



# New Hampshire State Health Assessment and State Health Improvement Plan Advisory Council

February 19, 2021



# Meeting Hygiene

- Be present
- Assume good intentions and take responsibility for impact (ouch and oops)
- Be able to express as much vulnerability as you are able to offer — It's ok to be raggedy
- Be open to another perspective
- Be ready to actively listen
- Expect and accept non-closure — we are a work in progress
- Honor Confidentiality
- Step Up/Step Back (3-4 voices before me)

Endowment for Health” Race & Equity in New Hampshire: Building Foundations for the Future.” <http://www.endowmentforhealth.org/what-we-fund/advancing-health-equity-for-racial-ethnic-and-language-minorities/symposium-on-race-and-equity-in-nh>



# SHA Vision and Clarifying Statements

All people in NH have equitable opportunity to flourish and achieve optimal mental, physical, social, spiritual, and emotional wellness.

- Equity is shaped at state and local levels such that individuals and communities have equitable access to opportunities
- Wellness happens where people live, learn, work, and play
- People include individuals and families across the lifespan



# Agenda

1. Welcome and *Virtual* Hellos
2. Approval of Minutes
3. Subcommittee on Community Engagement
4. Legislative Update
5. Data Discussion on Domain 4
6. Public Comment

A dark blue, irregular ink blot or splash shape is centered on a white background. The blot has a textured, painterly appearance with some lighter blue and white speckles around its edges. Inside the blot, the text "Community Engagement Subcommittee" is written in a white, sans-serif font, centered and stacked in three lines.

# Community Engagement Subcommittee

NH SHA/SHIP



# Members

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Marie-Elizabeth Ramas, Chair

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Bobbie Bagley

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Julie Bosak

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Kirsten Durzy

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Helen Hanks

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Anela Kruscica

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Martha McLeod

---

Heather Phillips

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Daisy Pierce

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Ed Shanshala

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Kerran Vigroux

*With resource and logistical  
support from:*

- DPHS
- Community Health Institute/JSI
- UNH/IHPP



# Meetings

- November 20
- December 9
- December 16
- December 18
- January 8
- January 13
- January 15
- January 28



*9.5 MEETING HOURS = 104.5 VOLUNTEER HOURS!*



# Outputs

- Create shared understanding of group's purpose
- Clarified community engagement goals
- Identified community survey objectives
- Conducted review of available survey tools / question sets
- Finalized survey tool
- NEXT: Testing survey before it goes to field in early March





