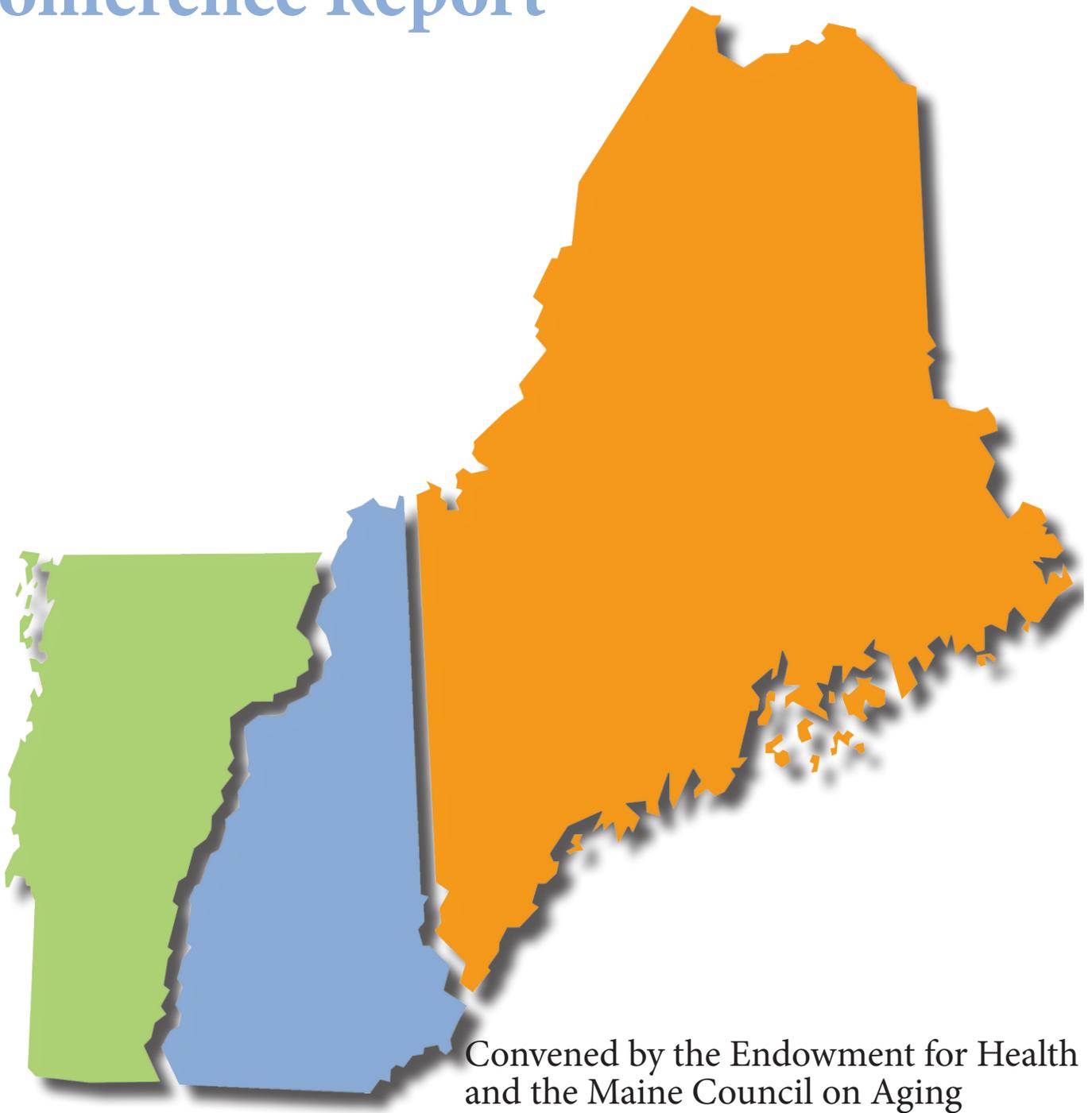


# Tri-State Roundtable on Aging

## Conference Report



Convened by the Endowment for Health  
and the Maine Council on Aging

November 18, 2014



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**Tri-State Roundtable on Aging  
Convened by the Endowment for Health and the Maine Council on Aging  
Sheraton Portsmouth Harborside Hotel  
November 18, 2014**

*Our collective energies have the potential to make Northern New England a national leader in creating innovative solutions that support older adults to thrive in their homes and remain connected to their communities.*

## **Introduction**

On November 18, 2014 New Hampshire's Endowment for Health and the Maine Council on Aging convened a Tri-State Roundtable on Aging for over 160 community and policy leaders from across Maine, New Hampshire, and Vermont as the first step in creating a regional response to address the needs of Northern New England's aging population. Maine, New Hampshire and Vermont share common demographic and economic challenges as well as opportunities with rapidly aging – largely rural – populations, an impending shortage of qualified workers to meet future workforce demands, and shared values of independence among older adults. It is in our collective interest to work together to bring attention to these issues and to identify key strategies to better meet the needs of older adults as well as to create other opportunities for shared learning about aging across our region. Roundtable organizers share a common vision to ensure that older adults age with dignity, independence, and support in their communities. The Tri-State Roundtable on Aging provided the opportunity for community providers, state administrators, business leaders, university leaders, and elected officials to discuss the economic impact of the region's rapidly aging population, celebrate innovative community solutions, and lay the groundwork for future collaboration.

## **Keynote: *The Making of Maine's Blueprint for Action on Aging***

With a median age of 44 years, Maine has the distinction of being the oldest state in the nation; with Vermont (43 years) and New Hampshire (42 years) following close behind (Colgan, 2014; US Census 2010). In his keynote address, Representative Mark Eves, Speaker of the Maine House, noted that in ten years 50% of his state's current workforce would be retired. While an aging population poses a myriad of economic and social obstacles, Maine has made a commitment to take on this challenge with a spirit of optimism. This includes thinking about aging differently and seeing it as an asset rather than a problem. Working with communities to find creative and innovative solutions to accommodate residents as they age presents unique economic opportunities for the state and the region.

*"The issue of aging is personal to everybody. It matters to me. It matters to my family. It matters to my neighbors." Representative Mark Eves*



We all have a stake in figuring out how to address issues related to an aging population. Bringing in new and diverse players to think about how Maine should move forward has been critical. In the fall of 2013, the House Speaker, in partnership with the Maine Council on Aging, hosted four Roundtable Discussions on Aging and in



January 2014 brought together over 400 people for a statewide Summit on Aging. Leaders from business, higher education, finance, health care, philanthropy, elder services, and government gathered to learn more about the impact of aging and worked together to set priorities and make recommendations for next steps.

As a result of their efforts, the House Speaker and the Maine State Council on Aging have launched the Maine Aging Initiative, a multi-year commitment to develop community-based solutions that have support from legislative leadership. The Initiative established workgroups to focus on five key areas: Age Friendly Communities, Workforce and Employment, Higher Education, Public and Private Safety, and Health and Wellness of Older Adults. The University of Maine is playing a significant role in the Initiative and has committed to interdisciplinary collaboration across all departments to advance research and development in the area of successful aging.

