



A Citizen Voice for the
Aging Experience

August 2015
Volume 9, Issue 8

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GUEST OPINION:

AGEISM IN THE 21ST CENTURY

by Jeanette Leardi

As we all know, there are those who profit from social prejudice such as racism, sexism, and homophobia and thus have a vested interest in keeping that prejudice alive. Their method of choice is to instill fear in us by insisting that our economy will suffer and our social fabric will fray if we give ourselves permission to tolerate and even welcome the dangerous “others” in our midst.

Ageism — which has certainly been around a long time — is not immune to such fear-mongering. In fact, one of the latest tactics to keep it going is the use of the image of a “silver tsunami “ to describe the arrival into older adulthood of the huge Baby Boomer generation of about 77 million people born between 1946 and 1964.

It is a fact that about 10,000 Boomers turn 65 each day and will do so for the next 14 years. To many Americans, this is cause for alarm because they wonder about the solvency of Social Security and Medicare. They also wonder how many people of this generation have been negatively impacted by the economic crash of 2008 and are choosing not to retire primarily because they can’t afford to. They see this as a threat to younger generations taking their place in the workforce and moving up in it.

But there’s a real problem with equating the increasing growth of an older population with the effect of a tsunami. Two problems, in fact: one geological and the other gerontological.

Our society must rid itself of the cultural myopia that sees aging solely in terms of deficit

Let’s start with the geological problem. According to the National Oceanic and Atmospheric Administration, “A tsunami is a series of ocean waves generated by sudden displacements in the sea floor, landslides, or volcanic activity. “ The key here is the phrase “sudden displacements”. The earth’s surface shifts without warning, triggering a disturbance of far-reaching, catastrophic proportions.

This sudden change doesn’t apply to the Baby Boom generation. Our population has slowly been absorbing its 65-year-olds into elderhood since 2011. If it seems sudden, it’s only because we as a society have closed our collective eyes to this gradual trend and have done little or nothing to prepare for it.

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idious when ageism is no longer just a numbers game in which older adults are assumed to be an economic drain. Instead, when ageism is turned into a moral crusade it advocates that older adults (who, of course, must be needy because they are also in impending physical and cognitive decline!) be placed somewhere apart from the general younger population to be “taken care of” and leave everyone else to the productive business of life.

For the benefit of all generations, our society must rid itself of the cultural myopia that sees aging solely in terms of deficit. It’s time we turn the tide on the silver tsunami myth and find a different metaphor, one that accurately reflects the huge assets older adults bring to all aspects of life.

In other words, how about a “silver reservoir”?

For what is a reservoir, anyway, but a place that stores water (an essential element of life) for the purpose of supplying it to a community? The water comes from mountain streams and rivers, usually across great distances and accumulated over time. The water is used for drinking, washing, bathing, running power sources, maintaining manufacturing processes, irrigating crops, and turning barren soil to productive farmland.

It’s not a real stretch of the imagination to see how the accumulation of a large older adult population is a huge potential resource for good in our society rather than an impending danger that threatens to wipe everyone out.

Granted, the image of a reservoir is not as sexy or exciting as that of a tsunami, but it could be. Imagine opening up to elders the floodgates of opportunity so wide that the energy and power of all that pent-up wisdom and experience inundate society, creating new businesses that hire millions of young people; offering innovative, multi-perspective solutions to longstanding social problems; and providing multitudes of volunteers for nonprofit causes.

Let’s erase from our social lexicon the ageist image of a silver tsunami, gently correcting others who use it. Let’s replace it with the metaphor of a vital and inexhaustible resource, and offer this life-affirming — and accurate — picture of how, by transcending aging, we can transform society.

Let’s turn a destructive tidal wave into an exhilarating wave of the future all generations can ride.

Jeanette Leardi, is a community educator to older adults and to business and health-care professionals and the general public on older adult issues, such as employment, civic engagement, socioeconomic/generational trends, and caregiver support.

www.jeanetteleardi.com, 6/10/15

<http://changingaging.org/blog/turning-the-tide>

NH Updates

STUDY PROBES BARRIERS TO HOSPITAL DISCHARGES

20 Average days spent in hospital after being medically ready to go

Older patients in particular are affected by barriers that prevent

them from being discharged from the hospital, even after they have been medically cleared to leave.

That’s according to a recently released study from the Foundation for Healthy Communities, which found that the barriers – which don’t only affect older patients – can lead to expensive delays to providing the right care in the right place.

Many barriers to timely discharges were found throughout New Hampshire, said Shawn LaFrance, executive director of the foundation and author of the study, but the most frequently cited was the inability to access a skilled nursing home bed. LaFrance said the lack of a nursing home beds affected 61 percent of the patients in the survey.

The study identified 516 people who were medically cleared to leave the hospital but unable to do so during a three-month period (Nov. 1, 2014 through Jan. 31, 2015) in 21 of the 26 acute care hospitals in New Hampshire.

The study found that 57 percent of those surveyed were 65 or older, while 32 percent were ages 45-64 years old.

Major barriers to a timely discharge, identified as a percentage of the total number of patients, in the study were:

- Unable to access a nursing home bed: 61 percent
- Uninsured, under-insured or waiting for Medicaid to determine eligibility: 27.5 percent

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.

- No advance directives or waiting for guardianship process: 14 percent
- Unable to afford in-home assistance: 14 percent
- Mental health/psychiatric care needs: 13 percent

The average number of additional days that a person spent in the hospital after being medically ready for discharge was 20 days, according to the study. There were 58 people, or 11 percent, who experienced delays of over 50 days.

The 516 people in the study stayed a total of 10,277 additional patient days in the hospital while no longer needing acute care services and generated additional costs of approximately \$27.2 million in acute care hospital expenditures for people with non-acute care needs, the study found.

“Improving health care and reducing costs requires a systems approach since there are different points in the health care continuum where barriers to being in the best place can limit a person’s independence and their overall well-being,” LaFrance said.

He said the information was collected to inform policymakers about the barriers that patients encounter and identify strategies to eliminate barriers to a timely hospital discharge.

To read the entire report, visit healthynh.com.

NH Business Review, 6/26/15

NEW TRI-STATE LEARNING COLLABORATIVE ON AGING

The Tri-State Learning Collaborative on Aging is bringing together community, business and policy leaders, researchers and advocates from Maine, New Hampshire and Vermont to participate in shared learning opportunities to collectively advance efforts to meet the needs of older adults and family caregivers in our communities.

Visit our new website at:

www.agefriendly.community

to learn more about the collaborative! Note, we’re in early stages of development, so please be patient as we build the site out.

As part of this effort, we’ll be hosting a monthly webinar series – directly connecting our members to some great community-based

initiatives and the people behind them. These webinars are free and open to people who live in Maine, New Hampshire and Vermont.

