

NH Healthy Aging Field Assessment

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Acknowledgement

To the twenty-seven key informants who contributed their time and wisdom to this report, we offer our thanks for your generosity, and our admiration for your efforts in the service of healthy aging across our state.

Executive Summary

Assessing NH's Healthy Aging field using the Field Assessment Tool (FASST)

The Field Assessment Tool (FASST; Fauth, Phillips, & Nordstrom, 2016) was developed by the Behavioral Health Improvement Institute to inform strategic allocation of resources within the Endowment for Health's priority areas (Targeted Initiatives). The FASST is used to estimate field development across seven domains: Shared Purpose, Leadership and Community Support, Shared Knowledge, Quality Programs and Services, Adequate Funding and Support for Policy, Adaptive Capacity, and Equity. The data source for the FASST is interviews with key informants engaged in the relevant targeted initiative or field in NH. Interview responses are first quantitatively scored and placed along a developmental continuum, from Preparation, to Action, to Maintenance. A thematic analysis further contextualizes the quantitative scores. The FASST was previously used to assess the conditions of the Healthy Aging field in 2016 and 2019; this report examines the results of a third assessment in 2023.

Ten years after the Endowment identified HA as one of its Targeted Initiatives, the field has largely transitioned from Preparation into the Action phase of development. As has typically been the case with the FASST, **Shared Purpose** leads the way among the seven FASST domains, with informants describing strong consensus surrounding the values of choice, equity, inherent right to dignity, and interdependence rather than independence; as well as around the essential goal of having the opportunity to age in the community of one's choice. Trust among field actors has made large gains since 2016. Promoting public awareness and "reframing aging" to focus on the ways older people contribute to our communities are the primary strategies of the HA field. Governance is evolving into a shared responsibility among the

UNH Center on Aging and Active Living (backbone organization), Tri-State Collaborative for Learning (information sharing), Alliance for Healthy Aging (AHA; convening and advocacy), Bureau of Elderly and Adult Services (BEAS; State Plan on Aging), all translated into policy and practice by the State Commission on Aging (CoA).

Adaptive Capacity varies widely across the field, optimized in agencies that are small enough to be nimble while wielding sufficient resources to make a difference. The pandemic demonstrated instances of successful adaptation, as well as failures in care when our most vulnerable elders were isolated from the support of loved ones. The same informants who wondered admiringly at what we were able to achieve under conditions of urgency, feared regression when the perceived urgency recedes.

Shared Knowledge is well within the Action stage. The Tri-State Learning Collaborative and AHA are both described as effective forces for knowledge sharing. There is broad agreement that NH has access to expertise on relevant evidence-based practices, as well as training events targeting primarily licensed care staff in medical facilities. In the absence of incentives, respondents see relatively little expertise and application of EBPs in community-based settings.

Leadership & Community Support was the fourth FASST domain to score within the Action phase, on the strength of committed and knowledgeable leadership from many actors in the HA field. The Age Friendly Communities campaign is elevating awareness and support at the municipal level. Although their growing share of the population would seem to lend power to elderly voices, advocacy can be challenging for those facing age-related stressors and/or steeped in Depression era values of self-reliance.

Adequate Funding & Support for Policy migrated from Preparation into Action with this FASST administration, with strong contributions from advancements in technology, policy knowledge and advocacy. The funding landscape remained deeply disturbing to informants during the winter, when the legislative and budgetary victories of the upcoming spring and summer were as yet uncertain. The HA field is seen as too dependent on competitive and temporary (grant and philanthropic) funding, pursuit of which is siphoning administrative resources away from the critical work of service delivery. New Hampshire ranks last in the nation for the proportion of funding for long-term care that is allocated to home- and community-based services (NH State Commission on Aging, 2022).

Quality Programs & Services has shown little change across three HA FASST administrations, hovering around the boundary between Preparation and Action stages of development. The comprehensiveness of the service array has been substantially undermined by workforce shortages. Inadequacies in the service array are exacerbated by the growing mobility of our population, such that extended families are less likely to live in close enough proximity to contribute in-home care, transportation, social connection. Linkages to help individuals and families successfully transition between services are not well developed in the HA field: as one respondent noted, “It is stunning how complicated it is to get services, even when people have resources.” Infrastructure to monitor and support high quality services is most developed in medical settings, much less in other contexts. The reach of services into the aging population is greatest for persons in the racial majority with financial means, diminished for racial/ethnic

minorities, those with language differences, or those with chronic mental illness.

The **Health Equity** domain examines drivers of equitable policies for FASSTs in all of the Endowment’s priority fields, and it has remained the lowest rated domain in the HA field since it was incorporated into the FASST protocol in 2019. There is consensus that field actors are increasingly aware of disparities in well-being among NH’s elderly, yet resistance to enacting reforms continues to be fueled by fiscal conservatism and perceived lack of racial/ethnic diversity across the state. The cultural and linguistic competence of HA programs has benefitted from growing availability of language translation. Data about the needs of communities of color is becoming more available but is not perceived as widely utilized. The extent to which policy makers are informed and engaged about equity matters saw the greatest *decline* across FASST administrations of any item in the entire interview protocol, with respondents lamenting the most hostile legislative climate in recent memory for equity matters.

Recommendations for HA field development

- Invest in home- and community-based services and supports
- Expand the direct care workforce
- Improve access to low or no-cost transportation services
- Increase senior housing options
- Develop a Master Plan on Aging

