



A Citizen Voice for the Aging Experience

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ENGAGING NH NEWS

GUEST OPINION:

Where Clinton and Trump Stand

(Editor's note: The following article is the fourth in a series of Next Avenue's [Election 2016](#) blog posts on where presidential candidates Hillary Clinton and Donald Trump stand on key issues of interest to Americans over 50.

The [first article](#) was about where they stand on Social Security. The [second article](#) was about health care and Medicare. The [third article](#) explored their views and policies on retirement security and this one is Care Giving and Long Term Care.

The EngAGING NH Board of Directors is nonpartisan and encourages our readers to speak up, ask questions, and vote. We trust that you will find the information helpful in forming your opinions and questions as we move into final days of the election cycle.)

Care giving and Long Term Care

Considering that Americans 65 and older are the demographic group most likely to vote, it is astounding how little the major parties' presidential candidates have talked about two issues that loom so large in older adults' lives: caregiving and long-term care.

About 34 million Americans provided [unpaid care](#) to an adult 50 or older in 2014, according to a [2015 report](#) by the National Alliance for Caregiving and AARP. Half of those so-called "informal" caregivers were caring for a parent or parent-in-law. And the impact of that caregiving on their pocketbooks is profound.

Speak up, Ask questions & Vote!

About one in five said caregiving created a financial strain on them. [[Where Clinton and Trump Stand on Retirement Security](#)] Our country faces a long-term care crisis that prevents too many seniors and people with disabilities from being able to live with dignity at home or in their communities.

The Democratic Party platform: The availability and affordability of **long-term care** is another growing concern for the aging boomer population. About 8 million people received long-term care services in 2012, [according to the Centers for the Disease Control](#).

Those services those provide through home health care, nursing homes, assisted living centers, adult day centers and hospice care. Among people 65 or older,

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69 percent will develop disabilities and 35 percent will enter a nursing home at some point, according to a [2007 Urban Institute study](#). Hillary Clinton has more detailed plans on these topics, and has spoken more often and more in depth about them, than Donald Trump, who has rarely mentioned them. Let's drill down to explore further:

Social Security, Taxes and Caregiving

Clinton: As my colleague Richard Eisenberg wrote in his Next Avenue [article](#) about the candidates' positions on Social Security, Clinton wants to increase Social Security benefits for people who take time off from their paying jobs for family caregiving duties. Currently, leaving the workforce can result in reduced Social Security retirement benefits, since they are based on earnings during your top 35 working years. Clinton wants to change that. "Americans should receive credit toward their Social Security benefits when they are out of the paid workforce because they are acting as caregivers," she told AARP.

Clinton also [announced last year](#) that she would invest in the "caring economy," as reported by the Associated Press. She favors a [new tax break](#) for individuals caring for aging parents or grandparents. Under the proposal, a family caregiver would be able to deduct 20 percent of caregiving expenses, up to a total of \$6,000. That would result in a total tax savings of up to \$1,200. (The proposal would not apply to those taking care of a spouse, however.) "The lost wages and the work that is sometimes

given up are costing families — especially women, who make up the majority of both paid and unpaid caregivers," Clinton told AP.

Trump: Next Avenue could find no mentions by Trump of caregiving in general. But he responded to a question about Alzheimer's at a campaign event by saying the disease is "a total top priority for me... That's something that we should be working on and we can get an answer."

One passage of the 2016 Republican Party [platform](#) refers to "homecare:" It says: "Our aging population must have access to safe and affordable care. Because most seniors desire to age at home, we will make homecare a priority in public policy and will implement programs to protect against elder abuse."

As for taxes, the Republican platform says, "We will be mindful of the burdens on families with children and the impact on an aging population. We will seek simplicity and clarity so that every taxpayer can understand how much of their income is consumed by the federal government."

Respite Care for Caregivers

Clinton: She favors greatly increasing the amount the federal government spends on its [Lifespan Respite Care program](#), which provides money to states to give family caregivers a temporary break. It spent \$2 million in 2015, according to CNN. Obama asked for \$5 million for 2016, and Clinton proposes increasing funding to \$10 million a year.

Trump: We found no evidence of Trump commenting during the campaign on government-subsidized respite care for caregivers. However, he recorded a guest spot for an Alzheimer's Foundation of America telethon in 2010 urging viewers to contribute to the foundation for its helpline, educational materials, hands-on care programs and "grants to families for respite care."

Paid Family Leave for Caregivers

Clinton: Under the heading, "Supporting Working Families," the Democratic Party [platform](#) states "...Democrats will make sure that the United States finally enacts national paid [family and medical leave](#) by passing a family and

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.

medical leave act that would provide all workers at least 12 weeks of paid leave to care for a new child or address a personal or family member's serious health issue. [[Should I Buy Long-Term Care Insurance?](#)]

“Our work and family policies must also help family caregivers,” the platform continues. “We will ensure that family caregivers have the support, respite care, and training they need to support their loved ones. We will create a strong, stable, paid caregiving workforce to help meet families’ needs, by raising wages, improving access to training, and giving workers the opportunity to come together to make their voices heard in support of a stronger system.

We will address the conditions that make it hard for workers with unpredictable or inflexible schedules to meet caregiving responsibilities... and support the millions of people paying for, coordinating, or providing care for aging relatives or those with disabilities.”

Trump: Fox Business Network’s Stuart Varney asked the Republican nominee last fall what Trump’s position was on paid family leave (he didn’t specify under what circumstances). Trump’s response: “Well, it’s something that’s being discussed. I think we have to keep our country very competitive, so you have to be careful of it, but certainly there are a lot of people discussing it.”

He has not talked specifically about paid leave for those taking

care of older relatives, as far as Next Avenue could find.

Long-Term Care Costs

Other than the comments noted above, both candidates have been virtually silent on how to make the cost of long-term care more affordable for Americans.

Clinton: The Democratic nominee states in a [fact sheet](#): “Hillary Clinton knows that as baby boomers age, more and more families will need to provide care for or will need care from loved ones. In fact, the number of Americans needing long-term care and support is projected to grow from about 12 million today to 27 million by 2050, and nearly 7 in 10 people turning age 65 will need long-term care at some point in life.” That’s why she has proposed the tax break for caregivers and the Social Security adjustment, the fact sheet says.

But those would not affect the difficulties many families face in paying for other types of long-term care, such as assisted living centers and nursing homes.

The Democratic platform includes a section titled “Ensuring Long-Term Care, Services, and Supports” that is low on specifics. It reads: “Our country faces a long-term care crisis that prevents too many seniors and people with disabilities from being able to live with dignity at home or in their communities. The vast majority of people who are aging or living with a disability want to do so at home, but face challenges finding and affording the support they need to do so.... Democrats will

take steps to strengthen and expand the home care workforce, give seniors and people with disabilities access to quality, affordable long-term care, services, and supports, and ensure that all of these resources are readily available at home or in the community.”

Trump: He has made no statements that Next Avenue could find regarding long-term care costs. The Republican platform mentions the issue once, in the context of Medicaid — which pays for nursing home care for people who have exhausted their assets. The platform says: “As the dominant force in the health market with regard to long-term care, births, and persons with mental illness, [Medicaid] is the next frontier of welfare reform,” the platform says. “It is simply too big and too flawed to be administered from Washington.”

Emily Gurnon, Health & Caregiving Editor, Nextavenue, 8/26/16

NH Updates

GOVERNOR'S COMMISSION ON HEALTH CARE AND COMMUNITY SUPPORT WORKFORCE PUBLIC LISTENING SESSIONS

Governor Maggie Hassan established the Commission to bring together experts from the state’s health care community, developmental and long term care, child and elderly care, and education to make recommendations for addressing New Hampshire’s short- and long-term health care workforce needs. Information on the

Commission is available at <http://www.governor.nh.gov/commissions-task-forces/health-care/index.htm>

Tuesday, October 4, 2016

Granite State Independent Living,
21 Chenell Drive, Concord, NH

Wednesday October 5, 2016

Great Bay Community College,
320 Corporate Drive, Portsmouth,
NH

Friday October 14, 2016

Home Healthcare Hospice and
Community Services, 312 Marlboro
St, Keene, NH

Thursday October 20, 2016

Nashua Community College, 505
Amherst Street, Nashua, NH

Friday October 28, 2016

Littleton Regional Hospital, 600
St. Johnsbury Road, Littleton

COMPETITIVE NATIONAL ARTS GRANT AWARDED TO “EXPERIENCE/ARTS IN NH’S NORTH COUNTRY”

Aroha Philanthropies has announced the award of 15 grants nationally through its Seeding Artful Aging initiative.

