

**ENGAGING NH NEWS**

**GUEST OPINION:**

NH based "counterclockwise study" tested the premise that the body can be triggered to take curative measures.

**What if Age Was Just a Mind Set**

One day in the fall of 1981, eight men in their 70s stepped out of a van in front of a converted monastery in New Hampshire. They shuffled forward, a few of them arthritically stooped, a couple with canes. Then they passed through the door and entered a time warp. Perry Como crooned on a vintage radio. Ed Sullivan welcomed guests on a black-and-white TV. Everything inside—including the books on the shelves and the magazines lying around—were designed to conjure 1959. This was to be the men’s home for five days as they participated in a radical experiment, cooked up by a young psychologist named Ellen Langer.

The subjects were in good health, but aging had left its mark.

“This was before 75 was the new 55,” says Langer, who is 67 and the longest-serving professor of psychology at Harvard. Before arriving, the men were assessed on such measures as dexterity, grip strength, flexibility, hearing and vision, memory and cognition—probably the closest things the gerontologists of the time could come to the testable biomarkers of age. Langer predicted the numbers would be quite different after five days, when the subjects emerged from what was to be a fairly intense psychological intervention.

The men in the experimental group were told not merely to reminisce about this earlier era,

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but to inhabit it—to “make a psychological attempt to be the person they were 22 years ago,” she told me. “We have good reason to believe that if you are successful at this,” Langer told the men, “you will feel as you did in 1959.”

From the time they walked through the doors, they were treated as if they were younger. The men were told that they would have to take their belongings upstairs themselves, even if they had to do it one shirt at a time. Each day, as they discussed sports (Johnny Unitas and Wilt Chamberlain) or “current” events (the first U.S. satellite launch) or dissected the movie they just watched (“Anatomy of a Murder,” with Jimmy Stewart), they spoke about these late-'50s artifacts and events in the present tense—one of Langer’s chief priming strategies. Nothing—no mirrors, no modern-day clothing, no photos except portraits of their much younger selves—spoiled the illusion that they had shaken off 22 years.

At the end of their stay, the men were tested again. On several measures, they outperformed a control group that came earlier to the monastery but didn’t imagine themselves back into the skin of their younger selves, though they were encouraged to reminisce. They were suppler, showed greater manual dexterity and sat taller—just as Langer had guessed.

Perhaps most improbable, their sight improved. Independent judges said they looked younger. The experimental subjects, Langer told me, had “put their mind in an earlier time,” and their bodies went along for the ride.

To read more about this and other studies that applied to premise to diseases including cancer: www.nytimes.com/2014/10/26/magazine/what-if-age-is-nothing-but-a-mind-set.html

A PASSING

We are saddened to note the recent passing of founding ENH board member, Beverly Arel. A memorial will be included in our next issue highlighting her many accomplishments which continue to improve the lives of elders and those living with disabilities in NH.

BIPARTISAN LEGISLATION ESTABLISHES NATIONAL DIABETES COMMISSION

First introduced in 2012, it will support better coordination of resources for research on diabetes, which impacts 1 in 9 Americans

The National Clinical Care Commission Act, bipartisan legislation authored by U.S. Senators Jeanne Shaheen (D-NH) and Susan Collins (R-ME), co-chairs of the Senate Diabetes Caucus, was signed into law by President Trump.

Specifically, the National Clinical Care Commission
Act will improve the quality of diabetes care by:

- Identifying gaps where new approaches are needed to improve diabetes care and management;
- Eliminating duplication and conflicting efforts and assisting in coordination of all federal agencies;
- Leveraging the significant federal investment in research by evaluating best practices and other resources and tools for diabetes healthcare professionals and patients;
- Evaluating the utilization and data collection mechanisms of existing programs; and
- Providing guidance on diabetes clinical care to maximize the effectiveness of our strong federal investment on diabetes research.

As co-chairs of the Senate Diabetes Caucus, Shaheen and Collins have worked together to increase awareness of the threats posed by diabetes, invest in research, and improve access to treatment options.

**CALL TO CARE NH**

This Fall the Endowment for Health partnered with NH PBS to co-produce a broadcast segment focused on the direct care workforce, entitled Call to Care NH:

www.nhptv.org/calltocare/

As more of us are living longer, the demand for people who provide care is growing faster than the supply. For thousands of families throughout NH, paid caregivers are a life-line! And improving the job quality for the direct care workforce is a NH AHA priority!

As you know, the EH is now teaming up with NH PBS and the NH Alliance for Healthy Aging to host a screening event and discussion of the Call to Care NH on Wednesday, December 6th from 5:30 to 7 PM at NHTI in the Sweeney Auditorium. We hope you will attend this event and being part of the dialogue!

