

This snapshot summarizes narrative findings from learning sessions held with key regional stakeholders identified by the Public Health Networks and community agencies. Data sources are listed under corresponding infographic.

INVOLVE PEOPLE WITH LIVED EXPERIENCE IN PLANNING & EVALUATION

The majority of services are housed in the Upper Valley region with services areas into Greater Sullivan. Most organizations involve people with lived experience, either through direct participation in program planning and implementation or via advisory councils, focus groups, and surveys.

PROVIDING NON-STIGMATIZING SERVICES

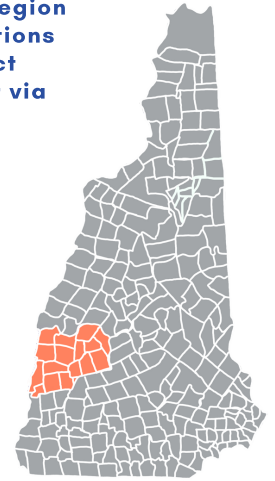
Several active organizations providing stigma trainings in region but opportunity for more, especially for providers. Strong emphasis on person-first language, several organizations interested in development around cultural humility.

COLLABORATION ACROSS THE CONTINUUM OF CARE

Few services are located in the region but Dartmouth-Hitchcock (DH) focuses on providing services to this region. Collaboration is strong within the community, especially DH and the Doorway, other agencies face challenges if not part of DH system.

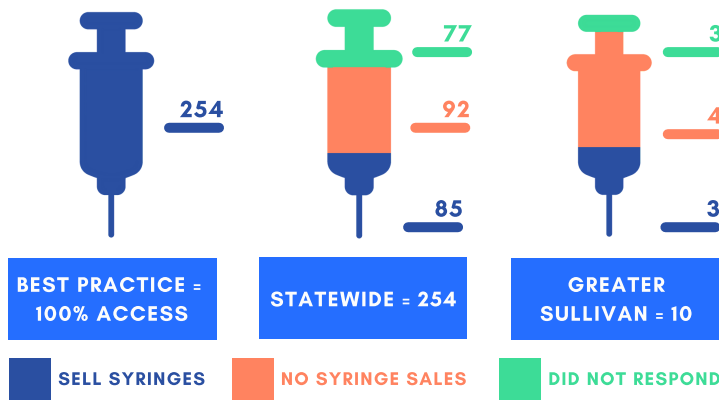
INFECTION PREVENTION

HCV/HIV Resource Center (including Claremont Exchange) & DH are primary resources for infection prevention. Local engagement around Hepatitis C eradication.



PHARMACY SYRINGE ACCESS

SYRINGE SERVICES PROGRAM ACCESS

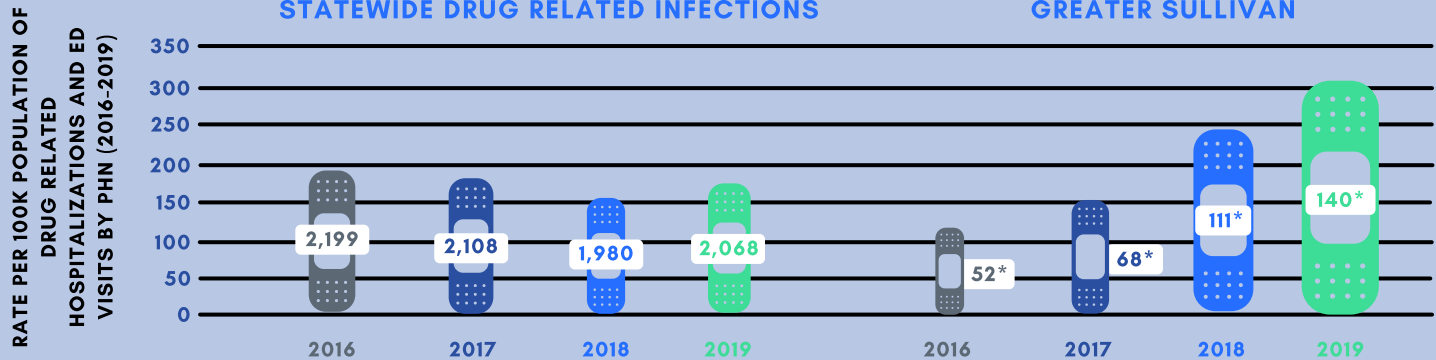


CLAREMONT
[HTTP://WWW.H2RC.ORG/](http://www.h2rc.org/)

