The Political Determinants of Health

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

Session 6

Sponsored by the Dartmouth Hitchcock Office of Government Relations

In Partnership with

New Hampshire MEDICAL SOCIETY
ADVOCATING FOR PHYSICIANS & PUBLIC HEALTH SINCE 1791

NEW HAMPSHIRE PUBLIC HEALTH ASSOCIATION
Improving Health, Preventing Disease, Reducing Costs for All

newfutures

New Hampshire Hospital Association

NHHA

Today's Program

- Brief housekeeping
- Didactic: NH Advocacy Ecosystem

  Matthew Houde, JD, MHCDS - Vice President, Government Relations

  Seddon Savage, MD, MS - Opioid Task Force Chair, NH Governor's Commission on Alcohol & Other Drugs; Member at Large, NH Medical Society Council
- Panelist Highlights, Courtney Tanner
- Discussion, All, Courtney Tanner facilitating
- Wrap Up

Notes

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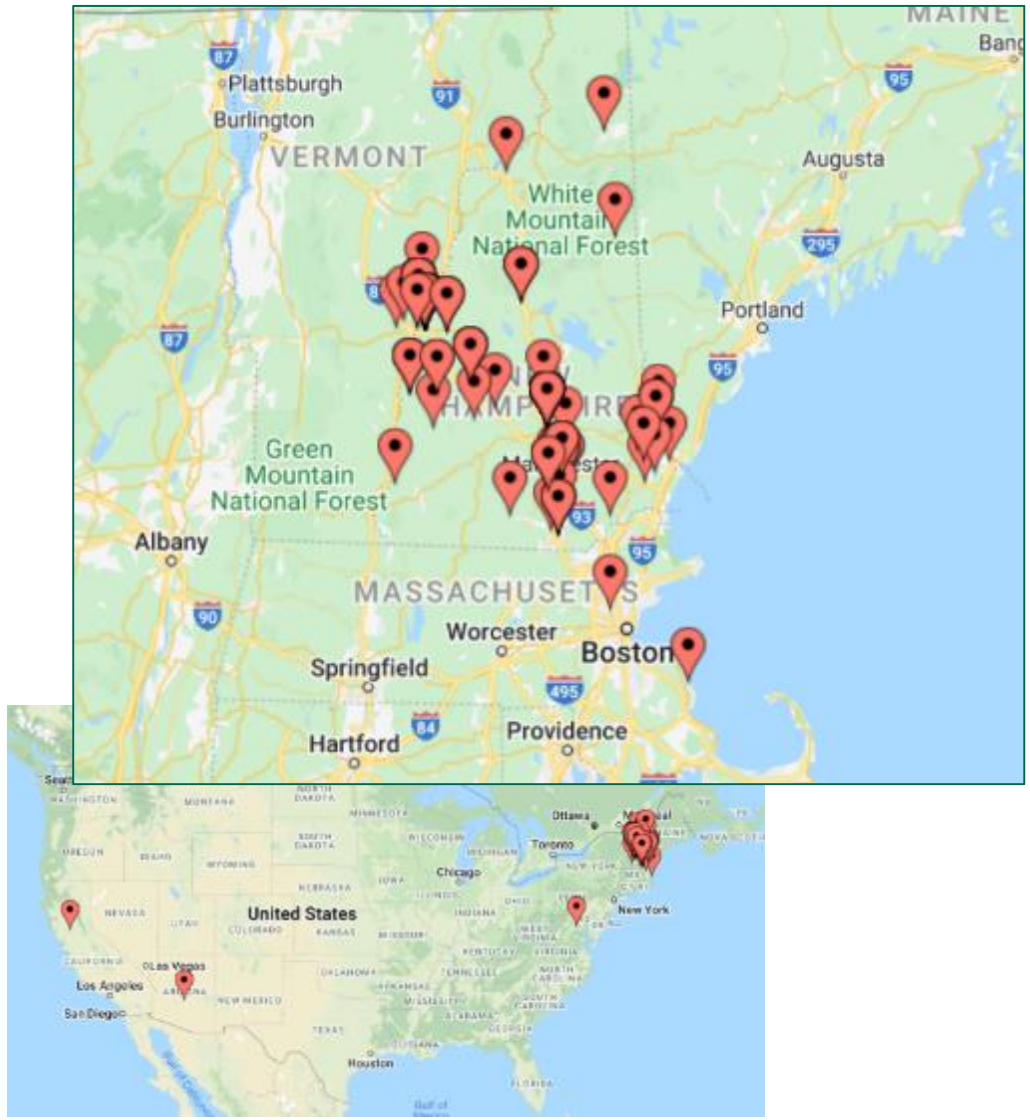

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• Sally Kraft, MD, MPH	Vice President, Population Health, DHMC
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• Pamela Dinapoli, RN, PhD	Executive Director of the NH Nurses Association
• Jennifer Alford-Teaster, MA, MPH	Board Member, NH Public Health Association

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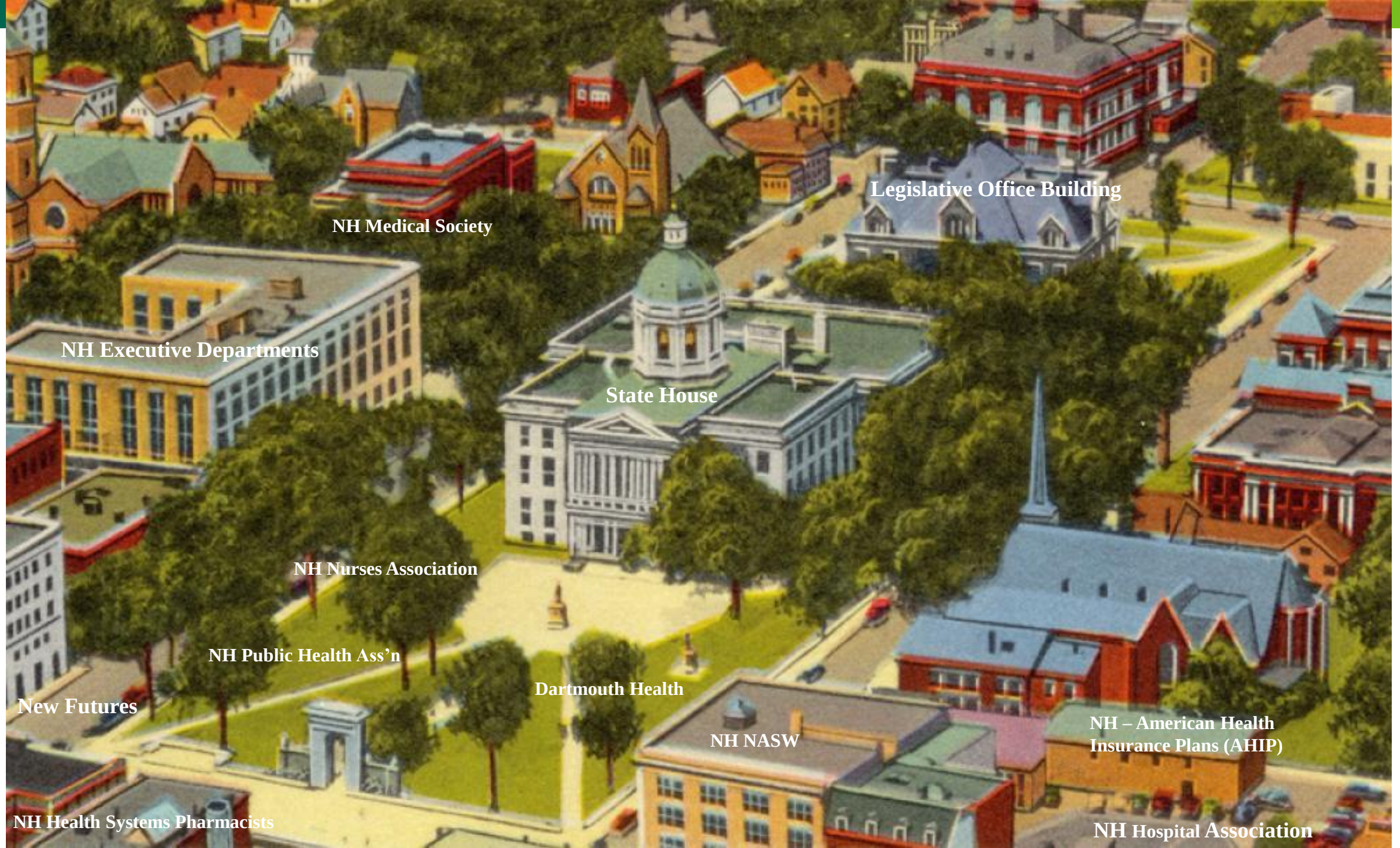
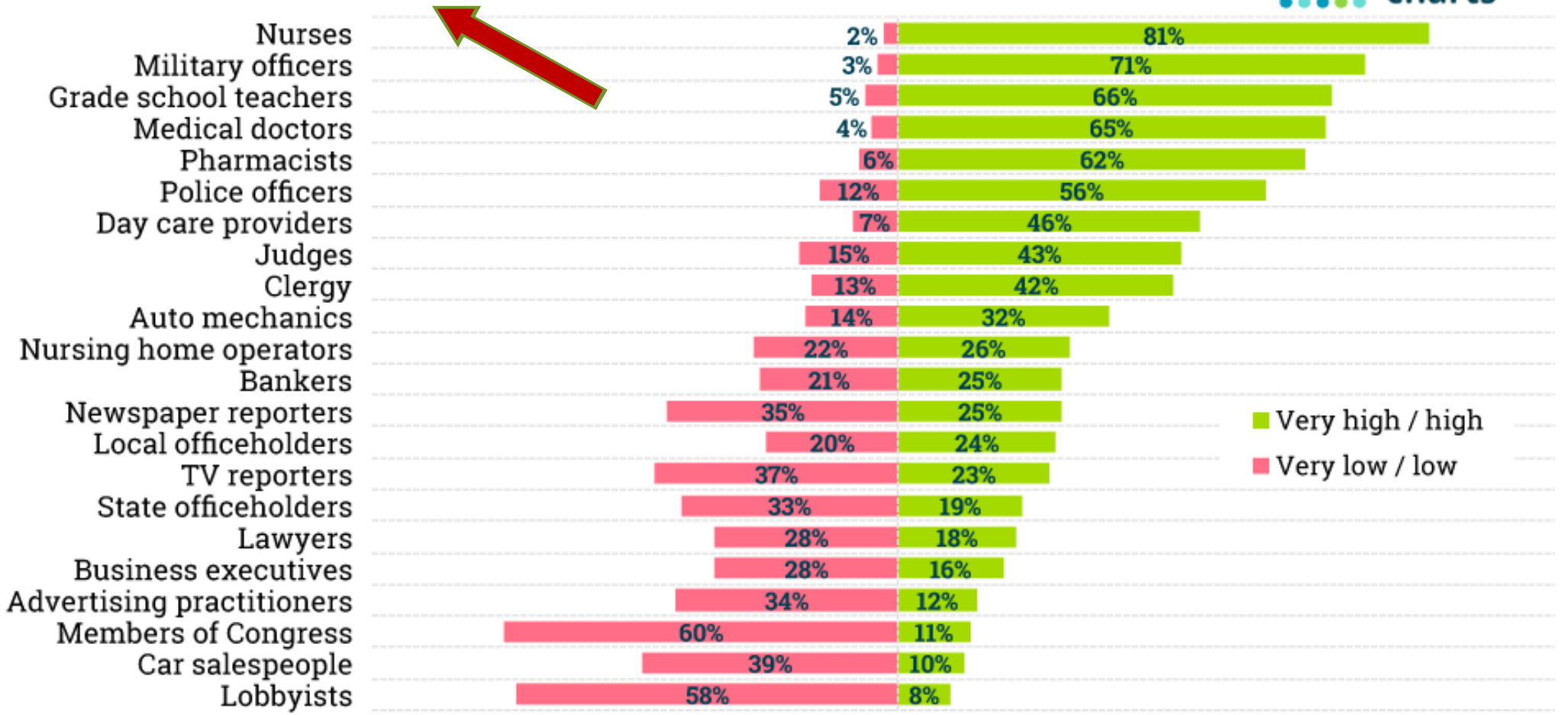
Advocacy Opportunities

Stand up, reach out, take risks, tell stories, join forces, have fun!


Legislative Office Building
NH Medical Society
NH Executive Departments
State House
NH Nurses Association
NH Public Health Ass'n
Dartmouth Health
New Futures
NH NASW
NH – American Health Insurance Plans (AHIP)
NH Health Systems Pharmacists
NH Hospital Association

Dartmouth Health

Views of Honesty & Ethical Standards in Professions



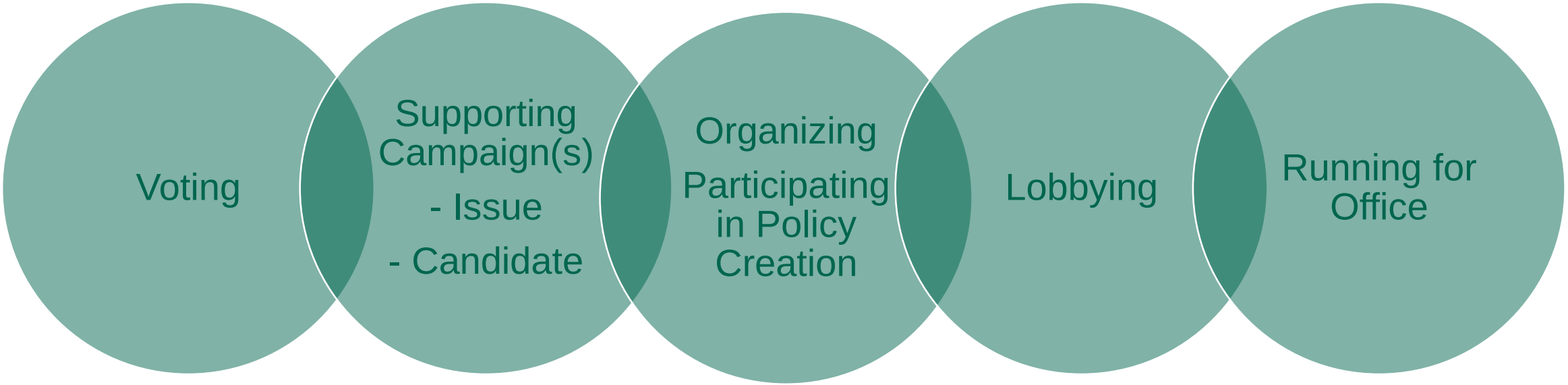
Published on MarketingCharts.com in January 2018 | Data Source: Gallup

Based on telephone surveys conducted among 1,049 US adults (18+)

Q: "Please tell me how you would rate the honesty and ethical standards of people in these different fields - very high, high, average, low, or very low?"

Dartmouth Health

Spectrum of Advocacy



Advocacy opportunities

Engage with legislation

- Draft a bill
- Shape an existing bill
- Testify for or against a bill
- Reach out to legislators
- Work on rules

Amplify your effectiveness

- Be active in your professional organization
- Volunteer for state service
- Join other boards to shape policies
- Engage colleagues and friends
- Seek out media opportunities

Create legislation

LSR to Bill

Draft a bill: pharmacologic treatment of opioid addiction

- The challenge: patient on effective treatment moves to NH and is legally unable to get treatment.
- Lessons
  - Take advantage of easy access to legislators in NH
  - Understand the legislative context
  - Identify partners
  - Focus on critical changes (little steps)
- If the law doesn't permit good care, it can be changed.

Shape existing bills

Working with sponsors and advocates

Shape an existing bill: Comprehensive Addiction Recovery Act (CARA)

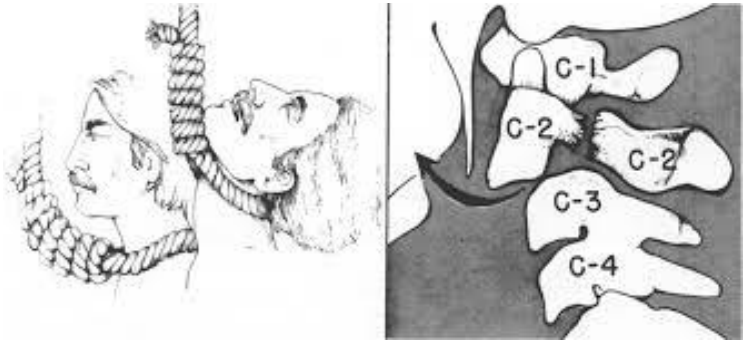
- The challenge: getting the nuances of complex medical conditions and the balance between them right
- Lessons
  - Working across the aisle is possible and gratifying
  - NH federal legislative delegation staff are often highly responsive
  - Healthcare professional views are critical to getting it right
- State level opportunities abound
  - Reach out to sponsors
  - Reach out to advocacy groups

Testify

Opportunities moving through committees and houses

Testify: An early experience trying to stop lethal injection

- The challenge: can you really humanize killing a human being?
- Lessons
  - Vivid testimony, stories & images illuminate issues
  - Diverse arguments for or against add weight
  - Deferring legislative action can be helpful
- Your voice will be heard if you use it.



Work on rules

A little like sausage making

Work on rules: shaping opioid stewardship

- The challenge: to create prescribing rules that met both safety and access needs
- Lessons
  - Find common ground
  - Assure all key perspectives are at the table
  - Accommodate outlying situations
  - Make rules accessible to those who must follow them!
- Details of implementation (rules) shape a law's impact

Amplify your voice

The power of networks and partners

Amplify your voice

- Get active in your professional organization (NHMS, APS)
  - Staffed for advocacy
  - The weight of a network
  - Sought out by government, other organizations > opportunities to serve
- Volunteer for state service – commissions, task forces, committees,
- Apply for state or regional leadership programs (LNH, regional programs)
- Join boards to shape their policies
- Seek out media opportunities: OpEds, letters, interviews
- Engage colleagues and friends.

Your voice counts!

Dartmouth Health

About New Futures

New Futures is a nonpartisan, nonprofit organization that advocates, educates and collaborates to improve the health and wellness of all New Hampshire residents through policy change.

DRUG & ALCOHOL

ACCESS TO TREATMENT

HEALTH CARE

EARLY CHILDHOOD

CHILDREN'S BEHAVIORAL HEALTH

About New Futures

Advocate

Collaborate

Educate

New Futures Training Program

- Free to nonprofits, coalitions, and community organizations who will advocate for the health and wellness of NH residents
- Trainings for:
  - Individual Advocates
  - Building organizational advocacy capacity
  - Educating on New Futures policy issues

www.new-futures.org/trainings

Advocacy Opportunities: NHHA

The world is run by those who show up…so get engaged!

- NHHA Board of Trustees is the ultimate policy setting body of the New Hampshire Hospital Association
  - Leadership group elected by the hospital membership

- Informed by several committees, task forces and ad hoc groups
  - Executive Committee
  - Advocacy Task Force
  - Strategic Planning

- Member engagement drives our success

Advocacy Opportunities: NHHA

- Several professional peer groups have been created through the NHHA and our affiliate, the Foundation for Healthy Communities, that help inform policy and advocacy initiatives/activities

  - Professionals within many different areas, for example:
    - Finance
    - Information Technology
    - Human Resources
    - Patient Accounts
    - CMO/CNO
    - Case Managers
    - Population Health
    - Diversity, Equity and Inclusion
    - And more!

Our physician community drives how NHMS handles public policy!

How does legislation impact your practice and patients?

Wondering how to get involved?

- Work with NHMS Director of Advocacy, Mike Padmore on how you can engage in the legislative process as a practicing or retired physician
- NHMS Legislative Committee
- Run for local office!

Join Us | New Hampshire Nurses Association | Nursing Network

Together, We're Building a Brighter Future for New Hampshire Nurses

Join NHNA & ANA for Just $15/Month!

- Advance Your Career
- Stay Up to Date on Nursing Issues & News
- Improve Your Clinical & Managerial Skills
- Save Money
- Support a Stronger, More Influential Nursing Profession
- When you join you'll have access to ANA resources that will help you

Then decide to join the Commission of Government Affairs and become an LAC member

NEW HAMPSHIRE PUBLIC HEALTH ASSOCIATION
Improving Health, Preventing Disease, Reducing Costs for All

About the NHPHA:

Improving Health, Preventing Disease, Reducing Costs for All

NHPHA was established in 1990 and then incorporated in 1992 as a 501c(3) private, not-for-profit organization. In January 2004, the organization declared 501c(3)(h) status. NHPHA is an affiliated association of the American Public Health Association (APHA). For more info: www.nhpha.org

Our Mission

NHPHA is a member-driven organization that champions public health policy and practice, enriches the workforce, and inspires leaders to improve the public's health.

Our Strategic Priorities

NHPHA carries out its work using the following three strategies:

1. **Strengthen the workforce through professional development:** We offer training opportunities, student intern stipends, and a public health mentor program.
2. **Develop and implement strategic communications to inspire a public health movement:** We disseminate communications messages through a variety of media to keep members and the public updated on key public health issues.
3. **Champion public health policy and advocacy:** We develop and advocate on priority public health policy areas of concern to our members and the public.

