

Source Dataset Name	Description
Air Quality (PM2.5 and Ozone)	The Air Quality System (AQS) contains ambient air pollution data collected by EPA, state, local, and tribal air pollution control agencies from over thousands of monitors. AQS also contains meteorological data, descriptive information about each monitoring station (including its geographic location and its operator), and data quality assurance/quality control information.
American Community Survey	The American Community Survey (ACS) is a national survey that uses continuous measurement methods. In this survey, a series of monthly samples produce annual estimates for the same small areas (census tracts and block groups) formerly surveyed via the decennial census long-form sample.
Automated Hospital Emergency Department Data (AHEDD)	Automated Hospital Emergency Department Data (AHEDD) System provides New Hampshire an early detection system for monitoring symptoms among people who visit hospital emergency departments. This application was developed to monitor real-time emergency department (ED) for disease outbreaks and includes automated syndromic surveillance.
Behavioral Risk Factor Surveillance Survey (BRFSS)	In 1984, the Centers for Disease Control and Prevention (CDC) initiated the state-based Behavioral Risk Factor Surveillance System (BRFSS). A cross-sectional telephone survey that state health departments conduct monthly over landline telephones and cellular telephones with a standardized questionnaire and technical and methodologic assistance from CDC. BRFSS is used to collect prevalence data among adult U.S. residents regarding their risk behaviors and preventive health practices that can affect their health status. Respondent data are forwarded to CDC to be aggregated for each state, returned with standard tabulations, and published at year's end by each state. BRFSS now collects data in all 50 states as well as the District of Columbia and three U.S. territories. BRFSS completes more than 400,000 adult interviews each year, making it the largest continuously conducted health survey system in the world.
Behavioral Risk Factor Surveillance Survey (BRFSS) Asthma Callback	The Asthma Call-back Survey (ACBS) is an in-depth asthma survey developed and funded by the Air Pollution and Respiratory Health Branch (APRHB) in the National Center for Environmental Health (NCEH). It is conducted with Behavioral Risk Factor Surveillance System Survey (BRFSS) respondents who report an asthma diagnosis.
Biomonitoring	Biomonitoring evaluates exposure to environmental chemicals by testing human specimens such as blood, serum, and urine for those chemicals or their metabolites. These chemicals may be natural, such as arsenic and uranium from groundwater, or they may be man-made, such as pesticides from agriculture or chemicals (Per- and polyfluoroalkyl substances (PFAS)) in household products and drinking water. Biomonitoring results provide a community-level comparison for individuals tested as a part of multiple New Hampshire studies.
Birth Conditions	Data are from the New Hampshire Birth Conditions Program (NHBCP) based at the Geisel School of Medicine at Dartmouth College. NHBCP began data collection activities in 2003. Data obtained in the NHBCP database are used to detect trends in the occurrence of birth conditions in NH; evaluate the need for and facilitate access to supportive health services; guide and assess the progress of statewide prevention activities; and educate the community, health care providers and service agencies regarding birth conditions. Data are collected on births occurring in-state to NH residents. Data for NH residents who give birth or have care visits in out-of-state hospitals are not recorded. Birth termination data is collected by the NH Birth Conditions Program but excluded in the NH EPHT data. Birth defect cases are ascertained up to age 1 through active surveillance methods. The birth defects coding system is ICD-9-CM (CDC coding based on BPA).
Bridges Child Welfare Information System	The Bridges Child Welfare Information System is part of the Division for Children, Youth, and Families (DCYF). The system monitors child abuse/neglect allegations and includes information such as substance misuse specific to the allegation used to identify certain risk factors.

Blood Lead Level Testing	As of April 2018, legislative changes made to NH's lead laws require all NH children to have two blood lead level (BLL) tests, at age one year and again at age two-years old. The law also requires testing of any child between three and six years old. The NH Healthy Homes Lead Poisoning Prevention Program (HHLPPP) maintains the New Hampshire DHHS Lead Poisoning Surveillance System. HHLPPP staff receive all test results and implement measures to contain factors that may compromise the quality and integrity of data. These measures include: data comparisons with ancillary databases containing relevant data (e.g., vital statistics); increasing the number of reporting sources reporting data electronically; and developing user-friendly means for secure electronic data reporting by providers using point-of-service lead analyzing devices to avoid data quality associated with illegible data on paper and fax reports.
