NH Alliance for Healthy Aging – September Quarterly Meeting Notes

Date: September 24, 2026
Location: Northeast Delta Dental, 2 Delta Drive, Concord, NH 03302

Facilitator: Jennifer Rabalais, Co-Director Center on Aging and Community Living; Coordinator, NH Alliance for Healthy Aging (NHAHA)

Opening and Meeting Overview

Jennifer Rabalais, Co-Director of the UNH Center on Aging and Community Living, welcomed attendees and recognized the Center on Aging and Community Living team supporting the Alliance, including Alison Rataj, Kathryn Selinga, and Bettina Sietz. She also familiarized the audience with the team to address upcoming needs or questions with them during the meeting.

Jennifer also recognized the steering committee members in attendance for their leadership role and time and energy that is being invested in the NH Alliance for Healthy Aging.

To get a sense of who was in attendance, Jennifer invited participants attending for the first time to raise their hands. Eleven first-time participants attended this Quarterly Meeting.

The Alliance reaffirmed three core values:

- Creating meaningful opportunities for networking and relationship-building
- Ensuring meetings are accessible and inclusive
- Recognizing that the aging network is stronger when organizations and individuals work collectively

Steering Committee Chair Dick Chevrefils reinforced the importance of coming together to share, learn, and grow. He reiterated that individual work in communities is important, but collective action gives the aging network greater ability to influence systems of care.

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1. Community Transportation Needs Assessment

Presenter: Lily Wellington, Executive Director, NH State Commission on Aging

The statewide transportation needs assessment incorporated input from more than 2,700 survey participants, as well as focus groups and stakeholder engagement. Transportation emerged alongside housing as one of the most significant concerns identified during broader AgeWellNH community engagement.

Key Findings

- 42.8% of respondents missed, delayed, or avoided medical care because of transportation during the previous month.
- 60% experienced some level of transportation insecurity.
- 87% had never heard of **Keep NH Moving**, despite its role in connecting residents with transportation and mobility-management resources.
- Among respondents age 65+:
    - 43.1% had already begun limiting their driving.
    - 25.5% reported that they were not very confident driving themselves.
- 44.5% of respondents statewide reported being socially isolated or stuck at home in the preceding 30 days.
- Isolation was particularly high in Coös County (59.3%), Belknap County (58.4%), and Grafton County (47.1%).
- 67.6% of working-age adults with disabilities reported missing, delaying, or avoiding medical care because of lack or barriers to transportation.
- Among respondents age 80 and older, 78.3% were living with a disability.

The assessment also demonstrated that transportation coverage on a map does not necessarily mean transportation is truly accessible. A service may technically exist but may not go where a person needs to travel, operate when needed, provide appropriate accessibility assistance, or offer a reliable return trip.

Financial Impact

Transportation gaps have consequences beyond mobility:

- More than 1,400 medical appointments were missed among survey respondents in one month.
- Respondents reported approximately $105,000 in missed wages.
- Missed health care among the surveyed population was estimated to result in approximately $4.3 million in annual avoidable Medicare costs. If someone is living with a chronic medical condition and they can't get to routine appointments, chances are that the chronic condition will get worse and eventually require higher levels of care.

Transportation also affects social isolation, employment, access to food and pharmacies, local economic activity, health outcomes, and people's ability to remain living independently.

Six Recommended Actions

The assessment recommended:

1. Establishing clear statewide responsibility and accountability for transportation.
2. Making Keep NH Moving a recognizable statewide starting point for transportation information.
3. Bringing the appropriate partners together, including health care organizations, transportation providers, agencies, and consumers.
4. Establishing essential service/accessibility standards, including considerations such as assistance entering vehicles and reliable return transportation.
5. Stabilizing volunteer driver programs, which remain an essential component of New Hampshire's transportation network.
6. Better coordinating the numerous transportation funding streams so that funding functions more like one system rather than multiple disconnected programs.

