

Creating a Collective Approach to Address an Aging NH

NH Alliance for Healthy Aging

Quarterly Meeting

June 13, 2019



AGENDA

- Welcome and Introductions
- What's Happening: General AHA Update
- AHA Advocacy Update
- Workforce Strategic Group Update
- NH Public Health and Aging
- Tufts Health Plan Foundation Funding Opportunities
- ATinNH
- Community Announcements
- Adjourn: Optional lunch and networking

AHA Updates

Institute on Disability, Concord office is moving!

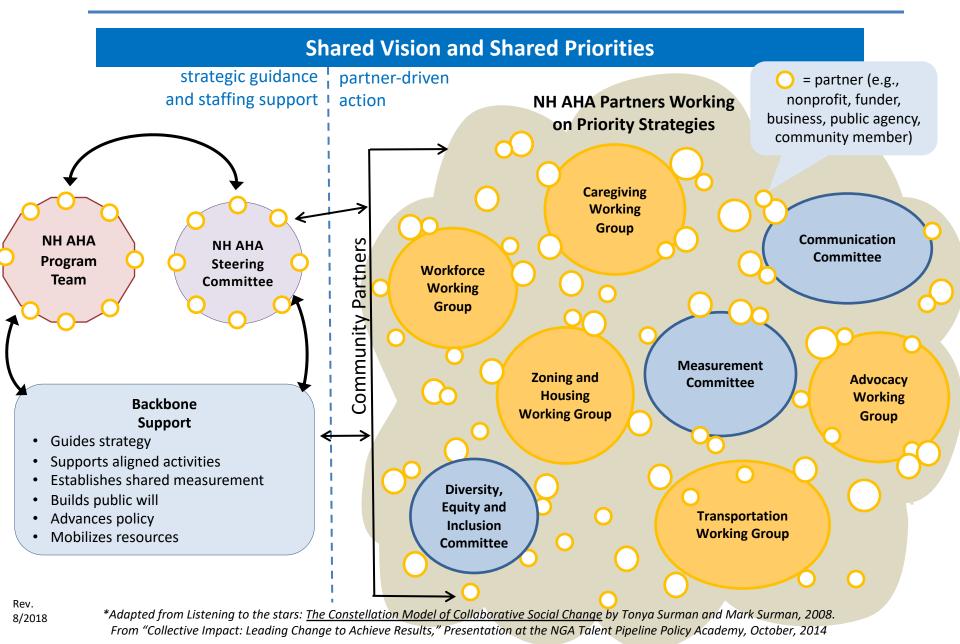
New Address: 57 Regional Drive, Unit 8, Concord, NH

Office will be closed week of June 24th, with staff working remotely. The new office will open July 1.



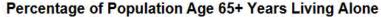


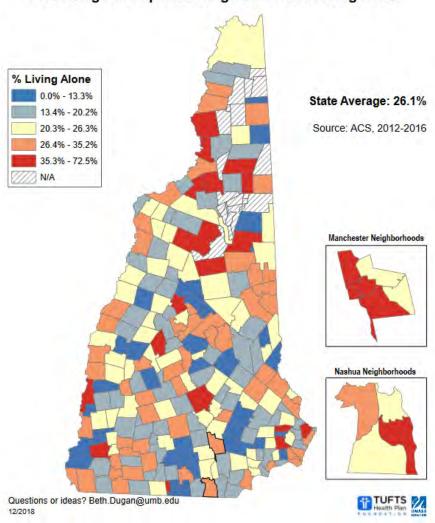
Strategic Structure



AHA Updates

Map 22





HEALTHYAGING DATAREPORTS.ORG

NH AHA Advocacy Updates

NH Legal Assistance

Workgroup Update: Workforce

Improve the availability of quality healthcare and social service workforces

Strategies for Implementation

- Education and Awareness
- Improving the number of direct care workers to meet the demand

Directcare Workforce Stakeholder Roundtable

Directcare Workforce Stakeholder Roundtable sought to bring stakeholders and leaders of initiatives that are working to improve the healthcare workforce together to align work, reduce duplication of efforts, and identify gaps to advance the field of the directcare workforce.

