

ECHO: Political Determinants of Health Policies to Advance Health & Economic Prosperity in NH Communities May 18, 2022. Session 6: *NH advocacy ecosystem*

Didactic Presentation: Matthew Houde and Seddon Savage

AV and slide set posted separately at <https://www.dartmouth-hitchcock.org/project-echo/enduring-echo-materials>

Course post-survey

<https://redcap.hitchcock.org/redcap/surveys/?s=E4DE9XY43AEJ4H8P>

Chat Comments:

- Pamela DiNapoli: NH Nurses Association encourages you to add your voice by asking the Governor To sign HB 459 relative to workplace violence prevention to protect our healthcare workers Thank you!
- Go Nurses!
- Have you had the opportunity to inspire and/or craft NH (state) Legislation?
- This is why we've been working on the MAT act federally to expand the number of patients doctors can treat with Medication Assisted Treatment.
- Thank you for sharing. Would love to hear more, if you're interested in sharing.
- Recent RDI post and actions, although the textbank happened last night, but likely we'll need to keep the pressure on all month.
<https://www.facebook.com/642225402820546/posts/1715773695465706/>
- Michael Padmore : Michael.padmore@nhms.org & 603-858-4744. Feel free to reach out!
- Jenn Alford-Teaster : For more information about the NHPHA please visit:
<https://www.nhpha.org/>
- Kathryn Frey : <https://new-futures.org/training/overview>
- I am a health system pharmacist leader and have appreciated the collaboration opportunities I have had through NHHA, New Hampshire Society of Health System Pharmacists, and Dartmouth Health Government Relations for NH statute and Board of Pharmacy rule work. (I am also a new NHPHA member given a growing interest in public health - a group that I learned about through this ECHO series)
- That's great!
- Wonderful!
- Thank you, Kate and Jenn - I look forward to continuing to work together!
- I appreciate the work that the NH Medical Society has done to keep members informed of pending legislation of interest as well as opportunities to testify and write letters.
- <https://www.governor.nh.gov/contact-us>
- So appreciate your engagement and participation, Jonathan
- I am so very grateful for this series! Such excellent and needed work! Thank you

- Thank you, all, for being with us. Your voice and engagement does move the policy needle on issues that you weigh in on!
- Happy to share and connect with others- heather@radnh.org
- Thank you all!! I am so glad to hear that there might be another ECHO on these topics!! Thank you to all the experts and organizers!!
- Thank you all! Be well!

ECHO: Political Determinants of Health Policies to Advance Health & Economic Prosperity in NH Communities May 4, 2022. Session 5: *Behavioral health policy landscape* Organizational work within the behavioral health ecosystem

Didactic: [History of Behavioral Health Infrastructure](#) William Torrey, MD

AV and slide set posted separately at <https://www.dartmouth-hitchcock.org/project-echo/enduring-echo-materials>

Chat comments

- Can we put out another kindness bill for today's political climate? ;)
- I like that idea!
- I don't really need an answer to this, but if the leg passed a bill mandating a standing order for ivermectin, doesn't there still need to be a physician who signs it? Is there a particular person/role who would need to do that and can they be compelled to sign it?
- Yes, that is correct - as currently contemplated, would be CMO for HHS. I think, however, there are still conversations going on around this bill...
- represented NAMI NH working on the 10 year plan
- The original intent of the GCOADPIT was to reduce impact of SUD BY INCREASING COORDINATION ACROSS STATE AGENCIES. There has been some of that, but administering the Alcohol Fund took over the Commission's attention. Sorry to use caps for this. It's long been a serious frustration of mine as I was there for the beginning.
- Often run out of time for summary, so going to try to provide here today. Word that comes to my mind is "pervasive"... in terms of prevalence of behavioral health challenges in community, in terms of government engagement in care (at a variety of levels), and in terms of NH Legislature's affinity for study committees :) Also think we need to be cognizant of what branch and level of government addressing if want to effectively advocate (since different entities play different roles today). Finally, are our values evidenced in policy? Are we where we need/want to be for behavioral health?

