



Community Health Improvement Plan

Presented by the
City of Portsmouth NH
Health Department



This Community Health Improvement Plan was developed collaboratively with local service agencies and other stakeholders to define a vision and a starting point for future community health improvement planning. The Community Health Improvement Plan is the *community's plan*, intended to inform decision makers ahead of policy decisions and their implementation by City staff – not a *government plan* for the community. It works to paint a portrait of who our neighbors are and asks that, with a “Health In All Policies” approach in place, the City ensures it has the capacity and tools to consider the impact on our most vulnerable populations whenever and wherever policy, infrastructure, investment and planning decisions are made and implemented.

Many City departments and community nonprofits address services to improve “social determinants of health.” Promoting and supporting social connections and communicating the availability of services to the city’s vulnerable populations makes them less vulnerable and the city more resilient. In Portsmouth, nonprofit providers and agencies who are part of the overall public health services net deliver a broad range of services to the city’s vulnerable populations. This Plan is intended to outline important areas of support the City can provide without duplicating functions already working in county or state government or through Federal funding channels.

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OUR RECOMMENDATION: HEALTH IN ALL POLICIES

The City of Portsmouth Health Department is pleased to present the Community Health Improvement Plan. This report summarizes the results of a quantitative Community Health Profile conducted in 2022-23 and a number of qualitative Health Needs Assessment discussions with the agencies and clients of organizations who provide services to the most vulnerable and often underserved populations on the Seacoast.

HHealth is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. – World Health Organization

Message from the Director of Public Health

On April 18, 2022, the Portsmouth City Council approved the expenditure of American Rescue Plan Act (ARPA) funds for a Community Health Improvement Plan in the wake of the Covid-19 global pandemic. This Plan is a result of a collective desire to gain a fuller understanding of this community's current makeup, the needs of vulnerable populations and ways the City can build toward the goal of more complete health and wellness for all citizens. This goal encompasses daily life through public health emergency response.

During the Covid-19 pandemic, it became clear that although all sectors of Portsmouth were impacted, several populations were impacted more severely, even to the point of losing the daily supports they needed to live safely. There are still many populations who are suffering the effects of the pandemic's destruction of their support systems. The erosion of those safety nets placed already vulnerable children and adults on the precipice of crisis. Not having supports available in non-emergency situations means that when emergencies happen the consequences are magnified, not only for those in these precarious situations, but for the community as a whole.

As public health programs across the country found during the Covid pandemic, even communities within the same state can have very different strengths, assets, risks and vulnerabilities that impact health and wellness. This awareness led the City of Portsmouth to coordinate a municipal Community Health Improvement Plan that identifies priorities and response strategies specific to the health and wellness needs of people who live and work in Greater Portsmouth.

Throughout this Plan, we highlight the needs of our most vulnerable groups. Though their numbers may be small in some cases, the pandemic left these residents less able to engage in daily life than before. Many feel unseen, unheard and left out of the recovery much of the rest of Portsmouth has enjoyed. This Community Health Improvement Plan gives the community the opportunity to change those impacts and perceptions and benefit from hearing a more diverse set of voices.

Although we are no longer in a public health emergency, many residents continue to be disproportionately impacted by natural and socio-economic events such as disease outbreaks and disasters, the elimination of services and reduced standards of care, climate change and other challenges.

The time to build resiliency, equity, fairness and inclusivity into our community is before the next disaster. This plan addresses the reality of those left in the wake of the pandemic, to give us a fuller understanding of this community's current demographic makeup, the presence and needs of vulnerable populations and the ways the City can support more complete health and wellness across the community.

The Community Health Profile (link to full report) is rich with data and information about Portsmouth as a whole. It is a snapshot in time. The information used is the best available, most reliable data; but there are some groups for which data simply isn't available. We will need to find better ways to quantify and include those residents or issues as we move forward with Community Health Improvement Planning.

The Community Health Needs Assessment was developed through community listening sessions with individuals and representatives from the identified vulnerable population groups to understand their needs, perspectives on attaining health and wellness in Portsmouth and the gaps that exist in serving those needs. It is by no means all-inclusive, yet there are common themes among many of our residents, and the assessment provides a foundation for further health and wellness improvement across the city.

The Community Health Improvement Plan includes several recommendations that provide a framework to address barriers that prevent all residents from achieving a healthy and fulfilling life and the promise of equal safety in disasters and public health emergencies.

In terms of methodology, this Plan is based on an analysis of available statistical data on the national, state, county and local levels and on qualitative community discussions with vulnerable individuals and the service agencies who provide direct care and support. (For links to these agencies and short profiles of the populations they serve, see the last page.)

The community input was strong and clear: individuals, and the agencies who support them, want to be involved in ongoing community health improvement planning, providing direct input and collaborating on problem solving that is very specific to their populations and their needs.

The takeaway from these assessments is that the biggest priority for the City of Portsmouth is to build a culture based on the philosophy of Health in All Policies. This document provides a starting point for in-depth and continuing health and wellness improvement planning across Portsmouth.

Modeled on the impactful “Portsmouth is an Eco-Municipality” example, this Plan recommends that the City of Portsmouth declare itself a “Health In All Policies Municipality” and build the foundations and resources to support that declaration.

The Community Health Improvement Plan is the *community’s plan*, not a *government plan* for the community. It works to paint a portrait of who our neighbors are and asks that the City ensure it has the capacity and tools to consider the impact on our most vulnerable populations whenever and wherever policy, infrastructure, investment and planning decisions are made and implemented.

The basis of a Community Health Improvement Plan is the understanding that an individual’s health is influenced by the interaction of many factors. These include genetics, biology, individual behavior, access and barriers to health care and social, economic, natural and built environments as well as what services are available to residents.

While professional medical care is vitally important, only a small portion (15–20%) of overall health and longevity can be attributed to formal health care. The “social determinants of health” that affect all members of the community (often disproportionately) -- including age, race, income, racism, climate change and a real or perceived lack of support that can leave some populations feeling unrecognized and underserved -- have a far greater impact on how long and how well people live than does direct medical care. The interaction among health, social and environmental factors is complex and requires a non-siloed approach to policy and planning.

Throughout the process of creating the Profile, the Assessment and the Plan, we have documented the implementation of several public and private strategies to address identified needs. Portsmouth is fortunate to have many very responsive and forward-thinking nonprofit and human-service-focused entities that tirelessly serve and advocate for their beneficiaries, especially the most vulnerable in our community. They are a vital part of local public health. This community would be much poorer, and less resilient, without them.

I would like to thank the Portsmouth City Council and City Manager Karen Conard for understanding and supporting this effort, along with the many residents and support agencies who participated in discussions with openness and honesty. I would also like to recognize the talent and efforts of our consultants Dr. Tory Jennison and Maria Sillari who shepherded these efforts, and the contributions of Johnson Adekile and Hannah Lightcap who aided in the research. I hope this process will be the springboard for a better future for all of our community.

With deep appreciation,



Kim McNamara,
City of Portsmouth
Director of Public Health



EXECUTIVE SUMMARY

The purpose of the Community Health Improvement Plan is to define a baseline snapshot of current (as of 2024) health needs in Portsmouth, to define the most vulnerable populations among residents and to recommend investment in processes and projects that improve community conditions. Following the process of identifying and quantifying those needs, this Plan suggests strategies – including Health In All Policies awareness – to increase engagement and the exchange of information and resources among the City of Portsmouth government and staff, citizens and local human services agencies and their clients and neighbors. The goal of this plan is to recommend promising evidence-based strategies the City can support to improve the community conditions that impact health and wellness, especially for vulnerable populations.

Not surprisingly, the priorities defined by the Needs Assessment and interviews include:

- Promote a healthy environment
- Increase access to workforce and supportive housing
- Increase access to transportation options
- Reduce food insecurity
- Reduce impacts of mental health challenges and social isolation
- Reduce impacts of substance misuse

This plan recommends that the City of Portsmouth:

- Develop a mechanism and allocate additional resources for individuals and nonprofits providing services to Portsmouth’s vulnerable residents to make their needs known to the City Council;
- Adopt City staff and government informational and communications practices that elevate awareness of the vulnerable and their needs and help advance solutions.
- Assess and adjust City services to reflect diverse, equitable and inclusive health and wellness practices; and
- Apply a “Health In All Policies” approach to City policy development and planning.

HEALTH IN ALL POLICIES

Using a Health In All Policies (HIAP) approach, the City will bring health, well-being and equity considerations into the development and implementation of policies, programs and services among all City departments, boards, committees and partner agencies. Health In All Policies offers an effective philosophy for responding to a variety of complex and often intertwined problems such as chronic illness, growing inequality and health inequities, an aging population, impacts of climate change and related threats to natural resources, while balancing City goals with available resources.

HEALTH IN ALL POLICIES

Health in All Policies can produce innovative and effective solutions by encouraging cross-departmental and cross-disciplinary thinking that serves residents equitably and sustainably.

Promoting a healthy community means addressing the themes highlighted in this plan: environmental factors, housing, transportation, food insecurity, mental health, social isolation and substance misuse. Following the recommendations outlined in this Plan can be as simple as considering the impact on health and the environment whenever policy decisions are being made.

Health In All Policies recommendations must offer best practices in delivering City services that ensure that vulnerable groups -- who are often marginalized due to these factors -- are served. The City must help them emerge from their perception that they are unknown to the rest of Portsmouth and left behind as Portsmouth progresses.

The Health In All Policies means:

- **Equity:** The City provides all community members with equal and effective City services, resources, opportunities and influence, so that all people achieve their full potential to thrive. Equity is a purposeful journey toward well-being for those most negatively impacted.
- **Inclusion:** The City treats all people respectfully, values all people for their distinctive skills, experiences and perspectives; engages all people in contributing to the community’s success; plans for the needs of all residents and leverages resources and City services fairly.
- **Sustainability:** The City provides services that meet the needs of current and future generations at the same time that they advance environmental conservation, economic prosperity and a high quality of life for all.

Promoting and supporting social connections and communicating the availability of services to the city’s vulnerable populations makes them stronger and the city more resilient. In Portsmouth, several City departments and the nonprofit providers who are part of the overall public health network deliver a broad range of services. This Plan is intended to outline important areas of support the City can provide without duplicating functions already working in City, county or state government or local nonprofits and human-service-focused organizations.

COMMUNITY HEALTH IMPROVEMENT PLANNING

What is a Community Health Improvement Plan (CHIP)?

A standard “best practice” for evaluating and guiding municipal public health, a “Community Health Improvement Plan” (CHIP) is based on a long-term, systematic, problem-solving process. Starting with community health assessment activities and conversations with collaborative stakeholders and the public, the Plan serves as a guiding document for a range of recommendations intended to improve community health and wellness.

The City facilitated a robust Community Health Needs Assessment to kick-off the CHIP process by developing a [Profile](#) of local, county, state and national demographic data, identifying vulnerable populations. The next step was to convene groups of key stakeholders including organizational partners and representatives of vulnerable/minority populations. By focusing on both quantitative data and qualitative expressions of the challenges and concerns that exist at the local level, the City is in a better position to implement effective strategies to increase the support necessary to improve the mental, behavioral and physical health and wellness of all residents.

This Community Health Improvement Plan was prepared by the City of Portsmouth Health Department with direct input from non-profits who serve these vulnerable populations and the individuals themselves. The report is divided into three sections:

1) **“Who is Portsmouth?”** – a statistical overview of Portsmouth residents (with comparisons to Rockingham County, the State of New Hampshire and national statistics).

