New Hampshire State Commission on Aging



2025

ANNUAL REPORT

Prepared for:

Honorable Kelly Ayotte, Governor
Honorable Sherman Packard, Speaker of the House
Honorable Sharon Carson, President of the Senate
Honorable Kenneth Weyler, Chair of the House Finance Committee
Honorable James Gray, Chair of Senate Finance Committee
Honorable Wayne MacDonald, Chair of House Health, Human Service and Elderly Affairs Committee
Honorable David Rochefort, Chair of the Senate Health and Human Services Committee
Honorable Paul Smith, House Clerk
Honorable Tammy Wright, Senate Clerk

Submitted by:

Laurie Duff, Commission Chair

Lily Wellington, Executive Director

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MESSAGE FROM THE CHAIR & EXECUTIVE DIRECTOR



"New Hampshire is a state bursting with potential to benefit from the gains in human longevity and the opportunities it presents."
- Healthy Aging Data Report 2025

New Hampshire's aging population is not a crisis; it is an enormous opportunity.

In the last 100 years we have extended our lifespans by 20 additional years. In 2025 older adults are healthier, better educated, and more productive than ever. NH has the second oldest population by median age in the country. We have one of the largest populations of experienced citizens and we are proud of it.

This remarkable extension of life requires a fundamental shift in how we plan and build our shared future. We must now proactively adapt our systems and personal planning to support longer lives, leveraging existing infrastructure and promoting innovations that ensure we all age well.

At the heart of this endeavor stands the New Hampshire State Commission on Aging. The Commission is uniquely positioned to bridge across state agencies, public and private sectors, communities, providers and New Hampshire's older adults. We connect ideas, opportunities, and innovations back to public policy and planning leaders throughout the state.

Our work this year expanded to include two innovative projects; AgeWellNH, a ten-year blueprint that promotes public-private sector engagement to address adaptations to systemic needs of an aging population; and a statewide Community Transportation Needs Assessment.

Our findings across projects and commission meetings illuminate shared values for an aging population. New Hampshire's older citizens value independence, wellness and care. Ensuring that our systems, policies and planning include these values enables our most experienced citizens to age well.

Now is the time to plan for a future where we all have the opportunity to thrive and feel valued as we age in New Hampshire.

Laurie Duff
Chair

Lily Wellington
Executive Director

PURPOSE

Under enabling legislation passed in 2019, the Commission was created to advise the Governor and General Court on policy and planning related to aging in New Hampshire.

VISION

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

MISSION

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

VALUES

Forward Thinking-We anticipate the future by finding creative and innovative ways to move forward.

Collaboration-We embrace cooperation, recognizing that complex issues require diverse perspectives to develop meaningful solutions and take collective action.

Public Trust -We build trust by pursuing the common good in a way that's respectful, accountable, transparent, and equitable.

Stewardship-We maximize the benefits of New Hampshire's resources.

Expertise- We use the extensive knowledge and skills available within our state agencies, businesses, and communities.

Opportunity- We work to amend systemic patterns of disadvantage and marginalization, ensuring everyone has the chance to thrive as they grow older.

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

PRIORITIES

ADVANCE AGEWELLNH

STRENGTHEN SYSTEMS OF CARE FOR HEALTHY AGING

GROW THE DIRECT CARE WORKFORCE

2025 IN REVIEW

*The Commission on Aging (COA) studies opportunities and issues facing an aging population by engaging stakeholders from across New Hampshire. The Commission communicates its findings through this report, issue briefs, the **Aging Matters** newsletter, **website** and social media, testimony before the legislature, meetings with state agencies, and more. Full meeting minutes can be found on our website.*

AgeWellNH
Utilizing ARPA funding, the Commission oversaw AgeWellNH the state's **multi-sector plan for aging.** The AgeWellNH Plan prepares us for longevity-ready living in NH. Key findings can be found on page 10.

Keep NH Moving
The Commission on Aging supervised an ongoing transportation needs assessment project partnering with multiple state agencies and stakeholders to better understand transportation programs and needs statewide. A gap analysis report will be available on the Commission's website.

Celebrating Older Volunteers
In May the COA organized a ceremony with the Governor's Office **recognizing the contribution of older adult volunteers** who serve their communities. Older volunteers were selected from every county in the state.



Taskforce Meetings
Task Force meetings allow commission members and stakeholders to focus deeply on relevant topics. Task Forces include **Operational Infrastructure, Emerging Issues & Age-Friendly Systems.**

State House Team Advised on Legislation
The State House Team of COA members meet weekly during the session, organizing COA **guidance to the legislature and governor** based on findings in monthly and task force meetings. In the 24/25 session COA provided written testimony on more than 23 unique bills.

New Advisory Council
HB2 called on the Commission to establish and co-chair an advisory council with the purpose of improving and advising on the **systems of care that support healthy aging in New Hampshire.**

Aging Matters
Published *Aging Matters* a **monthly newsletter** for older adults providing information on public policy, programs and services. Distributed to over 1,400+ subscribers

Community Engagement- Spoke during and/or participated in 20+ various community engagement events in addition to hosting 100+ focus groups, listening sessions and online opportunities for public and provider input for the AgeWellNH and CTNA plans.

MONTHLY COMMISSION MEETINGS

Commission meetings allow us to investigate opportunities, innovations and issues of concern related to aging in New Hampshire. Full meeting minutes and a calendar of upcoming meetings can be found on our website.

