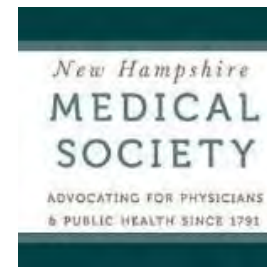




The Political Drivers of Health ECHO

Policies to Advance the Health & Economic Prosperity
of New Hampshire Communities

Session 1, Food insecurity, February 12th, 2025



Series Learning Objectives

Learner will be able to:

1. Explain how policy and politics impact the health and well-being of NH individuals and communities
2. Describe key health-related bills before the NH legislature, as well as pending administrative policy decisions, and their potential impact on health.
3. Advocate effectively for policies that support health and well being in our communities

Political Drivers of Health

The political processes that impact the social, environmental and health care drivers of health, including executive decisions, legislative policies, judicial decisions, electoral processes and public advocacy.

Upstream

Social & Environmental Drivers

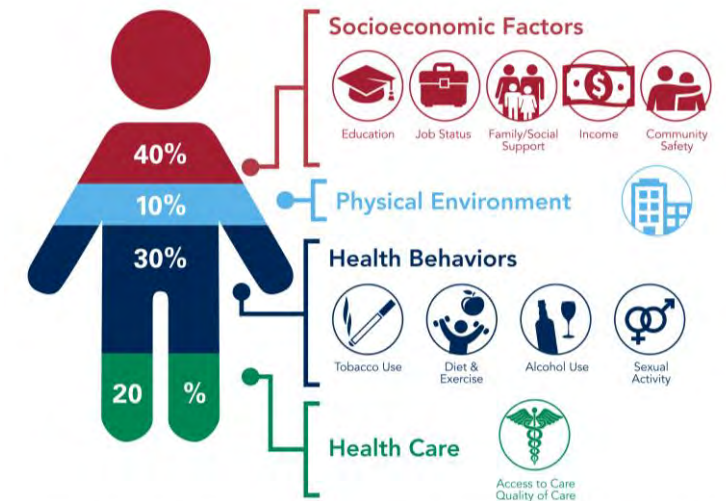


Midstream

Individual
Activities &
Community
Interventions

Downstream

Healthcare Interventions



Source: Institute for Clinical Systems Improvement; Going Beyond Clinical Walls: Solving Complex Problems, 2014. Graphic designed by Prof

80% Socioeconomic, environmental & health behavioral factors

20% Health care factors

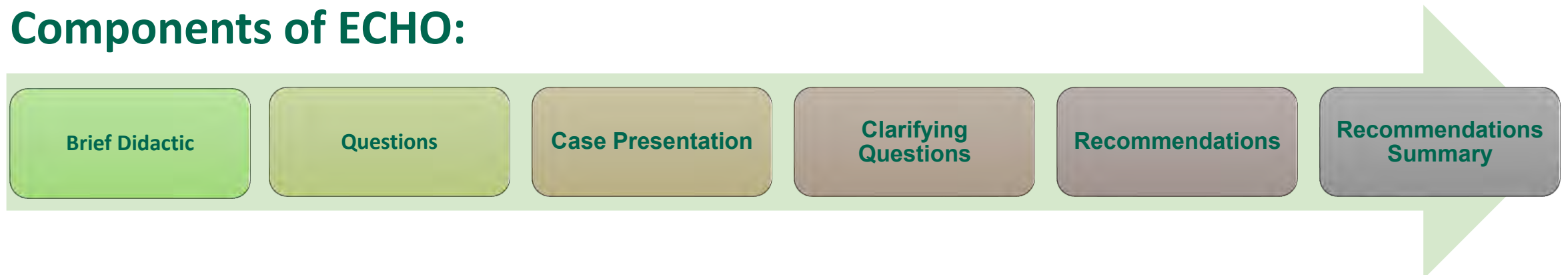
Series Sessions

Date	Session Title
February 12, 2026	Food insecurity
February 26, 2026	Vaccine access
March 12, 2026	Childcare
March 26, 2026	Rural Health Transformation Program
April 9, 2026	Changing access to health coverage
April 23, 2026	Right care, right time - NH Long-term Care Advisory Council
May 7, 2026	State fiscal review
May 21, 2026	Session recap

Project ECHO (Extension for Community Healthcare Outcomes)

- All teach, all learn.
- ECHO is a telementoring model that uses virtual technology to support case-based learning and to engage the wisdom and experience of all attending.
- Highly Interactive.

