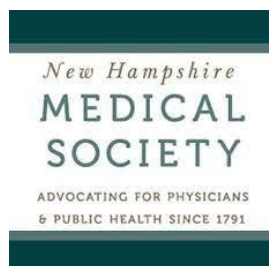


The Political Determinants of Health

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

Sponsored by the Dartmouth Hitchcock Office of Government Relations

In Partnership with



The Series

Examining the potential health impact of proposed bills

- Overview of Social and Political Determinants of Health, 3/9
- Immunization & COVID Safety Bills, 3/23
- Social Safety Net Bills, 4/6
- Health Infrastructure Bills, 4/20
- Access to Healthcare - Geography and Workforce Bills , 5/4
- Influencing Macro Change – A Call to Action, 5/18



Today's Program

- Brief housekeeping
- Didactic: Social & Political Determinants of Health, *Sally Kraft*
- Case & Policy Impact Discussion, *Courtney Tanner*
- Preview of health policy bills before NH Legislature, *Courtney Tanner*
- Summary, *Jennifer Alford-Teaster*
- Up Next



Project ECHO (Extension for Community Healthcare Outcomes)

- ECHO is a tele-mentoring model that uses virtual technology to support case-based learning and provide education about health
- Goal to elevate the health of our communities
- All Teach All Learn, gather collective wisdom
- Respectful listening essential to community of learning

Brief
Didactic

Questions

Case
Presentation

Interactive
Discussion

Key Point
Summary



Notes

- Please let us know you are here. Enter name, email, organization in Chat
- Enter comments or questions in chat at any time. Or raise virtual hand and we will call on you when it works. Please mute otherwise.
- Didactics are recorded audio-visually for educational & quality improvement purposes and posted to D-H ECHO site <https://www.dartmouth-hitchcock.org/project-echo/enduring-echo-materials>

Participating in this session is understood as consent to be recorded. Thank you.
- Please protect privacy in discussion of clinical scenarios.
- Questions to ECHO Tech Support thru personal CHAT or ECHO@hitchcock.org



ECHO Participant Demographics

Total Registrants: # 183

Community/social services	37
Administration/Governance	33
Education/Research	32
Nursing (clinical, PH, school)	26
Provider (MD, ARNP, PA)	25
Policy & Advocacy	11
Other	22

First 122 registrants



ECHO Core Panel

- Courtney Tanner, JD, MSW Director, D-H Government Relations, Course Director
- Matthew Houde, JD Vice President of D-H Government Relations
- Paula Minnehan, MS Vice President, State Government Relations, NH Hospital
- Jonathan Thyng, MD Family Medicine Specialist, D-H Nashua
- Kate Frey Vice President of Advocacy, New Futures
- Michael Padmore Director of Advocacy, NH Medical Society
- Pamela Dinapoli, RN, PhD Executive Director of the NH Nurses Association
- Jennifer Alford-Teaster, MA, MPH Board Member, NH Public Health Association

Today's Presenter: Sally Kraft, MD, MPH Vice President, Population Health, DHMC





Helen of Hanover NH

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 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.



Jean of Newport NH

Jean is a 76 year old woman who worked for years as a checker at Hanafords 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 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 used to smoke (and she has a 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.



Income and other social conditions are key drivers of health



HANOVER, NH



85.3 yrs.

life expectancy

\$113,925

median household income

71.5%

COVID vaccinated

9.5

Asthma ED visits rate per 10k

LEBANON, NH



80.6 yrs.

life expectancy

\$56,488

median household income

77.3%

COVID vaccinated

46.1

Asthma ED visits rate per 10k

CANAAN, NH



78.5 yrs.

life expectancy

\$61,061

median household income

58.9%

COVID vaccinated

43

Asthma ED visits rate per 10k

NEWPORT, NH



75.9 yrs.

