



SIGNATURE PROGRAMS

Across the nation, our signature programs leverage unique partnerships and multi-sector approaches to address some of our most challenging public health issues — resulting in improved public health systems and measurable health improvement. Below are a few examples from our network. To learn more about our network, visit www.nnphi.org or reach out to us at engagement@nnphi.org.



REDUCING DIABETES IN MISSISSIPPI DELTA



Mississippi Public Health Institute and their partners with the MS Department of Health, University of MS Medical Center, the MS Division of Medicaid, and the University of MS School of Pharmacy, implement a coordinated approach to lower the incidence and severity of diabetes in the Delta Region.

RESULTS:

By integrating existing medical and non-medical systems of care, supporting the creation of patient-centered medical homes and developing policies that positively impact environmental and social determinants of health related to type 2 diabetes, results to date show **significant decreases in A1 C levels**.

IMPROVING LIVES OF PERSONS LIVING WITH HIV IN DC



Positive Pathways, created by the Institute for Public Health Innovation, placed community health workers in clinical and non-clinical settings (e.g., community-based organizations, community health centers, hospitals, health departments and Medicaid MCOs) to support out-of-care HIV-positive individuals.

RESULTS:

After 12 months of working with a community health worker, **median CD4 cell count increased** to 524 cells/ μ L, **median viral load decreased** to 75 RNA copies/mL, and **78%** of participants had a suppressed viral load.

CHANGING HOUSING POLICY TO SUPPORT HEALTH IN GEORGIA



Georgia allocates \$22 million annually in support of affordable housing development through low-income housing tax credits (LIHTC), allocated through its Qualified Allocation Plan (QAP). All 50 states use a QAP. The Georgia Health Policy Center research indicated that of the nearly 8,300 family housing units developed in Georgia with LIHTC funding over the past decade, 70% have been located in areas with high public health needs.

RESULTS:

The 2015 QAP Health Impact Assessment helped housing developers consider how their siting, design, and operational decisions could be more supportive of community health. Additionally, the HIA findings led to **changes to state-level affordable housing policy**.

LIFTING UP BEST PRACTICE FOR TELEHEALTH

With support from the Heath Resources and Services Administration (HRSA), **Public Health Institute's Center for Connected Health Policy (CCHP)** established the national telehealth policy resource center (NTRC-P). CCHP provides telehealth policy technical assistance and education for the general public including federal and state lawmakers, providers, payers, and national organizations. CCHP produces the nation's only up to date publicly accessible resource of all 50 State Telehealth Laws, Regulations and Medicaid policies.



RESULTS:

During the 2016 calendar year, the website received **109,715 visits**—an increase of over 32,000 from the previous year. Over the past three years the center received **694 requests for assistance**.

ADDRESSING HIGH NUMBER OF TOBACCO-RELATED DEATHS AND DISEASE IN LOUISIANA

The Healthier Air for All Campaign, led by the **Louisiana Public Health Institute**, the secondhand smoke initiative of Tobacco Free Living, encourages support for the protection of all employees with the expansion of smoke-free policies, businesses and events across Louisiana, to continue the growing movement toward a 100% smoke-free Louisiana.



RESULTS:

Research findings show: (1) in previously smoking venues the average level of fine particle **air pollution dropped by 96%**; (2) exposure to secondhand smoke for 3 hours in a smoky bar led to significantly reduced lung function as measured by spirometry; (3) a majority of tourists supported a smoke-free policy; and (4) employment in the food service and accommodations **industries continued to increase** after the statewide Louisiana Smoke-Free Air Act which banned smoking in workplaces and restaurants.

IMPROVING TREATMENT FOR OPIOID ADDICTION IN PENNSYLVANIA

Public Health Management Corporation's Federally-Qualified Health Center services provide a combination of medication-assisted treatment (MAT) with counseling and behavioral therapies. Research shows a combination is most effective for treating opioid use disorders. Thus, expansion of MAT into community health centers offers the promise of increasing access to MAT for more individuals while also potentially mitigating the stigma associated with treatment at traditional drug treatment facilities.



RESULTS:

Philadelphia drug overdose deaths increased 80% from 2013. 80% of those overdose deaths involved opioids, including prescription painkillers, heroin, and fentanyl. By investing in MAT services in our health center, HRSA funding will support **increased access to MAT** for Philadelphians with opioid use disorders. Data are being collected now.

IMPROVING DATA ACCESS TO PREVENT INFANT AND CHILD DEATHS NATIONWIDE

Developed by the **Michigan Public Health Institute**, the National Center for Fatality Review and Prevention serves as a data and resource center for Child Death Review programs and Fetal and Infant Mortality Review programs.



RESULTS:

In 12 months **reached more than 16,000 professionals** working to reduce preventable fetal/infant/child/adolescent death rates. Database includes details regarding deaths of more than 187,000 infants/children.

PROVIDING TIMELY AND COST-EFFECTIVE DATA AFTER A DISASTER

The **North Carolina Institute for Public Health (NCIPH)** developed a Collect SMART application making community data collection efficient and cost-effective. Using the web-based program and the Android-compatible mobile app, which is integrated with CDC's Epi Info™ program, users can create electronic questionnaires, select survey sites, and utilize real-time mapping and analysis tools.



RESULTS:

This technology has been used in the aftermath of natural disasters and for community health assessments and other community-wide data collection efforts, with **21 community surveys completed** involving **nearly 3,500 interviews** with community members in North Carolina as well as Kansas, Illinois, Texas and Virginia.

INCREASING WELLNESS IN THE WORKPLACE IN MASSACHUSETTS

Health Resources in Action is implementing a Working on Wellness (WOW) campaign that supports Massachusetts businesses develop and implement worksite wellness initiatives to improve the health of their employees and communities.



RESULTS:

WoW **increased by 72,000** the number of Massachusetts employees with access to comprehensive worksite wellness initiatives, 21% of whom are lower wage workers. These initiatives will help lower health care costs.



INCREASING ACTIVITY FOR SCHOOL CHILDREN IN ILLINOIS

Pump Up P.E., created by **Illinois Public Health Institute** to help P.E. teachers across Illinois implement recent physical education (P.E.) policy changes in Illinois to promote academic achievement and help students realize the lifetime benefits of fitness. Supported by 267 hours of technical assistance on implementing the changes to 22 districts.



RESULTS:

23% increase in class time students were physically active