

Welcome & Introductions	Julianne Battista, Sen. Tom Sherman, Katie Robert, Jo Porter, Rep. Jerry Knirk, Yvonne Goldsberry, Patricia Tilley, Anela Kruscica, Polly Campion, Daisy Pierce, Ciera Hunter, Lynn Lippitt, Diane Quinlan, Lisa Lowell Bunjo, Heather Phillips, Becky McEnany, Martha McLeod, Phil Sletten, Kerran Vigroux, Kirsten Durzy, Marie Ramas, Gregory Norman, Ben Hillyard, Charlene Lovett, Susan Drown, Helen Hanks, Richard Friedman, Tom Prasol, Sabrina Dunlap, Tracy Kierns, Edward Shansala	
	Discussion / Questions	Action Items for Follow up
Report from Community Engagement Subcommittee	<ul style="list-style-type: none">• They had 3 meetings and developed 6 recommendations<ul style="list-style-type: none">1. We recommend moving forward with the Granite State Panel (GSP) ASAP.<ul style="list-style-type: none">○ Begin with survey first, may need to solicit additional support and resources from the advisory group.○ Bobbie suggests Focus Groups, Key Informant Interviews with Community Leaders/Stakeholders/Story Telling Sessions would be helpful – could be done by Zoom○ Timeline for Survey Center: next three weeks to get survey fleshed out and determine which modifications are needed (potentially longer with holidays)2. We will revise/adapt the survey so that it is applicable in all settings - we will not use different versions of the survey w/ the GSP and other community settings.<ul style="list-style-type: none">○ Daisy suggests utilizing surveys already available, may be an issue with time constraints○ Need consistency of vocabulary, have one translator for whole survey○ Meet one or two more times with hopes of fleshing out larger survey, disseminate by end of January to GSP3. We will incorporate questions that better reflect the experiences we are trying to understand, while generally placing some emphasis on questions that are comparable to larger, national datasets.<ul style="list-style-type: none">○ Put more attention toward rural NH populations○ Marie asks Is there a security concern with Google groups for sharing information/drafts?○ Frame language for readability at all educational levels	

	<p>4. We recommend complementing the GSP data collection with an over/convenience sampling of our priority groups with the survey.</p> <p>5. We recommend additional qualitative activities with priority groups to learn about their experiences relating to wellness. Make connections to survey results, if possible.</p> <ul style="list-style-type: none"> ○ Bobbie says for the public knowledge of what we are doing using email is there a way to create a public access email? The medical student suggested this. <p>6. We recommend documenting gaps in our data collection methods (ie., not engaging the community in the planning/developing the questions, limited GSP diversity) in the SHA/SHIP recommendations for future SHAs.</p> <ul style="list-style-type: none"> ○ COVID posing gaps such as lack of community/public input ○ Beware that only a certain amount of work can be done on the survey without public input <ul style="list-style-type: none"> • Discussion <ul style="list-style-type: none"> • Creative ways of incentivizing priority groups, will discuss more in the New Year • More meetings will be held in early January to help flesh out the survey • Hope to present final survey for next agenda • Disseminate in early February • Gives 3 months for data rendering and report writing • Kirsten offers assistance in public health story telling • Helen says “I have found in my past experience in analyzing qualitative data - by finding themes in descriptors to get to better depth of information that can be lost in just straight analytic review of control questions” • Martha suggests reaching out to New Futures • Web based vs phone is in transition with current situation • Pre-informant testing: using data from the census, panel, and telephone surveys • Important to ensure a good representation of population, sex and age are weighed • How can we engage underrepresented groups such as minorities, low education, and young men 	
Overview of Granite State	<ul style="list-style-type: none"> • Web panel and random digit dial programs • Online panel that uses probability to poll NH adults 	<ul style="list-style-type: none"> • Jo can share cost of survey to group

<p>Panel</p>	<ul style="list-style-type: none"> • About 6,000 members on the panel currently • To ensure representation, they weight the data by age, gender, education and compare to the census and weight to the party registration • Non-English is underrepresented • Young men are underrepresented • Low income, republican males is underrepresented • Regionally, lowest level collected is town, but they can make regions • Weightings are varied regionally • Questions are written at an 8th grade level, literacy level of participants is unknown • Survey can be translated to other languages for an additional cost • To get responses from priority groups, we will need to supplement with qualitative data and/or specific reach outs • Survey can be incentivized by raffle or can be given direct amount for completion if funds are available • Additional Discussion <ul style="list-style-type: none"> ○ Diane asks, “have we offered incentives for the survey?” ○ How granular can the GSP be? ○ Marie asks: What is the average literary grade level of the GSP? Have you considered using different language translations of the survey? <ul style="list-style-type: none"> ▪ Need to make sure we offer other languages, use other tools and methods to get information from non-English speakers ○ Ben asks: What are the costs associated with the survey? <ul style="list-style-type: none"> ▪ Survey is cheaper than telephone surveys ○ Kirsten asks: Can you speak to your pre-testing methodologies - specifically any use of cognitive interviewing to better understand the understanding of concepts such as "community" and "family" <ul style="list-style-type: none"> - Full cognitive interview pre-tests, short collection, asking questions in the survey, explain our pages, see how long people are spending on pages. Client driven. 	
<p>Data Discussion: Domain 2</p>	<ul style="list-style-type: none"> • Who are we? <ul style="list-style-type: none"> ○ Adverse Childhood Experiences (ACEs) ○ Commuting patterns (0.9% of NH commutes using public transportation) ○ Environmental Health • Community Assets and Resources <ul style="list-style-type: none"> ○ Overview <ul style="list-style-type: none"> ▪ 13 Public Health Networks 	<ul style="list-style-type: none"> •

