New Hampshire State Commission on Aging
Monday, February 12, 2024, 10 am to noon
NH Hospital Association, 125 Airport Road, Concord, NH

Attendance:

In-person: -Members: Susan Ruka, Chair (Carroll); Wendi Aultman (DHHS); Susan Buxton (Long Term Care Ombudsmen); Tom Kaempfer for John Marasco (Dept. of Safety); Tracy McGraw (Dept. of Labor); Sunny Mulligan Shea (NH Attorney General); Jack Ruderman (NH Finance Authority); Beverly Bjorklund (Sullivan); Polly Campion (Grafton); Laurie Duff (Strafford); Carissa Elphick (Belknap); Margaret Franckhauser (Belknap); Daniel Marcek (Hillsborough); Joanne Ward (Rockingham); Rep. Lucy McVitty Weber (Cheshire); **Staff:** Rebecca Sky, Executive Director, Karen Knowles, Project Director; **Speakers:** Melissa Grenier, Regional Manager, Alzheimer's Association, MA/NH Chapter, Brian Rosen, MD, Geriatric Psychiatric Fellow, Dartmouth Hitchcock. **Guests:** Peter Burke, Kris Hering, Alana Illsley.

Online –Members (with reasons for remote participation in parenthesis): Beth Quarm Todgham (Hillsborough) (travel); **Online Guests:** Martha McLeod, Jennifer Rabalais, Teri Palmer, Candy Reed, Melissa Bartlett, Steve Workman, Christian Seasholtz, Marcia Barber, Chelsea Drake, Amy Moor, Greg C., Kim Murphy, Jessica Eskeland, Mike Padmore.

Absent: Members: Rep. James MacKay; Rep. Charles McMahon; Sen. Bill Gannon; Richard Lavers (Dept. of Employment Security); Shelley Winters (Dept. of Transportation); Suzanne Demers (Belknap/Merrimack); Doug McNutt (Merrimack); David Ross (Hillsborough); Roxie Severance (Coos).

I.Welcome: Susan Ruka, chair, welcomed all to the meeting at 10:02 a.m. At least one third of the members were present and a roll call for those present and online was conducted.

Proposed Motion: **RSA Title VI 91-A:2 III & IV** – Quorums of public bodies, remote participation, and voting. "The NH State Commission on Aging will allow for remote participation by one or more members as part of the quorum going forward if one-third of the total membership of the Commission is present, and when physical attendance at the meeting site is not reasonably practicable. Reasons that may make it "reasonably impracticable" to attend may include but is not limited to travel; scheduling conflicts, weather, illness, and caregiving duties."

Rep. Lucy McVitty Weber made a motion to approve. Motion was seconded by Margaret Franckhauser. All voted in favor, there were no abstentions.

Proposed Motion: January 2023 Minutes
Susan Buxton made a motion to approve the January minutes.
Motion was seconded by Rep. Lucy McVitty Weber.
All voted in favor, there were no abstentions.

II. Introduction: Chair Sue Ruka introduced the topic of Alzheimer's Disease and Related Dementias and the NH Continuum of Care and guest speakers. The purpose of the following presentations and

discussions is to learn what is working and what is missing regarding support for individuals and their families in NH.

General Education: Melissa Grenier, Regional Manager, Alzheimer's Association, MA/NH Chapter Overview: Definitions, Prevalence, Trends, Implications for Care, Caregivers, and Communities.

An overview was provided of Alzheimer's Disease and Related Dementia (ADRD). There are currently 26,000 individuals living in NH with Alzheimer's. County data was provided which showed the total population age 65+ and cases of individuals with Alzheimer's Disease (AD) 65+ in respective counties. Age is the greatest risk factor for developing AD - 1:9 Americans over the age of 65 will develop Alzheimer's and 1 in 3 people aged 80 and older. Two thirds of Americans with AD are women, older Black and Hispanic Americans are disproportionately more likely than older Whites to have AD.

NH caregivers providing unpaid care for persons living with ADRD equals 58,000. Dementia caregivers report higher levels of physical, emotional and financial stress than caregivers for other older adults. On average, unpaid caregivers provide approximately 30 hours of care per week, or 1565 hours of care per year. ADRD is often cited as one the most expensive diseases. Figures in 2020 showed Medicaid costs in caring for people with Alzheimer's at $254 million as compared to projected costs in 2025 of $335 million. Annual Medicare spending per person with Alzheimer's equaled $28,086 in 2020. Melissa also spoke to the need for more geriatricians, neurologists, geriatric psychiatrists, and other trained healthcare providers as well as personal care aides. It can take from 6 to 12 months to get a diagnosis.

