



A Citizen Voice for the Aging Experience

ENGAGING NH NEWS

GUEST OPINION:

Join the State Committee on Aging!

A message from Mark Frank, SCOA Chair

Are you interested in being part of a group that advocates for New Hampshire's older citizens? If so please consider applying to join the NH State Committee on Aging.

The State Committee on Aging (SCOA) was created by the New Hampshire legislature in 1989 under RSA 161-F. In accordance with this law, SCOA assists and advises the Commissioner of the Department of Health and Human Services in making a continuing assessment of problems relating to older adults and advocates solutions to provide better integration of older persons into the social and economic life of the state.

RSA 161-F requires that the governor appoint 15 members of SCOA with the approval of the Executive Council. Those appointed by the governor shall include at least one member from each county. SCOA shall also include a legislator appointed by the chair of the oversight committee on health and human services, one representative appointed by the speaker of the house, and one senator appointed by the president of the senate.

Of the 15 members appointed by the governor, at least eight must be 60 years of age or older at the time of their appointment (seven can be under age 60). No member may serve more than two consecutive 3-year terms.

SCOA is actively seeking potential committee members since some members must step down in June 2016. Belk-

Participate in initiatives that affect the health, dignity and wellbeing of older adults

nap and Grafton counties have no coverage now, and Rockingham and Cheshire counties will also be without coverage in June when two members step down. All told, of our 15 appointed members, we will need eight new members this year.

What does SCOA do? Generally speaking members participate in initiatives that affect the health, dignity and wellbeing of older adults- for example, the Oral and Mental Health Commissions, the Older Driver Task Force, Long Term Care Ombudsman activities, NH ServiceLink and the Vaughan Awards (with Engaging NH). Other issues of concern include, but are not limited to, senior employment, chronic disease self-

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management, veterans services, transportation, senior center services and nursing home care.

Individually, SCOA members often wear other hats—they may be family caregivers, volunteer to drive people to appointments, deliver meals to the homebound or give of their time and talents in other ways.

Being a SCOA member is an important job, since our recommendations can make a difference to the quality of life for older adults living in our state. In order to do the best we can, we need to have a full quota of members as indicated above.

If you are interested in SCOA, please email me at Maxfra@aol.com or call (603) 788-4825 to discuss further. Then you will need to request an application by contacting Ms. Catherine E. George, Director of Appointments, Liaison to the Executive Council, Office of Governor Maggie Hassan at Catherine.George@nh.gov

Thank you.

Mark Frank represents Coos County on the NH SCOA

NH Updates

GOOD BYE

It is sadness that we note the closing door of one of our partners, NH Voices for Health. Created to meet a need for greater coordination among advocates working toward improved access to quality, affordable health care in our state, it can be proud of its work imple-

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.

menting the Affordable Care Act in NH. We thank their staff and board for the change and success they brought to NH.

CACL CHANGES

With regret, we say “Farewell and Best Wishes” to Sue Fox, co-founder and co-chair of the University of NH’s Center on Aging and Community Living. Over the past decade, Sue played an instrumental role in work to re-balance the long term care system and increase community alternatives to institutionalization. She is credited for bringing a Person Centered Focus to elder care.

Sue leaves NH in June to become President and Chief Executive Officer at the Westchester Institute for Human Development (WIHD) in Valhalla, NY. WIHD is a non-profit organization and is a UCEDD affiliated with the New York Medical College.

Our loss is New York’s gain.

WELCOME

We welcome new Commissioner Jeffery Meyers. Responsible for the overall management of Department of Health and Human

Services (DHHS), Jeff sets policy for DHHS and oversees implementation of all programs and services. He provides the leadership and direction necessary to ensure the design and delivery of a comprehensive and coordinated system of health and human services that is community based and family centered.

Prior to becoming Commissioner, Jeff was the Director of Intergovernmental Affairs, working within the Department, across the executive branch, and with legislators, federal officials and stakeholder groups to help develop and implement Department programs, strategies and services.

He has recently helped oversee major initiatives such as the implementation of the bipartisan New Hampshire Health Protection Program and the development and negotiation of a federal waiver that will strengthen the capacity of the State's behavioral health system and will promote further integration of mental health and substance use disorder services with medical care across the State.

He previously worked as the Director of Government Relations for Granite Healthcare Network and also served as Chief Legal Counsel to Governor John H. Lynch, as Legal Counsel for the New Hampshire State Senate, and as an Assistant Attorney General in the Office of the New Hampshire Attorney General.

He has practiced at a number of private law firms in New Hampshire, Maine and Washington, D.C., and is a member of the New Hampshire Bar Association and the American Health Lawyers Association. He received his undergraduate degree from George Washington University and his law degree from Georgetown University Law Center.

Elder advocates look forward to working with Jeff to improve NH's elder services.

ENDOWMENT FOR HEALTH

To learn a little more about the Endowment for Health's Age Friendly Communities initiative under the new leadership of President Dr. Yvonne Goldsberry, watch this fun video:

<https://www.youtube.com/watch?v=rXzYOYIIEX0>

EFH NAMES CORE ADVISORS

The Endowment for Health recently released the names of the members to its Elder Health Coalition Steering Committee.

How to Contact Your State Committee on Aging Representatives

County	Name	Email
Belknap	Rich Crocker	richcrocker@metrocast.net
Carroll	Kate Cauble	kemc226@aol.com
Cheshire	Bob Ritchie	fictionfitz@gmail.com
Coos	Mark M. E. Frank	maxfra@aol.com
Hillsborough	Sherri Harden	hardensherri@gmail.com
	Joan Schulze	joanschulze@myfairpoint.net
	Russ Armstrong	equizr@gmail.com
Merrimack	Herb Johnson	clairhonda@msn.com
Rockingham	Sheila King	bbwic@metrocast.net
Strafford	Candace Cole-McCrea	snowyowl@metrocast.net
Sullivan	Larry Flint	wrecman@comcast.net
<i>State Reps & Senators</i>		
Cheshire	Rep. Susan Emerson	semerson435@aol.com
Cheshire	Sen. Molly Kelly	molly.kelly@leg.state.nh.us

A broad invitation went out to apply to serve, and the selection was made from those applications.

The selection committee - the Core Advisors to the project - brings considerations of geographic representation, relationship to the domains that have been identified, aspects of healthy aging that each person's organization represented, and diversity in its broadest sense to their deliberations.

