



The Political Drivers of Health ECHO

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

Session 1, Food insecurity, February 12th, 2025



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, as well as pending administrative policy decisions, 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.

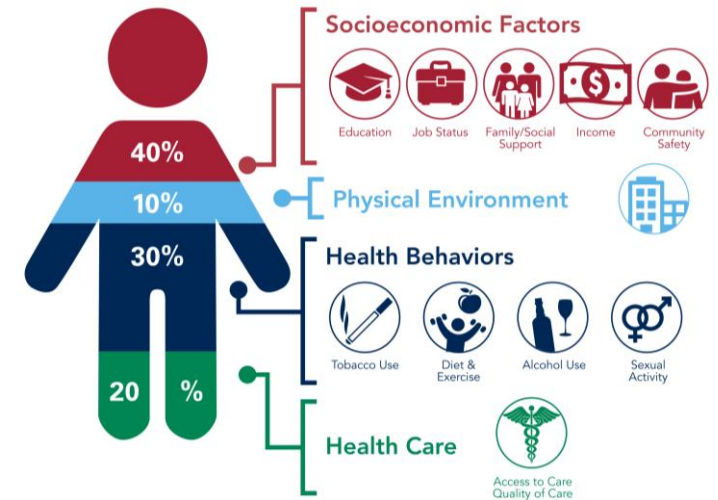
Upstream

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
February 12, 2026	Food insecurity
February 26, 2026	Vaccine access
March 12, 2026	Childcare
March 26, 2026	Rural Health Transformation Program
April 9, 2026	Changing access to health coverage
April 23, 2026	Right care, right time - NH Long-term Care Advisory Council
May 7, 2026	State fiscal review
May 21, 2026	Session recap



Food and nutrition support

Political Determinants of Health ECHO
February 12, 2026

Chelsey Canavan, MSPH

Population Health Department

Dartmouth Health

Food & Nutrition Security Basics



According to the USDA (2024), ‘food security means **access by all people at all times to enough food for an active, healthy life.**’



Nutrition security is consistent access, availability, and affordability of foods and beverages that promote well-being and prevent or treat disease (Tufts).



Household food insecurity in the United States has **increased in recent years.**



Food and nutrition security is a critical determinant of health that **hinders or facilitates a patient’s ability to access and receive quality health care and impacts health outcomes.**

What does food insecurity mean for real people?

- Not paying a utility bill to pay for food
- Choosing between food and medicine
- A caretaker not eating so family can eat
- A diet with mostly convenience foods
- Fast food, highly-processed foods, 'food products'
- Skipping meals
- Living in a food desert
- Eating smaller sized portions to stretch the food dollars



Food Insecurity Affects Diet and Nutrition



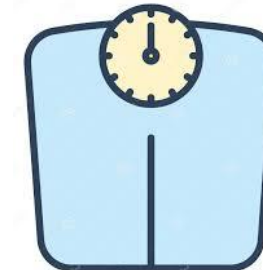
Food insecurity affects **dietary quantity and quality** for adults and children



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

Food Insecurity is associated with negative health outcomes

- Anxiety and depression
- Substance use disorder
- Cognitive development and school performance
- Hospitalization
- Anemia
- Obesity and related conditions
- Increased risk for negative pregnancy and birth outcomes



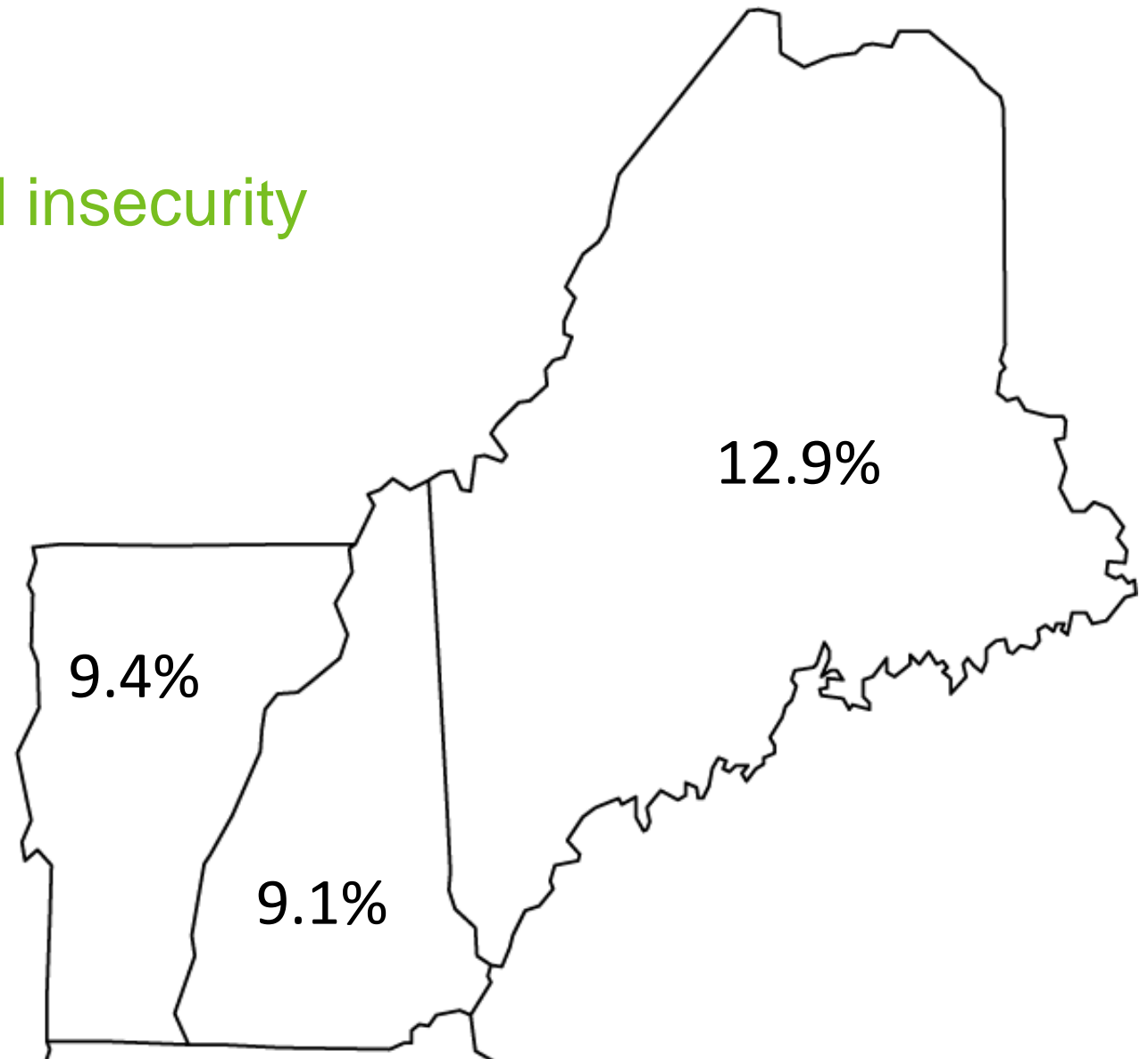
Prevalence of household food insecurity (2024)

Nationally: 13.7%

Northeast: 12.2%

Rural areas: 15.9%

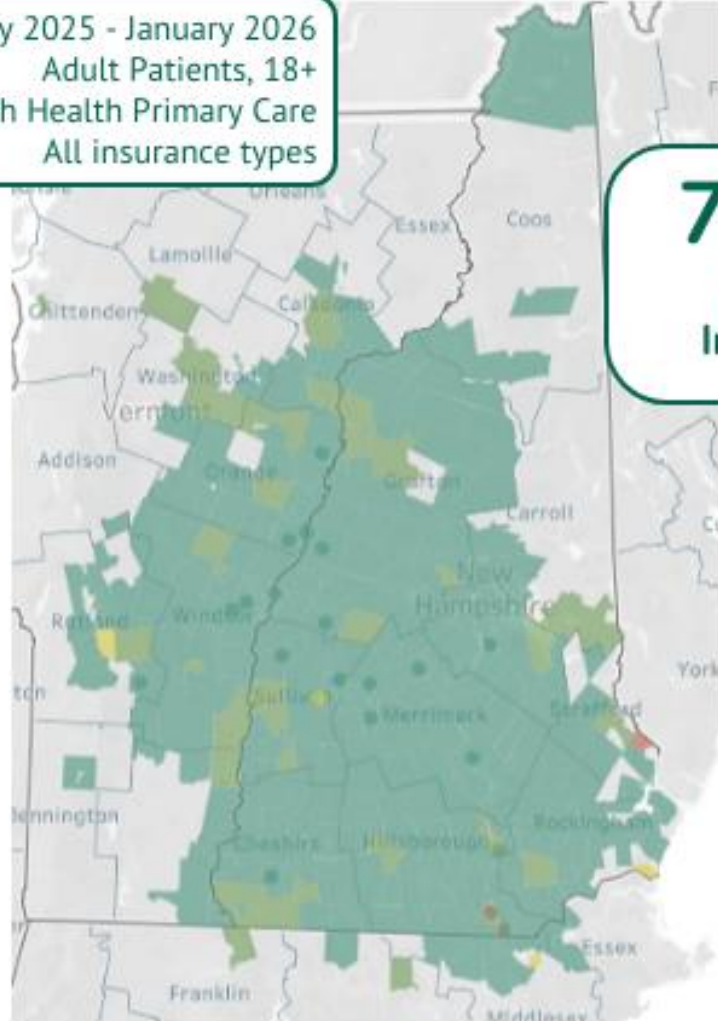
Households with children: 18.4%



Food Insecurity among DH Primary Care Patients

February 2025 - January 2026
Adult Patients, 18+
Dartmouth Health Primary Care

February 2025 - January 2026
Adult Patients, 18+
Dartmouth Health Primary Care
All insurance types

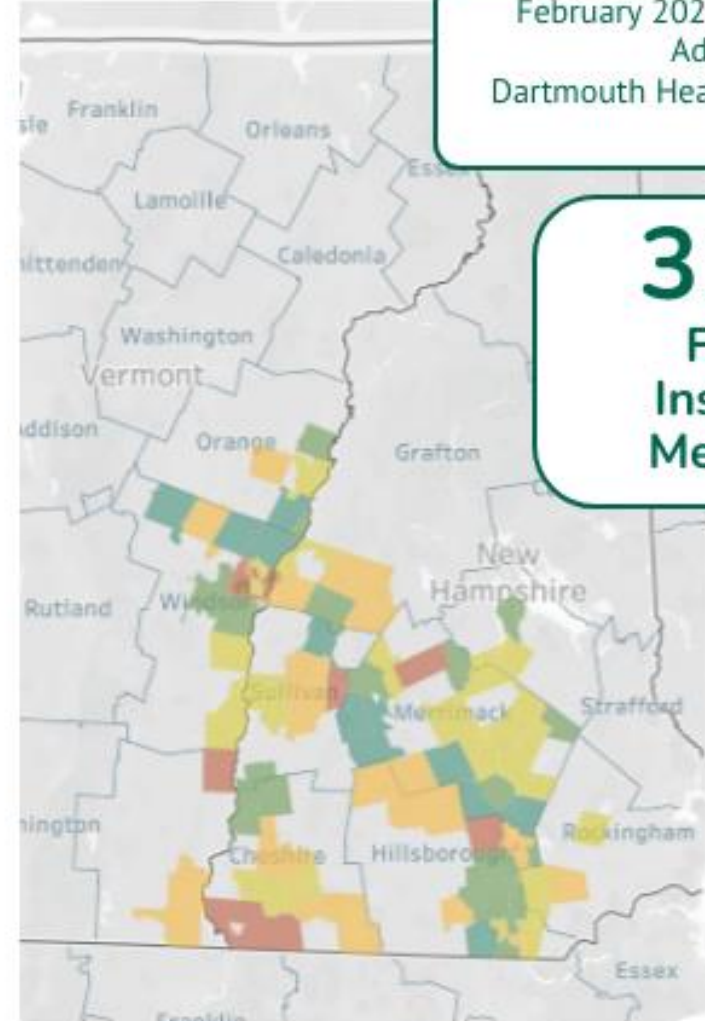


7.0%
Food
Insecure

Pct Positive Food Insecurity

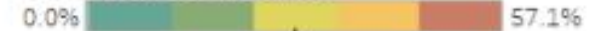


February 2025 - January 2026
Adult Patients, 18+
Dartmouth Health Primary Care
Medicaid



