



# Aging Matters

New Hampshire State Commission on Aging

## New Hampshire Commission on Aging

Susan Ruka, Chair  
Laurie Duff, Vice Chair  
Roxie Severance, Clerk

### Designated Members

Senator William Gannon  
Representative James MacKay  
Representative Charles McMahon

Wendi Aultman, Department of Health and Human Services  
Susan Buxton, Long Term Care Ombudsman

Richard Lavers, Department of Employment Security  
John Marasco, Department of Safety

Tracy McGraw, Department of Labor

Sunny Mulligan Shea, Office of the Attorney General

Jack Ruderman, NH Housing Finance Authority

Shelley Winters, Department of Transportation

### Governor Appointments

Beverly Bjorklund  
Honorable Polly Campion  
Suzanne Demers

Carissa Elphick  
Margaret Franckhauser

Daniel Marcek  
Doug McNutt

David Ross  
Beth Quarm Todgham

Joanne Ward  
Representative Lucy Weber

### Staff

Rebecca Sky, Executive Director  
Karen Knowles, Special Projects Director

## Older Adult Volunteers to be Recognized During Older Americans Month

The NH Commission on Aging is pleased to celebrate ten amazing volunteers from across the state at a special event that will be held in May at the NH State House.

Now celebrating its 61st year, the Older Adult Volunteer Awards (OAVA) are presented annually by the New Hampshire State Commission on Aging (NHCOA) to one or two individuals over the age of 60 in each county. All have made a significant contribution to their community as a volunteer.

This recognition coincides with the Commission's annual observance of Older Americans Month (OAM). Every May, the Administration for Community Living leads the nation's observance of Older Americans Month (OAM). The 2024 theme for OAM is Powered by Connection, which recognizes the profound impact that meaningful relationships and social connections have on our health and well-being. The theme explores the vital role that connectedness plays in supporting independence and aging in place by combatting isolation, loneliness, and other issues.

"We received dozens of nominations from across the state and were impressed by the wide variety of ways our older adults keep their communities vibrant through their volunteer service," said **Beth Quarm Todgham**, Commission Member and Chair of the Older Adult Volunteer Award Committee. "Older adults play a vital role in supporting their towns and communities. Collectively, our nominees represented hundreds of hours of volunteer service."

A ceremony to recognize this year's honorees is scheduled for Monday, May 20, 2024. The program begins at 2:00pm. Along with each 2024 Older Adult Volunteer Award winner, Governor Sununu is scheduled add his congratulations.



New Hampshire State Commission on Aging

### Older Adult Volunteer Recognition Program

OLDER AMERICANS MONTH  
POWERED BY CONNECTION: MAY 2024

Help us celebrate those making a difference in your community!



OLDER AMERICANS MONTH

POWERED BY CONNECTION: MAY 2024

## How to Contact the New Hampshire State Commission on Aging

**Rebecca Sky,**

Executive Director

[Rebecca.L.Sky@nhcoa.nh.gov](mailto:Rebecca.L.Sky@nhcoa.nh.gov)

**Susan Ruka, Chair**

[Susan.Ruka@mainehealth.org](mailto:Susan.Ruka@mainehealth.org)

**Laurie Duff, Vice Chair**

[lduff@eastersealsnh.org](mailto:lduff@eastersealsnh.org)

**Roxie Severance, Clerk**

[roxie@rsconsulting.services](mailto:roxie@rsconsulting.services)

**Aging Matters Newsletter**

**Beth Todgham, Editor**

[NHCOAnews@gmail.com](mailto:NHCOAnews@gmail.com)

## Next NH State Commission on Aging Meeting Scheduled for May 20, 2024

The next Commission meeting will be on Monday, May 20, 2024 at 10:00 AM at the NH Hospital Association, 125 Airport Road in Concord.

The topic is "Aging related Research and Innovation in NH". Guest speakers include: **Kirsten Corazinni, PhD**, FGSA, Dean and Professor, College of Health and Human Services, University of New Hampshire and **Ellen Flaherty, Ph.D, APRN, AGSF**, Vice President, Geriatric Center of Excellence at Dartmouth Health

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/>

# 2024 Older Adult Volunteer Program Honorees

The NH State Commission on Aging is pleased to announce the following outstanding older adult volunteers. We truly appreciate the volunteer service they provide to make their communities a better place to live.

Our thanks to everyone who took the time to tell us about all the nominees in this year's program and to all those who were nominated for their outstanding service.

### Belknap County

- Joan Winterle, Alton Senior Center

### Carroll County

- Marion Owen and Therapy Dog Lilla Du, Memorial Hospital

### Cheshire County

- Bill and Barb Chase, Westmoreland Emergency Management and Project Home

### Coos County

- John Tolman, North Country Home Health & Hospice Agency

### Grafton County

- Kathy Sherrieb, CommunityCare of Lyme, Food Pantry Coordinator

### Hillsborough County

- Judy Cook, Town of Brookline

### Merrimack County

- Mary McGahan, Crisis Center of Central NH

### Rockingham County

- Denise O'Connor, Community Caregivers of Greater Derry,

### Strafford County

- Jerry Vermette, Rochester Activity Center, Veterans Group

### Sullivan County

- Bruce Jasper, (posthumously), Newport Senior Center



## IN THIS ISSUE

2024 Older Adult Volunteer Award Honorees Named .....	2
NHCOA April 2024 Meeting Recap.....	3
Rules Advance Access, Quality for Medicaid / Medicare Services.....	5
Burden of Getting Medical Care Can Exhaust Older Patients.....	6
Is America's Housing Ready for an Aging Population? .....	8
Family Caregivers Face Financial Burdens, Isolation, Limited Resources...	9
Know Which Medications is Right for Your Seasonal Allergies .....	11
Memorial Day Weekend Activities at NH State Veterans Cemetery.....	13
SCAM of the Month / Scammers Target NH Medicare Recipients .....	14
Ideas to Celebrate Older Americans Month.....	15
Links to Learn More.....	17

## NHCOA April 2024 Meeting Recap

Movement towards the development of a Multisector Plan for Aging in NH - what has been branded as the **AgeWellNH** Plan (thanks to input of Aging Matters readers) - has been in process since June of 2023.

At that time, New Hampshire was accepted into the Healthcare Strategies Multisector Plan for Aging (MPA) Learning Collaborative. Since then, a small team including Commission members and representatives from an additional five organizations have learned from the experiences of other states across the country.

The April meeting of the Commission on Aging was a chance for all Commission members and meeting attendees to get an update from learning collaborative participants and provide input on the activities to date.

A key point learned from the collaborative is that for a plan of this magnitude to have meaning, those at the highest level of political leadership need to agree to its value and support its development and implementation. Ideally this is manifested by a Governor of a State putting their weight behind it by calling for its creation in an executive order, or a state legislature passing legislation with the same call to action. To get this level of support, the early days of those supporting the effort are spent educating people to the potential of a Multisector Plan for Aging and building the public's and policy makers' support for its development.

