Guest Opinion

First NH Supportive Housing Institute Underway in 2020

Twenty New Hampshire nonprofits were selected to participate in the first New Hampshire Supportive Housing Institute. Organized as teams, they will receive training on building new supportive housing and increasing affordable housing for specific populations in their regions. The institute is sponsored by New Hampshire Housing Finance Authority in partnership with other funders, and is presented by CSH (Corporation for Supportive Housing).

Supportive housing is a proven model that integrates affordable housing with enriched services to help vulnerable citizens such as seniors, people experiencing chronic homelessness, and individuals with intellectual and developmental disabilities.

The institute is a result of a supportive housing-focused community charrette led by CSH October 29-30, 2019 in Concord. It was sponsored by NHHFA and other public and private partner organizations. The charrette is a highly focused and action-oriented planning process. The charrette participants, a diverse group comprised of social service providers, housing developers, city welfare officials, state employees, parents and citizens, demonstrated a strong commitment to the issue of supportive housing and social need. Across two intense days of community discussion, many issues were presented and discussed. The charrette process illustrated that despite funding constraints, there is a need and desire to expand access to both affordable housing and increasing affordable housing.
and supportive housing. The full charrette report, including recommendations for future actions, can be found on the NHHFA website.

The Supportive Housing Institute runs from January to May 2020 with monthly two-day intensive courses. The goal of the training is to reduce the amount of time it takes to fund a project by building a strong team that can navigate the complex process of developing supportive housing. The teams, which represent a mix of urban and rural communities, will receive customized technical assistance as they create detailed supportive housing development, management and specialized services plans.

“The institute will encourage the development of new housing and services, helping individuals in need to achieve stability and thrive in their communities,” said Dean Christon, executive director of New Hampshire Housing.

2020 New Hampshire Supportive Housing Institute Teams:

Concord Coalition to End Homelessness in partnership with Fellowship Housing and CATCH Neighborhood Housing
*Population: people experiencing chronic homelessness and/or with mental illness*

Community Action Program Belknap-Merrimack Counties
*Population: low-income seniors*

Community Bridges in partnership with Independent Living Concord and CATCH Neighborhood Housing for individuals with intellectual and developmental disabilities

HAVEN and Dover Housing Authority
*Population: Survivors of domestic violence*

Lakes Region Community Services in partnership with Lakes Region Community Developers
*Population: Individuals with intellectual and developmental disabilities*

City of Manchester Health Department in partnership with Families in Transition-New Horizons, NeighborWorks Southern NH, Mental Health Center of Greater Manchester, The Way Home and 1269 Café
*Population: Individuals experiencing chronic homelessness and/or mental illness and substance use disorders*

Community Action Partnership of Strafford County in partnership with Rochester Housing Authority
*Population: Seniors 62 and older*

Our Place, Inc. in partnership with Community Partners and Central Falls Realty
*Population: Individuals with intellectual and developmental disabilities*

Sponsors of the New Hampshire Supportive Housing Charrette and Institute include:

New Hampshire Housing Finance Authority

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**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.
Northern New England Housing Investment Fund
Granite United Way
New Hampshire Charitable Foundation
New Hampshire Community Development Finance Authority
New Hampshire Endowment for Health
New Hampshire Department of Health and Human Services
Housing Action New Hampshire

About New Hampshire Housing

As a self-supporting public corporation, New Hampshire Housing Finance Authority promotes, finances and supports affordable housing. NHHFA operates a number of rental and homeownership programs designed to assist low- and moderate-income persons with obtaining affordable housing. Since its inception, NHHFA has helped more than 46,000 families purchase their own homes and has been instrumental in financing the creation of almost 15,000 multi-family housing units. www.NHHFA.org

CSH looks to advance solutions that use housing as a platform for services to improve the lives of the most vulnerable people, maximize public resources and build healthy communities. In New Hampshire, CSH is working with communities to stimulate the creation of supportive housing. Learn more about CSH at www.csh.org.

Drug$: The Price We Pay is a story that unpacks the mystery of modern medicine’s skyrocketing price tag and how it affects the people struggling to stay alive. In a titanic struggle against corporate greed, see how a diverse group of concerned Americans—including cancer patients and others with life-threatening illnesses—is fighting back to keep lifesaving medicines affordable for us all.

Drug$ Documentary Screening and Discussion Locations

Sunday, March 1, 2020
4:30 P.M. - 7:00 P.M
Town Hall Theatre - 40 Main St.
Wilton, NH 03086
and check out the Facebook Event.