	<ul style="list-style-type: none"> ▪ 13 ServiceLink Resource Centers ▪ Senior Centers ▪ Schools ▪ Suicide Hotline – Coverage and Use ▪ Area Agencies ▪ Community Health Centers, Federally Qualified Health Centers ▪ Community Mental Health Centers ▪ ADD: Faith Community, Veteran Communities, Clubs, Hospital Systems (how it contributes to communities economically), Food Delivery Services, Recovery Community Organizations (used in different ways by different people) ▪ What assets can we leverage to meet the challenges that will be revealed? ▪ Make distinction between inventory of assets vs quality or range of assets ▪ Remember that it is the job of this community to map the assets ○ Additional Discussion <ul style="list-style-type: none"> ▪ Phil says - Would we want to include food banks, or even a measure of grocery stores/establishments/markets that accept SNAP? ▪ Ben says: Should we add private practice behavioral health providers? CMHC are moving to a quick access model but the private practice have not or can't. Many patients call 4-6 providers for first time appointments without success. ▪ Lisa B. says “Food access is an important issue. What about substance use disorder agencies?” ▪ Daisy says: “Recovery Community Organizations are resource centers and pre-COVID they were all drop-in centers for any community member who needed access to treatment & recovery services (https://nhrecoveryhub.org/)” ▪ Heather says: Woven within faith-based locations and food banks, what about homeless shelters or day service stations? To Greg's point, most of our rural areas do not have a full shelter but maybe another type of positive resource/asset ▪ Marie says “The American Academy of Family Physicians have a geomapping toolkit that we can upload information to and be used throughout the state. Would save on costs as well.” ▪ Daisy asks: “Would the NH Coalition for Homelessness keep track of statewide resources for people experiencing homelessness?” • Environmental Health 	
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	<p>can be traced back to the k-12 schools and the degree to which we address ACE toward resilience.”</p> <ul style="list-style-type: none"> ○ Daisy says “And we can look at correctional facilities that have programs designed to reduce recidivism - like the Correctional Opportunity for Recovery and Education at Belknap County. And we should include Adverse Childhood Experience Response Teams somewhere in the assets & gaps.” ○ Charlene says, “The TRAILS program at the Sullivan County Correctional Facility has been a model nationally for reducing recidivism rates.” ○ Patricia says: “I think the ACES data is a place to start and then move downstream to Child welfare and violent crime.” ○ Sen. Sherman says: “The state is undergoing a study by the CSG as part of corrections and behavioral health under the Governor’s Advisory Council with Commissioner Hanks to look at some of these issues including recidivism.” ○ Phil says, “If it is helpful, some related metrics from the UW County Health Rankings are homicides, suicides, firearm fatalities, traffic deaths, drug overdose deaths; but they don’t use “safety” and that’s across a few different groups.” ○ Daisy says: “Domestic violence rates as a metric for safety” ○ Kirsten says: “There are multiple vulnerability indexes - a state one, a CDC one and even a very specific COVID CVI that can be analyzed down to census tract levels that can provide significant information for a process like this” “We have that data (congregate living etc.) for vaccine planning purposes that could be shared with this process” ○ Phil says “there could be complications from keeping things too local” 	
Public Comment	<ul style="list-style-type: none"> ● No public comment 	<ul style="list-style-type: none"> ●
Next Steps		

Council Membership List, as of 12/15/2020, 8:55AM

Council Member Name	Council Member Designation	Attendance	Approval of 11/20/2020 Meeting Minutes
Tom Sherman	Senate Majority: first named	Present	Yes
Jerry Knirk	House Majority	Present	Yes
William Marsh	House Minority	Absent	N/A
Jeb Bradley	Senate Minority	Absent	N/A
Ann Landry	DHHS	Absent	N/A
Tyler Brannen	Dept. of Insurance	Present	Yes
Nick Mercuri	DOS: Designee	Absent	N/A
Helen Hanks	DOC	Present	Yes
Lisa Morris	DHHS: Public Health	Absent	N/A
Polly Campion	Chair of St. Comm. on Aging	Present	Yes
Jaime Hoebeke	Manchester Health Dept.	Absent	N/A
Lisa Bunjo	NH Public Health Assoc.	Present	Yes
Martha McLeod	NH Alliance for Healthy Aging	Present	Yes
Becky McEnany	North Country Health Consortium	Present	Abstain
Phil Sletten	NHFPI	Present	Abstain
Joshua Meehan	NHHAC	Absent	N/A
Lynn Lippitt	NHHFA	Present	Yes
Greg Norman	NHHA: Lg. Health System	Present	Yes
Heather Phillips	NHHA: Critical Care	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	Present	Yes
Adam Steel	NHSAA	Absent	N/A
Yvonne Goldsberry	Endowment for Health	Present	Yes
Kerran Vigroux	NH Providers Association	Present	Yes

State Health Assessment (SHA) and State Health Improvement Plan (SHIP) Advisory Council Meeting
December 18, 2020

Bobbie Bagley	Nashua Health Dept.	Absent	N/A
Diane Quinlan	Attorney General: Designee	Present	Yes
Marie Ramas, MD	NHMS	Present	Yes
Julie Bosak	NHNPA	Absent	N/A
Charlene Lovett	NHMA	Present	Yes
Kim McNamara	NH Health Officers Assoc.	Absent	N/A
21 members present – quorum met			19 = Yes 2=Abstain

Other Attendees	
Trish Tilley	
Jo Porter	
Katie Robert	
Ciera Hunter	
Susan Drown	
Richard Friedman	
Tom Poler	
Sabrina Dunlap	
Anela Kruscica	
Kirstin Durzy	
Julianna Battista	
Tracy Keirns	
Abby Rogers	