



State of New Hampshire Commission on Aging

ANNUAL REPORT

November 1, 2019 – September 30, 2020

DATE: November 1, 2020

TO: Honorable Chris Sununu, Governor
Honorable Stephen Shurtleff, Speaker of the House
Honorable Donna Soucy, President of the Senate
Honorable Mary Jane Wallner, Chair of House Finance Committee,
Chair of Fiscal Committee
Honorable Lucy Weber, Chair of Health, Human Service and Elderly
Affairs Committee
Honorable Lou D'Allesandro, Chair of Senate Finance Committee
Honorable Tom Sherman, Chair of Senate Health & Human Services
Committee
Honorable Paul Smith, House Clerk
Honorable Tammy Wright, Senate Clerk

FROM: Representative Polly Campion, Chair

SUBJECT: 2020 Annual Report of the State Commission on Aging
RSA 19-P (HB 621, Chapter 152:2, Laws of 2019)

Pursuant to RSA 19-P:1 (HB 621, Chapter 152:2, Laws of 2019), enclosed please find the 2020 Annual Report of the State Commission on Aging.

If you have any questions or comments regarding this report, please do not hesitate to contact me.

I would like to thank the members of the Commission for their efforts to date and willingness to continue to engage in the important work of addressing issues and opportunities facing older NH residents. I would also like to express appreciation to all those who assisted the Commission in its duties.

Enclosures

cc: Members of the Commission

2020 Annual Report
The NH State Commission on Aging
RSA 19-P (Source 2019, 152:2, effect. July 1, 2019)
November 1, 2020

Table of Contents

COMMISSION MEMBERSHIP	3
COMMISSION EXECUTIVE DIRECTOR.....	3
COMMISSION CHARGE.....	3
SUMMARY	5
RECOMMENDATIONS	5
TRENDS	6
ACTIVITIES OF THE COMMISSION	7
APPENDICES	15
APPENDIX A: Letter to the Governor’s Economic Re-Opening Task Force	15
APPENDIX B: New Hampshire State Commission on Aging COVID-19 Emerging Issues Task Force Issue Brief: <i>Social Isolation in Long Term Care during the COVID-19 Pandemic</i>	17
APPENDIX C: Commission on Aging 3 Year Strategic Map – October 2020 – September 2023.....	21
APPENDIX D: Governor’s Advisory Commission on Intermodal Transportation <i>Who Needs Transportation? A Snapshot of Need in NH</i>	22

COMMISSION MEMBERSHIP

Representative Polly Champion, Chair
Representative James MacKay
Senator Ruth Ward
Wendi Aultman, Department of Health and Human Services
Janet Weeks, Department of Labor
Richard Lavers, Department of Employment Security
Elizabeth Bielecki, Department of Safety
Patrick Herlihy, Department of Transportation
Sunny Mulligan Shea, Office of the Attorney General
Lynn Lippitt, NH Housing Finance Authority
Susan Buxton, Long Term Care Ombudsman
Kathy Baldrige, Appointed by the Governor
Kenneth Berlin, Appointed by the Governor
Roberta Berner, Appointed by the Governor
Susan Demers, Appointed by the Governor
Susan Denopoulos Abrami, Appointed by the Governor
Susan Emerson, Appointed by the Governor
John Kennedy, Appointed by the Governor
Kristi St. Laurent, Appointed by the Governor
Daniel Marcek, Appointed by the Governor
Susan Nolan, Appointed by the Governor
Susan Ruka, Appointed by the Governor
Carol Stamatakis, Appointed by the Governor
Harry Viens, Appointed by the Governor

COMMISSION EXECUTIVE DIRECTOR

Rebecca Sky, MPH
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COMMISSION CHARGE

RSA 19-P:1

I. There is established a state commission on aging to advise the governor and the general court on policy and planning related to aging.

...

V. The commission shall be authorized to select and hire select an executive director by a vote of a majority of the members. The executive director shall be in the classified service of the state and shall perform such duties as the commission may require. The governor is authorized to draw a warrant for the amount necessary to pay for the executive director position and related office expenditures authorized in this paragraph out of any money in the treasury not otherwise appropriated. The commission shall hold no fewer than 9 regular meetings per year.

RSA 19-P:2

- I. Reviewing and recommending proposals for rules, legislation, waivers, operations, and other policies.
- II. Reviewing and providing input relative to state planning efforts across agencies, including the state plan on aging, the mental health plan, and transportation and safety.
- III. Formulating or helping to formulate, reviewing, and evaluating policy proposals, considering fiscal, program, provider, and recipient impact, and making recommendations accordingly.
- IV. Encouraging the development of coordinated interdepartmental goals and objectives and the coordinating programs, services, and facilities among all state departments and nongovernmental organizations as they relate to older adults.
- V. Identifying and recommending ways in which the state can support local and community efforts, through educational programs or otherwise, to promote healthy aging.
- VI. Identifying and recommending ways in which the state can partner with nongovernmental organizations to promote healthy aging.
- VII. Promoting the skills, talents, and energy older Granite Staters can offer to make New Hampshire a better place to live for everyone.
- VIII. Assisting in the implementation of the state plan on aging.
- IX. Making a continuing assessment of problems relating to older adults.
- X. Advocating solutions to provide better integration of older persons into the social and economic life of the state.
- XI. Soliciting the cooperation and help of the various groups concerned with the problems facing older adults.
- XII. Obtaining from such groups their views, experience, assistance, and recommendations in the preparation and direction of future planning and administrative and legislative action as the commission may from time to time deem necessary and advisable.
- XIII. Requesting from governmental agencies within the state, subject to available resources, in making available such information, suggestions, and statistics to enable the commission to perform its functions.
- XIV. Other matters the commission deems necessary related to aging.

SUMMARY

Following the initial organizational meetings held in September and October 2019, the Commission met eleven times, hired an executive director, and engaged in a learning agenda. The Executive Director, Rebecca Sky, began January 31, 2020 and within six weeks, COVID-19 required the new Commission to rethink how it would accomplish its work. Despite the inability to meet in person, the Commission completed a strategic planning process and formed Task Forces in alignment with four identified strategic priorities:

3 Year Plan

October 2020 to September 2023:

- Develop and advance strategies to improve people's ability to age in the communities of their choice
- Catalyze New Hampshire towards being an Age-Friendly State
- Engage Leaders regarding the Emerging Needs of Older Adults during the COVID-19 Epidemic
- Develop Commission Infrastructure to Support Operational Success

RECOMMENDATIONS

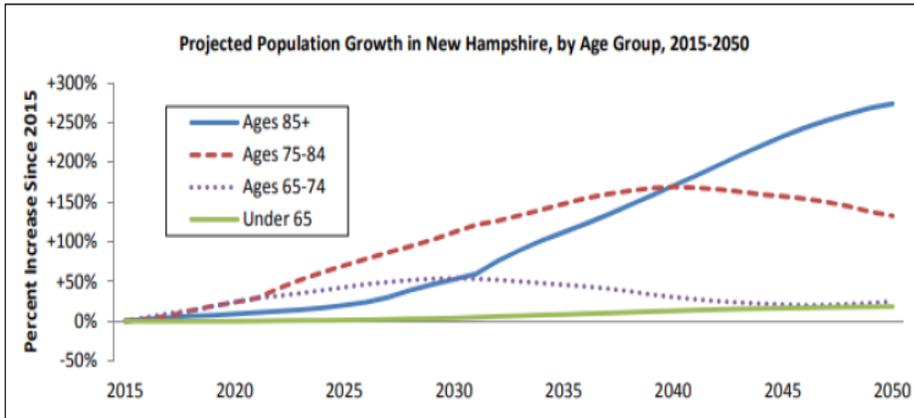
Reflecting on the previous year, the New Hampshire State Commission on Aging advises the New Hampshire State Legislature and Office of the Governor to consider the following recommendations:

1. Conduct an in-depth assessment of the Long-Term System of Care that studies the built environment, workforce, funding, nursing home alternatives, rebalancing payment structures to better support long-term supports and services delivered in the community, and more. Prior to the outbreak of COVID-19 Governor Sununu announced the formation of a working group to look at long-term care issues. When the present state of emergency subsides, this needs to become a top priority again. A case for a more resilient system of care was never more evident than during this pandemic. In the meantime:
 - Seek ways to support the growth of the quantity and quality of the home care and long-term care facility workforce in New Hampshire by:
 - Focusing on recruitment, training and retention strategies; and
 - Prioritizing aid to long-term care facilities to retain their workforce. A full, qualified workforce is a key element in creating safe environments that deliver quality care.
 - Hold hearings and sponsor discussions for nursing home providers, public health officials, and the public about the dangers to older adults of being socially isolated, and how to assess for and remedy isolation.
2. Continue to find ways to increase funding for Nutrition Support Services, i.e. Meals on Wheels, in New Hampshire.
3. Consider investing in a statewide assessment of older adults' transportation needs to inform a smart approach to infrastructure development.
4. Consider efforts to increase housing affordable to older adults and the care provider workforce.
 - When considering housing, simultaneously consider availability of nearby transportation options to ensure New Hampshire resources are used in a maximally efficient way.
5. Revisit Right-to-Know laws to allow for the continuation of public meetings via remote means beyond the conditions of a declared state of emergency.
6. Continue efforts to sustain growth of telehealth services beyond the current state of emergency. Telehealth's growth during the COVID-19 pandemic has been beneficial to older adults in both urban and rural areas.
7. Support the development of a statewide vision for and investment in high speed broadband infrastructure to help our state thrive. Consider maintaining a Director of Broadband Services after the upcoming retirement of the current Director.

TRENDS

Details on trends regarding the older adult population in New Hampshire are described below.

The Granite State has the second-oldest population in the nation. Currently in New Hampshire, one out of every five of us is over the age of 60, and this trend is set to continue.



Graph from [AARP Across the States 2018: Profile of Long-Term Services and Supports in NH](#)

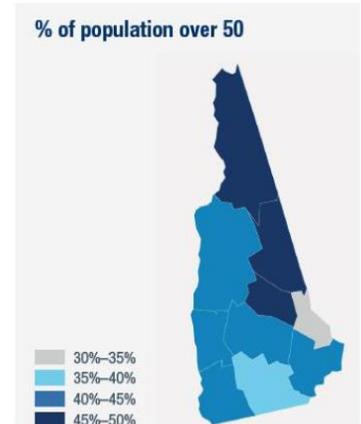
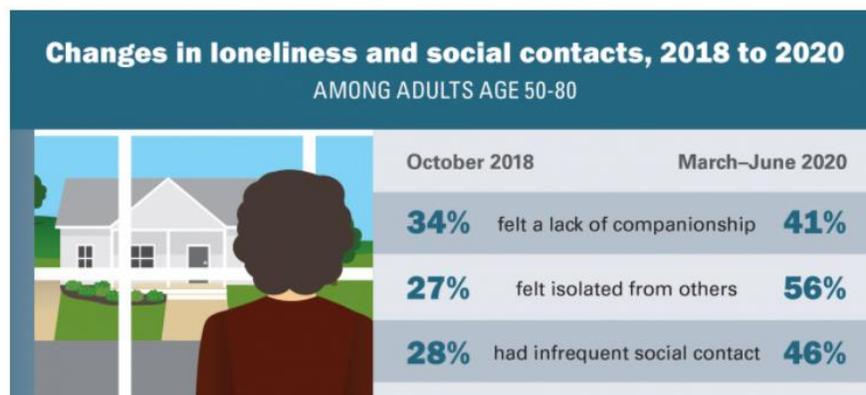


Image from AARP Longevity Economy Report: NH. Population by age by county is from the Census Bureau population estimates for 2015.

There is much work to be done to prepare our state to flourish during this demographic shift. This shift includes increases in diversity, more people living alone, more people living longer. The Commission on Aging spent its first year forming a plan to investigate issues that influence how we age. This first year was also focused on responding to emergent concerns related to the COVID-19 pandemic. Social isolation became a priority, both within long-term care facilities and the larger community. The [Centers for Disease Control](#) has linked loneliness and social isolation to many serious health conditions. A national poll conducted in June of this year by the [Institute of Health Care Policy and Innovation](#) at the University of Michigan reflected an increase in the experience of isolation and loneliness by people over the age of 50 in the first months of COVID-19 compared to 2018:



The NH State Commission on Aging will continue to investigate how all people may have the opportunity to thrive and be valued while growing older in New Hampshire in the year to come.

ACTIVITIES OF THE COMMISSION

Meeting Summaries

November 18, 2019: The Commission heard a presentation about the New Hampshire Alliance for Healthy Aging (NH AHA), a statewide coalition of more than 300 representatives of 190 groups focused on the health and well-being of older people in New Hampshire. NH AHA works to create communities in New Hampshire that advance culture, policies and services which support older adults and their families. NHAHA prioritized the following areas as needing greatest attention in New Hampshire:

- Enhancing support for caregivers and families
- Improving the availability of quality health-care and social service direct care workforce
- Advancing zoning changes to promote affordable, accessible housing options
- Increasing transportation options and awareness of options

The Hiring sub-committee of the Commission reported progress towards hiring an Executive Director while the Space and Logistics sub-committee reported success in locating space for the Commission in the Dolloff building in the State Office Park on Pleasant Street.

December 16, 2019: The Commission entered into a non-public session for the purposes of discussing the hiring of a public employee, and Executive Director for the Commission, pursuant to RSA 19-P:1, V and RSA 91-A:3, II (b). A candidate was selected.

January 13, 2020: Chair Campion announced that [Rebecca Sky](#) was offered and accepted the position of Executive Director of the State Commission on Aging with a start date of January 31, 2020.

The Commission agreed to co-sponsor with EngAGING NH the Joseph D. Vaughan Awards that have been given annually since 1962, most recently co-sponsored by the former State Committee on Aging and EngAGING NH. The award is given to a volunteer or volunteer couple from each county for meritorious achievement on behalf of older adults. Joseph D. Vaughan's family agreed that with this transition, the award may take a new name. The Commission's goal with this award will be to communicate the value older adults contribute to our communities.

The Commission heard a presentation by Julianne Carbin, Director of the NH-DHHS Bureau of Mental Health, who provided an overview of the Ten-Year Mental Health Plan, including elements that relate to older adults. Highlights from the presentation and ensuing discussion:

Over-arching Needs identified in the Ten-Year Mental Health Plan:

- The lack of workforce. The 3.1% increase to Medicaid reimbursement put in place for SFY 19 was viewed as a positive step to address workforce issues. Follow-up discussion identified improving access to telemedicine as a way to help fill workforce gaps, particularly in rural areas.
- Regional delivery needs to be enhanced with some additional centralization (a portal/hub), possibly with a one-call approach.
- More public education, prevention and early intervention are critical to improving NH residents' well-being.
- A plan to address emergency department wait-times.

Concerns specific to Older Adults:

- The suicide rate in New Hampshire increased from 12.6 deaths per 100,000 population in 2009 to 19.2 in 2019. By age and gender, the highest suicide rate in NH is among males ages 65 and older. Older adults tend to be more isolated, more physically frail, and more likely to use firearms as a means of suicide.
- Questions were asked about the adequacy of geri-psych infrastructure in place in the state.

