EXPLORING SOCIAL DETERMINANTS OF HEALTH: FROM DATA TO ACTION TO ADVANCE EQUITY: NEW HAMPSHIRE AND NATIONAL APPROACHES

MAY 1ST, 2018
1:00 P.M. TO 3:00 P.M.

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• New England Public Health Training Center
• New Hampshire Charitable Foundation

Co-Sponsors:
• New Hampshire Public Health Association
• University of New Hampshire: Department of Health Management and Policy
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CEU’S AND CME’S

Nurses
Southern NH AHEC is an Approved Provider of continuing nursing education by the Northeast Multistate Division (NE-MSD), an accredited approver of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

2.0 contact hours. Activity Number: 1234

Physicians
The Southern NH Area Health Education Center, accredited by the NH Medical Society, designates this live activity for a maximum of 2.0 AMA PRA Category 1 Credit(s). Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Faculty and Planner Disclosure Statement
The speakers and planners for Exploring Social Determinants of Health: from Data to Action to Advance Equity (NH and National Approaches), have reported no significant financial relationship* with any company(s) whose product may be germane to the content of their presentations, or which are supporting this program, and no discussion of off label uses.
LEARNING OBJECTIVES

- Explore the data provided by the County Health Rankings to understand how it affects your community.
- Describe the connection of social determinants to the health outcomes.
- Explore evidence-based resources to prepare to take action.
- Discuss how Carroll County Coalition for Public Health mobilized community-wide approaches to address housing and transportation challenges.
- Discuss how Cheshire Medical Center’s Prescribe for Health Program uses provider referrals to connect patients to community-based supports.
- Explore how the Monadnock Living Wage Work Group is working with area businesses to pledge to pay an entry wage equivalent of $15 by 2020.
LEARNING OUTCOMES

- Apply knowledge learned to strengthen community efforts to improve health outcomes in your community or organization.

- Utilize knowledge gained to adopt community-wide approaches to enable communities where all people can be healthy.
Kitty Jerome, MA, Researcher
Kitty Jerome is an Action Center Team Director at County Health Rankings & Roadmaps, a collaboration of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. Community Coaches work with local communities around the US who are addressing change through evidence-informed policies and programs.

Emily Benson, Public Health Advisory Council Coordinator
Emily Benson currently serves as the Public Health Advisory Council Coordinator for Carroll County Coalition for Public Health, an initiative of Granite United Way.

Rudy Fedrizzi, MD, Director of Clinical Integration
Dr. Fedrizzi is Director of Clinical Integration in the Center for Population Health at Cheshire Medical Center in Keene, New Hampshire. One of his principle efforts is promoting community partnerships and provider engagement for the Healthy Monadnock Initiative with the goal of being the healthiest community in the nation.
EXPLORING SOCIAL DETERMINANTS OF HEALTH: FROM DATA INTO ACTION TO ADVANCE EQUITY

Kitty Jerome
CHR&R Action Center Team Director
NH Public Health Association Workforce Training
May 1, 2018

countyhealthrankings.org
County Health Rankings & Roadmaps is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

countyhealthrankings.org
How Healthy is Your Community?
TODAY’S ROADMAP

- What is Health?
- Explore the Social & Economic Data
- Considering Evidence
- Taking Action to Improve Health
- Community Example: Garrett County
WHY WE DO WHAT WE DO

Improve Health Outcomes
WHY WE DO WHAT WE DO

Increase Health Equity
WHAT IS HEALTH?
HEALTH EQUITY MEANS THAT ...
Everyone has a fair and just chance to lead the healthiest life possible.
PUBLIC HEALTH MOMENT
Natalie S. Burke, CEO CommonHealth Action

Natalie Burke youtube moment
STATE REPORT HIGHLIGHTS

- Health equity
- Differences by place and race
- Call to action to create opportunity and health for all
HEALTH FACTORS BY PLACE AND RACE

- Children in poverty
- High school graduation
- Health Insurance
- Teen Births
## COUNTY COMPARISONS

