New Hampshire Commission on Aging

2024

ANNUAL REPORT



Prepared for:

Honorable Chris Sununu, Governor
Honorable Sherman Packard, Speaker of the House
Honorable Jeb Bradley, President of the Senate
Honorable Kenneth Weyler, Chair of House Finance Committee
Honorable Wayne MacDonald, Chair of Health, Human Service and Elderly Affairs Committee
Honorable James Gray, Chair of Senate Finance Committee
Honorable Regina Birdsell, Chair of Senate Health & Human Services Committee
Honorable Paul Smith, House Clerk
Honorable Tammy Wright, Senate Clerk

Submitted by:

Susan Ruka
Commission Chair

Rebecca Sky
Executive Director

MESSAGE FROM THE CHAIR & EXECUTIVE DIRECTOR

The aging of New Hampshire is not a crisis, but an enormous opportunity. Older adults are healthier, better educated, and more productive than ever.

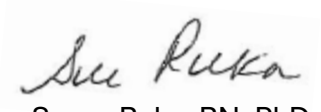
The aging of New Hampshire is an ongoing demographic trend. In 2023, 20.8% of New Hampshire residents were aged 65 or older. It's expected that by 2030 the percentage will increase to 27%. This demographic shift is happening fast. An August 2024 New Hampshire Fiscal Policy Institute report suggests New Hampshire's population is aging faster compared to the nation overall. By 2030, the number of adults over age 65 in the state is expected to be larger than the number of children, according to the New Hampshire Department of Business and Economic Affairs.

Yet 2030 is not the end to this trend. Demographics are driven by births, deaths, in-migration and out-migration. People are having fewer children, living longer lives. And in-migration, primarily by working aged people and a source of growth to New Hampshire's population, likely won't be enough to offset the aging of New Hampshire. Our longer lives are driven by improvements to public health and health care, access to healthier foods, economic growth, better housing and many other dividends of modern life.

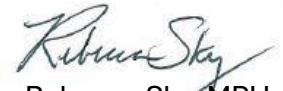
Our longer, healthier lives provide the potential for:

- **More productive years** to either work or volunteer, providing a sense of purpose and connection to others, and an opportunity to build more financial security;
- **More time for personal growth** – introspection leading to emotional maturity, self-regulation, and resilience;
- **More time for family and community** – contributing to each other's lives;
- **More time to accomplish goals** – individual and in partnership with others – whether they are for learning, adventure and exploration, or bettering our communities.

It's time to start seeing New Hampshire's older adults as a valuable natural resource to our state. We can amplify the opportunity through reforming our systems of care, employment models, housing and transportation options, and harnessing the economic engine and talents of our increasingly capable older residents. **The Commission on Aging calls for policy leaders to think systemically and innovate to support productivity and engagement and the extension of resources over the course of longer lifespans.** Longer lives result in people living each stage and age differently than before. Adapting and modernizing our public policies, systems, and community environments will make New Hampshire an even better place to age.



Susan Ruka, RN, PhD
Chair



Rebecca Sky, MPH
Executive Director



TABLE OF CONTENTS

MESSAGE FROM THE CHAIR & EXECUTIVE DIRECTOR **3**

VISION, MISSION & VALUES **5**

COMMISSION MEMBERS **5**

COMMISSION ON AGING ACTIVITY **6**

2025 PRIORITIES **7**

Strengthen Systems of Care for Healthy Aging 8

Grow the Direct Care Workforce 11

Advance Age-Friendly Policies, Systems, & Environments 15

Develop a Multisector Plan for Aging: The AgeWellNH Plan 20

PRIORITY AREAS PROGRESS HIGHLIGHTS NOVEMBER 2023 TO NOVEMBER 2024 ..... **24**

APPENDICES **34**

Appendix A: *Governor Sununu Letter in Support of a NH Multisector Plan for Aging* 34

Appendix B: *The Case for Diversifying Funding for Long Term Services and Supports* 35

United States Long-Term Services and Supports Utilization Trends 35

Brief Summary of New Hampshire LTSS Funding 36

New Hampshire Enrollment Growth Projections 37

How Does New Hampshire Fund Medicaid Long-Term Services and Supports? 38

Other Findings Related to LTSS Spend of Note & Commission on Aging Recommendation 39

Appendix C: *New Hampshire Demographic Snapshot* 40



VISION, MISSION & VALUES

Our Vision

All people have the opportunity to thrive and be valued while growing older in New Hampshire.

Our Mission

To be a catalyst for change that values, serves, and celebrates people as they grow older.

Our Values

Forward Thinking – We anticipate the future and are creative and innovative finding new ways forward.

Collaboration – We embrace cooperation as complex issues require multiple perspectives for development of meaningful solutions and collective action.

Public Trust - We pursue common good in ways that are respectful, accountable, transparent, equitable, and worthy of trust.

Stewardship – We seek to maximize benefit from New Hampshire resources.

Expertise – We utilize the wealth of knowledge and skills available within our state agencies, businesses, and communities.

Opportunity – We strive to amend systematic patterns of disadvantage and marginalization so that all have the opportunity to thrive while growing older.

Engagement - We aim to leverage the talents and energy of older people in New Hampshire to create a better future.

COMMISSION MEMBERS

Governor Appointees
Susan Ruka, Chair
Laurie Duff, Vice Chair
Roxie Severance, Clerk
Beverly Bjorklund
Honorable Polly Campion
Suzanne Demers
Carissa Elphick
Margaret Franckhauser
Daniel Marcek
Doug McNutt
David Ross
Beth Quarm Todgham
Honorable Joanne Ward
Representative Lucy Weber

Designated Members
Senator William Gannon
Representative James MacKay
Representative Charles McMahon
Wendi Aultman, Department of Health and Human Services
Danielle Albert, Department of Labor
Richard Lavers, Department of Employment Security
Brandy Cassada, Department of Safety
Shelley Winters, Department of Transportation
Sunny Mulligan Shea, Office of the Attorney General
Jack Ruderman, NH Housing Finance Authority
Susan Buxton, Long Term Care Ombudsman

Executive Director
Rebecca Sky

COMMISSION ON AGING ACTIVITY

The Commission on Aging is organized to study issues through engaging a diversity of stakeholders. The Commission communicates its findings through this report, issue briefs, the *AgingMatters* newsletter, website and social media, testimony before the legislature, meetings with state agencies, and more.

Highlights (November 2023 – October 2024):

- Monthly Commission on Aging Meetings investigated issues of concern:

November 2023
System of Care for Healthy Aging Implementation
Direct Care Workforce Initiatives

January 2024
NH Office of Professional Licensure
Nursing Assistant Certification vs. Licensure
NH Older Adults Advocacy Organization's Priorities

February 2024
Alzheimer's Disease & Related Dementias and the NH Continuum of Care – Supports for the home and in the community, Medical Management & primary care, nursing facility-based care.

March 2024
Alzheimer's Disease & Related Dementias and the NH Continuum of Care – Lived Experience of person with early onset, Hospital Dementia Operational Plans, potential future of treatment options on the horizon.

April 2024
Intro to the Opportunity of a NH Multisector Plan for Aging

May 2024
Research and Innovation in Aging in NH

June 2024
NH Brain Health Awareness Campaign
Mobility Management Network
Introduction to Keep NH Moving Website
End of Session Legislative Review

August 2024
Long Term Care Summit: Barriers to Hospital Discharge, Financing Long Term Care, Overcoming Workforce Challenges,

September 2024
Long Term Care Summit Review of Findings
COA Annual Report Development

October 2024
Voting Rights and Access – NH Secretary of State's Office
Annual Report Approval

*Meeting Minutes are available on COA website.

- Convened monthly **COA Task Force Meetings** diving deeper into issue areas.
- Convened **COA State House Team Meetings** – weekly during the session, monthly throughout the year. Organized COA guidance to the legislature and governor based on Commission findings.
- Provided written **testimony submitted on 23+ unique bills** during 2023 session.
- **Older Adult Volunteer Awards** – A recognition program honoring the contributions of older adults to their communities. Annual ceremony held with the Governor's Office during Older Americans Month.
- **Spoke during and/or participated in 20+ various community engagement events.**
- Published *Aging Matters* a **monthly newsletter** for older adults providing information on public policy discussions, programs and services, and other news people can use. Distributed to over 1200+ community members, service providers, elected officials, and others. Subscribers increase monthly.
- **Social media** further supports messaging and outreach.
- Engaged and informed media outlets, resulting in **media coverage of issues impacting older people**.
- **Led New Hampshire's participation in a learning collaborative** with other states focused on best practices for developing state level **Multisector Plans for Aging.** Convened by the Center for Health Care Strategies.
- Completed **two competitive bidding processes to contract** for a transportation study, community engagement activities, and planning towards the future development of a Multisector Plan for Aging in New Hampshire.

Many positive and productive changes have occurred over the previous year. This report captures those changes and builds upon them, reviewing and updating the same four overarching priorities for the coming year to guide policy leaders towards a better future:

NH STATE COMMISSION ON AGING

2025 PRIORITIES

- **STRENGTHEN SYSTEMS OF CARE FOR HEALTHY AGING**
- **GROW THE DIRECT CARE WORKFORCE**
- **ADVANCE AGE-FRIENDLY POLICIES, SYSTEMS AND ENVIRONMENTS**
- **DEVELOP A MULTISECTOR PLAN FOR AGING**
  The AgeWellNH Plan

You will find descriptions of the four priority areas below, followed by detailed Next Steps -2024 Commission on Aging Recommendations. Progress on these priority areas made since last November are detailed in Appendices at the end of the report.

The content of this report is based upon this year's observations and learning and was approved at the October 2024 meeting of the Commission. Recognizing the imperative to make changes to public policies and more, the Commission on Aging was established in 2019 to advise the Governor and the General Court on policy and planning related to aging.

This report envisions a future where the resources for living well are there for all of us as we grow older. To sustain efforts to provide these resources, a change in perspective is needed. The aging of New Hampshire presents an enormous opportunity: older adults are healthier, better educated, and more productive than ever.

An older median-aged society can add value to *all* our lives if as a society we adapt to this changing reality.

Priority

STRENGTHEN SYSTEMS OF CARE FOR HEALTHY AGING

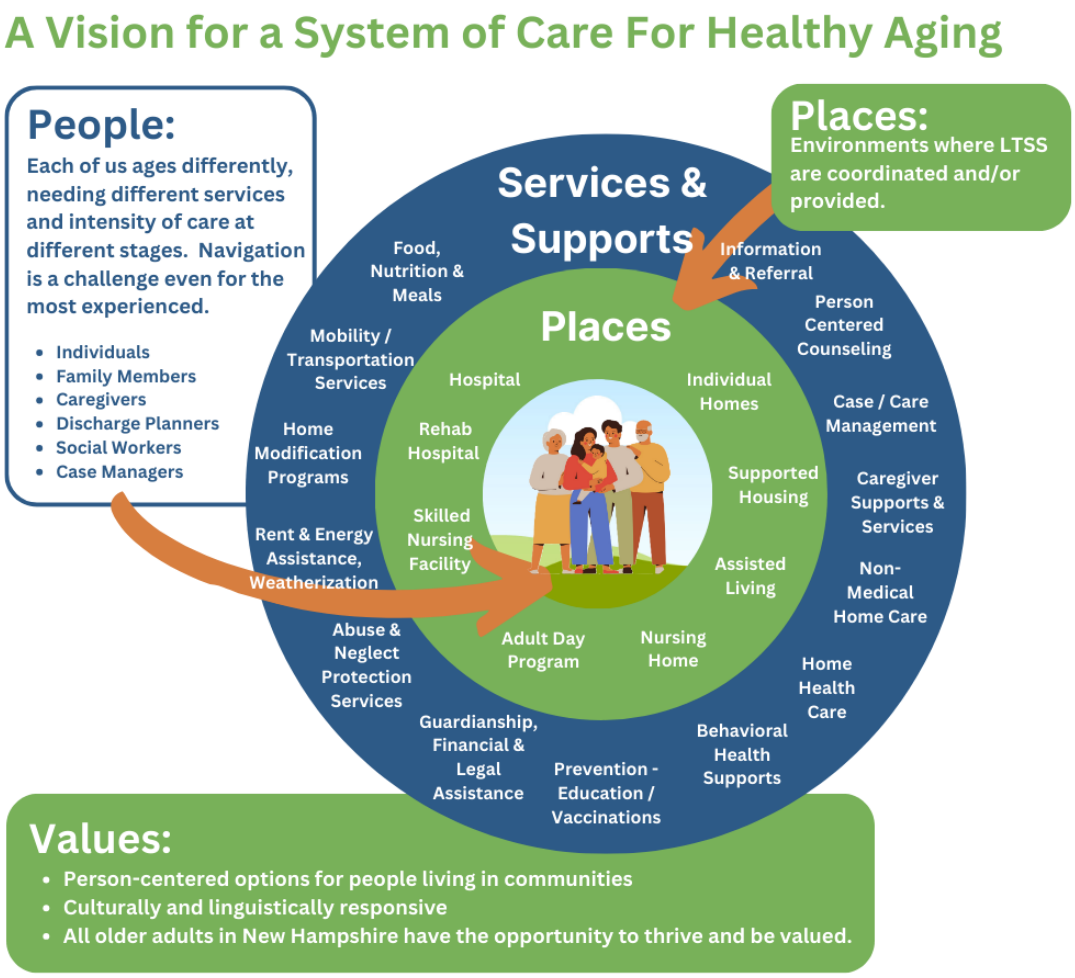
See Page 24 for progress on this priority in 2024

Long-term services and supports (LTSS) help individuals with their personal care needs (e.g., eating, bathing, and dressing), daily living needs (e.g., housework, meal preparation, and grocery shopping), and some basic medical needs. They are provided in nursing facilities, in the community via adult day programs, and in people's homes.

