MINUTES

New Hampshire State Commission on Aging
Monday, May 17, 2021 10:00 a.m.-noon
Held via Video Teleconference

Present: Polly Campion, Chair; Carol Stamatakis, Vice Chair; Roberta Berner, Clerk; Wendi Aultman, DHHS; Richard Lavers, NHES; Susan Buxton, Long-Term Care Ombudsman; Sunny Mulligan Shea, DOJ; Patrick Herlihy, DOT; Lynn Lippitt, NH Housing Finance Authority; Elizabeth Bielecki, DOS; Appointed by the Governor: Susan Ruka, Suzanne Demers, Rev. Susan Nolan, Daniel Marcek.

Rebecca Sky, Executive Director.

Absent: Rep. James MacKay; Rep. Charles McMahon; Sen. Ruth Ward, Janet Weeks, DOL, Harry Viens, Kristi St. Laurent, John Kennedy, Susan Emerson, Kathy Baldridge, Susan Denopoulos Abrami, Ken Gordon.

Guest Presenter: Margaret Franckhauser, RN, ARNP, MPH, Director of Aging Services, U.S., John Snow Institute.

Guests: 20 members of the public (Cheryl Steinberg, John Wilson, Heather Carroll, Beth Todgham, Dick Bouley, Martha McLeod, Bev Cotton, Sharlene Adams, Marcia Garber, Anne Diefendorf, Wendy Hawke, Laura Davie, Angela Johnson, Debbie Perou, Danielle Reichart, Amy Moore, Teddy Rosenbluth, Michelle Thibeault, Jennifer Rabalais, Jaymie Chagnon).

I. Welcome, Right to Know Checklist, Roll Call, Approval of Minutes

Polly Campion, Commission Chair, 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 meeting identify themselves.

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

Carol Stamatakis made a motion, seconded by Dan Marcek, to approve the April minutes. By roll call vote, the following members approved the motion: Polly Campion, Carol Stamatakis, Roberta Berner, Wendi Aultman, Richard Lavers, Susan Buxton, Patrick Herlihy, Sunny Mulligan Shea, Lynn Lippitt, Elizabeth Bielecki, Suzanne Demers, Daniel Marcek, Susan Ruka, and Rev. Susan Nolan. The motion to approve the April minutes was approved by 14 members.

II. Older Americans' Month—Wendi Aultman and Rebecca Sky

Rebecca provided a brief overview of the Older Adult Volunteer Awards' history and discussed plans for the awards event taking place via teleconference on May 18, 2021. Prior to 2020, the awards were named in honor of the late NH Rep. Joseph D. Vaughan. They were presented annually since 1962 to outstanding volunteers over age 60. EngAGING NH has recently

cosponsored the awards program with the former State Committee on Aging, and now, with the Commission. The awards event takes place in May, Older Americans Month. Rebecca thanked Roger Vachon from EngAGING NH for his hard work on this year's awards program.

Rebecca mentioned that during the previous week the Foundation for Healthy Communities had held a conference on Age-Friendly Health Systems, with 150 attendees. She gave closing remarks focusing on the impact of ageism on health and health care.

Wendi and Rebecca both noted that NH Governor Chris Sununu had issued a proclamation in honor of Older Americans Month. Wendi said that she is looking forward to the Volunteer Awards ceremony as a good way to showcase those who give so much of their time to community service in the state. She added that post-pandemic she would like to see a return to the state Conference on Aging, which provided valuable information and networking opportunities for attendees.

Chair Campion thanked everyone for their hard work on the awards ceremony, with specific thanks to Rebecca and Roger.

III. **Social Determinants of Aging in the Community of One's Choice & Avenues for Change—Margaret Franckhauser**

Margaret Franckhauser's PowerPoint presentation, "How the Social Determinants of Health Impact Aging in the Community of Choice: What Can Be Done in New Hampshire," is attached to these minutes. The presentation began with a brief description of the way health is shaped--

> Health is a complex result of our genetic inheritance, personal behaviors and experiences and the conditions in which we are born, grow, live, work and age, as well as the complex, interrelated social structures and economic conditions that shape us.

The determinants of health include economic stability, neighborhood and the physical environment, education, food security, the community and social world around us, and the health care system.