Components of ECHO:



Today's Program

- Brief housekeeping
- Didactic: Food insecurity- Chelsey Canavan
- Legislation: Laura Milliken
- Discussion- *Facilitated by Courtney Tanner*
- Brief summary
- Up Next



Notes

- Pre course survey: <https://redcap.hitchcock.org/redcap/surveys/?s=EMC8X4YMFP43Y4EH>
- Raise virtual hand or enter comments in chat at any time. We will call on you when it works. Please mute otherwise.
- To protect individual privacy, please use non-identifying information when discussing cases.
- We will be recording the didactic part of these sessions. *Participating in these session is understood as consent to be recorded. Thank you!*
- Closed Captioning will be enabled during sessions
- Questions to ECHO Tech Support thru personal CHAT or ECHO@hitchcock.org

CME/CNE

- One hour of free CME/CNE is available for every session attended, up to 8 sessions.
- Track participation via [DH iECHO site](#)
- A link will be provided at the end of the course to submit your attendance and claim your CME/CNE
- No relationships to disclose among planners, panel, speakers

ECHO Participant Demographics

Total Registrants: 180

Professional Identities	
Provider/MD/Physicians	32
Nursing	29
Community/Public Health	22
Administrators/Coordinators	18
Other Medical	17
Executives/Directors	14
Educator/Researcher	12
Social Workers/Behavioral Health	8
Other	27



Core Panel

- Ben Bradley
Vice President, State Government Relations, NH Hospital Association (NHHA)
- Cathy Stratton
CEO New Hampshire Medical Society
- Courtney Tanner, JD, MSW
Director, D-H Government Relations, Course Director
- Deborah Fournier, JD
Director, Health Law & Policy, UNH Institute for Health Policy and Practice
- Kate Frey
Vice President of Advocacy, New Futures
- Matthew Houde, JD, MHCDS
Vice President of D-H Government Relations
- Pamela Dinapoli, RN, PhD
Commission on Government Affairs, NH Nurses Association
- Phil Sletten, MPA
Research Director, NH Fiscal Policy Institute
- Steve Ahnen, MBA
President, NH Hospital Association (NHHA)
- Seddon Savage, MD, MS
Facilitator, Medical Director, Project ECHO at Dartmouth Health



Food and nutrition support

Political Determinants of Health ECHO

February 12, 2026

Chelsey Canavan, MSPH

Population Health Department

Dartmouth Health

Food & Nutrition Security Basics



According to the USDA (2024), ‘food security means **access by all people at all times to enough food for an active, healthy life.**’



Nutrition security is consistent access, availability, and affordability of foods and beverages that promote well-being and prevent or treat disease (Tufts).



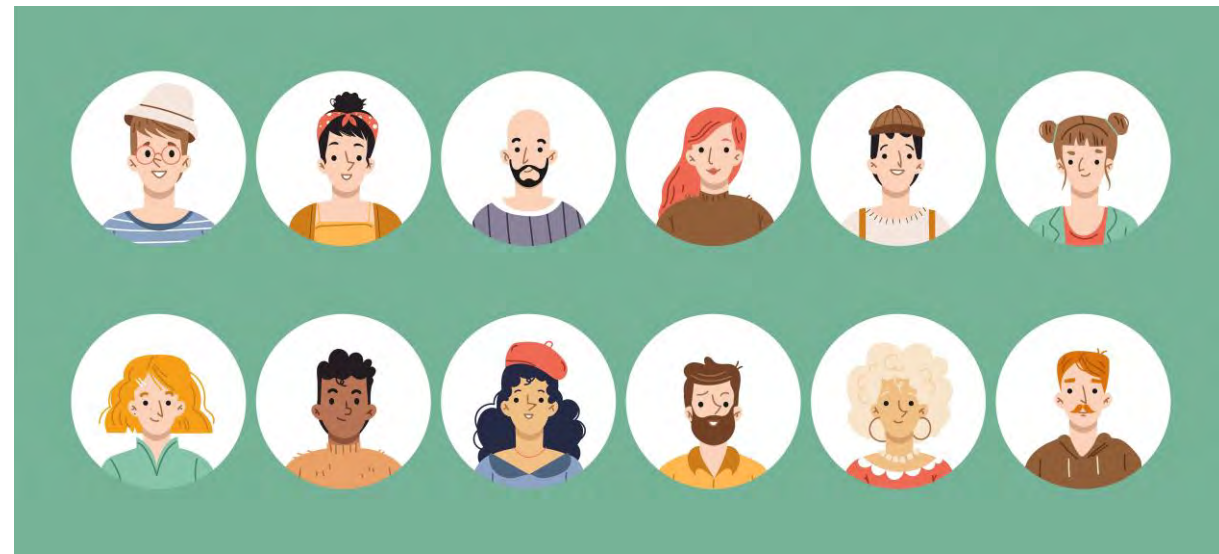
Household food insecurity in the United States has **increased in recent years.**



Food and nutrition security is a critical determinant of health that **hinders or facilitates a patient’s ability to access and receive quality health care and impacts health outcomes.**

What does food insecurity mean for real people?