Directcare Workforce Stakeholder Roundtable Attendees

| Rebecca Hutchinson, AHA Steering Committee | Laura Davie/Alison Rataj, UNH CACL | Peter Clark, Senator Shaheen's Office |
|---|---|--|
| Joan Fitzgerald, Oral Healthcare at Home | Roxie Severance, Sector Partnership Initiative | Kelly Laflamme , Endowment for Health |
| Debra Desrosiers , Visiting Angels | Cheryl Lindner, Meals on Wheels | Deb Scheetz, NH DHHS |
| Ellen Flaherty, Dartmouth Centers for Health and Aging, | Gail T. Brown , NH Oral Health Coalition | Judith Nicholson, Senior Leadership Alumni |
| Jennifer Rabalais, UNH CACL and Direct Connect | Geoff Vercauteren, Network4Health | Timothy Hesselton, Dartmouth Centers for Health and Aging, |

Elizabeth Brown, NH

Technical Institute (NHTI)

Wendi Aultman, NH DHHS

Jeanne Ryer, Citizen's

Health Initiative

Workforce Workgroup Next Steps

- July/August group hopes to hold a joint meeting with AHA Advocacy Workgroup and NHLA for a debrief on 2019 legislative session and discuss opportunities for 2020
- Continue to support community viewings of Call to Care
- Continue conversation of how to be effective clearinghouse for information on the workforce and holding important conversations on the topic

TIME



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HEALTHY AGING AND PUBLIC HEALTH

June 13, 2019 Lisa Morris, Director NH Division of Public Health Services







ALL people in New Hampshire have optimal health and well-being

VISION



OVERVIEW - DIVISION OF PUBLIC HEALTH SERVICES (DPHS)

Public Health – To <u>Prevent Disease</u>, <u>Promote and Protect Health</u>

- ▶ Protect the health of all people and communities.
 - ▶ Public health emergency preparedness and response
 - ► Surveillance and Investigation of infectious diseases
 - ► Inspections Food Establishments, Radiological Equipment
- ► Target evidence based strategies that we know will improve health.
- ► Ensure access to high value, preventative focused healthcare.
 - ► Health Screenings (Colorectal, Breast and Cervical Cancer)
 - ► Primary Care in underserved areas
 - ► Services to pregnant women and children
- ► Collect and analyze data that inform us.
 - ▶ Disease Prevalence
 - ► Where to direct services
- ► Improve health outcomes.



NH PUBLIC HEALTH KEY PROGRAMS

Bureau of Population Health and Community Services (PBHCS)

Promotes Health Across Age Continuum and Reduces Health Inequities

- Maternal and Child Health (Infant Screenings, Primary Care -2017/126,350 people served, Home Visiting 2017/322 families served, Family Planning –(2017/17,492 families served)
- Nutrition (2017-9,000 Families & 3,500 Seniors were served through WIC and Senior Nutrition Programs)
- · Chronic Disease Prevention and Screening (Cancer, Diabetes and Hypertension, Obesity, Prevention, Oral Health, Arthritis)
- Tobacco Prevention and Cessation (Tobacco Cessation Services for 1,023 NH Adults)

Bureau of Infectious Disease Control (BIDC)

Identifies, Investigates, Monitors and Prevents Infectious Disease

- Disease Surveillance and Investigation (2017/6,237 infectious disease cases identified and investigated. See attached Reportable Disease Report)
- Vaccine Distribution and Management (2017/367,862 doses of vaccines for children), Quality Assurance and Improvement
- Public Health Emergency Preparedness and Response
- · Provider Training and Education
- · Financial assistance to people infected with HIV and Tuberculosis

Bureau of Public Health Laboratories (BPHL)

Clinical and Environmental Laboratory Testing

- · Environmental Health/Biomonitoring/Drinking Water Laboratory
- Food Emergency Response Network/Public Health Emergency Preparedness and Response
- Microbiology and Virology-Disease Surveillance and Investigation; Molecular Diagnostics
- Sentinel Laboratory Training, Education and Quality Improvement (external clinical lab training on biological agents, COOP, biosafety)



NH PUBLIC HEALTH KEY PROGRAMS

Collection, Analysis, and Distribution of NH Health Statistics and Oversight and Maintenance of Systems that Move Data

Bureau of Public Health Statistics and Informatics (BPHSI)

- · WISDOM web-based portal: identify hotspots to target programs
- Examples of Surveys and Data: Behavioral Risk Factor Surveillance Survey, Youth Risk Behavior Survey, Hospital Discharge Data
- · Environmental Public Health Tracking

Bureau of Public Health Protection (BPHP)

