HRSA
Health Resources & Services Administration

Title V MCH Block Grant Program

NEW HAMPSHIRE

State Snapshot

FY2025 Application / FY2023 Annual Report

November 2024

Title V Federal-State Partnership - New Hampshire

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY2025 Application / FY2023 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (https://mchb.tvisdata.hrsa.gov)

State Contacts

MCH Director	CSHCN Director
Rhonda Siegel Administrator/MCH Title V Director rhonda.siegel@dhhs.nh.gov 6032714516	Deirdre Dunn Tierney CSHCN Director deirdre.dunn@dhhs.nh.gov (603) 271-8181

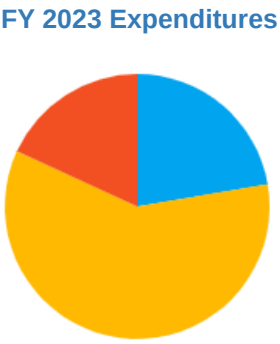
SSDI Project Director	State Family Leader
Laura Suzuki MCH Data Scientist/Epidemiologist Laura.K.Suzuki@dhhs.nh.gov (603) 271-7303	Deanna Taylor Outreach Coordinator dtt@nhfv.org (603) 271-2545

State Youth Leader
No Contact Information Provided

State Hotline: (603) 271-4517

Funding by Source

Source	FY 2023 Expenditures
Federal Allocation	$1,951,008
State MCH Funds	$5,204,653
Local MCH Funds	$0
Other Funds	$1,584,380
Program Income	$0



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	$227,618	$1,650,921
Enabling Services	$786,906	$1,919,330
Public Health Services and Systems	$936,484	$1,634,402

FY 2023 Expenditures Federal

FY 2023 Expenditures Non-Federal

Percentage Served by Title V

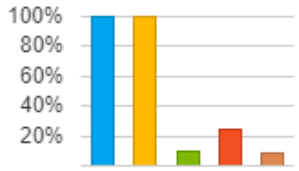
Population Served	Percentage Served	FY 2023 Expenditures
Pregnant Women	100.0%	$384,557
Infants < 1 Year	100.0%	$1,008,622
Children 1 through 21 Years	10.0%	$916,999
CSHCN (Subset of all infants and children)	25.0%	$2,157,865
Others *	8.0%	$4,148,626

*Others– Women and men, over age 21.

FY 2023 Expenditures

Total: $8,616,669

FY 2023 Percentage Served



The Title V legislation directs States to conduct a comprehensive, statewide maternal and child Health (MCH) needs assessment every five years. Based on the findings of the needs assessment, states select seven to ten priority needs for programmatic focus over the five-year reporting cycle. The State Priorities and Associated Measures Table below lists the national and state measures the state chose in addressing its identified priorities for the 2020 Needs Assessment reporting cycle. Beginning with the FY 2025 Application, all states are also reporting on two Universal National Performance Measures, Postpartum Visit and Medical Home.

State Priorities and Associated Measures

Priority Needs and Associated Measures	Reporting Domain(s)

Improve access to needed healthcare services for all MCH populations
 	
NPMs
• Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year (Adolescent Well-Visit, Formerly NPM 10) - AWV
  ○ ESM AWV.1: Percentage of adolescents ages 12-21 at MCH-contracted health centers who have at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year
• Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care (Transition, Formerly NPM 12) - TR
  ○ ESM TR.1: Percent of young adults with special health care needs, ages 18-21, who identify an adult health care provider at discharge from the Title V program
  ○ ESM TR.2: Percent of youth with special health care needs, ages 14 to 21, who achieve a goal set following completion of the Transition Readiness Assessment Questionnaire (TRAQ).
• A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth (Postpartum Visit) B) Percent of women who attended a postpartum checkup and received recommended care components (Postpartum Visit) - PPV
• Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH
	Women/Maternal Health,
	Child Health,
	Adolescent Health,
	Children with Special Health Care Needs