She discussed the risks that could result in our inability to age in a community of choice in New Hampshire:

- Chronic disease, including visual and hearing deficits;
- Housing designed to meet the needs of large families in rural settings, not located near community resources;
- Community design that favors the able-bodied and independent with community transportation continuing to be rare and unique to specific communities across the state.

When community transportation is available and housing is located close to community resources, people have more opportunities for engagement, connectedness, access to services as they age. If the built environment has adequate lighting, sidewalks, building accessibility, and universally designed housing, individuals can retain their independence and ability to engage in activities of daily living. When an adequate supply of healthy food is readily available, individuals may be able to forestall chronic disease and maintain their physical health and strength.

Conversely, in New Hampshire, living in rural environments and winter conditions often result in barriers to travel to see neighbors and access services. Issues with workforce availability not only affect direct caregiving staffing but also may affect the ready ability to repair and modify a home. Margaret cited an AARP survey that showed that 55 percent of older adults live in a home that needs some modification in order to meet their needs as they age.

Across the country, economic stability for the older population is often at risk. Another AARP study showed that 55 percent of those aged 50 and over will lose their job involuntarily and only 10 percent will secure a subsequent job at the same income level. Age discrimination is prevalent at several of the popular on-line job sites. The study showed that an applicant is 85 percent more likely to be called for an interview if his or her age is not obvious from the application process.

She also discussed structural issues with nursing homes that became clearer during the pandemic: older physical plants with shared rooms and staff moving from room to room, along with centralized control and decision-making. Direct care staff receive low wages and therefore often may live in crowded conditions, share transportation with others, and even come to work ill if they cannot afford to take time off.

In conclusion, Margaret said that the Commission has a role to play regarding system-level issues, policies, and practices related to the social determinants of health and health-related social needs. “The power of this Commission is that you have an upstream role in improving laws, policies, and regulations that create community conditions supporting health for all,” she said. For example, the Commission could advocate for greater support for community-based services, especially since the American Recovery Act has funds that could be used for this purpose. The Commission could advocate for zoning changes to support more cohesive communities. It also could advocate to rebuild the workforce with new workers and strengthened support for older workers and adequate wages.

Questions and responses followed her presentation:

- Patrick Herlihy asked how the Commission could have an effect on zoning changes, since zoning occurs at the local level. Margaret responded that the Commission is a voice of influence and could promote pilot projects, for example, testing clustered communities in rural areas.
- Dan Marcek asked Margaret to detail the difference it makes for older adults to face employment discrimination. She said that financial insecurity has a dramatic impact on health, leading to an increase in chronic illnesses and a decrease in the life span. She explained that loss of a job can lead to the need to move from one’s home and neighborhood, affecting the social fabric of the community. Earning less after age 55 directly affects Social Security income after retirement. Nationally, women over age 60 are the fastest growing group of homeless individuals. She recommended strengthening anti-discrimination laws based on age, including discharges from employment based on age.
- Rev. Susan Nolan said that she had observed that low wages in southern New Hampshire had led workers to take positions in Massachusetts, leading to an inadequate

workforce for coverage even for the hospice benefit. Margaret responded that she thinks pilot projects can be illustrative and suggested that one hospice or home-care organization pay staff higher wages and see if workers "magically" appear. She added that in New Hampshire low reimbursement (e.g., for CFI) keeps organizations from paying livable wages to their direct-care workforce.

- Carol Stamatakis asked about the prevalence of visiting nurses, at very high cost, within nursing homes and hospitals in the state. What money is in the pipeline that could be spent on the local workforce instead? Wendi Aultman noted that nursing licensing has an interstate compact, while such agreements are not in place for other segments of the direct care workforce. Lynn Lippitt said that the Aging in Community of Choice Task Force had discussed licensing requirements for LNAs and how those requirements favor institutional hiring over community-based hiring of new LNAs. Margaret explained that among the requirements for training are a faculty to student ratio of 1:8, with the faculty required to be on-site to supervise the students, favoring institutional placements. Sue Ruka asked if simulation labs and other alternative training could help with training LNAs for community work.
- Polly Campion asked if Margaret recommended cluster housing for mixed ages or for older adults only. She responded that any cluster housing is better than none, but that it's best to integrate the housing since multi-age communities bring people together and are shown to improve health both for children and older adults. Polly suggested that we engage in an effort similar to "Stay, Work, Play," focused on older adults to create some energy toward new thinking about aging in the state.

