



Aging Matters

New Hampshire State Commission on Aging

New Hampshire Commission on Aging

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Roxie Severance, Clerk

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Susan Buxton, Long Term Care Ombudsman
Richard Lavers, Department of Employment Security
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New Initiative Taking Its First Steps:

Calling For a Multisector Plan for Aging in New Hampshire

The New Hampshire State Commission on Aging in collaboration with the NH Alliance for Healthy Aging, AARP New Hampshire, New Futures, the Alzheimer’s Association MA/NH Chapter, the NH Department of Health & Human Services Bureau of Elderly and Adult Services and others continues to participate in a national learning collaborative of ten states supporting the development of multisector plans for aging.

What is a Multisector Plan for Aging? It is often a cross-sector 10-year vision for policies, systems, and infrastructure changes in response to the transformational population shift to an older aged society. It’s created by community members, service providers, state agencies, and policy makers working together.

Yet to be successfully implemented, it needs to be initiated by state governance leaders. Fortunately, such leaders across the country are realizing the need to futureproof as they see Baby Boomers age and all of us live longer, healthier lives with more productive years. These leaders are realizing this with the help of community members who are sharing what is working, what isn’t working and calling for change.

The Commission and fellow NH learning collaborative participants are fostering a movement to call upon the current and future governors of NH to commit to the development of a Multisector Plan for Aging in NH.

What would commitment look like? It is the issuing of an Executive Order that directs the Commission on Aging to oversee the development of a plan, outlines priorities to be addressed in a New Hampshire plan,

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Aging Matters Newsletter

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Next NH COA Meeting on February 12

The next NH State Commission on Aging Meeting will be held on Monday, February 12, 2024 from 10:00AM – 12Noon at the NH Hospital Association, 125 Airport Rd., Concord.

The focus will be on dementia and the continuum of care.

All meetings are open to the public and the community is invited to attend in person or via ZOOM. Details, and more including minutes from past NH State Commission on Aging meetings can be found at: <https://www.nhcoa.nh.gov/>

Check Out Past Editions of AgingMatters

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

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and frames the engagement of leadership in the plan development.

Maryland and Utah are two states that have taken steps towards creating a Multisector Plan for Aging. Maryland launched their Longevity Ready initiative with an **Executive Order** issued by Governor Moore on January 1, 2024. **Utah enrolled a bill** during the 2023 legislative session directing the Utah Commission on Aging to prepare a Master Plan for Aging.

These are still the early days in New Hampshire. The NH learning collaborative team has created a short presentation they are prepared to deliver to community groups and other organizations with an eye towards getting feedback on what matters most. Please contact the Commission via nhcoa@nh.gov to schedule a presentation /discussion with your group. Other feedback tools will be available soon.

How else can you get involved? Help the team refine how we talk about the possibilities of this type of planning. It is seeking to name this initiative in a way that will inspire understanding of the goals and potential of a multisector plan for aging in New Hampshire. Three ideas currently being floated include Longevity Ready NH, Age Well NH, and Lifelong NH. Share what would inspire you by emailing nhcoa@nh.gov.

To learn more about Multisector Plans for Aging, check out: <https://multisectorplanforaging.org/>

New Hampshire State Commission on Aging

Older Adult Volunteer Recognition Program



Help us celebrate those making a difference in your community!

Is There an Older Adult Volunteer in Your Community Who Deserves Recognition?

The Governor of NH and the NH State Commission on Aging celebrate Older Americans Month each May by honoring older adults who through their volunteerism, serve to build strong communities. Their work demonstrates that each of us can positively impact the lives of others at any time in our lives.

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

More details about the program are available by clicking on the graphic above or at the NHCOA website at <https://www.nhcoa.nh.gov>, The 2024 nomination form is also available on the website.

NH State Commission on Aging January 2024 Meeting Recap

A “Panel of Pundits” kicked off the January Commission on Aging meeting, providing information on bills before the state legislature this session related to the priorities in the Commission’s 2023 Annual Report:

Kristine Stoddard of Bi-State Primary Care Organization discussed SB 403 that seeks investments to develop New Hampshire’s healthcare workforce. A few of the initiatives in this large bill include the creation of a family medicine residency program in Coos County, a community health worker certification program, and investments in the workforce pipeline including programs that support individuals to become working licensed nursing assistants. To learn more about the NH Healthcare Workforce Coalition, organized in 2018 in response to worker shortages and this bill check out: <https://www.investinnhhealth.org/>.

Deborah Ritcey of Granite State Independent Living gave an overview of two of the services her organization provides - the State Medicaid Plan Personal Care Assistant Program that mostly serve people who are paraplegic or quadriplegic and the Medicaid Choices for Independence program services. Because of workforce shortages, her organization is only able to provide 65% of the services authorized to clients. Fifty-one percent of the workers who provide these services are aged 50 and older, 40% are aged 60 and older. Deborah spoke about HB 1264 and HB 1461, two bills that support civic engagement. The first seeks to improve access for voting, and the second requires public meetings to be livestreamed.

Dawn McKinney of NH Legal Assistance (NHLA) provided info on two food access bills and several housing bills related to landlord/tenant relations. Senate Bill 499 would simplify the Supplemental Nutrition Assistance Program (SNAP) application for older adults and HB 1191 would create a meals and room tax exemption for meals purchased via

the Older Americans Act NH Restaurant Voucher program. SB 518 would provide incentives to landlords to accept Section 8 housing vouchers. New Hampshire is the only state in northern New England that allows landlords to discriminate based on source of income. SB 519 would increase the length of notice a landlord must give when they seek to evict a tenant when they intend to renovate a property from 30 days to 60 days. And HB1115 is a bill NHLA opposes as it seeks to make it easier to evict a tenant at the end of lease.

