

# ENGAGING NH NEWS



A Citizen Voice for the  
Aging Experience

March 2014  
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## BOARD OF DIRECTORS

### EDITORIAL:

## Do You Know What You're Paying For & Are You Getting a Good Deal?

What are we talking about?

NH's long term care services and supports. You might be very surprised, especially if you're not on Medicaid, to learn just how much you're paying, some in transparent ways if you do the research, and some that are below the radar.

But you **are** paying.

The transparent piece is your county share of property taxes, because the counties pay 100% of the non-federal share of Medicaid Long Term Care costs for people in nursing homes or who are on Medicaid's Home and Community Based Care Waiver. To be sure there is a legislatively mandated cap on how much a county must pay, but that also creates problems.

The stuff that's under the radar includes a host of policies that encourage costly services and reduce availability and leads to early impoverishment and dependency on Medicaid.

Almost nobody wants to think about long term care until they need it, but when you need it, you want to be sure that you have access to information and that services are available.

But you shouldn't count on it, if things continue down the current path.

Why is it important to consider how Medicaid policies are impacting costs for all us? Because none of the current

*We need to learn from NH's Mental Health Law Suit:  
The fabric of services and supports for what was one of the best systems in the US was weakened because of policy & budget decisions that decimated the system.*

senior service systems can survive on private paying clients alone, unless inflated prices are charged.

Current Medicaid reimbursement does not cover the cost for an agency to provide care. To meet the needs of our community elders, many not-for-profit agencies receive funding from the State through the community services block grant (the old "Title XX"), and the Older Americans Act. Some still receive funds from the county and municipal communities they serve. A significant amount of private fundraising is also

### In this Issue

<b>NH Updates</b>	<b>page 3</b>
<b>From Our Readers</b>	<b>3</b>
<b>ServiceLink Focus</b>	<b>6</b>
<b>News You Can Use</b>	<b>7</b>
<b>Health &amp; Wellness</b>	<b>10</b>
<b>Tech Tips</b>	<b>12</b>
<b>Dollars &amp; Sense</b>	<b>13</b>
<b>Laugh &amp; Live Longer</b>	<b>15</b>
<b>Purposeful Living</b>	<b>16</b>
<b>NH Legislative Contacts</b>	<b>17</b>

required, to improve the revenue picture.

When Medicaid services or funds are restricted, providers have few options: raise private rates, reduce the number of clients served, or reduce the types and or volume of services provided. Regardless of what they do, the general availability of supports and services is threatened. And, the price tag for all goes up.

We need to learn from NH's Mental Health Law Suit: The fabric of services and supports for what was one of the best systems in the country—in-patient acute care complemented by comprehensive community supports—was weakened because of policy and budget decisions that decimated the system before it could be fully realized. Now the programs that serve the elderly, adult chronically ill, disabled or who have been the victims of abuse and neglect are headed for the same outcome.

Why? To be sure there have been cuts at the federal level particularly through Sequestration, but we must look right here at home. We do not have a Department on Aging; what we have is the Bureau of Elderly and Adult Services (BEAS) within the Department of Health and Human Services (DHHS). The State Committee on Aging (SCOA) was designed to play an advisory role to BEAS. Area Committees on Aging were once fostered as a model to give public voice in DHHS policies. ServiceLink was created to provide a statewide system of county based resource centers.

## 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.*

Recently BEAS informed SCOA that it could no longer provide staff support to this legislatively mandated advisory committee. Areas committees are now almost nonexistent in NH and have no formal relationship to SCOA. ServiceLink funding was recently reduced and these providers are no longer included in the DHHS phone system, creating a new expense with decreased revenue while they experience increased volume.

Programs such as chore services are a memory from the 80's. Thanks to more recent budget cuts, congregate housing is gone. Adult Day services are dwindling, as is the capacity for Residential Care (Assisted Living). The position in the Attorney General's Office to handle abuse and neglect has been eliminated. Money for Meals on Wheels has been cut-back for agencies that have historically done major portions of their own fundraising.

The Medicaid rate of payment for nursing homes, determined by DHHS audits and based on patient

acuity (how much and what type of staffing support is required to meet a person's needs) is arbitrarily reduced to meet the legislatively, mandated cap, which means an average reimbursement reduction of about 30% for both public and private nursing homes.

And it goes on and on.

Before the system of long term care and supports collapses, we need strategies that look at the big picture; we need to look beyond Medicaid budgets, and we need to look beyond the Legislature as well.

There is a Legislative Long Term Care subcommittee that meets once a month at the State House, but it lacks organized citizen support and encouragement. The ability of this committee to affect significant change is limited. But what it can do is introduce bills that would support community new initiatives.

We are not alone in facing these issues. The problems are not insurmountable. Other states have been successful. The Grantmakers

## ***Get to Know Your Legislators!***

***The Long Term Care Subcommittee is part of the Oversight Committee to Health, Human Services and Elderly Affairs.***

Heath, Human Services and Elderly Affairs Committee:

Secretary: Judith Johnston

Phone: 271-3334,

Researcher: Ann Fitzgerald

Location: RM 205 Legislative Office Building

Committee Members:

Chairman: James MacKay(d, ) V. Chairman

Laurie Harding(d),

Clerk: Lisa DiMartino(d)

Barbara French (d), E.