The Transportation Security Index (TSI) provides New Hampshire with a validated baseline that can be repeated over time to determine whether investments and interventions are actually reducing transportation insecurity.

Q & A and comments:

Comment:

One participant commented that aging (in this country) without close family support and financial means has a dire outlook, due to high care facility costs. She also reflected on the disadvantages and implications of older adults (80 years of age or older) staying in the workforce in physically demanding jobs.

Q: How can transportation better support older adults with cognitive or physical limitations?

An audience member noted that some older adults may successfully enroll in transportation programs but still be unable to use the service. For example, an individual with memory loss may forget that a ride is arriving, while another person may need assistance getting out of the home and into the vehicle.

A: Lily Wellington agreed that this is a critical accessibility issue. Transportation cannot be considered truly accessible if a vehicle arrives, but the rider cannot safely get from the home to the vehicle. What is the point of having transportation if it is in the driveway, but the person needs assistance getting down the steps? She highlighted the importance of establishing access standards that account for different levels of assistance, mobility needs, vehicle requirements, and cognitive impairment.
She noted that systems should be designed around the individuals who have the greatest difficulty accessing them. Doing so ultimately creates a more accessible system for everyone.

Q: How do technology and digital requirements affect access to transportation and other services?

An attendee described challenges helping older adults navigate services that increasingly require email addresses, online applications, or other electronic communication. The participant noted that even relatively simple administrative tasks can become difficult when an older adult does not use email or cannot independently navigate online systems.

A: The discussion reinforced that transportation insecurity is connected to a broader system-navigation problem. Resources may technically exist, but people cannot benefit from them if they cannot navigate the systems required to access them.

Q: Why are veterans experiencing transportation insecurity when transportation benefits may be available through the VA?

A participant working with veterans expressed surprise at the transportation insecurity reported among veterans and indicated that the findings would be shared with colleagues.
The participant also reflected on personal experiences navigating services for an aging parent, noting that even professionals familiar with health care and aging systems can find those systems extremely difficult to navigate.

A: Lily Wellington agreed that system complexity is a significant barrier. Participants reinforced that eligibility for a service does not necessarily translate into practical access to that service.

Q: Where could the private sector make the greatest contribution?

An attendee asked which of the report's recommendations offered the strongest opportunity for private-sector involvement.

A: Lily Wellington identified interoperability and simplification as significant opportunities. Individuals currently encounter multiple platforms, programs, applications, and systems that do not communicate effectively with one another.
She suggested that private-sector innovation could help create better connections between existing systems, allowing the complexity to occur behind the scenes rather than requiring consumers to navigate multiple disconnected systems themselves.

The goal should be a clear "front door" through which people can find the services they need.

Audience Comment: Strengthening statewide mobility coordination

A participant with extensive experience in transportation and disability services emphasized the importance of becoming involved with Regional Coordinating Councils and bringing community experiences and stories into those discussions.
The participant also identified statewide mobility management as an important opportunity for systems change and encouraged consideration of a strong, high-level statewide coordinating role.

The discussion highlighted that progress does not necessarily begin by asking only for additional funding. Greater coordination of existing resources and funding could improve efficiency and demonstrate what can be accomplished before additional investments are made.

A key takeaway from the presentation was: **"Reports don't open doors. People do."**

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2. Homelessness and Older Adults

Presenter: Jennifer Chisholm, Executive Director, NH Coalition to End Homelessness

The second presentation highlighted the growing number of older adults experiencing homelessness.

For homelessness research, 55+ is considered an older adult, in part because people experiencing prolonged homelessness can develop health conditions normally associated with significantly older populations.

Statewide Findings

Using 2024 data presented in the Coalition's 2025 report:

- 6,281 people experienced homelessness in New Hampshire during 2024**.**
- That represents almost 2,000 more people than in 2020.
- Nearly one in four people experiencing homelessness was age 55 or older.
- Approximately 10% were age 65+.
- From 2020 to 2024, homelessness among older adults increased by more than 50%, representing approximately 500 additional individuals.

