



A Citizen Voice for the Aging Experience

# ENGAGING NH NEWS

## GUEST OPINION:

### Joseph D. Vaughan: The Man behind the Award

by Nancy Vaughan Moehl and Linda E. Marotta, as shared with Barbara Salvatore

*Joe recognized a need to identify, organize and highlight elder issues, and to marshal state and federal resources to address the needs of older citizens*

June 2016  
Volume 10, Issue 6

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For over 50 years, NH has remembered an influential son whose lifelong work continues to help many Granite State residents. An educator and legislator, Joseph D. Vaughan's legacy is honored every May when Awards in his name are presented to outstanding older adult volunteers from each of our ten NH counties. But, who was the person behind this prestigious award?

Born in Strong, Maine in 1890, Joe survived polio as a youth. He overcame the physical disability to his legs enough to play tennis at Bates College Maine; he also attended Harvard University. He married and had three children. During his long career as an educator, Joe worked in Worcester MA, Thomaston and Rangeley Maine, and Littleton and Newport NH.

He set an example to his fellow teachers of uncompromising principles of excellence in education. During his tenure as principal, he provided neckties to young men who didn't have them in order to keep up to dress code and coming to school. Joe was also an active volunteer, serving as President of Rotary, in his Masonic Grand lodge, and was general chairman of the Red Cross for 7 years.

Joe and his wife Rachel often boarded teachers in their home, for their own income benefit, but also for the teacher's. Closer to home, they twice provided a year-long home, as well as many years

of summer breaks for a granddaughter when internal family pressures required relief. In addition, Joe's special needs brother-in-law lived with them after Rachel's mother passed. In retirement, Joe voluntarily managed financial matters for the local doctor's widow until her passing.

Sadly, as polio is known to do, it returned to his weakened legs later in life, and along with arthritis, made it difficult to walk much. He wore a complicated and heavy leg brace. He and his wife Rachel traveled extensively by car and at least once added a local widow neighbor to their caravan through the southwest, New Mexico, Arizona, etc.

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**2016 Vaughan Award Winners**

Front Row: Iris Ianno, Belknap; Terry McCarthy, Carroll; Jeanne Parsons, Cheshire; Ronald Duchesne, Coos; Armand Soucy, Hillsborough; Connie Harris, Strafford. Back Row: Patricia & Bruce Dawson, Merrimack; Carol & Ron Jablonowski, Rockingham, Robert Busby, Sullivan. Missing: Molly Colburn, Grafton.

There were other instances where Joe provided a ride as needed. As Joe wore the brace on his left leg, driving an automatic shift car was not a problem. He couldn't walk well, but he loved to drive!

From 1951-61, Joe ran successfully for representative and senate seats in the NH Legislature. In that time, he served as a member of the Finance Committee, and as Chairman of Education Committee. A newspaper clipping shared by his family illustrates his timeless sense of humor:

“Sen. Joe Vaughan of Newport surprised his colleagues yesterday when he made a formal presentation to Senate Pres. Norman A Packard of Manchester

He handed the presiding officer a screw-driver and a wrench to take care of the “screwballs” in the Senate and possibly a few “nuts.”

There was no further explanation, but everyone seemed to enjoy the

stunt. Apparently they were all figuring Vaughan was referring to “those other guys” No one complained.”

Joe was an early legislative advocate for aging. Through his work, Joe realized that people were living longer. As a lifetime volunteer assisting elders and others, Joe recognized a growing need to identify, organize and highlight elder issues, and to marshal state and federal resources to address the needs of our older citizens. His work helped to create a state agency dedicated to helping elders.

Joe was nicknamed the iron duke perhaps because in his mind there was only right and wrong. There was no gray area and he never compromised on that philosophy. Joe was always determined yet kind to all in genuine need. He expected those that could, to help themselves. He showed great strength in facing life. After his death in 1961, the NH’s Elderly

and Adult Services initiated The Joseph D. Vaughan Award in his memory to recognize older volunteers who help their peers.

The Vaughan family knew nothing about the Vaughan Award until 2001 when genealogy research turned up the Award.

Family members express that, “It is wonderful that the state of NH has chosen to honor senior volunteers. All three of Joe and Rachel’s children have passed and only approximately 4 of the 9 grandchildren are now able to actually attend the annual awards ceremony. In a few years it is likely that no living relative will be able to honor the awardees in person.

But to all past, present and future so honored, the family collectively wishes them best wishes and thanks for all they do and have done or will continue to do.”

*Nancy Vaughan Moehl and Linda E. Marotta are granddaughters of Joseph D. Vaughan.*

**NH Updates**

**NH TO STRENGTHEN ELDER PROTECTIONS**

The state of New Hampshire will soon have a full-time lawyer to investigate and prosecute crimes against the elderly, who are defined by state law as over the age of 60.

On Wednesday, the Governor’s Executive Council voted to accept a \$132,346 federal grant that will fund a state Elder Abuse Protection Bureau for the “investigation and prosecution of elder abuse

cases,” within the Attorney General's Consumer Protection Bureau. Senior Assistant Attorney General James Boffetti, who will head the new bureau, called the funding “really great news.”

The grant money will fund a temporary, full-time prosecutor who will “focus on crimes and abuse against the elderly” and be partnered with a victim witness specialist, “to form a unit solely dedicated to elder abuse,” according to a state report. In addition to investigating and prosecuting elder-exploitation cases, the new unit will “provide educational outreach to elder groups regarding the prevention and/or reporting of fraud and other forms of abuse and neglect,” the state reported.

Boffetti said the state used to have a grant-funded Elder Abuse Prevention Bureau, but it was discontinued when the federal grants dried up.

“We had been looking for money to do this work again,” he said, adding it's become more important since the Jan. 1, 2015, passage of a new chapter in the state's criminal code (Chapter 631:9) that makes financial exploitation of elderly, disabled and impaired people a felony.

The prosecutor position will be funded through June 30, 2017, and if the grant money “no longer becomes available,” general funds “will not be requested in support of this position,” according to a memo by Attorney General Joseph Foster.

“This position will enable the Department (of Justice) to meet

## 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.*

growing demands for elderly victim services,” Foster's memo states.

Boffetti said the new Bureau, which is expected to launch within two months, “will provide a leadership role in the state” by working with county attorneys, municipal police departments and the state Bureau of Elderly and Adult Services. He said “all indications are that the numbers (of victims) will grow” as baby boomers retire “after they've built up a lifetime of assets.

“We want to make sure to support them,” Boffetti said. “Every week we hear about these kinds of cases.”

Boffetti said financial abuse of the elderly falls into two categories, the first being perpetrated by strangers through scams that occur over the phone and Internet, as well as in the driveways of elderly citizens. The other category, he said, is the financial exploitation of the elderly by people who are not strangers, and in some cases, relatives.

The new bureau will work to resolve “larger volume cases” when,

for example, thousands of dollars are diverted away from an elderly victim.

“I think it really helps to educate people,” said Boffetti, who last year did that himself.

In 2015, Boffetti led an effort to publicize the new law by speaking with members of the New Hampshire Bar Association, hosting a state-wide conference and notifying all police departments in New Hampshire to enforce it. He said all new officers going through the NH. State Police Standards and Training Academy now get training about how to enforce the law and all of the state's county attorneys are on notice to pursue the cases.

Part of the new effort will be to work with home health aides, Meals on Wheels drivers and bank tellers, to “make partnerships with them,” Boffetti said. Things to watch for and report, he suggested, include “a distant relative suddenly hanging around the house and taking over finances.”

Seniors are sometimes reluctant to report relatives who are victimizing them, he said, “because they

don't want to get them in trouble.” The victim witness specialist will help in those instances, he said.

Boffetti said he has lawyers currently working on elder-exploitation cases and that he receives weekly reports about elder exploitation, so he'd “like to get it going as quickly as possible.”

