts to Medicaid funding and the impact on health outcomes of vulnerable people.

> *"The workforce for public servants, the trades, and frontline jobs is depleted due to a lack of affordable housing, training programs, affordable daycare, and interest from young people in these types of jobs."*[1]

Supporting Data Overview

This function is about ensuring care and services are available for vulnerable members of the community. The question, then, is who are the vulnerable members of our community? To provide context for population and socio-demographic data presented in this report, Lebanon's total population in 2023 was estimated at 14,759 and the DH-APD hospital service areas had an estimated population of 72,736. Lebanon accounts for about 20% of the service area population.[10] Additional age-related data is below.

Table: Age-Related Demographics

	Median Age	% Under 18 Years of Age	% 65+ Years of Age
Lebanon	39	14%	21%
DH-APD Service Area	42	17%	22%
New Hampshire	43	19%	19%
Vermont	43	18%	21%

Source: DH/APD Community Health Needs Assessment: Fiscal Year 2025

[10] DH/APD Community Health Needs Assessment: Fiscal Year 2025

- In the Claremont-Lebanon micropolitan area approximately 22.7% of the population is 65+, and this percentage is expected to increase to 36% by 2040. Roughly 6% of the population in our area is 80+. In our micropolitan area children make up approximately 20% of the population.
- According to the recent Community Health Needs Assessment, about 11.6% of the residents in our region identify as non-white. This means approximately 11,000 people identify as something other than white or non-Hispanic in the Upper Valley, constituting a significant population of people.
- Disability: 12% of the people in the DH-APD Service Area and 13% of Lebanon residents identify as having a disability. This is comparable to rates for New Hampshire (13%) and Vermont (14%).
- In Lebanon, 9% of households have incomes under the federal poverty level. A relatively high percentage of households are headed by a single parent in Lebanon (31%, compared to 27% in New Hampshire and 32% in Vermont). In addition, in the DH-APD Service Area, 9.8% of people aged 65+ live in poverty, compared to 7.4% across New Hampshire and 8.2 across Vermont.
- Housing costs are unbearably high. In the DH_APD Service area, 24% of home owning households spend more than 30% of their income on housing costs. For renters, that percentage rises to nearly 48% percent spending more than 30% of their income on housing costs.
- Food Insecurity: About 11% of families in the DH-APD Service Area experience food insecurity as compared to 9.7% in New Hampshire and 11.7% in Vermont.[11]
- Insurance Coverage: In the DH-APD Service Area, 4% of the population has no health insurance (almost 3,000 people), 23% have Medicare, 13% have Medicaid, and 3% have VA health care coverage. In the UVPH Region, 6% of people report not seeing a doctor when needed due to cost. This suggests that some people with health insurance forego care because insurance does not cover enough of the cost to make care affordable.

[11] Feeding America, Map the Meal Gap, 2022.

- Transportation: As a barrier to accessing needed services, it is notable that 5.6% of households in the Claremont-Lebanon Micro Area report having no vehicle available and 33.6% report one vehicle available. In a household where one or two adults are in the workforce having only one car can limit access to care and other services.
- Emergency Medical Response: Calls for EMS services can be a measure of vulnerability and unmet health care need in a community. Of about 3,723 EMS responses in 2024, 11 were Well Person Visits, 65 were triggered by medical alert systems, and 481 (13%) were for falls.

Additional details for these indicators can be found in Appendix B.

Status Review of Agencies Funded by City of Lebanon

The City of Lebanon provides financial support to several health and human services agencies that serve vulnerable Lebanon residents. The following snapshots of agencies' staffing capacity and client waitlists demonstrate most of managing to address critical needs in the community while balancing workforce and funding challenges. As we see in numerous local needs assessments, mental health and addiction treatment as well as dental care are the services experiencing the most stress.

Table: Staffing Snapshot: February 2025

Agency	Vacancy Rate	Staffing Trends	Challenges
Good Neighbor Health Clinic	.8 FTE short in medical clinic	Stable past 2 years after high turnover rates.	Rates of pay; attracting dental staff.
Headrest	High vacancy rate.	n/a	Need for 24/7 staff and compensation.
HIV/HCV Resource Center	No vacancies.	Stable: 5 FT, 1 PT	Finding candidates appropriate to provide direct service to clients.
LISTEN Community Services	Low vacancy rate: 1 FTE in Retail 1 FTE in Admin.	Able to fill positions quickly.	Finding experienced candidates and admin support.

VNH	Home Health:13% Hospice: 0% MCH: 20%	Home Health: improving Hospice: stable MCH: stable	Not enough licensed clinicians to meet demand.
West Central Behavioral Health	30% clinical vacancy rate	Recent improvement in hiring/retention. Vacancy rate improving.	Compensation (and challenges in housing and childcare)

Table: Waiting List for Services Snapshot: February 2025

Agency	Waiting List	Wait Time	Trends
Good Neighbor Health Clinic	Dental: "profoundly long"	1 year (ideal is 3-months)	Consistently unable to meet dental care demand.
Headrest	Residential: 4-5 OP Treatment: none	OP Treatment: within 2-weeks	n/a
HIV/HCV Resource Center	No waiting list.	Syringe Services: 1 day HIV Case Mgmt: 1-2 weeks	Syringe program clients have increased as have basic needs of clients.
LISTEN Community Services	Waitlists only exist for Holiday Baskets. Heating and Housing Helpers often needs to prioritize applicants based on risk of utility shut off or homelessness.	Service Coordination: 1-2 days Community Case Mgmt: 2 weeks Heating and Housing Helpers:1-2 days Family Programs:1 week Holiday Baskets: na	Demand for all, including food pantry and community dinners, rising. Also, more demand for help with housing applications.
VNH	Home Health: none Hospice: none MCH: none	Home Health:3-7 days (ideal: 48 hours) Hospice: 24 hours (ideal) MCH: 48-72 hours (ideal	Home health admissions have gone down over the past 3 years while Hospice has remained stable.
West Central Behavioral Health	Adults: 26 Children: 30	Adults: ~40 days Children: ~46 days Ideal would be within 10 days for routine care; 24 hours for urgent care.	Increased demand for child/family program and post-pandemic increase in services for anxiety, stress, depression. SDoH and workforce issues are equal challenges.

- Community Nursing: The City of Lebanon maintains a Community Nursing and Community Paramedicine Program within the Fire Department. In 2024, Community Nurses saw 144 unique Lebanon clients, provided 320 home visits and 494 telephone visits, and 677 instances of care coordination. Reported outcomes included, from most reported descending: reduced anxiety or worry for client or caregiver, reduced social isolation, improved understanding of medications, able to remain safely at home, prevented falls, and prevented hospital ED visits.
- Community Paramedic: In 2024, the Community Paramedic saw 83 unique Lebanon clients, provided 222 home visits and 93 telephone visits, and 194 instances of care coordination

Recommendations

Municipal Capacity and Systems

- Continue to support and expand Lebanon Community Nursing and Community Paramedic with periodic program adaptation based on demand for services.
- Continue to support the municipal and local agencies that provide services addressing this function.
- Assess the changing demands for these services and the resulting capacity impacts through reports from department heads, funded outside agencies, and other local assessments.
- Develop a proactive prioritization of community needs to align investments in funded outside agencies.
- Analyze neighborhood demographics to identify pockets of vulnerable residents and how city infrastructure meets their needs in those neighborhoods. For example, are there pockets of older adults in neighborhoods with poor sidewalk quality?

Explore Implementation Options with Regional, Municipal, and/or Community Partners

- Map community health resources to ensure all priority conditions are known and addressed.
- Advocate for the value of a regional approach to supporting community health resources to other Upper Valley municipalities.

