

Quarterly Progress Report Template

Guidelines in RFP – “Submit to the DHHS quarterly progress reports to the DHHS describing the fulfillment of activities conducted and planned in order to monitor program performance. Reports will be due 30 days following the end of each quarter, and shall include the following: 1) Brief narrative of work performed during the prior quarter; 2) Quarterly, or at intervals specified by DHHS, the Contractor will report on their Workplan progress towards meeting the performance measures, and overall program goals and objectives to demonstrate they have met the minimum required services for the proposal. 3) Documented achievements.

RFP/Contract	Building Resilience Against Climate Effects & Severe Weather
Contractor	NH Dept. of Health and Human Services
DHHS Contact	Matt Cahillane, matthew.cahillane@dhhs.nh.gov
Vendor/PNH Region	
Vendor Contact	Patty Crooker
Date	10/31/2017

Original RFP Language: The Contractor shall, by June 30, 2016:

Activity Listed in the RFP	Progress Notes and/or Measures from RPHN
3.1 - Develop a written Climate and Health Adaptation Plan (CHAP), to assess and reduce the public health effects from severe weather events and the changing climate in New Hampshire. The final plan will be submitted to the NH DHHS for approval.	Hot Topic: A Climate and Health Adaptation Plan http://www.nashuarpc.org/hot-projects/chap-plan/ http://www.nashuanh.gov/DocumentCenter/View/11382
3.2 - CHAP shall address specific hazards, health impacts/burdens and intervention strategies that relate to severe weather and climate change. The goal of this project is to <u>build collaborations</u> , improve workforce capacity and better adapt to severe weather and changing climate. A CHAP template and guidance for the plan will be provided by the NH DHHS and shall include the following elements:	List of Meetings: <ul style="list-style-type: none"> • August 25, 2016 – meeting between NRPC staff and Patty Crooker • September 8, 2016 – attended BRACE presentation at NNECAPA • September 23, 2016 – planning session with regional planners • September 27, 2016 – training session with NRPC staff and Matt Cahillane • September 29, 2016 - planning session with Public Health Advisory Committee • October 14, 2016 – NRPC internal staff meeting to discuss GIS needs and mapping • October 20, 2016 - planning session with Local Emergency Planning Committee and healthcare workers • November 15, 2016 – Internal NRPC Staff meeting to review maps • November 18, 2016 – Climate and Health Adaptation Strategies Meeting in Concord • December 20, 2016 – Meeting between NRPC staff and Patty Crooker • January 19, 2017 – Conference call with Roger Stevenson • January 31, 2017 – Meeting with Public Health

	<p>Advisory Committee</p> <ul style="list-style-type: none"> • February 9, 2017 – NRPC staff participated in Antioch University webinar • February 27, 2017 – Climate and Health Working Group Meeting in Concord • April 26, 2017 – Conference call with DHHS staff • June 15, 2017 – Presentation at New England Public Health Conference • June 28, 2017 – Intervention Presentation to LEPC
<p>3.2.1 - A descriptive list of weather or climate hazards found in existing vulnerability assessments (i.e. municipal Hazard Mitigation Plans, etc.) relevant to severe weather, climate and health.</p>	<ol style="list-style-type: none"> 1. Extreme Heat 2. Reduced Air Quality 3. Extreme Precipitation (Flooding and Drought events) 4. Vector Habitat Change
<p>3.2.2 - A descriptive list of the priority climate and health impacts/burdens and vulnerable populations related to weather and climate, including a brief description of the process used to prioritize these health impacts in comparison to each other.</p>	<ol style="list-style-type: none"> 1. Heat-related Illness – affects elderly, very young, low-income populations deep inside urban heat islands, outdoor workers, those with certain medical conditions and on certain medications (e.g. vasodilators) 2. Respiratory Illness – affects those with asthma, including elderly and children 3. Flood and Drought Related Health Outcomes – Those on well water and who live within aquifers (Drought), Those living in floodplains or near waterbodies (Flooding) 4. Vector-borne Illness – children who are active outdoors; people who recreate outdoors, especially hikers <p>A prioritization assessment was done in conjunction with the Public Health Advisory Council to determine the health impacts, relevance to the Nashua Region, and the most effective impact this Plan could have. Through this process, the PHAC decided heat stress leading to heat injury was the priority since Nashua is one of the largest urban environments in New Hampshire, and its effects have wide ranging health impacts.</p>
<p>3.2.3 - A description of current preparedness resources identified in local, regional and state plans. Include any known gaps in preparedness and response capabilities to address the identified hazards. Include a list of regional entities participating in the planning process.</p>	<p>Resources for Heat:</p> <ul style="list-style-type: none"> - New Hampshire's Excessive Heat Plan. The gap in preparedness and response capabilities within this document is that the steps for cooling center activation differ from on-the-ground realities. -Hospitals and health centers that treat heat stress -Municipal cooling centers as well as informal public cooling locations -Local programs hosted by city beaches, pools, and school athletic programs -Hazard Mitigation Plans that directly address heat including Nashua, Amherst, Litchfield, Merrimack, Milford, and Mont Vernon -New Hampshire, the Resilient Granite State -Greater Nashua Community Health Assessment -“Heat-related morbidity and mortality in New England: Evidence for local policy” -“Staying Safe During Extreme Heat by Greater Nashua Public Health”