Recent changes to the system of care for healthy aging have been helpful towards shifting reliance on LTSS facility-based care, the most expensive setting for care, to more home- and community- based care. More planning is needed. (*See Appendix B for the case to diversify funding streams for LTSS.)*

Greater investment in prevention services that enable individuals and families to live longer in their communities such as housing modification, nutrition, and social connection are needed. Improving information, referral, and other navigation and care coordination supports for the public can avoid unnecessary hospitalizations. **Investing in programs and services that aim to keep people in their homes longer can improve quality of life while avoiding unnecessary spending.**

Significant legislation and initiatives by state agencies and local organizations have made progress on Strengthening Systems of Care in 2024. *(See pages 24 to 27 for more on these advances.)*



Next Steps

Strengthening Systems of Care for Healthy Aging

See Page 24 for progress on this priority in 2024

These recommendations support independence, choice, and cost-effectiveness of services

A. Oversee Robust Implementation of the System of Care for Healthy Aging

- Support accountability to implementation of the 2023 System of Care for Healthy Aging statute.
- Ensure full implementation of the Elderly Simplified Application Project for SNAP.

B. Continue to Develop the System of Care for Healthy Aging Infrastructure

- Adjust CFI rates on a biennial basis using data provided in the June 2024 CFI rate study. Approve NH DHHS Bureau of Adult and Aging Services Prioritized Needs request to increase appropriations in the Fiscal Year 2026/2027 by approximately $17 Million.
- Other considerations for the State Fiscal Year 2026/2027 Budget:
  - Increase funding for Person Centered Counseling Programs delivered through Aging and Disability Resource Centers (ADRC).
  - Increase funding for NH DHHS Home and Community Based Information and Technology System Enhancements and Maintenance.
  - Adequate funding for Medicaid CFI Presumptive Eligibility implementation.
  - Increase Medicaid Personal Needs Allowance for people living in nursing homes and assisted living facilities from the current $74 per month.
- Expedite access to durable medical goods via contracting for Medicaid pricing with providers.
- Increase investment into Medicaid and non-Medicaid home modification programs to enable people to remain independent, living in their homes for as long as possible.
- Make life safety and complaint inspection reports of assisted living facilities public in RSA 151.
- Set standards in statute for memory care to outline consumer disclosure, physical environment requirements including access to outdoors, care requirements including behavior management methods, staff ratios and training. Memory Care services are provided in nursing homes and assisted living facilities, but a regulatory vacuum exists. The Centers for Medicare and Medicaid Services (CMS) does not oversee assisted living facilities. New Hampshire does not set specific standards for licensing Assisted Living Memory Care, unlike 16 other states that do.
- Develop an ombudsman program for home- and community-based services.
- Assess the needs of family caregivers & strengthen services & supports in communities and workplaces. This includes investing in small community volunteer efforts.

- Assess provider network adequacy to identify service gaps - geographic distribution of safety net home- and community-based services as well as availability of appropriate facility settings for diverse populations. Populations to consider include but should not be limited to: people living with traumatic brain injury, people who need bariatrics, people living with mental health and/or substance use disorders, limited English proficiency individuals, the culturally Deaf community, LGBTQ+ individuals, homeless individuals.
- Consider adjustments to rates for services where there is a provider gap in the state (e.g., better supporting CFI in assisted living settings to sustain people in a lower level of care longer).
- Continue to implement policy and investment changes to lessen New Hampshire's reliance on LTSS facility-based care and shift to more home- and community-based care. *(See a fuller discussion of this issue, and New Hampshire's large gap in funding for community- or home-based support vs. facility-based care at Appendix B.)*
- Enhance state investments into core programs of the Older Americans Act - foundational elements of a LTSS system of care. This includes congregant meals and Meals on Wheels programs, transportation services, caregiver services, person centered counseling programs, evidence-based prevention programs, Adult Protective Services & Long-Term Care Ombudsman programs, and more.
- Expand enrollment in Medicare Savings plans by raising income eligibility, eliminating asset tests, & improving outreach.

C. *Improve resources for individual and families*

- Increase investments in the Aging and Disability Resource Centers (ADRCs), to improve capacity as a resource to all community members. (See budget considerations in section B above).
- Conduct a performance audit of ADRCs and evaluate for consistency across the state. Set meaningful performance standards with reportable metrics for ADRCs, including metrics to measure reach per capita aged 65+.
- Fund an ADRC Public Awareness Campaign.
- Develop more community-based support services for those affected by cognitive decline and their care partners.
- Improve dementia care by requiring continuing education for dementia care for primary care providers (screening, treating, and supporting people with Alzheimer's Disease and Related Dementias (ADRD)). Given the Alzheimer's Association's estimate of 10% of New Hampshire's adults over the age of 65 experiencing ADRD, this care cannot be in the realm of specialists alone. Current training of primary care physicians is limited – the example provided at a Commission on Aging meeting was four weeks of training in geriatrics and only one day on dementia care. Encourage the development of a NH Project ECHO for primary care providers focused on dementia screening, treatment and community resources.

D. *Invest in retaining and growing the direct care workforce*

- An adequate direct care workforce is essential. (See next section for recommendations.)

Priority

GROW THE DIRECT CARE WORKFORCE

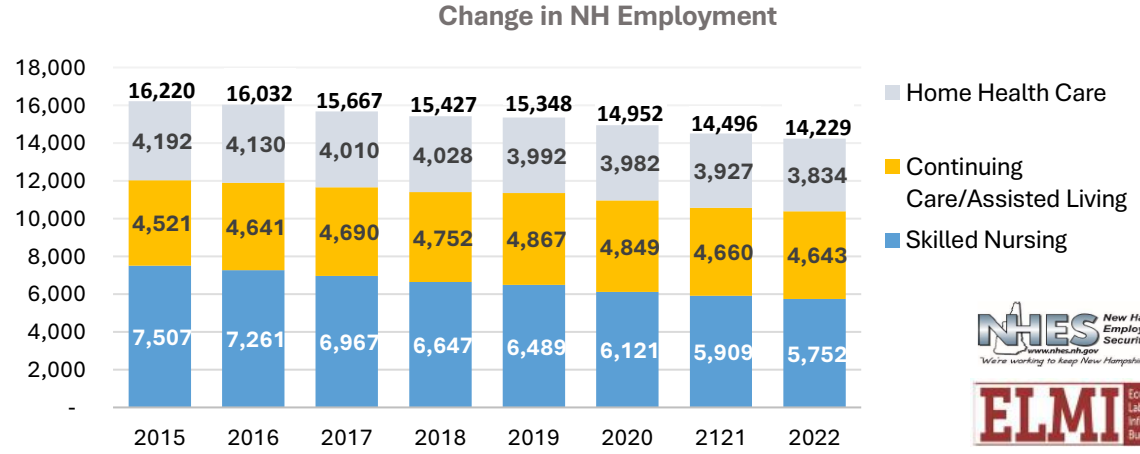
New Hampshire needs the direct care workforce to be available, qualified, and sustainable. Direct care workers typically spend more time with an individual than any other member of a support team. They can avert costly life changing events and sometimes make the difference between life and death. **Growing the direct care workforce is one of the most critical responsibilities facing our state.**

See Page28 for progress on this priority in 2024

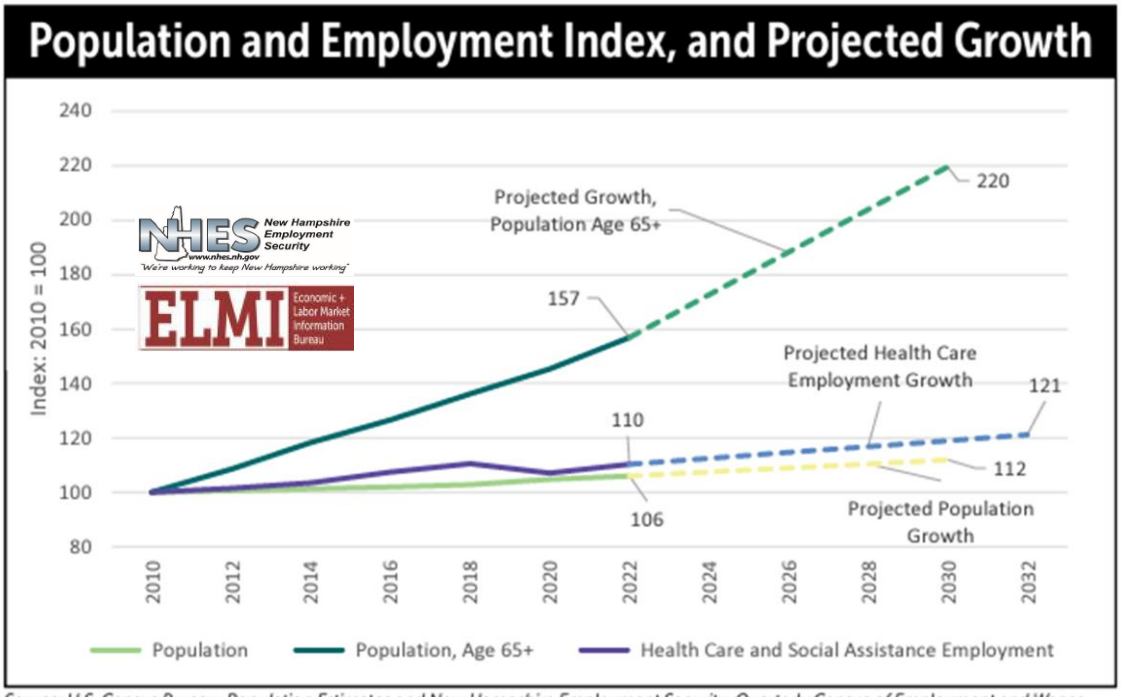
Direct care workers assist older adults and people with disabilities with daily tasks, from dressing, bathing, and eating; to basic clinical tasks. The work requires both physical stamina and compassion**. They are a vital link to maintain health, monitor for changes, prevent injury, and provide social interaction**. Direct care workers include personal care aides, home health aides, licensed nursing assistants (LNAs), community health workers, and nurses. Allied health professionals such as occupational therapy and physical therapy providers and speech-language pathologists also provide care in skilled nursing and assisted living facilities and in home care.

What is the shortage in New Hampshire? Data from NH Department of Employment Security indicates an overall decrease of 12% in the long-term care workforce and 23% specifically within the skilled nursing workforce from 2015 to 2022. According to the Workforce Data Center at PHI, using employment trends sourced from the Bureau of Labor Statistics, **NH will need approximately 24,400 more direct care workers than we currently have by 2028.** American Health Rankings 2024 Senior Report reports NH has 28 home health care workers per 1,000 adults age 65+ compared to a U.S. average ratio of 61 workers per 1,000.

Increased longevity, a rapidly aging population, untenable low wages, and a shrinking number of working age people make this issue a brewing storm. The pandemic made matters worse, increasing workplace stress and causing burnout. Meanwhile, less demanding entry-level jobs in other fields are paying more. **The healthcare workforce challenge is not a passing phenomenon.** It requires structural changes to reverse a trend that, left unaddressed, will result in unmet need and adverse health outcomes.



Overall employment in these healthcare settings fell 12% from 2015 to 2022, with the sharpest decline (23%) in skilled nursing facilities.



Source: U.S. Census Bureau, Population Estimates and New Hampshire Employment Security, Quarterly Census of Employment and Wages

The growth rate of the 65+ population will accelerate over the next decade, while healthcare/social assistance workforce will not keep pace.