Elaine Andrews-Ahearn

(d), Barbara Helmstetter

(d), Mary Heath (d),

Mariellen MacKay (d),

Thomas Sherman (d, )

Susan Ticehurst (d),

Rose Marie Rogers (d),

Charles McMahon (r),

Susan Emerson (r),

Frank Kotowski (r), Andre

Martel (r), Donald

LeBrun (r), Patrick Cul-

bert (r), Richard Meaney

(r), Bill Nelson (r), Ste-

phen Schmidt (r).

in Aging (GIA) April 2013 report says,

“The good news is that communities still have time to seize the dynamic opportunity that an aging population can present. In fact, many thought-leaders now believe that the communities that fare best in the 21st century will be those that both tackle the challenges and embrace the positive possibilities that an aging population creates.”

Tested models, technical assistance and grant opportunities to create age-friendly communities can be available to us.

But it starts when we become leaders; our voices must not be drowned out by the interests of narrow views.

We urge you to read

[http://www.giaging.org/documents/130402\\_GIA\\_AFC\\_Primer.pdf](http://www.giaging.org/documents/130402_GIA_AFC_Primer.pdf)

and we urge you to become engaged.

## **NH Updates**

### **NH GETTING FEDERAL HEATING ASSISTANCE**

New Hampshire is getting nearly \$3.4 million in federal Low Income Home Energy Assistance Funds.

Sens. Jeanne Shaheen and Kelly Ayotte had written to Department of Health and Human Services last month, calling for the immediate release of the funds for New Hampshire households.

The release of the funds will allow low-income families and seniors

to access the assistance more quickly.

Shaheen and Ayotte say despite an increase of \$169 million for LIHEAP funding from Fiscal Year 2013 to 2014, the number of households eligible for the funds continues to surpass those able to receive assistance.

*Associated Press, 1/31/14*

## **From Our Readers**

### **EXPANDING MEDICAID: BETTER HEALTH FOR MIDLIFE ADULTS**

Expansion would help nearly 14,000 Granite Staters aged 45 to 64 who have lost their jobs or are in jobs without health benefits

We finished a special session of the New Hampshire Legislature in November where we came close to reaching an agreement on expanding Medicaid. While AARP applauds the efforts made to reach an agreement and the recognition that we need to do something, it is not enough to merely say something needs to be done.

For every day without a solution, New Hampshire loses nearly \$1 million in federal funding that could go to provide affordable health care to low-income Granite Staters and reduce the need for expensive emergency room care.

AARP supports expanding Medicaid because it will help nearly 14,000 Granite Staters aged 45 to 64 who have lost their jobs or are in jobs without health benefits. Seventy percent are the

poorest of the poor, with yearly incomes under \$12,000. Without expanded Medicaid, these citizens will not be eligible for premium tax credits through the Health Insurance Benefits Marketplace, nor will they be able to afford health insurance.

A recent study by AARP Public Policy Institute highlights the challenges faced by uninsured midlife adults and how access to expanded Medicaid could help:

- The prevalence of chronic conditions increases in midlife, especially for individuals with low incomes.
- Midlife uninsured adults with chronic illnesses are more likely to have worse clinical outcomes than the insured.
- Medicaid coverage could help uninsured midlife adults better manage chronic conditions, reduce costly emergency room visits (which we all pay for), and provide preventive care so when they become eligible for Medicare, they are not sicker and costlier.
- Access to Medicaid can also have an impact on the health status of the mid-life uninsured which can reduce the need for costly Medicaid-financed long-term care services.

AARP asks that all the parties involved reach a New Hampshire solution that takes advantage of available funding to provide affordable health care to low-income Granite Staters.

Expanding Medicaid will provide access to preventive care that can

### 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@yahoo.com**

save lives. The time to expand Medicaid in New Hampshire is now!

*Dick Chevrefils, state president  
AARP New Hampshire, January  
24 2014, New Hampshire Business  
Review*

### A ROSE IS NOT A ROSE . . .

*Not all VNA's are the same, and  
we're NOT all part of the same  
agency!*

It's true, many people think that there's "One Big VNA" and that we're all part of that larger agency,

like "The United Way" or "The Community Action Programs". In reality, there are several "VNA's" in our state, each one unique and independently operated.

Many VNA's are Medicare Certified and not-for-profit. Their approval to operate and their funding are tied to Federal dollars. Not-for-profit VNA's are required to offer and report annually on the Community Benefit that they provide, that would include both low cost and free services.

Consumers, in turn, have a choice of what agency they choose for their home care or hospice services. If you're in a hospital and it is recommended that you go home with home care or hospice services, you have the right to choose who will provide this care. If you don't have a preference for a particular agency then the professional helping with your discharge plan should offer a "choice list" of agencies that provide services to your town of residence.

Ask question about your options to be sure that your needs will be met once you're home and healing. Discharge planners and Social Workers are a great source of knowledge about community resources and can usually guide you well if you're in need of care at home.

*Ellen Brownson Lake Sunapee  
VNA*

### OLDER AMERICANS ARE EARLY WINNERS UNDER HEALTH LAW

For many older Americans who lost jobs during the recession, the

quest for health care has been one obstacle after another. They're unwanted by employers, rejected by insurers, struggling to cover rising medical costs and praying to reach Medicare age before a health crisis.

These luckless people, most in their 50s and 60s, have emerged this month as early winners under the nation's new health insurance system. Along with their peers who are self-employed or whose jobs do not offer insurance, they have been signing up for coverage in large numbers, submitting new-patient forms at doctor's offices and filling prescriptions at pharmacies.

Americans ages 55 to 64 make up 31 percent of new enrollees in the new health insurance marketplaces, the largest segment by age group, according to the federal government's latest figures. They represent a glimmer of success for President Barack Obama's beleaguered law.

The Great Recession hit them hard and for some its impact has lingered.

