



A Citizen Voice for the
Aging Experience

ENGAGING NH NEWS

GUEST OPINION:

So What You Are Saying Is – You Want to Live in a Commune . . .

by Sherri Harden

That was the response from a friend to whom I had offered my concept for an out-of-the-box idea for Boomer housing options as we age out of our current residences.

For fifteen years, I have had the kernel of an idea. My particular model is designed around a group of unrelated individuals living in one physical structure, forming a community that provides a supportive environment for all iterations of sociological connections. In this supportive environment, members of the group would agree to participate in assuming all needed social support roles with the goal of preventing additional residential care or at the least, non-medical home care.

I envision a building design with a “spoke and wheel” layout. The central area of the home would be a communal kitchen/laundry/conversation area, with wings or “spokes” for each member of the house. The wings would be designed with a sitting area and Master Suite, allowing for privacy and providing an area that can be personalized to individual preferences. Ideally, I would build in a climate that would allow for building on a pad, to eliminate pricey excavation costs. My location would be close enough to a business center that would allow walking to all needed/desired outlets – a livable community.

Boomers will age and require and prefer atypical housing situations so that they will be able to “age in place”

There are more than one million units of cooperative housing in the United States today, mostly in major cities. The first co-op was established on West 18th Street in New York City in 1876. “They were originally called ‘Home Clubs’ and were created to provide affluent people with the economies of home ownership without all the responsibilities” according to website, “how stuff works.”

There are many prototypes for “intentional communities” such as eco-villages, co-housing, residential land trusts, income-sharing communes, stu-

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dent co-ops, spiritual communities and other projects that come together around a basis of explicit common values. In researching my model of design for cooperative living arrangements, I found that there are existing examples of “co-housing” that takes group communal living to a community level. The Fellowship for Intentional Community, one such movement, states on their website, “We believe that intentional communities are pioneers in sustainable living, personal and cultural transformation, and peaceful social evolution.”

In my conversations with elder care providers and families with aging loved ones, the major precipitating reasons for a change in living situation to institutional care (assisted living or nursing home) are home maintenance issues, chore needs, transportation, shopping for food and other necessities, and social and spiritual traditions. In an aging population and with the aging abilities of older adults, the idea of less maintenance and upkeep of a dwelling will become a burgeoning desire.

However, there are barriers to my model. In New Hampshire, there is currently no financing vehicle that allows a group of individuals to purchase one structure. The only option would be for the group of individuals to form an LLC (Limited Liability Corporation) which then changes all financing rules to a business structure – one of many obstacles in gaining affordable financing.

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.

I’ve also discovered that most NH towns and cities have zoning laws preventing more than two unrelated individuals from occupying the same structure. This zoning law is referred to as the “Brothel Law”. In today’s culture, the law is most commonly implemented to prevent large numbers of college students from occupying the same domicile. While this may be understandable in many college cities and towns, the zoning impact prevents construction of co-housing options for other populations.

Recently, in a meeting sponsored by the NH Housing Authority on the developing housing situation for changing population needs in our state, a suggestion was made that NH change zoning laws to allow housing cooperatives. When you acquire a home in a housing co-op, you don’t actually buy real estate; you buy shares in a corporation, whose only asset is the property. This corporation owns the home you live in; you own no greater part of it than any other member. You gain the right to occupy it through what’s called

a proprietary lease or occupancy agreement. One example given was the number of multi-apartment dwellings in the city of Manchester and how current renters could feasibly become “owners” to keep younger generations and multi-cultural residents in NH.

Andrew Jacobs of The New York Times wrote that, contrary to popular misconceptions, “Most communes of the 90’s are not free-love refuges for flower children, but well-ordered, financially solvent cooperatives where pragmatics, not psychedelics, rule the day.” Boomers will age and require and prefer atypical housing situations so that they will be able to “age in place” – their place-not necessarily their current residence, but a chosen structure, geographical location, and peer cohort that will provide the quality of life desired for their “Third Age” years.