2) **An assessment of the most vulnerable populations and their health needs in Greater Portsmouth.** This section seeks:

- Awareness of vulnerable populations in City planning, outreach, investment opportunities and infrastructure;
- To destigmatize mental health and increase community understanding that mental health is part of overall health and wellness;
- Increased community education and communication on topics identified in this Plan;
- Increased awareness of underserved populations: the needs and available resources for veterans, seniors, youth, the unhoused, disabled, minorities, LBGTQ+, low-income/underserved residents and others; and
- Collaborative efforts to supplement resources that address unanswered needs.

3) **Recurrent themes and health improvement needs based on extensive focus group and survey research among local service agencies and their clients.** This section addresses six recurrent themes among the City’s vulnerable populations: environmental health, housing, transportation, food insecurity, mental health/social isolation and substance misuse and offers some conclusions regarding the loss of social safety nets and their workforce due to these issues.

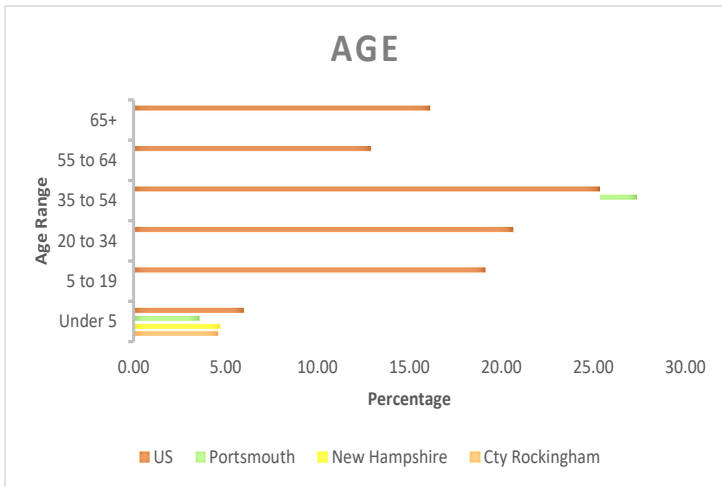
WHO IS PORTSMOUTH?

A Statistical Snapshot

Current Population = 22,713

In 2023 the City of Portsmouth Health Department hired the Community Health Institute to develop a Community Health Profile for Portsmouth. The profile used the best available, reliable data to paint a picture of who Portsmouth residents are and to identify the leading health issues facing the area while also using a comparative lens to analyze trends in the city, Rockingham County, the State of New Hampshire and the United States. The full Community Health Profile can be [found on the City website](#).

Population Trends: Portsmouth is currently growing at a rate of 1.09% annually and its population has increased by 4.49% since the most recent census, which recorded a population of 21,992 in 2020. The median resident age is 42.3 years. The median New Hampshire age is 43.3 years.



Age: Portsmouth has a greater proportion of residents 65 and older than either Rockingham County, the State of New Hampshire or the US. New Hampshire as a state has the second-oldest population in the United States. One out of every five NH residents is over the age of 60 and the latest demographic research shows these trends continuing. The state's Office of Energy and Planning projects a 129% increase in the number of residents age 65+ and a 243% increase in the population age 85+ by 2040.

As the population ages, some develop disabilities that make it difficult or impossible for them to stay safe at home or evacuate if necessary. Grant programs that assist seniors in such situations often do not cover the expense of ramps, lifts and other repairs or equipment that could make a person's home safer. Seniors generally want to remain in their homes; but those with fixed incomes often cannot afford these additional costs.

Sources:

US Census Bureau (2020-2021.) American Community Surveys (2010-2021) 5-year: S0101 Age and Sex.

NH 10-Year State Energy Strategy (July 2022)

Median household income U.S. 2022 | Statista

SRF Annual Median Household Income

US Census Bureau (2020). American Community Survey (2020)

5-year: S1501 Educational Attainment.

US Census Bureau (2020). Decennial Census (2020) P1 - Race, 2020: DEC Redistricting Data (PL94-171).

US Census Bureau. (2020). American Community Survey (2020) 5-year: S1810 Disability Characteristics).

In Portsmouth there are senior and disabled residents who lost their home health care and other social services during the pandemic. Dangerous conditions and situations now occur more frequently and go undetected longer than pre-pandemic. The loss of these daily living supports, isolation from family, friends, community and services have left more Portsmouth seniors and disabled residents in very poor, often life-threatening, situations that require far more intensive services such as hospitalization, rehabilitation stays and resultant disability supports that could have been avoided with earlier intervention.

There is a gap in oversight of seniors in need. The Portsmouth Health Department has seen an increase in the number of seniors in dire situations who are getting help far too late, as compared to pre-pandemic when neighbors, family and friends tended to check in and socialize with them more. There is undue suffering and loss in these situations.

There may be missed early-warning signals that might be provided by City employees in the neighborhoods and public housing: meter readers, tax and billing offices, PHA housing checks and other City services.

It is also well established that pets add to improved mental health among seniors. However, pet expenses are sometimes difficult for seniors to afford. Pet food donation drives and other supports would allow seniors to maintain these important relationships and reduce the problem of homeless pets due to aging owners. Pets should be included in food security.

Many seniors take advantage of the Portsmouth Recreation programs. However, there are seniors who do not because they are homebound and disabled – both physically and cognitively – or lack transportation, financial resources or awareness of local recreation options.

Recommendations:

- Encourage and promote community outreach so neighbors, family and community members know where and how to refer any concerns about vulnerable residents and their living conditions.
- Include resources on the City website that can assist with identifying a person's eligibility for applicable benefits, resources and services.
- Identify opportunities the City may have for early identification of seniors at risk.
- Prioritize outreach and education to all of the potential contact points with isolated residents – Meals on Wheels, postal carriers, first responders, tax assessors, meter readers, etc.
- Continue to offer supportive recreation programs that can serve residents of all abilities, including the intellectually and developmentally disabled and seniors experiencing cognitive decline.
- Assess existing pet food and pet care donation programs for seniors, homeless and disabled pet owners.

Gender: The primary data source for population estimates by sex was the 2020 American Community Survey which makes no distinctions about sexual orientation or “sex at birth”. Respondents were asked to respond either “male” or “female” based on how they currently identify their sex. According to that data, Portsmouth’s population includes 10,975 males (48.3%) and 11,738 females (51.7%).

The City of Portsmouth recognizes the need for gender-inclusivity and continues to look for the reliable data sources that provide such information and insights.

LGBTQ+ Youth: Service provider focus groups and school health and wellness advocates report that LGBTQ+ youth have difficulty, often spending months, before finding gender-affirming therapists or therapists with experience working with LGBTQ+ youth. Several youth mentioned being ‘dropped’ by therapists with little or no notice, that they are often being called by their birth name rather than the name they have chosen and of being mis-gendered and report that people are still equating being LGBTQ+ with having mental health issues.

School can be a difficult and often unfriendly environment for these youth. Many have been bullied and felt that bullying is not being addressed effectively.

Recommendations:

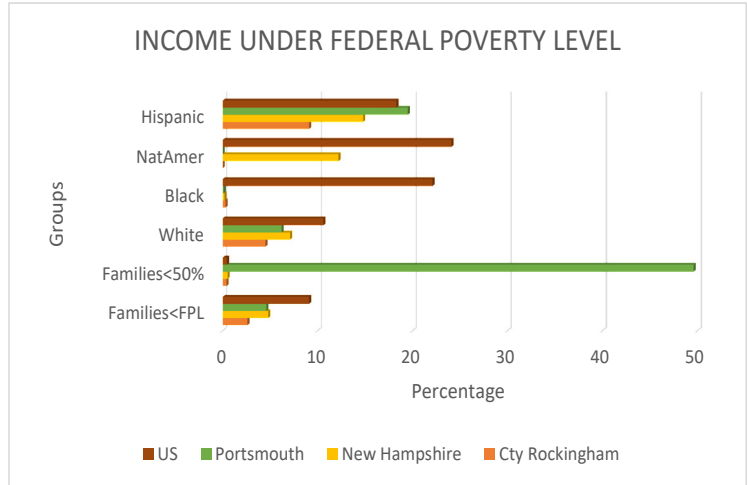
- Engage with the LBGTO+ community and research possible resources of reliable data and insights on building inclusivity, equity, health and wellness for this demographic.
- Expand awareness and understanding of the challenges and needs facing the LGBTQ+ community.

Household Income: In 2022, the estimated median household income in New Hampshire was \$89,992. For Rockingham County, the estimated median household income was \$107,442. For Portsmouth the median household income was \$100,169. The median household income for the US was \$74,580.

New Hampshire’s median household income last year climbed to \$96,838 after adjusting for inflation. According to the Economic Policy Institute, a family in 2024 would need between \$72,501 and \$94,597, depending on their location in New Hampshire, for a “modest yet adequate standard of living.” This estimate excludes costs like student loans, home ownership and entertainment.

Poverty: Portsmouth has a smaller percentage of residents living at or below the Federal Poverty Line than NH or the US, although 2% more than in Rockingham County. The largest percentage of residents living at or below the poverty line are seniors (ages 65 and older), which is much higher in Portsmouth than in Rockingham County or NH. Portsmouth, with a high number of older veterans (ages 65 and older) has the highest rate of poverty among veterans in the state. Portsmouth residents identifying as Hispanic or Latino and those who have not received a high school diploma or GED are more likely to be living below the poverty line than White persons or high school graduates. Notably, more than 10% of Portsmouth’s residents identifying as Black are living at or below the poverty line, significantly higher than Rockingham County’s 3%.

A total of 13.1% residents identify as economically disadvantaged based on state and federal determinants such as being eligible for food stamps or SNAP, foster, migrant and homeless students, and those in families eligible for free or reduced-price meals. Also, 17.3% report at least one disability.