Continuum of Care: Sue Ruka, Program Manager Mount Washington Valley/Maine Medical, Community Health Improvement and Dementia Capable Community Grant

An overview was provided on the Administration on Community Living 2020 awarded Dementia Capable Community Grant. Partners in this effort include MaineHealth Partnership for Healthy Aging, Mount Washington Valley Adult Day Center, The Gibson Center for Senior Services, and Visiting Nurse Home Care & Hospice of Carroll County. The goal, is to become a dementia-friendly community where people with memory loss and their caregivers and families have resources, education and support while experiencing the best quality of life possible. A dementia-friendly community touches everyone and involves a community effort, making all the places where people live, socialize, work and play supportive, enjoyable and pleasant for anyone impacted by a memory loss.

The objective of these programs is to reduce caregiver burden, help caregivers learn how to manage behavioral symptoms of those with dementia, help people living alone with dementia to live at the highest level of independence, connect individuals with moderate to severe dementia to support services, and focus on strengths and maintaining sense of purpose for individuals with dementia and caregivers. New education resources resulting for grant funded work include: public access to a virtual dementia tour, skill based training using Teepa Snow's Positive Approaches to Care. Services available include an early dementia support group, Music and Memory program, Opening Minds through Art program, relief services, a friendly visitor program, care coordination and navigation, community outreach and referral services and more. Care coordination/navigation services involve a Community Health Worker who helps people with financial matters including Medicaid applications, establishing advanced directives, connection to services like Meals on Wheels, and Adult Day programs. The worker

has an active caseload of 25 to 30 families, touching base occasionally with a much longer list. The Visiting Nurse Program established one nurse who only works with people experiencing dementia.

It has been an opportunity to build on existing community networks, including not just healthcare providers, but also the business community, libraries, ServiceLink Resource Center, Northern Human Services and other community-based organizations. It is a community-wide effort. Most programs will continue beyond the length of the grant.

Continuum of Care: Laurie Duff, Director of Senior Services for Easterseals NH, President of NH Adult Day Services Association

Information presented on the twelve geographically situated Adult Day programs currently licensed in NH. Variety of models in Alzheimer's and Dementia care: some have specialized Dementia programs with secure areas and some have integrated diagnosis gatherings. All staff receive routine dementia training. All are open Monday-Friday with varying hours of operation. Most accept a variety of funding sources including private pay, veteran's administration, Medicaid, grant opportunities, ServiceLink caregiver grant, long term care insurance. Average private pay rate ranges from $85-$100 per day for a 6-8-hour day ($10-$16.00 per hour). Nursing services, nutritious meals, dementia trained staff, brain healthy programming for varying levels of cognitive impairment. All Adult Day programs at this time have extensive capacity. 750+ licensed slots are allocated in the state for Adult Day programs- programs are currently at 65% capacity. People who attend these programs typically attend between 2 and 5 days a week. In addition to the services provided to individuals, caregiver support, grants and coaching is provided to caregivers caring for an individual with ADRD at all Adult Day program locations.

Adult Day Services are a growing source of long-term care, provide comprehensive skilled health care, are a preferred platform for chronic disease management, are leaders in community-based care for individuals with ADRD and are an essential source of support for family caregivers. Outcomes achieved by various programs include decreased hospitalization, unnecessary emergency room visits, decreased depressive symptoms, less falls risk, delay of premature nursing home placement.

Referrals to Adult Day programs are provided by family members, physicians, case managers etc. Stigma regarding what an Adult Day program is can inhibit potential participants from attending and families from seeking this level of care. Word of mouth recommendations and coming for a visit can help overcome concerns. Physicians prescribing 10 hours of socialization a week is another tactic that works. Continuous awareness and education needed to build community and medical support.

Continuum of Care: Physician Management: Dr. Brian Rosen, MD, Geriatric Psychiatry Fellowship, Dartmouth Hitchcock Medical Center; Interest in mental health policy and health care delivery, epidemiology methods in mental health

Prevention of neurocognitive disorders: minimize social isolation, obtain mental stimulation, exercise, limit alcohol and tobacco, healthy diet, avoiding head trauma. By the time a person is diagnosed, prevention efforts are too little too late, with probably exception of the last two listed. The biggest predictor of cognitive impairment is age.

