

<b>Welcome &amp; Introductions</b>	Tom Sherman, Jeb Bradley, Tyler Brannen, Helen Hanks, Lisa Morris, Polly Campion, Martha McLeod, Becky McEnany, Phil Sletten, Joshua Meehan, Lynn Lippitt, Greg Norman, Heather Phillips, Edward Shanshala II, Benjamin Hillyard, Daisy Pierce, Carolyn Murray, Adam Steel, Kerran Vigroux, Diane Quinlan, Marie Ramas, Julie Bosak, Kim McNamara, Lucy Hodder, Jo Porter, Ciera Hunter, Julianne Battista, Katie Robert, Jerry Knirk (arrived after introductions), Jaime Hoebeke (arrived after introductions)
	<div data-bbox="862 347 1111 379">Discussion / Questions</div> <div data-bbox="1648 347 1951 379">Action Items for Follow up</div>
<b>Report from Community Engagement Subcommittee</b>	<ul style="list-style-type: none"> <li>• After sending out first round of survey, we are looking to do another round focusing on priority groups – also looking at ways to collect qualitative data.</li> <li>• Objectives for the survey work <ol style="list-style-type: none"> <li>1. Deepen understanding of self-identified personal wellness status.</li> <li>2. Identify components of personal wellness that are important to the individual survey respondent.</li> <li>3. Identify the personal wellness-related assets currently accessed by individual survey respondent.</li> <li>4. General perceptions of barriers, accessibility, satisfaction</li> <li>5. Understand key supports for personal wellness as identified by the individual survey respondent.</li> <li>6. Identify what are the greatest challenges to personal wellness as identified by the individual survey respondent.</li> </ol> </li> <li>• Goal to have one more meeting and submit the survey to the survey center in February.</li> <li>• Following 3 months – do focus groups, targeted information sessions and surveying to get qualitative information from historically unrepresented or vulnerable groups</li> <li>• Does the first part include those with developmental delays/disabilities <ul style="list-style-type: none"> <li>• This will not be a focused population for survey in the first round, but it will be in another part/other rounds, but they are not excluded (only included to the extent that they are in the existing Granite State Panel)</li> <li>• Kim McNamara recommends reaching out to caregivers or guardians in addition to organizations</li> </ul> </li> <li>• Gregory Norman asked, “How do you define the difference between 'assets' (#3) and 'key supports' (#4)?” <ul style="list-style-type: none"> <li>• Assets are organizations, key supports are more on individual level/what is being utilized</li> </ul> </li> <li>• Goal is to better understand how granite states define health and wellness for themselves <ul style="list-style-type: none"> <li>• Getting too granular may not reflect the community’s understanding of their wellness and health</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>• Survey has question about perception to access, but it does not go into detail/differentiate access to individual services – Generally ties to gather if people feel that they have adequate access</li> <li>• This initial survey is one aspect of the data gathering process</li> <li>• Polly Campion wants to double check that the survey is structured and written at a level appropriate to the population answering <ul style="list-style-type: none"> <li>• Yes, it is written at an appropriate level based on grade level check to date</li> </ul> </li> <li>• Kim McNamara wonders if emergency services are included <ul style="list-style-type: none"> <li>• How easy is access to mental health services, addiction services, etc</li> <li>• Kim asks about emergency services relating to Covid-19, will there be accommodations for those who can't make it to Covid-19 vaccination sites?</li> <li>• There is an agreement scale for "My community can provide emergency services during a disaster."</li> </ul> </li> <li>• This survey may not get at the complexity for important sub populations, but there will be more information gathered through additional targeted data collection</li> </ul>	
<b>Social Determinants of Health Discussion</b> (see slides for more context for discussion)	<ul style="list-style-type: none"> <li>• County Health Ranking Model reviews both outcomes and factors</li> <li>• Keep in the back of your mind the fiscal impacts of taking this approach <ul style="list-style-type: none"> <li>• A SDOH approach can reduce costs on the long term</li> </ul> </li> <li>• Are there any simple examples or case studies that show how health care costs are reduced over time? For example, there are studies that show clearly how affordable housing reduces costs (Julie can send examples)</li> <li>• AAFP – provide improved outcomes; focus on access and evidence-based measures increases savings – has a lot of one pagers and diagrams on the national level (Marie can send examples)</li> <li>• Salt Lake City Utah has a lot of good data on housing first model</li> <li>• Transportation data may be good to look at as well</li> <li>• Measures of Preventable Hospital Stays that deal with chronic disease management</li> <li>• Framing of social determinants in terms of vital conditions</li> <li>• Move away from cost and use; investment and ROI – there is a significant amount of data on effectiveness and ROI for investing in SDOH</li> <li>• Resilience – SHIP will enable them to be more resilient and see themselves within</li> <li>• Helpful to speak about the workforce and impact on economy</li> <li>• Need both the data and stories side</li> <li>• Find Republican in leadership to testify for bill to repeal this council</li> <li>• Underfunding for people with intellectual/developmental disabilities creates a crisis in this state – Huge cost</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>