“There's an explosion of this by family members, investment advisors and other people with power of attorney,” Boffetti said last year. “We want to get the word out that this is serious stuff.”

The new law says that if a perpetrator knew an elderly person didn't have the mental capacity to consent to changing their will, or otherwise give away their assets, claiming it was a gift is not a defense, Boffetti explained.

Fired Portsmouth police Sgt. Aaron Goodwin, who exerted undue influence over an elderly woman to inherit most of her \$2.7 million estate, cannot be prosecuted under the year-old law. Speaking in general terms and not about the Goodwin case, Boffetti explained last year that to prosecute under the new law, there would have to be criminal acts that occurred after Jan. 1, 2015, when the law was enacted. Goodwin's elderly benefactor, the late Geraldine Webber, signed her now-overturned estate documents in May 2012.

## **MANCHESTER SENIOR CENTER MAY CHARGE FEE**

As of Jul 1, non-city residents may be charged a fee to use the William B. Cashin Senior Activity Center in Manchester. Fees collected, estimated to be over

\$10,000 per year, will be used fund more programming. Letters have been sent to non-resident participants informing them of the proposed fee of \$25 per year for an individual and \$45 per couple.

Many other NH cities' senior centers, like Nashua and Portsmouth, already charge non-resident fees to participate in their programs. Manchester's Senior Services Director, Gail Senno, indicated that fee exceptions will be considered on an individual basis.

The proposal to charge fees will be before the Manchester Board of Mayor and Alderman at its next meeting.

## **NEW NAME**

The group formerly known as the Elder Health Coalition will now be known as New Hampshire Alliance for Healthy Aging!!!

A few weeks ago, many of you responded to a survey to gather input on a new name. Based on this input, the Steering Committee discussed options for a new name during its May 18th meeting.

After a spirited discussion, the name New Hampshire Alliance for Healthy Aging (AHA) rose to the top. This was an “aha” moment!

This decision paves the way for the development of our branding and communications plan over the summer. Look for more to come on this over the next few months.

## **THANKS**

The ceremony [Joseph D. Vaughan awards] was wonderful. Thank you for all your hard work

in organizing everything. Connie was incredibly touched.

*J Berman*

## **From Our Readers**

To all of you on the Newsletter Staff: Special note to Carol Currier for such a nice job. We have found it very informative and enjoyed it very much. You also did a great “reading” at the Joseph D. Vaughn Award Ceremony.

*Armand and Jeannette Soucy*

I really enjoyed this May issue... Thanks for putting it together. I read with delight the piece The Black Telephone, which reminded me of growing up in Boston in the 1950s, although the author is surely older. Where did you find The Black Telephone and who wrote it? I'll look forward to hearing back from you. Thanks and best wishes I'm forwarding your whole issue to staff and friends.

*Edward F. Ansello, Ph.D., Director Virginia Center on Aging*

(Editor's note: We loved the story as well which was sent into us by a reader. Source was unknown and probably something making the rounds in cyber space. But if anyone knows...)

## **NEW INFO ON CAREGIVING**

The National Association of States United for Aging and Disabilities (NASUAD), in partnership with the National Alliance for Caregiving (NAC), created an infographic that depicts an overview of statistics on the experiences of caregivers in the United States, documenting their growing contribu-

tions to providing care to older adults and persons with disabilities in light of limited resources for caregiver services.

You might want to consider and share this information, as you speak to candidates for the upcoming state and national elections.

<http://www.nasuad.org/sites/nasuad/files/NASUAD%20Caregiver%20Infographic.pdf>

## SENIOR CENTER CELEBRATES

GoodLife's 3rd Anniversary Celebration:

*Join us under the stars as we celebrate the stars of GoodLife!*

Date: Thursday, June 23 2016,

Time: 5:00 – 9:00 pm,

Location: GoodLife Programs & Activities – 254 North State St  
Concord, NH 03301,

Tickets: \$50 per person.

The event will feature dinner under a festive tent, an inspiring presentation, a silent auction and memorable live music from Jazz Pianist Tom Robinson, an instructor at the Concord Community Music School. Once again we will be presenting an award for the GoodLife Senior Advocate Of The Year!

For information on tickets or how to nominate a senior for the award please contact Susan Greenblott at 603-228-6630 or [sgreenblott@goodlifenh.org](mailto:sgreenblott@goodlifenh.org)

## INTERESTING

Thought this would be of interest to the recipients of the newsletter:

What might the future hold for older adults who would prefer aging at home to moving into an assisted living facility or nursing home?

In our new comic, you can follow the story of a man who daydreams his way into a future where vital health data are transmitted to off-site professionals who check in remotely, allowing for peace of mind and independence. Drawing on recent literature, the comic imagines a world where advances in technology have made aging in place an attainable reality for many Americans. Copy and paste this link:

<http://www.commonwealthfund.org/interactives-and-data/infographics/2016/2035-will-we-age-with-independence?omnicid=EALERT1031765&mid=michael@mjhealthsolutions.com>

[will-we-age-with-independence?omnicid=EALERT1031765&mid=michael@mjhealthsolutions.com](http://www.commonwealthfund.org/interactives-and-data/infographics/2016/2035-will-we-age-with-independence?omnicid=EALERT1031765&mid=michael@mjhealthsolutions.com)

Mike Cohen

## TALK TO ME

Under the headline "Talk to Me," journalist Linda Tischler used the last entry on her CaringBridge blog to illuminate the "incredibly isolating experience" of having cancer.

A master at using wry wit to brighten serious discussions, she kvetched about how friends are afraid to kvetch about everyday matters once "you cross a line from the land of the well to the land of the sick and you can't go

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back again.” Ever wonder what to say to someone who just spent a day on a chemotherapy roller-coaster? Try complaining about traffic, she suggested.

“If we can have a conversation as in days of old, where you can share your own aggravations with me, without feeling guilty about it, it would be a great gift,” she wrote in that final post. “Let’s get normal and share a fine whine.”

*Boston Globe, 5/5/16*

## News You Can Use

### ONLINE AND IN STORE PRICE DIFFERENCES

It has come to our attention that the price of items in store and the online store can vary SIGNIFICANTLY. In fact, one report of a purchase at a local, big-chain store revealed that the in store cost was **5 times** the online price. However, when asked about the differences the store policy was to match the lower price but only when asked!!

EngAGING NH is exploring this issue. If you are aware of stores using such a practice, please let us know. Meanwhile, it pays to check before you buy!

### COMPANIES THAT USE OLDER WORKERS ARE THE MOST INNOVATIVE

Ageism in the workforce is built on a faulty premise, according to leading Australian researchers of intergenerational employment. Associate Professor Leanne Cutcher from the University of Sydney Business School is about

to publish a new study that has found that contrary to stereotypes and assumptions, the most innovative companies are the ones where the age of employees does not matter.

One health engineering company that had a young chief executive officer appointing 65-year-old workers to new roles leading projects was among companies the researchers found to be the most innovative. The multinational company, Siemens Healthcare, recognised that people had valuable experience to offer at all stages of their career.

Michael Shaw, the company's chief executive, said Siemens “takes the best people for the job”. Personally, for me it's not important if the person is in their 20s or in their 60s, I am simply looking for the best minds with the best attitude”, Mr Shaw said.

Associate Professor Cutcher said the company had recognised that the idea that younger people lack experience and older people have too much of it “is a nonsense” and “stifles” the exchange of innovative ideas.

“Where age doesn't matter, there is more innovation,” Associate Professor Cutcher says. “When we say baby boomers are not good with technology and Generation Y don't have enough experience, it becomes a self-fulfilling prophecy. Because people who have good ideas then don't share them because they have been told they are too old. But you are just going to replicate the same ideas where you start labelling people as either too old or too young for a role. Where

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that is happening, it is stifling knowledge exchange.”

Associate Professor Cutcher said younger workers were positive about learning from older colleagues.