Assures Public Safety from Environmental Public Health Risks

- · Food Emergency Response
- · Asthma Education and Data Collection/Analysis
- · Health Officer Liaison (with municipalities)
- Radiological Health (4,000 inspections/year)
- Radon
- Food Protection (4,500 inspections/year)
- · Lead Poisoning Prevention

Bureau of Public Health Systems, Policy & Performance (BPHSPP)

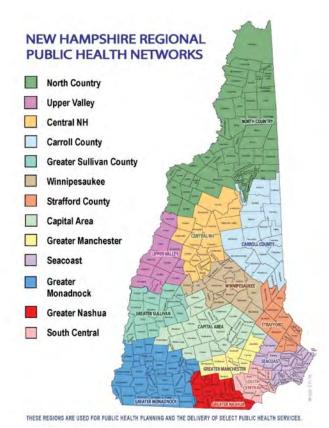
Policy and Performance-Public Health Systems, Quality Improvement and Performance Management

- · State Health Improvement Plan (SHIP)
- 13 Public Health Regional Networks
- · Quality Improvement
- Workforce Development (medically underserved regions of the state)
- Therapeutic Cannabis Program (2018/6,480 qualifying patients)



COMMUNITY BASED DELIVERY SYSTEM - NH PUBLIC HEALTH

- I. Hospitals
- II. Community Health Centers
- III. Health Departments:
 - Manchester
 - Nashua
- IV. Public Health Networks
- V. All Sectors Contribute to Health Outcomes:
 - Schools
 - State and Local Government
 - Businesses
 - Human Service Agencies
 - Public
 - First Responders
 - Faith Community





What is PUBLIC HEALTH 3.0



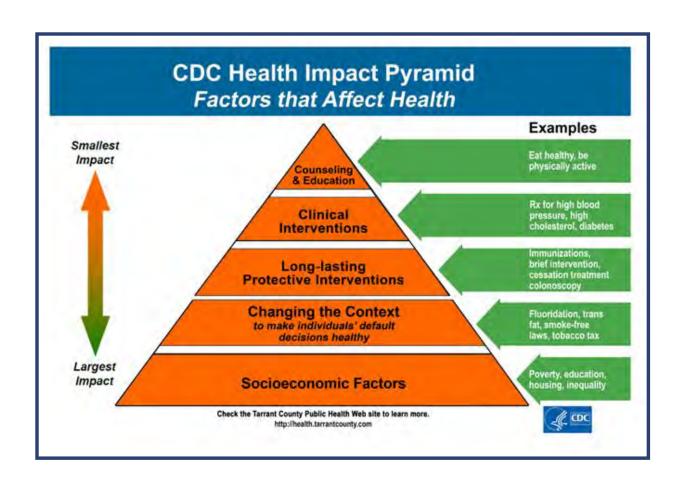
A significant upgrade in public health practice to a modern version that emphasizes cross-sectorial environmental, policy- and systems-level actions that directly affect the social determinants of health.