Grafton County Senior Citizens Council, Inc. (GCSCC), in partnership with the Arts Alliance of Northern New Hampshire (AANNH), has received one of the grants after a highly competitive process. GCSCC and AANNH plan a year of arts education programming and special events in the Littleton, Plymouth, Haverhill and Lebanon areas thanks to the award from Aroha Philanthropies.

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

Over the past 15 years, the two New Hampshire private nonprofit organizations have worked together to bring arts activities to senior centers within Grafton County. The Seeding Artful Aging initiative will deepen and broaden the arts education offerings available and accessible to older adults in the region. Artful Aging programs are intended to inspire and enable older adults to learn, make and share the arts in ways that are novel, complex and socially engaging.

Teaching artists from a variety of disciplines will be leading a series of eight-week classes for older adults across the Grafton County region in 2017.

For further information, contact GCSCC Executive Director Roberta Berner at rberner@gcsc.org or 603-448-4897 or AANNH Executive Director Frumie Selchen at frumie@aannh.org or 603-323-7302.

CONGRATULATIONS! TO THE MINI-GOLF 2016 CHAMPIONS

Of all of the teams that competed in this year's 7th annual mini-golf competition sponsored by Friends of the NH Office of the Long Term Care Ombudsman, the team from Havenwood Heritage Heights won the "Champions Trophy". Thanks to the golfers who all had a fun experience, and thanks to the event sponsors, Friends will be able to continue supporting the advocacy efforts of New Hampshire's Volunteer Ombudsmen on behalf of residents in long term care facilities. Chuckster's in Chichester has been a wonderful host over the years.

From Our Readers

10TH ANNUAL CAREGIVERS' CONFERENCE

As always, enjoy your newsletter. Could you please share this information in your October issuer?

Wednesday, November 2, 2016 at 8:00 am - 4:00 pm Courtyard Marriott, Grappone Conference Center, Concord, NH.

The Keynote Speaker Rob Peck will help caregivers get a grip on overload that fuels the resiliency that helps us keep problems in perspective, and the resourcefulness to recognize that difficulties can either obstruct or instruct. To register online and for more information go to:

<http://www.coalitionofcaring.org/>

As always, enjoy your newsletter. Could you please share this information in your October issue?

Ellen M. Edgerly, Community Organizer, Brain Injury Association of NH

MEDICARE PART-D OPEN ENROLLMENT BEGINS OCTOBER 15TH

NH's ServiceLink Resource Centers want to remind all seniors that Medicare part-D prescription drug plans open enrollment begins October 15th and ends on December 7th.

If you have a Medicare part-D prescription drug plan or are new to Medicare and want to look at the possibility of changing your plan or enrolling in a new plan, please call 1-866-634-9412 to speak to a friendly staff member to learn about changes to Medicare part-D. Staff will only be too glad to help you search through the different Medicare part-D plans to find the right one for you.

All Medicare counseling services at the ServiceLink Aging & Disability Resource Centers are free to all seniors 60 and older and people over 19 with disabilities or chronic diseases. Counseling is available by appointment at offices

throughout the state, or at your home, or through the mail.

Remember to call ServiceLink Resource Center for answers to any questions you may have regarding services for seniors. You can also find resources by visiting their website at www.servicelink.org.

SEPTEMBER GUEST OPINION

I appreciate your selection of my column "**Past Mistakes Lead to Wisdom to Overcome**", with its emphasis on the importance of positive care-giver attitudes toward dementia folks. Since there is little hard evidence that pills provide much help, "Caring-givers" continues to be a better nonpharmacological approach.

Research proves that the positive approach of caregivers toward patients really does matter. You will be interested to know that of the 230 articles I have written beginning in 1998 as a member of Monadnock Senior Advocates (Cheshire ACOA), this particular one received the most positive comment."

Keep up the good work communicating important aging experiences.

CHEERS!

Owen Houghton

Thank you. This is an amazing newsletter.

Peggy Monahan, Keene Senior Center

Focus on Community

GROUP TRYING TO HELP MAKE COMMUNITIES 'FRIENDLY' FOR OLD, YOUNG

What do seniors want from their community?

"Just get me a ride to the doctors," said Joseph Leavitt, 83, of Derry. "Let me get outside. Let me see the sun."

What do younger families want from their community?

"I think New Hampshire has so much, lots of accessible outside space," said Lindsay Hyvonen of Auburn, a mom of two. "We do need more bikeable road space."

They may be from two different generations, but Leavitt and Hyvonen expressed similar ideals when it comes to what they think makes communities desirable — outdoor areas, transportation-friendly, walkable communities.

They also represent two very diverse population groups having a significant impact on New Hampshire's economy. The senior set is the fastest growing segment of the state's population, while young families are the fastest leaving the Granite State. The result is a state with the second-highest median age in the country, left struggling to cope with serving the growing needs of an elder population.

The Southern New Hampshire Planning Commission is hoping to be part of the solution. The group is embarking on a two- to three-year project to develop a "toolkit"

for communities to find ways to become more “age-friendly” by improving in eight areas: outdoor space, transportation, housing, social participation, social inclusion, engagement and employment, communication and community/health services.

The idea is to take advice from community stakeholders — people like Realtors, architects, business owners, and residents — and compile it into one toolkit that community leaders can use when redeveloping master plans, looking at zoning and permitting, budgeting, marketing and more, said David Preece, executive director for the agency.

While the project came about as a way to help the state’s senior citizens, these eight notions developed by the World Health Organization benefit every segment of the population, said Preece. He said the goal of making improvements in these areas will help the state’s aging and also make the state more attractive to young families.

“This does not just help the aging. It helps the millennials,” Preece said. “It’s about bringing these groups to the table to talk about community, find common ground, find common issues, and work together to address the needs because the needs are the same.”

And while it may sound expensive, Preece said that’s not necessarily the case. Hyvonen has a 16-year-old son who bikes from Auburn to Manchester for work, and she says it’s nerve-wracking for

How to Contact Your State Committee on Aging Representatives

County	Name	Email
Belknap		
Carroll	Dr. Norma J Brettell	pastorbrettell@roadrunner.com
Cheshire		
Coos	Mark M. E. Frank	maxfra@aol.com
Grafton	John Acker	John.Acker3@va.gov
Hillsborough	Kathy Baldrige	kathy@lifetimeliquidations.com
	Joan Schulze	joanschulze@myfairpoint.net
	Russ Armstrong	equlzr@gmail.com
Merrimack	Herb Johnson	clairhonda@msn.com
Rockingham		
Strafford	Candace Cole-McCrea	snowyowl@metrocast.net
	John Kennedy	jjkrha@yahoo.com
Sullivan	Larry Flint	wrecman@comcast.net
<i>State Reps & Senators</i>		
Cheshire	Rep. Susan Emerson	semerson435@aol.com
	Sen. Molly Kelly	molly.kelly@leg.state.nh.us
Website:	http://www.dhhs.nh.gov/dcbcs/beas/aging/	

her to think of him riding in traffic. Leavitt says he gets tired walking too far. Preece says these types of issues can be addressed if a community is planning for them.

“It doesn’t have to cost much. It could be re-striping of a road, adding a crosswalk, installing a bench,” said Preece. “It’s up to the community if they want to face the challenges. We provide the toolkit.”

Barbara Salvatore of Bedford is one of those stakeholders and has

a long history of working with elders. She said it’s about thinking simply — like urging and allowing a store to provide drive-up service to pick up groceries.

“Something like that will work for the busy single mom as much as it will for the older person with COPD,” she said. “We’re making changes for generations to come — generations of people in the future. This is not a Band-Aid.”

Preece said the toolkit is “not a one-size fits all.” Something that

works in Manchester, might not work so well in Frankestown, he said. It doesn't mean a community must address every issue in the toolbox, but if leaders are thinking about it in the future, everyone benefits, said Sylvia von Aulock, deputy executive director for the commission.

"It gets communities thinking in terms of things like 'what kind of housing do we want? Who are we building for?'" said von Aulock. "It's a way to get the community groups to come together and define what we really need."

The notion of "age-friendly communities" is one that has been adopted by AARP, which recognizes communities across the nation for its efforts. AARP New Hampshire State Director Todd Fahey said there are about 1,000 "livable communities" recognized across the nation and none are in New Hampshire.

"If we succeed in this, it becomes another New Hampshire advantage," Fahey said. "It's in the best interest for our economy and for the longevity of New Hampshire."