“We have this false idea that only young people can innovate and our research has found it has really big implications for the effectiveness of the organisations. While there is robust evidence that older people can be part of a sustainable solution to job market challenges, existing and inaccurate perceptions of the Baby Boomer generation detract from the value of employing the over-50 population.”

Read more:

<http://www.theage.com.au/business/workplace-relations/companies-that-use-older-workers-are-the-most-innovative-new-research-20160418-go93h1.html#ixzz46rgPeIwV>

*Anna Patty, Workplace Editor*

### DELAYING RETIREMENT = LOWER DEMENTIA ???

Is it really true that delaying retirement will reduce your risk of Alzheimer's for each year that you continue working?

That claim, by Steve Jobs' physician no less, attracted my attention because, retired at 71, I wondered what the truth of it was-- as I'm

sure others did.

When you go to the source of the claims you do find an article in a legitimate neurology journal. But the article is entirely based on a correlational study, alleged to support the "lose-it-or-use-it" idea: i.e., keep working, keep cognitively stimulated, keep engaged, and you lower your risk of dementia. There may be some truth to this, but the study in the journal doesn't prove it.

Unfortunately, the old saying "Correlation is not causation" still remains true. Here's an example. Suppose someone said that patients admitted to a hospital emergency room or ICU have a high death rate (true enough). Would you conclude, if you were threatened by a heart attack, that it's a bad idea to go to the emergency room because of the correlation of admission with death rates? It's an absurd example, but it makes the point about correlation and causation.

This example shows why sloppy thinking can be dangerous to your health. It turns out that there are lots of factors associated with higher probability for dementia, such as cardiovascular diseases, which can be an independent cause of dementia. Is it possible that people with such comorbidities would be inclined to retire earlier than others in better health? Is it possible that other socio-economic variables could also explain this difference? Yes, it's not only possible, but likely: correlation is not causation.

### **FYI . . .**

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

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

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

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

**engagingnh@gmail.com**

Is it a good idea to work longer and delay retirement? The answer is, It all depends. Keep in mind that a large body of research, going back more than 50 years, supports the finding that retirement itself is not bad for your health. People who don't like retirement don't want to accept this. But they probably haven't read the vast body of research on the effects of retirement. The belief that "retirement causes dementia" must be dismissed as an urban legend, like

belief that aluminum pots cause dementia.

One of the more pernicious consequences of this urban legend is linked to the current campaign against retirement, a trend now gaining ground in political circles. Specifically, there are proposals to raise the age of eligibility for Social Security. I can hear the justification already: "Yes, we're encouraging you to delay retirement, but it's for your own good. You'll be healthier and have less risk of dementia."

Be suspicious, be very suspicious of people proposing to cut your benefits "for your own good." Pay more attention to proven risk factors for dementia that may remain within our control.

For more details, see:

<http://www.neurologyreviews.com/the-publication/news-in-the-spotlight/article/delaying-retirement-may-reduce-risk-for-dementia/6fd3718ca3075392b772ff125437b65f.html>

### **HOW TO PLAN FOR WHEN YOU CAN NO LONGER DRIVE**

*Tips to make transportation easier once you need help getting around*

Most boomers don't stop to think about how they will get around as they grow older. But Americans are outliving their ability to drive safely — a woman, on average, by 10 years, a man by seven, [according to the American Journal of Public Health](#).

## Help Spread the Word!

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

**Forward it on!**

Physical or cognitive problems become obstacles. [Vision and motor skills](#) can decline with age. Some people can drive safely into their 90s, while others begin to cut back at 65 or earlier. The loss of one's prized autonomy, embodied in a personal vehicle, is difficult to imagine. That's why many put off thinking about what they'll do when they can't drive. But this is a big mistake.

Below are a few guidelines to help you plan ahead.

### ***Taking Driving Risks***

What typically happens is that older adults cut back on driving incrementally. For example, they decide to drive only during daylight or to places for which they know the route well.

Be sure that there is some kind of transportation network in the community that provides door-to-door services. Those who don't have a support system, however, may be particularly prone to drive past the time when it is safe for them, according to Judi Bonilla, a gerontologist and founder of the

San Diego nonprofit [We Get Around](#), which advocates that adults who believe they are unfit to drive learn to use public transportation.

But even in areas with well-developed public transportation, whether urban or suburban, the last mile can be the most difficult. Those who are fit can walk to and from bus stops, but others will be limited in how far they can walk. Temperature extremes can also create limitations for people using public transportation.

### ***When Help Is Hard to Get***

In car-oriented areas, older adults are likely to rely on friends and family for assistance with transportation. Yet younger family members and friends aren't always available to drive those in their 80s and 90s, especially when the older adults have migrated to warmer climes, away from family, for example.

### ***What to Consider***

Here are some guidelines for preparing for a time when you can't drive safely:

Evaluate your current location to determine how you would get to the places you typically need and want to go, and figure out how you would be able to reach them if you were unable to drive. Do you have relatives or friends who would have the time to help you? What is the public transportation like? Can you afford to take taxis or [Uber-type services](#), if they exist where you live? Is there a volunteer transportation network in your community?

If you are considering a move, "be sure that there is some kind of transportation network in the community that provides door-to-door services," said Katherine Freund, founder and president of the [Independent Transportation Network](#) (ITN), a nonprofit that provides paid rides for older adults through more than 20 affiliates across the country. In order to use the Independent Transportation Network, riders fund a personal transportation account in advance.

The ITN provides all riders with a monthly statement that details every payment. Charges are often lower than taxi fees, Freund said. Drivers are required to assist riders with packages. In addition, no tipping is allowed.

Consider what your needs are going to be over time. Think about the activities you love and the services you will need. What are your hobbies? What kinds of groups might you enjoy and want to join? Try out any new community you are considering for three months or longer, especially if it's a seasonal place, Bonilla said.

For those who plan to keep driving, [AAA](#) provides resources such as ensuring your car fits you ergonomically. AAA also offers information about renewing your driver's license in your new area. If you want to improve your driving, consider an [AARP driver safety class](#).

Older adults also can use the relatively new transportation services such as Uber and Lyft. Ask whether any senior housing communities you are considering have shuttle buses for shopping, reli-

gious services and doctor visits. If and when you decide not to drive, think of your life in a different way, Bonilla advises.

“It’s not giving up your independence, it’s doing something in a different way,” she said. “It’s alternatives. People have fear of alternatives and the unknown” such as using public transportation.

**To find senior transportation services in your community, visit <http://www.ridesinsight.org>.**

*Harriet Edleson, Health and Wellness*

<http://www.nextavenue.org/how-to-plan-for-when-you-can-no-longer-drive/>

## Health & Wellness

### HEALTHY AGING HAS LITTLE TO DO WITH AGE

When it comes to maintaining health in one's older years, age means little and obesity may not be so bad after all, according to a recently released US study.

Factors such as loneliness, depression and having broken a bone recently are more likely to predict a person's risk of dying in the next five years, researchers at the University of Chicago found.

“The healthiest people were obese and robust,” said the study in the Proceedings of the National Academies of Science, which found that 22 percent of older Americans fit that definition of good health despite higher obesity and blood pressure.

They had fewer organ system diseases, better mobility, sensory

function and psychological health than others. They were also the least likely to die or become incapacitated five years into the study, which involved 3,000 people aged 57 to 85.

Researchers also uncovered new classes of people at twice the risk of dying or becoming incapacitated in five years.

They include those of normal weight who face one key health problem such as thyroid disease, anemia or ulcers, those who had broken a bone since age 45, and those with poor mental health.

The most unhealthy are those with uncontrolled diabetes and high blood pressure, and who often face challenges getting around and performing daily tasks.

“Instead of policies focused on reducing obesity as a much lamented health condition, greater support for reducing loneliness among isolated older adults or restoring sensory functions would be more effective in enhancing health and wellbeing in the older population,” said co-author Edward Laumann of the University of Chicago.

