

Creating a Collective Approach to Address an Aging NH

NH Alliance for Healthy Aging
Quarterly Meeting
September 13, 2023



Agenda

- Welcome and Housekeeping
- NHAHA Updates
- Healthy Aging Field Assessment
- Break
- Addressing Social Isolation
- NH LTSS Assessment and Gaps
- Legislator of the Year
- Wrap Up and Adjourn



Healthy Aging in NH

NH's Healthy Aging Field: 7-yr follow-up assessment

Behavioral Health Improvement Institute

Keene State College

July, 2023



Behavioral
Health
Improvement
Institute

Keene
STATE COLLEGE

Field Assessment Process

Purpose

Understand current field conditions

Determine how to adjust resources and support

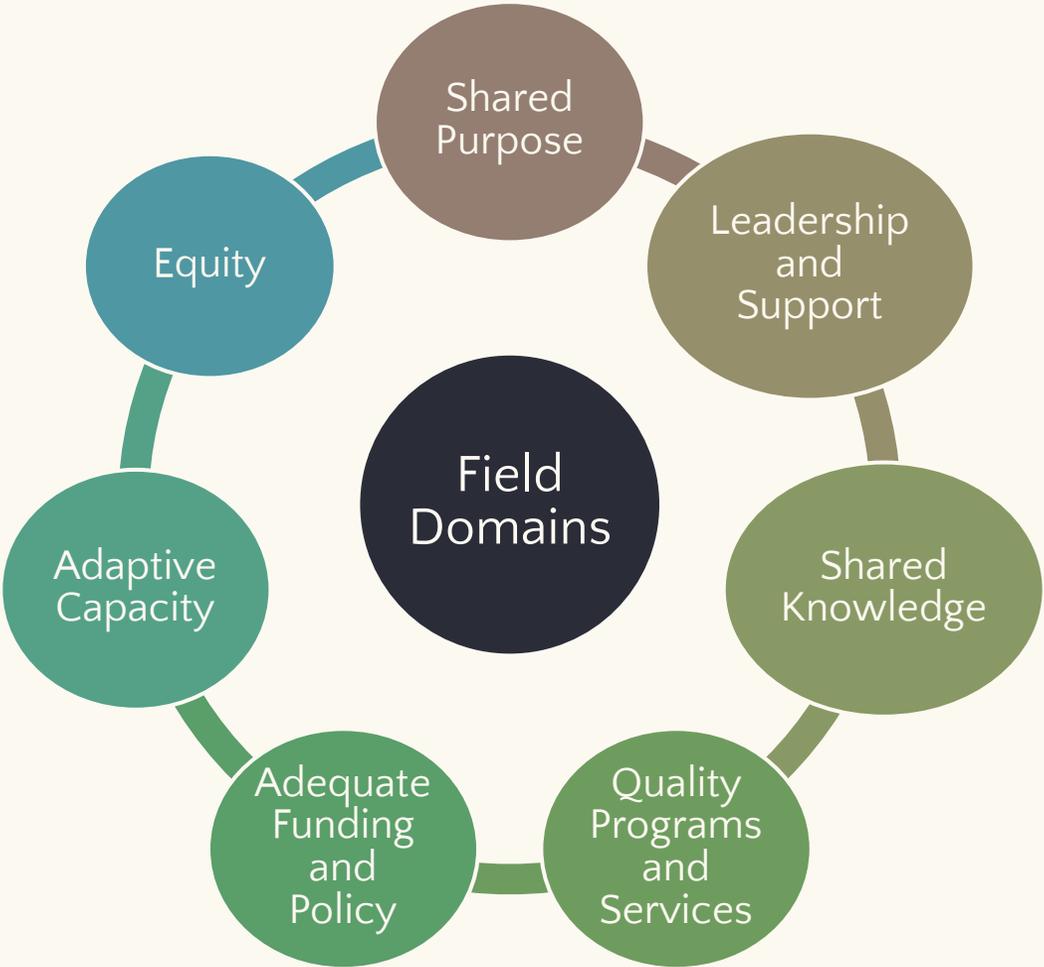
Strategy

FASST = Field Assessment Tool

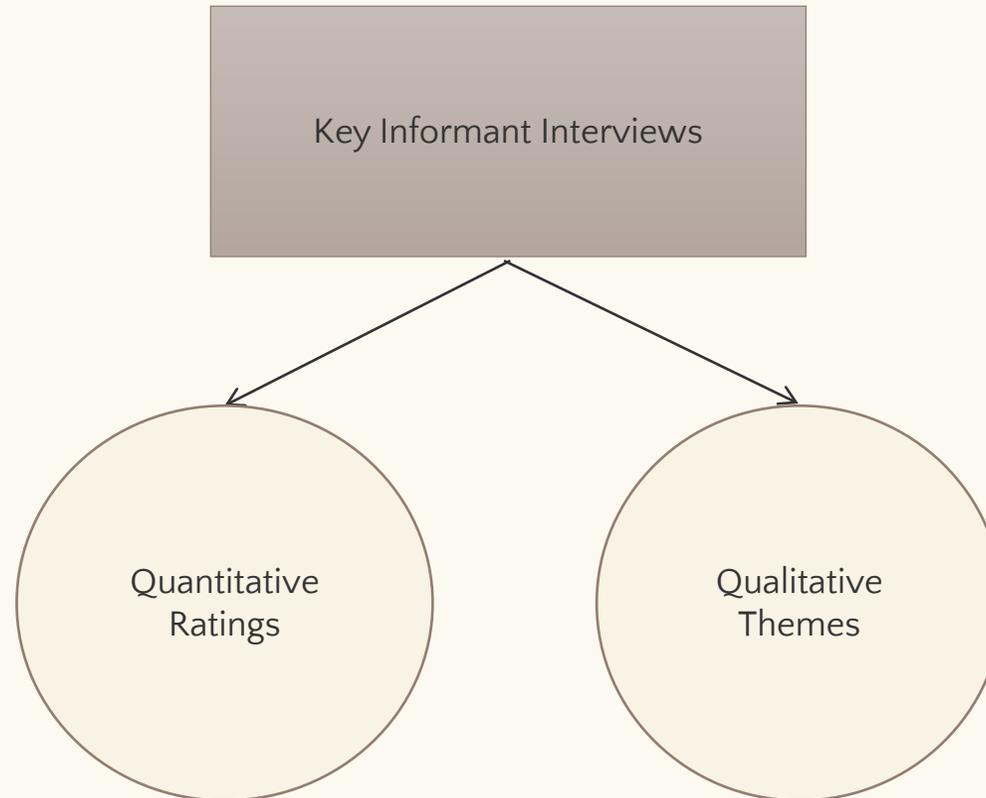
Structured interview with key informants

Qualitative coding yields ratings on 7 dimensions

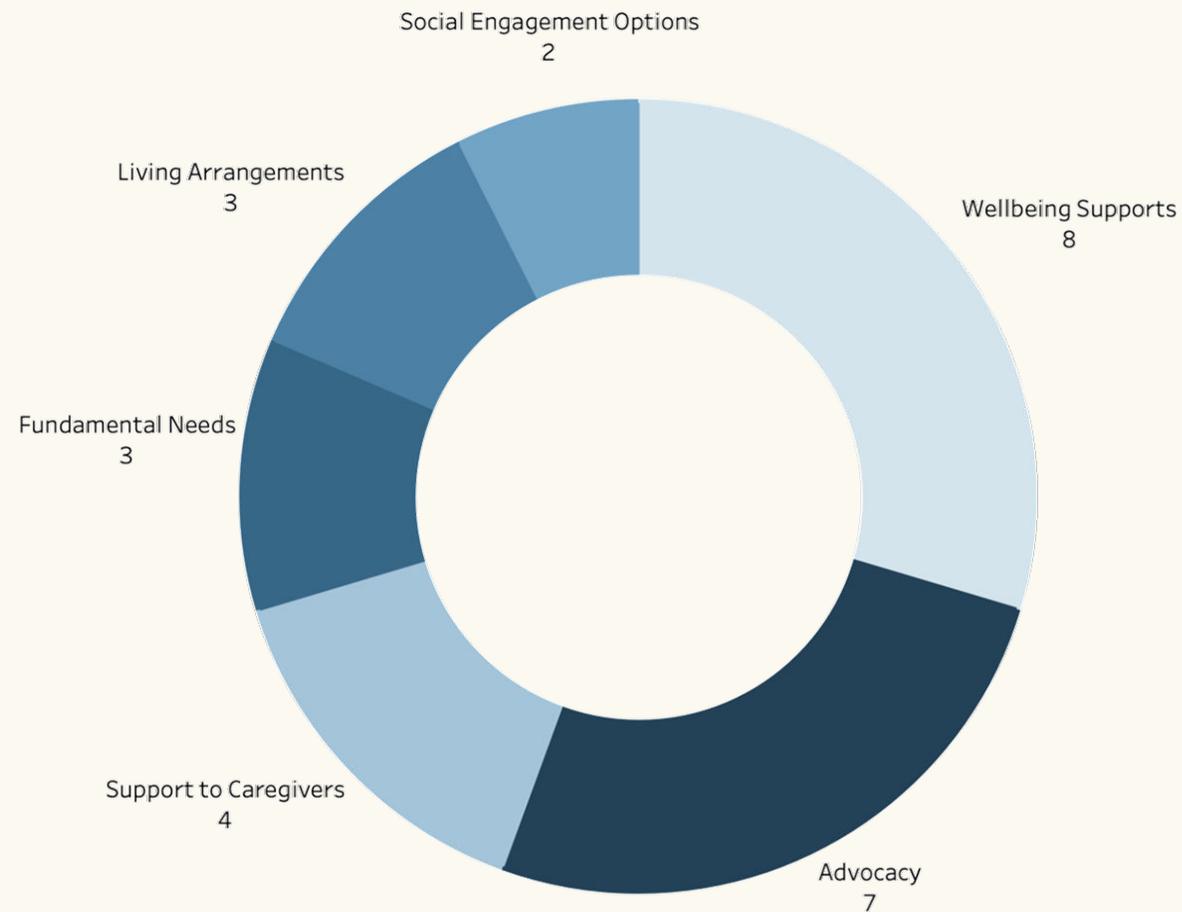
FASST Domains



FASST Data Source



Sector Representation among Key Informants (N=27)