Those selected are:

Nathalie Ahyi, PhD works with community and statewide partners in New Hampshire collaborating to create the NH Health & Equity Partnership, seeking to advance

health equity for NH's racial, ethnic and linguistic minority;

Heather Carroll LSWA, NCDP, NCDM, Regional Manager for the State of New Hampshire for the Alzheimer's Association MA/NH Chapter and manages the Federal and State Government affairs for Dementia related legislation for NH;

Todd C. Fahey, State Director for AARP New Hampshire;

Mark M. E. Frank, Chairman of the State Committee on Aging;

Andrea Gagne, Energy, Elder and Outreach Services Division Director with Tri-County CAP;

Mary Georges, co-Chair volunteer at the Manchester Immigrant Integration Initiative and chairs the Congolese Community in NH. Mary is the voice of the underrepresented;

Rebecca Harris, Director of Transport NH, the backbone organization of the Statewide Transportation Initiative;

Brooke Holton, Vice President of St. Joseph Community Services (SJCS), the provider of Meals on Wheels/Community Dining in Hillsborough County NH. ,

Rebecca Hutchinson is semi-retired and provides consulting services in the healthcare field;

Pam Jolivette, Director of Elder Services, Community Action Program Belknap-Merrimack Counties, Inc.;

Kelly Laflamme, Program Director at the Endowment for Health; Robin LeBlanc, Executive Director of Plan NH;

Nancy Martin, Oral Health Program Manager at the New Hampshire Department of Health and Human Services, Division of Public Health Services (DPHS);

Tim McGinnin, Director of Senior Services for The Moore Center, Manchester and Assisting Pastor at Trinity Life Community in Bedford;

Renee Pepin, Research Scientist at the Dartmouth Centers for Health and Aging; and

Tracey Tarr, Administrator, DHHS Office of Human Services, Bureau of Elderly and Adult Services.

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

NH, CA SEEK TO HELP CONSUMERS GET DETAILS ON HEALTH CARE PRICES

Two states are making inroads into revealing some of the biggest secrets of health care by publishing price information to help consumers comparison shop for doctors, dentists and prescription drugs.

New Hampshire, which already had the nation's most advanced website allowing people to compare the cost of specific medical procedures, last week added prices for 16 dental procedures and 65 prescription drugs. The website, NHHealthCost.org, is run by the state insurance department and lets consumers see how much they would have to pay based on the price their insurer negotiated with each provider, rather than the sticker price that is charged. The site also shows the price uninsured people must pay.

California on Wednesday released an expanded version of its quality report cards on 154 large physician groups. Those cards, which already assess clinical quality and patient experiences, take a different tack than New Hampshire. Instead of drilling down on specific procedures, the report cards sum-

marize the total cost of medical services run up by the average patient of each group. The medical groups care in total for more than 9 million people.

Elizabeth Abbott, the director of California's patient advocate office, which put together the report cards, said that by coupling the cost rating with similar star ratings for quality, consumers and those who decide which medical groups to include in insurance networks will see that the most expensive medical groups may not be the ones that provide the best care.

"We want to have human resources departments and executives for health providers look at this to guide their decisions," Abbott said.

New Hampshire's and California's efforts follow a setback last month for states seeking to compile price listings through insurance claims data. The [U.S. Supreme Court ruled](#) that Vermont officials cannot force insurers to turn over the information. It is not clear yet how that ruling will affect other states that already collect insurance information. Along with New Hampshire, those include Kansas, Maine, Maryland, Massachusetts, Minnesota, Oregon, Rhode Island, Tennessee, Utah and West Virginia, according to the APCD Council, which [tracks all-payer claims databases](#).

The New Hampshire initiative offers consumers a broad array of pricing information based on claims insurers must report. For instance, around Concord, the state capital, 90 10-milligram pills of atorvastatin, the generic of the

blood thinner Lipitor, cost on average \$30 at Walmart, \$74 at the supermarket Hannaford Brothers, \$98 at CVS, and \$118 at Walgreens, according to the website. Depending on the dentist, the average price of a silver filling around Concord varied from \$138 to \$242. The prices might be lower for patients who have insurance that picks up some of the cost.

“Adding dental and pharmacy will be powerful” in New Hampshire because these are items consumers often do shop around for, said Suzanne Delbanco, director of Catalyst for Payment Reform, a San Francisco-based-nonprofit that rates how transparent each state makes health care prices. “The hope is that once consumers get used to shopping for these types of services, they will feel more comfortable looking for other more complex and costly services.”

The California report cards assign one to four stars to summarize the overall average cost for patients of each medical group. The average cost of care for a patient of a four-star group is below \$3,158. The average cost for a patient being cared for by a one-star group is more than \$4,744.

The ratings take into account the location of each medical group and how healthy or sick its patients are. The difference in ratings is due to discrepancies in the prices the practices charge and the type of treatments their patients get, according to Jill Yegian, an executive at the Integrated Healthcare Association, which collected and helped analyze the data for the patient advocate’s of-

fice. “It could be they are not very efficient, they do not coordinate care well, they do not do things to keep the prices within reason,” Abbott said. Minnesota is the only other state that offers that same type of information. California relies on voluntary cooperation from medical groups for the data collections, so the Supreme Court ruling should not affect them.

Most studies have found that consumers have limited power to shop for medical services by price. An [analysis](#) this month by the Health Care Cost Institute found that a majority of health spending went to services where that would not be possible, such as emergency hospitalizations. But 43 percent of health care spending went to services where patients could potentially shop around, such as drugs, doctors, colonoscopies and hip and knee replacements.

“This is an interesting finding — that consumers might be able to effect, on average, up to nearly half of their yearly out-of-pocket payments by price shopping,” the report said. But it added that even in those circumstances, consumers had less financial motivation to seek better deals because insurance benefit designs shield them from the majority of costs.

“Overall, we come to the conclusion that the potential gains from the consumer price shopping aspect of price transparency are modest,” the analysts wrote.

In New Hampshire, about 3,000 people a month use the website, said Maureen Mustard, director of health care analytics at the insurance department. The state is hop-

ing that more consumers will pay attention following this month’s re-launch. By [Jordan Rau](#) March 9, 2016

<http://khn.org/news/n-h-calif-seek-to-help-consumers-get-details-on-health-care-prices/>

From Our Readers

BOOK REVIEW

The Japanese Lover by Isabel Allende

The Japanese Lover is an exquisitely crafted love story and multi-generational epic that sweeps from San Francisco in the present-day to Poland during the Second World War.

In 1939, as Poland falls to the Nazis, young Alma Belasco’s parents send her away to live in safety with an aunt and uncle in their opulent mansion in San Francisco. There, as the rest of the world goes to war, she encounters Ichimei Fukuda, the quiet and gentle son of the family’s Japanese gardener. Unnoticed by those around them, a tender love affair begins to blossom. Following the Japanese attack on Pearl Harbor, the two are cruelly pulled apart when Ichimei and his family are forcibly relocated to internment camps.