Aging boomers are more likely to be in debt as they enter retirement than were previous generations, with many having purchased more expensive homes with smaller down payments, said economist Olivia Mitchell of University of Pennsylvania's Wharton School. One in five has unpaid medical bills and 17 percent are underwater with their home values. Fourteen percent are uninsured.

As of December, 46 percent of older jobseekers were among the

long-term unemployed compared with less than 25 percent before the recession.

And those financial setbacks happened just as their health care needs became more acute. Americans in their mid-50s to mid-60s are more likely to be diagnosed with diabetes than other age groups, younger or older, accounting for 3 in 10 of the adult diabetes diagnoses in the United States each year. And every year after age 50, the rate of cancer diagnosis climbs.

Some of the aging boomers were determined to get coverage in the marketplace, despite repeated problems and frustration with the federal website.

The abundance of older patients signing up is no surprise to the Obama administration, which conducted internal research last year that showed the "sick, active and worried" would be the most responsive to messages urging them to seek coverage.

Signing up younger, healthier enrollees is seen as more difficult, but crucial to keeping future insurance rates from increasing. The administration said those age groups may put off enrolling until closer to the March 31 deadline.

But in January, national data shows that young adult enrolment increased by 65%, outpacing all other age groups.

As of the end of January, 2014, NH had nearly 17,000 enrollees. 74% are benefitting from some financial assistance.

*NH Voices & Associated Press*

## ServiceLink Focus

### SERVICELINK RESOURCE CENTERS PROVIDE OPTIONS

*ServiceLink Aging and Disability Resource Centers (ADRC)* are federally and state funded to serve as a local place for members of your community to get help exploring the many healthcare, social services, and community support options.

One conversation with a ServiceLink staff member can connect you to an array of services, businesses, activities and events that allow you to make community-based choices that work for you and your loved ones. ServiceLink team members listen respectfully to your questions, give you options, and help you find answers.

A consumer recently sent me a letter of thanks. The writer is a woman who lost her vision suddenly as a result of other significant health issues. She wanted to let me know how much she appreciated the work of Carleigh Warner, a member of the Monadnock ServiceLink Resource Center team.

She said, "ServiceLink is everything the name implies . . . it allows people to find and obtain the services they would not have been able to get on their own."

This consumer went on to say, "... I can honestly say I would be lost without ServiceLink."

Well considered options provided by trained options counselors are intended to empower people to

make choices that make the most sense for them.

Local ServiceLink ADRC programs work together as a statewide network and work in partnership with the NH Bureau of Elderly and Adult Services.

## News You Can Use

### ANOTHER ROUND OF SCAMS

Our readers are reporting the resurrection of the scam that involves a phone call from a person identifying themselves as working for Microsoft to help you fix your problems. Right.

In one case the person called doesn't have a PC! Microsoft will never, never call you.

The second most common report concerns a caller identifying themselves from "Medical Services" and stating that they have received information about a recent medical service you had. One case claimed to be a surgery performed in Texas on a healthy NH resident! Apparently this group isn't as sophisticated as some!

Do not ever give out personal information requested by phone or email. If you think the call is legitimate, hang up; check the correct phone number and compare it to the one given; call that correct number and report the incident.

And if you have caller ID on your phone screen or in an online service and no number shows up, that's a definite clue that it's probably a scam. And just because your caller ID lists the caller, you

still can be fooled. More sophisticated scammers know how to hide behind a false ID.

Police are also reminding residents to beware of ongoing phone and email scams. According to a news release posted on the Hooksett Police website, one person received a counterfeit check to purchase a wheelchair after responding to an online advertisement marketing home health care. The victim was asked to purchase MoneyPak cards and then read the codes to the scammer. Once the money was transferred, the victim was informed the original check was counterfeit.

This type of scam is common, according to Police Sgt. Janet Bouchard, who noted that checks, goods and services are often offered in exchange for money orders.

Another popular scam targets the elderly, who receive phone calls claiming that a grandchild, nephew or niece has been arrested in a foreign country and needs money to be wired for bail. Once the money is transferred, it can be difficult, if not impossible to track, police said.

"Any kind of email or phone call

you get that's asking for money to be sent, we'd suggest you avoid it and call the police to ask about its legitimacy."

### A NEW MARKETING TWIST

*Big Pharma is embracing a new marketing approach in the fight to prevent generic drugs from cutting into their sales: linking their drugs to human personality traits.*

With the prescription drug market expected to exceed \$1.3 trillion worldwide by 2018, this new strategy is hoped to help maximize profits from existing brands.

The United States is unusual in its policy to allow pharmaceutical companies to advertise directly to consumers—in most countries the practice has been deemed unethical. But here it is being used to give consumers strong associations with specific drugs in the hope that they will continue to opt for expensive name brands instead of chemically identical generics.

The development of "brand personalities" is commonplace for consumer products like computers and processed food, and now two marketing experts from Hoffman LaRoche pharmaceutical company and the John Molson School of Business in Montreal, Canada have developed a Prescription Brand Personality Scale to help do the same for drugs.

They asked 483 Americans to rate 15 popular prescription drugs like Viagra and Lipitor according to 22 personality traits. They found that people did in fact assign human attributes to these drugs, and that the brand personalities had two general dimensions: competence and innovation. That is, brand-name drugs were associated with words like dependable, reliable, and stable, as well as words like unique and original.

**ENH welcomes all points of view and invites your submissions.**  
To send articles or to add your name to our newsletter mailing list, contact:  
**engagingnh@yahoo.com**

The marketers hope that the concept of brand personality can help make people more familiar with certain drugs—which may ultimately make them more receptive to taking these products or even specifically requesting them.

