



# The Political Drivers of Health ECHO

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



# Series Learning Objectives

Learner will be able to:

1. Explain how policy and politics impact the health and well-being of NH individuals and communities
2. Describe key health-related bills before the NH legislature and their potential impact on health.
3. Advocate effectively for policies that support health and well being in our communities

# Political Drivers of Health

*The political processes that impact the social, environmental and health care drivers of health, including executive decisions, legislative policies, judicial decisions, electoral processes and public advocacy.*

## Upstream

Social & Environmental Drivers

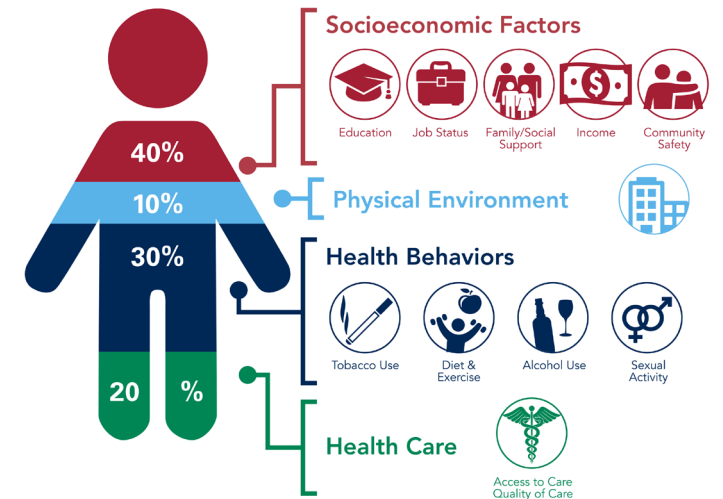


## Midstream

Individual  
Activities &  
Community  
Interventions

## Downstream

Healthcare Interventions



Source: Institute for Clinical Systems Improvement; Going Beyond Clinical Walls: Solving Complex Problems, 2014 Graphic designed by Prof

80% Socioeconomic, environmental & health behavioral factors

20% Health care factors

## Series Sessions

Date	Session Title
20 February 2025	<a href="#">Our Current Political Landscape/Budget</a>
06 March 2025	<a href="#">School Meals - Medicaid</a>
20 March 2025	<a href="#">Right Care, Right Time</a>
03 April 2025	<a href="#">Safe and Affordable Housing</a>
17 April 2025	<a href="#">Vaccine Infrastructure and Access</a>
01 May 2025	<a href="#">Maternal Health</a>
15 May 2025	Budget
29 May 2025	Wrap Up



# Today's Program

- Brief housekeeping
- Didactic: Our Current Political Landscape, *Dean Spiliotes*
- Legislation: House Bill 1 & 2, the NH Budget, *Phil Sletten*
- Discussion- *Facilitated by Courtney Tanner*
- Brief summary
- Up Next



# THE NEW HAMPSHIRE STATE BUDGET AND THE GOVERNOR'S PROPOSAL

PHIL SLETTEN, RESEARCH DIRECTOR

DARTMOUTH ECHO SERIES

FEBRUARY 20, 2025

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# THE BASICS OF THE STATE BUDGET

## Two-year, or Biennial, Operating Budget

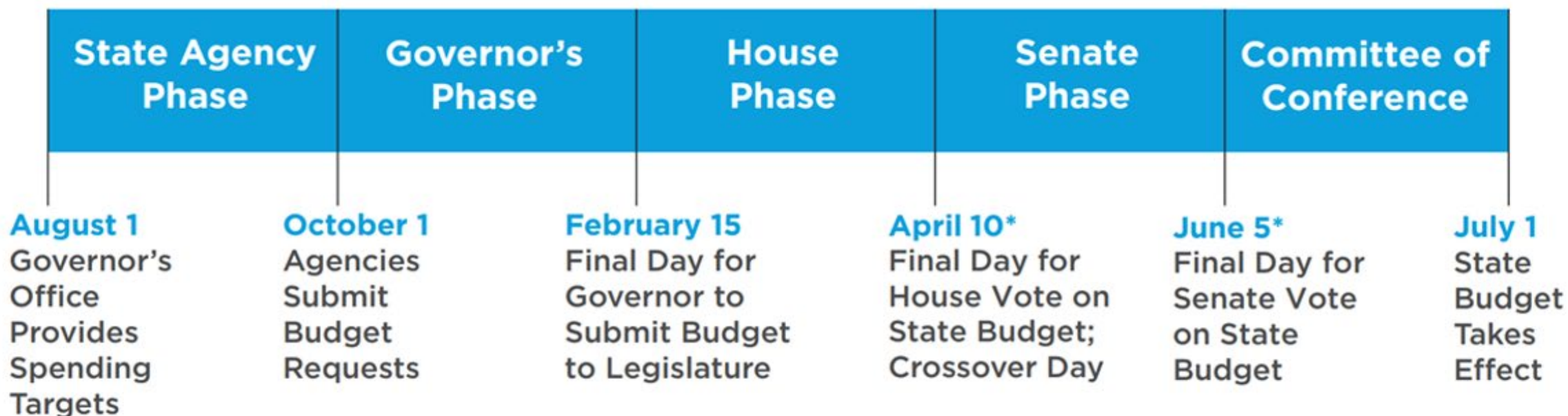
- Funds *most*, but not all, State operations for two State Fiscal Years (SFYs), typically beginning shortly after the budget is approved
- Current State Budget provides funding for SFYs 2024-2025, which spans July 1, 2023 to June 30, 2025, from SFY 2023 surplus carried forward and two years of revenue projected when budget passed
- State Budget, currently being implemented, appropriated approximately \$15.17 billion for SFYs 2024-2025 combined

## Comprised of Two Separate Pieces of Legislation

- Operating Budget Bill, typically House Bill 1 or “HB 1,” holds the line-item appropriations with the amount of money in each component of State programs, standardized class lines for expenditures
- Trailer Bill, typically House Bill 2 or “HB 2,” is the companion omnibus bill with policy changes and appropriations separate from HB 1

# BUDGET CREATED IN A YEARLONG PROCESS, TYPICALLY WITH FIVE PHASES

## State Budget Process Timeline

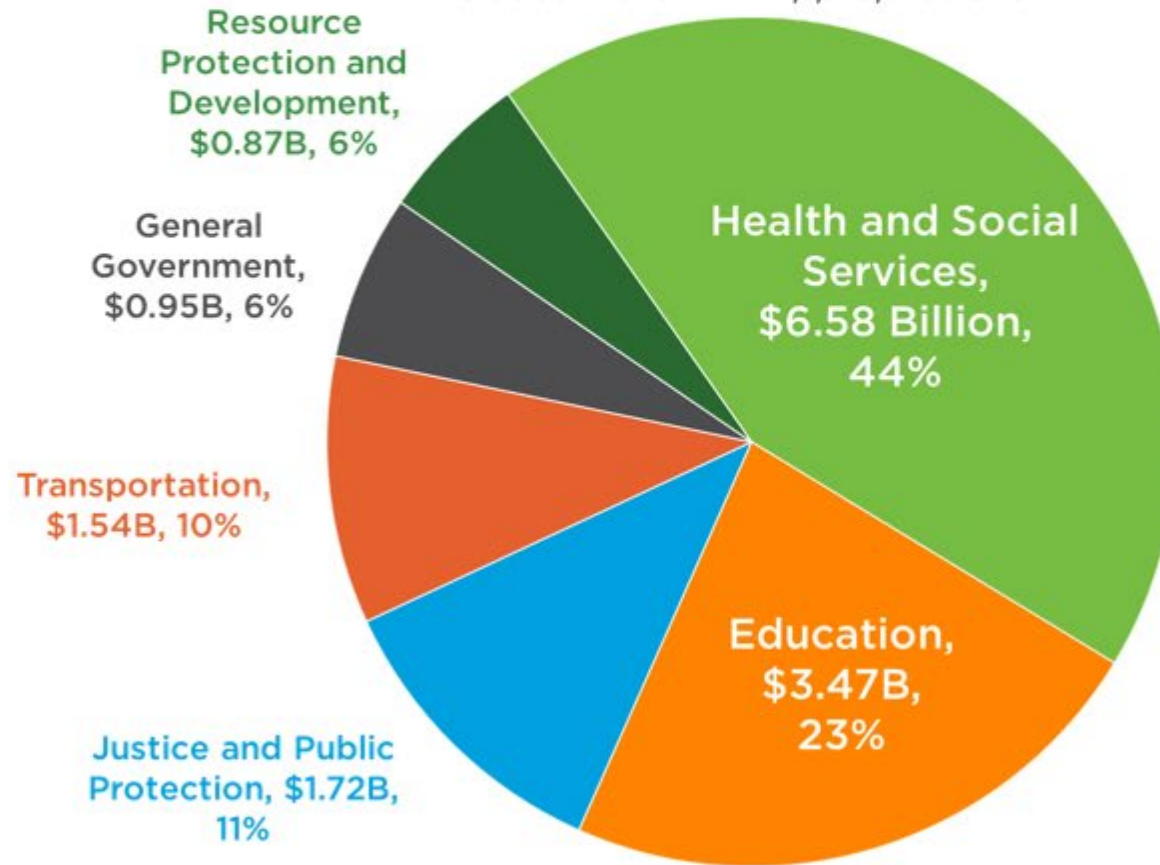


\*Dates set by legislative leadership each session; all other dates specified in statute.

# BUDGET APPROPRIATIONS IN SIX CATEGORIES

## STATE BUDGET APPROPRIATIONS BY CATEGORY

*State Fiscal Years 2024-25 and Surplus Appropriations,  
Includes Trailer Bill Appropriations*



Note: General Government includes HB 2 appropriations for the Affordable Housing Fund, InvestNH, and all State employee pay raises defined by and funded through appropriations made in House Bill 2, as amended by the House.

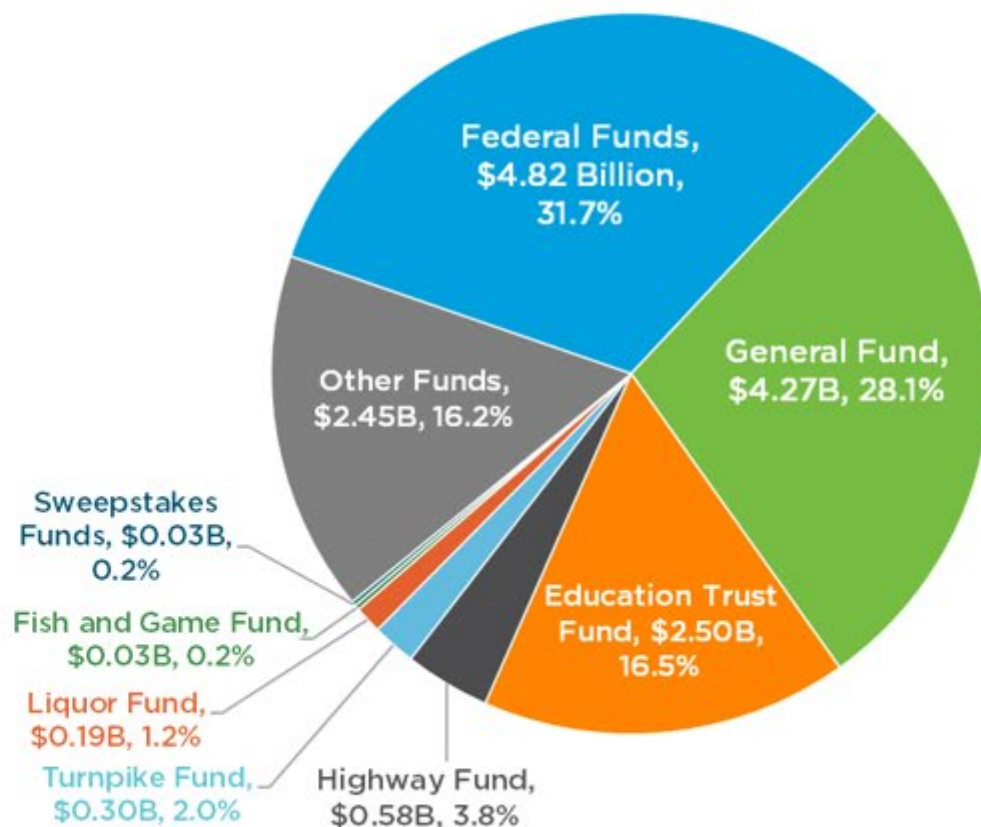
Sources: New Hampshire Office of Legislative Budget Assistant, Compare House Finance to Governor, March 28, 2023, Surplus Statements, April 6 and 7, 2023, Briefing on Senate Finance Changes to House Passed Budget, June 6, 2023; 2023-2092s; 2023-2171s; 2023-2139s



# FEDERAL FUNDS, GENERAL FUND, AND EDUCATION TRUST FUND ARE LARGEST PARTS

## THE STATE BUDGET FOR FISCAL YEARS 2024 AND 2025, BY FUND

*Includes Operating Budget and Trailer Bill Appropriations*



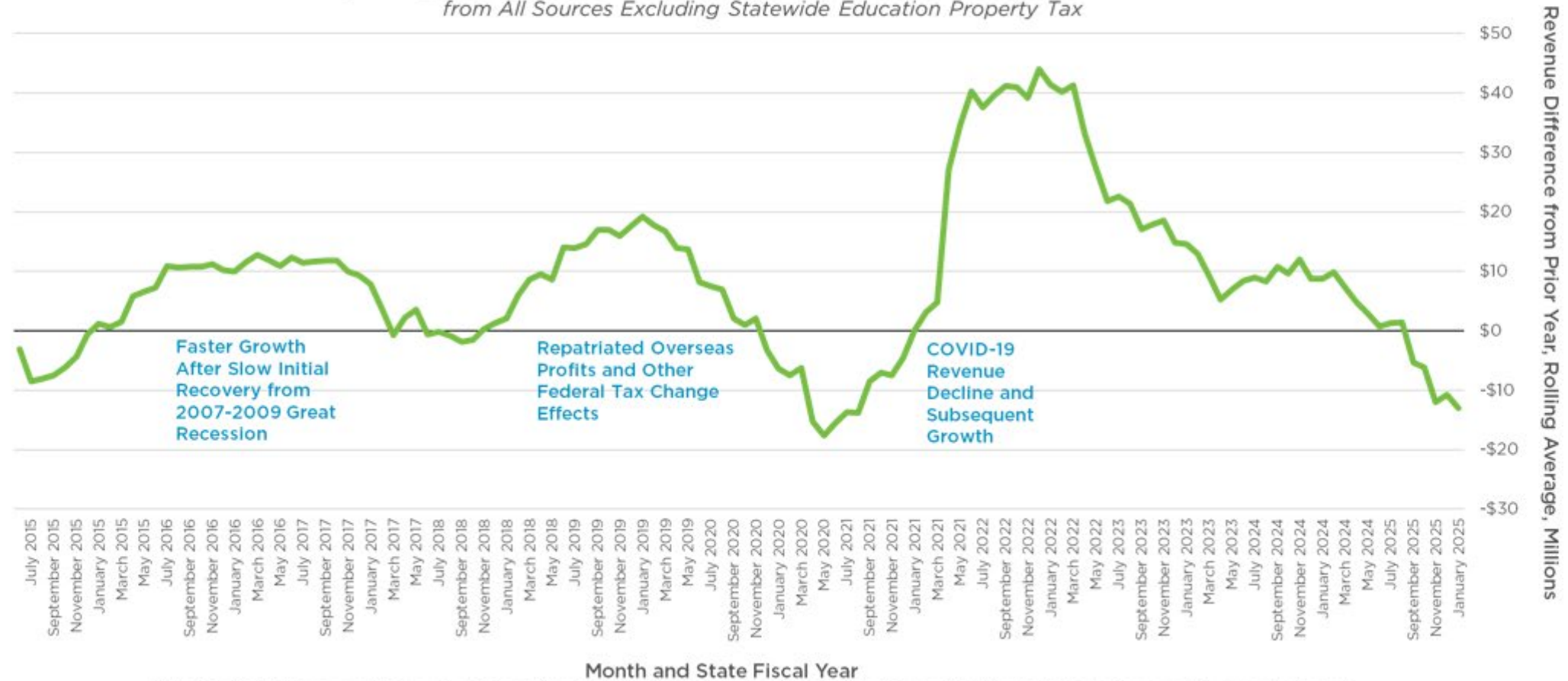
Sources: New Hampshire Office of Legislative Budget Assistant, Senate Finance Committee Surplus Statements, June 2023; 2023-2054s; 2023-2092s; 2023-2171s; 2023-2139s

# CURRENT STATE REVENUES AND CHALLENGES

# STATE REVENUES LOWER THAN LAST YEAR AFTER PERIOD OF SUBSTANTIAL GROWTH

## DIFFERENCES OVER TIME IN NEW HAMPSHIRE COMBINED GENERAL AND EDUCATION TRUST FUNDS MONTHLY CASH RECEIPTS

*Twelve-Month Rolling Averages of Monthly Cash Receipts to the General and Education Trust Funds Relative to Prior Year  
from All Sources Excluding Statewide Education Property Tax*



Note: Medicaid Enhancement Tax excluded from historical data, Statewide Education Property Tax excluded due to tax targeting a certain amount collected.  
Sources: New Hampshire Department of Administrative Services, Monthly Revenue Focus Reports



# FISCAL CONSTRAINTS AND LOOMING QUESTIONS

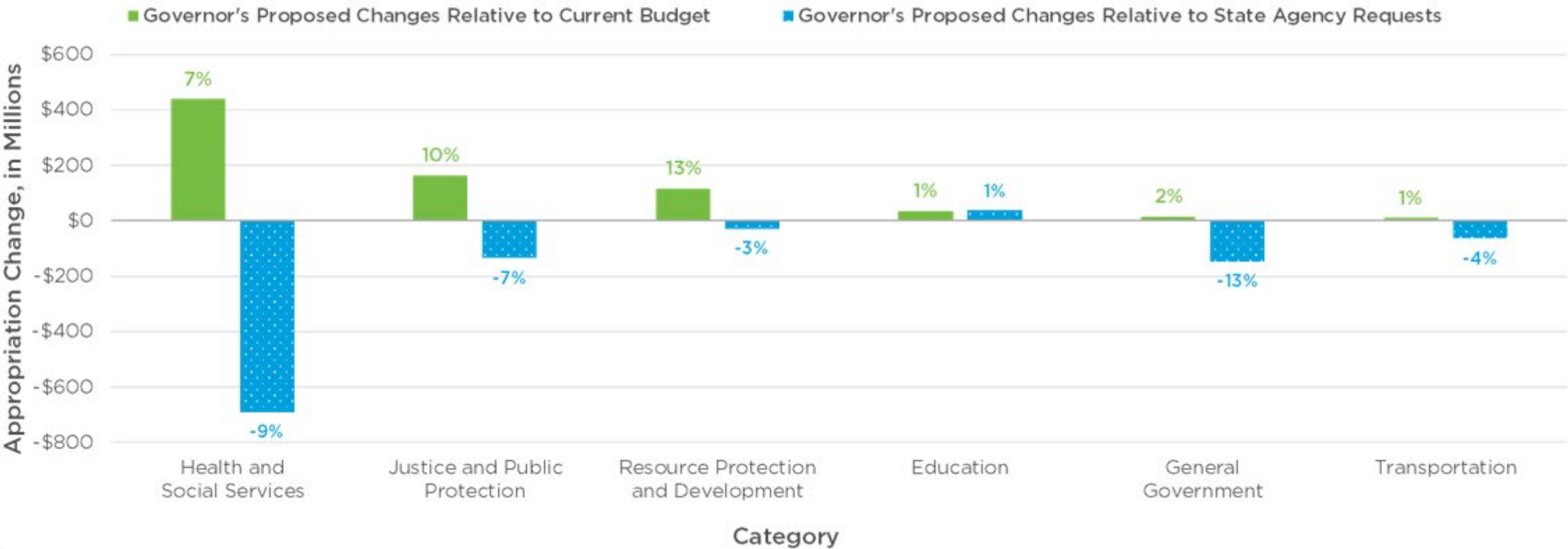
- Interest and Dividends Tax (\$184 million to General Fund, or 8.8 percent of General Fund revenues, last fiscal year) repealed effective January 2025
- State will earn less interest on cash holdings due to smaller cash reserves
- Youth Development Center settlements: paid \$127 million in 242 settled claims as of December 2024, \$792 million pending in 606 filed claims, claims period open until June 2025; \$160 million to settle claims appropriated previously, outlays capped at \$75 million per year
- Court cases associated with the Youth Development Center and children in the care of the State could generate substantial liabilities
- Decisions related to education funding from the State Supreme Court; second-largest State expenditure, small changes can lead to large funding commitments
- Construction of a new State prison for men, potentially \$500-\$600 million, annual bond payments may be substantial
- Changes to federal funding to the State for operations, with about one in three dollars to fund State services coming from the federal government

# A BRIEF LOOK AT THE GOVERNOR'S PROPOSAL

# GOVERNOR'S BUDGET BOOSTS ALL CATEGORIES, FALLS SHORT OF AGENCY REQUESTS

## CHANGES IN GOVERNOR'S PROPOSED TOTAL STATE BUDGET BY CATEGORY FOR FISCAL YEARS 2026 AND 2027

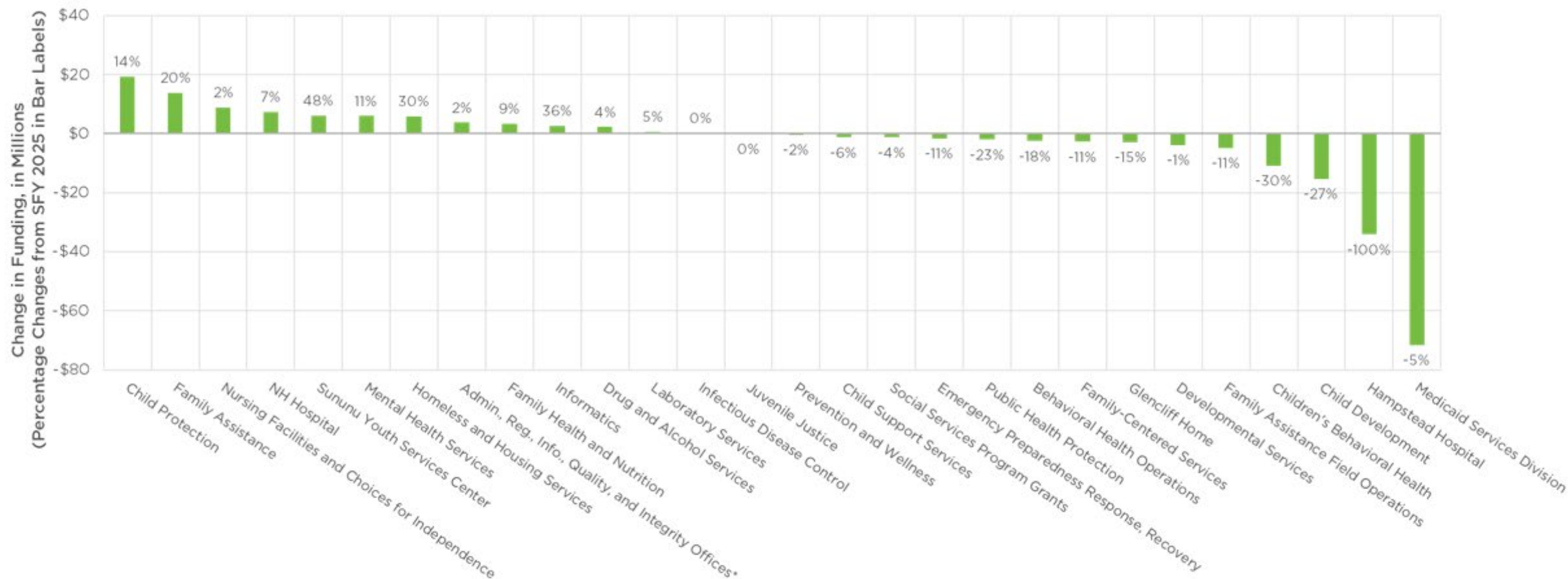
*Appropriation Change Relative to Actual Final Budget Appropriations for SFYs 2024-2025 and Agency Budget Requests for SFYs 2026-2027, for New Hampshire*