Commission on Aging Executive Director Rebecca Sky provided a brief timeline of the NH Learning Collaborative Team activity since June.

Commission member Margaret Franckhauser and Rebecca Sky delivered a presentation developed by the NH MPA Learning Collaborative Team entitled, "Why NH Needs a MPA & What it Might Do for Us". Commission members provided suggestions for improvement and brainstormed places to deliver the presentation. It was agreed that educating the public and policy makers at all levels on the potential of this type of planning will build the political will for the next Governor to sign an Executive Order to create an **AgeWellNH** Plan.

### Highlights from the presentation include:

- New Hampshire, like other states across the country is undergoing a transformational demographic shift with our population more evenly dispersed between age cohorts

compared to the 1960s when there were many more young people than old. This is a permanent change that won't disappear even after the baby boomer bubble passes by.

- Many of our foundational public policies and programs were developed in the 1960s and need to be reconsidered considering this new reality.
- This demographic shift is happening rapidly – 19% of NH's population at the time of the 2020 census was aged 65+. By 2030 it is expected that 27% of NH's population will be 65+.
- Other trends of note:
  - o In 2020, 35% of households with people aged 65+ were one person households, meaning more people are aging alone.
  - o In 2021, 27% of NH residents aged 65+ worked in the previous 12 months to the data collection. Older adults are increasingly staying in the workforce.
- The Stanford Center on Longevity authored **The New Map of Life** (<https://longevity.stanford.edu/>) which suggests adaptations needed given that people are living longer, healthier lives with more productive years, and therefore living life differently at all ages and stages.

### What is Multisector Plan on Aging?

- A 10-year vision for change
- A cross-sector, state led, strategic planning roadmap that guides policies, programs, and funding.
- Builds on Priorities and Goals of the Governor, Legislature, State Agencies
- Reflects extensive input from the community – all ages and abilities.
- Considers systemic inequities that lead to avoidable disparities in aging
- A living document with short term objectives, updates and accountability built in

Currently seven states have developed and are implementing a MPA plan; four states have legislative and/or executive calling for their creation, and 13 states are fostering interest and building political will to develop plans. New Hampshire is part of this last group.

*April 2024 NH Meeting Recap, con't next page*

## April 2024 NHCOA Meeting Recap, con't

There are many ways to be involved with developing a Granite State MPA – the **AgeWellNH** plan:

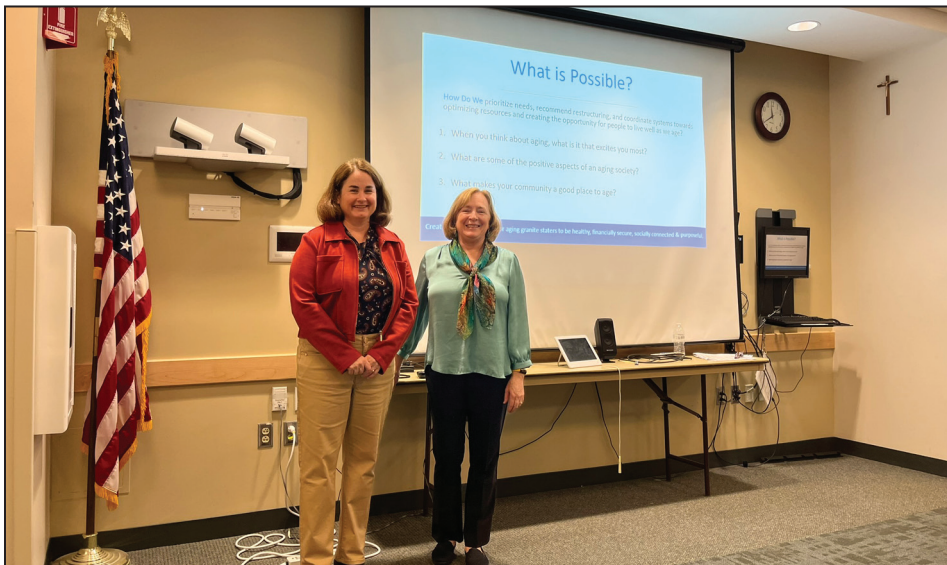
- Join the movement educating others to the possibilities inherent in an **AgeWellNH** plan.
- Contact the Commission to have a presentation given to your community group.
- Contact your state legislators and governor candidates asking for their support to develop an **AgeWellNH** plan.
- And when the time comes, provide your input to the planning process.

The April commission meeting also included the review of a potential starting framework for an **AgeWellNH** Plan. Commission members brainstormed additional topics to consider. In the future the public and policy makers will also be asked to contribute ideas and prioritize issues towards shaping the plan.

The Commission meeting ended with a review of Commission activity in the Legislature and an update on the Older Adult Volunteer Awards program:

After initially tracking over 60 bills, at this point in the legislative session the Commission is continuing to monitor and act on over 31 bills. Please contact Rebecca Sky, [rebecca.i.sky@nhcoa.nh.gov](mailto:rebecca.i.sky@nhcoa.nh.gov) for more information on specific bills.

The Older Adult Volunteer Awards program has been given in various forms since 1962. As in previous years, this year a high quality of nominations were submitted making selection of one from each county exceptionally challenging. The event honoring the selected volunteers will take place May 20<sup>th</sup>, at 2:00 PM in the Executive Council Chambers of the State House. The Governor has been invited to speak and present the honors.



**Rebecca Sky**, NHCOA Executive Director and **Martha McLeod**, Vice President of Community Engagement for New Futures, led a discussion on “What is Possible” for NH’s older adults at a recent “Coffee & Causes” sponsored by United Way of Greater Nashua. Their interest in gathering community feedback is part of the development of a New Hampshire Multisector Plan for Aging (MPA). The MPA coalition is looking for additional opportunities to share information with community groups. Email [nhcoa@nh.gov](mailto:nhcoa@nh.gov) for more information.

## You're Invited To Share Your Thoughts & Ideas

New Hampshire's older adults have a story to tell.

We welcome the opportunity Aging Matters gives you to share your story with others in hopes that your 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](mailto: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!

[NHCOAnews@gmail.com](mailto:NHCOAnews@gmail.com)

## Check Out Past Editions of AgingMatters

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

# Rules Advance Access and Quality for Medicaid and Medicare Services

By JULIE CARTER, Medicare Rights Center

The Biden-Harris administration finalized several rules to improve access and quality for people with Medicare or Medicaid. These rules target long-term care facilities, Home- and Community-Based Services (HCBS), and Medicaid managed care. Together, the rules are important steps to ensure that people in these programs, especially those in Medicaid, have the care and coverage they need.

The **first rule** establishes a **minimum staffing standard for nursing homes**. Establishing minimum staffing gained traction after the COVID-19 pandemic swept through nursing homes, revealing the full cost of low staffing, low pay, and high worker turnover, but creating a staffing standard is not without controversy. The rule establishes staffing standards for registered nurses (RNs), licensed practical nurses, and certified nursing assistants and also requires facilities to always have RNs on-site. Nursing homes will have several years to bring their staffing into compliance with the new rules.