- People living with dementia have unique behavioral health needs. Recent legislation requiring continuing education in dementia for direct care staff in residential facilities and community-based settings was seen as positive.
- The DHHS Referral, Education, Assistance and Prevention Program (REAP) is a program for older adults and their caregivers offering up to 5 confidential counseling visits in people's home or by phone. This program is seen as critical to helping people to access resources to manage their needs. Intensity and complexity of need in clients has risen over time. The program has been level funded for the past eight years.

February 10, 2020: This was the first meeting for Rebecca Sky serving in her capacity as the Executive Director for the NH State Commission on Aging. The Alliance for Healthy Aging, and Granite State Independent Living provided a scan of bills before the legislature that impact older adults, sharing which were priorities for their organizations.

In light of a memo from the Governor's Office to the federal delegation in regards to nutrition support services, Wendi Aultman, Director of the Bureau of Elderly and Adult Services (BEAS) and Meghan Brady, President of St. Joseph Community Services (SJCS), the senior nutrition provider in Hillsborough County, were invited to present to the Commission on nutrition support services in NH. Funding for congregate and home delivered meals is primarily through the Older Americans Act and Social Services Block Grant. The concern is that 11 senior nutrition contractors have been serving more meals to more older adults in the state with the same amount of funding over the past several years. While the qualifying criteria remained the same, more older adults are qualifying for services without a relative increase in contracts.

- SJCS has seen the number served go from approximately 372,000 home delivered and congregate meals in 2017 to almost 427,000 in 2019.
- State and Federal funding does not cover either the full cost of meals or the number of meals provided. The difference is made up by philanthropic efforts.
- Meals on Wheels provides not only nutrition for those that cannot afford the food they need, but important daily contact that serves as a wellness check and addresses social isolation. Meal delivery is a "threshold" (in-home) service provided every weekday, and as such, can be an initial service that brings a frail individual into a network of other needed services.
- Data are unavailable regarding the following:
 - Statewide data on the numbers of meals providers were serving above their contracts.
 - Number of clients who require transportation in order to access congregate meal sites.

During the public comment period Cara Wry, a staffer from Sen. Shaheen's office, indicated that the Senator had sent a letter to the Trump Administration on January 30, 2020 to request an increase in funding for the home delivered meals program under the Older Americans Act.

March 16, 2020: Meeting was cancelled due to the State of Emergency declared by Governor Sununu on March 13, 2020 via Executive Order 2020-04 due to COVID-19.

April 20, 2020: The Commission held an education session via Webex, pursuant to emergency meeting provisions of RSA 91-A as outlined as admissible in Executive Order 2020-04. Kelly Laflamme, from the Endowment for Health, and Jennifer Rabalais, of the UNH Center on Aging and Community Living, were invited to present, "Telling a New Story about Aging: During COVID-19 and Beyond." The materials shared were from [Reframing Aging](#), a long-term endeavor designed to improve the public's understanding of aging that was developed from research conducted by the FrameWorks Institute. Ageism and its effects were discussed generally, as was ageism's impacts since the onset of the pandemic. While there are clear definitions for ageism, metrics to track ageism are hard to come by. Communication strategies for combatting ageism were shared. Resulting from this session was [a letter from the Commission to the Governor's Economic Re-Opening Task Force, dated May 7, 2020](#) (Appendix A). The letter addressed

ageism and included recommendations for ensuring a successful re-opening. The recommendations focused on putting in place measures to flatten the curve to optimize our communities' short- and long-term vitality. [Older adults play an out-sized role in our economy](#) for the size of the population. The letter recommended attention to inclusion of older adults in the social and economic recovery in ways that are responsive to their increased risk of negative outcomes as well as their right to participate in society as safely as possible.

May 18, 2020: The Commission met via Webex, pursuant to emergency meeting provisions of RSA 91-A as outlined as admissible in Executive Order 2020-04. Commission members agreed to the forming of a Task Force to identify and make recommendations for action to the full Commission on emerging issues related to the pandemic and its effects on the aging population in New Hampshire. Commission members also agreed to the recommendation from the ad hoc strategic planning sub-committee to shift gears from an in-person full day retreat to convening three remote sessions over a two month period to craft a strategic map that outlines a Mission, Vision, set of Values, and Strategic Priorities for the next three years.

Intended to provide background and perhaps a framework for the Commission's strategic planning, Todd Fahey, AARP-NH State Director, and Lori Parham, AARP-Maine State Director provided a brief presentation on the Age-Friendly Communities model. The model outlines eight domains to develop resources which enhance personal independence, allow residents to age in place, and foster residents' engagement in the community's civic, economic, and social life. The domains include Housing, Transportation, Outdoor Spaces and Buildings, Community Support and Health Services, Communication and Information, Civic Participation and Employment, Respect and Social Inclusion, and Social Participation. Communities, cities, and states around the world have used these organizing principles to develop plans to better community vitality. Last fall the state of Maine joined the AARP network to exchange experience and take advantage of mutual learning as Maine defines their own domains for action based on the framework: Accessible Communication & Information; Employment & Financial Security; Health Coverage, Health Care, & Supportive Services; Housing; Transportation; Natural Resource Management, Outdoor Spaces & Recreation; Respect, Social Inclusion, & Civic Engagement.

Lori Shibinette, Commissioner of the NH Department of Health and Human Services, and Deborah Scheetz, Director, Long-Term Supports and Services, joined the meeting for a discussion on the effects of COVID-19 – both from the Department's perspective and from the perspective of Commission members. Many ongoing issues have been exacerbated with the pandemic:

- Social isolation among older adults was prevalent prior to the outbreak. The pandemic has increased the prevalence and severity of social isolation among older adults. It is impacting people regardless of where they live: long-term care facilities, senior housing, and independently in our communities. This impacts older adults' cognition and general health.
- Lack of access to high speed broadband has left older adults more isolated. Increasing access and providing additional supports to enable use of technology will help mitigate social isolation and advance the use of tele-health. The expansion of tele-health services in response to COVID-19 improved access to crucial health services for many.
- Maintaining long term services and support staffing was a major issue in community and long-term care settings that worsened significantly with COVID-19. (The Long Term Care Stabilization Program put in place over the summer was helpful towards addressing this issue.)
- The long-term care system of care lacks the resiliency to manage the pandemic robustly. Many New Hampshire nursing homes were built in the 1960s, and their physical structure, shared rooms, and other attributes make them higher risk venues for transmission, not just for COVID-19, but influenza and other viruses. Dementia care settings are particularly challenging. A vigorous assessment with a plan for improvement is needed.
- It's clear that the built environment of nursing homes plays a significant role in the transmission of disease. We need to look at models that provide for more safety from all infectious disease.

- Continuation of a relaxed Right-to-Know law that allows for public convening via remote means could support civic engagement and enable better participation by older people and those with disabilities.
- The work done by the Governor’s Economic Re-Opening Task Force to open Adult Day programs that serve individuals with dementia and their families was appreciated.
- Adult Protective Services saw a down-turn in reported cases in the immediate months after the State of Emergency was declared, likely due less interaction of at risk individuals with external service providers who often initiate reports.

This discussion informed the direction of the COVID-19 Emerging Issues Task Force.

June 15, 2020: The Commission met via Zoom for an extended 3 hour meeting, pursuant to emergency meeting provisions of RSA 91-A as outlined as admissible in Executive Order 2020-04. The COVID-19 Emerging Issues Task Force on the Commission reported that it met and defined its scope as “to make recommendations with the goal of helping older citizens come out of the crisis stronger.” The group will focus on issues related to ageism, strategies to alleviate social isolation (access to technology and high speed broadband included), and concerns about the state’s long-term care system.

