

Hello, I am Rebecca Sky, the Exec. Director for the NH State Commission on Aging.

This Commission was created in the 2019 legislative session (RSA Chapter 19-P). The Commission's charge is to advise the Governor and General Court on Policy and Planning related to aging. I was hired in January 2020, starting just as we were beginning to feel the impacts of COVID. The only other staff for the Commission is a 20hr/week (.57 FTE) employee who serves as the Communications and Community Engagement Director.

The Commission has 26 very committed members including legislators, state agency reps, and governor appointees. The Commission meets monthly – doing so even through the early days of COVID. The Commission also has 4 Task Forces and one sub-committee that also each meet monthly. The Commission assesses existing and potential public policies' effectiveness in providing an opportunity for all of us as we age to be a thriving part of the fabric of the communities in which we live. Over the past year we tracked over 60 bills in the state legislature, providing testimony on over 10 bills. We also investigate current issues and respond to concerns raised by various stakeholders including the public at large. To hear those concerns, we conduct community engagement sessions throughout the state and throughout the year. This past year, hearing from community members about the devastating impact of COVID upon senior centers and senior programming, we worked with the Governor's Office and BEA to find ways to bring federal relief funds to them. We also publish a monthly newsletter targeted to older adults in the State, sharing valuable information on program and services and public policy. And we implement an annual awards program honoring older adult volunteers across the state that has been a tradition in our state since 1962. We publish an annual report each November 1<sup>st</sup>. A copy of the exec. Summary is before you and should give you a sense of the breadth and depth of the Commission's work.

Part of the reason the Commission was created is in response to changing demographics. Currently over 1/3<sup>rd</sup> of NH's population is over age 55. The 80+ population is currently 4.3% of our pop. BEA's population projections published in September suggest that by the year 2050, close to 12% of our state's population will be 80 years old or older. This rise is set to have significant impact on our state – on how our communities function and on our county and state budgets.

#### **Shift to a discussion of the Commission on Aging budget:**

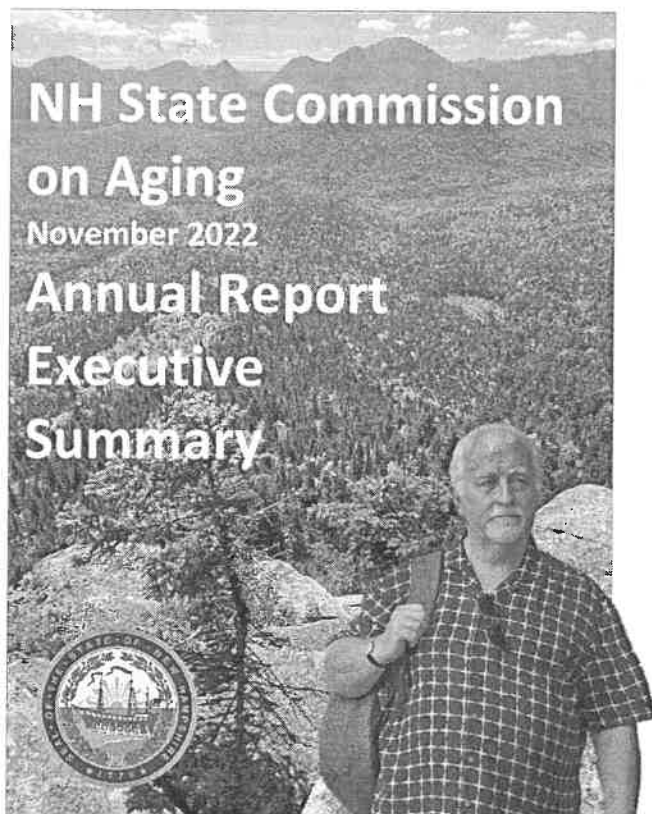
- We are a small agency with 1.5 staff and very basic office operations. (The Exec. Summary of the Annual report is in black and white because there is no budget for color copies.) 89% of FY23 budget is for salary and benefits.
- Departmental Operating budget increased slightly for FY2024 to incorporate planning consultant for strategic planning; maintaining overall target of 3%. Our initial 3 year strategic plan developed in summer of 2020 is due for a review. We hope to embark upon an ambitious Master Plan on Aging for New Hampshire, with a longer time horizon.

