Preventive Health and Health Services Block Grant

Work Plan for New Hampshire | Fiscal Year 2022 | WP-1128-2022

DUNS: 011040545

Recipient: New Hampshire

Chief Executive Officer: Christopher Sununu

Recipient Lead Health Official: Patricia Tilley

Authorizing Official: Christopher Sununu- AO

Recipient BG Coordinator / Program Director: Cynthia Carrier
29 Hazen Drive
Concord
NH- 03301
Phone:6032714604
Fax:
Email: Cynthia.M.Carrier@dhhs.nh.gov

Finalized on: Workplan is not approved yet.
FY 2022 Work Plan-New Hampshire

This Work Plan is for the Preventive Health and Health Services Block Grant (PHHSBG) for Federal Year 2022. The New Hampshire submitted this plan as the designated state agency for the allocation and administration of PHHSBG funds.

Funding Assumptions: The total award for the FY 2022 Preventive Health and Health Services Block Grant is $2,226,215. The current year Annual Basic Allocation is $2,197,457 and the current year Sex Offense Set Aside is $28,758. These amounts are based on an allocation table distributed by the Centers for Disease Control and Prevention (CDC).

<table>
<thead>
<tr>
<th>Program Title</th>
<th>Health Objectives</th>
<th>Current Year Allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bureau of Emergency Preparedness Response and Recovery (BEPRR)</td>
<td>PHI-R09 Explore the impact of community health assessment and improvement planning efforts</td>
<td>$96,500</td>
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<td>Injury Prevention - Adolescent drivers</td>
<td>IVP-03 Reduce unintentional injury deaths</td>
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<td>PHI-04 Increase the proportion of state and territorial jurisdictions that have a health improvement plan</td>
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<td>PHI-R07 Explore quality improvement as a way to increase efficiency and effectiveness in health departments</td>
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<td>GH-D01 Increase the number of individuals trained globally to prevent, detect, or respond to public health threats</td>
<td>$248,394</td>
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<td>IID-17 Reduce tuberculosis cases</td>
<td>$15,000</td>
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<td>OH-02 Reduce the proportion of children and adolescents with active and untreated tooth decay</td>
<td>$369,045</td>
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<td>Oral Health OH-03</td>
<td>OH-08 Increase use of the oral health care system</td>
<td>$15,000</td>
</tr>
</tbody>
</table>

**Grand Total** $2,023,337

**Program Funding Profile for New Hampshire in 2022**

<table>
<thead>
<tr>
<th>Type of funding</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>Supplement other existing funds</td>
<td>13</td>
</tr>
<tr>
<td>Total source of funding</td>
<td>4</td>
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</tbody>
</table>

**PHHS Block Grant funding percentage**

<table>
<thead>
<tr>
<th>PHHS Block Grant funding percentage</th>
<th>Total</th>
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<tbody>
<tr>
<td>10-49% - Partial source of funding</td>
<td>5</td>
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<tr>
<td>50-74% - Significant source of funding</td>
<td>5</td>
</tr>
<tr>
<td>75-99% - Primary source of funding</td>
<td>6</td>
</tr>
<tr>
<td>Less than 10% - Minimal source of funding</td>
<td>1</td>
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</tbody>
</table>

**Role of funding**

<table>
<thead>
<tr>
<th>Role of funding</th>
<th>Total</th>
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<tbody>
<tr>
<td>Enhance or expand the program</td>
<td>7</td>
</tr>
<tr>
<td>Maintain existing program (as is)</td>
<td>9</td>
</tr>
<tr>
<td>Restore program</td>
<td>1</td>
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**Existing funding sources**

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<tr>
<th>Existing funding sources</th>
<th>Total</th>
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<tbody>
<tr>
<td>State or local funding</td>
<td>9</td>
</tr>
<tr>
<td>Other federal funding (CDC)</td>
<td>5</td>
</tr>
<tr>
<td>Other federal funding (non-CDC)</td>
<td>1</td>
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<tr>
<td><strong>Total</strong></td>
<td>15</td>
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</tbody>
</table>
### Statutory Information

- Enter First Advisory Committee Meeting in the BGIS Portal > Advisory Committee > Advisory Committee Meetings
- Enter Second Advisory Committee Meeting in the BGIS Portal > Advisory Committee > Advisory Committee Meetings
- Enter Public Hearing in the BGIS Portal > Advisory Committee > Advisory Committee Meetings

The public was invited via

The draft Work Plan was made available for public viewing via

### Certifications and Assurances

Current forms have not been signed and uploaded to BGIS.

### Budget

Detail Funds Available for Allocation

<table>
<thead>
<tr>
<th>Budget Detail for New Hampshire– Fiscal Year 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. FY2022 Award</strong></td>
</tr>
<tr>
<td>Annual Basic Allocation</td>
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<tr>
<td>Sex Offense Allocation</td>
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<tr>
<td><strong>B. Total Current Year Annual Basic Allocation</strong></td>
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<tr>
<td>Administrative Costs</td>
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<tr>
<td>Direct Assistance Amount</td>
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<tr>
<td><strong>C. Total Current Year Sex Offense Allocation</strong></td>
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<tr>
<td>Administrative Costs</td>
</tr>
<tr>
<td><strong>Total Available for Program Allocation in FY 2022</strong></td>
</tr>
</tbody>
</table>
### Summary of Funds Available for Allocation

#### Healthy People 2030 Priorities for New Hampshire in Fiscal Year 2022

<table>
<thead>
<tr>
<th>Topic Area</th>
<th>Funding</th>
<th>% of funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Safety</td>
<td>$49,653</td>
<td>2%</td>
</tr>
<tr>
<td>Public Health Infrastructure</td>
<td>$1,244,960</td>
<td>62%</td>
</tr>
<tr>
<td>Global Health</td>
<td>$248,394</td>
<td>12%</td>
</tr>
<tr>
<td>Immunization and Infectious Diseases</td>
<td>$15,000</td>
<td>1%</td>
</tr>
<tr>
<td>Oral Health</td>
<td>$384,045</td>
<td>19%</td>
</tr>
<tr>
<td>Injury and Violence Prevention</td>
<td>$44,900</td>
<td>2%</td>
</tr>
<tr>
<td>Mental Health and Mental Disorders</td>
<td>$18,195</td>
<td>1%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$2,005,147</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

### Summary of Allocations by Program and Health Objective

<table>
<thead>
<tr>
<th>Program Title</th>
<th>Health Objective(s)</th>
<th>Program Goal</th>
<th>Current Year Allocation</th>
<th>% of Total Allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bureau of Emergency Preparedness Response and Recovery (BEPRR)</td>
<td>PHI-R09 Explore the impact of community health assessment and improvement planning efforts</td>
<td>Work to update CHIPs with goals and objectives based on needs identified in the SHA as appropraite for each RPHN.</td>
<td>$96,500</td>
<td>5%</td>
</tr>
<tr>
<td>Injury Prevention - Adolescent drivers</td>
<td>IVP-03 Reduce unintentional injury deaths</td>
<td>The Injury Prevention Program (IPP) seeks to reduce teen motor vehicle deaths by increasing use of seatbelts and education of teen drivers.</td>
<td>$18,190</td>
<td>1%</td>
</tr>
<tr>
<td>Injury Prevention - Fall-Related deaths in older adults</td>
<td>IVP-08 Reduce fall-related deaths among older adults</td>
<td>Reduce the number of falls in older adults by implementing evidence-based programming in the community.</td>
<td>$18,190</td>
<td>1%</td>
</tr>
<tr>
<td>Injury Prevention - Suicide reduction</td>
<td>MHMD-01 Reduce the suicide rate</td>
<td>Implement evidence-based primary prevention programming in schools.</td>
<td>$18,195</td>
<td>1%</td>
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<td>PHHS BLOCK GRANT INFORMATION SYSTEM – New Hampshire 2022 Work Plan</td>
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<td><strong>BHAEP State Health Improvement Plan</strong></td>
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<td>PHI-04 Increase the proportion of state and territorial</td>
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<td>jurisdictions that have a health improvement plan</td>
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<td>Publish a SHIP as mandated by legislation within the grant</td>
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<td>period; this will pave the way to set priorities and objectives</td>
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<td>based on the current needs of our state and communities, which</td>
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<td>will be established via CHIPS at the local level, and</td>
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<td>connected to the DPHS Strategic Plan.</td>
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<td>$207,455</td>
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<td><strong>BHAEP Quality Improvement</strong></td>
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<td>PHI-R07 Explore quality improvement as a way to increase</td>
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<td>efficiency and effectiveness in health departments</td>
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<td>Increase QI and QI-related training opportunities for</td>
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<td>Department staff</td>
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<td>$360,444</td>
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<td>GH-D01 Increase the number of individuals trained globally</td>
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<td>to prevent, detect, or respond to public health threats</td>
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<tr>
<td>The goal of the Bureau of Infectious Disease Control is to</td>
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<td>effectively reduce morbidity and mortality of infectious</td>
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<td>diseases.</td>
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<td>$248,394</td>
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<td>12%</td>
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<td>**Bureau of Public Health Protection - Health Officer</td>
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<td>Liaison (HOL)</td>
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<td>PHI-R01 Explore and expand practice-based continuing education</td>
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<td>for public health professionals</td>
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<td>The goal of the Health Officer Liaison is to strengthen local</td>
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<td>public health capabilities by enhancing the knowledge, skills,</td>
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<td>and abilities of local health officers and local elected</td>
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<tr>
<td>officials.</td>
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<td>$76,470</td>
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<td>4%</td>
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<td>that use emerging technology to provide enhanced services</td>
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<td>To rapidly and accurately identify suspect rabid animals with</td>
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<td>contact to humans or pets of humans to prevent the spread of</td>
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<td>rabies disease.</td>
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<td>$102,277</td>
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<td>that provide services to support emerging issues</td>
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<td>To rapidly and accurately identify harmful algal toxins in</td>
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<td>shellfish harvested for human consumption to prevent foodborne</td>
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<td>disease such as paralytic shellfish poison.</td>
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<td>$84,873</td>
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<td>and surfaces often when preparing food</td>
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<td>To ensure a safe food supply by reducing the number of priority</td>
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<td>food violations at retail food establishments.</td>
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<td>$49,653</td>
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<td>2%</td>
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<tr>
<td>Program Description</td>
<td>Program Summary</td>
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</tbody>
</table>

| Bureau of Public Health Statistics and Informatics | PHI-R06 Enhance the use and capabilities of informatics in public health | Provide easily accessible health data including BRFSS for use by the DPHS programs, health partners and the public. | $150,250 | 7% |
| Public Health Lab Tuberculosis | IID-17 Reduce tuberculosis cases | Reduce the number of TB infections in NH by providing rapid, accurate laboratory testing to identify infectious individuals in order to prevent the spread of this highly infectious disease. | $15,000 | 1% |
| NH Healthy Lives - Cancer Program | PHI-R06 Enhance the use and capabilities of informatics in public health | Collect data on cancer patient diagnosis and initial treatment in NH. | $166,691 | 8% |
| Injury Prevention - Sexual Assault Prevention | IVP-17 Reduce adolescent sexual violence by anyone | Provide education on services to sexual assault violence victims and implement primary prevention programming. | $26,710 | 1% |
| Oral Health OH-02 | OH-02 Reduce the proportion of children and adolescents with active and untreated tooth decay | The goal of the Oral Health Program is to reduce the proportion of vulnerable elementary and middle school aged students in New Hampshire who have active or untreated decay | $369,045 | 18% |
| Oral Health OH-03 | OH-08 Increase use of the oral health care system | The goal of the Oral Health Program is to increase the proportion of low income adults with diabetes who have an annual periodontal exam. | $15,000 | 1% |

| Total | $2,023,337 | 100% |
Program Summary

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Bureau of Emergency Preparedness Response and Recovery (BEPRR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Goal</td>
<td>Work to update CHIPS with goals and objectives based on needs identified in the SHA as appropriate for each RPHN.</td>
</tr>
<tr>
<td>Healthy People 2030 Objective</td>
<td>PHI-R09 Explore the impact of community health assessment and improvement planning efforts</td>
</tr>
<tr>
<td>Recipient Health Objective</td>
<td>By 9/30/2023, assist and support the 13 Regional Public Health Networks with projects that support the results of the State Health Assessment findings</td>
</tr>
<tr>
<td>Total Program Allocation</td>
<td>$96,500</td>
</tr>
</tbody>
</table>

Problem Information

Problem Description

The 13 Regional Public Health Networks must maintain their Community Health Improvement Plan (CHIPS) to support regional and local health needs.

State and community health improvement plans are essential to set high-level goals and objectives identified through collaborative processes with numerous stakeholders. The development of the State Health Assessment in 2022 paves the way to set priorities and objectives based on current health needs, which are addressed through the CHIPS by the Regional Public Health Networks.

Key Indicator:

To be determined, based upon the priorities established by the CHIPS

Key Indicator Baseline:

13 updated CHIPS

Problem was prioritized by the following factor(s)

- Conducted, monitored, or updated a jurisdiction health assessment
- Identified via surveillance systems or other data sources
**Program Strategy**

**Goal:**

Work to update CHIPS with goals and objectives based on needs identified in the SHA as appropriate for each RPHN.

**SDOH Addressed by the Program:**

This program is specifically addressing a Social Determinant of Health (SDOH)

- Economic Stability (e.g. poverty, unemployment, food insecurity, housing instability)
- Education (e.g. low high school graduation rates, low literacy levels, poor early childhood education)
- Social and Community Context (e.g. discrimination, low civic participation, poor workplace conditions, incarceration)
- Health and Health Care (e.g. poor access to healthcare, low health insurance coverage, low health literacy)
- Neighborhood and Built Environment (e.g. poor quality of housing, limited access to transportation, food desert, poor water/air quality, neighborhood crime and violence)

**Program Strategy:**

DPHS will continue to coordinate with the 13 contracted RPHNs to identify goals and objectives for improvement based upon data from the SHA as appropriate to address priorities and gaps.

**Setting:**

- Local health department

**Primary Strategic Partners:**

RPHN Advisory Councils, stakeholder partners, local community organizations

**Evaluation Methodology:**

Evaluation will be based on the goals and objectives set by each CHIP. Each CHIP will have at least one updated objective for the reporting period, and demonstrate progress toward meeting the objective.

**Planned non-monetary support to local agencies or organizations:**
• Technical Assistance
• Training

### Program Budget for Block Grant Funds

<table>
<thead>
<tr>
<th></th>
<th>Program Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2022 Basic Allocation</td>
<td>$96,500</td>
</tr>
<tr>
<td>FY 2022 Sex Offense Allocation</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Total Allocation</strong></td>
<td><strong>$96,500</strong></td>
</tr>
</tbody>
</table>

PHHS Block Grant dollars were not used to respond to an emerging need or outbreak as a part of this program. PHHS Block Grant funds were used as Supplement other existing funds for this program.

PHHS Block Grant funds made up 10-49% - Partial source of funding of the total program funding.

**The other funds came from:**
- State or local funding

The role of PHHS Block Grant funds in supporting the program was to Maintain existing program (as is)

Amount of funding to populations disproportionately affected by the Problem: $0

Amount of planned funding to local agencies or organizations: $95,000

**Type of supported local agencies or organizations:**
- Local Health Department
- Other
  - Regional Public Health Networks

**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

**Target Population of Program 1 / 17**

Program name:
Bureau of Emergency Preparedness Response and Recovery (BEPRR)

Number of people served: 1377529
Ethnicity: 
Race: 

Age: 
Gender Identity: 

Sexual Orientation: 

Geography: 
Both 
Location: 
Statewide 

Occupation: 
All 

Educational Attainment: 

Health Insurance Status: 
Primary Low Income: 
No 

<table>
<thead>
<tr>
<th>Program Objective 1 / 1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Program Smart Objective</strong></td>
</tr>
<tr>
<td><strong>Title of Program SMART Objective</strong></td>
</tr>
<tr>
<td><strong>Item to be measured</strong></td>
</tr>
<tr>
<td><strong>Unit to be measured</strong></td>
</tr>
<tr>
<td><strong>Baseline Value</strong></td>
</tr>
<tr>
<td><strong>Interim Target Value</strong></td>
</tr>
<tr>
<td><strong>Final Target Value</strong></td>
</tr>
</tbody>
</table>

**Problem Description:**
CHIPS must reflect the work needed to address regional and local health issues.

CHIPS must be updated to reflect the work needed to address regional and local health issues. Part of this work involves standardizing the data collection and analysis process to ensure a quality driven approach to addressing priorities and gaps.

**Key Indicator:**
To be determined, based upon the priorities selected by each CHIP to address health issues

**Baseline Value for the Key Indicator:**
13

**Intervention Summary:**
Between 10/2022 and 9/2023, DPHS will provide support to produce and update a CHIP for the 13 RPHNs to address appropriate priorities and gaps.

DPHS will provide support and technical assistance to the 13 RPHNs in the update of their individual CHIPS. This will include regular meetings of the Public Health Advisory Council, gathering input from stakeholders and the public, standardizing the data collection and analysis process, and other efforts to ensure the CHIP goals and objective address appropriate priorities and gaps for their regions and communities.

**Type of Intervention:**
Evidence-based intervention

**Evidence Source:**
- Best Practice Initiative (U.S. Department of Health and Human Services)
- Model Practices Database (National Association of City and County Health Officials)

**Rationale for choosing the intervention:**
The RPHNs are in a good position to start aligning their work with the data collected from the SHA that will be used to develop the SHIP; collecting and analyzing this data will ensure that priorities and gaps are appropriate addressed for their communities.

**Target Population same as the Program or a subset:**
Same as the Program

**Activity 1 / 2**
Support CHIP planning

**Summary:**
Maintain contracts with RPHNs

**Description:**
Maintain contracts with the 13 RPHNs to support the Public Health Advisory Committees that are charged with developing and updating the CHIPs. Each regional PHAC is charged with convening stakeholders to identify priority public health issues, and develop goals, objectives and strategies to implement activities in a coordinated way.

**Activity 2 / 2**

Standardize CHIP data collection from the RPHNs

**Summary:**

Standardize data collection across the RPHNs

**Description:**

Develop and utilize a standardized data collection template for all RPHNs to use in data analysis for determining and addressing priorities and gaps in their CHIPs.

---

**Program Description 2 / 17**

**Program Summary**

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Injury Prevention - Adolescent drivers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Goal</td>
<td>The Injury Prevention Program (IPP) seeks to reduce teen motor vehicle deaths by increasing use of seatbelts and education of teen drivers.</td>
</tr>
<tr>
<td>Healthy People 2030 Objective</td>
<td>IVP-03 Reduce unintentional injury deaths</td>
</tr>
<tr>
<td>Recipient Health Objective</td>
<td>Between 10/2022 and 9/2023 reduce motor vehicle deaths by increasing safe driving for teens.</td>
</tr>
<tr>
<td>Total Program Allocation</td>
<td>$18,190</td>
</tr>
</tbody>
</table>

**Problem Information**

**Problem Description**

Reducing teen driver motor vehicle deaths by increasing teen driver safety.

Approximately 8 NH teens die each year in motor vehicle accidents. Though there are a variety of contributing factors, the largest is inexperience and lack of seatbelt use. By implementing an evidence-based adolescent teen driver safety program, the injury prevention program aims to reduce teen motor vehicle deaths.

**Key Indicator:**
Key indicators affected by this problem are teen driver safety measures such as the use of a seatbelt (indicator used) and access to teen driver safety education.

Key Indicator Baseline:
6.9

Problem was prioritized by the following factor(s)

- Identified via surveillance systems or other data sources
- Prioritized within a strategic plan
Goal:
The Injury Prevention Program (IPP) seeks to reduce teen motor vehicle deaths by increasing use of seatbelts and education of teen drivers.

SDOH Addressed by the Program:
This program is not specifically addressing a Social Determinant of Health (SDOH)

Program Strategy:

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

Primary Strategic Partners:
Injury Prevention Center at Dartmouth College, NH Maternal and Child Health, Department of Safety

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.
Planned non-monetary support to local agencies or organizations:

<table>
<thead>
<tr>
<th>Program Budget for Block Grant Funds</th>
<th>Program Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2022 Basic Allocation</td>
<td>$18,190</td>
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<tr>
<td>FY 2022 Sex Offense Allocation</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Total Allocation</strong></td>
<td><strong>$18,190</strong></td>
</tr>
</tbody>
</table>

PHHS Block Grant dollars were not used to respond to an emerging need or outbreak as a part of this program. PHHS Block Grant funds were used as Supplement other existing funds for this program.

