New Hampshire

STATEWIDE HEALTHY HOMES

2015 - 2019

STRATEGIC ACTION PLAN

Prepared by the State of NH

Healthy Homes Steering Committee

With funding from the Centers for Disease Control & Prevention

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EXECUTIVE SUMMARY

The mounting evidence clearly links housing conditions to negative health outcomes such as asthma, lead poisoning, lung and bladder cancer, and unintentional injuries and the risk of fire. A group of dedicated professionals that make up New Hampshire's Healthy Homes Steering Committee have updated and revised the original 2009 *Healthy Home Strategic Action Plan* to provide a five year road map to align the work of their agencies and their partners to promote the identification of health, safety, and quality-of-life issues in the home and to eliminate or reduce them. The 2015-2019 *New Hampshire Healthy Home Strategic Action Plan* focuses of five major goals:

- Build capacity among partners that support the implementation of the Strategic Action Plan.
- Encourage and support the development of policies, ordinances and legislation that promote healthy homes activities.
- Generate awareness of home-based health and safety hazards and provide tools to address them.
- Engage more multi-disciplinary partners in delivering healthy homes assessments, education and referrals.
- Continue to build data surveillance and evaluation of healthy home activities.

The 2015-2019 *New Hampshire Healthy Home Strategic Action Plan* focuses on the seven principles of a healthy home dedicated to the idea that every deserves a home that is designed, constructed, maintained, or rehabilitated in a manner that supports the health of residents..

SEVEN PRINCIPLES OF A HEALTHY HOME

1. ***Keep your home DRY***
2. ***Keep your home CLEAN***
3. ***Keep your home PEST-FREE***
4. ***Keep your home SAFE***
5. ***Keep your home CONTAMINANT-FREE***
6. ***Keep your home VENTILATED***
7. ***Keep your home MAINTAINED***

HISTORY

In 2008 New Hampshire's journey to healthy homes began with a small but passionate group of people. In 2009, New Hampshire published the first in the nation statewide healthy homes strategic action plan. By 2010, a Healthy Homes Steering Committee (HHSC) was formed to oversee and implement the goals

and objectives of the statewide strategic plan. The HHSC was comprised of partners from Department of Health and Human Services, Division of Public Health Services, Division of Agriculture, Department of Environmental Services, State Fire Marshal's Office, NH Department of Energy, Community Action Programs and U.S. Department of Housing and Urban Development grantees.

Over the course of the next two years, the HHSC implemented the healthy homes *One-Touch* approach for home visitors and completed an estimated 200 home visits assessing hazards in the home, educating families and making the appropriate referrals to partnering agencies to reduce or eliminate these hazards where possible.

In 2011 the HHSC held the 1st Annual New Hampshire Statewide Healthy Homes Conference with 175 in attendance. In 2013 nearly 300 people attended this 3rd annual conference including the Governor of the State of New Hampshire, Maggie Hassan.

Twice, the HHSC secured funding from the U.S. Environmental Protection Agency (EPA) with support from the New Hampshire Housing Finance Authority's HUD funded lead program, to host the 2-day *Essentials for Healthy Homes Practitioner* training. Using curriculum from the National Center for Healthy Housing, the instructor, Ellen Tohn, Tohn Environmental, demonstrated to home visitors the connection between the built environment and the health of the occupant. An estimated 100 people have attended this training.

To begin the process of updating the New Hampshire Healthy Homes Strategic Action plan, the HHSC held retreats in April and May of 2012, bringing together partners from across the state. This time was used to evaluate our healthy homes progress, and to map out our goals and objectives to carry us for the next five years. As a follow-up to these retreats, CDC funding was provided to K. Kirkwood Consulting to assist in the creation of this 2013 - 2017 New Hampshire Statewide Healthy Homes Strategic Action Plan.

PUBLIC HEALTH ACTION

Public health is often viewed in a 5- tier health impact pyramid as demonstrated below in **Figure 1**. The bottom tier of the health impact pyramid represents changes in socioeconomic factors (i.e., poverty reduction, improved education) often referred to as social determinants of health that help form the basic foundation of a society. Through our understanding of how the socioeconomic status of our citizens is directly linked to the condition of their housing, it is key that our efforts be focused at the bottom of this pyramid to have the greatest impact possible with our limited resources. In this pyramid, efforts that have the most impact on society are at the base. Those efforts with the smallest impact on society are shown at the top of the pyramid, though they are necessary to impact the bottom of the pyramid. The base of the pyramid includes items such as clean water and safe roads that have broad impact on society.

> …it is key that our long-term efforts focus on the bottom of this pyramid to have the greatest impact possible with our limited resources

The second tier of the pyramid represents interventions that change the environmental context to make healthy options the default choice, regardless of education, income, service provision, or other societal factors. The defining characteristic of this tier of intervention is that individuals would have to expend significant effort not to benefit from them. For example, smoke-free housing - which is difficult to avoid when it is the public housing - not only improves individual health, but also provides economic benefits by reducing health spending and productivity losses. Other contextual changes that create healthier defaults include clean water and air along with elimination of lead and asbestos exposures. Strategies to create healthier environmental contexts also include designing housing that reduces or eliminates radon and moisture exposures; providing model language so that communities can adopt local ordinance regarding public health nuisances and potable water, and passing smoke-free laws; and taxing tobacco. Above that tier would be direct clinical care, and, at the top, counseling and education. In general, public action and interventions represented by the base of the pyramid require less individual effort and have the greatest population impact. Those interventions at the top, with the same effort have less population impact.