ECHO: Political Determinants of Health Policies to Advance Health & Economic Prosperity in NH Communities April 20, 2022. Session 4: *Infrastructures that Support Health* Health care workforce & health impacts of inadequate housing

Didactic Presentation: Carolyn Isabelle, Terri Lewinson

AV and slide set posted separately at <https://www.dartmouth-hitchcock.org/project-echo/enduring-echo-materials>

Links to bills discussed

Childcare legislation

- [SB 446](#) – Child care workforce fund and grant program
- [SB 326](#) – Office of Early Childhood

Housing legislation

- [SB 329](#) – establishing a commission to study barrier to housing development in NH, including workforce and middle-income housing
- [SB 400](#) – zoning and planning board training and investments and incentives for affordable housing development
- [SB 210](#) – relative to the sale of manufactured housing parks

Chat comments

- These types of living costs cripple their ability to start saving for retirement, potentially creating another crisis 40 years or so in the future.
- Housing units are being used in some cases as investments. This leads to property owners using housing units to generate profit. When demand is up, those entities who have ownership status will sometimes raise prices as much as they feel the market will bear. Vicious cycle. As overall process rise, housing costs rise due to the revenue expectations property groups have. The market will not self regulate in time to avoid hurting many lower income families.
- Units left empty as investments is a huge issue. Canada has recently announced a moratorium on foreign home buyers to stem this issue. In Montreal, there are over 66,000 units sitting empty in an incredibly tight housing market that is facing similar challenges. Are there other possible strategies to face this issue? Taxes such as the second home tax in VT?
- Any chance the Commission will also include representatives of organizations that work on housing insecurity and/or people like Carolyn Isabelle? They have important perspectives to share.

- When essential items like food, housing, and health care are left to market forces, profiteering should be expected. The demand for these things will never go away, so why are we surprised that they are subject to manipulation to benefit those in a position to do so?
- Another great session. Thanks!

ECHO: Political Determinants of Health Policies to Advance Health & Economic Prosperity in NH Communities April 6, 2022. Session 3: Social Safety Nets: A Rising Tide to Lift all Boats

Didactic Presentation: Julia Frew, Daisy Goodman

AV and slide set posted separately at <https://www.dartmouth-hitchcock.org/project-echo/enduring-echo-materials>

Postings including, links to bill discussed, notes and chat comments.

Links to bills discussed

Social safety net bills – SNAP, Medicaid

- [SB 407/ HB 1536](#) – extending Medicaid for postpartum women
- [SB 403](#) – re-establishing the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Farmers Market Nutrition Program
- [SB 404](#) – establishing a supplemental nutrition assistance program

Behavioral Health

- [HB 503](#) – access to MAT (SUD treatment)
- [SB 444](#) – relative to childhood adverse experiences treatment and prevention

Notes

- Presentation on importance of postpartum care and direct link to how policy can impact continuity of care and cost reduction (example of bill to expand Medicaid coverage to 12 months postpartum). Expanded conversation to include social safety net/determinants of health (food security and behavioral health) and corresponding bills touching these topics. Observations in chat included food deserts and navigators available to help people obtain health insurance coverage. Discussion about barriers (cost, political philosophy, misinformation) and how to overcome - as well as benefits (human dignity, ROI via early intervention). And finally, macro inquiry about piecemeal as opposed to universal approach.

Chat Comments

- Thanks for having us!

