

Division of Public Health Services

**Presented to House Finance Division III
LOB Room 210 - March 7, 2017
Lisa Morris, Director**



Agenda

2

- ▶ **Overview of the Division**
- ▶ **Key Programs / Services**
- ▶ **Delivery System**
- ▶ **Financial Summary**
- ▶ **Accomplishments**
- ▶ **Key Challenges**
- ▶ **Contact Information**



Overview – Division of Public Health Services (DPHS)

3

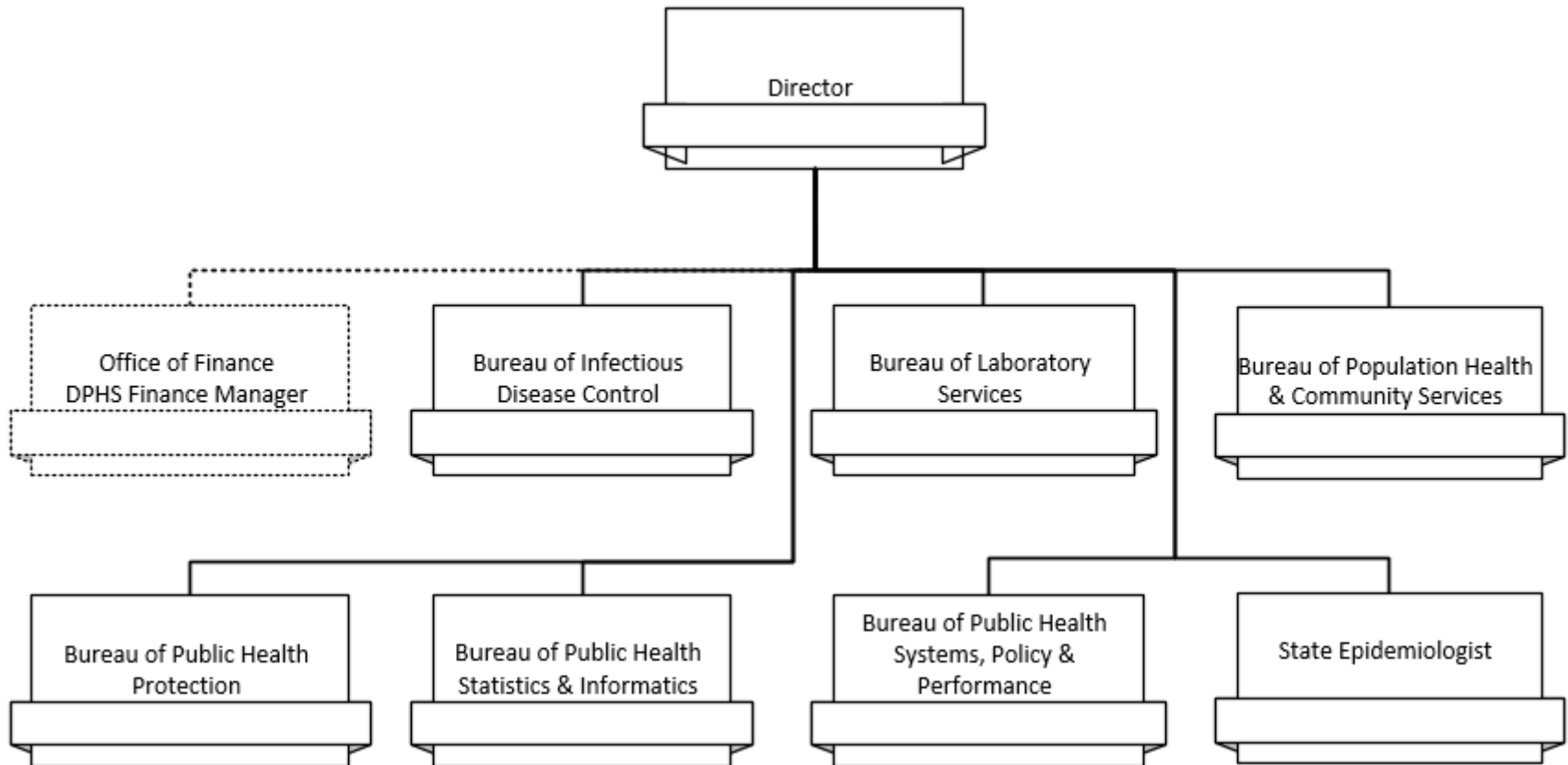
Public Health – To Prevent Disease, Prolong Life and Promote Health

