

Agenda

9:30 - 9:40 am	Welcome and Roll Call - Senator Sherman and TBD
9:40 - 9:50 am	Approval of Minutes - Senator Sherman and TBD
9:50 - 10:20 am	Health Officer Readiness to Respond to Public Health Threats - Representative Marsh
10:20 - 10:30 am	Community Engagement Update - Katie Robert
10:30 - 10:50 am	SHIP Language Examples - Alia Hayes
10:50 - 11:20 am	Subcommittees and Workgroups - Ben Hillyard and Senator Sherman
11:20 - 11:30 am	Public Comment - Senator Sherman

New Hampshire Health Officer Association 2021 State Readiness Report

Presenters:

Wayne Whitford, NHHOA.
Matt Cahillane, NH DPHS

March 11th 2022

SHA/SHIP Advisory Council @ UNH Law School



New Hampshire Health Officers Association

Wayne Whitford, President

<https://www.nhhealthofficers.org/>
eventsyourway@comcast.net



NH DIVISION OF
Public Health Services
Department of Health and Human Services



How NHHOA Supports Health Officers

- ▶ Organized in 1982 with a mission to represent & train
- ▶ 10 member volunteer board, with one part-time staff and a legal advisor
- ▶ Provides two half-day trainings per year on special topics and wants/needs from surveys
- ▶ Monitors policy and legislation to update & protect authority of members
- ▶ Collaborates with NH Municipal Association
- ▶ Serves as a liaison to other agencies and organizations

Report Contents

Section 1: Number and type of health officers

Section 2: Readiness to respond to regional & local threats

Section 3: Readiness to respond via training

Section 4: NHHOA board & meetings

Section 5: Narrative on general readiness and top threats

- Lack of expertise in communicable disease
- Complex nature of hoarding
- Rental housing & spread of pests
- Lack of workforce standards

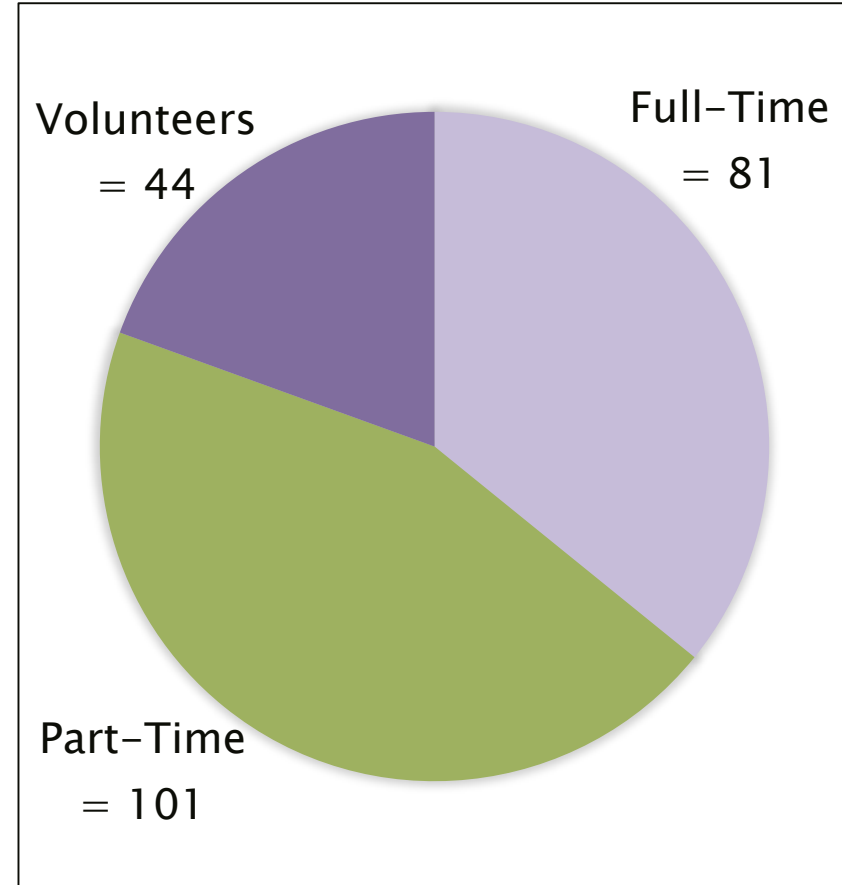
Appendix: NHHOA Objectives & Collaborations

Local Health Officers Stats

Number of Officials

Total Health Officers	210
Total Deputy Officers	120
Health Officer Vacancies	24
Total Health Officers	306

Work Status of Officials



Local Health Officers work as agents of the state yet have limited authority and expertise in the area of communicable disease.