Although cancer caused 24 percent of deaths among people over 55, it “seemed to develop randomly with respect to other organ system diseases,” the study said.

#### **Challenging current wisdom**

Obesity had long been considered a leading risk factor for dangerous conditions such as heart attack and stroke.

More than a third of Americans -- nearly 79 million people -- are considered obese, according to the

US Centers for Disease Control and Prevention.

However, a number of recent studies have suggested that obesity may not be as bad as once thought, and may even offer protective benefits against certain diseases, a phenomenon known as “the obesity paradox.”

Still, current medical wisdom holds that people are healthy if they can avoid heart disease, cancer, diabetes, high blood pressure and high cholesterol levels.

But authors of the new study described a different approach, known as the “comprehensive model” of health and aging, that includes factors such as psychological well-being, sensory function and mobility as essential factors of overall health.

Using this new lens, about half of those considered healthy under the current medical model actually have “significant vulnerabilities that affect the chances that they die or become incapacitated within five years,” the study said.

“At the same time, some people with chronic disease are revealed as having many strengths that lead to their reclassification as quite healthy, with low risks of death and incapacity.”

The findings suggest that “from a health system perspective, a shift of attention is needed from disease-focused management, such as medications for hypertension or high cholesterol, to overall well-being across many areas,” co-author William Dale said.

*MSN, 5/16/16*

## GRANDMA'S CHOLESTEROL IS OK, BUT MAYBE THE DOCTOR SHOULD ASK ABOUT HER SOCIAL LIFE

Think about health during the senior years, and a list of common ailments pops to mind. But that's not the whole story. New research suggests factors such as loneliness and whether they've broken any bones since middle age also play a role in the well-being of older adults.

In fact, layering on that extra information better predicts whether a senior's next five years will be fairly robust or whether they're at higher risk for death or disability than just focusing on what chronic diseases they have, researchers reported Monday in Proceedings of the National Academy of Sciences.

"Aging is not a linear process of wear and tear," said University of Chicago biopsychologist Martha McClintock, who led the study. "It's a different way of thinking about aging."

Using a government study of 3,000 middle-aged and older people, the researchers compared the medical conditions that doctors look for in the average check-up — blood pressure, cholesterol, diabetes, heart disease, cancer — with information about psychological health, mobility, hearing and other sensory capabilities, and additional characteristics of day-to-day functioning.

Of course having a cluster of serious diseases and being frail can mean a greater risk of death. Having uncontrolled diabetes and high

blood pressure was particularly risky on top of other illnesses.

But factoring in the extra harder-to-measure characteristics showed

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

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

We actively partner and work with other NH advocates.

#### **Formal Partnerships**

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

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

- Elder Rights Coalition
- Department of Health & Human Services

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

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

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some seniors with chronic diseases actually were more likely to survive the next five years than their medical charts indicate. And about half who by disease diagnoses alone would be considered healthy really were more vulnerable to decline, the study found.

Those extra factors “are harbingers, they’re canaries in the coal mine of some biological processes that are aging,” said McClintock, who hopes the findings spur policymakers to focus more on these other non-disease conditions of aging.

The work may help redefine how doctors determine older patients’ vigor and quality of life, said Dr. John Haaga of the National Institute on Aging, which funded the research.

“We really have to look at more than the collection of diagnoses that they have. We’ve got to look at some of these life circumstances and really ask a few questions about mental health, about recent

events, that will help trigger more watchful care,” he said.

Among the findings:

—Poor mental health, which affects 1 in 8 older adults, makes people more vulnerable to certain illnesses. The researchers weren’t measuring a diagnosis of depression, long known to complicate overall health. Instead, they asked whether people feel lonely, if they’re socially isolated, if they have trouble sleeping, if they’re anxious or stressed or have low self-esteem.

Why did that matter? Separately, McClinton has studied the biology behind social isolation in rats caged separately or in groups, and found the loners got more aggressive breast cancer sooner, with a worse prognosis. The isolation triggered physiologic changes — hormones that overreacted to the stressors of everyday life, and differences in fatty breast tissue that supported the growth of cancer cells.

—Breaking a bone any time since age 45 is a marker of future health problems. That’s surprising, and needs further study, said NIA’s Haaga, adding that meanwhile it’s something doctors might consider.

A broken hip during the senior years has long been known to send patients on a downward spiral. But this study implicated long-healed fractures of any type as early as middle age to poor health later on. Those breaks might be an early

signal of bone-thinning osteoporosis, or the beginning of balance and muscle problems that increase the risk of later frailty, Haaga speculated.

- Good mobility — no trouble walking quickly or getting up from chairs — is one of the best indicators of well-being. Indeed, prior fractures were a risk for poor later mobility.
- Obesity seems to pose little risk to seniors as long as they’re otherwise in good physical and mental health — without the diabetes or heart disease that so often accompanies extra pounds. Haaga noted there’s controversy about whether being overweight in the senior years is helpful.
- Sensory function — problems with hearing, vision and smell — also plays a role in seniors’ vulnerability. McClintock said it contributes to social isolation, mobility and nutrition.

Read more:

<http://www.mcclatchydc.com/news/politics-government/national-politics/article77898562.html#storylink=cpy>;

*Lauran Neergaard, AP Medical Writer*

## DRINK MORE H2O!

*Older Americans especially men, and certain ethnic groups need to drink more water to stay healthy, according to the CDC.*

The Centers for Disease Control and Prevention (CDC) has followed up on a study done about a decade ago that looks at whether

Americans are drinking enough water. In its [updated report](#), just released, CDC researchers say women are better at drinking water than men, and older Americans need to try harder to stay hydrated.

It's recommended men get 125 ounces of water a day, and women 91 ounces and that includes not just drinking water, but water from all food sources.

Asher Rosinger, epidemic intelligence service officer for the National Center for Health Statistics says the results mirror those in the earlier study. Senior citizens in particular aren't drinking enough.

“Adults 60 and over are the most vulnerable population, among adults, to dehydration,” Rosinger says. “And by doing this report, we were able to kind of quantify how much they're drinking on a given day, and whether they might be falling short of the amount of water they're consuming.”

The study also looks at hydration based on race and ethnicity. It says Hispanic and African Americans also are drinking less water than they should, especially the men in those groups. Rosinger says they looked at water consumption from all food sources.

“Water moving through the gut is water moving through the gut,” he says. “So, if you're getting a quarter of a liter of water from an apple, it's still a hydrating source. So, you can get a couple of liters of water from plain water, and get another liter of water from food.”

The study found women get about a third of their daily intake of wa-

ter from tap or bottled water. For men, it's about 30 percent.

*Mike Clifford, Public News Service (NH), 4/27/16*

## MEMORY ENHANCEMENT

A new pilot study suggests yoga and meditation are more effective than memory enhancement exercises for managing mild cognitive impairment. Mild cognitive impairment is often a precursor to Alzheimer's disease and other forms of dementia.

A team of neuroscientists found that a three-month course of yoga and meditation practice helped minimize cognitive and emotional problems. In addition, yoga and meditation were found to be more effective than the memory enhancement exercises—often considered the gold standard for managing mild cognitive impairment. - See more at:

<http://www.theoptimist.com/daily/#sthash.F3k9T4OY.dpuf>

<http://psychcentral.com/news/2016/05/11/yoga-and-meditation-reduce-alzheimers-impact/103138.html>

## 6 HABITS OF PEOPLE WHO AGE WELL

Exercise, diet—even attitude—can be as important as genetics when it comes to growing old gracefully. “Old age,” as Bette Davis once said, “is no place for sissies.” But that doesn't mean you need to chicken out. Sure, growing older affects nearly every part of your body—including your hair, skin, heart, muscles, and more—but aging well may be as simple as

## CAN YOU HELP?

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adopting these (mostly) easy everyday habits.