States must also report the amount of Medicaid money spent in nursing homes on compensation for direct care workers and support staff.

The **second rule**—the “**Access Rule**”—requires states to ensure that most Medicaid funding for HCBS goes to direct care workers who provide homemaker, home health, and personal care services. It also requires states to be more transparent about access to HCBS within their state, including reporting on waiting lists; quality, performance, and compliance; and average hourly rates for direct care workers. The rule also increases stakeholder input into how Medicaid functions in the state by creating Beneficiary Advisory Councils (BACs) comprised of Medicaid beneficiaries, their families, and/or caregivers, and expanding the role of Medicaid Advisory Committees (MACs) to provide guidance and oversight of the program.

The **third rule**—the “**Managed Care Rule**”—establishes maximum wait time standards, improves network adequacy, increases transparency for both states and managed care plans, and strengthens and clarifies payment and other rules.

These rules all make important advancements in enrollee access to high-quality care, transparency, and accountability. At Medicare Rights, we applaud these steps and will encourage policymakers to build on these improvements to benefit beneficiaries today and in the future.

Source: <https://www.medicarerights.org/medicare-watch/2024/04/25/rules-advance-access-and-quality-for-medicare-services-including-nursing-home>

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

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

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

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

U.S. Senator Jeanne Shaheen,  
(202) 224-2841  
<https://www.shaheen.senate.gov/contact>

## Who is My NH State Legislator?

Use this link to find and contact your

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

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

## Help Us Spread the Word!

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

**Aging Matters welcomes all points of view and invites your submissions. To send articles or add your name to our mailing list, at: [NHCOAnews@gmail.com](mailto:NHCOAnews@gmail.com)**

# The Burden of Getting Medical Care Can Exhaust Older Patients

By **JUDITH GRAHAM**, Navigating Aging,  
KFF Health News

Susanne Gilliam, 67, was walking down her driveway to get the mail in January when she slipped and fell on a patch of black ice.

Pain shot through her left knee and ankle. After summoning her husband on her phone, with difficulty she made it back to the house.

And then began the run-around that so many people face when they interact with America's uncoordinated health care system.

Gilliam's orthopedic surgeon, who managed previous difficulties with her left knee, saw her that afternoon but told her "I don't do ankles."

He referred her to an ankle specialist who ordered a new set of X-rays and an MRI. For convenience's sake, Gilliam asked to get the scans at a hospital near her home in Sudbury, Massachusetts. But the hospital didn't have the doctor's order when she called for an appointment. It came through only after several more calls.

Coordinating the care she needs to recover, including physical therapy, became a part-time job for Gilliam. (Therapists work on only one body part per session, so she has needed separate visits for her knee and for her ankle several times a week.)

"The burden of arranging everything I need — it's huge," Gilliam told me. "It leaves you with such a sense of mental and physical exhaustion."

The toll the American health care system extracts is, in some respects, the price of extraordinary progress in medicine. But it's also evidence of the poor fit between older adults' capacities and the health care system's demands.

"The good news is we know so much more and can do so much more for people with various conditions," said Thomas H. Lee, chief medical officer at Press Ganey, a consulting firm that tracks patients' experiences with health care. "The bad news is the system has gotten overwhelmingly complex."

That complexity is compounded by the proliferation of guidelines for separate medical conditions, financial incentives that reward more medical care, and specialization among clinicians, said Ishani Ganguli, an associate professor of medicine at Harvard Medical School.

"It's not uncommon for older patients to have three or more heart specialists who schedule regular appointments and tests," she said. If someone has

multiple medical problems — say, heart disease, diabetes, and glaucoma — interactions with the health care system multiply.

Ganguli is the author of a **new study** showing that Medicare patients spend about three weeks a year having medical tests, visiting doctors, undergoing treatments or medical procedures, seeking care in emergency rooms, or spending time in the hospital or rehabilitation facilities. (The data is from 2019, before the covid pandemic disrupted care patterns. If any services were received, that counted as a day of health care contact.)

That study found that slightly more than 1 in 10 seniors, including those recovering from or managing serious illnesses, spent a much larger portion of their lives getting care — at least 50 days a year.

"Some of this may be very beneficial and valuable for people, and some of it may be less essential," Ganguli said. "We don't talk enough about what we're asking older adults to do and whether that's realistic."

Victor Montori, a professor of medicine at the Mayo Clinic in Rochester, Minnesota, has for many years raised an alarm about the "treatment burden" that patients experience. In addition to time spent receiving health care, this burden includes arranging appointments, finding transportation to medical visits, getting and taking medications, communicating with insurance companies, paying medical bills, monitoring health at home, and following recommendations such as dietary changes.

Four years ago — in a paper titled "**Is My Patient Overwhelmed?**" — Montori and several colleagues found that 40% of patients with chronic conditions such as asthma, diabetes, and neurological disorders "considered their treatment burden unsustainable."

When this happens, people stop following medical advice and report having a poorer quality of life, the researchers found. Especially vulnerable are older adults with multiple medical conditions and low levels of education who are economically insecure and socially isolated.

Older patients' difficulties are compounded by medical practices' increased use of digital phone systems and electronic patient portals — both frustrating for many seniors to navigate — and the time pressures afflicting physicians. "It's harder and harder for patients to gain access to clinicians who can problem-solve with them and answer questions," Montori said.

*Getting Medical Care, con't next page*

## Getting Medical Care, con't

Meanwhile, clinicians rarely ask patients about their capacity to perform the work they're being asked to do. "We often have little sense of the complexity of our patients' lives and even less insight into how the treatments we provide (to reach goal-directed guidelines) fit within the web of our patients' daily experiences," several physicians wrote in a [2022 paper](#) on reducing treatment burden.

Consider what Jean Hartnett, 53, of Omaha, Nebraska, and her eight siblings went through after their 88-year-old mother had a stroke in February 2021 while shopping at Walmart.

At the time, the older woman was looking after Hartnett's father, who had kidney disease and needed help with daily activities such as showering and going to the bathroom.

During the year after the stroke, both of Hartnett's parents — fiercely independent farmers who lived in Hubbard, Nebraska — suffered setbacks, and medical crises became common. When a physician changed her mom's or dad's plan of care, new medications, supplies, and medical equipment had to be procured, and new rounds of occupational, physical, and speech therapy arranged.

Neither parent could be left alone if the other needed medical attention.

"It wasn't unusual for me to be bringing one parent home from the hospital or doctor's visit and passing the ambulance or a family member on the highway taking the other one in," Hartnett explained. "An incredible amount of coordination needed to happen."

Hartnett moved in with her parents during the last six weeks of her father's life, after doctors decided he was too weak to undertake dialysis. He passed away in March 2022. Her mother died months later in July.

So, what can older adults and family caregivers do to ease the burdens of health care?

To start, be candid with your doctor if you think a treatment plan isn't feasible and explain why you feel that way, said Elizabeth Rogers, an assistant professor of internal medicine at the University of Minnesota Medical School.