Community Needs	Multiple variables from each of the listed data sources below is used in machine learning models for predicting DCYF Screen-Ins. Model Data (all Models): NH DCYF Child Protection Data, NH DCYF Juvenile Justice Data, NH Hospital Discharge Data, NH Childhood Lead Poisoning Data, NH Vital Record Mortality Data, NH New Heights Service Eligibility Data, Open Street Map Points of Interest. Model Data (Manchester Only): Manchester See Click Fix Data, Police Department Incident Data.
Comprehensive Healthcare Information System (CHIS)	The New Hampshire Comprehensive Health Care Information System (CHIS) was created by NH state statute to make health care data "available as a resource for insurers, employers, providers, purchasers of health care, and state agencies to continuously review health care utilization, expenditures, and performance in New Hampshire and to enhance the ability of New Hampshire consumers and employers to make informed and cost-effective health care choices." This dataset is a collection of claims data associated with commercial health insurance.
Emergency Medical Services (EMS)	NH Bureau of Emergency Medical Services (EMS) data for First Responder Narcan Administration for suspected opiate overdose.
National Survey on Drug Use and Health (NSDUH)	The National Survey on Drug Use and Health (NSDUH) is an annual nationwide survey involving interviews with approximately 70,000 randomly selected individuals aged 12 and older. The Substance Abuse and Mental Health Services Administration (SAMHSA), which funds NSDUH, is an agency in the U.S. Department of Health and Human Services (DHHS). Supervision of the project comes from SAMHSA's Center for Behavioral Health Statistics and Quality (CBHSQ). Through a competitive bidding process, SAMHSA selected RTI International to conduct the NSDUH through 2017. RTI has successfully conducted the survey since 1988. RTI's role in this long-term national effort includes study design, sample selection, data collection, data processing, analysis, and reporting. NSDUH is authorized by Section 505 of the Public Health Service Act, which requires annual surveys to collect data on the level and patterns of substance use.
NH Department of Labor	NH Department of Labor Biennial reports for work-related injuries as reported to NH Workers Compensation System.
NH Electronic Disease Surveillance System (NHEDSS)	The reportable disease surveillance system for over 50 infectious diseases that are reportable under New Hampshire law ( <a href="http://www.gencourt.state.nh.us/rules/state_agencies/he-p300.html">http://www.gencourt.state.nh.us/rules/state_agencies/he-p300.html</a> ). The system receives hospital reported diagnosis or suspicion of diagnosis within 24 hours for many of diseases and within 72 hours for the others.
NH Hospital Discharge Data Set	All hospitals licensed by the New Hampshire Department of Health and Human Services (NH DHHS) under RSA He-C 151:2 are required by law to report patient-level discharge information to DHHS. Discharges are also collected from select rehabilitation hospitals, rehabilitation and psychiatric units within acute care hospitals, and free-standing ambulatory surgical treatment centers that are part of a hospital. A total number of 32 New Hampshire (NH) hospitals report hospital claim data to the State. The reporting facilities do not include non-emergency walk-in care centers (a.k.a. Urgent Care) which are not affiliated with the 32 reporting hospitals.

NH Population	The New Hampshire Department of Health and Human Services (DHHS), Division of Public Health Services (DPHS), Health Statistics & Data Management (HSDM) developed NH population estimates for use in calculating health related rates by year, sex, and age for NH towns and Census Tracts. The population estimates start with the most recent decennial census data for the population estimate of the census year. Then each subsequent year the population is updated using the following data sources: Census PEP annual estimate by: year, county, sex, 5yr age-group to 85; NH Office of Strategic Initiatives (OSI) annual estimate of town total population; National Center for Health Statistics (NCHS) annual Bridged Race report by: year, county, sex, single year of age to 85+ and by year, U.S. national, sex, single year of age 86 to 100+; and Spatial boundaries of NH Towns and census tracts. Population estimates are calculated for NH towns and census tracts by sex and single-year of age to 100+. These estimates have also been aggregated up to 5yr age-groups to 85+, and can be rolled up by geography to county, regional public health network, hospital service area and other regional groupings of interest.
NH State Cancer Registry (NHSCR)	The New Hampshire State Cancer Registry (NHSCR) is a statewide, population-based cancer surveillance program that collects incidence data on all cancer cases diagnosed or treated in the State of New Hampshire. Since its inception in 1985, the NHSCR has been contracted to Dartmouth Medical School by the DHHS Division of Public Health Services and the Health Statistics and Data Management Section.