Advocacy

- New Hampshire State House Laws, regulations, and public policy can have a major effect on public health. The NH Public Health Association utilizes education and advocacy to help enact effective policies that support both population-based and individual health throughout our state and communities.

Join us by:

- Writing a letter to the editor
- In person testimony
- Become a member: https://nhpha.memberclicks.net/join-now
- Donate: https://www.paypal.com/donate/?hosted_button_id=9R5E3UQNPXZBA

NHPHA Public Policy Committee Chair: Annika Stanley-Smith

annika.stanley-smith@graniteuw.org


NEW HAMPSHIRE PUBLIC HEALTH ASSOCIATION

Improving Health, Preventing Disease, Reducing Costs for All

NHPHA 2020–2022 Legislative Priorities

PREVENTION AND ACCESS

Public Health Preventive Efforts and Health Access, Particularly for Underserved Populations

- Advocate* for community health workers infrastructure funding
- Advocate for funding and infrastructure for equitable distribution of vaccines

PUBLIC HEALTH INFRASTRUCTURE

Strong Local and State Public Health Infrastructure

- Advocate for funding to support foundational public health services at the state and local levels
- Advocate for support to implement the State Health Improvement Plan and assure it addresses the needs of marginalized and vulnerable populations

FINANCIAL SECURITY

Policies that Enable Families to Earn a Living Wage and Care for Their Families

- Support efforts to provide for a living minimum wage
- Support efforts for job training for skill-based careers, particularly for marginalized populations
- Support a check-power approach to public benefits reductions

FOOD SECURITY

Policies and Programs that Increase Access to Healthy, Affordable Foods

- Advocate to expand use of the WIC program (farmer's market, online purchasing)
- Support expansion of SNAP, Granite State Market Match, and farm-to-school initiatives

* Policy actions beginning with the word advocate are those for which NHPHA will take an active role. Those beginning with the word support are those for which NHPHA will assist others in leading advocacy.

APHA

Reminders

- Survey Link
  https://redcap.hitchcock.org/redcap/surveys/?s=E4DE9XY43AEJ4H8P
- Enter name, organization, and email into chat
- Didactic recordings and notes from the session will be posted on the D-H ECHO website:

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- Brief housekeeping
- Didactic: *History of Behavioral Health Infrastructure, William Torrey, MD*
- NH Government Impacting Behavioral Health, *Courtney Tanner*
- Discussion, *All, Courtney Tanner facilitating*
- Summary, Matthew Houde
- Up Next

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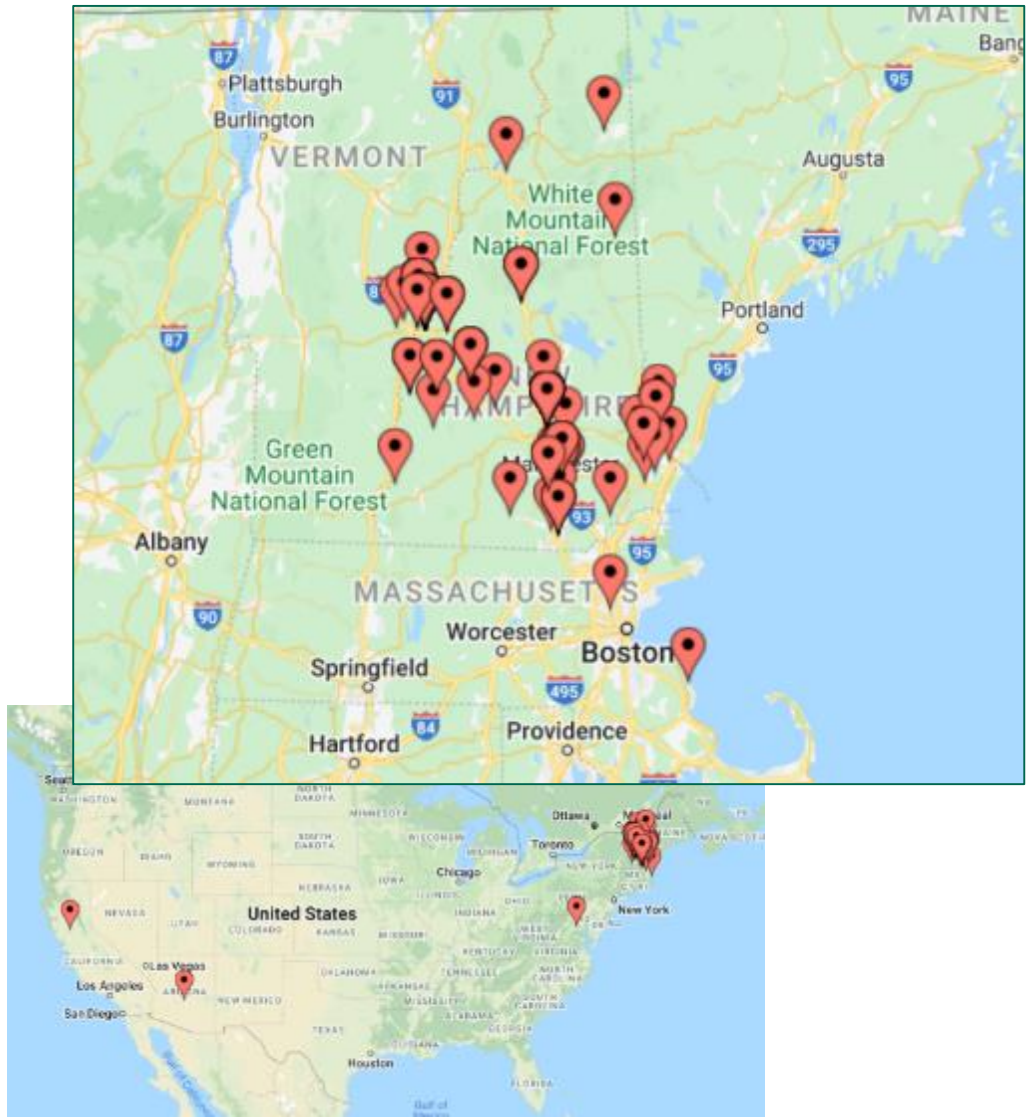

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William Torrey, MD

Chair, Department of Psychiatry, Dartmouth Health

Section Chief, Outpatient Psychiatric Services

Exemplary Psychiatrist Award, National Alliance on Mental Illness

Professor of Psychiatry, Geisel School of Medicine, Dartmouth

Professor of The Dartmouth Institute, Geisel School of Medicine, Dartmouth

Health Policy is Created at Many Levels

Federal

- Medicare/Medicaid
- Insurance regulation
- Research funding
- Disease surveillance
- Drug safety
- Public health funding

State

- Medicaid
- Block Grant funding
- Scope of Practice issues
- Insurance Regulation
- Public health

Local

- Public Health Departments
- Housing
- Prescription drug crisis
- Environmental health: water, bike/running paths, park

Institutional / Professional Societies

- Clinical Guidelines
- Delivery System Decisions

Dartmouth Health

Health Policy is Created by Each Branch of Government

- **Executive Branch**
  - –Executive Orders, Regulations, Budget

- **Legislative Branch**
  - –Laws, Oversight (hearings, briefings), Appropriations

- **Judicial Branch**
  - –Legal decisions and opinions

Legislative

- Annual legislation
  - Mental health
  - Substance use disorders
- 10 year mental health plan
- State Health Improvement Plan (SHIP)
- DHHS Oversight Committee

Executive Branch

Governor's Office

- Governor's Commission on Alcohol and Other Drugs

Department of Health and Human Services

- Division of Behavioral Health
  - Bureau of Mental Health
  - Bureau of Children's Behavioral Health
  - Bureau of Drug and Alcohol Services

Judicial

- Emergency Room Boarding Crisis

  ACLU NH

  v.

  State of NH

  NAMI NH

  NH Hospital Association

Reminders

- Next session on May 18, Influencing Macro Change
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Today's Program

- Brief housekeeping, *Seddon Savage*
- Didactic: *Infrastructures that Support Health* Health care workforce & health impacts of inadequate housing

  –*Carolyn Isabelle, MA and Terri Lewinson, PhD, MSW*
- Synopsis of Bills, *Courtney Tanner*
- Discussion of Bills, *All*
- Summary
- Up Next, *Seddon Savage*

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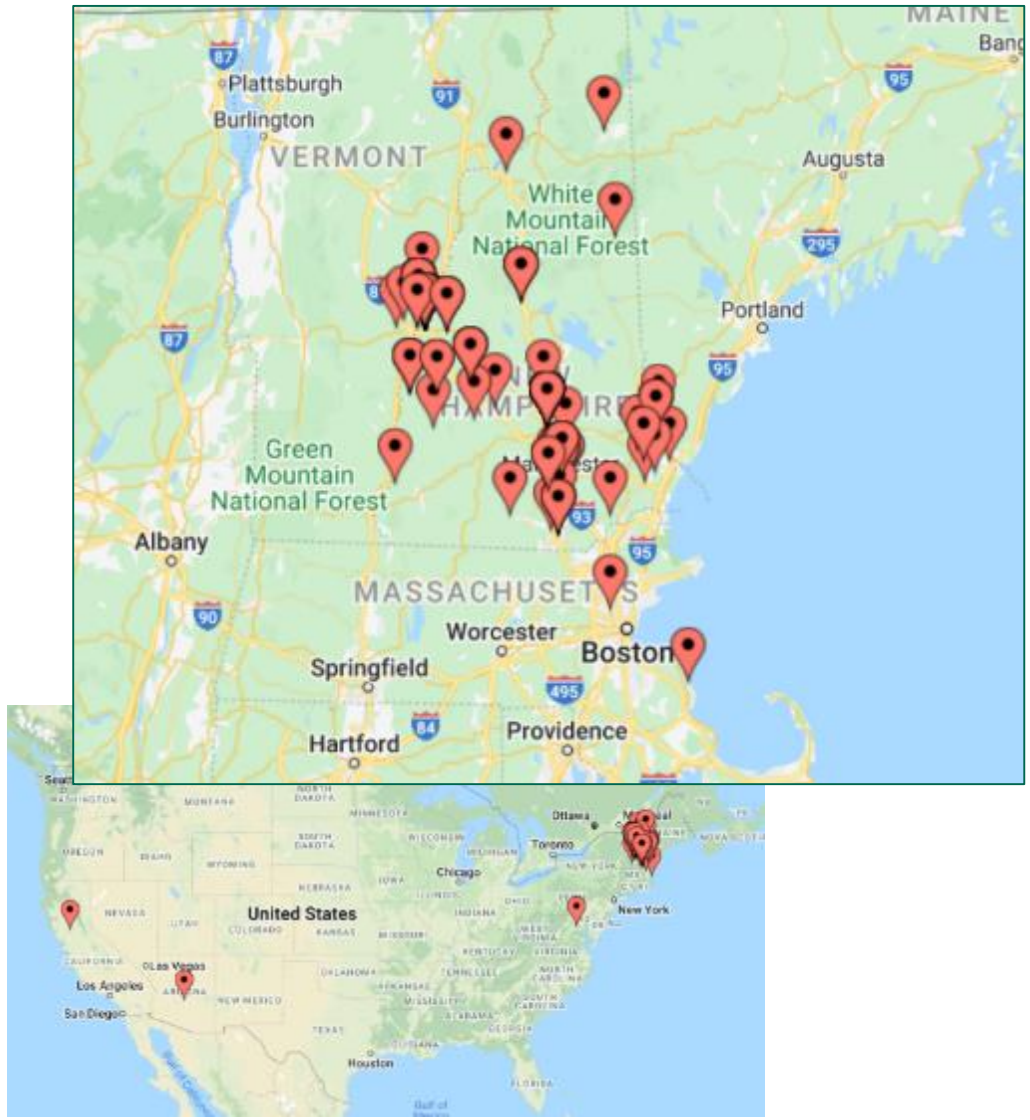

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National & Regional Healthcare Workforce Shortage

Key Trends impacting our regional labor pools

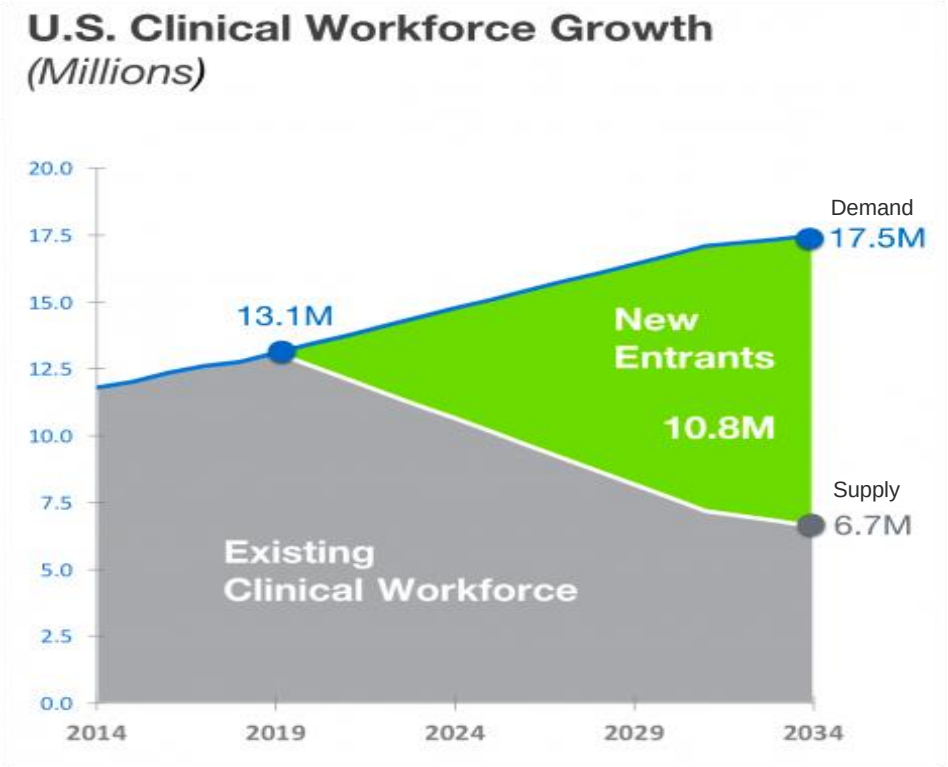
1. **Aging Population.** New Hampshire and Vermont have the 3rd and 4th oldest populations in the country with a median age of 43.

2. **Slow Growth.** New Hampshire and Vermont population growth is approximately 1%, compared to 4+% nationally.

3. **Increasing Competition** amongst healthcare providers as well as from other industries.

4. **Low Unemployment Rate.** The unemployment rate in New Hampshire and Vermont is 2.5 - 2.7% respectively.

5. **Cost of living comparable to urban areas:** high cost of living pushes our workforce to more rural parts of the state. Even with significant investment in compensation it is not possible to keep up with rising inflation.



* Bureau of Labor Statistics and U.S. Census Bureau, National Hospital Association

National Problem, Local Pain

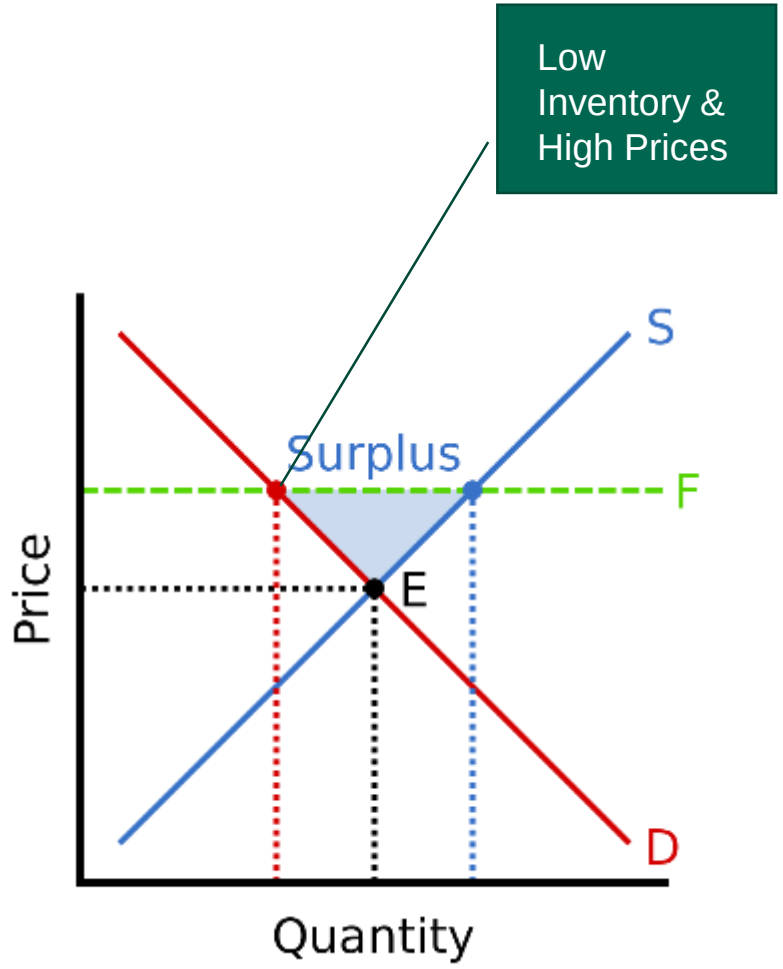
Housing Challenge:

Critical Inventory Shortage:

- Current inventory does not meet current or future needs
- There is a 98% occupancy rate in the Upper Valley

Affordability:

- The inventory that is available is not affordable for the majority of the positions for which Dartmouth Health hires
  - Affordable housing costs (rent/mortgage, interest, taxes, utilities) are typically defined as no more than 30% of gross income, for example:
    - $70k annual salary: 30% on housing costs is $2,100/month
    - $50k annual salary: 30% on housing costs is $1,500/month
- Current available inventory in the Upper Valley is typically priced between $1,900 - $2,600/month not including utilities



Rippling Impacts

Workforce Needs:

- Currently 1900+ openings at Dartmouth Health
- Small regional talent pool means more people needs to relocate to fill open position.
- Demand for healthcare services continues to increase resulting in planned increases to facilities and services. This further increases the demand for workforce housing and childcare.

Impact to Recruitment:

- Candidates are declining offers or withdrawing their acceptance of an offer once they research housing options and can't find reasonable options
- New hires secure affordable housing but have a 30-60minute commute each way
- Candidates who are joining us are doing under high stress conditions related to housing and childcare
- When childcare can't be found it becomes impossible to return to the workforce
- Short term housing needed for travelers (average length of service 13-26 weeks)

Dartmouth Health

Project ECHO

Example 1:

Newly graduated, medical or nurse resident earning $60,000/year*. They are excited to start their career and want to rent their own apartment close to work. They do not want to share with a roommate and are considering getting a pet.

Student loans and their car payment is also a factor when considering how much they can spend on rent.

Monthly Budget:

Monthly income after taxes	**$**	**3,950**
Budget for rent & utilities (est. 30%% of income)	$	**2,200**
Car Payment, Insurance & Gas	$	500
Healthcare Premiums	$	100
Student Loans	$	250
Groceries	$	300
Total:	**$**	**3,350**
Disposable Income		**$600 or 15%**

Reality: a one bedroom apartment in the Upper Valley costs between $1800-2200/month

*Salary quoted for illustrative purposes. Actual salaries vary by role, organization and region.

Example 2:

The median family income in New Hampshire is just under $78,000. Let's imagine a family of 4, with one school age child and one child in fulltime daycare.

Monthly Budget:

Monthly income after taxes	**$**	**5,375**
Budget for rent & utilities (est. 30% of income)	$	1,700
Daycare	$	1,000
Car Payment, Insurance & Gas (1 vehicle)	$	500
Healthcare Premiums	$	250
Student Loans	$	250
Groceries & Household Supplies	$	800
Total:	**$**	**4,498**
Disposable Income		$875 or 16%

If possible to find housing that fits their budget there is very little left for 'extras' like clothes, car repairs, contingency or retirement savings, etc..

*Salary quoted for illustrative purposes. Actual salaries vary by role, organization and region.

Community & Workforce Needs

- Investment in housing that is affordable to our workforce:
  - Young professionals and families earning between $40-75K
  - Additional supply so that more people can relocate to this region

- Investment in different types of housing so that when young professionals are ready to grow out of their apartment they have a place to move (and stay in our region/workforce)

- Thoughtful placement of housing to ensure our critical services such as hospitals can continue to operate and provide care to our people in our communities (reduce commute).

- Commitment to statewide expansion and stabilization of childcare services (both early childhood and after-school programs) so parents can reenter our workforce.

