

Anna J. Thomas, MPH
Public Health Director

Philip J. Alexakos, MPH, REHS
Chief Operations Officer

Jaime L. Hoebeke, MPH, MCHES
Chief Strategy Officer



BOARD OF HEALTH

Reverend Richard D. Clegg
Stephanie P. Hewitt, MSN, FNP-BC
Ellen Tourigny, MEd
Tanya A. Tupick, DO

CITY OF MANCHESTER
Health Department

AGENDA

BOARD OF HEALTH MEETING

MONDAY, OCTOBER 21, 2019 4:30 P.M.

MINUTES OF AUGUST 12, 2019, BOARD OF HEALTH MEETING

- A. PUBLIC HEALTH DIRECTOR'S REPORT
- B. CHIEF STRATEGY OFFICER'S REPORT
- C. ENVIRONMENTAL HEALTH BRANCH REPORT
- D. INFECTIOUS DISEASE BRANCH REPORT
- E. NEIGHBORHOOD & FAMILY HEALTH BRANCH REPORT
- F. PUBLIC HEALTH PREPAREDNESS REPORT
- G. SCHOOL HEALTH BRANCH REPORT

ADJOURN

NEXT MEETING: DECEMBER 9, 2019

MINUTES OF MEETING

A regular meeting of the Board of Health was held on Monday, August 12, 2019, 4:30 p.m. at the Manchester Health Department, 1528 Elm Street, Manchester, NH.

Members present: Reverend Richard Clegg, Clerk; Stephanie Hewitt, MSN, FNP-BC; Ellen Tourigny, MEd; Tanya Tupick, DO, Chair.

Staff present: Philip Alexakos, MPH, REHS, Chief Operating Officer; Michelle Graham, MPH, Supervisor, Neighborhood and Family Health; Robin Harper, Administrative Services Manager; Jaime Hoebeke, MPH, MCHES, Chief Strategy Officer; Aaron Krycki, MPH, REHS, HHS, Environmental Health Supervisor; Nicole Losier, MSN, RN, Public Health Supervisor of Infectious Disease; Jennifer Wyman, RN, BSN, Public Health Nurse Supervisor of School Health.

POLICIES & PROCEDURES: The revised Board of Health Policies and Procedures was accepted as submitted.

TEN COMMANDMENTS: Tanya Tupick reviewed the Board's "2019 Board of Health, Manchester New Hampshire, Ten Commandments" that was created by the current board members using the same format as the "2019 Board of Health, Manchester New Hampshire, Ten Commandments" created in 1922. Health Department staff will formalize the document with graphics prior to publication.

MINUTES: Ellen Tourigny moved to accept the minutes of the January 14, 2019, meeting of the Board of Health. Stephanie Hewitt seconded. Motion carried.

PUBLIC HEALTH DIRECTOR'S REPORT: *Duly noted and accepted as submitted.*

Phil Alexakos and Jaime Hoebeke reported on the following:

- Interviews are being conducted in conjunction with Granite United Way to fill the newly created Homeless Prevention Coordinator position. The position will be jointly funded by the City and GUW. The Homeless Prevention Coordinator will technically be a Granite United Way employee but will be housed at the Manchester Health Department.
- Interviews are also being conducted to fill the newly created Behavioral Health Specialist position funded through the NH Charitable Foundation to work with community partners to coordinate services relative to substance misuse and addiction.
- Phil Alexakos, Anna Thomas and Jaime Hoebeke will join the Mayor and other department heads to meet with leadership at NH DHHS to discuss the establishment of a Mortality Review Committee on August 29, 2019.

CHIEF STRATEGY OFFICER'S REPORT: *Duly noted and accepted as submitted.*

Jaime Hoebeke reported on the following:

- Work continues on the update of the Community Needs Assessment as required every 3 years by charitable trust laws. Once the document is finalized it will go out to print and posted in several locations.
- The department is working with Clear Impact to create neighborhood level dashboards for all 29 census tracts within the City.
- As part of the GovEx Economic Mobility Project, the City entered into an MOU for Technical Assistance with the Johns Hopkins University GovEx Academy to provide local trainings to improve knowledge and skills to use data to make improvements in the community.

ENVIRONMENTAL HEALTH BRANCH REPORT: *Duly noted and accepted as submitted*

Aaron Krycki reported on the following:

- Connor Lefevra has accepted the vacant Environmental Health Specialist I position and will join the department on August 26th.
- During the summer months, arboviral activities dominate much of the work of the branch. As of this date 50,000+ mosquitoes have been sorted and sent to the lab for testing
 - ◊ An application for spraying has been submitted to the State in case there should be a need for it.
- The summer months also bring an increased number of temporary food service events which occur mostly in the evening and on weekends.
- The department was called by the Fire Department for assistance due to a fire in the kitchen of a long-term care facility. The Fire Department responded immediately which prevented the fire from spreading and having to move residents out of the facility.

INFECTIOUS DISEASE BRANCH REPORT: *Duly noted and accepted as submitted.*

Nicole Losier reported on the following:

- Personnel:
 - ◊ Allison Power joined the branch as a Community Health Nurse on June 24th.
 - ◊ Recruitment continues to fill one vacant Community Health position.
- Refugee Program numbers have increased slightly due to being close to the end of the fiscal year for the resettlement agencies. Three families will be arriving in Manchester in the next week.
- Hepatitis A Immunization Clinics were held at the Farnum Center, New Horizons, Teen Challenge and the Hillsborough County House of Corrections to provide immunizations to individuals most at risk of contracting Hepatitis A.
- Aaron Krycki, Michelle Graham, Nicole Losier and Phil Alexakos participated in the Community of Action for Lead Safety Kickoff Learning Exchange on May 31st.

NEIGHBORHOOD AND FAMILY HEALTH BRANCH REPORT: *Duly noted and accepted as submitted.*

Michelle Graham reported on the following:

- Personnel:
 - ◊ Michelle Graham (partially grant funded) joined the department as a Public Health Specialist III on May 30th and will serve as the Supervisor of Neighborhood and Family Health Branch.
 - ◊ Andrea Hirata (fully grant funded through a CDC grant) joined the department as a Public Health Specialist I on May 3rd to work with community partners around diabetes and heart disease.
- The Oral Health Program will begin preparing to provide services to students prior to the start of school in September. The dental hygiene staff will work with school nurses and community health workers to promote the program to students and their families. By mid-September the staff will begin to bring the van to the schools to provide dental services.
- During the summer months, improvements have been made to the campus at Gossler Park Elementary School. Improvements include a new traffic flow, more green space, a soccer pitch and basketball court.
- A “*Back to School Block Party*” will be held for students and families at Gossler Park Elementary School the day before school starts (September 3rd).
- Plans are underway to meet with the new principal at Beech Street Elementary School, Katrina Esparza, to provide her with information relative to the work of the community schools program at that school.

PUBLIC HEALTH PREPAREDNESS REPORT: *Duly noted and accepted as submitted.*

Phil Alexakos reported on the following:

- Phil Alexakos completed the *American Red Cross Shelter Fundamentals* training and he will share this information with the Environmental Health Branch staff.
- The department has begun a review of job classifications for Health Department staff to be sure that all staff are in the right classification and that they are fairly compensated for the work that they are doing.
 - ◊ A desk audit was recently completed for the Custodian position which clearly showed that the position has evolved into much more than that of the custodian. The position is now classified as the Building and Facilities Coordinator.
 - ◊ The next phase will be to request a desk audit of all department nursing staff and the dental hygienist positions.

- Plans are underway to upgrade security for the building and Health Department staff while at work. The first upgrade will be to provide swipe access to many of the doors within the department. Cameras will also be installed inside the building.
- Plans are underway to reinstate the NH Institute for Local Public Health Practice at the Manchester Health Department beginning in the fall. . The first class offered will be *Core Concepts of Public Health*.

SCHOOL HEALTH DIVISION REPORT: *Duly noted and accepted as submitted.*

Jennifer Wyman reported on the following:

- School year 2018/2019 showed a 12.6% in visits to the School Health Offices. In is anticipated that numbers will continue to increase due to more students entering school with mental health issues.
- Personnel:
 - ◊ The School Health Branch ended the school year in June with 4 vacancies.
 - ◊ Marian Sheehan and Elena Collishaw have accepted positions as School Nurses effective August 28th.
 - ◊ Recruitment continues to fill the remaining vacant positions.
 - ◊ One School Nurse will be out on maternity leave beginning mid-September.
- Both the School Health Branch and the Infectious Disease Branch will offer CPR re-certification and training to all MHD staff on October 15th.

ADJOURN: Stephanie Hewitt moved to adjourn at 5:30 p.m. Richard Clegg seconded. Motion carried.

Respectfully submitted,

Richard Clegg
Clerk

PUBLIC HEALTH DIRECTOR'S REPORT

AUGUST/SEPTEMBER/OCTOBER 2019

1. **STRATEGIC PLANNING:** Since the Kresge Foundation convening on June 25, 2019, a "Manchester Investors Collaborative" is being proposed which would be led by two of our largest funders in New Hampshire.
2. **COMMUNITY ENGAGEMENT:** I presented on Manchester's needs to City Year's Corps members on August 28th as well as the Manchester Police Department's Community Advisory Board on October 7th. In addition, I presented on the mental and behavioral health needs of the City to Network4Health community partners on September 12th (please see attached). Lastly, I have been asked to present to the Queen City Rotary on November 21st, 2019 at the Puritan Back Room on the "State of the Health of the City".
3. **HOMELESSNESS/ADDICTION:** We have welcomed Doug Howard to the Department as the City's Homeless Prevention and Response Coordinator (funded jointly by Granite United Way and the City of Manchester). In addition, through a grant provided the NH Charitable Foundation, we are in the process of confirming a candidate for a Behavioral Health Coordinator position. On August 29th, we met with senior leadership from NHDHHS to explore potential state/local strategies to address homelessness and addiction. A follow-up letter to this meeting is attached. We have also engaged the City's Emergency Operations Center on a three-pronged strategy as we face the winter months:
 - SHORT TERM:** Develop an emergency sheltering plan for the immediate homelessness/addiction crisis as well as our coordinated response throughout the winter. This includes staffing support from NHDHHS for the formation of a sheltering subgroup, a data subgroup, monthly Doorway community of practice meetings and bi-weekly meetings of Incident Management with state and city senior leadership.
 - ONGOING:** Using the newly hired citywide Homelessness Prevention and Response Coordinator, design a community work plan and implement ongoing priorities outlined in the Homelessness Task Force Report. A newly-created Behavioral Health Coordinator position will assist with developing a comprehensive city and state addiction response plan.
 - LONG TERM:** Explore best practice models with San Antonio's Haven for Hope consultants from Behealthle to design an integrated system with Manchester community partners for now and into the next 5-10 years.
4. **BOARD OF HEALTH MEMBER:** We are continuing to work on recruiting a dentist replacement for the Board.
5. **FINANCIAL STATUS REPORT:** Attached.
6. **STAFF MEETING MINUTES:** Attached

*Respectfully submitted,
Anna J. Thomas, MPH
Public Health Director*

Community/Neighborhood Health and Well-Being in Manchester

ANNA J. THOMAS, MPH
E: athomas@manchesternh.gov
P: (603) 657-2700

Public Health Director
City of Manchester Health Department

Granite United Way
Board Member and Chair
of the Southern Region CIC

Mary Gale Foundation
Chair and Trustee

Norwin S. and Elizabeth N. Bean Foundation
Past Chair and Trustee



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How the City of Manchester Health Department Improves and Protects the Health of Our Residents Since 1839 and Every Day

- ✔ **SERVE AS THE CITY'S CHIEF HEALTH STRATEGIST** – leading change, performance monitoring, building community wealth, leveraging our community partners in health, etc.
- ✔ **MEET RESIDENTS' NEEDS** – care coordination, home visiting, school health (including dental and mental/behavioral health), homeless primary health care, welcoming new Americans, resident leadership, etc.
- ✔ **PREVENT THE SPREAD OF DISEASE** – immunization, screening, case investigation, compliance, enforcement, environmental surveillance, health education, etc.
- ✔ **IMPROVE THE HEALTH OF NEIGHBORHOODS** – promote healthy homes, violence, injury and substance misuse prevention, creating health-promoting spaces, etc.
- ✔ **PREPARE AND PROTECT OUR COMMUNITY** – emergency preparedness, public health hazard investigation, environmental permitting and inspection, on-site waste water treatment, workforce development, etc.



2

Google Definition of Health

Dictionary

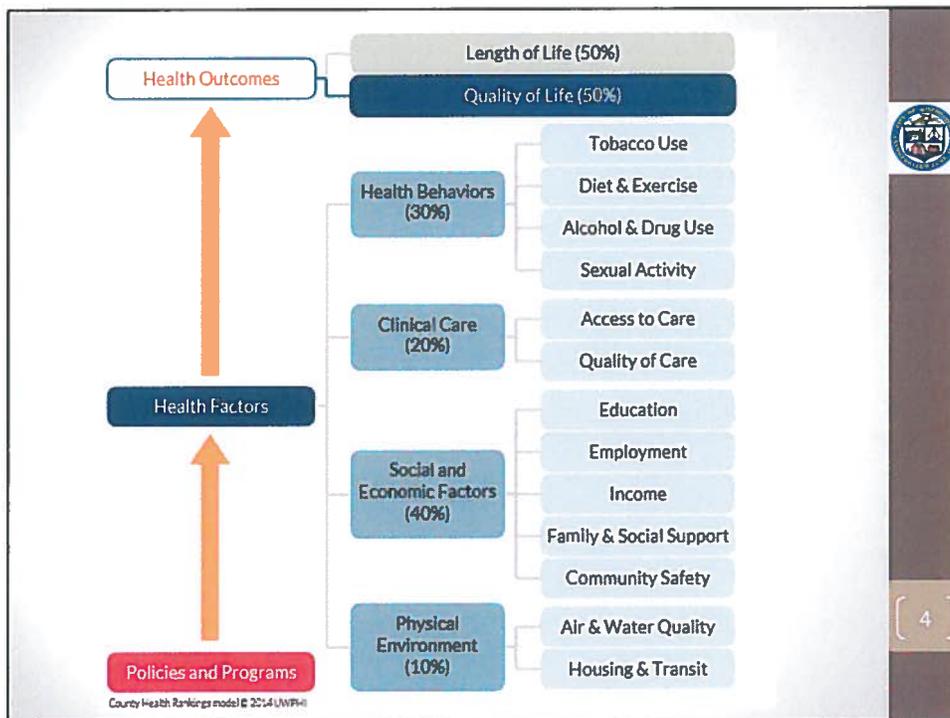
Search for a word

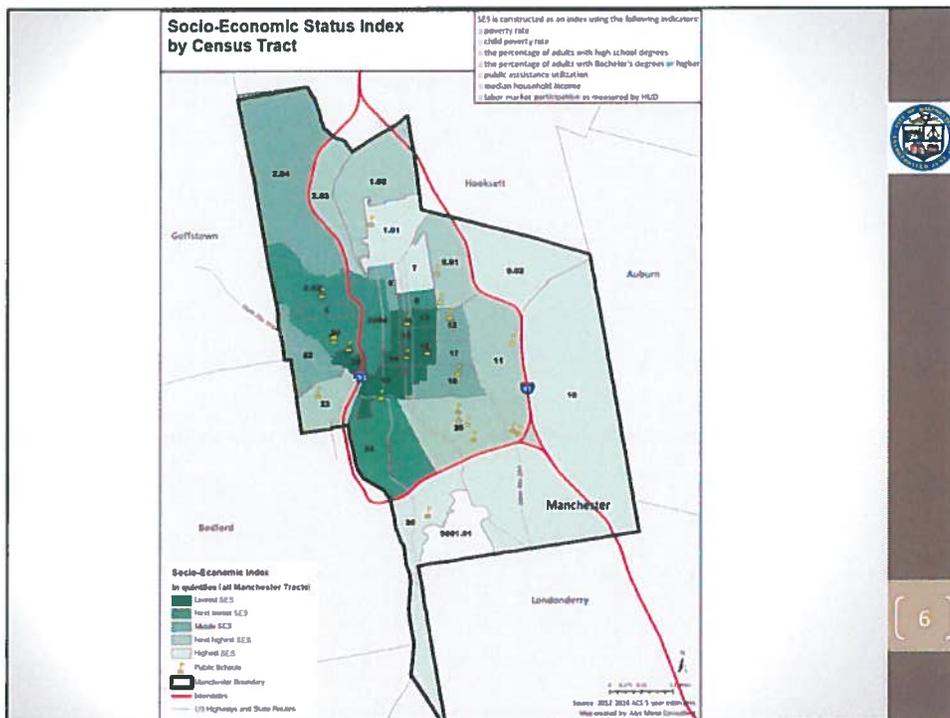
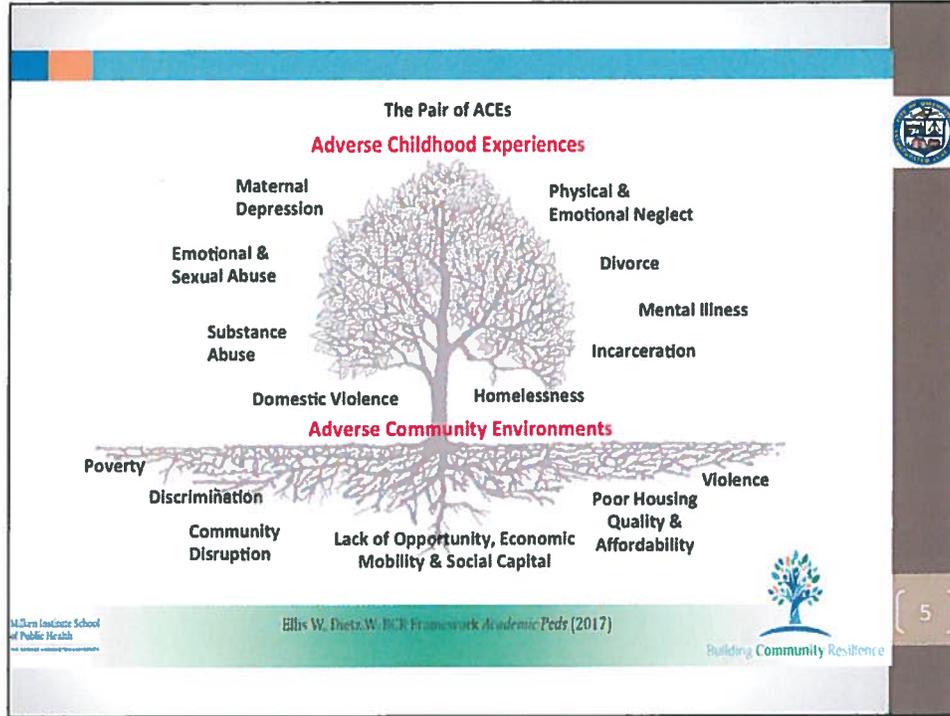
health
/heɪlθ/
noun

