

2021 Texas Hypertension Control Summit Series

Session 2 of 4

Hypertension Control and Social Determinants of Health

Tuesday, September 21, 2021 – 12pm - 1:30pm

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Alison P. Smith, MPH, BA, BSN, RN
Emcee
Program Director, Target: BP®

American Heart Association
American Medical Association

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2021 Texas Hypertension Control Summit Series: Session 2 Overview

12:00 PM | Welcome & Introduction

12:05 PM | Health Disparities Data Review

12:15 PM | Community Programs addressing Social Determinants of Health

12:50 PM | Panel Discussion: Hypertension Control and Social Determinants of Health

1:15 PM | Update on Texas Advocacy Initiatives

1:20 PM | Call to Action: Eliminate Disparities in the Treatment and Control of Hypertension

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Eduardo Sanchez, MD, MPH, FAAFP
Chief Medical Officer for Prevention

American Heart Association

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Heidi McPherson, MPH

Senior Project Manager, Co-Lead Health Equity Collective

UT Health School of Public Health

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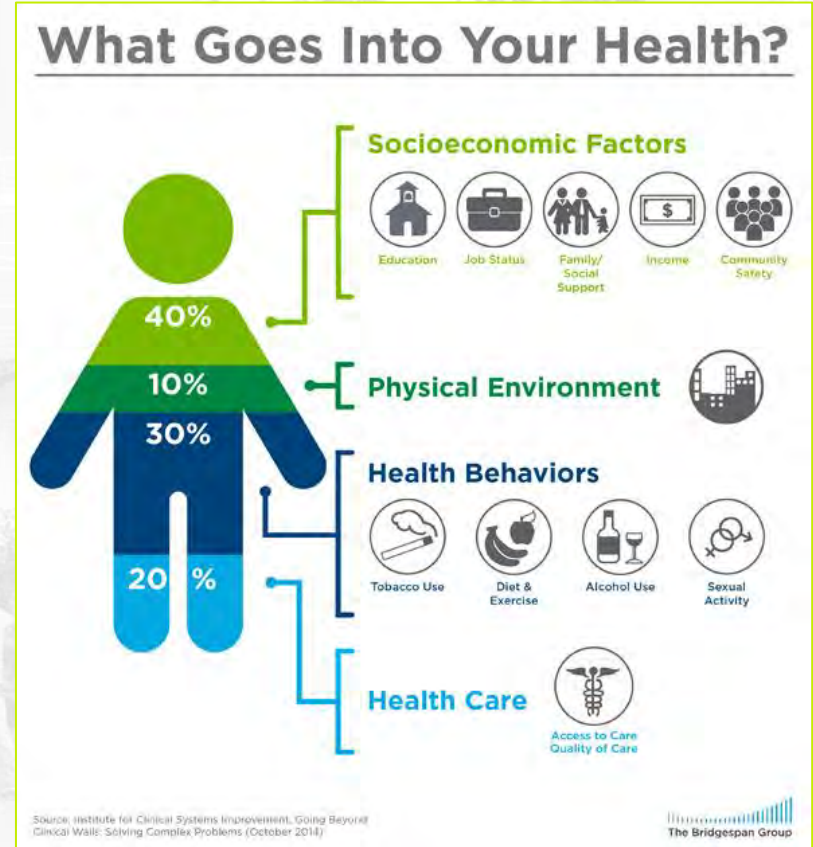
HEALTH EQUITY **COLLECTIVE**

Driving Better Health Together

Social Determinants of Health

“Social determinants of health: Underlying communitywide social, economic, political, cultural, and physical conditions people experience when they are born and as they grow, live, work, and age. All patients experience social determinants of health.”

