



A Citizen Voice for the Aging Experience

# ENGAGING NH NEWS

GUEST OPINION:

## It's Good to Remember that We All Forget Things

Imagine sitting in a room, not knowing where you are. Not knowing the day. Not knowing the people around you.

It must be terrifying.

That is the feeling experienced daily by many dementia patients in our nursing homes.

I was once in a nursing home in Bedford, sitting in a closed dementia unit where the residents were gathered to watch the decorating of a Christmas tree.

There must have been 20 or 30 little old ladies and a couple of old men in the room, and when someone asked me a question, and I could not remember the answer, I had remarked, "Don't ask me. I can remember what happened 50 years ago, but I can't remember what I had for breakfast this morning. I have a terrible memory."

Suddenly, across the room, the voice of an old woman said gleefully, "me too!"

And then another joined in, "Me too."

Soon the room was filled with sweet little old people announcing they had bad memories too.

It was a happy bad memory celebration. There was actual joy in that room.

And there was a sense of relief in their voices. It was clear that many had been sitting there, with no knowledge of where they were, but knowing their memories were terrible, yet not wanting to say it aloud.

That moment in the Bedford nursing home that day was almost like a scene

*The great thing about our memories fading is that we can forget all the bad stuff and remember just the good memories*

from the movie "Awakenings."

And it was a learning experience for me.

It was then I realized the fear that goes along with that loss of memory. So I announce, quite often when I visit nursing home dementia patients, that my memory is terrible, and it's almost always as big a hit as it was that day. I get comments such as "You're not the only one." Or "Join the club." Or just that simple "Me too."

I frequently say, "I have the memory of a mosquito." And that comment is usually met with laughter.

A knowing laughter.

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How I often deal with their fear, and how I suggest family members deal with it, is by addressing the fear directly. I say first that I am getting older and that my memory is slipping. Then I say that I know theirs is probably not what it used to be. And I said it must be scary.

They usually reply, "It is."

I then tell them where they are located, naming the town, and the nursing home they are in. I tell them that they are in a fully-paid nursing facility and that they don't have to worry about a thing. And repeat that I know their memory is not good but that I promise to tell them all about where they are the next time I see them.

I tell them that the great thing about our memories fading is that we can forget all the bad stuff and remember just the good memories. They like that.

And I remember, as I look into their sweet faces, that they are probably just like scared little children not knowing where they are.

But I remind them thank God knows where they are and that God is right there with them in their hearts.

"Don't worry if you can't remember," I tell them. "God has not forgotten."

*Susan Nolan, a longtime New Hampshire journalist and a hospice chaplain specializing in eldercare, can be reached at SusanNolanColumn@gmail.com*

## A PASSING OF NOTE: DONNA WOODFIN



The EngAGING NH is saddened to note the passing of board member, Donna Woodfin. She was the Disability Rights Center's founder and first Executive Director from 1978 until 2002. She continued with DRC part time doing program development until 2007 when she retired.

Donna was in at the beginning and at the forefront of the Protection and Advocacy movement. Under Donna's leadership, the DRC grew into a powerful force for good, helping thousands of NH residents with disabilities access justice every year. In 1987, Donna was elected Treasurer of the National Association of Protection and Advocacy Systems, now known as the National Disability Rights Network, a member organization for all Protection and Advocacy organizations. She provided NH a voice in the direction of its national office and in the P&A movement itself.

In 2013, the New Hampshire Challenge featured Donna in an article by Janet Krumm, An Unexpected Career In the article, Krumm wrote,

"Donna's introduction to the disability community came with the birth of her daughter Ellen in 1966 who was diagnosed with Williams syndrome at 20 months. There were no laws guaranteeing the rights of children or adults with disabilities in the late 60's and early 70's. The Laconia State School was the center of New Hampshire's service system, such as it was. Educational opportunities for children with disabilities were dependent upon the willingness of school officials."

Retirement barely slowed Donna down either personally or professionally. She brought her advocacy interests to the aging arena, both at the state and local level, and served on the NH State Committee on Aging, and was treasurer for EngAGING NH. She actively voiced the concerns regarding the policies and programs affecting us as we age. She speed-walked around Concord for 6 miles every day, loved to knit and garden, and had a vast network of family and friends.

Donna knew how to balance her life. She was a tireless advocate and touched many lives. She will be missed.

*With thanks to the DRC-NH for this summary of a life well lived.*

## NH Updates

### OIL AND PROPANE PURCHASING CO-OP

Winter Is Just Around the Corner: Our Town Energy Alliance is one of the largest heating fuel discount groups in NH. It also serve areas in ME, VT & MA. Founded in 1999, its mission is to work with members to offer lower energy costs and provide savings. Home-owners, businesses and municipalities are welcome to join.

OTEA founder, the late Daniel M. Barraford III, believed in "working with people and for people".

The website points out that "We work for you, not the fuel company. Our sixteen years of experience saves you both time and money."

### FUEL ASSISTANCE

The New Hampshire Office of Energy and Planning Fuel Assistance (FAP) provides assistance to low-income households who are unable to pay their heating bills during winter. The program also provides emergency assistance in case income eligible households are running out of fuel. Such households are provided direct aid to secure fuel supplies. Households facing threat of disconnection can receive grant to clear the bills and stop a complete shut-off. In some cases, households are referred to other source of assistance if they qualify.

Benefits will be directly sent to energy provider in case of regular FAP assistance but they will be paid directly to the person respon-

sible for paying heating bills for household in case of emergency assistance. The amount of benefits you receive through FAP (LIHEAP) depends on size of household, income, and type house you are living in. Households with elderly, disabled, or young children will receive priority.

Typically, benefits are never below \$120 and they are never above \$975. The average amount of benefits offered through FAP is \$500. These benefits grants in nature and therefore they don't count as income when applying for any other assistance program in NH.

To receive FAP (LIHEAP) benefits in New Hampshire, you will have to meet FAP eligibility requirements including income requirements. The best way to determine your eligibility for FAP is to apply for the benefits and let the program determine your eligibility. In most cases, you will be eligible for FAP and Weatherization program in New Hampshire if you meet income requirements. You can determine if you are eligible by contacting your local Community Action Program (CAP) or see

our December link document.

### HOW ONE ARTIST IN NASHUA IS TRYING TO HELP THOSE WITH DEMENTIA

Dominique Boutaud is an award-winning French artist who's exhibited her work around the world and recently trained in a new medium — working with dementia patients.

"People with dementia need to be loved. They need to be respected, and they need to be accepted for who they are," Boutaud said. "When we use creativity, we use stress less."

Boutaud recently opened a studio on the second-floor of a building on Nashua's Main Street called Healing in Color. It's lit with sun, and works of art in bold colors by various local artists adorn the walls. In one corner are sketches from her father, in another it's the work she does with artists with dementia. Masks, fingerprint art and floral drawings are among the masterpieces she helps them with.

She said it's not just her clients who find solace. Their caregivers find respite as well, whether it is

### 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.*

by giving them some alone-time as the person works with Boutaud or through lessons done together.

“Caregivers are very stressed because they have a lot of responsibility and not much time for them,” she said. “They are shocked by the change in their life. They need help.”

Boutaud spent a year to become a certified dementia facilitator through the national program Opening Minds Through Art. OMA is an intergenerational visual art program for people with dementia developed by the Scripps Gerontology Center at Miami University in Ohio. She also volunteers teaching art classes to those with Alzheimer’s and dementia at the Day Away program at Nashua’s St. Joseph’s Hospital.