Note: These changes account for inter-agency transfers.  
Source: New Hampshire Department of Administrative Services, Budget Office

# FUNDING WITHIN NH DHHS INCLUDES SHIFTS, REORGANIZATIONS, ONGOING INVESTMENTS

CHANGES BY SUB-AGENCY WITHIN THE NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES,  
CURRENTLY-AUTHORIZED EXPENDITURES FOR SFY 2025 VS. PROPOSED SFY 2026



Subagency with the New Hampshire Department of Health and Human Services

\*Note: Combined nine operating units across separate budget lines, including the Commissioner's Office. The Bureau of Healthcare Access and Policy is being reorganized and does not appear here.  
Source: Governor's Operating Budget and Governor's Executive Budget Summary, February 13, 2025



# OTHER FACTS ABOUT, AND POLICY INITIATIVES IN, THE GOVERNOR'S BUDGET PROPOSAL

- State Budget proposal grows each year in aggregate relative to the current budget, constrained growth supported by relatively optimistic revenue projections and a new proposed revenue source: video lottery terminals
- Policy initiatives include:
  - Bail reform changes
  - New retirement system investments for police and firefighters
  - Waste disposal site evaluation process revisions
  - Streamlining State components of housing permitting process, including interactions with environmental protections and a 60-day timeline for State processing
- Medicaid copayments may be required, no details yet
- Does not include funds set aside for the new State prison for men or for the Youth Development Center-related costs

# KEY TAKEAWAYS

- State Budget is two pieces of legislation constructed over a nearly year-long process, funding most (but not all) State operations
- State revenues are declining due to both external factors, such as corporate profits and interest rates, and policy choices that have reduced State revenue
- Key potential expenses could impact State Budget decision-making and limit resources available for other services, including unknown costs associated with Youth Development Center settlements and court cases, and separate State Supreme Court decisions regarding education funding
- Federal funds key to supporting services within the State Budget with significant federal policy choices likely in 2025
- Governor's proposal retains funding for most State agency operations slightly above current levels, does not include funding for certain initiatives included in the current State Budget and key potential expenses
- Some components of proposal still unknown, more clarity to come as House Finance Committee considers the proposal and makes amendments

# ADDITIONAL NHFPI RESOURCES

- Weekly Newsletter: <https://nhfpi.org/subscribe>
- Blog: Bigger Budget, New Lottery Revenues, and Less Money for Housing and Child Care Workforce: Five Takeaways from the Governor's Budget Proposal – February 18, 2025: <https://nhfpi.org/blog/bigger-budget-new-lottery-revenues-and-less-money-for-housing-and-child-care-workforce-five-takeaways-from-the-governors-budget-proposal/>
- Blog: January Revenues Reach Target, But Continue to Send Warning Signs – February 6, 2025: <https://nhfpi.org/blog/january-revenues-reach-target-but-continue-to-send-warning-signs/>
- Blog: Sliding Revenues, Spending Needs, and Federal Questions: Seven Facts About the New Hampshire State Budget – February 3, 2025: <https://nhfpi.org/blog/sliding-revenues-spending-needs-and-federal-questions-seven-facts-about-the-new-hampshire-state-budget/>
- State Budget Webinar Series: Register here: <https://nhfpi.org/events/examining-the-state-budget-2025-webinar-series/>
- Resource Page: Budget: <https://nhfpi.org/topic/budget/>



# The Political Drivers of Health ECHO

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

*Session 2, School Meals-Medicaid Certification, March 6<sup>th</sup>, 2025*







# Food and nutrition support

PDoH ECHO  
March 6, 2025

Chelsey Canavan, MSPH  
Manager, Center for Advancing Rural Health Equity  
Population Health Department  
Dartmouth Health

Food security means access by all people at all times to enough food for an active, healthy life.

Nutrition security means consistent access to and availability and affordability of foods and beverages that promote well-being, while preventing—and, if needed, treating—disease.

# Prevalence of household food insecurity (2023)

Nationally: 13.5%

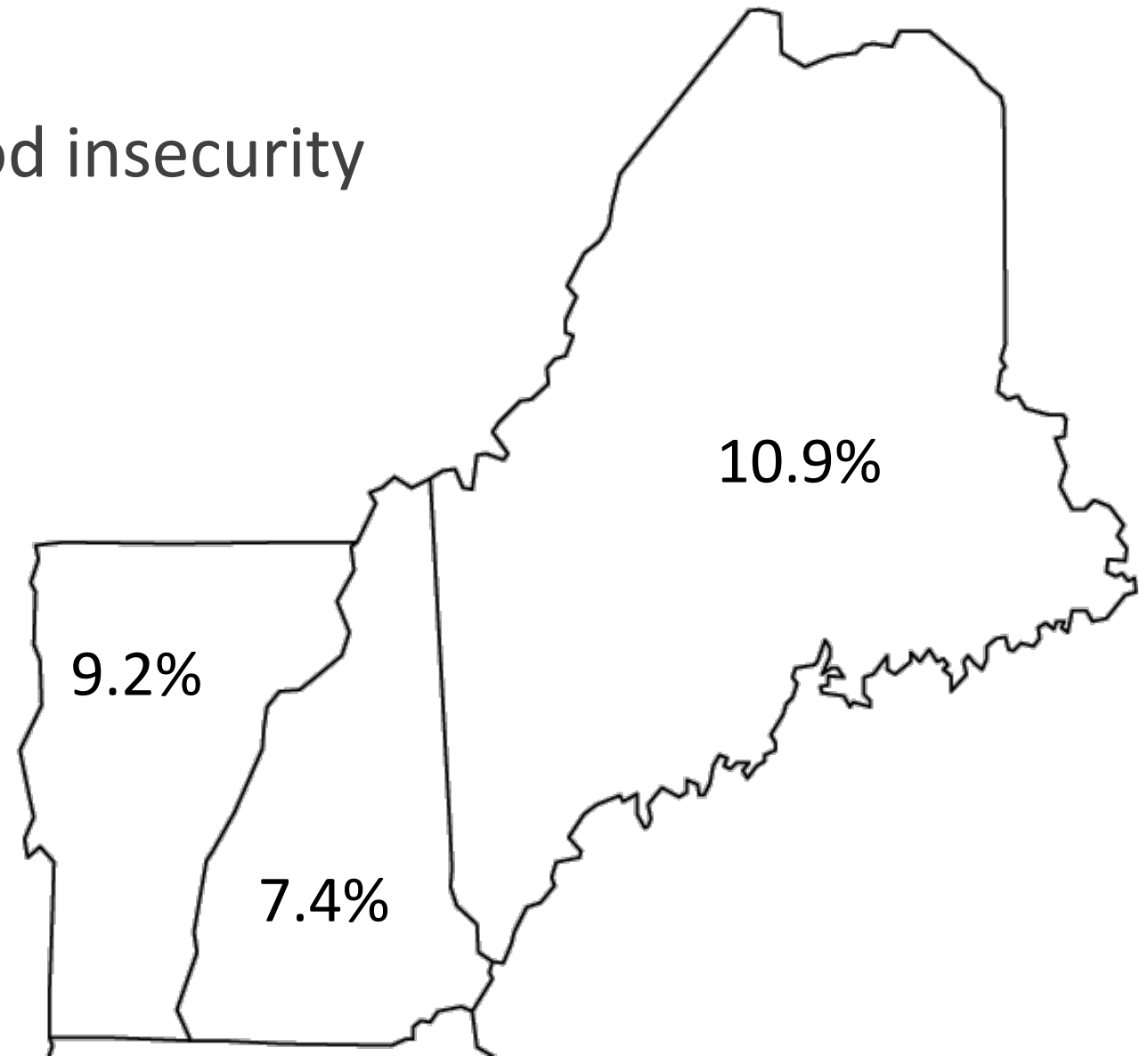
Higher in rural areas: 15.4%

Lower in the northeast: 12.0%

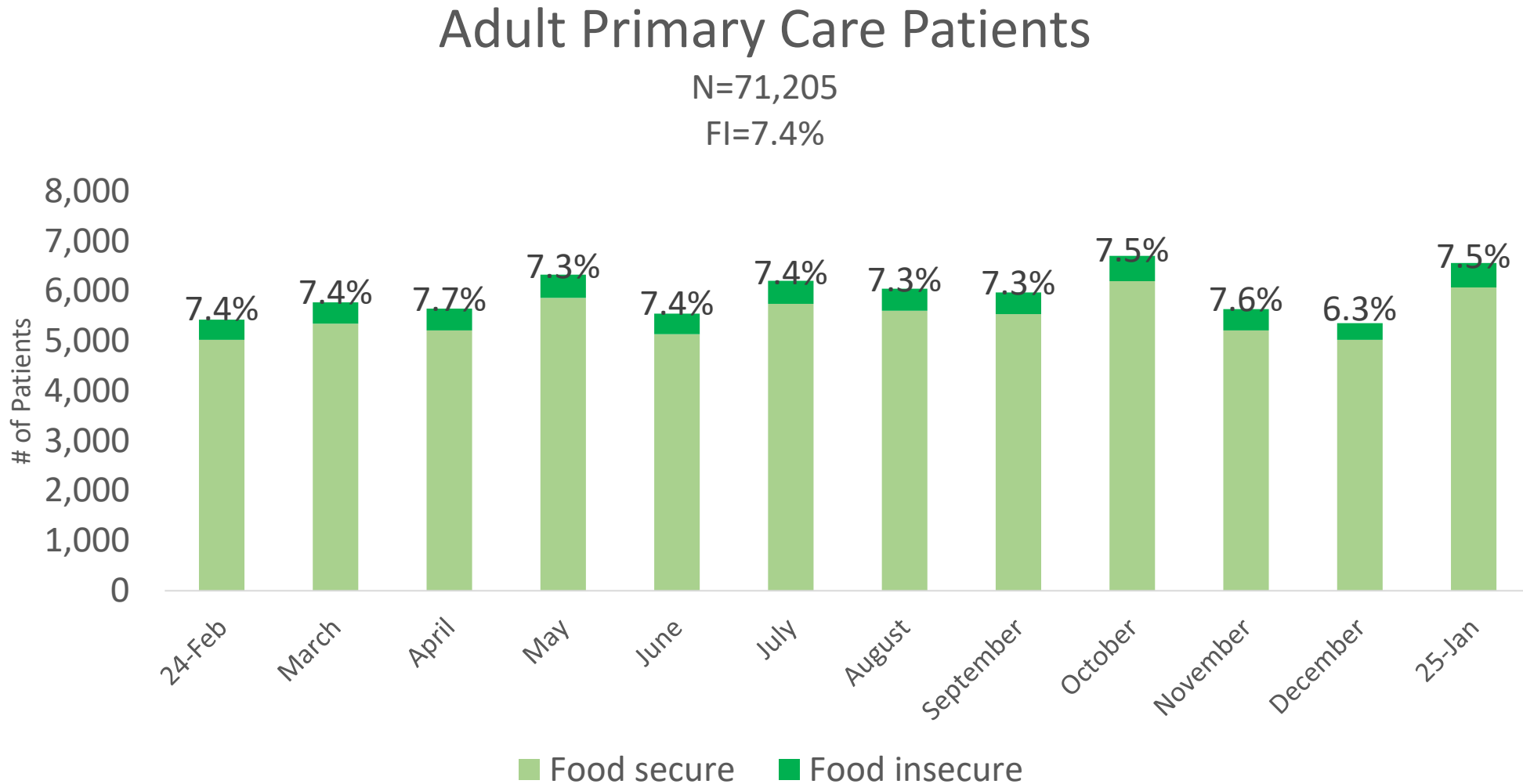
17.9% of households with children

20.3% in rural areas

9.9% of children (7.2 million)

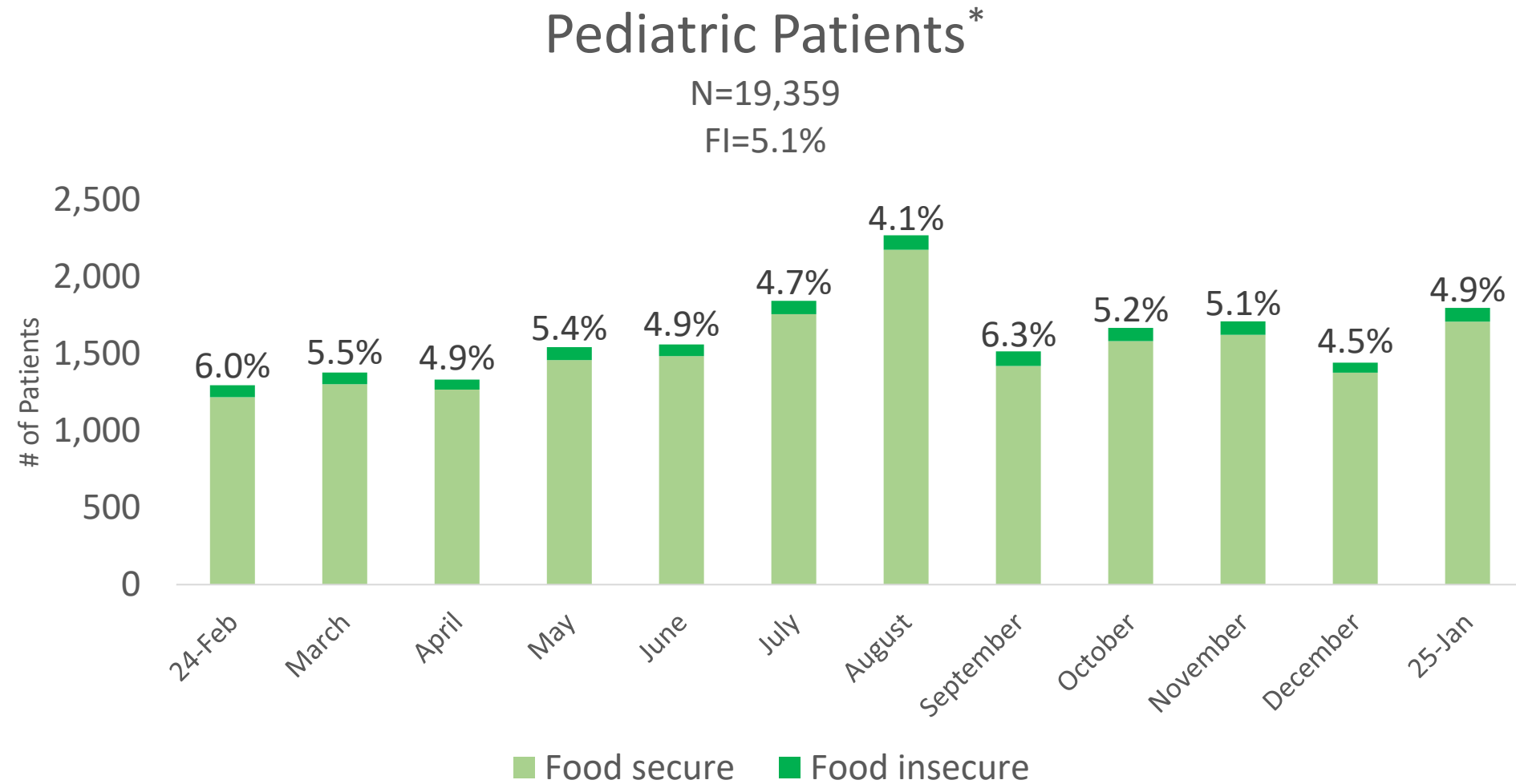


# Food Security Screening at Dartmouth Health



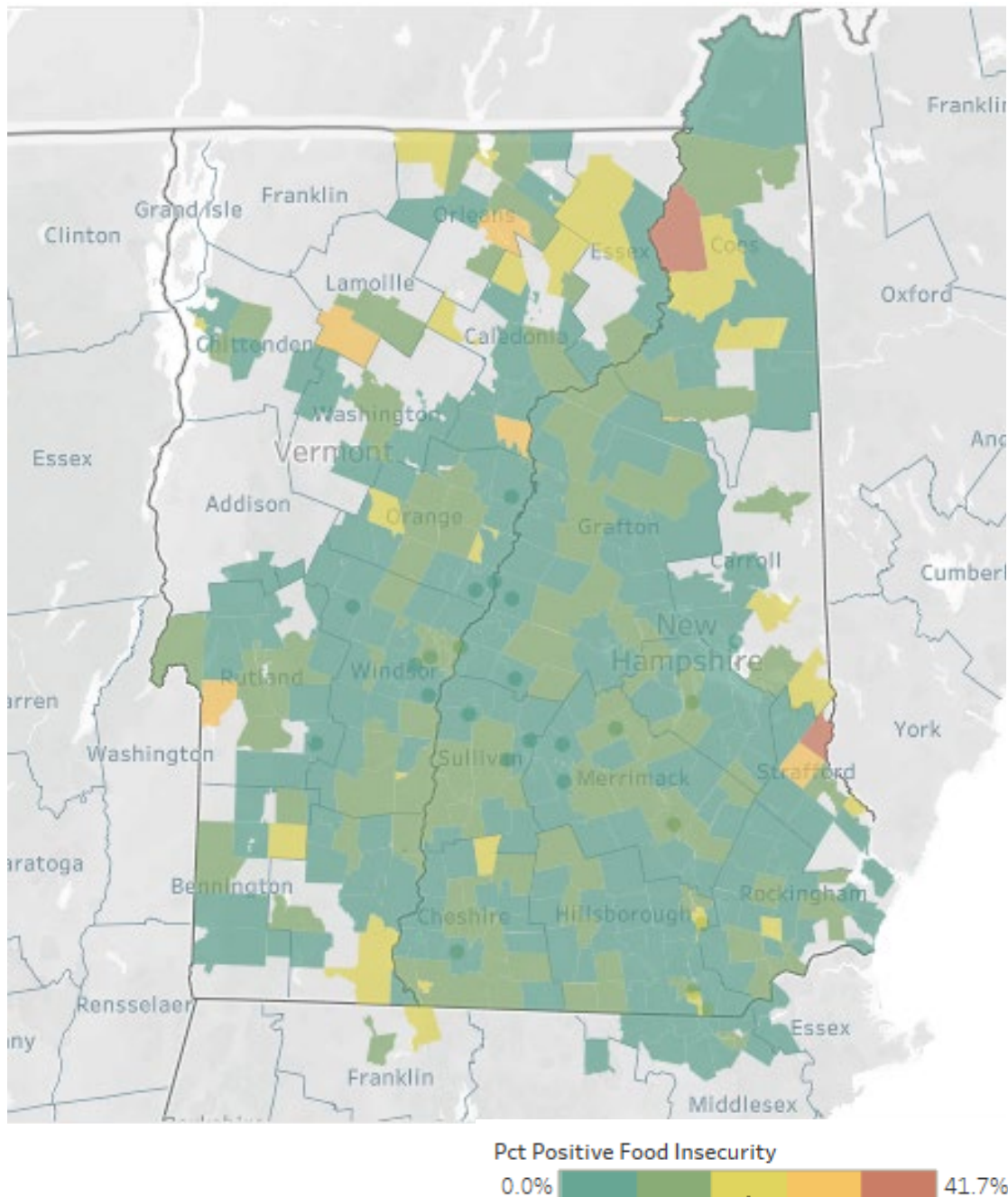


# Food Security Screening at Dartmouth Health



\* ages 0-6 and 12-18

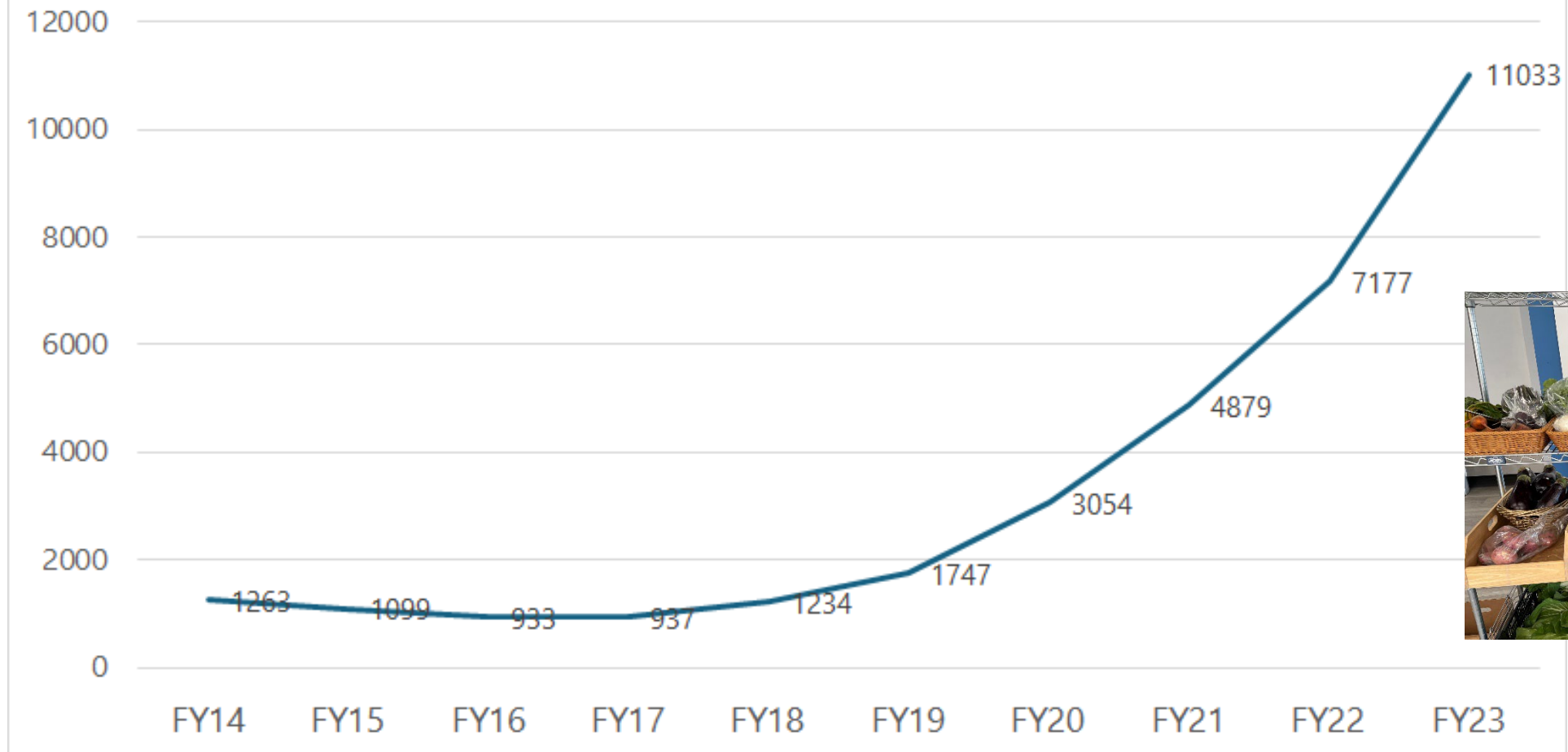




Food insecurity among adult DH  
primary care patients, by zip  
code, Feb 1 2024 – Jan 31 2025

