

***DRAFT MINUTES***  
**New Hampshire State Commission on Aging**  
**Monday, July 20, 2020 9:00 a.m.-noon**  
**Held via Video Teleconference**

**Present:** Rep. Polly Campion, Chair; Ken Berlin, Vice Chair; Roberta Berner, Clerk; Sen. Ruth Ward; Rep. James MacKay; 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; Mike Todd, 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 Baldrige; Rebecca Sky, Executive Director.

**Absent:** Richard Lavers, DES; Mark Frank; Susan Emerson; John Kennedy,

**Facilitator:** Carolyn Russell, NH Department of Administrative Services

**Presenter:** Lori Shibinette, Commissioner, NH Dept. of Health and Human Services

**Guests:** 18 members of the public (Laura Davie, Anne Diefendorf, Kimberly Blakemore, Nancy Dorner, John Wilson, Larry Flint, Brendan Williams, Jon Eriquezzo, Cheryl Steinberg, Caleb Gilbert, Jay Gupta, Wendy Hawkes, Kimberly Smith, Elizabeth Talbot, Gina Balkus, Lisa Henderson, Judith Soule, Casey McDermott).

**I. Welcome, Roll Call, Approval of Minutes**

Chair Polly Campion called the meeting to order at 9 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 Susan Buxton, Rev. Susan Nolan, Janet Weeks.

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

Ken Berlin made a motion, seconded by Sen. Ruth Ward, to approve the June minutes. By roll call vote, the following members approved the motion: Rep. Campion, Ken Berlin, Roberta Berner, Sen. Ward, Rep. MacKay, Patrick Herlihy, Susan Buxton, Sunny Mulligan Shea, Lynn Lippitt, Carol Stamatakis, Harry Viens, Mike Todd, Janet Weeks, Kathy Baldrige, Susan Denopoulos Abrami, Daniel Marcek, Rev. Susan Nolan and Susan Ruka. Votes were not audible from Carol Stamatakis or Kristi St. Laurent. Deb Scheetz abstained from the vote since she had not attended the June meeting. The motion to approve the June minutes was approved.

In outlining the meeting agenda, Chair Campion shared that after today’s meeting the Strategic Planning Committee will take information from this meeting and the two June meetings to create a strategic map for the full Commission to review and possibly approve at the August meeting.

During the time allotted for Commission members to provide updates, Ken Berlin asked Sue Ruka about the status of the adult day care program she administers. She said that it had reopened on June 29 and the reopening was going well with clients adhering to the need to wear masks and furniture removed and rearranged to facilitate social distancing. During the months that the program was closed, she said that many clients seemed to experience physical and mental decline. Suzanne Demers asked how people were responding to social distancing. Sue Ruka responded that new furniture arrangements and assigned seating are helping.

## **II. COVID-19 Impact on Long-Term Care Residents & their Families**

Chair Campion introduced the opening topic of the agenda acknowledging the challenge long-term care facilities face in 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.

The New Hampshire Department of Health and Human Services Commissioner Lori Shibinette, an invited guest to the Commission, opened her comments by saying that quality of life is the foundation of long-term care. Long-term care is not just about physical safety. With lock-down taking place over an extended period, trying to find the balance between physical safety and quality of life is important. She provided an update on the status of the impact of COVID-19 in LTC facilities and challenge DHHS faces in providing guidance to LTC facilities.

In mid-June DHHS provided direction to Long-term care facilities allowing and outlining guidance for residents to have outdoor visitation. Hospice patients have been allowed some degree of visitation throughout the months of lock-down. Lori acknowledged that outdoor visitation works in the summer, but will not be feasible in colder weather. Some facilities have integrated outdoor visitation successfully, but others have struggled to find appropriate outdoor space. Outdoor visitation has been especially challenging for dementia patients, who may not handle masking well and who may not be safe outside.

Commissioner Shibinette said 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. We've experienced this virus run rampant through our resident population." She has also heard from many people advocating for increased access to visitation. She receives many email and phone messages daily from facilities and from family members of residents and says that she responds personally to all e-mail and phone messages. She added that she is seeing problems in hospitals as well with older adults not able to have advocates with them in the emergency room. In concluding, Commissioner Shibinette said that she is open to suggestions.

Long-Term Care Ombudsman and Commission member Susan Buxton spoke next. In her role, she oversees a network of ombudsmen who receive, services, investigates and resolves complaints or problems concerning residents of long-term health care facilities. They provide education to residents, family members and facility staff concerning the legal rights of residents. Their work previously involved much time spent inside long-term care (LTC)

facilities. During the pandemic, this function has been deemed “non-essential,” so ombudsmen have been restricted from visiting facilities. They still have received and responded to many phone calls and email. Susan Buxton indicated that the calls that they get are generally from people who have problems and complaints. They are not necessarily talking to the people who are comfortable with the care that is being provided. This isn’t the whole story this is one side of the story. It is compelling and is one that needs attention. The following is bulleted list of concerns the office has heard from resident’s families and friends since the onset of the COVID-19:

- Prior to May 6th there was a lot of fear and uncertainty about COVID 19 outbreaks within LTC facilities and the lack of information that was being shared with residents and families. There was a lot of fear that residents were sick and dying and families would not know.
- Concern about who is watching what is going on in these facilities during this time that they are not able to visit.
- Residents and Family members are have called to ask what we were seeing in the facilities and are often surprised and disappointed to learn that we were not able to enter the facilities either.
- Most families were well aware of the staffing shortages and staff turnover that existed before COVID 19 and now without their participation in providing care and monitoring to their loved ones they believe that it can’t be better and most certainly is worse.
- Calls from residents with concerns about short staffing and the lack of response to requests for assistance – things like waiting for long periods of time for their call bells to be answered and then waiting longer to receive the care they need such as incontinent care, personal hygiene or using the bathroom.
- Residents report that because all the meals are being delivered to the rooms they are waiting for meals well past the meal time only for them to arrive cold. They report that they are not receiving what they ordered on their tray and are unable to get assistance to have it corrected.
- Residents are reporting that they are being restricted to their rooms and not being offered any baths or showers – only bed baths or sponge baths in the room – if there is enough staff.
- Residents reporting that they are not allowed to go outside. That their rooms are hot because they have to keep their doors closed and there is no air conditioning in the rooms.
- Residents and Families reporting that they are not able to receive packages or food from outside the facility.
- Reports from staff members that they were uncomfortable with the way that their coworkers are addressing residents under the pressures of working within this pandemic and trying to keep residents from coming out of their rooms. Describing it as yelling at the residents.
- We are hearing from families that they are unable to have compassionate care visits despite guidance that allows for it. The facilities retain the rights to make the determinations and in some case interpret it to be only at the very end of life.
- Reports from residents and their families that Residents are being moved throughout the building without prior notification or consultation. That they have been separated from roommates that they were compatible with and put into a room with some that

that they are not compatible with. We have heard that they were moved without their personal belongings that provided them with comfort and that they were concerned about the security of those items. That these moves are sometimes accompanied without any guarantee that they will be able to return to their previous room or roommate.

- We are hearing that residents that go out for medical appointments are being placed on COVID 19 quarantine units with known cases when they return from the appointment. In one case we were called by a family member whose mother had a private room. She had to go to the Emergency Room and when she returned she was put into a semi private room on the quarantine unit with another resident that was being quarantined.
- Since the outdoor visitation has started we have gotten calls from family members that are concerned they are not being properly cared for after seeing them for the first time.

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.”*

Susan Buxton recounted her personal story of her mother, who recently died at age 95 in a long-term care facility. When her mother died, there was no specific medical event that caused her death. There was “just no more life for her.”

Susan concluded, “Visits are vital to residents’ health and wellness, and they provide essential eyes on the situation.” Visitors are key to providing essential monitoring, care and engagement with residents to help to provide quality of life and quality of care. We need to find a way to reintroduce Quality of Life into the lives of resident in LTC while also recognizing the need for infection control and safety from COVID-19. Even prior to the

COVID 19 pandemic, staffing in LTC was an issue. Having the time to engage in meaningful conversation and relationships while providing care was strained. Social isolation and loneliness are associated with increased disease risk and mortality. She suggested that Commission members and the public go to [nursinghome411.org/nursing-home-covid-visitation/](https://nursinghome411.org/nursing-home-covid-visitation/) for further information.

Commissioner Shbinette said that the state is considering the option of having one designated person as “patient advocate” or “patient liaison” who is able to come into the long-term care facility regularly. The state is also reviewing guidance on taking residents outside. She said she is hearing from both sides—long-term care facilities who do not want to let down their guard and those who feel that the current practices are damaging to residents’ psycho-social health.

### **III. Strategic Priorities/Goal Development**

Facilitator Carolyn Russell opened the strategic planning discussion, reviewing Commission members’ responses to the surveys that gauged responses to potential strategic priority areas. The mid-July survey showed a significant change to members’ opinions from those tallied at the end of the June meeting. At that meeting, valuing older adults and aging in community were the two top priorities. The mid-July survey results brought aging in community and working toward NH being an age-friendly state into the top two positions.

Carolyn asked why members might have changed their minds. Among the responses were:

- Valuing older adults needs to be infused in everything we do, including our vision, mission and values;
- “Words are cheap, deeds are dear;”
- We need to focus on immediate public policy issues that are impacting people’s lives.

Carolyn checked and received agreement from Commission members that the Commission should not focus on funding as a priority since it really is a means to an end, and at this point, we should be focused on outcomes to be achieved.

If the Commission’s strategic plan were to identify three priority areas for focus in the Strategic Plan, two would clearly be aging in community and the infrastructure of the Commission. Carolyn asked about the Commission’s COVID-19 Task Force and how it fits in with the areas of focus. Should the task force be kept intact or be integrated into one of the other areas? The consensus was that it needs to be kept as is at this point since it is addressing critical emerging concerns (ageism, isolation, marginalization, the older population as less valuable, the need for virtual communication, problems with long-term care).

Carolyn and Rebecca Sky then conducted a real-time straw poll of Commission members to identify strategic priorities. The majority supporting aging in community with catalyzing NH to become an age-friendly state as runner-up. It was noted that the two priorities have significant overlap, but also room for distinct activities.

A second real-time non-binding poll asked Commission members to prioritize areas of focus within the aging in community framework. Social and health services led in votes, followed by housing, then workforce development.

Commission members broke into three small groups to address the three priority areas of aging in community, catalyzing NH to become an age-friendly state, and developing Commission infrastructure. The small groups were to discuss draft impact statements then identify one to two first year objectives.

#### **IV. Public Input**

John Wilson spoke about the importance of transportation to aging in community, saying that he's heard that if you can't drive, you can't live in New Hampshire. He also addressed the importance of housing. He said that the de-valuing of older adults in the state is the "elephant in the room." And that both these issues commonly rise to the top of the list in opinion surveys asking older adults in New Hampshire to prioritize issues of concern.

#### **V. Adjourn Meeting**

Chair Campion thanked Commission members and members of the public for their participation. She said that the strategic planning committee will take information from today's meeting, the two prior meetings, and the surveys, to bring a draft plan to the Commission at the August 17 meeting. She thanked Susan Buxton for her impactful presentation and said that she will be back in touch with Commissioner Shabinette.

At 12:00 p.m., Chair Campion declared the meeting adjourned.