
New Hampshire State Commission on Aging



ANNUAL REPORT

2022-2023

Prepared for:

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

Submitted by:

Susan Ruka
Commission Chair

Rebecca Sky
Executive Director

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VISION, MISSION & VALUES

Our Vision

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

Our Mission

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

Our Values

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

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

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

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

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

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

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

COMMISSION MEMBERS

Governor Appointees

Susan Ruka, Chair
Carol Stamatakis, Vice Chair
Roxie Severance, Clerk
Roberta Berner
Honorable Polly Campion
Suzanne Demers
Susan Denopoulos
Laurie Duff
Kristi St. Laurent
Daniel Marcek
Doug McNutt
Reverend Susan Nolan
Beth Quarm Todgham
Representative Lucy Weber

Designated Members

Senator William Gannon
Representative James MacKay
Representative Charles McMahan
Wendi Aultman, Department of Health and Human Services
Tracy McGraw, Department of Labor
Richard Lavers, Department of Employment Security
John Marasco, Department of Safety
Shelley Winters, Department of Transportation
Sunny Mulligan Shea, Office of the Attorney General
Jack Ruderman, NH Housing Finance Authority
Susan Buxton, Long Term Care Ombudsman

Executive Director

Rebecca Sky



COMMISSION ON AGING ACTIVITY

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

Highlights (November 2022 – October 2023):

- Monthly Commission on Aging Meetings investigating issues of concern:

November 2022

Direct Care Workforce Issues

January 2023

Multisector Plans for Aging

State Plan on Aging Planning Process

System of Care for Healthy Aging Legislation

February 2023

NH Older Adults Advocacy Organization's Priorities

March 2023

Older Adults in the Workplace

Care Workforce Trends Including Shortages

April 2023

Older Adult Homelessness

Housing Challenges & Policy Considerations

May 2023

State Plan on Aging Survey & Focus Group Data Findings

Volunteerism In NH

June 2023

State Plan on Aging Endorsement

2024-2025 State Budget Analysis

End of Session Legislative Review

August 2023

Long Term Care Summit: System of Care for Healthy Aging, Overcoming Workforce Challenges, Multisector Plan on Aging, Supporting Family Caregivers

September 2023

Long Term Care Summit Review of Findings

MPA Learning Collaborative Kickoff

COA Annual Report Development

October 2023

NH's Digital Equity Planning Initiative

Annual Report Approval

*Meeting Minutes are available on [COA website](#).

- Convened monthly **COA Task Force Meetings** diving deeper into issue areas.
- Convened **COA State House Team Meetings** – weekly during the session, monthly throughout the year. Organizes COA guidance to the legislature and governor based on Commission findings.
- Provided written **testimony submitted on 14+ unique bills** during 2023 session.
- COA Task Force **Issue brief, “A Vital Granite State Asset – Older Adults: 5 Ways Older Adults Contribute to Economic & Community Wellbeing”**, published June 2023.
- **Older Adult Volunteer Awards** – A person from each county is honored at an annual ceremony held in the Executive Council Chambers with the Governor during Older Americans Month.
- **15+ various community engagement events**
- Publishes [Aging Matters](#) a **monthly newsletter** for older adults providing information on public policy discussions, programs and services, and other news people can use. Distributed to 1000+ community members, service providers, elected officials, and others. Subscribers increase monthly.
- **Social media launched** fall 2022 to further support messaging and outreach.
- Engages and informs media outlets about its work, resulting in **media coverage of issues impacting older people** such as homelessness, social isolation, care workforce shortages, livable communities, the importance of older adults as volunteers and more.
- Successfully applied for **New Hampshire to participate with a cohort of ten states in a learning collaborative, each developing their own Multisector Plan for Aging**. The Learning Collaborative is led by the Center for Health Care Strategies.



2023 COMMISSION ON AGING PRIORITIES FOR NH

People are living longer, healthier lives. This is good for all of us. The transformational demographic shift New Hampshire is experiencing to an older median age population brings opportunity and the potential for growth. But only if we have the foresight to plan. Continuing our current approaches to serving and engaging people will not serve us as well as adapting and modernizing our public policies, systems, and community environments. Longer lives result in people living each stage and age differently than before. The times call for policy leaders to think systemically and innovate to support productivity and engagement and the extension of resources over the course of longer lifespans.

Recognizing the imperative to make changes to public policies and more, the Commission on Aging was established in 2019 to advise the Governor and the General Court on policy and planning related to aging.

This report builds upon the previous year's report. As the issues facing New Hampshire are complex requiring multifaceted solutions, progress will be incremental. The Commission on Aging has named the same three overarching priorities for the Governor and Legislature as the previous year, with one additional priority: a call for the development of a multisector plan for aging. Developing a multisector plan for aging will help our state form consensus on the significant changes needed.

Four Priorities for the Governor and the General Court:

1. STRENGTHEN SYSTEMS OF CARE FOR HEALTHY AGING
2. GROW THE DIRECT CARE WORKFORCE
3. ADVANCE AGE FRIENDLY POLICIES, SYSTEMS AND ENVIRONMENTS
4. DEVELOP A MULTISECTOR PLAN FOR AGING

Below you will find descriptions of the four priority areas with highlights of progress made since last November, followed by a list of recommendations entitled, "Next Steps - 2023 Commission on Aging Recommendations."

The content of this report is based upon this year's observations and learning and was approved at the October 2023 meeting of the Commission.

This report envisions a future where all of us as we age in the Granite State are not only able to have our basic needs met but are respected and engaged in society for the knowledge, experience, and social contributions we can offer. Regardless of our differences, the resources for living well should be there for all of us as we grow older. An older median-aged society can add value to *all* our lives if as a society we adapt to this changing reality.



1. STRENGTHEN SYSTEMS OF CARE FOR HEALTHY AGING

While not all of us will require long-term services and supports during our lifetime, [many of us will](#). Long-term services and supports (LTSS) help individuals with their personal care needs (e.g., eating, bathing, and dressing), daily living needs (e.g., housework, meal preparation, and grocery shopping), and some basic medical needs. They are provided in nursing facilities and in the community via adult day programs and other services, and in people's homes. The system of care for healthy aging needs more planning and investment to shift New Hampshire's reliance on LTSS facility-based care, the most expensive setting for care, to more home- and community-based care. Greater investment is also needed into services that provide access to information and navigation support to the public. By investing in programs and services that aim to keep people in their homes longer, we improve quality of life while avoiding unnecessary spending.