Health officers may receive confidential health data from NH DHHS if they have a signed confidentiality agreement and appropriate training on confidentiality and security laws.

Transmission of
communicable disease

Unsanitary conditions in homes are complex issues that are increasingly common throughout the State.

The health officer is well positioned to identify health hazards in a home, but relies on collaboration with other social service agencies to provide the appropriate services for physical, mental health, or financial assistance.

Hoarding of possessions and
animals

Code violations and unsanitary conditions that lead to safety and habitability concerns that include the spread of bed bugs and other pest infestations that move between homes, schools, work, hotels/lodging, and other shared spaces.

In RSA 48-A, health officers may be deemed to be a “public agency” giving them the power to enforce the minimum housing standards.

Health officers are **not required** to have the basic skills to inspect, test for air, water, or pests, document evidence, and solve sanitary problems.

As of June 2021, Health officers are required to take a three-hour training to understand the specific state laws they enforce as per RSA 128:8.

Rental Housing Conditions

Lack of workforce training standards for health officers.

Specific Needs of LHOs

1. Additional training, clarification on roles and responsibilities
2. Better communication and collaboration with state partners
3. Protection from policy proposals/bills that remove limited authority of LHOs

NH DHHS Health Officer Liaison Unit

<https://www.dhhs.nh.gov/dphs/holu/index.htm>

(603) 271-3468

healthofficer@dhhs.nh.gov

DPHS Health Officer Staff

- ***Sophia Johnson***, MPH, Health Officer Specialist
NH DHHS/DPHS/Bureau of Public Health Protection
- ***Matt Cahillane***, MPH, Program Manager
NH DHHS/DPHS/ Bureau of Public Health Protection



How DPHS Supports Health Officers

- ▶ DPHS funds 1 part-time staff member
- ▶ Appoints all health officers in 221 municipalities
- ▶ Consults with officials & the public ~200-500/year
- ▶ Publishes a training manual with 30+ chapters
- ▶ Provides training on special topics (e.g. COVID-19 x6)
- ▶ Moderates a private ListServe for health officers
- ▶ Under HB79: DPHS needs to launch a LMS, provide 3-hour training on health laws, support local & state readiness, and improve the appointment database.

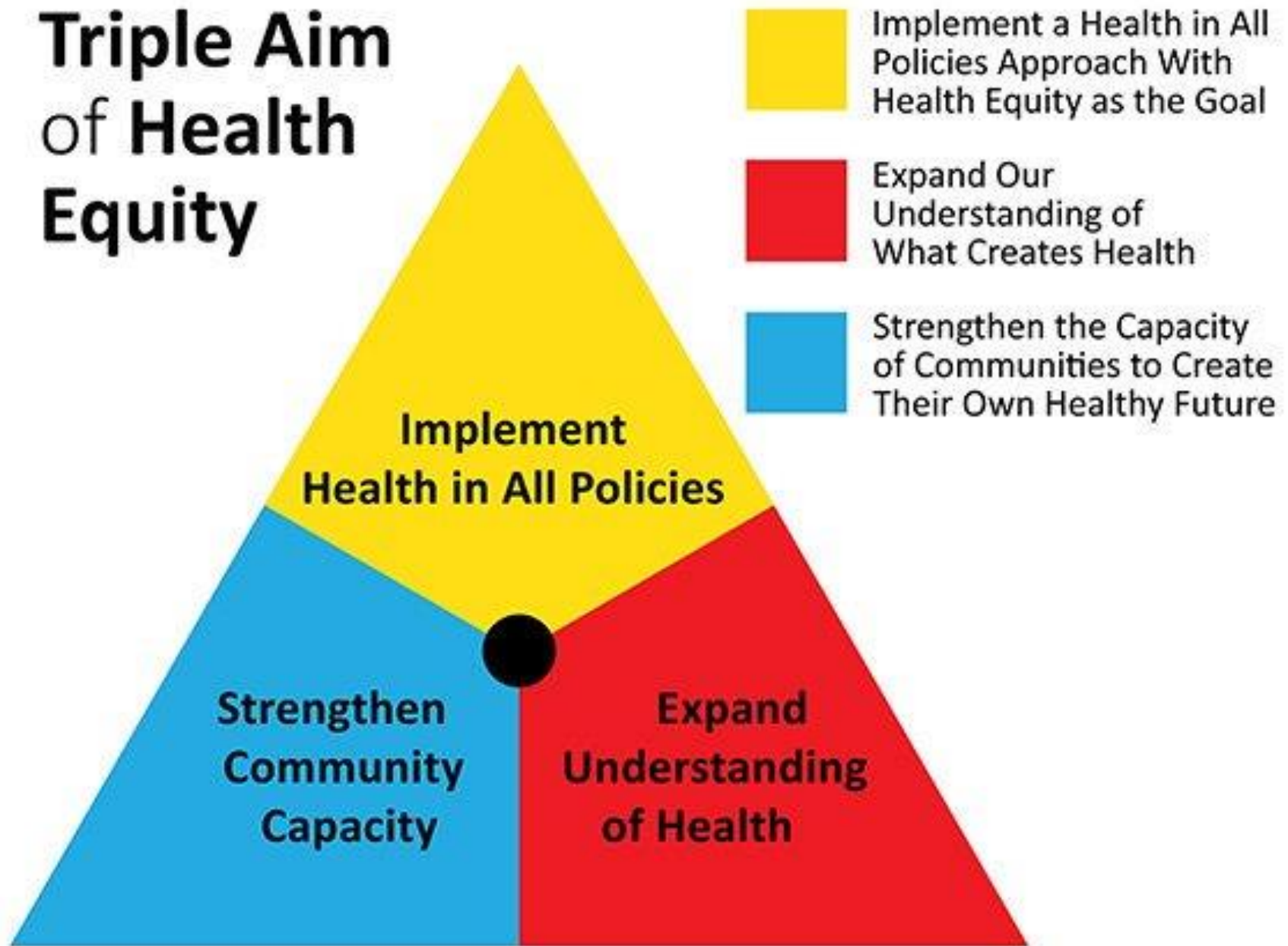
Core Functions of the NH Local Health Officer