- ▶ Protect the health of all people and communities.
 - ▶ Public health emergency preparedness and response
 - ▶ Surveillance and Investigation of infectious diseases
 - ▶ Inspections - Food Establishments, Radiological Equipment
- ▶ Target evidence based strategies that we know will improve health.
- ▶ Ensure access to high value, preventative focused healthcare.
 - ▶ Health Screenings (Colorectal, Breast and Cervical Cancer)
 - ▶ Primary Care in underserved areas
 - ▶ Services to pregnant women and children
- ▶ Collect and analyze data that inform us.
 - ▶ Disease Prevalence
 - ▶ Where to direct services
- ▶ Improve health outcomes.



Overview – DPHS Organizational Chart

4



Key Programs / Services

5

Bureau of Population Health and Community Services (BPHCS)

Promotes Health, Improves Chronic Conditions and Reduces Health Inequities

- Maternal and Child Health (Nutrition, Infant Screenings, Home Visiting - 2016/4,639 Home Visits)
- Family Planning (2016/16,500 families served)
- Chronic Disease Prevention and Screening (Cancer, Obesity Prevention, Oral Health, Tobacco Prevention and Cessation)

Bureau of Infectious Disease Control (BIDC)

Identifies, Investigates, Monitors and Prevents Infectious Disease

- Disease Surveillance and Investigation (2016/6,148 infectious disease cases identified and investigated)
- Vaccine Distribution and Management (2016/376,871 doses of vaccine for children), Quality Assurance and Improvement
- Public Health Emergency Preparedness and Response
- Provider Training and Education

Bureau of Public Health Laboratories (BPHL)

Clinical and Environmental Laboratory Testing

- Environmental Health/Biomonitoring
- Food Emergency Response Network
- Drinking Water Laboratory
- Microbiology and Virology



Key Programs / Services

6

Bureau of Public Health Protection (BPHP)

Assures Public Safety from Environmental Public Health Risks

- Food Emergency Response
- Asthma Education and Data Collection/Analysis
- Health Officer Liaison (with municipalities)
- Radiological Health (4,000 inspections/year)
- Food Protection (4,500 inspections/year)
- Lead Poisoning Prevention

Bureau of Public Health Statistics & Informatics (BPHSI)

Creation and Distribution of NH Health Statistics

- WISDOM web based portal: identify hotspots to target programs
- Surveys: Behavioral Risk Factor Surveillance Survey, Youth Risk Behavior Survey
- Environmental Public Health Tracking

Bureau of Public Health Systems, Policy & Performance (BPHSPP)

Policy and Performance-Public Health Systems, Quality Improvement and Performance Management

- State Health Improvement Plan (SHIP)
- 13 Public Health Regional Networks
- Quality Improvement