Friday March 13, 2020
6:30 P.M. - 8:30 P.M.
Pease Public Library, 1 Russell St.
Plymouth, NH 03264
RSVP for Plymouth: https://bit.ly/32dAk8Z
and check out the Facebook Event.

NH Receives Housing Grants

More than $7 million in U.S. Department of Housing and Urban Development grants are coming to New Hampshire as part of the federal government’s Housing Continuums of Care Grant program. The grants will go to fund 54 different community projects which officials say will be used to increase permanent and supportive housing for homeless individuals and families, while also promoting self-sufficiency.

Music and Parkinson’s

The Concord Community Music School follows the tradition started by the
Settlement House movement a century ago with a commitment to making quality arts education accessible to everyone. Partnerships with public schools, preschools, retirement communities, public housing, and other human service agencies further expand access. The School's Music in the Community Initiative (MICI) fosters those partnerships, allowing Music School faculty to teach hundreds of individuals across New Hampshire who face restrictions of disability, distance, or economic status. In January, the Music School held a Creative Aging Event and in February began a program with a focus on Parkinson's Disease. For more information visit www.ccmusicschool.org

A PASSING OF NOTE

Sandy Hicks, 79: First recipient of MLK Award in 1987 and also, in the same year, the recipient of the New Hampshire Unsung heroine Award.

She moved to Manchester with her now-deceased husband, Wade, and sons Roger and Alan in the middle 1960s and, outside of a three-year period where she moved to California for health reasons, has called it home ever since. Very proud of her Native American heritage, her family was very important to her. She celebrated her two sons and adopted daughters, Karen and Beth, seven grandchildren, two great-grandchildren and several foster children. Born and raised in Boston, MA, she was the middle child of five siblings.

Sandra’s primary education was received in Boston and her first secondary education experience began at Boston University, expanding across the country, continuing at San Bernardino Community College, San Diego Community College and finally back home again in Notre Dame College in Manchester.

Rendered legally blind in 1975 while working as a mental health therapist at the then Manchester Mental Health Center, Sandra eventually retired. Soon she began a life of volunteerism, activism and advocacy, and later became known for working for social justice, community education and service. In her work against domestic and sexual violence in the 1980s Sandra represented the state of New Hampshire at the national level for a number of years. She became an HIV/AIDS educator and counselor. She has worked for medical and mental health education inclusion for minorities and, in 1993, was founder of the New Hampshire Minority Health Coalition. Her efforts to aid student educational opportunities are some of the reasons she has received numerous awards and

Your Local Resources

ServiceLink Aging & Disability Resource Center 866-634-9412 (servicelink.nh.gov);

211 NH is the connection for NH residents to the most up to date resources they need from specially trained Information and Referral Specialists.

211 NH is available 24 hours, 365 days a year. Multilingual assistance and TDD access is also available.

Sandy Hicks, 79: First recipient of MLK Award in 1987, longtime community activist

Sandra “Sandy” Toryeanea Hicks died peacefully January 22, 2020, at home in Manchester at the age of 79 after a long illness.

Sandy is known for being the first recipient of the Martin Luther King Jr. Award in
recognitions; most recently a 2018 Faith in Leadership Award from NH Black Women Health Project. She was President of the local Manchester NAACP Chapter in 1991. Sandra has co-hosted radio and television talk shows, most recently a public television program called the “The Inside Story”.

She has served as a board member to a number of community groups which include: Greater Manchester Black Scholarship Foundation, Emerging Leaders in Communities of Color, Manchester Regional Committee on Aging, New Hampshire Institute on Disability Consumer Advisory Council and an advisor to the Manchester/Hillsborough County Service Link Board. Sandra was a longtime member of the Baha’i Faith and Manchester Local Assembly Treasurer.

**NH Active Aging**

NH Active Aging is focused on individuals planning an active, healthy and financially independent lifestyle as they age. The events feature educational talks and seminars taking place at exceptional facilities and highlighting the knowledge of some of the region’s most-respected experts. 2020 events are scheduled as follows: HOLIDAY INN 172 N Main St, Concord, NH **April 21** and October 20, 2020, 9 a.m. to 3:30 p.m. HILLTOP GOLF COURSE 49 High St, Peterborough, NH **April 23** and October 22, 2020 9 a.m. to 3:30 p.m.

For more information visit www.nhactiveaging.com.