Local Public Health Leaders as the Chief Health Strategist



SOCIAL DETERMINANTS OF HEALTH





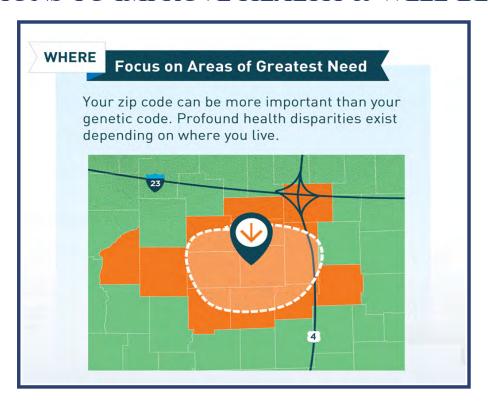


INVEST IN YOUR COMMUNITY CONSIDERATIONS TO IMPROVE HEALTH & WELL-BEING FOR ALL



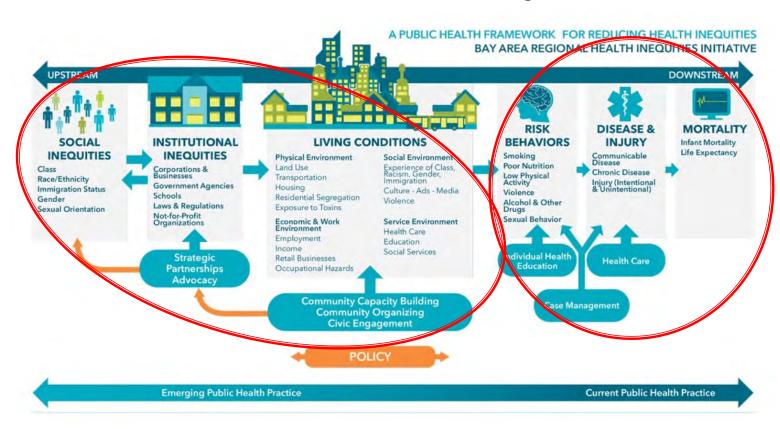


INVEST IN YOUR COMMUNITY CONSIDERATIONS TO IMPROVE HEALTH & WELL-BEING FOR ALL





IMPROVING HEALTH EQUITY



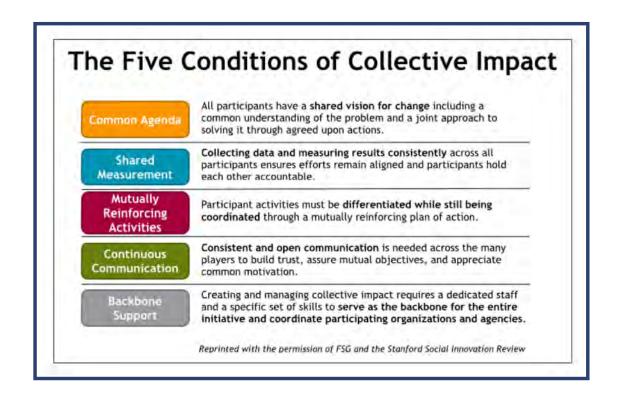


INVEST IN YOUR COMMUNITY CONSIDERATIONS TO IMPROVE HEALTH & WELL-BEING FOR ALL





COLLECTIVE IMPACT



Boundary Spanning Leadership: Three Universal Strategies

Managing Boundaries



Taps into the power of differentiation
— autonomy, prioritization, role clarity, and accountabilities

Forging Common Ground

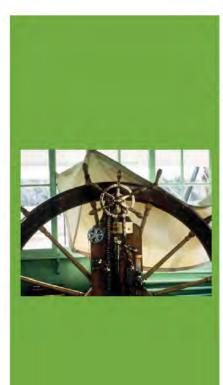


Taps into the power of **integration** — joint action, common goals, unity of purpose

Discovering New Frontiers



Taps into the power of innovation — the location where diverse expertise and experience intersects



New Hampshire State Health Improvement Plan

2013-2020

Charting a Course to Improve the Health of New Hampshire



NH State Health Improvement Plan Priority Areas

TOBACCO

Tobacco use is the single most preventable cause of death, disease, and disability.

- · Reduce adult cigarette smoking
- · Reduce the initiation of tobacco use in children
- Reduce tobacco use by adolescents · Reduce smoking during pregnancy
- · Reduce exposure to indoor tobacco smoke

OBESITY/DIABETES

Obesity is a complex health concern that impacts 26% of our adults and 18% of children, and increases the risk for many chronic diseases. Diabetes is the seventh leading cause of death in New Hampshire, affecting about 8,7% of our adults.

- · Reduce adult obesity
- · Reduce childhood obesity
- Decrease emergency department visits for diabetes
- · Decrease hospitalizations for diabetes

HEART DISEASE AND STROKE

Heart disease is the second leading cause of death in New Hampshire; stroke is the fifth leading cause

- · Reduce high blood cholesterol in adults
- · Reduce high blood pressure in adults
- · Reduce coronary heart disease deaths
- · Reduce stroke deaths

HEALTHY MOTHERS AND BABIES

Strategies to promote a healthy start to life may have the greatest potential to reduce health disparities across the life course.

- Reduce preterm births
- Reduce unintended teen births
- Increase screening for Autism Spectrum Disorder (ASD) and other developmental delays
- · Reduce childhood dental caries

CANCER PREVENTION

Cancer has overtaken heart disease as the leading cause of death in New Hampshire.

- Increase colorectal cancer screening
- · Increase mammogram screening for breast cancer
- · Reduce melanoma deaths
- Reduce deaths from lung cancer

ASTHMA

Asthma is a chronic lung disease that inflames and narrows the airways causing difficulty breathing. New Hampshire's asthma rate is among the highest in the nation.

· Increase asthma control in adults

· Increase asthma control in children

IN JURY PREVENTION

Unintentional injuries are the leading cause of death for all New Hampshire residents between age 1 and 44.

