Annual Report of the Activities of the State Health Assessment (SHA) and State Health Improvement Plan (SHIP) Advisory Council

November 1, 2024

LIVES WELL

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Definitions

Definitions of common acronyms and terms used in this report.

Term/Abbreviation	Definition
CHI	Community Health Institute
DHHS	New Hampshire Department of Health and Human Services
Domain	A field of action, thought, or influence
Doorway Program	Nine Doorway locations in the state provide single points of entry for people seeking help for substance use
DPHS	New Hampshire Division of Public Health Services
EMS	Emergency Medical Services
HB	House Bill
RSA	Revised Statutes Annotated (NH law)
SB	Senate Bill
SHA	State Health Assessment
SHIP	State Health Improvement Plan
Statutory	Related to or set by law
UNH	University of New Hampshire

Background

The State Health Assessment–State Health Improvement (SHA-SHIP) Plan was created through an evidence-based process guided by the Public Health Accreditation Board to both understand the current health and wellness environment of the state and create long-term goals to improve health outcomes of all residents. State Health Assessments are conducted by gathering data relevant to physical, social, and emotional health of residents, as well as information on the social drivers of health and health inequities. A data examination is conducted, and community input is gathered, which guides and prioritizes areas of opportunity for improvement of health outcomes.

New Hampshire previously completed a State Health Assessment and Improvement Plan in 2013, which was written for the years 2013-2020. In August of 2019, the New Hampshire Division of Public Health Services (DPHS) convened statewide partners to serve as an advisory group for the development of a new State Health Assessment (SHA) and State Health Improvement Plan (SHIP). Organizations invited to participate in the initial meeting included:

- New Hampshire Public Health Association
- Department of Education
- Commission on Aging
- Behavioral Health & Developmental Services of Strafford County, Inc./ Community Partners of Strafford County
- Elliot Health Systems
- Endowment for Health
- New Hampshire Alliance for Healthy Aging
- Upper Valley Community Nursing Project

- Center for Collaborative Change
- City of Claremont, New Hampshire
- Keene Housing
- New Hampshire Housing Finance Authority
- North Country Health Consortium, Inc.
- Dartmouth-Hitchcock Medical Center
- Navigating Recovery of the Lakes Region
- Lamprey Healthcare
- Ammonoosuc Community Health Services – Littleton
- New Hampshire Fiscal Policy Institute
- SAU # 39 Superintendent's Office
- New Hampshire Division of Public Health Services, Department of Health and Human Services

This advisory group was tasked with creating a vision for the SHA and SHIP, defining essential content areas, identifying necessary data and information needed to support the content, as well as recognizing gaps in knowledge, and creating a user-friendly layout. Soon after, legislation formalized the advisory council membership, purpose, and responsibilities to ensure momentum was sustained. A legislative history is outlined below.

Legislative History

House Bill 1639

New Hampshire House Bill 1639, Relative to health care, was introduced in January 2020. HB 1639 required the Commissioner of the Department of Health and Human Services to develop a state health assessment and a state health improvement plan, and formally established the SHA-SHIP Advisory Council to assist. The bill crossed over to the house and was debated and amended until June 2020. It was signed by Governor Sununu on July 29, 2020. This resulted in two new sections added to RSA 126-A, authorizing the development of a SHA and a SHIP. (RSA 126-A:81 and RSA 126-A:82)

The statutory language specified the key tenets of both, as follows:

> II. The state health assessment shall:
> (a) Describe the status of health and well-being in New Hampshire.
> (b) Utilize input from state and local level stakeholders obtained through public forums.
> (c) Identify disparities in social determinants that impact health, health outcomes, and access to care.
> (d) Map health care service delivery, utilization, inter-entity collaboration, and identification of gaps or redundancies.
> (e) Utilize existing data for statewide and local planning.
> (f) Identify priorities for the state health improvement plan.
> III. The state health improvement plan shall guide the department in assessing, planning, implementing, and monitoring improvement in the health and well-being of New Hampshire's population.
> IV. The state health improvement plan shall focus on strategies to:
> (a) Improve health outcomes and reduce inequities; and
> (b) Strengthen public health and human service delivery systems.
> V. The state health improvement plan shall identify priorities and evidence-based practices, integrate services, and leverage resources across the state.

RSA 126-A:82 established a SHA-SHIP Advisory Council of 40 members representing a diverse array of key state, municipal and local stakeholders.

Senate Bill 718

New Hampshire Senate Bill 718, Relative to the New Hampshire state health improvement plan and making an appropriation therefor, was introduced in January 2020. SB 718 contained the language to formalize the purpose of the SHA-SHIP, designate appropriation to support the work, and establish reporting requirements. Language within the bill also established the advisory committee as a formal council, assigned the positions and organizations who would hold each seat, and specified the term length for members. The bill was debated and amended in the New Hampshire Senate until June 2020, when it was tabled, and no statutory changes were enacted.

House Bill 157

New Hampshire House Bill 157, Relative to the state health improvement plan and state health assessment and state health improvement plan advisory council, was introduced in January 2021. HB 157 was originally written as a repeal of the SHA-SHIP Advisory Council due to the concern that the SHA and SHIP would be duplicative of the Community Health Needs Assessments federally required every three (3) years by the twenty-two (22) not-for-profit acute care hospitals in the state. Department of Health and Human Services leadership addressed the concerns, informed stakeholders of the differences between the types of assessments, and language was amended to reenact the legislation in its entirety. Final language retained the SHA-SHIP Advisory Council, added additional Council members, and added content areas to the SHA and SHIP. HB157 was signed by Governor Sununu on May 17, 2021.