Next Steps

See Page 28 for progress on this priority in 2024

Growing the Direct Care Workforce

A. Reduce Training, Licensing, and Regulatory Barriers.

- **Establish workforce development training units** that are recognized statewide by educators and employers enabling new entrants to the long-term services and supports field to easily gain skills and advance professionally. Training units should be stackable allowing students to progress easily into higher credentials in a variety of fields. Example of similar effort is the Tennessee's QUILTSS Institute.
- **Fund job coaches for new entrants to direct care jobs** to support the acquisition of training, navigate licensing, and obtain and manage the first year of employment. NH Needs Caregivers is an excellent example of this that could be restarted with funding.
- **Increase user-friendliness of licensed nursing assistant (LNA) licensing process**. Accelerate licensing processing time. Consider co-locating application and fingerprinting for background checks at competency testing locations.

B. Increase Support for Workforce Pipeline Initiatives

- Align health and long-term services and supports workforce programs to better to support each other. Designate a state agency lead for better coordination of the variety of federal and other funding opportunities available for state government workforce initiatives.
- Invest in existing proven programs:
  - Career and Technical Education programs,
  - Extended Learning Opportunity programs,
  - NH Career Academy,
  - Work-based learning programs: Work!,
  - ApprenticeshipNH,
  - Network4Health Workforce Development,
  - Dartmouth Health Rural Health Careers Grant Scholarships,
  - NH Area Health Education Centers,
  - NH Sector Partnership Initiative, and
  - NH Needs Caregivers.
- Leverage and maximize workforce funding to build impact, including 529 Scholarship Program funds to Workforce Innovations and Opportunity Act funds. Consider using Opioid Settlement funds to help people in recovery enter new careers.

Proven Workforce Initiative

The good news is that **New Hampshire Needs Caregivers** (NHNC) resulted in the recruitment of 769 Licensed Nursing Assistants (LNAs) over four years, ending in the summer of 2024. The bad news is that the program ended at the start of summer 2024 when its most recent grant, tied to federal pandemic funding, ran out.

Through social media and other means, NHNC encouraged people to consider becoming an LNA and then provided personal support for people responding to the inquiries from course enrollment through initial hire. Early on, the program also provided participating nursing home employers support to improve their retention strategies. An especially successful expansion of the program targeted high school students, providing tuition and licensing fees, resulted in 128 students obtaining LNA licenses. Nearly all of these participants remained active in the field two years later -- 90% were licensed, and 13 were enrolled in undergraduate nursing programs.

The program has proven an effective tool to grow the direct care workforce and merits funding.

C. *Implement a Media Campaign that Elevates the Social Value of Direct Care Workers*

A media campaign promoting direct care work could attract needed workers to the health care field. One example is Maine's "CaringforME.org" initiative. Currently, the Direct Care Workforce Council kickstarted by the New Hampshire Alliance for Healthy Aging, is serving as a platform that aims to elevate professional pride, provide an opportunity for professional networking, identify training and mentoring needs, and develop advocacy capacity for the direct care profession

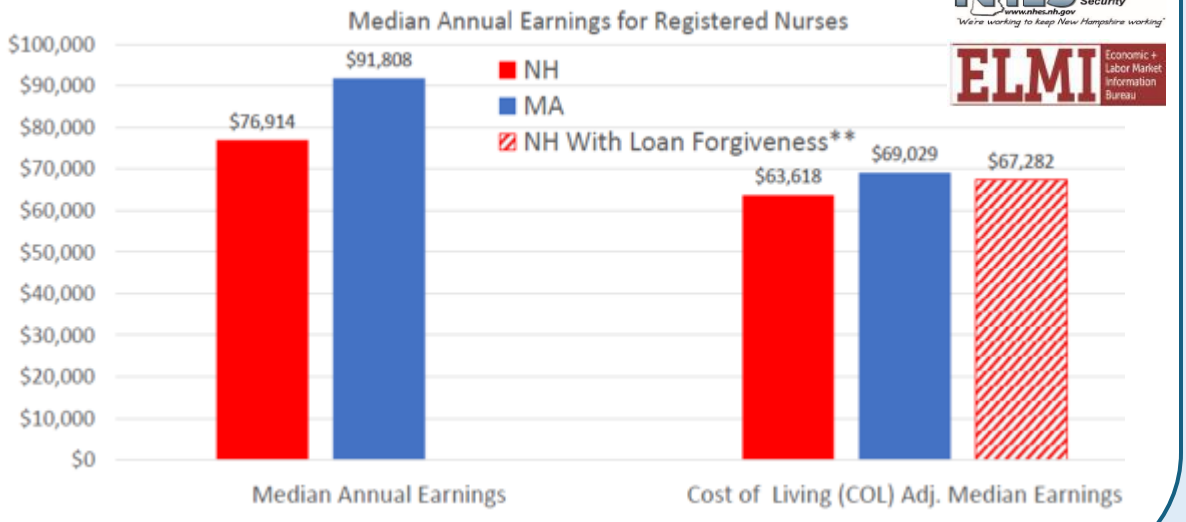
D. *Continue to Strengthen the Oversight of Staff Placement Agencies*

Staff placement agencies should be required to disclose all findings of criminal background checks and any license related settlement agreements in advance of placement. Currently findings are not consistently shared with Nursing Home Administrators.

E. *Increase Access to Affordable Housing, Transportation, and Childcare and Mitigate the Impact of Public Benefits Cliff Effect*

The low wages of many direct care workers - essential workers - will never be tenable in New Hampshire unless we improve affordability of housing, transportation options, and access to affordable childcare. Increasing the opportunity for financial security by increasing monthly childcare support for single mothers and decreasing state aid income restrictions for workers in high demand jobs will make a difference.

Loan Forgiveness Can Help Make Registered Nurse Wages in NH Competitive with Massachusetts Wages



Legislation passed last session (HB1585) boosted funding for student loan forgiveness for nurses and required NH HHS to develop a budget proposal to expand who could qualify for it. More loan forgiveness would be beneficial.

Priority

ADVANCE AGE FRIENDLY POLICIES, SYSTEMS, AND ENVIRONMENTS

See Page 31 for progress on this priority in 2024

Policies, systems, and environments supported by state government ideally reflect the community being served. As New Hampshire's population ages, state policies and practices should evolve to ensure all residents can thrive while growing older.

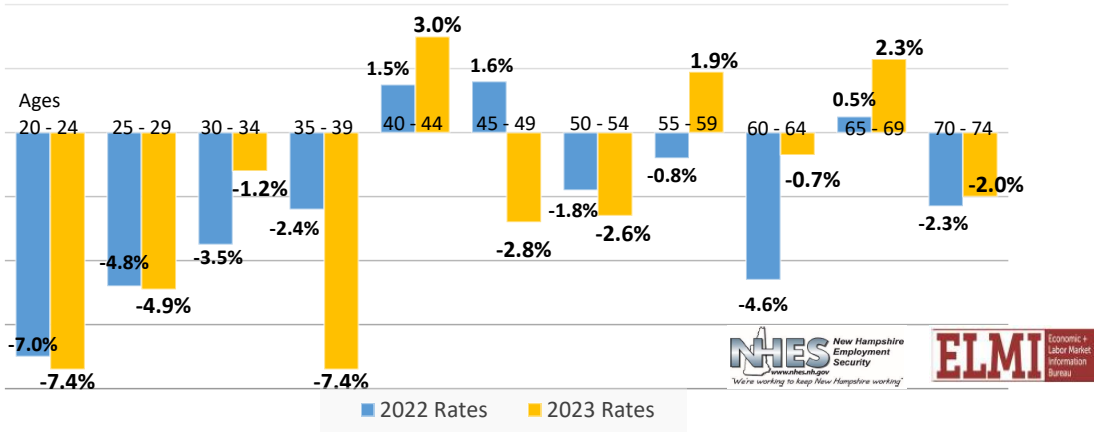
People on average are living longer and healthier lives. **The increase in our disability-free years equates to an increase in our potential productive years. This is referred to as the "longevity dividend".** This "dividend" holds the promise of more years of economic contribution. The "**longevity economy**" refers to the sum of all economic activity driven by the contributions and needs of people aged 50 and older. Fully realizing the potential of the longevity dividend and the longevity economy benefits requires purposeful action. Adopting more flexible age norms in relation to work, retirement, family structure, and civic engagement will optimize social and economic benefits for all.

The flip side of the longevity dividend is the need for our economic and social structure to support financial stability for increased life expectancy. Retiring at 65 once the norm is not a luxury that many can afford. One trend to watch is the increase in poverty among older adults. Between 2016 and 2022, poverty in New Hampshire for people age 65+ increased from 4.6% to 7.9%. (American's Health Rankings 2024 Senior Report)

The Commission on Aging advocates for **age-friendly workplaces**, noting strong workforce participation by older workers despite age discrimination. In September 2023, 26.9% of jobseekers 55+ were long term unemployed, compared to 19.2% of those aged 16 to 54. (AARP) See chart below which identifies growing workforce participation by older adults.

Improvement to the NH Labor Force Participation is Mixed, with the Biggest Gains Among Older Workers

% Change in NH's Labor Force Participation Rates from Pre-COVID Rates



Longevity-ready infrastructure includes affordable aging-ready housing and transportation options. It also means accessible community design in public spaces from public auditoriums, to parks, to sidewalks and store entrances.

Aging-Ready Housing is defined by the US Census Bureau as having a step-free entryway and a bedroom and bathroom on the first floor. According to an October 2023 US Census report, New England has the smallest share of Aging-Ready homes in the United States at 19.6% of existing homes. Strategies that make the most of current housing such as house modification programs are also beneficial. Affordability is of concern for older residents. According to America's Health Rankings 2024 Senior Report, 38.8% of households with adults age 65+ experience housing cost burden compared to the national average of 33.1%. Housing cost burden is defined as housing costs 30% or more of household income.

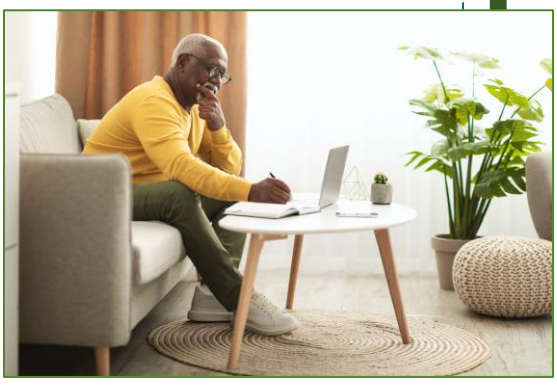
Personal mobility to access one's community is necessary for human thriving. **Transportation strategies are needed to support us to maintain our independence as we age.** Such strategies include increased awareness and coordination of transportation options; supporting the transition of drivers to becoming retired drivers/riders of transportation alternatives; and creating streets that are suitable for drivers, cyclists and walkers. Greater investment and coordination of funding based on a soon-to-be conducted study of needs and gaps will also greatly improve communities across the state.

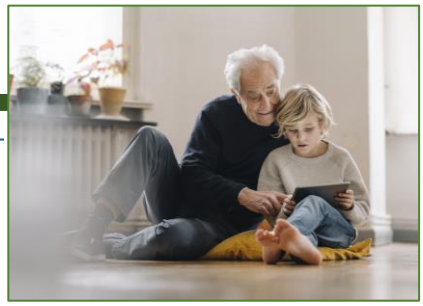
Digital equity is part of accessible community design. It is the idea that everyone should have access to information and communication technologies to participate in society. **Expanding digital equity requires addressing the availability and affordability of internet and associated technologies and support for safe and meaningful adoption**.

Expanding access to AgeTech, such as smart home technology, wearable devices like smart watches, telemedicine tools, social engagement caregiving support robots, and other AI and digital solutions that support instrumental activities for daily living. AgeTech encompasses technology solutions that support activities of daily living and healthcare needs of older adults and enable people to live at home on their own longer.

Additional focus areas include **age-friendly education opportunities**, **elder exploitation prevention**, and attending to inequalities over the life course. Disadvantage accumulates and compounds over a lifetime.







Next Steps

Advancing Age-Friendly Policies, Systems, and Environments

See Page 31 for progress on this priority in 2024

A. Workplaces

- Modernize New Hampshire's workplaces by encouraging the adoption of practices that make workplaces productive for people of all ages. Measures include: removing mandatory retirement ages, increasing flexibilities in scheduling, offering remote work, redesigning workloads, job sharing, and work intervals (moving into and out of and back into jobs). Paid family leave and employee assistance programs can help sustain caregiving and keep valuable employees in the workforce. Create pre-retirement programs and pathways for retired workers to return to the workplace. Address ageism that impacts young and older workers in the hiring, training, and retention of workers.