This meeting served as the first session of three to engage in strategic planning to develop a strategic map for the Commission. In order to prepare for the process, Commission members received a summary of results from an initial strategic planning survey, a compilation of data concerning the older population in the state (available to legislators and the Governor’s Office by request), and brief biographical information about each member of the Commission. Carolyn Russell, Department of Administrative Services Senior Operations Analyst, generously contributed her time to facilitate this planning session as well as the two subsequent sessions. In this meeting work was done towards developing Vision and Mission Statements.

During the Public Comments portion of the meeting, concern was raised that Medicaid long-term care waivers and flexibility during this time of public emergency were not being applied evenly, excluding the older adult population.

June 29, 2020: The Commission met via Zoom, pursuant to emergency meeting provisions of RSA 91-A as outlined as admissible in Executive Order 2020-04. This meeting served as the second session of three to engage in strategic planning to develop a strategic map for the Commission. The mission and vision statements were briefly re-visited followed by work on value statements, and a start was made on identifying strategic priorities for the next three years.

July 20, 2020: The Commission met via Zoom for an extended 3 hour meeting, pursuant to emergency meeting provisions of RSA 91-A as outlined as admissible in Executive Order 2020-04. The Commission dove deeper into the impact of COVID-19 on Long-Term Care Residents & their Families and held the final round of strategic planning discussions towards development of a strategic map for the Commission.

The NH Department of Health and Human Services Commissioner Lori Shibinette and Long-Term Care Ombudsman and Commission member Susan Buxton each spoke about the challenges of balancing efforts to limit residents’ exposure to virus while mitigating the negative impacts of social isolation including residents’ mental health in this time of pandemic. Both reaffirmed that long-term care is not just about physical safety but quality of life too, especially concerning likelihood of the length of the current state of emergency.

In mid-June DHHS provided direction to long-term care facilities allowing and outlining guidance for residents to have outdoor visitation. Residents at the end of life were allowed limited compassionate care visitation even prior to this date. Some facilities integrated outdoor visitation successfully, but others struggled to find appropriate outdoor space. Outdoor visitation is especially challenging for residents with dementia.

Commissioner Shibinette reported the spread of COVID-19 in long-term care facilities has been a difficult and emotionally wrenching problem for the facilities' communities of staff, families and residents. Some New Hampshire facilities have seen 20-25 residents pass away within a three-week period. The message she's heard from such facilities is, "Don't open any further. It's too scary." Yet she was also hearing from other facilities, residents, and family members of the negative impact the lock-down was having on health and well-being.

The Office of Long-Term Care Ombudsman's (OLTCO) role is to receive, investigate, and resolve complaints or problems concerning residents of long-term health care facilities. The OLTCO which previously met with families, residents, and long-term care staff members *inside* long-term care facilities was deemed by federal guidance as non-essential and therefore barred from visiting facilities. The OLTCO has had to manage its work without that valuable in-person contact. The OLTCO is most often speaking with people who are not comfortable with the care that is being provided. Susan Buxton recounted a summary of the types of calls her office has received since the onset of the pandemic which largely reflect the negative impact of the social isolation residents were experiencing. Visitors provide essential monitoring, care, and engagement with residents. They improve quality of life and quality of care.

The Commission on Aging COVID-19 Emerging Issues Task Force continued to investigate this issue drafting an issue brief reviewed at the August Commission Meeting.

August 17, 2020: The Commission met via Zoom, pursuant to emergency meeting provisions of RSA 91-A as outlined as admissible in Executive Order 2020-04. Topics covered:

- A New Commission member welcomed - Department of Safety named Division of Motor Vehicles Director Elizabeth Bielecki to replace Perry Plummer who retired. Two Commission Members have resigned: Mark Frank and Pam Jolivette.
- Commission reviewed, discussed and voted to publish the issue brief developed by the Commission on Aging COVID-19 Emerging Issues Task Force, [*Social Isolation in Long Term Care during the COVID-19 Pandemic*](#). The Commission approved its distribution to leadership within DHHS and long-term care provider organizations with the hopes it might facilitate the continued development of guidance provided by NH DHHS to long-term care facilities. The Task Force crafted it with the belief that the Commission needs to be a voice for older adults in our communities. It aims to strike a balance: follow the science regarding COVID-19 as well as the science demonstrating the detrimental effects of social isolation. (See Appendix B).
- The COVID-19 Emerging Issues Task Force also shared initial findings from investigating access to broadband and technology. The pandemic brought forward the importance of high speed internet to enabling quality telehealth services, alleviation of social isolation, and supporting workers and our economy:
 - Availability – high speed broadband is not universally available in NH. No incentives are provided to private industry to expand in rural areas where there may be limited return on investment. Recent legislation to empower towns, while helpful, is not enough to enable many towns to overcome the hurdles of such a large infrastructure project with only the volunteer hours of their elected officials. There is internet in all parts of the state, but download and upload speeds are paltry in many places. There are over 70 providers of varying types: DSL, cable, local exchange carriers, wireless, cell, and satellite. State investment in fiber rather than telecom infrastructure could make a difference. There is a need for State government involvement in developing a statewide vision and investments.
 - Affordability - Equitable Access – Affordability of broadband for individual households is challenging. FCC requires providers to offer discounts for vulnerable households, but often the bar for qualifying is high and the discount is frequently not meaningful enough to enable access.

- In-home Hardware Support - Affordability for vulnerable households is an issue as is education on set-up and use.
- Education - Older adults (and others) need education on how to use features that can help alleviate social isolation and give access to telehealth services: email, Zoom, social networking sites, etc.
- Cares Act Funding – That the funds were available and yet so few towns were able to take advantage of the opportunity is indicative of the challenge of broadband infrastructure projects. Again, a statewide vision and investment is important to how well we thrive as a state in the future.
- The Commission voted to adopt the [Strategic Map](#) built over the past 3 meetings (See Appendix C). Four Strategic Priorities were identified to be addressed between October 2020 and September 2023:
 - Develop and advance strategies to improve people’s ability to age in the communities of their choice
 - Catalyze New Hampshire towards being an Age-Friendly State
 - Engage Leaders regarding the Emerging Needs of Older Adults during the COVID-19 Epidemic
 - Develop Commission Infrastructure to Support Operational Success
- Next steps in planning were discussed including the formation of Task Forces in alignment with Strategic Priorities named in Strategic Map. The first undertaking of these Task Forces will be to develop work plans.

September 21, 2020: The Commission met via Zoom, pursuant to emergency meeting provisions of RSA 91-A as outlined as admissible in Executive Order 2020-04. Since Transportation is regularly identified as a top issue of any survey of older adults, and it was an issue raised during our strategic planning sessions, a panel of transportation experts was asked to speak to the Commission to provide an introduction to transportation issues for older adults in New Hampshire:

- Patrick Herlihy, Commission member and Director of Aeronautics, Rail and Transit at the New Hampshire Department of Transportation (NH-DOT);
- Fred Roberge, Vice President of Transportation for Easter Seals and Chair of the State Coordinating Council for Community Transportation (SCC);
- Scott Bogle, Senior Transportation Planner, Rockingham Planning Commission.

In advance of the presentation, presenters distributed the white paper in Appendix D outlining the need and issues of transportation for older adults. Highlights of the presentation:

- As the population of New Hampshire over the age of 65 grows, so will transportation needs. Based on various models (state demographics, Community Transportation Association of America), the state will have approximately 75,000 non-driving older adults by 2030. Non-driving older adults and adults with disabilities will need a minimum of more than three million rides by 2040 in order to access basic goods and services, including medical care. This minimum is based on an assumption of two round-trips per month per person (yet, the average American takes 1,230 trips per year). State transportation providers currently provide approximately 800,000 trips per year for older adults and those with disabilities, meeting an estimated 42% of the need.
- The current system’s barriers include limited geographic coverage, limited service hours and days, limited allowable trip purposes, a shortage of volunteer (and paid) drivers, lack of information reaching those who need it, and limited resources to expand the system.
- Volunteer driver programs on average meet a small proportion of the need for transportation (on average 4%). The cost for the volunteer driver programs to grow to meet even 10% of the need would be an estimated \$2.3 million. With the pandemic, the programs have had increasing difficulty in recruiting and retaining volunteer drivers.