- Support development of resource guides and inter-agency communications regarding resources.
- Build and maintain a regional data sharing system that provides program/resource, public health function, and community health status data to support planning at the municipal, regional, and program levels.
- Design and initiate education/vocational training programs to assist with the building of primary care services workforce.

Advocate for Enhanced State Capacity and Support

- Support the provision of annual reports to legislators that summarize community and public health priorities, system capacity, cost barriers, and impacts to local health outcomes.

Photo Credit: "Wildflowers on the Mascoma Greenway" by Corinne Ericksen

Emergency Medical Services (EMS)

CDC Essential Public Health Services (2020) #7

Offering rapid medical response services for emergencies, including ambulance services, paramedic services, and first responder training.

What entities have responsibility, authority and resources for conducting the function?

- STATE offers training, licensing, and data management for emergency services professionals through the NH Department of Safety (Fire Academy, Emergency Services and Communication).
- MUNICIPALITY(IES) provides ambulance and paramedic services in the city and the Towns of Enfield, Grantham and Plainfield. Lebanon also provides mutual aid assistance within the mutual aid compact that covers municipalities in NH and VT.
- COMMUNITY PARTNERS include hospital emergency departments that treat patients in emergencies; they participate in developing a network of EMS providers in the region and support training and systems improvement. WISE offers support to victims in ED.

Stakeholder Input

Municipal stakeholders, including regional planners, identified the following:

1. **Strengths**: EMS services rely on mutual aid agreements, though there is an unofficial role in mental health support. Some preventive measures are integrated, such as 988 and community paramedics. RPHN has resources to support community education and notification. RPHN serves as a connection hub.
2. **Weaknesses/Opportunities**: EMS services are stretched thin and vulnerable during extended disasters. Other towns rely on Lebanon for mutual aid which may increase to the point of vulnerability (challenges with volunteer and private EMS services). Mental health resources are insufficient, and there is a need for broader support for people with mental illness. Opportunity to add a Police Social Worker. Proposals to increase EMS capacity and advocate for mental health system investment are needed.

Supporting Data Overview

- An important measure of the adequacy of emergency medical services is the average response time for calls. In Lebanon, average response time has increased from 5.10 minutes in 2017 to 6.18 minutes in 2024.

- EMS providers are concerned about calls to EMS for conditions best addressed through other systems (e.g., mental health or addiction treatment); in 2024, there were at least 275 calls related to psychiatric conditions or substance misuse.

Recommendations

Municipal Capacity and Systems

- Enhance capacity of Lebanon EMS services as indicated by local response time and call data.
- Add a Police Social Worker, or similar position, to address calls from people in moderate level mental health crises and refer to appropriate services (e.g., de-escalate and divert). This role should supplement and coordinate with state and local agency crisis response initiatives.

Explore Implementation Options with Regional, Municipal, and/or Community Partners

- Facilitate a regional review of EMS and public health emergency response system capacity to realign mutual aid and determine capacity building needs.

Advocate for Enhanced State Capacity and Support

- Advocate for mental health system expansion to meet the needs of people who use local police, EMS, and emergency departments due to insufficient access to appropriate care.

Public Health Surveillance and Reporting

CDC Essential Public Health Services (2020) #1

> Monitoring health trends within the community and reporting on health-related data. This involves collecting, analyzing, and disseminating information about health status, disease incidence, and risk factors within the community.

What entities have responsibility, authority and resources for conducting the function?

- STATE offers interactive data reports through the NHDHHS. Additional reports are available by program.
- MUNICIPALITY(IES) has no active role in this service area.
- COMMUNITY PARTNERS such as WCH, Headrest, and Listen collect client data including health status and SDoH risk factors. This data is not reported out to inform local needs.

Stakeholder Input

- Triennial hospital-led Community Health Needs Assessment provides valuable data for the community. However, a more systematic approach to, and capacity for, tracking key data indicators of health outcomes and drivers of health would be beneficial.
- Stakeholders indicated a need for data to be shared between existing organizations, and for data to be made easily accessible.

Supporting Data Overview

The data presented in this report, and the sources used, present a snapshot of our ability to monitor health related data. The greatest challenges to regional public health surveillance and reporting are as follows:

- Access to data at a local or regional level;
- Data that is comparable across state lines; and
- Staff capacity to create and maintain a local data dashboard that includes both high level health indicators of interest and program-level or performance measures.

Our goal was to collect data for the most local level possible. In some cases, we were able to gather data for our Claremont-Lebanon micropolitan area, but in other cases we were limited to state level data. Reporting data for our micropolitan area is useful because it includes towns in both New Hampshire and Vermont, which better reflects our bi-state region. Another challenge

in health data is there are differences in which diseases were reported by the state or how the data was reported, so it is not always possible to present side-by-side.

We are also aware that Town Health Officers, at least in New Hampshire, are required to provide annual reports of their activities to their towns. We believe that gaining access to these reports would provide valuable information and allow us to assess regional trends in areas covered by Town Health Officers: septic system health, contaminants, environmental exposures, and nuisance pest infestations.

Recommendations

Municipal Capacity and Systems

- Create and staff an inter-departmental team of municipal personnel whose roles touch on all public health functions to ensure appropriate collaboration, communication, and sharing of information. Team members should include, but not be limited to, Town Health Officer(s), person filling the role of Emergency Management Director, Fire and Police Chiefs, Human Services Administrator, Community Paramedic, Community Nurses, and City Planner.
- Identify data held within municipal departments that may contribute to periodic assessment s of public health need and capacity (e.g., THO reports, EMS, Human Services, Police Department).

Explore Implementation Options with Regional, Municipal, and/or Community Partners

- Build and maintain a regional data sharing system that provides program/resource, public health function, and community health status data to support planning at the municipal, regional, and program levels.
- Support and advocate for regional analysis of THO annual reports.

Advocate for Enhanced State Capacity and Support

- Improve routine access to essential public health function and health status data at the Regional Public Health Network level.

Regulatory Functions

CDC Essential Public Health Services (2020) #6

> Enforcing public health laws and regulations to protect community health. This includes licensing and inspection of facilities like nursing homes, childcare centers, and swimming pools.

What entities have responsibility, authority and resources for conducting the function?

- STATE is responsible for the Office of Legal and Regulatory Services, the Bureau of Elderly and Adult Services, and the Bureau of Public Health Protection. The Department of Education provides additional regulatory guidance to public and private schools.
- MUNICIPALITY(IES) conducts inspections of childcare facilities to enforce DHHS regulations and applicable life safety regulations.
- COMMUNITY PARTNERS are not involved in this area of public health promotion.

Stakeholder Input

Municipal stakeholders, including regional planners, identified the following:

1. **Strengths**: State public health laws grant THOs authority to enforce and adopt local codes; however, enforcement often requires involvement of local police for violations without local ordinances.
2. **Weaknesses/Opportunities**: Opportunity to adopt local health codes, empowering THOs to act independently on violations. THOs are not adequately integrated into emergency preparedness planning and communications and may not understand their potential roles.

Community Stakeholders concerned about children's vulnerability noted there should be standards around education, environment, and nutrition for homeschooled children.

Supporting Data Overview

Nursing homes are inspected by the State. According to ProPublica, which reported a summary of nursing home inspection results in November 2024, Upper Valley facilities fair as follows:

Location	Total Deficiencies	Severe Deficiencies	Fines	Nurse Turnover Rate
Hanover, NH	14	3	>$110K	50%
Lebanon, NH	31	0	$0	38.5%
Windsor, VT	8	0	$0	50%

Local authorities inspect childcare facilities. A review of Lebanon's childcare facilities, which includes after school and preschool programs, revealed that the five (5) licensed facilities had been inspected between June and August 2024. Two of the facilities had no findings of deficiency; three of the facilities achieved between 94% and 99% satisfactory scores.

