

ENGAGING NH

A Citizen Voice for the
Aging Experience

January 2014

Volume 9, Issue 1

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ENGAGING NH NEWS

by Carol Currier and Barbara Salvatore

Senate Bill 193-FN provides a practical and effective approach to an existing problem, has been successful and effective in other states, is consistent with NH's public health policy goals, and is a prudent investment for our future.

The EngAGING NH Board of Directors have unanimously voted to support this bill, which creates a new tier of dental professional, directly supervised by dentists, who could assist by performing certain tasks such as simple fillings. It establishes a certification comparable to physician assistants and Advanced Registered Nurse Practitioners. Similar approaches have proven cost effective and well accepted by both patients and dental professionals.

There are many barriers to dental care access for older residents. Costs are a significant issue for elders living on fixed incomes or who have other serious medical expenses. For elders living at home, transportation to dental care can be a real deterrent if the person cannot drive or has no public transportation.

Nursing home residents **MAY** receive dental services as part of routine care, IF there is an available dentist. Daily hygiene and attention to developing conditions may not get the attention needed in nursing homes, given all the staffing tasks. It is not a question of good intention or dedication; it is a question of sufficient infrastructure.

Good oral health care cannot be measured by untreated cavities alone; the issue is far more complicated. That dental

There are many barriers to dental care access for NH's older residents.

problems impact overall health is undisputed. The effect can be either direct, such as infection moving into the whole system, or indirect such as weight loss when a decayed tooth makes it too hard to eat. Ill-fitting dentures can lead to chewing problems, leading to poor nutrition, compromising the immune system and a person's overall wellbeing. Of particular concern for older adults is the significant use of prescription drugs that have dry mouth as a side effect. This condition contributes to dental issues if routine care is not in place.

Neither Medicare nor NH Medicaid pays

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for preventive dental services. While we are fortunate to have some reduced cost care provided at a few local health clinics and community colleges in NH, or by commuting to MA, availability is extremely limited, is not a long term solution, and fails to adequately address preventative care.

Please contact your state legislators and encourage involvement in addressing this issue. As Bills go through the legislative process there can be varied outcomes: passed into law, defeated, tabled, sent to study or found 'inexpedient to legislate'. Regardless of the outcome this particular Bill, your continuing support is vital until all citizens of New Hampshire have access to good dental care.

Carol Currier of Concord and Barbara Salvatore of Bedford are Co-Chairs of the EngAGING NH Board of Directors.

NH Updates

INPATIENT/OUTPATIENT ISSUE

Rep. Kuster recently committed to cosponsoring **H.R. 1179, the Improving Access to Medicare Coverage Act**. Introduced by Rep. Joe Courtney (D-CT), this bill would deem an individual receiving outpatient observation services in a hospital to be an inpatient with respect to satisfying the three-day inpatient hospital requirement in order to entitle the individual to Medicare coverage of any post-hospital extended care services in a skilled nursing facility (SNF). *(Editor's note: we continue to*

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.

monitor this issue and encourage anyone who uses Medicare covered hospital services to clarify upfront, whether the status is inpatient or outpatient (observation) as the status affects coverage and out-of-pocket costs.)

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

SEASONAL AFFECTIVE DISORDER

Some of the most common signs of Seasonal Affective Disorder include:

- Oversleeping
- Extreme fatigue or sluggishness
- Lack of interest in normally pleasurable activities
- Increased appetite, carbohydrate craving, overeating and weight gain
- Suicidal thoughts (during more severe episodes).

As days grow shorter and nights longer in the fall and into the winter, our circadian rhythm, the physiological process that helps regulate the body's internal clock, may be affected. This seasonal shift can disrupt our sleep-wake cycle. In prolonged darkness, levels of the bio-hormone melatonin will increase, making us more prone to sleep and depression. Additionally, with reduced sun-

From Our Readers

HONORING OUR VETERANS

Honor Flight New England joined with the national organization Honor Flight Network in the Spring of 2009 and is a non-profit organization created solely to honor America's veterans for all of their sacrifices. Through generous donations they transport our heroes to Washington, D.C., to visit and reflect at their memorials at no cost to the veteran. Top priority is given to the senior veterans – World War II survivors, along with those other veterans who may be terminally ill. The organization is currently involved in a fundraiser event which includes a raffle. To learn more, go to

light serotonin, one of our natural brain neurotransmitters is reduced. This, too, can lead to senior depression.