<table>
<thead>
<tr>
<th></th>
<th>New Hampshire</th>
<th>Coos (CO), NH</th>
<th>Rockingham (RG), NH</th>
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<tbody>
<tr>
<td><strong>Social &amp; Economic Factors</strong></td>
<td></td>
<td></td>
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<tr>
<td>High school graduation</td>
<td>80%</td>
<td>89%</td>
<td>91%</td>
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<tr>
<td>Some college</td>
<td>69%</td>
<td>57%</td>
<td>75%</td>
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<tr>
<td>Unemployment</td>
<td>2.0%</td>
<td>3.3%</td>
<td>3.0%</td>
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<tr>
<td>Children in poverty</td>
<td>9%</td>
<td>19%</td>
<td>5%</td>
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<tr>
<td>Income Inequality</td>
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<td>4.3</td>
<td>3.8</td>
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<tr>
<td>Children in single-parent households</td>
<td>28%</td>
<td>39%</td>
<td>23%</td>
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<tr>
<td>Social associations</td>
<td>10.4</td>
<td>13.5</td>
<td>9.2</td>
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<tr>
<td>Violent crime</td>
<td>200</td>
<td>175</td>
<td>126</td>
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<tr>
<td>Injury deaths</td>
<td>74</td>
<td>112</td>
<td>67</td>
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<tr>
<td><strong>Physical Environment</strong></td>
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<td>1</td>
<td>9</td>
</tr>
<tr>
<td>Air pollution - particulate matter</td>
<td>7.8</td>
<td>6.8</td>
<td>8.7</td>
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<td>Drinking water violations</td>
<td></td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Severe housing problems</td>
<td>16%</td>
<td>16%</td>
<td>15%</td>
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<tr>
<td>Driving alone to work</td>
<td>81%</td>
<td>78%</td>
<td>64%</td>
</tr>
<tr>
<td>Long commute - driving alone</td>
<td>30%</td>
<td>23%</td>
<td>45%</td>
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2018
Note: Blank values reflect unreliable or missing data
WHY MEASURE CHILDREN IN POVERTY?
Every child deserves the opportunity to grow up healthy.
### Hillsborough County

<table>
<thead>
<tr>
<th>Category</th>
<th>69%</th>
<th>67-71%</th>
<th>72%</th>
<th>69%</th>
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<tbody>
<tr>
<td>Some college</td>
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<td></td>
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<tr>
<td>Unemployment</td>
<td>3.0%</td>
<td>3.2%</td>
<td>2.8%</td>
<td></td>
</tr>
<tr>
<td>Children in poverty</td>
<td>9%</td>
<td>7-11%</td>
<td>12%</td>
<td>9%</td>
</tr>
<tr>
<td>% Children in Poverty</td>
<td>9%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Children in Poverty (Black)</td>
<td>20%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Children in Poverty (Hispanic)</td>
<td>29%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Children in Poverty (White)</td>
<td>9%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income inequality</td>
<td>4.2</td>
<td>4.1-4.3</td>
<td>3.7</td>
<td>4.2</td>
</tr>
</tbody>
</table>
SOCIAL/ECONOMIC FACTORS DRIVE HEALTH CHOICES

- Health Outcomes
  - Length of Life (50%)
  - Quality of Life (50%)
- Health Behaviors (30%)
  - Tobacco Use
  - Diet & Exercise
  - Alcohol & Drug Use
  - Sexual Activity
- Clinical Care (20%)
  - Access to Care
  - Quality of Care
- Social & Economic Factors (40%)
  - Education
  - Employment
  - Income
  - Family & Social Support
  - Community Safety
- Physical Environment (10%)
  - Air & Water Quality
  - Housing & Transit
EVIDENCE

Using evidence to choose strategies that work
A MENU OF IDEAS

- Evidence rating
- Literature summary
  - Who
  - What
  - Cost
- Disparity rating
- Implementation examples & tools
WHAT WORKS FOR HEALTH

▶ Mental health benefits legislation
  – Evidence Rating: Scientifically Supported

▶ Paid family leave
  – Evidence Rating: Scientifically Supported

▶ Places for physical activity
  – Evidence Rating: Scientifically Supported
HOW TO TAKE ACTION: ACTION CENTER

Steps to Move Your Community Forward
The steps below provide a path to help your community move with data to action. In each you will find key activities and suggested tools to guide your progress. Keep in mind: action isn’t always linear. Revisit these steps to find the right resources when you need them.