- Funding is an ever present challenge. Federal funding primarily requires as local match. Each year the American Association of State Highway Transportation Officials (AASHTO) publishes a report on State Spending on Public Transportation that captures per capita state spending (not including federal pass-through). In 2017 NH spent \$0.51/capita, ranking 44th, just below Mississippi. The median state investment was \$5.45/capita, made by North Dakota – a rural state with about half of New Hampshire’s population. It may be helpful if transportation alternatives could be seen as a part of critical state infrastructure rather than a social assistance program.
- Recommendations from the panel are for the Commission to champion: the need for transportation options, improving the awareness and accessibility of options, supporting a statewide older adults’ transportation needs assessment, and supporting transportation coordination work.

The Commission reviewed the impact of the issue brief developed by the Commission on Aging COVID-19 Emerging Issues Task Force, [*Social Isolation in Long Term Care during the COVID-19 Pandemic*](#). The brief was disseminated to:

- Lori Shibinette, MBA, NHA, RN, NH-DHHS Commissioner
- Benjamin Chan, MD, State Epidemiologist, NH DHHS
- Elizabeth Talbot, MD, Deputy State Epidemiologist, NH DHHS
- Elizabeth Daly, DrPH Bureau Chief, Infectious Disease Control, NH DHHS
- Taylor Selembo, CDC Public Health Associate
- Matt Gatzke, Program Administrator, NH Association of Residential Care Homes
- Lisa Henderson, Executive Director, LeadingAge Maine & New Hampshire
- Brendan Williams, MA, JD, President and CEO, NH Health Care Association
- Kristen Schmidt, Director of Communications, NH Health Care Association
- Mark Latham, Vice President of Operations and Administrator, Taylor Community

In addition, it was distributed outside the State to the federal Administration on Community Living, the federal Centers for Medicaid and Medicare Services (CMS), the National Association of State Long-Term Care Ombudsman Programs who used it in communications with the Center for Disease Control and CMS advocating for a revision to the guidance they provide to state governments.

Since the publication of the issue brief, [NH DHHS has revised the guidance it provided to nursing homes on reopening and visitation several times, the latest being September 28, 2020](#). This guidance is nuanced, taking into consideration rates of infection within the facility and within the community where the facility is located. The guidance also allows for residents to designate an essential support person who is able to have increased access. This is in part enabled by the State of New Hampshire’s commitment to surveillance testing of long term care facility staff.

[CDC guidance on Nursing Home Visitation was revised on September 17, 2020](#), reflecting the understanding the toll on nursing home residents of physical separation from family and loved ones. While identifying core principles of COVID-19 infection prevention strategies, the guidance also requires LTC providers to facilitate in-person visitation if they’ve had no COVID-19 cases in the last 14 days and the county where the facility is located has a low or medium positivity rate.

Task Forces of the Commission reported progress on developing their work plans:

Strategic Impact: Develop and advance strategies to improve people’s ability to age in the communities of their choice.

- Objective #1: Define the continuum of older adult population needs to age in place, what resources are available to meet those needs, what gaps exist, and potential policy solutions towards increasing access to supports by September 2021.

Strategic Impact: Catalyze New Hampshire towards being an Age-Friendly State

- Objective #1: Meet with leadership of age-friendly community initiatives to learn what supports from a state level would be beneficial to their goals by January 2020.
- Objective #2: Request leadership of at least one state agency to come to the State Commission to discuss how they plan to incorporate the impact of aging demographics in their strategic planning by March 2021.
 - Strategy 3.1: Invite Attorney General’s Office / Consumer Protection to present to the Commission their work supporting older adults experiencing exploitation and abuse in NH, what trends they see, and what needs they view are going unmet.

Strategic Impact: Engage Leaders regarding the Emerging Needs of Older Adults during the COVID-19 Epidemic

- Objective #1: **Ageism** – Engage key stakeholders and subject matter experts to confront ageist perceptions regarding older adults, societal behaviors and economic opportunities during the pandemic.
- Objective #2: **Social Isolation** – Research and review strategies to alleviate social isolation during the pandemic including access to and use of broadband and technology, and encouraging neighborly action.
- Objective #3: **Long Term Care System** – Advocate for initiatives that improve the lives of residents in long term care building the resiliency and preparedness of LTC system against future disease outbreak.

Strategic Impact: Develop Commission Infrastructure to Support Operational Success

- Objective #1: Create Task Forces (TF) in alignment with 3 year plan to develop objectives and strategies by November 2020.
- Objective #2: Help members of the Commission be effective by clarifying terms, defining roles and expectations and developing an onboarding process for new members of the Commission by January 2021.
- Objective #3: Develop Commission processes for advising the Legislature and Governor on current legislation and recommendations for future public policy by June 2021.

APPENDICES

APPENDIX A: Letter to the Governor's Economic Re-Opening Task Force



New Hampshire State Commission on Aging

May 7, 2020

Governor's Economic Re-Opening Task Force
107 N. Main Street Concord, NH 03301

Dear Members of the Governor's Economic Re-Opening Task Force:

Thank you for the difficult work in which you are engaged.

The people of New Hampshire are relying on you, as members of the Governor's Economic Re-Opening Task Force, to lead us through the challenges that lie ahead. We are relying on you to keep all of us safe, minimizing economic hardship and physical harm as this pandemic continues in our communities and affects our families in a multitude of ways.

The New Hampshire Commission on Aging is committed to supporting action that benefits all people in our communities, across the life span. We look to the Re-Opening Task Force to reinforce the reality that we are all in this together. This pandemic is not just about one subset of our population, but all of us. And together, we can find a way forward, a new normal in the ways we conduct business and interact with each other in community as this virus continues in our midst for the many months, possibly years to come.

A successful re-opening will be marked by our success in continuing to flatten the curve. We must guard against public sentiment interpreting re-opening as an indication to relax efforts to reduce disease transmission. Now is the time for increased vigilance by all of us to slow virus spread. With your leadership, all of us in the Granite State need to understand that when in public we must keep our physical distance as best as possible, wear cloth face coverings and regularly wash our hands and use hand sanitizer to protect each other from illness. These practices will limit the number of people of all ages that become ill, and ensure health care resources that we all depend on remain accessible to all. As businesses re-open, it is more important than ever for all of us to remain steadfast in these behaviors so we can optimize our communities' short- and long-term vitality.

Increased screening and testing are also key tools for re-opening businesses. A lack of screening tools (e.g., thermometers) and tests means a lack of information to make good decisions that slow the spread of the virus. Access to testing is particularly critical for direct care workers who provide services in people's homes and in our long term care facilities. Testing of this workforce will ease the minds of the people they serve and ensure these critically needed workers feel valued and cared for. Testing and screening are likewise important for other workers who interface with the public, in order to ensure safety and reduce spread. It is one of four strategies used to "box-in" epidemics, the other three being: isolation, contact tracing, and quarantining. Investments in each of these strategies is important for re-opening to be successful and for the long-term health and well-being of our state.

The New Hampshire Commission on Aging also wants to focus the Task Force's attention on the situation facing so many valued nonprofit agencies in our communities. Right now, New Hampshire communities are relying on nonprofit partners to buffer us against the worst impacts of the outbreak. We all will continue to rely on the expertise and experience of these community-based institutions in the recovery effort that lies ahead. Unfortunately, many fundraising events that sustain these organizations throughout the year have been disrupted by the outbreak. Revenue is significantly down and need is up. We recommend re-opening efforts to encourage volunteerism and donations to shore up our nonprofit agencies and their capacity to serve when they are needed most. In addition, the Commission asks that consideration be given to offer to nonprofits already under contract with the state to have enhanced or flexed support in light of the role they are playing in our state's response.

