



A Citizen Voice for the Aging Experience

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ENGAGING NH NEWS

GUEST OPINION:

Psyched by Bikes!

by Bill Weiler

Speeding cars, tailgaters, “road rage”, and oh yes, those unpredictable bicycles!! As we age, it seems like driving is more of a chore than pleasure. I am a Senior and a bicyclist myself; I cannot do much to help you with tailgaters, but hopefully I can give you some insight as to key factors influencing cyclists, and why much of that unpredictability is beyond their control!

It is important to remember that cyclists are bound by the “rules of the road – including the 3 foot rule when passing” the same as motorists. But like motorists, they don’t always stay inside the law. But note, law abiding bicyclists are statistically far safer (by 20x!) than the average motorist; however, the majority of cyclists (80 %+) break some laws.

Typically, cyclists tend to ignore “Stop” signs or “Red” lights, on the contention “if it ain’t there, I keep moving”. Some cyclists don’t use adequate hand signals (if at all) to let you know their intentions. Also, some cyclists do not properly “light” their bikes at dusk/dawn. These are deliberate and unacceptable, just like we see with motorists, but as the risk of significant injury is more severe on a bicycle, most are very careful about safety in general.

So, why are they so seemingly “unpredictable”? I’ll address this by focusing on three areas that impact how bicyclists operate – equipment, roads and courtesy:

- Equipment. Yeah, equipment has a lot to do with it. Road bicycles are typically very light weight. My bike

Senior drivers and most cyclists have a common goal . . . to put common sense and, most importantly, courtesy back into our times on the road!

is made of carbon fiber, and weighs 18 pounds. This makes them ride faster, but the frames being flexible cause stability issues in high winds or hitting pot holes. Those “skinny” tires hold on average 115-120 lbs. of pressure to support the weight of the rider while the average pressure in a car is 32-35 lbs.! This makes the tires very susceptible to flats, and as bicycles are legally relegated to break down lanes (if they exist) cyclists are continually looking for glass, metal, any debris that will cause a flat. That is “no fun” at 25-30 miles an hour. A distraction, but an important one.

Also, most cyclists’ shoes are

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“clipped” in to the pedals so they don’t slip off and for power. Getting in and out of those “clips” is an art and a science; please note that when a cyclist signals that he/she is slowing and/or stopping (left hand down at 45 degree angle from body) that means that they will have to “unclip”. It happens to all cyclists occasionally that the clip sticks, and you go down bike and all in an embarrassing heap. So, when you see a bike stopping, give some extra room.

Similarly, if you have a bike in front of you at a Red light, e.g., remember that the cyclist has to gain momentum manually while clipping back in. That means he/she will go a tad slower at first than you might like – again, give them an extra few seconds. Some cyclists have rear-view mirrors on their helmets, or on their handlebars, but frankly they are often distorted by vibration and scale. Many do not use them at all, but believe me, we know the car(s) are there – we hear ya!

Please refrain from using your horn to let us know you are there! All that will do is startle the cyclist and may actually cause a crash. Most cyclists riding in a group are very good about letting cyclists in front of them know there is a “car back”. You will also see groups signaling to each other if they see glass or pot holes in the road.

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.

- Road conditions. This is the 900-lb Gorilla!! As mentioned, legally bikes need to navigate in the break-down area (right of the white line), but in many, many of our roads there is no break down area, or the break down area that exists is replete with trash, frost-heaves, pot holes, glass, etc., items that represent a great risk to cyclists.

Believe me, most cyclists are not thrilled about venturing into the traffic flow, but sometimes there is no choice. Cyclists will look back as best they can, but it can be a real issue if a car is approaching at a high rate of speed. This issue is very common on bridges, or crossing bridges that have grating – walking a bike across can be equally dangerous if there is no walk way.

Speaking of the white lines, when they are wet from rain or dew, they can be quite slippery!! By the way, on average when cyclists have no choice but to go in the travel lane, speed limits are usually 40-45 mph. To add to the woes, more

and more “rumble strips” are being used on NH roads; cyclists can avoid them, but in an emergency, it limits where you can go for safety.

The good news for cyclists and motorists is the increase in Bike Lanes; however, there are some issues for you to be aware of. One is they are narrow, and two they frequently “sandwich” the cyclist between cars going straight and cars that are turning right. This is also true with defined right turn lanes; when the cyclist is going straight, the choice is to be in the travel lane going forward, or to sit on the line next to the turn lane. Remember your side-view mirrors – especially extended ones on trucks when in those narrow lanes!!

- This is NH and we have hills!! And hills present challenges on a bicycle. Although most road bikes have multiple gears that help, less experienced or less conditioned cyclists may struggle on a hill – particularly challenging for motorists if there is a limited break down

area. Many cyclists get “out of the saddle” (literally stand on the pedals) to get more power, but this can also make them more unsteady. You may see the bike “wobble” or move left and right (called “serpentine”) to reduce the drag/friction on the hill.

It is extremely important to slow down and give as much space to your left as legally possible in this situation. Also, some cyclists will tend to look down in this position rather than 15-20 feet ahead. It is like descending a stair case and looking at the step you are on (can make you dizzy). But as I said, for some less experienced cyclists hills can be a real challenge and they often are short on breath.

- Intersections, particularly with “side roads” have an added risk, in that lots of gravel, sand, oil, and debris collect there, and are difficult or impossible for a bike to ride through, so the only option is for the cyclist to, yes, venture into the travel lane. This is something to be aware of when you near a cyclist and an intersection.
- Courtesy. So much of the “conflict” between cars and cars, and cars and bicycles would dissolve with common sense and courtesy. As a motorist and a cyclist, nothing annoys me more (well maybe taxes do), than seeing two or three cyclists riding abreast ra-

ther than in a single file like they know they should do.

Most crashes involve distracted or impaired operation of the vehicle. Still see lots of folks on the ol’ cell phone while driving!!! Occasionally you will see a cyclist with ear phones on – that is flat wrong! A City like Concord has parallel and perpendicular parking – with an abutting Bike Lane! All vehicles have a blind spot – so paying extra attention for bikes or pedestrians as you pull out of a spot isn’t that hard. Similarly, if on my bike and I clearly see someone well on their way backing out, it isn’t hard to stop rather than swerving around them.

- By the way, on a pain scale, near the top of the list is having someone open a car door in a parking space as you cycle by. Had that happen in Biddeford ME! The “three-foot clearance when passing” is critical, not only for police but for all of us. Folks don’t realize it, but when a car passes a bike too close at a fast speed, it creates Draft, and draft actually pulls the bike closer to the car, and maybe into the travel lane!

Actually we senior drivers and most cyclists have a common goal, and that is to put common sense and, most importantly, courtesy back into our times on the road! So, I hope this hasn’t sounded like cyclists can do no wrong, au contraire. But many of the things they do may seem out of the ordinary,

because they are to non-cyclists. Hopefully this will help you better understand “why” so you can “react” safely!

Bill Weiler is a cycling enthusiast who lives in Deerfield, NH.

NH Updates

SUSTAINABLE SNHPC FOUNDATION RECEIVES GRANT FOR AGE FRIENDLY INITIATIVE

The Tufts Health Plan Foundation has announced an investment of \$45,000 for the Sustainable Southern New Hampshire Planning Commission Foundation to promote the region's age-friendly community initiative. Recognizing the state's shifting demographics, the Southern New Hampshire Planning Commission (SNHPC) is working with AARP, other partners, and older adults to help the 15 communities in the region learn what their residents want in an age-friendly community.

“We invest in initiatives that are inclusive, led by community, and represent true cross-sector collaboration. By leveraging Foundation resources, grantees can implement promising practices and proven strategies-and accelerate progress,” said Nora Moreno Cargie, president of the Tufts Health Plan Foundation and vice president, corporate citizenship for Tufts Health Plan.

The one-year grant supports building community coalitions and the

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

development of a survey to assess each community's age-friendly needs and opportunities. Residents will be asked to evaluate housing, transportation, neighborhood characteristics, environment, health, opportunity, and civic and social engagement. The SNHPC will host a public convening to share the results of these assessments and explore ways promote age-friendly initiatives.

“By making themselves more ‘age-friendly’, cities and towns in the Southern NH region will provide critical support for residents

of all ages. Age-friendly communities become more desirable places to live, to visit, and to spend time. They also reap economic benefits, injecting new vitality into local business, as consumers of all ages feel welcome and secure,” said David J. Preece, AICP, executive director and chief executive officer, Southern New Hampshire Planning Commission.