The planning commission serves 15 communities — from Windham to Deerfield, from Frankestown to Raymond, and places in between, including Manchester and Hooksett. Von Aulock said while the toolkit is being developed with stakeholders from these communities, the idea is to have it available to every community in New Hampshire.

Fahey said it's a resource which will benefit every community.

Raise Your Voice!

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

engagingnh@gmail.com

"There is a risk to do nothing," Fahey said. "Young professionals will exit the state and not come back and do more harm to our communities."

Gretchen M. Grosky, Union Leader, 9/18/16

[Editor's Note: Barbara Salvatore is co-chair of EngAGING NH.]

ONLINE SURVEY ON TRANSPORTATION ACCESS AND EXPERIENCES

The ADA Participation Action Research Consortium (ADAPARC) invites you to participate in a national survey on Transportation Access and Experiences, designed to improve understanding of accessibility of public transportation for people with disabilities. The results will serve as crucial evidence to support improvements to accessible transportation.

[Take the survey!](#)

DUTCH NURSING HOME OFFERS RENT-FREE HOUSING TO STUDENTS

A nursing home in the Netherlands allows university students to live rent-free alongside the elderly residents, as part of a project

aimed at warding off the negative effects of aging.

In exchange for small, rent-free apartments, the Humanitas retirement home in Deventer, Netherlands, requires students to spend at least 30 hours per month acting as "good neighbors," Humanitas head Gea Sijpkens said in an email to PBS NewsHour.

Officials at the nursing home say students do a variety of activities with the older residents, including watching sports, celebrating birthdays and, perhaps most importantly, offering company when seniors fall ill, which helps stave off feelings of disconnectedness.

Both social isolation and loneliness in older men and women are associated with increased mortality, according to a 2012 report by the National Academy of Sciences of the United States of America.

"The students bring the outside world in, there is lots of warmth in the contact," Sijpkens said.

Six students from area universities Saxion and Windesheim share the building with approximately 160 seniors. They are allowed to come and go as they please, as long as they follow one rule: Do not be a nuisance to the elderly.

Sijpkens joked that this is not difficult for the younger residents, especially since most of the older people living at the home are hard of hearing.

The program started two years ago after Sijpkens received an inquiry from a Onno Selbach, a student who complained about the noise and poor conditions of school

housing. Sijpkens responded and they began to talk and design the exchange program.

Similar intergenerational programs exist in Lyons, France and Cleveland, Ohio, according to the International Association of Homes and Services for the Ageing. One program that began in Barcelona, Spain in the late 1990s has been replicated in more than 20 cities throughout the country.

Carey Reed, *PBS Newshour*,
4/1/15

News You Can Use

TAKE ACTION AND OPPOSE HR 3765

Bill Would Allow Businesses to "Wait and See" Before Becoming ADA Compliant

The following comes courtesy of the AAPD and NCIL:

Recently, a series of "notification" bills have been targeting the Americans with Disabilities Act (ADA) in an attempt to erect more barriers to enforcing the rights of people with disabilities. The latest "notification" act is HR 3765, also known as the ADA Education and Reform Act of 2016. It is possible that HR 3765 will come up for a vote in the House of Representatives this month so GSIL needs your help and immediate action to block this legislation. If this bill is allowed to pass the House it could potentially serve as a starting point for future negative legislation next year and beyond.

HR 3765, the ADA Education and Reform Act of 2016, would elimi-

nate the responsibility of businesses to address their obligations under the ADA. A summary of the bill can be found here.

Why is this legislation harmful to people with disabilities?

This proposed legislation chips away at the power of the ADA and is particularly harmful because:

- When business owners have resisted the ADA for over 26 years, sometimes a lawsuit is the only way to make the ADA's promise of equal participation real. Even so, if you examine the court records, there really are very few ADA cases.
- The ADA is carefully crafted to take the needs of business owners into account. ADA compliance is not designed to be exorbitantly expensive. But this bill would remove any reason for a business to make their business accessible. Instead, they can take a "wait and see" attitude, and do nothing until they happen to be sued. This legislation would eliminate any reason for businesses to make their business accessible as is required by the ADA before receiving notification.
- HR 3765 requires a person with a disability to give a business owner who has access barriers a written notice, 60 days to acknowledge that there is a problem, and then another 120 days to begin to fix it. No other constitutionally protected group of people is forced to

wait 180 days to enforce their civil rights in such a way.

- Proponents of this legislation raise concerns about monetary awards through damages in ADA suits. However, this has nothing to do with the ADA because Title III of the ADA does not allow monetary damages. Such damages are only available under a handful of state laws. This bill will do nothing to prevent damage awards under state laws.
- Accessibility standards, such as those the ADA includes, are extremely important. They are not minor details, but rather, are essential to ensure true accessibility.
- Proponents of this legislation have also raised concerns about serial litigants. However, courts already have the power to deal with frivolous litigants and their attorneys.

Please use the information below to contact your Representative in US Congress. This bill will be going before the House, so it is not necessary to contact your Senator, only your Representative.

Representative Frank Guinta
<https://guinta.house.gov/contact>

Representative Ann Kuster
<http://kuster.house.gov/contact>

THE RETIREMENT DORM

Both young people and old folks are benefiting from a unique living arrangement at Judson Manor, a retirement community that does things a little different. Tiffany is 26 years old and a musician and Laura is 80 years old and gets to

have a relationship with a young friend that she wouldn't have in a typical retirement community. There is so much that the younger folks can learn from this experience and at the same time it is so beneficial for the older folks to have this experience as well. (see the video: <http://biggeekdad.com/2016/09/the-retirement-dorm/>)

MICROWAVE DANGERS

Microwave radiation permeates households

The radio frequency radiation emitted by microwaves doesn't remain contained in the microwave oven. In fact, the FDA has their own set of safety standards limiting the amount of microwaves that can leak from an oven throughout its lifetime. In the U.S., any microwave that lets off over 5 milliwatts (mW) of microwave radiation per square centimeter up to 2 inches from the oven's surface is faulty and dangerous.

In the real world, is this radiation really being measured from household to household? Most likely not, and consumers are led to believe that this new age cooking method is safe for their bodies. A handheld EMF meter can be used to test household microwave appliances for radio frequency radiation levels.

When a [microwave](#) is turned on, its non-ionizing radiation can penetrate the walls and permeate the human body. In May 2011 the World Health Organization classified this EMF exposure as a class 2B possible carcinogen.

Microwaves seem fast and simple, but how they prepare food is far from [what the body would recognize as natural](#). When foods are cooked in microwaves the molecules are exposed to waves of energy that vibrate at the speed of 2.4 billion times per second; this causes the food molecules to resonate at very high frequencies. The [food](#) molecules quickly generate heat from the inside, where water is present.

This cooking method is strikingly different from a convection oven, which emits a slow heat that warms the food from the outside-in. Microwaves change the nature of food, depleting nutritional value. Microwave ovens, on the other hand, heat the food up from the inside-out, changing the very nature of the food, deforming the structures of the food molecules.

This is why microwave food loses 60 to 90 percent of its nutritional value. In fact, the amino acids in milk and cereal grains break down into carcinogenic substances after they are put through a microwave. When meats are put through the microwave a carcinogen called d-Nitrosodienthanolamines forms. When fruits are exposed to [microwaves](#), their glucoside and galactoside content breaks down into carcinogenic substances.

When food is heated up in plastic

containers, the chemicals from the plastic can heat up and leach into the food as well. Known carcinogens and endocrine disruptors such as BPA, phthalates, polyethylene terphthalate (PET), benzene, toluene and xylene can leech directly into microwave food.

Russia's warning to the world

Berlin research dating back to 1942 investigated the health hazards associated with microwave food; this was the same research that led Russia to ban the devices in 1976. The ban was eventually lifted to promote free trade with the west; however, the problems with microwaves are still the same today. [Russia](#) ultimately issued an international warning for microwaves and cell phones, which release similar frequencies that cause biological and environmental hazards.

The good news is that transitioning from a microwave to a convection oven is easy. Steamers or turbo ovens are great alternatives, too. It's much safer to let food defrost and allow it to cook naturally through convection, to avoid depleting the food's nutritional properties and changing its natural molecular chemistry.