NH's Healthy Aging Field

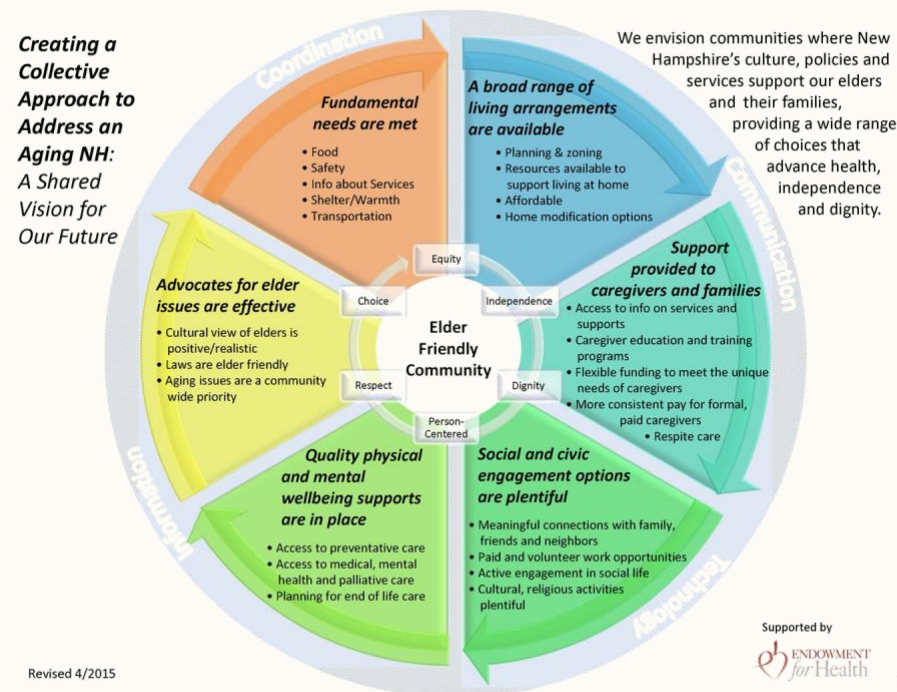
Endowment for Health's field building activities

The Endowment for Health (EH) is a statewide, private, nonprofit foundation dedicated to improving the health of New Hampshire's people, especially the vulnerable and underserved. EH engages in "field building" by providing resources to develop systems-change capacity within its priority areas. Howard and Wu (2009) define a field as "a community of actors who engage in a common set of core practices with a common goal for their work" (p. 10). EH's field building involves creating strong coalitions and networks, enhancing the NH knowledge base, growing leadership and advocacy capacity, developing shared measures and data-based decision making, and supporting other systems change capacities. EH currently supports five fields: children's behavioral health, early childhood, health equity, healthy aging, and health policy.

Highlights from New Hampshire's Healthy Aging Field

In 2013, EH began preparing NH communities to meet the challenges – and tap the opportunities – associated with an aging population. EH invited those who care about older adults and our shared future to form a statewide coalition (the Alliance for Healthy Aging, 2016), and develop an action plan. Through collaborative efforts, EH supports the field to create communities in New Hampshire where older people and their families are supported and offered a wide range of choices to advance health, independence, and dignity. See the graphic depiction of AHA's shared vision for healthy aging, below.

The figure on the next page depicts some of the milestone events in the recent history of NH's HA field.



Milestone Events in NH's Healthy Aging Field

1965	Federal Older Americans Act begets NH Bureau of Elderly and Adult Services
1989	NH RSA 161-F:7 creates State Committee on Aging within DHHS; produces quadrennial State Plan on Aging
2013	EH identifies Elder Health as one of its priority areas
2014-16	Emergence of the NH Alliance for Healthy Aging (AHA)
2015	EH collaborates in launching the Tri-State Learning Collaborative on Aging
2018	NH AHA establishes policy priorities for 2018-2023
2019	NH House Bill 621 establishes inter-agency State Commission on Aging (COA)
2020	COA issues "Strategic Map" of priorities for 2020-2023, aligned with State Plan on Aging
2023	SB36-FN establishes a System of Care for Healthy Aging

FASST Method

Key Informant Interviews

FASST ratings and qualitative themes are developed based on key informant interviews. BHII and EH collaborate to identify the most knowledgeable and involved informants, with the broadest perspectives on the field. Twenty-seven informants participated in 75-minute, semi-structured Zoom interviews with one of two experienced evaluators in December, 2022 through January, 2023.

Quantitative Scoring

FASST includes a set of quantitative, anchored rating scales for each interview question. The item-level rating scales were built on the template shown below. The rater makes a judgement about which of the descriptors in the scale best fits the (video-recorded) interview response. Item-level scores can be averaged across all interviewees, and domain-level scores, in turn, represent an average across all items within a Domain. For the HA FASST, five interviews were first independently scored by both the interviewer and a second rater. Both raters then came together to review and achieve consensus on the ratings, to help calibrate the use of the scales in the HA context. Having attained strong inter-rater reliability, the remaining interviews were scored by their respective interviewers alone.

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

Qualitative Themes

In parallel with quantitative scoring, raters culled qualitative themes from the key informant interviews for each FASST item, using thematic analysis. The qualitative themes supplement and elaborate the quantitative ratings and resulting recommendations.

Understanding the Findings

Once the item- and domain-level scores have been calculated as described above, they are classified into one of three stages of field development used by the EH. The Preparation stage is characterized by absent, conflicted, fragmented, or undefined field properties. Field properties in the Action stage are underway and emergent, but not yet comprehensive or stable. The Maintenance stage is characterized by mature, sustainable field properties with collective, wide-reaching impacts. Scores in the lowest, middle, and highest portion of the five-point scale map onto the Preparation, Action, and Maintenance stages, respectively. The FASST charts in the remainder of this report display the average score for each item/domain along the five-point continuum through the placement of a colored circle. Preparation, Action, or Maintenance stages of development are bounded by dashed horizontal lines. Qualitative themes contextualize the ratings and provide the basis for a narrative explanation of the findings.

Field Assessment Tool Domains and Items

In 2015, EH commissioned what is now the Behavioral Health Improvement Institute (BHII) at Keene State College to develop a field assessment tool. The Field Assessment Tool (FASST; Fauth, Edwards, & Nordstrom, 2016) assesses seven domains: Adaptive Capacity,

Adequate Funding and Policy, Equity, Leadership and Community Support, Quality Programs and Services, Shared Purpose, and Shared Knowledge. The FASST has since been used each year with one of EH's priority areas.