You can register online here:

www.events.unh.edu/Registration-Form.pm?event_id=26305

We are working with the workforce work group of NH AHA to develop a discussion guide for the segment and will distribute DVDs with the discussion guides to those who are willing to bring the conversation about direct care workforce home to their community. Our communication director, Karen Ager, is developing a social media toolkit to spark additional dialogue about the direct care workforce.

**FOR GRANDPARENTS & RELATIVES RAISING CHILDREN**

In NH, over 4,000 Relatives as Parents grandparents and relatives are responsi-
ble for children living with them. Most of the grand parent, great-grandparent and relative caregivers we serve are older adults who did not plan on raising a child in their "golden years."

Parenting a second time around presents unique challenges. The staff at the ServiceLink Resource Centers can help you find answers, solve problems and assist in making connections to available services. For example, Respite Care for Grandparent and Relative Caregivers can include: a family member, friend or relative (who does not live in the same household) hired under an agency or the FMS provider to provide respite care services; or day camp or overnight camp (limited basis); occasional child care; school supplies and school clothes.

The staff at the ServiceLink Resource Centers can help you find answers, solve problems and assist in making connections to available services. Call 866-634-9412

**SHELTER DOG ADOPTION**

Animal shelters in Houston and Florida in preparation for the recent hurricanes, moved animals out of affected areas to make room for the influx resulting from the storms.

NH has a requirement that these dogs be tested for Heartworm and Canine Influenza and vetted for personality traits. The intent of vetting is that the adoption process will match dogs with an appropriate owner. Behaviors such as does the dog do well around young children and other pets are evaluated.

Maine does **not** have similar requirements.

**A NH STAR**

Dancing with the Stars semi-finalist and Exeter native Victoria Arlen is starting her own nonprofit foundation to help people around the world achieve their own personal victories.

Victoria’s Victory Foundation’s mission is to help people around the world achieve their victory.

The foundation will provide scholarships to organizations that will allow children and adults with mobility issues lead more independent lives through training, recovery, adaptive dance and sports as well as fund research and provide medical devices and supplies. The foundation will begin accepting applications for scholarships by early 2018.

At age 11, Victoria was struck by transverse myelitis and acute disseminated encephalomyelitis, two rare autoimmune conditions that cause inflammation of the spinal cord and brain. This led to her being in a vegetative state for four years and doctors said she would not survive. After coming out of her vegetative state, she had to learn to read, swallow and eat again and she was wheelchair bound.

Despite Arlen’s inability to feel her legs, she was determined to learn to walk again and after rigorous training achieved that goal...
in 2016. While she still is unable to feel her legs, she was a semi-finalist on the 25th season

**A Composer’s Debut, at 82**

NH Native Richard Alan White composed a 900 page opera, “Hester,” based on “The Scarlet Letter,” by Nathaniel Hawthorne. The work was recently selected by the Center for Contemporary Opera for a workshop performance on Oct 12 at the National Opera Center Recital Hall in Manhattan.

“Hester” marks Mr. White’s debut.

“I had to wait till my 80s to get my big break as an emerging composer,” said Mr. White, who began considering an opera based on the Hawthorne novel in the 1970s.

**Making Your Voice Heard**

GoodLife Programs and Activities Senior Center in Concord recently held a session on making your voice heard in the NH legislative process. Board Members, Maureen Arsenault, Carol Currier and Rebecca Hutchinson and Representative Mary Gile presented the process for how a bill becomes law with a focus on public comment followed by a discussion on what carries the most influence.

Representative Gile indicated that she receives a large volume of email and is often unable to tell if they are from constituents or from a national initiative. She recommends that if you send an email, indicate where you’re from.

But the most effective communication is a personal conversation. Not only does the connection and resulting relationship assist the Sponsor in representing the continent's position, it often results in an unexpected education of issues outside the Representative's primary area of interest.

**Online Prescription Buying:**

Hi Carol...saw this advertisement on TV. How to make sure that your online pharmacy is legitimate.

Go to www.safe.pharmacy/buying-safely.

The website was created due to:

1. 20 new illegal Pharmacy appearing on the web each day;
2. up to 1 million people dying each year from counterfeit medications; and
3. many rogue sites selling prescriptions with little to no medicine at all.

Jo

**ENH Newsletter**

This is one of the best e-newsletters I’ve seen. Thank you, and thank you for publishing my kind of long plea for civic engagement.

Jean

**Keeping Current with Technology**

This article written in the NH Sunday News caught my attention.