**NH Legislation of Interest**

SB 715 text (in part)

*A person who has been determined to be Medicaid eligible for nursing facility services shall have the right to receive nursing facility services; however, the person shall be offered and may choose to receive services in a less restrictive setting if such services are available. Such choice shall*

**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  
889 Elm Street  
Manchester, NH 03101  
(603) 935-6710  

**Rep. Annie Kuster**  
2nd Congressional District  
18 North Main Street, 4th Floor  
Concord, NH 03301  
603-226-1002  
www.kuster.house.gov
be offered in accordance with state laws and federal regulations. The person shall have the right to have his or her individual support plan developed through a person-centered planning process regardless of age, disability, or residential setting. The department shall take into consideration the family and community supports available to the person, the family’s desire and ability to care for the person, and shall ensure that all consideration and support is offered to the family to maintain the person in home and community-based care. Nothing in this section is intended to require the provision of financial assistance or supports by a family member.

The department shall provide a report annually no later than January 1 on the utilization of non-nursing home services to the county-state finance commission and the legislative fiscal committee. The department may report to the county-state finance commission and the legislative fiscal committee more frequently if new information is provided by the Centers for Medicare and Medicaid Services.

Explanation from Sen. Rosenwald (edited from her notes)

This bill removes the cap on home and community-based care for NH residents who are served by the Medicaid long term care waiver, Choices for Independence (CFI).

NH has had cost caps on home and community-based care since SB 409 of 1998, but also has had a moratorium on new nursing home beds. In the last 2 decades, our population has continued to age and nursing home census is virtually 100%.

We have infrastructure for community services, and helping NH’s older adults age in place is good policy. It’s what we want. It’s efficient: nearly all community based services cost 69% below the costs of nursing home care. Only about 3 ½% of older adults’ in-home care costs are more than 80% of nursing home costs.

Federal law currently imposes a cap on money spent on in-home care and requires that everyone who seeks to age in place must be granted a waiver to do so. This bill would relieve the Department of Health and Human Services, as well as consumers, of the burden of evaluating these cases to see if the commissioner would grant a waiver.

This bill has bi-partisan sponsorship (four Democrats and four Republicans) and came out of committee the week of Feb. 16th with the recommendation to the full Senate of Ought to Pass. The next step will be for the Senate to consider, possibly amend, and vote either to kill it or pass it on for a vote in the House of Representatives. It is scheduled for a floor debate on March 5th. This legislation has potential to increase choices for thousands of New Hampshire older adults and those who care for them. Our representatives in Concord want to hear from us. Anyone can contact their Senators and Representatives to weigh in on this bill. Go to nh.gov to find them under the Government tab. They are listed by county and ward, and their phone numbers and email addresses are linked next
to their photographs. Tell your stories; they are powerful.

KUDOS
What a wonderful newsletter. Thank you and your team.

Candace

INCREASED PAY FOR CENSUS TAKERS

Jan 14, 2020 · As of January 6, 2020 the Census Bureau has increased the hourly rate for census takers in New Hampshire to $20.00 an hour! You can apply online at the Census Bureau's job site. https://2020census.gov

Why Census Is Important

a reminder from the NH Alliance for Healthy Aging that it’s important to provide your household data as it impacts formulas for federally funded programs like Meals on Wheels.

The Commission continues to meet in the Legislative Office Building, Room 205 on the third Monday of the Month at 10 AM until space is available at the Dolloff Building. Meetings are open to the public.

CANADA PLANS FOR AN AGING POPULATION

The Canadian Government has created two documents including tool kits to address the changing needs of communities as the population ages. The documents are based on the idea that social innovation is the process of diverse partners from public, private and non-profit sectors combining their funds, expertise and assets to address community-wide challenges. Many organizations and individuals in the public, private and non-profit sectors are applying the principles of social innovation to address the social isolation of seniors. These non-traditional, multi-sectoral partnerships combine existing community resources to address social problems by continuously exploring different ways to work together. They provide an opportunity for all community members to reach out to their fellow citizens and work together for the good of their family, friends and neighbors.

People can make a difference in their community by joining with others to develop policies and programs to improve the health and participation of seniors in society. By working together, the problems associated with social isolation can be reduced and others will be protected from becoming socially isolated. Seniors who are in good health, live in safe communities, have satisfying relationships, and experience meaningful roles in society are likely to be the most socially engaged and

Focus on Community

The Commission on Aging meeting in February began to focus on issues facing the Meals on Wheels programs, all of which are dealing with funding shortages, increased demands, and other difficulties.

There were two presentations: DHHS and St. Joseph’s Community Services. Chairperson Rep. Polly Campion also announced that representatives from our congressional delegation offices would be attending the meetings. One of the areas to be addressed is how the federal government allocates funds for these programs. It should be noted that each NH Program is administered a bit differently, but all are experiencing difficulties and federal funding is a component that needs review.

Commission on Aging Update

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to remain contributing members of society.