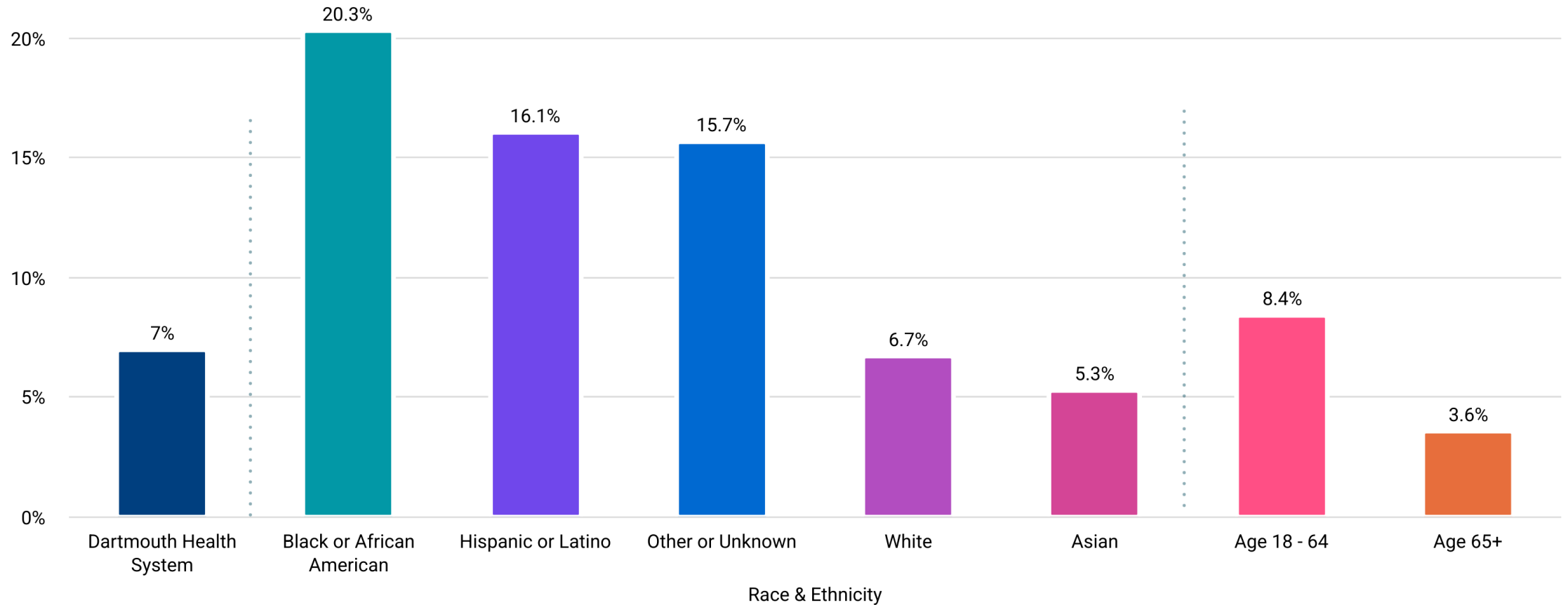
31%
Food
Insecure
Medicaid

Pct Positive Food Insecurity



February 2025 - January 2026
Adult Patients, 18+
Dartmouth Health Primary Care

DH Patients Experiencing Food Insecurity by Race, Age



Get to know these food resources



Free and reduced
price school meals



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 website's header with logos for New Hampshire Food Bank (A Program of Catholic Charities NH) and 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.

Food Map

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.

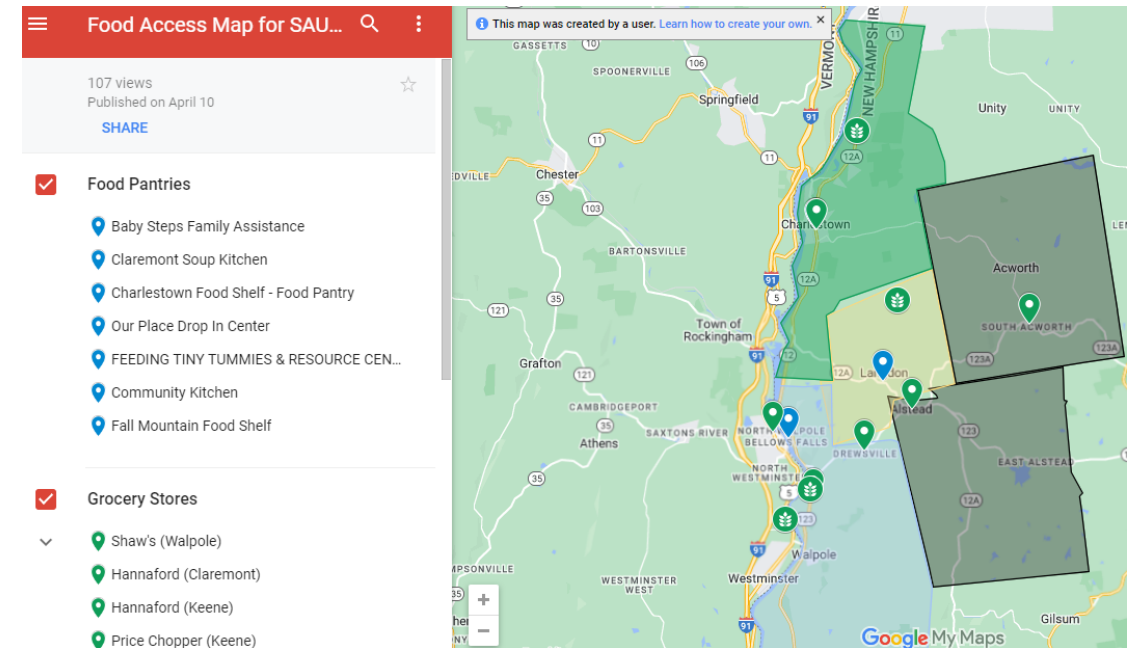
Search fields: Address or Zip Code, Agency Name, SUBMIT, Select a County

Map showing locations in New Hampshire with a callout for Henniker Food Pantry:

- 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.

Advocate to increase access to healthy foods!

Policy Levers of Food Security: Defending and Advancing the Social Determinants of Health in NH in 2026

WHO WE ARE



Laura Milliken
Executive Director

NH Hunger Solutions is a nonpartisan nonprofit organization that advocates to end food insecurity, improve equitable access to nutritious food, and address hunger's root causes for all New Hampshire residents.

NH HUNGER SOLUTIONS

ENDING HUNGER IN NEW HAMPSHIRE

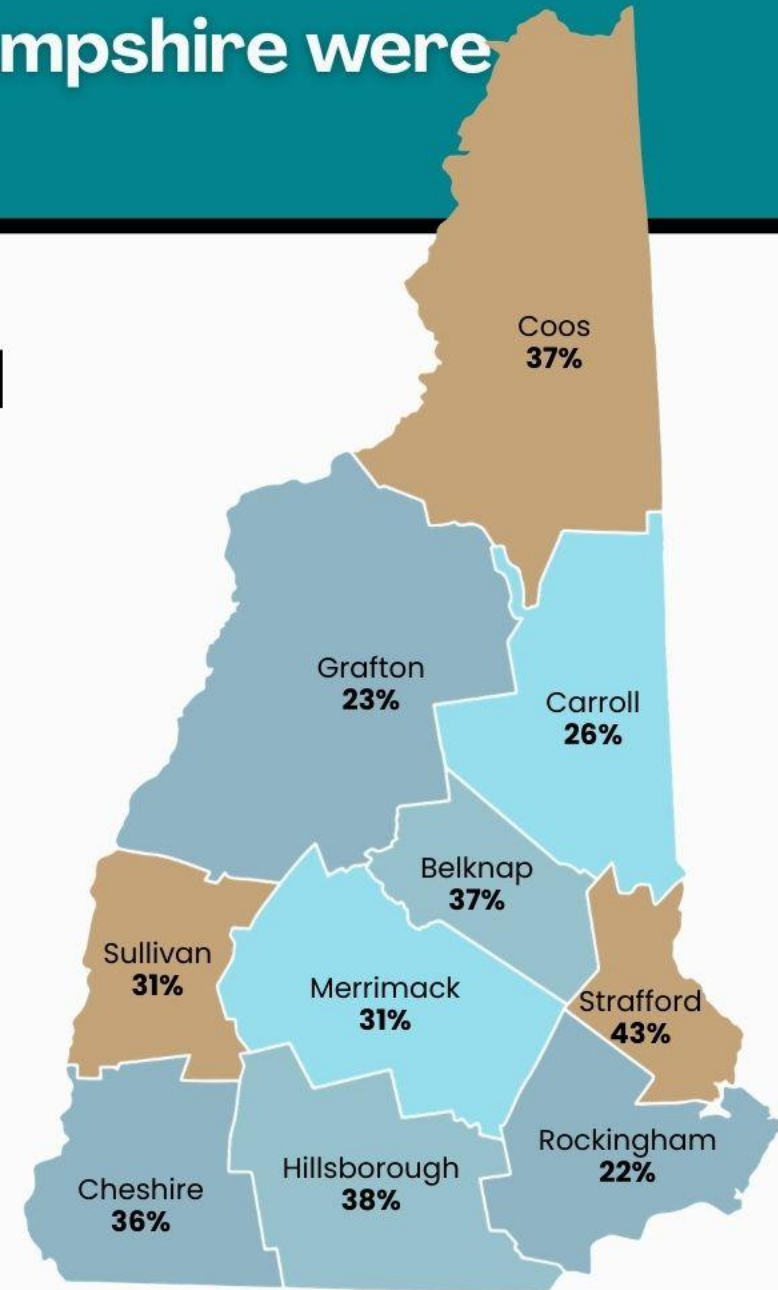
SNAP in New Hampshire



Only 32% of those eligible for SNAP in New Hampshire were enrolled in 2024

Strong enrollment means stronger local economies

- ▶ Each SNAP dollar has over **\$1.50 in economic impact**
- ▶ **SNAP supports local businesses**, including **1,063 retailers in NH**, which redeemed a total of **\$302,706,064** in 2023.
- ▶ In Fiscal year 2024, SNAP brought **\$154,254,645** to the state.