“For my elderly people, my goal is to give them the possibility to create without fear or being judged, having freedom and peace which can lead them to well-being, being proud of themselves, happiness and improving their communication and connection with others,” she said.

Boutaud held an open house to show off her works and the works of other artists as well as talk to people about her work with people living with dementia. One of those in attendance was Nichole Von Dette, program coordinator for the Alzheimer’s Association in Bedford.

“Any way you can help engage people in ways they were in the past or to be successful at now is so beneficial,” Von Dette said. “That’s our goal — to find a way

we can engage people and keep them engaged as long as they live.”

Boutaud does classes in her studio, but also at nursing homes, health care facilities, senior centers and private homes. She is also working toward developing art programs for children of incarcerated parents and for veterans. “When I paint my hope is to give hope to people ... and a window of happiness,” she said. “There are a lot of things to be happy about.”

*Gretchen M. G, NH Union Leader, 11/28/16*

## From Our Readers

### LEADERSHIP ARTICLE

Thank you so much for getting the NHHPCO conference listed in here! I also love your lead article about leaders needing authentic self esteem!

*Janice McDermott*

### NON-SLIP WHEELCHAIR APP

Thank you for your interest in our project! We are currently still prototyping the design, but here's some background information:

□ Attachment and Removal: We created IceTrax (the name of our design) to make a non-slip wheelchair tire cover that is not only safe and effective, but also easy to install and remove. We tackled the installation problem by making a one-piece elasticized tire cover.

The cover has a six cm strip of velcro on the inside that attaches to a piece of velcro that the user

will tape onto the rim of the wheel. This acts as an anchor point that will allow the user to easily pull the rest of the cover over the wheel.

The user pulls the wheel forwards with one hand and pulls the material over the wheel with the other. Throughout the process, the user can stay in the chair and never has to bend over to reach the bottom of the wheel.

The removal process is even simpler. The user slips the top of the cover off the wheel and pulls until the entire cover has been removed.

□ Materials: IceTrax features the same nylon textile that makes the AutoSock (an alternative to snow chains for cars) so effective. The nylon’s specially woven pattern helps the fabric grip surfaces more strongly, thus preventing slipping on snow and ice.

According to its patent, AutoSock provides better gripping ability on dry and wet snow and ice than a studded tire. To make the AutoSock more effective, we sewed on nylon ridges perpendicular to the circumference of the wheel cover and spaced about 3.81 centimeters apart. The nylon ridge material comes from a braided nylon rope with the interior rope filament removed to allow for a smoother ride every time the wheelchair turned over a ridge.

The AutoSock base material and nylon ridges form the tractioned cover. We then sewed the tractioned cover onto an elastic nylon wheelchair cover from Sportaid that was originally meant to prevent the wheelchair from tracking

dirt and other debris indoors. The Sportaid cover fits over tires between 61 and 66 cm in diameter.

Zoe

## News You Can Use

### 2016 FEDERAL TAXES

You can find helpful information on preparing your 2016 at <https://www.irs.gov/individuals/seniors-retirees>. This is an official federal government site. Two basic notes: Standard Deduction for Seniors - If you do not itemize your deductions, you can get a higher standard deduction amount if you and/or your spouse are 65 years old or older. You can get an even higher standard deduction amount if either you or your spouse is blind. (See Form 1040 and Form 1040A instructions.) Taxable Amount of Social Security Benefits -When preparing your return, be especially careful when you calculate the taxable amount of your Social Security. The IRS site has the Social Security benefits worksheet found in the instructions for IRS Form 1040 and Form 1040A, as well as Publication 915, Social Security and Equivalent Railroad Retirement Benefits and other forms. Current research indicates that individuals are likely to make errors when preparing their tax returns and the site has been developed to help you avoid common mistakes. If you are not comfortable using online sites to calculate your taxes, many organizations offer free assistance. EngAGING NH will provide you with this information as we receive it.

### MEDICARE PART B PREMIUMS FOR 2017

Last week, the Centers for Medicare & Medicaid Services (CMS) announced the Medicare Part B premiums for 2017. Starting January 1, most people with Medicare will see a small increase in their Part B premium, from \$104.90 to an average of \$109.00 per month. But about 30 percent of people covered by Medicare will see a minimum Part B premium of \$134.00, a 10 percent increase from the minimum 2016 premium of \$121.80. This difference in premium amounts is due to a federal law which is commonly called the “hold harmless” provision. This provision prevents about 70 percent of beneficiaries from seeing major increases in Medicare Part B premiums when Social Security cost of living adjustments (COLAs) are nonexistent or very small. The announced COLA for 2017 is very small, 0.3 percent, triggering the hold harmless provision.

Those who are held harmless will not see their Part B premium increase by an amount that is greater than the dollar amount of their COLA increase. Because the COLA is a percentage of a person’s Social Security benefits, the exact dollar amount of the increase, and the premium, will vary. For example, someone who has a premium of 104.90 deducted from their full Social Security benefits of \$1,000 in 2016 will see a COLA of \$3 and will have \$107.90 deducted from their check for the Part B premium in 2017. Someone who gets 2,000 in Social

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

Security benefits, will see a COLA of \$6 and will have a Part B premium of \$110.90. Not everyone is protected by the hold harmless provision. Because the protection is tied to Social Security benefits, people with Medicare who do not receive Social Security or do not have premiums deducted from their Social Security checks are not covered. Those people who are new to the Medicare program in 2017, those who pay income-adjusted premiums, and those whose premiums are paid by their states are also not covered.

While announcing the new premiums, CMS vowed that its parent agency, the Department of Health and Human Services (HHS), “will work with Congress as it explores budget-neutral solutions to challenges created by the ‘hold harmless’ provision.” Last year, the Medicare program faced an even larger premium increase for those not held harmless because the COLA for 2016 was zero. In response, Congress acted to reduce the increase in premiums for those not held harmless to the level that premiums would have gone up had the hold harmless provision not gone into effect. In addition to the updated premium amounts, CMS announced an increase in the Medicare Part B annual deductible, from \$166 in 2016 to \$183 in 2017.

*See more in our Link Document*

## **BOUNDARIES**

Being a care partner is one of the most physically, emotionally and spiritually draining roles you will ever play. It is a 24/7 job that is oftentimes thankless and without much external reward. You have to dig really deep into your soul to be able to face the challenges, day after day. It seems like there is no respite, no fun, no escape. But it doesn't have to be that way.

It is vital for you to create and maintain boundaries. This is not only acceptable and reasonable, but it will help you cope and survive over the weeks, months and sometimes, years of life as a care partner. It is perfectly okay for you to admit that there are some things that you just cannot...will not... or are unable to do. That

doesn't mean that you don't care about your loved one. It doesn't mean that those tasks aren't essential to the well-being of your patient. But you don't have to think that you need to be 100 percent responsible for every nuance of care that goes on day after day after day. That would be unreasonable. That would be exhausting. That would be deleterious to your own well-being.

So how do you set boundaries? In the early stages of your loved one's diagnosis and treatment, it is always about the patient and their needs. It is normal for everyone's physical and emotional energy to be focused on the patient. Once, however, the acute phase of that illness is addressed and treated, the larger picture becomes one of the day-to-day long term living with the aftermath and chronicity of the condition. Life changes. Spirit changes. Career changes. Income changes. Emotional changes. Physical changes. Social changes. The list goes on and on. How does the care partner cope?