- **INSPECT**
environmental hazards in air, water, waste, housing, septic and other sanitary nuisances such as odors and noise

- **EDUCATE**
community members on issues concerning local environmental health.

- **RESOLVE** local public health issues through education and voluntary compliance or through enforcement of State and local codes

Triple Aim of Health Equity



Collaborations

- ▶ DPHS may partner with **DES** to share information on waste, water, septic, and air hazards
- ▶ DPHS partners with **BEAS/CPS** on potential abuse/neglect in homes
- ▶ DPHS & LHOs partner with **DoEd** on a training manual for inspection of schools
- ▶ DPHS partners with **CCLU** on a training manual for inspection of child care facilities
- ▶ DPHS partners with **NHHOA** on education & outreach
- ▶ DPHS communicates with **NHMA** to monitor policy

Authority & Resources

RSA	Health Officer Authority
RSA 128	Authority to make sanitary investigations
RSA 147	Authority to remove nuisances and create local codes
RSA 48-A	Authority over rental housing standards
RSA 485	Authority to protect drinking water sources
DoEd Rules	Authority to inspect schools
DHHS Rules	Authority to inspect child facilities

DPHS Resources:

- Adequate resources to appoint, consult, and communicate
- Limited resources to travel for on-site consultations
- Limited resources to launch expanded training efforts
- Limited resources for data gathering and analysis

Top Public Health Threats

DPHS agrees that the four primary health threats that affect local health departments today are:

Transmission of
communicable
disease

Hoarding of
possessions and
animals

Rental housing
conditions

Lack of workforce
training standards
for health officers

Summary Points

Overall, the readiness of city and town Health Officers to act varies widely in the areas of training, experience, & resources

Main Strengths

- Broad authority to act & protect public health under RSA 128, 147, 48-A
- Local knowledge, trust, and response to health issues
- Able to inspect and improve schools & child facilities
- Able to enforce food safety in 13 municipalities

Main Challenges

- Limited expertise in communicable disease control
- Difficult to resolve hoarding of items & animals
- Limited ability to enforce housing standards & pests
- Lack of workforce training standards (KSAs)

Discussion Questions

- ▶ Does this report format and content work for the purposes of this group?
- ▶ What else does this group want/need to know about health officers?
- ▶ How do local health officers duties and needs fit into the SHA/SHIP priorities?
 - Improve housing stability
 - Identify & act on health inequities
 - Collaboration with RPHNs

SHIP Language Examples



NH DIVISION OF
Public Health Services
Department of Health and Human Services



Why we're here

- ▶ We are here to ensure that equity is front and center
- ▶ That ALL people in NH can lead a healthy life
- ▶ That no one is less than or other than what they want to be
- ▶ Opportunity, Community, Health, and Connectedness
- ▶ Ensuring that the end product is usable and engaging

To accomplish that we need...