(Don’t Let Technology Leave You Behind, Tech Q&A by Steve Alexander) I understood the question but was lost on the answer. Is there a better way to understand what we do not know? I know I am not alone in my battle.
Focus on Community

THE LEGACY PROJECT

www.legacyproject.org is an independent, big-picture research, learning, and social innovation group that works across generations empowering youth, adults and elders for inspired lives, stronger communities and a sustainable world.

Included in their projects is a global initiative about exploring our connections with others, and encouraging closer relationships between generations and building 7-Generation communities (Your generation, the three before and three after you). Based on the concept that we all want our lives to mean something, and to feel connected to and make a difference to the generations in the world around us, the Legacy Projects offer free online activities, award-winning books, DVDs, workshops, essay contests, and more.

The website allows you to download the free Grandparenting Guides and Tips.

You may also want to explore "Grandparents Are VIPs and Greatest Grand-child certificates; crafts, games, and other simple, fun activities, including family history ideas.

News You Can Use

TIPS FOR INTERACTING WITH ALZHEIMER'S PATIENTS

- Don't debate facts. There is no point debating a faulty fact or memory. The person with dementia truly believes the statement, so arguing will probably cause only conflict and stress.

- Embrace their reality. The disease is going to give the patient a view of the past—and even the present—that is different from yours. So if someone with dementia says, "When can we go see my mom?" and you know that the mother is dead, you would not say, "Your mother is dead." You could instead say, "Let's go tomorrow" and move on to another subject. The goal here is not truth but finding a way to avoid upsetting the person.

- Ask them to help. Don't give a lot of instructions, but do ask the patient to help. Everyone wants to be helpful. The word "help" is key. Can you help me set the table? Or fold the laundry? Everyone wants to feel productive.

- Reintroduce yourself every time you enter the room. You do not want to assume that the patient knows you, especially if you're not a family member or close friend. But even relatives should expect this to be necessary as the disease progresses. You don't want to scare someone with dementia by suddenly appearing at the person's side. You'll want to approach from the front so that the patient can see, hear and understand you best.

- Do not quiz. Asking such things as "Do you remember what you had for breakfast?" and "Don't you remember my name?" can be very upsetting for someone who cannot remember. Instead, offer gentle reminders: "The eggs you had for breakfast seemed good." "Look who's here: It's your grandson James."
Simple and calm. Choose simple words, and use a calm voice.

Maintain your composure. Don’t act upset in front of the person if he or she doesn’t recognize you or says something that doesn’t make sense, and don’t talk as if the patient isn’t there.

Minimize distractions. Turn off the television or radio if that won’t upset them to help them focus on interacting.

Make eye contact. When speaking make eye contact and call the person by name. Make sure you have his or her attention before you start to talk. Allow time for a response -- sometimes it can take a while -- and try not to interrupt when the person is speaking.

This appeared in the Daily Herald, June 27, 2016.

TOP CARS FOR SENIORS

Consumer Reports put together a list of what they consider to be the 25 best vehicles for older drivers in the June 2017 issue. It includes mostly crossover SUVs but some sedans as well.

The five that stood out as the very best were the Subaru Forester, Subaru Outback, Kia Soul, Subaru Legacy and Kia Sportage. Among the other vehicles in the list were the Ford Escape, Nissan Rogue, Toyota Corolla and Hyundai Santa Fe.

POSTAL SERVICE TO ISSUE PTSD, ALZHEIMER’S STAMPS

The U.S. Postal Service will issue two new stamps that raise money to fight post-traumatic stress disorder and Alzheimer’s disease—afflictions that affect U.S. military veterans and older Americans.

The Alzheimer’s stamp will come first, scheduled for issuance in November. The PTSD stamp will be released in 2019. It will acknowledge a medical condition facing up to one in five U.S. military veterans coming home from recent battlefields.

The stamps bring in money because they cost more than a normal first-class stamp. Currently, purchasers pay 60 cents for this category of stamp,

HELP!

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

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

Senator Jeanne Shaheen
2 Wall Street, Suite 220
Manchester, NH 03101
603-647-7500
www.shaheen.senate.gov

Senator Maggie Hassan
1589 Elm Street, Third Floor
Manchester, NH 03101
603-622-2204
www.hassan.senate.gov

Congresswoman Carol Shea-Porter
1st Congressional District
660 Central Ave., Unit 101
Dover, NH 03820
603-285-4300
www.shea-porter.house.gov

Congresswoman Annie Kuster
2nd Congressional District
18 North Main Street, Fourth Floor
Concord, NH 03301
603-226-1002
www.kuster.house.gov
It has also been shown that gut microbes influence the brain and brain function by producing neurotransmitters/hormones, immune-regulating molecules, and bacterial toxins. However, stress hormones can have a negative impact on gut bacteria and compromise the integrity of the intestinal lining, allowing bacteria and toxins to enter the bloodstream. This can lead to inflammation, which has been shown to play a role in several types of psychiatric disorders.

