

HEALTH

The spread of the novel coronavirus and associated disease have been the leading global health concern over the past two years, and it has wreaked havoc on the global economy. Currently, we just reached the two-year mark of the first confirmed case of COVID-19 in New Hampshire. After optimism for an end to the pandemic rose with the speedy development of a vaccine, new Delta and Omicron variants of the virus emerged, creating a surge in the number of COVID-19 positive cases and an unprecedented level of hospitalizations in December 2021.

The number of daily confirmed COVID-19 hospitalizations increased to its highest level in the beginning of December 2021. To show the stress that the disease had on New Hampshire’s hospital system, New Hampshire Hospital Association started to include additional data on the number

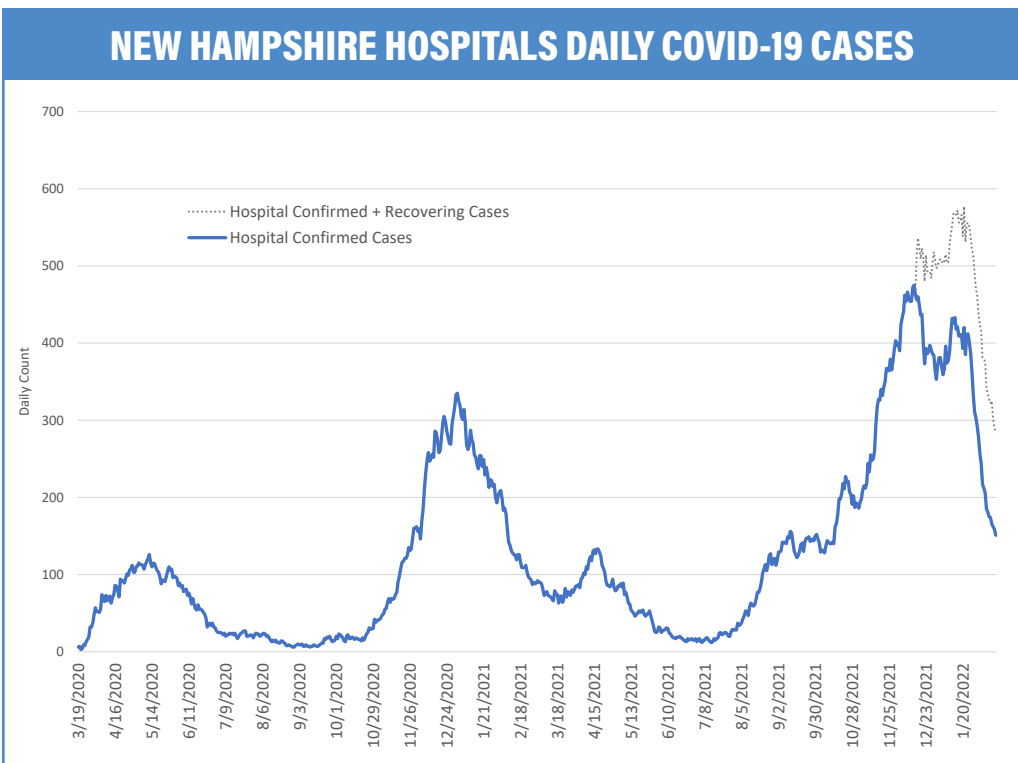
of COVID-19 recovering patients to hospitalization statistics. This additional data indicates that the stress on the hospital system peaked in mid to late January 2022.

The surge in hospitalization occurred at a time when the New Hampshire’s private sector employment was 1.6 percent below the pre-pandemic level. However, hospital employment still lagged behind the pre-pandemic level by 4.7 percent. Schools had returned to in-person learning and businesses were adding workers, yet hospitals were under stress from a high level of ICU occupancy, and further exacerbated by staffing shortages.