Noah Hodgetts, of the Office of Planning and Development in the NH Department of Business and Executive Affairs, reviewed a portion of the over 20 bills related to housing filed this session. Two highlights include HB 1291 that seeks to expand the opportunity for NH homeowners to add accessory dwelling units, and HB 1168 which would create a study committee to assess the impact of the housing crisis upon people living with disabilities.

The second half of the meeting featured a presentation and discussion by **Lindsey Courtney, the Executive Director of the NH Office of Professional Licensure (OPLC)**. The mission of OPLC is to create a regulatory environment favorable to workforce opportunities while protecting the public through efficient and economic support to New Hampshire’s professional licensing boards. The office supports 57 licensing boards and 250 license types. Lindsay spoke about recent efforts to streamline processes and about priorities for the future to improve internal controls, upgrade the data system, increase interstate portability, leverage technology, and streamline licensure requirements. She articulated the value of creating a healthcare cross-professional minimum data set to forecast gaps and justify workforce development funding. Following her presentation, the Commission engaged in a robust discussion of nursing assistant licensure.

Want to Learn More About the Bills Mentioned in this Article?

Search for a Bill - Go to the website at <https://gencourt.state.nh.us/> and look on the left side of the page to find CURRENT BILLS. You are able to search by the bill number as well as do a text search from the contents of the bill.

Another feature that has been added is the ability to **Subscribe to a Bill**. This is handy if you want to follow the progress of a particular piece of legislation. In the last item in the box under the CURRENT BILLS, you will find the Subscribe to a Bill option.

BEAS Announces Plan to Change Bureau's Name

The New Hampshire Department of Health and Human Services' newly updated State Plan on Aging serves as a guide for service provision for older adults over the next four years. One update to the plan is purposeful use of language to reframe how aging is viewed and approached. This will support thoughtful assessment and changes to strategies to better align with the needs of the older adults being served. The goal is for New Hampshire to be a leader in understanding, serving, supporting, and celebrating adults as they age.

It is with this in mind that the Bureau of Elderly and Adult Services (BEAS) is taking steps to change the name of BEAS to the "**Bureau of Adult and Aging Services**" (**BAAS**). Over the past two years, BEAS has been exploring a name change. They conducted listening sessions and did internal and stakeholder surveys to ensure an inclusive process that would result in internal and external support.

The name "**Bureau of Adult and Aging Services**" is age friendly and aligns with the overall vision, goals, objectives and strategies set forth in the current State Plan on Aging.

Policies, systems, and environments supported by state government ideally reflect the communities being served. As New Hampshire's population ages, it is time to advance policies and practices that make it possible for all adults to have the opportunity to thrive and be valued while growing older in New Hampshire.

Research suggests using inclusive language of aging creates a greater willingness by people to support policies and programs we all need to thrive at every age.

Unfortunately, evidence suggests words like "elderly" can evoke negative stereotypes and images of frailty, dependence, uselessness, and burden.

Karen Knowles Joins Commission on Aging Staff

The New Hampshire Commission on Aging is pleased to announce the recent hiring of Karen Knowles to the part time position of Director of Special Projects. In this position, Karen will report directly to the Commission's Director Rebecca Sky, supporting the Commission and its mission. Her experience helping to care for her parents for many years led to a passion in helping other families navigate the challenges and joys of Aging with Dignity. "The opportunity to support and engage with the NH Commission on Aging fits in well with my own

Research also suggests language shapes attitudes and that positive outlooks could boost health.

As we strive to create a more balanced perspective, a name change that removes the word "elderly" from BEAS' title allows the Department to model language that acknowledges the many contributions that older people bring to society.

BEAS has connected with internal stakeholders to discuss the impact and timeline to adopt the name change. Once approved, the newly named **BAAS** will engage a working group to develop a detailed project work plan and timeline for all activities that will be necessary to complete the transition.

The process will take a minimum of 9-12 months and will be in line with the next biennium budget. Once the transition is complete the new name will be fully effective January 1, 2025.

People are living longer, healthier lives. This is good for all of us. The resulting increase in New Hampshire's median age, this transformational demographic shift brings with it great opportunity and the potential for growth. We can continue our current approaches to serving and engaging people, or we can adapt and modernize our public policies, systems, and community environments to better respond to our population. The time has come for innovation to support productivity and engagement over the course of longer lives. As we explore ways to enhance the healthy aging process through new public policies, systems, and physical and social environments that align our lives with our extending lifespans, we can lead the charge.

The resources for living well should be available for all adults as we grow older. An older median-aged society adds value to all our lives if we are willing to adapt to this changing reality.

strategy. Steering individuals toward solutions and supports is very rewarding."

A resident of Concord, Karen earned her bachelor's degree from Bridgewater State University. Karen has been a small business owner of a public record retrieval firm, Concord Search & Retrieval, Inc. for over 20 years. Bringing to the position her knowledge of working with state agencies, researching and proficient communication skills, Karen is excited for the opportunity. When not working Karen enjoys reading, trail walking and gardening.

Artificial Intelligence and Your Health

How Computers are Helping Medicine

There's a lot of talk about artificial intelligence, or AI, these days. AI is everywhere—from virtual assistants to facial recognition software. The technology is even assisting doctors and scientists. So, what exactly is AI? And how is it helping advance scientific research?

"AI is basically trying to teach computers to 'think' in the same way as the human brain," says Dr. Despina Kontos, an AI researcher at Columbia University.

One approach to AI uses a process called machine learning. In machine learning, a computer model is built to predict what may happen in the real world. The model is taught to analyze and recognize patterns in a data set. This training enables the model to then make predictions about new data. Some AI programs can also teach themselves to ask new questions and make novel connections between pieces of information.

"Computer models and humans can really work well together to improve human health," explains Dr. Grace C.Y. Peng, an NIH expert on AI in medicine. "Computers are very good at doing calculations at a large scale, but they don't have the intuitive capability that we have. They're powerful, but how helpful they're going to be lies in our hands."

Researchers are exploring ways to harness the power of AI to improve health care. These include assisting with diagnosing and treating medical conditions and delivering care.