November 2024
Housing America's Older Adults
Panel discussion with Harvard University

January 2025
Intro to AgeWellNH & Intro to Community Transportation Needs Assessment
Family Medical Leave Act

February 2025
2025 NH State House panelist discussion: Issues Concerning Older Adults

March 2025
AgeWellNH & NH BEA with panelist discussion: Office of Planning and Development, Housing Finance Director, Office of Broadband Initiative, Economic Development, Workforce Opportunity

April 2025
AgeWellNH relevant early findings
Systems of Care Implementation BAAS

May 2025
Healthy Aging Data Report: Review of relevant findings, change over time and opportunities for improvement in NH

June 2025
Self-Determination and Guardianship in NH
Panel discussion with Hon. Judge King, Office of Public Guardian & a guardianship attorney

September 2025
Systems of Care for Healthy Aging Advisory Council

October 2025
Rural Health Transformation & CTNA Gap Analysis

COMMISSION MEMBERS

Governor Appointees

Laurie Duff, Chair
Margaret Franckhauser, Vice Chair
Roxie Severance, Clerk
Beverly Bjorklund
Honorable Laurie Harding
Honorable Polly Campion
Carissa Elphick
Kris Hering
Doug McNutt
David Ross
Beth Quarm Todgham
Honorable Joanne Ward
Representative Lucy Weber
Nick Toumpas

Designated Members
Senator William Gannon
Representative Janet Lucas
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
Lily Wellington

AGING IN NEW HAMPSHIRE

A Demographic Snapshot of New Hampshire



368,151

People in NH are 60+

27% of the state's population

OUR AGING POPULATION IS GROWING

New Hampshire's only growing demographic is older adults. In 2025, residents aged 60+ outnumbered children, making NH one of 11 such states. With global birth rates declining, understanding this shift helps the state plan and seize opportunities.



60.7% Age 65-74

28% Age 75-84

11.3% Age 85+

More than 60% of the 65+ population in New Hampshire falls in the 65-74 age range, followed by 28% in the 75-84 range, with 11% in the 85+ group-the fastest growing age group in the state.



Rate Decreases
Ischemic Heart Disease
Colon cancer
Stroke
Hypertension
Diabetes
COPD

Rate Increases
Arthritis
Depression
Heart attack
Hospital re-admission



HEALTH

In May 2025, the latest Healthy Aging Data Report was released for five New England states, analyzing 152 indicators across 244 NH communities. It highlights regional differences vital for planning.

Overall, NH's older adults are healthier than in neighboring states, with declines in ischemic heart disease, colon cancer, stroke, hypertension, diabetes and COPD over the past five years, though rates of arthritis, depression, heart attacks, and hospital re-admissions have increased.

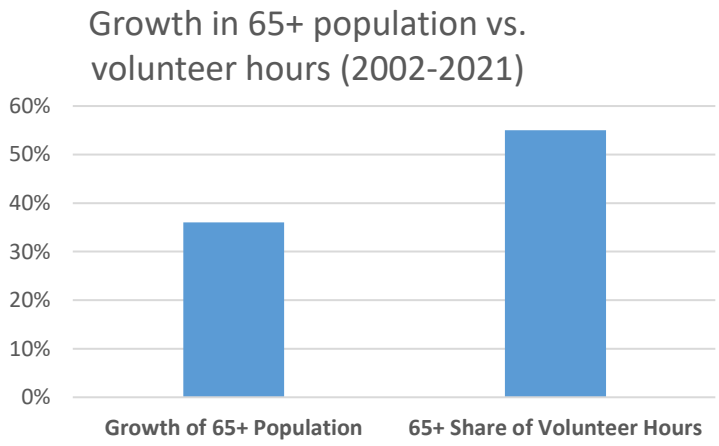
WORKFORCE

The US Bureau of Labor and Statistics projects older workers will account for 57% of the labor force growth in the next 7 years. As we experience greater longevity, workforce trends support working later in life. According to NH Fiscal Policy Institute, **31% of New Hampshire's labor force is 55 and older with 9.2% aged 65+.** Older adults are a vital resource, offering an opportunity for businesses across the state to assess how they can adapt workspaces and sites to become age friendly. Older workers' participation in the workforce will continue to grow over the next decade.



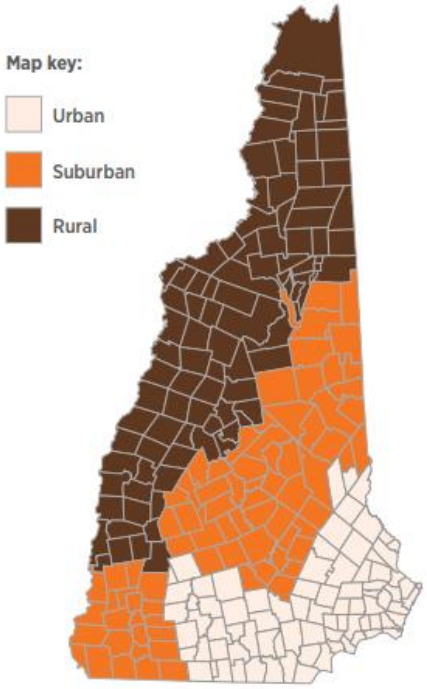
VOLUNTEERISM

Over 28% of New Hampshire adults 65+ volunteered last year. While their population grew 36% from 2002 to 2021, their share of volunteer hours rose nearly 55%. Their experience and energy make them vital to nonprofits and the state's civic health.



