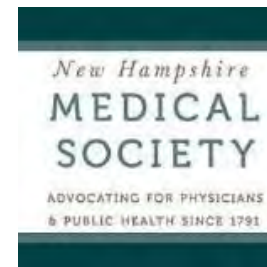




The Political Determinants of Health ECHO

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

Session 1, Our Current Political Landscape, February 22nd, 2024



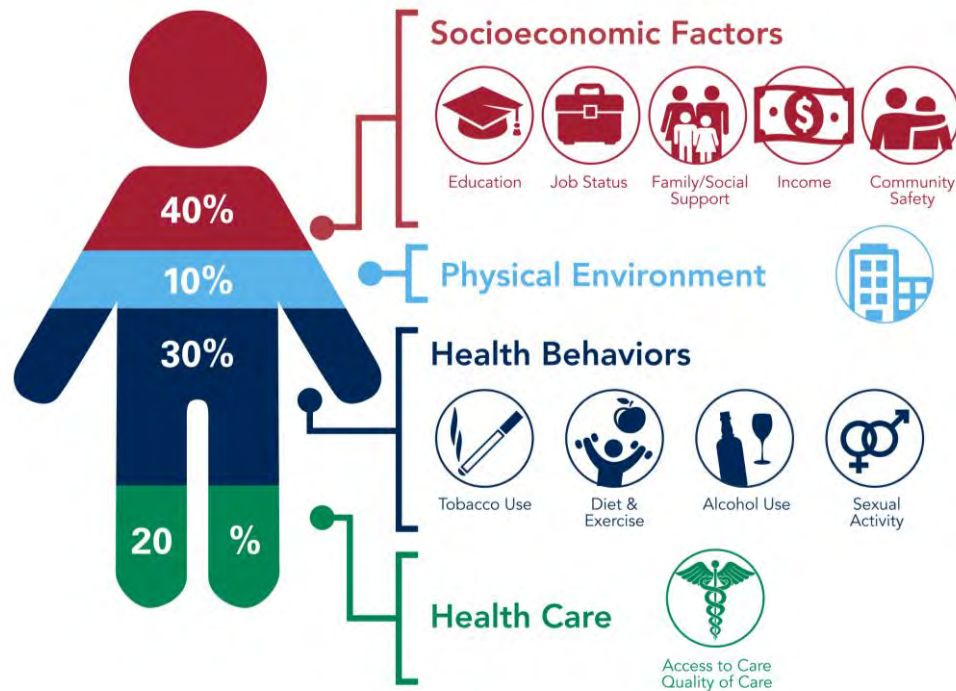
Series Learning Objectives

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

Political Determinants 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.



80% Socioeconomic, environmental & health behavioral factors

20% Health care factors

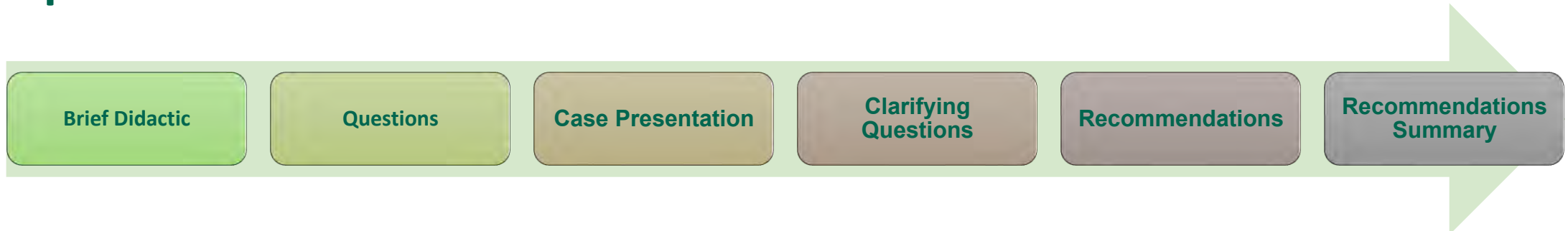
Series Topics

<u>Our Current Political Landscape</u>	2/22
<u>Cannabis Legislation</u>	3/7
<u>Workforce and Economy</u>	3/21
<u>Public Health Infrastructure: Access to RSV Immunization</u>	4/4
<u>LGBTQ Culturally Competent Care</u>	4/18
<u>Digital Health Equity</u>	5/2
<u>Workplace Violence</u>	5/16
<u>Wrap Up</u>	5/30

Project ECHO (Extension for Community Healthcare Outcomes)

- ECHO is a telementoring model that uses virtual technology to support case-based learning and provide health-related education.
- Highly Interactive. All teach, all learn.
- Non-partisan, focused on what best serves the health needs of our communities
- Respectful of diverse views and opinions

Components of ECHO:



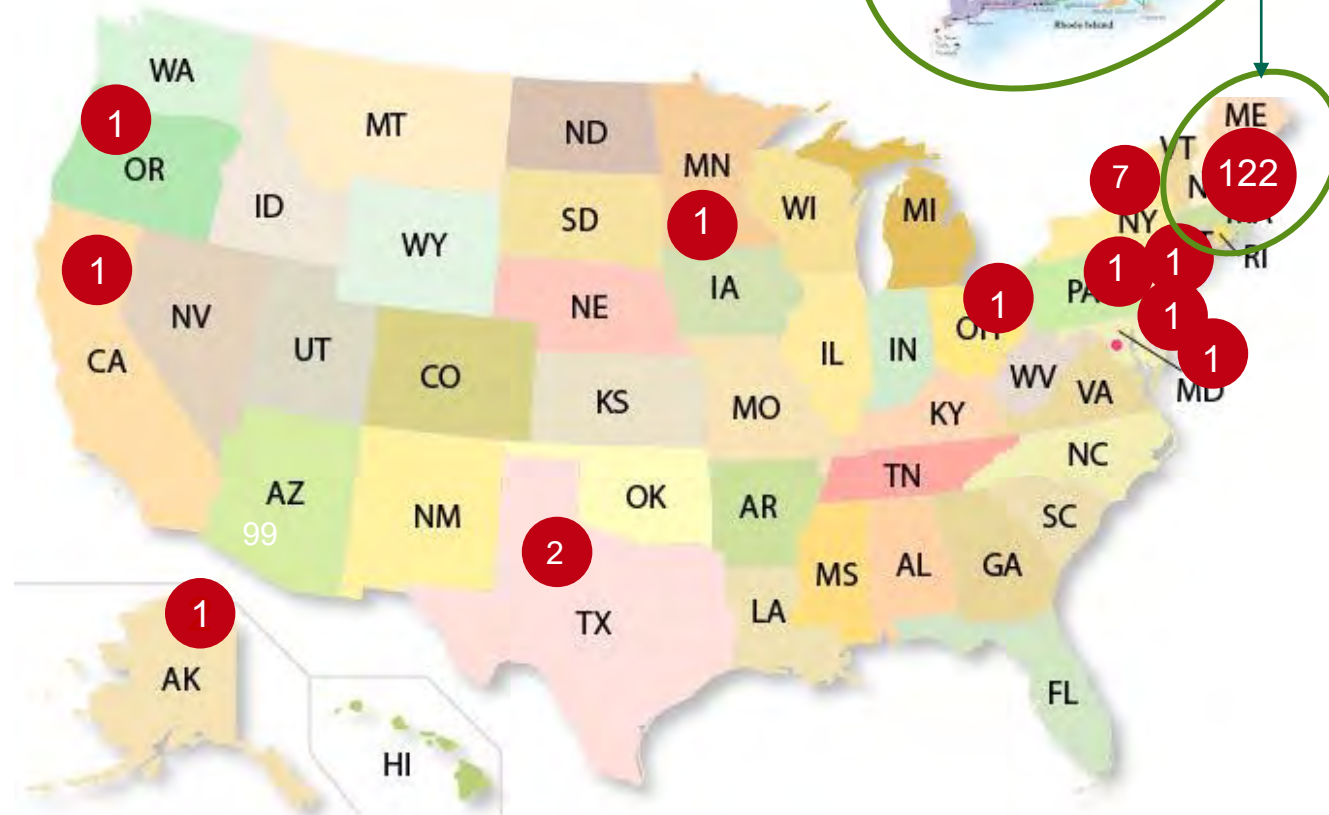
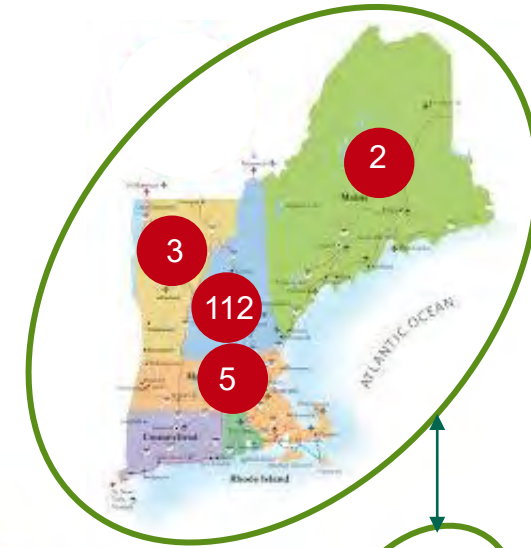
Today's Program

- Brief housekeeping
- Didactic: **Our Current Political Landscape**, Dean Spiliotes
- Q&A
- Panelist perspectives
- Discussion
- Summary
- Up Next

ECHO Participant Demographics

Total Registrants: #208

Professional Roles	#
Administration/Coordination	72
Provider (MD, DO, others)	26
Nursing	22
Educator/Researcher	19
Community Health (CHW, PH)	14
Behavioral Health/Social Work	13
Law/Safety	4
Other (pharm, nutrition, PT, lab, allied, etc)	18



Core Panel

- Ava Hawkes
Director of Advocacy & Media Relations, NH Medical Society
- Ben Bradley
Vice President, State Government Relations, NH Hospital Association (NHHA)
- Courtney Tanner, JD, MSW
Director, D-H Government Relations, Course Director
- Deborah Fournier, JD
Senior Policy Associate, UNH Institute for Health Policy and Practice
- Kate Frey
Vice President of Advocacy, New Futures
- Matthew Houde, JD, MHCDS
Vice President of D-H Government Relations
- Pamela Dinapoli, RN, PhD
Commission on Government Affairs, NH Nurses Association
- Phil Sletten, MPA
Research Director, NH Fiscal Policy Institute
- Steve Ahnen, MBA
President, NH Hospital Association (NHHA)
- Seddon Savage, MD, MS
Facilitator, Medical Director, Project ECHO at Dartmouth Health

Dean Spiliotes

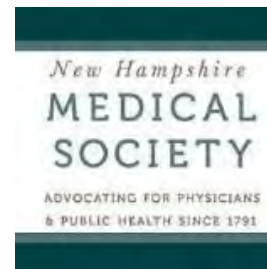
*Professor of Political Science &
Civic Scholar in the School of Arts, Sciences & Education,
Southern New Hampshire University*



The Political Determinants of Health ECHO

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

Session 2, Cannabis Legalization, March 7th, 2024



Today's Program

- Brief housekeeping
- Didactic: **Cannabis Legalization**
 - Seddon Savage – Health considerations
 - Kate Frey – Current Cannabis Legalization Legislation
- Discussion – facilitated by Courtney Tanner
- Summary
- Up Next

Cannabis

Health Considerations to Inform Legislation

Seddon Savage MD, MS

Associate Clinical Professor, Geisel School of Medicine
Education Director, Project ECHO at Dartmouth Hitchcock

Disclosure

- No commercial conflicts

Cannabis Policy

- 4000 BC Earliest recorded use in China
Herbs, tinctures used world wide for centuries
- 1850 Added to U.S pharmacopeia (indications for neuralgia, convulsions, anti-emetic, alcoholism , opiate addiction, others)
- 1927 10 U.S states prohibit cannabis use (starting in 1915)
- 1937 U.S. Federal taxation & licensing requirements resulted in decreased prescribing
- 1942 Removed from U.S. pharmacopeia, AMA opposed
- 1970 Controlled Substance Act class I “no legitimate medical use” creating barriers to study



Cannabis Policy History

Legalization Advocacy Marijuana Policy Project “envisions a nation where marijuana is legally regulated similarly to alcohol”

Strategy: Medical Marijuana >>> Decriminalization >>> Legalization

Step 1 Medical marijuana

New Hampshire 2013

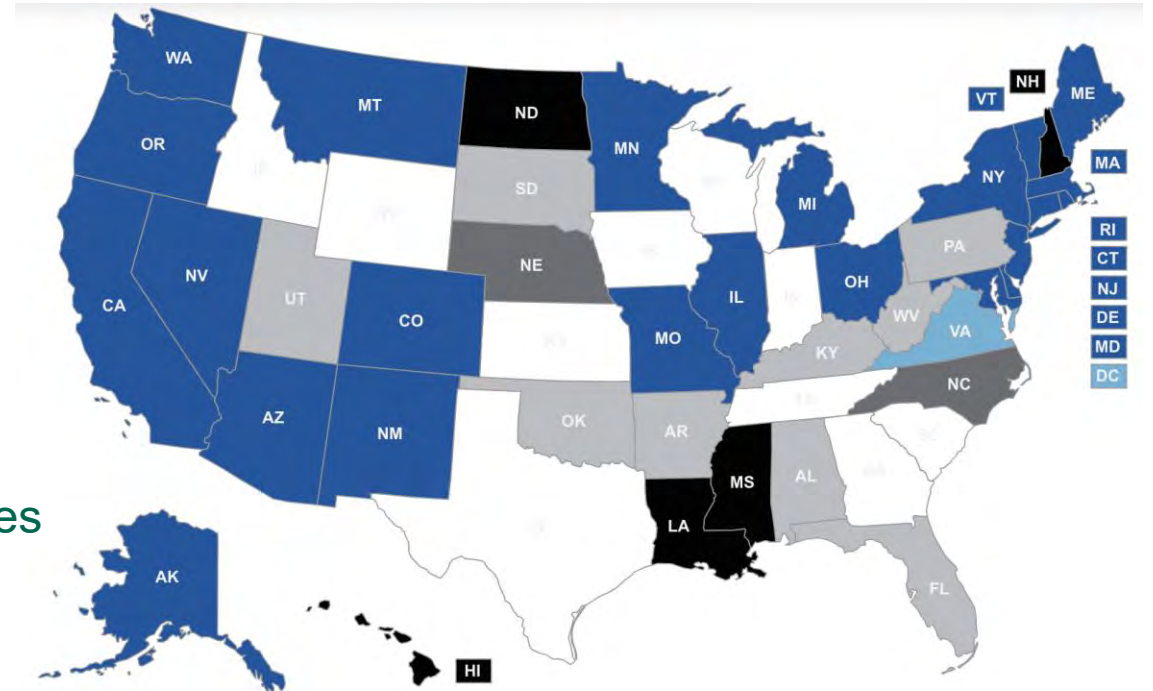
Step 2 Decriminalization

New Hampshire 2017

Step 3 Legalization

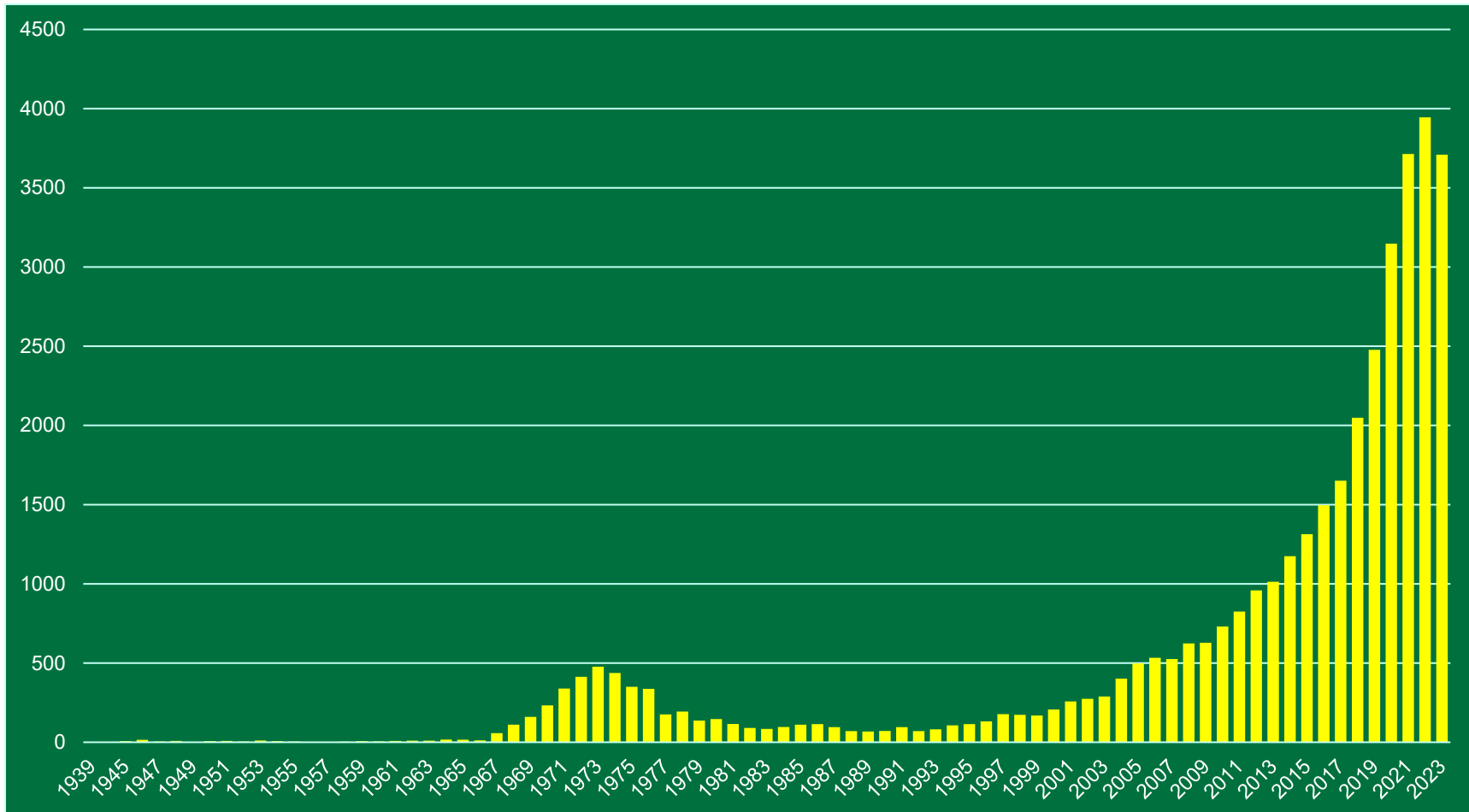
New Hampshire 2024?

- Legal adult use & therapeutic
- No sales
- Decriminalization & therapeutic
- Therapeutic only
- Decriminalization only



What do we know about Cannabis?

PubMed Cannabis Publications



0-3 Pubs/year back to 1840-1939

<https://pubmed.ncbi.nlm.nih.gov/?term=cannabis>

Information Challenges

- Voluminous, changing, often conflicting
- Cannabis versus diverse isolated cannabinoids
- Diverse species of cannabis with variable concentrations of cannabinoids
- Impacts being studied: diverse therapeutic outcomes, harms
- Often low-quality studies using subjective measures, no controls, opportunities for bias

Cannabis

- >100 cannabinoids & over 450 biologically active chemical constituents.
- Most concentrated and well studied
 - THC (Delta 9 tetrahydrocannabinol)–evidence of euphoria, anti-emetic, appetite stim, analgesia
 - CBD (Cannabidiol)–evidence of anxiolytic, anti-inflammatory, no euphoria
- Most evidence on other cannabinoids (and other constituents) comes from
 - Pre-clinical
 - Small human studies
 - Driving a parallel universe of understanding in and around the cannabis industry

CBC Cannabichromene		CBC is a non-psychoactive cannabinoid that may help relieve severe pain, inhibit cell growth in tumors, promote bone growth, and reduce inflammation.
THCV Tetrahydrocannabivarin		THCV is a psychoactive cannabinoid that may help suppress appetite, reduce seizures, and may promote bone growth.
CBG Cannabigerol		CBG is a non-psychoactive cannabinoid that may help slow bacteria growth, inhibit cell growth in tumors, promote bone growth, and reduce inflammation.
CBN Cannabinol		CBN is a non-psychoactive cannabinoid that may provide relief for patients with agitation of Alzheimer's Disease, severe pain, and muscle spasms

<https://nh.temescalwellness.org/wp-content/uploads/2018/03/CannabinoidPrintOut-Final-CC.pdf>

Cannabis

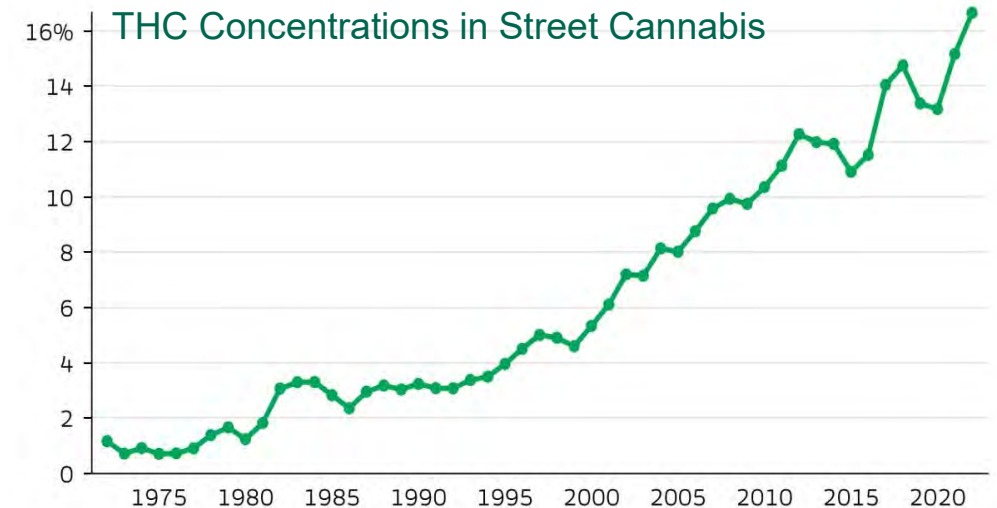
Entourage effects

- Evidence of complex interactions
 - Between cannabinoids
 - Between terpenes and cannabinoids
 - Between cannabinoids and opioids (endogenous and exogenous)
- Particularly relevant for developing therapeutics
- Basis for assertions whole plant better than single compound cannabinoid medications



Cannabis & Cannabis Products

- Diverse strains of cannabis with variable constituent content
- Street cannabis THC content has increased from mean of 3-5% 1970s to 16% in 2021
- Available in NH Dispensaries
 - Up to 30% THC in botanical flowers
 - Up to 84% THC in extracted concentrates
 - Edibles – 5-50mg per candy or cookie
 - 2.5-5 mg typical starting dose
- Higher THC levels may be associated with increased risk, diminishing returns



Cannabis Routes of Administration

- Smoked (dried herb)
 - Rapid onset of action
 - Hazardous products of combustion
- Vaporization (extracts or dried herb)
 - Rapid onset of action
 - Reduced products of combustion
 - Metered dosing devices available
- Oral products (tinctures, candies, brownies, etc)
 - Slower onset of action
 - Variable dosing, first pass effects
 - Potential for misidentification
- Transdermal
 - Highly lipid soluble, slower onset, longer acting



Hybrid
Blissful Wizard Pre-Roll
(0.7g)



Sativa Dominant
BooBerry



<https://www.nytimes.com/wirecutter/reviews/best-portable-vaporizer/>



Hybrid
(2pk) 50mg THC Mint
Patties



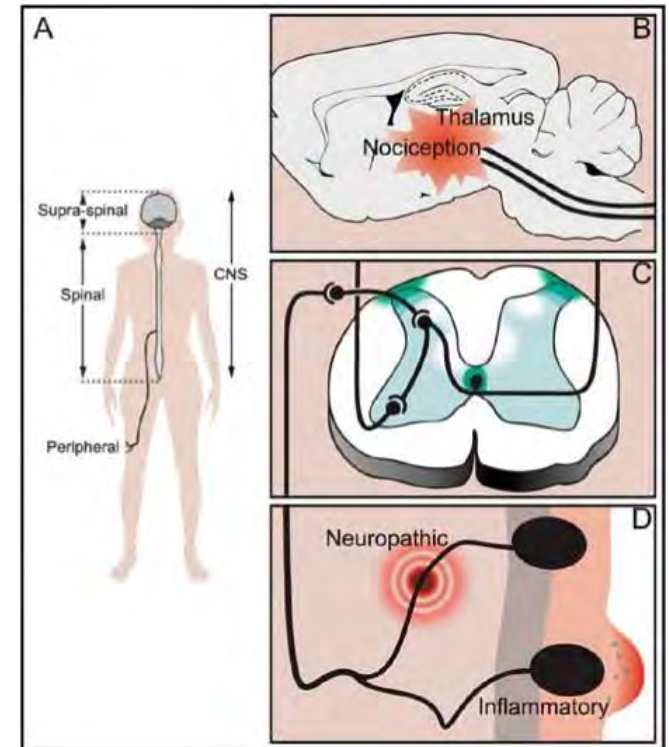
Hybrid
(10) 5mg D8 THC
Raspberry Fruit Chews



300mg THC Transdermal
Cream

Endogenous Cannabinoid System

- Endogenous cannabinoids
 - Anandimide (Sanskrit for bliss)
 - N-Arachidonyldopamine (NADA)
 - Many others, variable CB1/CB2 affinity
- Cannabinoid receptors
 - CB1 receptors rich in CNS (densest in reward, nociception, appetite regulation centers), less in PNS
 - CB2 primarily immune system, some CNS/PNS
- Physiologic roles in neuromodulation
 - Energy balance, appetite
 - Nociception (pain transmission)
 - Mood modulation including reward
 - Cognition, learning, perception & memory



What do people like about Cannabis?

