



A Citizen Voice for the Aging Experience

# ENGAGING NH NEWS

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**GUEST OPINION:**

## Advocating for Elders Rights Issues

by Alison Rataj

Recently the Endowment for Health has launched a collective impact approach to advance healthy aging in New Hampshire. To help inform this approach, UNH’s Center on Aging and Community Living has conducted an environmental scan covering six domain areas of elder health. Specifically of interest, the scan includes an advocacy domain, which includes research related to accomplishing effective advocacy for older adults in the Granite State. The research summarized in this article will be utilized to inform the collective impact process.

Effective advocacy helps inform policy makers, allows individuals to have their voices heard, and builds stronger communities. Successful advocacy spurs social movements, which have support from both constituents and from organizations and/or individuals on the same specific political or social issue.

When thinking about today’s older adult generations, the “Traditional” generation (1922-1945) and the “Baby Boomers” (1946-1964) witnessed and participated in some of the greatest social changes in the country’s history including: Civil Rights movement, Disability Rights movements, and most recently the LGBT Rights movement.

Despite participation in these revolutionary rights movements and pervasive ageism and continued age discrimination, older adults have not engaged in a collective action that could be labeled as a right-based movement. Rather, current advocacy efforts have been led by service providers and professionals, and have focused on services and benefits, but have failed to create a constituency for protecting or enhancing older adults’ rights.

*As the Baby Boom Generation ages, the nation is now at a tipping point where a social movement for aging rights is prime.*

As the Baby Boom Generation ages, the nation is now at a tipping point where a social movement for aging rights is prime.

As New Hampshire moves forward to build an effective advocacy arena for elder issues, key factors were identified by Rother (2004) as contributing to the lack of advocacy for older adults. These factors include:

- The older adult population is economically, ethnically, culturally and geographically diverse, meaning that their view of aging issues will all differ.
- Elder advocacy is a collection of self-seeking groups that on occasion coalesce depending on a common goal or a common threat and there is difficulty in unifying these groups.

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- Lack of leadership to build grass-roots advocacy.
- Underutilization of think-tanks, technology, and communication tools.
- A lack of cross-generational solidarity, specifically with the younger generations.
- Support needs to be built and sustained on both sides of the political landscape.

In order to create an effective advocacy network, two key concepts must be addressed. First, the American public draws on complex cultural models and assumptions to make sense of adult aging and the role that older adults play in our society. Lindland, Fond, Haydon, and Kendall-Taylor (2015) identified these assumptions as:

- the public's view of what aging should be like as opposed to the reality of aging;
- stereotyping older adults into one broad category of "old people";
- the notion that individuals should be held responsible for their lifestyle choices;
- the belief that government program (e.g., Social Security) are inefficient and ineffective; and
- cognitive holes in our understanding of how rapidly the country is aging and how ageism and discrimination limits our ability to address aging as a social issue.

Second, research has demonstrated that the legal field has not played a significant role in shaping the field of gerontology (Kohn, 2012). This has created an environment where governmental treatment of older adults has been framed primarily as a social welfare concern, and in which the implications of such treatment for

## 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.*

older adults' civil rights are underappreciated or unrecognized. By recognizing aging concerns as civil rights issues and publicly labeling them as such, the potential exists to change how governments and societies treat older adults.

The report continues on to outline the current status of advocacy initiatives in New Hampshire, best practices, and gaps within the current elder advocacy system. The scan is available by clicking [here](#).

**References:** Lindland, E., Fond, M., Haydon, A., & Kendall-Taylor, N. (2015) *Frameworks Institute*. Retrieved May 28, 2015, from Gauging Aging: Mapping the gaps between Expert and Public Understandings of Aging in America: [http://www.frameworksinstitute.org/assets/files/aging\\_mtg.pdf](http://www.frameworksinstitute.org/assets/files/aging_mtg.pdf)

Rother, J. (2004). Why haven't we been more successful advocates for elders?. *Generations*, 28(1), 55-58.

*Alison Rataj is a Research Associate at the UNH Center on Aging and Community Living and provides research assistance on projects that support person-centered, home and community based, long-term care options for older adults and persons living with a disability.*

## NH Updates

### ACL ANNOUNCES "NO WRONG DOOR" GRANT AWARDEES

The Administration for Community Living (ACL) awarded almost \$5 million in grants to 13 states to advance the development of their "No Wrong Door" systems. The Centers for Medicare & Medicaid Services (CMS) and the Veteran's Health Administration (VHA) have an ongoing partnership that is supporting these grants. Eight of the states, Connecticut, Maryland, Massachusetts, New Hampshire, Oregon, Vermont, Washington, and Wisconsin, already have "No Wrong Door" systems in place and this funding will help them to advance their initiatives.

The remaining five states, Alabama, Colorado, District of Columbia, Hawaii, and Virginia, are launching new initiatives. Each grantee is taking a different approach to the system in their state, which will help other states to find the best options for their popula-

**FYI . . .**

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

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

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

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

**engagingnh@gmail.com**

tions of older adults and people with disabilities.

**NATIONAL COUNCIL ON DISABILITY HOLDING PUBLIC MEETING IN NH**

The National Council on Disability, an independent federal agency that makes disability policy recommendations to the President and to Congress, will be holding a quarterly meeting on November 2nd and 3rd in downtown Concord.

This is a fantastic opportunity for consumers, families, and other

concerned members of the public to give direct testimony to a body that advises the most powerful members of the federal government.

A number of important topics (though not all will have public comment sessions) will be covered over the course of the two days that the NCD will meet, including:

- Mental Health Services in Higher Education (public comments allowed)
- The release of a report on Self-Driving Cars
- Complying with the Help America Vote Act
- The Statewide Impact of Federal Policy, focusing on the Elementary and Secondary Education Act
- Medicaid Managed Care and Challenges for the Direct Care Workforce (public comments allowed)
- Emerging Technology in Employment and Education (public comments allowed)

For those who wish to attend, this meeting will be held on both days at the Capitol Center for the Arts in the Governors Hall on 44 South Main Street Concord, NH 03301.

The meeting on Monday, November 2nd runs from 9:00am to 4:30pm. The meeting on Tuesday, November 3rd runs from 8:30am to 11:45pm.

Call-in Number and CART:

Call-in number: 888-510-1785; Conference ID: 4579660; Conference Title: NCD Meeting; Host Name: Clyde Terry.

