



Aging Matters

New Hampshire State Commission on Aging

New Hampshire Commission on Aging

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The Age Wave is Here, and Age-Friendly Care is the Solution

Going from “What is the matter with you?” to “What matters to you?”

By TERRY FULMER, PhD, RN, FAAN and The John A. Hartford Foundation

As we age, most of us will say we want to continue pursuing what matters most — whether it's spending quality time with loved ones, embarking on new adventures or simply enjoying life's simple moments. For me, it's about spending time with family, reconnecting with old friends and exploring new places that remind me of life's beauty. What doesn't make the list? Endless rounds of medical appointments, struggling with multiple medications or managing the aches and pains that may come with age.

Thanks to medical breakthroughs like pacemakers, dialysis, and antibiotics, we're now living longer than any previous generation — a testament to the power of public health and modern medicine. This extended lifespan is one of humanity's greatest achievements. Yet, the gift of longevity doesn't automatically equate to a better quality of life. Today, many older adults find themselves facing a distressing disconnect between the potential of a longer life and the healthcare system's ability to support it meaningfully. A recent [study](#) by Age Wave and The John A. Hartford Foundation underscores this concern: only one in 10 older adults feels that the U.S. health care system deserves an “A” grade, and a staggering 82% believe it's unprepared to meet the evolving needs of our aging society.

Older adults today confront a system that, despite its advancements, often falls short on critical fronts: high costs, limited accessibility, and, frequently, a lack of empathy. Many people worry about how they'll pay for necessary long-term care and whether their providers truly listen to them. Imagine sitting in a doctor's office where, instead of engaging in real conversation about your goals, you're met with a checklist of symptoms to resolve. Older adults are seeking something different. They want clinicians who understand them as individuals and who ask, “What matters to you?” rather than just “What is the matter with you?” This shift from transactional to truly relational care is crucial to creating a health care system that respects, and reflects, the unique journey of aging.

A 65-year-old focus group participant put it beautifully, saying, “I feel healthy when I feel alive, and that's not just physical health, but feeling emotionally stable, feeling a sense of purpose, feeling that I am here for a reason.” This statement captures the essence of *age-friendly care*, an

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The New Hampshire
Commission on
Aging's 2024 Annual
Report is available
on the Commission's
website at [https://
www.nhcoa.nh.gov](https://www.nhcoa.nh.gov)

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AGE WAVE, con't

approach that prioritizes each person's goals, values and preferences. Our research shows that older adults who receive age-friendly care report better relationships with their healthcare providers and better health.

The good news is that age-friendly care is not just an ideal but a reality that's steadily expanding. Today, more than 4,500 care settings across the country offer age-friendly care, and more providers are joining the movement every day. If you or a loved one is seeking this kind of care, there are resources to help you locate age-friendly providers. And if such care isn't available nearby, ask your health care provider why — it's a conversation worth having.

At the heart of age-friendly care is the "4Ms," a framework that can guide older adults and clinicians alike. The 4Ms include:

What Matters: Your priorities may evolve over time. Initiate a conversation with your provider about what's truly important as you age.

Medication: Medications should serve you, not work against you. It's vital to understand the potential side effects and weigh them against your life goals.

Mind: Cognitive health is a crucial part of well-being. Ask about any signs of memory decline and proactive steps to support your mental health.

Mobility: Physical activity is essential for maintaining independence. Work with your provider to develop a movement plan that keeps you active and engaged.

If you're looking to ensure that your health care experience is age-friendly, the Institute for Healthcare Improvement offers a [checklist](#) that can guide discussions with your care providers.

Older adults across the United States told us they find health care to be costly, confusing, and unresponsive to their true needs — but it doesn't have to be this way. As we look toward a future where every clinician understands and practices age-friendly care, we can help ensure older adults get the individualized care they deserve. This is a call to action for all of us — patients, families and health care providers alike — to advocate for a system that is truly age-friendly.

For more information about how older adults view health care and resources to get needed care, visit johnhartford.org/crossroads.

This article is part of the [Talking About It: Aging and Mental Health](#) sponsored by [The John A. Hartford Foundation](#). It was first published by Next Avenue and can be found at <https://www.nextavenue.org/the-age-wave-is-here-age-friendly-care>

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November Commission Meeting Focuses on Dual Burdens of Housing and Care

The November meeting of the NH Commission on Aging addressed the challenges and potential solutions for more and better housing to serve a growing population of older adults.

Samara Seckler, PhD, a research associate at Harvard University’s **Joint Center for Housing Studies**, titled her presentation “The Dual Burden of Housing and Care.”

Seckler methodically built the case that median incomes, retirement assets, and homeownership rates in the United States are slipping, and that **increasing numbers of older adults - renters or homeowners - are burdened by housing and other costs**, and that these burdens are heaviest for people of color or those with low earnings. Lower-income older adults are more likely to need supports and services at an earlier age.

Her presentation also described the mismatch between the current housing supply and the needs of older adults for homes that have basic accessibility features such as single floors, no-step entrances and wider hallways and doorways.

The dual burden for older residents is the challenge of paying for care and accessibility and safety features to their home on top of ongoing and rising mortgage or rent expenses.

Seckler also advanced solutions to the dilemma of meeting increasing demands for supports and services for people living in the community. These included:

Service Enriched Housing - through partnerships and coordination with providers and with on-site health and social services. **Champlin Place** in Rochester is an example of this.

Public Long-term care - community based services, paid through Medicaid. Examples she cited were **PACE**, a Program of All Inclusive Care for the Elderly, and **SASH**, which offers care coordination services to

people in affordable housing communities and their neighborhoods.

House sharing - unrelated adults of the same or different generations sharing a home, thus reducing housing costs and offering the potential for support services provided informally. **Nesterly** and Silvernest, now rebranded as **HomeShare Online**, are two platforms that work with states and communities to create home sharing opportunities.

Seckler’s presentation was followed by comments from a reactor panel comprised of Rob Dapice, executive director of NH Housing Finance Authority; state Rep. Joseph Alexander, chair of the Special Committee on Housing created in the last legislative session, and Rep. Matt Wilhelm, who served as House Democratic leader from 2022 to 2024.

Dapice commented that housing shortages are akin to the game of musical chairs: “When you take away chairs and the music stops, the most vulnerable are the ones who lose out first.” He noted the increased building activity are mostly market-rate units. Dapice said affordable housing subsidized by federal programs is expensive to build, and that exclusionary zoning is a major roadblock to significantly increasing the affordable housing supply in our state.