The Southern New Hampshire grant was funded through the Foundation's Systems and Best Practices focus area. In all, Tufts Health Plan Foundation announced 12 new grants, engaging nearly 300 community organizations in Massachusetts, New Hampshire, and Rhode Island for a total community investment of \$1.8 million.

For additional information about the Age Friendly initiative, please contact Sylvia von Aulock at 603-669-4664 or svonau-lock@snhpc.org.

EXECUTIVE COUNCIL UPDATE

This spring, the Executive Council continued to work with state agencies with a particular focus on supporting the health of NH communities. The Council approved millions in federal health program funds (“1115 Waiver”) which are now flowing to NH to help support our public health systems, including behavioral health. The Council also supported state agency work for testing and responding to the drinking and groundwater contamination and potential contamination by perfluorooctanoic (PFOA) acid and related perfluor-

inated compounds, especially in Merrimack, Litchfield, Bedford and Manchester.

The Council approved key construction projects like I-93 expansion construction from Londonderry to Manchester as well as various local and regional projects, including:

- **In Central NH:** Continued funding public transport systems in Concord & Laconia; approved resurfacing of roads throughout central NH; protected drinking water systems in Concord.
- **In the Monadnock Region:** Continued funding for public transport systems in Claremont & Charlestown; extended local family support services with existing service providers; supported a program to promote local agriculture in schools; approved resurfacing roads throughout the region; and authorized a climate and health adaptation plan for the region.
- **In Strafford Co:** Supported real estate acquisition for an assisted living community in Durham; approved road resurfacing projects throughout the region; approved substance abuse disorder treatment and recovery services; ongoing family support services.

WHO'S RUNNING FOR THE STATE'S TOP OFFICES?

Below are a list of all candidates who will be running for the state's top offices. Not that a candidate marked with a * is an incumbent

who currently holds that position and is defending their seat in the coming general election.

GOVERNOR

Democrat

Mark Connolly, New Castle
Derek Dextraze, Dover
Ian Freeman, Keene
Steve Marchand, Portsmouth
Colin Van Ostern, Concord

Republican

Frank Edelblut, Wilton
Jeanie Forrester Meredith
Ted Gatsas, Manchester
Jonathan Lavoie, Hollis
Chris Sununu, Newfields

Other

William E. Fortune, Rochester
Michael Gill, Derry
Jilletta Jarvis, Sandown
Max Abramson, Seabrook

U.S. SENATOR

Democrat

Maggie Hassan, Newfields

Republican

*Kelly Ayotte, Nashua, incumbent
Tom Alciere, Hudson
Gerard Beloin, Colebrook
Stanley Michael Emanuel, Laco-
nia
Jim Rubens, Hanover

Other

Aaron Day, Bedford
Brian Chabot, Nashua
John Riggieri, Marlborough

U.S. REPRESENTATIVE –
DISTRICT 1

Democrat

Carol Shea-Porter, Rochester

Republican

*Frank Guinta, Manchester, in-
cumbent
Rich Ashooh, Bedford

Raise Your Voice!

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

engagingnh@gmail.com

Michael Callis, Conway
Jamieson Hale Gradert, Hamp-
stead
Robert Risley, Sanbornton

Other

Brendan Kelly, Seabrook
Robert Lombardo, Derry
Shawn P. O'Connor, Bedford

U.S. REPRESENTATIVE –
DISTRICT 2

Democrat

*Annie Kuster, Hopkinton, in-
cumbent

Republican

Eric Estevez, Pelham
Jack Flanagan, Brookline
Walter Kelly, Lancaster
Jim Lawrence, Hudson
Andy Martin Manchester
Jay Mercer Nashua
Casey Newell Danville

Other

John J. Babiarz, Grafton

EXECUTIVE COUNCIL
DISTRICT 1

Democrat

Michael J. Cryans, Hanover

Republican

*Joseph Kenney, Wakefield, in-
cumbent

Paul Carreiro, Orford

EXECUTIVE COUNCIL
DISTRICT 2

Democrat

Shawn Mickelonis, Rochester
John D. Shea, Nelson
Andru Volinsky, Concord

Republican

Sam Cataldo, Farmington

EXECUTIVE COUNCIL
DISTRICT 3

Democrat

Joshua Bourdon, Derry
Beth Roth, Salem

Republican

Kevin Coyle, Derry
Russell Prescott, Kingston

EXECUTIVE COUNCIL
DISTRICT 4

Democrat

*Chris Pappas, Manchester, in-
cumbent

Republican

Jim Adams, Pittsfield
Joseph Kelly Levasseur, Manches-
ter

Other

Richard Tomasso, Manchester

EXECUTIVE COUNCIL
DISTRICT 5

Democrat

Dan Weeks, Nashua

Republican

*Dave Wheeler, Milford, incum-
bent

STATE SENATE

DISTRICT 2, includes Ashland,
Meredith, and Plymouth

Democrat

Charlie Chandler, Warren

Republican

Brian Gallagher, Sanbornton
Bob Guida, Warren

DISTRICT 7, includes Boscawen, Canterbury, Franklin, Laconia and Webster

Democrat

*Andrew Hosmer, Laconia, incumbent

Republican

Harold French, Franklin

DISTRICT 8 - includes Weare, New London, Sunapee

Democrat

John Garvey, New London

Republican

Jim Beard, Lempster

Ruth Ward, Stoddard

Other

John Jeskevicius, Weare

DISTRICT 15, includes Concord, Hennikaer, Hopkinton and Warner

Democrat

*Dan Feltes, Concord, incumbent

DISTRICT 16, includes Bow, Dunbarton and Hooksett

Democrat

Kolawole Ernest Adewumi,

Hooksett

Scott McGilvray, Hooksett

Republican

Joe Duarte, Candia

Donald Winterton, Hooksett

DISTRICT 17, includes Allenstown, Deerfield, Epsom, Loudon, Pembroke and Pittsfield

Democrat

Nancy R.B. Fraher, Chichester

Republican

*John Reagan, Deerfield, incumbent

*Ryan Donnelly, GSIL Advocacy
Alert*

From Our Readers

FREE SMOKE ALARMS

It was a chance meeting that led to such wonderful information that I would like to share. FREE Smoke Alarms no matter what your income! Also one for hearing impaired that attaches to the bed. Here is a link where can learn more about it:

<http://www.redcross.org/local/new-hampshire-vermont/in-home-smoke-alarm>

Mark Frank, SCOA Chair

JUNE ISSUE

Another excellent issue, and thank you for including the CARE information and card. So good to know before you find yourself caught up in a time of crisis and confusion.

Terry

ABOUT HAIKUS

For those of you who want to meet haiku poets and hear them reading their work, there will be an outdoor event in Deerfield, New Hampshire at Wild Graces on Saturday, September 10, 2016: The Third Annual Haiku Gathering. It will run from 10 AM to 5 PM. For those who can't wait until then, go to the following webpage to get a sneak peak of the event. www.wildgraces.com/Haiku-Gathering.html

A haiku is a poem, very short in length and very rich in meaning. It is usually three lines long and not more than seventeen syllables. A traditional haiku opens your eyes to the natural world. It captures a

moment in the here and now, and is always written in the present tense. It gives you a chance to think about something in a different way. Here is one written by Matsuo Basho, the Japanese poet who invented this form of poetry in the seventeenth century:

*lady butterfly
perfumes her wings by floating
over the orchid*

Much has been written since the seventeenth century about how to write a haiku. There are many guidelines and examples. Do a computer search and you will find dozens of sources. Some are highly technical and some are geared to the beginner. Some adhere to the traditional approach and some explore the modern experimental methods. A good way to start learning is to read *Clear Water* by Jeanne F. Martin. Combine that with reading examples of classic and modern haiku, and you might find yourself wanting to try it.

Here is a sampling of my haiku. They do not follow the traditional form, but they hold the spirit of haiku in that they refer to the natural world, use the present tense, show a moment of realization, and use as few words as possible to convey an image that the reader can ponder.

*apple tree in bloom
old, bent, unbroken
teacher*

(Published in Bamboo Hut, Spring 2016)

*wind and trees
for a timeless moment
I disappear*

*(Published in Akitsu Quarterly,
Spring 2016)*

*lone singer
the song sparrow
persists*

The world of haiku is accessible in print and online. It is in your backyard or garden, on a nature trail, in a park, or at the seashore. Choose a natural setting, and bring a pencil and notebook along. You might be tempted to write a haiku.