Source: Texas Medicine, TMA, September 2021

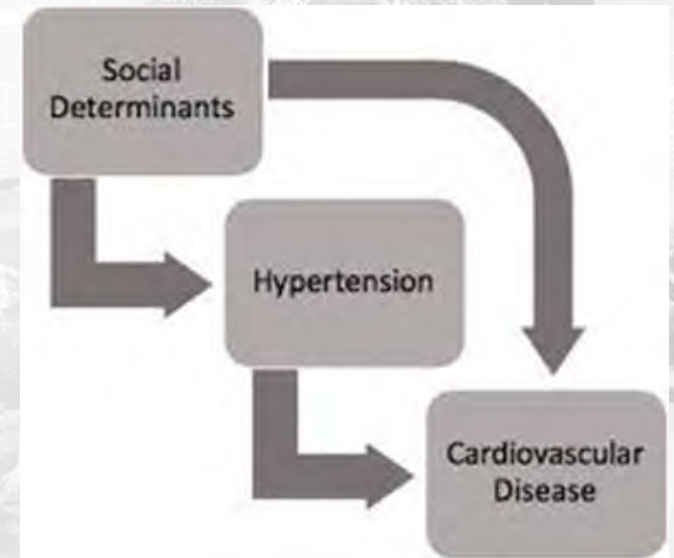


Social Determinants of Health & Hypertension

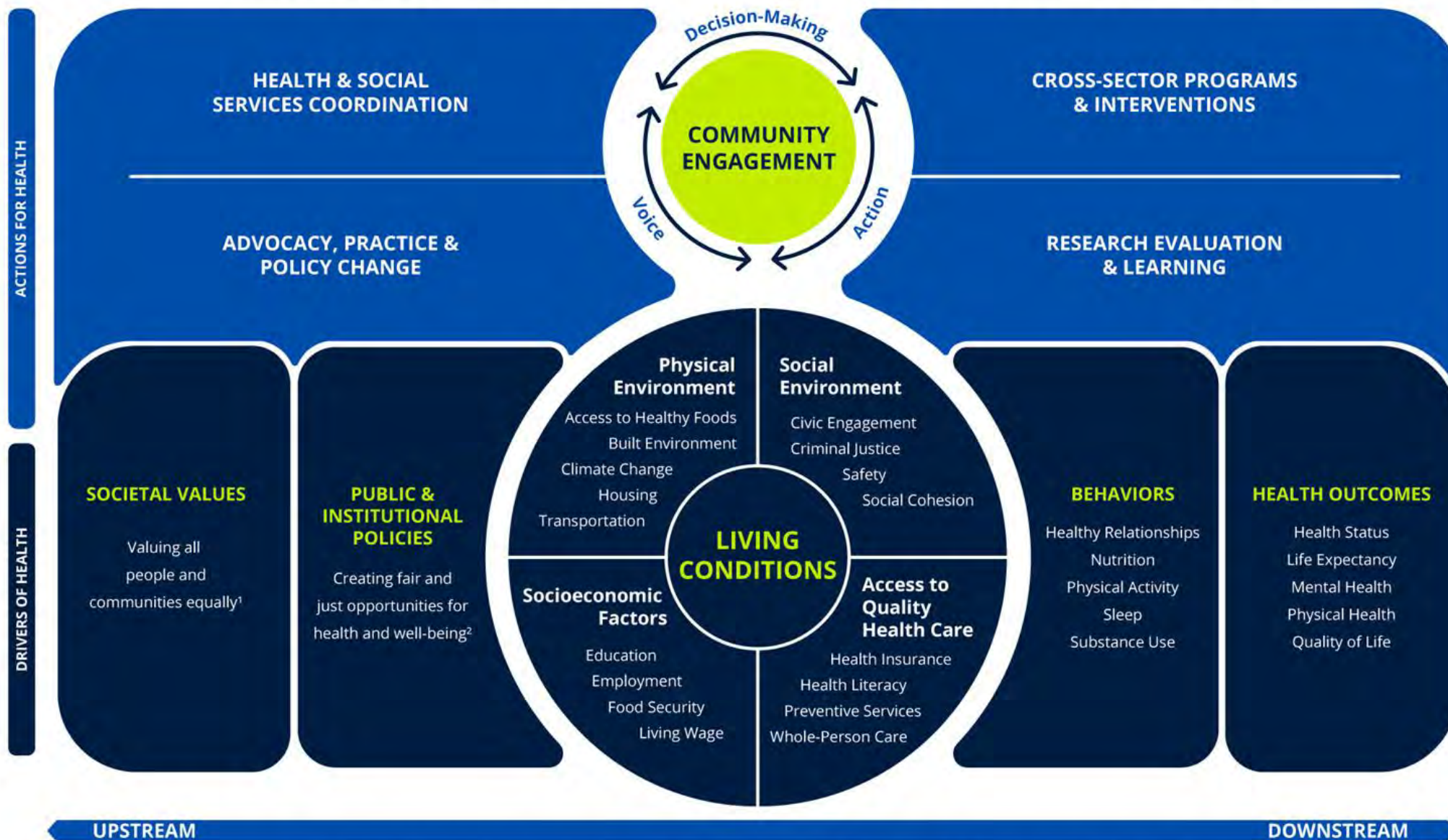
Recent findings:

*“There is opportunity to expand the work on social determinants of health and hypertension. This includes **exploring innovative approaches to identifying at-need individuals and breaking down traditional siloes to develop multidimensional interventions.** New funding and payment mechanisms will allow for providers and health systems to identify and target modifiable social determinants of health at the level of the individual patient to improve outcomes.”*