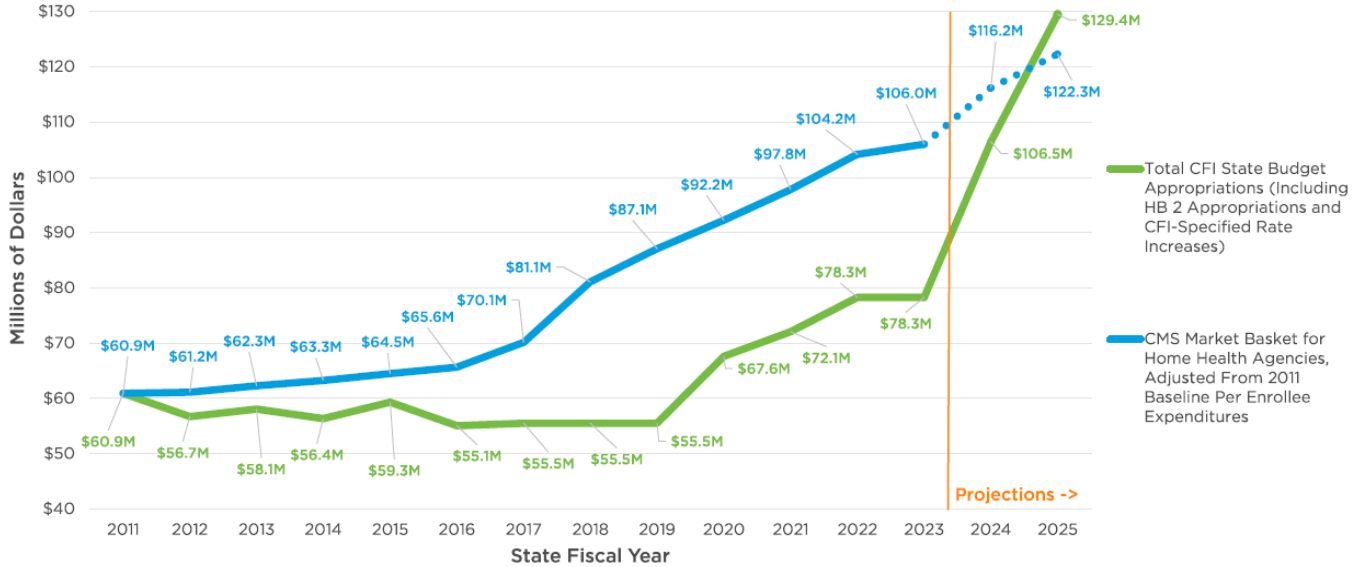
Progress Highlights on 2022 Commission Recommendations for Strengthening Systems of Care for Healthy Aging

- **Creation of a LTSS System of Care Structure** - [House Bill 2 \(79:567\)](#)- System of Care for Healthy Aging
- **Improved Access to Home and Community Based Services** - [House Bill 2 \(79:567\)](#) -
 - Increases user-friendliness of Medicaid application process
 - Eases Medicaid documentation requirements
 - Adds protections against spousal impoverishment vis-a-vie the Medicaid financial eligibility process
 - Requires presumptive eligibility for the Medicaid Choices for Independence (CFI) Waiver Program
 - Increases the financial disregard allowance in Medicaid financial eligibility
 - Expands definition of CFI personal care providers to support people taking care of loved ones
 - Increases investments into the ServiceLink/Aging and Disabilities Resource Centers
- **Increased Budget Appropriations for Medicaid Nursing Facilities and CFI Waiver program.**
[HB 2 \(79:220, 238-241\)](#)
 - The nursing facility program increases over the prior budget assuming a 50 percent federal match totaled \$41.1 million for a 5.4% increase while the CFI program realized a \$79.3 million or 50.7% increase over the prior budget (Calculations by NH Fiscal Policy Institute).
 - There were additional increases not specified for the CFI program that may apply: assuming a federal match, increases include \$4.3 million for care in assisted living facilities, \$2.9 million for home health aides, and \$1 million for 1915(c) waiver case management services.
 - Establishes ongoing mechanisms to support rates keeping up with inflation:
 - A CFI rate study, and
 - Reports to the House and Senate Finance Committees on estimates of investments needed to keep rates aligned with inflation. (Competing state budget demands will be an ongoing issue.)



New Hampshire Fiscal Policy Institute analysis on the potential impact of the increase in appropriation:

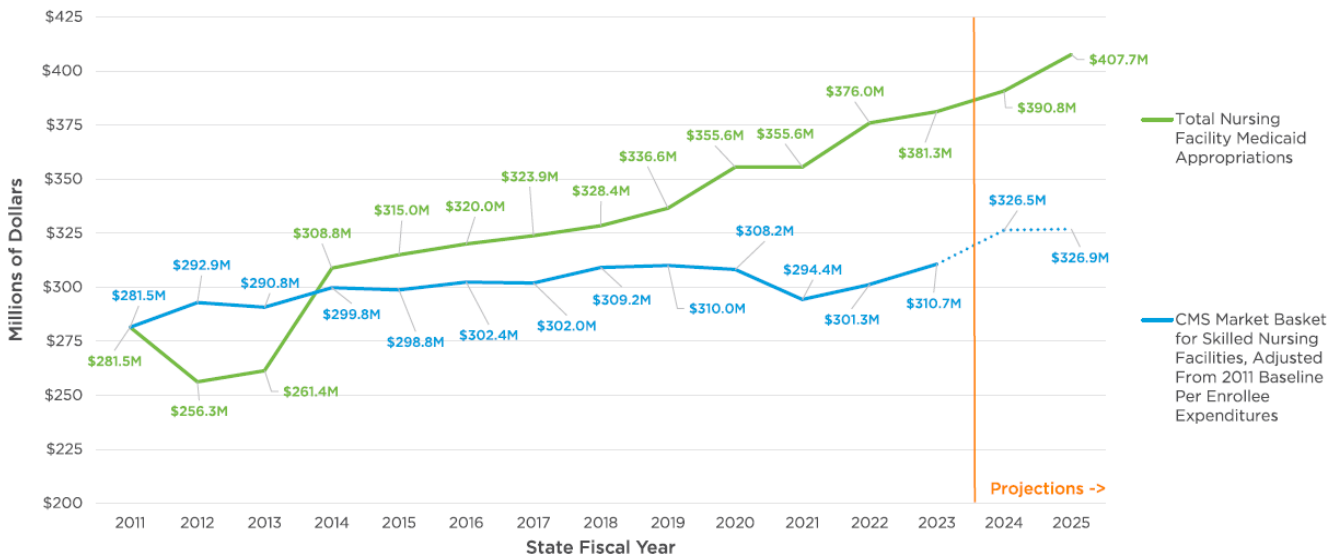
TOTAL FUNDING FOR CHOICES FOR INDEPENDENCE RELATIVE TO FEDERAL INFLATION MEASURE, PER ENROLLEE EXPENDITURE BASIS SINCE 2011, WITH 2025 PROJECTIONS
Total New Hampshire State Budget Appropriations, Not Net of County Contributions