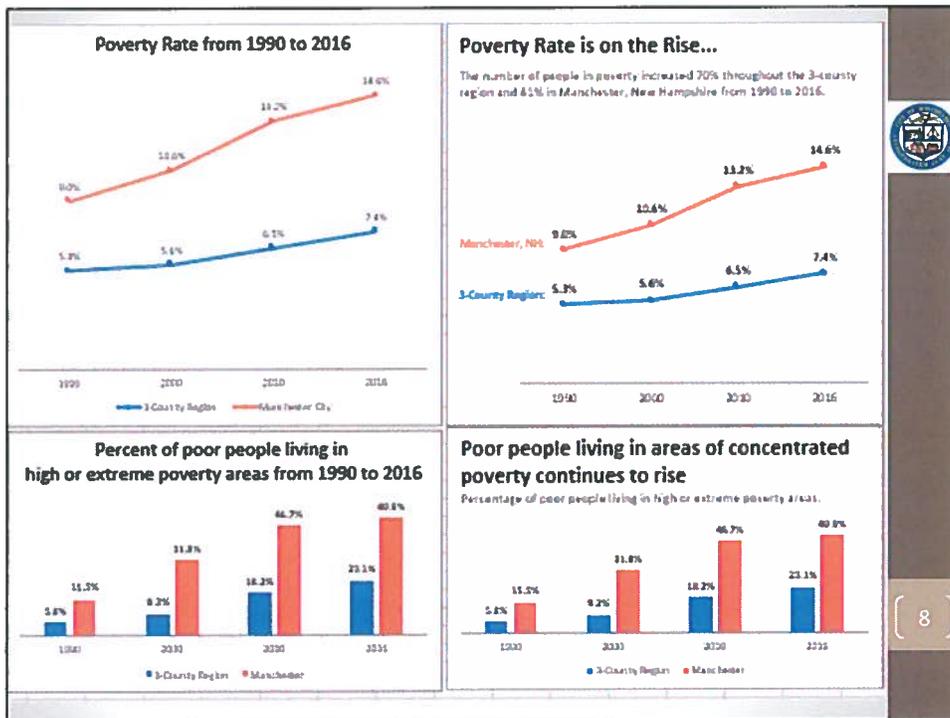
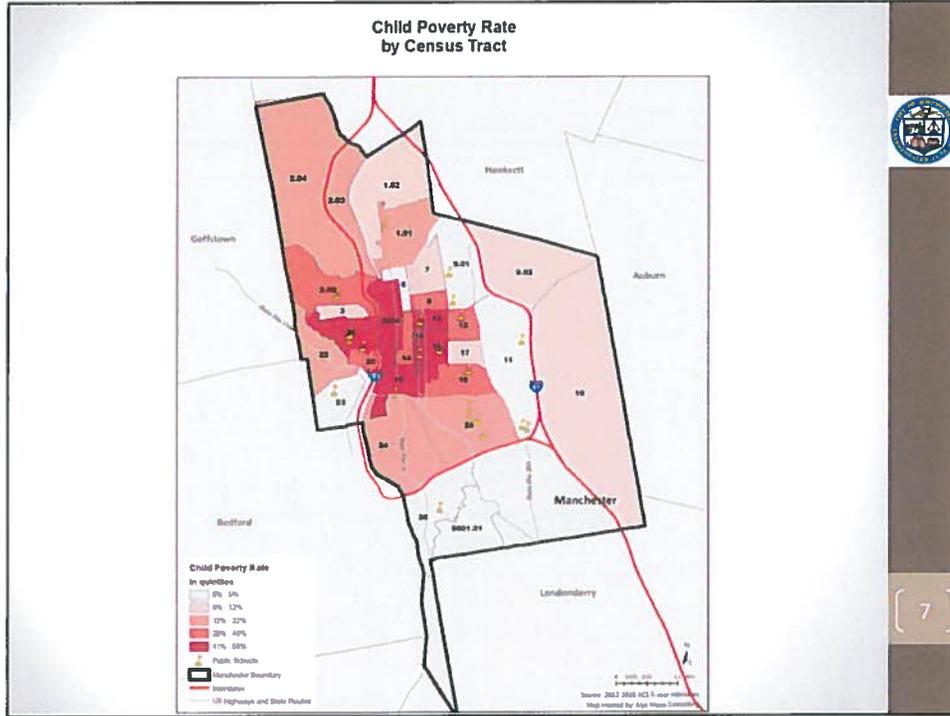
the state of being free from illness or injury.
"he was restored to health"
synonyms: good physical condition, healthiness, **fitness**, physical fitness, **well-being**, haleness, good trim, good shape, fine fettle, good kilter. **More**

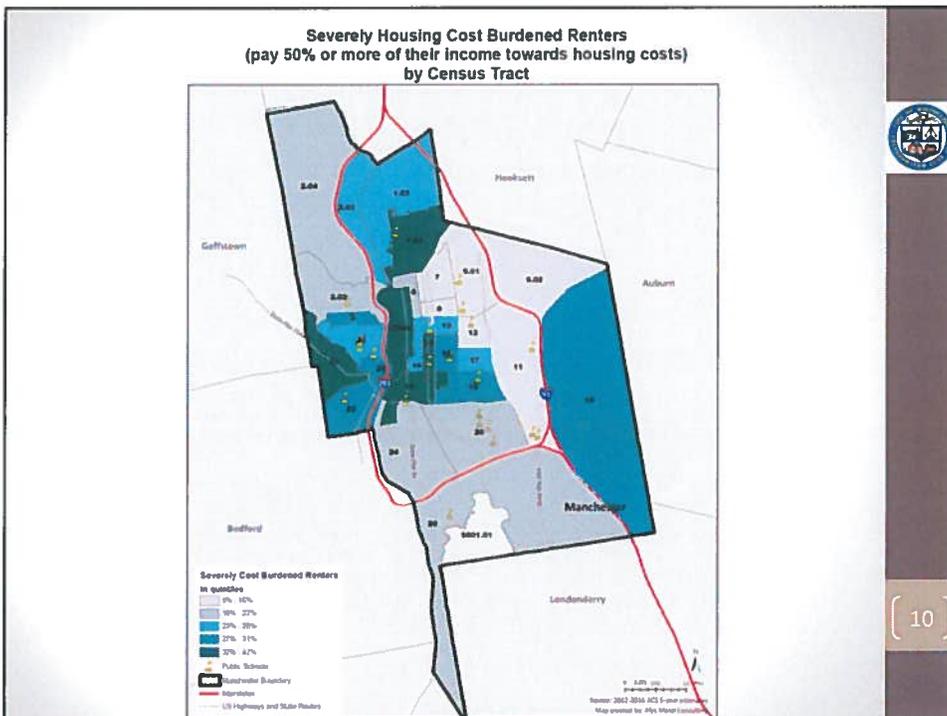
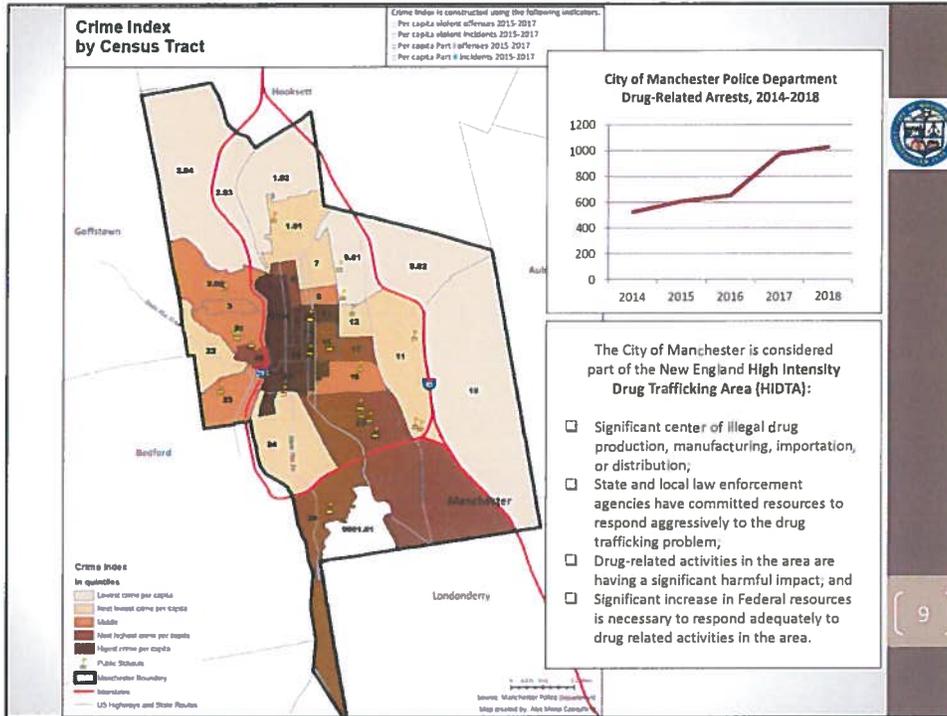
- a person's mental or physical condition.
"bad health forced him to retire"
synonyms: state of health, physical state, physical health, physical shape, **condition**, **constitution**, **form**
"bad health forced him to retire"
- used to express friendly feelings toward one's companions before drinking.
exclamation: your good health, noun: your health, plural noun: your healths, exclamation: your health

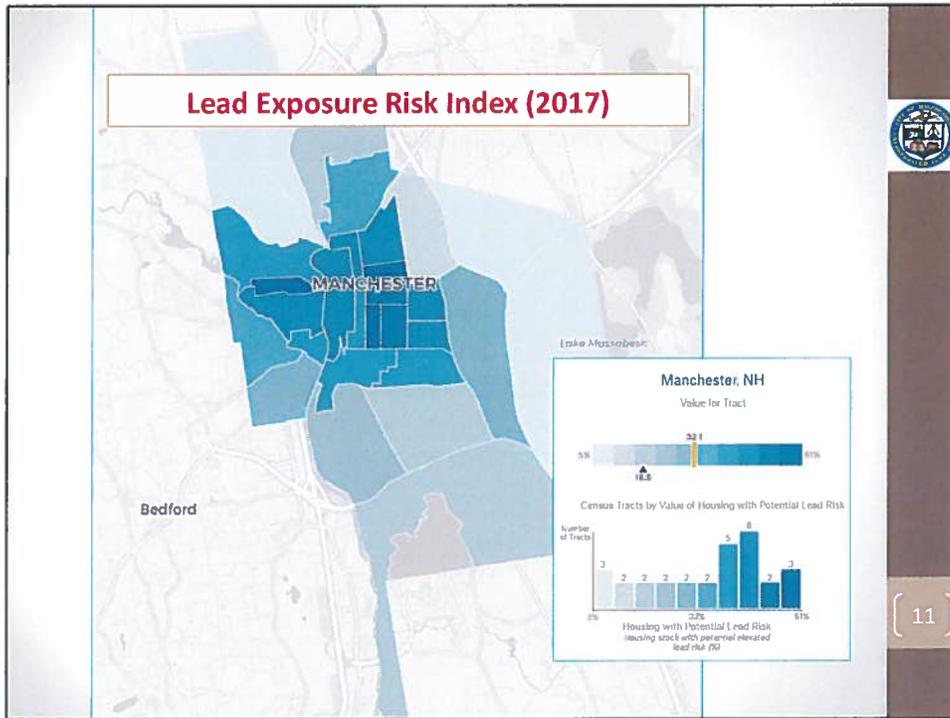
INSTITUTE OF MEDICINE: Health is a state of well-being and the capability to function in the face of changing circumstances.



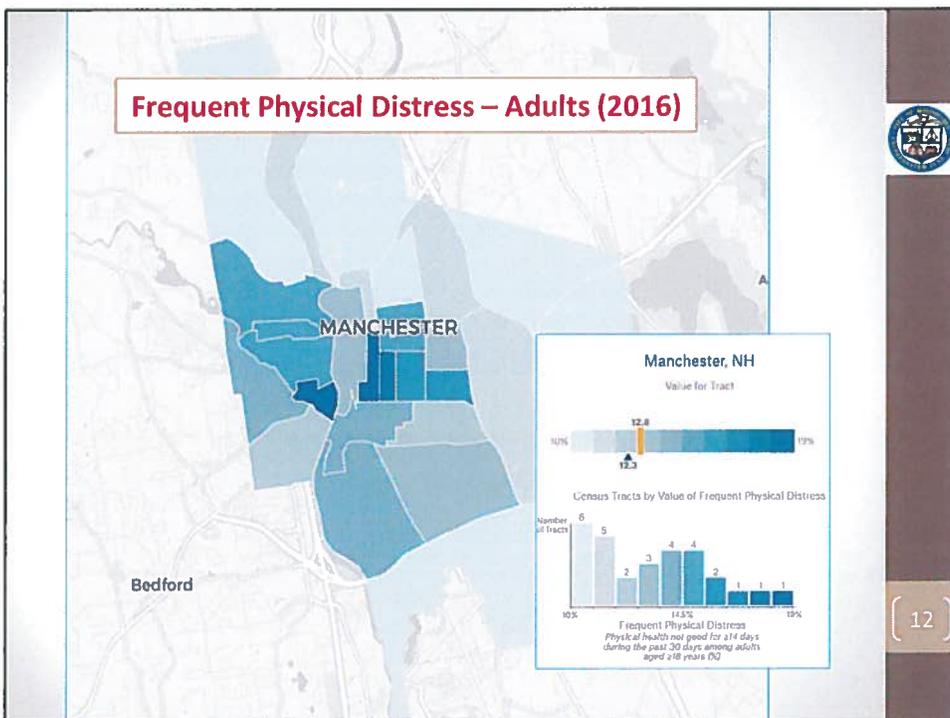




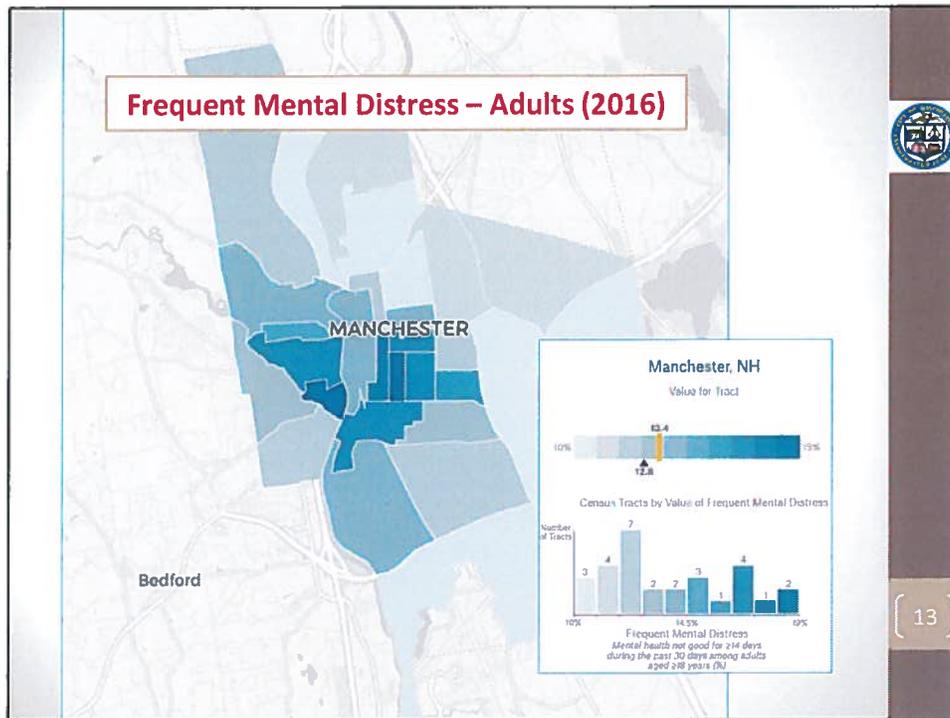




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Research has Shown that Urban Environments Have Strong Influences on Mental and Physical Health

(City Dwellers have an Almost 40% Higher Risk of Depression)

Urban living is associated with increases in the following mental health problems:

- Increase in mood disorders by up to 39%
 - Increase in anxiety disorders by up to 21%
 - Double the risk of schizophrenia (up to 2.37 times above average)
 - Increase in rate of cocaine and heroin addiction
- [Ecken et al. 2010](#)
 - [Ecken et al. 2010](#)
 - [Ecken et al. 2010, Vassos et al. 2010](#)
 - [SAMHSA, 2012](#)

Urban living is associated with decreases in the following mental health problems:

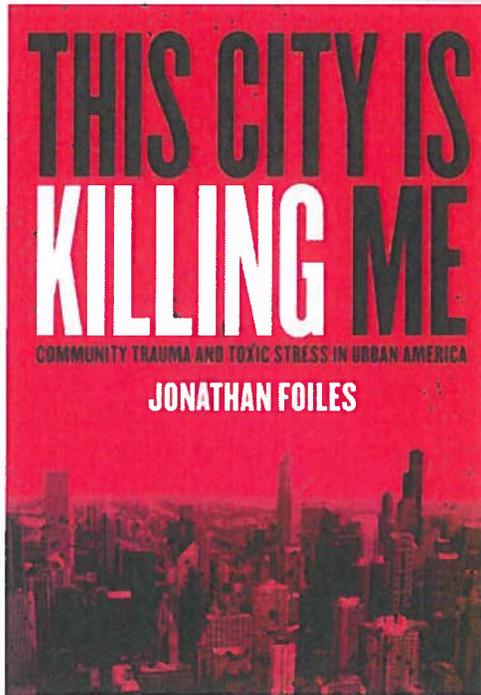
- Increased health care utilization compared with non-urban populations
 - Decreased hospitalizations for 12% decrease in mental health
 - 20% decrease in hospitalizations for mental health problems
 - Decreased hospitalizations for mental health problems
- [Liu et al. 2014](#)
 - [Liu et al. 2014](#)
 - [Liu et al. 2014](#)
 - [Liu et al. 2014](#)

Source: The Centre for Urban Design and Mental Health

“Therapy could not take into account the importance unemployment, poverty, lack of affordable housing and other policy decisions that impact both individual and community well-being.