Domain	Item	Definition
Shared Knowledge	Applied Knowledge	The extent to which scholarly theory and research, and/or local, credible information is leveraged to support efforts in the field
	Knowledge Sharing & Dissemination	Effective sharing of relevant knowledge among field actors and to external audiences
	Professional Standards	Presence and use of standards of practice in the field, such as practice guidelines, credentialing processes, and reporting standards and platforms
Leadership & Community Support	Knowledgeable, Ready, Supportive Leaders	Identifiable leaders/exemplary organizations that are knowledgeable, actively supportive, and ready for collective action
	Diverse, Representative, Knowledgeable Actors	A representative, knowledgeable, and culturally competent set of field actors
	Empowered Beneficiaries	The group(s) whose needs the field is intended to address are engaged and empowered to self-advocate at all levels of the field
	Aware, Supportive & Engaged Communities	A receptive community atmosphere/context that supports effective field action; communities that are aware of field issues/needs and supportive of field efforts
Adaptive Capacity	Monitoring	Ability to monitor and assess external environments in order to identify needed shifts relevant to field strategies, tactics, and needs
	Adaptation	Ability to alter strategies and tactics in response to new information in a timely manner
	Flexibility of Resources	Degree to which resources are reallocated, shared, leveraged among higher- and lower-resourced actors to successfully cope with changing conditions
Shared Purpose	Outcome/Goal Consensus	Agreement on a set of clearly articulated shared goals, with a process for collaborative, ongoing revision
	Shared Values	Common values that guide the public face and private actions of field actors
	Strategy Alignment	A portfolio of coordinated, complementary, and purposive strategies to achieve shared goals
	Network Connectivity	A network of highly engaged, interactive actors who seek to leverage collective resources and capacities
	Trust	The extent to which actors feel that others in the field with whom they interact are reliable, support field goals/actions, and are open to discussion
	Governance Structure & Process	The level of intentional hierarchy and centralization of leadership, and formality of process, within the network that helps to facilitate and sustain communication, cooperation, and decision-making

Domain	Item	Definition
Quality Programs & Services	Reach	The percentage of the relevant population of the field's potential beneficiaries who are reached by evidence-based and promising practices
	Implementation	The extent to which drivers of high-fidelity, high-quality implementation of program and services are in place in the field, such as training, coaching, and evaluation/performance monitoring
	Comprehensiveness	The extent to which the array of programs and services in the field is sufficient to meet the needs of potential beneficiaries
	Linkages	Presence of linking mechanisms that allow beneficiaries to successfully transition from one related program to another
Adequate Funding & Support for Policy	Shared Measurement	Existence and utilization by field actors of shared measures and a common data sharing platform, to monitor progress and inform decision making
	Funding	The availability and security of the resources and funding to support effective collective action in the field
	Technology	Existence and utilization of needed technologies to support effective action in the field
	Policy Environment	Presence of an enabling policy environment to support effective action in the field
	Policy Knowledge	Field actors have the knowledge necessary to inform and shape an enabling policy environment
Equity	Policy Advocacy	Presence of a sustainable advocacy infrastructure to support effective action in the field
	Equity Lens	An equity perspective, including recognizing root causes of disparities, is infused throughout the field's vision, values, goals, and strategies
	Equity Related Data and Shared Measures	Equity-related data, including disaggregated data about vulnerable populations in the field, and shared measures are available and used by field actors to understand ingrained and emergent issues facing communities of color and to guide strategy and action
	Informed Policy Makers	Leaders and decision-makers understand the importance of cultural competence, social determinants of health, and health equity to the field
	Inclusive Participation	A growing quantity and variety of partnerships with representatives from vulnerable populations, in particular communities of color, are fostered / valued in the field
	Cultural and Linguistically Competent Programs	Culturally and linguistically appropriate programs are accessible to vulnerable populations in the field

Overview of all Domain Scores

The chart below displays the average domain scores for the HA field, across the seven years since our first HA FASST. In 2023, field domains are largely distributed throughout the Action stage of development. As we've seen with other fields, the Shared Purpose domain leads the way, closely followed this year by Adaptive Capacity.

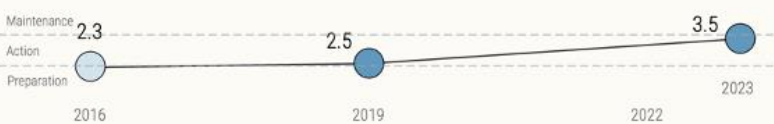
Progress is evident over time, with the notable exception of Equity, which lags alone in the Preparation phase.

In the pages that follow, we'll explore each of these domains in greater depth, in the order depicted in the chart below.

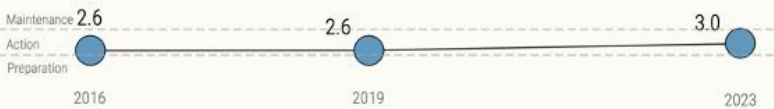
Shared Purpose



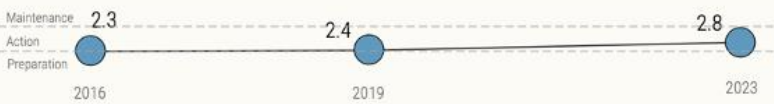
Adaptive Capacity



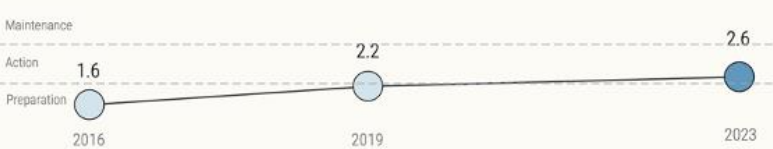
Shared Knowledge



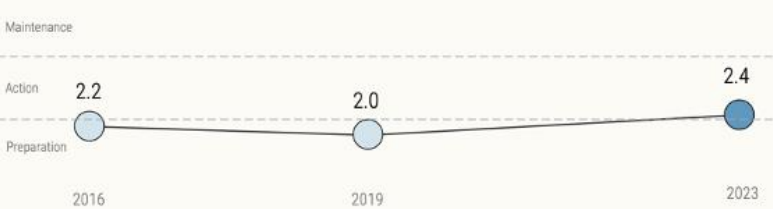
Leadership & Community Support



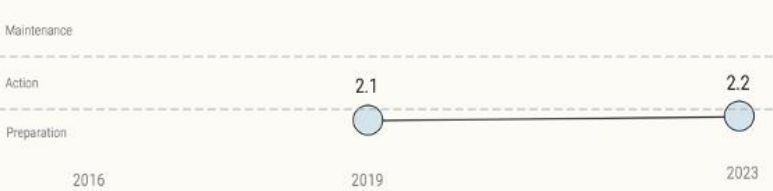
Adequate Funding & Support for Policy



Quality Programs & Services



Equity



Shared Purpose

Shared Purpose is the degree to which the field is 1) galvanized around a shared vision; and 2) works systematically, collaboratively, and effectively. This domain consists of items related to governance, strategy alignment, goal consensus, trust, network, and shared values. Shared Purpose was the highest rated of all FASST domains, having matured from the top of the Preparation range in 2016, to the border between Action and Maintenance seven years later.

