



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

June 3, 2022



Agenda

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|------------------|--|
| 9:30 - 9:40 am | Welcome and Roll Call - Representative Knirk and Bobbie Bagley |
| 9:40 - 9:50 am | Approval of Minutes - Representative Knirk and Bobbie Bagley |
| 9:50 - 10:40 am | Community Engagement Update: Preliminary Report - Hannah Lessels and Katie Robert |
| 10:40 - 11:00 am | Review of Drafted Website Design: Jo Porter and Katie Robert |
| 11:00 - 11:20 am | Overview of facilitation of workgroups - Jo Porter |
| 11:20 - 11:30 am | Public Comment - Representative Knirk |



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



Community Engagement Update

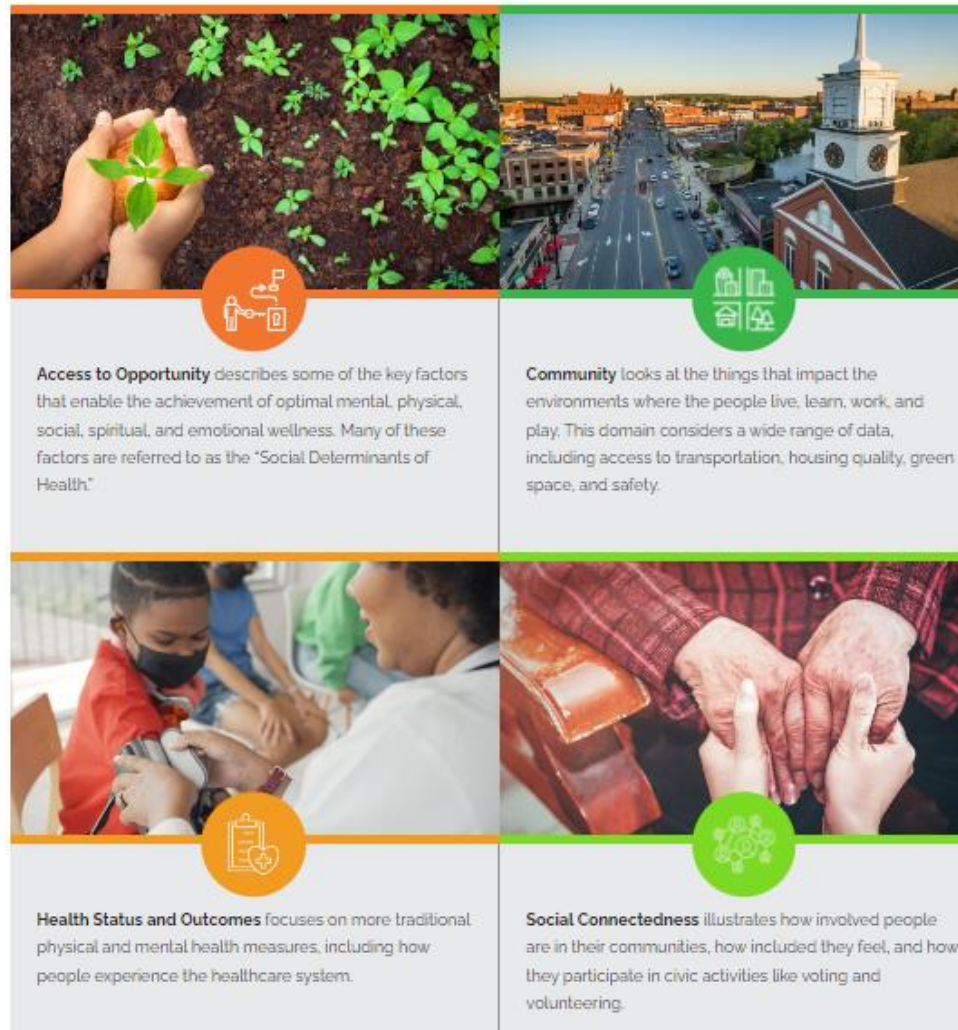


Homepage

Our Framework

The State Health Assessment has been developed using the following domains: Access to Opportunity, Health Status and Outcomes, Community, and Social Connectedness.