life expectancy

\$52,486

median household income

51.5%

COVID vaccinated

80.3

Asthma ED visits rate per 10k

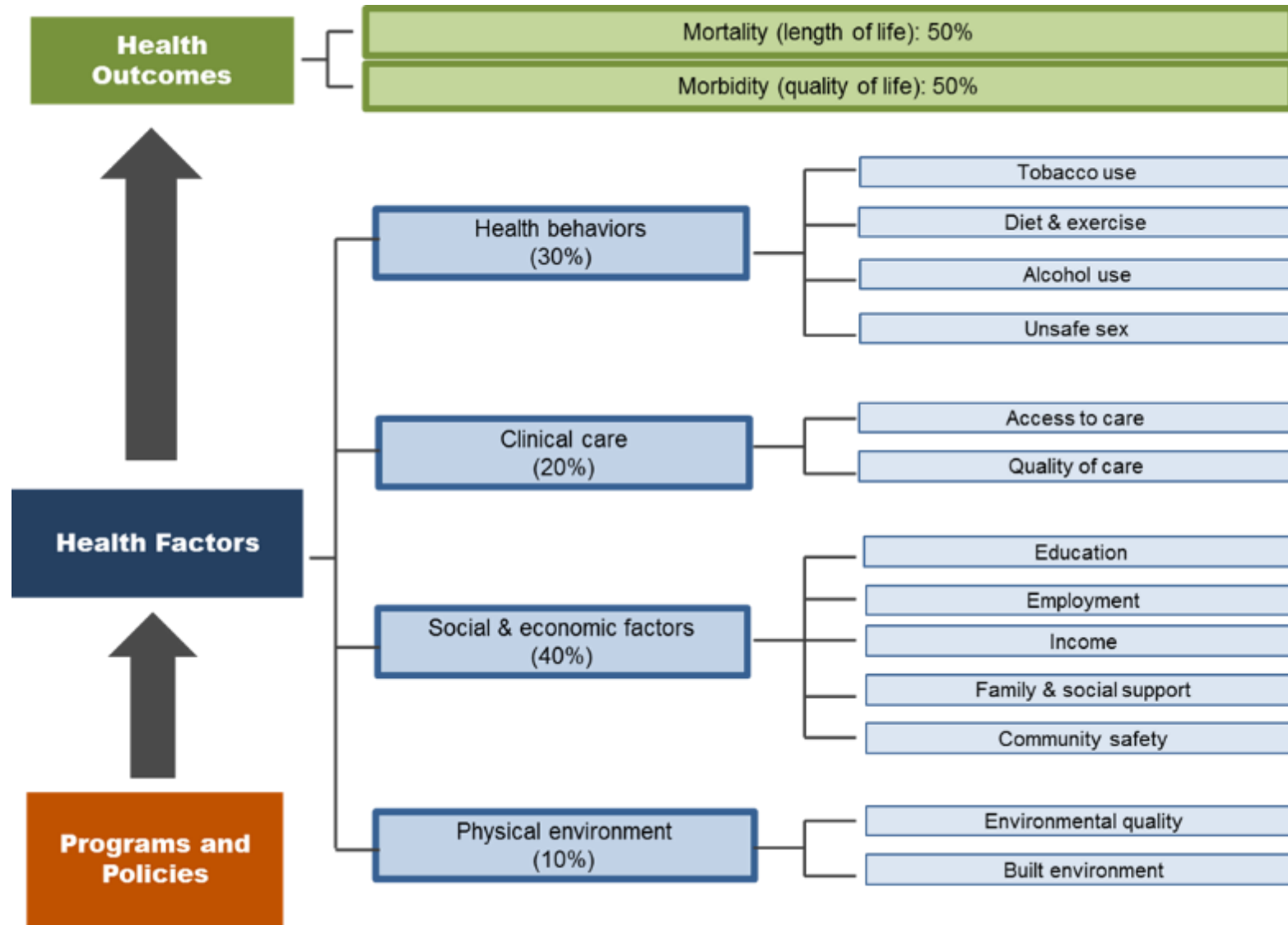
Today's discussion

- Recognize that health outcomes are largely impacted by factors outside of the services delivered in the hospital and clinic
- Understand the health of our population deeply impacts our prosperity and economic vitality
- Demonstrate why we need to work “upstream” and address the social and political determinants of health