Goal – What do we ultimately want to happen?

Objective – How will we know we are reaching the goal?

Strategy – What is one way to move toward the objective?

Activity – What is actually being done and who will support and lead?

Indicators and Metrics –
What will be measured to
show progress and direction
of movement?

Performance
Measures – What will
be measured?

OUTCOME

The SHA Process

- ☐ Establish a planning process or select model.
- ☒ Identify and engage stakeholders in planning and implementation.
- ☒ Engage in visioning and systems thinking.
- ☒ Collect or analyze data.
 - Health status.
 - Environmental scan and asset mapping.
 - Themes and strengths.
 - Forces of change.
 - SWOT.
 - System capacity.
- ☒ Summarize and present findings from the assessment.
- ☐ Communicate/vet priorities.
- ☐ Establish priorities and identify issues through priority setting.
- ☐ Develop objectives, strategies, and measures.
- ☐ Develop and implement workplan.
- ☐ Monitor, evaluate, and update the SHIP.

SHA Deliverables

- ✓ Partnership, coalition, or committee engaged to lead the process.
- ✓ Profile or report on health status data for the state.
- ✓ Findings related to health disparities and inequities.
- ✓ Analysis of community and stakeholder input about important health outcomes and determinants.
- ✓ Identified resources to effectively address important health issues.
- ✓ Plan for disseminating and seeking public and stakeholder input on key findings.

The SHIP Process

- ☒ Communicate and vet priorities.
 - ☒ Establish priorities and identify issues through priority setting.
 - ☒ Develop objectives, strategies, and measures.
-
- ☒ Develop and implement workplan.

SHIP Deliverables

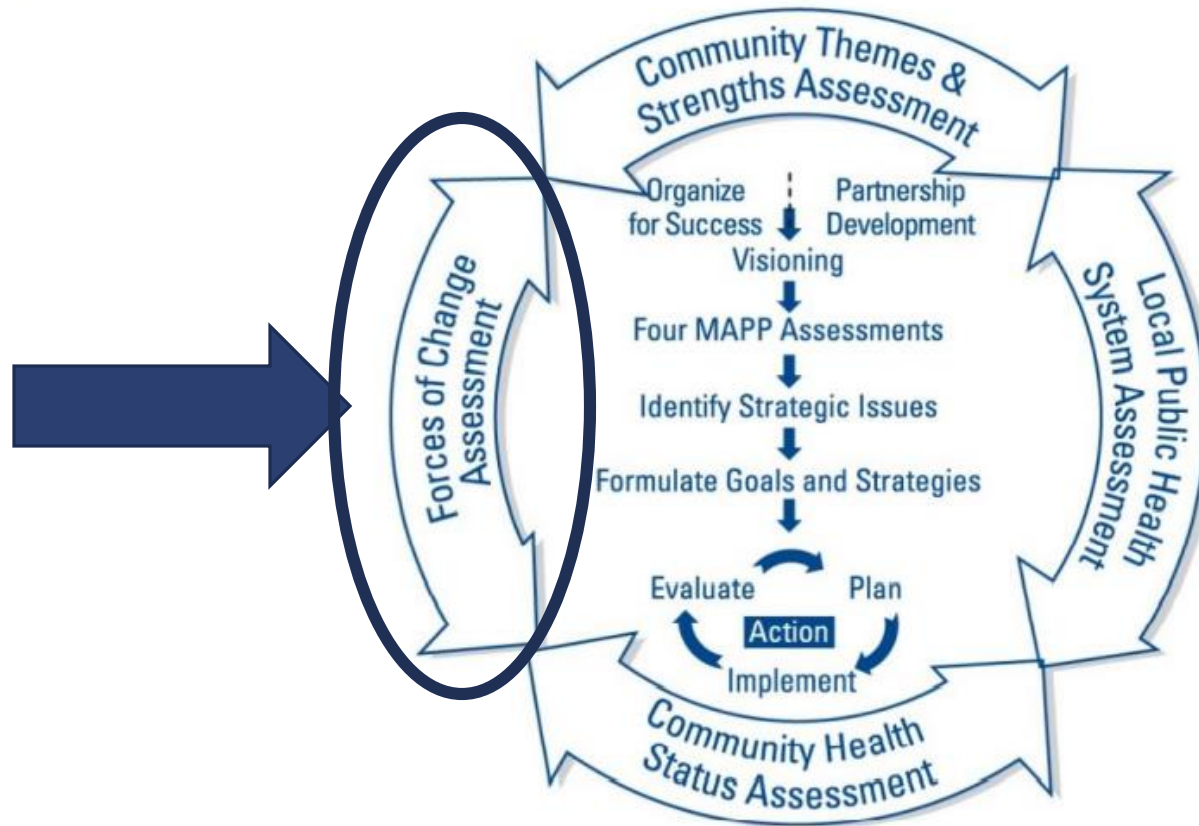
- ✓ Partnership, coalition, or committee engaged to lead the process.
- ✓ Plan for communicating priorities to stakeholders.
- ✓ Set of priority issues.
- ✓ Implementation plans for each priority issue.