Hispanic/Latino: 17.3%  
Black/African American: 18.2%

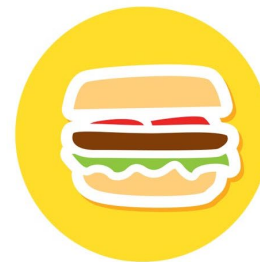
## LISTEN Food Pantry Demand, FY2014 to FY2023





# What does food insecurity look like?

- Choosing between food and other basic needs
- Eating less; less frequently
- Prioritizing food among household members
- Cheap, highly processed and fast foods





# Health impacts



Food insecurity affects **dietary quantity and quality** for adults and children




Low-income, food-insecure households spent less on food, purchased **fewer calories** overall, and had **lower nutritional quality** food purchases than low-income, food-secure households

# For children, living in a food insecure household:

- Increased risk for poor **physical and mental health** outcomes:
  - Emergency department use
  - Asthma
  - Iron deficiency anemia
  - More frequent stomachaches, headaches, colds
  - Obesity (among some children)
  - Depression
  - Anxiety
  - Suicidal ideation, attempted suicide (in adolescence)
- Can negatively impact **developmental outcomes**:
  - Cognitive/academic outcomes (vocab, math, memory, etc.)
  - Behavioral outcomes (hyperactivity, self-control, internalizing/externalizing etc.)
  - Socio-emotional outcomes (interpersonal/social skills)





Get to know  
these food  
resources



# Other public nutrition programs

- Child and Adult Care Food Program (CACFP)  
Healthy meals and snacks in child care centers, family child care homes, after school programs, emergency shelters, and adult day care programs
- National School Lunch Program & Breakfast Program  
Low-cost or free food for children at school
- Commodity Supplemental Food Program (CSFP)  
A monthly package of foods for low-income adults age 60+
- Old Americans Act / Meals on Wheels  
Daily meals for adults 60+ through congregate feeding or at home (MOW)

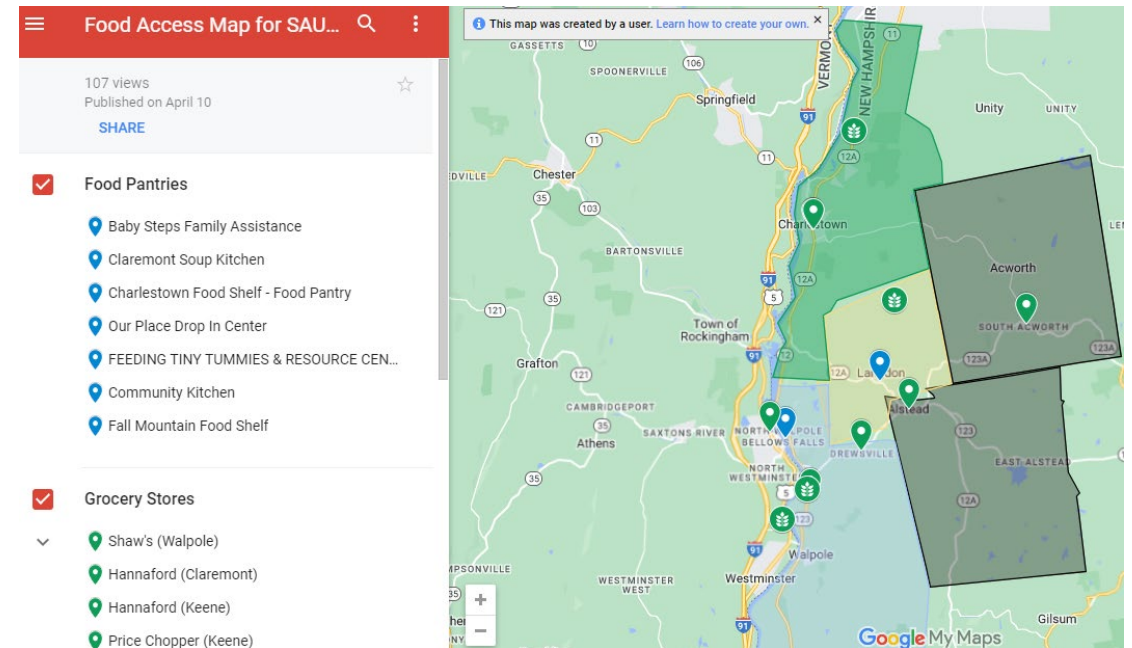
# Food Banks

- Tons of resources
- Maps of member locations
- Mobile food pantry schedule
- SNAP assistance
- Job training
- Cooking Matters
- And more!

The screenshot shows the 'Food Map' page of the New Hampshire Food Bank. At the top, there are logos for 'New Hampshire FOOD BANK' (A Program of Catholic Charities NH) and 'CATHOLIC CHARITIES NEW HAMPSHIRE FEEDING AMERICA'. Navigation links include 'SEARCH', 'AGENCY PORTAL', 'FIND FOOD', 'Get to Know Us', 'What We Do', 'Get Involved', 'In the Know', 'Agency Portal', and 'Acc'. The main heading is 'Food Map', followed by a description: 'The NH Food Bank distributes food to more than 400 partner agencies across New Hampshire including food pantries, homeless shelters, soup kitchens, children's programs, senior centers and more. Search our list of partner agencies to find a food assistance program near you.' Below this is a search bar with fields for 'Address or Zip Code', 'Agency Name', and a 'SUBMIT' button, along with a 'Select a County' dropdown. The bottom section features a map of New Hampshire with blue location pins. A sidebar on the right provides details for the 'Henniker Food Pantry': '21 Western Avenue, Henniker, NH 03242, 603-428-7474, 9.52 miles, Directions'.

# Other resources

- Local food pantries and food shelves
- Senior Centers
- Local school district
- NH Hunger Solutions
- Hunger Free VT







# What else?

Make **brochures/materials** available to everyone & easy to access.

Help **normalize the conversation**:  
*“A lot of people are having a hard time right now with these high food prices.”*

Consider **capacity to host** a food shelf, food drive, etc.

Host or promote **community gardens**.

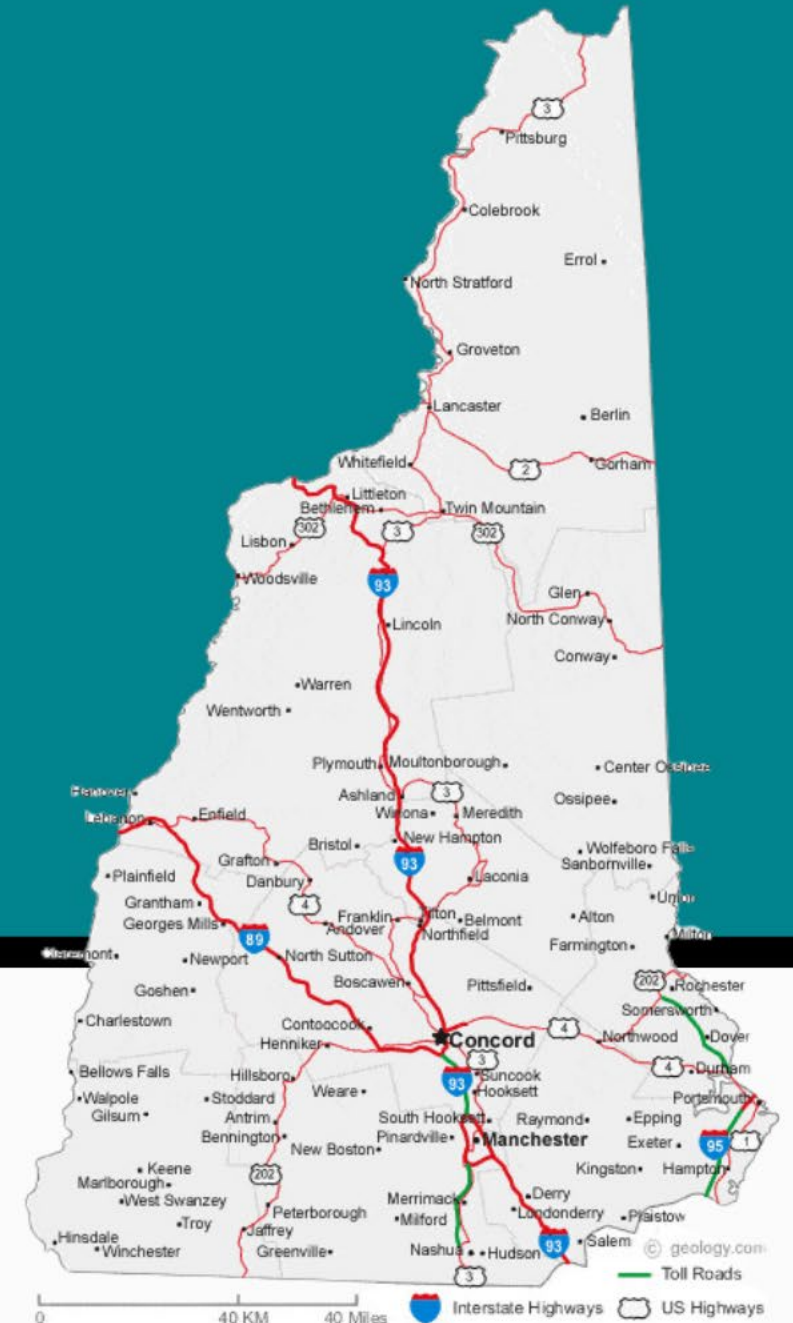
Consider **books/events/activities** related to healthy eating for adults and children.

# Solving Hunger in The Granite State

The Problems, Policy Solutions, and Impacts

**NH HUNGER**  
SOLUTIONS

ENDING HUNGER IN NEW HAMPSHIRE





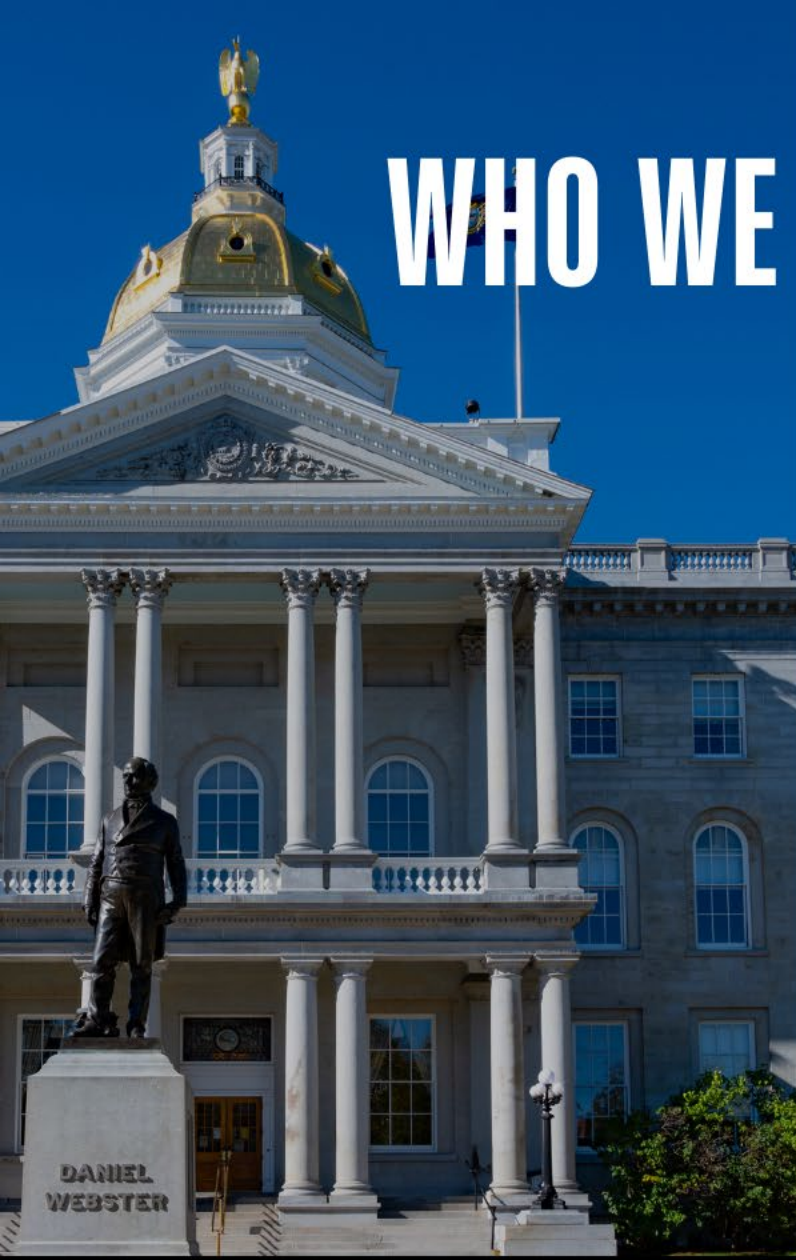
# WHO WE ARE

NH Hunger Solutions is a policy and advocacy non-profit that advocates to end food insecurity, improve equitable access to nutritious food, and address hunger's root causes for all people in New Hampshire.



**Tiffany Brewster**

Policy Development & Advocacy  
Director



# Food and Nutrition Supports



Our system of food and nutrition supports is like a power grid that moves healthy food through communities. In New Hampshire, the grid is well developed in some areas and patchy or non-existent in others

# Where are the weak connections in NH?

47th

School Breakfast Participation

Only 46% of children who eat free lunch also eat breakfast

10.5k

Eligible children not enrolled in Free and Reduced Meals

31%

Eligible people receive SNAP

54%

Eligible people receive WIC

# Our Work

Close the gap  
between eligible and  
enrolled in Federal  
Nutrition Programs

**Close the Gap**

Increase participation  
in school and  
summer meals

**Feed Children**

Increase public and  
policymaker  
understanding of  
hunger in NH and how  
to solve it

**Raise Awareness**

Support and build  
food access  
coalitions

**Build Coalitions**

**NH HUNGER**  
SOLUTIONS

ENDING HUNGER IN NEW HAMPSHIRE



A group of diverse school children are shown in a classroom setting. In the foreground, a young boy with dark hair is eating a sandwich. Next to him, a girl with curly hair and red glasses is smiling. To her right, another boy is holding a piece of food. The background shows other children and a teacher, all in a bright, sunny environment.

# School Meals in New Hampshire

NH Hunger Solutions supports schools and communities to increase participation in school meals.



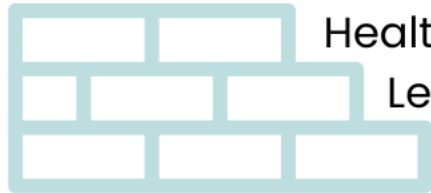


# Nutrition is Fundamental to Child Health

For  
Children



**Food is the Foundation for**



Health

Learning

Future Success

For  
Children



**Living in Food-Insecurity**



the

Foundation

is Unstable

## Hunger Hurts Learning

**Children with food insecurity are more likely to:**

- Experience overall poor health
- Have higher rates of communicable disease, obesity, asthma
- Need more health care services and emergency room care

**Food insecurity disrupts student:**

- concentration
- memory
- mood
- motor skills

# Access to School Meals, Especially School Breakfast, Makes a Difference

## **Children who eat school breakfast have:**

- Improved attention and cognition
- Stronger academic performance
- More engagement in the classroom
- Fewer behavioral issues
- Reduced rates of obesity and chronic disease later in life
- Higher test scores
- Higher graduation rates

**Building a solid future for New Hampshire**



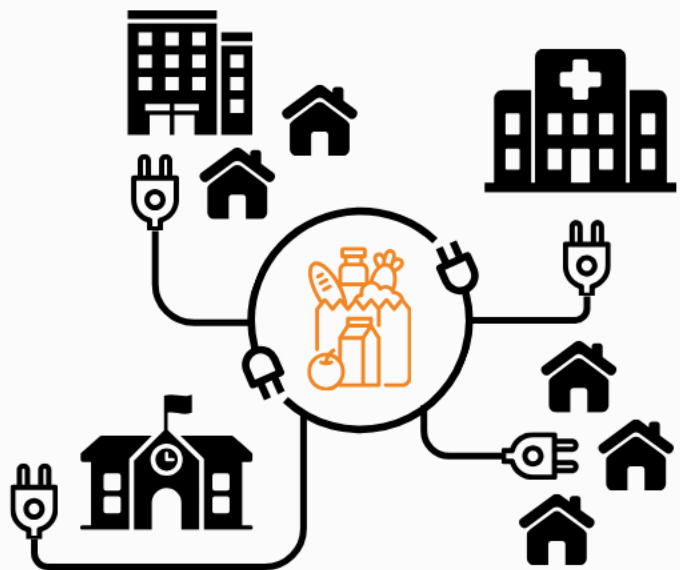
# Many families above the eligibility level for free or reduced school meals are having trouble making ends meet

As a result, children are hungry at school and schools are experiencing high levels of school meals debt

Current Eligibility for <b>Free meals</b> 130%FPL	Current Eligibility for <b>Reduced meals</b> 185%FPL	<b>Living Wage</b> (MIT Living Wage Calculator)
\$34,645 Family of 3	\$49,302 Family of 3	\$97,876 Family of 3



# FEED NH KIDS



To foster the health and well being of New Hampshire Children, we need to connect more communities to the grid. It is possible to ensure that no children go hungry and are plugged into federal nutrition programs in the granite state.



# Medicaid Direct Certification (MDC)

## HB 583

### An Innovative Solution To Childhood Hunger in New Hampshire

Automatically enrolls children in Free/Reduced-Price Meals (F/RM) who are on Medicaid and whose family's income qualifies them for school meals, without another application.

MDC is a **win** for kids, a **win** for schools, and a **win** for a healthy New Hampshire. It's an innovative solution that conserves our public resources







# Medicaid Direct Certification (MDC)

## Benefits to Schools:

- Reduced Administrative costs
- Fewer errors
- Less student meal debt
- USDA Community Eligibility Provision

## Benefits to Children:

- Academic performance
- Fewer behavior problems
- Better attendance
- Better graduation rates

## Benefits to Towns and Cities

- School Funding
- Accurate Poverty Measure

**Federal Dollars  
Leveraged**

**\$11,719,566**

of federal school breakfast and lunch  
dollars to the state per year

**\$Millions**

in additional child care subsidy dollars  
(Child Care and Development Fund  
Discretionary Grant)

# For Schools that Qualify, Community Eligibility Provision (CEP) Feeds all Children

## When schools participate in CEP:

- Free and Reduced School Meal application forms are difficult to collect
- Schools risk losing funding

**\*AND\***

- More children eat school breakfast
- Less children experience hunger
- Children get the fuel they need to learn

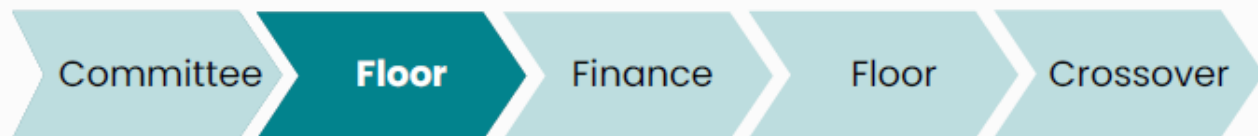
**MDC makes it easy for more schools to participate in CEP**





# Medicaid Direct Certification (MDC)

## HB 583



The bill was **voted on by the full House** Thu, Mar 6th and was **Laid on the Table (196-174)**

The **committee majority recommended Inexpedient to Legislate (10-8)**

The **minority recommended an amendment** that would make the bill budget neutral and allow applicants to choose to participate

### Minority Amendment

Freezes F/R levels for two years.

Allows us to Feed Kids Today while letting legislators evaluate the impact and effectiveness of MDC over this period.

It's a **smart, conservative, data-driven** approach that will ensure the legislature can make decisions informed by real data on participation and costs, rather than projections.





# Priorities in the 2025 Legislative Session:



## **Medicaid Direct Certification**

Automatically enrolling eligible children on Medicaid for free or reduced-price school meals.



## **Increase Eligibility for School Meals**

Ensure more low-income children can eat free meals at school by increasing eligibility.



## **Leave Children Out of School Meal Debt Collection**

Help schools end the stigma around Free and Reduced lunch and reduce school meal debt.



## **Ensure All Children Have Access to Breakfast & Lunch**

Require all schools to offer both breakfast and lunch, ensuring no child is left hungry at school.



## **Create an Online F/R School Meal Application**

Create an online application for free and reduced-price meals to streamline the process for families and schools.

# Stay Connected

**Tiffany Brewster**

Policy Development & Advocacy Director

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**NH HUNGER**  
SOLUTIONS  
ENDING HUNGER IN NEW HAMPSHIRE





# Changing the Poverty Measure in the NH School Funding Formula

## SB 293

### Changes how New Hampshire measures poverty to determine state education funding

Uses Medicaid enrollment of children up to 185% of federal poverty level or free and reduced meal enrollment to dictate the amount of differentiated aid for school districts

### Why a new poverty measure?

Compensates schools fairly

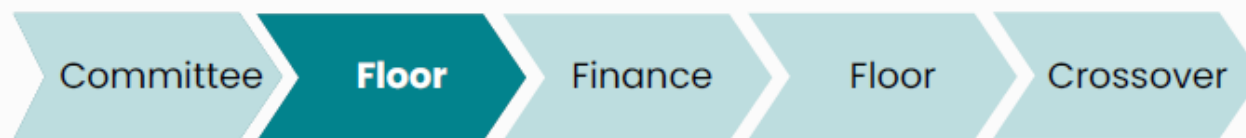
Allow schools to participate in Community Eligibility Provision (CEP) – **103 schools in NH are eligible but only 2 use it**

A more accurate measure of children in need



# Changing the Poverty Measure in the NH School Funding Formula

## SB 293



The bill is being voted on by the full Senate Thu, March 13th.

The **majority voted**  
**Inexpedient to Legislate (3-2)**



# Increase Access & Eligibility for School Meals

**SB 205** All schools offer both lunch and breakfast

**SB 204** For schools that opt in, state splits cost to:

- Increase eligibility up to 200% of the Federal Poverty Level
- Create online free and reduced meal application

## Why Expand Eligibility for Free Meals?

- Student Well-Being
- Academic Outcomes
- Reduces Food Insecurity
- Family Financial Security
- Financial Strain on Schools
- Simplifies Administration
- Economic Activity



# Increase Eligibility for School Meals

<b>Costs to State of New Hampshire if Children Eat Free Breakfast and Lunch At School by Income Level</b>	
<b>Children in Public Schools with Family Incomes Between 130–185% FPL: 11,209</b>	
<b>Total estimated state cost to raise free school meals to 185% FPL at 70% participation in lunch***</b>	<b>\$564,934</b>
<b>Number of Children who could eat breakfast and lunch at school for free at this level</b>	<b>31,382</b>
<b>Children in Public Schools with Family Incomes Between 185–200% FPL: 4,017</b>	
<b>Total estimated state cost to raise free school meals to 200% FPL at 45% breakfast participation and 70% lunch***</b>	<b>\$3,238,783</b>
<b>Number of Children who could eat breakfast and lunch at school for free at this level</b>	<b>36,053</b>
<b>Children in Public Schools with Family Incomes Between 185–300% FPL 27,159</b>	
<b>Total estimated state cost to raise free school meals to 300% FPL at 45% breakfast participation and 70% lunch***</b>	<b>\$18,643,050</b>
<b>Number of Children who could eat breakfast and lunch at school for free at this level</b>	<b>62,962</b>



# Increase Access & Eligibility for School Meals

## SB 205

All schools offer both lunch and breakfast



The bill is being voted on by the full Senate Thu, March 13th.