# SHA Data Collection Domains and Subcategories

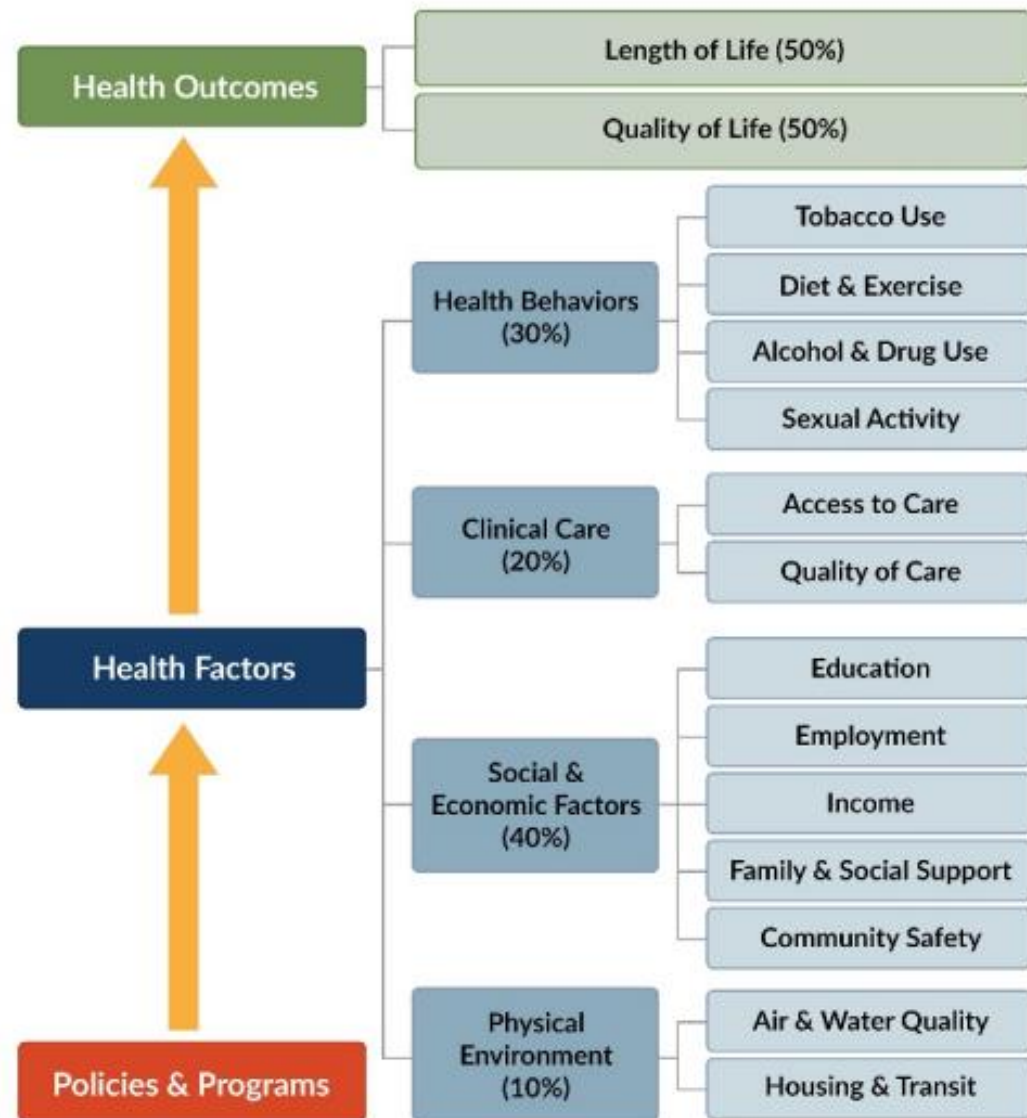
- Demographics
- Domain 1: Access to Opportunity
  - Subcategory: Education
  - Subcategory: Fiscal Health
  - Subcategory: Housing
- Domain 2: Community
  - Subcategory: Community Assets and Resources
  - Subcategory: Commuting Patterns
  - Subcategory: Crime
  - Subcategory: Environmental Health
  - Subcategory: Infrastructure
- Domain 3: Health Status and Outcomes
  - Subcategory: Access and Utilization
  - Subcategory: Birth Outcomes
  - Subcategory: Cost of Care
  - Subcategory: Health Outcomes
  - Subcategory: Healthy Living
  - Subcategory: Vaccination Rates
- Domain 4: Social Connectedness
  - Subcategory: Age Friendly Community
  - Subcategory: Civic Engagement
  - Subcategory: Spirituality



# Social Determinants of Health

## County Health Rankings Model

<https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model>



County Health Rankings model © 2014 UWPHI



# Domain 4: Social Connectedness

- Who we are:
  - **Community Resilience estimates shows geographic variation**
    - Coos County has a higher % of residents with 3 or more risk factors, making the community less resilient (2018 ACS, <https://www.census.gov/acs/www/data/data-tables-and-tools/data-profiles>).
  - **Risk of social isolation among older adults varies geographically**
    - The risk of social isolation is increased in Coos County, compared to the other counties in NH
- Our strengths: Economic indices are favorable for NH
- Our challenges: Likely an area where qualitative information will fill in this story

<https://www.rwjf.org/en/cultureofhealth/about.html>

<https://www.census.gov/data/experimental-data-products/community-resilience-estimates.html>

<https://assets.americashealthrankings.org/app/uploads/2020-senior-state-summaires-download.pdf>

# Community Resilience Estimates (CRE) Risk Factors

- Individual Risk Index designed to measure vulnerabilities and construct the CRE
  - **Risk Index:** A weighted aggregate of the risk factors (RF) that are binary components that add up to 11 possible risks in the index for households (HH) and Individuals (I)

(Note ACS defined risk factor RF1-RF8 and NHIS defined risk factor RF9-RF11)

