



Ageing Matters

New Hampshire State Commission on Aging

New Hampshire Commission on Aging

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Your Mission, Should You Choose to Accept It

Aging has an important spiritual purpose.

By **DON AKCHIN**, The End Game

Our society has a bad attitude about aging. This is well established. Youth gets the glory, old age seems gory. Most of the familiar, negative stereotypes about old age – feebleness, failing organs, decrepitude – are about the physical aspects. But a strong argument can be made that the aging process involves more than physical change. While our bodies are showing wear and tear, other non-physical traits are strengthening: patience, problem-solving skills, perhaps even wisdom.

Some psychologists and religious leaders even suggest that older adults have important work to do. That work, says Zalman Schacter-Shalomi, is “to complete their life journey, harvest the wisdom of their years, and transmit a legacy to future generations.”

Schachter-Shalomi and co-author Ronald S. Miller wrote *From Age-ing to Sage-ing: A Revolutionary Approach to Growing Older*. In it, they offer a new paradigm of aging that they call “spiritual eldering.” With our extended longevity, they write, we have the opportunity to offset our physical diminishment by developing extended consciousness. In other words, elders can become “sages,” offering their experience, mature judgment, and wisdom for the good of society.

The authors are neither the first nor the last to discuss spirituality in the lives of older adults. Many social scientists have noted that older adults tend to show increasing interest in spiritual concerns. Many have also suggested that old age has a purpose. “A human being would certainly not grow to be 70 or 80 years old if this longevity had no meaning for the

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In Memoria

Susan Ruka, the Commission on Aging's Chair up until recent months, passed away Sunday morning, January 26, 2025.

Sue was a wonderful community leader, advocate, and friend. Committed to the goals of the Commission, she sought ways to increase the Commission's impact.

She supported the Commission's involvement in a 10 state learning collaborative on state level Multisector Plans for Aging – a mechanism to engage the public and policy leaders in envisioning ways to modernize state government to be responsive to changing state demographics to an older aged population.

Sue left an indelible mark on her own local community. The consummate collaborator, she worked with others to establish the Mount Washington Valley Adult Day Center, lead an Administration for Community Living Dementia Capable Community grant, and served on the board of the Visiting Nurse Home Care & Hospice of Carroll County and Western Maine.

And this is just SOME of her most recent work. To say she will be missed is an understatement. A memorial service will likely be held in the spring.

*Rebecca Sky,
Executive Director,
NH State Commission on Aging*

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species to which he belongs," wrote the famous psychologist Carl Jung. Erik H. Erickson theorized that the eighth and final stage of life is when a person either achieves "integrity," an acceptance of their life with all its past blessings and mistakes, or falls into despair.

What I find attractive about Schacter-Shalomi and Miller is their clear directions for how to pursue a spiritual path and their insistence that spiritual work is a critical task to tackle as the end of life draws nearer. I also respect Schacter-Shalomi's bona fide credentials as a sage. A rabbi, teacher, and spiritual innovator, he was known for his work bridging different faith traditions. He was a revered leader in the Jewish renewal movement, which infuses traditional Jewish thought with the wisdom and spiritual disciplines of Buddhism, Sufism, and other traditions.

Three Tasks

Schacter-Shalomi saw three major tasks for older adults. Completing our life journey, he wrote, involves facing our mortality. An important step in that process is recontextualizing the past – reviewing our life experiences in order to see disappointing episodes not as failures but as sources of wisdom. Additionally, we need to forgive ourselves and others.

Harvesting wisdom means practicing spiritual techniques such as meditation, journaling, and life review to integrate life experiences, deepen understanding of self, and cultivate wisdom. The idea is to move beyond the roles and limitations society has placed on us and to connect with our deeper, authentic selves.

The final task, transmitting a legacy, follows from feeling a deeper connection to past and future generations, recognizing patterns and cycles in history and in our personal lives, developing greater capacity for balanced judgment, and finding the motivation to act as a steward of the earth and its resources for generations to come.

Consider how these tasks play out in a contemporary world plagued by ageism, a world that judges old people as elderly, rather than as potential elders.

Gerontologist and educator Jeannette Leardi tackles this problem in her recent book (which I highly recommend) ***Aging Sideways: Changing Our Perspectives on Getting Older.*** "We need to fill the spiritual void in [older adults'] lives and in our whole society that results from not recognizing the moral contributions that elders are uniquely capable of making," she writes. "For if we don't, we rob them, and ourselves, of opportunities to live more meaningful lives in all kinds of ways."

All of which is to suggest that if you are not reflecting on your life and seeking "integrity" by integrating your past and what wisdom you draw from it, then you have some work ahead of you.

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/p/your-mission-should-you-choose-to>
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Next NHCOA Meeting Scheduled for February 24, 2025

The next Commission meeting will be on Monday, February 24, 2025 at 10:00 AM at the NH Hospital Association, 125 Airport Road in Concord. The public is welcome to attend. To attend via ZOOM, please access the link under the calendar tab for that date at <https://www.nhcoa.nh.gov/>

Commission Briefed on COA Initiatives, Mobile Integrated Health, Paid Leave Programs

The following are highlights from the January 13, 2025 meeting of the NH Commission on Aging.

Newly elevated Chair Laurie Duff reported that the search for an executive director for the Commission is continuing. The job has been reposted with an application deadline of February 4, 2025.

To assist Laurie Duff, the Commission voted to name Margaret Franckhauser as vice chair.

The commission received brief updates from consultants working on two projects overseen by the Commission and funded through federal DARPA funds that will be completed by the end of the state's fiscal year in July. The first was the development of community outreach for the planned Multi Sector Plan on Aging (AgeWellNH) by Molly Singer, of Dexterity Management.

Singer explained that the AgeWellNH plan is to build community consensus on a plan to develop policy, practices and the environment to ensure healthy independent longevity. It involves gathering views of legislators, representatives of government at all levels, leaders and members of community groups to work on areas to address issues such as housing affordability, recreational opportunities, health and social services to support people of all ages.

She mentioned that NH has been part of a collaborative learning group with representatives from other states to develop the Multi Sector Plan. She made an analogy to the 1950s and 1960s when, to address the growing number of children in the baby boom generation, society responded to accommodating this new generation by building many new schools and playgrounds, and other ways to address the needs of children. Today, we need a similarly scaled effort to support that very same population as it ages 70 years later, she said.

Singer said her task is to gather input from stakeholders and hold focus groups to form a "360-degree perspective" on these issues from all sources. She said she has been researching plans developed by other states including California's. Although it is a very large state, she believes California's and other states' plans may be instructive in how they translate findings down to smaller states or communities.