- As a relatively new agency, the budget continues to be a work in progress. For instance, I never previously had a \$ in class 27 which is an intra-agency transfer to DOIT. FY2024 transfers to other Agencies increases significantly over the prior fiscal year - approximately \$7K; however, absorbed within total overall increase of \$5K, meeting the 3% target.
- FY2025 efficiency funding increase due solely to salary and benefit increased costs – keeping to the request for a flat budget between the years.

**Prioritized Need:**

- The FY24 prioritized need budget asks for 15 more staff hours per week – less than .5 FTE, and related office equipment. The goal would be to bring on a part-time policy analyst to better enable the Commission to meet its mission. There is not enough of my own time to attend to the research, writing, and communication regarding the issues the Commission and its members are engaged. This little bit of added capacity will make a big difference for the Commission becoming fully effective in its role. Not only will we be able to be more fully present on issues of concern, but my hope is also that this will allow me to focus more on the role of an executive director, writing grant proposals to bring in additional resources to the state, creating the desired impact of the Commission.
- The FY24 prioritized need budget also includes increases in inter-agency transfer as requested by agencies – DOIT.
- FY25 prioritized need continues the additional 15 hours per week staff time and seeks to bring the budget lines for consultants, in-state, and out of state travel back to the level of the FY24 efficiency request. Those lines were reduced in FY25 to keep with the flat budget request, given that DOIT and Gen Services required an increase between the fiscal years in the efficiency budget. (Out of state enables me to attend one national meeting a year to keep abreast of latest policy developments across the country.)

Happy to go into any detail desired.



## INTRODUCTION

Older Granite-Staters both in and out of the workforce add to the value of our economy and especially our communities and families. As we live longer healthier lives, we extend our working years, remain engaged in civic activities longer, and are caregivers to loved ones. Investing across generations and thoughtful shaping of public policy can help grow this opportunity for our state. Each of us ages differently. Regardless of our needs, the resources for living well should be there for all of us as we grow older. An older median-aged society can add value to all our lives. The agenda below envisions a future where older Granite Staters are not only able to meet their basic needs as they age but are also respected and engaged fully in society.

## SUMMARY RECOMMENDATIONS

Recommendations for the Governor and State Legislature:

The New Hampshire Commission on Aging has three overarching recommendations for the Governor and the General Court:

- 1. STRENGTHEN OUR LONG-TERM SERVICES & SUPPORTS SYSTEM OF CARE**
- 2. GROW THE DIRECT CARE WORKFORCE**
- 3. ADVANCE AGE FRIENDLY POLICIES, SYSTEMS AND ENVIRONMENTS**

Our experiences since the onset of COVID-19 have exposed both the strengths and weaknesses of the status quo. At this watershed moment, we have an opportunity to pivot – to make changes towards better solutions. Governmental policies and investments ideally recognize that not every person ages in the same way. What follows encapsulates the findings of the Commission on Aging from the previous year, and names actions related to policy changes and funding that can improve what it means to age in the Granite State.

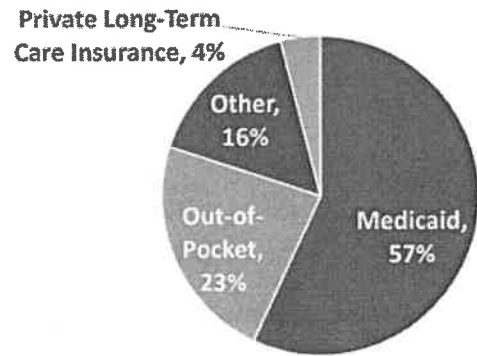
# RECOMMENDATIONS



## 1. STRENGTHEN OUR LONG-TERM SERVICES & SUPPORTS SYSTEM OF CARE

While not all of us will require long-term services and supports during our lifetime, most of us will. Long-term services and supports (LTSS) help individuals with their personal care needs (e.g., nutrition, bathing, and dressing), daily living needs (e.g., housework, meal preparation, and grocery shopping), and some basic medical needs. Findings of the Commission this year suggest that most often people do not plan for this future need and seek services in crisis situations, such as after a fall. Both the public and professionals who are tasked with aiding the public experience challenges identifying and navigating appropriate services and application processes. Investing in our State’s Servicelink network to grow its capacity as an information repository and navigation support is investing in our future selves.