A CART streamtext link has been arranged for each day of the board meeting. For Monday, beginning at 9:00 a.m., ET, the web link to access CART is

<http://www.streamtext.net/text.aspx?event=110215ncd900am>.

**REMINDER**

Hands Free Driving is the law in NH since July. And now that there's been ample time for public notice, some towns and cities are having crack down events.

**ADDRESSING FOOD INSECURITIES FOR OLDER ADULTS**

*with the Tri-State Learning Collaborative on Aging (TSLCA)*

Hunger exists in every community. While hunger impacts people of all ages, older adults face a number of unique challenges that make them particularly vulnerable. The TSLCA aims to increase the collective impact of those working on aging initiatives in Maine, New Hampshire and Vermont through shared learning.

Join them on November 20th from 12:00 – 1:30 to learn about what innovative programs in the tri-state region are doing to address food insecurities for older adults within their communities.

Visit the TSLCA website for more information and to register: <http://agefriendly.community/>.

**AND IF YUU MISSED THE LAST TRI-STATE WEBINAR—**

The recording and materials from this webinar are now available to Tri-State Learning Collaborative on Aging (TSLCA) members!

Members can access these documents by clicking here and scrolling to the "Past Webinars and Recordings" section. In addition to the recording, the PowerPoints from each presenter are also available for download.

Not yet a member? Don't worry! It's quick and easy to sign up. Simply visit our site, <http://agefriendly.community/signup/>, and enter your information (be sure to complete both part one and part two).

We'll be continuing to focus on sharing knowledge related to creating age friendly communities by hosting two additional webinars early next year: In January we'll be highlighting AARP Designated Age Friendly Communities and in February we'll focus on Home-grown Age Friendly Communities.

## From Our Readers

### NO SOCIAL SECURITY COLA FOR 2016

Medicare Rights, Social Security Works, and the Alliance for Retired Americans held a live Google chat to discuss the news from Social Security that there will be no cost of living adjustment (COLA) for next year. The group also discussed what people with Medicare should consider during Fall Open Enrollment, given that Part B costs are expected to go up next year.

If you missed the chat, you can watch the recording to learn some valuable tips and information to keep in mind during this Medicare

enrollment season. [Visit YouTube to view a recording of the chat.](#)

Steve

### HEARING AID HELP

*Hi Carol, I came across this info about help with the costs of hearing aids that I thought would be of interest. Jane*

**Medicare** – Cost has been a major barrier for many hard-of-hearing older adults with whom I have worked. On average, the price for a set of hearing aids can range from \$1500 and upwards. Medicare Part B will cover diagnostic hearing and balance exams if ordered by a physician to determine if medical treatment is needed. However, Medicare will not cover the cost of hearing aids, fitting exam, or routine hearing exams. Private insurance and Medicare Advantage plans vary in coverage, speak with the plan's administrator for specific coverage information.

**Veterans** – Qualified military veterans are able to get hearing aids covered through the U.S. Veteran's Affairs. Use this VA locator to find the nearest center and to address VA specific questions. [VA Locator](#)

**Other** – For older adults with limited means, there are a few options for assistance that depend on various eligibility requirements, funding and resource availability at the time of request.

*Lions Affordable Hearing Aid Project*, a project of the Lions Club International Foundation, assists hearing-aid users who can't afford aids. The program provides

two specific behind-the-ear styles of aid from Rexton, Inc. (Keep in mind that the style offered may not be best for your hearing loss.) Contact your local Lions chapter for more information.

*Hear Now*, sponsored by the Starkey Hearing Foundation, offers hearing aids to people of very limited means. Assistance comes through manufacturer gifts, hearing health-care providers, and donors of used aids from across the U.S. In 2009, for instance, an individual would need to have total income of \$18,403 or less; a couple would need to have total income of \$24,675.

In the October under Board Notes you mentioned the Movie *The Intern3* and thought you might find this interesting: 3 Ways 'The Intern' Gets Older Workers Wrong; The big misses in the Robert De Niro/Anne Hathaway film:

1. It didn't address changing labor force dynamics;
2. It offered a superficial look at the benefits of intergenerational collaboration; and
3. The "grey is the new green" message was totally lost.

Here's the [link](#).

Jack

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

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

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

## MODIFYING HOMES FOR AGING IN PLACE: HELPFUL TOOLS AND PARTNERS

Last week, I attended a learning exchange on aging in place sponsored by Habitat for Humanity International and AARP Foundation.

The demographic shift toward a larger older population and recognition that most older individuals prefer to stay in their homes and communities as they age has led the venerable Habitat for Humanity to re-examine its practice of building new homes. Homes left empty due to foreclosure and homes occupied by elderly residents often need significant repairs and updates to make them more accessible and safe.

AARP Foundation has sponsored several of these learning exchanges across the country to bring together Habitat affiliates and experts in aging in place to discuss ways to advance common goals. It's these kind of community-based solutions that continually inspire me as we work on ways to improve the lives of older Americans and their families. To read more, click [here](#).

*Nora Super*

## ADMINISTRATION FOR COMMUNITY LIVING ANNOUNCES NEW FEDERAL GRANTS TO BOLSTER STATE ADULT PROTECTIVE SERVICES SYSTEMS

“The abuse of elders and people with disabilities is a moral outrage that our country simply cannot

ignore,” said ACL Administrator Kathy Greenlee. “State and local Adult Protective Services offices play a critical role in addressing this abuse. The grants we announce today are a much-needed next step in supporting victims of abuse by bolstering state and local efforts.” These grants, which total up to \$2.8 million for up to two years, are being awarded to Alabama, Colorado, the District of Columbia, Illinois, Iowa, Massachusetts, New York, Oklahoma, Pennsylvania, Virginia, and Washington. [Read more.](#)

*Lynn*

## News You Can Use

### SOCIAL SECURITY ADMINISTRATION ANNOUNCEMENT

We are excited to offer another convenient online service that you can use with your *my* Social Security account. If you are a Medicare beneficiary and you have lost, damaged, or need to replace your Medicare card, you can now easily order a replacement Medicare card using your online *my* Social Security account.

Even if you are not currently a Medicare beneficiary, please share this news with family and friends who might benefit from this new service. If you are still working, don't forget to use your *my* Social Security account to view your yearly *Social Security Statement* and verify the accuracy of your earnings record and obtain updated estimates of your future Social Security benefits.