Notes: Projections constructed using U.S. Centers for Medicare and Medicaid Services projected Market Basket values for home health agencies and ordinary least squares trendlines for enrollment in CFI home health and midlevel care based on enrollment from State Fiscal Years 2011 through SFY 2023. Data update completed October 12, 2023 with latest Market Basket data.
 Sources: New Hampshire Office of Legislative Budget Assistant and Department of Health and Human Services; U.S. Centers for Medicare and Medicaid Services

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FUNDING FOR NURSING FACILITY MEDICAID SERVICES, ACTUAL AND RELATIVE TO FEDERAL INFLATION MEASURE, PER ENROLLEE EXPENDITURE SINCE 2011, WITH 2025 PROJECTIONS
Total New Hampshire State Budget Appropriations, Not Net of MQIP or County Payments



Note: Latest U.S. Centers for Medicare and Medicaid Services figures downloaded October 2023. Projections constructed using Centers for Medicare and Medicaid Services projected Market Basket values for skilled nursing facilities and ordinary least squares trendlines for enrollment based on enrollment from State Fiscal Years 2011 through SFY 2023. Data update completed October 12, 2023.
 Sources: New Hampshire Office of Legislative Budget Assistant; New Hampshire Department of Health and Human Services; U.S. Centers for Medicare and Medicaid Services

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- **Other Legislative and FY 24/25 State Budget Backing to the System of Care for Healthy Aging**
 - Residential care facilities and community residences may no longer request of residents that their Medicaid Personal Needs Allowance be used for room or board. ([SB127](#))
 - Family members of CFI residents in assisted living facilities now have financial protection from being required to pay for the resident’s base care beyond what the resident can pay. ([SB127](#))
 - The NH DHHS BEAS’s prioritized need budget for Older American’s Act Nutrition Programs is included in the budget and will keep provider rates at the amount they were raised to during the state of emergency with American Rescue Plan Act funds. This is desperately needed as Meals on Wheels providers experienced an increase in their expenses as high as 16% over the past year. [HB2 \(79:236\)](#)
 - Medicaid Expansion was renewed for an additional seven years. According to a January 2023 brief by the New Hampshire Fiscal Policy Institute, using June 2022 Medicaid Expansion enrollee data, approximately 15% of those enrolled in the Granite Advantage Health plan are between the ages of 56-64. This population wouldn’t have other options for *affordable* health care without this program. Health insurance is age rated and therefore very expensive for people in this age group. This plan allows people to get good affordable health care before they become eligible for Medicare. This program is vital to low wage earners including the direct care workforce.
 - Congregate housing under the Medicaid Waiver was appropriated \$1.5M over the biennium. (Congregant housing is a shared living arrangement that combines housing and services for older adults and people with disabilities. The cost of delivering services to people may be reduced when more people live in a setting. Congregant housing allows people to maintain their independence.) There haven’t been funds in the budget for this purpose since a pilot ended in 2011. This is an opportunity to pilot or expand upon existing housing alternatives. [HB2 \(79:196\)](#)

- **Department of Health & Human Services Initiatives Supporting System of Care for Healthy Aging**
 - **Long Term Services and Support Alternative Delivery Methods Pilot** – Piloting a [PACE Program](#) (Program of All-Inclusive Care for the Elderly) or look-a-like.
 - **Federal Home and Community Based Services Reinvestment Funds** – Enabled initiation of some IT enhancements.
 - **No Wrong Door Governance and Access Grant** – federal funded grant should result in improved family and care partner access to long-term services and supports.
 - **Money Follows the Person Grant** – federal funded grant should increase care transitions from institutional settings to home and community-based settings. The work includes a survey administered to Choices for Independence Program recipients based on National Core Indicators for Aging and Disabilities Services.



Next Steps - 2023 Commission on Aging Recommendations for Strengthening Systems of Care for Healthy Aging

The following recommended changes in policy support independence, choice, and cost-effectiveness:

A. Oversee robust implementation of requirements for the System of Care for Healthy Aging

- Support accountability to the timeline for implementation of the System of Care for Healthy Aging statute as proposed by NH DHHS leadership at the August 2023 Long Term Care Summit. (See Appendix B for timeline with targets through June 2025.)

B. Continue to develop the System of Care for Healthy Aging infrastructure

- Adjust CFI rates on a biennial basis using data provided to support rate setting.
- Expedite access to durable medical goods.
- Invest in Medicaid and non-Medicaid home modification programs to enable people to remain independent, living in their homes for as long as possible.
- Set standards for memory care in statute that outline consumer disclosure, physical environment, care requirements including behavior management methods, staff training.
- Develop an ombudsman program for home- and community-based services.
- Make changes in statute RSA 151 to make life safety and complaint inspection reports of assisted living facilities public.
- Assess the needs of family caregivers & strengthen services & supports (particularly peer supports) in communities and workplaces. This includes investing in small community voluntary efforts.
- Assess provider network adequacy to identify service gaps: from geographic gaps for different types of safety net home- and community-based services to facility settings appropriate for the diversity of people that live in NH. This includes but is not limited to people living with mental health and/or substance use issues, those with limited English proficiency including users of ASL, or people whose gender identity/expression or sexual orientation is different from dominant cultural expectations.
- Consider adjustments to rates for services where there is a provider gap in the state (e.g., better supporting CFI in assisted living settings to sustain people in a lower level of care longer).
- Continue to implement policy and investment changes to shift New Hampshire's reliance on LTSS facility-based care to more home- and community-based care.
 - Pilot models of care in alternative settings. Replicate existing small-scale tests like [Sunrise Towers](#) in Laconia and versions of national programs such as [PACE](#) and [CAPABLE](#) programs. Incentivize growth of Adult Day programs. Expand efforts to layer services over existing housing, for example, [Support and Services at Home \(SASH\)](#). Establish cluster care reimbursement options for home and community-based care.
- Enhance state investments into of core programs of the Older Americans Act - foundational elements of a LTSS system of care.



C. Improve resources for individual and family life planning and decision making

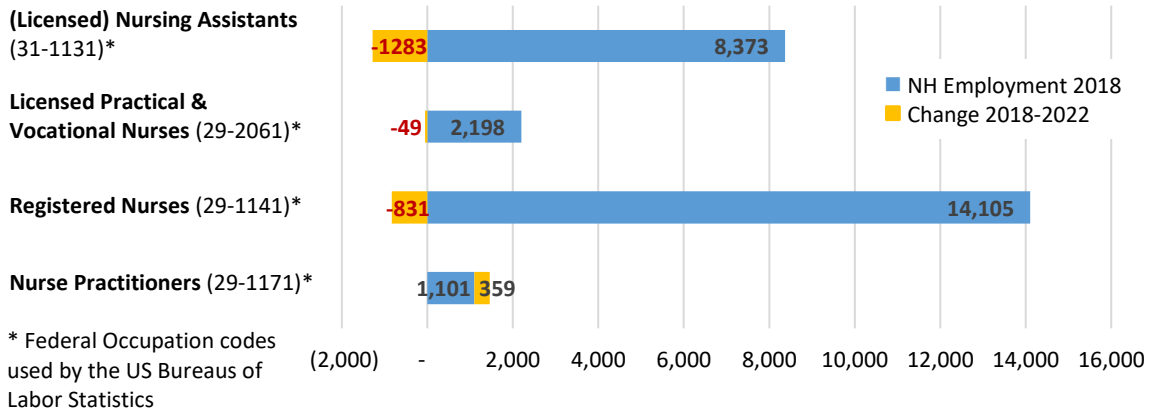
- Continue to increase investments in the Aging and Disability Resource Centers (ADRCs), also known as ServiceLink, to improve capacity as a resource to all community members.
- Conduct a performance audit of ADRCs and evaluate for consistency across the state.
- Set meaningful performance standards with reportable metrics for ADRCs, including metrics to measure reach per capita Aged 65+.
- Fund an ADRC Public Awareness Campaign.

