MINUTES
New Hampshire State Commission on Aging
Monday, August 17, 2020 10:00 a.m.-noon
Held via Video Teleconference

Present: Rep. Polly Campion, Chair; Ken Berlin, Vice Chair; Roberta Berner, Clerk; Sen. Ruth Ward; Deborah Scheetz, DHHS; Patrick Herlihy, DOT; Susan Buxton, Long-Term Care Ombudsman; Sunny Mulligan Shea, DOJ; Lynn Lippitt, NH Housing Finance Authority; Janet Weeks, DOL; Elizabeth Bielecki, Director of DMV, DOS; Appointed by the Governor: Carol Stamatakis, Kristi St. Laurent, Rev. Susan Nolan, Harry Viens, Susan Denopoulos Abrami, Susan Ruka, Suzanne Demers, Daniel Marcek, and Kathy Baldridge; Rebecca Sky, Executive Director.
Absent: Rep. James MacKay; Richard Lavers, DES; Susan Emerson; John Kennedy.
Guests: 13 members of the public (Nancy Dorner, John Wilson, Jon Eriquezzo, Cheryl Steinberg, Carol Currier, Marianne Jackson, Heather Carroll, Jennifer Rabalais, Joan Marcoux, Arnold Newman, Martha McLeod, Marcia Garber, and Beth Cotton).

I. Welcome, Roll Call, Approval of Minutes

Chair Polly Campion called the meeting to order at 10 a.m. provided an overview of the agenda, welcomed the Commission and guests and read "A Checklist To Ensure Meetings Are Compliant With The Right-to-Know Law During The State Of Emergency." The State of Emergency has been declared by the Governor as a result of the COVID-19 pandemic.

A requirement of such compliance is to take a roll call attendance. When each member answers, he or she also must state whether there is anyone else in the room during the meeting. Clerk Roberta Berner called the roll, also asking that the members of the public and presenters attending the teleconference identify themselves. The following attendees noted that a family member might pass through the room during the meeting, since they were attending from home: Commission members Janet Weeks, Harry Viens, and Kathy Baldridge.

Minutes from the July meeting were sent out to Commission members with the agenda for review prior to the August meeting.

Sen. Ward made a motion, seconded by Daniel Marcek, to approve the July minutes. By roll call vote, the following members approved the motion: Chair Campion, Ken Berlin, Roberta Berner, Sen. Ward, Patrick Herlihy, Susan Buxton, Sunny Mulligan Shea, Lynn Lippitt, Carol Stamatakis, Harry Viens, Elizabeth Bielecki, Janet Weeks, Kathy Baldridge, Susan Denopoulos Abrami, Daniel Marcek, Rev. Susan Nolan, Suzanne Demers and Susan Ruka. Deb Scheetz abstained from the vote. The motion to approve the July minutes was approved.

Chair Campion updated the Commission on membership changes:

- Perry Plummer, representative from the Department of Safety, has retired. The Department will be represented by Division of Motor Vehicles Director Elizabeth Bielecki and Deputy Director Mike Todd.
- Pam Jolivette resigned after moving out of state.

- Mark Frank has resigned, citing other commitments.

II. Update from Emerging Issues: COVID-19 Task Force

Sue Ruka, co-chair of the Emerging Issues: COVID-19 Task Force noted that the Task Force has focused on two issues connected to social isolation felt by older adults since the onset of COVID-19: Internet Broadband Services (access, quality of connectivity, cost, and Education on use) and social isolation experienced in long-term care.

In regards to broadband, the Task Force has learned that Carol Miller, who is the Director of Broadband Technology for the State of New Hampshire in the Department of Business and Economic Affairs will be retiring in December. Currently there are no plans to replace her. CARES Act funding for Broadband is being managed out of the Governor's Office for Strategic Initiatives. The Commission may want to recommend in the future for the Governor's Office to place a Director of Broadband Technology in the Office for Strategic Initiatives to advance access to broadband in New Hampshire.

Sue Ruka reviewed information presented at the July Commission meeting by New Hampshire Department of Health and Human Services Director Lori Shibinette and Long-Term Care Ombudsman Susan Buxton. She mentioned heartfelt and moving comments from residents and their families, who were seeing declines in their loved ones and were unable to help with their care, as they had in the past. Compassionate visits remained under interpretation by facilities. Sue Ruka noted that the Department issued new guidance on August 13th regarding re-opening long-term care facilities that includes recommendations for management of visitation of residents in long-term care facilities.