Sherri Harden is a National AARP Volunteer Leadership Institute alum with current duties as Co-Chair of the Capital City Task Force, NH State Office Advocacy team. She also represents Hills-

borough County on the NH State Committee on Aging.

Editor’s Note: PBS’ NewsHour reported that “with one out of every three baby boomers now single and approaching retirement, some of them are returning to the communal living of their youth to ease the burdens of their golden years.”

Reporting that “nationwide, about 500,000 women offer the age much 50 live with a nonromantic housemate,” the segment noted that according to census data “analyzed by AARP, that boils down to roughly 130,000 group homes from coast to coast.”

The segment profiled three long-time friends in their 60s who in 2004 “bought a large brick home together in Mount Lebanon neighborhood of Pittsburgh and drafted a legally binding document laying out everything from financial expectations to overnight guests.” They have since written a how-to book detailing their living arrangement and recently purchased a condo together in Florida that they are renovating to better accommodate aging in place.

The segment also appears online <http://www.pbs.org/newshour/bb/baby-boomers-take-cues-from-golden-girls/>.

NH Updates

MOVING AHEAD

HB 1555 (relative to financial exploitation of elderly, impaired and disabled adults) passed the Senate Judiciary Committee 3-0 and has been placed on the consent calendar. This bill will criminalize elder

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engagingnh@yahoo.com

financial abuse, and make it easier for local law enforcement to protect vulnerable older adults.

DENTAL BILL SUPPORT FROM ENH

State Sen. Peggy Gilmour, D-Hollis, should be congratulated for her prime sponsorship of a bill (SB 193) that would examine the pathways to oral health in our state. The EngAGING NH board of directors supports this legislation because we believe there are many barriers to dental care access for older residents, especially those on fixed incomes, with high medical expenses or who lack transportation. Creating another tier of dental professional who could perform certain tasks, such as simple fillings, is one of the solutions that should be discussed with passage of this bill. That dental problems impact overall health is undisputed. The impact can be either direct, such as infection moving into the whole system, or indirect, such as weight loss when mouth pain or ill-fitting dentures lead to chewing problems, resulting in poor nutrition and a compromised immune system. Please urge House members to support Senator Gilmour’s bill that would help address this important issue.

This editorial appeared in the 4/11/14 Hollis Brookline Journal. The bill passed the House on a voice vote.

Editor’s note: This bill was amended in the House to add three members to the study commission (including an elder rep, thanks to ENH testimony). It will now go back to the Senate, which will decide whether to accept those changes or go to conference committee.

NH CONFERENCE ON AGING

Thursday, May 22, 2014

Radisson Hotel, 700 Elm Street, Manchester, NH

8:30am to 9:30am

Bus service available.

For more information, go to: <http://nhconferenceonaging.org/conference/>

MEDICAID MANAGED CARE RIGHTS

Medicaid recipients and providers have raised questions about access to care and the availability of services through NH’s new Medicaid managed care program. With the implementation of managed care, it is critical that recipients understand their rights to Medicaid services and the procedures available to them if they disagree with a decision or action taken by the MCOs, or if they have a complaint or grievance.

The Disabilities Rights Center (DRC) has prepared an informational sheet, *New Hampshire Medicaid Managed Care Health Plans: Your Right To Appeal Or File A Grievance*, online at:

http://www.drenh.org/MMCappeal_grievances.html. The online document will be kept updated as changes occur. Please share this widely, and refer people to our services if they have a complaint or grievance.

The DRC is New Hampshire's Protection and Advocacy system for people with disabilities. The DRC provides information, referral, advice, and legal representation and advocacy to individuals with disabilities on a wide range of disability-related problems, including access to, and quality of, Medicaid services. An intake appointment with an attorney can be scheduled by calling 1-800-834-1721 or online at <http://www.drenh.org/A2J.html>.