PHHS Block Grant funds made up 75-99% - Primary source of funding of the total program funding.

The other funds came from:

The role of PHHS Block Grant funds in supporting the program was to Maintain existing program (as is)

Amount of funding to populations disproportionately affected by the Problem: $0

Amount of planned funding to local agencies or organizations: $18,190

Type of supported local agencies or organizations:

- Other
  - Injury Prevention Center at Dartmouth College

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

Target Population of Program 2 / 17

Program name:

- Injury Prevention - Adolescent drivers

Number of people served:

54000

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino

### Race:
- African American or Black
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- White

### Age:
- 15 - 24 years

### Gender Identity:
- Male
- Female
- Transgender

### Sexual Orientation:
- Gay (lesbian or gay)
- Bisexual
- Straight, this is not gay (or lesbian or gay)
- Something else

### Geography:
- Both

### Location:
- Statewide

### Occupation:
- All

### Educational Attainment:
- Some High School

### Health Insurance Status:
- Primary Low Income:
- No
Motor vehicle crashes are the third leading cause of all deaths in NH with an average of 119 deaths each year. The major causes of fatal motor vehicle crashes are impaired driving due to alcohol and/or other drugs, operator error, and driving errors. Newly licensed drivers ages 15-19 and children ages 1-9 are most at risk of dying in a motor vehicle crash in NH. Speed and inexperience of novice drivers are the major causes of fatal crashes. Continued efforts in teen driver safety, including promotion of seat belt use and avoidance of distractions remain a priority.

**Key Indicator:**

Seatbelt use, as reported in the YRBSS as well as fatalities from motor vehicles for this age range stated as deaths per year.

**Baseline Value for the Key Indicator:**

96

**Intervention Summary:**

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 in at least fifteen (15) high schools.
The IPP staff will continue to support efforts regarding novice adolescent driving safety. The IPP contracts with the Injury Prevention Center (IPC) at Children’s Hospital at Dartmouth-Hitchcock to fund (through state and CDC Preventive Health and Health Services Block Grant funds) a one day per week Traffic Safety Coordinator; the IPP and the Division of Highway Safety jointly fund this position. The Traffic Safety Coordinator facilitates the Buckle Up NH committee, which was combined with the Teen Driving Committee. Part of this work includes the NH Teen Driving Program (NHTDP). The NHTDP’s primary goals include assisting adolescents in understanding the true risks associated with their driving experience and educating parents and participating community members in understanding these risks. The program also attempts to change the “driving culture” for NH’s adolescents by using a peer-to-peer evidence-based strategy, which deems driving distracted, impaired driving, speeding and nonuse of seat belts socially unacceptable. Observational surveys of seat belt and electronic device use are collected at participating high schools at the start of the program implementation year and periodically as interventions (educational programs, school seat belt challenges, etc.) are facilitated. Statewide YRBS data is collected and reviewed every other year as a program outcome measure.

**Type of Intervention:**
Evidence-based intervention

**Evidence Source:**
- Best Practice Initiative (U.S. Department of Health and Human Services)
- Promising Practices Network (RAND Corporation)
- Other

Governors Highway Safety Association (2015. Countermeasures that work)

**Rationale for choosing the intervention:**
A successful pilot was completed in 2013 and support has continued due to recurring success.

**Target Population same as the Program or a subset:**
Sub-set of the Program

**Objective Target Population**

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<thead>
<tr>
<th>Number of people served:</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Ethnicity:</td>
<td></td>
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<tr>
<td>Race:</td>
<td></td>
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<tr>
<td>Age:</td>
<td></td>
</tr>
<tr>
<td>Gender Identity:</td>
<td></td>
</tr>
</tbody>
</table>
Activity 1 / 2
Adolescent Driver Safety

Summary:
Provide teen driver safety project to at least 15 schools.

Description:
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 in at least fifteen (15) high schools. The IPP staff will continue to support efforts regarding novice adolescent driving safety. The IPP contracts with the Injury Prevention Center (IPC) at Children’s Hospital at Dartmouth-Hitchcock to fund (through state and CDC Preventive Health and Health Services Block Grant funds) a one day per week Traffic Safety Coordinator; the IPP and the Division of Highway Safety jointly fund this position. The Traffic Safety Coordinator facilitates the Buckle Up NH committee, which was combined with the Teen Driving Committee. Part of this work includes the NH Teen Driving Program (NHTDP). The NHTDP’s primary goals include assisting adolescents in understanding the true risks associated with their driving experience and educating parents and participating community members in understanding these risks. The program also attempts to change the “driving culture” for NH’s adolescents by using a peer-to-peer evidence-based strategy, which deems driving distracted, impaired driving, speeding and nonuse of seat belts socially unacceptable. Observational surveys of seat belt and electronic device use are collected at participating high schools at the start of the program implementation year and periodically as interventions (educational programs, school seat belt challenges, etc.) are facilitated. Statewide YRBS data is collected and reviewed every other year as a program outcome measure.

Activity 2 / 2
Convene and chair SAFE KIDS New Hampshire

Summary:
Between 10/2022 and 09/2023, The IPP and the IPC will conduct 4 meetings of SAFE KIDS New Hampshire.

Description:
Between 10/2022 and 9/2023, 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. The topic of child safety restraints in motor vehicles is a common topic of discussion during these meetings.

Program Description 3 / 17

Program Summary

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Injury Prevention - Fall-Related deaths in older adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Goal</td>
<td>Reduce the number of falls in older adults by implementing evidence-based programming in the community.</td>
</tr>
<tr>
<td>Healthy People 2030 Objective</td>
<td>IVP-08 Reduce fall-related deaths among older adults</td>
</tr>
<tr>
<td>Recipient Health Objective</td>
<td>Between 10/2022 and 9/2023 reduce fall-related deaths in older adults by utilizing evidence-based falls reduction programming.</td>
</tr>
<tr>
<td>Total Program Allocation</td>
<td>$18,190</td>
</tr>
</tbody>
</table>

Problem Information

Problem Description
This programming will help reduce emergency department visits by older adults (aged 65+) for fall-related injuries.

Non-fatal 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 65 and up). The main causes of unintentional injury ED visits are falls, and crashes involving motor vehicles, bicycles, pedestrians, and recreational vehicles. To reduce the risk of falls in older adults, the injury prevention program partners with the Injury Prevention Center at Dartmouth to provide evidence-based falls risk reduction programming.

Key Indicator:
Key indicators for this program are the Uniform Hospital Discharge Dataset with codes related to falls and patient age over 65.
### Key Indicator Baseline:

6365 per 100,000

### Problem was prioritized by the following factor(s)

- Identified via surveillance systems or other data sources
- Prioritized within a strategic plan
Program Strategy

Goal:
Reduce the number of falls in older adults by implementing evidence-based programming in the community.

SDOH Addressed by the Program:
This program is not specifically addressing a Social Determinant of Health (SDOH)

Program Strategy:

Setting:
- Community based organization
- Local health department
- Home
- Medical or clinical site
- Senior residence or center
- University or college
- Other
  Professional Organizations

Primary Strategic Partners:
Injury Prevention Center at Dartmouth College, NH Maternal and Child Health, Department of Safety

Evaluation Methodology:
Effectiveness of programs will be evaluated using surveillance data from the Uniform Discharge Dataset for NH as well as EMS run reports.

Planned non-monetary support to local agencies or organizations:

Program Budget for Block Grant Funds
PHHS BLOCK GRANT INFORMATION SYSTEM – New Hampshire 2022 Work Plan

<table>
<thead>
<tr>
<th>Program Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2022 Basic Allocation</td>
</tr>
<tr>
<td>FY 2022 Sex Offense Allocation</td>
</tr>
<tr>
<td>Total Allocation</td>
</tr>
</tbody>
</table>

PHHS Block Grant dollars were not used to respond to an emerging need or outbreak as a part of this program. PHHS Block Grant funds were used as Total source of funding for this program.

PHHS Block Grant funds made up 75-99% - Primary source of funding of the total program funding.

The role of PHHS Block Grant funds in supporting the program was to Maintain existing program (as is)
Amount of funding to populations disproportionately affected by the Problem: $0
Amount of planned funding to local agencies or organizations: $18,190

Type of supported local agencies or organizations:

- Other
  Injury Prevention Center at Dartmouth College

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

Target Population of Program 3 / 17

Program name:
Injury Prevention - Fall-Related deaths in older adults
Number of people served:
235998
Ethnicity:
Race:

Age:

- 65 – 74 years
- 75 – 84 years
Program Objective 1

<table>
<thead>
<tr>
<th>Program Smart Objective</th>
<th>Reduce fall-related hospital visits in older adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title of Program SMART Objective</td>
<td>Maintain the age-adjusted rate of fall-related hospital visits for older adults of 6,377 per 100,000 (2018 data).</td>
</tr>
<tr>
<td>Item to be measured</td>
<td>Falls per 100,000 of adults 65+</td>
</tr>
<tr>
<td>Unit to be measured</td>
<td>Rate per 100000 of adults 65+ that resulted in hospitalization</td>
</tr>
<tr>
<td>Baseline Value</td>
<td>6337</td>
</tr>
<tr>
<td>Interim Target Value</td>
<td>6337</td>
</tr>
<tr>
<td>Final Target Value</td>
<td>6337</td>
</tr>
</tbody>
</table>

Program Objective 1 / 1

Problem Description:

Non-fatal injuries are a significant burden to the health care system.

Non-fatal 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 65 and up). The main causes of unintentional injury ED visits are falls, and crashes involving motor vehicles, bicycles, pedestrians, and recreational vehicles.
**Key Indicator:**
Reduce the rate of ED visits caused by unintentional injuries.
The HP 2030 baseline for this objective is 8,621.1 emergency department visits for nonfatal unintentional injuries per 100,000 population occurred in 2017. The target is 7,546.6 emergency department visits for nonfatal unintentional injuries per 100,000 population. NH is already below this target rate as of 2018 at 6,377.6, and plans to reduce the rate of increase by maintaining the current level of 6,377 per 100,000

**Baseline Value for the Key Indicator:**
6,377

**Intervention Summary:**
Contract with Injury Prevention Center at Dartmouth to provide evidence-based prevention programming for older adult falls.

The NH DHHS partners with the Injury Prevention Center at Dartmouth to implement evidence-based prevention programming to prevent and reduce falls in older adults. Intervention and prevention services provided by the Injury Prevention Center are focused on the strategies discussed in the NH Violence and Injury Prevention Plan. A comprehensive list of strategies involving societal, community, and individual efforts are the basis for the Injury Prevention Center’s efforts. Interventions cover a wide variety of options from exercise-based interventions to screenings and task force work.

**Type of Intervention:**
Evidence-based intervention

**Evidence Source:**
- Other
  
  Journals of epidemiology, public health, and geriatrics societies

**Rationale for choosing the intervention:**
Hospitalizations resulting from falls are costly and preventable.

**Target Population same as the Program or a subset:**
Same as the Program

<table>
<thead>
<tr>
<th>Activity 1 / 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Falls Conference</td>
</tr>
</tbody>
</table>

**Summary:**
Host one conference on older adult fall prevention

**Description:**
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 for health care providers, TJQMBB trainers, and stakeholders interested in older adult fall prevention. This conference is usually held in September, which is Older Adult Falls Prevention Month. Depending on safety recommendations, this conference may be held either virtually or in-person. The conference provides important information about fall prevention to caregivers who interact with geriatric patients that can be passed along to their patients. Continuing Education Units (CEU’s) are provided to the attendees.

Activity 2 / 2

Annual issue brief

Summary:

Annual data brief on older adult falls

Description:

Under the leadership of the IPC and the IPP, the New Hampshire Falls Risk Reduction Task Force will gather data 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.

Program Description 4 / 17

Program Summary

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Injury Prevention - Suicide reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Goal</td>
<td>Implement evidence-based primary prevention programming in schools.</td>
</tr>
<tr>
<td>Healthy People 2030 Objective</td>
<td>MHMD-01 Reduce the suicide rate</td>
</tr>
<tr>
<td>Recipient Health Objective</td>
<td>Between 10/2022 and 9/2023 reduce the suicide rate increase in NH.</td>
</tr>
<tr>
<td>Total Program Allocation</td>
<td>$18,195</td>
</tr>
</tbody>
</table>

Problem Information

Problem Description

This program will address the increase in the rate of suicide in NH.

NH is a state with one of the leading rates of suicide; a preventable injury. The Injury Prevention Program will partner with the Injury Prevention Center at Dartmouth to reduce the number of students who report that they have attempted suicide in the past 12 months. This will be accomplished with evidence-based suicide prevention programming delivered in a multitude of settings.
Key Indicator:
The key indicators affected by this problem are the number of students who answer they have attempted suicide one or more times in the past 12 months on the YRBS.

Key Indicator Baseline:
5.9

Problem was prioritized by the following factor(s)
- Identified via surveillance systems or other data sources
- Prioritized within a strategic plan
**Program Strategy**

**Goal:**
Implement evidence-based primary prevention programming in schools.

**SDOH Addressed by the Program:**
This program is not specifically addressing a Social Determinant of Health (SDOH)

**Program Strategy:**

**Setting:**

**Primary Strategic Partners:**
Injury Prevention Center at Dartmouth College

**Evaluation Methodology:**
This intervention will be evaluated by examining the YRBS data each year as well as through periodic programmatic evaluations.

**Planned non-monetary support to local agencies or organizations:**

**Program Budget for Block Grant Funds**

<table>
<thead>
<tr>
<th>Program Budget</th>
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</thead>
<tbody>
<tr>
<td>FY2022 Basic Allocation</td>
<td>$18,195</td>
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<tr>
<td>FY 2022 Sex Offense Allocation</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Total Allocation</strong></td>
<td><strong>$18,195</strong></td>
</tr>
</tbody>
</table>
PHHS Block Grant dollars were not used to respond to an emerging need or outbreak as a part of this program. PHHS Block Grant funds were used as Total source of funding for this program.

PHHS Block Grant funds made up 75-99% - Primary source of funding of the total program funding.

The role of PHHS Block Grant funds in supporting the program was to Maintain existing program (as is) 
Amount of funding to populations disproportionately affected by the Problem: $0
Amount of planned funding to local agencies or organizations: $18,195

**Type of supported local agencies or organizations:**

- Other
  - Injury Prevention Center at Dartmouth College

**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

**Target Population of Program 4 / 17**

**Program name:**
Injury Prevention - Suicide reduction

**Number of people served:**
178328

**Ethnicity:**

**Race:**

**Age:**

- 5 - 14 years
- 15 - 24 years

**Gender Identity:**

**Sexual Orientation:**
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<tbody>
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<table>
<thead>
<tr>
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<tbody>
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<table>
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<tr>
<th>Is the entire target population disproportionately affected by the Problem, or only part?</th>
<th></th>
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<tbody>
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<td>All</td>
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<table>
<thead>
<tr>
<th>Program name:</th>
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<tbody>
<tr>
<td>Injury Prevention - Suicide reduction</td>
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<tr>
<th>Number of people served:</th>
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<tr>
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| Sexual Orientation: |  |

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PHHS BLOCK GRANT INFORMATION SYSTEM – New Hampshire 2022 Work Plan

Health Insurance Status:
Primary Low Income:
No

Is the entire target population disproportionately affected by the Problem, or only part?
All

<table>
<thead>
<tr>
<th>Program Objective 1 / 1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Program Smart Objective</strong></td>
</tr>
<tr>
<td><strong>Title of Program SMART Objective</strong></td>
</tr>
<tr>
<td><strong>Item to be measured</strong></td>
</tr>
<tr>
<td><strong>Unit to be measured</strong></td>
</tr>
<tr>
<td><strong>Baseline Value</strong></td>
</tr>
<tr>
<td><strong>Interim Target Value</strong></td>
</tr>
<tr>
<td><strong>Final Target Value</strong></td>
</tr>
</tbody>
</table>

**Problem Description:**
The majority of violent deaths in New Hampshire are suicides.

Based on 2018 suicide data, NH has the 20th highest rate of suicide deaths in the U.S. NH’s death rate due to suicide in the past decade has been consistently higher than the national rate, most notably since 2014 when NH suicides rose significantly. The most common method used in NH suicides are firearms, followed by poisoning, cutting, and strangulation (hanging). Depression is a major contributing factor to suicide death. In 2015 and 2016 NH National Violent Death Reporting System data, 83% and 71% respectively, of suicide death victims in NH had suffered from depression or reported having depressed moods. Suicide is now the second leading cause of death in the 10 to 19-year old age group in NH. Between 2008-2017, 245 NH youth and young adults aged 10-24 lost their lives to suicide. Of great concern is the rising trend in suicide deaths in NH youth as the number of youth suicides has doubled that of prior years.

**Key Indicator:**
The key health indicator is the suicide death rate per 100,000 population in NH.

**Baseline Value for the Key Indicator:**
16

**Intervention Summary:**
Annual suicide prevention conference
Provide an Annual Suicide Prevention Conference to reach a diverse gathering of individuals to promote recognition of suicide as a generally preventable public health problem and promote active involvement in prevention activities. The NH DHHS has a representative on the Suicide Prevention Council (SPC). The mission of the State SPC is to reduce the incidence of suicide in NH by accomplishing the goals of the NH Suicide Prevention Plan, which are to: 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 PHHS Block Grant funds contribute toward the organization of an annual suicide prevention conference, which supports the goals of the NH Suicide Prevention Plan. 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) to conduct an 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.

**Type of Intervention:**
Evidence-based intervention

**Evidence Source:**
- Other

2012 National Strategy for Suicide Prevention

**Rationale for choosing the intervention:**
By providing community education related to suicide prevention through an annual conference, risk factors for suicide will be reduced and protective factors will be increased.

**Target Population same as the Program or a subset:**
Same as the Program

**Activity 1 / 1**

Annual Suicide Prevention Conference

**Summary:**
Provide an Annual Suicide Prevention Conference to reach a diverse gathering of individuals to promote recognition of suicide as a generally preventable public health problem and promote active involvement in prevention activities.

**Description:**
The NH DHHS has a representative on the Suicide Prevention Council (SPC). The mission of the State SPC is to reduce the incidence of suicide in NH by accomplishing the goals of the NH Suicide Prevention Plan, which are to: 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 PHHS Block Grant funds contribute toward the organization of an annual suicide prevention conference, which supports the goals of the NH Suicide Prevention Plan. 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) to conduct an 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.

### Program Description 5 / 17

#### Program Summary

<table>
<thead>
<tr>
<th>Program Name</th>
<th>BHAEP State Health Improvement Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Goal</td>
<td>Publish a SHIP as mandated by legislation within the grant period; this will pave the way to set priorities and objectives based on the current needs of our state and communities, which will be established via CHIPS at the local level, and connected to the DPHS Strategic Plan.</td>
</tr>
<tr>
<td>Healthy People 2030 Objective</td>
<td>PHI-04 Increase the proportion of state and territorial jurisdictions that have a health improvement plan</td>
</tr>
<tr>
<td>Recipient Health Objective</td>
<td>By 9/30/2023, NHDPHS will publish a State Health Improvement Plan</td>
</tr>
<tr>
<td>Total Program Allocation</td>
<td>$207,455</td>
</tr>
</tbody>
</table>

#### Problem Information

#### Problem Description

The State Health Improvement Plan (SHIP) needs to be developed following the completion of the State Health Assessment (SHA); this will pave the way for DPHS programs and local organizations to align their work to address priorities and gaps.

State and community health improvement plans are essential to set high-level goals and objectives identified through collaborative processes with numerous stakeholders. The development of the State Health Assessment in 2022 paves the way to set priorities and objectives based on the current needs of our state and communities, which will be established via CHIPS at the local level, and connected to the DPHS Strategic Plan. This will ensure the integration of programs and services across the state.

#### Key Indicator:
To be determined, based upon the priorities and objectives included in the SHIP. The SHA identified 4 major Domains of focus: (1) Access to Opportunity; (2) community; (3) Health Status and Outcomes; and (4) Social Connectedness. It is anticipated that priorities will be determined from these Domains for implementation.