- Step-by-step guidance and tools
- Seven Action Steps
- Key Activities and suggested tools to guide your progress

TIP: Set the Action Center as a favorite in your browser. Come back often to find the right resources when you need them.
Provides guidance around:

- Why different sectors might care about creating healthy communities
- What they can do
- How to engage them

★ TIP: If you don’t see yourself in any of the sectors listed in the Partner Center, start with Community Members.
GARRETT COUNTY, MARYLAND
RWJF CULTURE OF HEALTH PRIZE WINNER
Housing & Transportation:

Community Collaboration to Improve Health Outcomes in Carroll County

Emily Benson,
Public Health Advisory Council Coordinator
Carroll County Coalition for Public Health,
An Initiative of Granite United Way

May 1st, 2018
Key Talking Points

• Addressing Carroll County Community Health Improvement Priorities through Collective Impact

• Mobilizing community-wide approaches to address housing challenges

• Mobilizing community-wide approaches to address transportation challenges
Our Vision

Carroll County will be a great place to grow up, to live well, and to age gracefully. All Carroll County residents will enjoy good health, a safe environment, and opportunities to succeed and thrive at all stages of life.

Carroll County Profile:

- 19 communities
- 934 square miles
- Only NH county without a city
- 47,676 population (2016)
- 24.5% of population over the age of 65 compared to 15.9% of NH residents
- Multiple and overlapping divisions in the county by school district, hospital catchment area and service provision area
Carroll County Promise 2020: Community Health Improvement Plan (CHIP)

6 Priorities:

• Early Childhood and Early Parenting Support
• Access to Comprehensive Behavioral Health Services
• Substance Misuse & Addiction
• Chronic Disease
• Aging with Connection and Purpose
• Public Health Emergency Preparedness Across the Lifespan
County Health Rankings Model of Population Health
(with C3PH Priority Areas)


- Substance Misuse & Addiction
- Chronic Disease

- Access to Comprehensive Behavioral Health Services
- Early Childhood and Early Parenting Support
- Aging with Connection and Purpose
- Public Health Emergency Preparedness Across the Lifespan
Collective Impact:
A long-term community approach requiring the commitment of a diverse group of important stakeholders representing all community sectors to a common agenda for solving a complex social issue.”

Key Components:
Common Agenda
Shared Measurement System
Mutually Reinforcing Activities
Continuous Communication
Backbone Organization
Collective Impact Approaches to Improve Housing in Carroll County
Carroll County Numbers:

- **$1040**: 2017 Median Monthly Gross Rent for 2-Bedroom Units
- **0%**: 2017 Vacancy Rate for 2-Bedroom Units
- **10%**: of 2-Bedroom units in survey below affordable rent (based on 2017 Renter Household Median Income of $35,602 and $890 Affordable Gross Rent Based On Income)
- **$41,600**: Household income required to support 2017 Median 2-Bedroom Rent (based on a median 2-Bedroom Rent of $1040)

According to the McKinney-Vento Act, homeless children and youth are defined as “individuals who lack a fixed, regular, and adequate nighttime residence. This includes students living unsheltered, as well as those living doubled-up, in hotels or motels, or in emergency or transitional shelters.”

Carroll County Numbers: 178 (2012-2013)
- Doubled-up: 151
- Hotels/motels: 13
- Transitional: 5
- Unsheltered: 9

NH KidsCount
Carroll County Numbers:

- **Sheltered**: 12 persons in 4 families
- **Unsheltered**: 1 individual and 4 persons in 2 families
- **Temporarily doubled-up**: 4 individuals and 2 persons in 1 family
- **2-1-1 Calls for Housing/Shelter Needs in 2016**: 225
Many rural places are challenged by unaffordable and inadequate housing.