Speaker Eves reported that the upcoming session of the State legislature will include the introduction of KeepME Home legislative proposals to increase affordable housing options, provide property tax relief, and expand home care services for seniors. More information about Maine's Aging Initiative can be found on the [Maine Council on Aging](#) website.

Eves noted that key to Maine's success in developing its Blueprint for Action on Aging was making this issue relevant to diverse populations. The media can play a critical role in educating the public and can be a catalyst for engaging citizens and policymakers. Eves congratulated the [Portland Press Herald](#) and its lead reporter, Kelley Bouchard, for outstanding work in producing the series, "*The Challenge of our Age*." The eight-part series won the national 2013 Scripps Howard Award for excellence in community journalism.



## First Plenary: *The Economic Challenges and Opportunities of an Aging Northern New England*

*“There’s a need for local municipalities to collaborate for efficiency, yet that doesn’t appear to be on anyone’s radar screen.”* Wendy Wolf of Maine Health Access Foundation and a local Town Select Person

Panelists Ken Jones, Economic Research Analyst for the Vermont Agency of Commerce and Community Development; Charles Colgan, Professor in the Muskie School of Public Service at the University of Southern Maine and Senior Fellow at the Center for the Blue Economy in Monterey, California; and Steve Norton, Executive Director of the New Hampshire Center for Public Policy Studies, talked about the impact that a rapidly aging population is having on their states and the region.

Ken Jones noted that a number of factors, including dropping mortality rates and 20 years of in-migration of older adults, are putting pressure on an already tight Vermont housing market. Meeting Vermont’s need for affordable housing calls for a diverse set of solutions including: expanded supports for aging in place, renovation of downtown properties that include additional housing units with on-site services, and new construction of smaller units. Jones cautioned that any development must pay attention to the market and keep in mind senior preferences for housing.

Like Vermont, the Granite State is also facing a housing crisis. Steve Norton observed that first time homebuyers and empty nesters are competing for the same smaller homes. By 2025, Norton predicts that New Hampshire will need nearly 4,000 additional nursing home beds and as many beds in assisted living facilities, if demand for these services and how we provide them remains unchanged. He commented that in an ideal world we would be rethinking how we support older adults and working towards creating age-friendly communities.



Unfortunately, it is human nature to want to hold on to what has always been. The Concord Zoning Board, for example, has continually turned down requests to develop multi-unit housing in spite of a pressing community need.

Over the next twenty years, the working age population will decline in every county in New Hampshire. “We’re not going to have enough people to actually run local governments, but we’re also not going to have enough kids to run schools anymore,” said Norton. The state will be wrestling with school district consolidations and

meeting municipal budget demands for years to come. Norton advised that a critical first step in addressing this issue would be the development of leadership at the community level to drive the message that it makes good economic sense to invest in age-friendly communities.

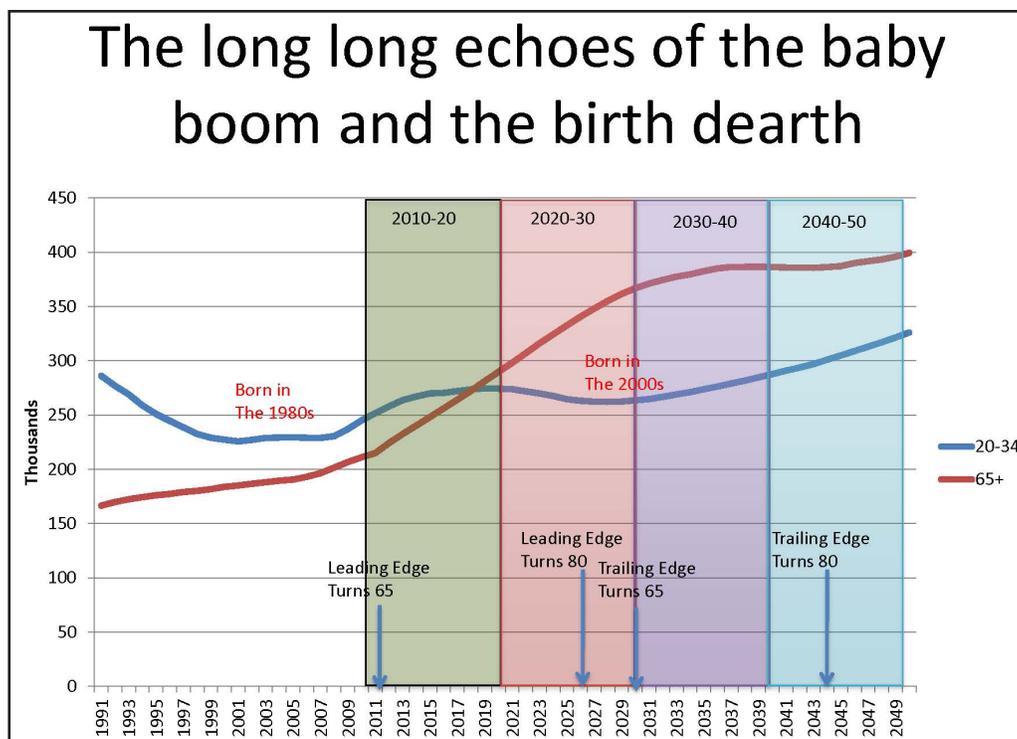
Charles Colgan summed up the dilemma, “It is the age imbalance that is at the root of the issues we have to deal with.” All of America, but Northern New England most acutely, is feeling the long, long echo of the Baby



Boom generation (see Colgan's slide below). We have thirty to forty more years where the Baby Boomers will continue to be a major percentage of the population. With declining birth rates in the 1980s and 2000s there are not enough children being born to replace the retiring workforce. Maine must attract younger workers to keep its economy healthy. In 2008, the state saw an in-migration of just 600 people; that's not nearly enough.

Colgan advised Maine and the region to take advantage of the economic opportunities of aging. By attracting and supporting information and communication technology and other businesses focused on age accommodations, Northern New England can become a leader in generating innovative solutions for America's aging population. As examples, he noted that self-driving cars are not that far in the future and we have already seen rapid development of health monitoring applications as well as other information and communication technology for older adults.

Slides from the first plenary session can be found on the [Endowment for Health website](#).



Slide taken from Colgan's, professor of Muskie School, presentation "A Very Different Maine"



## Second Plenary: *Capitalizing on Opportunities – Innovative Practices Panel*

Communities throughout the tri-state region are developing creative approaches to meet the needs of older adults. The second plenary provided a sampling of these community-based efforts. Panelists for the second plenary included: Becky Hayes-Boober, Senior Program Officer of the Maine Health Access Foundation; Meg Callaway, Integrated Health and Senior Services Coordinator for the Charlotte White Center in Dover-Foxcroft Maine; Rick Harnden, Board Chair, and Linn Perkins, charter member, of Monadnock at Home, part of the national Village to Village Network; and Kim Fountain, Executive Director of the Pride Center of Vermont.