**Help Spread  
the Word!**

**If you like this  
newsletter, please  
share it with your  
family, neighbors,  
friends and col-  
leagues.**

**Forward it on!**

Most importantly, you first have to identify your own physical, emotional and spiritual needs. This identification of personal needs helps you validate them and accept the fact that these needs cannot go unmet for long, before you begin to de-compensate, with a plummeting of your own level of wellness. Recognizing that you also have needs will help you focus on getting those needs met. Guilt is not part of this process.

You cannot be a capable care partner if your own needs are not met. That concept is basic Psychology 101. By identifying your own needs, you begin to see your own limitations and your own strengths. It will help you focus on what you are willing and capable of giving to your loved one without putting your own wellness at risk. This is a matter of self-preservation.

You need to fight really hard not be brought down by the physical and emotional components involved in being a care partner. Once you identify the things that you can and cannot do, this helps you set boundaries in your care partner relationship. You can breathe easier knowing that you have re-established what you need to be good to yourself as well as being a good care partner. But where does that leave your loved one? How will their needs be met if you are unwilling or unable to meet them?? How will they cope with the boundaries you have established?

If possible, this is a conversation that you and your loved should have together, perhaps with all

relevant family members. Consensual agreement about needs and how they are best met is an important part of the conversation. Needs that you or others think are significant may be of no significance to your loved one. That eases your burden considerably. Discussing and identifying what needs your patients can meet for themselves is a great way to promote empowerment in that person. Having autonomy over one's own care as much as the medical condition will allow, and being offered opportunities for such self-care activities, can provide your loved one with a renewed sense of purpose and power. And it gives you a break!

It is critical to include other family members or significant others in the care partnership. No family member can shoulder the entire responsibility...nor should they be expected to. Even when relevant family members live in different localities, there can be sharing of ideas and related tasks, such as necessary phone calls, medication renewals, bank and other financial communications, insurance inquiries, opportunities for respite, etc. Family or other significant others can help you maintain the boundaries you've set as a care partner. In business, you hire to your own weaknesses. The same is true in a care partner relationship—you can also “hire” to your own weaknesses.

One thing I have learned in life is that if you don't ask, you don't get. Asking the right questions to the right people will usually get you the right answers—or at least a referral to where those answers

## ***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)
- Mid-State Regional Coordinating Council
- Southern New Hampshire Planning Commission

### **Active Collaborations & Groups:**

- Elder Rights Coalition

### **Other Groups we work with:**

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

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can be obtained. I've also learned that when others offer to help, you should be assertive and tell them exactly how they can help. Don't just thank them and say, "I'll see."

Keep a list of the names and phone numbers of people who have reached out to you in an offering of help. Tell them what the needs are (both yours and the patient's) and get them onboard. This will allow you to maintain the boundaries that you have set for yourself in the care partner relationship. People truly want to help. You need to tell them what the needs are. It's wonderful when others embrace you at your time of greatest need. It lets you know that others care and are willing to help. It lessens your feelings of isolation and oftentimes, despair, which are normal emotions given the circumstances you may find yourself in once you assume the role of care partner.

There are a lot of resources available in your community and on the Internet where you can also ask for help in getting your loved one's needs met. Some of these include: doctors' offices, social service agencies, nursing agencies, faith-based organizations, Google searches, the American Cancer Society, [www.PatientPower.info](http://www.PatientPower.info),

[www.PatientAction.com](http://www.PatientAction.com), Internet communities of others with similar situations, etc.

May your week be filled with good thoughts, kind people and happy moments,

*Lorrie Klemons, RN, MSN, Co-Founder, PatientAction.com*

**LONG TERM CARE SERVICES AND SUPPORTS**

The AARP has issued the first major research paper in the emerging field of managed long-term services and supports (LTSS) to address family caregiver needs.

Their argument is that managed care can lead the way to advancing person and family-centered care. The report, the AARP states, provides the tools and policy recommendations to pave the way to such managed care initiatives. The entire report can be downloaded here:

[http://www.elderguru.com/wp-content/uploads/2016/11/Family\\_Caregivers\\_Managed\\_longterm\\_services\\_support\\_aarp.pdf](http://www.elderguru.com/wp-content/uploads/2016/11/Family_Caregivers_Managed_longterm_services_support_aarp.pdf)

The report's recommendations are as follows:

1. Managed LTSS programs should offer appropriate services that address the needs of family caregivers.

A key component of managed LTSS should be the identification and provision of supports to meet family caregivers' needs and preferences. Involving the family in a meaningful and useful way also should improve the experience of care for both the person and the

family and reduce costs. Services and supports should include family caregiver assessments for their own needs; supportive services such as training, support groups, family meetings, counseling, and respite care that are identified in the assessment; home modifications and assistive technologies; and other supportive services and transportation.

2. Health plans should recognize and involve family caregivers, especially when the care plan depends on them.

Family caregivers should be part of the care planning process upon consent of the member and agreement from the family caregiver. Care coordinators and family caregivers also should have each other's contact information. States and plans should examine their assessments for members in Medicaid managed LTSS programs—and for those dually eligible for both Medicaid and Medicare—adding a component to assess family caregiver needs whenever the family caregiver is central to the plan of care. Assessing and addressing family caregivers' unmet needs for information, education, and supportive services should be standard practice in all home- and community-based services programs that aim to help beneficiaries remain at home and in the community. All initiatives to assess and address caregivers should reflect multicultural and access needs because of the diversity of family caregivers. The assessment tools and data also should be publicly available.

3. Family caregivers' feedback and involvement can help ensure better quality of care.

Input from family caregivers should be included in the evaluations of health plans, and health plan advisory councils should include family caregivers to inform them of the care experience. Evaluations

of the quality and access of LTSS should also include surveys of family caregivers, especially when the member depends on their care

Download the Elder Abuse Suspicion Index (EASI) for Clinical Use According to the Administration on Aging, hundreds of thousands of older adults are subject to abuse, neglect, and exploitation each year. The victims are older, frail, and vulnerable. They are often in the vulnerable position of depending on others to meet their most basic needs. Abusers of older adults are both women and men, and may be family members, friends, or other people they trust.

“Elder abuse” is a phrase that refers to any intentional act by a caregiver or other person that causes harm to a vulnerable senior. Legislatures in all 50 states have passed some form of elder abuse prevention laws. Abuse of this nature includes:

- Physical Abuse—such as slapping, bruising, or restraint by physical or chemical (i.e. pharmaceutical) means
- Sexual Abuse
- Neglect—failure by responsible individuals to provide food, shelter, health care, or protection

- Exploitation—illegal or misuse of money or property
- Emotional Abuse
- Abandonment

The unfortunate thing is that elder abuse often goes unnoticed or unreported – but there are tools that professionals or loved ones can use to screen for elder abuse. One of those tools is the Elder Abuse Suspicion Index (EASI). The EASI was developed specifically to help family physicians detect victims of elder abuse. According to McGill:

The EASI was validated for enquiry by family physicians of patients in their offices aged 65 and over, with a Folstein MMSE score of 24 or above. The EASI is comprised of only six questions and is rapid to administer. The first five are asked by the doctor and answered by the patient in a YES / NO format. The sixth question is answered by the doctor, based on his or her observations of the patient. EASI completion commonly takes only two to five minutes. All six questions should be queried in the order in which they appear in the EASI. A response of YES on one or more of questions 2-6 should raise concern about mistreatment.