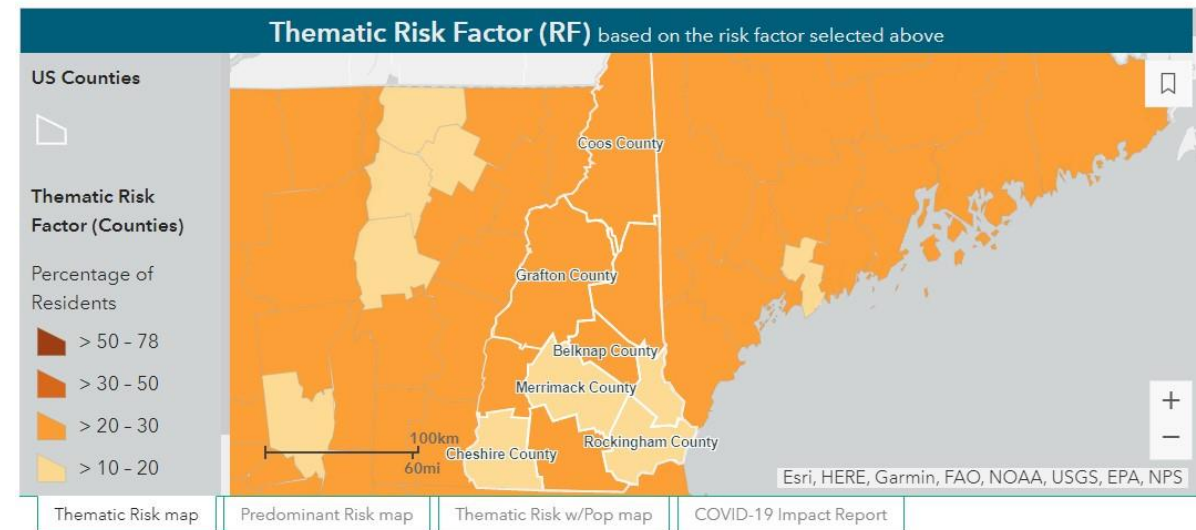
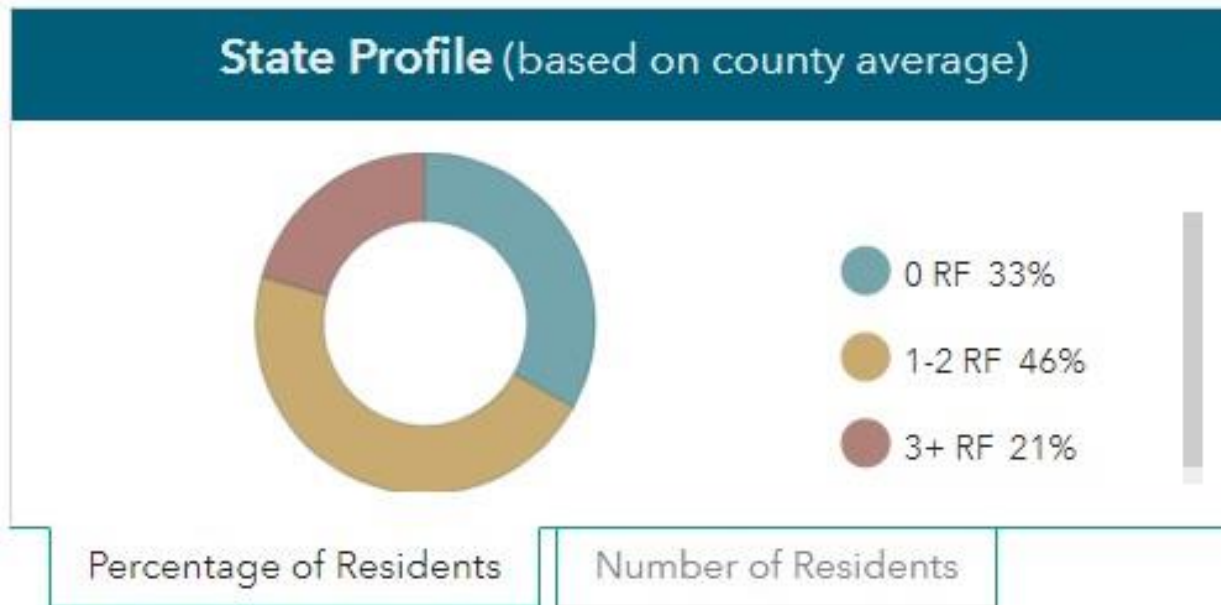
See Technical notes at <https://www2.census.gov/data/experimental-data-products/community-resilience-estimates/2020/technical-document.pdf>