D. Invest in retaining and growing the direct care workforce

- Policies that serve to strengthen this essential workforce are needed as there is no system of care without an adequate workforce. See next section for recommendations.

Much of the Decline in Healthcare Jobs in New Hampshire is in the Nursing Field – Nursing Assistants and Registered Nurses in Particular

Nursing Employment in NH 2018 and Change in 2022



2. GROW THE DIRECT CARE WORKFORCE

New Hampshire has a well-documented significant and growing shortage of healthcare workers. The Commission on Aging focuses particular attention on direct care workers. Direct care workers assist older adults and people with disabilities with daily tasks, such as dressing, bathing, and eating; some perform basic clinical tasks. The work requires both physical stamina and compassion. They are a vital link to maintain health, monitor for changes, prevent injury, and provide social interaction. Direct care workers include personal care aides, home health aides, licensed nursing assistants (LNAs), community health workers, nurses, and other care partners.

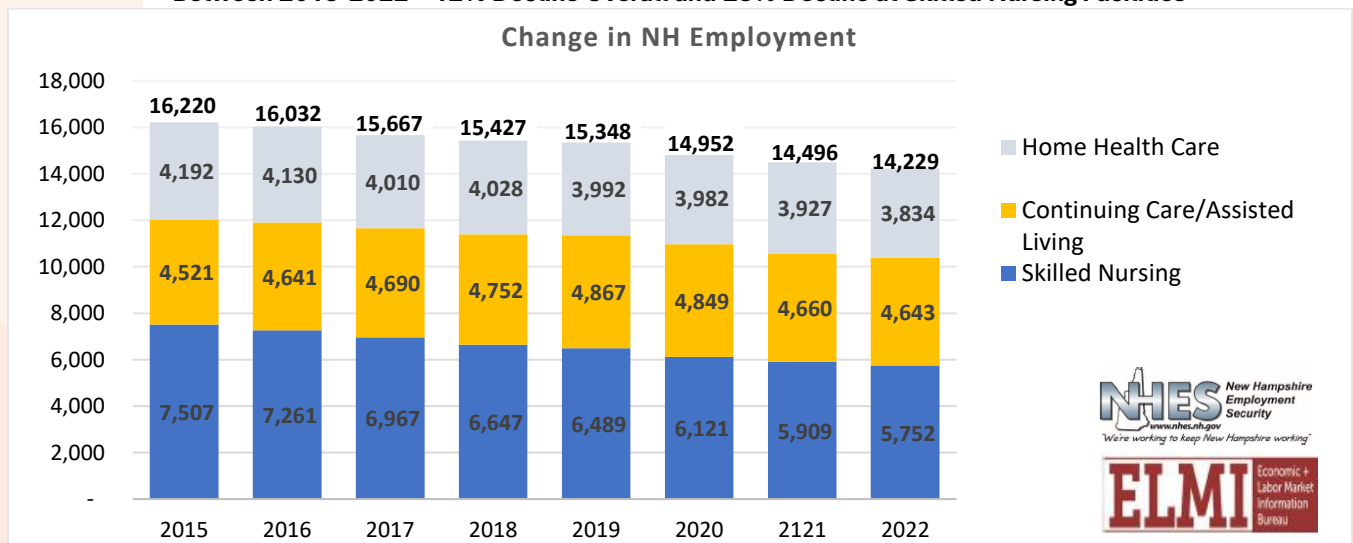


What is the shortage in New Hampshire? Data from NH Department of Employment Security indicates an overall decrease of 12% in the long-term care workforce and 23% specifically within the skilled nursing workforce from 2015 to 2022. According to the Workforce Data Center at PHI, using employment trends sourced from the Bureau of Labor Statistics, New Hampshire will need approximately 24,400 more direct care workers than we currently have by 2028.

Increased longevity, a rapidly aging population, untenable low wages given housing and childcare costs, transportation issues and shrinking numbers of people in the “working age” cohort made this issue a brewing storm. The pandemic increased workplace stress, causing burnout. Entry-level jobs in other fields are less demanding and pay more. An inadequate workforce results in unmet need and adverse health outcomes.

New Hampshire needs this workforce to be available, stabilized, and qualified. 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.

Demand for Services to Older Residents Rising, But Employment in Key Industries Fell Between 2015-2022 – 12% Decline Overall and 23% Decline at Skilled Nursing Facilities



Progress Highlights on 2022 Commission Recommendations for Growing the Direct Care Workforce

- **Increased Budget Appropriations for Medicaid Nursing Facilities and CFI Waiver program.** Increased rates will support employers to sustain services and better support the workforce. [HB 2 \(79:220, 238-241\)](#)
- **Reduction in Licensing and Regulatory Barriers**
 - Licensing Reciprocity Enabled - Out of state applicants who are licensed in another state with similar requirements can be issued a license in New Hampshire. [\(HB594\)](#)
 - Medicaid payment authorized for medication administration by certain LNA’s. [\(HB215\)](#)