The Elder Abuse Suspicion Index is available for download on our December link page.

*The EASI was published here with permission from Mark J. Yaffe, Professor, Department of Family Medicine and McGill University and St. Mary's Hospital Center*

## Focus on Community

### AGE FRIENDLY COMMUNITIES, GLOBAL INITIATIVE

What is an age-friendly world? According to the World Health Organization (WHO), it is a place that enables people of all ages to actively participate in community activities. It is a place that treats everyone with respect, regardless of their age. It is a place that makes it easy to stay connected to those around you and those you love. It is a place that helps people stay healthy and active even at the oldest ages. And it is a place that helps those who need supports to look after themselves to live with dignity and enjoyment. Many cities and communities are already taking active steps towards becoming more age-friendly. However, many barriers persist. Some of these are physical, for example, poorly designed buildings or lack of transportation that prevents older people accessing the places they want to visit.

Learn more at <https://extranet.who.int/agefriendlyworld/about-us/>, The Global Network of Age-friendly Cities and Communities) whose mission is: “... to support the creation of a more age-friendly world: a global ambition with a focus on local action by hundreds of cities and communities around the world.”

*What is Community*

"My definition of community is simple, if partial: I understand community as a capacity for relat-

edness within individuals relatedness not only to people but to events in history, to nature, to the world of ideas, and yes, to things of the spirit." Parker Palmer

## Health & Wellness

### U.S. DEMENTIA RATES ARE DROPPING EVEN AS POPULATION AGES

Despite fears that dementia rates were going to explode as the population grows older and fatter, and has more diabetes and high blood pressure, a large nationally representative survey has found the reverse. Dementia is actually on the wane. And when people do get dementia, they get it at older and older ages.

Previous studies found the same trend but involved much smaller and less diverse populations like the mostly white population of Framingham, Mass., and residents of a few areas in England and Wales.

The new study found that the dementia rate in Americans 65 and older fell by 24 percent over 12 years, to 8.8 percent in 2012 from 11.6 percent in 2000. That trend is "statistically significant and impressive," said Samuel Preston, a demographer at the University of Pennsylvania who was not associated with the study.

In 2000, people received a diagnosis of dementia at an average age of 80.7; in 2012, the average age was 82.4.

"The dementia rate is not immutable," said Dr. Richard Hodes, di-

rector of the National Institute on Aging. "It can change."

And that "is very good news," said John Haaga, director of the institute's division of behavioral and social research. It means, he said, that "roughly a million and a half people aged 65 and older who do not have dementia now would have had it if the rate in 2000 had been in place."

Keith Fargo, director of scientific programs and outreach at the Alzheimer's Association, said the group had been encouraged by some of the previous research showing a decline but had also been "a little bit nervous" about drawing conclusions because the populations in the earlier studies were so homogeneous.

Now, he said of the new data, "here is a nationally representative study. It's wonderful news."

An estimated four million to five million Americans currently have dementia. It remains the most expensive disease in America — a study funded by the National Institute on Aging estimated that in 2010 it cost up to \$215 billion a year to care for dementia patients, surpassing heart disease (\$102 billion) and cancer (\$77 billion).

The study, published online Monday by the journal JAMA Internal Medicine, included 21,000 Americans 65 and older across all races, education and income levels, who participate in the Health and Retirement Study, which regularly surveys people and follows them as they age. The National Institute on Aging funded the work but was

not involved with the data collection, analysis or interpretation.

To assess dementia, participants were asked, among other things, to recall 10 nouns immediately and after a delay, to serially subtract seven from 100, and to count backward from 20. The test was based on extensive research indicating it was a good measure of memory and thinking skills.

Participants also were asked about their education levels, income and health.

In a way, the dementia decline might seem unexpected. It occurred despite an increase in diabetes — the diabetes prevalence among older Americans surged to 21 percent in 2012 from 9 percent in 1990. It began to fall only very recently. And, the study found, diabetes increased the risk of dementia by 39 percent.

More older people today also have cardiovascular risk factors — high levels of blood pressure, blood sugar and cholesterol — which increase the risk of dementia. But more are taking medications for those conditions, so perhaps better control of those risk factors played a role in the decline.

The findings about obesity were especially puzzling. Compared with people of normal weight, overweight people and obese people had a 30 percent lower risk of dementia, the study found. Underweight people had a risk 2.5 times as great. Yet the obesity picture is muddled because other studies have found that obesity in middle age increases dementia risk in old age.

Then there is the education question. On average, older Americans in 2012 had one more year of schooling than older Americans in 2000. And years of education were associated with decreased dementia risk in this study, as in many others.

It is still not clear exactly why education would reduce the risk of dementia. There is the cognitive reserve hypothesis: that education changes developing brains in a good way, making them more resistant to dementia, and that people with more education have brains that are better able to compensate for dementia damage.

But education also is linked to more wealth. People with more education often live in environments that differ from those of people who have less schooling, and they tend to have better health over all. They also are less likely to smoke.

As for black Americans, the dementia risk was higher, but some possible reasons — less education, less wealth, more cardiovascular risk factors — did not fully explain the difference. One possibility is that they received a poorer quality of education, so each year of it offered less protection from

### How to Contact Your State Committee on Aging Representatives

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<i>State Reps &amp; Senators</i>		
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	Sen. Molly Kelly	molly.kelly@leg.state.nh.us
Website:	<a href="http://www.dhhs.nh.gov/dcbcs/beas/aging/">http://www.dhhs.nh.gov/dcbcs/beas/aging/</a>	

dementia, said the study’s lead author, Dr. Kenneth Langa.

In the end, much of what is happening with dementia rates defies explanation, said Dr. Langa, a professor of medicine at the University of Michigan in Ann Arbor, who also works in the Veterans Affairs health care system there.

Dr. Denis Evans, a professor of medicine at Rush University Medical Center in Chicago, urged cau-

tion in accepting the conclusion that dementia rates were declining and, if they are, in accepting the possible explanations. Although he had nothing but praise for the abilities of the researchers, he noted that such studies were extremely difficult to do. Deciding if a respondent is demented can easily be inadvertently skewed, he said.

“It’s very complex,” Dr. Evans said.

But the decline is consistent with what seems to be a long-term trend, despite researchers' failure to find any effective way for individuals to protect themselves from Alzheimer's, the most common form of dementia. Dr. Langa estimates that compared with the rate in the early 1990s, there has been a 25 to 30 percent decrease in dementia rates among older Americans.

As for the future, that is hard to predict, Dr. Langa said.

Even with the lower prevalence of dementia, there will be many more older people in the United States over the next few decades, especially people age 85 and older, who are at highest risk. For that reason, the total number of people with dementia should rise, although not as much as had been

estimated.

And there are forces acting against the continuation of the decline in dementia rates. More people reaching age 65 and above in the next few decades will have been obese in middle age, possibly increasing their risk of dementia. In addition, the trend toward more years of schooling seems to have leveled off, so the education effect might not be as much of a factor.

But researchers remain optimistic.

The study found associations, Dr. Hodes noted. "Now the real challenge," he said, "is to see if we can generate evidence of what causes what."

*NY Times, 11/21/16*

### **THE DISRUPTIVE – AND BENEFICIAL – EFFECTS OF DISTRACTION FOR OLDER ADULTS**

Older adults' decreased ability to inhibit irrelevant information makes them especially susceptible to the negative effects of simultaneously occurring distraction. For example, older adults are more likely than young adults to process distraction presented during a task, which can result in delayed response times, decreased reading comprehension, disrupted problem solving, and reduced memory for target information.