Pat Davis

BOOK REVIEW

DYING TO BE ME My Journey from Cancer, to Near Death, and to True Healing, Anita Moorjani, Hay House.

Anita Moorjani was in the hospital, her organs shutting down and family gathering for her passing. Instead she had a near death experience which she recounts in detail that became a turning point, total recovery. This fascinating and remarkable story has been well documented in the medical community and it's no wonder that the book was a New York Times bestseller.

Community Living

TSLCA LAUNCHES NEW NETWORK TO SUPPORT GROWING AGE FRIENDLY COMMUNITY MOVEMENT

New Online Network Offers Tools, Guidance and Connection for Age Friendly Communities

The Tri-State Learning Collaborative on Aging (TSLCA) has just launched a new Community Net-

work to support the age friendly community movement in northern New England. The new online TSLCA Community Network offers tools, guidance and connection for communities involved in “aging-in-place “ initiatives.

With nearly 100 communities across northern New England engaged in “aging in place “ or “age friendly community “ initiatives, the age friendly community movement in northern New England is quickly gaining momentum. As more communities implement programs, they have a wealth of knowledge that they are willing to share to guide new communities through the process. Operational communities are struggling with the same challenges and are looking for opportunities to connect with their peers who may have solutions. Read more [here](#).

SOLAR POWER GENERATED FROM ROAD PAVERS

Roads are flat surfaces that often catch a lot of sunlight. So, they provide ideal places to generate solar power. In the past, *The Optimist Daily* has reported on a solar-powered bike path in The Netherlands. Now, the state of Missouri is planning to pave a stretch of the famous interstate highway, Route 66, with energy-generating photovoltaic pavers—the first such panels on a public right of way in the U.S. The project is led by Solar Roadways. The company claims that replacing all of America’s roads and parking lots with their solar pavers would generate more than three times the country’s electricity consumption.

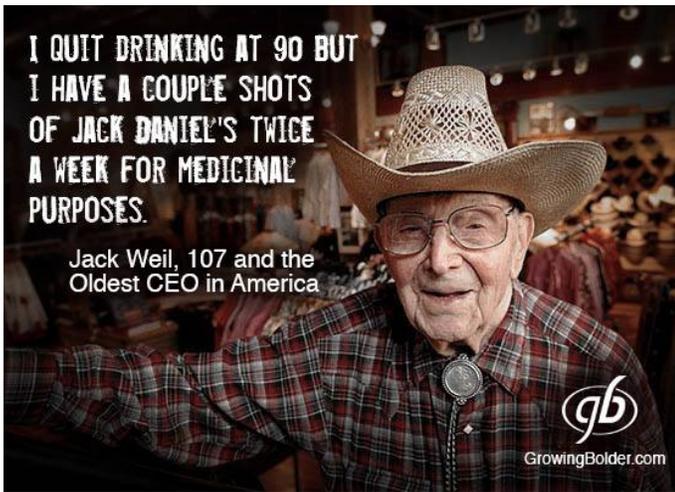
<http://www.curbed.com/2016/6/21/11976224/solar-panel-street-pavers-missouri-energy-route-66>

News You Can Use

SOCIAL SECURITY BENEFITS

As you get closer to collecting Social Security benefits, you’ll want to get a rough idea of how much you’ll actually receive. Here’s how to do that: [Social Security statements](#), which provide a personalized estimate of your Social Security retirement, survivors and disability benefits, are mailed to workers turning 25, then every five years on “speed limit “ birthdays — 30, 35, 40, etc.

After 60, they come annually until you file for Social Security. But there’s a better way to get these estimates anytime. Your Social Security information is available online at the [Social Security website](#). Just set up a “My Social Security “ account. The calculators are even more powerful if you request two or more estimates to compare retirement options, such as early vs. late retirement or part-time vs. full-time work until retirement. Keep in mind, however that these estimates are in current dollars, so they don’t account for future inflation and they assume you’ll continue to work at last year’s income level (or the last year posted) until the ages shown. Social Security also offers online and downloadable calculators to provide a quick estimate of your future benefits.



You can get to each of them by clicking on the specific link in the Calculators section of the Social Security site. The calculators are even more powerful if you request two (or three, or more) estimates to compare several different retirement options, such as early vs. late retirement, or part-time vs. full-time work until retirement.

The calculators are:

[Quick Calculator](#)

You simply input your date of birth, this year's earnings and your expected retirement date. The output is a rough estimate of your retirement, disability and survivor benefits. It projects your current earnings backwards and forwards to perform the estimate. That would be accurate only if you've had steady earnings for your whole life.

But you can fine-tune the earnings amounts. From the estimate page, click on "See the earnings we used" for a chance to input your *actual* earnings, rather than the projected amounts. The resulting estimate will be closer to your actual future benefits.

You can find your actual past earnings from any previous Social Security Statement you saved, from your tax records like W-2s or by calling Social Security at 800-SSA-1213 and requesting your earnings record.

[Online Calculator](#)

For a much more accurate estimate, however, click on the "Online Calculator" link and input your date of birth, estimated future earnings and expected retirement date. The catch is that you must input *all* your past earnings, *year by year*.

[Online Retirement Estimator](#)

This program is much easier to use than the Online Calculator because it already *knows* your past earnings. You can use it if you have enough work credits to be eligible and haven't applied for Social Security or Medicare. Click the "Estimate Your Retirement Benefits" button. Once you fill in your request, you'll get an estimate based on actual past earnings and the future earnings you can post. To model additional scenarios, click the "Add a New Estimate" button. You can run "what if" scenarios by changing your stop-work age and future earnings estimates. The Estimator can only estimate retirement benefits, not survivor or disability benefits, however.

[Detailed Calculator](#)

For even more forecasting ability, download the "Detailed Calculator." (There's a [separate version](#) for Mac users.) It can compute retirement, disability or survivor benefits for any earnings history you input and provide the numbers behind these calculations in detail. In short, it's the ultimate wonky calculator. The only caveat is that the user interface is, well, kludgy.

(This article is adapted from [Social Security: The Inside Story 2016 Edition](#) by Andy Landis.) To read the entire article go to <http://www.nextavenue.org/figure-youll-get-social-security/>

TELL CONGRESS: DO NOT ELIMINATE MEDICARE SHIPS

The U.S. Senate Appropriations Committee recently approved a 2017 spending bill that completely eliminates funding for the Medicare State Health Insurance Assistance Program (SHIP).

Older adults, people with disabilities, and their families and caregivers need assistance understanding the A, B, C and Ds of Medicare. Operating in every state, SHIPs answer questions about Medicare and help people solve problems. Eliminating SHIPs would leave millions who need support comparing coverage options, appealing denials, applying for financial assistance, and navigating increasingly complex Medicare benefits stranded—with nowhere to turn.

Today's Medicare beneficiary must choose among more than 20 prescription drug plans, an average of 19 Medicare Advantage

plans, as well as various Medigap supplemental insurance policies—all with different premiums, cost sharing, provider networks, and coverage rules. For more than 24 years, SHIPs have advised, educated, and empowered individuals to navigate their state-specific Medicare choices. Specifically, SHIPs help beneficiaries resolve fraud and abuse issues, billing problems, appeals, and enrollment in low-income protection programs. . In 2015, SHIPs provided assistance to more than 7 million people with Medicare.

NH's SHIP is provided by ServiceLink.

Now, it's up to the House Appropriations Committee to decide the fate of this essential program. Tell your members of Congress to protect SHIPs from an unprecedented cut.

Eliminating SHIPs would leave millions who need support comparing coverage options, appealing denials, applying for financial assistance, and navigating increasingly complex Medicare benefits stranded—with nowhere to turn.

As 10,000 Baby Boomers age into Medicare each day, rather than defund SHIPs, Congress needs to increase SHIP funding. Write or call your elected officials about why investing in unbiased, personalized Medicare counseling is important to you and your community. Tell your members of Congress to preserve one-on-one Medicare counseling.

SOCIAL SECURITY RECIPIENTS TO GET SMALL INCREASE

The average recipient of Social Security will receive a slight increase in benefits in 2017.

Trustees who oversee the nation's entitlement programs said in two new reports that they expect Social Security's cost-of-living-adjustment (COLA) increase to be 0.2% next year, based on "intermediate assumptions." The trustees also projected that Medicare's Hospital Insurance trust fund will run out of money earlier than previously predicted.

The small increase in Social Security next year — which equals an extra \$2 for someone getting a \$1,000 monthly check — would come after retirees got no increase in Social Security benefits in 2016 for the third time in four decades. The final COLA figure is typically not determined until the fall.