- Farmer's Market vouchers are also a tremendous benefit to farmers. This money goes right back into our local agriculture economies.
- Distribution might be a barrier esp. with farmer markets (specific geographic areas, limited hours). if we intend to extend access, we might have to focus on distribution to help extend the reach of farmer's markets/availability of fresh food. another question to ask is whether there are any food deserts in NH, and how can we facilitate supply of nutritious foods in these areas
- While waiting for these laws to work thru our Legislature need to remember to give people information about the Marketplace HI that allows people between 138 - 150% FPL to enroll in HI anytime. They are eligible because they are terminated from Mcaid but also can enroll based on that income level. Most Community Health Centers have staff who can help people enroll and there is a group of "Navigators" who also can help in the confusing process. Just hoping we can let people know about this so we can help people get HI.
- cost
- Cost
- cost
- Funding
- I have heard: "I pay for my own insurance, why should I pay for theirs too...."
- lack of understanding of/proximity to our neighbors served through Medicaid
- agree
- political philosophy -- we are all on our own
- cost- overall it would cost less to fund this
- Potential cost savings in the prevention of disease/complications
- Healthy populations are more productive, the ROI is improved when the people are healthy
- Positives: stabilize a vulnerable workforce.
- We know that overall health care costs are higher for everyone when health care is deferred until emergency treatment is needed.
- Medicaid was originally developed for true disability for people. The cost is increasing due to the mental health population. Positive aspect if we could increase the health professionals education to promote education to pass along to the Medicaid population assisting with jobs and child care, etc...
- Well stated, Jenn, thank you.
- Human dignity is always the right investment.
- There are a lot of realities for even middle class families that do not have access to employer provided health insurance plans. Maybe working families who do not get other government benefits are on the edge of qualifying for expanded Medicaid. And the co-pays for some folks are way beyond what legislators and people with employer provided plans can even imagine.
- I need to jump off, but thank you for this excellent series. I really appreciate the discussion and education.
- Thank you, Alice, co-pays and meeting deductibles are discouraging people WITH insurance from accessing mental health treatment
- These ECHOs are just a fantastic way to start the day. So grateful for this opportunity!
- Well said, Oliver!!
- This has been fabulous!
- I have another meeting great information
- I was prepared to summarize but (a) time and (b) speakers and chatters have so naturally and beautifully guided the conversation in natural evolution

- This effects all ages. Even with high deductible plans can not afford to go forward with maximizing their health r/t the deductibles. Unfortunately that can effect more folks than we realize!
- Thank you to all- this was so informative!
- Thank you for a wonderful session!
- Thanks, everyone!
- Another outstanding session - thank you!
- thank you!
- Great conversation - thank you!
- Thank you
- Yes, the issue of high copays and deductibles (Underinsurance) is an important issue
- Thank you, presenters and participants, for an informational dialogue!
- Thank you
- Thank you!
- thanks all!
- Thank you!
- Thanks for a very comprehensive presentation on an essential topic!
- Thanks so much, Julie!
- Thank you Julie!!

ECHO: Political Determinants of Health Policies to Advance Health & Economic Prosperity in NH Communities March 23, 2022. Session 2: Vaccination and Vaccine Registries

Didactic Presentation: Susanne Tanski, MD

AV and slide set posted separately at <https://www.dartmouth-hitchcock.org/project-echo/enduring-echo-materials>

Chat Postings including, poll, poll results, links to bill discussed, advocacy resources and comments.

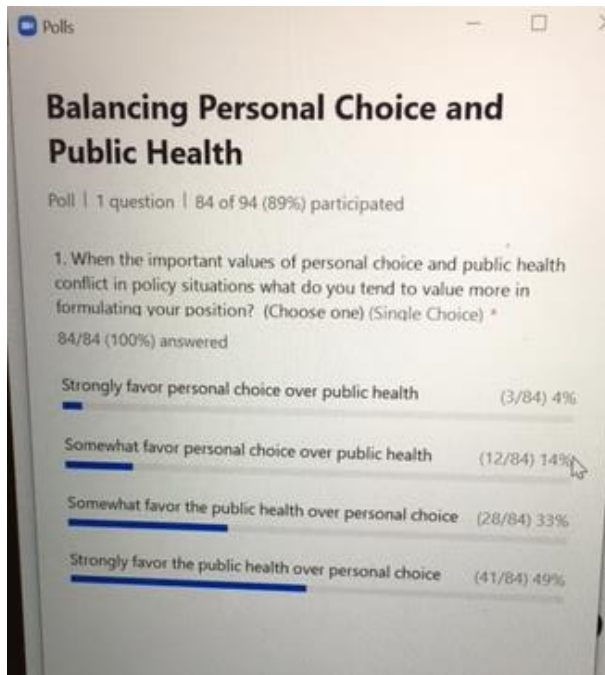
Poll

Balancing Personal Choice & Public Health: When the important values of personal choice and public health conflict in policy situations what do you tend to value more in formulating your position?