- Approximately 360 older adults accessed emergency shelters, Safe Havens, or transitional housing during 2024.
- Approximately one-quarter of people experiencing homelessness for the first time were age 55+.

The discussion also stressed that homelessness is not exclusively an urban problem. Rural communities account for a substantial portion of homelessness and unsheltered homelessness.

Unsheltered Homelessness
Unsheltered homelessness has risen sharply in New Hampshire. Older adults are among those living:

- In vehicles
- In tents or encampments
- In structures not designed for habitation
- In temporary or unstable settings

Manchester has converted a 20-bed shelter to focus on older adults and people with significant health needs. Participants heard that all 20 beds had turned over successfully through housing placements or individuals finding housing, yet the waiting list reportedly continued to range from 55 to 70 people.

Housing Affordability
Housing affordability was identified as a major driver of homelessness, particularly for people living on fixed incomes.

For 2024:

- The median two-bedroom rent was reported at more than $1,800 per month.
- An annual income above approximately $73,000 would be needed for that rent to meet the HUD (U.S. Department of Housing and Urban Development) definition of affordability.
- Median renter income was approximately $57,000, leaving a substantial affordability gap.
- More than half of older adult households were housing cost-burdened.
- Among households earning less than $35,000, the cost-burden rate was approximately 76%.

The presentation challenged the idea that older adults always have a reliable safety net.

Recommended Direction

The Coalition emphasized the need to:

- Develop targeted strategies addressing homelessness among older adults.
- Continue monitoring older adults as a distinct population in future homelessness reports.
- Incorporate people with lived experience into policy and program development.
- Strengthen prevention efforts before people lose housing.
- Improve access to case management and system-navigation assistance.

Q & A and comments:

Q: How should climate change be incorporated into efforts to address aging, homelessness, transportation, affordability, and isolation in New Hampshire?

A: Climate change is increasingly relevant to homelessness prevention and the needs of older adults. Hotter, more humid summers and colder, snowier winters can increase vulnerability and make it harder to reach people

experiencing homelessness. One example mentioned was Portsmouth's work examining the impact of heat and ways to keep residents cool, including incorporating the voices of people with lived experience of homelessness.

Severe winter weather also creates a data challenge. If people experiencing homelessness are hidden or inaccessible during extreme weather, the annual Point-in-Time Count may underestimate homelessness. Because HUD resources are tied in part to these counts, inaccurate data can affect the resources available to New Hampshire. Continued collaboration across climate, housing, aging, and homelessness systems was encouraged.

Q: How are rising property taxes affecting older adults, and is there legislative action to prevent seniors from losing their homes?

A: Rising property taxes can create a significant housing instability risk for older adults living on fixed incomes. One participant shared that her in-laws nearly lost their home because of a $58,000 tax burden, which the family paid to prevent them from becoming homeless.

The response acknowledged that this is an important but relatively marginal part of the broader statewide conversation. The speaker was not aware of legislation from the most recent session specifically addressing this issue and had not yet seen current Legislative Service Requests focused on it. Nick Taylor at Housing Action was identified as a potential contact because of his work on housing, development, and zoning.

Q: What supports are available for older adults experiencing homelessness who need documents to apply for housing?

A: Missing documentation—such as Social Security letters, birth certificates, or divorce decrees—is a major barrier when older adults apply for housing. People may have lost paperwork through eviction, housing instability, hoarding situations, or other circumstances, and there are often limited supports to help them obtain replacement documents.

The discussion highlighted the need for case management and system navigation to help people address these practical barriers. Case managers can assist with obtaining documents, completing applications, and coordinating the various services needed to achieve housing stability.

Q: Why is case management so important, and how could it be funded?