Among the next steps is to advocate with the Governor to issue an executive order supporting the development of a Multisector Plan under the guidance of the Commission on Aging.

In response to a question about what the executive order would look like, Singer said an executive order would support the effort and call for state agencies to collaborate. She also mentioned that the plan would envision a 10-year time frame – considering what the aging population needs today, and what it will need 10 years from now.

The next presenter was Jen Buteau, of Impact Consulting, who is working on a community transportation needs assessment. The assessment will consider existing resources and gaps in transportation throughout the state, and how people of all ages are impacted, including not just older adults, but people with disabilities, new Americans, and other people without access to transportation.

She noted that access to transportation is a social determinant of health, a lifeline to opportunity such as jobs, and education, and it fosters belonging and equity. Lack of transportation can impact health; it has social and economic effects.

Our state currently has a fragmented, uncoordinated system of providers and better coordination could lead to more effective use of funding sources, such as the federal government.

Buteau laid out that her assessment project will be based on research followed by up to 2,000 surveys, 30 focus groups and 30 interviews. She intends to hire older adults when possible, to train them to co-facilitate focus groups and perform other work to advance the assessment project. Deliverables include: an analysis of gaps in transportation access in the state, and long-term investment strategies that can align with the state's 10-year transportation plans.

Among the questions asked were what is the Commission's role in improving transportation options, and whether ride-sharing apps such as Uber would be viable in enhancing community access. One meeting participant suggested that to overcome reluctance or concern of an older adult to use such an app could be a meet-and-greet phone call required before pickup, for example.

The commission also heard a briefing on Mobile Integrated Health by Matthew Robblee, Captain, Clinical Systems, Bureau of Emergency Medical Services, in the NH Division of Police and Fire Standards, and Joshua Patrick, Lead Community Paramedic clinician at Monadnock Community Hospital.

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Mobile Integrated Healthcare is an expansive term describing programs that empower EMS providers to act in alternative healthcare roles, including primary care.

Robblee presented statistics on national demographics, pointing out that an aging population will place increasing demands on the emergency medical system and that a “huge percentage of our volume” comes from older adults. And these adults are getting sicker with multiple morbidities increasing - nearly doubling of that volume.

Compounding the problem is an ongoing decline in the number of physicians - a 25% reduction in the number of physicians in NH in the next five years, according to a Dept. of Labor study. Robblee says that EMS is increasingly becoming a safety valve for an overloaded medical system.

MIH seeks to use paramedics and EMTs to supplement the healthcare system and would help cut down, through preventive and/or proactive visits, on the demands on the health care systems at overloaded entry points such as emergency departments or primary care doctor offices.

Different models are underway with 15 MIH programs in NH, covering or impacting 80 communities. Josh Patrick of Monadnock Hospital is involved in one of these programs. Operating in collaboration with the hospital and serving patients within its system, it fills gaps of primary care, in patient, home health, family resource centers and emergency departments. It acts as a physician extender, being able to provide telehealth services if the home is not equipped for it.

Paramedics in the program also visit patients discharged from inpatient stays within 48 business hours as these patients are at risk of developing problems, chronic disease management visits, injury or wound evaluation. Screenings for social determinants of health also are conducted.

The program is funded through CDC grants, insurance, and in some towns, payments in lieu of property taxes, and community benefit funds of the hospital.

Robblee indicated that creating this alternative use of paramedics, separate from the emergency/trauma response role, offers experienced paramedics a way to stay in the profession.

Commission member Nick Toumpas asked whether MIH could respond to patients where mental health, substance abuse disorder, or homelessness were issues. Robblee replied that the paramedics are trained to provide pathways to connect to appropriate resources.

Commissioner Elphick said MIH is being brought on by the Laconia Fire Dept. and it will work in collaboration with the community health worker that is already part of the Fire Dept.

Commissioner Hering asked whether outcomes data exists to prove the value of the program. Robblee said that it is difficult at present to provide it as data is siloed in different organizations in health care systems, and different MIH programs in the state have different focuses.

Commissioner Harding also noted that Lebanon has a community nursing model which brings health care into homes, and that it has a community paramedic that is shared with 2 rural communities.

These programs provide an overlap with home health care – MIH can pick up when someone stops qualifying for home health care, or if home health is at over capacity, Robblee said.

In answer to a question, Patrick said a typical day for community paramedics in the Monadnock region, serving 30 rural communities, is 4-6 visits per day.

Robblee pointed out that community paramedic or MIH programs are separate from emergency services and are not equipped to transport. He adds: “The future of EMS is not waiting for bad things to happen.”

Richard Lavers, deputy commissioner of the Department of Labor and a member of the Commission on Aging, provided an overview and update on the state’s voluntary Paid Family Leave program.

Open enrollment for self-employed people or employees of companies that have not opted into the program ended January 29. Lavers says it is the

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“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.”

Add your name at <https://agefriendly.community/anti-ageism-pledge/>

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only state-offered program that enables individual coverage.

The program provides 60% coverage of a covered person's regular salary for 6 weeks to provide care for a family member or for bonding with a new child, as defined under the federal Family Medical Leave Act.

Private employers can choose to pay all or part of the premium, and employees can opt to participate. Lavers said NH's plan, offered through a contract with MetLife insurance, is the first completely voluntary family leave program offered by a state. Private employers can offer to purchase coverage for their workers, pay a partial amount, or offer with employees paying all of the premium. Employers are incentivized to support the program through a business enterprise tax credit of 50% of the premium paid by the employer.

The program is also offered to individuals whose employers do not offer such benefits.

As of January 6, 2025, 450 people had enrolled for individual coverage for the first time, adding to 22,000 workers who already have access through 286 employers, and nearly 1,400 already enrolled for individual coverage. Included in the employer total are 8,826 state employees whose benefits are 100% covered by the state, supplementing its short-term disability benefit, which does not cover bonding with a child or other caregiving typically not covered by STD plans.

The benefit provides up to six weeks of salary replacement, up to 60% of the employees' regular salary, with premiums capped at no more than \$5/week. For individuals purchasing coverage, there is a seven-month waiting period.

Lavers said the plan has proven popular with small employers not covered under the federal FMLA law, municipalities and nonprofits. In most cases, he said, it appears the addition of the paid leave coverage provides coverage that was not available to these employees before.

Polly Campion, chair of the State House policy team, provided an update on the fast-moving legislative front. As of the meeting, 1,055 legislative service requests (proposed bills) had been filed by incoming and incumbent legislators, however only about 500 had emerged from the bill-writing process. To date, the policy team is monitoring approximately 50 bills.