B. Housing Policy

- Confront housing instability by adopting innovative housing policies or demonstration projects that can add affordable, accessible (aging ready) intergenerational housing options for older adults & the workforce. Examples include **Homeshare** programs that often match older householders with young renters exchanging lower rents for household chores with both gaining from intergenerational companionship. Strengthen the Housing Champion Certification Program to support innovative housing policies in our communities.

According to the 2023 NH Statewide Housing Needs Assessment, a "2022 Residential Rental Cost Survey reported an overall rental vacancy rate of 0.5% — far too low to support a functional market. This means that if 10% of the state's lower-income renters wanted to move—about 7,400 renters—they would have about 350 units from which to choose without overpaying. These renters would have about a 5% chance of finding an affordable, vacant unit."

- Expand efforts to layer services over existing housing. Track and report data on effect of congregant housing funding in fiscal year 2024-2025 to the NH Commission on Aging and the House Health, Human Services & Elderly Affairs Committee.
- Consider zoning changes that support affordability: expand accessory dwelling unit options, duplex by right on town water/sewer, inclusionary zoning, increasing the number of years affordable housing remains below market rates.
- Protect the rights of tenants ensuring fair notice prior to eviction. Protect older adults living on fixed incomes who are struggling in the current rental market. Relying heavily on Social Security, they are often priced out of housing at a rate higher that of the general population. Those with mobility issues face increased hurdles.
- Protect homeowners from unfair predatory real estate agreements that offer small, upfront cash payments for exclusive right to sell the property into the future.

C. *Transportation Policy*

- Use findings of the Commission on Aging Assessment of Community Transportation Needs of Older Adults, Veterans, and People Living with Disabilities to guide future planning & investments across agencies.
- Support development & tracking of performance metrics for the statewide mobility management network to prove its effectiveness.

D. *Digital Equity, Expanding Age-Tech, Supporting Research and Innovation*

- Support expansion of high-speed broadband, public policy supporting telehealth, and investment into technology, goods and services which are the basis for healthy living and aging. The goal of digital equity investments aimed at older adults should increase availability, affordability, in-home hardware support, and general education on use. Specific funding opportunities should be targeted for programs available for older people to address social isolation, social engagement, lifelong learning.
- Support research into better long-term services and support delivery, improved access to quality healthcare, and age-tech.
- Promote research and innovation in our state that addresses the needs of older adults and improves our communities.
    - Specifically, support pilot projects with partners in the emerging health care sector that use New Hampshire communities as manageable ecosystems for trials of new technologies and learning around effective uses.
    - Reach beyond our state borders to find health care partners who can benefit from small scale pilot programs and potentially see New Hampshire as a state to expand their operations.

E. *Increasing Civic Engagement & Decreasing Social Isolation*

- Acknowledge that New Hampshire's population is aging and that all of us must confront age bias as it negatively impacts social, employment, economic, and political spheres in NH.
- Invest in social infrastructure such as community transportation, social programming, education offerings, supports for volunteers, and accessible physical gathering spaces. Enhance digital equity and expand information dissemination. Provide funds to pilot small-group approaches that might appeal to those challenged by larger groups or meeting new people.
- Adopt inclusive policies enabling remote participation in all public meetings and expanding the definition of a quorum to include remote participants to grow the pool of candidates for public service.
- Increase efficiency and decrease cost of criminal background check processes for volunteers.
- Amend the statute that defines the Commission on Aging (Chapter 19:P) to extend the term of a member of the Commission on Aging appointed by the governor to three years.

New Hampshire 2024 Civic Health Report
Key Finding

New Hampshire residents feel that they matter less to their communities and are engaging less with others. Mattering fell by more than 30 percentage points since 2019, from 76 percent to 43 percent. The share of residents across New Hampshire who do favors for neighbors fell by half, to a low of 5 percent.

- UNH Carsey Institute of Public Policy

F. Age-friendly State & Community Activities

- Support state agencies to assess their responsiveness to New Hampshire's growing older population. Assessments could review resource allocation, review of service delivery models, communications and messaging (including photographic representation on websites), multigenerational workforce policies and practices, and staff training on interacting with older populations.
- Promote interactions within regions, towns, organizations, and service providers with a goal of moving towards an age-friendly ecosystem improving livability for people of all ages and local economies which leverage the "longevity economy".



Photo Credit: Gibson Center for Senior Services, Inc.

Priority

DEVELOP A MULTISECTOR PLAN FOR AGING

The AgeWellNH Plan

AgeWellNH

CREATING A LONGEVITY-READY NEW HAMPSHIRE - FOR ALL OF US

A multisector plan for aging, referred to as the AgeWellNH plan, can help our state forge consensus on crucial solutions.

People are living longer, healthier lives. This is good for all of us, but it changes the nature of our communities, creating a need to modernize our public policies, systems, and community environments to better respond to our population. Often **policies that improve the lives of older adults create better places to live for people of any age.**

Many states are developing decade-long visions to address the opportunities and challenges of an aging population. **These Multisector Plans for Aging are typically initiated by governors via executive orders or state legislatures via passed legislation,** in the recognition of the need for strategic foresight led by state leaders.

While priorities vary by state, common themes include systems of care financing (See Appendix B), housing, transportation, workforce, and economic opportunities. These plans build on existing plans and initiatives, strengthening them by highlighting shared goals and synergies.

What distinguishes the Multisector Plan for Aging process is that planning is done by top policymakers with community input. The resulting blueprint guides policy choices and investments across sectors, prioritizing needs, recommending restructuring, and coordinating systems to optimize resources and enhance quality of life as people age.

Developing the AgeWellNH Plan is New Hampshire's chance to shape its future innovatively, supporting meaningful living at any age while preserving individual freedoms.

What are the goals for an AgeWellNH Plan?

- **A 10-year blueprint for restructuring state policies across sectors to address the needs of an older aged population.**
- A unified vision that promotes healthy aging, independent living, and social engagement, tackling issues of transportation, housing, affording aging and more.
- Builds on priorities & goals of the Governor, Legislature, State Agencies and develops a consensus.
- Reflects extensive input from the community.
- Considers systemic inequities that lead to avoidable disparities in aging.
- Guides policies, programs, and funding.

What Issues Might an AgeWellNH Plan Address?

All levels of government honoring their commitments to older people and their families

- Economic, Civic, and Social Vibrancy
- Age-Ready Affordable Housing Utilizing Barrier Free Design
- Affordable Rent for People on Fixed Incomes
- Development of HomeShare Programs
- Direct Care Workforce Development
- Support for Caregivers (Care Partners)
- Financial Planning for a Sustainable System of Care for Healthy Aging
- Long-Term Services and Supports Provider Network Adequacy
- Broadband Access and Digital Equity
- Changing the Aging Narrative – Disrupting Ageism
- Social Isolation Prevention
- Improving Transportation and Mobility Options

AgeWellNH: Laying the Foundation for an Ambitious, Inclusive, Long-Range Plan

Starting in 2023, several New Hampshire organizations and leaders began laying the foundation for the creation of a New Hampshire Multisector Plan for Aging. The Commission on Aging applied in the spring of 2023 on behalf of the State to participate in a 10-state national learning collaborative on Multisector Plans for Aging, which provided numerous insights and best practices. The timeline below highlights steps taken toward making AgeWellNH a reality:

AgeWellNH CREATING A LONGEVITY READY NEW HAMPSHIRE

Timeline

June '23	Aug '23	Nov '23	Dec '23	Jan/Feb '24	March '24	June - Sept '24
• Accepted into Healthcare Strategies Multisector Plan for Aging Learning Collaborative • COA Partnered with 5 additional organizations to form MPA Learning Team / Facilitators Team	• Learning Collaborative Start • Introduced the idea of a Multisector Plan for Aging (MPA) to 150+ attendees at 1st Annual NH Long Term Care Summit. Guest presenters from MA & VT.	• Two Members of NH Team attend Learning Collaborative in-person summit that convened people from 20 states. • Potential for Executive Order explored with Governor's Policy Director	• Developed presentation "Why NH Needs a MPA &What it Might Do for Us" • Delivered Presentation to a first audience at the NH Alliance for Healthy Aging Quarterly Meeting	• Continued to Deliver presentation in one-on-one sessions and larger sessions to engage new audiences • Branded AgeWellNH based on input from *Aging Matters* readers.	• Received approval to use ARPA / SFRF funds to conduct Community Transportation Needs Assessment & MPA Engagement & Planning Activities	• June - Posted RFP for two contracts • August – Scored Proposals • September – Contracted with vendors

The following is a short list of the early adopters who are spearheading what will be a broad community and policy leader engagement process:

The AgeWellNH Plan Movement – In NH

Organizations fostering the development of the AgeWellNH Plan

NHAHA NEW HAMPSHIRE ALLIANCE FOR HEALTHY AGING

newfutures SOLVING PROBLEMS THROUGH POLICY CHANGE

AARP

GCD NH Governor's Commission on Disability

ALZHEIMER'S ASSOCIATION

NH Department of Health & Human Services

New Hampshire State Commission on Aging

Next Steps

Developing a Multisector Plan for Aging

A. Build Awareness and Conduct Community Engagement

The New Hampshire State Commission on Aging and other organizations fostering the development of the AgeWellNH plan shall lead this work to engage a broad audience – residents young and older, community groups, libraries, businesses, associations, towns, counties, and others – to build momentum towards creating a plan and to gather input to inform the plan. Raising awareness, providing opportunities for public and policy maker input on priorities, engaging champions on key issues, and leveraging public and private resources will drive plan development.

B. Call for an Executive Order for a New Hampshire Multisector Plan for Aging

Action by the Governor directing the creation of an AgeWellNH Plan will unite state agencies, engage businesses, and demonstrate commitment to the endeavor.

Multisector Plans for Aging

- **Strong tool for states to build consensus**
- **Aligns priorities and breaks down silos across state leadership (public & private)**

C. Engage State Legislators to Actively Participate in Creating the AgeWellNH Plan

Legislators who ask their constituents, **"What would make the Granite State an even better place to age?"** will:

- be more informed on the challenges and opportunities related to aging in New Hampshire,
- be more prepared to shape plan strategies, and will
- build the needed consensus for effective implementation.

D. Secure State Agency Commitment to Identify Agency Priorities

Ideally, each state agency shall establish one to three priorities to enhance their services for older residents.

E. Develop Concrete Policy Recommendations - an AgeWellNH Plan

Desired outcomes of the planning process will be a 10-year vision for change with two-year actionable (yet modifiable) objectives to make New Hampshire an even better place to age.