Following the passage of HB 157 in May 2021, SHA language from RSA 126-A:87 was revised to read:

> II. The state health assessment shall:
> (a) Describe the status of health and well-being in New Hampshire, access to critical healthcare services including maternity care, the cost of healthcare and insurance coverage, and the fiscal stability and sustainability of critical services to ensure sufficient and equitable access throughout the state.
> (b) Utilize input from state and local level stakeholders obtained through public forums.
> (c) Identify disparities in social determinants that may impact health, health outcomes, and access to care.
> (d) Map health care service delivery, utilization, inter-entity collaboration, and identification of gaps or redundancies.
> (e) Describe the role of state agencies in supporting the public health system in New Hampshire.
> (f) Utilize existing data and plan for future data to support statewide and local planning.
> (g) Identify priorities for the state health improvement plan.

At the same time, SHIP language was revised to read:

> III. The state health improvement plan shall guide the department in assessing, planning, implementing, and monitoring improvement in the health and well-being of New Hampshire's population.
> IV. The state health improvement plan shall focus on strategies to:
> (a) Improve health outcomes and reduce inequities; and
> (b) Strengthen public health and human service delivery systems.
> V. The state health improvement plan shall identify priorities and evidence-based practices, integrate services, and leverage resources across the state.

Recommendations for Legislation: 2023

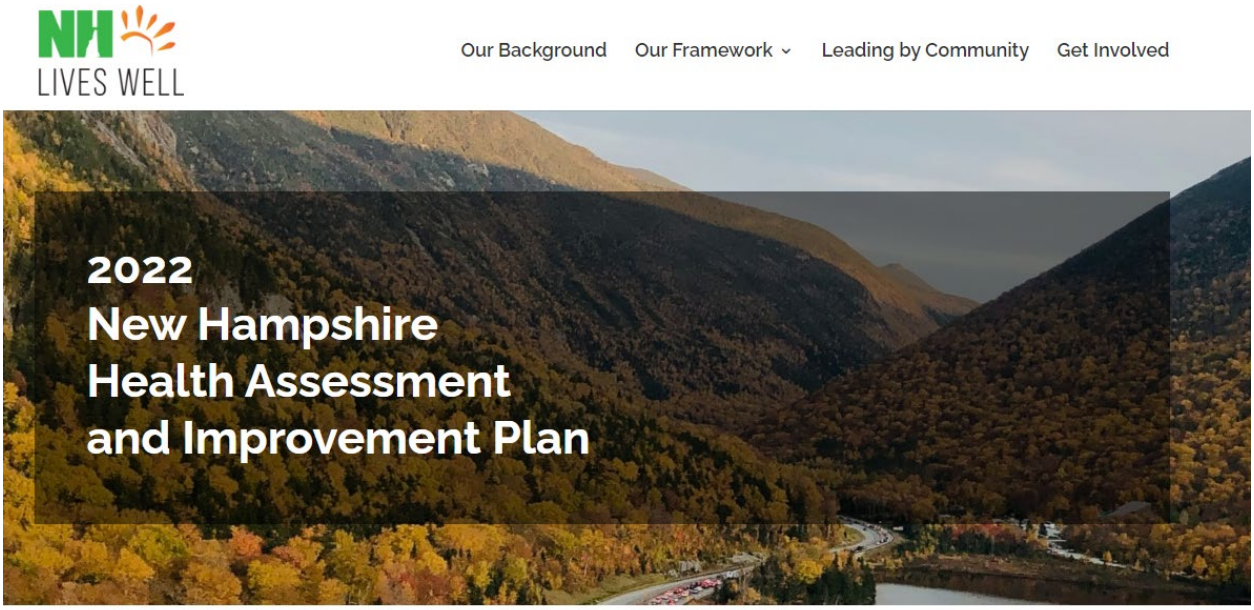
The SHIP document was finalized at the SHA-SHIP Advisory Council meeting on June 30, 2023. While the priority areas have been chosen, stakeholders and subject matter experts have not yet engaged in discussions about priority legislation. There were no recommendations for legislation in 2023.

Summary of SHA-SHIP Advisory Council Activity: 2020-2023

The State Health Assessment was statutorily mandated to be completed at the end of July 2020 in the original legislation, but the coronavirus pandemic of 2019 (COVID-19) resulted in many delays and additional time for completion was added to the January 2021 statutory amendment.

The NH State Health Assessment was launched as a web-based summation of key findings from the SHA-SHIP Advisory Council meetings in 2020-2021. The DPHS SHA-SHIP website, https://www.dhhs.nh.gov/programs-services/population-health/nh-lives-well, is an excellent source of information regarding the review of measures, resources, and identified needs that were gathered during Council meetings in 2020 and 2021. The website is designed to be user-friendly, with corroborating data, relevant state and community resources, and links to additional data and information. Data were then used to guide workgroup discussions to develop the SHIP.

All meeting agendas, notes, and presentations can be found on the General Court of New Hampshire website: https://www.gencourt.state.nh.us/statstudcomm/committees/default.aspx?id=1527



Welcome to NH Lives Well!

With support from the NH Department of Health and Human Services, the NH State Health Assessment and Improvement Plan Advisory Council developed NH Lives Well in 2020 as a framework for the most recent State Health Assessment and State Health Improvement Plan.

The phrase "NH Lives Well" comes from our vision of how we want people in NH to experience health and wellness: in all places, in all ways.