Decrease the use and abuse of alcohol, tobacco, and other substances among pregnant women
 	
NPMs
• Percent of women who smoke during pregnancy (Smoking - Pregnancy, Formerly NPM 14.1) - SMK-Pregnancy
  ○ ESM SMK-Pregnancy.1: Percentage of postpartum women whose infant was monitored for the effects of in utero substance exposure who had a documented Plan of Safe/Supported Care (POSC)
  ○ ESM SMK-Pregnancy.2: Percentage of women who are screened for tobacco use during each trimester in which they were enrolled AND who received tobacco cessation counseling intervention if identified as a tobacco user (NH MCHS).
	Women/Maternal Health

Increase the focus of Title V on the Social Determinants of Health and the resolution of barriers impacting the health of the MCH population	Cross-Cutting/Systems Building

Priority Needs and Associated Measures	Reporting Domain(s)
SPMs • SPM 1: Percentage of MCH-contracted Community Health Centers' Enabling Services workplans that have been met or exceeded the target	
Improve access to mental health services for children, adolescents, and women in the perinatal period SPMs • SPM 3: Percentage of enrolled providers who received Pediatric Mental Health Teleconsultations	Cross-Cutting/Systems Building

Decrease unintentional injury in children ages 0-21
 	
NPMs
• A) Percent of infants placed to sleep on their backs (Safe Sleep, Formerly NPM 5A) B) Percent of infants placed to sleep on a separate approved sleep surface (Safe Sleep, Formerly NPM 5B) C) Percent of infants placed to sleep without soft objects or loose bedding (Safe Sleep, Formerly NPM 5C) D) Percent of infants room-sharing with an adult during sleep (Safe Sleep) - SS
  ○ ESM SS.1: Percent of infants enrolled in home visiting who are always placed to sleep on their back, without bed-sharing or soft bedding
• Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19 (Injury Hospitalization - Adolescent, Formerly NPM 7.2) - IH-Adolescent
  ○ ESM IH-Adolescent.1: Percentage of high school students who wear a seatbelt
	Perinatal/Infant Health,
	Adolescent Health

Increase family support and access to trained respite and childcare providers SPMs • SPM 2: Percentage of families enrolled in the Bureau for Family Centered Services (BFCS) who report access to respite	Children with Special Health Care Needs
Improve access to standardized developmental screening, assessment, and follow-up for children and adolescents NPMs • Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year (Developmental Screening, Formerly NPM 6) - DS ○ ESM DS.1: The number of sites using ASQ/ASQ-SE screening tools and participating in the Watch Me Grow (WMG) System.	Child Health

Executive Summary

Program Overview

The New Hampshire (NH) Title V Program consists of the Maternal and Child Health Section (MCH) located in the Bureau of Family Health and Nutrition in the Division of Public Health Services (DPHS) and the Bureau for Family Centered Services (BFCS) located in the Division of Long Term Supports and Services (DLTSS). Both are in the NH Department of Health and Human Services (DHHS). MCH has approximately 30 Full-Time Equivalents (FTEs) across seven sections, Data and Decision Support, Infant Surveillance, Women's Health, Home Visiting, Quality Improvement and Clinical Services, Injury Prevention and Family Support and Community Engagement. BFCS has 17.2 FTEs across five programs, Data, Partners in Health, Early Supports and Services, Nurse Consultation and Systems of Care for Children with Special Health Care Needs (CSHCN). These entities support core Title V public health functions including direct, enabling, population-based, and infrastructure-building services. Much of the Title V work takes place in funded agencies across the State in the form of community health centers (CHCs), specialty health clinics, health care quality improvement partnerships and human services agencies that provide home visiting, care coordination and the like.

