



A Citizen Voice for the Aging Experience

ENGAGING NH NEWS

GUEST OPINION:

Gaining in Years, and Helping Others to Make Gains

by Kerry Hannon

David N. Campbell’s path to creating and running a volunteer organization began when he heard about the 2004 Indian Ocean tsunami.

His response was something he had not seen coming. “When I heard about it, I was overwhelmed,” said Mr. Campbell, 72, a former technology executive. “In my gut, I knew I had to help.”

He had never been to Thailand, and his experience as a volunteer had been limited to overseeing a United Way campaign in Buffalo.

The one-week visit Mr. Campbell had planned turned into a one-month stay, and a new way of life. Ten years later, he runs an organization, All Hands Volunteers, a nonprofit based in Mattapoisett, Mass., that has dispatched 28,000 volunteers to 45 global disaster zones from Indonesia to the Philippines, Peru, Bangladesh and Haiti, as well as to dozens of domestic sites hit by tornadoes, hurricanes and flooding, including Detroit and Long Island and Staten Island after Hurricane Sandy.

The work is varied: rebuilding houses, packing knapsacks with school supplies for children, debris removal and basic gutting and cleanup. In exchange, All Hands provides volunteers with tools, meals and communal living arrangements at no cost.

“Now I’m a member of the Good for Nothing Club,” said Mr. Campbell, who

An increasing number of people over 60 want to leave a legacy and do something that makes their children proud

does not take a salary. “We want to do good — for nothing.”

But sometimes the world *does* pay you back. On Tuesday, in Tempe, Ariz., Mr. Campbell is to receive a cash prize of \$100,000 in recognition and support of his work.

He is one of this year’s six winners of the Purpose Prize awarded to Americans 60 and older who have had an impact on the world. The award was created by Encore.org, a nonprofit organization that’s building a movement to tap the skills and experience of those in midlife and beyond to improve communities.

A common spine runs among all of the winners: “An increasing number of peo-

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ple over 60 want to leave a legacy and do something that makes their children proud,” said Ann MacDougall, president of Encore.org. “They’re thinking about what’s going to be read at their funeral. Not that it’s right around the corner, but they start thinking in those terms.”

Now in its ninth year, the Purpose Prize will award \$100,000 each to two winners and \$25,000 each to four others.

Charles Irvin Fletcher, 76, a former microwave systems engineer, will receive this year’s other six-figure prize. After retiring, Mr. Fletcher, a lifelong horse lover, spent five years and 5,000 hours volunteering at a therapeutic riding center in the Dallas area dedicated to equine therapy for children with disabilities.

“While the children enjoyed the ride, I didn’t see any healing, and I thought more could be done and more should be done,” Mr. Fletcher said.

So he researched ways to provide science-based equine therapy. He met with medical specialists to learn about brain development and created a network of experts.

Then in 2001, he founded SpiritHorse International, a nonprofit based in Corinth, Tex., 30 miles north of Dallas. His ranch is now home to 31 horses and ponies, and is the headquarters for a worldwide network of 91 licensed therapeutic riding centers that serve children with disabilities in the United States, South America, Africa and Europe.

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.

At Mr. Fletcher’s ranch in Corinth, roughly 400 children with disabilities, some as young as nine months, receive free weekly riding sessions on ponies with names like Buttercup and Peter Pan. The riders have a variety of medical conditions, including autism, Down syndrome, cerebral palsy, multiple sclerosis and spina bifida.

More than 5,000 children have been helped through the network since the gates first opened.

“I believe that horses can feel spiritual messages,” Mr. Fletcher said. “They can feel love. They can feel gratitude. They can feel approval, and they transmit those very simple feelings to the children.”

He added, “The reason this therapy works so well is that children with disabilities also have a very open spirit, and the horses sense it.”

The Rev. Richard Joyner, 62, pastor of the Conetoe Baptist Church in rural North Carolina, who created the Conetoe Family Life Center, will receive a \$25,000 Purpose Prize on Tuesday. The center uses its 25-acre garden to improve the health of the congregation mem-

bers and to increase the members’ high school graduation rates.

“It’s not easy getting people in the South away from fried chicken and sweet tea,” Pastor Joyner said.

In 2005, Pastor Joyner had faced too many funerals at his church of 300 congregants. In one year alone, 30 under the age of 32 had died. Most of the deaths were health-related, stemming from poor diet and no exercise, he said. His own sister and brother had died of heart attacks.

So he founded the center, which offers after-school and summer camp programs for children 5 to 18. The youths plan, plant and reap the produce, which, in turn, they peddle at farmers’ markets, roadside stands and to local restaurants. They also maintain beehives to produce and supply honey to low-income neighbors. The income they earn goes to school supplies and scholarships.

Getting involved with farming was not easy for Pastor Joyner. “I was a sharecropper’s son, and we experienced a lot of racism,” he said. “I never wanted to ever have anything to do with farming.”

But that changed. “The eyes of the youth have helped me to see the land in a different perspective,” he said. “Land is the soul. Farming gives these youths, who are struggling, the power to grow something that impacts the health of their family.”

As healthy eating and exercise have become routine, people in the community have lost weight, emergency room visits for primary health care have dropped by 40 percent, and the number of deaths has dwindled. The youth are enrolling in college and finding jobs.

As for Pastor Joyner, who runs five miles every other day and works in the garden, “After being a preacher for 25 years, I never thought I would be doing something other than trying to get somewhere for a vacation at this age.”

The other 2014 Purpose Prize winners who will receive \$25,000 awards are:

- Dr. Pamela Cantor, 66, a child psychiatrist who runs an organization called Turnaround for Children in New York City. Her group helps schools counter the effects of poverty on student learning, reaching tens of thousands of children in low-performing public schools.
- Mauricio Lim Miller, 68, who founded Initiative in Oakland, Calif., which helps families in poverty. For example, families in the initiative have pooled their resources in 40 “lending circles” worth \$1.5 million that have helped them pay

Nomination Call!

Do you know an individual or couple, over the age of 60, who have shown outstanding leadership or demonstrated meritorious achievement as a volunteer on behalf of New Hampshire’s older citizens?

Consider submitting a nomination for the 2016 Joseph D Vaughan Award for their county.

For more information and a nomination form:

engagingnh@gmail.com.

down debt, provide funds for education and start new businesses.

- Kate Williams, 72, who runs an employment program at LightHouse for the Blind and Visually Impaired in San Francisco, which helps the blind find jobs.

In addition to the six winners selected from a pool of nearly 800 nominees, 38 Purpose Prize fellows will be honored for contributions to their communities. The awards are sponsored by the Atlantic Philanthropies, the John Templeton Foundation, Symetra Financial Corporation, the MetLife Foundation and the Eisner Foundation.

Most of the winners tapped their own resources to start their endeavors, sometimes using credit cards or savings accounts — or, in one case, Social Security checks.

Others raised money from personal connections.