*Source: Journal of Consumer Marketing, 2013; 30: 583.*

**POLITICAL ADS ALERT**

There’s nothing new about sleazy ads and misleading tactics – what’s new is the way they can be delivered.

Campaigning online offers capabilities that officials could only dream about doing in-person: specific messages tailored to your browsing history, going deep into a social network to find people that could influence you, changing a message in real-time in response to news or developments, the ability to approach you anytime and anywhere, and an automated process for improving the ability to persuade you based on your reactions.

Recently, web domain names using a candidate’s name have been used, but not by the candidate’s campaign. Ray Bellamy, a retired doctor based in Florida, decided that he wanted to make a donation in a local congressional race. He began by Googling the candidate’s name, “Alex Sink.”

He then clicked on one of the first results that popped up. A page loaded that had the candidate’s typical designs, color schemes, and even a large photo

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

of her talking to constituents. Not thinking anything of it, he entered his financial information and hit submit.

What he didn’t notice was the small print at the bottom of the screen. He was then notified that his donation had actually gone to her opponent!

Read the fine print!

*Source: Forbes.com*

**RECORDS CRUCIAL IN AN ORDERLY END TO LIFE**

It’s depressing to think about your death, and maybe that’s why so

many people don’t make a plan in case of their untimely demise. They don’t organize essential documents or name guardians for their children should a tragic event occur.

But they should: Over the years, I have had countless meetings with clients who lament having not been prepared.

The time and effort required to pull this information together is one reason people delay. Other reasons include not wanting to hire a lawyer and indecision about who would be best — and willing — to raise their children. But it is

much less emotionally taxing to get this stuff done than it is to worry about not having done it.

So here is a rundown of some of the most important documents you need to make sure your finances are handled properly and your medical wishes are followed:

- **Last will and testament:** Understandably, writing a will is a task people delay. But the process often ends up being less difficult than anticipated, especially with the assistance of a good attorney. Without a will, you don't control what happens to your finances and minor children.

Answers to questions about how to find an estate attorney and how much estate planning documents should cost can be found at [wills.about.com](http://wills.about.com).

A revocable living trust is also a good option, especially if you don't have minor children. It allows you to transfer assets into a trust you control until you die. After that, assets in the trust pass directly to your beneficiaries without going through probate.

- **Health-care power of attorney and living will:** An estate attorney can help you draw up a durable health-care power of attorney and living will, which are sometimes called "advance directives."

The durable health-care power of attorney gives the person you designate power to make health-care decisions for you if you can't make them yourself.

A living will explains what type of medical treatment you wish to receive at the end of your life. Online resources can help guide you.

- **Financial power of attorney:** This is the document you use to appoint an agent who can manage your legal and financial affairs. If you don't designate an agent and become disabled, the only way to manage your assets is for a loved one to go to court and get a guardian appointed. This can be costly and may take months. Again, seek the advice of an experienced estate lawyer.
- **Financial information:** You will also want to pass along a comprehensive list of financial information to a trusted friend or family member. That includes the names of banks and

account numbers, safe deposit box information (including location and a registered family member who will be able to access the box), a copy of at least your most recent tax return, and the names of firms that hold accounts such as your 401(k), IRA, 529, and pension.

Providing a copy of the deed to your home, if you own it, and a copy of the title for your car, if you own one, is also critical.

In addition to listing assets, include paperwork about any debts, such as on credit card accounts, mortgage papers, and student and car loan information.

- **Information access:** Possibly even more important than having all of these documents is making sure your loved ones understand the information and know where to find it.

"As people increasingly bank online and receive financial statements via e-mail, keeping track of passwords and log-in information has become vital," says Ed Biggin, an estate attorney in Rockville, Md. He recommends storing your digital-access list with your estate attorney or using a master password storage account with an online service like [www.lastpass.com](http://www.lastpass.com).

- **Miscellaneous:** Copies of government-issued documents, such as marriage licenses and birth certificates, should be among your important papers.

## Nomination Call!

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

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

For more information and a nomination form:

[engagingnh@yahoo.com](mailto:engagingnh@yahoo.com).

If you're divorced, include a copy of the settlement papers.

Your Social Security number and name of your life insurance company and policy number are also important to pass along.

- Lastly, create a list of important contacts, such as your financial adviser, lawyer, CPA, and insurance representatives, and use this as the cover to your completed package of important documents.

Creating, gathering and compiling these documents will probably not be as difficult as you imagine. Give yourself a deadline. Get started and check it off your list. The peace of mind that comes with knowing you have everything in place will make the effort well worth it.

*Nicole Anzia  
Washington Post 2/14/14*

## CARE.COM SOARS IN FIRST DAY OF TRADING

The IPO season for Massachusetts companies got off to a booming start Friday when Waltham-based Care.com rose nearly 43 percent in its first day of trading as a public company to close at \$24.30 on the New York Stock Exchange.

Care.com is an online marketplace for personal care services, ranging from baby-sitting and elder care to dog walking. About 5.2 million families and 4.5 million caregivers worldwide are registered with Care.com; about 1 million paying subscribers have used it to find qualified care providers in their neighborhoods.

## WE WANT YOU TO KNOW . . . .

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

We actively partner and work with other NH advocates.

### Formal Partnerships

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

### Active Collaborations & Groups:

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

### Other Groups we work with:

- AARP
- NH Business and Industry Institute
- NH State Committee on Aging
- NAMI
- NH Alliance for Retired Americans
- DD Council
- UNH Institute on Disabilities
- NASW-NH
- Area Committees on Aging
- NH Association of Senior Centers
- NH Statewide Independent Living Council
- NH Business & Industry Association
- ServiceLink

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## Help Spread the Word!