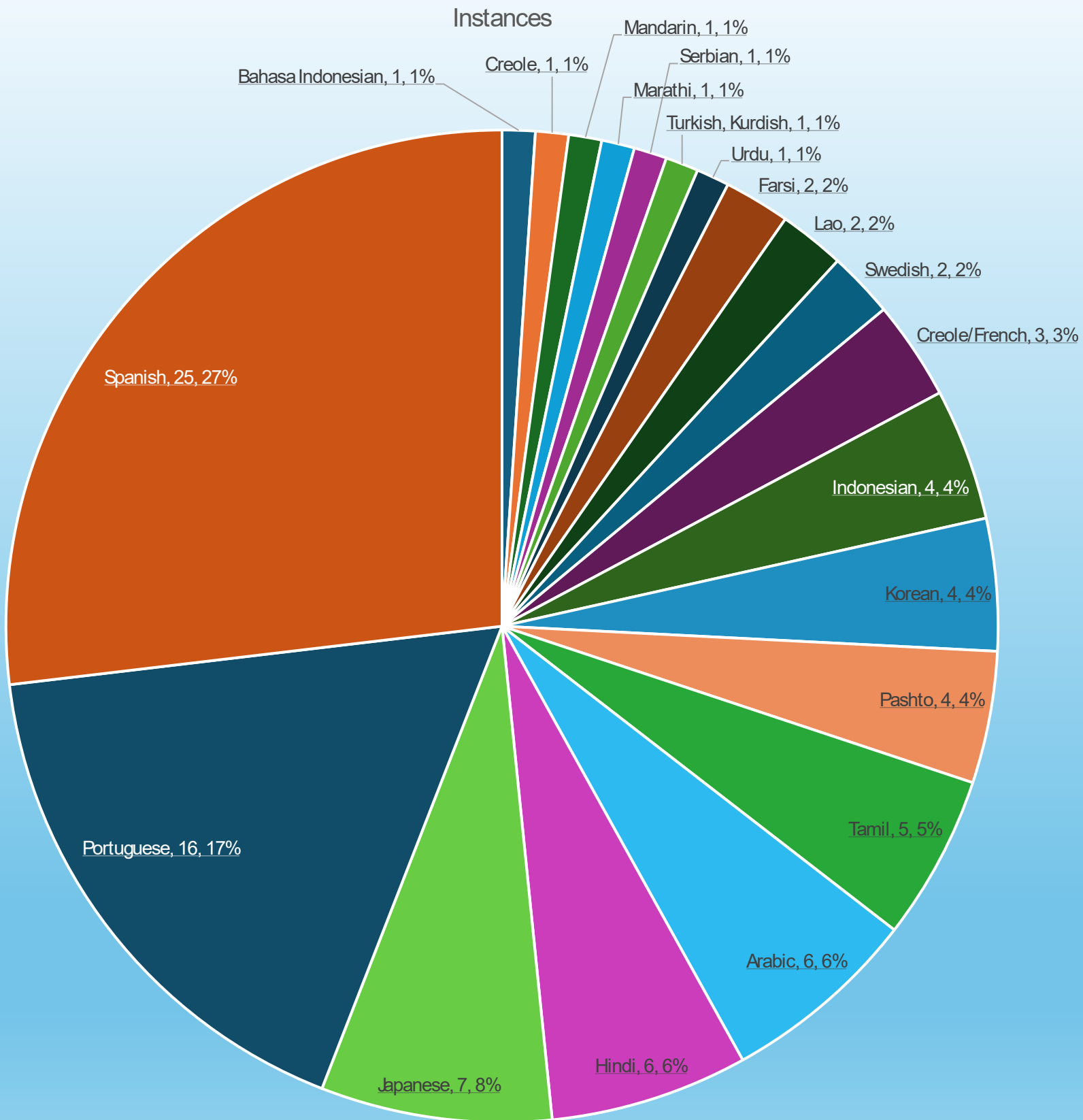


Race: Portsmouth has seen increases in the number of residents who identify as other races than White in the past 10 years. This increase suggests that the City should investigate providing multiple language translations when communicating information such as affordable housing options and severe weather/emergency preparation information.

It proved difficult to reach minority groups during this Needs Assessment. Anecdotal evidence identified Black youth needs such as recreational opportunities, fresh foods, healthcare, transportation and outreach.

Recommendations:

- Develop a directory of resources and emergency information in the languages spoken in Portsmouth schools for the City website and other contact points.
- Encourage the community to make GED attainment more available to Speakers of Other Languages (ESOL) residents.
- Explore community availability of higher education opportunities for persons attaining a GED and provide outreach to those groups.
- Support expanded access to diverse, healthy food resources that meet cultural and economic needs.
- Work to build connections to various minority groups to understand local demographics and needs more fully.
- Extend research to include ESOL families and individuals, immigrants and naturalized citizens.



Ethnicity: While 96.4% of Portsmouth residents speak only English, 9.6% speak one of 20 different languages reported by English-as-a-second-language students in Portsmouth schools (pie chart). Portsmouth has a smaller percentage of naturalized citizens than the US. Of the naturalized citizens in Portsmouth, 43.6% originated from Asia, 40.7% from Europe, and 9.7% from Latin America.

Disability: In 2020, the data reported that 9.9% of Portsmouth’s population was affected by one or more disabilities including hearing, vision, cognitive skill, ambulatory, self-care and the ability to live independently. For children younger than 5, hearing and vision difficulty are used to determine disability status. For children and youth between the ages of 5 and 14, disability status is determined based on hearing, vision, cognitive, ambulatory and self-care difficulties. The most reported disability in Portsmouth children and youth younger than 18 is cognitive disability, the most common type of which is a specific learning disability, followed by speech or language disabilities.

Intellectually and developmentally disabled residents experience a range of needs. Some may need daily instruction and supervision, many need consistent reinforcement to maintain skills that have taken years to master. This demographic is extremely vulnerable, throughout their lifespan.

Covid-19 created severe setbacks in daily skills, routine, socialization and opportunity for many. A loss of programs, support staff and employment in this high-risk population left many languishing. Without a workforce or daily structure outside of the home, many families had to provide what support and instruction they could, without respite, often experiencing an economic loss of their own without alternative caregivers to allow them to work. It is not uncommon for support to fall solely on families even during non-emergency times. Housing pressure has caused much of the local housing for disabled residents in neighborhoods to disappear. One new supportive housing program was built, but the cost was hundreds of thousands upfront for the person applying, which is out of reach for most families.

By law, persons with developmental disabilities have certain Client Rights, however the system of support that is available in NH is mostly for adult foster care (home providers) which limits control, choice, housing stability and several other tenets of Client Rights. People living in these homes are essentially guests in others’ homes and are constantly at risk of losing that housing when the foster caregiver quits. This leads to substantial, traumatic housing instability for these most vulnerable residents, some of whom are already suffering from trauma on multiple levels. Individuals in these situations do not have control of their own care budgets and are not always given the options and opportunities to make personal choices and decisions, (e.g. what foods they can eat, whom they can live with, etc.) even though they have those rights.

Adult foster care home providers and vendor agencies may discontinue care for a person with developmental disabilities, even without safe, alternative, hands-on direct care in place. Persons with intellectual development disabilities who lose services can become homeless, be placed in substandard care/support situations and have even been dropped off at local hospital emergency departments where they can languish for months. Or they might move from place to place until a stable situation is found, which can further traumatize them.

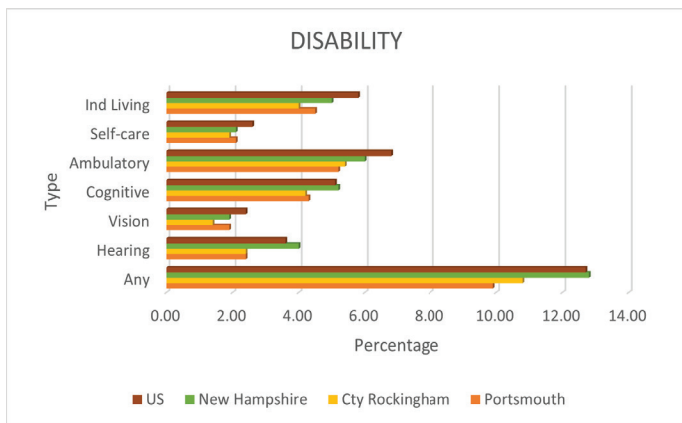
Persons with developmental disabilities do not have entitlements to services, even though they are fully dependent on them, often 24/7.

Since intellectual developmental disabilities are persistent across a life-span, this population also faces the same issues seen in the general public. Intellectual and developmentally disabled members of the community are also aging and generally outlive aged parents. Little has been done except by the families of these residents (for whom there are few options), across the state or locally, to plan for the long-term needs of this population.

Local area agencies cannot always meet the needs of these vulnerable individuals and there is an urgent need for more holistic supportive residential programs that provide both housing and the daily, consistent supports required for these individuals to live fulfilling, happy, safe and healthy lives. These holistic models are more able to absorb workforce shortages and emergencies. They create a more stable, long-term, permanent solution to the displacement that many developmentally disabled residents have experienced and offer individuals the actual choice and independence that are their legal right. However, finding appropriate housing that meets local zoning requirements and is affordable, is difficult. Sometimes housing or neighborhood associations disallow non-related individuals or multi-units. Holistic models also improve the ability to continue programming and residential services during pandemics and other disasters or disruptions

Recommendations:

- Encourage the City Council’s Legislative Subcommittee to support protections so that the agencies and individuals providing direct care and housing cannot discontinue services to persons with disabilities without alternative safe, hands-on, direct care in place.
- Support zoning that accommodates access to safe housing options for vulnerable populations, especially disabled residents.
- Support zoning for alternative dwelling units (ADUs) that facilitate caring for aging and disabled residents who need more assistance.
- Continue to support zoning ordinances that encourage construction of affordable housing.



WHO IS PORTSMOUTH?

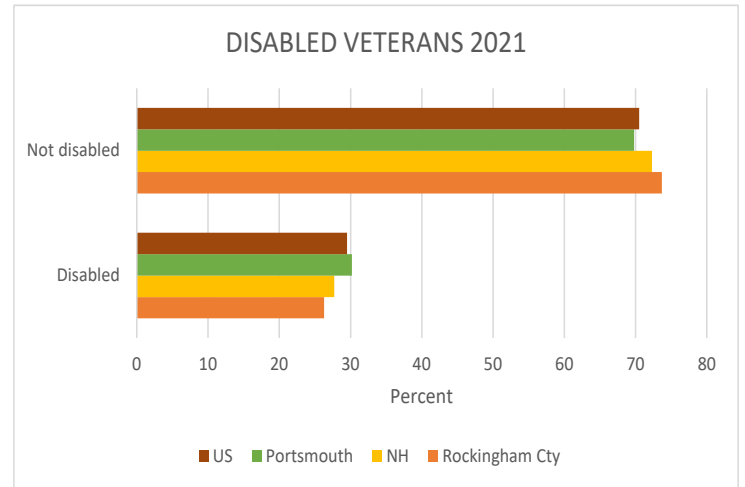
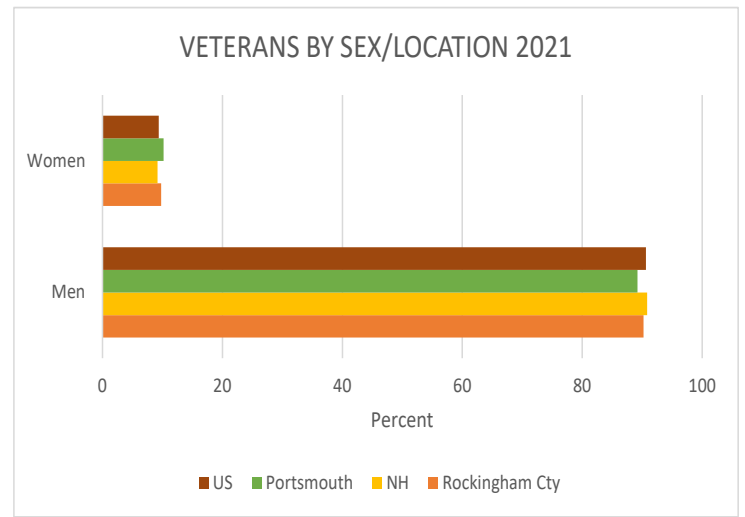
Veterans: NH has the 17th-largest veteran population within the US, with more than 87,000 veterans living in the state. Of those living in Portsmouth, 10.8% are women -- more than the County or State percentages. Portsmouth also has a much higher percentage of older veterans than Rockingham County, the state or the US. Portsmouth's veterans are primarily White, although Portsmouth's population of Black veterans is much greater (3.1%) than those of Rockingham County or NH (both 0.8%).

Veterans in Portsmouth have received more education, with nearly 40% possessing a bachelor's degree or higher compared to Rockingham County's 32.5%, NH's 31.7%, and the US's 30%. Yet Portsmouth has a higher percentage of veterans living below the federal poverty line than in Rockingham County and NH. Portsmouth also has more veterans with a disability when compared to Rockingham County and NH veterans, possibly due to Portsmouth's older veteran population.