In December 2021, the Governor announced that the New Hampshire National Guard would be mobilized to assist hospitals with backroom tasks.¹ The deployment, known as Operation Winter

Surge, is funded under Title 32 status, in which National Guard remains under the command and control of the governor but is funded by the Department of Defense (DoD), as authorized by the Federal Emergency Management Agency (FEMA).²

“The operation includes 22 hospitals, nine long-term care health care facilities, the men’s state prison, warehouse operations to distribute personal protective equipment



Source: New Hampshire Hospital Association

Note: Starting 12/16/21, this chart includes a dashed line containing the number of Confirmed COVID-19 cases plus the number of Recovering COVID-19 cases to better reflect the COVID-19 burden on hospitals. The official COVID-19 hospitalization number remains as Confirmed COVID -19 cases alone.

1 Office of the Governor, Press Conference, December 8, 2021. <https://www.governor.nh.gov/sites/g/files/ehbemt336/files/inline-documents/sonh/20211208-transcript.pdf>
 2 FEMA, National Guard Deployment Extended to Support COVID-19 Response, <https://www.fema.gov/fact-sheet/national-guard-deployment-extended-support-covid-19-response>

and other essential equipment, and a variety of administrative support roles.” (Decker, *Laconia Daily Sun*, January 18, 2022)³

This was not the first time during the pandemic that the New Hampshire’s National Guard had been activated to assist with pandemic-related activities.⁴

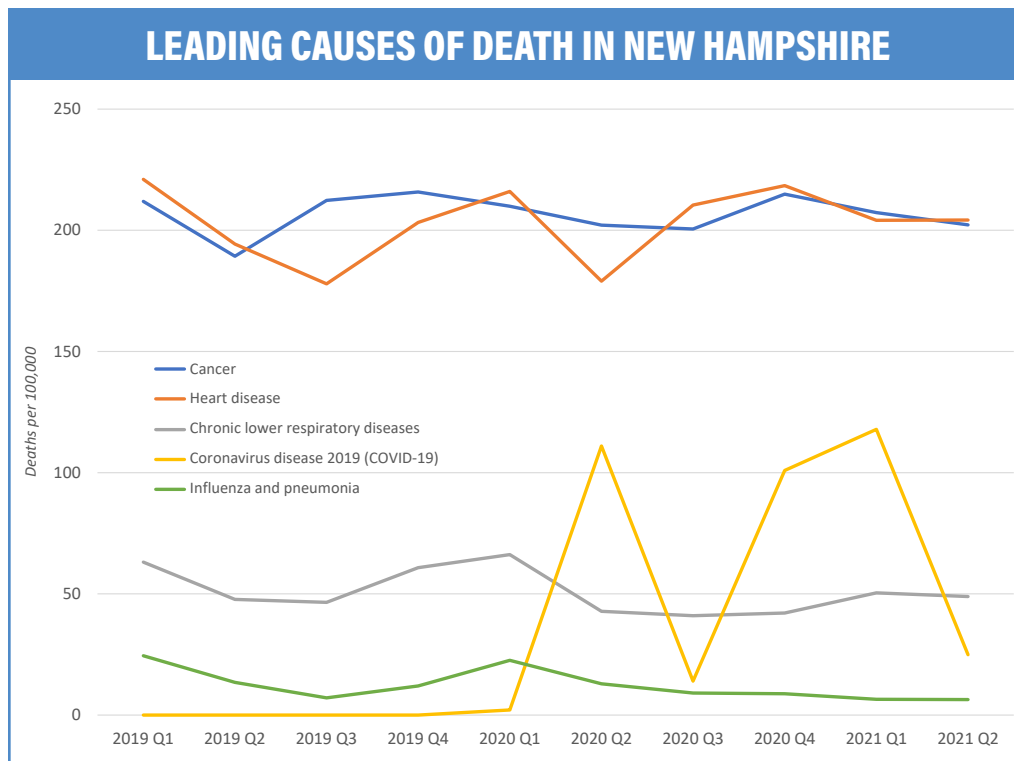
Leading Cause of Death in New Hampshire

As of mid-February 2022, more than 900,000 people have died in the United States of COVID-19 and in New Hampshire, deaths attributable to COVID-19 were close to 2,300. Though these are grim statistics, COVID-19 is not the leading cause of death in New Hampshire, nor the leading cause of death in the United States. According to quarterly provisional estimates of deaths per 100,000 from the National Center for Health Statistics, the leading causes of death in New Hampshire in 2020

and 2021 were cancer and heart disease. Since the beginning of the novel coronavirus pandemic, there were large variations in death rates from quarter to quarter, with some seasonal trend likely to emerge over time (latest data available is from 2021 Q2). However, these provisional estimates also indicate that in comparison to most other diseases, such as influenza or pneumonia, COVID-19 had a higher rate of mortality from second quarter 2020 to second quarter 2021.⁵