IV. Task Force Updates

A. Aging in Community of Choice: Lynn Lippitt

Lynn summarized Task Force meetings held over the spring, featuring presenters Mary Rhodes from At Home by Hunt and Nancy Rollins from Easter Seals. The next meeting will be held on June 7 and will feature presenter Josephine Porter, Director of the University of New Hampshire's Institute for Health Policy and Practice, discussing funding for long-term supports and services.

Lynn said that we have refined the direction we want to take as a Task Force to assess the system of care for people at all levels of income. She said we have identified care coordination as a missing piece for middle income older adults.

B. Emerging Issues: Susan Buxton and Suzanne Demers

The Task Force is currently monitoring vaccination status, senior center reopening, broadband access, ageism and long-term care.

Sue said that the vaccination rollout seems to be on target with programs in place to address homebound individuals, long-term care including new admissions and others. The concerns around vaccine hesitancy continue to be an issue to monitor.

The Task Force met with leadership from the NH Association of Senior Centers in March and had a robust conversation on the large diversity of operating models for senior centers in the state. This complicates the development of re-opening guidance. The end result of the conversation was to encourage the Association to support its members to develop their own reopening plans rather than ask for specific guidance from NH DHHS or the Governor's re-opening Task Force.

Related to long-term care, the Task Force discussed the reopening to allow visitors and for residents to be able to participate in communal dining and group activities.

On April 29 The State of New Hampshire Governor's Economic Reopening Task Force issued the Universal Best Practices Guidance to replace the Safer at Home 2.0 guidance. The DHHS guidance for Reopening Long Term Care also sunset at that time, with instructions to providers to use the CDC and CMS guidance to provide information regarding reopening.

Sue said that providers are struggling to adjust and interpret the new guidance. There is a lot to making it happen safely and adjustments may not be occurring as quickly as people want. Individuals living in long-term care continue to suffer from isolation from their families and friends as facilities move very slowly to relax restrictions. The Task Force continues to monitor these issues.

Sue added that new CDC guidance informs providers that if everyone in a room is vaccinated (staff and residents) everyone can remove his or her mask. If there is one unvaccinated individual in the room everyone must wear a mask. Operationally this is challenging in light of protecting private information. There is a call this week among providers, the Department of Public Health, Bureau of Health Facilities and LTC Ombudsman to discuss ways to operationalize this guidance while protecting individual's private information.

C. Age-Friendly State: Dan Marcek and Sunny Mulligan Shea

Dan said that the Task Force continues to work on defining "age-friendly" for New Hampshire, recognizing that aging includes everyone and each of our places in a continuum and an "age-friendly" ecosystem provides support for all of us. The Task Force has looked at a variety of models, with the AARP model and its "domains of livability" central to the discussion. The group is honing in on the domains of housing, transportation, and community connections.

V. Public Input

Polly Campion informed the group that Madison Lightfoot, Office of U.S. Senator Jeanne Shaheen, had followed up on her presentation in April by sending along the guidance for use of the American Rescue Act appropriations. Rebecca Sky reiterated the importance of keeping in mind the one-time nature of these funds.

Beth Todgham asked if there had been any follow-up regarding continuation of the EngAGING NH newsletter. Carol Stamatakis said that a group of interested individuals, including Beth, will meet in early June to discuss possibilities.

VI. Adjournment

Chair Campion adjourned the meeting at 11:47 a.m. The next meeting of the Commission will take place on Monday, June 21, 2021 from 10 a.m. to noon via Zoom. A quick poll of members determined that the Commission will take a break from its monthly meetings in August.

JSI RESEARCH & TRAINING INSTITUTE, INC.

How the Social Determinants of Health Impact Aging in the Community of Choice

What Can be Done in NH?

Prepared by:

Margaret Franckhauser, RN, MS, MPH
May 10, 2021

How Did We Once Think About Health & Wellness?

OLDER Thinking…

Health is the Result of our Genetic Endowment, the Environment and Personal Behaviors

Health is improved by access to *Healthcare Providers* who teach people how to do the right thing and who prescribe and implement treatments when things go wrong.

How Do We Now Think About Health & Wellness?

