







COVID-19 Impacts for NH Adults | June 2020

INTRODUCTION

Coronavirus disease 2019, known as COVID-19, is a respiratory illness caused by a novel coronavirus, SARS-CoV-2. COVID-19 became a worldwide pandemic, with the first known cases reported in the United States in January 2020. The first reported cases in New Hampshire occurred in March 2020. Due to the increasing number of cases, Governor Chris Sununu declared a state of emergency for the State of New Hampshire on March 13, 2020. Since the declaration of the state of emergency, there have been over 40 Emergency Orders (EO)¹, impacting almost every aspect of life. A few selected EOs are shown in Table 1, by category.

Table 1. NH Emergency Orders, Emergency Response at Every Level

Local Government 	<ul style="list-style-type: none"> • EO 11 – Authority to perform remote online notarization • EO 12 – Modification of access to public meetings • EO 23 – Temporary modification of municipal and local government statutory requirements
Health Care Delivery System 	<ul style="list-style-type: none"> • EO 8, 15, 40, 49 – Temporary expansion of access to telehealth services • EO 9 and EO 44 – Establishing the COVID-19 Emergency Healthcare System Relief Fund • EO 33 – Activation of NH Crisis of Standards of Care Plan
Schools 	<ul style="list-style-type: none"> • EO 1, 19, 32, 48 – Remote instruction for K-12 schools • EO 7 – Modification of data and privacy governance plans to allow school districts to use tools that meet minimum standards set by Dept. of Education
Business 	<ul style="list-style-type: none"> • EO 3, 4, 24 – Prohibition of utility service discontinuation and evictions due to non-payments • EO 17, 40, 49 – Closure of non-essential businesses and stay-at-home order • EO 27 – Restriction of hotels and other lodging providers to only vulnerable populations and essential workers
Community-Based and Social Services 	<ul style="list-style-type: none"> • EO 21 – Establish COVID-19 Emergency Domestic and Sexual Violence Services Relief Fund • EO 22 – Emergency Funding for child protection services • EO 31 – Establishment of the Long Term Care Stabilization Program • EO 42 – Authorizing temporary health partners to assist in long-term care facilities
People 	<ul style="list-style-type: none"> • EO 2, 16, 26 – Prohibition of gatherings (of 50+, then 10+) • EO 5 – Immediate access to unemployment benefits • EO 17, 40, 49 – Closure of non-essential businesses and stay-at-home order

COVID-19 IMPACT SURVEY

METHODOLOGY

The Institute for Health Policy and Practice, leveraging the UNH Survey Center’s Granite State Panel, conducted a survey of NH adults to understand some of the immediate impacts of COVID-19 since January 2020. The survey included 1155 respondents. The survey was fielded from April 16-20, 2020. Probability weights are applied in analysis of survey results in order to describe the characteristics of the population. The demographic characteristics of the respondents can be found in the Appendix.

FINDINGS

IMPACT ON SOCIAL ACTIVITY

Governor Sununu’s Emergency Order 17² (extended by EO 40 and 49) directed people to stay-at-home and closed non-essential businesses as “measures to mitigate the spread of COVID-19.” Since January, over 72% of survey respondents reported changing plans to avoid crowds and 57% had travel plans cancelled.