- RF1: Income- to Poverty Ratio <130% (HH)
- RF2: Single or zero caregiver households- only one or no individuals living in the household who are 18-64 (HH)
- RF3: Crowding defines as either (I) Unit-level crowding defines as >0.75 persons per room (HH) or (II) Household resides within a high-density tract defined as 75% of the population living in blocks with greater than 4,000 people per square mile
- RF4: Communication barrier defined as either (I) Linguistically isolated (HH) or (II) No one in the household over the age of 16 with a high school diploma (HH)
- RF5: No employed persons (HH)
- RF6: Disability posing constraint to significant life activity. Persons who report having any one of the six disability types (I): hearing difficulty, vision difficulty, cognitive difficulty, ambulatory difficulty, self-care difficulty, and independent living difficulty.
- RF7: No health insurance coverage (I)
- RF8: Age >= 65 (I)
- RF9: Serious heart condition (I)
- RF10: Diabetes (I)
- RF11: : Emphysema or current asthma (I)

# Community Resilience State Profile, NH

Source: Community Resilience Estimates,. Social,  
Economic, and Housing Statistics Division, U.S.  
Census Bureau

<https://uscensus.maps.arcgis.com/apps/opstdashboard/index.html#/f8fc348e4c99498baf18af09d4401553> June 2020



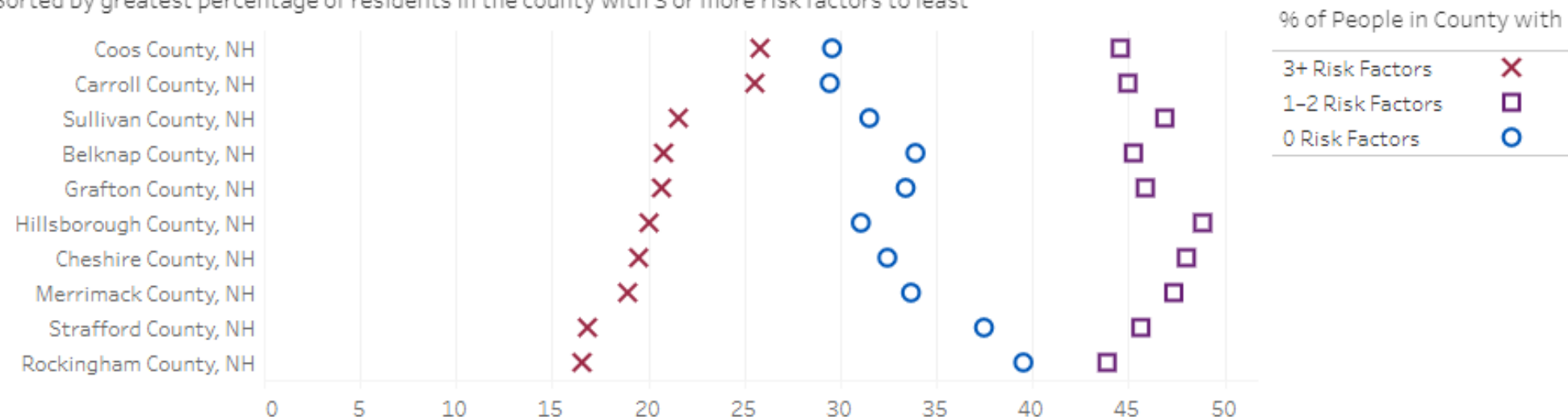
% of NH residents with 3+ RF, by County



# Community Resilience Estimates

## New Hampshire County Estimates

Sorted by greatest percentage of residents in the county with 3 or more risk factors to least



Source: Community Resilience Estimates, Social, Economic, and Housing Statistics Division, U.S. Census Bureau <https://www.census.gov/data/experimental-data-products/community-resilience-estimates.html>. June 17, 2020

Data from the ACS, PEP and NHIS

Community resilience is the capacity of individuals and households to absorb, endure, and recover from the health, social, and economic impacts of a disaster such as a hurricane or pandemic.