And then came Evans & Stoddart, The Determinants of Health in 1990

NEWER Thinking…

Health is a complex result of our genetic inheritance, personal behaviors & experiences and the conditions in which we are born, grow, live, work and age as well as the complex, interrelated social structures and economic systems that shape these conditions.

More detail in the SDOH

Figure 1

Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education		Stress	
Support	Walkability				
	Zip code / geography				

Health Outcomes
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

KFF

What Places Older Adults at Increased Risk of Not Aging in the CoC in NH?

Increased burden of Chronic Disease, including visual and hearing deficits, mobility challenges and dementia

Housing designed for large families in a rural setting, not adjacent to community resources

Community design favors the able-bodied and independent. Community Transportation is rare and unique.

Examples of the SDOH that Impact Aging

Transportation and Housing location are closely associated with ability to engage with the community, maintain connectedness, access services and live longer.

The *Built Environment* of communities – lighting, sidewalks, building access, home structure are related to the level of independence in community and those are related to the ability to carry out ADLs

Food Security and access to healthy food are closely associated avoidance of chronic disease and ability to maintain physical health and strength.

Housing Design

How Does Workforce Availability Affect our Ability to Stay in the Community of Choice?

Home Modification and Repair

Direct Caregivers and Transportation

A word about economic stability, work and aging

55% of adults > age 50 will lose their job involuntarily, and only 10% will secure another job at the same income level.

A word about Nursing Homes:

The interconnectedness of our communities is illustrated by the situation in nursing homes and assisted living during the pandemic.

Nursing Homes have structural elements that favor the transmission of pathogens: Physical plant is older, rooms are typically shared by two people, and decision-making is in the hands of administrators.

Staff move regularly from room to room, and this is increased by understaffing

Direct caregivers are often low-paid and drawn from populations who live in crowded conditions, share transportation and come to work while ill to avoid loss of income.

What is the difference between the Social Determinants of Health (SDOH) and Health-Related Social Needs (HRSN)?

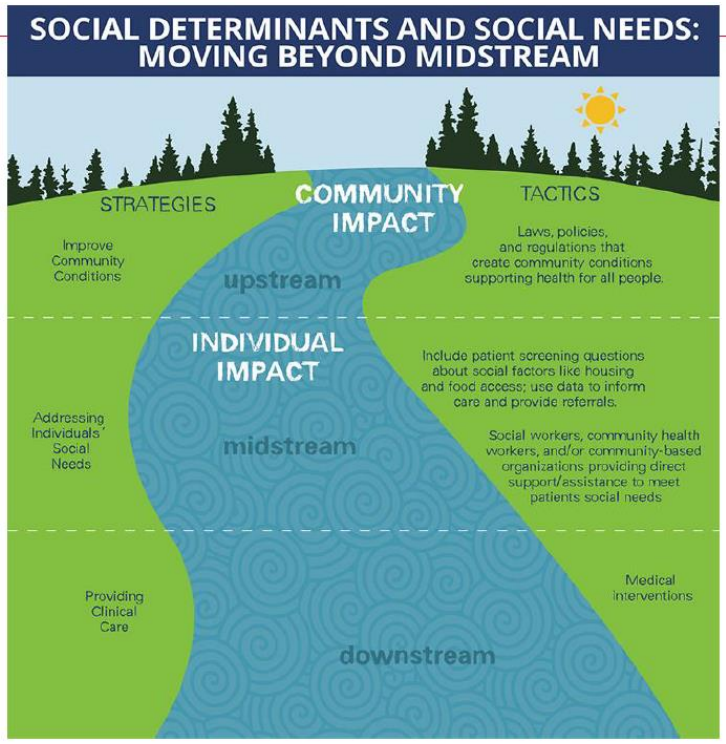
SDOH –

Upstream, system-level issues, policies, practices and forces that affect populations and can be helped by policy and system-level change.

HRSN –

Downstream factors, circumstances and events that affect individuals and can be helped by individual interventions.

Sometimes the SDOH and HRSN are viewed as a stream…



The COA has an Upstream role – educating, advising and shaping policy to improve the SDOH and health for all -

What is Needed?

Greater Support for Community-Based services

ARA has funds for HCBC and it cannot replace existing $$

Zoning changes that support more cohesive communities

Rebuild the workforce with new workers, strengthened support for older workers and livable wages.