Mining Medical Images

One area that AI is already being used daily is medical imaging. Computers help doctors comb through CT and MRI scans for signs of problems like heart disease and cancer.

"AI can look at images very closely, in a way that's much more detailed than we can do with the human eye," Kontos says. That means that the computer may be able to pick up on subtleties that a person might miss.

In medicine, catching early signs of certain diseases can be the difference between life and death. Kontos and her team are testing ways AI can be used to identify women who are at high risk for developing breast cancer. They're using AI to analyze different features in mammograms—X-ray pictures of the breast—such as breast density. Women who have a higher risk of breast cancer can take preventative steps, like more frequent screenings. This approach could help lead to earlier diagnosis and more successful treatment.

The team is also testing whether they can use AI to individualize breast cancer treatment based on imaging results that show how breast tumors are responding. AI may better reveal who needs more intensive treatment, like chemotherapy, and who can safely skip it.

"That way, we could spare women who don't need intensive treatment from unnecessary side effects," Kontos explains.

Connecting People with Care

Over the last year, advanced "chatbots," like ChatGPT, have burst on the scene. These AI programs are designed to have realistic conversations with people. People are starting to use the technology to find health information.

Many chatbots are a form of "generative AI." This type of AI can create new content based on what it learns from analyzing existing data. Such chatbots use what's called large language models, which are trained on huge data sets that are gathered from across the internet. The training teaches them to predict what words are most likely to appear after another.

It may be tempting to ask these tools to answer medical questions. "But these chatbots don't actually understand what you're asking," Peng says. "They're just looking at the phrases and making predictions about what comes next." So, it's important to use caution if you're using them to seek health advice.

"These tools also don't have a lot of context," explains Dr. Ellen Fitzsimmons-Craft, a mental health researcher at Washington University in St. Louis. "They may be able to state something that's the right medical advice in a general sense. But that may not be the right medical advice for you personally."

"We don't always know what information these tools like ChatGPT are trained on," Fitzsimmons-Craft adds. "We don't know if they're getting information from reputable sources or not."

Still, the idea of using chatbots in medicine has promise, explains Fitzsimmons-Craft. Right now, there is a shortage of health care providers in many fields, including mental health. Chatbots may be able to fill in some gaps.

"Not many people follow through with recommendations provided after a mental health screening," Fitzsimmons-Craft says. "And we don't have enough providers to connect with every one of those people."

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AI and Your Health, con't

Fitzsimmons-Craft and her team are developing a chatbot to help guide people with eating disorders toward seeking care. Their chatbot is made using a rule-based model, with limited AI. Rule-based means that human experts write entire conversations beforehand. Then, the chatbot picks what to say based on the responses of the person using it.

"Nothing this chatbot says should come as a surprise," Fitzsimmons-Craft explains. "That's in contrast to generative AI, where you have to work a lot harder to build in guardrails."

Her team is now testing their chatbot to see which conversation pieces are the most effective. They'll then test whether it can increase the number of people seeking help after a screening for eating disorders.

Other NIH-funded researchers are studying whether chatbots can help in additional areas, like suicide prevention and encouraging heart-healthy diet changes.

Looking Toward the Future

As AI moves into more areas of health care, many ethical issues will need to be addressed, explains Kontos. "These systems learn from human data, so they may learn our biases," she says.

For example, in the past, research studies have included far more men than women. This means that the resulting data may not be as accurate for guiding women's health care. So, if this information is fed into AI models, that bias will follow.



Recognizing biases before they reach the machines may provide a chance to break this cycle. "Can we end up training the machines better because we learned from the mistakes that we have in our own society about training people?"

Peng asks.

NIH-funded researchers are working on these issues, as well as many other ways to use AI in medicine. These include modeling the ways a virus might spread between countries and predicting if new drugs will be safe.

All of these projects need human imagination and computing power. So AI is not a replacement for people, says Fitzsimmons-Craft. "AI is just another tool in the toolbox, that's offering another form of help."

Source: <https://newsinhealth.nih.gov/2024/01/artificial-intelligence-your-health>





JANUARY 1 - MARCH 31

MEDICARE ADVANTAGE OPEN ENROLLMENT

Did you know that if you're unhappy with your Medicare Advantage Plan, you have options? During Medicare Open Enrollment, if you're in a Medicare Advantage Plan and want to change your health plan, you can do one of these:

- Switch to a different Medicare Advantage Plan with or without drug coverage
- Go back to Original Medicare and, if needed, also join a Medicare Prescription Drug Plan



During the Medicare Advantage Open Enrollment Period (MA OEP), you can switch from your Medicare Advantage Plan to another plan or to Original Medicare with or without a stand-alone prescription drug plan. It takes place annually from January 1 through March 31 and only applies to those with a Medicare Advantage Plan.

Changes made during this period take effect the following month, and only one change can be made.

Contact [ServiceLink](#) in New Hampshire if you have questions about changes in costs and coverage of your Medicare in 2024. ServiceLink counselors provide unbiased Medicare counseling and assistance.

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, <https://www.211nh.org>

America's Health System Isn't Ready for the Surge of Seniors with Disabilities

By JUDITH GRAHAM, Navigating Aging, KFF News

The number of older adults with disabilities — difficulty with walking, seeing, hearing, memory, cognition, or performing daily tasks such as bathing or using the bathroom — will soar in the decades ahead, as baby boomers enter their 70s, 80s, and 90s.

But the health care system isn't ready to address their needs.

That became painfully obvious during the covid-19 pandemic, when older adults with disabilities had trouble getting treatments and hundreds of thousands died. Now, the [Department of Health and Human Services](#) and the [National Institutes of Health](#) are targeting some failures that led to those problems.

One initiative strengthens access to medical treatments, equipment, and web-based programs for people with disabilities. The other recognizes that people with disabilities, including older adults, are a separate population with special health concerns that need more research and attention.