Highly variable, but commonly reported experiences include:

- Sense of relaxation, calm
- Quickened sense of humor
- Enhanced sensory experiences (auditory, visual, taste, touch, sexual)
- Enhanced perceived creativity
- Increased sociability
- Spirituality, universal connectedness
- Relief of distress

Rella JG. Recreational cannabis use: pleasures and pitfalls. *Cleve Clin J Med*. 2015 Moser A et al, The influence of cannabis on sexual functioning and satisfaction. *J Cannabis Res*. 2023 Jan 20;5(1):2; Nov;82(11):765-72; LaFrance EM, Cuttler C. Inspired by Mary Jane? Mechanisms underlying enhanced creativity in cannabis users. *Conscious Cogn*. 2017 Nov;56:68-76; Vigil JM, Stith SS, Chanel T. Cannabis consumption and prosociality. *Sci Rep*. 2022 May 19;12(1).

Therapeutic Actions

Cannabis & Cannabinoids

National Academy of Science, Engineering & Medicine Report, 2017

- Substantial or conclusive evidence
 - Chronic pain in adults, particularly neuropathic pain (cannabis)
 - Chemotherapy-induced nausea & vomiting (oral cannabinoids)
 - Subjective MS spasticity (oral cannabinoids)
- Moderate evidence
 - Short-term sleep (cannabinoids, primarily CBD)
- Limited evidence
 - Appetite & weight loss in HIV/AIDS (cannabis & oral cannabinoids)
 - Objective MS spasticity (oral cannabinoids)
 - Tourette symptoms (THC capsules)
 - Anxiety symptoms in social anxiety (cannabidiol)
 - PTSD symptoms (nabilone; single, small fair-quality trial)
 - Improved TBI or CVA outcomes—statistical association



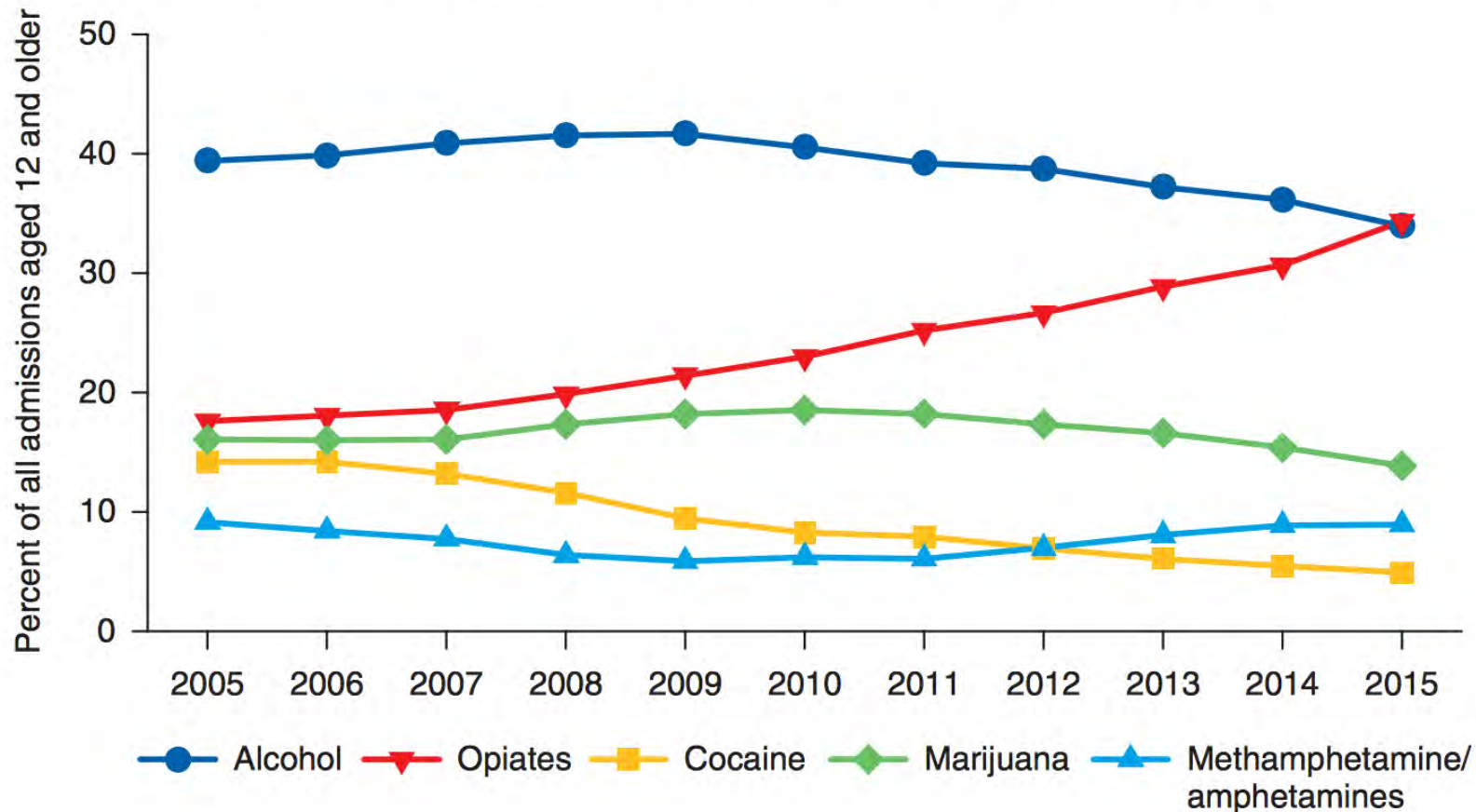
Cannabis side-effects & risks

Neurobehavioral

- Cognitive & perceptual distortions, sedation, reward
 - >>>Risk of MVAs, accidents and falls (particularly in elderly)
- Impairment in work & social performance
- Developmental changes in adolescents
 - Intellectual, motivational, maturational
- Mental health risks: psychotic disorders, anxiety, increased mania/hypomania in BPD & SI, SA & completed suicide
- Well-described withdrawal syndrome with abrupt cessation of regular use
- Cannabis use disorder mod-severe (9-30% recreational users)

U.S. Primary Drug Treatment Trends (all)

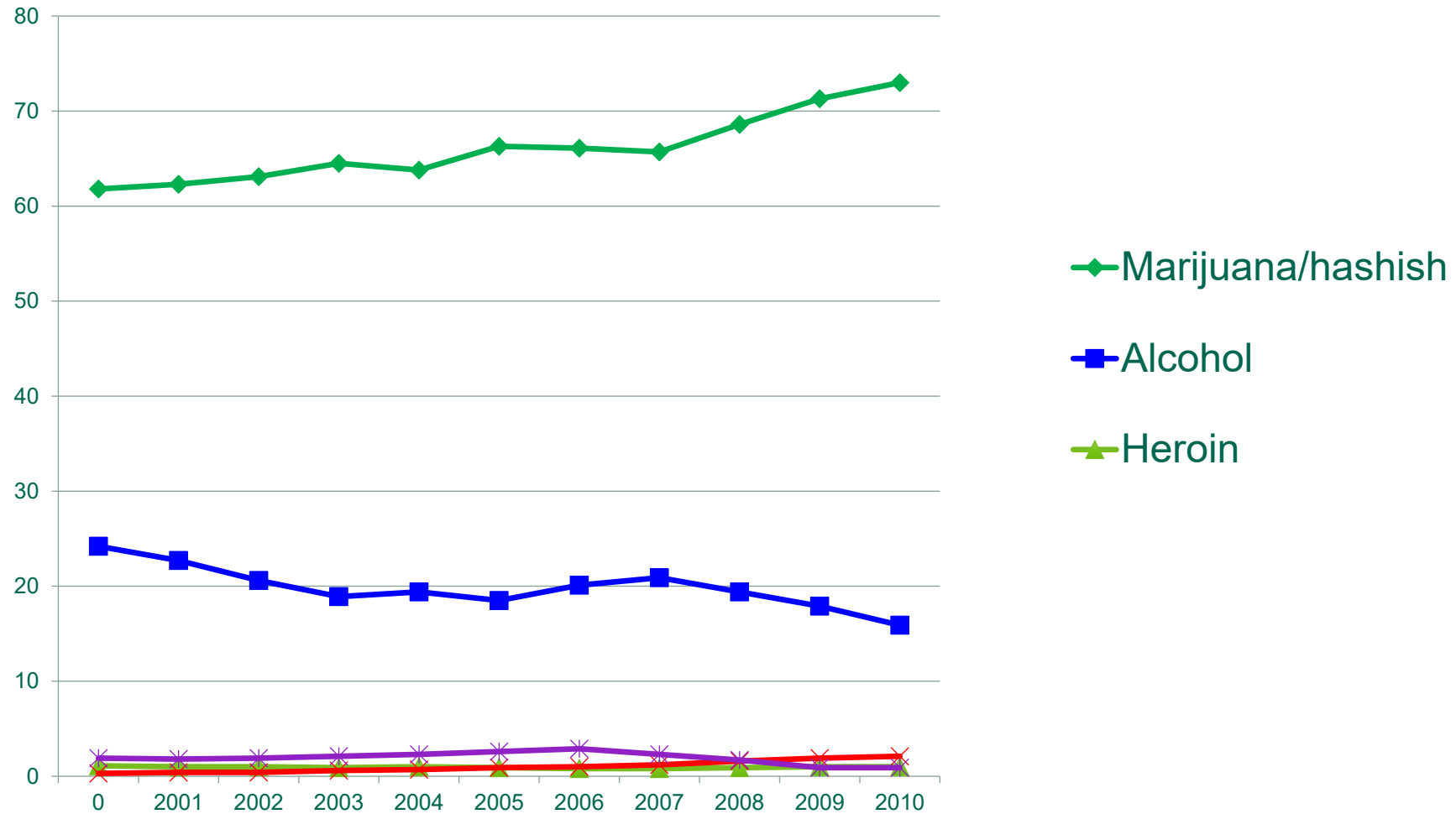
Figure 1. Primary substance of abuse at admission: 2005-2015



SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.01.16.

Cannabis Treatment - Adolescents

Treatment Episode Data System (TEDS) – www.samhsa.gov



Cannabis side effects & risks

Other Medical Concerns

Cardiopulmonary

- Triggering myocardial infarction with acute use (NASEM limited evidence)
- CVA: Ischemic or hemorrhage (Limited)
- Exacerbation COPD/asthma with smoking (Limited)

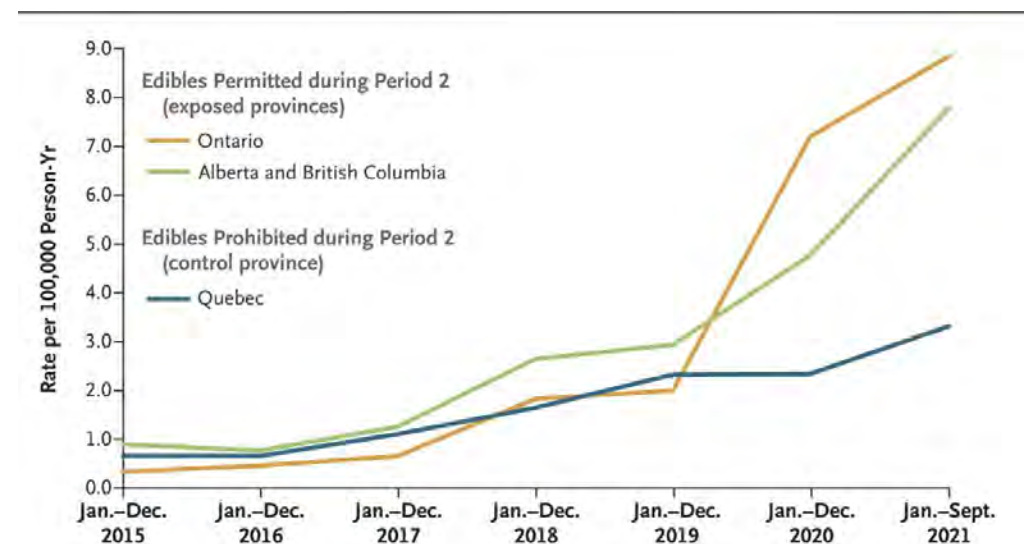
Other

- Low birth weight, pregnancy complications, NICU stays, neurodevelopmental changes in infants
- Non-seminoma testicular germ cell tumors (limited)
- Decrease some inflammatory cytokines (limited)
- Mixed effects on Type 2 diabetes (limited)

Other public health concerns

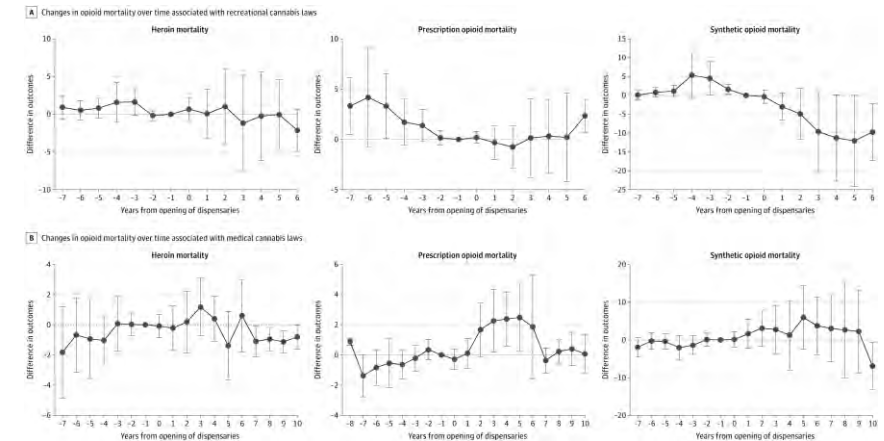
- Driving safety
 - Cannabis impairs reaction time, spatial perception and decision-making in simulated driving
 - Studies on cannabis laws and driving accidents and fatalities have mixed findings, including positive, negative and no impacts
- Hospitalization for poisonings
 - Increased for all ages with legalization, particularly in association with edibles and higher concentrations of THC

Cannabis Legalization in the U.S: Population health Impacts, Health Affairs Health Policy Brief, July 1, 2021
Myran DT, Tanuseputro P, Auger N, Konikoff L, Talarico R, Finkelstein Y. Edible Cannabis Legalization and Unintentional Poisonings in Children. N Engl J Med. 2022 Aug 25;387(8):757-759

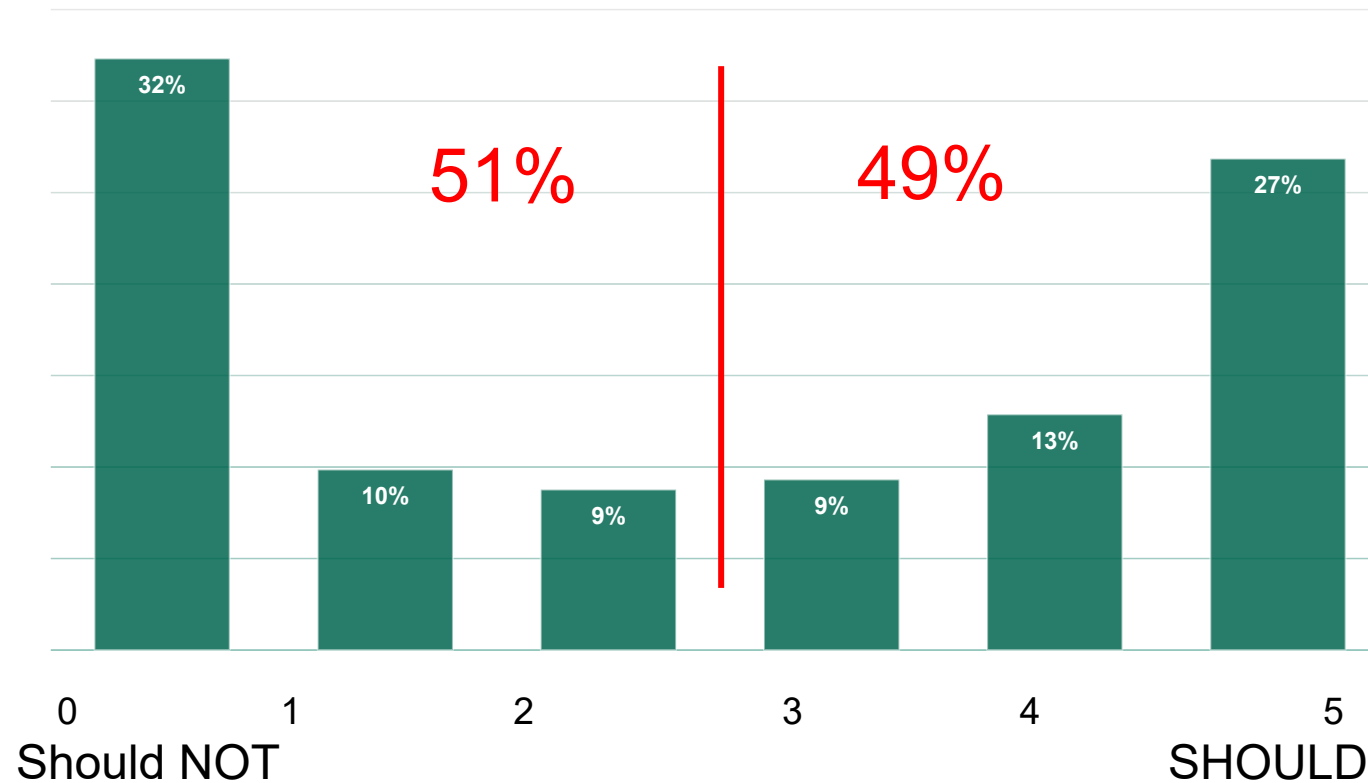


Does legal Cannabis access reduce opioid-related harm?

- Complex interactions and conflicting findings in studies
 - Opioid analgesic requirements
 - Reduced in animal studies with co-administered cannabis
 - Mixed responses to co-administered cannabis in humans
 - Opioid use disorder symptoms in humans mixed in response to cannabis use
 - Some increase, some decrease opioid use
 - Overdose death in States with legal Cannabis availability
 - 2014 study reported reduced deaths with therapeutic cannabis availability
 - Two subsequent studies showed no decrease in opioid ODs overall, with therapeutic or recreational cannabis. One suggested a decrease in synthetic opioid deaths



Should New Hampshire **legalize cannabis** for all use, including recreational use? (2018 Cannabis Survey of NHMS members)



Resources

- Cannabis Legalization in the U.S: Population Health Impacts, Health Affairs Health Policy Brief, July 1, 2021
- CDC web pages on Marijuana and Public Health, <https://www.cdc.gov/marijuana/health-effects/index.html>
- Hall & Lynskey, Assessing the public health impacts of legalizing recreational cannabis use: the US experience, *World Psychiatry* 2020;19:179–186
- Hall et al, The implementation and public health impacts of cannabis legalization in Canada: a systematic review, *Addiction*, 118 (11): 2062-2072, 2023

Cannabis Legalization Policy in New Hampshire



Principles for Responsible
Cannabis Policy and Regulation



today's presenter





kfrey@new-futures.org

who we are

**Solving problems through
policy change.**

New Futures works to improve the health and well-being of all Granite Staters through public policy change and civic empowerment.



what we support

Our policy priority areas span all stages of life.

Early Childhood

Strengthening families, mitigating adverse childhood experiences.

Children's Behavioral Health

Supporting a comprehensive system of care.

Health

Ensuring access to quality affordable health care.

Substance Use Disorder

Addressing stigma and discrimination in care for those struggling with addiction.

Public Health

Protecting New Hampshire's public health system.

Alcohol and Other Drugs

Preventing substance use through community education and regulatory strategies.

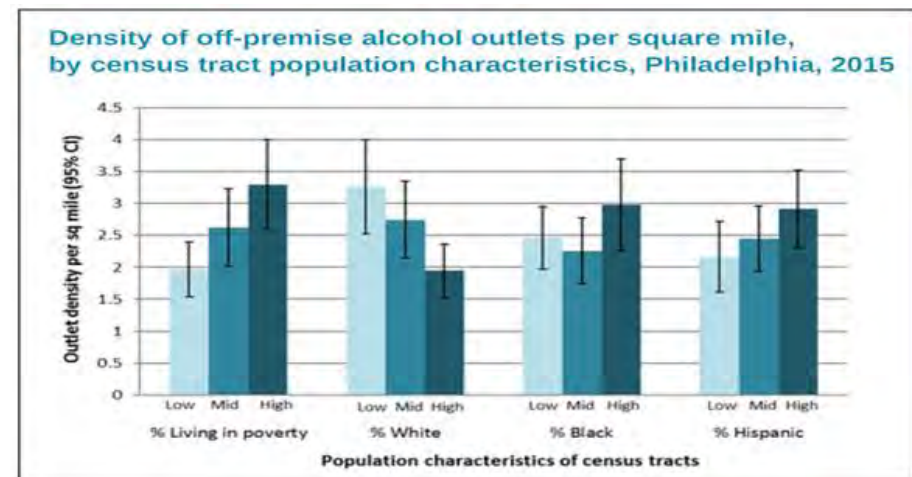
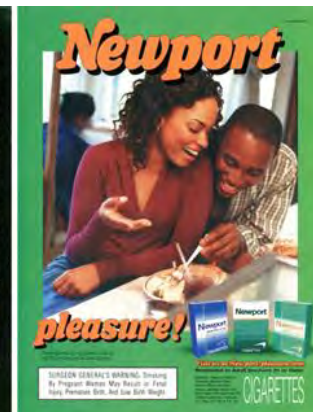
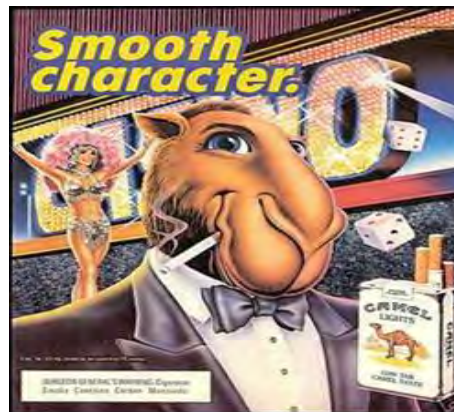
Healthy Aging

Ensuring older adults have access to services and the ability to choose where and how they age.