Social Security's trust fund reserves will run out in 2034, mirroring last year's projection, according to a report tracking the entitlement program's health. Afterward, yearly revenues would allow the government to pay about

75% of Social Security benefits that have already been promised, according to the report.

Medicare's Hospital Insurance trust fund will run out of money in 2028, two years sooner than previous projections — in part because of low inflation.

The estimated average monthly premium for Medicare Part B in 2017 is \$149, up from 2016's rate of \$121.80 and 2015's rate of \$104.90. About 70% of Part B enrollees will be able to avoid the portion of the premium increase that exceeds their Social Security benefit increase, according to the health-insurance report.

The U.S. government spent \$648 billion on Medicare in 2015, representing 3.6% of the nation's gross domestic product, according to the report. That is projected to grow to 5.6% by 2040, primarily because of the aging population.

U.S. Treasury Secretary Jack Lew said the figures "show that we have some time to address the fiscal challenges faced by the vitally important Trust Fund programs. "

"But reform will be needed," he added, "and Congress should not wait until the eleventh hour to address the fiscal challenges given that they represent the cornerstone of economic security for seniors in our country. "

AARP CEO Jo Ann Jenkins said in a statement that the Social Security report illustrates the importance of pressing political candidates and elected officials for answers.

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the Word!**

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family, neighbors,
friends and col-
leagues.**

Forward it on!

“Candidates who don’t take a stand on Social Security in this important election year choose to put the program’s strength at risk in the long-term,” Jenkins said. “Though people of all ages rely on it, its importance to older Americans — already under tremendous pressure from wage stagnation and shrinking pensions — is only likely to grow.”

*Nathan Bomey, USA TODAY
6/22/16*

HOW TO COMBAT AGEISM: MAKE FRIENDS WITH AN OLDER PERSON

As life expectancies continue to increase and birth rates decrease, there will soon be more older people than younger people around the world for the first time in history. Unfortunately, this major demographic shift is occurring against a backdrop of ageism, one of the most common types of prejudice.

There is good evidence that a positive, meaningful relationship between a young person and an older person significantly reduces feelings of ageism, yet our society tends to be age-segregated, with most people interacting with their same-age peers.

Now, psychologists have identified an unexpected, broader way to combat this type of prejudice: Young people are less likely to be ageist when their friends have good relationships with older adults.

“Even if you don’t have much good-quality contact with older people, if you know someone your own age who does have that contact, then their attitudes are going to rub off on you,” says Dominic Abrams, a psychologist at the University of Kent in the United Kingdom who coauthored the

new study in the British Journal of Social Psychology.

Abrams and colleagues surveyed 375 college-age adults in the United States and the UK about their degree of contact with adults age 65 years and older and their attitudes toward them. The researchers found that frequent contact with older adults — such as a young waitress serving senior citizens at a diner — was not enough to combat ageism. High-quality direct contact, such as a true friendship, did change a young person’s attitude. But in lieu of that type of contact, a young person’s awareness of a friend with a good relationship with an older adult was enough to improve his or her attitude toward older adults as a whole.

But why does this indirect contact improve attitudes? It turns out that when young people experience either a direct friendship or are aware of a friend’s relationship with an older adult, the positive results are two-fold: The young people are less anxious about interacting with older adults and less anxious about their own aging.

The current data present a correlation rather than a direct cause-and-effect, as no experiments were done to see if manipulating the degree of contact affects feelings of ageism. Still, the results suggest that it may be easier to combat ageism than we previously thought.

“It only needs to be one person in a large social network to provide a route to change social attitudes,” says Abrams. “If we want to do something about the relationships between these two groups, then finding those critical people with close friendships across group boundaries is a good way to go about it.”

MEDICARE RELEASES DRAFT PROPOSAL FOR PATIENT OBSERVATION NOTICE

In just two months, a federal law kicks in requiring hospitals to tell their Medicare patients if they have not been formally admitted and why. But some physician, hospital and consumer representatives say a notice drafted by Medicare for hospitals to use may not do the job.

The law was a response to complaints from Medicare patients who were surprised to learn that although they had spent a few days in the hospital, they were there for observation and were not admitted. Observation patients are considered too sick to go home yet not sick enough to be admitted. They may pay higher charges than admitted patients and do not qualify for Medicare’s nursing home coverage.

The NOTICE Act requires that starting Aug. 6, Medicare patients receive a form written in “plain language” after 24 hours of observation care but no later than 36 hours. Under the law, it must explain the reason they have not been admitted and how that decision will affect Medicare’s payment for services and patients’ share of the costs. The information must also be provided verbally, and a doctor or hospital staff member must be available to answer questions.

And patients could have questions, said Brenda Cude, a National Association of Insurance Commissioners consumer representative

and professor of consumer economics at the University of Georgia. She said the notice is written for a 12th-grade reading level, even though most consumer materials aim for no more than an eighth-grade level. It “assumes some health insurance knowledge that we are fairly certain most people don’t have.”

Medicare officials declined to comment while the draft form is under review. But they have expressed support for efforts to explain observation care.

“We are in complete agreement with the notion that the patient should certainly know their status and know it as early as possible,” Sean Cavanaugh, Medicare’s deputy administrator, told a Senate committee last year when asked about the notice legislation. “And we’ve been pushing very hard through educational channels, even providing sample materials that hospitals could use to educate their beneficiaries on what status they have.”

Many hospitals also support the effort. “It’s important for patients to understand their status in the hospital,” said Katie Tenover, senior vice president and general counsel for the Federation of American Hospitals.

But the form does not meet the expectations of Rep. Lloyd Doggett, D-Texas, who co-sponsored the law.

“I am concerned that the proposed notice fulfills neither the spirit nor the letter of the law,” Doggett said in an interview.

It doesn’t require the hospital to explain exactly why the patient is getting observation care instead of being admitted, he said, and doesn’t clearly explain the difference between Medicare’s Part A hospitalization and nursing home benefit and Part B, which covers outpatient services, including doctor’s visits, lab tests and hospital observation care.

The notice, he said, also does not sufficiently explain why observation patients are ineligible for Medicare’s nursing home coverage, which under law requires at least three consecutive days as an admitted patient.

The draft notice also has raised some concerns among doctors. It says that observation care is provided in order to help the doctor decide whether the patient is sick enough to be admitted. But Dr. Jay Kaplan, vice chairman for emergency services at Ochsner Health System in New Orleans and president of the American College of Emergency Physicians, said it should explain that the doctor’s decision is not always final. Hospital officials also can decide that patients don’t meet the admission criteria and should get observation care. If Medicare auditors find that hospitals erred by admitting pa-

tients who should have been in observation, Medicare pays nothing for their care.

The number of Medicare observation patients rose to almost 2 million in 2014, 5 percent more than 2013, according to government statistics.

The notice’s information on drug coverage has also raised concerns. It reads, “Generally, prescription and over-the-counter drugs, including ‘self-administered drugs,’ given to you by the hospital in an outpatient setting (like an emergency department) aren’t covered by Part B.”

Those “self-administered drugs,” usually taken at home for chronic health conditions like high cholesterol, are generally covered by the patient’s separate Medicare Part D drug plan but the coverage often doesn’t apply inside the hospital. Most hospital pharmacies do not participate as in-network pharmacies with Part D plans, said Marina Renneke, a Humana spokeswoman.

However, that section “was really quite confusing,” said Kaplan. Medications given to treat the illness that brought patients to the hospitals are covered under Part B, he said.

Joanna Hiatt Kim, the American Hospital Association’s vice president for payment policy, said, “A number of hospitals already voluntarily distribute their own notices.”

Still, her association has raised some questions about how to carry out the federal requirement in a letter to Medicare.

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For example, although the federal law requires notice to observation patients after 24 hours and before 36 hours, several states tell hospitals to provide a notice when observation care begins and it may include different details. Should patients get two notices?

Then there's the matter of timing. The final notice is expected shortly before hospitals must start giving it to patients. AHA is asking for an additional six months to get ready.

Susan Jaffee, Keiser Health News

LIFE IS MORE ENJOYABLE AFTER RETIREMENT

Enjoyment of everyday activities increases after retirement, a study from Australia has found.

The heightened level of enjoyment lasts at least a year after a retiree stops working full time, researchers report in the journal *Age and Ageing*.

There is conflicting evidence about changes in enjoyment and happiness when people retire, co-author Tim Olds of the University of South Australia told Reuters Health by email.

