ENGAGING NH NEWS

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A Citizen Voice for the Aging Experience

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GUEST OPINION:

Dying Shouldn't Be So Brutal

by Ira Brock, MD

"Travel safe! " It has become a nearly reflexive wish I give to friends who are coming or going. This fall, I noticed myself holding back from saying it to Michael, a dear friend who was wrestling with incurable cancer. The journey metaphor was too poignant.

I also avoided "Stay safe". After all, dying is inherently precarious.

Instead I said: "Be well. I'll be thinking about you. "That was true. I could have added, "and worrying about you." That was true, too. Michael was receiving state-of-the-art treatments at a renowned cancer center in New York City. As he became sicker, the treatments got more intense. Each decision came with more difficult trade-offs and uncertainties. Each step to stay alive risked making things worse.

He knew it. We'd talked openly about it. His life was precious and worth fighting for, so every option was worth carefully considering. But modern medicine has yet to make even one person immortal. Therefore, at some point, more treatment does not equal better care.

When Michael was out of standard options, they offered him a Phase I clinical trial — essentially an experiment. But his increasing pain and breathing problems were being poorly managed, sapping his strength and will to live. By phone I suggested to the nurse practitioner overseeing the study that Michael and his family would benefit from hospice services, starting with ensuring that he was correctly taking both long-acting and "as needed " pain relievers (and adjusting laxatives to counteract the pain relievers' constipating effects). Hospice providers could also have responded to his wife and children's questions about the details of caring for him at home.

Modern medicine has yet to make even one person immortal . . . more treatment does not equal better care

"It's his choice ", the nurse said, referring to Medicare rules that require patients to choose between cancer treatment and hospice care. It was, but what a terrible choice to have to make.

Michael, who has since died, was suffering needlessly. Hospice care could have vastly improved the quality of his waning life, and eventually it did. But those rules mean that dying patients enrolled in Phase I studies, which aren't intended to be treatments, are routinely denied access to hospice services. Caveat mortalis — let the die-er beware!

Our health care system is well honed to fight disease, but poorly designed to

In this Issue

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.

meet the basic safety needs of seriously ill patients and their families. We can do both. We must.

People who are approaching the end of life deserve the security of confident, skillful attention to their physical comfort, emotional well-being and sense of personal dignity. Their families deserve respect, communication and support. Exemplary health systems and healthy communities deliver all of this today. But they are few and far between.

Since 1997, the Institute of Medicine has produced a shelf of scholarly reports detailing the systemic dysfunctions, deficiencies and cultural blinders that make dying in America treacherous. Most people want to drift gently from life, optimally at home, surrounded by people they love. Epidemiological and health service studies paint an alarmingly different picture.

An American living with cancer has a roughly one in four chance of dying in a hospital and a similar chance of spending a portion of his or her last month in intensive care. The chances are higher with chronic lung or heart disease. An American with Alzheimer's disease will very likely spend most of his or her last months in a nursing home, yet many long-term care facilities are woefully understaffed and ill equipped to care for demented people.

Less than 45 percent of dying Americans receive hospice care at home, and nearly half of those are referred to hospice within just two weeks of death. Hospice was designed to provide end-of-life care, but this is brink-of-death care.

DYING is not easy, but it needn't be this hard.

Most Americans don't want to think about dying. There's an assumption that dramatically improving how we die would be too complicated or costly.

Thankfully, the opposite is true. Over the past two decades the fields of geriatrics, hospice and palliative medicine have demonstrated that much better care is both feasible and affordable. Successful approaches share core attributes: meticulous attention to alleviating people's symptoms and maximizing their independence, continuing communication and coordination of services, crisis prevention and early crisis management, and decision making rooted in patients' and families' values, preferences and priorities. Together these steps reliably improve sick people's quality of life, modestly extend survival and save money.

Those of us who have been on a quest to transform care have been standing on a two-legged stool. We've demonstrated higher quality and lower costs. Missing is the visible, vocal citizen-consumer demand. Without it, large-scale change will not happen.

As a baby boomer, I wonder when we became inured to bad care. We're the generation that transformed childbirth, creating the natural birthing movement over resistance from the medical establishment. As health outcomes when women were prepared for childbirth proved consistently higher than the status quo, the medical community gradually climbed onboard.

In the 1970s we supported hospice as a countercultural movement in response to people dying badly, mostly in hospitals, often in pain, often alone. Hospice proved effective and was eventually embraced by mainstream health care. It has become an industry with over 4,000 programs nationally, and the quality of care has become uneven. Still invaluable, hospice is no panacea.

It's high time we boomers shook off our post-menopausal and "low T "malaise and reclaimed our mojo. Remember Howard Beale, the fictional news anchor brilliantly portrayed by Peter Finch in the 1976 film "Network "? Fed up with the inequities of modern life, one night Beale exhorts viewers to go to their windows and yell, "I'm as mad as hell and I'm not going to take this anymore!" We'll figure out the details later, he says; right now it's time to yell. And, across the country, they do.

The persistently unsafe state of dying in America should provoke a Howard Beale moment. We'll find solutions in various white papers and Institute of Medicine reports. First, we need outrage.

With a citizen-consumer leg to stand on, we could write a Safe Dying Act. Let's start by requiring medical schools to adequately train young doctors to assess and treat pain, listen to patients' concerns and collaborate with patients and families in making treatment decisions — and test for those skills before awarding medical degrees. Let's require nursing home companies to double staffing of nurses and aides, and the hours of care accorded each resident. Let's set minimum standards for palliative care teams within every hospital. Let's routinely publish meaningful quality ratings for hospitals, nursing homes, assisted living, home health and hospice programs for people to use in choosing care. And let's repeal the Medicare statute that forces incurably ill people to forgo disease treatments in order to receive hospice care.

Medical school deans and corporate chief executives will vigorously testify against our bill, and opponents will try politicizing the matter as a means of paralyzing Congress. They will fail. When public safety is threatened and we become engaged as a national community, political action follows.

As the end of life approaches, whether death is welcomed or feared, there is a lot we can do to make the process of dying safer.

by *Ira Byock, a palliative care physician and the director of the Institute for Human Caring of Providence Health and Services, is the author of "The Best Care Possible".*

Editor's Note: This article was sent to us by Kitty Spitzer, with the following comment: "As you know this is a subject of concern to me and should be for all baby boomers in its immediacy. This author suggests changes with which I concur and we all should be working for."

NH Updates

Best and Worst States to Grow Old In

NH Ranks #2in Best States

The U.S. elderly population has grown exponentially in recent decades. The number of Americans 65 and older grew from 35 million in 2000 to 41.4 million in 2011 and to an estimated 44.7 million in 2013. This trend is expected to continue as members of the baby boomer generation reach retirement age.