The greatest mortality from drugs comes from legal drugs. The moment you make a drug legal, you're going to increase the number of people who get exposed to it, and therefore you increase the negative consequences from its use. **When you legalize, you create an industry whose purpose is to make money selling those drugs. And how do you sell it? Mostly by enticing people to take them and entice them to take high quantities.**"



Dr. Nora Volkow, director at the National Institute on Drug Abuse, Boston Globe, May 3, 2018





our Guide to Making Money in the Multi-Billion-Dollar Marijuana Market

- Home
- Businesses
- Business Guides
- Other Resources

Cannabis capitalism: who is making money in the marijuana industry?

Marginalized groups that championed legalization struggle to compete with corporate refugees jumping on the bandwagon

- High stakes: cannabis capitalists seek funds to drive drug trade



▲ The future looks green - but who ben

Forbes

EDITORS' PICK | Mar 3, 2021, 10:43am EST | 17,181 views

U.S. Cannabis Sales Hit Record \$17.5 Billion As Americans Consume More Marijuana Than Ever Before

Budweiser maker teams up with Tilray to explore pot drinks

December 19, 2018



Wall Street's Marijuana Madness: 'It's Like the Internet in 1997'

BIG MONEY \$\$\$\$



Forbes Billionaires Innovation Leadership Money Consumer Industry Lifestyle

17,574 Views | Dec 18, 2018, 08:47am

Marijuana Marlboro And What Altria's Purchase Of A Canadian Marijuana Maker Means

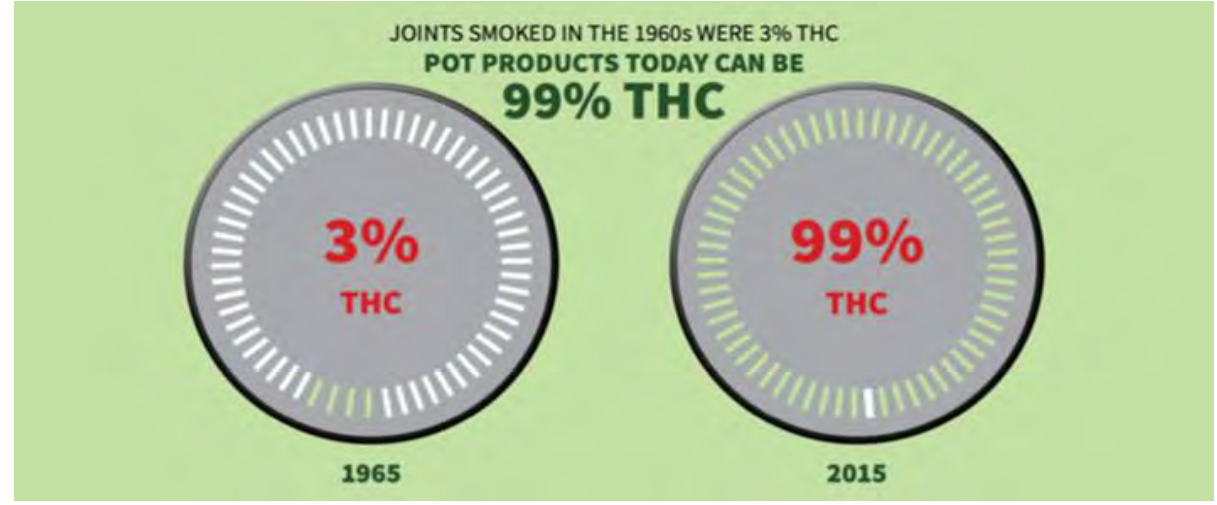


RESEARCH REPORT
Frequency of adolescent cannabis smoking and vaping in the United States: Trends, disparities and concurrent substance use, 2017-19

Social Justice & Equity in the Cannabis Industry
As states continue to move away from the policies of prohibition, overall arrest rates are dropping but racial disparities remain.

Where did NH's funding for addiction treatment and recovery go?

Overall, use of higher potency cannabis, relative to lower potency cannabis, was associated with an increased risk of psychosis and CUD.



NAACP-NJ to Murphy: Give Us a Seat on Cannabis Commission or Face Lawsuit

DESPITE STATE RESTRICTIONS, RECREATIONAL CANNABIS COMPANIES USE MARKETING THAT APPEALS TO ADOLESCENTS

STUDY SUGGESTS WHAT MAKES MARIJUANA EDIBLES MOST ATTRACTIVE TO YOUNG KIDS



Looking through the Public Health Lens

- Lessons learned from other states that have commercialized
- Past playbooks from tobacco and alcohol industries that have taken advantage of vulnerable populations for profit.
- NH data on youth and young adult substance misuse
- Equity policies so not to further harm communities affected by the war on drugs



Principles for Cannabis Policy & Regulation

If New Hampshire moves in the direction of legalizing recreational cannabis through a commercial model, it is imperative to get the policy right from the start. Optimal cannabis commercialization policy for our state must utilize the best available scientific evidence to reduce public harm, limit youth and problematic use, and purposefully advance social justice and equity in the state.

The following principles must be included in a commercial policy and regulatory framework.

Principle #1 Protect Children and Youth



- Limit the potency of THC in flower cannabis and cannabis products to reduce the risk of dependency, psychosis, and other harmful effects.
- Prohibit any products, packaging or marketing that is attractive to children or youth, such as cannabis-infused beverages, flavored products intended for inhalation, flavored wrappers and products that resemble candy.
- Require buffer zones between retail outlets and schools (including colleges), public libraries and other youth-serving facilities.



Principle #2 Promote Social Justice and Opportunities for Equity



- Expunge past criminal convictions for non-violent cannabis-related crimes.
- Make equity and social justice a priority in the cannabis industry. Create economic benefits for communities most negatively affected by the war on drugs and ensure representation on cannabis governing bodies.
- Prioritize equity in licensing applicants and hiring requirements (e.g. residents of communities impacted by high drug incarceration rates, people with past cannabis convictions).

Principle #3 Protect Public and Population Health



- From the start of the regulatory process, place public health authorities in leadership roles and widely limit industry presence on regulatory bodies.
- Require health warnings in stores and provide safer use information to consumers.
- Inform vulnerable groups of the risks of use, such as low birth weight when used during pregnancy, psychosis and schizophrenia and other mental health effects.
- Extend smoke-free air restrictions to consistently prohibit smoking and vaping cannabis indoors in workplaces, multi-unit housing and public outdoors spaces.



Principle #4 Ensure Appropriate Funding from Cannabis Revenue Directed to Efforts to Reduce Harms



- Apply tax revenue for substance misuse education, prevention, treatment and recovery and ensure an informed, adequately paid behavioral health workforce.
- Create mass media and social media campaigns from the start, before law is effective, to address (including, but not limited to);
 - Growing false perceptions of harmlessness and impact of use for youth.
 - Safe storage of cannabis and use around children.
 - Increased motor vehicle accidents.
 - Increased risk of psychosis and dependence.
 - Use during pregnancy and associated low birth weight.

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*Principles based on recommendations from the Public Health Institute's Getting It Right From The Start program.



History of Legalization/regulation of cannabis bills in NH

- Historically House of Representatives have passed legislation in large margins since 2020. Senate traditionally opposed to legalization, but make-up changed in 2023-which opened the door to the possibility of a bill passing in the Senate.
- Governor Sununu passed several therapeutic cannabis bills and a decriminalization bill in 2017 but had been steadfast in his opposition to legalization. In May 2023 Governor said he could support a legalization option, but only if sales were limited and controlled by the state and if the priority was safety and not profit.
 - Allows the state to control distribution and access
 - Keeps marijuana away from kids & schools
 - Controls the marketing and messaging
 - Prohibits marijuana miles
 - Empowers towns to keep out if they choose
 - Reduces access to poly-drugs
 - Keeps it tax free to undercut the cartels who continue to drive NH's illicit drug market



2024 legislation- What's Happening in the House?

- House legislation introduced- HB 1633, relative to the legalization and regulation of cannabis and making appropriations therefor. “Free market” model with less public health safeguards.
- House Commerce committee passed compromise bill in an attempt to seek Senate and Governor approval. Increased prevention and public health safeguards.
- The amended version passed the House 239-141 in late February.
- Next Step: House Finance to review financial policy- March 13th , then back to full House for vote on Finance committee recommendation.



2024 legislation-What's in the bill now?

- Establishes procedures for the legalization, regulation, and taxation of cannabis; the licensing and regulation of cannabis establishments.
- Free market model with primary enforcement authority with the Liquor Commission.
- Cannabis sold in this state will be tested, labeled, and subject to additional regulations to ensure that consumers are informed and protected.
- Majority of revenue would offset education property tax.
- Advertising to the general public is prohibited.
- Limits the licensure of 15 cannabis retail outlets in the first few years of enactment.



2024 legislation- Moving to the Senate

- In April, bill will move to Senate to take action on SB 1633.
- Senate prefers a state run model in which the Liquor Commission has control of the sales, similar to how they control alcohol sales.
- Envision franchise cannabis retail sales.
- Senate and Governor also prefer prohibition of lobbying cannabis industry.
- *“I think at the end of the day, for those of us that are opposed to legalization and those of us that are in favor of it, we want to see something that works for New Hampshire, that protects public health, and (that) we ensure public safety.”*
Senate President Jeb Bradley

















Several policy principles addressed in HB 1633

More advocacy needed to increase revenue for reducing harms

PRINCIPLES FOR RESPONSIBLE CANNABIS POLICY & REGULATION

ASSESSING HB 1633

AS AMENDED BY HOUSE COMMERCE COMMITTEE

PRINCIPLE #1 PROTECTS CHILDREN AND YOUTH	Limits potency of THC to reduce risk of dependency, psychosis, among others. 	Prohibits any products, packaging or marketing that is attractive to youth. 	Requires buffer zones between retail outlets and other youth-serving facilities. 
PRINCIPLE #2 PROMOTES SOCIAL JUSTICE & EQUITY	Expunges past criminal convictions for non-violent cannabis-related crimes. 	Makes equity and social justice a priority in the cannabis industry. 	
PRINCIPLE #3 PROTECTS PUBLIC AND POPULATION HEALTH	Places public health authorities in leadership roles and limits industry presence on regulatory bodies. 	Informs vulnerable groups of the risks of use, such as psychosis and schizophrenia and other mental health effects. 	Extends smoke-free air restrictions to prohibit smoking and vaping cannabis indoors. 
PRINCIPLE #4 ENSURES FUNDING FROM CANNABIS REVENUE TO HARM REDUCTION EFFORTS	Applies revenue for substance misuse education, prevention, treatment and recovery and a behavioral health workforce. 	Creates mass media and social media campaigns from the start, before the law is effective. 	KEY:  Included in the bill  Not included in the bill  Partially in the bill but needs revisions



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advocacy!

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The Political Determinants of Health ECHO

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

Session 3, Workforce and Economy, March 21st, 2024



Today's Program

- Brief housekeeping
- Didactic: **Workforce and Economy**
– Phil Sletten, MPA
- Bill presentation & discussion – Courtney Tanner
- Summary
- Up Next



THE ECONOMY, WORKFORCE, AND HEALTH CARE EMPLOYMENT IN NEW HAMPSHIRE

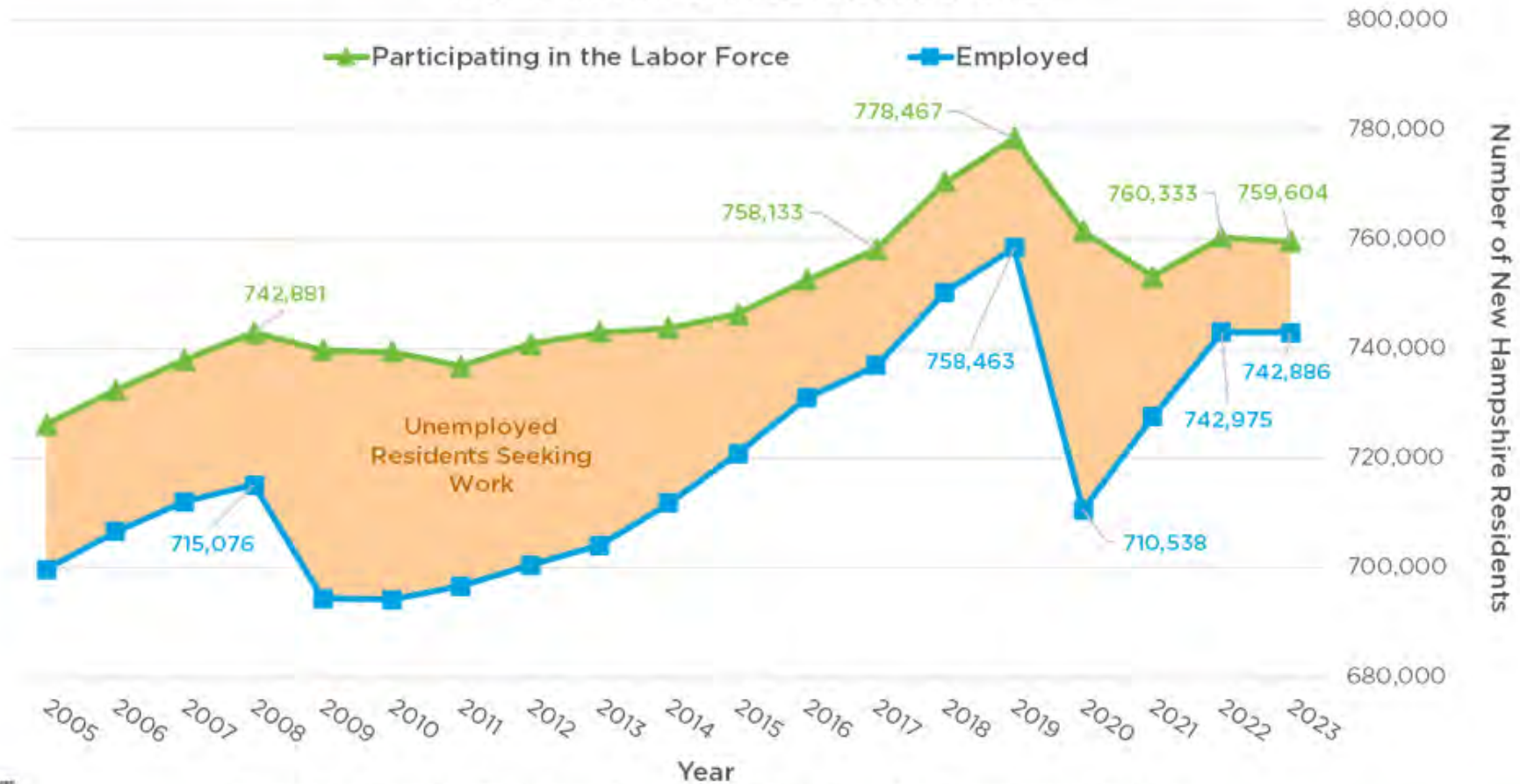
PHIL SLETTEN, RESEARCH DIRECTOR, NHFPI

DARTMOUTH ECHO

MARCH 21, 2024

EMPLOYMENT RECOVERY FROM COVID-19 FAST, BUT LABOR FORCE GROWTH LIMITED

LABOR FORCE AND EMPLOYMENT AMONG NEW HAMPSHIRE RESIDENTS

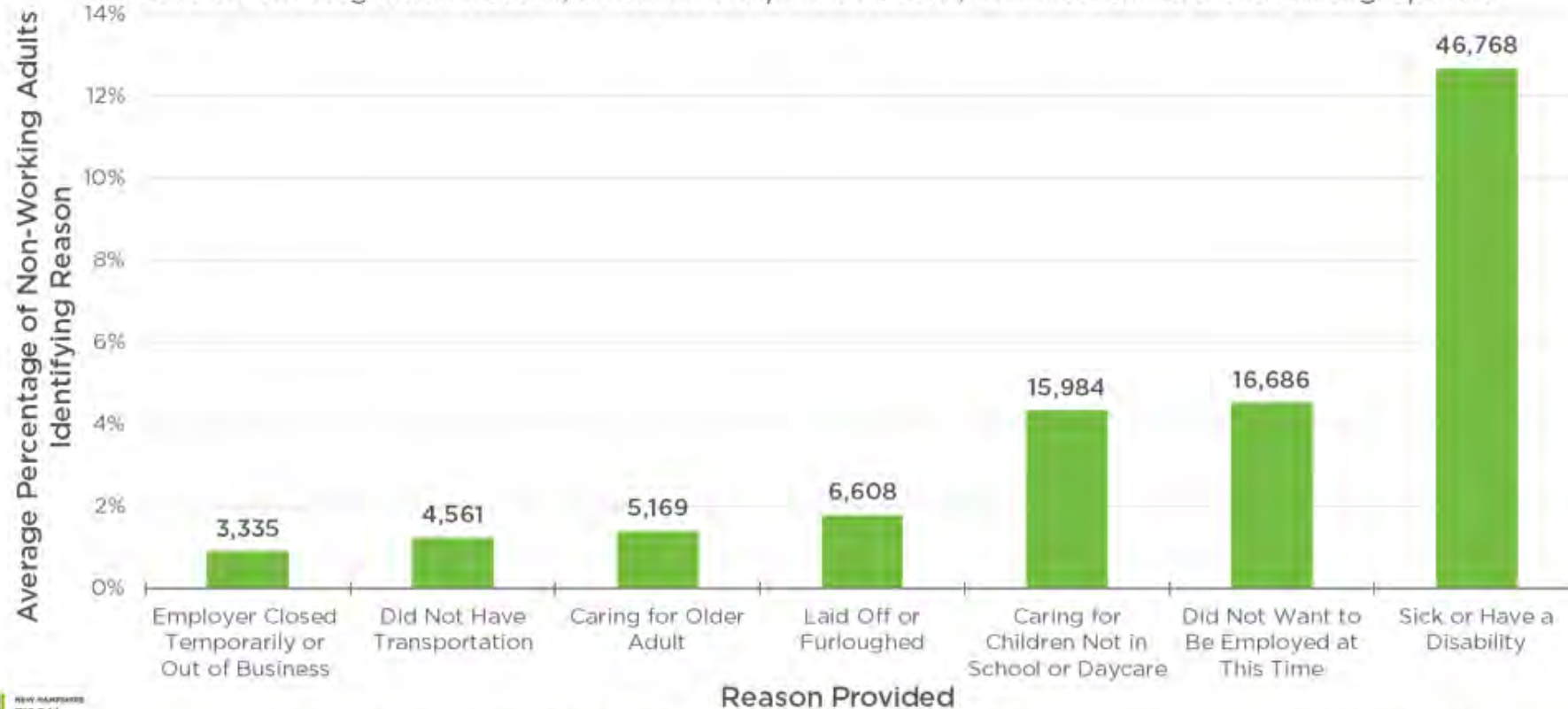


Source: New Hampshire Employment Security, GraniteStats, Local Area Unemployment Statistics

ILLNESS, DISABILITY, AND CHILD CARE KEY REASONS FOR NOT WORKING

COMMONLY-IDENTIFIED REASONS FOR NOT WORKING FOR NON-RETIRED INDIVIDUALS

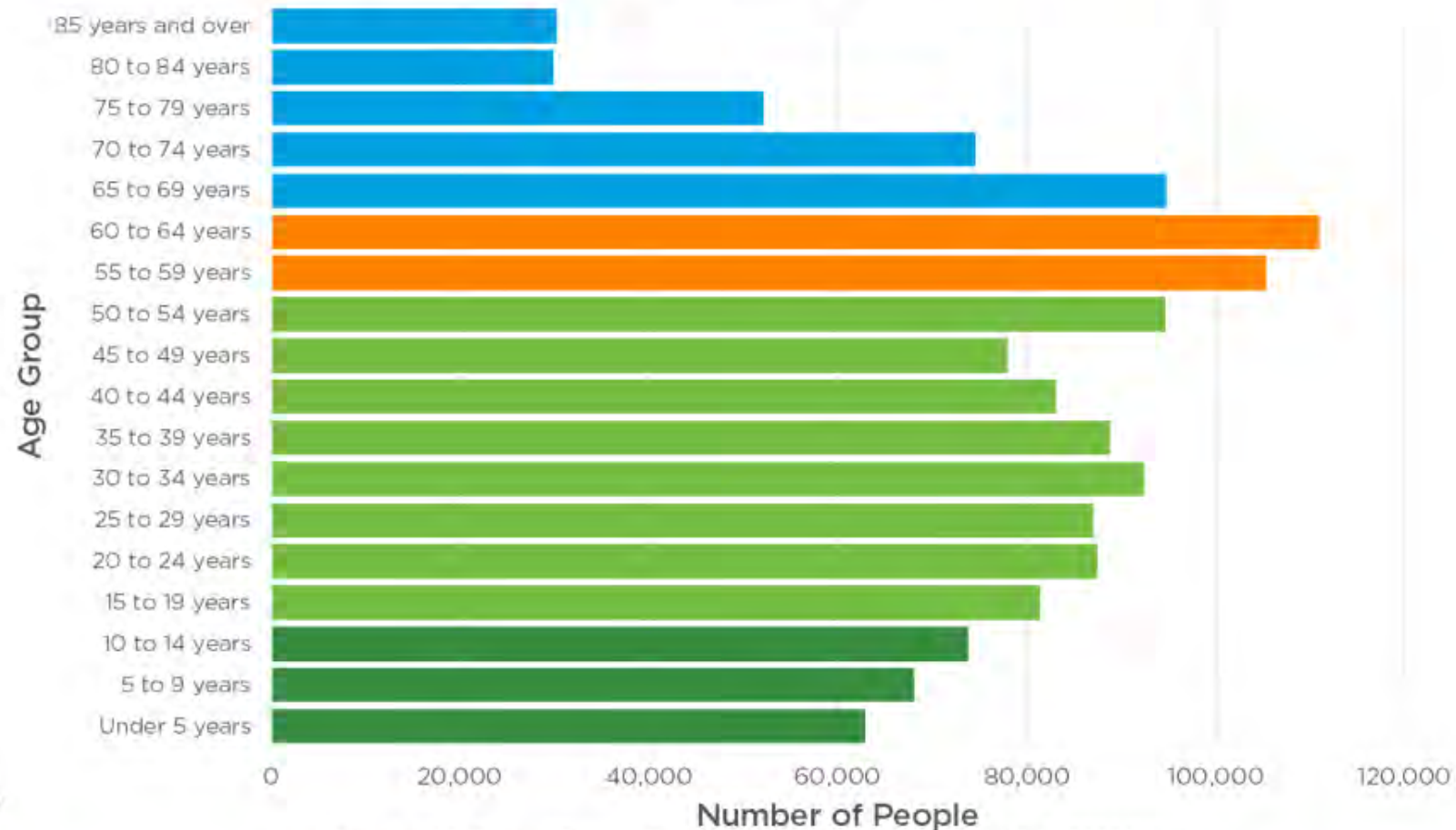
*Based on Surveys of New Hampshire Adults, November 2022 to October 2023
Excluding Respondents Who Are Working, Identified as Retired (54 Percent of People Not Working),
Gave an Uncategorized Reason, or Did Not Report a Reason; One Reason Selected Among Options*