On the one hand, people may lose social connections and their sense of purpose in life when they retire, he said. On the other hand, retirement offers a chance to do the things you've always wanted to do.

"We found that you're likely to be happier when you retire," he told Reuters Health in an email.

That's not because retirees spend more time doing things they like

and less time doing things they don't like, Olds noted.

Rather, it could be that retirees get

more pleasure from even mundane daily activities "because they have more autonomy and time-

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- Self Advocacy Leadership Team (SALT)
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- Department of Health & Human Services

Other Groups we work with:

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- 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
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flexibility, “ Olds said.

The 124 study participants all intended to retire within three to six months. The group was roughly half men and half women, with an average age of 62.

At the start of the study and again three, six and 12 months afterward, Olds and his colleagues asked participants to recall their activities in the last 24 hours. They grouped activities into eight categories: physical activity, social, self-care, sleep, screen time, quiet time, transport, work and chores.

Participants also completed surveys about their health, wellbeing, sleep quality and loneliness.

Compared to pre-retirement levels, average enjoyment ratings were significantly higher throughout the study.

“Changes were partly due to shifts towards more enjoyable activities . . . but were mainly due to retirees getting more enjoyment out of doing the same activities post-retirement, “ the authors found.

Overall, enjoyment ratings were associated with wellbeing and better sleep quality.

Physical activity and social activity had the highest enjoyment ratings while work and chores had the lowest, according to the report.

Still, participants who continued to work part-time after retirement reported that their enjoyment of it increased substantially, the authors noted.

“People have a different experience when working after retire-

ment, “ said Kenneth Shultz, a social gerontologist and professor of psychology at California State University in San Bernardino.

“You don’t have to deal with the pressure of a career job, and people tend to not be emotionally invested in it, “ said Shultz, who was not part of the study.

For those on the edge of retirement, however, work appears to be an unpleasurable drag, according to Olds and colleagues.

During those last few months before retirement, they write, “enjoyment decreased when the trip to work began, was momentarily elevated during work breaks, and rose again at the end of the workday. “

The study participants, they conclude, “were . . . working for the ‘eternal weekend’ of retirement. “

*Linda Thrasybule,
bit.ly/28NkanG Age and Ageing,
online 6/7/16*

Health & Wellness

STUDY: ANTIBIOTICS KILL GUT BACTERIA, STOP GROWTH OF NEW BRAIN CELLS

Our lives are intertwined with microbes. These creatures have developed a symbiotic relationship with the plants and animals of this Earth, evolving with us. We can’t see them, but life on our planet is dependent on this vast community of bacteria.

It hasn’t been until recently that we’ve begun to notice the powers

they hold. For instance, some studies suggest the bacteria in our gut influence the health of our brains and may even determine whether we are lean or obese.

From the moment of birth, each of us enters the world with a unique set of microbes—as unique as a fingerprint—and throughout life our lifestyles may continue to influence this microbial community for better or worse. “We know quite a lot about associations between food and health, we know a bunch of associations between food and microbes, and we know a bunch about associations between microbes and health, “ microbiome researcher Rob Knight told NPR in an interview back in 2013. But researchers are still trying to put all the pieces together. One study looked at how antibiotics decimate a microbiome, and how this loss affects the brain. “We found prolonged antibiotic treatment might impact brain function, “ says senior author Susanne Asu Wolf of the Max-Delbrueck-Center for Molecular Medicine in Berlin, Germany. “But probiotics and exercise can balance brain plasticity and should be considered as a real treatment option. “ It’s important to note the research in this study was conducted on mice. The researchers treated one group of mice with enough antibiotics to nearly clear their intestinal tracts of microbes, while another group of mice went untreated. The researchers noted a decline in performance on memory tests among the mice treated with antibiotics, as well as a halt in the production of new brain cells. They found probiotics and exercise were the

most effective treatment to reverse the side-effects relating to memory and neurogenesis after receiving an antibiotic. In future research, the group plans to study the effects of probiotic treatments in patients with psychiatric or neurodegenerative disorders. “We could measure the outcome in mood, psychiatric symptoms, microbiome composition and immune cell function before and after probiotic treatment,” says Wolf. Microbes play a part in our health, but understanding just how much is something we’re still trying to figure out. Researchers have only just begun to scratch the surface.

Natalie Shoemaker May 23, 2016

A RAY OF LIGHT IN DEMENTIA’S LONG SHADOW

Joe Foley, a retired college English professor, confided to his doctor that he was “leaking vocabulary,” struggling to find the right words. The diagnosis in April 2013: dementia.

If anyone was equipped to care for such a spouse it was Joe’s wife, Trisha, an unflappable Needham grandmother who worked as a nurse and has a PhD in counseling psychology. Still, the encroaching disease left her off-kilter.

Too often, families such as the Foleys have to wait until the ravages of Alzheimer’s and other forms of dementia do great damage before the health care system brings in its full firepower. But the Foleys were at the forefront of a growing effort by the health care industry to intervene sooner — an effort designed to help patients live healthier, crisis-free lives at

home, ease stress on families, and potentially reduce costs for insurers.

More than 5 million Americans are living with Alzheimer’s disease, one of the most common forms of dementia, and that number is expected to triple by 2050, according to the Alzheimer’s Association. Mounting studies have found the person closest to an Alzheimer’s patient, typically an aging spouse, shoulders the heaviest burden of caring for the patient.

These caregivers often experience significant health problems themselves — depression, anxiety, stress, and isolation. Overwhelmed physicians who are tending to dementia patients often overlook the health and social service needs of the spouse, according to advocates.

The dementia care consultation program that helped the Foleys — a joint venture of the couple’s insurer, Tufts Health Plan, and the Alzheimer’s Association of Massachusetts and New Hampshire — was designed to ease that. Already, hundreds of families have been referred to the program by physicians.

Each patient, and the family member caring for the person, is matched with a social worker who helps them design a plan that includes regular, meaningful activities for the patient, and also assists in locating free or affordable community services and support groups. The aim is to help the patient live well at home for as long as possible, while securing regular respite time for the exhausted

caregiver. All the information is shared with the patient’s physician.

The concept made sense to Thomas Crosswell, chief executive of Tufts Health Plan. Crosswell first got involved with the Alzheimer’s Association when his father, who died two years ago, was struggling with dementia.

Tufts does not yet have data to indicate the program has lowered costs overall, but there are positive signs it has benefited patients and reduced costly hospital visits, Crosswell said.

“We know it’s helped avoid hospital readmissions,” Crosswell said. “We know from anecdotal information that it’s valued by families and physicians.”

Tufts is paying for the initiative. Crosswell described the price as minimal, essentially the cost of two social worker salaries, and management to oversee the venture.

It was modeled on Partners in Dementia Care, which offered similar services to a group of veterans with dementia and their caregivers, then compared their outcomes after a year with a group that did not receive the services. Depression among caregivers who were offered the services was significantly lower than those who did not receive the help, according to a study led by David Bass, senior vice president for research and education at the Benjamin Rose Institute on Aging in Cleveland. The analysis was published in 2013 in the *Journal of the American Geriatrics Society*.

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Bass, who has presided over eight similar studies during the past 20 years, said other researchers have also designed programs that show promising results for dementia patients and their families, but few have been implemented because of a lack of money.

"These positive things that can help with care, that have been proven in research they are effective, are not widely available because of limited reimbursement services," Bass said.

In the Tufts program, a social worker is available by phone and e-mail, and regularly checks in with a caregiver if she hasn't heard from the person in a while.

"She was a lifeline for me," said Trisha Foley, 79. "So much of what happens during this process [of dementia] is unexpected."

Elyse Rokos, the social worker, suggested that Foley think about enrolling her husband in an adult day health program a couple of days a week to offer him stimulating activities, while giving Trisha time to run errands. Rokos sent Foley a list of affordable programs near Needham. She coached her on questions to ask agencies that offer companions for dementia patients.

"Elyse was good at giving you a heads up, anticipating something before it happened," Foley said. One especially helpful tip: attaching bells to doors so Trisha was alerted if Joe wandered out of the house.

A primary goal of the program is to reach families before caregivers burn out and their own health declines, Rokos said.

"Waiting for people to call in means we are reaching people when they are at the point of crisis, and are desperate for help," Rokos said.

But it's not just about the services that care consultants secure for families. It's the emotional support they provide.

"Elyse was a good listener," Foley said. "She is so sensitive to the way people need to hear things."

Foley's husband died in September. He was 84.