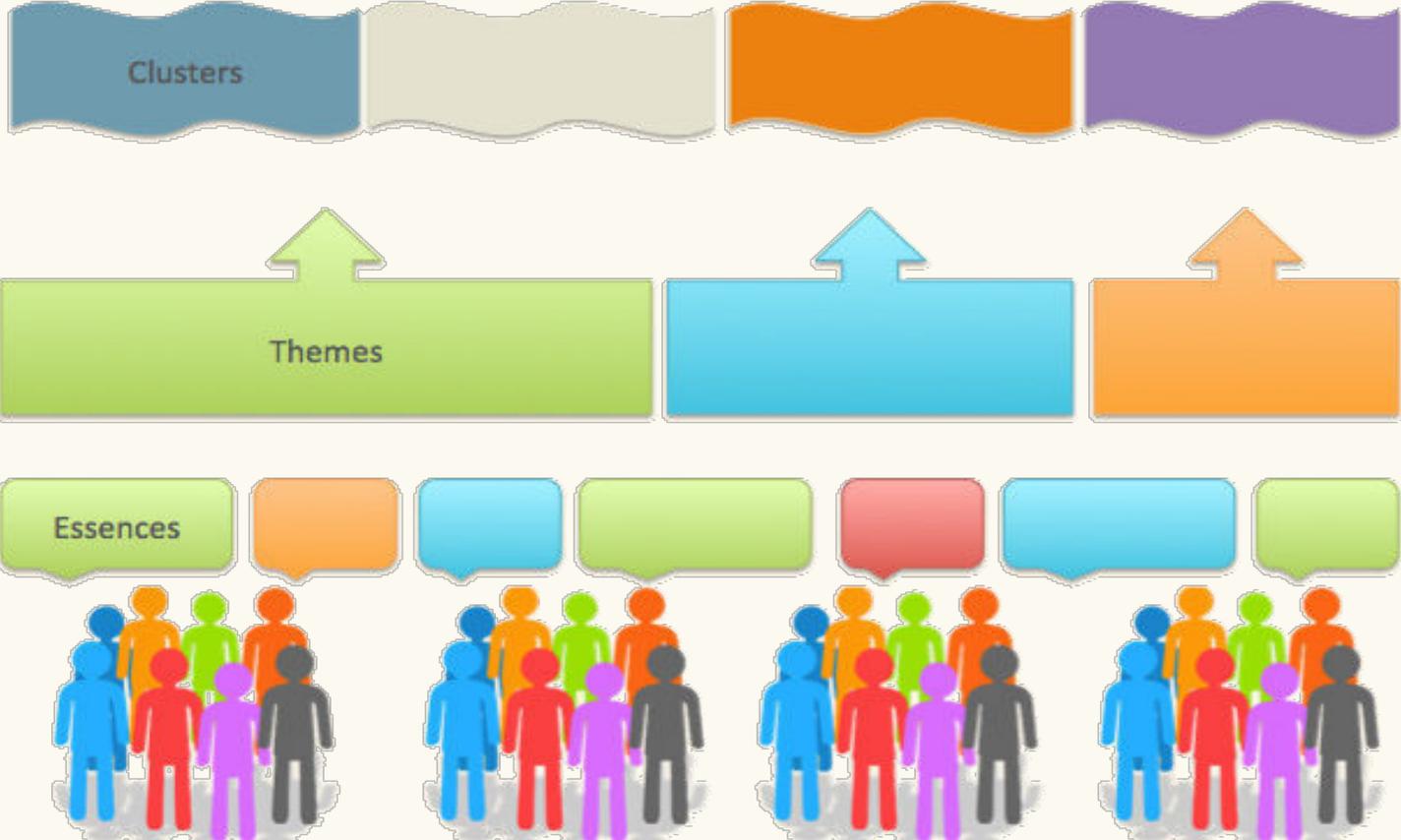
Scoring FASST Interviews

Anchored Rating Scales

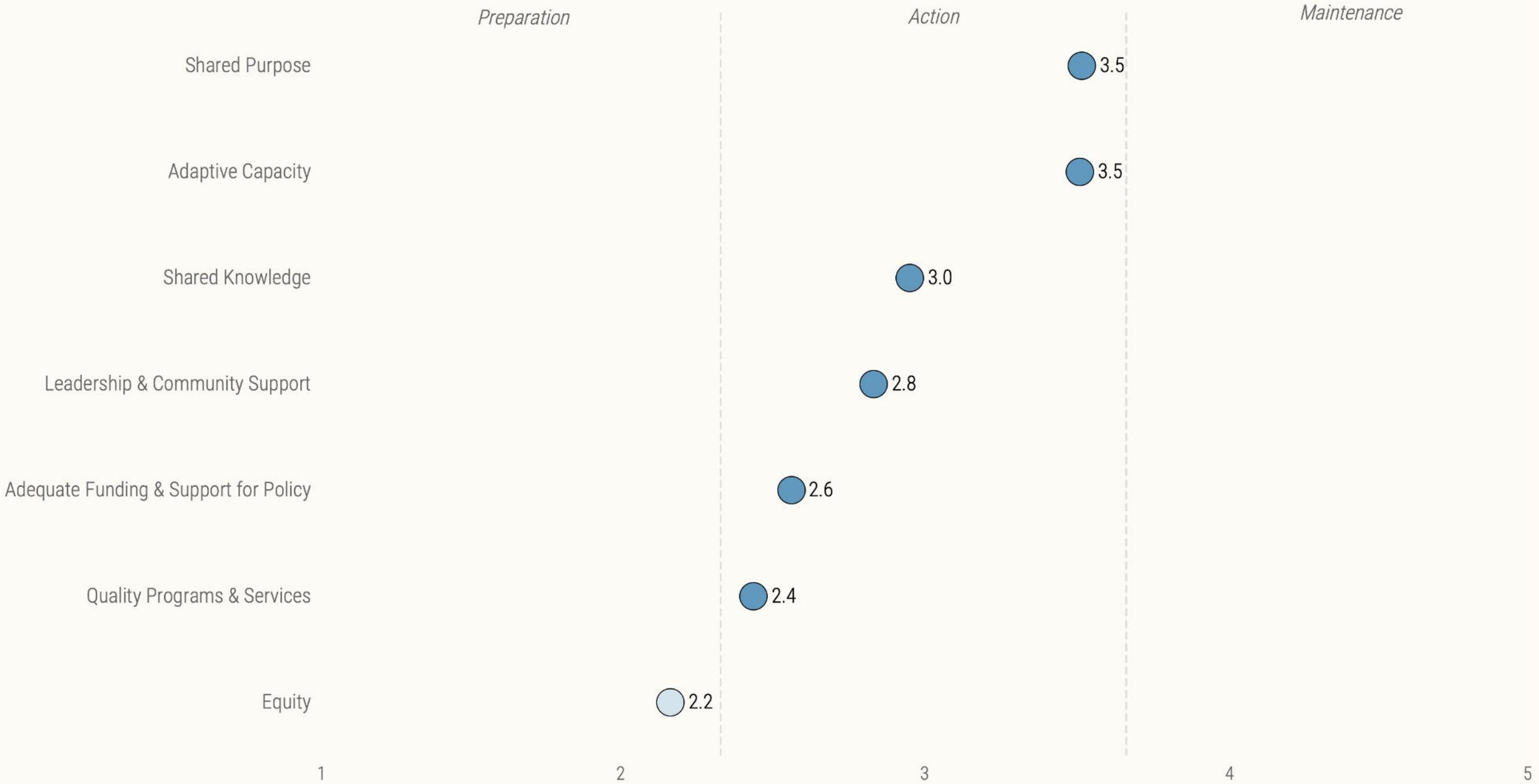
Preparation		Action	Maintenance	
1	2	3	4	5
Absent Conflicted	Fragmented Undefined	Emergent Unaligned	Purposive Intentional	Collaborative Collective
No Negligible None Very few	Nascent Few Piecemeal Minimal	Some Moderate Pockets	Many Most Strong	Wide-reaching Sustainable Complete Robust

FASST 3.0 Thematic Analysis

Thematic Analysis Process

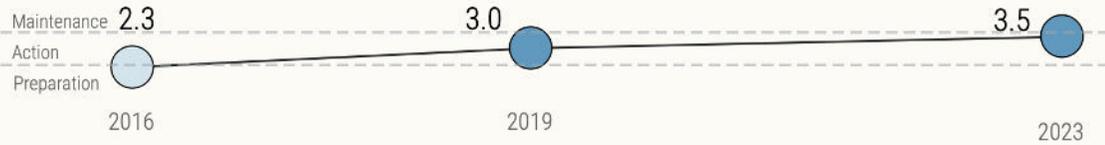


2023 Overall Scores (All Domains) (N=27 interviewees)

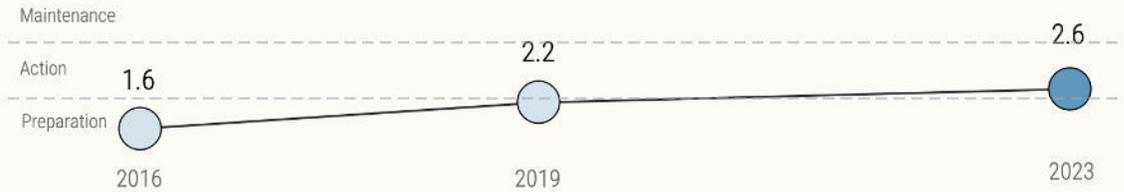


Overall Scores (All Domains) (N=27 interviewees)