We are kicking off this effort with a webinar on Tuesday, August 11th from 12-1:30 presented by the FrameWorks Institute on the “lens through which we commonly view aging”. We think building a common understanding of how people view and discuss aging is a great way to start our collaboration!

Registration for this webinar is now open – to register, go here: <http://agefriendly.community/2015/07/frameworks/>

Wait...we also need your help! Our next several webinars will highlight innovative or unique community-based initiatives around our region that are helping to meet the needs of older adults. We will also be building a dynamic website to connect communities and issue-based groups working on these issues together. Please tell us about a community-based effort we should consider highlighting – either on a future webinar or on our website. Send info to jmaruer@maine4a.org. Thanks!

DENTAL REPORT

The NH Kids Count and Carsey School of Public Policy report that was presented to the SB193 Commission on Oral Health. Access the report can be found at <http://nhkidscount.org/reports-and-research/our-reports>. The Committee on Oral Health wrapped up testimony last Friday. Commissioners mapped out a framework for their report, which

will be crafted over the summer. The Commission meets again Sept. 11 to review a preliminary report draft.

Laurel Redden, NH Dental Access Alliance Coordinator

From Our Readers

FACT SHEET: THE WHITE HOUSE CONFERENCE ON AGING

Empowering All Americans as We Age

Today,[July 13] the President hosted the White House Conference on Aging, which focuses on the issues facing Americans as they plan for retirement, care for older loved ones, and work to improve our quality of life as we age. One of the most critical components of middle-class life in this country is a secure and dignified retirement, and today the President announced new steps we're taking to ensure that Americans have the tools they need to prepare for the future. These actions build on the President's announcement earlier this year of the Department of Labor's proposed rule requiring retirement advisers to put their clients' best interest first, before their own profits.

The actions announced today also build on the critical steps the Affordable Care Act has taken to strengthen and improve Medicare and Medicaid for older Americans. Thanks to the Affordable Care Act, 9.4 million people with Medicare have saved over \$15 billion on their prescriptions and 39 million people with Medicare took advantage of free preventive services newly covered by the law. Additionally, new and expanded Medicaid home and community-based services under the health care law give older Americans options to

remain in their homes and communities as they age.

In a year that marks the 50th anniversary of Medicare, Medicaid, and the Older Americans Act, as well as the 80th anniversary of Social Security, the White House Conference on Aging is an opportunity to recognize the importance of these programs, highlight new actions to support Americans as we age and focus on the powerful role that technology can play in the lives of older Americans in the decade ahead.

For the full report, go to: <https://www.whitehouse.gov/the-press-office/2015/07/13/fact-sheet-white-house-conference-aging>

“Another great issue. Every State should have something like this!”
A.M.

“Excellent Issue”
N.N.

“I found this Microsoft site that has tips on how to make your computer more physically comfortable to use:
<http://www.microsoft.com/enable/aging/default.aspx>
D.G.

CREATE A SS ACCOUNT

July 19th through 25th marked the celebration of our second National my Social Security Week. Social Security online accounts are a great financial planning and benefit management tool!

Please take this opportunity to spread the word to your colleagues, friends and family, about the benefits of signing up for a my Social Security account at www.socialsecurity.gov/myaccount. Let them know that with their account, they can verify their earn-

ings and get estimates of their future benefits to help them make important financial decisions. If they are already receiving benefits, they can get a benefit verification letter, check benefit and payment information, change their address or direct deposit information, and get a replacement Medicare card or SSA-1099 for tax season.

A my Social Security account is convenient, secure, and FREE!

It's never too early or too late to plan for retirement.

B.S.

NEWS FROM THE ELDER JUSTICE COALITION

House, Senate Appropriations Committees Fund Elder Justice Initiative for FY 2016 Both the House and Senate Committees have decided to fund the Elder Justice Initiative at \$4 million for Fiscal Year 2016. The Initiative was funded for FY 2015 at \$4 million, representing first-time Congressional funding for the Elder Justice Act, and at a proposed level of \$25 million in the President's FY 2016 budget.

The House and Senate are both currently in the middle of determining funding levels for FY 2016, which begins October 1. The House and Senate Appropriations Committees met last week to vote on their respective Labor-HHS-Education Appropriations Bills, which contain funding for the Initiative as well as other elder justice programs. These programs include the Social Services Block Grant (funded by both chambers at \$1.7 billion, the same as this year)

and OAA Title VII (also funded at the same level as this year in both bills).

This funding, if passed by the full Congress and signed by the President, would represent a second-time Congressional appropriation for the Elder Justice Act. This remains uncertain; Congress must make the larger decision as to whether sequestration (across the board cuts) will again be imposed starting on October 1 for FY 2016. A final decision is expected later this summer on funding levels, which could impact the Initiative.

Lynn Koontz

News You Can Use

END-OF-LIFE PLANNING IS NOTHING TO FEAR OR AVOID

My father died when he was 53 years old, nine days after becoming suddenly ill. That was 32 years ago, and the experience still haunts me. As a physician, I felt helpless in the face of a mysterious illness that was out of control, and I did not anticipate the events that subsequently led to his tragic demise. For months afterward, I questioned myself and the decisions our family made on his behalf as he slipped away from us; mostly I regret not having had the chance to talk with him more about the important things that matter between a father and a son. I learned that it is never too early to share feelings with loved ones and to plan for how we will care for each other when we rely on others to protect us, to assure the

best care, and to protect us from needless suffering. Most people lose the ability to speak on their own behalf at some point during their life. Whereas 90 percent of people feel it is important to talk with their doctor about the kind of care they would want at the end of life, fewer than 10 percent actually have this conversation. While making health care decisions can be difficult in the best of circumstances, making decisions for others is more complicated.

Most people believe that their doctors and their family know what kind of care they would want, but studies show that doctors and family members are often uninformed and experience distress when decisions are needed. This distress can last for many months after the death of a loved one and is completely preventable with skilled advance care planning.

Advance care planning is simply planning in advance for the kind of care you would want. When done well, it gives you control over the kind of care you would receive and should be based on what matters most to you. Advance care planning can result in your creating an advance directive, in which you name an “agent” to speak for you if you cannot speak for yourself. It also allows you to document the types of health care you do and do not want, particularly if you experience what you consider to be a bad health outcome. The simple act of creating an advance directive can turn out to be an incredible gift for loved ones in the event of an accident or severe illness.

Despite recent gains in public awareness of the need for advance care planning, only 37 percent of New Hampshire residents have an advance directive. Even amongst those with an advance directive, there is no guarantee that decisions are known or that they will be honored. Advance directives are only as good as the process of advance care planning, and are best done when you understand your choices, reflect on lessons learned from life experiences, and discuss with your health care agent what in life matters most to you.