What can be done to treat Seasonal Affective Disorder? Lots of people admit they've felt "down" during the shorter days of fall and winter. However, the "winter blues" or "blahs" are less severe than Seasonal Affective Disorder and are not a clinical depression. These last for a shorter time and are not associated with the hopeless, low feelings that are associated with Seasonal Affective Disorder.

The American Psychiatric Association's guidelines on major depressive disorders recommend the entire range of depressive treatments for Seasonal Affective Disorder.³ These include:

- Exercise
- Counseling
- Antidepressant therapies (your Primary Care Provider can guide you).
- Light therapy (Note: Light therapy is considered to be an adjunct to antidepressant therapies for severe forms of SAD.³)

*Ellen Brownson Lakes Region
VNA*

WINTER

by Jeanne Kelly

Winter is a Yankee
Born and bred
Frugal, always making do
Bread pudding, soup
Root vegetables
Using one egg never two
And finding one more

Recipe too rich
She thins the sunlight
So it lasts till spring

From: *Silent No More: Unlocking:
The Voices of Older Poets*

News You Can Use

DO YOU BELONG?

An important driver for a lifestyle of optimism is a sense of purpose. Ultimately, what creates purpose is the experience.

An important driver for a lifestyle of optimism is a sense of purpose. There's much truth in Nietzsche's "if you know the why, you can live any how."

Ultimately, what creates purpose is the experience that one is able to make a meaningful contribution to someone else's life. We are social beings and we need each other to find meaning and fulfillment. There's a clear relationship between purpose and connection.

Lynne McTaggart, editor of **What Doctors Don't Tell You**, writes about a fascinating study in her book **The Bond: How to Fix Your Falling-Down World**.

Public health researchers have long been puzzled by an apparent contradiction. Japan produces the largest number of centenarians in the world. Currently, there are 40,000 Japanese who have celebrated their hundredth birthday. The majority of those centenarians are women, but many of them are men too. Moreover Japan has one of the lowest rates of heart disease in the world.

Here's the strange phenomenon: Virtually all Japanese men smoke—and smoking counts as one of the strongest risk factors for heart disease. So what's protecting Japanese men? Two professors of epidemiology at the School of Public Health at the University of California, Berkeley, wanted to find out.

They selected a group of 12,000 Japanese men equally divided over three groups. The men in one group had lived in Japan for all their lives. The second group had migrated to California and the third group to Hawaii. The two professors found that the level of heart disease among Japanese men increased five times in California and about half of that in Hawaii. But the reason surprised them: It was not the change in diet, from sushi to hamburgers and fries, that predicted the rise of heart disease.

The health of the immigrants turned out to be closely related to the kind of society they had created for themselves in their new home country. The most traditional group of Japanese-Americans had a heart-attack rate as low as their fellow Japanese back home, writes McTaggart. Those who adopted the Western lifestyle in-

Raise Your Voice!

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

engagingnh@yahoo.com

creased their heart-attack incidence three to five times. If you no longer belong, you fall ill.

“Connection is the best drug in the world—better than diet or exercise,” McTaggart concludes.

There’s good and bad news in that conclusion. Taking good care of your health may be as easy as taking good care of your friends and family. At the same time, it’s worrying that a generation of people is growing up for whom “connection” means the Internet. What used to be a family visit has become a Facebook event. Other studies show that there’s a lot of isolation behind today’s dominant world of digital networking.

We need families, friends and neighborhoods, we need to feel part of something bigger, to thrive. We need to belong, not online but in the real world of hugs, handshakes and pats on our backs. That’s where we find our sense of purpose as well. So “Do you belong?” is an important question and the answer is not in the screen you are now looking at.

Jurriaan Kamp

See more at:

http://theoptimist.com/do-you-be-long/?inf_contact_key=601d6abc104ff9715259ec7a4260246e84815ff8fc8f68bc2194e9291a8e4e1f#sthash.5URw62kT.dpuf

ON YOUR TOES FOR WEEKEND HOSPITAL STAYS

“The eagle flies on Friday,” declared T-Bone Walker in the 1947 hit tune “Stormy Monday”. That

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 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
- Granite State Future
- Department of Health & Human Services

Other Groups we work with:

- AARP
- NH Business and Industry Institute
- 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 Business & Industry Association
- ServiceLink

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bluesy phrase means Friday equals payday – and that equals time to take off! But you know who else takes off on Friday?