In 2038, there will be about 40 seniors for every 100 adult Canadians (between 18 and 64 years of age) — double the number of seniors in 2013. Seniors will likely continue to have a growing role in the labor market and the volunteer sector, which contributes to retaining knowledge and skills in the Canadian workforce, sustaining the economy, and helping community organizations function. In all, the social and economic contributions of seniors will likely be increasingly connected to the success of the entire country.

For seniors to continue and even expand their participation in society they need to remain healthy and engaged in their communities. However, research shows that an estimated 30% of Canadian seniors are at risk of becoming socially isolated. According to the International Federation on Ageing, “the number one emerging issue facing seniors in Canada is keeping older people socially connected and active.”

Social isolation and exclusion are related to serious negative health effects and reduced quality of life for seniors. Social isolation is also linked to the undervaluing of seniors in our society and the loss of seniors from the volunteer sector and the paid economy. The National Seniors Council also asserts that the social isolation of seniors can cause communities to suffer from a lack of social unity, higher social costs, and the loss of the wealth of experience that seniors bring to our families, neighborhoods and communities.

Everyone has a valuable contribution to make in addressing social isolation—seniors, their families, government, businesses, non-profit organizations and the voluntary sector. Some of the factors that increase social isolation can be addressed by individual action; others require community-based solutions, like transportation, physical and geographic barriers, more appropriate or accessible programs and services.


THE 2020 DECENNIAL CENSUS IS ALMOST HERE!

Throughout March, households will be invited to participate in the census by internet, by phone, and, in a few cases, by mail. Separate efforts will reach out to institutional housing and homeless populations. And, beginning in April, Census Bureau staff will be knocking on the doors of those who have not responded.

Most people know the census as the way elected representation is determined. But arguably just as important is the way it affects your community. The decennial census influences a large swath of our national economy. Over half a trillion dollars are directly allocated each year based on census statistics. A far greater portion is affected indirectly. This includes a diverse range of industries, from real estate and retail, to health and educational services.

The process plays out at a state and local level as well. For example, in 2016 over $3.7 billion was directly allocated in New Hampshire based on census figures. That’s
around 5% of the state’s overall economy. Moreover, it includes many programs critical to us, such as:

- CDBG (Community Development Block Grant) Entitlement grants
- Substance Abuse Prevention and Treatment block grants
- Highway planning and construction funding
- Federal Transit Formula grants
- Social and community services block grants, including the Older Americans Act
- Head Start and the National School Lunch Program

When all of a municipality’s residents aren’t counted, cities and towns lose out on these and other federal funding sources. Communities are still expected to provide the same services—but they have to do so on their own. This can directly impact your property taxes.

Certain groups are also much less likely to respond to the census on their own. These ‘hard to count’ populations include:

- College students
- Minorities and immigrants
- Seniors and those living with a disability
- Young children and their family
- Rural and seasonal communities

Urban areas and those with multifamily housing are particularly at risk. In 2010, one in three households did not initially respond to the census in some SNHPC neighborhoods. Not only are these groups less likely to self-respond, they are also more difficult for Census Bureau staff to contact later on in person. For instance, it is more challenging for Census Bureau enumerators to gain access to an apartment building than it is to knock on someone’s front door. Compounding the issue, these communities and populations are often the same people who may be in need of municipal services.

It’s hard to overstate the scale of the decennial census. It’s the largest peacetime mobilization in our country. Completing the decennial census is a constitutional and civic duty. Municipalities, businesses, and civil society all have a responsibility to ensure an accurate and complete count of every person residing in the United States. Moreover, they all have a vested self-interest in guaranteeing they receive the political representation and federal funding they deserve.

Please help your community’s residents get counted so that programs for all citizens can continue to be funded.

Modified from a piece by Sylvia von Au-lock, Southern NH Planning Commission

**THREE THINGS TO KEEP IN YOUR CAR**

In addition to a flashlight and first aid kit, it’s recommended that you also keep a lumbar support pillow, a window smasher (with a seat belt cutter) and a shoe organizer to hang over the back of your seat and organize things like water bottles, snacks and a folding umbrella.

**LIFE EXPECTANCY RISES**

Medical news often focuses on the bad, ignoring the positive innovations and research happening in the health field. For the first time in four years, the US life expectancy rises. But there’s some good news from the world of health: US life
expectancy increased for the first time in four years.

**Medicare Home Health Services**

Medicare’s home health benefits have not changed and people are still entitled to the same types of services. What has changed is how Medicare pays agencies under a new system known as the Patient-Driven Groupings Model (PDGM). This system applies to home health services for older adults with original Medicare. Medicare Advantage plans, that serve about one-third of Medicare beneficiaries, have their own rules. Under PDGM, agencies are paid higher rates for patients who need complex nursing care and less for people with long-term chronic conditions who need physical, occupational or speech therapy. If your home health services are changed or stopped and your circumstances are unchanged, there are several things you can do:

**Get as much information as possible.**

If your agency says you no longer need services, ask your nurse or therapist what criteria you no longer meet and be specific.