It's important to remember that food is information for the cells, and if the body no longer recognizes what is going in, then it can-

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

Check our website:

www.engagingnh.org

not utilize nutrition that is no longer there. [READ MORE](#)

MEDICARE FRAUD

Health care fraud wastes billions of Medicare dollars each year. The Senior Medicare Patrol Program (SMP) provided by ServiceLink Aging & Disability Centers reminds us of the following:

NEVER give your Medicare number to anyone who is not your medical provider or an approved Medicare supplier;

BEWARE of telephone scams and sales that offer “free” medical supplies; and

REMEMBER that Medicare-covered equipment needs your doctor's prescriptions and must be approved by Medicare.

ELDER ABUSE AND PREVENTION ACT

The Senate Judiciary Committee passed the Elder Abuse Prevention and Prosecution Act, designed to help reduce financial exploitation against older Americans through expanded education, prevention and prosecution tools. S.3270 was introduced by Chairman Chuck Grassley (R-IA) and Sen. Richard Blumenthal (D-CT) and passed the committee by a voice vote without objection.

“This is one of the most comprehensive and meaningful bills ever developed to address the rapidly increasing problem of elder financial abuse in America,” EJC National Coordinator Bob Blancato [said in July](#) when the bill was introduced.

The EJC endorsed the bill and worked closely with Sen. Grassley's office during its consideration, including submitting language changes.

In a [press release](#), Grassley said, “Crimes targeting America's senior citizens are widespread and have impacted families across the country including Iowa. As more and more Americans age and become targets of these crimes, law enforcement, seniors and their caregivers must be better equipped to prevent and respond. The Elder Abuse Prevention and Prosecution Act takes meaningful steps to deter criminals seeking to exploit seniors and hold accountable those who do.”

“The unconscionable scourge of elder abuse is all too common in our country. It's an issue that notably hit home in Connecticut with the tragic case of Purple Heart recipient Robert Matava. This national hero deserved the utmost care during his senior years, but instead he was defrauded by those he trusted most.

Our bipartisan legislation, a portion of which is named in Matava's honor, is now one step closer to raising awareness, improving prevention, and increasing prosecution in order to combat this shameful

crime,” Sen. Blumenthal said in his [press release](#).

An updated summary of the bill can be found [here](#), and updated text of the bill can be found [here](#).

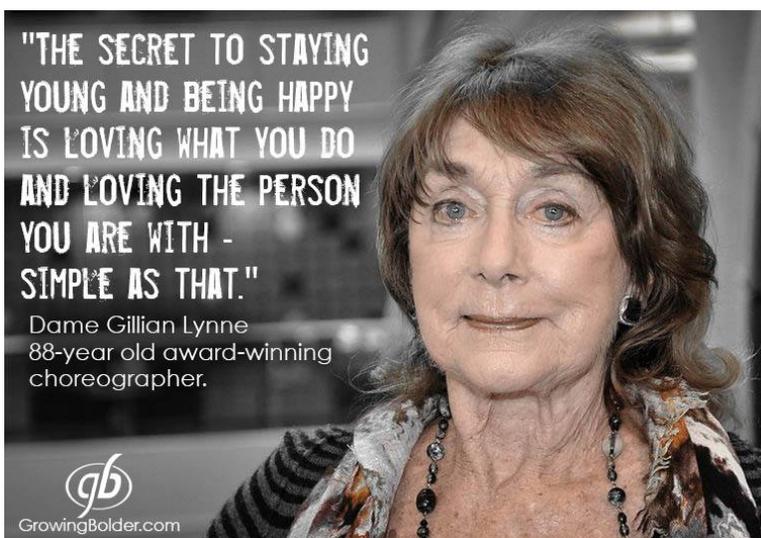
ALONE IN ILLNESS, SEEKING STEADY ARM TO LEAN ON

Every time Grace McCabe is handed a form in a doctor's office asking for an emergency contact, the blank space makes her shiver.

It is such a simple question for anyone with a spouse, partner or children. But Ms. McCabe, 75, has always lived alone. Who would stand by her in a crisis? Who would be there for her in the worst of times?

These were once hypothetical questions. But now Ms. McCabe's slowly fading eyesight is almost gone. She has always had lots of friends but had never asked one to take responsibility for her, to answer the middle-of-the-night telephone call from the emergency room, say, or to pay her bills because she cannot write checks herself.

Of all her friends, she has fixed on



one with a good heart, a steady hand under pressure and a talent for problem solving. So time and again, she writes "Charlotte Frank" in the blank space and lightens the moment by calling to say, "Charlotte, you're on another list."

When Ms. McCabe was knocked to the crosswalk by a reckless driver and suffered a concussion, Ms. Frank, 70 and herself single, stayed overnight on the living room couch. When Ms. McCabe could no longer see standard type, Ms. Frank got her a computer and set the font to its largest size so she could read the newspaper and order from catalogs.

"You find out there are good friends who become great friends," Ms. McCabe said. "Charlotte told me to 'grab on,' both literally and figuratively, and I did."

There is no way to calculate how many Americans of all ages living alone happen to be sick or disabled, but hospital discharge planners and home health care agencies say they are serving more single people without an obvious person to look after them.

The growing number of single-person households -- including the never-married, divorced and widowed -- is evident in census reports. In 2003, nearly 27 percent of American households consisted of one person living alone, up from 18 percent in 1970, putting a premium on friendship, a relationship without the legal status or social standing of kin. And demographers warn that the graying of the baby boom generation will swell the ranks of single-person

households, with illness and disability an inevitable corollary of old age.

People living alone are among the most difficult cases, said James Bentley, a senior vice president at the American Hospital Association. Anyone who is sick or disabled, Mr. Bentley said, "needs someone to quarterback their care," both in the hospital and afterward, but people who live alone can end up being their own quarterbacks at a particularly vulnerable time.

"The patient can't be at both places at once mentally," he said, "but we don't yet have a good mechanism to address that."

Making the situation worse is the increase in short stays in hospitals, which sometimes send people home before they can manage alone. Mr. Bentley said that hospitals must develop new ways of preparing such patients for what lies ahead and that people who live alone must "think, before they are ill," what organized networks they have to call upon.

"If we wait until the baby boomers need this, there'll be so many of them it will be impossible to manage ad hoc," he said. "It's something we need to think about now,

or it's going to be an absolute mess."

Some single people need help with a temporary medical crisis, like a knee replacement that makes it impossible to bathe without help or climb stairs. Or the problem can be permanent but not life-threatening, like Ms. McCabe's fading sight, a result of rod-cone dystrophy. Her peripheral vision is gone, and what she can see seems draped in muslin, so her friends accompany her on errands and help with paperwork.

Then there are the grave illnesses, like cancer or Parkinson's disease. When a patient has no family member in charge, who sits sleepless in the surgical waiting room? Who argues with the insurance company, knows the dosage of each medicine, or calls far-flung loved ones with good news or bad?

To be sure, a spouse or grown children are no insurance policy against suffering or mortality. But people who live alone without the obvious next-of-kin for those emergency contact forms must rely on patchwork support from professionals and friends. And accepting help, let alone asking for it, may not come naturally after years of self-sufficiency.

"Maybe they haven't asked for a lot of help until now," said Christine Nolin, a social worker at CancerCare, which provides an array of free services for cancer patients. "Good for them. But this is a different time in their life. It's our job to help people get comfortable with asking."

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A large circle of friends, in and of itself, may not be an answer. Take Roberta Van Laven, 71, a widow of 15 years whose daughter lives in Australia. Ms. Van Laven has friends from her former job as a technical writer for the City of New York, friends from her book group, friends who share her love of opera.

Now this proud woman has advanced ovarian cancer. Over the course of several years, recurrences and rounds of treatment, friends have offered to accompany her to chemotherapy, but she will not permit anyone to sit with her for six hours, though the distraction might be welcome. "I tell them I'm saving them for an emergency," she said. "But it's really that it's just so hard to accept help."

A New Kind of Need

The wish for unconditional care from a family member must surely be primal, so hard is it to give up.

Betty R., a 68-year-old former college professor, would have loved to have her older sister by her side last winter when she was given a diagnosis of breast cancer, had a lumpectomy, waited for the pathology report and went through radiation treatment.

"There is a kind of unconditionality and consistency when a family member cares for you," Betty said.

But she knew her sister already had her hands full, with an elderly partner who had serious emphysema. "He needed her more than I did," Betty said, acknowledging the hard truth single people face when relatives and friends have other, more pressing, responsibilities.

WE WANT YOU TO KNOW

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

We actively partner and work with other NH advocates.