Advance care planning is also only as good as a system that promotes good conversations, and that ultimately honors decisions that are well informed and based on personal goals and values. Even with the best of intentions, good doctors do not take the time needed to have these conversations with their patients. Simply filling out an advance directive form is inadequate and ineffective without a good conversation, which can be done by physicians, nurses, social workers, chaplains or even volunteers who are trained in the skills of advance care planning. Medicare is now recognizing the value of a good conversation and has taken steps in the direction of promoting this important work. We have an obligation to make sure that these conversations are done well and that we honor our patient decisions.

Honoring Care Decisions, a new program at Dartmouth-Hitchcock, is working with a team of physicians, nurses, social workers, chaplains, volunteers and commu-

nity groups to improve this process. I encourage everyone to find someone who is willing and able to speak on your behalf for the time when you won't be able to; it will happen, so please take the time to plan in advance. To start the conversation, check out <http://theconversationproject.org/> <https://www.preparefor-yourcare.org/> or play the conversation game <http://mygiftofgrace.com/>.

Discuss what matters most to you with someone you trust, and share how you would want to be treated based on your own personal goals and values. It may be one of the most rewarding experiences you have; if not for yourself, do it for your loved ones.

Dr. Sanders Burstein is medical director of Dartmouth-Hitchcock Nashua and medical director of D-H's Honoring Care Decisions initiative. Union Leader, 7/21/15

SUMMER HEAT AND DEHYDRATION

Most health guidelines indicate that you need eight, 8 ounces of water, and that means glasses of water, **not** other liquids, a day for proper hydration. But you may be consuming foods that have diuretic properties and if so, you will need additional water to offset the effects. These foods include certain vegetables such as celery, parsley, asparagus and artichokes; caffeinated beverages such as coffee and tea; salty foods; alcohol; sugary drinks such as soda and juices; and high protein diet plans especially those with cured meat such as bacon and ham.

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

Dehydration is a serious, even life threatening, condition that can come on without obvious warning signs. You don't have to give up that delicious ice coffee, just be sure you also have an additional glass of water. And speaking of water, don't leave plastic-bottled water in the sun or high temperatures. The water can absorb chemicals from the plastic and while it may help with dehydration, it will create other problems!

4 TIPS TO HELP YOU AGE IN PLACE

How to budget to stay in your home for the long haul.

Many people approaching retirement express a desire to age in place, living in their current home or community until it is no longer physically possible. To do that, however, it's best to budget the dream into your financial plan. By doing some preparation, you have a greater likelihood of being able to stay where you are, or moving on your own terms — not because you're forced financially to make a change, said Roger Roemmich, chief investment officer of ROKA Wealth Strategists and author of the book [*Don't Eat Dog Food When You're Old*](#).

Because so many people want to stay put during retirement, it's becoming more common for financial planners to put extra focus on the unique costs involved with aging in place when formulating their clients' financial plans, said Janice Cackowski, a financial planner with Strategic Wealth Partners in Independence, Ohio. "We're trying to build in a basic cost into the financial plan... so that they do have the ability to update their house or build a ramp," she said. Here are four financial tips to consider if you want to spend retirement in your home:

1. Ensure cash flow An important start to an aging-in-place plan is making sure you'll have a monthly cash flow that will exceed your expenses, Roemmich said. This is best done before retirement begins. Otherwise, you could discover years after retiring that you have insufficient funds to stay in your home, covering necessary upgrades, taxes, insurance, utilities, maintenance, and possibly a mortgage — as well as other necessary and discretionary costs (from visiting grandchildren to dining out).

"I don't like to see people who have made the decision to retire too early or retire completely [at an early age]," Roemmich said. "A lot of times, it's the difference that allows them the age in place."

Also, defer taking Social Security as long as you can, to get the most out of your entitlements, said Charles Bennett

Sachs, principal and wealth manager of Private Wealth Counsel in Miami, Fla. By not taking Social Security payments until you're eligible for the full benefit, you guarantee higher cash flow in the future.

"Anything that allows you higher income down the road is important," he said.

2. Lock up health care. People tend to underestimate medical costs in retirement, figuring that Medicare coverage will suffice, Roemmich said. They can end up with large, unexpected bills if they don't [plan for health-care costs in retirement](#). Those costs can crush your finances, making it less likely that you can maintain your current residence at the same time.

That's saying nothing of the long-term care that many Americans will end up needing, given longer life expectancies.

"More people will be living into their 90s and beyond," Roemmich said.

Living longer increases the chances of needing long-term care, whether you need an in-home caretaker or eventually require a move to a facility that can provide more assistance. Some may opt to [purchase long-term care insurance](#), though policies can

How to Contact Your State Committee on Aging Representatives

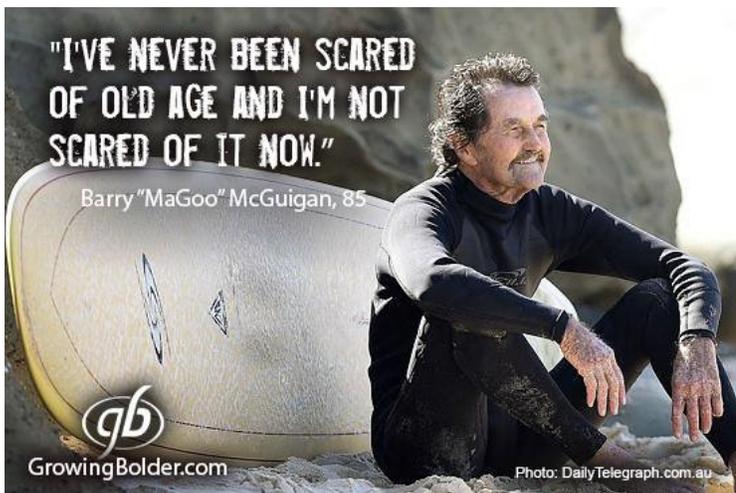
County	Name	Email
Belknap	Rich Crocker	richcrocker@metrocast.net
Carroll	Kate Cauble	kemc226@aol.com
Cheshire	Bob Ritchie	fictionfitz@gmail.com
Coos	Mark M. E. Frank	maxfra@aol.com
Grafton	Chuck Engborg	eengborg@roadrunner.com
Hillsborough	Sherri Harden	hardensherri@gmail.com
	Joan Schulze	joanschulze@myfairpoint.net
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Rockingham	Sheila King	bbwic@metrocast.net
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<i>State Reps & Senators</i>		
Cheshire	Rep. Susan Emerson	semerson435@aol.com
Cheshire	Sen. Molly Kelly	molly.kelly@leg.state.nh.us

be somewhat expensive, Cackowski said. Others choose instead to invest money specifically for long-term care, should they end up needing it, she said. Either way, it's important to have a plan.