“We encourage people who want to move the needle to consider what interests and passions they already have and review their skills — those are more transferable than they think,” Ms. MacDougall, Encore.org’s president, said.

“Seek out a group whose mission you admire and see if there’s a way to get involved by volunteering, joining a board or acting as a project adviser,” she said. “People who have organized things, been in marketing or sales or have managed people are in demand.”

The Purpose Prize recipients are free to use their jackpot any way they like. But don’t expect to see them buying new cars or taking trips to the Caribbean.

“My big reward is seeing these children improve,” Mr. Fletcher said. “I love watching a little boy with cerebral palsy, who can barely walk, trying to run to get to his pony.”

New York Times 11/14/15

NH Updates

DISABILITY ADVOCATES SEEK TO CHANGE TERM USED IN ADULT PROTECTIVE LAWS

This legislative session, a group of disability advocates, the Self-Advocacy Leadership Team (SALT) and the New Hampshire Council on Developmental Disabilities asked Representative Katherine Rogers to introduce a

bill that they feel more accurately and respectfully defines the group of adults in need of protective services. New Hampshire's adult protective statute, RSA 161-F:42-57, currently protects "incapacitated" adults who are abused, neglected, or exploited. Under RSA 161-F:43, "Incapacitated" means that the physical, mental, or emotional ability of a person is such that he is unable to manage personal, home, or financial affairs in his own best interest, or he is unable to act or unable to delegate responsibility to a responsible caretaker or caregiver."

The bill, HB 1165, proposes to change the term "incapacitated" as referenced throughout the adult protective statute to "vulnerable." For example, the bill, if passed, would change RSA 161-F:43 to read: "Vulnerable" means that the physical, mental, or emotional ability of a person is such that....." This modification would not result in any substantive changes in the law. All of the protocols and requirements currently in place would remain the same.

At present, New Hampshire is only one of three remaining states that still use the word "incapacitated" in their adult protective laws.

WHAT TYPE OF ID WILL I NEED TO VOTE IN THE NH PRIMARY?

- Driver's license issued by any state or federal government;
- Non-driver ID card issued by NH DMV or motor vehicle agency of another state;

- Photo ID card for "voting identification only" issued by NH DMV (RSA 260:21);
- United States armed services identification card;
- United States passport or passcard;
- NH student ID card (see more information below);
- A photo ID not mentioned above, but determined to be legitimate by the moderator, supervisors of the checklist, or clerk of a town, ward or city. If any person authorized to challenge a voter does so under this provision, the voter shall be required to fill out a challenged voter affidavit before obtaining a ballot.
- Verification of the voter's identity by a moderator or supervisor of the checklist or clerk of a town, ward or city (not a ballot clerk). If any person authorized to challenge a voter does so under this provision, the voter shall be required to fill out a challenged voter affidavit before obtaining a ballot.

An acceptable photo ID must have an expiration date or date of issuance. The ID will remain valid 5 years beyond the expiration date unless the voter is 65 or older in which case an acceptable photo ID may be used without regard to expiration date. The name on the ID shall substantially conform to the name on the checklist.

<http://sos.nh.gov/VoterID.aspx>

NH SENIOR LEADERSHIP PROGRAM ACCEPTING APPLICATIONS FOR THE 2016 CLASS

The New Hampshire Senior Leadership Program is now taking applications for the 2016 class. A collaboration among AARP New Hampshire, Center on Aging and Community Living at UNH, and Dartmouth Centers for Health and Aging, the program is designed for older adults, caregivers, family members and friends who want to advocate for older adults in New Hampshire. Application deadline

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

is February 25.

Members of the 2016 class should represent diverse backgrounds, ages and geographic regions of the state. Participants will be selected on their motivation to become well informed and active in policymaking and systems change for aging New Hampshire citizens.

“In its sixth year, this program is designed to be educational and provide advocacy and community leadership skills necessary to advance issues of importance to Granite Staters as they age,” said Doug McNutt, AARP New Hampshire Associate State Director for Advocacy. “Caregiving, advocacy, community-based services, transportation and housing are topics at the forefront. Our hope is for every graduate to leave the program with the information they need to engage with these important issues of our times.”

Participants will meet five times over an eight-month period and receive intensive training on a variety of educational and community topics. Educational methods include discussions, web-based learning, small- and large-group sessions, independent research application, as well as video and audio resources. All expenses including hotel, meals and materials are covered for participants. The only cost to participate is a \$45 contribution at the time of acceptance.

For an application, click [here](#).

From Our Readers

New positive term for older adults: "Seenagers"

Marilyn

(Editor's note: check out the website: [https://myseenager.com/it's a redefining of aging](https://myseenager.com/it's_a_redefining_of_aging))

Yet another wonderful newsletter EngAGING. Thanks.

Catherine

Love the newsletter. The link to the VA videos on dementia is not working. Is there another address? Thanks so much.

Jocelyn Henning, *Living At Home SeniorCare*

(editor's note: Please try this link: <http://www.caregiver.va.gov/index.asp>)

Should you have problems like this or any other issue, please let us know by replying to our newsletter email)

LEARNING FROM THE BEST

There's an awful lot of talent out there, and it's largely ignored

One of my nephews, Eric Alfano, is studying computer science at Wentworth Institute in Boston. Somehow he managed to get himself an internship at Schneider Electric in Andover, Mass., where he works in the IT department during summers and school breaks, using the very things he's learning in school. Can it possibly get any better than that?

Dick Morley is a well-known inventor, engineer, consultant and author. He is best known as the

“father of the PLC” (programmable logic controller). They take computer-generated instructions and translate them into signals that control motors or similar devices.

Nowadays, PLCs are everywhere, and we take them for granted, but back in the '70s, they were a big deal and literally created the automation industry. Morley's company, Gould Modicon, was bought by Schneider Electric.

At 83, Morley doesn't get around like he used to, but he's still quite active. He's become somewhat of a legend at Schneider, where they've even named a conference room for him.

Last December, they hosted a big Morley Day celebration. There were easily a hundred people, mostly colleagues and associates, a local “Who's Who” of high tech. It was great to see such genuine appreciation for the man and his legacy. When they wheeled Morley in, everyone stood, and the applause went on and on.

I was there and mentioned it to Eric some time later. He had been at school taking finals and was sorry he had missed it. He wanted to meet this legend he had heard so much about.

Confined to a wheelchair, Morley is feeling the ravages of time. He is in assisted living in southern New Hampshire, but there's nothing wrong with his mind, which is still up to date on all the latest technologies. He writes for various magazines, a veritable sage.

Last summer, Eric and I went to see him. We spent a couple of hours discussing all kinds of

things. Regardless of the subject, Morley can usually provide some insight you might not have thought of. He's not infallible by any means, but his advice is worth considering, even if you don't ultimately agree with some of it.

This went so well, Eric went back to work and told his colleagues. Now his boss, Merrill Harriman, wondered if he could meet Morley as well.