Campion said the policy team has begun meeting virtually every Friday to review bills and the scheduling of hearings. She encouraged commission members to read the framework for advocacy by the commission. Commission members may speak on their own regarding legislation, but members can only speak on behalf of the NHCOA with the approval of the Operational Infrastructure Committee.

The NHCOA's website has a feature providing updated information on bills being tracked by the NHCOA. (See related article on page 12).

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

It's time to think about older adults who are making a difference in your community.

The Governor of New Hampshire and the New Hampshire State Commission on Aging celebrate Older Americans Month each May 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 in 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.

If you know someone who deserves recognition in the program, don't wait to let us know about it!

Send an email to Karen.T.Knowles@nhcoa.nh.gov to receive information about the 2025 Older Adult Volunteer Awards program.

The deadline to receive nominations is March 14, 2025.

See page 18 of this month's Aging Matters for the nomination form.

New Hampshire State Commission on Aging



Older Adult Volunteer Awards Program



Help us celebrate those making a difference in your community!

Letter to the Editor: *Addressing Medicare's Lack of a Long Term Care Option*

Submitted by **RICHARD MOORE**, Chichester, NH

Long Term Care is a huge issue for the quarter of a million seniors in New Hampshire. Part of the problem is that MediCARE does not have any LTC benefit and MediCAID LTC requires a significant "Spend Down" to be financially eligible for MediCAID LTC.

If MediCARE had a LTC benefit that would reduce the MediCAID costs to the State of NH and reduce or defer the "Spend Down" impact on NH families.

Who should authorize and fund a study to estimate the savings to the NH State budget if the number of "Spend Down" MediCAID Long Term Care (LTC) patients were reduced by 25%, 50%, and 75%? The scope should include both Facility Based MediCAID LTC and Choices for Independence (CFI) MediCAID LTC.

The State of NH uses NH taxpayer funds to match Federal Block Grant funds for MediCAID LTC. This study should focus on the LTC patients that were initially middle income MediCARE recipients that went through the "Spend Down" process to become financially eligible for MediCAID LTC. The study should estimate the number of "Spend Down" LTC patients entering MediCAID LTC each year and how much NH currently spends in MediCAID matching funds to provide LTC care for the "Spend Down" patients. The study would also estimate the savings if the number of "Spend Down" LTC patients was reduced by 25%, 50%, and 75%.

The study should estimate the savings in Medicaid matching funds and also any savings at CAP, DHHS, and any other agencies to administer the reduced volume of "Spend Down" MediCAID LTC patients.

The impact on Caregiving Agencies should also be estimated. The number of "Private Pay" LTC

patients would be reduced and replaced in part by the new Medicare LTC benefit and its associated reimbursement amounts.

If the proposed New Hampshire study estimates that the New Hampshire MediCAID LTC costs would be significantly reduced by reductions in the number of "Spend Down" Medicaid LTC patients then the Federal Delegations would be asked to sponsor Federal Legislation to increase the current Medicare LTC benefit from Zero to an appropriate Medicare LTC benefit level for in home LTC Caregiving initially and possibly Facility Based LTC later.

Overall savings of introducing a MediCARE LTC benefit to reduce the number of MediCAID "Spend Down" LTC patients would come from the reduced administrative costs and the increased use of in home LTC instead of Facility Based LTC. The need for an elderly spouse to provide LTC assistance in bathing, dressing, and using the bathroom would be reduced and possibly defer or eliminate the requirement for medical attention for that attending spouse.

If a MediCARE LTC benefit were created at the Federal level possible funding sources include anticipated savings from Medicare Prescription Drug costs, a portion of the MediCAID savings by creating MediCARE LTC benefits, possible adjustments to the 1.45% MediCARE payroll tax, a redirection of some of the funds paid to MediCARE Advantage programs, possibly a modest increase to the current \$175 - \$185/month MediCARE premium and other possible sources. The details of a possible MediCARE LTC benefit would be addressed separately at the Federal level.

Can you help address this LTC issue for the quarter of a million Seniors in New Hampshire?

You're Invited To Share Your Thoughts & Ideas

New Hampshire's older adults have a story to tell and we welcome the opportunity Aging Matters gives them to share their story with others in hopes that their experiences will help, inspire and encourage someone else as we all look for answers and ideas on how to navigate the years ahead.

Please use Aging Matters as your way to share those personal experiences and your personal points of view on living in New Hampshire as an older adult.

We hope that in sharing a variety of different points of view, we are able to assist our readers in forming their own opinions.

There are two ways to send articles — or to add your name to our newsletter mailing list.

1. Email it to: NHCOAnews@gmail.com

2. Mail it to: NHCOA Newsletter, NH Commission on Aging, 117 Pleasant St., Dolloff Building, 4th Floor, Concord, NH 03301. **We look forward to hearing from you soon!**

How to Negotiate with Resistant Aging Parents? Borrow These Tips from the Business World

By **JUDITH GRAHAM**, Navigating Aging

You've reached a standstill with your mother and father, who are in their late 80s. You think they need some help in the home, but they vigorously refuse. You're frustrated because you want to make their lives easier. They're angry because they think you're interfering in their affairs.

Can negotiation and dispute resolution techniques used in the business world help defuse these kinds of conflicts?

Yes, say a group of researchers at Northwestern University. And they're on to something.

These experts have developed a training curriculum on negotiation and dispute resolution for social workers, care managers, and health care professionals who regularly work with resistant older adults. Materials for family caregivers are being developed, too.

Instead of avoiding difficult issues or simply telling people what to do ("You'll need home health aides several times a week for the foreseeable future"), professionals learn to elicit what's most important to older adults and approach arranging care as a collaboration, not an edict from on high.

"People get into so many arguments when they get older. It's something I see every day in my work," said Lee Lindquist, chief of geriatrics at Northwestern University's Feinberg School of Medicine, who's leading the project. Its goal is to de-escalate conflicts and make it easier for older people to receive needed support, she said.

In May, Lindquist and her team planned to launch another part of the project: a trial of a computer-based training program for family caregivers of people with mild cognitive impairment or early-stage dementia. The program, called NegotiAge, features avatars of older adults and allows caregivers to practice negotiation techniques under different scenarios.

"You get thrown different situations, different emotions, and you get to play the game of negotiation as often as you want," Lindquist said. Nearly \$4 million in funding for the project comes from the National Institutes of Health. After evaluating the program's effectiveness, Lindquist hopes to make NegotiAge widely available.

In the meantime, there are several steps family caregivers can take to forestall or resolve conflicts with older parents.