The charitable sector can't solve hunger alone

For every meal a
food bank provides



SNAP Provides **Nine**

Who relies on the average \$5.49/day SNAP benefit in NH?



3,552

Veterans



39%

Older Adults



54%

Children



45%

People with disabilities

- ▶ SNAP helps **76,628** people in New Hampshire put food on the table. (6% of NH households)

- ▶ **77%** of NH SNAP households on average included someone who was working.

Federal Reconciliation Bill SNAP Structural Funding Changes

October 1, 2026: Change in States' Cost to Administer SNAP

→ States forced to pay greater share

\$4.6 M

Administrative Cost
Shift

October 1, 2027: Penalty on States with High Payment Errors

→ Must pay portion of federal benefits

→ Based on how high Payment Error Rate (PER) is

\$8-23 M

SNAP Benefits Cost
Shift

Support

SNAP Administrative Cost

Raise the **\$4.6M in new administrative costs to run the SNAP program** after of October 1, 2026.

- **SB 603** (pulls from DHHS budget)**Hearing was 1/20 Senate HHS*
- **HB 1750** (appropriates \$4.6M)**Hearing was 2/2 (currently in House Division III)*



Oppose

Attacks on SNAP

- **SB 615/HB 1797**

- Rolls back SNAP eligibility, adds unnecessary and costly asset tests
- Imposes unnecessary and burdensome reporting on NH DHHS
- Limits what SNAP recipients can buy with their SNAP EBT cards (no soda or candy)
 - **SB 615** **Hearing was 1/14, but you can still call and email the Senate HHS Committee*

- **HB 1773**

- Limits what SNAP recipients can buy with their SNAP EBT cards (no sweetened drinks or candy) **Not yet scheduled (in House HHS Committee)*



Why do we Oppose SNAP Restrictions?

No Proof, Just Punishment

SNAP restrictions don't improve diet quality or health outcomes.

- **Restrictions ignore the real drivers of poor diets:** insufficient income to buy healthy food and lack of proximity to full-service grocery stores.
- **Diets of SNAP participants mirror the diets of other low-income households** not on the program. The problem is not the SNAP card; it is the structural barriers of poverty.
- **Erosion of Dignity:** Restrictions undermine the program's foundation of autonomy. They **increase stigma** at the checkout line and treat families with distrust.

Why do we Oppose SNAP Restrictions?

Huge Costs for State and Retailers

SNAP restrictions add a maze of bureaucracy (and absurdity) that burdens families, administrative staff and the state budget.

- Complexities are likely to increase the state's error rate, which will result in huge financial penalties for the state.

Restrictions force retailers to bear expensive costs to change Point of Sale systems and constantly update their databases.

- May force smaller retailers to decide not to accept SNAP at all, and create food deserts for SNAP recipients.



Child Nutrition

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



Support

Summer EBT

- **HB 1727:** Allow the Department of Education (DOE) to collect student addresses and share them with DHHS for the sole purpose of distributing Summer Electronics Benefit Transfer
 - *Hearing was 1/14



New Summer Grocery Benefit

Support

School Meals

- **SB 517:** Raise the eligibility for free meals to 200% of the Federal Poverty Level (schools pay half).
 - **Senate Education: Unanimous OTP*
- **HB 1574:** Extending Free and reduced lunch for special education students up to age 22
 - **House Education Funding Hearing was 1/14 - committee is working on an amendment*



Stay Connected

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WWW.NHHUNGERSOLUTIONS.ORG

 @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 2, Vaccine Access, February 26th, 2026



Today's Program

- Brief housekeeping
- Didactic: Vaccination Policy and Population Health - Gabriela Andujar Vazquez, MD
- Legislation – Kate Frey
- Discussion- *Facilitated by Courtney Tanner*
- Brief summary
- Up Next



Vaccination Policy & Population Health

Gabriela Andujar Vazquez, MD

Infectious Diseases & International Health

Healthcare Epidemiologist, Dartmouth Hitchcock

Overview

- Provide an overview of vaccine-preventable disease epidemiology
- Examine what shapes vaccination rates and vaccine policy
- Discuss the consequences of decreasing vaccination coverage

Vaccine Policy Shift: System Level Implications

- What's changing?
 - From Population-Based Prevention → Individual Risk Framing
- Why this matters?
 - Vaccines work at both individual AND population level
 - Infectious Diseases create shared risks
 - Individual choices affect population-level outcomes
 - Lower vaccine coverage weakens herd immunity and increases outbreak risk

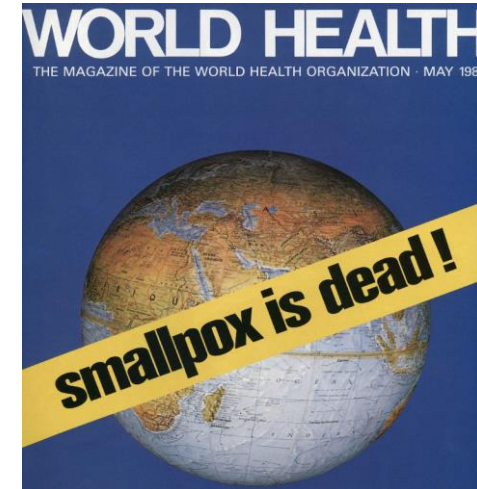
Vaccines protect individuals but vaccine policy protects populations

What Shapes Vaccine Policy?



Vaccination:
One of the Greatest Life-Saving Advances in Human History
What 50 years of Vaccination Achieved (1974-2024)

- 154 million lives saved
 - 95% were children under age 5
- Entire lifetimes preserved
 - 9 billion years of life
 - 10.2 billion healthy years gained
 - ~60 years of life restored per person saved
- Currently prevents ~ 3.5-5 million deaths annually



A child born today has a 40% increase in survival for each year of infancy and childhood

- Childhood immunizations continue to provide substantial health and economic benefits and promote health equity.



Immunizations protect America's children every day

CDC estimates that vaccination of children born between 1994 and 2023 will:

- **Prevent** more than 500 million illnesses
- **Avoid** more than 1 million deaths
- **Save** nearly \$3 trillion

 [bit.ly/mm7331a2](https://www.cdc.gov/mmwr/volumes/73/wr/mm7331a2)
AUGUST 8, 2024 

<https://www.cdc.gov/mmwr/volumes/73/wr/mm7331a2.htm>

Economic Impact of Routine Childhood Immunization

Investment (Costs)

- \$240 Billion – Direct program costs
- \$268 Billion – Societal costs

Net Savings

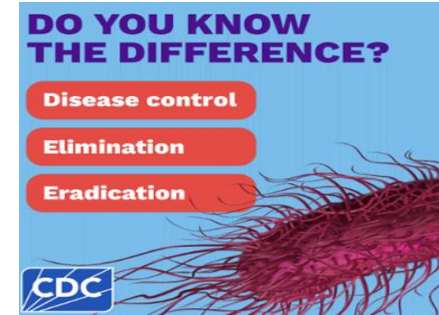
- \$540 Billion – From the Payer Perspective
- \$2.7 Trillion – From the Societal Perspective

Benefit–Cost Ratio

- 3.3 – Payer perspective
- 10.9 – Societal perspective

For every \$1 invested in routine childhood immunization:
\$3.30 is saved for payers
\$10.90 is saved for society

Vaccine-Preventable Diseases Goals



Eradicate

- Worldwide absence of a specific disease-causing agent in nature

Eliminate

- **Transmission:** absence of disease or infection caused by specific agent in a defined geographic area
- **Public Health:** intensive intervention measure with a specific disease reduction target

Control

- Reduction of disease and death to low levels locally

Vaccine Preventable Diseases

ERADICATED GLOBALLY

ENDEMIC ELIMINATION IN THE U.S.

DISEASE CONTROL



smallpox



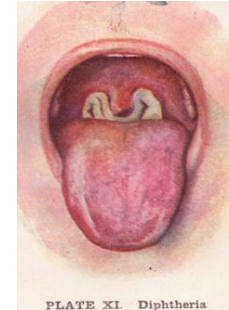
measles



rubella



polio



Diphtheria



Tetanus



Pertussis



Mumps



varicella

Shared Goals of Vaccination



**Keep children
in school**



**Protect older
adults**



**Maintain
workforce
stability**



**Prevent avoidable
strain on
hospitals**

Keeping people & communities healthy

New Hampshire Specific Vulnerabilities

Demographics Increasing Impact of Low Vaccination Rates

- One of the oldest median ages in the U.S.
- Significant rural population
- Ongoing healthcare workforce shortages

Preventable outbreaks disproportionately strain:



How Important is Access for Vaccine Uptake?

- Access strongly predicts vaccination rates
- Particularly pronounced in **lower income settings** and among **populations with limited healthcare access.**

Administrative

- Clinic hours
- Registration requirements
- Language difficulties
- Lack of information about vaccine schedules
- Routine healthcare contact

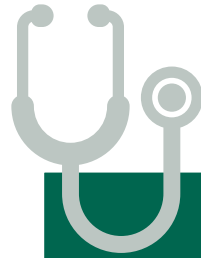
Physical

- Vaccine shortages
- Clinic availability of vaccine
- Unavailability of vaccination staff
- Waiting times
- Geographic distance

Financial

- Direct costs
- Indirect costs

Economic Considerations



Provider Level Barriers

- Reimbursement
 - Medicaid
 - Commercial
- Billing Complexity
 - Insurance coverage uncertainty
 - Non hospital based clinic



Coverage Gaps & Patient Cost Sharing

- Incomplete coverage by insurance
- Variations by state
- Vaccines for Children Program

Importance of Data Infrastructure

New Hampshire Immunization System (NHIS) Program

- Data consolidation
- Patient Access of records
- Real-time coverage tracking
- Public Health & Safety:
 - Identification of geographic gaps
 - Rapid outbreak response
 - Targeted public health interventions
- Efficient provider reporting systems
 - Track inventory
 - Manage orders
 - Create reminders for patients immunizations due



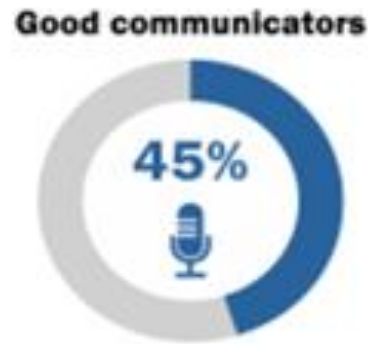
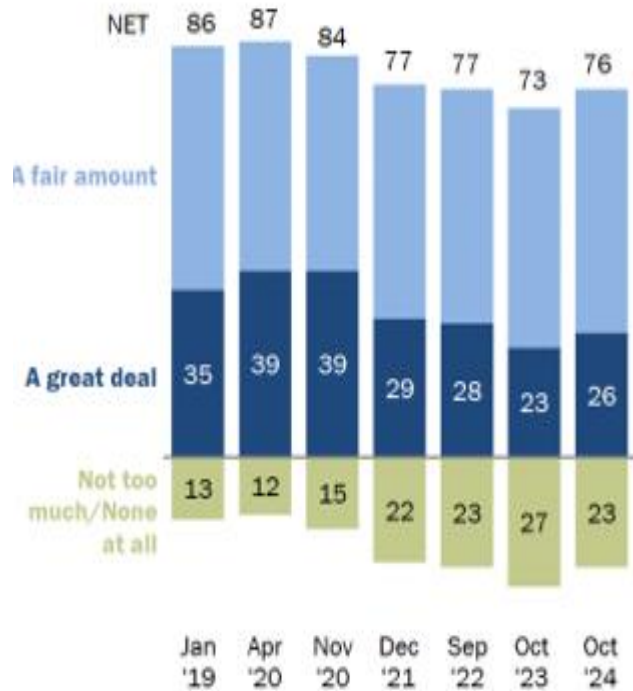
Public Trust & Understandable Information