### *Thriving In Place*

In 2013, through its Thriving in Place initiative, the Maine Health Access Foundation awarded planning grants to eight communities to assess community resources and needs and to develop plans for supporting older adults and those with chronic health conditions to stay in their homes, rather than entering hospitals or long-term care facilities. Four of the towns that conducted the planning process have received Foundation implementation grants for projects that are assisting people to stay in their communities by coordinating care and expanding access to resources. Becky Hayes-Boober emphasized that one of the Foundation's goals for Thriving in Place is to support collaborative community-based problem solving and to help communities learn from one another's experiences.

Meg Callaway, a community partner working on the Dover-Foxcroft implementation grant, thanked the Foundation for putting its trust in communities to find the solutions that will work best for them. Dover-Foxcroft is the county seat for Piscataquis County, Maine's least populous county, its third poorest and least healthy with the state's highest premature death rate. Callaway reported that in the planning and assessment process, their community identified three areas – transportation, home-based services, and caregiver support - where improvements would help people to remain at home.

With help from the implementation grant, Dover-Foxcroft is working to build community capacity to support its older residents. Their first goal is to do a better job of integrating and coordinating what is already available in the community. The second goal is to expand the number of community volunteers and to increase the community's ability to provide transportation for health related appointments, caregiver support, and social and recreational opportunities.

Dover-Foxcroft is putting in place an hour exchange program to build up the pool of volunteer drivers. To learn more about how to increase volunteer capacity, community partners are tapping the expertise of Pine Tree Hospice, which has developed a model program for recruiting and supporting volunteers. Through special grant funding, they are able to provide telehealth monitoring systems to individuals who may not qualify for other assistance programs. Community partners are working together to renovate Dover-Foxcroft's historic Central Hall for use as a regional senior center that will include an adult day services program.

More information about Thriving in Place can be found on the [Maine Health Access Foundation website](#).



### *Monadnock at Home*

In 2006 Rick Harnden was reading a [New York Times article](#) about Beacon Hill Village in Massachusetts, when he said, “I was hit by a blinding flash of the obvious.” Beacon Hill Village is a nonprofit, dues paying organization that was created by local residents in Boston who wanted to be able to grow old in their own homes. Beacon Hill Village provides programs and services so members can lead vibrant, active and healthy lives, while living in their own homes and neighborhoods. Benefits include access to discounted providers who can help with household tasks, social and health care supports, and transportation. Varied social and cultural programs are offered to support member interests. Inspired by what was happening in Boston, Harnden brought together friends and neighbors to see if this model might work in rural New Hampshire.

It took three years of research and planning, but finally [Monadnock at Home](#) opened for business in 2010. Today they serve about 130 members in the towns of Dublin, Fitzwilliam, Hancock, Harrisville, Jaffrey, New Ipswich, Peterborough and Rindge. Following the Beacon Hill Village model, Monadnock at Home connects its



members with vetted contractors and workers who provide services and supports, often at a discounted rate, that enable them to remain in their homes as they age. Monadnock at Home also offers educational programs, volunteer opportunities, social gatherings, and telephone check-ins.

Linn Perkins, a founding director and charter member of Monadnock at Home, said when he first moved to Peterborough in 1987 he enjoyed working in his yard and taking on projects. Now that he’s older and his adult children are all living out of state, Perkins is glad there’s a number he can call for help with household maintenance and chores. Perkins credits Monadnock at Home for helping him

to avoid risks and stay healthy. Harnden, Board Chair of Monadnock at Home, commented that every program needs someone like Perkins who has become a champion for Monadnock at Home. A regular host of informational sessions about the program, Perkins is responsible for bringing in many new members.

Monadnock at Home is a member of the [Village to Village Network](#), a national organization dedicated to promoting and supporting the Village to Village movement. Harnden, who serves on the Network’s Advisory Board, said it’s a great resource for information, making connections, and sharing lessons learned.



### *The LGBTQ Elders SafeSpaces Project for Vermont*

Vermont, the first state to recognize civil unions and the first to legalize gay marriage, has the highest concentration of same sex couples of any state in the union. Kim Fountain, Executive Director of the Pride Center for Vermont, spoke about the work her state is doing to support older members of the Lesbian, Gay, Bisexual, Transsexual, and Questioning community.

In 2011, the Northeastern Vermont Area Agency on Aging and the Pride Center received support from the Vermont Community Foundation to conduct a series of seminars on aging. The seminars featured the acclaimed 2010 documentary film ‘*Gen Silent*’ and included a discussion on the challenges faced by older LGBTQ Vermonters. These community conversations highlighted the need for additional training and outreach for Vermont’s network of senior care providers.

In 2012, the Vermont Community Foundation awarded an Innovations and Collaboration grant for the LGBTQ Elders SafeSpaces Project. Working in collaboration with the aging provider network, Pride staff created training modules for organizations serving Vermont elders to help elder care agencies to become more LGBTQ inclusive and to ensure that LGBTQ elders are able to access services without facing discrimination.

[Watch an interview](#) with Kim Fountain and Jean Sienkewic, SafeSpaces Program Coordinator.

### **Afternoon Breakout Sessions**

People and organizations all over Northern New England are coming together in new and innovative ways to respond to the rapidly emerging needs of older residents. The Tri-State Roundtable breakout sessions focused on key challenges as well as innovative practices to address the growing needs of Northern New England’s aging population. The sessions included: New Models of Housing, Health Care and Optimal Aging, Keeping Seniors Home, Workforce, and Caregivers. The breakout sessions provided a forum for participants to share what is happening in their states, discuss common challenges and opportunities, and consider ways to replicate and expand positive practices across the Tri-State region.

The questions that were discussed in each breakout session were:

1. What are the common challenges that are shared by our three-state region?
2. What programs/initiatives are working well in our three-state region? How have they overcome challenges?
3. What is needed to replicate and expand positive practices across the region?



### *New Models for Housing*

This session highlighted two new grassroots housing options and a broader way of thinking about financing and developing senior housing that goes beyond simply addressing housing needs and incorporates access to other important dimensions of senior needs such as health. Sherri Harden, a volunteer with New Hampshire AARP; Kim Derby, Executive Director of HomeShare Vermont; and Jess Maurer, Executive Director of the Maine Association of Area Agencies on Aging were the presenters.

A number of innovative housing models were presented, including co-housing, home sharing, consumer cooperatives, and in-law apartments. Examples of co-housing can be found across the region. Co-housing is a living arrangement where older adults pool resources and talents to build intentional communities that can meet their needs for housing, support, and socialization. For example, the [Pinnacle Project](#) in Lyme, New Hampshire is developing multigenerational cohousing on 120 acres on Post Pond.