Long-term services and supports can be delivered within nursing facilities or home and community-based settings. Most of these services are provided by unpaid caregivers – relatives and friends. Excluding the services of unpaid caregivers, Medicaid is the primary payer for these services. The chart to the right was developed from 2019 AARP data representing total national LTSS spending. “Other” consists of private health insurance and other public and private sources, such as the Veterans Health Administration, state and local programs, and donations.



LTSS comprise a major and growing portion of the New Hampshire Medicaid budget. The cost of long-term services and supports varies greatly depending on where the services are provided. According to one estimate, in 2021, the median annual cost of care in New Hampshire provided in a nursing facility was \$131,400 vs. \$74,360 for a home health aide providing 8 hours of care 5 days a week in a home. Median cost in an adult day setting was \$22,100. State budget appropriations per Medicaid nursing facility enrollee were approximately \$110,000 in fiscal year 2022. Appropriations per enrollee in the Medicaid Choices for Independence Program, which provides care in homes and in the community, were closer to \$20,000.

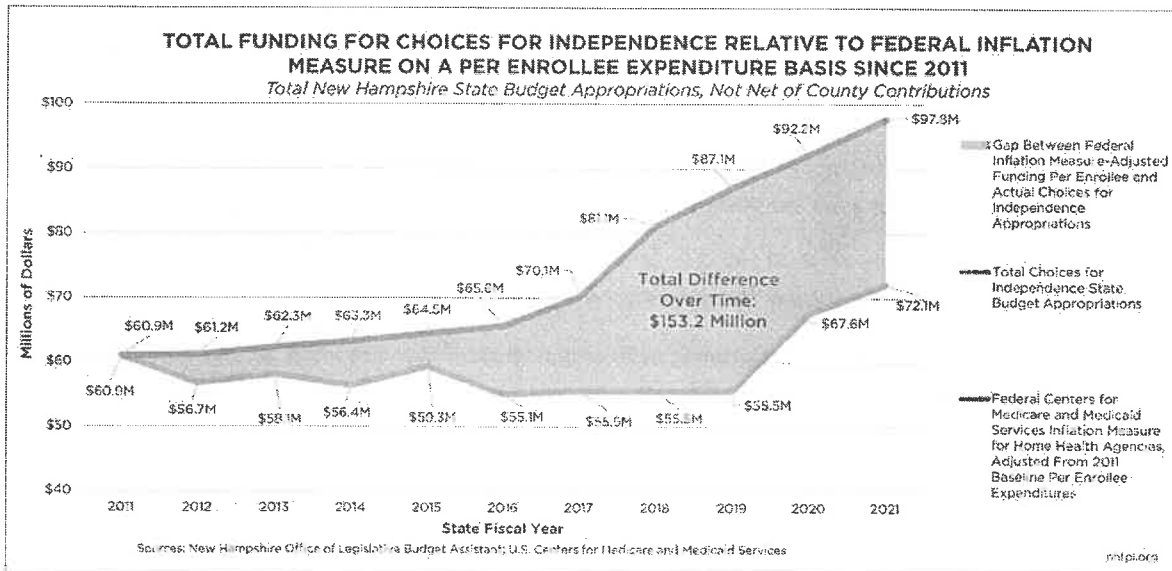


### The Future of Aging is Now

“As a nation we are no longer preparing for an historic demographic shift—we are, in fact, deeply immersed in the opportunities, challenges, realities and necessities of a society with a rapidly growing number of older adults.”