Getting a Medicare replacement card is another convenient service that is only a few minutes away with your *my* Social Security account. Help us spread the word about the many benefits available with a *my* Social Security account. The website can be found by clicking [here](#).

### RETIREMENT MIGHT NOT AGREE WITH YOUR HEALTH

Seniors who keep working appear healthier than those who quit the workforce, new research suggests. The study of more than 83,000 Americans 65 and older found that being unemployed or retired was associated with the greatest risk of poor health, even after taking into account predictors such as smoking and obesity.

“We know that remaining in the labor force is good for us,” said Jay Olshansky, a professor at the University of Illinois at Chicago's School of Public Health and a spokesman for the American Federation for Aging Research. Olshansky, who had no part in the study, added, “Not working can lead to overall poorer health.”

However, Olshansky said, the study doesn't prove that working keeps you healthy.

“You can't say that because you retired [it] caused you to lose your health, or the fact that you continued to work caused you to stay healthy,” he said. “Of course, people who are unhealthy tend to quit working.”

But if you can work, you should keep on working, Olshansky said. “Your chances of remaining healthy longer are better if you

continue working,” he added. The report was published in the September issue of *Preventing Chronic Disease*, a publication from the U.S. Centers for Disease Control and Prevention.

For the study, led by Diana Kachan from the University of Miami, researchers used government survey data on more than 83,000 adults aged 65 or older from 1997 through 2011. According to the study, workers in the most physically demanding jobs had the lowest risk of bad health. Service workers, for example, had the lowest risk of suffering from conditions that limited their functioning. Blue collar workers had the lowest risk of having chronic conditions and limits to functioning, the researchers found. The better health among blue collar workers may be because of the amount of physical activity these workers do, compared with the sedentary work of white collar jobs, the study authors suggested.

Olshansky, said that, “The only way these workers can stay in the labor force is to have better health.” Kachan and her colleagues also found that for seniors in jobs with lower status and pay, working can benefit health by increasing social contact and income, and by providing more comprehensive health insurance.

“Older adults who continue working tend to be much healthier across multiple health outcomes, but perhaps providing better workplace accommodations for older adults with functional limitations would allow more of them to join the ranks of their healthier

### ***WE WANT YOU TO KNOW . . . .***

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

We actively partner and work with other NH advocates.

#### **Formal Partnerships**

- NH Voices for Health Care
- NH State Independent Living Council
- State Committee on Aging-Vaughan Awards
- Disabilities Rights Center—NH
- NH Cares
- UNH Center for Aging and Community Living
- Oral Health Care Expansion, Children’s Alliance of NH
- Self Advocacy Leadership Team (SALT)

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

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

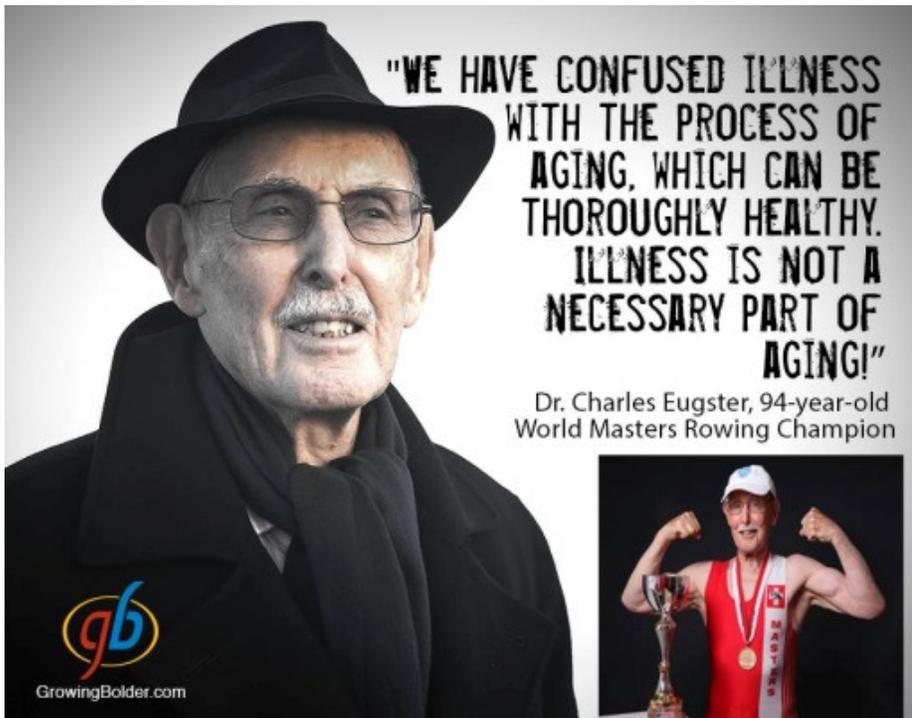
#### **Other Groups we work with:**

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

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peers,” the researchers wrote in their report. Given these findings, Olshansky suggested that people should not be forced to retire based on age.

The report noted that according to the U.S. Bureau of Labor Statistics, people aged 65 and older are projected to make up about 22 percent of the U.S. workforce by 2022.

“We shouldn't be forcing people out of the labor force if it's going to have a harmful effect on their health, and if they want to continue working and they are able to do their job,” Olshansky said. “Remaining in the labor force is healthier for you. It's healthier because working keeps you physically and mentally engaged,” he added.

Jay Olshansky, Ph.D., professor, University of Illinois at Chicago's School of Public Health, and spokesman, American Federation for Aging Research; September

2015, *Preventing Chronic Disease*, HealthDay

**NEWEST MEDICARE FRAUD**

In the coming weeks of open enrollment, with Medicare in the news and on the minds of those 65 and older, expect scammers to exploit the “new card” angle with a slightly tweaked script ... and convincing believability. What you may hear:

“Hello, I'm from Medicare and have good news: To protect you from identity theft, we are issuing new Medicare cards and numbers that no longer will be your Social Security number. But before we make that switch, I need to verify your current information. I know that may sound like a scam, so I encourage you to authenticate all this. I can provide you with specific citations or computer links, but perhaps the best way is to go to your computer and in a search engine, type ‘New Medicare cards

will not display Social Security numbers.’ I can hold if you want.”