- Clear, consistent messaging
- Trusted messengers
- Transparency about risks and benefits
- Addressing safety and effectiveness concerns
- Values-based and culturally tailored approaches
- Community engagement

Public Trust in Scientists and Views on Their Role in Policymaking

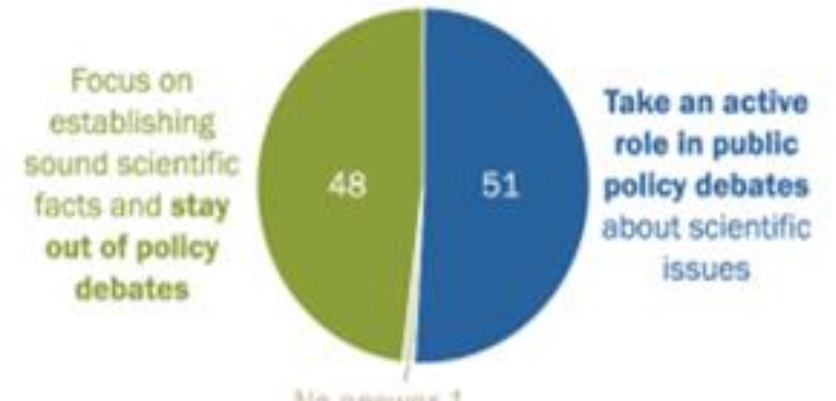
Trust moves slightly higher but remains lower than before the pandemic

Confidence in scientists up slightly but remains lower than before pandemic



Do Americans want scientists to be involved in making policy?

% of U.S. adults who say scientists should ...

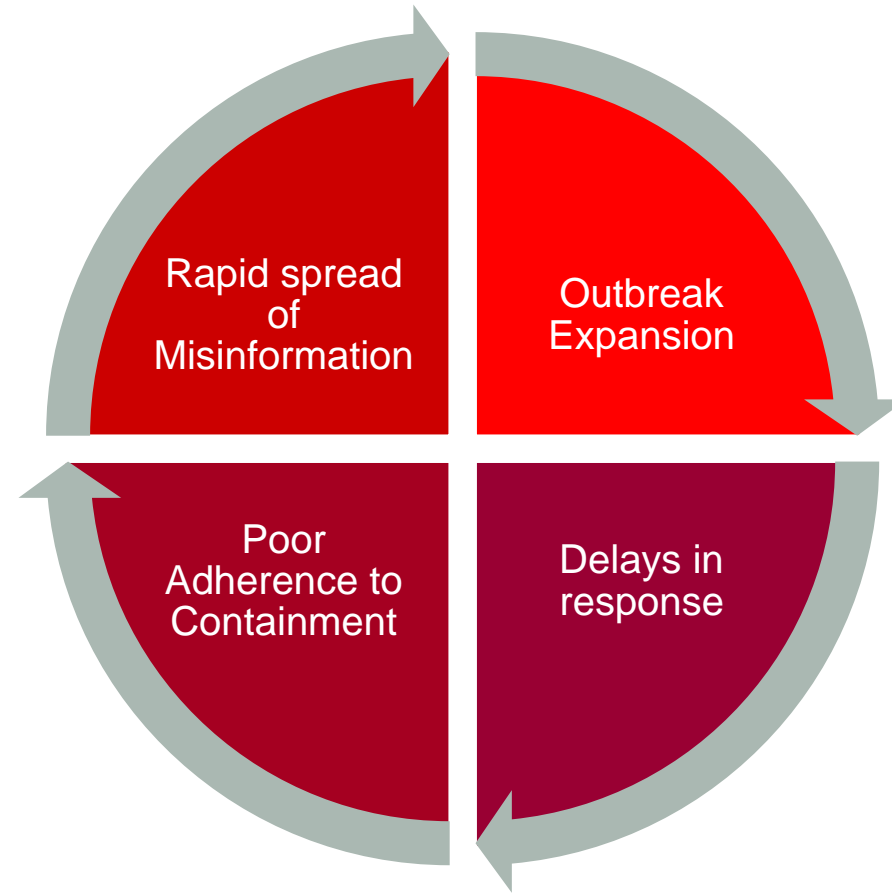


Trust as the Cornerstone of Infection Prevention & Control (IPC)

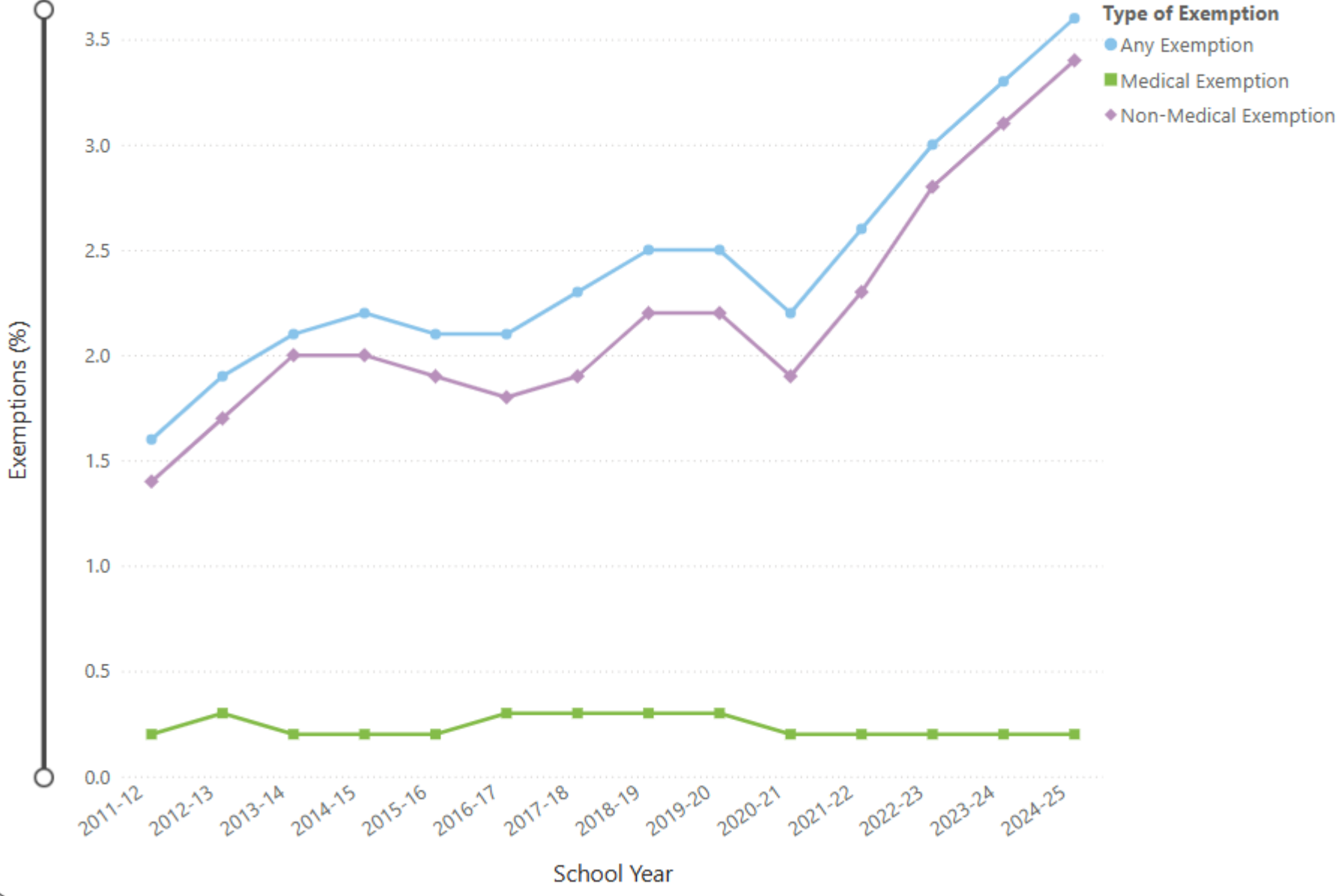
Trust
A Preparedness Tool



Erosion of Trust
Amplifies System-wide Vulnerability



National Percentage of Kindergartners with an Exemption from One or More Vaccines by School Year



NH Immunization Program: 2024/2025 Annual School Immunization Report

	Number Enrolled	Up to date ¹	Conditionally Enrolled ²	Religious Exemption ³	Medical Exemption ⁴	Not-up-to-date ⁵
Public & Private Combined						
K-12 Total	175,125	162,283 (92.7%)	3,937 (2.2%)	5,781 (3.3%)	345 (0.2%)	2,774 (1.6%)
Kindergarten	11,713	10,444 (89.2%)	457 (3.9%)	457 (3.9%)	24 (0.2%)	331 (2.8%)
7 th Grade	13,261	11,375 (85.8%)	754 (5.7%)	454 (3.4%)	43 (0.3%)	635 (4.8%)
Preschool	6,338	5,688 (89.7%)	265 (4.2%)	212 (3.3%)	3 (0.05%)	170 (2.7%)

Percent by County						
	Number Enrolled	Up to date ¹	Conditionally Enrolled ²	Religious Exemption ³	Medical Exemption ⁴	Not-up-to-date ⁵
Belknap	8,086	93.5%	1.5%	3.6%	0.1%	1.2%
Carroll	5,253	90.4%	3.4%	4.2%	0.3%	1.7%
Cheshire	8,458	90.5%	1.5%	5.9%	0.2%	1.9%
Coos	3,500	94.4%	1.2%	3.6%	0.1%	0.6%
Grafton	10,973	91.1%	4.0%	2.6%	0.3%	2.0%
Hillsborough	57,393	92.9%	2.8%	3.1%	0.2%	1.0%
Merrimack	19,211	91.7%	1.0%	4.1%	0.2%	3.0%
Rockingham	42,036	93.7%	2.2%	2.7%	0.2%	1.1%
Strafford	14,968	93.2%	0.7%	3.5%	0.2%	2.4%
Sullivan	5,247	90.6%	3.4%	2.6%	0.1%	3.4%

- 1/4 of schools \leq 90% vaccination threshold
- 1 in 10 below 80%
- Not a single county is above 95% threshold

