



A Citizen Voice for the
Aging Experience

ENGAGING NH NEWS

We Need a Commission on Aging

by Maida Sengupta

HB 621-FN which would establish a Commission on Aging is in committee hearings and will be going through the normal process of hearings, input and amendments.

If you drive a car, pay rent or property tax in NH, or expect to retire here, you need to know there is no provision in state law that addresses your interests when it comes to issues such as:

- Taxes;
- Voting access;
- Tourism/recreation;
- Ongoing education;
- Employment, age discrimination;
- Transportation [mass transit, infrastructure, including road safety/signage];
- Housing, building codes;
- Insurance issues; and
- Opportunities to “give back” or volunteer valuable skills.

The list could go on and on. Fact is New Hampshire’s older adults have never been represented in any organized comprehensive

NH’s older adults have never been represented when it comes to changes to laws, funding and planning for future needs.

way when it comes to changes to laws, funding and planning for future needs. A few recent examples:

- changing driving license rules without looking at public transportation options;
- increasing property tax value without consideration of age friendly modifications allowing people to live in their own homes longer; and

**March 2019
Volume 13, #3**

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- changing voter registration requirements limiting access for persons with disabilities or other restrictions.

We believe a Commission on Aging, tasked by law, could have better represented our interests in these and a wide range of other matters. Older adults deserve no less.

Now is the time to get involved. We urge you to follow HB 621-FN as it goes through public hearings. We will be posting updates and filling you in on progress in future issues.

Maida Sengupta, a retired state social worker, is a member of the EngAGING NH board

NH Updates

SUNUNU BUDGET INCREASES HOME CARE

New Hampshire spends a bigger percentage of its Medicaid money on nursing home care than any other state, even though most older Americans would rather be cared for in their own homes.

There's money in Gov. Chris Sununu's new budget that suggests the Granite State wants to invest more in home care, says Doug McNutt, AARP-NH Associate State Director for Advocacy,

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.

cy, and not a moment too soon.

"The vast majority of older Granite Staters want to live independently at home as they age," he said.

"Even facing tight budgets, most states have made clear progress in helping older residents achieve that goal. It's time for New Hampshire to pick up the pace and invest more into our home- and community-based system. Especially as our population ages."

According to a 50-state analysis presented to New Hampshire lawmakers on Feb. 13, New Hampshire ranks 50th, bottom of the pack, in the percentage of Medicaid dollars that support care provided at home and in the community, as opposed to a nursing home.

In 2016, the state spent only 14 percent of its Medicaid long-term care dollars on home-care providers,

compared to a national average of 45 percent. While most states are spending almost half their Medicaid money on home care, New Hampshire spends pennies on the dollar.

"We need to look at the costs of home care versus nursing home care," said McNutt. "Nursing home care is about three times more expensive than home care. But we still spend 86 percent of taxpayer dollars on that type of care."

www.unionleader.com

CONTINUING THE MOMENTUM

Tufts Health Plan Foundation is excited to share that once again, we will offer the Momentum Fund grant program to nonprofit organizations based in MA, NH and RI. This year, in coordination with Tufts Health Plan expanding to serve Connecticut, the Foundation will also be offering these grants in CT.

We plan to run the 2019 cycle with an application deadline of Thursday, September 19, and we will offer an information session webinar for interested non-profits in August.

Now's the Time

Do you know an Elder leader making NH better for all of us as we age?

Nominated him or her for a Vaughan Award!

Nomination forms are online at www.engagingnh.org/vaughan-awards.html

HONORING CHRISTA MCAULIFFE

Rep. Annie Kuster joined Representatives Chris Pappas, Fred Upton and Debbie Dingell, as well as Dean Kamen, inventor of Segway and founder of For Inspiration and Recognition of Science and Technology (FIRST), in support of a commemorative coin honoring the life and legacy of Christa McAuliffe. Christa's passion for science and exploration continues to inspire students in New Hampshire and across the country, and this coin will benefit FIRST and encourage young people to pursue STEM education and careers in the 21st century.

Your Voice

(Editor's Note: As we await the results of the recent State Plan on Aging Survey, we will share some written comments submitted in this process, over the next few months.)

HEARD IN NH

In response to the questions asked at listening sessions, I wanted to respond with this letter.

NH can improve its understanding on aging by including older and OLD adults on local, regional and state planning boards. Not just a token 75 year-old. Try for 80, 85 plus!! We're living longer these days - some of us; though life expectancy in the U.S. is overall on the decline I believe.

Our State can also better serve our aging population by being more realistic as to the cost of living and how escalating costs can impact folks who earned their living when pay levels, salaries, a great deal less than now and often without pensions/retirement benefits.

If valid "means tests" could be achieved, it would be helpful if persons over 70-75 with incomes less than a determined amount could

receive a reduction on property taxes. Any hope for lower electric bills? Fuel costs, etc. etc. All go up.

It's very important for older adults to live in our community. It's where one's acquaintances, friends, family (if any) are. It's important. More affordable housing - life care or partial life care complexes available for a range of incomes. The xxxx facility meets the needs of many - (not all elderly need "assisted living"), but is limited to those with very limited income. There are many whose income is a little too much to qualify - but nowhere near enough to afford such facilities as xxxx. Nor do we need the frills as such. But there are many equally needy of appropriate housing in this GAP group.

Regarding the question on isolation, maybe - somehow - encourage neighbors to be more neighborly. But I'm not sure how.

Thank you for the opportunity to comment on these important issues.

NH BILLS OF INTEREST

Tax Related Bills

HB 266: Elderly tax exemption

HB 579: local control of optional automobile registra-

WHO IS MY LEGISLATOR?