Above all, the NH Commission on Aging recommends that the Governor's Economic Re-Opening Task Force show leadership by balancing the physical, mental and economic health and well-being of all Granite Staters, at every age and stage of life. Older adults need to be included in the social and economic recovery in ways that are responsive to their increased risk of negative outcomes as well as their right to participate in society as safely as possible. Encouraging businesses to make accommodations like separate shopping times is one example of how this can be done. Making improvements to high speed internet in communities that lack access is another that will address isolation felt by many. As you are prioritizing societal benefit when considering what to re-open, please be balanced. As you consider how to re-open childcare centers, please address the needs of adult day centers too. The closure of adult day centers has resulted in increased stress and burden on family caregivers, and cognitive, physical, and social decline of persons living with dementia. Like childcare centers, these services are vital resources for getting people back to work.

Every one of us, in every community needs to do our part to save lives and successfully bring back our economy simultaneously. We stand as a ready partner in that process.

Sincerely,



Rep. Polly Campion, MS, RN
Chair, NH State Commission on Aging
Polly.Campion@leg.state.nh.us



Rebecca Sky, MPH
Executive Director, NH State Commission on Aging
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New Hampshire State
Commission on Aging
COVID-19 Emerging Issues Task Force

August 19, 2020

Social Isolation in Long Term Care during the COVID-19 Pandemic

Situation

The New Hampshire State Commission on Aging requested an update from the New Hampshire Office of Long-Term Care Ombudsman at the July 20, 2020 meeting upon hearing concerns from people in our communities about the social isolation currently being experienced by residents in long-term care (LTC) facilities in the wake of the COVID-19 pandemic. The New Hampshire Office of Long-Term Care Ombudsman receives, services, investigates and resolves complaints or problems concerning residents of long-term health care facilities.

The following is a list of some of the concerns raised to the Office of Long-Term Care Ombudsman since the implementation of measures to curb disease spread, including the limiting of visitors:

- From family members and friends of people living in LTC facilities:
 - Ongoing concern of what is happening within LTC facilities without friends and family members able to observe. This concern has increased since the start of outdoor visitation allowing family members to view the condition of their resident relative.
 - Concern that staffing shortages that existed prior to the onset of the COVID-19 epidemic have only been exacerbated since, meaning less care available for their loved ones.
- Calls from residents themselves:
 - Longer wait times for responses to requests for assistance (incontinent care, personal hygiene, aid in using a bathroom) raising concern about staffing shortages.
 - Meals served in rooms are coming late, cold, and/or not including ordered food.
 - Being restricted to their rooms which has resulted in:
 - No access to baths or showers and limited access to bed or sponge baths only when staff resources are sufficient to manage it.
 - No air-conditioning because room doors are closed and there are no room air-conditioners.
 - No time outdoors.
- Calls from LTC staff:
 - Stressful working conditions which sometimes results in staff outbursts directed at residents.

Direct quotes from callers:

From Residents:

- *"I am being treated like a prisoner."*
- *"I feel like I am being punished."*
- *"I would rather be dead than to live like this."*
- *"When I went out to an appointment and I returned I had to be quarantined. It made me feel like I was labeled as a risk."*

- *“My roommate has the TV on all day and night. I used to be able to get out of the room to get a break from it. Now that I can’t leave my room I feel like I am going to go crazy.”*

From Friends and Families:

- *“We should be able to come in if we follow guidelines like the staff. We too are essential and no more dangerous than the staff that are permitted to come in.”*
- *“My family member is not getting the care they paid for. As a private pay resident they should get a rebate and some relief like business owners got.”*
- *“I see pictures of staff members on Facebook out with their friends not wearing masks and not socially distancing. I have followed the guidelines under the emergency orders but I am not allowed to see my father.”*
- *“My wife aged 5 years. She looked awful when I finally got to see her.”*
- *“My mother in laws hair was greasy, she looked like she had lost a lot of weight. I was shocked.”*

Background:

With the COVID-19 pandemic has come outbreaks of disease within long-term care facilities which have resulted in an unfortunate number of deaths – 345 as of August 18, 2020. To mitigate and prevent the transmission of COVID-19 in nursing homes, the New Hampshire Department of Health and Human Services has provided guidance to New Hampshire Long-Term Care (LTC) facilities in alignment with Centers for Disease Control (CDC) and Centers for Medicare Medicaid Services (CMS) recommendations. The CMS’s recommendations are stepped according to stages of reopening based on many factors including case status in the community, case status in the nursing home, staffing levels, access to testing, access to personal protective equipment, hospital capacity, and rate of compliance with infection prevention standards of mask wearing and hand washing.

NH DHHS, as of August 14, 2020, categorizes all long term care facilities in NH with exception of two with active outbreaks at [CMS Reopening Phase II](#). In all phases of reopening, the emphasis is on limiting exposure to virus. Current NH DHHS Long Term Care guidance on phases of reopening and visitation is available at: <https://www.dhhs.nh.gov/dphs/cdcs/covid19/documents/ltcf-visitation.pdf>

Under this guidance, outdoor visits are allowed following recommended protocols. Compassionate care indoor visits are allowed in this guidance in Phase II and III of reopening: “indoor visitation is allowed on a limited basis and under controlled circumstances. Outdoor visitation is preferable over indoor visitation. Indoor visitation should be considered for residents who are unable to go outdoors (e.g., due to a disability or advanced dementia), are in end-of-life circumstances or for residents whose psychological wellbeing requires visitation. Decisions about indoor visitation should be made on a case-by-case basis by the LTCF,...”. Indoor visits in Phase II and III are restricted to one Essential Support Person designated by the resident.

Assessment:

Social connection is a critical component of well-being. Current NH DHHS guidance to LTC facilities on visitation encourages limiting indoor compassionate care visits. Several [studies](#) provide evidence of the negative impact of social isolation on physical and mental health that not only results in increased morbidity, but increased mortality. The CDC has summarized the [“Health Risks of Loneliness”](#) citing the

National Academies of Science, Engineering, and Medicine 2020 report [Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System](#):

- Social isolation significantly increased a person’s risk of premature death from all causes, a risk that may rival those of smoking, obesity, and physical inactivity.
- Social isolation was associated with about a 50% percent increased risk of dementia.
- Poor social relationships (characterized by social isolation or loneliness) was associated with a 29% increased risk of heart disease and a 32% increased risk of stroke.
- Loneliness was associated with higher rates of depression, anxiety, and suicide.
- Loneliness among heart failure patients was associated with a nearly 4 times increased risk of death, 68% increased risk of hospitalization, and 57% increased risk of emergency department visits.

Care previously provided by family members during visits is going undone and/or becoming an added burden on an already stressed, understaffed workforce. This includes encouraging and assisting residents to eat during mealtimes to get adequate nutrition and hydration, toileting, hair care, nail care, refreshing toiletries, offering physical touch, engagement in meaningful conversation, etc. Limited visitation also increases the burden on staff by requiring increased communication to family and friends of residents.

Once the Emergency Stay-At-Home Order was lifted, and staff from LTC facilities began to engage in public life opening themselves to be exposed and carry the virus into LTC facilities, the value of keeping residents separate from their friends and family decreased.

Interpretation of the protocols varies greatly between facilities with the intent of visits sometimes being lost in implementation of the guidance. Additionally, as weather gets colder, outdoor visits will no longer be tenable.

Finally, ethical considerations need to be factored into the decisions on visitation. Ethically, is the current practice acceptable over the long-term curve of this epidemic?

