

# **SOUTH CENTRAL**

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 Involvement of people with lived experience via patient/client satisfaction surveys and peer recovery support groups.

Opportunities for more engagement in leadership positions and planning.



PROVIDING NON-STIGMATIZING SERVICES Most organizations reported hosting trainings on nonstigmatizing language, person-first language, traumainformed care, and/or harm reduction. Client involvement via person centered planning described.



COLLABORATION
ACROSS THE
CONTINUUM OF CARE

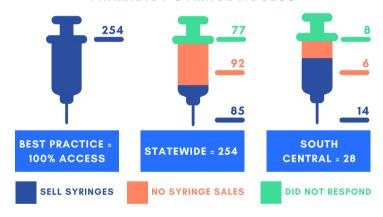
Partnerships with local organizations throughout the region for prevention (Pinkerton Academy) and substance use disorder (SUD) providers including: Center for Life Management, Derry Friendship Center, and treatment centers.



INFECTION PREVENTION

No Syringe Service Program (SSP) in the region. Some organizations offer education/testing for HIV/Hepatitis C/Sexually Transmitted Infections onsite. Otherwise, primarily refer to PCPs, Emergency Departments or Urgent Care.

#### PHARMACY SYRINGE ACCESS



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

#### SYRINGE SERVICES PROGRAM ACCESS

### NO SYRINGE SERVICES PROGRAM IN REGION

**DISTANCES TO CLOSEST\*** 

13.1 MI NASHUA

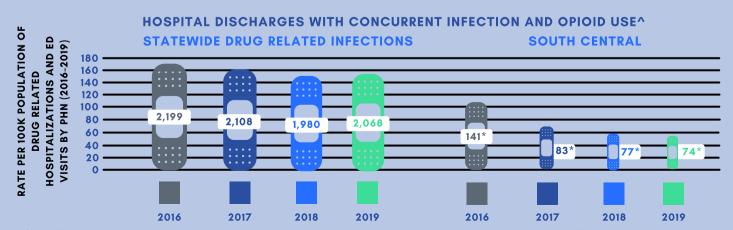
14.1 MI MANCHESTER

34.7 MI Q DOVER

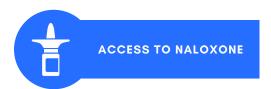
CHSGREATERDERRY.ORG/

\*DISTANCES TO CLOSEST SYRINGE SERVICES PROGRAMS
FROM PUBLIC HEALTH NETWORK IN SALEM. NH

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



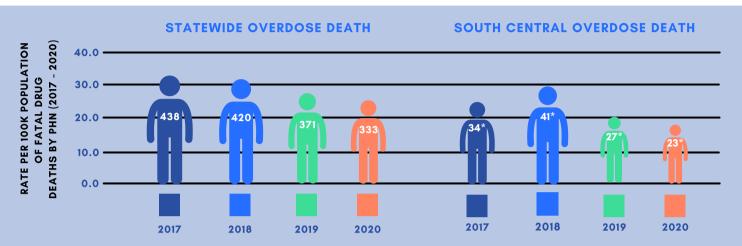
\*THE SIZE OF THE BANDAGE IS THE RATE PER HUNDRED THOUSAND, TO ALLOW FOR COMPARABILITY. THE NUMBER ON THE BANDAGE REPRESENTS THE ACTUAL NUMBER OF ED AND INPATIENT DISCHARGES WITH CONCURRENT INFECTION AND OPIOID USE CODES. SOURCE: OFFICE OF HEALTH STATISTICS AND DATA MANAGEMENT, BUREAU OF PUBLIC HEALTH 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



All partners report sufficient access to naloxone for care providers, limited low barrier access for clients most in need. No reported targeted outreach to those at greatest risk. Many organizations have either been trained or provide naloxone trainings.



Most referrals out of catchment area, primarily to the Manchester Doorway, Farnum, MOUD providers, or programs out of state. No inpatient SUD services in state for teens.



\*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)



Lack of access to low-barrier housing. No shelters in region. Most refer to Manchester for services/resources.



A few organizations provide access to Vivitriol in house. Buprenorphine available through Parkland Medical Center, Addiction Recovery Services, Urgent Cares, Better Life Partners, and Harbor Care. Access perceived as adequate.

## TOTAL RX MOUD PRESCRIPTIONS PER 100K PER YEAR 2020



### NUMBER OF ACTIVE BUPRENORPHINE PRESCRIBERS PER 100K PER YEAR 2020



\*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)



Increased use of telehealth, but access is challenging for those lacking tech or tech literacy. Focus and connection difficult via telehealth. Increases cited for overdoses, relapses, and waitlist times. Disruptions in operations, capacity, trainings, and events.