



A Citizen Voice for the  
Aging Experience

# ENGAGING NH NEWS

## GUEST OPINION:

### Success for 'Golden Lives'? What's that?

by Sam Asano

As my task requires, I subscribe to several technical magazines and journals. I also receive complimentary subscriptions from several publishers. In all, I get about 10 periodicals a month, and this has become somewhat of a burdensome task. Yet, I do feel obligated to thumb through them without fail.

I have been noticing that some influential technical magazines and technological journals are featuring subject titles such as "Achievers Under 35," "Trend Influencers Under Age 30," "Young Americans in Key Point Technologies," etc. They are all of the similar style. Each person is described as a leader in their field or a sector of the technology.

While I was glancing through these articles, I was gradually beginning to realize this clear-cut tendency for this country's culture to deify the youth generation and mark the aged generation with less emphasis and respect — or ignore it totally. Why aren't there articles about achievers older than say, 70? Or for that matter, achievers over 80?

**Why aren't there articles about achiever older adults?**

There are 49 million "Golden Lives" now over age 65. This group will rise to 89 million in 2050, a mere 32 years from now. And we do not praise their scientific and technological achievement?

I suspect the reason why the aged population is not praised or does not become the subjects of an article is that we in America wrongly believe people over 65 no longer practice technology and engineering or what they might produce is not worth writing about. Isn't this clear-cut age discrimination expressed in

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veiled camouflage of science?

So, are you saying there is nothing worth writing about that the aged population of technology/engineering have been doing all along? I believe the conclusion is totally erroneous and is based on prejudice.

Are we ignoring the massive 44.6 million people's achievement and only write about what millennials do? That is an extremely distorted depiction of what this country's tech society does.

I cannot believe there is no output worth writing about from the current boomer generation.

Meanwhile our "Golden Lives" population of age 65-plus keeps getting larger by a fast rate of 1.8 million a year.

One of the solutions is to concentrate on our manufacturing industry and beef up our exports.

That requires a full corporation by the aged group, as they are most experienced in manufacturing. If you look at the list of people in the articles such as "Leadership Under 35," the products they are working on are far from the point of revenue generation.

## WHO ARE WE?

*EngAGING NH is an all-volunteer not-for-profit organization registered with the State of NH. We work to support and promote activities, policies, planning and values that respect and include ALL older adults.*

We need to mobilize the boomer generation, whose skills and experience would be quite effective in assisting manufacturing and/or inventing products that are suitable for the aging population, the class of products we are never eager to study or produce despite the huge market potential. (U.S. Labor Force by Generation, 1995-2015, Pew Research Center.)

Engineering and technology discriminates against the aged. In my belief, such discrimination causes failure to activate all cylinders of this nation to fire and sap the power output while wasting the same amount of energy. That is significantly lowering productivity of this country.

*Shintaro "Sam" Asano of New Castle was named by MIT as one of the 10 most influential inventors of the 20th century. This article first appeared in the 3/19/18 Union Leader.*

## NH Updates

### THE PASSING OF AN ADVOCATE

Former police chief and selectman Philip V. Consentino died Tuesday morning — just one week after arriving at his final selectmen's meeting in a wheelchair while nearing the end of his battle with cancer.

"Phil was all about Atkinson, and there will never be another like him," Selectman Jason Grosky said.

Consentino worked for the police department for 42 years — 35 as chief — and served 10 years as a selectman before deciding against a reelection bid this year. He also served the town in other roles, including 13 years with the Fire Department and Atkinson Lions Club.

Many described Consentino as a dedicated public servant who was best known



**Phil Consentino**

for helping senior citizens. He spent 20 years as the town's direc-

tor of elderly services.

"Phil spent more time helping others than he did helping himself," said long-time friend Al Goldstein.

Town Administrator Alan Phair said Consentino's goal was to make sure that no elderly or disabled resident went without free transportation to medical or other essential appointments—or shopping trips—via town-owned vehicles.

"People could borrow everything from crutches to hospital beds and lift chairs without cost," Phair said.

Dick Magoon worked with Consentino for 15 years on the elderly affairs program and called him a "tough cookie" who was well-respected.

"He did so much for the seniors in town. He was always available," he said. "It was nothing for him to call at 1 a.m. and say, 'Can we go pick up a lady at the hospital because she can't

get home.' It was little things like that."

Magoon said Consentino was a "24/7 man" when it came to the elderly.

Phil won the 2010 Rockingham County Vaughan Award.

### **BALLOTS OF NH ELDERLY, DISABLED REJECTED**

Older citizens, the disabled and residents of nursing homes or rehabilitation centers are at much greater risk of having their absentee ballots discarded on Election Day, due to the state's signature matching requirements, according to the American Civil Liberties Union of New Hampshire.

Moderators throughout New Hampshire toss out absentee ballots because they conclude the signature on the absentee ballot does not match the signature on absentee ballot application.

The ACLU of New Hampshire filed a lawsuit last spring, seeking a court order to stop the practice, on behalf of three absentee voters who say their ballots were improperly discarded. In a 66-page brief filed on Monday in U.S. District Court in Concord, the ACLU maintains the problem is more widespread in some

communities than in others and of particular concern to older and disabled voters, based on research over the past year.

"We have accumulated more facts in discovery from our initial complaint," says attorney Gilles Bissonnette, ACLU legal director. "What strikes me is that we uncovered a substantial number of rejected ballots from voters with disabilities and at rehabili-

#### ***FYI...***

This newsletter is intended as a forum for you to share personal experiences, information and points of view.

In our media driven world of skillful marketing and political spin, we believe that diversity is critical to discernment and therefore the EngAGING NH Board of Directors welcomes all points of view, expressed with civility!

While the opinions expressed do not necessarily reflect those of the Board members, our intent is to include material that assists you in forming your own opinions.