Central to this framework are the understandings that health and wellness are defined differently by every person, and that special attention must be paid to the underlying issues that prevent some communities from experiencing the best health possible.





Community

Leading by Community

The SHA relies upon multiple types of data and sources to create the picture of how NH people experience access to opportunity in these areas, including traditional administrative data, such as Census, hospital admissions, and insurance claims. To align with the SHA/SHIP Advisory Council's vision to promote health equity and ensure all people can achieve optimal health and wellness, the SHA is also informed by a number of data sources that represent the experiences of certain communities that have been identified for priority focus in this SHA and resulting SHIP.

Given the absence of systematically collected data on many communities who experience health or wellness related disparities, the SHA/SHIP Advisory Council's Subcommittee on Community Engagement engaged in a deliberative process to narrow a robust initial list of priority communities based on these questions:

- Did the initial statewide Community Engagement Survey show significant different experiences for the community, compared to the overall statewide results?
- Are there recent or ongoing data collection efforts focused on the community in question?
- How difficult was it difficult for a community to access COVID-related information and resources?
- Is it likely that a community's "identity" will be present in other communities?

In 2021, the Subcommittee on Community Engagement recommended the following communities to have special focus in this round of the SHA and SHIP:

- *Communities of color*
- *Refugee and immigrant people*
- *Deaf or hard of hearing*
- *Blind or having low vision*
- *Experiencing any kind of housing insecurity*
- *LGBTQIA+*
- *Experiencing the impacts of incarceration*

The Subcommittee engaged in intensive efforts to collect additional information from these communities through a series of listening sessions and targeted survey recruitment. The experiences shared by members of these communities are incorporated throughout the SHA.



Domain Page (1)

Access to Opportunity

- ☑ Summary
- ☑ Key Findings
- ☑ What does Access to Opportunity look like in NH?
 - ☑ Education
 - ☑ Economic Stability
 - ☑ Food Security
 - ☑ Housing Security
 - ☑ Computer and Internet Security
- ☑ What do we still need to explore?
- ☑ What resources exist to promote Access to Opportunity?
- ☑ Explore More



DHHS Data Portal

The Access to Opportunity section of the SHA describes some of the key factors that enable NH residents to achieve their best mental, physical, social, spiritual, and emotional wellness. Many of these factors, such as education and housing stability, are referred to as the "Social Determinants of Health."

The key factors in this section selected to demonstrate how much access to opportunity NH people have are:

- Education
- Economic Stability
- Food Security
- Housing Stability
- Internet Access

Below, we present key data points within the factor areas that illustrate what Access to Opportunity looks like in our state. We also highlight data points for communities whose experience is very different than what the state level data implies. Whenever possible, we have referenced data that is centrally accessible in the NH Department of Health and Human Services Data Portal's Social Determinants of Health dashboard. Data points that are not available on the NH DHHS Data Portal are linked to their respective sources.

Key Findings

Overall, New Hampshire residents have a better experience than the U.S. as a whole in many areas that create access to opportunity. The state ranked number 1 in the 2021 [Social and Economic Factors in America's Health Ranking](#), which looks at education, food security, and housing data, and other data. However, significant differences exist when comparing data across demographic, geographic, and culture-based communities.

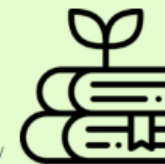


Domain Page (2)

What does *Access to Opportunity* look like in NH?

EDUCATION

NH is an overall well-educated state with high levels of high school graduation and college attendance. Educational attainment differences vary across groups, however. And many recent studies, including the 2021 Community Engagement Survey, have documented challenges families face in accessing high-quality early learning opportunities. Data below reflects the 2015-2019 American Community Survey results.