3. Assess your house. Occasionally, customers will ask Vittorio Lisi, co-owner of JVA Construction Services in Baldwinsville, N.Y., to examine their home to see what it would take to make it more accessible as they age. That helps people estimate their future remodeling costs.

Suggested improvements could include moving the laundry from the basement to the first floor, creating a [roll-in shower without a threshold](#), installing raised toilets, changing the door knobs to door levers and installing roll-out shelves in kitchen cabinets, he said. Sometimes, doorways need to be widened, to allow wheelchairs or walkers to pass through, or exterior ramps are needed if the homeowner can no longer walk up stairs.

Some of the work can be done in little steps along the way, as needed, Lisi said, and homeowners can budget for that.



Keep in mind, however, that you may save if you do some projects together, since it cuts down on the number of trips that the remodeler needs to make to your home, he added.

Improvements in the bathroom are among the most common in increasing a home's accessibility; it's likely to come with a price tag of between \$12,000 and \$17,000 for a basic bathroom remodel, Lisi said. Just changing the shower area (including taking out the tub, creating an entry without a threshold and adding some other safety features) can run between \$8,000 and \$10,000, said Dan Bawden, president of Legal Eagle Contractors in Houston.

And the expenses add up. Widening a doorway from two feet to 34 inches can cost between \$1,700 and \$2,500, since it often also involves moving light switches, Bawden said. Changing out just one doorknob for a door lever can cost \$50, given labor and materials, Lisi said. Often, the sum cost of all the im-

provements needed to make the average existing home more livable can reach between \$70,000 and \$100,000, Bawden said. His advice to people who know their

home will need these tweaks in the upcoming years? Start saving now.

"What I tell the clients who are looking at [the cost] and are balking at it, I ask: 'Do you know what it costs in your area for one year of assisted living or a nursing home?'" he said. "'Which is better, living in the home you love and paying the \$70,000 once, or paying it many times over, by living in an assisted living or nursing home'", he asks them.

4. Know when it's time to go.

"People think they want to stay in their home because that is what is comfortable to them," Cackowski said. "Especially when they're older...it's difficult for them to part with the familiar."

[If the home isn't conducive to staying for the long run](#), however, a couple may be wise to consider a move sooner than later — when their significant other is still alive so that they can make the decision, and the eventual move, together.

"When put that way, many people, her parents included, don't like the possibility of the survivor doing the move on his or her own," Cackowski said. They move together, and sometimes sooner than anticipated, instead.

Amy Hoak, [MarketWatch](#)

RESPECTING THE PERSON WITH DEMENTIA

How to avoid treating your loved one like a child

As a loved one starts to slip away due to Alzheimer's or another dementia, his or her behaviors may at times seem childlike. As a result, there's often a tendency to treat this adult as a child.

While the brains of those with Alzheimer's may, per the theory of retrogenesis, deteriorate functionally and cognitively in the reverse order of how their brains developed, these individuals still deserve to be treated and respected as adults. The [Best Friends Dementia Bill of Rights](#) states that everyone with dementia deserves that and to be listened to and afforded respect for their feelings and point of view.

After all, these individuals are not children, and in fact, they have an array of life experiences that define who they are. Their experiences go well beyond what those caring for them may even imagine. They've raised families, had long careers and even served in wars. While the changing needs of people with dementia require them to rely on others for assistance, they still deserve our respect.

However, their identity is at risk for being lost as their abilities decrease and their needs increase. It's up to those caring for them to preserve their identity and maintain their dignity in these five ways:

Included: We often hear how it starts right at [diagnosis](#) when the doctor talks around the person and won't look him or her in the eyes. While the words may not come as fast and conversations may be harder to follow, they still have a right to always be included in conversations.

Identity: Even when they can no longer communicate verbally, many can still understand and feel emotions and empathy. They may feel insulted by disrespectful terms of endearment such as "sweetie." It's important to use a person's name, which shows respect and helps preserve identity.

Privacy: As the disease progresses, these individuals require more help with [activities of daily living](#) (ADL). This includes bathing, dressing and toileting where privacy is an important element of dignity. Steps must be taken to assist the person while allowing him or her to feel shielded from prying eyes.

Adults: Complications with eating and toileting may also require the use of pureed foods or incontinence products. A caregiver may matter-of-factly refer to these as baby food or diapers. The use of such terms also erodes dignity and should be avoided.

Choices: A person's identity is shaped by the everyday decisions

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 Voices for Health Care
- 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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he or she makes. Allowing a person to decide what to wear, [what to eat](#) or what to do helps preserve identity and individualism. Empowering those with dementia to make choices bolsters their self-esteem and helps maintain their dignity.

While the [changing needs](#) of people with Alzheimer's or another dementia require them to rely on others for assistance, they still deserve our respect.

[Mike Good](#), © Twin Cities Public Television - 2015.

Editor's Note: To read the entire article and access to many value links on related issues, click [here](#).

Health & Wellness

HOUSE CALLS CUT MEDICARE COSTS

House calls for frailest seniors cut Medicare costs in study by avoiding hospital, ER visits

The humble house call is being put to the test to see if it can improve care and cut costs for some of Medicare's frailest patients — and new data suggests it can work.

Medicare announced Thursday that it saved more than \$25 million in the first year of a three-year study to determine the value of home-based primary care for frail seniors with multiple chronic illnesses, by avoiding pricier hospital or emergency room care.

Dr. Patrick Conway, Medicare's chief medical officer, says the house call delivers "high-touch" coordinated care that allows doctors and nurses to spot brewing problems in a patient's

everyday environment before he or she worsens.

"If we can keep people as healthy as possible and at home, so they only go to the hospital or emergency room when they really need to, that both improves quality and lowers cost," he said.

House calls are starting to make a comeback amid a rapidly graying population, although they're still rare. The idea: A doctor or nurse-practitioner, sometimes bringing along a social worker, makes regular visits to frail or homebound patients whose needs are too complex for a typical 15-minute office visit — and who have a hard time even getting to a physician's office.

Forget the little black bag of yore. Today's house calls can result in an EKG in the living room, and on-the-spot tests for infections. Providers can use portable X-rays, check medicine bottles to tell if patients are taking their pills, spot tripping hazards, and peek in the kitchen to see if healthy food is on hand.

"It helps you avoid the emergency situations," said Naomi Rasmussen, whose 83-year-old father in Portland, Oregon, is part of Medicare's Independence at Home study.

Her father, stroke survivor Teodor Mal, is prone to frequent infections and unable to tell his wife or daughter whenever he starts to feel ill. Visits to multiple doctors left him so agitated that a good exam was difficult, and just getting him and his wheelchair there took several hours and a special van.