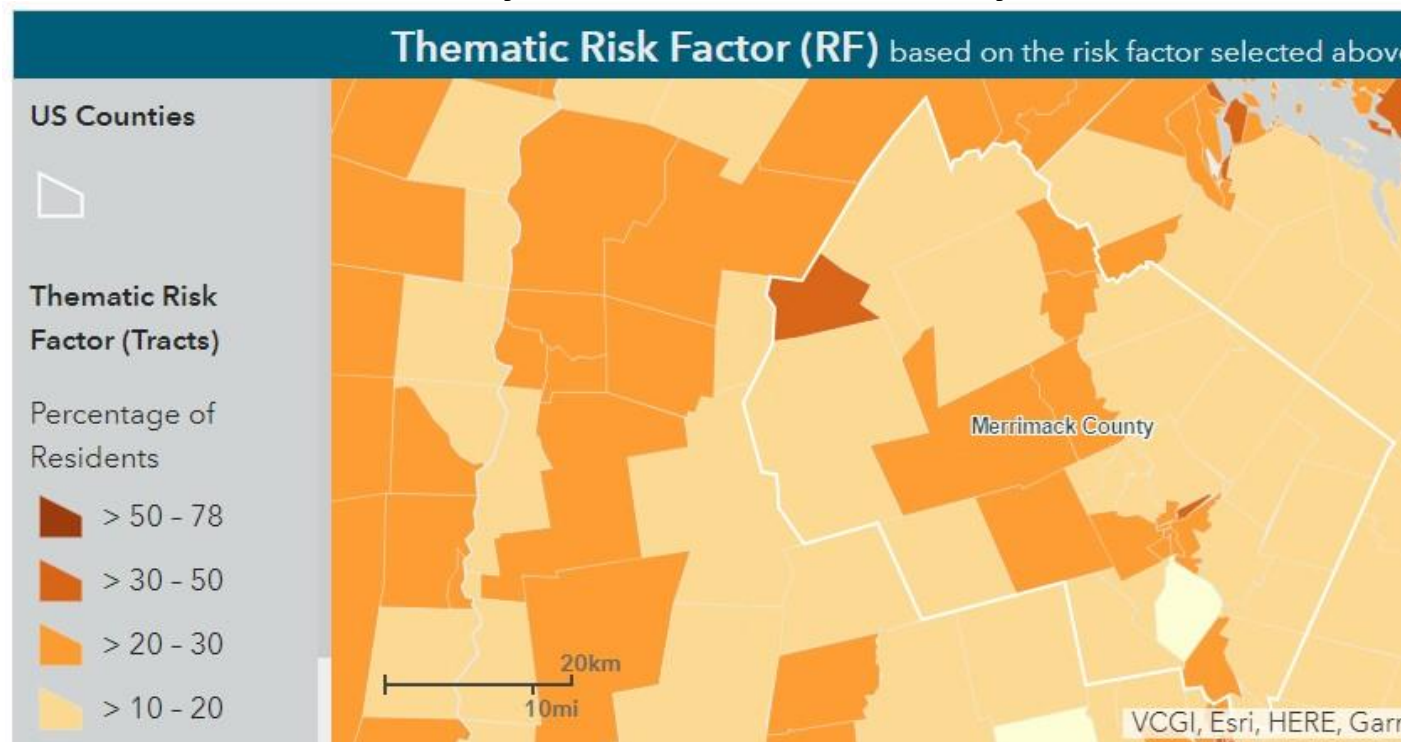
Technical notes at <https://www2.census.gov/data/experimental-data-products/community-resilience-estimates/2020/technical-document.pdf>