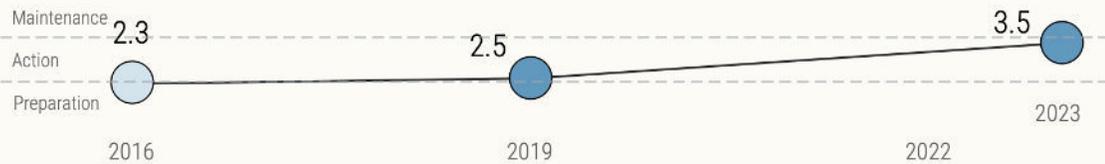
Shared Purpose



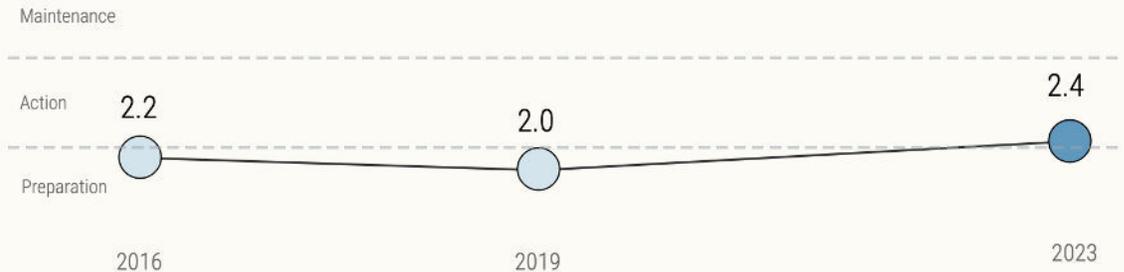
Adequate Funding & Support for Policy



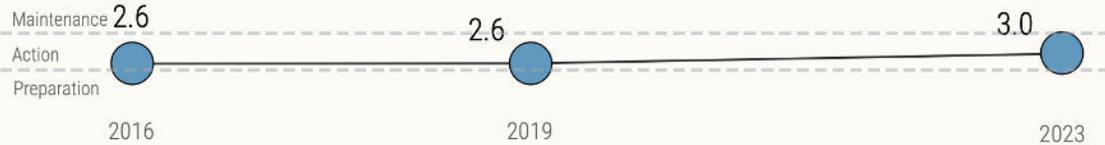
Adaptive Capacity



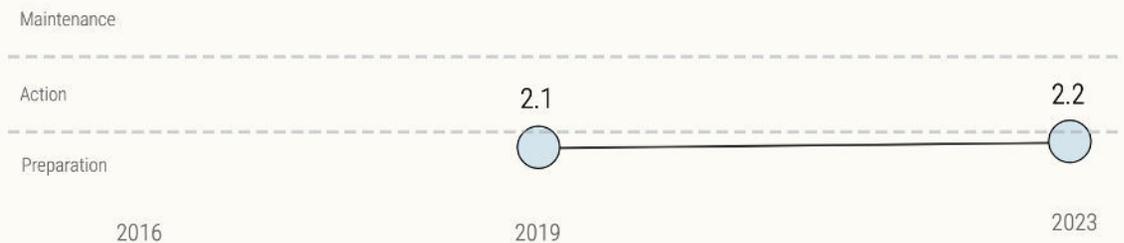
Quality Programs & Services



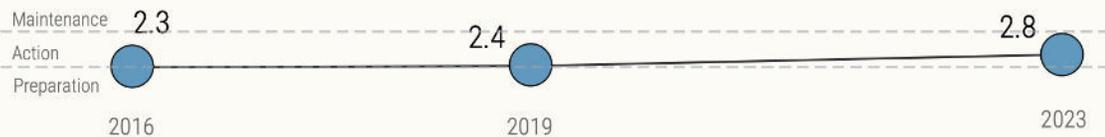
Shared Knowledge



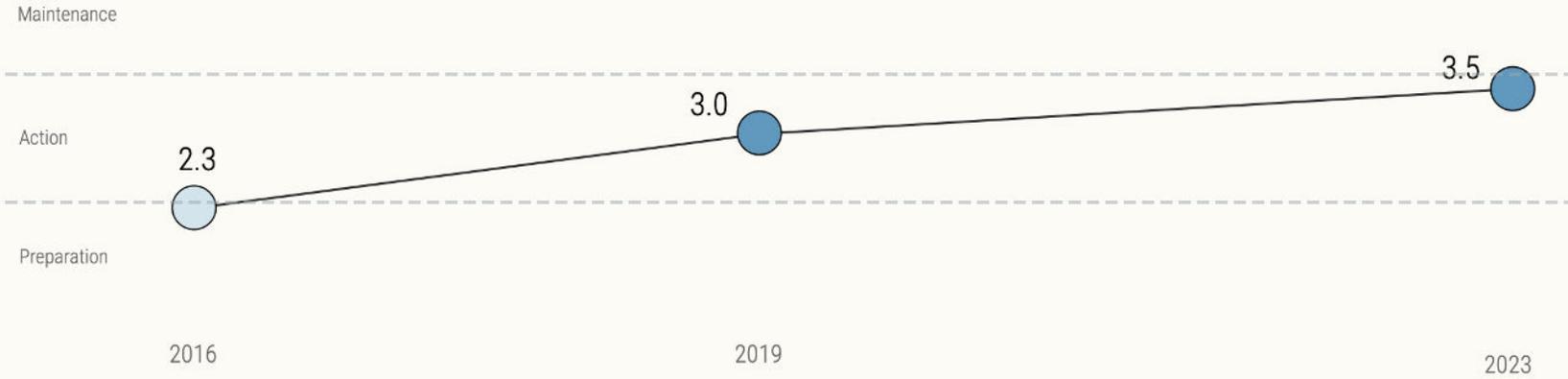
Equity



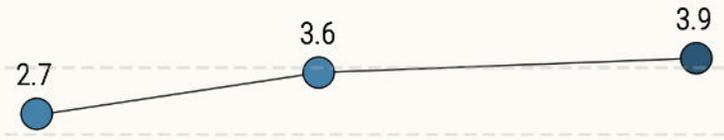
Leadership & Community Support



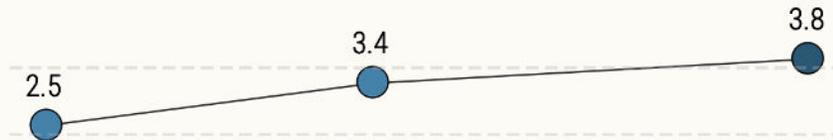
Shared Purpose



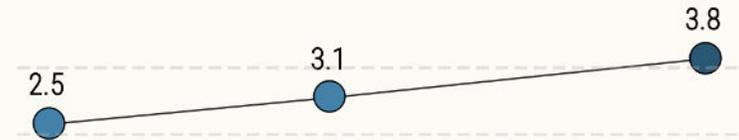
Shared Values



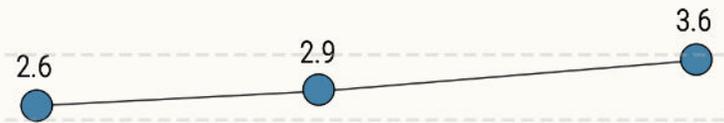
Outcome/Goal Consensus



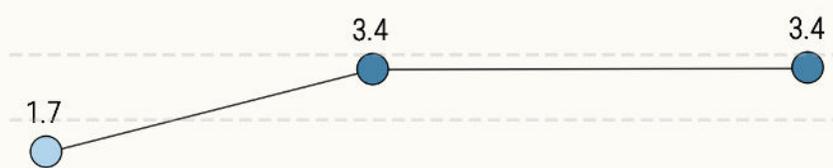
Trust



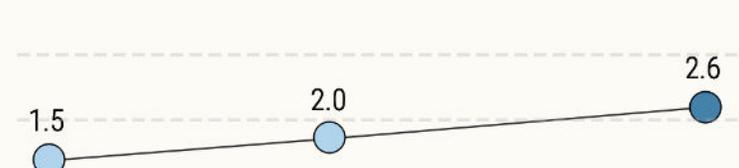
Network Connectivity