**Enlist your doctor’s help.** Armed with this information, get in touch with the physician who ordered home health services for you.

**Take it up the chain of command.**

Meanwhile, let people at the home health agency know that you’re contesting any decision to reduce or terminate services.

**Raise Your Voice!**

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

engagingnh@gmail.com

Contact Medicare’s ombudsman. Unlike nursing homes, home health agencies don’t have designated long-term ombudsmen who represent patients’ interests. But you can contact 1-800-Medicare and ask a representative to submit an inquiry or complaint to the general Medicare ombudsman, a spokesman for the Centers for Medicare & Medicaid Services said. The ombudsman is tasked with looking into disputes brought to its attention.

File an expedited appeal. If a home health agency plans to discontinue services altogether, staff are required to give you a “Notice of Medicare non-coverage” stating the date on which services will end, the reason for termination and how to file a “fast appeal.” (This notice must be delivered at least two days before services are due to end.) You have to request an expedited appeal by noon of the day after you receive this notice. For more details read the source article:

khn.org/news/what-to-do-if-your-home-health-care-agency-ditches-you/

**To Do: See the Doctor When You’re Healthy**

Preventive health care can save lives. Here’s what’s recommended. The U.S. Preventive Services Task Force (USPSTF) makes the following recommendations for adults: Colorectal Cancer, Blood Pressure and Cholesterol, Hepatitis C, HIV and Mental Health, For Women: Cervical Cancer, Breast Cancer and Osteoporosis, For Men: Prostate Cancer, Lung Cancer and Heart Disease. When the Task Force takes on an issue, its job is to come to some sort of verdict based on the evidence. Sometimes that decision is recommending against screening, either because it will cause more harm than good or because it offers no benefit. The Task Force advises against screening for ovarian, pancreatic and
testicular cancer, for example, because identifying cases does not improve survival. False positives can also occur, where it looks like someone has cancer, but they don’t. The Task Force couldn’t recommend for or against bladder or oral cancer screening because it lacks enough evidence on harm or good. Similarly, there’s not enough evidence to recommend vitamins to help prevent cancer or cardiovascular disease, though the Task Force recommends against taking beta carotene or vitamin E supplements to prevent cancer or heart disease.

The Task Force also does not usually make recommendations for immunizations — with a few exceptions — because the Advisory Committee on Immunization Policy at the Centers for Disease Control already makes vaccine recommendations. Currently, the CDC recommends older adults get a flu shot every year, ideally the high-dose flu shot for those over 65. Adults are recommended to get a shingles vaccine after age 50 or 60, depending on the vaccine, and adults over 65 are recommended to get the pneumococcal vaccine to prevent pneumonia.

www.nextavenue.org/see-the-doctor-when-youre-healthy

https://theheartysoul.com/her2-positive-breast-cancer-treatment

NEW BREAST CANCER TREATMENT

Scientists in Amsterdam killed breast cancer tumors in 11 days without chemo!

By combining Herceptin and Tykerb treatments in 66 women with HER2-positive breast cancer before surgery and comparing the results to 191 similar women who were either treated with just one of the drugs or neither of them, 7 of the 66 women showed no trace of their tumors afterward. Another 11 of them showed considerable shrinkage of their tumors.

This is especially positive because HER2-positive breast cancer has a greater risk of recurrence. So, eradicating the traces of malignant tumors seems promising for helping some patients to stay in remission.

Since then, another team of researchers published a meta-analysis of this combination treatment in BMJ Open journal. Taking similar studies into account, they suggested that it can “significantly improve” the treatment response and survival outlooks for breast cancer patients whose bodies can tolerate it.

To the second half of that point, the meta-analysis found that the combination treatment, although more effective, also came with more side effects, so it’s not the right choice for every cancer fighter.

https://theheartysoul.com/her2-positive-breast-cancer-treatment

NEW CANCER TREATMENT POTENTIAL

Scientists at Cardiff University have made a huge discovery that could completely change the way cancers are treated. Basically, the scientists were looking for “unconventional” and previously undiscovered ways the immune system naturally attacks tumors. What they found was a T-cell inside people’s blood. This is an immune cell
that can scan the body to assess whether there is a threat that needs to be eliminated. The difference is this one could attack a wide range of cancers, meaning there’s a possibility to treat every cancer patient.