Key Indicator Baseline:

1 SHIP

**Problem was prioritized by the following factor(s)**

- Conducted, monitored, or updated a jurisdiction health assessment
- Identified via surveillance systems or other data sources
- Legislature established as a priority
Program Strategy

Goal:

Publish a SHIP as mandated by legislation within the grant period; this will pave the way to set priorities and objectives based on the current needs of our state and communities, which will be established via CHIPs at the local level, and connected to the DPHS Strategic Plan.

SDOH Addressed by the Program:

This program is specifically addressing a Social Determinant of Health (SDOH)

- Economic Stability (e.g. poverty, unemployment, food insecurity, housing instability)
- Education (e.g. low high school graduation rates, low literacy levels, poor early childhood education)
- Social and Community Context (e.g. discrimination, low civic participation, poor workplace conditions, incarceration)
- Health and Health Care (e.g. poor access to healthcare, low health insurance coverage, low health literacy)
- Neighborhood and Built Environment (e.g. poor quality of housing, limited access to transportation, food desert, poor water/air quality, neighborhood crime and violence)

Program Strategy:

The NHDPHS will provide support to a legislatively mandated State Health Improvement Advisory Council, which is statutorily charged to develop the SHIP. The Division will then align the priorities will its program work as part of its Strategic Plan, and address gaps. In addition, the Division will continue to coordinate with the 13 contracted Regional Public Health Networks to align their CHIPs once the new SHIP is published. This will ensure that the work will be integrated across the state.

Setting:

- Business, corporation or industry
- Childcare center
- Community based organization
- Faith based organization
- Local health department
- Medical or clinical site
- Schools or school district
- Senior residence or center
- State health department

Primary Strategic Partners:

NH SHA-SHIP Council, stakeholder partners, comm. orgs., DHHS/DPHS pgms
Evaluation Methodology:

The SHIP development process will be evaluated during the grant period based upon: the number of organizations engaged in the priority selection process; and the total priorities identified and selected to be addressed.

Planned non-monetary support to local agencies or organizations:
- Technical Assistance
- Training

Program Budget for Block Grant Funds

<table>
<thead>
<tr>
<th>Program Budget</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2022 Basic Allocation</td>
<td>$207,455</td>
</tr>
<tr>
<td>FY 2022 Sex Offense Allocation</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Total Allocation</strong></td>
<td><strong>$207,455</strong></td>
</tr>
</tbody>
</table>

PHHS Block Grant dollars were not used to respond to an emerging need or outbreak as a part of this program. PHHS Block Grant funds were used as Total source of funding for this program.

PHHS Block Grant funds made up 75-99% - Primary source of funding of the total program funding.

The role of PHHS Block Grant funds in supporting the program was to Enhance or expand the program.

Amount of funding to populations disproportionately affected by the Problem: $0

Amount of planned funding to local agencies or organizations: $0

Type of supported local agencies or organizations:
- Other
  - State and Local Health Departments

FTEs (Full Time Equivalents)

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

Total Number of Positions Funded: 17

Total FTEs Funded: 2.66
Full Time Equivalents positions that are funded with PHHS Block Grant funds.

<table>
<thead>
<tr>
<th>Position 1 / 17 Title</th>
<th>Administrative Assistant II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position Name:</td>
<td>Christine Tupick</td>
</tr>
<tr>
<td>Jurisdiction-level:</td>
<td>4%</td>
</tr>
<tr>
<td>Local</td>
<td>0%</td>
</tr>
<tr>
<td>Other</td>
<td>0%</td>
</tr>
</tbody>
</table>

This position is not vacant.

<table>
<thead>
<tr>
<th>Position 2 / 17 Title</th>
<th>Business Administrator II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position Name:</td>
<td>Irene Moy</td>
</tr>
<tr>
<td>Jurisdiction-level:</td>
<td>4%</td>
</tr>
<tr>
<td>Other</td>
<td>0%</td>
</tr>
</tbody>
</table>

This position is not vacant.

<table>
<thead>
<tr>
<th>Position 3 / 17 Title</th>
<th>Business Systems Analyst</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position Name:</td>
<td>Martha Wells</td>
</tr>
<tr>
<td>Jurisdiction-level:</td>
<td>4%</td>
</tr>
</tbody>
</table>

This position is not vacant.

<table>
<thead>
<tr>
<th>Position 4 / 17 Title</th>
<th>Administrator II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position Name:</td>
<td>Abigail Rogers</td>
</tr>
<tr>
<td>Jurisdiction-level:</td>
<td>4%</td>
</tr>
</tbody>
</table>

This position is not vacant.

<table>
<thead>
<tr>
<th>Position 5 / 17 Title</th>
<th>Administrator IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position Name:</td>
<td>Amy Smalarz</td>
</tr>
<tr>
<td>Jurisdiction-level:</td>
<td>4%</td>
</tr>
</tbody>
</table>

This position is not vacant.

<table>
<thead>
<tr>
<th>Position 6 / 17 Title</th>
<th>Administrator III</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position Name:</td>
<td>Christine Barton</td>
</tr>
<tr>
<td>Jurisdiction-level:</td>
<td>4%</td>
</tr>
</tbody>
</table>

This position is not vacant.
<table>
<thead>
<tr>
<th>Position 7 / 17 Title:</th>
<th>Business Administrator III</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position Name:</td>
<td>Kira Hageman</td>
</tr>
<tr>
<td>Jurisdiction-level:</td>
<td>4%</td>
</tr>
<tr>
<td>This position is not vacant.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Position 8 / 17 Title:</th>
<th>DPHS Deputy Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position Name:</td>
<td>Iain Watt</td>
</tr>
<tr>
<td>Jurisdiction-level:</td>
<td>4%</td>
</tr>
<tr>
<td>This position is not vacant.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Position 9 / 17 Title:</th>
<th>DPHS Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position Name:</td>
<td>Patricia Tilley</td>
</tr>
<tr>
<td>Jurisdiction-level:</td>
<td>4%</td>
</tr>
<tr>
<td>This position is not vacant.</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Position 10 / 17 Title:</th>
<th>Financial Reporting Administrator II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position Name:</td>
<td>Richelle Swanson</td>
</tr>
<tr>
<td>Jurisdiction-level:</td>
<td>4%</td>
</tr>
<tr>
<td>This position is not vacant.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Position 11 / 17 Title:</th>
<th>Grants Program Coordinator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position Name:</td>
<td>Kathleen Weber</td>
</tr>
<tr>
<td>Jurisdiction-level:</td>
<td>4%</td>
</tr>
<tr>
<td>This position is not vacant.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Position 12 / 17 Title:</th>
<th>Grants Program Coordinator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position Name:</td>
<td>Mikiyung Hughes</td>
</tr>
<tr>
<td>Jurisdiction-level:</td>
<td>4%</td>
</tr>
<tr>
<td>This position is not vacant.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Position 13 / 17 Title:</th>
<th>Administrator III</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position Name:</td>
<td>William Moir</td>
</tr>
<tr>
<td>Position Name</td>
<td>Jurisdiction-level</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>Senior Management Analyst</td>
<td>2%</td>
</tr>
<tr>
<td>Alia Hayes</td>
<td>80%</td>
</tr>
</tbody>
</table>

This position is not vacant.

<table>
<thead>
<tr>
<th>Position Name</th>
<th>Jurisdiction-level</th>
<th>Local</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Secretary</td>
<td>4%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This position is vacant.

The plan to fill the vacant position is:

Currently in recruitment

<table>
<thead>
<tr>
<th>Position Name</th>
<th>Jurisdiction-level</th>
<th>Local</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Secretary</td>
<td>4%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This position is vacant.

The plan to fill the vacant position is:

Currently in recruitment

<table>
<thead>
<tr>
<th>Position Name</th>
<th>Jurisdiction-level</th>
<th>Local</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Systems Development Specialist V</td>
<td>4%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This position is vacant.

The plan to fill the vacant position is:

Currently under review for amendment, once approved, recruitment will commence
# Target Population of Program 5 / 17

<table>
<thead>
<tr>
<th>Program name:</th>
<th>BHAEP State Health Improvement Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of people served:</td>
<td>1377529</td>
</tr>
<tr>
<td>Ethnicity:</td>
<td></td>
</tr>
<tr>
<td>Race:</td>
<td></td>
</tr>
<tr>
<td>Age:</td>
<td></td>
</tr>
<tr>
<td>Gender Identity:</td>
<td></td>
</tr>
<tr>
<td>Sexual Orientation:</td>
<td></td>
</tr>
<tr>
<td>Geography:</td>
<td>Both</td>
</tr>
<tr>
<td>Location:</td>
<td>Statewide</td>
</tr>
<tr>
<td>Occupation:</td>
<td>All</td>
</tr>
<tr>
<td>Educational Attainment:</td>
<td></td>
</tr>
<tr>
<td>Health Insurance Status:</td>
<td>Primary Low Income: No</td>
</tr>
<tr>
<td>Is the entire target population disproportionately affected by the Problem, or only part?</td>
<td>All</td>
</tr>
</tbody>
</table>

## Program Objective 1 / 1

<table>
<thead>
<tr>
<th>Program Smart Objective</th>
<th>Develop and publish a State Health Improvement Plan (SHIP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title of Program SMART Objective</td>
<td>Between 10/2022 and 9/2023, DPHS will publish one draft of a new State Health Improvement Plan</td>
</tr>
<tr>
<td>Item to be measured</td>
<td>SHIP document</td>
</tr>
<tr>
<td>Unit to be measured</td>
<td>1</td>
</tr>
</tbody>
</table>
Key Indicator:
To be determined, based upon the priorities set. The SHA has identified 4 focus areas: (1) Access to Opportunity; (Community); (3) Health Status and Outcomes; and (4) Social Connectedness. It is anticipated that priority indicators will be developed from these areas for implementation.

Baseline Value for the Key Indicator:
1

Intervention Summary:
DPHS will publish one draft of a new State Health Improvement Plan in accordance with mandated legislation, utilizing the data provided in the SHA, and with the expertise of the SHA-SHIP Council and other subject matter experts.

Between 10/2022 and 9/2023, DPHS will provide support to the SHIP development process as described in state statute. This will include the coordination of regular meetings of the SHA-SHIP Council, gathering input from stakeholders and the public, establishing priorities, and other efforts in accordance with national models relating to SHA and SHIP development such as PHAB Accreditation.

Type of Intervention:
Evidence-based intervention

Evidence Source:
- Best Practice Initiative (U.S. Department of Health and Human Services)
- Model Practices Database (National Association of City and County Health Officials)

Rationale for choosing the intervention:
The SHA has been completed and now requires development of the SHIP in order to complete the process and produce the priorities and objectives to be measured in the coming years for the DPHS Strategic Plan and the community CHIPS.

Target Population same as the Program or a subset:
Same as the Program
Activity 1 / 2
Maintain SHA-SHIP Council

Summary:
Support the SHIA-SHIP Council in its development of the SHIP

Description:
DPHS will continue a contract with the Institute for Public Health Policy and Practice at UNH to facilitate and manage the SHIP development process. This will include prioritizing the health data from the SHA to be included into the SHIP, and ensure the process will be conducted in a manner that will result in the identification and implementation of the priorities to be addressed.

Activity 2 / 2
Publish a SHIP

Summary:
Produce a State Health Improvement PLAN (SHIP)

Description:
Through the work of the SHIP Council, produce a SHIP that will align with work of the community CHIPS and the DPHS Strategic Plan.
The Public Health Improvement Section of DPHS will improve program efficiency and effectiveness by assisting with the implementation of quality improvement and performance management education and training to: cultivate QI practitioners; offer project facilitation; and develop and maintain Division standards and policies/procedures.

As Quality and Performance Management (PM) policies and plans are developed and implemented, DPHS will work toward expanding QI/PM training to align with state goals and objectives to create a culture of quality, and to establish standards for QI and QA methods for all staff. This will be accomplished by providing technical assistance and facilitation around Lean events; and providing training to improve the quality of operations, systems, and personnel. The implementation of standards and policies will foster a greater expectation of quality improvement within our program work to achieve strategic planning and SHIP objectives.

**Key Indicator:**

PHIS will measure the number of staff completing QI and QI-related training

---

**Key Indicator Baseline:**

124

**Problem was prioritized by the following factor(s)**

- Prioritized within a strategic plan
**Program Strategy**

**Goal:**
Increase QI and QI-related training opportunities for Department staff

**SDOH Addressed by the Program:**
This program is not specifically addressing a Social Determinant of Health (SDOH)

**Program Strategy:**
PHIS will apply commitment and progress toward developing a Division-wide culture of quality with Lean, Lean Six Sigma, and other QI-related training opportunities at all levels. This work will be reflected by the objectives implemented by the SHIP, and also from the Strategic Planning process, that will result in policies and standards for use by all employees to measure the success of their work.

**Setting:**

- State health department

**Primary Strategic Partners:**
DHHS training Bureau; CDC; ASTHO; NACCHO; PHF; State training Bureau

**Evaluation Methodology:**
PHIS will measure the number of Department staff completing trainings in quality improvement, performance management, and other QI-related trainings.

**Planned non-monetary support to local agencies or organizations:**
- Technical Assistance
- Training

**Program Budget for Block Grant Funds**
PHHS BLOCK GRANT INFORMATION SYSTEM – New Hampshire 2022 Work Plan

### Program Budget

<table>
<thead>
<tr>
<th></th>
<th>FY2022 Basic Allocation</th>
<th>$360,444</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2022 Sex Offense Allocation</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td><strong>Total Allocation</strong></td>
<td></td>
<td><strong>$360,444</strong></td>
</tr>
</tbody>
</table>

PHHS Block Grant dollars were not used to respond to an emerging need or outbreak as a part of this program. PHHS Block Grant funds were used as Supplement other existing funds for this program.

PHHS Block Grant funds made up 50-74% - Significant source of funding of the total program funding.

### The other funds came from:

- State or local funding

The role of PHHS Block Grant funds in supporting the program was to Maintain existing program (as is)

Amount of funding to populations disproportionately affected by the Problem: $0

Amount of planned funding to local agencies or organizations: $0

### Type of supported local agencies or organizations:

- Other
  - State and Local Health Departments

### FTEs (Full Time Equivalents)

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

Total Number of Positions Funded: 2

Total FTEs Funded: 2

<table>
<thead>
<tr>
<th>Position 1 / 2 Title:</th>
<th>Senior Management Analyst</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Position Name:</strong></td>
<td>Alia Hayes</td>
</tr>
<tr>
<td>Jurisdiction-level:</td>
<td>100%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>

This position is not vacant.

<table>
<thead>
<tr>
<th>Position 2 / 2 Title:</th>
<th>Managing Analyst</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Position Name:</strong></td>
<td>Cynthia Carrier</td>
</tr>
</tbody>
</table>

Jurisdiction-level: 80%
Local 20%

This position is not vacant.

**Target Population of Program 6 / 17**

Program name: BHAEP Quality Improvement

Number of people served: 1377529

Ethnicity: 
Race: 

Age: 
Gender Identity: 

Sexual Orientation: 

Geography: Both
Location: 

Occupation: All

Educational Attainment: 

Health Insurance Status: 
Primary Low Income: No

Is the entire target population disproportionately affected by the Problem, or only part? Part

**Portion of the Program Target Population that Experiences Health Disparities**

Number of people served:
Ethnicity:
- Hispanic or Latino
- Non-Hispanic or Latino

Race:
- African American or Black
- Native Hawaiian or Other Pacific Islander
- White

Age:
- 15 - 24 years
- 25 - 34 years
- 35 - 44 years
- 45 – 54 years
- 55 - 64 years
- 65 – 74 years
- 75 – 84 years
- 55 - 64 years
- 45 – 54 years
- 35 - 44 years
- 25 - 34 years
- 15 - 24 years

Gender Identity:

Sexual Orientation:
- I don’t know the answer

Geography:
- Both

Location:
- Statewide

Occupation:
- state workers

Educational Attainment:
- Some College
- Graduate Degree
- High School Diploma
- College Degree
PHHS BLOCK GRANT INFORMATION SYSTEM – New Hampshire 2022 Work Plan

Health Insurance Status:

- Uninsured
- Medicare
- Affordable Care Act Plan
- Medicaid
- Private Health Insurance

Primary Low Income:

No

<table>
<thead>
<tr>
<th>Program Objective 1 / 1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Program Smart Objective</strong></td>
</tr>
<tr>
<td><strong>Title of Program SMART Objective</strong></td>
</tr>
<tr>
<td><strong>Item to be measured</strong></td>
</tr>
<tr>
<td><strong>Unit to be measured</strong></td>
</tr>
<tr>
<td><strong>Baseline Value</strong></td>
</tr>
<tr>
<td><strong>Interim Target Value</strong></td>
</tr>
<tr>
<td><strong>Final Target Value</strong></td>
</tr>
</tbody>
</table>

Problem Description:

With QI and performance management (PM) work increasing, DPHS staff need access to training.

With the advent of the State Health Improvement Plan, (SHIP), there will be increased need for staff to identify and manage QI and PM activities to ensure that goals and objectives are met. Increased training opportunities will assist staff in becoming QI practitioners.

Key Indicator:

Lack of training will keep staff from increasing efficiency and effectiveness in their work.

Baseline Value for the Key Indicator:

124

Intervention Summary:

Between 10/2022 and 9/2023, the Public Health Improvement Section will increase number of employees trained in QI from 124 to 136.

The Public Health Improvement Section is responsible for the development and implementation of agency-wide quality improvement capacity to cultivate QI practitioners, facilitating QI events, and providing QI training. With the advent of a SHA/SHIP, DPHS must respond to the need for increased QI and PM work within unit programs by supporting QI and PM policies, plans and training.
Type of Intervention:
Innovative/Promising Practice

Rationale for choosing the intervention:
With the advent of a state-mandated SHA/SHIP, DPHS must respond to the need for increased QI and PM work within unit programs by supporting QI and PM polocoes, plans and training

Target Population same as the Program or a subset:
Same as the Program

Activity 1 / 4
QI and QI-related training for DPHS/DHHS employees

Summary:
Assess, deliver, evaluate and improve QIa nd QI-related training for DPHS/DHHS employees

Description:
Between 10/2022 and 9/2023, quarterly, the Section will announce available training opportunities and work with supervisors to recruit participants, partners and contractors for process improvement training through the DHHS Office of Developmental and Training Services (ODTS), the NH Bureau of Education and Training (BET), and Six sigma Global Institute (SSGI). PHIS will support or provide funding for 12 employees interested or obligated to complete training not otherwise funded by these entities

Activity 2 / 4
Public Health Digital Library

Summary:
Continue to provide staff access to the Public Health Digital Library

Description:
DPHS will continue to contract with the University of Massachusetts Medical School to ensure DPHS staff have access to current literature to help guide selection and implementation of program strategies and develop QI activities. This will help inform programmatic activities across the Division and address the priorities identified in the SHA/SHIP that will be based on the most current knowledge.

Activity 3 / 4
Administrative Rule Support

Summary:
Develop, implement and maintain administrative rules for legislatively mandated programs

Description:
PHHS BLOCK GRANT INFORMATION SYSTEM – New Hampshire 2022 Work Plan

Between 10/2022 and 9/2023, PHIS will manage the process and provide technical support to 100% of 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, and ensure that standards will be developed for evaluation and opportunities for quality improvement.

Activity 4 / 4

Policies and Procedures

Summary:
Develop and maintain policies and procedures regarding health department operations

Description:
Between 10/2022 and 9/2023, PHIS will regularly review, updated, make available, and communicate changes in policy and procedures regarding health department operations. Management Team requests for new policies and procedures will be developed and implemented. PHIS will also maintain the structure, access and permissions to the electronic policy and procedure manual for the Division.

Program Description 7 / 17

Program Summary

<table>
<thead>
<tr>
<th>Program Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Name</td>
</tr>
<tr>
<td>Program Goal</td>
</tr>
<tr>
<td>Healthy People 2030 Objective</td>
</tr>
<tr>
<td>Recipient Health Objective</td>
</tr>
<tr>
<td>Total Program Allocation</td>
</tr>
</tbody>
</table>

Problem Information

Problem Description

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 reoccurrence. 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 Pertussis are illnesses that prompt a rapid response from the NH BIDC Public Health Nurse Specialists. For each case, contacts and risk factors are identified and follow up is conducted with each contact to provide individual specific post-exposure prophylaxis (PEP) recommendations such as vaccination for unvaccinated Hepatitis A contacts or facilitating antibiotics for appropriate Pertussis contacts. The Public Health Nurse Specialists provide 24/7/365 coverage for rapid response to identification of these diseases and to ensure that appropriate control measures and recommendations are put into place.

