New Hampshire FY 2020
Preventive Health and Health Services Block Grant

Work Plan

Original Work Plan for Fiscal Year 2020
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Contents **Page**

Executive Summary

This Work Plan is for the Preventive and Public Health Block Grant (PHHS BG) for Federal Fiscal Year 2019.

On June 12, 2020 and June 26, 2020, the Public Health Improvement Services Council (PHISC), serving as the Advisory Committee for the Preventive Health and Health Services (PHHS) Block Grant, met with significant PHHS BG actions on the agenda. The June 12 meeting provided a high-level overview of the FFY 19 progress to date and a high level overview of the proposed FFY 20 workplan and budget; the June 26 meeting agenda will include a discussion of the proposed workplan, including objectives and activities and the budget proposal, which will be disseminated to members prior to the meeting for their review. A public hearing will be held on June 26 via a Zoom meeting. A notice of the hearing and a copy of the workplan and budget have been posted to the DHHS website. The PHHS Block Grant is administered by the United States Department of Health and Human Services through its administrative agency, the Centers for Disease Control and Prevention (CDC). The New Hampshire Department of Health and Human Services (DHHS) Division of Public Health Services (DPHS) is designated as the state agency for the allocation and administration of the Block Grant funds within the State of New Hampshire.

Any program funding changes will be consistent with the policies established by the State Preventive Health and Health Services Block Grant Advisory Committee (i.e. the PHISC) and in full compliance with applicable state and federal law. Implementation of New Hampshire PHHS Block Grant programs is contingent upon receipt of funding for FY 2020.

Funding Assumption: The total award for the FY 2020 PHHS Block Grant is $2,275,867. This amount is based on an allocation table distributed by the CDC.

Of that, funding is included for the FY 2020 Sexual Assault-Rape Crisis (Health Objective IPV 40) activities detailed in the work plan: $29,435 with 100% of this total being the mandatory allocation to the NH Division of Public Health Services, which provides this funding to implement programs pertaining to both prevention and services to victims of sexual assault through the NH Coalition Against Sexual and Domestic Violence, and its 14 member agencies. The contract also includes other Rape Prevention Education funds awarded by the CDC to support prevention efforts. Under the direction of the Division and the PHISC, the PHHS Block Grant funds will be used to fund core public health activities to include:

REVISE BASED ON FINAL ALLOCATIONS

- Laboratory testing services ($239,374); PHI-11
- Support for infectious disease control nurses ($188,506); PHI-13
- Financial support to oral health screening programs in schools and substance use disorders treatment centers ($393,948); HO - OH-2, OH-3.
- Heart disease, cancer and diabetes assessment/surveillance activities ($193,024);
- Support for worksite lactation activities ($23,667) HO-MICH-22
- Technical assistance and training to municipal health officers; ($73,666); HO-PHI-2; HO-EH 13).
- Support for legal support to enhance regulation of food service establishments ($44,266); HO - FS-6.
- Implement priorities in Community Health Improvement Plans through the 13 Regional Public Health Networks and development of a State Health Assessment and Improvement Plan($226,678); HO-PHI-15
- Development of NH WISDOM, a web-based data repository and support collection of Behavioral Risk Factor Surveillance surveys among adults ($158,248); HO- PHI-17.
- Preventing intentional and unintentional injuries at the Injury Prevention Center ($54,575); HO-IVP-12; IVP-13; MHMD-1.
- Division-wide quality improvement activities and core staff positions ($384,766); HO-PHI-16.
- Agency quality improvement programs ($13,000) HO-PHI-18
- Administrative costs associated with the Preventive Health Block Grant total $224,794 which is 10% of the grant.
- This grant application is prepared under federal guidelines, which require that states use fund for activities directed toward the achievement of the National Health Promotion and Disease Prevention

Objectives in Healthy People 2020.

Funding Priority: Under or Unfunded, Other (Other is largely represented by funding associated with improving the quality and breadth of the services DPHS provides including core activities such as: implementing activities that move us toward applying for accreditation by the Public Health Accreditation Board (PHAC); the WISDOM website that provides access to NH-specific health data; laboratory services; and routine administrative and management functions.), Data Trend, State Plan (2013)

Statutory Information

Advisory Committee Member Representation:

Advisory Members have not been entered for this workplan.

Dates:

Public Hearing Date(s):

Advisory Committee Date(s):

Current Forms signed and attached to work plan:

Certifications: No
Certifications and Assurances: No

Budget Detail for NH 2020 V0 R0	
Total Award (1+6)	$2,275,867
A. Current Year Annual Basic	
1. Annual Basic Amount	$2,246,432
2. Annual Basic Admin Cost	($224,643)
3. Direct Assistance	$0
4. Transfer Amount	$0
(5). Sub-Total Annual Basic	$2,021,789
B. Current Year Sex Offense Dollars (HO 15-35)	
6. Mandated Sex Offense Set Aside	$29,435
7. Sex Offense Admin Cost	($2,943)
(8.) Sub-Total Sex Offense Set Aside	$26,492
(9.) Total Current Year Available Amount (5+8)	$2,048,281
C. Prior Year Dollars	
10. Annual Basic	$2,399,432
11. Sex Offense Set Aside (HO 15-35)	$29,435
(12.) Total Prior Year	$2,428,867
13. Total Available for Allocation (5+8+12)	$4,477,148

Summary of Funds Available for Allocation	
A. PHHSBG $'s Current Year:	
Annual Basic	$2,021,789
Sex Offense Set Aside	$26,492
Available Current Year PHHSBG Dollars	$2,048,281
B. PHHSBG $'s Prior Year:	
Annual Basic	$2,399,432
Sex Offense Set Aside	$29,435
Available Prior Year PHHSBG Dollars	$2,428,867
C. Total Funds Available for Allocation	$4,477,148

Summary of Allocations by Program and Healthy People Objective

Program Title	Health Objective	Current Year PHHSBG $'s	Prior Year PHHSBG $'s	TOTAL Year PHHSBG $'s
Bureau of Infectious Disease Control (BIDC)	PHI-13 Epidemiology Services	$178,433	$188,508	$366,941
Sub-Total		**$178,433**	**$188,508**	**$366,941**
Bureau of Laboratory Services	PHI-11 Public Health Agencies Laboratory Services	$205,645	$341,374	$547,019
Sub-Total		**$205,645**	**$341,374**	**$547,019**
Bureau of Population Health and Community Services, Injury Prevention Program	IVP-12 Nonfatal Unintentional Injuries	$18,190	$18,190	$36,380
	IVP-23 Deaths from Falls	$18,190	$18,190	$36,380
	IVP-40 Sexual Violence (Rape Prevention)	$26,492	$29,435	$55,927
	MHMD-1 Suicide	$18,195	$18,195	$36,390
Sub-Total		**$81,067**	**$84,010**	**$165,077**
Bureau of Population Health and Community Services, NH Healthy Lives	MICH-22 Worksite Lactation Support Programs	$23,667	$23,667	$47,334
	PHI-13 Epidemiology Services	$143,024	$193,024	$336,048
Sub-Total		**$166,691**	**$216,691**	**$383,382**
Bureau of Population Health and Community Services- Oral Health Program	OH-2 Untreated Dental Decay in Children and Adolescents	$377,706	$478,943	$856,649
	OH-3 Untreated Dental Decay in Adults	$15,000	$15,000	$30,000
Sub-Total		**$392,706**	**$493,943**	**$886,649**
Bureau of Public Health Protection - Food Safety	FS-6 Safe Food Preparation Practices in Food Service and Retail Establishments	$43,385	$44,266	$87,651
Sub-Total		**$43,385**	**$44,266**	**$87,651**
Bureau of Public Health Protection - Health Officer	PHI-2 Continuing Education of Public Health Personnel	$72,916	$73,666	$146,582

Liaison				
Sub-Total		**$72,916**	**$73,666**	**$146,582**
Bureau of Public Health Statistics and Informatics	PHI-17 Accredited Public Health Agencies	$163,752	$158,248	$322,000
Sub-Total		**$163,752**	**$158,248**	**$322,000**
Bureau of Public Health Systems, Policy and Performance	PHI-15 Health Improvement Plans	$314,678	$321,738	$636,416
	PHI-16 Public Health Agency Quality Improvement Program	$13,000	$10,000	$23,000
	PHI-17 Accredited Public Health Agencies	$416,008	$496,423	$912,431
Sub-Total		**$743,686**	**$828,161**	**$1,571,847**
Grand Total		**$2,048,281**	**$2,428,867**	**$4,477,148**

State Program Title: Bureau of Infectious Disease Control (BIDC)

State Program Strategy:

Program Goal:
The goal of the Bureau of Infectious Disease Control is to effectively reduce morbidity and mortality of infectious diseases. The program achieves this goal through the performance of five core actions: systematic disease surveillance, investigation protocols, control measures, implementation and measurement of prevention activities and building and mobilizing partnerships. The Bureau has begun to adapt to the changing healthcare landscape. This grant period, the emphasis on health promotion, education and evidence based practice will continue.
Program Health Priorities: Diagnose and Investigate, Inform and Educate
Program Primary Strategic Partnerships: The BIDC works with a number of partners both internally and externally to identify, control and prevent select communicable diseases statewide.
Internal:
Infectious Disease Prevention, Investigation and Care Services Section
(ID-PICS)
Infectious Disease Surveillance Section (IDSS)
NH State Public Health Laboratories (PHL)
Food Protection Section (FPS)
Health Statistics and Data Management Section (HSDMS)
Immunization Section (IS)
NH Health Officer Liaison
NH Public Information Office (PIO)
External:
CDC
Council of State and Territorial Epidemiologists (CSTE)
NJ Center of Excellence for TB
NH Hospital Association
NH Infection Control Practitioners Association
Interfaith Refugee Resettlement Program
Private and hospital laboratories within state and out of state facilities
Manchester and Nashua local health departments
Program Evaluation Methodology:
The program will develop and implement specific performance measures and protocols aimed at evaluating the progress toward the intended outcome of reducing morbidity and mortality and improving population health. Surveillance data is collected systematically in the NH Electronic Disease Surveillance System (NHEDSS), the eRVCT (Report of Verified Case of Tuberculosis) data systems and the electronic emergency department surveillance system; Automated Hospital Emergency Department Data (AHEDD). Detections of reportable conditions are reported to the Public Health Nurse Specialists (PHNSs) on a routine basis. Outbreak and cluster data are entered into a national database and reporting system; known as the National Outbreak Reporting System (NORS) to monitor the occurrence of outbreaks and implicated source.

State Program Setting:
Child care center, Community health center, Faith based organization, Local health department, Medical or clinical site, Schools or school district, Senior residence or center, State health department, Work site, Other: Patient homes

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Name: Deanna Ferreira
Position Title: Public Health Nurse Specialist
State-Level: 29% Local: 20% Other: 0% Total: 49%
Position Name: Andria Scacheri
Position Title: Public Health Nurse Specialist
State-Level: 29% Local: 20% Other: 0% Total: 49%
Position Name: Justin Linxweiler
Position Title: Public Health Nurse Specialist
State-Level: 29% Local: 20% Other: 0% Total: 49%
Position Name: Kirsten Durzy
Position Title: Evaluator
State-Level: 7% Local: 0% Other: 0% Total: 7%
Position Name: Lindsay Pierce
Position Title: Supervisor III
State-Level: 14% Local: 0% Other: 0% Total: 14%
Position Name: Vacant
Position Title: Secretary II
State-Level: 15% Local: 0% Other: 0% Total: 15%
Position Name: Karen Hammond
Position Title: Administrator III
State-Level: 5% Local: 0% Other: 0% Total: 5%

Total Number of Positions Funded: 7
Total FTEs Funded: 1.88

National Health Objective: HO PHI-13 Epidemiology Services

State Health Objective(s):

Between 10/2020 and 09/2021, The New Hampshire (NH) Bureau of Infectious Disease Control (BIDC) will reduce morbidity and mortality of infectious diseases. This will be achieved through the utilization of five core actions: systematic disease surveillance, investigation protocols, control measures, implementation and measurement of prevention activities and building and mobilizing partnerships.

Baseline:

NH BIDC investigates all the diseases listed on the reportable disease list. Specific recommendations and control measures are put into place to prevent further disease transmission and prevent further illness in the person or their contacts.

Enteric Disease Investigation

NH investigated 42 clusters/outbreaks of GI illness from 10/2018-9/2019. Additionally, of the clusters and outbreaks investigated 22 (52%) had isolates submitted for testing. Reported cases of select enteric pathogens included: 517 cases of *Salmonella*, Shiga Toxin, and *Listeria*. The average time between notification (when BIDC was informed of a case) and when the case was investigated was 0.36 days.

Vaccine Preventable Diseases

From 10/2018 to 9/2019, NH was engaged in a Hepatitis A outbreak as was much of the nation. As of this timeframe NH investigated 338 suspect cases of Hepatitis A and identified 245 cases (18.0 cases per 100,000). This was an increase from the previous year. During the investigation contacts were identified and appropriate prophylaxis recommendations were given. NH investigated 18 suspect cases of *Neisseria meningitidis* and one case was confirmed and one was suspect.

Sexual Health

Gonorrhea cases have been climbing in NH. In 2015 we had 247 cases and in 2016 cases rose to 467 and in 2017 cases are at 521 and in 2018 we confirmed 611 cases and from 10/2018 through 9/2019 NH had 453 cases.

Data Source:

New Hampshire Electronic Disease Surveillance System (NHEDSS)
2017 US Census Bureau
Healthy People 2020 Objectives
National Outbreak Reporting System (NORS)
NH Pulse Field Gel Electrophoresis data and Pulsenet
CDC Morbidity and Mortality Weekly Report--Implementation of New TB Screening Requirements for US Bound Immigrants and Refugees-2007-2014. March 2014.

State Health Problem:

Health Burden:

NH BIDC investigates several reportable diseases including those that require immediate response and/or control measures to be instituted in order to eliminate or prevent further spread of infectious disease.
One area that NH BIDC provides immediate response is to any report of outbreak or cluster of disease especially from enteric pathogens. NH has seen similar rates of *Salmonella*, Shiga Toxin producing *E. coli*, *Listeria* in previous years. These diseases are investigated by the Public Health Nurse Specialists. As part of the investigation, education is provided and risk factors identified to prevent reoccurance. Isolates are sent to the Public Health Lab (PHL) and data entered into PulseNet, the national data base matched for national and local clusters for further identification.
Vaccine preventable diseases such as Hepatitis A, and Meningococcal disease are illnesses that prompt a rapid response from the NH BIDC Public Health Nurse Specialists. Cases and risk factors are identified. Recommendations are made to identified contacts and antibiotics are ordered. The Public Health Nurse Specialists provide 24/7/365 for rapid response to identification of these diseases to ensure that appropriate control measures and recommendations are put into place.
Sexually transmitted infections (STI's) are on the rise in NH. NH is currently maintaining an elevated status with gonorrhea cases and enhanced follow-up has been instituted to attempt to stem the increasing cases that are being identified and receive appropriate treatment.