SMART Goals

- ▶ S - pecific
- ▶ M - easurable
- ▶ A - ctionable/Achievable
- ▶ R - ealistic
- ▶ T - ime-bound

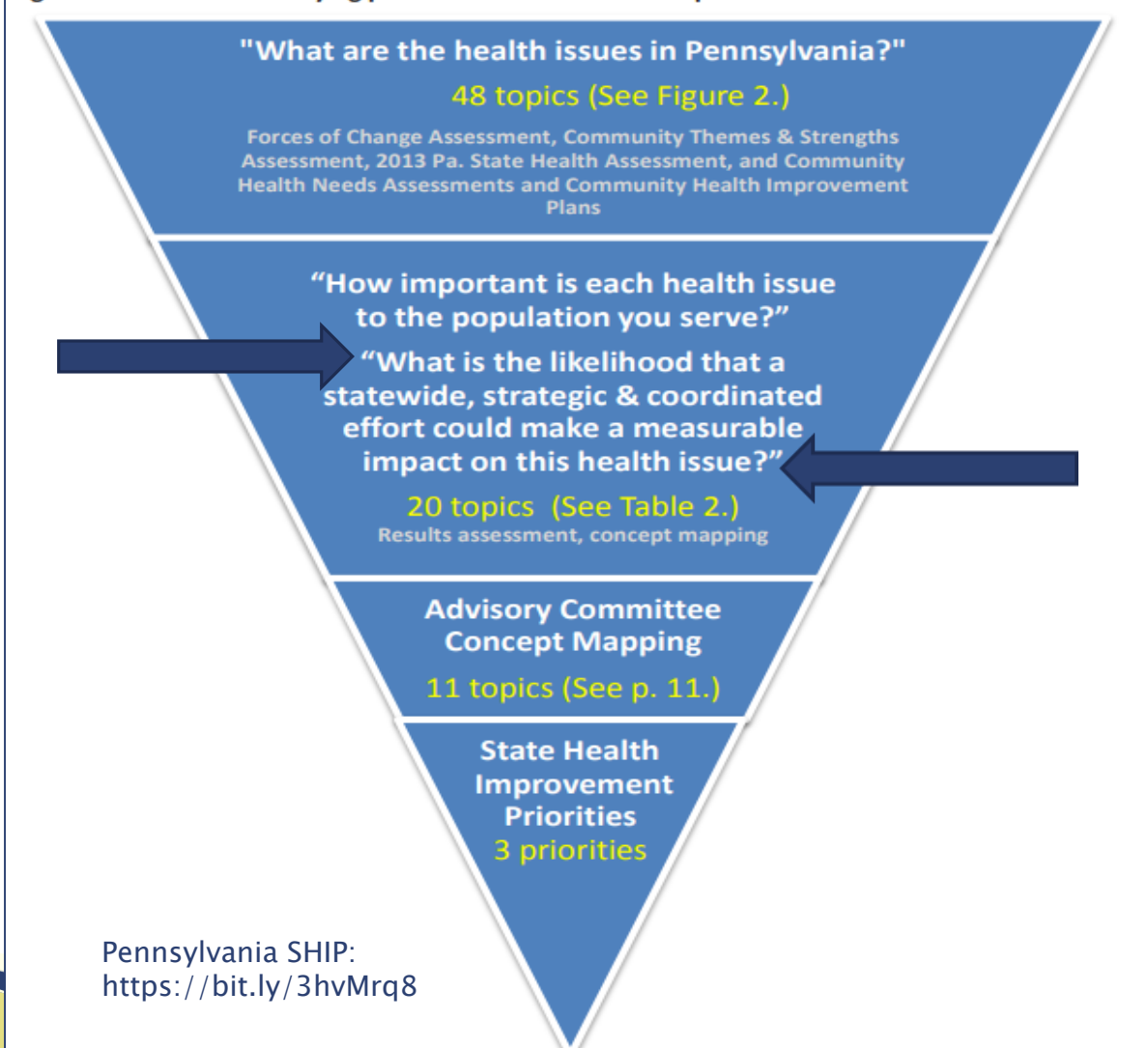
One model:

Figure 1: MAPP model¹



Multiple feedback points:

Figure 3: Process of identifying priorities for State Health Improvement Plan



Choosing focal points: example



► Criteria from Maine:

- Data
- Accountability
- Maximize impact of limited resources
- Best addressed at state level (vs. local level)
- Gaps in prevention exist
- Focus on ***prevention***
- Involves multiple sectors
- Stakeholder support
- Address health disparities

Tracking goals: example

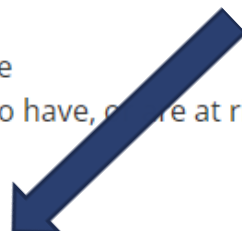
✓ State Health Improvement Plan 2013-2018

State Health Improvement Goals, Scorecard and Documents

Goal 1: Reduce the prevalence of chronic disease

Goal 2: Reduce the prevalence of individuals who have, or are at risk for, substance abuse or mental illness

Goal 3: Improve childhood immunization rates



[State Health Improvement Plan 2013-2018 Performance Scorecard](#) ➤

[State Health Improvement Plan 2013-2018](#) - This plan focuses on conditions that are preventable and can be addressed by the public health system: chronic diseases, substance abuse and mental illness, and childhood immunization rates.

[Appendix A: Vermont Recommended Evidence-Based Strategies](#) - Vermont recommended evidence-based strategies for tobacco cessation, physical activity and healthy eating, substance abuse prevention/intervention, mental health, and childhood immunization.

[Appendix B: Summary of State Health Improvement Plan Interventions](#) - Interventions to reduce the prevalence of chronic disease, reduce the prevalence of individuals who have, or are at risk for, substance abuse or mental illness, and to improve childhood immunization rates.

Tracking goals: example

- O SHIP Reduce the prevalence of chronic disease 📄			Time Period	Current Actual Value	Current Target Value	Current Trend
+	I	Obesity % of adolescents in grades 9-12 meeting physical activity guidelines	2017	25%	30%	↗ 1
+	I	HPDP % of adults meeting physical activity guidelines	2017	60%	65%	↗ 1
+	I	% of adults who smoke cigarettes	2019	16%	12%	↗ 1
+	I	Tobacco % of adolescents in grades 9-12 who smoke cigarettes	2019	7%	10%	↘ 5
+	I	Obesity % of adolescents in grades 9-12 eating vegetables 3 or more times daily	2017	18%	20%	→ 1
+	I	Obesity % of adults eating vegetables 3 or more times daily	2017	22%	35%	↗ 2
+	I	Obesity % of adolescents in grades 9-12 eating fruit 2 or more times daily	2017	33%	40%	↘ 1
+	I	Obesity % of adults eating fruit 2 or more times daily	2017	40%	45%	↗ 1
- P Obesity Nutrition and Physical Activity Strategies 📄			Time Period	Current Actual Value	Current Target Value	Current Trend
+	PM	HPDP # of strategies completed to increase access to healthy food in state facilities	Q1 2020	36	25	→ 2

Language Dos:



- ▶ Goal with *supporting components*
 - Objective
 - Strategy(ies)
 - Activities
 - Performance Measures
 - Assets
 - Lead Agency/Organization
 - Potential partners

Example 1: Do!

- ▶ Goal: Prevent and reduce smoking and other tobacco products
 - Objective 1: Reduce adult smoking rate from 17.3% in 2014 to 16.3% in 2020 (BRFS).
 - Strategy 1: Increase utilization of evidence-based tobacco cessation services, focusing outreach toward at-risk populations, Medicaid recipients, and pregnant and postpartum women and their families.
 - Strategy 2: Integrate tobacco cessation into behavioral health care treatment and services and educate tobacco users with behavioral health concerns about the benefits of quitting smoking.
 - Strategy 3: ...etc

Example 2: Do!