Use this quick link to find and contact your local State Rep and Senator:

<http://www.gencourt.state.nh.us/house/members/wml.aspx>

Visit your town or city's website to find contact information for your local elected officials.

Tell them your ideas, thoughts & concerns!

tion discounts for seniors, veterans, and disabled persons

HB409: relative to the maximum optional fee for transportation improvements charged by municipalities when collecting motor vehicle registration fees.

Dementia/Alzheimer's Bills

SB 119: directing hospitals to develop an operational plan for the care of patients with dementia.

SB 255: relative to dementia training for direct care staff in residential facilities and community-based settings

Paid Family and Medical Leave

HB 712: relative to a family and medical leave insurance program.

SB 1: relative to family and medical leave.

Other Possible Aging-Related Bills

HB 621-FN: Establishing a Commission on Aging:

SB 252: relative to the detection and prevention of fi-

nancial exploitation of vulnerable adults.

HB 696-FN: Establishing protective orders for vulnerable adults

SB 131: reestablishing a commission to study grandfamilies in New Hampshire

SB 259: expanding eligibility for the Medicaid for employed adults with disabilities (MEAD) program

SB 256: relative to emergency generators in certain senior housing

B 291: establishing a committee to study certain findings and other initiatives regarding end-of-life care

HB 571: relative to confidentiality for reporting possibly medically unfit drivers

SB 608: Increases to Medicaid Reimbursement

SB 255: relative to shift differential pay for employees who work overnight.

SB 173: relative to criminal history background checks by employers and public agencies. Daniel Hobbs, Elder Advocacy Coordinator, NHAHA

REAFFIRMING SUPPORT FOR SOCIAL SECURITY

"It was fitting to reaffirm my support for Social Security on President Franklin Delano Roosevelt's birthday by cosponsoring the Social Security 2100 Act. Social Security has served as an essential safety net for older Americans in New Hampshire and across the country, and this legislation will help enact reforms so that this program continues to deliver for Americans into the future."

Congresswoman Kuster

THERE'S HOPE

Although war is responsible for causing a number of horrible things, over the years it's also led to many transformative inventions, such as the aircraft, duct tape, and the Internet. Now, according to the president emerita at MIT, the world is on the cusp of a new innovation boom, one that "will be motivated

not by the threat of war
but the promise of peace.”

<https://qz.com/>

MAKE THE MOST OF YOUR DAY

Morning routines can be the key to a positive, focused day. While some people start their day with a bit of meditation, others might practice yoga or go for a run. These can all do the trick, but there's another simple practice you can do that can help you gather your focus: asking yourself two specific questions. And we're not talking about the questions 'Where is my coffee?' Or 'Why did I have that last glass of wine?' Rather, we're talking about these two questions posed by writer, Andee Love.

"What do I value the most today?"

"How do I want to feel for the day?"

Read more about how the logic, the practice, and the ways it will improve your success here.

<https://greatist.com/live/how-to-make-the-most-of-your-day>

MEDICARE 2019 CHANGES

Medicare costs change each year, so if you're 65 or older, it's important to

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 & work with other NH advocates.

Formal Partnerships

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

Active Collaborations & Groups:

- Elder Rights Coalition

Other Groups we work with:

- AARP
- NH Hospice and Palliative Care Organization
- NH State Committee on Aging
- NAMI
- NH Alliance for Retired Americans
- DD Council
- UNH Institute on Disabilities
- NASW-NH
- Area Committees on Aging
- NH Association of Senior Centers
- Endowment for Health, Alliance on Healthy Aging
- NH Legal Assistance
- Department of Health & Human Services
- ServiceLink

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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

understand and review your benefits for the upcoming year.

Part A: If you have worked between 7 ½ and 10 years, your Part A premium will increase to \$240

per month in 2019, and if you have worked fewer than 7 ½ years, your Part A premium will be \$437 per month. The Part A deductible and coinsurances are also increasing this year. The hospital deductible will be \$1,364. Beneficiaries must pay a coinsurance amount of \$341 per day for the 61st through 90th day of a hospitalization in a benefit period. For beneficiaries in skilled nursing facilities, the daily coinsurance for days 21 through 100 of extended care services in a benefit period will be \$170.50

Part B: This year, the standard monthly premium for Part B is \$135.50 for individuals with a yearly income below \$85,000 (\$170,000 for a married couple). The Part B annual deductible is \$185 in 2019, and you will continue to pay 20 percent for most Part B-covered services after meeting your deductible in 2019

Part D: The amount you pay for your prescription drugs on Medicare depends on which Part D prescription drug plan you are enrolled in and which coverage period you're in. Every Part D plan has a premium; this year, the national average for Part D premiums is \$33.19 per month. Many

Part D plans also have a yearly deductible. Deductibles vary from plan to plan, but no deductible in 2019 can be higher than \$415. After meeting the deductible, you'll pay your plan's regular co pays or coinsurances for any drugs you take (if you're not sure of these amounts, call your plan using the number on the back of your membership card), until the total costs that you and your plan have paid for drugs in a year totals \$3,820.

Once you and your plan have together paid \$3,820 in drug costs, you will enter what is known as the donut hole or coverage gap. After falling into the donut hole, the amount you pay for prescription drugs increases, until you've spent \$5,100 in out-of-pocket drug costs for the year. At that point, you enter the coverage phase known as catastrophic coverage. During this period, in 2019, you pay 5 percent of the cost of each drug, or \$3.35 for generics and \$8.25 for brand name drugs — whichever is greater.