However, there is also some evidence that the tendency to process distraction can actually facilitate older adults' performance when the distraction is congruent with the target information. For example, congruent distraction can speed response times, increase

reading comprehension, benefit problem solving, and reduce forgetting in older adults.

People often prefer to work in quiet, distraction-free environments when doing cognitively demanding tasks such as reading, driving, or solving a puzzle. Quiet typically improves task performance because it allows a person to concentrate their attentional resources on the task at hand (Kahneman, 1973), possibly by minimizing the amount of interference created by irrelevant information (Hasher and Zacks, 1988).

The desire to work in a quiet environment may increase with age as people become even more susceptible to the disruptive effects of distraction (Hasher and Zacks, 1988). This idea is supported by a good deal of laboratory based evidence, from simple response time measures to more complex tasks involving problem solving and reading for comprehension, all showing that irrelevant distraction has an especially negative effect on older adults' performance.

Contrary to popular belief, however, the consequences of older adults' tendency to process distraction are not always negative. The content of distracting information, specifically its relevance to target information, determines whether it will help or hinder older adults' performance. While there is abundant evidence showing that incongruent distraction is especially disruptive in old age, there is growing literature showing that congruent distraction can actually benefit older adults. Finally, we suggest some possible ways in

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which beneficial distraction may help older adults function optimally in the real world.

Read more from the link in our Link Page.

## ALZHEIMER'S DIET

As head of the renowned Alzheimer's Prevention Clinic at Weill Cornell Medicine and New York-Presbyterian, Richard S. Isaacson, MD, is on top of the latest research on Alzheimer's disease. Groundbreaking studies show that proper diet can make a real difference not only in slowing the progression of the disease but also in preventing it.

Here, Dr. Isaacson explains how we can change our eating habits to fight Alzheimer's. His recommendations are not specifically designed for weight loss, but most overweight people who follow this eating plan will lose weight—important because obesity more than triples the risk for Alzheimer's.

1. Fewer Calories: The Okinawa Centenarian Study (an ongoing study of centenarians in the Japanese prefecture of Okinawa) found that these long-lived people typically consume fewer calories (up to 1,900 calories a day) than the average American (up to 2,600 calories). Lowering calorie intake appears to reduce beta-amyloid, particles of protein that form brain plaques—the hallmark of Alzheimer's disease.

A 2012 study at the Mayo Clinic found that people who overate had twice the risk for

memory loss...and those who consumed more than 2,142 calories a day were more likely to have cognitive impairment. I generally advise my patients to try to have fewer than 2,100 calories a day. I can't give an exact number because calorie requirements depend on body type, activity level, etc. Many of my patients tend to consume less than 1,800 calories a day, which may be even more protective.

Bonus: Calorie restriction also lowers insulin, body fat, inflammation and blood pressure, all of which can reduce the risk for cognitive impairment. It even improves neurogenesis, the formation of new brain cells.

2. Less Carbs, More Ketones: Glucose from the breakdown of carbohydrates is the fuel that keeps the body running. But you don't need a lot of carbs. Ketones, another source of fuel, are healthier for the brain. When you restrict carbohydrates, the body manufactures ketones from stored fat. On occasion, a "ketogenic diet" is recommended for some patients with Alzheimer's disease because ketones produce

fewer wastes and put less stress on damaged brain cells. There's some evidence that this diet improves mild cognitive impairment symptoms (and theoretically may slow further damage). We previously found in our clinic that patients consumed an average of 278 grams of carbohydrates daily before their first visits.

We recommend reducing that slowly over the nine weeks of the diet plan to 100 to 120 grams of carbohydrates daily. (One sweet potato has about 23 grams.) The USDA SuperTracker website (SuperTracker.USDA.gov) gives carbohydrate amounts and other nutritional information for specific foods. Eat healthful carbohydrates such as beans and whole grains in moderation. Unlike refined carbs, they are high in fiber and can help to reduce insulin resistance and improve blood sugar control—which reduces risk for Alzheimer's.

3. Fasting: Some trendy diets recommend extreme fasts. With the Alzheimer's prevention diet, you'll fast—but mainly when you wouldn't be eating anyway, during sleep! Several times a week, you'll go without food (particularly carbohydrates) for more than 12 hours. After 12 hours, the body starts making ketones. This type of fast, known as time-restricted eating, reduces inflammation, improves metabolic efficiency and improves insulin levels, insulin sensitivity and brain health.

**Raise Your Voice!**  
**Please let us know  
what's on your  
mind and what's  
important to you.**  
engagingnh@gmail.com

How to do it: Eat an early supper—say, at about 5 pm. You won't eat again until after 5 am the next day. Your eventual goal will be to fast for 12 to 14 hours five nights a week.

4. **More Protein:** The Institute of Medicine recommends getting 10% to 35% of calories from protein—go for the higher end. On a 2,000-calorie diet, that's about 175 grams. (Five ounces of cooked salmon has about 36 grams of protein.) The amino acids in protein are important for memory and other brain functions. Protein-rich foods often are high in B vitamins, including folic acid and vitamins B-6 and B-12. The Bs are critical because they reduce homocysteine, an amino acid linked to poor brain performance and an increased Alzheimer's risk.

Which protein: Chicken, fish, nuts, legumes and eggs all are good choices. I recommend limiting red meat to one weekly serving because of potential associated health risks, including an increased risk for certain cancers...and because too much saturated fat (see below) can be a problem.

Helpful: Aim for four to eight eggs a week. They're high in selenium, lutein, zeaxanthin and other brain-healthy - antioxidants.

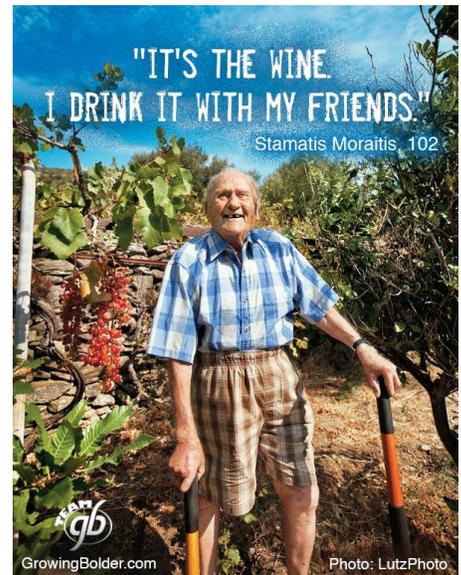
5. **Limit Saturated Fat:** A large study found that people who eat a lot of foods high in saturated fat—rich desserts, red meat, fast food, etc.—may be up to 2.4 times more likely to

develop Alzheimer's disease. Saturated fat limits the body's ability to "clear" beta-amyloid deposits from the brain. It also raises cholesterol and increases the risk for cardiovascular diseases—and what's bad for the heart also is bad for the brain.

Consuming some saturated fat is healthful—it's only in excess that it causes problems. The American Heart Association advises limiting it to about 5% to 6% of total calories. I recommend a little more—up to 10% of your daily calories. On a 2,000-calorie diet, the upper limit would be about 20 grams. (One ounce of cheese can have as much as eight grams.) Fish, Turmeric and Cocoa - Studies have shown that a few specific foods can fight Alzheimer's:

**Fish:** A UCLA study found that adults who regularly ate foods high in omega-3 fatty acids (the healthful fats in fish) had a lower risk for mental decline. Other research has shown that low blood levels of DHA (a type of omega-3) are linked to smaller brain volume and lower scores on cognitive tests. My advice: Eat one serving of fatty fish (such as wild salmon, mackerel and sardines) at least twice a week.