To send articles or to add your name to our newsletter mailing list, contact:

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

**WHO IS MY LEGISLATOR?**

Use this quick link to find and contact your local State Rep and Senator:

<http://www.gencourt.state.nh.us/house/members/wml.aspx>

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

**Tell them your ideas, thoughts & concerns!**

tation centers or nursing homes.”

The organization collected absentee ballot applications from 15 municipalities and the Secretary of State’s office to analyze how many were rejected and for what reasons. It identified 33 disenfranchised voters with disabilities, out of 167 absentee ballots rejected on the basis of a signature mismatch.

In its response to the lawsuit, the state argues that the election statute at issue, RSA 659:50, is constitutional and does not disenfranchise anyone, but is a reasonable verification process.

The state also changed the procedure for absentee voting last year, adding a notice that “Any person who assists a voter with a disability in executing this form shall make a state-

ment acknowledging the assistance on the application form to assist the moderator when comparing signatures on Election Day.”

That doesn’t go nearly

far enough, according to Bissonnette, whose March 19 brief calls for summary judgment.

“This is an inherently subjective process that more often than not is actually culling out qualified voters,” he said. “The state has a choice to make. It either scraps the statute, or provides some due process to voters, like some sort of notice and an opportunity to cure.”

Read more:

<http://www.unionleader.com/politics/law-lets-town-moderators-toss-absentee-ballots-if-signature-appears-bogus--aclu-of-new-hampshire-sues-20180321>

**SERVICELINK WORKING FOR YOU**

ServiceLink Medicare counselors saved NH beneficiar-

ies a total of \$3,344,020 dollars during the 2017 annual open enrollment! On average, ServiceLink helped people to save \$400 by comparing plans and pharmacies, free of charge!

A beneficiary can review and compare their plans in several ways, but there are only a few ways to obtain this information in a free unbiased way:

- by going onto Medicare.gov and doing a plan comparison on the Plan Finder
- by calling 1-800-MEDICARE
- by contacting your local State Health Insurance Information Provider (SHIP) Counselor located at ServiceLink offices throughout the state of New Hampshire

Do not assume your current insurance plan is the best to meet your needs or the cheapest available; plans change from year to year and should be reviewed annually. The certified Medicare counselors at ServiceLink can assist in providing personalized guidance when reviewing your coverage.

ServiceLink offices can be found across the state in every county offering free unbiased information when

reviewing your Medicare plans. Give your local ServiceLink office a call at 1-866-634-9412 to schedule an appointment. Merrimack County ServiceLink

### **CAN THE DRC HELP YOU?**

*Hello! I'm sending you an article written by Stephanie Patrick, who's the new chairman of the DRC, explaining what the organization does and how people can get in touch with them for legal assistance for issues having to do with disability rights. Issues might include **elder law**, access to mental health services, and access to housing and public spaces for people with disabilities. I hope there will be space for it in next month's newsletter.*

### **You have rights! - Introduction to Disability Rights Center – New Hampshire**

The Disability Rights Center – New Hampshire (DRC) provides information, advice, and legal representation to people with disabilities across New Hampshire. DRC helps people with all types of disabilities – mental illness, intellectual disabilities, physical disabilities and traumatic

### **HELP!**

Do you need help with your Social Security or VA benefits? Do you have questions about the IRS or Medicare? If so, your NH Congressional Delegation can help!

Your two U.S. Senators and two Congresswomen all have staff equipped to help New Hampshire residents with issues, concerns or questions related to the federal government. The contact information for the NH Congressional Delegation is below. Please don't hesitate to reach out!

Senator Jeanne Shaheen  
2 Wall Street, Suite 220  
Manchester, NH 03101  
603-647-7500  
[www.shaheen.senate.gov](http://www.shaheen.senate.gov)

Senator Maggie Hassan  
1589 Elm Street, Third Floor  
Manchester, NH 03101  
603-622-2204  
[www.hassan.senate.gov](http://www.hassan.senate.gov)

Rep. Carol Shea-Porter  
1<sup>st</sup> Congressional District  
660 Central Ave., Unit 101  
Dover, NH 03820  
603-285-4300  
[www.shea-porter.house.gov](http://www.shea-porter.house.gov)

Rep. Annie Kuster  
2<sup>nd</sup> Congressional District  
18 North Main Street, Fourth Floor  
Concord, NH 03301  
603-226-1002  
[www.kuster.house.gov](http://www.kuster.house.gov)

brain injuries on disability-related legal issues like access to Medicaid services, special education, discrimination, institutional rights, voting rights and assistive technology. Many DRC services are available for free or at a low cost.

In 2012, DRC filed a lawsuit against the state of NH, alleging that the state failed to provide appropriate mental health services in the community, causing individuals with mental illness to be institutionalized or at risk of institutionalization. In 2014, the lawsuit settled and the state agreed to provide a variety of services for people with mental illness in the community.

These services are designed to help adults with mental illness avoid hospitalization and support individuals who are transitioning out of institutions like New Hampshire Hospital and the Glencliff Nursing Home.

Services include:

- Assertive Community Treatment (ACT) teams are multidisciplinary teams which provide intensive, individualized supports to people with significant mental ill-

ness. Community mental health centers are required to provide ACT services in every region of the state. Staff should be available 24/7 to help individuals with mental illness in their homes and community settings. Each ACT team should include a peer specialist.

- Supported/Subsidized Housing is also available to people with mental illness as part of the settlement. Generally, this is provided through the State's Housing Bridge Subsidy Program.
- Supported Employment is available as part of ACT team services or separately. It should be available to all individuals with mental illness through their local community mental health centers.
- Peer Support services help individuals develop skills in managing symptoms of mental illness, self-advocacy, and using natural supports. Peer supports should be provided through peer support centers available eight hours per day, five days and a half days per week in every region of the state.

**ENH welcomes all points of view and invites your submissions.**

To send articles or to add your name to our newsletter mailing list, contact:

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

Forward it on!