- 1. Watch what you eat:** Nutrition plays a major role in how your body ages. “The latest research shows that a low-glycemic diet high in fresh fruits and vegetables, whole grains, and lean protein is healthiest,” says Dr. Jeffrey Benabio, Physician Director of Healthcare Transformation at Kaiser Permanente Primary Care. One great example is the [Mediterranean diet](#), rich in plant-based foods, whole grains, nuts, and red wine (in moderation!). It also involves eating fish twice each week and cutting back on salt.

Research shows that this type of diet may help you age better by warding off heart attacks,

strokes, and premature death, according to [Harvard Medical School](#). An added bonus: Benabio says that foods rich in omega-3 fatty acids, such as walnuts, salmon, and flaxseed, help your skin manufacture the essential oils it needs to protect itself and can help skin look younger. In contrast, sugary, carbohydrate-heavy, and fatty foods—think, chips, soda, and white bread—can speed up the aging process, says Benabio.

“So, when shopping or dining out, opt for whole grains and natural sweeteners,” he says.

**2. And how much you eat:**

Overeating may lead to a shorter life span, cardiovascular disease, and type 2 diabetes, [according to the NIH](#).

To age well and live longer, it’s best to stick to a balanced diet that consists of about 2.5 cups of vegetables, 1.5 to two cups of fruit, six ounces of grains, three cups of dairy, and five ounces of protein [each day](#).

**3. Exercise regularly:** Staying active is a vital part of aging well. The average woman can lose 23 percent of her muscle mass between ages of 30 and 70, says Fabio Comana, a faculty instructor at the National Academy of Sports Medicine. You lose muscle more rapidly as you age, but exercise—resistance workouts in particular—can increase mass and strength, even well into your 90s, says Comana. Staying fit may also reduce age-related

memory loss, according to a [study](#) published in the journal *Frontiers in Aging Neuroscience*. Plus, Alzheimer’s disease accounts for approximately 60 to 70 percent of all dementia cases, says Comana, adding that increasing physical activity can decrease this statistic by 25 percent. That’s because exercise strengthens the hippocampus, the region of the brain associated with learning.

**4. Stay social:** Friends and relatives can help you live longer. Those of us with strong social ties were shown to have a 50 percent higher chance of living longer than those with poor or insufficient relationships, according to a [study](#) published in the journal *PLoS Medicine*.

**5. Protect your skin from the sun:** Too much time in the sun can cause wrinkles, not to mention [cancer](#). [But wearing sunscreen](#) can help prevent your skin’s aging. And while the sun’s UV rays do trigger vitamin D production, which is

essential for bone health, that’s hardly a good reason to expose yourself. “Here are the facts,” Benabio says. “After a few minutes of sun, your skin stops making vitamin D...and starts making skin cancer.” Most people get plenty of Vitamin D, but if you think you’re not, try eating more [salmon or even eggs](#) (don’t skip the yolk).

**6. Get plenty of sleep:** You probably know that you should snooze for seven to nine hours each night, according to the [National Sleep Foundation](#).

But did you know that *not* sleeping enough may mean a [higher risk](#) of obesity, heart disease, and diabetes. Plus, naps can [improve memory](#) and even help [make up for](#) missing nightly Zzs. And it turns out that “beauty sleep” isn’t a myth. During sleep, your body releases a growth hormone that helps restore collagen and elastin, the essential building blocks of young, healthy skin, says Benabio. Recent studies have also shown a connection between insomnia and accelerated aging of the brain, Benabio says. In other words, chronic lack of sleep adversely affects your brain’s function and speeds up the aging process. “Too many of us treat sleep as a luxury instead of a need,” says Benabio. “If I could encourage people do make one healthy change this year, it would be to sleep more.”

*This [article](#) originally appeared on [Real Simple](#)*

**Tech Tips**

**HOME TECHNOLOGY FOR OLDER ADULTS: SAFETY OR INTRUSION?**

As caregivers monitor patients, privacy becomes an issue. His family meant well. Thomas, aged 70, lives on his own since the death of his wife last year. His children send him smart devices to track and monitor his diet, health and sleep from a distance — respectively, a fork, a cane and a bedpost.

But Thomas craves his independence. He struggles with the order and rules imposed on him by the objects that are meant to make his life easier. Eventually he outwits these “smart objects” by leaving the fork in a plate of salad while he eats his bangers and mash (he’s British), by bribing his younger neighbor with a beer to take the cane out for a walk and by placing enough books — one of them cleverly titled *Why Should Anyone Be Led by You?* — on the bed to fool the device into thinking he’s asleep.

[This] scene, from a video by Superflux Lab called “[Uninvited Guests](#),” says it all. It provokes questions about how people want to live and grow old in an increasingly technologically mediated world. Yet these devices are coming, so long-term and post-acute care providers should start preparing.

Time will tell if these devices are a help or a hindrance. There’s even a term for these health care devices that are wirelessly connected to the cloud: The Internet of Caring Things.

***Wireless Connections with a Purpose***

Imagine a home where hidden sensors in the walls can predict a fall weeks before the event occurs, the front door can be unlocked by someone who is immobilized upstairs and a cup can call the ambulance if an elderly person with congestive heart failure or chronic kidney disease is in severe danger

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

County	Name	Email
Belknap	Rich Crocker	richcrocker@metrocast.net
Carroll	Kate Cauble	kemc226@aol.com
Cheshire	Bob Ritchie	fictionfitz@gmail.com
Coos	Mark M. E. Frank	maxfra@aol.com
Hillsborough	Sherri Harden	hardensherri@gmail.com
	Joan Schulze	joanschulze@myfairpoint.net
	Russ Armstrong	equlzr@gmail.com
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Cheshire	Rep. Susan Emerson	semerson435@aol.com
Cheshire	Sen. Molly Kelly	<a href="mailto:molly.kelly@leg.state.nh.us">molly.kelly@leg.state.nh.us</a>
Website:	<a href="http://www.dhhs.nh.gov/dcbcs/beas/aging/">http://www.dhhs.nh.gov/dcbcs/beas/aging/</a>	

of becoming dehydrated or malnourished.

Welcome to the Internet of Caring Things — a buzzword for those in the technology industry. Examples that have already hit the mainstream include the [Fitbit](#) wearable fitness tracker and the Nest smart thermostat. There’s even a seminar on the topic at South by Southwest, a “Woodstock” for early adopters who openly welcome interactive technologies.

Separately, these innovations may seem frivolous, but collectively they represent a revolution in how health care is managed: turning a

check-up into a 365/24/7 process, not an annual event.

“The Internet of Caring Things is about purposeful connections,” says Dr. Hanson Lenyoun, a former surgeon and alum of Harvard University and Columbia University College of Physicians and Surgeons.

Lenyoun is now head of health at consumer health startup Mark One, the makers of Pryme Vessyl, an intelligent cup that automatically tracks and displays an individual’s hydration needs.

“Often we speak about it as a gimmick — smart this and dumb that — why do you need to turn

your coffeepot on from your bed? But it's about much more than that. In my world, it's about tracking vital signs and collecting data to facilitate change and improve people's health or prevent disaster," Lennyoun says.

### **'Tea. Earl Grey. Hot.'**

Cisco, a worldwide information technology (IT) company headquartered in San Jose, Calif., estimated in a white paper that 100 "things" are coming online every second. Gartner, an IT research and advisory company in Stamford, Conn., wrote in one study that in 2005, there were 2.5 billion connected devices — most of which were personal computers, smartphones and tablets — but by 2020, there will be 20.8 billion — most of which will not be the aforementioned and familiar technological trifecta.

"These results are building on the fact that technology, according to Moore's Law, has doubled every two years as the cost has come down," says Senior Vice President of Thought Leadership at AARP Jody Holtzman. "The Internet of Caring Things is just a label for the fact that everything about your home, from lights to water to heat to computer to cell phone, is going to be connected so data and communication can flow amongst and in between the varied devices," Holtzman notes.