Key Indicator:

The goal of the Bureau of Infectious Disease Control is to effectively reduce morbidity and mortality of infectious diseases. This is accomplished through: Reduction of secondary Hepatitis A infections among identified contacts; Reducing cases of Pertussis among infants; Investigation of clusters/outbreaks of GI illness; and effective management of active Tuberculosis Cases and high risk refugees.

Key Indicator Baseline:

NH BIDC investigates all the diseases listed on the reportable disease list.

Problem was prioritized by the following factor(s)

- Identified via surveillance systems or other data sources
**Program Strategy**

**Goal:**
The goal of the Bureau of Infectious Disease Control is to effectively reduce morbidity and mortality of infectious diseases.

**SDOH Addressed by the Program:**
This program is not specifically addressing a Social Determinant of Health (SDOH)

**Program Strategy:**
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.

**Setting:**
- Childcare 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

**Primary Strategic Partners:**
Internal DPHS Bureaus, CDC, CSTE, NH Hosp Assn, Local Health Depts

**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. The systems listed in this narrative are used in an ongoing basis to help us evaluate investigation processes as well as measure performance standards for investigations. An example is the extensive Hepatitis A protocol development which helps identify not only what risk factors among Hepatitis A cases are significant but what factors are missed in the investigation process, allowing us to identify areas that need improvement. NHEDSS not only is a case management system but data is pulled and case investigations are examined for areas of improvement for the investigation process. AHEDD reporting is an ongoing process which allows us to identify emergent cases of infectious disease when the providers have failed to report them and that leads to a delay in identification of contacts for necessary prophylaxis, thus preventing mortality for the citizens of the state. All of the systems listed not only augment our infectious disease identification processes but allow us to evaluate when critical areas are missed or identify if there are other connections with other outbreaks across the country that would otherwise be missed without them.

**Planned non-monetary support to local agencies or organizations:**

**Program Budget for Block Grant Funds**

<table>
<thead>
<tr>
<th>Program Budget</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2022 Basic Allocation</td>
<td>$248,394</td>
</tr>
<tr>
<td>FY 2022 Sex Offense Allocation</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Total Allocation</strong></td>
<td><strong>$248,394</strong></td>
</tr>
</tbody>
</table>

PHHS Block Grant dollars were not used to respond to an emerging need or outbreak as a part of this program. PHHS Block Grant funds were used as Supplement other existing funds for this program.

PHHS Block Grant funds made up 50-74% - Significant source of funding of the total program funding.

**The other funds came from:**

- State or local funding

The role of PHHS Block Grant funds in supporting the program was to Enhance or expand the program

Amount of funding to populations disproportionately affected by the Problem: $0

Amount of planned funding to local agencies or organizations: $0

**Type of supported local agencies or organizations:**

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

Total Number of Positions Funded: 6
Total FTEs Funded: 1.83

### FTEs (Full Time Equivalents)

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

<table>
<thead>
<tr>
<th>Position 1 / 6 Title:</th>
<th>Supervisor VII</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position Name:</td>
<td>Megan Heddy</td>
</tr>
<tr>
<td>Jurisdiction-level:</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>14%</td>
</tr>
</tbody>
</table>

This position is not vacant.

<table>
<thead>
<tr>
<th>Position 2 / 6 Title:</th>
<th>Public Health Nurse Specialist - Respiratory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position Name:</td>
<td>Deanna Ferreira</td>
</tr>
<tr>
<td>Jurisdiction-level:</td>
<td></td>
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<tr>
<td>Local</td>
<td>29%</td>
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<tr>
<td>Total</td>
<td>49%</td>
</tr>
</tbody>
</table>

This position is not vacant.

<table>
<thead>
<tr>
<th>Position 3 / 6 Title:</th>
<th>Public Health Nurse Specialist - Enteric</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position Name:</td>
<td>Julia Laroche</td>
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<td>Jurisdiction-level:</td>
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<tr>
<td>Local</td>
<td>20%</td>
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<tr>
<td>Total</td>
<td>49%</td>
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</tbody>
</table>

This position is not vacant.

<table>
<thead>
<tr>
<th>Position 4 / 6 Title:</th>
<th>Public Health Nurse Specialist - Emerging Infectious Diseases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position Name:</td>
<td></td>
</tr>
<tr>
<td>Jurisdiction-level:</td>
<td>29%</td>
</tr>
<tr>
<td>Local</td>
<td>20%</td>
</tr>
<tr>
<td>Total</td>
<td>49%</td>
</tr>
</tbody>
</table>

This position is vacant.

The plan to fill the vacant position is:
Continue recruitment efforts including utilizing enhanced options for posting of positions across multiple platforms to ensure we receive as many qualified candidates as possible

**Position 5 / 6 Title:** Evaluator

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
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<td>7%</td>
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<tr>
<td>Total</td>
<td>7%</td>
</tr>
</tbody>
</table>

This position is vacant.

The plan to fill the vacant position is:
Continue recruitment efforts including utilizing enhanced options for posting of positions across multiple platforms to ensure we receive as many qualified candidates as possible

**Position 6 / 6 Title:** Secretary II

<table>
<thead>
<tr>
<th>Position Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Jurisdiction-level:</td>
<td>14%</td>
</tr>
<tr>
<td>Total</td>
<td>14%</td>
</tr>
</tbody>
</table>

This position is vacant.

The plan to fill the vacant position is:
Continue recruitment efforts including utilizing enhanced options for posting of positions across multiple platforms to ensure we receive as many qualified candidates as possible

**Target Population of Program 7 / 17**

Program name: Bureau of Infectious Disease Control

Number of people served: 1377529

Ethnicity:
- Hispanic or Latino
- Non-Hispanic or Latino

Race:
- African American or Black
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- White
### Age:

- Under 1 year
- 1 - 4 years
- 5 - 14 years
- 15 - 24 years
- 25 - 34 years
- 35 - 44 years
- 45 – 54 years
- 55 - 64 years
- 65 – 74 years
- 75 – 84 years
- 85 years and older

### Gender Identity:

- Male
- Female
- Transgender
- None of these

### Sexual Orientation:

- Gay (lesbian or gay)
- Bisexual
- Straight, this is not gay (or lesbian or gay)
- Something else

### Geography:

- Both

### Location:

- Statewide

### Occupation:

- All

### Educational Attainment:

- Some High School
- Some College
- Graduate Degree
- High School Diploma
- College Degree

Health Insurance Status:
- Uninsured
- Medicare
- Affordable Care Act Plan
- Medicaid
- Private Health Insurance

Primary Low Income:
No

Is the entire target population disproportionately affected by the Problem, or only part?
All

Program name:
Bureau of Infectious Disease Control

Number of people served:
1377529

Ethnicity:

Race:

Age:

Gender Identity:

Sexual Orientation:

Geography:
Both

Location:
Statewide

Occupation:
All

Educational Attainment:
<table>
<thead>
<tr>
<th>Health Insurance Status:</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Low Income:</td>
<td>No</td>
</tr>
<tr>
<td>Is the entire target population disproportionately affected by the Problem, or only part?</td>
<td>All</td>
</tr>
</tbody>
</table>

**Program name:**
Bureau of Infectious Disease Control

**Number of people served:**
1377529

**Ethnicity:**

**Race:**

**Age:**

**Gender Identity:**

**Sexual Orientation:**

**Geography:**
Both

**Location:**
Statewide

**Occupation:**
All

**Educational Attainment:**

**Health Insurance Status:**

**Primary Low Income:**
No

**Is the entire target population disproportionately affected by the Problem, or only part?**
All

**Program name:**
Bureau of Infectious Disease Control
Number of people served: 1377529

Ethnicity:

Race:

Age:

Gender Identity:

Sexual Orientation:

Geography:
Both

Location:
Statewide

Occupation:
All

Educational Attainment:

Health Insurance Status:
Primary Low Income:
No

Is the entire target population disproportionately affected by the Problem, or only part?
All

<table>
<thead>
<tr>
<th>Program Objective 1 / 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Program Smart Objective</strong></td>
</tr>
<tr>
<td><strong>Title of Program SMART Objective</strong></td>
</tr>
<tr>
<td><strong>Item to be measured</strong></td>
</tr>
<tr>
<td><strong>Unit to be measured</strong></td>
</tr>
<tr>
<td><strong>Baseline Value</strong></td>
</tr>
<tr>
<td><strong>Interim Target Value</strong></td>
</tr>
<tr>
<td><strong>Final Target Value</strong></td>
</tr>
</tbody>
</table>
Problem Description:

Vaccine preventable diseases prompt a rapid response due to the limited timeframe for post exposure prophylaxis (PEP) recommendations such as vaccine for unvaccinated Hepatitis A contacts. In some Hepatitis A investigations, the Nurse Specialist will coordinate a large scale PEP event and provide the education to the contacts in person. The Public Health Nurse Specialists provide 24/7/365 coverage for rapid response to identification of these diseases and to ensure that appropriate control measures and recommendations are put into place.

As the State of NH returns to baseline levels of testing after a notable drop during COVID-19 surges, it will be critical to ensure investigations are conducted for all suspect cases.

Key Indicator:

Key health indicators affected by the problem are the number of cases and investigations conducted each year. As investigations are limited, cases increase even though evidence won’t be seen in the tracking of those cases due to limited capacity of the Public Health Nurse Specialists.

Baseline Value for the Key Indicator:

119

Intervention Summary:

Public Health Nurse Specialist coverage 24/7/365 for rapid response and control measures.

Vaccine preventable diseases such as Hepatitis A and Pertussis are illnesses that prompt a rapid response from the NH BIDC Public Health Nurse Specialists. For each case, contacts and risk factors are identified and follow up is conducted with each contact to provide individual specific post exposure prophylaxis (PEP) recommendations such as vaccine for unvaccinated Hepatitis A contacts. In some Hepatitis A investigations, the Nurse Specialist will coordinate a large scale PEP event and provide the education to the contacts in person. The Public Health Nurse Specialists provide 24/7/365 coverage for rapid response to identification of these diseases and to ensure that appropriate control measures and recommendations are put into place.

Type of Intervention:

Evidence-based intervention

Evidence Source:

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

Rationale for choosing the intervention:

To prevent further disease transmission and prevent further illness in the person or their contacts, and to ensure that appropriate control measures and recommendations are put into place.

Target Population same as the Program or a subset:
Case investigation

Summary:
Case Investigation Procedure- the Public Health Nurse Specialists will initiate the investigation by contacting the ordering provider or the facility’s Infection Control Preventionist (ICP) to obtain additional information regarding reason Hepatitis A testing is being conducted such as risk factors, symptoms and additional laboratory testing results.

Description:
Obtaining clinical information allows the investigator to determine whether the patient meets threshold to be considered a case. As soon as a case is identified, attempts to reach the patient for interview and contact identification begin. High risk contacts are identified and recommendations are made for post exposure prophylaxis based on current CDC recommendations. While the Public Health Nurse Specialists investigate all cases of vaccine preventable diseases, Hepatitis A, Pertussis and Meningococcal disease are the focus relative to our objective of zero secondary cases. Public Health Nurse Specialists assist facilities and providers in obtaining the appropriate specimens and transportation to the NH Public Health Laboratory for confirmation testing and serotyping. Public Health Nurse Specialists provide education to the public as well as healthcare partners regarding disease processes, appropriate treatment and prevention measures to reduce the morbidity and mortality of communicable disease in New Hampshire.

<table>
<thead>
<tr>
<th>Program Objective 2 / 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Program Smart Objective</strong></td>
</tr>
<tr>
<td><strong>Title of Program SMART Objective</strong></td>
</tr>
<tr>
<td><strong>Item to be measured</strong></td>
</tr>
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<tr>
<td><strong>Baseline Value</strong></td>
</tr>
<tr>
<td><strong>Interim Target Value</strong></td>
</tr>
<tr>
<td><strong>Final Target Value</strong></td>
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</tbody>
</table>

**Problem Description:**
Clusters and outbreaks of GI illness in NH are required to be reported.
Clusters and outbreaks of disease are reportable in NH and therefore facilities experiencing clusters or outbreaks of illness are required to report. These reports are assessed to ensure they are epidemiologically significant and an investigation is opened. It should be noted that during the previous timeframe (10/1/2020 to 9/30/2021) we had a significant drop in reported clusters/outbreaks that were not COVID-19. As we see a drop in COVID-19 transmission and improved testing to rule out COVID-19 as the causative pathogen, these reports will rebound and it is vital we educate and remind our internal and external partners of routine procedures for investigation.

**Key Indicator:**

Key indicators affected by this problem are the investigation and identification of reports of outbreaks/clusters. Rapid response to these potential clusters/outbreaks is essential to contain the spread of disease to additional residents or visitors of NH.

**Baseline Value for the Key Indicator:**

11

**Intervention Summary:**

Initiate investigation of all reported clusters/outbreaks of GI illness the same day it is reported.

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 lower rates of Enteric Pathogens compared to previous years and may be attributable to a reduction in residents seeking healthcare during COVID-19 surges. Enteric diseases are investigated by the Public Health Nurse Specialists and as part of the investigation, risk factors are identified and education provided regarding transmission to reduce risk of recurrence. Isolates are sent to the Public Health Lab (PHL) and data entered into PulseNet, the national database utilized to detect local and nation clusters for further investigation.

**Type of Intervention:**

Evidence-based intervention

**Evidence Source:**

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

**Rationale for choosing the intervention:**

To investigate and take action on clusters/outbreaks that may pose a continued public health threat.

**Target Population same as the Program or a subset:**

Sub-set of the Program

**Activity 1 / 4**

Outbreak Response Protocol

**Summary:**

Investigations will be initiated on the day of notification regarding a suspect cluster/OB of GI Illness.
Description:
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.

Activity 2 / 4
Improve timeliness of identified GI organism investigations

Summary:
Public Health Nurse Specialists will reach out to identified cases of foodborne illnesses to further investigate a possible source of the identified organism

Description:
Foodborne illnesses are prioritized by the nurses initiating the investigation. STEC, Shigella, Vibrio, Salmonella typhi and Listeria are key foodborne pathogens that warrant prompt investigation.

Activity 3 / 4
Increase laboratory testing to identify causative pathogen in clusters/outbreaks investigated.

Summary:
Encourage individuals to provide sample for testing

Description:
Public Health Nurse Specialists or Epidemiologists will encourage ill individuals or the facilities caring for ill individuals to provide specimen(s) for testing to identify the causative pathogen in clusters/outbreaks investigated. Identification of an organism allows for pathogen specific tailoring of recommendations related to treatment, containment and prevention of future outbreaks.

Activity 4 / 4
Inform and Educate about Foodborne Illness

Summary:
Provide education on foodborne illness and prevention

Description:
The Public Health Nurse Specialists will engage providers to promote education about testing individuals with 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.
Program Objective 3 / 3

<table>
<thead>
<tr>
<th>Program Smart Objective</th>
<th>Reduce cases of Pertussis in infants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title of Program SMART Objective</td>
<td>Between 10/2022 and 9/2023, The Public Health Nurse Specialists will conduct investigations for 100% of cases reported for suspicion of Pertussis to decrease the possible number of cases in children under 12 months of age.</td>
</tr>
<tr>
<td>Item to be measured</td>
<td>Cases reported for suspicion of Pertussis</td>
</tr>
<tr>
<td>Unit to be measured</td>
<td>Percent of cases investigated</td>
</tr>
<tr>
<td>Baseline Value</td>
<td>90</td>
</tr>
<tr>
<td>Interim Target Value</td>
<td>95</td>
</tr>
<tr>
<td>Final Target Value</td>
<td>100</td>
</tr>
</tbody>
</table>

Problem Description:

Pertussis is a highly contagious respiratory disease that can cause death in children under 1 year. Pertussis is a highly contagious respiratory disease that can cause death in children under 1 year. Without proper identification of cases and contacts, this virus can easily overwhelm healthcare systems and put all young residents at risk. Rapid identification and treatment are essential.

Key Indicator:

Key indicators affected by this health problem are the number of suspected and confirmed cases as well as the number of contacts identified for each case.

Baseline Value for the Key Indicator:

11

Intervention Summary:

Rapid response from Public Health Nurse Specialists

Vaccine preventable diseases such as Hepatitis A and Pertussis are illnesses that prompt a rapid response from the NH BIDC Public Health Nurse Specialists. For each case, contacts and risk factors are identified and follow up is conducted with each contact to provide individual specific post exposure prophylaxis (PEP) recommendations. The Nurse Specialists often go a step above and beyond recommendations by conducting outreach to Primary Care Providers to help facilitate ordering of antibiotics for appropriate Pertussis contacts. The Public Health Nurse Specialists provide 24/7/365 coverage for rapid response to identification of these diseases and to ensure that appropriate control measures and recommendations are put into place. As the State of NH returns to baseline levels of testing after a notable drop during COVID-19 surges, it will be critical to ensure investigations are conducted for all suspect cases.

Type of Intervention:

Evidence-based intervention

Evidence Source:

- Best Practice Initiative (U.S. Department of Health and Human Services)
Rationale for choosing the intervention:

To prevent further disease transmission among contacts to identified cases.

Target Population same as the Program or a subset:

Same as the Program

Activity 1 / 1

Investigating cases suspicious of Pertussis

Summary:

Public Health Nurse Specialist investigations of Pertussis

Description:

Public Health Nurse Specialists will investigate all suspected cases of Pertussis to identify infants as cases or high risk contacts. All identified contacts will be given individual specific recommendations regarding post exposure prophylaxis and testing as appropriate. The Public Health Nurse Specialists will provide education to these individuals to prevent further transmission.

Program Description 8 / 17

Program Summary

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Bureau of Public Health Protection - Health Officer Liaison (HOL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Goal</td>
<td>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.</td>
</tr>
<tr>
<td>Healthy People 2030 Objective</td>
<td>PHI-R01 Explore and expand practice-based continuing education for public health professionals</td>
</tr>
<tr>
<td>Recipient Health Objective</td>
<td>Monitor and understand the public health workforce. Increase use of core and discipline-specific competencies to drive workforce development.</td>
</tr>
<tr>
<td>Total Program Allocation</td>
<td>$76,470</td>
</tr>
</tbody>
</table>

Problem Information

Problem Description
The program addresses sanitary conditions as specified in State law for pest problems, septage, refuse in public and private properties by supporting local health officers to identify and resolve unsanitary conditions in rental housing, homes, schools, daycare, workplaces and other public gathering locations. In New Hampshire, the Department of Health and Human Services is responsible under State law to appoint local health officers. Local health officers are responsible for assessing and enforcing multiple sanitary laws and codes in order to reduce environmental hazards and health effects. Data from the NH Department of Health and Humans Services show that in 2021 there were 219 local health officers who assess and resolve local environmental public health issues. These include public health nuisance, septic systems (requires the Department of Environmental Services collaboration), minimum housing standards, housing conditions (specifically mold and moisture), site inspections (interior and exterior), and drinking water quality. Despite the wide range of issues a health officer might respond to, only 35% of these officers are full-time, with 65% being either volunteer, per diem, or part time employees. Additionally, there are currently no training requirements to serve as a LHO. Finally, as 54% of Health Officers serve in a municipality with less than 3,000 residents, it can be difficult for local municipalities to nominate a local health officer, resulting in a vacancy rate of about 6%. As a result, appointment support and case-specific technical assistance are the primary focus of the Health Officer Liaison program and is intended to increase LHOs’ skills in dealing with complex cases to improve local response capacity. The availability of the HOL for consultation is a critical support for local towns, which lack capacity for this type of expert guidance.

Key Indicator:

Key indicators influenced by this problem include 1) the local health officer position (occupancy and vacancy rates) among NH towns and cities; as well as 2) number of unsanitary problems and technical assistance requests (response number and percent of municipalities supported) from health officers. NH towns and cities with vacant health officer positions do not have a local presence for responding to and enforcing environmental public health laws. The number of technical assistance requests received by the HOL program highlight the need for additional capacity and knowledge at a local level to respond to complex environmental public health issues.

Key Indicator Baseline:

234 available local health officer positions; 220 technical assistance requests per year

Problem was prioritized by the following factor(s)

- Identified via surveillance systems or other data sources
- Legislature established as a priority
Program Strategy

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.