SOURCE: SURVEY OF ALL NH RETAIL PHARMACIES CONDUCTED BY UNH IN 2020 (N= 174; TOTAL NH RETAIL PHARMACIES = 254; RESPONSE RATE 68.5%)

SOURCE: SYRINGE SERVICE PROGRAMS REGISTERED IN NH, VT, AND ME

HOSPITAL DISCHARGES WITH CONCURRENT INFECTION AND OPIOID USE[^] STATEWIDE DRUG RELATED INFECTIONS GREATER SULLIVAN



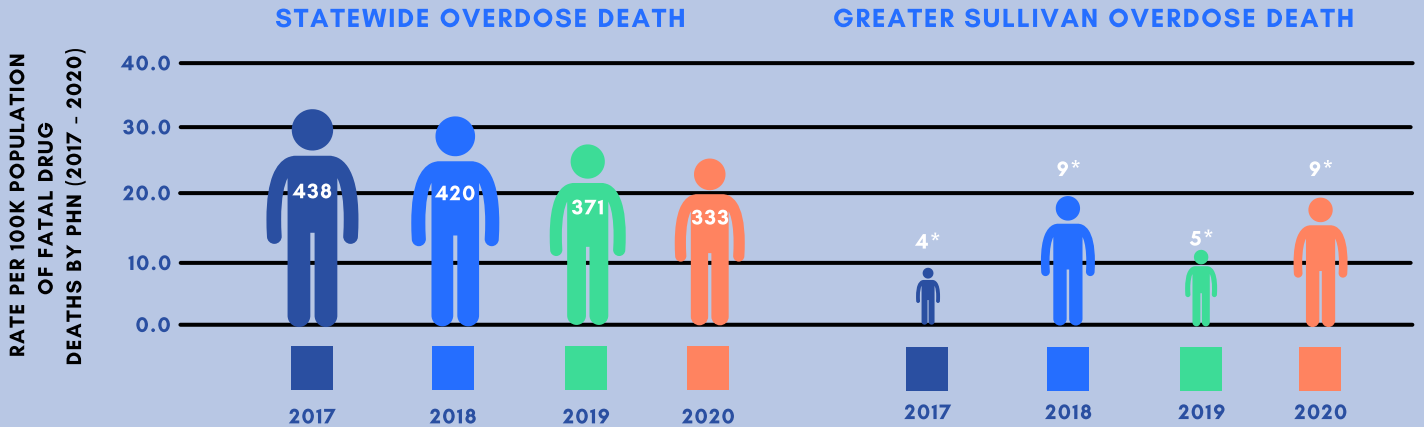
*THE SIZE OF THE BANDAGE IS THE RATE PER HUNDRED THOUSAND, TO ALLOW FOR COMPARABILITY. THE NUMBER ON THE BANDAGE REPRESENTS THE ACTUAL NUMBER OF ED AND INPATIENT DISCHARGES WITH CONCURRENT INFECTION AND OPIOID USE CODES. SOURCE: OFFICE OF HEALTH STATISTICS AND DATA MANAGEMENT, BUREAU OF PUBLIC HEALTH STATISTICS AND INFORMATICS, NH DEPARTMENT OF HEALTH AND HUMAN SERVICES [^]INCLUDED CASES OF CELLULITIS, ABSCESS, SKIN INFECTION, BACTEREMIA, SEPTIC ARTHRITIS, OSTEOMYELITIS, OR ENDOCARDITIS AND OPIOID USE, OPIOID ABUSE, OPIOID DEPENDENCE, OPIOID POISONING, OR ADVERSE EFFECT OF OPIOID

ACCESS TO NALOXONE

Naloxone is readily available in the community, several distribution sites. Distributed by mobile SSP. No reported targeted outreach to those at greatest risk (e.g. homeless outreach etc).