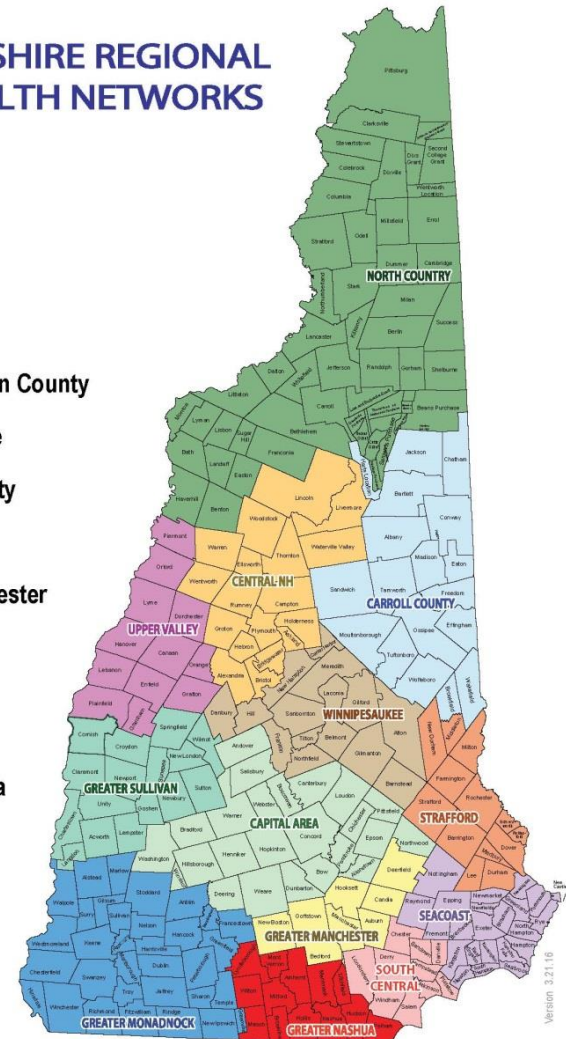
Delivery System - NH Regional Public Health Networks

7

- I. Hospitals
- II. Community Health Centers
- III. Public Health Networks
- IV. All Sectors Contribute to Health Outcomes:
 - Schools
 - State and Local Government
 - Businesses
 - Human Service Agencies
 - Public
 - First Responders
 - Faith Community

NEW HAMPSHIRE REGIONAL PUBLIC HEALTH NETWORKS

- North Country
- Upper Valley
- Central NH
- Carroll County
- Greater Sullivan County
- Winnepesaukee
- Strafford County
- Capital Area
- Greater Manchester
- Seacoast
- Greater Monadnock
- Greater Nashua
- South Central

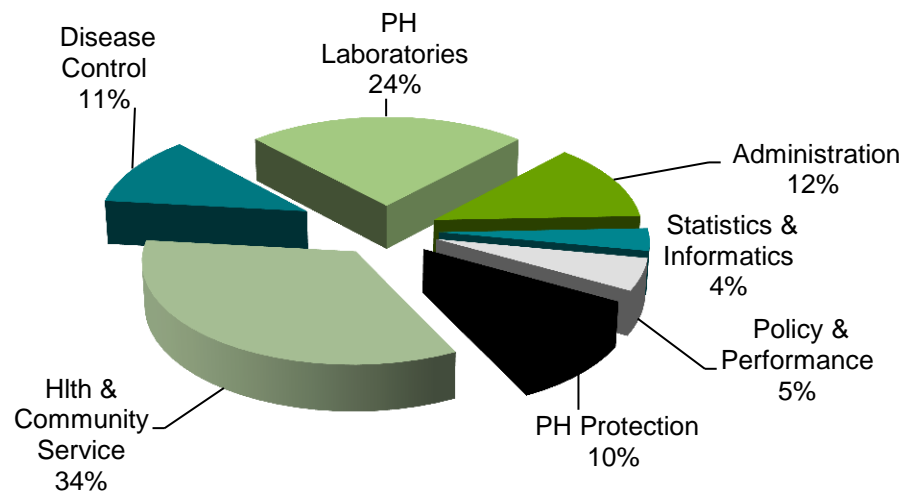


THESE REGIONS ARE USED FOR PUBLIC HEALTH PLANNING AND THE DELIVERY OF SELECT PUBLIC HEALTH SERVICES.