Title V's programming focus comes from identified priority needs in the MCH and CSHCN population. The population in NH grew to approximately 1.4 million this year; however, the number of reproductive age women (18%) and children (18%) has decreased with deaths continuing to outnumber the approximately 12,000 births a year.[1] People identifying as non-Hispanic White make up 88% of the state but its residents of color are increasing, particularly its children.[2] Approximately 15% of the state's population is enrolled in Medicaid, 44% being children.

The last comprehensive five-year needs assessment was conducted in 2019-2020, and activities for the 2024-2024 assessment well underway. Four years ago, an extensive data review, input from the public and stakeholders, as well as a capacity assessment helped to develop a list of priority issues. This year's needs assessment process includes an environmental scan of information describing the Title V population such as an early childhood strategic plan[3], a report on the status of maternal health,[4] and the recently released DHHS 2024-25 Strategic Roadmap.[5] Ongoing evaluation including focus groups, surveys, and analysis of outcome data have been facilitated to ensure that Title V activities remained consistent with the needs of the population and to date the list of priorities established in 2020 and its accompanying National Performance Measures (NPMs) and State Performance Measures (SPMs) are unchanged.

Priority 1: Improve access to needed healthcare services for all populations. Domain: Adolescent Health. NPM 10: Percent of adolescents, ages 12-17, with a preventive medical visit in the past year; ESM 10.1 - Percentage of adolescents ages 12-21 at MCH-contracted CHCs who have at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year

NH almost met the NPM with 80.5% of adolescents going for their well visit (goal of 88.8%) and met the ESM goal (60.0%) with 68.7% of adolescents receiving well-care visits at Title V funded CHCs. The ten CHCs in the "MCH in the Integrated Primary Care Setting" program receive all of their funding from Title V/MCH Federal Block Grant and State MCH matching funds. These CHCs are a safety net with the mission to provide accessible and affordable comprehensive primary care services. CHCs were required to utilize MCH funding on at least two quality improvement projects, one of which had to be the adolescent well visit, and the second on one of the other seven performance measures in their scope of services. This included the provision of a work plan outlining objectives and activities on how the CHC would increase the number of adolescent well visits. CHCs have succeeded by realigning patient workflows, scheduling a large percentage of well visits either after school or in the summer (this includes the expansion of available hours), revisiting this measure in monthly quality improvement meetings, and increasing the use of social media directed towards adolescents (this includes opening up patient portals directly to adolescents).

MCH leverages Title V funding for all four staff in the Quality Improvement and Clinical Services Section whose responsibilities, include managing contracts with the CHCs, provision of technical assistance in implementing workplans and reaching performance measure goals.

The Title V program in NH does not work in a vacuum. The success of its programs has to do with integral partnerships, both funded and non-funded, with governmental partners as well as community-based agencies. Leveraging federal and state program resources contributes to the delivery capacity of the NH Title V Program. One of its key partners is NH Medicaid and collaborative efforts often focus on the Medicaid Care Management Quality Improvement Priorities. The adolescent well visit is a priority measure for the Medicaid Care Organizations with reimbursement dependent upon meeting the established goals.

Domain: Women. New NPM A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth; B) Percent of women who attended a postpartum checkup and received recommended care components. This measure was recently added and is a mandatory work plan for the CHCs.

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[1] U.S. Census Bureau QuickFacts: New Hampshire; United States retrieved on 07/05/24.
[2] Ibid.
[3] new cover page.ai (nh.gov) retrieved on 07/05/24.
[4] state-of-maternal-health-nh-feb-2024.pdf retrieved on 07/05/24.
[5] DHHS-Roadmap-2024-2025.pdf (nh.gov) retrieved on 07/05/24.

Domain: CYSHCN. NPM 12: Percent of adolescents with and without special health care needs, ages 12-17, who received services necessary to make transitions to adult health care; ESM 12.1: The percent of young adults with special health care needs, ages 18-21 years, who identify an adult health care provider at discharge from the Title V program.