Recommendations

Municipal Capacity and Systems

- Establish health codes that give THO independent enforcement authority.

Explore Implementation Options with Regional, Municipal, and/or Community Partners

- Support study of a shared Regional Town Health Officer that determines the best model (e.g. replacing town level THO or supplementing/coordinating), assesses and addresses barriers to implementation, and designs a pilot test of the chosen model.

Advocate for Enhanced State Capacity and Support

- Advocate for clarification and potential expansion of the THO role at the municipal and regional levels.

Public Health Planning and Policy Development

CDC Essential Public Health Services (2020) #5

> Developing plans and policies to address current and future public health needs. This involves identifying health risks in the community, setting public health goals, and devising strategies to meet these goals.

What entities have responsibility, authority and resources for conducting the function?

- STATE is responsible for releasing State Health Improvement Plans.
- MUNICIPALITY(IES) implements Strategic Plans, and sets goals related to different public health services.
- COMMUNITY PARTNERS are part of a regional community health improvement plan that is completed every 3 years in collaboration with local hospital plans.

Stakeholder Input

As described by municipal stakeholders, the public health planning and policy development capacity in Lebanon demonstrates strengths in recognizing the need for regional coordination, leveraging mutual aid agreements, and using resources like the Regional Public Health Network (RPHN), Dartmouth Health, and tools such as Lebanon's "LebAlert" for public communication. There is also commitment to preventive care, surveillance for high-risk groups, and Crisis Intervention Team training for law enforcement, indicating a proactive approach to addressing public health emergencies, communicable diseases, and mental health challenges.

However, significant weaknesses hinder effective planning and response. These include a lack of shared regional plans and collaboration across state lines, as exposed during COVID, missing critical plans for short- and long-term recovery and emergency communications, and insufficient training and drills. Finite resources, such as personnel and supplies, risk depletion in sustained emergencies, while the state-driven communicable disease notification system lacks redundancy, relying on single points of contact. Additionally, overtaxed EMS services, inadequate mental health systems, and under-resourced environmental health functions, coupled with limited local authority and housing challenges, exacerbate vulnerabilities, necessitating improved coordination, local ordinances, and investment in mental health and housing infrastructure.

Supporting Data Overview

Municipal officials and local public health professionals in the Lebanon Region have resources, authority, and tools available to develop and implement public health plans and policy. Resources to support planning include:

- Municipal Master Plans and Strategic Plans
- Community Health Needs Assessments
- Community Health Improvement Plans
- Public Health Emergency Response Plans
- Reports from Regional Planning Commissions

Recommendations

Municipal Capacity and Systems

- Create and staff an inter-departmental team of municipal personnel whose roles touch on all public health functions to ensure appropriate collaboration, communication, and sharing of information. Team members should include, but not be limited to, Town Health Officer(s), person filling the role of Emergency Management Director, Fire and Police Chiefs, Human Services Administrator, Community Paramedic, Community Nurses, and City Planner.
- Review public health capacity to address municipal needs every 3 to 5 years.
- Set goals for public health capacity and community outcomes in Strategic Plan.

Explore Implementation Options with Regional, Municipal, and/or Community Partners

- Work with public health partners to conduct a regional review, set priorities, and report progress on a periodic basis.
- Provide leadership on regional approaches to public health planning and policy development.

Advocate for Enhanced State Capacity and Support

- Provide education periodically to local legislators on the status of the public health system and legislative barriers to addressing current needs.

Emergency Preparedness and Response

CDC Essential Public Health Services (2020) #10

> Preparing for and responding to public health emergencies, such as natural disasters, pandemics, or bioterrorism threats. This includes disaster planning, stockpiling necessary supplies, and coordinating response efforts with other agencies.

What entities have responsibility, authority and resources for conducting the function?

- STATE is responsible for the DHHS/DPHS Bureau of Emergency Preparedness, Response, and Recovery.
- MUNICIPALITY(IES) has emergency operations and a hazard mitigation plans. The municipality participates in regional public health network and MACE. The municipality is a fiscal sponsor for bi-state Medical Reserve Corps. The City does not have a disaster recovery plan, a continuity of government plan or a continuity of operations plan.
- COMMUNITY PARTNERS: The UV Public Health Network brings together regional partners to develop, update, and practice emergency response plans. The network also maintains stockpiles of supplies for sheltering, mass vaccination, and some medical supplies.

<u>Stakeholder Input</u>

Municipal stakeholders, including regional planners, identified the following:

1. **Strengths**: Planning is integrated across municipal government, Regional Public Health Network (RPHN), and regional planning commission. Response resources exist locally and regionally. A recognition exists for regional planning due to the widespread nature of public health emergencies and reliance on mutual aid agreements.
2. **Weaknesses/Opportunities**: Coordination is inconsistent, with COVID highlighting gaps. Need planning groups within local government to include more multi-disciplinary and external partners to improve plan details and communications. Missing plans for short- and long-term recovery, emergency communications, and inadequate training/drills. Other plans need to be more robust and practiced. Would benefit from more Tabletop Exercises, Shelter Set-Up Drills, and practice dealing with pets (UVHS as possible consultant). Lebanon and Hanover are highly engaged in emergency planning, but

> *"City [of Lebanon] is not currently equipped to respond fully to major disasters that displace large numbers of residents as well as people from neighboring communities that look to Lebanon as a regional hub for public health, safety, and sheltering."* *Lebanon Community Resilience Building, Jan 2024*

engagement with other towns is inconsistent. Resources (personnel, vehicles, supplies) are finite and can be exhausted quickly. More and more Fire Departments are experiencing staffing and budget shortages which may hinder their ability to participate in public health emergency planning and response.

Supporting Data Overview

We did not collect data relevant to this public health service.

Recommendations

Municipal Capacity and Systems

- Create and staff an inter-departmental team of municipal personnel whose roles touch on all public health functions to ensure appropriate collaboration, communication, and sharing of information. Team members should include, but not be limited to, Town Health Officer(s), person filling the role of Emergency Management Director, Fire and Police Chiefs, Human Services Administrator, Community Paramedic, Community Nurses, and City Planner.
- Integrate THO into public health emergency planning and response roles.
- Ensure adequate staffing of Fire and Police Departments and EMS to provide adequate capacity for emergency planning and response.
- Develop and maintain emergency response plans for short-term and long-term recovery, emergency communications, training and drills.
- Establish a regional evacuation plan complete with the establishment of a regional shelter capable of accommodating residents and their pets for longer durations beyond the ability of municipalities such as Lebanon.
- Continue to work to improve the reach and effectiveness of emergency communications so that every resident is given the opportunity to voluntarily receive critical information during major events.
- Continue to emphasize the importance of emergency management readiness via supportive exercises, training, and scenario drills that help to improve implementation of plans and responsiveness of staff.

    - Includes Tabletop exercises, shelter set-up drills, pet sheltering, etc.
    - Conduct emergency management planning exercises focused specifically on power loss during extreme heat and cold scenarios and concerns regarding isolated elderly residents.
- Explore the potential of setting up a Lebanon Community Emergency Response Team (CERT) to help extend the reach and support of the emergency management professionals during times of crises as well as help establish a workforce pipeline for community members looking to get into the field as a career.

Explore Implementation Options with Regional, Municipal, and/or Community Partners

- Provide leadership to regional public health emergency planning and response, along with Regional Public Health Emergency Preparedness Coordinator and other municipal officials.
- Participate in regional training and drills.

Advocate for Enhanced State Capacity and Support

- Provide adequate resources and systems to support ongoing planning and training for public health emergencies.