Formal Partnerships

- NH State Independent Living Council
- State Committee on Aging-Vaughan Awards
- Disabilities Rights Center—NH
- NH Cares
- UNH Center for Aging and Community Living
- Oral Health Care Expansion, Children's Alliance of NH
- Self Advocacy Leadership Team (SALT)
- Mid-State Regional Coordinating Council
- Southern New Hampshire Planning Commission

Active Collaborations & Groups:

- Elder Rights Coalition
- 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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ties. (Betty asked not to be identified fully because some relatives and colleagues are unaware of her illness.)

Betty knew she was entering the parallel universe of illness with many advantages. She had always been single, socialized regularly and belonged to an array of women's organizations. "Friendship has been the organizing principle of my life," she said.

But as she faced a new level of neediness that could overwhelm even the most loving friends, her goal was to make sure "that no one person had to shoulder too much." The best way to do that, she figured, was to match her friends to the tasks they would be best at and that would fit their individual schedules.

Betty chose friends who had had cancer to join her at doctors' appointments when she was assessing treatment options. She chose those who shared her love of art and theater to keep her distracted with outings to see Christo's "Gates," the art installation in Central Park, or the play "Thom Pain (Based on Nothing)" while awaiting the pathology report. The many excellent cooks among her friends stocked the freezer with homemade soup or brought dinner to a houseful of visitors after her lumpectomy, turning a dreaded day into something almost festive.

One night when Betty felt especially shaky, she called a neighbor cherished for her calm demeanor and invited herself to dinner. They pooled the contents of their refrigerators and shared a bottle of Hogue fumé blanc. The day of her

operation, she chose a college classmate who entertained her beforehand with chatter about a recent trip to Tasmania and joined her in the recovery room afterward to hear the surgeon declare that her lymph nodes were fine.

Betty's hardest choice was whom to ask to sleep over after the operation, which meant an uncomfortable night on her living room couch. One friend who offered had pulmonary problems and was exhausted from caring for a 97-year-old mother. Another, with a bad knee, had just returned from a sister's out-of-town cancer operation. This was not the time, Betty knew, to be worrying about anyone else as she surely would if she chose one of those friends.

Instead she called an acquaintance, a retired physician, who is

part of a neighborhood group Betty recently joined. All its members are women. All live nearby. Their purpose is to be available to one another in times of need, like when someone requires a companion for the trip home after a colonoscopy.

Betty sees such nascent groups, and her own web of relationships that she calls a "mandala of friendship," as models for the growing cohort of people facing illness and old age alone. "Our whole society is organized around nuclear family," she said. "Legally, culturally, friendship doesn't have much standing. How do we get beyond that? How do we create the kind of communities for ourselves that make caretaking easier?"

Where to Get Help in Planning for Illness

To be ill and alone requires far more advanced planning than is required of those who live with their families. It is a predicament poorly understood by health care providers, who are likely to advise hiring a home health aide or other professional.

That is certainly helpful, if there is a way to pay for it, but not a replacement for the support and companionship of loved ones. An invaluable how-to book for those seeking to organize a broad-based caregiving network is "Share the Care" by Cappy Capossela and Sheila Warnock (Fireside, 1995, 2004).

The book was inspired by Ms. Warnock's experience caring, at different times, for two dying

CAN YOU HELP?

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friends, one of them her co-author. In one of those instances, a therapist asked the terminally ill woman to assemble everyone she knew who might be of help in even the smallest way and together they developed a systematic way to parcel out responsibilities. The book is a manual for replicating the success and satisfaction of that experience. Further information is available online at

<http://sharethecare.org/>

[Read more](#)

Jane Gross, *NY Times*, 8/26/05

Health & Wellness

‘SUPER AGERS’ OFFER CLUE TO KEEPING A SHARP MEMORY

Memory loss is not an inevitable part of ageing, say US scientists who are studying a unique group of adults in their 60s and 70s with minds as sharp as people in their 20s.

These “super agers” performed just as well on memory tests as “youngsters” a third of their age, researchers at Massachusetts General Hospital found. Brain scans appeared to reveal why.

Regions involved with learning and retaining new information showed no sign of typical age-related shrinkage. What's more, memory test scores correlated with brain size - those who performed best in the tests also had greater thickness in the key brain regions the researchers measured on MRI scans.

The study authors say their work, outlined in the *Journal of Neuroscience*, could ultimately help with understanding the processes that lead to dementia and if there are ways to avoid them.

Cognitive skills

As we age beyond our 50s, our brains tend to shrink in volume. Memory also begins to decline. These widespread brain changes are considered entirely normal, but mounting evidence suggests they may not be universal.

Certainly in Alzheimer's disease, for example, there is notable shrinkage in parts of the brain involved with storing and retrieving memories. The Massachusetts team focused their study on these parts of the brain, scanning and testing the cognitive skills of 40 older people (in their 60s and 70s) and 41 young people (aged 18 to 32).

The tests revealed that some of the older people had memory skills that rivalled those of the younger volunteers. In these 17 “super agers”, several parts of the brain's memory machinery - including the anterior insula and orbitofrontal cortex and the hippocampus - appeared thicker and healthier than normal for people of their age.

Lead researcher Dr. Brad Dickenson said his findings built on those of colleagues from Northwestern University in Illinois, who coined the term super agers.

“They were looking at people in their 80s and comparing them with middle-aged people. We wanted to shift it slightly younger, to around the age of retirement. This is when

you normally start to see some brain shrinkage.”

Resilience

He says the million-dollar question now is: “Can you make a person a super ager or are you born with it, and does it really make a difference in real life? We hope that there might be not just genetic factors that make people resilient but also things that people can do themselves, such as physical fitness and diet.”

He said experts already know that certain factors, such as smoking and high cholesterol, age the brain faster. Dr. Rosa Sancho from Alzheimer's Research UK said:

“Although it's not surprising that the brain areas preserved in super agers included those involved in memory, it's interesting that these are also areas known to be vulnerable to damage in diseases like Alzheimer's. The super ageing phenomenon is intriguing - do super agers exhibit enhanced memory as younger individuals or does it indicate resilience against the ageing process?”

Understanding why some people appear to enjoy better cognitive ageing than others could provide important clues about how to prevent age-related memory problems and provide insight into potential ways to reduce the risk of dementia.”

<http://www.bbc.com/news/health-37348130>

DEPRESSION AND INFLAMMATION

Scientists have uncovered a key link between depression and in-

flammation, and they're finding they can treat both in one fell swoop. Research shows that around one-third of depressed patients suffer from high levels of inflammation and that it's not just a mere coincidence, but rather the immune system altering the brain.

To test this link, scientists gave anti-inflammatory drugs to patients suffering from both symptoms. They found that not only were the patients feeling happier but that there were remarkable changes occurring in the neurochemical circuitry in the brain.

This discovery has led scientists to test different treatments on people who have overworked immune systems, and so far, the results have been positive. According to the World Health Organization (WHO), worldwide 350 million people suffer from depression.

STOP SLOUCHING: POOR POSTURE LEADS TO POOR HEALTH

It happens to many of us as we get older. We catch a glimpse of our reflection in a mirror and suddenly realize we have a hunched posture. The image could inspire thoughts of ringing bells in Parisian churches or moving to the back of the line in that famous image of man's evolution. Musculoskeletal science confirms what your mother always told you: You shouldn't slouch. When our body slumps, it is not as efficient at performing tasks as when it's straight. We lose both range of motion and strength. Fortunately, slouching is not a natural consequence of aging, nor is it irreversible. It's a posture

problem — and for both your appearance and your health, you should take action to correct it.

Why You Should Be Concerned About Slouching

Standing up, look at your side profile in the mirror. If your shoulders and head appear to be pushed forward, and your upper back appears rounded, you may be showing signs of hunching in your [thoracic spine](#), the upper middle section of the back. When the natural curve of the spine becomes too pronounced, it is known as an [excessive thoracic kyphosis](#). Cosmetically, it is not flattering. Structurally, it can wreak havoc. “When the kyphosis increases, it puts undue strain on the ligaments, spinal joints and other soft tissue structures of the spinal region,” says Dr. David Gentile, an osteopathic physician in Long Island, N.Y.

“This can lead to strain injuries, osteoarthritic changes, rib and breathing abnormalities and neurological changes.” As curvature increases, the spine loses its ability to distribute shock evenly, causing stress on vertebrae. This stress can eat away at the discs positioned between vertebrae. A person with osteoporosis is susceptible to even further injury from prolonged slouching, such as wedge-shaped fractures, Gentile says.

The Causes of Poor Posture

Some experts believe one's posture is psychological, a reflection of your attitude toward the world. Others see it as a byproduct of prolonged time in spine-unfriendly positions, such as sitting at a computer.