- Not paying a utility bill to pay for food
- Choosing between food and medicine
- A caretaker not eating so family can eat
- A diet with mostly convenience foods
- Fast food, highly-processed foods, 'food products'
- Skipping meals
- Living in a food desert
- Eating smaller sized portions to stretch the food dollars



Food Insecurity Affects Diet and Nutrition



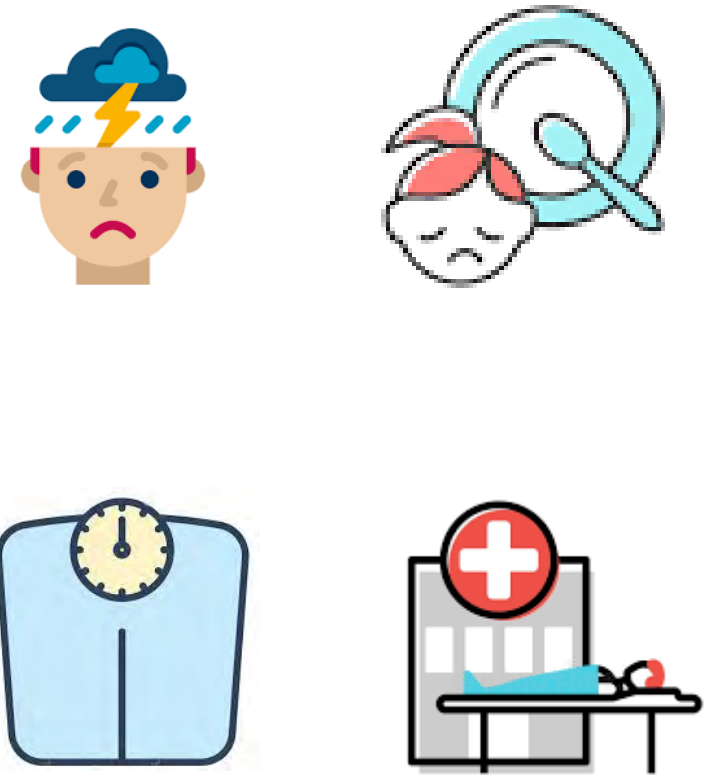
Food insecurity affects **dietary quantity and quality** for adults and children



Low-income, food-insecure households spent less on food, purchased **fewer calories** overall, and had **lower nutritional quality** food purchases than low-income, food-secure households

Food Insecurity is associated with negative health outcomes

- Anxiety and depression
- Substance use disorder
- Cognitive development and school performance
- Hospitalization
- Anemia
- Obesity and related conditions
- Increased risk for negative pregnancy and birth outcomes