The purpose of this website is to share important information from the most recent New Hampshire State Health Assessment, and the State Health Improvement Plan that will follow.

A new SHA-SHIP cycle will be completed every five (5) years, and a more limited update will be completed yearly. To make this update more efficient, the New Hampshire DHHS Data Portal has been a primary source of data for the State Health Assessment. Changes in outcomes will also be tracked over the entire State Health Improvement Plan cycle using the New Hampshire Department of Health and Human Services

(DHHS) Data Portal. The DHHS Data Portal is a Tableau-based dashboard visualizing health-influencing and health-outcome datasets in a user-friendly manner for those who wish to understand resident health. Data Portal Dashboards were created using evidence-based surveys and tools that provide data snapshots and trends.

The foundational concept of the SHA-SHIP is to reduce existing inequities that contribute to less desirable outcomes for specific populations in the State of New Hampshire. Together, the Council created the following vision to prioritize equity.

Vision

All people in New Hampshire have equitable opportunity to flourish and achieve optimal mental, physical, social, spiritual, and emotional wellness. We believe:

- Equity is shaped at state and local levels such that individuals and communities have equitable access to opportunities.
- Wellness happens where people live, learn, work, and play
- People include individuals and families across the lifespan

State Health Assessment Domains

The SHA is organized into four major Domain areas: Access to Opportunity, Social Connectedness, Health Status and Outcomes, and Community as described below.



For each domain area, NH Lives Well summarizes key findings, data included in the domain, highlighted areas for which gaps still exist, and existing resources. The website also describes the work done to collect qualitative data from state and local stakeholders about priorities within the domains.

SHIP Development

Following the launch of the NH Lives Well website, the State Health Improvement Plan phase of work began in the summer of 2022. The first phase of SHIP development was defining strategies to address the key areas of focus identified in the SHA. Domain-specific input sessions were held in October 2022, that were open to Council members, anyone engaged by the Council membership, as well as those who signed up to attend any of the sessions on the NH Lives Well website. SHA-SHIP Advisory Council members could choose to attend any or all the sessions; most members selected one domain area to attend. DHHS staff members with expertise in content areas related to the domains were also invited. Each domain group met three times to develop a first draft of strategies.

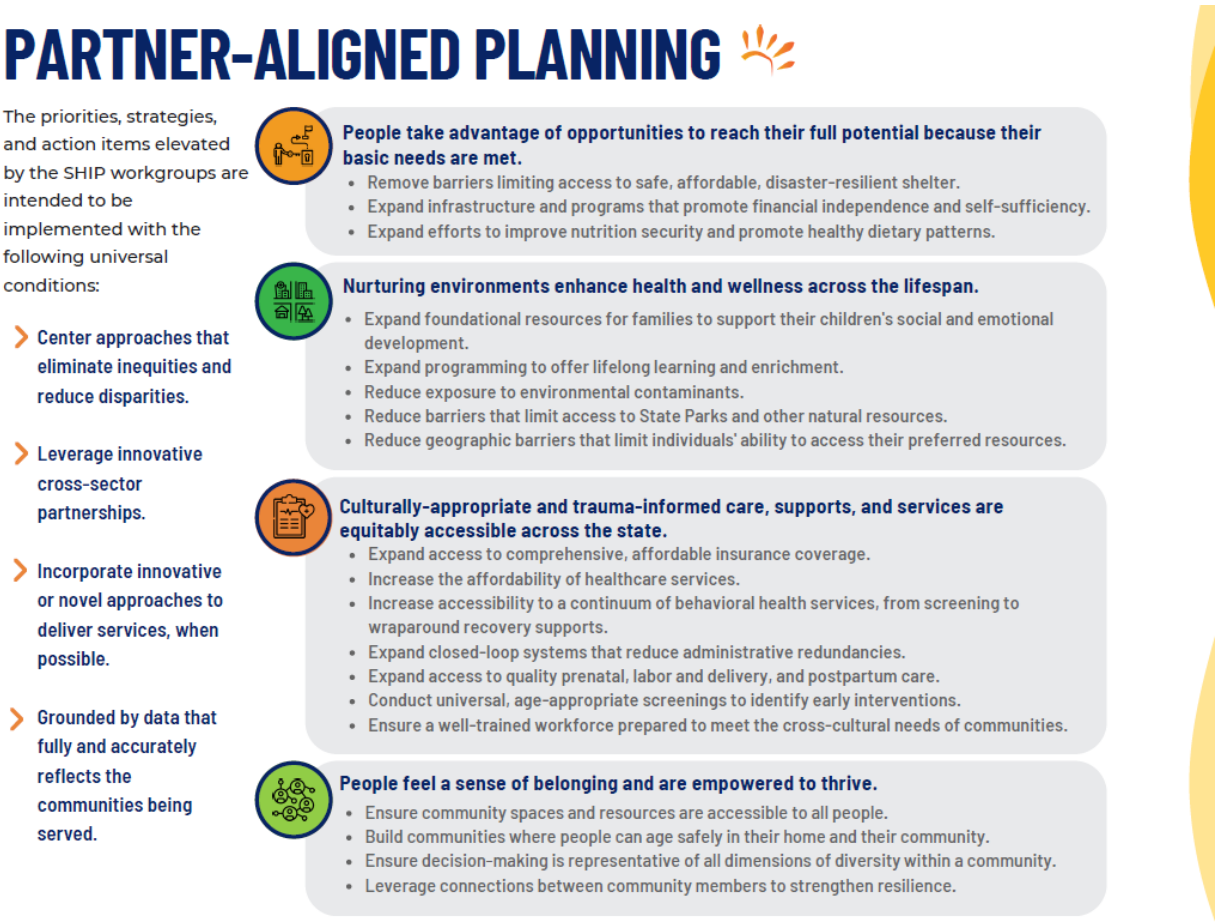
- Meeting 1 focused on the development of an Impact Statement to guide the work.
- Meeting 2 was a brainstorming session to identify potential strategies for each domain.
- Meeting 3 allowed the domain groups to refine the strategies.