Respondents describe a strong consensus concerning the **Values** that drive the work: choice, equity, inherent right to dignity, interdependence rather than independence.

There is also broad consensus that the overarching **Goal** of NH's Healthy Aging field is the opportunity to age in the community of one's choice. Component elements needed to support this goal include a high-quality continuum of care and a supportive social infrastructure (transportation, housing, recreation, connection), all driven by a person-centered ethos.

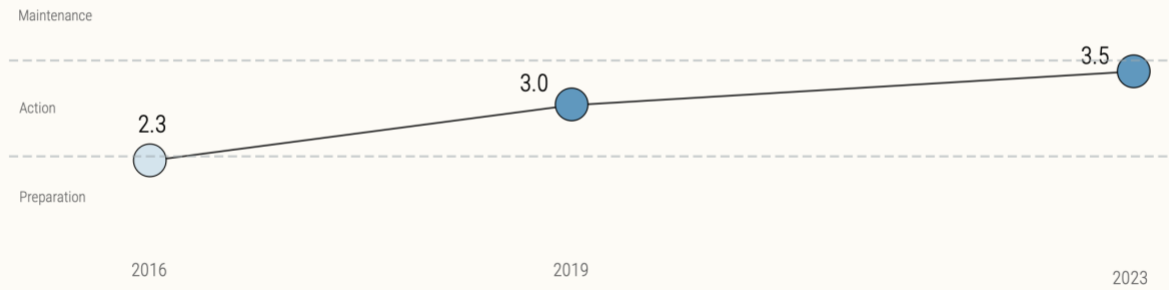
Trust among field actors has made tremendous gains since 2016, into the early Maintenance phase, on the strength of longstanding collaborative relationships among the leaders in NH's Healthy Aging field. In particular, respondents observed a trend toward diminishing fractures between health care professionals, community-based service providers, and state DHHS officials.

Network Connectivity has likewise grown by a full point over the history of our assessments, now verging on the Maintenance phase of field development. High points noted by key informants include the evolution of structures and forums supported by AHA to encourage collaboration. Medical settings allegedly remain most "siloeed" and challenging to engage in collaborative efforts.

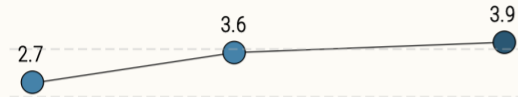
Promoting public awareness and "reframing aging" to focus on the ways older people contribute to our society were the most frequently identified **Strategies** in NH's Healthy Aging efforts. Policy advocacy, workforce development, social infrastructure (transportation, housing, technology), and outcomes-focused payment reform all were described as important and moderately aligned efforts.

Governance was the least developed yet rapidly accelerating component in this domain. Multiple actors contribute elements of governance, with the UNH Center on Aging and Community Living as the designated backbone organization facilitating information sharing (along with the Tri-State Collaborative for Learning), collaboration, and funded research; AHA contributing convening and policy advocacy; the Bureau of Elderly and Adult Services carrying the statutory authority to drive the State Plan on Aging, and the emerging State Commission on Aging translating all of this activity into policy and practice. Despite the seeming fragmentation of governance in the field, key informants characterized the players as largely supportive and effective partners.

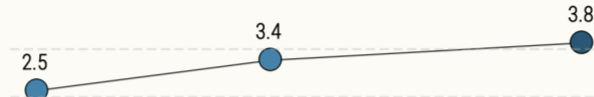
Shared Purpose



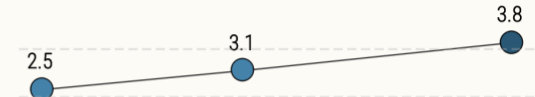
Shared Values



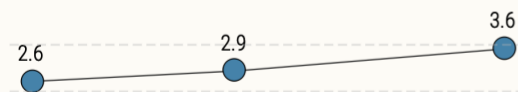
Outcome/Goal Consensus



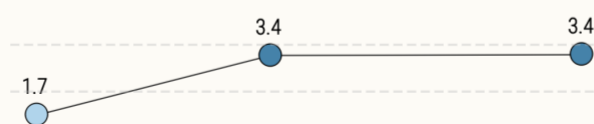
Trust



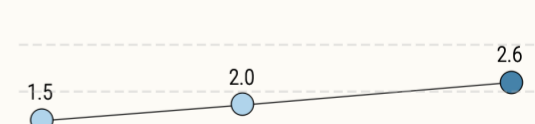
Network Connectivity



Strategy Alignment



Governance Structure & Process



Adaptive Capacity

Adaptive Capacity addresses the degree to which field actors monitor and adapt to barriers and take advantage of emergent opportunities in an ever-shifting environment. This domain includes items addressing adaptation, monitoring, and flexibility of resources. Interview data located this domain in the lower half of the Action stage.