RETIREMENT LIKELY KEY CAUSE OF RECENT AND FUTURE WORKFORCE DEPARTURES

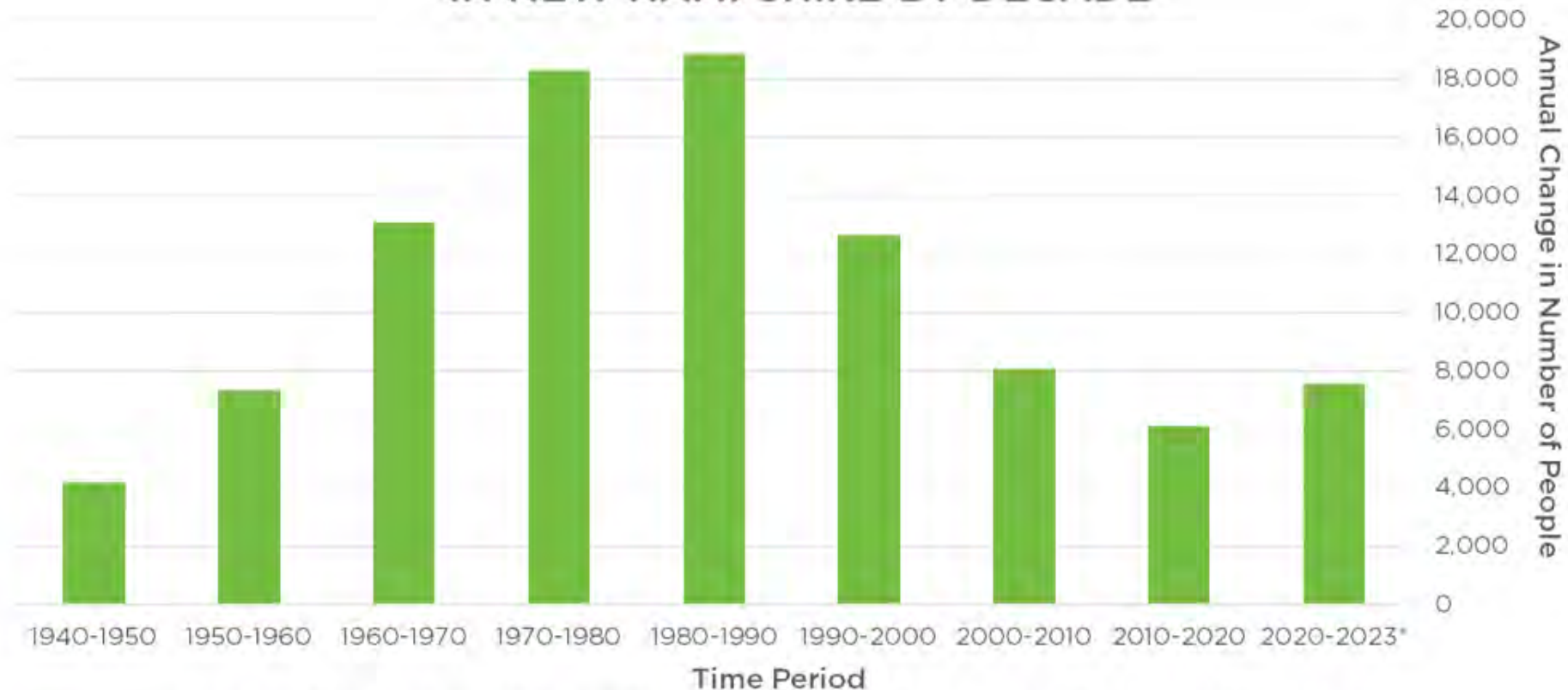
NEW HAMPSHIRE RESIDENTS BY AGE GROUP

July 2022 Estimates



SLOWER POPULATION GROWTH MAKES DEMOGRAPHICS, HOUSING KEY TO ECONOMY

AVERAGE ANNUAL POPULATION CHANGE IN NEW HAMPSHIRE BY DECADE



*Note: Population Estimates Program total population change from April 1, 2020 to July 1, 2023 divided by 3.25 years.
Source: U.S. Census Bureau, Decennial Counts and Population Estimates Program (2020-2023)

TWO OR MORE JOB OPENINGS FOR EVERY UNEMPLOYED PERSON SINCE MID-2021

NUMBER OF JOB OPENINGS PER NEW HAMPSHIRE RESIDENT ACTIVELY SEEKING WORK



Sources: U.S. Bureau of Labor Statistics, Local Area Unemployment Statistics and Job Openings and Labor Turnover Survey. Seasonally Adjusted, data retrieved March 19, 2024; National Bureau of Economic Research

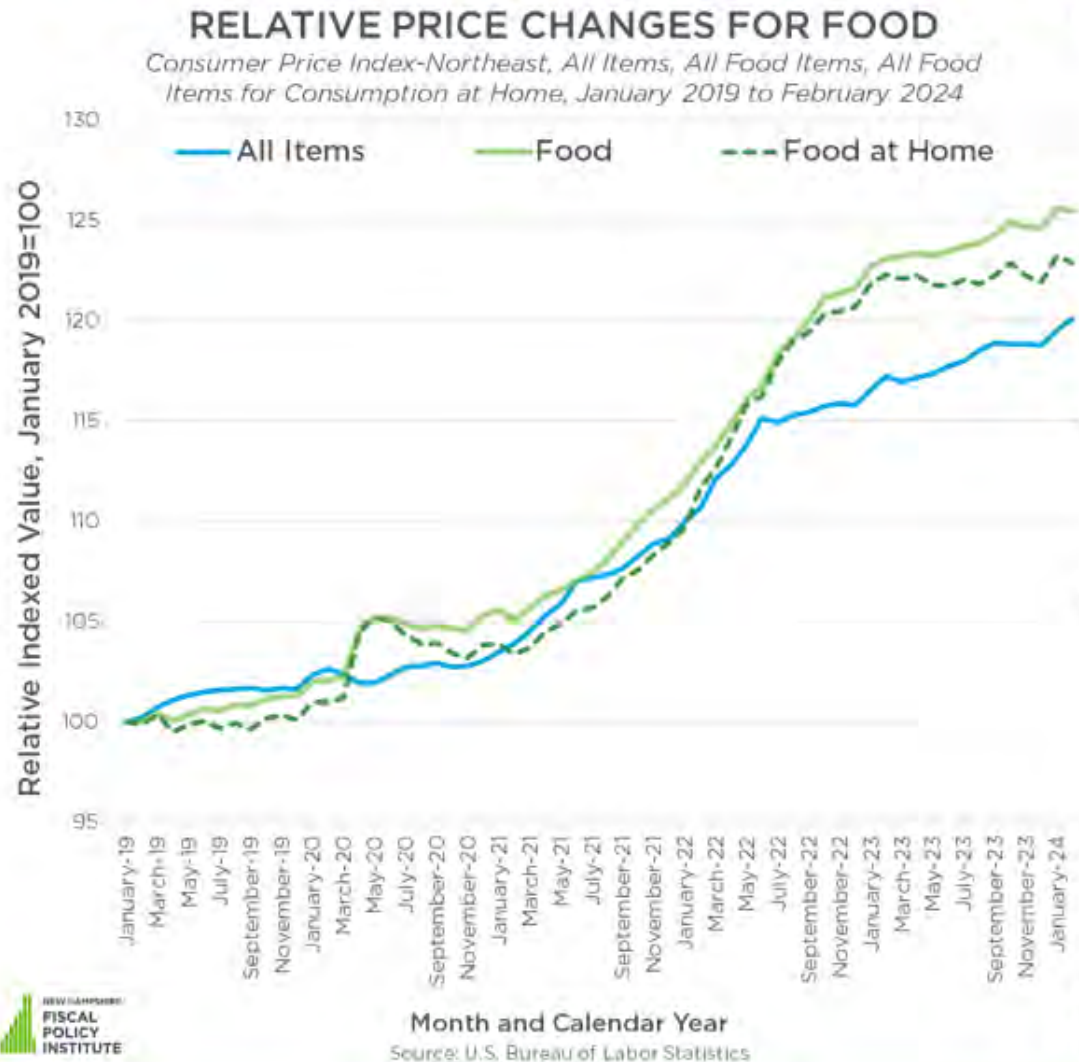
ONE IN THREE GRANITE STATE ADULTS HAD DIFFICULTY PAYING FOR EXPENSES IN 2023

NEW HAMPSHIRE RESIDENTS REPORTING DIFFICULTY PAYING FOR USUAL EXPENSES

Percent of Granite State Adults Indicating Difficulty Affording Usual Household Expenses in Prior Seven Days, Based on Data Collected Between January 4, 2023 and October 30, 2023



INCREASING PRICES COINCIDED WITH END OF FEDERAL COVID-19 AID, RISE IN POVERTY



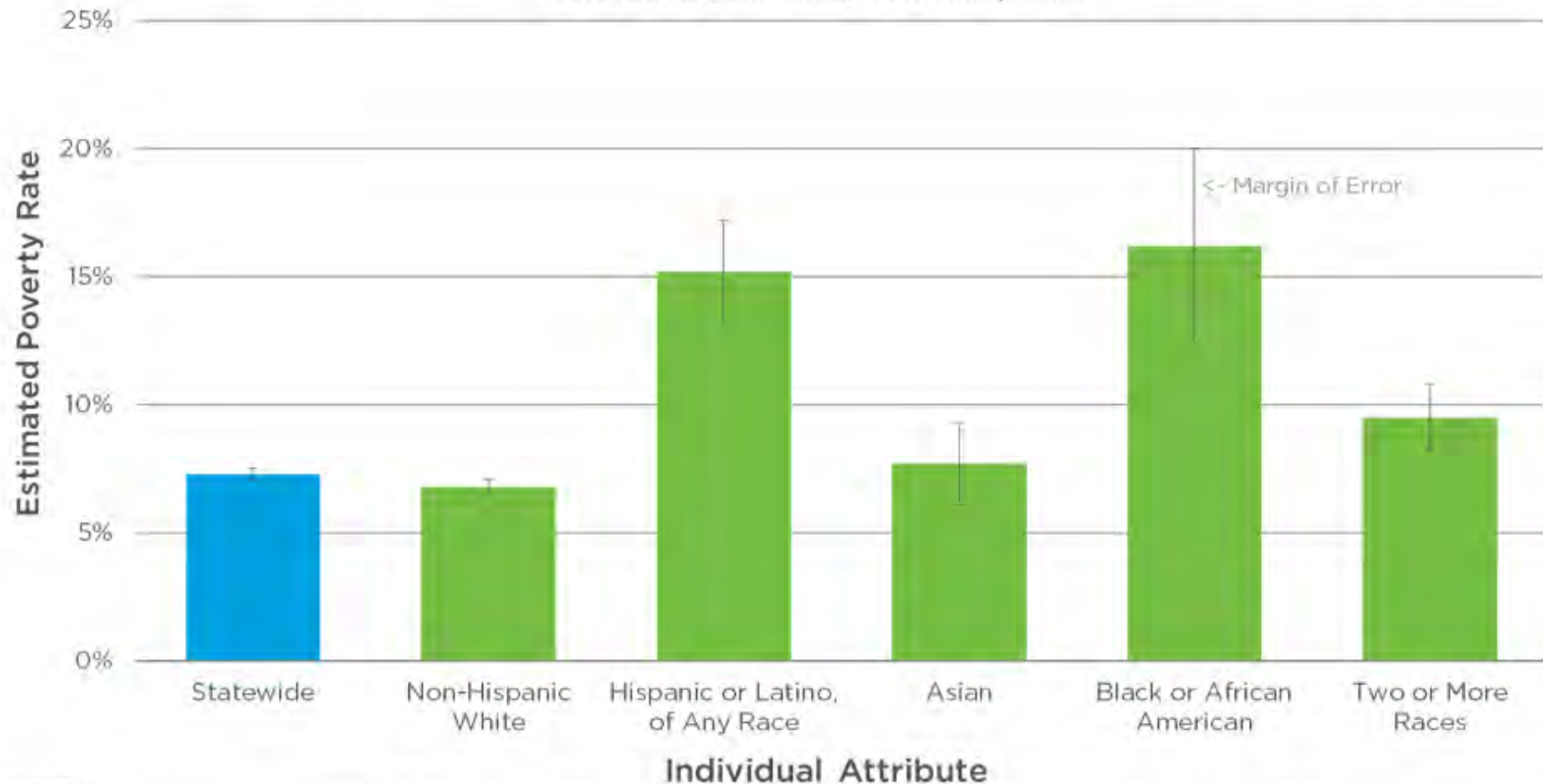
- One-time aid to households, including enhanced Child Tax Credit, Earned Income Tax Credit, “stimulus checks,” food assistance, and housing subsidies, helped households cover expenses
- Key national after-tax measure of poverty rose from 7.8% in 2021 to 12.4% in 2022
- Rises in poverty larger for children, renters, individuals with disabilities, Black and Hispanic Americans
- New Hampshire estimates show after-tax child poverty rate in 2021 half of 2019 rate

For more, see NHFPI, Latest Census Bureau Data Show Median Household Income Fell Behind Inflation, Tax Credit Expirations Increased Poverty, September 22, 2023.

NEW HAMPSHIRE POVERTY RATES VARY BY IDENTITY GROUP

INDIVIDUAL POVERTY RATES BY RACE AND ETHNICITY

2018-2022 Estimates, New Hampshire

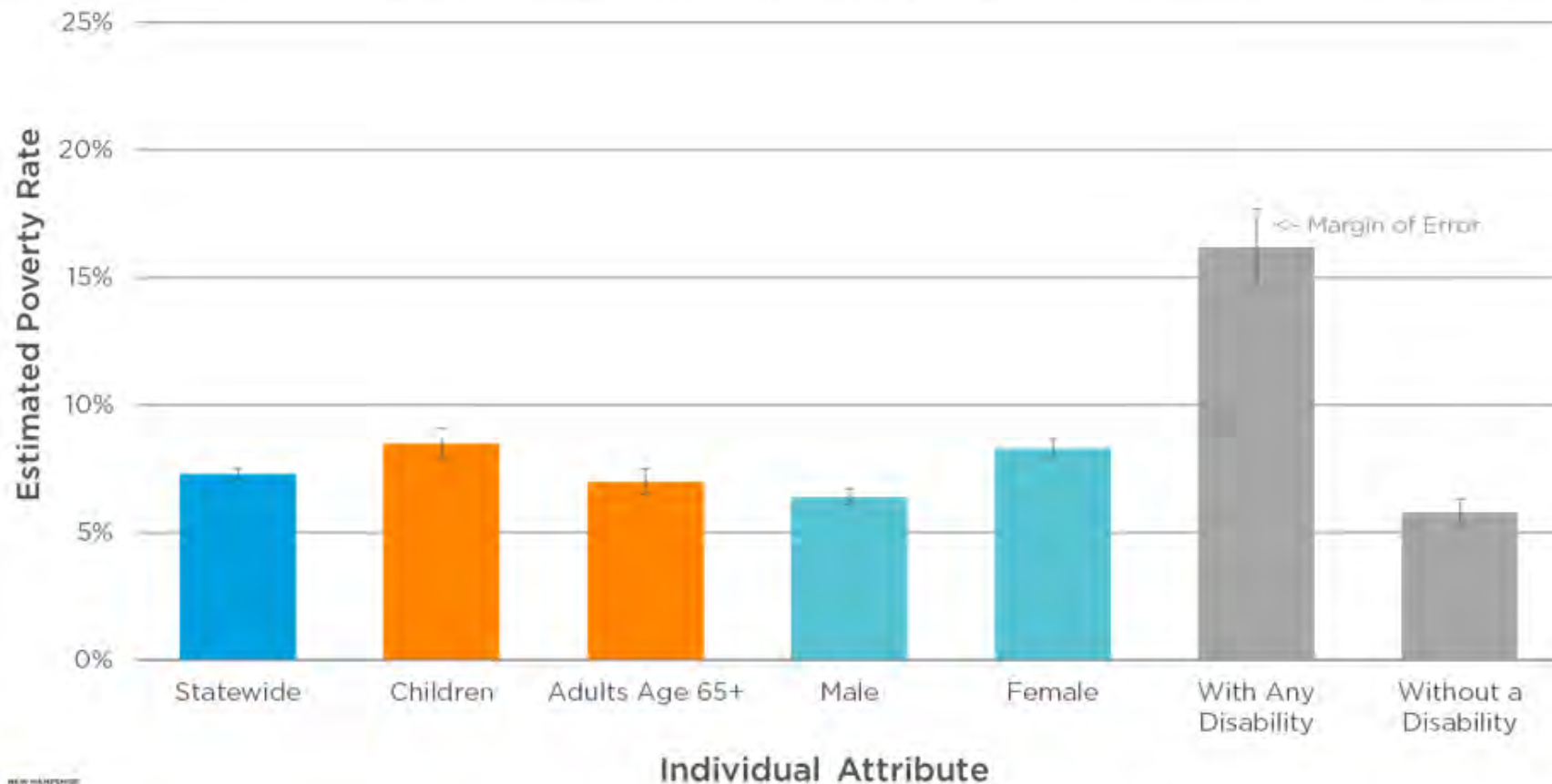


Notes: Margin of error bars represent 90 percent confidence intervals. Hispanic origin included in non-white races.
Source: U.S. Census Bureau, American Community Survey Five-Year Estimates, 2018-2022

ABOUT 30 PERCENT OF ALL GRANITE STATERS IN POVERTY HAVE A DISABILITY

INDIVIDUAL POVERTY RATES BY AGE, GENDER, AND DISABILITY

2018-2022 Estimates, New Hampshire



STATE INFLATION-ADJUSTED WAGES ABOVE 2019, BELOW 2021, VARY BY INDUSTRY

CHANGES IN INFLATION-ADJUSTED AVERAGE HOURLY WAGE IN NEW HAMPSHIRE BY PRIVATE SECTOR INDUSTRY

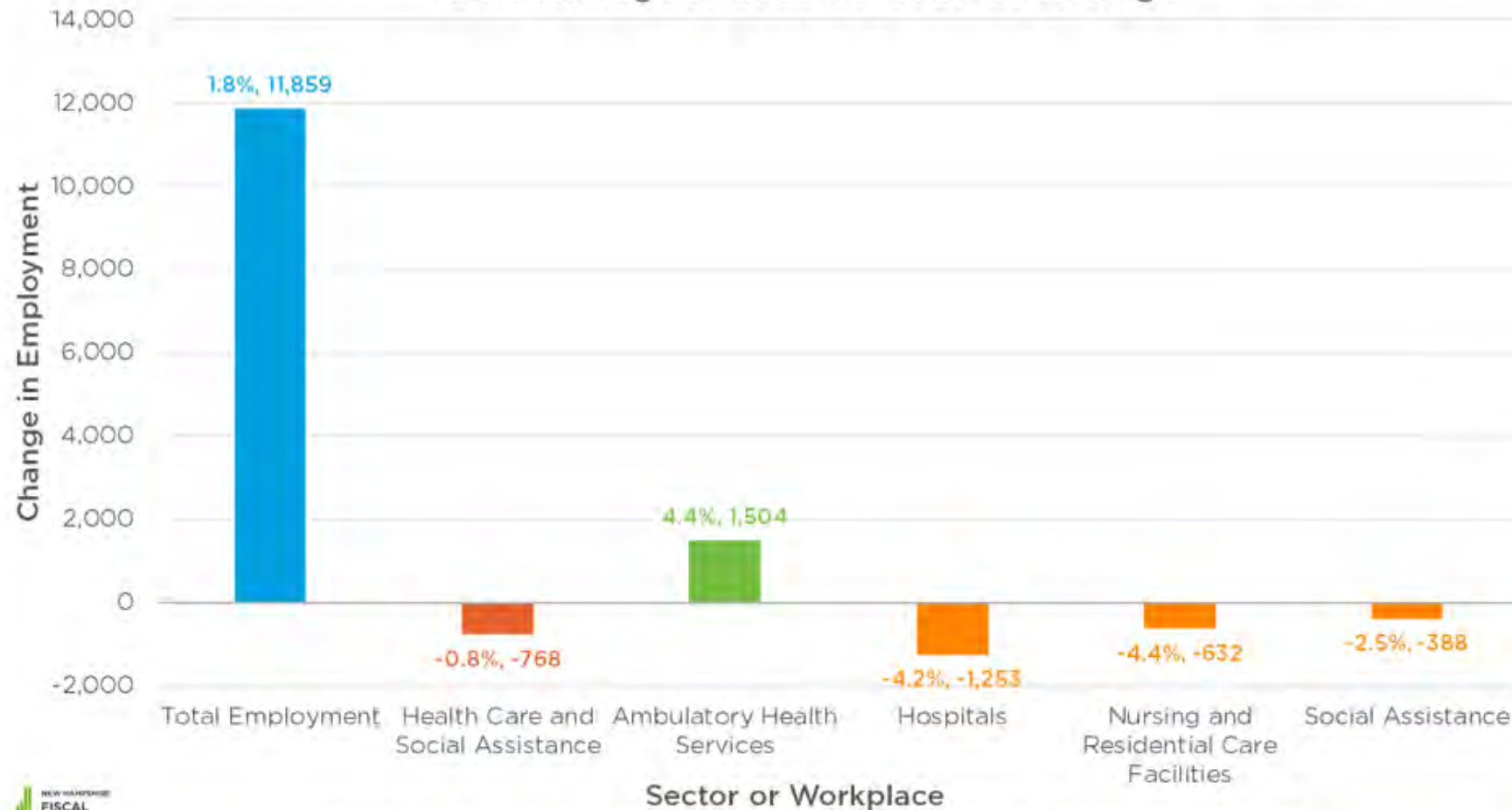
Comparing Average 2019 and 2021 Wages to 2023 Wages