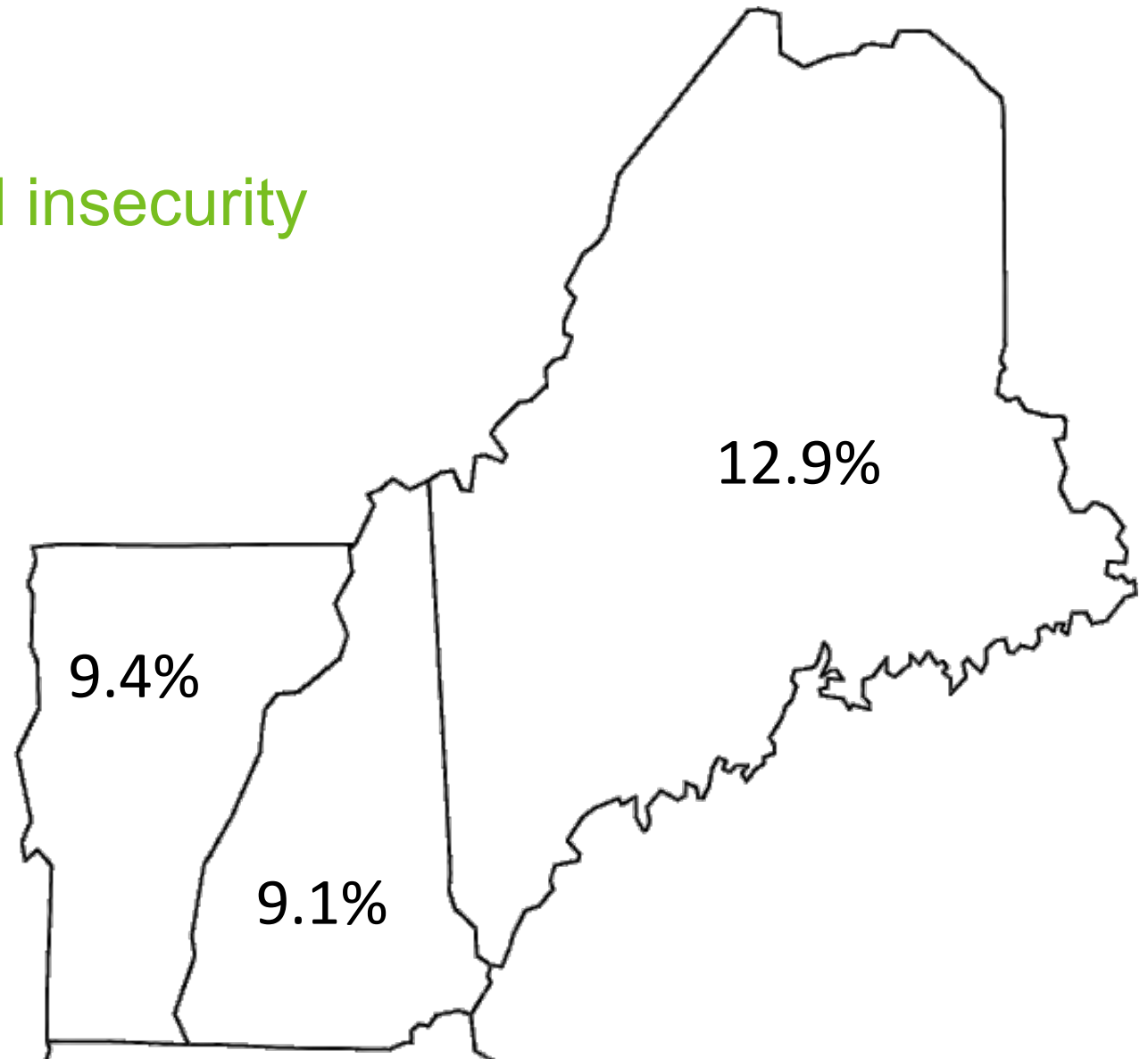
Prevalence of household food insecurity (2024)

Nationally: 13.7%

Northeast: 12.2%

Rural areas: 15.9%

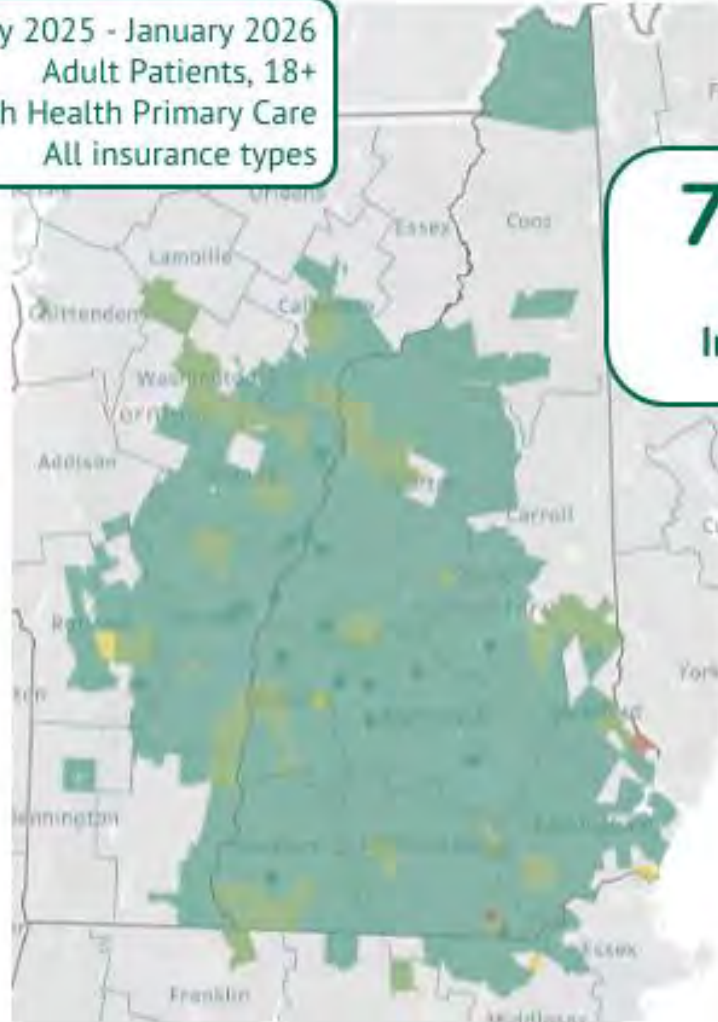
Households with children: 18.4%



Food Insecurity among DH Primary Care Patients

February 2025 - January 2026
Adult Patients, 18+
Dartmouth Health Primary Care

February 2025 - January 2026
Adult Patients, 18+
Dartmouth Health Primary Care
All insurance types