We went back the Saturday after Thanksgiving and spent four hours with him. Morley invited us to stay for lunch, and the discussions continued. Eric and Merrill discussed some of the things they were working on.

The time flew by, and we all learned from each other. Back when Morley was running Modicon, it would have been really tough to get on his calendar. It's much easier now.

There's an awful lot of retired talent out there, and it's largely ignored. In high tech, where the next new thing is being developed, nobody seems to care about the past new things that were developed. Yet the same principles used to develop the PLC in the late '60's are used to develop iPhones and all the latest gadgets.

Mentors are popular. I've seen instances where the mentors weren't much older or more experienced than the mentees. A guy like Morley, who has had over 50 years of experience inventing things, has become a master at innovation. Why wouldn't we want to learn from the best?

If you ever want to hear a really great speech, search for "Lou Holtz Commencement Address" on You Tube. He's the famous Notre Dame coach, and he gave this wonderful and hilarious address at Franciscan University in 2015. In explaining why they should listen, he said, "I've been 21; you've never been 78!"

I'm so thankful my nephew and his boss appreciate the value of speaking with superstars, even if they're aging. I know he'll do well, as Merrill told me Eric will have a job with Schneider when he graduates. How many already graduated kids don't have a job yet?

And Merrill's a great mentor in his own right. What a great guy to work for; he inspires Eric. They love what they do. They don't go to work; they go to play.

Is there some problem with which you've been struggling? Do you think an aging superstar, someone who's had the time to get really good at something, could help? It might be pretty easy to get on his or her calendar.

Ronald J. Bourque, a consultant and speaker from Windham. He can be reached at 603-898-1871 or RonBourque3@gmail.com. NH Business Review, 1/8/16

News You Can Use

SENIORS DECIDE 2016

On Wednesday, February 17th the Leadership Council of Aging Organizations will hold a live forum, Seniors Decide 2016, featuring

candidates for President of the United States. This platform provides voters the opportunity to ask questions of the candidates and for the candidates to speak about policies that affect older adults.

Participate in the event online! For more information and to submit a question for the candidates, visit the website, www.seniorsdecide.org.

DOWNLOAD DRIVING SELF-ASSESSMENT TEST

This may come as a surprise as [AAA](#) contends that older adults are actually safer drivers. They are more likely to follow speed limits, wear seat belts, and avoid drinking and driving. Seniors typically drive less at night and in bad weather. Yet in spite of these precautions, seniors are more likely to be injured or killed in motor vehicle accidents due to medical conditions and age-related vulnerabilities. They experience an age-related decline with reaction time, vision and hearing which can definitely impair their driving ability. In short, seniors are outlasting their ability to safely drive by 7 to 10 years.

To download the test <http://www.elderguru.com/wp-content/uploads/2015/11/driver65.pdf>

Also available are physician guidelines on assessing and counseling: <http://www.elderguru.com/a-physician-guide-to-assessing-and-counseling-senior-driver-safety/>

MEDICARE REMINDER

You can switch from your Medicare Advantage plan to Original Medicare during the Medicare Advantage Disenrollment Period (MADP). You can only make this coverage change if you currently have a Medicare Advantage plan. The MADP occurs every year from January 1 to February 14.

If you have a Medicare Advantage plan you will be able to switch to Original Medicare, and choose whether to also enroll in a stand-alone prescription drug plan. Changes made during the MADP will become effective the first of the following month.

Note: If you disenroll from your Medicare Advantage plan federal law does not usually give you the right to buy a Medigap plan. The laws in your state might give you more rights. Medigap plans are supplemental policies that help pay for Original Medicare deductibles and coinsurances. You should check with your SHIP (State Health Insurance Assistance Program) to find out if and when you can enroll in a Medigap plan in your state.

[Read more about changing your Medicare Advantage plan.](#)

VETERANS MENTORING PROGRAM

Caregivers for veterans have a new way to connect with one another. The Department of Veterans' Affairs (VA) now offers a Caregiver Peer Support Mentoring Program. Since caregiving can be isolating, and since veterans have unique needs, this program pro-

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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vides specialized support and guidance.

The program is open to caregivers for veterans of all eras. Caregivers can participate as mentors or mentees. Mentors volunteer with their local VA medical center Voluntary Services department and receive training before they're paired with another caregiver.

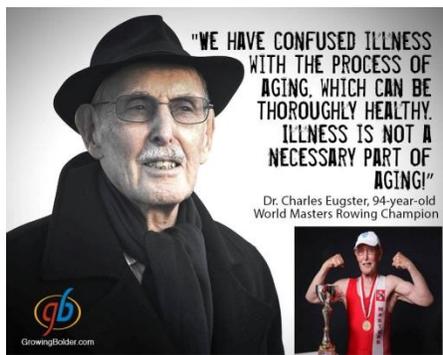
Once mentors and mentees are matched, they communicate and share skills pertaining to veteran care. Caregivers in the mentoring program agree to participate for six months, though many continue the partnership for much longer. The VA also offers a short-term connection to a mentor through the Compassionate Connections Program.

In addition to this opportunity for partnership, the VA gives veterans' caregivers [multiple resources online](#). Caregivers can access free online workshops, checklists for daily use, and diagnosis care sheets, among other important tools. Adult Day Health Care and Home Based Primary Care Centers are also available through the VA.

Interested in peer support mentoring? The VA operates a [Caregiver Support Line](#), and lets you enter your zip code to access a connection to the program in your area.

WHY WE MISSED THE SIGNS OF MY MOM'S LEWY BODY DEMENTIA

I never imagined my mother would have anything in common with actor and comedian [Robin Williams](#). But when [his widow](#)



[revealed](#) that he suffered from Lewy body dementia, she said,

“Lewy body dementia killed Robin. It took his life.”

She linked this often misdiagnosed and incurable form of dementia to his suicide, saying that he had been expected to live only three more years.

No one can truly predict anyone's life expectancy. I believe my mother suffered from the same debilitating illness for at least 10 years.

A Misunderstood Disease

Lewy body dementia (LBD) affects 1.4 million people in the United States, according to the [Lewy Body Dementia Association](#). Often misdiagnosed as Alzheimer's or Parkinson's, Lewy body dementia is caused by abnormal protein particles that accumulate in the brain, disrupting normal brain functioning. Diagnosis of the illness, which makes up 20 percent of all dementia cases, can be confirmed only upon autopsy.

I missed my 85-year-old mother's earliest signs — and so did her doctors. I was helping her plan her annual Chanukah celebration, which included eight grandchildren and nine great grandchildren,

and she kept struggling with the guest list. My mother was determined to write down everyone's name on a pad, calculating how much food to cook and order. She became increasingly frustrated, ripping up the paper and starting again, until she was in tears.