Google that phrase and search results display such headlines from the SSA website and New York Times. (No doubt, using Caller ID that falsely displays “Medicare” or “CMS” also helps scammers. So does already having your name, age, address and phone number gleaned from public directories or purchased lists.)

Don't be fooled. Here's what you need to know:

- SSN-absent Medicare cards will be issued to new beneficiaries over the next four years, and existing beneficiaries will get new cards in the following four years. So if you're currently on Medicare, figure on waiting at least until year 2020 before receiving a card without your Social Security number.
- Medicare will not phone you asking for personal information such as your Medicare number. Nor does Medicare email or visit your home unannounced to “update” or “verify” data that, after all, it already has. As a general rule, official correspondence from any government agency is mailed, and it arrives via the U.S. Postal Service.

To read more, click [here](#).

*aarp.org*

**MEDICARE DRUG COSTS**

If you belong to a Medicare Part D plan but cannot afford your medications under this coverage—whether or not you have Extra

Help (federal assistance that helps with the costs of the Medicare drug benefit) or get help from a state prescription assistance program—there are a few options that might help, especially during your Part D plan’s coverage gap (“doughnut hole”):

- If you have Extra Help, find out if your drug plan has a mail-order option. Because you have Extra Help, you may be able to receive a 90-day supply of mail-order medications and pay the same amount you would pay at the pharmacy counter for a 30-day supply.
- Request that your plan put your drug in a lower “cost tier” for you. To do so you will have to have your doctor submit a formal request to your plan to ask for an “exception” to the formulary.
- Some pharmacies and hospitals will waive copays for people with low incomes. Talk to your pharmacist or hospital about your financial situation and see if they will help.
- Some states, such as New York, offer pharmaceutical assistance programs called “SPAPs” that help their members pay the out-of-pocket

costs of a Medicare Part D drug plan.

For more information, click [here](#).

### **HOUSE PASSES BI-PARTISAN BUDGET BILL, ADDRESSES MEDICARE PART B PREMIUM INCREASE**

Late Wednesday, the House of Representatives passed a budget deal that increases spending for military and domestic purposes and increases the debt limit. The deal also addresses the increase in Medicare Part B premiums that is otherwise projected to impact 30 percent of beneficiaries, and an increase in the Medicare Part B deductible that would have impacted all Part B enrollees.

Due to a combination of higher than projected Medicare outpatient costs in 2015 and the lack of a cost-of-living increase for Social Security recipients, premiums for some beneficiaries are projected to increase from \$104.90 to over \$150—or more for those with higher incomes. Other beneficiaries, those who have their Part B premium deducted from their Social Security check, are “held harmless” and protected from increased Part B premiums where there is no increase in their check. This means that the increase would fall on a smaller group, and is therefore projected to be larger for each affected person. The Part B deductible, or amount people have to pay out of pocket before their coverage begins, is also set to increase to about \$223.

If passed by the Senate, the budget deal will take what the premium would have been had the increase

been spread across all enrollees, and will “loan” the difference to beneficiaries from the Medicare trust fund, making their premium for next year about \$120. Beneficiaries as a group will have to repay that loan by paying a \$3 per month surcharge. The deal also reduces the projected Part B deductible from about \$223 to around \$167 and prevents a 20% cut in Social Security Disability Benefits from going into effect.

To read more, click [here](#). Then call your US Senator if you have questions or concerns.

### **OLDER DRIVERS—GET TIPS FOR SAFETY ON THE ROAD**

Are you worried about your driving skills? Are you uncomfortable when a friend or family member gets behind the wheel to drive?

NIA’s Older Drivers [AgePage](#) describes common concerns and offers safety tips and resources:

- Read about the effect of stiff joints and muscles, vision and hearing changes, and slower reaction times on driving safety.
- Find out about dementia and driving ability.
- Learn what to do if you have concerns about an older driver, and get tips for “the talk” about giving up driving.

Read online or order free copies of Older Drivers.

Get more info from [www.NIHSeniorHealth.gov](http://www.NIHSeniorHealth.gov)

**Looking for a back issue of an ENH newsletter?**

**Check our website:**

[www.engagingnh.org](http://www.engagingnh.org)

## Health & Wellness

### DIET AND MENTAL HEALTH

Can what you eat affect your mental health? For a long time, people were not sure about this. But nowadays we know better: Dietary nutrients are critical for brain structure and function, so they can improve our mental health. Several studies have shown that healthy diets and the necessary nutritional supplements may help reduce the risk, or even stop the progression of psychiatric disorders. For example, taking omega-3 supplements is known to be beneficial for addressing symptoms of depression, bipolar depression and post-traumatic stress disorder. Amino acids are the building blocks for creating proteins from which brain circuitry and brain chemicals are formed. This article highlights seven of the most important nutrients for our brain, and where to find them. [Read more](#)

*(Omega-3 oil, B vitamins and folate, Amino acids, Minerals, Vitamin D, Plant-based antioxidants, and Microbiotics).*

*Editor's Notes: Research indicates that Vitamin D should be taken with Vitamin K to prevent calcium build up in the arteries. If your doctor is prescribing a supplement ask about the correct balance of K.*

### MINDFULNESS

Doesn't have to mean sitting in a quiet space and chanting OM! When you're washing your dishes, you could be washing away your

worries, too. A study, published in the journal *Mindfulness*, found that engaging in mindful dishwashing (focusing on the scent of the soap, the feel of the dishes, the warmth of the water) can trigger a positive state of mind. In fact, mindful dishwashers experienced a 27% reduction in nervousness and a 25% increase in mental inspiration, compared with control dishwashers. So next time you're looking for some quiet time, go do the dishes.

<http://www.medicalnewstoday.com/articles/300470.php>

### FACE TO FACE IS BEST

In today's day and age picking up the phone for an in-camera call such as Skype or FaceTime can help us feel closer to our loved ones living far away. But a new six-year-long longitudinal study by the University of Michigan found out that those who meet regularly face-to-face with the people they love were least likely to get depressed.