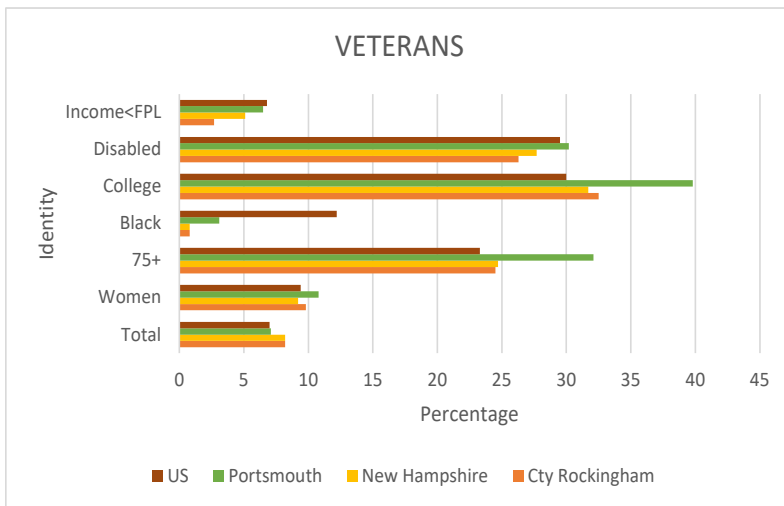
A study released in 2006 found that NH had a significantly higher rate of suicide among veterans than the national rate. Portsmouth specific information is not available.

Recommendations

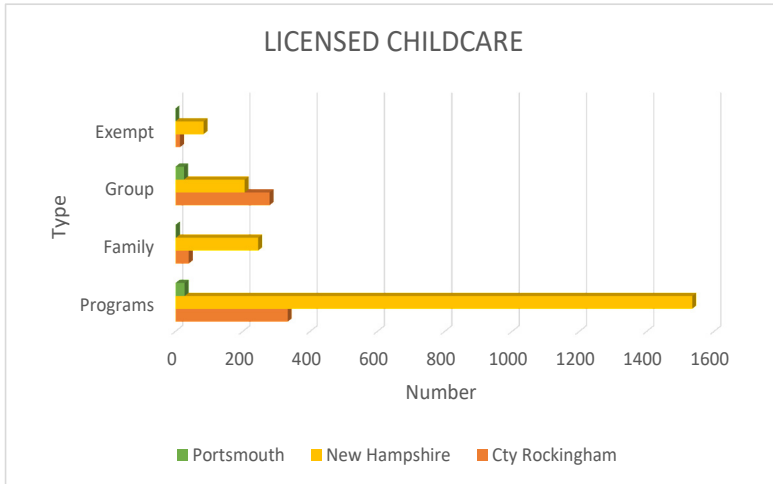
- Further inquiry about issues affecting Portsmouth veterans should follow as outreach to Portsmouth veterans proved to be challenging during this study.
- Maintain City representation on the Seacoast Veterans Coalition.



Sources: Office of Mental Health and Suicide Prevention (2016). NH Veteran Suicide Data Sheet, US Department of Veterans Affairs. US Census Bureau (2021) American Community Survey (2021) 5-year estimates S2101 Veteran Status Veterans Health Administration



Child Care: Portsmouth has 14 licensed childcare facilities ranging from in-home providers who care for a few children to large childcare centers. The graph below shows the number of licensed childcare facilities as of 2022. The average cost of licensed child care in New Hampshire makes up greater than 12% of the household median income, with single parents paying 41% of their income for infant care. For married parents with two children at the poverty line the cost of child care equals 91% of their income. It is important to note that even school-age children require before- and after-school care.



A community cannot recover without safe people and places to care for and educate youth and children. During the pandemic, local daycares experienced drastic reductions in their workforce, which in turn reduced the number of children they could care for. This meant parents could not return to work once the pandemic restrictions were lifted. Childcare and youth crisis intervention programs must meet required ratios of staff to children to maintain their state licensing and funding. There are still challenges facing childcare families and workforce: cost of living increases, lack of affordable housing, a continued general reduction in the workforce, high turnover, lack of available safe childcare for hours outside of the traditional weekday schedule. These stressors on daycare increase the risk of unlicensed providers that may not meet safety requirements becoming more prevalent. There is also a lack of local foster care for children in extreme need because they don't have homes.

Vulnerable Children & Youth: Portsmouth has six public schools (high school, alternative high school, middle school and three elementary schools) within the district with 2,747 students enrolled. Of those students, 79.7% are White, 13.1% are identified as economically disadvantaged and 17.3% report having at least one disability.

Recommendations:

- Boost awareness of continued extra \$40 in SNAP benefits during the summer months.



HEALTH NEEDS ASSESSMENT

There is a large network in the city, made up of hundreds of professionals in numerous non-profits and human service focused agencies serving vulnerable populations, that are an important part of public health. It is important to maintain the bridge from the City to these groups and to build these relationships when there isn't a crisis like Covid-19.

This document gives those in decision-making roles both an awareness of the needs and actionable suggestions for serving vulnerable populations. As a vibrant, growing, robust community, Portsmouth brings both unique assets and often-overlapping vulnerabilities to its needs. This Plan identifies the specific themes of vulnerability and the populations affected by them.

To collect qualitative information to inform this Plan, the City Health Department contracted with Maria Sillari to conduct focus groups and interviews with local health and human services agencies and their clients. Those dialogues repeatedly raised the same concerns and themes among the most vulnerable in the community.

This section summarizes those findings and offers some specific recommendations for building a healthier, more resilient community by addressing the need to:

- Promote a healthy environment
- Increase access to housing
- Increase access to transportation options
- Reduce food insecurity
- Reduce negative impacts of mental health conditions and social isolation
- Reduce negative impacts of substance misuse

The included recommendations were suggested by the focus groups and individual interviews, complemented with best practices adopted by other municipalities. Recognizing that resources are limited and that some recommendations are already funded by county, state and federal agencies, these were selected as having potential for City influence, funding, infrastructure, planning and engagement or existing support from human service agencies or other nonprofits.

Among other findings, this report also asks Portsmouth to improve access to engagement opportunities between the City and residents to increase the exchange of information, resources and ideas, especially in relation to vulnerable populations.



Community Health & Wellness Recommendations:

- Outreach regarding resources available to assess NH Medicaid eligibility and enrollment assistance for SNAP and other benefits.
- Enhance opportunities to train the City workforce in cultural competence for underserved communities.
- Expand regional EMT and nursing services for homebound residents.
- Ensure that translation services are readily available in all City departments and services.
- Increase access to opportunities for physical recreation.
- Continue the City commitment to ensuring physical accessibility to all City facilities at all times.
- Cross-promote partner agencies' community-wide campaigns and events for risk factor screenings, education and policy or program initiatives.
- Consistent accommodation by the Library (or another venue) as a warming/cooling center (and provide an additional AED at the Library).
- Provide showers and laundry facilities for those who are unhoused.

HEALTHY ENVIRONMENT

A healthy environment provides the foundation for the way people live, learn, work and play. Exposure to environmental hazards like air pollution and lead or other contaminants in soil and drinking water can lead to serious health complications such as asthma, heart disease, cancer and dementia. Although it is well documented that spending time in nature is beneficial to mental health, several people in the focus groups identified lack of access to clean and safe natural areas as a barrier to their health and wellness.

The City works to promote a healthy environment for everyone in Portsmouth through investment in and oversight of policies, programs and technologies that reduce chemical and other exposure risks in air, water, soil and food.

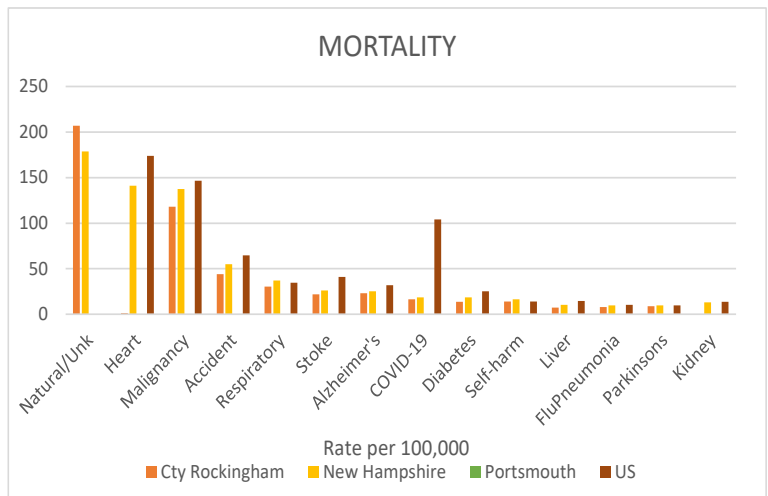
As interconnected systems in the environment are disrupted by rising temperatures around the world, communities become more vulnerable to catastrophic conditions. Extreme heat and cold, severe storms, air pollution, wildfires and the spread of mosquito- and tick-borne diseases threaten the physical and mental health of all communities. These adverse conditions disproportionately affect vulnerable populations, including those with disabilities and chronic illness, communities of color, people experiencing homelessness and outdoor workers. It is vital to identify opportunities to reduce those burdens as a key community health improvement plan priority.

Recommendations:

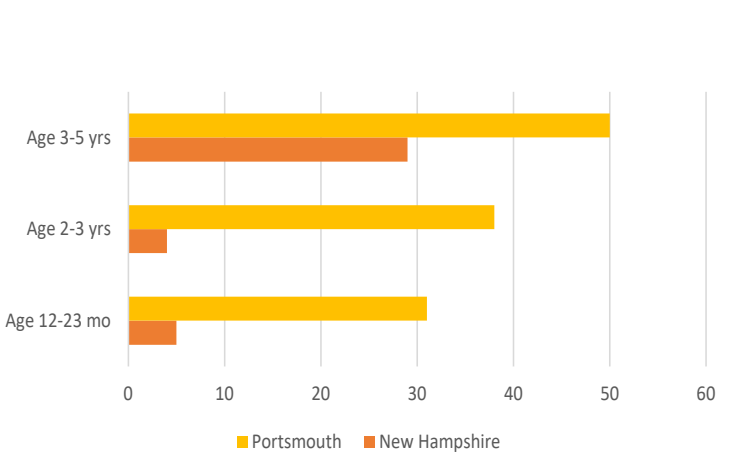
- Sustain the City’s commitment to its [Open Space Plan](#) for the public benefit and rewild City-owned vacant lots.
- Adopt policies and ordinances that support a healthy environment including efforts to reduce trash, encourage reuse and recycling and ensure proper disposal of discarded materials.
- Implement the City’s [Climate Action Plan](#) and support its [Eco-Municipality commitment](#) and ordinances.
- Transition to clean options by deploying alternative zero-emission and fuels options for City vehicles and train operators to follow gasoline refueling instructions for efficient vapor recovery.
- Support biking and walking options in the city through the City’s [Bike Pedestrian Plan](#).
- Invest in efforts to protect and preserve open space and conservation land.
- Encourage the creation of accessible “splashpad” and other cooling play areas for equitable and safe activities in heat waves. (Also provide for and encourage participation in water safety programs and encourage free swim lessons for all. Preventing the risk of drowning is as important as learning to swim.)
- Continue to invest in stormwater and wastewater infrastructure to reduce combined sewer overflows, improve wastewater and stormwater treatment and protect local waterbodies.

- Use public outreach efforts such as “[Think Blue](#)” to help educate citizens about how to do their part to protect the environment.
- Aid the Planning and Sustainability Department and land use boards in their zoning efforts to locate job centers, shopping, schools, entertainment and essential services near where people live to reduce commute burdens, increase walkability and bike-ability and improve quality of life.
- Continue to support the City’s “[Green Building](#)” policy and [energy efficiency projects](#).
- Support compact development to preserve ecologically-critical open space and further implement green infrastructure strategies.
- Implement regular outreach communications by the Health Department on significant local public health issues such as lead testing, mosquito and other insect-borne diseases and other health hazards.
- Continue to implement the City’s [Mosquito Control Program](#), education and outreach on personal protection.
- Implement new or expanded transportation options to increase the use of public transportation and reduce air pollution.
- Provide and expand connections to the [Seacoast Greenway Bicycle/Pedestrian Trail](#).