While it can be difficult to grow old in some U.S. states, life for seniors is often far worse in many other countries. Still, the United States will face increasingly large challenges. In the coming years, state officials, families, and individuals will need to pay more attention to the needs of the elderly — to improve medical care, access to services, infrastructure, or other amenities that become more necessary late in life.

HelpAge International evaluates each year the social and economic well-being of elderly country residents in its Global AgeWatch Index. Last year, the United States was among the better places to grow old in the world, at eighth place. However, domestically, each state offers a very different quality of life for its older residents. Based on an independent analysis by 24/7 Wall St., which incorporated a range of income, health, labor, and environmental indicators, Utah is the best state in which to grow old, while Mississippi is the worst.

The study evaluated income security, educational achievement, crime, health care services and outcomes, crime rates, and state-level infrastructure policies and their effectiveness in serving all residents, including the elderly.

While many states had not passed any such policies, a majority of the best states to grow old had done so in recent years. Kate Bunting, CEO of AgeWatch USA, suggested that as the aging population grows, it will become increasingly "important that you have the right kinds of policies in place that help support a quality old age." Adapting to these demographic patterns through age-friendly policy, Bunting continued, is "important and worthwhile to do, no matter what age you are."

To read the full report, go to:

Nominations Wanted!

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

Consider submitting a nomination for the 2014 Joseph D Vaughan Award for their county.

For more information and a nomination form:

engagingnh@gmail.com

Best State to Grow Old: #2 New Hampshire

Median household income (65+): $42,406 (11th highest)

% with a disability (65+): 34.6% (16th lowest)

% with a bachelor's degree or higher (65+): 28.6% (10th highest)

Violent crime rate: 199.6 per 100,000 residents (6th lowest)

Why? Relatively few senior citizens live in poverty in the best states for older residents. Only 5.6% of New Hampshire's elderly population lived below the poverty line in 2013, the lowest rate of any state except for Alaska.

Low poverty rates and high median household incomes among residents 65 and over may allow them better access to safe and nutritious food. As of 2011, roughly 5% of New Hampshire's senior population did not have access to healthy foods, lower than the vast majority of states.

Perhaps as a result, life expectancy at birth as of 2011 was one of the highest in the country at 80.3 years.

The state was also one of the safest in the country, according to both an OECD report and FBI data, which likely makes it more attractive to older people who may be more vulnerable targets of crimes.

http://www.msn.com/en-us/money/personalfinance/best-and-worst-states-to-grow-old-in/ss-AA8DAM5

SURVEY SAYS NH RESIDENTS THE MOST 'EMOTIONALLY RECHARGED' IN THE NATION

With many Americans making New Year's resolutions to feel better and avoid burnout in 2015, a new national survey revealed that New Hampshire residents are among the most emotionally recharged people in the country.

The survey — put together and released by golantern.com and PRH publicity firm — ranked New Hampshire as the number one most "emotionally recharged" state in the country with 75 percent of residents being emotionally recharged. The Granite State is followed closely by Indiana with 73 percent, Louisiana with 71 percent and Kansas with 69 percent. The survey also ranked the least "emotionally recharged " states. Both Vermont and Massachusetts broke the top 10 with this category with 46 percent and 44 percent respectively.

To create this ranking, Lantern [www.golantern.com]–a groundbreaking online and mobile tool for evaluating your mind health -- surveyed 3,000 Americans to determine how frequently respondents are taking action to renew, refresh, and recharge their emotional well-being.

Based on a survey period from Dec. 26 to Jan. 9, more "emotionally recharged " U.S. states have residents who regularly learn something new, share a moment of closeness with a loved one, have a meaningful conversation with a friend, do a good deed for someone else, or engage in other activities that help them truly rest, recharge, and unwind.

http://riverviewobserver.net/2015/01/top-25-emotionally-recharged-u-s-states-2015-new-jersey-ranked-8th-new-york-ranked-21st/

From Our Readers

CORRECTION

Excellent newsletter [January], as always. I particularly liked the "what you can do when a friend is ill" article. However, the article on Medicare contains an error. It is true that people are automatically enrolled in Medicare A when they turn 65; for Medicare B, however, the individual has to contact SSA to request enrollment.

It will be important to correct this because retirees often assume the automatic enrollment and find out later that they do not have this medical coverage.

Carol Dustin

A CUP OF TEA

Every month one member of the Water Valley Women's Club hosted a tea for the members. Today Lily would dazzle them, she hoped, with her version of high tea.

As if the day were not exciting itself, Lily had planned an elaborate menu and had worked tirelessly cleaning the house, polishing the silver and hand washing all her Stratford china dishes and cups. The bright gold-edged plat-

ters that Lily used were passed down to her when her mother died, and Lily kept them safe in her dining room cabinet and only brought them out for occasions like this.

Lily spread wide the snow white damask tablecloth until it fit just so on her teakwood dining room table. She lovingly set the elegant table for six, thinking nostalgically all the times her dear mother had done so in the past. Mother had been a stickler for the amenities of life, and having tea was one of her favorite parts of that life. Over the tablecloth, Lily spread an ecru-colored lace topper.

Satisfied that everything was arranged properly on the table, she turned to her magnificent teakwood sideboard. Lily placed her antique serving dishes that would soon hold a beautiful array of cucumber and smoked salmon finger sandwiches, luscious and fit for the Queen herself. After a dainty start with the sandwiches, Lily had prepared cherry scones and apple biscuit scones which she had made earlier today to cap off her delightful high tea.

Lily felt nervous and proud at the same time. She had anticipated this special day for so long and it had finally arrived. As she took in the results of all her planning and hard work, she felt extremely gratified. Music played in the background, but soft enough not to distract anyone.

The doorbell chimed and Lily went to greet her guests. Before she opened the door, she gave one last look around the room and table. All was fine.

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

After a while, when the socializing and catching up on the latest and greatest stories and gossip had been done in her great room, Lois, Elaine, Martha, Maureen and Pauline walked ever so slowly to the elegant dining room. Lily could almost feel their awe. She reveled in all the compliments, modestly accepting them all as her due. It truly was special today.

The water had been boiled and left to simmer earlier and now Lily spooned exactly one spoonful of orange pekoe tea for each guest into the china teapot, the amount her mother had taught her to do on such festive occasions when she was just a young girl. She set the padded tea cozy on the table in order to keep the tea warm. The dainty sandwiches were passed to each friend and their moans of pleasure gave Lily such a wonderful feeling. The scones were mouth-watering in their presentation and eaten heartily.