Lisa lezzoni, 69, a professor at Harvard Medical School who has lived with multiple sclerosis since her early 20s and is widely considered the godmother of research on disability, called the developments “an important attempt to make health care more equitable for people with disabilities.”

“For too long, medical providers have failed to address change in society, changes in technology, and changes in the kind of assistance that people need,” she said.

Among lezzoni's notable findings published in recent years:

Most doctors are biased. In survey results [published in 2021](#), 82% of physicians admitted they believed people with significant disabilities have a worse quality of life than those without impairments. Only 57% said they welcomed disabled patients.

“It's shocking that so many physicians say they don't want to care for these patients,” said Eric Campbell, a co-author of the study and professor of medicine at the University of Colorado.

While the findings apply to disabled people of all ages, a larger proportion of older adults live with disabilities than younger age groups. About one-third of people 65 and older — nearly 19 million seniors — have a disability, according to the Institute on

Doctors don't understand their responsibilities. In 2022, lezzoni, Campbell, and

colleagues [reported that 36% of physicians](#) had little to no knowledge of their responsibilities under the 1990 Americans With Disabilities Act, indicating a concerning lack of training. The ADA requires medical practices to provide equal access to people with disabilities and accommodate disability-related needs.

Among the practical consequences: Few clinics have height-adjustable tables or mechanical lifts that enable people who are frail or use wheelchairs to receive thorough medical examinations. Only a small number have scales to weigh patients in wheelchairs. And most diagnostic imaging equipment can't be used by people with serious mobility limitations.

lezzoni has experienced these issues directly. She relies on a wheelchair and can't transfer to a fixed-height exam table. She told me she hasn't been weighed in years.

Among the medical consequences: People with disabilities receive less preventive care and [suffer from poorer health](#) than other people, as well as more coexisting medical conditions. Physicians too often rely on incomplete information in making recommendations. There are [more barriers to treatment](#) and patients are [less satisfied with the care](#) they do get.

Egregiously, during the pandemic, when crisis standards of care were developed, people with disabilities and older adults were deemed low priorities. These standards were meant to ration care, when necessary, given shortages of respirators and other potentially lifesaving interventions.

There's no starker example of the deleterious confluence of bias against seniors and people with disabilities. Unfortunately, older adults with disabilities routinely encounter these twinned types of discrimination when seeking medical care.

Such discrimination would be explicitly banned [under a rule proposed by HHS](#) in September. For the first time in 50 years, it would update Section 504 of the Rehabilitation Act of 1973, a landmark statute that helped establish civil rights for people with disabilities.

The new rule sets specific, enforceable standards for accessible equipment, including exam tables, scales, and diagnostic equipment. And it requires that electronic medical records, medical apps, and websites be made usable for people with various impairments and prohibits treatment policies based

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on stereotypes about people with disabilities, such as covid-era crisis standards of care.

“This will make a really big difference to disabled people of all ages, especially older adults,” said Alison Barkoff, who heads the HHS Administration for Community Living. She expects the rule to be finalized this year, with provisions related to medical equipment going into effect in 2026. Medical providers will bear extra costs associated with compliance.

Also in September, NIH designated people with disabilities as a population with health disparities that deserves further attention. This makes a new funding stream available and “should spur data collection that allows us to look with greater precision at the barriers and structural issues that have held people with disabilities back,” said Bonnielin Swenor, director of the Johns Hopkins University Disability Health Research Center.

One important barrier for older adults: Unlike younger adults with disabilities, many seniors with impairments don't identify themselves as disabled.

“Before my mom died in October 2019, she became

blind from macular degeneration and deaf from hereditary hearing loss. But she would never say she was disabled,” lezzoni said.

Similarly, older adults who can't walk after a stroke or because of severe osteoarthritis generally think of themselves as having a medical condition, not a disability.

Meanwhile, seniors haven't been well integrated into the disability rights movement, which has been led by young and middle-aged adults. They typically don't join disability-oriented communities that offer support from people with similar experiences. And they don't ask for accommodations they might be entitled to under the ADA or the 1973 Rehabilitation Act.

Many seniors don't even realize they have rights under these laws, Swenor said. “We need to think more inclusively about people with disabilities and ensure that older adults are fully included at this really important moment of change.”

Source: <https://kffhealthnews.org/news/article/navigating-aging-seniors-with-disabilities-us-health-system-unprepared/>

AmeriCorps Partners With the ACL to Increase Volunteer Opportunities

AmeriCorps and ACL (Administration for Community Living) have entered into a [Memorandum of Understanding](#) (MOU) to facilitate development of collaborative activities to help modernize the way public and private nonprofit organizations utilize volunteers — especially older adults and people with disabilities.

The goal of the MOU is to expand the partnership to significantly increase the number of volunteers, including older adults and people with disabilities, engaged in service activities. The additional volunteers will help bolster the ability of Americans of all ages to live at home with the support they need and participate fully in society while also supporting communities in need throughout the United States.

“Older adults and people with disabilities are vital members of the communities they call home. Across America, they are volunteering for community organizations, helping children with schoolwork, delivering meals to neighbors, and helping parents with childcare,” said Michael D. Smith, CEO, AmeriCorps. “It has never been more important to ensure older adults and people with disabilities are both served by and have ample opportunity to serve their community. They have the knowledge and life

experience to change lives and enrich their own as well.”

“Across our nation, older adults volunteer almost two billion hours each year, providing over \$56 billion in economic value, and people with disabilities also volunteer extensively in communities across the country,” said Alison Barkoff, who leads ACL. “We are excited to continue and grow our longstanding partnership with AmeriCorps. We look forward to collaborating to modernize the way we view and deploy volunteers — especially older adults and people with disabilities.”

Service and volunteer programs need to be proactive to ensure that everyone — including every interested older adult and disabled person — has the opportunity to serve and be active participants in community life. Volunteerism can also provide great opportunities to gain important work-based skills. Through this MOU, AmeriCorps and ACL will help ensure greater inclusion of older adults and people with disabilities in volunteer efforts.