- Mobile Crisis teams (available in Concord, Manchester and Nashua) help people with mental illness who are experiencing a mental health crisis. Teams are required to be available 24/7 and respond within 1 hour of contact. Services can be provided in person or over the telephone.
- Community Crisis Apartments (available in Concord, Nashua and Manchester) are designed for short term stays for individuals with mental illness who are experiencing a crisis. They are accessed via the mobile crisis team.

In addition, the state is required to help individuals transition out of Glencliff Nursing Home and New Hampshire Hospital with appropriate supports.

If you are an adult with significant mental illness with questions or concerns about accessing these services, we need to hear from you. It's critical that we hear from people who are being impacted.

To let us know about your experiences or request help on any other legal issue, contact DRC at 603-228-0432 or 800-834-1721 or email [advocacy@drcnh.org](mailto:advocacy@drcnh.org).

**MORE ASSISTANCE**

As your Representative, my most important job is supporting Granite Staters when they need help with federal agencies. I was contacted by Harriet Cady, Treasurer of NH Right to Know, of Deerfield who was having trouble getting an Employee Identification Number (EIN) from the Internal Revenue Service (IRS) for the Right to Know group.

My staff worked with the IRS and helped Harriet obtain their EIN. If my office may ever be of assistance with a problem you are experiencing, please reach out to my staff at 603-226-1002 so we may help you resolve your problem or get the information you need.

*Congresswoman Ann  
McLane Kuster*

**LEGISLATIVE UPDATES:**

HB 1485 - relative to security deposits. This bill would allow landlords to require the equivalent of 2 months rent as a security deposit, which is cost prohibitive for older adults on a fixed income. The House Judiciary Committee recommended Inexpedient to Legislate and it will go to the House Floor.

HB 1816 - relative to Medicaid managed care. This bill is seeking to **eliminate** Step 2 of the Medicaid Managed Care Program. The House Health, Human Services and Elderly Affairs Committee voted that the bill with amendment Ought to Pass by a 13-9 vote. The minority committee voted Ought to Pass on a different amendment.

*(Editor's note: Step 2 would move the Medicaid covered services for nursing home residents and those meeting the same medical criteria but receiving services in their own homes or residential care facilities to a Managed Care Model. The NH Association of Counties has expressed concerns over both capacity and costs.*

*It should be noted that County taxes pay for most of the non-federal share of these costs and therefore*

*are concerned over **property taxes increases.**)*

**From Our Readers**

The front page article in the newsletter that describes the word "perennial" as an attractive substitute for elderly and senior is plausible and its meaning is upbeat.

Another suggestion: I was reading "Innocents Abroad" by Mark Twain and loved the name he attributed to senior citizens as "venerables." After reading a definition, I think the description fits the idea of respectability and honor. You have a delightful newsletter.

*Carol Theoharous*

good job.....lotta work!!!  
great information

*Kitty*

Good Newsletter this month

*Marilyn*

I am a first time reader and just finished the March issue. When I heard about this newsletter I was expecting 3 or 4 pages! There is so much helpful information; it's amazing.

*Dan*

My husband and I have been using that 5 minute exercise program in the February issue. It's wonderful.

*Jo*

**Focus on Community**

**DEMENTIA FRIENDLY COMMUNITIES**

Portsmouth is the first NH Dementia Friendly Community as part of the Dementia Friendly America Initiative. The Initiative is a multi-sector, national collaboration whose mission is to foster communities to be equipped to support people with dementia as well as their family and friend care-partners. Through the work of over 35 national, leading organizations, it is catalyzing a movement to more effectively support and serve those across America who are living with dementia.

There are about 24,000 people suffering from Alzheimer's disease in New Hampshire and that number doesn't include those with other forms of dementia or the thousands the Centers for Disease Control and Prevention estimates are living among us undiagnosed. Recognizing the growing issue of dementia in its community, Portsmouth has become the state's first "Dementia Friendly" community.

"Dementia Friendly" is a national movement aiming

to train everyone from first responders to bank tellers to restaurant servers how to communicate and support those with dementia in their community. Ronda Randazzo, manager of education programs for the Alzheimer's Association's Massachusetts and New Hampshire chapter, has been training Portsmouth police officers and firefighters as part of the effort.

The training involves recognizing the signs of dementia, which can often be confused as a person being intoxicated or impaired, Randazzo said. It covers different situations they may approach, such as a search and rescue, a disaster situation, or a case of abuse or neglect. It also involves teaching communication, whether it be verbally or through body language.

"There are nuances that come into play that could diffuse a situation or escalate a situation," Randazzo said.

Portsmouth also plans to train people in business and the community how to support people with dementia, whether it be teaching a grocery clerk how to talk to someone who repeatedly asks where

### **We Want You to Know . . .**

EngAGING NH promotes citizen leadership and the active involvement of New Hampshire's older adults in the development of communities and public policies that support all individuals as we age. We are a COMPLETELY VOLUNTEER organization with no paid staff, and a limited budget.

We actively partner & work with other NH advocates.

#### Formal Partnerships

- NH State Independent Living Council
- State Committee on Aging-Vaughan Awards
- Disabilities Rights Center—NH
- NH Cares
- UNH Center for Aging and Community Living
- Oral Health Care Expansion, Children's Alliance of NH
- Self Advocacy Leadership Team (SALT)
- Mid-State Regional Coordinating Council
- Southern New Hampshire Planning Commission

#### Active Collaborations & Groups:

- Elder Rights Coalition

#### Other Groups we work with:

- AARP
- NH Hospice and Palliative Care Organization
- NH State Committee on Aging
- NAMI
- NH Alliance for Retired Americans
- DD Council
- UNH Institute on Disabilities
- NASW-NH
- Area Committees on Aging
- NH Association of Senior Centers
- Endowment for Health, Alliance on Healthy Aging
- NH Legal Assistance
- Department of Health & Human Services
- ServiceLink

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the bread aisle is or restaurants offering dementia-friendly menus and calm areas to sit or ensuring banks have emergency contacts for customers who may come in and try to withdraw large amounts of cash.

