MINUTES
New Hampshire State Commission on Aging
Monday, May 18, 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; Wendi Aultman, DHHS; Patrick Herlihy, DOT; Susan Buxton, Long-Term Care Ombudsman; Sunny Mulligan Shea, DOJ; Lynn Lippitt, NH Housing Finance Authority; Appointed by the Governor: Carol Stamatakis, Kristi St. Laurent, Mark Frank, Jennifer Ho-Sue for Suzanne Demers, Harry Viens, Susan Denopoulos Abrami, Susan Ruka, Daniel Marcek, and Kathy Baldridge; Rebecca Sky, Executive Director.
Absent: Rep. Jim MacKay; Richard Lavers, DES; Ken Merrifield, DOL; Perry Plummer, DOS; Susan Emerson; Pamela Jolivette; John Kennedy; Rev. Susan Nolan.
Presenters: Todd Fahey, AARP-NH State Director; Lori Parham, AARP-Maine; Lori Shibinette, Commissioner, NH-DHHS; Deborah Scheetz, Director, Long-Term Supports and Services, NH-DHHS.
Guests: 23 members of the public (Martha McLeod, Carol Currier, Chris Dugan, Heather Carroll, Laura Davie, Cheryl Steinberg, Laurie Duff, Christian Seasholtz, Dawn McKinney, Janice McDermott, Jennifer Rabalais, Cindy Robertson Kohler, Joan M. Marcoux, Dr. Marianne Jackson, Laura Davie, John Wilson, Kimberly Blakemore, Doug McNutt, Kelly Laflamme, Anne Diefendorf, Melissa Mandrell, Bev Cotton, Marcia Garber).

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.

Minutes from the February and April meetings were sent out to Commission members with the agenda for review prior to the May meeting.

Mark Frank made a motion, seconded by Lynn Lippitt, to approve the February minutes. By roll call vote, the following members approved the motion: Rep. Campion, Ken Berlin, Roberta Berner, Sen. Ward, Wendi Aultman, Patrick Herlihy, Susan Buxton, Sunny Mulligan Shea, Lynn Lippitt, Carol Stamatakis, Kristi St. Laurent, Mark Frank, Harry Viens, Susan Denopoulos Abrami, and Susan Ruka. Votes were not audible from Jennifer Ho-Sue, Kathy Baldridge, and Daniel Marcek. The motion to approve the February minutes was approved.
Susan Buxton made a motion, seconded by Sen. Ruth Ward, to approve the April minutes. By roll call vote, the following members approved the motion: Rep. Campion, Ken Berlin, Roberta Berner, Sen. Ward, Wendi Aultman, Patrick Herlihy, Susan Buxton, Sunny Mulligan Shea, Lynn Lippitt, Carol Stamatakis, Kristi St. Laurent, Mark Frank, Harry Viens, Susan Denopoulos Abrami, and Susan Ruka. Votes were not audible from Jennifer Ho-Sue, Kathy Baldridge, and Daniel Marcek. The motion to approve the April minutes was approved.

II. Update on Strategic Planning Process

Chair Campion provided an update regarding the Commission's strategic planning process, thanking the members of the strategic planning committee for their work over the past several weeks. In addition to Rep. Campion, members are Ken Berlin, Roberta Berner, Susan Buxton, Sunny Mulligan Shea, and Lynn Lippitt, with substantial support from Executive Director Rebecca Sky.

Given the evolving situation with COVID-19, it now appears that an in-person full day retreat will not be feasible. The committee is recommending that the Commission hold three remote meetings over the next two months to craft a strategic plan to include vision, mission, values, and objectives for the Commission. The committee proposes that the regular June 15 and July 20 meetings of the Commission be extended from two to three hours in length, with regular business of the Commission comprising one hour of each meeting and strategic planning, two hours of each meeting. In addition, another two-hour meeting will be scheduled to take place between the regular June and July meetings.

Chair Campion also noted that the Commission will initiate a subcommittee to recommend more immediate action relating to the pandemic and its effects on the aging population of New Hampshire.

III. Introduction to AARP Age-Friendly States and Communities

As background, Chair Campion explained that last month's Commission educational session on Reframing Aging and this month's session on the Age-Friendly States & Communities model developed by AARP were intended to help provide background for our strategic planning work. Presenters Todd Fahey, AARP-NH State Director, and Lori Parham, from AARP-Maine, provided a brief presentation of the Age-Friendly States & Communities model. The model originated with the World Health Organization (WHO), and AARP is an affiliate of the WHO to implement this program in the United States.