If it sounds Orwellian, think again. An AARP and Georgia Tech study called Project Catalyst found that when 92 older consumers were given one of seven popular fitness tracking devices to use in their daily lives for six weeks, 42 per-

cent of participants said they planned to continue to use such a device in the future.

"My touchstone is Star Trek," says Holtzman. "An exciting future is ahead where one can speak into air, 'Computer: Tea. Earl Grey. Hot.' Or, 'Tell me when we get to universe 06370.'"

### **Not Typical Retirement Living**

For residents living in TigerPlace, the future is now, although from general appearances TigerPlace appears to be a typical nursing care center. Named after the University of Missouri (MU) mascot, the tiger, it's a specially designed elder housing project started in 2004 by the MU Sinclair School of Nursing and designed by MU faculty working with the Americare Corp. of Sikeston, Mo.

Inside the building are 32 private apartments with fully accessible bathrooms, kitchens and screened porches. Private garages and a private dining room for special family occasions are available, as are common spaces such as a living room, dining room, library, sports bar, gym and beauty shop. There's even a veterinary medicine clinic. And people can live there through the end of life, too.

Yet purposely disguised within

and throughout the well-painted and decorated interior is a wireless sensor system to help detect illness and keep the residents out of the hospital. Sensors include one placed under a patient's mattress to detect restlessness, as well as abnormal breathing and pulse rates when sleeping, and another to monitor a patient's gait to help predict falls. A smart carpet is under development for recognizing falls.

The current system, which is in additional pilot studies in 12 assisted living facilities in Missouri, averages about \$200 a person per month. Eventually the system will also be offered to private homes for a similar fee. Marilyn Rantz, TigerPlace's executive director, says that bed sensors can predict illness 10 days to a month out. Similarly, falls can be prognosticated two weeks to one month ahead of the actual event. Their studies have shown that the increased length of stay in TigerPlace doubled for people who had the sensors installed in their apartment, compared with those who opted out.

### **Person as Client, Not Just Patient**

Sometimes all it takes is looking at something and someone in a different way.

"Frankly, most Internet things are being designed for demographics other than older adults, such as the Millennial market," says Scott Moody, previous co-founder and CEO of AuthenTec, the fingerprint recognition device known as TouchID that is seen on all Apple smartphones and tablets. "Part of our approach is to repurpose these

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Roger Vachon and Carol Currier, ENH join Mark Frank, SCOA hosting the 2016 Vaughan Awards

devices designed for others to make the lives of older adults better, simpler and healthier.”

Enter Moody’s new company, K4Connect, which caters to both senior living community residents (K4Community) and, soon, to the professional home care community (K4HomeCare) and those living independently at home (K4Life). Essentially, via a smart tablet, an individual’s apartment is turned into a smart home.

The thermostat automatically lowers at night and rises in the morning to promote better sleep. The bathroom and bedroom lights turn on when someone gets out of bed, so people can safely traverse from bed to bathroom. A Fitness tracker is integrated with apartment activity so residents can track their progress and goals. Dining menus and activity calendars are easily accessed. The tablet can also be used as a phone to call loved ones and as a television remote.

“One of the challenges we see of those pursuing this market is that they pursue it similar to the way they did other markets, developing thousands of unique standalone products and applications,”

Moody says. “But who is going to manage all that, bring it all together? These products go well beyond what is sometimes no more than a novelty to some, but they provide real utility to our clients.”

“For example, if someone rings a doorbell, it shows up on the tablet, and one can unlock it from the bedroom meters away,” says Moody. “For you and me, that’s nice. We don’t have to get off the couch to let in a friend. But if you live with a disability, are more prone to falling or if you’re in a wheelchair, this is an incredibly important product. It provides more utility and true value to older adults than [to] a 25-year-old.”

And not just the client benefits from the service, he says. “We look at a person living with a disability not as a patient but as our client. We provide a great experience just like you would expect of any other consumer offering,” says Moody. “If we do well by our clients, the benefit flows to others in their ecosystem such as their family and community staff.”

The website claims that K4 benefits operators by “improved customer/family satisfaction, reduced staff turnover, increased revenue and cost savings.”

### ***Cup Half-Empty or Half-Full?***

“The potential advantages of these devices are clear and many,” says Lenyoun. “They can make it easier for users to monitor their own health or the health of loved ones from afar, help improve health and well-being in general, decrease stress, increase care, decrease cost,

improve outcomes and make life easier for anyone, regardless of their age.”

Lenyoun’s device is one of those why-didn’t-someone-think-of-this-before inventions: a connected cup called Vessyl that automatically calculates how much liquid a person has drunk and how much more is needed to maintain optimum hydration levels.

It’s much more than simply getting eight glasses of water a day, explains Lenyoun.

“This is very relevant for the elderly as the thirst drive wanes with age, so that population is at real risk of ending up dehydrated,” he says. “Dehydration is dangerous for them, and it has a big impact on our medical system — there are more than 500,000 hospitalizations each year specifically due to dehydration.”

While it wasn’t specifically designed for that purpose, Pryme Vessyl could certainly be used in a skilled nursing center or assisted living environment. Fluid consumption tracking is important in many disease states, such as congestive heart failure and chronic kidney disease. The case can also be made for the device to track liquid (or thickened liquid) intake for patients with dysphagia [difficulty swallowing].

“I remember back to my time on the hospital wards, watching nurses spend exorbitant amounts of time measuring out and writing down fluid intake for patients and thinking there must be a better way. Now there is,” says Lenyoun.

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

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

***One Size Does Not Fit All***

Yet these computerized devices do pose some challenges. For one, elders are not a homogeneous group — individuals live in various health and living conditions. As such, the Internet of Things must fit into their lives, not the other way around.

“We must consider the aging trend from a wider perspective than a simple end-user versus a new technology,” says Nicola Palmarini, technology advocate for IBM Research. “It involves a value chain of stakeholders, from relatives to care providers and caregivers to the insurance industry, all connected to the Internet of Caring Things.”

Acceptance by this population is a key issue. Some may see these devices as an intrusion on their privacy. Others may see any outward signs of using this technology as a public symbol of their age and frailty and so avoid their use for that reason. The unknown may also be a bit scary — elders may be concerned about not being able to properly use the technology or trigger false alarms. Finally, cost can be a consideration; they may

view these devices as too much of a luxury to spend money on.

“The challenge becomes helping the elderly easily adapt to a technology-driven world, prolong their independence, stay more connected with friends and family and help manage life’s everyday decisions,” says IBM Accessibility

Senior Technologist Susann Keohane. Mind the Data Dump Clara Berridge, a post-doctoral fellow at Brown University’s Center for Gerontology and Health Care Research, offers further perspective.

“As a gerontologist, I’m interested in how technology will affect older adults and their caregivers, which is actually quite different from the aging market. Companies know that family members and provider organizations are their market, so there’s little incentive to design for older adults. And older adults are harder to design for precisely because they are a diverse population with needs that are more multifaceted than those who are making purchasing decisions,” says Berridge.

“My research indicates that older adults are interested in safety, con-

trol, human contact and relationships, privacy and autonomy. Caregivers and organizations are more likely to prioritize risk management and efficiency.”

Berridge also cautions against “data dumping,” or avoiding the deluge of data that comes from the constant monitoring of individuals. Not every piece of information gleaned will be of practical use for the physician or caregiver.

“Currently, much of the data on movements, sleep, biometrics, potential falls and what have you come to the end user in the form of an avalanche,” says Berridge. “In nursing homes, certified nurse assistants often report alert burn-out — they reasonably stop responding after so many nonsignificant alerts have needlessly disrupted their work.”

***Man versus Machine***

As the character Thomas illustrated in the video described at the beginning of this article, an inevitable tension occurs between values of privacy, autonomy, independence and safety when new forms of monitoring are introduced into a care relationship.