The domain groups were then asked to rate proposed strategies based on criteria that the Council established.

The SHA-SHIP Advisory Council meetings, held between November of 2022 and May of 2023, reviewed and refined the content of the SHIP: the goal for each Domain (or Impact Statement), and potential strategies to achieve that goal. Together, these components created the SHIP. This report will not duplicate the content of the SHIP but will highlight two summary components: The finalized Impact Statements for each Domain, which create the goal within the domain, and frame the strategies and actions items:



Potential Strategies, grouped into Priority headings, were selected for each Domain. These strategies were chosen due to their positive downstream effects on the identified Impact Statements.



Example action items –activities that can achieve the strategies – were developed simultaneously. However, the Council recognized that these lists need to be developed more fully during the next phase of community engagement work. In this phase, community partners will review the SHIP and provide input about how the Strategies within each domain can be achieved in the specific context of localized NH communities. The next phase of work to review and collect community partner input is in the planning stages.

Council Accomplishments: November 1, 2022, to November 1, 2023

The University of New Hampshire (UNH) Institute for Health Policy and Practice (IHPP) and the Community Health Institute/JSI (CHI/JSI) were retained to provide facilitation, research, convening, and support to the SHA-SHIP Advisory Council after beginning the initial SHA-SHIP work with DHHS. IHPP and CHI/JSI gathered and analyzed the data using the subject matter expertise of the members of the Council. IHPP and CHI/JSI developed a process for gathering input for the SHIP from the Council and used that as the basis for the final SHIP language. All presentations, meeting agendas and other documentation were placed on the SHA-SHIP Advisory Council webpage for public review on the New Hampshire General Court website.

2023 SHA-SHIP Advisory Council Membership and Representation

Legislative Appointment	Name	Title
(a) Two members of the house of representatives, one of whom shall be appointed by the speaker of the house of representatives and one of whom shall be appointed by the minority leader.	TBD	House Majority
(a) Two members of the house of representatives, one of whom shall be appointed by the speaker of the house of representatives and one of whom shall be appointed by the minority leader.	William Palmer	House Minority
(b) Two members of the senate, one of whom shall be a member of the minority party, appointed by the senate president.	Regina Birdsell	Senate Majority
(b) Two members of the senate, one of whom shall be a member of the minority party, appointed by the senate president.	Becky Whitley	Senate Minority
(c) The commissioner of the department of health and human services, or designee.	Ann Landry	Associate Commissioner
(d) The commissioner of the department of education, or designee.	Christine Brennan	Deputy Commissioner
(e) The commissioner of the department of insurance, or designee.	Jason Aziz	Director of Health Economics
(f) The commissioner of the department of safety, or designee	Justin Romanello	Bureau Chief
(g) The commissioner of the department of corrections, or designee.	Paula Mattis	Director, Medical and Forensic Services
(h) The New Hampshire attorney general, or designee.	Diane Quinlan	AG Designee
(i) The director of the division of public health services, department of health and human services, or designee.	Patricia Tilley	Director
(j) The chairperson of state commission on aging, or designee.	Polly Campion	State Representative – Chair of State Commission on Aging
(k) The director of the Manchester health department, or designee.	Anna Thomas	Chief Strategy Officer
(l) A representative from the New Hampshire Public Health Association, appointed by the association.	Hanan Bedri	Executive Director
(m) A representative of the New Hampshire Alliance for Healthy Aging, appointed by the alliance.	Martha McLeod	Alliance for Healthy Aging
(n) A representative of the North Country Health Consortium, appointed by the consortium.	Lauren Pearson	Executive Director
(o) A representative of the New Hampshire Fiscal Policy Institute, appointed by the institute.	Phil Sletten	Policy Analyst
(p) Two representatives from housing entities, one appointed by the New Hampshire Housing Finance Authority, and one appointed by the New Hampshire Housing Authorities Corporation.	Joshua Meehan	Executive Director, NHHAC