Source: Doyle, et al, 2019 - Achieving Health Equity in Hypertension Management Through Addressing the Social Determinants of Health



HEALTH EQUITY COLLECTIVE'S FRAMEWORK FOR ACHIEVING BETTER HEALTH TOGETHER



Developed by the Health Equity Collective's Social Determinants of Health Framework & Common Metrics Workgroup and adapted from the Bay Area Regional Health Inequities Initiative. (1) Introduction to Health Equity and Social Determinants of Health (C. Jones), National Academies Press (2019); (2) Robert Wood Johnson Foundation (P. Braveman, et. al.) rwjf.org (2017)
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The Health Equity Collective

- Serving as a long term, durable driver to improve SDOH ecosystem in Greater Houston
- Establishing a data-driven, needs responsive equity-focused network to address SDOH

Who We Are

- Established in Dec 2018
- Beyond quadrupled membership is currently >425 members representing, >140 organizations, and a coalition including >50 coalitions
- Multi-sector action-oriented, collective impact effort to develop a broad, ecosystem for addressing SDOH
- 3 backbone organizations – American Heart Association, Harris County Public Health, University of Texas Health Science Center at Houston

VISION

Health equity for all Greater Houston Area residents.

MISSION

Establish an impactful, collective, sustainable, data-driven system to promote health equity.

PRIORITY POPULATION HEALTH INDICATOR OF SUCCESS

*The Health Equity Collective will reduce **food insecurity** across the greater Houston region by 5% by 2025, and improve health outcomes including **diabetes, obesity, mental health, and COVID-19.***

Formation of Systems To Address SDOH

National

- National Alliance to impact the Social Determinants of Health (NASDOH)
- CIVITAS Networks for Health
- All in One – [Data for Community Health](#).
- Congressional SDOH Caucus
- HHS – Updates to Interoperability Data Standards for SDOH
- COVID Response Funding
- Gravity Project
 - The Gravity Project is doing very deep dives with experts on defining SDOH concepts for the ONC. Then ONC plans on building these into ICD-10 codes for CMS billing. They are calling for public input on new SDOH concepts for consideration.
 - Join the Gravity Project [here](#).

Texas

- Medicaid Studies on SDOH Efforts in Texas
- HHSC efforts to update capacity for 211 system
- Some effort to address the need to organize at a state level:
 - Texas Health Improvement Network
 - Texas 2036
 - It's Time Texas
 - Texas Health Institute
 - Episcopal Health Foundation
 - Dell Foundation
 - United Way

Addressing SDOH as Clinical Providers

Individual Level

- Build capacity for whole person care
- Evidenced-based SDOH screening & referral
- Cultivate clinic to community connections
- Team-based care approaches
- Value-based care strategies

Community Level

- Evolve community health needs assessment
- Understand emergent SDOH data processes and reimbursement opportunities
- Advocate for ecosystem to address SDOH
- Join a multi-sector, social determinants of health coalition near you

THANK YOU

HEIDI M. H. MCPHERSON, MPH
University of Texas Health Science Center
Heidi.McPherson@uth.tmc.edu



Judge Barbara Canales
Nueces County Judge

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Introduction

Located on the coastal bend of the South Texas region, Nueces County is the 16th largest county in Texas, and home to Corpus Christi, the 8th largest city in the state. Much like the rest of the nation and state, the COVID-19 pandemic has exposed and exacerbated health inequities in Nueces County. While all communities have been impacted, Hispanic, low-income and other people of color have faced a disproportionate burden of disease, death, and loss. These inequities are not new, but a reflection of the systemic social, economic, and environmental barriers some communities face, placing them at greater risk before, during, and following a public health crisis. **Emerging from this pandemic a stronger, healthier, and more prosperous Nueces County will require improving community conditions for health and building opportunities for all residents to thrive. Doing so will require an explicit focus on working to achieve health equity. Health equity means everyone has a fair and just opportunity to be as healthy as possible.**

PURPOSE

To develop a first-of-its-kind *Nueces County Health Equity and COVID-19 Dashboard and Summary Report*, with timely, community-centered COVID-19 data and insights to guide an equitable response and recovery for all people in Nueces County.