Mechanically, poor posture is the result of a strained balancing act involving your muscles, spine and nervous system. Imagine your spine as a tent pole, and the muscles attached to it as the ropes that support it. When one string is tighter than its opposite number (or *antagonist*), a tug-of-war ensues. One string, or muscle, stretches and weakens as its antagonist tightens. The tent pole begins to lean toward the tight string, and the other muscle is not strong enough to counteract the pull.

The late Dr. Vladimir Janda, an authority on musculoskeletal pain, found that certain muscles become inhibited when their antagonist muscles tighten. Middle-back muscles weaken when the pectorals are clenched; the front muscles of the neck weaken when posterior neck muscles stiffen. This imbalance throws off the curve of the spine, which grows worse as we move through middle age. If you notice a hunch, it's a sign that muscles such as the [rhomboids](#), the mid-back's lower and middle trapezius and the neck's front muscles are weakened because their antagonists — such as the pectorals, the [upper trapezius](#) and the [levator scapulae](#) — have tightened. As a result, you may find your tense shoulders crying out for a massage. You may also find it tiring to maintain an upright posture.

How to Start Straightening Up

No matter your age, there is plenty you can do to improve your posture.

“This process is reversible if caught early enough, before permanent changes have taken place,” Gentile says. “Stretching, strengthening, treatment and proper ergonomics can be helpful.”

An exercise regimen based on a stretching program for the tightened pectorals, levator scapulae and upper trapezius muscles, and a strengthening routine for the mid-back muscles, could help reduce a hunched profile. A physical therapist or certified personal trainer can give you direction. Enrolling in a targeted exercise program focused on resistance training might also pay dividends.

As always, consult your doctor before beginning a new or more intensive exercise routine. You may also want to ask your doctor if you should consider a daily or increased dose of [Vitamin D](#), which has been shown to promote muscle health and function, among many other benefits.

Take Action with Posture Exercises at Home

You don't have to hit the gym. One key to improved posture is consistent movement and stretching; try to change positions regularly throughout the day. And do the following toning exercises, designed to address your muscle imbalances, at home three or four times a week:

The Doorway Stretch.

Stand in a doorway with your arms resting on the doorway frame, bent at right angles. Only gentle pressure should be felt on your arms. Then, keeping a straight back posture, gently lean

into the doorway. You should feel a slight stretch in the front of your chest and shoulders. Hold the stretch for 30 seconds. Repeat.

The Prone T.

This exercise engages the middle-back muscles. Lie facedown on the floor with a pillow under your abdomen and a folded towel under your forehead. Engage the shoulder blades by squeezing them toward each other, slowly raise your arms slightly off the ground and hold them out straight, forming a T. Hold for three seconds. Do five sets of five stretches each.

The Prone Y.

This also works the mid-back muscles. Lie face down and cushioned, just as you would for the prone T. Raise your arms slightly off the ground and extend them over your head with your elbows slightly bent, forming a Y, and engaging the shoulder blades by squeezing them toward each other. Hold for three seconds. Do five sets of five stretches each.

Amy McGorry,, NextAvenue.com, 2016

EXPERIMENTAL DRUG REDUCES PROTEIN CLUMPS AND SLOWS MEMORY LOSS IN EARLY ALZHEIMER'S

In the search for a treatment capable of changing the course of Alzheimer's disease, new findings are offering a rare glimmer of hope: In a preliminary trial of subjects suffering from memory and thinking problems or diagnosed with early Alzheimer's, a bioengineered medication called aducanumab has demonstrated the ability to clear

accumulations of beta-amyloid proteins — a hallmark of Alzheimer's — from the brain. And compared with subjects receiving a placebo medication, those who got monthly infusions of aducanumab in high doses appeared to experience less progressive loss in mental function.

The new study reflects the findings of a trial designed primarily to test the safety of aducanumab at a range of doses. The drug's developer, Washington, D.C.-based Biogen Inc., is soon to launch a pair of much larger trials designed to test aducanumab's effectiveness as a treatment for Alzheimer's.

“We hope to see these findings confirmed,” Hendrix said.

Although aducanumab holds promise as a potential Alzheimer's drug, it is for now an early answer to a more basic question about Alzheimer's disease: What role do clumps of beta-amyloid protein play in the disease?

As long as 25 years ago, scientists suspected a role for amyloid

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plaques — accumulations in the brain of beta-amyloid proteins — in Alzheimer’s disease. When they examined the brains of people who died after suffering a progressive loss of memory and reasoning skills, scientists typically found clumps of beta-amyloid surrounded by destroyed synapses and brain cells that had long since died. But whether those clumps were a cause of Alzheimer’s dementia or just another symptom of the mysterious disease process wasn’t clear.

If a cure to this scourge were to be found, that unanswered question was important: If accumulating amyloid plaques in the brain precipitated a patient’s decline in memory and thinking, developing or discovering drugs that cleared those aggregations — or prevented them in the first place — could be key. But if amyloid plaques were incidental to some other process causing memory loss, then fighting them was probably a distraction.

Over the last decade or so, the “amyloid hypothesis” has been put to the test often, without clear results. Many experimental therapies

have sought and failed to prevent or clear amyloid plaques. Where a few therapies have succeeded in doing so, patients beset with dementia symptoms failed to improve, and their loss of memory and function continued unabated.

In the meantime, improvements in brain-imaging methods have at least made it possible to measure amyloid deposits in living brains. In the current study, subjects were all people who had substantial amyloid brain clumps — just one factor that put them at risk for a progressive loss of memory. The other factor was that their memory loss was already evident: All had been diagnosed either with mild Alzheimer’s or with mild cognitive impairment — a more subtle level of confusion and forgetfulness that frequently precedes an Alzheimer’s diagnosis.

In these preliminary findings on aducanumab, treatment not only reduced the accumulation of amyloid plaques; it also appeared to slow the inexorable slide into dementia that most subjects were expected to suffer. After a year of monthly infusions of aducanumab therapy, the brains of subjects who

got the highest dose had significant reductions in their baseline levels of amyloid plaque accumulation. Their scans showed a level of amyloid plaques very near the cutoff point for normal protein accumulation. Those who got a placebo drug showed, on average, no change in amyloid plaque above the levels shown on baseline scans. And on a key test of mental function, subjects who got the experimental drug showed less progression toward dementia at the one-year mark than did those who got placebo. How much less progression was proportionate to the dose they got.

“The dose-related reduction in brain amyloid with aducanumab is dramatic and convincing,” said Dr. Paul Aisen, director of the [Keck School of Medicine’s Alzheimer’s Therapeutic Research Institute at USC](#). Aisen, who has consulted extensively with Biogen but was not involved in the newly published clinical trial, said that if confirmed by further trials, the benefits of a therapy like aducanumab “would represent a true breakthrough” in the treatment of Alzheimer’s disease.

The clinical trial did raise a safety concern. About 41% of those getting the highest dose and 37% of those getting the second-highest dose developed a complication of brain-fluid accumulation that hampered brain-imaging and was sometimes linked to headaches, visual disturbances and confusion. The complication tended to disappear four to 12 weeks into treatment. But it prompted 46% of those who developed it to drop out of the clinical trial.

Increasingly, the most promising experimental therapies appear to be those that target people who are at risk for Alzheimer's, or who have some of the earliest brain changes seen in the disease but who do not yet exhibit any cognitive deficits. In planning clinical trials, that has put a premium on findings subjects who carry gene variants that make Alzheimer's more likely, or who have a family history of the disease. But research on treatments for those already affected by dementia continues as well.

For people interested in participating in studies and trials, the Alzheimer's Assn. has developed a program called [Trial Match](#) that can connect potential study participants with researchers exploring all aspects of the disease.

Melissa Healy, LATimes.com, 8/31/16

STUDY: ELDERLY'S FAMILY CAREGIVERS NEED HELP, TOO

Elderly Americans' well-being is at risk unless the U.S. does much more to help millions of family

caregivers who sacrifice their own health, finances and personal lives to look out for loved ones, reported a recent study.

Nearly 18 million people care for a relative who is 65 or older and needs help, yet "the need to recognize and support caregivers is among the most significant challenges" facing the nation's swelling elderly population, their families and society, according to the report from the National Academies of Science, Engineering, and Medicine. Describing family caregiving as "a critical issue of public policy," a committee of experts in health care and aging said the next presidential administration in 2017 should direct a national strategy to develop ways to support caregivers, including economically.

According to the report, people who help elderly family members with three or more personal tasks a day devote 253 hours a month to caregiving — almost the equivalent of two full-time jobs.