Sitting next to my mom, I tried to guide her through a relatively simple process. At the time, I attributed her difficulty to ordinary memory problems experienced by any octogenarian — even one as robust and active as my mother. She still drove, played golf several times a week and carved sculptures in art classes.

Scary New Symptom

I didn't realize she was hallucinating until she tried to convince me that one of her sculptures was having sex.

“Come here and watch closely,” Mom insisted, leading me over to an abstract gray alabaster. It looked like two genetically-challenged fish, overlapping and, I supposed, intertwined against each other.

“You think I'm crazy, don't you?” she asked.

“Of course not,” I said, unsure.

Visual hallucinations are more common and frequent in LBD than in Alzheimer's. Symptoms also include [mood swings and balance problems](#), according to the National Institute of Neurological Disorders and Stroke. This is why LBD is often misdiagnosed as Parkinson's or Alzheimer's.

“Alzheimer's and LBD are both common forms of dementia result-

ing in worsening cognitive skills,” said Dr. Sonja W. Scholz, assistant clinical investigator at the National Institutes of Health in Bethesda, Md. “Lewy body dementia is characterized by a mixture of symptoms including cognitive decline, visual hallucinations, fluctuating mental status and Parkinson’s disease-like symptoms including slowness of movements, tremor, rigid muscles and balance problems.”

Paranoia and Agitation

For years, I didn’t know why my mother had such agitation that caused her to roam and obsessively rearrange closets. She would call 911, claiming people were trying to kill her. Her doctors put her on anti-psychotic medication, believing this was the correct treatment, but these medications are not useful for LBD patients — and can even be life-threatening.

Her involuntary, jerky body movements were difficult to watch and impossible to stop. I covered her hands with mittens so she wouldn’t scratch herself. Often, I felt as helpless as I imagined she did, wishing I knew how to alleviate her discomfort.

Ten years after her first symptoms appeared, my mother died, bedridden and not recognizing anyone in the family. Her greatest fear was getting Alzheimer’s; little did she — or her family — know she had LBD. She was never accurately diagnosed. Although one neurologist suspected my mother might have LBD, mom was treated as a patient with generic age-related dementia. Only in retrospect did I

come to realize the true nature of her devastating illness.

More Awareness Needed

Public awareness is the first step in helping others navigate Lewy body dementia. Genetic research is ongoing in the effort to develop disease-modifying therapies, although more funding is needed. There are breakthroughs in diagnosis, such as a three-minute test called the [Lewy Body Composite Risk Score \(LBCRS\)](#), still in its early stages and not yet widely used; it was developed by Dr. James E. Galvin, a leading neuroscientist at Florida Atlantic Uni-

ENH welcomes all points of view and invites your submissions.

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

Unfortunately, I wasn’t able to get my mother the help she needed. But families can be more hopeful the more we learn to recognize LBD symptoms.

[Candy Schulman](#) 1/4/16, Twin Cities Public Television

ATHLETIC SHOE LACING

Ever wonder why there are two holes close together at the top of your athletic shoe? There really is a purpose and it is to keep your heel from slipping or rubbing which can cause blisters.

Here’s how it works: After you complete the normal lacing, bring each lace through the top hole, on the same side, to form a loop on the outside of the shoe. Cross each lace over the shoe and through the loop on the opposite side. Pull tight, downward toward the toe works best, and then tie off as you usually would.

MEDICARE RIGHTS’ TRUSTED RESOURCE FOR MEDICARE INFORMATION IS NEW AND IMPROVED

Medicare Rights launched the new and improved Medicare Interactive, a free online resource packed with hundreds of answers to Medicare questions. Last year, more than two million questions were answered on Medicare Interactive for people looking for information from the largest and most reliable independent Medicare resource.

The new design and features ensure that Medicare Interactive users can quickly find the Medicare answers they need for themselves, a family member, or the clients they serve. The new and improved site makes available smart links to relevant MI pages and case examples, a roll-over glossary, and other helpful resources.

By creating a free Medicare Interactive profile, users can bookmark their favorite pages, manage newsletter subscriptions, access free exclusive links/downloads, and receive notices about key Medicare dates. As an initial thanks for registering, users will receive a welcome e-packet from Medicare Rights, complete with the organi-

zation's exclusive New to Medicare Guide.

To register, click [here](#).

Health & Wellness

NEW YEAR BRINGS CHANCE TO HAVE TOUGH CONVERSATIONS

New Medicare rules could encourage end-of-life discussions

Approximately 2.5 million people will die in the United States in the new year. Of that number, over three-fourths will very likely be over the age of 65. This makes Medicare the largest insurer of health care during the last year of life for an extremely large number of individuals.

In 2015, Medicare proposed payment to physicians and other qualified providers who engage in face-to-face, end-of-life care discussions. Readers may recall that a similar proposal was first made before the passage of the Affordable Care Act although it was shot down at that time after being described as allowing for the establishment of "death panels." After many attempts to implement this measure, it appears that the final new Medicare rules will include this provision and will take this month.

Although dollar amounts for reimbursement have not yet been established, this development is encouraging. It reflects a growing recognition that having difficult end-of-life discussions with medical providers and loved ones can

provide many important benefits and should be encouraged.

All adults are encouraged to execute estate planning documents, which includes advanced directives. Advanced directives identify a decision-maker to make decisions about what kind of medical care you will receive if you are unable to make your own decisions.

Real discussions

Even if you are not elderly and suffering from cognitive decline, it is always possible that you could be in a situation in which you need someone else to make decisions for you, thus it is important not to wait until you are elderly and in crisis to execute such documents.

If you are approaching the age of 65, it is increasingly likely that at some point before you die you may suffer from dementia or a medical event that prevents you from making your own decisions.

Unfortunately, only about one-third of all adults in New Hampshire have executed such documents. And more importantly, many individuals who have taken the time to execute advanced planning documents do not understand them or have never had real discussions with loved ones about their wishes for end-of-life treatment.

These discussions can include whether to die at home and under what circumstances you should receive life-sustaining treatment. This can also mean, "Don't perform cardiopulmonary resuscitation on me because I am elderly, and it you will likely break my

ribs" or, "When I say take whatever steps are necessary to keep me alive, that includes intubation or cardiopulmonary resuscitation."

For discussions with doctors, it can also mean having real discussions about what treatment options at end of life might look like, particularly if the patient is ill and may not recover.

When my mother was dying of throat cancer in 2015, we discussed her medical care choices with her and her doctors in order to better understand how to honor her wishes. As she began having breathing difficulty due to blood clots blocking her airway or fluid filling her lungs, she came to realize that she did not want to die in the emergency room or be placed on a respirator.

We discussed these issues with her doctor and as a family, and ultimately she realized that she was ready to end treatment and go into hospice.

Clear direction

Without taking your time to consider what is important to you and sharing that information with the person who is designated to make your decisions, that designated decision-maker will be trying to make critical decisions that could

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

end your life, or prolong your suffering, in a vacuum, hoping that she is making the right decisions for you.