Throughout their lifetimes, Alma and Ichimei reunite again and again, but theirs is a love that they are forever forced to hide from the world. Decades later, Alma is nearing the end of her long and eventful life at San Francisco’s charmingly eccentric Lark House

nursing home. Irina Bazili, a care worker struggling to come to terms with her own troubled past, meets the elderly woman and her grandson, Seth. As Irina and Seth forge a friendship, they become intrigued by a series of mysterious gifts and letters sent to Alma, eventually learning about Ichimei and this extraordinary secret passion that endured for nearly seventy years.

Excerpted from NY Times Book Review

RAIL EXPANSION

The New Hampshire Capitol Corridor rail expansion project would generate more than 3,600 new residential units, nearly 2 million square feet of commercial space, and more than 5,600 permanent jobs by the year 2030. Real estate development would add \$750 million to the state's output between 2021 and 2030. Beginning in 2030, passenger rail expansion would generate 1,730 new jobs every year.

Rail expansion would help us create a true multi-modal transportation system, providing people with transit options. Right now options are limited, and our highways are full. The corridor between Concord and Boston is the only corridor in the entire country with a population of at least 600,000 people that is not served by passenger rail.

Bringing passenger rail to Manchester would also establish connectivity with northern Massachusetts and the greater Boston area, something that is critical if New Hampshire's business community

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 and 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)

Active Collaborations & Groups:

- Older American's Action Partnership
- Elder Rights Coalition
- Aging and Mental Health
- Department of Health & Human Services

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
- NH Statewide Independent Living Council
- NH Legal Assistance
- ServiceLink

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is to continue to grow and thrive. It is absolutely essential to the state's economic future that New Hampshire moves forward with the Project Development Phase of the NH Capitol Corridor.

I encourage you to reject any attempt to remove the NH Capitol Corridor Project from the Ten-Year Transportation Plan. Thank you.

David J. Preece, AICP, Executive Director/CEO Southern New Hampshire Planning Commission

(Editor's note: the funding was voted down by Legislature. However, interest in this project continues and we will pass along any future developments.)

FILM: NINE TO NINETY

This April, The Endowment for Health sponsors the showings of the film *Nine To Ninety*. The film challenges the taboo of talking about death.

WE GOTTA TALK ABOUT IT

Nine to Ninety is not your average love story. But it is a story for our times. Phyllis and Joe Sabatini have been together 65 years. At ages 89 and 90, they live at home with their daughter Sarah and nine year old granddaughter Jacqueline. But as the family struggles to make ends meet and the grandparents' health problems escalate, they are forced to make a difficult decision that will surprise viewers.

The choice leads them all to consider: *What does it take to live, love, and die with dignity and grace in the modern age?*

For more information and to register to see the film, go to:

<http://archive.constantcontact.com/fs157/1101419543707/archive/1123708992442.html>

News You Can Use

NEW ALZHEIMER'S TREATMENT RESTORES MEMORY FUNCTION

Can ultrasound technology restore memory function in Alzheimer's patients? Researchers from Australia's University of Queensland are looking to do just that.

The treatment targets neurotoxic amyloid plaques in the brain. Alzheimer's disease is caused by two kinds of brain lesions – amyloid plaques and neurofibrillary tangles. Both lesions attack the neurons in the brain.

The research team, from the Queensland Brain Institute, uses a focused therapeutic ultrasound to beam sound waves into the brain tissue. The waves open up the blood-brain barrier. Once the barrier is open, the waves stimulate microglial cells – waste-removal cells – to act. The microglial cells then digest the amyloid plaques and protein clumps that cause Alzheimer's.

“This method uses relatively inexpensive ultrasound and microbubble technology which is non-invasive and appears highly effective,” says Professor Jürgen Götz, director of the Clem Jones Centre for Ageing Dementia Research. Götz believes the new method, completed without using drugs,

could revolutionize the way we treat Alzheimer's disease.

Researchers tested the ultrasound technology on mice and found that seventy-five percent of the mice had completely restored memory. The next step is to test sheep and higher animal models. By 2017, the team hopes to begin trials on humans.

Elder Guru, 3/23/16

HEALTH APPS MAY BE SELLING YOUR INFO

Health apps, like prescription drugs, come with side effects, it turns out. A new study has found that an astoundingly large number of health apps may be sharing users' medical information. Many can also switch on smartphone cameras and make changes to the software on your phone.

What was found:

More than 80 percent of the 211 diabetes apps studied did not have privacy policies. And out of a randomly selected subset of 65 apps, 56 of them (86 percent) used tracking cookies, which could allow them to send information about the user to other companies, such as marketing firms, according to the analysis, published Tuesday in the Journal of the American Medical Association.

Why it matters:

Co-author Sarah Blenner, now at the University of California, Los Angeles, warned that the sharing or selling of personal information could lead to discrimination. Users with certain medical profiles, for instance, could have a tougher time getting life insurance.

The apps are not bound by Health Insurance Portability and Accountability Act, or HIPAA — the federal privacy law that governs doctors and insurance plans. “They are free to trade, sell, and use the information in any way that they want,” said Mark Rothstein, an expert on health privacy at the University of Louisville.

Keep in mind:

There’s a lot more than blood glucose tracking on these apps. When Blenner and her colleagues analyzed the fine-print permissions that all users have to accept before downloading a diabetes app, they found that 17 percent asked to track the user’s location, 11 percent sought to switch on the smartphone camera, and 64 percent requested the ability to delete or modify information anywhere on the user’s phone.

Experts say this is hardly limited to diabetes apps.

The bottom line:

Most health apps are completely unregulated. If you don’t want your information shared or the memory on your phone tampered with, be very careful about which apps you choose to download.

Eric Boodman can be reached at eric.boodman@statnews.com

RISE IN WELLBEING IN LATE 60S, SURVEY FINDS

According to a national survey, the wellbeing of people in their 60s increases as they reach the age of 70. That is despite many people in the age group having at least one chronic disease.

Participants were asked to rate how confident, cheerful, relaxed and useful they felt in their early 60s and then again aged 68 to 69. The Medical Research Council survey has tracked the health and wellbeing of 1,700 people since their birth.

When the responses of those aged 60 to 64 were compared to their feelings towards the end of their seventh decade, the survey found there was an overall average improvement in all aspects of wellbeing. This mirrors the results of previous studies which found that people in their 60s and 70s were more content than those in their 50s. And a recent large survey of UK adults found those aged 65 to 79 to be the happiest age group. Those aged 45 to 59 reported the lowest levels of life satisfaction.

Research shows the better you fit into the personality of your area, the happier you are. Dr Mai Stafford, the program leader at the MRC's unit for lifelong health and ageing at University College London, said it was not yet clear what was behind the rise in wellbeing during people's 60s.