Five years is the median duration that family members care for older adults with high needs, the report said.

For some Americans who accept that responsibility, that can mean taking a less demanding job, foregoing promotions or dropping out of the workforce.

Lost wages and benefits average \$303,880 over the lifetimes of people 50 and older who stop working to care for a parent, according to a study cited in the report. That's not all: A lower earnings history also means reduced

Social Security payments for caregivers when they become eligible.

A possible fix for that problem, proposed by researchers in 2009, is to provide caregivers with a Social Security credit for a defined level of deemed wages during a specified time period, the report said.

Leave programs do exist for some workers shouldering caregiving duties, but many lack such job protections.

The federal Family and Medical Leave Act doesn't cover 40 percent of the workforce. It allows eligible employees to take 12 weeks of unpaid time off to care for certain family members, but the law only applies to those who work federal, state and local governments and private companies with more than 50 employees. But ineligible family relationships for leave include sons- and daughters-in-law, stepchildren, grandchildren, siblings, nieces and nephews. Many workers can't afford to give up their incomes for 12 weeks.

In 2011, 17 percent of caregivers didn't take leave because they feared losing their jobs, according to a national survey cited in the report.

The report recommends that family caregivers receive status as a protected class under existing job discrimination laws and that employers get guidance and training on ways to support workers caring for family members.

Beyond the economic costs of caregiving, the report notes that the social and physical toll of

caregiving should get more attention than it does.

“If their needs are not recognized and addressed, family caregivers risk burnout from the prolonged distress and physical demands of caregiving, and the nation will bear the costs,” the report said.

Instead of delivering “patient-centered” care, health care providers should adopt “family-centered” models that include checking with caregivers to ensure they are healthy and capable of filling the role. The report also recommended wellness visits, counseling sessions and better training for caregivers who must understand increasingly complicated medical instructions.

Dealing with feeding and drainage tubes, catheters and other complicated medical devices causes stress, and the study’s authors noted that caregivers report “learning by trial and error and fearing that they will make a life-threatening mistake.”

The study was funded by 13 private foundations, the Department of Veterans Affairs, and an anonymous donor that requested the National Academies undertake the research in 2014.

Rachel Bluth, Kaiser Health News, 9/13/16

Tech Tips

FUNGI RECYCLES COBALT AND LITHIUM

Batteries in smartphones, cars and tablets can be recharged, but they don't last forever. Ultimately, old

batteries end up in landfills or incinerators where they harm the environment. And valuable materials remain locked inside. Now, a team of researchers has succeeded in turning to naturally occurring fungi to drive an environmentally friendly recycling process to extract cobalt and lithium from waste batteries so that the natural resources can be used again.

phys.org/news, 08/16

WHY (& HOW) YOU SHOULD SNAPCHAT WITH YOUR KIDS AND GRANDKIDS

Earlier this year, Piper Jaffray’s annual [“Taking Stock of Teens Survey”](#) confirmed what a lot of parents and educators have known for a long time: The kids love [Snapchat](#).

But this social media craze isn’t just for the young and very young. If you have kids or grandkids (and you have a Smartphone), you should consider using the Snapchat app to communicate with them, too.

Let me tell you why, and how: Snapchat gives you a more spontaneous glimpse of each other’s lives. Snapchat offers the opportunity to film video and shoot photos on the fly and share them immediately. Then, once your recipient opens and views the Snap: Poof, it disappears! No one’s judging.

Often, the sillier you look on Snapchat, the better. With Snapchat, there is far less curation and intention than other forms of social media. Many users say it lets

you see the real “them” — the behind-the-scenes peek at their days.

Snapchat is mostly visual, too. You get more pictures of your loved ones and how they are experiencing the world. And once they follow you back on Snapchat, they will get the same from you. (Your Snapchat app notifications will tell you when this happens.)

Snapchat is a great space to share “inside” jokes. Snapchat is not intended to be a “broadcast” social media where *all* of your friends and followers see *everything* you post. You can choose to target one friend, or 25 friends, with a Snap (though you can also do the broadcast thing with “My Stories” — more on that in a bit).

My twenty-something hair stylist recently told me that her dad in North Dakota routinely sends (among other fun moments) her photos of the crazy-patterned lounging pants that her mom wears to wind down at night. It’s a fun dad-daughter moment that gets to happen when she least expects it, and she said it always makes her laugh. My own dad routinely texts me photos of the ducks that swim in the river by his house and asks me to tell my kids what the ducks are up to. My children are not old enough for social media, but if they were, this type of sharing would be great on Snapchat.

Snapchat is low-pressure. Don’t really get what the “[filters](#)” are about on Snapchat? Then don’t use them. Or try them and look silly. It doesn’t matter. No one’s judging. Often, the sillier you look on Snapchat, the better.

A lot of young adults I know just post raw footage of their puppies or babies in moments that they feel like capturing. You'll be in on those moments, and you can share a few of your own. And since they disappear after they're opened, there's no record of your rookie first attempts.

OK, that's the Why. Now, here's the How. Here's the deal with Snapchat: Its interface is counter-intuitive — even for so-called digital natives. If you don't already have active users to follow on Snapchat, trust me, at first, Snapchat doesn't make a lot of sense. The key for you as a non-teenager is to follow only the people that you like — or follow a news organization you like. [PBS NewsHour](#), for example, has been doing behind-the-scenes photos and videos on Snapchat from the political conventions this summer.

How do you do this? I recommend keeping it as simple as possible at first: Download the app on [iTunes](#) or [GooglePlay](#), and open a free account. Click on the little yellow Snapchat ghost at the top of the page. Click on the "Add Friends" button. There are different approaches here. I recommend that you ask your kids, grandchildren and friends what their Snapchat usernames are and add them by their user names. (Go ahead and add "pbsnews" while you're at it.) After you have added them, you can find them on this same page by clicking on "My Friends."

Get snapping: Click on that circle at the bottom of your phone. Now you have entered the Snapchat camera function. Touch it once to

take a still photo, hold it down to take a video. You have many options here. You can click on the letter "T" at the top of the screen to add words on top of your image. You can click on the square post-it to the left of the "T" to add emojis (or "[stickers](#)," as they call them at Snapchat). You can click on the pencil icon, touch the photo and scribble or write something.

Or you can swipe across the image to activate "filters." There are many tutorials on the various things you can do with Snapchat, including [this one from Verizon](#) and this one from the [Snapchat support page](#). Play around with it. Press that little white and blue arrow icon in the lower right corner. Your contact list will pop up. Click-check the box of the person with whom you wish to share your Snap. Click the arrow. Feel nervous because it doesn't seem like you actually sent anyone anything ... but you probably did.

This is by no means an exhaustive instruction manual for Snapchat, and in fact, you should check into the "[My Story](#)" function — which allows users to add Snaps as a series or a story that appears to all of their followers for 24 hours. Also worth a look: the relatively new "[Memories](#)" function, which lets users post photos from their archives.

And if all of this is just too much, take heart. It will all change in the next year and we'll be on to a new thing. Instagram just introduced its "[Stories](#)" function — which is very much like Snapchat, actually, so you'll have a head start.

Shayla Stern, [nextavenue.org](#)

Dollars & Sense

TIGHTEN YOUR FAMILY'S FOOD BUDGET WITHOUT SKIMPING ON NUTRITION

As I've reflected on our summer months, the fun moments and the misses, I've noticed that the money we spent on activities skyrocketed — paddle-boarding has become a family obsession — and the amount we spent on food plummeted. Perhaps we ate out less frequently or loaded up on more vegetables and not as much meat, or maybe the seasonal produce was less expensive.

Could we possibly stick to this financial food plan all year long, even when we return to normal bedtimes, daily lunchboxes and the inevitably hectic nature of fall?

I believe we can. What I have to do is pay more attention when I grab items off the grocery store shelf, tighten my meal plans so we don't buy any foods that go to waste, and admit that my kids just don't like zucchini so that I stop buying so much of it. In any case, any time of year is a good time to pocket a few pennies on food savings. So here are some ways to eat healthfully on a budget:

Eat Seasonally

This is much easier during the summer months, when more foods are locally in season and therefore less expensive than when they are grown and shipped from another state or continent. Focus on hearty greens, winter squash and beets in the winter and stone fruit, zucchini and peppers in the summer. Off-

season, embrace frozen vegetables.

Get Organized

Plan your meals a week ahead of time, and write the ingredients on a weekly grocery list. Keep an organized fridge and pantry so you never buy anything you already have.