(p) Two representatives from housing entities, one appointed by the New Hampshire Housing Finance Authority, and one appointed by the New Hampshire Housing Authorities Corporation.	Ignatius MacLellan	Director, Housing Services, NHHFA
(q) Three representatives of hospitals located in New Hampshire, one from an academic medical center, one from a community hospital that is not a critical access hospital, and one from a critical access hospital, appointed by the New Hampshire Hospital Association.	Greg Norman – Large Health System	Director, Population Health
(q) Three representatives of hospitals located in New Hampshire, one from an academic medical center, one from a community hospital that is not a critical access hospital, and one from a critical access hospital, appointed by the New Hampshire Hospital Association.	Monika O'Clair	Vice President of Strategy and Community Relations
(q) Three representatives of hospitals located in New Hampshire, one from an academic medical center, one from a community hospital that is not a critical access hospital, and one from a critical access hospital, appointed by the New Hampshire Hospital Association.	Pamela Martel	Executive Director, Finance
(r) A representative of a federally qualified community health center, appointed by the Bi-State Primary Care Association.	Edward D Shanshala II,	CEO
(s) A psychiatrist or psychologist licensed in New Hampshire, appointed by the commissioner of the department of health and human services.	Benjamin C. Hillyard	Psychotherapist Owner/Founder
(t) A physician, appointed by the New Hampshire Medical Society.	Marie-Elizabeth Ramas, MD	Family Physician
(u) An advanced practice nurse practitioner licensed in New Hampshire, appointed by the New Hampshire Nurse Practitioners Association.	Julie Bosak	Nurse Practitioner
(v) A representative of municipal government, appointed by the New Hampshire Municipal Association.	Deirdre Daley	Planning Board Member
(w) A school superintendent, appointed by the New Hampshire School Administrators Association.	Vacant	School Superintendent
(x) A representative of a peer recovery program, appointed by the commissioner of the department of health and human services.	Daisy Pierce	Executive Director
(y) An environmental health researcher from a New Hampshire college or university, appointed by the commissioner of the department of health and human services.	Suzanne Galoucher	Director
(z) A representative of a philanthropic organization, appointed by the commissioner of the department of health and human services.	Andie Hession	Grants Program Associate
(aa) A substance use disorder treatment provider, appointed by the New Hampshire Providers Association.	Kerran Vigroux	Executive Director
(bb) A community action program representative, appointed by the New Hampshire Community Action Partnership.	Beth Daniels	Southwestern Community Services

(cc) The director of the Nashua health department, or designee.	Bobbie Bagley	Director
(dd) A health officer, appointed by the New Hampshire Health Officers Association.	Kim McNamara	Health Officer
(ee) Commissioner of the Department of Business and Economic Affairs	Vacant	
(ff) A representative of Community Support Network, Inc. (CSNI), appointed by CSNI.	Rebecca Bryant	President
(gg) A representative from New Hampshire Community Behavioral Health Association, appointed by association.	Margaret Pritchard	CEO
(hh) Director of the Office of Health Equity Department of Health and Human Services, or designee	Anela Kruščica	Communication Access Coordinator
(ii) Director of the Josiah Bartlett Center for public policy, or designee	Vacant	
SHA-SHIP Council facilitation and support was provided by: Jo Porter, Director UNH Institute of Health Policy and Practice Katie Robert, Director Community Health Institute, JSI-Northern New England		

Summary of SHA-SHIP Advisory Council Activity: November 1, 2023, to November 1, 2024

The Council decided to begin hosting presentations by organizations that are working on activities that fit within the four SHIP domains. Between November 17, 2023, and June 14, 2024, the Council invited organizations to present on their work and then have Council members and members of the public in attendance discuss how that works fits within the SHIP.

Below is a summary of each of those meetings. DPHS staff are currently working to post the slides and meeting recordings on the SHA-SHIP Advisory Council webpage for public review on the New Hampshire General Court website.

Recovery in New Hampshire (Meeting date: 11/17/23)

Daisy Pierce, PhD, Executive Director with Navigating Recovery of the Lakes Region, and Mark Dorman, CRSW, Coordinator of the Doorway at Concord Hospital-Laconia, presented on state overdose data as compared to other states, demographic data on recovery services, an overview of the nine Doorway Project regions in New Hampshire, as well as on more specific data and information about the Doorway at Concord Hospital Laconia.

Staff from the UNH presented statewide data on smoking and drug overdose deaths, as well data on residents that reported needing treatment but not able to receive treatment at a facility for illicit drug use in 2018-2019 in New Hampshire. Following the presentation, Council members and meeting attendees from the public had a discussion around what else Emergency Medical Services (EMS) should be doing in New Hampshire and there was also sharing around what has happening in New Jersey and California.

Meeting Attendance		
Attendee Category	**# of attendees in person**	**# of attendees online**
Council members	3	15
Facilitators	3	0
Public/other	0	2

Healthcare Workforce (Meeting date: 12/15/23)

Kate Luczko from HealthForce NH presented data on the status of the healthcare workforce in New Hampshire. Information presented included registered nurses being in the highest demand among healthcare practitioners and technical occupations in the state and fewer younger people entering the work population. Kate also presented that there will be 46% more 60–90-year-olds in the state within the next 10 years.

Data was also presented data on the number of primary care visits by insurance provider (commercial insurance, Medicaid, Medicare), as well as the sharp decline in the number of labor and delivery units in the state that provide critical prenatal and postpartum care to pregnant people and their infants.

Council members and others in attendance discussed the challenges of keeping trained registered nurses in the state, what existing training programs exist, and the exodus from the profession by nurses early in their career and if mentorship might help nurses stay in nursing longer. Protecting the physical safety of nurses was also discussed, including the possibility of creating edits to the patient and provider bills of rights.

Meeting Attendance		
Attendee Category	**# of Attendees in person**	**# of attendees online**
Council members	3	14
Facilitators	2	1
Public/other	0	2

Health Officer Report and Food Insecurity Presentation (Meeting date: 1/12/24)

Brian Lockard, Vice President of the New Hampshire Health Officers Association, presented on the various duties of health officers, what other roles they fill in their communities, and what challenges they face, as well providing some success stories.

Jessica Gorhan, Deputy Director with NH Hunger Solutions, presented on some of the causes of food insecurity and the overall rate of food insecurity in the state. Jessica also talked about some of the state's weaknesses (i.e. being 47th in the nation in school breakfast participation and 39th in Supplemental Nutrition Assistance Program participation), as well as current work being undertaken by NH Hunger Solutions and statewide partners to improve participation in federal meals programs.