Lily poured each friend a cup of her tea and added milk or lemon as needed. What a rush this was for Lily! Everything was perfect. She seated herself at the table and joined in the fellowship. The comfort of tea and good friends spread over her leaving her feeling almost giddy. It had truly been a day worth waiting for, and Lily could not wait till it would be her turn again to have this special high tea.

Marion Day

PROGRAM OF NOTE

At our last [Elder Rights Coalition] meeting, Monica Ciolfi talked about and highly recommended the book "Being Mortal" by writer-doctor Atul Gawande. I have since learned that there is a Frontline program featuring the author: *"Being Mortal: The way that doctors care for the terminally ill*". It includes the struggle many doctors face in talking honestly with dying patients. This is a link to the WGBH page where the episode can be viewed online: http://www.pbs.org/wgbh/pages/frontline/being-mortal/

Carol Stamatakis, Esq.

WE WANT YOU TO KNOW . . . .

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

We actively partner and work with other NH advocates.

Formal Partnerships

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

Active Collaborations & Groups:

- Older American's Action Partnership
- Elder Rights Coalition
- Aging and Mental Health
- Granite State Future
- Department of Health & Human Services

Other Groups we work with:

- AARP
- NH Business and Industry Association
- 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

MORTALITY AND ITS DISCONTENTS

On the first day of the new year, as on the last day of the old year, I slip outside at dusk and try to run away from my problems. There is no better way to make sense of the daily clutter of inchoate thoughts than bouncing along a trail, immortality in every stride.

Of course, everything hurts — joints, calf muscles, a toe that refuses to warm. When someone with more spring to the step passes by, I feel a pang of loss: I'll never be that fast again. And then, loathing at having that thought. It's a bad day when the most creative thing you do is come up with an unoriginal form of self-pity.

It helps to have smarter people musing on the same subject. "There is no escaping the tragedy of life, which is that we are all aging from the day we are born." So writes Atul Gawande, surgeon, author and courier of common sense, in his book "Being Mortal." He goes on to show that the real tragedy is not every click of the postpartum clock, but how we have come to see aging as a disease.

I came to Dr. Gawande's book after meeting a most remarkable man in this alpine town set against the overly ambitious geology of Rocky Mountain National Park — Tom Hornbein. He's also a doctor, elfin and energetic, bearded and balding, who will defy gravity on many a day by clipping himself into a climber's bolt on a vertical flank of said Rocky Mountains. He's 84.

Climbers know Dr. Hornbein for his historic accomplishment in 1963: ascending the West Ridge of Mount Everest, with Willi Unsoeld, and surviving a night at 28,000 feet without tent or sleeping bag. If not the most extraordinary achievement in mountaineering, it is very high on the all-

time list. "The night was overpoweringly empty," he wrote. "Mostly there was nothing. We hung suspended in a timeless void."

I was whining, in as diplomatic a way as possible, about reaching an age when the high summits no longer have quite the pull they did for me, when a beer and a brat on the 40-yard line can be just as enticing as looking down at cloud cover from Mount Rainier's apex. After listening to Hornbein describe a routine that includes regular rock climbing with Jon Krakauer, another Colorado author and mountaineer, I asked him about his secret to aging.

It may be true, as George Orwell said, that "at 50, everyone has the face he deserves." Orwell died at 46, so his observation was purely speculative. But what about the body we deserve? Hornbein clearly takes care of his, though he doesn't make any of the annoying claims of the aging-well proselytizer.

He said he experienced very little physical loss in his 50s and 60s. In his 70s, body parts started to creak and pop, and he noticed gradual decline with every year. In his 80s, he's slower, much more cautious, and cognizant of his limitations. The will is there, if not always the way. But he shows up, proof again of the adage about success.

During a recent warm weather spell, "I got out with a young friend to do some bolt-clipping sport route he'd prepared for me to lead," he said. "Not difficult, but quite enough."

Hornbein brought up Gawande's book. He laughed at himself, noting that he was at an age when death is a regular topic of conversation. Hornbein goes to a lot of funerals. Friends, including some who touched the roof of the world, are dead or dying. He said all of this with a twinkle in his eye. Or at least it seemed that way to me.

Gawande makes the point that we've got to get over the idea that aging is a disease.

"People live longer and better than any time in history," Gawande writes. "But scientific advances have turned the process of aging and dying into medical experiences." And he concludes, "Death of course is not failure. Death is normal."

Keeping normal at a safe distance, however, requires some deliberation and some risk-taking — both in moderation. The mountaineers who made history a half-century ago, and are alive today, like to cite this admonition: There are old climbers, and bold climbers, but no old, bold climbers.

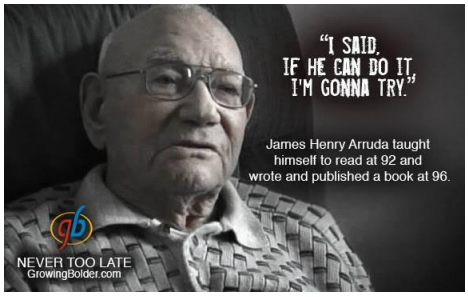
Hornbein is too modest to add a coda. There may come a time, not so long from now, when the steps to his front porch will seem like Everest. But listening to him talk about plans for the coming days, in and out of the mountains, I drew one conclusion. He stays in motion, whether going up, down or sideways.

Timothy Egan, NY Times, 1/1/15

News You Can Use

CDC: Americans Are Skipping Doses Due To Drug Costs

As anyone with a chronic illness knows far too well, the cost of drugs can be staggering. Even with excellent health insurance, co-pays and deductibles mean that one in 10 Americans are skipping doses, not filling their prescriptions at all, or are getting "creative " in getting their drugs, like having them filled outside the country, according a report recently released by the Center for Disease Control (CDC) and Prevention's National Center for Health Statistics (NCHS). In fact, about one in every 50 American adults purchased their prescription drugs outside the United States because the costs were significantly less.



"Adults who do not take prescription medication as prescribed have been shown to have poorer health status and increased emergency room use, hospitalizations and cardiovascular events", said Robin Cohen of the NCHS's Division of Health Interview Statistics which authored the report.

Here are some financial resources to explore.

Chronic Disease Fund. 877-968-7233 press option #0; www.cdfund.org Approvals are granted same-day. Patients must have medical insurance coverage, been prescribed a medication that is part of the CDF Formulary and meet program income criteria; Patient Assess Network Foundation866-316-7263; www.panfoundation.org Up to $10,000 per year to help cover medication co-pays. To qualify, patients must meet these criteria: Insured and insurance covers the medication for which the patient seeks assistance▪ The medication must treat the disease directly.