Patients with post-traumatic stress disorder (PTSD) show differences in gut bacteria compared to other trauma-exposed people who never went on to develop PTSD, according to a new study led by researchers at Stellenbosch University in South Africa. The breast cancer stamp, issued in 1998, raised more than $84.4 million for breast cancer research. Of the net proceeds, 70 percent goes to the National Institutes of Health and 30 percent goes to a Defense Department medical research program for breast cancer.

sandiegouniontribune.com

PTSD AND BACTERIA BALANCE

In recent years, research has shown just how vital the gut microbiome is to human health. These microbes perform important functions, such as metabolizing food and medicine and fighting infections.

THE NATIONAL SLEEP FOUNDATION

The Foundation recommends an average of eight hours of sleep per night for adults, but sleep scientist Matthew Walker says that too many people are falling short of the mark.

“Human beings are the only species that deliberately deprive themselves of sleep for no apparent gain,” Walker says. “Many people walk through their lives in an underslept state, not realizing it.” Walker is the director of the Center for Human Sleep Science at the University of California, Berkeley. He points out that lack of sleep—defined as six hours or fewer—can have serious consequences.

Sleep deficiency is associated with problems in concentration, memory and the immune system, and may even shorten life span.

BEST EXERCISES FOR YOUR BODY

If you think running a marathon is the quickest ticket to a rock-hard body, I-Min Lee, a professor of medicine at Harvard Medical School, has news for you: That classic feat isn’t as good for your body as it seems.

Instead of long-distance running, which can be hard...
We Want You to Know . . .
EngAGING NH promotes citizen leadership and the active involvement of NH’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
- Endowment for Health, Alliance on Healthy Aging
- NH Legal Assistance
- Department of Health & Human Services
- ServiceLink

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on your joints and digestive system, Lee recommends five other types of workouts. They generate benefits that range from weight loss and muscle building to protecting your heart and brain and strengthening your bones.

1. Swimming: In addition to working nearly every muscle in your body, swimming can raise your heart rate to improve heart health and protect the brain from age-related decline. Plus, being afloat makes this type of exercise nearly strain-free.

"Swimming is good for individuals with arthritis because it’s less weight-bearing," Lee said in the newsletter.

When you swim regularly for at least 30 to 45 minutes at a time, you're doing aerobic exercise—a type of workout that a spate of recent research suggests could help battle depression, lift your mood, and reduce stress, among other benefits.

2. Tai chi: also called tai chi chuan, is a Chinese martial art that combines a series of graceful, flowing movements to create a sort of mov-
ing meditation. The exercise is performed slowly and gently with a high degree of focus and a special attention paid to breathing deeply. Since practitioners go at their own pace, tai chi is accessible for a wide variety of people—regardless of age or fitness level.

Tai chi "is particularly good for older people because balance is an important component of fitness, and balance is something we lose as we get older," Lee said.

3. Strength training: At its most basic, strength training involves using weight to create resistance against the pull of gravity. That weight can be your own body, free weights like barbells or dumbbells, elastic bands, or weighted ankle cuffs. You don't need equipment to do strength training.

Shutterstock Research suggests you can use either heavy weights and a small number of reps or lighter weights and more reps to build stronger, more sturdy muscles.

Chris Jordan, the exercise physiologist who came up with the viral 7-minute workout (officially called the "Johnson & Johnson Official 7 Minute Workout"), told Business Insider that healthy adults should incorporate resistance training on two to three of the four to five days per week that they work out. You can also use high-intensity interval training (HIIT), which combines the cardiovascular benefits of cycling or running with resistance training, to achieve the same or similar results.

If you like HIIT, the 7-minute workout is a great place to start.

4. Walking: It might sound insignificant, but walking can be powerful medicine. Several studies suggest that walking for at least 30 minutes—even at a moderate or leisurely pace—can have benefits for the brain and body.

One recent study found that in adults ages 60 to 88, walking for 30 minutes four days a week for 12 weeks appeared to strengthen connectivity in a region of the brain where weakened connections have been linked with memory loss.

And a pilot study in people with severe depression found that just 30 minutes of treadmill walking for 10 consecutive days was "sufficient to produce a clinically relevant and statistically significant reduction in depression." If you don't currently exercise regularly, the folks at Harvard recommend starting your walking routine with 10-15 minute treks and building up to 30 or 60-minute hikes.