On the other hand, those who rarely physically interacted with their friends and family were twice as likely to show symptoms of depression. One of the researchers in the study compared getting together with your loved ones to taking a dose of vitamins. [Read more](#)

### Inactivity Danger

When it comes to staying healthy, the advice is endless - drink more water, exercise more, take your vitamins, eat oily fish, drink more coffee, drink *less* coffee. But a new study appears to simplify the

key to long-term health; it suggests that by replacing 1 hour of sitting each day with walking, we can decrease our chance of early death by 12-14%. The study, published in the *International Journal of Behavioral Nutrition and Physical Activity*, was conducted by researchers at the University of Sydney in Australia and included over 200,000 adults who were middle-aged or older.

According to the Centers for Disease Control and Prevention (CDC), adults need at least 150 minutes of moderate-intensity aerobic activity - such as brisk walking - every week, as well as muscle-strengthening activities on 2 or more days each week.

Although 150 minutes may seem like a lot of time, doing it in 10-minute increments over the course of the week counts, too. Prof. Emmanuel Stamatakis, lead study author, notes that previous studies "established the benefits of adequate physical activity or sleep and the risks of too much sitting, but this is the first to look at what happens when we replace one activity with an equal amount of another."

He and his team point to work hours, which account for over 50% of total waking time, adding that "workers in many professions spend on average more than 70% of their work time sitting."

Sedentary activity, physical activity and sleep are all part of a 24-hour day, but the researchers say previous investigations have largely examined each behavior "without considering what time-dependent behaviors are being

displaced." Their latest study focuses on the effects of replacing the behaviors and compares this with health outcomes in general, including mortality.

Source <http://www.medicalnewstoday.com/articles/300391.php>: [Read more](#)

**FIVE TIPS FOR HELPING MEMORY**

Forget flashcards: The latest research reveals some surprising new techniques. Some skills you don't need past graduation: geometry, cursive, the ability to dissect a frog. But memorization is not one of them.

Far beyond your final spelling bee, your memory either saves you from—or delivers you to—public humiliation. Just think about the last time you forgot the name of a very important person. Memory is important in adulthood because it also enables all kinds of life-enriching learning, from remembering several seasons' worth of football statistics (a very big deal to very loyal fans) to learning a new language.

But keeping it sharp requires practice. Just ask Ed Cooke, who can memorize the order of a shuffled deck of cards in 45 seconds. A fierce competitor in memory tour-

naments, Cooke was crowned a Grand Master of Memory in his early twenties. (As of last year, there were only 151 Grand Masters of Memory in the world.)

Cooke wanted to figure out the very best way to learn as fast as possible, so he cofounded [Memrise](#), an online language learning program devoted to that mission.

"Science actually hasn't really asked the question, 'What's the fastest way to learn?'" Cooke says. "It's discovered hundreds of things that help learning, but it hasn't discovered the perfect recipe."

Today, Memrise launched an online experiment, called [Memprize](#), pitting five very promising learning methods against one another. Earlier, Memrise put out a call for scientists to design the best memorization program. Out of 20 rigorously tested entries, the five being unveiled were the winners—and now, anyone willing to devote a couple hours to experimenting with speedy learning can help determine the winner of Memprize.

After entering the experiment at the website, people will play with one of the memorization programs to learn 80 words in an obscure foreign language, like Lithuanian, in an hour. They'll be tested a week later to determine how much they retained. A winning technique will then be crowned.

"Over time, we might be able

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

County	Name	Email
Belknap	Rich Crocker	richcrocker@metrocast.net
Carroll	Kate Cauble	kemc226@aol.com
Cheshire	Bob Ritchie	fictionfitz@gmail.com
Coos	Mark M. E. Frank	maxfra@aol.com
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Cheshire	Sen. Molly Kelly	molly.kelly@leg.state.nh.us

to discover and share methodologies of learning that are twice as good as the things that exist,” Cooke says.

From the top 5 methods facing off, Cooke told us some of their top strategies for learning words fast.

- Take a guess. One of the best ways to remember a new word, it turns out, is to guess its meaning before you even know it. You’ll likely be wrong, of course. “But just the act of guessing can mean that when you’re then told the answer, you remember the answer much better than if you don’t guess at all,” Cooke says. It works for names, too, he says. Guess someone’s name when you meet for the first time, and when you learn the real name, you’ll remember it better.
- Repeat, repeat, repeat. It’s well established that repetition is key to memory. But one innovation, called mega-drilling, has proven especially powerful. According to this technique, “you’ve got to actively recall the memory 30 times,” Cooke says. So when you meet someone new, you might want to repeat her name 30 times.
- Create a mnemonic. Use whatever a new word sounds like or makes you think of, and you’ll remember it more. “It helps connect the word to the knowledge you already have in your mind, and the quality of memory which gets formed is much higher,” Cooke says.

- Think spatially. “Humans have an incredible memory for space,” Cooke says. One effective strategy for memorizing words is to picture a room, then attach the word and its meaning to a place in the room.
- Relax already. One of the techniques makes you take a weird little break in the middle of memorization. For a minute, you’re told to watch a video of a waterfall. “You’re wasting lots of time,” Cooke says. “But in the process of staring at this video of a waterfall, it calms you down and relaxes your brain and creates space, in a way, for new memories to form afterwards. Taking time out to rest your brain can actually speed you up in the long run.”

<http://time.com/4042569/how-to-improve-memory/>

## Tech Tips

### EMAIL WARNING

Instead of clicking on a link in an email, type the URL of the site you want directly into your browser.

Criminals send emails that appear to be from companies or people you know and trust. The links may look legitimate, but clicking on them could download malware or send you to a spoof site designed to steal your personal information.

### FALL CLEANING ISN'T JUST FOR HOUSES

Here are some suggestions.

## Raise Your Voice!

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

engagingnh@gmail.com

Check your anti-virus software program: Make sure it is up to date, that it is scanning regularly. Many ISP (Internet Service Provider) offer a virus program as part of a package, but there are also free applications such as AVG that can be downloaded, just be sure to check the product reputation. And of course software is available for purchase from business or tech suppliers.

Tidy the desktop: Clear off old icons, files, and folders. It keeps you more organized, as well as, takes a load off of your desktop. Check your backup procedure: Backup solutions are not a “set it and forget it” process. Definitely need to verify the process is still working and that the destinations drive(s) are functioning.

Change passwords: The time for a better password is yesterday. Help keep hackers out of your account.

Backup, backup, backup: Keep copies of important data backed up to the cloud, or a portable hard drive stored in a fireproof safe. Commit to back up the files on your computer on a regular basis.