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

**Forward it on!**

“We are by far the market leader,” said Care.com’s founder and chief executive, Sheila Lirio Marcelo, “and we are really addressing a very important need for families.”

Care.com was founded in 2006 and has raised \$111 million in venture funding from several firms, including Matrix Partners and Trinity Ventures. The company has yet to turn a profit, but posted revenues of \$48.5 million in 2012 and \$59 million for the first nine months of 2013.

*Boston Globe, 1/25/14*

### **OLDER AMERICANS DRIVE MORE, CRASH LESS**

Safety researchers expressed concern a decade ago that traffic accidents would increase as the nation’s aging population swelled the number of older drivers. Now, they say they’ve been proved wrong.

Today’s drivers aged 70 and older are less likely to be involved in crashes than previous generations

and are less likely to be killed or seriously injured if they do crash, according to a study released Thursday by the Insurance Institute for Highway Safety.

That’s because vehicles are safer and seniors are generally healthier, the institute said.

The marked shift, which began taking hold in the mid-1990s, indicates that growing ranks of aging drivers are not making US roads deadlier.

Traffic fatalities overall have declined to levels not seen since the late 1940s, and accident rates have come down for other drivers as well. But since 1997, older drivers have enjoyed bigger declines as measured by both fatal crash rates per driver and per vehicle miles driven than middle-age drivers, defined in the study as ages 35 to 54.

From 1997 to 2012, fatal crash rates per licensed driver fell 42 percent for older drivers and 30 percent for middle-age ones, the study found.

The greatest rate of decline was

## Health & Wellness

among drivers age 80 and over, nearly twice that of middle-age drivers and drivers ages 70 to 74.

“This should help ease fears that aging baby boomers are a safety threat,” said Anne McCartt, the institute’s senior vice president for research and co-author of the study.

At the same time, older drivers are putting more miles on the odometer than they used to, although they’re still driving fewer miles a year than middle-aged drivers.

This is especially true for drivers 75 and older, who lifted their average annual mileage by more than 50 percent from 1995 to 2008.

*Boston Globe 2/21/14*

### **GET UP!**

*Study says sedentary time means less ability in everyday life*

Off the bench! Research shows sedentary behavior is a risk for disability.

It’s not enough for people to get regular moderate exercise as they age. Researchers say it’s also important not to spend the rest of your time sitting too much.

In fact, for every hour of sedentary behavior, the odds were 46% greater that people older than 60 would have some disability in ordinary skills such as getting around the house and feeding themselves, according to the study published Wednesday in the *Journal of Physical Activity & Health*.

Being sedentary will lead to problems “independent of time spent in moderate or vigorous activity,” concluded the researchers, from Northwestern’s Feinberg Medical School, Rush University Medical Center, Harvard School of Public Health and the Centers for Disease Control and Prevention.

People who replace even half an hour of sedentary time with 30 minutes of light activity can im-

prove their health, researchers said. Stand-up bingo, anyone?

“A sedentary lifestyle is associated with a variety of poor health outcomes, including increased incidence for diabetes, cardiovascular disease and mortality,” the researchers wrote. But many people may have thought they’d done what they needed to if they met the government suggestion of 150 minutes a week of moderate activity.

Apparently not so.

The question was whether people were sedentary because they were not doing any exercise, or whether being sedentary was on its own a risk factor for disability in what are called activities of daily living – getting in and out of bed, getting dressed, being able to walk in the house

The researchers used data from the National Health and Nutrition Examination Surveys from 2003 to 2005. Those data are a nationwide collection that includes questionnaires and physical exams, and they included 2,286 people 60 and older whose physical activity had been monitored.

The people in that sample spent almost nine waking hours a day sedentary, and 3.6% of them reported disability in their activities of daily living. The average waking time was 14 hours.

About 12% of them reported no chronic conditions. Fifty-two percent reported arthritis, 58% reported hypertension and 30% reported obesity. Being sedentary longer hours was related to older

age, being male, being more educated and less wealthy, being a smoker and having a chronic illness.

Sitting has been getting a lot of attention lately, to the point that there’s a new adage: “Sitting is the new smoking.” In addition to encouraging everyone to sit less, people are specifically encouraging exercises during TV watching and during work hours, with walking meetings and standing desks, as ways to decrease sedentary time.

“The real problem is that we are raising sedentary children,” said one of the researchers, Pamela Semanik, assistant professor of adult and gerontological nursing at Rush College of Nursing. “It’s so insidious in our culture.”

At her workplace, where people see the results of not moving, people have changed their ways, she said, adding that she has sold her car and reads medical journal articles on a treadmill.

The researchers in the current study said as many as 5.3 million annual deaths worldwide are related to insufficient activity.

So how much couch potato time is OK?

“That’s the \$64,000 question,” Semanik said. “We don’t know how much is OK.” She said researchers suspect that one way to mitigate the harm of being sedentary is with frequent breaks to move around.

Their work, they said, appears to be the first to document objectively sedentary time and its relation

## Raise Your Voice!

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

[engagingnh@yahoo.com](mailto:engagingnh@yahoo.com)

to disability in activities of daily living, independent of exercise time. One limit of the research is that the gadgets used to monitor activity, called accelerometers, don’t detect such movements as cycling and were not worn for swimming.

The research supports programs that would get people to spend less time sitting, regardless of what exercises they do. “Among some older adults, reducing sedentary behavior may be a more attainable goal than increasing moderate-vigorous activity, particularly in persons with chronic illness, pain, and those with pre-existing disabilities,” the researchers wrote.