“We found that one in five experienced a substantial increase in wellbeing in later life, although we also found a smaller group who experienced a substantial decline,” she said. “The benefit of using a cohort study like this is that we can look at how individuals change over time.

We hope this will allow us to pinpoint which common experiences may be linked to an improvement in wellbeing in later life.”

Help Spread the Word!

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

Forward it on!

In their 60s and 70s, people are more likely to prioritize social relationships and look after their mental health, she explained.

“By that time you've worked out what makes you feel better and what doesn't.”

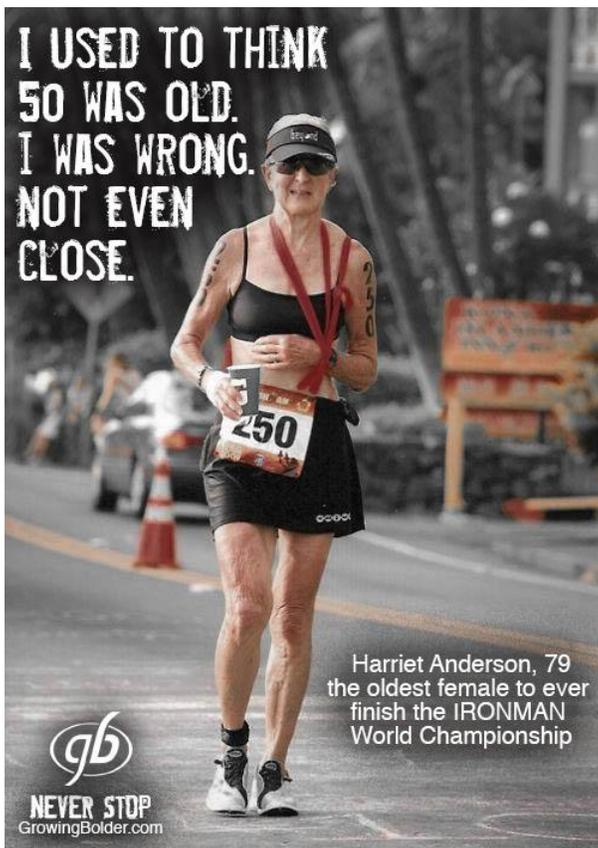
Although people are living longer, poor health in old age is still a concern. Most survey participants reported having at least one common chronic disease such as arthritis, diabetes or hypertension.

<http://www.bbc.com/news/health-35667488>

ARE DEMENTIA RATES FALLING?

Are seniors in the United States developing dementia later and less often? [One study's results](#) say so.

The study, published in the New England Journal of Medicine on February 11, followed more than 5,000 Americans for 40 years. The participants' average age of dementia development rose from 80 to 85. They also experienced a 20



“The more cognitively [mentally] healthy you are to begin with, the better able your brain is to withstand the slings and arrows of aging.”

Seshadri mentions that participants with higher social and economic status – including access to better healthcare – are also more likely to be well educated.

Heart health is crucial because it influences brain function. Strokes, irregular heartbeat and heart disease all affect the brain. Improved stroke detection, follow-up care for stroke survivors and better heart disease treatment mean

healthier bodies all around.

“Fewer people who develop strokes are developing dementia,” says Seshadri.

ElderGuru 3/14/16

BRAIN PROTEIN MAY HOLD ALZHEIMER’S TREATMENT KEY

New findings by neurological researchers unearthed a brain protein that could offer “a whole different approach to aging” according to lead researcher Dr. Aron Buchman.

Seniors with high levels of a gene called brain-derived neurotrophic factor, or BDNF, displayed a 50 percent slower loss of memory than those with lower levels. Buchman believes the study’s results mean BDNF may protect

against dementia. The study, published this January in the journal *Neurology*, observed that BDNF’s positive effects lasted despite the “plaques and tangles” in Alzheimer’s-affected brains.

Next steps include finding ways to elevate BDNF levels in seniors. Researchers note that exercise, social interaction and mentally stimulating activities may boost BDNF levels, and are good ideas no matter what.

DOES SEAFOOD PROTECT AGAINST ALZHEIMER’S?

Good news for seafood lovers! The mercury in fish doesn’t lead to dementia, says a February study published by the *Journal of the American Medical Association*. Not only that, but moderate fish intake may help prevent or slow the progression of Alzheimer’s for those with genetic risk of the disease.

Though researchers found mercury in the brains of those who consumed seafood, they found no link between increased mercury consumption and the brain damage associated with dementia. In another study of seafood’s effects, certain participants who ate one or more fish meals per week developed less Alzheimer’s-related damage.

The participants who benefited from fish consumption shared a gene variant called apolipoprotein E (APOE). This gene is linked to an increased risk of Alzheimer’s disease. Researchers are still learning if fish’s benefits are caused by healthy n-3 fatty acids or by more complex sources.

percent reduction rate in their risk of developing the condition.

Study author Dr. Sudha Seshadri, professor of neurology at Boston University’s Alzheimer’s Disease Center, points out that America still has a large population of dementia sufferers. With 5.2 million Americans over 65 estimated to have Alzheimer’s, and the aging population increasing, dementia’s still a public health issue.

But the study brings promising news. Two factors in particular correlate with preventing or delaying dementia: education and heart health.

Study participants with at least a high school diploma saw the most significant drop in dementia rates. Keith Fargo, director of scientific programs and outreach for the Alzheimer’s Association, says

HEAD INJURIES BUILD UP ALZHEIMER'S PLAQUES

Moderate to severe head injuries lead to accumulated amyloid plaques in the brain, researchers have discovered. Amyloid plaque buildup is a sign of Alzheimer's disease.

The study built on previous research, which uncovered the link between traumatic brain injury (TBI) and dementia. Study participants with TBI had amyloid plaques in the cerebellum, the area of the brain responsible for motor control.

Study author David Sharp noted that "More and more evidence suggests brain trauma can trigger long-term processes that may be harmful."

The next step is a larger study with a more diverse group. Researchers also hope to develop treatments that target these long-term processes.

Should you avoid contact sports, which include risk of concussions? Sharp says it's too soon to tell. He notes the difference between concussions, a mild head injury, and a single severe head injury. Still, he says the two have "pathological similarities."

ElderGuru 3/10/16

Health & Wellness

OLDER AMERICANS TAKING MORE MEDICATIONS

The proportion of older Americans taking at least five medications or

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.

supplements went up in a recent study.

The increase in people using multiple medications - known as polypharmacy - paralleled an increase in the number of older Americans at risk for major drug interactions, researchers found.

"That's a concern from a public health standpoint, because it's getting worse," said Dima Qato, the study's lead author from the University of Illinois at Chicago.

Qato and her colleagues previously reported that polypharmacy is common among older Americans. More than half were taking prescription and nonprescription medications between 2005 and 2006.