Words for Winter Wonderland

What else were you going to do in this weather?

By **DON AKCHIN**, *The End Game*

Today, if you live in North America and the weather wizards were on top of their game, you have a 75% chance of being snowbound, icebound, windswept – in other words, “it ain’t a fit night out for man or beast.” I hope you are indoors, cozy, and warm. As long as you’re inside, here are a few suggestions for great reading about positive aging to carry you into the new year. These sources helped me understand aspects of aging and enlarged my perspectives.

Longevity Lifestyle by Design: Redefining What Retirement Can Be, by Mike Drak and friends.

First things first: this book is available for free! No need to run to the bookstore or the library; you can download it at <https://longevitylifestylebydesign.boomingencore.com/>. Drak is a self-proclaimed “retirement rebel” whose first post-work experience gave him first-hand experience in “Retirement Hell,” has teamed up with fellow retirement coaches to reveal the secrets to a long, happy, fulfilling retirement. Chapters include nine steps for designing “your ideal longevity lifestyle.” The book is not a page-turner, but it is rich with ideas that are relevant to all of us on how to approach our encore phase of life.

No Time to Spare: Thinking About What Matters, by Ursula K. Le Guin.

At the age of 80, the highly acclaimed science fiction novelist Ursula K. Le Guin decided to try writing a blog, a feat of derring-do that is inspiring in itself. When assembled in book form, the blog posts from the final decade of her life look remarkably like short essays, which in fact they are, and they make delightful reading. Le Guin’s distinctive voice shines through. She is an intelligent observer who has seen it all, sometimes with amusement but often with impatience. In the title essay, for example, she cleverly picks apart a Harvard alumni questionnaire, reflecting on questions that confound her such as “In your spare time, what do you do?” Le Guin concludes: “I still don’t know what spare time is because all my time is occupied. It always has been and it is now. It’s occupied by living.”

Being Mortal: Medicine and What Matters in the End, by Atul Gawande.

I know I’m late to the party on this book, which was published in 2014, but it is quite remarkable in raising some highly pertinent questions. When is medical intervention counterproductive? Can doctors learn to

balance what’s possible against the kind of life the patient desires? Is there a point at which keeping older adults safe prevents them from enjoying life’s small pleasures? Illustrating these dilemmas are compelling human stories, including the sad tale of the last days of the author’s father. The book is a powerful critique of how American medicine is practiced and how elderly adults are treated.

What Retirees Want: A Holistic View of Life’s Third Age, by Ken Dychtwald and Robert Morison.

If you didn’t know Ken Dychtwald has been following the Baby Boom generation since the 1970s and has built his career on predicting their impact on virtually everything, he’ll remind you on page 1. The story that Boomer demographics tell in this book is how the cohort’s vast numbers, together with longer lifespans, is redefining retirement and the senior healthcare industry. Dychtwald’s research concludes what Boomers really want is to live with purpose and leave a legacy.

And Even More Reading

Here are more sources of good reading accessible from the internet, courtesy of my writing comrades at Substack:

Seventysomething, by Susie Kaufman. A retired hospice chaplain with a strong contemplative streak, Susie writes beautifully crafted essays about aging that raise profound questions.

A Considerable Age, by Alice Goldbloom. Alice, another fine essayist, shares her platform with a variety of carefully curated guest contributors.

Non-Boring History, by Annette Laing. A trained historian who prides herself on not writing like one, Annette is a Brit by birth, a former professor, and a great storyteller who cuts through American myths to write about the overlooked, forgotten, and misunderstood chapters in American history with great wit and a heaping helping of snark.

Vintage Morels, by Wayne Christensen. If you’re not hungry, you will be once you feast your eyes on Wayne’s newsletter, filled with odes to great dishes of every culinary tradition. Wayne also shares his experiences with fine dining and fine wining.

Spread your love around, stay warm, and let’s continue the conversation in the new year.

© 2024 Don Akchin Don Akchin produces a weekly newsletter and a biweekly podcast about positive aspects of aging. You can read more (and get a free subscription) at <https://theendgame.substack.com>

Get a Closer Look at State Agencies and Organizations that Support New Hampshire's Older Adults...

The New Hampshire Incapacitated Adult Fatality Review Committee

By **ELIZABETH FENNER-LUKAISTIS**, Acute Care Services Coordinator, Bureau of Mental Health Services and **RACHEL G. LAKING**, Adult Protective Services Administrator, Bureau of Elderly and Adult Services.

The New Hampshire Incapacitated Adult Fatality Review Committee (IAFRC) was legislatively created in January 2008. The Committee was established to study the incidence and causes of deaths of incapacitated adults and to recommend policies, practices, and services that will promote collaboration among the various public and private agencies and organizations that serve and advocate for New Hampshire's older adults and incapacitated adults. Through a systemic multidisciplinary review of incapacitated adult fatalities, the Committee develops recommendations for changes in law, policy and practice in order to prevent and reduce incapacitated adult fatalities.

The Committee, which is administratively attached to the Department of Justice, exemplifies New Hampshire's strong tradition of multi-disciplinary cooperation and its commitment to improving the State's ability to protect its most vulnerable citizens. The attorney general appoints members to the committee from the health care field, organizations with expertise in services provided to incapacitated adults, law enforcement, organizations or individuals who advocate for or provide legal representation to incapacitated adults, and other members as the attorney general determines will assist the Committee in fulfilling its objectives. Committee members serve at the pleasure of the attorney general for three-year terms.

The committee currently consists of members from health care organizations, advocates who provide legal representation, law enforcement, the medical examiner's office, EMS, public guardians, adult protective services, mental health services, and the long-term care Ombudsman, and law enforcement. This fatality review committee meets six times a year.