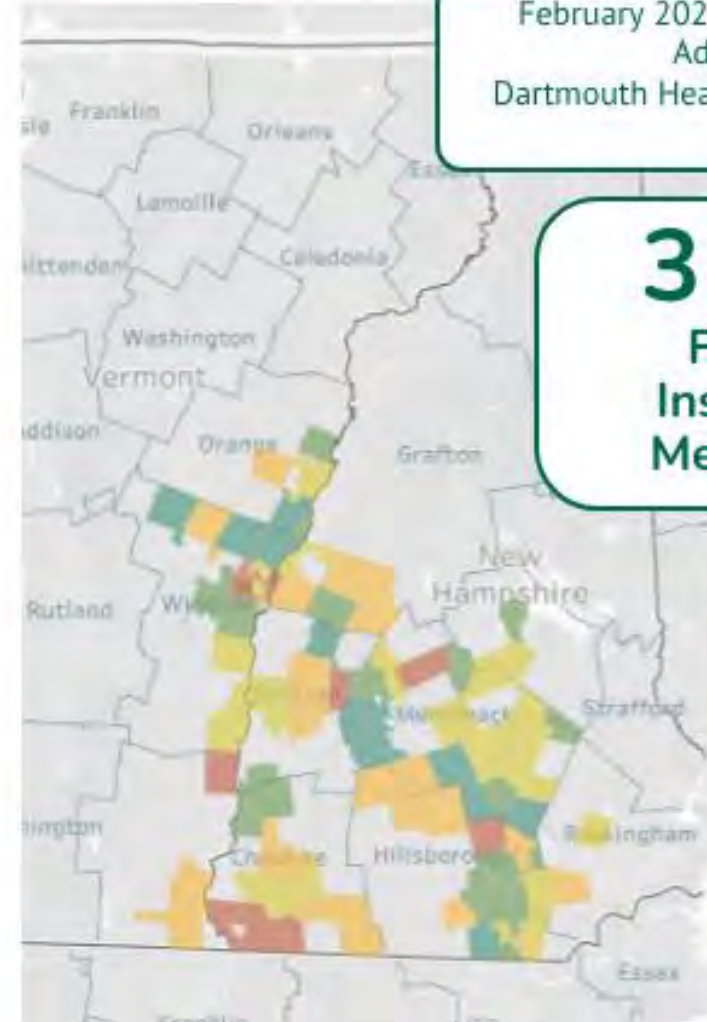


7.0%
Food
Insecure

Pct Positive Food Insecurity

0.0% 53.8%

February 2025 - January 2026
Adult Patients, 18+
Dartmouth Health Primary Care
Medicaid