REFERRAL TO SUD TREATMENT SERVICES

Recovery Community Specialist in DH ED. No sober/transitional housing, refer out of county. Center for Recovery Resources (RCO in Claremont).



*THE SIZE OF THE PERSON IS THE RATE PER HUNDRED THOUSAND, TO ALLOW FOR COMPARABILITY. THE NUMBER ON THE PERSON IS THE ACTUAL NUMBER OF OVERDOSE DEATHS.

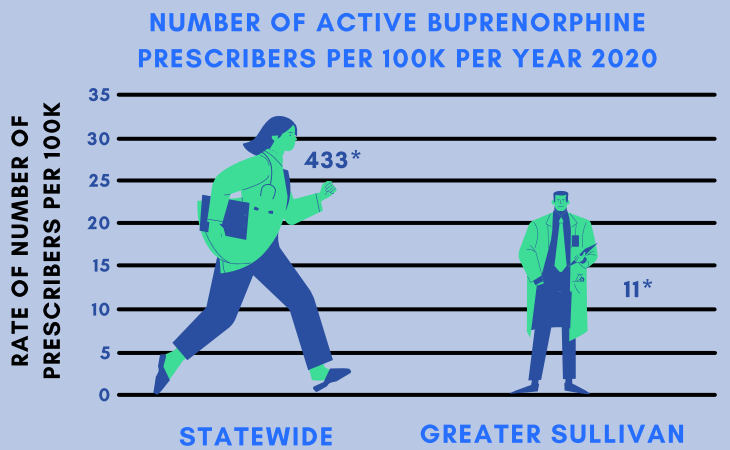
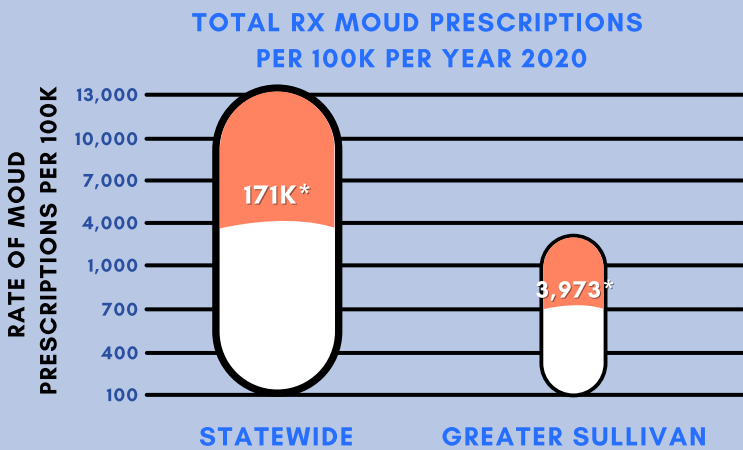
SOURCE: OFFICE OF THE NH MEDICAL EXAMINER (2017-2020)

HOUSING

Demand far outstrips supply, challenges with cross border coordination. No emergency housing or shelters (closest in Springfield, VT). Motel/ hotel vouchers are available, but tend to be unsafe places to stay.

ACCESS TO MEDICATIONS FOR OPIOID USE DISORDER (MOUD*)

MOUD is perceived to be readily available in the community through DH, Groups Recover Together, West Central Behavioral Health, and Better Life Partners.



*THE SIZE OF THE ICON IS THE RATE PER HUNDRED THOUSAND, TO ALLOW FOR COMPARABILITY. THE NUMBER ON THE ICON IS THE ACTUAL NUMBER OF PRESCRIPTIONS OR PRESCRIBERS.

SOURCE: THE NH PRESCRIPTION DRUG MONITORING PROGRAM (2020)

IMPACT OF COVID-19

Telehealth service expansion. Increased isolation and overdoses. Recovery community hit hard.