Prepare

Preparation is essential for any type of negotiation, advised Jeanne Brett, professor emerita of dispute resolution and organizations at Northwestern's Kellogg School of Management and a member of the NegotiAge team. "You want to think through answers to several fundamental questions: What issues need to be addressed? Who are the parties invested in these issues? What are the parties' positions on each of these issues? Why do you believe they're taking those positions? And what's going to happen if we can't reach an agreement?"

It's helpful to write down answers to these questions in a planning document. Be sure to include yourself among the parties and spell out your goals for the conversations to come.

What might this look like in practice? Let's say you want your father, who's in his early 90s, to stop driving, because he's started getting lost and his vision isn't great. The people with a stake in the discussion include your father, your elderly mother, you, your two siblings, and your father's physician.

Your mom may be concerned about your father's safety but hesitant to raise the issue for fear of provoking an argument. One of your siblings may agree it's time to take away the car keys, while the other may think Dad is still fine on the road. The doctor may recommend a driving evaluation and subsequently offer his professional opinion.

Look for Common Interests

Your job is to find areas where these parties' interests intersect and work from there. Everyone wants your father to remain active and see his friends on a regular basis. Everyone wants to ensure he doesn't injure himself or anyone else on the road. Everyone wants to respect his desire for independence. No one wants to label him incompetent.

Brett distinguishes between positions, such as "I'm not going to stop driving," and interests, or the reasons why someone takes a position. In this case, Dad may be afraid of becoming isolated, losing autonomy, or giving up control over his affairs. But he, too, may worry about hurting somebody else unintentionally.

Negotiations have the best chance of success when they address the interests of all the parties involved, Brett noted. Don't adopt an adversarial approach. Rather, emphasize that you're on the same team. The

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goal isn't for one side to win; it's for people to work together to find a solution to the issue at hand.

Ask Questions

Don't assume you know why your parent is taking a certain position ("I don't want to go to the doctor"). Instead, ask follow-up questions, such as "Why?" or "Why not?"

If an older person snaps, "I don't want to talk about it," don't back away. Acknowledge their discomfort by saying, "I understand this is difficult," while adding, "I care about you and I want to know more."

Lindquist favors starting difficult discussions with patients with open-ended questions: "What are some things you're having issues with? What are you doing that you wish you could be doing differently? What would make your life easier?"

Listening carefully and making the person you're negotiating with feel heard and respected is essential. If one of Lindquist's patients tells her, "I make my own choices, and this is what I want," she might respond, "I agree you're the boss, but we're both here to make your life better, and I'm worried about you."

Brainstorm Strategies

Negotiations with family members are often charged with emotions that can easily spiral out of control. But don't reciprocate if someone gets angry and lashes out.

"When you're buying a car, if you can't agree with the dealer you're talking to, you can go to another dealer. When you're in a conflict with a family member, you don't have this option. You've got more stubbornness and more defensiveness about disabilities," Brett said, "and preserving relationships is even more important."

Redirect your focus to brainstorming strategies that can help solve the problem at hand. Get creative and put lots of options on the table. Invite your parent to respond and ask "Why?" or "Why not?" again as

needed.

If you find yourself going round and round without making progress, try saying something like, "We could argue about this all afternoon, but neither one of us is going to give in. Let's set aside our arguments and come up with five ways that you can get to activities without your car," Brett said.

Don't expect to agree on a strategy right away. "You can say, 'Let's bring in Mom and talk about this later,' or, 'Let's think about this and check in with each other next week,'" Lindquist suggested, noting that many negotiations take time and can't be rushed.

Bring In a Third Party

If all else fails, appeal to a third party. This was Brett's strategy when her husband, who has Parkinson's disease and compromised vision, wanted to resume driving in 2021 after recovering from a serious fall. Brett and the couple's daughter couldn't convince him this might be risky, but the older man, then 89, agreed to get a driving evaluation at a facility associated with a Chicago hospital. When they recommended he stop driving, he gave up the car keys.

Brett later hired a neighbor in the small town in France where they now live to ferry her husband to appointments several times a week. Twice a week, she drives him to a nearby village where he has coffee with friends. He gets out into the world and she doesn't worry about safety — an outcome both can live with.

Source: <https://kffhealthnews.org/news/article/negotiate-resistant-aging-parents-business-strategies/>

Navigating Aging focuses on medical issues and advice associated with aging and end-of-life care, helping America's 60 million seniors and their families navigate the health care system.

February 2025 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 established on the site.

February Topic: Premium-Related Appeals and Troubleshooting

- Thursday, February 20, 2025 • 3:00 - 3:30

Do you think your Medicare premium is too high? Whether you pay extra for your Medicare based on your income, or you are charged a late enrollment penalty on your Medicare, you can appeal and ask Social Security to reconsider your higher premium. Join us for this Medicare Minute to learn more about premium-related appeals.

Visit <https://www.medicareinteractive.org/medicare-minute-login> to register.

Latest 'NH Consumer Insight' Newsletter Focuses on Consumer Rights in Debt Collection

Attorney General John M. Formella has announced the release of the latest edition of the *NH Consumer Insight* newsletter. This special edition, created in collaboration with 603 Legal Aid, focuses on understanding your rights when dealing with debt collection and where consumers can turn for help.

After the often financially strenuous holiday season, many New Hampshire residents find themselves facing substantial credit card bills and other debt. If payments fall behind, these debts can be transferred to collectors, sometimes leading to harassing phone calls and letters. The newsletter offers vital guidance for consumers to protect themselves against unfair or deceptive debt collection practices. It explains how both the New Hampshire Department of Justice and 603 Legal Aid can help individuals navigating these stressful situations.

Key Topics Covered in This Edition:

Understanding Debt Types: Differentiating between secured and unsecured debt, and the potential consequences of not paying.

Your Rights Against Debt Collectors: Know when you can dispute a debt and how to handle harassment from debt collectors.

Free Resources for Assistance: How low-income individuals can access legal aid and what to do if they are sued by a creditor.

Consumer Protections Against Unfair Debt Collection: Learn about New Hampshire laws and federal protections that stop collectors from using abusive tactics.

In addition to these key points, the newsletter provides important information on exemptions for certain income types from being used to pay debts, and steps you can take if you are being threatened with legal action or wage garnishment.

If you or someone you know is being pursued by a debt collector and would like to learn more about your legal rights, the New Hampshire Consumer Protection and Antitrust Bureau can be reached at (603) 271-3641 or DOJ-CPB@doj.nh.gov. You can also file a consumer complaint by visiting [here](#).