That’s not to suggest there’s no value in moderate exercise, which they said is an inexpensive way to be healthier and reduce healthcare costs. But the current study is looking “at a very different question,” which is how people stay independent, out of nursing homes and able to fend for themselves, Semanik said.

But they wrote, “Even a large daily dose of moderate-vigorous activity may not be sufficient to offset the adverse effects of a sedentary lifestyle.”

As Semanik put it: “Just get up and move.”

Mary MacVean, 2/19/14

## GET SOME SUNSHINE!

It is well known that high blood pressure and cardiovascular disease are more prevalent in colder climates and that heart attacks and strokes are both more common and more severe in the winter months.

Now, researchers have provided evidence of a reason why, by directly linking exposure to sunshine to the health of our blood vessels.

A molecule called nitric oxide (NO) is critical to regulating how the walls of blood vessels expand and contract—which determines our blood pressure—and is also found at high levels in skin cells. Investigators at the Universities of Edinburgh and Southampton in the UK found that by shining ultraviolet light (which mimics the effects of sunlight) on the skin of volunteers, they could lower their blood pressure and increase the level of NO in the blood.

Interestingly, dietary intervention to increase NO levels had no such effect. The NO had to be released from skin cells, where it is stored, to impact the blood pressure. Shining a light with the ultraviolet rays blocked also had no effect, indicating that sunlight, not just electric light, was critical.

Thirty percent of deaths are caused by cardiovascular disease, and the researchers believe that the current public health recommendations to avoid sunlight should be reconsidered.

According to lead author Martin Feelisch, “Avoiding excess sunlight exposure is critical to prevent skin cancer, but not being exposed to it at all, out of fear or as a result of a certain lifestyle, could increase the risk of cardiovascular disease.”

Source: *Journal of Investigative Dermatology*, 2014; doi: 10.1038/jid.2014.27.

## SUGAR DANGERS

Americans have become more conscious about the evils of eating sugary foods. We’ve reduced our sugar intake from nearly 17 percent of our total calories about a decade ago to fewer than 15 percent of our calories in the latest government nutrition surveys.

It turns out that was a wise move. A study published online last Monday in the journal *JAMA Internal Medicine* examined nutrition surveys from nearly 12,000 Americans and found that those who reported consuming the greatest percentage of calories from added sugar were twice as likely to die from heart disease over a 14-year period compared with people who consumed the least.

While the researchers couldn’t prove that eating excess sugar led to more heart disease deaths, they controlled for other factors that may have contributed, such as obesity, poor overall diet, and lack of exercise.

Those in the highest intake group ate an average of 25 percent of their calories each day from added sugars— about 500 calories or 125

grams, according to study coauthor Dr. Frank Hu, a professor of nutrition and epidemiology at the Harvard School of Public Health.

He recommends looking at not just the food label but also the ingredients list and reducing your intake of foods that contain added sugar in all its forms, including evaporated cane juice, honey, corn syrup, and fruit juice concentrates.

Source: *Boston Globe*

## Tech Tips

### CELL PHONES ARE TARGET OF ONE-RING SCAM

Consumer advocates are warning cell phone owners of a scam that leads them to an adult-oriented or other costly service and international call fees.

The Better Business Bureau says customers are lured in by a call that disconnects after only one ring. Phone customers concerned they missed something return the call and are automatically routed to the adult chat line or another premium service located outside the country.

The caller is billed \$19.95 for placing an international call, plus charges for the line itself, which can be \$9 or more per minute. The practice is known as “cramming.”

Stephanie Vinge, a spokeswoman for Sprint, said the best way to avoid cramming scams is not to return calls to unknown numbers. Sprint also offers its customers

online tips on preventing fraudulent billing and cram calls.

“If you think you have been victimized, call your provider immediately,” Vinge said. “We have protocols in place where we can assist in investigating instances of possible cramming.”

The Better Business Bureau

## Dollars & Sense

(BBB) warning says the calls typically originate from outside the United States. The overseas area codes come up on caller ID include the Dominican Republic (809), Jamaica (876), British Virgin Islands (284) and Grenada (473).

In addition to ignoring calls from unknown numbers, the BBB recommends customers check cell phone bills carefully and contact the provider if there are any unauthorized charges.

“The earlier you document the fraud, the better your chances of having some or all of the charges removed,” the BBB said in a news release.

*Source: Doug Alden,  
New Hampshire Union Leader*

## DENIED MEDICARE COVERAGE REVIEW

The Medicare Settlement Agreement in “Jimmo v. Sebelius” provides that Medicare beneficiaries who were previously denied Medicare coverage may have claims re-reviewed.

**The process is not automatic:**  
People who wish to take ad-

vantage of the re-review process must fill out and submit a form, known as a Request for Re-Review, which is now available on the Center for Medicare Advocacy's website at [www.medicareadvocacy.org/wp-content/uploads/2014/01/JIMMO\\_REVIEWFORM-508-00055137.pdf](http://www.medicareadvocacy.org/wp-content/uploads/2014/01/JIMMO_REVIEWFORM-508-00055137.pdf)

and the CMS website at [www.q2a.com/Portals/0/JIMMO\\_REREVIEWFORM-508.pdf](http://www.q2a.com/Portals/0/JIMMO_REREVIEWFORM-508.pdf).

A Medicare beneficiary may be eligible for re-review if s/he:

1. Has received skilled nursing or therapy services in a skilled nursing facility, home health setting, or outpatient therapy setting, and
2. Has received a partial or full denial of Medicare coverage for those services based on the lack of improvement potential, and
3. The denial became final and non-appealable on or after January 18, 2011.