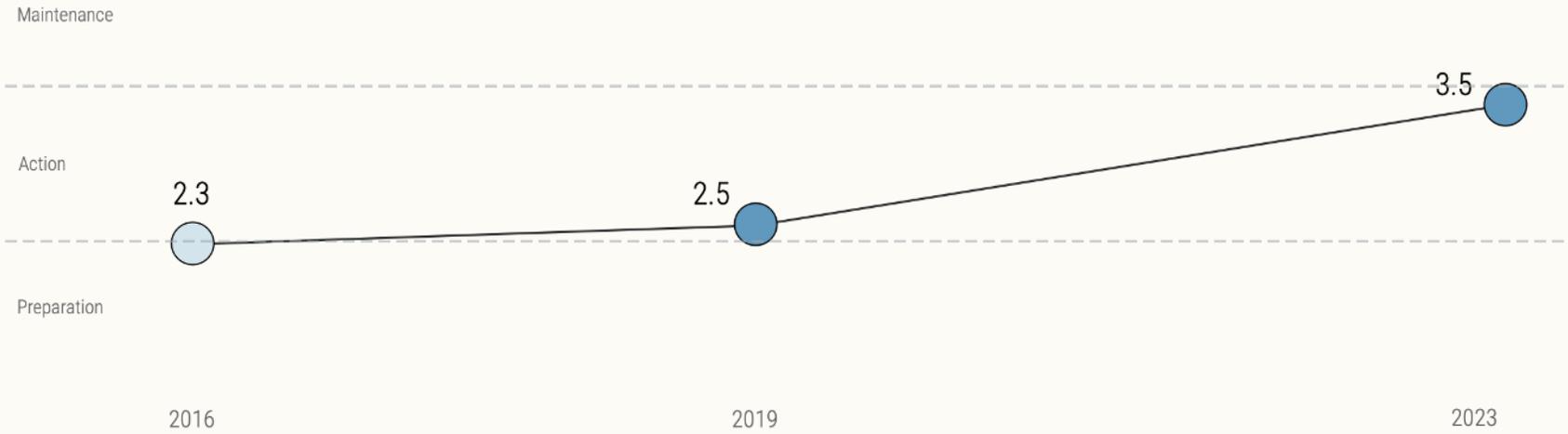
Strategy Alignment



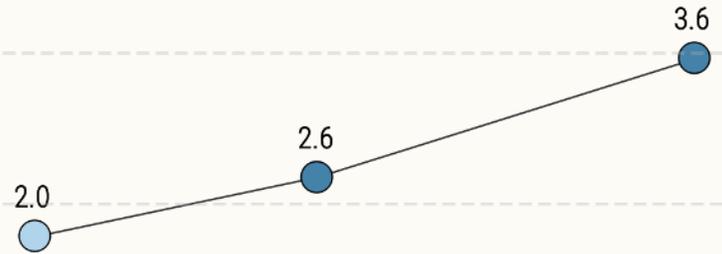
Governance Structure & Process



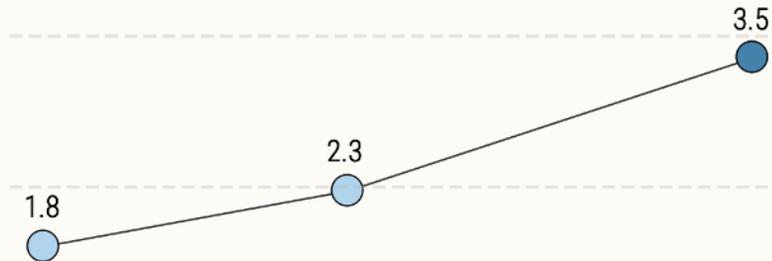
Adaptive Capacity



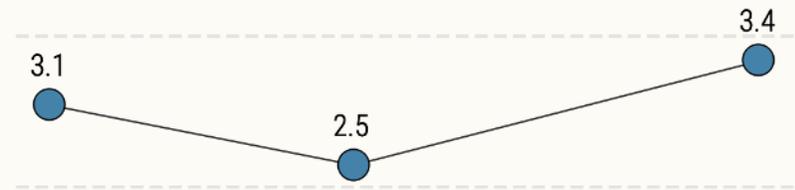
Adaptation



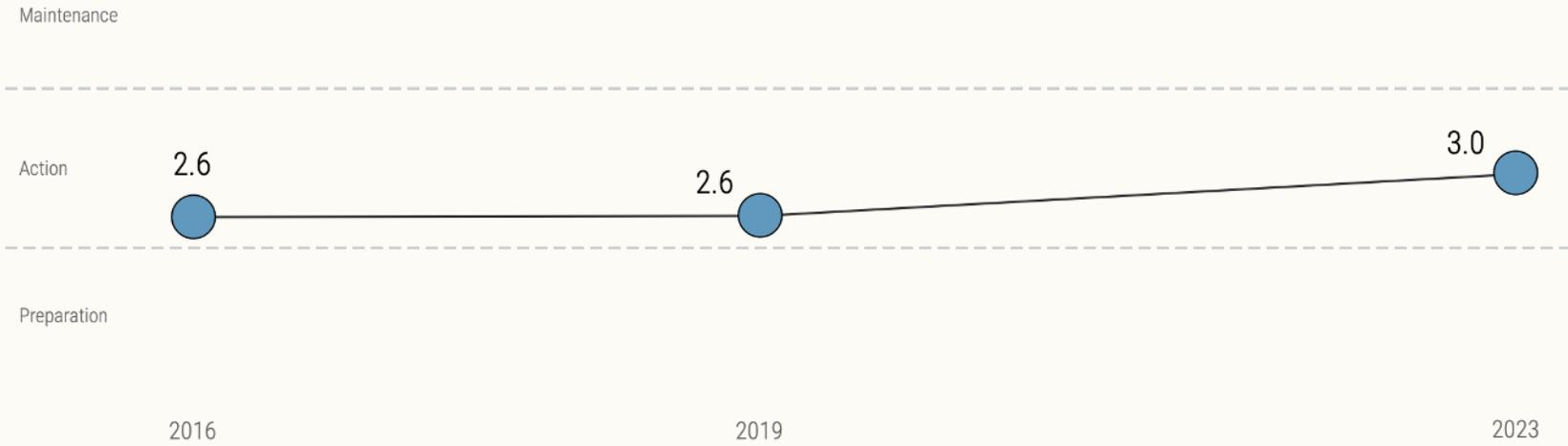
Flexibility of Resources



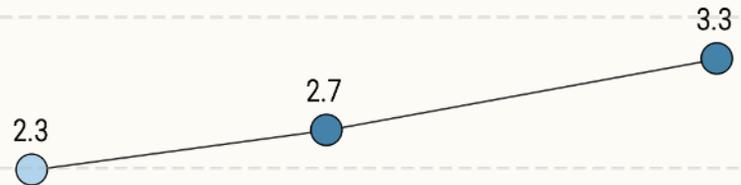
Monitoring



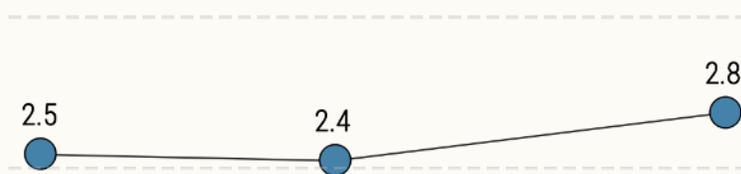
Shared Knowledge



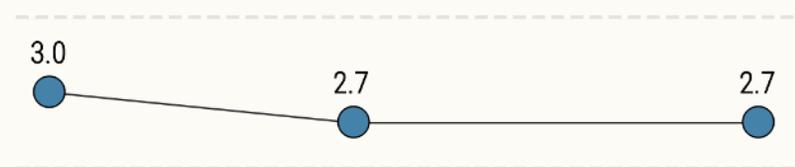
Knowledge Sharing & Dissemination



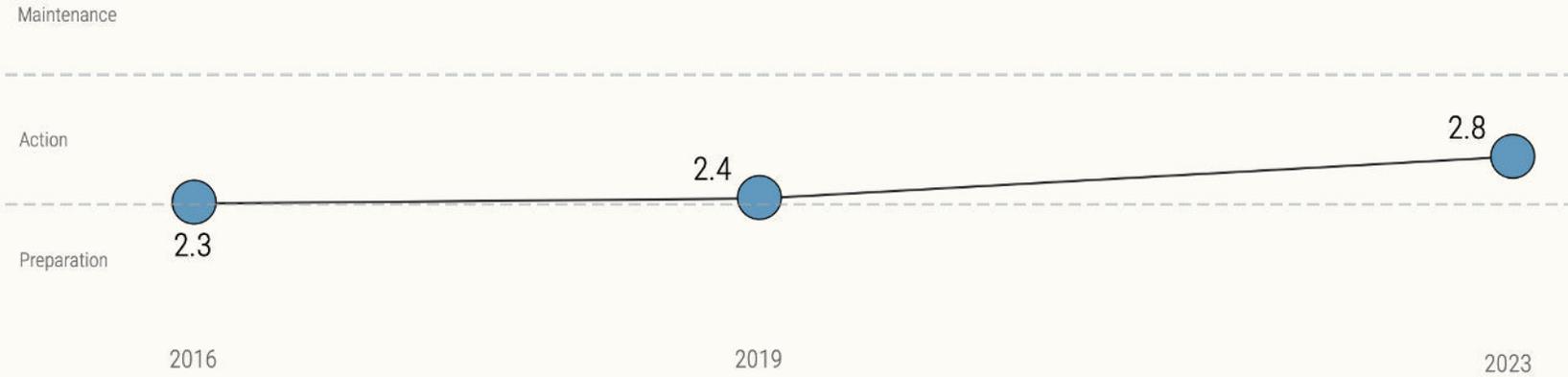
Applied Knowledge



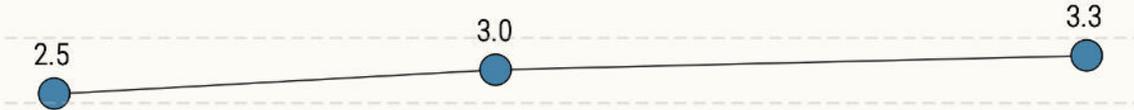
Professional Standards



Leadership & Community Support



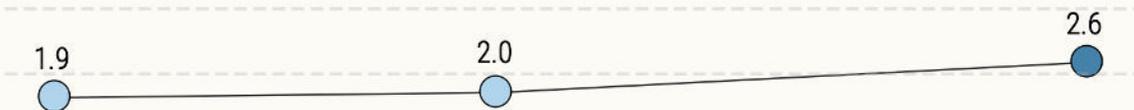
Knowledgeable, Ready, Supportive Leaders