There have been a lot of changes in U.S. regulations and the pharmacy market since that time, how-

ever. Some of those changes include new and less expensive generic drugs and the implementation of Medicare Part D, which is the prescription component of the government-run health insurance program for the elderly or disabled.

To evaluate the change in polypharmacy over time, the researchers compared the 2005-2006 results to data collected from 2010-2011.

Participants in the study were between the ages of 62 and 85 and were living at home. The researchers interviewed 2,351 people in 2005-2006 and 2,206 in 2010-2011.

Overall, about 67 percent were taking five or more medications or supplements in 2010-2011, up from about 53 percent in 2005-2006.

Use of cholesterol-lowering statins rose from about 34 percent to about 46 percent, the researchers reported in JAMA Internal Medicine. The proportion of people taking blood-thinning medications also increased, from about 33 percent to 43 percent, and use of omega-3 fish oil pills rose from about 5 percent to about 19 percent.

Along with the increase in polypharmacy, the researchers found the risk of major drug interactions nearly doubled, going from about 8 percent to about 15 percent.

"I think we have to keep in mind that while it's important to improve access to medications, we

need to make sure they're used safely," said Qato

On one hand, the new results can be seen as positive, said Dr. Michael Steinman, a gerontologist at the University of California, San Francisco.

"We're treating more people with medications that could potentially help them," he said. "But when people have four or five chronic conditions, medications quickly balloon to a large number."

It's important to ensure clear communication between everyone involved in a patient's care, including the patient, said Steinman, who wrote an editorial accompanying the new study.

"You can get rid of problems and excess medications by talking with your doctors," he said.

A separate study reported in the same issue of the journal found that nearly 42 percent of adults did not tell their doctors about the use of complementary or alternative medicine, which includes - among other things - supplements, herbs, homeopathy, special diets and acupuncture.

Many patients said they didn't tell their doctors about these alternative medicines because they weren't asked or because their doctors didn't need to know that information, write Judy Juo and Pamela Jo Johnson, of the University of Minnesota in Minneapolis.

"If a person is talking with their doctor about the medications they're using, they should be talking about all the medications they're using," said Steinman.

JAMA Internal Medicine, online 3/21/16.

OLDER AMERICANS ARE TAKING THEIR VITAMINS — AND THAT COULD BE DANGEROUS

The number of older Americans at risk for a potentially life-threatening drug interaction doubled between 2005 and 2010, according to a new study -- but not just from the prescriptions they fill at the pharmacy or the medicines they buy over the counter.

The study of more than 2,000 people between ages 62 and 85 found that the majority of potentially dangerous drug combinations came from interactions between conventional drugs, such as a blood pressure drug and a cholesterol drug that together can increase risk of muscle damage and kidney failure. But there was an alarming uptick in the number of older Americans taking unproven vitamins and supplements, too -- a scary trend since the safety of those combinations is poorly understood.

"Dietary supplements, which are not really regulated, have increased, and that is surprising. That was one of the things I thought, 'Let me double-check the code and make sure it's real,'" said Dima Qato, assistant professor of pharmacy systems at the University of Illinois at Chicago, who led the study published in *JAMA Internal Medicine*.

The study compared usage of medications and supplements in 2005-2006 and 2010-2011. It found the overall risk of danger-

ous drug combinations doubled over the time period to 15 percent of people in the sample, most likely driven by the introduction of Medicare prescription drug coverage.

The number of older Americans taking five or more prescription drugs increased to more than a third of the people in the sample. The use of over-the-counter medications declined slightly, to 38 percent. But the increase in the use of dietary supplements was marked -- the majority of older Americans now keep their medicine cabinets stocked with sup-

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plements that have no conclusive evidence of benefits.

For example, the study found a four-fold increase in the use of omega-3 fish oil, to nearly one in five older Americans. That's despite the fact that a major research analysis -- which examined the evidence on fish oil supplements in 20 research studies, including nearly 70,000 people -- showed that the supplements don't seem to have any real heart health benefits. The use of vitamin D nearly tripled, even though the cognitive benefits of vitamin D supplements are unclear.

Washington Post, 3/24/16

THE KEY TO HAPPINESS AND LIVING LONGER? HARVARD FOUND IT

What's the secret to happiness and health? According to Harvard professor and psychiatrist Robert Waldinger, it has nothing to do with fame, money, or success.

"Good relationships keep us happier and healthier. Period."

In a multigenerational study that began at Harvard in the 1930s, two groups were studied: male Harvard students (which the New York Times noted included John F. Kennedy) and young boys from disadvantaged families living in Boston's poorest neighborhoods. Through brain scans, interviews with the subjects (and eventually their families), blood analyses, and health exams, the 75+ year study has given a pretty profound conclusion. Happiness and health are all about relationships.

Here are the biggest takeaways:

1. People who are more socially connected are happier, physically healthier, and live longer.

2. Quality and quantity when it comes to close relationships; relationship satisfaction predicts future health.

3. While high-conflict marriages can be worse than divorce, a "good relationship" doesn't mean zero bickering. There are ups and downs, but the trust, commitment, and respect are key.

4. "Loneliness kills." The feeling of loneliness can be toxic; people who are isolated are less happy, their health declines sooner, their brain function declines sooner, and they live shorter lives.

In his Ted Talk, Waldinger reminded us to lean in to our relationships as much as we do our professional endeavors; our lives depend on it! Make friends in and out of work, and nurture your relationships with friends, family, and significant others, no matter how challenging it is.

"Relationships are messy and complicated; it's not sexy or glamorous. But it's life-long."

msn.com, 3/24/16

Dollars & Sense

MEDICARE TO TIGHTEN REQUIREMENTS FOR MANY HOME MEDICAL DEVICES

New policy cited as way to discourage inflated claims

Medicare is taking aim at questionable medical claims again, this time by requiring pre-approval for a number of medical devices that patients use in the home.

Critics say the new policy will bog down the process for getting oxygen, power wheelchairs and a variety of other supplies to patients — items they need to keep from

being readmitted to the hospital. But citing years of abuse from inflated claims, Medicare anticipates savings from the initiative of \$10 million in 2016, rising to \$100 million by 2025, without hurting patient care.

Penny Carey, president of Allegheny Health Network's home medical equipment arm, is among the people who question the new policy.

"I don't see how it can bring value to the consumer because you're adding another regulatory burden," she said. "I'm hoping it won't, but if receiving authorization delays care, then the patient suffers."

Starting Feb. 28, Medicare will require pre-authorization for some of the most commonly used home medical supplies, including oxygen, sleep apnea and related equipment in a strategy that commercial insurers have used for years to curb overuse of medical testing.