The Dartmouth Institute for Health Policy & Clinical Practice

Dartmouth GEISEL SCHOOL OF MEDICINE

Dartmouth Health

Project ECHO

Housing as a Determinant of Health

April 20, 2022
Political Determinants of Health
Project ECHO

Terri Lewinson, PhD, MSW
Health and Aging Policy Fellow
Associate Professor
Dartmouth College
Terri.d.Lewinson@Dartmouth.edu

The Dartmouth Institute for Health Policy & Clinical Practice

Focus: Housing Precarity

Housing is Unaffordable / Inaccessible

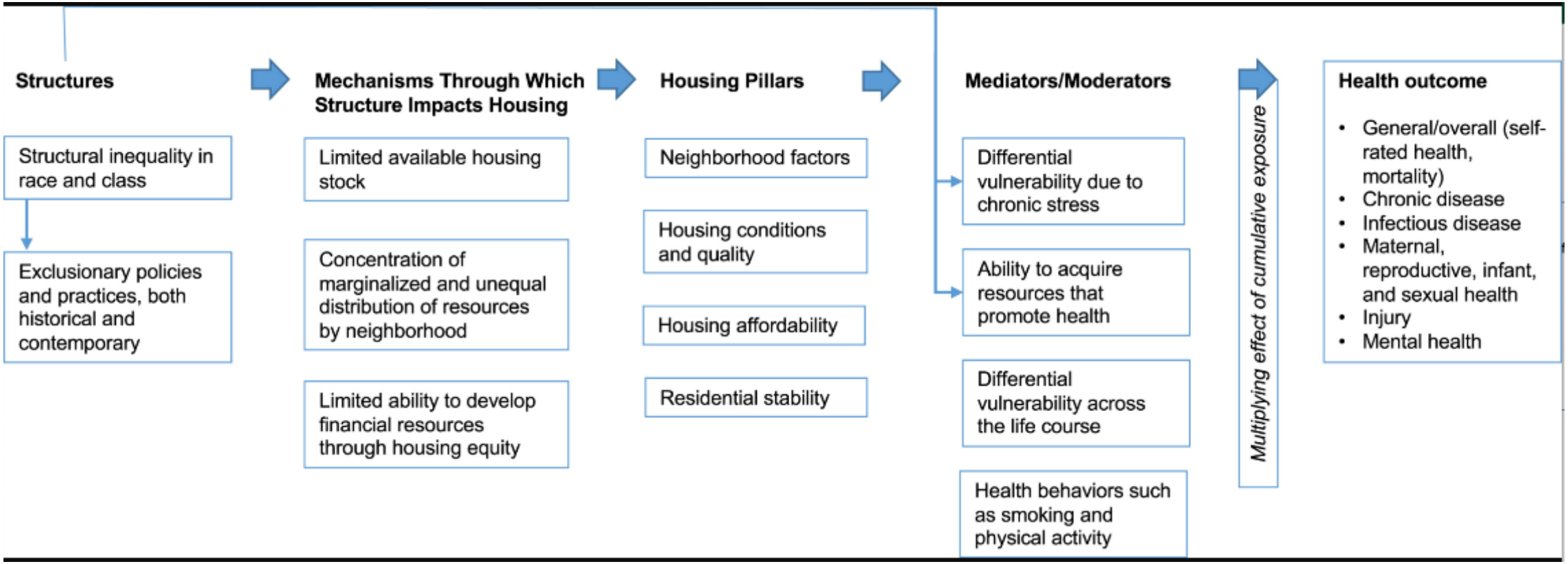
- Over 38 million Americans live in poverty;
- Most low-income people experience severe housing cost burden and spend over 50% of their income on housing costs;
- Over 4 million people “double up” with others due to financial hardship;
- Nearly 600,000 people experience homelessness per year in U.S.;
- In 2016, an average of nearly 4 million evictions were filed annually.

Housing and Health are Interconnected

- Housing precarity restricts access to preventive health care, healthy food options, social engagement, etc.;
- Deficient housing and instability are associated with many physical and mental health conditions
  - Poor air conditions, toxin exposure, structural deficiencies, violence/crime create risks for chronic and acute health challenges (COPD, depression, injuries, cognitive decline, etc.);
- Housing oppression led to health disparities.

(Benfer et al., 2020; NAEH, 2020; Swope & Hernandez, 2019)

Swope and Hernandez (2019) Housing and Health Disparities Conceptual Model



https://www-sciencedirect-com.dartmouth.idm.oclc.org/science/article/pii/S0277953619305659

Stats

This Cause:	Can Become this Illness or Condition:	How to Prevent this Illness or Condition:
In homes built before 1978: • Peeling paint • Sloppy repair/paint work	Lead poisoning – causes lower IQ and other learning and behavior problems in children	• Fix lead hazards • Work safely and check for dust • Clean up the site after any work is finished
Smoking, secondhand smoke	Asthma, respiratory problems, sudden infant death syndrome (SIDS), lung cancer, and deaths from fires	• Don't smoke in the home • Don't let anyone else smoke in the home
Radon	Lung cancer	• Install fan systems that can remove radon or vapor barriers that can block radon
Lack of a working smoke alarm	Fire injuries and deaths	• Install smoke alarms on every floor of the home • Use long-life smoke alarms with lithium-powered batteries • Test all smoke alarms every month
Moisture and mold	Asthma and respiratory problems	• Fix water leaks • Keep house well ventilated
Pesticide use	Acute poisonings and possible chronic conditions such as cancer, low birth weight and prematurity	• Keep pests out by cutting off their water, food, and access • Use pesticides wisely • Store pesticides properly

https://www.cdc.gov/nceh/lead/docs/publications/final_companion_piece.pdf

Many homes have unhealthy conditions:

- 1 in 16 have high radon levels
- 1 in 10 have water leaks
- 1 in 6 have structural problems
- 1 in 4 have lead-based paint
- 1 in 4 do not have a working smoke alarm

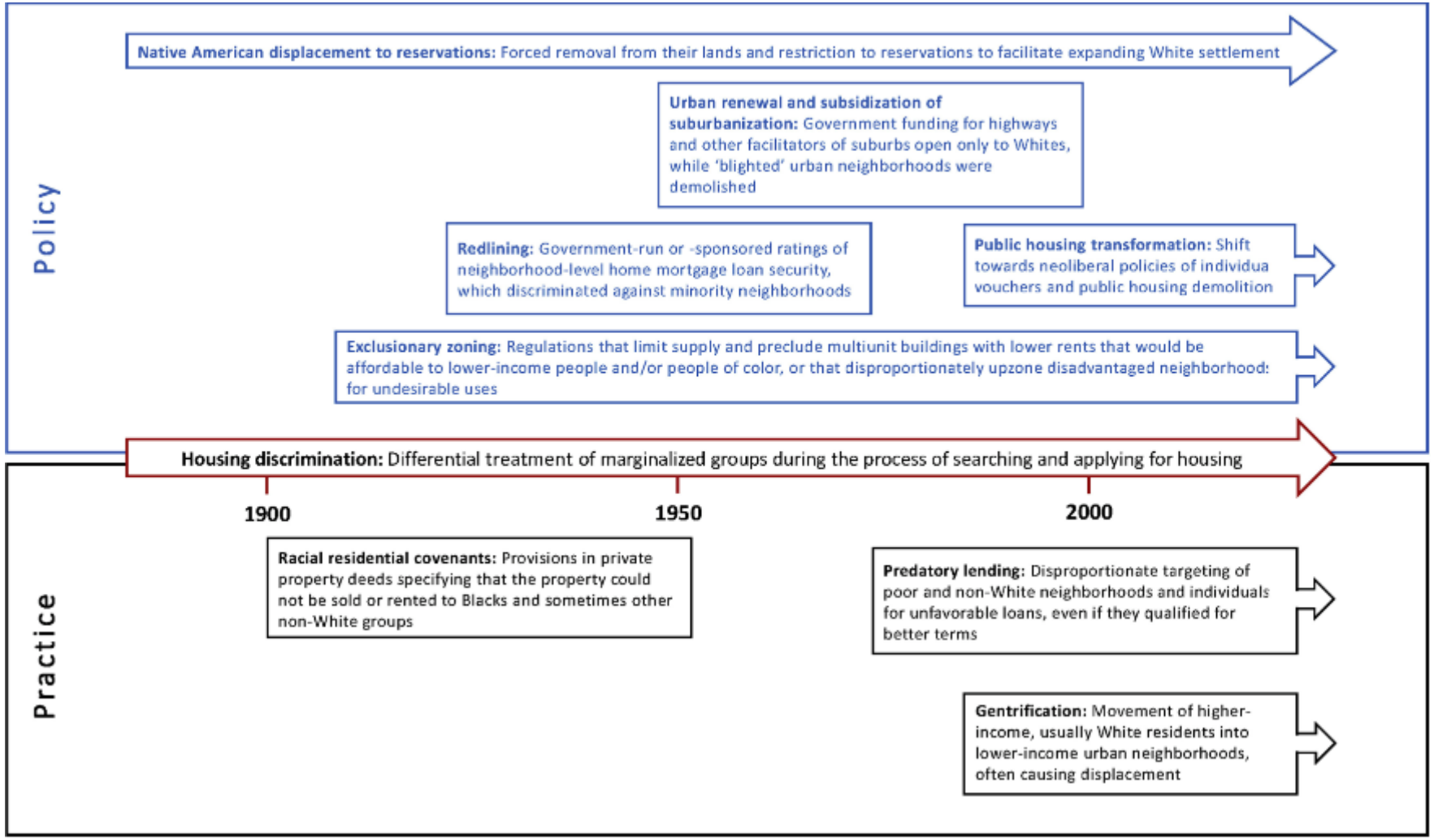
The housing problems that can make us sick are interconnected:

- Lack of ventilation (airflow) keeps poisons in and builds up moisture.
- Moisture causes deteriorated paint, attracts and sustains pests, and leads to mold.
- Pests make holes that become leaks and make people use poisonous pesticides.

https://www.cdc.gov/nceh/lead/docs/publications/final_companion_piece.pdf

https://www.healthaffairs.org/do/10.1377/hpb20180313.396577/

Policies and Practices Contributing to Housing Disparities



https://www-sciencedirect-com.dartmouth.idm.oclc.org/science/article/pii/S0277953619305659

Potential Housing Strategies

Policy or Program	Description
Zoning regulation for land use policy	Use zoning regulations to address aesthetics and safety of the physical environment, street continuity and connectivity, residential density and proximity to businesses, schools, and recreation, etc.
Inclusionary zoning and housing policies	Require developers to reserve a proportion of housing units for residents with low incomes via mandatory requirements or incentives such as density bonuses
Rent regulation policies	Establish tenant protections via regulations to the housing rental market such as limits on rent increases and eviction protections for tenants with low incomes; typically via rent stabilization
Housing reparations	Apologize for discriminatory housing policies; increase subsidies, financing, and paths to homeownership for people of color; and invest in systematically disadvantaged neighborhoods

Policy or Program	Description
Housing choice voucher program (Section 8)	Provide eligible families with low and very low incomes with vouchers to help cover the costs of rental housing; also called Section 8
Housing first	Provides rapid access to permanent housing and support (e.g., crisis intervention, needs assessment, case management), usually for chronically homeless individuals with persistent mental illness or substance abuse issues
Housing rehabilitation loan & grant programs	Provide funding, primarily to families with low or median incomes, to repair, improve, or modernize dwellings and remove health or safety hazards
Rapid re-housing programs	Transition families and individuals experiencing homelessness into permanent housing quickly, often with supports such as short-term financial assistance, case management, landlord negotiations, etc.

http://whatworksforhealth.wisc.edu/factor.php?id=126
https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies

Thank you!

2022 NH Legislation: Public Health Overview

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

Reminders

- Next session on May 4, Access to Health: Geography and Workforce
- Enter name, organization, and email into chat
- Didactic recordings and notes from the session will be are posted on the D-H ECHO website:

https://www.dartmouth-hitchcock.org/project-echo/enduring-echo-materials

The Political Determinants of Health

Policies to Advance the Health & Economic Prosperity of New Hampshire Communities: Session 3

Sponsored by the Dartmouth Hitchcock Office of Government Relations

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New Hampshire MEDICAL SOCIETY
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NEW HAMPSHIRE PUBLIC HEALTH ASSOCIATION
Improving Health, Preventing Disease, Reducing Costs for All

newfutures

New Hampshire Hospital Association

NHHNA

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Today's Program

- Brief housekeeping, *Seddon Savage*
- Didactic: Focus on Postpartum Medicaid Expansion, *Julia Frew & Daisy Goodman*
- Synopsis of Bills, *Courtney Tanner*
- Discussion of Bills, *All*
- Summary, *Matthew Houde*
- Up Next, *Seddon Savage*

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.
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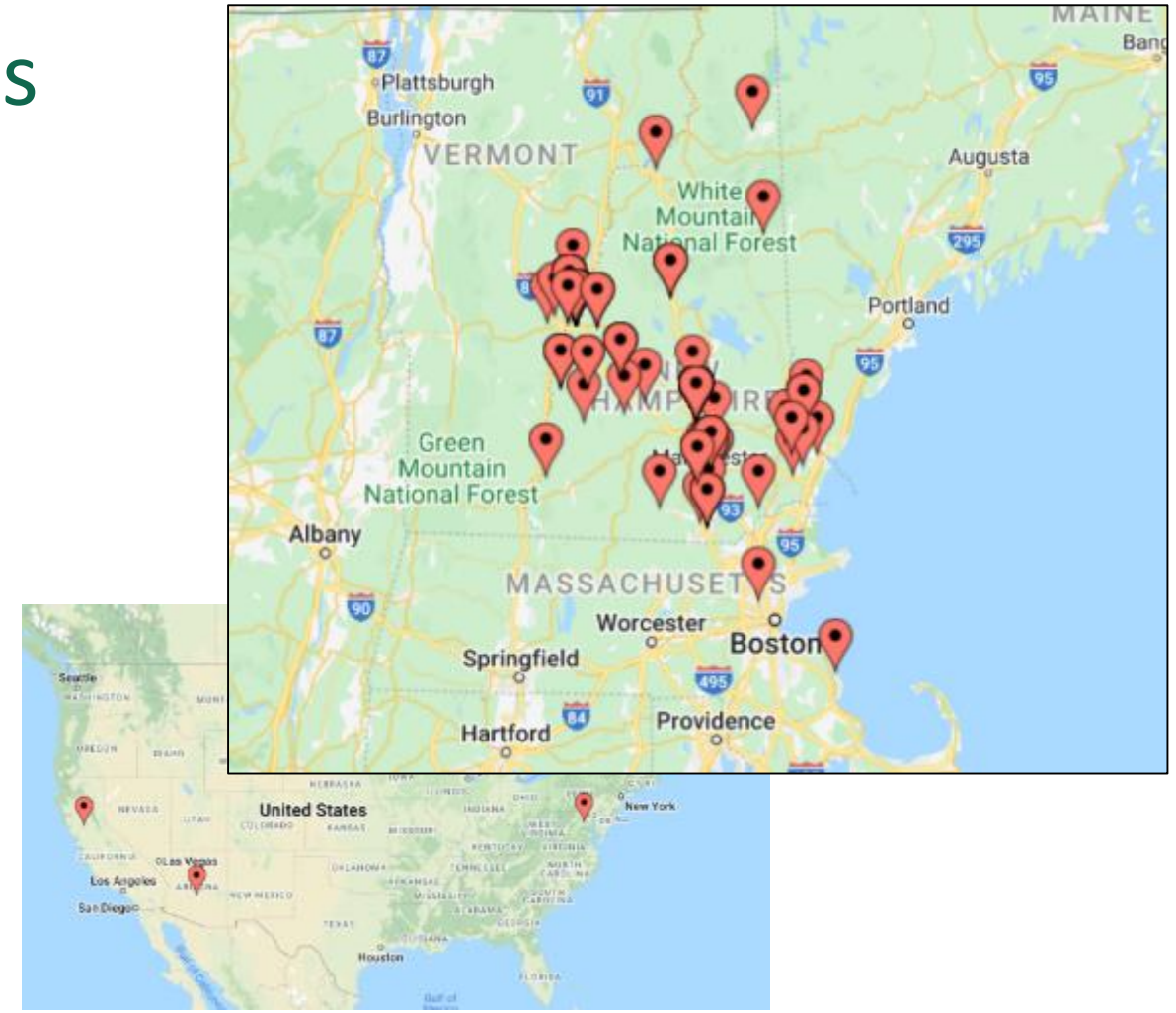
- Please protect privacy in discussion of clinical scenarios.
- Questions to ECHO Tech Support thru personal CHAT or ECHO@hitchcock.org

ECHO Participant Demographics

Total Registrants: # 234

Community/social services	42
Administration/Governance	47
Education/Research	42
Nursing (clinical, PH, school)	33
Provider (MD, ARNP, PA)	29
Policy & Advocacy	12
Other	29



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Political Determinants of Health

Focus on Postpartum Medicaid Expansion

Daisy Goodman, CNM, DNP, MPH,

Julia Frew, MD

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Importance of Postpartum Health Care

- Recovery from childbirth
- Follow up on pregnancy complications
- Management of chronic health conditions
- Preventive health care
- Access to family planning
- Screening, diagnosis, and treatment for maternal mental health

Relationship with an obstetric care provider is often the only point of contact with the health care system for reproductive-aged women.

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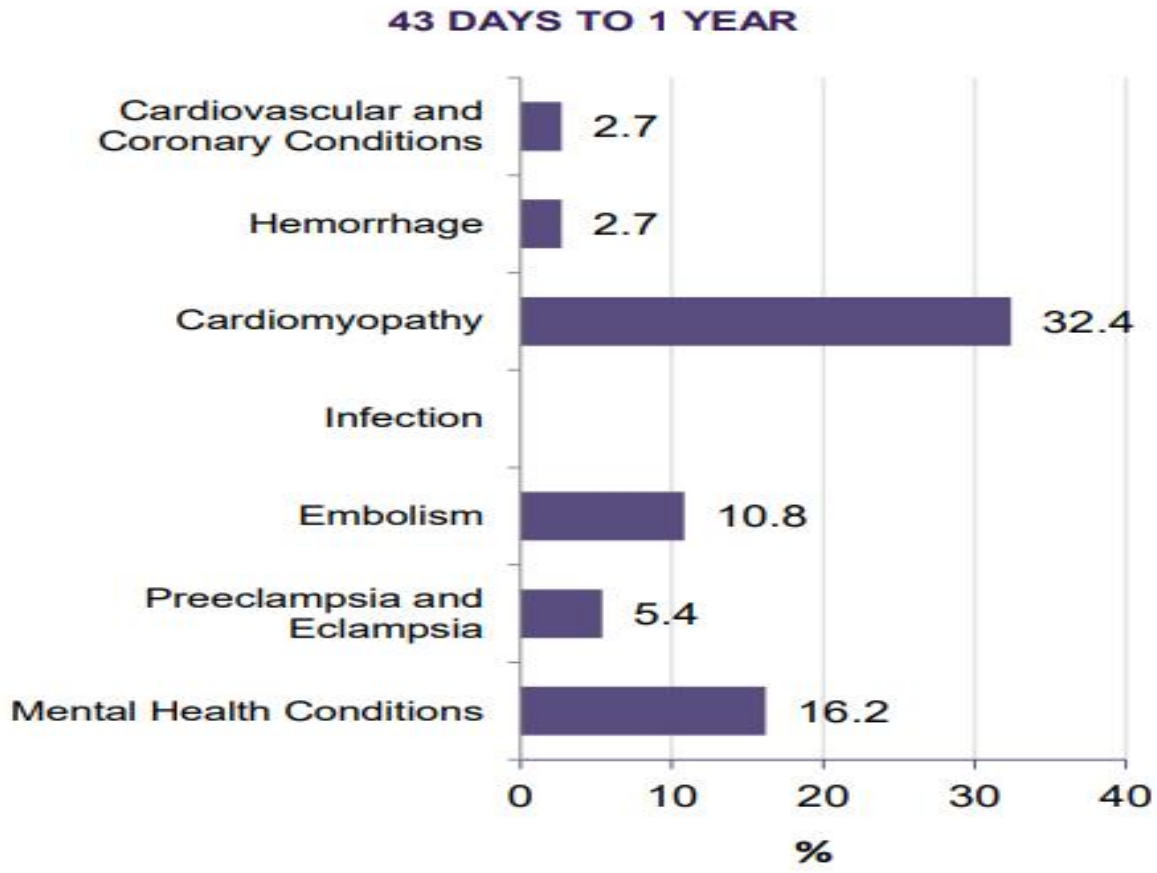
Maternal Mortality Occurring After 6 Weeks Postpartum In The United States



https://www.cdcfoundation.org/sites/default/files/files/ReportfromNineMMRCs.pdf

Redefining Postpartum Care

ACOG Committee Opinion 736- *Optimizing Postpartum Care*

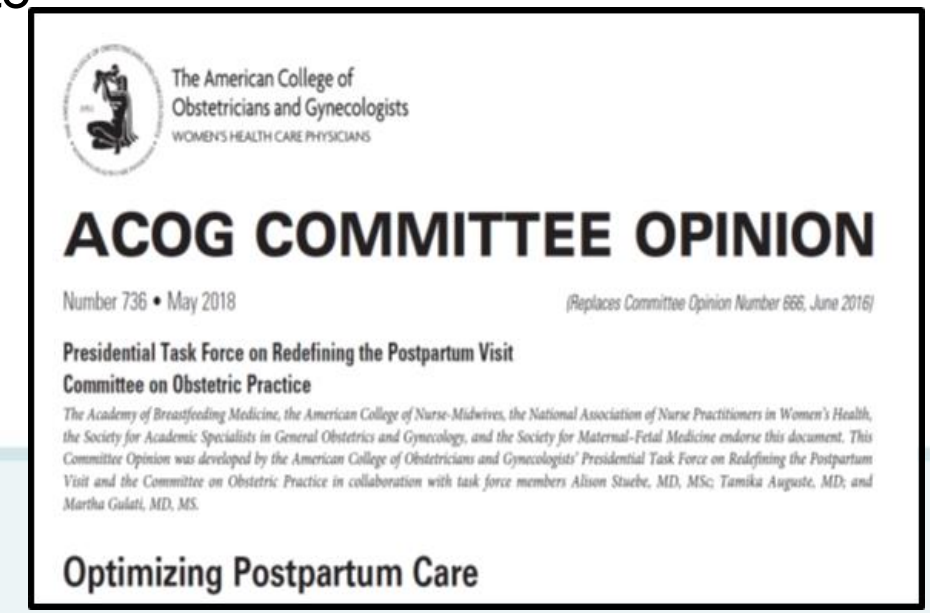
✓Engagement across Fourth Trimester

- Short interval follow up (1-2 weeks)
- Pregnancy spacing/reproductive life plan
- Emphasis on screening for social determinants and linkage to services

✓Multidisciplinary

- Lactation support
- Mental health evaluation/treatment
- Substance use screening/treatment

✓Personalized transition to a primary medical home



The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

ACOG COMMITTEE OPINION

Number 736 • May 2018 (Replaces Committee Opinion Number 666, June 2016)

Presidential Task Force on Redefining the Postpartum Visit
Committee on Obstetric Practice

The Academy of Breastfeeding Medicine, the American College of Nurse-Midwives, the National Association of Nurse Practitioners in Women's Health, the Society for Academic Specialists in General Obstetrics and Gynecology, and the Society for Maternal-Fetal Medicine endorse this document. This Committee Opinion was developed by the American College of Obstetricians and Gynecologists' Presidential Task Force on Redefining the Postpartum Visit and the Committee on Obstetric Practice in collaboration with task force members Alison Stuebe, MD, MSc; Tamika Auguste, MD; and Martha Gulati, MD, MS.