The NH Title V program met the NPM with a goal of 26%, but an outcome of 27.9%. Although not meeting the ESM target of 70%, the percentage did increase from 38.1% to 47.1%. The Title V-funded BFCS Systems of Care Specialist job responsibilities includes working across the system to improve statewide access to quality health care for CSHCN, developing statewide collaboration initiatives, and serving as the liaison to other departments with children's programs.

BFCS uses Title V funds to contract with New Hampshire Family Voices (NHFV), the State's family organization for CSHCN. Using the Blueprint for Change as a Guide[6], Title V funds by are used by NHFV to provide information and resources that support families with CSHCN. Activities included a robust website, training and education, newsletter and a phone line answered by families who are skilled at communicating with families and knowledgeable about navigating the complex system of care for CSHCN.

Domain: Children and CSHCN. New NPM: Percent of children with and without special health care needs, ages 0 through 17, who have a medical home. Strategies to achieve progress include community-based health care coordination; nurse consultation and capacity-building activities

Priority 2: Decrease the use and abuse of alcohol, tobacco and other substances among pregnant women. Domain: Women. NPM 14.1: Percent of women who smoke during pregnancy; ESM 14.1.1 Percentage of postpartum women whose infant was monitored for the effects of in utero substance exposure who had a documented Plan of Safe /Supported Care (POSC); ESM 14.1.2 Percentage of women who are screened for tobacco use during each trimester in which they were enrolled AND who received tobacco cessation counseling intervention if identified as a tobacco user in the contracted CHCs.

The NH Title V program met the NPM target (8%) with 4.6% of its prenatal population smoking during pregnancy. ESM 14.1.2 was recently added in the past year with next year's goal of 75% with a baseline in 2023 of 69.2%. Clear disparities are seen among those enrolled in Medicaid and those living in the rural parts of the state. In 2023, 10.9% of pregnant women enrolled in Medicaid smoked during pregnancy while only 1.1% of those not enrolled did so.[7] In order to further understand disparities, NH employs a full time PhD level MCH Epidemiologist through a contract leveraged with Title V funding with the University of New Hampshire, Institute on Health Policy and Practice. Data analyses of rural and non-rural pregnancies show that people in rural areas have poorer maternal outcomes such as inadequate prenatal care utilization, significantly more substance exposed infants, more preterm births, and a greater percentage of births are low birth weight. Geographically, NH is largely rural, however, The rural areas of the state significantly fewer people than urban metro areas.

Title V did not meet its goal for ESM 14.1.1 (80%) with only 43.8% of its infants monitored for in utero substance exposure having a plan of safe care. The MCH Epidemiologist monitors progress on this ESM through frequent analysis of birth certificate data. Two important partners (both leveraged with Title V funding) in efforts to address this priority are the NH Perinatal Substance Exposure Collaborative and the Northern New England Perinatal Quality Improvement Network Collaborative (NNEPQIN)/NH Perinatal Quality Collaborative (NH PQC). The former is the lead on NH efforts to implement the POSC, and the latter is focused on the implementation of the patient safety bundles from the Alliance for Innovation on Maternal Health Drug overdoses are the leading cause of maternal mortality in NH and the use of a plan of safe care and the SUD patient safety bundle are evidence-informed interventions.

Each of these partners facilitates groups of people with lived experience. NNEPQIN facilitates the Perinatal Community Advisory Council consists of 10 members representing varying backgrounds and perinatal experiences from throughout the state. The Perinatal Substance Exposure Collaborative works with a group of pregnant and parenting people with SUD to collect feedback on a new Plan of Safe Care binder.

Priority 3: **Increase the focus of Title V on the Social Determinants of Health and the resolution of barriers impacting the health of the MCH population. Domain: Cross Cutting.** SPM 1: Percentage of MCH-contracted CHCs who meet or exceed the target of Enabling Services workplan. NH Title V met their goal (50%) with 60% of the contracted CHCs meeting or exceeding their target. Enabling services (ES) are non-clinical services that improve health outcomes and are not currently reimbursed by third party payors. Title V funded CHCs must focus one of their two enabling services workplans on the facilitation of social determinants of health (SDOH) screening.