**-US Aging**

New Hampshire's current LTSS system of care relies heavily on facility-based care, the most expensive setting for care. Medicaid rate setting mechanisms and payment timing that vary between the Nursing Facility Program and the Choices for Independence Program play a role. Further, the Medicaid Choices for Independence Program rates have not kept up with inflation. (See NHFPI Report).



New Hampshire's *home and community-based spending* as a percent of all LTSS spending for older people and adults with physical disabilities was 14 percent in 2016 - 50<sup>th</sup> in the country. The average in the United States is 45 percent. And yet most of us desire to stay at home for as long as possible as we age. By investing in programs and services that aim to keep people in their homes longer, we improve quality of life while avoiding unnecessary spending. An update to our systems of care is needed. Home and community-based care is not only preferred by most of us as we age, but also more cost-effective as many do not need 24/7 care.

Our system of care should be considered vital infrastructure and assessed for adequacy. It should enable all people in New Hampshire to have access to services and supports that enables aging with dignity and autonomy. The following recommended changes in policy support independence, choice, and cost-effectiveness:

**A. Create a LTSS System of Care Structure:**

- Base structure on Statute 135-F Children's Mental Health System of Care updating RSA 151-e.
- Establish an advisory council to collect data on effectiveness of system of care.
- Establish a section of the budget to track costs and savings for policy changes.

**B. Improve Access to Home and Community Based Services:**

- Increase investments in the ServiceLink network to improve its capacity to help people to better understand and navigate resources. Set standards of services with reportable metrics.

- Fund a Servicelink Public Awareness Campaign.
- Ease Choices for Independence application process and implement presumptive eligibility.
- Improve access to durable medical goods through contract strategies.



*C. Amend Choices for Independence (CFI) Medicaid Waiver Program reimbursement rates:*

- Reset rates to better align with current costs. Establish in statute a mechanism to keep rates responsive to inflation.
- Consider adjustments to rates for services where there is a provider gap in the state (e.g., better supporting CFI in assisted living settings can keep more people in a lower level of care longer).

*D. Invest in retaining and growing the direct care workforce:*

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

*In addition:*

- Collaborate with counties to develop equitable solutions enabling LTSS to be increasingly provided in homes and communities.
- Support pilots that model alternative ways to deliver LTSS. Prioritize pilots that seek to support people to live in lower level of care environments. Seek to replicate existing small-scale tests like Sunrise Towers in Laconia and grow adult day programs across the state across the state.
- Expand efforts to layer services over existing housing, for example the Support and Services at Home (SASH) model. Establish cluster care reimbursement options for home and community-based care.
- Support the implementation of the New Hampshire State Plan on Aging which plans for the execution of core programs of the Older Americans Act - foundational elements of a LTSS system of care. Support the NH DHHS BEAS's prioritized need budget request to maintain all nutrition programs reimbursement rates with the parity that was achieved via use of American Rescue Plan Act funds.
- Explore options to support legal guardians of Medicaid eligible individuals to be paid to provide approved personal care services.

**By investing in programs and services that aim to keep people in their homes longer, we improve quality of life while avoiding unnecessary spending.**



## 2. GROW THE DIRECT CARE WORKFORCE



Direct care workers assist older adults and people with disabilities with daily tasks, such as dressing, bathing, and eating; some perform basic clinical tasks. Direct care workers include personal care aides, home health aides, licensed nursing assistants, nurses and other caregivers. The decades' long struggle to maintain this workforce was exacerbated to crisis levels by the COVID-19 pandemic. Prior to the pandemic the growing number of older adults, increased longevity, untenable low wages for caregivers, and shrinking number of people in the "working age" cohort made this issue a brewing storm. The pandemic increased workplace stress and caused burnout, among other issues. This left an inadequate workforce resulting in a large increase in unmet needs and adverse health outcomes among older adults.