- ▶ Goal: Pennsylvania residents will have access to the best practices in screening, support, assessment, and treatment for mental health and substance use disorders in order to achieve and maintain optimal health outcomes.
 - Objective 1.1: Increase access to quality mental health and substance use services for all Pennsylvania residents by increasing the percent of adults 18 or older with any mental health illness who received treatment or counseling from 46.7 percent in 2009-2013 to 51 percent by December 2020.
 - Strategy 1.1.1: Develop appropriate partnerships to activate and leverage existing resources.

Example 2: Do! (cont)

- ▶ Suggested activities
 - Identify potential partners to implement strategies.
 - Survey partners to assess needs and map assets.
- ▶ Performance measures
 - Number of partners
- ▶ Assets
 - Existing mailing and distribution lists and networks

Example 2: Do! (cont)

- ▶ Lead Agency/Organization
 - Geisinger Health System; DOH, Innovation Center
- ▶ Potential partners:
 - Department of Drug and Alcohol Programs; DHS' Single County Authorities on Drugs and Alcohol, Drug and Alcohol Service Providers Organization...etc

Example 3: Do!

Priority: Cancer			
Goals	Objectives	Strategies	Partners
1. Reduce overall cancer risk in Maine due to selected modifiable risk factors (behaviors)	1.1. Increase by 5% the percentage of teens ages 13-18 who complete the recommended Human papillomavirus (HPV) vaccination series by 2020. <i>(Baseline: July 2017: 58% for females, 48% for males)</i>	1.1.A. Provide assessment and feedback information to health care providers by emphasizing HPV vaccinations at regular "AFIX" visits.	Maine CDC Immunization Program, health care providers
		1.1.B. Educate health care providers on the importance of keeping patient immunization history information up-to-date.	Maine CDC Immunization Program, health care providers
		1.1.C. Provide quarterly assessment reports to health care providers.	Maine CDC Immunization Program, health care providers
		1.1.D. Disseminate best practice information to health care providers on HPV vaccinations via distributions of HPV toolkits, information in the MIP Provider Reference Manual, presentations at regional trainings and outreach to dental offices.	Maine Immunization Coalition Maine CDC Immunization Program, health care providers, dental care providers

Do: Link to other plans and work

- ▶ RPHN CHIPs
- ▶ CHNAs
- ▶ Healthy People 2030

Example: Don't

- O SHIP		Vermonters have lifelong opportunities for oral health	Time Period	Current Actual Value	Current Target Value	Current Trend
+ I	Oral Health	% of adults aged 45-64 with disabilities who have lost at least one tooth due to tooth decay or gum disease	2018	69%	—	↘ 1
+ I	Oral Health	% of adults with disabilities who visited a dentist in the last year	2018	63%	—	↗ 1
+ I	Oral Health	% of adults with a household income of <\$75,000 who visited a dentist in the last year	2016	65%	68%	↗ 1
+ I	Oral Health	% of third grade students who are enrolled in the National School Lunch Program who have dental decay experience	2018	—	41%	→ 0

LAST REVIEWED: JANUARY 29, 2019

IN THIS SECTION

Example: Don't



- Using media campaigns to encourage cessation and increase quitline utilizations. State campaigns like “Dear Me” and national campaigns like “Tips from Former Smokers” have been used to enhance cessations efforts.

Stories from the Field

In 2010 the New Hampshire Department of Health and Human Services (NH DHHS) contracted with the Community Health Access Network (CHAN) to pilot the evidence-based tobacco treatment system, *Ask, Assist and Refer*, by making changes within their Electronic Medical Record (EMR).

The aim of the project was to increase the capacity of clinical sites to offer evidence-based tobacco treatment by raising awareness and increasing utilization of QuitWorks-NH services. The project modified workflow for tobacco treatment brief interventions within the EMR to identify patients that wanted to quit. The pilot was tested at the Families First Health and Support Center in Portsmouth. The goal was to spread the tobacco treatment model throughout the other CHAN sites.

Performance measure targets for the pilot site were set at: ASK 90% (Baseline 77%), ASSIST 75% (Baseline 30%) and REFER 20% (Baseline 0%) to QuitWorks-NH. The most current data shows that ASK is being documented at 91%, ASSIST is documented at 71% and REFERRALS to QuitWorks-NH are being accepted by patients at 9%. Five of the other CHAN sites are currently referring patients to QuitWorks-NH consistently.