Download and install software only from websites you know and trust. Downloading free games, file-sharing programs, and cus-

tomized toolbars may sound appealing, but free software can come with malware.

Maintenance your computers: Every 3-6 months, clean out temporary files, check for updates, stop unwanted start-up programs, check the antivirus, and backup process. Social privacy: Major social media websites like Facebook and Twitter have updated their privacy features. Start the new year by getting familiar with the changes.

## Dollars & Sense

### HELPING FINANCIAL CAREGIVERS IN EVERY STATE

Millions of Americans are managing money or property for a family member or friend who is unable to pay bills or make financial decisions. We've heard from these financial caregivers about how tough it can be. So we created guides for caregivers all over the country.

Read about how we are helping financial caregivers:

consumerfinance.gov/blog/managing-someone-elses-money-guides-for-your-state/

Because people's powers and duties overseeing another person's finances vary from state to state, we've learned that people need more than a one-size-fits-all guide. So we're creating state-specific guides for Arizona, Florida, Georgia, Illinois, Oregon and Virginia (check out the Florida and Virgin-

ia guides now). And for the other 44 states, we just released tools to make it easy for state experts to adapt our guides for financial caregivers in their states.

Click [here](#) to read about our tips and templates for creating Managing Someone Else's Money state guides.

### WINTER'S COMING

Tight budget and need help with energy costs? Your local Community Action Program (CAP) can help with connecting individuals and families with fuel assistance, weatherization and other services.

### NEW MEDICAL BILLING CODE WALLET

On Oct. 1, The US adopted a new set of medical diagnostic codes used for medical billing. The change is from changed the ICD-9 (International Classification of Diseases), adopted in the U.S. in 1979 to the ICD-10., used by the World Health Organization since 1990 and by some countries since 1994. This change will allow much more detail in describing treatments and should result in better care.

However, the number of [medical diagnostic codes](#) has jumped from 14,000 to 68,000 and the number of codes for inpatient hospital procedures grew from 4,000 to 87,000. organization. While health care providers and insurance companies adjust to this change, there will likely be delays and errors in processing claims. Health care consumers using out-of-network physicians and health providers could be the most likely

**Help Spread the Word!**

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

**Forward it on!**

to feel the effects of the coding change in their wallets. Such services require up-front payment for the patient to submit a bill and wait for reimbursement.

But anyone may experience coding errors, delays and denials. The Wall Street Journal says some coding experts fear denials could *double* during the transition to the new codes. (It should be noted that Medicare will offer a one-year grace period for physicians' coding confusion as long as their codes are in the right broad categories.). What can you do? Check your billing statements carefully. Watch out for these eight common medical billing errors when you receive your itemized bill and EOB (explanation of benefits) statement:

1. **Duplicate charges:** Carefully check to make sure you were not billed twice for a single service or procedure. With an itemized bill, this error should be much easier to spot.

2. **Canceled tests or procedures:** Review your itemized bill to make sure you weren't charged for work that wasn't done. If you think you were wrongfully overbilled, collect all the necessary documents to prove that you did not receive the service, so you can dispute the charge.
3. **Incorrect patient information:** Small errors such as wrong name spellings or policy number misprints are common on medical bills. If your insurance ID number is wrong, that can lead to a claim denial or your being charged an inappropriately high amount.
4. **Upcoding charge:** A hospital could inflate your diagnosis to one representing a more serious procedure, leading to a higher medical bill. For example, you could have received the [lowest level](#) of emergency room services but be billed at the highest level. This is an illegal, fraudulent practice and you should ask your health care provider to correct the charge immediately.
5. **Unbundling of charges:** This mistake refers to the separation of charges that should have been billed under the same procedure code. It can be tricky to identify unless you're a certified medical bill coder, but you can reference the [National Correct Coding Initiative](#) by the [Centers for Medicare and Medicaid Services](#) if you suspect such a mistake on your bill.

6. **Balance billing when in-network:** Balance billing or extra billing is when a health care provider bills you for the difference between what your health insurer reimburses and what the health provider believes it should receive. It's often improper when the care was provided by an in-network hospital or physician.

Balance billing is most common when you are treated [out-of-network](#) for non-emergency care, since doctors can set the rate to charge you and bill you for anything over what your insurance covers. If you think you've been balance billed, compare the bill with your EOB.

7. **Incorrect quantity:** Make sure you weren't charged extra for the wrong number of medical items or

medications. This mistake could be as simple as an extra "0" being placed at the end of a number by the billing department.

8. **Operating room and anesthesia time:** If you underwent surgery, check your medical records to see how long you were in the operating room or under anesthesia. Because patients are usually billed in 15-minute increments in these instances, mistakes here can add up quickly.

If you find issues, contact your insurance company for assistance. You can also check with your State Insurance Department websites which may have information on this transition. The good news is that by next fall, use of the new system will probably be routine.

#### Medicare Financial Assistance

There are a number of ways to get coverage to fill gaps in Medicare or to get assistance with Medicare costs:

- **Employer Insurance:** If you or your spouse is still working, and you have insurance through that job, it will work with Medicare to cover your health care costs. You should know whether your employer insurance is primary or secondary to Medicare. Primary insurance is health insurance that pays first on a claim for medical and hospital care. Secondary insurance pays after primary insurance.
- **Retiree Insurance:** Some employers provide health insurance to retirees and their spouses to fill in the gaps of Medicare coverage. Retiree in-

#### 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.***

insurance always pays secondary to Medicare.

- **Supplemental Insurance (Medigap):** Insurance that you can buy from a private insurance company to fill in the gaps in Original Medicare coverage by paying for your Medicare deductibles, coinsurances and copayments. Premiums vary, depending on the plan you choose and the company you buy it from.
- **Medicare Advantage:** You can also get your Medicare benefits through a Medicare Advantage plan (such as an HMO or PPO). These plans contract with the government to provide Medicare benefits. They must provide at least the same set of benefits offered by Original Medicare, but may have different rules, costs and restrictions.

For more information, click [here](#).

## Laugh & Live Longer

### HELICOPTER RIDE

Morris and his wife Esther went to the state fair every year, and every year Morris would say, 'Esther, I'd really like to ride in that helicopter.'

Esther always replied, 'I know Morris, but that helicopter ride is fifty dollars, and fifty dollars is fifty dollars'

One year Esther and Morris went to the fair, and Morris said, 'Esther, I'm 85 years old. If I don't ride that helicopter, I might never get another chance.'