Please do not hesitate to call if you have any questions about the MCO appeal and grievances processes.

CONGRATULATIONS GO TO:

New Hampshire's CORE Energy Efficiency Team!

NH's CORE Energy Efficiency Team won recognition from the Environmental Protection Agency (EPA) as a Partner of the Year for their outstanding contributions to protecting the environment through energy efficiency. "CORE" refers to cost saving energy efficiency programs available to residential, commercial and industrial consumers from all of NHs electric and gas utilities. This is the 2nd year of recognition for the NH CORE Energy Efficiency Team, specifically the ENERGY STAR Homes Program. To learn

more about the CORE Energy Efficiency Programs visit www.nhsaves.com.

Since 2002, the CORE programs have saved 8.7 billion lifetime kilowatt-hours — enough energy to power the city of Concord for 22 years! Saving 8.7 billion kilowatt-hours saves consumers \$1.2 billion (assuming an average cost of 13.171 cents/kWh). This is a \$7 return to customers for every \$1 dollar invested. To learn more about the CORE Team and its work see http://www.puc.nh.gov/Electric/co_reenergyefficiencyprograms.htm.

From Our Readers

RX HOME DELIVERY

CVS/pharmacy announced that it now provides ScripTalk talking prescription labels for prescriptions ordered for home delivery through its online pharmacy, CVS.com.

The ScripTalk labels provide a safe and convenient way to access information on prescription labels for individuals who cannot read standard print. The ScripTalk labels are free to CVS.com pharmacy customers who are blind or visually impaired. Customers can also obtain a free ScripTalk reader from Envision America that will enable them to listen to the information on the ScripTalk label.

"We are pleased to offer the ScripTalk service to our online pharmacy customers who are visually impaired," said Josh Flum, Senior Vice President of Retail

Pharmacy at CVS Caremark. "Enhancing access to important information about prescriptions is in keeping with our purpose of helping people on their path to better health."

This announcement is the result of collaboration between CVS/pharmacy, the American Foundation for the Blind, American Council of the Blind and California Council of the Blind. These groups applauded CVS/pharmacy's actions. "The lack of accessible labels on prescription drug containers puts people with vision loss at serious

FYI . . .

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

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

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

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

engagingnh@yahoo.com

CAN YOU HELP?

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

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

Donations are tax deductible to the extent allowed by law.

risk of medication mishaps," said Paul Schroeder, Vice President of Programs & Policy at the American Foundation for the Blind. "We applaud CVS/pharmacy for taking steps to provide speech access to label information for customers with vision loss along with its willingness to evaluate methods to improve large print labels."

"This agreement is a positive step that allows for a greater level of privacy, safety, and independence for blind and visually impaired Americans of all ages who take prescription medications," said Kim Charlson, president of the American Council of the Blind. "The California Council of the Blind applauds CVS's willingness to offer access to the information on prescription medication labels."

As a result of this initiative, persons who are blind or visually impaired who use CVS mail order to fill their prescription needs will have the same direct, and independent access to label information as do sighted customers," stated Donna Pomerantz, President, California Council of the Blind.

To request the labels with a prescription ordered through cvs.com, the number to call at cvs.com is 888-227-3403. Questions about the ScripTalk system should be directed to Envision America at 800-890-1180. It is recommended that you visit cvs.com first.

*William A. Finn, Administrator,
Office of Services for the Blind
and Visually Impaired*

THE CONNECT PROGRAM

The goal of the National Deaf-Blind Equipment Distribution Program (NDBEDP) is to ensure that every person with combined hearing and vision loss has access to modern telecommunication tools and the training necessary to use them, granting every individual the opportunity to interact with the world as an involved, contributing member of society. The program, promoted by iCan-Connect, provides outreach, assessments, telecommunications technology and training free of charge to those who meet federal eligibility guidelines. <http://www.icanconnect.org/>

Joan Marcoux

NATIONAL NURSES WEEK!