- Office of Professional Licensure and Certification (OPLC) infrastructure and policies streamlined to reduce licensing barriers ([HB655](#))
- While easing barriers to licensing is desired, removing LNA licensure is not. Removing licensing was briefly considered during the session. Compelling testimony clarified why it would not be beneficial to our workforce.
- There has been ongoing effort but a lack of significant change with one exception in the following areas:
 - **Tuition Assistance and Student Support Programs**
 - **Pathways and Training Opportunities for NH's increasingly diverse youth**
 - **Apprenticeships and Mentoring Opportunities**
 - Existing programs worth building upon: [Career and Technical Education programs](#), [Extended Learning Opportunity programs](#), [NH Career Academy](#), [Work-based Learning programs such as Work!](#), [ApprenticeshipNH](#), [Network4Health Workforce Development](#), [Dartmouth Health Rural Health Careers Grant Scholarships](#), [NH Needs Caregivers](#), and [NH Sector Partnership Initiative](#).
 - One significant short lived program was [NH Needs Caregivers Healthcare Heroes in the Making project](#) run between February 2022 and June 2023. Funded with money appropriated by [GOFERR](#), the program ended just as momentum was established. In partnership with the NH Extended Learning Opportunity Program, the program sought to train high school students to become LNAs. The program processed 246 applications, graduated, and licensed 135 LNAs connecting the new entrants to the field with employers via warm handoffs.
- There was no action on the Commission recommendation for a state agency to lead **Development of a Comprehensive Strategic Campaign that elevates the Social Value of Direct Care Workers**. The [New Hampshire Alliance for Healthy Aging](#) undertook kickstarting a Direct Care Workforce Council, to provide a platform for direct care workers to inform policymakers; identify training and mentoring needs and provide an opportunity for professional networking. This initiative is in its infancy.
- **Establishment of a Centralized Workforce Initiative**, [HealthForceNH](#), funded through private grants with a mission to promote innovative partnerships and cross-sector collaboration to grow, retain, and sustain a robust healthcare workforce.
- **Increases to Affordable Housing, Transportation Alternatives, and Access to Childcare**. The budget process resulted in several investments:
 - Housing
 - The NH Housing Finance Authority Affordable Housing Fund was appropriated \$25M.
 - The Governor's [InvestNH](#) initiative that supports workforce housing development was allocated \$10M in the FY24/25 budget with requirements of at least 20% of the housing units developed with these funds need to be affordable for a period of at least 10 years. This is shy the 20 years advocated for by housing advocates.
 - Child Care Support for Low Wage Workers
 - Childcare scholarships were made more accessible by adjusting eligibility to 85% of state median income (as defined by US Census) and removing the parent cost share for any eligible family at or below 100 percent of the federal poverty level and assigning a \$5 per week cost share for families greater than 100 percent and at or below 138%. [HB 2 \(79:391 and 536\)](#)



- DHHS is charged with reviewing rates for Child Day Care Services purchased on behalf of eligible persons exploring effects on current costs, quality, and availability of services. [HB 2 \(79:391\)](#)
- Availability of childcare may grow with DHHS setting childcare services reimbursement rates to match the 75th percentile of a market rate survey or to be set through an alternative “true cost of care” mechanism to be defined by DHHS. In addition, DHHS was given an appropriation of \$15M through June 2025 for the purpose of financing recruitment and retention bonus, and benefit grants for NH childcare employers. [HB 2 \(79:393 and 534\)](#)

Easing the [Public Benefits Cliff Effect](#)

- The FY24/25 budget funds the continued study of a more stratified public assistance programs. DHHS is to continue its Cliff Effect study, NH Housing Finance Authority - rental assistance housing choice voucher, NH Dept. of Employment Security - unemployment compensation, and the NH Dept. of Energy - low-income home energy assistance. [HB 2 \(79:578-582\)](#)

- **Other Supports to the Workforce**

One significant factor to retain a quality, invested workforce is to create quality job sites. Quality job sites have a healthy workplace culture where relationships are nurtured, and supervisors recognize and reward employee commitment.

- Registration of Nursing Placement Agencies with state government and other stipulations will benefit the direct care workforce by addressing a few of the most corrosive effects of the necessary reliance on staffing agencies. ([SB149](#))
 - Agencies shall not commit the services of a single nurse or LNA to more than one health care facility for the same time period or shift and cancel a commitment to a facility or compel that facility to bid again for services already promised it.
 - Agencies shall not recruit potential employees on the premises of a health care facility.
 - Agencies may not charge a higher amount based upon the presence of a communicable virus, except in the case of a state or local declaration of a public health emergency.
 - Agencies may not place a licensed professional with a suspended license.
- Launching soon is a partnership between Network4Health and Dartmouth Health Rural Health Careers Grant to bring nationally recognized [PHI Coaching and Supervision training](#) for healthcare employers across the state. The program will need additional funds for full implementation.

Next Steps - 2023 Commission on Aging Recommendations for Growing the Direct Care Workforce

A. Reduce Training, Licensing and Regulatory Barriers.

Establish workforce development training units that are recognized statewide by educators and employers enabling new entrants to the long-term services and supports field to easily gain skills and advance professionally. Fund job coaches for new entrants to direct care work to support the acquisition of training, navigate licensing, and obtain and manage the first year of employment. [NH Needs Caregivers Healthcare Heroes in the Making](#) 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.



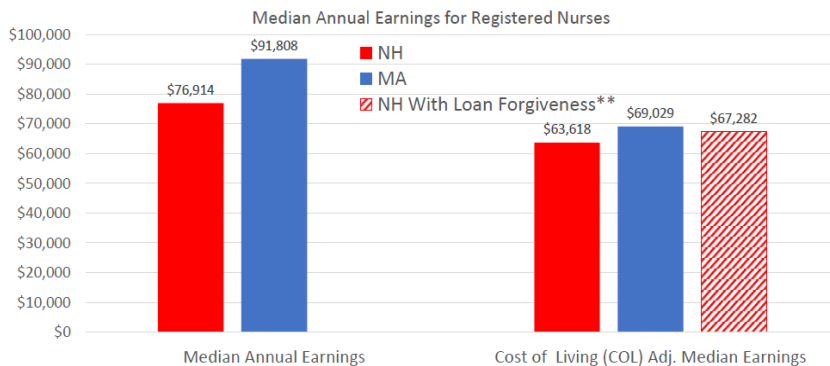
B. Create a Healthcare Workforce Investment & Innovation Fund

Several states across the country have established public-private partnerships to provide healthcare training scholarships or student debt relief and to fund innovative professional development programs. ([Kentucky](#) is one example.) The goals have been to improve financial support for training in areas demonstrating critical workforce need. Scholarships, or debt relief are offered by contract in exchange for 3 to 5 years of in-state employment. These funds accept donations, with all monies gifted or donated to the fund matched, dollar for dollar, by General Fund disbursements for scholarships and/or grants for innovative professional development programs. States have used a variety of other funding sources ranging from 529 Scholarship Program funds to Workforce Innovations and Opportunity Act funds to opioid settlement funds.

Other innovative targeted outcomes could include to:

- Improve racial and ethnic diversity within healthcare fields.
- Expand apprenticeships and mentorship opportunities.
- Support career counseling/coaching and support models. These could start in high school and/or extend through the first year of employment.
- Support media campaigns to elevate the social value and grow recruitment into direct care work. ([Maine](#))
- Match grants for employers for developing quality job sites or for creative recruitment and retention strategies, some of which could address food, housing, childcare, and transportation needs. ([Maryland](#))

Loan Forgiveness Can Help Make Registered Nurse Wages in New Hampshire Competitive With Massachusetts Wages



** Assumes \$27,500 in debt at 6.0% interest amortized over 120 payments (10 years) with impact on annual earnings equal to 12 monthly payment of \$205.31 or \$3,663.68 annually. Alternatively, the lump sum value after initial three-year period is \$21,098.96 in loan forgiveness.