Staff from CHI also reported that they were working on a toolkit to help Council members with talking points on how to integrate the SHIP into existing work going on in the state.

Meeting Attendance		
Attendee Category	**# of Attendees in person**	**# of attendees online**
SHA-SHIP Council members	4	15
Meeting Facilitators	3	0
Public/other	3	2

Chronic Disease and Local-Level Reinforcement of SHA/SHIP (Meeting date: 2/9/24)

Whitney Hammond, from the Bureau of Prevention and Wellness at DPHS, presented on some of the work being done by programs within the Bureau, including heart disease as a priority condition. Whitney presented New Hampshire data on heart disease, blood pressure control, diabetes, and tobacco use.

Alia Hayes from DPHS presented on starting to create goals that align with SHIP priorities and provided examples around tobacco use and from the Regional Public Health Networks.

Council members and others in attendance discussed heart disease as a statewide area of concern, including questions around data specific to Strafford and Belknap counties and the benefit of the SHA-SHIP Council utilizing subject matter experts with lived experience.

Meeting Attendance		
Attendee Category	**# of Attendees in person**	**# of attendees online**
SHA-SHIP Advisory Council members	5	10
Meeting Facilitators	2	1
Public/other	1	2

Social Service Needs and Infrastructure (Meeting date: 3/8/24)

Rebecca Sky, Executive Director at the Commission on Aging, and Laurie Davie, Interim Director of the Institute for Health Policy and Practice, presented on New Hampshire's social service infrastructure around food/meals, area agencies, aging and disability resources, Regional Planning Commissions, family resource centers, and more. They also talked about the State Plan on Aging and overarching goals such as advancing age-friendly communities, supporting older people to stay active and healthy, and advancing equity and person-centered thinking.

Alia Hayes from DPHS presented on the Preventative Health and Health Services Block Grant, overseen by DPHS, and its primary activities completed during 2023.

Council members and others in attendance had questions regarding the Behavioral Risk Factor Surveillance System and whether the data collected could be disaggregated by demographics.

Meeting Attendance		
Attendee Category	**# of Attendees in person**	**# of attendees online**
SHA-SHIP Advisory Council members	5	16
Meeting Facilitators	2	1
Public/other	1	3

Children's Behavioral Health (Meeting date: 4/12/24)

Daryll Tenney, FAST Forward Coordinator for the NH Department of Health and Human Services, and Erica Tenney, Pediatric Mental Health Care Access Program Coordinator at DPHS, presented on the Children's System of Care Framework, as well as on early behavioral health intervention, screening and access to care in the state. A school-based health services project was highlighted in the Manchester School District, where 6,682 behavioral health visits took place in participating schools during the 2022-2023 school year. Challenges presented included an increase in the number of youths experiencing behavioral health needs and the intensity of those needs, as well as overall workforce shortages in the behavioral health field.

Staff from CHI presented State Health Assessment data relating to the mental health burden in the state, including data on the percentage of residents experiencing a major depressive episode (2018-2019, All adults: 8%, Ages 12-17: 16%, Ages 18-25: 17%) and the percent of adults reporting having any mental illness (2018-2019, All adults: 22%, Ages 18-25: 33%).

Meeting Attendance		
Attendee Category	**# of Attendees in person**	**# of attendees online**
SHA-SHIP Advisory Council members	3	16
Meeting Facilitators	3	0
Public/other	5	2

Adult Behavioral Health System of Care and Barriers to Care (Meeting date: 5/10/24)

Maggie Pritchard, CEO at Lakes Region Mental Health Center, presented on New Hampshire's 10 Community Mental Health Centers, who they serve, and what core mental health services they provide. Maggie also talked about the acute care services provided by the Community Mental Health Centers and why they are needed.

Following that presentation, Department of Health and Human Services staff talked about the mission of the State Mental Health Authority and the organizational structure of DHHS programs, as well as sharing the state's 10-year Mental Health Plan goals.

Maggie Pritchard, Darryl Tenney, and Daisy Pierce discussed the barriers to care the state is facing, including the limited number of beds available, lack of funding, workforce challenges, and overall access to treatment.

Kim McNamara, Health Officer for the City of Portsmouth, commented that, "services for people with developmental disabilities are at crisis level."

Council members and others in attendance discussed the need for "silos" to be addressed and further discussed the barriers mentioned above and other barriers, such as where to patients leave their pets or their car during treatment.

Meeting Attendance		
Attendee Category	**# of Attendees in person**	**# of attendees online**
SHA-SHIP Advisory Council members	5	17
Meeting Facilitators	2	1
Public/other	0	2

Early Childhood Education & Development & Overview of Preventive Health and Health Services Block Grant Activities (Meeting date: 6/14/24)

Alia Hayes presented on the budget and activities in the Block Grant's workplan, which includes all activities to take place from October 1, 2024, to September 30, 2024. Programs funded include New Hampshire Public Health Laboratories, the SHIP, the Behavioral Risk Factor Surveillance System, the state's Cancer Registry, diabetes screening, and the health officer liaisons.

Dr. Kim Nesbitt, Assistant Professor with UNH Human Development and Family Studies, presented on the Preschool Development Grant and Athena Cote, Family Support and Community Engagement Administrator with the Maternal and Child Health Section at DPHS, presented on the Division's Early Childhood Integration Team.

Christina Lachance, Director of the New Hampshire Council for Thriving Children, along with Kendra Dix and Michelle Lewis from NH Family Voices, also presented.