"Be sure to discuss your health priorities and trade-offs: what you might gain and what you might lose by forgoing certain tests or treatments," she said. Ask which interventions are most important in terms of keeping you healthy, and which might be expendable.

Doctors can adjust your treatment plan, discontinue medications that aren't yielding significant benefits, and arrange virtual visits if you can manage the technological requirements. (Many older adults can't.)

Ask if a social worker or a patient navigator can help you arrange multiple appointments and tests on

the same day to minimize the burden of going to and from medical centers. These professionals can also help you connect with community resources, such as transportation services, that might be of help. (Most medical centers have staff of this kind, but physician practices do not.)

If you don't understand how to do what your doctor wants you to do, ask questions: What will this involve on my part? How much time will this take? What kind of resources will I need to do this? And ask for written materials, such as self-management plans for asthma or diabetes, that can help you understand what's expected.

"I would ask a clinician, 'If I chose this treatment option, what does that mean not only for my cancer or heart disease, but also for the time I'll spend getting care?'" said Ganguli of Harvard. "If they don't have an answer, ask if they can come up with an estimate."

Source: <https://kffhealthnews.org/news/article/medical-care-exhausting-older-patients/>

*KFF Health News is a national newsroom that produces in-depth journalism about health issues and is one of the core operating programs at KFF — the independent source for health policy research, polling, and journalism.*

(c) 2024 KFF. All rights reserved.

## How Hot Is Too Hot? New Weather Forecasting Tool Can Help Figure That Out

By **ALEJANDRA BORUNDA**, NPR

This summer, people across the U.S. will have a new way to keep track of dangerous heat headed their way through a **new heat warning system called HeatRisk**. The tool, developed by the Centers for Disease Control (CDC) and the National Oceanic and Atmospheric Administration (NOAA), will be used by National Weather Service offices across the country to give people an understanding of when heat goes from uncomfortable to dangerous.

HeatRisk incorporates a host of factors that make **heat dangerous to human health, beyond just temperature**. It considers elements like humidity, which reduces people's ability to cool by sweating, and whether a 90-degree day comes in April versus July — hot weather is more dangerous early in the season before people's bodies have adjusted.

Read more at <https://www.npr.org/2024/04/22/1246510228/how-hot-is-too-hot-new-weather-forecasting-tool-can-help-figure-that-out>

# Is America's Housing Ready for an Aging Population?

By JONATHAN VESPA, U.S. Census Bureau

It should come as no surprise that older Americans overwhelmingly want to stay in their home as they age. But are their homes ready for them to stay?

For millions of older Americans, home is where they raised a family, hosted holidays and told bedtime stories to their children and grandchildren. It is often their nest egg as well as an anchor to their community.

But older homes don't always meet the needs of older Americans, according to a new report from the U.S. Census Bureau.

Only 10% of U.S. homes have key features to accommodate older residents, according to the report: **Old Housing, New Needs: Are U.S. Homes Ready for an Aging Population?**

The report looks at the number of homes in the United States that have aging-accessible features as well as households with older adults who have difficulty using some aspect of their home.

## Need for Aging-Ready Housing Growing

Over the next 10 years, the size of the population 65 and older is projected to grow by 17 million as baby boomers age. By 2030, an estimated 1 in 5 Americans will be 65 and older.

As the number of older Americans grows, how the design, function and layout of homes affect older people's ability to live safely at home becomes paramount.

Every year, about 30 million older people fall in the United States – one fall every second of every day.

According to the **Centers for Disease Control and Prevention** (CDC), around 1 in 5 of these falls results in serious harm. The direct medical costs of fall-related injuries total more than \$50 billion annually.

Nearly 11 million older Americans have serious difficulty walking or climbing stairs; 7 million have trouble living on their own; and almost 4 million have difficulty bathing or dressing themselves.

Yet most homes are not equipped to handle the needs of adults with these difficulties.

- Only 1 in 10 U.S. Homes Aging-ready
- Of the nation's 115 million housing units, only 10% are ready to accommodate older populations.

For example, only 1 in 10 homes have a step-free entryway, a bedroom and full bathroom on the first floor so older adults do not need to use the stairs, and at least one bathroom accessibility feature such as handrails or a built-in shower seat.

Aging-ready homes are even less common in some areas of the country. In the Mid-Atlantic region, which includes New York, Pennsylvania and New Jersey, only 6% of homes are aging-ready. In comparison, about 14% of homes are aging-ready in the West South Central area of the country, including Arkansas, Louisiana, Oklahoma, and Texas.

## Steps, Stairways, Bathrooms Are a Challenge

Often a place of convenience and comfort, the home also poses risks for older adults' safety and well-being.

More than a quarter of all households with an adult age 65 or older reported trouble using some feature of the home. Among households with adults 85 and over, that figure rises to nearly half.

Steps and stairways are by far the most common problem areas in the home for older adults. A quarter of older households reported such difficulty.

Bathrooms pose considerable risks as well and are the second most common problem area of the home for older adults. More than half of bathroom injuries are directly related to using the shower and getting into or out of the bathtub, according to the CDC.

Installing handrails, grab bars and built-in shower seats in the bathroom could help reduce risk for older adults and improve the safety of their home.

These data are produced by the U.S. Commerce Department's Census Bureau from a survey sponsored by the U.S. Department of Housing and Urban Development.

Source: <https://www.census.gov/library/stories/2020/06/old-housing-new-needs.html>

## Your Local Resources

- **ServiceLink**  
Not sure what resources exist in your community to help with an age- or disability-related issue? Contact your local ServiceLink Office. (866) 634-9412, [servicelink.nh.gov](https://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>





# Family Caregivers Face Financial Burdens, Isolation and Limited Resources

A social worker explains how to improve quality of life for this growing population

By KATHY L. LEE, Assistant Professor of Gerontological Social Work, Univ of Texas at Arlington

Millions of Americans have **become informal family caregivers**: people who provide family members or friends with unpaid assistance in accomplishing daily tasks such as bathing, eating, transportation and managing medications.

Driven in part by a **preference for home-based care** rather than long-term care options such as assisted living facilities, and the **limited availability and high cost** of formal care services, family caregivers play a pivotal role in the safety and well-being of their loved ones.

Approximately 34.2 million people in the United States **provide unpaid assistance** to adults age 50 or above, according to the Family Caregiver Alliance. Among them, about 15.7 million adult family caregivers care for someone with dementia.

I am a licensed clinical social worker and an assistant professor of social work **studying disparities in health and health care systems**. I focus on underrepresented populations in the field of aging.

## Challenges for Family Caregivers

In my research focusing on **East Asian family caregivers** for people with Alzheimer's and related dementia, I discovered that **Chinese American** and **Korean American caregivers** often encounter challenging situations. These include discrimination from health care facilities or providers, feelings of loneliness and financial issues. Some of these caregivers even find themselves **having to retire early** because they struggle to balance both work and caregiving responsibilities.

My findings join a growing body of research showing that **family caregivers** commonly **encounter five specific challenges**: financial burdens, limited use of home- and community-based services, difficulties accessing resources, a lack of knowledge about existing educational programs, and physical and emotional challenges, such as feelings of helplessness and caregiver burnout.