	<ul style="list-style-type: none"> <li>Need to relate these issues to health outcomes and costs</li> </ul>	
<b>Data Discussion of Domain 3: Health Status and Outcomes (see slides for more context for discussion)</b>	<ul style="list-style-type: none"> <li>Health outcome rankings</li> <li>Health factors – focus on health behaviors and clinical care in this domain</li> <li>NH is generally a healthy state</li> <li>Low infant mortality, low teen birth rates</li> <li>Ranks 6th for Overdose (improvement from past)</li> <li>Do we have case studies for people who may not have housing?</li> <li>Mentions that studies show that healthcare costs go down when people have consistent housing</li> <li>Some people go 60 days before placement is found</li> <li>What are most common ailments people are seen for? Hypertension, mood disorders, visual disturbance</li> <li>Medicaid/Medicare data needs to be gathered the same way</li> <li>Health care seeks to put more emphasis on value-based care, not just checking off boxes; how do we measure that?</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
<b>Data Discussion of Domain 4: Social Connectedness</b>	<ul style="list-style-type: none"> <li>Will review next meeting</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
<b>Public Comment</b>	<ul style="list-style-type: none"> <li>No comment</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
<b>Next Steps</b>		

**Council Membership List, as of 1/13/2021, 10:45AM**

<b>Council Member Name</b>	<b>Council Member Designation</b>	<b>Attendance</b>	<b>Approval of 12/18/2020 Meeting Minutes</b>
Tom Sherman	Senate Majority: first named	X	Y
Jerry Knirk	House Majority	X (Arrived after roll call)	Arrived after vote
William Marsh	House Minority	No	
Jeb Bradley	Senate Minority	No	
Ann Landry	DHHS	No	
Tyler Brannen	Dept. of Insurance	X	Y
Open Spot	DOS: Designee	No	
Helen Hanks	DOC	Designee: Paula Mattis	Ab
Lisa Morris	DHHS: Public Health	X	Ab
Polly Campion	Chair of St. Comm. on Aging	X	Move to accept; Y
Jaime Hoebeke	Manchester Health Dept.	X (Arrived after roll call)	Arrived after vote
Lisa Bunjo	NH Public Health Assoc.	No	
Martha McLeod	NH Alliance for Healthy Aging	X	Y
Becky McEnany	North Country Health Consortium	X	Y
Phil Sletten	NHFPI	X	Y
Joshua Meehan	NHHAC	X	Y
Lynn Lippitt	NHHFA	X	Y
Greg Norman	NHHA: Lg. Health System	X	Y
Heather Phillips	NHHA: Critical Care	X	Y
Edward Shanshala, II	Bi State Primary Care	X	Y
Benjamin Hillyard	LCMHC	X	Y
Daisy Pierce	Peer Recovery	X	Y
Carolyn Murray, MD	Env. Health: Dartmouth	X	Y
Adam Steel	NHSAA	X	Y

State Health Assessment (SHA) and State Health Improvement Plan (SHIP) Advisory Council Meeting  
January 15, 2021

Yvonne Goldsberry	Endowment for Health	No	
Kerran Vigroux	NH Providers Association	X	Y
Bobbie Bagley	Nashua Health Dept.	No	
Diane Quinlan	Attorney General: Designee	X	Y
Marie Ramas, MD	NHMS	X	Second motion to vote; Y
Julie Bosak	NHNPA	X	Abstain
Charlene Lovett	NHMA	No	
Kim McNamara	NH Health Officers Assoc.	X	Abstain
members present – quorum met		22 present of 34, quorum present	18 Y, 4 abstain, 0 no

<b>Other Attendees</b>	
Katie Robert	
Ciera Hunter	
Julianne Batista	
Lucy Hodder	
Jo Porter	