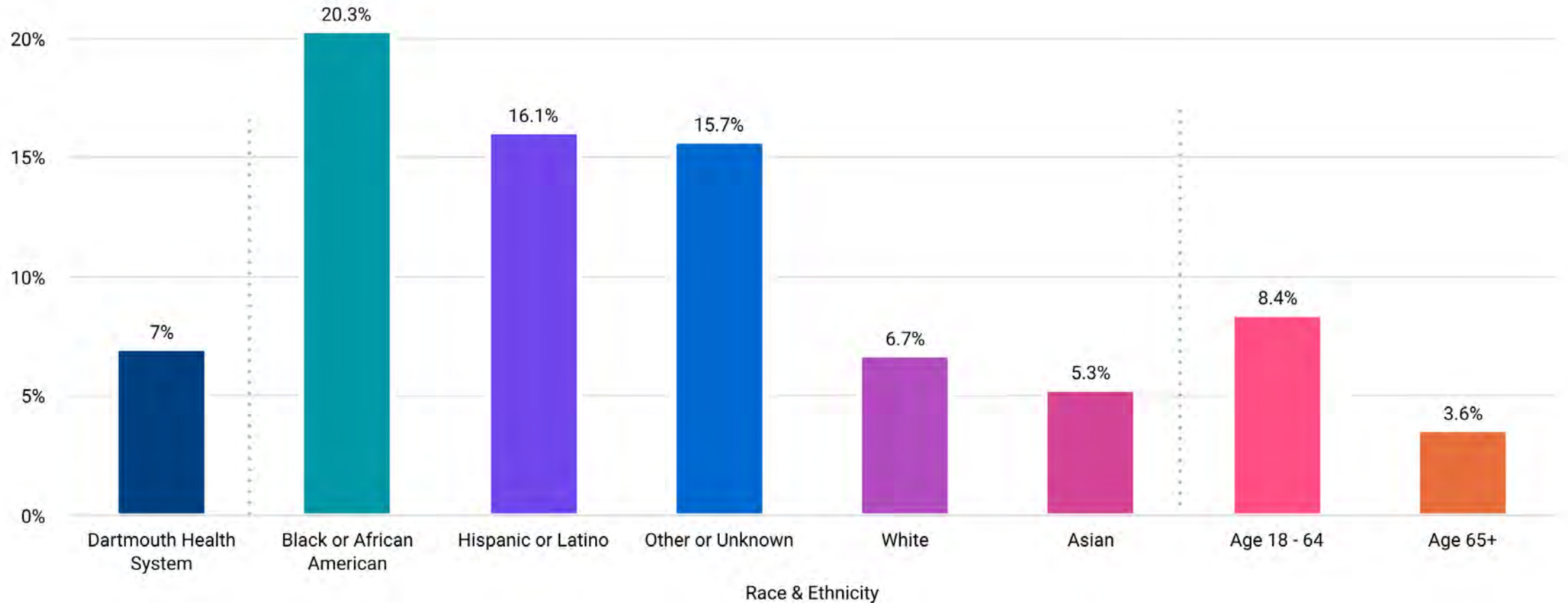
31%
Food
Insecure
Medicaid

Pct Positive Food Insecurity

0.0% 57.1%

February 2025 - January 2026
Adult Patients, 18+
Dartmouth Health Primary Care

DH Patients Experiencing Food Insecurity by Race, Age



Get to know these food resources



Free and reduced
price school meals



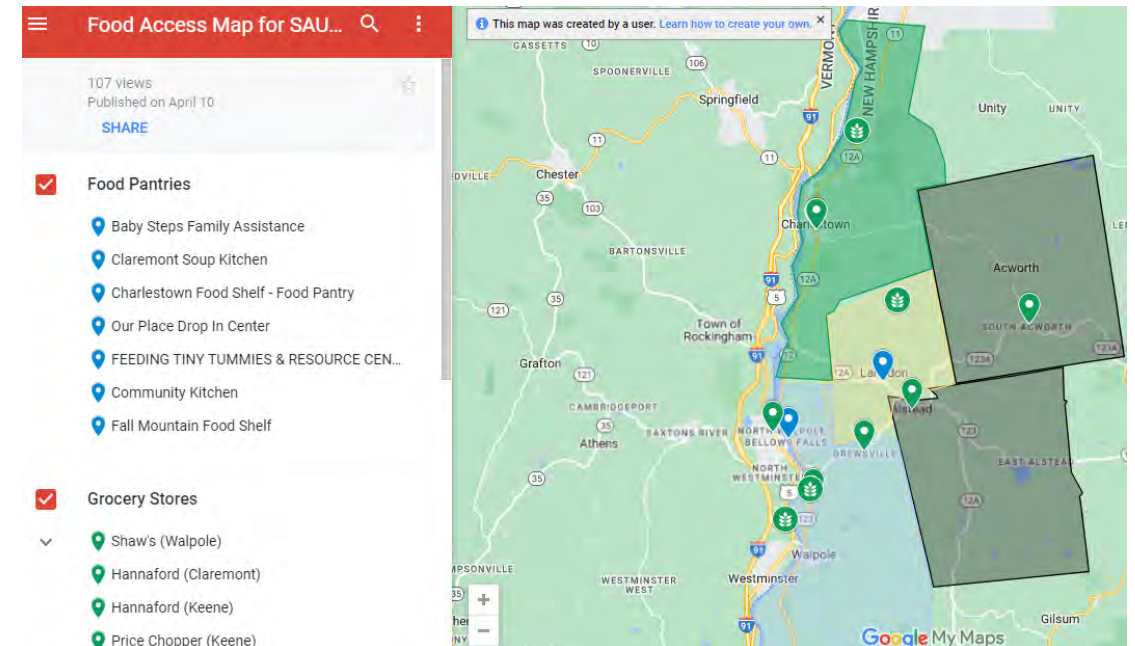
Food Banks

- Tons of resources
- Maps of member locations
- Mobile food pantry schedule
- SNAP assistance
- Job training
- Cooking Matters
- And more!