Mortality & Prime Threats: Portsmouth-specific data were not available for causes/rates of mortality; therefore, this section looks at mortality in Rockingham County as compared to the rest of NH and the US, where rates were available. The top cause of death listed in Rockingham County is “other/unknown” (207.0 per 100,000). This rate is higher than the rate of “other/unknown” deaths in NH (178.7 per 100,000). The next top three causes of death in Rockingham County were cancerous tumors, accidents/unintentional injuries and respiratory diseases. The mortality rate from heart disease in the county (1.3 per 100,000) is far less than the state (141.2 per 100,000) and the US (165.0 per 100,000).



PERCENT DROP IN LEAD TESTING 2020-2021

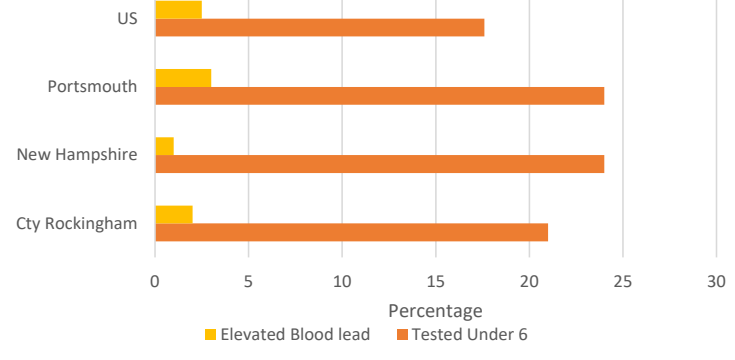


Blood Testing for Lead: Portsmouth is a 400+-year old city, with more than 60% of its housing stock built before 1978, the year lead paint was banned. In July 2021, the NH Public Health Action Level for lead, requiring nurse case management and a lead exposure investigation, was lowered from 7.5 µg/dL to 5 µg/dL or higher for children age 6 or younger. At the same time there was a 25% drop in the number of children age 6 or younger tested for lead exposure between 2019 and 2021. Decreases in the number and testing rate of children age 6 or younger, as required, in recent years has been associated with the Covid-19 pandemic and the nationwide recall of point-of-care (in-office) blood lead testing supplies. This has caused NH pediatric blood lead level testing numbers to drop to their lowest level since 2017. The percentage of children aged 6 or younger tested for elevated blood lead levels (EBLL) in Portsmouth is lower than NH’s overall percentage of tested children age 6 or younger. The change in testing rates in Portsmouth from 2020, however, is much greater than the change in NH’s testing: ~31% fewer children ages 12 to 23 months were tested, ~38% fewer children ages 24 to 35 months were tested, and just 50% of children ages 36 to 72 months were tested.

Recommendations:

- Promote blood-lead testing and provide education on the dangers of lead paint.
- Implement a rental housing inspection program that includes lead paint inspections and corrective requirements.
- Offer EPA Lead Renovators, Repair and Painting (RRP) Certification to the High School Career Technical Education program.

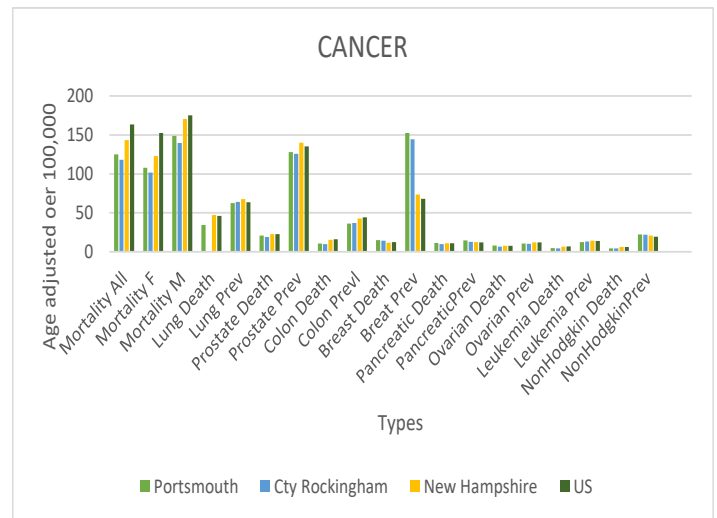
LEAD TESTING UNDER AGE 6 2015-2019



Cancer is one of the leading causes of death in Rockingham County, NH, and the US. Portsmouth-specific data is not available but cancer is likely to be one of the leading causes of death in Portsmouth given the prevalence in the county and state. The most common type of cancer throughout Rockingham County is breast cancer. In fact, NH has the fourth highest rate of breast cancer in the US. Many cancers are linked to environmental factors and cancer is so prevalent and can be due to many factors that it is almost never certain (aside from well-researched genetic evidence and specific environmental research) what caused a specific individual’s cancer. However, as more research provides more proof, people should be aware that chemicals in the environment are linked to cancers and should educate themselves on their presence and risks so they can be better-informed consumers.

Recommendations:

- Increase consumer awareness of environmental risks.
- Evaluate opportunities in the City’s procurement process to minimize the purchase of materials that create an unreasonable exposure to harmful chemicals.
- Continue to support the initiatives of the City’s [Safe Water Advisory Group](#), [Sustainability Committee](#), [Conservation Commission](#), [Portsmouth Energy Advisory Committee](#) and other citizen advisory boards.



Recommendations:

- Increase access to childcare – childcare costs are a barrier for clients seeking therapist treatment.
- Ensure the City’s Cable and Internet Broadband Commission initiatives take into account accessibility for socially isolated populations.
- Increase access to transportation in the form of cab vouchers or purchasing a van and covering the cost of a driver and insurance for bringing therapists’ clients to and from appointments.

Sources for Healthy Environment and Transportation sections:

NH Public Health Child Care Licensing Unit (2022); US Department of Health and Human Services Office of Child Care (2019).

*NHDHHS Wisdom Data Portal: Cancer Mortality (2017-21)
Portsmouth data is not available.*

CDC Wide-ranging Online Data for Epidemiologic Research (WONDER) (2019), NHDHHS Wisdom Data Portal: Cancer Mortality (2017-21)

Healthy Homes and Lead Poisoning Prevention Program. (2023). 2021 Lead Exposure In NH Data Brief (NH DHHS).

NH Wisdom (US census data)

[Rockingham County Planning Commission - NH Long Range Transportation Plan](#)

Seacoast Transportation Corridor Vulnerability & Assessment Plan (2015 – Rockingham Planning)

18

According to [Johns Hopkins’ Center for Gun Violence Solutions Report](#), gun violence is a public health epidemic that affects the well-being and public safety of all Americans. In 2021, nearly 49,000 Americans were killed by gun violence, more than the number of Americans killed in car crashes.

An additional 76,000 Americans suffer nonfatal firearm injuries, and millions of Americans face the trauma of losing a loved one or living in fear of being shot. The impacts of gun violence, both direct and indirect, inflict an enormous burden on American society. When compared to other communicable and infectious diseases, gun violence often poses a larger burden on society in terms of potential years of life lost. In 2020, firearm deaths accounted for 1,131,105 years of potential life lost before the age of 65 -- more than diabetes, stroke, and liver disease combined.

Gun violence touches many Americans, from all walks of life, and across demographic groups. Some sobering facts about gun violence:

- Half of all suicide deaths are by firearm and 90% of suicide attempts by firearm are deadly.
- Access to a firearm in the home increases the odds of suicide more than three-fold, and doubles the risk for homicide.
- The firearm homicide rate in the United States is 25.2 times higher than in other industrialized countries. More than half of female intimate partner homicides are committed with a gun.
- An abused woman is five times more likely to be murdered when her abuser has access to a gun.
- Each year, more than 520 people die from unintentional firearm injuries, more than 140 of them children and teens.
- Each year, there are approximately 600 mass shootings (defined as incidents with four or more people shot and/or killed in a single event). More than 500 people are killed and 2,000 are injured in these events annually. From 2013 to 2022, the number of mass shootings doubled.

Recommendations:

- [Advocate](#) for gun safety
- Educate the community on the public health crisis of gun violence and its effect of school shootings on the mental health of children, students and parents.
- Encourage the City’s Legislative Subcommittee to support NH Legislative efforts to address gun safety.
- Consider providing information on gun locks, gun safes and other equipment -- similar to the approach for smoke detectors and fire safety information -- during community wellness events.



HOUSING

Household Statistics: Portsmouth has a slightly smaller average household size than the county, state or US. The number of households is split almost evenly between family (51%) and non-family (49%) households. The number of households with children (18%) has declined by 4%.

Housing Types, Housing Costs: Compared to Rockingham County or NH, Portsmouth has the most rented occupied units, with nearly half of all occupied housing units being renter-occupied versus owner-occupied. Renters in Portsmouth are also more likely to pay more in rent: In 2023, The median rent in Portsmouth for a two-bedroom apartment with utilities was \$2,306, compared to Rockingham County at \$2,069 and NH at \$1,833. All three estimates increased by more than 30 percent compared to 2019.

New Hampshire renters need to make more than \$73,000 a year in income, or 156% of the estimated statewide median renter income, to be able to afford the \$1,833 a month median cost of a two-bedroom apartment with utilities.

The 2023 New Hampshire Statewide Housing Needs Assessment, which was conducted by Root Policy Research on behalf of New Hampshire Housing, found that the state needs 60,000 more housing units between 2020 and 2030, and nearly 90,000 units by 2040. This estimate includes the state’s current housing shortage of over 23,500 units needed to stabilize the housing supply. Additional key findings in this report noted:

High cost of houses: From 2019 to 2022, the median home price in NH rose by 50%. As a result, middle to high income renter households are less likely to become homeowners.

High cost of rent: The state’s extremely low vacancy rate favors higher-income renters, as demand pushes rents beyond affordability levels for others, especially lower-income renters.

Rent and home price increases outpaced wage growth. Between 2000 and 2020, New Hampshire’s home sales prices rose 111% and rents increased 94%, while household median income increased only 73%.

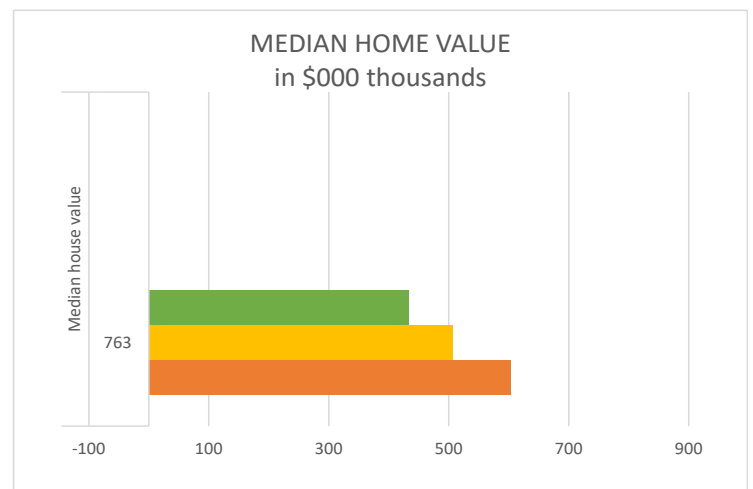
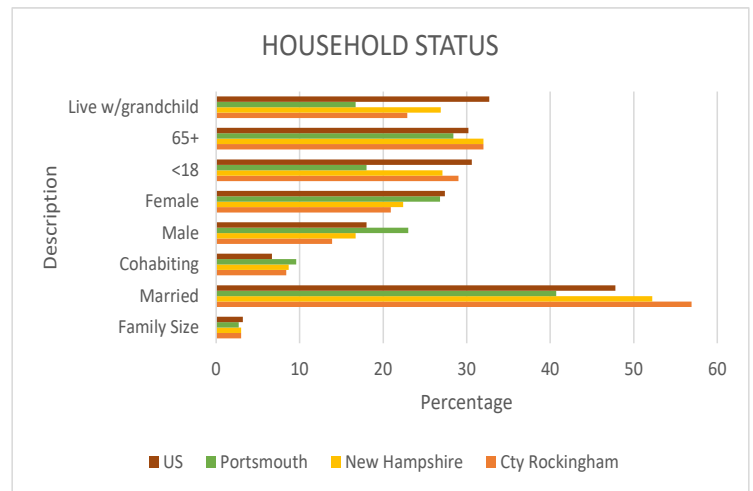
Aging in place: Population growth is expected to continue to slow through 2040, and NH’s population will become older, with fewer children per household. The desire to “age in place” will continue to limit the supply of homes available to new buyers.