“We need to get in touch with what privacy means to elders and why it matters, quickly,” says Berridge. “To make this concrete, what if a family member seeks an explanation for an activity picked up by the connected device that the older adult wants to keep private for their own reasons? One of my 80-something-year-old research participants who discontinued a sensor-based activity monitoring system because she felt ‘spooked out’ and ‘followed,’ asked what happens when she’s in the company of a romantic partner and doesn’t want to be questioned by her children when they notice a change in activity in her home?”

Berridge notes in her studies that having one’s movements monitored can lead older adults to develop a sense of hypervigilance and behavior change, which actually threatens their autonomy. She also foresees significant ethical problems with a medical adherence solution that remains to be mainstreamed.

One proposed solution to medication management has been the idea of ingestible sensors, or “smart pills,” which again raises serious privacy and personal autonomy problems, such as informed consent (for example, “You can stay home and use this device or go to a nursing home”).

“Power dynamics are always at play in passive monitoring, and we need to keep a close eye on whose priorities are [being] designed for and addressed in our solutions, as well as make sure breathing room remains,” Berridge cautions.

***Proactive Rather Than Reactive***

Health Care Challenges also remain for the technology and health care industry. Currently, there’s little oversight of the Internet of Caring Things. In February 2015, the Senate Committee on Commerce, Science, and Transportation convened its first meeting on the topic. Lawmakers walk a fine line between being sensitive about regulations stifling innovation while trying to understand the implications of developing technologies. That includes ensuring that the technology infrastructure is adequate to support and keep secure the traffic volume of these devices.

“There are a lot of regulations that the government has done a good job at developing: FDA [Food and Drug Administration] certification, PCI [payment card industry] compliance, HIPAA [the Health Insurance Portability and Accountability Act]. But it shouldn’t overdo it — it’ll slow things down,” says David Inns, CEO of GreatCall, a company that focuses on active aging technology (customized wearables, smartphones, flip phones, apps and home devices) for older consumers to keep them independent longer.

“The Internet of Caring Things

makes it possible — on an unprecedented level — to collect, transmit and store massive amounts of data about people. The large-scale collection of medical and health data by powerful companies has been less than transparent to the average customer,” he says. An incentive system needs to be placed in health care to promote data sharing, experts say.

“If health care companies want providers to collect more data about their patients, they will eventually incentivize it in a way that patients will feel,” says Berridge. “Eventually, this will have the effect of pressuring patients, possibly financially, to consent to have information about themselves shared with their providers that they would prefer not be shared. Why not have your Fitbit data automatically uploaded to your electronic health record?”

Health care will also need to do a paradigm shift so care provision will be more about prevention rather than treatment and cure.

“The current state of aging and senior care is reactive — providers race from one person to another fighting fires,” says Stephen Johnston, co-founder of Aging 2.0, a global network of innovators in aging. “We’re seeing a shift to make care more proactive, so providers can do data-driven triage, predict situations such as falls ahead of time and provide better care at lower cost.”

***Here to Stay***

Although the term “The Internet of Caring Things” has not yet made it into the lexicon, these de-

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engagingnh@gmail.com

vices are already here, and they're here to stay.

"In the next five years, it'll become the norm in terms of expectations (location, tracking, planning, scheduling and available profiles)," says Johnston. Long-term and post-acute care providers need to start having conversations about these devices, and it will impact their caregiving. "The insertion of the word 'care' into the Internet of Things is meaningful. We generally understand that care involves physical, socio-emotional and monitoring practices," says Berridge.

Which elements of care are addressed through the Internet of Things? Well, monitoring. So either the Internet of Caring Things is a misnomer or we are redefining the meaning of care. But if we're imagining that care is equivalent to monitoring, older adults are going to get the short end of the stick."

Or refuse to use the electronic stick altogether, like Thomas.

[Jackie Oberst, Part of the Transforming Life as We Age Special Report](#)

## Dollars & Sense

### GETTING TO KNOW THE SCORE

*Regardless of your industry or situation, the organization can probably provide you help from someone who has done it before*

Are you running a business, and things aren't quite working out the way you'd like, and you're not ex-

actly sure what to do about it? Or perhaps you're thinking of starting a business? Wouldn't it be nice to get some expert advice, but of course, who can afford it?

Believe it or not, such advice can be had for free. SCORE (formerly known as the Service Corps of Retired Executives) provides such services, and they are free. There are six chapters in New Hampshire. The biggest is the Merrimack Valley chapter, which services the central and southern parts of our state (Concord, Manchester, Nashua, etc.), and they see 500 to 600 clients per year. Seventy-five percent of these are thinking of starting new businesses. The others are already in business.

The services are offered for free because the mentors and coaches volunteer their time. They're retired and may not want to play golf every day. In any case, the 65 mentors of the MV chapter provide a formidable knowledge base from which to draw. Regardless of your industry or situation, they can probably provide you with someone who has done it before. In fact, they usually assign two mentors to each case, one with experience in the industry and the other has experience with the specific issues with which you are dealing.

You can probably imagine the administrative effort to sort all this out. Gene Calvano, a retired executive who built his own software company and sold it, has developed a tool that greatly helps them and their clients. It's called COMPASS, and it's a small business assessment tool available on

their website at [www.merrimackvalley.score.org/node/4671970](http://www.merrimackvalley.score.org/node/4671970).

It helps clients to think of their businesses and their problems in an organized way. The information helps SCORE assign the best mentors to each situation, and it helps the mentors come up to speed on each assignment very quickly.

COMPASS is industry-specific and evaluates companies or would be companies in five key areas: general management; finance, marketing and sales; human resources; and operations. Relative scoring identifies potential strengths and weaknesses further enabling mentor selection.

Gene put me in touch with one of his clients, Mary Woods, CEO of WestBridge in Manchester, which provides "family-centered treatment for mental illness and substance use disorders." They are a young business that is doing well, but these medical professionals don't have a lot of business experience.

Mary and her staff completed the COMPASS assessment together. This helped them collaboratively surface the issues they wanted to address. It also enabled SCORE to select and send in the folks best suited to help them.

"They helped us see things. I've always said you get what you pay for, but in this case we're getting an incredibly valuable resource and not paying for it. These folks have already proven themselves. They give us real-world, not theoretical, advice. You can't get this

stuff from a book. Their learned wisdom and experience is so practical,” Mary said. “They’re helping us identify our strengths and weaknesses, especially with technology. They’re helping us get into electronic medical records and even a payroll system. There’s no negativity. We’re so fortunate to have them; they’re solutions-oriented. They’re also helping us reorganize our management structure.”

Dave Wood, MV SCORE’s marketing committee co-chair, explains that COMPASS and the SCORE experience is an incredible opportunity to vet one’s business plan. Even if you have enough money to start your own business without venture capital or other financing, wouldn’t you want to make sure you have an absolutely sound business concept and plan before investing?

Dave says, “We help lots of people avoid losing lots of money. It’s one of the most valuable services we provide.” Regardless of how smart or experienced we are, it’s almost always good to have another set of eyes look at what we’re doing and make suggestions.

So why would a consultant like me, who likes to charge for this sort of thing, write about what must be my competition? Well, I’ve been asking myself that. Maybe I’m crazy, but I find when I do something good, expecting nothing in return, good things happen for me. I imagine the SCORE mentors must find the same thing.