**Turmeric:** In India, where people use the spice turmeric frequently, the risk for Alzheimer's is lower than in the US. This doesn't prove that turmeric is responsible (genetic factors, for example, also could be involved), but other evidence suggests that it's protective. Turmeric contains the compound curcumin, which has potent antioxi-



dant and anti-inflammatory effects.

My advice: Use the spice in recipes—don't depend on supplements—because curcumin is fat-soluble and absorption is enhanced by the fat in foods.

**Cocoa:** The flavanols in cocoa improve memory and other cognitive functions. They also have been linked to reduced blood pressure and improved insulin resistance. My advice: Buy chocolate bars or cocoa powder that lists purified cocoa flavanols on the label.

*Richard S. Isaacson, MD, director of the Alzheimer's Prevention Clinic, Weill Cornell Memory Disorders Program at Weill Cornell Medicine and New York-Presbyterian and coauthor of The Alzheimer's Prevention & Treatment Diet: Using Nutrition to Combat the Effects of Alzheimer's Disease.*

## **BIGGER MUSCLES, BIGGER BRAIN**

Exercise doesn't just make you fitter. It also makes you smarter. A

whole host of studies prove that moving more leads to thinking better. Which is a phenomenal thing to know if you're looking for a little inspiration to hit the gym, but it raises an interesting question. What exactly should you do when you get there?

If one of your primary goals when it comes to your fitness regime is to keep your brain sharp, should you spend long hours on the treadmill building your cardiovascular capacity? Are agility-promoting sports or dance classes better? Or how about pumping some good, old-fashioned iron? A new study offers some answers.

The research was focused on preventing cognitive decline and the development of dementia in older adults, specifically. It followed 100 people aged 55 to 86 as they pursued a specific fitness regime, measuring the effects on their brains through tests and MRI scans. After six months of training the subjects showed not only improved cognitive function, but even growth in key areas of their brains.

What exactly were these folks doing? A simple regime of weight training that involved lifting weights that were 80 percent of the maximum they could handle twice a week. This sort of resistance workout, it seems, not only grows your muscles, but also grows your brain—literally.

The study's lead author, Dr. Yorgi Mavros, of Sydney University, was so impressed with the results that he went so far as to recommend twice weekly weight training to anyone who wants to keep

their mental faculties sharp as they age. So in other words, all of us.

“The more we can get people doing resistance training like weight lifting, the more likely we are to have a healthier aging population,” Big Think quotes him as saying. But the devil is in the details.

“The key however is to make sure you are doing it frequently, at least twice a week, and at a high intensity so that you are maximizing your strength gains. This will give you the maximum benefit for your brain,” he added.

<http://www.inc.com/jessica-stillman/this-specific-type-of-exercise-will-keep-your-brain-young-study-says.html>

## Tech Tips

### SEA HERO QUEST:

*The mobile phone game helping fight dementia*

A mobile phone game that tests spatial navigation skills and has been played by 2.4 million people, has become the largest dementia study in history and raised hopes of a breakthrough in diagnosing the disease.

Sea Hero Quest, a collaboration between Alzheimer's Research UK, Deutsche Telekom, game designers Glitchers and scientists, has generated the equivalent of 9,400 years of lab-based research since its launch in May. Experts hope to use the data to create the world's first global benchmark for spatial navigation, one of the first abilities affected by dementia, and

to develop the game into an early diagnostic test for the disease, which is the leading cause of death in England and Wales.

Dr. Hugo Spiers, of University College London, who presented the preliminary findings at the Neuroscience 2016 conference in San Diego, said:

“This is the only study of its kind, on this scale, to date. Its accuracy greatly exceeds that of all previous research in this area. The findings the game is yielding have enormous potential to support vital developments in dementia research. The ability to diagnose dementia at early stages, well before patients exhibit any signs of general memory loss, would be a milestone.

This study is thus now giving us the opportunity to make a real difference to the lives of millions of people living with dementia and those at risk of developing the disease in the future.”

Sea Hero Quest requires players to navigate a boat through waters in differently themed areas. By testing a person's spatial navigation abilities, the game could allow for diagnosis and treatment of patients far earlier. The scientists will carry out further analysis of the data over the next two years.

<https://www.theguardian.com/society/2016/nov/16/sea-hero-quest-the-mobile-phone-game-helping-fight-dementia>

ALERT!

### THE 10-DIGIT PATH TO YOUR PRIVATE LIFE?

*Your cellphone number.*

The next time someone asks you for your cellphone number, you may want to think twice about giving it.

The cellphone number is more than just a bunch of digits. It is increasingly used as a link to private information maintained by all sorts of companies, including money lenders and social networks. It can be used to monitor and predict what you buy, look for online or even watch on television.

It has become “kind of a key into the room of your life and information about you,” said Edward Stroz, a former high-tech crime agent for the FBI who is co-president of Stroz Friedberg, a private investigator.

Cellphone numbers are not a legally regulated piece of information like a Social Security number, which companies are required to keep private. We are told to hide and protect our Social Security numbers while most of us don’t hesitate when asked to write a cellphone number on a form or share it with someone we barely know.

That is a growing issue for many people.

Nearly half of all U.S. households have given up their landlines and have only wireless phone service — a figure that has risen more than 10 percentage points in just three years. Among people ages 25 to 29, the share of homes that have only wireless phone service stands at 73 percent, according to government statistics.

A 23-year-old hair stylist in San Francisco, has had her cellphone

number since she was 15. She has never had a landline and doubts she ever will. She knows how valuable her cellphone number is. She does not provide it on online forms unless it is required. Using her email address as contact information, she said, seems less invasive and risky. “With just your cellphone number and name, they can get all sorts of information about you,” Gallanter said.

In fact, investigators find that a cellphone number is often even more useful in getting information on people than a Social Security number because it is tied to so many databases and is connected to a device you almost always have with you, said Austin Berglas, a former FBI agent who is senior managing director of K2 Intelligence, a private investigator.

Mathew Scott, New York Times

### **HOW MUCH SOLAR ENERGY CAN YOUR ROOF MAKE? JUST GOOGLE IT!**

Every day it becomes easier for citizens to join the clean power revolution. But how much will you make when you put solar panels on your roof? Enter Project Sunroof, a Google tool that uses high-resolution 3D data and artificial intelligence to allow you to estimate the solar potential of your roof.

If you've ever thought about putting solar panels on your roof, you know that the process doesn't exactly qualify as an impulse purchase. Typically, it involves multiple visits from solar installers. The standard practice in the industry is to go up on the rooftop with a fish-eye camera, then take a picture from each of the four corners to make an estimate of the solar potential of the roof. What if you could do that from your computer instead, and all by yourself?

“The centerpiece of the technology is a 3D model of the world that does shadowcasting, which means that for every point of a roof we can determine whether there will be shade or not, for every time of the day, every day of the year,” Joel Conkling, Google's principal of energy and sustainability, told CNN, from the COP22 climate change conference, in Marrakech.

Users in covered areas—42 US states and about 43 million buildings at the moment—can go to the Sunroof Project website, enter their address and see an estimate of the energy production potential of their roof right away, and the actual savings based on weather data (less sunny areas will yield less power) and the price of electricity from the local utility.