However, researchers are also finding that family caregivers feel more capable of managing these challenges when they can tap into formal services that offer practical guidance and insights for their situations, as well as assistance with some unique challenges involved with family caregiving.

## The Demographics Of Informal Caregivers

More than 6 in 10 family caregivers are women. Society has always expected **women to take on caregiving responsibilities**. Women also usually earn less money or rely on other family members for financial support. This is because equal pay in the workplace **has been slow to happen**, and women often take on roles like becoming the primary caregiver for their own children as well as their aging relatives, which can drastically affect their earnings.

While nearly half of care recipients live in their own homes, 1 in 3 live **with their caregivers**.

Sometimes termed "resident caregivers," these individuals are less likely to turn to others outside the family for caregiving support, often because they feel that it's important to keep caregiving within the family. These caregivers **are typically older, retired or unemployed** and have lower income than caregivers who live separately.

According to a 2020 report from the AARP Public Policy Institute, about 1 in 3 family caregivers **provide more than 21 hours of care a week** to a loved one.

## Juggling Caregiving with Everyday Life

Caregiving often creates financial burdens because it **makes it harder to hold a full-time or part-time job**, or to **return to work** after taking time off, particularly for spouses who are caregivers.

Often, community-based organizations such as nonprofits that serve older adults offer a variety of in-home services and educational programs. These can help family caregivers **manage or reduce** the physical and emotional strains of their responsibilities. However, these demands also can make it difficult for some caregivers to even learn that these resources exist, or take advantage of them, particularly as the care recipient's condition progresses.

These challenges **worsened at the height of the COVID-19 pandemic**. Many support programs were canceled, and it was hard to access health care, which made things even more stressful and tiring for caregivers.

Research shows that those who are new to family caregiving often take care of their loved ones **without any formal support initially**. As a result, they may face increased emotional burdens. And caregivers age 70 and above face particular challenges, since they may be navigating their own health issues at the same time. These individuals are less likely to receive

*Financial Burden, con't next page*

## **Financial Burden con't**

informal support, which can lead to social isolation and burnout.

## **Support For Family Caregivers**

There are numerous programs and services available for family caregivers and their loved ones, whether they reside at home or in a residential facility. These resources include government health and disability programs, legal assistance and disease-specific organizations, some of which are **specific to certain states**.

In addition, research has found that providing appropriate **education and training** to people in the early stages of caregiving enables them to better balance their own health and well-being with successfully fulfilling their responsibilities. Many community-based organizations, such as local nonprofits focused on aging, as well as government programs or senior centers, **may offer case management services** for older adults, which can be beneficial for learning about existing resources and services.

For family caregivers of people with dementia, formal support services are particularly crucial to their **ability to cope and navigate the challenges** they face.

## **The Role Of Medicaid**

Formal support may also be helpful in finding affordable home-based and community resources that can help compensate for a lack of informal support. These include **home health services** funded by Medicare and **Medicaid-funded providers** of medical and nonmedical services, including transportation.

Medicaid, which targets low-income Americans, seniors, people with disabilities and a few select other groups, has certain income requirements. Determine the eligibility requirements first to find out whether your loved one qualifies for Medicaid.

The **services and support covered by Medicaid may vary based on a number of factors**, such as timing of care, the specific needs of caregivers and their loved ones, the care plan in place for the loved

one and the location or state in which the caregiver and their loved one reside.

Each state also has its own Medicaid program with unique rules, regulations and eligibility criteria. This can result in variations in the types of services covered, the extent of coverage and the specific requirements for **accessing Medicaid-funded support**.

If so, **contact your state's Medicaid office** to get more information about self-directed services and whether you can become a paid family caregiver.

## **Medicare Might Help**

Medicare may **help pay for certain home health services** if an older adult needs skilled services part time and is considered homebound.

This assistance can alleviate some of the caregiving responsibilities and financial burdens on the family caregiver, allowing them to focus on providing care and support to their loved ones without worrying about the cost of essential medical services.

Peer-to-peer support is also crucial. Family caregivers who join support groups tend to **manage their stress more effectively** and **experience an overall better quality of life**.

Source: <https://theconversation.com/family-caregivers-face-financial-burdens-isolation-and-limited-resources-a-social-worker-explains-how-to-improve-quality-of-life-for-this-growing-population-219953>

**EDITOR'S NOTE:** The NH Bureau of Elderly and Adult Services in collaboration with ServiceLink Aging and Disability Resource Center recognizes the importance of supporting all caregivers and have partnered with Trualta to provide an online caregiver education and support platform at no cost to NH residents. Caregivers can sign up at <https://beas.trualta.com> on a smartphone, tablet, or computer, in order to read articles and watch videos about how to provide the best care to loved ones. Trualta offers content in both English and Spanish for caregivers providing care for individuals with conditions like Alzheimer's disease and dementia, heart disease, diabetes, COPD, and more.

## **Getting Started with Caregiving**

If you have never been a caregiver before, it may feel daunting at first. There might be tasks to organize, new medical terms to learn, and schedules to coordinate. If you live far away from the person who needs care, you may need to find new ways to stay in touch.

An article from the National Institute on Aging offers information on the all-important role you will be playing in the life of a loved one. Covering such topics as "What is Caregiving", "What To Do First", and tips on "Long Distance Caregiving", the article also includes a list of resources available to provide help and guidance.

The article can be found at <https://www.nia.nih.gov/health/caregiving/getting-started-caregiving>.

# Know Which Medication Is Right for Your Seasonal Allergies

The pollen count is sky-high. You're sneezing, your eyes are itching, and you feel miserable. Seasonal allergies are real diseases that can interfere with your life.

Seasonal allergic rhinitis, the medical term for seasonal allergies and hay fever, can also trigger or worsen [asthma](#) and lead to other health problems, such as sinus infections (sinusitis) and ear infections. The U.S. Food and Drug Administration regulates several medications that offer allergy relief.

An allergy is your body's reaction to an otherwise innocent substance that it has identified as an invader. If you have allergies and encounter a trigger (allergen), your immune system fights it by releasing chemicals, such as histamine (hence the term "antihistamine"). Histamine causes symptoms, such as runny nose, itchy nose, sneezing, and itchy and watery eyes.

**Seasonal allergies** are usually caused by plant pollens. They are:

- Tree pollen in the early spring.
- Grass pollen in the late spring and early summer.
- Weed pollen, including ragweed, in the late summer and fall.
- Certain molds may also cause seasonal allergy symptoms. Pollen counts vary by region, depending on climate.

You can take some measures to avoid pollen and mold exposure. They include:

- Close windows at home and in the car.
- Shower before bed to remove allergens from the skin and hair, reducing the contamination of bedding.
- Stay indoors if your symptoms are severe.