Wilhelm and Alexander cautioned that solutions that cost money will be difficult to advance in the upcoming legislative session with a tightened state budget forecast. Alexander also lamented that while many agree that housing is a problem for the state, individuals on the local level often are resistant to allowing denser - and thus lower-cost - residential developments in their towns. He championed zoning changes that would allow more manufactured housing across the state. Both legislators support measures

That will allow more accessory dwelling units and

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lift prohibitions on the number of unrelated individuals living together, an obstacle to house share programs.

Several commission members spoke on the issue. Doug McNutt said the focus should be on pursuing multiple solutions to a multi-faceted problem and using small-scale pilot projects to demonstrate the feasibility of concepts that might later lead to funding on a greater scale. Commission member Margaret Franckhauser, previously executive director of a large home care agency in central New Hampshire, suggested a switch in terminology from “aging in place” to “aging in community” noting that sometimes older people need to downsize and let go of their treasured homes that exceed their financial and physical abilities to maintain. “Sometimes your home becomes your prison,” she said.

This led to a discussion of the importance of social interaction, especially as a growing number of older adults live alone.

Rebecca Sky said the dual burden of paying for care and housing illustrates the need for a Multisector Plan for Aging that would gather stakeholders and experts to develop a long-range plan to rewrite policies and restructure supports and services to better serve people of all ages in the state. The Commission on Aging has championed the creation of such a plan, dubbed [AgeWellNH](#), and includes it as one of its four top priorities in the 2024 Annual Report.

Seckler applauded the multi sector plan concept: “These planning processes can get the different actors to the table, and break down the silos,” adding that the process itself will build “relationships to navigate disruptions” that occur with societal change.

Wilhem, the legislator, also endorsed it: “It helps to look for solutions long-term, and to get everybody around the table on this.” He added that with a bleak outlook for added funding for housing solutions, it may be easier to get support for planning in the short term to identify solutions and a path to implementation.

In other actions, the Commission welcomed its three newest members, Kris Hering, Laurie Harding and Nick Toumpas. Read more about them on page 5.

Lastly, Vice Chair Laurie Duff and former Chair Polly Campion led members to recognize the contributions of Rebecca Sky, at her last meeting as executive director. Sky was presented with a Commendation from Gov. Chris Sununu, which said, in part: “Whereas, Rebecca was chosen to lead the Commission as its first executive director, and has been a driving force for the Commission in successfully highlighting and investigating issues to ensure that all New Hampshire residents have the opportunity to thrive as they age...”



TOP: Former NHCOA Chair, Polly Campion (left) presents retired NHCOA Executive Director, Rebecca Sky, with a commendation issued by NH Governor, Chris Sununu.

Three Members Appointed to New Hampshire State Commission on Aging

Three people with extensive and varied experience in healthcare and human services have been named to the NH Commission on Aging by Gov. Chris Sununu.

Laurie Harding, of Lebanon, and **Kristine Hering**, of Bridgewater both have master's degrees in nursing; **Nicholas Toumpas**, of Rye, is a retired business leader and consultant to nonprofits who served as Commissioner of Health & Human Services for nine years.

The appointees will serve on the Commission for two-year terms.

Harding has spent most of her career teaching or practicing different aspects of community and public health nursing. She is engaged in several statewide and local initiatives to address the health care workforce shortage and improve the delivery of primary care in the community, particularly in the Upper Valley region. She served ten years in the NH legislature.

Hering, also a registered nurse, is vice president of Quality Improvement for the Foundation for Healthy Communities, an affiliate of the NH Hospital Association, after 12 years as chief nursing officer for Speare Memorial Hospital in Plymouth. She has been an advocate for interdisciplinary collaboration in healthcare.

Toumpas retired from the NH Department of Health and Human Services in 2016 after 14 years, nine as Commissioner. He joined state government after many years as an executive in several high-tech companies, and today serves as a board member at several nonprofits and state educational institutions.

The Commission on Aging was established in 2019 as an independent advisor to the Governor and the General Court on policy and planning. Its mission is to give all citizens in NH the opportunity to thrive and be valued as they age. Members are drawn from the state legislature, specific state departments and members of the public.

Aging Commission Adds Communications Director

Dan Wise, of Concord, has joined the NH Commission on Aging as director of communications and public outreach. He served as communications director for the NH Bar Association for 20 years and previously as editor of Business NH Magazine. In addition to his communications background, he brings first-hand experience with long-term care as a licensed occupational therapy assistant in skilled-nursing facilities.

NOTE: The NH State Commission on Aging will not meet in December. The next scheduled meeting will be held on Monday, January 13, 2025.



LAURIE HARDING



KRISTINE HERING



NICHOLAS TOUMPAS

DHHS Staff Participate in LEARN Forum

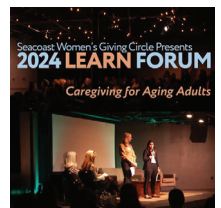
On November 12, 2024, DHHS (Department of Health & Human Services) participated in the Seacoast Women's Giving Circle Cycle 19 LEARN Forum. This year's Forum focused on Caregiving for Aging Adults. Panelists had an engaging conversation about supports available to caregivers, as well as the challenges facing this community.

Panelists had an engaging conversation about topic, Caregiving for Aging Adults. They brought unique perspectives to provide a well-rounded view of the national, state, and local caregiving landscape.

Panelists included: Wendi Aultman, Bureau Chief, NH Dept. of Health and Human Services, Laura Cleminson, Founder, Pre-Dead Social Club; Laura Davie, Co-Director, UNH Center on Aging and Community Living, and Anne Marie Sirrine, Director, REAP Program, Seacoast Mental Health.

For their 19th cycle, Seacoast Women's Giving Circle will support local non-profits in the coming year. Caregiving is an essential public health issue that will touch all our lives sooner or later.

Find more information at <https://www.seacoastwomengive.org/>



Older Americans Living Alone Often Rely on Neighbors or Others Willing to Help

By JUDITH GRAHAM, KFF Health News

Donald Hammen, 80, and his longtime next-door neighbor in south Minneapolis, Julie McMahon, have an understanding. Every morning, she checks to see whether he's raised the blinds in his dining room window. If not, she'll call Hammen or let herself into his house to see what's going on.

Should McMahon find Hammen in a bad way, she plans to contact his sister-in-law, who lives in a suburb of Des Moines. That's his closest relative. Hammen never married or had children, and his younger brother died in 2022.

Although Hammen lives alone, a web of relationships binds him to his city and his community — neighbors, friends, former co-workers, fellow volunteers with an advocacy group for seniors, and fellow members of a group of solo agers. McMahon is an emergency contact, as is a former co-worker. When Hammen was hit by a car in February 2019, another neighbor did his laundry. A friend came over to keep him company. Other people went on walks with Hammen as he got back on his feet.