In rural communities with scenic amenities, the draw of second-home owners and retirees restricts housing options for local working families. Land use regulations to preserve the scenery in these places limits options for developing affordable housing.

The federal safety net provides good options for many rural residents struggling with housing costs, but the programs are often insufficiently funded to reach all residents in need.

Policy makers and practitioners should consider innovative ways to improve and leverage existing housing stock in order to expand affordable, high-quality options for local working families.
Activities Addressing Housing Challenges

Mt. Washington Valley Housing Coalition:
- Housing Charettes
- Accessory Dwelling Unit Outreach Events
- Conway Pines
- Conway Senior Pines

Eastern Lakes Region Housing Coalition:
- Harriman Hill

NH Coalition to End Homelessness:
- State of Homelessness in NH Report
- Needs Assessment - Wakefield, NH
- Families in Transition Hope House

Tri-County Community Action Program:
- Referrals and placements to temporary housing
- 225: 2-1-1 Calls related to Housing/Shelter Needs in 2016

Other organizations:
- Specific Populations: Starting Point, Whitehorse Addiction Center, MWV Supports Recovery, Veterans
- Emergency shelter planning
Collective Impact Approaches to Improve Transportation in Carroll County
Activities Addressing Transportation Challenges

Carroll County Regional Coordination Council:
   Bi-monthly meetings
   Carroll County R.S.V.P.
   Gibson Center for Senior Services
   Tri-County Community Action Program: Blue Loon

Faith Communities:
   Volunteer Drivers

Other organizations:
   Coordinated Transportation Solutions/CMS
   Carroll County House of Corrections
   Huggins Hospital
   Memorial Hospital
   Carroll County Adult Education
   Whitehorse Addiction
   Multi-Use Recreation Paths
Carroll County Regional Coordination Council

Carroll County is divided between 2 Planning Commission Regions:

- **Lakes Region**
- **North Country**

Carroll County is divided between 2 Economic Development Regions:

- **Mt. Washington Valley Economic Council**
- **Wentworth Economic Development Corporation**
Health **Equality** is not the same as Health **Equity**
For more information:
Emily Benson: Public Health Advisory Council Coordinator

Carroll County Coalition for Public Health
1230 Route 16, Ossipee, NH 03864
Phone: 603-301-1252 x307
E-mail: Emily.Benson@graniteuw.org
Website: www.c3ph.org
Addressing the Social Determinants: Healthy Monadnock and Prescribe for Health

Rudy Fedrizzi, MD
Director of Clinical Integration

Center for Population Health - Cheshire Medical Center
May 1, 2018
Building a community culture that values “ownership” of personal and population health.

We want to be THE healthiest community in the nation.

VISION 2020
To ensure we live in the nation’s healthiest community

We love what we do and know that it matters.

“...as the new leadership team at Cheshire Medical Center Dartmouth-Hitchcock Keene, we are fortunate to live in this community... rich in residents, businesses, social services, organizations, education, beauty and culture. We are honored to lead this organization of the highest quality physicians, nurses and staff who love caring for this community. But our jobs go beyond caring for those who walk through our doors. We want to make certain our community is healthy—in every possible way. We want to ensure we live in the healthiest community in the nation.”

—Dr. John Schlegelmilch, Chief Medical Officer (left) and Art Nichols, President and CEO (right)

www.healthymonadnock.org
Decent Lifeguards - lousy swim instructors

“Rescue” care and not really about health at all... expensive, often excessive, and not fully contributing to overall health
Create a Culture of Health

Improve Health of All Monadnock Region Residents

Decrease in Medical Costs Allows Investment in Prevention

Our View of Triple Aim
Understanding Needs

Periodic Community-wide Phone Survey through the UNH Survey Center since 2010

Figure 2: Which one of the following would do the most to make your community a better place to live?