The **majority voted**  
**Inexpedient to Legislate (3-2)**



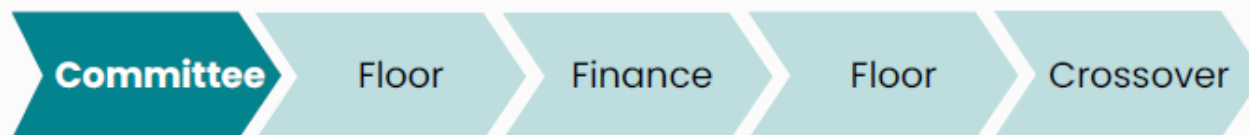


# Increase Access & Eligibility for School Meals

## SB 204

For schools that opt in, state splits cost to:

- Increase eligibility up to 200%
- Online meal application



The bill has been placed **on the consent calendar** for the next Senate session Thu, March 13th

The **majority voted**  
**Ought to Pass (5-0)**



# Leave Children Out of School Meal Debt Collection



**Causes children emotional harm and denies them access to nutritious meals**

## HB 703

### Prohibits punishing children for their parents debt

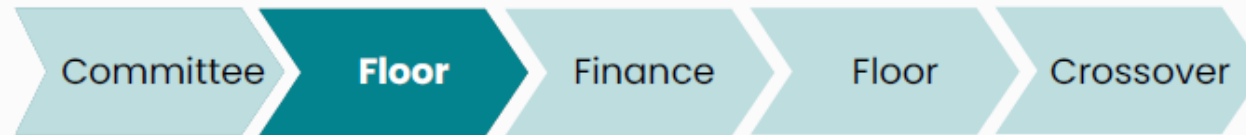
When families are unable to pay school meal bills, children are sometimes:

- Denied food entirely
- Given “alternative” stigmatizing meals
- Made to expose their families confidential financial information or risk going without food



# Leave Children Out of School Meal Debt Collection

## HB 703



The bill **will be voted on by the full House** Thu, Mar 13th

The **committee majority recommended**  
**Inexpedient to Legislate (10-8)**

The **minority recommended an amendment**  
that would make the bill budget neutral



# Create an Online F/R School Meal Application

## HB 646

**Online application streamlines process for families and schools**

- Ensures privacy
- Reduces stigma
- More user friendly
- Results in fewer errors

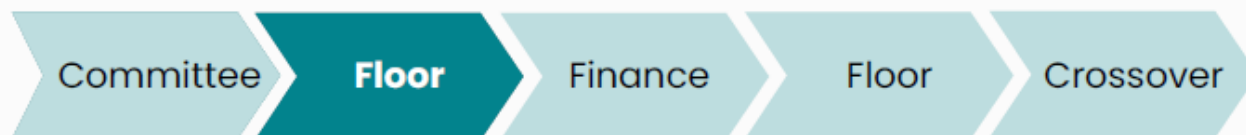






# Create an Online F/R School Meal Application

## HB 646



The bill was **will be voted on by the full House** Thu, Mar 13th

The **committee majority recommended**  
**Inexpedient to Legislate (10-8)**

The **minority recommended an amendment**  
that would reduce the cost of the bill and make it  
an opt-in grant program for schools





# Want to Take Action?

Visit our website for the latest policy  
updates and advocacy actions

WWW.NHHUNGERSOLUTIONS.ORG

Click 'Take Action' > 'Become and Advocate'



@ENDHUNGERNH



@NHHUNGERSOLUTIONS



@HUNGERNH



**NH HUNGER**  
SOLUTIONS

ENDING HUNGER IN NEW HAMPSHIRE



# The Political Drivers of Health ECHO

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

*Session 3, Right Care, Right Time, March 20<sup>th</sup>, 2025*



# RIGHT CARE, RIGHT PLACE

## The Post-Acute Care Crisis

*Susan A. Reeves, EdD, RN, CENP*

*System Chief Nurse Executive, Dartmouth Health*

*Board Chair, New Hampshire Hospital Association*

# Right Care, Right Place: The Problem

692, 508, 467

25%

250+



# Right Care, Right Place: The Health Care System



# Right Care, Right Place: The Inputs

- Demographic drivers (with more aging comes more need for care and intervention)
- SDoH drivers
- Access to Care Challenges, Particularly in Rural Settings
  - Diminished capacity to have needed care locally
  - Care Deserts
- Increasing Complexity of Care
  - Multiple Comorbid Conditions
  - Technology
  - Co-occurring psychiatric disorders/aggression
  - Substance Use Disorder
  - Specialty Drugs
  - Ongoing need for higher level episodic care (e.g. infusion, dialysis, chemotherapy, radiation therapy) requiring transport to and from hospital facilities

# Right Care, Right Place: The Inputs (cont.)

- Financing barriers
- Quadrademic of 2024-2025
- Workforce Shortages: Medical Social Workers, Care Managers

# Right Care, Right Place: The Outputs

- Lack of skilled nursing bed capacity
  - NH moratorium on building additional skilled nursing home beds
  - The post-pandemic landscape
  - Lack of transparency into this care sector
- Approval Processes for Assured Payment (Medicaid) are Backlogged
- Inadequate # of Individuals Trained and Available as Guardians
- Home Care Constraints



## Right Care, Right Place: The Impacts

- Without “outflow” from the acute care environment, the “input mechanisms” begin to back up.
  - Emergency Room Overcrowding
  - Delays in Elective and some Urgent Surgical Scheduling
  - Recovery Room ‘Holds’
  - Inability to Accept Inpatient Transfers, Critically Ill, Trauma
    - Necessary Care Leaving NH Creating Significant Hardship for Patients & Families
  - Long hospital stays with potential for iatrogenic issues

## Right Care, Right Place: Time to Act!

- A big problem that is complex in nature
- Complexity Science would suggest “a few simple rules”
- “Start Where You Are, Use What You Have, Do What You Can” A. Ashe
  - If we can’t measure the problem, we can’t improve it (NH SB288)
  - Presumptive Eligibility (NH SB131)
  - Guardianship Process and Availability Enhancement (NH SB127)

# Right Care, Right Place: Achieving Flow is the Right Thing to Do





Upstream –

# Right Care, Right Time Coalition



HOME CARE, HOSPICE  
& PALLIATIVE CARE ALLIANCE  
OF NEW HAMPSHIRE

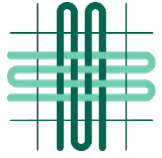


NEW HAMPSHIRE  
HEALTH CARE ASSOCIATION



Association of Counties





# Right Care, Right Time

[SB 127 – relative to the office of the public guardian and making appropriations to DHHS](#)

[SB 131 – relative to long-term care eligibility and making an appropriation thereof](#)

[SB 288 – establishing an advisory council on long-term care within the DHHS](#)





Dartmouth  
Health

# The Role of Public Guardians in More Timely Discharge

*Lisabritt Solsky Stevens, JD*  
*CEO Office of Public Guardian*

# What is Guardianship and Who is OPG?

- Guardianship is a legal construct
- As determined by Probate Courts, Guardians may be appointed to support incapacitated adults
  - Incapacity presents as inability to care for oneself, home, family, finances and/or pets creating unsafe or dangerous situations for the individual or others.
  - Incapacity frequently arises from severe and persistent mental illness, developmental or intellectual disability, traumatic brain injury, and/or dementia.
  - Most guardians are family or friends. Those who have no family/friends who can or should act in the capacity, can have a Professional Guardian Appointed.

OPG employs private professional guardians, certified by the National Guardianship Association.

# Guardian Scope

- Consent to Medical treatment (help facilitate placement in appropriate setting)
- Determine where an individual will live – is home a safe option?
- Manage public benefits and finances
- Authorize contracts
- Authorize legal actions
- Authorize marriage or divorce

# Incapacitated People Get Stuck in the Hospital

- They were incapacitated in the community, but no one knew OR whatever landed them inpatient resulted in incapacity
- When incapacitated, the individual cannot meaningfully participate in discharge planning
- Patients' needs for a decision maker has been the 3rd most prevalent barrier to discharge according to the NH Foundation for Healthy Communities
  - The last point in time data, which did not include all NH hospitals reporting, had 17 such individuals "waiting" and contributed more than 55 unnecessary bed days
- These individuals do not have access to publicly funded guardianship services and (appear to) lack funds to pay for the service

# SB 127 (2025)

- Stakeholders including the DHMC, NHHA, OPG, NHHCA, Catholic Charities and others = "Right Care, Right Time" Coalition
- Advocating for multiple bills that address barriers to discharge
- SB 127 creates guardianship capacity and funding for adults who no longer meet inpatient criteria and are unable to participate in discharge planning due to incapacity, to access professional public guardians at OPG
- Estimated cost savings of \$5M in uncompensated care annually, a 100% ROI
- DHHS is supportive of this initiative
- It has passed Senate HHS 5-0 and was referred to Senate Finance for action last week
- Coalition hopeful the bill and appropriation will be incorporated into the FY 26-27 state budget



# Questions?

Thank you!



# The Political Drivers of Health ECHO

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

*Session 4, Safe and Affordable Housing, April 3<sup>rd</sup>, 2025*



# Insecure Housing/ Homelessness

## Life impacts

- Reduced activity, mobility, self-efficacy
- Social disruption
- Limited or unemployment
- Financial burdens or bankruptcy due to health costs



## Challenges to health

- Chronic toxic stress, hypervigilance
- Limited hygiene resources
- Risk of violence & injury
- Medication access, storage, admin
- Wound & acute care management
- Chronic illness management
- Less access to health care

## Poor Health

- Mental health challenges
- Wounds, injuries, infections
- Increased ER visits
- Developmental challenges in kids
- Pre-term birth
- Cardiovascular conditions
- Shorter life expectancy

Health impacts of housing insecurity, SF Dept of Health, 2019 <https://medasf.org/redesign2/wp-content/uploads/2019/04/SFDPH-HousingInsecurityReport.pdf>; <https://nhchc.org/wp-content/uploads/2019/08/Housing-is-Health-Care.pdf>; Sims M et al, AHA Council on Epidemiology and Prevention and Council on Quality of Care and Outcomes Research. Importance of Housing and Cardiovascular Health and Well-Being: A Scientific Statement From the American Heart Association. Circ Cardiovasc Qual Outcomes 2020; Amato S, Nobay F, Amato DP, Abar B, Adler D. Sick and unsheltered: Homelessness as a major risk factor for emergency care utilization. Am J Emerg Med. 2019 Mar;37(3):415-420 2020 Stookey J, CHPH birth statistic master file

## Insecure Housing or Homelessness

## Challenges to health

- Chronic toxic stress, hypervigilance
- Limited hygiene resources
- Risk of violence & injury
- Medication access, storage, admin
- Chronic illness management
- Wound & acute care management
- Less access to health care



## Life impacts

- Reduced activity, mobility, self-efficacy
- Social disruption
- Limited or unemployment
- Financial burdens or bankruptcy due to health costs

## Poorer Health

- Mental health challenges
- Developmental challenges in kids
- Pre-term birth
- Cardiovascular conditions
- Wounds, injuries, infections
- Increased ER visits
- Shorter life expectancy

## Housing Impacts on Health

### Direct Impacts

#### Toxins

Distance from Service Hubs

Structural Hazards

\$\$ competition for Basic Needs

### Modifiers

Income/Affordability

Match/Fit

Geology/Geography

### Self-Reinforcing Systems

Wealth creates wealth

Formal and Informal exclusion

Access to Capital

'Invisible Hand'



### Groundwater contaminants

PFAS (Per- and Polyfluoroalkyl Substances)





## Housing Impacts on Health

### Direct Impacts

Toxins

Distance from Service Hubs

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### Modifiers

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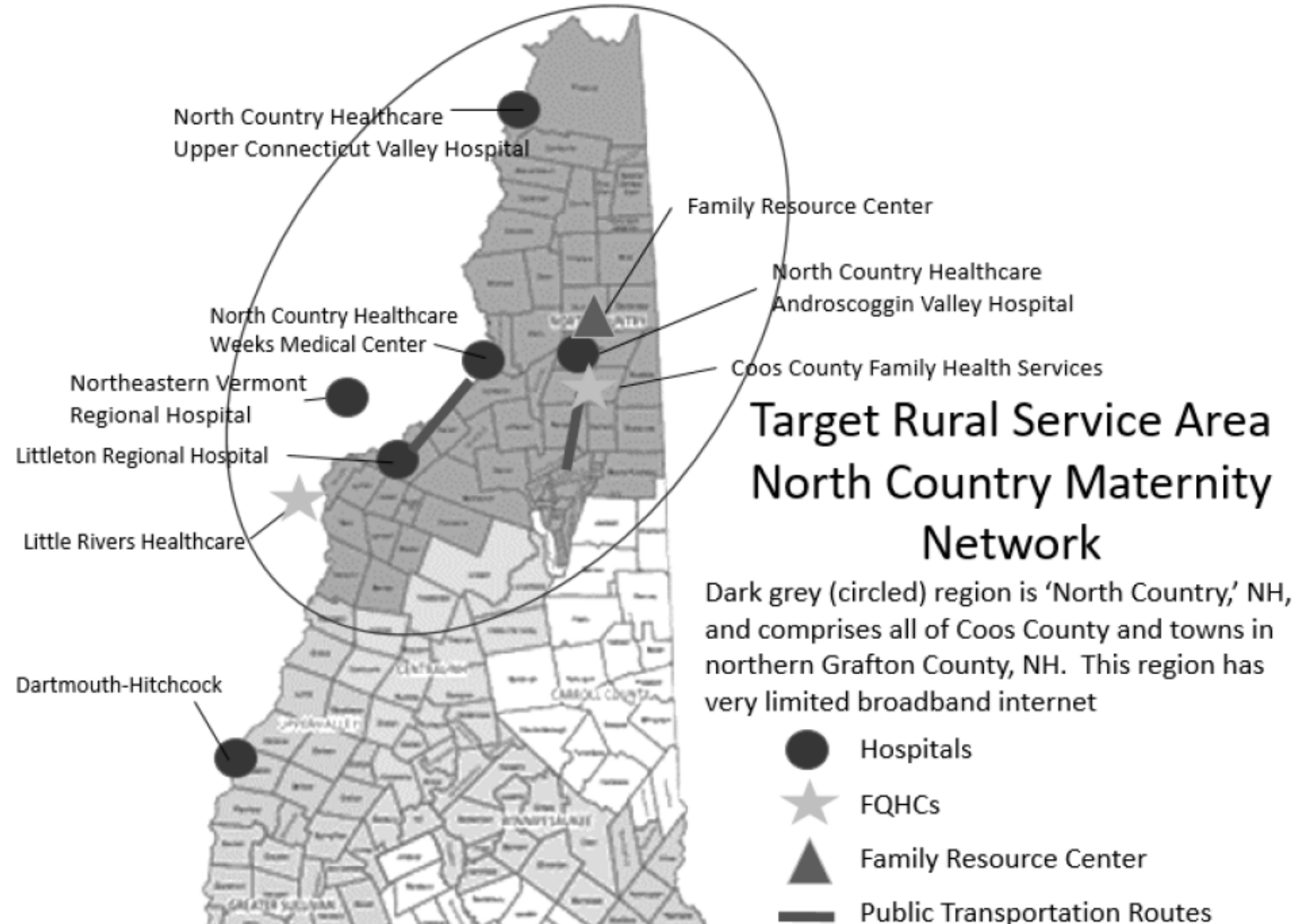
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### Modifiers

Income/Affordability

Match/Fit

Barriers to Construction

Limited Housing Stock

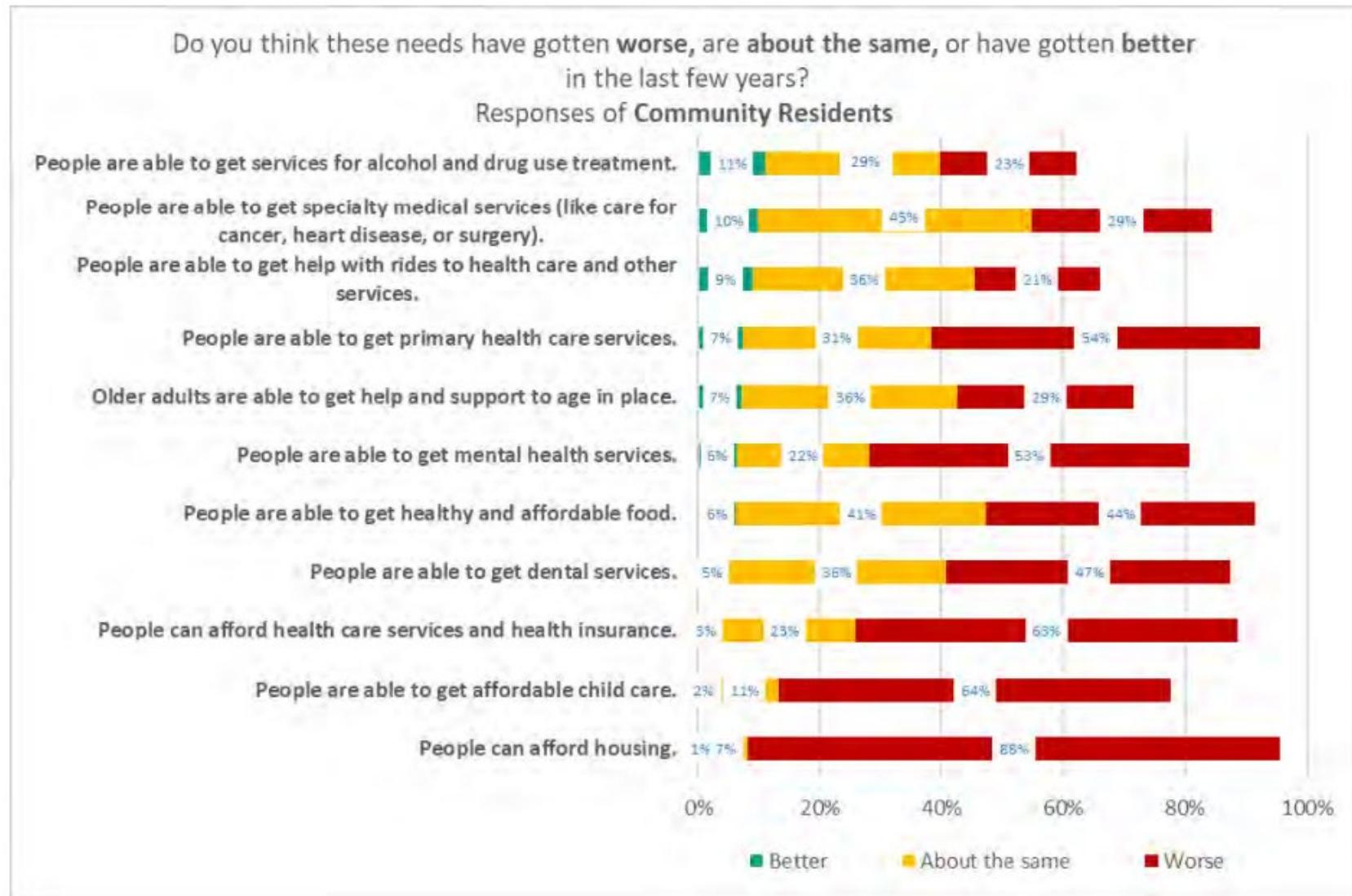
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## Housing Impacts on Health

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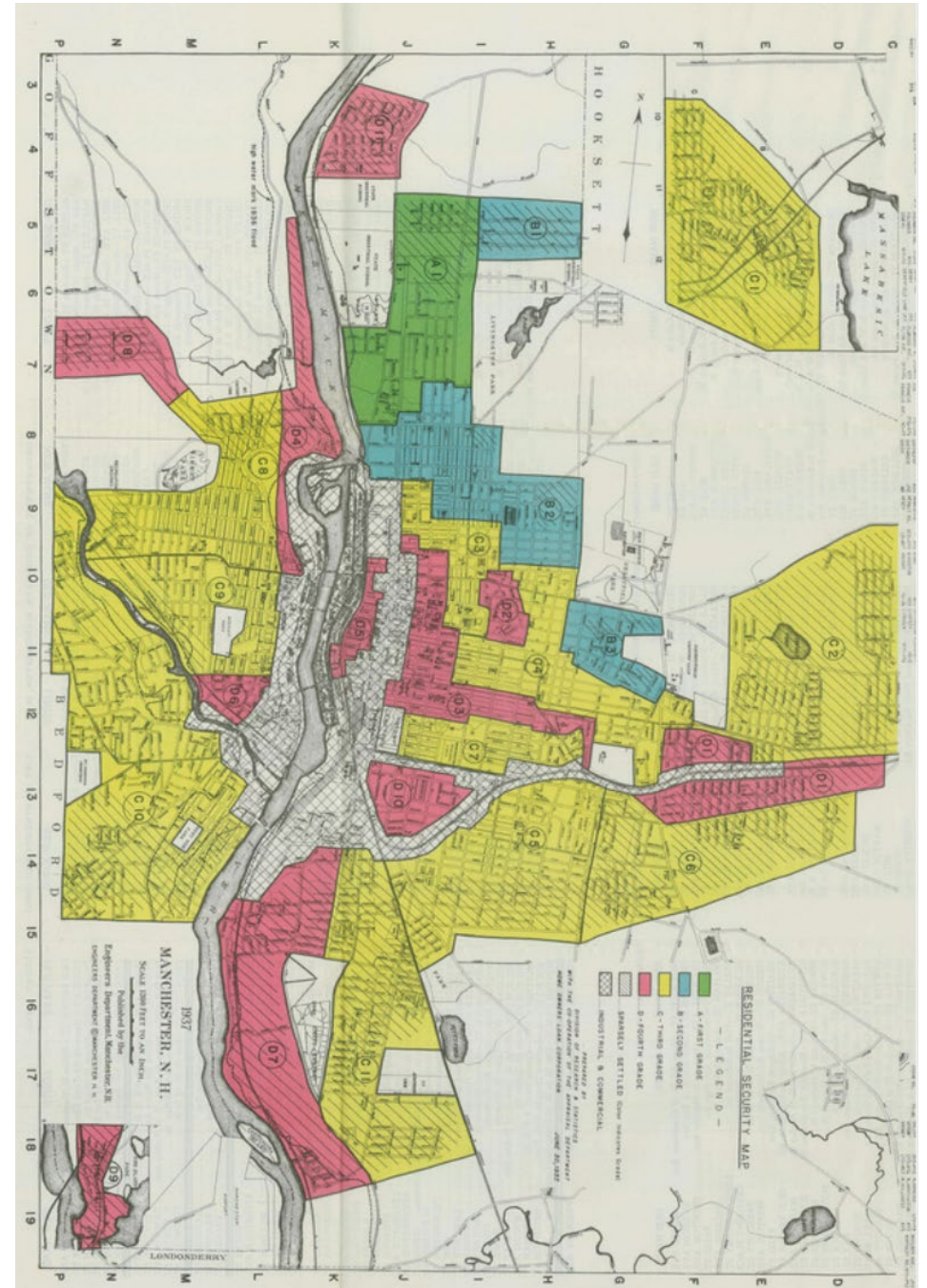
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## **Housing Impacts on Health**