	<p>-“Extreme Heat Precautions by City of Nashua Division of Public Health & Community Services”</p> <p>-“Heat and Health: Understanding Community Risk by NH DHHS”</p> <p>Air Quality:</p> <p>-Asthma Burden Report Update New Hampshire, 2014</p> <p>-State Asthma Plan 2015-2019</p> <p>Extreme Precipitation</p> <p>-Hazard Mitigation Plans for all 13 communities within the Nashua Region</p> <p>Vector Habitat</p> <p>-Local recreation plans</p> <p>-Hospitals and health centers</p> <p>-Outdoor clubs</p> <p>-Cornell Integrated Pest Management program</p> <p>-The New Hampshire Tickborne Disease Prevention Plan (2015)</p> <p>-City of Nashua Lyme Disease Toolkit</p> <p>-Vermont Lyme Disease webpage</p> <p>Regional entities that participated: Planners from 13 municipalities within the region; the Public Health Advisory Council; the Greater Nashua Regional Public Health Network; the Nashua Regional Planning Commission; the Local Emergency Planning Committee</p>
<p>3.2.4 - Documentation of at least three (3) priority climate and health impacts/burdens from heat, air quality, weather, insects, etc., and the three (3) most vulnerable populations likely affected.</p>	<ol style="list-style-type: none"> 1. Heat stress leading to heat injury or death. The vulnerable populations in the Nashua Region include those living in the Tree Streets, French Hill in Nashua, northern Merrimack along Rt 3, and portions of people living in Hudson and Milford center. Within these areas, lower income people who may be elderly, children or on medication are most vulnerable. 2. Pollen-allergens and/or increase in ground level ozone leading to allergy or asthma. Populations most likely affected are very young children and the elderly in both urban and rural portions of the region. 3. Warmer seasons leading to excess insects/ticks and related vector-borne disease (i.e. Lyme, EEE, and West Nile Virus). The vulnerable populations are those living in rural areas, including children and outdoor workers, especially near impaired wetlands and other water bodies and fragmented landscapes. 4. Extreme precipitation (including drought and flooding) leading to contamination, injury or death. The vulnerable populations include those living in floodplains or near waterbodies, as well as those who rely on private wells for drinking water.