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

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

Donations are tax deductible to the extent allowed by law.
5. Kegel exercises: Kegel exercises are important for both men and women because they help to strengthen a group of muscles commonly referred to as the "pelvic floor." As we age, these muscles—which include the uterus, bladder, small intestine, and rectum—can start to weaken. But keeping them resilient can have important benefits, ranging from preventing embarrassing accidents like bladder leakage to the accidental passing of gas.

The right way to do kegels involves squeezes the muscles you'd use to hold in urine or gas, according to the folks at Harvard. They recommend holding the contraction for two to three seconds, releasing, and repeating 10 times. For the best results, do them four to five times a day.

https://ww2.kqed.org/mindshift/2017/10/16/the-importance-of-sleep-and-styles-for-sleeping-better/

**DECLINING LIFE EXPECTANCY**

Many of us a "progress narrative" about aging and the life-course, capped off, of course, by biogerontologists who promise future breakthroughs to enable us all to live far, far longer in the future. The reality in America today is very different: "Americans Are Retiring Later Dying Sooner and Sicker In-Between".

"The U.S. retirement age is rising, as the government pushes it higher and workers stay in careers longer. But lifespans aren't necessarily extending to offer equal time on the beach. Data released last week
suggest Americans’ health is declining and millions of middle-age workers face the prospect of shorter, and less active, retirements than their parents enjoy."


**Urban Legends of Aging**

*Preventing Dementia: "Crossword Puzzles Will Prevent Cognitive Decline."*

You may enjoy doing crossword puzzles or engaging in other mental exercise, but it won't prevent cognitive decline, including dementia. The "use it or lose it" philosophy has much to recommend it and it’s true that people do get better at anything with more practice, whether crossword puzzles or computer games.

But experts, like Timothy Salthouse, point out that the pattern here is strictly correlational and "Correlation is not causation." People who are drawn to mental exercise probably have greater cognitive reserves to start out with.

People often ask me how to prevent dementia. I give a very simple answer: eat a decent diet, get exercise, get a good night's sleep, and stay connected with people. And don't worry too much about getting dementia.

*HR Moody*

**Expensive Specialty Drugs Forcing Hard Choices**

For 23 years, Diane Whitcraft injected herself every other day with Betaseron, a drug that helps prevent flare-ups from multiple sclerosis. The drug worked well, drastically reducing Whitcraft’s trips to the hospital. But as her 65th birthday approached last September, she made a scary decision: to halt the medication altogether.

With health insurance through her job, Whitcraft had paid a $50 or $100 monthly co-pay for the drug; she hadn’t even realized that the price of Betaseron had soared to more than $86,000 a year. Shopping around for drug coverage through Medicare, the out-of-pocket costs were mind-boggling: close to $7,000 annually.

"I was just feeling really bad that my disease was going to affect our retirement budget," Whitcraft said. "You're retired; you're on a fixed income. And it just really was bothersome to me. I was doing this to us. This disease was doing this to us."

Whitcraft's dilemma highlights a growing problem with Medicare prescription drug coverage for seniors who take high-priced specialty drugs: There is no cap on how much they pay. Each prescription drug plan is structured a little differently, but people with very high drug costs almost inevitably enter what's called the “catastrophic” phase of coverage. Then, they pay 5 percent of the list price of their drug—no small sum in an age of $10,000-a-month cancer drugs or, in Whitcraft's case, a more than $7,000-a-month multiple sclerosis therapy.

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**Help Spread the Word!**

If you like this newsletter, please share it with your family, neighbors, friends and colleagues.
The number of seniors who reach the catastrophic phase has almost doubled over a four-year period, to more than 1 million people in 2015, according to a new analysis by the Kaiser Family Foundation. That trend was driven in part by a new generation of high-priced hepatitis C drugs, but includes high out-of-pocket costs for people taking drugs for cancer, multiple sclerosis, schizophrenia and HIV.

The Affordable Care Act took steps to close the “doughnut hole,” the coverage gap where seniors have been on the hook for more of their prescription drug costs. But for a growing number, the doughnut hole barely matters. Their first or second prescription fill of the year might get them out of it, plunging them into a bigger problem—a phase of coverage where there’s no upper limit on how much they will pay.

The Kaiser study found that in 2015, the 1 million seniors who reached the catastrophic threshold paid an average of more than $3,000 out of pocket. One in 10 of them paid at least $5,200.