A: Case management is critical because people experiencing homelessness often need help with many interconnected issues—not just finding housing. Historically, there has been limited funding for this type of work. For example, a provider may be able to bill Medicaid for a clinical therapy session but not for the time spent helping someone obtain documents, navigate housing systems, or stabilize their circumstances.

There is, however, potential progress through Medicaid. New Hampshire is working on a Medicaid waiver that could allow Medicaid to pay for housing support services, including case management and other supportive services—not simply the provision of housing itself. Although the process is complicated and there are hurdles to overcome, this was described as a promising development.

Q: How will the needs of older adults continue to be tracked in New Hampshire's homelessness data?

A: Older adults will remain a specific subpopulation tracked in the annual report. Following a special section on older adults in the previous year's report, the decision was made to continue highlighting and monitoring older adults every year. This will provide ongoing data to better understand trends and inform future action.

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3. Leadership Exchange on Ageism

The Alliance provided an update on the NH Leadership Exchange on Ageism (NH LEA), developed in partnership with the Maine Council on Aging (MCOA).

The program focuses specifically on ageism affecting older adults and will:

- Increase awareness and understanding of ageism.
- Help participants identify where ageism occurs.
- Provide practical tools for responding to and addressing ageism.
- Engage participants through four intensive virtual sessions over approximately five weeks.

The **first cohort begins October 30, 2026**, with additional cohorts planned.

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4. NHAHA Strategic Planning Update

NHAHA is nearing completion of its strategic planning process, which began in February 2026 as the organization celebrates its 10th anniversary.

Stakeholder engagement confirmed that AHA's overarching vision remains relevant. Longstanding priorities also continue to require attention, particularly:

- Transportation
- Housing
- Workforce
- Family caregiving
- Paid caregiving/workforce capacity

A draft strategic plan is receiving final feedback and is expected to go before the Steering Committee in October 2026.
NHAHA plans to share the adopted plan more broadly in December and begin working with stakeholders on implementation.

10-Year Impact

NHAHA is developing a 10-year Impact Report highlighting the Alliance's progress. Since beginning with approximately 65 stakeholders in 2016, NHAHA now engages more than 600 stakeholders. A networking-focused gathering is also planned for later in the fall to celebrate the strategic planning process, reflect on accomplishments, and strengthen relationships.

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5. Member Networking Discussion

Participants discussed two questions:

1. **What has NHAHA achieved, what are NHAHA's biggest successes over the past 10 years?**
2. **What does the aging field need to become more connected, coordinated, and effective?**
3. **NHAHA plays a role in convening and providing education to the field. What do you see as the needs in these areas in the next few years? (topics, resources, connections, etc.)**

Themes heard during the discussion included:

- Networking is one of NHAHA's greatest strengths.
- Quarterly convenings provide valuable opportunities to discover work occurring elsewhere in the state.
- NHAHA has demonstrated unusual continuity and sustainability over its ten-year history.
- Members value meetings as a source of encouragement, shared purpose, and renewed energy.
- Future work should continue creating opportunities to connect organizations, share resources, and reduce duplication.
- Effective aging work requires attention to basic needs such as housing, food, hearing, vision, mobility, social connection, and accessibility.
- Addressing ageism and changing society's attitudes toward aging remain important.

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6. Advocacy Update

The scheduled advocacy presentation did not occur because the presenter was unable to attend.

NHAHA instead recognized Judith Jones, formerly Policy and Advocacy Director for Healthy Aging at New Futures, who retired during summer 2026. Her longstanding policy and advocacy contributions were acknowledged.

Resource shared:

New Hampshire Department of Motor Vehicles offers a Deaf/Hard-of-Hearing Visor Card designed to make communication easier during a traffic stop. The card allows drivers to indicate how they prefer to communicate and provides law enforcement officers with guidance, including when an interpreter or other communication support may be needed.

Upcoming

Next NHAHA Quarterly Meeting: Thursday, December 17, 2026