Because of federal legislation, the donut hole will be closing for brand-name drugs in 2019. That means in this coverage period, you will be responsible for

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@gmail.com

Forward it on!

paying for 25 percent of the cost of your brand-name drugs. The coverage gap will close for generic drugs in 2020, at which point you will pay 25 percent of the cost of your brand-name drugs.

Part C: Medicare Advantage Plans are varied. If you need help understanding your plan's benefits or reviewing your coverage options, call your State Health Insurance Assistance Program for assistance, 877-839-2675, or visit www.shiptacenter.org.

www.nextavenue.org

NOBEL PRIZE

At 96, Arthur Ashkin became the oldest person ever to receive the Nobel Prize. Now he's using his savvy in physics to make the world better by seeking to revolutionize the way we harness solar energy. Ashkin's lifelong fascination with light has led him to his latest invention – a device

that intensifies solar reflection. This new technology could make existing solar panels more efficient or perhaps even replace them altogether with something cheaper and simpler.

www.businessinsider.com/oldest-nobel-prize-winner-arthur-ashkin-optical-tweezers-levitation-2019-1?r=US&IR=T

Focus on Community

POP-UP PLANNING IN SOUTHERN NEW HAMPSHIRE

As part of collaboration with AARP to encourage "Age-Friendly" communities in New Hampshire, SNHPC has obtained pop-up planning materials for use by SNHPC member communities to conduct temporary planning activities.

Pop-up planning is referred to by many names, such as Tactical Urbanism, DIY Urbanism, Planning-by-Doing, Urban Acupuncture, or Street Prototyping, just to name a few. Pop-up planning is a means for implementing flexible and short-term projects to advance long-term goals related to street safety, public space, and more. These projects are not limited to cities. They are useful to

any organizational and/or citizen-led approach to neighborhood building. Pop-up planning is characterized by its use of short-term, low-cost, and scalable interventions to catalyze long-term change.

This approach to the design of streets and civic spaces reduces the barriers to new ideas by allowing temporary, low risk, and low-cost interim improvements to test new ideas. There is even a free online guide available on how to execute one of these projects in your own community. The guide is called "The Tactical Urbanist's Guide to Materials & Design". Within the guide is a set of instructions for selecting a project type, a listing of materials needed, and tasks to follow when implementing your project.

The Southern New Hampshire Planning Commission has gathered a variety of the materials needed to execute project types from parklets to bike lanes, and we are seeking opportunities to lend these materials to groups wishing to execute one of these pop-up planning experiments. This type of pop-up planning can complement any walking or biking activities you may be planning for this spring or summer season.

Along with free access to our inventory of materials, SNHPC can provide technical assistance in the design and layout of your pop-up project in order to make the most of the materials available.

If your community has an interest in executing a parklet or demonstrating a bike lane or a road diet, please do not hesitate to contact James Vayo jvayo@snhpc.org in the SNHPC office at (603) 669-4664 x307 to coordinate a time to borrow these materials.

While these materials constitute all the basic elements needed to execute a project, you may want to supplement these materials with your own in order to achieve a particular look for your project. For example, SNHPC has galvanized bins for placing in a parklet or as a roadway divider but will not provide the ballast or plants needed to complete the desired aesthetic look. One solution for this situation is to contact your local garden supply store to request loaner plants

and ballast in return for adding a small sign to the bins noting something like, "Plants were Contributed by So & So Garden Supply Center".

SNHPC is eager to see

these materials put to good use and we hope you will contact us with your project idea so we can arrange a date for your team to pick up and return materials to our office. Materials

Materials available for loan from SNHPC

Name	Description	Units
Portable Bollards	Black Dome Top Delineator Valet Cone Kit, plastic w/weighted base	18
Pavement Marking Tape	VISA-LINE Foil Temporary Pavement Marking Tape, White, 4" wide X 100 yards	2
Grass Rugs (Astroturf)	Artificial Grass Lawn 4'x6' Synthetic Turf Grass Rug Green Fake Grass (6-pack)	2
Galvanized Planters	Behrens 2-OV 10-1/2-Gallon Oval Steel Tub, Dimensions: 28" x 14.8" x 9.4"	8
White Spray Paint	Krylon K05151207 Flat White Interior and Exterior Decorator Paint - 12 oz. Aerosol	2
White Marking Chalk	Krylon spray can Inverted Marking Chalk, White, 15 oz. per unit	11
White Nylon Rope	3/8" Thick White Nylon Braided Rope, 100 feet Solid Braided Multi-Purpose Rope	2
Sidewalk A-frame Sign	Plasticade, Curb Sign with Quick-Change - Portable Folding Double-Sided Display	2
Coroplast Sign Inserts	Custom logo to advertise the project	4
Sidewalk Logo Stencil	Ploy Sheet .63 mil, 14" x 20" size, with custom pop-up planning logo	2

will be made available on a first come, first served basis, so please reach out early so we can secure your date!

Regards, Project Manager,
James M. Vayo, AICP,
Southern NH Planning
Commission. Office: (603)
669-4664, Cell: (617) 908-
4608

https://issuu.com/streetplanningcollaborative/docs/tuguide_to_materials_and_design_v1

SIDEWALK CUPBOARD

A good Samaritan from a small town in Minnesota has set a custom-made pantry cupboard in front of her house to help people in her community who are in need of basic necessities like food. The owner of the idea has encouraged and inspired others to contribute, and now the box is being regularly replenished with items like macaroni and cheese boxes, laundry soap, and tampons.