Target Population:

Number: 1,334,795
Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers, Disease Surveillance - High Risk, Community Based Organizations, Health Care Systems, Research and Educational Institutions, Business and Merchants, Safety Organizations, Other

Disparate Population:

Number: 1,334,795
Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers, Disease Surveillance - High Risk, Community Based Organizations, Health Care Systems, Research and Educational Institutions, Business and Merchants, Safety Organizations, Other

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Best Practice Initiative (U.S. Department of Health and Human Service)
Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)
MMWR Recommendations and Reports (Centers for Disease Control and Prevention)
National Guideline Clearinghouse (Agency for Healthcare Research and Quality)

Other: Council to Improve Foodborne Outbreak Response (CIFOR), draft Foodborne Disease Outbreak Response Guidelines
Public Health Information Network (PHIN) Requirements
National Outbreak Reporting System
WHO-World Health Organization- TB Case management
Public Health Information Network Recommendations/Requirements (CDC)
Advisory Committee on Immunization Practices (ACIP)
National Alliance of State and Territorial Aids Directors (NATSTAD)
Rutger's University NJ Center of Excellence

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $178,433
Total Prior Year Funds Allocated to Health Objective: $188,508
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
50-74% - Significant source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:
Improve Gonorrhea Investigations
Between 10/2020 and 09/2021, The Public Health Nurse Specialists and HIV investigation staff will conduct **100%** interviews of untreated/inappropriately treated cases of gonorrhea.

Annual Activities:
1. Interviewing all cases of diagnosed gonorrhea
Between 10/2020 and 09/2021, Public Health Nurse Specialists will interview all untreated/inappropriately treated gonorrhea cases as well as, those who have more than one gonorrhea infection within the last 12 months. The public health nurse specialist will also educate providers about extragenital testing.
Partners of cases will be elicited and recommendations will be made for proper testing and treatment.
Public Health Nurse Specialists will provide education to those individuals with disease to discuss treatment and prevention strategies.

Objective 2:
Investigation of clusters/outbreaks of GI illness
Between 10/2020 and 09/2021, Public Health Nurse Specialists and Epidemiologists will investigate **100 %** of reported clusters or outbreaks of GI illness or epidemiologically significant GI illness on the day of notification.

Annual Activities:

1. Outbreak Response Protocol

Between 10/2020 and 09/2021, Investigations will be initiated on the day of the suspect or actual cluster or outbreak notification. An epidemiological investigation with interviews of cases, laboratory testing and food safety inspections of institutions or companies will be conducted as needed and appropriate; pending the scope and priority of the situation. In general, clusters/outbreaks reported that may pose a continued public health threat are the highest priority for investigation.

2. Improve the timeliness of identified GI organism investigations

Between 10/2020 and 09/2021, Public Health Nurse Specialists will reach out to identified cases of foodborne illnesses to further investigate a possible source of the identified organism. Foodborne illnesses are prioritized by the nurses initiating the investigation. *Salmonella, STEC and Listeria* are key foodborne pathogens that warrant prompt investigation.

3. Increase laboratory identification of a source of disease for outbreaks

Between 10/2020 and 09/2021, Public Health Nurse Specialists or Epidemiologists will encourage ill individuals to provide specimens to assist providers in identification of an organism as a cause of a cluster or outbreak of GI illness. Identification of an organism can assist with appropriate recommendations for prevention and education for affected individuals.

4. Inform and Educate the Public and Health Professionals about foodborne illness and prevention

Between 10/2020 and 09/2021, The Public Health Nurse Specialists will engage providers to promote education about testing individuals for GI illness to assist in identification of an organism and to improve treatment and recommendations.

Public Health Nurse Specialists will provide education to persons with identified organisms to decrease risk factors and to reduce further spread of disease.

Specific disease related information for routine and unusual identifications of pathogens of concern will also be provided to appropriate partners to assist with surveillance and response activities and may be done for providers through the Health Alert Network (HAN) notifications .

Objective 3:

Investigation of Vaccine Preventable Diseases

Between 10/2020 and 09/2021, Public Health Nurse Specialists will maintain **100 %** secondary cases of vaccine preventable diseases to zero.

Annual Activities:

1. Case Investigation Procedure

Between 10/2020 and 09/2021, The Public Health Nurse Specialists will contact the providers of Hepatitis A and Meningococcal disease on the day of the report. They will obtain clinical information and indications for the active and rapid identifications of contacts. High risk contacts will be identified and recommendations will be made for post exposure prophylaxis based on current CDC recommendations. While the Public Health Nurse Specialists investigate all suspected cases of vaccine preventable diseases, Hepatitis A and Meningococcal disease are the focus as our objective is to have zero secondary cases of these infections and to provide recommendations to prevent further disease.

Public Health Nurse Specialists will assist facilities and providers in obtaining the appropriate specimens for delivery to the NH Public Health Laboratory for confirmation testing and serotyping.

Public Health Nurse Specialists will provide education to individuals and providers about disease processes and appropriate treatment and prevention measures for safety of others in their family, as well as the general

public.

Objective 4:

Management of High Risk Refugees

Between 10/2020 and 09/2021, Public Health Nurse Specialists will conduct **80 %** of appropriate facilitation for testing as tuberculosis infection for all newly arrived B1 or B3 refugees.

Annual Activities:

1. Evaluation and Case Management of High Risk Latent TB Infections in Newly Arrived Refugees

Between 10/2020 and 09/2021, Public Health Nurse Specialists will facilitate appropriate testing, case management and provide education through interpreters for those high risk refugees and coordinate refugee data with resettlement agency representatives and the Office of Minority and Refugee Health.

The Public Health Nurse Specialists will assist those refugees with positive tuberculosis testing with medical appointments for further evaluation. The nurses will assist with specimen collection and scheduling of radiology as needed.

State Program Title: Bureau of Laboratory Services

State Program Strategy:

Program Goal: The goal of this program is to provide responsive, unbiased, quality laboratory testing for three State Health Objectives. The Laboratory will accomplish this goal by achieving the following objectives. For objective 1, the Public Health Laboratories (PHL) will provide culture confirmed diagnosis of tuberculosis for 85% of patients within 21 days. For objective 2, the PHL will test animals for rabies virus and report the test results within 24 hours for 98% of animals tested. For objective 3 the PHL will test shellfish for the presence of paralytic shellfish poison and report the results within 24 hours for 98% of shellfish samples tested.
Program Health Priorities: Diagnose and Investigate

Program Primary Strategic Partnerships: The PHL works closely with the following state public health programs.

Internal:
- Communicable Disease Surveillance Section (CDSS)
- Bureau of Infectious Disease Control (BIDC)
- TB Prevention and Control Program

External:
- New Hampshire Estuary Project
- Centers for Disease Control and Prevention
- Department of Environmental Services
- Fish & Game Department
- Local health officers
- Animal control officers
- Veterinarians
- Hospital Laboratories
- New Hampshire State Veterinary Laboratory
- Manchester Health Department
- Nashua Health Department

Program Evaluation Methodology:
Progress toward the program goal will be measured with the timely reporting of laboratory results including the number of tests performed, and the percentage of tests reported with in established time frames.

State Program Setting:
State health department

FTEs (Full Time Equivalents):
Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Name: Amy Jordan
Position Title: Laboratory Scientist III
State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Name: Jayne Shea
Position Title: Laboratory Assistant I

State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Name: Sandra White
Position Title: Admin Secretary
State-Level: 3% Local: 0% Other: 0% Total: 3%
Position Name: Wendy Locke
Position Title: Program Assistant II
State-Level: 3% Local: 0% Other: 0% Total: 3%
Position Name: Christine Bean
Position Title: Administrator IV
State-Level: 3% Local: 0% Other: 0% Total: 3%
Position Name: Amy Bergquist
Position Title: Administrator II
State-Level: 3% Local: 0% Other: 0% Total: 3%
Position Name: Daniel Tullo
Position Title: Microbiologist V
State-Level: 4% Local: 0% Other: 0% Total: 4%
Position Name: John Walsh
Position Title: Microbiologist I
State-Level: 100% Local: 0% Other: 0% Total: 100%

Total Number of Positions Funded: 8
Total FTEs Funded: 3.16

National Health Objective: HO PHI-11 Public Health Agencies Laboratory Services

State Health Objective(s):

Between 10/2020 and 09/2021, Objective 1 Description: The PHL will provide culture confirmed diagnosis of tuberculosis for 85% of patients ultimately diagnosed with tuberculosis within 21 days. Block grant funding will be used to reduce the time required to obtain a culture confirmation of a tuberculosis diagnosis, in 2018, only 50% of patients were diagnosed by culture within 21 days, in 2019 80% were diagnosed within 21 days, 2020 to date 83% were diagnoses within 21 days. This next grant period (2020 to 2021) the PHL will continue to work toward achieving this turnaround time.

Objective 2 Description: The PHL will test animals for rabies virus and report the test results within 24 hours for 98% of animals tested. Block grant funding will be used to obtain rapid turn around time for the determination of the rabies status of an animal involved in an exposure. The PHL continually uses this goal as the benchmark, however for the past three years 2018 (81% reported within 24 hours), 2019 (95%) and 2020 to date (93%) the unit has fell short of this goal. This goal will be continued in the 2020-2021 grant period.

Objective 3 Description: The PHL will test shellfish for the presence of paralytic shellfish poison (PSP) and report the results within 24 hours for 98% of shellfish samples tested. Block grant funding will be used to maintain rapid turn around time for the determination if PSP is present in shellfish destined for human consumption. however for the past two years 2018 (89% reported within 24 hours), 2019 (81%), the unit has fell short of this goal, no data yet obtained for 2020. This goal will be continued in the 2020-2021 grant period.

Baseline:

Baseline Data for Objective 1: NH is a low incidence state for tuberculosis disease; in 2018 the TB unit reported 12 patients with positive TB tests, in 2019, 80% were diagnosed within 21 days. The laboratory unit grows the organism in culture media to provide a culture confirmatory diagnosis.
Baseline Data for Objective 2: In 2109, 95% of rabies test results were provided within 24 hours.
Baseline Data for Objective 3: In 2019 81% the results of tests of shellfish for the presence of paralytic shellfish poison (PSP) were reported within 24 hours

Data Source:
Data Source for Objective 1: Laboratory information management system (LIMS)
Data Source for Objective 2: New Hampshire Electronic Disease Surveillance System (NHEDSS)
Data Source for Objective 3 New Hampshire Electronic Disease Surveillance System (NHEDSS)

State Health Problem:

Health Burden:
Health Burden for Objective 1:
The State of New Hampshire has a low prevalence of tuberculosis (TB), there were 12 patients with tuberculosis in 2018, 5 patients in 2019 and 6 patients diagnosed with TB in 2020 to date. Most new infections are associated with immigrant populations relocating to the State. The global TB epidemic continues with nearly 8 million new cases and 2 million deaths each year. The numbers of permanent and temporary immigrants to the US, as well as foreign visitors, continues to increase. These populations are potential sources of new TB cases for the State.
The PHL TB Unit tested 633 specimens in 2018, 588 in 2019 and 308 specimens in 2020 to date. The PHL supports the State TB program by providing TB testing, consisting of rapid nucleic acid testing, culture isolation and identification; the PHL uses partners for susceptibility testing and genotype testing for *Mycobacterium tuberculosis*.

Health Burden for Objective 2
Rabies is invariably a fatal, acute viral disease. Without medical intervention, the usual duration of the disease is only 2-6 days; death often follows from respiratory paralysis. For successful management of the disease, treatment must be started immediately after exposure (e.g., animal bite) with human rabies immune globulin along with subsequent, multiple doses of human diploid cell rabies vaccine. Rapid determination of the rabies status of the implicated animal will assist health care providers in the treatment decision-making process.
PHL data indicate that approximately 30 animals a year test positive for rabies virus in New Hampshire. The majority of rabies positive animals are involved in exposure to either humans and/or domestic animals requiring a public health response. 502 animals were submitted for testing in 2018 with 30 positive for rabies virus, 469 animals were tested with 29 positive in 2019; and to date in 2020, 177 animals were received with 8 positives. The PHL is the only laboratory in the state that provides this testing and supplemental funding is needed for continued laboratory testing.
Health Burden for Objective 3:
Paralytic Shellfish Poisoning is a syndrome of toxic poisoning that can result in total muscle paralysis with respiratory arrest and death. This syndrome is caused by the presence of concentrated neurotoxin in shellfish consumed by the public. Most cases occur in individuals or small groups who gather shellfish for personal consumption. It is particularly common in shellfish harvested from colder waters. Cooking does not destroy these neurotoxins. The only way to avoid toxicity is by periodic collection and testing of susceptible mollusks in the laboratory, and restricting harvesting when the toxin is detected. The PHL currently uses a screening test followed by a biological model for confirmation testing, the PHL is continuing to investigate a chemical model (e.g. GC/MS) to detect saxitoxin eliminating the need to maintain biological models.

The PHL tested 46 shellfish samples in 2018 with 1 positive, and in 2019, 104 were tested with 44 positive samples and no testing was conducted yet in 2020. In 2019 the PHL analyzed 967 water samples from shellfish growing waters; 83 for fecal coliform and 193 for male specific coliphage. To protect the public, shellfish beds are temporarily closed to harvesting when positive samples are reported. New Hampshire's commercial and recreational shellfish harvesting is an active part of the coastal lifestyle and tourism industry. The protection of the public from contaminated shellfish is an essential public health service. The PHL needs to provide this service and supplemental funding is necessary for continued laboratory testing.

Target Population:
Number: 1,334,795
Infrastructure Groups: Other

Disparate Population:
Number: 1,334,795
Infrastructure Groups: Other

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

Other: The CDC report Human Rabies Prevention – United States, 2008 Recommendations of the Advisory Committee on Immunization Practices, May 23, 2008, Vol. 57, RR-3, recommends the rapid and accurate diagnosis of rabies infection in suspect animals for proper medical management of persons exposed to the virus.
The Environmental Protection Agency - National Estuary Program, clean water act.
Clinical and Laboratory Standards Institute, M48-A, Laboratory Detection and Identification of Mycobacteria.

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $205,645
Total Prior Year Funds Allocated to Health Objective: $341,374
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
50-74% - Significant source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:
Provide a confirmed laboratory diagnosis of tuberculosis
Between 10/2020 and 09/2021, Public Health Laboratories TB Unit will provide laboratory test results for the culture confirmation of individuals diagnosed with TB within 21 days to **85%** of culture confirmed individuals with diagnosis of TB.