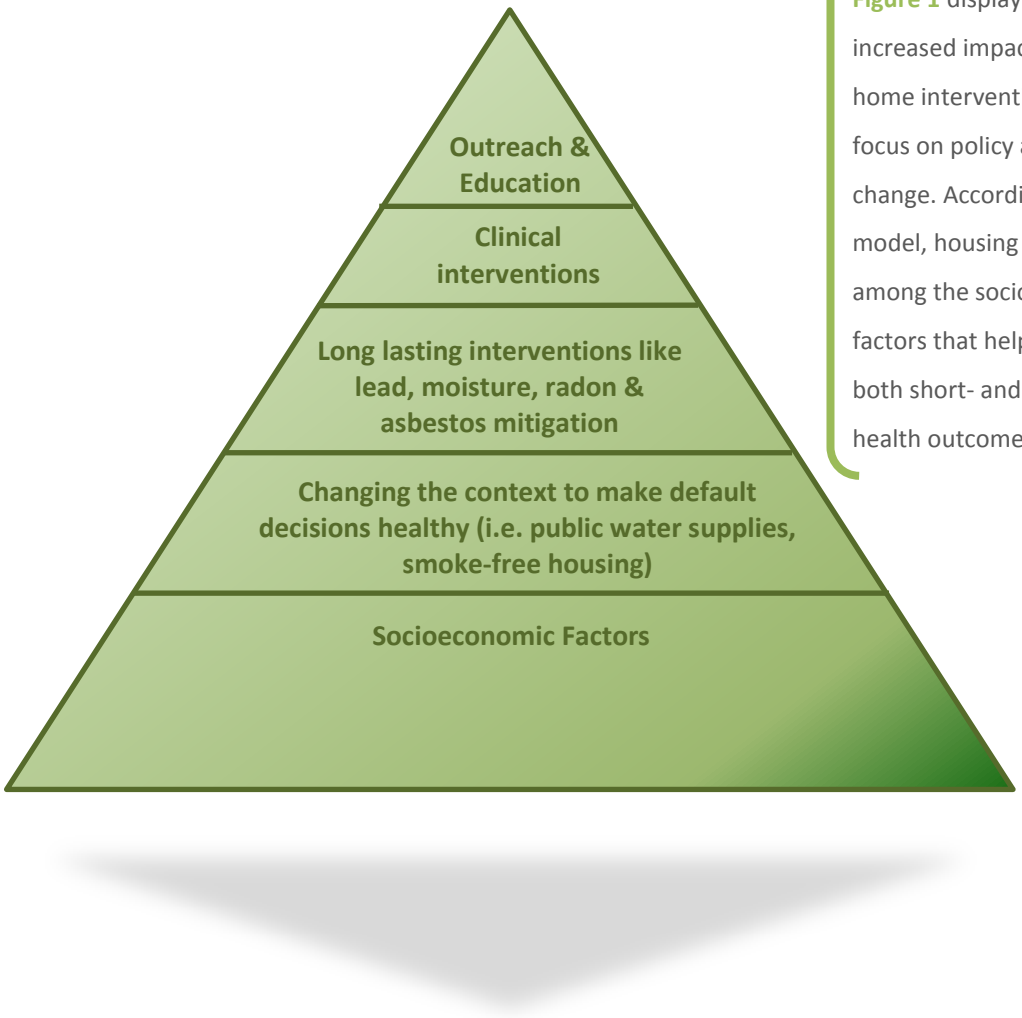

Figure 1 displays the increased impact of healthy home interventions that focus on policy and systems change. According to this model, housing is crucial among the socioeconomic factors that help determine both short- and long-term health outcomes.

Healthy Homes Steering Committee members who contributed to Plan

Aaron Krycki	Manchester Health Department, Healthy Homes Coordinator
Andrew McClure	Meridian Health Plan, Director of Quality Improvement
Amy Moutenot	City of Nashua, Healthy Homes Coordinator
Beverly Drouin	DHHS, DPHS, Healthy Homes & Environments Section, Administrator
Cherie Bammarito	Child & Family Services, Program Manager (past)
Elizabeth Lawrence	DHHS, DPHS, Maternal & Child Health, Early Childhood Health Promotions Advisor
Deirdre Dunn	DHHS, DPHS, Maternal & Child Health, Early Childhood Special Projects Coordinator
Germano Martins	DHHS, Community Relations Manager, Office of Minority Health and Refugee Affairs
Gloria Paradise	New Hampshire Housing Finance Authority, Housing Program Administrator
Jessica Morton	DHHS, DPHS, Asthma Control Program & NH Health Officer Liaison
Kate Kirkwood	K Kirkwood Consulting, LLC; Lead-Edu; New England Health and Housing
Kelly McDonough	JP Pest Services, Education and Outreach
Kirk Stone	Office of Energy and Planning, Weatherization Program Manager
Knatalie Vetter	DHHS, DPHS, Healthy Homes & Lead Poisoning Prevention Program, Environmentalist
Laurie Warnock	Northern New England Poison Center, Educational Coordinator
Maria Butler	DHHS, Special Medical Services, Public Health Nurse Coordinator
Mary MacCaffrie	Department of Safety, Office of the State Fire Marshal, Public Education Admin.
Marie Mulroy	NH Public Health Association, President
Pierce Rigrod	Department of Environmental Services, Drinking Water & Groundwater Bureau
Rick Castillo	The Way Home, Housing Counselor and Healthy Homes Peer Educator
Albert Willis	DHHS, DPHS, Injury Prevention Program, Program Manager
Rob Bowers	Community Action Program Belknap- Merrimack Country, Weatherization & Lead
Sarah Scott	Well Sense Health Plan, Quality Improvement Manager
Susan Knight	DHHS, DPHS, Asthma Control Program, Epidemiologist
Susan Morrison	Tobacco Prevention & Control Program DHHS, DPHS, Health Promotion Advisor
Tory Jennison	Health & Safety Council of Strafford County, Executive Director

LEAD POISONING

THE PROBLEM

Lead poisoning is a preventable environmental threat. Significant exposure can lead to extreme health and developmental outcomes for children. The most common form of lead exposure is lead dust from deteriorating lead-based paint. New Hampshire has some of the oldest housing stock in the country. More than half of New Hampshire housing stock was built before lead based paint was banned in 1978 (2012 ACS). Children living in houses built prior to 1978 with deteriorated lead paint or lead contaminated dust are at increased risk for lead poisoning. Hazards associated with lead poisoning are chipping, peeling, chalking, flaking lead based paint. These lead hazards can be inside or outside of the home and include friction-impact surfaces such as windows, thresholds, doors, stairs, and railings; chewable surfaces on window sills and railings. Activities that contribute to lead hazards are the renovation of old houses without the use of lead-safe work practices, improper containment of the work area and improper clean up. Deteriorated housing conditions that contribute to lead hazards are water infiltration and moisture.

> In 2013, 1,096 New Hampshire children under the age of six had blood lead levels 5 micrograms per deciliter or higher.

The monetary costs of childhood lead poisoning in New Hampshire are estimated to be between $141 and $346 millon annually resulting from the lifetime effect of impairement on employment, earnings and behavior (Estimated Economic Impacts of Childhood Lead Poisoning in New Hampshire).[1]

Summary of Estimated Select Annual Economic Impacts of Childhood Lead Poisoning in New Hampshire, Millions of 2013 Dollars

	Costs in Millions
Lost Future Earnings	$84.3 to $392.3
Special Education Costs	$2
Juvenile Justice System Costs	$8.9
Total	**$141.1 - $345.7 Million**

PARTNERS

The Department of Health and Human Services, Division of Public Health Services, Healthy Homes and Lead Poisoning Prevention Program (HHLPPP) partners with the state's US Housing and Urban Development (HUD) funded entities to provide education and outreach and to guide residents into these programs designed to remove lead hazards in low-income homes. An estimated 250 units each year have lead hazards removed through the HUD funded programs. The HHLPPP is funded through a combination of funds from the U.S. Environmental Protection Agency, State of New Hampshire general funds and Medicaid.

THE GOALS

- Increase general awareness of lead-based paint and dust hazards.
- Increase number of children under six tested for elevated blood lead.
- Build community capacity for lead safe housing in the highest risk areas.
- Administer and enforce a licensing and certification program to ensure the lead professional workforce is properly trained and accredited.
- Ensure enforcement activities for those properties under Administrative Order of Lead Hazard Reduction under RSA 130-A.
- Align New Hampshire's priorities with US EPA Renovation, Repair, and Paint (RRP) rule.
- Support the recommendation of the SB176 study commission to adopt state paint fee to fund lead and healthy homes work and/or outreach

ASTHMA AND OTHER RESPIRATORY ILLNESS

THE PROBLEM

Asthma is a chronic lung disease that inflames and narrows the airways. Asthma causes recurring periods of wheezing, chest tightness, shortness of breath, and coughing. Many environmental conditions can trigger or worsen asthma symptoms. Environmental triggers can include allergens from dust, animal fur, cockroaches, mold, and pollens, cigarette smoke, air pollution, chemicals, compounds in home décor products, wood smoke, and sprays.[2]

Asthma rates in New Hampshire are higher than the national average but similar to those of other New England states.[3] In 2013, an estimated 114,563 or 11% of New Hampshire adults had current asthma compared with the U.S. average of 8.9% (BRFSS). In 2013, an estimated 28,000 or 10.6% of children in New Hampshire had current asthma.[3] The New Hampshire child asthma prevalence rate was not significantly different from that in other states.

> In 2013, an estimated 114,563 or 11% of adults and an estimated 28,000 or 10.6% of children had asthma.