Financial Summary – Major Spend: General Funds by Activity

8



Total	SFY 16 Actual	SFY 17 Adjusted Authorized	SFY 18 Agency Request	SFY 18 Governor's Budget	SFY 19 Agency Request	SFY 19 Governor's Budget
Total Funds	\$79	\$98	\$103	\$102	\$103	\$101
General Funds	\$14	\$15	\$17	\$15	\$17	\$16
Amounts in millions						



Financial Summary – Public Health Staffing by Bureau

9

Authorized Positions SFY 2017	%	Public Health Bureau
10	3.9	Administration
14	5.5	Bureau of Statistics & Informatics
17	6.7	Bureau of PH Systems, Policy & Performance Management
36	14.1	Bureau of Public Health Protection
51	20.0	Bureau of Population Health & Community Services
57	22.4	Bureau of Infectious Disease Control
70	27.5	Public Health Laboratories



Key Accomplishments – Division of Public Health Services

10

State Health Improvement Plan (SHIP) Utilization in Development of 13 Regional Community Health Improvement Plans (CHIPS).

Improved Health Outcomes: Tobacco (Adult, Teen, Pregnant Women), Childhood Obesity, Heart Disease and Stroke Deaths, Melanoma and Lung Cancer Deaths, Childhood Vaccinations.

Improved Health Outcomes Continued: Pre-term Births, Teen Pregnancy, Dental Caries (cavities), Binge Drinking, Marijuana Use.

Response to Environmental Health Concerns: Perfluorochemical (PFC's), Seacoast Cancer Cluster, Addition of Environmental Health Data in WISDOM.

Public Health Emergency Response to Disease Outbreaks and All Hazard Events.



NH State Health Improvement Priority Areas

TOBACCO

Tobacco use is the single most preventable cause of death, disease, and disability.

- Reduce adult cigarette smoking
- Reduce the initiation of tobacco use in children
- Reduce tobacco use by adolescents
- Reduce smoking during pregnancy
- Reduce exposure to indoor tobacco smoke

OBESITY/DIABETES

Obesity is a complex health concern that impacts 26% of our adults and 18% of children, and increases the risk for many chronic diseases. Diabetes is the seventh leading cause of death in New Hampshire, affecting about 8.7% of our adults.

- Reduce adult obesity
- Reduce childhood obesity
- Decrease emergency department visits for diabetes
- Decrease hospitalizations for diabetes

HEART DISEASE AND STROKE

Heart disease is the second leading cause of death in New Hampshire; stroke is the fifth leading cause.

- Reduce high blood cholesterol in adults
- Reduce high blood pressure in adults
- Reduce coronary heart disease deaths
- Reduce stroke deaths

HEALTHY MOTHERS AND BABIES

Strategies to promote a healthy start to life may have the greatest potential to reduce health disparities across the life course.

- Reduce preterm births
- Reduce unintended teen births
- Increase screening for Autism Spectrum Disorder (ASD) and other developmental delays
- Reduce childhood dental caries

CANCER PREVENTION

Cancer has overtaken heart disease as the leading cause of death in New Hampshire.

- Increase colorectal cancer screening
- Increase mammogram screening for breast cancer
- Reduce melanoma deaths
- Reduce deaths from lung cancer

ASTHMA

Asthma is a chronic lung disease that inflames and narrows the airways causing difficulty breathing. New Hampshire's asthma rate is among the highest in the nation.

- Increase asthma control in adults
- Increase asthma control in children

INJURY PREVENTION

Unintentional injuries are the leading cause of death for all New Hampshire residents between age 1 and 44.

- Reduce unintentional poisoning deaths
- Reduce falls-related deaths in older adults
- Reduce motor vehicle crash injuries in teens
- Reduce suicide deaths for all persons
- Reduce suicide attempts by adolescents

INFECTIOUS DISEASE

Preventive health services such as immunizations and prompt diagnosis and treatment prevent infectious diseases and improve health outcomes. In 2012, over 3,500 cases of infectious disease were reported in New Hampshire.