Let's look closely at that last requirement:

It means that the beneficiary had sought Medicare coverage for services provided and received a denial at some level of Medicare's decision-making process which, because the beneficiary did not seek further review, became final on or after January 18, 2011.

For example, if a beneficiary received a denial prior to January 18, 2011 and could have appealed that decision on or after that date,

but chose not to, she would be eligible now for re-review of that claim. Another way to think of it is: On January 18, 2011, was there still time to seek further review at the next level? If so, the beneficiary would qualify for re-review of that claim. On the other hand, if, prior to January 18, 2011, it was too late for the beneficiary to appeal that claim to the next level, the beneficiary would not qualify for re-review of that claim.

### Claims Not Eligible for Re-review

Claims that became final and non-appealable after January 23, 2014 are not eligible for re-review.

Consequently, any denied claim that was still “alive” after January 23, 2014 should proceed through the normal Medicare administrative process. The denial should be appealed to the next level of review, where it will be reviewed under the now-revised manual provisions.

Thus, the claims that are eligible for re-review are denials that were alive on or after January 18, 2011 (even though the services for which the claim was made could have taken place prior to that date) through January 23, 2014.

Further information on the Jimmo re-review process is available on the Center's website at [www.medicareadvocacy.org/medi-care-info/improvement-standard/improvement-standard-update-cms-revises-medicare-policy/](http://www.medicareadvocacy.org/medi-care-info/improvement-standard/improvement-standard-update-cms-revises-medicare-policy/).

## WHEN SHOULD RETIREES DOWNSIZE HOMES?

*If You're Going to Do It, Sooner is Better Than Later*

For most people, their house is their biggest asset. It's also their biggest expense. But when it comes to retirement planning, a house often falls to the bottom of the list involving changes in later life.

There are plenty of reasons for that inertia. Emotionally, it's hard to let go of a home filled with memories. Moving is a hassle, and downsizing to a smaller home isn't always the cash bonanza some might expect. As a result, many wait until well into retirement before moving to a smaller house or apartment.

But for many retirees, it can pay to downsize sooner rather than later.

The financial benefits may not seem huge at first, but over time they can make a meaningful difference in extending the life of a nest egg. As retirees age, there are lifestyle issues to consider, such as being in a community with other older adults. And finally, making a move before one spouse dies can help ensure that the surviving spouse, or the couple's adult children, won't have to contend with emptying and selling a big house.

When it comes to downsizing, "if it makes sense, don't wait," says Steven Sass, an associate director at the Boston College Center for Retirement Research.

Some of the reluctance stems from the idea that trading a house with a paid-off mortgage for a rental or a condominium with maintenance or association fees will lead to higher monthly costs.

That can be a mirage, says Lawrence Glazer, a financial planner at Mayflower Advisors in Boston.

"In a home, the expenses are hidden," he says. "It's maintenance, a roof, a boiler, heating and landscaping."

Often there's a desire to hold on to a house where children were raised so that they—and the grandchildren—can come back and visit. Mr. Glazer urges clients to think twice about the decision.

"Rather than clinging on to a three-bedroom and paying for the maintenance and heating, it's cheaper to put [relatives] up in a hotel room," he says. Plus, he says, most adults don't really want to go back to their parents' house "and stay in the room with their old posters on the wall."

Trading for the more visible costs of a rental or condo can help with planning, notes David Schwartz, chief executive at advisory firm FCE Group in Great Neck, N.Y. "You know what your fixed costs are going to be," he says.

It doesn't take a major downsizing to reduce costs, either. For many homeowners, property taxes have become a growing burden in recent years. "All it may take is moving out of a good school district and into a mediocre one, and sometimes taxes will drop," says Mr. Glazer.

Downsizing can have a big impact on a retiree's financial plan. Even with a mortgage that has been paid off, housing often accounts for 30% of retirement expenses, says Mr. Sass at Boston College.

Mr. Sass does the math for a move from a house worth \$250,000 to one costing \$150,000. Factoring out the expenses of moving—roughly 10% of the selling price—that leaves \$75,000 from the purchase of the new residence that can be added to a retiree's savings.

That \$75,000, he figures, could enable a retiree to withdraw an extra \$3,250 from savings every year. On top of that, the retiree would have savings from lower expenses on the house, which he says could easily be an additional \$3,000 a year. "That's \$6,250 a year in extra income," Mr. Sass says.

For those trying to assess the financial benefit of downsizing, the Boston College Retirement Center has a new online tool. It's available at [squaredaway.bc.edu](http://squaredaway.bc.edu) and can

### **CAN YOU HELP?**

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

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

***Donations are tax deductible to the extent allowed by law.***

**Looking for a back issue of an ENH newsletter?**

**Check our website:  
[www.engagingnh.org](http://www.engagingnh.org)**

be found on the site by clicking the "Housing" link at the bottom of the page.

More than just money is at stake, notes FCE's Mr. Schwartz. He sees many clients who move from suburban houses to apartment complexes with amenities on site, such as shopping and restaurants, or even into New York City, where they can have a doorman and an active cultural life.

Mr. Schwartz says people often fail to appreciate how the aging process makes it harder to move. As just about anyone who has moved knows, the process is physically and mentally exhausting, even at a young age. It's that much more daunting for older adults.

As retirees age, illness or death can suddenly thrust a move upon them, creating stress for the whole family. "Once you're over 80, more things happen where you don't have 100% control, and it's harder for those people to move," Mr. Schwartz says. "And once a spouse dies, then it's even harder to move" from a home that a wife and husband shared for decades.