**WHY AND HOW TO START A COMMUNITY ORGANIC GARDEN ANYWHERE**

First, you may wonder why a Certified Financial Plan-

ner would write this article. Not only do I have experience in starting and successfully running two of them, but I have learned why they are vital to the wellbeing and security of you, your family and Mother Earth.

Crops that are transported thousands of miles not only at not as fresh but their transport consumes large amounts of fuel to get them to you. When you

pick fruit and vegetables from your organic organic garden and eat them within hours you will notice the difference in how they taste and your energy level. Eating non-GMO and organic foods are more pure than conventional crops with toxic sprays. B the way anything labeled organic is non-GMO, thus organic is one step higher in purity.

- With your imagination, a little planning and some effort you can start a beautiful one in your area. You will learn a lot and inspire others to join yours and create other ones. Where to start one? First Google community organic garden and the name of your city or county and you may find an existing one you can join. Also try LocalHarvest.com to find one.. If there is none in your local area you can use your yard (if big enough), a church, an apartment building, a school, an assisted living facility or nursing home (using high raised beds), even suggest one for the local jail,

How to Contact Your State Committee on Aging Representatives		
County	Name	Email
Belknap		
Carroll		
Cheshire	Susan Emerson	semerson435@aol.com
Coos	Mark M. E. Frank	maxfra@aol.com
Grafton		
Hillsborough	Kathy Baldrige	kathy@lifetimeliquidations.com
	Ken Berlin	kaberlin@comcast.net
Merrimack		
Rockingham	Kristi St. Laurent	KristiSt.Laurent@gmail.com
Strafford	Candace Cole-McCrea	snowyowl@metrocast.net
Sullivan	Larry Flint	wrecman@comcast.net
	Mary Catherine Rawls	Mary.catherine.rawls@hitchcock.org
NH Senate	Ruth Ward	ruth.ward@leg.state.nh.us
NH House	James McKay	james.mackay@mygait.com
Website:	<a href="http://www.dhhs.nh.gov/dcbcs/beas/aging/">http://www.dhhs.nh.gov/dcbcs/beas/aging/</a>	

and more. Just get written permission from the Home Owners Association, or another place of your choice.

- Start off on a smaller scale and expand it each year, so that this project is not initially overwhelming to you and those involved. You need to have land with enough sun (minimum 6 hours) and a source of water.
- Gather some people together and explain this wonderful project to them and ask them if they wish to be involved. Come up with a basic written plan. To get started it takes some money for materials and some time. You will find it to be a great learning experience for young and old alike. Now is the time. Your county cooperative extension office generally has master gardeners that are willing to offer suggestions.
- Create a budget for seed, soil, some basic tools, etc. We found that many people have some extra gardening tools in their shed or garage that don't use they can donate. Eventually, adding a green-

house is most helpful in colder climates; Home Depot and Lowe's sell kits. It adds to the growing season a lot. You will also wish to plant various seed by season. For example, kale and some other veggies do well late in the season.

- Once you identify land for a garden, have the soil tested for chemical content to see what nutrients it needs. The county cooperative extension office or good garden centers can suggest where you can get it done. Building good quality soil is vital to your effort. You may need to buy organic soil (no pesticides or other chemicals used on or near it) from local sources. Once you get started you will find composting food scraps, grass clipping and leaves to be beneficial. Create a separate compost pile and turn it; add some worms too. Do not put in meat or fish scraps as it will attract rodents.
- Most gardeners seem to prefer raised beds; use wood treated with safe chemicals to make the wood last a long time; or use recycled plastic

boards. You may need to put up some rabbit fencing and screens to keep animals out. Go online to find organic pest control liquids etc.

- I strongly suggest only using organic seed to have a truly organic garden. Once each plant goes to seed you can start to save seed. Organic seed banks are more vital than ever; Google organic seed banks to learn more. When planting seeds, most people find rows to be best. Do not overplant seed nor plant it too shallow or deep; read seed packet for instructions. I love the book Square Foot Gardening which happens to be one of the most popular gardening books ever. Buy a few books on organic gardening and keep them on hand for reference.
- Once established community organic gardens generally require a few hours of work per week per member. Those who put more time and

### RAISE YOUR VOICE!

Please let us know what's on your mind and what's important to you.  
[engagingnh@gmail.com](mailto:engagingnh@gmail.com)

money in get more of the produce if contributions are not equal; get commitments from each member. You may or may not get a big harvest the first year. Be patient, it is worth it.

Now is the time to get started to imagine, organize and create a community garden that will increase vitality and welfare for you and your family, as well as your community. This is also a great legacy to create for your children and community ! Enjoy !

*Donald J Simon CFP and author of ZenBookSeries.com*

**News You Can Use**

**INSPIRATIONAL QUOTES FROM STEVEN HAWKINGS:**

1. "Look up at the stars and not down at your feet. Try to make sense of what you see, and wonder about what makes the universe exist. Be curious."
2. "However difficult life may seem, there is always something you can do and succeed at. Where there's life, there's hope."
3. "I believe alien life is quite common in the universe, although intelligent life is less so. Some say it

has yet to appear on planet Earth."

4. "My advice to other disabled people would be, concentrate on things your disability doesn't prevent you doing well, and don't regret the things it interferes with. Don't be disabled in spirit as well as physically."
5. "One of the basic rules of the universe is that nothing is perfect. Perfection simply doesn't exist... Without imperfection, neither you nor I would exist"
6. "Mankind's greatest achievements have come about by talking, and its greatest failures by not talking. It doesn't have to be like this."

**IT'S NUTS**

If you're trying to lose weight, you may want to try adding nuts to your diet. That may sound counterintuitive, but according to new research, eating more nuts can help you lose weight because nuts are rich in fat and fiber, which both influence satiety.