Council members and others in attendance discussed the idea of combining funding sources and working to remove the "silos of service delivery," to be more coordinated and comprehensive.

Meeting Attendance		
Attendee Category	**# of Attendees in person**	**# of attendees online**
SHA-SHIP Advisory Council members	11	9
Meeting Facilitators	3	1
Public/other	2	2

Change in Facilitation, Review of SHIP Process, Next Phase of SHIP Work

(Meeting date: 9/30/24)

The SHIP facilitation contract with the NH Department of Health and Human Services ended on June 30, 2024, and through a competitive bidding process, Brandeis University was selected as the new facilitation organization for the SHA-SHIP Council effective on July 1, 2024.

Dr. Palmira Santos and Kristen Faughnan were introduced as the new facilitation staff members from Brandeis University, and Alia Hayes presented on the 91A requirements that must be met by the Council, including the quorum requirements that 21 of the Council's 40 members must be present at a meeting, with at least 13 members being present in person, to achieve a quorum.

Dr. Santos asked for volunteers from the Council that may be interested in either the Chairperson or the Co-Chairperson roles for the Council.

Whitney Hammond discussed the purpose and history to date of the Council and emphasized the requirement and importance of monitoring and updating the SHIP.

Dr. Santos discussed the next phase of the Council's work, which will include an annual progress report and finding key indicators for the Council to measure to document its work.

Meeting Attendance		
Attendee Category	**# of Attendees in person**	**# of attendees online**
SHA-SHIP Advisory Council members	12	13
Meeting Facilitators	2	0
Public/other	0	5

Establishing a Council Chairperson and Co-Chairperson and Performance Measurement

(Meeting date: 10/28/24)

Palmira Santos from Brandeis University provided a short overview of the September 2024 meeting and reiterated that the SHIP is now in the action planning and performance measurement stages.

The remainder of the meeting focused on the Health Status and Outcomes domain of the SHIP, including discussion around equitable access to care, supports and services.

Palmira led a discussion about the difference between "equal" and "equitable" and there was a question about what specific definition of "equity" would be used by the Council.

Palmira and her colleague Kristen Faughnan led the Council on a whiteboarding exercise that asked members to identify innovative interventions, as well as areas of deficit in the state. Ed Shanshala, Chief Executive Officer of Ammonoosuc Community Health Services, spoke about their Portable Teaching Kitchen Initiative as an example of an innovative intervention.

Dr. David Nagel, New Hampshire House Representative from Belknap County District 06, volunteered to be the Chairperson for the Council and Ed Shanshala volunteered to be the Co-Chairperson. As there was no quorum present, neither could be officially confirmed by the Council.

Meeting Attendance		
Attendee Category	**# of Attendees in person**	**# of attendees online**
SHA-SHIP Council members	8	17
Meeting Facilitators	3	0
Public/other	0	1

Council Accomplishments: November 1, 2023, to November 1, 2024

The Council held nine meetings, with each meeting featuring presentations on topics that align with the SHIP. The nine meetings averaged 26 attendees, with an average of six Council members appearing in person and an average of 14 Council members attending via Zoom. The April 12, 2024, and October 28, 2024, meetings had the largest attendance (29 attendees), while the largest in-person attendance of 12 Council members occurred at the September 30, 2024, meeting.

The SHA-SHIP Council facilitation contract with CHI/JSI and UNH ended on June 30, 2024, and a new facilitation contract was awarded to Brandeis University by DHHS through a competitive process. Staff from Brandeis facilitated both the September and October 2024 meetings.

Alia Hayes, SHA-SHIP Manager with DPHS, left her position on October 4, 2024, and Whitney Hammond and Scot Foster from DPHS will now manage DPHS efforts around the SHIP.

Dr. David Nagel volunteered to act as chairperson for the Council and Ed Shanshala agreed to be the co-chairperson.

Dr. Nagel's first opportunity to serve as the chairperson will be during the meeting to be held on November 18, 2024.

Recommendations for Legislation: 2024

While there are no recommendations from the Council for legislation at this time, the lack of ability to reach a quorum of 13 in-person Council attendees at any of the nine meetings did lead to discussion by the Council members on what could be done to help achieve an official quorum. Council members, meetings facilitators and other meeting attendees discussed the possibility of amending Council legislation to reduce the number of Council members so a quorum could be more easily achieved. Having Council members send a delegate from their organizations when they couldn't attend meetings in person was also discussed. The subject will be revisited in late 2024 or early 2025 by the Council members.

Future Work: November 1, 2024, to November 1, 2025

The Council will be focusing on looking at statewide activities currently being prioritized, as well as creating and/or adopting specific measures that it can use to track progress. The Council is asking for volunteers that specialize in statewide data and performance measurement to works as a part of a subcommittee that will focus on creating measures that are the most appropriate to accurately track the Council's progress. The Council will also be looking to create other content-specific subcommittees that will move help to move the work forward.