The dementia care consultation service started as an experiment four years ago and is now an established program offered free to families after a dementia diagnosis. It has helped as many as 400

families each year, according to James Wessler, president of the Alzheimer's Association.

"If the family is better trained, and supported, and aware, it makes an enormous difference in what happens in the home," Wessler said. "We are trying to make sure health care is delivered in a much more effective fashion, and improve the quality of life for patients and their families."

The venture between Tufts and the Alzheimer's Association has proved so popular that a similar collaboration should be up and running this fall at Beth Israel Deaconess Medical Center, a hospital spokeswoman said.

The association also recently launched a program with McLean Hospital. McLean's memory clinic, which treats people with mental health issues who have developed dementia, pays for a staffer from the Alzheimer's Association to meet with physicians, review cases, and reach out to families.

"Often, families are in denial, so they might not contact a care consultant at the Alzheimer's Association on their own," said Dr. Brent Forester, a geriatrician who runs the hospital's memory clinic. "But if they are embedded in our clinic, families are much more likely to follow through."

Kay Lazar, Boston Globe, 6/22/16

A NEW APPROACH TO DEMENTIA CARE

Dementia patients who punch and kick other nursing home residents and staff often are prescribed powerful medications to control

their behaviors, but those drugs come with dangerous and sometimes lethal side effects.

Now, a new study from Boston researchers suggests one way that can significantly reduce use of those potent sedatives: by linking nursing home staff with specialists in dementia care, via video consultations. In a small group of Massachusetts nursing homes where staff used the twice-monthly video conferences, residents were 17 percent less likely to be prescribed the antipsychotic medications, compared with residents in nursing homes not in the program, according to the study by researchers at Beth Israel Deaconess Medical Center and Hebrew SeniorLife.

“There is one way to try and get antipsychotic use down with carrots and sticks, and with penalizing. The other is to give people tools to do this,” said Dr. Stephen Gordon, a geriatrician at Beth Israel Deaconess and lead author of the study published in the May Journal of the American Medical Directors Association.

With dementia affecting a large and growing number of older adults, nursing homes are facing more patients with challenging behaviors. At the same time, the number of physicians who specialize in dementia and elder care is not keeping pace, according to the American Geriatrics Society. Researchers saw videoconferencing as a way to help, by linking these specialists, who often work in

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hospitals, to nursing homes where the specialists’ expertise is sorely needed.

The drive to lower use of antipsychotic medications in nursing homes is hardly new. Excessive use of the drugs remains a problem four years after Massachusetts and federal regulators launched a campaign to reverse the practice.

Nearly one out of five Massachusetts nursing home residents receives antipsychotic medications, according to the latest federal data. Nationwide, the percentage of nursing home residents receiving such drugs is lower, at about 17.5 percent.

The medications increase the risk of infections and cardiovascular complications in elderly patients, according to federal regulators. The drugs can also cause dizziness, a sudden drop in blood pressure, abnormal heart rhythms,

blurred vision, and urinary problems.

To test the effectiveness of videoconferencing in lowering antipsychotic use, the researchers selected 11 Massachusetts nursing homes for the 18-month project, offering staffers sessions twice a month with physicians who specialize in elder care, including a psychiatrist, neurologist, and social worker.

They chose 22 other nursing homes that did not participate in videoconferencing, but were similar in size and other key characteristics to the 11 in the study group.

Within the first three months of the study, use of antipsychotics in the 11 nursing homes dropped by 12.5 percent, the researchers found. That translated to a reduction from 321 residents given antipsychotics to 286

Meanwhile, use of the drugs in the nursing homes that didn't get the outside help rose about 4 percent during that period.

Use of antipsychotics in nursing homes that participated in videoconferences continued to decline gradually over the remaining 15 months of the project, while the other nursing homes also lowered usage, albeit modestly.

Researchers and nursing home leaders not involved in the study said the findings, while based on a small number of nursing homes, are encouraging. They noted, however, the nursing homes chosen in the study were not selected at random, raising the possibility the facilities that agreed to participate in the videoconferencing may have already been more committed to lowering antipsychotic use.

"Given the limitations, they were still able to find changes, and that's very suggestive that we should look at this [approach] more," said Becky Briesacher, an associate professor and health services researcher at Northeastern University.

Briesacher's research has found that residents in nursing homes with a track record of frequent antipsychotic use tended to end up on the drugs more often than patients in other facilities, even if the patients didn't need the medications.

Dr. Jonathan Evans, past president of the American Medical Directors Association and a medical director of two nursing homes in Virginia, said the study indicates nursing

homes can do better in restricting use of antipsychotics.

"Even very modest efforts at education and problem-solving can go a long way to improving care for people with dementia and reducing bad habits in the care of these patients," Evans said. "There is no question there is a gigantic lack of training on the part of doctors, nurses, you name it, on understanding dementia."

At Beatitudes Campus, a nursing home and retirement community in Phoenix, leaders have captured national attention because of their innovative approach to dementia care. The focus has not been on reducing the use of antipsychotics, but on making each resident as comfortable as possible. Baths, meals, and activities are structured around residents' preferences instead of staff schedules. In the process, antipsychotic use has steadily dropped.

"For a very long time, people were saying there is nothing we can do, we just have to medicate" nursing home residents, said Tena Alonzo, Beatitude's director of research and dementia education. "This study says there is something else, and that is a very powerful statement in terms of social justice."

Kay Lazar, 6/4/16

OLDER PEOPLE FEEL MORE PAIN

As he approached his 11th decade, the great vaudeville, radio, film and television comedian George Burns said, "I was brought up to respect my elders, so now I don't have to respect anybody."

But until you live to such a ripe old age, it's a good idea to respect your elders and offer them a bit of extra attention and understanding. That's because in addition to being older and wiser, the elderly also have to contend with pain that's more pronounced and lasts longer.

Researchers from the University of Florida tested the pain response of a group of volunteers with an average age of 21 and an older group, average age 68. They found that while both groups were exposed to similar levels of pain, in older adults, the levels of cytokines — immune system markers of inflammation that indicate the presence of pain — were higher and stayed elevated longer.

The researchers recommend that older adults should not tough it out, but instead treat pain early.

Whatever your age, you should do everything you can to reduce inflammation so that there's less pain later. Avoid inflammatory foods like red meats, added sugars and syrups, processed grains, and trans fats.

Get regular physical activity. Quell your stress response by meditating 10 minutes daily.

As George Burns also said: "The single most important key to longevity ... is avoiding worry, stress and tension." He lived to be 100.

Drs. Oz & Roizen, 6/13/16

THE KEY TO A HAPPY LIFE

The five ways you can make it happen for you. When you're in your 20s and just starting out, money and fame may seem the key to a happy life. But as you

age, that viewpoint changes considerably. The real secret, according to a Harvard study that's been going on since the 1930s, has nothing to do with your bank account or your career.

"The clearest message that we get from this 75-year study is this: Good relationships keep us happier and healthier. Period," the study's current director, Robert Waldinger, a professor of psychiatry at Harvard Medical School, said in a recent TED Talk that's been viewed more than 7 million times.

The Harvard Study of Adult Development has been going on since 1938, when it began tracking 724 men. One group were sophomores at Harvard when the study began; a second group lived in Boston's poorest neighborhoods, many in tenements. About 60 of the original 724 are still alive, most in their 90s, still participating in the study.

At the outset of the research, the men (who were then teenagers) were interviewed and given medical exams. Through the years, they went on to become "factory workers and lawyers and bricklayers and doctors," says Waldinger. One of the Harvard students, John F. Kennedy, became president of the United States.

The study continues today. Every two years, the men are contacted by researchers to answer questions about their lives, as well as have brain scans and blood tests. Waldinger, who is the study's fourth director, recently expanded the scope to include the wives and children, including videotaping

couples in their homes and asking them about nearly every facet of their lives, "even day-to-day spats," reported the New York Times.

Over the years, the study has revealed that the single most important thing you can do to age well physically is to avoid smoking; that aging liberals had longer and more active sex lives than conservatives; that alcohol was the primary cause of divorce among men in the study, and that alcohol abuse often preceded depression, not the other way around, the Times noted.

The research doesn't prove that happier relationships cause better health. It could be that those who are happier and healthier are more likely to make and maintain satisfying relationships, while those struggling with health problems are more likely to become isolated and depressed.

Still, researchers are confident that strong social bonds play an important role in protecting our long-term physical and mental health. Here are some of the lessons Waldinger said they have learned:

Keep making friends after you retire. Those who were the happiest in retirement were the people who had actively worked to replace workplace friends and colleagues with new friends. Social connections are really good for us, and loneliness kills.