Social Drivers of Health

The circumstances in which people are born, grow up, live, work and age, as well as the systems put in place to deal with illness. **These circumstances are, in turn, shaped by a wide set of forces: economics, social policies, and politics.**

Social Drivers of Health



Five Most Pressing Social Determinants of Health



Housing

Examples

- Housing quality and instability
- Neighborhood violence

26-36

Impact

Years of reduced life expectancy for those experiencing homelessness³



Food

- Inaccessible, unaffordable healthy food
- Disconnection from benefits (e.g., SNAP)

74%

Of food insecure households had to choose between paying for food and medicine⁴



Economics

- Insufficient wages
- Lack of insurance coverage

2x

Greater mortality risk for Medicaid beneficiaries vs. private insurance⁵



Interpersonal

- Social isolation
- Discrimination
- Provider bias

26%

Increased risk of mortality resulting from loneliness⁶



Education

- Health illiteracy
- Lack of language skills
- Quality of public schools

9 years

Gap in life expectancy for those without a high school diploma vs. college graduates⁷

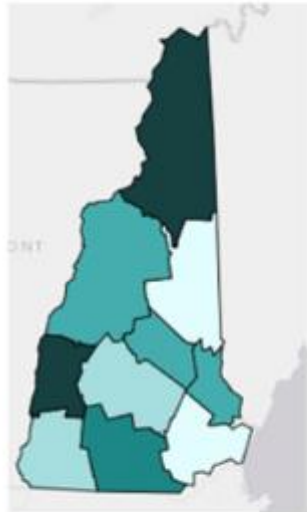
When it comes to health, your zip
code matters more than your
genetic code

Socio-Economic Markers

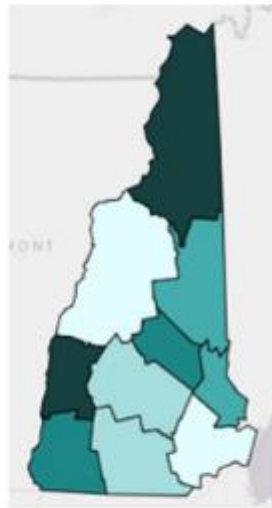
Chronic Medical Conditions

COVID Outcomes

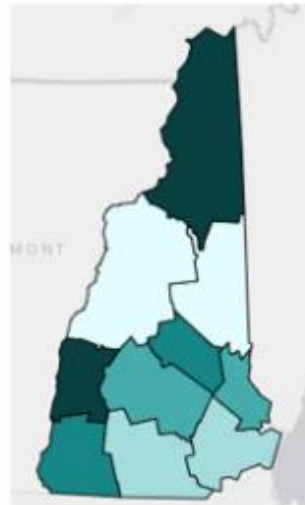
% households
with < high
school
education