In New Hampshire, the 2009 hospitalization rate for asthma was 59.2 per 10,000 residents. This includes discharges from inpatient, emergency department and observation stays and represents more than 7,500 hospital discharges. Hospitalizations rates were highest for residents aged 0 to 4 years, and those aged 25 to 34 years.[4] Each year, an average of ten New Hampshire residents dies with asthma as the underlying cause of death.[5]

Asthma costs New Hampshire an estimated $172 million annually in direct medical costs and lost wages resulting from absenteeism due to asthma.[6]

Housing conditions associated with asthma include the presence of mold resulting from excess moisture, allergens (including dust mites, mice, and cockroaches) and irritants such as smoke from cigarettes and other tobacco products, wood stoves and fireplaces. In 2010, 15% of New Hampshire adults with current asthma reported there was evidence of mold in their home during the previous 30 days. Additionally, 11% of New Hampshire adults with asthma reported there were signs of mice or rats in their home in the previous 30 days and more than a third of New Hampshire adults with current asthma reported they used a fireplace or wood stove in their home.[3]

Estimated costs due to asthma in millions of 2010 dollars, CDC Chronic Disease Cost Calculator, version 2

Payers	Costs in Millions
All Payers	$ 153
Medicaid	$ 24
Medicare	$ 30
Private Insurers	$ 64
Absenteeism	$ 19
Total costs	**$ 172 Million**

THE PARTNERS

The Department of Health and Human Services, Division of Public Health Services, Asthma Control Program (NHACP) promotes a coordinated, public health response to asthma in New Hampshire and in coordination with the New Hampshire Asthma Collaborative implements the New Hampshire State Asthma Plan to improve health outcomes and increase resources available for people with asthma in New Hampshire. The program focuses on four areas: clinical, environmental, public awareness, and surveillance. Initiatives include implementing an asthma learning collaborative for health care providers, promoting the national certification of asthma educators, supporting asthma-healthy homes, schools, and workplace activities, increasing public awareness about asthma and its consequences, and providing data about asthma in New Hampshire in relative to other areas of the United States. The NHACP is supported with grant funding from the CDC Division of Environmental Hazards and Health Effects Air Pollution and Respiratory Health Branch. New Hampshire Housing's HUD funded lead grant program, has allocated $500 per unit for 100 units to remediate healthy homes challenges. They frequently allocate this funding to install bathroom fans, which can be set on a timer to assist in removing excess moisture from units.

THE GOALS

- Promote Smoke Free Housing policies in public funded affordable multi-family housing, as well as market rate housing.
- Support *One-Touch* Healthy Homes home visiting initiative to identify those families with uncontrolled Asthma and assist in the remediation of environmental triggers.
- Partner with HUD funded grant programs to use small amounts of healthy homes funding to install timed bathroom fans to help reduce excess moisture, and eliminate mold in target units, as well as other indoor air quality improvements

TOBACCO

THE PROBLEM

Children exposed to second-hand smoke are at increased risk for a variety of illnesses, including cough, breathlessness, pneumonia, bronchitis, development of asthma and asthma exacerbation, middle-ear infections and Sudden Infant Death Syndrome (SIDs).[7] In 2012, approximately 17% of New Hampshire adults reported they currently smoked.[3] Smoking also accounts for approximately 18% of deaths in NH and costs the state approximately $608 million per year in healthcare costs.

The New Hampshire Tobacco Prevention and Control Program (TPCP) recommend quitting smoking as the best way to protect children and others from exposure to tobacco smoke. Until a smoker is able to quit, TPCP recommends smoking outside of the home and the car, away from children.

Thirdhand smoke refers to particulates from tobacco smoke that are deposited on clothes, hair, skin, carpets, baby blankets, furniture, toys, car seats, and many other surfaces. It can stay on surfaces for days, weeks, and sometimes, even months. Babies and small children may breathe in or ingest these particulates.

Smoking rates are highest among New Hampshire adults aged 25 to 34 years and among New Hampshire adults with lower income and educational levels.[3] Approximately 13.8% of New Hampshire high school students reported current smoking in 2013 (95% CI: (11.6–16.4). This is a significant decline from 2009. Nationally 15.7 reported current smoking, a small but significant decline in the rate of youth current smoking from 2005 (95% CI: 13.5–18.1).[8]

In New Hampshire, the annual direct costs to the economy attributed to smoking are approximately $969 million, including productivity losses and medical expenditures.

Children living in multiunit housing are a special concern. The U.S. Department of Housing and Urban Development (HUD) reports that tobacco smoke can migrate between units in multifamily housing impacting the health of neighboring families.

In 2009, HUD reported there were over 1.2 million residents living in public housing. Children between the ages of 0-17 represented 39 percent of public housing residents potentially at risk for exposure to second or thirdhand tobacco smoke. Responding to this, HUD encourages Public Housing Authorities to adopt non-smoking policies for all public housing units.

In 2012, approximately 17% of NH adults smoked tobacco. Smoking rates are highest among young adults ages 25-34.

There are more than 18,000 publically subsidized housing units in New Hampshire located within an estimated 509 properties.[9] This includes rent assisted housing funded through permanent financing or rental assistance payment mechanisms but does not include the Housing Choice Voucher (Section 8) Program. A survey of property managers of New Hampshire public and subsidized housing conducted in 2013 found that nearly two-thirds (61%) of property managers had adopted smoke-free policies for their properties.

Thirty percent reported that all buildings on their properties were smoke-free and 31% reported that one or more buildings (but not all) were smoke-free. This represents an estimated 54% of New Hampshire publically subsidized housing covered under smoke-free policy.[10] As of May 2014, 80% of New Hampshire HUD owned buildings were smoke-free.

The Centers for Disease Control and Prevention estimates the annual cost savings from eliminating smoking in all U.S. subsidized housing would be $521 million. This includes $341 million from reduced health care expenditures related to secondhand smoke, $108 million in annual renovation expenses and $72 million in annual smoking-related fire loses. [11]

PARTNERS

The Department of Health and Human Services, Division of Public Health Services, Tobacco Prevention and Control Program provides an overall leadership role in the state supported by partners that assist and work within their communities around the state on tobacco prevention initiatives. Partners include but are not limited to Local Community Coalitions, Hospitals, Public Health Departments, NH Tobacco Free Network, Breathe New Hampshire, Community Health Institute, American Cancer Society, New Hampshire Comprehensive Cancer Collaboration, American Heart Association, American Lung Association of New Hampshire, and Anthem Blue Cross Blue Shield.

THE GOALS

- Promote Smoke Free Housing policies in publically funded affordable multi-family housing, as well as market rate housing.

CARBON MONOXIDE

THE PROBLEM

Often called the silent killer, carbon monoxide is an invisible, odorless, colorless gas. Common sources of carbon monoxide (CO) poisoning include improperly vented or faulty heating equipment or appliances. The improper and indoor use of charcoal grills also can contribute to CO poisoning. Most CO poisonings tend to occur during winter months when there is an increased use of heating appliances or alternate heating sources to heat homes, and generators too close to living spaces in the event of power outages. In 2012, the Northern New England Poison Control Center cited 52 cases of reported CO poisoning cases. In 2012, New Hampshire fire departments reported to the New Hampshire State Fire Marshal's Office 711 incidents related to CO and found 517 cases of CO alarms activated due to malfunction. The current NH law, RSA 153:10-a, requires all multi-family and rental housing and single family dwellings built or substantially rehabilitated after January 1, 2010 to be equipped with CO detection devices that meet the National Fire Protection Association (NFPA) Standard for the installation of CO detection and warning equipment. Owners of rental units are responsible for maintaining fire warning and CO devices.

> Current law requires all multi-family and rental housing to have carbon monoxide detection devices with few exemptions.