Adults over the age of 25 with a high school diploma, no college degree:

93%

Statewide

88%

Coos County

79%

Hispanic or
Latino origin

Adults with a four-year college degree, or higher:

37%

Statewide

26%

Hispanic or
Latino origin

18%

Coos County



SHIP Workgroup Planning

- 3 Major Charges to the Workgroup
 - Develop an Impact Statement
 - Identify Strategies for SHIP Consideration
 - Apply the Criteria to Narrow Strategies
- First meeting will identify additional workgroup members to invite
- Cross-cutting and duplicate strategies identified by facilitators
- Check-ins of the full group planned to get broader input
- Developed consistent tools for each workgroup to guide process



Developing an Impact Statement

▲ *Worksheet #1: Develop an Impact Statement*

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

Access to Opportunity

The Access to Opportunity section of the SHA describes some of the key factors that enable the achievement of optimal mental, physical, social, spiritual, and emotional wellness. Many of these factors are referred to as the “Social Determinants of Health.” This section summarizes how these factors vary across the state.

Includes: Education, Computer and Internet Access, Income, Employment, Poverty, SNAP, Housing

Impact Statement:

Prompts/Examples:

Children achieve their optimal development.
Communities support healthy living and healthy aging.
Vermonters have lifelong opportunities for oral health.
Vermonters demonstrate resilience and mental wellness.
Vermont creates social conditions that promote health.

Increase resources needed to meet the challenge posed by drug and alcohol abuse.
Reduce the incidence of morbidity and mortality of chronic cardiovascular disease so residents live longer, healthier lives.
Increase opportunities for residents to be active and eat healthier foods.



Identify Strategies for SHIP Consideration

Worksheet #2: Identify Strategies for SHIP Consideration

Access to Opportunity web content: [NHLivesWell.org Access to Opportunity](https://www.nhliveswell.org/access-to-opportunity)



| Priority Areas and Key Issues ((taken from both the summary statement and highlighted data point)) | Potential Strategies |
|--|----------------------|
| Education <ul style="list-style-type: none">Adults over the age of 25 with a high school diploma and no college degree:<ul style="list-style-type: none">Statewide: 93%Coos County: 88%Hispanic or Latino origin: 79%Adults with a four-year college degree or higher:<ul style="list-style-type: none">Statewide: 37%Hispanic or Latino origin: 26%Coos County: 18% | |
| Economic Stability <ul style="list-style-type: none">People living below the poverty level:<ul style="list-style-type: none">Statewide: 8%Black or African American alone: 20%Hispanic or Latino origin (any race): 16%American Indian and Alaska Native alone: 11%Coos County: 12.5%Median household income in the past 12 months:<ul style="list-style-type: none">Statewide: \$80,175Coos County: \$47,674Female householder with children, no spouse: \$41,605 | |