"People who are more socially connected to family, to friends, to

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community, are happier, physically healthier, and they live longer than people who are less well connected," Waldinger said.

People who are more isolated are less happy and have shorter lives. It's the quality of your close relationships that matters.

"High-conflict marriages, for example, without much affection, turn out to be very bad for our health, perhaps worse than getting divorced," he said.

Having good, warm relationships was protective of our health. Those most satisfied in their relationships at age 50 were the healthiest at age 80. For example, happily partnered people who suffered from physical pain were able to still keep their happy mood; those in an unhappy relationship reported their emotional pain magnified their physical pain.

A secure relationship helps your brain. Those in relationships where they felt they could count on the other person in time of need had memories that stayed sharper longer. Even the octogenarian couples who bickered daily remained sharp "as long as they felt that they could really count on the other one when the going got tough," said Waldinger.

Candy Sagon, AARP

Tech Tips

5 TECHNOLOGY SAFETY TIPS FOR SENIORS

While more and more seniors have come accustomed to using technology, many have very little clue when it comes to technology safety. While the learning curve has shrunk for seniors recently, many don't have a clue on how to keep their technology safe when it comes to cyber-attacks, viruses and other problems that can occur to technology devices. Here is a list of 5 [technology safety tips for seniors](#) that can help them when they are working with unfamiliar devices.

1. Avoid Phishing Scams

We recommend learning about online phishing and “cat fishing” scams that have become common place all over the Internet. Many organizations and individuals have robbed unsuspecting seniors of money through unsolicited e-mails and by gathering their information via the Internet. Many e-mail providers now have spam detectors and other things that can notify people of illegal activity. We recommend signing up for a large e-mail provider such as Google mail.

2. Watch Your Passwords

With all of the various passwords that are required on sites around the Internet, it is often confusing to seniors to keep track of all of these different passwords. Also, many sites will require different things such as a capital letter, a special character or something

else. We advise to keep track of all passwords separate from your computer on something such as scratch paper or a notebook. Keeping these passwords anywhere on your PC is not a good idea, as hackers will sometimes be able to hack into your computer and find these passwords.

3. Be Careful of Wi-Fi

Many seniors will randomly use their [iPhone](#), laptop or any type of wireless device almost anywhere they go with no thought as to what type of network that they are on. In fact many of them don't realize what a network is or is that there are different types of networks available. As a rule of thumb, we suggest don't log into any Wi-Fi network that is not a place of business or someone that you trust 100%. If you find any weird names on Wi-Fi networks that you are trying to log in to, it is best advice to avoid these networks and find one that is more secure.

4. Get a good Anti-virus program

Malware and viruses can be very confusion for seniors, especially those who are new to using PCs on a regular basis. Many seniors only know the basics of a computer such as logging into a web browser and pulling up their favorite websites. When a computer is vulnerable to viruses and malware, it will often cause many problems that a senior will have no clue on how to fix. The best advice we can get is to purchase an anti-virus program such as [Kaspersky Anti-Virus](#) or McAfee Anti-Virus.

5. Take a Computer Class

Learning the ins and outs of a computer is the best way to understand how it ticks and how to fix things when there are problems. Many senior nursing homes and long term care facilities are now offering computer classes for seniors as an incentive to join their organization.

SeniorTV is the leader in senior technology as we have installed private cable, Internet and other advanced technologies throughout facilities in America. If you are new to technology, please follow these technology safety tips for seniors to help you avoid any problems.

Source: <https://seniortv.com/5-technology-safety-tips-for-seniors/>

Dollars & Sense

CAN YOU SELF-INSURE FOR LONG-TERM CARE?

The odds are worrisome. The typical 65-year-old can expect to live another two decades and has a 52 percent chance of needing some type of long-term care services and support at some point. According to Melissa Favreault of the Urban Institute and Judith Dey of the U.S. Department of Health and Human Services, the average tab for long-term care is \$138,000. Medicare covers hardly any of that cost. Medicaid does, but only for the impoverished. Insurance is the classic financial planning solution for handling an uncertain risk that comes with a potentially large price tag, yet only about 10 million Americans have long-term

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

Name	Mailing Address	Phone	Fax	E-Mail Contact Form
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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
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care insurance, according to the American Association for Long-Term Care Insurance.

Put somewhat differently, 3.2 million boomers celebrated their 65th birthday last year while the insurance industry sold only 100,000 long-term care insurance policies. Problem is, the relatively small number of insurers that write long-term care policies have been hiking premium prices and reducing benefits. The effect: long-term care insurance policies are too expensive for many modest and middle-income households.

What if you're among the millions of boomers who find the cost of long-term care insurance too steep for your household budget? Are there viable alternative strategies — ways of creating your own DIY insurance plan? Yes, but it takes planning and creativity.

Where to Start?

By Starting! What can you do on your own to protect yourself against potential long-term care expenses? You can build a healthy margin of financial safety by focusing on savings and spending,

especially by thinking through your living arrangements in your elder years.

You'll also want to carefully evaluate your support system of family and friends, as well as investigate the convenience and cost of long-term care services in your community.

“You need to proactively plan and not just wait, “ says Robyn Stone, executive director of LeadingAge in Washington, D.C.

Ross Levin, a Certified Financial Planner and founding principal of Accredited Investors in Edina, Minn., adds, “The key is to reduce risk. “

Savings help, of course. But if you're in your 50s or 60s, don't worry too much if you're not flush with savings yet. You still might have another two to three decades to increase your savings; long-term care expenses usually don't kick in until around age 80. You can probably find at least some money to set aside with the kids out of college.

Many boomers are earning an income well into the traditional re-

tirement years, usually from part-time and contract work.

“Start thinking, ‘Can I put a little more money aside than I have been?’” says Howard Gleckman, senior fellow at the Urban Institute, and an authority on long-term care costs.

Hold on to Home Equity

The really rich lode of potential savings is on the *spending* side of the equation. Years ago in an interview, Harry West, now chief executive officer of Frog Design, captured an insight about spending that belongs at the core of any DIY plan for financing long-term care:

“When you talk to boomers, what you find is that freedom [from debt] is really, really important, “ West said. “Freedom is a low overhead. “

Jonathan Guyton, a Certified Financial Planner and principal at Cornerstone Wealth Advisors in Edina, Minn., puts a practical spin on that view.

“Look at your expenses, “ he says. “This isn't fancy stuff. But

if you plan well, you'll have more resources. "

The key decision is where to live. After all, the home is the single largest expenditure for most households. "At home " is also far and away the most popular answer to where we want to be as we age. In a recent AARP survey of 1,600 people 45 and older, 73 percent said they would like to stay in their current residence.

With that goal in mind, it pays to get rid of your mortgage if you can. Among the 65-plus population, 65 percent own their home free and clear. You don't want to tap your home equity, either, since it's the foundation of the household safety net.

"Maintain your home equity until you really need it, " says Gleckman.

That said, "aging in place" at home isn't necessarily the best idea when fashioning a DIY long-term care plan. Remember, these expenses typically begin in your 80s, a time of life when social isolation is a growing concern, especially if mobility is limited.

"How much does aging in place become *stuck in place*? " asks Stone. "You don't want to be lonely. "

Housing with Community and Cost-Sharing Built In

Stone recommends looking at [co-housing](#), cooperative housing, [home-sharing](#), shared residences and other communal living arrangements that reduce the overall cost of living and offer a built-in community. These living ar-

rangements have largely operated on the society's fringes, but they're moving toward the mainstream.

"It's not too late to plan to live in a community and to be more efficient with resources, " Stone says.

For instance, home sharing involves renting out a room or part of the home to housemates, a way to bring companionship and additional income into the home.

Co-housing communities are another intriguing alternative. The community is planned by a group of people who choose to live together. It typically has large common spaces, such as a dining room, kitchen and garden and each household owns its own small place for independence and privacy. The financial advantage of co-housing lies in sharing some tasks and costs, such as grocery shopping and cooking meals. Everyone saves on his or her utility and maintenance costs.

A survey of 200 co-housing residents found a minimum monthly cost savings of \$200 per household, according to the Fellowship for Intentional Community. At an annual compound rate of 2 percent, that adds up to nearly \$27,000 in 10 years. The co-housing model and similar communal arrangements are not the kind of long-term care you'd find in a nursing home. But they do offer a creative, low-cost way for neighbors to take care of neighbors.