In other words, nuts make you feel full and helps you stay away from unnecessary snacks.

*<http://time.com/4124997/nuts-healthy->*

*calories/?ref=quuu%3Dquuu*

**NEW MEDICARE CARD SCAM**

New cards with randomly generated ID codes rather than Social Security numbers will be issued between April 2018 and 2019. The Federal Trade Commission (FTC) warns against scammers posing as Medicare "agents" or health care providers telling beneficiaries they need to purchase replacement cards.

The new Medicare cards are free, and the only action you needed to take is to ensure Social Security has your current address. If you have been solicited by a possible Medicare scammer, report it by calling 1-800-HHS-TIPS (1 800 447-8477) or submit a complaint on-line to the Office of the Inspector General of the US Department of Health and Human Services.

**FTC GUIDE TO SCAMS**

The FTC warns consumers that if you are asked to pay by wiring money, putting money on a gift card, or loading money onto a cash reload card, it's a scam.

If this happens on-line - shut down your computer; by email - delete and emp-

ty trash; by phone - hang up and report it to the FTC.

## DOCTORS LEARN HOW TO TALK TO PATIENTS ABOUT DYING

Doctors can be so focused on trying to fix each ailment that 'no one is addressing the big picture.'

Lynn Black's mother-in-law, who had lupus and lung cancer, was rushed into a hospital intensive care unit last summer with shortness of breath. As she lay in bed, intubated and unresponsive, a parade of doctors told the family "all good news."

A cardiologist reported the patient's heart was fine. An oncologist announced that the substance infiltrating her lungs was not cancer. An infectious-disease doctor assured the family, "We've got her on the right antibiotic."

With each doctor's report, Black recalled, most of her family "felt this tremendous sense of relief."

But Black, a doctor herself, knew the physicians were avoiding the truth: "She's 100 percent dying."

"It became my role," Black said, to tell her family the difficult news that her mother-in-law, who was in her mid-80s, was not going

to make it out of the hospital alive. Indeed, she died there within about a week.

The experience highlights a common problem in medicine, Black said: Doctors can be so focused on trying to fix each ailment that "no one is addressing the big picture."

Now Black, along with hundreds of clinicians at Massachusetts General Hospital in Boston, is getting trained to talk to seriously ill patients about their goals, values — and prognoses — while there's time to spare.

The doctors are using a script based on the Serious Illness Conversation Guide, first created by Drs. Atul Gawande and Susan Block at Ariadne Labs. Since its inception in Boston in 2012, the guide has been used to train over 6,500 clinicians worldwide, said Dr. Rachelle Bernacki, associate director of the Serious Illness Care Program at Ariadne Labs.

At Mass General, Dr. Juliet Jacobsen, a palliative care physician, serves as medical director for the Continuum Project, a large-scale effort to quickly train clinicians to have these conversations, document them and share what they learn with one another. The pro-

### Can You Help?

You may make a donation to ENH through our fiscal agent, Disabilities Rights Center-NH, Inc. which is a non-profit 501 (c) (3) corporation.

Make your check out to Disabilities Rights Center-NH, Inc. and note "EngAGING NH" on the memo line. DRC's mailing address is 64 North Main Street, Suite 2, 3rd Floor, Concord, NH 03301-4913.

Donations are tax deductible to the extent allowed by law.

ject ramped up in January with the first session in a series that aims to reach 250 primary care providers at the hospital.

For patients with advanced cancer, end-of-life conversations with clinicians take place a median of 33 days before a patient's death, research shows. When patients have end-stage diagnoses, fewer than a third of families recall having end-of-life conversations with physicians, another study found.

That's despite evidence that patients have better quality of life, fewer hospitalizations, more and earlier hospice care and higher

satisfaction when they talk to doctors or other clinicians about their values and goals, according to recent research.

At a recent training session, Jacobsen gave clinicians a laminated page with scripted language to help them along. When the participants role-played with professional actors, difficulties emerged.

Dr. Thalia Krakower, a primary care physician, faced an emotional "patient" whose condition was on the decline.

"I can't imagine it being any worse," said the patient, hanging her head in tears.

"How long should we let them be silent and sad?" Krakower asked Jacobsen. "We always step in too soon."

Physicians let patients speak an average 18 seconds before interrupting them, research has found. Jacobsen encouraged doctors to allow more silence, and to respond to patients' emotions, not just to their words.

The scripted conversation is quite different from what doctors have been trained to do, Jacobsen acknowledged. It doesn't aim to reach any decision, nor to

fill out end-of-life paperwork.

"For the average doctor, this might feel like you're not getting anything done," she said. The goal is to step back from day-to-day problem-solving and talk about the patients' understanding of their illness, their hopes and worries, and the trajectory of their disease.

In a pilot at Brigham and



Women's Hospital in Boston, Jacobsen noted, the conversations typically lasted 22 to 26 minutes.

At another moment during role-play, Jacobsen stepped in when a doctor skipped over the section in the script where she was supposed to share prognostic information.

The topic is avoided for many reasons, Jacobsen later said: Clinicians'

schedules are crammed. They may not want to scare families with a timeline that turns out to be wrong. And they may not know what language to use, especially when the disease trajectory is uncertain.

When a doctor's message moves abruptly from "everything's great" to "she's dying," Jacobsen said, patients and their families don't have enough time to adjust to the bad news.

To address that problem, Jacobsen's team suggests language that helps clinicians discuss a prognosis without asserting certainty: "I worry the decline we have seen is going to continue," or, "I worry something serious may happen in the next few months."

After the training, Jacobsen's team plans to follow up with doctors to make sure they are having the conversations with patients, starting with those deemed likely to die within three years.

The guide is also being rolled out at Baylor Scott & White Health in Texas, Lowell General Hospital in Massachusetts, the University of Pennsylvania and hospitals in 34 foreign countries, Bernacki said.