NH Vital Records Birth Certificate Data	The New Hampshire Department of Health and Human Services (DHHS), Division of Public Health Services (DPHS), Health Statistics & Data Management (HSDM): Receives access to birth data via the Bureau of Data and Systems Management in DHHS from the Division of Vital Records Administration under NH state law; Analyzes information from reported birth records for NH DHHS programs and for external community customers; Works collaboratively and in partnership with the NH Birth Conditions Program to provide surveillance data on birth conditions; Distributes statistical reports to government agencies and other requesting public and private organizations; and Prepares reports that contain tabulations of birth data.
NH Vital Records Death Certificate Data	The New Hampshire Department of Health and Human Services (DHHS), Division of Public Health Services (DPHS), Health Statistics & Data Management (HSDM) receives access to death data via the NH DHHS Bureau of Data & Systems Management from the NH Division of Vital Records Administration under NH state law; Analyzes information from the records of reported deaths for NH DHHS and external community customers; Prepares reports that contain tabulations of death data; and, Distributes statistical reports to government agencies and other requesting public and private organizations.
Northern New England Poison Center Data	Northern New England Poison Center (NNEPC) Data ( <a href="https://www.nnepc.org/">https://www.nnepc.org/</a> ) reporting workplace poisonings and exposures to hazardous chemicals.
Medicaid Management Information System (MMIS)	Medicaid Management Information System (MMIS) is an electronic health care administration system for Medicaid related services providing patients, doctors, pharmacists and other users an easy, secure and efficient access to health care information.
National Academy of Social Insurance (NASI)	The National Academy of Social Insurance (NASI) estimated workers' compensation benefits and costs are reported by type of insurer (private carriers, state funds, and self-insured employers). The employer costs are based on three main data sources: 1) data from the annual questionnaire distributed by the Academy to state agencies and from annual reports published by the states; 2) data purchased from A.M. Best, a private company that specializes in collecting insurance data and rating insurance companies; and 3) data from the National Council on Compensation Insurance (NCCI). Sources of information include data from the NH Department of Labor and NH Property and Casualty Insurance Guaranty Assn. More information is available at <a href="http://www.nasi.org">www.nasi.org</a>

Pediatric Nutrition Surveillance System (PedNSS)	The Pediatric Nutrition Surveillance System (PedNSS) and the Pregnancy Surveillance System (PNSS) are program-based surveillance systems that monitor the nutritional status of low-income infants, children, and women in federally funded maternal and child health programs. PedNSS data represent over 8 million children from birth to age 5. PNSS data represent approximately 1.3 million pregnant and postpartum women. These surveillance systems provide data that describe prevalence and trends of nutrition, health, and behavioral indicators for mothers and children.
Private Well Water	Private well water testing data consists of water quality results from the New Hampshire Public Health Laboratories (NHPHL) and New Hampshire Department of Environmental Services (NHDES) for the years 2006-2020.
Public Water System (Inventory, Quality)	There are four key functions of the NHDES Drinking Water and Groundwater Bureau: administering the federal Safe Drinking Water Act (SDWA) and state statutes to ensure that safe drinking water is reliably being provided at approximately 2,400 public water systems throughout the state; protecting groundwater by permitting and regulating large groundwater withdrawals and discharges to groundwater, working with municipalities and water systems to implement local groundwater protection programs, coordinating the efforts of other NHDES programs to protect drinking water sources, and implementing the state's Water Well Program; promoting conservation and ensuring accurate water use reporting; and evaluating and certifying laboratories that test water. Learn about the operational responsibilities of community public water systems: <a href="https://www.des.nh.gov/organization/commissioner/pip/factsheets/dwgb/documents/dwgb-14-1.pdf">https://www.des.nh.gov/organization/commissioner/pip/factsheets/dwgb/documents/dwgb-14-1.pdf</a>
Pregnancy Nutrition Surveillance System (PNSS)	The Pregnancy Nutrition Surveillance System (PNSS) is a public health surveillance system that monitors the prevalence of nutrition problems, behavioral risk factors, and birth outcomes among low-income women who are enrolled in public health programs in states, U.S. territories, or Indian Tribal Organizations (ITOs). The goal of the PNSS is to collect, analyze, and disseminate surveillance data to guide public health policy and action. The collected data are used to set public health priorities and to plan, implement, and evaluate nutrition programs for pregnant women.