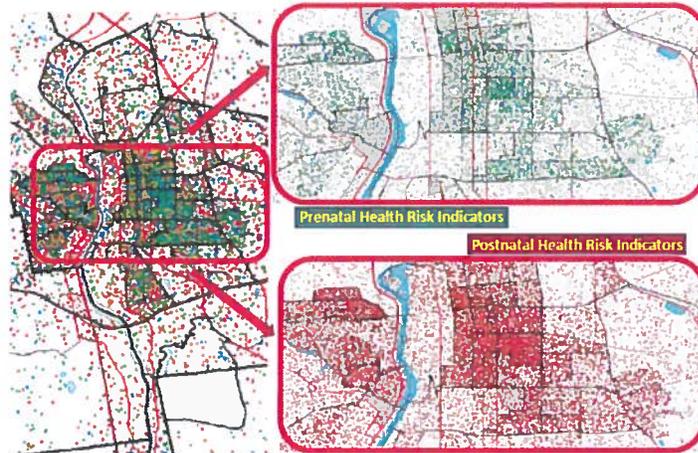
It is easy to be depressed if you live in a neighborhood that has few supportive resources available, or is marred by gun violence.

We are able to diagnose people with depression, but how does one heal a neighborhood?”



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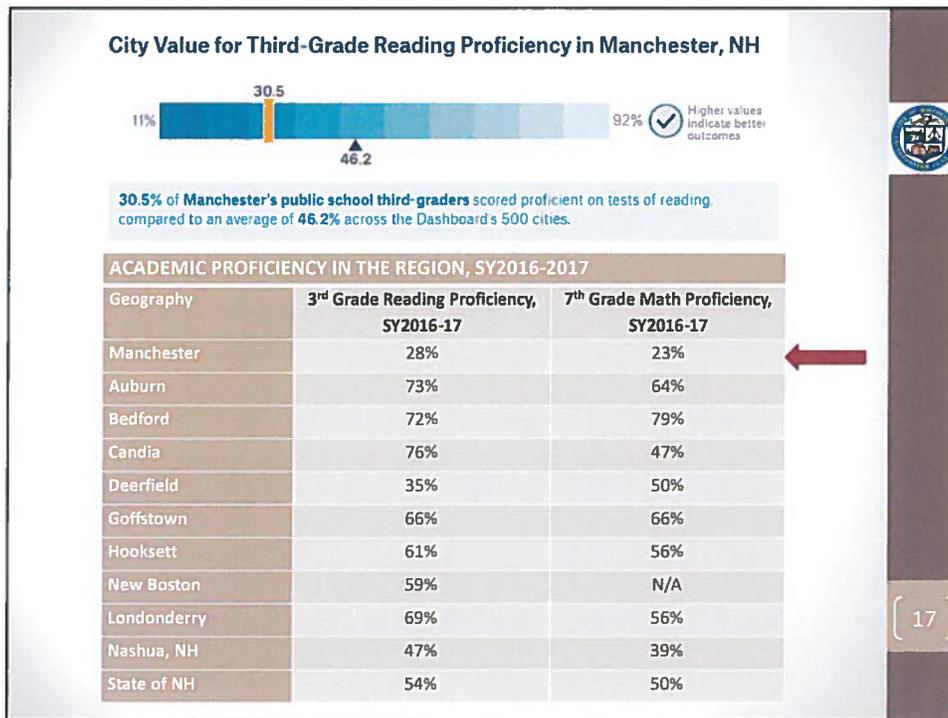
Maternal and Child Health Risk of Lifetime Poverty in the City of Manchester (Dr. Fredenburg, et. al., 2014)



In 2018, Elliot Hospital and Catholic Medical Center delivered 121 infants with a NAS diagnosis. The cost of a baby being born with NAS averages \$66,700 compared to \$3,500 cost for healthy newborns. In Manchester, based on this average cost estimate, NAS births cost over \$8 million dollars in healthcare treatment expenses in 2018 alone.



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District Offices	2013		2016	
	Total Accepted Assessments	Assessments With Substance Abuse Risk Factor (percent)	Total Accepted Assessments	Assessments With Substance Abuse Risk Factor (percent)
Berlin	329	44.4	352	51.7
Claremont	746	38.7	885	48.4
Concord	1,195	38.8	1,485	49.8
Conway	368	38.3	491	56.0
Keene	858	40.1	967	53.6
Laconia	675	43.1	928	49.8
Littleton	212	39.2	262	46.2
Manchester	1,278	42.3	1,691	57.3
Rochester	894	42.6	983	52.8
Seacoast	863	45.3	1,079	51.7
Southern (Nashua)	1,377	37.7	1,532	49.8
Southern Telework	386	41.7	481	48.9
Special Investigations	67	7.5	81	17.3
Total	9,248	3,755	11,197	5,771

Source: DCYF data extract from DCYF Results Oriented Management and the Statewide Automated Child Welfare Information System (NH Bridges)

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STUDENTS WHO ARE HOMELESS/DISPLACED, SY2017-18

Homeless/Displaced School Children	Homeless Student Count	Total Enrollment	% of Students Who are Homeless
Manchester School District	622	13,528	4.6%
- Elementary School Students	332	6,387	5.2%
- Middle School Students	141	2,950	4.8%
- High School Students	149	4,191	3.6%

LIVING/HOUSING ARRANGEMENTS, SY2017-18

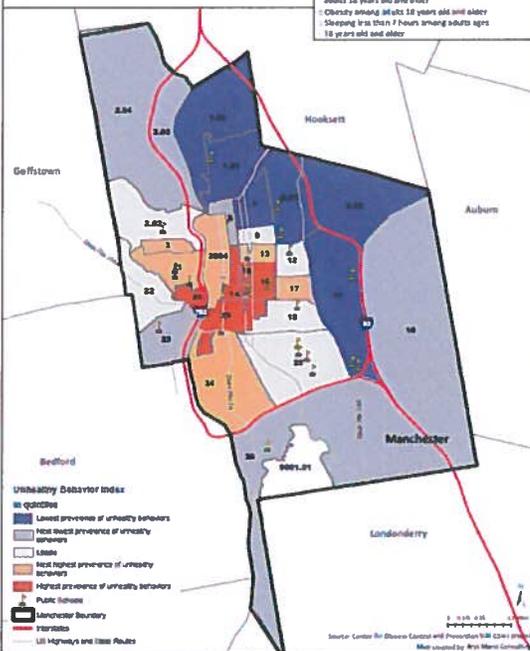
Status	Where the Student is Living	Total	Percentage of the Homeless Population
With Family	Shelter	116	18.6%
	Doubled up residence	415	66.7%
	Unsheltered (car, park, campground)	16	2.6%
	Hotel/motel	17	2.73%
Unaccompanied	Shelter	*	0.2%
	Doubled up residence	57	9.2%
ALL		622	100%

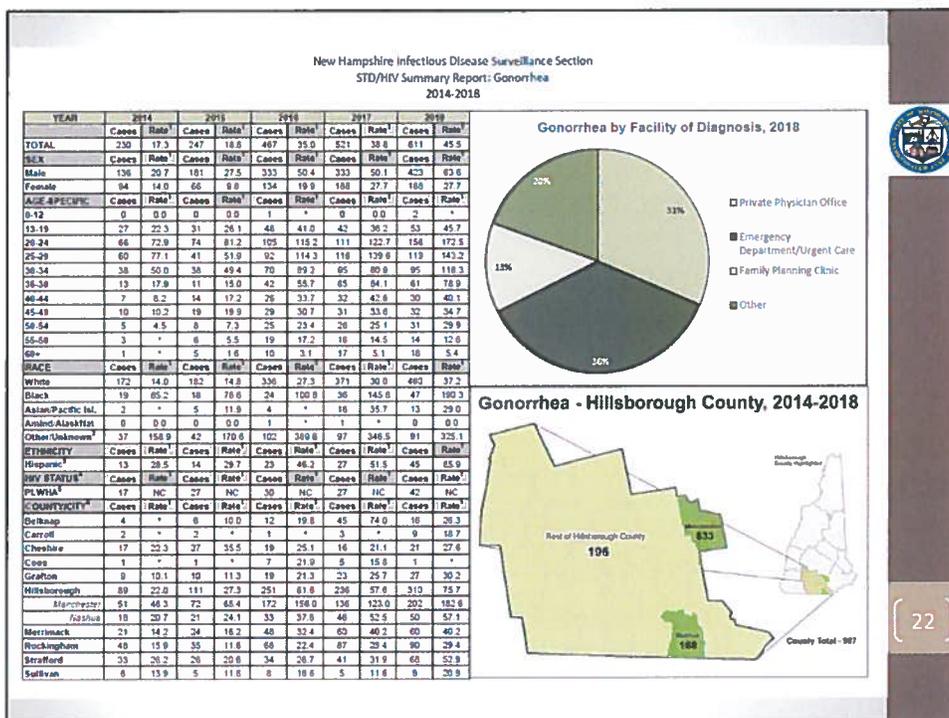
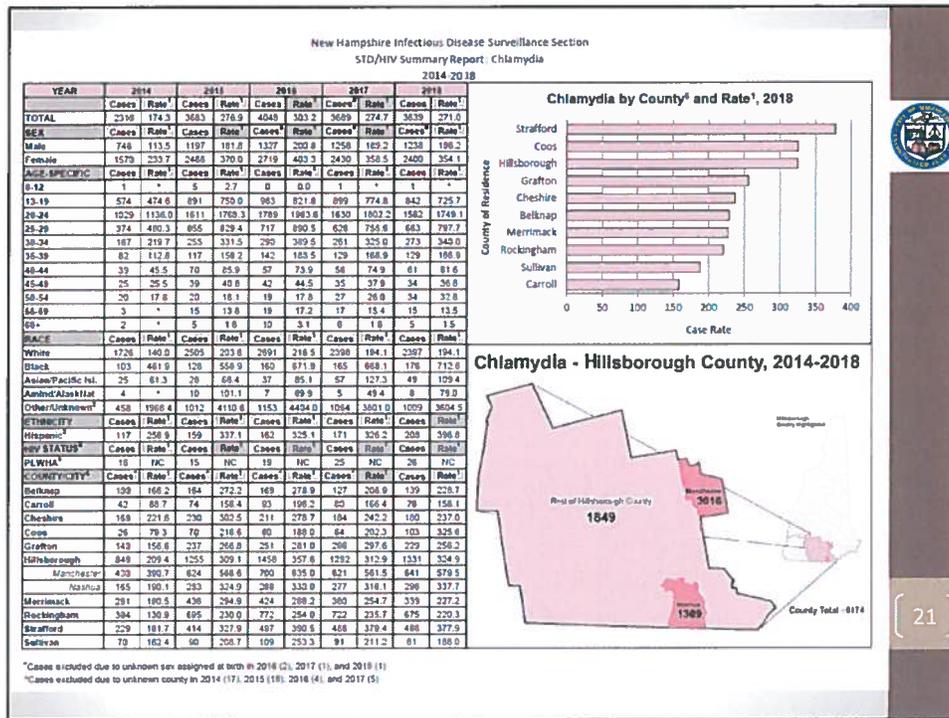


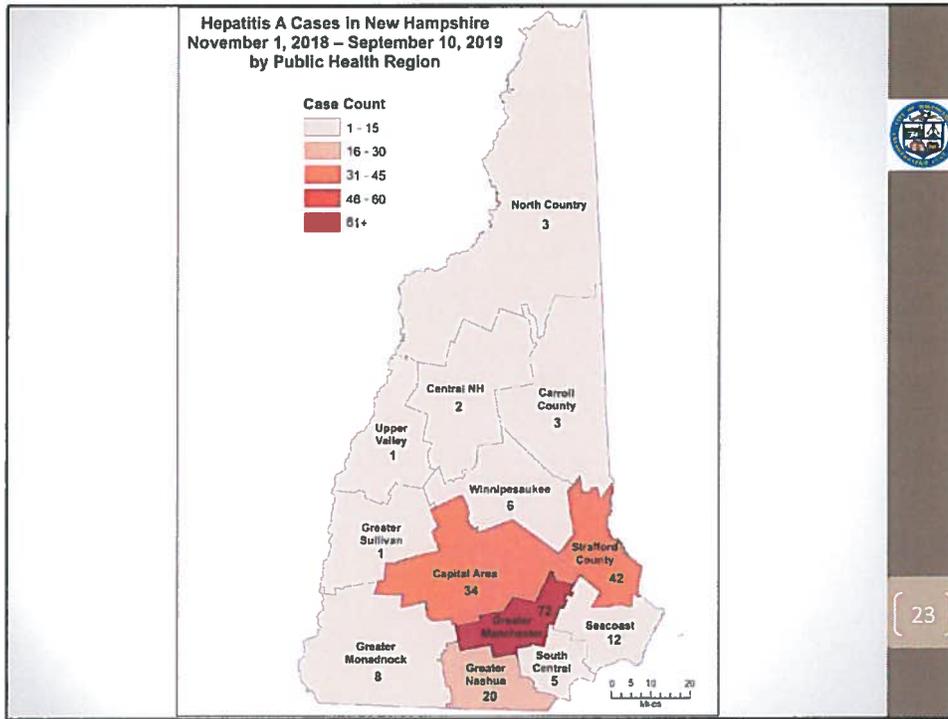
Unhealthy Behaviors Index by Census Tract

Unhealthy behavior index is constructed using the following indicators:

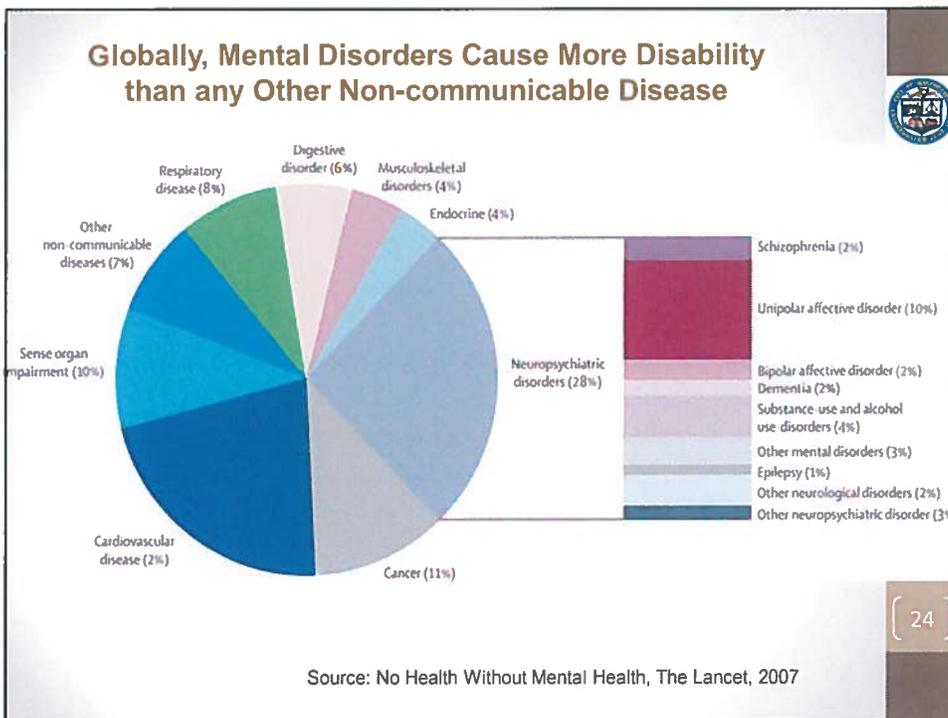
- Current smoking among adults 18 years old and older
- No leisure time physical activity among adults 18 years old and older
- Obesity among adults 18 years old and older
- Drinking less than 7 hours among adults ages 18 years old and older







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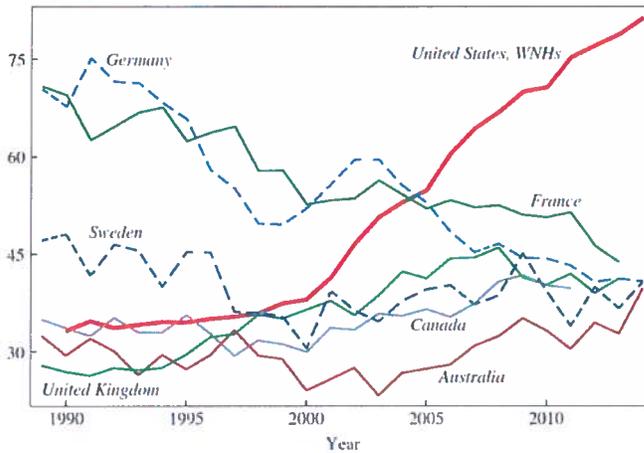


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An Epidemic of Despair^a

Figure 5. Deaths of Despair by Country for Age 50–54, 1989–2014^a

Deaths per 100,000

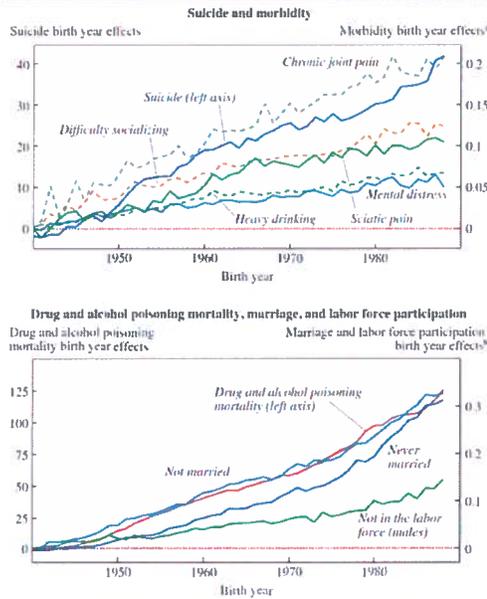


Sources: National Vital Statistics System, Human Mortality Database, WHO Mortality Database; authors' calculations.
 a. Deaths of despair refer to deaths by drugs, alcohol, or suicide.