Table 2. Changes in Social Activity due to COVID-19

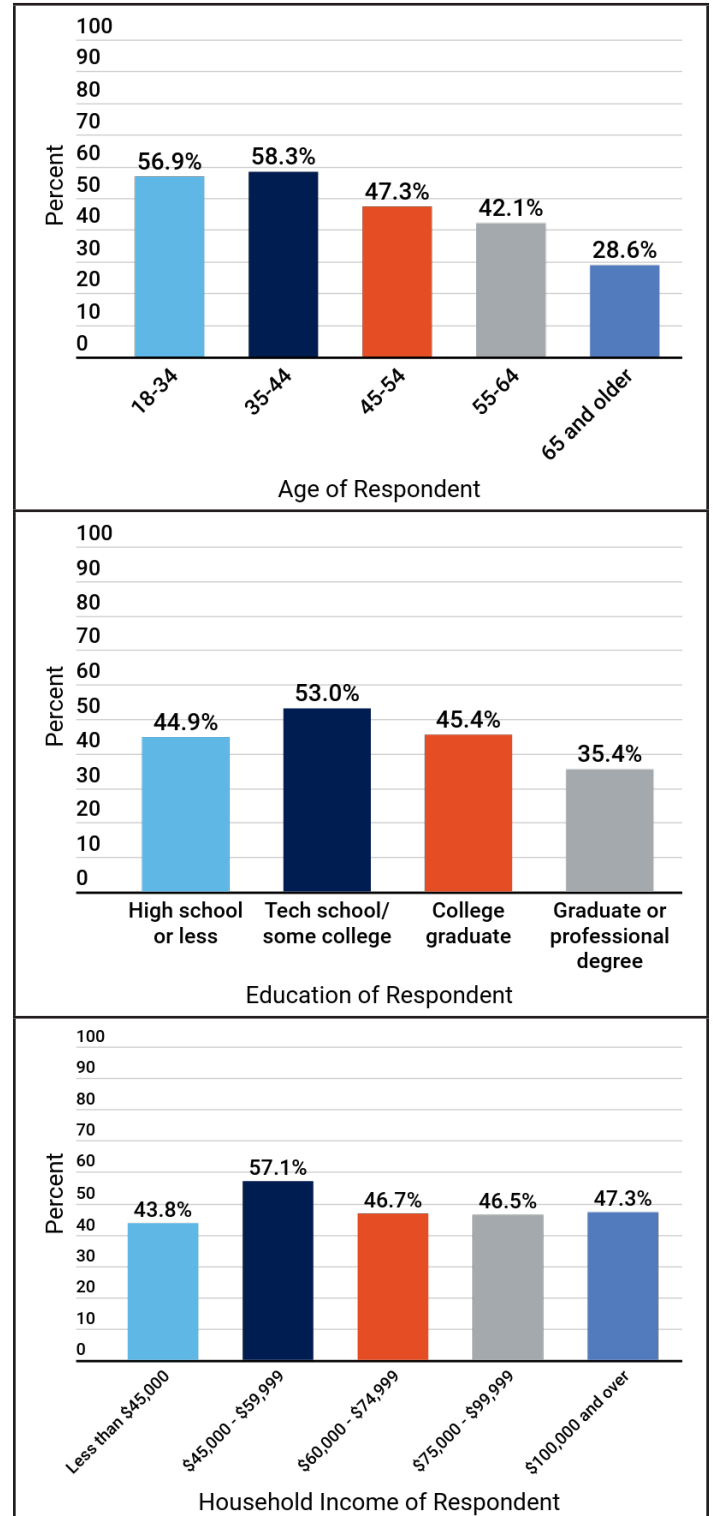
	Percent (N)
Changed Plans to Avoid Crowds	72.2 (834)
Cancelled Travel Plans	57.4 (663)

IMPACT ON EMPLOYMENT

Many businesses either closed or significantly reduced their activity in response to the pandemic. According to the NH Department of Employment Security, the unemployment rate was over 16% in April 2020³. Almost half (46.3%) of survey respondents reported that they or someone in their household either lost or experienced reductions in employment due to COVID-19 since January.

Figure 1 includes the percentage of people in each demographic category who reported that their household either lost or experienced reductions in employment. For almost all categories, the percentage of the group with someone in the household either losing or experiencing reductions in employment was over 40%, ranging from 29% for people 65 and older to 58% for people ages 35-44.

Figure 1. Household Either Lost or Reduced Employment due to COVID-19, by Demographic Group



RECEIVING MEDICAL, BEHAVIORAL HEALTH, AND DENTAL CARE SERVICES

The delivery of medical, behavioral health, and dental care services has shifted dramatically during the pandemic. In order to limit the spread of disease and conserve personal protective equipment for the health care workforce, many non-essential health and dental services were cancelled, postponed, or changed to a virtual visit. For this survey, respondents were asked about changes to their appointments, including those that were moved to the phone, smartphone, or computer, also known as telehealth or telemedicine. Among the survey respondents, 59% had a medical appointment cancelled, 8% had a behavioral health appointment cancelled, and 48% had a dental appointment cancelled. Over 20% opted not to go to a medical appointment.

Table 3. Changes in Appointments due to COVID-19, NH Adults

	Percent (N)
Medical Appointment Cancelled	58.9 (680)
Behavioral Health Appointment Cancelled	8.4 (97)
Dental Appointment Cancelled	47.7 (551)
Opted Not to Go to a Medical Appointment	20.5 (236)

One major shift in accessing health care services was moving care delivery to telehealth. Among survey respondents, 37% had a medical appointment moved to telehealth. Almost 17% had a behavioral health appointment moved to telehealth.