Neuman noted that the data, showing a huge increase in the number of people reaching the catastrophic threshold, wouldn’t even take into account people such as Whitcraft, who simply opt out and don’t fill prescriptions because of the cost. One possible policy solution would be to add a cap for out-of-pocket drug costs beyond a certain threshold—an idea that has been proposed in legislation.

Stacie Dusetzina, a cancer health services researcher at the University of North Carolina at Chapel Hill, said that the trend probably is driven by a combination of factors: more high-priced specialty drugs coming on to the market, price increases over time for existing drugs and more people taking expensive drugs.

The trend also challenges the pharmaceutical industry’s main argument in defending list prices—that those prices are misleading because they do not represent the secret rebates provided to insurers or reflect what patients pay. Seniors are paying coinsurance prices paid based on the list prices, not the secretly negotiated rebated price.

Whitcraft said she wouldn’t have made the same decision to stop the drug if she were younger, and she wrestled with what to do. This summer, she did something she thinks she should have done a long time ago. She wrote a letter to the chief executive of Bayer, the company that makes the drug.

Bayer spokeswoman Sasha Damouni said that the company goes through a series of steps before making a decision on how to price a drug, including discussions with doctors and patients. The company also assesses the product’s ability to reduce health-care costs by avoiding unnecessary hospitalizations.

But Whitcraft still doesn’t understand why her drug, which launched with a list price of about $11,500 more than two decades ago, costs so much today—a question she raised in her letter.
"It wasn’t filled with anger or anything; I just told him that I had quit the drug, and why. And I suggested someone must be very greedy,” she said. “It's so wrong and so unfair—a drug that was marketed for the first time in 1993 . . . Why did the cost go up so much here?”

Whitcraft said she got a phone call from the company offering the drug at a discounted rate, months after she had come to the difficult decision to stop taking it. She wondered, if the company could offer her a discount on an individual basis, why they couldn’t just lower the price for everyone.


**SAVE ON YOUR RX**

We’ve mentioned this site before, but it is good to review again.

www.goodrx.com

Drug prices vary wildly between pharmacies. GoodRx finds the lowest prices and discounts. How?

- Collect and compare prices for every FDA-approved prescription drug at more than 70,000 US pharmacies
- Find free coupons to use at the pharmacy
- Show the lowest price at each pharmacy near you

Consider this example:

Lumigan, used for glaucoma, has a co-pay of $124.55, now that I’m on the other side of the donut hole. If I use the coupon at my local pharmacy, the out of pocket is only $56.96.

Please note that different pharmacies have different co-pay amounts, and your pharmacy may not participate in this program.

**CAREGIVING**

"It's estimated that nearly 30 percent of the 38.2 million people aged 65 or older in this country receive some form of caregiving, either for health reasons or to help manage daily activities. More than 65 percent of these older individuals rely on family members, friends, and even neighbors for assistance with things like preparing meals, bathing, taking medications, and getting transportation.

Other findings:

- The largest number of caregivers took care of older adults without dementia or a disability.
- Adult children were the largest group of caregivers.
- Many caregivers limited their participation in social activities, such as visiting family and friends or going out for enjoyment, due to caregiving responsibilities.
- Fewer than 5 percent of caregivers attended support groups. A little over 6 percent of caregivers received training, and only about 13 percent used respite care...the highest proportion of people using these services cared for people with both dementia and disability."

From Science Daily "Caregiving by Family Members, other Unpaid Individuals" and "Family and Other Unpaid Caregivers and Older Adults with and without Dementia and Disability," by Catherine Riffin et al, Journal of the American Geriatrics Society (2017).
See also "The Journey of Caregiving" report just out from Merrill Lynch, at:


**DIABETES APP**

A team of researchers might have found a way to let diabetics focus on their everyday lives instead of pumps and needles. They’ve successfully tested an artificial pancreas system that uses an algorithm on a smartphone to automatically deliver appropriate levels of insulin. The mobile software tells the ‘organ’ (an insulin pump and glucose monitor) to regulate glucose levels based on criteria like activity, meals and sleep, and it refines its insulin control over time by learning from daily circles.


**FREE TECHNOLOGY HELP**

GCFLearnFree.org is an online platform for courses that cover technology, online literacy, and math skills. The site lists around 750 lessons that are designed for basic and intermediate levels.

**Dollars & Sense**

**THE SOCIAL SECURITY REPRESENTATIVE PAYEE PROGRAM**

The financial foundation of retirement income for all but society’s wealthiest sliver is Social Security. But if your parent or another loved one has dementia, how can you ensure those Social Security benefits be managed properly? Turns out, the Social Security Administration has a little-known program to help.