Patient's income must be below a designated percentage of the Federal Poverty Level, depending on individual fund requirements ▪ Patient is prescribed a high cost drug for the disease, depending on individual fund requirements ▪ Patient must reside and receive treatment in the US. They do not need to be a US citizen

Source: Myeloma News, 2/3/15

MEDICARE ASSISTANCE

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

- **Qualified Medicare Beneficiary (QMB):** Pays for Medicare Part A and B premiums, deductibles and coinsurances or copays. If you have QMB, you will have no coinsurance or copayment for Medicare-covered services you get from doctors who participate in Medicare or Medicaid or are in your Medicare Advantage plan's network.
- **Specified Low-income Medicare Beneficiary (SLMB):** Pays for Medicare's Part B premium.
- **Qualifying Individual (QI) Program:** Pays for Medicare's Part B premium.

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

For information specific to your state's eligibility rules for the MSPs, contact your State Health Insurance Assistance Program (SHIP). In NH, call ServiceLink, toll free 1-866-634-9412 or go to www.nh.gov/servicelink

Source: Medicare Rights Center

MEDICARE REMINDER

If you were denied coverage for a prescription drug, you should ask your plan to reconsider its decision by filing an appeal. Your appeal process will be the same whether you have a stand-alone Part D prescription drug plan or a Medicare Advantage plan that includes your Part D prescription drug coverage. If you need your drug right away, you should file an expedited appeal. Medicare Interactive has steps you can take to appeal if you are denied coverage.

Lung Cancer Screenings

Medicare will now cover screenings for lung cancer using Low Dose Computed Tomography (LDCT). This service will be covered once per year for Medicare beneficiaries who:

- are between ages 55 and 77, and are current smokers or have quit smoking in the last 15 years;

- have a history of smoking tobacco equivalent to 30 "pack years "—defined as one pack a day for 30 years; and

- have a written order from their doctor or qualified non-physician practitioner that meets certain requirements.

IMPROVEMENTS TO NURSING HOME COMPARE

CMS has strengthened the Five Star Quality Rating System for Nursing Homes on the Nursing Home Compare website to give families more precise and meaningful information on quality when they consider facilities for themselves or a loved one. Today's announcement also marks an important milestone to achieving the goal of implementing further improvements to the Five Star system in 2015, as the Administration announced last October.

Star ratings allow users to see important differences in quality among nursing homes to help them make better care decisions. CMS rates nursing homes on three categories: results from onsite inspections by trained surveyors, performance on certain quality measures, and levels of staffing. CMS uses these three categories to offer an overall star rating, but consumers can see and focus on any of the three individual categories. Beginning today, nursing home star ratings will:

- Include use of antipsychotics in calculation of the star ratings. These medications are often used for diagnoses that do not warrant them. The two existing quality measures – for short stay and long stay pa-

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tients – will now be part of the calculation for the quality measures star rating.

- Have improved calculations for staffing levels. Research indicates that staffing is important to overall quality in a nursing home.
- Reflect higher standards for nursing homes to achieve a high rating on the quality measure dimension on the website.

Since CMS standards for performance on quality measures are increasing, many nursing homes will see a decline in their quality measures star rating. By making this change, Nursing Home Compare will include more meaningful distinctions in performance for consumers and focus nursing homes on continuously improving care focused on residents, families, and their caregivers. About two thirds of nursing homes will see a decline in their quality measures rating and about one third of nursing homes will experience a decline in their Overall Five Star Rating.

To achieve better care, smarter spending and healthier people, HHS is focused on sharing information more broadly to providers, consumers, and others to support better decisions while enforcing patient privacy. The Five Star Quality Rating System for Nursing Homes is part of an administration-wide effort to increase the availability and accessibility of information on quality, utilization and costs for effective, informed decision-making by consumers.

Help Spread the Word!

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

Forward it on!

AGING PARENTS, ADULT CHILDREN: WHO'S STUBBORN?

As parents get older, attempts to hold on to independence can be at odds with well-intentioned suggestions from their adult children. Entreaties to stop carrying the laundry up and down the stairs or to have someone come in to help one day a week may be ignored, which can lead to hurt feelings or frustration.

A new study may help adult children and their parents have more constructive conversations. Researchers examined differences in how the two groups perceive so-called "stubborn" behaviors in parents, as well as factors that may lead to these perceptions. The findings, reported in January in The Journals of Gerontology: Psychological Sciences & Social Sciences, aim to help family members understand each other better and strengthen support for older adults.

The researchers interviewed 189 pairs of middle-age adults and their parents to find out how often adult children perceive their parents as acting as stubborn, compared to how often parents see this behavior in themselves. ("Stubborn" was defined as insisting or persisting in actions and opinions or resisting help or advice.) The researchers also assessed individual personality traits, the quality of the parent-child relationship, and other factors that might contribute to perceptions of stubbornness.

Perhaps unsurprisingly, adult children saw their parents as acting stubborn more often than parents saw this behavior in themselves. More than three-quarters of children said their parents acted in stubborn ways "sometimes" during the past few months, while two-thirds of parents said this.

Adult children also seemed to link perceptions of stubbornness with how they view their relationship with their parents. Children who reported positive relationships noted less stubborn behavior — perhaps because, as the researchers note, parents in better-functioning relationships "may be more amenable to their children's suggestions, and children may be more sensitive to parents' needs and goals."

Parents, meanwhile, were more likely to link perceptions of their behavior to who they are as people. Those who saw themselves as less agreeable, more neurotic, or as having a stubborn personality were more likely to self-report "stubborn" behavior.

Health & Wellness

While the researchers noted that more work is needed to identify specific support and intervention strategies, coauthor Steven Zarit, distinguished professor of Human Development and Family Studies at Penn State, offered a piece of advice: Don't try to win arguments.

"[These arguments] are often not based on reasoning or on careful examinations of advantages and disadvantages," he said. "They're tapping into a process that's much deeper."

He recommends that children plant ideas, take a step back, and then bring up the advantages and disadvantages of an idea later on. The key is to stay engaged, but to tread lightly.

"When a child thinks, 'my parent is stubborn,' that's the end of engagement with the parent," Zarit said. "It's easier to have a conversation if you think, 'my mother is trying to hold on to the things that are important to her,' not that she's just stubborn."