Table 4. Appointments moved to Telehealth due to COVID-19, NH Adults

	Percent (N)
Medical Appointment Moved to Telehealth	37.2 (430)
Behavioral Health Appointment Moved to Telehealth	16.8 (194)

People in all demographic groups had medical appointments moved to telehealth. The percentage of people within each group that had appointments moved to telehealth ranged from 29% to 51%. See Figure 2.

Of these changed appointments, behavioral health telehealth visits were less common than medical ones; however, people in all demographic groups had behavioral health appointments moved to telehealth. The percentage of people within each group that had behavioral health appointments moved to telehealth ranged from 4% to 29%. See Figure 3.

Figure 2. Medical Appointment Moved to Telehealth, by Demographic Group

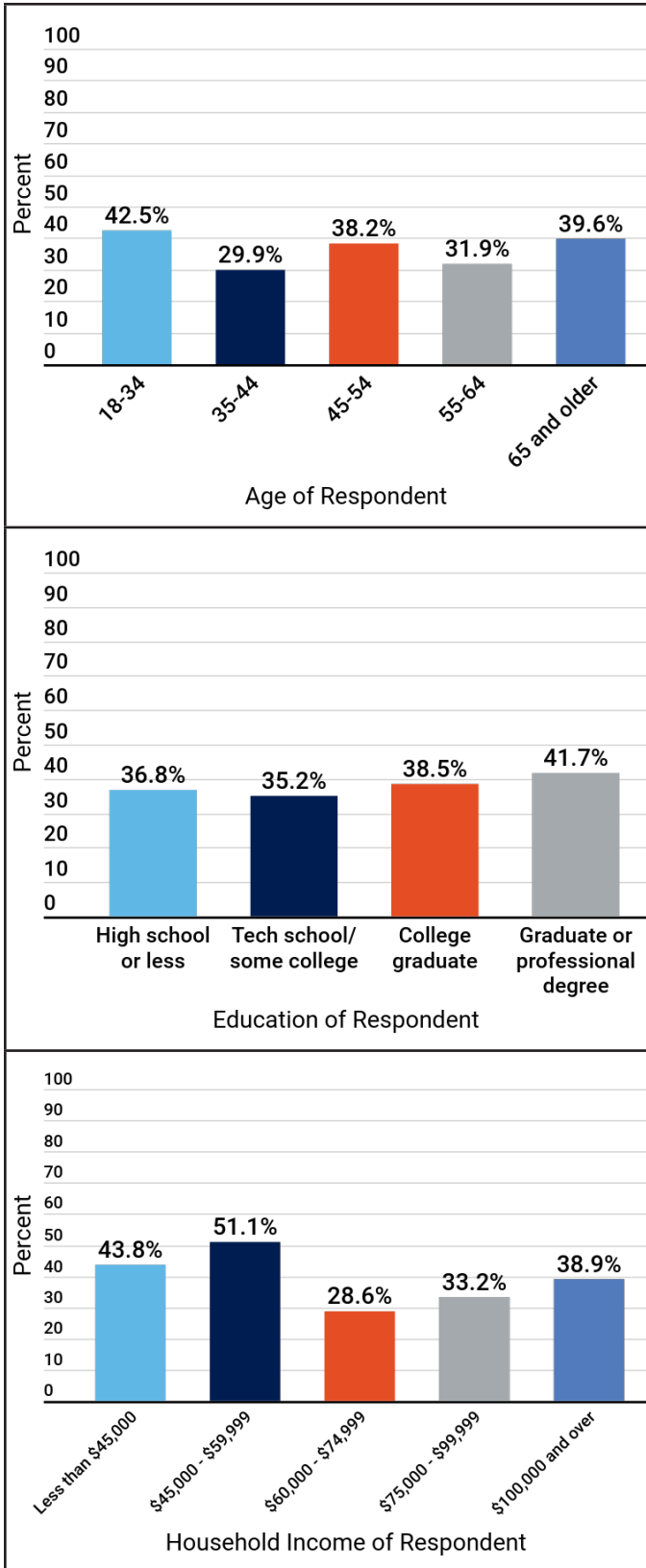
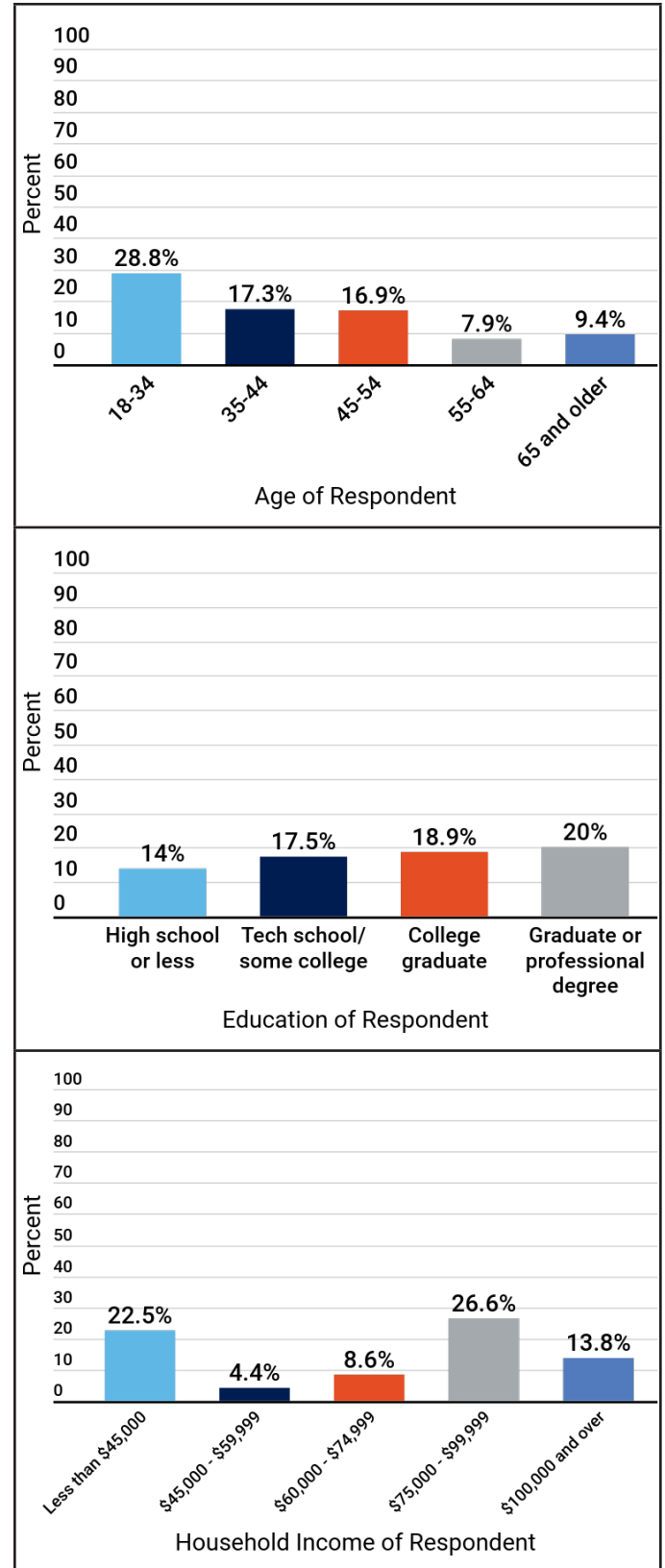