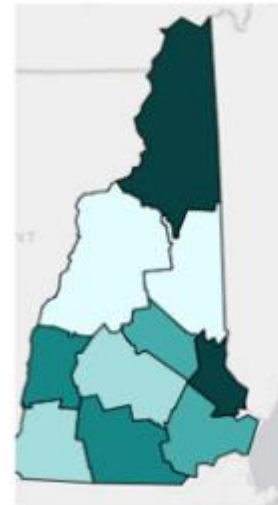
% population
receiving food
stamps/SNAP



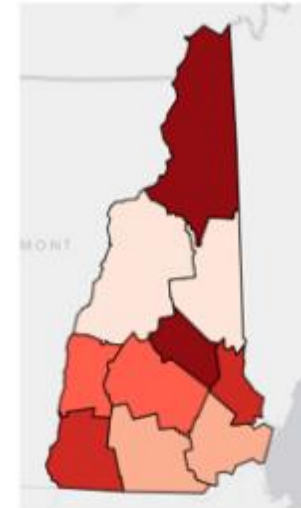
% of adult
population with
obesity



% of adult
population with
diagnosed
diabetes

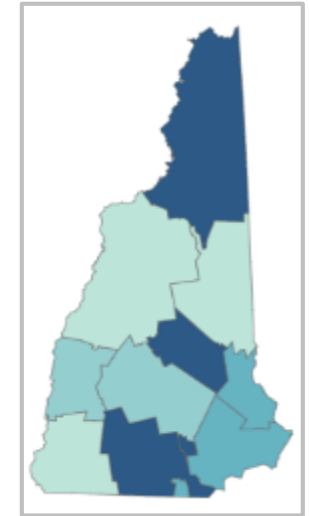


Rate of
cardiovascular
deaths, age >
35 years



Age adjusted rates of
COVID-19 deaths

COVID19.nh.gov Accessed
3/8/2022



US Health Disadvantage

- US has poor health outcomes compared to other wealthy countries
- US spends more money on health care than other wealthy countries
- We bear the economic burden of poor health
 - Employers pay more for health insurance.
 - Lost productivity in the workplace.
 - Taxes to care for uninsured, disabled,

Health and the economy are inextricably linked. Both must thrive if either is to be strong.

The US spends more on health care services but has worse health outcomes compared to other countries

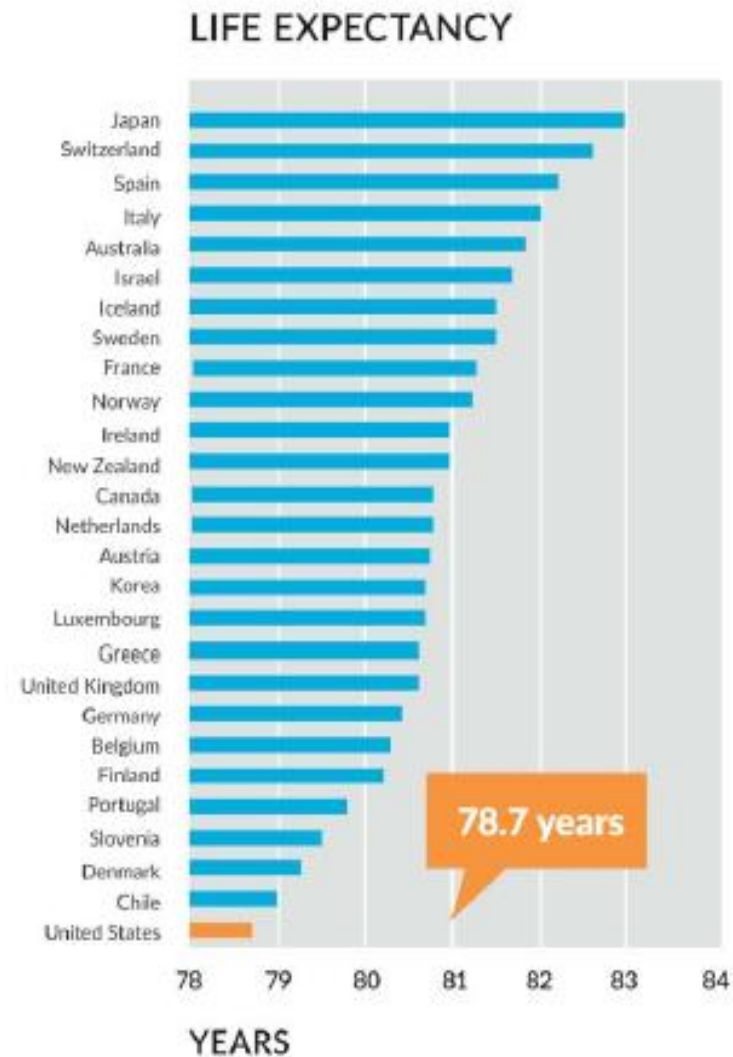
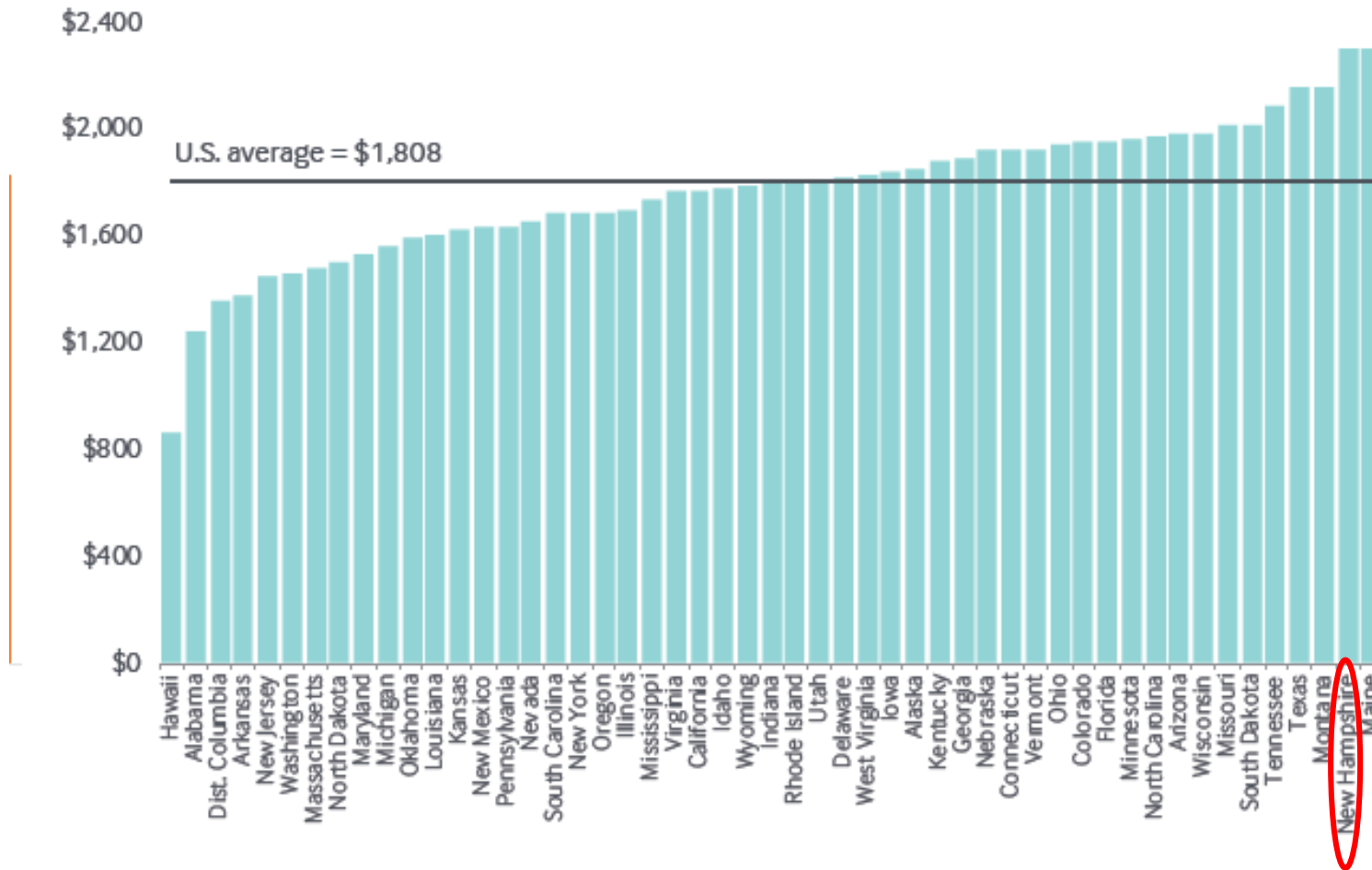