Aware, Supportive, Engaged Communities



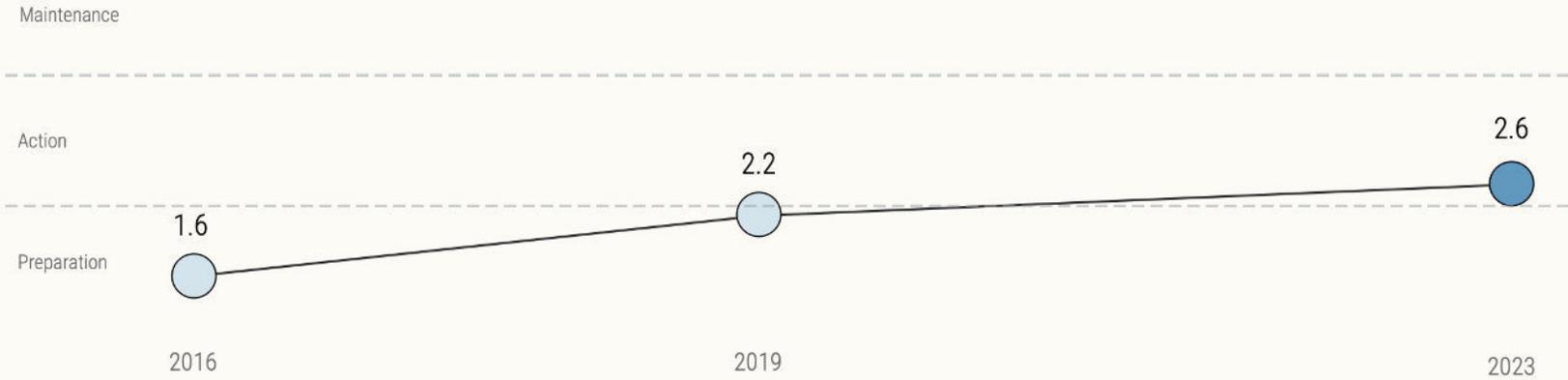
Empowered Beneficiaries



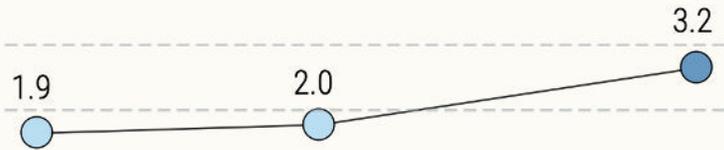
Diverse, Representative, Knowledgeable Actors



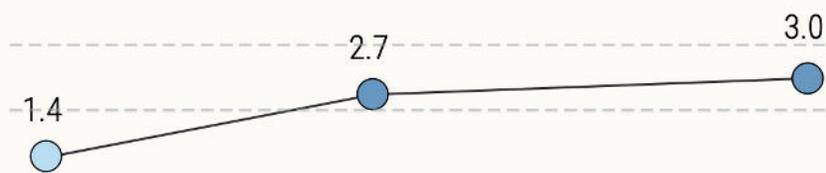
Adequate Funding & Support for Policy



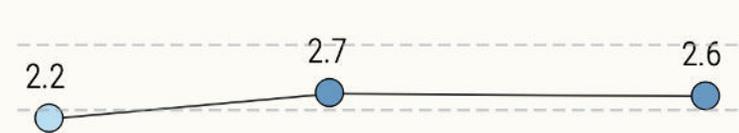
Technology



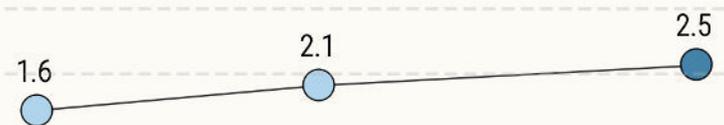
Policy Advocacy



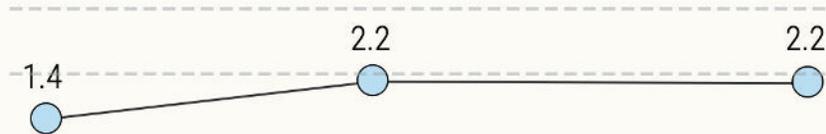
Policy Knowledge



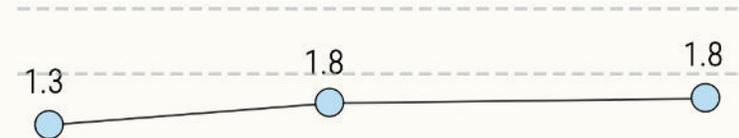
Funding



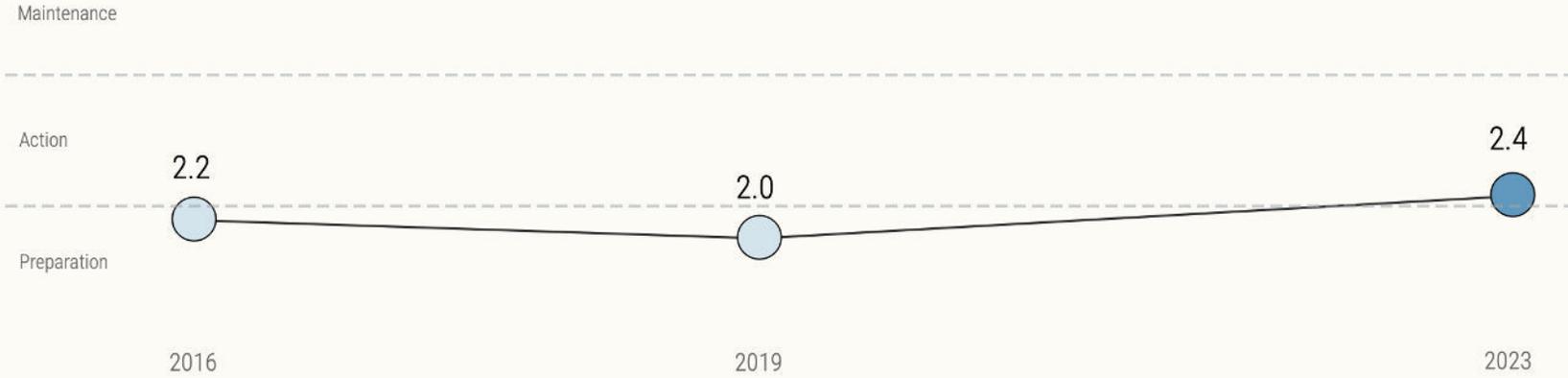
Policy Environment



Shared Measurement



Quality Programs & Services



Comprehensiveness



Linkages



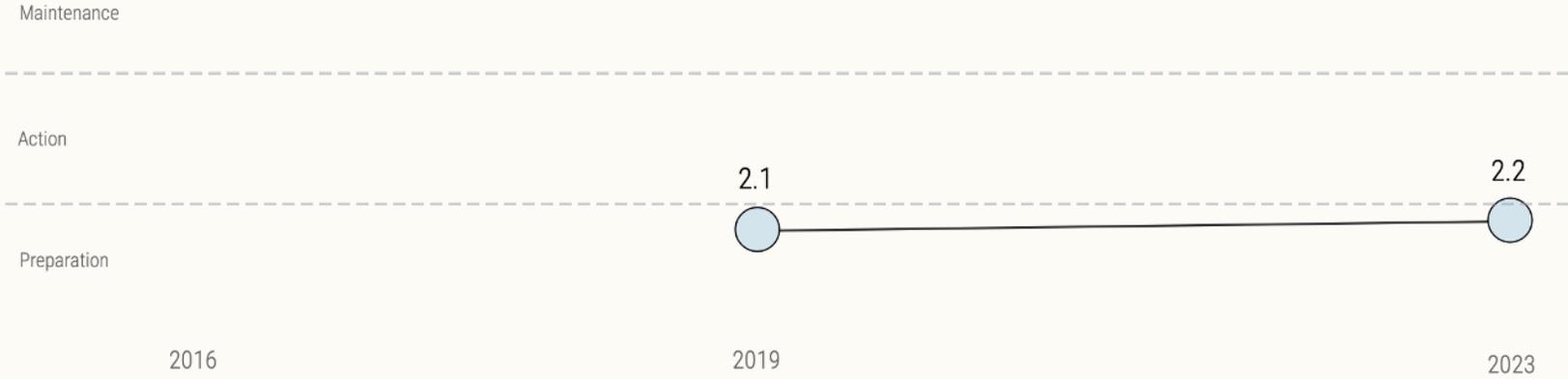
Implementation



Reach



Equity



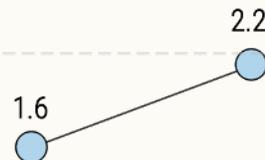
Equity Lens



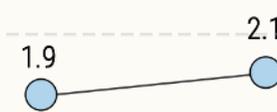
Culturally & Linguistically Competent Programming



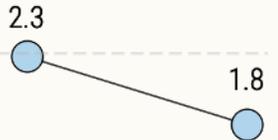
Equity Data/Shared Measures



Inclusive Participation



Informed Policy Makers



Most important developments since 2019

Inexorable increase in the elderly population: "older adults have awakened to the importance of their voice"

COVID thrust the isolation of our elders into the spotlight, expanding interested parties beyond the elderly themselves.