[www.startribune.com/inspired-by-little-free-libraries-a-free-pantry-helps-feed-](http://www.startribune.com/inspired-by-little-free-libraries-a-free-pantry-helps-feed/)

HELP SPREAD THE WORD!

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

hungry-neighbors-in-st-paul/504550092/

News You Can Use

THE PERCEPTION VS. REALITY OF 'OLD'

Let's take back the negative connotations and tell the truth about aging

When I began to write this article, a woman friend age 89, called. She told me, "I walked six miles today. The Fitbit said that I did my steps."

"How did you feel?" I asked. "Tired," she replied. "But then Bill wanted to have sex. So, I did that too." I thought, "This is not my mother's old age!"

The Diverse Experiences of Late Life

The lived reality of "old" is not what it used to be, but the perceived reality of "old" is not keeping pace. And our perceptions and beliefs about it after midlife will shape how we age.

Our fearful images of "old" — senile, dependent, disabled — stem from ageist stereotypes that mask another kind of aging that's happening all around us: A Finnish woman, 95, set the record for oldest woman to complete a 500-foot bungee jump. The late George H.W. Bush jumped

from a parachute at 90 to celebrate his new decade.

The glorious grandmas of Instagram are modeling underwear and swimwear in unfettered self-expression. Their chant: Age no longer dictates the way we live. If you have any doubt, check out these Instagram accounts: @silver_isthenewblonde @saramaijewels @1000wave and @seniorstylebible.

But, clearly, this vital lived reality is not everyone's experience. For many, late life will be neither the dreaded, ageist stereotypes nor the rare exceptions. Instead, it will be highly diverse, holding both great promise and great challenge.

It can be a new stage of adult development, when we overcome past fears, develop fresh aptitudes and find new ways to contribute. But it also can feel lonely, frightening, uncertain and disorienting due to illness, loss and decline.

Reclaiming the Definition of Old

I propose that we reclaim the definition of "old" in all its cultural complexity and individual idiosyncrasy. After all, our quality of late life is lived individually, not as a group, and will depend

on our health in brain/mind/body, social support, financial resources, education, beliefs about meaning and purpose and a capacity for self-reflection. If we think about two 65-year-olds we know, we may be astonished by differences in their appearances, abilities and attitudes.

So, to try to encapsulate it in a three-letter word — old — simply reduces it. Many experts are passionately against the term and call for it to be banished. Others call for it to be reclaimed and rehabilitated.

The movement for “positive” or “successful aging” emerged a decade ago to counter negative associations with “old,” which led to institutional ageism and individual despair. Proponents urged those over 50 to maintain productivity, physical and mental health and autonomy. This vision is increasingly possible for many of us, as we choose to delay retirement, create encore careers, build community projects and reinvent this stage of life.

But ideals quickly become “shoulds” and “shoulds” have a dark side:

- Productivity as an ideal sets up lack of productivity (leisure, contem-

RAISE YOUR VOICE!

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

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plation, disability) as a failure and reinforces collective values of work, money and power that may better fit an earlier stage of life.

- Engagement as an ideal sets up lack of engagement as “selfish” or “being a burden.”
- Physical health as an ideal sets up loss of health as a personal failure.
- Autonomy and self-reliance as an ideal set up dependency and vulnerability as failure.

The Full Range of Life

Finally, these ideals reinforce an outer orientation over an inner turn, a shift from productivity to contemplation, money to meaning, independence to interdependence, achievement to life completion. We are at risk of losing the spiritual meaning of late life, of connecting with something larger than ourselves, if we merely extend the empire-building goals of midlife.

I’m a therapist and my client, Bob, 75, put it this way: “I don’t want to do anything. But I’m afraid to do nothing.”

When I pointed out that he was finally free of obligation, he said, “But I’m obligated to do something. Who am I when I do nothing?”

Without values for slowing down to savor life, contemplate his history, distill his life lessons and transmit his wisdom, Bob became lost and disoriented.

So, when we ask, “What is old?” we need to be mindful of where we put our attention: on growth or decline, gains or losses, holding on or letting go. I propose that we stretch to include the full range of life: both progress and decline, gain and loss, as we reinvent age for ourselves, so that neither goes into the cultural blind spot.

Perception vs. Reality

Although the lived reality of “old” is changing, the perceived reality lags behind. “Old” has different meanings in the eye — or age — of the beholder.

I asked a 19-year-old client, Sue, a college freshman, what aging means to her and when it begins.

"It means that the body breaks down, probably around 40," she told me. When asked what she would be doing at 70, Sue said, "I hope I'm not too wrinkled or needy and can still do what I want to do."

Like many young people, my client could not envision her own future in a positive way. According to a 2017 study by U.S. Trust, millennials view "old" as age 59, while boomers view it as 73.

A 2009 Pew study also revealed this gap between young people's perceptions and older peoples' reality: People under 30 believe that old age strikes before 60. Middle-agers say it begins at 70. Those over 65 put the threshold at 74.

The study also found that the older people get, the younger they feel. Among adults 65+, about 60 percent said they feel younger than their age. When those age 65 to 74 were asked if they feel old, only 21 percent said yes.

So, what is "old?" Is it an attitude or a cultural construct? Is there a phase transition from young to old, like the shift from water to ice? Is it indicated by markers — forgetfulness, retirement, becoming a

grandmother or losing a driver's license?

Yesterday, my stepdaughter said to me, "I want to be like you when I'm old." I caught my breath. Was that a compliment or an ageist innuendo? The word is still loaded, even for me. But, yes, I'm going to talk to her about the full meaning of "old."