Physician training: Workforce shortages of specialists and primary care providers influence diagnosis and treatment. There are 33 Geriatricians in the state of NH, a 118% increase is needed to meet the 2050 projected demand. Primary care physicians (PCPs) diagnose approximately 70% of dementia cases, and yet their training is limited – the example provided of one PCP's education was four weeks of training in geriatrics and only one day on dementia care. (The state of Vermont requires routine Palliative care CEUS for physicians, which is inclusive of Dementia care). Some primary care providers subscribe to the belief of "there is not anything we can do about an individual's Dementia, so why diagnose?". The cognitive and social history needed to diagnose takes time (at least 1 hour for an assessment and sometimes 4 to 6 hours) and yet system pressures push PCPs to see 20 patients a day. In addition, managing dementia requires significant education and care navigation. Most communities lack resources to provide this. This results in PCPs filling this gap, creating another disincentive for early diagnosis which delays decline. Many primary care physicians (PCP) are not confident with Dementia either pharmacological or non-pharmacologic intervention strategies. And In addition, Physicians are often trained to wait for a problem versus taking action to prevent an issue.

Possible solutions suggested included changing curriculum at medical schools, changing continuing education requirements for PCPs, addressing reimbursement issues associated with collaborative care models that connect PCPs with specialists, addressing reimbursement for care navigation, and developing more community resources. A continuing education option using the ECHO model could serve the dual purpose of robust education and connection with physician and community specialists.

Care support intervention may help delay decline; has a social and economic benefit but difficult to refer to services which may or may not be there. Dr. Rosen said new diagnostics and new treatments continue to be developed providing reasons for optimism.

Continuum of Care: ADRS Facility- Based Care- Susan Buxton, State Long Term Care Ombudsman

NH has Memory Care in both Nursing Homes and Assisted Living Homes. While nursing homes are subject to Federal CMS regulations and state regulations, assisted living facilities are only subject to state oversight. In NH there are two different levels of Assisted Living: HeP 804 Residential Care; HeP 805 Supported Residential Care – which allows for higher acuity care. A facility sets the care they provide. There are no specific licensure or regulations for Memory Care within Assisted Living.

Sixteen states currently regulate memory care separately from assisted living communities. Some of the categories covered in state laws for memory care are: basic living unit features access to outdoors; staff-to-resident ratios; staff training; behavior management methods; whether a dementia diagnosis is necessary for residence. Memory care advocates recommend three requirements that could improve safety and transparency in Assisted Living: mandating a minimum number of on duty staff for each resident, requiring at least 6 hours of training of all caregiving staff, and providing access to complaints and inspections reports for families trying to choose a facility. NH rules for assisted living require

"sufficient staffing" only with no clear definition. NH does training requirements: SB 255 passed in 2019 required implementation of a minimum of 6 hrs. initial training in dementia care and 4 hrs of continuing education annually. Transparency in NH falls short: annual health inspections are on the NH Office of Professional Licensure website, but complaint and life safety inspection reports are kept confidential. NH is the only state that complaints are kept confidential.

Ms. Buxton emphasized that NH does have dedicated staff that provide care with compassion and skill. She stated that there is good care available, but that, "We can do even better." It's the growing number of out-of-state and corporate owners coupled with an increase in facility administrator and staff turnover that causes concern. COVID and staffing shortages has changed the culture of organizations and dramatically altered the way care is provided.

The Office of the Long-Term Care Ombudsman (OLTCO) partners with providers to prevent conflicts with residents via education, consultation, and regular visitation to identify and resolve issues before they escalate.

The OLTCO also works to resolve complaints made to their office resulting from conflicts that may be between residents, or between residents and staff, and or between families and facilities. They use the tools of investigation, education and consultation, mediation, and advocacy.

Common complaints the OLTCO receives related to memory care facilities include:

- Concerns about questionable marketing practices- promised services to secure admission.
  - Families report choosing an advertised memory care facility, only to be asked after moving in their loved one to make additional payments for private duty care to manage common symptoms of dementia such as wandering or disinhibited behaviors.
  - Other times families using an advertised memory care facility are asked to find a new placement as a person's dementia progresses because the facility claims they, "cannot meet the individual's memory care needs."
- Families also report surprise at the dependency on anti-psychotic medications in place of non-pharmacological approaches.
- Another issue arises from the common practice of assisted living facilities to charge families a room and board charge and a second charge based on the level of care provided which is determined by a facility's assessment. For-profit assisted living facilities have at times claimed their assessment tool is proprietary, providing no transparency to a family for understanding why new services were needed or how the rate was determined.