Community Health Workers (CHWs) are an important strategy in this arena who have been shown to improve access to social determinants of health needs for MCH populations through resource navigation. In the past few years, MCH has added a Community Engagement Specialist who has focused on CHW training and education, support of the current and expanding CHW infrastructure, and utilization of CHW's within the healthcare and social services system.

Priority 4: Improve access to mental health services for children, adolescents and women in the perinatal period. Domain: Cross-Cutting. SPM 3: Percentage of enrolled pediatric primary care providers who received pediatric mental health teleconsultations from the Pediatric Mental Health Acre Access (PMHCA) Program

An unexpected shortening of the teleconsultation period led to the goal of 46% not being met. Access to pediatric mental health care services is limited. To increase availability, the NH PMHCA Program was established to provide additional training and consultation opportunities to pediatric providers whose expertise is not in behavioral health to increase their knowledge and confidence in

[6] Blueprint for Change | MCHB (hrsa.gov) retrieved on 07/12/24
[7] MCH Epidemiologist prepared 04/24.

treating youth with mental health conditions. Increasing mental health care access will help ensure health equity among New Hampshire's most vulnerable populations, especially those of racial minorities. This is particularly so as the recent 2023 Youth Risk Behavior Survey (YRBS) shows a significant disparity particularly among Hispanic/Latino and multiple race respondents with the behavioral health questions (e.g. Percentage of students who seriously considered attempting suicide, etc.). This is an area for future exploration. MCH has a vital role in helping to select the questions for the YRBS as well as utilizing the data for programming.

Title V leverages funding for its contract with the Bi-State Primary Care Association Recruitment Center particularly for its effort on attracting behavioral care providers to the state.

Title V's contract with NNEPQIN/NH PQC includes the implementation of the perinatal mental health conditions AIM patient safety bundle.[8] These efforts focus on increasing screening for mental health in the perinatal population. A pilot project to on include mental health screening questions in WIC clinics is underway.

Priority 5: **Decrease unintentional injury in children ages 0-21 years. Domain: Infant/Perinatal.** NPM 5: Percent of infants: a) placed to sleep on their back; b) placed to sleep on a separate approved sleep surface; c) placed to sleep without soft objects or loose bedding
ESM 5.1 - Percent of infants enrolled in home visiting who are always placed to sleep on their back, without bed-sharing or soft bedding

All components of the NPM had objectives that were met (90.9%; 38.2% and 77.1% respectively). The goal was 51% for the ESM with a close outcome of 49.5%. The Title V leveraged Infant Surveillance Administrator is in charge of all safe sleep efforts including the oversight of the Sudden Unexpected Infant Death and Sudden Death in the Young Fatality Review Committees. A key partner in these efforts is the Recommendations Workgroup made up of members of the fatality review committees and charged with the implementation of the recommendations. Family engagement is particularly important in these efforts. An agency vital to this work is the Office of the Chief Medical Examiner (OCME) who work side by side with MCH staff on all fatality reviews.

Domain: Adolescents. NPM 7.2: Rate of hospitalization for non-fatal injury per 100,000 adolescents ages 10-19; ESM 7.2.1 - Percentage of high school students who wear a seatbelt.

Title V leverages the funding of the state staff in the Injury Prevention Program as well a contract with the Injury Prevention Program at Dartmouth Health. The rate of hospitalizations for non-fatal injuries in adolescents has significantly gone down over the last ten years in the state. Over the past decade, more students have worn a seatbelt particularly when riding in a car driven by someone else. A keep contributor to this was peer educators who worked to change norms and beliefs around seatbelt use within the school community and increase education on the importance of seatbelts..