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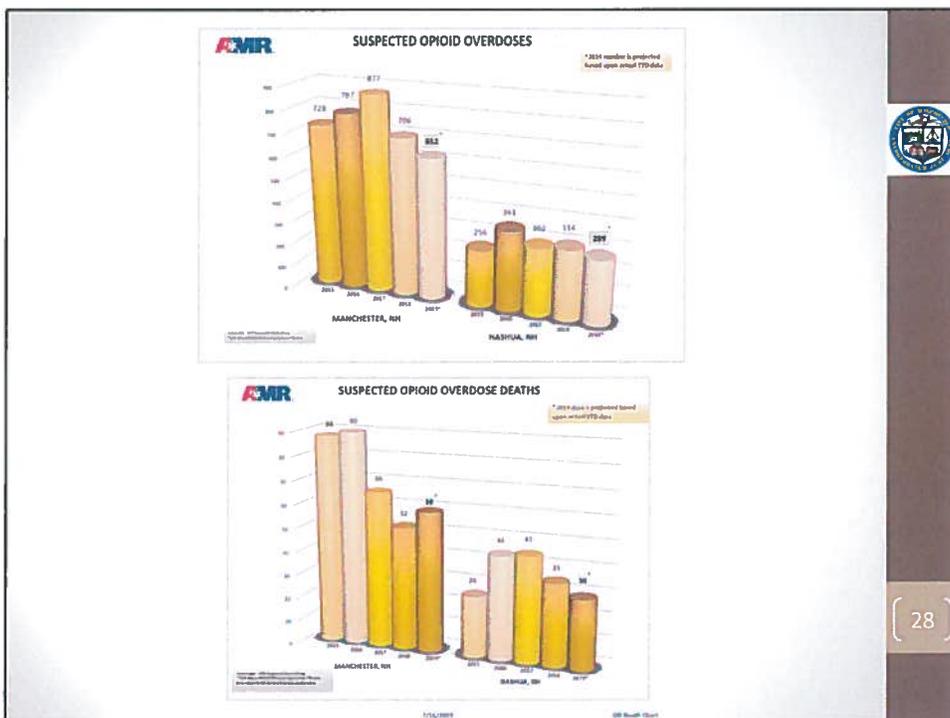
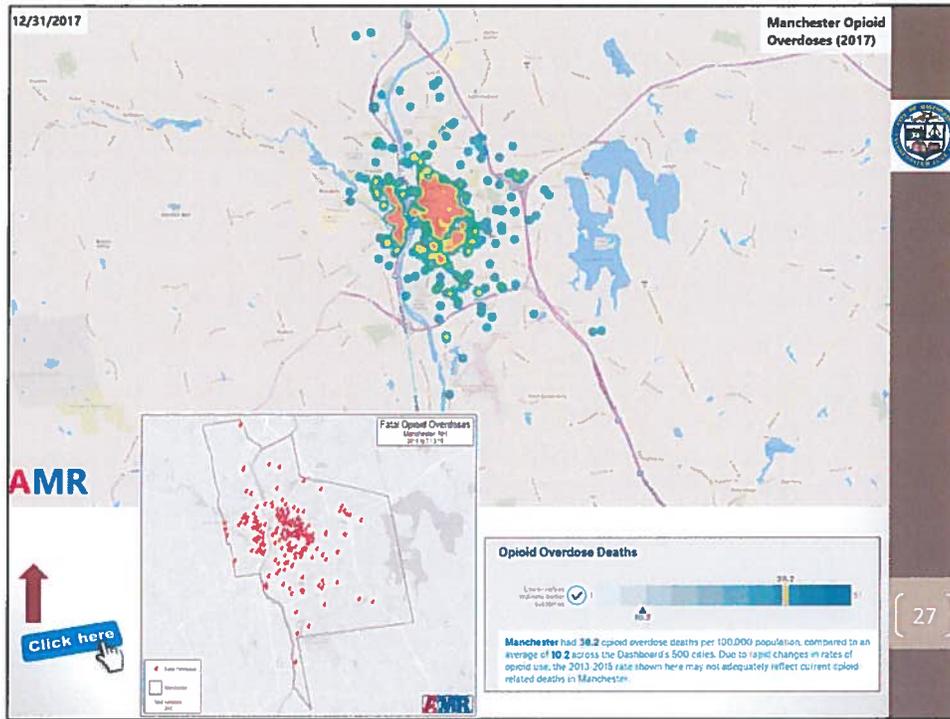
Figure 20. Mortality, Morbidity, Marriage, and Labor Force Participation, for Birth Years 1910–88

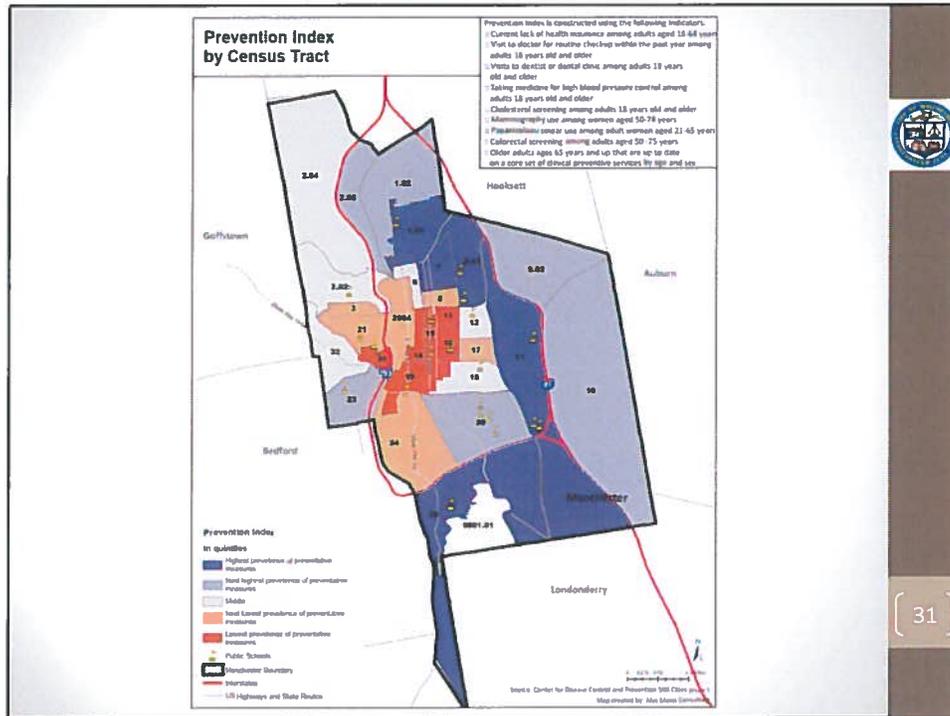


Sources: National Vital Statistics System, CDC National Health Interview Survey, Current Population Survey, March supplements; authors' calculations.
 a. All lines except Suicide are measured on this axis.
 b. All lines except Drug and alcohol poisoning mortality are measured on this axis.



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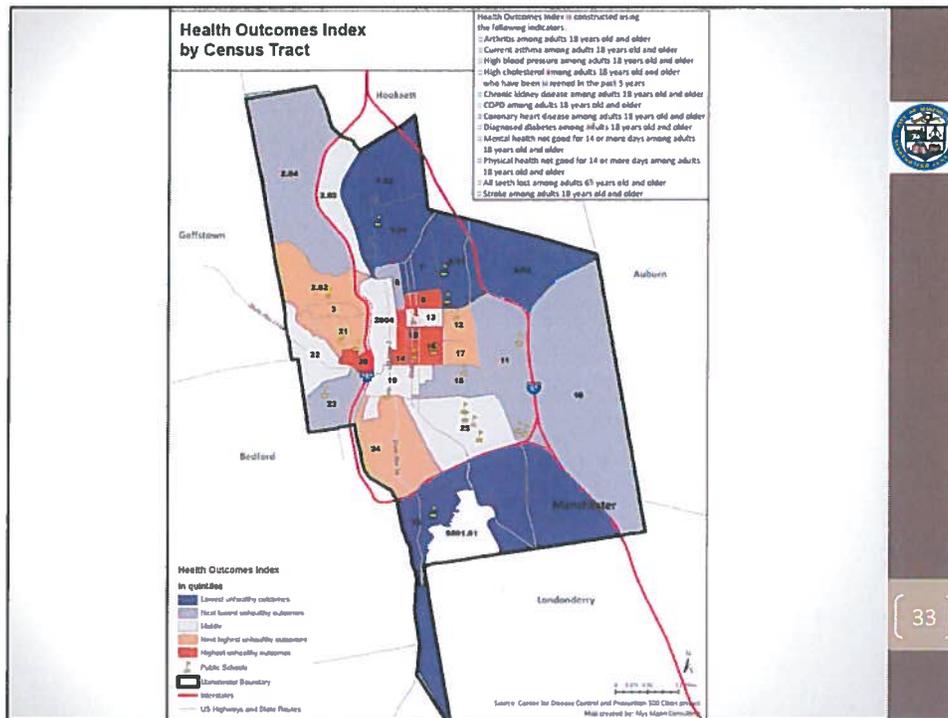


AMBULATORY CARE SENSITIVE CONDITIONS, 2012-2015

Indicator	Geography	# of ED Visits	Rate per 100,000 Residents
Acute	NH	180,994	4545.8
	Greater Manchester	24,470	4451.5
	Manchester	19,164	5808.5
Chronic	NH	65,305	1640.2
	Greater Manchester	10,157	1847.7
	Manchester	7,905	2395.9

Ambulatory Care Sensitive Conditions (ACSC) are health conditions in which appropriate outpatient care (medication, home care, and a healthy lifestyle) can prevent or reduce the need for emergency room visits. **Acute ACSCs** include infections or illnesses managed in a primary care setting, such as ear infections. **Chronic ACSCs** persist for a long time or constantly recurring, such as diabetes or asthma, in which case the patient will have to manage their illness long-term or for the rest of their lives.



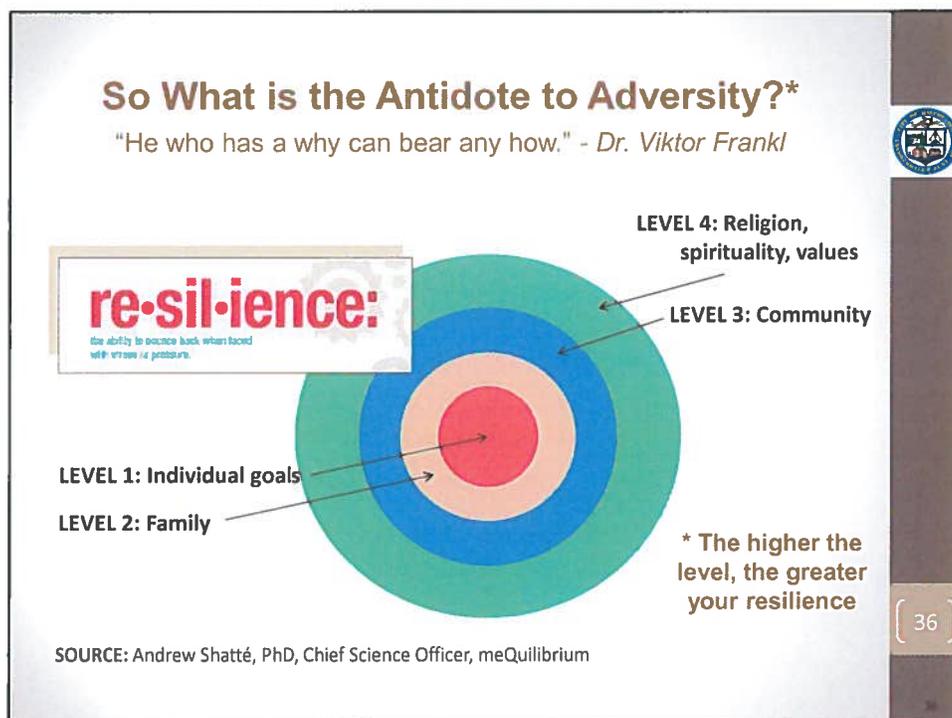
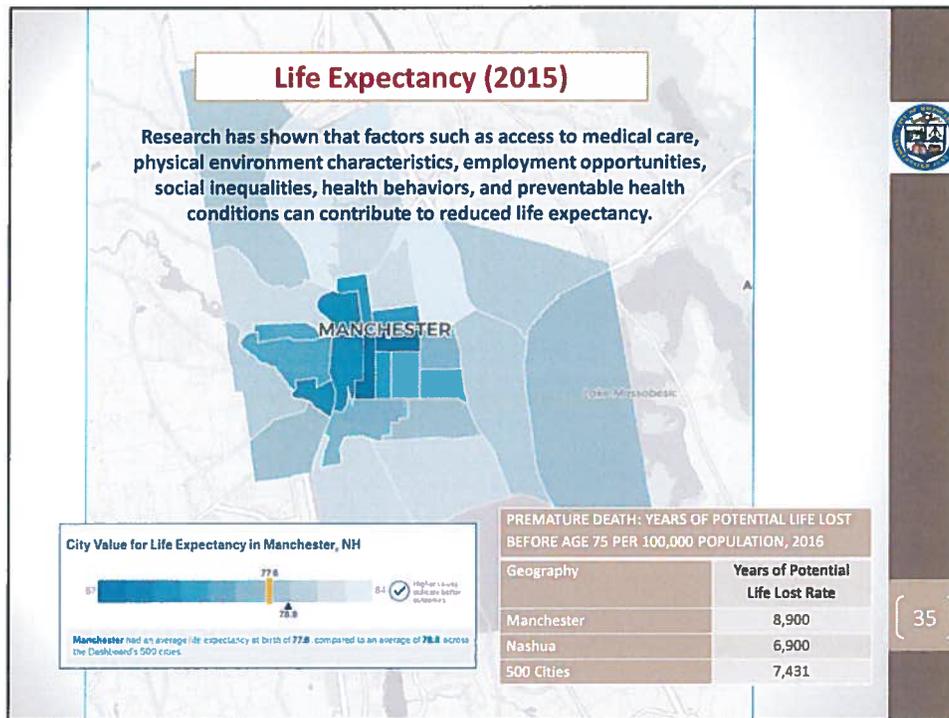


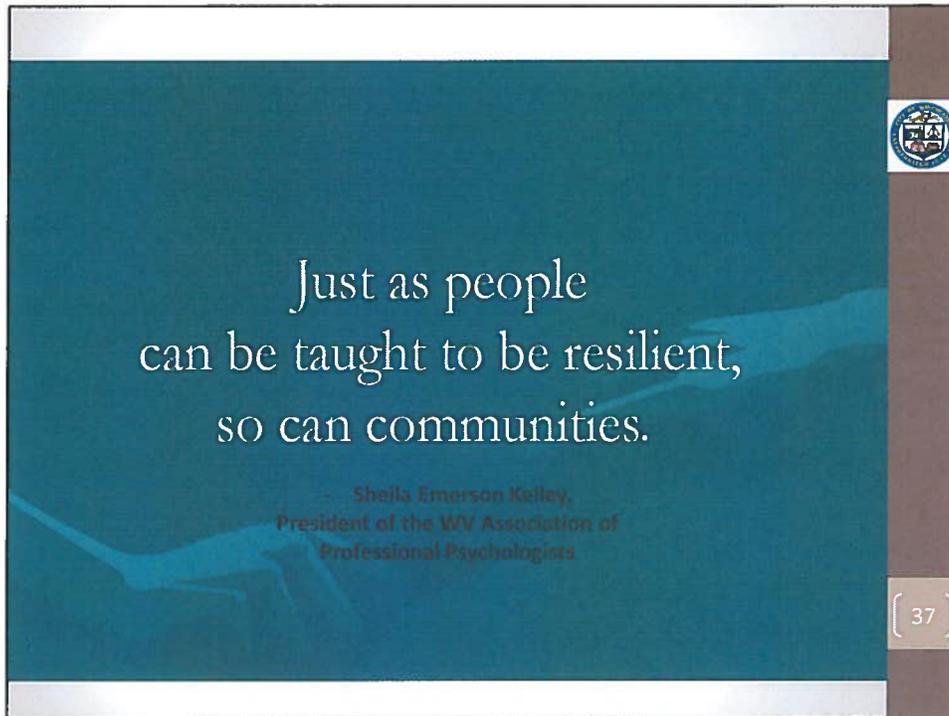
In Manchester alone, there are 14,552 residents 65 or older, and this population is expected to grow. According to the Population Reference Bureau, the number of Americans ages 65 and older is projected to more than double from 46 million in 2017 to over 98 million by 2060 due, in part, to increases in life expectancy.