(Select one)

1. Strongly favor personal choice over public health
2. Somewhat favor personal choice over public health
3. Somewhat favor the public health over personal choice
4. Strongly favor the public health over personal choice

Poll results



Links to bills discussed

Public Health Infrastructure

- [HB 1606](#) – opt-in immunization registry
Passed House with amendment; will cross over to Senate

Pediatric Population – immunizations

- [HB 1241](#) – prohibiting a school district from mandating a COVID-19 vaccination
Passed House with amendment; will cross over to Senate
- [HB 1379](#) – relative to the department of health and human services' rulemaking authority regarding immunization requirements
Committee recommendation to pass House with amendment
- [HB 1633](#) – requiring COVID-19 vaccination for school attendance
Failed in the House
- [SB 288](#) – prohibiting requiring COVID-19 immunization for any school or child care enrollment
Senate HHS Committee to make a recommendation to the Senate

Healthy Communities

- [HB 1604](#) - conscientious exemption
Passed House with amendment, in House Finance
- [HB 1210](#) – exemption from vaccination mandates
Passed House with amendment; will cross over to Senate
- [HB 1455](#) – state enforcement of federal vaccination mandates
Passed House with amendment; will cross over to Senate

NH Legislative Advocacy Resources

NH General Court website: [The General Court of New Hampshire](http://www.gencourt.state.nh.us)

www.gencourt.state.nh.us

Find your Representative: [The New Hampshire House of Representatives](http://www.gencourt.state.nh.us/house/members)

www.gencourt.state.nh.us/house/members

Find your Senator: [The New Hampshire State Senate](http://www.gencourt.state.nh.us/senate/members/wml.aspx)

www.gencourt.state.nh.us/senate/members/wml.aspx

Chat Comments

Kudos Sue! Thank you!

I do not understand why there is a perception that choice conflicts 100% with public health. This is a false dichotomy that has been manufactured by politicians to push their own agendas

Amen

Re: the binary choice between individual choice and public health - while there doesn't have to be friction, but I think it is useful to remember that there has been an unfortunate history of colonial actions that have been carried out in the name of public health (e.g. colonial slum formation/'quarantining' in Ghana became a form of urban control) .

Thank you, Sue! Curious if data exists on efficacy of opt-out versus opt-in registries (your slides mentioned Texas, I think, and another state as opt-in)

Sue: evidence is strong that Opt-In has much, much lower rates of use.

I am concerned about the effort to make the Youth Risk Behavior Survey opt-in by parents. YRBS is a critical planning tool for youth health and wellbeing. Even parents who don't actively object to the survey very often don't complete the paperwork to opt-in. We get useless data when only 20-40% of students in a school complete the survey as it is not a randomized survey.

Sue: perfect example. If someone needs to complete a piece of paper or electronically as consent, even though it seems like a low bar, it is a LARGE barrier with much lower acceptance, and thus less useful data.

Also the amendment will require asking the question of opt in or opt out would be for each and every vaccine. That would definitely be a burden for both staff and parent/patient.

Politically, opt-in gives opponents the opportunity to say "see, that thing doesn't work" when they have actually hobbled it. I think there is a risk in going along with opt-in in hopes it will lead to opt-out later. It also means spending lots of money on things that don't give positive product -- again allowing folks to argue that it's a waste of money. Maybe better to hold the line -- opt-out or nothing? Not sure but concerned.

I'd like to point out that resistance to life saving vaccine is not new. The renowned French mathematician/statistician Pierre Simon De Laplace wrote in the early 1800's about resistance to smallpox vaccine developed by Jenner. He wrote" ...to render it universal, it remains only to overcome

the natural inertia of the people, against which it is necessary to strive continually, even when it is a question of their dearest interests."