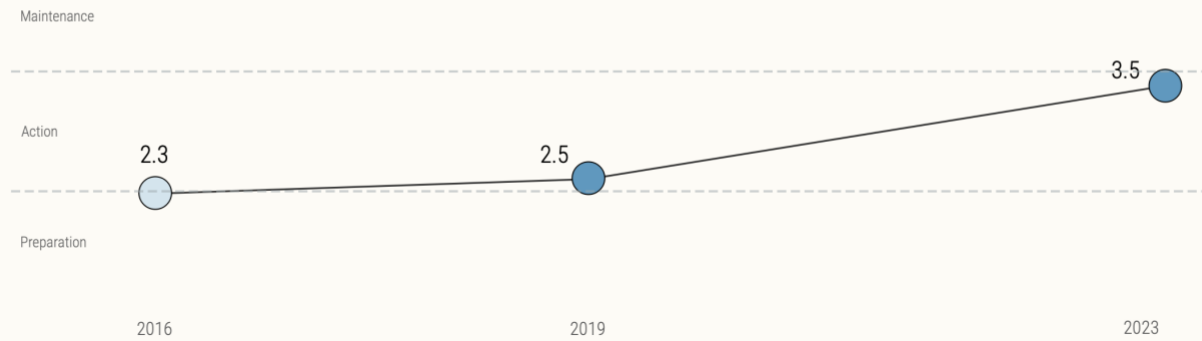
There is wide variability in **Adaptive Capacity** across the HA field, with the COVID pandemic serving as a noteworthy accelerant. Organizations such as Meals on Wheels are credited with embodying adaptation in the face of the pandemic, delivering social connection along with nourishment when isolation set in during the COVID pandemic. The launch of the podcast *Seniority Authority* (Toomey,

2021-present) in 2021 was offered as an example of creative adaptation by offering engaging dialogue about issues related to healthy aging. Small and local organizations were seen as most likely to demonstrate a nimble response.

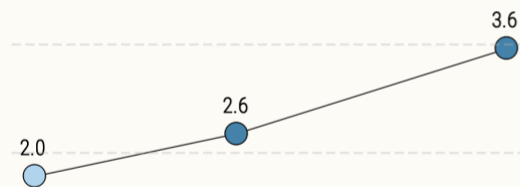
While the pandemic highlighted what can be achieved with sufficient collective urgency, it also demonstrated the tragic consequences of failures in care, as our most vulnerable elders were left exposed and isolated from the support of loved ones.

A downside of responsiveness to urgency is respondents' expectation that efforts will retract as the perceived crisis recedes.

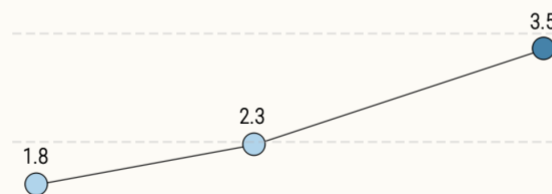
Adaptive Capacity



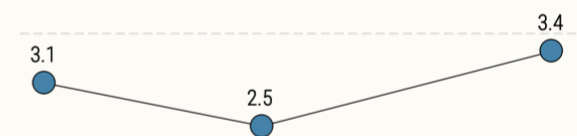
Adaptation



Flexibility of Resources



Monitoring



Shared Knowledge

Shared Knowledge is the degree to which applied knowledge exists, is used to guide action, and is translated into professional standards that advance well-being. The domain includes items that address knowledge sharing, applied knowledge, and professional standards. Currently rated in the middle of the Action stage, Shared Knowledge is the third-highest rated domain in this HA FASST.

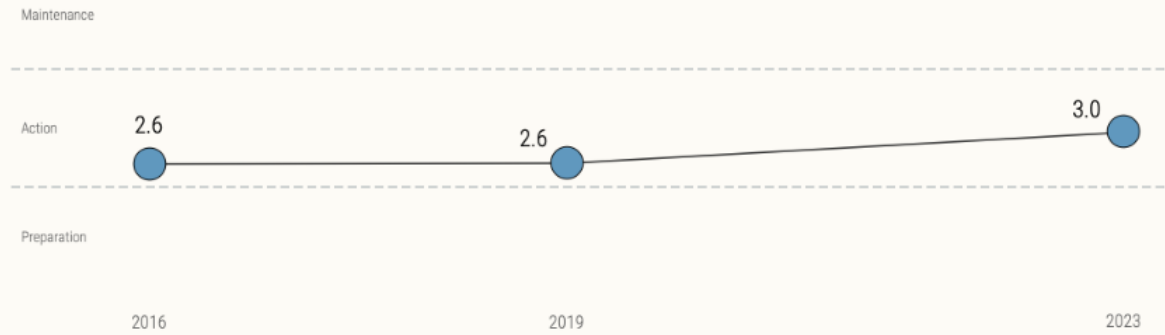
The Tri-State Learning Collaborative on Aging is widely described as an effective force for **Knowledge Sharing and Dissemination** as were AHA's in-person quarterly meetings before the pandemic-induced shift to an online format less conducive to sharing. Those who work in medical contexts are said to have easier access to promotion of evidence-based practices than do actors in community settings.

Applied knowledge is the extent to which scholarly theory and research and/or local, credible information is leveraged to support efforts in the HA field. There is wide agreement that NH has access to substantial expertise on relevant evidence-based practices, both from

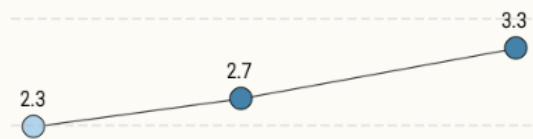
national (e.g., AARP) and local sources: the UNH Center on Aging and Community Living, Tri-State Learning Collaborative, Dartmouth Centers for Health and Aging, and Easter Seals are all recognized leaders in promotion of evidence-based practices. In the absence of a dedicated forum and incentives for EBPs, respondents see relatively little application of EBPs to local practice.

Professional Standards can help to support the penetration of evidence into practice. Standards address development opportunities and credentialing standards for the field's workforce. Respondents indicate that while training events are plentiful in the Healthy Aging field, incentives and other supports for evidence-based practices and credentialing of professionals are most developed in medical settings with licensed care staff, less so in community services. Career ladders that could incentivize professional advancement are lacking.