Annual Activities:
1. Laboratory Diagnosis of Tuberculosis
Between 10/2020 and 09/2021, the PHL will:
1. Notify BIDC and the appropriate health care provider the same day a positive result is obtained on a

specimen submitted for *M. tuberculosis* culture and identification.
2. Provide laboratory services that meet CDC recommendations for turnaround times including: smear results within 24 hours from receipt of specimen, identification of an isolate within 21 days, antibiotic susceptibility testing results within 28 days, and direct molecular diagnosis within 48 hours for identified cases.

During the 2019 grant period, 80% of isolates were culture-confirmed within 21 days. This is statistically below the goal for 2019 of 85% of cultures confirmed within 21 days, however due to the low numbers of positive patients , only 5, the TB unit feels the goal was met in 2019. The PHL is continuing to meet the goal of 85% for the 2020 to date with 83% (5 out of 6). The PHL will evaluate the goal with 2020 data at the end of the calendar year.

Objective 2:

Provide rabies testing on animals to determine potential rabies exposure

Between 10/2020 and 09/2021, Public Health Laboratories rabies testing unit will increase the percent of of Laboratory test results for rabies on animals reported within 24 hours of receipt of specimen from 95% to **98%**.

Annual Activities:

1. Provide rabies testing on animals to determine potential rabies exposure

Between 10/2020 and 09/2021, The PHL will provide:

1. Emergency rabies testing 7 days a week in the event of human bite exposure. All animals will be tested and reported within 24 hours of receipt. A laboratory scientist funded by the block grant performs this testing.
2. Surveillance testing for all areas of the State by testing all submitted animal specimens for the presence of rabies for rabies subtype.
3. Provide rabies reports and summaries to the Bureau of Infectious Disease Control (BIDC), medical providers, veterinarians, and other relevant agencies within 24 hours of specimen receipt.

Objective 3:

Provide testing of shellfish for paralytic shellfish poisoning testing

Between 10/2020 and 09/2021, Public Health Laboratories Food Safety Unit will increase the percent of of laboratory test results for paralytic shellfish poisoning reported within 24 hours from 81% to **98**.

Annual Activities:

1. Testing of shellfish for paralytic shellfish poisoning

Between 10/2020 and 09/2021, the PHL will:

1. Provide testing for paralytic shellfish poisoning (PSP) toxin from shellfish collected by the Department of Environmental Services (DES), in coordination with the New Hampshire Estuarine Project, to help determine the harvesting status of shellfish beds. Extraction, testing and reporting of results will be performed within 24 hours of sample receipt.
2. Provide emergency testing within 24 hours of receipt of sample, seven days per week for PSP toxin from shellfish related to the consumption by humans of contaminated shellfish.
3. Provide testing of shellfish growing waters for fecal coliforms and male specific coliphage as indicators of water quality and sanitation of the shellfish growing environment.

State Program Title: Bureau of Population Health and Community Services, Injury Prevention Program

State Program Strategy:

Program Goal: The Injury Prevention Program (IPP) seeks to reduce morbidity and mortality from intentional and unintentional injuries. It does this by focusing its efforts on those injuries with high rates in the state that are most amenable to public health interventions. The IPP works jointly with its contract agencies, the Injury Prevention Center (IPC) at Dartmouth College, the New Hampshire Coalition Against Domestic and Sexual Violence (NHCADSV) and the Northern New England Poison Center (NNEPC).

Program Health Priorities: HO IVP-12 Nonfatal Unintentional Injuries, HO IVP-23 Deaths from Falls, HO IVP-40 Sexual Violence (Rape Prevention), and HO MHMD-1 Suicide.

Primary Strategic Partners:

Internal partners include the:

- Maternal and Child Health Section
- Health Statistics and Data Management Section
- Bureau of Elderly and Adult Services
- Bureau of Behavioral Health
- Bureau of Drug and Alcohol Services
- Healthy Homes and Environment Section

External partners include the:

- IPC
- NHCADSV
- NNEPC
- Numerous statewide coalitions
- National funding agencies
- Northern New England Geriatric Education Center
- University of New Hampshire Center on Aging and Community Living

Evaluation Methodology: Surveillance data from the following data systems are used to evaluate progress towards injury prevention goals:

- Morbidity and mortality (including hospitalizations and ambulatory/emergency department data, and death certificate data)
- Emergency Medical Services (EMS) run reports, 9-1-1 phone calls, poison center calls, Uniform Crime Data reports, the Fatal Accident Reporting System (police crash data), and similar injury databases
- The Behavioral Risk Factor Surveillance System, the Youth Risk Behavior Survey, self- selected surveys and focus groups

- Process evaluations: most of the ongoing committees and coalitions have process evaluations done or planning mechanisms done at various points in time.

State Program Setting:
Community based organization, Community health center, Home, Local health department, Medical or clinical site, Rape crisis center, Schools or school district, Senior residence or center, State health department, University or college, Other: Professional organizations

FTEs (Full Time Equivalents):
Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 0
Total FTEs Funded: 0.00

National Health Objective: HO IVP-12 Nonfatal Unintentional Injuries

State Health Objective(s):

Between 10/2009 and 09/2021, reduce emergency department visits caused by unintentional injuries by 3% or more to achieve a statistically significant change.

Baseline:

Between 2005 and 2009 the standardized rate per 100,000 population for unintentional injury emergency department (ED) discharges decreased significantly from 11,179.3 (95% CI 11,120.9-11,237.7) to 10,382.8 (95% CI 10,326.3-10,439.2).

Hospital discharge data collection methods have changed in New Hampshire since 2009. Because of these changes, the baseline year should be 2012. In 2012, the rate of emergency department visits caused by unintentional injuries per 100,000 NH residents was 2,279.8. (95% Confidence Interval 2,252.9-2,306.6). Between 2012 and 2014, there was a -32% change in the rate between these years, which is statistically significant. In 2015, data collection methods changed again with the adoption of ICD10 billing codes in the fourth quarter of the year. Adopting a new baseline using 2016 hospital discharge data is recommend since that will be the first full year of data using ICD10 billing codes. Quality improvements continue in the hospital discharge data set. By the time the PHHS BG annual report is due, a complete and clean data set will be available for years 2012 to 2016, and perhaps 2017. Updated data will be reported at that time.

Between 2012 and 2014, there was a statistically significant decrease in ED discharges for unintentional injury. The rate per 100,000 in 2012 was 2,279.8 (95% CI 2.252.9-2,306.6) down to 1,560.9 (95% CI 1,538.5-1,583.1) in 2014. This decrease meets the objective but is still above the Health People 2020 objective of 7,453.4 deaths per 100,000 population.

Data Source:

Uniform Hospital Discharge Data, NH, NH Department of Health and Human Services (DHHS), Division of Public Health Services (DPHS), Health Statistic and Data Management Section, queried by the Injury Prevention Program, also with DHHS-DPHS.

Indicator Definition: resident emergency department discharges with injury intent code of description of "Unintentional" (Unintentional Injury)(ICD-9-CM Codes: Diagnosis codes 800–909.2, 909.4, 909.9–994.9, 995.5–995.59, 995.80–995.85 Injury and poisoning, External Cause of Injury Codes: E800-E949.99 Unintentional Injuries).

State Health Problem:

Health Burden:
Non-fatal injuries are a significant burden to the health care system and, in particular, to urgent care facilities, and emergency department (ED) utilization. Unintentional injuries accounted for the majority of all injury-related visits. ED counts of visits for unintentional injuries are largely seen in both children and young adults under the age of 35 and older adults age 80 and up. The highest rate of these visits is in the young adult age group (25 to 29) and older adult age groups (age 70 and up). Two main causes of unintentional injury ED visits are falls, crashes involving motor vehicles, bicycles, pedestrians, and recreational vehicles.

NH Hospital ED visits for motor vehicle crash injuries totaled 8,130 NH residents in 2014. Research has proven that seat belt use is the most effective way to save lives and reduce injuries in crashes. The 2015 NH Youth Risk Behavior Survey (YRBS) indicate that of the respondents, 8.2% never or rarely wore a seat belt when riding in a car driven by someone else. The percent has gone down significantly since 12.6% in 2003 when it was first asked. An additional question on not wearing a seatbelt in this case as the driver, was added in the 2013 YRBS and was answered affirmatively by 8.7% of respondents and went down to 7.7% in 2015. Forty-four percent (43.7%) of respondents responded affirmatively to having emailed or texted while driving in 2015. This is down only by a small percentage from 47.7% in 2013, despite a "Hands Free" law being passed, which went into effect on July, 1, 2015, in NH that forbids texting while driving.

House Bill 1360 states, “No person, while driving a moving motor vehicle ..., shall use any hand-held mobile electronic device capable of providing voice or data communication.” In addition to this, the bill states that devices such as Bluetooth that are voice active are approved for use and a hand held devise may be used to call 9-1-1 in the event of an emergency.

According to the New Hampshire Highway Safety Agency 2017 annual seat belt survey (by physical observation), front seat drivers and passengers were buckled up in 67.6% of observed vehicles. This is a decrease from 69.5% in 2015. (Source: https://www.nh.gov/hsafety/publications/documents/nhons-annual-report-final.pdf) On the 2015 BRFSS survey, adults reported 72.3% always wearing a seatbelt (66.4% of males, and 77.8% of females). The 2017 BRFSS survey, adults reported an improvement with 80.3% always wearing a seatbelt (79.2% of males, and 86.5% of females). On the 2015 YRBS, adolescent males (90.6%), as passengers, were less likely to buckle up than females (91.8%). The 2017 YRBS

showed improvement both genders (males 91.95, females 94.7%). Given the death and injuries sustained, any increase in adolescent seat belt usage in the state is likely to make a great impact.

Lack of driving experience is one of the major causes of motor vehicle crashes, since the driver simply does not have the skills required for dealing with complex on-road situations. “In the United States, the fatal crash rate per mile driven for 16-19 year-olds is nearly 3 times the rate for drivers ages 20 and over. Risk is highest at ages 16-17. In fact, the fatal crash rate per mile driven is nearly twice as high for 16-17 year-olds as it is for 18-19 year-olds.” (Insurance Institute for Highway Safety/National Highway Traffic Safety Administration, 2015). All 50 States had some Graduated Driver’s License (GDL) components in place. Several studies document and support that nighttime and passenger GDL restrictions reduce teenage driver crashes and injuries. Also, studies show that states with more strict GDL law have a greater reduction in fatal crashes among novice drivers.

Residents under the age of 35 are the targeted population. Adolescents and young adults (15-24) are the disparate population.

Target Population:
Number: 548,708
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 253,978
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: 12 - 19 years, 20 - 24 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: 2016 US Census, https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:
Best Practice Initiative (U.S. Department of Health and Human Service)
Promising Practices Network (RAND Corporation)

Other: Governors Highway Safety Association. (2015. Countermeasures that work: a highway safety countermeasure guide for state highway safety offices. 8th Edition (http://www.ghsa.org/html/publications/countermeasures.html)
Klauer, S. G., Guo, F., Simons-Morton, B. G., Ouimet, M. C., Lee, S. E., & Dingus, T. A. (2014). Distracted driving and risk of road crashes among novice and experienced drivers. The New England

Journal of Medicine, 370, 54-59.

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $18,190
Total Prior Year Funds Allocated to Health Objective: $18,190
Funds Allocated to Disparate Populations: $18,190
Funds to Local Entities: $18,190
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
50-74% - Significant source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Adolescent Driver Safety

Between 10/2020 and 09/2021, the IPP and the IPC in conjunction with the Teen Driving Committee will increase the percent of students buckling up at program participating schools (as noted in observational surveys). Participating schools include those that have been historically involved in the program. Schools were selected by high scores on the Youth Risk Behavior Survey (YRBS) reporting rarely or never wearing a seat belt. from 79.3% from observational surveys in Fall 2017 to **86.9%**.

Annual Activities:

1. Adolescent Driver Safety

Between 10/2020 and 9/2021, the IPP and the IPC in conjunction with the Teen Driver Safety/Buckle-Up NH Committee and the Office of Highway Safety will oversee the continuation of the youth driver safety project. The commitment is to present the program in at least fifteen (15) high schools. Participating schools include those that have been historically involved in the program. Schools were selected by high scores on the Youth Risk Behavior Survey (YRBS) reporting rarely or never wearing a seat belt.
During the school year, the fifteen participating schools will engage in peer led activities designed to promote the importance of making safe choices behind the wheel and as passengers within a vehicle to include awareness of the provisions of graduated licensing, the importance of seat belt use, of not using electronic devices while driving and not driving while too tired or under the influence of anything that can cause impairment.
YRBS data is no longer released at the school level. Outreach to superintendents of schools that are not currently in the program to request their 2017 YRBS data will be time prohibitive. County level YRBS data is available, and selection of new schools to participate in the program will need to be based on county level percentages. The observational study shows a steady increase in teen driver seatbelt use as follows: Fall 2016 77%, Spring 2017 75%, Fall 2017 79%, Spring 2018 87%.

Objective 2:

Mobilize and continue partnerships concerning the causes of unintentional injury ED visits

Between 10/2020 and 09/2021, The IPP and the IPC will conduct **4** meetings of SAFE KIDS New Hampshire.

Annual Activities:

1. Convene and chair SAFE KIDS New Hampshire

Between 10/2020 and 9/2021, the IPC will convene and chair at least four meetings of SAFE KIDS New Hampshire, which addresses a range of unintentional injuries among children and

adolescents until age 24. These quarterly meetings are typically held in the last month of each calendar quarter, depending on the availability of SAFE KIDS members.

National Health Objective: HO IVP-23 Deaths from Falls

State Health Objective(s):

Between 10/2020 and 9/2021, decrease the rate of increase in trend for fall-related deaths in older adults by 11% resulting in a projected death rate in 2020 of 107.0 per 100,000 instead of 127.3

Baseline:

The baseline trend between age-adjusted rates for older adult falls, age 65 and up, between 2000 (27.0 per 100,000) and 2007 (70.0) would lead to a rate of 142.4 in 2020. The current trend between 2000 (27.0) and 2015 (101.8) would lead to a rate of 127.3 in 2020, which is an 8% decrease in the slope of the trend line, and a 12% decrease in the projected rate for 2020. In 2016, the rate for fall-related deaths in older adults was 93.4 (95% Confidence Interval (CI) 80.4-106.5). While the overall trend continues to increase, fall prevention efforts have been successful in decreasing the rate of increase. By 2020, the target rate of 107.0 should be met.