As the pandemic has continued for close to two years, there is a rising concern over how the stress placed on the health care system has simultaneously created a disruption to routine checkups and screenings for cancer. According to a study published in December 2021 in the journal *Cancer*, “Screenings for several major cancers fell significantly during 2020... Colonoscopies dropped by nearly half compared to 2019, prostate biopsies by more than 25 percent.”⁶

13



At the beginning of the pandemic in March 2020, hospitals chose to postpone elective surgeries due to concerns that the pandemic might overwhelm the hospital system. Currently, as smaller hospitals in New Hampshire have again paused or delayed some surgeries, a concern over whether the timeliness of elective surgeries might have negative health consequences in the future has entered

Source: National Center for Health Statistics. Vital Statistics Rapid Release. Mortality Dashboard. <https://www.cdc.gov/nchs/nvss/vsrr/mortality-dashboard.htm#>

3 Jon Decker, “Guard activated at Concord Hospital - Laconia,” *The Laconia Daily Sun*. January 18, 2022. https://www.laconiadailysun.com/news/covid-19/national-guard-activated-at-concord-hospital-laconia/article_c190b74c-7947-11ec-87a0-ff37abc709ff.html.
 4 In spring 2020, the New Hampshire National Guard assisted with processing claims for unemployment insurance.
 5 National Center for Health Statistics. <https://www.cdc.gov/nchs/nvss/vsrr/mortality-dashboard.htm#>
 6 Scott, Dylan. “The health system isn’t ready for an advanced cancer surge,” *Vox.com*. February 14, 2022. <https://www.vox.com/coronavirus-covid19/22841229/covid-19-us-cancer-screenings>.

the health care dialogue.⁷ In other words, there can be a health cost to delaying care. The pandemic disruption, combined with health care labor shortages, contributed to the backlog of elective or non-emergency surgeries.

Other examples of how the prolonged pandemic continues to impact health care include blood shortages currently being experienced by New Hampshire hospitals,⁸ and a report from the National Kidney Foundation that the medical chemical used in the treatment process for dialysis patients is in short supply due to the lack of warehouse and trucking personnel.⁹

These are some of hidden costs of the pandemic, as the ability to deliver timely care was compromised when resources were diverted toward mitigating COVID-19, as well as a general tendency of patient “health care avoidance” during a period of crisis.

Health Care Churning Set the Stage for Staffing Shortages

At the beginning of the pandemic, many health care institutions halted non-essential health care services, which meant that some health care staff was furloughed. This initial pause in employment gave health care workers an opportunity to reevaluate their employment situation.