### **Direct Impacts**

Toxins

Distance from Service Hubs

Structural Hazards

\$\$ competition for Basic Needs

### **Modifiers**

Income/Affordability

Match/Fit

Geology/Geography

### **Self-Reinforcing Systems**

Wealth creates wealth

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## **Policy Issues Impacting Housing & Health**

### **Direct Impacts**

Mitigation and Abatement Funding

Public Transportation Systems

Home Health Services and Supports

Public Assistance/Benefits Programs

### **Modifiers**

Rental Subsidies / Lending Incentives

Developer Incentives, Tax Credits

Zoning Policies

### **Self-Reinforcing Systems**

Incentives for Saving/investing

Anti-Discrimination Policies/Enforcement/Restorative

Lending Practices/Incentives

Tax Structure, Estate Taxes





## Housing Impacts on Health

# Dartmouth Health Investment of \$5M Board-Designated Funds/Reserves in NH Community Loan Fund Resident-Owned Cooperatives to Preserve Affordable Housing and Support Rentership-to-Ownership

### Direct Impacts

Toxins  
Distance from Service Hubs  
Structural Hazards  
\$\$ competition for Basic Needs

### Modifiers

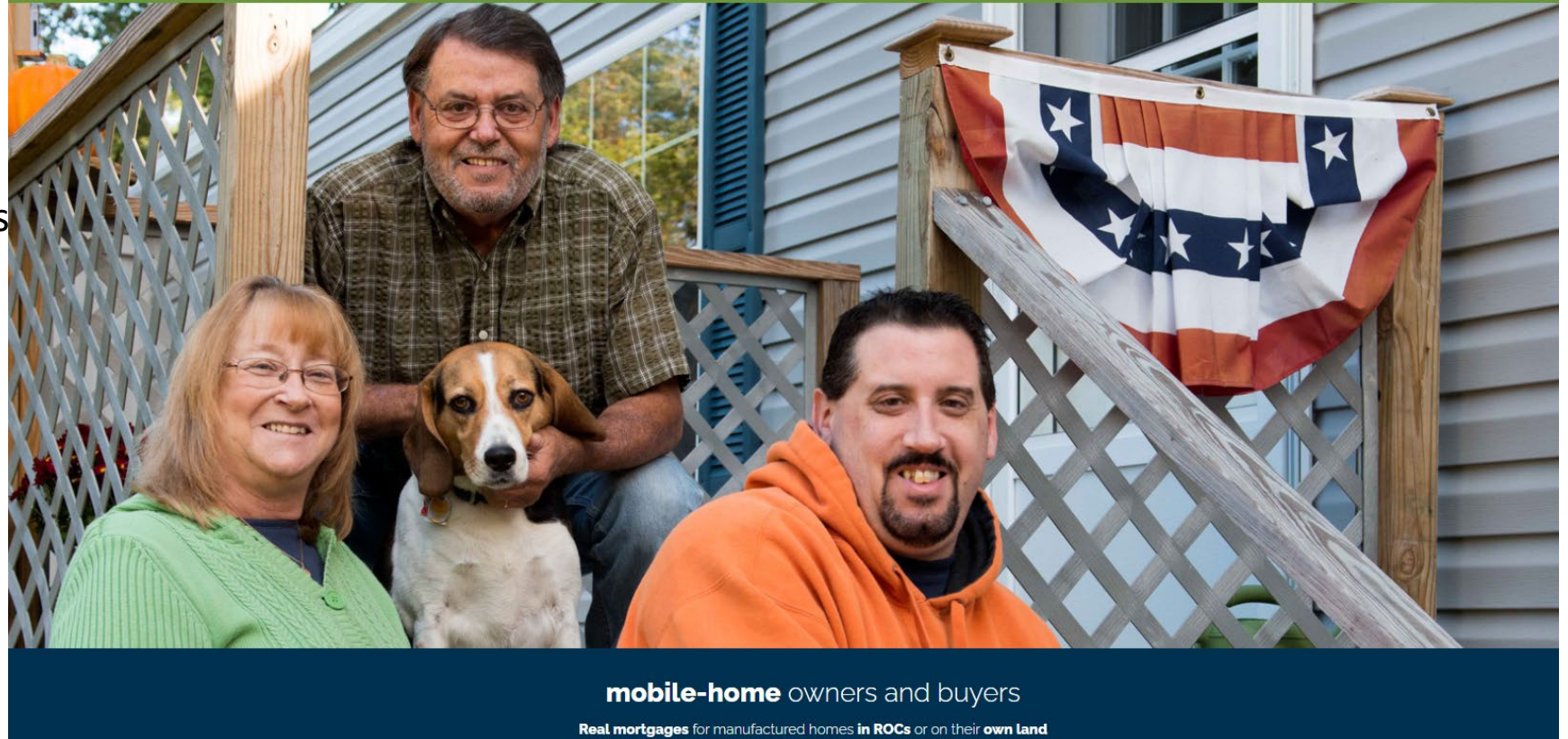
Income/Affordability  
Match/Fit  
Geology/Geography

### Self-Reinforcing Systems

Wealth creates wealth  
Formal and Informal exclusion

### Access to Capital

'Invisible Hand'



# Upper Valley Housing Fund

**Dartmouth Health** and **Mascoma Bank** pledged initial investments in an affordable Housing Fund managed by **Evernorth**.

- Investors receive a 1.5% fixed rate return over 15 years
- Developers expect to leverage an additional \$67M
- Low cost of capital enables development of affordable units.
- Anticipated 260 new units over 2-3 years. 94% of units affordable to people earning \$13-\$25/hour with rents ranging \$1200-\$1600/month.
- Dartmouth Health invested \$3M.
- Our ‘first in’ pledge provided a ‘leveraging signal.’

**Success! \$8.95M fund created!**  
Projects now ‘in queue.’  
Fund II being discussed.



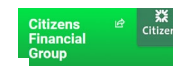
2017 HAN, Maggie Super Church, Conservation Law Foundation!!!



2019 Consult and Regional Convening



2021-22 Early Commitment and Prospectus



2022 Additional Investors and Project Queue



Fund II?



NEW HAMPSHIRE  
HOUSING

# ECHO Series - Political Drivers of Health: Housing Needs in the Granite State

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**Rob Dapice, CEO**

New Hampshire Housing

March 2025





NEW HAMPSHIRE  
HOUSING

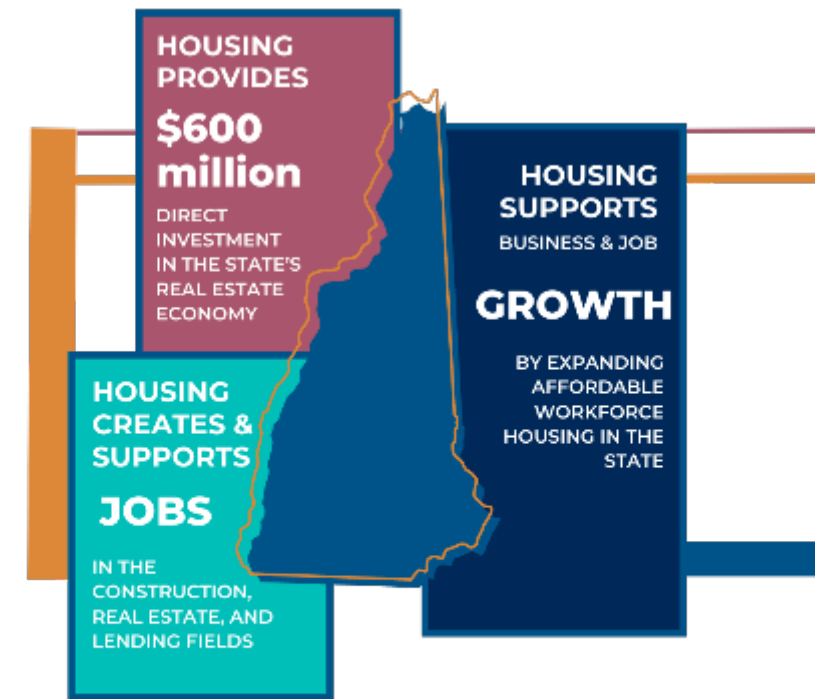
# We promote, finance, and support housing solutions for the people of NH.

- Financed 1,646 units of multifamily rental housing in FY24
- Monitored operations of thousands of rental housing units financed by NH Housing
- Administered federally funded rental assistance for 9,000 households statewide
- Helped 1081 families purchase a home in FY24

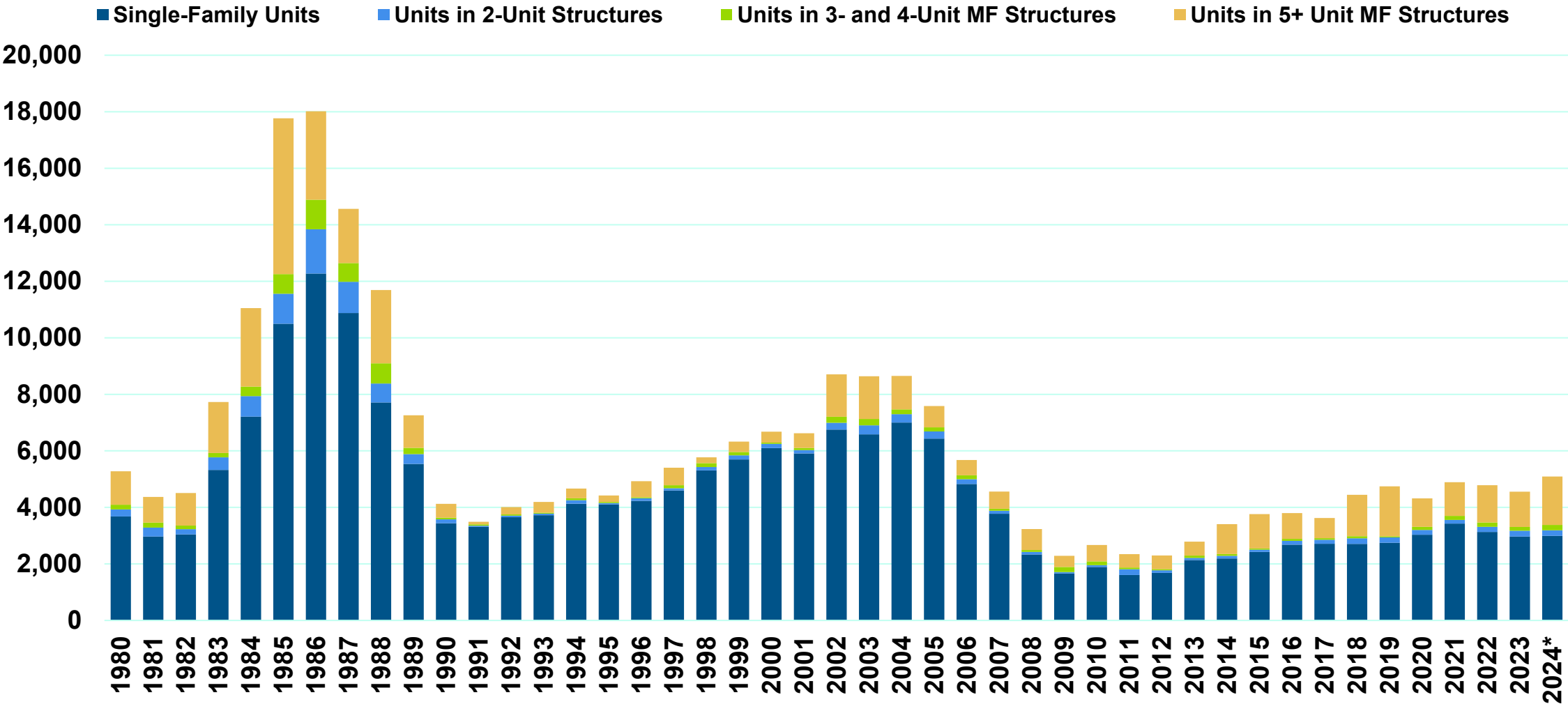
# Why We Are Here Today

## New Hampshire's in Need of Affordable Housing

- In 2024, the avg price of a single-family home topped **\$500,000**
- Rents continue to increase
  - **Statewide Gross Median rent is \$1,833 for a 2-bedroom unit**
  - **Only 13% are affordable to the median renter household.**
- Demand for action is strong:
  - **36%** of UNH Granite State Poll respondents identified housing costs as the state's biggest issue
  - **75%** of voters agree that more housing is needed in their communities (St. Anselm Survey)
- Based on estimated population growth:
  - Almost **60,000 new units** between **2020 and 2030**
  - Nearly **90,000 new units** between **2020 and 2040**
  - To meet production needs, **we need to increase permits by 36% over recent levels**

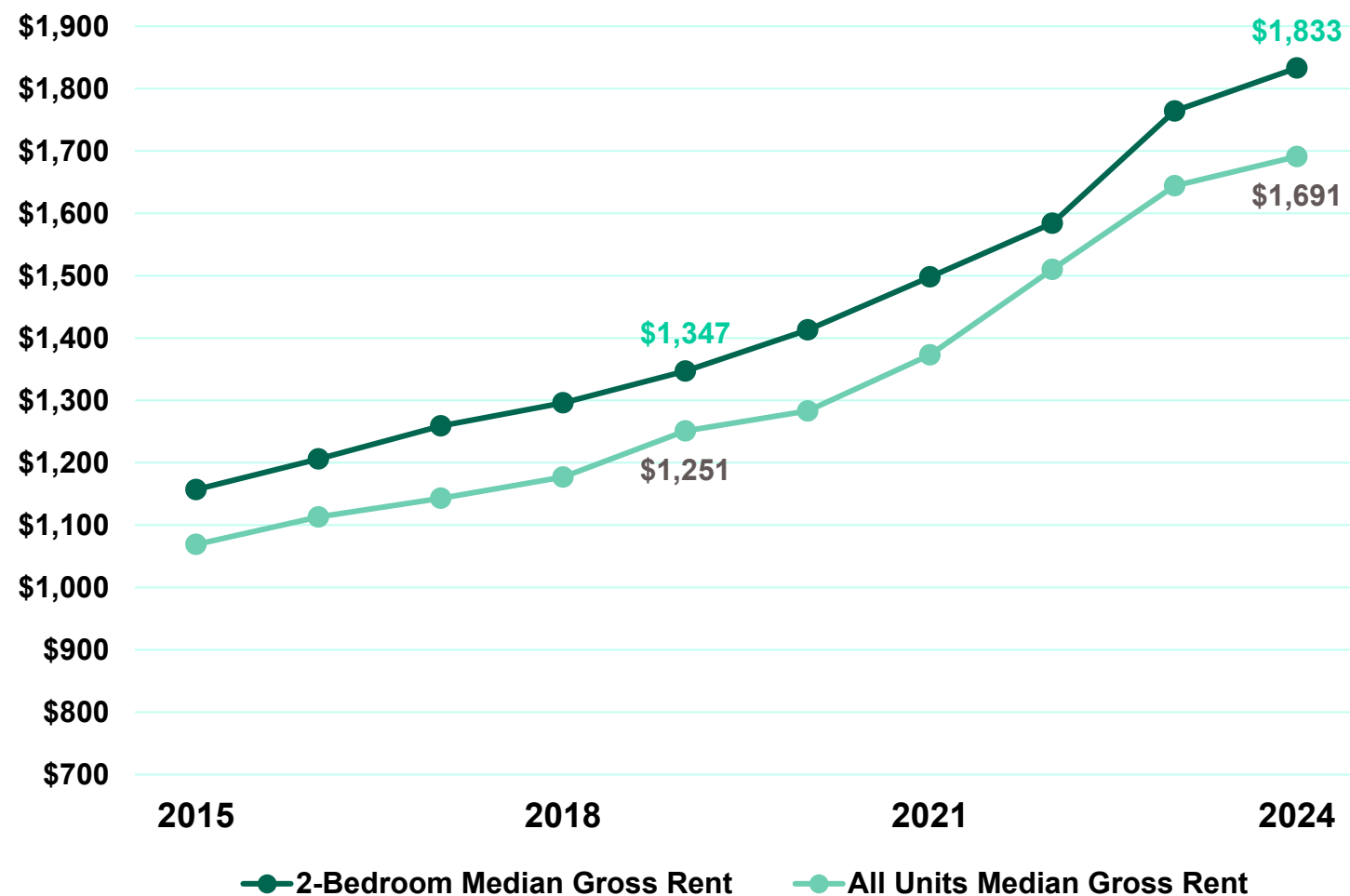


# NH BUILDING PERMITS ISSUED 1980 - 2024



Source: U.S. Census Bureau, Construction Statistics Division  
Notes: \*2024 Preliminary Annual Permits by State Data

# MEDIAN GROSS RENTAL COST



**+36%**

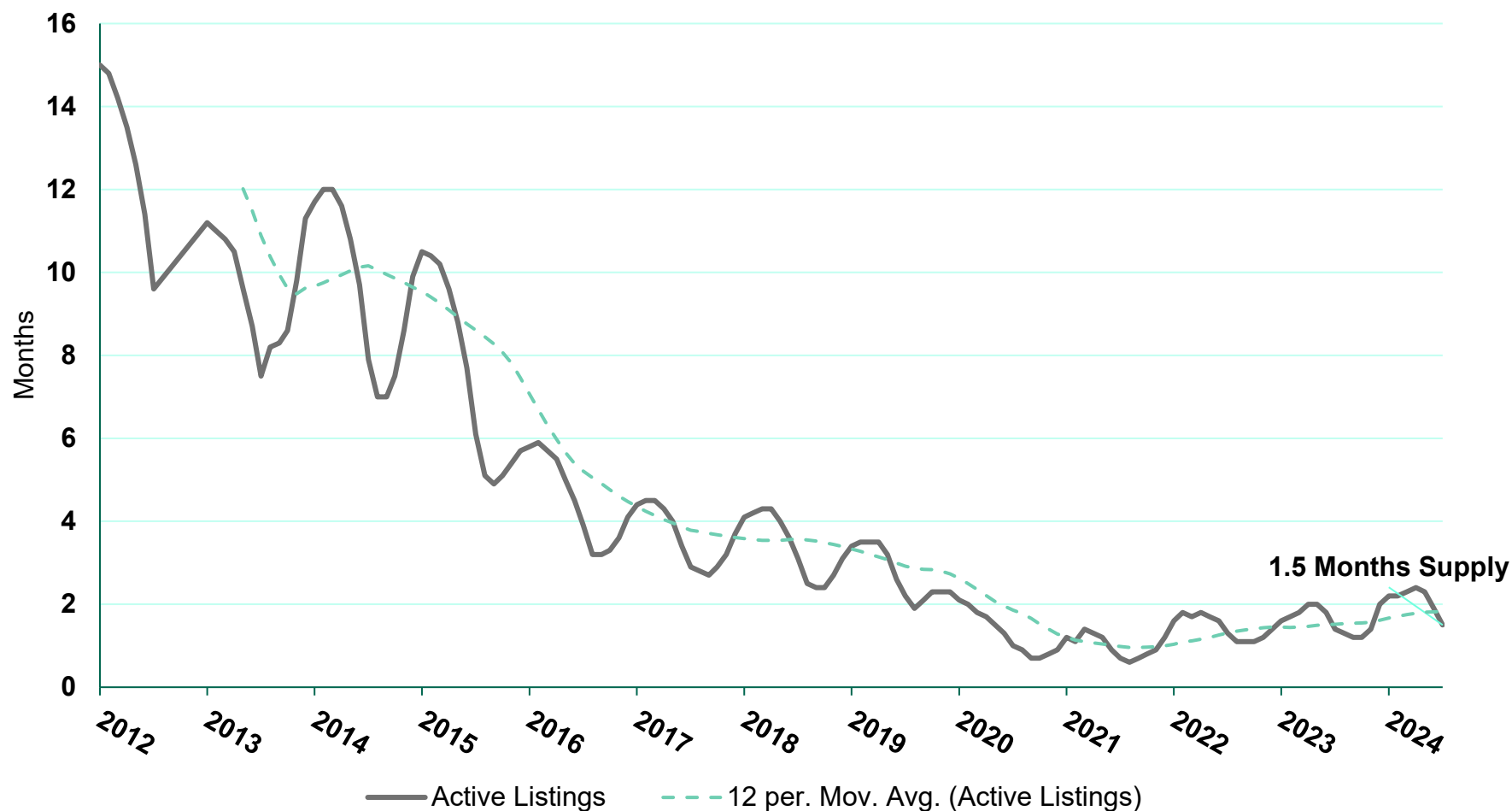
The statewide median gross rent (including utilities) for a 2-bedroom unit has increased 36% in the past five years.