For legal assistance, low-income individuals can apply for help from 603 Legal Aid by visiting www.603legalaids.org/apply or calling (603) 224-3333. Those who do not meet the income qualifications may contact the Lawyer Referral Service at (603) 229-0002.

The recent newsletter, along with those provided in the past, can be found at <https://www.doj.nh.gov/citizens/consumer-protection-antitrust-bureau/nh-consumer-insight-newsletter>

About NH Consumer Insight

Each edition of *NH Consumer Insight* highlights relevant consumer protection topics and offers essential information to help New Hampshire residents identify risks and navigate the marketplace safely. To subscribe, please email: Michael.S.Garrity@doj.nh.gov.

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New Hampshire Commission on Aging

2024 ANNUAL REPORT



The NH COA's 2024 Annual Report is on the Commission's website at https://www.nhcoa.nh.gov/documents/FY2024/COA_2024_ANNUAL_REPORT.pdf

New AARP Research Partnership to Pinpoint Dementia Risk Factors

Collaboration has already identified behaviors that increase potential for disease

By TRACY SCHORN, AARP

AARP is partnering with two public health organizations to identify dementia risk factors and disrupt the disease before it strikes. The collaboration, launched in November of last year, is known as the Dementia Risk Reduction Project and includes AARP, the Alzheimer's Disease Data Initiative (ADDI) and the Institute for Health Metrics and Evaluation (IHME) at the University of Washington.

Two-thirds of Americans have at least one major potential risk factor for **dementia** and the disease affects over 55 million people globally, including at least 6 million in the U.S. Despite ongoing research, much is still unknown about factors that may influence dementia risk, including around environment, health and lifestyle.

ADDI, a coalition of organizations working to find easier ways to share data and tools, and IHME, an independent health research organization, will work with AARP on this project. The initiative will identify how influences such as air pollution, **alcohol use**,

depression, **diabetes**, high body mass index, **hearing loss**, hypertension, low education, physical inactivity, social isolation, smoking and traumatic brain injury vary by state and how these factors correlate to dementia risk. The research can assist both consumers and policymakers when addressing dementia risks in their communities.

"We can use this information to promote healthier brains and empower people to lower their own risks, potentially delaying dementia onset and fostering healthy aging," Sarah Lock, AARP senior vice president for policy and executive director of the Global Council on Brain Health said in a statement. "This research aims to give older Americans more quality time with their loved ones."

AARP hopes to get new information through this novel research initiative and share information to reduce risks, Lock said.

A growing body of evidence shows that mitigating risk factors and promoting healthy behaviors can reduce the risk of cognitive decline, possibly reducing the risk of dementia and protecting cognitive health.

Read more at <https://www.aarp.org/politics-society/advocacy/info-2024/dementia-risk-reduction-project.html>

'Communication Quality in Residential Care Settings' Research Brief Released

Family caregivers are important contributors to the quality-of-care older adults receive, and the quality of life they experience, while living in nursing homes and assisted living communities. However, barriers within organizational systems can impede the ability of direct care professionals to establish effective and consistent lines of communication with family members. An LTSS Center research study explores and characterizes how family caregivers perceive their communication with direct care professionals and how those perceptions influence residents' mental health. The LeadingAge LTSS Center @UMass Boston conducts research to help the nation address the challenges and seize the opportunities associated with a growing older population.

The research brief is located at https://ltsscenter.org/reports/Quality_of_Communication_with_Direct_Care_Professionals.pdf

Help Us Spread the Word!

If you like Aging Matters, please share it with your family, neighbors, friends, and colleagues and encourage them to sign up for their own copy at

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

Guide Offers Alternatives to Elderspeak

The next time someone who should know better calls you "sweetie" or "young man," be armed.

CATCH-ON and the Rush Center for Excellence in Aging have produced a useful **Anti-Elderspeak Language Guide**.

The two-page chart provides alternatives to offensively ageist speech and explains why they are offensive.

The guide is located at <https://catch-on.org/wp-content/uploads/2024/05/Anti-Elderspeak-Language-Guide-CATCH-ON-2024.pdf>

Bills Impacting Older New Hampshire Adults Monitored

By **JUDITH JONES**, New Futures / NH Alliance for Healthy Aging Advocacy

The work of NH Alliance for Healthy Aging Advocacy (NHAHA Advocacy) and New Futures includes monitoring state legislation and identifying bills that could impact the lives of older adults in New Hampshire. Two of the bills we formally opposed through written and oral testimony could adversely impact older adults who are renters and those who are experiencing financial hardship.

House Bill 60 would eliminate longstanding tenant protections by allowing landlords to evict tenants at the end of a lease term without providing a reason for the eviction. If lawmakers adopt the bill, tenant safeguards that have been in place for over 40 years would be replaced with “no cause evictions” at the end of a lease term.

This bill comes at a time when older adults are experiencing higher levels of homelessness. Adults 50 and older represent that fastest growing age group experiencing homelessness in the United States. Here in New Hampshire, service providers report an increase in the number of homeless older adults. The 2024 report on the state of homelessness by the New Hampshire Coalition to End Homelessness has verified what service providers reported: homelessness increased by 23.4% from 2019 to 2023 for individuals age 55 and older.

The report can be found at <https://www.nhceh.org/wp-content/uploads/2024/12/2024-Edition-State-of-Homelessness-in-NH-Annual-Report-online-version.pdf>.

The second bill, House Bill 348, would restrict eligibility for local assistance, which is the last resort safety net available through New Hampshire towns and cities. Local assistance is available to pay for urgent needs such as food, housing and medication. As drafted, the legislation would establish barriers for individuals in a financial crisis by allowing municipalities to deny assistance if applicants have not resided in the municipality for up to 90 days.

This bill would eliminate a critical resource when more older adults are experiencing economic hardship. National data from 2022 shows that approximately 1 in 10 older adults age 65+ have incomes below 100% of the Federal Poverty Level (\$14,036 in 2022).

The data is from the 2023 Profile of Older Americans from the U.S. Administration on Community Living and can be found at <https://acl.gov/aging-and-disability-in-america/data-and-research/profile-older-americans>

BILLS, con't next page

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

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

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

U.S. Rep. Maggie Goodlander
(202) 225-5206

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

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

Who is My 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.

RAISE YOUR VOICE!

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

Email us today!

NHCOAnews@gmail.com

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 03301

BILLS, con't

Poverty among individuals 65 and older is increasing here in New Hampshire. Two of the standard measures of poverty show increases in poverty among New Hampshire residents 65 and older from 2019 to 2022. The data is provided by the NH Fiscal Policy Institute in their report "Poverty Among Older Adults. The information can be found at <https://nhfpi.org/blog/poverty-among-older-adults-rose-significantly-and-rebounded-for-children-in-2022/>.