About 75,000 Allegheny County seniors who have traditional Medicare fee-for-service will be affected by the new policy. People with Medicare Advantage health coverage will not be affected, because those plans contract independently with providers.

Medicare last year spent about \$6.3 billion on medical equipment that is needed at home to treat an illness or injury, significantly lower than the more than \$7.4 billion the government spent in 2013. Requiring vendors to bid on supplying patients living in certain areas with specific kinds of equipment,

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

Name	Mailing Address	Phone	Fax	E-Mail Contact Form
U.S. Representative Frank Guinta	326 Cannon House Office Building, Washington, DC 20515	202) 225-5456	(202) 225-5822	https://guinta.house.gov/contact/email
U.S. Representative Ann Kuster	137 Cannon House Office Building, Washington, DC 20515	(202) 225-5206		https://kuster.house.gov/contact/email-me
U.S. Senator Kelly Ayotte	144 Russell Senate Office Building Washington DC, 20510	(202) 224-3324	(202) 224-4952	http://www.ayotte.senate.gov/?p=contact
U.S. Senator Jeanne Shaheen	520 Hart Senate Office Building Washington, DC 20510	(202) 224-2841	(202) 228-3194	http://shaheen.senate.gov/contact/

which began in 2011 in the Pittsburgh area, is credited for much of the savings.

And Medicare has had remarkable success with the pre-authorization lever in curbing power wheelchair claims. Claims for the mobility devices shrunk by one-fourth to \$3 million from \$12 million in the period from September 2012 to August 2015, according to Medicare. The pilot was conducted in 19 states and will be part of the program expansion that goes into effect nationwide next month.

Home medical equipment claim fraud is the stuff of legend. Medicare estimates that the agency improperly paid \$1 billion for these claims between April 2006 through March 2007, at least partly due to fraud.

Separately, stolen beneficiary and physician identification numbers were used during a five-month period starting in October 2006 to bill the government \$5.5 million from three home medical equipment offices, one of which was a utility closet containing buckets of sand mix, road tar and a large

wrench — but no office equipment.

Providers acknowledge past abuses in the industry, but say that complicating patients’ ability to get medical equipment is not the answer.

“It’s a big deal,” said Tammy Zelenko, president and CEO of Bridgeville-based AdvaCare Home Services, which has four stores in the Pittsburgh area. “It’s going to have a greater impact on hospitals and patients than the durable medical equipment world.

“The beneficiary isn’t going to get what they need.”

Some hospital beds, power wheelchairs and oxygen concentrators are among the devices that will require pre-authorization from Medicare starting Feb. 28. Medicare said it would answer requests for approval within 10 days, with a provision for expedited review within two days.

Tom Sedlak, executive director of the Harrisburg-based Pennsylvania Association of Medical Suppliers, called the new rules a mixed bag, saying it may be too early to say

whether unnecessary claims will be reduced or patient care affected.

“It could work,” Mr. Sedlak said. “Is it realistic in all hospitals? No.

“We have to try to educate our physicians and case managers at hospitals.”

Kris B. Mamula, Pittsburgh Post-Gazette, 1/18/16

DRUG PAYMENTS DURING HOSPITAL STAYS

Q: I recently went to the hospital for the first time with my chronic obstructive pulmonary disease. The bill to Medicare was \$13,500 for a day and a half. During this time, the hospital did a chest X-ray, gave me four breathing treatments and then proceeded to bill me \$750 for three azithromycin antibiotic pills taken by mouth while in the hospital. These, I was told, were “not covered by Medicare.” But they would have cost about \$40 at Wal-Mart or CVS without insurance, which I had. When I questioned the amount, I was told the hospital set rates at whatever they want for such doctor-prescribed pills taken by

mouth in the hospital. I complained and refused to pay the bill. I contacted Medicare. The hospital finally settled for \$75 and a write-off. This was ridiculous and a taxpayer rip-off. Something has to be done.

A: Patients and their families need to stand up as Ann has done. The more times they do, the better off all Medicare beneficiaries will be. Now, hospitals are not free to charge whatever they want. But they are allowed to charge a lot more than would be allowed under a Part D drug plan. I'm not sure of the exact circumstances of Ann's billing situation nor of her specific Medicare policies. But it doesn't surprise me that such a mess occurred. Medicare drug coverage can be very confusing, with no fewer than three different parts of Medicare possibly covering her drug use.

According to experts at the Medicare Rights Center, if Ann was an inpatient in the hospital and this medication was related to her inpatient treatment, it should be covered under Part A of Medicare. Drugs taken as an outpatient — either in the hospital or a caregiver's office — are normally covered by Part B only if they must be administered by a health care professional (such as an IV). However, the Medicare Rights Center noted that even if all Ann needed to do was pop the antibiotic pills in her mouth with some water, they should have been covered by Part B if the drugs were medically necessary as part of her outpatient treatment in the hospital. (By the way, even if Ann stayed overnight in the hospital, she still could be

classified by the hospital as an outpatient. This is related to another part of the unfathomable Medicare playbook.) Lastly, even if Ann's pills were not related to her outpatient treatment, they still should be covered under her Part D Medicare prescription plan, which I assume she has. In that event, she could have filed a claim with her Part D insurer, and it likely would have paid the hospital far less than what Ann was billed and perhaps even less than the \$75 she finally paid. In fact, she still could file a claim with the insurer for that \$75 payment.

Philip Moeller, who writes widely on health and retirement, is here to provide the Medicare answers you need in "Ask Phil, the Medicare Maven."

HOW TO ORGANIZE YOUR FINANCES FOR YOUR LOVED ONES

If someone will need to [settle your estate](#) or care for you because you're seriously ill, that could mean needing to amass critical financial information about you in a hurry. But this kind of scavenger hunt — finding legal documents, bank accounts, insurance policies, credit cards, online accounts and the like — is very hard when that person is grieving or dealing with a multitude of caregiving issues. That's why you should take the necessary steps *now*, before a potential crisis arrives, to get your records together.

I call this focusing on three dimensions:

- **What** you want to document,

- **Where** it is located and
- **Who** should know about it.

This way, your loved ones will easily be able to find what they need when the time comes.

3 Personal Stories:

Let me give you three examples from my life that will show you why I feel so passionately about this. In each case, well-organized data was — or would have been — helpful:

My Responsible Aunt

She lived independently her entire life and had superb control over her affairs. She was well-organized and kept diligent records. Totally in control, everything was in order.

Then, at 83, she had a debilitating stroke. As a result of her stroke, she was first confined to a hospital and then admitted to a skilled nursing home, where she lived until passing away at 87.

With great vision, my aunt had made proper preparations in designating both a Power of Attorney and an executor — me. I was blessed that she had kept outstanding records. She had a book that listed her stocks, bank accounts and other financial information and a small safe containing her

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legal documents and the deed to her house, stock certificates and other important papers. All of this planning allowed me to efficiently manage her affairs.