Pregnancy Risk Assessment Monitoring System (PRAMS)	The Pregnancy Risk Assessment Monitoring System is a joint research project between the state departments of health and the Centers for Disease Control and Prevention, Division of Reproductive Health. The Pregnancy Risk Assessment Monitoring System (PRAMS) was developed in 1987 to reduce infant morbidity and mortality by influencing maternal behaviors before, during, and immediately after pregnancy. It is the only surveillance system that provides data about pregnancy and the first few months after birth. PRAMS is an ongoing, state-specific, population-based surveillance system designed to identify groups of women and infants at high risk for health problems, to monitor changes in health status, and to measure progress towards goals in improving the health of mothers and infants. New Hampshire joined the national effort and began data collection in 2013.
US Bureau of Labor Statistics (BLS)	U.S. Bureau of Labor Statistics (BLS) includes data from: 1) Occupational Safety and Health Administration (OSHA) annual reports. 2) The Census of Fatal Occupational Injuries (CFOI), part of the Bureau of Labor Statistics (BLS) Occupational Safety and Health Statistics (OSHS) program, is a count of all fatal work injuries occurring in the U.S. during the calendar year. The CFOI uses a variety of state, federal, and independent data sources to identify, verify, and describe fatal work injuries.
US Census Bureau County Business Patterns (CBP)	US Census Bureau County Business Patterns (CBP) is an annual series that provides subnational economic data by industry.
US Census (SES Child Poverty, Housing Age)	The Census Bureau is the federal government's largest statistical agency, dedicated to providing current facts and figures about America's people, places, and economy. Every year, the Census Bureau publishes population estimates and demographic components of change, such as births, deaths, and migration. This data can be sorted by characteristics such as age, sex, and race, as well as by national, state, and county location.

USGS Private Well Locations and Populations	<p>The United States Geological Survey (USGS) (2010).  Johnson, T.D., and Belitz, K., 2019, Domestic well locations and populations served in the contiguous U.S.: datasets for decadal years 2000 and 2010: U.S. Geological Survey data release, <a href="https://doi.org/10.5066/P9FSLU3B">https://doi.org/10.5066/P9FSLU3B</a>  <a href="https://www.sciencebase.gov/catalog/item/5b9ffe6e4b08583a5c2779e">https://www.sciencebase.gov/catalog/item/5b9ffe6e4b08583a5c2779e</a></p>
USGS Arsenic in Groundwater	<p>The United States Geological Survey (USGS) (2012). In 2012, the United States Geological Survey (USGS) developed probability estimates that estimate the likelihood of arsenic occurrence in groundwater at a concentration of greater than or equal to 5 parts per billion (ppb). Arsenic in private drinking-water supplies, the NHDHHS, NHDES, and the U.S. Geological Survey (USGS) conducted a cooperative study to develop models for assessing the probability of arsenic in groundwater from wells in bedrock aquifers. These models are similar to one developed for New England (Ayotte and others, 2006), but they incorporate data specific to New Hampshire in order to improve the probability assessments of arsenic for the State.  Ayotte, J.D., Cahillane, Matthew, Hayes, Laura, and Robinson, K.W., 2012, Estimated probability of arsenic in groundwater from bedrock aquifers in New Hampshire, 2011: U.S. Geological Survey Scientific Investigations Report 2012–5156, 25 p., available only at <a href="http://pubs.usgs.gov/sir/2012/5156/">http://pubs.usgs.gov/sir/2012/5156/</a>.</p>
Web Information Technology System (WITS)	<p>Bureau of Drug and Alcohol Services (BDAS) Web Information Technology System (WITS) is an Stage 1 Ambulatory Meaningful Use Electronic Health Record (EHR) system focused on Substance Use Disorder services. WITS collects treatment, prevention, and recovery data. WITS is also used also to capture the Treatment Episode Data Set (TEDS) for the Centers for Disease Control (CDC) National Outcomes Measurement System data submission.</p>
Youth Risk Behavior Survey (YRBS)	<p>The Youth Risk Behavior Surveillance System (YRBSS) was developed in 1990 to monitor priority health risk behaviors that contribute markedly to the leading causes of death, disability, and social problems among youth and adults in the United States. These behaviors, often established during childhood and early adolescence, include behaviors that contribute to unintentional injuries and violence; sexual behaviors that contribute to unintended pregnancy and sexually transmitted infections, including HIV infection; alcohol and other drug use; tobacco use; unhealthy dietary behaviors; and inadequate physical activity. In addition, the YRBSS monitors the prevalence of obesity and asthma and other priority health-related behaviors plus sexual identity and sex of sexual contacts. Indicator data is comprised from either Local Aggregate Sample or the Random Sample.</p>