Congress first authorized Social Security to deal with this problem in 1939, giving the agency authority to appoint what are called “representative payees” for beneficiaries incapable of managing the income; the payees are not government employees. (A 2004 law updated the program to better protect recipients.)

Once a Representative Payee is designated, that person is required to decide how to spend a beneficiary’s Social Security income and to keep records of that spending. The task isn’t easy, either. Just as it’s hard for adult children to take away their parent’s car keys, it’s a tough call for a Social Security staffer to remove a beneficiary’s control over his or her Social Security finances.

“Representative Payee can be a wonderful tool particularly for a person whose assets are only Social Security benefits,” says Marit Anne Peterson, program director at the Minnesota...
Elder Justice Center in St. Paul, Minn.

Most of the 5.5 million participants in Social Security’s Representative Payee Program are children and disabled adults, but roughly 500,000 beneficiaries in retirement also have representative payees.

Few Know of This Program

A half million retirees seems like a big number, doesn’t it? But the figure amounts to only 1.5 percent of retirees. Yet scholars estimate that 10 percent or so of retirees have dementia, according to Geoffrey Sanzenbacher and Anek Belbase of the Center for Retirement Research at Boston College, who recently published a study on the Representative Payee Program. I heard them talk about it at the Retirement Research Consortium in Washington, D.C., in August.

“People don’t know about the Representative Payee program,” said Sanzenbacher. “It’s one reason they don’t use it more.”

Sanzenbacher and Belbase wondered whether policymakers and society should be worried about the disparity. Does the gap signal that a large portion of those with dementia are mismanaging their Social Security money, let alone may be subject to abuse and misappropriation of funds?

Who Manages Finances for Those With Dementia?

Thankfully, their study of more than 7,000 Medicare enrollees is mostly reassuring.

Family members are stepping up and helping their parents with dementia much of the time, reducing the need for the Representative Payees to assist. Over 85 percent of those with established dementia, the researchers found, are receiving help with simple and complex money matters.

“Although earlier research showed most people do not use a Representative Payee, most do seem to have help available both for their simple banking matters and more complex money management,” they wrote in their paper, “Dementia, Help with Financial Management, and Financial Well-Being.” “Perhaps just as important, the study suggests that those with established dementia and help available are faring as well as those without any cognitive impairment.”

Laugh & Live Longer

Do you know an Elder leader making NH better for all of us as we age?

Nominated him or her for a Vaughan Award!

Nomination forms are online at:

www.engagingnh.org/nominate-someone-for-the-2017-vaughan-awards.html

Estate Planning

My buddy Tom was a single guy living at home with his father and working in the family business. He knew that he would inherit a fortune once his sickly father died. Tom wanted two things: to learn how to invest his inheritance and to find a wife to share his fortune.

One evening at an investment meeting, he spotted the most beautiful woman he had ever seen. Her natural beauty took his breath away.

"I may look like just an ordinary man," he said to her, "but in just a few years, my father will die, and I'll inherit 20 million dollars."
Impressed, the woman obtained his business card. Two weeks later, she became his stepmother.

Women are so much better at estate planning than men...

A Senior’s Perspective of Facebook

Ain’t it the truth!

For those of my generation who do not, and cannot, comprehend why Facebook exists:

I am trying to make friends outside of Facebook while applying the same principles. Therefore, every day I walk down the street and tell passersby what I have eaten, how I feel at the moment, what I have done the night before, what I will do later and with whom.

I give them pictures of my family, my dog, and of me gardening, taking things apart in the garage, watering the lawn, standing in front of landmarks, driving around town, having lunch, and doing what anybody and everybody does every day. I also listen to their conversations, give them the "thumbs up" and tell them I like them. And it works just like Facebook.

I already have four people following me: two police officers, a private investigator and a psychiatrist.

SCOA

Dear NH Seniors,

I would like to introduce you to the State Committee on Aging (SCOA). We are a council of citizens who work with the NH Department of Health and Human Services (NH DHHS), Bureau of Elderly and Adult Services, to develop and implement the best policies and practices for seniors in New Hampshire. As you can see on the last page of Aging Issues, SCOA members represent each county and we also have representation from the state legislature. Our structure includes two members from each county and three members at-large. Some of our members are leaving soon and we would love to have new members. At least eight of our members must be age 60 or older at the time of appointment.

We meet on the first Monday of the month in Concord in the NH DHHS Brown Building, 129 Pleasant St. in Concord, from 10 am until 12 noon. Mileage reimbursement is available. As a SCOA member, your duties would include advocating for seniors and their issues in your community as your time permits, attending our monthly meeting and serving on a committee. To be considered for appointment, you would complete a brief application. You would be appointed to serve on SCOA by the Governor and Executive Council.