Ami Albernaz, Boston Globe
2/23/15

5 Foods to Help Cut Cholesterol

Many imagine that a blood-pressure-lowering diet involves bland, unseasoned foods and deprivation. That couldn't be further from the truth. Although reducing your sodium intake is an important step in lowering blood pressure, what you add to your diet is as important as what you take out. Here are 5 surprising and delicious foods from my Blood Pressure DOWN action plan: Bananas, Avocados, Yogurt, Red Wine and Dark Chocolate. Janet Bond Brill, Ph.D., is the author of ***Blood Pressure Down: The 10-Step Plan to Lower Your Blood Pressure in 4 Weeks Without Prescription Drugs*** (Three Rivers, 2013).

TV Dramas Good for the Brain

Here at The Intelligent Optimist we love books and most of us usually try to abstain from long bouts of TV watching. While we all indulge ourselves every once in a while, it turns out that watching a little TV isn't that bad for you—as long as you're watching TV dramas. Complex TV dramas are actually quite mentally taxing, and stimulate virtually every part of the brain—from the occipital lobe in the back where images are recognized, to parietal lobe that separates the important from unimportant stuff, and even both hemispheres of the frontal lope are engaged. Crime dramas get extra points because they activate the part of our brain that controls emotion. So if you sit down this evening to watch some TV, try an intricate drama, it's actually good for you. Read more: http://www.telegraph.co.uk/news/s

How to Contact Your State Committee on Aging Representatives

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cience/11374598/Why-watching-TV-crime-dramas-is-good-for-your-brain.html

WALNUTS AND MEMORY

Just a handful of walnuts per day, or less, can noticeably improve your memory, according to a new study. The study had thousands of study participants consisting of over 20 year olds living in the US and found that those who ate more walnuts performed better on cognitive tests they were administered. Walnuts are packed full of great stuff like vitamins, minerals, omega-3s, and other antioxidants. So work walnuts into your daily diet, your memory will thank you.

http://www.huffingtonpost.com/2015/01/22/walnuts-boost-memory-study_n_6525316.html

ISOLATION AND HEALTH

Loneliness has been linked to higher mortality rates for some time now. A study done in the late 70s found that over a 9 year study period individuals with the least number of social ties died at a rate twice that of those with the most social ties. Now a new study conducted by Canadian researchers found that friends also improve heart health. The study looked at college kids who had just arrived at university and measured their heart rates and number of new friends acquired in the following five months. Researchers discovered that students who had more friends had faster heart rates, while those with fewer friends had slower heart rates. Over time, a slower heart rate can lead to heart problems and even death. So don't be a hermit, go make some friends, it's good for your health. Read more:

http://www.theatlantic.com/health/archive/2015/01/friendship-for-a-healthy-heart/384746/

HEART HEALTH BY THE NUMBERS

It's a fact: Heart disease is the No. 1 cause of death of men and women in the United States, killing 1 million people every year, according to the Heart Foundation. That means someone is dying from heart disease every 33 seconds. To protect your heart, you've probably heard thousands of times that you should eat right, exercise and control risk factors like high blood pressure and cholesterol. But do these things actually work? To find out, we explored the research and talked to Dr. Tim Church, M.P.H., Ph.D., Director of Preventive Medicine Research at Pennington Biomedical Research Center in Baton Rouge, La.

"The potential for prevention is huge for cardiovascular disease," says Church. "The first rule is, 'Don't smoke'. Smoking is a nuclear bomb." Beyond that, let's look at the numbers and find out what really lowers your risk:

2,000 extra daily steps = 10 percent lower risk

In this global study, adults over 50 at high risk of cardiovascular disease and diabetes who walked an additional 2,000 steps a day (about 20 minutes of brisk walking) reduced their risk of having a cardiovascular 'event' such as a heart attack or stroke by 10 percent over the next six years.

"Other than not smoking, nothing comes close to physical activity for prevention," says Church. "Hundreds, if not thousands, of papers support it."

Achieving the goal of being physically active for 150 minutes a week, including strength training a couple of days a week, can reduce your cardiovascular risk by about 25 percent, he says.

"There's a dose response, which means the more you exercise, the more you benefit", says Church. "The biggest bang is just getting off the couch".

An 7 extra grams of fiber daily = 9 percent lower risk.

In a meta-analysis of 22 studies, British researchers found that people who ate seven more grams of dietary fiber had a nine percent lower risk of heart disease.

"Fiber has beneficial effects on blood glucose and cholesterol, and it may keep your gastrointestinal tract healthier, reducing inflammation", says Church. "Eating more fiber is also a marker of a healthier diet."

How much is seven grams or so? A medium apple has 5 grams of dietary fiber, as does a half cup of

cooked broccoli. A half cup of cooked lentils: 8 grams. Fruits, vegetables, beans, nuts and whole grains are all good sources of fiber.

A daily glass of wine = 25 percent lower risk.

"It's pretty powerful", says Church. "Drinking in moderation cuts your risk of heart disease by about 25 percent. "Moderate is defined as no more than one daily drink for a woman, two for a man. If you can drink moderately, research shows it's heart healthy. It relaxes your blood vessels, so you can't form a clot while alcohol's on board", says Church. "Any alcohol has benefits, but wine has a little more".

Flu shot = 36 percent lower risk.

This one has a catch — it's only for people who already have heart disease. A recent analysis found that in people with heart disease, the flu shot reduces the risk of cardiovascular events like a heart attack by 36 percent.

"Getting the flu puts great stress on your body and increases the risk of having another heart attack", says Church. A flu shot is a good idea for everyone, of course, and it's not too late to get one, since flu peaks near the beginning of March. If you're at high cardiovascular risk, or already have heart disease, that little jab could be a lifesaver.

Mediterranean Diet = 30 percent lower risk.

A major Spanish study found that men and women aged 55 to 80 who ate a Mediterranean diet were 30 percent less likely to have a heart attack or stroke or die from heart disease, over the next five years. The most protective elements: olive oil as the primary fat; moderate alcohol (mostly from wine); lots of fruits, vegetables, nuts, legumes and fish plus low consumption of meat.

A recent study of firefighters from the Midwest who followed a Mediterranean-style diet found they had lower cardiovascular risk factors than those who didn't: less belly fat, lower "bad "LDL cholesterol and higher "good" HDL cholesterol. The great thing about Mediterranean studies is that they capture not just one healthy element but a pattern — a lifestyle.

"We should look at risk factor clusters and the Mediterranean lifestyle captures that ", says Church. Add the physical activity that's part of a traditional Mediterranean lifestyle, and it's really the big picture.

A healthy lifestyle = 25 percent less chance of dying from heart disease.

Talk about big picture. The Centers for Disease Control and Prevention recently estimated that if everyone didn't smoke, ate a healthy diet, exercised regularly, achieved a healthy weight and got regular checkups so they could control risk factors such as high blood pressure and elevated cholesterol levels, then death from heart disease would fall by 25 percent. That's 200,000 lives saved — each year.