Dr. Connie Zweig, retired psychotherapist, bestselling author of Meeting the Shadow, Romancing the Shadow and Meeting the Shadow of Spirituality is currently writing The Reinvention of Age. She is blogging excerpts here: <https://medium.com/@conniezweig>

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 64 North Main Street, Suite 2, 3rd Floor, Concord, NH 03301-4913.

Donations are tax deductible to the extent allowed by law.

SUCCESSFUL AGING

No excuse to accept ageism or patronizing attitudes

Q. When I look up the word "old" in the thesaurus, I find the following: elderly, aged, gray-haired, grizzled, past one's prime, decrepit, doddering, senile and over the hill. I feel I am treated like all of the above. Recently, I asked my doctor how my migraine medication worked. Expecting a scientific answer, he told me that "the medication gives little messages to my brain to tell it to stop hurting." I also asked why my eyes were so teary. His reply, "Because they are old." In social events, men don't ask me about my previous career, although I ask about theirs.

I am feeling patronized. What to do? P.S. I am 77, female with white hair and a previous pre-school director, attorney and avid tennis player. B.J.

Dear B.J.

Being patronized is definitely not a good feeling. The reactions you describe fall into the category of ageism that was defined by the late noted geriatrician Dr. Robert N. Butler

as prejudice or discrimination on the basis of a person's age. Ageist assumptions occur anywhere: cocktail parties, doctor's offices, the cosmetics counter at a department store or an automobile dealership.

Unfortunately, few of us are free of some age biases. Butler wrote in his Pulitzer Prize-winning book, "Why Survive? Being Old in America" that there is "a deep and profound prejudice against the elderly (which) is found to some degree in all of us."

That is no excuse to accept ageism. It just gives each of us reason to become aware of our own biases and do something about them.

Here are some action steps we can take suggested by Anne E. Gerike in her book "Old is Not a Four-Letter Word." These tips can increase awareness, serve as advice to professionals with whom we interact and be helpful in correcting our own stereotypes about aging.

Language matters: If you use the word "young" when you mean someone who is healthy, happy, creative, energetic or at-

tractive and vital, then use those words rather than "young." Furthermore, if you are describing someone who is miserable, rigid, boring or sickly, use these words, not "old." Negative terms to describe people because of their racial or ethnic group, disabilities or sexual identity are not acceptable. Negative terms to describe people just because they are older should be equally unacceptable.

You don't look your age: This is a difficult one, particularly for women. From when we are young, we are socialized to equate beauty with youth. In accepting the compliment that you don't look your age, you can always just say thank you while thinking to yourself, "What did you expect me to look like?" You also can say, "If you mean you find me attractive, thank you."

Hostile birthday cards: Try to determine the fine line between humor and insults. If you are buy-

HELP!

Do you need help with your Social Security or VA benefits? Do you have questions about the IRS or Medicare? If so, your NH Congressional Delegation can help!

Your two U.S. Senators and two Congresswomen all have staff equipped to help New Hampshire residents with issues, concerns or questions related to the federal government. The contact information for the NH Congressional Delegation is below. Please don't hesitate to reach out!

Senator Jeanne Shaheen
2 Wall Street, Suite 220
Manchester, NH 03101
603-647-7500
www.shaheen.senate.gov

Senator Maggie Hassan
1589 Elm Street, 3rd Floor
Manchester, NH 03101
603-622-2204
www.hassan.senate.gov

Rep. Chris Pappas
1st Congressional District
660 Central Ave., Unit 101
Dover, NH 03820
603-285-4300
www.shea-porter.house.gov

Rep. Annie Kuster
2nd Congressional District
18 North Main Street, 4th Floor
Concord, NH 03301
603-226-1002
www.kuster.house.gov

ing an age-bashing card for a friend that ridicules age, be aware of the message. Blindness, difficulty walking, memory loss and lower sexual performance aren't considered funny until they are associated with age.

Ageism in advertising:

Learn to identify age myths and stereotypes in advertising. Write to the company and threaten to stop buying the product, even if you don't use it. Older adults have about seven trillion dollars of spending power, yet are often ignored or portrayed unrealistically as being forever young. Time to get over the idea that we need to be wrinkle-free, thin and young to be noticed.

A party for your birthday: Feel good about your age and throw yourself a big party. Let people know you are looking forward to your next chapters in life. Be a role model for your guests, children and grandchildren.

And now to those interactions with your doctor. Consider saying, "Thank you for the explanation about the drug and its impact on migraine headaches. I understand we know a great deal about

aging and the changes that can occur with age. Could you describe more specifically exactly how the drug works and also why older eyes seem to tear? As a former attorney, I love details."

In a social situation, if you are not asked about your career experience or anything about your life, volunteer some information. Consider yourself a valued personal library of experience. Don't wait to be asked; it may never happen.

Thank you, B.J., for sharing your experiences. I am sure many of us can relate. We can change the negative stereotypes of aging by starting with ourselves and then speaking out to correct misperceptions. The change is slow. If we all became advocates and educators, ageism would fade.

Helen Dennis, Los Angeles Daily News, 1/25/19

Health & Wellness

ALZHEIMER'S, AN INFECTION

Scientists have reportedly discovered that the main pathogen behind gum disease is also found in the

brains of deceased Alzheimer's patients. This means that Alzheimer's isn't just a disease, but also an infection. Why is this important? Because it brings us one step closer to developing a preventative that could stop Alzheimer's before it develops.

www.sciencealert.com/new-evidence-reveals-an-unexpected-culprit-behind-alzheimer-s-disease

EXERCISE GUIDELINES

The effect of exercise on health is profound. It can protect you from a range of conditions, including heart disease, type 2 diabetes and some cancers. But the type and amount of exercise you should do changes as you age. To ensure that you are doing the right type of exercise for your age, follow this simple guide.