Hospital workers, including nurses and specialist/doctors.

And in many locations, diagnostic labs and imaging facilities are not as readily available, and the technicians may be part-timers with less experience.

Does it matter? Well, two major studies show it really does. In Canada, it seems stroke sufferers admitted on weekends are more likely to die within seven days than those admitted on weekdays. In the U.S., the AMA Journal says heart-attack patients are far less likely to survive. And across the board, anyone going into the hospital on a weekend has an increased risk of complications.

- So if you (or a loved one) need to go into the hospital on a weekend, here are four smart steps to take:
- If you can, arrange to have helpers (friends, family members, hired nurse aids) spend as much time with you as possible.
- Get the phone numbers of all doctors involved in your care, including doctors on call; and contact your primary care physician.
- Insist on answers to important questions: Did you disinfect your hands? What meds are being administered and why? Do nurses and docs know what medications you're taking reg-

ularly? What tests or procedures are needed and when?

- And if something doesn't sound right, ask again; then contact the doctor on call. That'll even your weekend odds.

Mehmet Oz, M.D. is host of "The Dr. Oz Show," and Mike Roizen, M.D. is Chief Wellness Officer and Chair of Wellness Institute at Cleveland Clinic. To live your healthiest, tune into "The Dr. Oz Show" or visit www.sharecare.com.

Source: 11/22/13 Union Leader

ASSISTANCE WITH DAILY LIVING TASKS

About two-thirds of older Americans depend on other people or devices to complete routine daily tasks, a University of Michigan study found.

The researchers interviewed 8,000 men and women age 65 and older to see how they performed activities such as going outside, getting out of bed, eating, and dressing. They asked whether these activities were completed with any assistance from devices such as walkers, grab bars, or wheelchairs, or whether they received help from a caregiver within the last month.

Nearly 25 percent said they complete tasks on their own using assistive devices such as walkers, and 18 percent said they use these aids but have trouble performing activities. An additional 21 percent got by with the help of a caregiver, and 6 percent said they

CAN YOU HELP?

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

Make your check out to Disabilities Rights Center, Inc. and note "EngAGING NH" on the memo line. DRC's mailing address is 18 Lowe Avenue, Concord, NH 03301.

Donations are tax deductible to the extent allowed by law.

have reduced activities of daily living, for example showering less or not walking as much. The older respondents were, the more likely they were to rely on devices or people for help.

Bottom Line: As many as two-thirds of older Americans depend on other people or devices in order to complete daily tasks.

Cautions: The study relied on interview responses from participants, which may not always be accurate. Where To Find It: American Journal of Public Health, Dec. 12

Source: Boston Globe 12/16/213

Health & Wellness

CARBON MONOXIDE POISONING

As winter descends, cases of accidental carbon monoxide poisoning rise. The colorless, odorless gas is found in car exhaust and in fumes from fuel-burning appliances such as generators, charcoal grills, gas stoves, and wood fireplaces. It's poisonous because it binds to hemoglobin, the protein in red blood cells that carries oxygen throughout your body. "The red blood cells pick up carbon monoxide quicker than they pick up oxygen," which starves the body of oxygen, says Adina Sheroff, poison information specialist at the Regional Center for Poison Control and Prevention at Boston Children's Hospital.

Symptoms depend on how much carbon monoxide is present and how long a person is exposed, explains Christopher Rosenbaum, an emergency medicine physician at Newton-Wellesley Hospital. At low levels, he says, people "just feel like they might be ill; it's very vague and nondescript." Typical complaints are flulike symptoms, headaches, dizziness, confusion, chest pain, and nausea. Rosenbaum often suspects carbon monoxide exposure if a patient feels better after changing locations or if someone else in the house has symptoms. Higher exposures can cause fainting, loss of consciousness, permanent brain or heart damage, and death.

To prevent exposure, properly vent and maintain gas appliances, furnaces, and fireplaces, and don't run cars, fuel-burning grills, or generators in enclosed spaces. The only way to detect the gas is by installing working carbon monoxide detectors throughout a building. If a detector goes off or you suspect exposure, leave the area immediately and seek medical treatment

BATTERIES & LIGHT BULBS

Batteries are used in all sorts of devices and not just those toys you gave as Christmas gifts. Everything from flashlights to telephones may use AAA and AA batteries. And it's not unusual to see sales for packages. When you stock up consider this tip: always use the same brand name *and* age battery in any given device.