Optimizing Postpartum Care

Postpartum Medicaid Coverage: Nationally and in NH

- Medicaid covers 4 in 10 births in the US, and 3 in 10 in NH
- Eligibility is capped at higher levels than for non-pregnant people
- Outside of the context of public health emergency, pregnancy-related Medicaid eligibility ends for many women at 42-60 days postpartum
- This leads to a gap in eligibility for postpartum people
- This gap is most significant in states which have not expanded Medicaid- but is still significant in NH

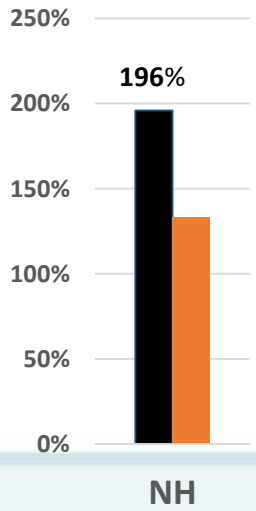
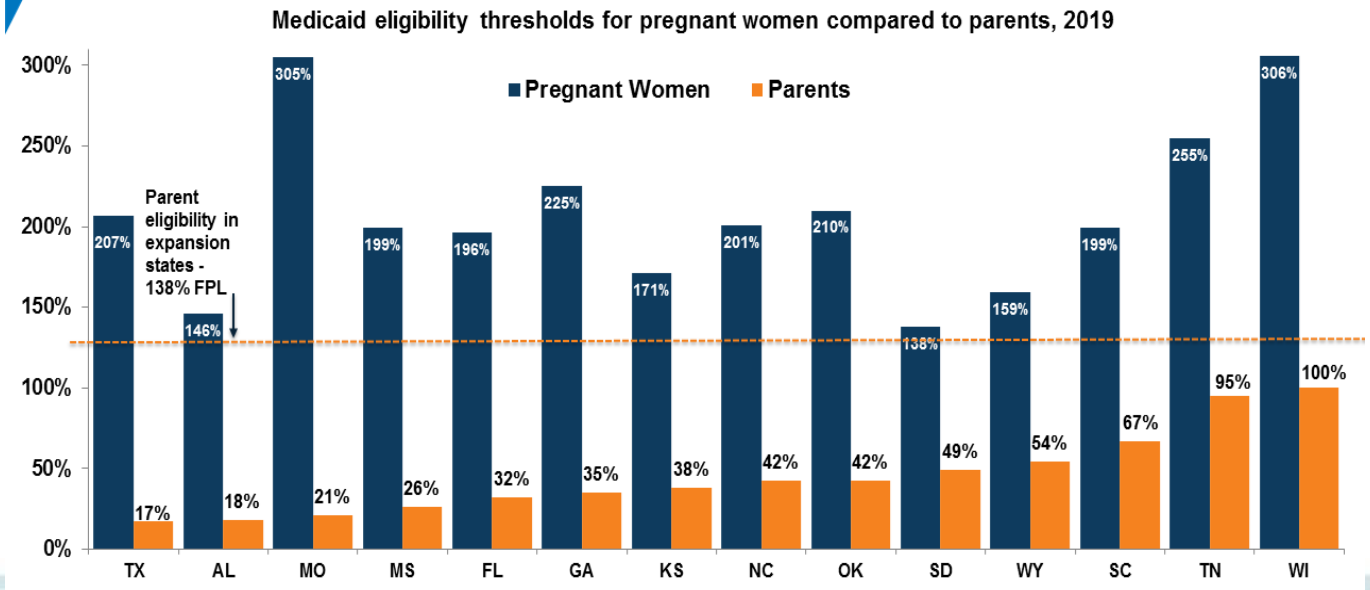


Figure 1

Medicaid Eligibility Is Much More Restrictive for Parents than Pregnant Women, Particularly in States that Have Not Expanded Medicaid

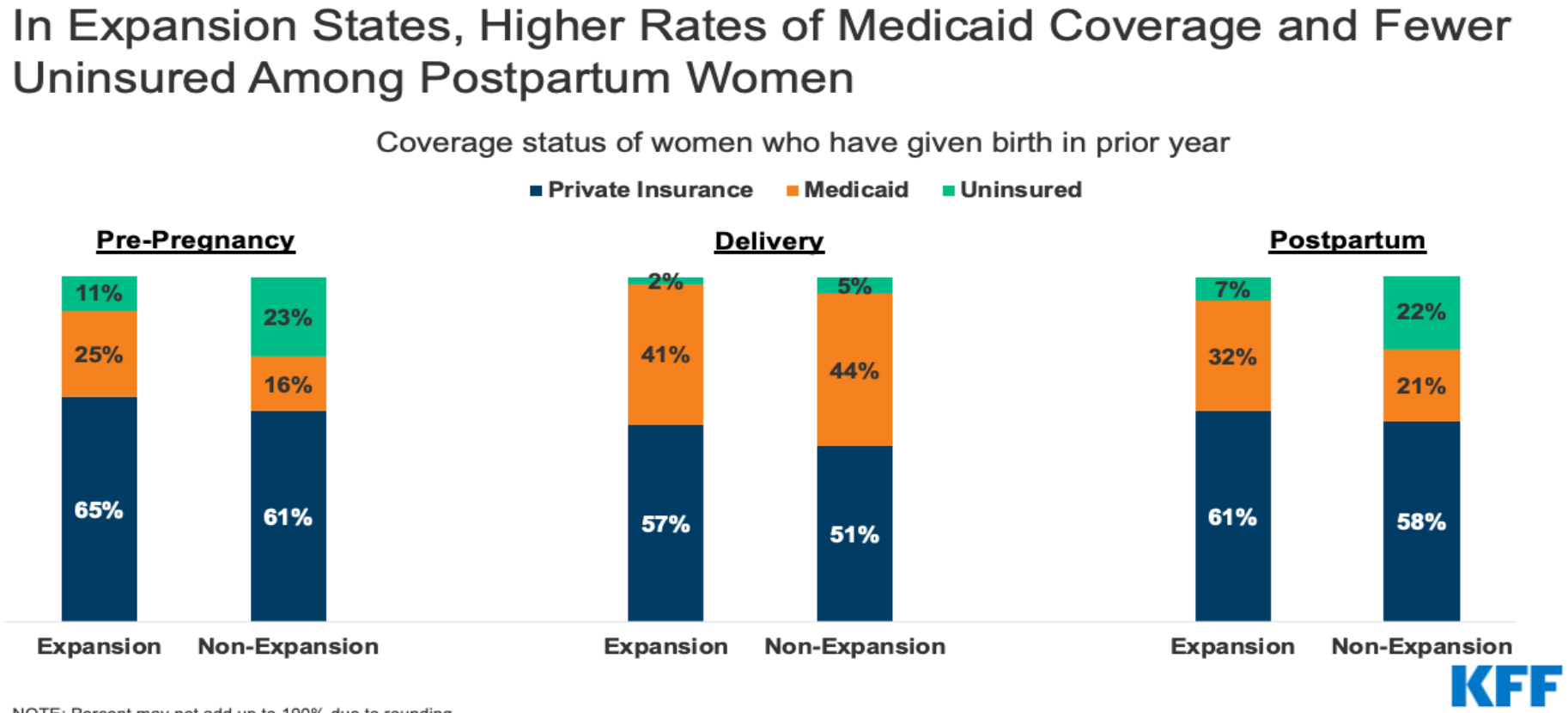


NOTE: For pregnant women, reflects highest eligibility limit for pregnant women under Medicaid, CHIP, or the unborn child option. For "Parents," eligibility limits calculated as a percent of the Federal Poverty Level (FPL) & are calculated based on a family of three for parents. In 2019, the FPL was $21,330 for a family of three. Thresholds include the standard five percentage point of the FPL disregard.
SOURCE: Based on national survey conducted by KFF with the Georgetown University Center for Children and Families, 2019.

KFF HENRY J KAISER FAMILY FOUNDATION

https://www.kff.org/womens-health-policy/issue-brief/expanding-postpartum-medicaid-coverage/

Postpartum Rates of Medicaid Coverage Are Higher Than Pre-Pregnancy Rates



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https://www.kff.org/womens-health-policy/issue-brief/expanding-postpartum-medicaid-coverage/

Improving Care and Coverage

- NH Healthy Moms, Healthy Babies Act of 2022
  - Based on Federal legislation ("Improving Care and Coverage for Mothers Act"
  - Upcoming hearing April 12
  - Will maintain postpartum Medicaid coverage for 12 months for women with incomes up to 196% of the federal poverty level (FPL)
  - Women with incomes below 138% of the Federal Poverty Limit will continue to be covered under the Granite Advantage Program

"The purpose of the program shall be, through ensuring continuous coverage for a 12-month postpartum period, to increase identification and mitigation of preventable pregnancy related and pregnancy associated morbidity and mortality, including those related to substance use disorder and mental illness"

Can legislation make a difference?

Four Postpartum Cases

Perinatal Mental Health

Mental health and substance use disorders are the leading cause of maternal mortality during pregnancy and up to 1 year postpartum

Without insurance coverage, many women cannot afford to continue receiving mental health or SUD treatment or fill needed prescriptions

Cristina

24 year old woman, currently 8 months postpartum, with history of depression, anxiety, and PTSD. Her partner was employed, so she was not eligible for Medicaid due to household income over the eligibility cap.

Cristina was started on antidepressant medication for her postpartum depression at her 6 week postpartum visit, but then stopped her medication because she could no longer afford to fill the prescriptions. She also stopped seeing her counselor for the same reason.

Feeling more depressed with suicidal ideation, she called a crisis hotline and was advised to go to the emergency department. There, she was evaluated and assessed to need inpatient psychiatric admission.

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Pregnancy Intention

According to 2020 NH Pregnancy Risk Monitoring System (PRAMS) Data, only 69.9% of mothers wanted to be pregnant at the time they became pregnant.

https://www.dhhs.nh.gov/dphs/bchs/mch/prams/documents/prams-datasummary-2020.pdf

Kelli

A 28 year old woman, currently 4 months postpartum, Kelli did not attend her 6 week postpartum visit as her infant was sick. She was unable to reschedule due to loss of insurance coverage.

Kelli started working part time as an in-home childcare provider, which made her ineligible for Medicaid coverage. Her employer could not offer her health insurance, so she was uninsured.

Although she planned to start oral contraceptives at her postpartum visit, she discovered she was pregnant again at 4 months postpartum.

Maternal Cardiac Disease

Nationally, 23% of late postpartum deaths are caused by cardiomyopathy

According to the American College of Obstetricians and Gynecologists, 88% of the women who died would have been identified as high risk and referred if they had been appropriately evaluated.

https://www.acog.org/news/news-releases/2019/05/acog-releases-guidance-on-how-to-treat-leading-cause-of-us-maternal-deaths-heart-disease-in-pregnancy

Mia

A 38 year old woman with history of pre-eclampsia, currently 6 months postpartum. She was diagnosed with chronic hypertension during her pregnancy, having not received much medical care prior to that time, and during her pregnancy also developed pre-eclampsia.

She was advised to have her blood pressure evaluated, but missed her 6 week appointment and then lost Medicaid coverage as she started working again part time.

Over the past few months she experienced increasing shortness of breath at rest, swelling in her legs and feet, and sometimes heart palpitations, which she attributed to being overtired after work.

She presented to her local emergency department due to difficulty breathing, and was diagnosed with cardiomyopathy.

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Overdose

Fatal and Nonfatal Overdose Among Pregnant and Postpartum Women in Massachusetts

Davida M. Schiff, MD, MSc, Timothy Nielsen, MPH, Mishka Terplan, MD, MPH, Malena Hood, MPH, Dana Bernson, MPH, Hafsatou Diop, MD, MPH, Monica Bharel, MD, MPH, Timothy E. Wilens, MD, Marc LaRochelle, MD, MPH, Alexander Y. Walley, MD, MSc, and Thomas Land, PhD

Schiff, et al. *Obstet Gynecol* 2018; 132: 466-74

Population-based study of treatment engagement and overdose among perinatal women

- Overdose risk was lowest during pregnancy and highest at 7-12 months postpartum
- Only 64% received pharmacotherapy for OUD during the prenatal year
- **Pharmacotherapy reduced overdose risk > 50%**
- Factors associated with overdose included anxiety, depression, homelessness

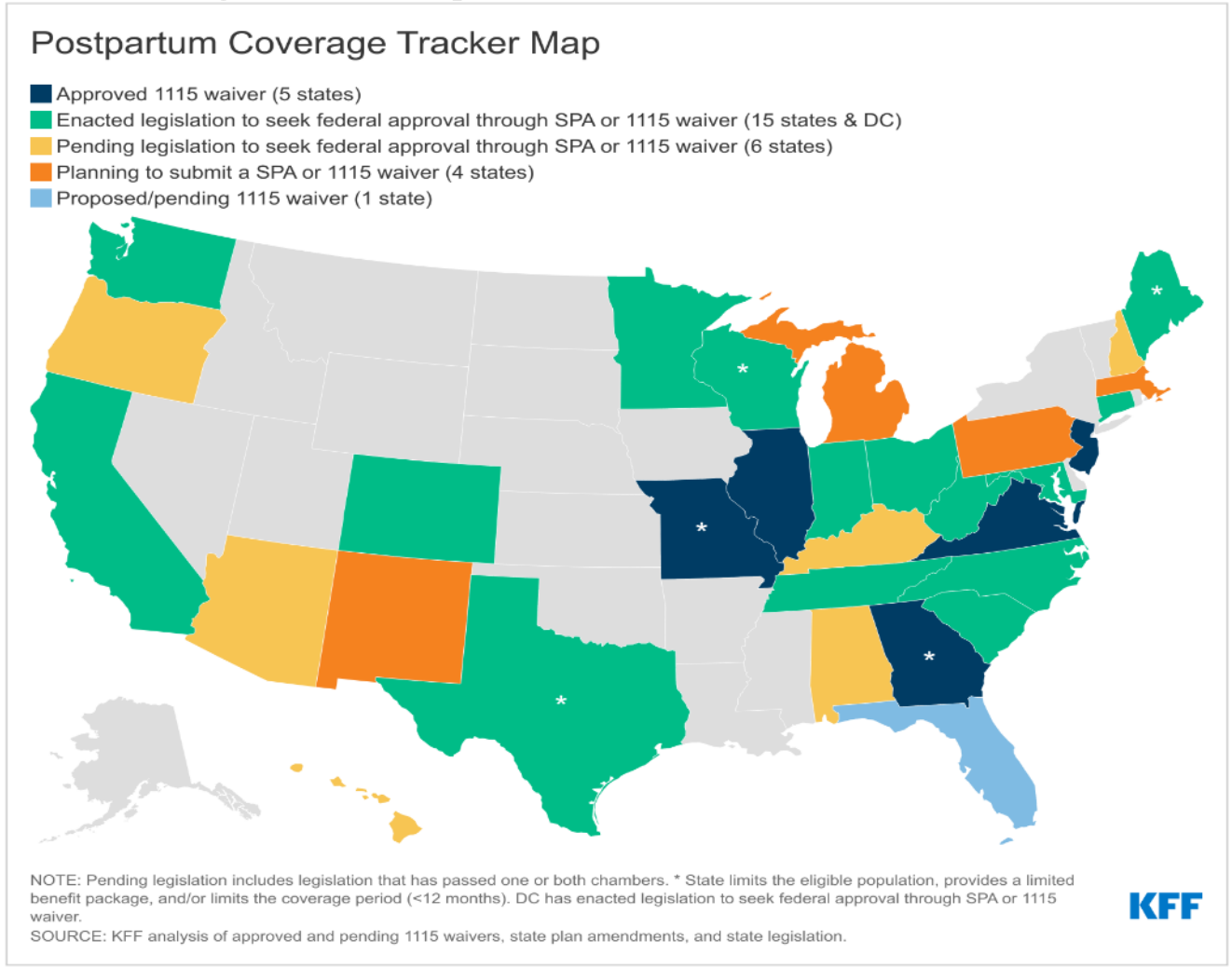
Diana

Diana was 3 months postpartum when she died of an accidental overdose, leaving behind her 4 year old son and 3 month old infant.

During her last pregnancy, she had been stable in recovery from opioid use disorder, treated with buprenorphine/naloxone. When she lost insurance coverage postpartum, she tried to stop this medication on her own because she was unable to afford treatment visits or prescriptions.

Diana was able to manage her withdrawal symptoms and cravings for a few weeks, but then was offered medication by a friend to help with her withdrawal. This medication turned out to be counterfeit, containing fentanyl, causing her to overdose. When EMS arrived, they were unable to resuscitate her.

States Expanding Postpartum Medicaid Coverage



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https://www.kff.org/medicaid/issue-brief/medicaid-postpartum-coverage-extension-tracker/#

2022 NH Legislation: Public Health Overview

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

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Reminders

- Next session on April 20th: Infrastructures that Support Health
- Enter name, organization, and email into chat
- Didactic recordings and notes from the session will be are posted on the D-H ECHO website:

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The Political Determinants of Health

Policies to Advance the Health & Economic Prosperity of New Hampshire Communities: Session 2

Sponsored by the Dartmouth Hitchcock Office of Government Relations

In Partnership with

New Hampshire MEDICAL SOCIETY
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NEW HAMPSHIRE PUBLIC HEALTH ASSOCIATION
Improving Health, Preventing Disease, Reducing Costs for All

newfutures

New Hampshire Hospital Association

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Today's Program

- Brief housekeeping
- Didactic: Immunization & Registries, *Susanne Tanski, MD*
- Poll
- Synopsis of Bills, *Courtney Tanner*
- Discussion of Bills, *All*
- Summary
- Up Next

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?