There is significant difficulty in making the risk/benefit calculation required for developing guidance that increases access to visitation. Yet the necessity to do so is evident.

Recommendations for Consideration:

The New Hampshire State Commission on Aging recommends state policymakers in collaboration with providers, residents and families, continue to thoughtfully evaluate both the epidemiology of COVID-19 and the science on social isolation in the course of developing guidance. The Commission on Aging recognizes the experience and expertise of the leadership at the New Hampshire Department of Health & Human Services and that this leadership team is already on course seeking to balance person-centered care, psycho-social wellbeing and the reduction of community spread. The Commission on Aging urges continued deliberation in this direction and consideration of the following list of measures culled from those raised by residents, family members and staff from long-term care facilities:

Increasing Understanding of Impact of Social Isolation Associated with COVID-19:

- **STUDY:** Track and study COVID-19 secondary cause morbidity/mortality for the purpose of influencing Department of Health & Human Services’ guidance to long-term care facilities:
 - Potential exists using the assessments mandated by CMS (Centers for Medicare & Medicaid Services):

- Decline in ambulation
- Weight loss
- Frequency of falls
- Activities of daily living,
- Others as appropriate.

Expansion of Indoor Visitation:

- **ACCESS:** Expand the definition of Compassionate Care Visits to encompass those evidencing adverse impacts of social isolation. Clarify end-of-life situations so that they may include time for support and meaningful goodbyes.
 - A pilot conducted in a facility in Bar Harbor, Maine set metrics to prioritize at-risk residents for indoor visitation based upon factors including:
 - Weight loss
 - Depression and/or Anxiety
 - Bar Harbor pilot enabled both staff and fellow residents to recommend people for prioritization for visitation.
- **PEOPLE:** Continue to allow one and consider adding a second outside visitor per resident designated by the resident as their Essential Support Person/People:
 - Allow for Essential Support people to assist in providing care as appropriate.
 - Allow for physical contact and privacy.
 - LTC facility to provide PPE to support physical contact.
- **ACCESS:** Allow the Essential Support Person(s) to visit as a compassionate care visit in every phase of re-opening with the exception of Phase 0, active outbreak.
 - For early phases of reopening, consider requiring submission of COVID-19 test results on a regular basis for designated visitor(s).
 - Access to testing could be provided by facility as part of regular CRISP Staff testing.
 - Testing burden could be put on visitor(s).
- **SUPERVISION:** Supervision of Visits
 - Allow limited number of volunteers trained by LTC facilities to provide this supervision to alleviate the additional burden this task places on staffing.
 - Allow volunteers to be included in regular CRISP testing of Staff.
 - Include provisions for respecting privacy.
 - Volunteer welcomes visitor, reviews guidance, monitors visit at a safe distance for adherence to guidelines and returns at visit end.

Support for Long-Term Care Facilities:

- **GUIDANCE INTERPRETATION SUPPORT:** Creation of a team that includes representation from Division of Public Health, Health Facilities Administration, and the Office of Long-Term Care Ombudsman that is available for consultant on interpretation of guidance in collaboration with providers.



State of New Hampshire Commission on Aging

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.

3 Year Strategic Priorities

October 2020-September 2023

Develop and advance strategies to improve people's ability to age in the communities of their choice

Year 1 objectives:

- Objective to be developed by Task Force and approved by full Commission.

Catalyze New Hampshire towards being an Age-Friendly State

Year 1 objectives:

- Meet with leadership of age-friendly community initiatives to learn what supports from a state level would be beneficial to their goals.
- Request leadership of at least one state agency to come to the State Commission to discuss how they plan to incorporate the impact of aging demographics in their strategic planning by March 2021.

Engage Leaders regarding the Emerging Needs of Older Adults during the COVID-19 Epidemic

Year 1 objectives:

- Engage key stakeholders and subject matter experts on emerging needs in order to bring forward recommendations for action to the full Commission.

Develop Commission Infrastructure to Support Operational Success

Year 1 objectives:

- Create Task Forces in alignment with 3 year plan to develop objectives and strategies by November 2020.
- Help members of the Commission be effective by clarifying terms, defining roles and expectations and developing an onboarding process for new members of the Commission by January 2021.
- Develop Commission processes for advising the Legislature and Governor on current legislation and recommendations for future public policy by June 2021.

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.

Who Needs Transportation? A Snapshot of Transit Need in New Hampshire

Public demand for improved public transit options, and particularly basic mobility services for older adults and individuals with disabilities, has been a major theme at the last several biennial cycles of GACIT hearings. It is backed up by interim responses to NHDOT’s online survey for the 2019 GACIT process, as well as statewide surveys conducted by the UNH Survey Center. Improving transportation access for a rapidly growing senior population to enable older citizens to age in place with dignity is a major recommendation of the recently completed [State Plan on Aging](#) (2019). New Hampshire’s four Metropolitan Planning Organizations (MPOs) all highlight the need for expanding public transportation access in their regional Long Range Transportation Plans.

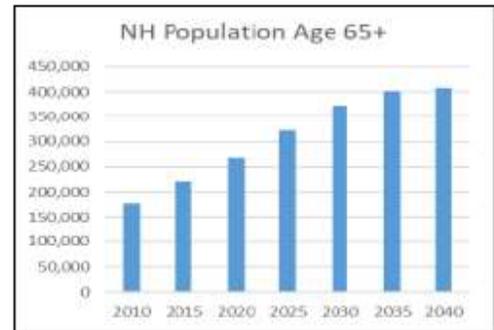
Community Transportation Services in New Hampshire

Provider Type	#	Towns Served	Annual Trips
Urban Transit Systems	5	20	3.5 million trips/year
Rural Transit Systems	6	14	938,000 trip/year
Volunteer Driver Programs	25	197	65,000 trips/year

In addition to formal transit providers and volunteer programs, over two dozen non-profit agencies around the state offer transportation for seniors and individuals with disabilities. Twelve of these providers receive FTA Section 5310 funding through the NH Department of Transportation.

How Will New Hampshire’s Aging Population Get Around?

Older adults make up a large and growing portion of the non-driving population, along with individuals with disabilities. The American Association of Retired People (AARP) estimates that *one in five Americans over the age of 65 doesn’t drive*. The number of people over age 65 in New Hampshire is projected to almost double in the next 20 years, growing from 220,672 in 2015 to 373,209 in 2030 to 408,522 in 2040. *That’s nearly 75,000 non-driving seniors in New Hampshire by 2030.*



How Much Capacity is Needed to Meet Transportation Demand for Older Adults and People with Disabilities?

The Community Transportation Association of America (CTAA) is a non-profit organization that provides technical assistance to rural and small urban transit systems around the country. CTAA’s model for estimating trip need for transit dependent populations uses Census data on the population over age 65 and the population under 65 below the poverty line and assumes 15% of that population does not drive. The model calculates each of these non-drivers needs a one way trip approximately every 9 days, or a round trip every 18 days. In other words, a non-driving older adult would need to travel a little less than once every two weeks, or 41 trips/year. The 2017 National Household Transportation Survey estimates that the average American takes 3.4 one way trips (1.7 round trips) per day (1230 trips/year), so this is a very conservative measure.

This yields an estimated *1.9 million trips needed in New Hampshire in 2017 to meet basic life needs for seniors and other transit-dependent people. Based on growth projects described above, this will rise to 2.8 million trips by 2030 and 3.05 million trips by 2040.* Some of this trip need can be met by families and neighbors, though the CTAA model already assumes family participation. Some of this need will be met by non-profits, though most of these organizations rely on federal, state and local funds as well charitable giving. Building this capacity will require federal funding as the Baby Boom generation isn’t just aging in New Hampshire, but also state funding.

Does New Hampshire Have the Capacity to Meet the Transportation Needs of a Doubled Senior Population?