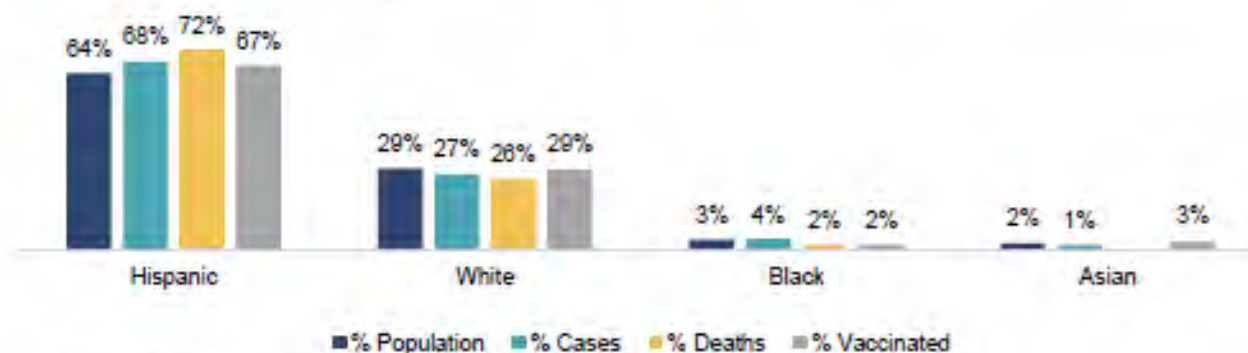
The report analyzes public data on COVID-19 and other health outcomes in the context of broader social, economic, and community measures. Data are complemented by insights from community stakeholders and a scan of community assets and resources.

COVID-19 Has Disproportionately Impacted Communities in the West, North and Central Parts of Nueces County



COVID-19 Cases per 100,000 in Nueces County as of March 2021

Hispanic and Black Residents in Nueces County Have Higher COVID-19 Rates Compared to their Share of the Population



COVID-19 data as of March 2021

Key Takeaways

1

Where a person lives in Nueces County shapes their opportunities for health and how long they live.

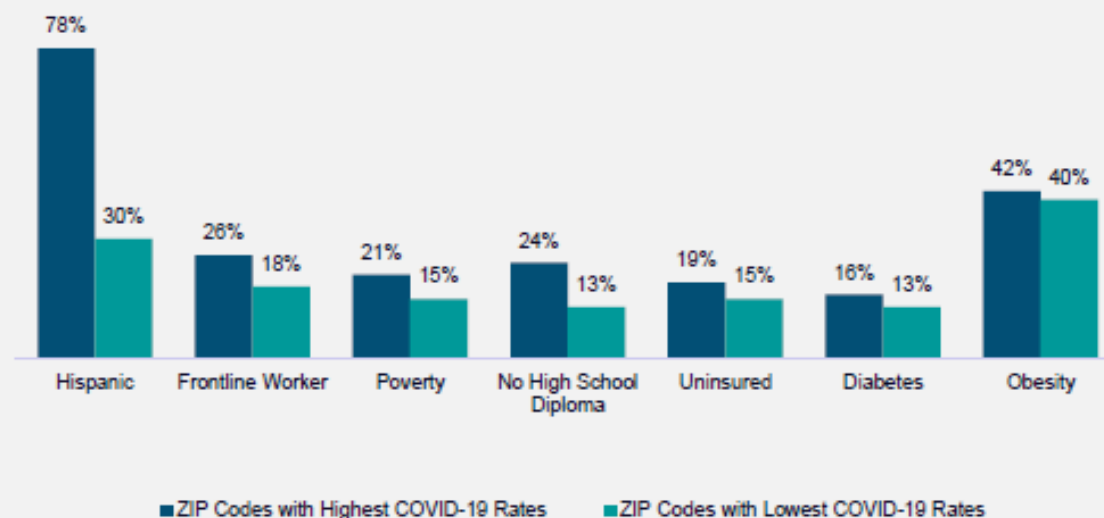
Two neighborhoods, roughly 10 miles apart can vary in average life expectancy by 15 years because of disparities in basic social, economic and environmental opportunities. A resident in a predominantly low-income, community of color in the Northside can expect to live to just 70 years, compared to a resident in a higher-income neighborhood in the East who can live to 85 years in Nueces County.

2

ZIP Codes with the highest COVID-19 rates in Nueces County have higher percentages of Hispanic residents, greater socioeconomic vulnerability, and higher rates of chronic disease.

The top 25% of ZIP codes with the highest rates of COVID-19 have on average higher percentages of residents who are Hispanic, living in poverty, working frontline jobs, having no health insurance, having no high school diploma, and having diabetes and obesity.