[Home Sharing](#) is an arrangement which supports older adults to stay in their homes by matching them with prescreened housemates. HomeShare Vermont has over 30 years' experience and is funded through United Way and Vermont's Medicaid waiver program. The process includes a two-week trial match (the potential housemate is considered a guest and must keep his/her current housing in place). If the trial match is successful, a Match Agreement detailing mutual expectations is drafted and signed by both parties.

The [New Hampshire Community Loan Fund](#) is a national leader in helping residents who live in manufactured housing to convert mobile home parks into consumer cooperatives owned and governed by their residents.

Some builders are beginning to develop housing solutions to meet the demands for multi-generational family housing. [Lennar Homes](#), one of the nation's leading builders, is developing "Next Gen" housing that features extra living space for an aging parent or adult child.

### *Summary of Participant Discussion*

Workshop participants shared their experience and knowledge related to housing models in their state. They discussed both challenges and opportunities related to housing for older adults, shared innovative practices, and made recommendations for next steps.

#### *Common Challenges*

Participants in the workshop shared a number of thoughts about issues they saw as challenges related to developing and maintaining innovative housing models to support older adults. These challenges included economic constraints; regulatory, policy and financing barriers; and workforce shortages. Economic constraints included high rates of poverty among older adults, rising property taxes that hurt older adults living on fixed incomes, and the high cost of housing in areas that would be desirable for older adults, such as town centers. Regulatory, policy and financing barriers include local zoning ordinances that might restrict multi-family and co-housing arrangements; building code regulations that increase the cost of repurposing older buildings; and the complexity of financing and legal concerns related to co-housing arrangements. Finally, participants noted the shortage of direct care workers to support older adults in their homes as well as the difficulty of finding suitable home sharing matches in rural areas as challenges in supporting older adults to remain living at home.



### *Promising Programs/Initiatives*

Participants identified a number of innovative practices across the region. Ideas included new models of housing, state initiatives, and opportunities for technical assistance. Participants identified a number of promising new models of housing including affordable kit homes; manufactured housing, especially in consumer-owned cooperatives; rehabbing vacant homes and old school buildings for senior housing; and investing in smaller, urban-based housing that would appeal to both older adults and be a draw to bring younger people into the region. Statewide initiatives that were highlighted included Speaker Eves' proposal for a \$65 million bond to build 1,000 new units of housing. One participant recommended recruiting individuals with disabilities to live with seniors to provide mutual support.

A number of resources for technical assistance were noted. These include:

- Vermont's HomeShare model is replicable and they are willing to provide assistance to organizations wanting to develop a HomeShare program.
- [AARP Network of Age-Friendly Communities](#) has developed a tool kit to help states, cities, towns, and rural areas meet the needs of the country's aging population.
- The Maine Affordable Housing Coalition is hosting a series of discussions related to integrating new models of health care delivery, telemedicine, and technology into senior housing projects.
- University of Maine is developing technology to enable older adults to remain at home, including tracking systems that are cheaper and less intrusive than camera monitoring.

### *Recommended Initiatives*

Participants discussed a number of ideas to replicate and expand positive practices across the region. The Tri-State Collaborative should consider the following:

1. Educate legislators, municipal officials, and other policymakers about the housing needs of older residents and work with them on policy solutions. An example would be the revision of zoning laws to allow for development of multi-unit housing and accessory apartments.
2. Develop partnerships with housing developers, home builder associations, and realtors. This requires going to where they are, getting on the agenda for their meetings and educating them about the untapped markets.
3. Educate communities about the benefits of publicly financed housing including: increased job opportunities, stability for low-income families, and delaying or avoiding costly institutional care for older adults.
4. Embrace collaboration and bring together key players across different disciplines to find solutions. For example, put housing developers, architects, and healthcare providers in the same room to talk about how technology and design features can support aging in place.

*"Our country has not come close to paying the same attention to improving long-term care as it has to improving education." - Session Participant*



### *Health Care and Optimal Aging*

The health care and optimal aging session was introduced by presentations on effective health and wellness practices in each of the three states: Vermont's Support and Services at Home (SASH), New Hampshire's Fall Prevention Program, and integrated behavioral health and primary care in Maine's nursing facilities. Presenters included: Nancy Rockett Eldridge, CEO of Cathedral Square Corporation, a nonprofit housing provider; Dawna Pidgeon, physical therapist at Dartmouth Hitchcock Medical Center and Co-Chair of the New Hampshire Falls Risk Reduction Task Force; and Jaime Boyington Rogers, Community Care Team Coordinator for Eastern Maine Health System.

#### *Support and Services at Home (SASH)*

Across the medical and community/social support systems, a key component of quality health is care coordination. Many communities throughout Vermont are implementing the Support and Services at Home (SASH) model. This voluntary and free of charge program provides personalized and coordinated care to help older Vermonters and individuals with disabilities access the care and support they need to stay healthy while living at home. Collaboration and coordination are essential elements of the program. Sixty-seven organizations, representing both medical and community/social providers, have entered into SASH Memorandums of Understanding to provide care coordination services. Each SASH Team supports 100 people, at a cost of \$700 per-person, per-year. Primary funding for the program comes from a Medicare demonstration program. All SASH teams include a skilled nurse from the Visiting Nurse Association who is funded through Medicaid.

Growing evidence of the SASH model's success is linked to the program's design to go beyond the typical episodic care management associated with a medical model. Support is ongoing (individuals are not dropped but can stop at any time) and includes a comprehensive health assessment, an individualized care plan, and connections to health and wellness programs. For states and communities looking to replicate SASH, the importance of integrating primary care, acute care, and long-term supports and services for success was emphasized. If the evaluation results continue to show positive results (see side-box), the improved patient outcomes and cost savings should make SASH an attractive investment for all health care payers including Medicaid, Medicare, and private insurance.

For more information about [SASH](#), visit their website.

#### *New Hampshire Falls Reduction Task Force*

The Vermont SASH overview was followed by a presentation on the New Hampshire Falls Risk Reduction Task Force program. The Task Force was established in 1999 to reduce the risk of death and disability due to falls and to train professionals working with older adults. The Task Force is collecting data from two evidence-based community programs to determine their impact on reducing falls:

#### **SASH Evaluation Results**

SASH results have been impressive and include both improved health care outcomes and lowered health care spending.

- Prior to SASH enrollment 83% of participants had a primary care physician, after enrollment this increased to 93%.
- The number of participants receiving annual physicals has increased.
- Participants with controlled blood pressure improved from 10% prior to enrollment to 46% after joining the program.
- Medicare expenditures for Vermont SASH participants have been reduced by \$1,800 a year as compared to Vermonters not enrolled in the program.



- *A Matter of Balance* is a program designed to reduce fear of falling and increase activity levels for older adults. The program includes eight two-hour sessions led by a trained facilitator. Participants learn to view falls as controllable, set goals for increasing activity, make changes to reduce fall risks at home, and engage in exercise to increase strength and balance.
- *Tai Ji Quan – Moving for Better Balance* classes are held regularly throughout New Hampshire. Older adults practicing Tai Ji Quan reduce their risk of falls by 55%; adults with Parkinson’s disease reduce their risk by 67%.

For more information, visit the [NH Falls Reduction Task Force’s website](#).

### *Integrated Health Care for Older Adults*

The health care and optimizing health session also included the program Integrated Health Care for Older Adults in Acute Care and Nursing Facilities. In 2008 Maine Health Access Foundation funded the Northeast Integrated Geriatric Care Program, an Eastern Maine Health System (EMHS) initiative to address the limited behavioral health services for older adults in acute care and nursing home environments in the Bangor Region.

#### **Results of the integrated approach to care included:**

- Reduction in the length of hospital stays for adults with dementia or behavioral disorders.
- Improved patient satisfaction.
- Increased use of positive behavioral interventions and significantly reduced use of antipsychotic medication.
- Improved mood and behavior for nursing home residents.
- Enhanced skills for nursing home and hospital staff due to core competency training.
- Introduction of the train-the-trainer model to ensure new staff receive training on how to support individuals who have dementia or behavioral health needs.

To improve the acute care hospital environment for older adults with behavioral health needs, Eastern Maine Medical Center (owned by EMHS) created West Side Court. The unit, which is shut off from the rest of the floor, was designed specifically for patients with dementia or psychiatric diagnoses. Patients are able to move around freely without fear that they will wander off, helping to reduce the need for one-to-one services. Hospital staff working in West Side Court received training in how to work effectively with patients who have mental and behavioral disorders. In addition, a geriatric psychiatrist regularly conducts rounds in this unit.

To improve resident access to behavioral health care services, Rosscare Nursing Homes (owned by EMHS) hired a licensed clinical social worker to provide on-site therapy and support in their four nursing homes. A geriatric psychiatrist does psychiatric evaluations and provides follow-up behavioral health care for nursing home residents.

For more information, [read the brief about integrated care in the Northeast](#).

### *Summary of Participant Discussion*

Workshop participants shared their experience and knowledge related to health care and optimal aging. They looked at both challenges and opportunities, shared innovative practices, and made recommendations for next steps.



### *Common Challenges*

Participants in the health care and optimal aging session described many common challenges. These ranged from transportation, finances, adequate data collection, and communication. The Tri-State's lack of affordable and accessible transportation options transcends this particular session of health care but is a significant challenge in accessing health care services for older adults. Participants discussed the many financial challenges the region faces in delivering optimal health care. Payment models, like Accountable Care Organizations, (ACOs) have not integrated with community-based organizations offering non-medical system supports. It was noted that until adequate systems are implemented to track the impact of community-based services and supports for older adults on health, the progress toward integrated payment models will be slow. The last major area participants discussed was communication, specifically around follow up from providers on medication management. Empowering individuals to self-advocate on medication questions and other issues is a challenge.

### *Promising Programs/Initiatives*

There were a number of promising programs/initiatives shared by session participants:

- Concord Regional Visiting Nurse Association: Pharmacist regularly presents at Senior Centers and other community venues on managing medications and also participates in rounds at Concord Hospital. For more information visit the [CRVNA website](#).
- University of New England, College of Osteopathic Medicine's Balancing Act Program: A falls prevention program that has secured National Institutes of Health research grant funds to test the effectiveness of this program for seniors with visual impairment. For more information, [visit the program website](#).
- Coleman Care Transitions Intervention: An evidenced-based care transitions model to manage transitions from hospitals to home or sub-acute care facilities. Use of the Coleman Care Transitions Intervention has been found to significantly decrease hospital readmissions. For more information visit the [Care Transitions Program's website](#).
- Home Meal Delivery Program: Eastern Maine Health Services contracts with the Eastern Area Agency on Aging to deliver thirty days of Meals on Wheels for patients discharged from the hospital to reduce re-admissions.
- Geriatric Health Literacy Learning Collaborative: University of New England Maine Geriatric Education Center has established the Collaborative to provide education and training to health care professionals, students, and patients about the health care needs of an aging population. For more information visit the [Maine Quality Counts website](#).





- Upper Valley Community Nursing Project: Effort to restore the concept of town-based nursing for rural communities. For more information: Contact [Laurie Harding](#) or [Dr. Dennis McCullough](#).
- Community Health Worker Pilot Project Grant: Spectrum Generations, Central Maine's Area Agency for Aging, in collaboration with SeniorsPlus, Western Maine's Area Agency for Aging, has been awarded the Community Health Worker Pilot Project Grant. Community Health Workers will support seniors in four rural counties and utilize person-centered planning to coordinate services from the health care and social services systems. For more information visit the [Spectrum Generations website](#).

*"It's hard to shift the paradigm when reimbursement is tied to fee-for-service." - Session Participant*

### *Recommended Initiatives*

When asked for opportunities the three states have to work together to address health care and optimal health for our older adults, participants identified organizing around health care funding and reimbursement, utilization of higher education for research and workforce development, and engaging state legislators across the three states to craft a tri-state initiative. The Tri-State Collaborative should consider the following:

1. Develop quantitative and qualitative measures and gather data to track the impact of community-based services and supports on the health of older adults.
2. Adopt a tri-state approach for working with the Centers for Medicare and Medicaid Services on regulatory and reimbursement issues related to home care.
3. Work with institutions of higher education on workforce development strategies.
4. Support the development of local community-based programs to assist non-profits and community organizations to address the needs of aging adults within their communities.
5. Hold regular tri-state meetings to share information and engage in problem solving and opportunities to promote innovative programs.

### *Keeping Seniors at Home*

Innovative practices are helping older adults to safely and happily age in place in their homes and communities. This session focused on the importance of empowering seniors, utilizing technology to sustain social and medical care at home, and establishing community connections. Presentations highlighted examples of community response service models focused on transportation; technology and its role in social connections and personal safety; and health and home modifications. Presenters included: Dr. Chip Teel, a family physician in Damariscotta, author of *Alone and Invisible No More*, and founder of Full Circle America; Joe Perkins, Development and Community Services Director for Washington Hancock Community Agency serving the nation's two easternmost counties; and Leah Torrey, Lead Organizer with the United Valley Interfaith Project serving the Central Connecticut River Valley of New Hampshire and Vermont.



### *Full Circle America*

Full Circle America (FCA) offers a new approach to elder care using technology, social networking, life management, and volunteering to support older adults living in their own homes. Supports are individualized and include telemedicine, telephone and video check-ins, home visits, and community outings. FCA understands the importance of personal relationships and works with the individual to identify family members, friends, neighbors, volunteers, and paid service providers who can be part of his or her Circle of Caring. FCA also asks the individual receiving services to volunteer for someone else who is need; this not only provides a sense of purpose, it's an important feature of staying healthy. For more information visit the [Full Circle America website](#).