- · Reduce unintentional poisoning deaths
- · Reduce falls-related deaths in older adults
- · Reduce motor vehicle crash injuries in teens
- · Reduce suicide deaths for all persons
- · Reduce suicide attempts by adolescents

INFECTIOUS DISEASE

Preventive health services such as immunizations and prompt diagnosis and treatment prevent infectious diseases and improve health outcomes. In 2012, over 3,500 cases of infectious disease were reported in New Hampshire.

- · Increase childhood vaccinations
- Reduce healthcare associated infections
- · Increase timeliness of foodborne illness investigations
- · Enhance food safety
- · Increase seasonal influenza vaccination

EMERGENCY PREPAREDNESS

The threat of an emergency or disaster is always present. Prepared responders and resilient communities ensure a rapid and effective response to any emergency.

- · Increase community engagement in public health emergency
- · Strengthen the capacity to respond to public health emergencies in a timely manner
- . Strengthen the capacity to maintain situational awareness of health threats
- · Increase the State's ability to dispense emergency countermeasures to the public

MISUSE OF ALCOHOL AND DRUGS

Substance abuse impacts individuals, families, and communities, significantly contributing to social, physical, mental, and public health problems.

- · Reduce binge drinking
- · Reduce marijuana use in youth
- · Reduce the non-medical use of pain relievers
- · Reduce drug-related overdose deaths



NH DEPARTMENT OF HEALTH AND HUMAN SERVICES **DHHS OVERVIEW***

Office of the Commissioner

Human Services & Behavioral Health

Division of Economic & Housing Stability

- · Family Assistance
- Employment Supports
- · Housing Supports
- · Child Support Services
- Child Development & Headstart Collaboration

Division of Behavioral Health

- · Mental Health
- · Drug & Alcohol Services
- · Children's Mental Health

Division of Long Term Supports & Services

- · Adult Protection Services
- · Elderly & Adult Services
- · Developmental Services
- Designated Receiving Facility
- Special Medical Services
- · Community Based Military Programs

Division of Children, Youth & **Families**

- · Field Services
- Family, Community & Program Support
- · Organizational Learning & Quality Improvement
- Sununu Youth Services Center

Administrative Business Supports

- · Legal & Regulatory
- · Health Equity
- · Program Planning & Integrity
- Finance
- · Quality Assurance & Improvement

Operations

Bureau of Information Services

- Data Management
- Data Warehouse
- · Information Security
- Medicaid Management Information System
- DHHS Systems Oversight
- · Linkage to DoIT

Bureau of Human Resource Management

 Organizational Development & Training Services

Bureau of Facilities Maintenance & Office Services

- HHS Facilities & State Office
- Safety & Wellness
- Office Services
- Oversight Institutional Services

Communications Bureau

Emergency Services Unit

Employee Assistance Program



Population Health

Division of Public Health

· Infectious Disease Control

• Public Health Protection

Laboratory Services

State Epidemiologist

· Clinical Operations

· Health Care Reform

· New Hampshire Hospital

Glencliff Home for the Elderly

Sununu Youth Services Center

· Designated Receiving Facility

· Medicaid Policy

Dental Services

Managed Care

• Population Health & Community Services

· Public Health Statistics and Information

Public Health Systems, Policy & Performance

Division of Medicaid Services

DHHS 24/7 Facilities

PUBLIC HEALTH/ELDERLY & ADULT SERVICES INTEGRATIVE INITIATIVES

- 1. Nutrition Services
 - a. Increase commodity supplemental food participation
 - b. Older Americans Act Nutrition & USDA Nutrition Programs
 - c. Partnership with Bureau of Elderly and Adult Services
- 2. Population Health/Chronic Disease
 - a. Self-Management Programs (Falls, Chronic Disease)
 - b. Oral Health Programs
 - c. Tobacco Prevention and Cessation
 - d. Immunizations



Public Health/Elderly & Adult Services Integrative Initiatives Continued

- 3. Healthy Aging Initiatives
 - a. Address social determinants of health
 - b. Workforce
 - c. Emergency Preparedness
 - d. Data Collection & Analysis (BRFSS)

N.E. Healthy Aging Leadership Roundtable- State Public Health and Aging Leaders-Fall, 2019



COMMUNITY HEALTH IMPROVEMENT PLAN

Public Health Network

- Public Health Advisory Council (PHAC)
- Community Health Assessment (SHA/CHA)
- Identify Priorities: Healthy Aging/Priorities over the lifespan
- Community Health Improvement Plan (CHIP)*
- Evaluation/Continuous Quality Improvement

CHIPS align with State Plans (SHIP, State Plan on Aging)

*CHIP with older adult priorities: Capital Area, Central, Seacoast, Winnipesaukee



HEALTHY AGING RECOMMENDATIONS

- → FACILITATE collaboration across sectors, disciplines, and professions and create incentives for stakeholders to work together to support healthy aging.
- \rightarrow **EXPAND** the evidence base for strategies to promote healthy aging by designing and implementing methodologically rigorous evaluations that include both process and outcome measures.
- → WIDELY DISSEMINATE best practices, technical assistance guides, and other resources that address barriers to healthy aging.
- \rightarrow **PROMOTE** the relevance of prevention across the life course and recognize that the aging of the population is creating unique challenges and opportunities.
- \rightarrow **FOLLOW** an aging-in-all policies approach whereby the public and private sectors consider the impact on healthy aging for all policies, programs, and infrastructure changes.
- → EMBRACE a multi-dimensional view of healthy aging that recognizes the importance of quality of life, happiness, personal fulfillment, and sense of meaning along with the prevention of disease

National Prevention, Health Promotion and Public Health Council







State and Local Public Health Partnerships to Address Dementia: The 2018-2023 Road Map









- E-1 Educate the public about brain health and cognitive aging, changes that should be discussed with a health professional, and benefits of early detection and diagnosis.
- E-2 Integrate the best available evidence about brain health and cognitive decline risk factors into existing health communications that promote health and chronic condition management for people across the life span.
- E-3 Increase messaging that emphasizes both the important role of caregivers in supporting people with dementia and the importance of maintaining caregivers' health and well-being.
- E-4 Promote prevention of abuse, neglect, and exploitation of people with dementia.
- E-5 Provide information and tools to help people with dementia and caregivers anticipate, avert, and respond to challenges that typically arise during the course of dementia.
- E-6 Strengthen knowledge about, and greater use of, care planning and related tools for people in all stages of dementia
- E-7 Improve access to and use of evidence-informed interventions, services, and supports for people with dementia and their caregivers to enhance their health, well-being, and independence.



- P-1 Promote the use of effective interventions and best practices to protect brain health, address cognitive impairment, and help meet the needs of caregivers for people with dementia.
- P-2 Assure academic programs, professional associations, and accreditation and certification entities incorporate the best available science about brain health, cognitive impairment, and dementia caregiving into training for the current and future public health workforces.
- P-3 Support better informed decisions by educating policymakers on the basics of cognitive health and impairment, the impact of dementia on caregivers and communities, and the role of public health in addressing this priority problem.
- P-4 Improve inclusion of healthcare quality measures that address cognitive assessments, the delivery of care planning to people with diagnosed dementia, and improved outcomes.
- P-5 Engage public and private partners in ongoing planning efforts to establish services and policies that promote supportive communities and workplaces for people with dementia and their caregivers.
- P-6 Assure public health plans that guide emergency preparedness and emergency response address the special needs of people with dementia and their caregivers, support access to critical health information during crises, and prepare emergency professionals for situations involving people with dementia.







ASSURE A COMPETENT WORKFORCE

- W-1 Educate public health and healthcare professionals on sources of reliable information about brain health and ways to use the information to inform those they serve.
- W-2 Ensure that health promotion and chronic disease interventions include messaging for healthcare providers that underscores the essential role of caregivers and the importance of maintaining their health and well-being.
- W-3 Educate public health professionals about the best available evidence on dementia (including detection) and dementia caregiving, the role of public health, and sources of information, tools, and assistance to support public health action.
- W-4 Foster continuing education to improve healthcare professionals' ability and willingness to support early diagnoses and disclosure of dementia, provide effective care planning at all stages of dementia, offer counseling and referral, and engage caregivers, as appropriate, in care management.
- W-5 Strengthen the competencies of professionals who deliver healthcare and other care services to people with dementia through interprofessional training and other strategies.
- W-6 Educate healthcare professionals about the importance of treating co-morbidities, addressing injury risks, and attending to behavioral health needs among people at all stages of dementia.
- W-7 Educate healthcare professionals to be mindful of the health risks for caregivers, encourage caregivers' use of available information and tools, and make referrals to supportive programs and services.



- M-1 Implement the Behavioral Risk Factor Surveillance System (BRFSS) optional module for Cognitive Decline in 2019 or 2020, and the BRFSS optional module for Caregiving in 2021 or 2022.
- M-2 Support national data collection on dementia and caregiving.
- M-3 Use data gleaned through available surveillance strategies and other sources to inform the public health program and policy response to cognitive health, impairment, and caregiving.
- M-4 Embed evaluation into training and caregiving support programs to determine program accessibility, effectiveness, and impact.
- M-5 Estimate the gap between workforce capacity and anticipated demand for services to support people with dementia and their caregivers.

This action agenda provides 25 ways that state and local public health agencies and their partners can pursue goals of the Healthy Brain Initiative.





Helping residents, agencies, providers and governments understand the older people who live in their cities and towns

I want to read the report for: Massachusetts / New Hampshire / Rhode Island

NEW HAMPSHIRE HEALTHY AGING DATA REPORT

COMMUNITY PROFILES

INFOGRAPHIC

STATE MAPS

INTERACTIVE MAPS

TECHNICAL REPORT, DATA SOURCES, AND METHODS

INTERACTIVE MAPS

Chronic Disease Maps

Alzheimer's disease or related dementias

Diabetes Stroke

SHOKE

Chronic obstructive pulmonary disease (COPD)

Hypertension

Ever had a heart attack

Ischemic heart disease

Congestive heart failure

Osteoarthritis/ rheumatoid arthritis

Ever had hip fracture

Glaucoma

Women with breast cancer

Colon cancer

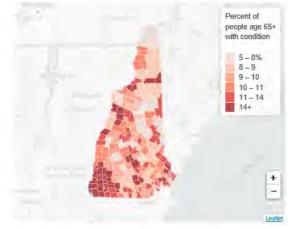
Men with prostate cancer

Lung cancer

Osteoporosis

4+ chronic conditions (of 14)

No chronic conditions (of 14)



Credit: Amanda Cox, MS, The New York Times



HealthyAgingDataReports.org is supported by Tufts Health Plan Foundation.



2019 New Hampshire Healthy Aging Data Report

Older Adult Health in Every Community

Reporting on 166 health risk indicators in 244 communities

NEW HAMPSHIRE IS GROWING OLDER

The Granite State has one of the highest median ages in the nation, second only to Maine.



New Hampshire ranks among the healthlest states. A recent study ranked NH the 3rd healthiest state for older people in the US.

In recent years:

Improved rates for: ischemic heart disease (caused by narrowed arteries).



Worsened rates for: arthritis, breast cancer, cataracts, chronic kidney disease, depression, endometrial cancer, glaucoma, high cholesterol and hypothyroidism.

WHERE YOU LIVE MATTERS

About 37% of NH's population lives in rural areas. Older people in rural areas often have greater needs - and less access to the services needed to diagnose, treat acute illness and manage chronic disease.



Cities had the:

chronic disease rates

than men for...

MEN AND WOMEN AGE DIFFERENTLY

Women have better rates

Wearing a seatbelt

Depression

Eating fruits and vegetables

...but worse rates than men for...

Getting the pneumonia vaccine

Fall-related injury in past year





(I) lowest serious & complex





Rural communities had the

(lowest

indolent chronic conditions rates (which progress slowly and cause little pain)

(h) high

Men have better rates

Physical activity

CDC health screening

...but worse rates than women for...

Getting an HIV test

Substance use disorders

Ischemic heart disease

HIV/AIDS

than women for...

serious & complex chronic disease rates

TOGETHER WE CAN CREATE CHANGE



- · Download your Community Profile at
- healthyagingdatareports.org. · Educate yourself and others about the older people who live in your city or town.
- · Compare your community to state averages.



- · Start a conversation.
- · Bring together older people and community organizations to discuss how to address opportunities and challenges.
- · Connect with the NH Alliance for Healthy Aging to learn from others who care about



- · Identify what's working.
- · Use the data to prioritize needs.
- · Collaborate with diverse partners and funders.

· Join the age-friendly movement.

Visit healthyagingdatareports.org to learn more.

But not for

everyone.

There are

disparities

and ne

by ZIP code







WISDOM

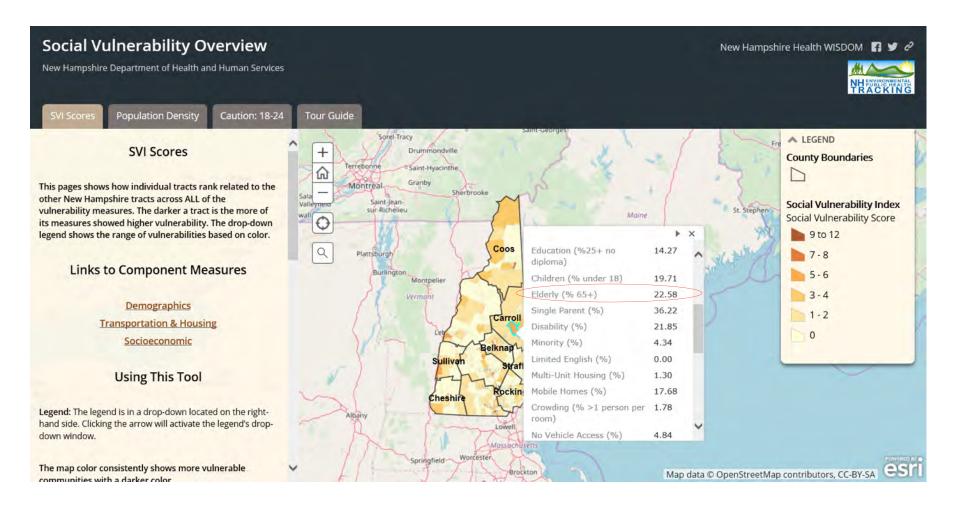


Public Health Services

SOCIAL VULNERABILITY INDEX









RESOURCES

Healthy People 2020

 $\underline{https://www.healthypeople.gov/2020/topics-objectives/topic/older-adults/objectives} \ \ as \ is \ in \ the \ link \ \ and \ \ begin{picture}(1,0) \put(0,0) \put(0,0)$

NH State Health Improvement Plan (Update target 2020)

https://www.dhhs.nh.gov/dphs/documents/nhship2013-2020.pdf

NH Healthy Aging Data Report

https://healthyagingdatareports.org/nh-interactive-maps/

Wisdom-Social Vulnerability Index

https://wisdom.dhhs.nh.gov/wisdom

 $\underline{https://nhvieww.maps.arcgis.com/apps/MapSeries/index.html?appid=5ea495d44e1645978b365c7cd831c611}$

NH State Plan on Aging (Update targeted June, 2019)

https://www.dhhs.nh.gov/dcbcs/beas/documents/stateplan.pdf

Healthy Aging in Action

https://www.cdc.gov/aging/pdf/healthy-aging-in-action508.pdf



THANK YOU!

LISA MORRIS <u>LISA.MORRIS@DHHS.NH.US</u> (603) 271-0895





TIME



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Policy & Advocacy - Overview

- Multi-year, larger-dollar grant opportunity
- Focus areas
 - Access
 - Community and civic engagement
- 2018 grantee New Hampshire Legal Assistance
 - 3-year grant for \$180,000 to organize older people across New Hampshire and to lead the policy and advocacy work for the New Hampshire Alliance for Healthy Aging





Policy & Advocacy – Key Dates

June 19, 2:00 PM......Webinar info session July 22, 4:00 PM.....Letters of Intent (LOI) deadline August 19......Notification of invitation September 23, 4:00 PM.....Full proposal deadline Week of December 18......Notification of award January 1......Grant period begins

www.tuftshealthplanfoundation.org



Momentum Fund – Overview

- Mini-grant opportunity
 - 1-year, up to \$10,000
 - Advance promising solutions prioritized by the community
- 2018 grantees
 - Supported a wide range of organizations and projects









Upper Valley Community Nursing Project







Momentum Fund – Key Dates

www.tuftshealthplanfoundation.org/momentumfund



Contact Information

- Kimberly Blakemore, Program Officer
 - kimberly_blakemore@tufts-health.com

- Phillip González, Senior Program Officer
 - phillip_gonzalez@tufts-health.com



Assistive Technology in New Hampshire (ATinNH)

Stacy Driscoll: Stacy.Driscoll@unh.edu

https://atinnh.at4all.com/

Institute on Disability

COMMUNITY ANNOUNCEMENTS



UPCOMING MEETING DATES

- Wednesday, September 11, 2019
- Thursday, December 12, 2019





Thank you for participating!

For questions or additional information, contact:

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