PRIORITY AREA PROGRESS HIGHLIGHTS NOVEMBER 2023 TO NOVEMBER 2024

Progress Highlights: *Strengthening Systems of Care for Healthy Aging*

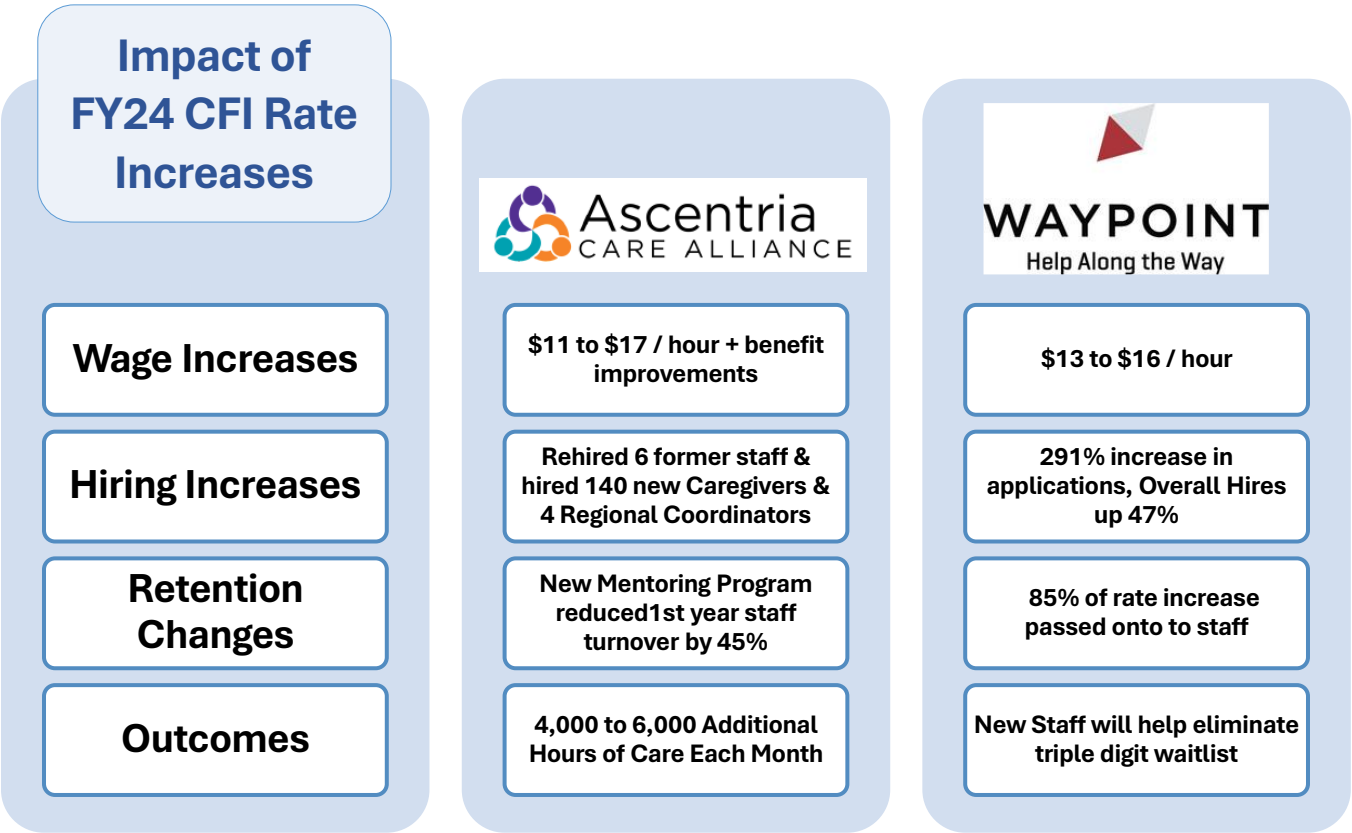
- **FY 24/25 State Budget made investments into a System of Care for Healthy Aging** - House Bill 2 (79:567)
    - The aim is to create and expand capacity:
        - Expedite and improve access to home and community based services,
        - Use data to inform system and service delivery, including future investments,
        - Improve coordination,
        - Support meaningful choice in care options.
    - Publicly available information, reports (including an annual report), and eventually a performance dashboard on New Hampshire's System of Care for Health Aging are available here: https://www.dhhs.nh.gov/programs-services/adult-aging-care/system-care-healthy-aging.
- **FY 24/25 State Budget increased appropriations for Medicaid Nursing Facilities & CFI Waiver program, called for a CFI rate study, and supports ongoing efforts to keep rates aligned with inflation.** HB 2 (79:220, 238-241)

SYSTEMS OF CARE FOR HEALTHY AGING
SNAPSHOT of progress October 2023 to October 2024:

- Implemented October & January Choice for Independence (CFI) Rate Increases
- Implemented Medicaid CFI Financial Eligibility Changes
- Amended Aging & Disability Resource Center (ARDC/ServiceLink) contracts
- Implemented Person-Centered Counseling Programs in ADRC's.
- Expanded who can be a provider of personal care
- Contracted for System of Care Planning & Reporting Consultant
- Completed CFI Rate Study
- Submitted CFI waiver request to CMS to implement presumptive eligibility
- In progress:
    - IT enhancements including online portal of available services
    - Public facing dashboard to track System of Care Performance
    - Updating He-E 801 CFI Rule and He-E 805 Case Management Rule
    - Stakeholder Engagement and Trainings

- CFI Rate Study completed by NH DHHS in June 2024: Recommends significant but necessary rate increases in the next state budget cycle.

- Two providers of Choices for Independence Waiver services who considered closing doors before the SFY 24/25 rate increase recently shared the positive impact of those rate increases:



- **Department of Health & Human Services New and Ongoing Initiatives Supporting System of Care for Healthy Aging**

  - **Long Term Services and Support Alternative Delivery Methods Feasibility Study** – Studying potential for a NH PACE Program (Program of All-Inclusive Care for the Elderly) or look-a-like.
  - **Federal Home & Community Based Services Reinvestment Funds –** Enabled IT enhancements.
  - **No Wrong Door Governance and Access Grant –** Federal funded grant aimed at improved family and care partner access to long-term services & supports and person-centered planning.
  - **Money Follows the Person Grant –** Federal funded grant should increase care transitions from institutional settings to home and community-based settings. The work includes a survey administered to Choices for Independence Program recipients based on National Core Indicators for Aging and Disabilities Services. MFP Operational Protocol Executive Summary.
  - **New Hampshire Care Connections**: DHHS is partnering with health care, human services providers, and community-based organizations to connect people to care through a closed loop referral system for people who have provided their informed consent per RSA 126-A:4. Since of April 2023, efforts have been focused on connecting people with behavioral health and

substance use disorders concerns to care. Future work will expand to other populations including older adults.

- **Medicaid Administrative Claiming Plan for Aging and Disability Resource Centers** – Seeking to diversify and grow funding for ADRCs that play a valuable role for so many NH families.
- **Brain Health Public Awareness Campaign –** FY24/25 State budget allocated funds for the campaign in part to increase screening and early detection and address stigma. Commission on Aging named as a partner in this work.
- **Direct Care Workforce Learning Collaborative** – Offered by Direct Care Workforce Strategies Center and focused on promising recruitment & retention strategies. Includes 70 hours of technical assistance for participating states & at least one change to a policy or program-related milestone.
- **New Hampshire State Plan on Aging -** Released in September 2023, the four-year State Plan on Aging outlines strategies and approaches to policymaking, service delivery, and investments that further advance the system of care for healthy aging in the state. Nationally, State Plans on Aging direct federal Older Americans Act program spending, though New Hampshire's is more expansive.
- **NH DHHS 2024 Roadmap –** Outlines the Department's strategic framework for action over the 2025 fiscal year towards a "stronger, more robust health and human services landscape in NH." Includes targets to increase the percent of people receiving home and community-based services (HCBS) instead of care in a nursing facility by 3% from 50% in May 2024 to 53% in May 2025.
- **Bureau of Elderly and Adult Services Name Change** – "Bureau of Adult and Aging Services" is age friendly and aligns with the overall vision, goals, objectives and strategies set forth in the current State Plan on Aging.

> *"We have been steadily moving away from the stereotypical term 'elderly' when we talk about older adults. We are all aging every day, and this name change reflects the Bureau and Department's commitment to understanding, serving, supporting, and celebrating people as they age. Our new name demonstrates respect for and value of all adults across New Hampshire."*
>
> *- Bureau of Adult and Aging Services Bureau Chief Wendi Aultman*

- **2024 Legislative Action advancing the System of Care for Healthy Aging**

  - **Reimbursement for non-transport emergency medical services.** HB 1568 Upon CMS waiver approval, non-transport emergency medical service calls (911) will be reimbursable. It is optimal to avoid transporting people unnecessarily to hospital emergency departments as that can lead to hospital admissions, deteriorating health, and a start on the path to long term care facility placement. The condition of the patient, not reimbursement should drive EMS decisions to transport.
  - **Implementation of Supplemental Nutrition Assistance Program (SNAP) Elderly Simplified Application Project.** SB 499 directs DHHS to simplify applications to SNAP for older adults, following national guidelines set forth in the Elderly Simplified Application Project (ESAP). Older adults remain the population group least likely to be enrolled in SNAP. In FY2018, only 43% of older adults in NH who were eligible for SNAP participated. That is on par with the national average but is something many are working to address. SNAP provides for a single person anywhere from $23/month up to $291/month for food purchases. Two good resources for best practices of ESAP

implementation are from the Food Research and Action Center and the National Council on Aging. A simplified application process could:

- Lengthen the certification period (duration of eligibility) from the current 6 to 12 months up to 36 months. This makes sense for a population whose income is not likely to fluctuate.
- Remove the requirement for a full interview at every recertification, something that is a challenge for older adults who face transportation challenges.
- Remove some of the verification steps for older adults such as unearned income, residency, identity and shelter expenses. Much of this information is available from the social security data exchanges and other electronic sources.



***Progress Highlights**: Growing the Direct Care Workforce*

- **Workforce Growth**
  - NH Department of Employment Security data suggests that long term care employers were losing workers prior to the pandemic. The latest 2024 data suggests long term care employers are doing slightly better at retaining and hiring workers since coming out of the pandemic. Still more workers are necessary to meet needs. Progress, however slow, is welcome, but care gaps continue to widen. (See page 11 for details on long-term care employment trends.)

- **Increased Budget Appropriations for Medicaid Nursing Facilities and CFI Waiver program FY24/25.**
  - Increased rates supported employers to sustain services and better support the workforce. HB 2 (79:220, 238-241) (See Strengthening System of Care section above for details) and 2023 session's HB 215 which provided reimbursements for medication administration by MNA's.

- **Increased funding for the State Loan Repayment Program.**
  - A $300,000 appropriation was made to repay education loans for qualified nursing professionals who commit to working in areas designated as medically underserved and commit to work in these settings for a minimum of three years (two years if part-time). (HB 1585)
  - NH DHHS is required to develop a report containing a budget proposal for a student loan forgiveness program that would cover nurses who do not qualify for the state loan repayment program, to be submitted on or before November 1, 2024 to legislative leadership. (HB 1585)

- **Reduction in Licensing and Regulatory Barriers**
  - New Hampshire will join the Interstate Social Work Licensure Compact to expand access to mental health providers. (HB 1190)
  - Licensed Nursing Assistants (LNAs) who wish to become Medication Nursing Assistants now only need to have one year experience, rather than the previously required two years. (SB 403)
  - Establishment of a new certification, the **Certified Assisted Living Medication Aide** (CALMA). Creation of the CALMA was in response to workforce shortages. It allows someone with less training than an LNA to administer medications in assisted living facilities under the assumption that assisted living facility residents are less acute in their care needs in comparison to those living in a nursing home. To be certified a person must be a high school graduate and receive 40 hours training. Opponents are concerned for the potential of medication errors and diversion. (HB 1585)
  - While easing barriers to licensing is desired, removing LNA licensure is not. Removing licensing was briefly considered during the session. Compelling testimony clarified why it would not be beneficial to our workforce.

- **Improvements to Professional Standards Supporting Improvements to Care Quality**
  - **Community Health Workers,** pending CMS waiver approval, will be certified and eligible for Medicaid reimbursement. Previously Community Health Workers in health care settings were supported by grants and other funding. This change should support a growth of dementia care navigators in primary care practices who can connect patients and their families to resources supporting their journey – such as Meals on Wheels, transportation alternatives, and caregiver resources. (SB 403)
  - Established English language aptitude standards (as defined by RSA 541-A) for LNAs (HB 1188)
  - LNAs are required to report any pending criminal charges, convictions, or plea arrangements. (HB 1188)
  - Requirement for LNAs to meet criteria established by the Board of Nursing. (HB 1188)

- **Increases to Affordable Housing, Transportation, and Childcare and Mitigation of Public Benefits Cliff Effect.**

    - **Housing & Transportation Progress** – see progress noted on pages 31 and 32.

    - **Child Care Support for Low Wage Workers**
        - A reduction in regulatory burden for home-based childcare providers aims to increase the number of providers. Someone seeking to establish a childcare business in their home for a limited number of children no longer needs local zoning board approval if they comply with all NH DHHS requirements for such a business. (HB 1567)
        - Eligibility expanded for childcare professionals' subsidies under the child-care scholarship program. $1million appropriated for these benefits. (SB 404)
        - Increased access to timely criminal records checks and authorizes additional personnel to take fingerprints for non-criminal background checks. (HB 1197).
        - Reduces unnecessary statutory requirements for child-care provider licensing to ease the burden on providers in complying with licensing procedures without jeopardizing the regulation of these facilities. (SB 478)

    - **Mitigation of the Public Benefit Cliff Effect**
      New Hampshire has adopted several strategies to enhance the effectiveness and accessibility of benefit programs, reduce work disincentives, and promote economic mobility. An economic analysis conducted by Econsult Solutions and mandated by the Legislature to review the potential impact of graduated benefit initiatives notes that: "…the successful implementation of policy design changes in recent years means that the additional options suggested in this report are more modest than many of the initiatives already implemented."

- **Other Supports to the Workforce**
    - **HealthForceNH**, a healthcare workforce initiative funded through private grants has a mission to promote innovative partnerships and cross-sector collaboration to grow, retain, and sustain a robust healthcare workforce. Their 2024 Innovation Challenge is providing financial support to:
        - Androscoggin Valley Home Care Services to build a local LNA hierarchy, trained in every community health care organization (HCO) serving one rural community. LNAs will be trained, tested and "certified" to work in each HCO, essentially completing an orientation to learn work, its routines, culture, etc. These LNAs will then be eligible to access a web-based scheduling system on which all partner HCOs will post open shifts. LNAs will be able to choose any day/time/shift/health care organization 24/7 to work when they so desire, thereby filling needs on a day-to-day basis and relieving the pressures of real time short staffing, not just short staffing due to vacant positions in the HCOs.
        - Lightcap Health of Durham to develop a video subscription platform aimed to reduce nurse burnout. The program will do so by offering videos tailored towards people's personalities based on a holistic approach to education and goal setting for healthy behaviors.