SDOH Addressed by the Program:

This program is not specifically addressing a Social Determinant of Health (SDOH)

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 appointments, training opportunities, and case-specific technical assistance, as well as improving local elected officials’ understanding of the role of the local Health Officers, 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 35% of health officers are full-time, with 65% 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.

Setting:

- Business, corporation or industry
- Childcare center
- Community based organization
- Local health department
- Home
- Schools or school district
- State health department
- Other
  - rental housing

Primary Strategic Partners:
Asthma program, lead program, food protection program, immunization program, bureau of elderly and adult services, bureau of infectious disease control, public health lab, childcare licensing, department of children youth and families, tobacco program. NH Health officers' association, department of environmental services, public health network, manchester health dept, nashua health dept, municipal association, homeland security and emergency management, nh bed bug action committee.

**Evaluation Methodology:**

Data will be gathered and analyzed for the following metrics: appointment information as provided by the number of current health officers appointed in each town, 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), number health officers who access and use a private ListServe, number of health officers who attend training opportunities provided by HOL.

**Planned non-monetary support to local agencies or organizations:**

- Technical Assistance
- Training
- Resources/Job Aids

**Program Budget for Block Grant Funds**

<table>
<thead>
<tr>
<th>Program Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2022Basic Allocation</td>
</tr>
<tr>
<td>FY 2022 Sex Offense Allocation</td>
</tr>
<tr>
<td><strong>Total Allocation</strong></td>
</tr>
</tbody>
</table>

PHHS Block Grant dollars were used to respond to an emerging need or outbreak as a part of this program. PHHS Block Grant funds were used as Total source of funding for this program.

PHHS Block Grant funds made up 75-99% - Primary source of funding of the total program funding.

The role of PHHS Block Grant funds in supporting the program was to Maintain existing program (as is)

Amount of funding to populations disproportionately affected by the Problem: $0

Amount of planned funding to local agencies or organizations: $0

**Type of supported local agencies or organizations:**

- Other Local Government
FTEs (Full Time Equivalents)

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

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

FTEs (Full Time Equivalents)

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

<table>
<thead>
<tr>
<th>Position 1 / 1 Title:</th>
<th>Health Officer Specialist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position Name:</td>
<td>Sophia Johnson</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Local</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>70%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>30%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>100%</td>
</tr>
</tbody>
</table>

This position is not vacant.

Target Population of Program 8 / 17

Program name:
Bureau of Public Health Protection - Health Officer Liaison (HOL)

Number of people served:
1377529

Ethnicity:
- Hispanic or Latino
- Non-Hispanic or Latino

Race:
- African American or Black
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- White

Age:
- Under 1 year
- 1 - 4 years
- 5 - 14 years
- 15 - 24 years
- 25 - 34 years
- 35 - 44 years
- 45 – 54 years
- 55 - 64 years
- 65 – 74 years
- 75 – 84 years
- 85 years and older

**Gender Identity:**
- Male
- Female
- Transgender

**Sexual Orientation:**
- Gay (lesbian or gay)
- Bisexual
- Straight, this is not gay (or lesbian or gay)
- Something else

**Geography:**
- Both
- Statewide

**Occupation:**
- All

**Educational Attainment:**
- Some High School
- Some College
- Graduate Degree
- High School Diploma
- College Degree

**Health Insurance Status:**
- Uninsured
- Medicare
- Affordable Care Act Plan
- Medicaid
### Portion of the Program Target Population that Experiences Health Disparities

<table>
<thead>
<tr>
<th>Ethnicity:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Race:</td>
<td></td>
</tr>
</tbody>
</table>

| Age:       |  |
| Gender Identity: |  |
| Male |  |
| Female |  |
| Transgender |  |

| Sexual Orientation: |  |

| Geography: |  |
| Location: |  |
| Occupation: |  |

| Educational Attainment: |  |
| Health Insurance Status: |  |
| Primary Low Income: |  |

| Program name: | Bureau of Public Health Protection - Health Officer Liaison (HOL) |
| Number of people served: |  |
Ethnicity:
Race:

Age:

Gender Identity:

Sexual Orientation:

Geography:
Both
Location:
Statewide
Occupation:
All
Educational Attainment:

Health Insurance Status:
Primary Low Income:
Yes

Is the entire target population disproportionately affected by the Problem, or only part?
All

Program name:
Bureau of Public Health Protection - Health Officer Liaison (HOL)

Number of people served:
1377529

Ethnicity:
Race:

Age:

Gender Identity:
### Program Objective 1 / 3

<table>
<thead>
<tr>
<th>Program Smart Objective</th>
<th>Health Officer Appointment and Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Title of Program SMART Objective</strong></td>
<td>Between 10/2022 and 09/2023, the HOL program will maintain updated contact and emergency response communication information for 95% of health officers, deputy health officers and town officials.</td>
</tr>
<tr>
<td><strong>Item to be measured</strong></td>
<td>Number of health officer appointments</td>
</tr>
<tr>
<td><strong>Unit to be measured</strong></td>
<td>health officer appointments</td>
</tr>
<tr>
<td><strong>Baseline Value</strong></td>
<td>234</td>
</tr>
<tr>
<td><strong>Interim Target Value</strong></td>
<td>222</td>
</tr>
<tr>
<td><strong>Final Target Value</strong></td>
<td>222</td>
</tr>
</tbody>
</table>

**Problem Description:**

Turnover and volunteer status of health officers create communication barriers.
In New Hampshire, the Department of Health and Human Services is responsible under State law to appoint local health officers. Local health officers are responsible for assessing and enforcing multiple sanitary laws and codes in order to reduce environmental hazards and health effects. Data from the NH Department of Health and Humans Services show that in 2021 there were 219 local health officers who assess and resolve local environmental public health issues. These include public health nuisance, septic systems (requires the Department of Environmental Services collaboration), minimum housing standards, housing conditions (specifically mold and moisture), site inspections (interior and exterior), and drinking water quality. Despite the wide range of issues a health officer might respond to, only 35% of these officers are full-time, with 65% being either volunteer, per diem, or part time employees. Additionally, there are currently no training requirements to serve as a LHO. Finally, as 54% of Health Officers serve in a municipality with less than 3,000 residents, it can be difficult for local municipalities to nominate a local health officer, resulting in a vacancy rate of about 6%. As a result, appointment support and case-specific technical assistance are the primary focus of the Health Officer Liaison program and is intended to increase LHOs’ skills in dealing with complex cases to improve local response capacity. The availability of the HOL for consultation is a critical support for local towns, which lack capacity for this type of expert guidance.

**Key Indicator:**

Key indicators influenced by this problem include 1) the local health officer position (occupancy and vacancy rates) among NH towns and cities; as well as 2) number of unsanitary problems and technical assistance requests (response number and percent of municipalities supported) from health officers. NH towns and cities with vacant health officer positions do not have a local presence for responding to and enforcing environmental public health laws. The number of technical assistance requests received by the HOL program highlight the need for additional capacity and knowledge at a local level to respond to complex environmental public health issues.

**Baseline Value for the Key Indicator:**

234

**Intervention Summary:**

In accordance with requirements under NH State Statute RSA 128, the HOL program appoint local health officers as the selectman of local towns recommend and maintain appropriate contact information.

Under NH State Statue RSA 128, the commissioner of the department of health and human services shall appoint local town health officers as the local board of selectmen recommend. The HOL program manages these appointments and works to fill vacancies as appropriate. The HOL program will also work to maintain updated contacted information for these local officials for emergency response communication activities.

**Type of Intervention:**

Innovative/Promising Practice

**Rationale for choosing the intervention:**

NH DHHS is required under state law to appoint local health officers.
Activity 1 / 2
Contact Information Database

**Summary:**
Between 10/2022 and 09/2023, the Health Officer Liaison will ensure the health officer database is maintained with 100% current contact information and expiration dates for 234 town appointments while reducing vacant or expired positions.

**Description:**
Between 10/2022 and 09/2023, 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, health officer manual and website updates, and educational materials.

Activity 2 / 2
Appointments

**Summary:**
Between 10/2022 and 09/2023, the Health Officer Liaison will ensure that all municipalities maintain their health officer appointments, and reduce the number of expired or vacant positions to 10% or less.

**Description:**
Between 10/2022 and 09/2023, 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 support public health practice and keep accurate records. Health officers and deputy health officers in New Hampshire towns accept 3 year term appointments per New Hampshire Revised Statutes Annotated (RSA) 128.

<table>
<thead>
<tr>
<th>Program Objective 2 / 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Program Smart Objective</strong></td>
</tr>
<tr>
<td><strong>Title of Program SMART Objective</strong></td>
</tr>
<tr>
<td><strong>Item to be measured</strong></td>
</tr>
<tr>
<td><strong>Unit to be measured</strong></td>
</tr>
<tr>
<td><strong>Baseline Value</strong></td>
</tr>
<tr>
<td><strong>Interim Target Value</strong></td>
</tr>
<tr>
<td><strong>Final Target Value</strong></td>
</tr>
</tbody>
</table>
In accordance with NH RSA 128, local towns must have a health officer appointed by NH DHHS.

In accordance with requirements under NH State Statute RSA 128, local towns must have a health officer appointed by the NH DHHS. However, as 54% of Health Officers serve in a municipality with less than 3,000 residents, it can be difficult for local municipalities to nominate a local health officer, resulting in a vacancy rate of about 6%. One of the main functions of the HOL program is to assist local municipalities in nominating, appointing, and supporting local health officers.

**Key Indicator:**

Key indicators affected by this problem include the number of appointed health officers for local municipalities.

**Baseline Value for the Key Indicator:**

234

**Intervention Summary:**

In accordance with requirements under NH State Statute RSA 128, the HOL program appoint local health officers as the selectman of local towns recommend and maintain appropriate contact information in the event of a local public health emergency or inquiry. Under NH State Statute RSA 128, the commissioner of the department of health and human services shall appoint local town health officers as the local board of selectmen recommend. The HOL program manages these appointments and works to fill vacancies as appropriate. The HOL program will also work to maintain updated contacted information for these local officials for emergency response communication activities.

**Type of Intervention:**

Innovative/Promising Practice

**Rationale for choosing the intervention:**

The NH DHHS is required under State law to appoint local health officers.

**Target Population same as the Program or a subset:**

Same as the Program

**Activity 1 / 2**

Contact Information Database

**Summary:**

Between 10/2022 and 09/2023, the Health Officer Liaison will ensure the health officer database is maintained with 100% current contact information and expiration dates for 234 town appointments while reducing vacant or expired positions.

**Description:**
Between 10/2022 and 09/2023, 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, health officer manual and website updates, and educational materials.

### Activity 2 / 2

#### Appointments

**Summary:**

Between 10/2022 and 09/2023, the Health Officer Liaison will ensure that all municipalities maintain their health officer appointments, and reduce the number of expired or vacant positions to 10% or less.

**Description:**

Between 10/2022 and 09/2023, 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 support public health practice and keep accurate records. Health officers and deputy health officers in New Hampshire towns accept 3 year term appointments per New Hampshire Revised Statutes Annotated (RSA) 128.

<table>
<thead>
<tr>
<th>Program Objective 3 / 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Program Smart Objective</strong></td>
</tr>
<tr>
<td><strong>Title of Program SMART Objective</strong></td>
</tr>
<tr>
<td><strong>Item to be measured</strong></td>
</tr>
<tr>
<td><strong>Unit to be measured</strong></td>
</tr>
<tr>
<td><strong>Baseline Value</strong></td>
</tr>
<tr>
<td><strong>Interim Target Value</strong></td>
</tr>
<tr>
<td><strong>Final Target Value</strong></td>
</tr>
</tbody>
</table>

**Problem Description:**

Continuous need for education and support for health officers.
In New Hampshire, the Department of Health and Human Services is responsible under State law to appoint local health officers. Local health officers are responsible for assessing and enforcing multiple sanitary laws and codes in order to reduce environmental hazards and health effects. Data from the NH Department of Health and Human Services show that in 2021 there were 219 local health officers who assessed and resolved local environmental public health issues. These include public health nuisances, septic systems (requires the Department of Environmental Services collaboration), minimum housing standards, housing conditions (specifically mold and moisture), site inspections (interior and exterior), and drinking water quality. Despite the wide range of issues, a health officer might respond to, only 35% of these officers are full-time, with 65% being either volunteer, per diem, or part time employees. Additionally, there are currently no training requirements to serve as a LHO. Finally, as 54% of Health Officers serve in a municipality with less than 3,000 residents, it can be difficult for local municipalities to nominate a local health officer, resulting in a vacancy rate of about 6%. As a result, appointment support and case-specific technical assistance are the primary focus of the Health Officer Liaison program and is intended to increase LHOs’ skills in dealing with complex cases to improve local response capacity. The availability of the HOL for consultation is a critical support for local towns, which lack capacity for this type of expert guidance.

Key Indicator:

Key indicators influenced by this problem include 1) the local health officer position (occupancy and vacancy rates) among NH towns and cities; as well as 2) number of unsanitary problems and technical assistance requests (response number and percent of municipalities supported) from health officers. NH towns and cities with vacant health officer positions do not have a local presence for responding to and enforcing environmental public health laws. The number of technical assistance requests received by the HOL program highlight the need for additional capacity and knowledge at a local level to respond to complex environmental public health issues.

Baseline Value for the Key Indicator:

220

Intervention Summary:

The HOL program will provide case-specific technical assistance through phone, email, and in-person meetings, to improve local health officers’ understanding of their role, responsibilities, and response to local environmental public health concerns.

The HOL program will provide case-specific technical assistance, improving local elected officials’ understanding of the role and responsibilities of local health officers (LHO) 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 nuisance, septic systems (requires the Department of Environmental Services collaboration), minimum housing standards, housing conditions (specifically mold and moisture), site inspections (interior and exterior), and drinking water quality.

Type of Intervention:

Innovative/Promising Practice

Rationale for choosing the intervention:
There are no training requirements or qualifications to serve as a local health officer in New Hampshire. Additionally, 65% of health officers serve in a volunteer or part time capacity. The availability of the HOL for consultation is a critical support for local towns, which lack capacity for this type of expert guidance.

Target Population same as the Program or a subset:
Same as the Program

Activity 1 / 5
Bi-weekly updates

Summary:
Between 10/2021 and 09/2022, the Health Officer Liaison will provide at least 26 bi-weekly electronic updates to health officers and deputy health officers on topics of environmental health and sanitation.

Description:
Between 10/2021 and 09/2022, the Health Officer Liaison will provide at least 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, officer manual and website updates, and educational materials.

Activity 2 / 5
Health Officer Manual

Summary:
Between 10/2021 and 09/2022, the Health Officer Liaison will update at least three (3) guidance documents per year contained in the NH Health Officer Manual.

Description:
Between 10/2021 and 09/2022, 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.

Activity 3 / 5
Training Opportunities

Summary:
Between 10/2021 and 09/2022, the Health Officer Liaison will offer 4 training opportunities.

Description:
Between 10/2021 and 09/2022, the Health Officer Liaison will offer 4 training opportunities via webinars or in-person venues on environmental health or sanitation topics for health officers, including 2 presentations on funded objectives and activities at training events for the health officers at their spring and fall workshops. Topics for trainings include introduction to the role of the health officer, public health nuisance, septic systems, minimum housing standards, housing conditions (specifically mold and moisture), site inspections (interior and exterior), and drinking water quality.

### Activity 4 / 5

**Telephone and Email Assistance**

**Summary:**

Between 10/2022 and 9/2023, the Health Officer Liaison will provide 150 units of technical assistance via phone and email.

**Description:**

Between 10/2021 and 09/2022, the Health Officer Liaison will provide 150 units of technical assistance to health officer via telephone, ListServe and email 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.

### Activity 5 / 5

**Technical Assistance**

**Summary:**

Between 10/2021 and 09/2022, the Health Officer Liaison will conduct 220 units of technical assistance.

**Description:**

Between 10/2021 and 09/2022, the Health Officer Liaison will conduct 220 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.
## Program Summary

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Public Health Lab Rabies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Goal</td>
<td>To rapidly and accurately identify suspect rabid animals with contact to humans or pets of humans to prevent the spread of rabies disease.</td>
</tr>
<tr>
<td>Healthy People 2030 Objective</td>
<td>PHI-D05 Increase the proportion of state public health labs that use emerging technology to provide enhanced services</td>
</tr>
<tr>
<td>Recipient Health Objective</td>
<td>Between 10/2022 and 9/2023 the state PHL will increase the use of emerging technology to provide enhanced services within the rabies laboratory. The rabies laboratory will use polymerase chain reaction procedures for 100% of samples to provide rapid and accurate identification of rabid animals confirming the historic technique of direct fluorescent antibody testing.</td>
</tr>
<tr>
<td>Total Program Allocation</td>
<td>$102,277</td>
</tr>
</tbody>
</table>

## Problem Information

### Problem Description

Identify the presence of rabies virus in animals associated with typical rabies exposure to prevent rabies disease in humans.

Rabies is endemic in the wild animal population in NH. A robust program is needed to identify suspect rabid animals with contact to humans or pets of humans to prevent infection and rabies disease in humans and pets of humans.

### Key Indicator:

The health of residents of NH

### Key Indicator Baseline:

496 animals tested for rabies in 2021

### Problem was prioritized by the following factor(s)

- Identified via surveillance systems or other data sources
- Prioritized within a strategic plan
Program Strategy

Goal:
To rapidly and accurately identify suspect rabid animals with contact to humans or pets of humans to prevent the spread of rabies disease.

SDOH Addressed by the Program:
This program is not specifically addressing a Social Determinant of Health (SDOH).

Program Strategy:

Setting:

- State health department

Primary Strategic Partners:
NH Fish and Game

Evaluation Methodology:
Laboratory test data in the New Hampshire Electronic Disease Surveillance System (NHEDSS) will be the source of the data. New laboratory procedures developed published in the document management system, Qualtrax.

Planned non-monetary support to local agencies or organizations:

Program Budget for Block Grant Funds

<table>
<thead>
<tr>
<th></th>
<th>Program Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2022 Basic Allocation</td>
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</tr>
<tr>
<td>FY 2022 Sex Offense Allocation</td>
<td>$0</td>
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<tr>
<td>Total Allocation</td>
<td>$102,277</td>
</tr>
</tbody>
</table>
PHHS Block Grant dollars were not used to respond to an emerging need or outbreak as a part of this program. PHHS Block Grant funds were used as Supplement other existing funds for this program.

PHHS Block Grant funds made up 10-49% - Partial source of funding of the total program funding.

**The other funds came from:**
- State or local funding

The role of PHHS Block Grant funds in supporting the program was to Enhance or expand the program

Amount of funding to populations disproportionately affected by the Problem: $0

Amount of planned funding to local agencies or organizations: $0

**Type of supported local agencies or organizations:**
- Other
  - NH Veterinarians and citizens of NH

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

Total Number of Positions Funded: 5
Total FTEs Funded: 1.13

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

<table>
<thead>
<tr>
<th>Position 1 / 5 Title:</th>
<th>Laboratory Scientist III</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Position Name:</strong></td>
<td>Amy Jordan</td>
</tr>
<tr>
<td><strong>Jurisdiction-level:</strong></td>
<td>100%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100%</td>
</tr>
</tbody>
</table>

This position is not vacant.

<table>
<thead>
<tr>
<th>Position 2 / 5 Title:</th>
<th>Finance Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Position Name:</strong></td>
<td>Amy Bergquist</td>
</tr>
<tr>
<td><strong>Jurisdiction-level:</strong></td>
<td>100%</td>
</tr>
</tbody>
</table>

This position is not vacant.

<table>
<thead>
<tr>
<th>Position 3 / 5 Title:</th>
<th>Microbiologist</th>
</tr>
</thead>
</table>
**Target Population of Program 9 / 17**

Program name: Public Health Lab Rabies
Number of people served: 1377529

**Ethnicity:**
- Hispanic or Latino
- Non-Hispanic or Latino

**Race:**
- African American or Black
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- White

**Age:**
- Under 1 year
• 1 - 4 years
• 5 - 14 years
• 15 - 24 years
• 25 - 34 years
• 35 - 44 years
• 45 – 54 years
• 55 - 64 years
• 65 – 74 years
• 75 – 84 years
• 85 years and older

Gender Identity:
• Male
• Female
• Transgender

Sexual Orientation:
• Gay (lesbian or gay)
• Bisexual
• Straight, this is not gay (or lesbian or gay)
• Something else

Geography:
Both

Location:
Statewide

Occupation:
All

Educational Attainment:
• Some High School
• Some College
• Graduate Degree
• High School Diploma
• College Degree

Health Insurance Status:
• Uninsured
• Medicare
Rabies is endemic in the wild animal population in NH. A robust program is needed to identify suspect rabid animals in contact with humans or domestic animals to prevent infection and rabies disease in humans and domestic animals. By developing additional testing capabilities, the quantity and quality of rabies testing will increase, better serving the people of New Hampshire.