Some long-term care facilities are closing beds and some, like the Friendship Manor in New Ipswich, even their doors. According to Gary Cahoon, the co-owner, "It's 100% staffing. We can't hire enough staff to keep going." In October 2022, Hillsborough County nursing home had 140 people on their waiting list to become residents yet 40 to 50 beds unoccupied, entirely because of lack of staffing. In a 2022 survey of home care agencies sixteen agencies reported turning away potential clients due to staffing. One agency commented, "We decline an average of 35 new clients per month. Many of our existing clients only receive partial services because we don't have the staff to cover all their hours." Families clearly are struggling to find placements in facilities or find enough qualified, direct care workers to cover the hours of needed support in their homes. All this has far-reaching consequences.

Care infrastructure, for which direct care workers are the backbone, is critical for the economic wellbeing of this state. Care jobs are job enabling jobs. Having access to a paid direct care worker for a loved one's care can help people avoid making the tough choice between employment to support one's family or providing that necessary care. The availability of care workers is integral to maximizing workforce participation and building a healthy, resilient economy. Direct care workers are essential workers.

One part of stabilizing the direct care workforce is ensuring that workers are financially secure themselves. In 2020 in New Hampshire, 32% of direct care workers accessed some form of public assistance (such as food and nutrition assistance, Medicaid, cash assistance). Investments supporting the direct care workforce could decrease public assistance expenditures, stimulate consumer spending and job growth, reduce costly turnover, and save health care costs. In 2020, the median personal earnings of home care workers in New Hampshire were \$16,300.

What is the shortage in New Hampshire? Data from NH Department of Employment Security indicates an overall decrease of 10% in the long-term care workforce and 17% specifically within the skilled nursing workforce from 2015 to 2021. By 2028, it is estimated that we will need approximately 24,400 more direct care workers than we currently have. This is a challenge, especially given the high turnover rate. Turnover destroys continuity of care and is expensive – for employers who need to continually invest in recruitment and training efforts and to consumers whose health may experience setbacks from disruptions in care. We need this workforce to be available, stabilized, and qualified. Direct care workers typically spend more time with an individual than any other member of a support team. They can avert costly life changing events and sometimes make the difference between life and death. Growing the direct care workforce is one of the most critical tasks facing our state.



*A. Amend Choices for Independence Medicaid Waiver Program Reimbursement Rates.*

Establish in statute a mechanism to keep rates aligned with the CMS Market Basket for Home Health Agency Costs which is a measure of input prices changes over time.

*B. Reduce Licensing and Regulatory Barriers.*

Ensure requirements are the least restrictive necessary to ensure public safety, accelerate the processing of license applications, seize opportunities for interstate compacts, & support across-state-line licensure.

*C. Expand Tuition Assistance and Support Programs to Assist a Broad Array of Potential Healthcare Students and to Support Professionals Continuing their Education and Expanding their Career Options.*

Current opportunities for tuition assistance target select roles working in select settings (typically non-profits) and are not available to a broad range of healthcare roles. Expand this option to direct care workers.

*D. Increase the Workforce by Cultivating Interest and Training Opportunities Among Our Increasingly Diverse Youth.*

Cultivate interest in healthcare careers among diverse communities using marketing strategies that are culturally relevant. Engage our youth in programs and supports in schools to expose them to careers in this area and provide them with foundational skills and tools. Develop career counseling/coaching and support models that extend through the first year of employment. What's working already and worth building upon are [Career and Technical Education programs](#), [Extended Learning Opportunity programs](#), [NH Career Academy](#), [Work-based Learning programs such as Work!](#), and [NH Needs Caregivers](#).

*E. Expand, Train and Market Apprenticeship and Mentorship Opportunities.*

Develop formal partnerships with employers and businesses, providing and supporting comprehensive training for mentors, incentivizing employers to take on apprentices, encouraging clinicians and others to serve as mentors. Build on the work of the Community College System of NH.

*F. Develop and Implement a Comprehensive Strategic Campaign that Elevates the Social Value of the Career and Supports Direct Care Workers.*

Build on existing initiatives such as Stay, Work and Play and others to build direct care work and health care as a lifelong career opportunity. Work to gather input from existing workers in the field.