**+35%**

Source: 2024 New Hampshire Housing Annual Residential Rental Cost Survey

# SINGLE-FAMILY HOUSING INVENTORY

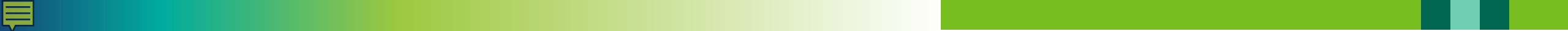
Months to absorb active listings at prior 12 months' sales pace



Inventory shortage  
has the greatest  
impact at the lower  
end of the market

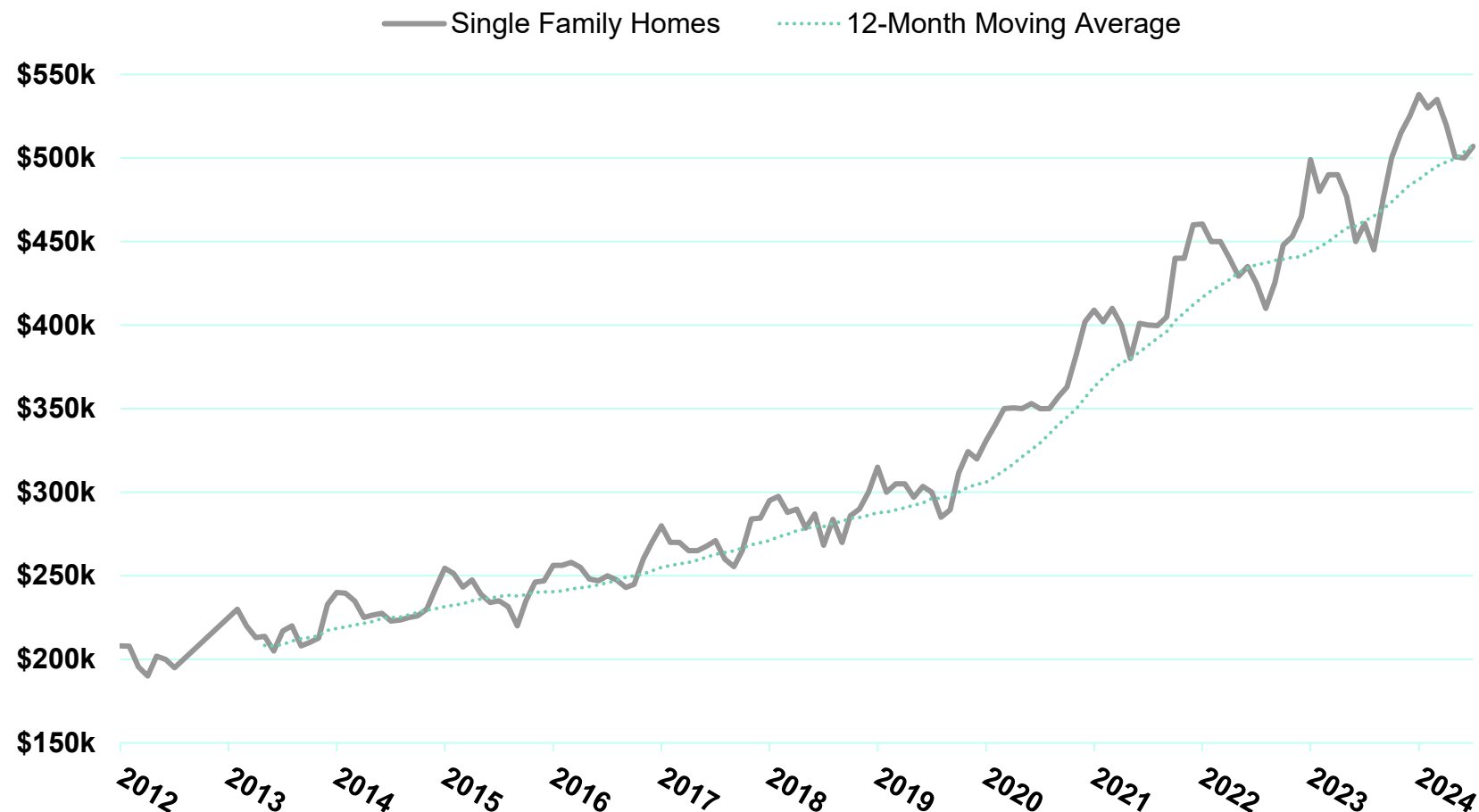
Less than 6 months  
of inventory is a  
***seller's market.***






# SINGLE-FAMILY MEDIAN SALES PRICE

Median Sales Price for Single Family Homes in NH from Years 2012 to 2024



Dec  
2020 **\$350K**

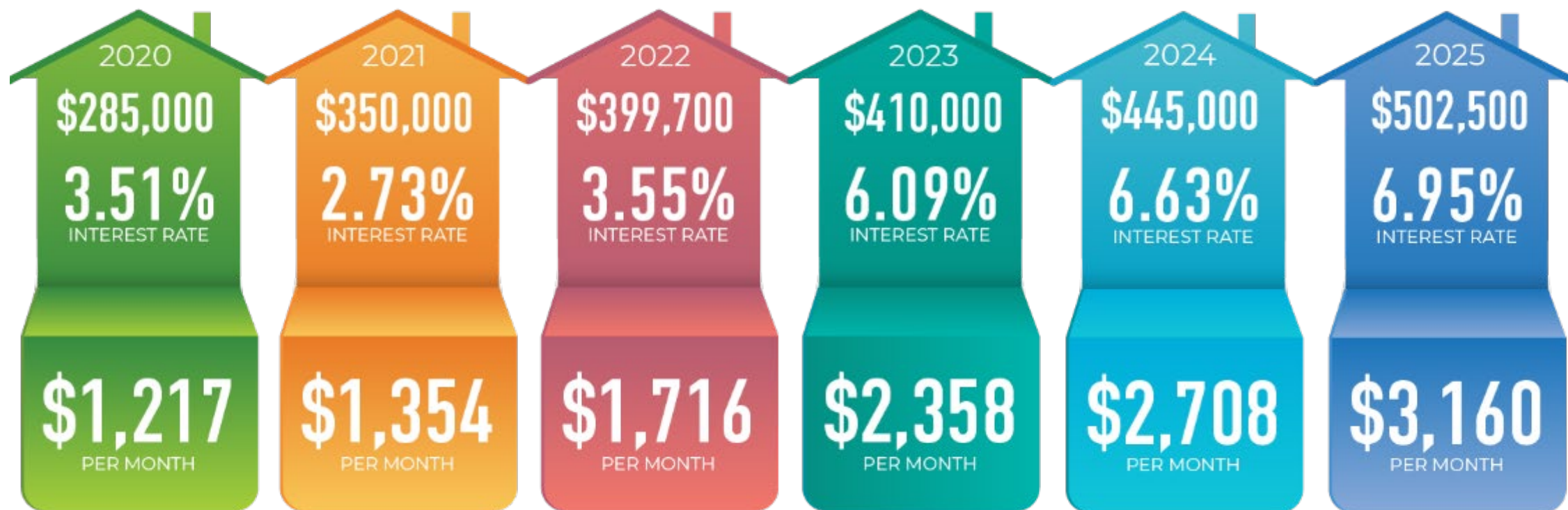
Dec  
2024 **\$507K**

 **45%**

Source: New Hampshire Association of Realtors NH Monthly Indicators

# 7-Year Costs and Interests Increase

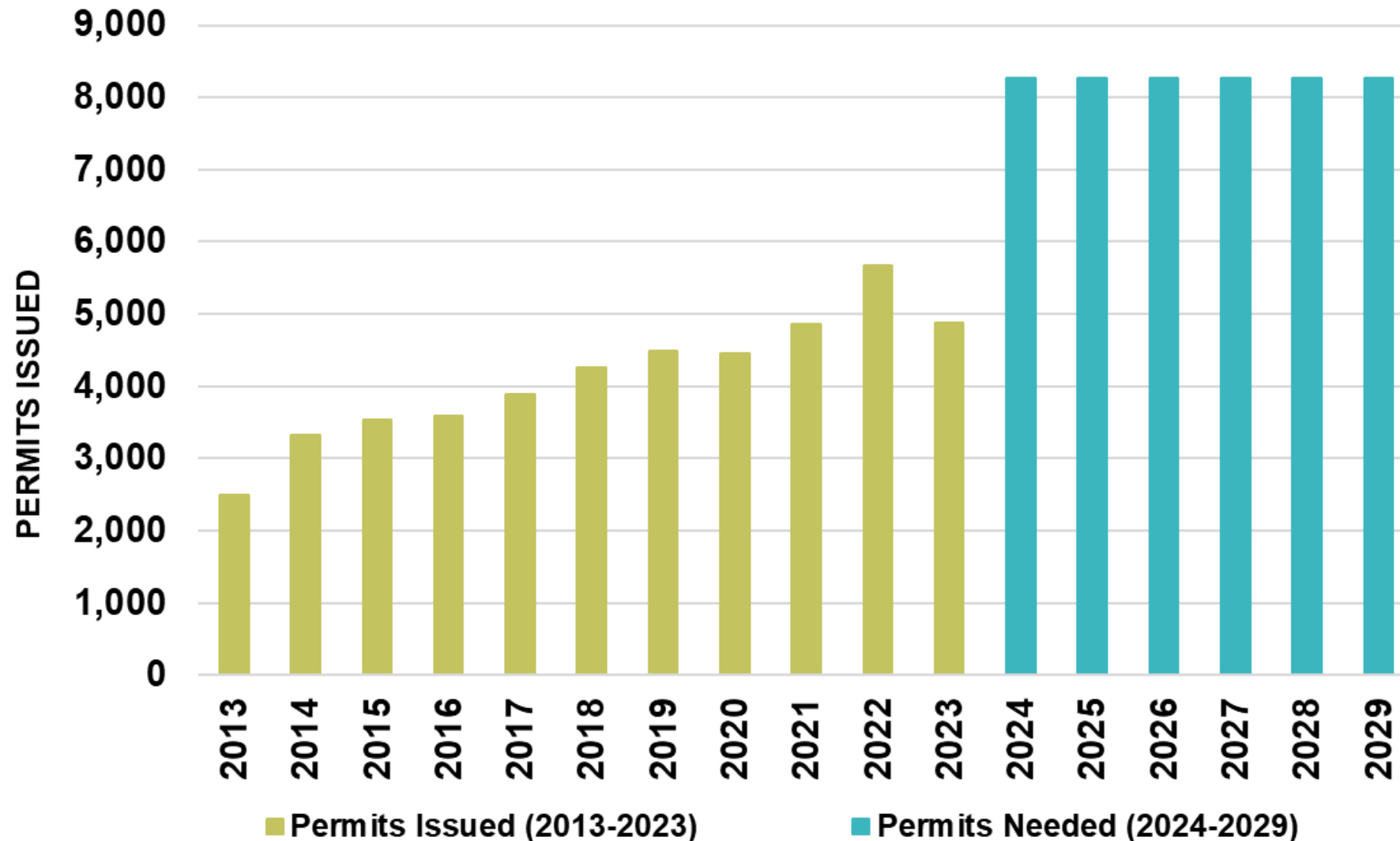
Year-to-year increase in median home prices and interest rate changes in NH



Interest rate and payments calculated based on the median price in January of each year, with 5% down payment, 30-year mortgage. Per-month cost reflects principal and interest only, excludes estimated insurance and taxes.

Sources: New Hampshire Realtors NH Monthly Indicators, <https://www.freddiemac.com/pmms>

# HOW DO WE CLOSE A 60,000 UNIT GAP?





NEW HAMPSHIRE  
HOUSING

# NH HOUSING PROGRAMS



# OUR HOMEOWNERSHIP PROGRAMS

- **Unique Mortgage Programs**

- Downpayment Assistance up to \$15K
- 1stGenHomeNH (\$10K downpayment)

- **Homebuyer Education**

Grants to HOMEdteam, AHEAD,  
The Housing Partnership

- **Special Grants**

Granite State Independent Living,  
Habitat for Humanity

- **NH Homeowner Assistance Fund Program**

## FY24 HOMEOWNERSHIP PROGRAMS

### SINGLE-FAMILY MORTGAGE PROGRAM

**\$329M**

Total Mortgage Loans

**1,081**

Mortgage Loans

**998**

Loans to First-Time Homebuyers

### NH HOUSING BORROWER PROFILE

**\$93,000**

Average Income

**\$304,000**

Average Loan Size

**2.25**

Household Members

**36**

Average Age

### DOWNPAYMENT ASSISTANCE (DPA)

**\$4.6M**

Total DPA in FY24

**461**

Loans with DPA

**\$10,026**

Average DPA per Homeowner



# ASSISTED HOUSING DIVISION

## Housing Choice Vouchers

(Section 8 vouchers)

- Direct assistance to low-income households



## Other Assistance Programs

- Family Self-Sufficiency financial & employment coaching
- Voucher Assisted Mortgage Option
- Veterans Affairs Supportive Housing Vouchers
- Moving to Work Agency (HUD program)
- Family Unification Program
- Foster Youth to Independence Program

### FY24 HOUSING CHOICE VOUCHER ASSISTANCE

**\$19,260**

Average Income of Participant

**\$49 MILLION**

Provided in Rental Assistance

**4,338**

Vouchers Allocated to NH Housing and Issued to Households

**11,800**

Average Number of Household Applications on our Waiting List

**113**

Average Months on the Program

**25**

Average Attrition Rate Vouchers Per Month

# MULTIFAMILY HOUSING DIVISION

We finance construction, acquisition and preservation of affordable rental housing for families, individuals of all ages, and people who need supportive housing services (substance use disorders, veterans, transitional)

## 1,646 Multifamily Housing Units in FY24



General  
Occupancy  
Units

1,456

Age-  
Restricted  
Units

154

Supportive  
Housing  
Units

36



# STATE LEGISLATIVE ACTIVITY UPDATE

## Strong Momentum for meaningful change

- Statewide Housing Supply Coalition is supporting legislation in three categories/ "pillars"
  - Founded by BIA, NH Realtors, NH Homebuilders, & Housing Action NH
  - Coalition includes **25** organizations including local chambers & trade groups
- Legislation to watch:



- Senate Bill 84: Restrains minimum lot size requirements for half of each town's residential areas
- House Bill 577: Towns/Cities must allow one ADU, attached **or** detached
- Senate Bill 188: Empowers builders to hire third-party inspectors
- Senate Bill 81: Funds the Affordable Housing Trust Fund
- HB1 & HB2, the state budget!





- 

# NEW HAMPSHIRE AFFORDABLE HOUSING FUND

FACT SHEET

## A VALUABLE FUNDING TOOL FOR CREATING HOUSING SINCE 1988

  - Provides the ability to allocate NHAF funding to any housing agency and to any type of housing development
  - Supports the creation of a wide variety of housing developments that meet the needs of other housing customers, such as seniors, families, students, and the homeless
  - Allows housing agencies to build or support small to midsize affordable housing projects in areas where it is difficult to find other funding
  - Can be used to create a new source of affordable housing

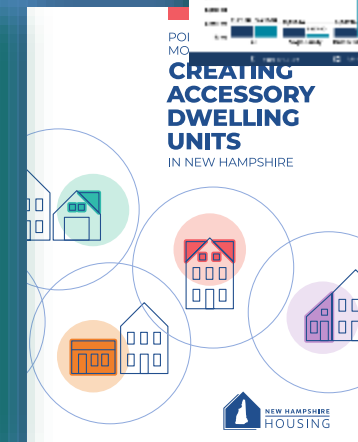
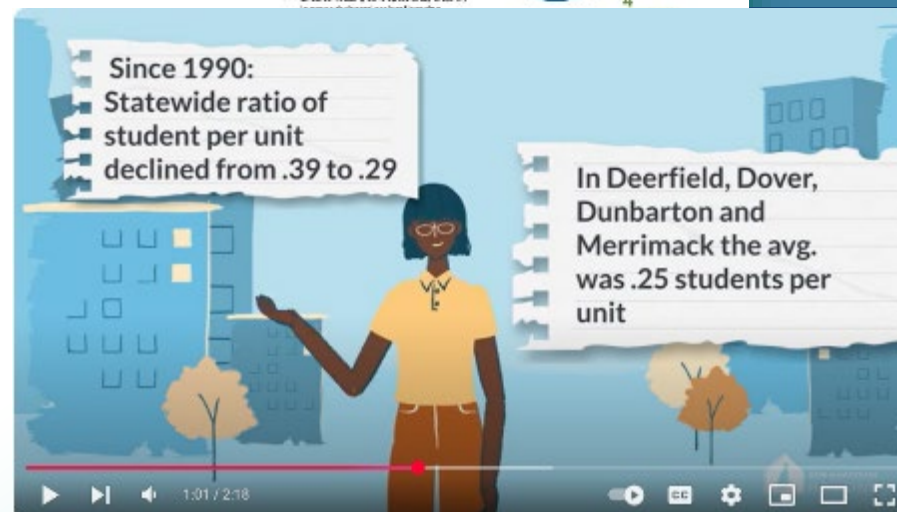


**129**  
PROJECTS  
3,983  
UNITS

**71**  
NEW HAMPSHIRE HOUSING  
AGENCIES

**43**  
COMMUNITY DEVELOPMENT  
CORPORATIONS

**11**  
LOCAL GOVERNMENTS





**Rob Dapice**  
**CEO**  
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info@NHHousing.org

**NHHousing.org**







# The Political Drivers of Health ECHO

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

*Session 5, Vaccine Infrastructure and Access, April 17th, 2025*



  Effective Vaccine

Advocacy: Protecting  
your Community's

Erik Shessler, MD  
Chair for Dartmouth Health Children's Primary Care Pediatrics

Health:  
"Vaccines 101"

# Role of Vaccinations



## What's a Vaccine? Why do we vaccinate?

- A training exercise for the immune system
  - **Vaccines Prepare Our Immune system WITHOUT the disease**
- 
- 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

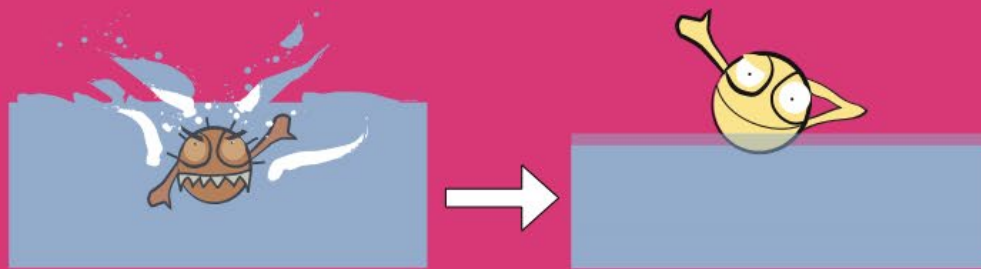
## Immune System Learning Options



**The disease from natural immunity is the COST to obtain immunity compared to the very small cost for vaccination**



## WEAKEN THE VIRUS



Viruses are weakened so they reproduce poorly inside the body.

## INACTIVATE THE VIRUS



Viruses are completely inactivated (killed) with a chemical.

# TYPES OF VACCINES

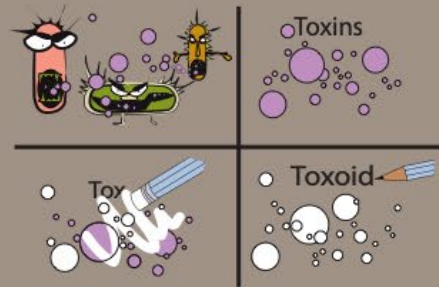
## USE PART OF THE PATHOGEN

### USE PART OF THE PATHOGEN



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

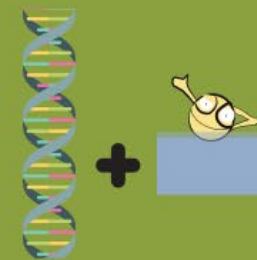
### INACTIVATE THE TOXIN



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



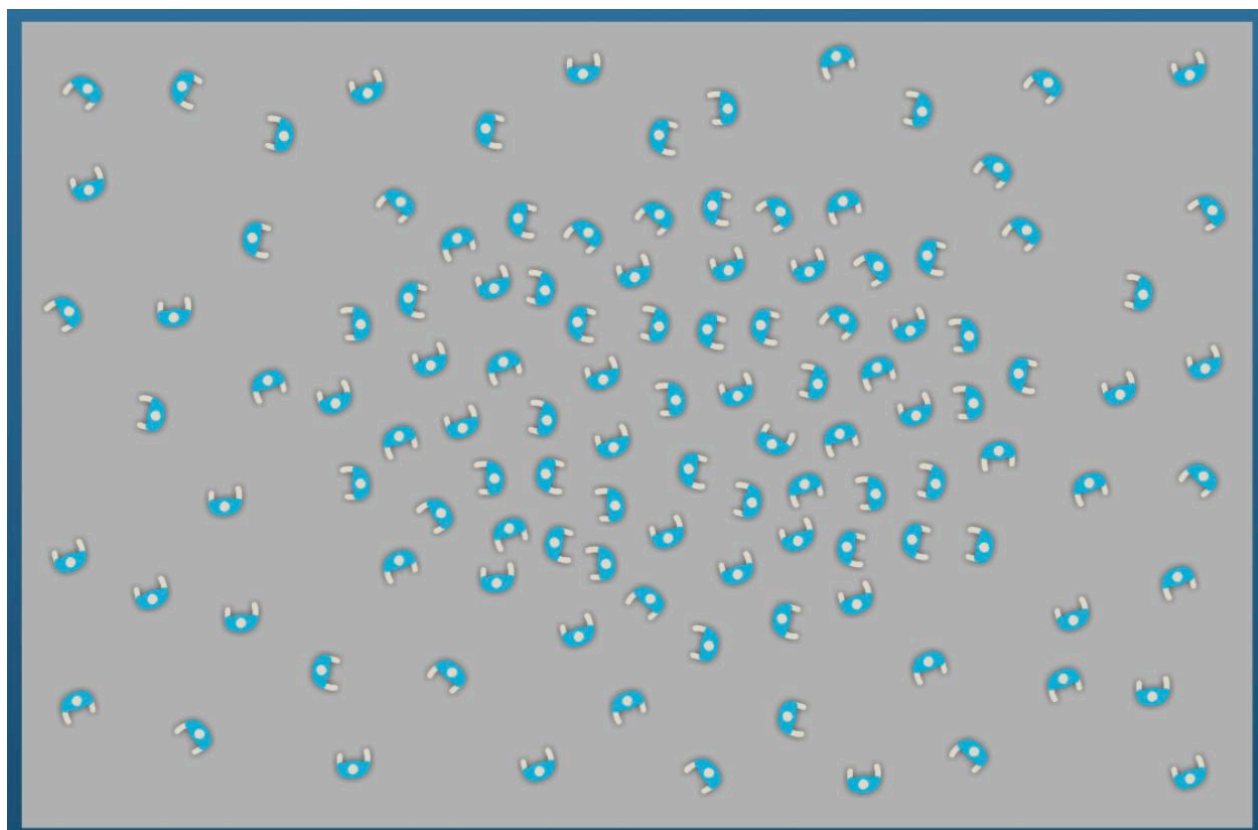
mRNA that is the blueprint for a protein from the pathogen is used as the vaccine.



### DNA



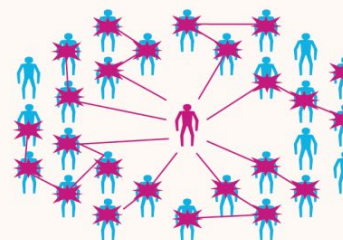
DNA, the genetic code from which mRNA is made, is used as the vaccine.

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

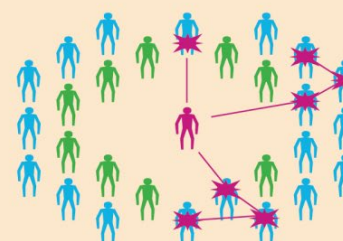


 UNVACCINATED
  VACCINATED
  SICK

## HOW HERD IMMUNITY WORKS



When no one has immunity, contagion has many opportunities to spread quickly.



The more immunity we have in the system, the less often contagion comes into contact with the susceptible.



Spread of contagious disease is contained.

# 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)*

## DID YOU KNOW?

### Parents Miss Work When Children are Ill

When children are sick with vaccine-preventable diseases, parents have to stay at home for extended periods of time.<sup>v</sup>

#### INCUBATION PERIODS BY DISEASE

Chickenpox 10-21 days	Measles 8-12 days	Rubella 14-21 days
Diphtheria 2-5 days	Influenza 1-6 days	Whooping Cough 7-10 days
Hepatitis A 14-50 days	Mumps 12-25 days	Meningitis (bacterial) 2-10 days



# Vaccines are COST SAVING for INDIVIDUALS, FAMILIES and COMMUNITIES

## Vaccines for Children

Protecting America's children every day

The Vaccines for Children (VFC) program helps ensure that all children have a better chance of getting their recommended vaccines. VFC has helped prevent disease and save lives.