As Professor Andrew Sewell put it, the discovery “raises the prospect of ‘one-size-fits-all’ cancer treatment, a single type of T-cell that could be capable of destroying many different types of cancers across the population.” Although the work is still at an early stage, scientists are thrilled about the possibilities this discovery opens up for treating cancer.

www.goodnewsnetwork.org/new-t-cell-could-lead-to-universal-cancer-therapy/

VITAMIN D

Vitamin D is made in the skin after sun exposure, but we can also get it from dietary sources such as oily fish (mackerel, tuna, and sardines), mushrooms and fortified dairy and nondairy substitutes. This vitamin is critical for immune health, bone health, and microbiome diversity, and, as you may have guessed, most people don’t get enough of it during the darker winter months. Margherita T. Cantone, a

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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microbiologist and immunologist, explains that sunscreen, darker skin pigmentation, clothing, and reduced daylight all inhibit the body’s vitamin D absorption. Humans need at least 600 IU per day of vitamin D, so how can you make sure you’re getting enough? If you avoid sunlight or live in a northern region, it is recommended that you take a vitamin D supplement and eat extra vitamin D rich foods like salmon, eggs, yogurt, olive oil, and cheese.

It is possible to have too much vitamin D, though. More than 4,000 IU per day is not recommended, but colder seasons and indoor lifestyles mean most of us are far from at risk for hitting this upper limit. So, if you want to feel healthier and stronger this winter, consider looking at your vitamin D intake and making some tuna salad for lunch! theconversation.com

GLUCOSE MONITORS

Tracking sugar levels in the blood is crucial for monitoring diabetic patients, but current methods to measure glucose require needles and repeated finger-pricks throughout the day.

Now patients may no longer need to use such unpleasant tests. Instead, they can rely on off-the-shelf noninvasive wearables that use AI-based sensors to detect low levels of blood sugar, known as hypoglycemia, by looking at a patient’s heart rate.

Currently, Continuous Glucose Monitors (CGM) for hypoglycemia detection measure glucose levels using an invasive sensor with a little needle, which sends alarms and data to a display device. In many cases, they require calibration twice a day with finger-prick blood glucose level tests.

The novel device, however, uses an AI model that performs personalized therapy to give accurate results to each individual patient, making it more effective and reliable than current approaches. The game-changing invention has the potential to ease the lives of millions of diabetic patients around the world by making the painful and annoying finger-prick tests a thing of the past. Source: https://www.futurity.org/blood-sugar-test-ai-wearable-sensors-2254812/

VIRTUAL REALITY ISN’T JUST FOR GAMERS

The same technology that lets users battle monsters in mythical worlds has proven useful for everything from overcoming phobias and practicing surgical procedures to getting a look inside the International Space Station.

Now, VR headsets are showing up in senior living and memory care facilities in the United States and abroad, giving elderly people a chance to experience the sights and sounds of distant places, enjoy moments from their past and explore experiences that for reasons of age or poor health are physically inaccessible in real life.

WHO IS MY LEGISlator?

Use this quick link to find and contact your local State Rep and Senator:
http://www.gen-court.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!
VR might even prove useful as a high-tech version of so-called reminiscence therapy, in which people with memory impairments are encouraged to look at old photos, listen to music or examine once-familiar objects as a way to engage their minds and boost their mood.

Take, for example, a recent pilot study involving a VR platform called MyndVR, which let senior participants try a range of experiences, from touring cities around the world to watching puppies frolic.

Other possibilities included going back to their youth – for example, ducking into a 1950s-era nightclub to take in a performance by a Frank Sinatra lookalike or visiting iconic sites along Route 66.

The study’s findings showed that seniors not only enjoyed using VR but also that some appeared calmer and more alert afterward.

MyndVR is among a handful of companies now developing VR for seniors, including London-based startup called The Wayback, which is now working on creating an online portal that friends and family can use to curate virtual tours for dementia patients.

If VR proves as beneficial to seniors as these companies expect it to be, the tool could be seen as a key part of life in senior centers, significantly changing for the better the way old-timers experience their retirement days.

Source:

**LIVING ALONE SAFETY APP**

The app is simple and easy to understand, no matter how comfortable (or uncomfortable!) one may be with new technology. Users sign up by providing their name and address, then choosing their emergency contacts and daily check-in time.

Snug pings the user at their chosen time every day, prompting them to visit the app to “check in.” When the user checks in, they receive an inspirational Quote of the Day and the 24-hour timer resets.

If the user does not check in, Snug initiates an alert to make sure that they are ok:

For users on the free plan, Snug will send each of your emergency contacts a text message saying that you have missed your check-in.