*Ronald J. Bourque, a consultant and speaker from Windham, NH Business Review, 4/1/16*

## THE FIRST FIVE THINGS TO DO AT RETIREMENT

The American Grandparents Association asked 15 certified financial planners (CFPs) what five things should be done when a person retires. They are:

1. **Celebrate and Take a Vacation:** On the final day of work, take a moment to recognize the milestone. Mark the occasion with an expensive bottle of wine or other celebration. Then travel. A vacation planned to start immediately after retiring will prevent the change in routine from seeming so abrupt. It will also give time to consider how the next 20 or 30 years will be spent.
2. **Review Sources of Income:** It’s best to have a plan set of how retirement expenses will be covered, including what accounts will be withdrawn from first and how much will be withdrawn. (Prevailing theory suggests withdrawing 4% of savings during the first year of retirement and increasing the amount each year by the rate of inflation.) Once retired, double-check the value of all retirement accounts and income sources to ensure your plans still hold. Allow for a margin of error given market volatility. One planner suggested ignoring financial news headlines during this period to prevent being influenced by market volatility.
3. **Track Daily Expenditures:** Having a budget written up in advance is useful, but actual spending patterns in retirement may vary wide-

ly from expectations. Many retirees may find their actual expenditures to be higher than expected, while others may spend less than planned. Tracking actual expenditures will provide a more accurate understanding of income needs and what expenses may need to be reduced.

4. **Update Estate Documents:** If your will, medical directives, powers of attorney, trusts and beneficiary designations have not been recently reviewed, do so now to ensure they are up to date and any changes in family status are accounted for. These documents may also need to be updated for those moving to a different state and/or selling property.
5. **Plan Out Daily Activities:** One of the abrupt changes retirement brings is a lack of scheduled events. Find activities that involve both connecting with others and having concrete plans to do something at a specific time.

*Kristen Sturt, Grandparents.com*

## Laugh & Live Longer

### “SIX LITTLE STORIES”

1. Once all villagers decided to pray for rain. On the day of prayer all the people gathered, but only one boy came with an umbrella. That’s FAITH.
2. When you throw babies in the air, they laugh because they know you will catch them. That’s TRUST.
3. Every night we go to bed without any assurance of being alive the next morning, but still we set

the alarms to wake up. That's HOPE.

4. We plan big things for tomorrow in spite of zero knowledge of the future. That's CONFIDENCE

5. We see the world suffering, but still we get married and have children. That's LOVE.

6. On an old man's shirt was written a sentence

'I am not 80 years old. I am sweet 16 with 64 years of experience.' That's ATTITUDE.

### CLEVER WORDS FOR CLEVER PEOPLE

1. ARBITRAITOR: A cook that leaves Arbys to work at McDonalds;

2. BERNADETTE: The act of torching a mortgage;

3. BURGLARIZE: What a crook sees through;

4. AVOIDABLE: What a bull-fighter tries to do;

5. EYEDROPPER: Clumsy ophthalmologist;

6. CONTROL: A short, ugly inmate;

7. COUNTERFEITER: Workers who put together kitchen cabinets;

8. ECLIPSE: What an English barber does for a living;

9. LEFT BANK: What the bank robbers did when their bag was full of money;

10. HEROES: What a man in a boat does;

11. PARASITES: What you see from the Eiffel Tower;

12. PARADOX: Two physicians;

13. PHARMACIST: A helper on a farm;

14. POLARIZE: What penguins see through;

15. PRIMATE: Remove your spouse from in front of TV.

16. RELIEF: What trees do in the spring;

17. RUBBERNECK: What you do to relax your wife;

18. SELFISH: What the owner of a seafood store does;

19. SUDAFED: Brought litigation against a government official;

20. PARADIGMS: Twenty cents.

### Purposeful Living

There is a myth that a senior center is for "old" people and when the words are said, many head in the opposite direction. Kathy however, with her humorous spirit, is able to get a community lining up at the door.

For the past five years, Kathy has volunteered to direct and produce a musical production called "Saints & Sinners". This show is comprised of all seniors. With a gentle nudge and a warm smile, Kathy is able to recruit 30-35 seniors to step outside his/her comfort zone to sing, dance and perform in front of hundreds of people.

This show is not as simple as just singing and dancing. Men are dressing up as women; women are dressing up as monsters or ladies of the night, while the remaining cast is dressing up as a holiday character or famous singer of the past. The remaining cast is getting

hair and make-up done for their next performance.

Keep in mind, changing costumes, remembering 20 songs and keeping with a strict time schedule is difficult for many seniors. Kathy is able to work with the cast for four months to bring it all together without a hitch. Prior to the four months rehearsals, Kathy is continuingly planning the acts, the music, the costumes, the steps, the cast, the make-up artist, sound production and the stage crew.

After weeks and months of rehearsals, it is on with the show. The show serves as the biggest fundraiser for the Newport Senior Center. The first year, the show was performed Sunday afternoon and has now grown into a three day performance, Friday evening and Saturday and Sunday afternoon. The performance is recorded and CD's are available for purchase to further increase the resources for the center and shares lasting memories for families to enjoy for years to come. The show is aired on local access television for all those who were not able to purchase a ticket. Everyone in attendance of this spectacular performance walks away knowing that the

statement, senior centers are for "old" people is truly a myth.

Kathy volunteers 25 hours a week in numerous



Kathy Crevier

capacities. In addition to all of the work Kathy does on the “Saints & Sinners” production, Kathy still finds time to serve on the nominating committee, activities committee and fundraising committee. Kathy has organized themed weekend cookouts, cribbage competitions with local civic organizations and croquet tournaments. Kathy is the glue keeping people together. Kathy organizes pot luck lunches during schedule closings of the center as a way to keep the senior center family together for those who are not surrounded by family and would otherwise be at home alone.

Kathy’s strength and creative spirit it plays a vital role in the sustainability of the Newport Senior Center. Her commitment to actively engage others in life, whether a “Saint or Sinner”, results in successful aging. Kathy deserves a standing ovation for her continued efforts and dedication to promote enjoyment of life for all.

## Board Notes

### OUR FUTURE: SAFETY OR INTRUSION?

We seriously follow your comments and reactions to the ENH newsletter. So, this month we again decided to include a very long article, because we think it's important, and it will make you think. That article is in the Tech Tips section. Okay, okay we know technology tends to make most folks glaze over, *but this isn't about the technology as much as it is about what the ethical issues it raises.*

There are several conditions coming into play that make the use of technology inevitable to meet well-being, safety, and medical needs. These include the growing populations of older adults, Veterans, people with brain injuries, and accident survivors; increases in longevity; an aging out of medical and supportive services professionals; a workforce shortage; medical advances; and our love affair with technology. Believe it or not, our NH north country will be wireless sooner than you think!

Safety or intrusion? The tech article begins with a story about Thomas who finds ways to avoid using the devices, giving a new face to tech savvy! You might react with laughter or anger, but whichever, ask yourself what is going on here? Is this about technology or something else? Is it more than apps design by people not living with limitations? Or, could it be a generational-gap in understanding that leaves parent and child (or caregiver) further apart than either wants?

*What's important to us and what we value does change as we go through life. Everybody knows that. But have we made our current preferences clear to those around us? Do we assume that our wishes aren't that important and we don't want to trouble those we depend on? And, does such behavior make things more or less difficult? Is it time for some clarification?*

On the legal side, is it time to make some changes or updates? Have you designated a Power of Attorney, for both health and fi-

nancial issues? Do you have an Organ Donation Card? Do your insurance policies and IRA designations reflect your current choices for beneficiaries? And does your child or caregiver know where you keep the documentation? (If you are a Caregiver or child, do you need to initiate a conversation about these matters?)

And there's help for caregivers. Chapter 161-F:69 requires the Department of Health and Human Services to maintain a caregiver support program in each Service-Link Resource Center (SLRC). The law states that a caregiver support specialist shall be available within each SLRC ( call 866-634-9412) region to assist caregivers in assessing their needs and accessing support and services; including generic community resources, state and federally funded support services, and other services as available.

But it's more than arranging for services and supports; it's about the right fit. Do you, as either a caregiver or a child, really know what the person in your care wants and values? Have you asked lately? Choices can change over time.

If you are receiving support, the first step begins with being clear about your current choices. It is important to take time NOW to build the supportive, respectful and mutually rewarding relationship that we all want.