OVERALL EMPLOYMENT RISES WHILE HEALTH SERVICES JOB CHANGES MIXED

CHANGE IN EMPLOYMENT BASED IN NEW HAMPSHIRE

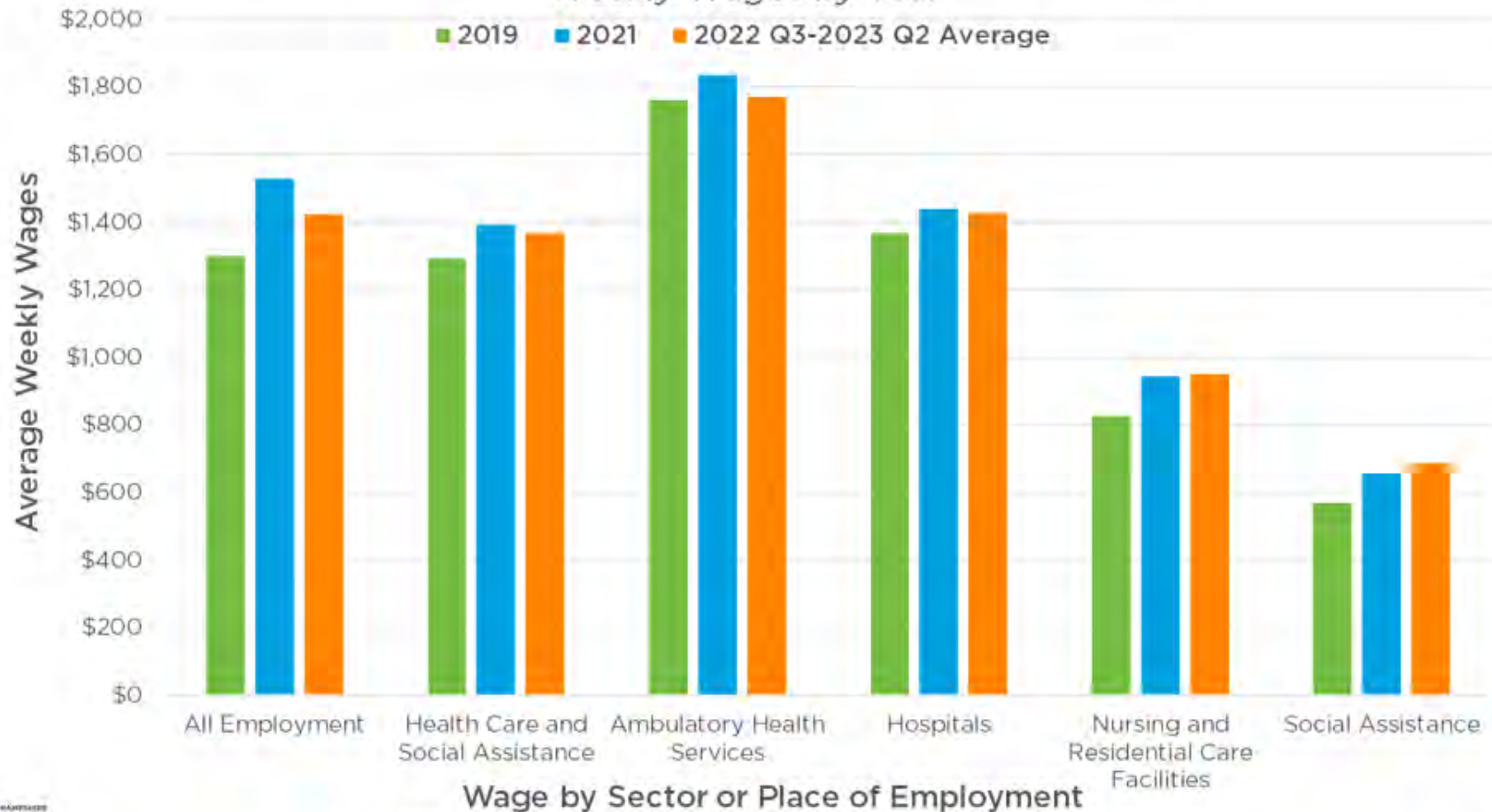
2019 Average to 2022 Q3-2023 Q2 Average



WAGE TRENDS UNEVEN WITHIN HEALTH CARE RELATIVE TO INFLATION

INFLATION-ADJUSTED WAGES BY INDUSTRY

Weekly Wages by Year

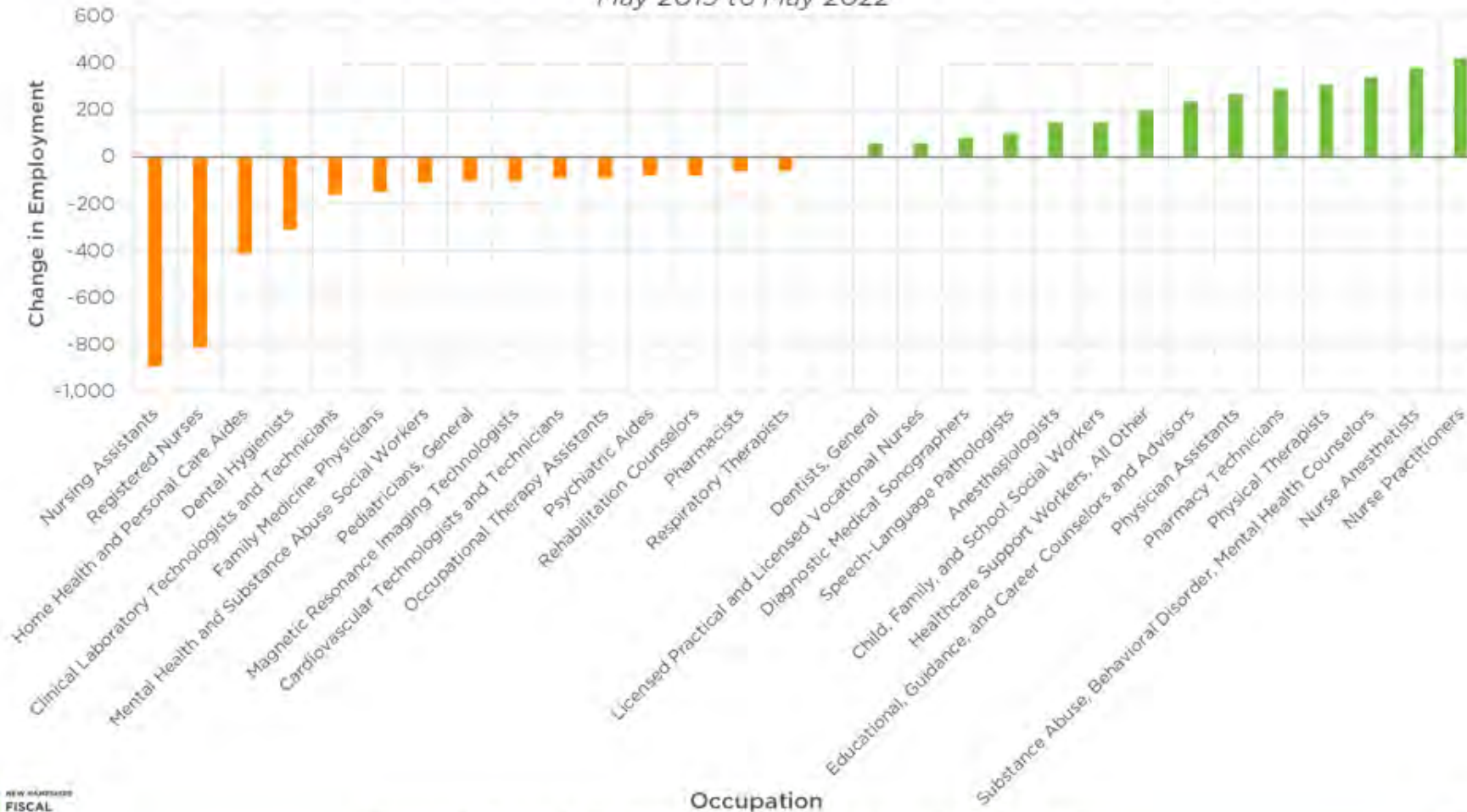


Source: New Hampshire Employment Security, Quarterly Census of Employment and Wages; U.S. Bureau of Labor Statistics, Consumer Price Index-Urban, New England

EMPLOYMENT FELL MOST FOR NURSING ASSISTANTS, NURSES, AND HEALTH AIDES

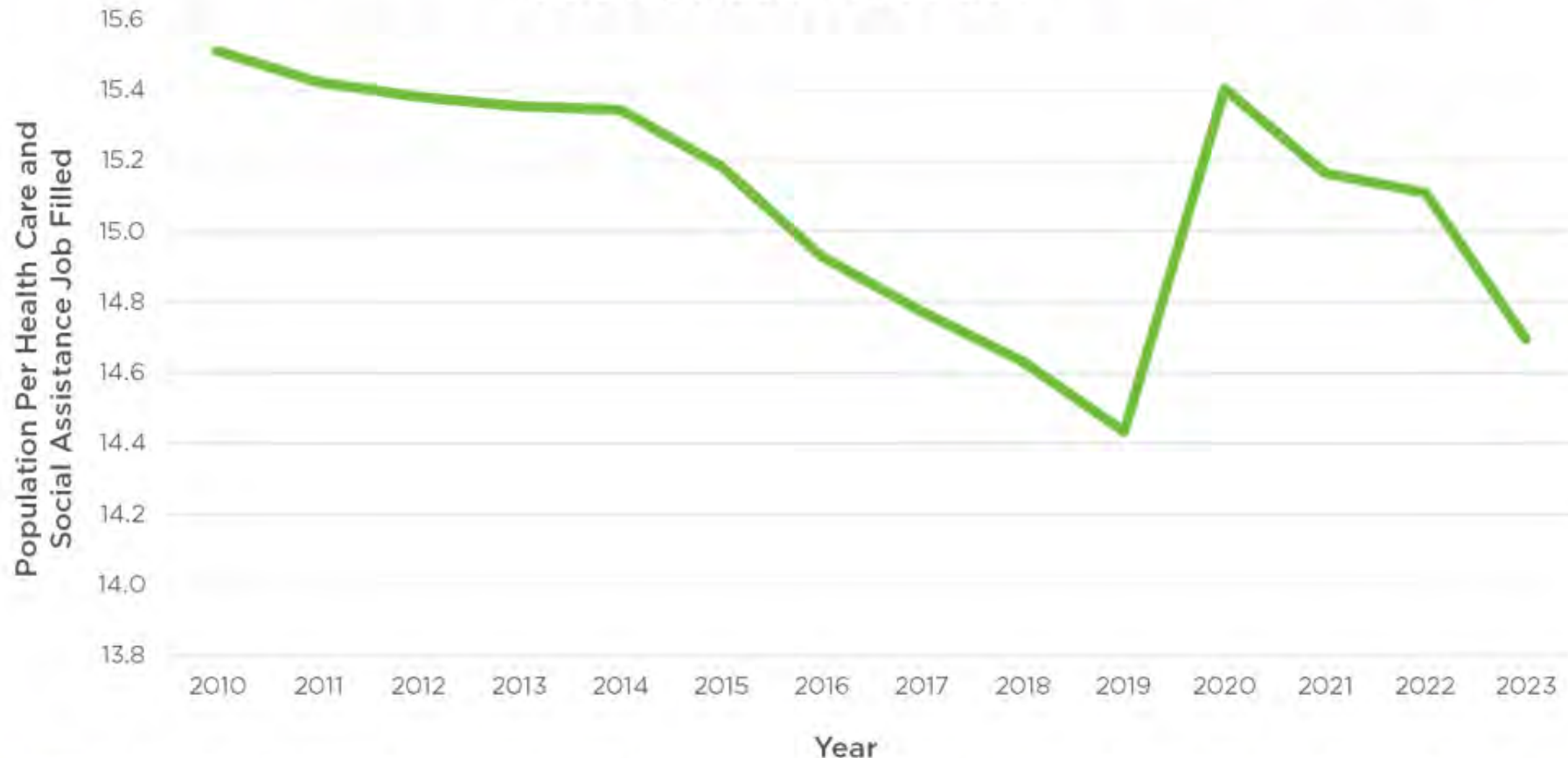
LARGEST EMPLOYMENT CHANGES BY HEALTH OCCUPATION

May 2019 to May 2022



HEALTH CARE, SOCIAL ASSISTANCE EMPLOYMENT CATCHING UP TO POPULATION

NEW HAMPSHIRE RESIDENTS PER FILLED HEALTH CARE AND
SOCIAL ASSISTANCE JOB



NEW HAMPSHIRE EMPLOYMENT SECURITY ANALYSIS OF DEMAND FOR WORKERS

- Analysis conducted of job postings in New Hampshire
- Job postings across all industries up 95% between 2019 and 2023, including out-of-state employers advertising in NH
- Number of registered nurse job postings in New Hampshire up 124% from 2019 to 2023, number of employers seeking registered nurses up 147% in that time
- Staffing agencies are driving competition
- More churn in registered nurses, with more being hired and more leaving in 2023 than before the pandemic

For more information, see New Hampshire Employment Security's March 8, 2024 presentation Labor Market Trends in New Hampshire's Health Care Sector.

KEY TAKEAWAYS

- New Hampshire's economy likely held back by workforce constraints, although key data suggest short-term severity is decreasing relative to early 2022 and 2023
- Long-term demographics suggest state cannot rely on prior population growth levels to power future economy
- Inflation has reduced the purchasing power of income and wages, and one in three Granite State adults reports significant difficulty affording usual household expenses
- Federal assistance to households substantially decreased poverty rates, which rebounded since direct aid to households expired and as prices have risen
- Poverty impacts Granite Staters unevenly
- Health care workforce recovery uneven, slower than jobs overall in economy, but need remains high and will likely rise

ADDITIONAL RESOURCES

- Issue Brief: Poverty and Food Insecurity in New Hampshire During and Following the COVID-19 Crisis – March 1, 2024:
<https://nhfpi.org/resource/poverty-and-food-insecurity-in-new-hampshire-during-and-following-the-covid-19-crisis/>
- Issue Brief: Granite State Workers and Employers Face Rising Costs and Significant Economic Constraints – August 31, 2023:
<https://nhfpi.org/resource/granite-state-workers-and-employers-face-rising-costs-and-significant-economic-constraints/>
- Presentation: New Hampshire’s Economy and the Financial Well-Being of Granite State Households – February 8, 2024:
<https://nhfpi.org/resource/new-hampshires-economy-and-the-financial-well-being-of-granite-state-households/>
- Presentation: Household Economic Stability in New Hampshire – October 20; 2023:
<https://nhfpi.org/resource/household-economic-stability-in-new-hampshire/>
- Resource Pages: Economy and Health
<https://nhfpi.org/topic/economy/>
<https://nhfpi.org/topic/health/>



ADDRESS: 100 North Main Street, Suite 400, Concord, NH 03301

PHONE: 603.856.8337

WEBSITE: www.nhfpi.org

EMAIL: info@nhfpi.org

TWITTER: @NHFPI

FACEBOOK: NewHampshireFiscalPolicyInstitute



The Political Determinants of Health ECHO

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

Session 4, Public Health Infrastructure: Access to the RSV Immunization, April 4th, 2024



Today's Program

- Brief housekeeping
- Didactic: Public Health Infrastructure: Access to the RSV Immunization
 - Patrick Miller, MPH
 - Sue Tanski, MD, MPH
 - Discussion – facilitated by Courtney Tanner
- Summary
- Up Next



Childhood Vaccine Funding in New Hampshire

Patrick B. Miller, MPH, Executive Director, NH Vaccine Association

Topics Covered

- Background - Universal Purchase Program
- Background – NH Vaccine Association (NHVA)
- NHVA Governance
- NH Childhood Immunization Program Expenditures
- NH Participating Providers
- How Funding Works

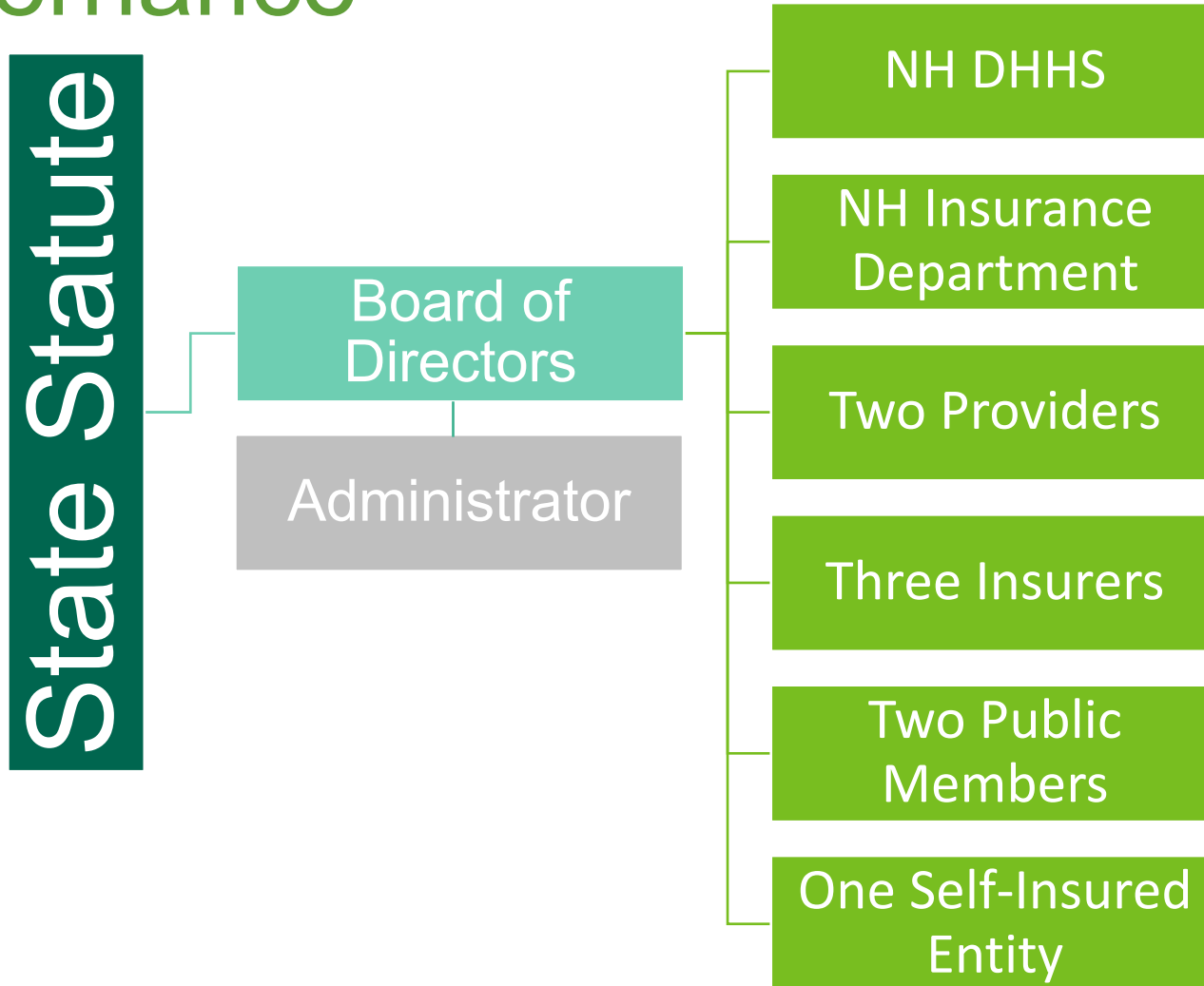
Background – Universal Purchase

- NH is a Universal Purchase Program State for Childhood Vaccines (<19 Years)
- Universal Purchase Programs Make it Possible for:
 - Blended Vaccine Stock for Providers Versus VFC, CHIP, and State Supply
 - Payer Cost Savings and Efficient Funding Mechanism
 - All Children Have Access to CDC ACIP Recommended Vaccines
- NH DHHS' NH Immunization Program Facilitates Vaccine Purchase and Distribution

Background - NHVA

- The NHVA is a 501(C)(3) Non-Profit Corporation Created by State Statute (126:Q) to Assess Commercial Health Plans and Third-Party Administrators to Raise Funds for Commercially Insured Children Under Age 19
- ~60% of the Program Funds are Assessed and Provided by the NH Vaccine Association (NHVA) and ~40% are Provided by the US CDC's Vaccine for Childrens Program (VFC) and the State of New Hampshire (less than 1%)
- NHVA is an Efficient Platform with Operating Expenses of Less than 1% of Total Assessment Income

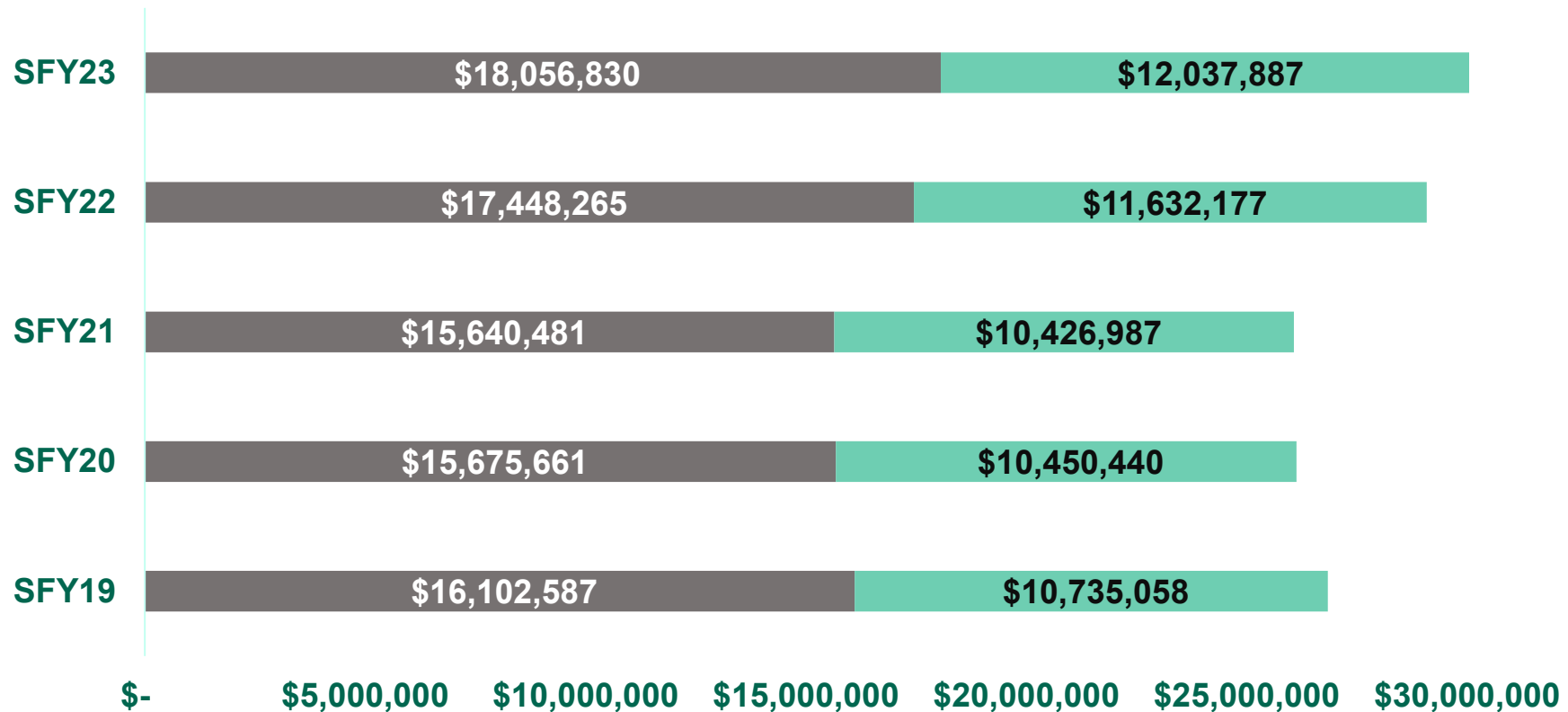
NHVA Governance



NH Childhood Immunization Program Expenditures

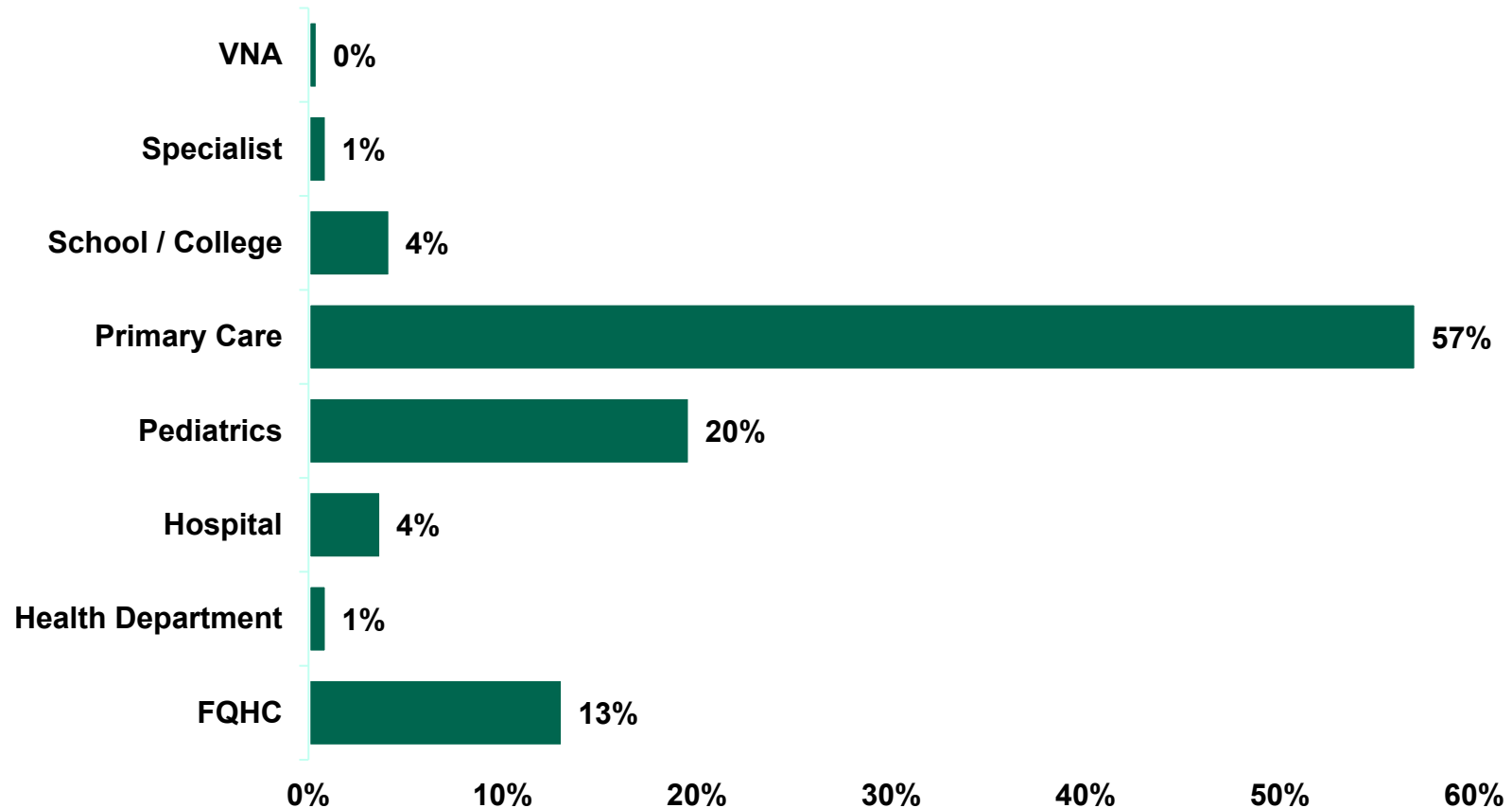
Total Proportional Program Expenditures SFYs 2019-2023

■ NHVA ■ VFC/State



NH Provider Enrollment – Vaccines for Children Program (VFC)

214 Total Provider Sites



How Funding Works

1



Payers Remit Child Lives Assessments Quarterly

2



Annual Payment

3



NHVA Funds Combined with Federal and State Funds

4



Provider Sites Order Vaccine Via CDC VTrckS

~95 Insurers and TPAs
NHVA Establishes Rates Annually



Helping Keep New Hampshire's Kids Healthy

The New Hampshire Vaccine Association partners with the state's insurers, providers, and the state to ensure that every child in New Hampshire who requires vaccines may receive them regardless of ability to pay.