# Community Resilience, Geographic Variation

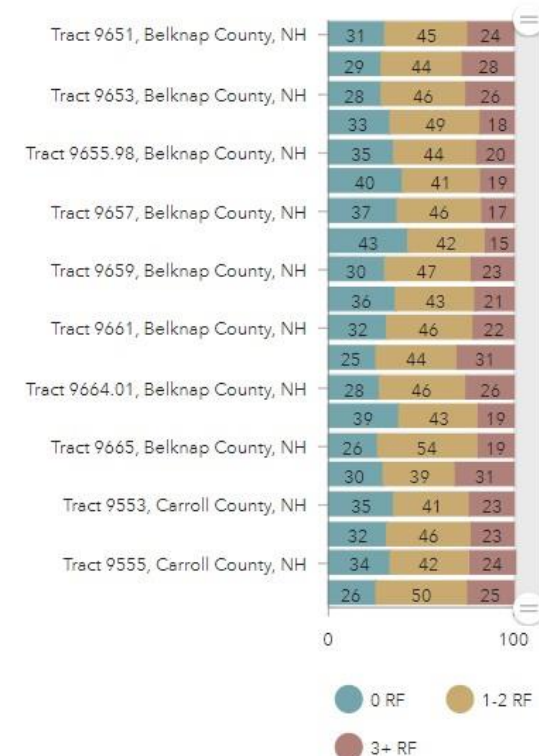
## % of Merrimack county residents with 3+ RF, by Census Tract



### Tract Comparison

Top 20 sorted by percentage of residents with 3+ RF

\*click on a bar to see the location on the map, click again to turn off the selection



Source: Community Resilience Estimates,. Social, Economic, and Housing Statistics Division, U.S. Census

Bureau <https://uscensus.maps.arcgis.com/apps/opstdashboard/index.html#/f8fc348e4c99498baf18af09d4401553> June 2020

County Comparison

Tract Comparison

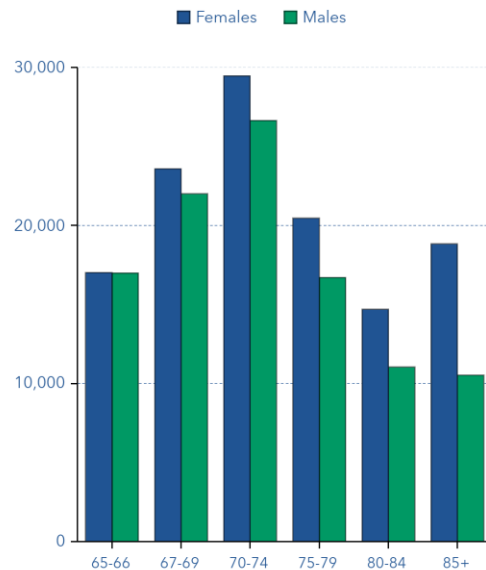


## STATE COVID-19 IMPACT PLANNING REPORT

New Hampshire (FIPS 33)

United States™  
**Census**  
Bureau

### POPULATION 65 AND OLDER



Source: Program Areas

### KEY FACTS

1,343,622

Total Population

528,078

Total Households

2.46

Average Household Size

42.7

Median Age

86.7%

Internet At Home

### BUSINESSES



38,375

Total Employer  
Establishments



612,420

Total  
Employees



\$31,633,130

Total Annual Payroll  
(\$1,000)



\$3,721,979  
Total Accommodation  
and Food Services Sales  
(\$1,000)



108,327  
Total Non-Employer  
Establishments



\$6,435,512  
Total Non-Employer  
Revenue (\$1,000)