Thank you I was thinking along similar lines. And in addition, the power of the State to impose vaccine requirements has been the law of the land since the 1905 Jacobson vs Massachusetts Supreme Court case. An important question to examine then, it seems to me, is "What factors are affecting vaccine hesitancy in the face of settled law, and how can we best address them?"

I'm really looking forward to re-watching this video to digest a bit more alongside the chat

Great information

Thank you

Thank you so very much!

Thank you for these educational opportunities

Thank you all!

Thank you!

Thank you!

Thank you !!

thank you

Excellent, thank you!

thank you!

Excellent session - thanks!

Have to drop but THANK YOU, Sue!

Gotta run! Great session!

ECHO: Political Determinants of Health Policies to Advance Health & Economic Prosperity in NH Communities

March 9, 2022. Session 1: Social and Political Determinants of Health

Didactic Presentation

by Sally Kraft, MD, Vice President for Population Health, DH

Slides and AV to be posted at <https://www.dartmouth-hitchcock.org/project-echo/enduring-echo-materials>

Cases, Chat comments and Notes

Cases Presented by Sally Kraft

Helen of Hanover NH

Helen is a 76 year old woman who retired 10 years ago from her position as a professor of mathematics from Dartmouth. She lives alone, but has an active social life attending church regularly, exercising 3 times a week at a local exercise facility and engaging in many lively family zoom sessions. She enjoys cooking and sharing meals with friends. Her home is comfortable and well heated. She drives herself to appointments and gatherings. She is grateful for a rich life. She does have mild heart failure but this is well controlled with her medicines which she takes regularly.

COVID-19 has impacted her like it has all of us. She has been vaccinated and boosted (as has everyone in her immediate circle of friends).

Helen developed a cough in mid-February. When she first developed symptoms, she went on line, scheduled a COVID-19 test, got in her car and got the test. After receiving her positive results, she completed a video-telehealth visit with her PCP and her cardiologist. Her physicians recommended oral anti-viral treatment and she was able to ask a friend to pick up her medication and she started the therapy immediately. Her supportive friends delivered food and set up a system to check in on her twice a day. She was able to isolate at home without difficulty and, thankfully, she did well and has now recovered fully.

What social determinants weighed in Helen's favor causing her to do fully recover when she contracted COVID-19? (Responses in Chat from participants)

- social network
- community engagement
- Reliable transportation
- financial status
- Digital literacy
- access to healthy food choices
- health literacy?
- education
- Retirement benefits and access to finances
- Access to technology
- Average Deductibles -- Remember that an average levels out the highs and lows. Let's talk about the range in deductibles to make sure people understand the burden on those folks at the high end. I know people for whom the individual deductible is \$7000 annually.

Jean of Newport

Jean is a 76 year old woman who worked for years as a checker at Hannafords and has struggled financially since leaving that job 10 years ago. She lives alone and doesn't have a car so rarely leaves her home. She keeps her heat turned down to not run out of fuel so winters are hard. She relies on a neighbor to bring groceries and eats mostly cereal and some canned soup. She acknowledges having little energy and feeling down a lot of the time, but feels that's just part of being old. She does not have any wifi in her home nor does she have a computer or a smart phone. She has a cell phone but service is unreliable at her home. She does have television. She used to smoke (and she has a chronic bad chronic cough with phlegm) and a couple of years ago she was told she had mild heart failure but she hasn't been back to the physician for a while and when her prescriptions ran out last month, she didn't get them refilled for many reasons including lack of transportation and co-pays for the meds. COVID-19 has impacted her like it has all of us. She did get her first vaccine when the regional public health network hosted a clinic not too far from her home but she couldn't get a ride to get her second vaccine and she didn't get boosted. And honestly, she had heard that the vaccine had a microchip in it that allowed the government to track her whereabouts so she wasn't sure she wanted to get another vaccine anyway. Jean developed a worsening cough in mid-February. She felt terrible but thought it was just a cold. She thought about getting a COVID-19 test but she couldn't get to the testing site. Over the next couple of days she began to struggle to catch her breath and finally, she called 9-1-1. She arrived in the ED with a dangerously low oxygen level and had to be immediately intubated and placed on a ventilator. After 10 days in the ICU, she died.