Figure 3. Behavioral Health Appointment Moved to Telehealth, by Demographic Group



FUTURE IMPACTS OF COVID-19

Looking ahead, COVID-19 may continue to have impacts on health, jobs, income, and other aspects of life. Over 20% to almost 50% of respondents think their life will change in a major way over the next year. Across all demographic groups, 13% to 30% think their life will be impacted in a “very major way.” Across all demographic groups, 22% to 47% think their life will be impacted in a “fairly major way” and 2% to 14% think that their life will not change in any way.

Table 5. Impacts on Daily Life due to COVID-19, by Demographic

Looking ahead to a year from now, what, if any, impact do you believe the coronavirus will have had on you and your family's day to day life?					
	Very Major Way	Fairly Major Way	Only a Small Way	Not Change Life in Any Way	Unsure
	Percent (N)	Percent (N)	Percent (N)	Percent (N)	Percent (N)
Age of Respondent					
18-34	17.7 (54)	21.6 (66)	34.8 (106)	6.2 (19)	19.7 (60)
35-44	12.6 (21)	47.3 (79)	28.1 (47)	7.2 (12)	4.8 (8)
45-54	23.3 (51)	32.4 (71)	33.3 (73)	5.5 (12)	5.5 (12)
55-64	16.7 (36)	38.9 (84)	31.5 (68)	4.6 (10)	8.3 (18)
65 and older	12.8 (30)	44.7 (105)	27.2 (64)	2.6 (6)	12.8 (30)
Education of Respondent					
High school or less	15.7 (65)	32.1 (133)	34.3 (142)	4.3 (18)	13.5 (56)
Tech school/Some college	17.9 (64)	32.2 (115)	31.4 (112)	7.8 (28)	10.6 (38)
College graduate	13.0 (31)	42.9 (102)	31.5 (75)	3.4 (8)	9.2 (22)
Graduate or professional degree	22.8 (33)	42.1 (61)	22.8 (33)	4.1 (6)	8.3 (12)
Household Income					
Less than \$45,000	11.2 (28)	39.4 (98)	27.3 (68)	2.4 (6)	19.7 (49)
\$45,000 - \$59,999	29.7 (27)	33.0 (30)	25.3 (23)	5.5 (5)	6.6 (6)
\$60,000 - \$74,999	15.1 (16)	45.3 (48)	26.4 (28)	7.5 (8)	5.7 (6)
\$75,000 - \$99,999	12.7 (29)	28.4 (65)	33.6 (77)	14.4 (33)	10.9 (25)
\$100,000 and over	23.2 (47)	40.4 (82)	26.6 (54)	3.0 (6)	6.9 (14)

SUMMARY

COVID-19 had a broad range of impacts on NH adults. This survey focused on some of the activities that changed in New Hampshire in the first few months of the COVID-19 state of emergency. Future research will focus on how these impacts change over time.

¹ <https://www.nh.gov/covid19/news/emergency-orders.htm>

² <https://www.governor.nh.gov/sites/g/files/ehbemt336/files/documents/emergency-order-17.pdf>

³ <https://www.nhes.nh.gov/>

APPENDIX: GRANITE STATE PANEL SURVEY RESPONDENT DEMOGRAPHICS

Demographics		
	Frequency	Percent
Age of Respondent		
18-34	306	26.5
35-44	167	14.5
45-54	219	19.0
55-64	216	18.7
65 and older	234	20.3
NA	12	1.0
Adults in Household		
One	140	12.2
Two	707	61.2
Three or more	274	23.7
NA	34	2.9
Children in Household		
No Children	765	66.2
Children in Household	363	31.5
NA	27	2.3
Education of Respondent		
High school or less	414	35.8
Tech school/Some college	355	30.7
College graduate	238	20.6
Graduate or professional degree	145	12.5
NA	3	0.3
Marital Status		
Married	751	65.0
Divorced/Separated	154	13.3
Never married	247	21.4
NA	3	0.3
Employment Status		
Employed Full Time	581	50.3
Employed Part Time	129	11.2
Retired/Not Working	317	27.4
Unemployed	58	5.0
Student	52	4.5
NA	18	1.6

Demographics		
	Frequency	Percent
Household Income		
Less than \$45,000	249	21.6
\$45,000 - \$59,999	90	7.8
\$60,000 - \$74,999	105	9.1
\$75,000 - \$99,999	229	19.8
\$100,000 and over	204	17.6
NA	102	8.8
County		
Belknap	43	3.7
Carroll	42	3.7
Cheshire	67	5.8
Coos	28	2.4
Grafton	80	7.0
Hillsborough	344	29.7
Merrimack	137	11.9
Rockingham	235	20.3
Strafford	135	11.7
Sullivan	37	3.2
NA	6	0.6

Authors

Jo Porter, MPH; Director, IHPP

Amy Costello, MPH; Director, Health Analytics and Informatics, IHPP

Lucy Hodder, JD; Director, Health Law and Policy, IHPP and UNH Franklin Pierce School of Law

Work was supported by Kelly Dixon, student, UNH Department of Psychology and Bridget Drake, Sr. Program Support Assistant, IHPP.



Data Source: UNH Survey Center, Granite State Panel, including COVID-19 questions developed by IHPP. More information here: <https://cola.unh.edu/unh-survey-center/projects/granite-state-panel>.

Funding is provided by:

