

Ageing Matters

New Hampshire State Commission on Aging

New Hampshire Commission on Aging

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First Long-Term Care Summit Provides Valuable Insights on NH’s Environment of Aging

Over 100 stakeholders gathered recently for a day-long forum to discuss key issues related to New Hampshire’s older adults. The program-which focused on systems of care, workforce challenges, a NH Multi-Sector Plan for Aging, and the role of family care givers -provided excellent opportunities for attendees to learn from local and regional experts.

The topics covered in the event are in close alignment with the Commission on Aging’s plan of work and reflective of the state’s larger effort to create and sustain a community which is conducive to people of all ages. Attendees included elected officials, Commission members,

advocacy organizations, and non-profit, healthcare, government, and community leaders.

One highlight was a discussion of the state’s newly enacted System of Care for Healthy Aging

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Susan Ruka, NH State Commission on Aging Chair, moderates a discussion on how states can modernize their approach to aging through the process of creating a Multisector Plan for Aging

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Next NH State Commission on Aging Meeting Scheduled for Monday, September 18, 2023

The next NH State Commission on Aging Meeting will be held on **Monday, September 18 from 10:00AM – 12Noon**. The agenda will include updates from COA Task Forces, and discussions of the Commission's Annual Report due November and a NH multisector planning process.

All meetings are open to the public and the community is invited to attend in person or via ZOOM. Details and more at: <https://www.nhcoa.nh.gov/>

Check Out Past Editions of AgingMatters

<https://www.nhcoa.nh.gov/newsletters.aspx>

Long Term Care, con't

legislation that provides critical investments in services and programs aimed at older adults. The Department of Health and Human Services provided a two-year timeline for implementing the changes, with some being realized within the first six months.

NH's Workforce also took center stage with local and state leaders sharing perspectives on recruitment, retention, and licensing towards addressing NH's health care workforce shortages. The audience also heard from **Beth Esochaghi**, an LPN at the Belknap County Nursing Home, who spoke about her favorable experiences with a supportive employer gradually gaining skills and training to advance on a clear career ladder.

Commission on Aging Chair **Sue Ruka** served as moderator for a discussion on how states can modernize their approach to aging through the process of creating a Multisector Plan for Aging. Speakers from Massachusetts and Vermont discussed what drove them to invest time and effort into this type of planning, their process, and a few outcomes. For instance, the MBTA transit system in Massachusetts reviewed bus stop user data to prioritize improvements to lighting and seating at stops with the greatest rate of older adult users. This prioritization was not considered prior to MBTA's engagement in the ReiMAging Aging planning process.

At the core of wellbeing for many older adults are volunteer caregivers. AARP estimates that in NH there are 168,000 unpaid family or friends who serve as caregivers. This segment of the forum discussed the challenges, but also the opportunities to better support, and invest in, this valuable network.

The event also featured remarks from NH congressman **Chris Pappas** who thanked the group for their hard work and support of older adults. Resources related to the topics discussed can be found at the bottom of the NH LTC Summit website (<https://www.rumfordmanagementnh.com/ltcsummit>) which also includes the presentation slides.

Editor's Note: New Hampshire Public Radio provided coverage of the conference. Go to <https://www.nhpr.org/health/2023-08-22/eyeing-more-community-based-care-nh-health-officials-aim-to-eventually-make-nursing-homes-a-last-resort> for the story written by Paul Cuno-Booth.



Phil Sletten, the NH Fiscal Policy Institute's Research Director, shares information on the additional funding for age-related programs and resources are contained in the newly-passed state budget

What Does Age-Friendly Mean in NH?

An article from the NH Commission on Aging – Age-Friendly State Task Force

Editor's Note: Aging Matters is pleased to present a series of articles on how cities and towns across the state are working to become more age-friendly and accessible to all Granite Staters. This edition features the Monadnock Region and the efforts being made in Southwestern New Hampshire.

Age-Focused Planning Initiative in the Monadnock Region

According to the [Southwest Regional Planning Commission](#) (SWRPC), the proportion of the population that is 65 years of age and older in the Southwest part of NH, is growing faster than any other age group in the region.

Against that statistical backdrop, the SWRPC embarked on an Age Focused Planning Initiative in 2019 with a goal to better understand the current and future needs of residents. SWRPC analyzed population characteristics within the region and reviewed information gathered from 33 municipalities related to four core theme areas.

- Economic opportunity.
- Housing options.
- Opportunities for social engagement.
- Transportation alternatives.

The initiative, supported by the Point32Health Foundation, helped communities in the region to better understand their needs. The SWRPC worked with communities to help them create a road map of next steps in terms of strategies and projects that each town can implement. The SWRPC will provide ongoing technical assistance and support to area municipalities. This ranges from advice on implementing key findings to help with applying for financial assistance and block grants. In some instances, information gathered and shared with towns has led to direct actions, like a town increasing or adding a line item to support local transportation or making infrastructure improvements.

Chief among the concerns identified in the study was transportation. A Microtransit Feasibility and Fixed Route Transit Service Plan Design Assistance Study was performed on behalf of SWRPC. Key partners in the project included Home Healthcare, Hospice, and Community Services (HCS), the

Monadnock Region Coordinating Council (MRCC), and the City of Keene. The final report shared last December examined opportunities to improve local transit service in the City of Keene and surrounding communities.

There's also a strong economic argument to be made when towns and communities engage in this type of planning. For instance, if a retail business in a small town knows that it will be accessible to consumers of all ages, it will be more likely to locate there. If streets are walkable and well-lit at night and there is access to affordable housing, people will be drawn to the area. By fostering and promoting critical connections, towns can create a true vibrancy that benefits everyone.

Next month in *Aging Matters*, readers will learn how some small towns across the region are working with local partners and even across state lines, to increase transportation options for local residents. We'll explore the concept of microtransit, a flexible "on-demand" transportation option.

To arrange for a speaker from the Age-Friendly Communities Speakers Bureau for your community event please contact any of the following:

- Ashley Davis, AARP New Hampshire (603) 230-4113 / addavis@aarp.org
- Rebecca Sky, NH State Commission on Aging (603) 848-4024 / Rebecca.I.sky@nhcoa.nh.gov
- Jennifer Rabalais, NH Alliance for Healthy Aging (603) 228-2084 x14 / Jennifer.Rabalais@unh.edu



"I stand for a world without ageism, where all people of all ages are valued and respected. I acknowledge that ageism is harmful to me and others around me, and to our workforce, communities, and economy. I know that the struggle to eliminate ageism will not end with a pledge, and that I must act to transform my own bias, and the bias in our institutions and systems. I will speak out against the age injustices I see, call attention to ageist language and stereotypes, and educate myself, my family, friends, co-workers and peers about the importance of being actively anti-ageist and promoting age equity in all aspects of life."

Go to <https://agefriendly.community/anti-ageism-pledge/> to add your name.

Meet Carroll County's Older Adult Volunteer Award Winner

Connected to Her Community

Phyllis Sherman Combines Energy and Commitment to Helping Others



Phyllis Sherman

Spend some time with **Phyllis Sherman** and you very quickly get a sense of what motivates her as a Meals on Wheels volunteer driver for the Gibson Center for Senior Services in the Mt. Washington Valley. "This is a great community and I enjoy volunteering and helping out the Gibson Center," she said. "The center is a wonderful resource. It's nice getting to know people and hear about their families.

Phyllis has driven over 283 total hours in the last calendar year delivering more than 1,750 meals. To say she's a road warrior is understatement as she's totaled over 1,788

miles up and down highways and by-ways of Northern Carroll County. Her regular route for Meals on Wheels covers more than 70 miles through rutted, pot-holed dirt roads, some not paved at all. Thankfully, she has a Subaru all-wheel drive car, so that helps.

Beyond the importance of meal deliveries, Phyllis puts equal stock in the client interactions. "I love meeting and talking to people," she said. "Some people are lonely so I know it means a lot to them when we talk."

A resident of East Conway, she has lived on her family farm for 58 years, where she still does work, often alongside her children and grandchildren. They also operate the Sherman Corn Maze each fall which draws people from across the Northeast to the Mt. Washington Valley.

Beyond her work as a volunteer driver, Phyllis also donates large amounts of fresh veggies weekly from the farm during the growing season. This bounty is used to make home-cooked meals not only for Meals on Wheels recipients, but also for the Gibson Center's Congregate and Takeout meal programs. Phyllis delivers the vegetables to the kitchen herself, on her way to deliver food to homebound seniors.

"Phyllis is one of the most reliable drivers," said **Becky Gargan**, Nutrition Director at the Gibson Center. "She takes one of the longest routes and is frankly beloved by us and those recipients who count on her!"

About the Older Adult Volunteer Program

The Governor of New Hampshire and the New Hampshire State Commission on Aging celebrate Older Americans Month in May of each year by honoring older adults who through their volunteerism, serve to build strong communities. Their actions demonstrate that any one of us can make a difference at any point in our lives on the lives of others.

Anyone can make a nomination; nominees must be over the age of 60 who have made a significant contribution to their community as a volunteer.

Any type of volunteer work qualifies, from direct service to advocacy to leadership roles and more. The nominee must be someone whose volunteer work is in New Hampshire.

Is there an older adult volunteer in your community that deserves recognition?

Send an email to Rebecca.L.Sky@nhcoa.nh.gov

to have your name added to the outreach list when information about the 2024 Older Adult Recognition Program is available later this year

Prefer a Printed Copy of Aging Matters?

The Commission on Aging has a limited ability to provide printed copies of Aging Matters to individuals who are unable to connect to the Internet to read a copy online or download it from the Commission's website. Email your request to NHCOAnews@gmail.com or send it to NHCOA Newsletter, NH Commission on Aging, 117 Pleasant St., Dolloff Building, 4th Floor, Concord, NH 03301.

Meet Strafford County's Older Adult Volunteer Award Winner

Coming Full Circle

Susan Gaudiello Applies Past Experiences Toward a Broad Range of Volunteer Passions



Susan Gaudiello

After a distinguished career as executive director of the NH Home Care Association, **Susan Gaudiello** was looking for her next challenge in retirement. It turns out, she didn't have to look very far. "I was pretty sure I wanted to do something to support older adults, so one of my first volunteer jobs was with the Cornerstone VNA and I've been pleased to be part of the organization for the past 10 years," she said.

Over the past decade, Susan has worn a lot of hats at the VNA including chair and vice chair and has served on the executive committee, finance committee, fund development committee, and as chair of the strategic planning committee. If that wasn't enough, she's also part of the building expansion committee.

"Susan's dedication to the wellbeing of the organization and her enthusiasm for advancing the mission is both contagious and a shining example of volunteer spirit," says Cornerstone VNA Chief Executive Officer, **Julie Reynolds, MS, RN**. "She is one of the champions of the organization, providing leadership, motivation and vision that propels us into action and inspires others."

In addition to her volunteer work with the VNA, Susan is also an active volunteer for the Barrington Public Library where over the years, she's made an enduring impact.

"I have worked with Susan for over 20 years and seen her incredible impact on the community of Barrington, says **Amy Inglis**, Materials Processor for the Barrington Public Library. "She has served as a Library Trustee for the Barrington Public Library, providing leadership, guidance, and a continued voice of support for the public library in town. She also works tirelessly with the Friends of the Barrington Public Library group, a non-profit group that fundraises for the library."

Other posts have included the President of the New Hampshire Library Trustees Association, a statewide group that supports all libraries in New Hampshire, and as Selectperson for the town of Barrington, using her administrative skills to help the town as a whole.

For her part, Susan likes being part of causes that address community needs. "NH has a wonderful non-profit community which supports people of all ages," she says. "I very much enjoy doing volunteer work and collaborating with so many committed staff and fellow advocates and have had the chance to meet some great people!"



Celebrate Grandparents this September

Grandparents Day is celebrated in the United States annually in September on the first Sunday after Labor Day. In honor of Grandparents Day, Generations United encourages everyone to #DoSomethingGrand to celebrate the intergenerational connections in their lives and honor grandparents, grandfriends, and older relatives for their contributions to their families, neighborhoods, and communities. For more information, visit www.GrandparentsDay.org

Generations United is excited to invite you to **Grandparents Week**. Hosted by GrandparentsAcademy.com, Grandparents Week is the largest virtual educational conference and celebration for grandparents of its kind. You'll hear from over 20 experts including Robyn Wind, who will be sharing about resources for grandfamilies.

There are also mini-classes and prizes lined up for this incredible event scheduled for September 10-16, 2023. General Admission is free and there are giveaways going on for those who register in advance.

Claim your ticket today at GrandparentsAcademy.com.

We welcome all points of view and invite your submissions.

To send articles or to add your name to our mailing list, contact: NHCOAnews@gmail.com

5 Things to Know About the New Drug Pricing Negotiations

By **ARTHUR ALLEN** and **RACHANA PRADHAN**
and **DAVID HILZENRATH**, Kaiser Health News

The Biden administration has picked the first 10 high-priced prescription drugs subject to federal price negotiations, taking a swipe at the powerful pharmaceutical industry. It marks a major turning point in a long-fought battle to control ever-rising drug prices for seniors and, eventually, other Americans.

Under the 2022 Inflation Reduction Act, Congress gave the federal government the power to negotiate prices for certain high-cost drugs under Medicare. The list of drugs selected by the Centers for Medicare & Medicaid Services will grow over time.

The first eligible drugs treat diabetes, blood clots, blood cancers, arthritis, and heart disease — and accounted for about \$50 billion in spending from June 2022 to May 2023.

The United States is clearly an outlier on drug costs, with drugmakers charging Americans many times more than residents of other countries “simply because they could,” Biden said Tuesday at the White House. “I think it’s outrageous. That’s why these negotiations matter.”

He added, “We’re going to keep standing up to Big Pharma and we’re not going to back down.”

Bottom of Form

Democratic lawmakers cheered the announcement, and the pharmaceutical industry, which has filed a raft of lawsuits against the law, condemned it.

The companies have until Oct. 2 to present data on their drugs to CMS, which will make initial price offers in February, setting off negotiations set to end next August. The prices would go into effect in January 2026.

Here are five things to know about the impact:

1. How important is this step?

Medicare has long been in control of the prices for its services, setting physician payments and hospital payments for about 65 million Medicare beneficiaries. But it was previously prohibited from involvement in pricing prescription drugs, which it started covering in 2006.

Until now the drug industry has successfully fought off price negotiations with Washington, although in most of the rest of the world governments set prices for medicines. While the first 10 drugs selected for negotiations are used by a minority of patients — 9 million — CMS plans by 2029 to have negotiated prices for 50 drugs on the market.

“There’s a symbolic impact, but also Medicare spent

\$50 billion on these 10 drugs in a 12-month period. That’s a lot of money,” said Juliette Cubanski, deputy director of KFF’s analysis of Medicare policy.

The long-term consequences of the new policy are unknown, said Alice Chen, vice dean for research at University of Southern California’s Sol Price School of Public Policy. The drug industry says the negotiations are essentially price controls that will stifle drug development, but the Congressional Budget Office estimated only a few drugs would not be developed each year as a result of the policy.

Biden administration officials say reining in drug prices is key to slowing the skyrocketing costs of U.S. health care.

2. How will the negotiations affect Medicare patients?

In some cases, patients may save a lot of money, but the main thrust of Medicare price negotiation policy is to provide savings to the Medicare program — and taxpayers — by lowering its overall costs.

The drugs selected by CMS range from specialized, hyper-expensive drugs like the cancer pill Imbruvica (used by about 26,000 patients in 2021 at an annual price of \$121,000 per patient) to extremely common medications such as Eliquis (a blood thinner for which Medicare paid about \$4,000 each for 3.1 million patients).

While the negotiations could help patients whose Medicare drug plans require them to make large copayments for drugs, the relief for patients will come from another segment of the Inflation Reduction Act that caps drug spending by Medicare recipients at \$2,000 per year starting in 2025.

3. What do the Medicare price negotiations mean for those not on Medicare?

One theory is that reducing the prices drug companies can charge in Medicare will lead them to increase prices for the privately insured.

But that would be true only if companies aren’t already pricing their drugs as high as the private market will bear, said Tricia Neuman, executive director of KFF’s program on Medicare policy.

Another theory is that Medicare price negotiations will equip private health plans to drive a harder bargain. David Mitchell, president of the advocacy group Patients for Affordable Drugs, predicted that disclosure of negotiated Medicare prices “will embolden and arm private sector negotiators to seek that lower price for those they cover.”

Stacie B. Dusetzina, a professor of health policy at Vanderbilt University, said the effect on pricing outside Medicare isn’t clear.

“I’d hedge my bet that it doesn’t change,” she said.

Drug Negotiations, con’t next page

Drug Negotiations, con't

Nonetheless, Dusetzina described one way it could: Because the government will be selecting drugs for Medicare negotiations based partly on the listed gross prices for the drugs — distinct from the net cost after rebates are taken into account — the process could give drug companies an incentive to lower the list prices and narrow the gap between gross and net. That could benefit people outside Medicare whose out-of-pocket payments are pegged to the list prices, she said.

4. What are drug companies doing to stop this?

Even though negotiated prices won't take effect until 2026, drug companies haven't wasted time turning to the courts to try to stop the new program in its tracks.

At least six drug companies have filed lawsuits to halt the Medicare drug negotiation program, as have the U.S. Chamber of Commerce and the Pharmaceutical Research and Manufacturers of America, known as PhRMA.

The lawsuits include a variety of legal arguments. Merck & Co., Johnson & Johnson, and Bristol Myers Squibb are among the companies arguing their First Amendment rights are being violated because the program would force them to make statements on negotiated prices they believe are untrue.

Lawsuits also say the program unconstitutionally coerces drugmakers into selling their products at inadequate prices.

"It is akin to the Government taking your car on terms that you would never voluntarily accept and threatening to also take your house if you do not 'agree' that the taking was 'fair,'" Janssen, part of Johnson & Johnson, wrote in its lawsuit.

Nicholas Bagley, a law professor at the University of Michigan, predicted the lawsuits would fail because Medicare is a voluntary program for drug companies, and those wishing to participate must abide by its rules.

5. What if a drug suddenly gets cheaper by 2026?

In theory, it could happen. Under guidelines CMS issued this year, the agency will cancel or adjourn negotiations on any drug on its list if a cheaper copycat version enters the market and finds substantial buyers.

According to company statements this year, two biosimilar versions of Stelara, a Johnson & Johnson drug on the list, are prepared to launch in early 2025. If they succeed, it would presumably scotch CMS' plan to demand a lower price for Stelara.

Drug Price Negotiations Are On

The Biden administration unveiled the first 10 drugs subject to Medicare price negotiations. Here's the lineup:

Drug name	Manufacturer	Conditions treated	▼ Total out-of-pocket spending for 2022
Eliquis	Bristol Myers Squibb/Pfizer	Atrial fibrillation; blood clots	\$1,546,358,000
Xarelto	Johnson & Johnson	Atrial fibrillation; blood clots	\$591,609,000
Jardiance	Boehringer Ingelheim/Eli Lilly	Diabetes; heart failure	\$383,346,000
Januvia	Merck & Co.	Diabetes	\$238,891,000
Entresto	Novartis	Heart failure	\$185,802,000
Farxiga	AstraZeneca	Diabetes; heart failure; chronic kidney disease	\$166,026,000
Imbruvica	Johnson & Johnson/AbbVie	Blood cancers	\$116,489,000
NovoLog	Novo Nordisk	Diabetes	\$92,672,000
Enbrel	Amgen	Rheumatoid arthritis; psoriasis; psoriatic arthritis	\$43,187,000
Stelara	Johnson & Johnson	Psoriasis; psoriatic arthritis; Crohn's disease; ulcerative colitis	\$41,099,000

Source: Centers for Medicare & Medicaid Services, Department of Health and Human Services
Credit: Rachana Pradhan/KFF Health News

Other drugs on the list have managed to maintain exclusive rights for decades. For example, Enbrel, which the FDA first approved in 1998 and cost Medicare \$1.5 billion in 2021, will not face competition until 2029 at the earliest.

Source: <https://kffhealthnews.org/news/article/white-house-drug-pricing-announcement>

Dig a Little Deeper:

A great deal of news and information has and will be published about the government's new ability to negotiate the price of drugs. The following are several links to related stories that might be of interest:

Biden administration chooses first 10 drugs for Medicare price negotiations, New Hampshire Bulletin, 8/29/2023.

More information on the Medicare Drug Price Negotiation Program is available from CMS (Centers for Medicare and Medicaid Services) at <https://www.cms.gov/inflation-reduction-act-and-medicare/medicare-drug-price-negotiation>

As Cases Increase, NH AG Doubles Effort to Combat Elder Abuse, Financial Exploitation

By ANNMARIE TIMMONS
New Hampshire Bulletin

A significant increase in elder abuse and financial exploitation of Granite Staters has prompted the Attorney General's Office to expand its efforts to combat those crimes. Part of that is to educate people over 60 and those who care for them.

"Law enforcement can catch people. Law enforcement can prosecute people," Attorney General John Formella told a group of residents at the White Rock Senior Living complex in Bow Monday. "But one of the most important things we can do is to give people the tools to protect themselves."

Formella said the unit has seen a 71 percent increase in referrals for the abuse and financial exploitation of people over 60 in the past five years, from 758 to 1,295. That increase comes as the state is getting older and more people become vulnerable, he said. By 2030, an estimated 33 percent of residents will be over age 60.

The office's **Elder Abuse and Financial Exploitation Unit**, which began in 2016 with a full-time prosecutor and two part-time people doing investigations and victim support, will double. Formella has added another prosecutor, an investigator, and paralegal, all full time.

While reports of elder abuse and financial exploitation have increased significantly, experts say a significant number of those crimes go unreported. Executive Councilor Janet Stevens, who Formella credited with helping the office expand its efforts, put that number at as much as one in 24 cases during Monday's announcement.

That's true even though state law requires anyone who suspects elder abuse or financial exploitation must report physical abuse, neglect, exploitation, or hazardous conditions to notify the Department of Health and Human Services or their local law enforcement agency.

Attorney Bryan Townsend II, of the Attorney General's Elder Abuse and Financial Exploitation Unit, recommended a few strategies older adults can use to protect themselves. That includes, "verify, verify, verify," he said.

He advised people to hang up their phone if they get a call from someone saying their bank account has been compromised or their Social Security benefits will be terminated unless they provide certain information. Note the caller's number and contact the

How to Report and Get Help

If you or someone you know suspects a person has been abused or financially exploited, there are a number of resources that can help.

- Report your concerns to the state Bureau of Elderly and Adult Services at 800-949-0470.
- You can also contact the Attorney General's Office's Elder Abuse and Financial Exploitation Unit at 603-271-5009 or your county attorney's office.
- The group of anti-abuse and exploitation groups posts updates, scam alerts, and educational material on stayconnectednh.org.
- New Hampshire Legal Assistance may also be able to help with legal issues at nhla.org or by calling 800-562-3174.

bank or law enforcement directly, he said.

Another common scam involves someone claiming to be a loved one and asking for bail money or other assistance in an emergency. One audience member said she opened her laptop to hear a voice telling her that her computer had been locked until she contacted the number given. Rather than provide money or make that call, Townsend advised people to report the call to the police or someone they trust for guidance.

Signs of elder abuse and neglect must also be reported, Townsend said, such as unexplained bruises or marks. He advised people to check on someone if they stop attending regular activities like visits to a senior center.

"Go to their house or call them. If you are denied access or they are not responding, call the Bureau of Elderly and Adult Services at the Department of Health and Human Services at 800-949-0470."

Formella said the additional staff will allow the office to investigate and prosecute more. The unit will also expand its education efforts, which included 30 presentations last year to law enforcement, financial institutions, senior housing, long-term care facilities, and medical professionals.

Source: <https://newhampshirebulletin.com/briefs/as-cases-increase-ag-doubles-effort-to-combat-elder-abuse-financial-exploitation/>

Debunking the Myths of Older Adult Falls

Falls Prevention Week - September 18-22, 2023

Key Takeaways

- Many people think falls are a normal part of aging. The truth is, they're not. Most falls can be prevented—and you have the power to reduce your risk.
- Exercising, managing your medications, having your vision checked, and making your living environment safer are all steps you can take to prevent a fall.

To promote greater awareness and understanding, here are 10 common myths—and the reality—about older adult falls.

Myth 1: Falling happens to other people, not to me.

Reality: Many people think, “It won’t happen to me.” But the truth is that 1 in 4 older adults fall every year in the U.S.

Myth 2: Falling is something normal that happens as you get older.

Reality: Falling is not a normal part of aging. Strength and balance exercises, managing your medications, having your vision checked, and making your living environment safer are all steps you can take to prevent a fall.

Myth 3: If I limit my activity, I won’t fall.

Reality: Some people believe that the best way to prevent falls is to stay at home and limit activity. Not true. Performing physical activities will actually help you stay independent, as your strength and range of motion benefit from remaining active. Social activities are also good for your overall health.

Myth 4: As long as I stay at home, I can avoid falling.

Reality: Over half of all falls take place at home. Inspect your home for fall risks. Fix simple but serious hazards such as clutter, throw rugs, and poor lighting. Make simple home modifications, such as adding grab bars in the bathroom, a second handrail on stairs, and non-slip paint on outdoor steps.

Myth 5: Muscle strength and flexibility can’t be regained.

Reality: While we do lose muscle as we age, exercise can partially restore strength and flexibility. It’s never too late to start an exercise program. Even if you’ve been a “couch potato” your whole life, becoming active now will benefit you in many ways—including protection from falls.

Myth 6: Taking medication doesn’t increase my risk of falling.

Reality: Taking any medication may increase your risk of falling. Medications affect people in many different ways and can sometimes make you dizzy or sleepy. Be careful when starting a new medication.

Talk to your health care provider about potential side effects or interactions of your medications.

Myth 7: I don’t need to get my vision checked every year.

Reality: Vision is another key risk factor for falls. Aging is associated with some forms of vision loss that increase risk of falling and injury. People with vision problems are more than twice as likely to fall as those without visual impairment. Have your eyes checked at least once a year and update your eyeglasses. For those with low vision there are programs and assistive devices that can help. Ask your optometrist for a referral.

Myth 8: Using a walker or cane will make me more dependent.

Reality: Walking aids are very important in helping many older adults maintain or improve their mobility. However, make sure you use these devices safely. Have a physical therapist fit the walker or cane to you and instruct you in its safe use.

Myth 9: I don’t need to talk to family members or my health care provider if I’m concerned about my risk of falling. I don’t want to alarm them, and I want to keep my independence.

Reality: Fall prevention is a team effort. Bring it up with your doctor, family, and anyone else who is in a position to help. They want to help you maintain your mobility and reduce your risk of falling.

Myth 10: I don’t need to talk to my parent, spouse, or other older adult if I’m concerned about their risk of falling. It will hurt their feelings, and it’s none of my business.

Reality: Let them know about your concerns and offer support to help them maintain the highest degree of independence possible. There are many things you can do, including removing hazards in the home, installing safety features like grab bars or **walk-in bathtubs**, finding a **falls prevention program** in the community, or setting up a vision exam.

Source: <https://www.ncoa.org/article/debunking-the-myths-of-older-adult-falls>

To Learn More About Evidence-Based Falls Prevention Programs and Events in NH, visit <https://nhfalls.org>

New Poll Shows Only 1 in 5 Older Adults Got Alzheimer's Screenings in the Last Year

Posted by **KARA GAVIN**, University of Michigan

The **poll** also found that 80% of older adults see the benefit of tests that can give an early warning that a person's memory and thinking abilities have started to decline. And 60% think that health care providers should offer cognitive screening, in the form of brief memory tests, to all older adults every year.

If a cognitive screening test showed signs of trouble, the vast majority of those polled, 96%, said it would spur them to take action to protect their brain health, and three-quarters of those polled said they would adjust their financial and health care planning.

Even so, 80% of older adults said they haven't had a cognitive test in the past year to look for early signs of Alzheimer's disease or other types of dementia, and 59% reported never having had such a screening.

Medicare covers brief tests as part of an annual wellness visit available to everyone enrolled, and more comprehensive tests for those with symptoms of cognitive decline.

Early Detection

In addition to cognitive screening, the poll team also asked adults aged 65 to 80 what they knew and thought about blood tests that can help detect Alzheimer's disease by looking for biomarkers of the brain proteins tau and amyloid.

Only 17% said they were familiar with such blood tests, less than 1% had had one, and 9% said they would like one now. Currently, only doctors who specialize in brain diseases order such tests for people with objective cognitive impairment, but some experts believe they could become useful for screening or early-stage detection of Alzheimer's disease. Half of those polled said such blood tests should be made available to all adults over 65.

"As many as half of Americans with Alzheimer's disease or another form of dementia don't receive a **formal diagnosis**, even when they have clear symptoms," says Scott Roberts, the associate director of the poll. "As more diagnostic and treatment options become available, it's important to understand how older adults view them and how best to support those who undergo testing and receive results."

Roberts, a geropsychologist, is a professor at the University of Michigan School of Public Health and leads outreach and education efforts at the Michigan Alzheimer's Disease Research Center, which is funded by the National Institutes of Health.

The role of doctors, nurses, and other health care

providers in early detection of cognitive problems is key, the poll finds.

"Our findings suggest that more than 80% of older adults look to their **health care providers** for cognitive screening or blood biomarker testing if they feel it's appropriate," says poll director Jeffrey Kullgren, associate professor of internal medicine at Michigan Medicine and physician and researcher at the VA Ann Arbor Healthcare System.

"That expectation, coupled with the growing availability of options after diagnosis of cognitive impairment, supports the current recommendation that providers should be assessing patients at higher risk or with signs of cognitive decline."

Kullgren notes that current guidelines for cognitive screening focus on those with symptoms or added risk factors; this recommendation encompasses the kind of screening that involves giving a person a brief set of standardized tasks to test their memory and thinking skills, such as remembering a short list of common words or drawing a complex figure.

Access to Screening

Women were more likely than men to say that they would experience significant distress if a cognitive screening test or blood biomarker test suggested they had early signs of dementia. Overall, about 60% of older adults said they would feel such distress in response to a positive result on either type of testing.

Another disparity seen in the poll data: Only 10% of older adults of Hispanic ethnicity reported having received cognitive screening in the past year, compared with 22% of non-Hispanic white respondents and 21% of non-Hispanic Black respondents.

Chelsea Cox, a doctoral student training with Roberts, is presenting additional findings at the meeting in Amsterdam. An in-depth analysis of the poll results found adults aged 65-80 were more likely to report cognitive screening if they were of older age, had higher levels of education, reported being in poorer physical health, had Medicare Advantage coverage (compared to traditional Medicare), and had more positive views in general about screening.

Taken together, these poll findings suggest a need to explore barriers to, and facilitators of, cognitive testing in **diverse groups** of older adults. One opportunity is to improve awareness of and access to Medicare annual wellness visits, for which detection of

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cognitive impairment is a required component.

"Everyone should have access to cognitive testing as they age," says Sarah Lenz Lock, senior vice president of Policy and Brain Health at AARP and executive director of the Global Council on Brain Health. "The bottom line is that if we want to improve brain health for all, we have to pay attention to the needs of those at greatest risk of poor health and address barriers that stand in the way."

The findings come soon after Medicare laid out its plan for covering **new drugs** approved by the US Food and Drug Administration that may slow cognitive decline in people with early Alzheimer's disease. One of those drugs received approval through the traditional route, which is required by Medicare, earlier this month.

In addition, growing research shows the power of blood pressure control, physical activity, social connection, and other factors in reducing risk for cognitive decline in older adults.

Although these options may not work for everyone, only 17% of older adults said cognitive screening

wasn't worth it until more treatment or prevention options are available. For blood tests, 20% said the same.

The poll report is based on findings from a nationally representative survey conducted by NORC at the University of Chicago for IHPI and administered online and via phone in March 2023 among 1,242 adults aged 65 to 80. The sample was subsequently weighted to reflect the US population.

The findings, from the University of Michigan National Poll on Healthy Aging, are published simultaneously in a new report and a pair of research presentations at the 2023 Alzheimer's Association International Conference in Amsterdam.

The poll is based at the University of Michigan Institute for Healthcare Policy and Innovation and supported by AARP and Michigan Medicine, the University of Michigan's academic medical center. More information about the research is available at <https://news.umich.edu/early-signs-of-alzheimers-most-older-adults-see-value-of-screening-but-havent-been-tested/>

Source: <https://www.futurity.org/older-adults-dementia-alzheimers-screening-2947392/>

Do You Qualify for Social Security Spouse's Benefits?

By **DAWN BYSTRY**

Acting Associate Commissioner, Social Security

Social Security benefits are a crucial part of millions of Americans' retirement income.

If you don't have enough Social Security credits to qualify for benefits on your own record, you may be able to receive benefits on your spouse's record.

To qualify for spouse's benefits, you must be one of the following:

- 62 years of age or older.
- Any age and have in your care a child younger than age 16, or who has a disability and is entitled to receive benefits on your spouse's record.

Your full spouse's benefit could be up to one-half the amount your spouse is entitled to receive at their full retirement age. If you choose to receive your spouse's benefits before you reach full retirement age, you will get a permanently reduced benefit.

If you wait until you reach full retirement age to receive benefits, you'll receive your full spouse's benefit amount, which is up to one-half the amount your spouse can receive. You'll also get your full spouse's benefit if you are under full retirement age, but care for a child and one of the following applies:

- The child is younger than age 16.
- The child has a disability and is entitled to receive benefits on your spouse's record.

If you're eligible to receive retirement benefits on your own record, we will pay that amount first. If your benefits as a spouse are higher than your own retirement benefits, you will get a combination of benefits that equal the higher spouse benefit.

For example, Sandy qualifies for a retirement benefit of \$1,000 and a spouse's benefit of \$1,250. At her full retirement age, she will receive her own \$1,000 retirement benefit. We will add \$250 from her spouse's benefit, for a total of \$1,250.

Want to apply for either your or your spouse's benefits? Are you at least 61 years and nine months old? If you answered yes to both, visit the **Social Security Administration's website** to get started today.

Are you divorced from a marriage that lasted at least 10 years? You may be able to get benefits on your former spouse's record. You can find out more by visiting our **Benefits For Your Family** page for more information.

Source: <https://blog.ssa.gov/do-you-qualify-for-social-security-spouses-benefits>

SCAM of the Month Alert

Did You Get a Letter from a ‘Lawyer’ About Cashing In on Someone Else’s Life Insurance Policy?

By **SUNG W. KIM**, Attorney
Federal Trade Commission

You can’t cash in on a stranger’s life insurance policy — even if a lawyer says you can. The FTC has heard reports from people in Korean, Vietnamese, and Latino communities who got letters in the mail from a supposed “lawyer” in Canada. The letter looks like it’s from a law firm and offers an “easy way” to get money using someone else’s life insurance policy. But it’s a scam. Here’s how to spot it.

In the letter, the “lawyer” says they have a deceased client with an unclaimed life insurance policy worth millions. Because you (supposedly) have the same last name and nationality as the deceased, the “lawyer” can add your name to the policy and split the money between you, their law firm, and a charity. All you have to do, they say, is keep this information secret and email them immediately.

So what’s really happening here? There is no lawyer. It’s a scammer. And if you email them, they’ll ask for personal information. Or money. Or

both. And that life insurance payout? It doesn’t exist.

If you get one of these letters:

Don’t respond. Never share your information with someone who contacts you and says they need it. And never send anyone cash or pay with gift cards, wire transfers, or cryptocurrency.

Share this information with a friend. You probably throw away these kinds of letters. But you may know someone who could use a friendly reminder to help them spot the scam.

Report it to the FTC at ReportFraud.ftc.gov. Your report makes a difference: by telling your story to the FTC and to others in your community, you help others avoid the scam.

Want to stay on top of the latest scams? Get the FTC’s Consumer Alerts delivered to your email inbox. Sign up: [ftc.gov/ConsumerAlerts](https://consumer.ftc.gov/ConsumerAlerts).

Source: <https://consumer.ftc.gov/consumer-alerts/2023/08/did-you-get-letter-lawyer-about-cashing-someone-elses-life-insurance-policy>

New Medicare cards are NOT being sent out.

Don't believe anyone who wants you to verify you received your new card or number.

Protect yourself and hang up.



Your Local Resources

- **ServiceLink Aging & Disability Resource Center:** (866) 634-9412, servicelink.nh.gov
- **2-1-1 NH** is the connection for NH residents to the most up-to-date resources they need from specially trained Information and Referral Specialists. 211 NH is available 24 hours, 365 days a year. Multilingual assistance and TDD access are also available. **Dial 211 or 866-444-4211. TTY Number: 603-634-3388**



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What Connects Smoking, Obesity, and Social Isolation? Each Can Kill You

By ANNMARIE TIMMINS, New Hampshire Bulletin

For nearly 30 years, a group of women from Laconia High School's class of 1952 has met monthly for dinner or lunch. They've seen one another through the deaths of husbands, swapped pictures of grandchildren, and reminisced about raiding their mother's cabinets in the 1940s, in search of metal and tin to support the war effort.

"It's such a blessing to see everyone and share our senior years together," Lorraine Benoit, of Laconia, told me during a lunch in 2000. The women had grown so close, she said then, that they felt like sisters.

Tuesday, Benoit and a dozen classmates, now in their late 80s, met for lunch at T-BONES in Laconia. For the last time.

Over grilled cheese sandwiches and BLTs, the women said ending their tradition was a choice of necessity, not desire. While some are still mowing their lawns, delivering a daily newspaper to neighbors, or volunteering with their church, others struggle to get out because they have no transportation or mobility challenges.

"So many of us are not driving," said Dorothy Duffy, of Laconia. "The biggest hardship for elderly people is the loss of their car and reliable transportation. They go from independent to totally dependent."

It's precisely that transition that worries aging experts and health care providers.

"There's been a lot of research all showing that social connection is connected to happiness and health and longevity," said Christina FitzPatrick, state director of AARP New Hampshire. "Those social connections give people meaning in their life because they are living outside of themselves and they have a sense of purpose."

In a state that's expected to see its over-60 population **double by 2040**, issues related to aging are increasingly described as critical. Social isolation is among them. Studies have **linked prolonged isolation to increased risk of serious health conditions**, from dementia, depression, and stroke to heart disease and premature death. The U.S. surgeon general **released an advisory** on the effects of social isolation in May, saying the risks are similar to smoking 15 cigarettes a day.

Isolation doesn't only diminish the quality of life, experts warn, but it can also become a taxpayer expense when treatment, hospitalization, and long-term care are paid for with Medicare or Medicaid.

"You can't really overstate how much health risk people are running by not being connected," FitzPatrick said. "And for policymakers, how much of a public health issue (it is) if people are socially isolated."

'We are all aging'

That message appears to be getting through. Potential solutions, though, are in the early stages.

Regional public transportation groups are working together to expand bus routes and volunteer driver programs, and they are making it easier for older residents to take advantage of that assistance. The state Commission on Aging has included enhancing social connection as a priority in its **state plan**.

Several communities and organizations around the state have launched **"age-friendly" projects with AARP funding** to mitigate social isolation, such as making bike route maps larger and easier to read and improving hearing assistance devices at the Claremont Opera House. The Gibson Center for Senior Services in North Conway has led the way in getting its local leaders to support a regional plan that identifies and **prioritizes programs and investments intended to help people age well at home**.

And next month, the Partnership for Public Health will expand its website, **WellnessLinkNH.org**, to include a statewide calendar of events for older people. It will include in-person and online events and information on transportation services, as well as information on recognizing and mitigating social isolation.

The project was inspired by a needs assessment of Granite Staters age 60 and older. Among the findings to be released next month is a problematic contradiction: Social isolation is considered a "severe" problem for older adults in the state but the services that can reduce isolation vary greatly, rely on hard-to-find volunteers, or are limited.

For example, some public transportation provides rides to medical appointments and grocery stores but not social activities, or those rides are available in a single town and only during weekdays or daytime.

"We came at this with a direct service and public health lens, which is that healthy aging is a public health priority," said Carissa Elphick, deputy director at Partnership for Public Health. "We are all aging, all the time, from the second we are born. New Hampshire is one of the most rapidly aging states in the U.S., and we have to talk about how we will

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Isolation, con't

support that in a macro sense.”

The Department of Health and Human Services' Bureau of Elderly and Adult Services is funding the effort with pandemic assistance. Tina Goulet, who is leading the project for the department, has seen the health risks of social isolation and loneliness through her work with veterans and people with disabilities.

While the federal funding supporting the project requires the site to be directed at older residents, Goulet reminds people that what benefits them benefits all age groups, including the people who are caring for older residents and their family members. A cartoon comes to mind when Goulet talks about her age-friendly work.

In it, students are headed out to recess after a snowstorm. When a student using a wheelchair asks someone to shovel the ramp, he's told the stairs need to be cleared first because most students use those. "The boy said, 'If you shovel off the ramp, everyone can use it and go out to play,'" Goulet said. "Not everyone can use the stairs."

Getting to the doctor isn't enough

The Laconia classmates did not dwell Tuesday on the unwanted end of a tradition.

They had official business to attend to: The scholarship fund they started decades ago has made 41 awards, and there's nearly \$16,000 left to keep helping high school students pay for college. They also wanted to know how one another's family reunions or other events had gone. Memories of WWII continue to bind them, including where they were the day the war ended.

Some, especially those who are still driving, said they weren't worried about becoming isolated as they age.

Nancy Crutcher, of Laconia, who was 75 when she retired from nursing, is widowed but keeps busy with her church. "I help everybody else," she said. Mimi Walker, also from Laconia, keeps physically active, grabbing a stack of Laconia Daily Sun newspapers at the store every morning and delivering them to neighbors.

"It's fun to listen to everyone's stories, and we love one another," Walker said of her classmates. "But I will never be isolated. I sit on the porch, and I wave to everyone. And we sit there and share stories."

It's different when transportation or physical mobility becomes a challenge. The needs assessment Elphick's organization conducted for the state confirmed that the Laconia women aren't alone in identifying transportation as a challenge.

When the Partnership for Public Health asked survey respondents why they were not participating in

community events, the top three answers were lack of transportation, health issues, and time or location of an event.

The good news, health aging advocates said, is that the transportation barrier is well understood, and addressing it has been a priority at the federal, state, and local levels.

Jeff Donald is part of that effort through his work at COAST Bus as one of the state's eight regional "mobility managers," a team of public transportation officials trying to coordinate, expand, and improve public transportation for older people and people with disabilities across the state. The goal, according to a **two-year strategic plan** released last year: allow "residents to maintain independence and participate in work and community life no matter their age or ability." COAST Bus, which serves the southeastern part of the state, is trying to achieve that in a couple of ways.

Just before the pandemic, it **partnered with the city of Portsmouth** to provide free or low-cost public transportation to people who are 62 and older and those 18 to 61 who have disabilities.

Donald is also managing TripLink, a new regional transportation call center and website aimed at making it easier for people in southeast New Hampshire to find, apply for, and use public transportation. The "Find a Ride" feature on the website, **communityrides.org**, allows someone to enter their town and choose the type of transportation they are seeking, such as volunteer drivers, shuttles, or wheelchair-accessible options.

While there has been progress, Donald said there are a number of transportation gaps. There are few options for people who want a ride in the evening. Rural towns have fewer options, and if they have public transportation, it may be limited to a single or handful of towns. Donald's mobility manager network hopes to expand the number of volunteer drivers, who can provide a more flexible schedule, to help address those gaps.

Closing or at least reducing those gaps will be critical if the state hopes to allow more people to remain connected and healthy while aging at home.

"You could add in socialization, you can add in nighttime or weekend service and it's not just that doctor's appointment and back," Donald said. "It's understood that social determinants of health are a bigger issue than having a healthy life. It's not just going to the doctor. It's about having transportation, having housing, having friends. It's the whole kit and caboodle."

Source: <https://newhampshirebulletin.com/2023/08/21/what-connects-smoking-obesity-and-social-isolation-each-can-kill-you/>

Advocacy Update by the NH Alliance for Healthy Aging

System of Care for Healthy Aging: Next Steps

By **MARTHA MCLEOD**, New Futures

Now that the System of Care for Healthy Aging legislation has passed, we turn our attention and energy to monitoring the implementation of the policy. The goal of the System of Care is to create a coordinated delivery system for long-term care services and supports for New Hampshire's older adults and adults with disabilities that provides a full range of options in a setting of their choice. For most people this means receiving care in their homes and communities.

A coordinated delivery system requires that there is a funding system that supports a full range of services options, that there is sufficient capacity at our Department of Health and Human Services to ensure quality services and quality monitoring, and that there is no absence or significant gaps in services or barriers. The policy language includes a number of tasks and a timeline to put the delivery system in place.

The Alliance for Healthy Aging (AHA) Advocacy Team, with the help of our partners and advocates, will be monitoring the implementation of these tasks and the timeline in the coming months. Some of the key items are highlighted here with their timeline:

July-December 2023

- Increase rates.
- Increase access for eligibility by making financial eligibility changes.
- Hire new DHHS staff.
- Expand capacity of Aging and Disability Resource Center (ADRC) capacity-amend ServiceLink contracts to include new positions.
- Expand who can be considered a provider care and be reimbursed.
- Hire consultants.
- Report to Legislature with initial plan and progress

January-June 2024

- Develop plan to fully establish and implement the system of care.
- Increase access for eligibility by implementing new resource disregard limits.
- Improve functions of the NH Easy application system and make changes to the IT system to include public facing dashboards and portal.
- Begin rate study.

July 2024-June 2025

- Rate report due to legislature; adjust Choices for Independence (CFI) rates and include in budget request for next biennium.
- Submit waiver for presumptive eligibility.

We invite you to get involved in our work to ensure that the System of Care for Healthy Aging is fully implemented by joining our AHA Advocacy Work Group. Contact Martha McLeod or Heather Carroll to get involved in the next steps of our collective work!

*This column is a regular feature of Aging Matters. We thank the **New Hampshire Alliance for Healthy Aging** and **New Futures** for the information they provide to keep readers informed on NH State Legislature.*

Who is My NH Legislator?

Use this link to find and contact your

- **State Representative:** <https://www.gencourt.state.nh.us/house/members/>
- **State Senator:** <https://www.gencourt.state.nh.us/senate/members/wml.aspx>

Visit your town or city's website to find contact information for your local elected officials.

Contact Information for NH Members of the U.S. Congress

U.S. Senator Maggie Hassan,
(202) 224-3324

<https://www.hassan.senate.gov/content/contact-senator>

U.S. Senator Jeanne Shaheen,
(202) 224-2841

www.shaheen.senate.gov/contact/contact-jeanne

U.S. Rep. Chris Pappas,
1st Congressional District
(202) 225-5456

<https://pappas.house.gov/>

U.S. Rep Ann Kuster,
2nd Congressional District
(202) 225-5206

<https://kuster.house.gov/contact/>

Check Out Past Editions of Aging Matters

<https://www.nhcoa.nh.gov/newsletters.aspx>

Help Us Spread the Word!

If you like this newsletter, please share it with your family, neighbors, friends, and colleagues.

Vouchers for Veterans Program Offered this September

The NH Department of Military Affairs and Veterans Services is grateful for the opportunity to share resources with New Hampshire's Veteran population through the NH Commission on Aging "Aging Matters" Newsletter. This month we would like to share information about Vouchers for Veterans.

Vouchers for Veterans is a non-profit organization launched September 2016 in Rochester, NH with the mission "to show recognition and gratitude to Veterans living in New Hampshire and Maine primarily by providing them with vouchers to purchase locally grown and prepared food directly from farmers and growers at local farmers' markets."

Vouchers for Veterans offers farmers' market vouchers for Veterans residing in New Hampshire and Maine to shop at participating farmers' markets.

Throughout the month of September, Veterans may go to a participating farmers' market and receive \$20 in vouchers to purchase market items.

The \$20 market vouchers are offered to qualifying Veterans with proof of service and residency to spend at participating markets during the month. Veterans may participate in Vouchers for Veterans' Market Voucher Program once a week at a participating farmers market of their choosing.

The vouchers can be picked up once a week at any of the participating farmers markets. They are a "thank you" for the veteran's service and are not based on need.

A representative from Military Affairs and Veterans Services out of Manchester is on hand to help veterans with questions regarding their benefit eligibility as well as having the appropriate forms on hand for the veterans to take.

Jeanne Grover, founder of Vouchers for Veterans calls the program a 'Circle of Love' as the veterans receive the fresh food and camaraderie with fellow veterans, farmers receive face value of each voucher redeemed and the money recirculates back into the community.

Participating Farmers Markets in the month of September include: Dover, Exeter, Kennebunk, Kittery Community Market, Littleton, Portsmouth, Sanford, September Harvest, and Wolfboro Area Farmers Markets.

For locations and further information go to: <https://www.vouchersforveterans.org/locations/>

2023 Cheshire County Veterans Expo Scheduled for September 22

Representatives from several agencies will be on hand to share information and resources for Veterans at the Cheshire County Veterans Expo scheduled for Friday, September 22 from 10am-2pm at the Keene Family YMCA.

Veterans in attendance are invited to enjoy a free lunch.

They'll be setting up the barbeque grill and serving hamburgers, hot dogs and all the typical barbeque fair. Lunch will be served from 11am-1pm.

Veterans can also get a free haircut while they're at the expo, courtesy of Jed's Barber Shop.

There will also be several raffle prizes, thanks to the generosity of local businesses who donated to the event.

This free event will take place rain or shine. To learn more, or if you're interested in exhibiting at the expo or making a donation, please reach out to Colleen Manzi at cmanzi@keene-ymca.org or call (603) 283-5580.

More info can be found at <https://keeneymca.org/veterans-expo/>

Let's Get Social



The NH State Commission on Aging is now on **Facebook** (<https://www.facebook.com/profile.php?id=100086639930636>) and **Twitter** (<https://twitter.com/AgingInNH>).



Follow the State Commission on Aging on Facebook and Twitter to stay up-to-date on the latest Commission news as well as insights from across the field of aging.

RAISE YOUR VOICE!

Let us know what's on your mind and what's important to you. Email us today!

NHCOAnews@gmail.com

New Medicare Proposal Would Cover Training for Family Caregivers

By JUDITH GRAHAM, KFF Health News

Even with extensive caregiving experience, Patti LaFleur was unprepared for the crisis that hit in April 2021, when her mother, Linda LaTurner, fell out of a chair and broke her hip.

LaTurner, 71, had been diagnosed with early-onset dementia seven years before. For two years, she'd been living with LaFleur, who managed insulin injections for her mother's Type 1 diabetes, helped her shower and dress, dealt with her incontinence, and made sure she was eating well.

In the hospital after her mother's hip replacement, LaFleur was told her mother would never walk again. When LaTurner came home, two emergency medical technicians brought her on a stretcher into the living room, put her on the bed LaFleur had set up, and wished LaFleur well.

That was the extent of help LaFleur received upon her mother's discharge.

She didn't know how to change her mother's diapers or dress her since at that point LaTurner could barely move. She didn't know how to turn her mother, who was spending all day in bed, to avoid bedsores. Even after an occupational therapist visited several days later, LaFleur continued to face caretaking tasks she wasn't sure how to handle.

"It's already extremely challenging to be a caregiver for someone living with dementia. The lack of training in how to care for my mother just made an impossible job even more impossible," said LaFleur, who lives in Auburn, Washington, a Seattle suburb. Her mother passed away in March 2022.

A new proposal from the Centers for Medicare & Medicaid Services addresses this often-lamented failure to support family, friends, and neighbors who care for frail, ill, and disabled older adults. For the first time, it would authorize Medicare payments to health care professionals to train informal caregivers who manage medications, assist loved ones with activities such as toileting and dressing, and oversee the use of medical equipment.

The proposal, which covers both individual and group training, is a long-overdue recognition of the role informal caregivers — also known as family caregivers — play in protecting the health and well-being of older adults. About 42 million Americans provided unpaid care to people 50 and older in 2020, according to a [much-cited report](#).

"We know from our research that nearly 6 in 10 family caregivers assist with medical and nursing

tasks such as injections, tube feedings, and changing catheters," said Jason Resendez, president and CEO of the National Alliance for Caregiving. But fewer than 30% of caregivers have conversations with health professionals about how to help loved ones, he said.

Even fewer caregivers for older adults — only 7% — report receiving training related to tasks they perform, according to a June 2019 report in *JAMA Internal Medicine*.

Nancy LeaMond, chief advocacy and engagement officer for AARP, experienced this gap firsthand when she spent six years at home caring for her husband, who had amyotrophic lateral sclerosis, a neurological condition also known as Lou Gehrig's disease. Although she hired health aides, they weren't certified to operate the feeding tube her husband needed at the end of his life and couldn't show LeaMond how to use it. Instead, she and her sons turned to the internet and trained themselves by watching videos.

"Until very recently, there's been very little attention to the role of family caregivers and the need to support caregivers so they can be an effective part of the health delivery system," she told me.

Several details of CMS' proposal have yet to be finalized. Notably, CMS has asked for public comments on who should be considered a family caregiver for the purposes of training and how often training should be delivered.

(If you'd like to let CMS know what you think about its caregiving training proposal, you can comment [on the CMS site](#) until 5 p.m. ET on September 11. The expectation is that Medicare will start paying for caregiver training next year, and caregivers should start asking for it then.)

Advocates said they favor a broad definition of caregiver. Since often several people perform these tasks, training should be available to more than one person, Resendez suggested. And since people are sometimes reimbursed by family members for their assistance, being unpaid shouldn't be a requirement, suggested Anne Tumlinson, founder and chief executive officer of ATI Advisory, a consulting firm in aging and disability policy.

As for the frequency of training, a one-size-fits-all approach isn't appropriate given the varied needs of older adults and the varied skills of people who assist them, said Sharmila Sandhu, vice president of regulatory affairs at the American Occupational Therapy Association. Some caregivers may need a

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Caregiver Training, con't

single session when a loved one is discharged from a hospital or a rehabilitation facility. Others may need ongoing training as conditions such as heart failure or dementia progress and new complications occur, said Kim Karr, who manages payment policy for AOTA.

When possible, training should be delivered in a person's home rather than at a health care institution, suggested Donna Benton, director of the University of Southern California's Family Caregiver Support Center and the Los Angeles Caregiver Resource Center. All too often, recommendations that caregivers get from health professionals aren't easy to implement at home and need to be adjusted, she noted.

Nancy Gross, 72, of Mendham, New Jersey, experienced this when her husband, Jim Kotcho, 77, received a stem cell transplant for leukemia in May 2015. Once Kotcho came home, Gross was responsible for flushing the port that had been implanted in his chest, administering medications through that site, and making sure all the equipment she was using was sterile.

Although a visiting nurse came out and offered education, it wasn't adequate for the challenges Gross confronted. "I'm not prone to crying, but when you think your loved one's life is in your hands and you don't know what to do, that's unbelievably stressful," she told me.

For her part, Cheryl Brown, 79, of San Bernardino, California — a caregiver for her husband, Hardy Brown Sr., 80, since he was diagnosed with ALS in 2002 — is skeptical about paying professionals for training. At the time of his diagnosis, doctors gave Hardy five years, at most, to live. But he didn't accept

that prognosis and ended up defying expectations.

Today, Hardy's mind is fully intact, and he can move his hands and his arms but not the rest of his body. Looking after him is a full-time job for Cheryl, who is also chair of the executive committee of California's Commission on Aging and a former member of the California State Assembly. She said hiring paid help isn't an option, given the expense.

And that's what irritates Cheryl about Medicare's training proposal. "What I need is someone who can come into my home and help me," she told me. "I don't see how someone like me, who's been doing this a very long time, would benefit from this. We caregivers do all the work, and the professionals get the money? That makes no sense to me.

Source: <https://kffhealthnews.org/news/article/a-new-medicare-proposal-would-cover-training-for-family-caregivers/>

For More Information

Read the [press release](#) from the Centers for Medicare and Medicaid Services (CMS) announcing its [Guiding an Improved Dementia Experience \(GUIDE\) Model](#), which aims to improve the quality of life for people living with dementia, reduce strain on unpaid caregivers, and help people remain in their homes and communities through a package of care coordination and management, caregiver education and support, and respite services. The GUIDE Model will be tested by the Center for Medicare and Medicaid Innovation and is a key deliverable from President Biden's April 2023 Executive Order on [Increasing Access to High-Quality Care and Supporting Caregivers](#), as well as key goals of the [National Plan to Address Alzheimer's Disease](#).

The Maine Council on Aging Presents:

The Change AGent Summit

Creatively building purpose, belonging, and inclusion into our new longevity

September 27, 2023 | 8:00am – 4:30pm

Augusta Civic Center, Augusta, ME

From building longevity-ready communities to aligning health spans with life spans, the 2023 Change AGent Summit will spark creative and innovative thinking on what it will take to build systems that support healthy, engaged living into our 80s, 90s, and beyond!

We're living longer than ever before but our thinking about aging and older people hasn't changed, and our communities, institutions, and systems haven't caught up to support our new old age. While change is hard, it's time to embrace a [new map of life](#) and build

flexibility into how we learn, work, and live across a lifetime. This informative, interactive, and inspiring Summit will explore what's holding us back from embracing aging as a lifetime journey of learning, growth and health, and how a shift in perspective can propel us to positive action that can transform our workplaces, communities and economy.

Join us and become part of the change we want to see! More information and registration at <https://mainecouncilonaging.org/maine-wisdom-summit/registration/>

Links to Learn More

The following is a sample of information regarding older adults that came across our desk this month. We thought our readers might find this information interesting. Please follow the links or type the URL address into your browser for the complete story.

Stay Well, New Hampshire!

This new campaign aims to encourage New Hampshire adults 65+ and families with children to stay up to date on COVID-19 and other vaccines, seek and use resources to access vaccinations, and to check in with neighbors to ask how they are feeling and to be proactive about their health care. Learn more at <https://nhstayswell.org/>

Learn How to Connect Online

Not sure how to use video chat? Want to avoid being scammed on social media? Then we have good news for you. AARP Foundation has a free online workshop that can help you get more comfortable with using technology. You can take the workshop whenever and wherever.

In just four easy online lessons, you'll get tips on how to communicate safely with family and friends — and people you meet online.

Because your health improves when you stay socially connected, knowing how to connect using tech is a good idea.

Get started at <https://my.aarpfoundation.org/virtual-workshop-social-media-and-technology>

September Medicare Minute

"Medicare Minutes" are short, engaging presentations on current Medicare topics hosted by the Medicare Rights Center. The presentation is streamed live using a Medicare Interactive profile.

September Topic: Fall Open Enrollment Period

• Thursday, September 21 • 3:00 - 3:30 PM (EST)

Fall Open Enrollment is the time of year when you can change your Medicare coverage, but knowing where to start can be tough. During this Medicare Minute, you'll learn about the types of changes you can make and strategies to choose the coverage that best fits your needs for 2024.

REGISTER: <https://www.medicareinteractive.org/medicare-minute-login>

Medications & Older Adults

People 65 years old and older take prescribed medications more frequently than any other age group in the United States. Most older adults take several medicines to treat chronic illnesses. Healthcare providers may also prescribe medications to older adults to help prevent certain illnesses. HealthinAging.org provides important information on medication

safety for us all as we age. Learn more at <https://www.healthinaging.org/medications-older-adults>

Healthy Aging Month

Healthy Aging Month is observed during the month of September. This observance raises awareness on the physical and mental health of older adults and serves as a reminder that as we age, our minds and bodies change. It is important to maintain a healthy lifestyle to help deal with those changes and to help prevent some common age-related health problems.

You can take a proactive approach to aging by adopting healthy habits and behaviors, managing existing health conditions, and staying connected to your community. For additional resources and information on healthy aging, visit the National Institute on Aging, Healthy Aging website at <https://www.nia.nih.gov/health/what-do-we-know-about-healthy-aging>

NPL September Program Offerings

The Nashua Public Library is offering two programs of interest to older adults in the month of September:

Thursday, September 28 / 4:00-5:00pm

Scam Prevention for Older Adults

Learn about the latest scams targeting seniors and find out how to protect yourself and your loved ones. NH Bureau of Elderly and Adult Services representatives will also go over other topics related to The Adult Protection Program. Attend in person or register to join us virtually at https://us02web.zoom.us/webinar/register/WN_hsNTfL_4RNiXVbhHDBHQLA#/registration

Wednesday, September 20 / 6:00-7:00pm

Green Burials and Home Funerals

Join us as we discuss the emerging movement to change the way we do death in America, with expert Lee Webster. Take a look at the increased environmental and cultural awareness around funeral practices in the US, including the age-old practice of home care and burying naturally. We'll discuss the principles of sustainable after-death options, reveal some of the hidden environmental costs and benefits of 'boutique' disposition methods and products, and learn what can be done to plan for a truly planet-friendly ending that is affordable and meaningful for all. This program is presented in partnership with Home Health and Hospice Care. Register at <https://nashualibrary.libcal.com/event/11175811>



Celebrating the Geriatric Center of Excellence (GCOE)

September 14 - 15, 2023

We invite you to join us for any of these events to recognize the Geriatric Center of Excellence.

Open to all staff and the community.
All sessions will be available via Webex.

Thursday, September 14

10:30 to 11:30 am
Auditorium E, DHMC
📶 **Join by Webex**

Policy discussion about issues and aging in New Hampshire

- Alison MacDonald
Chief of Staff, Senator Shaheen
- Vic Goetz, Legislative Assistant, Public Health

12 to 1 pm
Auditorium E, DHMC
📶 **Join by Webex**

Patient- Centered Outcomes Research Institute (PCORI) study on colonoscopy versus stool-based testing for older adults with a history of colon polyps.
Audrey Calderwood, MD, MS, Director of the Comprehensive Gastroenterology Center, and Associate Professor of Medicine at Geisel School of Medicine at Dartmouth and the Dartmouth Institute for Health Policy and Clinical Practice (TDI),

1 to 4 pm
46 Centerra Parkway
Lebanon, NH

Annual Fall Open House at The Aging Resource Center

Friday, September 15

8 to 9 am
Auditorium E, DHMC

Grand Rounds: Improving the care of patients with and at risk for delirium
Dr. Mark Oldham, Assistant Professor of Psychiatry, University of Rochester Medical Center leads an interdisciplinary team that aims to improve the care of patients with and at risk for delirium.

10:30 am
Fuller Board Room,
DHMC
📶 **Join by Webex**

Launch event

- Joanne Conroy, MD CEO and President, Dartmouth Health
- Ellen Flaherty, Ph.D, APRN, AGSF VP, Dartmouth Health GCOE
- Susan Reeves, RN, Ed.D, CENP, Executive Vice President, DHMC
- Elisabeth Wilson, MD, MPH, MS-HPed, Chair & Professor, Community & Family Medicine
- Kathy Harvard, GCOE Advisory Committee Member