HEALTH INDICATORS WORSE THAN STATE AVERAGE, 65+ YEARS BY MANCHESTER NEIGHBORHOODS

Health Indicator	Manchester: West	Central Manchester	Manchester: South
Asthma	X	X	
Blindness/Visual Impairment	X	X	
Chronic Kidney Disease	X	X	
Depression		X	
Diabetes		X	
Ischemic heart disease	X	X	
Mortality		X	
Multiple Comorbidities	X	X	X
Personality Disorders		X	
Schizophrenia and Psychotic Disorders		X	
Stroke	X		







Just as people
can be taught to be resilient,
so can communities.

Sheila Emerson Kelley,
President of the WV Association of
Professional Psychologists



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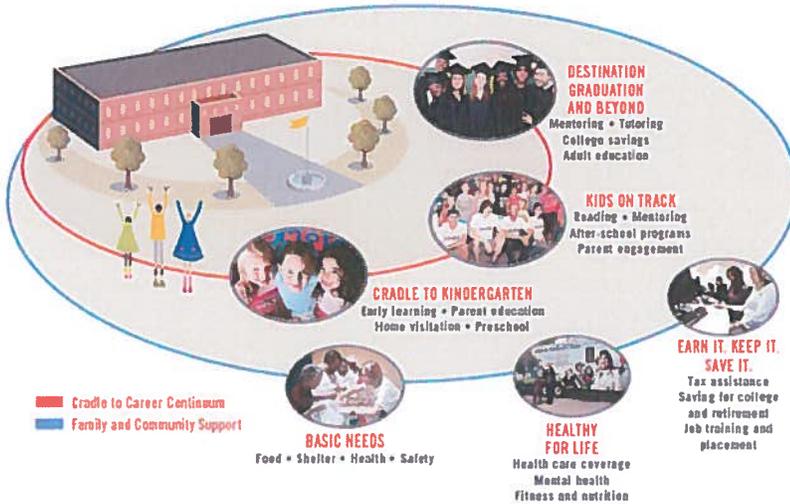
CONNECTION
IS THE KEY

“Every Child and
Resident Deserves
a Champion”



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A "Neighborhood of Opportunity" Provides a Seamless Continuum of Services for its Children and Residents from Cradle to Career



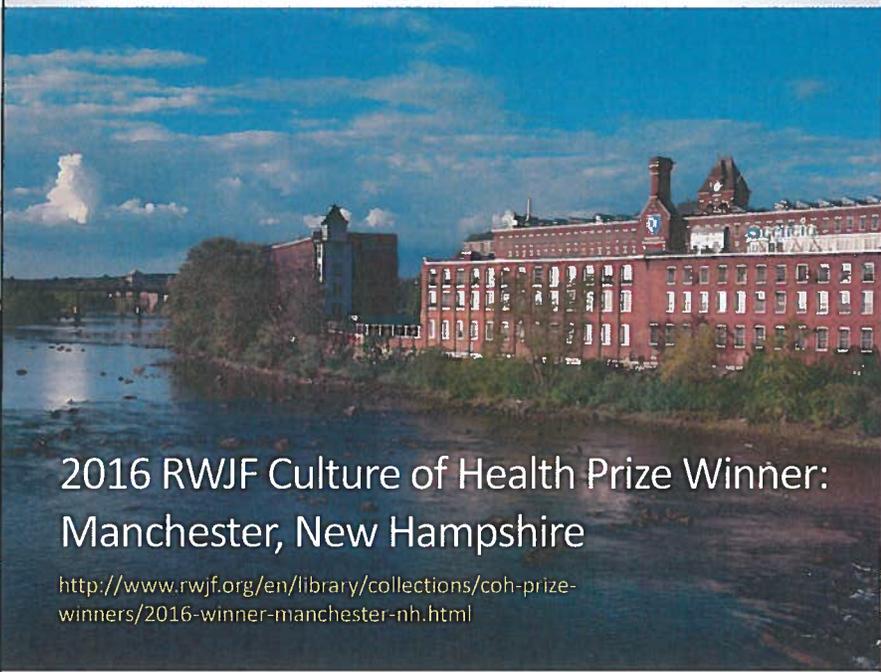
City of MANCHESTER
Our City. Our Region. Our Future.

Find Your Neighborhood

2014
Manchester Neighborhoods
High Temperature Strategy

CARSEY RESEARCH
A Community Schools Approach to Accessing Services and Improving Neighborhood Outcomes in Manchester, New Hampshire





**2016 RWJF Culture of Health Prize Winner:
Manchester, New Hampshire**

<http://www.rwjf.org/en/library/collections/coh-prize-winners/2016-winner-manchester-nh.html>

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OPIOID OVERDOSE PREVENTION & RESPONSE

A community update on how public health in Manchester is addressing drug use and addiction

BEGINNING IN 2017, THE CITY OF MANCHESTER HEALTH DEPARTMENT RECEIVED FEDERAL, STATE AND LOCAL FUNDING TO STRENGTHEN AND EXPAND THE CITY'S LOCAL OPIOID OVERDOSE PREVENTION & RESPONSE EFFORTS, RESULTING IN:

<p>FIRST RESPONDERS</p> <p>500+ 500+ personnel from police, fire, and EMS selected to receive resiliency training</p>	<p>LAW ENFORCEMENT</p> <ul style="list-style-type: none"> 30+ police department staff received CIT training Training law enforcement to implement the LEAD Program in Manchester Public Schools 	<p>SAFE STATION EFFICIENCY</p> <p>Reduced burden for firefighters at all 10 stations through digitization of Manchester Fire Department's Safe Station intake form</p>	<p>PRESCRIBER EDUCATION 85+</p> <p>One-on-one educational visits with prescribers to build their capacity for treating people who use drugs</p>
<p>12 BUSINESS ENGAGEMENT</p> <ul style="list-style-type: none"> 9 community learning series sessions open to all & 3 sessions with business community Media campaign to reduce stigma & increase knowledge of naloxone laws and distribution and other city resources in partnership with Greater Manchester Chamber 	<p>EXPECTANT MOTHERS & YOUTH</p> <ul style="list-style-type: none"> In partnership with Elliot Health Systems & Amoskeag Health, prenatal nurse home visiting for high risk expectant mothers In partnership with Elliot Health System, CMC & Amoskeag Health, community health workers & social workers co-located in Manchester's Community Schools Support for Waypoint planning & development to link youth to SUD services 	<p>REDUCING BARRIERS TO CARE</p> <p>Supporting ongoing efforts to link people to care by investing in community partners' non-clinical staff & transportation options including Families in Transition, New Horizons, Amoskeag Health & Manchester Fire Department</p>	

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24 COMMUNITY PROBLEM SOLVING

- 24 collaborative monthly meetings with 40+ partners in healthcare, prevention, intervention, treatment, and recovery
- Hosted community meeting with funders and investors

HARM REDUCTION

- Developing citywide harm reduction strategy
- Offering specialized Hepatitis A clinics
- Naloxone distribution to critical community partners
- Citywide needle & syringe removal

NATIONAL EXPERTISE

- 1 of 4 communities selected by CDC & NACCHO to participate in the Local Opioid Overdose Prevention & Response Pilot
- 1 of 6 cities selected for National League of Cities' Mayor's Institute on Opioids
- Receiving technical support from the CDC's Opioid Rapid Response Team in partnership with ASTHO

INCREASING ACCESS

- In partnership with CMC, Healthcare for the Homeless will be opening 3rd location at Manchester Recovery & Treatment Center
- In partnership with NHDHHS and the City of Manchester, launching a mobile medical van program to provide services for hard to reach populations

HOUSING

Increasing community awareness of and access to safe respite and recovery housing

INFRASTRUCTURE

- Standing up a behavioral health position at Manchester Health Department with support from NH Charitable Foundation
- Building a community-accessible data dashboard to track indicators & citywide progress
- Regional substance misuse planning in partnership with Makin' It Happen

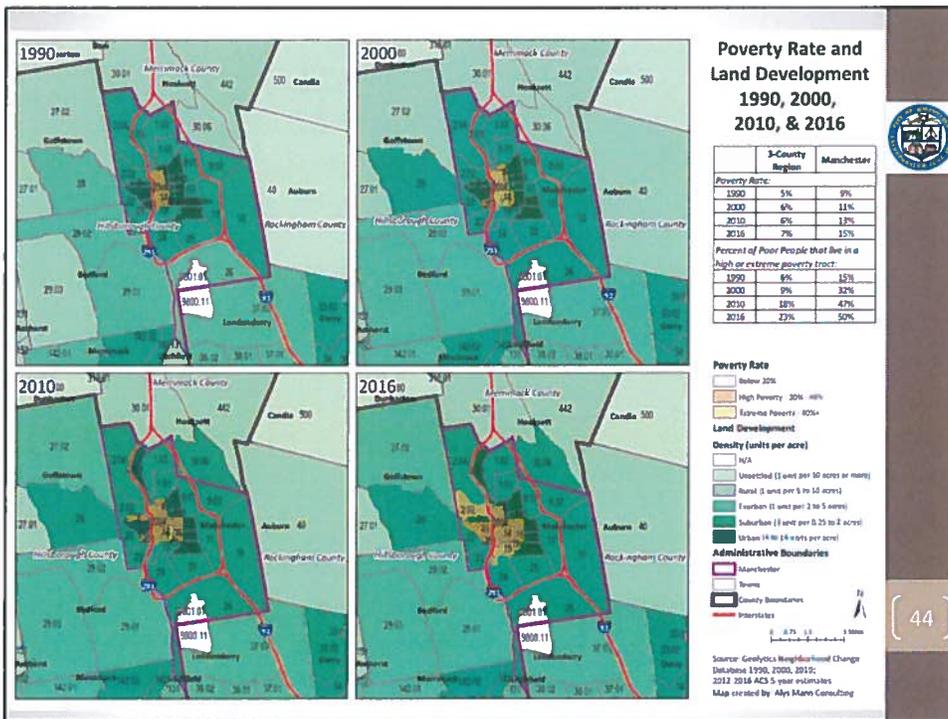
FAITH ENGAGEMENT

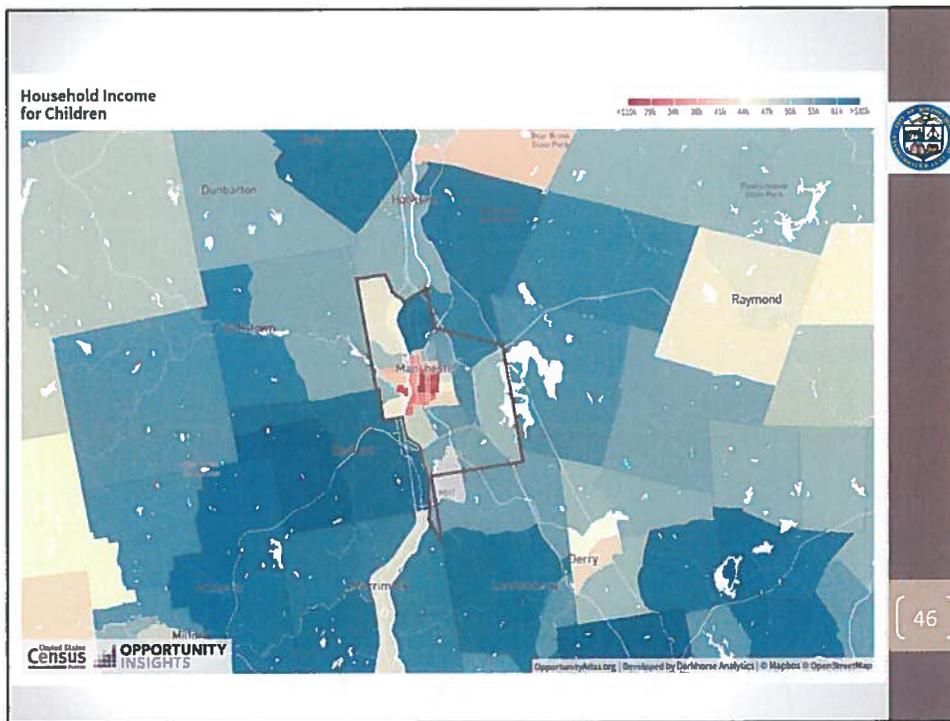
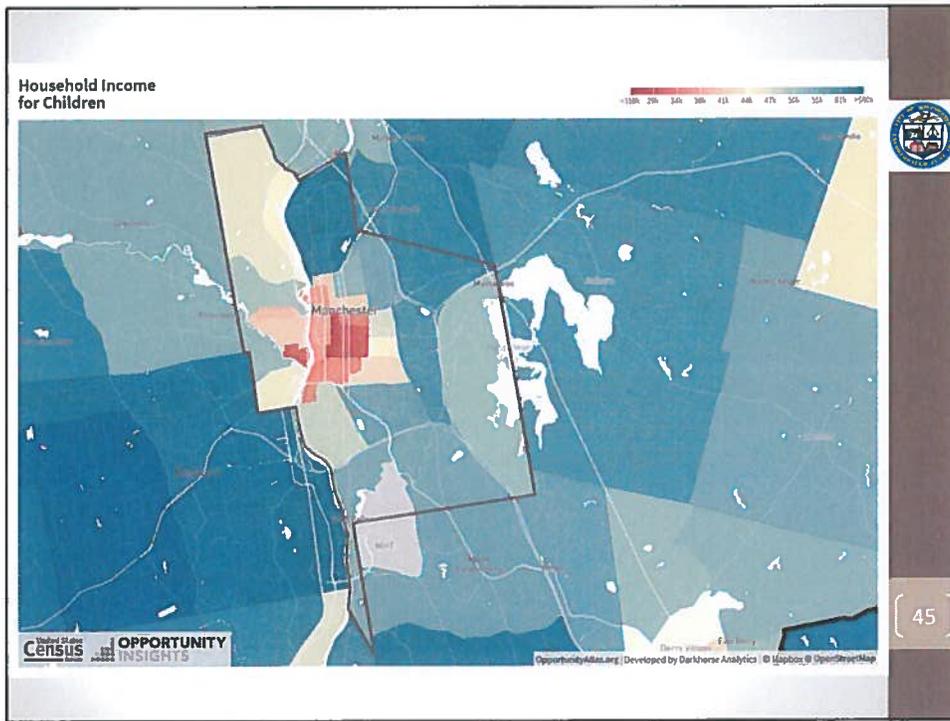
Supporting events to collaborate with the faith community

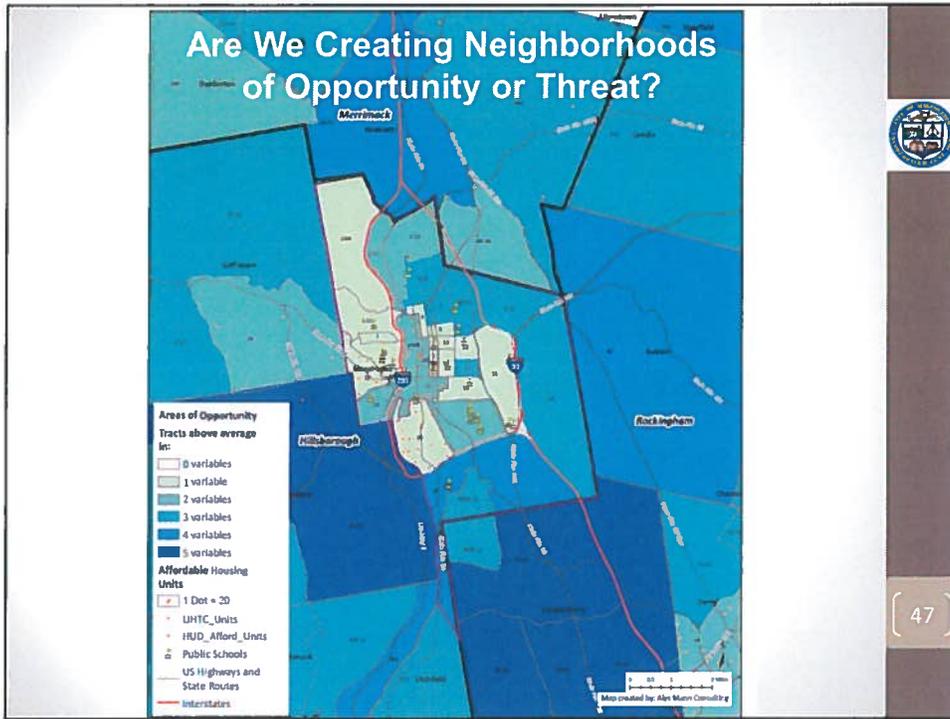
BEHAVIORAL HEALTH IS ESSENTIAL. PREVENTION WORKS.
TREATMENT IS EFFECTIVE. PEOPLE RECOVER.

Visit www.manchesternh.gov/health www.MyManchesterNH.com or www.makinithappen.org

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Anna J. Thomas, MPH
Public Health Director

Philip J. Alexakos, MPH, REHS
Chief Operations Officer

Jaime L. Hoebeke, MPH, MCHES
Chief Strategy Officer



BOARD OF HEALTH

Reverend Richard D. Clegg
Stephanie P. Hewitt, MSN, FNP-BC
Ellen Tourigny, MEd
Tanya A. Tupick, DO

CITY OF MANCHESTER
Health Department

September 6, 2019

Commissioner Jeffrey Meyers
NH Department of Health and Human Services
129 Pleasant Street
Concord, New Hampshire 03301

Dear Commissioner Meyers and Team,

Thank you for taking the time to meet with us last week to discuss Manchester's challenges in facing the statewide addiction epidemic and plight of homelessness. We are looking forward to working together with you toward a more integrated, transparent and publicly-accountable relationship, which is essential to collaboratively serving the residents of Manchester and New Hampshire.