Studies show that designated decision-makers and family members who are unaware of a patient's wishes are more likely to experience stress, anxiety and depression. Moreover, people are far more likely to take any and all steps possible to prolong death in

order to avoid guilt and fear of abandonment.

When you provide clear direction to the designated decision-maker, your family members are far more likely to feel relieved, despite their sadness over losing you, because they can be comforted in knowing that your wishes were clear and were honored.

Understandably, these can be challenging discussions. But if you can provide some direction to your loved ones and your designated decision-maker, you can take great comfort in knowing that you are helping them to help you. So consider a new year's resolution. Begin the tough conversations.

Andrea Daly, an attorney in the Portsmouth office of McLane Middleton. NH Business Review, 1/8/16

MODERATE DRINKING MAY BENEFIT ALZHEIMER'S PATIENTS

Is moderate drinking the key to a longer life? A new study thinks so.

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
Hillsborough	Sherri Harden	hardensherri@gmail.com
	Joan Schulze	joanschulze@myfairpoint.net
	Russ Armstrong	equizr@gmail.com
Merrimack	Herb Johnson	clairhonda@msn.com
Rockingham	Sheila King	bbwic@metrocast.net
Strafford	Candace Cole-McCrea	snowyowl@metrocast.net
Sullivan	Larry Flint	wrecman@comcast.net
<i>State Reps & Senators</i>		
Cheshire	Rep. Susan Emerson	semerson435@aol.com
Cheshire	Sen. Molly Kelly	molly.kelly@leg.state.nh.us

For early stage Alzheimer's patients, a couple of drinks a day could lower the risk of premature death.

Over 320 people in Denmark with early stage Alzheimer's joined the study. Researchers followed participants for three years. What they noticed was surprising.

Participants who had two or three alcoholic drinks per day had a 77 percent lower risk of dying than those who consumed one or fewer alcoholic drinks daily. This reduced risk remained after researchers accounted for other factors, such as age, gender, smoking, and health problems other than Alzheimer's.

Researchers note that they see an association, not a cause-and-effect relationship. Still, say Sine Berntsen from the University of Copenhagen and the study authors,

"The results of our study point towards a potential, positive association of moderate alcohol consumption on mortality in patients with Alzheimer's disease."

Another study of Germans ages 75 or older shows that moderate drinking may help prevent dementia. Over three years, participants who consumed two to three drinks per day decreased their dementia risk by up to sixty percent. This same study noted that overindul-

gence in alcohol causes health problems, and can induce its own dementia. Moderation is the key.

Moderate drinkers may have stronger social networks. People with these networks and communities tend to have a higher quality of life, which can be linked to longevity.

Before you start pouring drinks, however, consider your overall health. Researchers need more time to investigate alcohol's effect on disease progression, including mental decline, in Alzheimer's patients.

The study authors note that they can't "encourage or advise against" moderate alcohol consumption based on their findings right now.

Elder Guru

YOGA AND MOBILITY

Yoga-based exercise programs can improve mobility among people over age 60 and possibly help prevent falls by improving balance, according to a new review of existing research.

"These results are exciting but not particularly surprising since there is evidence from other research that similar types of exercise programs, Tai Chi, for example, can improve balance and mobility in older people," said senior author Anne Tiedemann of the George Institute for Global Health at Sydney Medical School, The University of Sydney, in Australia.

"What is exciting about the results is that significant improvements occurred in balance and mobility as a result of relatively short pro-

grams of yoga - the average number of hours offered was 20 hours," Tiedemann told Reuters Health by email.

The researchers analyzed six trials, with a total of about 300 participants, looking at the effect of physical yoga on balance among men and women age 60 and older.

Five trials included people living in the community while the sixth included people in residential aged-care settings.

Some did not specify the style of yoga tested, but all utilized a certified yoga instructor and props such as blankets, chairs, blocks, pillows, straps and mats. Programs tended to include 60 to 90 minutes of yoga once or twice weekly for a total of two to six months.

Participants attended about 82 percent of classes, which is a high

attendance rate compared to many other programs, Tiedemann noted.

Overall, yoga was linked to a small improvement in balance and a medium improvement in mobility - such as walking speed and how easily a person can get out of a chair - though the review authors were especially interested in the effects on balance.

To train balance, you need to undertake activities that challenge your balance and to perform these activities a standing position, Tiedemann said.

Three trials reported minor adverse events during yoga, like knee pain, low back pain or minor muscle strains, according to the report in *Age and Ageing*.

The researchers did not measure subsequent health events or falls after the yoga trials, so could not conclude that yoga reduces the risk of falls. Further research should investigate this question, the authors note.

Balance and mobility decline with age and the risk of falling increases significantly after the age of 65, Tiedemann said.

In previous research, she found that older people who are unable to quickly stand up from a seated position without using their arms for assistance are about twice as likely to fall in the next year as older people who can perform this task quickly.

"So reduced balance and mobility are linked to falls as well as loss of independence and lower quality of life in older age," Tiedemann said. "It's interesting to note that bal-

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.

ance and mobility can be trained and improved at any age - it's never too late to start."

It's hard to say whether yoga improves standing or walking balance, and we can't always tell if these will have any effect on falls, which is the real problem, said Pamela Jeter, a yoga expert at Johns Hopkins University in Baltimore, Maryland, who was not part of the review.

"Balance is regulated by several systems in the body and I believe we need to understand where the deficit is coming from before we can target the intervention," Jeter told Reuters Health by email.

"Yoga is great as a therapeutic approach because it can be modified to the individual need or individual balance deficit."

Psychological anxiety or fear of falling can also increase the risk, beyond just physical weakness, and the mindfulness component of yoga may be beneficial psychologically, she said.

"We would recommend that older people who are healthy enough to take part in regular physical activity could join a yoga class run by a yoga instructor who has experience with teaching older people," Tiedemann said. "The type of yoga should be that which focuses on standing balance postures rather than relaxation/ meditation as the focus."

Those with medical conditions that preclude exercise should consult a doctor before starting a yoga program, she said.

bit.ly/1Q8AROW Age and Ageing, online December 25, 2015.

<http://edition.cnn.com/2016/01/06/health/adult-coloring-books-popularity-mental-health/?linkId=20131771&sr=twCNN010616/adult-coloring-books-popularity-mental-health/index.html1258PMStoryLink>

FOR OLDER DRIVERS, SLEEP MEDS ARE LINKED WITH CAR ACCIDENTS

Drivers over age 80 or women over age 70 who take the prescription sleeping pill Ambien tend to have more motor vehicle collisions, according to a new study.

Studies in younger drivers have also shown a link between Ambien, known generically as zolpidem, and motor vehicle collisions, said lead author John N. Booth III, of the University of Alabama at Birmingham.

The new data, however, extend the findings to show that "older adults, specifically women older than 80 years, have significantly higher odds of motor vehicle collisions while taking zolpidem," Booth told Reuters Health by email.