Todd Fahey used a slide presentation, "Livable Communities in New Hampshire: Key Elements and General Framework," to illustrate central points of the model. A livable community is one that is safe and secure, has affordable and appropriate housing and transportation options, and has supportive community features and services. Such a community is designed to enhance personal independence, allow individuals to age in place, and foster residents' engagement. The model outlines eight domains of livability, half within the built environment (e.g., housing, outdoor spaces, transportation) and half within the social environment (e.g., respect and social inclusion, civic engagement and employment). Livable Communities benefit from intentional design and are aimed to be good places in which to live for people of all ages. Todd directed the audience to https://www.aarp.org/livable-communities as a place that showcases some of the resources available to states and communities in the network.

Lori Parham, with Maine AARP, began working on assisting communities to implement the livable community model around six years ago. Portland, ME was a leader in adopting the model, but Maine AARP also had a strong interest in working with rural communities to implement the program. Maine—like New Hampshire—has a large population of older adults, old housing stock, and poverty and food insecurity among its aging population. Also, like New Hampshire, Maine's older population is very engaged in community, involved as volunteers, charitable contributors, and voters. At this point, 70 Maine municipalities have embraced the model as a vision and as a way to show progress over time. Last fall, Maine was accepted into

the Age-Friendly Network as a state. Several departments within Maine state government are now working together to identify ways to improve coordination and become more age-friendly. So far, they have reviewed the eight domains, determining and defining their own as well. A public stakeholder group provides advice about the work the departments are doing.

To conclude, the presenters briefly discussed the livability domains and community responses to COVID-19. They shared the AARP resource: https://www.aarp.org/livable-communities/network-age-friendly-communities/info-2020/community-responses-to-COVID-19.html

Patrick Herlihy noted that in the domain of transportation, New Hampshire is already addressing the need with the support of an additional $39 million in federal dollars. The one area which has been problematic is the use of volunteer drivers, who often are older adults themselves and thus reluctant to provide the service at this time.

Sue Ruka talked about the work already taking place in Carroll County toward building an Age-Friendly community. She commended the model as a great foundation for building outreach, connections, inclusiveness.

IV. Capturing What We've Learned so far from COVID-19

Lori Shibinette, Commissioner of the NH Department of Health and Human Services (NH-DHHS), and Deborah Scheetz, Director, Long-Term Supports and Services, NH-DHHS, joined the meeting for the discussion of what we have learned so far from COVID-19. Each member of the Commission was asked to share briefly his or her thoughts, with questions sent out before the meeting to frame the responses. Because time was limited for this portion of the meeting, not all members of the Commission were able to respond, so were invited to share their responses in e-mails to Chair Campion and Executive Director Sky after the meeting. Their responses are included as addenda to the minutes.

Susan Buxton: Communications in the long-term care community among providers, trade organizations, and NH-DHHS have been robust and helpful. Within the Office of the Long-Term Care Ombudsman, virtual tools have had to take the place of in-person visits—not as good to build a bond of trust as person-to-person conversations. Long-term care residents have to live in very close quarters for a very long time, yet isolation from loved ones is an issue. The challenges are clear, especially regarding the transmissibility of the virus. Facilities were built for an earlier time.

Susan Denopoulos Abrami: All nursing homes are mandated to have disaster plans in place, including ways to promote social isolation. She expressed concern that the media and the public have vilified long-term care providers. The Commission needs to continue to address how to help regarding New Hampshire's elder housing.

Commissioner Shibinette responded that she does not know of any long-term care facility that does not use the FEMA Incident Command structure. What do the facilities need to do in order to make it work better? She added that she has not personally seen vilification of nursing homes in New Hampshire and said that we are all learning about the virus and how it can be passed along by asymptomatic carriers. Many New Hampshire nursing homes were built in the 1960s, and their physical structure, shared rooms, and other attributes make them higher risk venues for transmission.

Chair Campion added that she has also heard of the difficulty in residential facilities with residents with dementia offering a particular challenge. Commissioner Shibinette said that those residents also are often unable to report their mild symptoms.

Mark Frank: A big concern is the large number of isolated people out there, also understanding that some in-home care providers have cut service hours. So many people have a tough-it-out mentality. He knows that some religious communities have delivered care kits to older people. The state is not fully using social networks, faith-based organizations, veterans' groups. He added that the State Plan on Aging states that we should use those types of networks more fully.

