

Welcome & Introductions	Sen. Tom Sherman, Rep. Jerry Knirk, Rep. William March, Ann Landry, Tyler Brannen, Justin Romanello, Paula Mattis, Lisa Morris, Polly Campion, Lisa Bujno, Martha McLeod, Becky McEnany, Phil Sletten, Joshua Meehan, Lynn Lippitt, Greg Norman, Edward Shanshala, Ben Hillyard, Daisy Pierce, Yvonne Goldsberry, Kerran Vigroux, Diane Quinlan, Marie Ramas, Julie Bosak, Julianne Batista, Abigail Rogers, Katie Robert, Ciera Hunter, Randy Hayes, Jo Porter, Heidi Kroll, Susan Drown, Lucy Hodder	
	Discussion / Questions	Action Items for Follow up
Summary from Subcommittee on Community Engagement	<ul style="list-style-type: none"><li>• Preliminary Survey Analysis<ul style="list-style-type: none"><li>○ County Distribution – rural counties have smaller distribution</li><li>○ Age Distribution – 65 and older, 20% (slightly underrepresented; census number 23.3%); under 35, 40%</li><li>○ Race and Ethnicity Distribution – 6.2% of the population was not white in the survey, there are gaps in survey data</li><li>○ Note: Margin of error somewhere around 3%, respondent demos weighted/in line with state profile</li></ul></li><li>• Points of interest:<ul style="list-style-type: none"><li>○ There is a lot of recognition within younger age groups about the importance of mental health</li><li>○ Older adult population trends not liking to talk about mental health</li><li>○ Students and older adults have a significant difference between what they prioritize within health and wellness</li><li>○ Older populations may see general health and wellness as a more important factor</li><li>○ Renters and those who make less money identified as more lonely</li><li>○ Those who are gender non-conforming have felt mental health to be most important</li><li>○ Further highlights the need for mental health resources within the LGBTQ+ community</li></ul></li><li>• Question 4: importance of wellness areas – physical health (42.7%), mental health (36.4%); over 50% ranked things other than physical health as the most important wellness area<ul style="list-style-type: none"><li>▪ Participants were given definitions, but more reminders directly with the question would be helpful</li><li>○ Interpretation of a piece of the overall results is that respondents considered Social Wellness, as defined, is more of a "supporting" type of wellness rather than the first priority among forms of wellness for survey respondents.</li><li>○ The 10:1 ration of spiritual to social wellness is surprising.</li><li>○ Could we see the rankings (slide 10) by county? Curious that Grafton’s % is lowest<ul style="list-style-type: none"><li>▪ Include frequency as well as percentage</li></ul></li><li>○ Social wellness, not as important because not an option during COVID</li></ul></li></ul>	<ul style="list-style-type: none"><li>•</li></ul>

	<ul style="list-style-type: none"> <li>○ We can double check the age to county breakdowns. The survey results are weighted - but we can check if the weighting is at county-age brackets, or state-age brackets.</li> <li>○ “Other gender” mental health is most important, 85.7%, there is a small n</li> <li>○ IF we consider "mental" and "behavioral" use of language, would we see different responses. Is there a skew because of the history around the word "mental?"</li> <li>○ Earlier comment about the stigma of the word “mental” is a really important point</li> <li>○ The Subcommittee discussed how in comparison to previous health assessments around the states over the last decade, there is an increasing priority from survey respondents regarding mental health. We also saw that younger respondents noted mental/emotional health as a priority vs lower percentage of respondents 65yo and older. The trend of increasing recognition of mental/emotional health and wellness is encouraging.</li> <li>○ Numbers for mental health and emotional wellness differs by county.</li> <li>○ Preliminary results show mental health (when combined with social/emotional) prioritized over physical health as a priority for many sub-groups</li> <li>● Question 13: The issues below all play a part in our health and wellness <ul style="list-style-type: none"> <li>○ Highest priority – Access to quality education</li> <li>○ How do people rate the current access in their community? Could we compare highest priority and current access? Reacting to a feeling that they don’t have the highest quality of education or do they believe this is high priority all the time</li> <li>○ How time-specific were some of the questions? Were there prompts to make people answer in the context of the pandemic, right now, generally, etc.?</li> <li>○ Any time in the last year for access to resources, but for rating priority - there was no time specificity</li> </ul> </li> <li>● Original intent of having priority groups is to bolster a case of allocating resources to show where there is a need</li> <li>● Survey is now closed. We are analyzing the data and presenting to this group.</li> </ul>	
<p><b>Discussion of Domain 1: Access to Opportunity – Jo Porter</b></p>	<ul style="list-style-type: none"> <li>● Educational Attainment <ul style="list-style-type: none"> <li>● See by county and range within county</li> <li>● Race and Ethnicity - Shifting from one-year estimates to five-year estimates may help with margin of error as well. Could we include the sample size in each of these groups?</li> <li>● How does educational attainment translate into professional achievement? Nationally, people of color have greater education in the same professional position as white contemporaries.</li> <li>● Enrollment in school</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>● Question for further consideration: What resources are important for the public to know about to address these topics?</li> <li>● Last slides on housing will be discussed at next meeting</li> </ul>