Data Source:

Death Certificate Data, NH, NH Department of State (DOS), Division of Vital Records Administration (DVRA), https://wisdom.dhhs.nh.gov Indicator Definition: resident deaths, age 65 and older, with underlying cause of death in accidents (Unintentional Injury) group (ICD 10 codes W00 - W199).

State Health Problem:

Health Burden:
Unintentional falls are the leading cause of injury deaths among adults 65 and older in the United States and in New Hampshire. One important factor contributing to the increase in deaths for this older age group is their susceptibility to greater injury severity than younger age groups. Older adults have a greater likelihood of suffering a debilitating injury or dying from even a minor fall. Males and females are equally at risk, making both genders the targeted and disparate population.

Fatal falls in the state resulted in total lifetime costs among older adults of more than $18.1 million (in 2010 costs). One-third of Americans aged 65+ falls each year. Every 14 seconds, an older adult is treated in the emergency room for a fall and every 29 minutes, an older adult dies from a fall-related injury. Falls result in more than 2.5 million injuries nationwide treated in emergency departments annually, including over 250,000 hospitalizations and more than 24,000 deaths. In 2015, direct medical costs for falls totaled $31 billion. The financial toll for older adult falls is expected to increase as the population ages and may reach $59.6 billion by 2020.

While falls are, by a significant factor, the leading cause of injury-related deaths among this population, numerous contributing factors allow for multiple intervention points. Falls are not an inevitable consequence of aging and proven effective strategies exist for decreasing the risk. Evidence strongly suggests that falls result from multiple factors that can be both intrinsic to the individual, and within the environment.

Target Population:
Number: 226,804
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 226,804
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: 2016 US Census, https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:
Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)

Other: Falls Free: Promoting a National Falls Prevention Action Plan and Research Review Papers (National Council on Aging)
Prevention of Falls in Older Persons (American Geriatrics Society and the British Geriatrics Society, 2010)
Preventing Falls: What Works A CDC Compendium of Effective Community-based Interventions from Around the World (CDC, 2011)
Preventing Falls: How to Develop Community-based Fall Prevention Programs for Older Adults (CDC, 2009)

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $18,190
Total Prior Year Funds Allocated to Health Objective: $18,190
Funds Allocated to Disparate Populations: $18,190
Funds to Local Entities: $18,190
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
50-74% - Significant source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Annual Falls Conference

Between 10/2020 and 09/2021, the IPC and the IPP in conjunction with the New Hampshire Falls Risk Reduction Task Force and the Northern New England Geriatric Education Center will maintain **at least 90%** of the conference participants answering yes to the question "Would you make a practice change?" on the post-event evaluation.

Annual Activities:

1. Falls Conferences

Between 10/2020 and 9/2021, the IPP and the IPC in conjunction with the New Hampshire Falls Risk Reduction Task Force and the Northern New England Geriatric Education Center will be hosting at least one conference focusing on modifying the home environment in order to reduce falls preventable hazards. The conference is planned to occur to celebrate Falls Risk Reduction week in September 2021.

Objective 2:

Annual review of data with respect to falls in the older adult

Between 10/2020 and 09/2021, the IPP, the IPC, and the New Hampshire Falls Risk Reduction Task Force will publish **1** annual issue brief on falls in the older adult population.

Annual Activities:

1. Falls in the older adult data report

Between 10/2020 and 9/2021, the New Hampshire Falls Risk Reduction Task Force, under the leadership of the IPC and the IPP, will gather data, which will include a cost component, from the following sources to generate an issue brief on falls in the older adult: hospitalizations, emergency department visits, and deaths, EMS run data, E-911 data, Behavioral Risk Factor Surveillance System, and Hospital Trauma Database. The data brief is scheduled to be published in the fourth quarter of this project period.

National Health Objective: HO IVP-40 Sexual Violence (Rape Prevention)

State Health Objective(s):

Decrease the lifetime prevalence of sexual violence by any perpetrator against women by from the 2015 National Intimate Partner and Sexual Violence Survey by at least 5% or significance in the 2050 survey.

Baseline:

The 2017 National Intimate Partner and Sexual Violence Survey reported that between 2010 and 2012, Lifetime Prevalence of Sexual Violence Victimization of Women— NISVS 2010-2012 Average Annual Estimates in New Hampshire was at 38.7%. The overall annual average for the United States was 36.3%. The NH annual average is not statistically different than the US. The next time these survey results are published in 2019, the percent for NH should be reduced by at least 5% and be 36.8% or lower.

Data Source:

2017 National Intimate Partner and Sexual Violence Survey, Centers for Disease Control and Prevention.

State Health Problem:

Health Burden:
Sexual violence has far reaching impacts on the lives of victims, bystanders, and perpetrators. Sexual violence includes sexual harassment, sexual threats and intimidation, rape, attempted rape, incest, sexual assault by intimate partners, child sexual abuse, sexual exploitation, sexual trafficking, stalking, and other forms of unwelcome or coerced sexualized activity. Physical violence or contact other than the sexualized abuse itself may or may not be present and are not necessary elements of sexual violence. Sexual violence is commonly based upon power and control of the victim using sexual means.

The National Intimate Partner and Sexual Violence Survey reported that on average between 2010 and 2012, the lifetime prevalence of sexual violence by any perpetrator against women in New Hampshire was 16.6% (for rape) and 38.7% (for sexual violence other than rape). The 2017 National Intimate Partner and Sexual Violence Survey reported that between 2010 and 2012, Lifetime Prevalence of Sexual Violence Victimization of Women— NISVS 2010-2012 Average Annual Estimates in New Hampshire was at 38.7%. The overall annual average for the United States was 36.3%. The NH annual average is not statistically different than the US. The next time these survey results are published in 2019, the percent for NH should be reduced by at least 5% and be 36.8% or lower.

The 2015 New Hampshire Youth Risk Behavior Survey (YRBS) indicated 6.3% of respondents answering YES to "having been physically forced to have sex when they did not want to". Although and increase from 5.7% in 2013, this was not statistically different. In 2017, the percent was 5.8%, also not a statistically difference decrease.

In the 2013 and 2015 YRBS, sexual violence surveillance was enhanced with the inclusion of two additional questions. "During the past 12 months, how many times have you experienced an unwanted sexual advance because of other students' drinking?" In 2013 6.3% and in 2015 5.6% students responded affirmatively. This question was not asked in 2017. "During the past 12 months, how many times did someone you were dating or going out with force you to do sexual things that you did not want to do?" In 2013 11.1%, in 2015 11.7%, and in 2017 7.3% of students answered yes to this question. 2017 shows a statistically Signiant decrease from the previous years.

Target Population:
Number: 1,334,795
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:

Number: 253,978
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: 12 - 19 years, 20 - 24 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: 2016 US Census, https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: Creating Safer Communities: RPE Model of Community Change (Centers for Disease Control and Prevention)
Getting to Outcomes for IPV and SV Prevention (Centers for Disease Control and Prevention)
Intimate Partner Violence Surveillance: Uniform Definitions and Recommended Data Elements, Version 2.0 (Centers for Disease Control and Prevention, 2015)

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $26,492
Total Prior Year Funds Allocated to Health Objective: $29,435
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $26,492
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
10-49% - Partial source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:
Education on Services to Sexual Violence Victims
Between 10/2020 and 09/2021, The NHCADSV and their 14 member programs will provide educational sessions on the services they provide to victims of sexual violence through a range of formats and venues to **at least 100** groups of community-based organizations and other stakeholders.

Annual Activities:
1. Present Victim Services' Awareness Activities
Between 10/2020 and 09/2021, Staff at all of the 14 NHCADSV member programs will present on the services they provide to victims, at least 8 times per member program using various formats and a range of community venues.

Objective 2:
Implement primary sexual assault prevention programming
Between 10/2020 and 09/2021, the NHCADSV and their 14 member programs will evaluate **80%** of their sexual violence primary prevention programming.

Annual Activities:

1. Provide Technical Assistance

Between 10/2020 and 9/2021, the Prevention Coordinator at the NH Coalition Against Domestic and Sexual Violence (NHCADSV) and Prevention Innovations will provide technical assistance to all 14 member programs on evidence based practices in primary sexual violence prevention as well as evaluation methods and tools.

National Health Objective: HO MHMD-1 Suicide

State Health Objective(s):

Decrease the rate of increase in trend for suicide deaths by 16% resulting in a projected death rate in 2020 of 9.6 per 100,000 instead of 11.5.

Baseline:

The baseline in 2009 for NH resident suicide deaths was a rate of 11.5 per 100,000 population. There was a statistically significant increase in the rate in 2014 to 16.9. It may be necessary to adjust the 2020 target from 9.6 to a rate of 13.9 per 100,000 to show a 16% decrease from the current rate of 16.6 in 2016.

Data Source:

New Hampshire Division of Vital Records, death certificate data Indicator Definition: Resident deaths with underlying cause of death in Intentional Self Harm (suicide) group (ICD 10 code U03, X60-X84, Y87.0).

State Health Problem:

Health Burden:

Nationally, a person commits suicide every fourteen minutes. Suicide is the ninth leading cause of death in the state of New Hampshire and has been the second leading cause of death for New Hampshire youth and young adults aged 15-34 for the last decade. Sadly, suicide death is the tenth leading cause of death in NH children ages 5-9, and the third leading cause of death in children ages 10-14. The 2017 New Hampshire Suicide Prevention report revealed 255 residents died as a result of suicide in 2017. Of the 255, 77% were males and 23% were females. Suicide death rates increased between 2015 and 2017, but the changes was not statistically significant. Although a number of NH communities and coalitions have begun to address suicide, many continue to informally address issues as suicides occur. More than 50 research studies worldwide have found that certain types of news coverage can increase the likelihood of suicide in vulnerable individuals, particularly for youth and young adults. At times, reporting on suicide can prove harmful, spreading misinformation or inadvertently contributing to suicide contagion also known as copycat suicide. The National Alliance for Suicide Prevention (http://actionallianceforsuicideprevention.org/media) offers guidelines for reporting about suicide (http://reportingonsuicide.org/). Suicide prevention organizations, public health organizations, and internet safety experts have collaborated with journalists, news organizations, and schools of journalism to develop a set of recommendations for reporting on suicide.

Suicide is a serious public health problem in New Hampshire. It is generally preventable and suicide affects all New Hampshire residents. The majority of violent deaths in New Hampshire are suicides. For every homicide in New Hampshire, there are approximately 11 suicides. This ratio is in sharp contrast to national statistics, which show fewer than 2 suicides for every homicide. For every suicide death in NH and nationally, there are approximately 3 deaths classified as unintentional injuries. Overall, suicide constitutes a larger proportion of all traumatic deaths in NH than in the US as a whole. Because of the impact suicide has on the residents of New Hampshire, NH RSA 126-R establishes a Council on Suicide Prevention (referred to more commonly as the Suicide Prevention Council (SPC). By statute, the SPC shall "oversee

the implementation of the New Hampshire suicide prevention plan (http://www2.dhhs.nh.gov/dphs/suicide/documents/plan-2013.pdf). The council shall ensure the continued effectiveness of the plan by evaluating its implementation, producing progress reports, and recommending program changes, initiatives, funding opportunities, and new priorities to update the plan. The council shall also be a proponent for suicide prevention in New Hampshire." Staff from DHHS Maternal and Child Health Section, IPP, IPC and National Association of Mental Illness-New Hampshire (NH-NAMI) actively participates in the SPC and its subcommittees. The mission of the State Suicide Prevention Council is to reduce the incidence of suicide in New Hampshire by accomplishing the goals of the State Suicide Prevention Plan:

- Raise public and professional awareness of suicide prevention;
- Address the mental health and substance abuse needs of all residents;
- Address the needs of those affected by suicide; and
- Promote policy change

The SPC will meet approximately 6 times per year and meetings will be open to the public. (http://www.dhhs.nh.gov/dphs/bchs/spc/index.htm)

Target Population:
Number: 1,334,795
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 253,978
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: 12 - 19 years, 20 - 24 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: 2016 US Census, https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: 2012 National Strategy for Suicide Prevention: GOALS AND OBJECTIVES FOR ACTION (A report of the U.S. Surgeon General and of the National Action Alliance for Suicide Prevention)
Best Practices Registry for Suicide Prevention (Suicide Prevention Resource Center and the American Foundation for Suicide Prevention)
New Hampshire State Suicide Prevention Plan (NH DHHS, et-al.), http://www.dhhs.nh.gov/dphs/bchs/spc/documents/2013-suicide-prevention-plan.pdf
National Alliance for Suicide Prevention, http://actionallianceforsuicideprevention.org/media

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $18,195
Total Prior Year Funds Allocated to Health Objective: $18,195
Funds Allocated to Disparate Populations: $18,195
Funds to Local Entities: $18,195
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
50-74% - Significant source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:
Annual Suicide Prevention Conference
Between 10/2020 and 09/2021, the IPP, SPC, and NH Public Health Network (PHN) will partner with the National Alliance on Mental Illness NH (NAMI-NH) and the Youth Suicide Prevention Assembly (YSPA) will conduct **1** Annual Suicide Prevention Conference to reach a diverse gathering of individuals including, for example: suicide survivors, mental health care givers, suicide prevention activists, and members of the media. This conference will promote recognition of suicide as a generally preventable public health problem and promote active involvement in prevention activities.

Annual Activities:
1. Annual Suicide Prevention Conference
Between 10/2020 and 9/2021, the IPP, SPC, and NH Public Health Network (PHN) will partner with the National Alliance on Mental Illness NH (NAMI-NH) and the Youth Suicide Prevention Assembly (YSPA) will conduct 1 Annual Suicide Prevention Conference to reach a diverse gathering of individuals including, for example: suicide survivors, mental health care givers, suicide prevention activists, and members of the media. This conference will promote recognition of suicide as a generally preventable public health problem and promote active involvement in prevention activities.
This will be accomplished by partnering with key stakeholders, including public health regions, throughout the State on planning and convening an annual conference in order to build awareness of suicide prevention, increase knowledge of best practices for prevention, intervention and response to suicide, and increase collaboration, networking and support.

Objective 2:
Writing and publishing news stories
Between 10/2020 and 09/2021, the IPP and the IPC, in conjunction with the communications subcommittee of the Suicide Prevention Council, the Suicide Prevention Council, and contracted with the Public News Service will identify **1** journalist to work with on five (5) stories utilizing media guidelines.

Annual Activities:
1. Writing and publishing news stories on suicide prevention efforts.
Between 10/2020 and 9/2021, the IPP and the IPC, in conjunction with the Suicide Prevention Council's Communications Subcommittee will work with Public News Service on suicide prevention to publish five (5) stories on suicide prevention efforts in the state. These articles will be written taking into account the media guidelines and the National Action Alliance's Framework for Successful Messaging (http://suicidepreventionmessaging.actionallianceforsuicideprevention.org/). These 5 stories are published throughout the year to maximize the reach and promote ongoing awareness of these issues.