And because she could still communicate when I became Power of Attorney, she was able to clarify details and answer other questions. This aunt was a role model on all three dimensions. What, Where and Who.

My Less-Responsible Aunt

I had another aunt who also lived independently, but she wasn't as organized and was reluctant to share information with other family members, even though she had appointed a Power of Attorney and an executor — me again.

Then she developed dementia, which led me off on a wild goose chase to locate her financial records. I'll never forget the day I was cleaning out one of her old dressers and discovered three forgotten bankbooks with a total value of \$150,000. They had not been presented for interest at the bank for almost three years, and were about to be treated as abandoned property. Sadly, this aunt failed on the What and Where dimensions of organization.

Family Friends

I also had close family friends who lived on our street. The father

had an unexpected massive heart attack in his early 50s and suddenly died. He hadn't made any advanced preparations and when the tragedy occurred, those left behind had no awareness of their financial condition, nor the location of his records.

I volunteered to help supervise getting his affairs in order to settle the estate. But where were the funds to pay the bills? Was there savings? Insurance? No one knew where to start. That began a tedious task of searching through each room in the house and through every file and pile of papers.

Also, no one knew how to access his computer to see if he had vital information online or in email messages and no one knew his passwords or anything about his online accounts.

Regrettably, history repeated itself a few years later, when the mother also passed away unexpectedly. Although I had set up a process for her for better record keeping, she didn't follow it to maintain updated information. This created an enormous burden for their children.

How to Get Organized

Please learn from these true events. Here's how to get organized using the three dimensions I've mentioned:

WHAT

We can't expect our loved ones to remember key information about our financial lives without a roadmap of documentation. Think about your insurance, bank accounts, investments, wills, Powers of Attorney, living wills, trusts, custodial accounts and guardianship documents. In addition, in this digital age, there are also your online accounts and passwords.

WHERE

Think about where your critical information is stored. Can it be found easily?

WHO

This is about proactively designating someone or some people to manage your affairs as your Power of Attorney or executor allowing them to legally act on your behalf. Once you've chosen these people, be sure to tell them. If you find the topic too uncomfortable to discuss, at least tell them where to find an envelope you've created or the place in your home that has all the key information.

Lists to Prepare

If you do nothing else, at least prepare basic lists manually and let your family know their location. It's actually a simple process to quickly organize your data.

First, develop your categories: Bank accounts, insurance policies, investments, online accounts/passwords, credit cards, etc.

Next, for each category, think of the specific information you want to collect. This can be managed in spreadsheets or in a Word docu-

ment, but you don't need to use a website or even a computer. You can manually write it all out, and develop a binder.

One more thing: Remember that this is not a one-time effort. You need to review things periodically to keep your financial information up to date.

If you decide to use any online solution to organize your financial life, be sure it's a secure site. And even if it is, do *not* store complete details there which could facilitate a theft! For example, I ask my clients not to list their full credit card numbers or passwords and PINs online. Rather, storing only the last digits and the 800-number of the financial institution's customer service will be adequate information to get to your specifics quickly.

[John Seber](http://www.nextavenue.org), www.nextavenue.org

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Tech Tips

WHAT TO DO AFTER YOUR PC IS HIJACK

Q: I recently renewed my Norton security software, but declined a \$10 PC security scan they offered. A while later, a message appeared on my screen warning me of suspicious activity on my PC, and a number to call. I wasn't able to remove the mes-

sage from my screen, so I called the number. The technician who answered said my PC warranty was up, and that my PC contained thousands of malware programs. He said Microsoft would charge me \$500 for his help in removing the malware. When I refused and accused him of hijacking my PC, he agreed to release my PC, which now works again. What's going on and who's responsible?

A: Congratulations on talking your way out of a common Internet scam. Your PC does have a problem, but it's relatively minor and you can fix it yourself.

What happened? Your PC was temporarily taken over by a single piece of malicious software, which you probably downloaded inadvertently. The malware locked up your PC until you called the number on your screen. The person at the other end, who has no connection to any reputable company, offered to fix a vast collection of imaginary problems on your PC. When you accurately described him as a scam artist, he got cold feet and let you go.

Now that your PC is working, run a full system scan using your existing Norton software and the free version of Malwarebytes (see tinyurl.com/lm3wdcb). Once you eliminate the malware behind this problem, run the security scans every couple of weeks.

Steve Alexander, 2/26/16

PROTECTING YOUR SMARTPHONE FROM SCAMMERS

Do you remember the first time you encountered an Internet scam? Maybe it was an email scam where if you opened a suspicious email or attachment, you were susceptible to picking up a virus that could harm your computer.

Maybe you've had your email hacked like my friend, who is a pastor. The scammers hijacked her email account and sent out a 'male enhancement pill' advertisement to all of her contacts. A harmless, but horrifying experience for a pastor.

Or maybe like me, you were desperate to purchase a coveted Bronco's jersey from an official 'NFL' site. As soon as I put in my credit card information, I was transferred to an unofficial looking web page, in another language, with no way to contact the company. And yes, my credit card was flagged for fraudulent activity in that same country weeks later.

Many of us don't think about security on our smartphones in the same way as we think about security on our computers, but we should. By increasing awareness and taking these precautions, your chances of becoming a victim can be greatly reduced.

Here are some common smartphone scams.

1. Fake Wi-Fi Hotspots

When in public places, especially airports, scammers set up fake Wi-Fi hotspots to get you to connect to their network. The name of the network is designed to fool you into thinking it is an official network.

If you connect to this fake network, which often provides free access, the scammers may have access to your device.

Worse yet, some people pay a small amount, like \$2 for 24-hour access, not realizing they

just gave the scammer their credit card information.

WHAT TO DO

- When away from home, make sure you are aware of the Wi-Fi network you are connected to.
- Don't pay for temporary Wi-Fi access, especially in airports. Instead, use your personal hotspot or some other trusted Wi-Fi source like a password-protected site from a trusted business or hotel.
- Avoid using banking or credit card apps when not connected to a trusted Wi-Fi network. If necessary, open the website in a browser on your smartphone and look for "https" as the first part of the website address.
- Logout of accounts and close apps when you're finished.

2. Missed calls or text messages from unknown numbers

Have you ever missed a call from an unknown source? The phone likely only rang once and you were surprised you missed a call. The number you call back may be redirected to a number that starts with 190 (premium rate service) without your knowledge, which means a charge will show up on your phone bill.

The number may tell you that you have won a prize and give you another number to call to claim your prize. The second number may be a premium rate number.

The same type of scam happens with text messages. You may be enticed to respond to an unknown text, to find out you incurred a charge for the text message on your phone bill.