Key Indicator:
The NHPHL is the only certified rabies-testing laboratory in the state, and therefore tests all specimens that have a human exposure. Knowing whether post-exposure prophylaxis is necessary for the exposed individuals is crucial, as rabies is a fatal disease. Therefore, the goal of the laboratory is to provide accurate and rapid test results to the Bureau of Infectious Disease Control in order to inform treatment recommendations within 24 hours of specimen receipt. Expanded detection capabilities are in development, including a polymerase chain reaction (PCR) detection method for rabies virus.

Baseline Value for the Key Indicator: 496

Intervention Summary:
Use laboratory test results to guide appropriate responses, including treatment and/or vaccination for rabies.
Use responsive, unbiased, quality laboratory testing to provide rabies results to the necessary public health agency within 24 hours of receipt. The addition of a PCR method to supplement the gold-standard direct fluorescent antibody (DFA) method will improve detection capabilities of the laboratory. Using PCR to detect rabies virus could also allow the laboratory to use genome sequencing techniques to variant-type the virus in-house.

**Type of Intervention:**
Evidence-based intervention

**Evidence Source:**
- MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

**Rationale for choosing the intervention:**
The PHL is the only laboratory in the state that provides rabies testing. Testing is required to determine successful management of disease and to prevent the fatal outcome of contracting the virus.

**Target Population same as the Program or a subset:**
Same as the Program

**Activity 1 / 1**
Provide rabies test results to the Bureau of Infectious Disease Control within 24 hours

**Summary:**
Appropriate laboratory testing

**Description:**
The PHL will complete testing of all rabies specimens and report the results to the Bureau of Infectious Disease Control within 24 hours of receipt. In addition, the PHL will increase the use of emerging technology to provide enhanced services within the rabies laboratory by validating the CDC LN 34 real time polymerase chain reaction procedure. The PHL will establish the LN 34 real time PCR procedure at the NH PHL.

**Program Description 10 / 17**

**Program Summary**
Program Summary

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Public Health Lab Shellfish</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Goal</td>
<td>To rapidly and accurately identify harmful algal toxins in shellfish harvested for human consumption to prevent foodborne disease such as paralytic shellfish poison.</td>
</tr>
<tr>
<td>Healthy People 2030 Objective</td>
<td>PHI-D04 Increase the proportion of state public health labs that provide services to support emerging issues</td>
</tr>
<tr>
<td>Recipient Health Objective</td>
<td>Between 10/2022 and 9/30/2023 the State PHL will develop and implement testing for one additional marine toxin contaminating shellfish harvested in NH waters. Identification of algal toxins in both freshwater and marine waters is an emerging issue in NH.</td>
</tr>
<tr>
<td>Total Program Allocation</td>
<td>$84,873</td>
</tr>
</tbody>
</table>

Problem Information

Problem Description
Reduce the impact of harmful algal bloom contamination of shellfish in NH and prevent PSP disease.

Algal blooms and subsequent toxin release occur seasonally in NH, The largest being paralytic shellfish poisoning in marine environments contaminating shellfish harvested for human consumption. Rapid identification of the presence of the toxin in harvested shellfish will prevent paralytic shellfish disease in humans.

Key Indicator:
The health of residents of NH

Key Indicator Baseline:
65 samples of shellfish were tested for the algal toxin PSP

Problem was prioritized by the following factor(s)
- Identified via surveillance systems or other data sources
- Prioritized within a strategic plan
Program Strategy

Goal:
To rapidly and accurately identify harmful algal toxins in shellfish harvested for human consumption to prevent foodborne disease such as paralytic shellfish poison.

SDOH Addressed by the Program:
This program is not specifically addressing a Social Determinant of Health (SDOH)

Program Strategy:

Setting:

- State health department

Primary Strategic Partners:
NH Department of Environmental Services

Evaluation Methodology:
Laboratory test data in the laboratory information management system will be the source of the data for evaluation. New laboratory procedures developed and published in the document management system, Qualtrax.

Planned non-monetary support to local agencies or organizations:

Program Budget for Block Grant Funds

<table>
<thead>
<tr>
<th>Program Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2022 Basic Allocation</td>
</tr>
<tr>
<td>FY 2022 Sex Offense Allocation</td>
</tr>
<tr>
<td><strong>Total Allocation</strong></td>
</tr>
</tbody>
</table>
PHHS Block Grant dollars were used to respond to an emerging need or outbreak as a part of this program. PHHS Block Grant funds were used as Supplement other existing funds for this program.

PHHS Block Grant funds made up 10-49% - Partial source of funding of the total program funding.

The other funds came from:
- Other federal funding (non-CDC)

The role of PHHS Block Grant funds in supporting the program was to Enhance or expand the program

Amount of funding to populations disproportionately affected by the Problem: $0
Amount of planned funding to local agencies or organizations: $0

Type of supported local agencies or organizations:

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

Total Number of Positions Funded: 2
Total FTEs Funded: 1.3

<table>
<thead>
<tr>
<th>Position 1 / 2 Title:</th>
<th>Microbiologist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position Name:</td>
<td>Luciana Soares</td>
</tr>
<tr>
<td>Jurisdiction-level:</td>
<td>100%</td>
</tr>
<tr>
<td>Total</td>
<td>3%</td>
</tr>
<tr>
<td>This position is not vacant.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Position 2 / 2 Title:</th>
<th>Microbiologist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position Name:</td>
<td>John Welsh</td>
</tr>
<tr>
<td>Jurisdiction-level:</td>
<td>100%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
<tr>
<td>This position is not vacant.</td>
<td></td>
</tr>
</tbody>
</table>
### Program Objective 1 / 1

<table>
<thead>
<tr>
<th>Program Smart Objective</th>
<th>Testing of Shellfish for Paralytic Shellfish Poison (PSP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title of Program SMART Objective</td>
<td>During the grant year 10-1-2022 to 9-30-2023, the State PHL will develop and implement an HPLC method for PSP detection in shellfish harvested in NH waters. 100% of shellfish samples for PSP testing will be completed within 24 hours of receipt.</td>
</tr>
<tr>
<td>Item to be measured</td>
<td>Samples completed within 24 hours of receipt</td>
</tr>
<tr>
<td>Unit to be measured</td>
<td>Percent of samples completed within target</td>
</tr>
<tr>
<td>Baseline Value</td>
<td>65</td>
</tr>
<tr>
<td>Interim Target Value</td>
<td>100</td>
</tr>
<tr>
<td>Final Target Value</td>
<td>100</td>
</tr>
</tbody>
</table>

### Problem Description:

Reduce the impact of harmful algal bloom contamination of shellfish in NH and prevent PSP disease.

Rapid, accurate testing of shellfish for marine biotoxins such as paralytic shellfish poison is a crucial step to preventing foodborne illness from raw shellfish. By implementing an HPLC method, the quantity and efficiency of shellfish sample testing will be improved over the next year. Providing results within 24 hours to the Department of Environmental Services enables them to determine which shellfish growers can safely harvest their product.

### Key Indicator:

Algal blooms and subsequent toxin release occur seasonally in NH, the largest being paralytic shellfish poisoning in marine environments contaminating shellfish harvested for human consumption. Rapid identification of the presence of the toxin in harvested shellfish will prevent paralytic shellfish disease in humans.

### Baseline Value for the Key Indicator:

65

### Intervention Summary:

Implement an HPLC method for detection of saxitoxin (PSP) in shellfish samples.

The NH PHL will research using an HPLC method for laboratory diagnosis of saxitoxin, the causative agent of Paralytic Shellfish poisoning. The NH PHL will establish the appropriate testing procedure at the PHL. The NH PHL will conduct testing for Paralytic Shellfish poisoning by using the NSSP approved method of using an HPLC instrument with a post-column fluorescence detector.

### Type of Intervention:

Evidence-based intervention

### Evidence Source:

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

### Rationale for choosing the intervention:
The only way to avoid this toxicity is by periodic collection and testing susceptible mollusks in the laboratory, and restricting harvesting by persons when toxin is detected.

**Target Population same as the Program or a subset:**

Same as the Program

### Activity 1 / 1

**Appropriate laboratory testing**

**Summary:**

Develop and implement the HPLC method for detection of saxitoxin contaminating shellfish harvested in NH waters

**Description:**

During the grant year of 10-01-2022 to 9-30-2023 the State PHL will research the laboratory diagnosis for identification of saxitoxin, the causative agent of Paralytic Shellfish Poison, by HPLC method. The NH PHL will provide all testing results to their agency partners within 24 hours of sample receipt.

### Program Description 11 / 17

**Program Summary**

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Bureau of Public Health Protection - Food Safety</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Program Goal</strong></td>
<td>To ensure a safe food supply by reducing the number of priority food violations at retail food establishments.</td>
</tr>
<tr>
<td><strong>Healthy People 2030 Objective</strong></td>
<td>FS-07 Increase the proportion of people who wash their hands and surfaces often when preparing food</td>
</tr>
<tr>
<td><strong>Recipient Health Objective</strong></td>
<td>Between 10/1/2022 and 9/30/2023, investigative paralegal will analyze 100% of inspection reports to identify establishments with repeated violations</td>
</tr>
<tr>
<td><strong>Total Program Allocation</strong></td>
<td>$49,653</td>
</tr>
</tbody>
</table>

**Problem Information**

**Problem Description**

The program desires to work with the management of the establishments to educate and provide outreach in the areas where there are repeat violations for the safe preparation and temperature of food.
The program desires to work with the management of the establishments to educate and provide outreach in the areas where there are repeat violations for the safe preparation and temperature of food. The program will track violations monthly and identify repeat violators. If the establishments continue to have repeat violations after education and outreach, fines will be issued.

**Key Indicator:**

Enteric illnesses, those affecting the intestines, spread in various ways. Food related hazards can be posed by eating food contaminated with pathogens, foreign material, or allergens. Annually, foodborne illnesses in the US afflicted an estimated 48 million people, hospitalized 128,000, killed 3,000, costing $77.7 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. The program tracks compliance violations, identifies repeat violators, and appropriately issues fines and advises management regarding any identified gaps that need program practice review to include education and outreach in areas of repeat violations for those establishments whose employees do not wash their hands for food preparation.

**Key Indicator Baseline:**

28

**Problem was prioritized by the following factor(s)**

- Legislature established as a priority
**Program Strategy**

**Goal:**
To ensure a safe food supply by reducing the number of priority food violations at retail food establishments.

**SDOH Addressed by the Program:**
This program is not specifically addressing a Social Determinant of Health (SDOH)

**Program Strategy:**
A well designed regulatory program can increase the likelihood of adequately protecting the state's citizens and uniformly 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 primarily 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 inspecting establishments, sampling dairy products, licensing of over 5,000 food establishments and producers, sanctioning non-compliance with sanitation standards, and food safety education in all but 15 self-inspecting jurisdictions. Food safety impacts the entire state population as well as tourists.

**Setting:**
- Business, corporation or industry
- Childcare center
- Schools or school district
- State health department
- University or college
- Work site

**Primary Strategic Partners:**
Health Officers of the Self-Inspecting Cities and members of the regulated community

**Evaluation Methodology:**
The goal is to identify those establishments where violations continue to repeat. By providing education and outreach the program would expect the violations to be corrected. If the violations continue to be repeated, the program would issue fines. The outcome goal would be to see less monthly repeat violations which would protect the state’s citizens.

**Planned non-monetary support to local agencies or organizations:**
• Technical Assistance
• Training
• Resources/Job Aids
• Other

Food Protection created a video on safe food handling for food establishments to utilize in training

<table>
<thead>
<tr>
<th>Program Budget for Block Grant Funds</th>
<th>Program Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2022 Basic Allocation</td>
<td>$49,653</td>
</tr>
<tr>
<td>FY 2022 Sex Offense Allocation</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Total Allocation</strong></td>
<td><strong>$49,653</strong></td>
</tr>
</tbody>
</table>

PHHS Block Grant dollars were used to respond to an emerging need or outbreak as a part of this program. PHHS Block Grant funds were used as Supplement other existing funds for this program.

PHHS Block Grant funds made up 50-74% - Significant source of funding of the total program funding.

**The other funds came from:**

• State or local funding

The role of PHHS Block Grant funds in supporting the program was to Maintain existing program (as is)

Amount of funding to populations disproportionately affected by the Problem: $0

Amount of planned funding to local agencies or organizations: $0

**Type of supported local agencies or organizations:**

• Other
  
  Food Service Establishments

**FTEs (Full Time Equivalents)**

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

Total Number of Positions Funded: 1

Total FTEs Funded: 0.5

**FTEs (Full Time Equivalents)**

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

Position 1 / 1 Title: Investigative Paralegal
Position Name: Karen Barry

<table>
<thead>
<tr>
<th>Local</th>
<th>50%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>50%</td>
</tr>
</tbody>
</table>

This position is not vacant.

**Target Population of Program 11 / 17**

**Program name:**
Bureau of Public Health Protection - Food Safety

**Number of people served:**
1359711

**Ethnicity:**
- Hispanic or Latino
- Non-Hispanic or Latino

**Race:**
- African American or Black
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- White

**Age:**
- Under 1 year
- 1 - 4 years
- 5 - 14 years
- 15 - 24 years
- 25 - 34 years
- 35 - 44 years
- 45 – 54 years
- 55 - 64 years
- 65 – 74 years
- 75 – 84 years
- 85 years and older

**Gender Identity:**
- Male
- Female
- Transgender

**Sexual Orientation:**
- Gay (lesbian or gay)
- Bisexual
- Straight, this is not gay (or lesbian or gay)
- Something else

**Geography:**
Both

**Location:**
Statewide

**Occupation:**
Food Establishment employees

**Educational Attainment:**
- Some High School
- Some College
- Graduate Degree
- High School Diploma
- College Degree

**Health Insurance Status:**
- Uninsured
- Medicare
- Affordable Care Act Plan
- Medicaid
- Private Health Insurance

**Primary Low Income:**
No

Is the entire target population disproportionately affected by the Problem, or only part?

All

---

**Program Description 12 / 17**

**Program Summary**
**Program Summary**

<table>
<thead>
<tr>
<th><strong>Program Name</strong></th>
<th>Bureau of Public Health Statistics and Informatics</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Program Goal</strong></td>
<td>Provide easily accessible health data including BRFSS for use by the DPHS programs, health partners and the public.</td>
</tr>
<tr>
<td><strong>Healthy People 2030 Objective</strong></td>
<td>PHI-R06 Enhance the use and capabilities of informatics in public health</td>
</tr>
<tr>
<td><strong>Recipient Health Objective</strong></td>
<td>Provide data collection, aggregation and integration of dashboards into the data portal.</td>
</tr>
<tr>
<td><strong>Total Program Allocation</strong></td>
<td>$150,250</td>
</tr>
</tbody>
</table>

**Problem Information**

**Problem Description**

DPHS programs and our health partners do not have the epidemiological and statistical expertise to generate the data for interpreting health trends in their focused regions or program areas. Our team provides this expertise and presents the data in our data portal. The portal's easy-to-interpret charts and data tables allow users to focus on what they do best and leave the technical expertise to our group. One of our portal's internal strategic partners, the BRFSS program, provides data on health risk behaviors and chronic health conditions by surveying NH residents. The data produced is one of the primary datasets used in the data portal.

**Key Indicator:**

The data portal provides dashboards approximately 400 indicators across 40 health topics. The topics range from environmental concerns, chronic health conditions, injury, and substance misuse. The key indicators are program provided for monitoring their targeted health risks and outcomes.

**Key Indicator Baseline:**

400

**Problem was prioritized by the following factor(s)**

- Prioritized within a strategic plan
**Program Strategy**

**Goal:**
Provide easily accessible health data including BRFSS for use by the DPHS programs, health partners and the public.

**SDOH Addressed by the Program:**
This program is not specifically addressing a Social Determinant of Health (SDOH)

**Program Strategy:**
The data portal provides SDOH dashboards on nearly 50 measures across time dimensions and across several NH geographies (e.g. County, Town, Census Tract, Rural/Non-Rural, Public Health Region).

**Setting:**
- State health department

**Primary Strategic Partners:**
NH DHHS Public Health Programs, Bureau of Drug and Alcohol Services, Regional Public Health Networks, NH Hospital Association, NH Cancer Registry, University of New Hampshire

**Evaluation Methodology:**
Customer surveys, page view counts and related program grant deliverables provide the evaluation for the portal. For BRFSS, the annual sample size of about 6,000 respondents is required to produce the health statistics needed for sub-state data.

**Planned non-monetary support to local agencies or organizations:**
- Technical Assistance
- Training

**Program Budget for Block Grant Funds**
PHHS BLOCK GRANT INFORMATION SYSTEM – New Hampshire 2022 Work Plan

<table>
<thead>
<tr>
<th>Program Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2022 Basic Allocation</td>
</tr>
<tr>
<td>FY 2022 Sex Offense Allocation</td>
</tr>
<tr>
<td><strong>Total Allocation</strong></td>
</tr>
</tbody>
</table>

PHHS Block Grant dollars were not used to respond to an emerging need or outbreak as a part of this program. PHHS Block Grant funds were used as Supplement other existing funds for this program.

PHHS Block Grant funds made up 10-49% - Partial source of funding of the total program funding.

**The other funds came from:**

- State or local funding
- Other federal funding (CDC)
  
  BRFSS

The role of PHHS Block Grant funds in supporting the program was to Maintain existing program (as is)

Amount of funding to populations disproportionately affected by the Problem: $0

Amount of planned funding to local agencies or organizations: $0

**Type of supported local agencies or organizations:**

- Other
  
  Regional Public Health Networks

**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

**Target Population of Program 12 / 17**

Program name:

Bureau of Public Health Statistics and Informatics

Number of people served:

1377529

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino
### Race:
- African American or Black
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- White

### Age:
- 15 - 24 years
- 25 - 34 years
- 35 - 44 years
- 45 – 54 years
- 55 - 64 years
- 65 – 74 years
- 75 – 84 years
- 85 years and older

### Gender Identity:
- Male
- Female

### Sexual Orientation:

### Geography:
- Both

### Location:
- County, Public Health Region

### Occupation:
- All

### Educational Attainment:
- Some High School
- Some College
- Graduate Degree
- High School Diploma
- College Degree
Health Insurance Status:

- Uninsured
- Medicare
- Affordable Care Act Plan
- Medicaid
- Private Health Insurance

Primary Low Income:

No

Is the entire target population disproportionately affected by the Problem, or only part?

All

<table>
<thead>
<tr>
<th>Program Objective 1 / 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Program Smart Objective</strong></td>
</tr>
<tr>
<td><strong>Title of Program SMART Objective</strong></td>
</tr>
<tr>
<td><strong>Item to be measured</strong></td>
</tr>
<tr>
<td><strong>Unit to be measured</strong></td>
</tr>
<tr>
<td><strong>Baseline Value</strong></td>
</tr>
<tr>
<td><strong>Interim Target Value</strong></td>
</tr>
<tr>
<td><strong>Final Target Value</strong></td>
</tr>
</tbody>
</table>

Problem Description:
The BRFSS program will collect and complete monthly BRFSS telephone health interviews.

The Behavioral Risk Factor Surveillance System (BRFSS) program in collaboration with the data collection contractor will complete monthly BRFSS telephone health interviews. The BRFSS contractor conducts health-related telephone surveys for the state residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. The majority of the questions are national questions, but several NH custom questions are included in the survey.

Key Indicator:
The BRFSS program collects heath indicator data across a spectrum of health-related risk behaviors, chronic health conditions, and use of preventive services such as: Asthma, Obesity, Cancer Screening, Alcohol Use, Cholesterol, High Blood Pressure, Diabetes, Tobacco Use. Data reports and data dashboards are produced in the data portal summarizing the results by years, geography and age.