I wanted to summarize the action steps we discussed, as well as offer additional suggestions:

- (1.) **BI-WEEKLY CITY/STATE MEETINGS:** As discussed, we would like to immediately initiate bi-weekly meetings between NHDHHS and the City of Manchester's key leaders. As our community's secondary Emergency Operations Center, the City of Manchester Health Department will host. Please share a point of contact on your end to begin the scheduling process. We seek to hold the launch of these meetings during the last week of September.
- (2.) **CDC FUNDING:** Utilizing the approximately \$200,000-400,000 from the CDC which the Commissioner offered during our meeting as a new state investment in Manchester, we would like to establish a joint Incident Command Structure between NHDHHS and the City of Manchester to assure the creation of a comprehensive unified plan which articulates both state and local expectations for action. This plan should be informed by evidence-based practices and successful urban models outside of New Hampshire. We see this as the first task and leading priority of the bi-weekly city and state team.
- (3.) **SHARED EVALUATION PLANS AND REAL-TIME DATA:** As discussed, we would like to share evaluation techniques from both the Doorways model and Safe Station. We have requested from you, but have not received, the GIPRA aggregated reports with high-level outcome data for Doorway clients. Incident Command must be based on real-time, actionable information. Together, we would like to review current data and sources utilized by both Manchester and NHDHHS to define a common set of metrics for measuring success collaboratively, including an opioid response dashboard and communications plan.

1528 Elm Street • Manchester, New Hampshire 03101 • (603) 624-6466
Administrative Fax: (603) 624-6584 ~ Community Health Fax: (603) 665-6894
Environmental Health & School Health Fax: (603) 628-6004
E-mail: health@manchesternh.gov • Website: www.manchesternh.gov/health

(4.) CONTINUOUS QUALITY IMPROVEMENT: We would like to continue to discuss, identify and take action on immediate changes in the current Doorway structure statewide, and related systems such as emergency sheltering, to meet the original goal of the Doorway program and better serve residents closer to where they live, as well as seek opportunities for improvement and future funding. As discussed, this includes improved oversight of Doorway referral patterns to Manchester, and contractual requirements of all shelters requiring the housing of residents regardless of sobriety status.

(5.) OVERDOSE FATALITY REVIEW COMMITTEE: As per the guidance of the CDC, we ask that the Overdose Fatality Review Committee be re-established, as intended in Governor Hassan's original Executive Order, and that a Manchester representative be seated as a member of the Committee.

(6.) RESOURCE ALLOCATION REVIEW: In order to better understand how funding decisions are made and allocated by NHDHHS, we request an in-depth review and reporting of existing funding streams and other resources that are/could be supporting mental/behavior health, substance use disorders, homelessness and other public health threats locally proportionate to the rest of the state. As the State's largest city, we also request that we be given a seat at the table during NHDHHS strategic planning, not after the fact, so that we may better understand the priorities, funding opportunities and the allocation of resources, based on need.

(7.) EMERGENCY DECLARATION CRITERIA: We seek to collaboratively define declaration criteria for acute public health threats, incidents and emergencies, including any necessary legislative actions. This rubric could also benefit communities throughout New Hampshire.

(8.) ROUTINE MEETINGS WITH ALL DOORWAYS: As requested previously by our Mayor, we would like to see regularly-scheduled meetings with all Doorway hubs, state and local community partners to share information and ensure local accountability.

(9.) GOVERNOR'S COMMISSION ON ALCOHOL AND OTHER DRUGS: We would like to request time at the next convening of the Commission to have a team from Manchester present on the state of the City. In addition, we would like to request a formal appointment to the Commission of a Manchester city official who can speak to the epi-center needs of New Hampshire's largest community.

(10.) EMERGENCY SHELTERING AND SUSTAINIBILITY PLANS: As discussed, we would like to obtain a copy of the state's surge plans for emergency sheltering as it pertains to homeless populations as well as the sustainability plans for the Doorways and IDN models.

(11.) OMBUSDMAN ASSIGNMENT AND POLICY DEVELOPMENT: Finally, we request the assignment of an Ombudsman to Manchester from NHDHHS who will attend relevant community meetings and serve as a liaison for state and local information sharing and accountability. We also welcome the opportunity to jointly craft legislation that strengthens public health and policy development.

We know that you recognize Manchester residents are also constituents of the state of New Hampshire and, as such, their health and welfare are a shared responsibility between both the state and local levels. We also acknowledge your concern and understanding of the overburdening of need placed on City systems and resources by residents outside of our community and from other catchment areas. Lastly, we know that disease patterns and conditions occur differently in urban vs. rural areas and as a result, we will continue to work directly with our national partners from the CDC, USDHHS Region One, NACCHO, ASTHO and the National League of Cities to find successful public health interventions that could translate to a community such as Manchester.

We appreciate your prompt response and an actionable, sustained commitment to the betterment of our community's health and resiliency.

Sincerely,



Anna J. Thomas, MPH
Public Health Director

CC: Mayor Joyce Craig, City of Manchester
Solicitor Emily Rice, City of Manchester
Governor Chris Sununu, New Hampshire
Patrick Tufts, Chair of the Governor's Commission on Alcohol and Other Drugs
Regional Director John McGough, USDHHS New England

MANCHESTER HEALTH DEPT FY2020 Budget Report

	Budget	Expenditure 10/5/2019	Balance Available
Regular Salary	\$ 1,341,781	\$ 325,503	\$ 1,016,278.33
Overtime	\$ 5,000	\$ 1,291	\$ 3,709
Health Insurance	\$ -	\$ -	\$ -
Dental Insurance	\$ -	\$ -	\$ -
Life Insurance	\$ -	\$ -	\$ -
Worker's Compensation	\$ -	\$ -	\$ -
Disability Insurance	\$ -	\$ -	\$ -
City Retirement	\$ -	\$ -	\$ -
FICA	\$ -	\$ -	\$ -
Staff Development	\$ -	\$ -	\$ -
Uniform Allowance	\$ 292	\$ 96	\$ 196
Other Services	\$ 50,000	\$ 4,654	\$ 45,346
Laundry Services	\$ 45	\$ -	\$ 45
Custodial Services	\$ 12,492	\$ 3,123	\$ 9,369
Maintenance & Repair/Mach/Equip	\$ 3,000	\$ 192	\$ 2,808
Gas, Oil, & Diesel for Fleet	\$ 3,640	\$ 732	\$ 2,908
Vehicle Repairs	\$ -	\$ -	\$ -
Telephone	\$ 4,363	\$ 912	\$ 3,451
Postage	\$ 2,300	\$ 650	\$ 1,650
Advertising	\$ 739	\$ -	\$ 739
Printing, Publishing, Binding	\$ 960	\$ -	\$ 960
Travel, Conference, & Meetings	\$ -	\$ -	\$ -
Mileage Reimbursement	\$ 2,216	\$ 363	\$ 1,853
Duplicating Services	\$ 3,752	\$ 1,015	\$ 2,737
General Supplies	\$ 4,917	\$ 1,444	\$ 3,473
Minor Apparatus & Tools	\$ 1,428	\$ 237	\$ 1,191
Custodial Supplies	\$ 3,940	\$ 42	\$ 3,898
Books	\$ 535	\$ -	\$ 535
Periodicals	\$ -	\$ -	\$ -
Natural Gas	\$ 30,000	\$ 645	\$ 29,355
Electricity	\$ 45,993	\$ 11,921	\$ 34,072
Equipment	\$ 2,625	\$ 61	\$ 2,564
Dues, Fees, & Licenses	\$ 7,000	\$ -	\$ 7,000
Medical Supplies	\$ 3,595	\$ 1,401	\$ 2,194
Miscellaneous	\$ 448	\$ 92	\$ 356
Special Projects	\$ 2,287	\$ -	\$ 2,287
	\$ 1,533,348	\$ 354,374	\$ 1,178,974

**MANCHESTER HEALTH DEPT
FY 20 Budget Report
School Health Division**

	Budget	Spent as of 10/5/2019	Balance
Regular Salary	\$ 1,402,148	\$ 190,873	\$ 1,211,275
Maintenance & Repair/Mach/Equip	\$ 750	\$ -	\$ 750
Advertising	\$ 750	\$ -	\$ 750
Printing, Publishing, Binding	\$ 2,300	\$ -	\$ 2,300
Mileage Reimbursement	\$ 500	\$ -	\$ 500
General Supplies	\$ 1,000	\$ 338	\$ 662
Books	\$ 2,700	\$ 31	\$ 2,669
Equipment	\$ 10,640	\$ 349	\$ 10,291
Medical Supplies	\$ 12,400	\$ 2,520	\$ 9,880
Miscellaneous	\$ 150	\$ -	\$ 150
	\$ 1,433,338	\$ 194,111	\$ 1,239,227

**Health Department
Revenue Estimate through 06/30/20**

Account Description	FY20 Budget Amount	YTD Revenues 10/5/2019	YTD Balance
Medicaid Reimbursement	\$ 10,000	\$ -	\$ (10,000)
Dental (Non-Medicaid)	\$ -	\$ -	\$ -
Flu Vaccine Revenue	\$ -	\$ -	\$ -
Copying Receipts	\$ 250	\$ 31	\$ (219)
Research Fee	\$ 200	\$ 30	\$ (170)
Testing Fees	\$ 13,500	\$ 1,880	\$ (11,620)
Day Care Health Ins	\$ 550	\$ 80	\$ (470)
Food License Fees	\$ 205,000	\$ 43,600	\$ (161,400)
Septic Inspection	\$ 1,000	\$ 575	\$ (425)
Bathing Facility	\$ 10,500	\$ 175	\$ (10,325)
	\$ 241,000	\$ 46,371	\$ (194,629)

**School Division
Revenue Estimate through 06/30/20**

Account Description	FY20 Budget Amount	YTD Revenues 10/5/2019	YTD Balance
School Chargebacks	\$ 2,324,320	\$ 227,065	\$ (2,097,255)

*Anna J. Thomas, MPH
Public Health Director*

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CITY OF MANCHESTER

Health Department

Staff Meeting Minutes September 24, 2019

In Attendance: Phil Alexakos, Patricia Anglin, Kathleen Berg, Melanie Bozoian, Michael Carr, Christie Cipolla, Pauline Demers, Jennifer Faha, Beth-Ann Flanders, Jane Gattuso, Carol Guinta, Robin Harper, Andrea Hirata, Lisa Hunter, Michelle Graham, Andrea Iasillo, Lisa Keefe, Janine Kerouac, Claire LaPointe, Connor Lefevra, Nicole Losier, Kate Mahon, Bryan Matthews, Kathleen Meeker, Shirley Nelson, Amy Petrie, Suzanne Rouleau, Janet Scarafile, Cheryl Schwotzer, Kelly Seitz, Mary Ann Skersey, Karen Sutkus, Anna Thomas, Gabriela Walder, Susan Walsh, Jeanne Wurtele,

The meeting was called to order by Public Health Director Anna Thomas at 3:20p.m.

Anna mentioned that the New Horizon shelter is scaling back on some of their capacity for homeless clients and that the homelessness in the City is a Public Health Emergency. The MHD will be opening the EOC this weekend. She also mentioned that October is breast cancer awareness month and asked that we do our best to spread the word about screening and had some pink bracelets for those that wanted them. She mentioned that the Brand Ambassador was Carol Guinta for running the CPR certification program and gave her a gift card. Anna then introduced our special speakers.

Presentation:

Our guest speakers for the meeting were Director Charlene Michaud from the City of Manchester Welfare Department and Germano Martins, Community Relations Manager from the NH Department of Health and Human Services. Charlene briefly spoke about how the local Welfare office differs from the State in that they offer short term emergency assistance for basic necessities with no income eligibility limits. Germano Martins from DHHS went over some of the things that the State offers and handed out a program fact sheet for us to reference (see attachment). He mentioned that folks could easily start the application process online at <https://nheasy.nh.gov/#/>. Anna mentioned that it would be good to have local hubs where people could meet with representatives to start the process, especially for those that don't have internet access. Germano mentioned that the NH Employment Security office at 300 Hanover Street would be a good option. Andrea Hirata also mentioned Servicelink at 555 Auburn St., as another good location.

Our guest speaker for the second half was unable to be with us so the floor was opened to question and answer time from the staff.

Charlene picked a name for the \$25 Hannaford GC and awarded it to our new Dental Assistant, Jennifer Faha.

Next Staff Meeting: No **October Staff Meeting** is scheduled which will allow time for anyone who is interested in CPR training and/or updating their certification to be able to do so. Please contact **Carol Guinta** (thank you Carol) to register ASAP.

*Meeting Adjourned at 4:15 pm
Minutes prepared by: Cheryl Schwotzer
Administrative Assistant*

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NEW HAMPSHIRE BUREAU OF FAMILY ASSISTANCE (BFA) PROGRAM FACT SHEET

03/2019

This fact sheet gives basic information about eligibility, income, and resource requirements for each of the following programs: Financial Assistance to Needy Families, the State Supplement Program which includes Old Age Assistance, Aid to the Permanently & Totally Disabled, and Aid to the Needy Blind, Medicaid Modified Adjusted Gross Income (MAGI) and non-MAGI categories, the Supplemental Nutrition Assistance Program, Nursing Facility Care, Child Support Services, NH Child Care Scholarship, Children's Medicaid, Pregnant Women Medical Assistance, Qualified Medicare Beneficiaries, Specified Low Income Beneficiaries, Medicaid for Employed Adults with Disabilities, Parent/Caregiver Relatives medical assistance, NH Health Protection Program, and Family Planning medical assistance. By policy, different types of income and resources are either counted or not counted to determine eligibility. This varies from program to program. In addition, there are amounts that can be subtracted from income. These also vary by program and are shown below as "deductions and deductions." Examples of income are wages, rental income, and most benefit income including Social Security and SSI. Examples of resources are cash on hand, bank accounts, stocks/bonds, and unoccupied real property. Applicants must verify income, resources, deductions and deductions, identity, citizenship or alien status, social security numbers, residency, and all other eligibility factors required by the specific programs of assistance.

If you think a family or individual may be eligible for one of our programs, please have them visit www.nhstatebfa.nh.gov or your district administrator or contact the DHHS District Office nearest them for more details.

PROGRAM TITLE	FINANCIAL ASSISTANCE TO NEEDY FAMILIES (FANF)	STATE SUPPLEMENT PROGRAM (SSP) (OAA, APTD, ANB)	MEDICAL ASSISTANCE (MEDICAID)	SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)	NURSING FACILITY CARE (NFC)																																													
FANF	Financial Assistance to Needy Families offers financial assistance to eligible families with dependent children and certain relatives who need help caring for related children. Most able-bodied adults receiving financial assistance are expected to meet work participation requirements. One or both parents in the family must be disabled, deceased, or absent from the home.	The State Supplement program provides financial assistance and/or medical assistance to needy individuals who meet the definition of one of the following categories: 1. Old Age Assistance (OAA) - 65 years of age or older; or 2. Aid to the Permanently & Totally Disabled (APTD) - physically or mentally disabled and between the ages of 18 & 64; or 3. Aid to Needy Blind (ANB) - blind (no age limit). Eligibility depends on income, resources and living arrangements.	The Medicaid program pays for certain health care costs (doctor and hospital bills, prescriptions, dental care for children, etc.) for individuals who meet the technical and categorical requirements of the program. Certain Medicaid programs have eligibility determined using modified adjusted gross income (MAGI), which uses IRS-defined concepts of income and household. The MAGI groups are explained on the back of this page. Medicaid is also offered to the elderly, disabled, and individuals requiring long-term care (LTC) assistance. These are the non-MAGI groups, although MAGI categories may also receive LTC assistance. If an individual meets all program requirements except is over the income limit, partial coverage can be provided under the In & Out program.	The Supplemental Nutrition Assistance Program provides assistance to eligible families to purchase food items essential for good health. Eligibility for SNAP depends on the household's income, resources, and expenses. Most households must meet gross and net income limits. Households with all members who are elderly or disabled need only meet the net income test. Households with a member who is elderly and/or disabled have higher gross income limits. If all members of the household receive SSI, FANF and/or SSP, there are no income or resource limits.	The Medicaid program can cover the cost of nursing facility care for individuals who are unable to afford the cost. To receive payments for nursing facility care, an individual must: • meet the general, technical, categorical and financial requirements of a Medicaid program; and • have medical needs that require nursing facility care. Certain individuals meeting these requirements may be eligible to receive community-based services under one of several Home and Community-Based Care waivers instead of entering a nursing facility.																																													
DESCRIPTION	One or both parents in the family must be disabled, deceased, or absent from the home.	Eligibility depends on income, resources and living arrangements.	the non-MAGI groups, although MAGI categories may also receive LTC assistance. If an individual meets all program requirements except is over the income limit, partial coverage can be provided under the In & Out program.	Most recipients must look for and keep a job. Able-bodied Adults Without Dependents (ABAWD) must also meet special ABAWD work requirements.																																														
MONTHLY INCOME LIMITS	<table border="1"> <thead> <tr> <th>Group Size</th> <th>Max Net Income*</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>\$624</td> </tr> <tr> <td>2</td> <td>\$845</td> </tr> <tr> <td>3</td> <td>\$1,095</td> </tr> <tr> <td>4</td> <td>\$1,315</td> </tr> </tbody> </table>	Group Size	Max Net Income*	1	\$624	2	\$845	3	\$1,095	4	\$1,315	<table border="1"> <thead> <tr> <th>Group Size</th> <th>Net Income Limit</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>\$ 785</td> </tr> <tr> <td>2</td> <td>\$1,158</td> </tr> <tr> <td>3</td> <td>\$1,531</td> </tr> <tr> <td>4</td> <td>\$1,904</td> </tr> </tbody> </table> <p>Applicants in Group Living Arrangements have higher income limits.</p>	Group Size	Net Income Limit	1	\$ 785	2	\$1,158	3	\$1,531	4	\$1,904	<table border="1"> <thead> <tr> <th>Group Size</th> <th>In and Out Net Income Limit</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>\$591</td> </tr> <tr> <td>2</td> <td>\$675</td> </tr> <tr> <td>3</td> <td>\$683</td> </tr> <tr> <td>4</td> <td>\$691</td> </tr> </tbody> </table>	Group Size	In and Out Net Income Limit	1	\$591	2	\$675	3	\$683	4	\$691	<table border="1"> <thead> <tr> <th>Group Size</th> <th>Max Gross Income (130%)</th> <th>Max Net Income (100%)</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>\$1,316</td> <td>\$1,012</td> </tr> <tr> <td>2</td> <td>\$1,764</td> <td>\$1,312</td> </tr> <tr> <td>3</td> <td>\$2,252</td> <td>\$1,732</td> </tr> <tr> <td>4</td> <td>\$2,720</td> <td>\$2,092</td> </tr> </tbody> </table>	Group Size	Max Gross Income (130%)	Max Net Income (100%)	1	\$1,316	\$1,012	2	\$1,764	\$1,312	3	\$2,252	\$1,732	4	\$2,720	\$2,092	<p>The individual's: • gross monthly income must be less than \$2,313 or • net income must be less than \$591. The individual's income, after expenses and deductions, is used to offset the cost of care, with the balance paid by Medicaid.</p>
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RESOURCE LIMITS	\$1,000 for applicants, and \$2,000 for recipients.	The resource limit for OAA, APTD and ANB assistance is \$1,500. Certain life insurance policies and burial funds are not counted.	Non-MAGI groups only: One person - \$2,500 Two persons - \$4,000 Three or more - \$4,000 plus \$100 for each additional person in the assistance group above two. Deductions may apply for the Non-MAGI Medical Assistance programs.	Households in which at least one member is disabled or age 60 or older - \$3,500 All other households - \$2,250	The resource limit for nursing facility care is \$2,500.																																													
DISREGARDS & DEDUCTIONS	<ul style="list-style-type: none"> 20% of earned income for applicants Child/Dependent Care Costs Court-Ordered Child/Spousal Support Self-Employment Expenses 	<ul style="list-style-type: none"> \$13 standard disregard for working individuals. up to \$50 (APTD or OAA) or \$85 (ANB), and \$18 or actual employment expenses (APTD or OAA) or 1/3 of remaining earned income (ANB) 	SSI is not counted as income. In most cases, Medicaid applicants and recipients must cooperate with the Bureau of Child Support Services to obtain and enhance legal orders for medical support and to establish paternity for all children of unknown.	<ul style="list-style-type: none"> Smoker Child/Dependent Care Utilities Paid Child Support Self-Employment Expenses Medical for seniors and disabled Standard household deduction 	When determining cost of care: • \$70 Personal Needs Allowance (\$90 VA) • Allocation to dependents • Uncovered Medical expenses																																													
OTHER ELIGIBILITY CRITERIA	Receipt of FANF cash benefits is limited to 50 months over a lifetime. In most cases, patients must cooperate with Child Support Services in establishing paternity, if unknown, and establishing medical and financial child support. Some parents may also have to assign all rights to child support to DHHS while receiving financial assistance.	Cash applicants must apply for SSI, and must agree to a lien on all real estate owned by the assistance group. If living together, a spouse's income, resources, and needs are considered when determining eligibility.		Parents and children under age 22 living together are considered one household. Exceptions may be made if parents are over 60, disabled and receiving SSA/SSI, and for children aged 22 and older who purchase and prepare meals separately from their parents.	The nursing facility must be licensed and certified by the State of NH. If appropriate, the individual must apply for VA Aid and Attendance allowance benefits.																																													