Submit a Filing

News & Notices

CONTACT:

www.nhvaccine.org
Patrick B. Miller, MPH
Executive Director
pmiller@helmsco.com
603.415.8010 (o)



Access to RSV immunizations to reduce the burden of disease

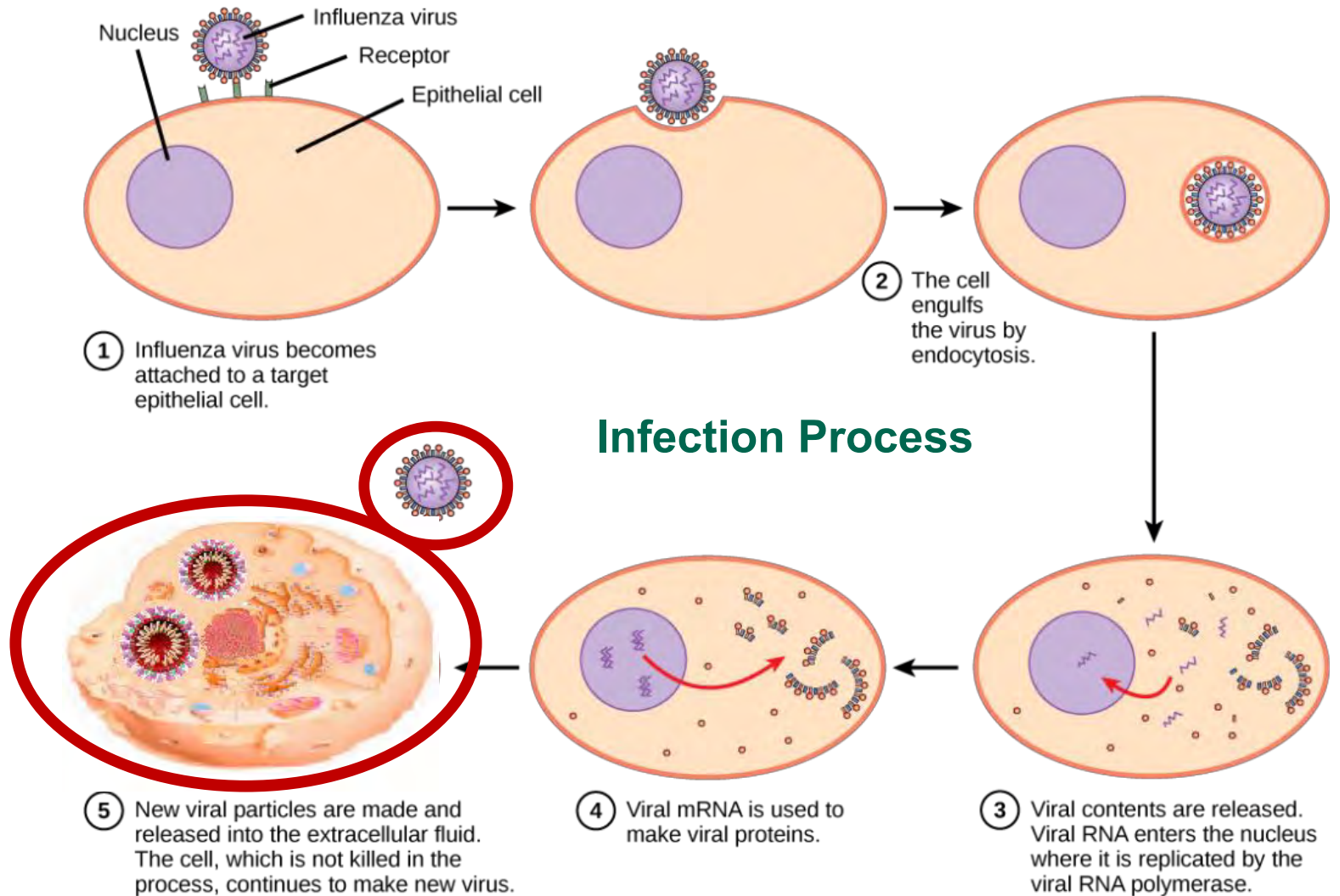
Susanne Tanski, MD MPH
Dartmouth Health Children's

Overview

- Quick review on how viral illness happens at the cell level
- How the immune system responds to illness
- How vaccination uses the immune system to create a response without disease
- Passive immunization
- RSV disease
- RSV immunization, and the need for legislative change to allow access for infants in NH

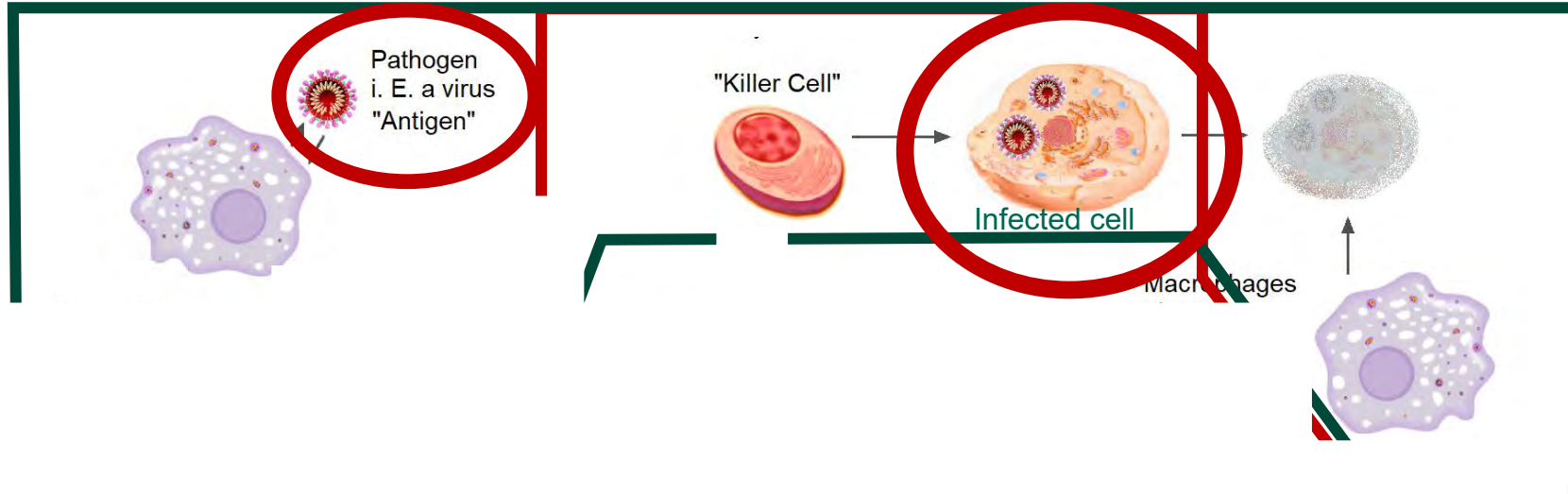
How a viral infection starts and multiplies:

- Our SKIN and MUCOUS membranes are our first line of defense
- Sweat, saliva, tears and acid secreted in the stomach also protect



Infection makes many copies of the virus that can infect other cells. The Immune System tries to stop it:

**Non-Specific
Immunity**
“innate”
“born with it”



**Specific
Immunity**
“acquired”
“learn it”

**T and B
Lymphocytes
Activated**

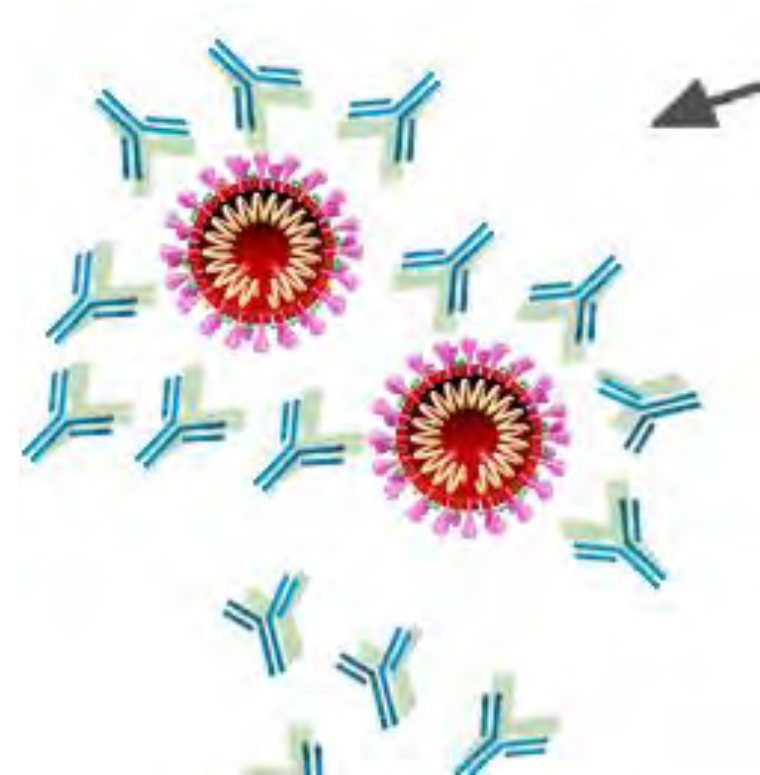
**Phagocytes &
Natural Killer
Cells**

Vaccines prepare our immune systems with active immunity without the *disease*

- A ***training exercise*** for the immune system
- Vaccines contain a dead or weak form or fragment of the virus or bacteria to train the body **to fight off an infection**. The immune system can REMEMBER and can respond repeatedly
 - Viruses: influenza, measles, mumps, rubella, chicken pox, yellow fever, rotavirus, smallpox (now eradicated), RSV and Covid-19
 - Bacteria: diphtheria, tetanus*, whooping cough, some causes of meningitis, typhoid, tuberculosis, bubonic plague, anthrax and cholera

There is also passive immunization: getting the antibody directly – immune system does not need to do the “work”

- IMMEDIATE protection, but short-lived
- Examples:
 - maternal antibody transferred through placenta or breastmilk
 - Post-exposure prophylaxis with Rabies immunoglobulin, Hepatitis B immunoglobulin
 - PRE-exposure prophylaxis for RSV – palivizumab and now nirsevimab
 - NEW RSV monoclonal antibody (a specific immunoglobulin) lasts for MONTHS with single injection



Why immunize for RSV? Huge burden of disease

RSV is a VERY common respiratory illness that people get repeatedly throughout their lives.

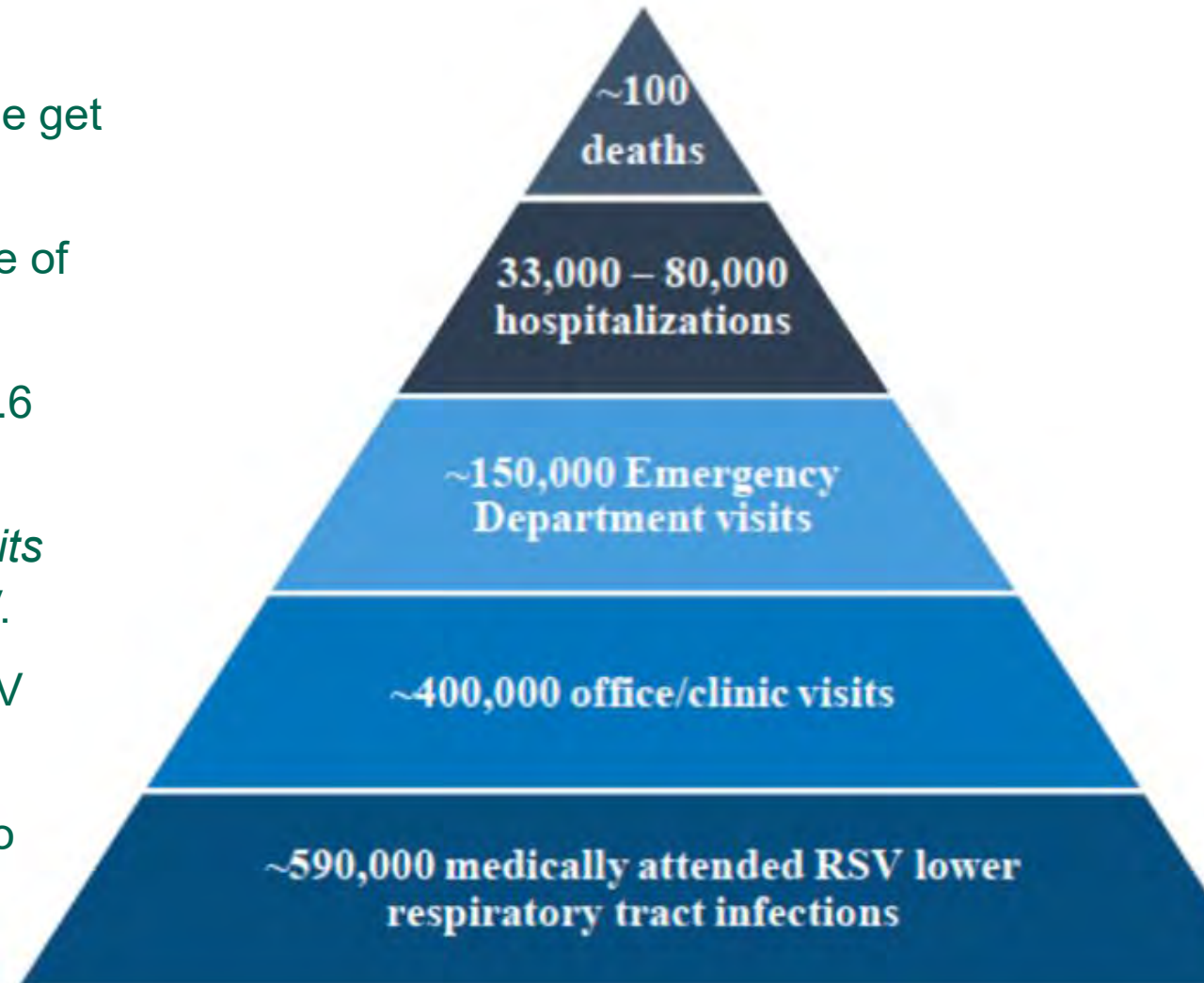
Nearly all children get an RSV infection before the age of 2, and the first infection is usually the most severe.

Annually worldwide 33 MILLION clinical cases and 3.6 MILLION hospitalizations for kids under 5.

In one US study, *18% of all child emergency room visits and 15% of all outpatient visits in winter* were for RSV.

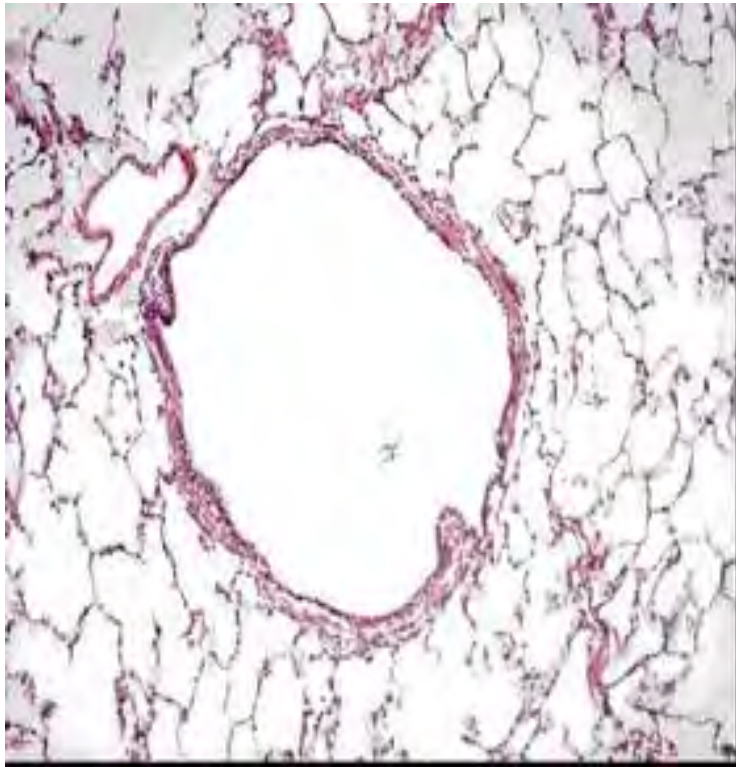
In babies under one year, hospitalization rates for RSV infection were 16 times HIGHER than for flu.

Every year, babies die from RSV infection. There is no treatment other than supportive care.

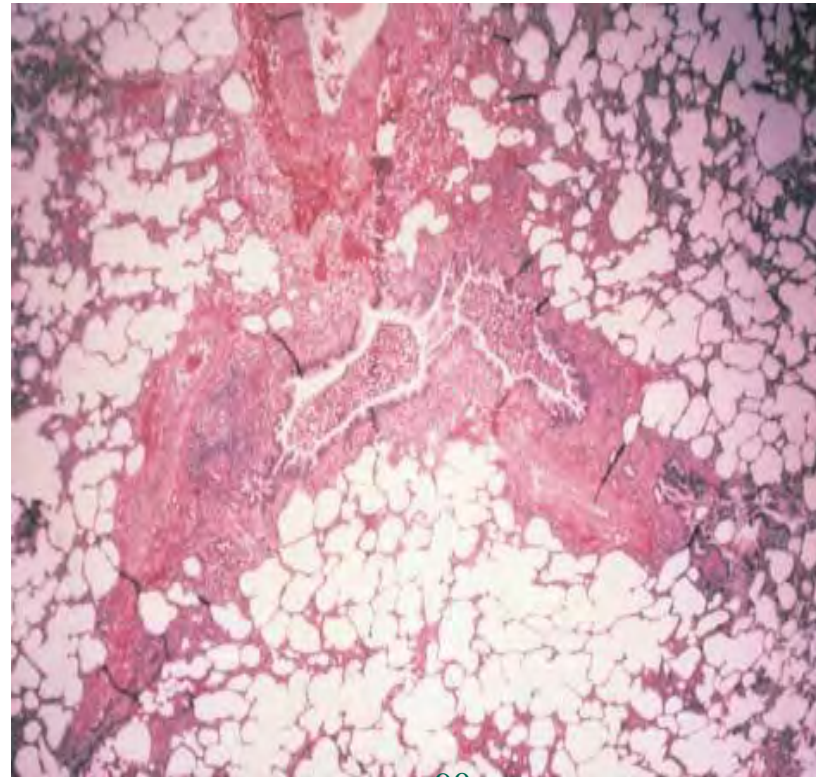


Why immunize for RSV? This is a normal airway, and one with RSV bronchiolitis – no place for air!

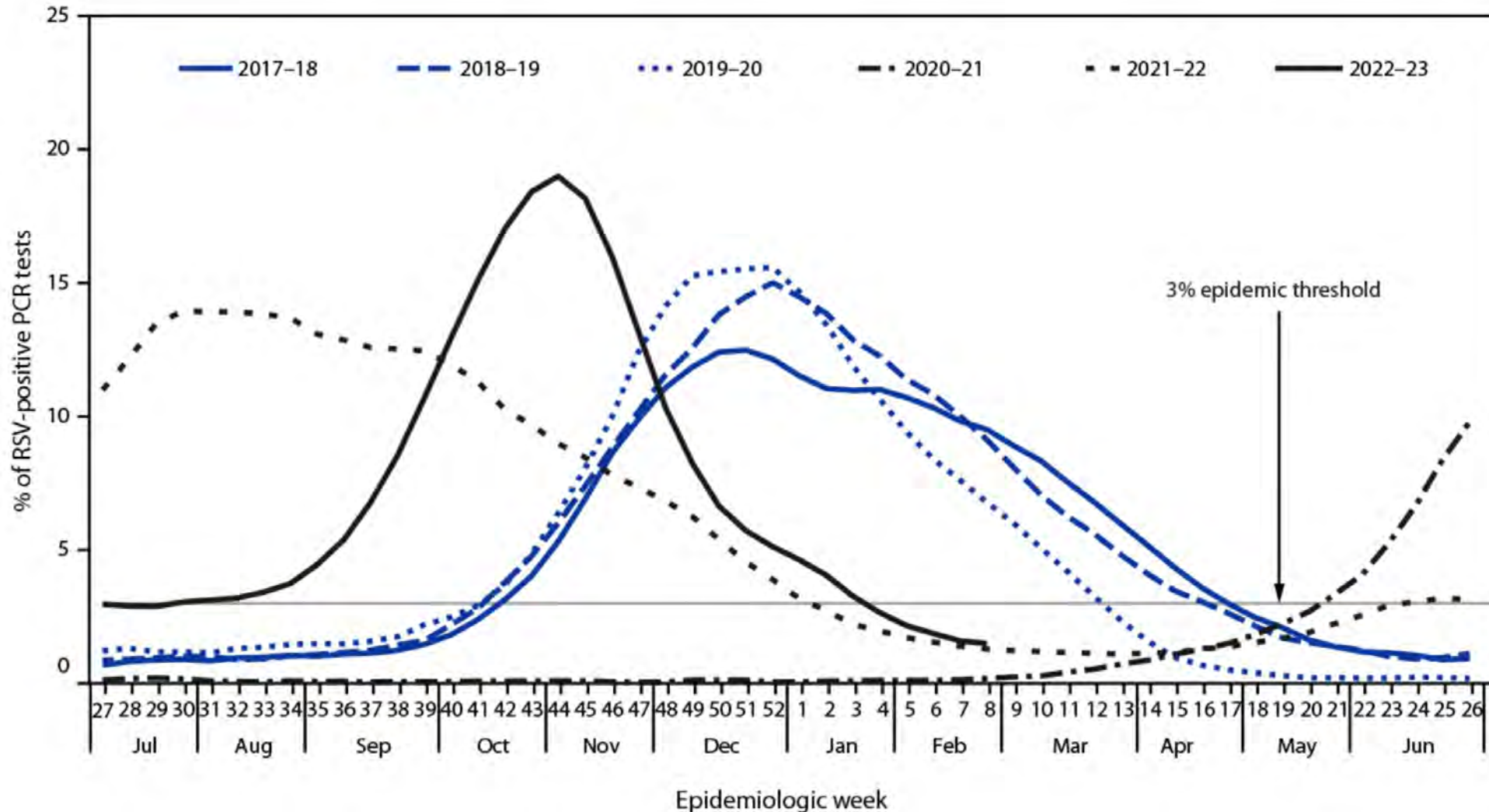
Normal



Bronchiolitis



Why immunize for RSV? It happens every year...