State Program Title: Bureau of Population Health and Community Services, NH Healthy Lives

State Program Strategy:

Program Goal(s): The NH Healthy Lives Program (NHHL) is focused on health promotion and chronic disease prevention through 1) data and surveillance; 2) environmental strategies; 3) health care delivery services; and 4) clinical-linkages to community services. The priorities of the NHHL are the leading causes of death in NH including: cancer, heart disease and diabetes and their common related risk factors (e.g., poor nutrition, lack of physical activity, tobacco use, obesity, hypertension, and pre-diabetes). The NHHL works to implement activities through partnerships with NH Medicaid, UNH Institute of Health Policy and Practice, Keene State College and Dartmouth Medical School. Evaluation of activities is completed using the CDC Evaluation framework.

State Program Setting:
Medical or clinical site, State health department, University or college, Work site

FTEs (Full Time Equivalents):
Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 0
Total FTEs Funded: 0.00

National Health Objective: HO MICH-22 Worksite Lactation Support Programs

State Health Objective(s):

Between 10/2020 and 09/2021, According to the CDC, mothers are one of the fastest growing segments of the U.S. labor force. Working full-time outside the home is related to a shorter duration of breastfeeding. Conversely, rates of breastfeeding initiation and duration are higher among women who have longer maternity leave, work part-time rather than full-time, or have breastfeeding support programs in the workplace.
Several studies have indicated that support for lactation at work benefits not only families but employers as well by improving productivity; enhancing the employer's public image; and decreasing absenteeism, health care costs, and employee turnover.
According to the 2011 Surgeon General's Call to Action to Support Breastfeeding, infants that are not breastfed face higher risks of acute illness, ear, gastrointestinal, and respiratory infections. Additionally, there is evidence that breastfeeding improves the health of mother and infant in the long term, including lower rates of childhood obesity and diabetes for the offspring and lower rates of breast and ovarian cancer for mothers. Annually, sub-optimal breastfeeding costs the U.S. three billion dollars in medical costs, and 14.2 billion due to premature death.
Despite the health and economic benefits of breastfeeding, New Hampshire falls short on breastfeeding rates compared to the Healthy People Goals for ever breastfed (79.6% vs. 81.9%), duration at six (6) months (54.8% vs 60.6%), and duration at twelve (12) months (34.0% vs. 34.1%), respectively (CDC Breastfeeding Report Card, 2016).

Baseline:

Unknown

Data Source:
Employer Survey

State Health Problem:

Health Burden:
Despite the health and economic benefits of breastfeeding, New Hampshire falls short on breastfeeding rates compared to the Healthy People Goals for ever breastfed (79.6% vs. 81.9%), duration at six (6) months (54.8% vs 60.6%), and duration at twelve (12) months (34.0% vs. 34.1%), respectively (CDC Breastfeeding Report Card, 2016).

Target Population:
Number: 37,868
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 20 - 24 years, 25 - 34 years, 35 - 49 years
Gender: Female
Geography: Rural and Urban
Primarily Low Income: Yes

Disparate Population:
Number: 15,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: 20 - 24 years, 25 - 34 years, 35 - 49 years
Gender: Female
Geography: Rural and Urban
Primarily Low Income: Yes
Location: Entire state
Target and Disparate Data Sources: Worksite Survey

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

No Evidence Based Guideline/Best Practice Available

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $23,667
Total Prior Year Funds Allocated to Health Objective: $23,667
Funds Allocated to Disparate Populations: $23,667
Funds to Local Entities: $23,667
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Worksite Lactation

Between 10/2020 and 09/2021, Lissa Sirrois, Marisa Lara will increase the number of worksites from 23 to **28**.

Annual Activities:

1. Worksite Lactation Support

Between 10/2020 and 09/2021, Identify five (5) worksites to participate in the program. Selected worksites must be approved by the Department. Preference will be given to worksites with less than one hundred (100) employees.

Assist each worksite to develop a plan for implementing a lactation program that complies with Section 7r of the Fair Labor Standards Act-Break time for Nursing Mothers Provision. Each worksite lactation plan shall include:

Completing CDC WHS section on lactation support.

A budget that allocates the CDC award to expenses incurred as part of the project.

Completing an application for the financial award, on a form provided by The Department.

Provide qualified staff to meet contractual requirements.

Conduct visits at the ten (10) selected worksites as throughout the contract period. Visits at each worksite will:

Begin at each prior to May 1, 2018

Result in a completed initial report that is returned to The Department by June 20, 2018.

Be frequent enough through the contract period to monitor progress on lactation project program goals.

Distribute awards to approved worksites, with the pre-approval of DHHS. Participating worksites must complete the requirements in Section 1.7.2. prior to receiving the financial award

Facilitate a kick-off meeting with The Department and each participating worksite (date TBD by DHHS and selected vendor).

Attend monthly progress meetings at The Department

Assist each selected worksite with:

Completing the CDC Worksite Health scorecard.

Creating and implementing a plan to improve lactation support.

Conducting post-implementation assessments of worksite lactation facilities and employers policies

Developing policies, and strategies for improving the existing lactation program and facilities, and expanding the worksite lactation program to other sites and/or locations if applicable.

Assessing existing lactation space and designing functional improvements as needed.

Educating and training employees Human Resource personnel, managers and staff as needed, relative to lactation accommodations.

Completing an application for New Hampshire Breastfeeding Friendly Workplace award from New Hampshire Breastfeeding Task force, if desired by the worksite.

Answering worksite staff questions, and assisting with problem solving, throughout the contract period.

National Health Objective: HO PHI-13 Epidemiology Services

State Health Objective(s):

Between 10/2020 and 09/2021, Maintain current indicators of chronic disease, specifically those generated through data collection, management, and processing conducted by the NH State Cancer Registry; and increase the number of Chronic Disease Indicators available for the health department and partners to use to guide decision-making related to program planning, targeting specific activities and evaluating the impact of our work.

Baseline:

Currently, the health department has data available through the NH State Cancer Registry (NHSCR), which

allows us to understand the burden of cancer in the state. NHSCR data allow us to understand incidence by cancer site or type, and other important measures such as stage at diagnosis. The health department has a limited number of indicators available through the NH All Payer Claims Database (NH CHIS), approximately 20 indicators.

Data Source:
Program records, progress reports from NHSCR, products created utilizing data.

State Health Problem:

Health Burden:
Chronic diseases are the leading causes of death in NH with Cancer, Heart Disease, Stroke and Diabetes all among the top 10 causes of death. The New Hampshire Healthy Lives (NHHL) program is focused on health promotion and disease prevention through environmental, health service delivery and community linkages.

Target Population:
Number: 1,334,795
Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers, Disease Surveillance - High Risk, Community Based Organizations, Health Care Systems, Research and Educational Institutions, Business and Merchants

Disparate Population:
Number: 1,334,795
Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers, Disease Surveillance - High Risk, Community Based Organizations, Health Care Systems, Research and Educational Institutions, Business and Merchants

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

No Evidence Based Guideline/Best Practice Available

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $143,024
Total Prior Year Funds Allocated to Health Objective: $193,024
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $143,024
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
50-74% - Significant source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:
Chronic Disease Indicators
Between 10/2020 and 09/2021, Karen Craver, Marisa Lara, Whitney Hammond, UNH IHPP, Dartmouth will increase the number of Chronic Disease Indicators available from the All-Payer Claims Database and the NH State Cancer Registry from 20 to **30**.

Annual Activities:

1. Work with UNH IHPP to develop new chronic disease indicators
Between 10/2020 and 09/2021, Marisa Lara will work with UNH IHPP to develop and produce at least 10 new chronic disease indicators.

2. Maintain data collection, management, and processing conducted by NHSCR
Between 10/2020 and 09/2021, Karen Craver, Whitney Hammond, and Adriane Burke will work with NHSCR to maintain current level of data collection, management, and processing in order to be able to continue to understand the burden of cancer in NH.

State Program Title: Bureau of Population Health and Community Services- Oral Health Program

State Program Strategy:

Program Goal:
The Oral Health Program is committed to improving access to oral health care for children and other vulnerable populations, thereby improving oral health outcomes to keep them free from pain and dental disease. The New Hampshire Department of Health and Human Services (DHHS), Division of Public Health Services (DPHS), Oral Health Program (OHP) is a collaborative effort of 21 community-based agencies, statewide and local foundations, medical and dental providers, and representatives from private and public sectors. All of these partners are committed to raising awareness of the importance of oral health and integrating oral health into the delivery of total health care.
To decrease the effects of oral disease in New Hampshire's most vulnerable children, children at risk need to be identified at an early age with screening and interventions initiated in a timely manner. With limited resources, the most important strategic imperative is to ensure that at-risk children have access to oral health treatment and referrals for restorative treatment. The most cost-effective way to ensure these services reach as many children in preschool through grade 8, is by supporting the work of school-based public health dental hygienist serving schools with a free and reduced lunch (FRL) rate of 40% or more.

The Division of Public Health Services' overall strategy is to support workforce activities that will increase the number of health care providers who utilize initial dental risk assessment, anticipatory guidance, and parent education, and also link families to needed treatment. With this in mind, the OHP is working with the New Hampshire Oral Health Coalition, physicians, schools, Head Start and WIC programs to identify at-risk children, provide on-site preventive interventions and link them with needed restorative treatment in a "dental home". This is defined by the American Academy of Pediatric Dentistry as the ongoing relationship between dentist and patient where oral health care is delivered in a comprehensive, continuously accessible, family-centered way.

At a rate of 35.2 overdose deaths per 100,000 people in 2019, New Hampshire is ranked 48th for the highest rate of drug fatalities in the country[1]. In 2018, the OHP completed an Environmental Scan of the Health Status of Substance Use Disorder Patients in Recovery. Many patients in SUD recovery present with dental infections, tooth decay, severe periodontal problems, and generalized pain. After surveying SUD treatment centers as well as dental providers, it is clear that NH is lacking adequate dental care for patients is SUD recovery. There are several barriers impeding a referral process and access to care that seem to be universal to both SUD treatment centers and dental offices and that is the lack of a working relationship between SUD treatment centers and dental offices and a general lack of funding to support referrals and dental treatment.

It is a priority of the OHP to begin to support dental centers' deployment of their dental hygienists to treatment centers to screen adults in treatment, provide brief preventive services, and establish referrals to the dental center. This work will build the knowledge and relationships necessary to improve access to care for those in SUD treatment with significant oral health needs.

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[1] https://www.americashealthrankings.org/explore/annual/measure/Drugdeaths/state/NH

Program Primary Strategic Partners:
Internal:
Office of Medicaid and Business Policy
Maternal and Child Health Section (MCH)
Chronic Disease Section-Diabetes Program and
Nutrition and Physical Activity Section (formerly the Obesity Prevention Program)
Women, Infants and Children (WIC)
NH Care Program
NH Bureau of Drug and Alcohol Services (BDAS)
External:
Division of Public Health Services (DPHS) funded School and Community-based Programs
NH Oral Health Coalition
Bi-State Primary Care Association/Recruitment Center
Head Start and Early Head Start programs
Belknap/Merrimack County WIC program
Southwestern Community Services WIC Program
Community Actions Programs (CAP agencies)
Northeast Delta Dental Foundation
New Hampshire Dental Society
New Hampshire Dental Hygienists' Association
NYU College of Dentistry, NY
Dartmouth Family HIV Program
Community-based oral health coalitions statewide
Federally-Qualified Health Centers

Program Evaluation Methodology:
Surveillance data from reports annually submitted to OHP by community and school-based dental programs and collected at screenings will be used to evaluate progress toward the program goal of increasing access to care to improve oral health outcomes for children, adolescents, and adults.
Results from the 2014 NH *Healthy Smiles-Healthy Growth* Survey OH/BMI Third Grade Survey indicate positive changes in the oral health and overweight/obesity status of New Hampshire's third grade students. When compared to results from the 2009 *Healthy Smiles-Healthy Growth* Survey improvements are significant. NH has surpassed the 2015 and 2020 state health objective targets to reduce caries experience (treated decay) in children 8 and 9 years old. Since previously stated targets have been achieved, the OHP has modified State Oral Health Objectives, to target age groups beyond elementary school children. The OHP is seeking additional resources to improve the oral health of adolescents and adults .

Using another source of federal funds, the OHP in 2015 developed a burden document, "NH Oral Health Data 2015" which reports on oral health indicators and trends based on NH data collected over the previous 6 years. The document is available on the OHP website to allow for access by oral health stakeholders. The shared Chronic Disease Section Epidemiologist and contracted program evaluator, will assist in the data collection efforts and data analysis related to State Health Objectives.

State Program Setting:
Community based organization, Schools or school district, Other: Public schools and substance abuse recovery and treatment centers

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Name: Barbara White
Position Title: Administrative Asssitant
State-Level: 3% Local: 0% Other: 0% Total: 3%
Position Name: Sai Cherala
Position Title: Administrator IV
State-Level: 3% Local: 0% Other: 0% Total: 3%
Position Name: Whitney Hammond
Position Title: Administrator II
State-Level: 9% Local: 0% Other: 0% Total: 9%

Total Number of Positions Funded: 3
Total FTEs Funded: 0.15

National Health Objective: HO OH-2 Untreated Dental Decay in Children and Adolescents

State Health Objective(s):

Between 10/2019 and 09/2020, Reduce the proportion of children and adolescents served by DPHS funded school-based programs with untreated dental decay in their primary or permanent teeth.

Increase the number of middle school children served by school-based programs.
Increase the number of students treated in schools with 40% or higher levels of enrollment in free and reduced lunches (FRL)

Reduce the number of treated students with untreated decay in schools with 40% or higher FRL

Baseline:

13% of 2nd and 3rd grade students screened by school-based oral health programs during the 2016-2017 school year had untreated dental decay.

164 middle school children received sealants through school-based programs during the 2016-2017 school year.

In 2019-2020, establish a baseline for number of students treated in schools with 40% or higher FRL.

Establish a baseline for number of treated students with untreated decay in schools with 40% or higher FRL.