Most nursing students graduate with more than \$25,000 in federal student debt, and loan forgiveness can help make registered nurse wages in NH competitive with Massachusetts wages.

C. 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.

D. Increase Affordable Housing, Transportation Alternatives, and Access to Childcare.

The low wages of many direct care workers - essential workers - will never be tenable in New Hampshire unless we improve affordable housing stock, 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.

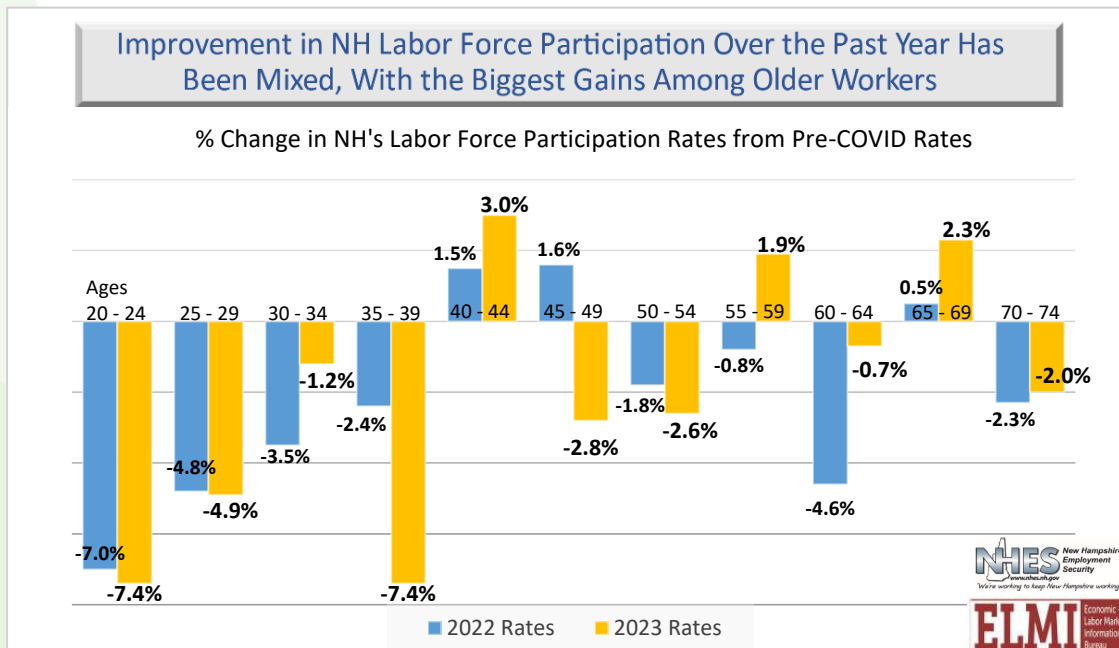


3. ADVANCE AGE FRIENDLY POLICIES, SYSTEMS, AND ENVIRONMENTS

Policies, systems, and environments supported by state government ideally reflect the community being served. As New Hampshire’s population ages, it is time to advance policies and practices that make it possible for all of us to have the opportunity to thrive and be valued while growing older in New Hampshire.

People on average are living longer and healthier lives than previously. The increase in our disability-free years equates to an increase in our potential productive years and is referred to as the “longevity dividend.” The sum of all economic activity driven by the contributions and needs of Americans aged 50 and older is referred to as the “longevity economy.” [The gains to our economy and our communities from the longevity economy cannot be fully realized without purposeful action.](#) Adopting more flexible age norms in relation to work, retirement, family structure, and civic engagement will optimize social and economic benefits.

Workplaces are a specific area the Commission on Aging calls on public and private employers to address through becoming certified age-friendly workplaces. In New Hampshire data from the Department of Employment Security shows workforce participation by older workers to be consistently strong, especially in comparison to younger workers. And while research suggests mixed aged teams perform better, older workers continue to experience age discrimination. The percentage of jobseekers ages 55+ who were long term unemployed in September 2023 was 26.9 percent compared to 19.2 percent of job seekers ages 16 to 54. ([AARP](#))



Policies and programs that create meaningful transportation options in our rural state, and affordable, accessible housing are good for people of all ages. Small- to mid-sized housing built using universal design principles works for many of us. More housing inventory is good, but so are strategies that make the most of current housing.

Other areas for attention include health, education, and community infrastructure and engagement. Innovative technology needs to be more readily available and integrated into our daily living. Attending to inequalities over the life course is increasingly important as people live longer. Disadvantage accumulates over a lifetime.



Progress Highlights on 2022 Commission Recommendations for Advancing Age-Friendly Policies, Systems, and Environments

Progress achieved in this broad reaching ‘call to action’ both inside and outside the State House:

Transportation Alternatives:

- Public transit received increases in the operating budget process:
 - HB2, for the SFY 2024-2025 biennium, included an additional appropriation of \$1.88 M of state general funds for urban and rural transit agencies. This partially offsets required non-federal match for Federal Transit Administration funding. (e.g., 50% for operating and 20% for capital). ([HB2: 523](#))
- The Commission collaborated with partners developing a proposal for State American Rescue Plan Funds to conduct a Community Transportation Needs Assessment. This has not yet been funded.

Transportation advocates estimate that the HB 2 operating budget investment should shift our state’s investment into transit funding per person up from \$0.59/per person in 2021 to between \$1 and \$2 / per person. For a point of reference, in 2021 Vermont expended \$12.69 per person.

Other Housing Policy & Funding not previously mentioned:

- A Voluntary Housing Champions Program was established with a \$5.25M budget, \$24M less than requested in proposed bill. The program will reward municipalities that act to support development of workforce housing. Actions include revising land use regulations, training of planning and zoning boards, infrastructure upgrades to sewer, water, sidewalks, public transportation and more. ([HB2: 462](#))
- Homelessness and Housing Shelter Programs received an increase of \$10 million more than requested, recognizing the growth in need. Older adults are a rapidly growing portion of those served via these programs as reported at the April 2023 Commission Meeting. ([HB2: 564](#))

Civic Engagement:

- Quorums for state boards were redefined to require 1/3 of voting members be physically present, with the remaining two-thirds needed for a quorum permitted to join via remote means. This should expand the opportunity for civic participation by people with physical limitations or who lack transportation. The public is permitted to participate remotely in remotely held state board meetings. ([HB308](#))

Technology Infrastructure, Growth, and Utilization

- Policy changes to increase access to broadband in rural areas. ([SB222](#))

Age-Friendly Community Action

- NH DHHS received an appropriation of \$500,000 to develop a public awareness campaign on brain health, Alzheimer’s Disease, and related dementias. Early detection of dementia provides a better chance of benefiting from treatment and allows for better planning for the future. Addressing stigma and supporting people living with dementia and their care partners improves quality of life. ([HB2: 530](#))
- AARP funded seven projects across the Granite State in 2023 via Community Challenge Grants. From raised and vertical gardens at a senior housing site in Portsmouth to walk audits in Hopkinton, assisted listening technology at the Claremont Opera House, a Smart Home Expo in North Conway, technology to enable remote participation at the Littleton Community House, an accessible gazebo in Wilton, and large-print maps of cycling routes in the Franconia, Littleton, and Bethlehem area (Tri-Town Bicycle Initiative).