<p>3.2.5 - Work with the Regional Public Health Advisory Council (PHAC) to select at least one climate and health impact/burden from the three impacts prioritized in subsection 3.2.2.4, and propose at least one evidenced-based intervention to implement at the community level. Examples of health impacts/burdens include: 1) heat stress leading to heat injury or death, 2) pollen-allergens leading to allergy or asthma, 3) warmer seasons leading to excess insects/ticks and related vector-borne disease (i.e. Lyme, EEE, and WNV), 4) severe weather/flooding leading to injury or death, and 5) other impacts related to weather and climate.</p>	<p>Heat stress leading to heat injury or death was chosen as the primary climate and impact for the Nashua Region. The primary intervention is to do an outreach or education intervention to reach regional emergency managers and work to ensure that they have a proficient understanding of policy changes and tips that better prevent or mitigate heat-related and heat stress risk factors.</p>
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<p>3.3 - Organize, host and facilitate at least four (4) planning sessions to gather input for the development of a Climate and Health Adaptation Plan (CHAP) with the Regional Public Health Advisory Council (PHAC) or a subcommittee thereof, to reach agreement on a plan that addresses the known hazards and meets the needs of the region.</p>	<p>Planning session were held on these dates:</p> <ul style="list-style-type: none"> • September 23, 2016 – input session with planners in the region at the NRPC office to identify the top priority public health hazards, and the associated vulnerable populations affected • September 29, 2016 - input session with Public Health Advisory Committee at Dartmouth Hitchcock Nashua to identify the top priority public health hazards, and the associated vulnerable populations affected • October 20, 2016 – combined input session with Local Emergency Planning Committee and healthcare workers at Dartmouth Hitchcock Nashua to identify the top priority public health hazards, and the associated vulnerable populations affected • January 31, 2017 – Meeting with Public Health Advisory Committee at YMCA Administrative Offices to discuss an intervention strategy for implementation.
<p>3.4 - Participate in at least two (2) half-day trainings provided by the DHHS in Concord, on how to plan, assess climate-related vulnerabilities, measure climate-related preparedness, and implement the CDC's Building Resilience Against Climate Effects (BRACE framework)</p>	<p>Training sessions included:</p> <p>Training sessions included:</p> <p>September 27, 2016 NRPC staff (Stephen Meno and Tim Roache) attended a training session with Matt Cahillane to introduce us to the BRACE framework and overview of the CHAP plan.</p> <p>November 18, 2016 – Stephen Meno and Bobbie Bagley attended Climate and Health Adaptation Strategies Meeting in Concord to discuss the CHAP process and thinking of intervention strategies</p> <p>January 19, 2017 – NRPC Staff (Stephen Meno and Tim Roache) had a conference call with Roger Stevenson to discuss intervention strategies, specifically performance measures</p> <p>February 27, 2017 – Stephen Meno and Patty Crooker attended Climate and Health Working Group Meeting in Concord to discuss intervention strategies and marketing material</p> <p>April 26, 2017 – Stephen Meno, Tim Roache, and Patty Crooker had a conference call with DHHS staff (Matt Cahillane and Claire Pendergrast) to discuss intervention strategies.</p>
<p><i>Related notes on activities:</i></p>	<p>1. Any other climate adaptation plan activities not included in the discussion above.</p>

	<p>Participated in climate change focused webinars hosted by Antioch University on October 27, 2016, December 1, 2016, and January 12, 2017</p> <p>2. Any other stakeholder activities not included above.</p> <p>3. Challenges of note It was very difficult to obtain the cost of emergency room data related to heat stress in the Nashua to emphasize the economic component of the plan</p> <p>4. Success of note In addition to having a positive results from the intervention, this plan was the topic of a presentation at June 2017 New England Public Health Conference.</p>