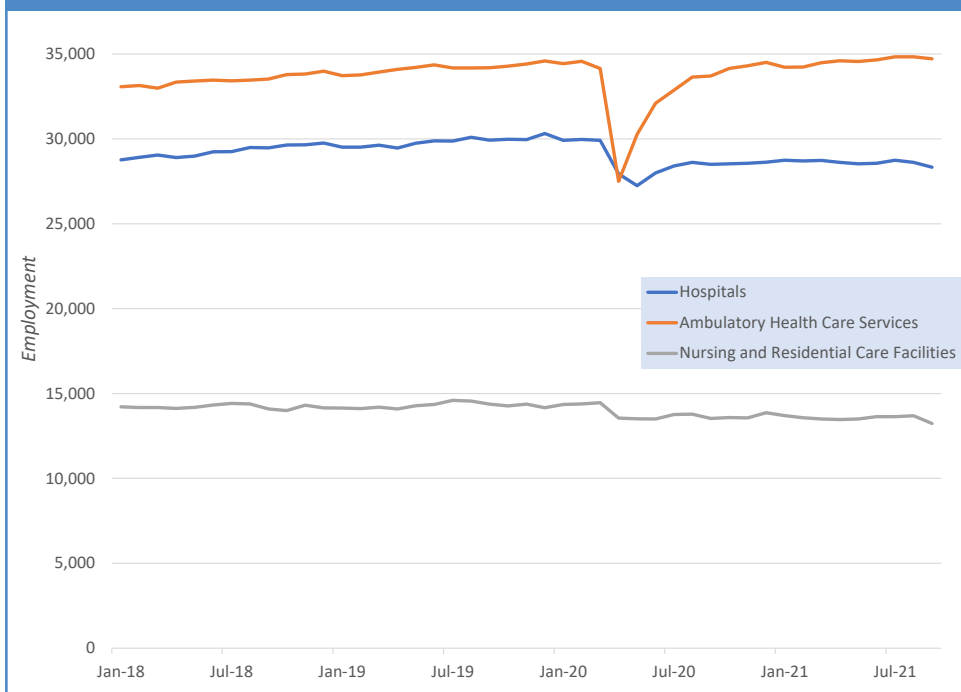
While employment in all subsectors of healthcare was impacted in the initial phase of the pandemic, employment in ambulatory health

facilities (such as doctor’s offices, dental offices, and home health agencies) rebounded much quicker than staffing levels at hospitals.

All subsector employment dropped in the first phase of the pandemic, but as some industries expanded, employment in hospitals was slow to recover, shifting workers to other healthcare subsectors. The early halt in services and pause in employment led to an elevated level of churning in the health care job market, leading to health care workers transferring from a hospital to an ambulatory care facility. Retirements by older workers and worker burnout are also part of the story.

As the pressure for additional staff mounted at hospitals, limited amount of workforce slack was available, and the hospitals increasingly relied on travel nurses and other temporary workers to provide adequate staffing.

EMPLOYMENT IN AMBULATORY HEALTH CARE SERVICES RECOVERED TO A PRE-PANDEMIC LEVEL MUCH FASTER THAN EMPLOYMENT IN HOSPITALS



Source: Quarterly Census of Employment and Wages, Economic and Labor Market Information Bureau

7 Fam, Alli, “As Cheshire Medical Center continues to pause some surgeries, backlog of waiting patients grows.” New Hampshire Public Radio. January 17, 2022. <https://www.nhpr.org/health/2022-01-17/as-cheshire-medical-center-continues-to-pause-some-surgeries-backlog-of-waiting-patients-grows>.

8 “Blood shortages – the current blood shortage has caused delays for many elective surgeries as hospitals must conserve the existing blood supply for emergency situations” Email Caroline Lavoie, New Hampshire Hospital Association.

9 Callery, Tim, “Pandemic causing supply shortage for New Hampshire dialysis patients,” WMUR, February 15, 2022. <https://www.wmur.com/article/pandemic-supply-shortage-new-hampshire-dialysis-patients-2-15-22/39100058>.

Data compiled by New Hampshire Hospital Association on staff vacancies in different occupations show large increases in the vacancy rate among RNs (registered nurses) at hospitals in New Hampshire. The vacancy rate for all RNs (including all specialty RNs) at New Hampshire's hospitals went from 7.3 percent in October 2020 to 17.0 percent in October 2021. With few exceptions, there was an increase in the level of vacancies among all position at hospitals when comparing vacancy rates between October 2020 and October 2021, as vacancy rates among all positions more than doubled, from 6.9 percent in October 2020 to 13.6 percent in October 2021. In comparison, the vacancy rate in October 2019 (pre-pandemic baseline) was only slightly lower, 6.2 percent among all positions at hospitals in New Hampshire.¹⁰

To help with the rapidly increasing staff shortages, health care establishments turned to the use of temporary staffing agencies. While this action relieved some shortages, the inflated cost of using travel nurses or staffing agencies is a major concern for New Hampshire's hospital leaders.¹¹

To enhance the pipeline of health care workers in New Hampshire, Concord Hospital and New England College have formed a partnership. Through this partnership, nursing students at the college will be employed as licensed nursing assistants while they are in still in training. Under this program, 40 New England College nursing students will arrive at Concord Hospital in fall

of 2022.¹² This will not alleviate the immediate health care staffing shortage but the program is an indication that innovative partnerships are being formed to try to solve these workforce problems in the long term.