Baseline Value for the Key Indicator:

6600

Intervention Summary:
Jurisdiction has increased access to more quality and timelier BRFSS data collected and analyzed by organizations.

NH BRFSS will conduct a minimum of 6600 telephone interviews.

**Type of Intervention:**
Evidence-based intervention

**Evidence Source:**
- Best Practice Initiative (U.S. Department of Health and Human Services)
- MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

**Rationale for choosing the intervention:**
By collecting behavioral health risk data at the state and local level, BRFSS has become a powerful tool for targeting and building health promotion activities.

**Target Population same as the Program or a subset:**
Same as the Program

**Activity 1 / 1**
Conduct monthly telephone health interviews

**Summary:**
Between 10/2022 and 09/2023, the BRFSS program in collaboration with the data collection contractor will collect about 550 completed health interviews per month.

**Description:**
The NH contractor for the Behavioral Risk Factor Surveillance System (BRFSS) conducts health-related telephone surveys for the state residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. The majority of the questions are national questions, but several NH custom questions are included in the survey.

**Program Objective 2 / 2**

<table>
<thead>
<tr>
<th>Program Smart Objective</th>
<th>Integrate new content, new data years, dashboards and metadata into the data portal</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Title of Program SMART Objective</strong></td>
<td>Between 10/2022 and 09/2023, Integrate 5 new dashboards into the data portal.</td>
</tr>
<tr>
<td><strong>Item to be measured</strong></td>
<td>Number of dashboard topic areas.</td>
</tr>
<tr>
<td><strong>Unit to be measured</strong></td>
<td>Dashboard Topics</td>
</tr>
<tr>
<td><strong>Baseline Value</strong></td>
<td>0</td>
</tr>
<tr>
<td><strong>Interim Target Value</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>Final Target Value</strong></td>
<td>5</td>
</tr>
</tbody>
</table>
Problem Description:
Create new health indicators dashboards based on the needs of NH

In 2021, the data portal moved to new technology. The portal now has over 400 health indicators. Several indicators were not updated and these will be rebuilt using Tableau technology. There are several new indicators in our pipeline for creation. The plan is to rebuild indicators as well as create new ones. A prioritized list is in place, but is adaptable based on the ever evolving health environment along with a planned rollout of a new State Health Improvement Plan (SHIP). The finalized deliverable dashboard list may emerge differently as the year moves along. New data years on existing dashboards will also be applied when the new data years are available.

Key Indicator:
Several topic areas in the dashboard queue include: Arboviral-related disease, BRFSS/YRBS common indicators, radon, racial/ethnic disparities across indicators, life expectancy and occupational safety

Baseline Value for the Key Indicator:
400

Intervention Summary:
New enterprise technology has expanded capabilities and user functionality.
Provide a balance of using the new technology advanced features and usability. Building the portal and dashboard for long-term maintenance and simplification for adding new data source years.

Type of Intervention:
Innovative/Promising Practice

Rationale for choosing the intervention:
Leveraging enterprise-level support of the application with a focus on building for maintenance

Target Population same as the Program or a subset:
Same as the Program

Activity 1 / 1
Integrate content, dashboards and metadata into the data portal

Summary:
The contractor will integrate 5 dashboards between 10/2022 and 09/2023 into the data portal including updates, content, metadata and integration.

Description:
The contractor will integrate new content, portal improvements, and dashboards into the data portal. Implementing the changes across multiple portal areas including search, topics, and catalog along with metadata integration.

### Program Description 13 / 17

#### Problem Information

**Problem Description**

New Hampshire is a low incidence State for Tuberculosis, however cases continue to be identified through importation of individuals with disease into the State and reactivation of latent disease in existing residents. An active TB control program is vital to prevent expansion of disease to new individuals in the State.

**Key Indicator:**

The health of residents of NH.

**Key Indicator Baseline:**

TB cases in 2021

**Problem was prioritized by the following factor(s)**

- Identified via surveillance systems or other data sources

#### Program Summary

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Public Health Lab Tuberculosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Goal</td>
<td>Reduce the number of TB infections in NH by providing rapid, accurate laboratory testing to identify infectious individuals in order to prevent the spread of this highly infectious disease.</td>
</tr>
<tr>
<td>Healthy People 2030 Objective</td>
<td>IID-17 Reduce tuberculosis cases</td>
</tr>
<tr>
<td>Recipient Health Objective</td>
<td>Reduce tuberculosis cases during the grant year 10/2022 - 9/2023 by providing rapid laboratory results to identify infectious individuals in the State within 48 hours. Rapid identification of infectious disease individuals will prevent the spread of tuberculosis thereby reducing tuberculosis cases.</td>
</tr>
<tr>
<td>Total Program Allocation</td>
<td>$15,000</td>
</tr>
</tbody>
</table>
- Prioritized within a strategic plan
Program Strategy

Goal:
Reduce the number of TB infections in NH by providing rapid, accurate laboratory testing to identify infectious individuals in order to prevent the spread of this highly infectious disease.

SDOH Addressed by the Program:
This program is not specifically addressing a Social Determinant of Health (SDOH)

Program Strategy:
Provide rapid test results of suspected TB cases within 48 hours.

Setting:
- Home
- Medical or clinical site
- State health department
- Work site

Primary Strategic Partners:
State of NH TB program

Evaluation Methodology:
Laboratory test data in the laboratory information management system will be the source of the data. New laboratory procedures developed and published in the document management system, Qualtrax.

Planned non-monetary support to local agencies or organizations:

Program Budget for Block Grant Funds
## Program Budget

<table>
<thead>
<tr>
<th>FY2022 Basic Allocation</th>
<th>$15,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2022 Sex Offense Allocation</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Total Allocation</strong></td>
<td><strong>$15,000</strong></td>
</tr>
</tbody>
</table>

PHHS Block Grant dollars were not used to respond to an emerging need or outbreak as a part of this program. PHHS Block Grant funds were used as Supplement other existing funds for this program.

PHHS Block Grant funds made up 10-49% - Partial source of funding of the total program funding.

### The other funds came from:

- Other federal funding (CDC)
  - CDC TB elimination grant

The role of PHHS Block Grant funds in supporting the program was to Enhance or expand the program

Amount of funding to populations disproportionately affected by the Problem: $0

Amount of planned funding to local agencies or organizations: $0

### Type of supported local agencies or 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

### Target Population of Program 13 / 17

Program name:

Public Health Lab Tuberculosis

Number of people served:

1377529

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino

Race:

- African American or Black
• American Indian or Alaskan Native
• Asian
• Native Hawaiian or Other Pacific Islander
• White

Age:
• Under 1 year
• 1 - 4 years
• 5 - 14 years
• 15 - 24 years
• 25 - 34 years
• 35 - 44 years
• 45 – 54 years
• 55 - 64 years
• 65 – 74 years
• 75 – 84 years
• 85 years and older

Gender Identity:
• Male
• Female
• Transgender
• None of these

Sexual Orientation:
• Gay (lesbian or gay)
• Bisexual
• Straight, this is not gay (or lesbian or gay)
• Something else

Geography:
Both
Location:
Statewide
Occupation:
### PHHS BLOCK GRANT INFORMATION SYSTEM – New Hampshire 2022 Work Plan

All

**Educational Attainment:**
- Some High School
- Some College
- Graduate Degree
- High School Diploma
- College Degree

**Health Insurance Status:**
- Uninsured
- Medicare
- Affordable Care Act Plan
- Medicaid
- Private Health Insurance

**Primary Low Income:**
No

Is the entire target population disproportionately affected by the Problem, or only part?
All

**Program name:**
Public Health Lab Tuberculosis

**Number of people served:**
1377529

**Ethnicity:**

**Race:**

**Age:**

**Gender Identity:**

**Sexual Orientation:**

**Geography:**
Both

**Location:**
Statewide
Occupation:
All

Educational Attainment:

Health Insurance Status:
Primary Low Income:
No

Is the entire target population disproportionately affected by the Problem, or only part?
All

<table>
<thead>
<tr>
<th>Program Objective 1 / 1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Program Smart Objective</strong></td>
</tr>
<tr>
<td><strong>Title of Program SMART Objective</strong></td>
</tr>
<tr>
<td><strong>Item to be measured</strong></td>
</tr>
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<tr>
<td><strong>Baseline Value</strong></td>
</tr>
<tr>
<td><strong>Interim Target Value</strong></td>
</tr>
<tr>
<td><strong>Final Target Value</strong></td>
</tr>
</tbody>
</table>

**Problem Description:**
Reduce the burden of tuberculosis disease in NH.

New Hampshire is a low incidence State for Tuberculosis, however cases continue to be identified through importation of individuals with disease into the State and reactivation of latent disease in existing residents. An active TB control program is vital to prevent expansion of disease to new individuals in the State.

**Key Indicator:**
Reduce the burden of tuberculosis disease in NH. NH has a low incidence for Tuberculosis; however, cases continue to be identified through migration of individuals with diseases into the State and reactivation of latent disease in existing residents. An active TB control program is vital to prevent expansion of disease to new individuals in the State. The health of residents in NH.

**Baseline Value for the Key Indicator:**
12

**Intervention Summary:**
Use Laboratory test results to guide appropriate responses including treatment and/or vaccinations for TB.
Using responsive, unbiased, quality laboratory testing, the lab will rapidly identify TB cases.

**Type of Intervention:**
Evidence-based intervention

**Evidence Source:**
- MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

**Rationale for choosing the intervention:**
TB continues to be a health burden for the State and rapid testing will reduce cases and prevent the spread of disease.

**Target Population same as the Program or a subset:**
Same as the Program

**Activity 1 / 1**
Rapid results

**Summary:**
Results within 48 hours

**Description:**
Test every patient submitted to the TB program for evaluation of TB disease using rapid molecular methods (GenXpert system, to rapidly determine presence for TB. Report results within 48 hours of specimen receipt.

---

**Program Description 14 / 17**

**Program Summary**

<table>
<thead>
<tr>
<th>Program Name</th>
<th>NH Healthy Lives - Cancer Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Goal</td>
<td>Collect data on cancer patient diagnosis and initial treatment in NH.</td>
</tr>
<tr>
<td>Healthy People 2030 Objective</td>
<td>PHI-R06 Enhance the use and capabilities of informatics in public health</td>
</tr>
<tr>
<td>Recipient Health Objective</td>
<td>Between 10/2022 and 9/2023 meet the CDC National Program of Cancer Registries (NPCR) National Data Quality and Advanced Quality Standards</td>
</tr>
<tr>
<td>Total Program Allocation</td>
<td>$166,691</td>
</tr>
</tbody>
</table>
Problem Information

Problem Description

The state cancer registry provides data for public health and researchers to better prevent and treat cancer.

The NHSCR provides a data-driven foundation for cancer control efforts in New Hampshire by collecting and combining detailed information about cancer patients and the initial treatments they receive. The Cancer Program at DPHS analyzes the data collected by the NHSCR and shares the results with other groups like cancer coalitions and advocates who work to address identified problems or disparities. These groups look to the registry data to understand if their efforts have been effective at making change in cancer prevention in NH.

Key Indicator:

Percentage completeness of cases

Key Indicator Baseline:

29

Problem was prioritized by the following factor(s)

- Legislature established as a priority
**Program Strategy**

**Goal:**
Collect data on cancer patient diagnosis and initial treatment in NH.

**SDOH Addressed by the Program:**
This program is not specifically addressing a Social Determinant of Health (SDOH)

**Program Strategy:**
The NHSCR works to collect data on cancer patient diagnosis and initial treatment from required reporters using Rocky Mountain Cancer Data System (RMCDS). The 13 larger hospitals have their own certified tumor registrars (CTRs) who perform all cancer reporting duties using their own Metriq software. At 13 smaller hospitals and other “non registry” facilities without their own registrar (e.g. freestanding oncology clinics, radiation centers, and doctors’ offices), rapid reports are sent by medical records staff using NPCR’s WebPlus software. Full abstracts of the cancer case (“definitive cases”), due within 180 days of diagnosis, are completed at non-registry facilities by NHSCR staff because NH law does not allow us to require smaller facilities to employ a tumor registrar.

**Setting:**
- Medical or clinical site
- University or college

**Primary Strategic Partners:**
Trustees of Dartmouth College

**Evaluation Methodology:**
Evaluation of data quality and completeness is conducted by the CDC NPCR.

**Planned non-monetary support to local agencies or organizations:**

**Program Budget for Block Grant Funds**
PHHS BLOCK GRANT INFORMATION SYSTEM – New Hampshire 2022 Work Plan

<table>
<thead>
<tr>
<th>Program Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2022 Basic Allocation</td>
</tr>
<tr>
<td>FY 2022 Sex Offense Allocation</td>
</tr>
<tr>
<td>Total Allocation</td>
</tr>
</tbody>
</table>

PHHS Block Grant dollars were not used to respond to an emerging need or outbreak as a part of this program. PHHS Block Grant funds were used as Supplement other existing funds for this program.

PHHS Block Grant funds made up Less than 10% - Minimal source of funding of the total program funding.

The other funds came from:

- State or local funding
- Other federal funding (CDC)
- National Program of Cancer Registries

The role of PHHS Block Grant funds in supporting the program was to Restore program

Amount of funding to populations disproportionately affected by the Problem: $0

Amount of planned funding to local agencies or organizations: $166,691

Type of supported local agencies or organizations:

- Other
- University

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

Target Population of Program 14 / 17

Program name:

NH Healthy Lives - Cancer Program

Number of people served:

1377529

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino
### PHHS BLOCK GRANT INFORMATION SYSTEM – New Hampshire 2022 Work Plan

#### Race:
- African American or Black
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- White

#### Age:
- Under 1 year
- 1 - 4 years
- 5 - 14 years
- 15 - 24 years
- 25 - 34 years
- 35 - 44 years
- 45 – 54 years
- 55 - 64 years
- 65 – 74 years
- 75 – 84 years
- 85 years and older

#### Gender Identity:
- Male
- Female
- Transgender

#### Sexual Orientation:
- Gay (lesbian or gay)
- Bisexual
- Straight, this is not gay (or lesbian or gay)

#### Geography:
Both

#### Location:
Statewide

#### Occupation:
All

**Educational Attainment:**
- Some High School
- Some College
- Graduate Degree
- High School Diploma
- College Degree

**Health Insurance Status:**
- Uninsured
- Medicare
- Affordable Care Act Plan
- Medicaid
- Private Health Insurance

**Primary Low Income:**
No

**Is the entire target population disproportionately affected by the Problem, or only part?**
All

<table>
<thead>
<tr>
<th><strong>Program Objective 1 / 1</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Program Smart Objective</strong></td>
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<tr>
<td><strong>Baseline Value</strong></td>
</tr>
<tr>
<td><strong>Interim Target Value</strong></td>
</tr>
<tr>
<td><strong>Final Target Value</strong></td>
</tr>
</tbody>
</table>

**Problem Description:**
The intervention is the continued maintenance of a timely and complete statewide cancer registry.
The NHSCR works to collect data on cancer patient diagnosis and initial treatment from required reporters using Rocky Mountain Cancer Data System (RMCDS). The 13 larger hospitals have their own certified tumor registrars (CTRs) at oncology clinics, radiation centers and doctors’ offices, rapid reports are sent by medical records staff using NPCR’s WebPlus software. Full abstracts of the cancer case (“definitive cases”), due within 180 days of diagnosis, a) who perform all cancer reporting duties using their own Metriq software. At 13 smaller hospitals and other “non registry” facilities without their own registrar (e.g. freestanding oncology clinics, radiation centers, and doctors’ offices), rapid reports are sent by medical records staff using NPCR’s WebPlus software. Full abstracts of the cancer case (“definitive cases”), due within 180 days of diagnosis, are completed at non-registry facilities by NHSCR staff because NH law does not allow us to require smaller facilities to employ a tumor registrar.

**Key Indicator:**

Percentage completeness of cases

**Baseline Value for the Key Indicator:**

29

**Intervention Summary:**

The intervention is the continued maintenance of a timely and complete statewide cancer registry.

The NHSCR works to collect data on cancer patient diagnosis and initial treatment from required reporters using Rocky Mountain Cancer Data System (RMCDS). The 13 larger hospitals have their own certified tumor registrars (CTRs) who perform all cancer reporting duties using their own Metriq software. At 13 smaller hospitals and other “non registry” facilities without their own registrar (e.g. freestanding oncology clinics, radiation centers, and doctors’ offices), rapid reports are sent by medical records staff using NPCR’s WebPlus software. Full abstracts of the cancer case (“definitive cases”), due within 180 days of diagnosis, are completed at non-registry facilities by NHSCR staff because NH law does not allow us to require smaller facilities to employ a tumor registrar.

**Type of Intervention:**

Innovative/Promising Practice

**Rationale for choosing the intervention:**

This work aligns with CDC National Cancer Registry Program

**Target Population same as the Program or a subset:**

Same as the Program

**Activity 1 / 1**

Data Collection

**Summary:**

The state cancer registry will continue to collect data from hospitals and non-hospital facilities to maintain and complete and timely data set.

**Description:**
The NHSCR works to collect data on cancer patient diagnosis and initial treatment from required reporters using Rocky Mountain Cancer Data System (RMCDS). The 13 larger hospitals have their own certified tumor registrars (CTRs) who perform all cancer reporting duties using their own Metriq software. At 13 smaller hospitals and other “non registry” facilities without their own registrar (e.g. freestanding oncology clinics, radiation centers, and doctors’ offices), rapid reports are sent by medical records staff using NPCR’s WebPlus software. Full abstracts of the cancer case (“definitive cases”), due within 180 days of diagnosis, are completed at non-registry facilities by NHSCR staff because NH law does not allow us to require smaller facilities to employ a tumor registrar.

**Program Description 15 / 17**

**Program Summary**

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Injury Prevention - Sexual Assault Prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Goal</td>
<td>Provide education on services to sexual assault violence victims and implement primary prevention programming.</td>
</tr>
<tr>
<td>Healthy People 2030 Objective</td>
<td>IVP-17 Reduce adolescent sexual violence by anyone</td>
</tr>
<tr>
<td>Recipient Health Objective</td>
<td>Between 10/2022 and 9/2023 reduce the number of adolescents reporting they have experienced sexual violence by anyone.</td>
</tr>
<tr>
<td>Total Program Allocation</td>
<td>$26,710</td>
</tr>
</tbody>
</table>

**Problem Information**

**Problem Description**

This program will address reduce the number of adolescents reporting that they have experienced sexual violence.

Sexual violence victims need access to services to support them after the event, and it is important to provide those services as promptly as possible. In addition, primary prevention strategies can be implemented to reduce the likelihood that adolescents are exposed to sexual violence.

**Key Indicator:**

Youth Risk Behavior Survey (YRBS) responses for specific questions tailored to experiences of sexual violence are affected by this problem.

**Key Indicator Baseline:**

9.5

**Problem was prioritized by the following factor(s)**

- Identified via surveillance systems or other data sources
• Prioritized within a strategic plan
**Program Strategy**

**Goal:**

Provide education on services to sexual assault violence victims and implement primary prevention programming.

**SDOH Addressed by the Program:**

This program is not specifically addressing a Social Determinant of Health (SDOH)

**Program Strategy:**

**Setting:**

- Community based organization
- Medical or clinical site
- Rape crisis center
- Schools or school district
- State health department

**Primary Strategic Partners:**

NH Coalition Against Domestic and Sexual Violence (NHCADSV)

**Evaluation Methodology:**

Evaluation will be conducted by examining the number of youth who report experiencing any sexual violence by anyone as well as evaluations completed by those attending educational programming.

**Planned non-monetary support to local agencies or organizations:**

**Program Budget for Block Grant Funds**
PHHS BLOCK GRANT INFORMATION SYSTEM – New Hampshire 2022 Work Plan

Program Budget

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<tr>
<td><strong>Total Allocation</strong></td>
<td><strong>$26,710</strong></td>
</tr>
</tbody>
</table>

PHHS Block Grant dollars were not used to respond to an emerging need or outbreak as a part of this program. PHHS Block Grant funds were used as Supplement other existing funds for this program.

PHHS Block Grant funds made up 75-99% - Primary source of funding of the total program funding.