PARTNERS

The Division of Fire Safety, State Fire Marshal's office provides overall leadership for Fire Prevention safety statewide, supported by the NH Association of Fire Chiefs, the NH Fire Prevention Society and the NH Building Officials Association. The State Fire Marshal's office facilitates the New Hampshire Carbon Monoxide Work Group, which is an interagency task force dedicated to keeping the public informed of the many safety and health issues related to carbon monoxide. The group includes representatives from the state's departments of Environmental Services, Division of Public Health Services, Northern New England Poison Center, and the U.S. Consumer Product Safety Commission. The New Hampshire Housing Finance Authority lead program, funded by the U.S. Department of Housing and Urban Development (HUD) uses healthy homes funding to provide CO detectors in selected target units. The State Fire Marshal's office is supported with funding from the New Hampshire State Budget and education funds come from HB 193, *The Reduce Ignition Cigarette Bill.*

THE GOALS

- Increase capacity at the State Fire Marshal's office to provide carbon monoxide safety outreach and education.
- Increase education to local Fire Chiefs on the enforcement of RSA 153:10a, *Automatic Fire Warning Devices and Carbon Monoxide Detection Devices in Dwellings*.
- Encourage the use of HUD healthy homes funding to install Carbon monoxide alarms.
- Amend RSA 153:10a, *Automatic Fire Warning Devices and Carbon Monoxide Detection Devices in Dwellings* to mandate any battery operated carbon monoxide units be a 10 year sealed battery.
- Propose legislation mandating all real estate disclosure include the presence of working carbon monoxide alarms.

FIRE PREVENTION

THE PROBLEM

About two-thirds of home fire deaths occur in homes with no smoke alarms or no working smoke alarms. Many people underestimate the speed and power of fire which can have disastrous results. The fact is that home fires can become deadly within a matter of minutes. In 2013, according to the NH Fire Incident Reporting System, the leading source of non-suspicious structure fires in New Hampshire was heating appliances, (40% of non-suspicious fires and 22% of all structure fires in 2013).

> The leading source of non-suspicious structure fires in New Hampshire was heating appliances.
>
> About 2/3 of home fire deaths occur in homes with no working smoke alarms.

In 2013, New Hampshire fire departments responded to 4,226 fires which resulted in $ 43.7 million in losses. In addition to monetary losses, the New Hampshire Fire Marshal's office reported 60 civilian and 29 fire service fire-related injuries and six civilian fire-related deaths.[12]

Leading causes of residential structure fires, 2013

Category	Number	Percent	Civilian Deaths	Civilian Injuries	Fire Fighter Deaths	Fire Fighter Injuries	Total Losses
Incendiary, Suspicious	711	46%	1	13	0	11	$15,446,802.
Children Playing	1	0%	0	2	0	0	$ 6,000.
Smoking	17	1%	0	0	0	0	$ 126,762.
Heating	381	25%	0	2	0	0	$ 969,013.
Cooking	211	14%	1	5	0	1	$ 900,089.
Electrical Distribution	22	1%	0	0	0	0	$ 367,206.
Appliances, AC	17	1%	0	1	0	1	$ 31,502.
Open Flame, Ember,	35	2%	0	10	0	2	$ 826,863.
Other Heat, Flame,	23	1%	0	2	0	0	$ 344,461.
Other Equipment	6	0%	0	2	0	0	$ 38,600.
Natural	11	1%	0	0	0	1	$ 213,500.
Exposure	11	1%	0	0	0	0	$ 240,001.
Unknown	100	6%	0	6	0	2	$ 5,563,586.

It is the mission of the Division of Fire Safety, Office of the State Fire Marshal to prevent deaths, injury and property loss by promoting a safe fire, building and hazardous materials environment for the citizens and visitors of New Hampshire through education, engineering, investigation and enforcement.

THE PARTNERS

The Division of Fire Safety, State Fire Marshal's office provides overall leadership for Fire Prevention safety statewide, supported by the NH Association of Fire Chiefs, the NH Fire Prevention Society, and the NH Building Officials Association. The Division of Fire Safety, State Fire Marshal's office provides technical assistance, outreach and education statewide through newsletters, and by attendance at community events. Sparky the firedog is used to assist in educational events for children. Funds are provided from the New Hampshire State Budget and Education funds come from HB 193, *The Reduce Ignition Cigarette Bill*.

THE GOALS

- Increase capacity at the State Fire Marshal's office to provide fire safety outreach and education.
- Increase education to local Fire Chiefs on the enforcement of RSA 153:10a, *Automatic Fire Warning Devices and Carbon Monoxide Detection Devices in Dwellings*.
- Encourage the use of HUD healthy homes funding to install Smoke Alarms.
- Amend RSA 153:10a, *Automatic Fire Warning Devices and Carbon Monoxide Detection Devices In Dwellings* to mandate any battery operated carbon monoxide units be a 10 year sealed battery.
- Through education and outreach, increase the use of residential sprinkler systems statewide.

HOME RELATED INJURIES

THE PROBLEM

Injuries are the leading cause of death for people in New Hampshire aged 1 to 44 years and are the third leading cause of death for all ages. In 2009, approximately 177,000 people died from injuries nationally, while 602 people died from injuries in New Hampshire.[13]

Falls account for more unintentional injuries than any other cause, in both New Hampshire and the US.

The top five causes of death from unintentional home injuries are falls, poisons, fire/burns, choking/suffocation and drowning.

- Unintentional injuries are the leading cause of death for all New Hampshire residents between 5 and 44 years of age.[14]
- After the first year of life, approximately 44% of deaths of children are due to unintentional injuries, more than all other causes of death combined. [15]
- Across the country, an estimated one-third of all injuries occur in the home. The top five causes of death from unintentional home injuries include falls, poisonings, fires/burns, choking/suffocations, and drowning.[14]
- Rates of emergency department discharges for all leading injury causes, except motor vehicle crashes, are significantly higher in New Hampshire than nationally.[13]
- Most unintentional injuries are preventable. Prevention can take many forms: equipment to prevent falls, protective equipment while playing sports, seatbelt use, and more.

The cost of not preventing injuries is substantial. For the period 2005-2009, injuries cost New Hampshire approximately $1.6 billion in hospitalization charges and lost productivity.[16]

Approximate costs associated with most common injury types in millions of dollar New Hampshire 2005 – 2009				
Type of injury	**Costs associated with emergency room visits**	**Costs associated with inpatient hospitalizations**	**Costs associated with lost work due to hospitalization**	**Total by injury type**
Fall injuries	$255.00	$433.20	$140.70	$828.90
Motor vehicle crashes	$106.50	$186.30	$102.40	$395.20
Struck by or against injuries	$104.50	$18.20	$90.60	$213.30
Over exertion	$66.00	$10.80	$77.20	$154.00
Cut or pierce injuries	$56.60	$4.00	$27.80	$88.40
Total				**$1,679.80**

THE PARTNERS

The Department of Health and Human Services, Division of Public Health Services, Injury Prevention Program seeks to reduce morbidity and mortality from intentional and unintentional injuries in New Hampshire. The program focuses its efforts on those high incidence injuries that are most amenable to public health interventions. It does much of its work with partners such as the Injury Prevention Center at Dartmouth, Safe Kids NH, the Northern New England Poison Center and members of the New Hampshire Injury Prevention Advisory Council.

Major activities of the Injury Prevention Program include educating the public and others about the scope and major causes of death and disability from intentional and unintentional injuries, identifying and implementing effective prevention programs and strategies through the work done by such groups as the NH Falls Risk Reduction Task Force and Safe Kids NH. The Injury Prevention Program collaborates with private and public sector stakeholders to increase the effectiveness of program's work as reflected through the work of such groups as the New Hampshire Driving towards Zero Coalition and the New Hampshire Suicide Prevention Council and enhancing effective public policies to reduce injuries

New Hampshire Housing Finance Authority's HUD funded lead program can use small amounts of healthy homes funding ($500 per unit) for injury prevention such as grab bars and stair railings.

THE GOALS

- Mobilize and continue partnerships concerning prevention of the leading causes of unintentional injury deaths, hospitalization and ED visits.
- Educate older adults that falls can be prevented and falls risk can be reduced.

- Establish a state-wide resource network of evidence based falls prevention programs within healthcare and community settings
- In conjunction with those serving diverse populations, develop poison prevention curriculum for non-English speakers.
- Include poison prevention in training for Home Visitors.
- Maintain the proportion of unintentional poisonings resolved at home through assistance by Regional Poison Control Center at 70% into 2016.
- Work to develop a sustainable source of funding for New Hampshire's portion of the costs of a Regional Poison Control Center.