The Committee recognizes that a careful examination of certain fatalities provides the opportunity to develop education, prevention, service delivery, management, quality assurance strategies and, if necessary, prosecution strategies that will lead to improved coordination of services for older adults and incapacitated adults and their families.

Examples of reports can be found at <https://www.doj.nh.gov/criminal/victim-assistance/incapacitated-adult-fatality-review-committee.htm>

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

2024 AARP Community Challenge Grants Available

Deadline is March 6, 2024

The AARP Community Challenge provides small grants to fund quick-action projects that can help communities become more livable for people of all ages.

In 2024, the AARP Community Challenge will be accepting applications for three different grant opportunities: Flagship Grants; Capacity Building Microgrant; and Demonstration Grants.

Complete information on the grant opportunities, details on how to apply and examples of previous AARP Community Challenge-funded projects can be found at <https://www.aarp.org/livable-communities/community-challenge/info-2024/2024-challenge.html>



Let's Get Social

The NH State Commission on Aging has a NEW Facebook page. Please follow the NHCOA at <https://www.facebook.com/NHCommissiononAging/> to stay up-to-date on the latest Commission news, as well as insights, resources and information from across the field of aging.

New Hampshire Community Coalitions for Veteran Suicide Prevention

In partnership with the Manchester VA Medical Center and The Partnership for Public Health the agencies listed below have taken on the task of helping their communities prevent Veteran suicide. With technical support from the VA's Community Based Interventions for Suicide Prevention program these groups have set out to use VA identified evidence informed strategic focus areas to directly address risk factors for Veteran suicide.

These areas include expanding the identification of service members, Veterans, and their families; to promote universal risk assessment; to expand social connectedness; to improve care transitions; to expand lethal means safety; and promote safety planning in treatment settings.

Based on the experience of over 1000 coalitions nationwide and informed by extensive data collection these efforts are believed to help reduce suicide for Service Members, Veterans, and their family members our community.

This can take on many forms.

- Hosting and facilitating suicide prevention trainings, promoting military culture trainings.
- Promoting the [Ask the Question Campaign](#).
- Expanding opportunities for social connectedness through recreation and community service.
- Building relationships with local providers to emphasize the importance of identifying Veterans, screening for suicide, doing warm hand-offs, and safety planning.
- Teaming up with local first responders to talk about suicide prevention, self-care, and military culture.
- Teaming up with local gun shops, shooting clubs, and police departments to expand options for secure firearms storage when needed and to promote lethal means safety.

Current community coalitions for Veteran suicide prevention (Note: These groups are for prevention rather than crisis intervention. Crisis line and Rapid Response numbers are listed below):

- **Lakes Region Veterans Coalition:** LRVC is a coalition hosted by Camp Resilience in Gilford, NH. Contact: Kurt Webber kurt-webber@camp-resilience.org
- **Stronger Together** is a coalition for Veteran suicide prevention for the greater Nashua area. It is based out of Milford, NH at the Addiction

Recovery Coalition of NH. Contact: Kate Choquette kchoquette@arcnh.org

- **Greater Manchester Veteran Suicide Prevention Coalition:** Hosted by ForgeVFR and Easter Seals in Manchester. Contact: Sean Kilbreth skilbreth@forgehealth.org or Stephanie Higgs shiggs@eastersealsnh.org
- **Sullivan County Veteran Suicide Prevention Coalition:** Hosted by West Central Behavioral Health in Claremont. Meetings are usually virtual. Contact: Bill Metcalfe wmetcalfe@wcbh.org
- **Seacoast Veteran Suicide Prevention Coalition:** Hosted by the Seacoast Public Health Network in Raymond, NH. Contact: Maria Reyes mreyes@seacoastphn.org and Samantha Areson sareson@seacoastphn.org
- **Carroll County Veterans Coalition:** Hosted by Carroll County Coalition for Public Health in Ossipee, NH. Contact: Jen Thomas jennifer.thomas@graniteuw.org
- **Capitol Area Veteran Suicide Prevention Coalition:** Hosted by the Capitol Area Public Health Network in Concord. Contact: Ashley Sullivan ashley.sullivan@graniteuw.org
- **Central New Hampshire Coalition:** Hosted by Central New Hampshire CADY Inc. in Plymouth, NH. Contact: Elizabeth Brochu ebrochu@cadyinc.org

More information about suicide prevention for Veterans in New Hampshire is available at: **NH Suicide Prevention Council** (preventsuicidenh.org)

- New number. Same Support: Veterans Crisis Line: 988 then press 1.
- New Hampshire Rapid Response: 988 and call/text: (833) 710-6477.
- If the safety of self or others is at risk call 911.

Post Holiday Blues? VA Can Help

Now that the holidays are over and winter is settling in, are you feeling sad, depressed or just plain down? You're not alone. Many people feel that way around this time of year. The good news is that VA is here for you. We can help you cope with the post-holiday winter blues—in person and virtually.

Learn more in this story from the VA News: <https://news.va.gov/127837/post-holiday-winter-blues-va-can-help/>

Well-Being Action Network Offers Training for Chronic Disease Self-Management Program

The Well-Being Action Network seeks to empower those in chronic conditions through education and community. This year's goals include growing the number of people participating in the evidence-based programs offered and growing the number of people leading classes.

The network partners with organizations across the state to ensure that Granite Staters have access to proven programs that help manage their conditions and better support their loved ones who might have a chronic health condition.

Do you have a passion for promoting wellness and helping people better understand and manage their health?

Do you have a community group or organization that you think could benefit from the skills being taught through the programs offered through the Well-Being Action Network?

Carli Hughes, Community Health Worker (CHW) recently went through the "Becoming a Trainer for the Chronic Disease Self-Management Program." This is her account of what her experience was like being trained as an evidence-based program leader. You're invited to see if this might be the right fit for you to help support your community!