Lack of affordable housing makes it difficult for families to stay in the area and many of the families these human services organizations work with need subsidized housing. Therefore, transportation becomes an even larger barrier to reuniting families.

Sources: 2023 New Hampshire Statewide Housing Needs Assessment, 2023-NH-Statewide-Housing-Needs-Assessment.(nhhfa.org) US Census Bureau (2021) American Community Survey (2021) 5-year: DP02 Selected Social Characteristics.

Recommendations:

- Support zoning ordinances that encourage construction of affordable housing including multi-unit homes for disabled residents and expanded housing facilities on sites related to residential programs.
- Support state legislation to allow for property tax exemptions for residents providing foster care in their own homes.
- Continue to support local zoning and building code changes, to the extent allowed by state law, that support the construction of Alternative Dwelling Units (ADUs) for the purpose of caring for aging or disabled residents who need more assistance.
- Increase recovery/sober housing – there is only one site in the region, Magnolia House in Hampton.
- Advocate for funding to cover non-reimbursable Functional Support Services such as therapeutic behavioral intervention and services, family support, medication management, crisis intervention, targeted case management for those who don’t have Medicaid or cannot afford care. Also identify funding for seniors who have only Medicare and would benefit from these services.
- Continue support for alternative housing for clients who are at risk for homelessness such as paying for motel stays.



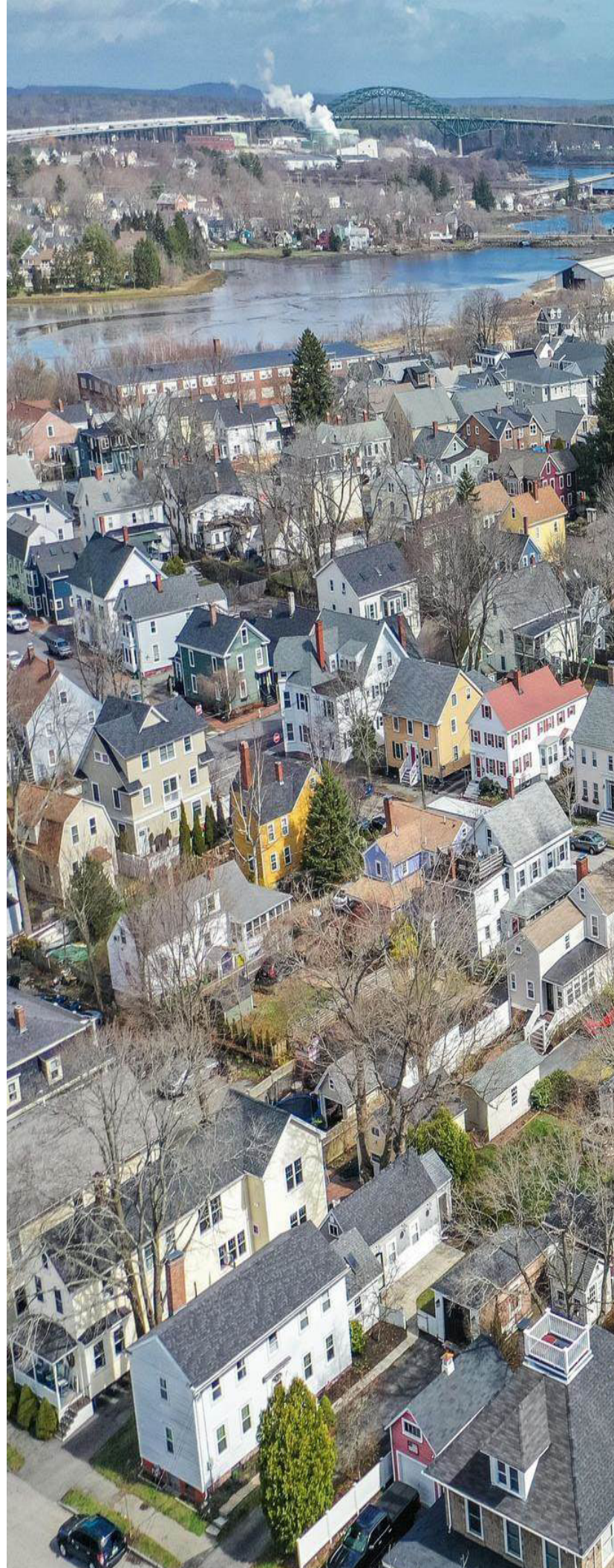
Caregiver Workforce Housing: For residential and other 24/7 or second or third-shift direct-care organizations, the workforce is particularly difficult to find, particularly for overnight and weekends. These positions struggle to pay a living wage in the face of increased cost of living and a lack of affordable housing adds to the difficulty. During the pandemic, youth in residential programs suffered by having family visits stalled, school becoming remote and their freedom to work in and enjoy the community halted. These stressors resulted in higher mental health needs, higher physical needs and significant feelings of isolation. Many of these children have already experienced trauma, housing insecurity, food insecurity, and many are extremely low-income. Additionally, caregiver workforce shortages reduce the number of youth and families served, delaying necessary treatment and crisis stabilization.

Recommendations:

- All City departments, especially Planning & Sustainability, Public Works and Economic & Community Development, should consider the impact and need for neighborhood improvements on vulnerable populations in their vicinity.
- Support programs offering rental assistance.
- Create permanent, affordable housing and housing preservation initiatives.
- Prioritize supportive housing options for special populations, e.g. intellectually and developmentally disabled, physically and mentally disabled, low-income veterans and persons recovering from substance use disorder.
- Create affordable housing options for current and potential workforce and older adults.

Homelessness: Cross Roads House has seen its proportion of 62+-age population increase from 11% to 15% in one year. The trend is expected to continue particularly as market pressures force older New Hampshire residents on fixed incomes to make way for those who can afford to pay higher rents. Single parents on fixed incomes facing the multiple challenges of life are also just as vulnerable as are youth. In March 2021, InDepthNH estimated, based on University of Chicago research, that New Hampshire has 15,000 couch-surfing youth. Statistics kept by NHDoe counted 3,378 homeless children in 2021-22.

Approximately 12% of the population – in NH that means 138,900 people – are homeless at some point. One third of these people are women and children, with kids under 9 being the fastest-growing group experiencing housing instability. There are fewer than 800 shelter beds in the state on any given night but there were 4,682 people unsheltered on the January 2021 night of the Point in Time Count. The causes of homelessness can be reduced to two big factors: poverty and system failures in health care, mental health care, child protective services, public education and criminal justice systems.



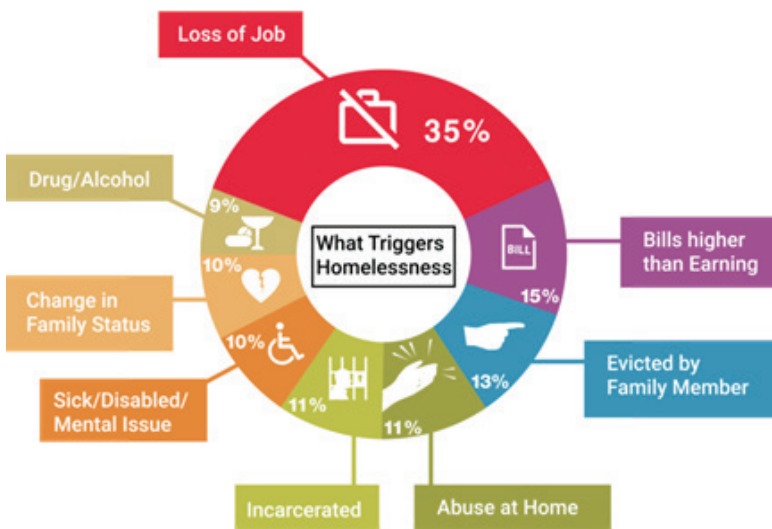
Inadequate or unsafe housing conditions are associated with a wide range of health conditions, including respiratory infections, lead poisoning, injuries and poor mental health. Unstable housing also negatively impacts the ability to access health care and the services and supports that can protect people from more dangerous conditions. Those who are unhoused are more likely to get sick, become more severely ill when they do get sick and are more likely to die early than their housed neighbors. The costs associated with caring for people experiencing homelessness include increased use of hospital emergency rooms and more time spent in hospitals, often due to a lack of consistent primary care.

Frequently moving from place to place, falling behind on rent, doubling-up or couch surfing are all examples of housing instability that also negatively affect health, especially for youth and children. Housing instability is also associated with increased risks of teen pregnancy, early drug use and depression.

The local population of unhoused people has grown with the housing crisis, but there are other factors involved as well. Today's unhoused population includes segments of the society that used to be cared for elsewhere, such as persons with dementia and persons with developmental disabilities. Being unhoused presents significant risks but when another incapacitation is factored in, the danger of poor outcomes is elevated.

Consequences of homelessness contribute to the difficulty of getting out of homelessness, including the reality that employment requires access to power (for technology), clean clothing, rest and access to showers and hygiene. There is also concern for unhoused homeless in emergencies. This population can be difficult to reach with severe event warnings and/or life-saving evacuation instructions. Plus, local emergency response shelters may fill with chronically unhoused, putting strain on the local ability to shelter other residents or vulnerable populations from areas affected by an emergency.

“Homelessness has no bounds, but it will always impact most deeply our vulnerable populations. The poor, the marginalized and, increasingly, our elderly. As a society, we fail to understand that housing is not just four walls. These are places to find stability and heal to prepare for the rest of life and, hopefully, to prosper.” Will Arvelo, Cross Roads House



TRANSPORTATION

Transportation systems help people reach everyday destinations for work, school, food and health care. Transportation barriers that prevent or limit reliable access to those places can have a big impact on health and wellness. Portsmouth, Rockingham County and NH are not well served by public transportation, so not having a vehicle is a greater disadvantage than in less rural states. Almost 6% of Portsmouth residents reported not having access to a vehicle between 2017 and 2021. That figure is above NH's average rate of 4.7%. Local transportation barriers are numerous and the system seems to lack the flexibility to meet the often complex needs of vulnerable populations.

Almost 11% of Portsmouth residents receive disability support, making them eligible for COAST ADA transportation benefits, but the service boundaries are limited to within a half mile of the regular route bus stops. In addition, while a bus route may exist, the travel time from Point A to Point B can be impractical. Medicaid reimburses for transportation but service is often not available. Users may have language, financial, physical or cognitive difficulties in navigating transportation challenges, which may lead to the loss of healthcare and daily necessities and to becoming isolated.

New Hampshire's Long Range Transportation Plan identifies over \$787 million in funding for 104 projects to improve safety across the state's transportation systems over the next 20 years. These investments are geared toward balancing the transportation network by building bicycle and pedestrian options and improving general travel safety.