HEALTHY MOMS, HEALTHY BABIES

THE PROBLEM

New Hampshire is fortunate in that for many indicators of health and well-being, the state ranks favorably when compared to national averages. However, state averages mask health disparities among different communities and populations in which young children and families face a wide range of health, functioning, and quality-of-life outcomes and risks. In 2010, the Maternal and Child Health Section of the Division of Public Health Services conducted a needs assessment to identify the most at-risk communities in the state. Significant findings [27] (Wood, 2010) included:

1,425 smoking cessations interventions occurred during HFA home visits from 1/01/11 to 9/30/15.

- Rent to family income was highest, 18.9% (3-year average, 06-08), in Carroll County.
- The highest rate of low birth weight infants, at a rate of 77.6 per 1000 (LBW< 5.5 lbs.), was reported in Coös County.
- Strafford County data indicated the highest rate of infant mortality at 6.5 per 1,000 babies.
- The child poverty rate was highest in Manchester at 20.2% for children birth-18 years of age.
- The highest percent of homeless students, 4.6%, were found in Sullivan County

Additional risks include exposure to environmental tobacco and mold, asthma related triggers, lead paint poisoning, pest infestation, unsafe sleep environments, drowning and fire.

Research estimates that returns to society for each dollar invested in visiting programs extend from $1.26 to $17.07 24. [26] (Karoly, Kilburn, & Cannon, 2005)

THE PARTNERS

New Hampshire Healthy Families America (HFA) home visiting services are available across the state to pregnant women, their infants and their families in their homes. Funding for HFA services are administered by the Department of Health and Humans Services, Maternal and Child Health Section. HFA is a voluntary home visitation program designed to promote healthy families and children through a variety of services, including child development, access to health care, and parent education. Program goals include prevention of negative birth outcomes (low birth weight, substance abuse, criminal activity, child abuse, and neglect), increased parenting skills, healthy pregnancy practices, and the use of social systems. HFA is a preventive program that promotes healthy childhood growth and development, safety, and strong parent-child relationships.

Maternal, infant and early childhood home visiting can enhance quality of life having a significant influence on population health outcomes. By increasing access to resources including referrals to safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins.

Home Visiting programs are located in every county of New Hampshire. Local implementing agencies partner with healthcare providers, Family Resource Centers, mental health and substance abuse services providers and other community services. The Department of Maternal and Child Health partners with Injury Prevention Center at Dartmouth, the New Hampshire Injury Prevention Advisory Council, Spark NH, The Division of Children, Youth and Families and many others to deliver training and infrastructure building to support young families and children in New Hampshire .

THE GOALS

- Improve child health and development by increasing the use of the Healthy Homes One touch tool with families.
- Prevent child injuries, child abuse, neglect, or maltreatment, and reduce emergency department visits by providing injury prevention training opportunities.
- Increase the number of tobacco cessation screens that home visitors conduct with families who smoke in homes with pregnant women and/or children.
- Improve family health by coordinating referrals for other community resources and supports.

DRINKING WATER

THE PROBLEM

Nearly half of New Hampshire residents obtain their drinking water from private wells.[20] There are two main types of private wells in New Hampshire: bedrock wells and shallow dug wells. Most wells in New Hampshire are drilled into bedrock. From 2000 to 2010, an average of 4,350 bedrock wells were drilled annually in NH.[18]

Since 2000, private wells have had to meet state design criteria for construction and placement. However, there are no clear state requirements for minimum well water quality or quantity for private wells (state regulation. [19]

When homes are sold, the owner must disclose information about both the water supply system and the wastewater disposal system, including the date of the most recent water test and whether the seller has experienced a problem such as an unsatisfactory water test (RSA 477:4-c), but there is no requirement to do a test. As a result, private wells are usually only tested when the buyer chooses to do so, when a lender requires it at the time of sale, when a homeowner has a new well drilled by a contractor who recommends a test, when problems with water quality are noticeable, or in those few towns where a private well water test is required for a certificate of occupancy or for property transfer. There are also no state standards in regard to treatment of water from private wells.[19]

Private wells may be subject to a variety of contaminants, either naturally occurring or resulting from human activities. These may include arsenic, coliform bacterial contamination or radon.

There are no clear state requirements for minimum well water quality or quantity for private wells.

Coliform bacteria, which include fecal bacteria such as *Escherichia coli* (*E. coli*), are microscopic organisms that originate in the intestinal tract of warm-blooded animals and are also present in soil and vegetation. Based on state lab test results from private wells, 19% of private wells indicate the presence of coliform bacteria in private well water. Coliform bacteria are generally harmless however their presence in well water may indicate that other disease-causing bacteria, viruses or parasites (pathogens) of fecal origin are also present. Drinking water should be free of coliform bacteria. Determining whether coliform bacteria are present in drinking water is the single most important water quality test to complete, as very small amounts of disease causing organisms (e.g., parasites) can result in an immediate (acute) health risk. It is unknown how many people using private wells experience acute or chronic health impacts due to bacterial or other microbial contaminants.

Radon is a common New Hampshire's groundwater contaminant with 55% of private wells exceeding New Hampshire Department of Environmental Services' (NH DES) recommended Action Level of 2,000 Pico curies of Radon per liter (pc/L) of drinking water. Radon is a naturally occurring radioactive gas formed through the radioactive decay of uranium present in soil or rock and may be present within groundwater sources of drinking water as well as indoor air. Although there are some exceptions, in general, the migration of radon gas up from the soil contributes the largest percent of radon found in the average home. Radon naturally occurring in groundwater used as a domestic source of drinking water through a private bedrock well, contributes the next largest percentage of radon in the home.[20] While the EPA has not finalized a standard for radon in federal drinking water standards, NH DES continues to recommend that the two predominant pathways (air and water) should be evaluated and initial action to reduce radon exposure should target the pathway that contributes the largest percentage of risk to occupants.

The NH DES also recommends testing for other members of the naturally occurring radioactive family commonly found in NH (e.g., uranium which is a carcinogen and is toxic to kidneys); approximately 6% of public water systems have exhibited uranium at levels of concerns.[21]

Studies indicate that 1 in 5 bedrock wells in the state are likely to exceed the state and US Environmental Protection Agency (EPA) arsenic drinking water standard of 0.010 milligrams per liter (mg/L).[22] The United States Geologic Survey found a positive correlation between the prevalence of private well use and bladder cancer mortality rates in the region.[23] (2006). Bladder cancer rates in NH are 29% above the national average (2009) and are increasing over time (1993-2007).

While elevated levels of arsenic have established human health impacts, there is growing evidence to suggest that chronic exposure to low levels of arsenic also have negative health impacts upon human health and development. The importance of avoiding arsenic at any level is underscored by the EPA's goal of "zero" arsenic in drinking water.[24]

THE PARTNERS

For over a decade NH DES has been providing information and guidance to private well owners, who comprise nearly half of the state's population, to inform them about common contaminants in groundwater and the potential health effects associated with certain contaminants. NH DES's Source Protection Program is continuing a strategy to engage health-based organizations to increase awareness about the need (as there is no requirement) to test private well water and install treatment to remove contaminants in private well water**.** Other partners include Dartmouth and the United States Geological Survey (USGS). Also, NH Public Health Association, NH Building Officials Association, and NH Planners Association are all assisting with the potable water definition.