Sue Ruka: Health systems have stepped up and adapted quickly, and nursing homes have done well. The state's long-term care stabilization plan was good, and recognized front-line workers for the work they are doing. We all are communicating more virtually, including at our adult day care center. We need to have systems set up to help people with technology to mitigate social isolation. With the closure of adult day care centers, we are seeing caregiver stress and declines in our client population cognitively, socially and physically.

Ken Berlin asked if there has been any guidance regarding how to reopen adult day care programs safely, and if there is any indication as to when they might be able to reopen. Sue Ruka responded that adult day care providers are working on a plan as a group. Would reopening be at 50% capacity? What would be the screening criteria? Sue Ruka replied that the Governor's Re-opening Task Force was going to review proposed guidance via presentations today provided by her and Laurie Duff from Easter Seals.

Ken Berlin reiterated the need for organizations and individuals to reach out to isolated individuals. He said that he was concerned about the current and future mental health issues likely to arise as a result of COVID-19, related stressors, and the long-term quarantine.

Kristi St. Laurent: In Windham there has been an effort to connect volunteers to those who need a hand, but the issue has been the reluctance of people to ask for help. When volunteers specifically offered to bring masks to those who wanted them, the response was fantastic on the part of both volunteers and recipients. It is difficult to identify all those in a community over age 65 because of privacy restrictions, but the volunteer initiative has worked hard to garner publicity and outreach. She said it's frustrating because we know there are people out there who need help, but they are not requesting it. She spoke about the dual need to de-stigmatize aging, yet at the same time, to recognize that the aging population experiences a different impact from COVID-19. Special senior shopping hours and allowances for absentee voting should be viewed without stigma.

Lynn Lippitt: Some of the measures put in place during the pandemic have worked well to address needs of the homeless population and renters. Receiving additional funding for emergency needs has been key, and eviction delays have been helpful. We will see a greater need after the delays end. Isolation is a problem that we see. Service coordination must be provided in the properties that we finance, and coordinators' connection to local service agencies is very helpful. Access to broadband is an issue that we see, too.

Sen. Ruth Ward: We are all much more aware of hygiene. She noted her appreciation for those grocery stores that allow customers to place orders and pick up curbside.

Carol Stamatakis: We've seen a phenomenal outpouring of volunteerism. She said that it has been very helpful that the federal and state governments have had some relaxation of eligibility requirements for public benefits, and she would like to see advocacy to maintain those relaxed standards. People are still not taking advantage of all the services that are out there—not wanting to bother anyone, not wanting to be a burden. Technology has worked well for many organizations that have now recognized the tool could be used in the future to avoid unnecessary commitments of time and travel. If the relaxation of the Right-to-Know law could continue, she would like to see technology continue to be used for a number of meetings. Use of technology actually could promote civic engagement and better allow the participation of older people and those with disabilities.

At this point in the meeting, Commission members who had not yet had a chance to speak were asked to e-mail their comments for inclusion as addenda to the minutes. In addition, comments made in the chat function during the meeting will be included as addenda to the minutes. NH-DHHS Commissioner Lori Shibinette and Director of Long-Term Supports and Services Deborah Scheetz spoke next.

Commissioner Shibinette thanked everyone for their observations and noted that COVID-19 had exacerbated existing issues in the provision of health and human services that now had been brought to the forefront:

- Social isolation among older adults had been prevalent already, and is now concerning even in apartment buildings as well as in the community and in long-term care facilities. This impacts older adults' cognition and general health.
- The use of tele-health services has been a big win, and such services are likely to continue in the future, although they will never replace in person health services.
- Staffing issues have been a major issue in community and long-term care settings. It was a surprise to see the number of people who quit their jobs when COVID-19 arose.
- It's clear that the physical environment of nursing homes plays a significant role in the transmission of disease. We need to look at that environment through a different lens, even in considering the spread of influenza and other viruses.

Commissioner Shibinette concluded her remarks by saying that she is 100 per cent involved with COVID-19 related issues right now.

Director Scheetz said that NH-DHHS staff is keeping a close eye on Adult Protective Services (APS) tracking. On-site APS visits are again possible, since personal protective equipment is more readily available. Of more than 220 APS reports, 120 were able to be followed-up in person within the last few weeks. She thanked the New Hampshire Department of Employment Security for initiating a specific recruitment tool for the long-term care community.