Photo Credit: "Medical Reserve Corps and Geisel School of Medicine Volunteers Helps at PHC's Free Community Flu Vaccine Clinic" by Alex Dreihaus

Mental Health and Substance Misuse Services

CDC Essential Public Health Services (2020) #7

Addressing mental health and substance misuse issues within the community through various programs and partnerships.

What entities have responsibility, authority and resources for conducting the function?

- STATE is involved in this area through Medicaid and the Bureau of Behavioral Health Services. The state provides funding for organizations that provide safety net services like WCBH and Headrest.
- MUNICIPALITY(IES) provides services, though limited, in this area such as ambulance transport or transport for IEA (Involuntary Emergency Admission).
- COMMUNITY PARTNERS
    - Limited annual subsidy provided by the city for mental health and substance misuse services. Headrest provides suicide prevention and substance misuse services.; WCBH provides mental health services including 24/7 crisis services; WISE provides gender-based domestic abuse prevention and response services.
    - HIV/HCV Resource Center, TLC Recovery Center, Stepping Stones Peer Support are other services that provide direct service, training or other supports.

Stakeholder Input

Municipal stakeholders, including regional planners, identified the following:

1. **Strengths**: Efforts to address the downstream impacts of mental illness and substance misuse. Crisis Intervention Team (CIT) training for Lebanon Police helps with mental health crises. Advocacy for state mental health system improvements.
2. **Weaknesses/Opportunities**: Inadequate mental health system to meet needs, especially for mild-to-moderate cases. Opportunity to add a Police Social Worker. Housing and transportation are key barriers. Need for more transitional, recovery, and shelter beds. Encouraging development of specialized housing and micro-transit projects would help address housing needs. Need specialized training (CIT, MHFA) for people staffing emergency shelters that may include people experiencing mental health and/or substance misuse issues.

Many Community Stakeholders noted the shortage of mental health services in our area. There was a suggestion that the amount and quality of youth treatment services should be increased. Lebanon residents also noted that limited transportation access remains a barrier.

Supporting Data Overview

As with much of the country, a good portion of the population in our area struggles with mental health. Some of this could be attributed to lasting effects and societal changes post-pandemic.

- In 2023, Windsor County (VT) had a significantly higher rate of depression than Grafton County (NH). Both rates pointed to depression affecting around 1/4 of the population. In the same year, for both New Hampshire on a statewide level and the Upper Valley, the rate of teens struggling with poor mental health was about 30%.

Fewer teens in the Upper Valley report emotional difficulties than their peers across New Hampshire:

- In 2023, 54% of teens in New Hampshire were unable to get help for emotional struggles, while 44% of teens in the Upper Valley struggled to get help.
- In 2023, teens in the Upper Valley experienced less bullying on social media than teens in New Hampshire as a whole. However, females experienced more social media bullying than males across the board.

Substance Misuse:

- 17% of adults in the UVPHR report binge drinking.
- Of high school students in the UVPHR, 21% report drinking alcohol in the past 30 days, 12% report binge drinking, and 30% report it is easy to get alcohol. Seventeen (17) percent report using marijuana in the past 30 days and 11% reported using vape products.

Local agency capacity and waitlist data, summarized on page X, confirm there are not sufficient mental health and addiction treatment resources to adequately meet local needs.

- As noted in the section on Emergency Medical Services, EMS providers are concerned about calls to EMS for conditions best addressed through other systems (e.g., mental health or addiction treatment); in 2024, there were at least 275 calls related to psychiatric conditions or substance misuse.

Recommendations

Municipal Capacity and Systems

- Continue to support Lebanon Community Nursing and Community Paramedic with periodic program adaptation based on demand for services.
- Continue to provide Crisis Intervention Team training for police officers and other municipal officials working with the public.
- Continue to support the municipal and local agencies that provide services addressing this function. Increase investments in mental health treatment, substance misuse treatment, and other social services at the regional as well as local levels.
- Assess the changing demands for these services and the resulting capacity impacts through reports from department heads, funded outside agencies, and other local assessments.
- Develop a proactive prioritization of community needs to align investments in funded outside agencies.
- Enact zoning regulations that allow for supportive and transitional housing as well as emergency sheltering near services and transportation.
- Support development of micro-transit options to address access barriers.

Explore Implementation Options with Regional, Municipal, and/or Community Partners

- Work to ensure existing substance misuse support networks and awareness building are maintained and expanded as needed in response to ongoing community needs.
    - Map community health resources to ensure all priority conditions are known and addressed.
    - Advocate for value of regional approach to supporting mental health and substance misuse resources to other Upper Valley municipalities.
    - Support development of resource guides and inter-agency communications regarding resources.
- Build and maintain a regional data sharing system that provides program/resource, public health function, and community health status data to support planning at the municipal, regional, and program levels.

Advocate for Enhanced State Capacity and Support

- Support the provision of annual reports to legislators that summarize community and public health priorities, system capacity, cost barriers, and impacts to local health outcomes.

Photo Credit: "Hanover Street in Fall" by David Bagley

Health Equity and Access Initiatives

CDC Essential Public Health Services (2020) #7

> Working to ensure that all community members have access to health services and that health disparities are addressed. This function could also include preventing discrimination, ensuring access to services that address SDOH, and addressing hate-based violence.

What entities have responsibility, authority and resources for conducting the function?

- STATE contributes to this public health function through the NHDHHS/Office of Health Equity.
- MUNICIPALITY(IES) seeks to address healthy equity through its annual subsidy to various nonprofit service providers. This service area is largely defaulted to the State and Federal governments to endure health equity and access through the various programs including Medicaid and Medicare.
- COMMUNITY PARTNERS: Most Upper Valley health and human services organizations are committed to preventing discrimination and provide services to vulnerable and underrepresented groups. This includes addressing diversity based on race, ethnicity, gender, disability and more. Dartmouth Center for Advancing Rural Health Equity provides research & technical support to health equity initiatives. The Public Health Council is building a program to more completely engage members of underrepresented groups in addressing their health needs.

Stakeholder Input

Stakeholders express significant concern about the region's ability to ensure equitable access to health services and address health disparities, highlighting a critical shortage of services, including mental health care, dental care, homemaker services, and childcare, compounded by long waitlists, insufficient staffing, and funding shortages. Vulnerable populations, such as the elderly, children, BIPOC, LGBTQ+, New Americans, and those facing housing instability or mental health challenges, face pronounced barriers, including transportation limitations, lack of affordable housing, and inadequate support for social drivers of health (SDOH) like food security and childcare, which exacerbate disparities and increase risks of isolation and unsafe living conditions. There is also a noted lack of collaboration and data sharing among agencies, with no universal database or regional coordinating body, which hinders efforts to prevent discrimination and address hate-based violence effectively.

Despite these challenges, stakeholders identify opportunities to improve by building on existing resources, such as care navigators, peer support, school- and work-based services, and community collaboration to streamline communication and create accessible resource guides. Progress could be measured by increased housing stability for vulnerable groups, reduced waitlists, and improved health outcomes, such as fewer dental cavities or missed primary care appointments. Stakeholders emphasize the need for enhanced transportation, translation services, and health navigation systems to ensure sustainable access, alongside greater support for children, parents, and mental health treatment, indicating a community-driven commitment to addressing disparities through targeted resource development and inter-agency cooperation.

Supporting Data Overview

Regional demographics regarding vulnerable population in the Upper Valley and Lebanon Region are shared in the Community Health Services section of this report.

Health Equity approaches require us to consider not just which populations are vulnerable to poor health outcomes, but also to understand which groups are disproportionately affected by poor health outcomes or specific drivers of health.