In those situations, he says, the responsibility for helping take care of a house, and ultimately selling it, often falls to the children.

Mr. Schwartz, however, warns clients against downsizing to a smaller house and then buying a second home elsewhere. "With a second house, everything is doubled," he says. "And at a certain age ... it becomes mentally costly to maintain multiple residences."

*Tom Lauricella,  
Wall Street Journal*

*Know the Law:*

**LEGAL OBLIGATIONS TO IN-HOME CAREGIVERS**

**Q.** My mother suffered a stroke and needs 24/7 in-home nursing care. For the past six months, my mother has been paying three excellent retired nurses to provide for her care. Will issuing each of these private nurses a 1099 form satisfy her legal obligations and qualify them as independent contractors?

**A.** The question is whether these nurses should be classified as independent contractors or your mother's actual employees. With more families seeking in-home care, it is important to know how our government agencies define employment status when it comes to employing in-home caregivers, and the implications that follow. Misclassification of workers has significant implications with respect to minimum wage, overtime

requirements, unemployment insurance, federal and state payroll taxes, and workers' compensation. There can be civil penalties, liability for damages if someone gets injured on the job, penalties for back pay, and back taxes.

The NH Department of Labor uses a seven-part test for this analysis, which can be found online at <http://www.nh.gov/labor/forms/mandatory-posters.htm>. For an individual to be correctly classified as an independent contractor versus an employee of your mother, all seven criteria must be met.

For purposes of unemployment insurance, NH Employment Security has what is called the "ABC" test to determine an individual's employment status, found here: <http://www.gencourt.state.nh.us/rsa/html/XXIII/282-A/282-A-9.htm>.

If your mom is looking to hire independent contractors, the following steps should be taken to protect her interests. She should enter into a written contract setting out the mutual obligations and expectations as a contractor. She is wise to hire a company that has a federal identification number and to pay the company for all services performed. That entity can then pay each of the caregivers and pay for the worker's compensation, unemployment, and liability insurance for them. Negotiate the price. Have the company decide who works what hours and days during the week and what each person gets paid. The caregivers should control the care provided and training. The company should also

be allowed to offer similar in-home care services to others.

Unfortunately, despite most family's best intentions, this is an area where significant legal obligations can arise unwittingly. Take care to classify caregivers properly. If you have questions beyond these guidelines, contacting an attorney well-versed in employment law might save you and your family a lot of uncertainty and stress.

*Jennifer Parent JD  
McLane Law Firm  
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## Laugh & Live Longer

### AGE HAS ITS BENEFITS

Reporters interviewing a 104-year-old woman: "And what do you think is the best thing about being 104?"

She simply replied, "No peer pressure."

### ANOTHER LOOK AT AGING

Everything is farther away than it used to be. It is twice as far to the corner, and they have added a hill that I never noticed before.

I have given up running for the bus, it leaves faster now than it did before. It seems to me that they are making steps steeper than they used to in the good old days. And have you noticed the small print that the newspapers are using now?

There's no use in asking anyone to read aloud anymore. Nobody enunciates and everyone speaks in such a low voice that I can hardly hear what is said.

Even people are changing. They are so much younger than they used to be when I was their age. On the other hand, people my age are so much older than I am.

I ran into an old friend the other day and she had aged so much that she didn't even recognize me anymore. I got to thinking about the poor thing while I was combing my hair this morning, and in doing so, I glanced at my reflection, and confound it, they don't even make good mirrors anymore.

## Purposeful Living

Volunteering comes easy for Larry Eaton. He volunteers 1,200 hours a year to support seniors of the Greater Newport community. As Vice President of the Newport Senior Center for the past five years, Larry has taken his fiduciary responsibility seriously. He avails himself of every opportunity to bring in revenue. . Larry initiated a weekly 50/50 raffle to offset the high rising cost of propane. He is a caller for bingo, which serves as a fundraiser, but it also promotes socialization for seniors. During the summer months, Larry can be found selling popcorn during Newport's Concerts on the Common

A great supporter of preventing senior hunger, Larry frequents civic organizations in an effort to bring awareness of senior hunger to others. Because of his friendly, outgoing personality, several other gentlemen have joined him as volunteers.

One of Larry's goals is to see that Seniors keep active, both in mind and body. On a daily basis at the Center, Larry participates in the sing-a-long, encouraging others to join in. In addition, he is involved with the daily card games as well as cribbage, filling in whenever necessary.

He was instrumental in promoting senior wellness. He invited 16 seniors, last year, to join his newly formed walking club and it didn't stop there. "Silver Strikers" is the bowling team energized by Larry's influence. Many of the senior bowlers had never bowled in their 80+ years of life. Now it has become a weekly competition of who is going to beat whom.

In recent years the Center has staged musical revues. Larry volunteered to be Production Manager as well as the show's emcee. He does an outstanding job at both according to the person who directs these shows.

Engaged is another word to describe Larry Eaton. With Larry, you can always depend on him to listen and be engaged in the conversation. He is always optimistic and no matter how bleak a situation may seem, he will get you to laugh before the end of the conversation.

Larry is open minded, trustworthy, devoted, giving and



**Larry Eaton**

Contact Information For NH Members of the U.S. Congress				
Name	Mailing Address	Phone	Fax	E-Mail Contact Form
U.S. Representative Carol Shea-Porter	1530 Longworth HOB Washington, DC 20515	(202) 225-5456	(202) 225-5822	<a href="https://shea-porter.house.gov/contact/email-me">https://shea-porter.house.gov/contact/email-me</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>

committed. Because of his outstanding leadership qualities and never-ending volunteerism, some call him the Ambassador.

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