Other initiatives currently ongoing in New Hampshire to train a variety of healthcare workers include:

- Manchester Community College and Apprenticeship NH have partnered with SolutionHealth¹³ to develop a medical assistant program.
- River Valley Community College, in conjunction with Dartmouth-Hitchcock Medical Center, developed a Nursing Assistant Training Program.
- Lakes Region Community College offers a paid apprenticeship program for medical assistants.
- The Rural Health Careers Scholarship Fund assists students in targeted career fields.
- The New Hampshire Department of Education has launched an initiative to provide secondary students with paid, work-based learning opportunities by matching learner wages.

Finally, the New Hampshire Department of Safety developed an on-line criminal record check portal that was activated in early January 2022. The portal facilitates a faster criminal record check process.

The portal is available at:
<https://services.dos.nh.gov/chri/cpo/>.

– Annette Nielsen

¹⁰ Data Insights, Vacancy and Turnover. New Hampshire Hospital Association. Email from Caroline Lavoie

¹¹ Timmins, Annmarie, "Travel nurses have been essential during the pandemic – but at a cost," New Hampshire Bulletin. February 4, 2022. <https://newhampshirebulletin.com/tag/travel-nurses/>

¹² Teddy Rosenbluth, "New partnership aims to ease nurse shortages," Concord Monitor, February 3, 2022. <https://www.concordmonitor.com/concord-hospital-partnership-new-england-college-44886335>.

¹³ A regional healthcare network founded by Elliot Health System and Southern New Hampshire Health One program

HOSPITAL INSURANCE	2015	2016	2017	2018	2019
HOSPITAL INSURANCE					
Original Medicare	244,829	249,623	250,636	251,956	243,068
Medicare Advantage & Other Health Plans	18,832	22,752	30,354	38,222	55,666
	263,661	272,375	280,990	290,178	298,734

PRESCRIPTION DRUG (Medicare Part D)					
Prescription Drug Plans	148,836	157,561	160,943	163,105	162,971
Medicare Advantage Prescription Drug	14,395	18,299	23,910	31,454	40,241

Yearly Aged and Disabled Enrollment					
Aged Total	217,110	225,360	233,852	243,236	252,385
Disabled Total	46,552	47,015	47,138	46,941	46,357

Source: Centers for Medicare & Medicaid Services. Last Update 9/4/2020

MEDICAID INSURANCE	2015	2016	2017	2018	2019
Total Medicaid Enrollees		206,997	204,458	200,850	193,363
Federal Share, Medicaid Expenditures (Millions)	\$3,669.7	\$4,715.1	\$4,616.2	\$4,742.9	\$3,892.9
New Hampshire Share, Medicaid Expenditures (Millions)	\$2,144.5	\$2,435.2	\$2,523.4	\$2,707.0	\$2,687.8

Source: Centers for Medicare & Medicaid Services. Last Update 12/14/2021

MEDICARE UTILIZATION	2015	2016	2017	2018	2019
SKILLED NURSING FACILITIES (Medicare)					
Total Persons With Utilization*					
New Hampshire	11,190	10,812	10,745	10,162	9,235
United States	1,844,209	1,802,182	1,763,018	1,703,381	1,622,835
Covered Admissions Per 1,000 Original Medicare Part A Enrollees					
New Hampshire	62	59	58	55	52
United States	68	66	65	62	60
Covered Days of Care Per 1,000 Original Medicare Part A Enrollees					
New Hampshire	1,566	1,436	1,392	1,339	1,247
United States	1,812	1,693	1,623	1,559	1,475
Program Payments Per Covered Day					
New Hampshire	472	481	486	490	493
United States	434	446	459	471	489

*Utilization expresses the number of services used per year or per number of persons eligible for the services