- In the Claremont-Lebanon Micropolitan Region, the poverty rate among people who identify as white alone is 9.4%; however, people who identify as Black or African American have an 18.8% poverty rate and people who identify as being of two or more races have an 18.1% poverty rate.
- Nearly 10% of people in the Claremont-Lebanon Micropolitan Region speak a language other than English and may need translation service to ensure adequate health care and other services.
- 12% of the people in the DH-APD Service Area and 13% of Lebanon residents identify as having a disability. This is comparable to rates for New Hampshire (13%) and Vermont (14%).

Respondents to the DH-APD Community Health Needs Assessment reported the following significant barriers to people in their community receiving the health care services they need:

- Can't afford out-of-pocket expenses 61%
- Basic needs not met (food, shelter) 36%
- Experiences or fear of discrimination and unfair treatment 19%
- Cultural barriers 8%

People experiencing homelessness are also vulnerable to poor health outcomes in numerous ways. In Lower Grafton County during the January 2025 Point-In-Time Count of people who are unhoused during that 24-hour period, outreach personnel and volunteers counted 58 non-duplicated individuals over 38 households.

- Twenty-two (22%) of the individuals were in places not intended for human habitation (i.e., unsheltered, such as camping (5), in their vehicle (7), in a camper (9), or in a building not intended for habitation (1)).
- Forty-six (79%) of the individuals were in Lebanon or West Lebanon. Others were in Orford, Grafton, Hanover, and Enfield.
- Five of the households were families with children.
- Thirty-eight (over 65%) individuals self-reported at least one disabling condition/risk factor, of which mental health issues were the most common risk factor
- Sixteen (27%) individuals reported that they were experiencing homelessness for the first time, and twenty-three (40%) were experiencing chronic homelessness.

Recommendations

Municipal Capacity and Systems

- Continue to support the Lebanon DEI Commission and its initiatives.
- Help to advance equity within Lebanon and across the region through the work of the Environmental Justice Task Force that is in the process of defining what is needed and develop an action plan for a more equitable and sustainable community.
- Maintain policies against discrimination and hold municipal employees accountable for their treatment of residents and visitors.

- Continue to support those community agencies that provide health education, health promotion, and health care services to members of underserved populations.
- Explore ways to attract additional grocery stores to Lebanon to help further decentralize the location (i.e., "more in downtown area") and provision of food and supplies for residents during times of crises. Explore possibility of re-zoning select locations to allow for the establishment of additional grocery stores in areas not in proximity of existing resources.
- Incorporate plans to address homelessness in the 2024 Master Plan update, which currently has no mention of this growing issue.
- Analyze any changes to current policies and practices to produce a decriminalizing effect on homelessness.

Explore Implementation Options with Regional, Municipal, and/or Community Partners

- Work with partners (e.g., neighboring municipalities, state of New Hampshire, Upper Valley Lake Sunapee Regional Planning Commission, private employers, developers, local social service provides, among others) to further study the region's social vulnerabilities related to housing, poverty, and mental health and work together to find solutions that may involve resource sharing and regional programs co-development.

Advocate for Enhanced State Capacity and Support

No recommendations in the section.

Table 1: Public Health Functions by Role

	Function	Definition	State	Municipality	Agency
1	Disease Prevention and Control	Implementing programs to prevent the spread of communicable diseases, such as conducting vaccination drives, monitoring outbreaks, and providing education on disease prevention.	✓[12]	✓	✓
2	Environmental Health Services	Overseeing and regulating environmental factors that impact public health. This includes air and water quality management, waste disposal, and controlling pollution. Inspections and enforcement related to pestilence, food safety in restaurants and public eateries, lead, mold and other contaminates in residential and commercial buildings also fall under this category.	✓	✓	✓
3	Health Education and Promotion	Developing and implementing campaigns and programs to educate the public about health issues and promote healthy lifestyles. This can include initiatives targeting smoking cessation, obesity prevention, nutritional education, and promotion of physical activity.	✓	✓	✓
4	Community Health Services	Providing direct health services to the community, especially to underprivileged or vulnerable groups. This could include services like health screenings, maternal and child health programs, dental care, and mental health services.	✓	✓	✓
5	Emergency Medical Services (EMS)	Offering rapid medical response services for emergencies, including ambulance services, paramedic services, and first responder training.	✓	✓	✓
6	Public Health Surveillance and Reporting	Monitoring health trends within the community and reporting on health-related data. This involves collecting, analyzing, and disseminating information about health status, disease incidence, and risk factors within the community.	✓	✓	✓
7	Regulatory Functions	Enforcing public health laws and regulations to protect community health. This includes licensing and inspection of facilities like nursing homes, childcare centers, and swimming pools.	✓	✓	
8	Public Health Planning and Policy Development	Developing plans and policies to address current and future public health needs. This involves identifying health risks in the community, setting public health goals, and devising strategies to meet these goals.	✓	✓	✓
9	Emergency Preparedness and Response	Preparing for and responding to public health emergencies, such as natural disasters, pandemics, or bioterrorism threats. This includes disaster planning, stockpiling necessary supplies, and coordinating response efforts with other agencies.	✓	✓	✓
10	Mental Health and Substance Misuse Services	Addressing mental health and substance misuse issues within the community through various programs and partnerships	✓	✓	✓
11	Health Equity and Access Initiatives	Working to ensure that all community members have access to health services and that health disparities are addressed. This function could also include preventing discrimination, ensuring access to services that address SDOH, and addressing hate-based violence.	✓	✓	✓

[12] Size of check mark indicates relative responsibility of each entity level for the corresponding public health function.

Table 2: CDC Ten Essential Public Health Services (Revised, 2020)

1	Assess and monitor population health status, factors that influence health, and community needs and assets
2	Investigate, diagnose, and address health problems and hazards affecting the population
3	Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it
4	Strengthen, support, and mobilize communities and partnerships to improve health
5	Create, champion, and implement policies, plans, and laws that impact health
6	Utilize legal and regulatory actions designed to improve and protect the public's health
7	Assure an effective system that enables equitable access to the individual services and care needed to be healthy
8	Build and support a diverse and skilled public health workforce
9	Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement
10	Build and maintain a strong organizational infrastructure for public health

For more information about CDC's 10 Essential Public Health Services.

Appendix A: Review of Relevant State and Federal Public Health Law

At the outset of this assessment, we reviewed the most relevant public health laws to understand what functions the City of Lebanon was obligated to provide and what opportunities were available.

NH State Statutes

NH RSA Chapter 128, Health Officers

The Town Health Officer (THO) is recommended by the Selectboard and appointed by the Commissioner of Health and Human Services. The Selectboard and THO constitute the local Board of Health (BOH). The THO shall meet annually to review local issues and concerns and report to DHHS on readiness to address public health threats.

- The THO shall:
    - Enforce public health laws and rules
    - Make sanitary investigations as directed by local BOH
    - Enter public property, with cause, but not private dwellings
- THO may appoint Deputies.
- THO must complete 3 hours of training. No further qualifications are stated.

NH RSA Chapter 127, District Departments of Health

Cities and Towns may create and participate in a joint "District Department of Health." Each town and city of 5,000 population or less gets 2 appointed representatives on joint departments. Towns and cities with more than 5,000 get 1 additional representative for each 5,000 population.

- These joint departments are expected to share costs apportioned by population.
- "The district health officer shall have a bachelor's or graduate degree in public health, medicine, sanitary engineering, environmental health, microbiology, or general sanitation and at least one year of work experience in the field of public health." Lists qualifications not found in RSA 128.
- Responsible for duties laid out in RSA 128.

NH RSA Chapter 147, Nuisances: Toilets: Drains; Expectoration: Rubbish and Waste

- THOs have the authority to make regulations when approved by Selectboard.
- THOs may address:
    - Removal or prevention of nuisances; and
    - Relative to sanitary and health conditions for issuing licenses for restaurants and food serving establishments.