"Recently I had the pleasure of completing the CDSMP New Leader Training and I am excited to share my experiences with you. My experience with this trainer training was one of great personal success and growth. Along with being the program coordinator for Southern New Hampshire Area Health Education Center I am also a Community Health Worker. This is a title I hold proudly; the title of CHW shows I am here to help. Becoming a trainer allows me to continue my mission to help individuals as I work to make changes that matter.

The class met weekly for six weeks. In each, we reviewed the class in depth, practiced teaching, and worked on action planning.

"My first-time practice teaching I stumbled over my words, spoke way too fast, struggled to maintain eye contact and even missed a few steps though the steps and directions are clearly outlined in the manual. With encouraging feedback and direction I received from my instructors I was able to become more confident throughout the course.



"By the end of the course, I was able to peer teach with ease and confidence; the instructors were helpful and encouraging. One of our instructors would even dance while singing "You did it! You did it!" which may sound small and silly but helped me to feel proud.

"Every week we would pick an action plan to work on for that week. Mine would often be to increase my daily intentional movement. Action planning focuses on making small changes over time to be able to make sustainable changes to one's life. This is a big part of what we teach in the course. Action planning has become a practice that I have adopted into my lifestyle; having the chance to work on it personally helps us as trainers relate to our participants when we teach our own courses.

"I really enjoyed taking this training course and look forward to continuing my mission to help individuals make positive changes. If you are interested in doing the training yourself, I encourage you to reach out, visit the link and sign up for the next session scheduled to begin on Monday March 11th, 2024."

Who should attend the Leader Training?

- Do you have a chronic disease or are you a caregiver of someone with a chronic disease? You do not need to be a health professional to lead the workshops.
- Do you have a co-leader? Workshops are held in the community and are led by two trained leaders. If you need a co-leader, let us know and we will try to help!
- Can you commit to offering at least one 6-week program within one year? It is really helpful to lead a training soon after to solidify your learning.

If you're interested in becoming a CDSM leader or taking one of the many chronic disease self-management classes that are available, be sure to visit us online at <https://www.snhahec.org/leader-trainings1.html>

SCAM of the Month Alert

Eversource and Derry Police Offer Tips to Avoid Becoming a Victim

As the colder weather arrives in New England, scammers are heating up their efforts. Among their constantly evolving methods, clever imposters are taking advantage of the winter months by posing as Eversource representatives and threatening to disconnect customers' power unless they make immediate payment on the spot. The energy company is reminding residents and businesses to be on the lookout for the signs of a scam whether it's in person, over the phone, or online.

"These scammers will use deceitful tactics to scare people into giving up their money or personal information," said Eversource Senior Vice President for Customer Operations and Digital Strategy Jared Lawrence. "We want customers to remember that we never demand instant payment over the phone, ask for gift cards or other non-standard methods of payment, or request personal information in an unsolicited call, text message, or email. If you ever doubt who you're talking to is legitimate, hang up and give us a call at 800-662-7764."

Scammers may ask for bank account or credit card information or insist on a gift card. According to BBB, there's been a 50% increase in the number of reports of scams using gift cards as the payment method. Another common tactic is the overpayment scam. That's when someone will call claiming that a customer overpaid their utility bill and request personal information to give a refund.

Police departments around the state routinely receive reports of imposter scams. In some cases, the victims say the caller ID made it seem like the call was legitimate, but the information transmitted to a phone display when it rings can be falsified.

"Scammers are constantly coming up with creative new ways to steal people's money and trick them into providing their sensitive personal information," said Captain Vern Thomas of the Derry Police Department.

"A common scam that a local business in our

community was targeted by involves a demand for immediate payment using a third-party service or a prepaid debit card to prevent power from being shut off. Remember, don't panic and don't pay. If you receive a suspicious call or visit to your home, call your energy company directly, and then report any scam activity to your local police department."

Eversource and Derry Police offer these additional tips to help avoid becoming a victim:

- Eversource representatives do not require the use of prepaid debit cards, such as Green Dot MoneyPak, Vanilla, or Reloadit. They will also never ask customers to pay using a Bitcoin ATM or a gift card.
- Eversource representatives never request customers meet at a department or grocery store to make a payment.
- Customers should never provide personal, financial, or account information to any unsolicited person on the phone, at the door, or online, even if they seem legitimate.
- Eversource does not solicit door-to-door or on the phone on behalf of third-party energy suppliers.
- All Eversource employees carry photo identification; field workers wear clothing with the company logo and drive company vehicles.
- Customers who are scheduled for disconnection due to nonpayment receive written notice that includes information on how to maintain their service.
- Customers who doubt a call, in-person interaction, text, or email is legitimate should call Eversource directly to confirm the authenticity of the contact.
- Customers should not search for Eversource's phone number or website through a search engine. You can find contact information, including the website, on your Eversource bill.

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.

Hunger Free NH Act Supports Healthy Aging

Information Provided By **MARTHA McLEOD**
NH AHA Community Engagement Coordinator

Senate Bill 499 was introduced into the NH Senate in January. The Hunger Free NH Act aims to reduce hunger among children, older adults, and people with disabilities.

SB 499 would direct the New Hampshire Department of Health and Human Services to participate in the Elderly Simplified Application Project (ESAP) within the Supplemental Nutrition Assistance Program (SNAP) to provide food assistance to eligible older adults and people with disabilities. Participation in the ESAP would improve the application and certification experience for older adults and provide an easy, simple way to apply for SNAP. Currently, in NH, older adults are the least likely to be enrolled in SNAP, with only 40% of eligible older adults enrolled. And New Hampshire ranks 47th in the nation for participation in SNAP among the eligible populations. We need to do better and the ESAP is one way to improve food security.

Why Does This Matter to Older Adults? New Hampshire's SNAP program provides grocery dollars to low-income individuals and families to reduce food insecurity. Improving the application process for older adults will help people to meet their basic needs, making it more likely they can successfully age in place with dignity while reducing healthcare costs. Research shows that access to assistance while aging reduces the likelihood of nursing home admission, hospital admission, and emergency department visits. And the cost implication of healthy aging at home and in our communities rather than in a nursing home is significant for all of us.