Measles

Pre Vaccine Era



3–4 million cases annually



~48,000 hospitalizations



~500 deaths



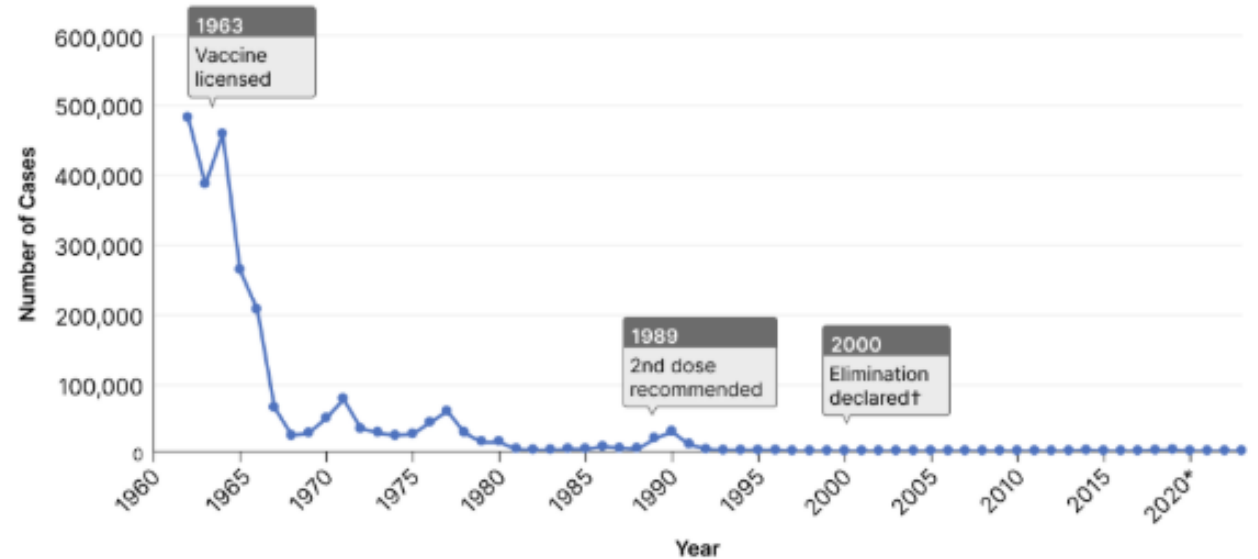
~1,000 cases of permanent brain damage

Post Vaccine Era



93.7 millions lives saved globally

Reported Measles Cases in the United States from 1962 – 2023*



Consequences of Decreased Vaccination Rates



✓ **Increased outbreaks** - Higher amplification and transmission risk

✓ **Strain on hospitals** - Overburdened, understaffed facilities



✓ **School disruptions** - More closures and disruptions in education

Higher healthcare costs - Increased spending on care and outbreak management



✓ **Workforce absenteeism** - More sick days and loss of productivity

✓ **Increased risk to elderly, immunocompromised, and vulnerable populations** - Most vulnerable are at higher risk for severe illness



✓ **Loss of progress toward elimination goals**

✓ **Threatens long-term public health milestones**





Discussion

2026 Legislation:

Vaccine Access



newfutures >>>

Today's Presenter



Kate Frey

Vice President of Advocacy

kfrey@new-futures.org

Protecting Vaccine Access >>>



2026 Vaccine Bills to Follow



[HB 1584 – Mandatory Exemption Notices](#)

- Requires DHHS to display medical and religious exemption language on all vaccine communications, .

House: Passed with Amendment

Senate: Bill will be heard in Senate Health and Human Services



[HB 1616 – Ban on Vaccine Advertising](#)

- Prohibits state agencies and local gov't from advertising vaccines or spending any money on vaccine ads.
- Would eliminate \$61,000 in federal funding.
Could jeopardize up to \$3.5 million in funding.

Public hearing was held on 1/15/26, now awaiting recommendation from House Executive Departments and Administration Committee.

2026 Vaccine Bills to Follow



HB 1719 – Remove Hep. B Requirement



Removes Hepatitis B from the list of vaccines required for children to attend school or child care.



Sets a dangerous precedent that invites future bills to remove additional vaccines.



An increase in Hepatitis B outbreaks could cost the state over \$100,000 per outbreak.

House: Passed with Amendment

Senate: Bill will be heard in Senate Health and Human Services

2026 Vaccine Bills to Follow



HB 1449 – School Vaccine Clinic Restrictions

»» Bans vaccine clinics from operating at schools during school hours

Requires parent/guardian to be physically present



February 25, 10:30am House Health, Human Services and Elderly Affairs
Committee public hearing.



HB 1811 - Eliminate All Vaccine Requirements



Completely repeals all childhood immunization requirements for school and child care.



Vaccines would become entirely optional recommendations that cannot be required by the state or any local government for any public service or access.

Although the House Health and Human Services Committee voted Ought to Pass with Amendment, full House **killed the bill** (155-192)

2026 Vaccine Bills to Follow



[HB 524](#) Repealing the NH Vaccine Association (Retained bill from last session)



As originally proposed, this bill would end our state's current system for providing access to vaccines for children. Currently, insurance companies pay money into a central fund (run by the NH Vaccine Association), which is matched with state and federal dollars, that buys vaccines for all children in the state.



If the bill passed, doctors' offices would need to buy immunizations upfront and then bill insurance companies directly for children with private insurance.

March 6 2025: House of Representatives votes 189-181 to pass HB 524, bill moved to House Ways and Means Committee

January 7, 2026: The House of Representatives voted to pass an amended version of HB 524. The amendment creates a committee to study the effectiveness of the NHVA and report its findings by November 1, 2026.

Bill now moves to Senate for action.

Advocating for a Healthy NH >>>

TAKE ACTION

Oppose Changes to Immunization Requirements



Writing for Change



LTE or Op-ed

Letter to the Editor is usually 250 words while Op-ed are about 800 targeting legislators and the public



Email your Legislator

Make subject line searchable (constituent of town, Bill # and Issue) and personalize your message



Written Testimony

State your position and print out copies to deliver in person or email entire committee through gen-court website



Using Your Voice



Testifying

Prepare bullet points and print copies for committee members



Calling your Legislator

Prepare a concise message and leave a message on voicemail, or if staff or family answers



Social Media

Share information and ways to advocate with your network to raise awareness



Remote Sign-in

GenCourt website has senate and house links where you can input the hearing information to state your position on the bill



Sign Up for Action Alerts >>>



www.new-futures.org/training/sign-up

Childcare Overview: Impact & Opportunities

Carolyn Isabelle, MA, PHR

System Vice President, Talent & Career Development

Dartmouth Health





Current State: Childcare in NH

Access:

- Demand for childcare remains critically high, and it is estimated that 9,000+ childcare spots are needed in the state of NH, with ~2,500 needed in the greater Upper Valley region
 - Nearly half (46%) of NH families live in a child care desert
 - 667 licensed childcare programs statewide, which is **11% fewer than in 2017**
- There are 34% fewer home-based slots in 2026 than in 2017

Our Families & Workforce:

- Infant care averages \$17,250 annually
- Families with two children pay ~\$29,000 per year
- Many families spend 25–35% of household income on child care

Workforce & Economic Impact

Childcare Workforce & Providers:

- Centers contend with slim profit margins, high operating costs, high staff turnover, and limited government funding
- Many centers face staffing shortages that limit available slots
- Estimated cost to operate a 3-classroom childcare center is \$1.1M
- Unlike other industries, it is challenging to pass rising costs on to the customer (families)

Community & Economic Impact

- ~16,000 NH residents are not working due to lack of childcare
- Employers face hiring challenges as families struggle to secure reliable care
- Childcare shortages cost the NH economy an estimated \$56 million annually.

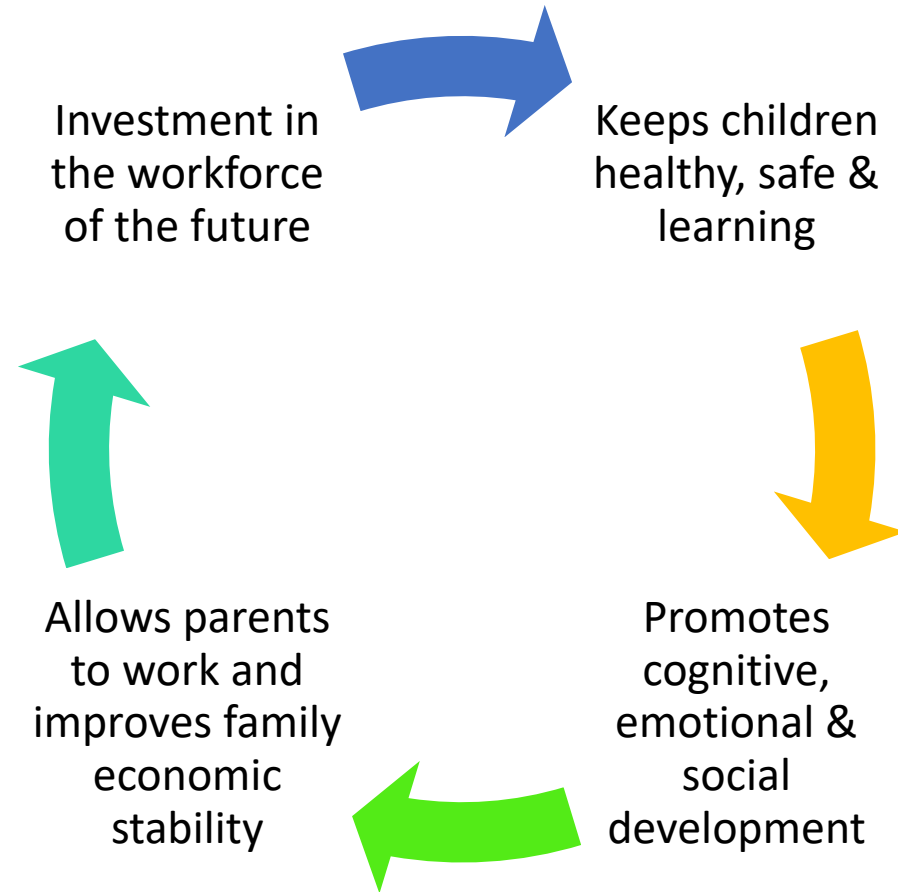
Emotional Toll of the Childcare Crisis on Families

Key insights from the [2026 Cost of Care Report](#)

- Family and caregiving responsibilities are now the second-largest source of stress for parents, behind only finances.
- Many parents feel they have lost their sense of self with 80% of parents say they spend nearly every waking hour focused on someone else.
- 82% of parents say they feel isolated or alone navigating caregiving responsibilities
- Women bear the majority of the emotional burden with 60% of moms feel overwhelmed juggling work and caregiving and 31% report guilt related to caregiving.



Why is High Quality Childcare So Important



Stable Childcare Workforce = Stable Community Workforce & Families

Addressing the Childcare Shortage



- Workforce Training Programs
- Living Wages & Benefits
- Career Growth & Professional Development
- Center Director Leadership Development

- Reopen and maximize existing centers
- New and Expanded Childcare Centers
- Expanded Home Provider Network

- Financial crisis management consulting
- Opportunity to outsource administrative elements
- Business management training and supports for Center Directors

- Increased Scholarship Utilization
- Employer benefits

Taking Part in the Solution

Dartmouth Health:

- Operates 5 childcare centers for their employees across NH & VT (~300 spots)
- Promote investments in State scholarship programs to assist with affordability
- Continued advocacy for additional investments to stabilize and grow the childcare industry

Partners with the Early Care & Education Association:

- Funding and support the Career Cultivator Training program enabling entry to the Early Childhood Educator field
- Grant recipient to scaling the Career Cultivator Training program to the Claremont/Charleston region



Childcare Legislation

Natch Greyes, Vice President of Public Policy, BIA

Framework: Access + Affordability

- Short ~9,000 childcare seats across the state.
 - Distribution of shortage varies widely.
 - Some communities too small to realistically offer center-based care.
 - Some communities idea for center-based care.
 - Homebased care is hampered by local ordinances.
- Affordability is more challenging problem.
 - Three sources of capital:
 - Parents
 - Public Funds (State/Federal)
 - Philanthropic (Business) Dollars

HB 1195: One State, One Code for Childcare

- Levels playing field for opening new childcare across the state.
- Focus:
 - Building upon existing law for home-based childcare
 - Using same logic for center-based childcare in commercial areas
- Eliminates classic red-tape–driven supply suppression by municipal government.