May 6-12-2014

Nurses Trusted to Care

Often describes as an art and a science, nursing is a profession that embraces dedicated people with varied interests, strengths and passions because of the many opportunities the profession offers. As nurses, we work in emergency rooms, school based clinics, homeless shelters and homes, just to name a few. We have many roles, from staff nurse to educator to nurse practitioner and nurse researcher – and serve all of them with passion for the profession and with a strong commitment to patient safety.

Annually, National Nurses Week begins on May 6, marked as RN Recognition Day, and ends on May 12, the birthday of Florence Nightingale, founder of nursing as a modern profession. During this week, registered nurses all over the country will be honored.

Traditionally, National Nurses Week is devoted to highlighting the diverse ways in which registered nurses, the largest healthcare profession, are working to improve healthcare. From bedside nursing in hospitals and long-term care facilities to the halls of research institutions, state legislatures, and Congress, the depth and breadth of the nursing profession is meeting the expanding healthcare needs of American society.

*Ellen Brownson,
Lakes Region VNA*

LOW VISION PROGRAM

While the focus of the NH Department of Education, Division of Vocational Rehabilitation is usually associated with employment,

they also cover Sight Services for Independent Living.

Services for individuals who are legally blind or visually impaired, 55 years of age or older and living independently, include: Adaptive aids and devices; Assessment; Information; Peer Support Groups; Referrals; Skills; and training.

For more information go to: http://www.education.nh.gov/career/vocational/blind_visu.htm or

call: (603) 271-3537
V/TTY: 1-(603) 271-3471,
1-800-581-6881
Monday thru Friday, 8:00 a.m. -
4:30 p.m.

Jack Lieberman

ServiceLink Focus

OLDER AMERICANS MONTH 2014

Safe Today. Healthy Tomorrow

Older adults have made countless contributions and sacrifices to ensure a better life for future generations. Since 1963, communities across the country have shown their gratitude by celebrating Older Americans Month each May. This celebration recognizes older Americans for their contributions and demonstrates our nation's commitment to helping them stay healthy and active.

This year's theme for Older Americans Month is "Safe Today. Healthy Tomorrow." The theme focuses on injury prevention and safety to encourage older adults to protect themselves and remain ac-

tive and independent for as long as possible.

Unintentional injuries to this population result in at least 6 million medically treated injuries and more than 30,000 deaths every year. With an emphasis on safety during Older Americans Month, we encourage older adults to learn about the variety of ways they can avoid the leading causes of injury, like falls.

The Centers for Disease Control and Prevention offer this home checklist on their website. The checklist asks about hazards found in each room of your home. For each hazard, the checklist tells you how to fix the problem. At the end of the checklist, you'll find other tips for preventing falls.

Floors: Look at the floor in each room.

Q: When you walk through a room, do you have to walk around furniture?

Ask someone to move the furniture so your path is clear.

Q: Do you have throw rugs on the floor?

Remove the rugs or use double-sided tape or a non-slip backing so the rugs won't slip.

Q: Are there papers, books, towels, shoes, magazines, boxes, blankets, or other objects on the floor?

Pick up things that are on the floor. Always keep objects off the floor.

Q: Do you have to walk over or around wires or cords (like lamp, telephone, or extension cords)? Coil or tape cords and wires next

to the wall so you can't trip over them. If needed, have an electrician put in another outlet.

Stairs and Steps: Look at the stairs you use both inside and outside your home.

Q: Are there papers, shoes, books, or other objects on the stairs? Pick up things on the stairs. Always keep objects off stairs.

Q: Are some steps broken or uneven? Fix loose or uneven steps.

Q: Are you missing a light over the stairway? Have an electrician put in an overhead light at the top and bottom of the stairs.

Q: Do you have only one light switch for your stairs (only at the top or at the bottom of the stairs)? Have an electrician put in a light switch at the top and bottom of the stairs. You can get light switches that glow.