THE GOALS

- Increase public awareness statewide of the health risks of certain groundwater contaminants.
- Encourage municipalities to adopt codes that more clearly define potable water and require private water testing and treatment. Developing model language so municipalities can adopt it as ordinances
- Support statewide testing of private wells

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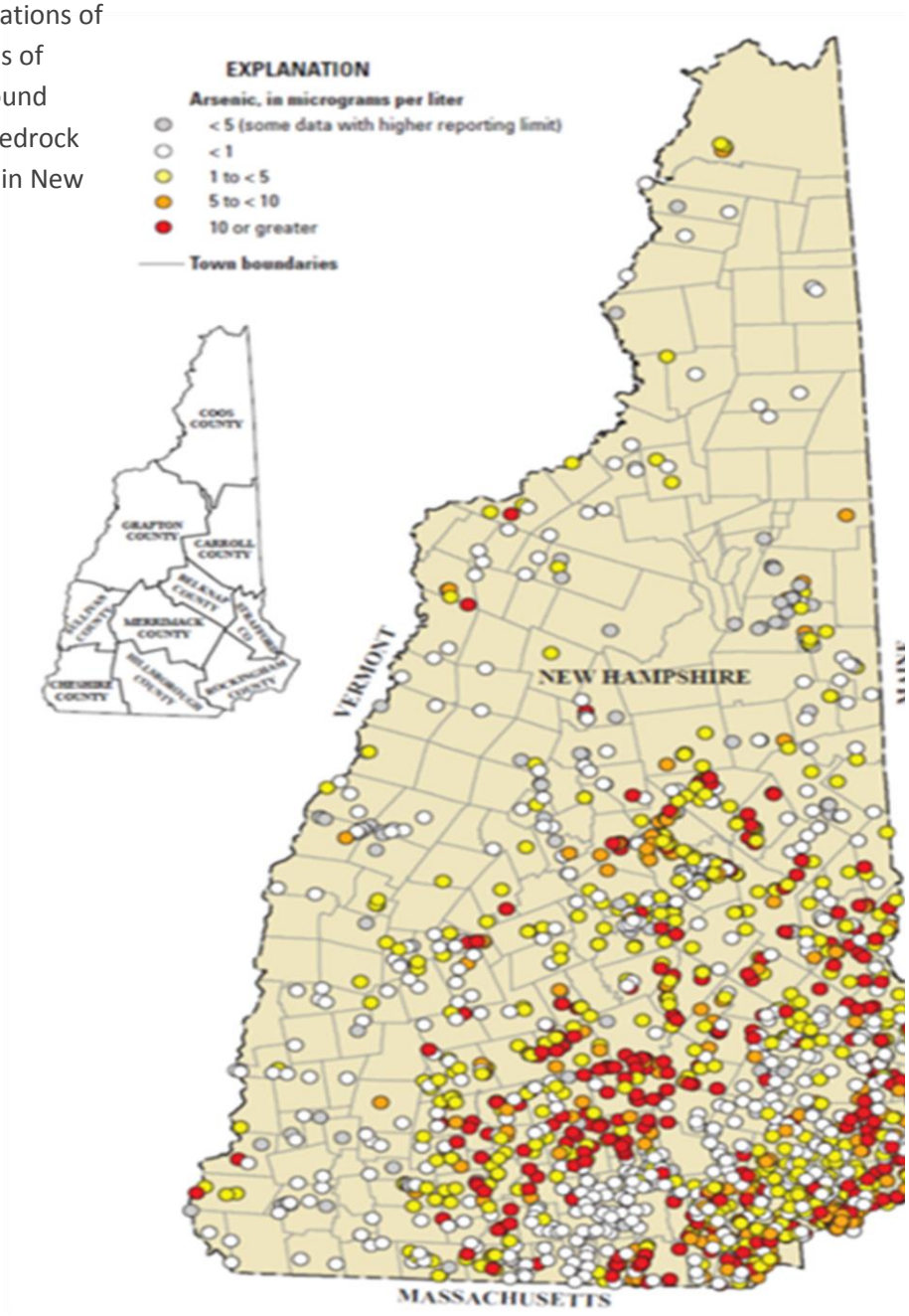
Figure 1. Locations and concentrations of 1,715 samples of arsenic in ground water from bedrock aquifer wells in New Hampshire



WEATHERIZATION

THE PROBLEM

Household energy use comprises of 22% of total energy consumption in the United States. Americans spend $160 billion each year on home energy, with low-income households spending a disproportionate share on energy bills. Low-income households typically spend 17% of their total annual income on residential energy costs compared with 4% for other households. With NH being in a cold climate often times this figure is significantly increased causing low-income families to cut back on other necessities, such as groceries or medicine, to pay their energy bills. More than 40 million households are eligible for weatherization services nationally and over 36,000 homes in NH met the income qualifications required by the Weatherization Program. Some homes may require services beyond the scope of the Weatherization Program. The NH Office of Energy and Planning has determined that only half of all eligible households are good candidates for weatherization services. These other homes have hazards such as mold, chipping and peeling lead paint or improper wiring that make them not eligible for weatherization funding. Many low-income families in NH are living in substandard homes with little to no insulation present in the walls or attic, dangerous or inefficient heating systems, leaky ductwork or other inefficient or unsafe scenarios placing a serious energy burden on the family.

> For each dollar invested in weatherization, there is a $2.50 return on investment

NH's Community Action Program (CAP) is partnering with the National Center for Healthy Housing, Tohn Environmental, the University of Illinois, the Illinois CAP and the US Housing and Urban Development Program on a pilot project to better understand the impact on Radon levels within a home once weatherized. Using HUD funding, NH's CAP will include an estimated 110 homes in this 3-year pilot project that will cover two winters.

The U.S. Department of Energy estimates that weatherization returns $1.80 in direct energy savings for each dollar invested. When financial benefits to society (e.g., increased economic growth and reduced environmental impacts) are included, weatherization returns $2.50 for each dollar invested.[25]

Federal grant funding to the State of NH for the Weatherization Assistance Program for the most recent three program years, April 1, 2011, through March 31, 2014[24]

Year	Amount expended	Estimated return on investment
2011	$1,193,071	$2,982,677.50
2012	$530,923	$1,327,307.50
2013	$1,186,108	$2,965,270.00
Total	**$2,910,102**	**$7,275,255.00**

THE PARTNERS

The low income weatherization program works in conjunction with NH Department of Energy (DOE) and local electric and gas utilities. Through the DOE, participating utility programs offer NH's residential

customers a number of programs to encourage more energy efficient homes. The Home Performance with Energy Star Program can help to improve the energy efficiency of qualified homes. Customers with electrically heated homes qualify for a complete home energy audit and receive recommendations for improving the energy efficiency of their home. The program provides rebates up to $4,000 and includes incentives for installing energy savings improvements including attic and building insulation. 200 homes were weatherized last year with DOE funding, and 1000 homes with utility funding.

For low-income families, spend as much as 17% of their total annual income can be spent on energy costs compared to 4% for other households

THE GOALS

- Expand our healthy homes checkup protocol and promote usage among health, childcare, housing, and energy programs.

- Encourage programs to prioritize units identified through healthy homes checkup for Community Development Block Grant and weatherization assistance.

INTEGRATED PEST MANAGEMENT

THE PROBLEM

Most homeowners have encountered a problem with rodents, cockroaches, fleas, flies, termites, or fire ants. These pests destroy property or carry disease, and can be a problem for rich and poor alike. The use of pesticides to combat these pests has significant impacts not only on the health of the occupants but on groundwater supply. The health effects of pesticides depend on the type of pesticide. Some, such as the organophosphates and carbonates, affect the nervous system. Others may irritate the skin or eyes. Some pesticides are carcinogens. Others may affect the hormone or endocrine system in the body.

Integrated pest management (IPM) techniques are necessary to reduce the number of pests that threaten human health and property. IPM involves monitoring, identifying, and determining the level of threat from pests; making the environment hostile to pests; building the pests out by using pest-proof building materials; eliminating food sources, hiding areas, and other pest attractants; using traps and other physical elimination devices; and when necessary, and selecting appropriate poisons for identified pests.