WHAT TO DO

- If you receive a call or text from an unknown number, don't reply. Delete the message right away. If someone really wants to contact you, they will leave a message or call back.
- Call your cellular phone provider to see if you incurred one of these premium charges and ask to have it reversed.
- Report the fraud to your cellular phone provider or report it to the [FBI Internet Crime Complaint Center](#).

3. Fake or Fraudulent App Scam

Have you ever paid for an app that does something completely different from what you thought? Probably the most well known example of this is Virus Shield, a \$4 Android antivirus app that did absolutely nothing. People were fooled, and the scammers made \$40,000 before the app was shut down.

The [Today Show](#) recently reported about a risk with Android phones that is really creepy. Scammers can hack into your phone and track everywhere you go and everything you do. They can also take control of your camera and

speakers to see and hear what you are doing.

Android phones are more prone to hacking than Apple phones because anyone can create an Android app. The scammers design the fake app to look like a game or software update, so you're more likely to download.

WHAT TO DO

- Make sure you only download apps that are well known and trusted. Read reviews and ask your friends if they have used the app.
- On Android devices, download apps from Google Play which has a "verify apps" feature. It will warn you if you are attempting to download an app that may be the work of scammers.
- Secure your device by setting up a screen lock with pin. If the scammer takes control of your phone, they may not get passed the lock screen.

On your Android device, go to Settings > Security > Screen lock. On Apple devices, go to Settings > Touch ID & Passcode.

If you follow these suggestions, you'll be less likely to fall victim to a smartphone scam. You can also review the list of [FBI common Internet fraud schemes](#). If you like this type of information, sign up for our [weekly update](#), which is the best way to stay current with technology.

[Jan Golden](#), Author, researcher, web developer and founder of *Boomer-WebSchool.com*, *Huffington Post*

Laugh & Live Longer

THAT'S LIFE

- I want my children to have all the things I couldn't afford. Then I want to move in with them
- You know you're old if your walker has an airbag.
- My photographs don't do me justice - they just look like me.

Phyllis Diller

DOG TALES

Did you ever notice that when you blow in a dog's face he gets mad at you, but when you take him for a car ride, he sticks his head out the window?

DATING AD

Active grandmother with original teeth seeking a dedicated flosser to share rare steaks, corn on the cob and caramel candy.



Purposeful Living

Charlene Mitchell, volunteer extraordinaire, has been a volunteer for six years at the Sunrise Sunset Activity Center and Rockingham

Nutrition & Meals on Wheels in Newmarket. She has been tireless and she has accumulated over 2,000 hours of service during her time there.

She is one of those rare volunteers who comes into the center five days a week and spends an average of three hours a day to be on hand if needed. Her support of the center didn't miss a beat while she continued to be a caregiver for her own aging mother who passed a year ago at age 97.

There is very little that Charlene *hasn't* done at the center. She makes it a point to know all and see all so that she can be helpful in any way possible. She oversees the twice-weekly Bingo games and also the Wii bowling league practice time and tournaments. She is always accountable for set-up and tear down leaving nothing undone.

For six years, she has documented through the lens of her camera all the happenings at the center from luncheons, to guest speakers and other special events and she puts together collages and bulletin boards of these memorable photographs for all to enjoy.

An avid gardener, Charlene designs stunning windows and she maintains them

throughout the summer months. She also helps to sustain the center's vegetable garden by watering, weeding and harvesting so that all may enjoy fresh vegetables throughout the summer.

She assists in daily maintenance of the dining areas by cleaning, sweeping, wiping tables, dusting and regularly organizing to keep everything neat and in place. She has also been a kitchen helper for the Meals on Wheels Newmarket site for several years. She can be found helping in all aspects of the program from receiving food deliveries, packaging desserts & breads and hot meals, packing delivery bags, serving lunches, cleaning up the kitchen including washing pots & pans and helping at the monthly special luncheons. As if that isn't enough, she is also a constant contributor to the weekly craft club by providing supplies, finding fun projects to work on and teaching others her crafting knowledge.

This past year, for several months, Charlene stepped into the role of Site Coordinator (without compensation) to make sure that the center continued to run without interruption or cancellation of



Charlene Mitchell

any events and activities. Very rarely does one have the honor and privilege to work with someone who is so selfless.

Charlene is truly a "volunteer extraordinaire".

Board Notes

THE SILVER LINING

Stephen Jenkinson, MTS, MSW, activist, teacher, farmer and author makes a very interesting point in a discussion about hunger. Not the hunger for food, but the hunger for fulfillment. He explains that it is a hunger for *what hasn't been*.

"People in their teens have it. People in their thirties have it. People in their fifties and sixties have it, too. There is no hunger for what was. There is no nostalgia, and lament."

There is a hunger for a model for becoming and elder.

Think about it. The 90 year old, who won't go to a senior center because that's a place for old people, has that hunger and probably, so do you and I. It's a hunger for being productive, worthy, and contributing and it's not exclusive to having reached a certain age. In fact, when we label people, as this article just did by age groups, we tend to shift the focus away from what's of value to what is feared!

Why is this so important? Everyone knows that we have and will have a larger proportion of citizens over the age of 65 than ever before in our history. In fact the Census Bureau reported that 41.1% of the population in 2013

was in the category and that figure is expected to rise to 41% by 2040. New Hampshire has the distinction of having one of the fastest growing older populations in the country.

We are at a turning point. We are continuously warned and even have some clever labels like "Silver Tsunami" and there is much attention to policy decisions and future needs. But, is there proper attention to the REAL person—you and me?

We can either withdraw to let the chips fall where they may, or we can create a new narrative, one that addresses the hunger described by Jenkinson.

There is a lot of talk about age-friendly this and that . . . communities, downtown areas, even parks. That's the old narrative. There is another parallel trend going on, one that is barely noticeable and rarely mentioned: *the recognition that problem solving and success come about through collaboration*. The NH Endowment for Health quotes an African saying, "If you want to go fast, go alone. If you want to go far, go together."

We can and we must start thinking about our communities as ageless in order to foster a focus on individual value; to create a model around being productive, worthy and contributing. As Sylvia von Aulock, Deputy Executive Director of Southern New Hampshire Planning commission said, ". . . an alternative to the Silver Tsunami is the Silver Lining."

There are some very interesting initiatives going on in NH, New England and beyond, and new projects being developed. We will bring you information and updates in the newsletter as we learn of them. Please share new initiatives with us.

But the most important thing anyone of us can do is speak up.

- Attend public forums.
- Recognize and value others
- Create and fill the hunger for an elder model.

You may be very surprised at the commonalities that are shared and how eager ALL people are for an aging role that is honorable. It hasn't been, but it can be.