Now Mal gets his primary care at home, from Portland-based Housecall Providers Inc. When family members see any worrisome changes in his behavior or appearance, providers can make a quick visit to see if another urinary tract infection or case of

pneumonia is beginning, in time to give at-home antibiotics a chance.

It took extra primary care visits, but "he went from bouncing in and out of the hospital to one hospitalization in an entire year," said Housecall Providers nurse Mary Sayre.

But this kind of care is hard to find, in part because of reimbursement. Medicare did pay for more than 2.6 million house call visits in 2013. But add in the travel time, and doctors can see — and get paid for — many more patients in a day in the office than they can see on the road.

Enter Medicare's Independent at Home demonstration project, now in

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.

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its third year of testing how well a house call approach really works and how to pay for it. About 8,400 frail seniors with multiple chronic conditions — Medicare's most expensive type of patient — are receiving customized home-based primary care from 17 programs around the country. The incentive for doctors: They could share in any government savings if they also meet enough quality-care goals.

On Thursday, Medicare released its long-awaited analysis of the study's first year and said the project saved an average of \$3,070 per participating beneficiary; Conway said all but five practices generated savings.

Medicare will divide \$11.7 million in incentive payments among the nine practices that met enough of the quality requirements for that financial bonus, including Portland's Housecall Providers.

"We need to shift costs to this kind of intervention," said Dr. Pamela Miner of Housecall Providers.

The Affordable Care Act created the Medicare study, and legislation is pending in Congress to extend the project another two years.

"Patients want to be cared for in their living rooms, not the emergency room," said Sen. Edward J. Markey, D-Mass., who wants the project made permanent.

Star Tribune, 6/18/15

5 REASONS WHY YOU SHOULD GO TO SLEEP EARLY TONIGHT

In his intriguing book, "The Organized Mind," Daniel Levitin explains how sleep is necessary for the consolidation of memories. If you fail to sleep well for up to three nights following a particular experience or something you've

learned, then it will be harder for you to remember accurately.

This is especially important for developing children, who, if poor sleepers, can find their development compromised. Walker describes it as "cementing those new files into the neural architecture of the brain so that you don't forget."

Consistent and quality sleep is crucial for mental and physical well-being. Here's why you should stop making excuses and get to bed!

1. You need that sleep

We don't sleep enough as a culture, where working long hours and going strong all the time is synonymous with success, and the invention of electricity (and now the Internet) give us reasons to stay up long after it's turned dark outside. The hard biological fact, however, is that most adults need at least seven to eight hours of sleep per 24-hour cycle. As soon as we get less than that, sleep researcher [Matt Walker of UC Berkeley](#) says, "It's very easy for us to

measure impairments in your brain function and in your body functions."

2. You can't catch up on missed sleep later on

Sleep is not like a bank account, where you can take some out and put it back in later. Once you've missed a good night's sleep, it's gone for good, no matter how well you sleep the following night. To make things worse, lack of sleep causes cognitive damage that cannot be repaired by sleeping more the following night. 3. A healthy memory requires plenty of sleep.

3. A healthy memory requires plenty of sleep

In his intriguing book, "The Organized Mind," Daniel Levitin explains how sleep is necessary for the consolidation of memories. If you fail to sleep well for up to three nights following a particular experience or something you've learned, then it will be harder for you to remember accurately. This is especially important for developing children, who, if poor sleepers, can find their development compromised. Walker describes it as "cementing those new files into the neural architecture of the brain so that you don't forget."

4. Lack of sleep is linked to cancer

The World Health Organization has stated that "shift work is classified as Class 2A carcinogen." Studies have shown that night shift work increases the risk of women getting breast cancer. This happens when night shifts "disrupt the body's production of melatonin, a known anti-oxidant capable

Help Spread the Word!

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

Forward it on!

of reducing the level of estrogen. High level of estrogen increases risks for getting breast cancer.” The WHO also said that pregnant women who work night shifts are more likely to give birth to low-weight babies, based on studies done in Finland and Denmark.

5. Lack of sleep makes you sicker

In an interview with Mother Jones, Matt Walker explained that your immune system is impaired by up to 70 percent if you get only four hours of sleep for one night. It becomes harder for the body to metabolize carbohydrates. In one experiment with young men who received four hours of sleep for six nights in a row, the subjects experienced “blood sugar dysregulation comparable to what happens in people with diabetes” and were able to be classified as pre-diabetic by the end of the study. So, go to bed early tonight, if you can. Turn off the computer, the iPad, and your cell phone a good hour before you plan to sleep in order to aid you in relaxing and falling asleep. Your brain and body will thank you for, not only in the morning, but especially in the long run.

Katherine Martinko, Living / Health, June 17, 2015

BE A SMART HEALTH CARE CONSUMER

Before you schedule any elective procedure or test, be sure to check out the least expensive facility to have it done by going to:

<http://nhhealthcost.nh.gov/>

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 18 Lowe Avenue, Concord, NH 03301.

Donations are tax deductible to the extent allowed by law.

7 FOODS YOU SHOULD EAT IF YOU’RE OVER 50

As you age, your body needs more of these foods and vitamins. Though you may eat the same foods you’ve always eaten since you were a kid, your nutritional needs change throughout your life.

“In youth, it’s all about growth and maintaining a body that can procreate,” says nutrition and fitness expert Dr. Pamela Peeke, author of The New York Times bestseller, [*The Hunger Fix*](#).

“After the age of 50, the goal is to prevent disease by maintaining an optimally healthy and active mind and body.”

Being in the best health possible means what we eat as we age matters. “As we get older, metabolism slows, and the body’s ability to

break down and use its fuel sources becomes less efficient,” Peeke says. In addition, certain vitamins become more important to help protect against diseases and health issues.

Here are the foods you should be eating to keep your body strong and mind sharp:

1. Fiber-rich foods, like raspberries

This, unfortunately, is something you may already know from experience: Your gastrointestinal functioning slows down as you age, and as a result, it’s important to focus on eating enough fiber to keep your system moving along.

“Fiber not only helps your gastrointestinal function run smoothly, but it also decreases gastrointestinal inflammation and cholesterol, while providing a slow release of energy-rich carbohydrates into the bloodstream,” Peeke says. “Senior women and men should aim for about 25 to 30 grams of fiber per day,” she says.

Some of the best fiber sources: raspberries, which according to The Mayo Clinic have 8 grams per cup; whole wheat pasta, 6.3 grams per cup; lentils, 15.6 grams per cup and green peas, 8.8 grams per cup. [To find out more fiber rich foods, click here.](#)

2. Corn flakes and other B12 foods

“As the body ages, the stomach’s acidity decreases, and as a result, it’s harder to get enough vitamin B12 in your diet,” Peeke says.