“We connect directly to the providers, so customers can immedi-

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ately get a quote. You can ask for your proposal within two minutes,” says Conkling.

Google Project Sunroof estimates that a roof in the city of Somerville, Massachusetts experiences 1,479 hours of usable sunlight per year. This amounts to an estimated \$18,000 in net savings for the roof with a 20-year lease. The Project is one of the winners of the 2016 United Nations “Momentum for Change” award, which every year shines a light on innovative, scalable and replicable examples of what people are doing to address climate change. As such, it was showcased at the UN's climate change conference, COP22, in Marrakech, Morocco.

New this year is something called the “Data Explorer:” whereas Sunroof's original incarnation focuses on the solar potential of a specific house, the Data Explorer takes it up a level to aggregate data about a city, a county or a state.

“It's targeted at city or state leaders and other governmental figures who want to learn about the solar potential for their whole jurisdiction to set data driven solar policies,” said Conkling.

Green commitment Google has a strong commitment to renewable energy. To date, it says it has invested \$2.5 billion in wind and solar projects around the world, which can generate over 3.7 GW a year, enough to power one million US homes. It is the largest non-utility purchaser of renewable energy in the world. The company already powers 35 percent of its operations from renewables, with a goal of 100% by 2025.

<http://www.cnn.com/2016/11/17/af-rica/google-project-sunroof/>

## Dollars & Sense

### DIGITAL CURRENCY

“If you can't beat them, join them,” could well be the mantra for the world's central bankers.

Having watched as bitcoin went from obscure experiment in digital money to a currency with a market value of almost \$10bn, they themselves are now experimenting with digital currencies rather than waiting idly to be swept away by the tide of technology. Countries around the world — the UK, Russia, Canada, Australia, China and many more — are examining how they might mint their own digital currencies and put money on the blockchain.

Efforts have intensified this year, although research is still at an early stage and many puzzles have yet to be worked out. But most agree on one thing: that the world is moving towards use of digital currencies. Within the Bank of England, a team is already considering what a central bank-issued digital currency could mean.

“The technology is moving quickly,” says Victoria Cleland, chief cashier, in her glassed-walled office inside the fortress-like Bank. “A lot of people think central banks are very risk averse, but we are thinking, ‘Are there opportunities to grasp innovation ourselves?’”

In assessing the risks and benefits, the central bank is canvassing the views of counterparts in other

countries, academics and commercial banks to work out answers to the big questions. It needs to know how turning its cash digital would affect the economy and financial stability, as well as determine whether the technology would be robust enough to stand up to hackers and serve the UK's 65m people.

“This isn't something we can squirrel away in the central bank because, if we were to do it, it would be completely transformative,” says Ms. Cleland.

Central bankers began their homework by poring over bitcoin, the digital money launched online by an unknown computer scientist in 2009. Its breakthrough was that it was secured not by any central overarching body, but by cryptography. Its operating system is a blockchain, and each transaction becomes a block that is linked — or “hashed” — by computers to the chain to form a permanent record of every transaction (a blockchain network) which is visible to all.

Bankers are drawn by the idea of fast, efficient, digital money that does not carry the cost of handling cash, and that can be tracked as it moves through the financial system. These advantages promise benefits in cutting risk, fraud and executing monetary policy.

Central banks' interest in deploying a blockchain to do this comes in step with moves by commercial banks and other financial institutions to use the technology to ease cross-border settlement transactions and overhaul antiquated back-office infrastructure. They

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U.S. Senator Jeanne Shaheen	520 Hart Senate Office Building Washington, DC 20510	(202) 224-2841	(202) 228-3194	<a href="http://shaheen.senate.gov/contact/">http://shaheen.senate.gov/contact/</a>

are less drawn, however, by the idea of digital money they cannot control and that can be used anonymously, the consequence of another aspect of bitcoin’s innovation: its decentralized, peer-to-peer network. Any central bank coin to emerge would have to find a different model.

There is an unresolved tension between blockchain libertarians who support open-source, decentralized networks, and those who seek closed, controllable databases.

“What is really exciting is cryptocurrency’s ability to have true peer-to-peer cash and transfer of assets. This is the real advance,” says Jerry Brito, executive director of Coin Center, a non-profit research organization focused on the public policy issues around cryptocurrency technologies.

At the Bank of England, radical options are being discussed. One scenario even involves the blockchain being used to bypass high-street banks, with individuals holding accounts directly with the central bank, cutting out the commercial banks’ role as middleman in the circulation of money. One person familiar with the process

says that high street banks have been privately pushing against this model. But the days when bankers worried that bitcoin might be a threat to national currency are fading.

“We don’t see private currencies having an edge over fiat currencies [those declared by central banks to be legal tender],” says Dong He, who has led research by the International Monetary Fund into digital currencies. “There have been episodes of private currencies competing with government-issued coins and notes but ultimately they were replaced by fiat currency.”

A bigger issue is regulation of digital currencies. This is a looming challenge that will require cross-border co-operation. Monetary authorities must come together, Mr. He says, to start thinking about the necessary regulation of digital money that will be flowing around the world. He says the IMF should provide a platform for discussions to happen.

When a move to official digital currencies might occur is hard to estimate, he says, but a switch could happen within the next five

to 10 years. For him, it is a question of moving with the times. When large parts of the financial system are using blockchain for financial transaction, so will central banks. Of course, money is already electronically held and processed, but blockchain technology could offer a far more sophisticated operating system, with the prospect of “smart” money.

Charles Hoskinson, head of IOHK, a company that makes cryptocurrencies, says being able to “programme” cash held in accounts will benefit ordinary people, corporations and governments.

“You can put all kinds of extremely advanced terms and conditions on a digital account for money: where, when and who can spend it, and how much I can spend. That can happen with a bank account on a digital ledger.”

Digital currencies will eventually benefit the developing world too, says Tilman Ehrbeck, a partner at the philanthropic investment firm Omidyar Network, set up by eBay founder Pierre Omidyar. Kenneth Rogoff warns that central bank-operated digital currencies could

be ‘decades away’ Mr. Ehrbeck argues that because they are low-cost and easy to use on electronic devices, digital currencies will enable greater access to financial services for the billions of the world’s unbanked.

But for now, the research is most concentrated within the financial sector.

“It’s inevitable there will be a government digital currency, eventually,” says Kenneth Rogoff, a professor at Harvard who studies the concept of a “less-cash” society. He believes that cash will never disappear, and that there will always be a role for small notes.

“Eventually, there will be government digital currencies that ordinary people have access to at very low cost.” But he warns: “A government digital currency could be many decades away, and there are all sorts of security and regulatory issues that have to be navigated first. That said, many central banks are already thinking about it.”

<https://www.ft.com/content/f15d3ab6-750d-11e6-bf48-b372cdb1043a>

## SUSTAINABLE RESPONSIBLE INVESTMENTS

One in every five dollars invested under professional management in the US is now directed to assets that are defined as sustainable, responsible and impact (SRI) investing following a period of stellar growth for the sector. That is the conclusion of a major new report released this week by the US SIF sustainable investment NGO, which reveal SRI assets held in the

US have risen 33 per cent in the two years since 2014 to \$8.72.

The biennial report said much of the growth had been driven by a huge increase in asset managers considering environmental, social and governance (ESG) issues when making investment decisions. It said ESG was considered across \$8.10tr of assets, up from 4.8tr in 2014.