CAN YOU HELP?

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

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

Donations are tax deductible to the extent allowed by law.

Tech Tips

FACEBOOK CREATES A 'LIVING WILL' FOR USERS' ACCOUNTS AFTER DEATH

Until recently, the fate of a Facebook page after the user's death has been a decidedly gray area. Family members of the deceased were able to reach out to the social network and ask to have a page taken down or turned into a memorial, but the user had little say in the decision and even then, no one had oversight to manage the memorial page.

But this morning, Facebook announced that it has created new protocols for the site which allow users to make decisions about the fate of their online lives after their death. Think of it as a living will for your social media profile.

A user can now choose to have their account deleted after their death or can appoint a "legacy contact ", who can manage their online profile after notifying Facebook of the user's

death. That contact can update a memorial page, download photos and posts, and respond to new friend requests from those why many not have been connected to the deceased prior to their death. They cannot access private messages sent between users.

"This really grew out of seeing how people use Facebook for this purpose already ", said Andy Stone, who handles policy communications for the site. "We've seen people use Facebook to grieve a person who has passed away, to remember that person, and to celebrate their life. It became clear to us they could do more to support those who were grieving. "

In addition to creating a new legacy contact, Facebook has also tweaked their settings to remove deceased users from their "People You May Know " links and birthday calendars. Anyone wishing to use the settings can opt-in, Stone said. Right now, the option is only available in the United States.

www.Betaboston.com , 2/13/15

Dollars & Sense

RETIRING RETIREMENT?

As people live longer, retirement needs to be redefined. An expert on aging explains.
How can we adjust to longer life spans?

Fifty years ago, most Americans shared a common view of retirement. You left the 9-to-5 job and transitioned into your "golden years ", a period of roughly 10 to 15 years, give or take, to live off your pension plan and enjoy life. Now it's hard to say what retirement is. For many it can stretch 30 years or more and involve a series of new and different chapters that form various mosaics of leisure, work, and giving back to society.

"I think we're going to completely redefine retirement or get rid of the concept altogether ", says Laura Carstensen, founding director of the Stanford Center on Longevity, in an interview with Fidelity Viewpoints. "The old model just won't work anymore."

Here she shares her insights on how Americans are redefining retirement, and what it may mean for individuals, employers, and society at large.

How rapidly has longevity changed, and how has that shift affected society?

Life expectancy

Carstensen: Life expectancy throughout most of human evolution was somewhere between 18 and 20 years. Life was short. By the mid-1800s life expectancy had reached the mid-30s in the United States, and in 1900 it was 47 years. By the end of the century, life expectancy had reached 77. It gained 30 years in one century—that's unprecedented. More years were added to average life expectancy in the 20th century than all the years added in all prior millennia of human evolution combined.

Most of the gains in the first half of the century resulted from reducing childhood mortality, but since 1950 life expectancy at 65 has been rising as well. In fact, life expectancy has increased by about three months a year for some time. I think most people are thinking about growth in longevity in terms of an aging population's burden on society. But I think we have the opportunity to look at it another way— to reshape current models so that we live decades longer than our ancestors in a way that improves quality of life at all ages.

How might we reshape our understanding of retirement to suit longer lives?

Carstensen: I think we're going to completely redefine retirement or get rid of the concept altogether. The old model just won't work anymore. Most people can't save enough in 40 years of working to support themselves for 30 or more years of not working. Nor can society provide enough in terms of pensions to support nonworking people that long. I'd like to see us move in a different direction: toward a longer, much more flexible working life, with more part-time work, in which people could come in and out of the workforce and have greater opportunities for education throughout their lives.

What's wrong with the current model of work?

Carstensen: Right now we pack everything in in the middle. At the time we're working our hardest, we're also raising our children, and some people meanwhile are taking care of older relatives. Then at age 65 we say ",Bingo: time for retirement and leisure. " It doesn't surprise me that a lot of people look forward to retirement: Not working looks pretty appealing when you're working that hard. But once people retire they have to figure out what to do with themselves. For the first 50 years of life, there are lots of guideposts—people know roughly when they're

supposed to get married, work, have children, and so on. But then after retirement age nothing is written. Having that blank canvas can be hard for people.

What if instead we changed work so that we could work much longer? In this way, longer life spans are an opportunity to really improve quality of life for everyone.

What benefits would working longer have?

Carstensen: Extending our work lives would benefit us in a few ways. Under the current model, people retire and watch their nest egg go down for 30 years. That makes people nervous, even if it's a big nest egg. But if you keep a toe in the workforce, you can spend more comfortably because you still have some income, and you're better protected against inflation, because wages tend to rise. There's a lot of comfort and security in knowing you have some money still coming in.

Work is also good for us psychologically. It's good for people to wake up in the morning and know there's a place that needs them. And increasingly we're learning that engagement is good for cognition. Brains benefit from learning, from stimulation, from engaging, from doing new things. A lot of studies have shown that retirement corresponds with a drop in cognitive functioning.

At the Center on Longevity we just did a study where we looked at cognitive functioning in people who retire full time, retire and then come back to work, or continue to work. The study showed that people who continue to work have better cognitive performance than people who retire. In other words, it doesn't look like retirement is good for your mind. Interestingly, though, people who retired and then went back to work did just as well cognitively as people who continued to work straight through. To me, that shows that taking a break is OK; it's the shutting down and saying "I'm done, I'm finished", that is not good psychologically.

Having older people stay in the workforce would also benefit society. I believe we can't afford to have our most experienced, knowledgeable workers move out of the workforce. We're at a point in history where we need all hands on deck. We need people to contribute to society, and most people want to.

How can employers adjust to this new reality?

Carstensen: I'd love to see global companies begin to offer people the benefit of a glide path from their main career into something else. We're also going to need employers to provide flexible and part-time options for people. Germany is doing some really interesting things in this area. Their workforce is shrinking, so they're having to think about how to appeal to older workers. So BMW and Mercedes plants have begun redesigning workplaces so they're more comfortable for older workers—adding more comfortable seating and improving ergonomics and lighting to make working easier on older people.

How can we reshape our thinking on aging?

Carstensen: It's very hard for humans to plan 20 and 30 years out. I think people should take it 10 years at a time. At age 50, start asking yourself ",What do I want to be doing at 60? And then at 70? " And then you start to put into place a planning apparatus so you can get there.

How do people who can't work longer fit in?

Carstensen: Aging societies will have more people who are frail and disabled. Over time, we'll do better at keeping people healthier longer. But in the meantime, we will have higher disability rates and an aging society. To me, that means we need to find ways that people can work from home, and that workplaces can support people with disabilities so that they can continue to work.