New Futures and NHAHA Advocacy will continue to follow HB 60 and HB 348 as the session moves forward. You can sign up for email updates about all the bills we are monitoring through the following link: <https://new-futures.org/sign-up>.

This column is a regular feature of Aging Matters. We thank New Futures/NH Alliance for Healthy Aging Advocacy for the information they provide to keep readers informed on age-related issues at the state level. Contact Judith Jones at jjones@new-futures.org

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NHCOA Follows Bills of Interest on Website

The NH Commission on Aging website at www.nhcoa.nh.gov has a feature that enables users to view the progress of bills that the NHCOA State House team is monitoring.

At www.nhcoa.nh.gov, click on the heading "What we do" in the green banner at the top of the home page. On the left side of the page titled "Legislative Priorities" a series of blue buttons each denotes a topic area. Topic areas list bills with bill number, title, description and, in italics, current status including scheduled hearings or committee or chamber action. (Some topic areas, established in prior sessions, may have no bills listed).

The Commission does not take an advocacy position on every bill that it monitors. The website listing is solely informational; it does not indicate whether or what advocacy position the Commission may be taking.

The Commission, through the NHCOA's State House Team, uses the annual report and ongoing input from the Commission's Task Forces and full Commission meetings to respond to proposed policies and bills as they align with the needs and interests of older adults in New Hampshire.

Legislative Priorities

Bills New Hampshire Commission on Aging is Tracking by Topic Area

Main Content

Civic & Social Engagement

Guardianship & Exploitation Prevention

Housing

Other

Prescription Drugs & Telehealth

Professional Licensure

System of Care

Workforce Development

Staying Active to Reduce Your Risk of Alzheimer's Disease

By **MELISSA GRENIER**, Regional Manager, NH, Alzheimer's Association

There is quite a bit of research in the area of how physical activity affects brain health.

Many studies indicate that engaging in physical activity is associated with lower risk of cognitive decline, so many researchers say that if people had to choose one thing to do to improve their brain functioning, it should be exercise.

Some evidence suggests that exercise may directly benefit brain cells by increasing blood and oxygen flow, and by reducing other dementia risk factors such as high blood pressure, diabetes and high cholesterol.

However, there is no single recipe for what may work best. Most researchers believe exercise should be regular and on the more vigorous side, but other studies have shown benefits from mild activity such as walking.

The most important recommendation is to be as active as you can, and to incorporate activity that you enjoy so you will continue to engage in it. If this is new for you, start out small — walk around your neighborhood a few times a week, take the stairs more often, or park your car farther away from your destination than usual. The little changes add up, and research shows that even 20-30 minutes of walking a few times a week can have health benefits.

Participate in cardiovascular activity regularly. This will increase the blood flow to your brain and your body, providing additional nourishment. Research has shown that for most people, any additional movement is a positive change that can have an impact on overall health.

The Centers for Disease Control and Prevention have developed recommended guidelines for physical activity. For more details about the recommendations and how you can reach them, take a look at the CDC's website: <https://www.cdc.gov/physical-activity-basics/guidelines/adults.html>

- Move safely to prevent injury — wear a helmet when biking to protect against head injury, and wear other protective gear when needed for other activities.
- Ask friends to join you — this way you can make it social (a benefit for your brain and body as well) and get support for continuing with your routine.
- Consider physical activities that may also be mentally or socially engaging, such as taking a dance class, joining an exercise group or engaging in a challenging sport, such as golfing or playing tennis.
- Check with your doctor before beginning any new exercise program
- And finally, remember that it's never too late (or early) to start — no matter when you start, your body and brain can still reap benefits.

If you have questions about physical activity and other lifestyle modifications, please call the Alzheimer's Association 24/7 Helpline at 1-800-272-3900.

AARP Challenge Grants Announced

The 2025 AARP Community Challenge is accepting applications in three grant categories:

- Flagship Grants
- Capacity-Building Microgrants
- Demonstration Grants

Local governments and nonprofits with ready-to-go projects are eligible to apply.

The application deadline is 5:00pm March 5, 2025. All projects must be completed by December 15, 2025.

Each project must satisfy the guidelines as described for the individual Grant Opportunity and meet the following Organization Type, Mission Focus and Project Type criteria to be eligible:

Organization Type: The program is open to the following types of organizations:

- 501(c)(3), 501(c)(4), and 501(c)(6). Nonprofit organizations must be recognized by the IRS to receive funds.
- Government entities
- Other types of organizations considered on a case-by-case basis

Funds will not be provided to any for-profit company, nor individuals. However, AARP does allow for IRS recognized tax-exempt nonprofit organizations or government entities to serve as fiscal sponsors of grants.

Mission Focus: AARP will evaluate each project based on its consistency with the AARP mission to serve the needs of people age 50-plus.

Information on this year's program and application process can be found at <https://www.aarp.org/livable-communities/community-challenge/info-2025/2025-challenge.html>

Make Heart Health Part of Your Self-Care Routine

Devoting a little time every day to care for yourself can go a long way toward protecting the health of your heart. Simple self-care, such as taking a moment to de-stress, giving yourself time to move more, preparing healthier meals, and not cheating on sleep can all benefit your heart.



And that's a good thing, because heart disease is largely preventable and focusing on improving your heart health has never been more important. Heart disease is a leading cause of death for women and men in the United States, and many Americans remain at risk of getting it, according to the National Heart, Lung, and Blood Institute (NHLBI).

"Studies show self-care routines, such as taking a daily walk and keeping doctor's appointments, help us keep our blood pressure, sugar, and cholesterol levels in the healthy range and reduce our risk of heart disease and stroke," said Gina Wei, M.D., NHLBI's acting director of cardiovascular sciences.

It may be easier than you think to "put your heart" into your daily routine. Each Sunday, look at your week's schedule and carve out 30 minutes daily for heart-healthy practices. Take a yoga class, prepare a heart-healthy recipe, schedule your bedtime to get at least seven hours of sleep, or make a medication checklist. Then seek out support from others, even if it's online or via a phone call, to help you stick to your goals.

Here are few self-care tips to try every day to make your heart a priority:

Self-Care Sunday

Find a moment of serenity every Sunday. Spend some quality time on yourself.

Mindful Monday

Be mindful about your health and regularly monitor your blood pressure or blood sugar if needed. Keep an eye on your weight to make sure it stays within or moves toward a healthy range. Being aware of your health status is a key to making positive change.