- More affordable housing: 20%
- The availability of better jobs: 19%
- A higher quality school system: 13%
- More transportation options: 13%
- Better access to quality healthcare: 10%
- Improved family and social services: 7%
- Better air and water quality: 1%
- Other: 11%
- Don’t Know: 6%
Figure 15: As far as you know, are any of the following services unavailable or inadequate to meet the needs of your community? (Select all that apply)

- Drug treatment, such as counseling or rehab: 29% adults, 48% youth
- Mental health counseling: 17% adults, 48% youth
- Alcohol treatment, such as counseling or rehab: 13% adults, 29% youth
- Dental care: 11% adults, 29% youth
- Long-term care: 11% adults, 29% youth
- Urgent or emergency care: 11% adults, 29% youth
- Home health or hospice care: 11% adults, 29% youth
- Other: 6% adults, 29% youth
- No - Cannot Identify Any Needed Services: 35% adults, 29% youth
- Don't Know: 15% adults, 29% youth
The Built Environment
Future: Equity and Health Disparities

From BRFSS 2011/2012 we estimated that in Cheshire County:

29.1% of households have incomes under $25,000
27.6% of households have incomes between $25,000 - $50,000
17.4% of households have incomes between $50,000 - $75,000
25.9% of households have incomes over $75,000

$25,000 yearly income is approximately $12.00 per hour wage for a full-time 40 hour per week worker
**Diabetes – Disparity by Income**

Diabetes in Cheshire County = 8.4%
Under $25,000 11.6%  Over $25,000 7.0%

**Smoking**

Smoking in Cheshire County 18.0%
Under $25,000 33.9%  Over $25,000 11.4%

**High Blood Pressure**

High Blood Pressure in Cheshire County 31.8%
Under $25,000 37.9%  Over $25,000 28.9%

**High Cholesterol**

High Cholesterol in Cheshire County 36.2%
Under $25,000 46.4%  Over $25,000 32.2%

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Cheshire Medical Center
Dartmouth-Hitchcock
Caring for the health and wellness of our community for 125 years and counting.

cheshiremed.org

Healthy MONADNOK
Living Wage
Prescribe for Health

An innovative and collaborative system of care where providers identify social and lifestyle needs of their patients with poorly controlled chronic illness and refer them to Population Health Workers.

12 Prescribe for Health Resource Categories

- **Food Assistance** - Congregate Meals; Pantry/Community Kitchen; Food Delivery Services; SNAP; WIC; School lunch and breakfast connection
- **Housing Resources** - Shelter; Housing/rental
- **Employment Resources** - Job Search/Training
- **Fuel/Utility Assistance**
- **Financial Assistance/Income Supports** - Welfare; DHHS
- **Transportation Needs** - Bus; Taxi; Medical Appointment Transportation
- **Child-related Services** - Nursery/Childcare; Head Start/Preschool; After school; Learning Centers; Children and teen-based programs; Assistance for children with special needs; Finding area school district
- **Older Adult Services** - Independent living; Home care; Adult Day Care
- **Physical Active/Fitness** - Private Fitness Sites; Programs; YMCA-camps and programs; Trails, Parks, Outdoor Activities
- **Healthy Eating** - Farm/markets/community gardens; UNH Cooperative Extension; Turn a New Leaf- Healthy Eating Program
- **Social Connection** - Support Groups; Community Groups and Clubs; Connections to Champions; Museum; Arts; Libraries

Access to Medical Care and Services
Thank You

For more information:

Rudy Fedrizzi, MD
Director of Clinical Integration
603-354-5454, ext 3034
rfedrizzi@cheshire-med.com
QUESTIONS?

Please use your question function to submit questions, and we will do our best to get to as many as possible!
THANK YOU

Thank you to Kitty Jerome, Emily Benson, and Dr. Rudy Fedrizzi

Please fill out the evaluation, and look for an email with information regarding the slides and recording.
FOR MORE INFORMATION:

Stay tuned for more learning opportunities from NHPHA!

Questions?

Contact:

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Visit our website at: www.nhpha.org