Q: Has the stairway light bulb burned out? Have a friend or family member change the light bulb.

Q: Is the carpet on the steps loose or torn? Make sure the carpet is firmly attached to every step, or remove the carpet and attach non-slip rubber treads to the stairs.

Q: Are the handrails loose or broken? Is there a handrail on only one side of the stairs? Fix loose handrails or put in new ones. Make sure handrails are on both sides of the stairs and are as long as the stairs.

Kitchen: Look at your kitchen and eating area.

Q: Are the things you use often on high shelves?

Move items in your cabinets. Keep things you use often on the lower shelves (about waist level).

Q: Is your step stool unsteady?

If you must use a step stool, get one with a bar to hold on to. Never use a chair as a step stool.

Bathrooms: Look at all your bathrooms.

Q: Is the tub or shower floor slippery?

Put a non-slip rubber mat or self-stick strips on the floor of the tub or shower.

Q: Do you need some support when you get in and out of the tub or up from the toilet?

Have a carpenter put grab bars inside the tub and next to the toilet.

Bedrooms: Look at all your bedrooms.

Q: Is the light near the bed hard to reach?

Place a lamp close to the bed where it's easy to reach.

Q: Is the path from your bed to the bathroom dark?

Put in a night-light so you can see where you're walking. Some night-lights go on by themselves after dark.

For more information, go to <http://www.cdc.gov/HomeandRecreationalSafety/Falls/CheckListForSafety.html>.

ServiceLink Aging and Disability Resource Centers (ADRC) are federally and state funded to serve

as a local place for members of your community to get help exploring the many healthcare, social services, and community support options.

If you have questions about ServiceLink or want to find out how you can help others learn about sunscreen protection and or want to find out about services and resources available in your area, all ServiceLink at 1-866-634-9412.

News You Can Use

OLDER AMERICANS BENEFIT FROM MY SOCIAL SECURITY

Social Security has something to help keep you safe and healthy: a suite of online services. Rather than driving or taking public transportation to a local office, you can use our secure, free online services to handle much of your Social Security business. With the amount of time you save, you'll have more time to spend with the grandkids or have time for a brisk walk around the neighborhood or local park.

Before going for that walk, though, visit www.socialsecurity.gov. Whether you already receive benefits or you're just starting to think about retirement, it's a great time to open a my Social Security account.

What's my Social Security? It's a secure online account that allows you immediate access to your personal Social Security information. During your working years, you can use my Social Security to

view your Social Security Statement to check your earnings record and see estimates of the future retirement, disability and survivor benefits you and your family may receive. Check it out at www.socialsecurity.gov/myaccount.

After you check your online Social Security Statement, be sure to visit our Retirement Estimator. Like a my Social Security account, you can use it as many times as you'd like. The Estimator lets you change variables, such as retirement date options and future earnings. You may discover that you'd rather wait another year or two before you retire to earn a higher benefit. To get instant, personalized estimates of your future benefits just go to www.socialsecurity.gov/estimator.

Deciding when to retire is a personal choice and depends on a number of factors. To help, we suggest you read our online fact sheet, When To Start Receiving Retirement Benefits, available at www.socialsecurity.gov/pubs.

If you're ready to retire, the online service you've been waiting for is our online application for retirement benefits, which allows you to complete and submit your applica-

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tion in as little as 15 minutes at www.socialsecurity.gov/retireonline. Once you complete and submit the electronic application, in most cases, that's it—no papers to sign or documents to provide.

Are you already receiving benefits? You can use my Social Security to immediately get your proof of benefits letter, change your address or phone number on our records, start or change your direct deposit information and check your benefit and payment information.

We encourage you to take advantage of our online services and resources, freeing up more time for activities you really enjoy. Learn more at www.socialsecurity.gov.

SOCIAL SECURITY OFFICE UPDATES

To meet the increasing demands for our service, Social Security needed to make changes to how they provide some services to customers.