More than 95% of our pests come from the outside. A tight building envelope with very few gaps excludes pests. This same envelope is critical for energy efficiency, mold management/elimination, and exhausting sources of combustion and moisture. The routine removal of debris, trash, and grime serves many purposes including the reduction of food sources for pests. The storage of food items in a home has impact on IPM. Once opened, dried goods can become infested. Bulk or over-sized items are subject to greater risk of infestation, as they are open longer and may already be infested when purchased.

THE PARTNERS

The NH Department of Agriculture, Division of Pesticide Control works to ensure the safe and proper use of chemical pesticides by enforcing state pesticide laws affecting sale, storage and application of all registered pesticides, examining and licensing pesticide dealers and users, and registering all economic poisons sold and used within the state. The division conducts regulatory programs in cooperation with federal agencies and carries out the policies established by the state pesticide control board. In 2011, the NH Division of Agriculture lost their funding for the State's Integrated Pest Management Coordinator. Since this loss in funding the Division has provided grant funding to The Way Home and the NH Bed Bug Committee to support strategies for outreach and education. This grant funding has supported two Bed Bug Conferences, and Bed Bug Climb-ups, mattress encasements and education. In addition, two pest control agencies; JP Pest Services and Atlantic Pest Services provide free outreach and education to home visiting groups, municipalities, schools and other organizations.

THE GOALS

- Support the Division of Agriculture's need for additional general state funds to support the Integrated Pest Management Coordinator position.
- Partner with the Division of Agriculture to secure grant funds for ongoing outreach and Educational activities that include the Bed Bug Conference, Healthy Homes Conference and other outreach events.

REFERENCES

1. Economic Burden of Environmentally Attributable Illness in Children of New Hampshire, NH Environmental Public Health Tracking Program. 2014. http://www.nh.gov/epht/publications/documents/nhchildrenreport.pdf

2. National Heart Lung and Blood Institute web page. What is asthma? Available at: http://www.nhlbi.nih.gov/health/health-topics/topics/asthma. Accessed July 30, 2013.

3. Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data.* Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2012 and 2013.

4. NH DHHS, NH Health WISDOM. Available at: http://wisdom.dhhs.nh.gov/wisdom/. Accessed May 2014.

5. Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2010 on CDC WONDER Online Database, released 2012. Data are from the Multiple Cause of Death Files, 1999-2010, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Available at: http://wonder.cdc.gov/ucd-icd10.html. Accessed May 8, 2013.

6. Centers for Disease Control and Prevention, Chronic Disease Prevention and Health Promotion. Chronic Disease Cost Calculator version 2. Available at: http://www.cdc.gov/chronicdisease/resources/calculator/. Accessed May 2014.

7. U.S. Department of Health and Human Services. The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006.

8. Centers for Disease Control and Prevention (CDC). 1991-2013 High School Youth Risk Behavior Survey Data. Available at http://nccd.cdc.gov/youthonline/. Accessed on June 2013.

9. NH Housing Finance Authority. Housing Data. Directory of Assisted Housing. Available at: http://www.nhhfa.org/housing-data-data.cfm. Accessed January 2013.

10. New Hampshire Department of Health and Human Services, Division of Public Health Services, Asthma Control Program. Cross---Sectional Survey of Smoke---Free Publicly Assisted Housing in New Hampshire Findings and Recommendations. Prepared by Melissa Whalen, MPH Candidate May 9th, 2013.

11. King, et al. Smoke-Free Rules and Secondhand Smoke Exposure in Homes and Vehicles Among US Adults, 2009–2010). Available at: http://www.cdc.gov/pcd/issues/2013/12_0218.htm

12. NFIRS 5.0 National Reporting System, New Hampshire Department of Safety, Fire Marshal's Office. Available at: https://www.nh.gov/safety/divisions/firesafety/special-operations/incident/data.html. Accessed June 11, 2014.

13. NH DHHS, Division of Public Health Services, Injury Surveillance Program. Injuries in the State of New Hampshire 2001-2009. November 2012. Available at: http://www.dhhs.nh.gov/dphs/bchs/mch/injury.htm. Accessed June 2014.

14. Data Source: http://www.cdc.gov/injury/wisqars/leading_causes_death.html Assessed on 11-19-2014.

15. Data Source: New Hampshire Bureau Vital Statistics, Death Certificate Data, analyzed by the NH Injury Surveillance Program

16. NH DHHS, Division of Public Health Services, Injury Prevention Program. 2014.

17. NH DHS, Division of Public Health Services, Environmental Public Health Tracking Program. Drinking Water Source Data Brief. September 7, 2007. Available at: http://www.nh.gov/epht/publications/documents/drinkingwaterbrief.pdf. Accessed May 2014.

18. NH Department of Environmental Services. Environmental Fact Sheet: Overview of Water Supply Sources. 2010. Available at: http://des.nh.gov/organization/commissioner/pip/factsheets/dwgb/index.htm. Accessed June 2014.

19. NH Department of Environmental Services. New Hampshire Water Resources Primer. December 2008. Available at: http://des.nh.gov/organization/divisions/water/dwgb/wrpp/primer.htm. Accessed June 2014.

20. NH DES, source Protection Program 2009

21. NH DES, Arsenic in Drinking Water Environmental Fact Sheet (WD-WSEB-3-2), 2006.

22. NH DHHS, DPHS, EPHT web page. Available at: http://www.nh.gov/epht/topics/arsenic.htm. Accessed June 2014.

23. (U.S. DOE, Energy and Transportation Science Division, WAP Technical Memorandum Background Data And Statistics, March 2010. Available at http://weatherization.ornl.gov/pdfs/ORNL_TM-2010-66.pdf.)

24. NH Weatherization Program Manager, NH Office of Energy and Planning, 2014

25. New Hampshire Housing Finance Authority Housing Data, 2013
NH DHHS, DPHS, Asthma Control Program. The Impact of Environmental Tobacco Smoke on Children. July 2013.

26. Karoly, L. A., Kilburn, M. R., & Cannon, J. S. (2005). *Early childhood interventions: Proven results, future promise.* Santa Monica: RAND Corporation.

Wood, S. (2010). *Maternal, Infant and Early Childhood Home Visiting Program: Updated State Plan.* Concord.

Goal One - Build capacity among partners that support the implementation of the Strategic Action Plan.						
Objective/ Activities	**2015**	**2016**	**2017**	**2018**	**Five Year Goal 2019**	**Champion(s)**
Objective 1	Ensure that the support of the healthy homes steering committee (HHSC) is a priority of partners	Increase sector participation by one sector each year	Increase sector participation by one sector each year	Increase sector participation by one sector each year	20 unique agencies participating in HHSC	HHSC
Objective 2	Incorporate the work plan into the agenda of each HHSC meeting	Documented use of work plan in at least 5 meetings each year	Documented use of work plan in at least 5 meetings each year	Documented use of work plan in at least 5 meetings each year	Work plan incorporated and documented in at least 20 meetings.	HHSC
Objective 3	Develop Ad Hoc workgroups relative to needs of HHSC (e.g. funding, outreach, *One-Touch*, marketing, training, policy, & data)	Identify accomplishments of Ad Hoc Workgroups in meeting notes	Identify accomplishments of Ad Hoc Workgroups in meeting notes	Identify accomplishments of Ad Hoc Workgroups in meeting notes	At least four Ad Hoc workgroups developed to assist in implementation of plan	HHSC
Objective 4	Outreach to local and regional foundations on healthy homes strategic plan and funding needs	Ad Hoc Funding Workgroup to develop list of potential funding sources and application criteria	Apply to at least one new funding source	Obtain funding from one new sources	Obtain funding from one new sources	Funding Work group
Objective 5	Ad Hoc *One-Touch* Committee to develop list of available resources regionally & statewide to provide Healthy Home resources for home-visitors	Ad Hoc *One-Touch* Committee to review, update & disseminate list of available resources	Ad Hoc *One-Touch* Committee to review, update & disseminate list of available resources	Ad Hoc *One-Touch* Committee to review, update & disseminate list of available resources	List of Healthy Homes resource list is updated annually for at least four regions & statewide	*One-Touch* Work group