Those connections are certainly sustaining. Yet Hammen has no idea who might care for him should he become unable to care for himself.

"I'll cross that bridge when I come to it," he told me.

These are fundamental questions for older adults who live alone: Who will be there for them, for matters large and small? Who will help them navigate the ever more complex health care system and advocate on their behalf? Who will take out the garbage if it becomes too difficult to carry? Who will shovel the snow if a winter storm blows through?

American society rests on an assumption that families take care of their own. But 15 million Americans 50 and older didn't have any close family — spouses, partners, or children — in 2015, the latest year for which reliable estimates are available. Most lived alone. By 2060, that number is expected to swell to 21 million.

Beyond that, millions of seniors living on their own aren't geographically close to adult children or other family members. Or they have difficult, strained relationships that keep them from asking for support.

These older adults must seek assistance from other quarters when they need it. Often, they turn to neighbors, friends, church members, or community groups — or paid help, if they can afford it.

And often, they simply go without, leaving them vulnerable to isolation, depression, and deteriorating health.

When seniors living alone have no close family, can nonfamily helpers be an adequate substitute? This hasn't been well studied.

"We're just beginning to do a better job of understanding that people have a multiplicity of connections outside their families that are essential to their well-being," said Sarah Patterson, a demographer and sociologist at the Institute for Social Research at the University of Michigan.

The takeaway from a noteworthy [study published](#) by researchers at Emory University, Johns Hopkins University, and the Icahn School of Medicine at Mount Sinai was this: Many seniors adapt to living solo by weaving together local social networks of friends, neighbors, nieces and nephews, and siblings (if they're available) to support their independence.

Still, finding reliable local connections isn't always easy. And nonfamily helpers may not be willing or able to provide consistent, intense hands-on care if that becomes necessary.

When AARP surveyed [people it calls "solo agers"](#) in 2022, only 25% said they could count on someone to help them cook, clean, get groceries, or perform other household tasks if needed. Just 38% said they knew someone who could help manage ongoing care needs. (AARP defined solo agers as people 50 and older who aren't married, don't have living children, and live alone.)

Linda Camp, 73, a former administrator with the city of St. Paul, Minnesota, who never married or had children, has [written several reports](#) for the Citizens League in St. Paul about growing old alone. Yet she was still surprised by how much help she required this summer when she had cataract surgery on both eyes.

A former co-worker accompanied Camp to the surgery center twice and waited there until the procedures were finished. A relatively new friend took her to a follow-up appointment. An 81-year-old downstairs neighbor agreed to come up if Camp needed something. Other friends and neighbors also chipped in.

Camp was fortunate — she has a sizable network of former co-workers, neighbors, and friends. "What I tell people when I talk about solos is all kinds of connections have value," she said.

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LIVING ALONE, con't

Michelle Wallace, 75, a former technology project manager, lives alone in a single-family home in Broomfield, Colorado. She has worked hard to assemble a local network of support. Wallace has been divorced for nearly three decades and doesn't have children. Though she has two sisters and a brother, they live far away.

Wallace describes herself as happily unpartnered. "Coupling isn't for me," she told me when we first talked. "I need my space and my privacy too much."

Instead, she's cultivated relationships with several people she met through local groups for solo agers. Many have become her close friends. Two of them, both in their 70s, are "like sisters," Wallace said. Another, who lives just a few blocks away, has agreed to become a "we'll help each other out when needed" partner.

"In our 70s, solo agers are looking for support systems. And the scariest thing is not having friends close by," Wallace told me. "It's the local network that's really important."

Gardner Stern, 96, who lives alone on the 24th floor of the Carl Sandburg Village condominium complex just north of downtown Chicago, has been far less deliberate. He never planned for his care needs in older age. He just figured things would work out.

They have, but not as Stern predicted.

The person who helps him the most is his third wife, Jobie Stern, 75. The couple went through an acrimonious divorce in 1985, but now she goes to all his doctor appointments, takes him grocery shopping, drives him to physical therapy twice a week and stops in every afternoon to chat for about an hour.

She's also Gardner's neighbor — she lives 10 floors above him in the same building.

Why does she do it? "I guess because I moved into the building and he's very old and he's a really good

guy and we have a child together," she told me. "I get happiness knowing he's doing as well as possible."

Over many years, she said, she and Gardner have put their differences aside.

"Never would I have expected this of Jobie," Gardner told me. "I guess time heals all wounds."

Gardner's other main local connections are Joy Loverde, 72, an author of elder-care books, and her 79-year-old husband, who live on the 28th floor. Gardner calls Loverde his "tell it like it is" friend — the one who helped him decide it was time to stop driving, the one who persuaded him to have a walk-in shower with a bench installed in his bathroom, the one who plays Scrabble with him every week and offers practical advice whenever he has a problem.

"I think I would be in an assisted living facility without her," Gardner said.

There's also family: four children, all based in Los Angeles, eight grandchildren, mostly in L.A., and nine great-grandchildren. Gardner sees most of this extended clan about once a year and speaks to them often, but he can't depend on them for his day-to-day needs.

For that, Loverde and Jobie are an elevator ride away. "I've got these wonderful people who are monitoring my existence, and a big-screen TV, and a freezer full of good frozen dinners," Gardner said. "It's all that I need."

A NOTE FROM JUDITH GRAHAM: As I explore the lives of older adults living alone in the next several months, I'm eager to hear from people who are in this situation. If you'd like to share your stories, please send them to khn.navigatingaging@gmail.com.

Source: <https://kffhealthnews.org/news/article/older-americans-living-alone-help-neighbors-minneapolis-chicago-boulder/>

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From Campaign to Concrete Solutions

How Policymakers Can Support Family Caregivers

Attend a virtual, nonpartisan briefing on Thursday, December 5th, detailing policy options the new Congress and incoming administration should consider to better support family caregivers.

More than 50 million people in the United States provide nearly \$600 billion each year in unpaid hands-on care for older adults with little to no support, often while working full time and taking care of their own children. Policymakers, advocates, researchers and the public are invited to [join us December 5th for this virtual briefing](#) featuring the National Alliance for Caregiving.

The 2022 National Strategy to Support Family Caregivers provides a crucial roadmap for federal and state policymakers, agencies, and community leaders to increase coordination and access to support services for family caregivers across the United States.