Tasty Tuesday

Choose how you want to approach eating healthier. Start small by pepping up your meals with a fresh herb or spice as a salt substitute. Get adventurous and prepare a simple, new, heart-healthy recipe. Or go big by trying a different way of eating, such as the Dietary Approaches to Stop Hypertension (**DASH**) eating plan, which is scientifically proven to lower blood pressure. DASH is flexible and balanced, and it includes plenty of fruits and vegetables, fish, poultry, lean meats, beans, nuts, whole grains, and low-fat dairy products.

Wellness Wednesday

Don't waffle on your wellness. Move more, eat a fruit or vegetable you've never tried, make a plan to quit smoking or vaping, or learn the

ACL Releases 2023 Profile of Older Americans

The Administration for Community Living's (ACL) Profile of Older Americans is a summary of the available statistics related to the older population in the United States. Principal sources of data are the U.S. Census Bureau, the National Center for Health Statistics, and the Bureau of Labor Statistics.

The Profile illustrates the shifting demographics of Americans 65 and older. It includes key topic areas such as future population growth, marital status, living arrangements, income, employment, and health.

Highlights from the Profile

- In 2022, 31.9 million women and 25.9 million men were 65 or older.
- People 65 and older represented 17.3% of the population in the year 2022. That percentage is expected to grow to 22% by 2040.
- Of older adults 65 and older living in the community, 59% lived with their spouse/partner in 2023. About 28% lived alone.
- States with the highest percentage of populations 65 and older in 2022 were Maine, Florida, Vermont, and West Virginia.
- The 2022 median income of older people was \$29,740 (\$37,430 for men and \$24,630 for women).

The Profile incorporates the latest data available. Not all data are updated annually.

Find the profile at <https://acl.gov/aging-and-disability-in-america/data-and-research/profile-older-americans>

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HEART HEALTH, con't

signs of a heart attack or stroke. You could be having a heart attack if you have chest and upper body pain or discomfort, shortness of breath, cold sweats, nausea, or lightheadedness. You might be having a stroke if you have numbness in the face, arm, or leg; confusion; trouble talking or seeing; dizziness; or a severe headache.

Treat Yourself Thursday

Treats can be healthy. Try making a dessert with fresh fruit and yogurt. Then stretch your imagination beyond food. Host a family dance party, take a few minutes to sit still and meditate, go for a long walk, or watch a funny show. Laughter is healthy. Whatever you do, find a way to spend some quality time on yourself.

Follow Friday

Follow inspiring people and pages on social media, or text a friend to help you stick to your self-care goals. Remember to take care of your mental health, too. Two of the main hurdles to self-care are depression and a lack of confidence, according to a study published in the Journal of the American Heart Association. If your mental health gets between you and your fabulous self, take action to show your heart some love. Reach out to family and friends for support, or talk to a qualified mental health provider.

Selfie Saturday

Inspire others to take care of their own hearts. Talk about your self-care routine with loved ones or share a selfie on your social media platforms. Having social support and personal networks can make it easier to get regular physical activity, eat nutritious foods, reach a healthy weight, and quit smoking. Learn more in this [Self-Care Tips for Heart Health](https://www.nhlbi.nih.gov/resources/self-care-tips-heart-health-fact-sheet) fact sheet at <https://www.nhlbi.nih.gov/resources/self-care-tips-heart-health-fact-sheet>

Source: National Heart, Lung, and Blood Institute <https://www.nhlbi.nih.gov/health-topics/education-and-awareness/heart-truth>

Input Needed on the Impact of Ageism in Health Care

Comments due Saturday, March 15, 2025

The U.S. Department of Health and Human Services' [Agency for Healthcare Research and Quality](https://www.hhs.gov/agency-for-healthcare-research-and-quality) is seeking information regarding the impact of ageism in health care. This request is open to the public and is part of an effort to better understand and quantify the impacts of ageism on health care quality, including aspects related to safety, timeliness, patient-centeredness, equitable distribution, and care outcomes. They are also seeking to understand how the effect of ageism differs across population groups and are interested in identifying efforts and innovative strategies and programs that address and mitigate ageism to optimize older adults' health.

Details on how to submit comments are available in the Federal Register notice at <https://www.federalregister.gov/documents/2024/12/27/2024-31074/request-for-information-regarding-the-impact-of-ageism-in-healthcare>

For additional information, email Jose.Plascenciajimenez@ahrq.hhs.gov or call 301-427-1364

Your Local Resources



Not sure what resources exist in your community to help with an age- or disability-related issue? Contact your local Aging & Disability Resource Center (ServiceLink) Office at (866) 634-9412, <https://www.dhhs.nh.gov/programs-services/adult-aging-care/servicelink>



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

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If you like Aging Matters, please share it with your family, neighbors, friends, and colleagues and encourage them to sign up for their own copy at <https://www.nhcoa.nh.gov/>

Keep Cyber Safe This Month

Dealing with Spam Texts, Emails and Junk Mail

By **ANDREW RAYO**, Consumer Education Specialist

If it's not scammers spamming your phone with texts or filling up your inbox with emails, it's your mailbox crammed with ads and other mail you didn't ask for. The junk messages and mail might seem endless, but there are some ways to help scale it back.

Scammers send **phishing texts and emails** that look legit to trick you into giving them personal or financial information. Legit companies might send mail that you just don't want — things like magazines, catalogs, or **prescreened offers of credit and insurance**. While these aren't necessarily scams, they can pile up quickly.

To help you cut down on spam texts and emails:

Use filters. Check if your mobile phone has options to **filter and block** texts from unknown senders. Some call blocking apps can also help block unwanted messages. Many popular email providers (like Gmail or Yahoo Mail) have strong **spam filters** turned on by default. But if any spam gets into your inbox, mark it as **spam or junk**.

Unsubscribe from unwanted emails. Getting fewer unwanted emails helps you avoid clicking on links that can lead to **phishing attacks**.

Report unwanted messages. Unwanted messages often lead to scams. Report them. Use your phone's "report junk" option or forward unwanted texts to **7726 (SPAM)** and unwanted emails to your **email provider**.

To help you cut down on junk mail:

Register with **DMAchoice.org** to decide what types of mail you do and don't want from marketers.

Opt out of getting prescreened credit and insurance offers in the mail. You can choose to opt out for five years or permanently.

Learn more about how to get fewer **spam texts, emails, and junk mail**. If you spot a scam, report it to the FTC at <https://reportfraud.ftc.gov/>.