RURAL COMMUNITIES

New Hampshire has almost equal parts urban, suburban and rural communities with rural communities taking the geographic lead at 37.8%. The disbursement of population, however, is not so evenly split with 58% of NH 60+ residents residing in urban areas of the state. 28% of 60+ residents reside in suburban communities while 14% reside in rural areas (NH Healthy Aging Data Report, 2025). Older adults living in **rural communities** may experience increased barriers to accessing care or services, providers, transportation and social services. **Healthcare access** remains a central concern for New Hampshire's aging residents. Rural areas frequently suffer from a shortage of medical professionals, and the distances to clinics, specialists, or hospitals can be significant, especially when reliable public or subsidized transportation options are limited or nonexistent.



This lack of access means that preventative care, chronic illness management, and emergency support are not always readily available. The latest Healthy Aging Data Report found that rural residents experienced higher rates of smoking, obesity, and substance misuse.

SOLO AGING

In New Hampshire, 25% of adults aged 65 and older live alone, increasing their risk of social isolation, loneliness, and limited access to caregivers. As this population continues to grow, it's essential to strengthen caregiver networks and expand opportunities for social connection and community engagement. This includes supporting both formal caregivers—such as home health aides and respite workers—and informal caregivers, like family members and neighbors. Communities that create and promote opportunities for social connection and support will enhance the ability to age well within the community.





PRIORITY: ADVANCE AGEWELLNH

As life expectancy continues to rise, it's essential to support programs and initiatives that promote age-friendly communities, policies, and systems. AgeWellNH is New Hampshire's Multisector Plan for Aging—a 10-year blueprint designed to strengthen the infrastructure and coordination of services for both current and future older adults.

AgeWellNH brings together public and private stakeholders to advance a shared vision for healthy, engaged aging across the Granite State. It aligns with the priorities of the Governor, Legislature, and state agencies, while also incorporating extensive input from communities across New Hampshire.

COMMUNITY ENGAGEMENT

This year the AgeWellNH plan centered on community engagement to ensure that priorities of the AgeWellNH plan were aligned with older adults, caregivers and service providers across the state. A variety of community engagement activities were performed in all counties. Engagement included an advisory council, 37 community meetings with at least 3 in each county, 10 focus groups in partnership with NH Legal Assistance, 4 community engagement tabling events, 43 professional focus groups and over 550 completed surveys.

ASSETS TO AGING WELL IN NH

When surveyed, over **50%** of respondents noted that the best things about aging in their life or community were

1. **Access to services and amenities** – Respondents noted that access to senior centers, activities, libraries, health care, and other community resources were valued.
2. **Social connections and community** – Similarly friendships, family closeness, supportive neighbors, and like-minded peers were also seen as assets in aging well.
3. **More free time and flexibility** – Respondents reported that with retirement came more free time and the ability to pursue hobbies and enjoy recreational opportunities.

CHALLENGES TO AGING WELL IN NH

Survey respondents noted that transportation, housing and changes to health were their top challenges.

1. **Transportation**– Respondents noted that limited access to or no public transit, the inability to drive/retiring from driving and changes in mobility were detriments to accessing care and remaining socially engaged.
2. **Lack of Housing Options** – Housing topped the list for respondents who noted that lack of affordable or accessible housing posed a challenge. With limited variety in the housing market many reported they could not downsize as smaller accessible homes were missing from the market.
3. **Changing Health Needs**- Changes in mobility, new or chronic conditions and accessing needed care to support health were top concerns for survey respondents.

> "Don't forget about the rural communities. We get the terrific sense that rural communities are ignored."
>
> *-Coos County resident at listening session*

INDEPENDENCE, WELLNESS AND CARE

During AgeWellNH's community engagement phase, three key, interconnected themes emerged: independence, wellness, and care. Older adults, caregivers, and service providers all emphasized the importance of access to resources that support each of these areas.

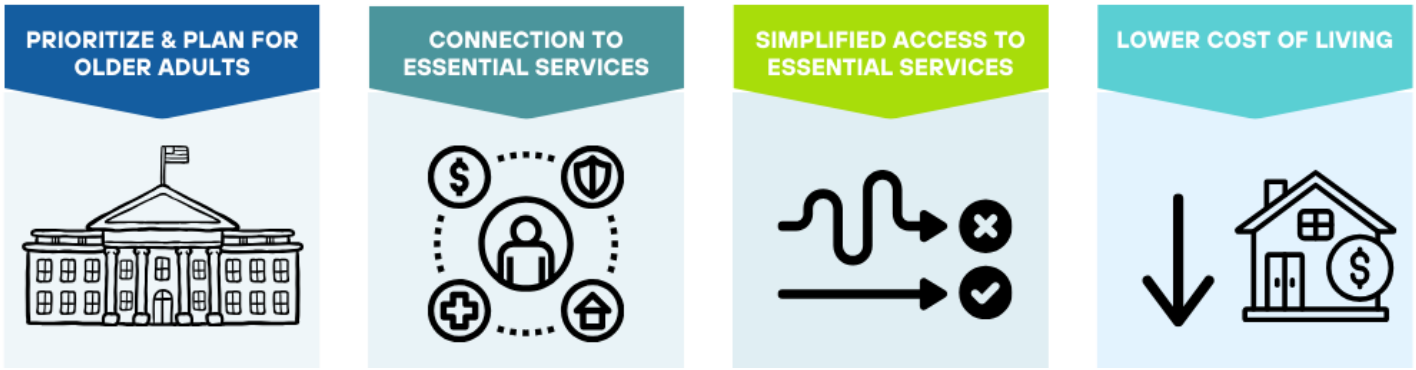
The diagram to the right depicts the interconnected themes of independence, wellness and care. A challenge or an asset can intersect all three of the circles depicted or only impact one.