- The following are just two of many more age-friendly town led initiatives in the works in NH:
 - Exeter created the [Exeter Senior Resource Guide](#) as a central hub of information for older adults.
 - Goffstown is working on a mixed-use sidewalk to make a connection between a busy intersection and a rail trail.

Nursing Facilities

- The Medicaid rate increases for nursing facilities and the registration of nursing placement agencies mentioned previously may aid facilities to sustain staffing levels that support quality of care and quality of life for residents.
- Long-term care, nursing homes & assisted living facilities are now permitted to have pharmaceutical drug take-back programs. ([SB50](#))

Next Steps - 2023 Commission on Aging Recommendations for Advancing Age-Friendly Policies, Systems, and Environments

A. Workplaces

- Modernize New Hampshire’s workplaces by encouraging the adoption of [practices that make workplaces productive for people of all ages](#). Address ageism that impacts young and older workers in the hiring, training, and retention of workers. Remove mandatory retirement ages. Increase flexibilities in [scheduling](#), remote work, [workloads](#), job sharing, and work intervals (moving into and out of and back into jobs). Consider benefits like [paid family leave](#), and employee assistance programs that offer care resource and referral services to support workers who are care partners. Create [pre-retirement programs](#) and pathways for retired workers to return to the workplace.

B. Transportation Policy

- Collect data on effects of increased funding for public transit in 2024-2025 operating budget.
- Support investment into an assessment of transportation needs of older adults, veterans, and people living with disabilities. Use findings to guide future planning and investments and across agencies.
- Support development & tracking of performance metrics for the statewide mobility management network. Collect and consider quantitative and qualitative data on the impact of the mobility management network.

C. Housing Policy

- Confront housing instability by adopting innovative housing policies & pilots that increase affordable, accessible housing options for older adults & the workforce, preferably together. For example, Homeshare programs. Strengthen the Housing Champion Certification Program where successes are realized.
- Expand efforts to layer services over existing housing. Track and report data on effect of congregant housing funding in fiscal year 2024-2025 to the NH Commission on Aging and the House Health, Human Services & Elderly Affairs Committee.
- Consider zoning changes that support affordability: expand accessory dwelling unit options, duplex by right on town water/sewer, inclusionary zoning, increasing the number of year affordable housing remains below market rates.



D. Civic Engagement

- Acknowledge that New Hampshire’s population is aging and the need by all of us to confront ageist perceptions and their social, employment, economic, and political impact upon NH.
- Adopt inclusive policies enabling remote participation in all public meetings and expanding the definition of a quorum to include remote participants to grow the pool of candidates for public service.
- Increase efficiency and decrease cost of criminal background check processes for volunteers.
- Amend the statute that defines the Commission on Aging (Chapter 19:P) to extend the term of a member of the Commission on Aging appointed by the governor to three years.

E. Technology Infrastructure, Growth, and Utilization

- 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 investments 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. Seek to grow access to healthcare, lifelong learning, and social engagement.
- Promote actions that better connect UNH, Dartmouth College and other institutions of higher education with the needs of older adults in our state. Support interactions that enable researchers both within New Hampshire and beyond to participate in developing technologies, innovations, and workforce to expand the role of tech in making our towns and cities more age-friendly and experiments that apply these innovations in real world scenarios.
- 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.

F. Age-friendly Community Action

- Promote interactions within regions, towns, organizations, and service providers with a goal of moving towards age-friendly communities improving livability for people of all ages and local economies which leverage the opportunity of the “longevity economy.”

G. Advance Efforts to Address Social Isolation

- Invest in social infrastructure like community transportation, social programming, supports for volunteers, physical gathering spaces. Provide funds to pilot small-group approaches that might appeal to those challenged by larger groups or meeting new people.

H. Improve the Lives of People Living in Assisted Living and other Long-Term Care Settings

- Invest in initiatives that work to retain quality long-term care organizations in our state.
- Establish a statewide long-term care council to give voice to older adult and family concerns. Engage in activities supporting resident rights, resident centered care, and care partner visitation.



4. DEVELOP A MULTISECTOR PLAN FOR AGING

People are living longer, healthier lives. This is good for all of us. But it does change the nature of our communities. We can continue our current approaches to serving and engaging older people, or we can adapt and modernize our public policies, systems, and community environments to better respond to our population. An aging population impacts everyone and often policies that improve the lives of older adults create better places to live for people of any age.

There is a national movement among states to develop long-term, big picture visions for change that establish state level priorities in response to the opportunities, challenges, and other realities resulting from the rapid demographic shift towards an older population. A hallmark of a Multisector Plan for Aging is a governor authoring an executive order, and/or a state legislature passing legislation calling for its creation in recognition that a new level of strategic thinking is needed.

Led by policy leaders at the highest level of state government with community input, these plans typically involve partnerships with public and private sector stakeholders. The resulting blueprint guides policy choices and investments across an array of sectors. The plans prioritize needs, recommend restructuring, and coordinate systems towards optimizing resources and creating the opportunity for people to live well as they age.

Topics addressed vary by state depending on priorities, but often range from the financing structure of systems of care to housing to transportation to workforce to maximizing the economic opportunity of people living longer, healthier lives. Aging is a natural part of life with many facets. Multisector plans build on existing plans, like transportation plans, mental health plans, and State Plans on Aging that outline how a state will invest federal Older American’s Act funds. Multisector plans do not reinvent age-related initiatives, but rather strengthen them by elevating common goals and connections across initiatives.

Developing a New Hampshire Multisector Plan for Aging is an opportunity for New Hampshire to define its own future, with the level of innovation and creativity we are known for, supporting people’s individual freedoms to create a meaningful life regardless of their age.



Source: [The Scan Foundation](#)



Next Steps - 2023 Commission on Aging Recommendations for Developing a Multisector Plan for Aging

A. Create an Executive Order directing the creation of a New Hampshire Multisector Plan for Aging

Leadership from the Governor's Office directing the creation of a NH Multisector Plan for Aging will build bridges across government agencies, display leadership to the business community, and exhibit a commitment to consensus building and implementation.

B. Garner statewide leadership and cross-agency engagement in a multisector planning process

The NH State Commission on Aging, with leaders from the NH Department of Health and Human Services, the NH Alliance for Healthy Aging, the Alzheimer's Association MA/NH Chapter, AARP NH and others shall elevate the need for a long-term (10 year) visioning document that sets aspirational goals beyond political cycles and builds upon other state level planning will give rise to needed action. Raising awareness, providing opportunities for the public and others to provide input on priorities, and engaging champions on key issues will drive the development of a plan. Leveraging public and private resources to make the case for a NH multisector plan for aging is crucial.