NH RSA Chapter 47:12, Health (City's)

- City Councils have the same authority as town Boards of Health

NH RSA Chapter 155-B, Hazardous and Dilapidated Buildings

Provides the governing body of any city or town to order the owner of any hazardous building within the municipality to correct the hazardous condition of such building or to raze or remove the same. However, according to Lebanon City Manager, the bar for invoking this statute is very high.

NH Department of Environmental Services Landfill Regulations and Air Quality Regulations.

Federal Statutes

US Environmental Protection Agency:

- Clean Air Act
- Clean Water Act
    - Monitor landfill effluent for PFAS and other contaminants.
    - Monitor and treat wastewater effluent for PFAS and other contaminants.
    - Monitor and treat drinking water for a range of contaminants.
    - US EPA and NH DES regulate all other sectors regarding water quality.

Appendix B: Relevant Data By Function

Appendix B contains additional details for data summarized in the main body of the report. PHC examined a wide range of data elements as part of this assessment process and have included information that helps illustrate both the strengths and challenges of the current system. We have generally not included data that shows no discernible difference between the Lebanon region and people across the states of New Hampshire and/or Vermont. We note that limitations of the data include:

- Few data indicators are available at a town level or at anything below a state level. We have used Regional Public Health Network (NH only) or Claremont-Lebanon micropolitan area when possible.
- The time frame for some indicators includes the period of 2020 to 2022 when the global pandemic disrupted normal patterns of behavior and health care visits, which may have artificially decreased communicable disease transmission, screening for illness, and increased the number of people seeking vaccines.

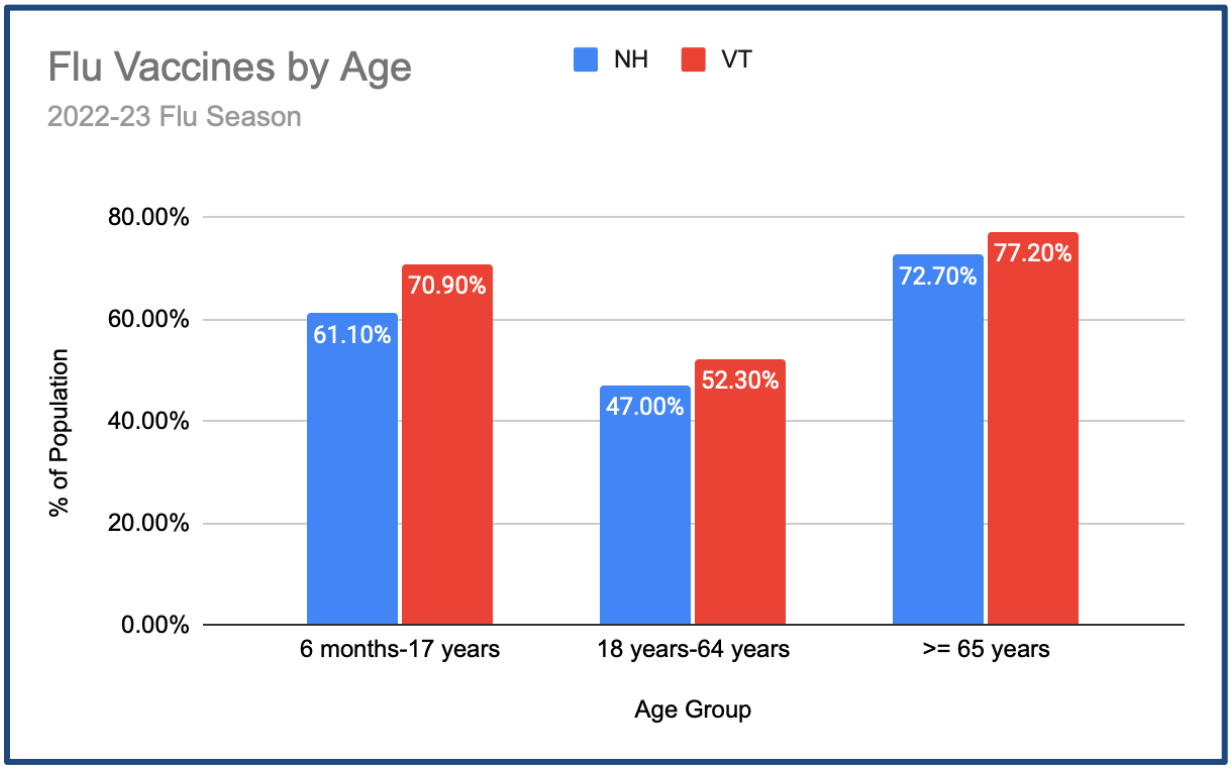
Disease Prevention and Control

Communicable/Infectious Diseases: Data for such communicable diseases as Hepatitis A and Chlamydia are only available at state levels and reported rates between 2019 and 2021 show decreases for both New Hampshire and Vermont. These decreases reflect the national trend. The US saw a decrease in Chlamydia cases from 551.0 per 100,000 people in 2019 to 495.5 per 100,000 people in 2021[13]. Rates of Hepatitis A decreased from 5.7 per 100,000 people in 2019 to 1.7 per 100,000 people in 2021[14].

For the 2022-2023 flu season, both New Hampshire and Vermont had vaccination rates near or above US rates. In 2022–2023, 50.5% of people in the US aged 6 months and over were

[13] https://www.cdc.gov/sti-statistics/data-vis/table-ct-state-abc.html
[14] https://www.cdc.gov/hepatitis/statistics/2020surveillance/hepatitis-a/figure-1.2.htm

vaccinated against seasonal influenza for the flu season. This includes 75.1% for people aged 65 and older and 43.3% of people aged 18 to 64[15].



Source: National Health Interview Survey (NHIS), CDC/NCHS

Vector-Borne Disease: Cases of Lyme Disease decreased significantly in both New Hampshire and Vermont between 2017 and 2021[16]. Multiple sources suggest rates have climbed again since 2021, with climate change providing a longer and more hospitable tick season.

Environmental Health Issues

Air Quality: Air quality in the Upper Valley is likely very good. In 2022 and the 5 years prior, Grafton County experienced zero "days with maximum 8-hour average ozone concentration; New Hampshire; Monitor and Modeled.[17]" Also, except for a marked spike in 2021 across all of

[15] National Health Interview Survey (NHIS), CDC/NCHS
[16] Nationally Notifiable Infectious Diseases and Conditions, United States: Annual Tables
[17] wisdom.dhhs.nh.gov

New Hampshire, Grafton County has experienced zero "person-days with PM2.5 over the NAAQ Standard; New Hampshire; Year: 2022; Monitor and Modeled." The 2021 data likely reflect the smoke impact of record-breaking fires in Quebec, Canada.

Water Quality: Of the 37 community water systems tested for arsenic in 2023, 28 had undetectable levels and 7 had levels less than or equal to MCL (maximum contaminant level)[18]; unfortunately, the data does not identify which community water systems detected arsenic. Other contaminants detected at some level in Grafton County community water systems but within MCL limits: uranium and nitrates.

Lead Poisoning: Childhood lead exposure can be devastating to a young child's health and development. In 2023, 90% of 1-year-old children in the Upper Valley Public Health Region were screened for blood lead levels (BLL) and 74% of 2-year-olds were screened. In that year, 33 children screened in the UVPHR had a BLL of 3.5 µg/dL or higher, in Lebanon, that number was 7 children. Between 2019 and 2023, 51 children in Lebanon have had new BLLs of 3.5 µg/dL or higher[19].