2024 SHA-SHIP Advisory Council Membership and Representation

Legislative Appointment	Name	Title
(a) Two members of the house of representatives, one of whom shall be appointed by the speaker of the house of representatives and one of whom shall be appointed by the minority leader.	Dr. David Nagle	House Majority
(a) Two members of the house of representatives, one of whom shall be appointed by the speaker of the house of representatives and one of whom shall be appointed by the minority leader.	William Palmer	House Minority
(b) Two members of the senate, one of whom shall be a member of the minority party, appointed by the senate president.	Regina Birdsell	Senate Majority
(b) Two members of the senate, one of whom shall be a member of the minority party, appointed by the senate president.	Becky Whitley	Senate Minority
(c) The commissioner of the department of health and human services, or designee.	Ann Landry	Associate Commissioner
(d) The commissioner of the department of education, or designee.	Christine Brennan	Deputy Commissioner
(e) The commissioner of the department of insurance, or designee.	Morgan Harris	Director of Healthcare Analytics
(f) The commissioner of the department of safety, or designee	Justin Romanello	Bureau Chief
(g) The commissioner of the department of corrections, or designee.	Paula Mattis	Director, Medical and Forensic Services
(h) The New Hampshire attorney general, or designee.	Alexandra Sosnowski	AG Designee
(i) The director of the division of public health services, department of health and human services, or designee.	Whitney Hammond	Interim Deputy Director
(j) The chairperson of state commission on aging, or designee.	Polly Campion	State Representative – Chair of State Commission on Aging
(k) The director of the Manchester health department, or designee.	Anna Thomas	Chief Strategy Officer
(l) A representative from the New Hampshire Public Health Association, appointed by the association.	Tori Jennison	Interim Executive Director
(m) A representative of the New Hampshire Alliance for Healthy Aging, appointed by the alliance.	Martha McLeod	Alliance for Healthy Aging
(n) A representative of the North Country Health Consortium, appointed by the consortium.	Lauren Pearson	Executive Director
(o) A representative of the New Hampshire Fiscal Policy Institute, appointed by the institute.	Phil Sletten	Policy Analyst
(p) Two representatives from housing entities, one appointed by the New Hampshire Housing Finance Authority, and one appointed by the New Hampshire Housing Authorities Corporation.	Joshua Meehan	Executive Director, NHHAC

(p) Two representatives from housing entities, one appointed by the New Hampshire Housing Finance Authority, and one appointed by the New Hampshire Housing Authorities Corporation.	Ali Sekou	NH Housing Authority, Manager of Community Engagement and Inclusion
(q) Three representatives of hospitals located in New Hampshire, one from an academic medical center, one from a community hospital that is not a critical access hospital, and one from a critical access hospital, appointed by the New Hampshire Hospital Association.	Greg Norman – Large Health System	Director, Population Health
(q) Three representatives of hospitals located in New Hampshire, one from an academic medical center, one from a community hospital that is not a critical access hospital, and one from a critical access hospital, appointed by the New Hampshire Hospital Association.	Meaghan Heusler	Planning Data Analyst & Community Benefit Manager
(q) Three representatives of hospitals located in New Hampshire, one from an academic medical center, one from a community hospital that is not a critical access hospital, and one from a critical access hospital, appointed by the New Hampshire Hospital Association.	Monika O'Clair	Chief Strategy Officer
(r) A representative of a federally qualified community health center, appointed by the Bi-State Primary Care Association.	Edward D. Shanshala II	CEO
(s) A psychiatrist or psychologist licensed in New Hampshire, appointed by the commissioner of the department of health and human services.	Benjamin C. Hillyard	Psychotherapist Owner/Founder
(t) A physician, appointed by the New Hampshire Medical Society.	Melissa Martinez-Adorno	Obstetrician/ Gynecologist
(u) An advanced practice nurse practitioner licensed in New Hampshire, appointed by the New Hampshire Nurse Practitioners Association.	Jennifer Johnson	Nurse Practitioner
(v) A representative of municipal government, appointed by the New Hampshire Municipal Association.	Deirdre Daley	Planning Board Member
(w) A school superintendent, appointed by the New Hampshire School Administrators Association.	Vacant	School Superintendent
(x) A representative of a peer recovery program, appointed by the commissioner of the department of health and human services.	Daisy Pierce	Executive Director
(y) An environmental health researcher from a New Hampshire college or university, appointed by the commissioner of the department of health and human services.	Suzanne Galoucher	Director
(z) A representative of a philanthropic organization, appointed by the commissioner of the department of health and human services.	Andie Hession	Grants Program Associate
(aa) A substance use disorder treatment provider, appointed by the New Hampshire Providers Association. *	* The New Hampshire Providers Association ceased operations on June 30, 2024.	

(bb) A community action program representative, appointed by the New Hampshire Community Action Partnership.	Beth Daniels	Southwestern Community Services
(cc) The director of the Nashua health department, or designee.	Bobbie Bagley	Director
(dd) A health officer, appointed by the New Hampshire Health Officers Association.	Kim McNamara	Health Officer
(ee) Commissioner of the Department of Business and Economic Affairs	Vacant	
(ff) A representative of Community Support Network, Inc. (CSNI) appointed by CSNI.	Rebecca Bryant	President
(gg) A representative from New Hampshire Community Behavioral Health Association, appointed by association.	Margaret Pritchard	CEO
(hh) Director of the Office of Health Equity Department of Health and Human Services, or designee	Reuben Hampton	Director
(ii) Director of the Josiah Bartlett Center for public policy, or designee	Vacant	
SHA-SHIP Council Facilitation and Support provided by: Jo Porter, Director UNH Institute of Health Policy and Practice (through June 30, 2024) Katie Robert, Director Community Health Institute, JSI-Northern New England (through June 30, 2024) Palmira Santos, Research and Evaluation Scientist Schneider Institutes for Health Policy Brandeis University (as of August 1, 2024) Kristen Faughnan, Senior Research Associate Schneider Institutes for Health Policy and Research Brandeis University (as of August 1, 2024)		