The researchers used information from a study of 2,000 current drivers age 70 or older living in Alabama.

The drivers reported their gender,

race, marital status, retirement status, current occupation or occupation prior to retirement, alcohol and tobacco intake and chronic medical conditions via questionnaires. They also completed a driving habits questionnaire and brought any prescription or over-the-counter medications to a clinical visit so researchers could review the pill bottles.

About 4 percent of participants were using zolpidem. These individuals tended to have more chronic health conditions, more falls over the previous year, to be taking more medications, and to drive fewer miles annually than the rest of the group.

Using accident police reports from the previous five years, the researchers found that overall, motor vehicle collision rates were similar for zolpidem users and nonusers when other factors were accounted for. But specifically among women, crashes were 61 percent more likely for zolpidem users. And among drivers over age 80, those using zolpidem were more than twice as likely to have been in a car accident in the last five years, the authors reported in Sleep Medicine.

When men and women take the same dose of zolpidem, the women tend to have higher concentrations of the drug in their plasma,

Looking for a back issue of an ENH newsletter?

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www.engagingnh.org

which may help explain the results, Booth said.

“Like motor vehicle collisions, sleep problems are a significant health problem for older adults,” Booth said. “Balancing the risks associated with elevated motor vehicle rates with the adverse health outcomes associated with poor sleep is a complicated issue that must take into account the broader perspective of a patient’s overall health.”

A spokeswoman for Sanofi, Ambien’s manufacturer, said the company treats zolpidem reports with the highest degree of importance, and patients should only take the medication as directed by a physician.

“We stand behind the robust clinical data that have demonstrated the safety and efficacy of this product since its approval in the U.S. in 1992, representing more than 20 years of real-world use and 24 billion nights of patient therapy worldwide,” the spokeswoman told Reuters Health by email. “The U.S. FDA-approved label states do not take zolpidem unless you are able to stay in bed a full night (7-8 hours) before you must be active again.”

Other sedative hypnotic medications such as trazodone (Olepro) and temazepam (Restoril) have also been associated with higher car accident risk, Booth said.

“In 2013 the FDA recommended that physicians prescribe low doses of sedative hypnotics,” he said. “This was a response to recent findings that high concentrations of this type of medication can re-

main in the bloodstream after awakening in the morning to interfere with driving.”

*Kathryn Doyle, Union Leader,
1/18/16*

Tech Tips

SENIORS ON THE NET

No other technological advancement has had such far-reaching impact—professionally, politically, personally, and socially—as the ability to “go online.” In recent years, such phrases as, “I’ll send you an email,” “Visit my home page,” and “I hate this computer,” have been uttered by millions of citizens of cyberspace, now known as Netizens. Terms once disdainfully characterized as geekspeak have found their way into our senior society’s vocabulary. For better or worse, the Internet has become as omnipresent and ubiquitous as pretentious writers using big words stolen from Reader’s Digest “It Pays to Improve Your Word Power.”

Whether you’re sending email from home or while traveling, reading a computer user newsletter to stay current with the technology, downloading software updates, or transmitting photographs of your grandchildren to a friend or family member anywhere in the world, the ability to communicate electronically is now an integral part of our global boomers and seniors communities today.

Communicating online is also a natural extension of all the communication skills learned through-

out our lives. Most of us don’t have time to engage in telephone tag or to wade through layers of voicemail menus only to be placed on hold -- not that listening to 27 minutes of The Captain and Tennille’s “Muskrat Love” is so terrible. Using email and the Internet to obtain technical support, pay bills online, invest, read a computer user newsletter to learn new tricks and skills, shop for just about anything, and even renew automobile and voter registrations are a reality, thanks to the Internet. And we haven’t even scratched the surface!

Communicating online is the most consistently productive form of communication available to us. Members of every segment of society and from every demographic group are flocking to the Internet in record numbers and none more so than members of our 50+ generation.

Consider the following:

- 47% of Americans 65 and older use the Internet. The number of seniors online jumped by 67% between 2000 and 2004.
- More than 50 million U.S. adults over the age of 50 have Internet access, and this number is growing rapidly, according to a recent study conducted by SeniorNet and Charles Schwab, Inc.

As “Mr. Modem,” the thousands of questions I receive each year requesting computer help for senior citizens has increased significantly. My weekly computer user newsletter demonstrates that sen-

iors have an above-average interest in Web sites that deal with politics, government, investing, news, travel, religion, medicine, and culture, and are looking to increase their computer knowledge.

For today's active and interactive boomers and seniors, learning how to use a computer and accessing the Internet is no longer the daunting challenge it presented only a few short years ago. In fact, asking for computer help for senior citizens and boomers, and learning to use a computer can be a lot of fun and the benefits are most significant.

Many seniors whose initial reaction to computer use was, "I can never do that," are excited and proud of the new skills they learned or the old ones they resurrected just by asking for some computer help. For senior citizens, many become proficient enough to offer their services to community organizations performing data input or other basic computer tasks, taking part-time jobs or volunteering to teach computing and the Internet to other "new" arrivals to the cyberscene.

By asking for computer help for senior citizens and learning how to use technologies to their advantage, computer and Internet usage has been shown to ease depression and loneliness, and remove the sense of isolation many older individuals feel, particularly when the topic of computing or the Internet arises in conversations. Many older individuals find email an easier way to communicate than the telephone, an espe-

cially important consideration for people with hearing difficulties.

Email also provides an opportunity to reconnect with old friends and distant family, and for grandparents to stay in contact and remain part of their grandchildren's lives, no matter how far away they may reside -- and all without incurring long-distance charges.

There are several ways in which learning how to use a computer and simply asking for computer help have enriched and expanded the lives of baby-boomers and seniors:

Information - Using the computer to explore favorite hobbies and passions, research medical information and read product reviews prior to making purchases.

Communication - Keeping in touch with friends and family through email, resolving billing issues with retailers, locating old classmates, or requesting information from a business or other organization. As a communications instrument, the Internet is unsurpassed for its ease, convenience, and cost effectiveness.

Employment - Knowing how to use a computer can help seniors find a job. There are many sources on the Internet where individuals can learn about job requirements, job openings, and volunteer opportunities.

Entertainment - Games, magazines, newspapers, Internet radio, movies, message boards and forums are all easily accessible online.

Shopping - Shopping on the Internet is convenient, cost-effective, and safe, if you shop on reputable sites, with reputable retailers. The Internet allows you to compare prices quickly, without running from store to store, research particular items, read reviews and commentary before buying, and have purchases delivered to your door. When shopping online, just remember the old adage, "if it sounds too good to be true, it probably is."

The message from the Internet is loud and clear: Welcome, Boomers and Seniors!

www.mrmodem.net

After 16 years, 826 weekly issues and more than 50,000 technology questions, Mr. Modem retired at the end of December 2015. While this site is no longer updated, it will remain accessible for several months.