Data Source:
Data reported by DPHS funded school-based programs (annual report)

State Health Problem:

Health Burden:
Oral health problems, such as dental caries in children and tooth loss in adults, are still common in New Hampshire. Data from the Behavioral Risk Factor Surveillance Survey (BRFSS), reported in the February 2014 NH Oral Health Issue Brief published by NH DPHS demonstrate clear disparities in oral health by socioeconomic status. Individuals living in households with lower income or those with less education are significantly more likely to report dental disease and less likely to report a recent visit to the dentist or dental clinic. Few dentists choose to treat low-income families, even in cities where more dentists are available. In Manchester for instance, the ratio of dentists treating low-income people is 1 to 4,604 (Manchester Dental HPSA application 2006). As of March 2018, approximately 58% (n=7,090) of Manchester's school population was enrolled in the Free and Reduced Lunch (FRL) Program. Across the state students in schools with greater than 50% of students participating in FRL had a greater need for urgent care, more untreated decay and treated decay (caries experience) that students in schools with <25% participation in FRL. (2014 NH Third Grade OH/BMI Survey).In 2014, the New Hampshire Third Grade Oral Health/BMI Survey collected uniform data on the oral health and height/weight status of students in 126 randomly selected schools statewide. Results from the survey indicate significant improvement in the oral health status of New Hampshire's children. The data also show marked regional oral health disparities. Third grade students in Coos County, the northern-most region of the State had twice as much disease and received half as much preventive treatment (as represented by dental sealants) as students in other regions of the State. The City of Nashua in Southern NH experienced the highest prevalence of children needing treatment (17.6%), the highest prevalence of untreated decay (17.3%), and a high prevalence (69.5%) of dental sealants. Nashua has a school-linked dental program rather than the most common school-based program model. The city of Manchester has 22 schools PreK-12 grade served by a mobile dental program. The population with disparate need are the pre-school through middle school students enrolled in FRL who attend schools with 40% or higher levels of FRL.

Target Population:
Number: 147,143
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: 4 - 11 years, 12 - 19 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes

Disparate Population:
Number: 18,702
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: 4 - 11 years, 12 - 19 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes
Location: Entire state
Target and Disparate Data Sources:
https://www2.census.gov/programs-surveys/popest/datasets/2010-2016/state/asrh/sc-est2016-alldata6.csv and NH Department of Education

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Guide to Community Preventive Services (Task Force on Community Preventive Services)
MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

Other: Association of State and Territorial Dental Directors (ASTDD) Best Practices
Resources for State OHP's
ADA Clinical Practice Guidelines: 2016-Evidence-based CPG for use of Pit and Fissure Sealants.
Fluoride Toothpaste in Young Children for Caries Prevention CPG (2014).
AAPD Guidelines on Restorative Dentistry (2016)
Improving Access to OH Care for Vulnerable and underserved Populations, Institute of Medical and National IOM and NRC (2011).
UCSF Protocol for Caries Arrest Using Silver Diamine Fluoride, Rationale, Indications, and Consent (2016).
Dental Sealants Use and Untreated Tooth Decay Among US School-Aged Children (2016).

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $377,706
Total Prior Year Funds Allocated to Health Objective: $478,943
Funds Allocated to Disparate Populations: $377,706
Funds to Local Entities: $377,706
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
50-74% - Significant source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Increase number of school with 40% or more of students in free and reduced lunch recipients
Between 10/2019 and 09/2020, The NH Oral Health Program will establish **5** Contracts with school-based oral health programs, with a focus on those that are located in high need areas (based on the proportion of students who are eligible for Free-and-Reduced Lunch (FRL).

Annual Activities:

1. Provide preventive dental services to children 6-9 years of age
Between 10/2019 and 09/2020, Public Health dental hygienists in funded school-based programs will provide oral health education, dental sealants, fluoride application, interim therapeutic restorations, silver diamene fluoride application, and referrals for restorative treatment to elementary school-aged children statewide.

2. Increase preventive dental services to adolescents by expanding established programs
Between 10/2019 and 09/2020, The Oral Health Program will provide funding to school-based programs to support expansion into middle schools (grades 6 through 8) where public health hygienists will deliver comprehensive dental disease primary and secondary prevention services.

3. Collect data from funded programs
Between 10/2019 and 09/2020, In order to maintain the oral health data surveillance system and to add to previous data related to middle school children; the OHP will collect, analyze, and report on data that reflects the work of the funded school based programs. Data measures to be collected for 6-9 year olds as well as middle school children will include untreated caries, treated decay, and sealant prevalence.

National Health Objective: HO OH-3 Untreated Dental Decay in Adults

State Health Objective(s):

Between 10/2019 and 09/2020, Increase the proportion of adults with untreated decay who are in treatment centers for substance use disorder who receive a preventive dental service and a referral for dental treatment through Oral Health Program activities.

Baseline:

A baseline will be established for the number of adults screened in SUD treatment centers who have untreated decay.
A baseline will be established for the number of adults with untreated decay who received a preventive dental service in SUD treatment centers.
A baseline will be created for the number of adults with untreated decay who receive a referral for dental treatment.

Data Source:
No baseline is yet available.

State Health Problem:

Health Burden:
In 2018, the OHP completed its Environmental Scan of Oral Health Status of Substance Use Disorder Patients in Recovery. Administrators at two New Hampshire SUD treatment centers in NH reported seeing many of their patients with active oral infections, many areas of decay, broken teeth, and severe pain that often requires immediate attention. One of the two reported approximately 50% of patients entering their facility present with severe pain, infection, and/or decay. Although patients who enter substance use treatment had ongoing dental problems prior to entering the treatment facility, the drugs they were taking masked the dental pain. As the patient goes through the detox process, the dental pain will reappear adding to the already difficult and painful process of detox. If the pain is too intense, the patient may be tempted to begin taking the drug again to ward off the pain. Those in recovery with visible untreated dental also suffer from poor self-esteem and their appearance can be a barrier to their employability in jobs

Target Population:
Number: 810,578
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 810,578
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years

Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources:
https://www2.census.gov/programs-surveys/popest/datasets/2010-2016/state/asrh/sc-est2016-alldata6.csv

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:
No Evidence Based Guideline/Best Practice Available

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $15,000
Total Prior Year Funds Allocated to Health Objective: $15,000
Funds Allocated to Disparate Populations: $15,000
Funds to Local Entities: $15,000
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:
Increase treatment services to uninsured adults.
Between 10/2019 and 09/2020, Community -based dental clinics, including FQHCs. will increase the number of adults receiving oral health services. from 0 to **100**.

Annual Activities:
1. Fund 9 community based providers to provide oral health services.
Between 10/2019 and 09/2020, Community-dental centers will provide dental treatment to uninsured adults including dental prophylaxis, restorations, extractions, and oral health education. Data will be collected will consist of number of patients treated, number of restorations placed, number of extractions performed, number of patients who are covered by Medicaid.

Objective 2:
Screen and provide preventive dental services to adults.
Between 10/2019 and 09/2020, Dental Hygienists from Dental Centers at FQHCs will conduct **6** screening events for adults in substance use disorder treatment centers.

Annual Activities:
1. Establish agreements with FQHCs that will deploy a dental hygienist to a SUD treatment center.
Between 10/2019 and 09/2020, The OHP will create funding agreements with 1 dental center that will deploy a hygienist to SUD treatment centers to conduct adult screenings, provide a preventive service, and make referrals for restorative treatment.

2. Collect data on oral health services delivered to adults in SUD treatment centers.
Between 10/2019 and 09/2020, The Oral Health Program will collect, analyze, and report on data from dental centers that deployed dental hygienists to SUD treatment centers to conduct screenings, provide prevention and referrals for treatment

State Program Title: **Bureau of Public Health Protection - Food Safety**

State Program Strategy:

The Food Protection Section (FPS), located within the Bureau of Public Health Protection, sets sanitation standards for licensed food establishments and provides inspection and enforcement with the goal of assuring safe food practices and prevention of foodborne illnesses. The program covers 4 types of food areas: dairy, beverage and bottled water, shellfish and food establishments. Historically the FPS has inspected licensed entities and within this group has prioritized those with the most critical compliance findings (i.e. those which pose greater public health risk). However, a June 2015 program performance audit completed by the New Hampshire Legislative Budget Assistant (LBA) recommended that FPS move towards a risk-based inspection strategy, including inspections of unlicensed food venues. The audit also recommended more consistent use of fines as a method to reduce food safety risk by incentivising compliance with food safety standards. This component would be strengthened by the increased availability of a legal assistant who already performs this function in the childhood lead poisoning prevention area. Primary strategic partners include the food industry, local health departments, self-inspecting communities, legislators, and other state (i.e. Agriculture, Environmental Services, Bureau of Liquor Enforcement), the state legislature (in particular the House Environment and Agriculture Committee) and federal (FDA, USDA) agencies.

The evaluation methodology for the impact of the Legal Assistant function will include the increase in appropriately levied fines as the metric for the year. We also plan to revise the administrative rules revisions and this position will be involved in that process.

State Program Setting:

Business, corporation or industry, Child care center, Local health department, Schools or school district, State health department, University or college, Work site

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Name: Karen Barry
Position Title: Legal Assistant
State-Level: 50% Local: 0% Other: 0% Total: 50%

Total Number of Positions Funded: 1
Total FTEs Funded: 0.50

National Health Objective: **HO FS-6 Safe Food Preparation Practices in Food Service and Retail Establishments**

State Health Objective(s):

Between 10/2020 and 09/2021, Analyze violation history of food service establishments with multiple violations and make recommendations for enforcement actions.

Baseline:
4 Enforcement actions is FFY 2018.

Data Source:
Food Safety Licensing and Inspection Information System

State Health Problem:

Health Burden:
Enteric illnesses, those affecting the intestines, spread in various ways. Food related hazards can be posed by eating food contaminated with pathogens, foriegn material, or allergens. Annually, foodborne illnesses in the US aafflicted an estimated 48 million people, hospitalized 128,000, killed 3,000, costing $14.1 billion. Food supply safety risks are increasing with globalization of the supply chain, increases in consumption of commercially prepared food, emerging infectious agents and trends in transmitting known agents through food, with most severe health impacts often seen among the most vulnerable segments of society, in particular the very young (under 5 years of age), elderly (65+) and those with chronic diseases.

A well designed regulatory program can increase the likelihood of adequately protecting the state's citizens and uniformally regulating the industry. The Food Protection (FPS) within the Division of Public Health Services of the Department of Health and Human Services (DPHS/DHHS) is primarilly responsible for protecting the safety and security of the state's public food supply and for preventing foodborne illness. To accomplish this, the FPS's primary tasks include inpecting establishments, sampling dairy products, licensing of over 4,000 food establishments and producers, sanctioning non-compliance with sanitation standards, and food safety education. Food safety impacts the entire state population as well as tourists.

Target Population:
Number: 1,334,795
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 291,004
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: Under 1 year, 1 - 3 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: 2015 ACS

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: 2017 Food and Drug Administration Food Code

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $43,385
Total Prior Year Funds Allocated to Health Objective: $44,266
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: Start-up
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Increase food safety by taking effective enforcement actions consistent with administrative rules

Between 10/2020 and 09/2021, Legal assistant will analyze **100%** of inspection reports to identify establishments with repeated violations.

Annual Activities:

1. Utilize FPS Licensing and Inspection Information System

Between 10/2020 and 01/2021, The Legal Assistant will generate 12 monthy reports using the new Food Protection Licensing and Information System to track compliance violations, identify repeat violators, and appropriately issue fines and to advise management regarding any identified gaps that need program practice review.

State Program Title: Bureau of Public Health Protection - Health Officer Liaison

State Program Strategy:

The overall strategy of the Health Office Liaison (HOL) 0.78 FTE position is to support and develop environmental public health assessment and intervention capacity in New Hampshire, primarily through supporting and guiding municipal health officers. This is achieved by providing access to training opportunities, providing case-specific technical assistance, improving local elected officials' understanding of the role and responsibilities of local Health Officers including their own roles as members of a local board of health, facilitating communication and coordination with the NH Health Officers Association (NHHOA), and ensuring the ability of DPHS to communicate with health officers during emergencies. The technical assistance provided by the HOL and the training programs developed with input from the HOL and sponsored by NHHOA address areas of concern identified in the 2015 Health Officer survey. These include public health nuisances, septic system failures, minimum housing standards, housing conditions (specifically moisture damage and mold), site inspections (interior and exterior), and drinking water quality. Case-specific technical assistance is the primary focus of the HOL and is intended to increase local health officer skills in dealing with complex cases to improve local response capacity. HOL appointment data indicates that 38% of health officers are full-time, with 62% of the remaining part-time or volunteers. NH US Census population data from 2014 indicates that 54% of health officers serve in municipalities with less than 3,000 people, 33% with 3,000-10,000 people, and 12% with greater than 10,000 people. The availability of the HOL for consultation is a critical support for local towns, which lack capacity for this type of expert guidance.

Program Goal: The goal of the Health Officer Liaison is to strengthen local public health capabilities by enhancing the knowledge, skills, and abilities of local health officers and local elected officials.

Program Priorities: Diagnose and Investigate, Mobilize Partnerships, Enforce Laws and Regulations, Assure Competent Workforce

Primary Strategic Partnerships:

Internal	External
Asthma Program	NH Health Officers' Association
Lead Program	NH Department of Environmental Services
Food Protection	NH Public Health Network
Immunization	Manchester Health Department
BEAS	Nashua Health Department
Disease Control	NH Municipal Association
Public Health Lab	Homeland Security & Emergency Management
Childcare Licensing	NH Bed Bug Action Committee
DCYF	
Tobacco	

Evaluation Methodology: Data will be gathered and analyzed for the following metrics: technical assistance provided as documented by inquiries (e.g. phone, email consults) logged into a DPHS data base, number of local health officers enrolled in the Health Alert Network (HAN), and number health officers who access and use a private ListServe.

State Program Setting:

Child care center, Community based organization, Home, Local health department, Schools or school district, State health department, Other: Rental Housing

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Name: Sophia Johnson
Position Title: Health Officer Specialist
State-Level: 18% Local: 60% Other: 0% Total: 78%

Total Number of Positions Funded: 1
Total FTEs Funded: 0.78

National Health Objective: HO PHI-2 Continuing Education of Public Health Personnel

State Health Objective(s):

Between 10/2020 and 09/2021, provide technical assistance services to at least 55% (or 129) of New Hampshire municipalities.

Baseline:
Between 10/2018 and 09/2019, technical assistance was provided to 131 individual municipalities (i.e. towns and cities) in NH for a rate of 55%. In the same period, tech assistance was provided to 210 individual cases at specific sites in NH.

Data Source:
Data source is an agency-level phone call tracking log, and a web-based health officer list serve. Health officer database maintained in MS-Access.

State Health Problem:

Health Burden:
The 2015 Health Officer Liaison database technical assistance indicates that the environmental health issues local health officers most often encounter include complaints related to housing conditions (i.e. pest infestation, mold/air quality, solid waste, unsanitary living conditions), public health nuisances (i.e. odors, noise, animal waste), and failed septic systems (human waste). Several of these issues fall within our State Public Health Nuisance Law (RSA 147) and the Minimum Housing Standards Law (RSA 48-A:14, while others (such as septic) are within the purview of NH Department of Environmental Services (NHDES).