Consumer Reports recommended Duracell Ultra Power over Energizer Max as a top rated AA alkaline battery. Some of the newer packaging skips the + and - markings on the batteries themselves; the flat end is - and the protrusion is +.

As of 2014, 60W incandescence light bulbs are no longer available for sale, as we are encouraged to move toward those new spiral bulbs. While the newer light bulbs are more energy efficient, they contain mercury and **MUST BE DISPOSED ACCORDING TO SAFETY INSTRUCTIONS.**

When you stock up on these bulbs, save those instructions. It's not only about how to dispose of a used bulb, you need to know how

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@yahoo.com

to handle accidental breaking and clean up in your home.

Another tip: When selecting LED lights, look for "warm" light rather than the cool, bluish tones.

HEART ATTACKS SYMPTOMS IN WOMEN

While crushing chest pressure could be a red flag symptom of a heart attack, women often do not have this pressure and instead may feel shortness of breath, pressure or pain in their upper arm, dizziness, or fainting, according to the American Heart Association's

How to Contact Your State Committee on Aging Representatives

County	Name	Email
Belknap	Pat Consentino	sel.consentino@tiltonnh.org
Carroll	Kate Cauble	kemc226@aol.com
Cheshire	Bob Ritchie	fictionfitz@gmail.com
Coos	Mark Frank	maxfra@aol.com
Grafton	Rich Crocker	richcrocker@roadrunner.com
	Chuck Engborg	eengborg@roadrunner.com
Hillsborough	Sherri Harden	hardensherri@gmail.com
	Joan Schulze	joanschulze@myfairpoint.net
Merrimack	Vacant	
Rockingham	Sheila King	bbwic@metrocast.net
Strafford	Candace Cole-McCrea	snowyowl@metrocast.net
Sullivan	Larry Flint	wrecman@myfairpoint.net
<i>State Reps & Senators</i>		
Cheshire	Rep. Susan Emerson	semerson435@aol.com
District 12	Senator Peggy Gilmour	peggy.gilmour@leg.state.nh.us

website.
<http://www.honorflightnewengland.org/bdopen>

But it turns out, these differences don't help much in enabling doctors to distinguish between a heart attack and other conditions such as heartburn, an infection, or a muscle strain — in either women or men.

Swiss researchers drew that conclusion in a study published online last Monday in the journal JAMA Internal Medicine after reviewing medical records from nearly 800 women and 1,700 men evaluated in European hospital emergency

rooms for chest pain indicative of a possible heart attack.

Women having heart attacks were less likely than men to report feeling pain radiating to their right arm and shoulder, the researchers found, and more likely to have pain radiating to their back.

But both genders shared a wide array of other chest pain symptoms, and doctors weren't able to identify, based on symptoms alone, the 20 percent of patients having actual heart attacks from those who weren't; they still needed to perform an electrocardiogram— to look at the heart's elec-

trical activity— and order a blood test to measure cardiac troponin, a protein that rises when the heart muscle is damaged, to know for certain, the study suggests.

Source: Boston Globe

CAUTION ON FOOD AND MEDICINE COMBINATIONS

Certain medications should not be combined with specific foods, and doing so could cause serious harm, so be sure to discuss this issue with your doctor or pharmacist.

The following is a partial list: *Blood Pressure Meds:* ACE inhibitors (blood thinners such as captopril, enalapril and lisinopril) when mixed with certain “potassium sparing” diuretics such as triamterene can increase potassium levels. Too much potassium can lead to irregular heartbeats or palpitations. Foods to

avoid include bananas, oranges, green leafy vegetables, and salt substitutes such as Morton Lite Salt.

Blood Thinners: Kale, other greens such as broccoli, cabbage, spinach, and Brussels sprouts are rich in Vitamin K which can reduce the drug's anti clogging effects. While it is good to eat a balanced diet, be careful about over consumption as in healthy, green smoothies.

Cholesterol: Don't mix grapefruit juice with drugs such as Lipitor and Mevacor. The juice can raise levels of the drug in your blood-

stream which can cause increased side effects.