CDC estimates that vaccination of children born between 1994 and 2018 will:

prevent **419 million** illnesses  
(26.8 million hospitalizations)

more than the current  
population of the entire U.S.A.

help avoid  
**936,000** deaths

greater than the  
population of Seattle, WA

save nearly **\$1.9 trillion** in total  
societal costs  
(that includes \$406 billion in direct costs)

more than \$5,000 for each American

Updated 2018 analysis using methods from "Benefits from Immunization during the Vaccines for Children Program Era—United States, 1994-2013"

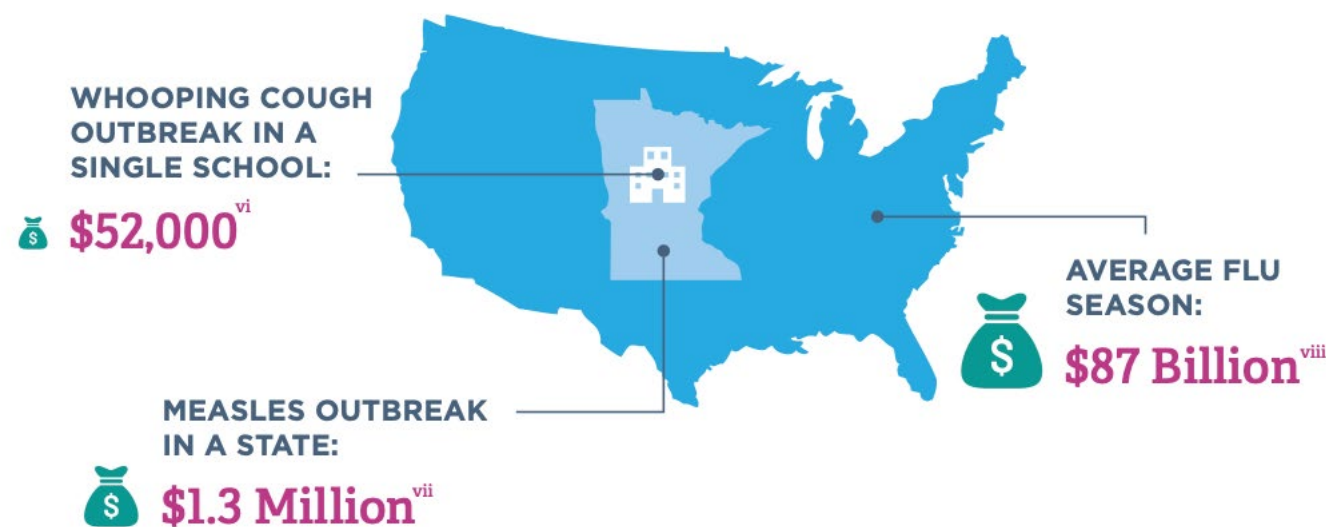
[www.cdc.gov/features/vfcprogram](http://www.cdc.gov/features/vfcprogram)



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

## The Economic Burden of Vaccine-Preventable Diseases

While vaccines save money, treating vaccine-preventable diseases can be expensive for local, state and national authorities:



# 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

## Polio cases and deaths in the US since 1943

The rapid distribution of a new and effective polio vaccine starting in 1955 led to the disease's elimination from the United States in 1979.

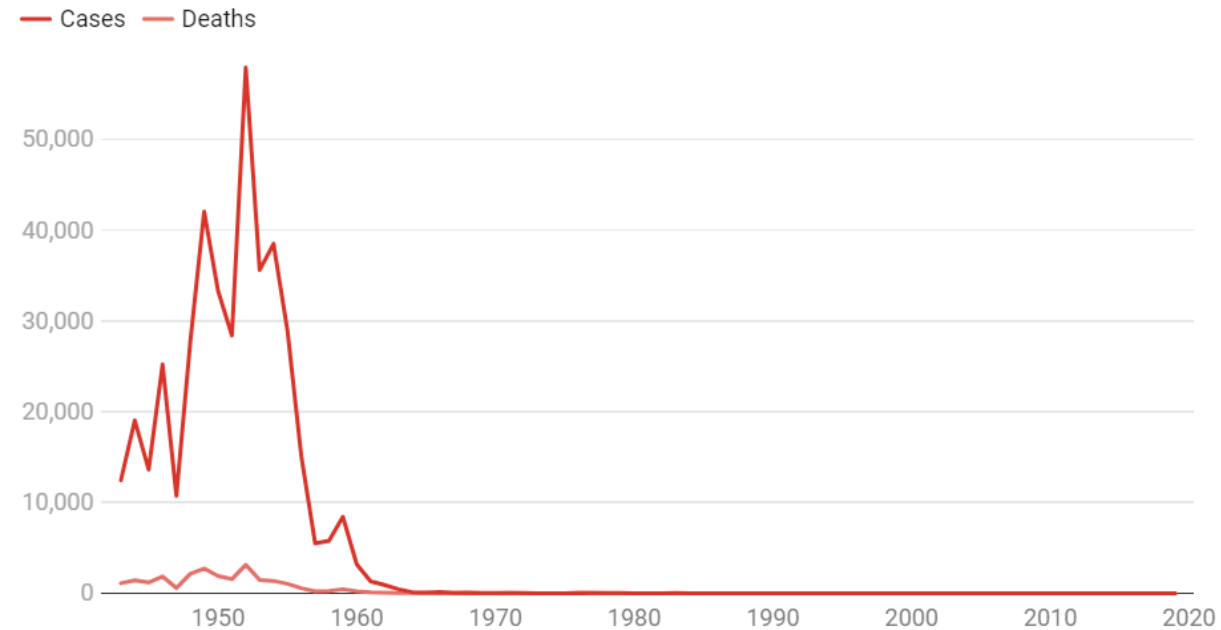


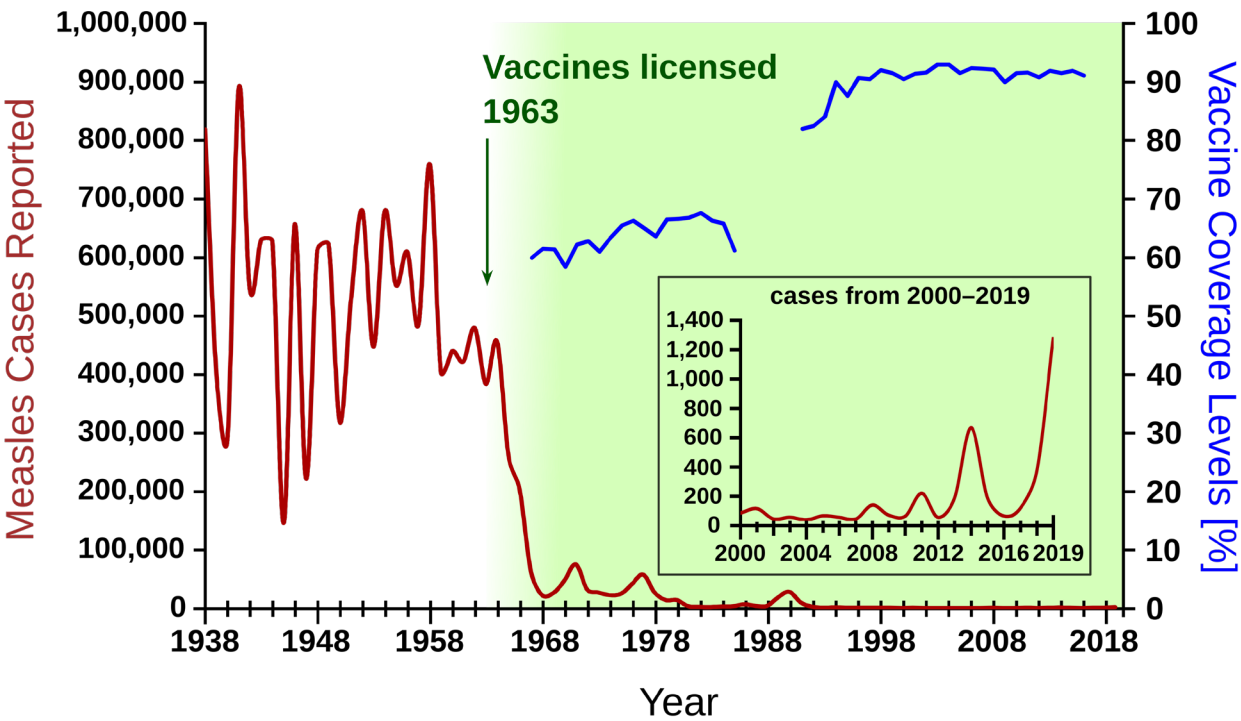
Chart: The Conversation, CC-BY-ND •

Source: [Our World in Data](#), derived from US Public Health Service and the Centers for Disease Control and Prevention • [Getthedata](#)



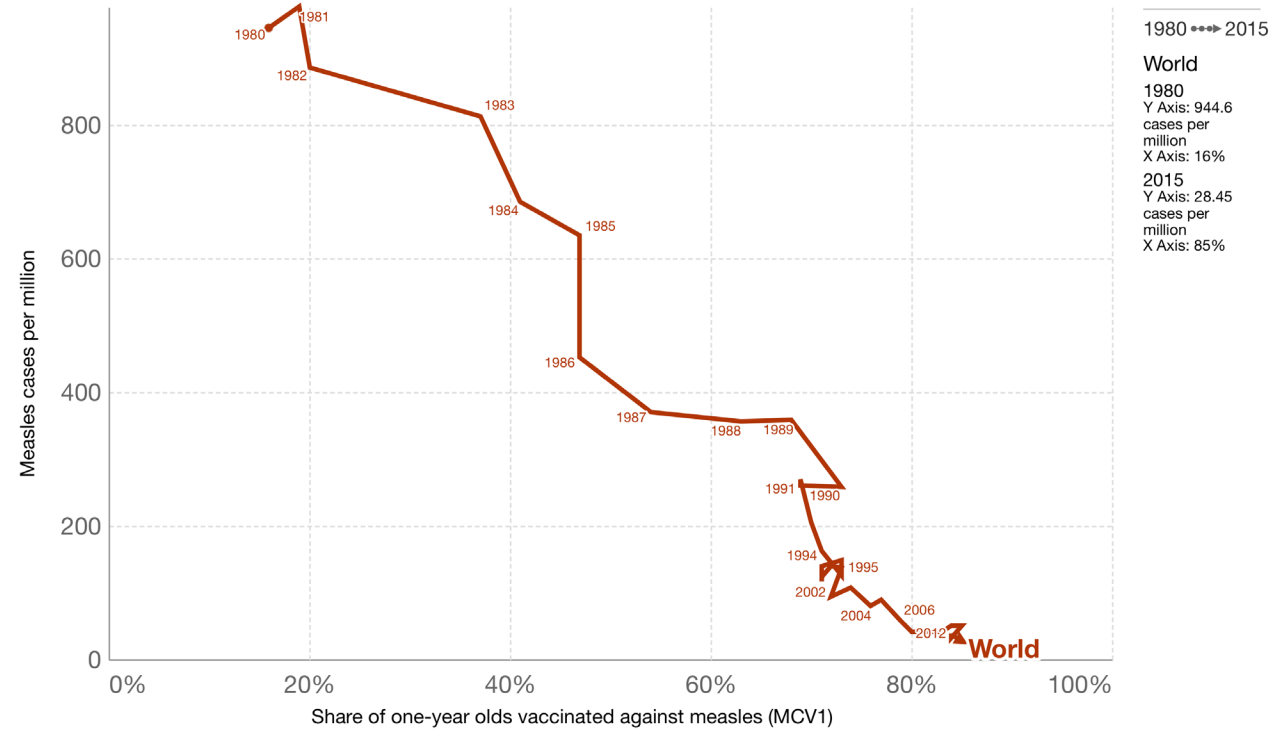
# Measles is another example of vaccine success (“eliminated” in 2000), with a cautionary tale...

Measles cases in the United States, 1938–2019



Measles vaccine coverage worldwide vs Measles cases worldwide

Shown on the x-axis is the share of 1-year-olds who have been vaccinated against measles (MCV) in a given year.

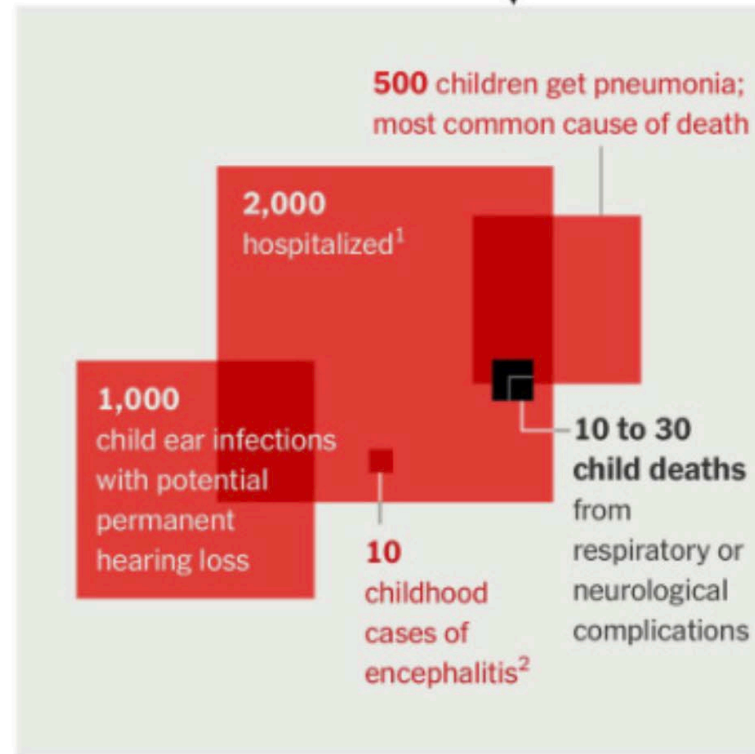


Source: World Health Organisation (WHO); UNICEF; UNPD

OurWorldInData.org/vaccination/ • CC BY

# Measles vaccine is safe and safer than measles (by a LOT)

Effects per 10,000 people  
who get **measles**



Potentially serious complications shown **in red**

Effects per 10,000 people  
who get the **M.M.R. vaccine**



## 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.



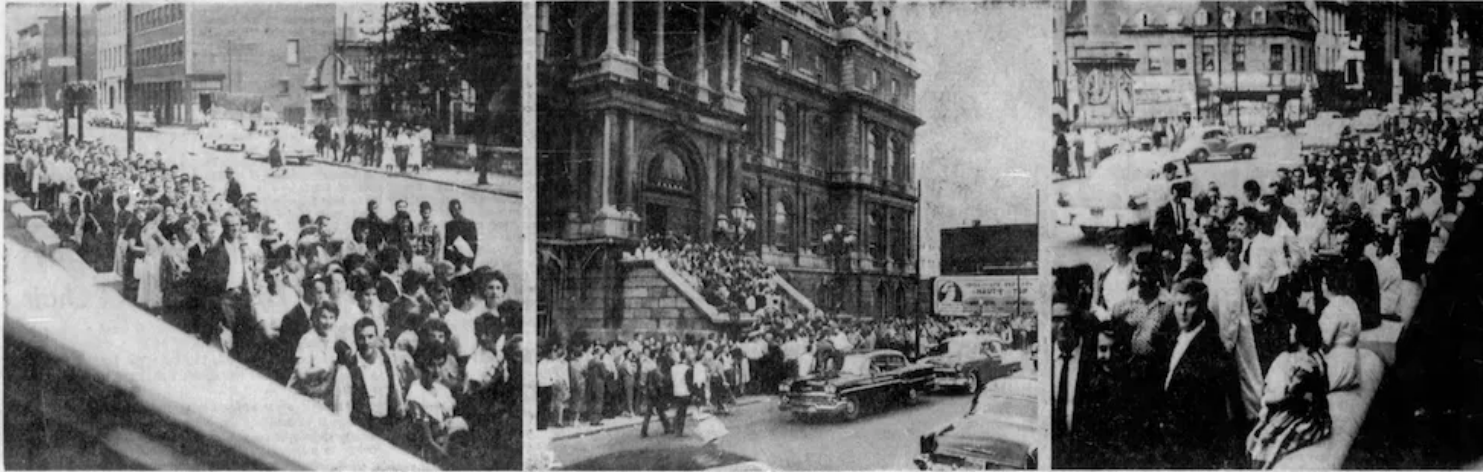
### Annual School Immunization Report 2021-2022 Bureau of Infectious Disease Control NH Immunization Program

	Number Enrolled	Up to Date (1)	Conditional Enrolled (2)	Religious Exemption (3)	Medical Exemption (4)	Not Up to Date (5)
<b>Public &amp; Private Combined</b>						
K-12 Total	178,440	166,738 (93%)	3,119 (2%)	4,216 (2%)	587 (0.3%)	3,821 (2%)
Kindergarten	12,157	10,787 (89%)	636 (5%)	390 (3%)	29 (0.2%)	315 (2%)
7 <sup>th</sup> Grade	13,400	10,802 (81%)	900 (7%)	325 (2%)	45 (0.3%)	1,328 (9%)
Preschool	5,202	4,721 (91%)	173 (3%)	145 (2%)	7 (0.1%)	157 (3%)
<b>Public Only</b>						
K-12 Total	162,896	152,459 (94%)	2,916 (1%)	3,421 (2%)	539 (0.3%)	3,561 (2%)
Kindergarten	11,320	10,084 (89%)	607 (5%)	307 (2%)	29 (0.3%)	293 (3%)
7 <sup>th</sup> Grade	12,601	10,156 (81%)	845 (6%)	269 (2%)	43 (0.3%)	1,288 (10%)
Preschool	3,830	3,521 (92%)	138 (3%)	68 (2%)	5 (0.1%)	98 (2%)
<b>Private Only</b>						
K-12 Total	15,544	14,279 (92%)	203 (1%)	795 (5%)	48 (0.3%)	219 (1%)
Kindergarten	837	703 (83%)	29 (4%)	83 (10%)	0 (0%)	22 (3%)
7 <sup>th</sup> Grade	799	646 (80%)	55 (7%)	56 (7%)	2 (0.2%)	40 (5%)
Preschool	1,372	1,200 (87%)	35 (3%)	77 (5%)	2 (0.2%)	58 (4%)

Vaccine rates in NH have dropped by 4% since 2015 (2% in the past two years)



## *Polio Protection Seekers Form Three-Deep, Mile-Long Line In Rain*



The lineup started on Notre Dame St., east, at the front door of city hall, centre, spilled over on both sides to Gosford St., left, and Vauquelin Square, right.

This shift in vaccine perception has happened repeatedly over the years



## What is Vaccine Hesitancy?

According to the World Health Organization (WHO):

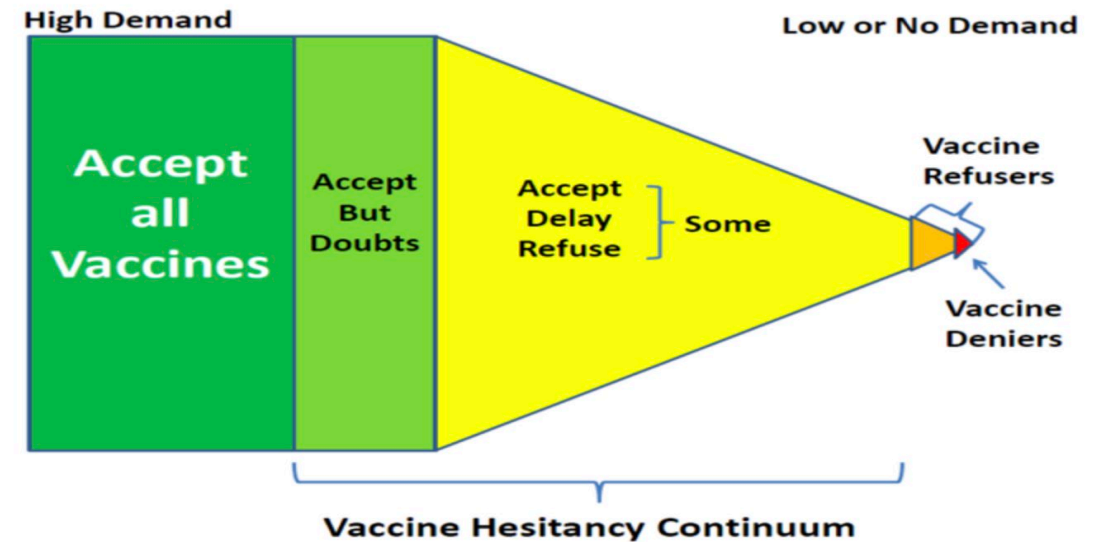
Vaccine hesitancy is the reluctance or refusal to vaccinate despite the availability of vaccines.

In 2019 the WHO identified Vaccine Hesitancy as a Top 10 global health threat



# What Contributes to Decreased Confidence?

- Decline in trust of expertise and authority
- Polarization
- Complacency
- Misinformation and Disinformation



The continuum of vaccine hesitancy. Credit: [MacDonald and the WHO SAGE Working Group on Vaccine Hesitancy](#).

## Healthy Pause

- Hesitance or Lack of Confidence is Real
- Often quite reasonable
- Be Careful don't Assume
- Every Patient and Family is Unique
- Politely Inquire with Genuine Curiosity
- There is no us vs them

# What we can do: Help our friends, families and clients recognize that vaccines are good for Individual, Family and Community Health

- Vaccines PREPARE our immune systems to prevent illness
- Community Immunity is critical
- Everyone in our community deserves to be healthy, and part of being healthy means getting vaccinated
- It benefits all of us if every child/person in our community is vaccinated, because it means that all of us are more likely to stay healthy

# Questions?

## Resources

- Vaccines 101 Video: <https://youtu.be/4SKmAlQtAj8>
- <https://www.immunize.org>



## Vaccine Legislation

- **HB 524 – repeal the vaccine association**
- **HB 679 – remove vaccine requirements when a vaccine has not been shown to prevent transmission in a clinical trial**
- **HB 357 – eliminate Hep B, Varicella, and Hib vaccine requirements and limit the state’s ability to add new vaccines during outbreaks**
- **HB 358 – eliminate the requirement that parents complete a religious exemption form to opt out of vaccines**



# The Political Drivers of Health ECHO

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

*Session 6, Maternal Health, May 1<sup>st</sup>, 2025*



new**futures**>>>



# Today's Program

- Brief housekeeping
- Didactic – Maternal Health – Daisy Goodman, DNP, MPH, CNM
- Presentation of NH Bills – Courtney Tanner
- Discussion- Facilitated by Courtney Tanner
- Brief summary
- Up Next

# Preserving Maternity Care Access in Rural New Hampshire: Opportunities for Policymakers

Daisy Goodman, DNP, MPH, CNM  
Department of Obstetrics and Gynecology  
Dartmouth Health

5/1/2025



# Rural-Urban Disparities in Access and Perinatal Outcomes in the United States

500,000 infants are born in US rural communities annually

- Approximately 75% deliver in local hospitals, 25% deliver at a hospital > 30 minutes away
- >50% of US rural counties lack a birthing hospital

Rural women overall have 9% higher rates of severe maternal morbidity (SMM) than urban counterparts, and suffer increased maternal and infant mortality

- Black and Indigenous rural women have less access to prenatal care than White counterparts
- Rural Black and Indigenous women are most likely to suffer SMM and maternal mortality followed by Hispanic and AA/PI women
- Particular challenges exist for migrant workers and for those who are uninsured





# Maternity Care Deserts: An Expanding Problem in Northern New England

- Hospitals continue to close labor and delivery units across the region
- Low-volume rural facilities with high proportions of Medicaid insured births are at particularly high risk
- Of 25 currently operating rural hospitals in **Maine** nearly half (44%) have closed their labor and delivery units, including four in the past year.
- A 2024 health system analysis recommended “major restructuring” of 4 **Vermont** hospitals, including the potential closure of 2 labor and delivery units in rural hospitals
- 11 of 26 **New Hampshire** labor and delivery units have closed over the past three decades

# Northern New England Labor and Delivery Unit Closures

*Closures occurring year 2000 and later*

## Closures

Inland Hospital	ME	May 2025
Houlton Regional Hospital	ME	May 2025
Waldo Cnty General Hosp.	ME	Apr 2025
York Hospital	ME	Sep 2023
Northern Maine Med Ctr	ME	May 2023
Rumford Hospital	ME	Mar 2023
Frisbie Memorial Hospital	NH	Nov 2022
Saint Mary's Regional Med Ctr	ME	Jul 2022
Bridgton Hospital	ME	Sep 2021
Parkland Medical Center	NH	Nov 2020
Springfield Hospital	VT	Jun 2019
Alice Peck Day Memorial Hosp.	NH	Jul 2018
Lakes Region General Hosp.	NH	May 2018
Calais Regional Hospital	ME	Aug 2017
Cottage Hospital	NH	Jul 2014
Penobscot Valley Hospital	ME	May 2014
Henrietta Goodall Hospital	ME	Jan 2014
Valley Regional Hospital	NH	Jan 2012
Huggins Hospital	NH	Sep 2009
Blue Hill Memorial Hospital	ME	May 2009
Parkview Adventist Med Ctr	ME	Dec 2008
Weeks Medical Center	NH	Mar 2008
Franklin Regional Hospital	NH	Dec 2005
Upper Connecticut Valley Hosp	NH	Oct 2003
New London Hospital	NH	Apr 2002

## Status

- ✕ L&D Closed
- Open
- △ Open Freestanding Birth Center

Colors represent states for open facilities. All red X marks represent closed obstetric units.