Rates of RSV were low during the pandemic and had an early & prolonged off-season epidemic summer of 2021.

This required a nationwide effort at children's hospitals. Infants were being transferred across multiple state lines for PICU care, as there were not enough beds to care for them.

Why immunize for RSV? Future effects from disease...

- There is a link between RSV infection and subsequent asthma. PREVENTING severe RSV infection may PREVENT asthma diagnosis.
- RSV immunization approved for *all* infants 0-7m old during the respiratory season. List price \$495/dose.
- Pediatricians everywhere rejoiced when we learned of a way to prevent severe RSV disease!

The NH Problem: Current definition of vaccine under statute does not allow for passive immunization with Monoclonal Antibody



Problem:

Current definition of a vaccine “means any preparations of killed microorganisms, living attenuated organisms, or living fully virulent organisms.” Means Nirsevimab excluded from vaccine program.

Required pediatric providers to procure RSV immunizations through commercial market, determine if private insurers would cover the immunization, and create a two-tiered system of immunization access. Immunization cost: \$495. Cost to families???

Created (major) access issues and anxiety for parents.

The NH Problem: Current definition of vaccine under statute does not allow for passive immunization with Monoclonal Antibody

Solution: HB559



Modifies the definition of vaccine to remove the specifics of how the immunization is *prepared*, and extends the NH vaccine association's coverage to include childhood vaccines ***or biological products***.

“Biological product” means any biological product, including monoclonal antibody products, that has been approved by the federal Food and Drug Administration and recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention to be added to the Vaccines for Children program and has been authorized by the commissioner of the department of health and human services for administration to children of the state of New Hampshire under the age of 19 years for the purposes of protecting against diseases caused by infectious pathogens.

Aligning with the practice for all other vaccines for children under age 19 – enabling access for all who want them

2024 NH Legislation

- **SB 559** – relative to the NH Vaccine Association



Introduced to House HHS
Public Hearing to be scheduled



The Political Determinants of Health ECHO

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

Session 5, LGBTQ Culturally Competent Care, April 18th, 2024



Health Equity and the Impact of Anti-LGBTQIA Policies

Philip M. Alberti, PhD
Association of American Medical Colleges
April 18th, 2024

Association of
American Medical Colleges

A wooden boardwalk made of light-colored planks winds through a vast, grassy dune landscape. The path curves from the foreground towards the background, leading the eye into the distance. The vegetation consists of tall, green grasses and some low-lying purple flowers. In the far background, sand dunes are visible under a clear sky.

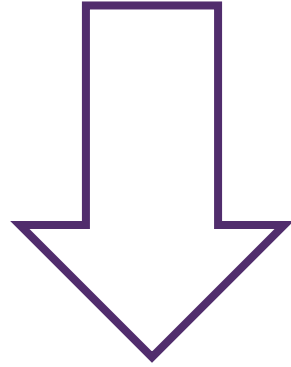
Health equity is the goal.
Health justice is the path.

www.aamchealthjustice.org

Health equity is the state in which everyone has a **fair and just opportunity** to attain their highest level of health

<https://www.cdc.gov/nchhstp/healthequity/index.html>

Social Determinants of Health



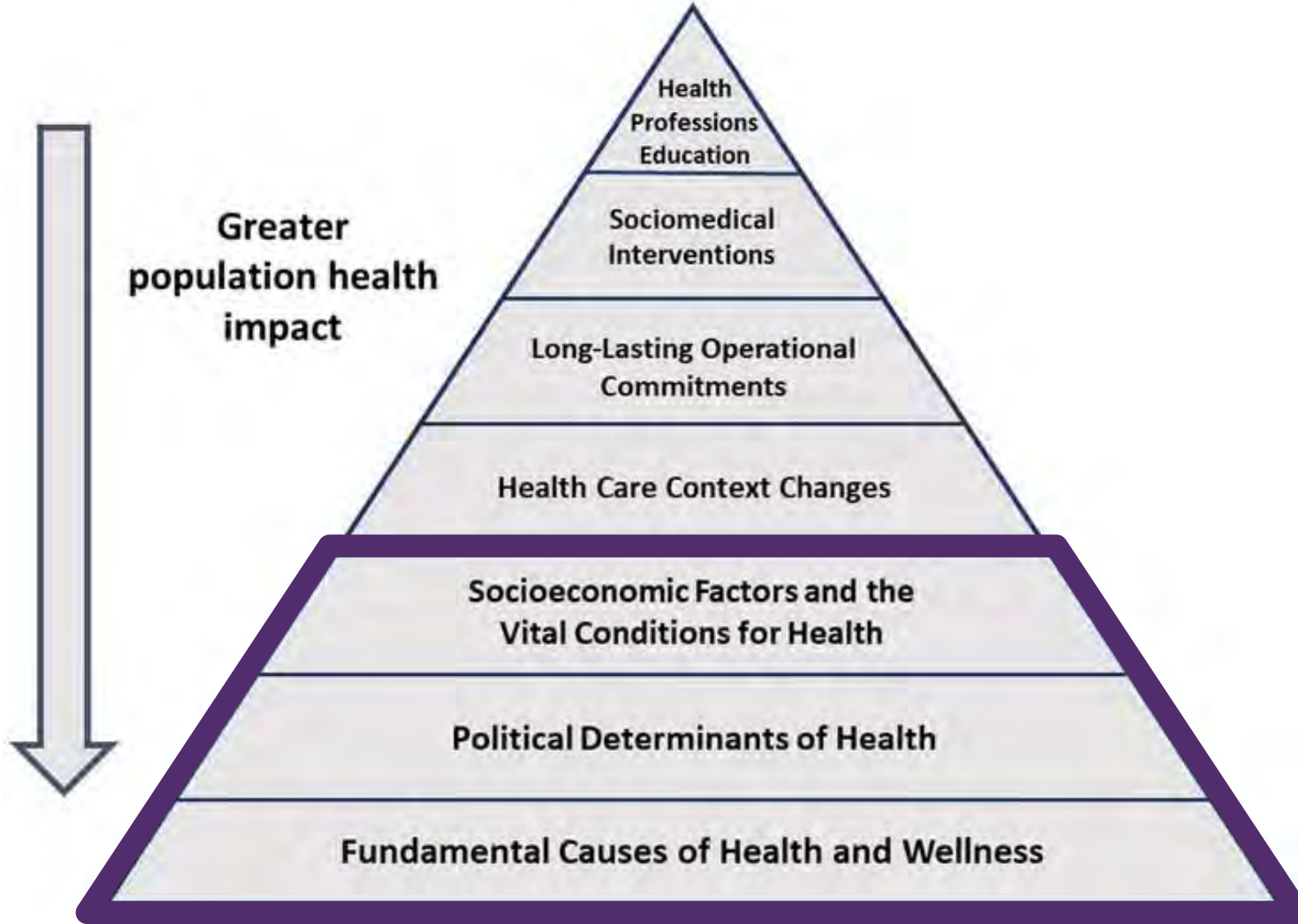
The Vital Conditions for Health and Well-Being



Milstein B, Payne B, Kelleher C, et al. Organizing Around Vital Conditions Moves The Social Determinants Agenda Into Wider Actions. *Health Affairs Forefront*. Published online February 2, 2023. doi:10.1111/1468-0009.12610



Health equity means every community has and provides the **basic vital conditions and services** we all need to thrive.



Alberti, P.M. and Pierce, H.H. (2023), A Population Health Impact Pyramid for Health Care. *Milbank Quarterly*, 101: 770-794.

Gender-Affirming Medical care (GAMC)...

- Is an internationally recognized standard of care for transgender adolescents.^{1,2}
- Is safely provided under the supervision of a licensed medical professional and in conjunction with parental or guardian consent.¹
- Guidelines for prepubescent minors do not include surgery and puberty resumes if puberty-delaying medication is stopped.^{1,2}
- Is associated with lower suicidality and depression and improved quality of life among transgender youth.^{3, 4}

References

1. Coleman E, Radix AE, Bouman WP, et al. Standards of care for the health of transgender and gender diverse people, version 8. *Int J Transgender Health*. 2022;23(sup1):S1-S259. doi:10.1080/26895269.2022.2100644
2. Hembree WC, Cohen-Kettenis PT, Gooren L, et al. Endocrine treatment of gender dysphoric/gender-incongruent persons: An Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab*. 2017;102(11):3869-3903. doi:10.1210/jc.2017-01658.
3. Achille C, Taggart T, Eaton NR, et al. Longitudinal impact of gender-affirming endocrine intervention on the mental health and well-being of transgender youths: preliminary results. *Int J Pediatr Endocrinol*. 2020;2020(1):8. doi:10.1186/s13633-020-00078-2.
4. Allen LR, Watson LB, Egan AM, Moser CN. Well-being and suicidality among transgender youth after gender-affirming hormones. *Clin Pract Pediatr Psychol*. 2019;7(3):302-311. doi:10.1037/cpp0000288.

To Protect Evidence-Based Medicine and Promote Health Justice, Protect Gender-Affirming Medical Care

A new legislative wave of care restrictions in many states endangers the mental health, well-being, and futures of transgender youth. More than **132,000** teens are at risk of losing access to life-saving medical care.

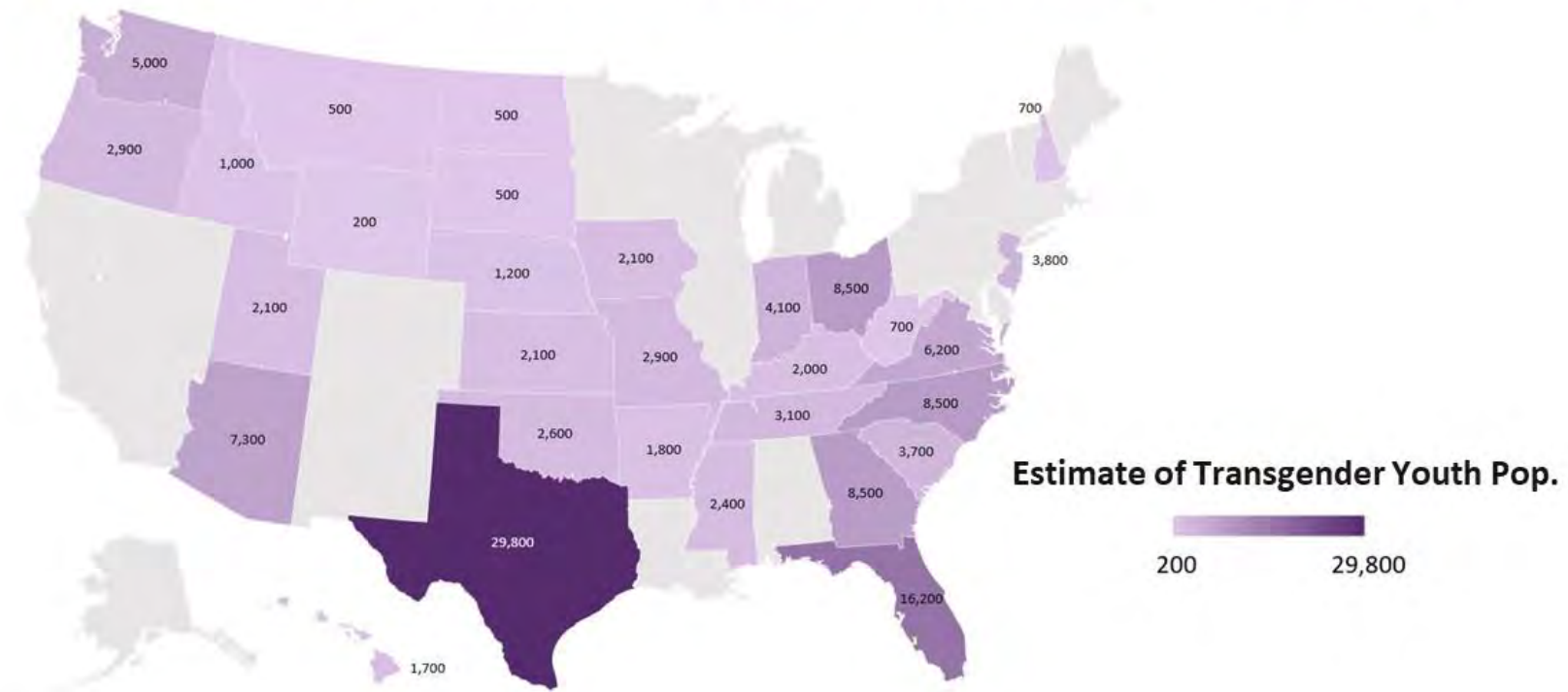


aamchealthjustice.org/news/policy/gamc-trans-youth

To Protect Evidence-Based Medicine and Promote Health Justice

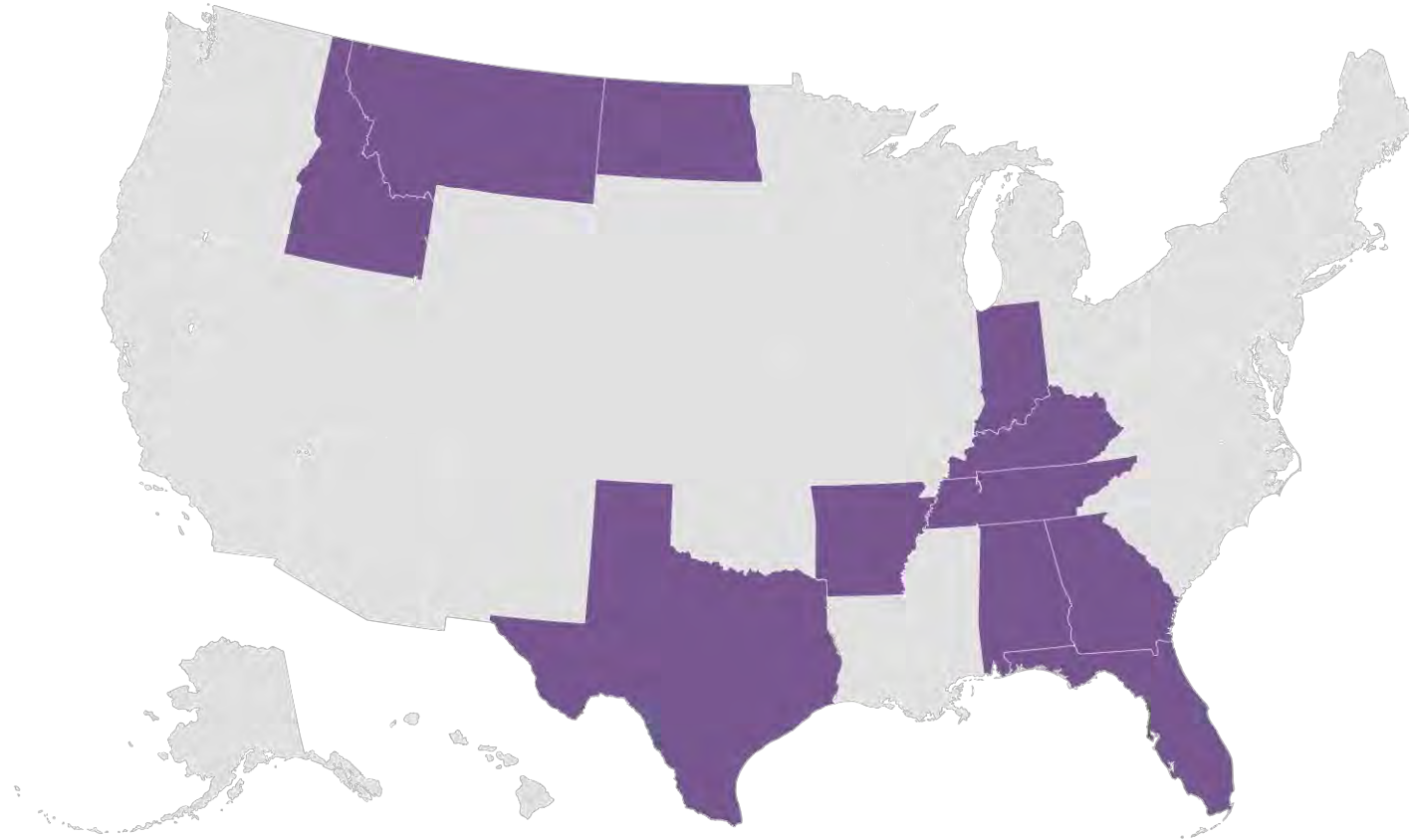
Protect Gender-Affirming Medical Care

Map of transgender youth (ages 13–17) population estimates and anti-GAMC legislation introduced or enacted in the 2023 legislative session



aamchealthjustice.org/news/policy/gamc-trans-youth

States in which AAMC has Signed onto an Amicus Brief Regarding Gender-Affirming Care



Powered by Bing
© GeoNames, Microsoft, TomTom

<https://www.aamc.org/advocacy-policy/washington-highlights>



January 19, 2023

- 86% of transgender and nonbinary youth say **recent debates about state laws restricting the rights of transgender people** have negatively impacted their mental health. A majority of those trans youth (55%) said it impacted their mental health “very negatively.”
- 71% of LGBTQ youth — including 86% of trans and nonbinary youth — say **state laws restricting the rights of LGBTQ young people** have negatively impacted their mental health.
- 75% of LGBTQ youth — including 82% of transgender and nonbinary youth — say that **threats of violence against LGBTQ spaces**, such as community centers, pride events, drag shows, or hospitals/clinics that serve transgender people, often give them stress or anxiety. Nearly half (48%) of those LGBTQ youth reported it gives them stress or anxiety “very often.”

<https://www.thetrevorproject.org/blog/new-poll-emphasizes-negative-impacts-of-anti-lgbtq-policies-on-lgbtq-youth/>



January 19, 2023

- New policies that will **ban doctors from providing gender-affirming medical care** to transgender and nonbinary youth make 74% of transgender and nonbinary youth feel angry, 59% feel stressed, 56% feel sad, 48% feel hopeless, 47% feel scared, 46% feel helpless, and 45% feel nervous.
- New policies that will **ban transgender girls from playing on girls' sports teams and transgender boys from playing on boys' sports teams** make 64% of transgender and nonbinary youth feel angry, 44% feel sad, 39% feel stressed, and 30% feel hopeless
- 58% of LGBTQ youth, including 71% of transgender and nonbinary youth, feel angry about new policies that. Among trans youth, 59% feel sad and 41% feel stressed. **ban teachers from discussing LGBTQ topics in the classroom**

<https://www.thetrevorproject.org/blog/new-poll-emphasizes-negative-impacts-of-anti-lgbtq-policies-on-lgbtq-youth/>

Peer-Reviewed Evidence

- “...states’ passing of anti-transgender rights bills were **linked with suicide- and depression-related Internet searches**. Second, introducing or debating the bills did not have an association with Internet searches. Third, the **defeat of anti-transgender bills was linked with fewer depression-related searches.**”¹
- “Participants in cities without anti-discrimination policies were **more likely to report community-level and passive discriminatory events.**”²

1. Cunningham GB, Watanabe NM, Buzuvis E (2022) Anti-transgender rights legislation and internet searches pertaining to depression and suicide. PLoS ONE 17(12): e0279420.
2. Truszczynski, M., Truszczynski, N., Estevez, R.I. et al. Does Policy Matter? The Impact of State and City Anti-Discrimination Policy on the Discrimination Experiences of Trans and Nonbinary People. Sex Res Soc Policy 19, 1786–1794 (2022).

Parents Agree

“..analysis revealed five themes regarding the impact that these antitransgender laws and bills have on TGD youth, including:

- (a) depression and suicidal ideation/risk of suicide,
- (b) anxiety,
- (c) increased gender dysphoria,
- (d) decreased safety and increased stigma, and
- (e) lack of access to medical care.”



Abreu, R. L., Sostre, J. P., Gonzalez, K. A., Lockett, G. M., Matsuno, E., & Mosley, D. V. (2022). Impact of gender-affirming care bans on transgender and gender diverse youth: Parental figures' perspective. *Journal of Family Psychology, 36*(5), 643–652.

Physicians Agree, Too

“The most salient theme, described by nearly all participants, was the fear that **legislation banning gender-affirming care would lead to worsening mental health** including increased risk for **suicides** among TGDY. Other themes included the politicization of medical care, legislation that defies the current standards of care for TGDY, worsening discrimination toward TGDY, and **adverse effects on the providers.**”

Landon D. Hughes, Kacie M. Kidd, Kristi E. Gamarel, Don Operario, Nadia Dowshen, “These Laws Will Be Devastating”: Provider Perspectives on Legislation Banning Gender-Affirming Care for Transgender Adolescents, *Journal of Adolescent Health*, Volume 69, Issue 6, 2021, Pages 976-982.

Doctors Are Also Impacted

“Practicing in legislation-affected states was associated with negative experiences for providers including:

- (1) institutional pressure that would limit the ability to provide care,
- (2) threats to personal safety,
- (3) concerns about legal action being taken against them,
- (4) concerns about their career, and
- (5) institutional concerns about engagement with media.

This study suggests that legislation aiming to ban health care for transgender youth may decrease access to qualified providers in affected states.”

Pranav Gupta, Ellis Barrera, Elizabeth R Boskey, Jessica Kremen, Stephanie A Roberts, Exploring the Impact of Legislation Aiming to Ban Gender-Affirming Care on Pediatric Endocrine Providers: A Mixed-Methods Analysis, *Journal of the Endocrine Society*, Volume 7, Issue 10, October 2023.