Thyroid: Walnuts, soybean flour, cottonseed meal, and high-fiber foods can prevent your body from absorbing such drugs as Levothyroid, Levoxyl, and Synthroid. If you have a high fiber diet, you may need higher dosages.

Heart Failure and abnormal heart rhythms: Avoid black licorice, but just items containing the extract; flavoring is okay. And if you are taking supplements for heartburn, watch for licorice-root as an ingredient.

Antibiotics: Drugs such as Tetracycline should not be mixed calcium foods such as milk, yogurt, or cheese as well as calcium supplements which can affect absorption.

Bacterial Infections: Foods that contain the amino acid tyramine should be consumed in moderation is you are taking such drugs as Flagyl or Zyvox. Such foods can cause a spike in blood pressure and include aged, pickled, fermented or smoked items such as processed cheeses, anchovies, dry sausage, and salami. The acid is also found in bananas, avocados, chocolate and alcoholic drinks.

Source: Consumer Reports

LIGHT EXERCISE LINKED TO DECREASED RISK FOR KIDNEY STONES

As little as three hours a week of light exercise may lower a woman's chances of developing kidney stones, a new study found. University of Washington researchers looked at data of more than 84,000

postmenopausal women who were part of the nationwide Women's Health Initiative, a study that has been tracking women's diet and lifestyle since the 1990s.

Women who reported even the lowest level of physical activity, comparable to about three hours of walking per week or one hour of jogging, had a 16 percent reduced risk of developing kidney stones.

Women who consumed more than 2,200 calories a day were at higher risk for developing kidney stones. However, eating less than that amount did not protect against kidney stones.

The findings add to mounting evidence that some cases of kidney stones may be related to lifestyle factors.

Bottom Line: As little as three hours a week of light exercise may lower a woman's risk of developing kidney stones.

Cautions: The study was limited to postmenopausal women and the findings may not represent all

people at risk for kidney stones. The study does not prove that exercise prevents kidney stones.

NATIONAL HEALTH SPENDING GROWTH REMAINS LOW FOR 4TH CONSECUTIVE YEAR

Overall national health expenditures grew at an annual rate of 3.7 percent in 2012, marking the fourth consecutive year of low growth, the Centers for Medicare & Medicaid Services (CMS) Office of the Actuary reported today. Health spending as a share of gross domestic product fell slightly from 17.3 percent in 2011 to 17.2 percent in 2012.

In article summarizing the study is being published in the January issue of the journal Health Affairs. The entire report is being published on the CMS National Health Expenditures website.

The report found that the continued low growth in 2012 was driven by slower growth in prescription drug, nursing home, private health insurance, and Medicare expenditures. The report from CMS' Office of the Actuary also found that the Affordable Care Act (ACA) contributed to the slow growth for the Medicare program in 2012, but had a limited impact on overall spending as reforms were still being implemented in 2012.

The report's findings include:

- Private health insurance spending growth remained low. Private health insurance spending continued to grow at

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Forward it on!

a low rate, increasing 3.2 percent in 2012 compared to 3.4 percent growth in 2011.

- Medicare spending growth continued to be low. Despite a large uptick in Medicare enrollment, Medicare spending growth slowed slightly in 2012, increasing by 4.8 percent compared to 5.0 percent growth in 2011. Total Medicare spending per enrollee grew by only 0.7 percent in 2012.
- Prescription drug spending growth was low. Retail prescription drug spending slowed in 2012, growing only 0.4 percent as the result of numerous drugs losing their patent protection, leading to increased sales of lower-cost generics.
- Nursing home spending growth slowed. Spending for freestanding nursing care facilities and continuing care retirement communities increased by only 1.6 percent in 2012, down from 4.3 percent growth in 2011, due to a one-time Medicare rate adjustment for skilled nursing facilities.
- Medicaid spending continued to grow at a historically low rate. Total Medicaid spending grew 3.3 percent in 2012. While an increase over 2011, this increase still represents historically low overall growth rates tied to improved economic conditions, as well as efforts by states to control costs.

The report also found accelerated growth in hospital and physician and clinical services spending, and slightly faster growth in out-of-pocket spending, 3.8 percent in 2012 compared to 3.5 percent in 2011.