    - One significant factor to retain a quality, invested workforce is to create quality job sites. Quality job sites have a healthy workplace culture where relationships are nurtured, and supervisors recognize and reward employee commitment. Nationally recognized PHI Coaching and Supervision Training was launched in New Hampshire in 2024 via a partnership between the

Northern and Southern NH Area Health Education Centers and PHI, with funding from Network4Health and Dartmouth Health Rural Health Careers Grant. The training for healthcare supervisors is a unique approach to ending poor relationships, high turnover, and supervisor strain. Additional training is available for staff developers to learn coaching skills and be taught to deliver the supervisor training in their organization on an ongoing basis.

- NH Needs Caregivers, trained and licensed 177 LNAs between June 2023 and May 2024. The program is currently under consideration for ARPA funds. (See page 13 for more on this valuable program).





Progress Highlights: *Advancing Age-Friendly Policies, Systems, and Environments*

- **State Agency Recognition of Intrinsic Value of Older Workers**
  The NH Department of Safety, Division of Motor Vehicles strives to be an age-friendly workplace that values the benefits of a multi-aged workforce – offering part-time work and flexible schedules and work arrangements. In addition, the DMV authored two articles focused on older workers for the Commission on Aging's monthly newsletter, Aging Matters (Oct and Nov 2023). One story outlined the benefits of continued work past initial retirement, the second highlighted the story of a current worker who was appreciating her 'second career' at the DMV.

- **Housing**
  2024 Legislative Action
  - The potential development of more affordable (aging-ready) manufactured housing was made possible by limiting municipalities from imposing restrictive zoning regarding their siting. (HB 1361)
  - Tenants now may be able to terminate leases in instances of domestic violence or following a disabling illness or accident. This can benefit older adults in elder abuse situations or facing sudden changes in health status that require a move to a more supported environment. (HB 261)
  - A new study committee will review the impacts of the housing crisis on people with disabilities. (HB 1168)
  - Fire code requirements were modified for existing residential buildings with no more than 4 dwelling units; municipalities are prohibited from adopting related ordinances and regulations. This could support the development of accessory dwelling units. (HB 1065)
  - Zoning regulations were made more expansive supporting the development of more residential units. (HB 1400)
  - Members of the legislature clearly recognize New Hampshire's lack of affordable housing as a priority issue. While more than 20 bills were filed in the last legislative session, only a few bills made it through the process, suggesting that more consensus on approach is needed. The Commission tracked only a small percentage of housing related bills.

  Other New and Ongoing Initiatives
  - The Governor's InvestNH initiative was codified into state statute (NH RSA 12-0:69-70) and provided $10 million in the 2024 – 2025 State Budget. The rules for the state-funded portion of the InvestNH program were adopted on July 18, 2024. Nearly 60 communities received InvestNH Housing Opportunity Planning (HOP) grants to study and enact housing-friendly regulatory changes. Many HOP grant communities successfully passed housing-friendly zoning amendments at their town meeting in Spring 2024. An additional $2.9 million has been allocated to the HOP grant program for a second round of applications being considered fall 2024.
  - The rules for the Housing Champions Designation and Grant Program (NH RSA 12-O:71-76) became effective on August 8, 2024. The program will be rolled out and begin taking applications in Fall 2024.

- **Mobility / Transportation Options**
  - A new website is being developed, www.keepNHmoving.com, to provide a source of information on transportation services searchable by town name/zip code. It will also direct users to mobility managers, located in each region of the state, who can help the public locate the ride they need. The repository is still being populated with provider information. This is a

project of the NH State Coordinating Council for Community Transportation in partnership with the NH Department of Transportation, NH Department of Health & Human Services, Transport NH, National Center for Mobility Management, NH Regional Coordination Councils, NH Transit Association, NH Regional Planning Commissions, and the SCC Mobility Management Workgroup. Initial funding was provided to Transport NH by the NH donor advised, You Have Our Trust Fund.

- The Commission on Aging is implementing a Community Transportation Needs Assessment and Planning Initiative, using American Rescue Plan Act (ARPA) State Fiscal Recovery Funds. The study begins in the fall 2024 and will run through to the winter of 2026. It will involve surveying non-drivers and drivers who self-limit where and when they drive, to better understand mobility needs and gaps. The study also seeks to improve sustainable data collection capacity and analyze economic, health and social effects of gaps in options. And the study will develop a long-term intra-agency vision for public and human services transit options in New Hampshire through assessment of federal and state funding streams identifying where they can leverage each other to build a unified, strong system of services for people needing rides.

- **Digital Equity, Expanding Age-Tech, Supporting Research and Innovation**
  - New Hampshire is undergoing an extensive broadband expansion program using over $318 million in ARPA funding, as well the Broadband Equity, Access, and Deployment (BEAD) program, which is part of the Infrastructure Investment and Jobs Act (IIJA). In addition, NH will receive $4.9 million in funds to specifically fund digital equity in accordance with the approved NH State Digital Equity Plan that names individuals aged 60 and older as one of several special focus populations. The five objectives of the plan:
    - Affordable and reliable broadband access;
    - Access to computers and assistive devices, coupled with tech support;
    - Enhanced digital literacy skill development capacity;
    - Enhanced cyber safety skill development capacity; and
    - Enhanced accessibility of web portals to essential public resources.

  - New Hampshire's major universities, UNH and Dartmouth College have robust research agendas aimed at improving the aging experience. Both prioritize implementation or translation science, studying best ways to bring promising research and innovations to the real world, fostering collaboration with communities and caregivers in their processes. The Commission served as a catalyst bringing UNH College of Health and Human Services and the Geriatric Center of Excellence at Dartmouth to discuss their current research efforts. The goal was an initial meeting to stimulate connections that may lead to collaboration.

- **Guardianship & Exploitation Prevention**
  - People under guardianship will now have access to their records, including financial and medical records. People under guardianship also are empowered to terminate guardianship via the court if they deem themselves no longer incapacitated. (HB 1245)

- **Civic and Social Engagement**
  - Meals provided through Older American's Act and State funded Restaurant Voucher Program are now exempted from meals and rooms tax, saving about $1/ meal, potentially growing the program's impact. Federal and State funding only covers a portion of the program's meal expense with the difference made up by charitable donations or contributions by people participating in the program. The Voucher program allows people aged 60 and over to dine on a nutritionally approved

meal in a restaurant for a fixed rate with friends or family, a modest step toward addressing social isolation and human dignity. (HB 1191)

- Accessible voting systems are now required for local elections, a practice already followed for state and federal elections. (HB 1264)

- Beginning June 2025, more fingerprint sites for criminal background checks will be available, expediting entrance into the workforce. Also, a task force was established to review the need for FBI Criminal History Record Information (CHRI) checks across employment and volunteer roles. This is an opportunity to investigate creating a volunteer registry providing validation of CHRIs without findings. The CHRI process is expensive to individuals and nonprofits and can hinder volunteerism. People aged 50-plus contributed $333 million in volunteer activities in NH in 2018, with the average person spending 31 hours. (AARP Longevity Economy Outlook) (HB 1197)

- Not all hearings in the New Hampshire State House celebrated and valued older people in our state. The Commission on Aging had concern for the tenor of testimony and discussion on bills that sought to limit voting access. Ageism, the discrimination of people based on their age, was part of the discourse. Prejudice and stereotypes of people who live in elder care facilities were voiced in the hearing of HB 1098 which is now signed into law. The statute does not materially change what is occurring in communities. The greater concern is that future consideration of voter access may hold older people to a higher standard for cognitive capacity than people of other age groups. Protection of civil liberties is a universally held value.

- **Age-Friendly State & Community Activities**
  - New Hampshire State Parks sought public input as part of an Accessibility Feasibility Study of Hampton Beach State Park. The goal is to ensure that Hampton Beach State Park and its facilities/ transportation options/ parking/ staff/ communications/ amenities/ programs/ events are accessible and welcoming to all visitors and members of our community, regardless of differences in ability.

  - AARP funded six projects across the Granite State in 2024 via Community Challenge Grants. From an accessory dwelling unit design competition hosted by the Southwest Regional Planning Commission to accessible seating at the Claremont Opera House, a telehealth project in Keene, accessibility tools for patrons of local businesses in Lebanon, to emergency preparedness backpacks and education for older adults in Ossipee, and an upgrade to WSCA's Button Factory Stage in Portsmouth with assisted listening devices and other audiovisual technology creating a vibrant, inclusive space.

APPENDICES

APPENDIX A: Governor Sununu Letter in support of a NH Multisector Plan for Aging

STATE OF NEW HAMPSHIRE
OFFICE OF THE GOVERNOR

CHRISTOPHER T. SUNUNU
Governor

May 1, 2023

Amy Hoffmaster, MSPH
Center for Health Care Strategies
200 American Metro Blvd., Suite 119
Hamilton, New Jersey 08619

Dear Ms. Hoffmaster,

As Governor of the State of New Hampshire I am pleased to offer my support for planning that ensures those living in New Hampshire can live and age well in their communities. People 65 and older make up 19% of New Hampshire's population, making the Granite State one of the three oldest states in the country. An increasingly older and aging population presents a complex, multifaceted situation with broad impacts across all areas of the state. Housing and transportation are especially impacted by this demographic shift. Aging impacts all of us and our communities and leveraging the opportunity of the longevity economy is essential to our state's wellbeing.

The New Hampshire State Commission on Aging (NHCOA), established in 2019, is charged to advise the Governor and the state legislature on policy and planning related to aging. The Commission collaborates at the state level transforming state and community infrastructure to support better coordination of services and general livability, so that all can have the opportunity to thrive while aging in New Hampshire.

I am appreciative of the Commission on Aging leading this important work within New Hampshire. Their engagement of a core group of individuals to be involved in this learning collaborative is a positive first step. The Commission on Aging will continue to engage the appropriate partners including policymakers and county leadership to develop a meaningful plan to guide the restructuring of state policy and programs.

Sincerely,

Christopher T. Sununu
Governor

107 North Main Street, State House - Rm 208, Concord, New Hampshire 03301
Telephone (603) 271-2121 • FAX (603) 271-7640
Website: http://www.governor.nh.gov/ • Email: governorsununu@nh.gov
TDD Access: Relay NH 1-800-735-2964

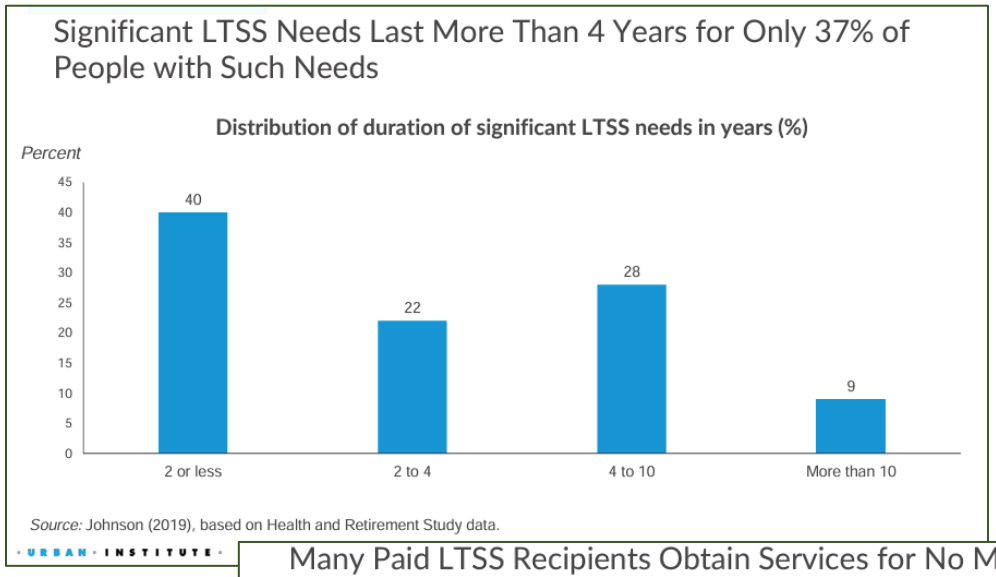
"I am appreciative of the Commission on Aging leading this important work within New Hampshire. Their engagement of a group of core individuals to be involved in this learning collaborative is a positive first step."

