

NEW HAMPSHIRE

Decision Making related to affairs of the state is jointly shared between our Governor and Executive Council (elected). The New Hampshire's Executive Council is responsible for overseeing the majority of state contracts and spending, acting as a check against the power of the state's governor. The Executive Council holds the distinction of being the first (1680) and the last of its kind in the nation. "It is a vestige of the Colonial era and a public reminder of the continuing indication of the basic distrust Granite State citizens have for dictatorial government."



Children with Special Health Care Needs - National Survey (2009-2010)		
Caregivers experienced difficulty or delays in getting services with degree of frustration		
Characteristics	Weighted Count	Proportion
State Overall	17912	33.0%
<u>Race /Ethnicity</u>		
Hispanic	1181	49.5%
Non Hispanic White	14526	31.1%
Non Hispanic Black	377	26.2%
Non Hispanic Other Race	1828	49.5%
<u>Complexity of Needs</u>		
CSHCN managed primarily by RX meds	3736	17.8%
CSHCN with more complex service needs	14177	42.7%
<u>Emotional, Behavioral and Developmental (EBD) Problems</u>		
CSHCN without Emotional/Behavioral Disorders (EBD)	9445	25.3%
CSHCN with EBD	8467	50.3%
<u>Household Language</u>		
English	17723	32.9%
Language Other than English	190	52.2%

State Data: As a part of the NH Autism Needs Assessment and State Plan activities this data which highlighted the discrepancies related to health care access for vulnerable populations was used to inform the design for stakeholder input and development of the State Plan. The State Plan workgroup decided to incorporate Access and Health Equity in all sections instead of pulling it out into a separate section.

NH programs for CSHCN (Title V, Part C Early Intervention and the Autism Registry - created 2009) have coordinated the use of CDC and NH Office Health Equity (OHE) recommended approaches for race, ethnicity and language access data collection for at least 10 years.

This data will facilitate evaluation of access to services and cross program data comparisons as recommended in the Autism State Action Plan and Workbook. Additional work is still needed in order to collect data from all NH contractors that demonstrates their adherence to CLAS standards and the impact on access/equity.

QI: Annual surveys are sent to caregivers that allow us to assess the differences in satisfaction across populations. Approaches include survey in family language of choice and having a neutral interviewer contact the caregiver with direct translation services.

Engaging Communities: NH emphasizes the use of focus/stakeholder groups that are moderated in other languages for populations served, including the use of bilingual Community Health Workers.