The full report can be found at: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Reports/NationalHealthExpendData/NationalHealthAccountsHistorical.html>

Read an article about the report from the CMS Office of Actuary at <http://content.healthaffairs.org/content/33/1/67.abstract>

Source: Boston Globe

Dollars & Sense

CHARITABLE DONATIONS

Before you make a donation to a charity, even ones that are well known, you might want to check www.charitynavigator.org

Charity Navigator, America's largest independent charity evaluator, provides free ratings of the Financial Health and Accountability & Transparency of thousands of charities.

TAX DEDUCTIONS

If you itemize your deductions, remember to include the cost of Part B Medicare, which may have been deducted from your Social Security checks.

The same is true for health care insurance premiums, hearing aids, laser eye surgery and a weight loss

program if it has been related to a diagnosed medical condition.

There are many volunteer tax preparation services available to assist you. For online IRS sponsored volunteer assistance go to: www.irs.gov/Individuals/Seniors-&-Retirees. Internet searches can help you find other services some of which are specific for special circumstances: these include but are not limited to:

http://www.ehow.com/about_7433518_tax-prep-seniors.html; <http://www.agingcare.com/News/free-tax-preparation-for-seniors-148708.htm>

You may also find local assistance through organizations, churches, senior centers or through national organizations such as:

http://www.aarp.org/money/taxes/aarp_taxaide/

IDENTITY THEFT

While some identity thieves focus on getting your credit cards and maxing them out before you even realize they're missing, an increasing number are using one piece of information about you – often a credit card number – to steal your entire identity.

No one is immune to identity theft, but here are some ideas to stay one step ahead of them.

- Lock up important documents at home. Secure birth certificates, Social Security cards, passports and credit cards when not in use in a safe deposit box or in a safe hidden at home

ServiceLink Focus

The ServiceLink Aging and Disability Resource Centers are the New Hampshire link to information and support services within the community.

ServiceLink centers are located in each county to help older adults, disabled adults, caregivers find the information, and resources they need to make informed choices and live independently.

If you have questions and/or want to find out about services and resources available in your area, call ServiceLink at

1-866-634-9412

or go to

www.servicelink.org.

- Beware of providing seemingly innocent personal facts online that a thief could use to steal your identity. For example, never list your full birthdate on Facebook or any other social-networking website. And don't list your home address or telephone number on any website you use for personal or business reasons, including job-search sites.
- Snail mail: When you order new checks, pick them up at the bank instead of shipping

them to your home. Bring any mail with personal and financial information to the post office, rather than using your mailbox pick up service.

- Review bank and credit card statements monthly – and preferably more often. Watch for charges for less than a dollar or two from unfamiliar companies or individuals. Thieves who are planning to purchase a block of stolen credit card numbers often first test to check that the accounts haven't been canceled by aware customers. They do so by sending a small charge through, sometimes for only a few pennies. If the first charge succeeds, they'll buy the stolen data and make a much larger charge or purchase. They're guessing – often correctly – that most cardholders won't notice such a tiny charge. In addition, many of the fraud alerts you can set on your accounts aren't triggered by small dollar amounts.
- If an ATM or store terminal looks funny, don't use it. If you notice it after you've already inserted your card, you should alert your bank so it can watch for any fraudulent charges to your account.
- Sign your credit card with a Sharpie so your signature can't be erased and written over. Leave the “please activate” sticker on your credit card. It makes theft less likely. Be alert in checkout lines for any unusual delays or activities.

- Check your receipts for accuracy, especially cash back information and be sure your card is actually yours and that it wasn't swapped.
- Never throw away a credit card slip, shred anything that has any number, name, address on it."

*Lisa Rogak for
CreditCards.com*

Read more:

<http://money.msn.com/identity-theft/10-things-to-know-about-identity-theft-creditcards.aspx>

Tech Tips

SHARING PHOTOS ELECTRONICALLY

This summer, I hit one of life's great milestones: I became a person who posts baby pictures on the Internet. A lot of them.

Our son was born in August, and I have already taken 15,000 pictures of him, hundreds that I want to share with our family and close friends, and a few dozen that I might want to show colleagues and acquaintances. But how?

In theory, we're in a golden age of photo sharing. There are literally dozens of ways to share photos with friends now. But with the new capabilities of the Internet come new and distinctly contemporary problems.