In your 60s

Typically, people accumulate more chronic conditions as they get older, and aging is a major risk factor for cancer. Maintaining a high level of physical activity can help prevent cancers, such as post-menopausal breast cancer, colon cancer and cancer of the womb, and it reduces the risk of developing chronic conditions, such as

heart disease and type 2 diabetes.

Physical activity tends to decline with age, so keep active and try to buck this trend.

Try ballroom dancing or other forms of dancing; it's a fun and sociable way to exercise.

Incorporate strength and flexibility exercises twice a week. Aqua-aerobics can be a great way to develop strength using water as resistance.

Maintain cardiovascular exercise, such as brisk walking.

70s and beyond

Exercise in your 70s and beyond helps prevent frailty and falls, and it's important for your cognitive function. If you have a period of ill health, try to keep mobile, if possible. Strength and fit

ness can decline rapidly if you are bed bound or very inactive, which can make it hard to get back to previous levels.

Walk and talk. Instead of inactive visits from family and friends, go for a walk together. It will keep you motivated and boost your

How to Contact Your State Committee on Aging Representatives

County	Name	Email
Belknap		
Carroll	Susan Ticehurst	Susan.Ticehurst@gmail.com
Cheshire	Susan Emerson	semerson435@aol.com
Coos	Mark M. E. Frank	maxfra@aol.com
Grafton		
Hillsborough	Kathy Baldrige	scoainnh@gmail.com
	Ken Berlin, Chair	kaberlin@comcast.net
Merrimack		
Rockingham	Nancy Formella	naformella@gmail.com
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Strafford	John Kennedy	johnk@rhanh.org
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NH Senate	Ruth Ward	ruth.ward@leg.state.nh.us
NH House	James McKay	james.mackay@mygait.com
HHS Oversight	Frank Kotowski	frkotowski@comcast.net
BEAS Liaison	Jo Moncher	Jo.Moncher@dhhs.nh.gov
Website:	www.dhhs.nh.gov/dcbcs/beas/aging/	

health more than solitary exercise.

Incorporate some strength, balance, and cardiovascular exercise in your regime.

But get advice from a physiotherapist or other exercise professional, especially if you have several chronic conditions.

The main message is to keep moving throughout your life. Sustained exercise is what benefits health most.

For more age specific guidelines:

<https://qz.com/quartzzy/1517773/the-best-way-to->

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AGINGNH

keep-fit-changes-as-you-age/

U.K. APPOINTS A MINISTER FOR LONELINESS

Since Britain voted to leave the European Union more than a year ago, Europeans have mockingly said that the decision will result in an isolated, lonely island nation.

But Britain, in fact, already has a serious problem with loneliness, research has found. More than nine million people in the country often or always feel lonely, according to a 2017 report published by the Jo Cox Commission on Loneliness.

The issue prompted Prime Minister Theresa May on Wednesday to appoint a minister for loneliness.

“For far too many people, loneliness is the sad reality of modern life,” Mrs. May said in a statement.

“I want to confront this challenge for our society and for all of us to take action to address the loneliness endured by the elderly, by carers, by those who have lost loved ones — people who have no one to talk to or share their thoughts and experiences with.”

Mark Robinson, the chief officer of Age UK, Britain’s largest charity working with older people, warned that the problem could kill.

“It’s proven to be worse for health than smoking 15 cigarettes a day, but it can be overcome and needn’t be a factor in older people’s lives,” he said.

A former United States surgeon general, Dr. Vivek Murthy, wrote an article for the Harvard Business Review last year arguing that loneliness needed addressing in the workplace.

It can be associated, he wrote, “with a greater risk of cardiovascular disease, dementia, depression and anxiety.”

The British report was commissioned by the Red Cross in partnership with the Co-op, a cooperative supermarket chain, and published by the Cox commission in December.

New York Times, 1/17/19

TIME TO CHANGE MD?

Here are three reasons why it might be time to change your MD.

1. *You always feel rushed during appointments*

While doctors are often busy, you should have all your questions answered and your concerns addressed. But if you never get enough time, you might want to find someone who gives you appropriate attention.

2. *Your doctor doesn’t share key information with you*

You should be aware of drug side effects information, a diagnosis, and your test results.

3. *The doctor doesn’t coordinate with you other healthcare providers*

Your PCP should review all reports and recommendations concerning your care and keep you updated. A team approach is important so that no important information is missed.

Consumer Reports

Tech Tips

LANDLINE PHONES

Landlines could soon become an endangered species. And what does plummeting usage mean for

landline users? Skyrocketing prices.

But there are other options out there. Because the number of landlines is decreasing rapidly, companies are charging higher rates to sustain revenues. Even though smartphones dominate today's telecommunications, there's now a smarter, more efficient solution. It's called VoIP and it's changing the way we use phone services in our own homes. More than 200 airports are utilizing VoIP internationally, and 79% of businesses are as well, according to market research firm In Stat.

Setting up any VoIP service is actually pretty quick and easy. Connect any service, such as Skype or Vonage, via your internet. Whether you have Spectrum, Comcast, or one of the other major cable companies in North America, you almost certainly have the option for VoIP service today. Further, you most likely will be able to find deals anywhere where you look for VoIP.

www.nation.com

Dollars & Sense

GRANDCHILDREN AND SOCIAL SECURITY BENEFITS

Are you the primary caretaker for young grandchildren? If so, they may be eligible for supplemental Social Security disability or Social Security retirement benefits. The Social Security Administration offers monthly resources for families in need. If you're already enrolled on disability or retirement, your family may be eligible for extra assistance.