HB 1433: Childcare Investment Business Tax Credit

- Provides a 50% BET/BPT tax credit on investments by businesses that create 12 additional childcare seats.
- Investment can be on-site or off-site; business can operate childcare or provide capital to a childcare operator.
- Helps ensure that childcare will be co-located with jobs.

SB 645: Stabilization + Potential Funding

- Increases eligibility for childcare scholarship program to 95% state median income
- Potentially increases funding for scholarship program by transferring 50% of surplus revenue for the following revenue sources:
 - Tobacco
 - Liquor
 - Video Lottery Terminals
- Also dedicates 2% of certain other lottery revenue to the childcare scholarship program

SB 608: Grandparents Qualification

- Qualifies grandparents raising their grandchildren (and other kin raising their kin) under the childcare scholarship program.
- Previously, grandparents raising their grandchildren (and other kin raising their kin) were excluded.

SB 483/HB 1566: \$15 Million Recruitment + Benefit Grants

- Contingent \$15 million for recruitment and benefit grants.
- Contingent upon Feds disallowing \$15 million in TANF funds being used for that purpose.

Looking Ahead: 2027 & Beyond

- Assuming everything related to access passes this year, affordability is going to be the key issue.
- Further expansion of childcare scholarship fund qualification + funding for that fund will be important.
- Presently unclear what other politically viable options exist to increase affordability.



The Political Drivers of Health ECHO

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

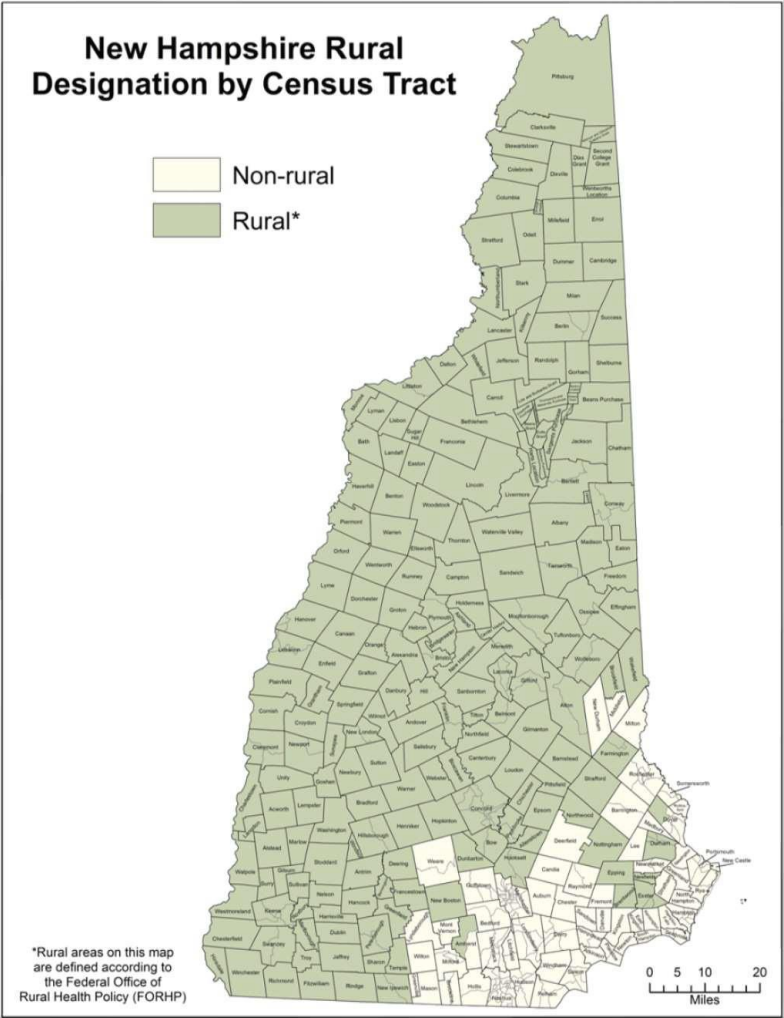
Session 4, Rural Health Transformation Program, March 26th, 2026



Today's Program

- Brief housekeeping
- Topic: Rural Health Transformation Program
 - Whitney C. Hammond, Peter T. Ames, MPH
- Discussion- *Facilitated by Courtney Tanner*
- Brief summary
- Up Next

Rural Health Transformation



Agenda



Governor's Office of New Opportunities for Rural Transformational Health (GO NORTH)



Approach to Rural Health Transformation Contracts and Procurement



First Year Award, budget, and background



The Core Contracts

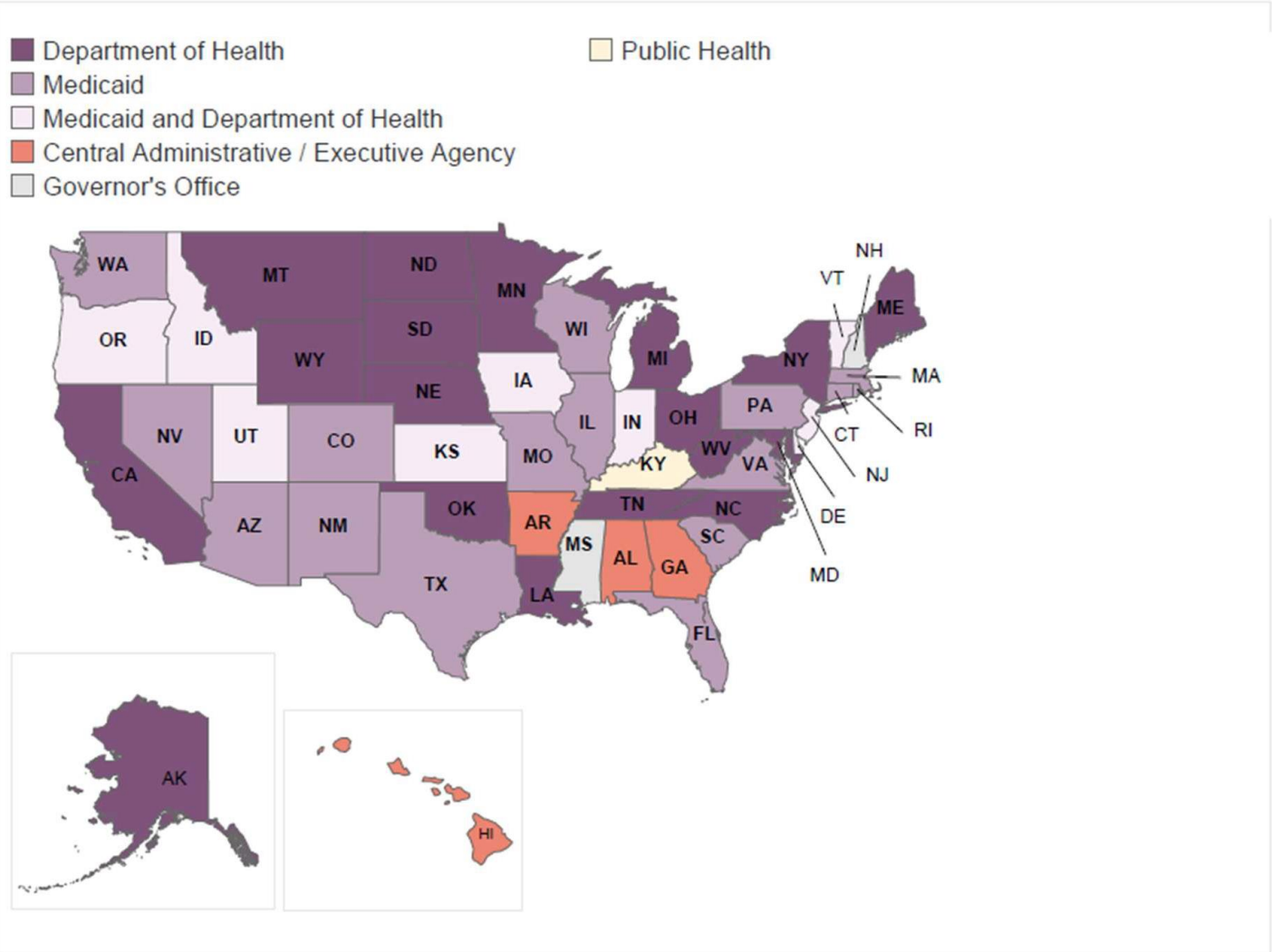


Accountability
Evaluation, Assessment, and Reporting

Governor's Office of New Opportunities for Rural Transformational Health (GO-NORTH)

- Created by the Governor via executive order to meet the transformational moment of the CMS directed Rural Health Transformation grant opportunity.
 - GO-NORTH is *an independent unit under the direct authority of the Governor's Office.*
 - GO-NORTH is structured to be nimble, flexible and focused to deliver transformational initiatives across rural New Hampshire.
 - GO-NORTH will execute Rural Health Transformation investments for the term of the grant.
- GO-NORTH will leverage DHHS for subject matter expertise, administrative grant operations, and programmatic support for long term financial sustainability.

Rural Health Transformation Program - Lead Implementation Agencies



***“You can’t go back and change the beginning,
but you can start where you are and change the
ending.” - C.S. Lewis***

- Rural providers are carrying the load
- Workforce shortages
- Uncoordinated Care
- Fragmented Systems

***Sustainability: Investments must be
sustainable – avoid investments that require
perpetual operating costs without a return on
investment post-RHT.***

New Hampshire's Approach to Rural Health Transformation



With the **Governor's office taking lead**, public health and Medicaid partnered to support the development of the rural health transformation plan and submission to CMS



Governor hosted a Rural Health Summit in Littleton New Hampshire with rural providers, community members, and stakeholders to gather input to develop the rural health transformation plan



Executive Councilors held community sessions and gathered input and provided recommendations for the grant



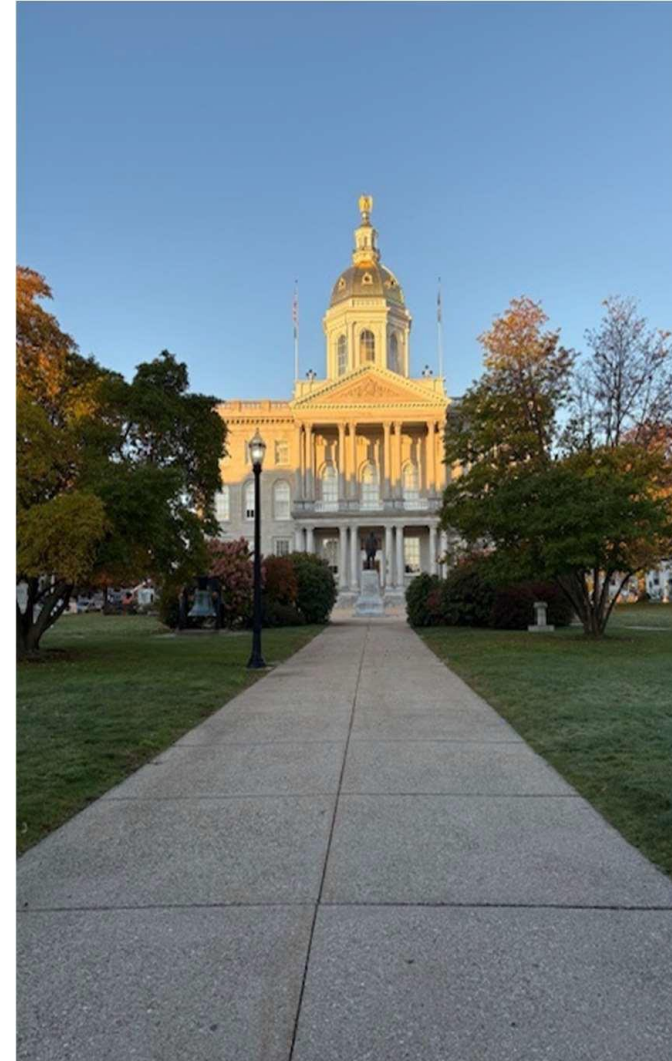
Engaged **subject matter experts** from state and community-based organizations