Health Education and Promotion

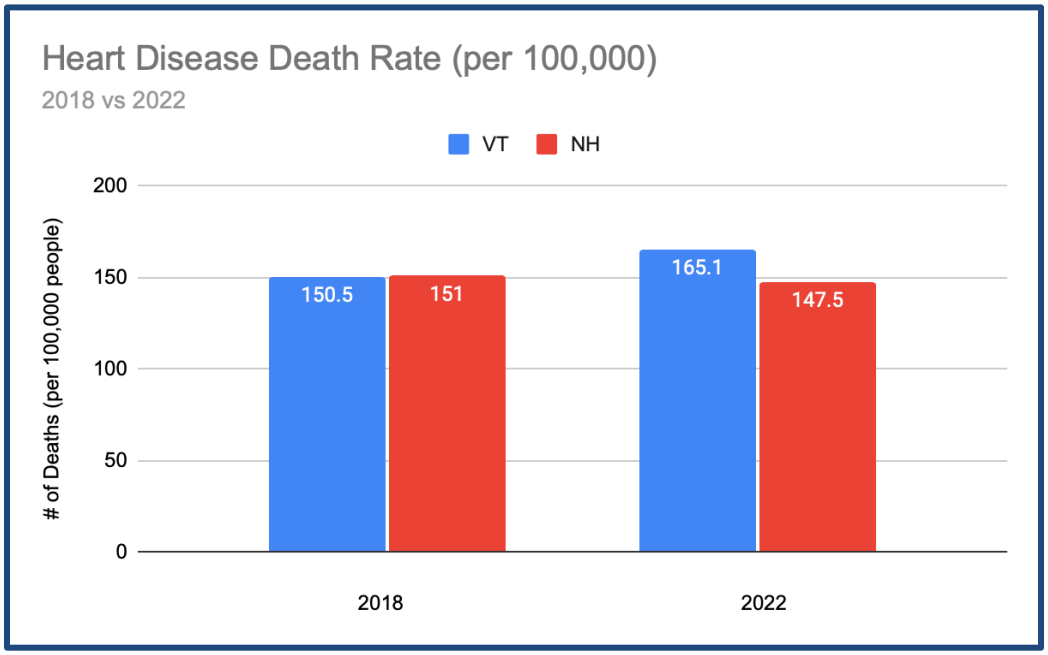
Much of the data in our review reflects health education and promotion efforts in our area. Some of the trends reflect those on a national level. We see this in the heart disease death rate from 2018 and 2022, as well as obesity rates in 2019 and 2023. While neither of the changes in these data are positive, they are in line with national trends.

- Heart disease death rates stayed relatively stable at ~150.0 per 100,000 people in New Hampshire between 2018 and 2022, while Vermont saw a slight increase. The national

[18] wisdom.dhhs.nh.gov

[19] Lead Exposure Data Brief: 2023 Upper Valley (https://wisdom.dhhs.nh.gov/wisdom/topics.html?topic=childhood-lead-poisoning)

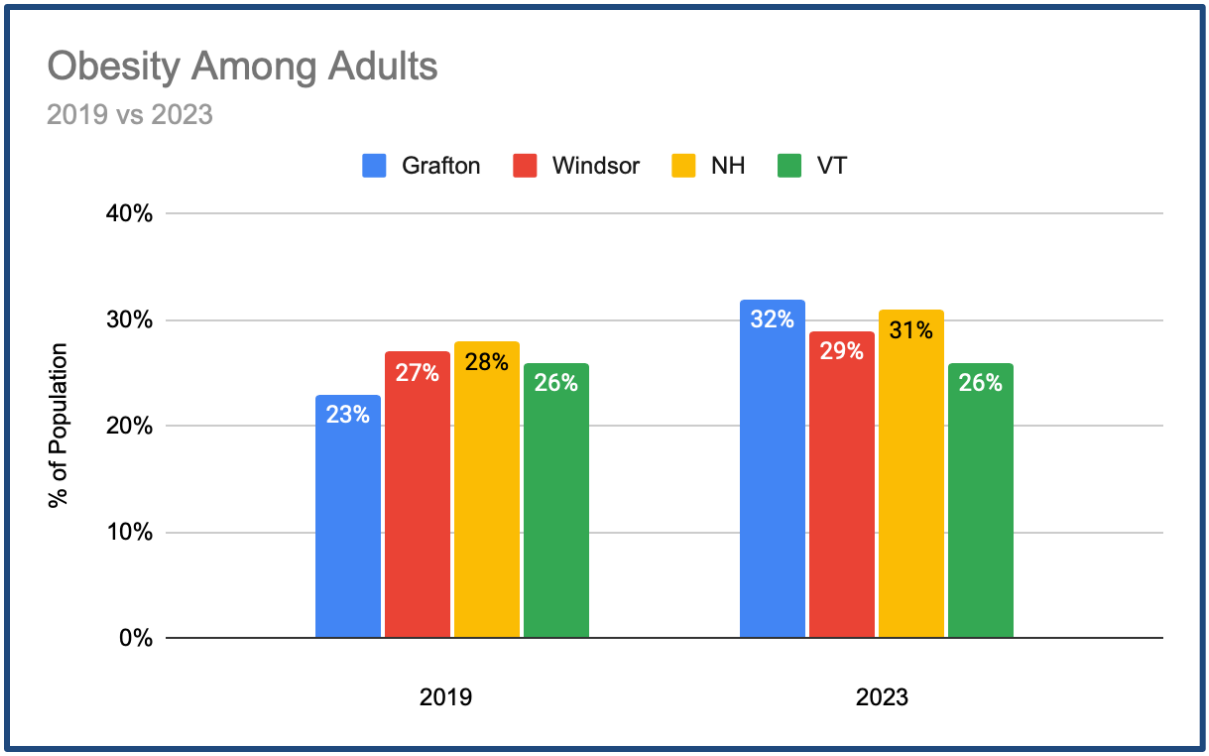
heart disease death rate decreased very slightly between 2018 and 2022 from 217.1 per 100,000 people to 210 per 100,000 people[20][21][22].



Source: CDC WONDER Cause of Death 2018, CDC WONDER Cause of Death 2022

- Obesity rates in the Upper Valley rose nearly 10% between 2019 and 2023. Windsor County and New Hampshire on a statewide level both saw slight increases, while Vermont's rate stayed stable. This increase is likely partly attributable to the COVID19 Pandemic. National rates of obesity rose from 11% (men) and 15% (women) to 25.3% (men) and 42.4% (women) during the pandemic[23]

[20] Professional Heart Daily
[21] Nour, T.Y., ALTINTAŞ, K.H. Effect of the COVID-19 pandemic on obesity and its risk factors: a systematic review. *BMC Public Health* **23**, 1018 (2023).
[22] CDC/National Center for Health Statistics
[23] CDC BRFSS PLACES 2019 & CDC BRFSS PLACES 2023