The screenshot shows the New Hampshire Food Bank website. At the top, there are logos for 'New Hampshire FOOD BANK' (a program of Catholic Charities NH) and 'CATHOLIC CHARITIES NEW HAMPSHIRE FEEDING AMERICA'. Navigation links include 'SEARCH', 'AGENCY PORTAL', 'FIND FOOD', 'Get to Know Us', 'What We Do', 'Get Involved', 'In the Know', 'Agency Portal', and 'Acc'. The main heading is 'Food Map'. Below it, a text block states: 'The NH Food Bank distributes food to more than 400 partner agencies across New Hampshire including food pantries, homeless shelters, soup kitchens, children's programs, senior centers and more. Search our list of partner agencies to find a food assistance program near you.' A search bar with fields for 'Address or Zip Code', 'Agency Name', and a 'SUBMIT' button is present, along with a 'Select a County' dropdown. Below the search bar is a map of New Hampshire with blue location pins. A sidebar on the right shows details for 'Henniker Food Pantry': '21 Western Avenue, Henniker, NH 03242, 603-428-7474, 9.52 miles, Directions'.

Other Resources

- Local food pantries and food shelves
- Senior Centers
- Local school district
- NH Hunger Solutions
- Hunger Free VT





What else?

Make **brochures/materials** available to everyone & easy to access.

Help **normalize the conversation**:
“A lot of people are having a hard time right now with these high food prices.”

Consider **capacity to host** a food shelf, food drive, etc.

Host or promote **community gardens**.

Consider **books/events/activities** related to healthy eating for adults and children.

Advocate to increase access to healthy foods!

Policy Levers of Food Security: Defending and Advancing the Social Determinants of Health in NH in 2026

NH HUNGER
SOLUTIONS

ENDING HUNGER IN NEW HAMPSHIRE

WHO WE ARE



Laura Milliken
Executive Director

NH Hunger Solutions is a nonpartisan nonprofit organization that advocates to end food insecurity, improve equitable access to nutritious food, and address hunger's root causes for all New Hampshire residents.