ZIP Codes with the Highest COVID-19 Rates per 100,000 Have Higher Percentages of Residents Who are Hispanic, Frontline Worker, Uninsured, in Poverty and with Chronic Disease



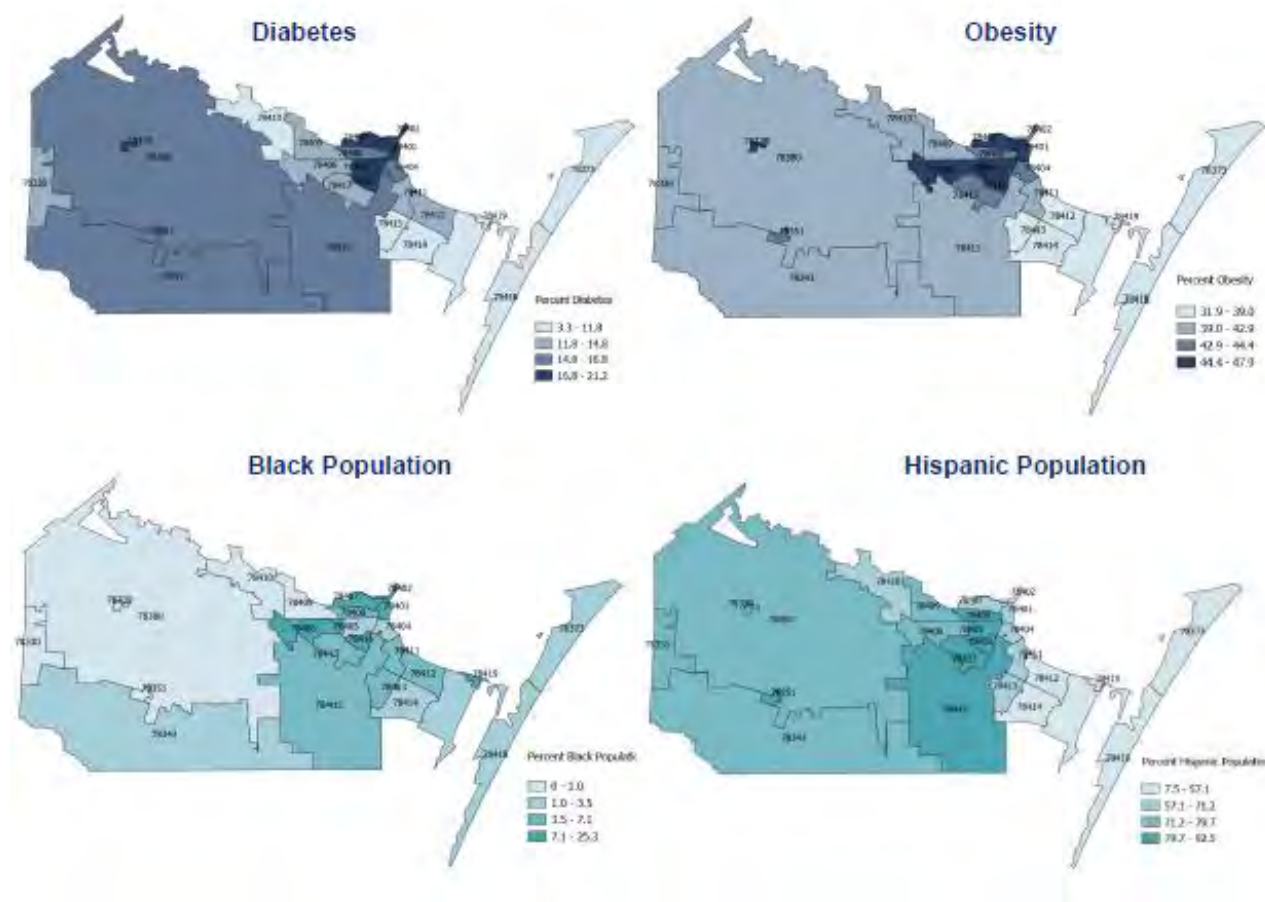
Source: Analysis were conducted with population and socioeconomic data from ACS, 2015-2019, focusing on top and bottom quartiles; COVID-19 cases per ZIP code data from Nueces County Public Health District, 2021; and chronic disease data from BRFSS, 2018.

Key Takeaways

3

Black and Hispanic communities facing the poorest health outcomes in Nueces County today are those impacted by a legacy of discriminatory policies of the past, and at risk for continued disadvantage in the present. Black child mortality and adult prematurely mortality rates are highest in the county. Rates of obesity, heart disease, and diabetes are also among the highest in predominantly Black and Hispanic neighborhoods such as Hillcrest, Washington-Coles and Central City, which have endured the effects of historic redlining and segregation, and have been the focus of litigation alleging exposures to industrial toxins and a more recent environmental justice complaint pursuant to Title VI of the Civil Rights Act of 1964. The cities of Robstown, Bishop and Driscoll—along with the Molina neighborhood—are among the communities also facing a confluence of social, economic, and health challenges. These realities seek redress through administration of cooperative programs (e.g., the recent voluntary relocation of at risk neighborhoods of Hillcrest and Washington-Coles).