WHAT MATTERS MOST

Respondents were asked to rank their priorities for the AgeWellNH plan.

1. 90% want elected officials to prioritize the needs of older adults and invest in planning and services.
2. 84% want better connections to essential services.
3. 84% want simplified access to essential services.
4. 83% want to lower the cost of living including property tax relief and lower housing costs.



Utilizing this information and data the Commission will continue to engage stakeholders, state agencies and state government to advance AgeWellNH.

PROGRESS: ADVANCE AGEWELLNH

Over the last year several steps were taken to advance the AgeWellNH plan in addition to steps that strengthened age-friendly systems, policies and communities. These changes include improving age-friendly civic engagement, expanding age-friendly housing options, and strengthening programs that support independence while aging in place.

CIVIC ENGAGEMENT

The state passed legislation that will improve access to accessible voting systems (AVS). The Secretary of State will make available the state's Accessible Voting Systems (AVS) for use in town, city or school district elections. Any city or town using an official ballot system must use an AVS in local elections.

ACCESSORY DWELLING UNITS

The legal definition and regulations surrounding Accessory Dwelling Units (ADUs) were modified this year. Statute defines two types of ADUs: attached units (within or connected to the principal dwelling) and detached units (separate from the main house). Changes mandate that municipalities allow one ADU as a matter of right in all zoning districts that permit single-family homes.

ZONING

- Requires municipalities to permit multi-family residential development on commercially zoned land, with stipulations for infrastructure and exemptions for adaptive reuse.
- Removes zoning restrictions on dwelling units requiring cities, towns, and municipalities not mandate that occupants of housing units be related by blood or marriage.
- Establishes a Study Commission on Zoning. Members will investigate the historical context of zoning powers, analyze how courts and local legislators have interpreted these powers, and explore opportunities to align or update zoning and subdivision provisions.

AGE-FRIENDLY SUPPORTS FOR INDEPENDENT LIVING

- Increases the range of tax credits towns and cities can offer to disabled veterans to offset their property taxes.
- Transfers control of the Electric Assistance Program from the public utilities commission to the department of energy.

RECOMMENDATIONS & NEXT STEPS

AGEWELLNH

Advancing the AgeWellNH plan calls for broad stakeholder engagement in partnership with the Governor to identify private sector stakeholders and document ways that plan can independence, wellness and care at the individual, community and state level.

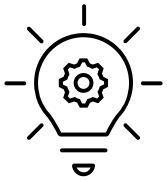
TRANSPORTATION

There are several ways that we can improve transportation for older adults in New Hampshire. Stronger community transportation starts with:

1. **Simplified centralized information** (e.g. a hotline or one-stop portal) to reduce confusion and build trust. In conducting a Community Transportation Needs Assessment less than 10% of survey respondents knew about **KeepNHMoving.com**, the state's resource hub.
2. **Exploring options for streamlined eligibility** for programs like Medicaid/Medicare, older adults, and people with disabilities will reduce duplicative processes.
3. **Leveraging cross-sector partnerships** could look like hospitals helping fund rides, or schools sharing vans to make better use of community resources.

4. **Strengthening volunteer driver programs** is the simplest and most cost-effective method for improving local transportation with opportunities to provide mileage reimbursement and recruit younger drivers.
5. **Affordability, simplicity, and reliability matter most.** When asked what would make them use community transportation, people didn't focus on bus routes or vehicle types. They said: *"confidence, dignity, and freedom."* They want rides to be **reliable, safe, easy to arrange, and affordable**. Rural respondents are skeptical that fixed-route buses alone will ever meet their needs; they want flexible, door-to-door or on-demand options that don't feel like a gamble. Transportation isn't just a logistics issue, it's directly tied to health, economic participation, and quality of life.

HOME SHARE



Supplement your income by sharing your home with a responsible tenant

Homeowners with spare bedrooms sign up to share their home with screened and vetted tenants. Both the homeowner and tenant benefit socially and financially. Home sharing could prove to be an innovative solution as it requires no new building and can be implemented quickly. It solves more than a need for housing as many older adults note increased property tax burdens as an ongoing concern. There are businesses that manage home sharing listings and background checks. Exploring this idea in communities with proximity to colleges, medical or nursing facilities could improve housing options for students, direct care workers and medical professionals benefiting hospitals, providers, and older adults.

AGE-READY HOUSING

Housing that offers zero step entry with first floor bathroom and bedroom

According to the US Census Bureau only 10% of the nation's homes are "ready to accommodate older populations," with New England homes falling even further behind this metric with 6.7% of homes ready for aging in place. Age-ready housing is defined as having a no step entryway with first floor bathroom and bedroom with accessibility features. Modular housing, tiny homes, cottages, village cooperatives or resident owned communities provide an opportunity to expand the housing market with reasonable costs, reduced maintenance and upkeep costs and accessible living on one floor.



This modular home provides a no step entry way and one floor living and could fill housing gaps for an aging population or for the direct care workforce.

PRIORITY: STRENGTHEN SYSTEMS OF CARE FOR HEALTHY AGING

We are all aging, however, each of us ages differently. We need access to different resources, care, connection, and community at different stages as we age.