There are very few people who are so disabled that they're not able to do anything. I would like to see us be more generous to people who are disabled, and at the same time encourage people to be productively engaged for as long as they can be.

We should all also do what we can to prepare better for periods of disability by saving. So many of

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www.engagingnh.org

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U.S. Senator Jeanne Shaheen	520 Hart Senate Office Building Washington, DC 20510	(202) 224-2841	(202) 228-3194	http://shaheen.senate.gov/contact/

us are still living our lives with the presumption that we'll follow a "typical " life path—you go to college, you get married, you buy a house, you have kids, and you save for retirement. We're forgetting that the new model looks a little different than that, and that most Americans aren't following that traditional path anymore.

We've got to begin to think about how our lives might look different, and what are the challenges and opportunities of a new model.

Laura Carstensen, Fidelity Viewpoints, 02/04/2015

WHAT YOU SHOULD KNOW BEFORE GETTING A REVERSE MORTGAGE

When you have most of your wealth tied up in your home, it's referred to as being "house rich, cash poor."

Many seniors who find themselves in this position may be enticed by the commercials offering salvation. They are wooed by a chance to tap into their home's equity with a reverse mortgage. Smooth television ads make it appear to be a no-brainer. It's actually much more complicated.

The most appealing quality of this type of loan is that, unlike a traditional mortgage, you don't have to make monthly payments. The lender doesn't collect until the homeowner moves, sells or dies. Once the home is sold, any equity that remains after the loan is repaid is distributed to the person's estate.

To qualify, you have to be 62 or older. The reverse-mortgage market isn't huge — about 1 percent of all mortgages — but reverse-mortgage lenders are likely to pump up the volume in coming years as more seniors retire. For a lot of people, the only source of big money for them is the equity in their homes, the Consumer Financial Protection Bureau says.

In 2013, a typical household had only $111,000 in 401(k) or IRA savings, according to the Center for Retirement Research at Boston College. The center found that too many people are dipping into their retirement accounts during their working years, causing what is called a "leakage.

But a lot of seniors have equity in their homes — about $3.84 trillion, according to one mortgage-industry survey. They can tap into that equity by selling or taking out a home equity loan or line of credit. But selling isn't an option and if they want to stay put, and they would have to make payments on the line of credit or loan. Given those options, it's no wonder a reverse mortgage is appealing.

The CFPB, in a report analyzing 1,200 reverse-mortgage complaints received from 2011 to the end of last year, found that many people are confused about this type of loan.

The fact that counseling is required from a government-approved agency for loans made through the Federal Housing Administration's Home Equity Conversion Mortgage (HECM) program is an indication of the complexity of this financial product. Still, many seniors don't understand what they are getting into.

People complained to the CFPB about their loan terms, the loan servicing companies and not being able to add a borrower. Adult

children complained that lenders refused to add them as an additional borrower or allow them to "assume" the loan for an aging or deceased parent, the report said.

To help, the CFPB has issued some tips about reverse mortgages. Here are the three important things the agency says you or your relatives should know:

- Double check that your loan records accurately reflect who is on the mortgage.
- Be sure to understand the risks of not including a spouse on the loan. Often an older spouse will take out a reverse mortgage in his or her name only, because older homeowners are able to borrow against a greater percentage of the home's equity.

  "Non-borrowing spouses submit complaints distraught that they are facing foreclosure and about to lose their home after their husband or wife dies," the report said. "Other non-borrowing spouses submit complaints worried about their ability to remain in their home should the older spouse die first."

  If you decide it's financially better for just one spouse to take out a reverse mortgage, be sure to have a plan for the non-borrowing spouse. Can a surviving spouse stay in the home? The Department of Housing and Urban Development has attempted to address the issue of non-borrowing spouses. Under certain conditions, some spouses may be able to stay, but others may not get that protection.

  The CFPB recommends that if only one spouse is on the mortgage, you should find out whether the loan servicer will permit the non-borrowing spouse to qualify for a repayment deferral allowing him or her to remain in the home.
- Talk to your heirs. If you have adult children or other relatives living in the house, be sure they understand what could happen if the reverse mortgage becomes due.

Go to the CFPB Web site at www.consumerfinance.gov and click the link for the agency's consumer advisory on reverse mortgages.

There are some pros to a reverse mortgage. But the complexity of the product means you better be just as aware of the cons.

Michelle Singletary, Washington Post, 2/11/15

Laugh & Live Longer

GOD & LAWN CARE

God to St. Francis: Frank . . . You know all about gardens and nature. What in the world is going on down there on the planet? What happened to the dandelions, violets, milkweeds and stuff I started eons ago? I had a perfect no-maintenance garden plan. Those plants grow in any type of soil, withstand drought and multiply with abandon. The nectar from the long-lasting blossoms attracts butterflies, honey bees and flocks of songbirds. I expected to see a vast garden of colors by now. But, all I see are these green rectangles.

St. Francis: It's the tribes that settled there, Lord. The Suburbanites. They started calling your flowers 'weeds' and went to great lengths to kill them and replace them with grass.

God: Grass? But, it's so boring. It's not colorful. It doesn't attract butterflies, birds and bees; only grubs and sod worms. It's sensitive to temperatures. Do these Suburbanites really want all that grass growing there?

St. Francis: Apparently so, Lord. They go to great pains to grow it and keep it green. They begin each spring by fertilizing grass and poisoning any other plant that crops up in the lawn.

God: The spring rains and warm weather probably make grass grow really fast. That must make the Suburbanites happy.

St. Francis: Apparently not, Lord. As soon as it grows a little, they cut it-sometimes twice a week.

God: They cut it? Do they then bale it like hay?

St. Francis: Not exactly, Lord. Most of them rake it up and put it in bags.

God: They bag it? Why? Is it a cash crop? Do they sell it?

St. Francis: No, Sir, just the opposite. They pay to throw it away.

God: Now, let me get this straight. They fertilize grass so it will grow. And, when it does grow, they cut it off and pay to throw it away?

St. Francis: Yes, Sir.

God: These Suburbanites must be relieved in the summer when we cut back on the rain and turn up the heat. That surely slows the growth and saves them a lot of work.

St. Francis: You aren't going to believe this, Lord. When the grass stops growing so fast, they drag out hoses and pay more money to water it, so they can continue to mow it and pay to get rid of it

God: What nonsense. At least they kept some of the trees. That was a sheer stroke of genius, if I do say so myself. The trees grow leaves in the spring to provide beauty and shade in the summer. In the autumn, they fall to the ground and form a natural blanket to keep moisture in the soil and protect the trees and bushes. It's a natural cycle of life.