MEDICARE UTILIZATION (continued...)	2015	2016	2017	2018	2019
SHORT STAY HOSPITALS (Medicare)					
Total Persons With Utilization*					
New Hampshire	33,151	33,631	34,043	33,472	31,590
United States	6,221,077	6,219,873	6,217,622	6,079,501	5,904,483
Discharges Per 1,000 Original Medicare Part A Enrollees					
New Hampshire	203	204	206	202	199
United States	264	258	258	252	246
Covered Days of Care Per 1,000 Original Medicare Part A Enrollees					
New Hampshire	985	950	975	985	1,004
United States	1,291	1,242	1,225	1,197	1,220
Program Payments Per Covered Day					
New Hampshire	2,406	2,561	2,624	2,683	2,809
United States	2,320	2,433	2,507	2,603	2,726
Source: Centers for Medicare & Medicaid Services. Last Update 9/17/2021					
*Utilization expresses the number of services used per year or per number of persons eligible for the services					

RELATED SERVICES	2015	2016	2017	2018	2019
HOSPICES (Medicare)					
Total Persons With Utilization*					
New Hampshire	5,838	6,029	6,397	6,783	7,164
United States	1,384,179	1,429,862	1,495,384	1,553,637	1,612,018
Covered Days of Care Per 1,000 Original Medicare Part A Enrollees					
New Hampshire	1,313	1,346	1,454	1,503	1,682
United States	1,759	1,810	1,858	1,936	2,026
Program Payments Per Covered Day					
New Hampshire	\$171	\$175	\$176	\$176	\$178
United States	\$166	\$167	\$169	\$169	\$171
*Utilization expresses the number of services used per year or per number of persons eligible for the services					

HOME HEALTH AGENCIES (Medicare)					
Total Persons With Utilization					
New Hampshire	22,164	22,355	22,155	22,300	21,531
United States	3,446,696	3,444,206	3,385,968	3,358,470	3,274,563
Service Visits Per 1,000 Original Medicare Enrollees					
New Hampshire	2,266	2,260	2,259	2,207	2,146
United States	2,921	2,849	2,754	2,731	2,640
Total Service Visits					
New Hampshire	554,854	564,158	566,260	555,981	521,512
United States	109,219,359	108,148,530	104,648,562	103,769,954	100,038,606
Program Payments Per Service Visit					
New Hampshire	\$175	\$176	\$179	\$185	\$190
United States	\$166	\$167	\$170	\$173	\$178
Source: Centers for Medicare & Medicaid Services. Last Update 9/17/2021					

OTHER HEALTH MEASURES	2016	2017	2018	2019	2020
Obesity (Percent of adult population)	26.3	26.6	28.1	29.6	31.8
Physical Inactivity (Percent of adult population)	22.6	19.3	23.9	21.5	21.7
Diabetes (Percent of adult population)	8.1	9	8.4	10.3	9.2
Frequent Mental Distress ¹	10.9	12.7	12	13.8	13.9
Frequent Physical Distress ²	10.6	11.9	11.9	11.3	13
<i>Source: United Health Foundation. Last Update 9/20/2021</i>					
¹ Percentage of adults who reported their mental health was not good 14 or more days in the past 30 days					
² Percentage of adults who reported their physical health was not good 14 or more days in the past 30 days					

HEALTH INSURANCE COVERAGE	2016	2017	2018	2019	2020
Employer	57.4%	57.3%	57.5%	56.2%	
Non-Group	5.8%	5.6%	5.0%	5.3%	
Medicaid	13.5%	13.8%	14.1%	13.2%	
Medicare ³	15.9%	16.8%	17.1%	17.7%	
Military	1.0%	0.9%	1.1%	1.2%	
Uninsured	6.4%	5.7%	5.2%	6.4%	
<i>Source: Kaiser Family Foundation. Last Update 9/22/2020</i>					
³ The percentage of people with Medicare excludes those who report having both Medicare and Medicaid coverage.					
Prepared by: New Hampshire Employment Security, Economic and Labor Market Information Bureau					
www.nhes.nh.gov/elmi (603) 228-4124					