Chair Campion thanked Commissioner Shibinette and Director Scheetz for their remarks. She asked for volunteers to form a subcommittee to address COVID-19 specific concerns related to the charge of the Commission on Aging. The subcommittee could help by monitoring, developing, and sending relevant information and requests for action to the full Commission. Volunteering to serve were Mark Frank, Susan Denopoulos Abrami, Sue Ruka, and Patrick Herlihy.

Susan Buxton thanked Chair Campion and Executive Director Sky for their work in pulling together the virtual meeting. Wendi Aultman thanked them for sharing information that she had

sent regarding COVID-19 from NH-DHHS' Bureau of Elderly and Adult Services and Division of Long-Term Supports and Services.

V. Adjourn Meeting

At 12:03 p.m., Chair Campion declared the meeting adjourned.

VI. Addendum – 3 Public Comments Received After the Close of the Meeting

Comment 1

May 17, 2020
To: Rebecca Sky
From: John Wilson

Subject Comments for May18th commission on aging meeting

About a year and a half ago I started looking into the issue of senior transportation. I started by gaining an understanding of CART's operations, funding etc. This quickly led me to looking at transportation at the state level. Not too far into the work I decided that lack of funding was the big issue. I also heard about the work being done by the SCC {State coordinating Council on Transportation) and I have been attending their meetings. For almost two decades the regional planning groups, the SCC, the operations people that are at the coal face of the issue, and numerous others, have been warning about the changes in demographics that will necessitate major increases in senior transportation. So why has no material action been taken? At first I thought answer was simple, "They" just don't care. But that's not a helpful answer. We have the largest state legislature in the country, why wouldn't they collectively not care? To say that someone does not care about an issue assumes that they know enough about an issue to have an opinion. I believe seniors and aging are rarely thought about or discussed. I think that is the underlying problem with getting anything accomplished related to senior/aging issues. I haven't thought about these issues at all until 18 months ago.

I did not attend your last meeting but I read the minutes. The presentations, by Rabelais and Laflamme seem to support this theory. At the risk of preaching to the saved, I hope that this issue is number 1 on your Strategic Plan.

When I first started this exercise I thought funding was the issue. Now I realize before we can get to funding a major "education process" must be completed to bring our thinking out of the late twentieth century and into the realities of the twenty first century. Many individuals and groups have tried in various ways to deal with this over the last 15 years with very limited success. Hopefully having all the government agencies working together and speaking with one voice will succeed and make up for lost time.

John Wilson
603-437-2608
scottiefurme@yahoo.com

Comment 2

June 4, 2020

Dear Commission on Aging Members,

At the recent Commission Meeting, concerns were raised about the isolation that many individuals may be facing in light of Covid-19.This pandemic has brought about unique challenges for many individuals, social service and medical providers, and the delivery of services.

I would like to take this opportunity to highlight how social isolation impacts specific populations. One in three seniors may have some degree of hearing loss. This is not always apparent to caregivers or providers. Some will acknowledge their hearing loss, while others may deny it. Some are great self-advocates and utilize their hearing assistive technology. Others may be resistant to using these devices or may not have access to any hearing devices. Some may advocate that their provider repeat the statement, speak up, use captioning or voice-to-text apps, or write the verbal statements on paper.

Another predicament to the recommendation of social distancing and wearing of masks is the breakdown of communication for folks with hearing losses. Hearing Loss Specialists and Audiologist have always advocated to have visual access to the speaker and to stand close to the speaker. The use of masks definitely affects visual access to the face and to visual cues. In addition, the use of a mask decreases the speech intelligibility by about 10 decibels. Adding the 6-foot social distancing increases the speech to sound ratio factor that impacts speech intelligibility. Background noise such as air conditioners and fans also poses a challenge to understanding the spoken word. Each of these factors impacts speech intelligibility, experiencing all them in one setting compounds the problem and increases the likelihood that the individual will not understand the speaker.

An unfortunate and all too often, consequence to this new reality is that the person with the hearing loss will give up on the conversation if no accommodations are provided to them. They may just "yes" a response, or guess incorrectly about what was said. It is critical to ensure that individuals accurately understand the questions and conversations being said to them. Having individuals repeat what was stated is a great compensatory strategy that ensures that the listener understood what was said.