Target Population:
Number: 234
Infrastructure Groups: State and Local Health Departments

Disparate Population:
Number: 180
Infrastructure Groups: State and Local Health Departments

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)
Model Practices Database (National Association of County and City Health Officials)

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $72,916
Total Prior Year Funds Allocated to Health Objective: $73,666
Funds Allocated to Disparate Populations: $0

Funds to Local Entities: $0
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:
Appointment & Contact Information Database
Between 10/2020 and 09/2021, Health Officer Liaison will maintain **95%** of contact information for health officers, deputy health officers and town officials via data entry, cleaning, analysis and reporting.

Annual Activities:
1. Contact Information Database
Between 10/2020 and 09/2021, The Health Officer Liaison will ensure the health officer database is maintained with current contact information and expiration dates for 234 town appointments while reducing vacant or expired positions. The Health Officer Liaison will also send updated contact information to the Health Alert Network (HAN) Coordinator to communicate with stakeholders during public health emergencies. Lastly, the Health Officer Liaison will update, add, and maintain a private statewide health officer list serve for confidential communications between professionals.

2. Appointments
Between 10/2020 and 09/2021, The Health Officer Liaison will ensure that all municipalities maintain their health officer appointments, and reduce the number of expired or vacant positions in order to comply with State law, support public health practice, and keep accurate records. Under State law, each municipality is required to maintain a health officer for a 3 year term of appointments per *New Hampshire Revised Statutes Annotated* (RSA) 128.

3. Data Analysis
Between 10/2020 and 09/2021, Between 10/2020 and 09/2021, the Health Officer Liaison will analyze at least 3 trends that will include 1) number of inquiries; 2) number of appointments; and 3) number of vacancies, and report the findings to DPHS leadership and the New Hampshire Health Officers Association on a bi-annual basis.

Objective 2:
Technical Assistance Services
Between 10/2020 and 09/2021, the Health Officer Liaison will conduct **235** units of technical assistance with the health and deputy health officers via telephone, email, ListServe, webinars, and in-person meetings to advise them of intervention options and/or apprise them of public health press releases, training opportunities, health officer manual and website updates, and educational materials. Baseline is 215 consults provided from 10/2016 - 9/2019, for a three-year average. The number is expected to increase due to the Covid-19 response.

Annual Activities:
1. Electronic Bi-Weekly Updates
Between 10/2020 and 09/2021, The Health Officer Liaison will provide at least twenty six (26) bi-weekly electronic updates to health officers and deputy health officers on topics of environmental health and sanitation. Through these electronic updates the health officers will be provided timely information on training opportunities, updates to the Health Officer Manual, educational material, and DPHS press

releases.

2. Telephone and Email Assistance
Between 10/2020 and 09/2021, The Health Officer Liaison will provide two hundred (200) units of technical assistance to health officer via telephone, email, and private ListServe consultation. The Health Officer Liaison will refer health officers to guidance in the NH Health Officer Manual and to partnering State agencies (i.e. Department of Environmental Services, Division of Agriculture, State Fire Marshal's office). The Health Officer Liaison will also gather and analyze data on technical assistance provided to health officers, deputy health officers, town officials, and citizens by caller type, reason for call and outcome, and will summarize trends based on this information and provide findings to stakeholders, including the NH Health Officer Association.

3. Health Officers Manual
Between 10/2020 and 09/2021, The Health Officer Liaison will update at least three (3) guidance documents per year contained in the NH Health Officer Manual with assistance from partnering programs (i.e. Department of Environmental Services, Division of Agriculture, State Fire Marshal's office). The Manual now contains over 48 guidance documents.

4. NH Health Officers Association Workshops
Between 10/2020 and 09/2021, The Health Officer Liaison will provide two (2) in-person presentation on funded objectives and activities at training events for the health officers at their spring and fall workshops.

5. Webinars/On-Demand Training
Between 10/2020 and 09/2021, The Health Officer Liaison will offer (4) training opportunities via webinars or in-person venues on environmental health or sanitation topics for health officers.

State Program Title: Bureau of Public Health Statistics and Informatics

State Program Strategy:

Program Goal:
The New Hampshire Department of Health and Human Services (DHHS), Division of Public Health Services has made a long-term commitment to the creation and management of web-based tool as part of its overall commitment to pursuing national accreditation. This tool, known as the Web-Based Interactive System for Direction and Outcome Measures (WISDOM) allows users to interact with the State's health statistics databases and will allow users to examine data that can be presented based upon demography, geography, or time series. WISDOM includes modules for Public Health Interactive Topics, Community Profiles, and Health Equity.

The development and use of the WISDOM system is consistent with DPHS goal of providing easily accessible data for use by DPHS programs, health partners and the public. will record and evaluate their success in meeting their specific program goals, including goals adapted from Healthy People 2020.

One of WISDOM's internal strategic partners, the BRFSS program, provides data on health risk behaviors and chronic health conditions. The annual sample size of about 6,000 respondents enable WISDOM to generate health statistics down to the county and public health region levels.

Program Primary Strategic Partners:
Internal:
Maternal and Child Health Section
Chronic Disease Section
NH Cancer Registry
Quality Improvement Program
Health Statistics and Data Management Section
Behavioral Risk Factor Surveillance Survey (BRFSS) Program
Infectious Disease Surveillance Section

External:
NH Hospital Association
Centers for Disease Control
Geisel School of Medicine (Dartmouth College)
NH Comprehensive Cancer Coalition
University of New Hampshire
NH Department of Environmental Services
Occupational Health Surveillance Program

Program Evaluation Methodology:
Primary evaluation will be by observing the availability and functionality of the modules via a web connection. The modules and each dashboard are audited producing monthly statistics on usage and user accounts. WISDOM content itself is vetted by the DPHS Management Team as well as by an internal group of technical experts. It is designed to provide user for feedback on each health topic dashboard (Examples---"Is WISDOM meeting your data needs?" "How intuitive is the WISDOM user interface?", "Is the data accessed by WISDOM updated frequently enough to meet your needs?" Custom questions can be added as well. User feedback is tallied and made available to the appropriate users.

The BRFSS program utilizes formative, process and outcome evaluation processes to ensure that the

program meets its goals and objectives. The survey questionnaire is pilot tested (formative/process) prior to implementation and the NH BRFSS tracks the monthly response rates (outcome).

State Program Setting:

State health department

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Name: Alan Lemay
Position Title: Business System Analyst I
State-Level: 2% Local: 0% Other: 0% Total: 2%
Position Name: Chiahui Chawla
Position Title: Administrator IV
State-Level: 2% Local: 0% Other: 0% Total: 2%
Position Name: Vacant
Position Title: Systems Development Specialist V
State-Level: 3% Local: 0% Other: 0% Total: 3%
Position Name: Christopher Taylor
Position Title: Systems Development Specialist V
State-Level: 4% Local: 0% Other: 0% Total: 4%
Position Name: Claire Gendron
Position Title: Executive Secretary
State-Level: 4% Local: 0% Other: 0% Total: 4%

Total Number of Positions Funded: 5
Total FTEs Funded: 0.15

National Health Objective: HO PHI-17 Accredited Public Health Agencies

State Health Objective(s):

Between 10/2020 and 09/2021, The National Health Objective, PHI-17, to increase the number or proportion of tribal, state and local public health agencies that are accredited. The associated State's objective of accreditation requires meeting the Public Health Accreditation Board's (PHAB) Domain 1: Conduct and Disseminate Assessments Focused on Population Health Status and Public Health Issues Facing the Community. Domain 1 is comprised of four primary defined by standards representing the nationally accepted definition of quality. The 4 standards are:
1.1. Participate in or lead a collaborative process resulting in a comprehensive (State) health assessment.
1.2. Collect and maintain reliable, comparable, and valid data that provide information of public health importance and on the health status of the population.
1.3. Analyze public health data to identify trends in health problems, environmental public health hazards, and social and economic factors that affect the public's health.
1.4. Provide and use the results of health data analysis to develop recommendation regarding public health policy, processes, programs, and interventions.

Baseline:

The objective baseline focuses on 1.2, collecting and maintaining reliable data. Reliable data are current, quality controlled, and available are key building blocks of public health. Health departments must gather timely and accurate data to identify health needs, understand factors that contribute to higher health risks or poorer health outcomes among populations, develop and evaluate programs and services, and determine resources. Health departments require reliable and valid data are comparable between populations and across time. To best use the information available, health departments require a functional system for collecting data within their jurisdiction and for managing, analyzing, and using the data. Additionally, it is important that health departments share data with other organizations and access others' data

Surveillance data are collected and shared. Other data, such as Hospital Discharge and Vital records are made available, documented, shared via email, social media, presentations, meetings with links to the WISDOM data portal providing reliable aggregated collection of data.

Data Source:

The data sources include:
NH Hospital Discharge Data Set
NH Vital Records Birth Certificate
NH Vital Records Death Certificate
Behavioral Risk Factor Surveillance Survey (BRFSS)
Youth Risk Behavior Surveillance (YRBS)

State Health Problem:

Health Burden:
The 2013 NH State Health Improvement Plan identified 10 specific health topic areas where the health of New Hampshire residents could be improved – these areas include diabetes, asthma, tobacco, healthy mothers and babies, heart disease and stroke, cancer, injury prevention, infectious disease, and misuse of alcohol and drugs. One identified barrier to improving the health of the public is the lack of an accredited state health department. In order to meet accreditation expectations that public health departments can both accurately define the geographic, demographic, and temporal features of these health topic areas, as well as to accurately measure the success of interventions directed towards their amelioration, there needs to be a tool that allows for the tracking of standardized health outcome (i.e., HP 2020) indicators.
The target and disparate populations below reflect the total population of New Hampshire and were selected as all residents will benefit from an accredited state health department.

Target Population:
Number: 1,326,813
Infrastructure Groups: Other

Disparate Population:
Number: 1,326,813
Infrastructure Groups: Other

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other:

1. The American Medical Informatics Association
2. Proceedings of the 2012 Public Health Informatics: Model Best Practices Virtual Meeting
3. Public Health Informatics Institute, Georgia

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $163,752
Total Prior Year Funds Allocated to Health Objective: $158,248
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
10-49% - Partial source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Build dashboards and integrate into the data portal

Between 10/2020 and 09/2021, the contractor integrates into the WISDOM data portal and will develop **10** interactive dashboards across health topics.

Annual Activities:

1. Build Data Portal Visualizations

Between 10/2020 and 03/2021, Build interactive dashboards for the following health topics:
-Birth defects
-Community drinking water
-PFAS
-Biomonitoring
-Occupational Health

2. Integrate Dashboards into WISDOM

Between 11/2020 and 06/2021, Integrate the Tableau visualizations for both the contractor built and DPHS built dashboards into the WISDOM data portal.

3. Build and Integrate Advanced Visualizations

Between 01/2021 and 06/2021, Build and integrate advanced analytical visualizations for the most common set of indicators.

Objective 2:

Formative, Process and Outcome Evaluation of BRFSS

Between 10/2020 and 09/2021, the BRFSS Coordinator will collect **6000** completed health interviews.

Annual Activities:

1. Conduct monthly telephone health interviews

Between 10/2020 and 09/2021, the BRFSS program in collaboration from its data collection contractor will collect about 500 completed health interviews per month.

State Program Title: Bureau of Public Health Systems, Policy and Performance

State Program Strategy:

Program Goal

The Bureau of Public Health Systems, Policy and Performance has lead responsibility within DPHS to build effective public health infrastructure. This Bureau is somewhat analogous to CDC's Center for State, Tribal, Local and Territorial Support. As such, the Bureau has responsibilities across all of the Division of Public Health Services as well as the public health system statewide.

One key aspect of that work is to guide implementation and monitoring of the State Health Improvement Plan (SHIP) and building linkages between Community Health Improvement Plans (CHIP) and the SHIP. In addition, the Bureau provides leadership to the DPHS' quality improvement and accreditation initiatives.

To achieve progress in these areas the Bureau goals under this program are to maintain our support of regional Public Health Advisory Committees, which were established in 2013, using them to build linkages between CHIPs and the SHIP; provide support to implement strategies included in the CHIPs; provide support to develop a new SHIP; lead accreditation and performance improvement efforts by providing technical assistance and facilitation around LEAN projects; and support DPHS personnel being trained in LEAN. All of these activities inherently include a strong focus on improving quality of our operations, systems, and personnel.

The goal of the Public Health Improvement Section is to assist DPHS in systematically increasing its performance management and quality improvement capacity in order to assure that the systems supporting public health services and programs are robust and efficient and that public health goals are effectively and efficiently met. The Public Health Improvement Section achieves this goal by providing leadership, expertise, technical assistance, and resources to DPHS regarding continuous quality improvement initiatives, state health improvement planning, and accreditation.

The Community Health Development Section administers contracts with 13 entities to provide Regional Public Health Network services, which include maintaining Public Health Advisory Councils (PHAC). The primary functions of the PHACs are to identify regional health priorities based on data; set health priorities through collaborative Community Health Improvement Plans; and coordinate public health services within their public health region to improve health status.

The Bureau also houses several staff who serve the entire Division. This proposal includes funding for a tactical program assistant to support us in our drive toward excellence. The tactical assistant position provides support to program areas that lack such capacity in order to leverage professional staff time and resources more effectively.

All of the programs and staff within the Bureau will be integrally involved in guiding the development of a new SHIP, in collaboration with DPHS leadership as well as engagement from other Divisions within the NH DHHS.

Program Health Priorities: Develop public health policies and plans; Evaluate and continuously improve processes, programs, and interventions; Contribute to and apply the evidence base of public health.

Program Primary Strategic Partnerships: The Bureau works across all of DPHS and the public health system statewide. We also actively collaborate with other Divisions within NH DHHS, state and national partners, and local public health agencies.

Internal:

- All DPHS programs
- Bureau of Education and Training, Division of Administrative Services
- Lean Information Services, Office of Information Services, DHHS
- Bureau of Drug and Alcohol Services

External:

- CDC
- ASTHO
- NAACHO
- Public Health Foundation
- National Network for Public Health Institutes
- NH Public Health Networks
- Community Health Centers/Federally Qualified Health Centers
- Community Health Institute
- The Dartmouth Institute
- UNH Institute for Health Policy and Practice
- NH Public Health Association

Program Evaluation Methodology:
The Public Health Improvement Section will measure the number of DPHS staff completing LEAN training and the number of QI projects supported with technical assistance.
Alignment of the SHIP with CHIPs will be done through reviewing regional CHIP priorities to inform the development by integrating key priorities, goals, and objectives into the SHIP.
A final measure will be progress towards completing a State Health Assessment that meets PHAB accreditation standards as the first step to updating our SHIP; and then an assessment of how much progress is made on the new SHIP. .