C. Active participation by NH State Legislators in the creation of a NH Multisector Plan for Aging

Members of the NH General Court are encouraged to engage their constituents by asking, "What would make the Granite State an even better place to age?". Asking this question will inform legislators on priorities. In addition, policy makers are encouraged to engage in policy discussions and summits about the significance of New Hampshire's changing demographics. Engagement will ensure consensus is built to create a useful NH Multisector Plan for Aging and support effective implementation.

D. Commitment by State Agency leadership to identify priorities within agencies in response to changing demographics

Eight state agencies and/or programs actively participate in the Commission on Aging. As nearly every state agency has reason for connecting with older people in some capacity, each should establish one to three priorities to enhance how they serve older people in the Granite State. And as increased longevity impacts how we live at every stage of life, identifying addition priorities as needed.

E. Public engagement in requesting and developing a NH Multisector Plan for Aging.

New Hampshire residents speaking to state leaders about changes in their communities, and their own needs and desires as they, their parents, and their neighbors age will begin to move our state towards solutions and a Granite State that works for all of us.

F. Consensus building and planning that culminates in concrete policy recommendations in the form of a NH Multisector Plan for aging.

A 10-year vision for change with two-year actionable yet adaptable objectives will serve to make New Hampshire an even better place to age.



NH DEMOGRAPHIC SNAPSHOT

In 2024, Baby Boomers are turning age 60 to 78. We are past due planning for the later in life needs of this disproportionately large population segment.

2020 US Census – Percentages of New Hampshire’s Total Population

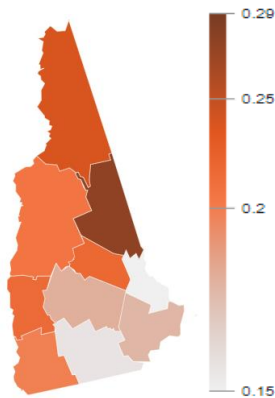
Ages 55-64	Ages 65-74	Ages 75- 84	Ages 85+	Total
15.7 %	12 %	5.4 %	1.8 %	34.9%

- Over 27% of the state’s 2020 population is aged 60 or older.
- One in two households in NH has one or more persons aged 60 years and older.
- 35% of households with one or more people 65+ are 1 person households.
- The 2021 American Community Survey estimated that 27% of the NH aged 65+ population worked in the previously 12 months to the data collection.

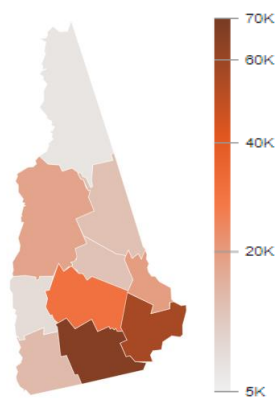
Where Do Older Adults Live?

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

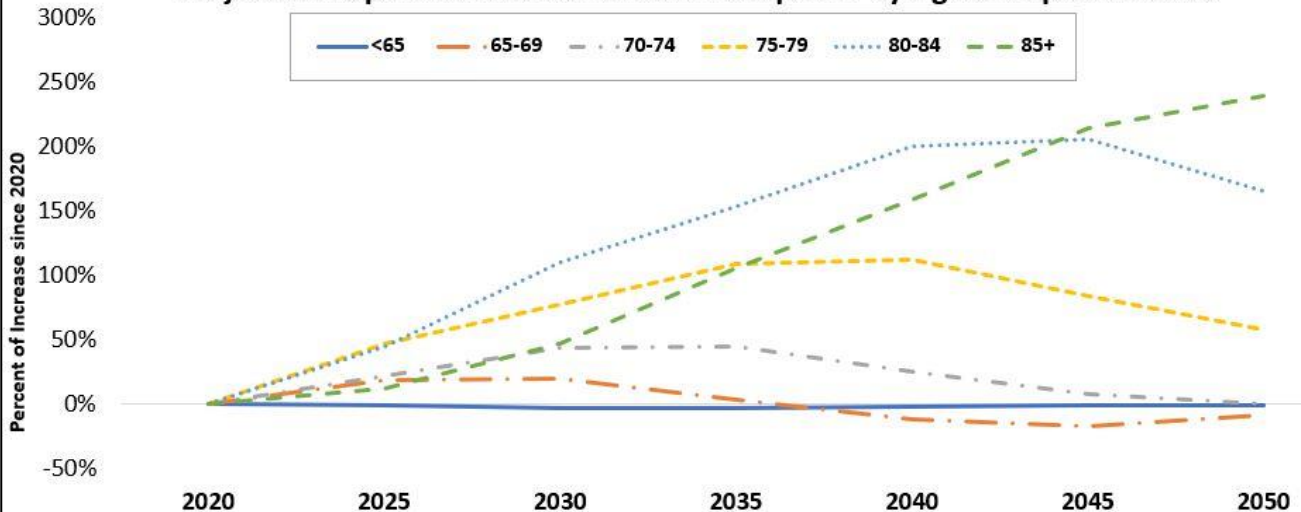
Per Capita



Numbers of Older Adults



Projection Population Growth in New Hampshire by Age Group 2025-2050



Data provided by NH Office of Planning and Development, Department of Business and Economic Affairs, June 2023



APPENDICES

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



CHRISTOPHER T. SUNUNU
Governor

STATE OF NEW HAMPSHIRE OFFICE OF THE GOVERNOR

May 1, 2023

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

Dear Ms. Hoffmaster,

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

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

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

Sincerely,

Christopher T. Sununu
Governor

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APPENDIX B: NH DHHS Proposed Timeline for Implementation of the System of Care for Healthy Aging:

July – December 2023

- ✓ Rate Increases
- ✓ Financial Eligibility Changes
- ✓ Legislative Report and Plan
- ✓ Hire staff positions
- ✓ Implement 36 month lookback
- ✓ Amend ADRC contracts
- ✓ IT enhancements
- ✓ Expand who can be a provider of personal care
- ✓ Submit First Report
- ✓ RFP Development for Consultants

January – June 2024

- ✓ Implement resource disregard
- ✓ Request for Applications for Aging and Disability Resource Center Services
- ✓ Contract for Consultants to support the plan
- ✓ IT enhancements – public facing dashboards, portal
- ✓ Work on Rate Study
- ✓ Begin work on plan for the system of care

July – December 2024

- ✓ Continue work started with the plan
- ✓ Rate report due to Legislature
- ✓ Report due to the Legislature
- ✓ Budget request
- ✓ Submit Presumptive Eligibility Waiver

January – June 2025

- ✓ Continue the work on the plan
- ✓ Budget
- ✓ Adjust CFI rates, based on funding