To protect the integrity of the Social Security number and prevent fraud, they will discontinue providing Social Security number printouts effective August 1, 2014. If you need proof of your Social Security number and you do not have your Social Security card, you will need to request a replacement Social Security card by completing the Application for a Social Security Card (Form SS-5) and providing the required documentation.

Also, effective October 1, 2014, Social Security will stop providing

benefit verification letters in their offices. You will still be able to get an instant letter online with a personal my Social Security account or you may call Social Security toll-free at 1-800-772-1213 to request a letter by mail.

See steps below for requesting a replacement Social Security card or obtaining your benefit verification letter. We also encourage you to visit www.socialsecurity.gov to learn about the many convenient online services available to you.

PSNH SCAM

Police are investigating a rash of calls from scam artists posing as representatives of Public Service of New Hampshire, claiming a person's power is going to be shut off, police said in a release.

The callers claim that shutting off power is imminent and demand payment over the phone, the release said. Police said customers should refuse to provide any personal information to the caller and should contact PSNH or police.

“The privacy of our customers and security of their information is critical. Customers who are scheduled for disconnection due to nonpayment always receive written notice that includes the actions they can take to maintain service,” said PSNH spokesman Martin Murray. “Just hang up and call our customer service.”

PSNH's customer service number is 1-800-662-7764.

VIDEO ON AGING

The Endowment for Health announced the release of Part II of

Help Spread the Word!

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

Forward it on!

the Elder Health series. This new video focuses on Home and Community Based Supports: To view this nine minute video go to <https://www.youtube.com/watch?v=UoiB3Q357L0>

or if you have a problem with the direct link, go to www.endowmentforhealth.org/

and on the upper right corner click Elder Health.

MEDICARE REMINDER

Durable medical equipment (DME) is equipment that helps you complete your daily activities. It includes a variety of items, such as walkers, wheelchairs, and oxygen tanks. Medicare usually covers DME if the equipment is:

- Durable, meaning you can use it again;
- Designed to help a medical condition or injury;
- Suitable to use in the home, although you can also use it outside the home; and

- Likely to last for three years or more.

Medicare will only cover the cost of your DME if your doctor prescribes it and certifies that you need it to get around your home, not just to get around outside of your home.

The cost of your DME and the rules you must follow vary depending on your area and what DME you need. If you have Original Medicare, it will usually cover 80 percent of the cost of your DME and you or your supplemental insurance will be responsible for the remaining 20 percent. This applies to providers who accept assignment, or the Medicare amount as payment in full.

If you go to a provider who doesn't accept assignment, you may have to pay more. Call 800-Medicare or go to www.medicare.gov/supplier to find out your cost and the rules you must follow.

If you have a Medicare Advantage plan, each plan sets its own rates. Contact your plan to find out your cost and the rules you must follow.

[Learn more about how Medicare covers DME on Medicare Interactive.](#)

TELECOMMUNICATIONS RELAY SERVICES (TRS)

The FCC requires that all voice service providers nationwide provide a toll-free three-digit 711 dialing for access to all TRS. TRS facilitates telephone conversations between people with hearing or

speech disabilities and people with or without such disabilities.

Health & Wellness

ONE IN FIVE TAKING A DRUG THAT WORSENS OTHER SYMPTOMS

Over three-quarters of older Americans are being treated for more than one chronic condition. A new study has highlighted the possible risks of this practice, finding that more than 20% of senior citizens are receiving a medication that may cause another pre-existing condition to get worse, and that more than one in ten (13%) have more than one such "competing condition" among the drugs they take.

Given the widespread practice of prescribing multiple drugs to treat multiple individual conditions, especially among the elderly, it is almost unbelievable that the rate with which competing drugs are prescribed to the same person has never been systematically investigated before. But this study is in fact the first of its kind.