And Ariadne Labs has teamed up with VitalTalk, a communications training company, and the Center to Advance Palliative Care to rapidly disseminate the Serious Illness Conversation Guide across the country. They aim to train 200 trainers by June 2019, Bernacki said.

Right now, she said, whether patients have these discussions depends too much on geography. "Our goal," she said, "is for every patient with serious illness to have a meaningful conversation about what they care about, in every place."

*Melissa Bailey, Kaiser Health News, 2/12/18*

## Health & Wellness

### NEW CANCER TREATMENTS

#### *Nanorobots*

Nearly 1.7 million new cases of cancer are detected in the United States each year, and each year cancer claims almost 600,000 lives in the U.S. alone, making it the second-leading cause of death nationally. Treatment is sometimes worse than the illness, as invasive surgeries can be traumatic, and chemotherapy can cause off-target effects

that wreak havoc on the entire body. But a new technique described in *Nature Biotechnology*, which uses nanorobots — literally microscopic robots — to specifically target tumors and cut off their blood supply has the potential to change treatment forever. Read More: <https://www.inverse.com/article/41881-can-nanobots-treat-tumors>

#### *Hydrogel*

Researchers have developed a new hydrogel that can be injected directly to the site of a tumor, where it stays to slowly release its payload of immunotherapy drugs for longer. By doing this, the immunotherapy drugs can gradually and precisely target cancer cells until the job is done. In studies so far, the new form of immunotherapy has been very successful in recognizing and killing cancer cells. Read More: <https://newatlas.com/cancer-hydrogel-stingel/53737/>

#### *Daffodil*

Researchers have found a compound extracted from daffodils that can serve as a potential cancer killer. As it turns out, the compound can help shut down the "nanomachines" that tumors exploit to grow out of control. Not only was this

compound shown to slow cancer's growth, but it also triggers a stress response that stabilizes healthy cells that are under attack. Read More:

<https://newatlas.com/daffodil-anti-cancer-compound/53582/>

### NEW ALZHEIMER'S FINDINGS

Among a range of other hallmarks, Alzheimer's is characterized by neurological damage that is thought to be caused by plaques from a "sticky" protein called beta-amyloid. Beta-amyloid is normally found in the membrane around nerve cells, but when it clumps together into small lumps or plaques between neurons, it can stop them from communicating with each other and impair brain function.

For years, researchers have been trying to understand exactly how the production of beta-amyloid triggers the symptoms of Alzheimer's disease. Some researchers have even tried to develop anti-beta-amyloid drugs, but clinical trials of these pharmacological interventions have largely proven unsuccessful. The results of two new studies — both published in the journal *Neuron* — suggest that the brain's im-

mune cells may hold the key to future treatments for Alzheimer's disease. Read More:

<https://www.medicalnewstoday.com/articles/321147.php>

### **HOSPITALIZED OLDER ADULTS LESS OFTEN TESTED FOR FLU**

Even though elderly people have the highest rates of hospitalization and death from influenza, a U.S. study suggests that older patients may be less likely to get tested for flu in the hospital.

Researchers examined data on 1,422 adults hospitalized with a respiratory illness or a high fever at four hospitals in Tennessee during the flu seasons from 2006 to 2012. The study team tested all the patients for influenza, regardless of whether the patients' doctors had ordered tests.

Overall, only 399 patients had influenza tests ordered by their physicians, the study found. Seventy-seven of these patients turned out to actually have the flu.

Tests ordered by the researchers were positive for flu in another 59 patients, or nearly 6 percent of the group that didn't have flu

tests ordered by their physicians.

Patients whose doctors ordered flu tests tended to be younger, around 58 years old on average, versus 66 for people who didn't get tests.

This suggests many of the older patients with flu would have gone undiagnosed and untreated, said senior study author Dr. H. Keipp Talbot, a health policy researcher at Vanderbilt University Medical Center in Nashville, Tennessee.

"If influenza is not considered as a potential cause of the illness, it is unlikely that the patient will be treated for influenza," Talbot said by email.

Treatment with oseltamivir (Tamiflu) can shorten the severity and duration of flu symptoms, Talbot noted, and it is also sometimes prescribed to spouses, caregivers or family members to help prevent the spread of influenza to other vulnerable older adults.

"This is key for preventing outbreaks in senior centers, nursing homes, and assisted living facilities," Talbot said.

Sometimes older adults aren't tested for influenza because they don't get a high fever, one of the clas-

### **HELP SPREAD THE WORD!**

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

sic symptoms, Talbot noted. But the older adults in the current study did have fever or other symptoms of respiratory illness that would make them good candidates for testing.

Patients in the study were more likely to get flu tests ordered by providers if they had influenza-like illness than if they did not. However, classic symptoms of flu were less common in older adults than in younger patients, the study found.

Beyond its small size, other limitations of the study include the potential that results from Tennessee patients don't reflect what would happen with testing elsewhere.

Newer rapid influenza tests might also impact how often physicians check patients for influenza, the authors note in the Journal of the American Geriatrics Society.

Even so, the study results offer fresh evidence that physicians should consider

testing older hospitalized adults for influenza even when patients lack classic symptoms, said Dr. Hilary Babcock, an infectious disease professor at Washington University School of Medicine in St. Louis, Missouri, who wasn't involved in the study.

"In cases where the classic signs and symptoms may not appear, providers are less likely to think of the diagnosis," Babcock said by email. "This type of study can help to educate providers about variability in symptoms of influenza in different populations so that during influenza season, they think of influenza more frequently, even when a patient doesn't have every classic sign."

*Journal of the American Geriatrics Society, 2/13/18*

**Tech Tips**

**ANTICIPATE RANSOMWARE**

*Unfortunately, there's no simple solution for a ransomware attack, in which a hacker gains access to your PC, encrypts your files and demands money to decrypt them.*

Q: My Windows 7 PC recently displayed a notice that my data files had been encrypted (encoded so that

they can't be read), and that to decrypt them I needed to contact a specified e-mail address within 24 hours. I didn't respond, and now neither my IT person nor the Trend Micro security company can decrypt my files, which I hadn't backed up.