CHIEF STRATEGY OFFICER'S REPORT

August/September 2019

1. **COMMUNITY NEEDS ASSESSMENT & PLANNING:** A Greater Manchester Community Needs Assessment has been developed in partnership with Elliot Hospital and Catholic Medical Center. A press release announcing this new resource will be released in October 2019 to coincide with the Health Department's 180th anniversary. A copy of the completed assessment can be found here:

<https://www.mymanchesternh.com/Portals/6/SiteContent/GreaterManchesterCommunityNeedsHealthAssessment.pdf?ver=2019-09-06-161349-830>

2. **STRATEGIC INITIATIVES & QUALITY IMPROVEMENT:**

- *City/State Leadership Team's Data Work Group* – I will be serving as the Co-Chair of a newly formed Data Work Group through the City/State Leadership and incident management structure to address homelessness, substance use disorder, and mental/behavioral health challenges. Andrew Chalsma, Director of Data Analytics and Reporting from the NH Department of Health and Human Services will serve as a Co-Chair as well. The overall goal of the Work Group is to: “*review, standardize and/or create shared data dashboards and measures to ensure consistency and validity in the sources utilized for joint decision making by the City/State Leadership Team.*” An initial gathering of the Data Work Group was held on October 10, 2019 to address two immediate data needs – 1. Identify a standardized set of data measures utilized by both hospitals to provide a real-time situation report of ED/Inpatient access at City/State Leadership Team Meetings; and 2. Further stratify calls for service to AMR at the New Horizons location to provide more in-depth information regarding ‘reasons for service calls’ and outcomes, including patient demographics and calls from the Health Care for the Homeless Clinic Site at New Horizons. The next meeting will be held on October 28, 2019.
- *School-Based Health Centers* – A second partner meeting will be held in early November 2019 (Date TBD), in partnership with the IDN, to continue discussing the feasibility of establishing school-based health centers. Partners currently include Elliot Hospital/SolutionHealth, Manchester School District, and Amoskeag Health.
- *GovEx Economic Mobility Project* – The City of Manchester entered into an MOU for Technical Assistance with the Johns Hopkins University GovEx Academy to improve knowledge, skills, and abilities to use data to solve public problems relating to economic mobility. The GovEx team conducted a site visit on August 22nd-23, 2019. As a result of the site visit, the City will focus on data governance and communication as the top priority areas for tailored training. The first training on data governance will be held on November 21, 2019. A core planning team will be meeting on October 23, 2019 to discuss and prepare for this training workshop.

3. **RESOURCE DEVELOPMENT:**

- *SAMHSA System of Care proposal* – The City of Manchester Health Department and its partners were selected to receive over \$2.5 million dollars in funding support through this opportunity. Funds will be utilized to provide intensive wraparound services to children with serious mental illness during a 4 year grant period. MHD

served as the lead applicant, in partnership with Waypoint, NAMI NH, Amoskeag Health, and the Mental Health Center of Greater Manchester. Keene State College's Center for Behavioral Health Innovation will serve as the independent evaluator. Funding was approved by the Mayor and Board of Alderman in September 2019 and partner MOUs with Waypoint, NAMI NH, and Keene State College will be drafted in October 2019 with a planning meeting to be held on October 30, 2019.

- *CDC Opioid Data To Action Grant Opportunity* – In partnership with the NH Department of Health and Human Services' Division of Public Health Services, Phil Alexakos and I are drafting a grant proposal to support work in Manchester geared toward strengthening public health partnerships with public safety and first responders. The proposal is focusing on two items specifically – 1. Improving timely data sharing for cross-sector decision-making that better informs local and state leadership; and 2. Building on programmatic partnerships that improve linkages to care that mitigate the social and economic determinants of health. If awarded, the grant would provide up to \$240,000 per year for three years to support these efforts.
- *U.S. Department of Education Full Service Community Schools proposal* – Unfortunately, this proposal that was submitted in April 2019 for the "Full-Service Community Schools Program" Opportunity was not selected to receive funding. This grant proposal was created in partnership with the Manchester Community Health Center, Manchester School District, Manchester Police Department, Granite YMCA, Mental Health Center of Greater Manchester, and Antioch University New England. Despite not receiving the award, additional opportunities will be explored as identified to secure funding to support the work as outlined with the original proposal.

*Respectfully submitted,
Jaime Hoebeke, MPH, MCHES
Chief Strategy Officer*

ENVIRONMENTAL HEALTH BRANCH

August - September Activities 2019

1. FOOD PROTECTION:

- a) Failed Inspections: There were no failed routine food service inspections during August and September, and 6 in total thus far in 2019.
- b) Food Sampling: The Branch continues to perform monthly food sampling at various food establishments. The findings are used to help reinforce hygienic food safety practices. This program is supported by the NH Public Health Lab.
- c) Temporary Events: The staff continues to conduct inspections of temporary food service events which often occur during weekends and evenings, outside of the typical work day. These events require a significant amount of prep time and include: **86** Temporary Permits were issued during August-September 2019. Thus far in 2019 we have processed **627** Temporary Food Service Permits. The largest event was *Glendi* on September 13-15 several thousand meals were expected to be served.

d) Food Safety Trainings:

Food safety booklets were developed and collated for new and existing establishments and in multiple languages. We continue to provide these to all new establishments which prepare food moving forward to assure that they are starting with the basic knowledge required to operate a safe food business. The Department will host the biannual Manchester Food Safety Seminar on October 21, 2019.

- e) Inspections: During August - September, the Branch completed: **61** routine unannounced food service inspections.

3. SUMMONESES:

There were **2** summons issued during the period for repeat critical item food code violations. The issues have been corrected.

4. OTHER COMMUNITY EDUCATION and PRESENTATIONS:

Aaron Krycki and Bryan Matthews conducted a '*Bed Bug Best Practices*' training for 20 attendees on September 10, 2019, for The Mental Health Center of Greater Manchester aimed at outreach workers, clinicians, and staff.

5. ENVIRONMENTAL HEALTH TRACKING:

The Branch continues to use their Tablet PC's in the field to conduct all food service inspections, pool/spa inspections and complaints. All routine food service inspection results are being posted to the website on a monthly basis.

6. SPECIAL ACTIVITIES:

- a) Aaron and Bryan continue to participate on the Bed Bug Action Committee. The meetings are held at the Manchester Health Department on the *first Wednesday of every other month from 10:00 a.m. to 12:00 p.m.*

- b) The Environmental Health staff continues to collaborate with the American Red Cross and the Manchester Fire Department to assess and evaluate the City's existing capacity for sheltering by surveying the municipal school districts facilities and resources in an effort to update existing sheltering plans as well as future plan development activities.
- c) The staff continues to receive calls (several each week) to collect used needles, syringes and sharps which are improperly disposed of, often, onto the ground. The following is a summary of response calls and collection data.

Date Range	Response Calls	Sharps Collected
June 1-December 31, 2015	146	209
January 1-December 31, 2016	219	N/C
January 1-December 31, 2017	224	389
January 1-December 31, 2018	147	382
January 1-April 30, 2019	50	70
May 1-July 31, 2019	31	40
August 1 – September 30, 2019	21	38

N/C=not counted

- d) Aaron continues to participate in a multi-agency workgroup (NET) to address issues associated with homeless encampments, blighted properties and nuisance areas in Manchester.
- e) Karen continues to work with several clients and partners across the health care continuum to address issues pertaining to sanitary living conditions and care coordination for the aging populations. These are complex situations which require a multi-agency and disciplinary approach. There has been a significant increase in these cases over the past year. A meeting is being planned with the NH DHHS's BAES to discuss coordination of investigations and services for these vulnerable citizens.
- f) The Manchester Chapter of the Indoor Air Quality Association is planning a workshop at the Department, on November 14th focused on issues related to fire and smoke damage both prior to and post restoration efforts.
- g) On August 23rd, Aaron Krycki attended the 2nd Learning Exchange for the Community of Action for Lead Safety. The goals of which were to engage in dialogue on making NH's children safe from lead poisoning. The City of Manchester Team is comprised of members of the Planning and Community Development Department, as well as other representatives of the Department and The Way Home. The next meeting for this group

7. VECTORBORNE DISEASE PROGRAM:

- a) Karen Sutkus continues to spearhead the Arboviral Surveillance program at the department and trapping efforts are in full swing until October 15th as this date will mark the end of the State Public Health Laboratories mosquito testing season. As of Oct 18th one (1) WNV mosquito batch on August 21st and three (3) EEE positive mosquito groups (2 from same location on 8/7/19 and 1 from a second location on 9/16) were identified in Manchester samples. Based on the NH Arboviral Illness Surveillance, Prevention and Response Plan; Manchester's risk level was elevated to 'Moderate' based on those and surrounding communities surveillance information indicating increase in public education emphasizing personal protection measures. Though the sampling season for mosquitoes is over, continued

vigilance is encouraged for avoidance of mosquito bites as they will remain active typically until two hard frosts or a hard freeze occurs.

- b) Bryan Matthews is representing the Department on the Tick Free NH Council.
- c) All city parks, schools and playground areas have been posted with tick and mosquito prevention information.

8. RECREATIONAL WATERS:

- a) Pools and spas are being routinely inspected. The Department has 32 indoor pool and spa facilities currently permitted.
- b) Routine Natural Bathing Area sampling program ended August 31, 2019. From June through August, this program takes weekly bacteriological samples from 12 sites throughout the City on the Merrimack, and Piscataquog Rivers as well as Crystal Lake and the Camp Carpenter Boy Scout camp on Long Pond. Results can be found at:
<http://www.manchesternh.gov/Departments/Health/Services/Water-Quality>

9. PERSONNEL, CONTINUING EDUCATION AND TRAINING:

- a) All EH staff will be assessed in the field by the EH Supervisor in Q4 of 2019, to assure that we are being as consistent with technical application as well as with communication of inspectional findings.
- b) Mike Carr participated in two online webinars: Review of The Model Aquatic Health Code (MAHC) from the Centers for Disease Control and Prevention (CDC). The MAHC is a voluntary guidance document based on science and best practices that help give structure to local and state authorities to make swimming and other water activities healthier and safer. *And Practical Strategies to Increase Your Personal Safety While Doing Fieldwork.*
- c) Connor Lefevra, has successfully completed the FDA Office of Regulatory Affairs University (ORAU) computer based training on a variety of food safety topics geared toward government personnel.
- d) Karen Sutkus attended a training titled: *Hoarding Disorder, Chronic Disorganization, and Squalor: A Guide for Clinicians* aimed at skills for the identification and differentiation between squalor and hoarding as well as the formulation of a plan to address those specific needs to overcome barriers to implementing and achieving successful interventions.

10. UPCOMING TRAININGS AND MEETINGS (@MHD):

Bed Bug Action Committee (BBAC): December 4, 2019, 10:00 a.m.-12:00 p.m.

ServSafe Food Protection Certification Course and Exam: November 12, 2019

Respectfully submitted,

Aaron Krycki, MPH, REHS, HHS
Environmental Health Supervisor

INFECTIOUS DISEASE BRANCH REPORT

October 2019

The Infectious Disease branch welcomed Sophia Spadafora who joined our team as a Community Health Nurse on October 7th.

1. **REFUGEE HEALTH PROGRAM:** Newly arrived adults receive tuberculin skin testing. Newly arrived children receive immunizations, TB skin testing and screenings for lead and anemia.

	August	September
# of new arrivals resettled in Manchester	19	39
# of adults	10	12
# of children	9	27
Democratic Republic of Congo	19	39
Refugee home visits (lead education / iron supplement)	9	6

2. **HEALTHY HOMES:**

- a. Lead case management summary

	August	September
Manchester children receiving lead case management (>7.5 mcg/dl)	64	64
Manchester children newly identified with blood lead levels 7.5 mcg/dl or greater (venous)	4	2
Manchester children newly identified with blood lead levels between 3.0 – 7.4 mcg/dl (venous)	0	0
Manchester children newly identified with blood lead levels between 3.3 – 7.4 mcg/dl (capillary)	3	3
Number of initial (intake) home visits (>7.5 mcg/dl)	1	2
Number of follow-up visits (>7.5 mcg/dl)	1	4
Number of 3.0 – 7.4 home visits	0	0

b. Asthma case management summary:

	August	September
Manchester children receiving asthma case management	40	40
# of initial (intake) home visits	0	0
# of follow-up home visits	0	0

3. **IMMUNIZATION PROGRAM:**

a. In-house clinic summary

	August	September
Scheduled Immunization clinics	16	17
Total # of clients	107	92
# of adults	53	31
# of children	54	61
Total # of vaccines given	245	282

- b. Hepatitis A immunization clinics were provided at offsite venues that provide services to individuals at high risk of contracting Hepatitis A, including the Farnum Center, New Horizons, and Granite Pathways. In addition, several clinics were held in response to Hepatitis A investigations as determined by NH DHHS and CDC guidelines.

Hepatitis A clinic summary

	August	September
# of offsite Hepatitis A clinics	3	5
Total # of clients (all adults)	22	53

4. **TB CONTROL:**

a. Tuberculin skin testing summary

	August	September
TB skin tests administered at MHD	40	68
Positive skin tests identified through testing at MHD	1	7
Additional positive results reported to MHD by NH DHHS for investigation and case management	9	3

b. Tuberculosis case management summary

	August	September
Active TB cases	1	2
Suspect active cases of TB	4	5
Latent TB infection (LTBI) cases	28	37
% of LTBI cases that are high risk	17.9%	24.3%
# of assessment / intake / DOT visits	13	12
# of clients receiving DOT	1	1

5. COMMUNICABLE DISEASE PROGRAM:

a. Communicable disease investigation summary

	August	September
# Communicable Disease Investigations	53	38
# gastrointestinal	8	7
	Campylobacter salmonella	Campylobacter cryptosporidium salmonella
# hepatitis A	11	7
# other vaccine preventable	4	2
	Hepatitis B Measles Mumps Varicella	Mumps Pertussis
# Hepatitis C	3	5
# Lyme disease	19	10
# other tickborne illnesses	4	2
	Babesiosis Ehrlichiosis	Babesiosis Ehrlichiosis

7. STD/HIV PROGRAM:

- a. STD/HIV Clinics continue on Wednesday from 3:00-6:00 pm and on Thursday from 9:00 am - 12:00 noon by appointment.