Establishment of the Commission on Aging, deepening collaboration across AHA, COA, Bureau of Elderly and Adult Svcs, engagement of RPHNs in strategic planning: growing aspiration to collective impact

Growing engagement with Diversity, Equity, Inclusion

Rapid adoption of remote technologies

Recommendations

Invest in home- and community-based services

Build Long-Term Services and Supports System of Care*

Expand Choices for Independence program*

Increase support for family caregivers

Home and congregate dining programs

Falls prevention and self-management of chronic diseases

Public benefit navigators (via ServiceLink)

*included in recently passed state budget!

Recommendations

Expand direct care workforce

Improve access to low or no-cost transportation services

Increase senior housing options

Develop Master Plan on Aging

Many thanks to the key informants who gave generously of their time and wisdom . . .

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Keene State College

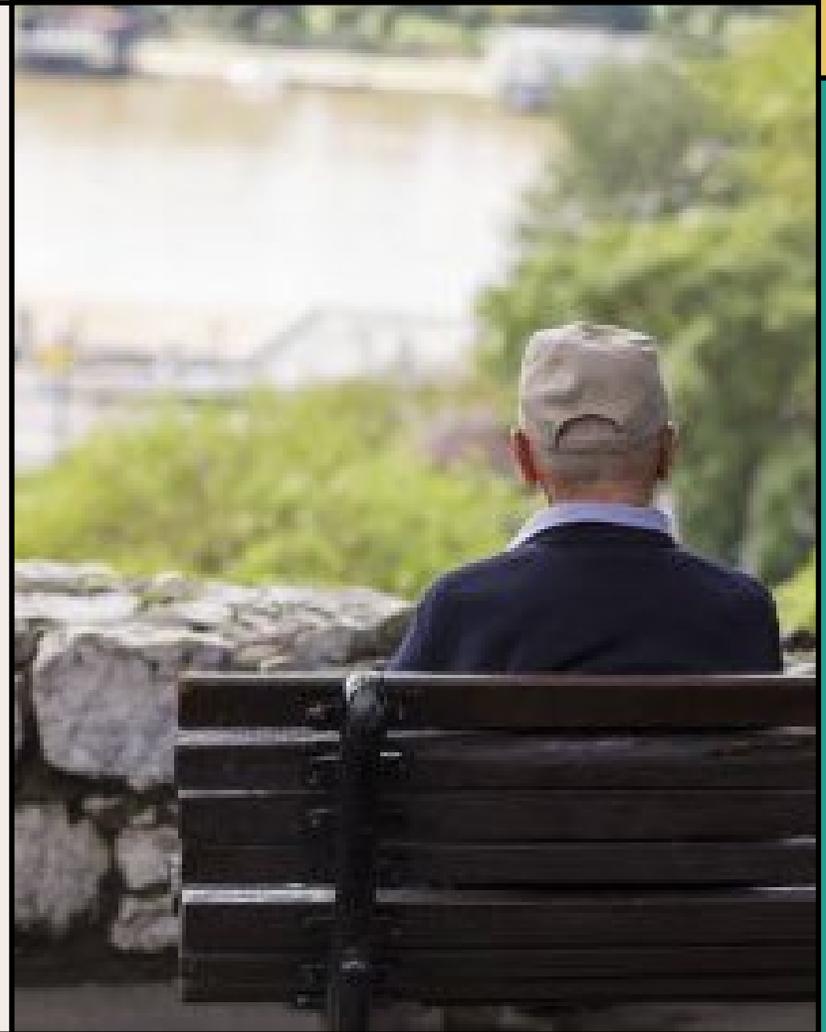
the
Coffee
Break

TIME



Social Isolation Among Community- Dwelling Older Adults in NH

Margaret Franckhauser, MS, MPH, RN
JSI Research & Training Institute, Inc.
for the Partnership for Public Health



Background

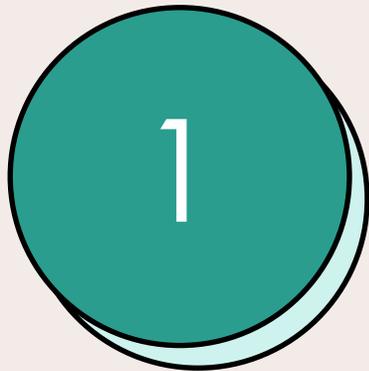
Humans are a social species and rely on one another for survival and wellness. Yet the design of our communities, movement of our natural contacts, development of physical limitations, restrictions of the COVID pandemic, and other factors create challenges to maintaining social contacts... especially as we age.

In 2022, the Partnership for Public Health engaged JSI to conduct a study of NH adults, age 60+ relative to social isolation.



Study Methods 2022-2023*

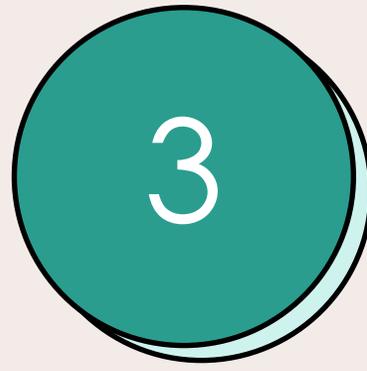
*During the COVID-19 PHE



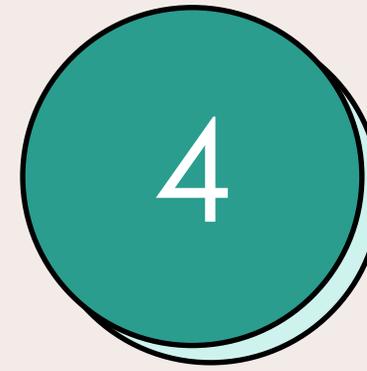
Review the literature



Identify Resources in NH



Conduct Key Informant Interviews

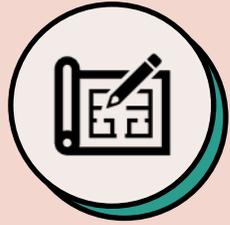


Conduct Focus Groups



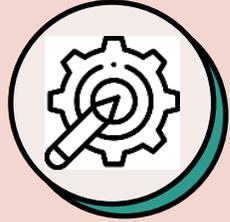
Distribute a Survey to Older Adults

More detail on the methods



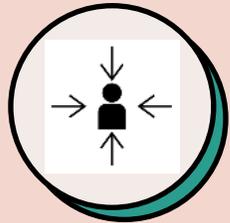
Review of the Literature:

Increasing data about the negative impact of social isolation on mental and physical health



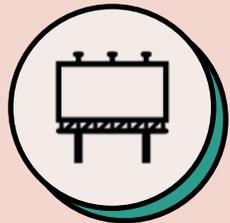
Identify and Catalogue Local Resources:

They exist, but they vary widely from location to location, and they favor those who are physically able, have reliable transportation and are English-proficient



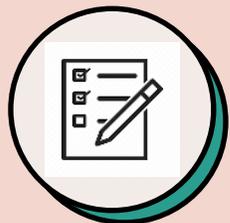
Conduct Key Informant Interviews

We interviewed 28 people who work with older adults across the state.



Conduct Focus Groups:

We conducted 9 focus groups from 3 to 12 people, spanning the entire state (most were done virtually due to COVID)



Create a Written Survey and Analyze Results:

We circulated a written survey to a convenience sample across the state, and we worked to secure responders who did and did not participate in social programs. (3 languages, electronic and print) 872 people responded.

Findings at each stage

Universal Findings

Social Isolation was/is a serious problem, especially during the pandemic, and is especially pronounced among those who live alone, dwell in rural areas, lack transportation, experience physical challenges, and/or are low-income.

Services exist but the type and volume is highly dependent on where a person lives.

No one-size fits all solution

People have different needs and preferences; a significant subset do not feel comfortable in larger groups.

Not all solutions need to be formal events; small and casual interactions hold value for older adults.

High Level Findings

Workforce
Limitations
(including
volunteerism)
affect program
offerings

There is a need
to identify ways
to serve the
hard-to-reach.

Caregivers
need and
want
support

Community
Settings are
trusted (libraries,
churches,
schools) and
can play a role

In-person is
preferred, but
the majority of
OA are open to
tech if it is easy
to use.

Survey Findings



Almost 50% lived alone all year



18% felt lonely often, and 37.4% felt lonely sometimes



Men were more than twice as likely to report feeling lonely often



Those aged 60-64 were more likely to report feeling lonely than any other age group, and the oldest (age 80+) were the least likely



Creating new relationships at older ages is challenging



Those who live with others at least part of the year are less lonely.



Valuable Social Contact can be formal or informal



People are eager for solutions

What else did the survey tell us?

Who Experiences Loneliness?

- 55.5% reported feeling lonely *often* or *sometimes*.
- Men were more than twice as likely to report loneliness than others
- People aged 60-64 were more likely than others to report feeling lonely (and those 85+ were the least likely)

What do People Do to Cope with Loneliness?

- Call a friend or family member
- Go to visit someone or ask them to visit you.
- Go to church, the library, or a club/class
- Connect using a phone, tablet or computer
- Fill time with crafts or hobbies at home
- Watch TV

What *Might* People Do (if available)?

- Join an in-person class
- Join a club or a group
- Volunteer my time
- Join an on-line class or activity
- Join games or other activities in person or online
- Visit a local Senior Center*
- Participate in a program where someone calls me

What else did the survey tell us?

Why Don't You Use Current Services?

- Not available at a time or place I can attend.
- No reliable transportation
- A physical condition prevents me from attending or participating.
- I feel uneasy in settings where these activities take place.
- Engaging in larger groups makes me uneasy.

Why Don't You Use Current Services?