Register at <https://johnhartford.us6.list-manage.com/track/click?u=1e7fafb45696f7675cb6f775b&id=909025323c&e=cfbfd1bd29>

CMS Announces 2025 Premiums and Deductibles for Medicare Parts A and B

By **CASEY SCHWARZ**, Medicare Watch

The Centers for Medicare & Medicaid Services (CMS) recently released information about Medicare costs in 2025, including the 2025 premium, deductible and coinsurance amounts for Medicare Part A and Part B. The agency also announced the income-related monthly adjustment amounts (IRMAA) for **Part B** and **Part D** for people with income above a certain amount; roughly 8% of people with Medicare pay these higher premiums.

In 2025, the standard monthly premium for Medicare Part B will be \$185, an increase of \$10.30 from the 2024 amount. The deductible for Part B services will be \$257, a \$17 increase from the deductible of \$240 in 2024. CMS attributes the increases to “projected price changes and assumed utilization increases that are consistent with historical experience.”

The Part A premium is \$0 for the vast majority of beneficiaries. The full premium, which only **enrollees over age 65** who have fewer than 30 calendar quarters (7.5 years) of work in a job where they or their spouse paid Social Security taxes and **certain younger beneficiaries** eligible for Medicare due to disability who have exhausted other benefits pay, will be \$518 a month. Some people over 65 who have fewer than 40 but more than 30 quarters of coverage will pay a **reduced rate** of \$285 per month.

The Part A inpatient hospital deductible will increase \$44 to \$1,676 in 2025, and the coinsurance for hospital inpatient days 61-90 will be \$419 per day, up from \$408. For skilled nursing facility stays, the daily coinsurance for days 21-100 will be \$209.50, an increase over the 2024 level of \$204.

Read the **rate announcement here**. Learn more Medicare costs from **Medicare Interactive**.

Source: <https://www.medicarerights.org/medicare-watch/2024/11/14/cms-announces-2025-premiums-and-deductibles-for-medicare-parts-a-and-b>

December 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.

December Topic: Adding on to Medicare

- Thursday, December 19, 2024 • 3:00 - 3:30

Medicare Parts A and B alone may not offer all the coverage you want or need. Join us for this Medicare Minute, where you’ll learn how to add on to your Medicare coverage. We’ll be talking about Medigaps, Medicare Advantage Plans, dental and vision coverage, and more..

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

Have You Compared Your 2025 Medicare Coverage Options?

Don't let this chance roll by!

Visit [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare) before **December 7** to review how your current plan's costs and benefits will change in 2025, and compare against other available options.

TIP: Log in for a more personalized experience, and add your prescriptions and local pharmacies to get better estimates of your prescription drug costs.

Some things to consider while comparing plans:

- Check that your **prescription drugs are covered** and that your **doctors are in-network** before enrolling in a plan.
- Look at the plan's deductible and **“Total Drug & Premium Cost”** as an estimate of your total costs. A plan with the lowest monthly premium may not always offer you the lowest total cost.
- Think about **what benefits matter to you**. Some plans offer extra benefits, like vision, hearing, or dental coverage, that could help meet your needs in 2025.

After comparing your choices, if you're happy with the Medicare coverage you have now and it's still being offered next year, you're all set. If you decide to make a coverage change, your new coverage will start January 1, 2025.

Compare options at <https://www.medicare.gov/plan-compare>

Brain-Training Games Remain Unproven, But Research Shows What Sorts Of Activities Do Benefit Cognitive Functioning

By IAN McDONOUGH & MICHAEL DULAS,
Binghamton University, State University of New York

Some 2.3 million of U.S. adults over 65 – more than 4% – have a **diagnosis of dementia**. But even without a diagnosis, a certain amount of cognitive decline is normal as age sets in.

And whether it's due to fear of cognitive decline or noticing lapses in cognition when we are stressed, many of us have had moments when we thought we could use an extra cognitive boost.

The good news is research has shown that people can make changes throughout adulthood that can **help prevent or delay cognitive decline** and even reduce their risk of dementia. These include **quitting smoking** and properly managing blood pressure.

In addition to these lifestyle changes, many people are turning to brain-training games, which claim to optimize your brain's efficiency and capacity at any age. The makers of brain-training apps and games claim their products can do everything from staving off cognitive decline to **improving your IQ**.

But so far these **claims have been met with mixed evidence**.

We are **cognitive neuroscientists** who **focus on brain health** across the adult lifespan. We study how the brain informs cognition and the ways we can use brain imaging to understand cognitive and brain-training interventions. We aim to understand how our brains change naturally over time as well as what we can do about it.

Ongoing research shows what actually happens to the brain when it is engaged in new learning, offering a window into how people can sustain their brain health and how brain-training games can play a role. We believe these studies offer some strategies to train your brain the right way.

Brain Training Fact Vs. Fiction

Brain training is a set of tasks, often computerized, based on well-known tests to measure a type of cognition, but in a gamified manner.

Most brain-training games were designed to help participants master one or more specific skills. One example is a game that shows you a letter and number combination, where sometimes you must quickly identify whether the letter is even or odd, while other times you must switch to deciding whether

the letter is a consonant or vowel. The game may increase in difficulty by requiring you to accomplish the task within a set time limit.

Such games are designed to require a high level of attention, fast processing speed and a flexible mind to alternate between the rules, known as **executive functioning**.

But it turns out that the specific skills learned in these games often do not translate to more general, real-world applications. Whether brain games meet their end goal of lasting cognitive improvement across a number of areas is still **highly debated among psychologists**. To make such claims requires rigorous evidence that playing a specific game improves cognitive or brain performance.

In 2016, in fact, the Federal Trade Commission **issued a US\$50 million penalty** to one of the most popular brain-training games at the time, Lumosity, for misleading consumers into thinking that they could achieve higher levels of mental performance at work or at school and prevent or delay cognitive decline by using its product.

If improving on a brain game helps the player get better only at that or highly similar games, maybe game developers need a different approach.

Improving our brain function is possible, even if many of the claims made by developers of brain-training games are unsupported by scientific evidence.

Put Some Challenge Into It

In a study dubbed the **Synapse Project**, in which one of us, Ian McDonough, helped assess the final outcomes, one group of participants were tasked with engaging in a new activity with which they had little experience. They were assigned to either digital photography or quilting. Though these activities were not games, they were meant to be engaging, challenging and done in a social environment.

Another group was assigned activities that involved little active learning, such as engaging in themed activities related to travel or cooking, or more solitary activities such as solving crossword puzzles, listening to music or watching classic movies. These groups met for 15 hours a week over 14 weeks. All participants were tested at the beginning and end of the study on various cognitive abilities.