If you think you may be interested in serving on SCOA, please consider coming to one of our meetings as a guest. For further information, please feel free to contact me or Ken...
Berlin, SCOA vice chair. We will get back to you as quickly as we can. Thank you for your consideration. We need more members!

Respectfully,
Candace Cole-McCrea, SCOA Chair
(603) 652-7594
snowyowl@metrocast.net
Ken Berlin, SCOA Vice Chair
(301) 676-9888
Kaberlin@comcast.net

State Near Bottom in Support Services

When it comes to services that help people age in place, the Granite State ranks near the bottom of the pack.

About 95 percent of New Hampshire residents say they want to continue to live in their own homes, not move to a nursing home. But a recent scorecard shows New Hampshire ranks 47th among the states and the District of Columbia in the percentage of Medicaid long-term care dollars dedicated to home- and community-based services.

AARP is recruiting volunteer activists to help boost the ranking. Interested?
For more information, go to states.aarp.org/nh-home-sweet-home/

Purposeful Living

Caren-Marie “Cay” Bowman is an integral part of the ServiceLink mission: empowering individuals to age in the place of their choosing. An RSVP volunteer, Cay’s level of commitment to ServiceLink and consumers over the past few years is demonstrated through her enthusiasm and unending energy, which is infectious to all.

In 2016, Cay logged over 1300 separate consumer contacts; 84% of those were Medicare related. She sees folks in the community and in their own home, if needed and averaged 40 hours a week in the second half of last year. Cay is a Medicare Part D (Rx drug) specialist, helping consumers make choices in a very complicated program. She is a trusted face and has the ability to find the best solution for each person’s unique situation. I Cay has a passion for giving back to the community and is extremely intelligent. She has made an everlasting difference to the community and people she assists by going the extra mile, and specifically in working with low income and/or vulnerable elders in Merrimack. Cay is a great human being; simply put, she is amazing.

Winter winds are once again whistling at our doors. Lest we forget the hard-learned lessons of previous years, here are a few reminders to help us avoid the same problems this year.

Keep enough basic supplies handy. This could include food you can eat right out of the can and water to meet basic needs. Medications could be kept in one spot.

For medications that need refrigeration, keep cold packs handy along with insulated carrying packs. You can use snow to pack them in a pinch—use Ziploc bags for the snow.

Buy and install carbon monoxide detectors on each level of your house. This can save your life.
Know where you have flashlights, camp lanterns, head lamps and fresh batteries.

Keep extra blankets and hand-held hot pads easily accessible.

Keep your cell phone charged all the time with numbers of police, relatives, friends, power company, gas company, fuel supplier, easily accessible. Battery chargers for cell phones are relatively inexpensive.

Plan a telephone tree with your church, civic organizations, neighbors, etc. to check on everyone.

Particularly in more rural areas, it may be a good idea to let your police and emergency personnel know your particular circumstances and needs [you live alone, are housebound, use a walker, are hard of hearing] where your bedroom is located, where you are likely to go if the power goes out, etc. so they can check up on you.

Plan to park your car for easy egress [for instance, pointing out towards the road]

Of course, keep your gas tank above half full at all times.

Switch to your snow tires. Consider buying studded snow tires if you have to drive on icy surfaces.

Supply yourself with snow shovels, pushers, and snow melt. Keep all accessible.

If you need to go to a shelter, consider bringing items to help with your comfort, such as your pillow, air mattress, chair, walker, a book to read, ear plugs, sleeping mask, extra thick socks, a pack of cards, some “silent” snacks, your own wash cloth, towel, incontinence supplies with plastic bags, your cell phone charger.

Let people know you are going to a shelter so they won’t worry about you.

Think about how you will provide for your pets, especially if you are unable to walk them outdoors, or if they require a special diet.

Engage the extra snow/ice clearing help you will need before the event appears. Store up enough money to pay for the services if they want cash. Hide it appropriately 😊

Pack a “get up and go” bag with all essentials plus some cash and some hard copy bills showing you are a resident of an area that may be cordoned off in an emergency.

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<td><a href="http://www.shaheen.senate.gov/contact/contact-jeanne">www.shaheen.senate.gov/contact/contact-jeanne</a></td>
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</tbody>
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Work on copying all your vital records on to a portable hard drive so you can bring them with you if evacuation is necessary.

SMILE. Freezing weather kills pesky insects and pollen 😊

To All of You, From All of Us—

Happy Holidays

With Best Wishes for a Healthy & Happy 2018