When Charles Durrett, 60, an architect and co-author of *Creating Cohousing: Building Sustainable*

Communities who lives in a co-housing community in Nevada City, Calif., recently fell and hurt his leg, he put out an email that he needed crutches and several were soon at his door. Residents would willingly bring a meal to his home if he needed it.

In a number of communities, Durrett says, residents will share the expense of a professional caregiver. "Co-housing is not only the best solution I know, it's the most favorable from a quality-of-life point of view, " he says. "I've watched how seniors take care of each other. "

Living with Less, Happily

There are other ways to reduce living expenses and add to cash flow. It's well documented that people spend less on stuff as they age, including clothes, jewelry and furniture. People in their 60s and 70s do engage more with experiences, like travel, taking art lessons, volunteering in the community, mentoring younger workers and spending time with friends and family. In other words, embracing a frugal or thrifty lifestyle doesn't signal a lower standard of living — far from it.

A letter writer to The New York Times several years ago put it nicely, "You can get by on a lot less when you're retired, without really depriving yourself of anything important, " he said. "If I had known earlier how much 'wealth' derives from such simple pleasures, I would have retired much sooner. "

A 2014 survey by the mutual fund company T. Rowe Price bears this

out. Among the boomers who'd retired in the previous five years, many reported that their households were [living on less](#) than the 70 to 80 percent of pre-retirement income that financial planners and retirement experts assumed they would need. Four out of 10 were living on 60 percent or less of their pre-retirement earnings.

Disaster, right? Hardly. Despite their reduced incomes, these retirees said they were satisfied with how they were doing and agreed they "don't need to spend as much" as they did before.

Add a Thin Layer of Long-Term Care Insurance

You'll also want to talk to your children, relatives and longtime friends about long-term care. How much can you realistically rely on them to help out if needed? In addition, you should research what kinds of services for long-term care are available in your community, basics like transportation but also opportunities to engage with people in the area.

"Think about community in ways that take advantage of generations," says Stone.

Now, I want to circle back to long-term care insurance. Let's say you've embraced this basic DIY plan that involves working a bit longer, spending a bit less, saving a bit more and placing yourself into a community of mutual support.

At this point, revisit the idea of purchasing long-term care insurance. Does it make sense to add a thin layer of coverage on top of your DIY plan? You can lower the

monthly premium by opting for a benefit that lasts for less than five years with a reduced daily benefit, for example.

"You're filling in a gap," says Guyton.

Here's the kicker: The elements that go into a DIY long-term care financing plan include everything that all of us, except for the wealthiest sliver of society, need to think about regardless of long-term care as we enter the second half of life.

Chris Farrell, Next Avenue, 5/6/16

Laugh & Live Longer

TWO DROPS OF WATER

A lady goes to the bar on a cruise ship and orders a Scotch with two drops of water. As the bartender gives her the drink.

She says, "I'm on this cruise to celebrate my 85th birthday and it's today."

The bartender says, "Well, since it's your birthday, I'll buy you a drink. In fact, this one is on me."

As the woman finishes her drink the woman to her right says, "I would like to buy you a drink, too."

The old woman says, "Thank you. Bartender, I want a Scotch with two drops of water."

"Coming up," says the bartender.

As she finishes that drink, the man to her left says, "I would like to buy you one, too."

The old woman says, "Thank you. Bartender, I want another Scotch with two drops of water."

"Coming right up," the bartender says.

As he gives her the drink, he says, "Ma'am, I'm dying of curiosity. Why the Scotch with only two drops of water?"

The old woman replies, "Sonny, when you're my age, you've learned how to hold your liquor..."

Holding your water, however, is a whole other issue."

Funny Quips

I just did a week's worth of cardio after walking into a spider web.

A recent study has found that women who carry a little extra weight live longer than men who mention it.

Kids today don't know how easy they have it. When I was young, I had to walk 9 feet through shag carpet to change the TV channel

MODERN MATH?

My daughter and I went through the McDonald's driveway window and I gave the cashier a \$5 bill.

Our total was \$4.25, so I also handed her 25c.

She said, 'you gave me too much money.'

I said, 'Yes I know, but this way you can just give me a dollar coin back.'

She sighed and went to get the manager who asked me to repeat my request.

I did so, and he handed me back the 25c, and said 'We're sorry but we don't do that kind of thing.'

The cashier then proceeded to give me back 75 cents in change.

Do not confuse the people at MacD's.

AND AGAIN

We had to have the garage door repaired.

The repairman told us that one of our problems was that we did not have a 'large' enough motor on the opener.

I thought for a minute, and said that we had the largest one made at that time, a 1/2 horsepower.

He shook his head and said, 'You need a 1/4 horsepower.'

I responded that 1/2 was larger than 1/4 and he said, "NOOO, it's not. Four is larger than two."

We haven't used that repairman since . . .

Purposeful Living

Iris Ianno is an outstanding volunteer. She serves on the Executive Committee for the Tilton Senior Center and she is the Secretary for



Iris Ianno

both the Executive Committee and the Chat Committee. She volunteers at the Senior Center when

needed and she also offers rides to seniors that don't drive anymore.

Iris has a very loving and kind heart. She treats everyone like they are the most important person to her and what they have to say receives all of her attention. She not only helps plan for all fund raisers, but she has also worked hard to create lap and bed quilts to raffle off to raise monies for the Senior Center. Iris is involved with all aspects of the Senior Center and spends time making sure each and every senior that wants to be a part of the Senior Center programs is able to be there even if Iris has to bring them herself. She really listens to what individual seniors would like to see made available at the Center and works with the other volunteers to make sure it happens.

One person says of her: "It has been an honor to work with Iris over the years. I have had the privilege to work with this kind lady on several projects to earn monies for different causes. She is a shining example of a caring compassionate individual who devotes her time to projects she believes in. The Senior Center is one of those projects she believes in with all her heart. "

Another person tells us that in addition to her devotion to Seniors and the Senior Center, Iris volunteers with "Every Child is Ours", a group that separates and bags food at the Senior Center at the end of each week to be delivered as lunch bags for school children to take home from school to carry them through the weekend.

Beyond her work at the Senior Center, Iris keeps busy with fundraisers for the Winni Trail project, a walking trail from Franklin to Laconia. When not otherwise occupied, Iris can be found at the Tripp Center in Franklin where she sometimes teaches quilting as a volunteer.

Board Notes

FINGER ON THE PULSE

Happy Birthday America. It's that time for celebrating, fireworks, parades, and lots of outdoor fun. Let the spirit of the day bring on face painting and costumes of red, white and blue. And let's come up with a familiar phrase or statement that captures the American identity; one that expresses the passion of how we see ourselves, a finger on the pulse so to speak.

But, say the word pulse these days, and most of us will immediately connect it with the Pulse Club in Orlando and the horrifying incident that took forty-nine lives. For weeks we have been focused on the issues of guns, terrorism, and all the details such as who knew what when, all in attempt to find ways to prevent future events like this. *But let's step back a moment and also look at how we came together as Americans.* Rallies were held not only in Orlando but all around the country. People became just people - not labels. The focus was on supporting each other. The outpouring was reminiscent of the tragedy of 9/11 and demonstrates our true nature as a country and as people. And it also begs the question of why does it

take a disaster for that quality to be expressed?

We live in dualistic world, hot/cold, summer/winter, wet/dry; it's all around us. It's natural. We can view dualism as compliments or we can apply judgment and make everything good/bad, right/wrong. And it seems that when we bring in judgment, we get polarization. In fact polarization is so dominant in our day-to-day lives that it's no wonder that it takes a disaster to bring out compassion. It's easy to get caught up in the good/bad blame game and understandable that we hope getting rid of the bad/wrong piece is a way to create a better world.

But does it work? Nationally and internationally we are beginning to understand the importance of biodiversity. There's plenty of material out there that backs up the need for diversity and inclusiveness to preserve species, habitats, environments and even the planet! All around us we can see that thriving and even survival depend on supportive interaction, inclusiveness and the recognition that individualism is also interdependent. Yet there is little that moves this understanding and its importance to humans and how we view each other! *Shouldn't we be looking at ourselves as we, not us and them* as we have following Orlando or

other tragedies? If we did, would it lead to better solutions to life's challenges?

Could we decide to opt out of the reactive polarization that we have come to accept? After all, polarization appears to be a fairly recent development. One that has overshadowed the phrase or statement that reflects who we are as Americans: United We Stand, Divided We Fall.

Let's get our finger back on THAT pulse.

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