- Increase childhood vaccinations
- Reduce healthcare associated infections
- Increase timeliness of foodborne illness investigations
- Enhance food safety
- Increase seasonal influenza vaccination

EMERGENCY PREPAREDNESS

The threat of an emergency or disaster is always present. Prepared responders and resilient communities ensure a rapid and effective response to any emergency.

- Increase community engagement in public health emergency activities
- Strengthen the capacity to respond to public health emergencies in a timely manner
- Strengthen the capacity to maintain situational awareness of health threats
- Increase the State's ability to dispense emergency countermeasures to the public

MISUSE OF ALCOHOL AND DRUGS

Substance abuse impacts individuals, families, and communities, significantly contributing to social, physical, mental, and public health problems.

- Reduce binge drinking
- Reduce marijuana use in youth
- Reduce the non-medical use of pain relievers
- Reduce drug-related overdose deaths

WISDOM – Connecting NH to Health Data

12

NH Health **WISDOM**

Search Search A A A

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Help

Home



WISDOM
Connecting NH to Health Data

Quick Tour Video

Getting StartedData SourceTutorialsNoticesTechnical SupportContact Us

**State Health Improvement Priorities**

Asthma

Cancer

Healthy mothers and babies

Heart disease and stroke

Injury prevention

Misuse of alcohol and drugs

Obesity/Diabetes

Tobacco

**State Initiatives**

NH Environmental Public Health Tracking Program

Perfluorochemical (PFC) Blood Testing and Community Exposure

Health Equity

NH Youth Risk Behavior

Occupational Health Surveillance Program

NH Health
[NH Department of Health and Human Services \(DHHS\)](#)
[NH Division of Public Health Services \(DPHS\)](#)

NH Health Strategy
[The New Hampshire State Health Improvement Plan \(NH SHIP\)](#)

WISDOM works best in Google Chrome or Mozilla Firefox

Health Data Links
[NH Social Vulnerability Index](#)
[NH Medicaid Quality](#)
[Map NH Health](#)
[CDC National Center for Health Statistics](#)

Hospital Discharge Datasets
2012, 2013 and 2014 in-state hospital discharge datasets may be downloaded by registered users and accessed through your "My WISDOM" account.
Note: NH Health WISDOM content pages will be updated soon.
[Newsletter Sign Up!](#)