Those assigned to the new, challenging activities showed significant gains in their memory, processing speed and reasoning abilities relative to those assigned to the less challenging activities. None of the participants were directly trained on these cognitive tests, which means that the challenging activities enhanced skills that transferred to new situations, such as remembering a list of words or solving abstract problems.

Brain scans of participants showed that over the course of the study, those engaged in the more challenging activities increased their **neural efficiency**. In other words, their brains didn't have to work as hard to solve problems or recall information.

The study also showed that the more time participants spent on their projects, **the bigger their brain gains** and the better their memory was at the end of the 14 weeks.

One difference between the types of activities engaged in the Synapse Project and traditional brain training is whether activities are done in a group or alone. Although **other studies** have found a benefit to social interaction, the Synapse Project found no difference between the social and solitary activities in the low-challenge group. So, challenge rather than the social components seems to be the driver of maintaining cognitive and brain health.

What you can do to maintain a healthy brain

You might be thinking it's time to take up digital photography or quilting. But in the end, it's not about those specific tasks. What matters most is that you challenge yourself, which often comes naturally when doing something new.

The new learning that often is accompanied by a sense of effort – and sometimes frustration – requires accessing the resources in the **frontal lobe**, which

manages thinking and judgment, and the **parietal lobe**, which processes attention and combines different sensory inputs. These regions constantly talk to each other to keep the mind adaptable in all kinds of situations and prevent the brain from going into “habit mode.”

Where does this leave us? Well, on the one hand, games touted as “training your brain” may not be the best solution compared with other routes to improving cognition.

Ironically, you might already be training your brain by playing effortful games that are not marketed as “brain training.” For example, **games such as Tetris or real-time strategy games** such as Rise of Nations have shown improvements in players' cognition. Research has even shown that **playing Super Mario 64** can result in increases in brain volume in regions such as the **hippocampus**, the memory center of the brain.

While little evidence suggests that any brain-training game or program globally improves cognition, some may improve specific aspects of it. As with other activities, challenge is key.

If you're a word person, try a numbers-based game. If you love math, consider a word game or puzzle. Choosing a task that makes you feel uncomfortable gives you the best shot at maintaining and even improving your cognition. Once you start feeling a sense of ease and familiarity, that's a sign that it's time to switch tasks, change the game or at least add some challenge by advancing to a new level of difficulty that feels just beyond your reach.

Source: <https://theconversation.com/brain-training-games-remain-unproven-but-research-shows-what-sorts-of-activities-do-benefit-cognitive-functioning-240499>

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

It's not too early 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 have your name added to the outreach list when information about the 2025 Older Adult Recognition Program is available early next year.

Light in the Winter of Our Discontent

Must we feel guilty for experiencing joy in these dark days?

By **DON AKCHIN**, The End Game

As the year ends, darkness has invaded our consciousness. Darkness, literally, because the days are short. Darkness, figuratively, as our species reveals its capacity for wielding death and destruction in Ukraine and the Middle East, but also in Myanmar, in Sudan, in Ethiopia, and in Mali. Closer to home, we see friends (some of them our own age) suffering from disease and disintegration. Sadness and sorrow confront us at every turn.

In a recent essay, **Beth Bruno**, a writer I greatly admire, posed a thoughtful question about the proper response to darkness:

"I was immersed in the joy of what I was doing when suddenly I felt a shadow fall over me. Should I be allowed to feel such joy at this time in history? ...Is my joy appropriate when so many are in pain, have lost everything, and are facing a dire and uncertain future?"

I was not surprised that she answered her question by affirming her right to experience joy, but I was struck by her reason for it: Joy is an act of resistance, she wrote, "an act of rebellion against the evil powers in the world who are bent on stripping all of us of our joy."

This idea was new to me, although apparently it has been floating around on the Internet for some time. I am told that on Instagram you can find the phrase "Joy is an act of resistance" imprinted on t-shirts, tote bags and banners. It's the name of an album by a British rock band and the title of a poem by **David Gate**.

Assuming that the phrase is more than a catchy slogan, what exactly does it mean to make joy an act of resistance? From my readings, it seems we can approach the question on both a personal level and a macro level.

Personal Joy

If you ask whether it is selfish to seek joy while hundreds of millions suffer, says writer and storyteller Jon Gorman, "you are confusing joy with hedonism." Joy, he writes, "is an inner light. It is your flickering candle. It is your radiant self. It shines its way to the surface in moments, big and small, kind and gentle, soft and hard-fought. They are the small moments that save us." We need to feel joy because "joy, however ephemerally, alleviates suffering...It is the inner light that beats back the ache, melancholia, rage, and darkness. It is an act of rebellion."

We need joy in our lives to restore our physical and emotional balance, argues Ingrid Fetell Lee, a designer and author of **Joyful**. "Research shows that small bursts of positive emotion can help reset the body's physical responses to stress, so that people can continue to fight from a place of wellbeing and strength."

Communal Strength

If we turn to the macro impact of joy, Lee makes the case that individual joy can also power larger acts of communal resistance and rebellion. "It's a curious feature of autocratic regimes that forms of joy are often banned," she writes. "What dictators know is that joy has a

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Connected Learning: Gaining Confidence in Today's Digital World

With the world of technology quickly evolving, it's important to have a solid understanding of tech basics. From navigating a website to sending an email, strengthening your technical skills can open the door to something bigger and better. That's why AT&T offers free basic technology skill programs for adults. Choose an online course from the selection provided by the National Council on Aging, take it at your pace, and watch your confidence in technology grow.

Learn more at <https://www.ncoa.org/page/connected-learning/>

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

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propulsive force, and that anything that gathers and channels that energy threatens to upend the rigid control of a population.”

If we relinquish joy, she adds, “we not only lose a profound source of unity, strength, and resilience, we also lose the point of it all. And so we must risk delight.”

“Joy doesn’t betray but sustains activism,” says writer Rebecca Solnit. “And when you face a politics that aspires to make you fearful, alienated, and isolated, joy is a fine initial act of insurrection.”

“The despair I feel about the world would ruin me if I did not know how to find the light,” writes Mary Pipher in a recent opinion piece in *The New York Times*. “No matter how dark the days, we can find light in our own hearts, and we can be one another’s light...We cannot stop all the destruction, but we can light candles for one another.”

That line connects in my mind to a piece of wisdom from my Jewish tradition. A few weeks ago, we celebrated Chanukah by lighting candles. One candle is designated as the shamash, or helper candle. It is lit first, and its task is to use its flame to light the other candles. With my grandchildren watching, my wife pointed out, “When the shamash candle lights the other candles, its own flame isn’t diminished.” As with light, so with joy. We need to feel it not only for ourselves, but to spread it to others around us.