Source: CDC BRFSS PLACES 2019, CDC BRFSS PLACES 2023

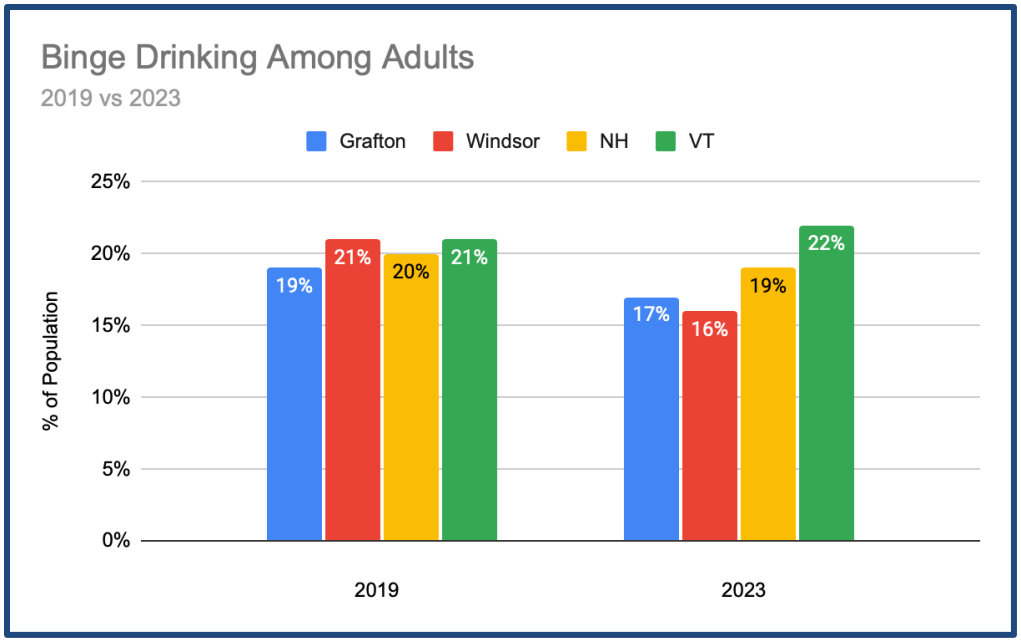
In some of the data in our review, we saw positive changes. Rates of binge drinking decreased in our areas of interest between 2019 and 2023. This trend is in line with a slight national decrease over the same period.

- Between 2019 and 2023, rates of binge drinking decreased in Grafton County, Windsor County, and New Hampshire on a statewide level. The national rate of binge drinking in 2019 was 47.1% and decreased to 45.6% in 2023[24][25][26]

[24] Key Substance Use and Mental Health Indicators in the United States: Results from the 2019 National Survey on Drug Use and Health

[25] Key Substance Use and Mental Health Indicators in the United States: Results from the 2023 National Survey on Drug Use and Health

[26] CDC BRFSS PLACES 2019 & CDC BRFSS PLACES 2023



Source: CDC BRFSS PLACES 2019, CDC BRFSS PLACES 2023

Pandemic related increases likely played a part in some of the trends in the data we collected.

- In New Hampshire, 5% more teens seriously considered suicide in 2021 than in 2019.
- In 2021 in both New Hampshire and Vermont, upwards of 30% of teens had 5+ hours of screen time per day.

Data on pregnant people was only available at state-level. New Hampshire had better percentages for rates of smoking during pregnancy as well as Tdap shots received.

- In 2020, 2x more pregnant people smoked cigarettes during pregnancy in Vermont than in New Hampshire. Vermont's rate was about 11%.
- In 2020, both New Hampshire and Vermont had high rates of pregnant people getting the Tdap shot. New Hampshire's rate was 90% while Vermont's was 81%.

Children make up 20% of the population in our micropolitan area and most school-aged children attend one of our public schools. Other options include:

- Homeschooling – as many as 50 children in the UV RPHN are homeschooled, with a high of 22 children in the Mascoma Regional School District and 19 in the Lebanon School District to a low of zero in Plainfield.
- Private School – Our NH region includes four (4) private school options. Cardigan Mountain school is a private, boarding boys' middle school (grades 6 to 9) with an enrollment of 238. Crossroads Academy serves K-8 with an enrollment of 123. The New England School of the Arts now serves 8 students in grades 7 to 11. Estabrook Christian School serves 7 children in grades 1 to 5.

Community Health Data:

To provide context for population and socio-demographic data presented in this report, Lebanon's total population in 2023 was estimated at 14,759 and the DH-APD hospital service areas had an estimated population of 72,736. Lebanon accounts for about 20% of the service area population.[27] Additional age-related data is below.

	Median Age	% Under 18 Years of Age	% 65+ Years of Age
Lebanon	39	14%	21%
DH-APD Service Area	42	17%	22%
New Hampshire	43	19%	19%
Vermont	43	18%	21%

- In the Claremont-Lebanon micropolitan area approximately 22.7% of the population is 65+, and this percentage is expected to increase to 36% by 2040. Roughly 6% of the population in our area is 80+. In our micropolitan area children make up approximately 20% of the population[28].
- According to the recent Community Health Needs Assessment[29], about 11.6% of the residents in our region identify as non-white. This means approximately 11,000 people identify as something other than white or non-Hispanic in the Upper Valley, constituting a

[27] Community Health Needs Assessment: Fiscal Year 2025
[28] US Census Bureau ACS 5-Year 2018-2022
[29] Community Health Needs Assessment: Fiscal Year 2025

significant population of people. A more detailed racial distribution is shown in the Table below.

	Race							Ethnicity
	White	2 or more races	Asian	Black/African American	American Indian/Alaska Native	Native Hawaiian/Pacific Islander	Other Race	Hispanic or Latino
DHMC-APD Service Area	88.4%	5.0%	4.2%	1.2%	0.2%	<0.1%	1.0%	2.5%
NH	88.9%	5.5%	2.6%	1.5%	0.1%	<0.1%	1.3%	4.5%
VT	91.4%	4.8%	1.7%	1.2%	0.2%	<0.1%	0.7%	2.5%

Source: DH/APD Community Health Needs Assessment: Fiscal Year 2025

- Disability: 12% of the people in the DH-APD Service Area and 13% of Lebanon residents identify as having a disability. This is comparable to rates for New Hampshire (13%) and Vermont (14%)[30].
- Below are several indicators of socio-economic status in the region, along with state comparisons. In addition, in the DH-APD Service Area, 9.8% of people aged 65+ live in poverty, compared to 7.4% across New Hampshire and 8.2 across Vermont[31].

	% with Income Under 100% FPL	% of Family Households Headed by a Single Parent	Housing Costs >30% Household Income	Rental Costs >30% Household Income
Lebanon	9%	31%		
DH-APD Service Area	8%	26%	24%	46.7%
New Hampshire	7%	27%	24.8%	47.6%
Vermont	10%	32%	24.6%	50.5%

Source: DH/APD Community Health Needs Assessment: Fiscal Year 2025

- Food Insecurity: About 11% of families in the DH-APD Service Area experience food insecurity as compared to 9.7% in New Hampshire and 11.7% in Vermont.[32]

[30] Community Health Needs Assessment: Fiscal Year 2025
[31] Community Health Needs Assessment: Fiscal Year 2025
[32] Feeding America, Map the Meal Gap, 2022.

- Insurance Coverage: In the DH-APD Service Area, 4% of the population has no health insurance (almost 3,000 people), 23% have Medicare, 13% have Medicaid, and 3% have VA health care coverage. In the UVPH Region, 6% of people report not seeing a doctor when needed due to cost[33]. This suggests that some people with health insurance forego care because insurance coverage does not cover enough of the cost to make care affordable.
- Transportation: As a barrier to accessing needed services, it is notable that 5.6% of households in the Claremont-Lebanon Micro Area report having no vehicle available and 33.6% report one vehicle available[34]. In a household where one or two adults are in the workforce having only one car can limit access to care and other services.
- Emergency Medical Response: Calls for EMS services can be a measure of vulnerability and unmet health care need in a community. Of about 3,723 EMS responses in 2024, 11 were Well Person Visits, 65 were triggered by medical alert systems, and 481 (13%) were for falls[35].

[33] Community Health Needs Assessment: Fiscal Year 2025
[34] US Census Bureau ACS 5-Year 2018-2022
[35] 2024 Lebanon Fire Department Report from NH Bureau of Emergency Medical Services Research & Quality Management/TEMSIS Dataset, provided by J. Thibeault

Public Health Council of the Upper Valley

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