“The trend of robust growth in sustainable and impact investing is continuing as investment managers apply ESG criteria across broader portions of their portfolios, often in response to client demand,” said Lisa Woll, US SIF Foundation CEO. “Asset managers, institutional investors, advisors and individuals are moving toward sustainable and impact investing to advance critical social, environmental and governance issues in addition to seeking long-term financial returns.”

The report said the top two issues considered by asset managers and institutional investors were climate and conflict risk. However, Woll said investors were increasingly engaging with a wide range of ESG issues.

“A diverse group of investors is seeking to achieve positive impacts through such strategies as shareowner engagement or investing with an emphasis on addressing climate change, corporate governance, and human rights including the advancement of women,” she said.

There are few signs of the trend slowing down, despite fears the Trump administration could seek

to undermine the US green economy. The report reveals the growth in SRI investing is being driven by a wide range of factors and now takes in 477 institutional investors and over 1,000 community investing financial institutions.

Asset managers said there were a host of reasons for considering ESG factors now, with 85 per cent saying they were motivated by client demand, 81 per cent saying it helped them better manage risk, 80 per cent saying it helped them improve returns, and 64 per cent recognizing that they had a fiduciary duty to do so. Moreover, 83 per cent said considering ESG issues was part of their organization's mission and 79 per cent expressed a desire to deliver social benefits.

<http://www.businessgreen.com/bg/news/3000203/us-sustainable-investment-soars-33-per-cent-to-usd87tr>

## MEDICARE APPEALS

If the deadline has passed (good cause extension)I

If you can show good cause of why you did not file an appeal on time, you can file a late appeal. The good cause exception applies at each level of the Medicare appeals process and it applies whether you are appealing a denial from Original Medicare, a Medicare Advantage plan, or a Part D prescription drug plan. Good cause reasons for filing late are judged on a case-by-case basis, so there is no complete list of acceptable reasons for filing an ap-

peal late, but some examples include:

- The coverage notice you are appealing was mailed to the wrong address.
- A Medicare representative gave you incorrect information about the claim you are appealing.
- You or a close family member you were caring for was ill and you could not handle business matters.
- The person you are helping appeal a claim is illiterate, does not speak English, or could not otherwise read or understand the coverage notice.

If you think you have a good reason for not appealing on time, send in your appeal with a clear explanation of why your appeal is late. See more on our December Link page.

## Laugh & Live Longer

### QUESTIONS

#### #1

Q: Why didn't the squirrel cross the street?:

A: He was afraid he would get tired.

#### #2

A scientist tells a pharmacist,

“Give me some prepared tablets of acetylsalicylic acid.”

“Do you mean aspirin?” asks the pharmacist. The scientist slaps his forehead. “That’s it!” he says. “I can never remember the name.”

#### #3

Two doctors and an HMO manager die and line up together at the Pearly Gates. One doctor steps forward and tells St. Peter,

“As a pediatric surgeon, I saved hundreds of children.” St. Peter lets him enter.

The next doctor says, “As a psychiatrist, I helped thousands of people live better lives.” St. Peter tells him to go ahead.

The last man says, “I was an HMO manager. I got countless families cost-effective health care.”

St. Peter replies, “You may enter. But,” he adds, “you can only stay for three days. After that, you can go to hell.”

## Purposeful Living

Two volunteers from Rockingham County won the 2016 Vaughan Award.

Carol Jablonowski has been a volunteer RSVP Bone Builders Leader for eight years. Bone Builders is a year-round, twice-weekly, free strength training and balance class for seniors. She was certified to be one of the first leaders at the very first class in Rockingham County, and has continued to help hundreds of seniors maintain good

bone health and balance. Her dedication to the class is absolutely unwavering. The class has more than 30 people in it. With Carol’s leadership it has become more than an hour of exercise, but instead, is a group of folks who care deeply about each other. Birthdays are celebrated, good news and bad shared with each other, and lasting friendships have been made throughout the years. Carol has also helped new Bone Builders leaders, sharing her experience and wisdom. She’s encouraging and supportive of both participants and volunteer leaders alike.

Carol also volunteers at the Londonderry Senior Center, answering phones at the front desk and greeting senior center members every Wednesday. She helps out with all types of activities. In 2015, that amounted to 438 hours between the classes and the center. Her leadership contributes to a strong, positive community that is dedicated to supporting each other.

Ron started volunteering at Londonderry Senior Center in June, 2009. The mission of the Center is to promote an opportunity for pro-





**Carol & Ron Jablonoski**

ductive and satisfying use of leisure time for adults aged 55 and older in a warm and friendly atmosphere through a variety of social activities. Ron serves as a general volunteer at the center supporting all its activities and volunteered 393 hours in 2015. He also does all the recordkeeping for LSCI, which supports the Senior Center.

Londonderry Senior Center relies on volunteer support to function as their budget is limited. Carol and Ron Jablonowski support the daily operations of the senior center, special functions, and handle the "behind the scenes" needs. They demonstrate their enthusiasm and commitment every week with their service. Londonderry Senior Center has over 400 members and provides a warm, inviting place for the members to meet their peers and remain socially and physically active, in no small part because of Carol and Ron's contributions. And it doesn't end here.

As RSVP volunteers, both Carol and Ron have logged many hours. Ron also volunteers at Tax-Aide for AARP Foundation, helping seniors do their taxes for free. In addition to these services, they also volunteer unrecorded hours

spent visiting seniors at home, driving people to appointments, and helping any one in need. Carol and Ron are such caring and concerned people. They are always willing to pitch in and help out whenever necessary. The Jablonowskis exemplify the true meaning of service and volunteerism. They consistently demonstrate what a difference two people can make in this world. We are honored by their service.

**Board Notes**

**IT'S THAT MAGICAL TIME OF YEAR**

Most of our readers will assume we are referring to Christmas and we are, but only in part. The Magical Time of Year actually refers to the fact that there is something about December that has people all over the world celebrating. Here are just a few:

Bodhi Day: 8 December – Day of Enlightenment.

Pancha Ganapati: 21–25 December new beginning and mending of all past mistakes.

Saturnalia: the Roman winter solstice festival, return of the light.

Dies Natalis Solis Invicti (Day of the birth of the Unconquered Sun): 25 December.

Hanukkah: also known as the Festival of Lights, Dec. 24 this year.

Human Rights Day: 10 December.

Soyal: 21 December – Zuni and Hopi Soyal is the winter solstice ceremony of the Zuni and the Ho-

pi (Hopitu Shinumu), The Peaceful Ones.

HumanLight: 23 December – Humanist holiday originated by the New Jersey Humanist Network in celebration of "a Humanist's vision of a good future."<sup>1</sup>

Kwanzaa: 26 December–1 January – Pan-African festival celebration.

New Year's Eve: 31 December – New beginnings, last day of the Gregorian year

Dongzhi Festival – A celebration of Winter, balance and harmony

There are many similarities in the themes: peace, goodwill, family, community, gifting and giving, return of the light, enlightenment, and specific connections to religious traditions. All call to our best qualities and directing them to what is possible for betterment of all.

We are living in chaotic times. It seems every day our news is filled with anger, violence, horror and fear. But it's the Magical Time of Year. Let's not get lost in the endless loop of what's wrong but let's dream the potential the season speaks of. And with each image, conclude with, "this or something better."

May your days be filled with joyous celebration.