ZIP Codes with the Highest Rates of Chronic Disease are Home to Higher Percentages of Black and Hispanic Residents in Nueces County



Source: Chronic conditions acquired through BRFSS, 2018 and population data through ACS, 2015-2019



Mercedes Cruz-Ruiz, CHWI

Community Health Worker Instructor

Health Bridge 4 U

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Emran Rouf, MD, MBA, FACP
Chair of Texas CVD and Stroke Partnership

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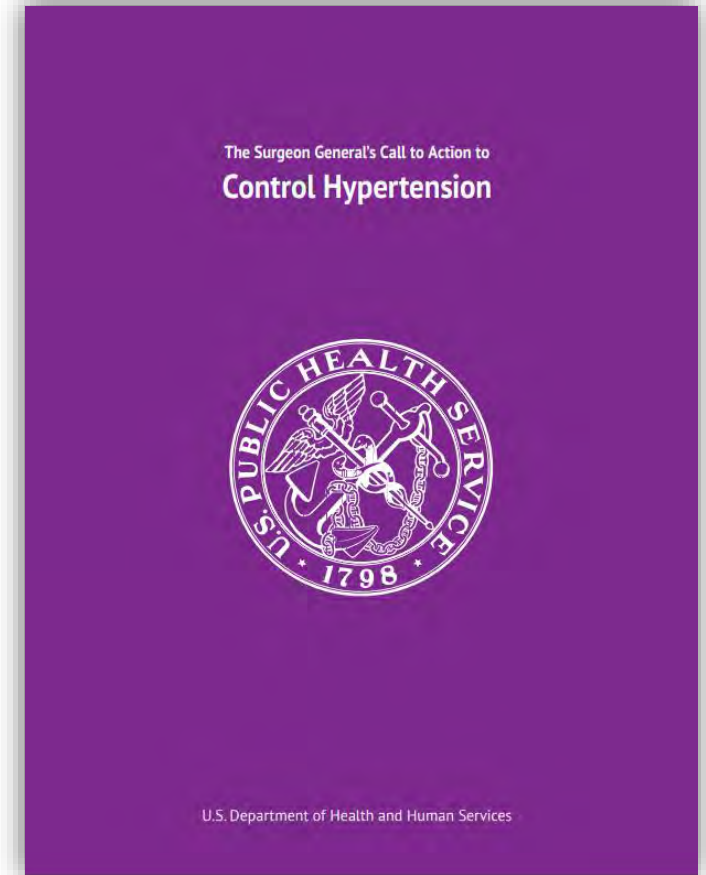
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Surgeon General's Call to Action