Deaf individuals, who use American Sign Language Interpreters, are also challenged when the interpreters use facemasks. These masks obstruct the eyes, mouth, and other visual facial cues that convey the interpreted message.

The use of masks with clear shields that provide access to the lips are an asset. Some providers are using these clear facemasks. Using devices such as Smart phones or iPads with communication apps (voice- to -text) enables individuals with hearing losses to read what is spoken.

The provision of services by telehealth poses its challenges as well. When the video connection is poor, it interferes with the acuity for effective speech-reading. There is also the issue of a short delay between what one hears and what one sees someone saying. Also, if the speaker is a male with a moustache or full beard, that can be a DEFINITE communication barrier, as much so as the mask. Once again, to ensure that the interviewee understands what is stated, is providing the telehealth service with captioning services is a communication access option.

Individuals with dementia, auditory processing challenges, and autism face unique challenges when communicating with those wearing facemasks. People with dementia rely on nonverbal aspects of communication, i.e. sounds, movements, facial expressions, etc. Reading facial expressions keeps them connected socially. Individuals with autism use strategies that rely on accurate and appropriate reading of facial expressions and emotional responses of others.

Similarly, people with auditory processing disorders who have difficulty interpreting distinct sounds will often rely on body language, gestures and mouth movements to gain understanding.

These challenges are bringing awareness to the need for clear facemasks to promote effective communication with many individuals.

The hope is that they will be the norm and become part of the inventory of many providers who work with those challenged by masks.

Thank you for allowing me to address this issue and to review some of the communication tools that can be utilized to ensure clear, accurate, effective communication as well as to lessen the social isolation.

Joan Marcoux, MA
Hearing, Speech, and Vision Specialist
Office of Health Equity
Department of Health and Human Services

I want to thank Tracy Gassek, Health Care Coordinator of SMS at DHHS for her contribution to this letter.

Joan Marcoux, MA
Hearing, Speech, and Vision Specialist
Office of Health Equity (formerly Office of Minority Health and Refugee Affairs)
Department of Health and Human Services
97 Pleasant Street, Thayer Building , W227
Concord, NH 03301
Joan.Marcoux@dhhs.nh.gov
Office: 603.271.9097
Cell: 603.573.0481
VideoPhone: 603.463.0753

Comment 3 – Lori Parham gave permission to share Maine's Current Plans that are still a works in Progress:

Maine Age-Friend State Plan (Draft)
Working Domains & Sub-Domains

➢ Accessible Communication & Information

- **Create No Wrong Door Approaches for Accessing Services**
- **Access to High-Speed Internet**

➢ Employment & Financial Security

- **Supporting an Aging Workforce**
- **Access to Financial Information, Tools, & Resources**
- **Protecting Older Mainers Income Security**

➢ Health Coverage, Health Care, & Supportive Services

- **Healthy Aging**
- **Access to Health Care & Community-Based Supportive Services**
- **Access to Health Coverage**

➢ Housing

- **Accessible and Affordable Housing**
- **Resources that Allow Mainers to Remain at Home**

➢ Natural Resource Management, Outdoor Spaces & Recreation

- **Access to Outdoor Recreational Spaces**
- **Safety and Succession Planning for Farmers & Woodland Owners**

➢ Respect, Social Inclusion, & Civic Engagement

- **Efforts to Preserve and Support Autonomy**
- **Expand Opportunities for Inclusion and Diversity**
- **Volunteerism and Community Service**