For users on the Snug Dispatch plan, a Snug dispatcher will call your cell phone and ask if you are alright. If you do not pick up, they will leave a voicemail with a callback number. They will then proceed to call every one of your contacts, in order. If

**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
Dollars & Sense

**DOWNSIZING OR LIGHTENING YOUR LOAD**

Here you'll find some tips for properly disposing of items that people commonly try to get rid of.

**Tech:** If you have an old phone or smartphone, try to sell it. There are online vendors that will take your used device off your hands and give you something for it. Declutter, for example, will give you a tentative quote on your phone or tech (it also takes CDs, DVDs, games, books, and Lego). Another great

**Clothing:** You can divide clothing sites into three categories: ones that handle the latest stylish and expensive clothing and jewelry, ones that handle major middle-level brands, and dealers in traditional discount leftovers. For high-end stuff, try consignment companies such as TheRealReal, Rebag, and Vestiaire Collective. For less upscale clothing, sites like Tradesy handle both upscale and mid-priced clothing, shoes, and jewelry. Tradesy offers a straightforward commission, although it will check if there is any question about the authenticity of the label. As for your older clothing articles, check which local charities that will take them off your hands. Goodwill usually does, but if they don’t, other places such as Vietnam Veterans of America might take them off your hands.

**Books:** If you can’t get anyone to take your books on Amazon, try popular resellers such as Powell’s or AbeBooks. You give them the ISBN and the condition of the book(s), and they will give you a quote. Then, you mail the books to them and reap your reward. If you just want to get rid of your books and aren’t worried about getting paid, there are sites like Better World Books, a for-profit company with drop-off boxes around the country, that uses a percentage of its earnings to promote literacy. You can also go local and drop your books off at a library, a used bookstore, or even a hospital waiting room.

**Donate to Charity:** There are plenty of organizations that will gladly take it, such as the World Computer Exchange, which sends refurbished computers to education centers in developing countries. And if you’re tech is just too old, skip the trash can and check online to see where your local e-waste facility is.

There they can properly dispose of it.

www.theerge.com/2019/1/31/18202482/how-to-recycle-declutter-books-tech-sites-responsibly

**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.
**ENH Newsletter—March 2020**

**10 Tax Breaks for People Over 50**

As we prepare for April and federal taxes, here are a few things you might want to look into: Bigger standard deduction, Higher tax-filing threshold, Property tax breaks, Credit for the elderly and disabled, Additional IRA deduction, 401(k) catch-up contributions, No more early withdrawal penalty, Qualified charitable distributions, Higher HSA contribution limit.


**About Form 1040-SR, U.S. Tax Return for Seniors**

This includes recent updates, related forms and instructions on how to file. Form 1040-SR is available as an optional alternative to using Form 1040 for taxpayers who are age 65 or older. Form 1040-SR uses the same schedules and instructions as Form 1040 does.


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**Laugh & Live Longer**

**How Many Dogs Does It Take to Change a Light Bulb?**

**GOLDEN RETRIEVER:** The sun is shining, the day is young, we've got our whole lives ahead of us, and you're inside worrying about a stupid burned out bulb?

**BORDER COLLIE:** Just one. And then I'll replace any wiring that's not up to code.

**DACHSHUND:** You know I can't reach that stupid lamp!

**ROTTWEILER:** Make me.

**LAB:** Oh, me, me!!!! Pleaseeeeze let me change the light bulb! Can I? Can I? Huh? Huh? Huh? Can I?

**TIBETAN TERRIER:** Let the Border Collie do it. You can feed me while he's busy!

**JACK RUSSELL TERRIER:** I'll just pop it in while I'm bouncing off the walls and furniture.

**POODLE:** I'll just blow in the Border Collie's ear and he'll do it. By the time he finishes rewiring the house, my nails will be dry.

**GERMAN SHEPHERD:** I'll change it as soon as I've led these people from the dark, checked to make sure I haven't missed any, and make just one more perimeter patrol to see that no one has tried to take advantage of the situation.

**COCKER SPANIEL:** Why change it? I can still pee on the carpet in the dark.

**DOBERMAN:** While it's dark, I'm going to sleep on the couch.

**BOXER:** Who cares? I can still play with my squeaky toys in the dark.

**CHIHUAHUA:** Yo quiero Taco Bulb.

**IRISH WOLFHOUND:** Can somebody else do it? I've got this hangover.

**POINTER:** I see it, there it is, there it is, right there.

**GREYHOUND:** It isn't moving. Who cares?

**YORKSHIRE TERRIER:** I'm overqualified, have the boxer do it!

**AUSTRALIAN SHEPHERD:** First, I'll put all the light bulbs in a little circle.

**OLD ENGLISH SHEEP DOG:** Light bulb? I'm sorry, but I don't see a light bulb?

**HOUND DOG:** ZZZZZZZzzzzz.z.z.z..z..z..z..
SCHNAUZER: Bark bark bark. Mom, the lightbulb is out...bark bark bark bark...MOM! I said the lightbulb is out! Bark bark bark bark bark...MOM!!! WHAT PART OF THAT DIDN'T YOU HEAR? I MEAN HELLO????