Goal 1: Make Hypertension Control a National Priority

Strategy C. Eliminate disparities in the treatment and control of hypertension



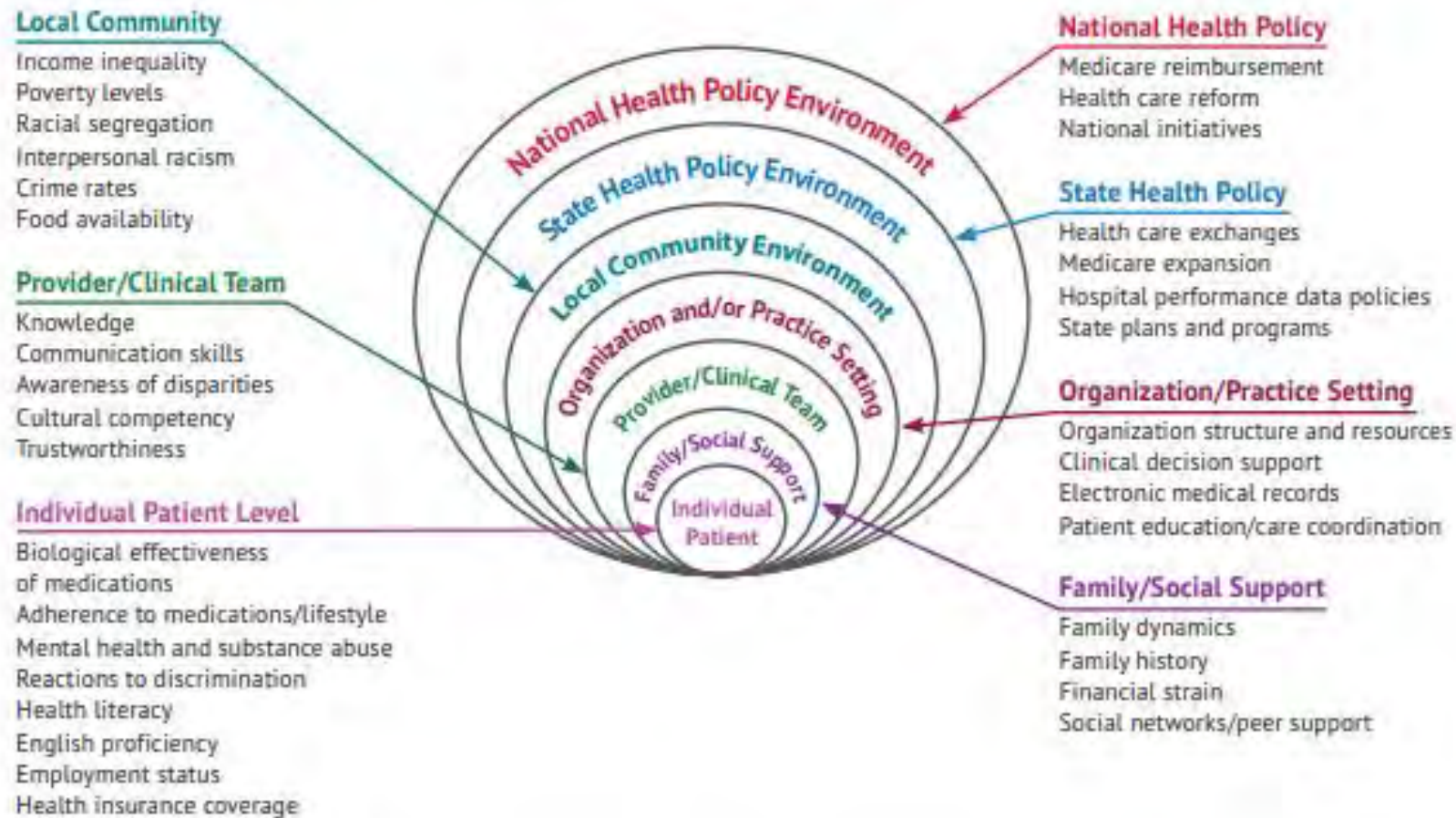
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Figure 4. Multilevel Influences on Disparities in Hypertension Prevention and Control



Source: Mueller M, Purnell TS, Mensah GA, Cooper LA. Reducing racial and ethnic disparities in hypertension prevention and control: what will it take to translate research into practice and policy? *Am J Hypertens*. 2015;28(6):699-704.

Panel Discussion

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Alec Puente, JD
Government Relations Director

American Heart Association

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Advocacy Update

Texas Hypertension Summit

Alec Puente, Government Relations Director



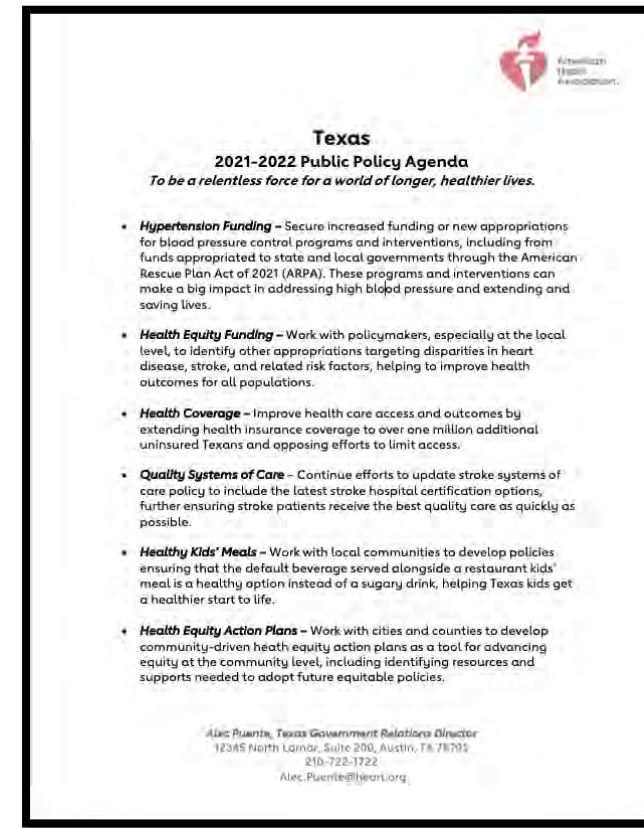
American
Heart
Association.