(Choose one)

- Strongly favor personal choice over public health
- Somewhat favor personal choice over public health
- Somewhat favor the public health over personal choice
- Strongly favor the public health over personal choice

Notes

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- 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.
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ECHO Participant Demographics

Total Registrants: # 220

Community/social services	41
Administration/Governance	42
Education/Research	41
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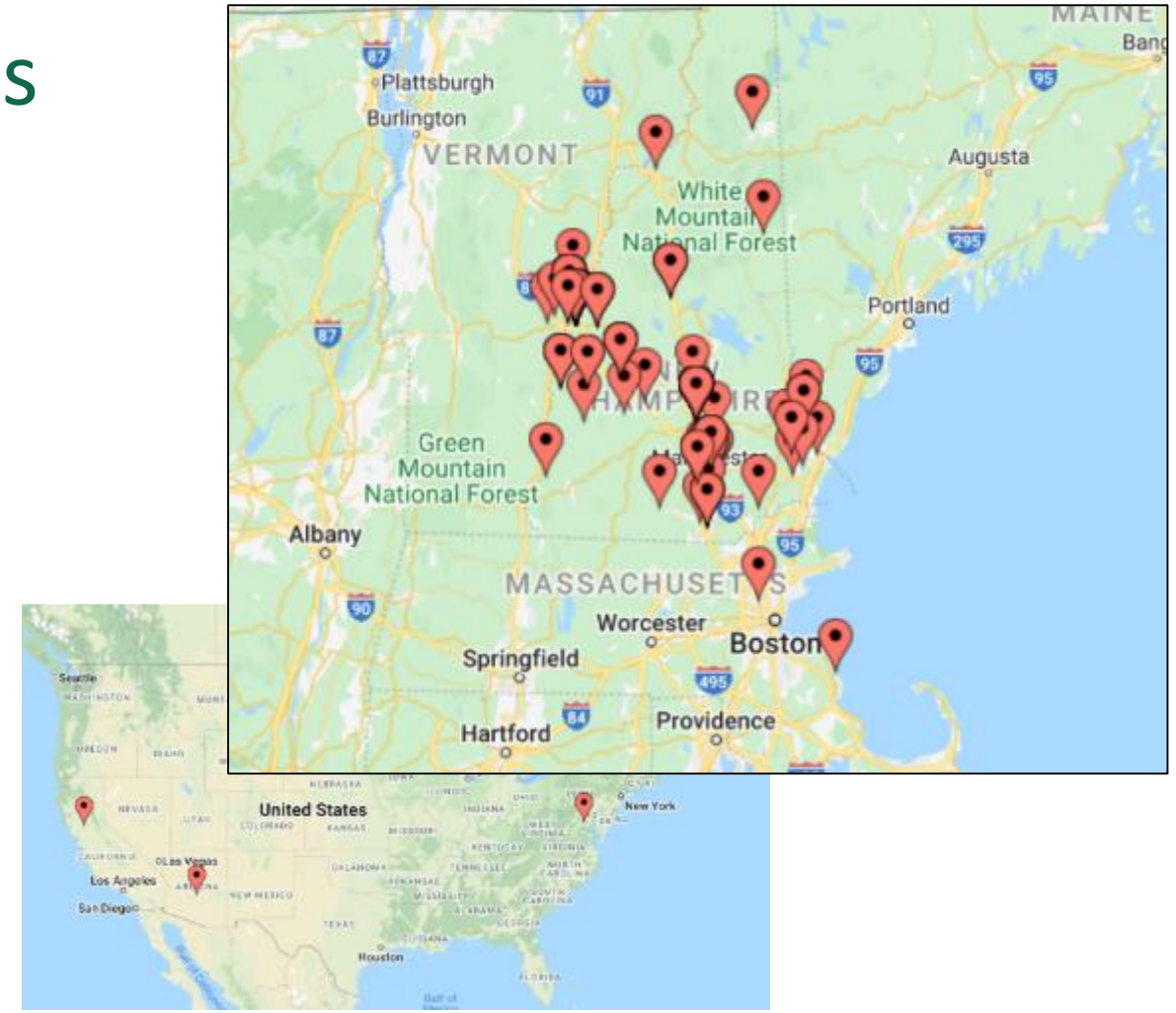

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Vaccines, Vaccine Registries and Public Health

Susanne Tanski, MD MPH

Section Chief and Vice Chair of Pediatrics

Children's Hospital at Dartmouth-Hitchcock

What's a Vaccine? Why do we vaccinate?

- A training exercise for the immune system
- Vaccines contain a dead or weak form or fragment of the virus or bacteria to train the body to fight of an infection, or to not get sick from the infection
- Bacteria: diptheria, tentanus, whooping cough, some causes of meningitis, typhoid, tuberculosis, bubonic plague, anthrax and cholera
- Viruses: influenza, measles, mumps, rubella, chicken pox, yellow fever, rotavirus, smallpox (now eradicated), and Covid-19

TYPES OF VACCINES

WEAKEN THE VIRUS

Viruses are weakened so they reproduce poorly inside the body.

INACTIVATE THE VIRUS

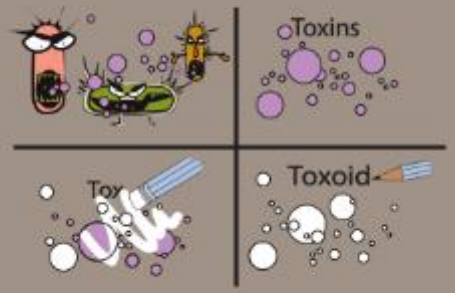
Viruses are completely inactivated (killed) with a chemical.

USE PART OF THE PATHOGEN

USE PART OF THE PATHOGEN

Part of the virus or bacteria is used as the vaccine.

INACTIVATE THE TOXIN



A harmful protein made by the bacteria (toxin) is inactivated (killed) with a chemical. The inactivated toxin is called a toxoid.

USE PART OF THE GENETIC CODE

VECTOR VIRUS

The gene from the pathogen is put into a virus that can't reproduce itself but can still enter cells and deliver the gene.

mRNA

mRNA that is the blueprint for a protein from the pathogen is used as the vaccine.

DNA

DNA, the genetic code from which mRNA is made, is used as the vaccine.

GO TO VACCINE.CHOP.EDU/TYPES-OF-VACCINES FOR MORE INFORMATION.

Children's Hospital of Philadelphia
Vaccine Education Center

The Role of Vaccines in Public Health: INDIVIDUAL benefits

Reduces serious disease and death

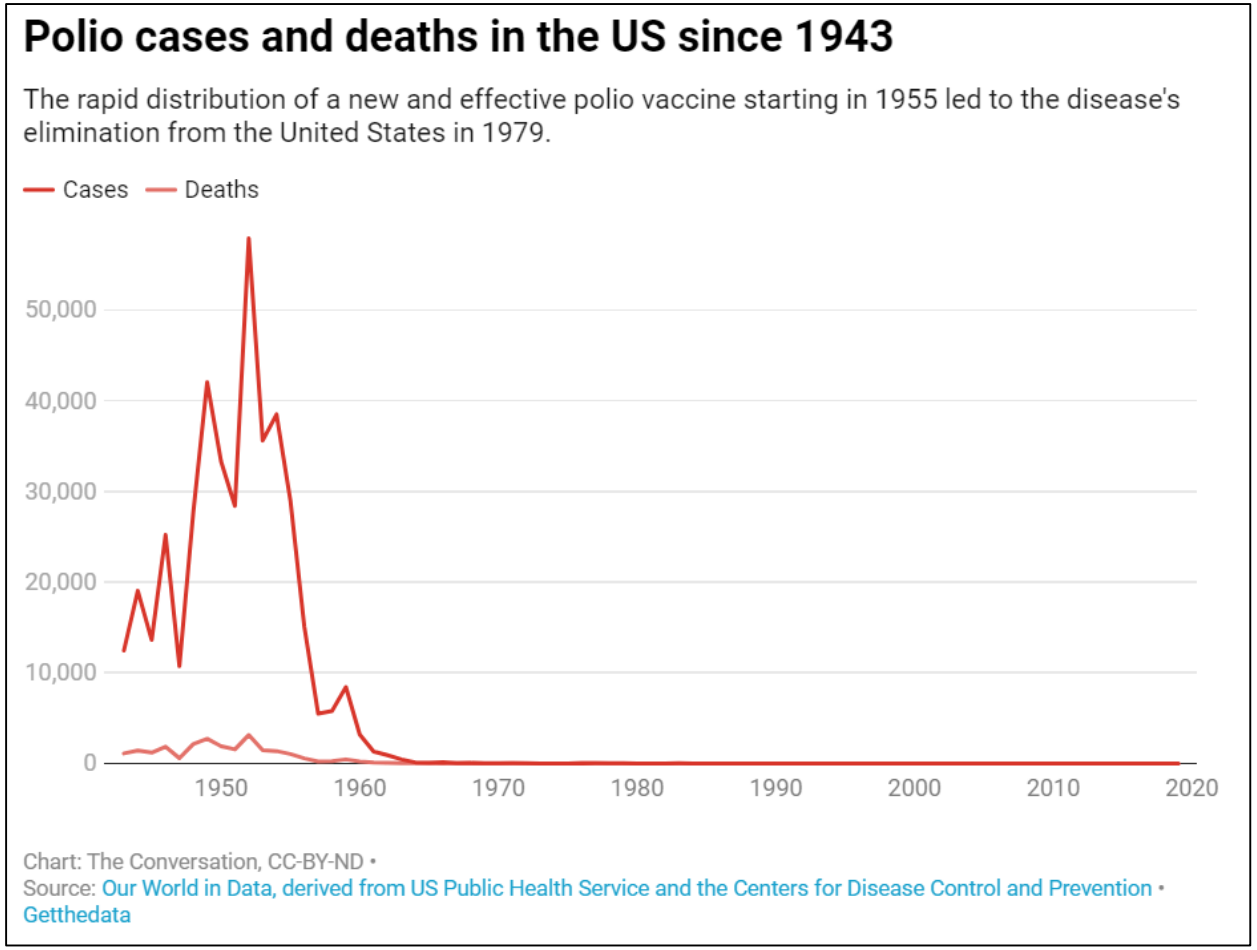
Prevents long-term sequelae

Polio example:

Acute polio: asymptomatic to mild flu-like illness "non-paralytic polio"

Paralytic polio: Progressed to loss of reflexes and temporary or permanent paralysis and death

Post-polio syndrome – 15 to 40 years later – progressive muscle weakness leading to disability that affects up to 40% of polio survivors



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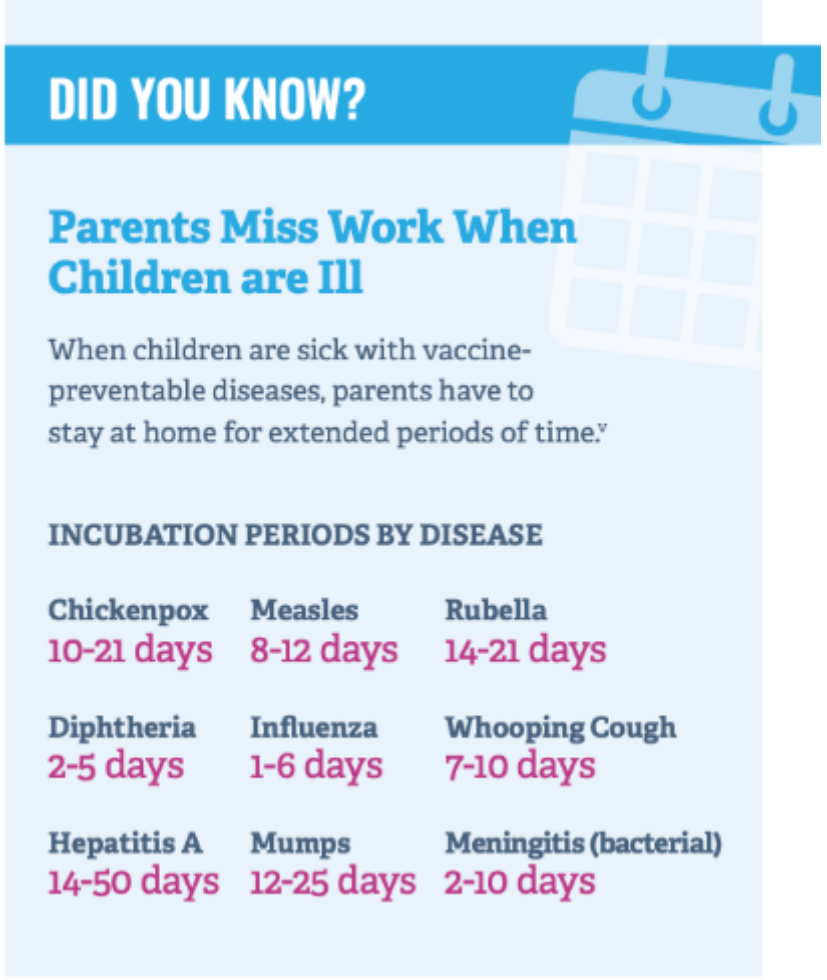
The Role of Vaccines in Public Health: INDIVIDUAL and FAMILY benefits

Prior to vaccines, childhood and parenthood was marked by quarantines and illnesses:

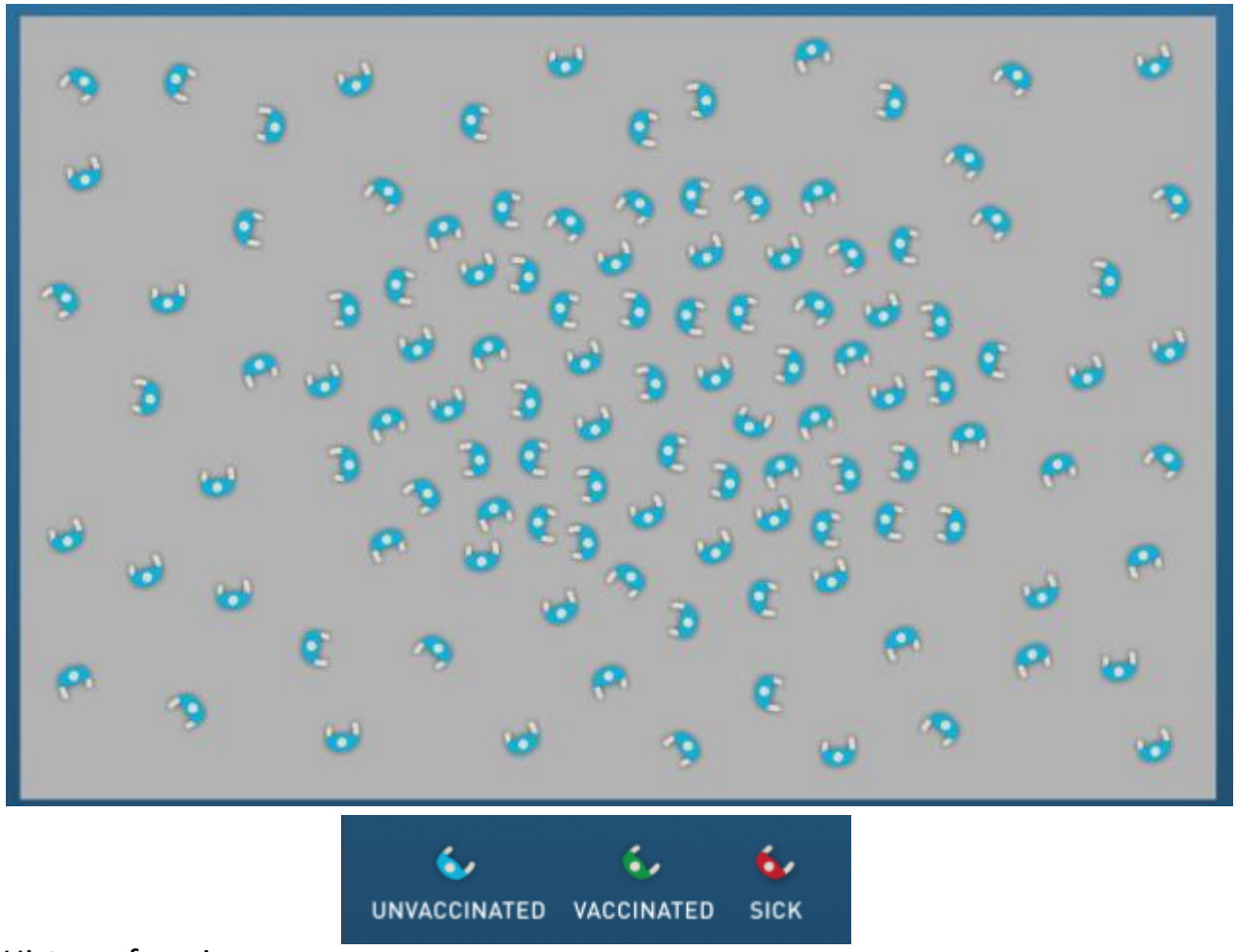
- Quarantine for measles after exposure: 21 days (contagious for 4 days before and after the rash… incubation ~8-12 days)
- Quarantine for chicken pox: Infectious before rash, home until all spots have scabbed over – 7-10 days
- Quarantine/isolation for Covid-19: 10 days

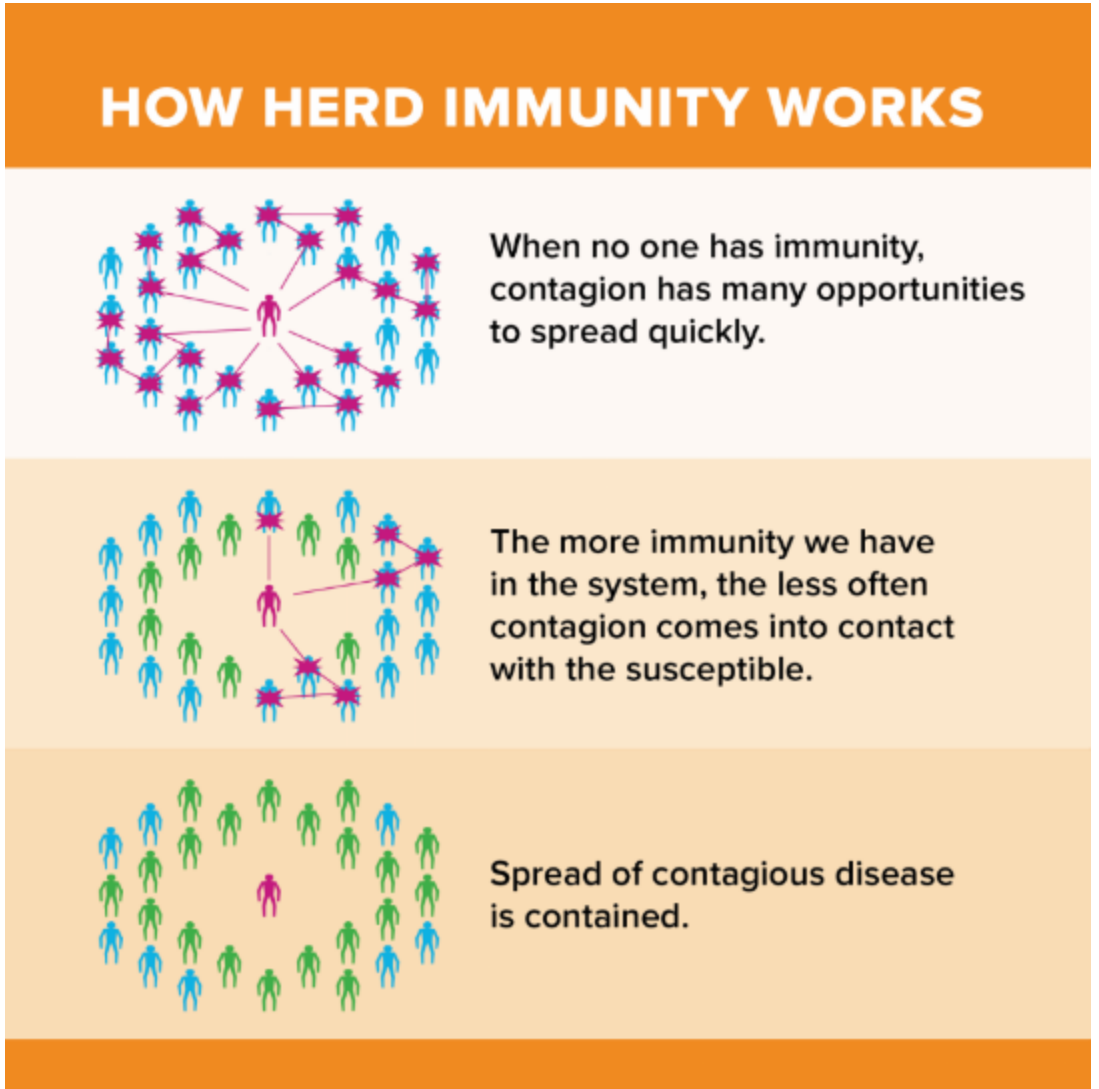
Missed school, Missed work (and often Misery)