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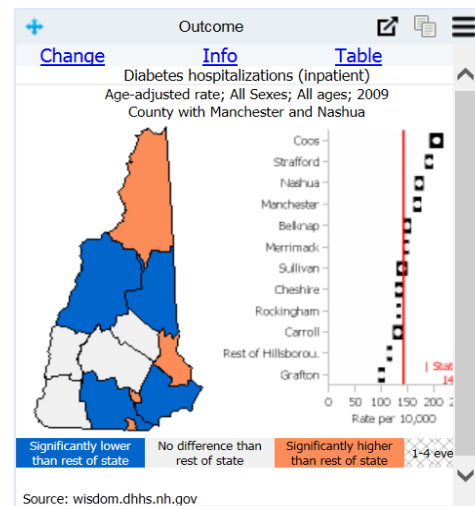
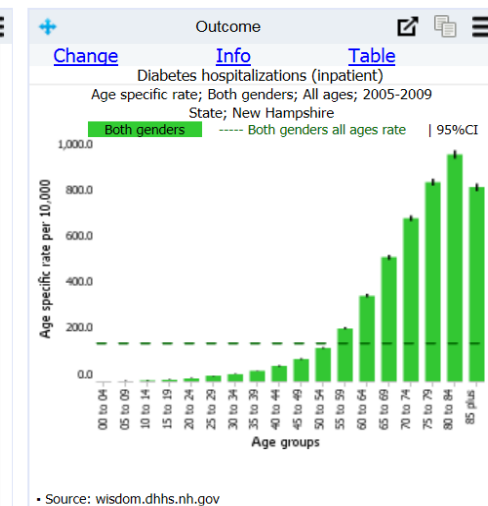
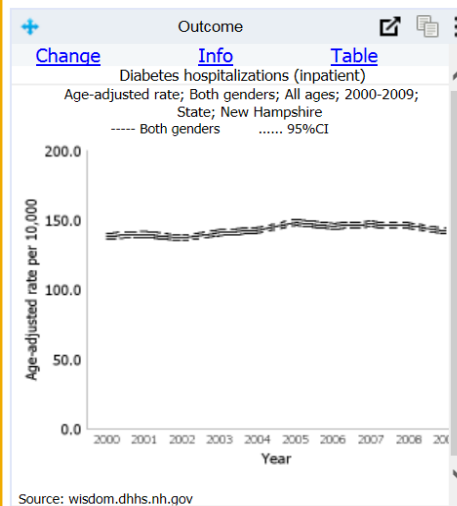
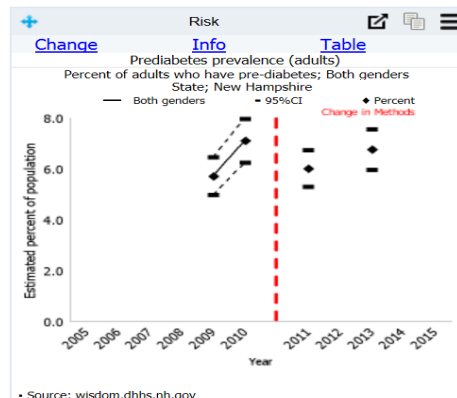
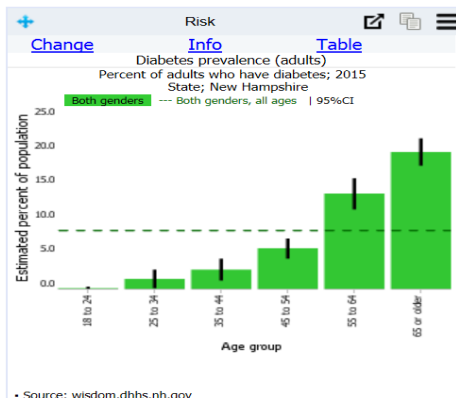
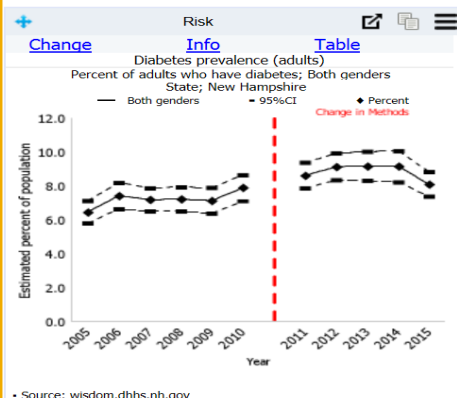


WISDOM – Diabetes Data

13

- During the past decade, diabetes and prediabetes prevalence has increased, with the greatest burden among the oldest age groups.
- The increase in diabetes prevalence is closely related to increase in obesity burden.
- Prediabetes is a risk factor for type 2 diabetes. Without intervention, 15% to 30% of people with prediabetes will develop type 2 diabetes within five years.
- Diabetes greatly increases one's risk for heart disease. About 65% of deaths among people with diabetes are due to heart disease or stroke.
- There are distinct geographic differences in hospitalization and Emergency Department (ED) rates.
- Rates of ED visits for ambulatory sensitive conditions related to diabetes have increased over the last 10 years.