A: Unfortunately, there's no simple solution for a ransomware attack, in which a hacker gains access to your PC, encrypts your files and demands money to decrypt them.

A few types of ransomware have been cracked by security experts (see [tinyurl.com/j7ca4rc](http://tinyurl.com/j7ca4rc)), and free software is available to undo the file encryption those programs caused (see [tinyurl.com/ybpypegj](http://tinyurl.com/ybpypegj)). But for many other types of ransomware, there is no fix. If you don't contact the hackers and pay the ransom, your files remain encrypted. And there's no guarantee the hackers will decrypt your files just because you pay.

Why is ransomware so hard to overcome? When encryption software is used to lock data files, it generates an electronic key that can unlock them. But in ransomware attacks, only the hackers have the key.

Trying to "guess" the key with a program that rapidly tries many possible variations could take from months to lifetimes — and beyond (see [tinyurl.com/ybr6csnc](http://tinyurl.com/ybr6csnc)).

As a result, you need to be prepared for ransomware attacks. Beyond the obvious advice — avoid suspicious e-mails and website links — you should make frequent backups of your files to an external memory device, then unplug that device from the PC. Why? Any memory device that's connected to your PC can have its files encrypted by the ransomware. Most cloud storage services connected to your PC also are vulnerable (others claim to be immune because they save archival copies of your unencrypted files.) Don't take a chance. Disconnect your backup.

Steve Alexander, 3/6/18  
Most of your everyday electronics run off of lithium batteries — you know, the ones that you can never seem to find in your drawer when the remote is dead? Yet the days of the double-A may be ending.

Researchers at RMIT University in Melbourne, Australia have created a prototype of an alternative bat-

**LOOKING FOR A BACK  
ISSUE OF  
ENH NEWS?**

Check our website:  
[www.engagingnh.org](http://www.engagingnh.org)

tery that runs on carbon and water.

<https://futurism.com/prototype-battery>

**GOOGLE LETS YOU MUTE  
'REMINDER ADS'**

You browse a store online for an item but don't make a purchase. Then advertisements begin appearing on websites and apps you visit, reminding you of that item.

These are called reminder ads, and Google says it now will allow anyone to mute them on any apps or sites that partner with it.

"Reminder ads like these can be useful, but if you aren't shopping for Snow Boot Co.'s boots anymore, then you don't need a reminder about them," Jon Krafcik, group product manager of data privacy and transparency at Google, said in a blog post Thursday.

Apps and sites can be muted by visiting Google's Ad Settings, which requires a Google account. The mut-

ing applies to both mobile and desktop browsing.

Although not all reminder ads run through sites partnered with Google, the overwhelming majority do. Google says its ad network reaches 90% of the world's internet users.

Google — a division of Alphabet Inc. — said it plans to expand the muting option to include its other properties: YouTube, Search and Gmail.

By offering to mute reminder ads, Google can demonstrate a commitment to privacy and transparency without sacrificing much ad revenue, said Scott Galloway, a professor of marketing at New York University's Stern School of Business.

*david.pierson@latimes.com*

**Dollars & Sense**

**FOUR THINGS FOR  
RETIREES TO KEEP IN  
MIND ABOUT VOLATILE  
STOCK MARKET**

When stock market volatility spikes, financial advisers typically remind investors they have time to keep the money invested and let it ride out the cycle, but what about people already in retirement?

As a whole, people in their 70s and beyond used to have very little invested in stocks, but that has changed in recent years due to low savings rates and longer life expectancy, said Kathryn Bruzas Hauer, a financial adviser in Aiken, S.C., and author of Financial Advice for Blue Collar America.

"Ten years ago, if you were in your 70s, you were in T-bills and bonds," she said. "Now, people are living longer, they're coming into retirement with pretty low balances and many of them don't have pensions."

To make up the difference, advisers have urged retirees to hold more stocks, which have proved to be a better inflation hedge than other asset classes over long periods of time.

Today, it's not uncommon for retirees in their 60s and 70s to have about 50 percent of their nest eggs invested in stocks in the hopes of beating inflation over the long run, she said.

And while many of them say they are comfortable with that risk level, the recent market plunges surely rattled more than a few.

Even the best-designed risk tolerance surveys can't replicate the real fear that comes when a portfolio

takes a significant dip, Ms. Hauer said, so now is a good time to assess your own reaction to the recent market swings.

Here are four things for retirees to keep in mind:

*Don't panic, but you can adjust*

"You're not married to your risk tolerance," Ms. Hauer said. By the same token, she advises clients to make tweaks to their asset allocation, perhaps adjusting stock levels by 20 percent or so, rather than going all in or out.

"We don't believe this is the beginning of a major market downturn," said David Henderson, a financial adviser with Jenkins Wealth Management in Englewood, Col. "With that as a backdrop, we have to figure out the best risk measure for their situation, and if they can't handle the volatility they shouldn't be in equities."

*Think in bucket terms*

If volatility continues, it becomes even more important to manage portfolio withdrawals to avoid selling stocks into a downturn. Some advisers adhere to a strict bucket strategy, which involves investing money in separate sleeves earmarked for specific

phases or years in retirement.

Others simply manage a portfolio focused on total return, but they segment a certain number of years' worth of living expenses — or their required minimum distributions — to hold in cash. That way, a retiree in theory is able to avoid selling when stocks are down.

*Mind your RMDs*

Speaking of those required distributions that must come out of 401ks and IRAs beginning in the year one turns 70½, remember that just because you're required to pay tax on that money now, it doesn't mean you have to spend it.

It sounds obvious, but sometimes retirees get in a mindset that they can simply spend their RMDs, forgetting that if they substantially outlive their life expectancy or their account balances drop significantly, they'll need extra cash to meet expenses.