Recommendations

- Increase access to transportation funding options by aligning with groups such as the [Regional Alliance for Community Transportation](#).
- Support flexible, independent non-profit transportation services such as [I Got Bridged](#).
- Continue to explore collaborative options for expanding affordable, accessible, efficient and reliable public transportation including micro-transit.
- Implement greenhouse gas emission reduction strategies from the Climate Action Plan (Portsmouth's Climate Future), e.g. carpooling, remote work days, cycle-to-work programs.
- Continue to support the City's goals for Open Space, Bike/Ped and the Master Plan that include expanding bike and pedestrian infrastructure and separating motor-vehicle traffic from non-motorized traffic.
- Continue to leverage state and local partnerships to expand the network of multi-use trails, "Safe Routes to School" and other bike advocacy programs.
- Encourage local public transportation services to consider whether often-frequented medical facilities, food resources, etc, are served by their routes.
- Continue Library staff distribution of bus passes provided by Welfare for transport to Cross Roads House (via I Got Bridged).

“ One of my first assignments was driving an elderly, blind woman to her thrice-weekly dialysis appointments. There was no public transportation, she had exhausted her personal support network and had no other options. Someone reached out to [I Got Bridged] on her behalf and asked if we could help. Freddy's network of drivers not only got her to her appointments but subsequently he and his family helped in finding her housing closer to the dialysis center, which not only solved the transportation issue, but brought her peace of mind.”

-- I Got Bridged driver

FOOD INSECURITY

In its study of food insecurity, UNH provided this definition: “Food insecurity” is when a family does not have “access to enough good food... at all times to live an active and healthy life” and is “limited by a lack of money and other resources” and where people report that they “sometimes” or “often” did not have enough to eat in the last seven days. Food insecurity affects 75,000 of the 1.4 million residents of New Hampshire – approximately 1 in every 20. Among disabled residents, one in five reports being food insecure. Access to good nutrition leads to a longer healthier life and food security should be available to all.

Food insecurity has lasting impacts on public health. In 2019, 23.5 million Americans—10.5% of all US households—experienced food insecurity. One year later, amid the Covid-19 pandemic, 23% of all households experienced food insecurity, more than double the figure from 2019. There are clear connections between food insecurity and the factors that lead to chronic diseases such as heart disease, cancer, diabetes and stroke.

Food insecurity is also a significant threat to the health of children and adolescents. Being food insecure as a child is associated with a two- to three-times higher risk of having anemia and a significantly higher likelihood of experiencing behavioral problems, depression, suicidal thoughts and poor oral health due to decreased nutrition. Poor nutrition also leads to poorer health outcomes of children with elevated blood lead levels.

More than 15% (3,314) of Portsmouth households include children under 18. Of those, almost 1 in 5 (408 households) received food stamps/SNAP benefits within the last 12 months. During the 2023-2024 school year, 12% of students were enrolled in the free and reduced lunch program.

Senior citizens who are food insecure are more than twice as likely to report being in fair or poor health than those with greater food security. Across age groups, food insecurity disproportionately impacts people of color. Lack of access to *healthy* food disproportionately affects communities of color and people living in poverty, especially in “food desert” urban settings. As a result, these communities also disproportionately experience poor health.

Covid-19 increased food insecurity and put a strain on the food safety net. Certain federal programs such as the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and the Supplemental Nutrition Assistance Program (SNAP) now help reduce food insecurity when people can provide proof of vulnerability. In 2023, NH expanded eligibility for SNAP to 200% of the federal poverty level. Since then, 22% of eligible Rockingham County residents have enrolled. But as of 2023, more than 32% of older NH adults reported still not always having enough or healthy food to eat.

Sources:

NH Hunger Solutions.org/data

UNH 2023 Needs Assessment: Food Security & Disability based on U.S. Census Bureau Household Pulse Survey data (July 2021-May 2022), for NH residents 18+ years old.



1 in 20

NH Residents report not having enough to eat



1 in 5

NH Disabled Residents report not having enough (or nutritious) food to eat.

Oral/dental health is an important component of overall health and wellness and a factor often resulting from food insecurity. Considerations should be given to residents, particularly children, living with homelessness, substance misuse, mental health needs and developmental disabilities as well as to other vulnerable groups who do not often share in equitable dental and oral healthcare. For these populations, dental services are rare. Very few accept Medicaid and waitlists are long. Workforce shortages in dental care and a lack of insurance add to the disparity in oral health locally.

Recommendations:

- Investigate and support extending dental services to economically challenged and uninsured populations.
- Investigate and support mobile dental van services.
- Support increased awareness of and access to Medicaid benefits.
- Consider City membership in the Oral Health Coalition.

“The basic issue for people experiencing food insecurity is that they have insufficient income to meet their basic needs. When you add other vulnerabilities -- a senior citizen on a fixed income with ever increasing costs of living, a parent or family with a child who has special needs, a disability -- issues are exacerbated.

People with a limited income tend to prioritize housing and utilities, first. Sometimes transportation closely follows, as people need to get to work or get children with special needs to medical appointments. Food then follows because food is often the one thing where an individual or family has some flexibility. They can choose how much they spend on food and how much they eat. Increased prices for everything recently -- housing, utilities, transportation and food -- have increased the need for Gather’s services.”

-- Anne Hayes, Executive Director



The Supplemental Nutrition Assistance Program (SNAP) provides eligible individuals and households with benefits to buy food items at grocery stores and other participating food retailers. In NH, there are many more people eligible for SNAP benefits than are actually using them. Unused funds mean lost dollars for the local economy as every SNAP dollar spent contributes \$1.50 for the local food shop or Farmers' Market vendor.

At a time of inflation in food prices, outreach to provide SNAP application instructions is even more important. While Able-Bodied Adults Without Dependents (children 18 or under) who are between 18 and 52 can receive SNAP benefits for just 3 months in a 3-year period, unless they are meeting work requirement. The SNAP program exempts those over 52, those who are disabled, veterans and other vulnerable groups from these restrictions. Students enrolled at least half-time in any recognized school, training program, or institution of higher learning are also exempt from the work requirements. As the program says, "Don't assume that you won't be eligible. The only way to find out is to apply." Explaining how to use the NHEasy.nh.gov portal to determine eligibility for and apply for benefits like SNAP (Form 77-D) is important – including in the 20 languages identified as spoken in Portsmouth homes.

SNAP Outreach partners at the New Hampshire Food Bank offer assistance with applying for benefits. SNAP cannot be used on ready-to-eat foods, so food prep training is needed, also in various languages. SNAP benefits allow those who do not have reliable transportation to access the nonprofit organization I Got Bridged in Portsmouth that provides transportation, even from some distance, to local food pantries and stores that accept SNAP benefits.

Recommendations

- Encourage City participation in the [NH Hunger Solutions coalition](#), [Seacoast Food Provider Network](#) (which includes Gather) and [End 68 Hours of Hunger](#) initiatives
- Ensure eligible students take free breakfast by exploring the barriers preventing this.
- Build/support transportation access for all to grocery stores and food pantries.
- Encourage school nutrition and health staff to provide regular updates on school nutrition efforts, engagement, and opportunities to City leadership and elected officials.
- Build local food security by providing community gardens, public education on gardening and seed drives.
- Protect local soil for future food production, by avoiding designs that will allow pollutants and contaminants in contact with floodwater.
- Maintain the presence of local farmers' markets in Portsmouth and the availability of SNAP information there.
- Support farm-to-institution table programs in City departments and services (Community Campus catering, Library, schools).

- Host/support/expand food preparation classes, particularly in neighborhoods.
- Ensure Food Security and resource information is included in the Community Resource Network and on the City website.
- Cross-promote local agencies' campaigns to encourage healthy food donations to local food pantries.
- Increase outreach regarding SNAP, Meals on Wheels, WIC, summer meal program, etc. benefits to all vulnerable populations.

MENTAL HEALTH/SOCIAL ISOLATION

A mental illness is a condition that affects a person’s thinking, feeling, behavior or mood and, left untreated, can profoundly disrupt a person’s life. One in 5 adults experience mental illness every year. More than 220,000 New Hampshire adults have a mental health condition, or more than 10-times the population of the City of Portsmouth. The NH Chapter of the National Alliance for Mental Illness reports that more than half of people with a mental health condition don’t receive treatment.

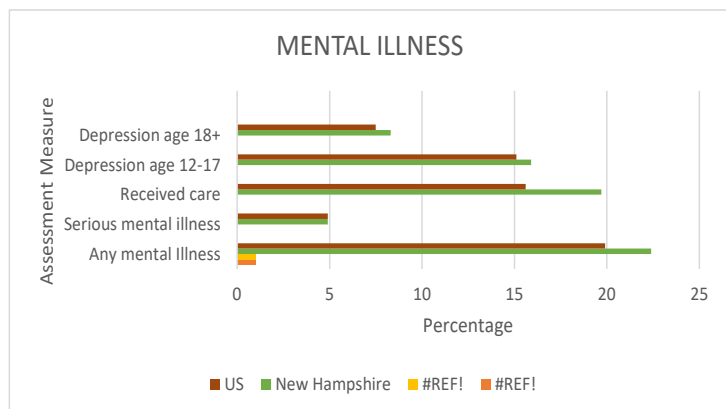
Mental Health Support for Youth: Many assessment participants identified a need for mental health support services for youth. There are opposing strong opinions about school-based mental health services for fear of stigma with in-school services, however that stigma also exists in some parents, and interferes with students getting out-of-school services.

Work in this area is focused on increasing access and connection to protective factors for youth across the region and increasing regional partner capacity to exchange information and resources. Efforts are directed toward both increasing community awareness and understanding of youth mental health risks and toward increasing network partner capacity to work together on substance misuse, treatment and recovery supports and coordinate care for vulnerable people and populations.

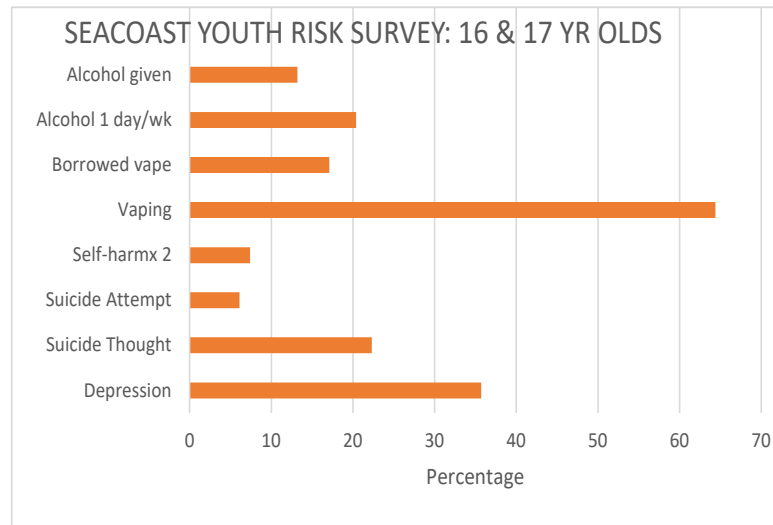
The pandemic had disproportionate impacts on children in insecure environments. Children in families with few financial resources and unstable living environments were and are especially at risk. In households impacted by poverty and domestic violence, there is already a high risk of severe and chronic forms of child abuse and neglect. Families already in the grip of substance use disorder and mental health problems will struggle more as conditions worsen because of financial pressures and less access to services and systems of support. Increasing gun sales in the United States that followed the start of the pandemic are also worrisome because of a higher likelihood of serious harm to adult and child victims of domestic violence.