MASTIFF: Screw it yourself! I'm not afraid of the dark.

BELGIAN MALINOIS: Truthfully, I have more important things to do like guard the house. Someone else can take care of changing the lightbulb.

SHIH TZU: Who me change a light bulb? We are royal decedents and it is most beneath us. I am with the Malinois, someone else can do it.

And what about CATS?

CATS: Dogs do not change light bulbs. People change light bulbs. So, the question is: How long will it be before I can expect light?

ALL OF WHICH PROVES, ONCE AGAIN, THAT WHILE DOGS HAVE MASTERS, CATS HAVE STAFF...

FUNNY PUNS

How did the Native Americans get to America first? They had reservations.

There was a kidnapping at school yesterday. Don’t worry, though—he woke up.

How do you invite a dinosaur for lunch? Tea, Rex?

Dr. Marianne Jackson

North Conway. She is also a member of the Carroll County Coalition for Public Health (C3PH) Aging with Connection and Purpose Workgroup aimed at supporting the needs of older adults in the region. She represents the Gibson Center on the Mount Washington Valley Health Collaborative. She has been instrumental in working with the Collaborative on a tri-county effort on raising awareness of the need and benefits of advance care planning for which she is a tireless volunteer.

Dr. Jackson is leading the efforts of a Steering Committee for the Mount Washington Valley Age-Friendly Community which has brought together 11 towns in the valley in order to align with AARP’s Age-Friendly Communities Framework. Specifically, she coordinates the Health and Housing domains under this framework. Not only does Dr. Jackson advocate for home-sharing, she participates in home-sharing herself, proving that it can be beneficial to the homeowner and housemate and a creative solution to the affordable housing crisis.

Dr. Jackson is a good listener, a creative problem-solver, and an “out-of-the-box” thinker. She volunteers her time educating and engaging the community on important topics to the region. She travels around the state gathering ideas and

Purposeful Living

Dr. Jackson is a retired OB-GYN. She is deeply interested in the health and wellness of the citizens of Carroll County, but devotes much of her time and passion to initiatives effecting the aging population. Dr. Jackson is Vice President of the Board of Directors at the Gibson Center for Senior Services in North Conway.
opportunities for our aging population in Carroll County and puts them into action.

Without her, much of the current progress that the Mount Washington Valley has made would not be possible.

**OPPORTUNITY KNOCKS**

Ask an older adult what is important to them as they age, and most will include in their top priorities, remaining in their homes and community. This desire is recognized and evidenced by efforts of many organizations to create age friendly communities. This would include projects like those described in our guest article of combining affordable housing and supportive services.

Some of our policy makers understand and share the values driving these initiatives as demonstrated by the number of Bills before the current Legislative session. But there is work to be done to create an environment that supports such ideas as Shared Housing – non blood relatives sharing living arrangements.

The Board of EngAGING NH is monitoring several Bills that we feel are important to support aging in place:

HB 1324: Exempts the rental of shared facilities to an occupant by an owner or agent of the owner from licensure and regulation by the NH Real Estate Commission. Lead Sponsor Rep. Burroughs.


HB 1510: Establishes a property tax exemption for accessory dwelling units leased to non-family members. Lead Sponsor: Rep. Kanzler

HB 1154: Enable municipalities to exclude principal of retirement and pension accounts from assets used for eligibility for property tax exemptions. Lead Sponsor: Rep. Flanagan

HB 1139: Establishes a committee to study eligibility criteria for property tax credits, exemptions, and deferrals
available to persons with limited income.

Lead Sponsor: Rep. Horn

We’re just at the beginning stage of these Bills going through the process to become law. Some will have amendments; some will be sent to study; some will be combined; and some will die. And some will become law. We need to begin discussions on how we can be practical, intentional and realistic in planning for our future. This is a good step. As we move into Town Meetings, these issues will and should come up. Be prepared to bring your voice to the decision-making process, locally, and with your legislative representatives.

You can monitor these and other Bills at www.gencourt.state.nh.us and you can contribute your thoughts and stories at any one of the multiple opportunities for public hearings. Every NH resident will be affected by the outcomes by default or by participation.