When everything around us seems dark, it’s important to remember those flashes of joy and wonder, if only to keep from succumbing to the darkness. “Do not give up on joy,” writes activist Christy Tending. “Do not become so hardened and cynical that you are robbed of life’s beauty.” *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/light-in-the-winter-of-our-discontent>*

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

RAISE YOUR VOICE!

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

Email us today!

NHCOAnews@gmail.com

EasterSealsNH Offers Free Training to Direct Support Professionals

Easterseals NH has recently become an accredited National Alliance for Direct Support Professionals (NADSP) competency-based training provider—the only such provider in the state.

The accreditation allows EasterSeals to provide training to direct support staff. Thanks to a state-funded grant, Easterseals NH has begun providing FREE training for direct support professionals across the state that will lead to NADSP accreditation.

Easterseals NH’s **Training Center of Excellence** is a new, high-quality professional development opportunity for working direct support professionals, using best practices in adult learning.

Competency-based courses began in November 2024 and run through the following spring. Online and in-person courses will be available with instruction from highly qualified clinical and training staff. Customized training will also be available.

What Types of Training Will Be Offered?

Certification focuses on 15 core competency areas, offering direct support professionals the opportunity to address challenges, work on issues identified by the individual whom they support, or assist an individual with pursuing a particular goal. Acquiring NADSP certification acknowledges direct support professionals for their exemplary work in supporting people with intellectual disabilities or acquired brain injuries.

There are three levels of certification—DSP-I, DSP-II, and DSP-III—each designed to recognize the knowledge, skills, and values of direct support professionals. Customized trainings will be available including state required annual trainings.

Learn more at <https://eastersealsnh.org/training-center-of-excellence/>

HealthForce NH Announces Strategies to Address Healthcare Workforce Shortage

HealthForce NH has announced the top five strategies identified for exploration in 2025 to help address the health care workforce shortage! We're calling on our community to join us as we work to strengthen New Hampshire health care through care, outreach, and support!

Here are the strategies (in no particular order):

- In areas of low housing availability/high cost, provide a housing allowance to staff for the first year as incentive.
- Support the existing system to provide health care career outreach to teenagers in high school through the development of internships, shadow days, career fairs, etc. Engage parents in health care career outreach to teenagers to provide education, guidance, and support.
- Build alliances between community college

programs and 4-year programs (public and private) to allow credits to fully transfer in all fields.

- Conduct a rapid regional comparison study of NH health care workforce compensation to inform alignment of compensation levels with neighboring states.
- Engage private and public payer markets to expand payment to cover essential services such as case management and community health workers.

Volunteer exploratory workgroups are being formed for each strategy to start meeting in 2025, and they'd love to have you join them! Visit <https://healthforcenh.org/volunteer/> to learn more, sign up, and support our New Hampshire health care community!

Keeping Older Drivers Safe on the Road

Are you an older driver? If not, you probably know one—a parent, grandparent or neighbor. Between 2013 and 2022, the U.S. population of people 65 and older increased by 30%, and in 2022 the number of people 65 and older killed in traffic crashes made up 19% of all traffic fatalities. During Older Driver Safety Awareness Week (December 2–6, 2024), be reminded that simply getting older doesn't mean it's time to hang up your keys, but you should evaluate how you or loved one's drive.

How Aging Can Affect Driving

Medical Conditions: As people age, it's important to monitor changes in overall health as it relates to driving. While some drivers can safely drive into their nineties, for others **medical conditions**, problems with eyesight, sleep, tremors, or memory can make driving more difficult and dangerous.

Ask yourself, or the older driver in your life:

- Can you remember the routes you often drive?
- Do traffic signs and signals, or other drivers make you feel overwhelmed while driving?
- Have you recently received a ticket or citation for a driving violation, or been in a minor crash?

Medications: Many older people take multiple medications, whether prescribed or over-the-counter. Unfortunately, some of these drugs or a combination of drugs **can impair judgment**, or affect reflexes or the alertness necessary for safe driving. An older driver's primary care provider or pharmacist can help determine if an older driver's medications can affect their driving.

Older Drivers and Vehicles

Adapted Vehicles: Many **vehicles can be modified** to accommodate an older driver's specific needs by adding adaptive equipment. This equipment can be as simple as a swivel seat for more convenient access, a hand control to make it easier to operate a vehicle, or a pedal extender. Make sure to ask a qualified mobility dealer for training on how to use the equipment.

Driver Assistance Technologies: Each year, vehicle manufacturers release new and improved **driver assistance technologies** to help keep road users safer. The technologies include everything from automatic emergency braking to blind spot intervention and lane keeping assistance. Driver assistance technologies aren't just about keeping drivers safe; they also keep pedestrians and other road users safe.

Resources: NHTSA offers free **educational resources for older drivers** and older drivers' caretakers to help make sure everyone can enjoy their later years to the fullest. We, and our many partners from the **American Occupational Therapy Association, AARP, AAA, CDC** and **Association for Driver Rehabilitation Specialists**, encourage drivers and their families to begin a "transportation plan," much like what many are encouraged to do for retirement.

Source: <https://www.nhtsa.gov/older-drivers/keeping-our-older-drivers-safe-road>