➢ Transportation

- **Access to Transportation**
- **Alternatives to Driving**

LIVABLE COMMUNITIES IN NH: KEY ELEMENTS & GENERAL FRAMEWORK

TODD C. FAHEY
AARP NEW HAMPSHIRE

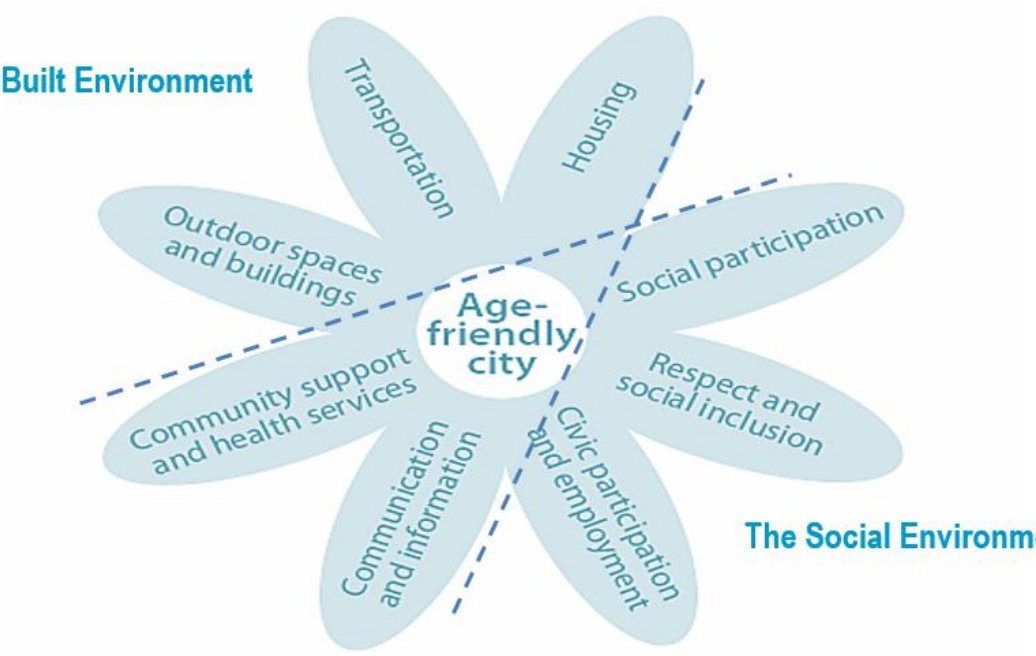
AARP Real Possibilities

LIVABLE COMMUNITIES
Great Places for All Ages℠

The AARP Network of Age-Friendly Communities

Real Possibilities

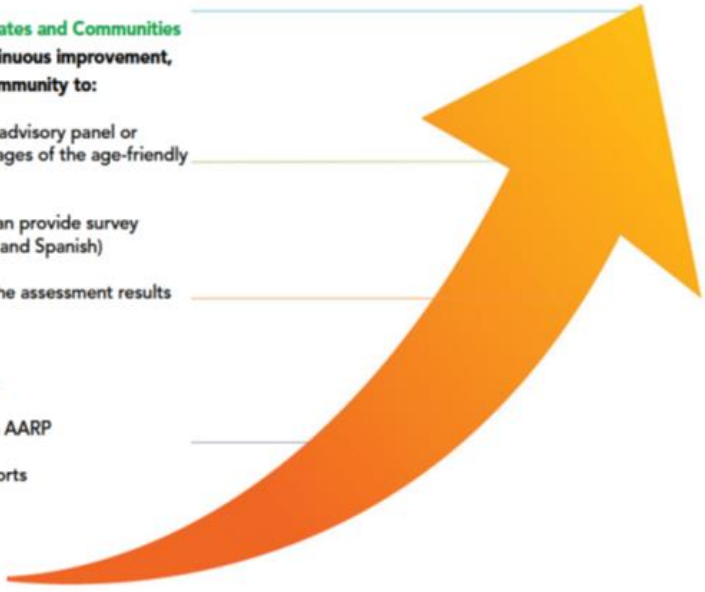
Our Vision and the "8 Domains of Livability"



The Age-Friendly Process and Program Cycle

Members of the AARP Network of Age-Friendly States and Communities commit to an assessment process and cycle of continuous improvement, the steps of which typically require the member community to:

1. Establish a way — such as through a commission, advisory panel or focus groups — to include older residents in all stages of the age-friendly planning and implementation process
2. Conduct a community needs assessment (AARP can provide survey examples, templates and an online tool in English and Spanish)
3. Develop an action and evaluation plan based on the assessment results
4. Submit the plan for review by AARP
5. Implement and work toward the goals of the plan
6. Share solutions, successes and best practices with AARP
7. Assess the plan's impact and submit progress reports
8. *Repeat!*