Table 1.2 Indirect costs to U.S. employers due to diabetes



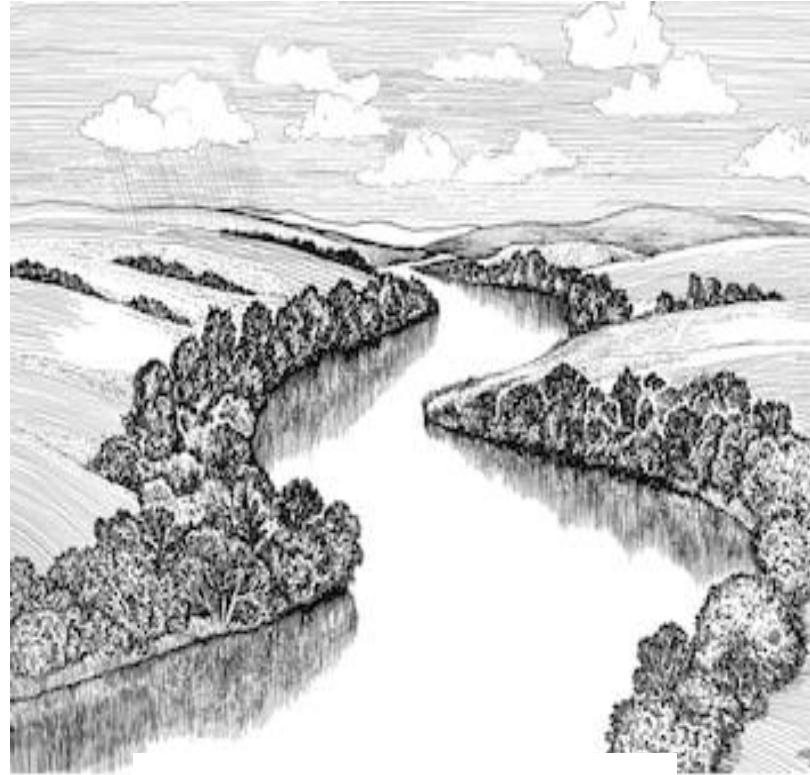
Average single-person deductibles for employer coverage, by state, 2017



Increase in the average deductibles in New Hampshire is one of the highest in the US (second only to VT)

Upstream

Improving the socioeconomic and environmental conditions, policies, payment systems that impact the health of our populations