If you're receiving either Social Security disability or Social Security retirement benefits, minor children can qualify for auxiliary benefits. These are supplemental benefits and will *not* reduce your monthly earnings in any way. Grandchildren are eligible if they're under age 18, you support at least 50% of their needs, and you've been supporting them for at least one year before applying. The biggest challenge with getting grandchildren approved for auxiliary benefits is their living situation.

You cannot get additional benefits if you are your grandchild's primary guardian or even if you were awarded custody of your grandchildren. Grandkids are only eligible for auxiliary benefits if one of

the following criteria is met: Your grandchild's or parents are disabled; Your grandchild's parents are deceased; or You've legally adopted your grandchild. Biological, adoptive, and step grandchildren will all qualify, but the criteria can be challenging for many families to meet. For example, if Child Services removed your grandchild from your children but your own children are still working, you cannot receive any additional benefits for the grandchild.

If your grandchild or grandchildren do qualify for Social Security disability benefits, you'll significantly increase your monthly Social Security benefits. When receiving additional benefits for your retirement or disability account, each child is entitled to up to 50% of your monthly benefits, with a household income maximum of 180% of your monthly entitlement. If your spouse passes away, a grandchild could receive up to 75% of the deceased beneficiaries' entitlement. For all three types of auxiliary benefits, a child will be eligible until his or her 18th birthday, **or** until age 19 if your grandchild is still in high school.

You have to visit your closest Social Security office to

apply for auxiliary benefits on behalf of a grandchild. To get the process started, call the SSA toll free at 1-800-772-1213 to make an appointment to fill out the necessary paperwork in person.

[https://www.ssa.gov/;](https://www.ssa.gov/)

<https://www.disabilitybenefitscenter.org/social-security-disability-insurance/how-to-qualify;>

[https://www.ssa.gov/people/kids/;](https://www.ssa.gov/people/kids/)

<https://www.disabilitybenefitscenter.org/state-social-security-disability>

Elder Guru

Laugh & Live Longer

PONDER THIS

Remember, if you lose a sock in the dryer, it comes back as a Tupperware lid that doesn't fit any of your containers.

PIRATE STORY

A pirate walked into a bar and the bartender said, "Hey, I haven't seen you in a while. What happened? You look terrible."

"What do you mean" asked the pirate, "I feel fine"

Bartender: "What about the wooden leg? You didn't have that before."

Pirate: "Well, we were in a battle and I got hit with a cannon ball, but I'm fine now."

Bartender: "Well, OK, but what about the hook? What happened with your hand?"

Pirate: "We were in another battle. I boarded a ship and we got into a sword fight. My hand was cut off. I got fitted with a hook. I'm fine, really..."

Bartender: "What about the eye patch?"

Pirate: Well one day a flock of birds flew over and I looked up just as one shit in my eye."

Bartender: "You're kidding! You lost an eye just because of bird shit?"

Pirate: "It was my first day with the hook."

THE COURT WITNESS

In a trial, in a small South Carolina town, a prosecuting attorney called his first witness to the stand. She was sworn in, asked if she would tell the truth, the whole truth and nothing but the truth, on the Bible, so help her God. The witness was a proper, well-dressed, elderly lady, a grandmotherly type, well-spoken and poised.

The prosecuting attorney approached the woman and asked, "Mrs. Jones, do

you know me?" She responded, "Why, yes I do know you, Mr. Williams. I've known you since you were a young boy and frankly, you've been a big disappointment to me. You lie, cheat on your wife, manipulate people and talk badly about them behind their backs. You think you're a rising big shot when you haven't the sense to realize you never will amount to anything more than a two-bit paper-pushing shyster. Yes, I know you quite well."

The lawyer was stunned. He couldn't even think for a few moments. Then, he slowly backed away, fearing the looks on the judge and jurors' faces, not to mention the court reporter who documented every word. Not knowing what else to do, he pointed across the room and asked, "Mrs. Jones, do you know the defense attorney?"

An elderly patient gets hearing aids from a doctor. After short time, he meets the doctor again.

Doctor, "Your hearing is perfect. Your family must be really pleased."

Patient, "Oh, I am in a funny situation now. I haven't told my family yet. I just sit and listen to their conversations. In a month, I've changed my will three times!"

She again replied, "Why, yes, I do. I've known Mr. Bradley since he was a youngster, too. He's lazy, bigoted, has a bad drinking problem. The man can't build or keep a normal relationship with anyone and his law practice is one of the worst in the entire state. Not to mention he cheated on his wife with three different women. Yes, I know him."

The defense attorney almost fainted and was seen slipping downward in his chair, looking at the floor. Laughter mixed with gasps thundered throughout the courtroom and the audience was on the verge of chaos. At this point, the judge brought the courtroom to silence, called both counselors to the bench, and in a very quiet voice said, "If either of you crooked shysters asks her if she knows me, you'll be thrown in jail for contempt!"

Purposeful Living

Since 2011, Larry has represented older people on the Governor's Council on Physical Activity and Health – promoting a healthy lifestyle, and participating in the Granite Walk of Ages each year, just prior to Memorial Day. As a mem-

ber of the State Committee on Aging, Larry has attended meetings of the Sullivan County Senior Advocates and represented them at SCOA meetings. He has also been a strong promoter of the Joseph D. Vaughan awards.