What social or political determinants might have contributed to her poor outcomes? (Responses in Chat from participants)

- One variable for poor Covid outcomes that is not being addressed is that poor outcomes with Covid are related to low Vitamin D levels, which are running rampant in the population, and people with darker skin and obesity are more at risk for vitamin D deficiency
- NH also has some of the highest premium rates and rates of denials for services in the country • People don't know how or when to call their doctors
- limited engagement with health care services
- energy poverty
- isolation
- Did we hear about their healthcare insurance plans?
- lack of access in general
- Her friend group may be giving her misinformation
- social circles with lower education = health disinformation
- Isolation, lack of resources,
- lack of fresh food
- covid misinformation
- Lack of social network and correct information regarding the vaccine
- isolation and lack of resources

What policies, programs or services might have improved her outcome? (Responses in Chat from participants)

- Community health workers!
- meals on wheels?
- universal healthcare
- Medicaid expansion
- community-based organizations
- Transportation services
- community health workers
- mobile clinic
- affordable internet access
- District Nursing Services
- Accessible systems and processes
- electric assistance program
- Access to telehealth services
- universal single payer national health plan
- public health proactive vaccination of at risk elders
- Greater pay equity earlier in her life that might have given her more savings/income to count on now.
- Being born in a different zip code :-)
- Does Jean have a PCP?
- Available broadband internet and wifi set up
- +++agreed Randy its a distinction in philosophies and values systems around how you solve problems
- To Randy's point, the government may not want to take sides in terms of the outcomes but they do take sides allowing business to operate in their own best interest, Who takes sides for increasing sustainable independence on the side of labor?
- Yes to Alice's point about business
- framing is important for policy, how do we get everyone on board with the same outcome? often we have to justify it in terms of costs of inaction. it may not be ideologically 'pure', but it gets people moving in the same direction

Courtney Tanner – Overview of Upcoming sessions

3/23 – The NH Legislature has been actively debating legislation that seeks to shift how we approach public health in NH. Next session, we will discuss the value of preventive measures, including immunizations. We will discuss public health registries, including an immunization registry; implications for utilization if not inclusive;

4/6 – We will discuss social safety net programs and their impact on vulnerable patient populations, including supplemental nutrition assistance program (SNAP), and Medicaid coverage. We will review the way that policy has shaped the delivery of social services and behavioral health services, both inpatient and in the community.

4/20 – We will examine the impact on access to necessary services/resources allows communities to thrive (or falter), including child care and housing.

5/4 - NH and largely a rural state. We also know we have an aging state. We will spend some time examining legislation that enables us to build a state that allows us to attract and retain a top talent for our health care infrastructure.

5/20 – Wrap Up By mid/end May, we will know how the second chamber, either the House or the Senate, is going to act on many or most of the legislation we have examined in this ECHO. We will spend some time talking about how to influence policy crafting in NH and beyond.

Happy Comments! (*In Chat from participants*)

- I'm really looking forward to this learning journey, thank you SO MUCH for offering this!
- Thank you for speaking up everyone, I am learning so much already
- Excellent & informative didactic, Sally - so much information presented very clearly. Great discussion as well. Very appreciative for this ECHO series!
- I really like the pivot from 'determinants' to 'drivers' -- it seems less final and sparks our own drive to advocate for change. I am also grateful for this forum - thank you to the ECHO panel and participants
- Great timing to give a plug for VOTING!
- Great presentation and discussion! Thank you
- Thank you
- thank you!
- Thank you!
- thank you
- Thank you!
- thanks all !
- Thank you for all your work!
- Thank you!
- Thank you all for coordinating this series!
- ty
- Thank you!
- Thank you
- Thank you!
- Excellent opening session, thank you!