The Joint commission and the Alzheimer's Association are collaborating to further improve quality and safety in dementia care.

Discussion: Sue Ruka led the discussion

Active and robust discussion related to the presentations. Clarifications and specifics were discussed.

III. Older Adult Volunteer Awards: Beth Quarm Todgham spoke about the Older Adult Volunteer Awards Program. Nomination recruitment of volunteers in each county showing the depth and breadth of ways older adults are contributing to NH communities continues to be sought. Individuals or couples over the age of 60 can be nominated. Commission members are encouraged to seek nominations from

their counties by reaching out to their networks. Currently, the Commission has received 4 nominations (2 Grafton, 1 Coos, 1 Belknap) and the committee is seeking several representations from every county. The deadline for nomination submission is March 15, 2024.

Any Commission member interested in serving on the program selection committee and to assist in the facilitation of the ceremony, (date of ceremony to be determined) should contact Karen (Karen.T.Knowles@nhcoa.nh.gov) or Beth (bqtodgham@comcast.net).

State House Team Updates and Discussion: Polly Campion, Chair of the Commission's State House Team. State House Team meets every Friday at 1:00, invite provided to join
52 bills are currently being followed; 29 have been determined high priority. COA Bill Tracking Sheet available and is generally provided with minutes each month. The categories of bills include: system of care; workforce development; professional licensure; prescription drugs and telehealth; civic & social engagement; guardianship and exploitation prevention; housing; other.

Overviews provided for the following:

1. HB 1568Medical reimbursement for non-transportation of EMS
2. SB 499 Hunger
3. SB 403 NH Needs Caregivers
4. HB 1410 relative to certain professional licensures

MPA Update: The Multisector Plan on Aging (MPA) Facilitating Team will provide a presentation developed to help build movement and community awareness at the next COA meeting in March. Attendees encouraged to read top article of Feb Aging Matters Feb Aging Matters. If interested in joining the MPA Facilitating / Strategic Planning Team, contact Rebecca, Rebecca.L.Sky@nhcoa.nh.gov.

COA Updates:

Feb 14, 10:00 a.m. LOB 201, Public Hearing for Transportation

Feb 22 4:30-6:30 p.m.; Public Hearing (virtual) regarding Presumptive Eligibility Process for LTSS-amendment expected in April 2024.

IV. Public Input:

Senator Pappas representative stated that if there are any federal level barriers that Senator Pappas' office can review, please reach out.

V. Adjournment- Meeting adjourned 12:07 p.m.

NEXT MEETING DATE & TIME: Monday, March 18th 2024, 10:00 – Noon

Alzheimer's and Dementia: Areas of Impact in NH

Feb. 12th, 2024

Melissa Grenier, LCSW, Regional Manager, NH
NH State Commission on Aging

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Objectives

- Overview of Alzheimer's Disease and dementia
- Recognize how Alzheimer's affects the brain and a person's functioning
- Learn about the prevalence of Alzheimer's and dementia in NH
- Learn how Alzheimer's and Dementia impacts NH's caregivers and healthcare system

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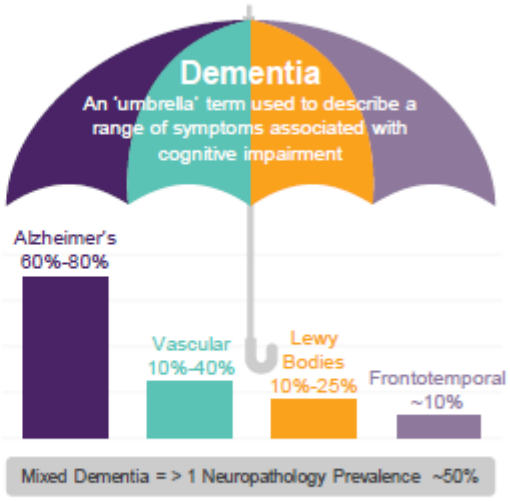
Dementia is a Syndrome

- Dementia is a collection of symptoms related to cognitive decline
- Can include cognitive, behavioral and psychological symptoms
- Due to biological changes in the brain
- Alzheimer's is most common cause
- Mixed dementia is very prevalent
- Some causes of cognitive decline are reversible and not truly dementia



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Alzheimer's Disease

- In Alzheimer's, the neurons damaged first are those in parts of the brain responsible for memory, language and thinking.
- As a result, the first symptoms tend to be memory, language and thinking problems.
- Although these symptoms are new to the individual affected, the brain changes that cause them are thought to begin 20 years or more before symptoms start.