But it is not always practical or possible to stay indoors when pollen counts are high. So, your health care professional may recommend prescription or nonprescription (over-the-counter, or OTC) medicines to relieve allergy symptoms. Here's a closer look:

## Antihistamines

Antihistamines reduce or block symptoms caused by the chemical histamine. Many oral antihistamines are available in generic and nonprescription forms, including tablets and liquids. When choosing a nonprescription antihistamine, read the [Drug Facts Label](#) closely and follow the dosing instructions.

Some antihistamines can cause drowsiness and interfere with your [ability to drive](#) or operate heavy machinery, like a car. Some others don't have this side effect. Non-sedating antihistamines are available by prescription and nonprescription. Antihistamine nasal sprays are also available.

*Medications, con't next page*

## Talking About It - Aging and Mental Health

*Next Avenue* has produced a special report presented by The John A. Hartford Foundation on "Talking About It: Aging and Mental Health."

This year-long initiative is designed to help reduce stigma and advance conversation around mental illness in older adults. The series includes a portfolio of informational articles from experts in the field and first-person stories that demonstrate the power and impact of talking openly about mental illness and mental health in older adults. It focuses on action, giving readers information, advice and tools to challenge stigma and rethink mental health as we age. Articles include:

- [The Mental Health Toll of Climate Change](#)
- [The Golden Girls Cracked the Code on Aging Well: Limit Social Isolation and Loneliness](#)
- [Overcoming Depression, From Home](#)
- [Seeing Mental Illness](#)
- [For Improved Mental Health, Add Meditation to Exercise](#)
- [Quiet Quitting: My Experience](#)
- [Can a Digital Buddy Affect Mental Health in Older Adults?](#)
- [Is Vitamin D Key in Managing Mental Health?](#)
- [Are Older Adults More Open to Discussing Their Mental Health?](#)
- [What's Love Got to Do with Mental Health?](#)

Find all the stories at <https://www.nextavenue.org/talking-about-it/>

**"MENTAL HEALTH & AGING" PROGRAM OFFERED.** Fellowship Housing in Concord has scheduled "Mental Health and Aging" at the Red River Theatres in Concord on Thursday, May 30 at 5:30 pm. The event will feature a viewing of "Late-Life Depression" followed by a panel discussion. There will be light refreshments and a raffle. Cost is \$15. Purchase tickets at <https://redrivertheatres.org/film/late-life-depression/>

## Medications, con't

### Nasal Corticosteroids

Nasal corticosteroids treat inflammation and reduce allergy symptoms, including nasal congestion. They are typically sprayed into the nose once or twice a day.

Side effects may include stinging in the nose, nosebleeds, and growth effects in some children with long-term use. Nasal corticosteroids are available by prescription and nonprescription. Talk to your health care professional if your child needs to use a nasal corticosteroid spray for more than two months of the year.

### Decongestants

Decongestants are drugs available by prescription and nonprescription and come in oral and nasal spray forms. They are sometimes recommended in combination with other allergy medications for short periods of time.

Decongestant drugs that contain pseudoephedrine are available without a prescription. But they are kept behind the pharmacy counter to prevent their use in making methamphetamine—a powerful, highly addictive stimulant often produced illegally in home laboratories. You will need to ask your pharmacist and show identification to buy drugs that contain pseudoephedrine.

Using decongestant nose sprays for more than a few days may give you a “rebound” effect; your nasal congestion could get worse. Consult with your health care professional if using an oral or nasal decongestant for more than two to three days.

### Immunotherapy

“Allergy shots” are a form of allergen immunotherapy, in which your body responds to injected amounts of allergens, given in gradually increasing doses, by developing a tolerance.

Patients can receive injections from a health care professional. A common course of treatment would begin with weekly injections of gradually increasing doses for three to six months until the effective dose is reached. After that, treatment would continue monthly for three to five years.

Another form of allergen immunotherapy involves administering the allergens in a tablet form under the tongue (sublingual) and is intended for daily use, before and during the pollen season. This type of immunotherapy is available only by prescription for the treatment of seasonal allergies caused by certain pollens and has the potential to dial down the immune response to allergens.

But sublingual immunotherapy is not meant for immediate symptom relief and should start three to four months before allergy season. Although they are intended for at-home use, the first doses are to be taken in the presence of a health care professional.

Your doctor or health care professional may recommend other medicines that are prescription only. Talk to your doctor to see what medications are right for you.

If you have questions about any medication, you may contact the FDA's Division of Drug Information at 1-855-543-3784 and 1-301-796-3400, or [druginfo@fda.hhs.gov](mailto:druginfo@fda.hhs.gov). Their **pharmacists** are experts at interpreting information for the public.

Source: <https://www.fda.gov/consumers/consumer-updates/know-which-medication-right-your-seasonal-allergies>

## National Summit to Increase Social Connections

Given the importance of elevating innovative approaches to help older adults, people with disabilities, and caregivers stay engaged and connected, **Commit to Connect** and **engAGED: The National Resource Center for Engaging Older Adults** are again joining forces to co-host the **National Summit to Increase Social Connections**.

This virtual summit, scheduled for May 14 from 1-4pm and May 15 from 1-3 pm will bring together national, state, and local leaders — including United States Surgeon General Dr. Vivek Murthy — working across sectors to address social isolation and loneliness.

The summit will spotlight creative technology solutions and innovative programs that you can adapt to the needs of people in your community, along with tools and resources that can help you leverage technology to foster social connection.

The summit is a free event, but you must register to participate! Visit the **event page** for more information and the full agenda. This event will include CART closed captioning and ASL interpretation. Contact [info@committoconnect.org](mailto:info@committoconnect.org) with any questions.

Register at <https://committoconnect.org/virtual-summit/>

### RAISE YOUR VOICE!

Let us know what's important to you.

Email us today!  
[NHCOAnews@gmail.com](mailto:NHCOAnews@gmail.com)

# Memorial Day Weekend Activities at the NH State Veterans Cemetery

The NH Department of Military Affairs and Veterans Services has several upcoming events at the NH State Veterans Cemetery (NHSVC), 110 Daniel Webster Highway, Boscawen. All are welcome to participate.

Memorial Day is observed on the last Monday in May to the honor those serving in the U.S. military who have fallen in United States conflicts. Please consider participating in the following events:

## Place Flags for Memorial Day: Thursday, May 25th @ 1:00 PM.

Participants will assist NHSVC staff with placing American Flags at each gravesite to honor our fallen for the Memorial Day Holiday.

## Memorial Day Weekend: Saturday, May 27-Monday, May 29.

NHSVC and NH Veterans Cemetery Association staff will be at the cemetery on Saturday, Sunday, and Monday of Memorial Day weekend from 9:00 AM - 3:00 PM. The Veterans Heritage Learning Center will be open, and staff will be available to answer questions.

## Memorial Day Ceremony sponsored by the American Legion: Tuesday, May 30th @ 11:00 AM

The New Hampshire State Veterans Cemetery will hold its Memorial Day Ceremony to honor all service members who died while serving in the United States armed forces. Seating will be limited so you are encouraged to bring a chair if possible.

## Planting Event: Thursday, June 1st @ 11:00 AM.

Bring your garden gloves and shovels to help refurbish our many gardens with flowers and plants left at graves over the Memorial Day holiday.