Stomach acid helps release vitamin B12 from food and B12 is

important because it helps maintain a healthy nervous system and key metabolic processes.

“An estimated 10 to 30 percent of adults over the age of 50 have difficulty absorbing vitamin B12 from food,” Peeke says. “People who regularly take medications that suppress stomach acid — such as antacids — may also have difficulty absorbing vitamin B12 from food.”

People over 50 typically should get 2.4 micrograms of B12 every day. Foods that come from animals, such as meat, eggs, seafood and dairy, have the highest amounts of B12, but you can also get the vitamin from B12-fortified foods such as whole-grain cereals. If you're concerned about not getting enough B12, talk to your doctor about adding a multivitamin or B12 supplement to your diet.

3. Turmeric and cinnamon

Another thing to go as we get older — taste.

“Aging produces a decrease in saliva production and ability to perceive taste,” Peeke says.

That means you might want to start experimenting with different spices, including turmeric.

“[Turmeric](#) has been shown to boost immune function and also decrease joint inflammation and prevent arthritis in older women,” Peeke says.

[Other research](#) has shown turmeric, and its main active compound curcumin, may have a real effect on preventing Alzheimer's and some forms of cancer.

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www.engagingnh.org

Another spice to add into your cooking rotation: cinnamon.

“Cinnamon is well-known as an anti-inflammatory and anti-microbial agent,” Peeke says.

Cinnamon also helps to maintain control of blood sugar since it slows the rate at which the stomach empties after meals, which evens out blood sugar highs and lows.

“Studies also suggest a therapeutic use of cinnamon for type 2 diabetes, as it appears to improve the body's sensitivity to insulin,” she says. “Having as little as one gram of cinnamon daily was shown to reduce blood sugar, triglycerides, LDL (bad) cholesterol and total cholesterol in people with type 2 diabetes.”

4. Water

Our sensation of taste declines as we age, so also does thirst, which means dehydration is more common. Water is also important to optimize the body's metabolic functions.

“Women need nine cups of water, while men should drink 13 cups daily,” Peeke says. “If you're more physically active and also live in a hotter climate, you'll need more.”

5. Bananas and other potassium sources

It's a fact that the risk of [stroke](#) and [heart disease](#) increases as we age. One way to help lower your risk: Eat foods that are excellent sources of potassium, like bananas and avocados. A recent study of women aged 50 to 70 found that those who ate the highest amounts of potassium were least likely to experience a stroke.

Potassium also can play a key role in lowering blood pressure, according to the [World Health Organization](#). The recommended daily amount of potassium you should be getting is 4,700 milligrams. Foods rich in potassium are potatoes, with almost 900 milligrams in one potato; bananas, 400 milligrams in one banana; avocado, over 700 milligrams per cup; and pistachios, with a whopping 1,200 milligrams per cup.

6. Calcium-rich foods

“Calcium is known mostly for its role in building and maintaining strong bones and teeth, but it is also required for proper functioning of the heart, muscles and nervous system,” Peeke says.

The goal is to consume 1,200 milligrams daily for men and women, but intake, Peeke continues, is an issue for men and women because of two things:

- Consuming enough calcium can be a problem for people

who are lactose intolerant, a common problem as you age.

- Not having enough vitamin D in your body, which is necessary for you to absorb calcium (and also helps to boost immune function).

“Research has shown that as you age, your access to sunlight as well as vitamin D-rich foods, topped by absorbing D less efficiently, all contribute to significantly below-normal levels of this all-important vitamin,” she says.

How to combat these two issues? “If you are lactose intolerant, eat leafy greens, such as collards, mustard, kale, and bok choy,” Peeke says. “You can also try canned salmon (with bones) and sardines, as well as tofu that has been made with a calcium compound.”

As for getting enough vitamin D, ask your doctor to test your vitamin D level. The goal is to be within 50-70 nmol/L. If your D is low, solutions include: eating D-rich foods; getting that 15 minutes in the sun every day; and taking a supplement recommended by your doctor.

7. Broccoli and other leafy greens

Protecting your eyes is key as time goes on, particularly since many eye problems come with aging. Lutein, related to beta carotene and vitamin A, is a valuable nutrient you need to optimize vision and prevent macular degeneration. And most people over 50 don't get enough of it. Green leafy vegetables, along with grapes, oranges

and egg yolks, are excellent sources of lutein.

Other Eating Tips

Aside from adding the foods we mentioned to your diet, Peeke suggests these general healthy-eating guidelines: Decreasing saturated fats is important to prevent cardiovascular disease, so focus on healthy fats derived from nuts, lean meats, fish, low-fat dairy, olive oil and plant-based sources like avocados.

Since metabolism slows with aging, it's important to adjust how many calories you're eating daily. Even if you're active you need to do this. Generally, the range is 1,400-2,400 calories a day, with men having the larger number of calories.

Eliminate or minimize refined, processed food and drinks such as cookies, chips, candies, cakes and pastries. These processed foods contribute to increased inflammation throughout the body, which then increases the risk for cancer, diabetes and heart disease.

Consider supplements and a multivitamin.

“Supplements in general are important to seniors, but you need to discuss what you're taking with your doctor,” Peeke says. “In ad-

Raise Your Voice!

**Please let us know
what's on your
mind and what's
important to you.**

engagingnh@gmail.com

dition to the supplements, a gender- and age-specific multivitamin is important as well.”

[Ellen Breslau, Grandparents.com](#)

Tech Tips

OUT WITH THE OLD

Do you have a stash of technological *antiques* such as printers, laptops, cell phones—stuff too old for our ever changing world? Check with your local Best Buy and Staples stores. Some have free recycling programs.

What to do to get your PC ready for Windows 10

If the required predecessor -Windows 7 updates haven't been installed on your PC, follow Microsoft's directions for how to turn on updates (see tinyurl.com/kbl3bcm.) If that doesn't work, download the -latest all-inclusive Windows 7 update, called “Windows 7 SP1,” as described below. Your PC should then be Windows 10-ready for the July 29 introduction of the new operating system. Our situation highlights two issues facing PC owners who want to upgrade to Windows 10: What must they do to make their PCs Windows 10-ready, and is the upgrade a good idea?

Microsoft's software and hardware requirements for upgrading can be found at tinyurl.com/pql9fs2. On that page, Windows 7 users will find a link to download the all-inclusive update, Windows 7 SP1. On the same page, Windows 8.1 users will find a link to “Windows 8.1 Update.” (Microsoft assumes any Windows 8 user interested in Windows 10 will have upgraded to Windows 8.1.) The site also includes PC hardware requirements for running Windows 10 on an older PC. They include a minimum processor chip speed (1 gigahertz),

minimum RAM, or random-access memory (1 gigabyte for 32-bit PCs, or 2 gigabytes for 64-bit PCs) and the amount of available hard disk space needed (16 gigabytes for 32-bit PCs, 20 gigabytes for 64-bit PCs). The 32-bit and 64-bit designations represent different types of computer processor chips.