Formal **Request For Information (RFI)** Process with over 200 submissions



Meetings with **stakeholder groups** (e.g., Community Mental Health Centers, Federally Qualified Health Centers, Rural Hospitals, Emergency Medical Service providers, home health agencies, dental organizations, and community-based organizations)

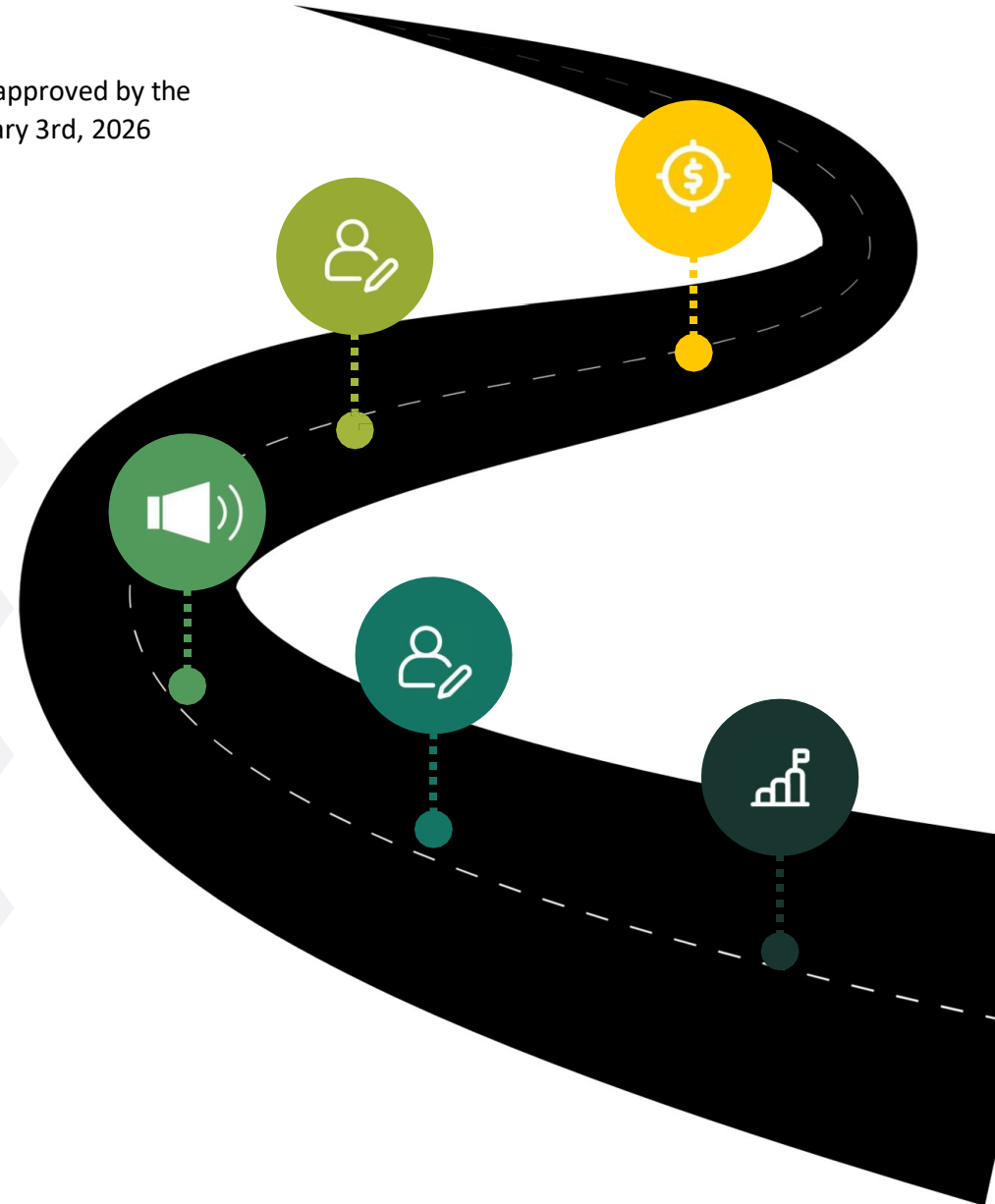


Key Milestones for RHTP

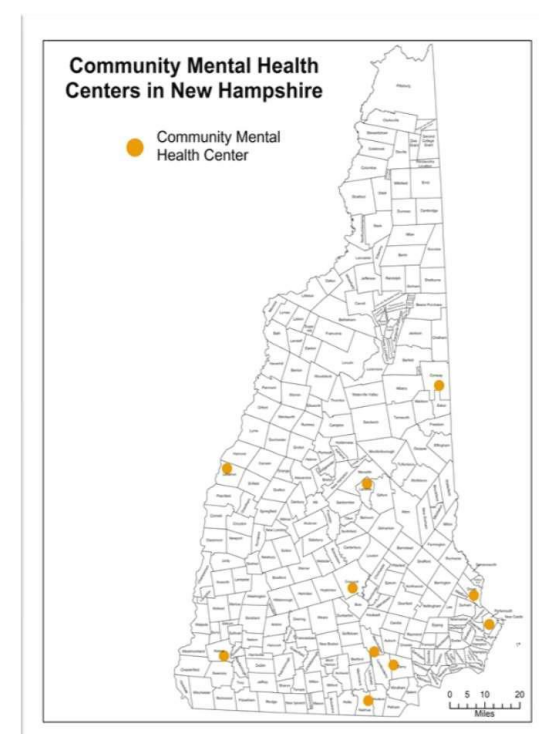
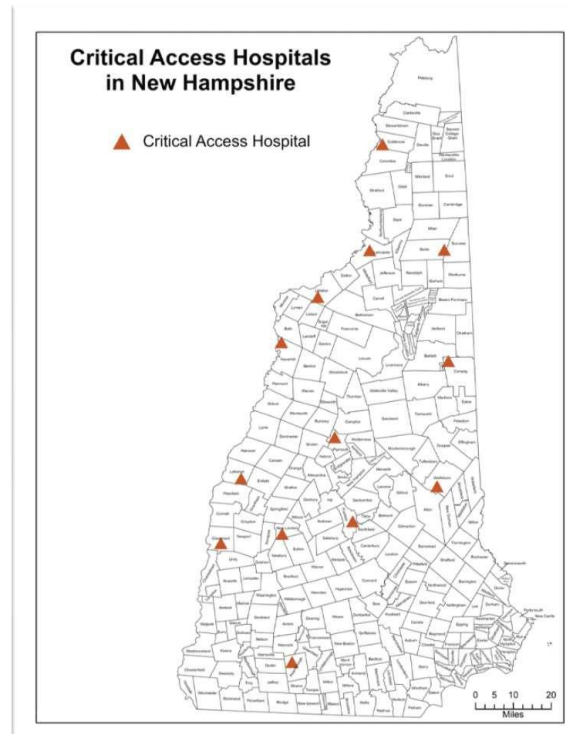
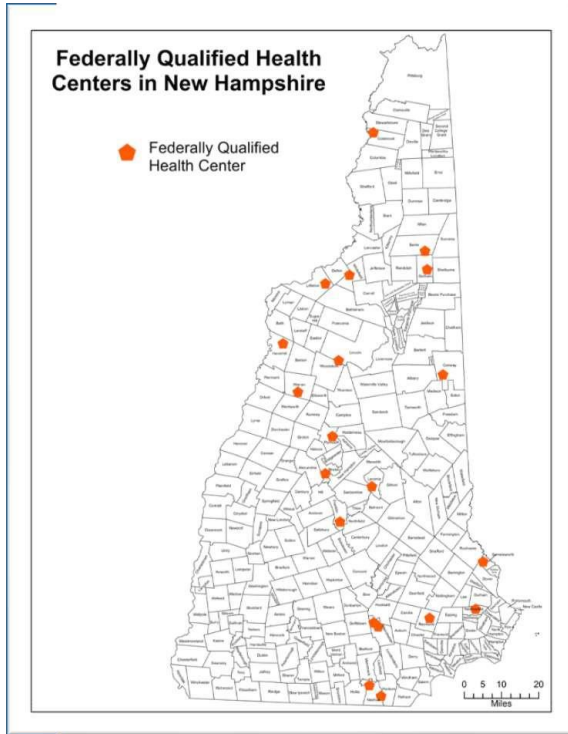
New Hampshire Medicaid was awarded **\$204,016,550** approved by the **Centers for Medicare and Medicaid Services** on February 3rd, 2026

- There are 5 Grant Budget Periods
- Funding is federally appropriated through 2030
- Funding will be redistributed in Budget Periods 2-5
- **Success now impacts future funding amounts**

- 01 Fiscal Items**
DHHS will establish an account unit and GO-NORTH will adjust their budget to align with the increased award
- 02 Contracts for Facilitating Organizations**
5 Core GO-NORTH contracts and a pass-through agreement between DHHS and GO-NORTH
- 03 Additional Contracts**
At least 9 contracts through GO-NORTH through competitive bids in the next year
- 04 Timing Matters**
Delays pose risk



Eligible Organizations



Rural Health Transformation versus ARPA

ARPA:

Short-term emergency funding response to address funding and stabilization needs from an unforeseen global pandemic

- Payment was made in a lump sum to NH Treasury all at once.
- Use of ARPA funds were not tied to federal approval of a pre-approved plan and use of funds tied to meaningful movement of outcomes.