Freestanding birth centers are only shown for NH.

Due to close geographic proximity, a small number of marks overlap and are difficult to see on the map, but can be "found" on using mouseover online.

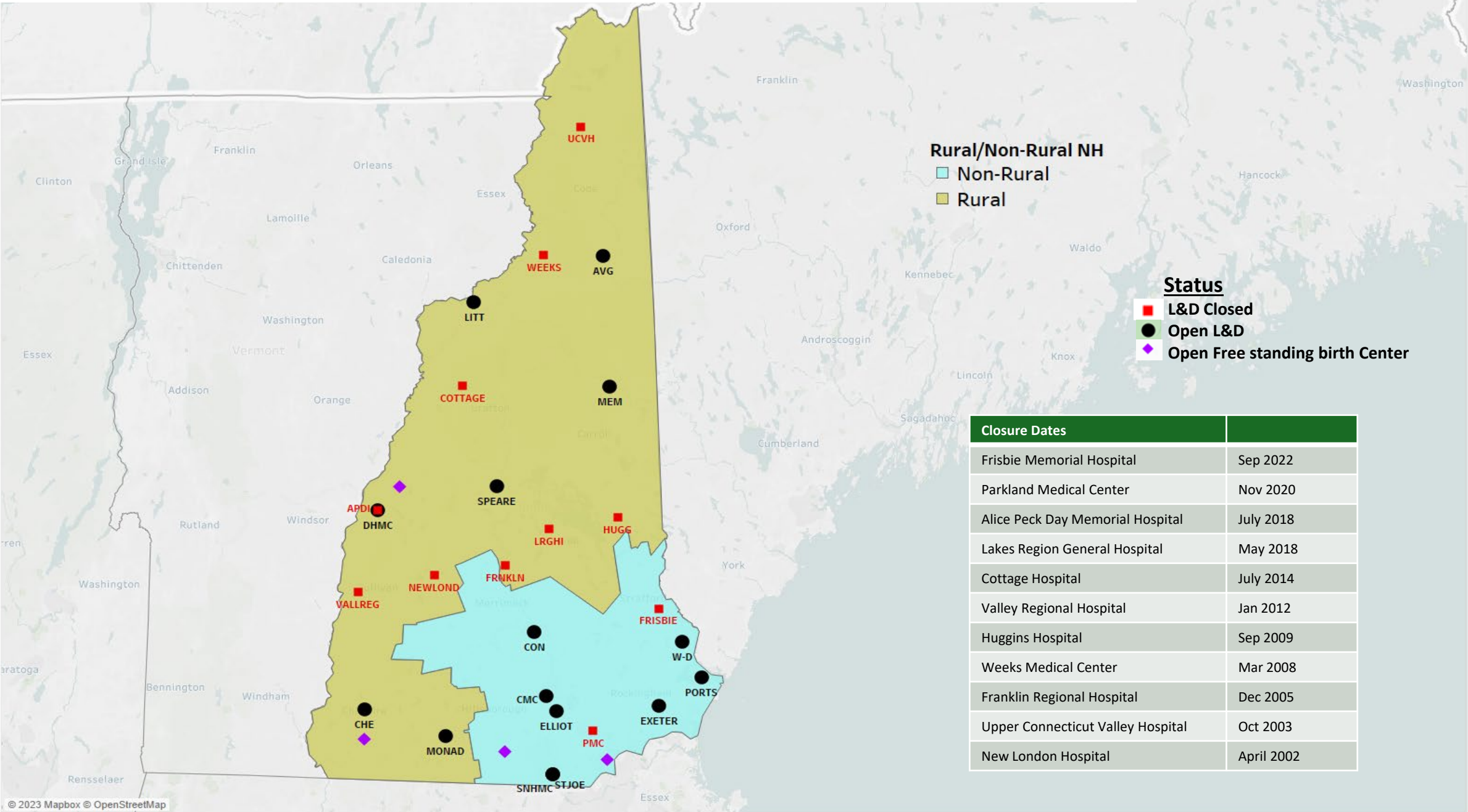
Please send any updates/edits to David Laflamme (David@mchepi.com). Thanks!



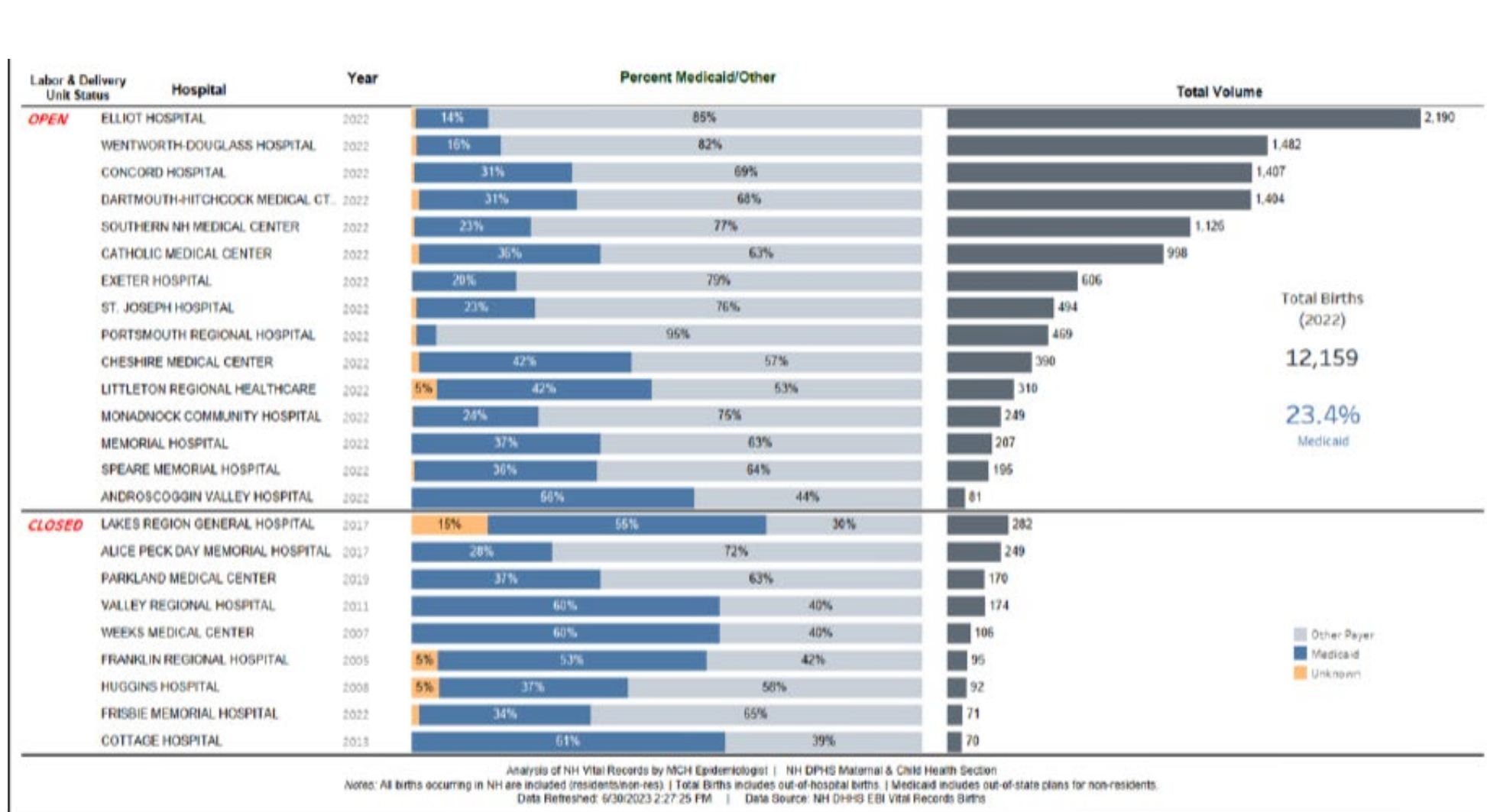
# Perinatal Access in Rural New Hampshire



# Access to a Hospital With a Labor and Delivery Unit in NH (2025)

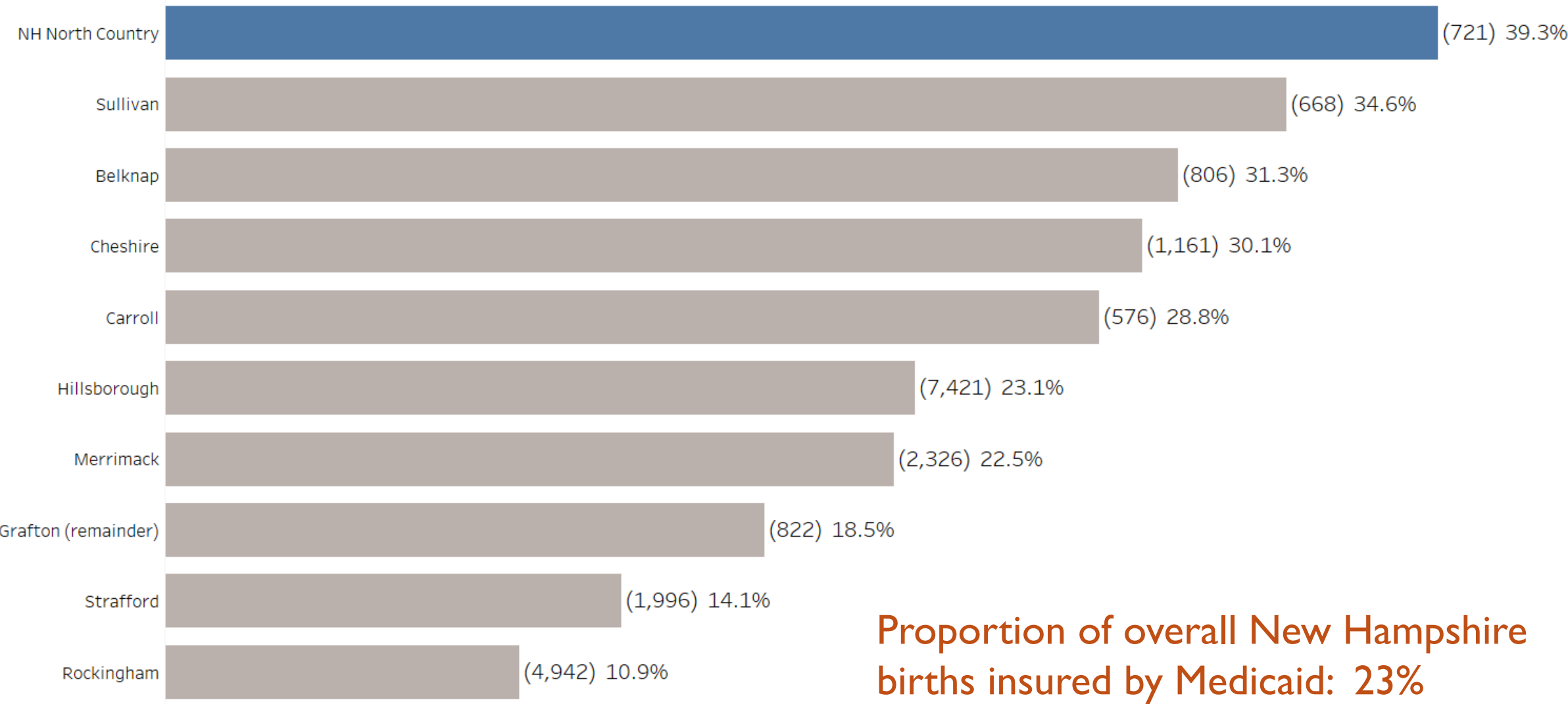


# Payor Mix and Status of NH Labor and Delivery Units (2024)





# Proportion of Births Insured by Medicaid by NH County/Region





# Disparities in Adequacy of Prenatal Care Utilization by Payer

## (New Hampshire North County, 2018-2023)

Insurance	Adequacy of Prenatal Care		
	Adequate & Adequate Plus	Intermediate	Inadequate
Medicaid	(785) 89.4%	(69) 7.9%	(24) 2.7%
None	(61) 80.3%	(9) 11.8%	(6) 7.9%
Private/Other	(981) 94.3%	(45) 4.3%	(14) 1.3%
Unknown	(26) 86.7%	(2) 6.7%	(2) 6.7%

Data Source: Vital Records Birth Certificate Data  
Prepared by MCH Epidemiologist  
Adequacy is calculated using Kotelchuck Index

Healthy People 2030 Maternal-Infant-Child Health Objective: Increase the proportion of pregnant women who receive early and adequate prenatal care (MICH 8)

## Timing of First Prenatal Care Visit, NH North County Residents:2018-2022 Births

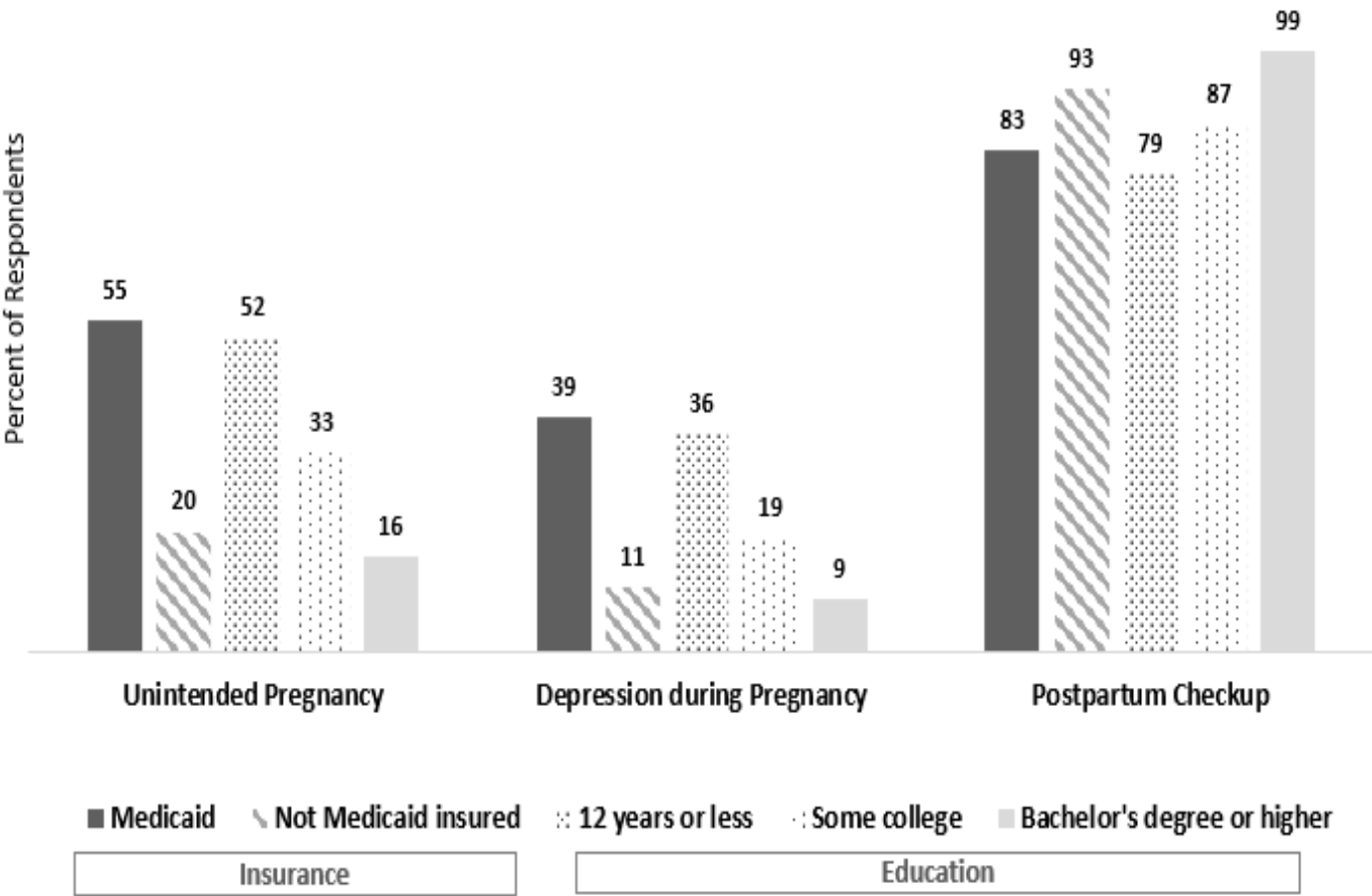
Insurance	Trimester Prenatal Care Began				
	First Tri..	Second T..	Third Tri..	No Pren..	Unknown
None	48.7%	28.9%	3.9%	7.9%	10.5%
Unknown	63.3%	13.3%	6.7%	3.3%	13.3%
Medicaid	66.6%	16.5%	1.4%	0.7%	14.9%
Private/Other	75.2%	13.9%	0.8%	0.6%	9.5%

Data Source: Vital Records Birth Certificate Data  
Prepared by MCH Epidemiologist

# Disparities in Maternal Health Indicators Among NH Residents by Payor and Educational Level (NH PRAMS, 2020)

Pregnancy Status	Rural	Urban
Prior to Pregnancy	31%	18%
During Pregnancy	25%	15.7%

Rate of Maternal Depression



Rates of Depression, Unintended Pregnancy, and Postpartum Follow Up

# NH RMOMS Program



# National RMOMS Program

RMOMS improves maternal care in rural communities through

- Collecting data on rural hospital obstetric services
- Building networks to coordinate continuum of care
- Leveraging telehealth for specialty care
- Improving financial sustainability for rural maternity services



## 2019-2023 RMOMS Grantees

[FY 19 Cohort Award Recipients and Networks \(September 2019 – August 2023\)](#) are jointly funded by HRSA's Federal Office of Rural Health Policy (FORHP) and Maternal and Child Health Bureau (MCHB).

- Missouri - Bootheel Perinatal Network (BPN)
- New Mexico - Rural Ob Access & Maternal Services Network (ROAMS)
- Texas - TX-RMOMS Comprehensive Maternal Care Network

[FY 21 Cohort Award Recipients and Networks \(September 2021 – August 2025\)](#)

- Minnesota - Families First: Rural Maternity Health Collaborative
- Missouri - RMOM-Southeast Missouri Partnership (RMOM-SMP)
- West Virginia - The West Virginia Rural Maternity and Obstetric Management Strategies Collaborative (WV RMOMS)

[FY 22 Cohort Award Recipients and Networks \(September 2022 – August 2026\)](#)

- South Dakota - RMOMS SD
- Utah - Healthy Southwest Montana - RMOMS
- Maine - Maine RMOMS
- Arkansas - AR MOMS

[FY 23 Cohort Award Recipients and Networks \(September 2023 – September 2027\)](#)

- Mississippi - Institute for the Advancement of Minority Health
- New Hampshire - Mary Hitchcock Memorial Hospital



# North Country Maternity Network partners

- **North Country Health Consortium**
  - Rural health network to enhance collaboration among regional health and human service providers
- **Critical access/community hospitals providing birthing services**
  - Androscoggin Valley/North Country Healthcare
  - Littleton Regional Hospital
  - Northeastern VT Regional Hospital (VT)
- **Critical access hospitals that don't provide birthing services**
  - Weeks Medical Center
  - Upper Connecticut Valley Hospital
- **Federally Qualified Health Centers**
  - Coos County Family Health Services
  - Little Rivers Health Center (VT)
- **Family Resource Center**
  - Community-based family support program
- **Women of the Mountains Birth Initiative**
  - Community-based educational and perinatal support program
- **Dartmouth Health**
  - Academic Medical Center





NCMN Partners




# RMOMS Builds On Existing Resources And Regional Strengths

- Implementing a Network approach to providing risk appropriate care across NCMN partners
- Coordinating care across the continuum of maternity care
  - High-risk RN case management role linking network partners
  - Doula/Health Navigator program
- Training nurses, emergency department providers, and first responders for obstetric emergency management
  - EMS Simulation trainings
  - Nurse shadowing program
  - Project ECHO
  - ALSO
- Partnership with NH Medicaid to operationalize reimbursement pathways for complex care management

**Dartmouth Health**

**Project ECHO**

**NORTH COUNTRY**  
maternity network

### Strategies to Optimize Rural Perinatal Healthcare ECHO

**Course Description:**  
The Strategies to Optimize Rural Perinatal Healthcare ECHO will address the special challenges faced by rural and remote rural pregnant and postpartum people and their care teams, with topics ranging from medical and behavioral health emergencies through supporting physiologic birth. The intended audience includes anyone providing perinatal care and support to rural residents with the goal of promoting equitable, high quality perinatal health care to patients experiencing geographic disparities.

**Who Should Attend**  
Anyone providing care for pregnant and postpartum people in rural and remote rural areas

**Registration**

- Sessions are free of charge
- To register scan QR code or [click here](#)
- See next page for continuing education information


**Schedule**

- Every 3rd Tuesday of the month from 2-3pm
- January 21 through December 16, 2025

**Topics Include:**

- Maternal care in rural areas
- Hypertension and pre-eclampsia
- Mood disorders: pre-natal and post-partum
- Syphilis and other STDs
- Hepatitis C
- Substance Use Disorders
- Models of maternity care
- Non pharmacologic pain control
- Best practices in induction of labor
- VBACs
- Abruption
- Preparing patients for transport

**ALL TEACH, ALL LEARN**



Bringing together expertise, wisdom & experience to create positive change

**Questions:**  
Email: [ECHO@hitchcock.org](mailto:ECHO@hitchcock.org) Website: <https://go.d-h.org/project-echo>



# What Does Sustainability Look Like?

- ✓ Requiring adequate payment rates under Medicaid for maternity, labor and delivery services
- ✓ Anchor payments for Labor and delivery services
- ✓ Support for all providers in shared care models
- ✓ Requiring 12-month continuous full benefit coverage for pregnant individuals under Medicaid and CHIP
- ✓ Complex care management including reimbursement for doula care and for community health workers providing support for social determinants of health
- ✓ Reasonable reimbursement for preventive services including for depression and anxiety screening and intervention, during the prenatal and postpartum periods
- ✓ Support for obstetric training for first responders and emergency care providers

# Policy Implications

- Medicaid is a primary driver of access to maternal health care and should be protected
- Significant rural-urban disparities in access and perinatal outcomes exist in NH
- Improving outcomes depends on our ability to simultaneously address access, quality of care, and social drivers of health
- Maintaining perinatal services in rural areas will require political commitment and willingness to think outside of the standard fee-for-service model