Source: <https://consumer.ftc.gov/consumer-alerts/2025/01/dealing-spam-texts-emails-and-junk-mail>



Register for the 2025 NH Senior Games

Currently in its 38th year, NH Senior Games provides an opportunity for older adult athletes from across the state to compete with peers in track and field events.

Whether interested in volunteering or participating, visit the NH Senior Games website to learn more: <https://nhseniorgames.org/>

Nashua Senior Center Offers Free 3-Month Trial Membership

The Nashua Senior Activity Center is offering a free 3-month trial membership to area residents who have never been a member and are 50 years of age or older.

The membership provides the opportunity to see what the center offers in terms of classes, seminars, music and more.

Older adults interested in taking advantage of the offer should stop in between March 1 and June 1 for a tour and to sign up for the trial membership.

To enroll, contact the Membership Office at (603) 816-2646 Monday through Friday between 9:15am and 11:30am



Let's Get Social

Please follow the NHCOA on Facebook 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.

U.S. Department of Veterans Affairs Update

Veterans Benefits and Resources

New Law Expands Veterans' Benefits

The Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act was signed into law by President Biden on January 2, 2025. This bill expands benefits, enhances services, and improves long-term care solutions for Veterans and their caregivers. Some highlights to improve Veterans healthcare and benefits include: the increase of the expenditure cap for non-institutional care alternatives to nursing home care; the award of contracts or grants for mental health care to family caregivers participating in the family caregiver program; the establishment of a pilot program to improve administration of care under veterans community care program; a Veteran-Directed Care Program to provide eligible Veterans with funds to obtain in-home care services and related items, to include hiring individuals to provide such services and items; increase funding for homeless Veterans and access to Department of Veterans Affairs Telehealth Services. Full text of the bill is located at <https://www.congress.gov/118/bills/s141/BILLS-118s141es.pdf>

Veterans That Reenlisted May Be Eligible for One More Year of GI Bill® Benefits.

The U.S. Department of Veterans Affairs has updated its process for awarding GI Bill® benefits following a recent U.S. Supreme Court ruling (https://www.supremecourt.gov/opinions/23pdf/22-888_1b8e.pdf).

Veterans who have served multiple periods of military service (e.g. Veterans that reenlisted) may be eligible for additional education benefits. This new policy allows qualifying Veterans up to an additional 12 months of total GI Bill benefits. Previously, Veterans who served at least two qualifying periods of service would have to choose between using the Montgomery GI Bill or Post 9/11 GI Bill for a maximum of 36 months in benefits.

Now with this retroactive benefit, a Veteran or their beneficiaries may be eligible to receive up to 48 months of GI Bill® benefits, an increase from the previous maximum of 36 months. Eligible Veterans will no longer have to choose between the Montgomery GI Bill or the Post 9/11 Bill, increasing the maximum eligibility total by an additional 12 months to a potential 48 months in total.

Of the 1.04 million Veterans who may potentially be eligible for additional benefits, VA will be able to automatically adjudicate the claims for approximately 660,000 without any further action required on their part. For all remaining Veterans, VA will be reaching

out to them directly to encourage them to file a claim. Additional details are at <https://news.va.gov/press-room/va-expands-access-to-gi-bill-benefits-for-veterans-who-served-multiple-periods-of-service/>

The U.S. Department of Veterans Affairs provides further information regarding this change at <https://benefits.va.gov/GIBILL/rudisill.asp>.

VA Makes Several Cancers Presumptive for Service Connection

VA automatically assumes service-connection for the following conditions and will provide benefits and free health care for the following: acute and chronic leukemias, multiple myelomas, myelodysplastic syndromes, myelofibrosis, urinary bladder, ureter, and related genitourinary cancers presumptive for service-connection for:

- **Gulf War Veterans:** Veterans who served in Somalia or the Southwest Asia theater of operations (which includes Iraq, Kuwait, Saudi Arabia, the neutral zone between Iraq and Saudi Arabia, Bahrain, Qatar, the United Arab Emirates, Oman, the Gulf of Aden, the Gulf of Oman, the Persian Gulf, the Arabian Sea, the Red Sea, and the airspace above these locations) during the Persian Gulf War on or after Aug. 2, 1990.
- **Post-9/11 Veterans:** Veterans who served in Afghanistan, Iraq, Djibouti, Egypt, Jordan, Lebanon, Syria, Yemen, or Uzbekistan and the airspace above these locations during the Gulf War on or after Sept. 11, 2001. This includes Veterans who served at the Karshi-Khanabad (K2) base in Uzbekistan after Sept. 11, 2001.

Learn more at <https://news.va.gov/press-room/va-makes-several-cancers-presumptive-for-service-connection-lowering-the-burden-of-proof-for-veterans-to-receive-no-cost-health-care-and-earned-benefits/>

VA encourages eligible Veterans to apply and those who have previously denied claims to reapply. Please contact the NH Department of Military Affairs and Veterans Service, Division of Veterans Services to schedule an appointment for a benefits review at (603) 624-9230. More information is available online at <https://www.dmavns.nh.gov/veterans-services>

Looking for information about Federal Benefits for Veterans, Dependents, Survivors and Caregivers? The 2025 Veterans Benefits Guide is now available at <https://news.va.gov/137659/spread-the-word-the-2025-veterans-benefits-guide-is-now-available/>.



NH State Commission on Aging

2025 OLDER ADULT VOLUNTEER AWARD NOMINATION FORM

Let's celebrate those making a difference in your community!

Nominate an individual or couple over the age of 60 who has 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.

Don't keep it a secret the important work of volunteers! Share the impact of volunteers and their work helping to meet the needs of your community.

Please return by email to nhcoa@nh.gov by FRIDAY, MARCH 14th! Thank you!

County:	
Nominee(s):	
Nominee(s) Address:	
Nominee(s) Telephone #:	Nominee(s) Email:
Submitted by: Name and Organization if applicable	
Your Telephone #:	Your Email:

Please provide a brief yet detailed narrative summary describing the Nominee and their volunteer service or advocacy provided during the past year.

- Tell us about the nominee's outstanding service. The following are ideas for the content of the narrative: *a description of the volunteer service provided, the community need that was met, the number of service hours provided, innovative activities undertaken, how the volunteer's efforts contributed to personal growth and the growth of others, the impact of the volunteer's service or advocacy on the community, how the volunteer has inspired others to volunteer.*
- Summaries kept to one page are appreciated!
- Content of the nomination form will be used in the award announcement, press releases in relation to the award, and at the awards ceremony. The NH State Commission on Aging may use the content for other purposes celebrating the contributions of older adults to New Hampshire communities.