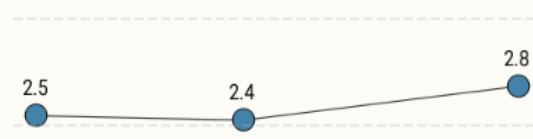
Shared Knowledge



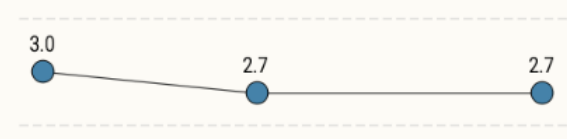
Knowledge Sharing & Dissemination



Applied Knowledge



Professional Standards



Leadership & Community Support

Leadership and Community Support reflects the degree to which formal and informal leaders actively support the field and include representation from grassroots and racially and ethnically diverse actors. This domain includes items addressing empowered beneficiaries, diverse actors, knowledgeable leaders, and engaged communities. Interview responses in this FASST placed this domain in the middle of the Action stage.

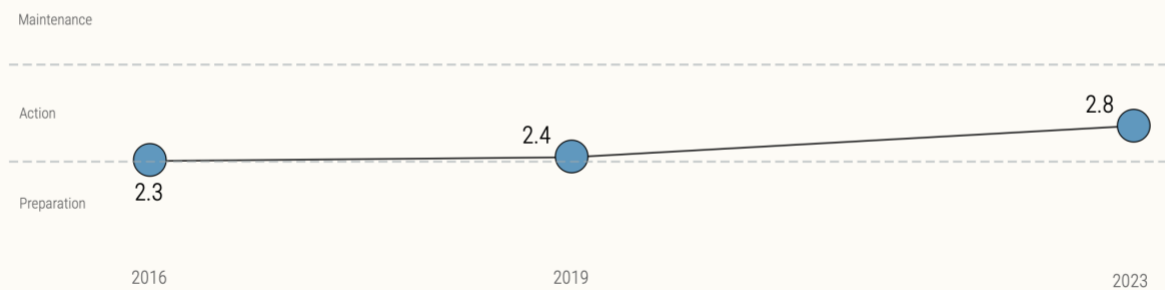
Concerning **Knowledgeable, Ready, and Supportive Leaders**, many individuals, agencies, and philanthropic organizations contribute strong vision, leadership, commitment to the Healthy Aging field. State and local government actors are not as much at the helm as some would wish.

Awareness and Support at the local Community level is seen as improving, with the Age Friendly Communities initiative contributing messaging, operational definition, and tools. Local libraries tend to understand and serve the needs of their disproportionately elderly patrons. COVID sensitized us to the dangers of isolation. Conversations around affordable housing are seen as insufficiently attentive to the aging population. Sensitivity requires a champion, often with lived experience. As one respondent put it, “[the problem is] less wanton discrimination than just not thinking about them.”

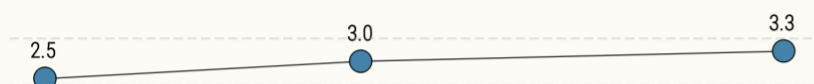
Empowerment of Beneficiaries is theoretically strong because of their numbers yet demands a level of engagement that can be challenging for elders and is also shaped by generational norms. Those over 80 embody Depression-era values of self-reliance, perception of need as shameful, fear that complaint will be punished. Baby Boomers and persons of higher SES tend toward greater assertiveness and empowerment and have witnessed precedent in the disability rights movement. Still, those whose needs are being met may be reluctant to expend effort on advocacy. At the least empowered end of the spectrum are residents of public facilities, who lack voice and leverage.

There is some expansion of **Diverse, Representative Actors** in the chronically under-resourced direct care workforce, although there remains some resistance to diversity from clients/patients. Moreover, representation does not ensure a culturally competent system. Community-based services are seen as leading the way with cultural competence, while medical settings are less likely to mirror the populations they serve.

Leadership & Community Support



Knowledgeable, Ready, Supportive Leaders



Aware, Supportive, Engaged Communities



Empowered Beneficiaries



Diverse, Representative, Knowledgeable Actors



Adequate Funding & Support for Policy

The Adequate Funding and Support for Policy domain reflects the degree to which the resource and policy environment supports the field. This domain includes items addressing technology, policy knowledge, policy advocacy, funding, policy environment, and shared measurement. The lowest rated domain in our initial assessment of the HA field, Adequate Funding and Support for Policy has edged into the Action stage seven years later.

Technology saw pandemic stimulated acceleration in access to telehealth and other remote services. Informants also see promise in a variety of wearable and other health monitoring and emergency alert technologies that could enhance the freedom to age in place. Improving access to broadband service will be necessary to fulfill the potential of these developments.

There is broad consensus that NH has sophisticated expertise in **Policy Knowledge and Policy Advocacy**, including within the NH Alliance for Healthy Aging (AHA), New Futures, AARP, NH Legal Assistance, and the UNH Institute on Disability. There was some suggestion that health service providers have tended to dominate policy discussions to the exclusion of other stakeholders. One respondent summarized by noting that we have the necessary policy expertise but tend to fall short at the point where we need to mobilize stakeholders in advocacy action. There is hope that the new State Commission on Aging will begin to elevate this advocacy capacity.

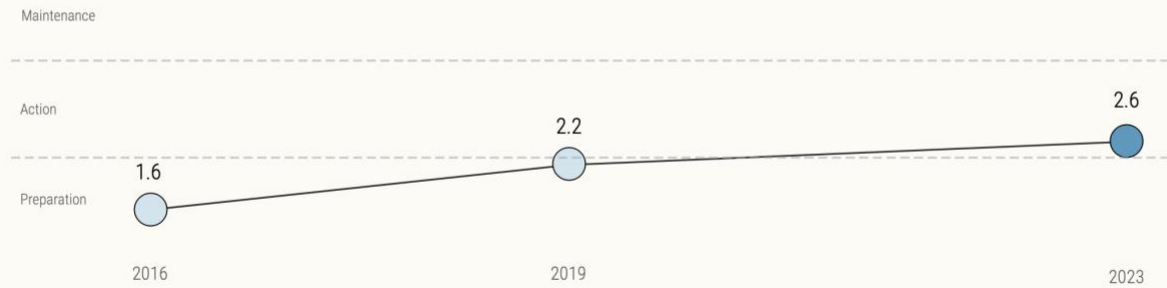
When these interviews were conducted early in the calendar year, **Funding** was seen as “dismal” for long-term care outside of nursing homes: tilted toward a patchwork of short-term, shifting opportunities; too dependent on federal grants and philanthropic sources; insufficiently sustained by state funding for a strategic agenda and ongoing operations. As a result, service agencies devote too much resource to chasing funding, and not enough to designing and