### POVERTY



42,371

Households Below  
Poverty Level



38,059

Households Receiving  
Food Stamps/SNAP

### AT-RISK POPULATION



133,165

Households  
With Disability



56,485

Households w/Pop  
65+ Living Alone



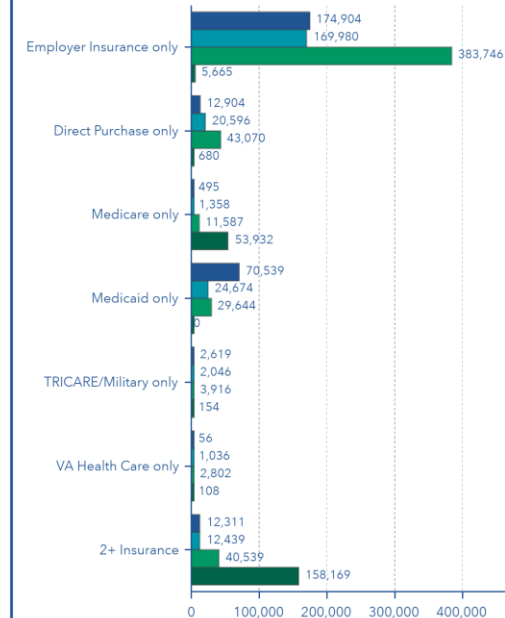
27,300

Households  
Without Vehicle

### HEALTH INSURANCE COVERAGE BY AGE

(Civilian Noninstitutionalized Population)

Pop 0-18 Pop 19-34 Pop 35-64 Pop 65+



Source: Community Resilience Estimates, Social, Economic, and Housing Statistics Division, U.S. Census  
Bureau <https://uscensus.maps.arcgis.com/apps/opsdashboard/index.html#/f8fc348e4c99498baf18af09d4401553> June 2020



# Civil Health Index

## Civic health

“Distinct from, yet interconnected with, other forms of well-being, including physical and mental health and access to basic needs for food, shelter, and clothing. Civic health refers specifically to the ways in which residents of a community (or state) participate in civic activities that strengthen social capital, enhance interconnections, build trust, help each other, talk about public issues and challenges, volunteer in government and non-profit organizations, stay informed about their communities, and participate directly in crafting solutions to various social and economic challenges.”

## Three kinds of civic life

1. **Civic awareness and engagement**—How people become aware of what is going on in their communities and engage in formal and informal opportunities to participate in community activities, particularly in interaction with public institutions and public officials
2. **Connecting in community**—How people connect with each other in community outside of institutions, such as in neighborhoods, and how trust is a key component of those connections
3. **Volunteering and giving**—How people give back to their communities through volunteering and making charitable contributions



# 2020 New Hampshire Civic Health Index:

- UNH Carsey School of Public Policy, estimated release date March 2021
- Provide a comprehensive view of the ways in which those who live in New Hampshire show up and participate in public life
- Focused on ways different groups engage in civic activities as a function of demographic characteristics:
  - Age, educational achievement, gender, social class, and race
  - We know individual health outcomes vary by demographic characteristics
  - Is this true when it comes to civic health
- Central question that have guided the 2020 Index focus on
  - How New Hampshire residents engage with each other
  - How New Hampshire residents participate in community and politics
  - How New Hampshire's demographic groups participate in civic life
- Data sources were US Census Bureau, Community Population Survey, Volunteering and Voting Supplement, and UNH Granite State Poll, Fall, 2019.

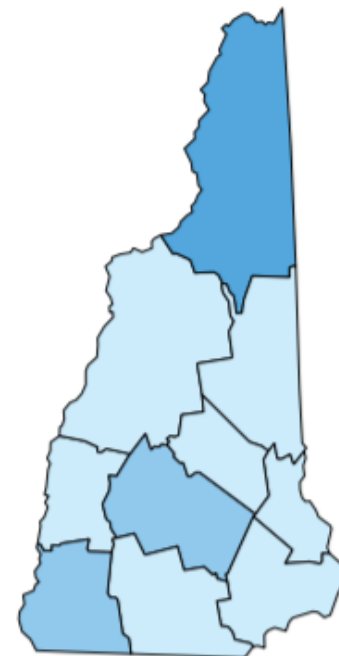


# Risk of Social Isolation, Older Adults

[https://www.americashealthranks.org/explore/senior/measure/isolationrisk\\_sr/state/NH](https://www.americashealthranks.org/explore/senior/measure/isolationrisk_sr/state/NH)