Set a Food Budget and Stick to It

Keep track of your food expenses for a few weeks, then analyze where the money is going. Is it eating out? Shopping at a higher-end grocery store when you could buy the same products for less money elsewhere? Do you depend too much on prepared foods? Do vegetables or leftovers regularly go to waste? Once you have a sense of how much you spend and where you could cut, set a budget that works for you.

Be Smart About Leftovers

Repurpose leftovers into a second night's dinner, plan meals that use similar ingredients so that the entire bunch of broccoli and the whole onion are consumed, and either eat your leftovers for lunch the next day or freeze them for a future meal. Rice bowls and burritos are helpful for catching the remains of last night's meat and vegetables

Be Choosy about Organics

Refer to the [Environmental Working Group's Dirty Dozen](#) and [Clean Fifteen](#) lists to know which fruits and vegetables are the most important to buy organic and on which ones you can save your pennies without exposing your family to countless pesticides.

Try Meatless Mondays

Eat less meat. Design meals around cheaper vegetarian foods, such as sweet potatoes, spinach, eggs, oats, beans and lentils.

Get Help from the Store

Many grocery chains now have in-store nutritionists who can help you eat well on a budget. Seek them out. And remember that store brands and bulk bins tend to be cheaper than private-label products. Most store sales are promoted online or through a phone app, so you can plan your meals around the cheaper items before you even shop

Teach Your Kids to Limit Waste

Take a moment before meals or snacks to ask your children how hungry they actually feel and how much they might eat of each item, then encourage them to serve themselves accordingly. They can always have seconds, but it's good for kids to observe how much they are scraping off their plates into the garbage.

Take the Pantry Challenge

Think of it as a winter sport: Every January, challenge your family to eat out of the pantry until it's empty. Buy milk and selected fresh produce each week, but otherwise design meals around whatever grains, beans, pasta, canned tomatoes and other items you find hiding in the back of the cupboard or freezer.

Some tips: Make soups; use flours to make cookies, breads and other baked goods instead of buying them; and batch-cook staples such as lentils and couscous so you can

put them to work in different recipes on successive days. You can always restock in February, and you probably will appreciate the opportunity to buy what you really want after a month of staring at your diminishing supply. Compare your budget that month with other months and be prepared for some serious shock and awe.

Washington Post, 8/23/16

Laugh & Live Longer

HEAVEN OR HELL

A perennial favorite . . .

John has died and finds himself standing in front of Saint Peter who turns to him and asks, "Shall we start the tour?"

John answers, "Heaven?"

Saint Peter relies, "Well since you asked, we'll start with heaven."

They find themselves in a landscape of white puffy clouds with people wandering around playing harps. After a bit, Saint Peter inquires, "Seen enough?" and when John confirms, they head down to hell.

The doors open and it's like a country club! Music is playing, people are laughing at the open bar, and several old friends call out John's name. (It's a bit like "Norm!" from the sitcom Cheers if you remember it.)

Seeing that John is confused, Saint Peter says, "You don't have to decide right now. You have 24 hours."

Twenty-four hours go by and John returns to Saint Peter and says, "I

8-YEAR OLDS WRITE BEST PAPER EVER ON GRANDPARENTS. THIS IS PRICELESS.

Grandparents are a lady and a man who have no little children of her own. They like other people's.

A grandfather is a man and a grandmother is a lady!

Grandparents don't have to do anything except be there when we come to see them... They are so old they shouldn't play hard or run. It is good if they drive us to the shops and give us money.

When they take us for walks, they slow down past things like pretty leaves and caterpillars.

They show us and talk to us about the color of the flowers and also why we shouldn't step on "cracks."

They don't say, "Hurry up."

Usually grandmothers are fat but not too fat to tie your shoes.

They wear glasses and funny underwear.

They can take their teeth and gums out.

Grandparents don't have to be smart.

They have to answer questions like "Why isn't God married?" and "How come dogs chase cats?"

When they read to us, they don't skip. They don't mind if we ask for the same story over again.

Everybody should try to have a grandmother, especially if you don't have television, because they are the only grown ups who like to spend time with us.

They know we should have snack-time before bedtime and they say prayers with us every time and kiss us even when we've acted bad.

GRANDPA IS THE SMARTEST MAN ON EARTH! HE TEACHES ME GOOD THINGS, BUT I DON'T GET TO SEE HIM ENOUGH TO GET AS SMART AS HIM!

It's funny when they bend over; you hear gas leaks, and they blame the dog.

Send this to other grandparents, almost grandparents, or heck, send it to everyone. It will make their day.

this, but I choose hell."

With that the doors open and the devil is standing in front of nothing but fire and brimstone with moaning and shrieks of pain. John is shocked and asks, "What's this? Yesterday..." but the devil cuts him off saying, "Oh! That was yesterday we were campaigning. Today you voted."

BEING OLDER

The best thing about being older is I did all the really stupid stuff before the Internet

Calculating Sheep

After a talking sheepdog gets all the sheep in the pen, he reports back to the farmer: "All 40 accounted for."

"But I only have 36 sheep," says the farmer.

"I know," says the sheepdog. "But I rounded them up."

Purposeful Living

Allow me to introduce you to "A Volunteer for All Ages". Armand Soucy, 79 years old, began his volunteer service over 40 years ago when his children were involved in Scouting, Little League and many other school age students' activities. His commitment to helping others has only grown throughout the years since Jamborees and batting practice.

For over 25 years, he was involved with the St. Vincent de Paul Society, always seeking ways for the Vincenians to expand their roles of service, especially in meeting the needs of the elderly and home bound. Whether delivering Thanksgiving baskets or helping the homeless find shelter, he always treated those he helped with dignity and concern.

His greatest volunteer accomplishment has been his commitment to Catholic Medical Center's Emergency Department where over the past 27 years he has amassed nearly 8000 hours of Volunteer Service. He has, and continues to, dedicate many weekend and holiday hours to the staff, patients and family members in the Emergency Department. His duties can include emptying linen baskets, gathering pillows, making up stretchers, assisting the nursing staff with patient unit transfers and running errands. He often trains new volunteers and stresses the importance of treating families with respect and kindness, explaining that lives have been disrupted by an emergency situation. He suggests ways to alleviate some of the patient's and family's anxieties such as a cup of coffee, a warm blanket or how to act as the liaison to the physician and staff.

As a Senior Volunteer he has also addressed senior and retirement groups to share his experiences and



Armand Soucy

the promote the benefits of volunteering .

He's also involved in the Catholic Medical Center Caring-Hearts Program, where he

visits patients who are recovering from Open Heart Surgery. These one-to- one moments, offer assurances to frightened individuals who are facing major lifestyle changes. Emphasis is placed on continuing the healing process, by participating in a local community program that offers professional monitoring of medications, diet, and weight and exercise management. His own experience, encourages soon to be discharged individuals, to set goals and maintain a healthy life style. And, on Christmas morning, he dresses as Santa and visits all the Medical-Surgical departments. The simple offer of a candy cane or a hand wave as a way of wishing these patients who were too ill to go home, a “Merry Christmas” and “feel better soon” brings a smile to everyone’s face.

In his commitment to helping the less fortunate or those in need, he has set an example and a standard for his children and grandchildren, who continue to do for others without expecting anything in return.

Board Notes

GRILL BABY GRILL

There are many words that could be used to describe this campaign season, but challenging is probably the most accurate. While we are constantly confronted with talk about "politically correct" and "transparency "as they relate to truthfulness, the bottom line is campaign rhetoric is surgically targeted.

We are all analyzed and cataloged at a level of detail that most of us would never dream of. In our digital world where we shop, what we buy, what our interests are and all sorts of information can and is collected. If your favorite color is blue, probably there's a profile somewhere that indicates if you prefer navy or teal! Campaigns know what we want to hear, what words we relate to and how to frame their statements.

Manipulation is the goal.

Is it any wonder that so many have become distrustful or feel disenfranchised? But not all is lost. We have more influence than we think. As the candidates come around, we have an opportunity to get them off script and learn who they really are. But only if we are prepared.

Here are some ideas we can all do:

1. Start listening to a variety of news shows. Break away from the dangers of group think and spin.
2. Listen to what those who differ from your thoughts are saying and look for shared values. Polarization is a disservice to all.

3. Make a list of issues that are important to you and pay attention to how candidates address them, or not.

4. Know what you think are real solutions, not feel-good platitudes. And when you have that opportunity to speak, “Grill Baby Grill”.

A government of the people, for the people and by the people is a heritage we should all be proud of.