## Remove Flags from Graves: Thursday, June 1st @ 1:00 PM

All are invited to attend to assist NHVCS staff pick up flags. If it is rainy weather, this event may be rescheduled to ensure the flags are properly stored.

Information about these events can be found <https://www.nhsvc.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](mailto:NHCOAnews@gmail.com) or send it to NHCOA Newsletter, NH Commission on Aging, 117 Pleasant St., Dolloff Building, 4th Floor, Concord, NH 03301.

## New Resource for Building Volunteer Programs Tailored to the Needs of Local Communities

April 21-27 was National Volunteer Week. In honor of this observance, the Administration for Community Living-funded **Community Care Corps** is pleased to share a new **online library of resources** developed to help community organizations build successful volunteer programs.

The library contains a wide range of practical resources — like fingerprinting, insurance, and background checks — for building volunteer programs, as well as a wealth of insights and lessons learned from over 109 organizations that have received subgrants from Community Care Corps since 2019.

Examples of materials available in the online library include:

- Resources for recruitment, marketing, and outreach, including how to use social media to reach potential volunteers.
- Links to volunteer trainings.
- Volunteer management tools, including how-to guides for creating forms and trackers.
- Tips for retaining volunteers over time.
- Insights into how to match volunteers with participants.
- Innovative approaches and creative solutions from organizations across the nation that have received grants from Community Care Corps.

The library is located at <https://learninglibrary.communitycarecorps.org/>



## Let's Get Social

The NH State Commission on Aging has a Facebook page.

Please follow the NHCOA at [https://www.facebook.com/](https://www.facebook.com/NHCommissiononAging/)

[NHCommissiononAging/](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.

# SCAM of the Month

## Scammers Targeting NH Residents by Posing as Medicare to Obtain Personal Identifying Information

Attorney General John M. Formella has issued a Consumer Alert for New Hampshire residents, especially New Hampshire Medicare recipients, warning of scammers posing as Medicare representatives to obtain personal identifying information.

The Attorney General's Office has recently received multiple reports of scammers calling New Hampshire residents, falsely claiming to be calling on behalf of Medicare. The scammers ask whether the recipient has received a new Medicare card. If the recipient says that he or she has not received a new card, the scammer asks for the recipient's personal identifying information, including the recipient's Medicare and Social Security number.

The public should be aware that this is a phishing scam. Scammers use phishing scams to obtain personal identifying information from unsuspecting victims. If the phishing scam is successful, scammers can use the personal identifying information obtained to perpetrate additional scams, engage in identity theft, or commit additional crimes, including fraudulently accessing financial resources of the victim.

Medicare is not issuing new cards to recipients in 2024, and Medicare does not make unsolicited calls to recipients asking for personal or private information. If you receive a call from anyone claiming to be calling on behalf of Medicare asking if you received a new Medicare card or seeking personal identifying information, it is a scam. Consumers who receive calls should hang up immediately and call 1-800-MEDICARE (1-800-633-4227).

### To Protect Yourself From Medicare Fraud:

Do not answer calls from numbers you do not recognize.

If you receive a voicemail from someone claiming to be a representative of Medicare, do not return the call using the number provided. Call 1-800-MEDICARE (1-800-633-4227) for all Medicare related inquiries.

Treat your Medicare card like a credit card and only give your Medicare number to your health care providers, your health insurance company, and people you trust that work with Medicare, such as your State Health Insurance Assistance Program; and

Never provide personal identifying information such as account numbers, Social Security numbers, mother's maiden names, passwords, or any other self-identifying information in response to a call you are not expecting.

If you or someone you know has fallen victim to this or another scam, immediately report it to your local police department and the Consumer Protection and Antitrust Bureau of the Attorney General's Office. Complaints can be made by calling the Consumer Hotline at (603) 271-3641 or by e-mail at <https://www.doj.nh.gov/consumer/complaints/index.htm>.

## If Someone You Care About Paid a Scammer, Here's How to Help

By JENNIFER LEACH,  
Consumer and Business  
Education Division

Sharing a scam experience with someone you know takes courage. If someone trusts you enough to share their scam story, especially if the scammer is still in touch with them, here's some advice to help guide you.

**Lead with empathy.** Respond with kindness and concern instead of criticizing or expressing disappointment. Scams can happen to anyone. Keep lines of communication open with a kind, concerned response.

**Let them tell their story.** Talking about a scam experience helps you both understand what happened. Talking about the scam also helps both of you spot it in the future.

**Validate their story.** The only person at fault here is the scammer — not your friend or family member. It's a scammer's job to steal money or information, and they'll target anyone. Ask them not to blame themselves and, instead, blame the scammer.

**Ask what we can do next together.** See if their personal information was involved; identity theft might be a concern. And see if they might want to report the scam. Their story can help protect friends, family, their community, and themselves, as well as helping law enforcement agencies like the FTC fight that scam.

If scammers find the right buttons to push at the wrong time — like when we're distracted or stressed — any of us might just pay them or share information.

Source: <https://consumer.ftc.gov/consumer-alerts/2024/04/if-someone-you-care-about-paid-scammer-heres-how-help>



# REINVENTING OLDER AMERICANS MONTH

## Moving Beyond the Proclamation: 35 Ideas for 2024 Older Americans Month

By JANINE VANDERBURG, Co-founder of *Changing the Narrative*

This year, the theme for **Older Americans Month 2024** in May, hosted annually by the U.S. Administration for Community Living (ACL), is **Powered by Connection**. According to ACL, the 2024 theme: “...recognizes the profound impact that meaningful relationships and social connections have on our health and well-being. We will explore the vital role that connectedness plays in supporting independence and aging in place by combatting isolation, loneliness, and other issues.”

For many organizations serving older adults and/or championing issues related to aging, Older Americans Month is a time to highlight their programs, and often gain local support by encouraging local and regional elected officials to issue proclamations. In fact, ACL provides tools and templates to do just that.

**Every year, Changing the Narrative has taken a slightly different tack.** We’ve used the occasion of Older Americans Month to **elevate our overall mission to end ageism**. And we’ve done it by tying our mission to the theme.

I was part of a roundtable session at the recent American Society on Aging conference on **Reinventing Older Americans Month 2024**. Our goal? To gather the wisdom of those in the room on how we could approach the 2024 theme so that attendees:

- Could elevate their organizations and the issues they address
- Go beyond government proclamations to meaningful engagement with elected officials and other community leaders

Placed in small groups, participants were asked to brainstorm: **What ideas do YOU have for using the Powered by Connection theme in your community?** Organized by topic area—somewhat—here’s what participants came up with in the short 15-minute activity:

### **CONNECT with Inclusion in Mind**

- Don’t exclude those who may not be computer savvy.
- Ensure all materials are language and culturally appropriate.
- Provide anti-ageism training before the month, so that participants don’t get locked into “sad senior, decline and deterioration” storylines.