- I have anxiety about meeting new people.
- I don't know what is available in my area.
- I am on limited income and have to budget for costs and transportation.
- Services are far from me
- I don't know how to use the technology (or have access to it).

Why Don't You Use Current Services?

- There is not much available in my area.
- Local programs are not disability-friendly.
- Services that were once available have not reopened since COVID
- I am concerned about getting sick.
- I do not like being around only older people.

Where to from Here?

Use trusted organizations as settings for older adults and mix ages when possible

Make events and opportunities more welcoming to those with disabilities

Personally invite and welcome new people.

Pilot small approaches that might appeal to those who are challenged by larger groups or meeting new people

Advocate for broadband, use easy-to-use tools and supply tech support for online opportunities

For more
information

Partnership for Public Health:
www.pphnh.org



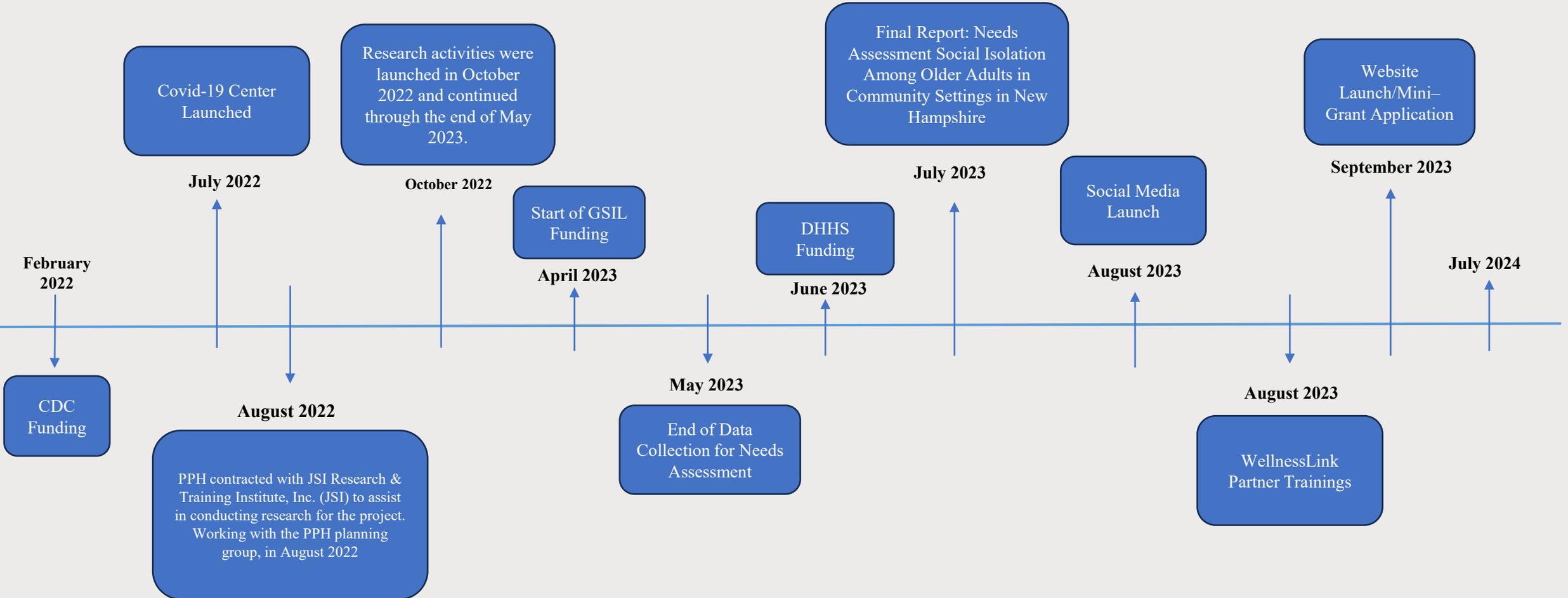


WellnessLink

Connect to Living & Aging Well

1-866-452-1693

Timeline



About Us

WellnessLink is a program sponsored by the Partnership for Public Health with support from New Hampshire's Department of Health and Human Services (DHHS) and Bureau of Elderly and Adult Services (BEAS) to support older adults' access to public health.



Our Mission

WellnessLink's mission is to promote health and prevent disease for aging adults in New Hampshire.



Our Vision

New Hampshire adults are supported and thriving with access to information and tools to live and age well.



**Partnership for
Public Health**

866-452-1693

Protect Your Health with One Call

- **Can I get vaccinated at home?**
- **Do test kits expire?**
- **Can I get my flu shot at the same time?**



Covid-19 Center

We provide anyone in New Hampshire aged 60 and older with easy to understand, accurate, coordination and information for COVID-19 testing, vaccination and follow up care.

How it Works

Call 866-452-1693 to speak directly with a WellnessLink expert in New Hampshire. Ask your questions about COVID-19, Receive support to access services, Getting tested, Schedule an initial or booster vaccination appointment, Transportation assistance



In partnership with ServiceLink Resource Centers, NH's Public Health Networks and the NH Department of Health and Human Services

866-452-1693

**Are you
alone?
Me too.**

**Loneliness and social isolation
are a national epidemic.**

Without social connections, you are at higher risk of disease, depression, and dementia.



Healthy Connections

Know the facts

- US Surgeon General
 - “Loneliness and Isolation increase risk for premature death by almost 30%.”

How it works

- Sign-up for events
- Call WellnessLink team

Community Calendar

Get Social!

WellnessLink's Community Calendar is here to help Granite Staters make meaningful connections from online learning and enrichment to local groups and activities.

Partner with WellnessLink! Login to WellnessLinkNH.org to add and promote your events today!

Search for events: [Find Events](#) [Hide Filter](#) [Live](#) [Month](#) [Photo](#)

Region - County -

Event Category - Event Type -

Accessibility - Tags -

AUG 15
A person is swimming in a pool.
9:00 am - 10:00 am
Water Aerobics in Littleton!

AUG 31
A person is sitting on a couch using a laptop.
11:30 am - 12:30 pm
Virtual Support Group

AUG 31
Two people are sitting at a table looking at a laptop.
3:00 pm - 5:00 pm
Technology 101: How to use your laptop

SEP 6
A bowl of fresh vegetables including mushrooms, tomatoes, and green beans.
10:30 am - 12:00 pm
Nutritional Support for Aging Eyes

SEP 10
Two people are hiking on a trail in a forest.
9:00 am - 11:00 am
Hiking Group

SEP 13
A hand is painting with watercolors on a palette.
10:00 am - 11:00 am
Watercolors with Sally

WellnessLink is a program sponsored by the Partnership for Public Health with support from New Hampshire's Department of Health and Human Services (DHHS) and Bureau of Elderly and Adult Services (BEAS) to support older adults' access to public health.



Sneak Peak!





CARISSA ELPHICK
DEPUTY DIRECTOR



MOLLY BRAGG
WELLNESSLINK PROGRAM
COORDINATOR



CHRISTA DEMICHELIS
PROGRAM SPECIALIST



Our Team



WellnessLink

Connect to Living & Aging Well

Contact Us!

(866) 452-1693

Email: WellnessLink@ppnh.org

Follow WellnessLink!

Instagram



Facebook



LinkedIn



- WellnessLink can help you make meaningful connections. Talk to a real person, call 866-452-1693.
- Press 1 to speak with Molly. She can provide information and coordination for COVID-19
- Press 2 to speak with Christa. She can help you find activities and events in your community
- Our team is here to answer your questions and connect you with resources.

Phase II Website

<https://wellnesslinknh.org/>



Questions?



New Hampshire Home and Community Based Services (HCBS) System Assessment and Gap Analysis

September 13, 2023

Overview of Project: Alixe Bonardi and Sara Galantowicz, HSRI

About the Human Services Research Institute

For nearly 50 years, we've worked across behavioral health, intellectual and developmental disabilities, aging and physical disability, and child and family services to:

- Partner with leaders and change agents to identify best practices and solve problems
- Engage with broadly representative stakeholders
- Identify potential disparities and develop mechanisms for ensuring equity
- Use qualitative and quantitative data to design robust, sustainable systems
- Assess new and better ways to serve and support people by studying the viability of emerging practices



HSRI's Approach to System Assessment

1

What currently exists

A comprehensive accounting of the current state in terms of system performance

2

What should be

Specification of the desired future state in terms of system performance, incorporating input from diverse stakeholders and best practice models

3

Measurement

Both quantified and qualitative, of the discrepancy between current performance and that which is desired—specified as a performance gap

4

Actionable Recommendations

For addressing the gap, accompanied by prioritization and strategies for action; can include planning and support for research-backed implementation

NH Long Term Services and Supports (LTSS) Assessment Aims



Understand LTSS needs and assets in New Hampshire



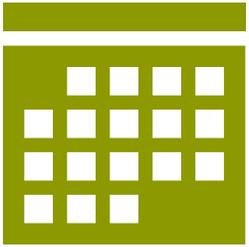
Examine and inventory available LTSS system resources, including HCBS services and capacity for self-direction



Identify gaps between existing and needed LTSS services, including gaps based on geography, demographics, or other community characteristics

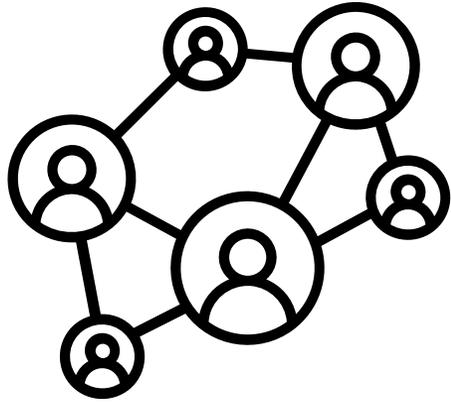


Provide recommendations for closing gaps and maximizing self-direction and community integration



Project Activities and Timeline

- Asset Mapping (Sept-Oct 2023)
- Community Engagement (Oct 2023 – Feb 2024)
 - Listening sessions
 - Focus groups
 - Key informant interviews
- Quantitative and Qualitative Data Analysis (Nov 2023 – April 2024)
- Final Report and Recommendations (July 2024)



Asset Mapping Process

- Initial process with workgroup will identify:
 - People or groups already engaged with a system (e.g., people using services and families, community associations, AAA, case management entities);
 - People or groups who are missing to bring into efforts.
- Information from workgroup is used to develop a simple “asset map” of existing groups the state is engaging with.
- Supports identifying community assets and resources, engagement work underway.
- Helps identify potential gaps and direction as the project team begins outreach and engagement efforts to community.
- Asset map intended to help state identify groups for future engagement.