AARP Real Possibilities

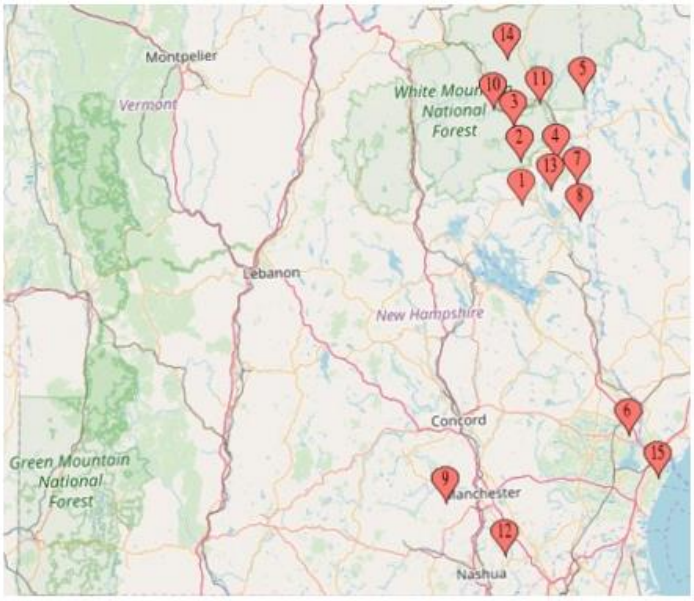
LIVABLE COMMUNITIES
Great Places for All Ages℠

SPANNING AGES & ABILITIES

AARP Real Possibilities

LIVABLE COMMUNITIES
Great Places for All Ages℠

NH MUNICAPALITIES ENROLLED IN AARP'S AGE-FRIENDLY NETWORK



AARP Real Possibilities

LIVABLE COMMUNITIES
Great Places for All Ages℠

We're entering a time of

profound and permanent change

to the demographic composition of the United States

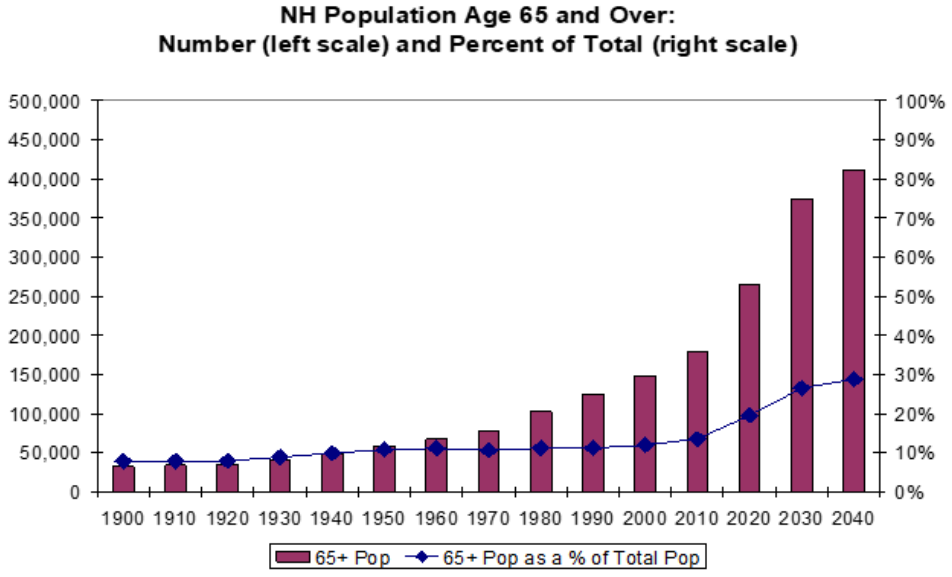
Every day, **10,000** boomers turn 65

By 2030 the U.S. will have **twice as many people over the age of 65** as we have today

AARP Real Possibilities

LIVABLE COMMUNITIES
Great Places for All Ages℠

New Hampshire's Age Trending
Source: New Hampshire Center for Public Policy Studies (used with permission)



AARP Real Possibilities

LIVABLE COMMUNITIES
Great Places for All Ages℠

Survey after survey finds that **today's older adults want to remain in their homes**

90%

OF PEOPLE 65+ WANT TO STAY IN THEIR HOMES AS THEY AGE

But most houses haven't been designed to adapt. In fact, American homes have traditionally been designed and built for **able-bodied 35 year olds**

AARP Real Possibilities

LIVABLE COMMUNITIES
Great Places for All Ages℠

NEW HAMPSHIRE'S CHALLENGE:

AGING POPULATION

+

OUTFLIGHT OF MILLENIALS & YOUNG PEOPLE

=

A NEED TO CREATE PLACES / COMMUNITIES / STATES TO RESOLVE THIS CONUNDRUM

AARP Real Possibilities

LIVABLE COMMUNITIES
Great Places for All Ages℠

RESOURCES:

https://www.aarp.org/livable-communities