delivering a service continuum. Funding bright spots include support for telehealth, computer literacy, behavioral health, addictions. To cite one example of a mixed funding picture, the Choices for Independence Medicaid waiver to support aging at home addresses a central goal of NH’s Healthy Aging field, at a substantially lower cost than nursing home care. Yet the Medicaid waiver mechanism requires reapplication every 5 years and the State downshifts their Medicaid cost share requirement onto County budgets. State-established reimbursement rates for services under the program have fallen below inflation for most of the last decade, and NH ranks 50th among the states in allocation of funding to home and community services (as a percentage of all spending for long-term services for older people; State Commission on Aging, 2022). Other funding dim spots include transportation, housing, funding for NH’s overwhelmed ServiceLink Resource Centers, and commitment to prevention and sustainability.

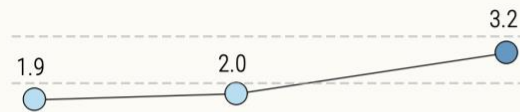
Asked about NH’s **Policy Environment**, several respondents noted that NH is one of only three states that have not designated an Area Agency on Aging to address the needs of older residents. State level policy is most advanced in relation to medical settings, less so in relation to community services. Where state level policies are weak, important matters devolve to the municipal level, such as zoning restrictions on housing options or other services.

Shared Measurement joins the Policy Environment among the few FASST items that remain in the Preparation stage of change in 2023. AHA has long aspired to measure progress toward age-friendliness with common metrics. NH’s 2019 HA Data Report was intended to advance this goal, structured around indicators in the AARP’s Age-Friendly Communities designation. The NH Fiscal Policy Institute’s 2022 *Review of State Medicaid Funding for Older Adults and Adults with Disabilities* was also credited with highlighting common metrics for comparing NH with other states.

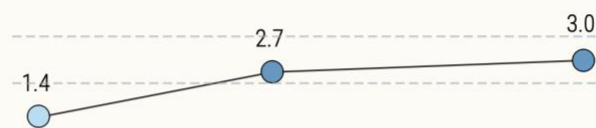
Adequate Funding & Support for Policy



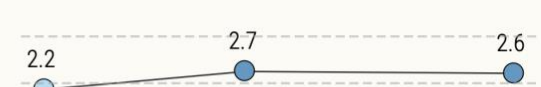
Technology



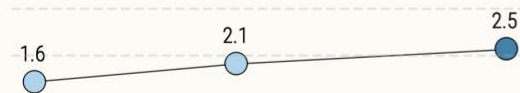
Policy Advocacy



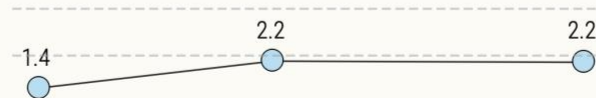
Policy Knowledge



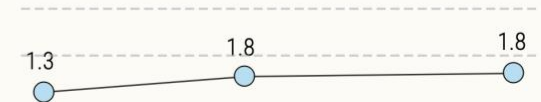
Funding



Policy Environment



Shared Measurement



Quality Programs & Services

Quality Programs and Services indicates the availability of effective, comprehensive, and coordinated HA services and supports. This domain includes items that involve the reach, quality of implementation, linkages among, and comprehensiveness of HA trainings or services. Quality of Programs and Services resides near the furthest reaches of the field development theory of action (it is what all the other field development domains are meant to support) and is consequently often among the last domains to demonstrate improvement. This domain has shown a relatively flat trajectory across our three HA FASST administrations, hovering around the boundary between Preparation and Action stages of change. Relatively few respondents felt prepared to comment on this domain, so ratings are informed by a smaller sample than other indicators.

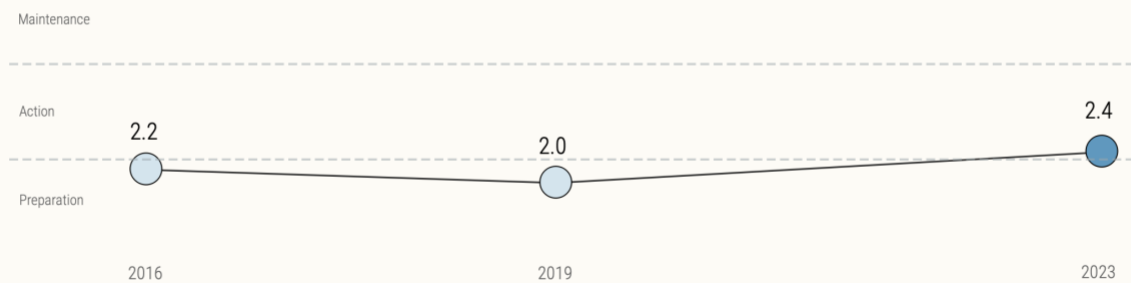
The **Comprehensiveness** of the service array represents the sufficiency of services across the entire scope of need. It is substantially undermined by workforce shortages, with nursing vacancies forcing closure of entire wings of nursing homes, for example. Acute shortages were also cited among primary care and mental health providers. Inadequacies in the service array are exacerbated by the growing mobility of our population, such that extended families are less likely to live in close enough proximity to contribute in-home care, transportation, social connection. Lack of these kinds of supports are driving the need for assisted living rather than living at home. Even highly resourced families struggle to benefit from visiting care due to lack of reliability/continuity of providers. Memory care is a particular weakness in NH.

Linkages increase the likelihood of individuals and families successfully transitioning between services by reducing communication and scheduling burdens. These linkages are not well developed in the HA field: as one respondent noted, "It is stunning how complicated it is to get services, even when people have resources." As referenced under the Funding domain, ServiceLink is reported to be so understaffed that while they prioritize support for long-term care, disability, and Medicare, they are said to be underdelivering in the rest of their mission.

Infrastructure to monitor and support **Quality of Implementation** is highest in medical services, lower elsewhere: "Principles of Continuous Quality Improvement have been slow to penetrate aging." Others note that quality measures tend to be used more punitively than to support improvement.