To this, Esther replied, 'Morris that helicopter ride is fifty dollars, and fifty dollars is fifty dollars.'

The pilot overheard the couple and said, 'Folks I'll make you a deal. I'll take the both of you for a ride. If you can stay quiet for the entire ride and don't say a word I won't charge you a penny! But if you say one word it's fifty dollars.'

Morris and Esther agreed and up they went. The pilot did all kinds of fancy maneuvers, but not a word was heard. He did his daredevil tricks over and over again, but still not a word.

When they landed, the pilot turned to Morris and said, 'By golly, I did everything I could to get you to yell out, but you didn't. I'm impressed!'

Morris replied, 'Well, to tell you the truth, I almost said something when Esther fell out, but you know, fifty dollars is fifty dollars!'

Sometimes, a good laugh is all it takes to make your day better. Laughing reduces stress, boosts immunity and even tones your abdominal muscles. And so Deepak Chopra says the healthiest response to life is laughter. Adding more laughter into your daily life may seem like a challenge, but it's easier than you think. If you can surround yourself with things that are funny, like a hilarious book or some comical friends, you can enjoy the benefits of laughter more often. Here are some other reasons why laughter is the best medicine and how you can add more of it into your life. [READ MORE](#)

### PUNS

- England has no kidney bank, but it does have a Liverpool ...
- I tried to catch some fog, but I mist.
- They told me I had type-A blood, but it was a Type-O.
- I changed my iPod's name to Titanic. It's syncing now.
- Jokes about German sausages are the wurst.
- I know a guy who's addicted to brake fluid, but he says he can stop any time

### NO COMPUTER

An unemployed man is desperate to support his family of a wife and three kids. He applies for a janitor's job at a large firm and easily passes an aptitude test.

The human resources manager tells him, "You will be hired at minimum wage of \$7.35 an hour. Let me have your e-mail address so that we can get you in the loop. Our system will automatically e-mail you all the forms and advise you when to start and where to report on your first day."

Taken aback, the man protests that he is poor and has neither a computer nor an e-mail address.

To this the manager replies, "You must understand that to a company like ours that means that you virtually do not exist. Without an e-mail address you can hardly expect to be employed by a high-tech firm. Good day."

Stunned, the man leaves. Not knowing where to turn and having

\$10 in his wallet, he walks past a farmers' market and sees a stand selling 25 lb. crates of beautiful red tomatoes. He buys a crate, carries it to a busy corner and displays the tomatoes. In less than 2 hours he sells all the tomatoes and makes 100% profit.

Repeating the process several times more that day, he ends up with almost \$100 and arrives home that night with several bags of groceries for his family.

During the night he decides to repeat the tomato business the next day. By the end of the week he is getting up early every day and working into the night. He multiplies his profits quickly.

Early in the second week he acquires a cart to transport several boxes of tomatoes at a time, but before a month is up he sells the cart to buy a broken-down pickup truck.

At the end of a year, he owns three old trucks. His two sons have left their neighborhood gangs to help him with the tomato business, his wife is selling the tomatoes, and his daughter is taking night courses at the community college so she can keep books for him.

By the end of the second year he has a dozen very nice used trucks and employs fifteen previously unemployed people, all selling tomatoes. He continues to work hard.

Time passes and at the end of the fifth year he owns a fleet of nice trucks and a warehouse that his wife supervises, plus two tomato farms that the boys manage. The tomato company's payroll has put

facebook.com/ShutUpImStillTalking

### Rest Your Mind



I know you have been laying awake at night wondering why baby diapers have brand names such as "Luvs", "Huggies," and "Pampers", while undergarments for old people are called "Depends".

Well here is the low down on the whole thing.

When babies crap in their pants, people are still gonna Luv'em, Hug'em and Pamper' em. When old people crap in their pants, it "Depends" on who's in the will!

Glad I got that straightened out so you can rest your mind.

hundreds of homeless and jobless people to work. His daughter reports that the business grossed over one million dollars.

Planning for the future, he decides to buy some life insurance. Consulting with an insurance adviser, he picks an insurance plan to fit his new circumstances.

Then the adviser asks him for his e-mail address in order to send the final documents electronically. When the man replies that he doesn't have time to mess with a computer and has no e-mail address, the insurance man is stunned, "What, you don't have e-mail? No computer? No Internet? Just think where you would be today if you'd had all of that five years ago!"

"Ha!" snorts the man. "If I'd had e-mail five years ago I would be

sweeping floors at Microsoft and making \$7.35 an hour."

### LOST WORDS

Some recipients may have to ask parents/grandparents the meaning of words/phrases. Words gone as fast as the buggy whip! Sad, really! The other day I said something to my son about driving a Jalopy and he looked at me quizzically and said what the heck is a Jalopy? OMG (new phrase!) he never heard of the word jalopy!!

Holy Mackerel, I still use most of these!

I hope you are Hunky dory after you read this and chuckle... It's a trip down "memory lane" !!! About a month ago, I illuminated some old expressions that have become obsolete because of the inexorable march of technology. These phrases included "Don't

touch that dial," "carbon copy," "You sound like a broken record," and "hung out to dry." A bevy of readers have asked me to shine light on more faded words and expressions, and I am happy to oblige:

Back in the olden days we had a lot of moxie. We'd put on our best bib and tucker to straighten up and fly right. Hubba-hubba! We'd cut a rug in some juke joint and then go necking and petting and smooching and spooning and billing and cooing and pitching woo in hot rods and jalopies in some passion pit or lovers' lane. Heavens to Betsy! Gee whillikers! Jumpin' Jehoshaphat! Holy moley! We were in like Flynn and living the life of Riley, and even a regular guy couldn't accuse us of being a knucklehead, a nincompoop, or a pill. Not for all the tea in China!

Back in the olden days, life used to be swell, but when's the last time anything was swell? Swell has gone the way of beehives, pageboys, and the D.A.; of spats, knickers, fedoras, poodle skirts, saddle shoes, penny loafers, pedal pushers, and sock hops. Oh, my aching back. Kilroy was here, but he isn't anymore.