Dollars & Sense

6 THINGS TO KNOW ABOUT EMV CHIP CREDIT CARDS

Why you need to watch your mail and be a patient shopper.

By now, you've likely received in the mail a replacement credit card with an EMV chip (EMV stands for Europay, MasterCard and Visa). The computer chip has been put in to keep hackers from getting access to the data in your card's magnetic strip.

But you may be in for some surprises, and I say this from personal experience. I recently was with two childhood friends on our an-

nual girlfriends getaway, which included shopping. I handed my purchases to the clerk, along with my credit card.

“I’m sorry,” she said. “It says declined.”

I smiled and asked her to please run it again. When the card was declined a second time, I had to ask one of my friends for a temporary loan until we returned to the hotel room, since I hadn’t brought my purse with me.

What Her Card Issuer Did

Of course, I told my friends that I wasn’t delinquent or over the credit limit and showed them the card hadn’t expired. Still, it was embarrassing. When I returned home and called the credit card company, I was told my card was denied because the issuer had sent me a new EMV chip-enabled card last summer and had *cancelled* my old one.

[Only about 40 percent of the cards are supporting chip and PIN capabilities, which is more secure since you have to input your PIN. — Jill Gonzalez, CardHub]

“It would have looked like junk mail,” the woman told me.

It probably did, and in the midst of a busy summer, I most likely shredded the envelope.

6 Tips for EMV Cards

Now that we’re in the middle of the holiday shopping season, Jill Gonzalez, an analyst with [CardHub](#), and [Beverly Harzog](#), a consumer credit expert, offer six things you need to know about EMV cards:

Help Spread the Word!

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

Forward it on!

1. The reason we’re getting chip-enabled cards.

The U.S. is just following the lead of European countries who adopted the EMV technology years ago to help prevent thieves from cloning credit cards.

“The chip offers a one-time transaction code so [hackers](#) can no longer access all of the data via the magnetic strip,” Gonzalez said. “If a hacker gets the information with the chip, it’s only the one time transaction code.”

2. EMV cards require patience.

Instead of swiping your card, with an EMV card, you dip it into a reader. “Once your card is inserted, the terminal will let you know when it’s approved. It’s not as fast as swiping a card, so be patient,” Harzog said.

Gonzalez noted that there are typically some glitches when the readers are first installed in stores. “You might have to wait in line longer, and this is something you might want to be prepared for,” she said.

3. You need to watch your mail closely.

“Some companies are sending out the new cards automatically and some are waiting until your card expires so if you want one of those now, you have to call the company,” said Gonzalez.

If you haven’t received a new card or information about one (or missed the mailing, as I did), call your card issuer and ask them if your old card will still be accepted. It could save an embarrassing encounter in the checkout line.

4. Don’t worry if you have an EMV card but a retailer you visit doesn’t have an EMV reader

“The new cards also have the magnetic strip, so they can still be swiped,” said Gonzalez.

5. Some EMV cards are safer than others

Said Gonzalez: “Only about 40 percent of the cards are supporting chip *and* PIN capabilities, which is more secure since you have to input your PIN for those.”

USAA, Wells Fargo, Barclay and American Express are among those issuing chip and PIN cards, she added.

If you’re using a new chip-enabled *debit* card, it is chip and PIN.

6. You still need to remain diligent.

Although the new chip-enabled cards have been almost 100 percent effective in reducing the problem of cloning cards, Harzog warned that you still need to moni-

tor your credit card accounts and credit reports.

from doctors who participate in Medicare or Medicaid or are in

with VoIP service from providers including Comcast and

Contact Information For NH Members of the U.S. Congress				
Name	Mailing Address	Phone	Fax	E-Mail Contact Form
U.S. Representative Frank Guinta	326 Cannon House Office Building, Washington, DC 20515	(202) 225-5456	(202) 225-5822	https://guinta.house.gov/contact/email
U.S. Representative Ann Kuster	137 Cannon House Office Building, Washington, DC 20515	(202) 225-5206		https://kuster.house.gov/contact/email-me
U.S. Senator Kelly Ayotte	144 Russell Senate Office Building Washington DC, 20510	(202) 224-3324	(202) 224-4952	http://www.ayotte.senate.gov/?p=contact
U.S. Senator Jeanne Shaheen	520 Hart Senate Office Building Washington, DC 20510	(202) 224-2841	(202) 228-3194	http://shaheen.senate.gov/contact/

“Most of these are chip and signature cards, so if you lose your physical card and a thief finds it, there’s nothing to stop a thief from using your lost card, since they don’t need to know a PIN,” she said.

Also, a chip card won’t protect you from fraudulent online purchases, since the chip isn’t used in those transactions, Harzog added

Kerri Fivecoat-Campbell, Next Avenue, 12/29/15

MEDICARE REMINDER

Medicare Savings Programs (MSPs), also known as Medicare Buy-In programs or Medicare Premium Payment Programs, help pay your Medicare costs if you have limited finances. There are three main programs, and each has different income eligibility limits.

Qualified Medicare Beneficiary (QMB): Pays for Medicare Part A and B premiums, deductibles and coinsurances or copays. If you have QMB, you will have no coinsurance or copayment for Medicare-covered services you get

your Medicare Advantage plan’s network.

Specified Low-income Medicare Beneficiary (SLMB): Pays for Medicare’s Part B premium.

Qualifying Individual (QI) Program: Pays for Medicare’s Part B premium.

If you enroll in an MSP, you will also automatically get Extra Help, the federal program that helps pay most of your Medicare prescription drug (Part D) plan costs.

Medicare Rights Center

AVOID ELDER FINANCIAL ABUSE

Staying involved in the community — and getting out and about — is the best prevention against elder financial abuse. Scammers use seniors’ isolation to their advantage. Consumer Reports offers these tips for seniors and the people who care about them:

Protect yourself

- Sign up for Nomorobo. The free robocall interception service is available to customers

Time Warner Cable. Consumer Reports testers recently found it to be very effective. Check at nomorobo.com to find out whether your phone service supports it. Also, sign up for the National Do Not Call Registry (donotcall.gov or 888-382-1222); it won’t prevent crooks from calling, but it will limit legitimate telemarketing calls.

- Opt out of commercial mail solicitations. You can arrange for a ban of five years at a time with the Direct Marketing Association’s mail preference service (dmachoice.org). To eliminate unsolicited offers for credit, go to optoutprescreen.com.
- Have someone help you pay bills. Create a shared bank account with someone you trust. Then arrange to transfer only enough money each month to pay the bills. Get to know officers and tellers at your local bank or credit union.