If you don't know these details about your PC, here's how to find out: To determine your PC's processor speed and type, and its RAM capacity, go to Control Panel and choose System. To find out how much hard disk space you have available, look in Windows Explorer (Windows 7) or File Explorer (Windows 8.1.) Right click the C drive and choose properties. It is worth noting that Microsoft's minimum PC requirements for running a new version of Windows often err on the side of being too minimal. PCs that barely meet the requirements have, in the past, run new -versions of Windows rather slowly.

On the question of whether to upgrade, you should also know that Windows 10 has some quirks. One is obvious: You won't be able to use the touch-screen features of Windows 10 unless your PC already has a touch screen. But there are also non-obvious issues: As it is being installed, Windows 10 will ask to remove any software from your PC with which it isn't compatible (you'll have the option to say no). In addition, installing Windows 10 will remove Windows Media Center from your PC. To watch DVDs on your PC, you'll have to download new DVD software.

Steve Alexander follows consumer and business technology trends, and writes a weekly question and answer column for consumers. alex@startribune.com

Dollars & Sense

MEDICARE REMINDER

Medicare covers skilled nursing facility (SNF) care in certain situations. SNF care includes care in Medicare-certified nursing homes and inpatient rehabilitation facilities. Medicare will only cover SNF care if:

- You need skilled nursing care seven days a week or skilled therapy services at least five days a week;
- You were formally admitted as an inpatient to a hospital for at least three consecutive days;
- You enter a Medicare-certified SNF within 30 days of leaving the hospital;
- You have Medicare Part A before you are discharged from the hospital; AND
- You need care that can only be provided in a SNF.

If you meet these requirements, Medicare should cover the skilled nursing facility care needed to improve your condition, maintain your ability to function, and/or help to prevent the worsening of your condition. Medicare only covers up to 100 days in a SNF per benefit period.

[Click here to learn more about Medicare coverage of SNF care on Medicare Interactive.](#)

Medicare Watch

USING ANNUITIES FOR LONG-TERM HEALTH CARE

When the Romans started using annuities as pension rewards for their loyal soldiers and families, I doubt if there was additional health care coverage attached to those lifetime payments. Because we are all living longer, today's investor is definitely concerned with end of life issues and making sure that enough coverage is in place as Father Time starts to take over.

As we all know, annuities are primarily used for lifetime income needs, but some annuity strategies can provide efficient transfer of risk coverage for confinement-type care. Let's take a look at some current health care risk-transfer strategies using annuities.

Long-Term Care Annuities

Even though the traditional long-term care product still provides the best coverage, pure long-term care annuities are a great way to have full control over the asset while having long-term care coverage in place if needed. If you don't ever use the benefit, you still have 100% access to your money.

Most people really like that full control feature. This type of annuity is classified as "simplified issue," and requires a phone interview with the annuity company for approval. If approved, the issuing carrier will apply a multiple to the annuity premium for long-term care (LTC) coverage.

For example, if you put \$300,000 into this type of annuity, the carrier might apply a three times multiple for long-term care coverage.

You would then have \$900,000 for long-term care, but still have full control over the initial \$300,000. The \$300,000 would be in a fixed rate account, and if you never used the long-term care benefit, this amount would be fully available to you or your beneficiaries.

Unfortunately, only a few carriers are still offering this product, but one A+ rated carrier, State Life, can write the policy jointly with your spouse.

Confinement Care Riders

If you go to a bad-chicken-dinner annuity seminar or watch annuity Internet videos, part of the too-good-to-be-true sales pitch will involve income rider payments that can increase for confinement care. Anytime there are no tests or qualifications to receive a benefit, then it's common sense that the coverage is not that robust. In other words, if you can fog a mirror, you can get a confinement care rider benefit.

Income riders are attached benefits to a deferred policy (commonly a variable or indexed annuity). The rider is a separate calculation from the policy's accumulation value and can only be used for income. Because health care is a hot-button issue, carriers are now offering this confinement care enhanced benefit if you cannot perform two of the six basic daily living functions (listed in the accompanying box).

Depending on the policy, if you qualify for the enhanced payout, the income stream might double for a specific period of time or increase by another formula to help

with confinement care coverage. In essence, you are getting your money back faster. It's important to point out that this type of coverage does not have the same tax benefits as traditional long-term care insurance and should never be used as primary coverage.

Medicaid-Compliant Annuities

An article in The Wall Street Journal addressed a complex Medicaid-compliant annuity strategy as a way to "play the system" in order to take advantage of Medicaid coverage if you have a substantial asset base.

This "gaming" of the rules is a little controversial to say the least. If you are interested in this unique type of single-premium immediate annuity (SPIA), you need to consult with a qualified elder law attorney. I would also advise getting a very good CPA involved, as well as an insurance agent who has some experience in this complex planning area.

The reason for needing this level of expertise is that most states require that the single-premium immediate annuity used in Medicaid planning should be issued as both non-transferrable and non-assignable. If improperly structured, you will have a tax nightmare on your hands. Just a handful of carriers currently issue these types of policies, so do your homework and spend the money to hire experts before any decisions are made.

Health Care Longevity Risk

With over 10,000 baby boomers retiring every day, and our life expectancies continuing to in-

THE SIX ACTIVITIES OF DAILY LIVING (ADLS)

A person is considered dependent when substantial assistance from another person is required to complete any one of these activities. Being dependent for two or more of these activities can trigger the benefit clause in confinement care riders. (Read the contract for the specific terms and conditions.)

Bathing: Getting into or out of a tub or shower and washing your body and hair.

Dressing: Putting on and taking off any necessary item of clothing (including undergarments) and any necessary braces, fasteners or artificial limbs.

Transferring: Getting into and out of a bed, chair or wheelchair.

Toileting: Getting to and from the toilet; getting on and off the toilet; and performing associated personal hygiene.

Continence: Maintaining control of bowel and bladder function, or, when unable to maintain control of bowel or bladder function, performing associated personal hygiene (including caring for catheter or colostomy bag).

Eating: Feeding yourself by getting food into your mouth from a container (such as a plate or cup), including use of utensils when appropriate (such as a spoon or fork), or when unable to feed yourself from a container, feeding yourself by a feeding tube or intravenously.