For one, most parents don't want photographs of their children widely available. You want *your* people to see them but not anyone else. The privacy issues that lurk

Contact Information For NH Members of the U.S. Congress

Name	Mailing Address	Phone	Fax	E-Mail Contact Form
U.S. Representative Carol Shea-Porter	1530 Longworth HOB Washington, DC 20515	(202) 225-5456	(202) 225-5822	https://shea-porter.house.gov/contact/email-me
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/

in our daily lives cry out to be addressed when it comes to children

And second, not everyone uses the same social network. Grandma's on Facebook, your nephew is on Instagram and your colleagues are on Twitter and LinkedIn.

So, what do my wife and I do?

We've chosen not to post pictures to our very public [Twitter](#) and Facebook accounts because we don't want photos of our son accessible to just anyone, and Facebook's intensive data-mining and ever-changing privacy policies make us uneasy.

So for close friends, we've been uploading photos to [Instagram](#). We like how simple and easy it is to use. And the interface feels intimate, I think, like just the place to give someone a peek into our new life. It helps that before posting anything, we locked our accounts and pruned our connections. We know every single follower we have. No strangers allowed.

I also love [Google Plus](#)' photo tools. If you can only dimly recall, Plus is Google's would-be Facebook competitor, and while it stinks as a social network, its photo handling is excellent. It can back up all your phone photos to the cloud, and its default settings encourage privacy. One thing we love is that if you take a bunch of pictures with a similar background — say your baby on the changing table — Google Plus automatically turns that series into a cute little animation that can be easily shared with select groups of people.

But for our son's true fans — his grandparents — we wanted something even more immediate and private. We share photos to our parents' iPhones with Apple's Photo Stream and it works wonderfully. When you share a picture, an alert pops up on everyone's phones. It's almost like you're texting a photograph to a group, but you're also creating an archive you can look back through. If you've got relatives who don't use the

iPhone, though, you'll need another solution.

Last, we created a photo set on Yahoo's [Flickr](#) to share with our widest circle of friends and colleagues, even though its mobile experience didn't match the other services.

It's a lot of work. So why do we go to all this trouble in the first place?

A friend told me as I approached fatherhood that it was easy to talk about the hard things in parenting. They're obvious: sleep deprivation, a foreclosing of social possibilities, diapers. But the beauty of it can't be captured in words. These photographs and the stories they tell are an attempt to make meaning out of the rewarding difficulties of rearing a child.

The Internet companies know how prized these photographs are.

Most people will never post anything that gets more likes and favorites than their baby photographs. And the companies translate that interest into advertising

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inventory. And just as retailers like Target try to become part of parents' new normal shopping habits, Web companies know that your digital habits are up for grabs, too. Where you post your baby photographs is the biggest endorsement of a social network that you can make. The family that Facebooks together might not stay together, but it will stay on Facebook.

Which reminds me of one last piece of advice: While it might seem like Google and Yahoo have been around forever, while it might seem like "the cloud" is firmly established, nothing on the Internet is on firm footing over the long haul. And owing to the nature of competition these days, the world's technology titans have strategically broken the connections between their networks.

So don't trust any Web company to act as the sole archive for your photos. Back up those kid pictures onto a hard drive or make an old-fashioned album of prints. Long after the likes and favorites have faded away, you'll want to preserve the memories, and I wouldn't trust any Web company to keep things as they are until my child's graduation from kindergarten, let alone high school.

Source: NPR. Alexis Madrigal is a senior editor at The Atlantic and a visiting scholar at Berkeley's Center for Science, Technology, Medicine and Society

Laugh & Live Longer

IRISH GHOST STORY

This story happened a while ago in Dublin, and even though it sounds like an Alfred Hitchcock tale, it's true.

John Bradford, a Dublin University student, was on the side of the road hitchhiking on a very dark night and in the midst of a big storm. The night was rolling on and no car went by. The storm was so strong he could hardly see a few feet ahead of him. Suddenly, he saw a car slowly coming towards him and stopped.

John, desperate for shelter and without thinking about it, got into the car and closed the door . . . only to realize there was nobody behind the wheel and the engine wasn't on. The car started moving slowly. John looked at the road ahead and saw a curve approaching. Scared, he started to pray, begging for his life.

Then, just before the car hit the curve, a hand appeared out of no-

where through the window, and turned the wheel. John, paralyzed with terror, watched as the hand came through the window, but never touched or harmed him.