Recommendations:

- Support City and partner programs to destigmatize mental health and place it in the realm of total health and wellness.
- Support student access to mental health preventative services by raising awareness of the need.



Youth Risk Behavior: The Youth Risk Behavior Survey (YRBS) is a national survey conducted by the CDC every two years among representative samples of 9th through 12th grade students. The graph shows the results from several questions on the 2019 YRBS distributed to Seacoast high school students pertaining to mental health, self harm, vaping and nicotine use and alcohol consumption.



The pandemic greatly disrupted the lives and support systems of many children, resulting in learning loss, reduced health care (including mental and dental health services) and multiple lost opportunities to build interpersonal, physical and problem-solving skills. To help them recover, many Portsmouth organizations have identified the need for resources to provide summer camps, sports equipment, music camps, YMCA memberships, fresh food programs, improved access to health/mental health/dental care, transportation, and outreach. As with all vulnerable communities the key need expressed directly and by their advocates was to be seen and heard.

As of 2023, about 40 percent of the more than 12,500 students surveyed from 67 participating school districts in New Hampshire reported having felt such severe sadness or hopelessness that it stopped them from doing some of their regular activities, down for the first time in a decade, from 44 percent. The percentage of high school girls who report having attempted suicide in the past 12 months also fell to about 10 percent after having spiked to 13 percent in 2021. The rate for boys has remained below 7 percent for all of the past decade.

The state’s efforts to improve access to mental health resources includes having launched the New Hampshire Rapid Response Access Point, which offered help via calls, text messages, and chat conversations more than 34,600 times last year, officials said. The state also included the 988 Suicide Prevention Lifeline number on student ID cards.

Source: NH Chapter National Alliance on Mental Illness.

SUBSTANCE MISUSE

Substance Use Disorder is a progressive, chronic health condition that changes the way the brain works. These changes influence individual relationships, work performance and health in ways that can have destructive and sometimes lasting effects.

While opioid overdose deaths in New Hampshire have decreased since 2022, the negative effects of substance misuse continue to have a profound impact on individuals, families and communities. Portsmouth experienced 27 overdose events in 2023, with 6 of those resulting in fatalities. Portsmouth's location along the Route I-95 corridor between Massachusetts and Maine contributes to the increasing presence of the opioid fentanyl and animal-tranquilizer carfentanil in local drug supplies, both of which drastically increase the risk of overdose and severe health impacts.

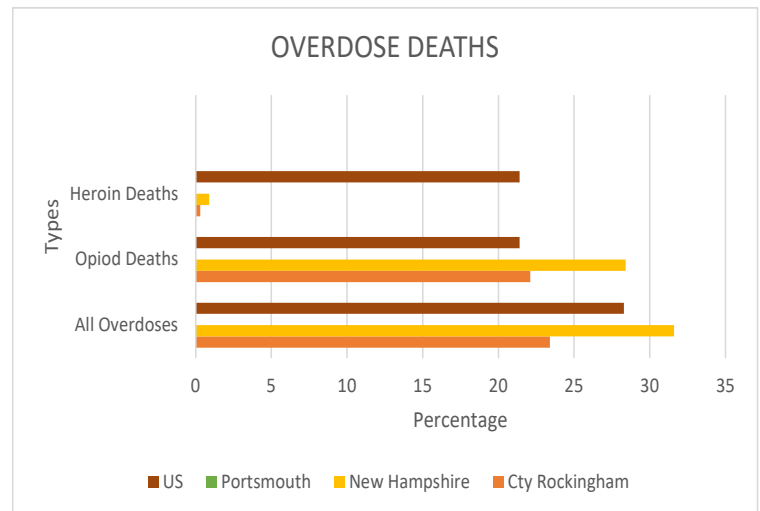
Alcohol continues to be the most dangerous substance misused in NH, with almost half of all accident-related deaths in 2019 caused by drinking and driving. Portsmouth had a high number of residents who met the criteria for heavy drinking based on their responses to questions in the recent NH Behavioral Risk Factor Surveillance System.

As a community, Portsmouth has identified substance misuse prevention, treatment and recovery as a priority health concern. Recommendations are intended to increase awareness of risks and encourage actions that improve access to and engagement with community prevention, harm reduction, evidence-based treatment and recovery support partners.

Recommendations:

- Encourage the City Council's Legislative Subcommittee to address residents' concerns regarding effective substance abuse prevention legislation.
- Provide information to City leaders about reducing substance use among youth by addressing the factors in the community that increase risk for substance use and promoting factors that minimize risk for substance use.
- Support community drug prevention coalitions and service providers addressing alcohol, opioid and other drug use disorders and peer support services (AA, Haven, 211, 988 suicide prevention, etc.)
- Participate in coalitions such as the Mental Health Alliance.
- Provide free public health Naloxone education and distribution programs.
- Identify opportunities for and encourage City participation in health awareness events addressing suicide prevention, cancer prevention and substance misuse.

- Identify and support suicide awareness prevention and peer norm programs through City facilities (Library, Community Campus, City Hall, Senior Activity Center and other Recreation Department facilities) and through outreach communications.
- Support services providing transportation for those in behavioral health crises.
- Help partner agencies promote opportunities for events and programs such as a suicide/depression walk to raise awareness.



CONCLUSIONS

When people are precariously close to losing stability -- housing, direct care supports, home health-care, mental or behavioral health counselors, transportation, employment, nutrition, recovery services, childcare and socialization -- and face other challenges to daily life, they often plummet immediately into crisis. This is especially likely when layers of protection are thin or absent in multiple arenas.

The City experiences these failures of safety nets in multiple ways. The Welfare Department must cover housing costs if no shelter is available. City Emergency Management Services field more calls from residents when that resident falls or needs help transferring out of bed. There are often repeat calls to the same home. During Covid, City Health and EMS coordinated and administered vaccination services to home-bound residents. Post-pandemic, City Health has had to act as case management and the City Police Department now employs a social worker. There are often uncalculated but substantial local costs to taxpayers that are also an unnecessary burden and risk to those people who are caught having fallen between the ever-widening cracks.

When these conditions are allowed to grow, the community becomes a little less stable overall. Then in the face of an impending crisis or disaster, every citizen is at a heightened risk. During the pandemic everyone was a little more food insecure as supplies of staples like common food items and toilet paper became scarce and supply chains unreliable. Many residents were more threatened by housing insecurity as cohabitation became risky, rents skyrocketed, home prices escalated as city dwellers sought NH for more open space and employment evaporated. Every potential disaster -- severe weather events, infectious disease outbreaks, drought, bridge, road or other infrastructure failures -- will be exacerbated for all residents by any gaps in needs and services that exist in the community. Existing plans can only absorb a limited number of people for a limited time. Equity, fairness and inclusion in planning, building, investing and collaborating is the best safety net for all.

The City should continue to build upon "Portsmouth is a Health In All Policies municipality," including:

- Supporting human services providers.
- Ensuring Equal Employment Opportunity practices.
- Incorporating the state public health improvement plan on a local level where appropriate, to make progress on common needs.
- Advocating for vulnerable populations regarding affordable housing, caregiver workforce, planning and tax policies.
- Preserving and restoring outdoor natural areas and the urban forest, recognizing the positive mental health benefits of being outdoors.
- Seeking funding opportunities to incentivize collaborative efforts and leverage in-kind opportunities to improve health and wellness in the community.
- Using early-warning and intervention strategies in City departments, including the Charter departments of Fire, Police and Schools, to identify/mitigate risk for vulnerable residents.

This Community Health Improvement Plan has examined the makeup of the Portsmouth community and identified the most vulnerable populations among us and their needs. The Plan also provides specific actionable recommendations -- some of which the City is already implementing, some of which are aspirational. The success of the Plan lies in its usefulness in guiding policy decisions about partnerships, staffing and available resources. Most importantly, it seeks a City commitment to Health In All Policies that makes the most vulnerable among us seen, heard and helped.

Recommendations:

- Broaden the interaction of City representatives and staff with vulnerable populations through outreach and programming (recreational and social) targeted to their individual service needs.
- Find ways to be more welcoming to volunteers from a board range of abilities and backgrounds.
- Participate in diversified community health and wellness conversations/listening opportunities around the city so residents have two-way channels for communicating with City officials, both elected and staff.
- Capture in the City's Capital Improvement Plan and other annual budget documents the City's commitment to a "Health In All Policies" approach.
- Include CHIP briefing/orientation in onboarding materials for everyone elected/appointed to City boards, commissions, teams, work groups, etc.
- Draft a "Commitment to a Healthy Community" pledge for the City to encourage awareness of vulnerable/underrepresented population needs in City business, policy, and communication decisions.
- Continue municipal engagement in the Portsmouth Area Community Care Team.
- Meet regularly with business and community leaders in the city to increase cross-sector knowledge about gaps and barriers to health and wellness services and resources to encourage collaborative planning and response in the private sector.
- Encourage Health Department monitoring of and participation in Seacoast health groups and the National Association of County & City Health Officials.
- Continue to support and encourage the Recreation and Library departments to provide free, open and accessible offerings to the public and to serve as places for fitness, enrichment and socialization for seniors and other vulnerable populations.

COMMUNITY HEALTH PARTNERS

A sample of the variety of local public health partners:

[Family Support Council](#) is solely comprised of individuals and families receiving services from One Sky. Members of the FSC are active representatives of the families One Sky supports. The FSC provides One Sky with active feedback regarding the needs of our families, their concerns, preferences and wants. The FSC coordinates family friendly events in Region 8 as well as provides families with access to respite and funding for services such as therapeutic horseback riding, adaptive ballet, swimming lessons, guitar lessons, music therapy, gymnastics, assistive technology and special summer camps.

[Operation Blessing](#) continues to help and support individuals and family providing food, clothing and household items free of charge.

[Cross Roads House](#), founded in 1982, provides emergency and transitional shelter to homeless men, women, and children in the Seacoast Area. They provide homeless families and individuals with basic necessities, as well as the tools and guidance they need to return to permanent housing.

[Seacoast Mental Health Center](#) provides accessible mental health and substance use disorder services for all ages and stages of need.

[Our Place](#) provides residential options, services and support designed to meet the needs of adults with developmental disabilities, fostering growth and independence through vocational, social and recreational opportunities.

[Chase Home](#), for more than 140 years, has helped at-risk children, youth and their families live happier and healthier lives. As one of the oldest nonprofit entities in New Hampshire, The Chase Home is committed to serving the unique needs of at-risk youth and their families in distress.

[Little Blessings](#) is recognized as the first child care center to earn Licensed Plus status. Licensed Plus is a quality rating system that recognizes NH child care programs for efforts to improve their quality of care for young children and rewards programs that strive to continuously improve their practices and staff qualifications.

[The Clubhouse](#) Safe Harbor (including the Harm Reduction van) was established in 2009 as a peer-led recovery center in Manchester, and organizes its efforts to address the issues of substance use disorders (SUD) as well as mental health recovery. Granite Pathways began as a grass-roots initiative that introduced the “clubhouse” model in New Hampshire, an evidence-based, self-help community, aimed at eliminating isolation and providing hope, dignity, and recovery options for adults with mental illness.

[Families First](#) (including Mobile Health) Greater Seacoast Community Health is a network of community health centers providing primary care, pediatrics, dental care, prenatal care, behavioral health counseling, substance use disorder treatment, mobile health services, WIC, social work services, a pharmacy, parenting classes, playgroups and home visiting.

[Seacoast Public Health Network](#) (SPNH) was created to strengthen public health partnerships in emergency preparedness, community health and substance misuse prevention by coordinating regional planning and developing networks of effective action. SPNH serves the 23 towns that make up Eastern Rockingham County.





Important Contact Information

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