- Vet all contractors. Never hire one without first checking with your state's contractor licensing board and the local Better Business Bureau. Ask for proof of insurance and bonding. Don't pay in full up front.
- Check a financial adviser's credentials. Find regulatory actions, violations, or complaints at brokercheck.finra.org.
- Arrange for limited account oversight. See whether your financial institutions will send statements and alerts to a trusted person who has no access to your accounts, just to check for fraud. Or try EverSafe (eversafe.com), a paid Web-based service that consolidates all of your accounts in one place and checks for suspicious activity daily. Consumer Reports tried the Essentials version, \$8, which generally worked as promised.
- Set up an emergency plan. There might be a time when you aren't able to control your own finances because of temporary hospitalization or permanent incapacity. Consider carefully to whom you give power of attorney. Don't assume the person closest to you will do the best job; you might be better off giving it to someone more detached and financially secure. The power-of-attorney document can be drawn up with limits, such as assigning a relative or friend to monitor the person with power of attorney, mandating a periodic written report of financial transactions, or assigning joint

powers of attorney, which requires two signatures on every check.

- Visit an elder-law attorney. He or she can help set up a trust for one or all of your accounts. The arrangement can allow for you to control your money until the point at which you're deemed to need help.

Protect a loved one

- Visit often, sometimes without advance notice. Check for changes in behavior and for signs that the elderly person isn't taking care of herself, including changes in hygiene and a fridge with little food.
- Set up a limited account. If you're concerned about your relative's financial decision-making, set up a small account at a local bank for her. The account could, for instance, include a debit card and checking with a spending limit of, say, \$300.
- In an extreme case, file for guardianship or conservatorship. That could require two exams: one, performed by a psychiatrist or neuropsychologist, to judge the elderly person's cognitive abilities; and another, by a specially trained psychiatrist or psychologist to determine whether the elderly person is being unduly influenced.

Boston Globe, 1/24/16

Laugh & Live Longer

DEFINITIONS

1. **ARBITRAITOR:** A cook that leaves Arby's to work at McDonald's;
2. **BERNADETTE:** the act of torching a mortgage;
3. **BURGLARIZE:** What a crook sees through;
4. **AVOIDABLE:** What a bull-fighter tries to do;
5. **EYEDROPPER;** Clumsy ophthalmologist.

PUNS

How does Moses make his tea? Hebrews it...

Venison for dinner again? Oh deer!

A cartoonist was found dead in his home. Details are sketchy.

I used to be a banker, but then I lost interest.

Haunted French pancakes give me the crepes.

England has no kidney bank, but it does have a Liverpool . . .

CYANIDE PRESCRIPTION

A nice, calm and respectable lady walked into a pharmacy, walked up to the pharmacist, looked straight into his eyes, and said, "I'd like to buy some cyanide.

The pharmacist asked, "Why in the world do you need cyanide?"

The lady replied, "I need it to poison my husband.

The pharmacist's eyes got big and he explained, "Lord have mercy! I can't give you cyanide to kill your husband, that's against the law. I'll lose my license! They'll throw

both of us in jail! All kinds of bad things will happen.

Absolutely not! You CANNOT have any cyanide. Just get a divorce!"

The lady reached into her purse and pulled out a picture of her husband in bed with the pharmacist's wife.

The pharmacist looked at the picture and said, "You didn't tell me you had a prescription."

Born nearly 94 years ago in

Purposeful Living

Brooklyn, Grace Anderson has become a blessing to New Hampshire in her volunteer role at Franklin Regional Hospital where she draws praise from everyone.

After a 20-year career in the pharmaceuticals industry, Grace and her husband moved to Salisbury, New Hampshire, in 1975. In 1982, after her husband's death, on impulse one day she showed up at Franklin General Hospital, applied for volunteer work, and the rest is history.

The Volunteer Services Director says of her: "Grace Anderson is well known to many in the Franklin community, and if you regularly walked the halls of Franklin Regional Hospital (FRH), you'd surely recognize her face. Not only does she always greet patients, staff members, and fellow volunteers with an enthusiastic 'hello' and a sweet smile; she exudes a contagious cheer, and general

sense of kindness – and has done so for nearly 34 years."

Grace has truly seen it all over her years of volunteering at Franklin. But despite the many changes in healthcare, one thing hasn't changed: the notion that patients always come first. Always putting others before herself, volunteering at FRH has been her calling. Over the years, Grace has volunteered well over 10,000 hours. She has logged over 173 hours this year alone as a Greeter in our Coumadin clinic. At the young age of ninety three, this is an unwavering commitment to our organization and the act of volunteering. Her smile and laugh are what patients in our clinic remember. When Grace is absent, the patients wonder where she is and miss her cheerfulness and quick wit.

Grace's colleague volunteers, friends, and family would attest that she is also an incredibly giving person -- Grace has truly dedicated her life to others. She always offers and brings out a smile, and she makes those around her want to do, and be, better.

A skier until a decade ago, Grace has found other community work in addition to her hospital commitment:

she sings in the church choir, tends the barbecue pit at Salisbury's Old Home



Grace Anderson

Day, supervises the town's checklist on election days, and serves as "the dame matriarch" of a family that includes three children and their families. Grace is one of the biggest advocates of volunteering and living the motto of "You'll love what you get when you give". She is an ideal choice for the Vaughan award."

Board Notes

Expectations

Several decades ago a study was done on the role of expectation. In the study teachers were given an overview of the classes they would have the coming school year. One teacher was greeted with an enthusiastic description of a group of students who were exceptional in every way, brilliant children who would need challenge and an environment in which to excel. The curriculum was important but not at the expense of exploring the potential of each child. The other teacher was also advised the curriculum was important, but since the students were average or below, the most that could be hoped for was to try and get through the basics.

What they were not told was that the classes they would have would be the opposite of the one described to them! At the end of the year the exceptional, brilliant kids, barely made it through the curriculum, while the average students overachieved all expectations.

Why bring this to your attention? We live in a world with a focus on

marketing for products, services and even candidates for office. We are grouped and labeled. Ageism sets in and expectations are set about us. Sure, in some cases they are positive. Certainly “70 is the new 60” is a bit better than images of frail and needy, but ageism and assumed expectations are still present.

The example given was about kids; kids who were willing to accept and respond to the expectation of others. And it is a powerful demonstration of a simple truth we should all heed. Even though we're adults, we can still be vulnerable. It is easy to ignore the “poor frail elder” persona that others project upon us. But we are in a much better position to choose the expectations we live by. It does mean that we all need to be vigilant.

There is an joke where an older patient complains to his doctor that his left knee hurts. The doctor replies, “What do you expect? It’s 73 years old”. The elder replies, “So is my other knee, and it doesn’t hurt.” Watch for the manipulation, including low expecta-

tions from your health care providers, and even your kids! Accept and create those expectations that reflect what YOU choose for yourself. Let your preferences be known, clearly and with respect. Remember, how you age can change how your friends and loved ones view their own later chapters of life. Consider becoming a positive role model for the aging experience.

EngAGING NH
9 Gleneagle Drive
Bedford, NH 03110

ADDRESS CORRECTION
REQUESTED