By June 30, 2017, the Contractor shall:	
<p>Participate in at least two (2) half-day trainings provided by the DHHS in Concord, on how to implement and evaluate the Building Resilience Against Climate Effects (BRACE) framework.</p>	<p>November 18, 2017 NRPC staff (Stephen Meno) and Bobbie Bagley attended a training session on the topic of intervention strategies for heat-related illness with DHHS staff at 29 Hazen Drive in Concord NH.</p> <p>February 27, 2017 – Stephen Meno and Patty Crooker attended Climate and Health Working Group Meeting in Concord to be trained on intervention strategies and outreach materials</p> <p>Another training was replaced with a phone consultation with DHHS staff on April 26, 2017 to finalize intervention strategies and performance methods.</p>
<p>Implement at least one (1) evidence-based intervention designed to address the priority health impact/burden identified in the planning phase in order to improve public health at the population level. Examples of interventions include: 1) heat stress reduction via policy change, education/behavioral change, or cooling programs, 2) asthma reduction via home-based environmental controls, 3) tick-exposure reduction via behavior change, 4) improved preparedness leading to less evacuation, injury or death via changes in policy, behavior, or technology.</p>	<p>An intervention for heat stress reduction via education/behavioral change was completed on June 28, 2017 and included NRPC staff developing outreach materials and presenting a lecture-style presentation on the risks factors of heat-related illness, NWS heat advisory warnings, cooling centers, and other ways to prevent heat stress among low income populations. This intervention was coupled with increased data collection (e.g. adding in questions related to air conditioning usage on the Community Health Assessment questionnaire).</p>
<p>Collaborate with the DHHS on the development of the evidence-based intervention, tracking progress, and measuring change. The DHHS will provide examples of population-level interventions (i.e. evidence based or informed, promising practices).</p>	<p>The DHHS provided us with an intervention assessment for heat-related illness (including assistance with development of a pre-post survey to track an increase in knowledge among emergency managers). DHHS also provided us examples of other interventions completed for similar target populations. We also supplemented our intervention with fact sheets developed in coordination with the City of Nashua Department of Emergency Management, and with the Upper Valley Public Health Region.</p>
<p><i>Add any other related notes on activities:</i></p>	<ul style="list-style-type: none"> • One outcome of this process was the addition of questions regarding air conditioning usage among low income populations in the Community Health Assessment questionnaire • The Nashua Region's experience with using the

	<p>BRACE framework was showcased as part of a presentation at the 2017 New England Public Health Conference</p>
<p><i>Successes and challenges</i></p>	<p>Challenges include:</p> <ul style="list-style-type: none">• Using economic data that was specific to the Nashua Region to show the financial impact heat-related illness has• Getting buy-in from elected officials in the City of Nashua• Conveying the topic of climate change to many individuals who were skeptics of the human impact. <p>Successes include:</p> <ul style="list-style-type: none">• Increased collaboration between many City and regional partners who recognized the impact of extreme heat within the Nashua Region• Increases in knowledge regarding heat-related illness among emergency managers through an intervention strategy• The CHAP will become a chapter of the 2017 Nashua Community Health Assessment

2. Compliance Requirements

2.1. Participate in an annual or semi-annual site visit with DHHS staff.	A site-visit was held on September 27, 2016 in the Nashua Region by Matt Cahillane.

3. Performance Measures

Activity	Status
<p>7.1.1 - By September 30, 2016, submit the final CHAP to the DHHS identifying the following:</p> <p>At least one top-priority health impact/burden related to weather or climate vulnerabilities;</p> <p>At least one viable evidence-based intervention that addresses the health impact/burden.</p> <p>Baseline measures for the priority health impact/burden (i.e. counts, rates or prevalence) and goals for improvement. If health impacts/burdens cannot be measured, you may include alternative measures of emergency preparedness or community resilience that can be tracked over time to demonstrate change or improvement.</p>	<p>A CHAP was completed on May 10, 2017 after being granted an extension from Matt Cahillane due to delays in receiving permission to utilize the funds from the City of Nashua Board of Alderman</p>
<p>7.1.2 - By June 30, 2017, submit final progress report to the DHHS describing any preliminary results of the intervention project, including successes and challenges, and any outcome measures of progress toward improved public health (i.e. counts, rates, and prevalence), emergency preparedness or community resilience.</p>	<p>As per the contract, a final progress report is due by 45 days after the end of the fiscal year and was submitted on (add date here...).</p>
<p>7.2 - Annually, the Contractor shall develop and submit to the DHHS, a corrective action plan for any performance measure that was not achieved.</p>	<p>A corrective action plan was (or was not) needed for (add performance measure here...)</p> <p>Was a formal one submitted for the CHAP extension? We got verbal permission from Matt</p>