The COVID-19 Task Force compiled an issue brief circulated to Commission members prior to the meeting: "Social Isolation in Long-Term Care During the COVID-19 Pandemic." The Task Force crafted it with the belief that the Commission needs to be a voice for older adults in our communities. Sue Ruka explained that it aims to strike a balance: follow the science regarding COVID-19 as well as the science demonstrating the detrimental effects of social isolation.

Sue noted the involvement of Brendan Williams and Kristen Schmidt from the New Hampshire Health Care Association, Lisa Henderson from LeadingAge and Mark Latham an administrator at Taylor Communities who at the last COVID-19 Task Force meeting provided insight from providers of long-term care facilities.

Rev. Susan Nolan shared that when she returned to work in northern Massachusetts, she had lost 40 clients to COVID-19.

Susan Denopoulos Abrami made a motion to accept the issue brief for public dissemination on behalf of the Commission; Sen. Ward seconded the motion. Discussion ensued:

- Sen. Ward said that there was a huge cost with significant consequences to isolate people in long-term care.
- Dan Marcek asked what it means to approve the motion for public dissemination. Chair Campion responded that it means the issue brief would be posted on the Commission website and that it would be shared with NH-DHHS Commissioner

Shibinette and networks that are part of the work. He asked if NH-DHHS or other groups have published guidelines. Chair Campion responded that DHHS' guidelines are based on the Center for Disease Control's. Rebecca Sky added that the issue brief does not set forth guidelines, but instead raises issues for consideration.

- Dan added that he was uneasy making specific recommendations. Sue Ruka responded that the more specific portions of the issue brief came directly from those in the industry itself.
- Deb Scheetz suggested that the section of the issue brief named "Recommendations" be renamed to include "Considerations…" Ken Berlin suggested "Considerations and Concerns," and said part of the Commission's role is to represent the other voices (e.g., of residents and their families).
- Carol Stamatakis reiterated that it is important for us to amplify the voices of residents and families and to stress the importance of choice.
- Sue Buxton said that we are now in the fifth month of lock-down and it is important to give voice to the need for choice. With staffing shortages in long-term care, the family support is especially missing now. In addition, it is taking staff extra time to communicate with loved ones, provide detailed updates, and arrange for acceptable socially distanced visitation.

Chair Campion thanked the Commission for an outstanding discussion and asked that with approval of issue brief there be a way to recognize those in charge of managing long-term care during the pandemic for their yeoman service in balancing the threats of COVID-19 with the issues of isolation. Deb Scheetz sent suggested wording via the chat function.

Susan Denopoulos Abrami and Senator Ward agreed that their motion and second could stand, with revision to reflect the suggested changes. The roll call vote supported the motion with the following Commission members voting in the affirmative: Chair Campion, Sen. Ward, Deb Scheetz, Susan Buxton, Patrick Herlihy, Lynn Lippitt, Janet Weeks, Sunny Mulligan Shea, Elizabeth Bielecki, Susan Denopoulos Abrami, Suzanne Demers, Harry Viens, Susan Ruka, Kathy Baldridge, Ken Berlin, Dan Marcek, Roberta Berner, Rev. Susan Nolan, Kristi St. Laurent, and Carol Stamatakis.

III. Vote to Approve Draft 3-Year Strategic Map with 1st Year Objectives

The document developed over the past 3 meeting of the Commission outlining the Commission's 3-Year Strategic Priorities, including Vision, Mission, Values, as well as Strategic Priorities, had been circulated to Commission members prior to the meeting. Chair Campion explained that Task Forces would be established to address each of the strategic priority areas.

Patrick Herlihy made a motion to approve the Strategic Map; Sen. Ward seconded the motion. With no additional discussion, the Commission voted to approve the document by roll call vote, with the following Commission members voting affirmatively: Chair Campion, Sen. Ward, Deb Scheetz, Susan Buxton, Patrick Herlihy, Lynn Lippitt, Janet Weeks, Sunny Mulligan Shea, Elizabeth Bielecki, Susan Denopoulos Abrami, Suzanne Demers, Harry Viens, Susan Ruka, Kathy Baldridge, Ken Berlin, Dan Marcek, Roberta Berner, Rev. Susan Nolan, Kristi St. Laurent, and Carol Stamatakis.