Shortly thereafter, John saw the lights of a pub appear down the road, so, gathering strength; he jumped out of the car and ran to it. Wet and out of breath, he rushed inside and started telling everybody about the horrible experience he had just had.

A silence enveloped the pub when everybody realized he was crying . . . and wasn't drunk. Suddenly, the door opened, and two other people walked in from the dark and stormy night. They, like John, were also soaked and out of breath. Looking around, and seeing John Bradford sobbing at the bar, one said to the other . . . "Look Paddy . . . there's that idiot that got in the car while we were pushing it!!!!!"

Purposeful Living

Barbara Coish has successfully managed the Windham congregational lunch program for Rockingham Nutrition Meals on Wheels for the past fourteen years, and her dedication has allowed the site to flourish and reflects a philanthropic spirit that represents what the nutrition program is all about.



Barbara Coish

The majority of Barbara's volunteerism starts every Tuesday and

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Thursday morning when she prepares the Windham senior center for the day, brewing a fresh pot of coffee, slicing up some of her

homemade friendship bread, and setting up the day's activity,

whether it is cards, bingo, dominoes or line-dancing.

Then, at noon, Barbara and a few other volunteers serve up a hot nutritious meal for twenty-five to thirty seniors at the site. After lunch, she helps clean up the kitchen, collects the meal donations, gets the deposit ready, calls in the meal order for the following week, and takes care of her weekly paperwork.

Since Barbara has been a volunteer, she has served over 35,000 meals!

Barbara also volunteers much of her time as President of the Windham Seniors Inc. to help oversee the day-to-day functioning of the Windham Senior Center. She works with the recreation director, to plan programs and activities for the seniors.

Barbara works hard to make the center a welcoming place for seniors. She always makes sure they have everything they need so they

can relax and enjoy themselves. And if someone needs a ride to the center, Barbara will make the arrangements or she will pick them up herself. She feels strongly that no senior should ever have to sit at home all alone just because they are no longer able to drive.

At the age of seventy-four, Barbara has more drive and energy than most people half her age. When I asked her what pushes her to work so hard, she said that she learned the importance of social interaction for seniors many years ago when she started bringing her mother and mother-in-law to the Windham senior center. It was soon after that she started volunteering for Meals on Wheels at the Windham senior center.

Barbara says she believes that one person watching another volunteer encourages volunteerism. And as a way to thank the other volunteers at the center, once a year, Barbara hands out what she calls the Angel Award. With it she hopes to inspire others to volunteer and give back to the community.

The thing that impresses people the most about Barbara is how humble she is—her constant desire to praise others before herself signifies her true character. When asked for his thoughts on Barbara Coish, the Windham town administrator said,

“She is a staunch advocate for the senior population in Windham, she’s like their ambassador. I wish there were more people like her.”

I feel Barbara’s service to the senior community is truly unparalleled, and I can’t think of a more

deserving person for the Joseph D. Vaughan award.

Board Notes

With the holidays at a close and we slip back into the routine of daily life, it’s time to think about what we want from 2014.

When we look back on 2013, one of the biggest messages was that polarity holds us back from vision, progress and solutions. We, the nation that supposedly holds the view “United we stand; divided we fall” not only allowed division to be the norm, we championed the correctness of a particular side or point of view.

And yet, in the shadows of this battle, we saw new movements of unification. Themes like “Made in America” “Grow Local” and “Shop Local” are gathering energy. And that energy is cooperation.

Cooperation means working together to create an environment that celebrates the individual, honors different points of view, and values diversity. Cooperation means moving beyond the old expressions of power and a renewal of the understanding held by indigenous populations: The first lesson of power is that we are all alone. The final lesson of power is that we are all one.

For cooperation to work, we need to be clear about what we want. While, it’s pretty easy to identify what we don’t want, being specific about what we do want may be a bit harder. It takes more than stat-

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ing an absence of what we don't want. The funniest example of this is "not wanting to be sick"; and the explanation that the absence of disease includes death!

There is an opportunity in 2014. But it requires us to be more creative. It requires us to think in new ways. We need to watch when arguments have slipped from finding solutions to choosing an approach. And it is time for us to assist our leaders, local officials, State and federal to take the long view, to see themselves as cooperative in the fullest sense of the term.

Older adults, in general, have moved away from competition and are naturally more cooperative. We can be good role models for this shifting energy. Indeed, it may be the greatest gift we can give our grandchildren.

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