Questions

Questions/Comments about the Project

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Steph Giordano, Project Director

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the
Coffee
Break

TIME



System of Care for Healthy Aging

Background

- ▶ Rebalancing Initiative: to increase access to home and community-based long-term supports and services for older people.
- ▶ NHFPI Report confirmed need for increased access to home and community-based services. *Long-Term Services and Supports in New Hampshire: A Review of the State's Medicaid Funding for Older Adults and Adults with Physical Disabilities*

Findings

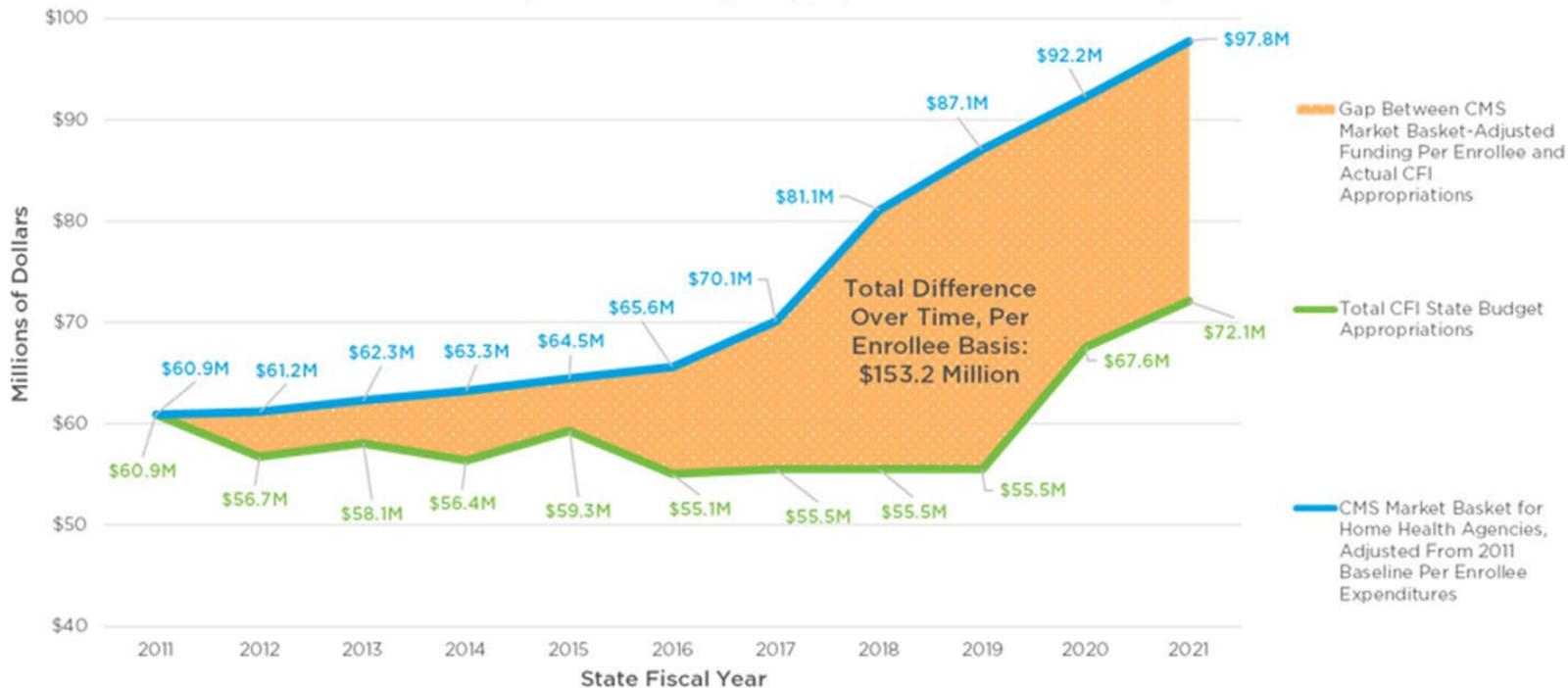
Key findings include:

- ▶ New Hampshire ranked as having one of the fastest growing number of older adults in country.
- ▶ Historically, a lack of investment in NH's home and community-based services for older people and people with disabilities.
- ▶ Expanding home and community-based options will enable the state to serve more people in need of long-term care.

Lack of Investment in Home and Community-Based Services

CFI FUNDING FELL BELOW INFLATION, ENROLLMENT CHANGES SINCE FISCAL 2011

TOTAL FUNDING FOR CHOICES FOR INDEPENDENCE RELATIVE TO FEDERAL INFLATION
MEASURE ON A PER ENROLLEE EXPENDITURE BASIS SINCE 2011
Total New Hampshire State Budget Appropriations, Not Net of County Contributions



Sources: New Hampshire Office of Legislative Budget Assistant; U.S. Centers for Medicare and Medicaid Services

Overarching goal: Provide Choice for Healthy Aging in New Hampshire

- ▶ Strengthen and enhance our state's current delivery system to ensure that older people and people with disabilities have a full range of care options in a setting of their choosing.
- ▶ For most people, this means receiving care in their homes and community.

System of Care for Healthy Aging

Senate Bill 36

- ▶ Senator Bill Gannon introduced Senate Bill 36-A System of Care for Healthy Aging.
- ▶ Developed a campaign with partners including AARP, State Commission on Aging, Ascentria and others.
- ▶ SB 36 was amended and the final version was incorporated into House Bill 2, the Budget Trailer bill.
- ▶ Governor signed HB2 into law on June 20, 2023 and System of Care went into effect on July 1, 2023.

System of Care for Healthy Aging

- ▶ **NH DHHS: Develop plan to implement** (capacity, workforce, cost saving from having home care available); Rate study of Choices For Independence (CFI); Expedite application process for CFI; Provide online portal for providers to identify and access long-term care services and public facing dashboard to track home and community-based waiver data
- ▶ **Expand ServiceLink** - NH's Aging and Disability Resource Centers
- ▶ **Implementation and Reporting:** Report to the Governor, NH Commission on Aging, and Joint Committee of HHS on the status of implementation; Perform biennial financial review to determine whether ServiceLink offices are receiving sufficient funding; Adjust CFI rates.
- ▶ **Budget Appropriations:** \$1.2M for new person-centered counseling positions at ServiceLink; \$50K to develop a plan; \$100K for online portal, dashboard and data collection systems; \$150K to complete reporting requirements; \$190K to fund 2 positions at NH DHHS to support new person-centered counseling services.
 - ▶ HB 1 23.1% increase for CFI services (\$36.2M)
 - ▶ HB2 50.7% increase for CFI services/enrollment (\$79.3M)

System of Care also Amended Existing Statutes

- ▶ RSA 161-I:3-a: Allows reimbursement for caregivers who are also legal representatives.
- ▶ RSA 167:4-f: Reverts financial eligibility for Medicaid home and community-based waiver programs to pre-ACA standard of household of one and increasing resource limit for waiver and nursing home programs from \$2,500 - \$7,500.
- ▶ RSA 167:4, I: Reduced the Lookback period for all long-term care Medicaid (nursing home and waiver programs) from 60 to 36 months.

PROPOSED APPROPRIATIONS MAY CLOSE GAP, DEPENDING ON FUTURE ENROLLMENT

TOTAL FUNDING FOR CHOICES FOR INDEPENDENCE RELATIVE TO FEDERAL INFLATION MEASURE, PER ENROLLEE EXPENDITURE BASIS SINCE 2011, WITH 2025 PROJECTIONS

Total New Hampshire State Budget Appropriations, Not Net of County Contributions



Notes: Projections constructed using Centers for Medicare and Medicaid Services projected Market Basket values for home health agencies and ordinary least squares trendlines for enrollment in CFI home health and midlevel care based on enrollment from State Fiscal Years 2011 through SFY 2023.

Sources: New Hampshire Office of Legislative Budget Assistant and Department of Health and Human Services; U.S. Centers for Medicare and Medicaid Services

What's Next

- ▶ Focus our advocacy on monitoring: plan development, implementation and maintenance.
- ▶ Need to keep the momentum going to get the system of care in place.

Thank you!

For more information visit: nhaha.info



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Save the date: NHAHA Quarterly Meeting Dates

Thursday, December 14th, 2023

Wednesday, March 13th, 2024

Thursday, June 13th, 2024

Wednesday, September 11, 2024

Thursday, December 12, 2024

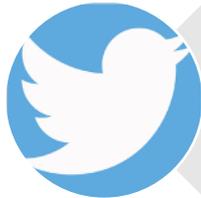
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Thank you for
participating!

For questions or additional
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