Priority 6: Increase family support and access to trained respite and childcare providers. Domain: CSHNC. SPM2: Percentage of children and youth with special health care needs enrolled in BFCS services who report access to respite care

BFCS was unable to report outcomes due to limitations of the SMS in-house database. Attempts to hand-count this information were unsuccessful as data was not collected consistently by care coordinators. Title V funded BFCS Nurse Consultants help families access respite care using existing family support programs such as skilled nursing supports and referrals to Medicaid. Emergency respite needs continued to present as significant challenge.

Priority 7: Improve access to standardized developmental screening, assessment and follow-up for children and adolescents. Domain: Children. NPM 6: Percent of children, ages 9-35 months, receiving a developmental screening using a parent-completed screening tool in the past year; ESM 6.1 The number of sites using ASQ/ASQ-SE screening tools and participating in the Watch Me Grow (WMG) System.

The target for the NPM was met with an outcome of 40% but only 40 sites was the outcome for the ESM which was not met. The CDC *Learn the Signs. Act Early* Ambassador for NH and the Watch Me Grow (WMG) Centralized Access Point Coordinator are employees of NHFV under contract with BFCS braided with Title V funds. They work closely with the SoC Specialist to facilitate the WMG Steering Committee. Title V funds supports a BFCS contract for the statewide Child Development Clinic Network which consists of an autism clinic and four locations for interdisciplinary diagnostic evaluation services for children, birth to 6 years of age, suspected of or at-risk for delayed developmental progress.

How Federal Title V Funds Complement State-Supported MCH Efforts

The Maintenance of Effort required match helps to assure a basic state funding level of just over six million dollars for Title V program in NH. The federal support of nearly two million dollars is crucial in sustaining and preserving a comprehensive Title V program. Funds enable staff and sub-contracted agencies flexibility in addressing the enterprise of improving the health and well-being of the MCH population.

Title V funding is frequently used to leverage other funds, particularly state general funds. Because of Title V funds, MCH and BFCS are able to support several full time positions: the Perinatal Nurse Program Manager, the Quality Improvement and Clinical Care Administrator, the CSHCN Systems of Care and Program Specialists, the BFCS Data Coordinator and the Pediatric Mental Health

[8] Perinatal Mental Health Conditions | AIM (saferbirth.org) retrieved on 07/08/24.

Care Program Manager. BFCS also employs a part-time Evaluation Specialist. These positions provide facilitation and leadership of statewide maternal, child and infant fatality reviews and quality improvement activities in perinatal health and pediatric mental health access and care. Title V funds support leadership for the system of care for CSHCN including Watch Me Grow; health care coordination; I and R; Parent Education and Training, and transition services. Three BFCS registered nurses provide consultation to community-based programs serving CSHCN and MCOs, serve as back up for the Medicaid prior authorization process, and assist families with children applying for HC-CSD and SSI. They assist with admissions to Cedarcrest, a specialized pediatric facility that provides comprehensive services to children with medical complexities.

Title V funding supports MCH surveillance and evaluation efforts through a full time doctoral level MCH Epidemiologist, and Data Scientist with a PhD in Nursing and expertise in PRAMS, hired this past year and partially supported by Title V funding.

Title V funding allows NH flexibility to address gaps in service delivery at contracted community health centers and community-based agencies in the state by providing services that are otherwise not reimbursed. Examples include increasing postpartum services by facilitating training for community health workers in lactation support; enabling a health care provider to spend two hours on designing institutional policies on reaching and retaining adolescents based on input from actual clients; teaching home visitors safe sleep and its barriers; enabling services such as patient navigation, transportation and translation; and getting input from groups of pregnant mothers with substance use disorders on completing “doable” plans of safe care during prenatal visits. Newly supported this past year was the Injury Prevention Center at Dartmouth Health who rounds out MCH staff in coordinated injury prevention programing, addressing the leading causes of death and morbidity for the MCH population in NH.