Service on the Newport Senior Center Board of Directors for sixteen years included such things as tag sales and yard sales. For seven years, Larry represented Seniors, advocating for what they want and need.

Just recently, as part of the New London Wellness Connections, he represented several organizations in a clinic on Race Walking, which is different from Speed Walking. One hundred participants benefited.

It should also be mentioned that Healthy Aging Initiatives, the NH Alliance on Healthy Aging, the NH Senior Center Association, and the Greater Sullivan County Public Health Network have also benefited from Larry's generous involvement and participation.

For thirty-one years, Larry has been heavily involved with The NH State Senior Games where he devoted extensive hours in different capacities such as Chair-

man of the Board, Secretary, and various other roles while being in-



Lawrence Flint

involved with running and promoting fitness activities such as shuffleboard, race-walking, and track & field.

Board Notes

MAKING YOUR VOICE COUNT

In this issue and in the last we have put much emphasis on House Bill 621 that proposes to create a Commission on Aging. The proposal started about 3 years ago when the Advocacy Workgroup, which is part of the New Hampshire Alliance for Healthy Aging (NHAHA), identified the need for a Commission as its primary goal. And while we have covered the reasons for the proposal, we have not talked about the ongoing need for involvement.

The process of introducing and adopting a bill is open to the public and it can be simple and smooth, or it

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can have its ups and downs. The basic steps:

1. Find a Legislator sponsor who will start the process of drafting the language. If the Sponsor is from the House of Representatives it will become a House Bill (HB) or if the sponsor is a Senator, it will be Senate Bill (SB).

2. Legislative Services will first record the proposal under a Legislative Services Record (LSR) number. The LSR will be put into legal format including appropriate references to established laws and given a Bill number. Next it is assigned to one the Standing Committees. In the case of HB621 the Standing Committee was Health, Human Services and Elderly Affairs.

3. The standing committee assigns it to a subcommit-

tee for evaluation and recommendation. This is one of the points where the public voice becomes involved. It is also a point at which amendments can be added and language changed. Once the Sub Committee completes its work and if it recommends passage, it is brought to the full standing committee.

4. A new round of review and public hearings occurs, and the result can be new amendments and changes in the language.

The devil is in the details. Changes can be minor, but they can also radically alter the original intent.

5. The next step is called "crossover"; House Bills go to the Senate and Senate Bills go to the House. And the process of review, hearings and recommenda-

tions begins anew. When both the House and the Senate agree on a final version and on passage, it goes the Governor.

This description is a bit oversimplified, an overview that leaves out any complicating paths like a veto, or choices other than passage such as sending the proposal to a study group. But we hope it provides a window into the process and the need for assessing if changes are in keeping with the original intent.

The EngAGING NH Board wholeheartedly supports the concept of a Commission on Aging and will continue to be involved in each step along the way. HB 621 has been amended by the assigned Advocacy Workgroup subcommittee with the Sponsor, Rep. Polly Campion and we feel

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

Name	Mailing Address	Phone	E-Mail Contact Form
U.S. Rep. Chris Pappas	323 Cannon HOB, Washington, DC 20515	202-225-5456	https://shea-porter.house.gov/contact/email
U.S. Rep Ann Kuster	137 Cannon House Office Building, Washington, DC 20515	202-225-5206	https://kuster.house.gov/contact/email-me
U.S. Senator Maggie Hassan	B85 Russell Senate Office Building, Washington, DC 20510	202-224-3324	https://www.hassan.senate.gov/content/contact-senator
U.S. Senator Jeanne Shaheen	506 Hart Senate Office Building, Washington, DC 20510	202-224-2841	www.shaheen.senate.gov/contact/contact-jeanne

progress has been made.

But wait, there's more! Our concern is that a Commission doesn't have the level of authority or enforcement that an agency would have,

but it does hold the promise of finally looking at aging holistically. Monitoring simply can't end with passage of the bill. It will be up to all of us to follow what the Commission does and what its required An-

nual Report recommends. Stay tuned.

Call or email a Committee member to share your ideas for creating a Commission on Aging

House Health, Human Services, and Elderly Affairs Committee Members:

- Lucy Weber, Chairman: (603)756-4338, lwmcv@comcast.net
- Polly Campion, Vice Chair: (D) (603)643-2837, Polly.Campion@leg.state.nh.us
- Susan Ticehurst, Clerk: (D) (603)960-1454, Susan.Ticehurst@leg.state.nh.us
- James MacKay (D) (603)224-0623, james.mackay@mygait.com
- Kendall Snow (D) (603)669-1075, Ken.Snow@leg.state.nh.us
- Mary Freitas (D) (603)622-9056, Mary.Freitas@leg.state.nh.us
- Jerry Kirk (D) (617)448-7557, Jerry.Knirk@leg.state.nh.us
- Jeffrey Dalloway (D) (603)868-1726, jc.salloway@unh.edu
- Gerri Cannon (D) (603)844-5410, Gerri.Cannon@leg.state.nh.us
- Frances Nutter-Upham (D) (603)889-8806, Fran.NutterUpham@leg.state.nh.us
- Richard Osborne (d) (603)254-0265, Richard.Osborne@leg.state.nh.us
- Joe Schapiro (D) (603)357-0773, Joe.Schapiro@leg.state.nh.us
- Gary Woods (D) (603)228-3827, Gary.Woods@leg.state.nh.us
- Charles McMahon(R) (603)432-8877, cmcmahon55@gmail.com
- Bill Nelson(R) (603)522-5279, bill.nelson@leg.state.nh.us
- Joseph Guthrie(R) (603)489-1228, lojogut@gmail.com
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