	<ul style="list-style-type: none"> <li>- This data doesn't tell us what percent of school age children who are eligible for schooling are not enrolled in school</li> <li>- Eligible, but not enrolled, could mean homeschooled – be careful of wording</li> <li>- There is data on homeschooled students</li> <li>- You might get better data if you ask about truancy.</li> <li>- Look into where kindergarten belong</li> <li>• Computer and Internet Access                         <ul style="list-style-type: none"> <li>- 25mbps is adequate (may not be adequate across area covered – if there is one place in the census tract that has that coverage then the whole area is considered covered)</li> <li>- This needs to be more granular and consider affordability</li> <li>- The cost between speeds is very different</li> <li>- There isn't great data on this</li> <li>- Best data may be ACS when they ask people if they have internet</li> <li>- 65% of survey data shows internet is high priority</li> <li>- Given the high priority respondents are placing on quality education and the connection between education and broadband accessibility, this data is critical to our assessment in addition to the newer COVID stimulated connection directly to healthcare access.</li> <li>- The Department of Education may be able to give statewide of the number of students needed internet access support.</li> <li>- Maybe with the Rescue plan funding, the information about broadband access and relative needs will have to expand.</li> <li>- COVID is important context to weigh this data</li> </ul> </li> <li>• Living at or below Federal Poverty Level - There is the definition of poverty vs the concept of living wage; can residents meet basic needs when living in NH                         <ul style="list-style-type: none"> <li>- People are not able to take advantage of benefits if they are “just above” the poverty line; many people live in between the federal poverty line and being able to afford life</li> <li>- Differentiate between poverty line and having a living wage in the state</li> <li>- MIT living wage calculator (state and county level); Economic policy institute's calculator (county or metro areas); multiple federal guidelines by a certain amount</li> </ul> </li> <li>• Supplemental Nutrition Assistance Program                         <ul style="list-style-type: none"> <li>- Why did SNAP benefits decrease so soon after the pandemic? Expanded unemployment benefits counted against SNAP eligibility</li> </ul> </li> </ul>	
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State Health Assessment (SHA) and State Health Improvement Plan (SHIP) Advisory Council Meeting  
April 16, 2021

	<ul style="list-style-type: none"> <li>- In primary care face to face decreased early in pandemic and is slowly coming back. SNAP help is often a face-to-face conversation.</li> <li>- There are people who may have become eligible for benefits during COVID who might not have needed benefits in the past. Lack of information about availability of benefits and info on how to apply may be a factor as well.</li> <li>• Employment status by age – high percent of 65 and older still in the workforce</li> <li>• Save Housing Affordability for next meeting</li> </ul>	
<b>Health Care Services Assessment – Senator Sherman</b>	<ul style="list-style-type: none"> <li>• Create a map where we are looking at the provision of healthcare throughout the state in a broad sense (hospitals, doctor’s offices, FRCs, FQHCs, etc.) – how are they interconnected</li> <li>• Summer project (start in July)</li> <li>• Create a subcommittee to define what map will look like and accomplish</li> <li>• Talked to Attorney General’s office already</li> <li>• Who is doing what, where, and how they are interconnected?</li> <li>• Will cost be determined from this project?</li> <li>• Inventory and gap analysis are two different things, will we do both?</li> <li>• Volunteer: Rep. Jerry Knirk, Ed Shanshala, Allia Hayes (Lisa Morris’ recommendation), Ben Hillyard, Lucy Hodder, Yvonne Goldsberry</li> </ul>	<ul style="list-style-type: none"> <li>• Designate people to join the subcommittee</li> <li>• Add vote to next meeting agenda</li> </ul>
<b>Public Comment</b>	<ul style="list-style-type: none"> <li>• None</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
<b>Next Steps</b>	HB157 being heard next week Next meeting: May 21st, 2021	

**Council Membership List, as of 4/15/21 at 9:00am**

<b>Council Member Name</b>	<b>Council Member Designation</b>	<b>Attendance</b>	<b>Approval of 03/19/2021 Meeting Minutes</b>
Tom Sherman	Senate Majority (Chair): first named	Present	Yes
Jerry Knirk	House Majority	Present	Yes
William Marsh	House Minority	Present	Yes
Jeb Bradley	Senate Minority	No	
Ann Landry	DHHS	Present	Yes
Tyler Brannen	Dept. of Insurance	Present	Yes
Justin Romanello	DOS: Designee	Present	Yes
Helen Hanks	DOC: (Paula Mattis Designee)		
Lisa Morris	DHHS: Public Health	Present	Yes
Polly Champion	Chair of St. Comm. on Aging	Present	Yes
Jaime Hoebeke	Manchester Health Dept.	No	
Lisa Bunjo	NH Public Health Assoc.	Present	Yes
Martha McLeod	NH Alliance for Healthy Aging	Present	Yes
Becky McEnany	North Country Health Consortium	Present	Yes
Phil Sletten	NHFPI	Present	Yes
Joshua Meehan	NHHAC	Present	Yes
Lynn Lippitt	NHHFA	Present	Yes
Greg Norman	NHHA: Lg. Health System	Present	Yes
Edward Shanshala, II	Bi State Primary Care	Present	Yes
Benjamin Hillyard	LCMHC	Present	Yes
Daisy Pierce	Peer Recovery	Present	Yes
Carolyn Murray, MD	Env. Health: Dartmouth	No	
Adam Steel	NHSAA	No	
Christine Brennan	DOE	No	
Yvonne Goldsberry	Endowment for Health	Present	Yes
Kerran Vigroux	NH Providers Association	Present	Abstain

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Bobbie Bagley	Nashua Health Dept.	No	
Diane Quinlan	Attorney General: Designee	Present	Yes
Marie Ramas, MD	NHMS	Present	Yes
Julie Bosak	NHNPA	Present	Yes
Charlene Lovett	NHMA	No	
Kim McNamara	NH Health Officers Assoc.	No	
members present – quorum met		Present = 23	Yes = 22 Abstain = 1

Other Attendees	
Jo Porter	
Katie Robert	
Ciera Hunter	
Juliana Battista	
Abigail Rogers	
Randy Hayes	
Heidi Kroll	
Susan Drown	
Lucy Hodder	