Future data will be examined on the number of patients identified as smoking prior to the systems change and five years post the systems change.

Recommendations for Action*

State, Tribal, Local, and Territorial Governments can:

- Implement and sustain comprehensive tobacco prevention and control programs, including comprehensive tobacco free and smoke free policies and paid media advertising.
- Work with the Food and Drug Administration to enforce the provisions set forth in the Tobacco Control Act.

Businesses and Employers can:

- Provide employees and their dependents with access to free or reduced-cost cessation supports and encourage utilization of these services.
- Provide evidence-based incentives to increase tobacco cessation, consistent with existing law.
- Comply with restrictions on the sale, distribution, advertising, and promotion of tobacco products, including those set forth in the Tobacco Control Act.
- Make work sites (including conferences and meetings) tobacco free and support smoke free policies in their communities.
- Provide smoke free commercial or residential property.

Health Care Systems, Insurers, and Clinicians can

- Implement evidence-based recommendations for tobacco use treatment and provide infor-

Example: Don't

The cost

In the US, 25% of children, typically those from the most vulnerable groups, experience 80% of all tooth decay occurring in permanent teeth. Targeting children at high risk for tooth decay and providing preventive services like dental sealants can result in considerable cost savings. In 1999 the average cost of applying one dental sealant was \$29.09 compared with

twice as likely to have unmet oral health needs as their peers without special needs, across all income levels.⁸

What we are doing

- Conducting the 3rd grade oral health and body mass index survey every five years to assess oral health status and height and weight status of children.

BABIES

NH State Health Improvement Plan 2013-2020 | 35

- Supporting and analyzing assessment of annual oral health status of children in schools to determine need for preventive and restorative services.
- Supporting the provision of on-site preventive services and referrals for restorative treatment in local dental practices.
- Promoting oral health education of parents and providing on-site preventive services and assessment of young children's oral health status in WIC and Head Start and childcare settings.
- Identifying and sustaining funds to support early oral health intervention.
- Promoting education and dental treatment for pregnant mothers to avoid transmission of dental disease to babies.
- Promoting the assessment of child fluoride status to determine need for supplementation.
- Supporting and promoting the integration of child oral health assessment, treatment and education in

Recommendations for Action*

State and Local Governments can:

- Increase delivery of clinical preventive services, including childhood immunizations and influenza vaccination as recommended by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP), by Medicaid and Children's Health Insurance Program (CHIP) providers.
- Foster collaboration among community-based organizations, the education and faith-based sectors, businesses, and clinicians to identify underserved groups and implement program to improve access to preventive services.
- Create interoperable systems to exchange clinical, public health and community data, streamline eligibility requirements, and expedite enrollment processes to facilitate access to clinical preventive services and other social



Example: Don't

Asthma

Asthma is a chronic lung disease that inflames and narrows the airways causing difficulty breathing. Asthma can be effectively treated. Treating symptoms early is important to prevent the symptoms from worsening and causing a severe asthma attack. Severe asthma attacks may require emergency care, and they can be fatal.¹

New Hampshire's asthma rate is among the highest in the nation. Approximately 110,000 adults (2010)^{2,3} and 25,000

New Hampshire's asthma rate is among the highest in the nation. Approximately 110,000 NH adults (2010)^{2,3} and 25,000 NH children (2006 – 2008)⁴ have asthma.

The cost

Direct costs in the US due to asthma have been estimated at \$50.1 billion a year (2007, adjusted to 2009 dollars) and indirect costs (lost productivity) at \$5.9 billion a year (2007, adjusted to 2009 dollars).^{11, 12}

Where do we want to be?

- Increase the percent of adults with current asthma who have well-controlled asthma from 54.7% (2010) to 61.9% by 2015 and 69% by 2020.
- Increase the percent of children with current asthma who have well-controlled asthma from 66% (2008) to 74.5% by 2015 and 83% by 2020.



Domain Themes

- ▶ Social isolation is an important issue, especially for sub-populations.

- ▶ Questions that pop up:
 - Which sub-populations?
 - By how much?
 - Significantly different?
 - Is it different enough to be a priority?

Progression

- ▶ Social isolation disproportionately affects residents of NH who are:
 - older than 70 years of age
 - live in rural settings, and are
 - home-based
 - with reduced access to transportation.
- ▶ RFP recently released from BEAS

Any Questions?