### *At Home Downeast*

Modeled on the Village to Village concept, At Home Downeast is a self-directed organization created to meet the needs of seniors who want to remain in their own homes as they grow older. Members pay an annual fee for a wide range of services; most members also actively volunteer with the program. Core services include transportation, especially for medical appointments and grocery shopping; home maintenance provided by volunteers or vetted professionals; and social programs including exercise classes, cultural activities, and community meals. Through a contract with Eastern Maine Health Services, At Home Downeast members are entitled to two visits a month from a visiting nurse. For more information visit the [At Home Downeast website](#).

### *United Valley Interfaith Project*

United Valley Interfaith Project (UVIP) is a coalition of faith groups that have come together to take collective action to promote social justice. In 2013, UVIP embarked on its Aging in Community Campaign to improve the quality of life for seniors in the region. The Campaign began with a series of roundtable discussions held with UVIP member groups and other organizations in the Upper Valley. Over 300 seniors talked about their desire to age at home in their communities and shared their frustrations in trying to make this happen in their own lives. The issues they identified included: problems accessing information about services, difficulty finding help for household maintenance and in-home supports, poor coordination of services, and lack of transportation. To address these problems, UVIP is working in partnership with Alice Peck Day Memorial Hospital in Lebanon, New Hampshire and hopes to have a pilot project underway in 2015. A critical feature of UVIP's mission is helping older adults develop the leadership skills needed to be agents for change in their own communities. For more information visit the [United Valley Interfaith Project website](#).

## ***Summary of Participant Discussion***

Workshop participants shared their experience and knowledge related to keeping seniors safe and helping them to age in place in their homes and communities. They looked at both challenges and opportunities, shared innovative practices, and made recommendations for next steps.

### *Common Challenges*

Participants in this breakout session discussed common challenges shared throughout the tri-state region in supporting older adults to age in place. These challenges include a lack of resources including affordable and accessible transportation; assistance with home maintenance, weatherization, and heating assistance; and access to health care and needed community services. In addition, services are poorly coordinated and there are gaps in coverage. And finally, many older adults don't have the information, training, and supports needed to find critical services or to ensure that they have a voice in decisions that affect them.



### *Promising Programs/Initiatives*

A number of promising practices were highlighted, many of which are highlighted elsewhere in this report. These include: the Village to Village models, Supports and Service at Home (SASH) in Vermont, Full Circle America, At Home Downeast, HomeShare Vermont, Aging and Disability Resource Centers, and the Upper Valley Interfaith Program. In addition, two New Hampshire programs were noted:

- Faith Community Nursing (Parish Nursing) is a new specialty recognized by the American Nurses Association. A Parish Nurse is a registered nurse who through the church provides preventive care with a focus on physical, mental, and spiritual wellbeing. The nurse also may serve as a liaison between the individual and community resources. For more information visit the [Parish Nursing website](#).
- CommunityCare of Lyme is a local initiative with community members sharing their talents and time to transform health and health care in Lyme, New Hampshire. For more information visit [CommunityCare of Lyme's website](#).

### *Recommended Initiatives*

The Tri-State Collaborative should consider the following:

1. Trained and organized older adults can be a significant force for needed social change. At the community and state levels, older adults should be included in conversations about how to address issues associated with aging. Hold community roundtables where older adults can share their ideas and perspectives.
2. Engage the broader community in the discussion. Provide education to communities and identify community champions.
3. Capitalize on the aging dividend. Expand opportunities for older adults to volunteer.
4. Develop non-traditional training modules and certificate programs and design program and services that take a lifespan approach.
5. Create an easy to access central repository of information about services, supports, and resources.

### *Workforce*

This session focused on opportunities to expand our current workforce capacity through the use of technology, retain older adults in the workforce, and develop a career lattice and marketing campaign to engage individuals in community-based direct care work. Presenters included: Jennifer Rabalais, University of New Hampshire Center on Aging and Community Living; Dr. Steve Bartels, Centers for Health and Aging at Dartmouth; and Jeanne Hutchins, Center on Aging at the University of Vermont. New Hampshire described the efforts of the Coalition for the Direct Care Workforce to address the state's critical direct care workforce shortage. Established in 2007 as part of a CMS Systems Transformation grant, the Coalition for the Direct Care Workforce is a model of success-

The DirectConnect career lattice illustrates the wide variety of direct care jobs and multiple paths for training and advancement. An interactive version of career lattice is located at the [DirectConnect website](#).



ful coalition building and action. The Coalition published a white paper with recommendations for recruitment, training, and retention of community-based direct care workers. The paper was the basis for a successful Department of Labor grant application for DirectConnect, an initiative to recruit, train, and retain a high-quality direct-care workforce. The Coalition served as the project's Advisory Council during the three-year grant and played an active role in every step of the project. DirectConnect focused on expanding recruitment and retention of workers in home and community-based positions; conducting a public awareness campaign that showcased the value of the direct care workforce and aimed at changing the public perception of direct care work; and creating a professional direct-care career lattice (see box on page 17).

In addition to the need for a highly skilled direct care workforce, there is a growing need for technology enhancements to supplement direct care in community settings. Dr. Steve Bartels, Centers for Health and Aging at Dartmouth noted, "There will never be enough professional providers to support aging in place." Fortunately, innovations in web-based, mobile health and sensor technologies are available to augment and supplement professional care and support older adults to

#### **Best practices for supporting a mature workforce:**

*(Excerpt from Jeanne Hutchins' Presentation)*

- Work environments that promote accessibility (lighting, handrails, contrast flooring)
- Vanpools and ride share programs for employees
- Employer sponsored health insurance that includes part time workers
- Continued pension benefits
- On site health promotion
- Opportunities for training, professional development, and advancement
- Variety of work options
  - Flexible schedules
  - Part time hours
  - Phased retirement
  - Job sharing
  - Telecommuting
  - Short term projects
  - Special assignments
  - Seasonal work
- Training supervisors of older workers
  - Understanding mature worker learning styles
  - Fitting the job to worker

age at home in their communities. Many of these innovations are being developed and/or studied at Dartmouth and other New England colleges and universities. Technology examples ranged from the use of smart phones, tele-health monitoring devices, Bluetooth technology, internet decision support tools, amulet bracelets and other computational jewelry.

The last presentation of this session was an overview of efforts of Vermont Governor Shumlin's Commission on Successful Aging. A priority area for the Commission is the development of a plan for recruiting, training, and retaining older workers. Vermont is looking into certification of "senior-friendly workplaces" that utilize best practices for attracting and keeping workers 65 and older. The Commission is also considering creating an annual recognition program, similar to Maine's Silver Collar Employer Award, for senior-friendly workplaces.

#### **Summary of Participant Discussion**

Workshop participants shared their experience and knowledge around workforce issues related to an aging population. They discussed both challenges and opportunities, shared innovative practices, and made recommendations for next steps.