A System of Care for Healthy Aging is a defined framework that promotes healthy aging by considering what services and supports are necessary for aging well. This framework provides service and care options for older adults, including the ability to receive long-term supports and services (LTSS) in the home.

A robust System of Care for Healthy Aging envisions that aging adults have access to the services and supports necessary to keep them as independent and healthy as possible in the setting of their choosing.



LONG-TERM SUPPORTS AND SERVICES

Long-term supports and services (LTSS) help people with personal care tasks, daily living activities, and basic medical needs. These services are provided in many different settings including nursing facilities, at adult day programs and in people's homes. **56%** of people will need long term supports and services in their lifetime for an average of **3 years** (AARP, 2025).

CAREGIVERS play an important role in Systems of Care for Healthy Aging. Family caregivers provide thousands of hours of support to aging family members. In the last 10 years the rates of caregiving have increased by 45%. **1 in 4 adults provides care for an older adult** and many who provide care are also in the workforce (AARP, 2025). Supporting caregivers in this role is a low-cost intervention that decreases demand for formal care and reduces burden on medical systems.

STRENGTHENING SYSTEMS OF CARE FOR HEALTHY AGING

Expanding and enhancing home and community-based care reduces reliance on facility-based care which has limited capacity and is the most expensive setting. Strong systems of care recognize that **87% of adults 65+ wish to age in their homes** requiring a robust network of service providers that can meet the varied needs of an aging population (AHCJ, 2022). Access to primary care, acute care, home care, long term care and behavioral care remains critical. Streamlining access to information, resources and referrals so that older adults can access a network of care providers is vital for healthy aging.

Increasing access to prevention services like housing modification, nutrition, social connection and caregiving support improves quality of life and can prevent costly care in nursing facilities.

PROGRESS: STRENGTHEN SYSTEMS OF CARE FOR HEALTHY AGING

Over the last year several steps have been taken to strengthen systems of care for healthy aging in legislation and through adaptations to existing services and programs.

SYSTEM OF CARE FOR HEALTHY AGING PLAN

The DHHS established a System of Care for Healthy Aging Plan with a timeline, measurable goals and outcomes for 2025-2026.

System of Care for Healthy Aging Plan Goals 2025-2026

1. Strengthen and deliver coordinated and aligned services
2. Improve system capacity to meet the needs of the aging population.
3. Establish a funding system aimed at sustainable and long-term resourcing strategies
4. Increase awareness of opportunities to enhance person-centered services and support options.
5. Implementation of a performance management system that enables data-driven strategies and continuous improvement

SYSTEMS OF CARE FOR HEALTHY AGING ADVISORY COUNCIL

HB 2 established an advisory council on Systems of Care for Healthy Aging co-chaired by the DHHS and the Commission on Aging. This advisory group will make recommendations for services and cost-efficiencies to improve independence for NH's aging population.

ELDERLY SIMPLIFIED APPLICATION PROJECT

The DHHS implemented a waiver for ESAP- Elderly Simplified Application Project for SNAP (Supplemental Nutrition Assistance Program) beneficiaries. Qualifying SNAP recipient's certification period will be every 36 months versus annually reducing administrative and beneficiary burden.

PERSONAL NEEDS ALLOWANCE

This year legislation established that residents in nursing homes/facilities will have their personal needs allowance calculated and adjusted annually versus every 5 years.

TRANSPARENCY & OVERSIGHT

Investigations with findings of noncompliance for any facility licensed under RSA 151 will be made public via DHHS website. Annual inspections will also be publicly available on DHHS website. This will allow the public to better understand the quality of a facility when determining options for care. Additionally, ongoing professional development on dementia must be completed by nursing home staff.

Increasing financial oversight for Continuing Care Retirement Communities (CCRC's) and establishing a resident bill of rights ensures that residents are better protected. CCRC's who appear to be in financial trouble are required to report additional measures to state triggering better oversight and communication with residents (SB124)

TELEHEALTH & LIFELINE

Exploring options to expand telehealth is cost efficient and meets growing demand for services especially in rural communities with limited access to providers. The extension of the commission to study telehealth services enhances the state's ability to expand telehealth. The Public Utilities Commission approving new providers for the Lifeline program ensures that individuals have access to resources to better age in place.

REIMBURSEMENT FOR NON-TRANSPORT EMERGENCY MEDICAL SERVICES

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.

RECOMMENDATIONS & NEXT STEPS

Strengthening systems of care calls for broadening the array of services available and increasing access to preventative programs while honoring person-centered planning in care. The National Institute on Aging reports that 87% of older adults plan to age in their homes. Creating sustainable resources to support those choices matters now more than ever. The following recommendations support independence, choice, and cost-effective solutions for strengthening systems of care for healthy aging.

CAREGIVER RESPITE & SUPPORT Family caregivers provide most of the in-home care to aging loved ones. Ensuring that care partners have time to attend to their own medical needs, and to rest from the physical and emotional demands of caregiving is a low-cost solution when compared to the expense of higher levels of care. Normalizing the need for respite services while ensuring that family caregivers have access to respite referrals and grants to cover respite care costs will improve the likelihood that



Caregiving in the US, 2025

family caregivers can continue to provide the balance of care for loved ones. In a comprehensive research report on Caregiving in the US AARP and the National Alliance for Caregiving asked caregivers what policies they would find most supportive.