*G. Create a Centralized New Hampshire Workforce Organization.*

Create a coordinating entity to maintain and implement a long-term vision and set of strategies to strengthen the workforce. Key tasks include building collaboration, data collection, and developing coordinated responses to funding and other opportunities.

*H. Increase Affordable Housing, Transportation Alternatives, and Access to Childcare.*

For many, the low wages of these essential workers may never be tenable unless we improve affordable housing stock, transportation options, and access to affordable childcare. Another strategy is to increase the opportunity for financial security by increasing monthly childcare support for single mothers and decreasing state aid income restrictions for workers in high demand jobs.



### 3. ADVANCE AGE FRIENDLY POLICIES, SYSTEMS, AND ENVIRONMENTS



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

People on average are living longer and healthier lives than previously. The increase in our disability-free years equates to an increase in our potential productive years and is referred to as the "longevity

dividend." The sum of all economic activity driven by the contributions and needs of Americans aged 50 and older is referred to as the "longevity economy." However, the gains to our economy and our communities from the longevity economy cannot be fully realized without purposeful action. Adopting more flexible age norms in relation to family structure, work, retirement, and civic engagement will optimize social and economic benefits to our state. Health, education, employment, and community infrastructure and engagement are areas to target. Innovative technology needs to be more readily available and integrated into our daily living. Attending to inequalities over the life course is increasingly important as people live longer. Disadvantage unfortunately accumulates over a lifetime

Transportation and housing continue to be the top two issues raised when the Commission engages the public. These also rose to the top in the extensive surveying conducted prior to the creation of the last State Plan on Aging. Transportation alternatives which historically have been limited in New Hampshire, face many additional new challenges because of the effects of the COVID-19 pandemic. Small- to mid-sized housing built using universal design principles works for many of us. More housing inventory is good, but so are strategies that make the most of current housing. Policies and programs that create affordable, accessible housing options and meaningful transportation options are good public policy for people of all ages.



Senior programs/centers and long-term care facilities, disproportionately impacted by COVID-19, remain active in pandemic phases of response, recovery, and planning for the future simultaneously. All have changed operations in response, seeking to balance infection control with maintaining quality of life. Rallying behind quality programs/centers and long-term facilities is critical to avoid closures. Equally important is supporting development of new, high caliber options. This is a unique and critical moment in time to attend to the resiliency of these organizations.

### *A. Transportation Policy*

- Support investment into an assessment of transportation needs of older adults, veterans, and people living with disabilities. Use findings to guide future planning and investments.



### *B. Housing Policy*

- Address housing instability by adopting innovative housing policies and pilot programs that increase affordable, accessible housing options for older adults and work force, preferably together. A Housing Champion Certification Program could assist towns to achieve the housing they desire.
- Expand efforts to layer services over existing housing.

### *C. Civic Engagement*

- Acknowledge that New Hampshire's population is aging and the need by all of us to confront ageist perceptions and their social, economic, and political impact upon NH.
- Recommend use of American Rescue Plan Act funds to remedy the impacts of the COVID-19 virus on older adults, provide direct relief, and stimulate local longevity economies by providing opportunities for older adults to participate in their local communities in safe, meaningful ways.
- Expand Right-to-Know statutes to allow public bodies to achieve a quorum with members participating either in-person or via remote means. Hybrid meetings with remote access have improved the level of engagement of older adults in the political process.
- Amend the statute that defines the Commission on Aging (Chapter 19:P) to improve the operations of the Commission.

### *D. Technology Infrastructure, Growth, and Utilization*

- Support expansion of high-speed broadband, telehealth public policies, and investment into technology goods and services which support healthy aging and later-life living. The goal of investments should increase availability, affordability, in-home hardware support, and general education on use. Specific funding opportunities are needed for senior programs to support purchase of technology to address social isolation: to provide access to those that don't have technology, to provide training for people to use their own technology at home.
- Promote actions that better connect UNH, Dartmouth College and other institutions of higher education with the needs of older adults in our state. Support interactions that enable researchers both within New Hampshire and beyond to participate in developing technologies, innovations, and workforce to expand the role of tech in making our towns and cities more age-friendly and experiments that apply these innovations in real world scenarios.