### *Common Challenges*

Many challenges raised by the group centered on issues of adequate training for direct care workers, regulatory and funding barriers, and an aging workforce. Insurance regulations and reimbursement policies are a significant barrier. Insurance regulations often limit innovation, establish inequities across settings, and do not build in training costs/time, resulting in a workforce that is undertrained and underfunded. It was also noted, that professional organizations are lobbying for regulations that would prevent health care workers who are not licensed physicians or nurses from performing key tasks (dispensing medications) that help older adults to remain in their homes.

Several issues were raised around the difficulty of providing community-based services for people with complex medical issues and the lack of diagnosis and treatment of mental health conditions. The current direct-care workforce is not trained adequately to serve these populations, however, there is also a lack of community-based services to augment the workforce. While technology provides opportunities to expand the workforce, internet connections to deploy technology is spotty, especially in rural areas. Challenges in supporting older workers to stay active in the workforce include lack of flexibility and information within smaller businesses to support older workers and social security rules that complicate delaying retirement. Finally, as noted by several of the morning speakers, there are not enough younger workers to meet the needs of a rapidly aging population and attracting young people to work in the region is challenging.

### *Promising Programs/Initiatives*

- Core Competency Development: Maine's Health Resources and Services Administration has a grant to define core competencies for personal care attendants working in the areas of aging, intellectual and developmental disabilities, and mental health. The state is developing training based on these core competencies.
- Database for retirees to return to work: Maine Association of State Retirees is helping retirees in its system return to the workforce. The Association searches its database for retirees who have skills to fill open state positions.
- Affordable Care Act: Provides insurance alternatives for typically higher premium older adults to extend their working life in small business.
- Accountable Care Models: The CMS Pioneer ACO Model provides organizations flexibility. An ACO can provide greater flexibility to hire more direct-care workers instead of skilled medical providers when appropriate. Some are also paying for monitoring systems even when these are not related to an acute episode.
- Medical Homes: Exemplary patient-centered medical homes in the region are including homecare workers on their medical home teams.
- Clear Path Project: A training program developed by the Home Care Association of New Hampshire is helping home care agencies better serve older adults with depression or other mental health diagnoses. For more information visit the [Clear Path Project's website](#).



### *Recommended Initiatives*

Participants in the workforce breakout session saw many opportunities for the three states to build on the promising initiatives listed previously. The Tri-State Collaborative should consider the following:



1. Adopt a tri-state approach to identify common barriers and problems with current Medicare policies and practices in CMS Region 1 to bring about needed systemic changes in Medicare.

2. Bring businesses and other outside stakeholders into the conversation and include them as partners in working on solutions. Educate employers about the impact that an aging population is having on business.

3. Create a coordinated, region wide communications campaign to engage Northern New England in the conversation of an aging society.

4. Engage health care providers and educate them about why working on this issue is important to their bottom line. Educate medical systems about the value of utilizing direct care workers in the CMS Pioneer ACO Model and embracing integrated mental health and primary care models for improved outcomes.

5. Work with employers and direct care workers to increase awareness of the value of direct care professions, create opportunities for peer support among direct care workers, and improve training of supervisors supporting the workforce.

### *Caregivers*

*“This important conversation is taking place in a silo, in order for this to work it has to reach outside the silo. We need to partner with unlikely people, to begin the conversation about addressing caregiving.” - Session Participant*

Informal family caregivers provide 80% of all long-term care in the US (Thompson, 2004). This caregiving is physically and mentally demanding, unpaid, and usually performed while the caregiver is balancing work and family responsibilities. Many caregivers find that the challenge of tracking down needed services and providing care for their family member makes it difficult for them to remain employed. As our population ages, programs will need to be developed to support an ever growing number of family caregivers. This session focused on New Hampshire’s Family Caregiver Program and the work that L.L.Bean is doing to support employees who are caregivers. Presenters included: Jean Crouch, Manager of the New Hampshire Family Caregiver Support; Linda Dahl, Family Caregiver Specialist at Portsmouth ServiceLink; Donna LaFlamme, Fiscal Operations Manager at Gateways Community Services; and Wendy Estabrook, Director of Human Resources for L.L.Bean.



### *New Hampshire Family Caregiver Support Program*

The NH Family Caregiver Support Program is a collaborative effort by the New Hampshire Bureau of Elderly and Adult Services, the ServiceLink Resource Center Network, and Gateways Community Services. This statewide program is supported through federal and state dollars including Title III E Federal Administration on Aging funds and a state-funded Alzheimer's Respite Program. The Caregiver Support Program is a consumer directed, person-centered model that allows caregivers to choose from a variety of support options. Program funds can be used for a wide variety of services and commodities, as long as they support the needs of the family caregiver. As part of the enrollment process, a ServiceLink Family Care Specialist makes a home visit to determine what specific assistance is needed and works with the caregiver to create an annual budget.

Eligibility is not income based, however, the program targets those most in need and family income is taken into consideration. Families can hire their own support providers or go through an agency to obtain services. Gateways Community Services is the fiscal agent for the program and serves as the employer of record for family hired workers. The cap on any individual budget is \$2,000 annually in the Family Caregiver Support Program and \$1,500 for the Alzheimer's program. A family caring for a person with Alzheimer's can receive funds from both sources, potentially receiving up to \$3,500 per year.

Support options available to caregivers through the New Hampshire Family Caregiver Support Program include:

- Individual and family counseling
- Caregiver support groups
- Caregiver education and training
- Respite care – both in home and facility-based
- Home safety modifications
- Supplemental funds
- Information and referral to local and state resource

*“There are some really great models to support caregivers, but there just aren't enough resources.” -Session Participant*

### *L.L.Bean – Meeting the Needs of an Older Workforce*

With a workforce whose average age is 49 years, L. L.Bean has been taking steps to support their older workers. Many of these employees are also caregivers for aging parents, as 13% of personal leave in the company is taken for caregiving each year. Wendy Estabrook, the company's HR Director, said L.L.Bean is working to provide benefits and supports that are attractive to older workers. She noted that older and younger employees tend to want the same types of benefits and therefore L.L.Bean has designed the benefit packages accordingly. Some of the HR initiatives that L.L.Bean offers employees include: flexible hours, leave of absence policy allowing up to 6 months off, Employee Assistance Program, elder care seminars such as *“Taking care of Mom and Dad and me,”* and educational programs about retirement options and other benefits to ensure employees are taking care of their own financial health.

### **Summary of Participant Discussion**

Workshop participants shared their experience and knowledge related to caregiver supports in their state. They discussed both challenges and opportunities around caregiving for older adults, shared innovative practices, and made recommendations for next steps.



### *Common Challenges*

Many participants agreed that while good models exist to support caregivers, there are not enough resources to meet the need. Typically, there are waiting lists for respite services and other caregiver supports. Particularly, there is a significant lack of adult day programs; increased availability of this service could go a long way to helping family caregivers stay employed. Many counties and areas of New England are drastically underserved and lack of resources is especially acute in rural areas.