IV. Determine Next Steps to Operationalize Plan

With the 3-Year Strategic Map approved, the next step is for the Commission to work toward advancing the identified strategic priorities. The Strategic Planning Committee recommended a Task Force structure, with each Task Force addressing a specific strategic priority. A one-page document with the planning team's recommendations for task forces' structure was circulated prior to the meeting today. After discussion about the role and logistics of having non-Commission members as guests to Task Force meetings—and eventually as potential Task Force members—Chair Campion suggested that the Task Force addressing Commission Infrastructure deal with issues relating to orientation to and roles within Task Forces. The Commission on Aging Planning Team Recommendations for Task Force Structure was adopted by the Commission via a show of hands as a starting point.

V. Initial Meeting of Task Forces

Commission members had been tentatively assigned to the four Task Forces based on a survey conducted prior to today's meeting. Each Task Force met in a break-out session, then reported back to the full group regarding next steps for each Task Force, including establishing objectives and work-plans. Task Forces will meet at least monthly, reporting back to the full Commission at its regular monthly meeting.

VI. Public Input

Several members of the public commended the Commission on its work to-date. Marianne Jackson asked if members of the public could request to be part of a specific Task Force. Chair Campion said that she would welcome members of the public to reach out to her and/or Rebecca Sky to express interest.

VII. Adjournment

Chair Campion declared the meeting adjourned at 11:52. The next meeting of the Commission will take place on Monday, September 21, 2020 from 10 a.m. to noon via Zoom.

Final Issue Brief Approved for Dissemination:

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:

<u>From Residents:</u>

- *"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.

Approved Strategic Map:

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.

Commission on Aging Planning Team Recommendations for Task Force Structure:

Role of Task Force

- Develop a 3 year work plan with objectives and strategies in alignment with Strategic Priority.
- Implement the work plan defining issues and developing solutions that are brought forward as recommendations for consideration by full Commission.
- Be a place for forward thinking, collaboration, public trust, stewardship, and the development of the opportunity for all to thrive.
- Engage expertise. Engage the talents and energy of older people in New Hampshire.

Task Force Participation Structure

- Start with only Commission Members.
- Commission members are the only voting members of a Task Force.
- Task Force can invite people as guests as many months in row as desired.
- Task Force can add members AFTER objectives established.
- Voting members of a Task Force decide/vote on additions to their Task Force.
- Suggested Terms for Non-Commission members of Task Force be one year or less.
- Orientation for all new Non-Commission members must occur and must include education on Commission Charge and Strategic Map (vision, mission, strategic priorities, and values).
- Public is welcome at all meetings as observers.

How Will Task Force Chairs Be Determined?

- Task Force will start with an Interim Leader for the first 3 months. The COA Planning Team views these first 3 months as an extension of the planning process. The Interim Leader will be a participant of the COA Planning Team.
- Voting Members of Task Force will nominate and approve Chair not before the 3rd Meeting.

How Often Do Task Force Meet?

- Every Month
- When is still in Question

Tentative Assignments Based on Survey

Those who expressed an interest in serving on two Task Forces are listed under their 1st two choices.

Priority 1: Develop and advance strategies to improve people's ability to age in the communities of their choice.			
Ken Berlin	Patrick Herlihy	Dan Marcek	Kristi St. Laurent
Roberta Berner	John Kennedy	Sue Ruka	Harry Viens
Polly Campion	Lynn Lippitt		
Priority 2: Catalyze New Hampshire towards being an Age-Friendly State			
Susan Abrami	Mark Frank	Dan Marcek	Susan Nolan
Kathy Baldridge	Jim Mackay	Sunny Mulligan Shea	Sue Ruka
Priority 3: Engage Leaders regarding the Emerging Needs of Older Adults during the COVID-19 Epidemic			
Susan Abrami	Susan Buxton	Patrick Herlihy	
Wendi Aultman	Mark Frank		
Priority 4: Develop Commission Infrastructure to Support Operational Success			
Ken Berlin	Roberta Berner	Susan Buxton	Polly Campion