- Challenge the private sector to engage with New Hampshire communities to bring the benefits of emerging technologies to the aid of older adults in our state. Specifically, support pilot projects with partners in the health care sector that use New Hampshire communities as manageable ecosystems for trials of new technologies and learning around effective uses. Reach beyond our state borders to find health care partners who can benefit from small scale pilot programs and potentially see New Hampshire as a state to expand their operations.



#### *E. Age-friendly Community Action*

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



#### *F. Senior Programming/Centers and Skilled Nursing Facilities*

- Invest in initiatives that work to retain quality long term care organizations in our state.
- Establish a statewide long-term care facility council to give voice to older adult and family concerns. Engage in activities supporting resident rights, resident centered care, and caregiver visitation.
- Provide resources to community senior centers/programs.

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## BACKGROUND

The Commission on Aging was established in 2019 through a legislative process to advise the Governor and the General Court on policy and planning related to aging. The establishment of the Commission recognizes that we live in a demographically aging state that could benefit from forward thinking public policy and initiatives that ensure we can all have the opportunity to thrive as we age.

The Commission completed a strategic planning process over the summer of 2020 developing a three-year plan that outlines four strategic priorities as avenues for investigation for the Commission. Four task forces were formed in alignment with the strategic priorities:

- Develop and advance strategies to improve people’s ability to age in the communities of their choice
- Catalyze New Hampshire towards being an age-friendly state
- Engage leaders regarding the emerging needs of older adults during the COVID-19 epidemic
- Develop Commission infrastructure to support operational success

The full report captures the observations and learning that occurred during this past year’s Commission and Task Force meetings, bringing forward recommendations for the Governor and Legislature to consider. These were approved by the membership of the Commission at the October 2022 meeting of the Commission.

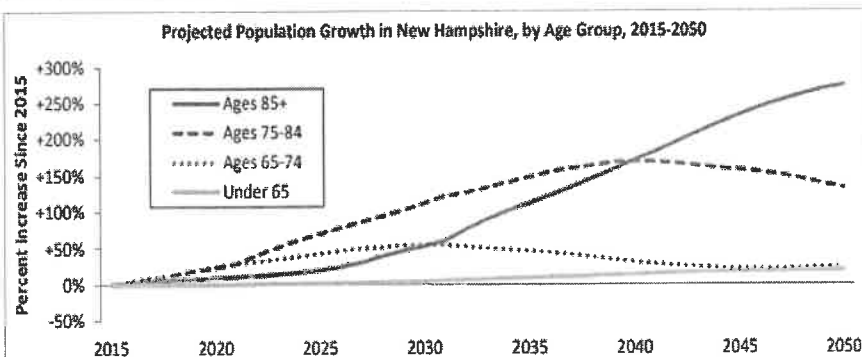


## DEMOGRAPHIC DATA

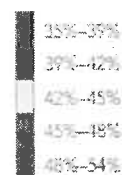
**2020 Census Snapshot – Percentages of New Hampshire’s Total Population**  
From demographer Ken Johnson, PhD presentation, May 2022 to Commission on Aging

Ages 55-64	Ages 65-74	Ages 75- 84	Ages 85+	Total
16 %	11 %	5 %	2 %	34%

The largest *percentage* of older adults in the state is in northern New Hampshire; the largest *number* is in southern New Hampshire. Just 33% of New Hampshire residents over the age of 25 were born in New Hampshire.



**Where do People Aged 50-plus live?**  
(%) share by County in 2018



Graph from AARP Across the States 2018: Profile of Long-Term Services and Supports in NH Currently in New Hampshire, one out of every five of us is over the age of 60. There is much work to be done to prepare our state to flourish during the demographic shift we are experiencing.

Image from AARP Longevity Economy State Profiles: NH. Oct.2020

## QUESTIONS?

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