NH HUNGER SOLUTIONS

ENDING HUNGER IN NEW HAMPSHIRE

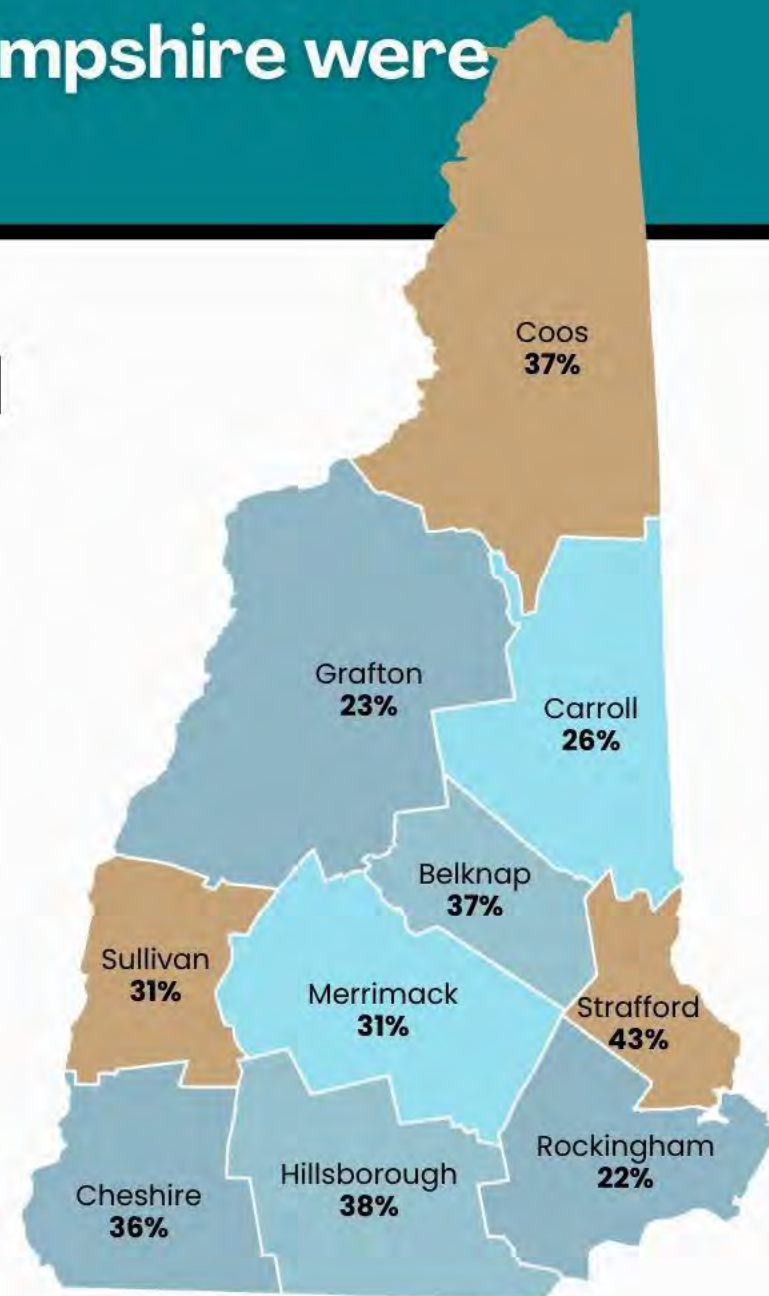
SNAP in New Hampshire



Only 32% of those eligible for SNAP in New Hampshire were enrolled in 2024

Strong enrollment means stronger local economies

- ▶ Each SNAP dollar has over **\$1.50 in economic impact**
- ▶ **SNAP supports local businesses**, including **1,063 retailers in NH**, which redeemed a total of **\$302,706,064** in 2023.
- ▶ In Fiscal year 2024, SNAP brought **\$154,254,645** to the state.



The charitable sector can't solve hunger alone

For every meal a
food bank provides



Provides **Nine**



Who relies on the average \$5.49/day SNAP benefit in NH?



3,552

Veterans



39%

Older Adults



54%

Children



45%

**People with
disabilities**

- ▶ SNAP helps **76,628** people in New Hampshire put food on the table. (6% of NH households)
- ▶ **77%** of NH SNAP households on average included someone who was working.

Federal Reconciliation Bill SNAP Structural Funding Changes

October 1, 2026: Change in States' Cost to Administer SNAP

→ States forced to pay greater share

\$4.6 M

Administrative Cost
Shift

October 1, 2027: Penalty on States with High Payment Errors

→ Must pay portion of federal benefits

→ Based on how high Payment Error Rate (PER) is

\$8-23 M

SNAP Benefits Cost
Shift

Support

SNAP Administrative Cost

Raise the **\$4.6M in new administrative costs to run the SNAP program** after of October 1, 2026.

- **SB 603** (pulls from DHHS budget)**Hearing was 1/20 Senate HHS*
- **HB 1750** (appropriates \$4.6M)*Hearing was 2/2 (currently in House Division III)



Oppose

Attacks on SNAP

- **SB 615/HB 1797**

- Rolls back SNAP eligibility, adds unnecessary and costly asset tests
- Imposes unnecessary and burdensome reporting on NH DHHS
- Limits what SNAP recipients can buy with their SNAP EBT cards (no soda or candy)
 - **SB 615** **Hearing was 1/14, but you can still call and email the Senate HHS Committee*

- **HB 1773**

- Limits what SNAP recipients can buy with their SNAP EBT cards (no sweetened drinks or candy) **Not yet scheduled (in House HHS Committee)*



Why do we Oppose SNAP Restrictions?

No Proof, Just Punishment

SNAP restrictions don't improve diet quality or health outcomes.

- **Restrictions ignore the real drivers of poor diets:** insufficient income to buy healthy food and lack of proximity to full-service grocery stores.
- **Diets of SNAP participants mirror the diets of other low-income households** not on the program. The problem is not the SNAP card; it is the structural barriers of poverty.
- **Erosion of Dignity:** Restrictions undermine the program's foundation of autonomy. They **increase stigma** at the checkout line and treat families with distrust.

Why do we Oppose SNAP Restrictions?

Huge Costs for State and Retailers

SNAP restrictions add a maze of bureaucracy (and absurdity) that burdens families, administrative staff and the state budget.

- Complexities are likely to increase the state's error rate, which will result in huge financial penalties for the state.

Restrictions force retailers to bear expensive costs to change Point of Sale systems and constantly update their databases.

- May force smaller retailers to decide not to accept SNAP at all, and create food deserts for SNAP recipients.



Child Nutrition

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Support

Summer EBT

- **HB 1727:** Allow the Department of Education (DOE) to collect student addresses and share them with DHHS for the sole purpose of distributing Summer Electronics Benefit Transfer
 - *Hearing was 1/14



New Summer Grocery Benefit

Support

School Meals

- **SB 517:** Raise the eligibility for free meals to 200% of the Federal Poverty Level (schools pay half).
 - **Senate Education: Unanimous OTP*
- **HB 1574:** Extending Free and reduced lunch for special education students up to age 22
 - **House Education Funding Hearing was 1/14 - committee is working on an amendment*



Stay Connected

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Up Next

- Next session: February 26- Vaccine access
- Please submit your cases/questions, track your attendance for CME/CNE and view course resources at the: [DH iECHO site](#)
- Recordings will be posted on the D-H ECHO website
<https://www.dartmouth-hitchcock.org/project-echo/enduring-echo-materials>
- Opportunity to support this ECHO – please click the link if you'd like to donate:
<https://dhmcalumdev.hitchcock.org/giving/project-echo> *Thank you!*