### **CONNECT and Engage Community**

- Bring volunteers together to reach out to older adults who are isolated
- Hosting lunch with Board members and have board members deliver meals
- Partner with farmers’ markets and churches in rural areas.
- Set up “conversation tables” with topic cards to encourage dialogue.

- Designate benches through the community with signs inviting conversation.
- Encourage local restaurants and food hubs to provide community tables with discounts for food
- Use public libraries as gathering places. They are a trusted resource.

### **CONNECT Across Generations**

- Partner senior centers with high schools and colleges to host generational oral history projects
- Host an intergenerational community prom with a photo booth and dancing
- Connect older and younger people for reciprocal mentoring
- Create videos a la Story Corps with a younger person and an older person having an

*Engaging NH News, con’t next page*

## **Engaging NH News, con't**

intergenerational conversation on the power of connection.

- Partner with local schools, highlighting an older adult in their life or community

## **CONNECT around Art and Culture**

- Host performances, artwork, and communal art projects created around the theme of Older Americans Month.
- Partner senior centers with schools or community groups to create art projects that involve older Americans, potentially for display or as part of a broader recognition event.
- CreatE an art project for Older Americans Month, connecting aging services organizations, the arts council, aging committees, and local high schools.
- Make shirts and other merchandise with messages that can be distributed or sold as a means of spreading the campaign's message.
- Host book club discussions with books featuring older protagonists

## **CONNECT with Senior Centers & Other Organizations Serving Older Adults**

While many of the ideas generated could be offered by and through senior centers, some ideas generated were very directed towards organizations serving older adults in the community:

- Hosting and announcing open houses at all the senior centers throughout the community, and distributing posters everywhere to let people know about the events
- Interview older adults to tell their stories about how connecting with senior centers brought happiness and friendship back into their lives.
- Using senior centers as a hub for creating videos that share memories and connections between older adults and others in the community.

## **CONNECT with Government & Community Leaders**

- Ask the Mayor or top elected official in the jurisdiction to kick off Older American Month with a media conference, announcing Older American Month events throughout the community.
- Hold an advocacy rally at City Hall and before meetings of elected representatives.
- Invite elected officials to connect and participate in events.
- Host a lunch with organization board members, older adults and elected officials

- Host a panel with retirees, highlighting wisdom gained and obtaining personal stories to share with local officials.

## **Amplify CONNECTION on Social Media**

Finally, participants had LOTS OF ideas to use social media to engage the community, spread awareness, and encourage broader participation in Older Americans Month, including:

- Use the theme of “powered up by connection,” to create awareness of the digital divide
- Create memes, showing connected and empowered older adults.
- Launch a “what does powered by connection mean to me?” sign campaign (note: this could also be done as photos within individual organizations)
- Produce web videos to post on social media, such as those capturing memories and connections with an older adult or featuring intergenerational conversations.
- Interview older adults about their positive experiences with senior centers to share on social media.
- Host a statewide webinar to share all of these ideas with partners and possibly stream it on social media platforms.
- Use local celebrities and influencers to record 10-second spots about the theme to post on social media.

## **What ideas do you have for Older Americans Month 2024? Share them with Aging Matters.**

**We welcome your thoughts and ideas on how to celebrate Older Americans Month and this year's “Powered by Connection” theme. Please send your ideas to [nhcoanews@gmail.com](mailto:nhcoanews@gmail.com). We'll be happy to share them with our readers and our friends at Changing the Narrative.**

*Janine Vanderburg is the co-founder of Changing the Narrative, a leading U.S. campaign to end ageism, and led the campaign from its inception through March 2023, when she stepped back to a part-time role. She is the CEO of **Encore Roadmap**, which consults with businesses and brands on how to become more age-inclusive, and offers workshops and resources for encore seekers of any age.*



# Links to Learn More

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

## **Attention NH Voters! Date for Changing Your Party Affiliation is June 4**

You have until June 4 if you want to change your party affiliation before the State Primary. Visit <https://app.sos.nh.gov/voterinformation> to check your voter registration info. If you want to change your party affiliation, visit your local clerk's office.

## **When Does 'Old Age' Begin? Public Perception May Be Skewing Later**

*The older people get, the later they think old age starts, according to a new study.*

How old is considered old? The answer to that question appears to be changing as people live longer, retire later and maintain higher levels of physical and mental health into their older years, according to a story by Aria Bendix and Katie Mogg posted recently on the NBC News website.

A study published recently suggests that people in their mid-60s believe old age starts at 75 — but the older people get, the later they think it begins.

The research, published in the American Psychological Association's *Psychology and Aging* journal, examined data from around 14,000 participants in the German Aging Survey, which studies old age as a stage of life in Germany. The participants were born between 1911 and 1974 and entered the survey at ages 40 to 85.

Read the story at <https://www.nbcnews.com/health/aging/how-old-is-old-age-study-rcna148619>

## **Website Has Answers To Your Questions About National Banks And Savings Associations**

Do you have questions about national banks or savings associations? Maybe you want to know who regulates your bank. Whatever question you have, [HelpWithMyBank.gov](https://www.helpwithmybank.gov) has an answer.

Browse frequently asked questions (FAQs) about different topics from bank accounts and complaints to interest rates and home equity.

Learn more at <https://helpwithmybank.gov/>

## **Internalized Aging Campaign**

Changing the Narrative has announced the latest tool in their **Internalized Ageism Campaign**: sharable, short videos with examples of how to reframe our subconscious biases about aging.

Reframing our negative stories about our age is one thing anyone can do to help end ageism. Each

of these animations is an example reframing an internalized ageist story.

The animations are posted on Changing the Narrative's social media and you can find them at the following link <https://changingthenarrativeco.org/internalized-ageism/>

## **National Strategy to Support Family Caregivers: Action Guide for Counties**

The National Association of Counties (NACo) has launched an Action Guide in partnership with the National Academy for State Health Policy (NASHP), The John A. Hartford Foundation, and the U.S. Administration for Community Living, titled, "The National Strategy to Support Family Caregivers: Action Guide for Counties."

The Action Guide aims to help counties raise public awareness and improve service delivery for aging adults and their caregivers as part of a broader effort to implement the **National Strategy to Support Family Caregivers**.

NACo highlights findings from a 2023 survey of county leaders about the delivery of aging services and support available to caregivers. The guide also includes challenges and opportunities for counties, and key strategies and recommendations.

Learn more and download the **Action Guide** at <https://www.naco.org/resource/national-strategy-support-family-caregivers-action-guide-counties>

## **May 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.

## **May Topic: Preparing For Future Health Care Needs**

- Thursday, May 16, 2024 • 3:00 - 3:30 PM (EST)

You might assume that your family would be able to make your health care decisions for you if you were to become incapacitated. However, this isn't always the case. Your family may not agree on what's best, or important decisions could fall to your providers instead. This is why it's important for you to plan ahead. In this Medicare Minute, we'll review advance directives, living wills, health care proxies, and powers of attorney to help ensure that decisions made on your behalf meet your needs and preferences.

Visit [www.medicareinteractive.org/medicare-minute](https://www.medicareinteractive.org/medicare-minute) to register.