State and Local Policy Agenda

2021 - 2022

Texas Public Policy Agenda

- Identifies the top public policy priorities for the next year at both the state and local levels.
- Includes both long-term plans and shorter-term appropriations opportunities.
- Hypertension, Health Equity, Health Coverage, Nutrition
- Does not preclude involvement in other issues



87th Regular Session and 87(1-2)

Results and Context

- Several AHA-supported bills from the regular session were made effective Sept. 1st, 2021.
 - T-CPR (HB 786); SNAP Access (SB 224); Tobacco Retail Licensure (SB 248); Maternal Health (HB 133)
- Unsuccessful efforts included implementing an e-cigarette tax and restoring public health funding.
 - We hope to secure some funding or partial restorations during the 3rd special session.
- Two sessions called immediately after the regular session, but very little work done without a quorum.
- Third special session ongoing - details to come.



Local Campaigns

Austin & Elsewhere

- Local focus on appropriations, healthy eating, and health equity initiatives.
- Looking for policies and funding opportunities for programs that target disparities in heart disease, stroke, and related risk factors.
- Austin – Healthy Kids Meal Campaign
 - Ordinance to require all kids' meals to come with a healthy beverage instead of a sugary drink by default.
- Austin/Travis County – Food System Plan
 - Supported resolution and budget appropriations to begin an integrated approach to the regional food system considering sustainability and equity.
- Harris County – Health Equity
 - Supporting initiatives to better deliver County healthcare and related services deepening collaboration between County offices and community stakeholders.



Special Session 87(3)

- Third special session began on 9/20 to consider a range of issues, including redistricting and federal relief funds.
 - \$16 billion in ARPA funds available
 - Likely the last special until 2023
- Opportunities to invest in impactful programs, especially those targeting problems clearly related to the pandemic.
- Priorities: hypertension, health equity, nutrition/SNAP access, tobacco control/cessation
- Seeking funds to support hypertension control programs at DSHS and also restoration of tobacco funds; other opportunities may arise.



What you can do...

- Stay updated with our You're the Cure network
 - Text CURE to 46839
- Tell lawmakers what's important to you – email, phone, social media
- Share your own priorities and info related to the special session
 - Alec.Puente@heart.org



American Heart Association®
You're the Cure



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.....
Thank you

Alec.Puente@Heart.org



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Call to Action

Health Coalitions

Texas Hypertension Control Resources

1. Please provide feedback on today's session: [Session 2 Survey](#)
2. For more on Social Determinants of Health:
 - [Promising Practices – NASDOH](#)
3. Heart Disease and Stroke Program Website
<https://www.dshs.texas.gov/heart/resources.aspx>
4. To join a regional collaborative or find your local AHA staff, contact Kassandra Hunt:
Kassandra.Hunt@heart.org

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Texas Hypertension Control Summit Series

[Register for remaining sessions today!](#)

Recordings and slides will be posted here after each session.

Tuesday, October 19 – Hypertension Control Through the Pandemic

Tuesday, November 9 – Celebrate Success: Target: BP Awards and Latest Science

Each session takes place from 12:00 to 1:30pm CT

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Texas Hypertension Control Learning Collaborative

Purpose: To help primary health clinics improve hypertension control rates through the adoption and implementation of self-measured blood pressure (SMBP) monitoring policies and protocols.

Project Components:

- Three webinars on evidence-based strategies on developing and implementing SMBP policies and protocols.
- Support in developing or enhancing SMBP policies and procedures through technical assistance and sharing resources.

Key Information:

- Application process is opening again soon.
- Must be a primary health care clinic
- Award amount: Up to \$3,500
- More information: dshs.Texas.gov/heart

Sponsoring Organizations: American Heart Association and Texas Department of State Health Services



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Thank you, Planning Committee!

American Heart Association

Catalina Berry, Stephanie Chapman, Jenny Eyer, Emily Gordon, Katharine Guerra, Kassandra Hunt, Lharissa Jacobs, Bry Mabry, Eva Olivas, Melina Quintanilla, Veronica Sanchez, Alison Smith (AMA/AHA), Takiyah Wilson, Emily Zhang

American Medical Association

Sinead Forkan-Kelly, Katelyn Dean, Alison Smith (AMA/AHA), & Lauren Barbian

Texas Cardiovascular Disease and Stroke Partnership

Dr. Emran Rouf – Chair & Leon Jerrels – Immediate Past Chair

Texas Department of State Health Services

Nancy Eichner, Cymphoni Campbell, Nicolas Lopez, & Melissa Lamberton

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Thank you!

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Music: September & Crazy in Love from Spotify