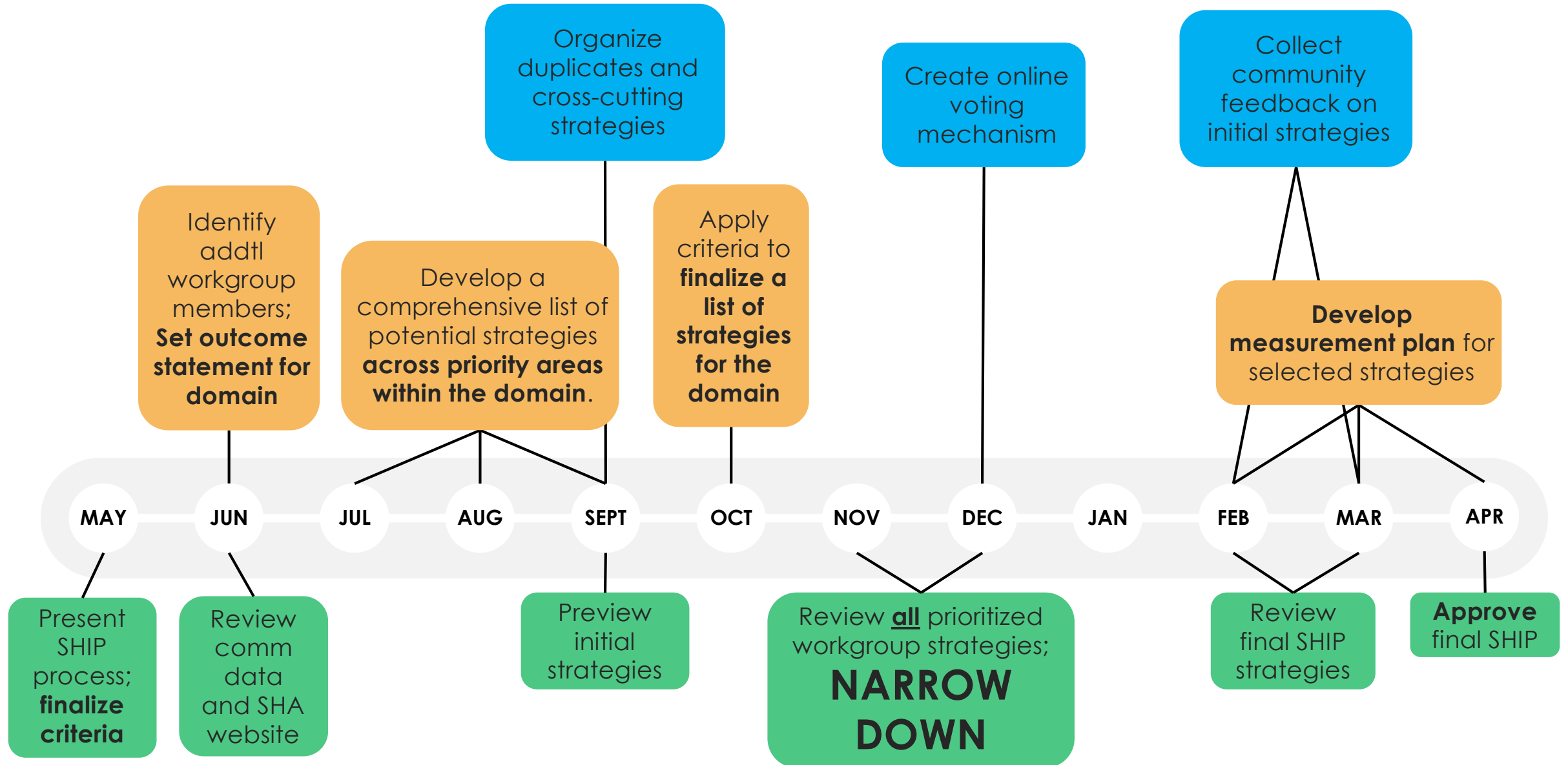
Apply the Criteria to Narrow Strategies

Worksheet #3: Apply the Criteria

| Criteria | Description |
|--------------------------------|---|
| Severity | Does the health indicator reflect health issues with high severity, such as high mortality or morbidity rate, severe disability, or significant pain and suffering? |
| Health equity | Does the health indicator measure issues that disproportionately affect population subgroups? |
| Affects multiple health issues | Is the health indicator a measure of a social determinant that affects multiple health issues? |
| Focus on prevention | Can the problem <u>actually</u> be prevented by attacking a root cause that isn't so lofty that we can alter the trajectory? |
| Magnitude of the problem | Does the health issue affect a large proportion of a population or sub-population? |
| Feasibility | Does the health indicator measure health issues that are feasible to change, <u>taking into account</u> resources, evidence-based interventions, and existing groups working on it? |

| | Criteria | | | | | |
|------------|----------|---------------|--------------------------------|---------------------|--------------------------|-------------|
| Strategies | Severity | Health equity | Affects multiple health issues | Focus on prevention | Magnitude of the problem | Feasibility |
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NH Lives Well: State Health Improvement Planning





Questions, Thoughts, Discussion



Public Comment