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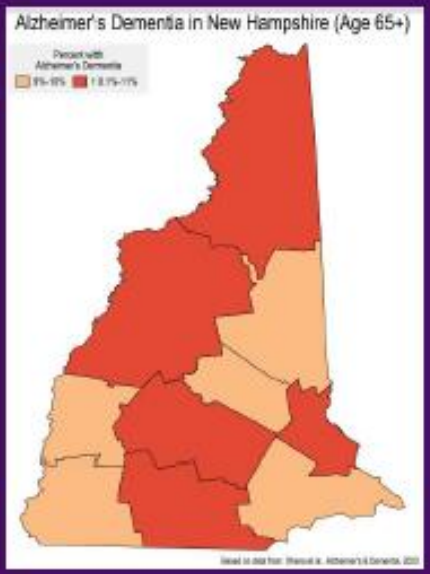
Approximately how many Granite Staters are currently living with Alzheimer's?

- 50,000
- **26,000**
- 90,000
- 70,000

County Data, 2023

County	Alzheimer's Dementia Prevalence Est	
	Total Pop. Age 65+ (nearest 100)	AD Cases Age 65+ (nearest 100)
	263,100	26,500
Belknap	14,500	1,400
Carroll	14,600	1,400
Cheshire	16,300	1,600
Coos	7,800	800
Grafton	20,000	2,000
Hillsborough	69,900	7,300
Merrimack	29,500	3,000
Rockingham	59,600	5,900
Strafford	21,100	2,100
Sullivan	9,900	1,000

(https://aaic.alz.org/releases_2023/us-county-level-alzheimers-prevelance-estimates.asp; https://alz-journals.onlinelibrary.wiley.com/doi/10.1002/alz.13081)



County Data (continued)

- Information was collected via cognitive data from the Chicago Health and Aging Project, a population-based study, and combined it with the National Center for Health Statistics 2020 bridged-race population estimates to determine the prevalence of AD in adults ≥65 years.
- Older average age and higher percentages of Black and Hispanic residents (ex: Merrimack and Hillsborough Counties) are specific demographics that may explain higher prevalence in some counties.
- This information, in addition to raising awareness of the Alzheimer's crisis in specific communities, may help public health programs better allocate funding, staffing and other resources for caring for people with Alzheimer's and all other dementia.

Gender, Racial and Ethnic Disparities in Alzheimer's Prevalence

Age is the greatest risk factor for developing Alzheimer's. 1 in 9 Americans over age 65 will develop Alzheimer's.

Almost **two-thirds** of Americans with Alzheimer's are **women.**

Older **Black** and **Hispanic** Americans are disproportionately more likely than older **Whites** to have Alzheimer's or other dementias.

Ethnoracial groups have been historically **underrepresented** in clinical studies, underscoring the need for more **diversity** in dementia research.

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Facts and Figures 2022

About how many Granite Staters provide unpaid care for people living with Alzheimer's or other dementias?

- 75,000
- 200,000
- 110,000
- 58,000

Impact on caregivers

- 83% of the help provided to older adults in the United States comes from family members, friends or unpaid caregivers.
- Caregiver tasks can include: help with activities of daily living; managing medications and other treatments; managing behavioral symptoms; arranging, hiring and supervising paid care; providing transportation; and more.
- Burden of caregiving is physical, emotional, mental, spiritual and financial.
- Dementia caregivers report higher levels of physical, emotional, and financial stress than caregivers for other older adults.
- On average, unpaid caregivers provide approximately 30 hours of care per week, or 1,565 hours of care per year.

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Impact on Granite State Healthcare

- $254 Million: Medicaid costs of caring for people with Alzheimer's (2020); $335 Million: Medicaid costs of caring for people with Alzheimer's (projected for 2025)
- $28,086: per capita Medicare spending on people with dementia (2022)
- 33: Number of geriatricians in 2021 (118% increase needed to meet demand in 2050)
- 8,410: Number of home health and personal care aides in 2020 (30.4% increase needed to meet the demand in 2030)

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Barriers to Adequate Care in NH

- Lack of adult day health programs
- Lack of long-term care beds
- Cost of care (at home, assisted living, skilled nursing care, home modifications, medications, etc.)
- * Alzheimer's is the most expensive disease in the U.S.
- Not enough geriatricians, neurologists, geriatric psychiatrists, and other trained healthcare providers
- Geography and proximity to diagnostic and treatment centers, and other care options

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