Keep Cyber Safe This Month

NH Residents Warned of E-ZPass Smishing Scam

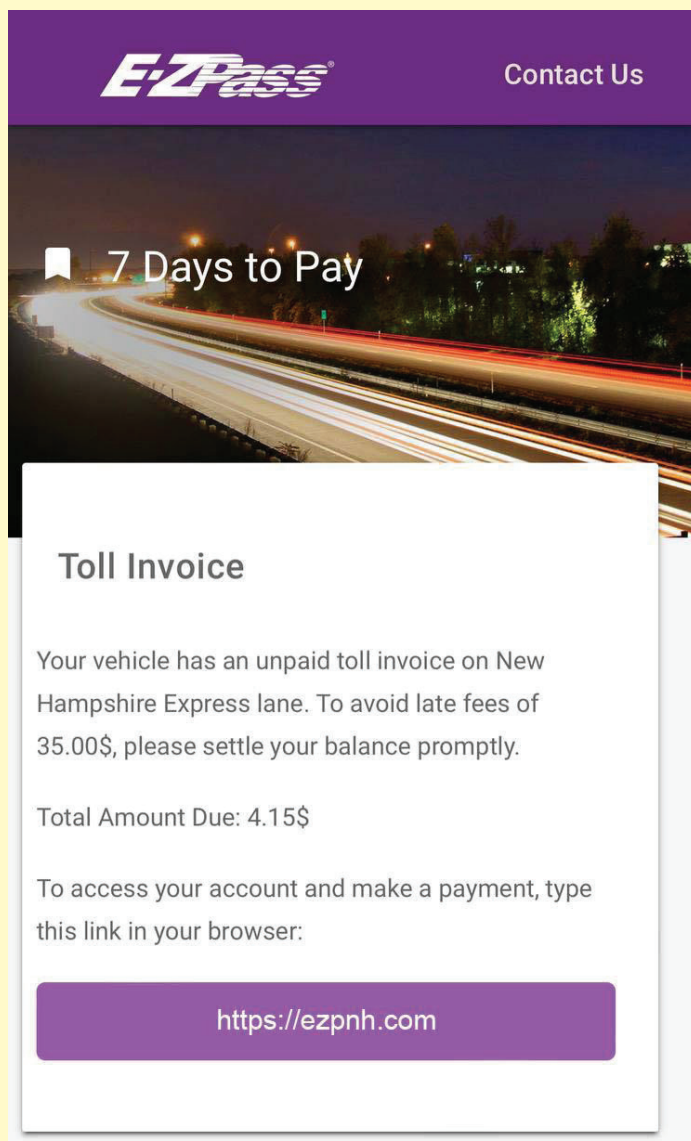
Attorney General John M. Formella and Transportation Commissioner William J. Cass announce reports of a new smishing scam that uses E-ZPass's logo to target New Hampshire residents.

A "smishing" scam is any use of fake text messages to manipulate unsuspecting recipients into providing sensitive personal information, downloading harmful malware, or sending money to scammers. "Smishing" scams will typically involve the unauthorized use of a business or government agency's official logo and likeness in order to make the messages more persuasive. The text messages will typically create some sense of urgency such as an unpaid bill or undelivered package and will encourage consumers to click on a link to address the problem. In addition to text messages, scammers frequently use similar tactics to target consumers by email and other messaging platforms like social media sites.

The current scam involves text messages that appear to be from NH E-ZPass which inform the recipient that their vehicle has an unpaid invoice based on their use of a NH E-ZPass lanes. The message further states that failure to promptly pay the invoice will result in late fees and encourages recipients to access their account and make a payment by clicking on a link.

Any unsolicited text message, email, or other message from NH E-ZPass seeking payment for outstanding toll fees is a scam. NH E-ZPass will never contact New Hampshire residents by sending messages threatening late fees for failure to pay an invoice. Residents who receive such messages can forward the suspicious message to 7726 (SPAM) to alert their mobile provider and then delete the message. Recipients should never respond to these messages and should never click any links embedded in the message.

Customers who receive an unsolicited text, email, or similar message suggesting it is from the NH Turnpike or another toll agency should not click on the link. NH E-ZPass account holders can use approved safe methods to check their accounts such as the official NH Turnpike **E-ZPass website** (www.ezpassnh.com) or the NH E-ZPass app available from the Apple App Store, or



Sample of the smishing E-ZPass text.

GooglePlay store. Those who receive a fraudulent text can also file a complaint with the FBI's Internet Crime Complaint Center at www.ic3.gov. That is a site dedicated to sharing information on Internet crimes across law enforcement agencies.

If you are the recipient of a message like this one and would like to report it or if you have questions, please contact the Attorney General's Consumer Protection Hotline at 1-888-468-4454. For more information about the Attorney General's Consumer Protection Bureau: <https://www.doj.nh.gov/citizens/consumer-protection-antitrust-bureau>.

Source: <https://www.doj.nh.gov/news-and-media/consumer-alert-attorney-general-and-dot-commissioner-warn-public-be-diligent-amidst>

Generations United Releases 'A Blueprint for Intergenerational Living'

Intergenerational living takes many forms. It includes communities that house older adults and younger people with the intention of supporting and strengthening intergenerational relationships, as well as multigenerational households, which can include three or more generations of family living together.

Healthier Lives Across Generations: A Blueprint for Intergenerational Living is focused on intentional intergenerational living, or communities open to people of all ages that have a deliberate focus on fostering intergenerational interaction and relationships. The Blueprint is centered on the need for safe and sustainable housing that improves health and well-being among people with low or moderate incomes who have historically been left out of affordable and accessible living options.

The goal of the Blueprint is to promote intergenerational living that provides adequately for safety, health, and the basic necessities of life,

promotes programs, policies, and practices that increase cooperation, interaction, interdependence, and understanding between people of different generations, and enables all ages to share their talents and resources, and to support each other in relationships that benefit both individuals and their community.

This Blueprint is about promoting living options that combat ageism and are infused with programs and architectural design features like common areas and outdoor spaces that facilitate positive interactions and experiences across generations.

The creation of the Blueprint and its release was supported by the RRF Foundation for Aging and the Harry and Jeanette Weinberg Foundation. The release event was funded in part by the Cambia Health Foundation.

Source: <https://www.gu.org/resources/blueprint-for-intergenerational-living/>

SCAM of the Month Alert

Don't Let Scammers Get in the Way of Your Holiday Shopping

By **GEMA DE LA HERAS**, Consumer Education Specialist, FTC

As the holiday season approaches, it seems like there are more and more fake shopping sites. The ads on social media show expensive products like electric scooters, designer bags, and other popular toys and gifts at unbelievably low prices. Many of these bogus sites use photos and logos the scammers steal from legitimate businesses, but they won't send you authentic products. If you're wondering how to avoid these phony offers, there are a few ways to help you detect them.

Unusually low prices are a sign of a scam. Don't click on ads that advertise a product at a very low price when you know it's usually a very expensive item. Clicking the link in the ad could take you to a scammy site that takes your money and sends you something that looks totally different from what was advertised... or send you nothing at all.

To protect yourself while shopping online.

Do some research. Especially before you buy from an unfamiliar seller, search online for the name of the seller plus words like "review," "complaint," or "scam." See what others say about their experience with the seller.

Check the terms of the sale. Look at the price, other charges, their refund policy, who pays for return shipping, and if there's a restocking fee.

Pay by credit card, whenever possible. Credit cards offer more protections, and give you the option to **dispute charges** if what you get isn't what you ordered, or you get nothing at all.

Never buy from online sellers who demand you pay with **gift cards**, **wire transfers**, **payment apps**, or **cryptocurrency**. Only scammers tell you to pay that way.

Did you have a problem while **shopping online**? First, contact the seller and try to work it out. If that doesn't work, contact the company you used to make the payment to dispute the charges. If they can't help, tell the FTC at [ReportFraud.ftc.gov](https://www.ftc.gov/report-fraud).

