City of Nashua
Division of Public Health and Community Services

PHAC Executive Committee Meeting

Monday December 15, 2025
1:00– 2:30 PM

Facilitator: Bobbie Bagley **Location:** Zoom

Minutes

CHIP Priority Areas	• The meeting began with an overview of the Community Health Improvement Plan (CHIP). The revised CHIP priority areas based on findings from the 2023 Community Health Assessment (CHA), partner input, and lessons learned from the previous CHIP cycle were reviewed. CHA provides data and baseline trends, and the CHIP serves as an action-oriented, long-term plan with measurable objectives.
Goals, Objectives, and Measurable Strategies	• Key goals and strategies were outlined for each priority area, including expanding outreach and case management for people experiencing homelessness, increasing access to culturally competent behavioral health services, completing a regional asset and gap assessment by 2026, and improving access to community-based supports for older adults. • Specific activities include outreach in shelters and encampments, stigma reduction campaigns, transportation improvements, senior programming, and partnerships with service providers such as Meals on Wheels.
CHIP 2022 Outcomes	• Progress from the previous CHIP cycle was reviewed, highlighting accomplishments in behavioral health education, chronic disease prevention, maternal and child health outreach, communicable disease response, and emergency preparedness. • Challenges were also acknowledged, including staffing shortages, inconsistent data systems, limited partner capacity, and disruptions caused by the COVID-19 pandemic. • These lessons will inform the development of more realistic, measurable, and collaborative goals moving forward. • The presentation confirmed that the revised CHIP priorities align with the New Hampshire State Health Improvement Plan (SHIP) domains of access to opportunity, community, health status and outcomes, and social connectedness.

Next Steps for Implementation	• Next steps include finalizing and publishing the CHIP report, forming workgroups to lead priority areas, developing measurable implementation plans, and providing regular progress updates at PHAC meetings, with an annual review of outcomes. • These workgroups will operate from 2026–2030, provide quarterly updates, and may include additional subject matter experts.
Update from Housing Services Officer	• Housing update included an overview of recent developments within the Greater Nashua Continuum of Care, including adoption of a new strategic plan and restructuring of subcommittees to strengthen coordination, data use, and policy and advocacy efforts. • City of Nashua received $1.6 million in ARPA funding for homeless assistance, including tenant-based rental assistance (TBRA), shelter upgrades, and supportive services. DPHCS was awarded $100,000 to support qualifying populations, with assistance limited to six months and paired with community health worker support. • Community Health Worker outcomes have demonstrated meaningful progress in shelter placement, housing navigation, recovery support, and employment connections, despite continued high demand and limited housing supply.
Other Discussions	• Importance of being accessible and responsive to community concerns. It was noted that community voices identify barriers, while the SHIP, CHA, and CHIP together provide a roadmap to align strategies and advance equitable health outcomes across Greater Nashua. • Progress has been made in ongoing initiatives such digital navigator programs for older adults, and homeless outreach. • Members emphasized the importance of measuring outcomes consistently across partners and at the regional level (Nashua plus 12 surrounding towns) to demonstrate impact and guide improvement. • Persistent gaps were identified, including transportation barriers affecting healthcare access for older adults. • Need for a resource center for individuals experiencing homelessness. The Director shared that $300,000 has been appropriated by the Board of Alderman to support a Resource Center in Nashua. The low-barrier, multidisciplinary model would provide health, behavioral health, housing navigation, and basic needs services, with future expansion to shower and laundry services. Evidence from comparable models shows improved housing stability and service engagement. • Members discussed systemic barriers to housing placement, including limited

	supply, income and eligibility requirements, prior evictions, criminal history, voucher discrimination, and stigma, reinforcing the need for policy and legislative solutions.

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