State Program Setting:
Local health department, State health department

FTEs (Full Time Equivalents):
Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Name: Cindy Carrier
Position Title: Managing Analyst
State-Level: 80% Local: 20% Other: 0% Total: 100%
Position Name: Vacant
Position Title: Senior Management Analyst
State-Level: 80% Local: 20% Other: 0% Total: 100%
Position Name: Jaqueline Ramirez
Position Title: Administrative Secretary
State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Name: Kathleen Weber
Position Title: Grants Program Coordinator
State-Level: 4% Local: 0% Other: 0% Total: 4%
Position Name: Ellen Chase Lucard
Position Title: Administrator II
State-Level: 4% Local: 0% Other: 0% Total: 4%
Position Name: M Wells
Position Title: Business Systems Analyst I
State-Level: 4% Local: 0% Other: 0% Total: 4%
Position Name: Albagail Rogers
Position Title: Administrator II
State-Level: 4% Local: 0% Other: 0% Total: 4%
Position Name: H Barton
Position Title: Administrative Secretary
State-Level: 22% Local: 0% Other: 0% Total: 22%

Position Name: Tricia Tilley
Position Title: Administrator IV
State-Level: 22% Local: 0% Other: 0% Total: 22%
Position Name: L Morris
Position Title: Director
State-Level: 4% Local: 0% Other: 0% Total: 4%
Position Name: Kira Hageman
Position Title: Business Administrator III
State-Level: 4% Local: 0% Other: 0% Total: 4%
Position Name: Richelle Swanson
Position Title: Financial Reporting Administrator II
State-Level: 4% Local: 0% Other: 0% Total: 4%
Position Name: C Adams
Position Title: Clerk Interviewer
State-Level: 4% Local: 0% Other: 0% Total: 4%
Position Name: K Bogert
Position Title: Administrative Assistant II
State-Level: 4% Local: 0% Other: 0% Total: 4%
Position Name: Mikyung Hughes
Position Title: Grants Program Coordinator
State-Level: 4% Local: 0% Other: 0% Total: 4%
Position Name: Irene Moy
Position Title: Business Administrator II
State-Level: 4% Local: 0% Other: 0% Total: 4%
Position Name: Vacant
Position Title: Deputy Director
State-Level: 4% Local: 0% Other: 0% Total: 4%

Total Number of Positions Funded: 17
Total FTEs Funded: 3.92

National Health Objective: HO PHI-15 Health Improvement Plans

State Health Objective(s):

Between 10/2020 and 09/2021, By 9/30/2020 13 regional Public Health Advisory Councils (PHAC) will have implemented at least one activity/initiative that addresses a priority strategy included in their Community Health Improvement Plan (CHIP).

Baseline:
from 13 to 13

Data Source:
DPHS

State Health Problem:

Health Burden:
The NH DPHS completed a state health improvement plan (SHIP) in December 2013 that charts a 7 year course to improve the health of New Hampshire. In this plan are 41 health outcomes, emergency preparedness, and risk behavior objectives within 10 focus areas that have been identified as a priority for the public health system to achieve. In addition, NH has 13 Public Health Networks, with a Public

Health Advisory Council (PHAC) in each. The role of the PHAC is to guide regional public health partners, (collectively known as the NH Public Health Network) to identify, prioritize and take action on key health priorities in their region. All PHACs have developed a collaborative, Network-wide Community Health Improvement Plan (CHIP). These plans address priority health improvement topics selected by regional partners based on health burden and include efforts regarding Health Eating/Active Living, heart disease and stroke prevention, oral health, access to behavioral health and physical health care, and substance use disorders, all of which are leading causes of poor health, disabilities, and mortality in our state.

Target Population:
Number: 13
Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers, Community Based Organizations, Health Care Systems, Business and Merchants, Safety Organizations

Disparate Population:
Number: 13
Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers, Community Based Organizations, Health Care Systems, Business and Merchants, Safety Organizations

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Best Practice Initiative (U.S. Department of Health and Human Service)
Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)
Model Practices Database (National Association of County and City Health Officials)

Other: What Works For Health - County Health Rankings Project - University of Wisconsin

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $314,678
Total Prior Year Funds Allocated to Health Objective: $321,738
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $195,000
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:
CHIP Implementation
Between 10/2020 and 09/2021, Regional Public Health Advisory Councils will implement **at least 13** CHIP priorities.

Annual Activities:
1. Fund CHIP Implementation
Between 10/2020 and 09/2021, The Bureau will maintain subcontracts to support PHAC activities, including implementation of their CHIP priorities

2. Evaluate CHIP Implementation
Between 10/2020 and 09/2021, The Bureau will collect data from each PHAC about the number of CHIP priorities that have been implemented and evaluate the data to determine the type of interventions/initiatives that were conducted (ex. policy, systems, environmental initiatives, health improvement/risk reduction programs, etc).

Objective 2:
Continue the process to complete a State Health Improvement Plan (SHIP)
Between 10/2020 and 09/2021, DPHS leadership will conduct **1** planning process to publish a a State Health Assessment and a draft of a new State Health Improvement Plan.

Annual Activities:
1. Initiate State Health Asssessment process
Between 10/2020 and 09/2021, Continue a subcontract with the UNH Institute of Health Policy and Practice for the purpose of maintaining an Advisory Council that will inform the SHA and SHIP development process, and collecting and analyzing data available to support the SHA, including identifying what data do not currently exist that will need to be developed as needed in order to evaluate specific SHIP objectives.

2. State Health Assessment
Between 10/2020 and 04/2021, Collect, analyze, and report data on the health status of NH residents that meets PHAB accreditation standards for a State Health Assessment.

3. Publish draft State Health Improvment Plan
Between 04/2021 and 09/2021, Conduct a health improvement planning process that meets PHAC requirements.

Objective 3:
Public Health Digital Library
Between 10/2020 and 09/2021, Business Systems Analyst will maintain **100%** of DPHS employees access to a digital public health library.

Annual Activities:
1. Contract for digital public health library
Between 10/2020 and 09/2021, Maintain an agreement with the University of Massachusetts Medical School to ensure access to the digital public health library.

National Health Objective: HO PHI-16 Public Health Agency Quality Improvement Program

State Health Objective(s):
Between 10/2020 and 09/2021, Increase Division-wide staff capacity for implementing quality improvement processes to 44%

Baseline:
40%

Data Source:
PHIS Quality Improvement Training Log, DPHS Finance

State Health Problem:

Health Burden:
The Division of Public Health Services has made a significant commitment to and progress in developing a culture of quality improvement and QI skills in our employees, through project-based Lean and PDSA training opportunities, and ranging from introductory-levels to advanced theory and practice. However, we are faced with turnover from an aging workforce and the reality that staff with this skillset are highly sought after by other organizations. Annually, DPHS is experiencing about 50 vacancies. The Public Health Improvement Section (PHIS) is responsible for the agency-wide quality improvement program, which cultivates QI practitioners; assesses, prepares and prioritizes improvement proposals and projects; facilitates Lean kaizen events and produces associated deliverables; provides continuing education to certified practitioners; and coordinates opportunities to maintain certifications.
The target population is the approximate number of DPHS employees at any given time. The disparate population reflects the number of staff we have funding available to support attending training opportunities identified in Impact Objective 1.

Target Population:
Number: 250
Infrastructure Groups: State and Local Health Departments

Disparate Population:
Number: 40
Infrastructure Groups: State and Local Health Departments

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: IHI Model for Improvement
Lean Six Sigma
Toyota Production System
Turning Point PMC Performance Management System Model
Public Health Accreditation Board Standards and Measures

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $13,000
Total Prior Year Funds Allocated to Health Objective: $10,000
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:
Assess, design, deliver, evaluate, and improve QI training opportunities for DPHS employees
Between 10/2020 and 09/2021, The Public Health Improvement Section will increase the number of current employees trained as improvement practitioners by 18 from 105 to **123**.

Annual Activities:
1. Ensure 10 employees complete a Yellow Belt level course in Lean or Lean Six Sigma

Between 10/2020 and 09/2021, Quarterly, the Section will announce available training opportunities and work with supervisors to recruit participants, partners, and contractors for this introductory training program on process improvement techniques through the NH Bureau of Education and Training (BET) or introductory level Lean Six Sigma through the Six Sigma Global Institute (SSGI). PHIS staff will support registration and provide funding for 10 employees that are either interested in or obligated to complete the training. PHIS staff will support the preparation of projects for the BET applied learning opportunity, and will facilitate classroom projects or coordinate other available facilitators from the DPHS Lean Team or the NH Lean Network. PHIS has also received authorization from the NH Bureau of Education and Training to implement the NH Lean Yellow Belt curriculum with DPHS staff for credit/certification.

2. Ensure 5 employees complete a Green Belt level course in Lean or Lean Six Sigma
Between 10/2020 and 09/2021, Twice per year, the Section will announce available training opportunities and work with DPHS Supervisors to recruit appropriate participants that have completed a Yellow Belt level training, to complete an intermediate training program on Kaizen facilitation, group dynamics, and change management through the NH Bureau of Education and Training (BET), or Six Sigma Global Institute (SSGI) on DMAIC and associated tools. PHIS staff will support registration and provide funding for 5 employees that are either interested in or obligated to complete the training, and participate/guest lecture for the NH Lean program.

3. Ensure 3 employees complete a Black Belt level course in Lean or Lean Six Sigma
Between 10/2020 and 09/2021, Annually, the Section will announce the training opportunity and work with administrators to recruit leaders and managers for these advanced training programs on continuous improvement cultures, results-based organizations, and operational excellence through the NH Bureau of Education and Training (BET); developing and operating a Lean Six Sigma continuous improvement program towards organizational goals and objectives through the Dartmouth Lean Six Sigma Program; or advanced DMAIC and associated tools through the Six Sigma Global Institute (SSGI). PHIS staff will support registration and provide funding for employees selected for this training opportunity. Additionally, PHIS staff will serve as adjunct instructors for the BET program, mentors for peers and students, and/or coaches for student capstone projects.

4. Provide continuing education to 15 Green and Black Belt practitioners
Between 10/2020 and 09/2021, Having had success in assessing, designing, delivering, and evaluating activities for continuous professional development in Lean tools and methods, and other improvement models, PHIS will continue to provide continuing education to Green and Black Belt level staff and partners.

Objective 2:
Provide resources and coaching in support of administrative and programmatic improvement efforts
Between 10/2020 and 09/2021, the Public Health Improvement Section will implement **3** administrative and programmatic improvement efforts.

Annual Activities:
1. Evaluate project proposals, prepare selected projects for initiation, prioritize resources
Between 10/2020 and 09/2021, Although employees are trained with the goal of being able to independently practice quality improvement using Lean, Lean Six Sigma, and/or PDSA approaches, PHIS will maintain several avenues to initiate a performance or quality improvement effort supported by PHIS staff and resources: employees will make requests directly through email or dropping by the office; they will respond to project-based training opportunity announcements; or Division management will request a longer-term "deployment" of PHIS staff to support a program, project, or initiative.
To process requests from employees, PHIS will use an internally-developed assessment tool to assess the "readiness" of improvement project proposals to receive the resources and capabilities maintained by PHIS.

Readiness is defined as the presence of elements or factors in a project proposal identified as critical requirements for successful initiation and implementation. PHIS will use the results to produce a priority score, and will highlight aspects of the submitter's proposal that are promising, as well as aspects that need to be strengthened before specific resources can be allocated. PHIS will use a systematic process to provide feedback on proposals and will offer specific services, activities, and other available resources to help strengthen those aspects identified, and make available other just-in-time resources.
In cases of deployment by management, PHIS will assess each case on an individual basis; and propose and negotiate an agreed scope of project objectives, length of service, and deliverables.

2. Deliver a range of resources and services to improvement project teams
Between 10/2020 and 09/2021, PHIS' open door policy results in a significant number of informal, ad-hoc consultations and coaching sessions with project owners. PHIS staff will aim to engage in the spirit of the readiness protocol in advising project owners on the methodology and tools most appropriate for their project-type.
Additionally, if project teams do not have experience using the methods or tools, PHIS will offer to provide instruction or identify an appropriate training opportunity, coordinate registration, and provide funding. PHIS will offer technical services for project readiness, including: chartering, stakeholder analysis, development of assessment tools and strategies, data collection and analysis, and interpretation of results. PHIS staff will also facilitate improvement teams, or coordinate with other DPHS Lean Team members or the NH Lean Network to meet DPHS facilitation needs.

National Health Objective: HO PHI-17 Accredited Public Health Agencies

State Health Objective(s):
Between 10/2020 and 09/2021, Improve readiness for State Health Department Accreditation

Baseline:
Standards and Measures not demonstrated

Data Source:
Accreditation Readiness Self-Assessment

State Health Problem:

Health Burden:
The NH Division of Public Health Services (DPHS) is not accredited by the Public Health Accreditation Board (PHAB). Many challenges have prevented a sustained effort towards accreditation readiness, including key leadership vacancies; participant turnover; high organizational vacancy rates; lack of urgency; and pre-requisite documentation gaps. The Division mostly completed a thorough documentation review against the PHAB Standards and Measures, and identified key gaps that could both be addressed in the short term and facilitate a more efficient achievement of conformity in the future. A priority gap that was identified is the need to update the 2013 State Health Improvement Plan.

Target Population:
Number: 1,326,813
Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers, Community Based Organizations, Health Care Systems, Research and Educational Institutions

Disparate Population:
Number: 1,326,813

Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers, Community Based Organizations, Health Care Systems, Research and Educational Institutions

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: Public Health Accreditation Board Standards

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $416,008
Total Prior Year Funds Allocated to Health Objective: $496,423
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: Start-up
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Improve readiness for State Health Department Accreditaiton

Between 10/2020 and 09/2021, Public Health Improvement Section will implement **2** services and initiatives for Public Health Accreditation Board Standards and Measures not demonstrated.

Annual Activities:

1. Maintain policies and procedures regarding health department operations

Between 10/2020 and 09/2021, Public Health Improvement Section will regularly review, update, make available, and communicate changes in policy and procedures regarding health department operations. Management Team requests for new policies and procedures will be developed as WIPs and reviewed periodically. Will also maintain the structure, access, and permissions to the electronic policy and procedure manual for the Division.

2. Maintain Administrative Rules for legislatively-mandated programs

Between 10/2020 and 09/2021, Public Health Improvement Section will manage the process and provide technical support to DPHS programs during development and revision of NH Administrative Rules, according to Department policy and State laws. This will maintain current operational definitions and statements of public health roles, responsibilities, and authorities.