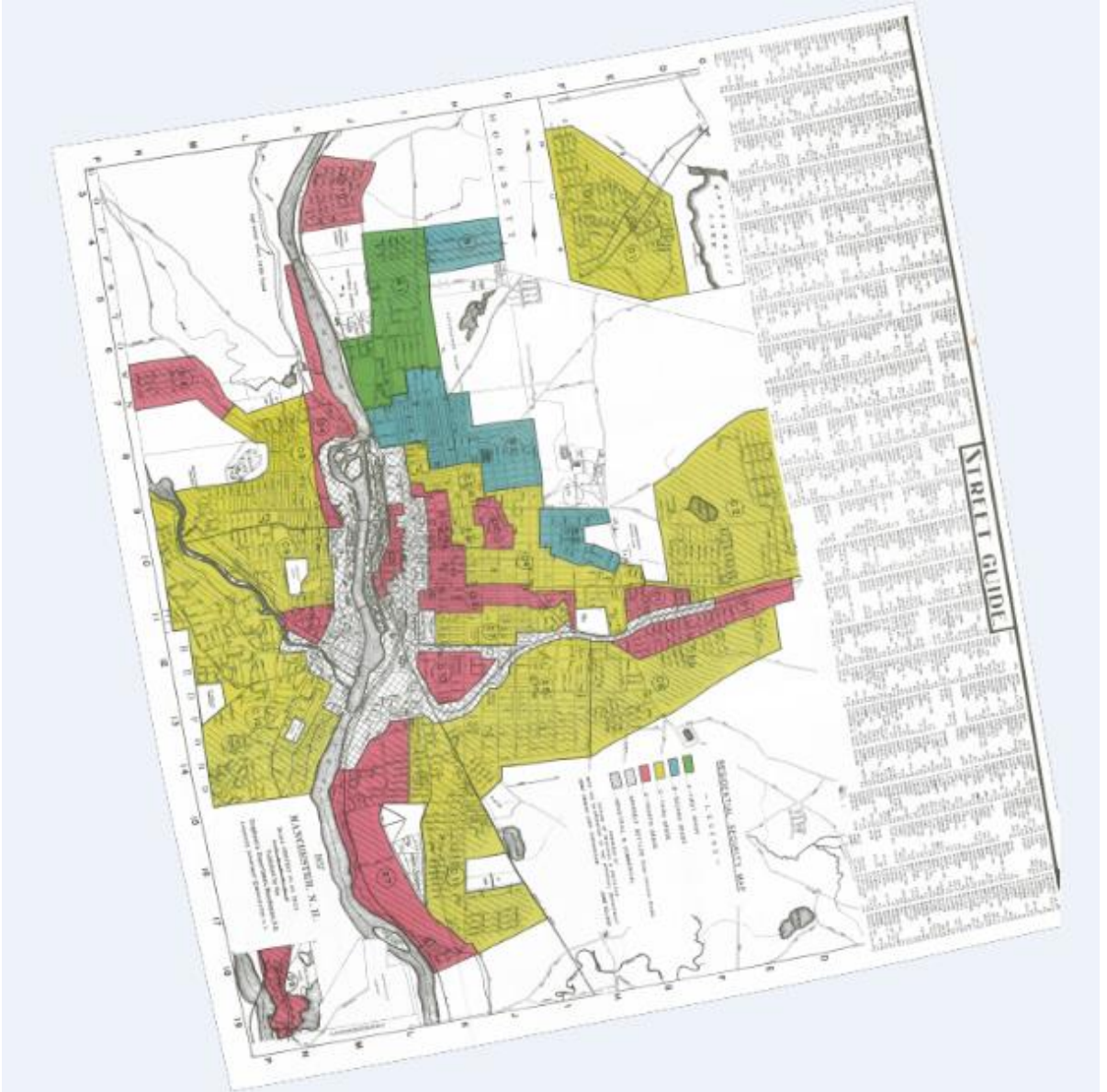
Downstream

Caring for patients in our hospitals, clinics

Midstream

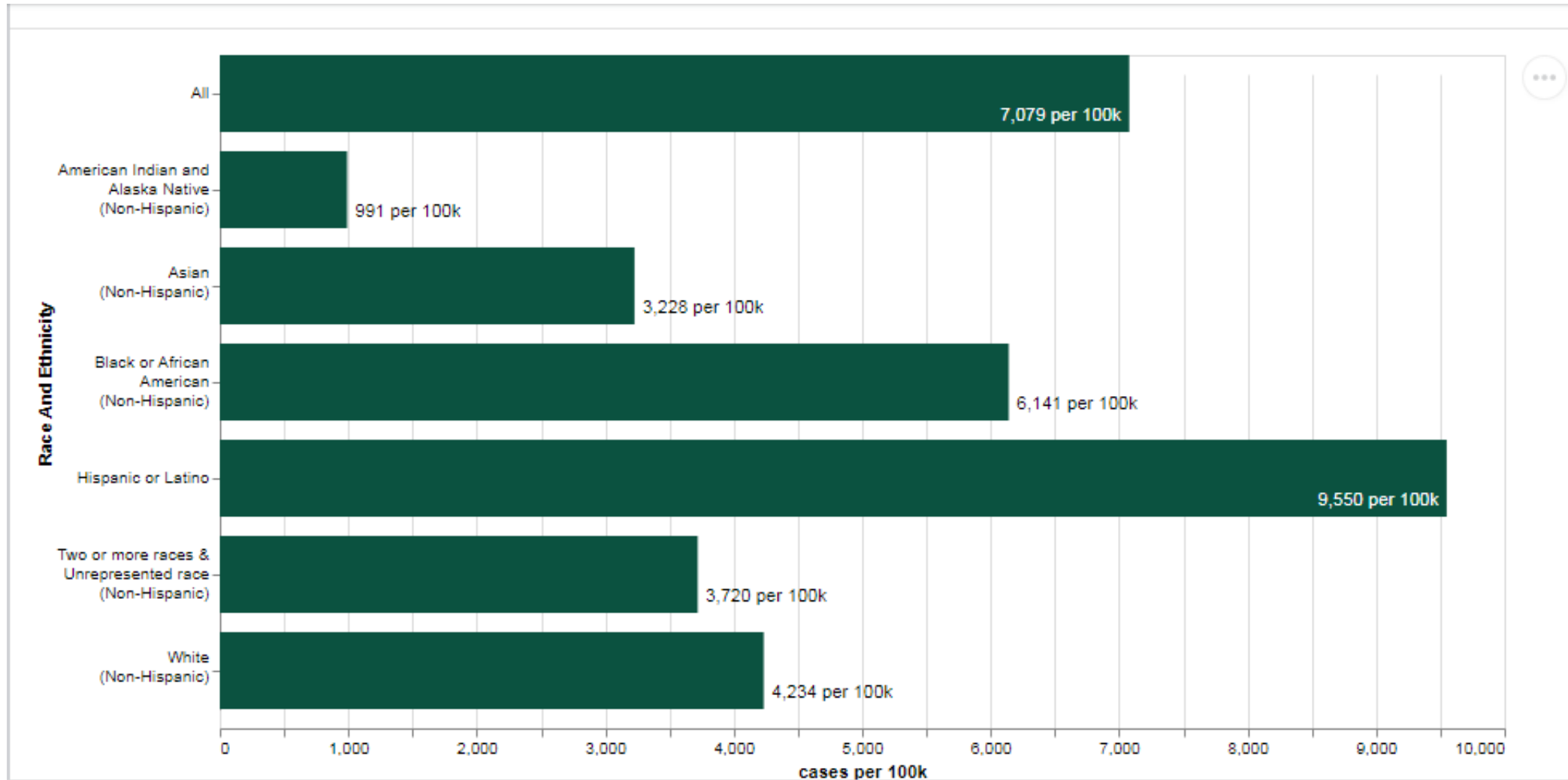
Assisting patients where they live

Manchester NH *Redlining*





COVID-19 Cases Per 100k People By Race and Ethnicity In New Hampshire



Political Determinants of Health

Three major aspects of the political determinants of health:

1. Voting
2. Government
3. Policy

To remember from today

- 80% of health is determined by socioeconomic, behavioral, environmental factors. Only 20% of health is determined by health care.
- The vitality and prosperity of our communities is deeply impacted by the health of the population.
- To improve health and health equity, we need to work “upstream” on the systems and forces that shape the conditions of our lives.

...we should be engaging in open and robust discussions of how politicians and politics affect and shape our patients' lives, our communities, and the social determinants of health themselves.



Reminders

- Next session on March 23rd
Immunization & Immunization Registries
- Enter name, organization, and email into chat
- Didactic recordings are posted on the D-H internet site:
https://video.dartmouth-hitchcock.org/playlist/dedicated/1_hnxubuvk/

