

## **SB85 Environmentally-Triggered Disease Commission Meeting – 11/22/19**

Sen. Tom Sherman Called to order at 10:03AM

Attendees: Margaret DiTulio, Bill Nelson, Tom Sherman, Kathleen Bush, Robert Timmons, Gary Woods, Amy Costello

Moved to approve minutes from last meeting by Margaret DiTulio

Second Nancy Murphy

All in favor, no opposed

Sen. Sherman - Apology to Jeff Salloway - should have been today move discussion on radon to March -

Rep. Salloway to present in January

After his presentation we discuss where Commission to go

MOU update from DES and DHHS

Recalibrate and think about where we are going next year

January meeting - Salloway, Costello, and discussion of where we are going

Notes taking for today is Mindi Messmer

T. Sherman wants to move the notes taking around responsibility.

### **Presentations**

Whitney Hammond - NH Health Lives

Chronic disease and prevention screening

Appreciates the opportunity to share what is done at the Health Dept

Chronic disease Epidemiology techniques

Key strategies

Section Structure and Funding

In 2014 4 FTEs on team

Now 20 FTEs and 3 chronic disease epis

About 6M per year in funding

\$3M for cancer largest chunk of funding

lots of grants funnel together

9% from State General funds and rest from Federal grants

Focus on primary prevention -healthy nutrition, not smoking

Secondary Prevention - onset of symptoms by catching it at earliest stage

e.g. breast cancer screening - free screening for people who can't afford it;

Tertiary prevention-

diagnosis - minimize negative effects, i.e. diabetes - self management education

1- measurement of people with chronic disease - using data, measure risk factors.

2- improve environmental factors - improving social determinants of health, water bottle filling stations, in school filters do not filter for everything - monitoring and upkeep and provide replacement filters - will provide us with info on what the filters address.

3- health systems to make changes really targeting - federal systems QIP increase use of preventative services, eg. look at who is getting breast cancer screenings - popup reminders to improve service delivery.

4- work at connections between clinical and community based to prevent chronic disease,  
fund consultants to go to school to look at school health to promote health give funding to implement things into curriculum.

#### Chronic Disease Epidemiology

BRFSS - phone based survey - health dept conducts, personal questions answered for 20 mins

cell and land lines - adults 18+ risk factors and health outcomes, i.e. smoking, BMI, screened for cancer

Youth Risk Behavioral Survey - use of indoor tanning beds – banned, how many sugar beverages daily

Cancer registry - merge death rates  
incidence of breast cancer and stage

Hospital discharge data - e.g. asthma, ED visits

All payer claims data - commercial Medicare and Medicaid data, cost of false positives for breast cancer screening, prevalence and incidence of disease

700 pharmacists - see if they are using cooperative agreements

Importance to look at multiple indicators not a single one to make sure you are not misinformed

e.g. Hypertension rates - really high compared to rest of the state  
enable someone to monitor BP at home - could be well controlled and then it wouldn't make sense to do self-monitoring. Ground truth in community to see what the data may be showing.

For example, Age-adjusted rates of breast cancer is higher than Coos County. Without looking at risk factors you can't compare county rates.

SIR - accounts for gender and age rates

Chronic disease epidemiology has made a lot of progress in recent years but there's more to go that we need to develop to make disease-based prevention decisions.

Amy Costello - question - this commission is grappling with the small numbers issue  
SIR - 1.5 would the department react?

Tom Sherman - pancreatic cancer - compare to a control group - data from NH as a control - have to make a decision on reference population. Usually use the rest of the state as the comparison population. Best that we have for looking for a signal.

**Dartmouth - bought residential history data - now looking at whether that database is helpful in determining chronic disease.**

DHHS doesn't have access to EMRs. They have to gain funding.

Link databases - Senate Bill - to connect the dots to bridge the databases

MA - all payers claims database - their laws are different to be able to use the database to connect - opioid death surveillance.

Whitney – to provide Commission with a summary of what needs to be done structurally to provide information.

EMR privacy data - history of it to provide to the commission

Mike Wimsatt - remarking on how much information in a survey would be helpful to determine and identify risk factors.

**Beverly Drouin - Health Homes and Environment oversee the lead, climate  
rdeiliecne, health officer liaison, and radon**

Gail Coppins - health advisor healthy children

Only 24% of children under 12 are tested annually yet we have 3,402 kids with lead levels >5 ug/dL.

62% of NH Housing residential lead paint, leaded gasoline

In NH most of exposure is lead paint dust

High risk pre-1978 homes

Claremont 84% with housing stock >1978

test the tap water for lead in the homes when there is a child with a blood level of 7.5.

BLL 3-7.4 they are educated on ways to prevent exposure. Living spaces are lead testing by inspectors, never attributed to high lead in drinking water. Lead in unit - then landlord is required to address the lead hazard. Lead dust on floor that is similar to the amount of sugar that sticks to your finger. Lead was used as a sweetener in wine for centuries!

Children under 6 years of age do not have a blood brain barrier so it is more neurotoxic

in adults in impacts heavy metal only trace amounts in children - lead is stealth under the radar don't see the impact until the children are older. 1,2,3 YO at high level exposures you can't tell. ESL, ADHD, lead outcomes show up later in life. Heavy metal dust sits on surfaces where children play and crawl. Lead acts like calcium in the child's brain - gums up the neurotransmitter synapses. Lead kills synapses body sees it like calcium.

Cincinnati lead study - Dr. Kim Cecil - prenatal and early childhood longitudinal study of lead poisoning of children.

University of Cincinnati - video

show video link:

[www.pbs.pbslearningmedia.org/resource/nvpw-sci-leadexposure/wgbh-nova-poinoned-water-the-health-impacts-of-lead-exposure/#.WUrNsNKGPb0](http://www.pbs.pbslearningmedia.org/resource/nvpw-sci-leadexposure/wgbh-nova-poinoned-water-the-health-impacts-of-lead-exposure/#.WUrNsNKGPb0)

Economic impacts to the system from lead exposure. 41% of the children in Rochester NY were high lead BLL, 100% of them were in special education programs

Most of the lead in NH is from lead paint - friction surfaces, 1/3 of them report renovations in the last 6 months contact hazard with lead paint removal. EPA lead paint removal procedures.

Update on SB247- only 51% of age 2 are tested as of 2018

T. Sherman - individual homeowners are not subject to lead hazard removal landlords are subject to the rules.

Amy Costello - rate is going down but we still have prevalence.

Testing was venous before and the new testing finger sticking will provide better testing rates - in office testing

T. Sherman - provide wish list - for improved lead testing -when schools have the compliance rate for testing goes up.

Next meeting Friday January 24 at 10 to 12pm

Take off February?

March 27.

Amy and Jeff and ideas and legislative tracker -issues on environmental issues  
Data on school and housing stock age in NH? Schools? - old pipes, old homes

Pediatrician training?