Participants also talked about negative perceptions of caregivers, caregiving, and aging in general. There is a stigma attached to being a caregiver. Family caregivers are frequently isolated and reluctant to ask for help. Participants also raised the issue of adult children who often no longer live in the same community or even the same state as their aging parents and how this distance can be a complicating factor in arranging supports and making decisions regarding older parents.

The group agreed that we need to reframe the issue of aging in a positive light, focusing on the assets of an older population and highlighting the economic opportunities of finding innovative solutions. Finally, the lack of an adequate workforce to support an aging population was also raised as a challenge for family caregivers. In order to find a solution to these workforce shortages, we'll need to address issues pertaining to immigration and workforce diversity.

### *Promising Programs/Initiatives*

Participants shared innovative caregiver support initiatives in their respective states. The discussion included information on innovative programs, state funding strategies, and promising employee support programs.

Innovative programs include:

- Caregiver Respite Program: A state-funded program in Maine for people who are caring for a family member with Alzheimer's. For more information visit the [Caregiver Respite Program website](#).
- Maine Adult Day Grant: Maine's Section 61 income-based medical necessity grants allow higher asset limits (i.e. home and vehicle ownership or \$50,000 savings). The program is serving 44 participants for adult day care up to 30 hours a week, making it possible for their family caregivers to remain in the workforce.
- Memory Cafés: Provide a social gathering place where people in the early to mid-stage of memory loss and their caregivers can come together to connect and support one another in a nonjudgmental atmosphere. For information about [Memory Cafés in Maine visit their website](#). For information about [Memory Cafés in New Hampshire visit their website](#).
- New Hampshire Family Caregiver Support Program: New Hampshire's ServiceLink Aging and Disability Resource Center program offering for caregivers. For more information visit the [SLRC website](#).
- Maine Grieving on the Installment Plan: Helping caregivers understand the long-term grieving process associated with caring for a person with dementia or other chronic health conditions.



- “Warm Calls” to older adults living at home have proven to be an effective safety check and help to identify problems before they become crises.

Promising financing strategies include:

- Maine Health Access Foundation has awarded “Thriving in Place (TiP)” grants to four communities to implement projects to promote and enhance patient-centered care that will help people remain at home. For more information visit the [MeHAF website](#).
- Maine increased its reimbursement rates for state-funded adult day programs. This has helped with sustainability and encouraged the development of additional programs.

More Maine companies are offering alternative and flexible work schedules. This is increasingly popular with employees who view this as a “family first” benefit.

- L.L.Bean’s Employee Assistance Programs provide a model for other businesses on how to support employees who are family caregivers.
- There are efforts in Maine to generate organizational and business support for Village to Village programs, this includes getting businesses to offer Village memberships as a benefit for their older employees.
- More businesses are providing training for employees and taking other steps to create dementia-friendly environments.

### *Recommended Initiatives*

Many parallel themes are found between the ideas shared in both the workforce and caregiving sessions. For example, both sessions highlighted the importance of engaging with the private sector at the regional, state, and community level to raise awareness about the issues associated with an aging workforce, both keeping older adults working and flexibility for caregivers of older adults. Participants stressed the importance of working with existing community organizations (i.e. Rotaries, Chambers of Commerce, Municipal Associations) to educate businesses about caregiving and aging issues and share effective practices, like the L.L.Bean model for supporting older employees. The caregiver session participants also recommend replicating Memory Cafés and Death Cafés as safe, non-judgmental environments for discussions.

The Tri-State Collaborative should also consider:

1. Think broadly about meeting workforce development needs and collaborate with the business community to find solutions. We need to engage with the private sector at the regional, state, and community level to raise awareness about the issues associated with an aging workforce.
2. Use existing community organizations (i.e. Rotaries, Chambers of Commerce, Municipal Associations) to educate businesses about caregiving and aging issues and share effective practices, like the L.L.Bean model for supporting older employees. Host Lunch and Learns to provide information to businesses.



## Closing Plenary

*"I love the idea of the three New England states taking on this challenge. This is just the beginning of the process."*  
Nicole Weatherbee, John T. Gorman Foundation

The oldest region in the country in terms of median age, Northern New England is facing a hard economic reality. Not only does the region have the financial burden of meeting the needs of a rapidly aging population, it also has to figure out how to entice younger people to move into the area to replenish a workforce being depleted by retiring Baby Boomers. Maine, Vermont, and New Hampshire share common geography, demographics, and culture; it makes sense to take a regional approach to address these problems. The Tri-State Roundtable on Aging offered an opportunity to explore options for working together.

The closing plenary, which included report outs from the five breakout sessions, emphasized the advantages of regional collaboration. All three states are grappling with work force shortages, limited housing options for seniors, lack of public transportation, and too few resources devoted to community-based services for older adults. All three states are also creating innovative programs that can serve as best practices to meet the needs of older adults. Making a commitment to share information, resources, and expertise across the region not only saves the time of reinventing yet another wheel, it creates a synergy that supports innovation.

The reports from the breakout sessions found participants in agreement that energy should be focused in the following areas:

1. Develop visionary leadership with champions at the regional, state, and community levels who are committed to finding solutions.
2. Create a broadly diverse coalition of people to work on the problem. In addition to the usual players, this would include representatives from the business community, municipal government, philanthropy, housing developers and realtors, accountable care organizations, institutions of higher education, elected officials, as well as older adults and their families.
3. Establish a multi-sector group to develop a State Plan on Aging; addressing the needs of family caregivers should be part of the plan. Hold community planning summits and share findings and recommendations with the statewide planning group. Integrate the three individual states' plan on aging into a Northern New England Plan on Aging.
4. Develop an online, easily accessed means for sharing model programs, best practices, and effective approaches across the region. Identify experts in the region and create a speakers bureau.
5. Reframe the issue of aging in positive terms with an emphasis on the assets of an aging population and the economic opportunities that come with innovation. Work in partnership with the media to increase public awareness about this issue. Develop common language to talk about the issue. Sharing personal stories is an effective way to illustrate the scope of the problem.



6. Support a collaborative approach at the community level for identifying issues and working on solutions.
7. Commit to regional collaboration for the long term and continue to come together on a regular basis for Tri-State Roundtable Summits.

Participants had a final opportunity to share their impressions about the day and make recommendations for consideration. Many reinforced the messages heard throughout the day, particularly stressing the importance of maintaining the momentum generated at the Tri-State Roundtable by establishing a Tri-State Collaborative and identifying key initiatives that could benefit all three states. This Collaborative could support the sharing of information and data across the states, tapping the vast higher education resources of the region, educating state and federal legislators, and building a voice for advocacy around aging issues. We have a particularly timely opportunity to help shape the national conversation on aging by providing regional input through the 2015 White House Conference on Aging process. The time has never been better for our three states to come together to use our considerable wisdom to assure that the residents of our states are able to age well and continue contributing to our collective well-being.

## Acknowledgements

This conference was made possible through the volunteer efforts of countless individuals representing all three states. Thank you to everyone who participated in making this event a success and we look forward to our continued work together. Many of the planning committee members are pictured here.



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