**The other funds came from:**

- Other federal funding (CDC)
  - Maternal and Child Health Block Grant

The role of PHHS Block Grant funds in supporting the program was to Maintain existing program (as is)

Amount of funding to populations disproportionately affected by the Problem: $0

Amount of planned funding to local agencies or organizations: $26,710

**Type of supported local agencies or organizations:**

- Local Organization

**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

**Target Population of Program 15 / 17**

Program name:

Injury Prevention - Sexual Assault Prevention

Number of people served:

178328

Ethnicity:

Race:
Age:

- 5 - 14 years
- 15 - 24 years

Gender Identity:

Sexual Orientation:

Geography:

Both

Location:

Statewide

Occupation:

Students

Educational Attainment:

Health Insurance Status:

Primary Low Income:

No

Is the entire target population disproportionately affected by the Problem, or only part?

All

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</tr>
<tr>
<td><strong>Final Target Value</strong></td>
</tr>
</tbody>
</table>

**Problem Description:**

Sexual violence results in hospitalization visits and rates have increased over time.
In 2017, NH students reported on the YRBS that 9.5% experienced sexual violence by anyone, this increased to 10.1 percent in 2019. The 2019 New Hampshire Youth Risk Behavior Survey (YRBS) indicated 6.7% of respondents answering “yes” to "having been physically forced to have sex when they did not want to". The increase from 5.7% in 2013, this was not statistically different. In 2013, the question about sexual orientation was added to the YRBS survey. In 2019 students who are gay, lesbian, or bisexual are more than two times more likely than heterosexual students to have had been forced to have sexual intercourse (17.4%) or to have experiences sexual violence (21.6).

**Key Indicator:**

The key indicators used to measure sexual violence in NH are data from the Youth Risk Behavior Survey (YRBS). Through the work on the IPP and the NHCADSV, there will be a reduction in the percentage of “yes” responses to the following YRBS questions:

- Experienced Sexual Violence By Anyone (including kissing, touching, or being physically forced to have sexual intercourse when they did not want to, one or more times during the 12 months before the survey)
- Were Ever Physically Forced To Have Sexual Intercourse (when they did not want to)
- Experienced Sexual Dating Violence (being forced to do sexual things (counting such things as kissing, touching, or being physically forced to have sexual intercourse) they did not want to do by someone they were dating or going out with, one or more times during the 12 months before the survey, among students who dated or went out with someone during the 12 months before the survey)

**Baseline Value for the Key Indicator:**

10

**Intervention Summary:**

Provide education on services to sexual violence victims and implement primary sexual assault prevention programming.

The DHHS IPP in cooperation with the NH Coalition Against Domestic and Sexual Violence (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 groups of community-based organizations and other stakeholders. The member programs will also evaluate the progress of the sexual violence primary prevention programming.

**Type of Intervention:**

Evidence-based intervention

**Evidence Source:**

- Other

Creating Safer Communities, RPE model of community change (CDC)

**Rationale for choosing the intervention:**

Community-based primary sexual assault prevention programing will broaden the reach of programming traditionally provided to students in schools. By educating the community in sexual assault prevention, an environment with increased protective factors will be created for NH’s youth.

**Target Population same as the Program or a subset:**

Sub-set of the Program
### Objective Target Population

**Number of people served:**
26000

**Ethnicity:**

**Race:**

**Age:**
- 5 - 14 years
- 15 - 24 years

**Gender Identity:**

**Sexual Orientation:**

**Geography:**
- Both
  - Location: Statewide
  - Occupation: All
  - Educational Attainment:
  - Health Insurance Status:
  - Primary Low Income:
  - No

**Is the entire target population disproportionately affected by the Problem, or only part?**
- All

### Activity 1 / 2

**Education on Services to Sexual Violence Victims**

**Summary:**
Provide education on services to sexual violence victims.
Description:
The DHHS IPP in cooperation with the NH Coalition Against Domestic and Sexual Violence (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 groups of community-based organizations and other stakeholders. The member programs will also evaluate the progress of the sexual violence primary prevention programming.

Activity 2 / 2
Implement primary sexual assault prevention programming

Summary:
The NHCADSV will assist the 14 member programs prepare and evaluation of the implementation of the primary sexual assault prevention programming provide to communities.

Description:
The NHCADSV Prevention Coordinator will assist the 14 member programs prepare and evaluation of the implementation of the primary sexual assault prevention programming provide to communities by consulting with evaluation specialists at the Prevention Innovations Research Center (PIRC). The PIRC and the Prevention Coordinator will provide technical assistance to the member programs in the development of the evaluation methods and report.

Program Description 16 / 17

Program Summary

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Oral Health OH-02</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Goal</td>
<td>The goal of the Oral Health Program is to reduce the proportion of vulnerable elementary and middle school aged students in New Hampshire who have active or untreated decay</td>
</tr>
<tr>
<td>Healthy People 2030 Objective</td>
<td>OH-02 Reduce the proportion of children and adolescents with active and untreated tooth decay</td>
</tr>
<tr>
<td>Recipient Health Objective</td>
<td>Between 10/2022 and 9/2023, reduce the proportion of elementary and middle school students with active or untreated decay.</td>
</tr>
<tr>
<td>Total Program Allocation</td>
<td>$369,045</td>
</tr>
</tbody>
</table>

Problem Information

Problem Description
Oral health problems, such as dental caries in children are still common in New Hampshire and the Oral Health Program is committed to improving access to oral health care for children thereby improving oral health outcomes to keep them free from pain and dental disease.
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 elementary and middle schools is by supporting the work of school-based sealant programs.

**Key Indicator:**

The proportion of children and adolescents with active or current untreated decay in primary or permanent molars.

**Key Indicator Baseline:**

14% (elementary only-Sept 2021-May 2022)

**Problem was prioritized by the following factor(s)**

- Conducted, monitored, or updated a jurisdiction health assessment
- Identified via surveillance systems or other data sources
**Program Strategy**

**Goal:**

The goal of the Oral Health Program is to reduce the proportion of vulnerable elementary and middle school aged students in New Hampshire who have active or untreated decay.

**SDOH Addressed by the Program:**

This program is specifically addressing a Social Determinant of Health (SDOH):

- Health and Health Care (e.g. poor access to healthcare, low health insurance coverage, low health literacy)

**Program Strategy:**

The Oral Health Program will contract with 6 school-based sealant programs (SBSPs) who provide oral health screenings and preventive care to vulnerable elementary and middle school children. Oral health screenings will be conducted on 2nd and 7th grade students to determine the prevalence of active and untreated decay and preventive dental treatment such as dental sealants, silver diamine fluoride (SDF), interim therapeutic restorations (ITRs), and fluoride varnish will be provided where appropriate. This evidence-based intervention will reduce the prevalence of untreated decay and improve the oral health status of school-aged children.

**Setting:**

- Medical or clinical site
- Schools or school district

**Primary Strategic Partners:**

Contracted SBSPs, DHHS Oral Health Program

**Evaluation Methodology:**

The Oral Health Program will collect de-identified oral health data from contracted SBSPs that will include: number of students screened, number of students who received fluoride varnish, dental sealants, SDF, and ITRs, number of students with untreated decay, and number of students in need of urgent dental care. A data collection tool has been created to make the data collection process easier for SBSPs to report their oral health data and will assist the oral health program when analyzing the data.

**Planned non-monetary support to local agencies or organizations:**
Program Budget for Block Grant Funds

<table>
<thead>
<tr>
<th>FY2022 Basic Allocation</th>
<th>$369,045</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2022 Sex Offense Allocation</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Total Allocation</strong></td>
<td><strong>$369,045</strong></td>
</tr>
</tbody>
</table>

PHHS Block Grant dollars were not used to respond to an emerging need or outbreak as a part of this program. PHHS Block Grant funds were used as Supplement other existing funds for this program.

PHHS Block Grant funds made up 50-74% - Significant source of funding of the total program funding.

**The other funds came from:**
- State or local funding
- Other federal funding (CDC)
  - State Actions to Improve Oral Health Outcomes and Partner Actions to Improve Oral Health Outcomes

The role of PHHS Block Grant funds in supporting the program was to Enhance or expand the program.

Amount of funding to populations disproportionately affected by the Problem: $369,045

Amount of planned funding to local agencies or organizations: $361,560

**Type of supported local agencies or organizations:**
- Local Organization

**FTEs (Full Time Equivalents)**

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

Total Number of Positions Funded: 2

Total FTEs Funded: 0.13

<table>
<thead>
<tr>
<th>Position 1 / 2 Title:</th>
<th>Bureau Chief, Community and Population Health</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Position Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jurisdiction-level:</td>
</tr>
<tr>
<td>Local:</td>
</tr>
</tbody>
</table>
### Target Population of Program 16 / 17

**Program name:** Oral Health OH-02  
**Number of people served:** 97386  
**Ethnicity:**  
- Hispanic or Latino  
- Non-Hispanic or Latino  
**Race:**  
- African American or Black  
- American Indian or Alaskan Native  
- Asian  
- Native Hawaiian or Other Pacific Islander  
- White  
**Age:**  
- 5 - 14 years  
**Gender Identity:**  
- Male  
- Female  
- Transgender  
**Sexual Orientation:**
• Gay (lesbian or gay)
• Bisexual
• Straight, this is not gay (or lesbian or gay)
• Something else

Geography:
Both

Location:
Hillsboro, Rockingham, Grafton, Cheshire, Sullivan, Merrimack counties

Occupation:
Students

Educational Attainment:

Health Insurance Status:
• Uninsured
• Medicaid

Primary Low Income:
Yes

Is the entire target population disproportionately affected by the Problem, or only part?
All

Program Objective 1 / 1

Program Smart Objective Sealant programs

Title of Program SMART Objective Between 10/2022 and 9/2023, the Oral Health Program will contract with 6 school-based Sealant Programs to provide oral health screenings and preventive oral health treatment to elementary and middle school aged children to decrease the prevalence of active and untreated decay.

Item to be measured Prevalence of active and untreated decay

Unit to be measured % decrease compared to baseline

Baseline Value 14

Interim Target Value 13

Final Target Value 12

Problem Description:
Oral health problems cause pain and disease
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 elementary and middle schools is by supporting the work of school-based sealant programs.

**Key Indicator:**
The proportion of children and adolescents with active or current untreated decay in primary or permanent molars.

**Baseline Value for the Key Indicator:** 14

**Intervention Summary:**
Provide oral health screenings and preventive oral health treatment to elementary and middle school children.

The contracted SBSPs will travel to schools located within their designated areas and provide oral health screenings and preventive oral health treatment to elementary and middle school children who return a signed permission form. Screenings will be only be conducted on 2nd and 7th grade students and all other students will receive preventive care as needed. All students will receive a fluoride varnish application unless parents specify otherwise. A screening results form will go home to parents and if follow-up care is needed, parents will be informed. All treatment provided will be documented and reported to the oral health program for analysis.

**Type of Intervention:**
Evidence-based intervention

**Evidence Source:**
- Best Practice Initiative (U.S. Department of Health and Human Services)

**Rationale for choosing the intervention:**
Untreated dental decay is substantially more prevalent among children living at or below the federal poverty level compared with children living above the poverty level. Barriers to oral health care such as the high cost of dental care, lack of dental coverage, lack of oral health literacy, and lack of dental providers contributes to the untreated oral disease in children. Evidence suggests that by bringing care to people in the community and improving access to care, it will increase the proportion of children who receive dental care and improve the oral health status of vulnerable children.

**Target Population same as the Program or a subset:**
Same as the Program

**Activity 1 / 1**
Oral health screenings and preventive oral health treatment

**Summary:**
Contract with school based sealant programs

Description:

Oral health program will contract with 6 SBSPs to provide oral health screenings and preventive oral health treatment to elementary and middle school aged children in a school setting.

Program Description 17 / 17

Program Summary

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Oral Health OH-03</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Goal</td>
<td>The goal of the Oral Health Program is to increase the proportion of low income adults with diabetes who have an annual periodontal exam.</td>
</tr>
<tr>
<td>Healthy People 2030 Objective</td>
<td>OH-08 Increase use of the oral health care system</td>
</tr>
<tr>
<td>Recipient Health Objective</td>
<td>Between 10/2022 and 9/2023, increase the proportion of adults with diabetes who receive a periodontal exam.</td>
</tr>
<tr>
<td>Total Program Allocation</td>
<td>$15,000</td>
</tr>
</tbody>
</table>

Problem Information

Problem Description

The link between diabetes and oral health problems is high blood sugar and if blood sugar is poorly controlled, periodontal disease is more likely to develop, so this program will link low income patients being treated for diabetes to oral health care.

Oral diseases cause pain and disability for millions of people in the United States, and some are linked to other diseases such as diabetes. Uncontrolled diabetes weakens white blood cells which are the body’s main defense against bacterial infections that can occur in the mouth. Regular visits to the dentist can help prevent and control periodontal disease and related health concerns for those with diabetes. This program will develop strategies to make it easier for people to get dental care which is critical for improved oral health and overall health outcomes.

Key Indicator:
The proportion of low income adults with diabetes who receive an annual periodontal exam

Key Indicator Baseline:
62% of people with diabetes statewide had a dental visit in the past year. (Will establish new baseline)
Problem was prioritized by the following factor(s)

- Identified via surveillance systems or other data sources
Goal:
The goal of the Oral Health Program is to increase the proportion of low income adults with diabetes who have an annual periodontal exam.

SDOH Addressed by the Program:
This program is specifically addressing a Social Determinant of Health (SDOH)

- Health and Health Care (e.g. poor access to healthcare, low health insurance coverage, low health literacy)

Program Strategy:
The Oral Health Program will contract with an FQHC to adopt a referral protocol between medical providers who are currently treating patients with diabetes and the dental clinic located within the FQHC. The protocol will include a brief discussion between providers and patients to determine if the patient has visited the dentist in the past year and make a referral to the dental clinic if the patient has not had a dental exam. Education describing the link between diabetes and oral health concerns will be provided to patients. This protocol will ensure that oral health concerns for patients with diabetes are being addressed to improve oral health and overall health outcomes.

Setting:
- Community based organization

Primary Strategic Partners:
Federally Qualified Health Center, DHHS Diabetes Education Program, DHHS Oral Health Program

Evaluation Methodology:
The Oral Health Program will collect de-identified treatment data from the contracted FQHC bi-annually that will include: number of patients being treated for diabetes currently (baseline), number of patients with diabetes who have had a dental exam in past 12 months, number of patients with diabetes who receive a referral for oral health care, number of patients who followed up with care after referral, number of patients who refused the oral health referral, and number of patients who completed treatment plan. The Oral Health Program will work with the Diabetes Education Program and the program evaluator to develop a data collection tool for providers to use for data collection.

Planned non-monetary support to local agencies or organizations:

Program Budget for Block Grant Funds
PHHS Block Grant dollars were not used to respond to an emerging need or outbreak as a part of this program. PHHS Block Grant funds were used as Supplement other existing funds for this program.

PHHS Block Grant funds made up 50-74% - Significant source of funding of the total program funding.

The other funds came from:

- State or local funding

The role of PHHS Block Grant funds in supporting the program was to Enhance or expand the program

Amount of funding to populations disproportionately affected by the Problem: $15,000

Amount of planned funding to local agencies or organizations: $15,000

Type of supported local agencies or organizations:

- Local Organization

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

Target Population of Program 17 / 17

Program name:

Oral Health OH-03

Number of people served:

60

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino

Race:

- African American or Black
• American Indian or Alaskan Native
• Asian
• Native Hawaiian or Other Pacific Islander
• White

Age:

• 25 - 34 years
• 35 - 44 years
• 45 – 54 years
• 55 - 64 years
• 65 – 74 years
• 75 – 84 years
• 85 years and older

Gender Identity:

• Male
• Female
• Transgender

Sexual Orientation:

• Gay (lesbian or gay)
• Bisexual
• Straight, this is not gay (or lesbian or gay)

Geography:

Both

Location:

Statewide

Occupation:

All

Educational Attainment:

Health Insurance Status:

• Uninsured
• Medicare
<table>
<thead>
<tr>
<th>PHHS BLOCK GRANT INFORMATION SYSTEM – New Hampshire 2022 Work Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Affordable Care Act Plan</td>
</tr>
<tr>
<td>• Medicaid</td>
</tr>
</tbody>
</table>

**Primary Low Income:**
Yes

**Is the entire target population disproportionately affected by the Problem, or only part?**
All

**Program name:**
Oral Health OH-03

**Number of people served:**
1377529

**Ethnicity:**

**Race:**

**Age:**

**Gender Identity:**

**Sexual Orientation:**

**Geography:**
Both

**Location:**
Hillsboro, Rockingham, Grafton, Cheshire, Sullivan, Merrimack counties

**Occupation:**
All

**Educational Attainment:**

**Health Insurance Status:**
- Uninsured
- Medicare
- Medicaid

**Primary Low Income:**
Yes

**Is the entire target population disproportionately affected by the Problem, or only part?**
Oral diseases cause pain and disability for millions of people in the United States, and some are linked to other diseases such as diabetes. Uncontrolled diabetes weakens white blood cells which are the body’s main defense against bacterial infections that can occur in the mouth. Regular visits to the dentist can help prevent and control periodontal disease and related health concerns for those with diabetes. This program will develop strategies to make it easier for people to get dental care which is critical for improved oral health and overall health outcomes.

There is growing evidence that suggests dental professionals can play an important role in educating and managing the oral health of patients with diabetes. The development and implementation of a referral process for patients with diabetes to receive a periodontal exam will expand the conversation and collaboration between medical and dental professionals to improve the oral health and overall health of patients with diabetes.

**Program Objective 1 / 1**

**Program Smart Objective** | Oral Healthcare access for low income patients with diabetes
---|---
**Title of Program SMART Objective** | By 9/2023 Oral Health Program will establish a contract with 1 FQHC to develop and adopt a referral protocol that will increase the proportion of low income people with diabetes who receive a periodontal exam by 20% from baseline.
**Item to be measured** | People with confirmed diabetes who receive a periodontal exam.
**Unit to be measured** | percent compared to baseline
**Baseline Value** | 62
**Interim Target Value** | 10
**Final Target Value** | 20

**Problem Description:**

Diabetics are at a disproportionate risk for oral health problems.

Oral diseases cause pain and disability for millions of people in the United States, and some are linked to other diseases such as diabetes. Uncontrolled diabetes weakens white blood cells which are the body’s main defense against bacterial infections that can occur in the mouth. Regular visits to the dentist can help prevent and control periodontal disease and related health concerns for those with diabetes. This program will develop strategies to make it easier for people to get dental care which is critical for improved oral health and overall health outcomes.

**Key Indicator:**

The proportion of low income adults with diabetes who receive an annual periodontal exam. 62% of people with diabetes statewide had a dental visit in the past year.

**Baseline Value for the Key Indicator:**

62

**Intervention Summary:**

Identify and refer adult patients with diabetes to a dental provider for a periodontal exam.

There is growing evidence that suggests dental professionals can play an important role in educating and managing the oral health of patients with diabetes. The development and implementation of a referral process for patients with diabetes to receive a periodontal exam will expand the conversation and collaboration between medical and dental professionals to improve the oral health and overall health of patients with diabetes.

**Type of Intervention:**

Evidence-based intervention

**Evidence Source:**

- Other
Rationale for choosing the intervention:
A 2018 systematic review and meta-analysis update of a 2012 review confirmed findings that periodontitis is associated with (1) higher HbA1c levels in persons without diabetes and persons with type 2 diabetes, (2) worsened complications from diabetes in people with type 2 diabetes, and (3) a higher prevalence of complications in persons with type 1 diabetes. The study also found that periodontitis is associated with higher prevalence of prediabetes, and that severe periodontitis is statistically significantly associated with an increased risk of developing diabetes.

Target Population same as the Program or a subset:
Same as the Program

Activity 1 / 1
Oral Health Care Access for Low Income Patients with Diabetes

Summary:
Between 10/2022 and 09/2023, a contracted FQHC will adopt a referral protocol for patients with diabetes to receive an annual periodontal exam.

Description:
Between 10/2022 and 09/2023, the Oral Health Program will establish a contract with an FQHC to develop and adopt a referral protocol between the medical providers and the dental providers within the FQHC for patients with diabetes who have not had a periodontal exam in the last 12 months. Medical providers who are actively treating patients with diabetes will ask their patients if they have visited the dental in the last 12 months for a periodontal exam and will make a referral to dental if the patient has not had a periodontal exam in the last 12 months.