Source: <https://consumer.ftc.gov/consumer-alerts/2024/11/dont-let-scammers-get-way-your-holiday-shopping>

NH Legislature Prepares for Tight Budget Year

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

The New Hampshire Alliance for Healthy Aging (NHAHA) Advocacy team took advantage of the slower pace of the summer and early fall by updating the NHAHA Advocacy and New Futures websites, researching policy, conducting listening sessions and meeting with advocates and stakeholders. Now we are preparing for an active legislative session and need your help.

This year is a “budget” year, meaning that state agency funding will be determined for the upcoming two-year budget cycle for July 2026 through June 2027. In the last budget cycle significant monies were available from the one-time federal American Rescue Plan Act (ARPA) appropriation. This means that ARPA funds that were used to bolster important state initiatives, such as direct care worker recruitment, retention, training and wage increases will not be available after December 2026. Advocates, agencies, and program managers are concerned about funding reductions and will be actively involved in each step of the budget process. Your voice is needed to help emphasize why funding healthy aging initiatives is essential in such a critical budget year.

The budget process has many different phases that offer ample opportunities for advocacy. The process starts in the summer of even years and is not complete until the summer of the following year. At the beginning of the cycle, the Governor’s Office provides spending targets to state agencies and the state agencies submit proposed budget scenarios to the Department of Administrative Services. The Governor must hold agency budget hearings no later than December.

This year agency presentations were held in mid-November. Presentation information is available from the Department of Administrative Services at <https://www.das.nh.gov/budget/>. Going forward

the Governor’s Office will review agency information and release a budget in February 2025. After the Governor releases a budget, the process continues to the House and then the Senate. There will be budget hearings held in both bodies that are open for public comment. If the House and Senate budgets are different, a joint session or Committee of Conference is held to debate budget options. Once the House and Senate agree on a budget, the spending plan goes back to the Governor, who will either sign, veto or allow the budget to become law without a signature.

Although the budget process is complex, information is available. State budget trainings are available from New Futures <https://new-futures.org/trainings#custom-training>. You will find relevant state statutes at <https://www.gencourt.state.nh.us/rsa/html/l/9/9-mrg.htm>. An analysis of revenues and agency requests as of November 8, 2024 is available from the New Hampshire Fiscal Policy Institute at <https://nhfpi.org/blog/state-agency-budget-requests-identify-16-9-billion-in-priorities-for-fiscal-years-2026-and-2027/>.

There are many ways to get involved in support of healthy aging initiatives in this important budget year. If you are interested in supporting healthy aging budget priorities, consider signing up for the NHAHA Advocacy/New Futures email alerts at <https://nhaha.info/advocacy/>. The emails highlight relevant bills and let subscribers know what type of action is needed like how and when to contact committee members, or sign-in on public hearings. The emails also provide information about monthly advocacy meetings, where stakeholders share legislative updates.

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

Contact Information for National, State and Local NH Elected Officials

U.S. Senator Maggie Hassan,
(202) 224-3324
<https://www.hassan.senate.gov/content/contact-senator>

U.S. Senator Jeanne Shaheen,
(202) 224-2841
www.shaheen.senate.gov/contact/contact-jeanne

U.S. Rep Ann Kuster,
(202) 225-5206
<https://kuster.house.gov/contact/>

U.S. Rep. Chris Pappas,
(202) 225-5456
<https://pappas.house.gov/>

Who is My Legislator?

Use these links 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.

Veterans Can Benefit From Tele-Emergency Care Through VA Health Connect

Giving Veterans the care they need when they need it

By **JOSH GEIGER**, Director of Operations, National Emergency Medicine Office

If you're a Veteran enrolled in VA health care, you now have access to VA tele-emergency care — should you need it — through **VA Health Connect**.

24/7 Virtual Care

VA Health Connect offers 24/7 virtual care. All it takes is a phone, computer or tablet.

When you call your local VA medical center, you can choose to speak with a VA Health Connect nurse who will connect you to the right level of care. That includes speaking directly to a VA emergency care provider if appropriate.

VA Health Connect is also available through **VA Health Chat**.

The Right Care At The Right Time In The Right Way

"VA is committed to providing the right care at the right time in the right way," said Dr. Neil Patel, acting executive director of VA's National Emergency Medicine Office. "Tele-emergency care is perfect for Veterans who need medical advice right away but don't have a condition that needs to be treated in person."

Depending on the need, a VA Health Connect provider can evaluate you over the phone or video and recommend treatment or advise where and when you should go if you need in-person care.

In life-threatening emergencies, the VA nurse will call 911 and stay on the line with you until help arrives.

Va Health Connect Connects You To Va In Many Different Ways

In addition to tele-emergency care, VA Health Connect allows you to speak with a nurse, schedule, reschedule or cancel appointments, check on the status of your medications with the help of pharmacy professionals and meet virtually with a medical provider about your health care needs.

And you can do all that without long waits, long drives or being exposed to illnesses. It's especially convenient for rural Veterans or Veterans who can't get to a VA medical center in person.

When Not To Wait

If you're having a medical emergency, you should immediately seek care at the nearest medical facility. A medical emergency is an injury, illness or symptom so severe that you believe your life or health will be in danger without immediate treatment. Examples include severe chest pain, shortness of breath, stroke-like symptoms or excessive bleeding.

If you believe your life or health are in danger — or if you're experiencing a suicidal crisis — call 911 or report to the nearest emergency room right away.

Learn more at <https://www.va.gov/initiatives/va-health-connect/>

Wreaths for Boscawen

December 7, 2024

New Hampshire State Veterans Cemetery
110 Daniel Webster Highway, Boscawen, NH

Blue Star Mothers of New Hampshire is sponsoring Wreaths for Boscawen to honor our Veterans and family members interred at the New Hampshire State Veterans Cemetery. This annual event is scheduled for December 7, 2024 with Opening Ceremony commencing at 10:15AM at the Circle of Flags outside the Cemetery Administration building. The ceremony will include introductory remarks and a short briefing for volunteer instructions for wreath placing.

Blue Star Mothers recommend arriving at the Cemetery by 10:00AM. Parking will be across the street or on the side of Route 3. Please note that the Maintenance building will not be open so dress warmly and no refreshments will be available this year. Bathroom space is very limited as the only bathrooms available are on the side of the Administration building. For further information, please visit the Blue Star Mothers of NH website at: **Wreaths for Boscawen — Blue Star Mothers of NH**.

Wreath pick-up is scheduled for January 4, 2025 starting at 10:15AM.