Support can take many forms, ranging from informal groups that meet virtually to groups that meet in person and are supported by non-profits, hospitals or public health networks. Sharing resources, successes and challenges improves social supports and can reduce isolation and depression rates among caregivers.

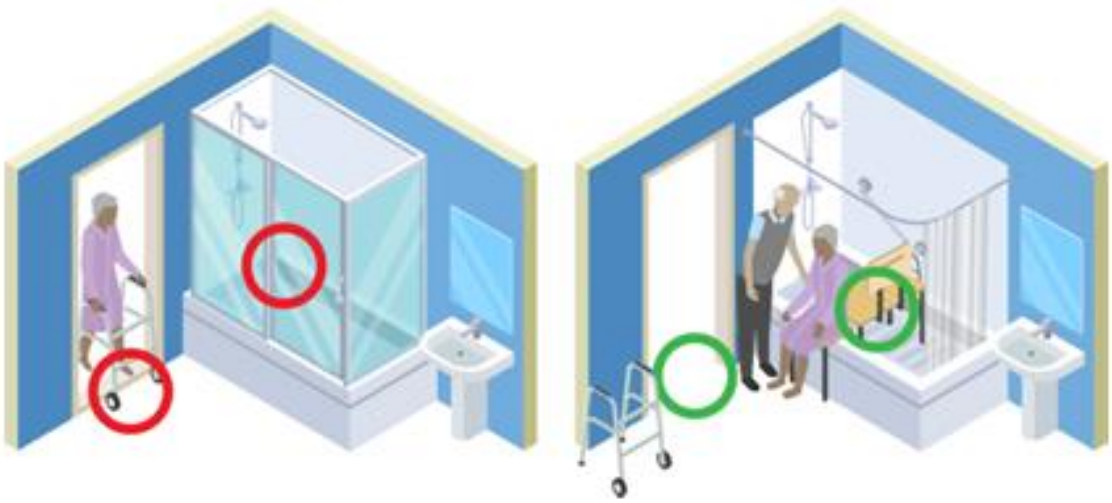
CREATE INDIVIDUAL HEALTHY AGING PLANS

Promote wellness in older adults with healthy aging plans that identify resources & preventative programs.

Create an opportunity to assist older adults with creating their own individualized healthy aging plan that utilizes existing resources and incorporates opportunities for preventative programs. Libraries, senior centers and volunteers could be utilized to support individuals in their healthy aging plan. Promote an awareness campaign that highlights community programs like falls prevention, home maintenance support, Aging and Disability Resource Centers and senior center resources so that individuals, providers and community members have greater understanding of existing resources.

CAPABLE PROGRAM

A home-based program that provides an occupational therapist, nurse and a handyman who work together to improve the functional environment. The CAPABLE (Community Aging in Place Advancing Better Living for Elders) program is a home-based program that addresses the functional challenges and costs of aging in place. Older adults at higher risk for impaired function or falls are identified in a healthcare setting and referred to a CAPABLE program. Working with a support team that includes an occupational therapist, nurse and a handyman the older adult identifies specific goals that would improve quality of life and reduce risk of physical injury. Goals could include bathing independently, managing medications or preparing meals. The support team strategizes with the older adult to develop a person-centered plan that often includes home modifications, assistive tools and behavioral changes. The team conducts 10 in-home visits to achieve the functional goals outlined initially.



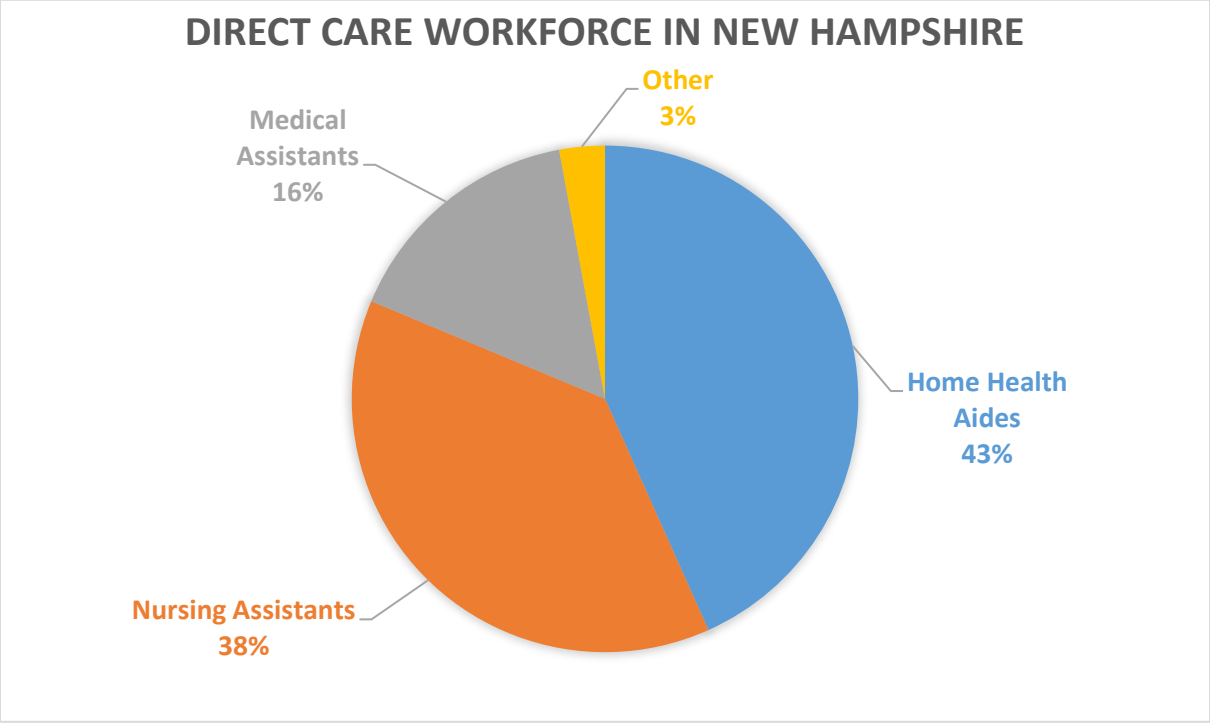
Mrs. R could not shower independently. A handy man removed the threshold and shower door, installed grab bars and a transfer shower seat. Working with an occupational therapist Mrs. R learned how to properly use the shower seat and can now bathe unassisted.