Specific to CSHCN, Title V supports contracts that include nutrition, feeding and swallowing consultation and complex care networks; child development consultation and evaluation; and health care coordination for CSHCN, their families. NH Family Voices F2F and Health Care Transition contracts round out the programs and services funded by BFCS. In addition to Medicaid funds, Social Services Block Grant funds further supplement care coordination by providing flexible funding options for family support and family engagement activities.

MCH Success Story

In 2019, the Maternal and Child Health Section (MCH) became the administrator of the New Hampshire Child Fatality Review Committee (CFRC) pursuant to RSA 132:41.[9] Title V funds support a Pediatric/Adolescent Nurse Consultant who facilitates the convening of the CFRC and abstraction of medical records for committee review. The CFRC reviews all child fatalities and the contributing factors and, most importantly, makes recommendations to address the contributing factors and prevent future deaths.

Drowning is the second leading cause of unintentional injury death in children ages one through eighteen years in New Hampshire and the third leading cause of unintentional injury death in children under one year of age. Between 2017 and 2021, there were approximately 150 emergency department visits at NH hospitals due to “near drownings” among children and adolescents through age 21.[10] During this same time period, seventeen children and adolescents were hospitalized.[11] The majority of drowning deaths and “near drownings” that required emergency department visits and/or hospitalization took place in open natural bodies of water such as lakes and rivers. New Hampshire has over 800 lakes and ponds and 19,000 miles of rivers and streams.

All drowning deaths are reviewed by the CFRC. A consistent recommendation of the CFRC to address drowning incidence is to increase the accessibility of personal flotation devices (PFDs). One strategy to increase accessibility to PFDs is situating PFD loaner stations at popular recreational bodies of water, particularly those that are known for dangerous conditions such as a lack of professional supervision, depth of water, presence of submerged objects, or strong currents. PFDs are an effective deterrent to drowning because they can help keep a swimmer afloat and automatically turns the swimmer into a face-up position to keep the airway above water. The risk of drowning decreases by as much as 50% when a PFD is worn.[12,13]

MCH utilizes Title V funding to leverage its contract with the Injury Prevention Center (IPC) at Dartmouth Health to implement a PFD loaner program. The Dartmouth IPC implements statewide injury prevention initiatives primarily focusing on children and adolescents. They are an active member of the CFRC. Over the past two years, the IPC has implemented a PFD loaner program in partnership with 14 community-based agencies around the state. Each agency was provided with ten PFDs, in adult and children sizes, and signage to establish a PFD loaner station at a local recreational body of water. Partner agencies are supported through ongoing technical assistance from the IPC. An evaluation of the program will be conducted in the upcoming year. Anecdotally, all sites report high utilization of the PFDs. Pending results of the evaluation, the program will be expanded to additional communities and recreational water bodies.

[9] Revised Statutes Online Search (state.nh.us)
[10] Hospitalization Data 2017-2021. NH Division of Public Health Services.
[11] Ibid.
[12] Franklin RC, Peden AE, Hamilton EB, Bisignano C, Castle CD, Dingels ZV, et al. The burden of unintentional drowning: Global, regional, and national estimates of mortality from the global burden of disease 2017 study. Inj Prev 2020;26: i83–95.
[13] Viauroux C, Gungor A. An empirical analysis of life jacket effectiveness in recreational boating. Risk Anal 2016; 36:302–19.

Maternal and Child Health Bureau (MCHB) Discretionary Investments - New Hampshire

The largest funding component (approximately 85%) of the MCH Block Grant is awarded to state health agencies based on a legislative formula. The remaining two funding components support discretionary and competitive project grants, which complement state efforts to improve the health of mothers, infants, children, including children with special needs, and their families. In addition, MCHB supports a range of other discretionary grants to help ensure that quality health care is available to the MCH population nationwide.

Provided below is a link to a web page that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2023.

List of MCHB Discretionary Grants

Please note: If you would like to view a list of more recently awarded MCHB discretionary investments, please refer to the Find Grants page that displays all HRSA awarded grants where you may filter by Maternal and Child Health.