...show more ...show less



State of New Hampshire Reportable Infectious Diseases

14

Acute cute Flaccid Myelitis
Acquired Immune Deficiency Syndrome (AIDS)
Anaplasmosis [Anaplasma Phagocytophilum]
Anthrax [Bacillus anthracis]*
Arboviral infection, including EEE, WNV, Dengue, Powassan, Zika*
Babesiosis [Babesia microti]
Botulism [Clostridium botulinum]*
Brucellosis [Brucella abortus]*
Campylobacteriosis [Campylobacter species]
Carbapenem-resistant enterobacteriaceae
Chlamydial infection [Chlamydia trachomatis]
Cholera [Vibrio cholerae]*
Coccidioidomycosis [Coccidioides immitis]
Creutzfeldt-Jakob Disease*
Cryptosporidiosis [Cryptosporidium parvum]
Cyclospora infection [Cyclospora cayetanensis]
Diphtheria [Corynebacterium diphtheriae]*
Ehrlichiosis [Ehrlichia species]
Escherichia coli O157 infection and other shiga toxin producing E. coli
Giardiasis [Giardia lamblia]
Gonorrhea [Neisseria gonorrhoeae]

Haemophilus influenzae, invasive disease, sterile site*
Hantavirus Pulmonary Syndrome [Hantavirus]*
Hemolytic Uremic Syndrome (HUS)
Hepatitis, viral: **A***, E,
Hepatitis, viral: positive B surface antigen in a pregnant woman
Hepatitis, viral: B, C (new diagnoses from providers only, no lab reporting)
Human Immunodeficiency Virus (HIV), including perinatal exposure
Human Immunodeficiency Virus-related CD4+ counts and all viral loads
Legionellosis [Legionella pneumophila]
Leprosy, Hansen's disease [Mycobacterium leprae]
Leptospirosis [Leptospira species]
Listeriosis [Listeria monocytogenes]
Lyme disease [Borrelia burgdorferi]
Malaria [Plasmodium species]
Measles [Rubeola]*
Mumps*
Neisseria meningitidis, invasive disease, sterile site*
Pertussis [Bordetella pertussis]*
Plague [Yersinia pestis]*
Pneumococcal disease, invasive [Streptococcus pneumoniae]

Pneumocystis pneumonia [Pneumocystis jiroveci formerly carinii]
Poliomyelitis [Polio]*
Psittacosis [Chlamydophila psittaci]*
Rabies in humans or animals*
Rocky Mountain Spotted Fever [Rickettsia rickettsii]
Rubella, including Congenital Rubella Syndrome*
Salmonellosis [Salmonella species] (report S. Typhi* within 24 hours)
Shigellosis [Shigella species]
Syphilis, including Congenital Syphilis Syndrome [Treponema pallidum]
Tetanus [Clostridium tetani]
Toxic-Shock Syndrome (TSS) [streptococcal or staphylococcal]
Trichinosis [Trichinella spiralis]
Tuberculosis disease [Mycobacterium tuberculosis]*
Tuberculosis infection, latent (lab reporting only, no provider reporting)
Tularemia [Francisella tularensis]*
Typhoid fever [Salmonella Typhi]*
Typhus [Rickettsia prowazekii]*
Varicella
Vibriosis [any Vibrio species]*
Vancomycin Resistant Staphylococcus aureus (VRSA)*
Yersiniosis [Yersinia enterocolitica]

Disease Reporting Guidelines

Diseases with an asterisk (*) and in **bold** must be reported within 24 hours of diagnosis or suspicion of diagnosis.

All suspect and confirmed cases must be reported within 72 hours of diagnosis or suspicion of diagnosis.

Reports are handled under strict confidentiality standards.



Key Challenges – Division of Public Health Services

15

Responding to Disease Outbreaks and Emerging/New Diseases
(Ex: Gonorrhea, Zika, Ebola)

Environmental Health Concerns (ex: PFC's)

Adverse Trending of Some Health Conditions: Suicide, Poisoning, Older Adult Falls, Adult Flu Vaccinations, Drug-related overdoses

Access to Real Time Local Data

Readiness and Capacity of Regional Public Health Networks



Contact Information for the Division of Public Health Services

16

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