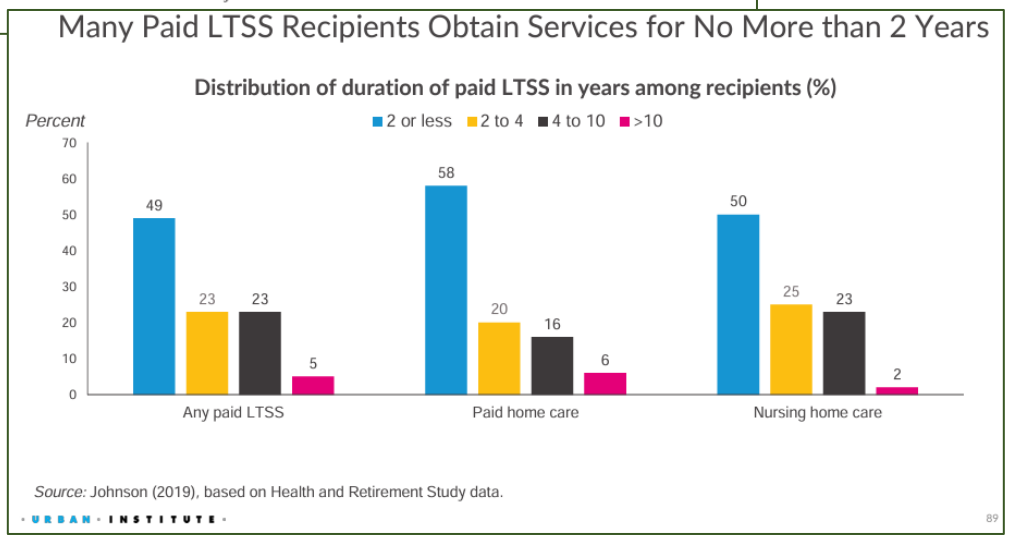
APPENDIX B: The Case for Diversifying Funding for Long Term Services & Supports

People attending the **2024 Long Term Care Summit** heard from two economists speaking about the prevalence for needing long-term services and supports (LTSS), the associated financial risk, and the future financial risk the state may experience as a public payor of LTSS via Medicaid programs. Richard Johnson, a Senior Fellow at the Urban Institute and Phil Sletten of New Hampshire Fiscal Policy Institute shared their expertise. Highlights of their presentations follow, with additional Commission on Aging researched data incorporated, along with a summary analysis.

United States Long-Term Services and Supports Utilization Trends:

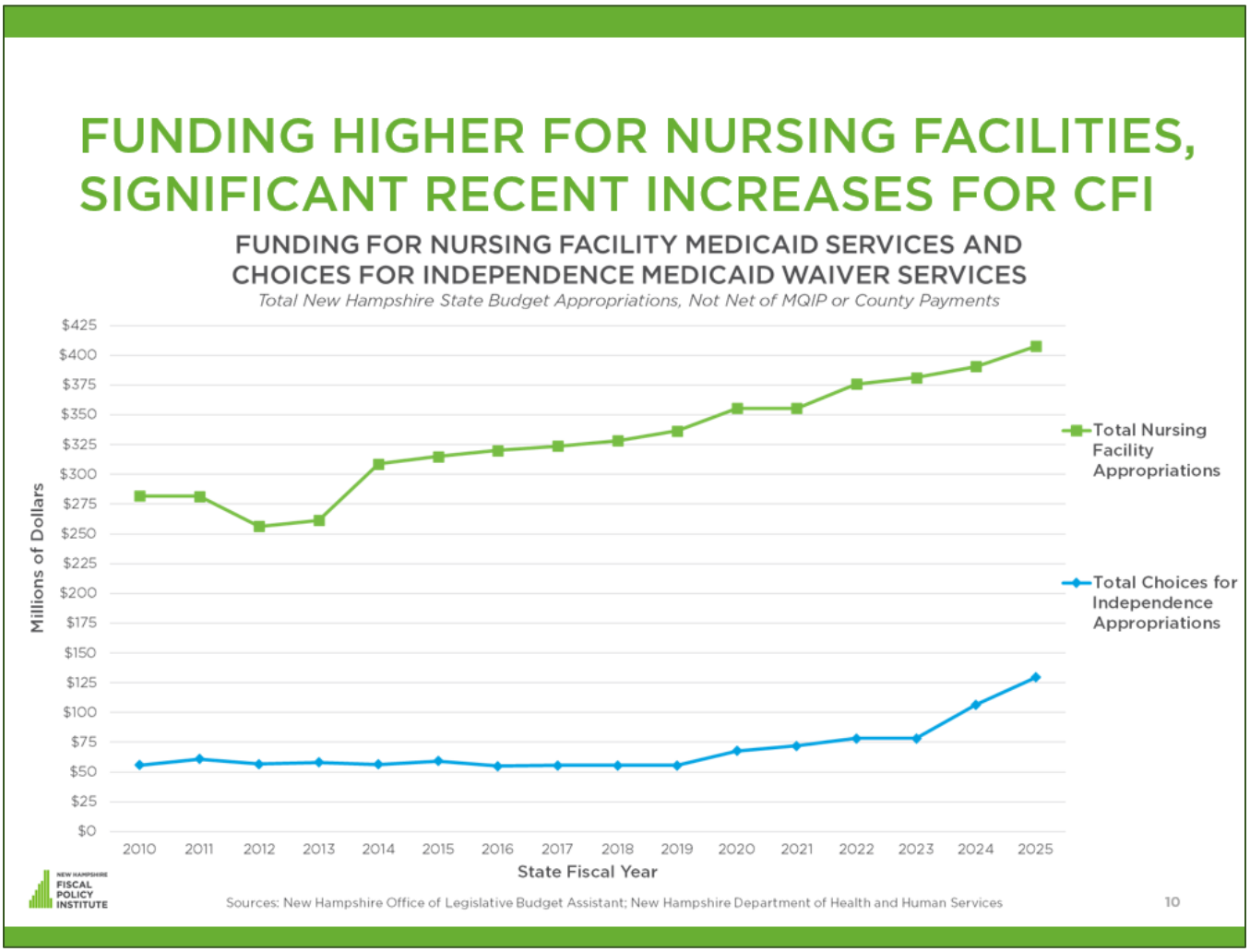
- Nearly one-half of older adults will receive paid LTSS after age 65, and about one-quarter will receive nursing home care at some point in their lives.
- Only 37% of people have significant LTSS needs that last more than 4 years.
- People who are less educated, and/or poorer, and/or a person of color and/or are female are more likely to use LTSS at a younger age and for more years. By age 90, the risk is more even across populations.





Brief Summary of New Hampshire LTSS Funding:

Currently in New Hampshire, Long-Term Services and Supports (LTSS) constitutes more than a third of all Medicaid expenditures. The two primary NH Medicaid programs that provide LTSS are the Nursing Facilities appropriations supporting care in nursing homes and the Choices for Independence (CFI) program, which provides services in assisted living facilities, adult day programs, and people's homes. The New Hampshire Fiscal Policy Institute, using publicly available data, calculates State Fiscal Year 2024 appropriations inclusive of Federal, State, and Local funds estimate expenditures for the Nursing Facility Program at $391 Million and the CFI Program at $106 Million.

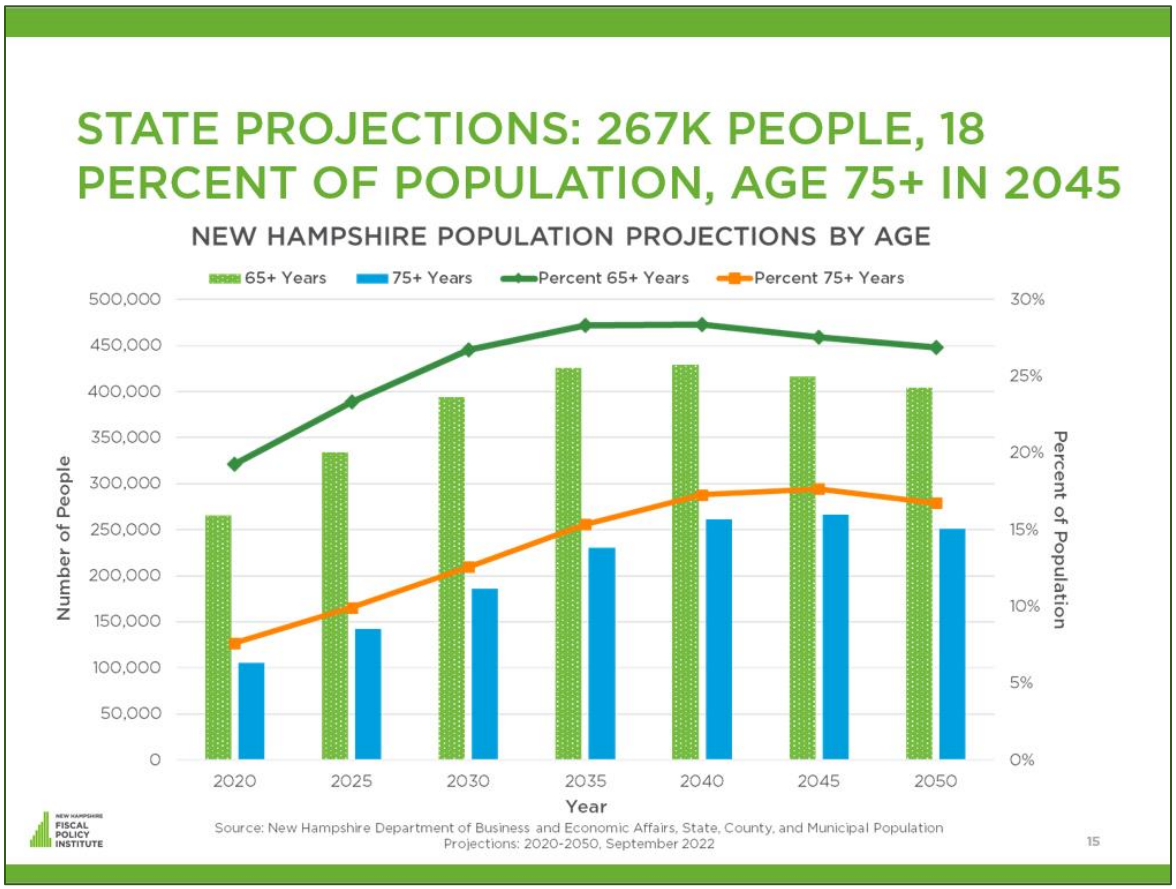


Funding for facility-based care far exceeds public spending for home-based care in New Hampshire. While the recent increase in funding for CFI has narrowed the gap, the funding disparity in New Hampshire is much greater than the national average or the spending amounts in states like New Hampshire. According to Commission on Aging research, **the AARP 2023 LTSS Scorecard ranks New Hampshire 49th among states for "Medicaid LTSS Balance: Spending".** This measure is defined as the percentage of Medicaid LTSS spending for programs primarily used by older people and adults with physical disabilities going to home and community-based services as opposed to facility-based services. **Using 2020 data, New Hampshire percentage is 13.5% compared to the national average of 53.3% with the best state performing at 83.2%.**

New Hampshire Enrollment Growth Projections:

State and federal policies do not currently restrict enrollment growth, making population changes the likely driving variable for enrollment growth (or decline). New Hampshire, like the rest of the country, is expecting significant growth in its older adult population bringing about a permanent shift to an older aged society.