## New Hampshire

Risk of Social Isolation by County



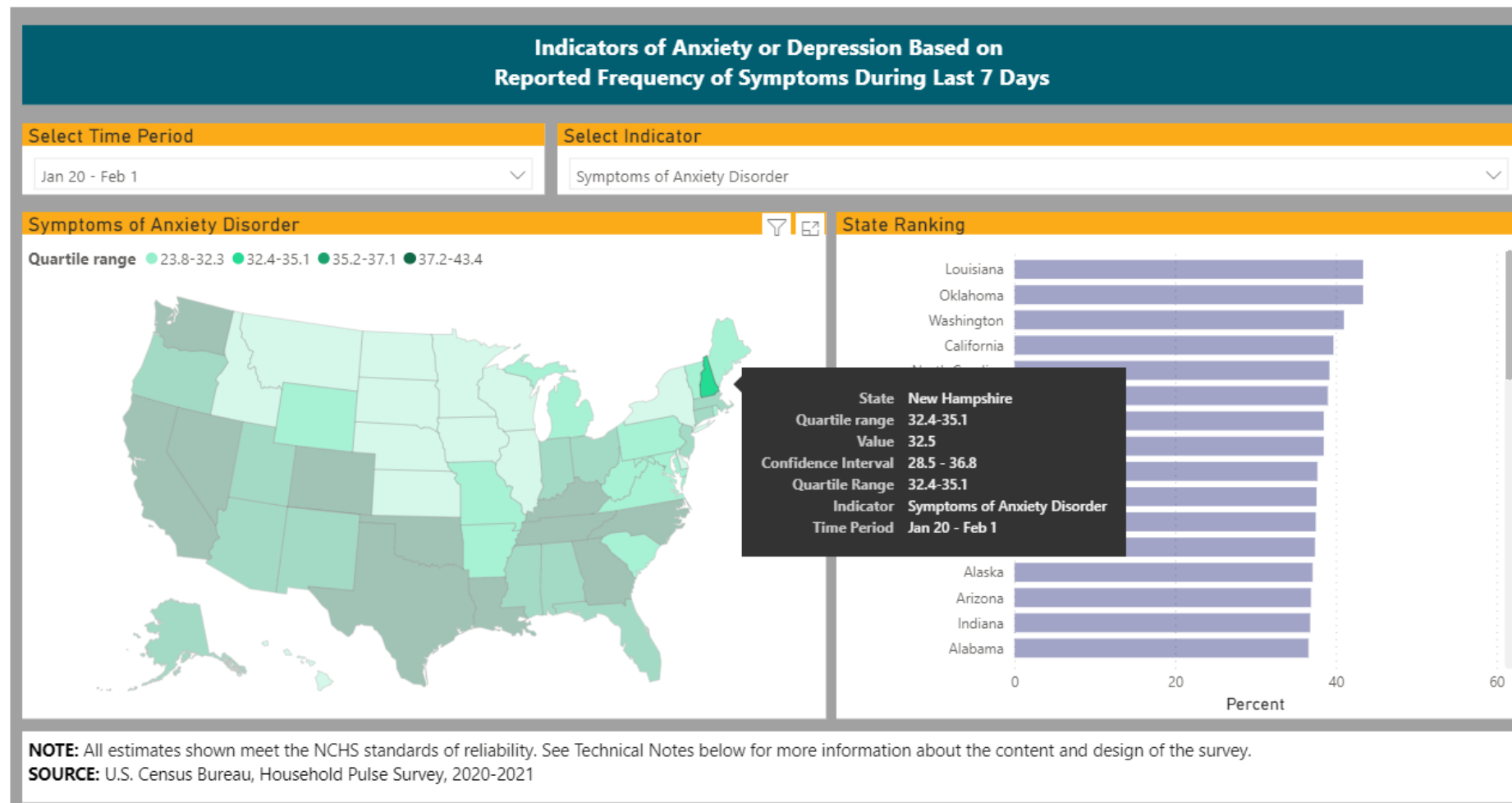
Percentile of the mean z-scores for the following risk factors in adults ages 65 and older: poverty; living alone; divorced, separated or widowed; never married; disability; and independent living difficulty, relative to all U.S. counties

■ ≤ 18th ■ 19th to 38th ■ 39th to 57th ■ 58th to 77th ■ ≥ 78th

Source: U.S. Census Bureau, American Community Survey, 2014-2018



# COVID Impact: Anxiety and Depression During COVID



<https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm>



# Public Comment



# Next Steps

- Upcoming Meetings:
  - March 19
  - April 16