St. Francis: You better sit down, Lord. The Suburbanites have drawn a new circle. As soon as the leaves fall, they rake them into great piles and pay to have them hauled away.

God: No!? What do they do to protect the shrub and tree roots in the winter to keep the soil moist and loose?

St. Francis: After throwing away the leaves, they go out and buy something which they call mulch. They haul it home and spread it around in place of the leaves.

God: And where do they get this mulch?

St. Francis: They cut down trees and grind them up to make the mulch.

God: Enough! I don't want to think about this anymore. St. Catherine, you're in charge of the arts. What movie have you scheduled for us tonight?

St. Catherine: "Dumb and Dumber", Lord. It's a story about . . .

God: Never mind, I think I just heard the whole story from St. Francis.

SO SMART 1

I didn't know if my granddaughter had learned her colors yet, so I decided to test her. I would point out something and ask what color it was. She would tell me and was always correct. It was fun for me, so I continued. At last, she headed for the door, saying, "Grandma, I think you should try to figure out some of these colors yourself!"

SO SMART 2

A second grader came home from school and said to her grandmother, "Grandma, guess what? We learned how to make babies today."

The grandmother, more than a little surprised, tried to keep her cool. "That's interesting," she said "How do you make babies?"

"It's simple", replied the girl. "You just change 'y' to 'i' and add 'es'."

SO SMART 3

When my grandson Billy and I entered our vacation cabin, we kept the lights off until we were inside to avoid attracting pesky insects. Still, a few fireflies followed us in. Noticing them before I did, Billy whispered, "It's no use Grandpa. Now the mosquitoes are coming after us with flashlights."

SO SMART 4

A grandfather was delivering his grandchildren to their home one day when a fire truck zoomed past. Sitting in the front seat of the fire truck was a Dalmatian dog. The children started discussing the dog's duties.

"They use him to keep crowds back", said one child.

"No", said another. "He's just for good luck."

A third child brought the argument to a close. "You're both wrong . . . They use the dogs", she said firmly, "to find the fire hydrants."

SO SMART 5

Grandpa is the smartest man on earth! He teaches me good things, but I don't get to see him enough to get as smart as him!

Purposeful Living

Mr. Richard Cooper, 85 years young, has been a dedicated volunteer at Langdon Place of Dover (an Independent and Assisted Living facility) for some 17 years. During this time, he has "called out of work " no more than half a dozen times. Whether it's a holiday or a snowstorm (or both), can

Richard Cooper

always counted on to stroll in right on time. "Dick " has become a fixture at Langdon Place. He has achieved a status that makes him almost like a resident, and almost like staff, and loved by all.

Every Friday, Dick arrives at 10 am to conduct his weekly "Trivia Hour. " Before he begins, he comes over the intercom with his "Questions of the Day. " This not only serves as a gentle reminder for those residents who may not know or recall that it's time for Dick's Trivia, but also gets everyone talking, debating, and guessing away at the questions, staff and residents alike. This popular program keeps the residents searching their memories for all kinds of minutia, and every now and then for an especially challenging question, he will pay out a "bright shiny quarter. "

After lunch, every Friday, Dick conducts a Current Events program, which draws a large crowd of residents. The hours he must spend preparing this program can only be speculated – but for an hour he covers the news of the past week – everything from sports to politics to his favorite… cat stories! He encourages discussion and asks thought provoking questions, and always highlights something good or funny to counteract the "bad news " that seems to permeate residents' lives daily.

As if the combined 260 hours he is there visiting on Fridays were not enough, Dick has also taken it upon himself to begin a new tradition, the annual Langdon Place Super Bowl Party. He talks it up, hosts it, helps people find seats, picks out the menu, serves food and beverages, brings his son-in-law and grandsons, making a big event that male residents in particular truly enjoy and anticipate.

Over the past couple of years Dick has also jumped in with both feet to the semi-annual resident readers' theater performances, coming to every rehearsal and often taking on several roles if the need arises. His humor and laid-back, affable demeanor make him fun to have around, and his status as "one of their own " allows him the ability to talk otherwise reticent people into stepping out of their comfort zone and trying out their own stage-presence, proving that you're never too old to try something new!

The Recreation Director at Langdon Place tells us: "I have witnessed the caring and dedication that Dick brings to us and his can-do, young-at-any-age demeanor inspire some of our residents to begin and lead their own programs, helping to fill our calendar even fuller with meaningful activity choices for our residents. Dick has a quality that money can't buy, education and experience can't give us as a staff: As one of their peers, he can say to seniors "You can do it! " – and they will believe him, and they will try. I can't think of a greater gift to give than that.

Board Notes

March brings March Madness, St. Paddy's Day, and hopes of Spring. It is also brings Town Meeting Season, a time to raise questions, get answers and vote as our conscience dictates. In NH, we pride ourselves as having a Yankee directness, and we trust our elected and appointed officials to be straight with us, so we can make the hard decisions needed to balance fiscal and community needs. It is a process that has served us well for several centuries.

Town meeting is also a time where any voice—even old ones—can be raised and listened to respectfully. We are all aware that in some cultures, older people are revered. Yes, they may need more supports in some aspects of daily life, but the focus is on their contribution. They are seen as givers rather than takers. Why is it different in the US? And why have we accepted the status of invisible when 80% of older adults are very active, independent and not seen as "old"?

Yet we all dread being identified as "old". In part, we hold contradictory thoughts; on one hand we buy into living a long life, and on the other we buy into anti-aging promises. No wonder there is little time to focus on our value. But as long as we don't, the flawed premises about aging go unchallenged, we're all lumped into the helpless category and we miss the opportunities to contribute and be more fulfilled.

NH has incredible levels of volunteerism, especially by retirees and their efforts at the community level are remarkable. When volunteerism is personal, local or for a specific project, older adults are often the first ones to step up to the plate. But involvement in the area of public policy is a different story. What separates the two appears to be a level of satisfaction tied to outcome and being valued.

There are many opportunities at both local and State levels in the form of listening sessions, forums, and stakeholders' meetings. But do they result in effective change as intended? Are the correct participant representatives being polled? Do such activities simply comply with public involvement requirements? Does process preempt content? Or are participant's expectations well-intentioned, but unrealistic?

As we approach Town Meeting time, let's start a shift. It begins with focusing on what we can bring to the table. We create momentum when we participate, but it really makes a different when we focus on what we want for ourselves and futures generations, stay involved and follow through.

More than making your voice heard,...EngAGE!!

Editor's Note: *We welcome Jeanne Marcoux of Litchfield to our Board of Directors.*

EngAGING NH
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