



Office of Recovery Act Coordination

Department of Health and Human Services

Office of the Assistant Secretary for Financial Resources

Recovery Act:

New Hampshire Highlights



Since the enactment of the Recovery Act in 2009, the U.S. Department of Health and Human Services has made **\$428.1 million in stimulus funds available in the State of New Hampshire*** for Community Health Centers, universities and other institutions in the State to provide fiscal relief, improve and expand access to health care, provide child care and other social services for its most vulnerable citizens, establish the infrastructure for health information technology, and conduct scientific research.

This includes:

- **\$299.9 million** for the increased Federal share (FMAP) of State Medicaid costs.
- **\$50.9 million** for scientific research and facilities, including:
 - **\$9.3 million** to Dartmouth College to build surgical suites for research on new procedures and image-guided interventions.
- **\$20.7 million** for Community Health Center services, construction, renovation, equipment, and health information technology (IT), including:
 - **\$3.4 million** for Littleton's Ammonoosuc Community Health Services Inc. and **\$3.2 million** for Newmarket's Lamprey Health Care, both for construction, equipment, and increased demand for services.
 - **\$1.5 million** for Community Health Access Network, New Market, for health IT.
 - **\$631,000** for Manchester Community Health Center for construction, equipment, and increased demand for services.
- **\$10.5 million** for Temporary Assistance for Needy Families (TANF).
- **\$5.8 million** for health IT, including:
 - **\$6.2 million** to Massachusetts eHealth Collaborative Inc. to create a Regional Extension Center to provide health IT support services to doctors and other health care providers.
- **\$5.2 million** for the Community Services Block Grant for community action agencies to reduce poverty and help low-income residents become self-sufficient.
- **\$4.9 million** for Early Head Start and Head Start programs to expand and improve quality.
- **\$4.7 million** for the Child Care and Development Fund to increase access to child care and improve quality.
- **\$1.1 million** to support 24 National Health Service Corps clinicians providing primary health care in Health Professional Shortage Areas.
- **\$927,000** for the Communities Putting Prevention to Work initiative for State programs targeting tobacco and obesity.
- **\$766,000** for State efforts to fight healthcare-associated infections.
- **\$604,000** for immunization programs.
- **\$485,000** for meals and nutrition services for the elderly.
- **\$250,000** to strengthen community non-profit groups that serve the needy.
- **\$200,000** for chronic disease self-management programs for seniors.

**The total funding in this document is based on the HHS Sept. 30, 2011, Financial and Activity Report (FAR) for the Recovery Act, available at the Department's website, <http://www.hhs.gov/recovery/reports/index.html>, except for FMAP, which is based on the Oct. 21, 2011, FAR and FMAP obligations of \$46.9 million in Recovery Act funds extended by P.L. 111-226. The highlights are a selection of programs funded by the Recovery Act and do not add up to the total funding within the State. For more information about individual HHS programs and Recovery Act funding, see <http://www.hhs.gov/recovery/>.*