*Stan Haithcock Federal Long Term Care Insurance Program
(www.ltcfeds.com)*

crease, health care coverage is now the gorilla in everyone’s room. Annuities can be efficiently used to transfer this longevity health care risk to the issuing carrier and to take away an unwanted burden from your family members.

Annuity companies are well aware of this concern, and they are scrambling to provide those targeted contractual guarantees and absorb that long-term care or confinement care risk. End-of-life issues can be a stressful part of your overall financial plan because of the unknowns involved in the coverage decisions. Maybe these unique annuity types can help by providing the peace of mind that all of us are looking for concerning long-term care and confinement care. It might be worth taking a closer look.

Stan Haithcock is an independent, nationally recognized, annuity agent and expert; AAIL.com

Laugh & Live Longer

JUST CHECKING

Sure, it’s okay to talk to yourself.

It’s even okay to answer yourself...

BUT, when you start asking yourself to repeat what you just said, you might have a problem.

Facebook.com/auntyacid

EXCERPTS FROM A DOG'S DAILY DIARY:

8:00am Dog food! My favorite thing!

- 9:30am A car ride! My favorite thing!
- 9:40am Walk in the park! My favorite thing!
- 10:30am Got rubbed and petted! My favorite thing!
- 12:00pm Lunch! My favorite thing!
- 1:00pm Played in the yard! My favorite thing!
- 3:00pm Wagged my tail! My favorite thing!
- 5:00pm Milk bones! My favorite thing!
- 7:00pm Got to play ball! My favorite thing!
- 8:00pm Wow! Watched TV with my master! My favorite thing!
- 11:00pm Sleeping on the bed! My favorite thing!

EXCERPTS FROM A CAT'S DAILY DIARY:

Day 683 of my captivity: My captors continue to taunt me with bizarre dangling objects. They dine lavishly on fresh meat, while the other inmates and myself are fed hash or some sort of dry nuggets. Although I make my contempt for the rations perfectly clear, I nevertheless must eat something in order to keep up my strength. The only thing that keeps me going is my dream of escape. In an attempt to disgust them, I once again vomit on the floor.

Day 684 - Today I decapitated a mouse and dropped its headless body at their feet. I had hoped this ~ would strike fear into their hearts, since it clearly demonstrates what I am capable of. However, they merely made condescending comments about

what a "good little hunter" I am. The audacity!

Day 685 - There was some sort of assembly of their accomplices tonight. I was placed in solitary confinement for the duration of the event. However, I could hear the noises and smell the food. I overheard that my confinement was due to the power of “allergies.” I must learn what this means, and how to use it to my advantage.

Day 686 - Today I was almost successful in an attempt to assassinate one of my tormentors by weaving around his feet as he was walking. I must try this again tomorrow—but at the top of the stairs.

I am convinced that the other prisoners here are flunkies and snitches. The dog receives special privileges. He is regularly released--and seems to be more than willing to return. He is obviously retarded! The bird has got to be an informant. I observe him communicating with the guards regularly. I am certain that he reports my every move. The captors have arranged protective custody for him in an elevated cell, so he is safe . . . for now . . .

Purposeful Living

Dick & Alice Vierus, have dedicated their “retirement” in service to not only seniors, but the entire community, through an array of non-profits and faith based groups. Their nomination included this impressive and heart-felt statement, “ We salute Dick and Alice as shining stars in the Mt. Washington Valley whose light illumi-

nates this valley and majestic mountains.”

Joining Carroll County RSVP and the Gibson Senior Center 16 years ago, Dick & Alice have brought joy and laughter, sharing their musical gifts, with the local nursing home, The Dinner Bell North, Gibson Center, RSVP, and other venues. Their “Oldies but Goodies Sing-A-Longs, bring rave reviews and delight young and old. Being always versatile and willing, they have spent countless hours at the Conway Food Pantry, Mud Bowl, craft fairs, teas, mailings, outreach visits, thrift shops, and driving and shopping for seniors.

As members of the Gibson Nutrition Advisory Council, Dick served as President, and soon after, with Alice, took the lead in faithfully nurturing the Madison Congregate Meal Site. Week after week, Alice’s graciousness and Dick’s inimitable humor, have created a real community on the shores of Silver Lake, welcoming all and providing outreach to the outlying communities.

Being anchored with a strong faith, they sing in the church choir, serve at dinners and coffee hours, and provide church services at the



Richard & Alice Vieras

local nursing home. During Fryeburg Fair they can be found in the church peeling and baking bushels of apples, or at the Fair manning the famous “Apple Crisp” Booth, raising thousands of dollars for the annual fundraiser. Dick and Alice are also active in a prison ministry and weekend programs providing leadership and support.

Their service goes beyond older adults: they have led youth groups and served as Sunday School Teachers, always modeling faithfulness and charity to all. Their ongoing contribution reflects their dedication to whole community and fully explains the quote, “.. shining stars in the Mt. Washington Valley whose light illuminates this valley and majestic mountains.”

Board Notes

THE NEW NORMAL

If you've watched any local TV news lately, you've probably seen the new Police Chief in Manchester repeatedly speaking out on the issue of drug addiction and promising to continue to speak out until “Concord listens”. But is there more to this picture?

Of course, in part, it's about the facts, drugs, lack of treatment, crime, and overdosing; but, it's also a teaching moment. We live in changing times and we are not going back to “normal” in many areas of life.

Just think about the things that have become obsolete in the past couple of decades, or the things

that seem to be going that way, like land line phones. Change is becoming the new normal and it requires us to become more adaptable, flexible, and creative. More importantly, we need to assume that any sustainable solution to a problem is probably something entirely new, rather than the tried and true.

Before the next drug-like problem rears its head, can we learn from this opportunity? Can we take steps so the people who have been working toward solutions don't burn out?

We can.

It starts with taking a look at what we value, and if the Mission Statements of various organizations, governments, and service delivery systems tell us anything, it's about people, dignity, respect and being valued.

The paradox is that too often the end result is anything but. “Your call is very important to us” comes to mind. So what happens? It seems we get so caught up in putting out brush fires that we miss the clear-cut logging going on around the corner!

One of the “brush fires” that EngAGING NH has been caught up in is labeling. What do we call ourselves? “Senior”, “Elder”, “Older Adult”—all have negative interpretations.

We will probably never come up with a term that encompasses the diversity of a segment of the population that spans over four decades. Perhaps, we should stop trying. Maybe if we looked to what is needed and wanted, build collaborations, and work toward the development of vital communities and good public policies that honor

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/

all people regardless of age, the years in our lives won't be an issue.

What we do know is that going forward, we can't wait for "Concord to listen". We must look to our collective creativity, our skills, talents and abilities and find ways to tap into them to create communities in which all people are valued and respected.

EngAGING NH
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 Bedford, NH 03110

ADDRESS CORRECTION
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