*Life isn't always short*

While many older clients may feel overexposed in the stock market, particularly in recent days, they should keep in mind that even people in their mid-60s can live another three decades or more, said Austin Frye, a financial planner

and founder of Frye Financial Center in Aventura, Fla.

"One client called saying he's 'getting too old for this' volatility," Mr. Frye wrote in an email. He reminded the 65-year-old that there is a strong chance either he or his wife will live into their 90s.

"Point being, a 65-year-old still needs to be investing for the long term," he said.

*Janet Kidd Stewart*

## Laugh & Live Longer

### TAXI RIDE

Last Wednesday a passenger in a taxi heading for Union Station in Toronto leaned over to ask the driver a question and gently tapped him on the shoulder to get his attention. The driver screamed, lost control of the cab, nearly hit a bus, drove up over the curb and stopped just inches from a large plate window.

For a few moments everything was silent in the cab. Then, the shaking driver said, "Are you OK? I'm so sorry, but you scared the daylights out of me."

The badly shaken passenger apologized to the driver and said, "I didn't realize that a mere tap on the

shoulder would startle someone so badly."

The driver replied, "No, no, I'm the one who is sorry, it's entirely my fault. Today is my very first day driving a cab. I've been driving a hearse for 25 years.

**TREES**

A man was driving home, drunk as a skunk, when suddenly he has to swerve to avoid a tree, then another, then another. A cop car pulls him over as he veers about all over the road.

He tells the cop about all the trees in the road.

Cop says, "For God's sake, man, that's your air freshener swinging about!"

**LINE DANCING**

Did you know that Line Dancing was started by women waiting to use a public rest room?

**Purposeful Living**

John and Jeanne Wilson have been dedicated volunteers at the Abbot Library for nearly 20 years. Individually, they have served in many different capacities; together they are ardent supporters and advocates for the library.

John, a WW2 veteran is 92. He builds shelving, and

then fills them. He helps with the summer Reading Program (which included building a pirate ship one year). As treasure for the Friends of Abbot Library for several years, he worked to get best interest rates, so the money was always earning. He has been a trustee and served on the Library Foundation Board, fundraising for a new library project. He then served on the building oversight committee; John's life experience in building materials and construction was invaluable to make sure the project was a quality one. He's worked on additional projects for a generator, lighting and parking lot.

In her 80s, Jeanne shelves, does inventory, and helps at the circulation desk when needed. She works the Pancake breakfasts, assists at book sales and in the Summer reading program. She helps with the annual appeal letter, organizing the printing, labeling, stamping and mailing. She also helps with the library's bookkeeping. Every Monday, she makes sure that all the bills are paid on time.

There would not be a new library without them. Jeanne and John are com-



**John and Jeanne Wilson**

munity ambassadors, able to articulate why a new library was needed. They recruited many others to volunteer thanks to their passion for the library's mission. And new library's visits have increased by 70%.

**Board Notes**

**FROM PERENNIALS TO DAFFODILS**

Years ago there was an interesting interview on NPR about language. While the name of the individual has long been forgotten, the message has not. He said that most words have two significant meanings: the dictionary one and an emotional one!

One example he gave was money. The dictionary describes money as a medium of exchange, and he claimed that for many people, rich and poor alike, the emotional definition was "not enough"!

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

Name	Mailing Address	Phone	E-Mail Contact Form
U.S. Rep. Carol Shea Porter	1530 Longworth House Office Building, Washington, DC 20515	202-225-5456	<a href="https://shea-porter.house.gov/contact/email">https://shea-porter.house.gov/contact/email</a>
U.S. Rep Ann Kuster	137 Cannon House Office Building, Washington, DC 20515	202-225-5206	<a href="https://kuster.house.gov/contact/email-me">https://kuster.house.gov/contact/email-me</a>
U.S. Senator Maggie Hassan	B85 Russell Senate Office Building, Washington, DC 20510	202-224-3324	<a href="https://www.hassan.senate.gov/content/contact-senator">https://www.hassan.senate.gov/content/contact-senator</a>
U.S. Senator Jeanne Shaheen	506 Hart Senate Office Building, Washington, DC 20510	202-224-2841	<a href="http://www.shaheen.senate.gov/contact/contact-jeanne">www.shaheen.senate.gov/contact/contact-jeanne</a>

The comments and discussions that arose from the March issue about what term to use for adults who have reached a certain chronological age served as a reminder of this concept. One person smiled and proudly claimed that he owned and wore a T-shirt that said, "Senior, Give Me My Damned Discount"; some said it really didn't matter; some started creating new possibilities other than perennial; and sometimes there was a disconnect between term and behavior.

Like the woman who said "senior" was fine but then said she wouldn't go to a senior center because that was a place for old people! While such contrasts can be amusing, they show how a term can be more

than a label, it can be defining.

There's a story about a "perennial's" garden called The Daffodil Principle that describes a garden this way, " *It looked as though someone had taken a great vat of gold and poured it down over the mountain peak and slopes.*" and it goes on to say there were several signs around the home of the gardener. They were described this way:

*"Answers to the Questions I Know You Are Asking:*

*The first answer was a simple one. "50,000 bulbs," it read.*

*The second answer was, "One at a time, by one woman. Two hands, two feet, and very little brain."*

*The third answer was, "Began in 1958."*

The story goes on to say, "*[The gardener] had planted one bulb at a time -- to bring her vision of beauty and joy to an obscure mountain top. planting one bulb at a time, year after year, had changed the world. This unknown woman had forever changed the world in which she lived. She had created something of ineffable (indescribable) magnificence, beauty, and inspiration.*"

Whatever term you decide to use as a descriptor of your age, you might want its emotional meaning to reflect this quote by Elizabeth Gilbert,

*"The universe buries strange jewels deep within us all, and then stands back to see if we can find them."*