Let's Keep in Touch



aamchealthjustice.org



healthjustice@aamc.org



[@AAMCjustice](https://twitter.com/AAMCjustice)



[@AAMCjustice](https://www.linkedin.com/company/aamcjustice)



Sign up for the
Center for Health
Justice Newsletter

2024 NH Legislation

- **Medicine**

- **HB 619** – prohibiting gender affirming surgical care (bottom surgery) for minors; prohibiting a provider referral
- **HB 1660** – prohibiting Medicaid from covering gender affirming surgeries for minors

- **School Sports**

- **Bathrooms/public facilities**

- **Parental rights**



The Political Determinants of Health ECHO

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

Session 6, Digital Health Equity, May 2nd, 2024



Ruth Berggren, MD
Barbara Dieckman, MS, MBA

Learning Objectives

1. Define Organizational Health Literacy
2. Define Digital Health Literacy as a social determinant of health
3. Explore the causal pathways between low health literacy and poor health outcomes
4. Discuss DHL in the context of current broadband equity initiatives

“Of all the forms of inequality, injustice in health care is the most shocking and inhumane”



Organizational Health Literacy Definition

The degree to which organizations equitably enable individuals to



Find



Understand



and Use

information and services to inform health-related decisions and actions for themselves and others

(U.S. [Healthy People 2030](#) initiative)

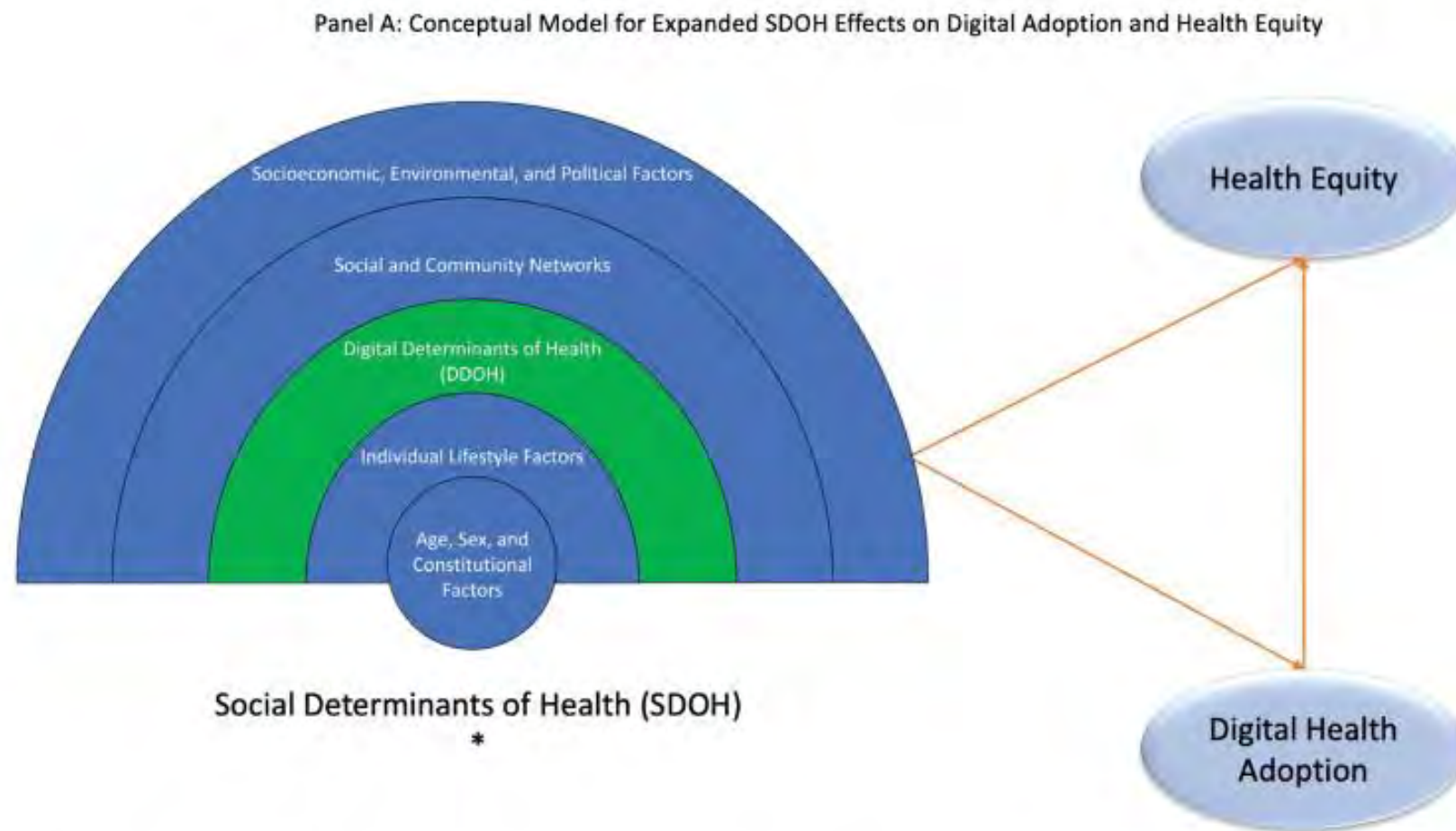
What is Digital Health

- The use of technology to deliver healthcare services
- Includes mobile health, health information technology, wearable devices, health and wellness online
- Platforms and digital equipment, telehealth and telemedicine, personalized medicine, and artificial intelligence [AI]
- WHO's global strategy report on digital health establishes it as a priority for health related sustainable development goals

DDOH as an important component of SDOH

In this model digital health
literacy is a dimension of
DDOH

Source: Chidambaram S, et
al. (2024) An introduction
to digital determinants of
health. PLOS Digit Health
3(1): e0000346.



* Adapted from the Dahlgren-Whitehead model of health determinants

Fig 1. Panel A: Conceptual model for expanded SDOH effects on digital adoption and health equity.

<https://doi.org/10.1371/journal.pdig.0000346.g001>

Digital Health Literacy Definition

The ability to seek, find, understand, and appraise health information from electronic sources and apply the knowledge gained to addressing or solving a health problem.



Seek/Find



Understand/appraise



Apply Knowledge

What's important about these definitions?

Emphasize people's ability to *use* health information rather than just understand

Focus on ability to make "well-informed" decisions rather than "appropriate"

Incorporate a public health perspective

Acknowledge that organizations have a responsibility to address health literacy

People and organizations can use their health literacy skills to improve the health of their communities and its members.

Nearly 9 out of 10 adults have difficulty using everyday health information.

Calculate an employee's share of health
insurance cost

Proficient
12%

Determine what time to take a prescribed
medication

Intermediate
53 %

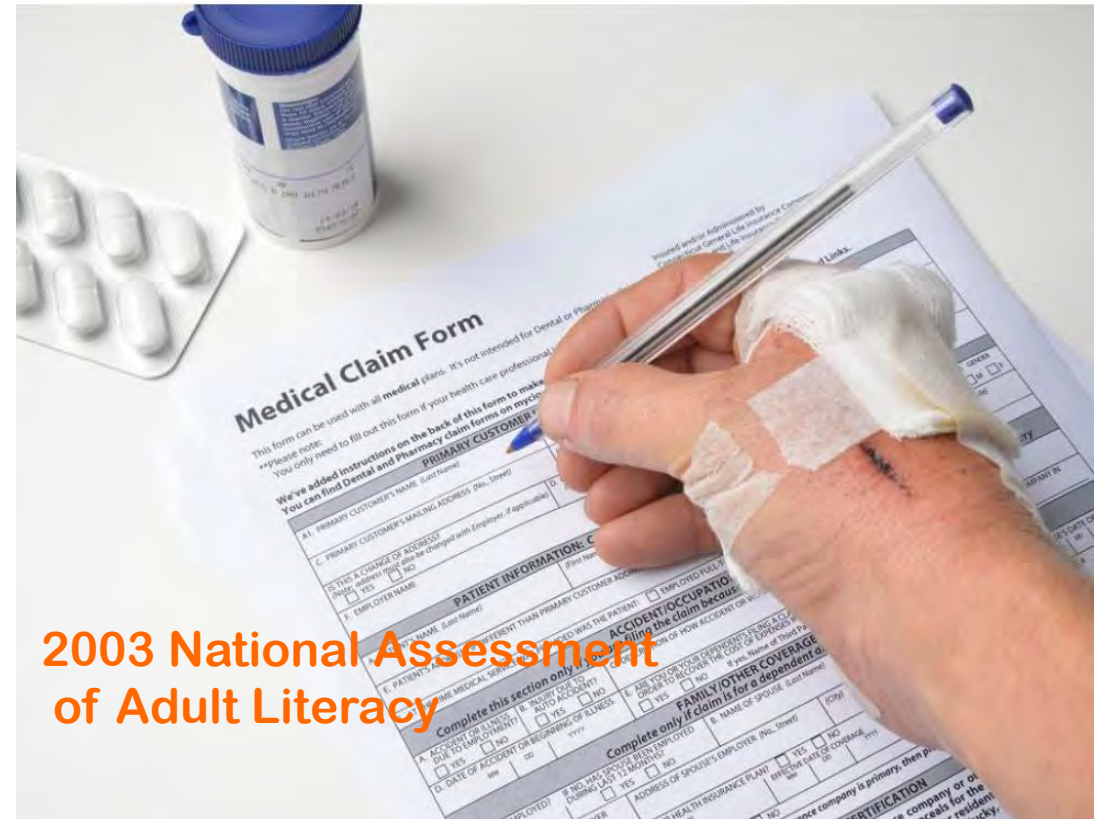
Answer simple questions based on a clearly
written pamphlet

Basic
22 %

Circle the date of a medical appointment

Below Basic
14 %

U.S. Department of Health and Human Services, Office of Disease
Prevention and Health Promotion. (2010).
National Action Plan to Improve Health Literacy..



**2003 National Assessment
of Adult Literacy**

Low health literacy and Outcomes

More likely to be hospitalized & use ER, less mammography, lower flu vaccine, poor med label interpretation

More likely to have chronic health issues; Less likely to seek treatment;

HIGHER MORTALITY RATES

Low health literacy is estimated to have added up to \$238 billion* of unnecessary costs to overburdened health-care system.

There is a National Action Plan for Health Literacy

- **U.S. Department of Health and Human Services**
- Based on **2 core principles**:
 - All people have the right to health information that helps them make informed decisions (derives from article 27 of Declaration of Human Rights)
 - Health services should be delivered in ways that are easy to understand and that improve health, longevity, and quality of life
- **And contains 7 goals** that will improve health literacy and strategies for achieving them:



\$42.5 Billion for Broadband Equity and Deployment (BEAD)

Initiated by the National Telecommunications and Information Administration (NTIA)

Part of the Infrastructure Investment and Jobs ACT

In 2021 Congress approved \$42.5 billion to deploy BB infrastructure across the country; focus on unserved and underserved areas.

Will address the US digital divide by making broadband access more equitable and widely available.

New Hampshire has received **\$196.6 million**, roll out pending

915.51	185.62	▲25.43%	FLR	660.27	745.28	85.01	▲12.88%
924.29	174.56	▲23.28%	UVD	155.59	181.57	25.98	▲16.70%
1004.01	170.29	▲20.43%	QUV	440.55	540.21	99.66	▲22.62%
1127.46	223.97	▲24.79%	HZT	285.51	344.98	59.47	▲20.83%
1219.39	237.32	▲24.17%	PCW	811.44	1029.66	218.22	▲26.89%
143.41	29.67	▲26.09%	AIK	361.77	451.39	89.62	▲24.77%
535.41	67.33	▲14.38%	ZJJ	858.36	994.57	136.21	▲15.87%
659.05	113.56	▲20.82%	RHJ	894.79	1046.68	151.89	▲16.97%
564.63	97.73	▲17.24%	VUV	425.08	509.95	84.87	▲19.97%

PPJ	912.63	1038.36	125.73	▲13.78%	ZGK	391.59	491.48	99.89	▲25.51%
UAD	1309.55	1655.62	346.07	▲26.43%	BNY	969.21	1130.65	161.44	▲16.66%
DAQ	1295.17	1641.66	346.49	▲26.75%	SDM	735.44	913.39	177.95	▲24.20%
PNR	654.33	775.84	121.51	▲18.57%	TDD	1323.91	1636.42	322.51	▲24.36%
ZJM	751.93	875.84	123.91	▲16.48%	OIS	543.42	667.24	123.82	▲22.79%

What problems are we trying to solve?

- Rural health inequities/Workforce shortages
- Aging population with transportation barriers
- Technology advancing quickly as digital readiness lags
- Health system implementing multimodal technologies (telemedicine, patient portals, digital therapeutics)
- Missing human touch at the intersection of technology and providing care
- Strategies are needed to increase care access and to augment the pipeline of health workers for the region
- Technology can help us tackle these problems. However, many people lack digital readiness to use technology to improve health access.



What is a digital health navigator?

- Community health workers, health professionals, librarians, or anyone with proficiency using digital tools, software, and applications related to healthcare.
- DHNs should have knowledge of electronic health records, telehealth platforms, health monitoring devices, and mobile health management apps.
- Dartmouth-trained DHNs keep humanity at the core of human-centered care, empowering patients to improve their health using digital tools.





How do we aim for equity?

Government Regulation and Resources

- **Federal Agency**

- Federal Communications Commission
- Centers for Medicare and Medicaid
- US HHS – HRSA – [Telehealth.HHS.gov](https://www.Telehealth.HHS.gov)

- **State Agency**

- NH Dept of Insurance
- NH DHHS



Government Investments

- **Federal funding – Broadband**

- Infrastructure Investment and Jobs Act - \$196m for Broadband Equity, Access, and Deployment (BEAD)
- \$4.9m for Digital Equity Capacity Grant

- **State Agency**

- NH Dept of Business & Economic Affairs
 - Office of Broadband Initiatives

- **State Legislation**

- Telehealth licensure and reimbursement

State legislation – telehealth

New Hampshire

2020 – HB 1623

*Ensured reimbursement parity
for all provider types*

Vermont

2024 – H.861

Audio only payment parity

State Policies





Building Equity -



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Session 7, Workplace Violence, May 16th, 2024



Susan Reeves, EdD, RN, CENP

System Chief Nursing Executive

Dartmouth Health

State legislation

New Hampshire

2022 – HB 2

***Health Care Workplace Violence
Prevention Program***

2023 – SB 58

***Warrantless arrests while in the care
of a medical profession on the premises
of a residential care or health care
facility***

Vermont

2023 – S. 36

Warrantless arrest

2023 – H.265

***VT OSHA for violence prevention in
health care and community workplaces***

2023 – S.122

***Creating health care facility
safety policies***

Richard Mello

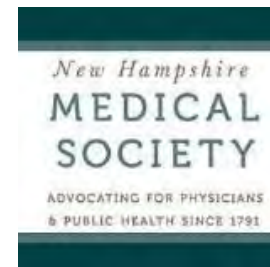
Director of Security & Safety,
Dartmouth Hitchcock Medical Center



The Political Determinants of Health ECHO

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Session 8, Wrap Up, May 30th, 2024





2024 NH Legislature Wrap Up



Pamela DiNapoli

NH Nursing Association

Healthcare Workforce

Community Health Workers:403

Summary of action steps

*currently on Governors Desk

Opportunities for continued advocacy

* Will go to OPLC Rules

* 4 million dollar (2 million state share) will need to be considered for next biennium

Thank opportunities – Rosenwald

Nursing Loan Forgiveness:456

• Summary of action steps

• * Did not pass House

• * Addendum to HB 1585

• * Potential Committee of conference

• Opportunities for continued advocacy

• * Reach out when conferees are named

• Thank opportunities - Gannon



Ben Bradley

NH Hospital Association

Barriers to Discharge

Barriers to Discharge – Across New Hampshire, patients that no longer have medical needs are ‘stuck’ in hospital beds awaiting safe discharge. There are a number of barriers that cause these delays, impacting not only these patients, but those that require inpatient beds waiting in the Emergency Department.

Summary of action steps

Opportunities for continued advocacy

Thank opportunities – Senator Sue Prentiss and Senator Sharon Carson

Access to Health Care

Prior Authorization - is a process used by health insurance companies to determine if they will cover a medical procedure, medication, or service.

Summary of action steps

Thank opportunities – Senator Denise Ricciardi, Representative David Nagel

Liz Canada

Planned Parenthood of Northern New England

Planned Parenthood New Hampshire Action Fund

Anti-LGBTQ Legislation

- **Medicine**

- **HB 619** – prohibiting specific gender affirming surgical care for patients under 18; prohibiting a provider referral
- **HB 1660** – prohibiting Medicaid from covering gender affirming surgeries for minors

- **School Sports**

- **Bathrooms/public facilities**

- **Parental rights**

Heading to the Governor's Desk

HB 619 – prohibits specific gender affirming surgical care for patients under 18; prohibits a provider referral

HB 396 – allows businesses and schools to discriminate against transgender individuals (teens AND adults) regarding bathrooms

HB 1205 – statewide ban on transgender girls in grades 5-12 playing on girls' teams

HB 1312 – requires 2-week notification for all classroom materials that includes gender or sexual orientation

Action Steps

Urge Governor Sununu to veto these bills

Thank Senate Democrats

Thank reps who voted against these bills, particularly Rep. Vandecasteele, Rep. Wolf, Rep. Bordes, Rep. Bickford, Rep. Guthrie



Kate Frey

New Futures

Cannabis Commercialization- HB 1633, relative to the legalization and regulation of cannabis

House Status

PASSED/ADOPTED WITH AMENDMENT

Senate Status:

PASSED/ADOPTED WITH AMENDMENT

Senate version of bill includes most of [New Futures Principles for Responsible Cannabis Policy and Regulation](#)

Next step:

- House votes today whether to concur or non-concur. If the House votes non-concur it could put bill in jeopardy.
- Continue to advocate for sound prevention/ public health and social justice policies in any cannabis commercialization legislation.
- Thanks you opportunities, Senators Abbas, Rosenwald, Whitley, Chandley.

PRINCIPLES FOR RESPONSIBLE CANNABIS POLICY & REGULATION
ASSESSING HB 1633
AS AMENDED BY THE SENATE ON 5/23/2024

PRINCIPLE	Criteria	Status
PRINCIPLE #1 PROTECTS CHILDREN AND YOUTH	Limits potency of THC to reduce risk of dependency, psychosis, anxiety, etc.	+
	Prohibits any products, packaging or marketing that is attractive to youth.	✓
	Requires buffer zones between retail outlets and other youth-serving facilities.	✓
PRINCIPLE #2 PROMOTES SOCIAL JUSTICE & EQUITY	Expunges past criminal convictions for non-violent cannabis-related crimes.	+
	Makes equity and social justice a priority in the cannabis industry.	✗
PRINCIPLE #3 PROTECTS PUBLIC AND POPULATION HEALTH	Places public health authorities in leadership roles and limits industry presence on regulatory bodies.	✓
	Informs vulnerable groups of the risks of use, such as psychosis and schizophrenia and other mental health effects.	✓
	Extends smoke-free air restrictions to prohibit smoking and vaping cannabis indoors.	✓
PRINCIPLE #4 ENSURES FUNDING FROM CANNABIS REVENUE TO HARM REDUCTION EFFORTS	Applies revenue for substance misuse education, prevention, treatment and recovery and a behavioral health workforce.	✓
	Creates mass media and social media campaigns from the start, before the law is effective.	✓

KEY:
 ✓ Met in the bill
 ✗ Not included in the bill
 + Partially met in the bill

newfutures))



Ava Hawkes

NH Medical Society

Public Health – RSV et al.

- **RSV Immunization for the pediatric population**
 - SB 559 – the NH Vaccine Association
- **Passed both bodies, heading to the Governor’s desk**
- **Thank you to Sen. Prentiss, Rep. Lucy Weber, and Rep. Gary Merchant**

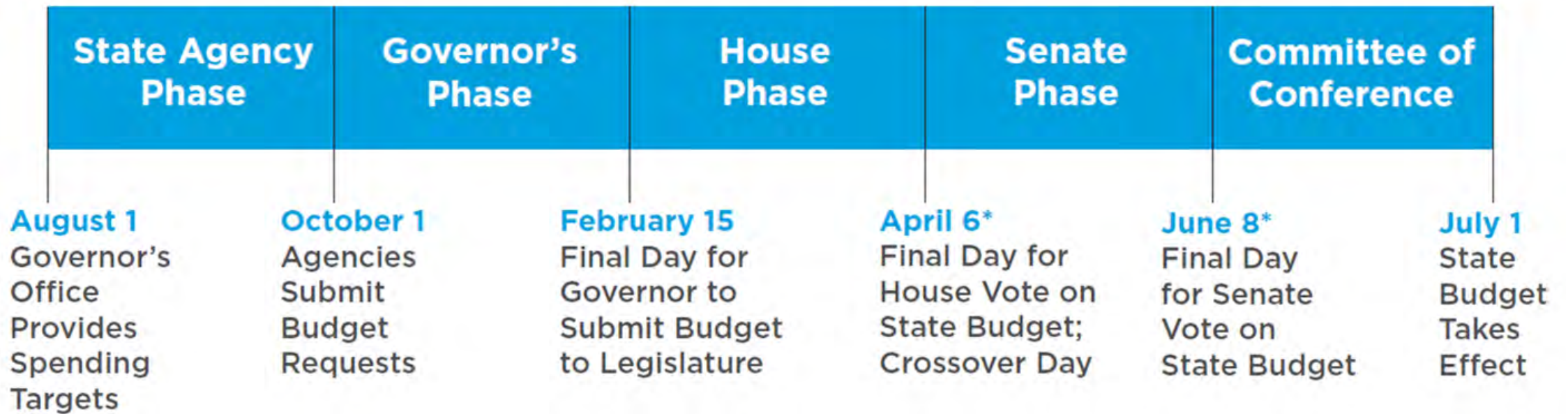


Phil Sletten

NH Fiscal Policy Institute

Biennial Budget Process Beginning Again

STATE BUDGET PROCESS TIMELINE

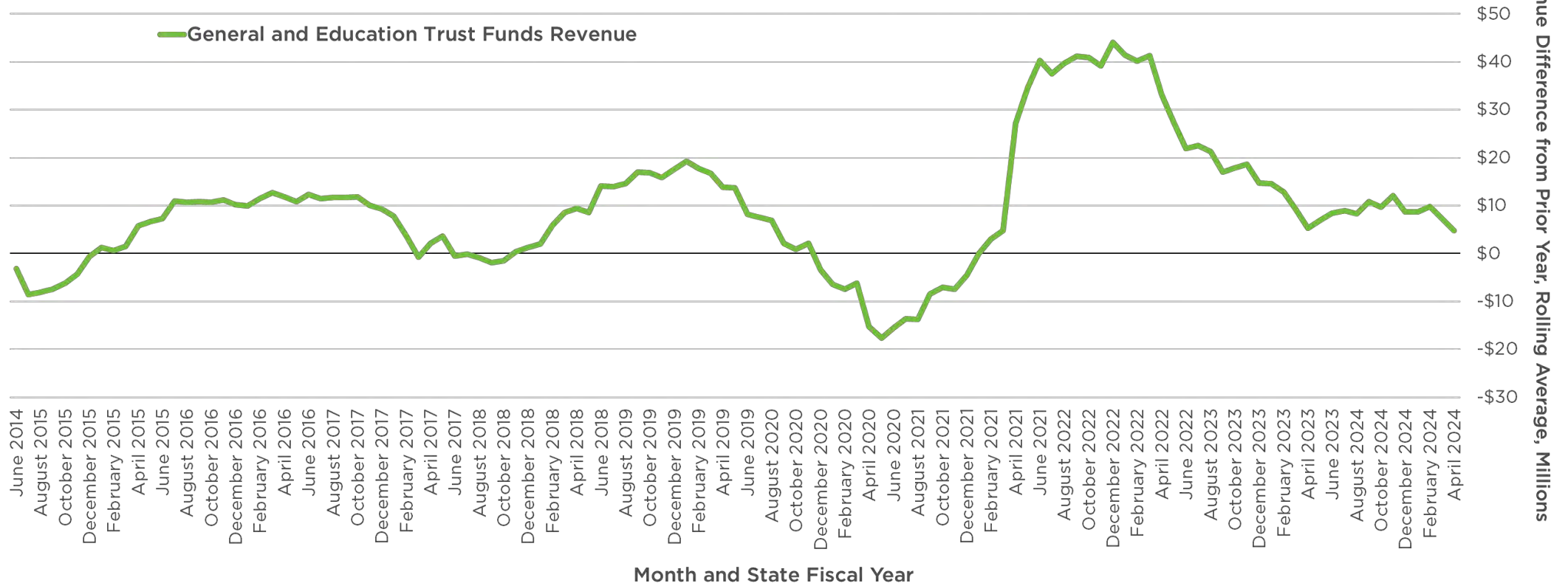


*Dates set by legislative leadership for the 2023 session; all other dates specified in statute.

Funds May Be More Limited Than in Recent Cycles

DIFFERENCES OVER TIME IN NEW HAMPSHIRE 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 Without 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



2025 NH Look Ahead

Changes Afoot



New Futures-Advocacy Training Programs

new-futures.org/trainings



Free to all nonprofits, coalitions, and community organizations who will advocate for the health and wellbeing of NH residents



Trainings for:

- Individual Advocates
- Building organizational advocacy capacity
- Educating on New Futures policy issues



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