Goal Two – Encourage and support the development of policies, ordinances and legislation that promote healthy homes activities.						
Objectives/ Activities	**2015**	**2016**	**2017**	**2018**	**Five Year Goal 2019**	**Champion(s)**
Objective 1	Support the recommendation of the US EPA to become an Renovation, Repair & Paint (RRP) authorized state	Build capacity & identify a champion to support future legislation for NH to become an RRP Authorized State.	Introduce legislation for NH to become an RRP Authorized State.	NH becomes an RRP certified state	NH is an RRP certified state	Advocacy & Policy Work group
Objective 2	Support the recommendation of the Senate Bill 176 Study Commission to adopt a state paint fee to fund lead and healthy homes work	Build capacity & identify a champion to support future legislation for NH to have a paint fee.	Build capacity & identify a champion to support future legislation for NH to have a paint fee.	Introduce legislation for NH to become have a paint fee	Offer training and outreach events using fee funding	Advocacy & Policy Work group
Objective 3	Explore the potential of NH or municipalities adopting language similar to the International Property Maintenance Code (IPMC)	Taskforce is organized to review the IPMC and RSA 48:A	One municipalities adopt model code language	3 municipalities adopt model code language	6 municipalities adopt model code language	Code Work group/ Health Officer Liaison Unit
Objective 4	Assist municipalities to adopt ordinances and codes to support healthy home activities. (i.e. potable water, nuisance, health ordinances)	Develop model language for municipalities adopt potable drinking water standard and nuisance standard.	Provide outreach and education to municipalities on model language.	Provide outreach and education to municipalities on model language.	Conduct meetings & trainings with 12 municipalities. Three municipalities have adopted codes with definitions and testing requirements	Code Work group / Health Officer Liaison Unit/NHDES

Objective 5	Support the recommendation of the State Fire Marshal's Office to have all new residential structures include sprinkler systems	Build capacity & identify a champion to support future legislation for all new residential construction to include sprinkler systems	Work with Fire Marshal's Office to find sponsor to Introduce legislation for all new residential construction to include sprinkler systems	Support sponsor to Introduce legislation for all new residential construction to include sprinkler systems	Legislation for all new residential construction to include sprinkler systems has passed	Policy & Advocacy Workgroup/ State Fire Marshal's Office
Goal Three - Generate awareness of home-based health and safety hazards and provide tools to address them						
Objectives/ Activities	**2015**	**2016**	**2017**	**2018**	**Five Year Goals 2019**	**Champion(s)**
Objective 1	Promote general healthy homes outreach & education to families, medical community, home visitors, health officers & code officials, housing community	Ad Hoc Outreach & Education Committee to develops a coordinated approach to reach an estimated 30,000 people statewide.	HHSC to implement coordinated approach to reach 30,000 people statewide.	HHSC enhances coordinated approach to reach an estimated 50,000 people statewide.	HHSC enhances coordinated approach to reach an estimated 75,000 people statewide.	Outreach Work group
Objective 2	Increase awareness of availability of US Housing & Urban Development (HUD) funding to remove lead hazards in low income housing.	An estimated 200 homes per year receive HUD funding to remove lead hazards	An estimated 200 homes per year receive HUD funding to remove lead hazards	An estimated 200 homes per year receive HUD funding to remove lead hazards	An estimated 1,000 homes per year receive HUD funding to remove lead hazards	Outreach Work group/HUD Grantees
Objective 3	Educate municipalities on the enforcement of current local, state and federal laws that support healthy housing (i.e. RSA 48A, RSA 147, RSA 130-A, RSA 155-B, EPA RRP, HB 482, fire, CO, septic, water)	Provide outreach thru newsletters, webinars, conferences and technical assistance.	Provide outreach thru newsletters, webinars, conferences and technical assistance.	Provide outreach thru newsletters, webinars, conferences and technical assistance.	Provide outreach thru newsletters, webinars, conferences and technical assistance.	Code Work group /Health Officer Liaison Unit

Objective 4	Encourage programs to develop regional partnerships to generate awareness of home-based health and safety hazards and provide tools to address them	Identify and bridge barriers that prevent successful regional partnerships.	Support Healthy Home Partnerships in Manchester, Nashua, Laconia , Franklin, Claremont/Newport, and the North Country,	Support Healthy Home Partnerships in Manchester, Nashua, and the North Country. Support & re-energize partnerships in Laconia, Franklin, and Claremont/Newport.	Five Healthy Home Committees active.	*One-Touch* & Outreach Work group / HHLPPP
Goal Four - Engage more multi-disciplinary partners in delivering healthy homes assessments, education and referrals						
Objectives/ Activities	**2015**	**2016**	**2017**	**2018**	**Five Year Goal 2019**	**Champion(s)**
Objective 1	Increase the number of agencies conducting Healthy home assessments, education and referrals	The number of unique home visiting agencies conducting Healthy home assessments, education and referrals is increased to 15	The number of unique home visiting agencies conducting home assessments, education and referrals is increased to 18	The number of unique home visiting agencies conducting home assessments, education and referrals is increased to 22	The number of unique home visiting agencies conducting home assessments, education and referrals is increased to 25	*One-Touch* Workgroup
Objective 2	Build regional partnerships to encourage referrals that can mitigate healthy home hazards.	Increase the number of regional partnerships that can deliver healthy home upgrades from 2 to 3.	Increase the number of regional partnerships that can deliver healthy home upgrades from 3 to 4	Increase the number of regional partnerships that can deliver healthy home upgrades from 4 to 5	Increase the number of regional partnerships from 5 to 6	*One-Touch* Workgroup/ HHLPPP
Objective 3	*One-Touch* Healthy Home Steering committee workgroup meets quarterly to assess and evaluate future activities.	One-Touch workgroup meets four times to evaluate future activities	One-Touch workgroup meets four times to evaluate future activities	One-Touch workgroup meets four times to evaluate future activities	One-Touch workgroup meets four times to evaluate future	*One-Touch* Workgroup

					activities.	
Objective 4	Develop a web based system that will allow regional partners to track healthy home referrals	Regional partners will use existing e-studio or similar system to track referrals	Regional partners will use existing e-studio or similar system to track referrals	Regional partners will use existing e-studio or similar system to track referrals	50 properties per year inspected and referred	*One-Touch* Workgroup
Goal Five Continue to build data surveillance and evaluation of healthy home activities						
Objective/ Activities	**2015**	**2016**	**2017**	**2018**	**Five Year Goal 2019**	**Champion(s)**
Objective 1	Continue to collect surveillance data for housing, lead, injury, asthma, tobacco, CO, Fire, weatherization, drinking water and Radon using DPHS Wisdom as a data sharing platform.	Successfully upload data for Lead, injury, asthma, Radon, Tobacco on DPHS Wisdom platform	Upgrade Healthy Homes Wisdom platform to include data for drinking water, housing, fire, and carbon monoxide	Maintain DPHS Wisdom to include annual Healthy Home data for Lead, injury, asthma, Radon, Tobacco drinking water, housing, fire, and carbon monoxide	Maintain DPHS Wisdom to include annual Healthy Home data for Lead, injury, asthma, Radon, Tobacco drinking water, housing, fire, and carbon monoxide	Data Surveillance work group and DPHS Wisdom Team
Objective 2	Evaluate the effectiveness and timeliness of Goals and objectives of the newly updated Healthy Homes Strategic Action plan	Incorporate the evaluation of the HHSC Strategic Action Plan into the NH Asthma Control Program *Evaluation Plan*	Evaluation of HH Strategic Action Plan completed	HHSC makes course corrections based on evaluation findings of HH Strategic Action Plan.	Course Corrections implemented.	Evaluation Workgroup (Contractor-Karen Horsch)