Source: Vaccinate Your Family, 2018 State of the Immunion Report

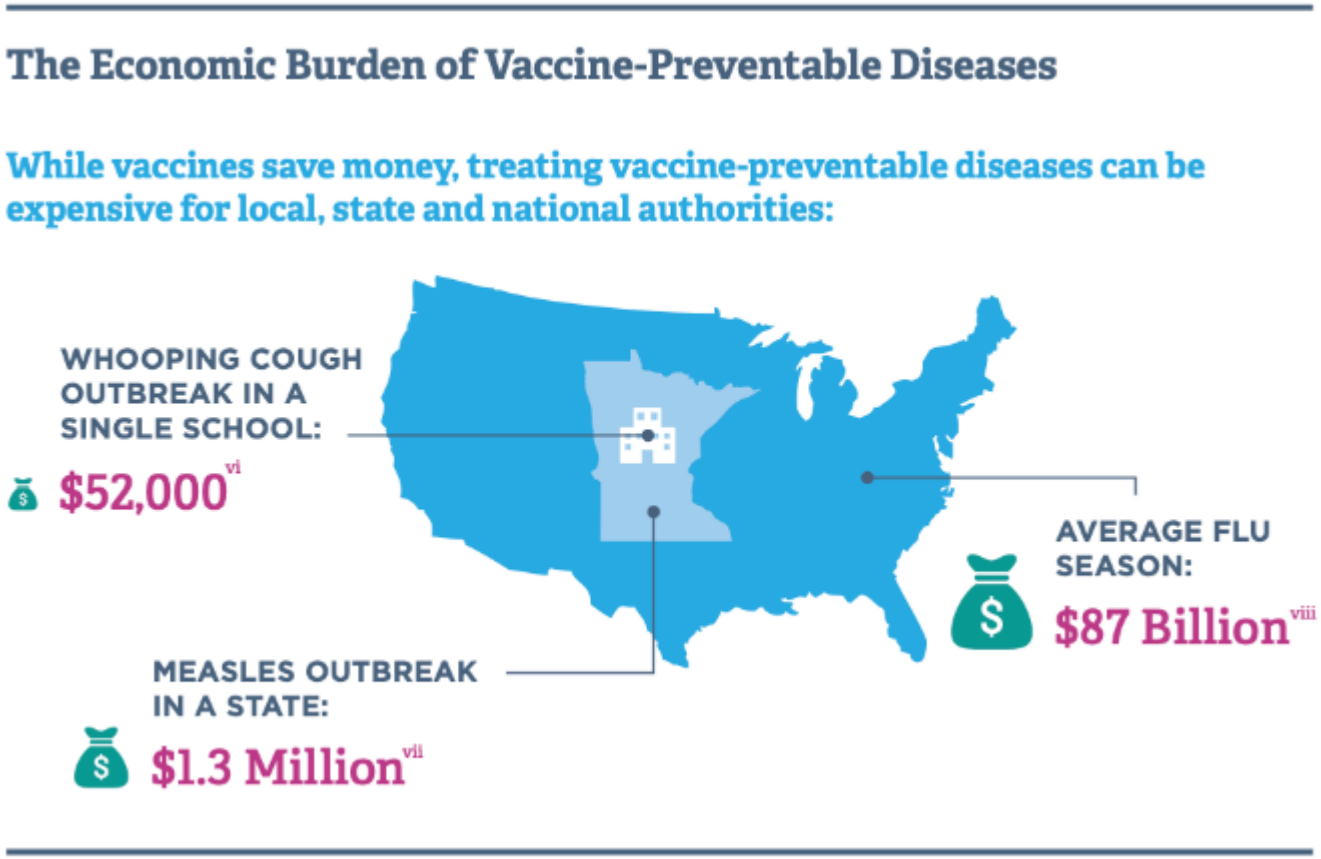
The Role of Vaccines in Public Health: INIVIDUAL, FAMILY and COMMUNITY benefits





Source: Historyofvaccines.org

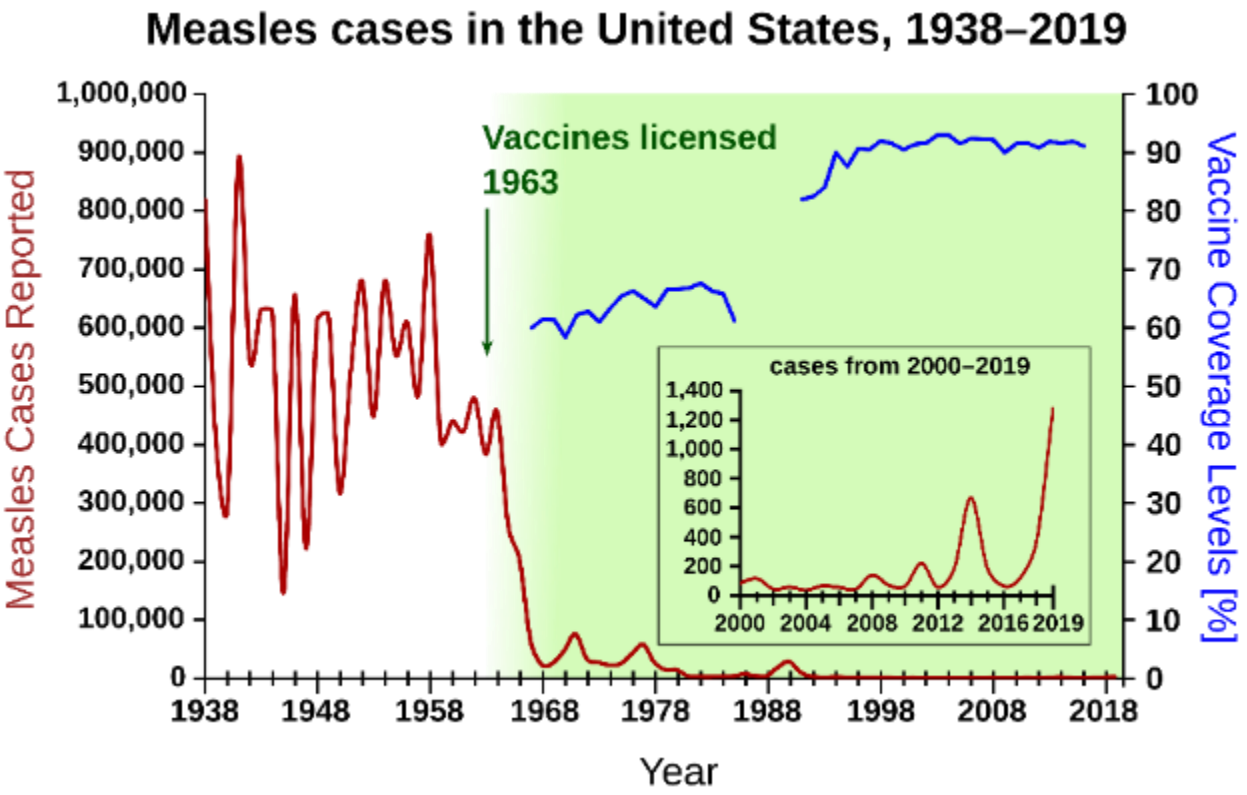
Vaccines are COST SAVING for INDIVIDUALS, FAMILIES and COMMUNITIES

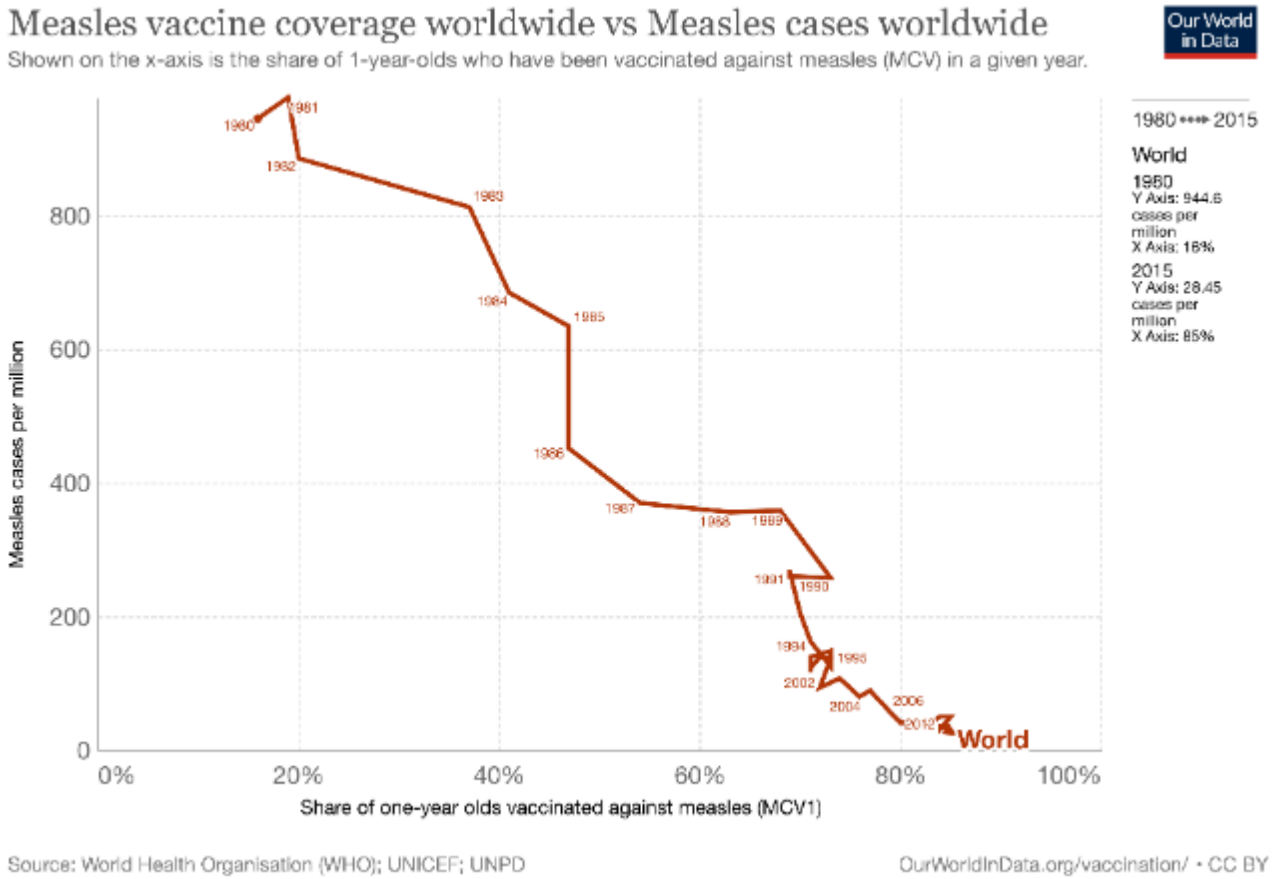


Source: CDC.gov

Source: Vaccinate Your Family, 2018 State of the Immunion Report

Measles is another example of vaccine success (“eliminated” in 2000), with a cautionary tale…





NEW HAMPSHIRE UNION LEADER

February 07. 2015 6:05PM

NH leads the nation in vaccinations for measles, mumps and rubella

By PAUL FEELY

New Hampshire Union Leader

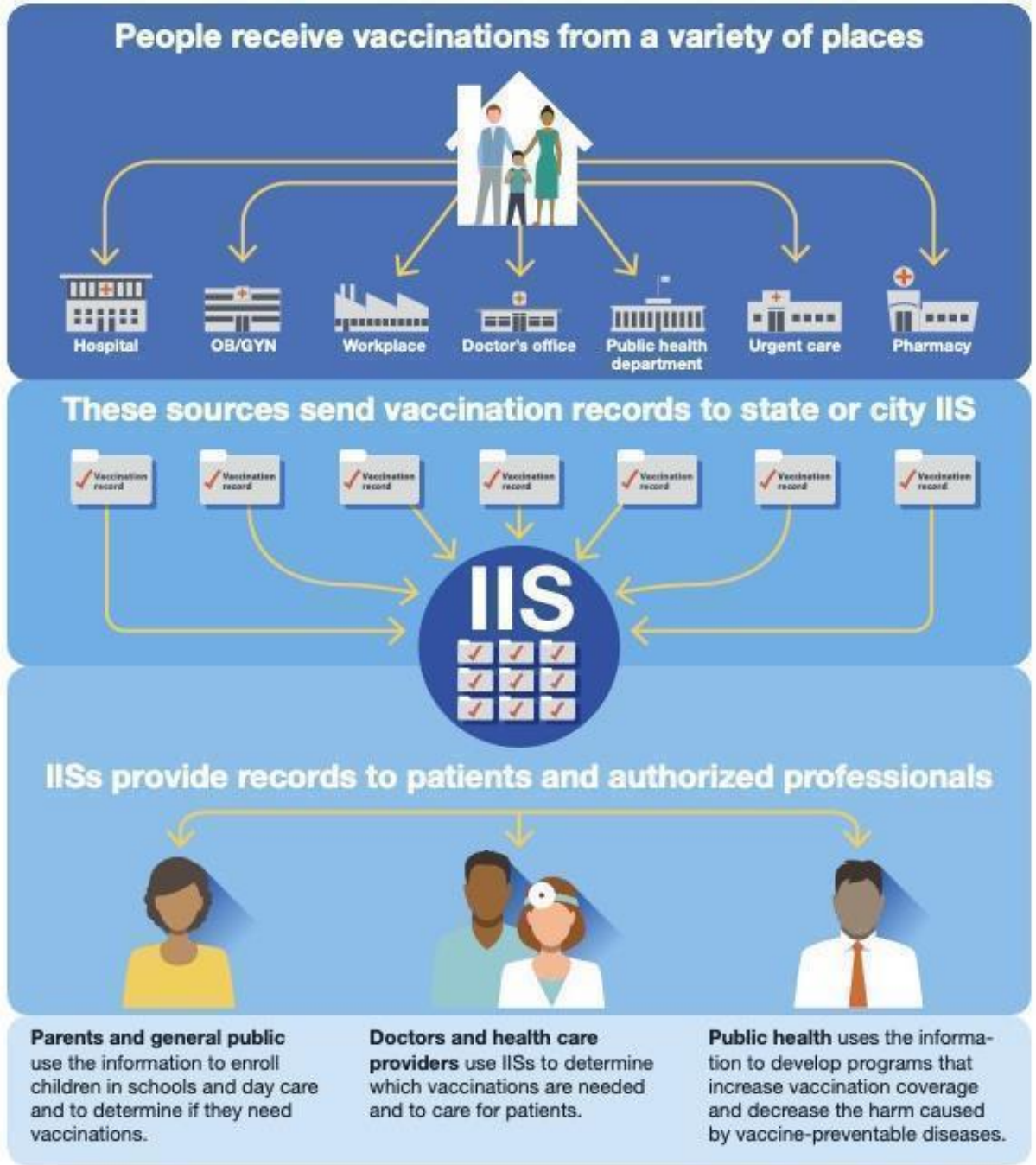
CONCORD - At 96.3 percent, New Hampshire has the highest measles, mumps and rubella (MMR) vaccination rate for infants in the country, according to a study released last week. The state's department of Health and Human Services reports over 97 percent of all school-aged children have received immunizations.

Vaccine Registries – Proposed in 1997, enacted in NH in 2021. What are they?

What? An electronic database of consolidated and CONFIDENTIAL listing of a population's immunization records, available to healthcare providers, schools, public health agencies and the patient/parent

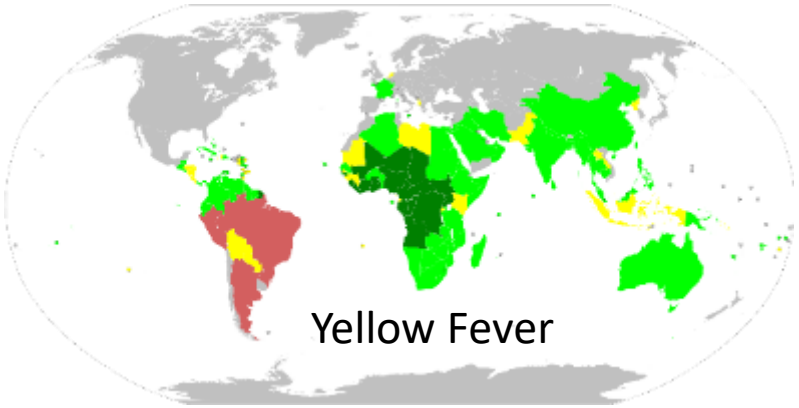
Why? By 2 years of age >20% of kids in the US have seen more than one medical providers, resulting in scattered records

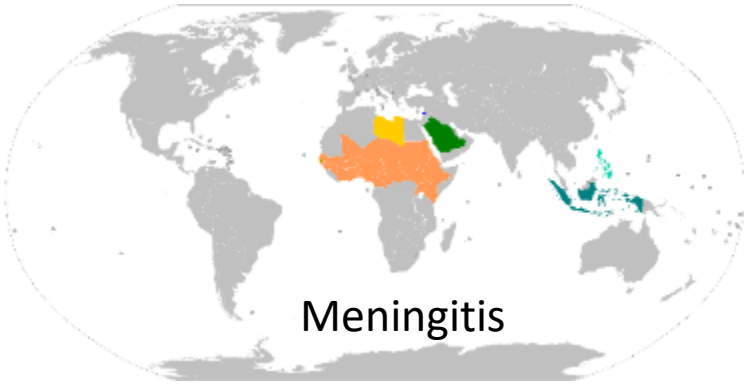
Why? Vaccines save lives, reduce disease and disability, and preserve our economic engines. It's important to identify populations at risk

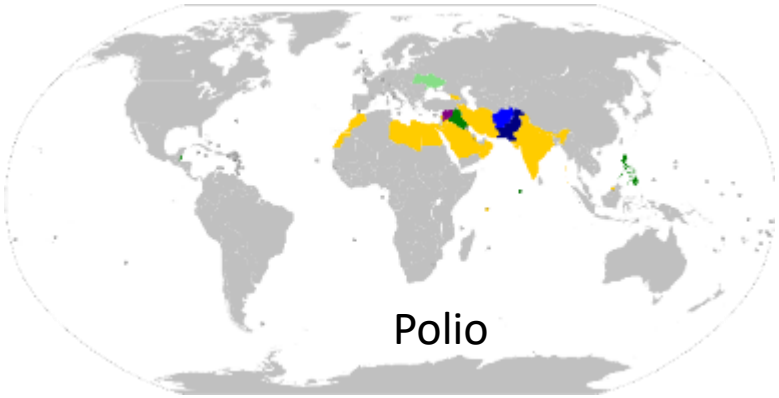

People receive vaccinations from a variety of places
Hospital
OB/GYN
Workplace
Doctor's office
Public health department
Urgent care
Pharmacy
These sources send vaccination records to state or city IIS
Vaccination record
IIS
IISs provide records to patients and authorized professionals
Parents and general public use the information to enroll children in schools and day care and to determine if they need vaccinations.
Doctors and health care providers use IISs to determine which vaccinations are needed and to care for patients.
Public health uses the information to develop programs that increase vaccination coverage and decrease the harm caused by vaccine-preventable diseases.

Parent/Person: Vaccine Registries are a SECURE and TRUSTED SOURCE for vaccine records

- No need to call/log on to multiple offices or wait for a copy
- For School
- For Camp
- For Travel: Many countries require proof of vaccine status





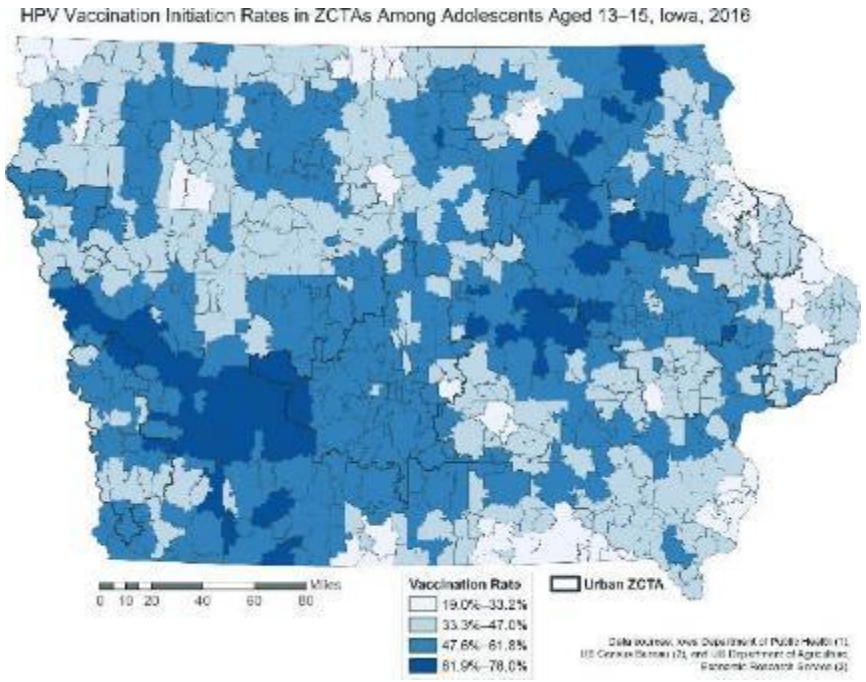


Healthcare Providers: Vaccine Registry Provides a TRUSTED SOURCE for vaccine information

- Provides needed information including formulation, dates, manufacturer
  - This information is NEEDED to determine if up-to-date for series
    - For example: Injected Polio Vaccine vs. Oral Polio Vaccine
  - Decreases over-vaccination due to incomplete information
  - Facilitates identification of patients if there are cha the vaccine schedule

Community: Vaccine Registries allow identification of populations at risk for targeted outreach to improve vaccination rates and reduce disease

Mapping of HPV Vaccine uptake in Iowa

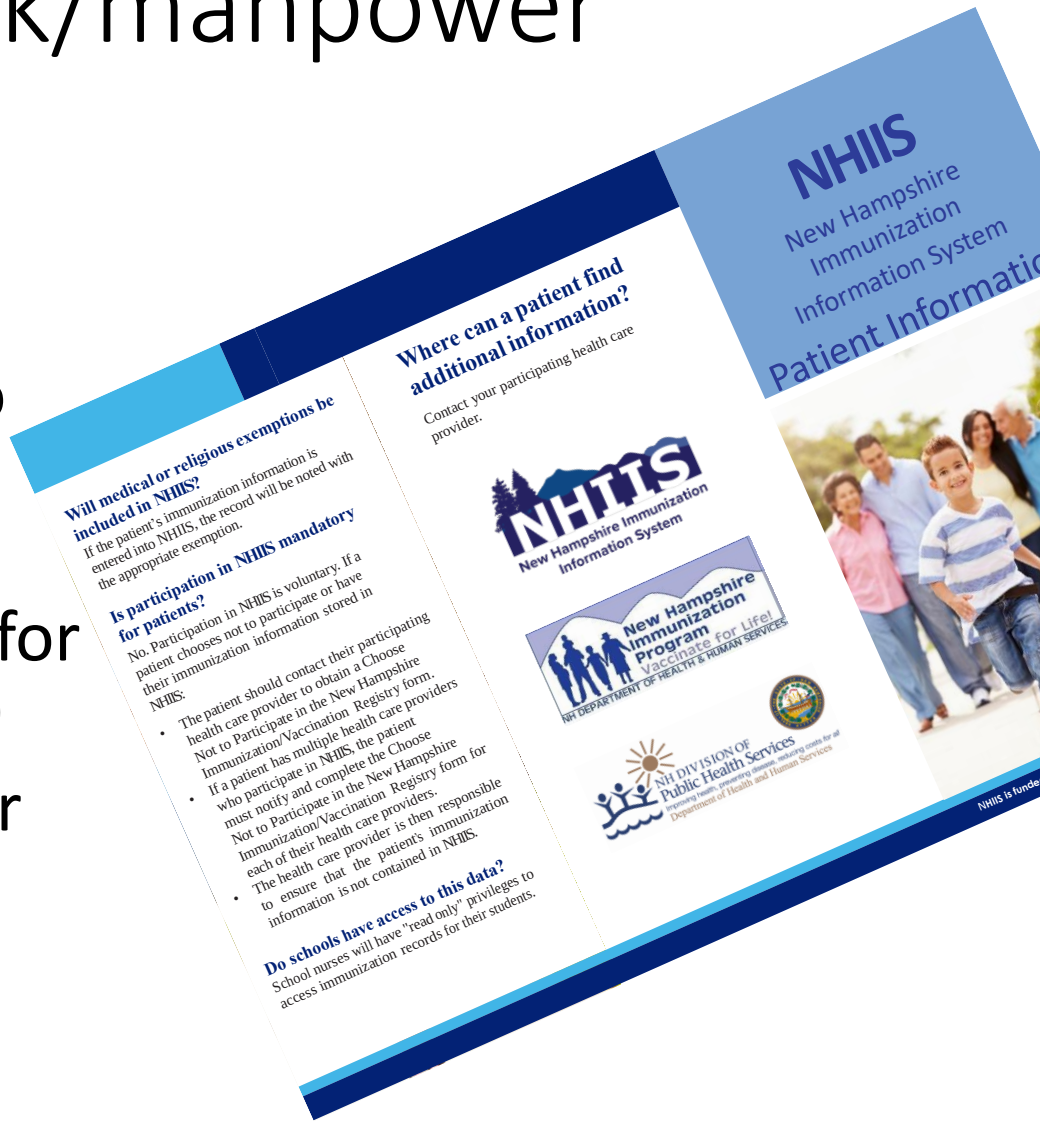


In 2013, in response to an epidemic in Vermont, NH health officials called schools throughout NH to determine if kids were vaccinated against whooping cough.

A vaccine registry would have eliminated this manpower need

Vaccine Registries: Opt-Out far superior to Opt-In in terms of paperwork/manpower

- BOTH allow choice and convenience for parent/patient
- Current state: Opt-Out requires a signature to not include in registry, followed by scanning to chart
- Opt-In would require a signature which is a BARRIER to participation, requires paperwork for more patients (since most want to participate)
- Only Texas and Montana are Opt-In, remainder are Opt-Out
- ALWAYS have the option to remove from database with signature



In Sum:

Vaccines are good for Individual, Family and Community Health

Vaccine *registries* are good for Individual, Family and Community Health (and opt-out is better!)

2022 NH Legislation: Public Health Overview

Public Health Infrastructure

HB 1606 – opt-in immunization registry

Pediatric Policy

HB 1241 – prohibit a school district from mandating a COVID-19 vaccination

HB 1379 – DHHS rulemaking authority re immunizations

HB 1633 – requiring COVID-19 vaccination for school attendance

SB 288 – prohibiting requiring COVID-19 vaccination for school/care enrollment

Healthy Communities

HB 1604 – conscientious exemption

HB 1210 - exemption from vaccine mandates

HB 1455 – state enforcement of federal vaccination mandates

2022 NH Legislation: Public Health Bill Status

Public Health Infrastructure

HB 1606 – opt-in immunization registry
House HHS recommended OTP (pass) as amended
Will be voted on by the full House before 3/31

2022 NH Legislation: Public Health Status

Pediatric Policy

HB 1241 – prohibit a school district from mandating a COVID-19 vaccination
House Education recommended OTP (pass) 10-8; full House will vote before 3/31

HB 1379 – DHHS rulemaking authority re immunizations
House voted OTP (169-164) with amendment
Will be introduced to the Senate, likely Senate HHS

HB 1633 – requiring COVID-19 vaccination for school attendance
Failed in the House

SB 288 – prohibiting requiring COVID-19 vaccination for school/care enrollment
Senate Health and Human Services Committee to make a recommendation to the Senate;
Full Senate will note before 3/31

2022 NH Legislation: Public Health Status

Healthy Communities

HB 1604 – conscientious exemption
Passed House 176-174 and referred to House Finance
HB 1210 - exemption from vaccine mandates
House voted OTP (181-155) with amendment
Will be introduced to the Senate
HB 1455 – state enforcement of federal vaccination mandates
House voted OTP (174-159)
Will be introduced to the Senate

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NH Legislative Resources

- **NH General Court website**: The General Court of New Hampshire
  - **www.gencourt.state.nh.us**

- **Find your Representative**: The New Hampshire House of Representatives
  - **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**

Reminders

- Next session on April 6th: Social Safety Net Bills
- Enter name, organization, and email into chat
- Didactic recordings and notes from the session will be are posted on the D-H ECHO website:

  https://www.dartmouth-hitchcock.org/project-echo/enduring-echo-materials

The Political Determinants of Health

Policies to Advance the Health & Economic Prosperity of New Hampshire Communities: Session 1

Sponsored by the Dartmouth Hitchcock Office of Government Relations

In Partnership with

New Hampshire MEDICAL SOCIETY
ADVOCATING FOR PHYSICIANS & PUBLIC HEALTH SINCE 1791

NEW HAMPSHIRE PUBLIC HEALTH ASSOCIATION
Improving Health, Preventing Disease, Reducing Costs for All

newfutures

New Hampshire Hospital Association

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The Series

Examining the potential health impact of proposed bills

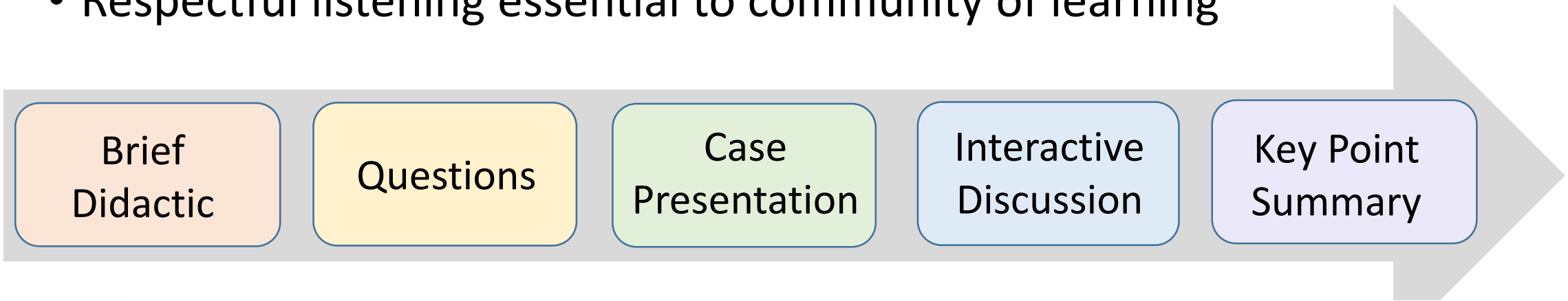
- Overview of Social and Political Determinants of Health, 3/9
- Immunization & COVID Safety Bills, 3/23
- Social Safety Net Bills, 4/6
- Health Infrastructure Bills, 4/20
- Access to Healthcare - Geography and Workforce Bills , 5/4
- Influencing Macro Change – A Call to Action, 5/18

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



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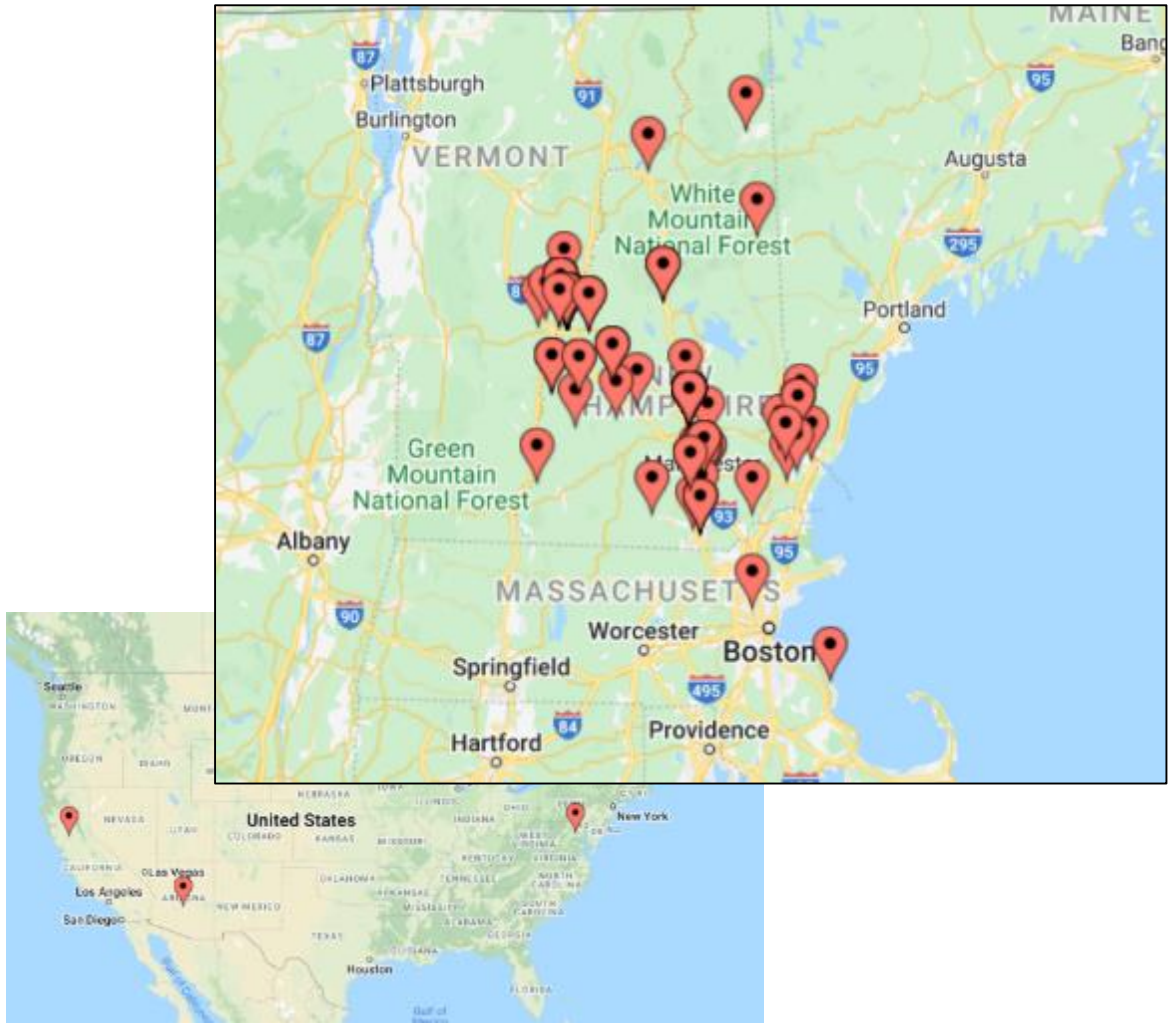
Notes

- 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

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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

Todays 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.

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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

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Sources: NH Wisdom, NH Hospital Discharge Data set, D-H, NLH, MAHHC 2019 CHNAs , COVID 19 dashboard accessed 2/21/22

Today's discussion

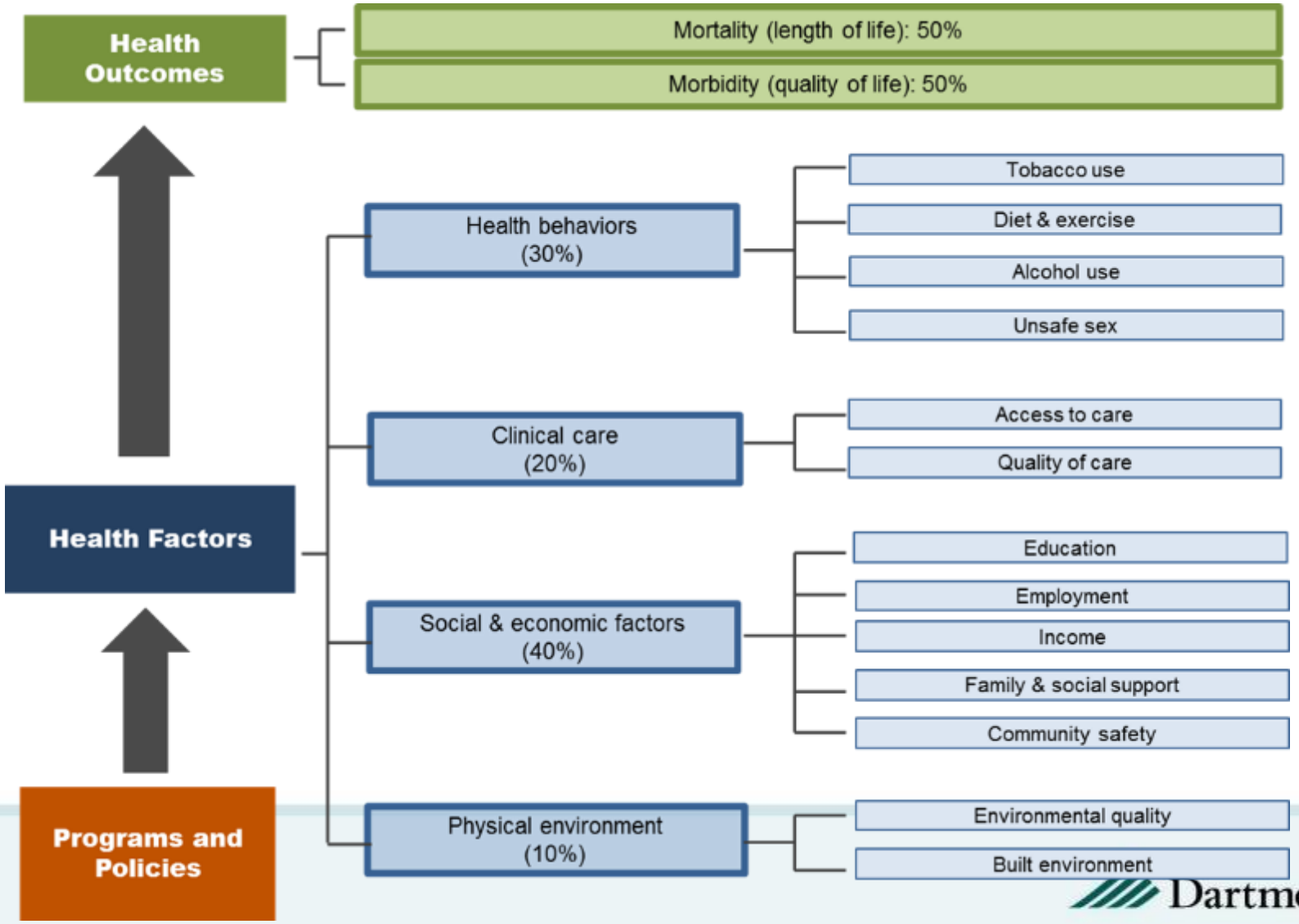
- Recognize that health outcomes are largely impacted by factors outside of the services delivered in the hospital and clinic
- Understand the health of our population deeply impacts our prosperity and economic vitality
- Demonstrate why we need to work "upstream" and address the social and political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

World Health Organization

Social Drivers of Health



https://www.countyhealthrankings.org/

Five Most Pressing Social Determinants of Health

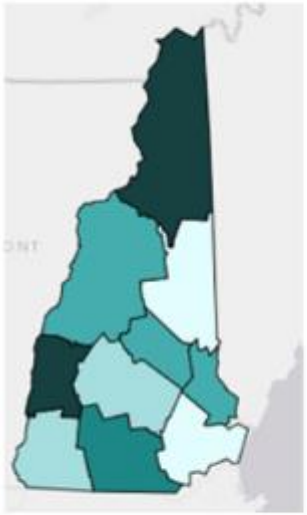
	Housing	Food	Economics	Interpersonal	Education
Examples	• Housing quality and instability • Neighborhood violence	• Inaccessible, unaffordable healthy food • Disconnection from benefits (e.g., SNAP)	• Insufficient wages • Lack of insurance coverage	• Social isolation • Discrimination • Provider bias	• Health illiteracy • Lack of language skills • Quality of public schools
Impact	**26-36** Years of reduced life expectancy for those experiencing homelessness[3]	**74%** Of food insecure households had to choose between paying for food and medicine[4]	**2x** Greater mortality risk for Medicaid beneficiaries vs. private insurance[5]	**26%** Increased risk of mortality resulting from loneliness[6]	**9 years** Gap in life expectancy for those without a high school diploma vs. college graduates[7]

Advisory Board Research Brief 2019

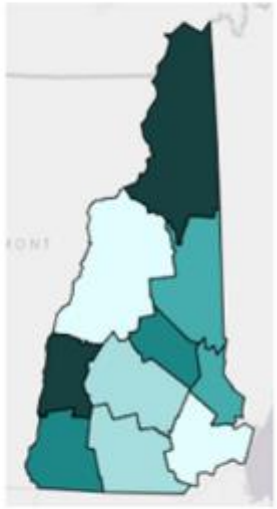
When it comes to health, your zip code matters more than your genetic code

Socio-Economic Markers

% households with < high school education

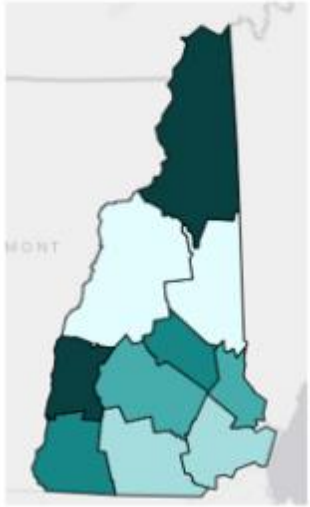


% population receiving food stamps/SNAP

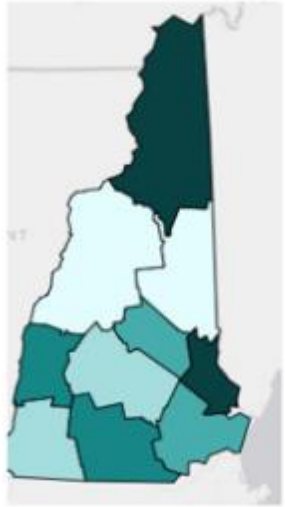


Chronic Medical Conditions

% of adult population with obesity

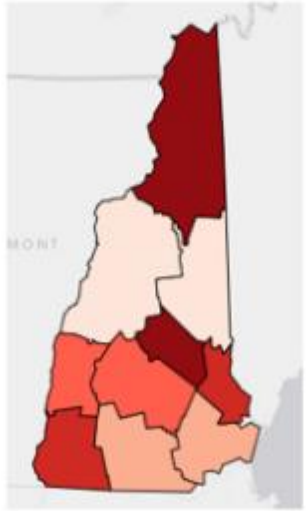


% of adult population with diagnosed diabetes



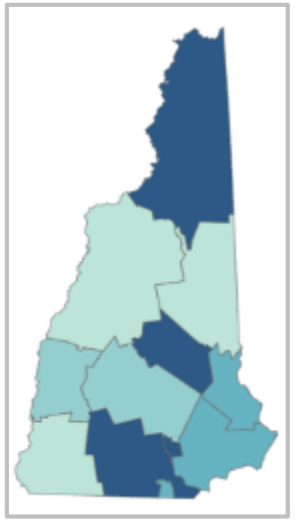
COVID Outcomes

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.

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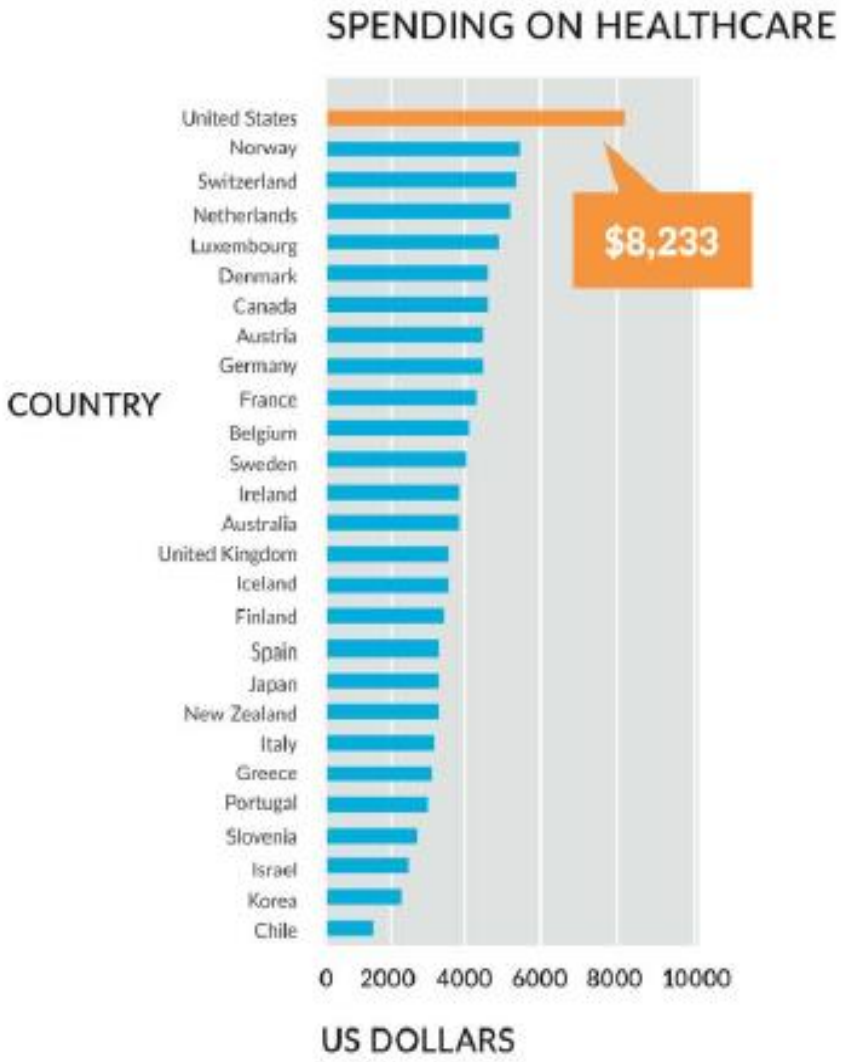
Community Health and Economic Prosperity. US Dept of Health and Human Services. Jan 2021.

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



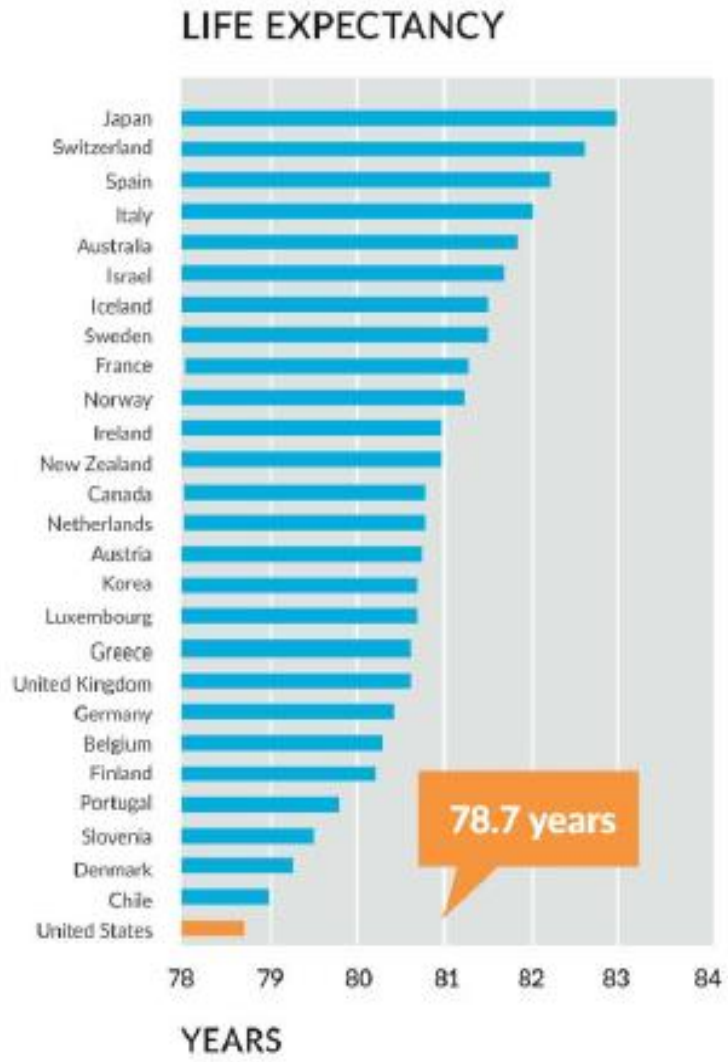


Table 1.2 Indirect costs to U.S. employers due to diabetes

Problem	Productivity losses	Costs ($ billion)
Reduced productivity days among persons not in labor force	14 million days	2.3
Work days absent	14 million days	3.3
Mortality	277,000 deaths	19.9
Reduced performance at work	114 million days	26.9
Reduced labor force participation due to disability	182 million days	37.5
Total	—	89.9

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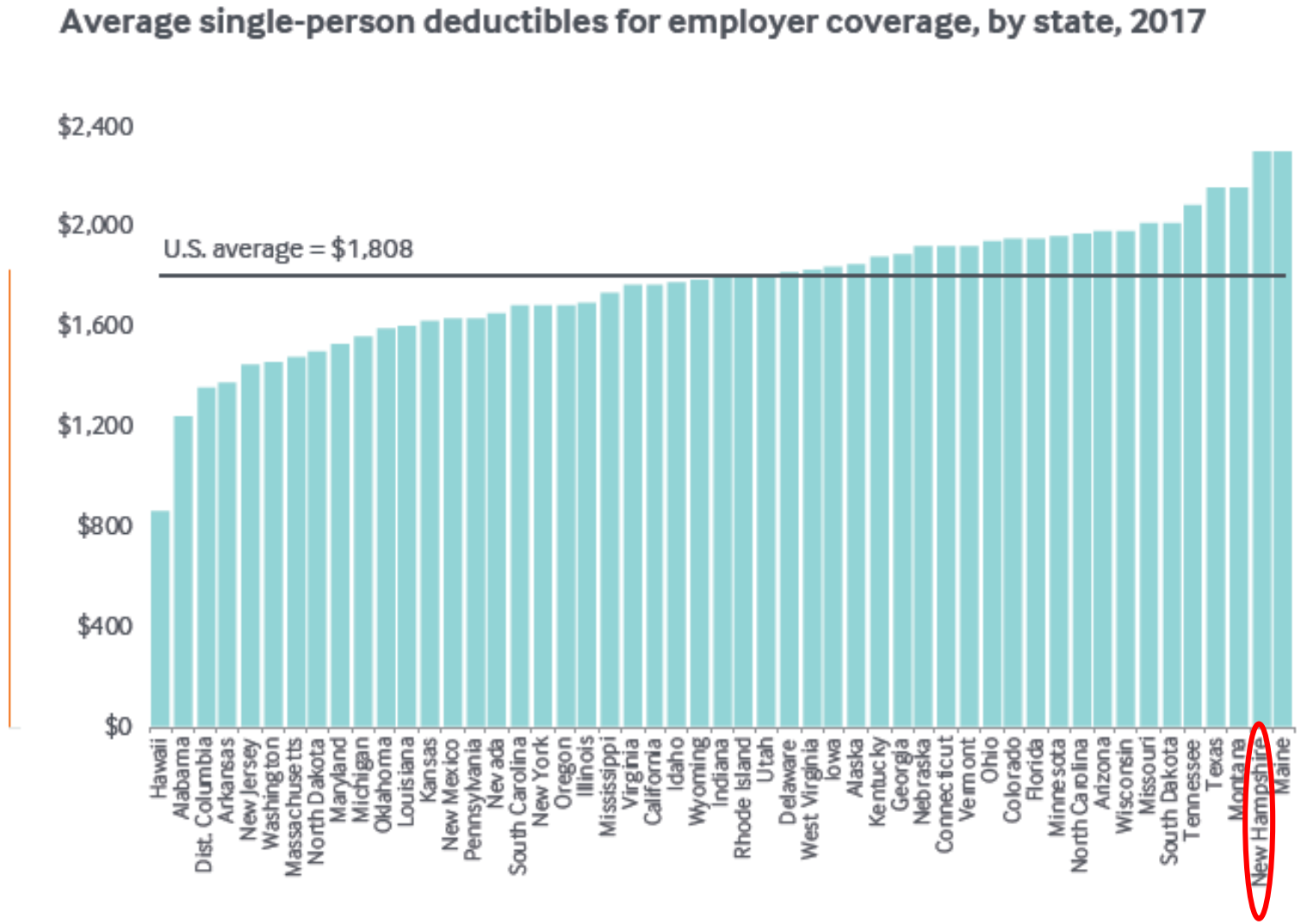
Community Health and Economic Prosperity. US Dept of Health and Human Services. Jan 2021.

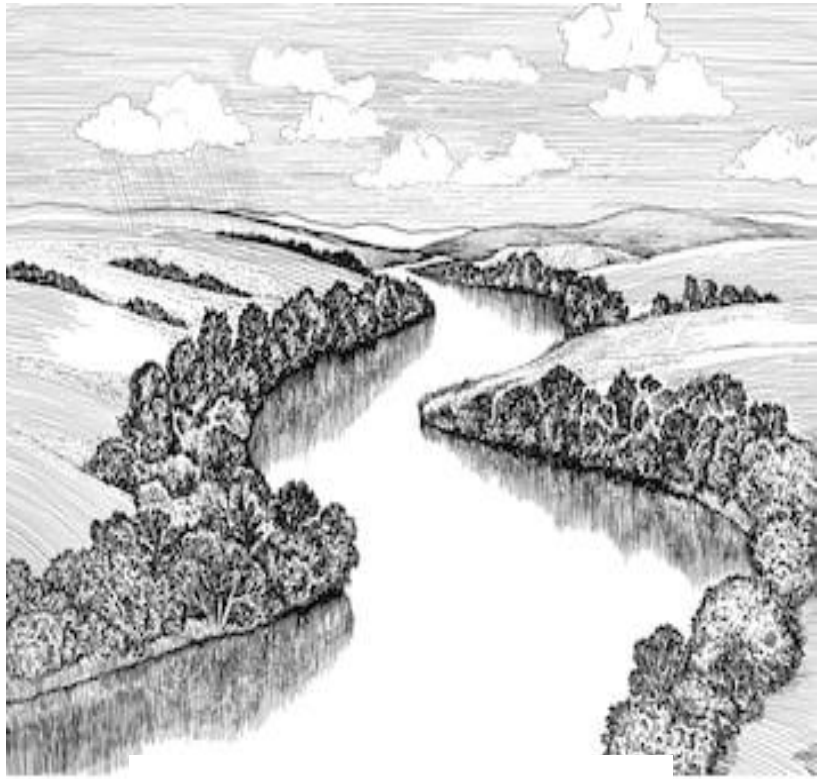


Increase in the average deductibles in New Hampshire is one of the highest in the US (second only to VT)

Commonwealth Fund Dec 2018

Upstream

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



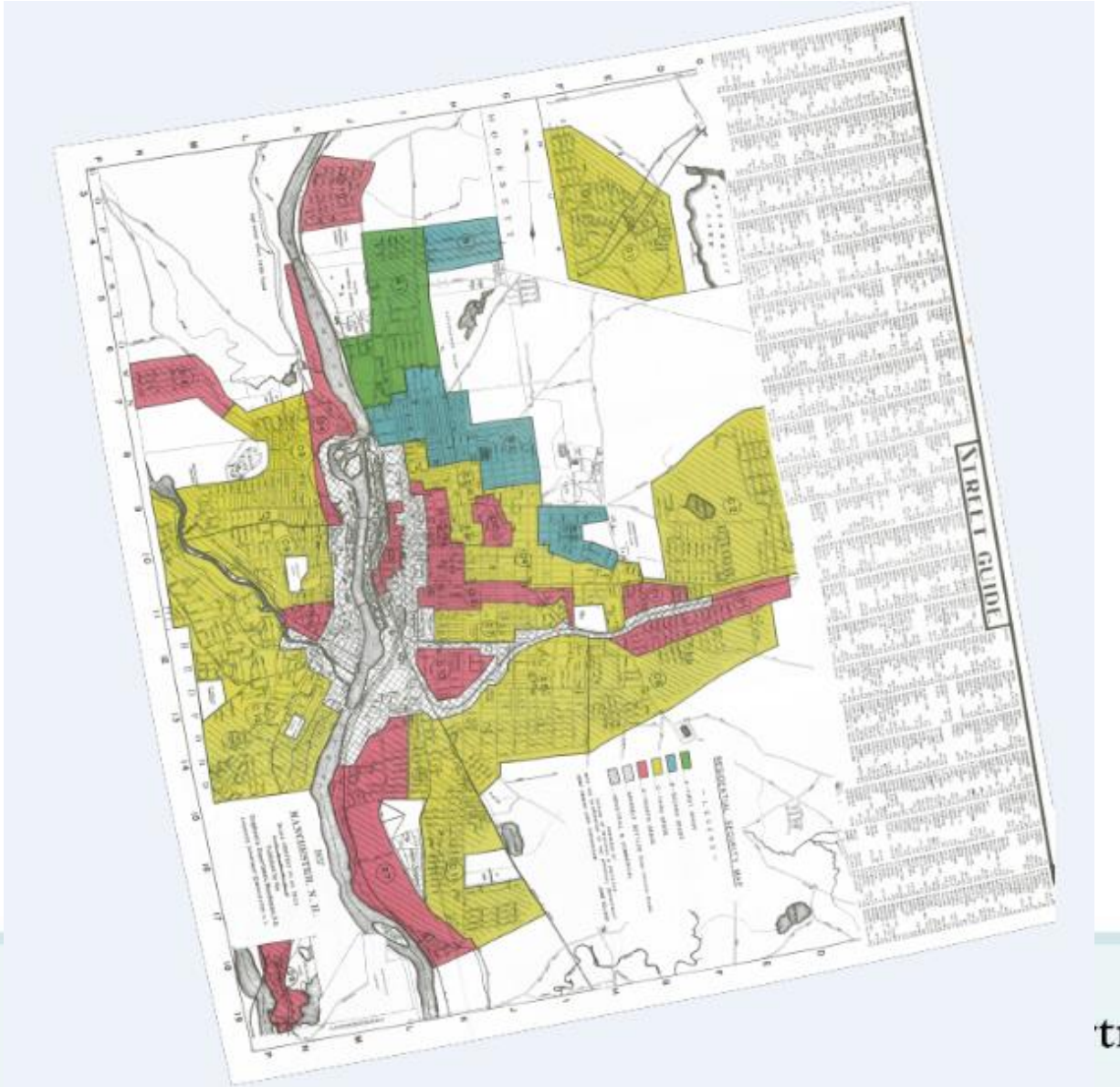
Midstream

Assisting patients where they live

Downstream

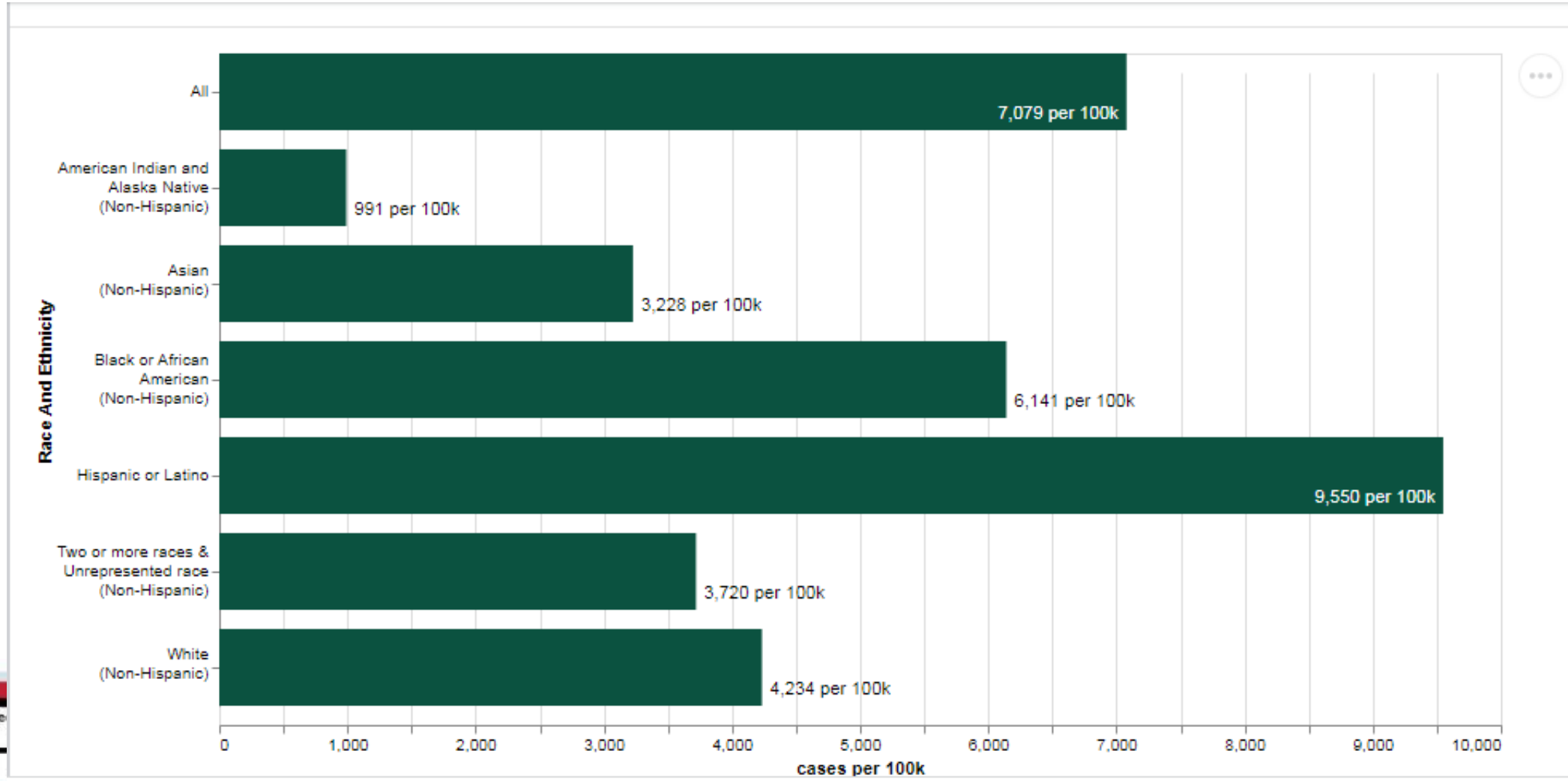
Caring for patients in our hospitals, clinics

Manchester NH
Redlining



https://dsl.richmond.edu/panorama/redlining

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



https://healthequitytracker.org

Political Determinants of Health

Three major aspects of the political determinants of health:

1. Voting
2. Government
3. Policy

Dawes, Daniel. The Political Determinants of Health. Johns Hopkins Press. 2020

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.

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…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.

Mishori, Ranit. Vol 57, No. 7. Medical Care 2019

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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/