PRIORITY: GROW THE DIRECT CARE WORKFORCE

New Hampshire will encounter a growing demand for direct care workers over the next two decades. Ensuring that the direct care workforce grows in response to increased demand will become increasingly essential. Measures that ensure the direct care workforce is qualified and supported in their roles improve the quality of care provided to aging adults in New Hampshire. 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.**

DIRECT CARE

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**.** Direct care workers include personal care aides, home health aides, licensed nursing assistants (LNA) and community health workers. Direct care workers provide care in homes, nursing facilities, rehabilitation units, hospitals, assisted living facilities and adult day centers. **They provide critical medical and social support while also monitoring for changes and preventing injuries.**



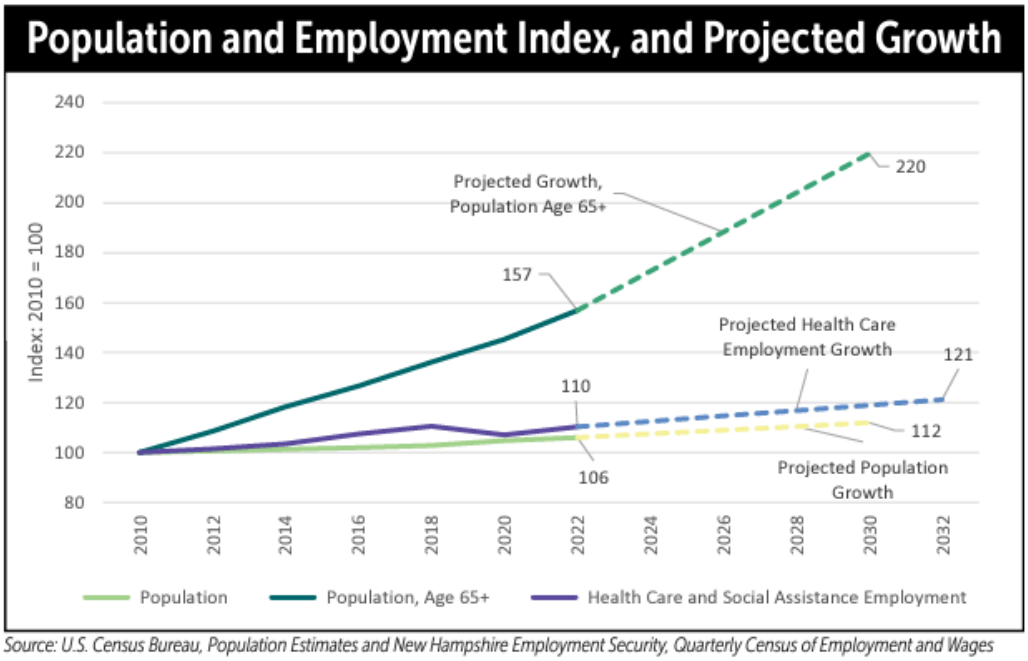
NHES, 2025

GROWTH POTENTIAL

According to NH Employment Security direct care workers will account for **23% of all job growth** in the next ten years for New Hampshire. American Health Rankings 2024 Senior Report notes that on average there should be a ratio of 61 direct care workers per 1,000 adults age 65+. New Hampshire falls behind this mark averaging 28 direct care workers per 1,000 adults age 65+. While growth rates in direct care positions climb over the next ten years, consideration of turnover rates will become a pressing issue to solve. Statistically, direct care positions will experience the highest turnover rates of any healthcare related profession with 15% of direct care professionals exiting or transferring positions (PHI, 2025). Low rates of pay, high physical demands and emotional strain all contribute to the high turnover rates.

MEETING GROWING DEMANDS

Employment models project that growth of the direct care workforce will not keep pace with the aging population growth trends. 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. Many current providers express concern about Medicaid funding gaps which fuel insufficient levels of staffing. While rate reimbursements were adjusted, those adjustments have not kept pace with the cost of living or inflation. Regular rate assessments help providers retain direct care workers reducing strain on the healthcare system and long-term care facilities. Understanding and counteracting barriers to attracting rural direct care workers remains a pressing concern. Without access to affordable housing or childcare many direct care workers cannot relocate to rural communities or enter the direct care workforce.



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.

PROGRESS: GROWING THE DIRECT CARE WORKFORCE

Progress this year included expanded access to respite care, additional pathways to licensing for LNA's and measures to improve care in communities with rural provider recruitment and expansion of community nursing programs.

RESPITE

Expanded funding for Alzheimer's disease and related dementia caregiver respite allows families the opportunity to rest and care for personal needs. While not formal direct care workforce members, caregivers are the frontline workers in systems of care providing essential care and support for loved ones.