According to Commission on Aging research, in 2022, the American Community Survey estimated that 111,801 people were aged 75 or older, 8% of NH's population. By 2030, according to the NH Department of Business and Economic Affairs population projection published in September 2022, it is expected that 185,543 or 12.6% of NH's population will be aged 75 or older. And by 2045, people in that age range will be numbered 266,714 or almost 18% of NH's expected population. ***That is a 22% growth in the population aged 75 or older between 2022 and 2045.***

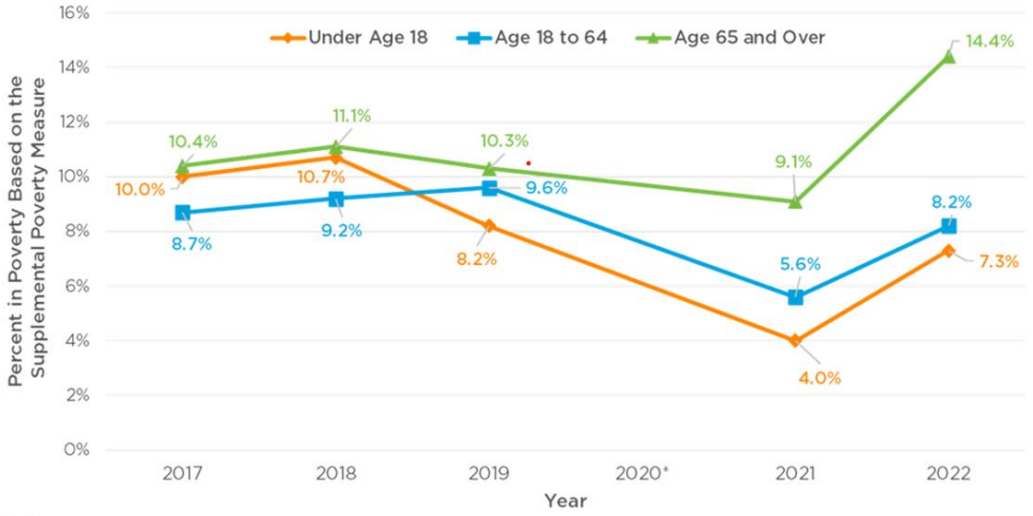


Assuming similar levels of disability will be experienced by older adults today as in 2030 or 2040, **age demographics alone suggest New Hampshire will experience a significant growth in spending towards the provision of LTSS.**

The increase in poverty among older adults may expand enrollments as well. The following graph illustrates recent increases in the older adults experiencing poverty, as calculated using the Supplemental Poverty Measure (SPM). See chart on top of next page:

MORE OLDER ADULTS IN THE STATE MAY BE FACING SEVERE FINANCIAL HARDSHIPS

SPM POVERTY RATES BY AGE GROUP IN NEW HAMPSHIRE



NEW HAMPSHIRE FISCAL POLICY INSTITUTE

*Note: These data were not available for 2020 due to disruptions associated with the pandemic Source: U.S. Census Bureau, Strategies to Counter 2021-Specific Challenges in Producing the Supplementary Poverty Measure in the American Community Survey, State by Age SPM Rates Table

Commission on Aging research found that Census Bureau *official* poverty rate data indicates a 5% growth in people over age 65 experiencing poverty between 2010 and 2020. The rate of growth increases to 9% between 2017 and 2022. (Explore - Data Commons: NH 65+ Households Below Poverty in the Last 12 months 2010 - 2022.) See Appendix C, page 41 to understand the differences between the SPM and official poverty rates.

How does New Hampshire fund Medicaid Long-Term Services and Supports?

The largest portion comes from a federal match, 55% of the appropriation:

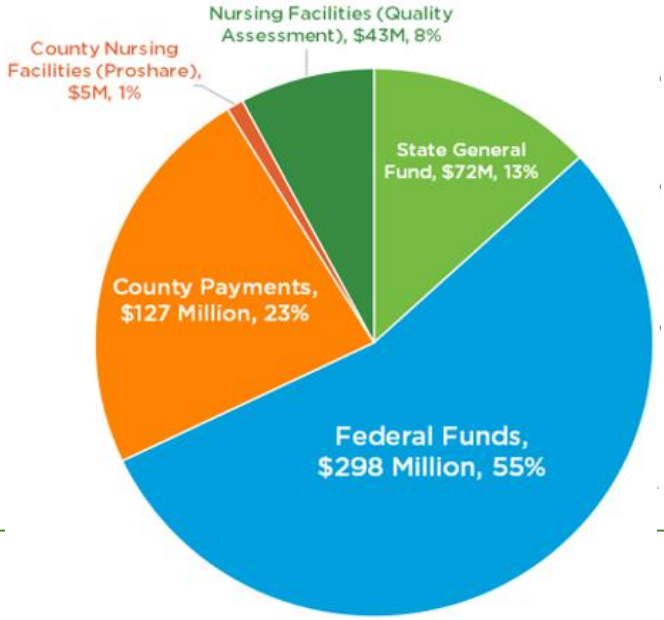
FEDERAL, COUNTY FUNDS LARGEST SHARES OF NURSING FACILITY & CFI FUNDING

NEW HAMPSHIRE FISCAL POLICY INSTITUTE

Notes: Several rate increases that do not specify budgeted amounts for nursing facilities and CFI solely excluded from calculations. Assisted living facility rate increase included in CFI. Sources: New Hampshire Laws of 2023, Chapters 79 and 106.

FUNDING FOR MEDICAID APPROPRIATIONS TO NURSING FACILITIES & CFI

New Hampshire State Budget, State Fiscal Year 2025



- County payments typically funded by property taxes
- County growth limited to two percent annually by State law
- State Fiscal Year 2025 includes the General Fund contributions to rate increases
- Federal funds bolstered by payment from nursing facilities matched with federal funds, Proshare payments to counties

Commission on Aging Analysis and Recommendations

Absent any changes in either eligibility determinations or benefit determinations, we can use the data provided above to roughly estimate the annual change needed to Long Term Care Support Services Appropriations. Using an inflation rate of 2.5%, a 1% annual growth rate to the population being served and a 9% growth rate in the proportion of the population meeting eligibility requirements (matching increases in poverty rates), the annual change to needed appropriations would be approximately 13% per year, or about $70 million more for State Fiscal Year 2026.

With the growth in County Payments capped at 2% per year, this puts significant pressure on the other pieces of pie in the chart above. If the State and Federal Governments were to share the burden equally, their shares would need to increase 18% to cover the increased costs.

The growth rate in the proportion of the aging population going into poverty is a complex issue. The Commission on Aging recommends that this phenomenon be studied and addressed. The Commission further recommends, diversifying funding streams that pay for long term services and supports to aid families, maintain levels of care, and the dignity of our older citizens.

Other Findings Related to LTSS Spend of Note:

- While individuals on average will need 0.8 years of paid LTSS, 55% of older adults will not use any paid LTSS.
- About 24% of older adults (or about half of paid LTSS users) will receive less than a year of paid LTSS (measured in service days), and about 4% of older adults will use five years or more.
- Adults turning 65 between 2021 and 2025 can expect to spend on average between $45,000 and $93,500 out of pocket on LTSS over their lifetime.

  - ASPE Research Brief, LTSS for Older Americans: Risks and Financing 2022 (Johnson & Dey)

“The growth rate in the proportion of the aging population going into poverty is a complex issue. The Commission on Aging recommends that this phenomenon be studied and addressed. The Commission further recommends, diversifying funding streams that pay for long term services and supports to aid families, maintain levels of care, and the dignity of our older citizens.”

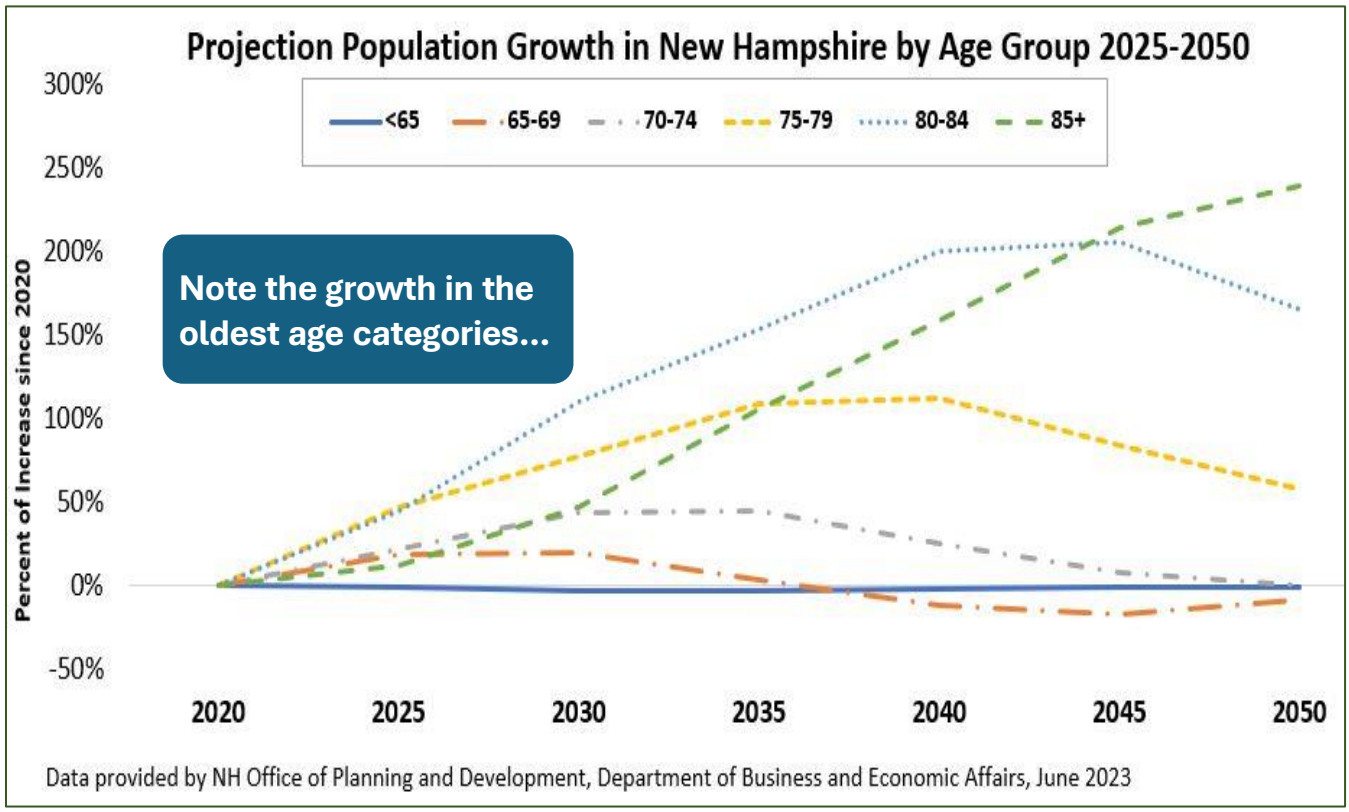
APPENDIX C: New Hampshire Demographic Snapshot

New Hampshire's Older Adults

Approximately

- **21%** of the state's 2023 estimated population is aged 65 or older. (2023 American Community Survey)
- **47%** of households have one or more persons aged 60 years and older. (ACS 2022 1 year estimates)
- **13%** of households with one or more people 65+ are 1 person households. (ACS 2022 1 year estimates)
- **30%** of the men and **20%** of women aged 65+ population worked in 2022. (New Hampshire Employment Security, Vital Signs 2023)

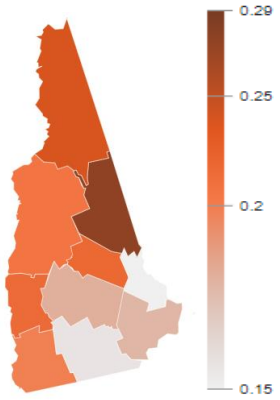
Ages 55-64	Ages 65-74	Ages 75- 84	Ages 85+	Total
15.3 %	12.5 %	6.2 %	2.1%	36%



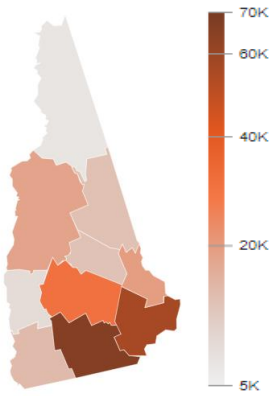
Where Do Older Adults Live?

The largest *percentage* of older adults in the state is in northern New Hampshire; the largest *number* is in southern New Hampshire. (Population 65 Years or More (2021) Data from census.gov, www2.census.gov via Data Commons.)

Per Capita



Numbers of Older Adults



On a per capita basis, Strafford County has the oldest population, with over 30% of adults aged 65+, compared to the "youngest" county (Rockingham) with 21%. Hillsborough has the most older adults, with more than 71,000 people aged 65+, while Coos and Sullivan have the fewest.

"...The **Supplemental Poverty Measure** (SPM) uses ongoing survey data to estimate expenditure costs for food, clothing, utilities, and housing costs and includes regional variation in housing costs, which the Official Poverty Measure does not. The SPM also includes the effects of taxes and tax credits, nutrition and energy assistance, work and medical expenditures, child support payments, and childcare costs...For New Hampshire residents age 65 years and older both the Official Poverty Measure and the SPM show increasing poverty in 2022 relative to 2019... **SPM poverty increased more substantially, from 10.3 percent to 14.4 percent."**

- ***NH Fiscal Policy Institute***

The official **poverty rate** measure for adults age 65 and older rose from 4.6% to 7.9% between 2016 & 2022.

Count of Household: Family Household**, 65 Years or More, Below Poverty Level** in the Past 12 Months in Counties of New Hampshire (2021) Source: data.census.gov show metadata