In short, no. Only 34 of 244 communities in New Hampshire have regular public transit service. Fixed route transit can't be operated efficiently in rural areas lacking adequate population density. In these rural areas the most cost-effective approach to providing accessibility is typically with volunteer drivers backed by wheelchair accessible vehicles for people with mobility impairments.

Twenty-five publicly accessible volunteer driver programs serve 197 of New Hampshire's 244 communities. *Forty-seven communities lack such service.* Altogether these programs provide about 65,000 trips/year. These are critical services, and at the same time equate to only about 4% of the CTAA estimated need for trips for older adults and individuals with disabilities. Even the highest volume volunteer programs only have capacity to meet about 13% of the trip need in their communities. Volunteer recruitment and retention is a perennial concern. *The estimated cost to expand volunteer program capacity to cover 10% of estimated transit dependent trip need statewide, including in the 47 communities that lack VDP service currently, is \$2.3 million.* The estimated cost to reach capacity to provide 50% of estimated trip need is about \$18.3 million.

Do Existing Public Transit Systems Have the Resources They Need to Be Financially Sustainable?

Again, no. Most of the state's public transit agencies already use all the FTA funding available to them and lack resources for expansion. This is due to a combination of increasing labor and insurance rates, exploding demand for paratransit services mandated by the Americans with Disabilities Act (ADA), new services desired by member municipalities and in one case a decline in FTA funding. Demand for ADA services is a good indicator for growing senior transportation needs. COAST's demand for mandated ADA service grew 880% from 2008-2018, and their cost to provide those services grew 744%. Projections of unmet needs for annual operating funding and capital replacement funding for the four urban transit systems are shown below. Federal funds cover 50%-60% of public transit expenses, though FTA funds, like FHWA funds for highways, have not kept pace with growing need in recent years. In most states this gap is filled with state investment.

Projected Capital & Operating Needs for Existing Urban Systems and Equitable Rural Coverage

Federal Fiscal Year	Urban System Unmet Operating Need	Urban System Unmet Capital Need	Urban System Frequency Improvements	SSTA New Rural Intercity Routes	SSTA New Commuter Routes	SSTA New Local Routes	SSTA Tech Upgrades (Mid-Range)
2021	\$ 378,000	\$ 287,000	\$ 10,312,000	\$ 1,507,000	\$ 2,538,000	\$ 1,505,000	\$ 327,500
2022	\$ 796,120	\$ -	\$ 10,811,228	\$ 1,567,280	\$ 2,639,520	\$ 1,565,200	\$ 3,590,532
2023	\$ 1,339,445	\$ 2,980,000	\$ 11,243,677	\$ 1,629,971	\$ 2,745,101	\$ 1,627,808	\$ 4,467,888
2024	\$ 2,726,623	\$ 4,272,000	\$ 11,693,424	\$ 1,695,170	\$ 2,854,905	\$ 1,692,920	\$ 1,388,023
2025	\$ 2,835,687	\$ 1,129,000	\$ 12,161,161	\$ 1,762,977	\$ 2,969,101	\$ 1,760,637	\$ 3,716,523
2026	\$ 2,949,115	\$ 483,000	\$ 12,647,608	\$ 1,833,496	\$ 3,087,865	\$ 1,831,063	\$ 2,271,479
2027	\$ 3,067,080	\$ 2,994,000	\$ 13,153,512	\$ 1,906,836	\$ 3,211,380	\$ 1,904,305	\$ 2,445,092
2028	\$ 3,189,763	\$ -	\$ 13,679,652	\$ 1,983,109	\$ 3,339,835	\$ 1,980,477	\$ 3,023,581
2029	\$ 3,317,353	\$ 2,743,500	\$ 14,226,838	\$ 2,062,434	\$ 3,473,428	\$ 2,059,696	\$ 5,103,975
2030	\$ 3,450,047	\$ 4,128,600	\$ 14,795,912	\$ 2,144,931	\$ 3,612,365	\$ 2,142,084	\$ 2,801,232
TOTAL	\$ 24,049,233	\$ 19,017,100	\$ 124,725,013	\$ 18,093,203	\$ 30,471,500	\$ 18,069,191	\$ 29,135,823

Sources: Draft 2019 Statewide Strategic Transit Assessment (SSTA) & NH Urban Transit Providers

Also in the table above are estimated operating costs for new rural local and intercity routes and commuter routes developed for the New Hampshire Statewide Strategic Transit Assessment (SSTA) in 2019. In the righthand column are estimated costs from the SSTA to modernize the state's existing urban and rural transit services with new safety and efficiency technologies including both capital and annual operating costs.

How Is Public Transportation Funded by Other States?

Each year the American Association of State Highway Transportation Officials (AASHTO) publishes a report on State Spending on Public Transportation. Average per capita state spending (not including federal pass-through) on transit across the 50 states in 2017 was \$58.47. *The median state North Dakota (a rural state with little over half New Hampshire’s population) spent \$5.45/capita, much of it on senior transportation. New Hampshire in comparison spent \$0.51/capita, ranking 44th just below Mississippi and above Kentucky.* The table below shows New Hampshire in comparison to our New England peer states and breaks out transit operating assistance from overall spending. The \$200,000 in operating assistance approved in the SFY2020 budget will equate to \$0.15/capita.

State	2017 Population	2017 State Funding	2017 Per Capita Funding	2017 State Funding for Operating	Per Capita Funding for Operating
Massachusetts	6,859,819	2,005,445,417	\$ 292.35	\$ 1,955,368,899	\$ 285.05
Connecticut	3,588,184	632,110,145	\$ 176.16	\$ 364,010,145	\$ 101.45
Rhode Island	1,059,639	57,309,695	\$ 54.08	\$ 48,420,242	\$ 45.70
Vermont	623,657	7,928,915	\$ 12.71	\$ 6,745,749	\$ 10.82
Maine	1,335,907	1,263,595	\$ 0.95	\$ 1,147,845	\$ 0.86
New Hampshire	1,342,795	679,318	\$ 0.51	\$ -	\$ -
		National Average	\$ 58.47		
		National Median	\$ 5.45	(North Dakota)	

Source: AASHTO 2019

Key Takeaways

- New Hampshire’s *senior population will nearly double between 2015 and 2040.*
- Seniors have very different transport needs – *AARP estimates 20% of Americans over 65 don’t drive*
- This equates to *nearly 75,000 non-driving seniors by 2030.*
- The best available estimate of annual transit trip need to allow these seniors to age in place with dignity is *1.9 million trips in 2020, rising to 2.8 million trips by 2030 and 3.05 million trips by 2040.*
- This already assumes families, neighbors and non-profits are covering most travel needs.
- Federal Transit Administration (FTA) funding has not kept pace with growth in costs, much as Federal Highway Administration funding has not kept pace with inflationary pressures for highway needs.
- *New Hampshire’s transit agencies face revenue gaps in the millions of dollars* just to maintain existing services and handle growth in federally mandated services under the Americans with Disabilities Act (ADA).
- The Draft Statewide Strategic Transit Assessment (SSTA) completed in 2019 identifies need for *close to \$65 million over 10 years to meet rural transportation needs and modernize technology of existing systems for efficiency and safety.*
- Volunteer Driver Programs (VDPs) will be a critical component of meeting growing transit need for seniors and individuals with disabilities. Currently *only 197 of 244 communities have VDP service*, and the largest of these programs meets at most 13% of estimated need. Resources will be needed to expand this capacity.
- New Hampshire lags far behind other states in state support for public transportation. *The average per capita investment of state funding for public transit in 2017 was \$58.47. The median state investment was \$5.45/capita, made by North Dakota – a rural state with about half of New Hampshire’s population. NH invested \$0.51/capita.*