STD/HIV in-house clinic summary

	August	September
# of scheduled clinics	8	8
# of clients accessing clinic services	38	44
# chlamydia / gonorrhea tests	33	36
# syphilis tests	29	37
# HIV tests (rapid tests)	35	35

# HCV tests (rapid tests)	16	12
# of chlamydia treatments	5	3
# of gonorrhea treatments	4	3
# of syphilis treatments	0	5
# of PID treatments	0	0
# of treatments for other conditions (bacterial vaginosis, genital warts)	2	12

One individual tested in-house had an invalid HIV rapid test and was confirmed to be positive for HIV infection through the NH Public Health Lab.

- b. HIV counseling and testing services were also provided off-site at the Farnum Center, the Hillsborough County Department of Corrections, and Family Willows. Prevention education and supplies were provided to Breezeway Pub, Doogie's Bar & Grill, the Element Lounge and Family Willows.

Off-site HIV/HCV testing summary

	August	September
# HIV rapid tests provided	26	24
# reactive HIV screening test results	0	0
# Hepatitis C rapid tests provided	21	23
# reactive Hepatitis C screening test results	4	7
# confirmed Hepatitis C tests	2	2

- c. The Public Health Specialist also conducted 13 home visits in an effort to contact 9 patients identified by NH DPHS with untreated gonorrhea to arrange for treatment and/or interview.

8. STAFF ACTIVITIES

- Community Health Nurses participated in the TB Nurse Case Conference Webinar "Case Management of MDR TB – A Long and Bumpy Road" on August 9th sponsored by the Global TB Institute.
- Community Health Nursing staff participated in the quarterly NH Immunization Program conference call on August 14th.
- Community Health Nursing Staff participated in a Live Interactive Review of the "CDC Self-Study Modules on Tuberculosis" facilitated by the New Jersey Department of Health.
- Community Health Nursing Staff participated in the "Pink Book" immunization webinar series sponsored by the Centers for Disease Control:
 - August 7th "Meningococcal Vaccines"

- August 14th “Measles, Mumps, Rubella”
 - August 21st “Polio and Hib”
 - August 28th “Varicella / Zoster”
 - September 4th “Hepatitis B”
 - September 11th “HPV”
 - September 18th “Pneumococcal Vaccines”
 - September 25th “Influenza”
- e. Community Health Nurses participated in a Vaccines For Children (VFC) annual training with the NH Immunization Program and staff from the Nashua Health Department on September 6th.
- f. Community Health Nurses participated in the webinar “When TB is the least of their worries: HIV” sponsored by Southeastern National TB Center on September 24th.
- g. Two Community Health nurses attended the Annual NH Immunization Conference on September 26th.
- h. The Public Health Nurse supervisor continues to participate in bi-weekly Hepatitis A conference calls with NH DHHS and the CDC.

Respectfully submitted,



*Nicole T Losier, MSN, RN
Public Health Nurse Supervisor
Infectious Disease Branch*

NEIGHBORHOOD & FAMILY HEALTH

AUGUST 2019

- **MATERNAL AND INFANT HEALTH**

- Healthy Start Home Visiting Program: Kathleen Berg, Nurse Home Visitor, has successfully integrated home visiting services as an extension of Amoskeag Health. Home visiting services are being further coordinated with a new position at MCHC called the Perinatal Substance Use Disorder Coordinator, as well as a new Community Health Worker position. Between August 1st and October 18, Kathleen conducted 27 home visits with expectant moms enrolled in the Healthy Start Home Visiting Program.

- **HEALTHY EATING/ACTIVE LIVING**

- Fitness Programming: Zumba classes continue to be held for neighborhood residents at Beech Street Elementary School on Mondays and Wednesdays from 8:45-9:45am. The Division is working with the YMCA and the community schools to identify other fitness and health related programming.
- Health Education Programming: The Cooking Matters for Families program is currently be offered (September 18, 2019- October 23, 2019) for adults and students at Gossler Park Elementary School. This is a six-week program that teaches low-income adults with children about healthy meal preparation and sensible shopping on a limited budget. Each family takes home the ingredients needed to duplicate each recipe. The class is taught by Heidi Leigh Bennett, Program Associate, Youth and Family/Nutrition Connections, University of New Hampshire Cooperative Extension. The class has five families participating.

A Walk with Ease Program will be scheduled in one of the Community Schools neighborhoods during this school year.

- Built Environment Improvements: The Manchester School District received funding from the State to support phase one of the campus improvements outlined in the Gossler Park Health Impact Assessment Plan. Improvements have been completed, including a parking expansion, new traffic flow to improve safety, two basketball courts, one small soccer pitch, and a recreation area and greening.

- **HEALTHY HOMES**

- Adult Asthma Home Visiting Program: The care coordination team at Elliot Health System continues to provide referrals to Kathleen Berg for Asthma Home Visitation. Through the home visitation program, Kathleen provides comprehensive asthma education, including but not limited to proper medication management, asthma triggers in the home environment, and methods to adjust the home environment to appropriately manage their asthma. To date, 20 patients have received at least two home visits for asthma.

- **COMMUNITY SCHOOLS**

- Community Care Coordination: Community Health Workers continue to support the four community schools in the areas of connecting families to community resources,

medical homes, and overall school support for staff and faculty. Community Health Workers are tasked with seeing 10 new families each month, and so far are meeting their targets. Other CHW related activities include creating “women’s circles” that meet monthly in the community to provide grassroots peer support and health education, and CHW lunch connect meetings, which also meet month to provide professional development for CHW’s in Southern NH.

- Behavioral/Mental Health Systems Integration: Two Behavioral Health Counselors (formerly called Family Success Coordinators) accepted social work positions within the Manchester School District. We are working directly with Amoskeag Health to recruit for the open positions (one at Gossler Park and one at Beech Street). The two remaining staff members have temporarily increased their case load and have been meeting their goals of having at least six billable visits per school day.
- Trauma-Responsive Schools: A full-day Trauma Responsive Schools staff training was conducted at Gossler Park Elementary School on September 17. The program included a half-day morning session with the trainer and the school’s BEST team followed by an afternoon training session on classroom-based strategies that included the entire school staff. Ongoing consultation, including reflective practice, will be provided twice monthly at Gossler, with sessions offered one Thursday afternoon per month and one Monday morning per month.

A similar training is scheduled at Beech Street Elementary School on November 5. This program will include strategies and information specific to homeless students. Ongoing consultation will be scheduled with the staff following the training.

- Child/Family Stability & Wellbeing: On September 3, 2019 a Back-To-School event was held at Gossler Park Elementary School. Students and family members had an opportunity to meet their new teachers and tour the school. There were several social service agencies that attended the event to provide information for families interested in their services. The NH Food Bank provided lunch to students and families who attended the event. Jeff Klaubert from HealthSource of Manchester provided a free backpack fitting program at the event along with education about proper filling of a backpack to reduce back strain. HealthSource donated five new backpacks to Gossler Park School that were distributed by social workers.

On October 2, 2019, a Leader in Me Parent Breakfast Event was held at Gossler Park Elementary School covering the 7 Habits of Highly Effective Families. This was offered to all Kindergarten families and had 28 parents/caregivers and their children participate. Additional Parent Breakfast Events are scheduled for: November 6, 2019, December 4, 2019, January 8, 2020, February 5, 2020, March 4, 2020, April 1, 2020, May 6, 2020.

- School/Community Involvement: Michelle Graham working with Captain Jon Starr of the Manchester Professional Firefighters Association to collect orders for and distribute new winter coats for students in the Manchester School District through their Operation Warm program. Operation Warm is expanding to include all of the elementary schools in the Manchester School District this year. Last year, the branch assisted in the distribution of 822 coats to Manchester students. This year, Captain Starr anticipates donating more than 1,000 coats to Manchester students in need.

Michelle Graham is now co-chairing the Manchester School District's Wellness Council. The Council will be holding a series of four educational events at the Manchester Health Department, beginning on November 12. The series will include programs about teen vaping, student homelessness, and mental health stigma. The Council will also be leading the District in conducting the CDC's School Health Index self-assessment.

The branch is assisting with the coordination of a teen vaping awareness program called Vaping Unveiled that is co-sponsored by the MHD. The first event, which will include a student-led presentation followed by a panel discussion, will be held at West High School on Tuesday, October 29, 6:30-7:30. Students and parents from all Manchester schools are encouraged to attend.

- **DIABETES/CHD PREVENTION:**

From August to October, Andrea Hirata conducted three diabetes prevention community outreach events in Manchester. With the assistance of CHWs, Andrea screened 89 residents for prediabetes and offered education about diabetes prevention programs in Manchester. Individuals whose results indicated a high level of risk for prediabetes were encouraged to bring the risk score results to their physicians and ask if they should have further blood based screenings conducted.

On September 27th, the first quarterly Year Two Diabetes/CHD Prevention Community Partnership Meeting was held at the Manchester Health Department. There were a total of 23 meeting attendees from the following organizations; Manchester Health Department, NH Department of Health and Human Services, Amoskeag Health, Mental Health Center of Greater Manchester, Catholic Medical Center, Healthcare for the Homeless, Dartmouth Hitchcock, Granite YMCA, NH Healthy Families, and AmeriHealth Caritas. Michelle Graham presented the Year Two Action Plan and outlined next steps in implementation.

Michelle and Andrea have been working with AmeriHealth Caritas to encourage coverage of the Diabetes Prevention Program through a value-based model. Nicole Tower announced at the Partner's meeting that the plan had been approved. The Manchester Health Department is working with CHAN and the YMCA to implement a pilot of this reimbursement program that will include a minimum of 20 participants. To qualify, participants must get a physician referral, have at least one blood-based test that confirms prediabetes, have household incomes at or below 185% of the federal poverty level, and be either uninsured or insured by a provider that does not offer reimbursement for Diabetes Prevention Program.

The Granite YMCA has three upcoming YDPP cohorts which start on October 9, November 7th, and November 13th. The cohort that began on October 9th currently has 23 enrolled participants. Along with the increased program offerings, the Granite YMCA is hosting a lifestyle coach training on October 22nd and 23rd. After this training, the Granite YMCA will have 22 trained lifestyle coaches which will further increase the amount of programs that can be offered. The new lifestyle coaches will include three CHWs—Victoria Adewumi, Maria Rodriguez and Wanda Costillo—of whom two are Spanish-speaking.

Michelle Graham and Andrea Hirata have been working with DHHS to develop a prediabetes awareness marketing plan to begin in Manchester in Spring, 2020. Carry-over funds for the plan have been requested from the CDC. If approved, the marketing campaign will include Screenvision, bus wraps, Google ads, Facebook ads, and radio spots.

- **ORAL HEALTH:**

The Dental Van has been able to visit three schools so far this year: Hallsville Elementary, Gossler Park Elementary and Wilson Elementary. With the help of the new Dental Assistant, Andrea Iasillo has been able to visit schools to conduct no-touch screenings in the weeks before the Van arrives at the school. This process has helped with promoting the School Based Oral Health Program and has allowed Andrea to work with CHWs to gain consent from parents of students not yet enrolled in the program who have identified dental carries. The part-time dental hygienist, Diane Beaulieu, resigned for personal reasons. We are actively pursuing a qualified candidate for this position.

In September, the Oral Health team performed screenings on 226 students and provided treatment for 56 students on the Dental Van.

- **OTHER BUSINESS:**

- Outside Funding Updates/Grant Proposals: The Manchester School district is providing \$62,400 toward supporting the two Behavioral Health Counselor positions at Beech Street Elementary School.

Elliot Hospital and Catholic Medical Center have agreed to fund the two, full-time existing Community Health Workers at Amoskeag Health for the upcoming school year. These workers provide family navigation assistance within the Community Schools model. In addition, Elliot Hospital has also agreed to fund the Health Department's Community Health Nurse position for another year. This position is critical to providing home visiting services to high-risk adults with asthma and expectant mothers.

- Staff Development:

- On August 8, Michelle Graham joined the Community Development Finance Authority Data Fellow Advisory Group with the goal of creating a data index to guide the delivery of community development funds. The next meeting will take place on November 4.
- On August 28 and 29, Kathleen Berg attended the Addiction and Recovery Conference in Concord, NH. Kathleen also attended a Motivational Interviewing course at St. Anselm College on September 24.
- On September 10 and 11, Michelle Graham, Amy Petrie, Andrea Hirata, and Victoria Adewumi participated in the Diabetes Prevention State Engagement Meeting in Concord, NH.

Respectfully submitted,

Michelle Graham

Michelle Graham, MPH;
Supervisor, Neighborhood and Family Health

PUBLIC HEALTH PREPAREDNESS REPORT

August- September Activities 2019

PUBLIC HEALTH PREPAREDNESS: The public health preparedness program (PHP) continues to work on several initiatives:

- 1) Plans: Plans are continually reviewed and key contact information was updated by staff. Sarah Morris updated all of our plans to reflect our current staffing, roles and contact information. Also, Town specific plans and facility level info is being validated and updated this Quarter.
 - The MACE and MHD Closed POD agreements are under revision
- 2) Work Groups: Alexakos and Sarah Morris continue to serve as the Department's representatives on the:
 - (a) Public Health Emergency Preparedness (PHEP) Capability 14, *Responder Safety and Health Workgroup*.
 - (b) Phil represents local public health on the Granite State Health Care Coalition. Phil is co-leading the (re-named) Interim Healthcare *Facility Evacuation workgroup and ACS Workgroup* with Patty Crooker from the Nashua Health Department. The second annual GSHCC's General Membership Meeting will be held on October 29 in Concord.
 - (c) Phil has been participating in the State Mass Fatality Management Workgroup.
 - (d) Sarah and Phil are participating in the DHHS, multi-disciplinary STEP workgroup-State Training and Exercise Planning group.
 - (e) Staff continues to engage and coordinate with the leadership of the Region's affiliated volunteer groups (*VELCRO*) which include: Goffstown CERT, Bedford CERT, GMMRC, Greater Manchester ARES and the American Red Cross.
 - The group's last meeting was on August 5. We have a new contact with new Boston CERT and he will be invited to participate moving forward.
- 3) Medical Countermeasures-Operational Readiness Review (MCM-ORR): The Action Plan for Q4 was submitted. The SNS Coordinator for the state has stepped down. There is no replacement as of the writing of this report. The greater Manchester Region will be submitting Action Plans in Q2 and Q4, even if not required to assure that we are making progress.
- 4) Grants/Work plans: The state entered into Sole Source contracts with all of the Public Health Regions for these services. We received a template work plan in late July and have to submit a new set of work plans for FY 20, by August 31. We continue to subcontract the SMP et al. services, with Makin It Happen and will continue to do so. We met with MIH in September to review obligations.

5) BioGuys: The group met on September 10 and the items discussed included: Closed POD Dispensing Training Opportunities; Training and Exercise Plan Updates; Shelter Training Opportunities; Coalition Surge Test and JUVARE. The next meeting date is still to be determined.

6) PHP Exercises/Activities/Trainings:

(a) Amateur Radio (HAM): Jeanne Wurtele participated in a Hillsborough County NET and/or in-person training on July 8, 18; August 12, 22; September 9, 19.

(b) Technical Support:

i. Capability 14: Phil participated in a meeting on August 27.

ii. Fit testing/PPE: MHD staff works to help plan PPE training at the Elliot on September 17.

iii. Sheltering: MHD EH and PHP staff worked with the American Red Cross and Manchester Fire to conduct Shelter Surveys of all of the Schools in Manchester (July-August).

iv. Emergency Plans: Phil participated in a School Safety Committee meeting on August 2.

(c) Inventory exchange: We provided IV Fluid support and medical cots to the Cigna 5K Road Race on August 8.

(d) Exercises:

i. MHD staff evaluated a functional exercise (LTCF Evacuation) in New Boston on September 18, 25.

ii. MHD staff evaluated a functional exercise at VNA/Elliot Hospital on June 12.

iii. MHD staff participated in a full-scale exercise at the Manchester-Bosotn Regional Airport on September 18.

(e) Real World Events:

i. Hepatitis A: The Infectious Disease Branch staff has been conducting education and vaccination outreach for facilities and organizations that serve populations at-risk for Hepatitis A (Ongoing and Multi-state). Please see the Infectious Disease Branch report for specific details.

Note: Closed POD operations included: Dept. of Corrections, food establishments, rooming houses.

(f) Training (Attended):

i. Sarah attended THIRA training (3 sessions).

ii. Sarah and Jeanne Wurtele attended JUVARE Training on September 20.

iii. Phil attended a JUVARE orientation on August 5.

(g) Outreach/Training (Offered):

i. Sarah and Jeanne have been actively updating the GMMRC and MHD Facebook pages.

- ii. Phil and Sarah offered SNS Hands On training at the NH Immunization Conference on September 26. There were 2 sessions with 30 people each.
- iii. Phil and Sarah met with St. Anselm College Nursing Programs staff to plan for Hands on training in February/April 2020.
- iv. Phil and Sarah met with leadership from Dartmouth Hitchcock to provide a "Closed POD Orientation" on July 31.
- v. Phil was interviewed by WMUR about Hepatitis A on September 24. He was interviewed by the Union Leader regarding the local response to the outbreak of Hepatitis A on October 4. He also spoke to the UL on 8/11 and 9/20.
- vi. Phil conducted SNS 101 and MRC Orientation training for 30 student nurses at St. Anselm College on September 16.
- vii. Phil and Nicole are working with Fleet to "fit-up" a mobile public health outreach van. This Van is expected to be in service in Q2.
- viii. Press releases were sent for the following reasons: Extreme Heat (July 18), EEE (August 14/September 20). Outreach on EEE results was shared with all of the towns contiguous to Manchester.
- ix. Phil provided a Mosquito and tick-borne disease training for Pest Control Operators at the request of the UNH Cooperative Extension on September 24.

g) Greater Manchester Medical Reserve Corps (GMMRC): Next Date is TBD.

h) Institute for Local Public Health Practice: The next class to be offered will be *Core Concepts of Public Health* and will be offered in January 2020.

Respectfully submitted,



*Philip J. Alexakos, MPH, REHS
Chief Operations Officer
Deputy Health Officer*