Like Washington Irving's Rip Van Winkle and Kurt Vonnegut's Billy Pilgrim, we have become unstuck in time. We wake up from what surely has been just a short nap, and before we can say, "I'll be a monkey's uncle!" or "This is a fine kettle of fish!" we discover that the words we grew up with, the words that seemed omnipresent as oxygen, have vanished with

scarcely a notice from our tongues and our pens and our keyboards.

Poof, poof, poof go the words of our youth, the words we've left behind. We blink, and they're gone, evanesced from the landscape and wordscape of our perception, like Mickey Mouse wristwatches, hula hoops, skate keys, candy cigarettes, little wax bottles of colored sugar water, and an organ grinder's monkey.

Where have all those phrases gone? Long time passing. Where have all those phrases gone? Long time ago: Pshaw. The milkman did it. Think about the starving Armenians. Bigger than a bread box. Banned in Boston. The very idea! It's your nickel. Don't forget to pull the chain. Knee high to a grasshopper. Turn-of-the-century. Iron curtain. Domino theory. Fail-safe. Civil defense. Fiddlesticks! You look like the wreck of the Hesperus. Cooties. Going like sixty. I'll see you in the funny papers. Don't take any wooden nickels. Giving someone the 'old Alley Oop'. Heavens to Murgatroyd! And awa-a-ay we go!

Oh, my stars and garters! It turns out there are more of these lost words and expressions than Carter had liver pills. This can be disturbing stuff, this winking out of the words of our youth, these words that lodge in our heart's deep core. But just as one never steps into the same river twice, one cannot step into the same language twice. Even as one enters, words are swept downstream into the past, forever making a different river.

We of a certain age have been blessed to live in changeful times. For a child, each new word is like a shiny toy, a toy that has no age. We at the other end of the chronological arc have the advantage of remembering there are words that once did not exist and there were words that once strutted their hour upon the earthly stage and now are heard no more, except in our collective memory. It's one of the greatest advantages of aging. We can have archaic and eat it, too.

See 'ya later, alligator!

## Purposeful Living

Before her arrival in the North Country, Kate took initiative and contacted RSVP, wanting to share skills she'd learned in Maine, where she volunteered facilitating several evidence-based programs geared toward older adults, including Matter of Balance fall prevention, Better Choices, Better Health chronic disease self-management, and RSVP Bone Builders weight training classes.

In 2011, Kate began serving as a co-leader at the local RSVP in Bethlehem Bone Builders class, sharing her knowledge and enthusiasm for good health. Soon, she was offering Matter of Balance classes at the senior



Kate Kelly

Contact Information For NH Members of the U.S. Congress				
Name	Mailing Address	Phone	Fax	E-Mail Contact Form
U.S. Representative Frank Guinta	326 Cannon House Office Building, Washington, DC 20515	(202) 225-5456	(202) 225-5822	<a href="https://guinta.house.gov/contact/email">https://guinta.house.gov/contact/email</a>
U.S. Representative Ann Kuster	137 Cannon House Office Building, Washington, DC 20515	(202) 225-5206		<a href="https://kuster.house.gov/contact/email-me">https://kuster.house.gov/contact/email-me</a>
U.S. Senator Kelly Ayotte	144 Russell Senate Office Building Washington DC, 20510	(202) 224-3324	(202) 224-4952	<a href="http://www.ayotte.senate.gov/?p=contact">http://www.ayotte.senate.gov/?p=contact</a>
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>

centers in Littleton and Plymouth, and doing activities with River-glen House residents. In 2012, she became a volunteer Master Trainer for RSVP Bone Builders and Since then, she has trained and inspired 30 older adult volunteers, (including 12 people in 2014,) with 25 currently serving their peers and communities, helping others improve bone density and balance, and decrease falls and fractures while having fun. Kate has been crucial in replicating RSVP Bone Builders elsewhere in the State, training class leaders in Coos and Carroll Counties.

Kate’s was co-facilitator for Better Choices, Better Health through the North Country Health Consortium in 2014. She is described as a good teacher, energetic, focused, sensitive and compassionate but quick to smile. Her classes at the Littleton Area Senior Center also include, a “Lunch & Learn” series on Reflexology, Reiki, Feng Shui, Aromatherapy and other Alternative Therapies.

Kate reached out to North Country Home Care & HOSPICE early on. Not only does she register folks twice a month at the foot clinics,

she is also a trained Hospice Volunteer. Kate spends time with people who need support, companionship, and compassionate conversation at the end stage of life. It is said that she is bright and cheerful, and gives a gift of self to others. And perhaps no better example of her attitude is "Kate of the Universe," the upbeat voice mail message you’ll get if you call RSV.

Kate said, "My passion is to keep seniors moving as we age and, through my many volunteer activities, am able to make this dream come true. " She also noted that her father, new deceased was her inspiration having volunteered for over 25 years as a Pop Warner Football coach.

## Board Notes

### **DON'T GO BUCK NAKED**

We shouldn’t joke that “The Emperor has no Clothes”! It’s mid fall, a time very few of us would consider going out stark naked.

November is a period of strange contradictions. On one hand, we look forward as we vote in what

we hope is positive, forward movement; on the other hand we usher in the “Lame Duck” spell in which everything seems to be on hold. *Or is it?*

Forget about the “no clothes” piece for a moment and consider that we won’t even have “emperors” in many of our governmental roles during this time. Some of these changes are with your local officials. On the State level, the Governor is running for US Senate, while the Department of Health and Human Services Commissioner term ends in January. As the Commissioner has reported, the Governor is recruiting for his replacement. However, during the lame duck phase of her administration, confirmation of her nominee is uncertain. This could leave the agency headed by someone in an acting status only until after the 2016 elections and an appointment sometime in 2017.

Just why should this concern me and you? The reason is DHHS controls the largest piece of the State Budget with a mixture of State, federal and **County** [your direct tax bill] revenues. Even without the leadership of a com-

missioner, planning and implementation of significant changes to the Department continue;

**changes that impact property taxes. And that means an increase in your direct tax dollars.**

It also means increased pressures/stresses on your local emergency support organizations such as fire departments and EMT services.

So, what can you do? Before you vote, ask your local candidates how your community will be affected. Be specific. Ask what their plans are to cope with the added demands on local services. Ask what the impact of an increased County share of Medicaid nursing home costs will be. Ask, educate, and after elections, support them in dealing with these issues. Let them know you don't want to be the one left without any "clothes".