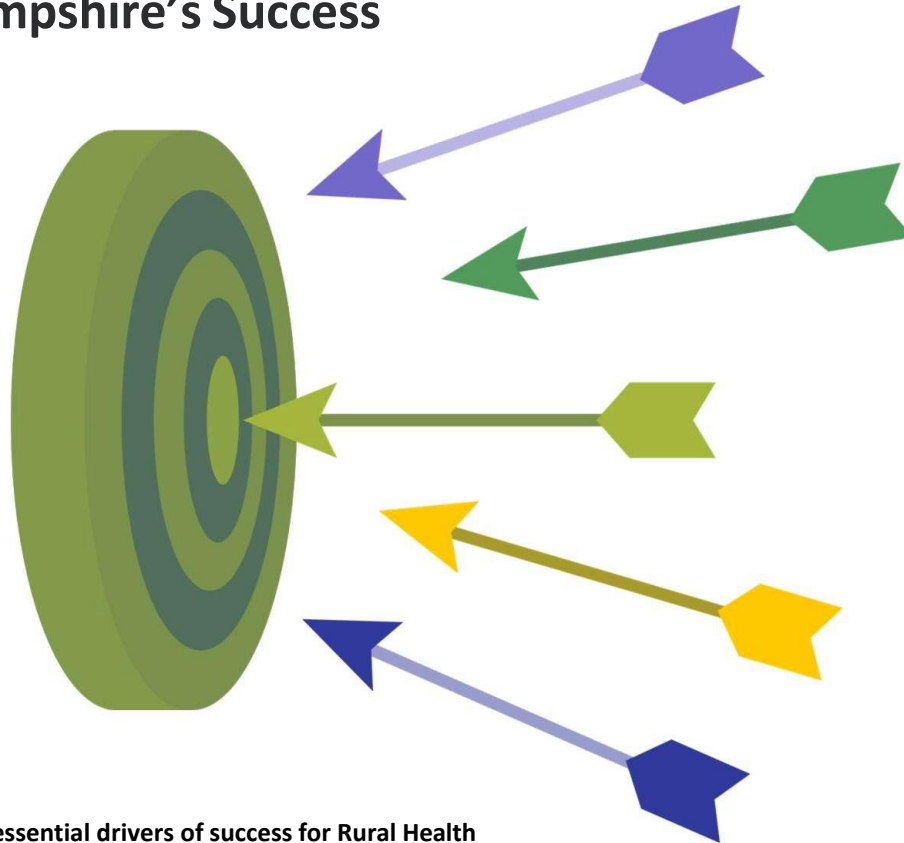
Rural Health Transformation Program

Rural Health Transformation is proactive federal grant program available to States with an approved Rural Health Transformation plan.

- Funding is awarded through a cooperative agreement with CMS.
- May only be used for CMS pre-approved uses.
- The State will be assessed by CMS based on its progress towards milestones and outcomes committed to in the grant.

We are all responsible for New Hampshire's Success

We are all responsible for New Hampshire's Success



Five essential drivers of success for Rural Health Transformation

Our collaboration drove NH's success

New Hampshire received the highest award amount in New England and we can continue to maximize our federal award through continued collaboration

Spending

Ability to expend all funds by **September 30, 2027** for the first Budget Period will garner redistributed funds from other states who do not expend their awards

Meeting our milestones

NH has committed to key milestones including executing contracts with facilitating organizations before August 2026

Making an impact

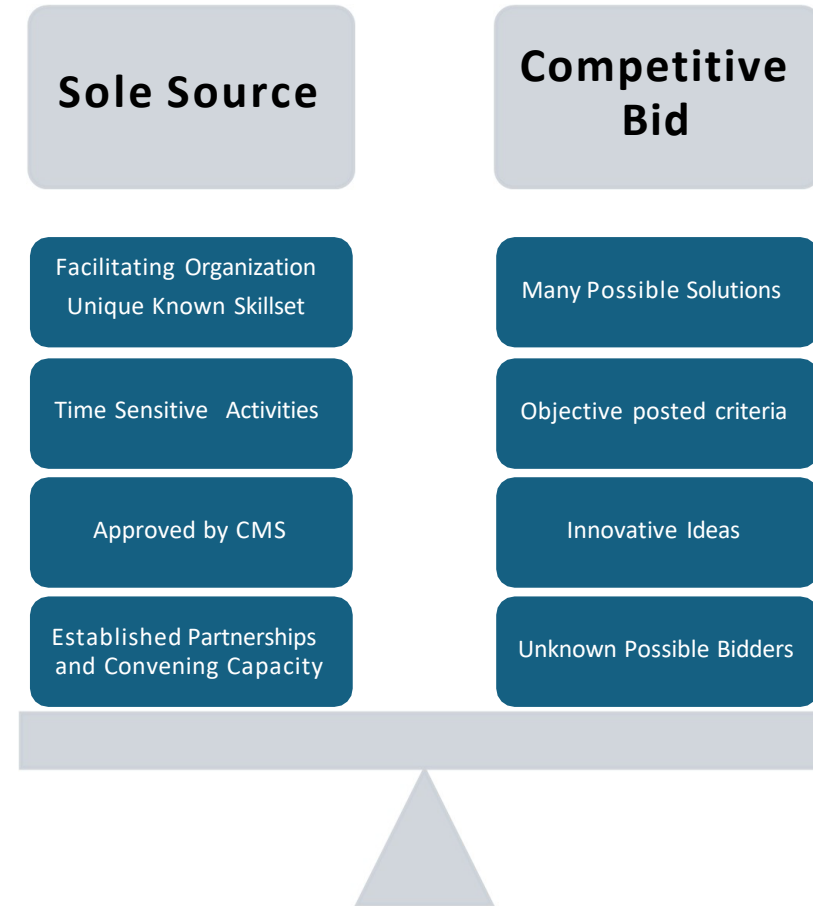
Funding will be adjusted based on the impact we have on key metrics- so we need to invest in the right strategies

Long-term success

The success of this program hinges on investments in sustainable and resilient approaches

A New Hampshire Approach for Procurement

To succeed we need to move quickly and efficiently, and to work with established partners with ties to the community.



Core Hubs approved by CMS as sole source contracts

Foundation for Healthy Communities

- Critical Access and rural hospitals, Emergency Medical Service Units, Federally Qualified Health Centers, rural home health agencies, and rural primary care.
- Support implementation of technological solutions (e.g., electronic health records, digital health infrastructure investments, and remote-patient monitoring); workforce recruitment and retention activities, support to establish rural medical and dental residency programs; innovative service delivery (e.g., telehealth, care coordination, mobile integrated health, community nurse programs); expanded access to specialty care through telehealth.

Community Development Finance Authority

- Create a Rural Health Capital Improvement Project fund to support rural healthcare organizations and communities with a minor renovation or and capital improvement need that ties directly Rural Health Transformation initiatives and outcomes.

Workforce: Community College System of New Hampshire

- Expand rural healthcare career pathways and pipelines from the high school level through graduate level. Projects included in this initiative include: expanding access to CCSNH's paraprofessional training academy with the goal of doubling the number of students obtaining necessary credentials to practice, coordinated healthcare career navigation support, expanded access to apprenticeships in partnerships with healthcare employers, mobile clinical education simulation in collaboration with UNH, provision of student supports to reduce barriers to program participation and completion, expanded CTE healthcare programming, and expanded access to healthcare jobs through the WorkReadyNH program.

Workforce: University System of New Hampshire

- In partnership with rural health care employers, establish the Governor's Health Scholars Award Program, which will provide targeted financial awards to individuals completing healthcare degree programs at a New Hampshire secondary education institution or a medical or dental residency program in New Hampshire in high-need fields. UNH will build a rural health transformation common campus to build an interoperable clinical simulation network across the New Hampshire university system, Community College System, other secondary/post-secondary institutions, and rural healthcare employers using fixed hubs and mobile simulation

Community Behavioral Health Association

- Structurally transform New Hampshire's community mental health system through a common electronic health records system across all community mental health centers (CMHCs), phased transition of all CMHCs to Certified Behavioral Health Clinics (which expands CMHC services to include services for any mental illness, crisis services, care coordination, substance use treatment and connections to coordinate with primary care and unmet health needs), behavioral health workforce development investments, and appropriate centralization of common infrastructure under shared governance.

Upcoming competitive procurements

Ready Access to Care and Reliable Transportation

Population Health (team-based care, prevention, and chronic disease management)

Medicaid Polypharmacy and Medication Risk Reduction

Implementation support and impact assessment

Mobile Imaging for Nursing Facilities

Rural focused care management services for children with complex behavioral health needs

Children's Residential Service Delivery Design and Rate Development

Behavioral Health Crisis System and Transitional Housing Service Delivery Design and Rate Development

Sustainable Value-Based Hospital Payment Model Design and Development

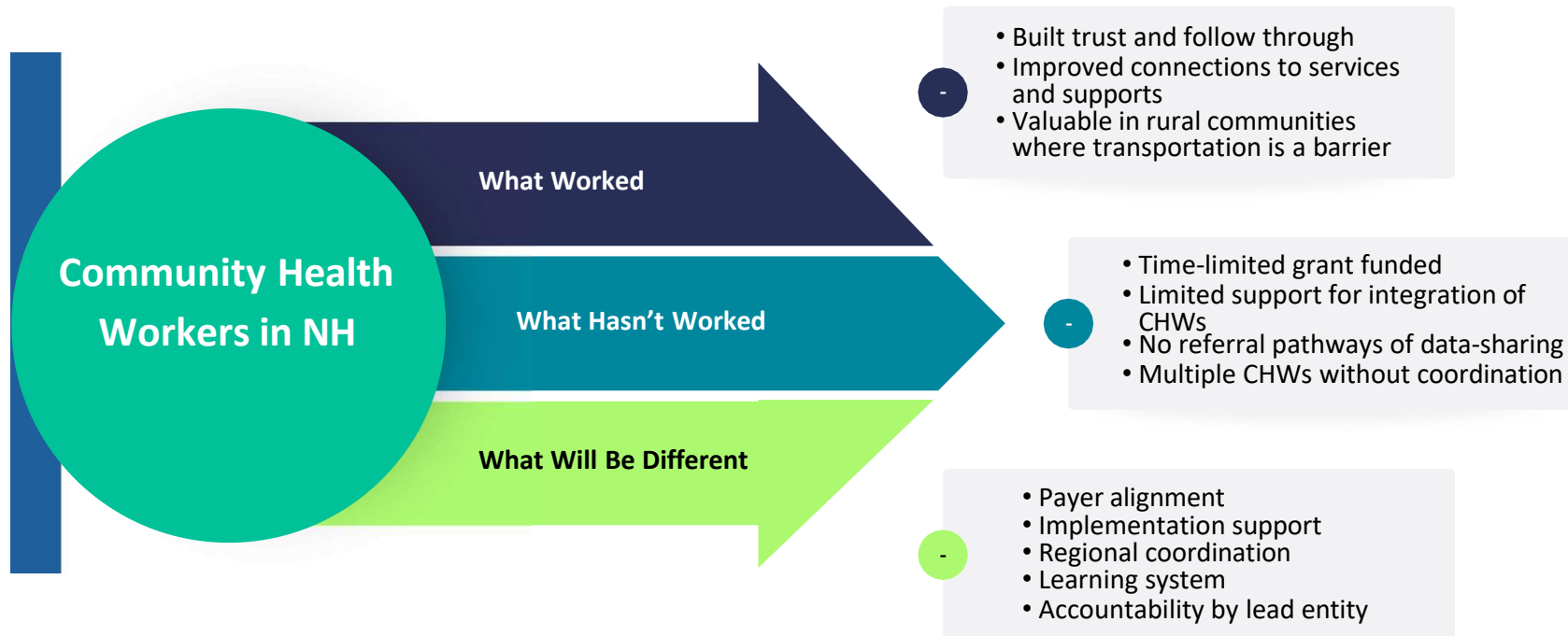
Measuring Success

- **New Hampshire's Rural Health Transformation Plan** committed to the following outcomes:
 - Better **Access to Care**
 - Growing a local resilient **Workforce**
 - Investing in better **Population Health** (prioritizing primary care, prevention, and chronic disease management)
 - Supporting the adoption of **Innovative Technology**
 - Bettering the **Financial Sustainability** of rural healthcare organization



The Difference Between Service Delivery and Widgets

The Shift from Change to Transformation



The Value of a Well-Executed Plan

The core components that build a strong foundation for success