The **Reach** of services into the aging population proved challenging for respondents to estimate, with several expressing uncertainty concerning an appropriate metric. There was agreement that access to high quality services is greatest for persons in the racial/ethnic majority with financial means. Others observe that biases against support services impede even people with means from receiving them: potential recipients' disposition to engage approaches availability of services as a barrier to care. Finally, some emphasize that appropriate services are just not available to racial/ethnic minorities, those with language differences, or those with chronic mental illness.

Quality Programs & Services



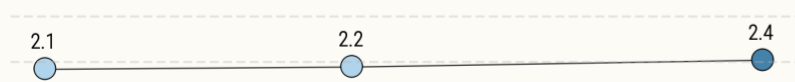
Comprehensiveness



Linkages



Implementation



Reach



The Equity domain is meant to capture the degree to which everyone has a fair opportunity to achieve their full health potential. Items designed to tap the equity dimension appear within each of the other FASST domains: equity lens in Shared Purpose, equity-related data in Shared Knowledge, informed policy makers in Funding and Policy, inclusive participation in Leadership and Community Support, and culturally and linguistically competent programs in Quality of Programs and Services.

Health Equity has remained the lowest rated domain in New Hampshire's Healthy Aging field since it was incorporated into the FASST protocol in 2019. The horizontal line in the top chart (domain level) on the next page conceals variability in the constituent components, as described below.

Equity lens reflects the extent to which respondents perceive the goals, values, and strategies of NH's Healthy Aging field as promoting the highest levels of well-being for all residents. There was consensus that field actors are increasingly aware of the issue and it is implicit in the Healthy Aging agenda, yet resistance to enacting reforms continues to be fueled by fiscal conservatism and perceived lack of racial/ethnic diversity across our state.

The Cultural and Linguistic Competence (CLC) of Healthy Aging programs has benefitted from growing availability of language translation (aided by technology), yet the vocabulary of health service professions can still create barriers to understanding. CLC is also about service providers understanding the variable array of needs/cultures *within* any given racial/ethnic group.

Equity Data addresses both *collection and use* of data about the needs of communities of color and those with language differences. Though it remains in the Preparation stage of change, this item has improved from our 2019 assessment on the strength of data compiled by the State Office of Health Equity and increasingly required by federal funding sources, although such data is not perceived as widely utilized.

Inclusive Participation refers to the representation of communities of color in decision making in the Healthy Aging field. Respondents reported some improvements in representation, as well as a struggle to move beyond representation to active engagement in leadership roles.

The **Informed Policy Makers** item saw the greatest *decrement* across FASST administrations of any item in the entire interview protocol, with respondents lamenting what they perceive as the most hostile legislative climate in recent memory for equity matters. Nevertheless, equity conversations are being advanced in pockets, with probable passage of Medicaid expansion held out as an example. [Recall that these data were collected well before the significant legislative/budgetary victories of the legislative session in the Summer of 2023.]

Equity

Maintenance

Action

Preparation

2016

2019

2023

2.1

2.2



Equity Lens

Culturally & Linguistically Competent Programming

Equity Data/Shared Measures

Inclusive Participation

Informed Policy Makers

2.8

2.5



1.8

2.3



1.6

2.2



1.9

2.1



2.3

1.8



Conclusions & Recommendations

This assessment of New Hampshire's Healthy Aging field offers a snapshot of field development in the winter of 2023, perhaps a peak of frustration on the part of field actors concerning the policy environment at the State level and beyond. The ensuing legislative budget session yielded several outcomes that might, in retrospect, have shifted that snapshot in a slightly more optimistic direction. The passage of Senate Bill 36 directing the establishment of a System of Care for Healthy Aging, along with extension of the Choices for Independence Medicaid Waiver to support aging at home, headline some of the major victories for the HA field.

Among notable developments in recent years, informants cited growing recognition that the elderly population is expanding: "Older adults have awakened to the importance of their voice." COVID thrust the isolation of our elders into the spotlight, while also accelerating adoption of remote technologies to address isolation and enhance access to services. The establishment of the Commission on Aging, deepening collaboration across the CoA, AHA, the Bureau of Elderly and Adult Services, along with engagement of NH's Regional Public Health Networks in strategic planning – all are seen as representing a growing aspiration to collective impact.

Positive trends over time in most HA FASST domains validate the efforts of Healthy Aging field actors and offer directions for continued progress. Priorities emerging from this HA FASST that we propose for focused attention are as follows.

Invest in home- and community-based services. Multiple strategic planning efforts around HA converge on the primacy of building long term supports and services for the elderly (cf. the *2020-2023 State Plan on Aging*; *Commission on Aging 2022 Annual Report*). These initiatives should include increasing support for home caregivers,

strengthening home and congregate dining programs, highlighting falls prevention and self-management of chronic diseases, and building out much more robust access to public benefit navigators.

Expand the direct care workforce. Shortages of direct care providers are the limiting factor for some services, projected to escalate over the next 5-10 years. Similar drivers are at play in the HA field as in other human services: weak compensation, underdeveloped career ladders to facilitate professional advancement, disproportionate representation of women who have been historically undervalued and are more likely than men to experience caregiving pressures of their own (for children or aging relatives) that interrupt their participation in the workforce.

Develop a sustainable response to transportation gaps. In a survey undertaken to inform the upcoming revision of NH's State Plan on Aging, the most frequently cited concern was transportation. The rural regions of our state impose the greatest travel burdens to reach services, alongside the thinnest public transportation options. Efforts to address these regional barriers are currently heavily dependent on volunteer drivers, a marginally reliable resource in the best of times that became untenable during the pandemic.

Attend to housing shortages specifically for the aging. NH's housing shortage affects all segments of our population, but our state's heavy reliance on property taxes imposes an incremental burden on people with fixed incomes. Elderly people also face narrower criteria for adequate housing options that may include accessibility considerations and other limitations.

Develop a Master Plan on Aging. A master plan explicitly entails coordinated efforts across sectors, aligned with but potentially exceeding the scope of the recently legislated System of Care for Healthy Aging.

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