SB 499 Supports NH Children too. SB 499 also directs the NH Department of Education to expand options for free and reduced priced meals to students and directs the Department of Health and Human Services to implement a summer EBT program to provide assistance to families with children eligible for free and reduced-price meals over the summer.

How can I advocate for the Hunger Free NH bill? Advocates play a key role in bringing ESAP to the attention of state policymakers and ensuring that

NH implements this option, and that it is designed to provide efficiencies and raise SNAP participation rates among older adults and those with disabilities.

SB499 had a public hearing in the NH **Senate Health and Human Services Committee** in early January. There were 257 advocates who signed in support of the bill. You can add your support and your voice with these two actions:

1. Call or email the **Senate Health and Human Services Committee**. Ask them to support SB499 and remind them how important it is to ensure food security so that older adults are able to age in their homes and communities and the children of NH are provided with the food they need to grow and learn.
2. Call or email your **State Senator** and ask them to vote in favor of SB 499 when it comes to the Senate floor.

Sign Up to Receive the New Hampshire Alliance for Healthy Aging Advocacy email to keep informed of advocacy actions to support NH's older adults: <http://bit.ly/HealthyAgingNH>

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

U.S. Rep. Chris Pappas, (202) 225-5456

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

U.S. Rep Ann Kuster, (202) 225-5206

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

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-jaleanne

Who is My NH State 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.



"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.

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.

Your Guide to Medicare Costs in 2024

Each year, there are changes to Medicare costs and coverage options. Starting in 2024, there are also several important changes to Medicare that will affect prescription drug costs.

The Medicare Rights Center has a new comprehensive guide that covers everything you need to know about Medicare costs and changes in 2024.

This guide will help you:

- Learn about the new premiums, deductibles, and coinsurance for Medicare Part A, B, and D
- Discover the new benefits and services that Medicare will cover in 2024
- Compare Original Medicare and Medicare Advantage plans costs
- Apply for financial assistance programs that can help you pay for Medicare

Find the guide at <https://mailchi.mp/medicarerights.org/5ixyh9mzgv>

February 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.

February Topic: Ending Care Appeals

- Thursday, February 15 • 3:00 - 3:30 PM (EST)

What should you do if you learn your hospital stay is ending but you aren't ready to go home yet? It can be scary to learn that your care is ending.

In this Medicare Minute, we'll talk about how you can appeal if your hospital, skilled nursing facility, or home health care services are ending too soon.

REGISTER: <https://www.medicareinteractive.org/medicare-minute-login1>

How to Avoid Over-the-Counter Hearing Aid Scams

With more new hearing aid companies than ever, how can you separate the real deal from a fake? Hearing aid experts at the National Council on Aging share information on what to look for in over the counter (OTC) hearing aids, how they differ from prescription hearing aids, considerations to keep in mind when considering OTC hearing aids and how to avoid scams.

An extensive article on this subject can be found at <https://www.ncoa.org/adviser/hearing-aids/otc-hearing-aid-scams>

Common Meds & Driving: What to Know

Can common medications affect your driving? A new study suggests as much.

According to UPI, (https://www.upi.com/Health_News/2024/01/02/seniors-medication-driving/4831704210066) antidepressants, sleep aids and painkillers were among the medications found to erode older adults' driving capabilities.

“Older adults should talk to their doctor about any red flags,” health writer Amy Norton reports, “like feeling drowsy or slower to react, or having a ‘close call’ on the road.”

If it's loved ones you're concerned about, check out these additional tips from Next Avenue on keeping your loved ones safe behind the wheel.

The tips can be found at <https://www.nextavenue.org/driving-happily-ever-after>

Grandparents as Caregivers: A Changing Demographic with Unique Support Needs

Grandparents often play an important role in the lives of their grandchildren, but in many American families, grandparents also have taken on the significant responsibility of primary caregiver for their grandchildren. The impacts of parental substance abuse and the loss of a parent from opioid overdose, challenges encountered during the COVID pandemic by grandparents acting as primary caregivers for grandchildren, as well as the complex financial and legal system grandparent caregivers must navigate, have drawn national attention to this issue.

To better understand the needs of grandparent caregivers and the nature of their challenges, researchers at the University of Pittsburgh National Center on Family Support (NCFS) performed a detailed analysis of the changing demographics of grandparents living with grandchildren, utilizing data from the 2009–2021 U.S. Census American Community Survey (ACS).

The details of the study are included in an article published by Generations / The American Society on Aging at <https://generations.asaging.org/grandparent-caregivers-changing-unique-needs>

RAISE YOUR VOICE!

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

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ALZHEIMER'S ASSOCIATION®

NEW ENGLAND FAMILY CONFERENCE



MARCH 1 - 2, 2024

A FREE Virtual Conference for Individuals Living with Dementia and Family Caregivers

The entire conference will be translated LIVE into Spanish

MARCH 1

A One-Day Conference for Individuals Living with Dementia

FEATURING

- Panel of Individuals Living with Dementia
- Maximizing Independence: Tips and Strategies to Organize Your Space and Home
- Using Art and Mindfulness to Care for Yourself

MARCH 2

A One-Day Conference for Family Caregivers

FEATURING

- Keynote: A Time of Hope: Advances in Treatment and Modifiable Risk Factors
- A Panel of Caregivers Sharing Their Experiences
- Creating Meaningful Engagement with Memory Boxes

Please visit alzfamilyconference.org or call our 24/7 Helpline at 800.272.3900 to register

Click here to join our [Family Conference Facebook group!](https://www.facebook.com/groups/alzfamilyconference)

alz.org/MANH | 24/7 Helpline 800.272.3900

Registration Link: alzfamilyconference.org

Family Conference Facebook: <https://www.facebook.com/groups/alzfamilyconference>