EXPANDING LICENSURE

Legislation expanded LNA licensure opportunities by allowing documentation of successful completion of fundamentals of nursing curriculum or its equivalent from a board-approved nursing education program instead of documentation of completion of an LNA education program. Expanding licensure opportunities for LNA's strengthens the direct care workforce pipeline, improving its ability to expand and meet demand.

COMMUNITY BASED CARE

Over the last year more communities in New Hampshire are exploring and adopting community-based nursing programs as well as mobile integrated healthcare. Models of care that seek to serve community members at home remove complex barriers to treatment such as lack of transportation. These services are also designed to be flexible in nature. Some individuals benefit from long-term health monitoring while others need only periodic or sporadic care following an injury or an illness. Providers are seeing patients in their home offering a unique opportunity to assess needs and make necessary referrals for additional community resources.

PHYSICIAN RECRUITMENT

Funding for the Family Medicine Residency Program in the North Country provides an essential recruitment tool for the state to attract and retain physicians in the most rural portions of the state where lack of medical providers can leave communities under served.



WORKFORCE HOUSING INITIATIVES

Growing the direct care workforce is deeply connected to affordable housing. Some facilities and providers are exploring building their own housing or reutilizing existing buildings to remove barriers to recruitment.

RECOMMENDATIONS & NEXT STEPS

MOBILE INTEGRATED HEALTHCARE

Paramedics treat patients at home improving outcomes and patient satisfaction

The healthcare ecosystem is adapting to changes in population need and workforce challenges. There is an anticipated decline in physicians in New Hampshire over the next decade as many physicians retire. Mobile Integrated Healthcare utilizes community paramedicine by utilizing EMS in an expanded role under the supervision of physicians or hospitals rendering care to patients in their homes. This idea was born out of the need to prevent injuries or repeated hospitalizations. Many who seek care in emergency rooms can be successfully served in their homes and can be treated by skilled healthcare workers versus physicians. This model currently exists in limited portions of the state. Expansion would improve health outcomes and reduce emergency room visits.

COMMUNITY NURSING

Community Nursing coordinates care and follows complex or routine medical conditions all from the patient's home

Like Mobile Integrated Healthcare, a Community Nursing Program is an inventive solution to multiple needs. Individuals who lack transportation, social support, or care management are often forced to delay medical care out of necessity ultimately accessing emergency services for preventable medical events. Community nurses visit town/city residents in their homes assessing medical condition(s), reviewing care needs and reconciling medications. Many recipients will also note that beyond medical support the social support and assistance connecting to other vital social services is equally vital. Community nursing is a low-cost community solution to a complex challenge and could play an important role in re-balancing long-term home and community-based care.

HOME CARE COOPERATIVES

Employee-owned home care improves employee retention and quality of care

Home-Care cooperatives are worker owned organizations that provide in-home care. While typically small, employing on average less than 50 care workers, data indicates that their ability to retain workers is substantial compared to other direct care employers. The average turnover rate in home-based care is 66% but in home-based care cooperatives that number drops to 33%. Proponents of this model note that employee ownership also drives quality of care and worker satisfaction. A UCLA led study reports that direct care workers employed in home care cooperatives report higher job satisfaction, higher pay and more control over the work and workloads.



APPENDIX

Complete list of next steps including policies and priorities for each of our defined priorities

ADVANCING AGEWELLNH-AGE-FRIENDLY POLICIES, SYSTEMS, AND COMMUNITIES

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 flexibility 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 housing policies or demonstration projects that can add affordable, accessible (age-ready) housing options for older adults & the workforce.
- Examples include **Home share** programs that often match older householders with young renters exchanging lower rents for household chores with both gaining from intergenerational companionship.
- Expand efforts to layer services over existing housing. Track and report data on effect of congregate housing funding 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 for manufactured housing, increasing the number of years affordable housing remains below market rates.
- Protect older adults living on fixed incomes who are struggling in the current rental market



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.

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".

STRENGTHENING SYSTEMS OF CARE FOR HEALTHY AGING

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.

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.
- 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 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.
- 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 for longer).
- Continue to implement policy and investment changes to re-balance LTSS and reduce New Hampshire's reliance on LTSS facility-based care.
- Enhance state investments into core programs of the Older Americans Act - foundational elements of a LTSS system of care. This includes congregate 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 individuals and families

- Increase investments in the Aging and Disability Resource Centers (ADRCs), to improve capacity as a resource to all community members.

- Conduct a performance audit of ADRCs and evaluate 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 to improve public understanding of existing resources.
- Improve utilization of federal assistance programs such as SNAP where historically only 40% of NH's older population who are income eligible are enrolled.
- Develop more community-based support services for those affected by cognitive decline and their care partners.



Only **40%** of people over 60 who qualify for SNAP are enrolled in New Hampshire

- Assess the needs of family caregivers & strengthen services & supports in communities and workplaces. This includes investing in small community volunteer efforts.
- 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.)

GROWING THE DIRECT CARE WORKFORCE

These suggestions for policies and programs support growing the direct care workforce in New Hampshire

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.

- **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 applications 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 to better coordination of the variety of federal and other funding opportunities available for state government workforce initiatives.
- Leverage and maximize workforce funding to build impact, including 529 Scholarship Program funds to Workforce Innovations and Opportunity Act funds.
- 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
  - Jobs for America's Graduates NH

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 the 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.