Researchers from the Yale School of Medicine analyzed the medical records of a representative sample of over 5,500 adults over the age of 65, looking for diagnoses of one or more of the 14 most common chronic conditions, such as hypertension, diabetes, depression, and heart failure. Over 78% of the people included in the study had two or more of these chronic conditions, and 65% had three or more.

Overall, 22.6% of the study participants were taking at least one medication that was known to carry the risk of worsening another of their diagnoses—and because this study failed to account for over-the-counter drug use or include less common chronic diseases, it may very well have underestimated the actual rate of competing drug prescriptions. Even worse, the prescribing patterns suggested that doctors paid little heed to these potentially harmful interactions, as evidenced by the fact that more than 60% of the time, a person with a competing condition was just as likely to be prescribed a drug that could make that condition worse as a person with no other condition.

Not only does this study emphasize the urgent need for more research in this field, but hopefully it will encourage anyone taking more than one prescription drug to do their own research and talk to their doctors, or even seek additional opinions, about the safety of their medications.

Source: PLoS ONE, 2014; 9 (2): e89447

MAJOR STUDY FINDS NO LINK BETWEEN SATURATED FAT AND HEART DISEASE

Saturated, unsaturated, trans, omega-6, omega-3... Like the Eskimo languages famed for having dozens of words for 'snow', the modern Western vocabulary is rich in ways to describe fat—as well as advice on which 'good' and 'bad' fats to seek out or avoid for a healthy diet.

Looking for a back issue of an ENH newsletter?

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www.engagingnh.org

But according to an exhaustive new meta-analysis, decades of clinical trials have shown no link between heart disease and saturated fat. In other words, the “bad” saturated fats found in meat and dairy carry no greater risk of heart disease than the “good” unsaturated fats found in nuts, seeds and vegetable oils. The only truly “bad” fats are the trans fats added to processed foods.

This comprehensive review, which was conducted by an international team of American, British and Dutch researchers and published in the *Annals of Internal Medicine*, critically assessed the combined findings of all published clinical studies on different types of fatty acids in heart disease (over 70 studies involving more than 600,000 people).

The only type of fat with a consistent link to heart disease was the trans fats. Saturated fats, which have been targeted as unhealthy by many public health recommendations, were not linked to an extra risk of heart disease. Furthermore, even within the same broad categories of fats, results were mixed, with some specific fats associated with small increases in risk while similar fats were associated with small decreases in risk. Overall, the results suggest that a balanced diet is what really

matters to heart health, not the details of which fat we eat.

Source: Annals of Internal Medicine, 2014; 160 (6): 398-406.

NEW CANCER TREATMENT BREAKTHROUGH

A new study by researchers at Dartmouth provides even more evidence for how heat therapy works, while also proposing a new therapy that could make it even more effective.

Researchers at Dartmouth University injected iron nanoparticles into tumors growing in mice and then used a magnetic field to generate heat from the iron. This nanotechnology strategy allowed them to maintain a constant temperature of 109.4°F (43°C), which was critical to the response that followed. Heating colon and melanoma tumors caused them to grow more slowly or even disappear.

Although higher temperatures were even more effective at stopping tumor growth, at 109.4°F, an immune response was triggered that made the mice resistant to the cancer. When they were injected with the same type of cancer cells a month after the heat treatment, they didn't develop any new tumors. Since it is nearly impossible for a surgeon, chemotherapy drug

or radiation to remove or kill every single cancer cell in the body, activating this immune response could be very helpful for protecting cancer patients from recurrence and enhancing the effects of other treatments.

Source: Nanomedicine: Nanotechnology, Biology and Medicine, 2014. doi: 0.1016/j.nano.2014.01.011.

Tech Tips

HEARTBLEED

Heartbleed is one of the biggest web threats the world has seen. A few simple things will help you to protect yourself online.

So what is Heartbleed?

It's a risk that affects some websites that use a piece of software called OpenSSL which encrypts the data that is exchanged on them. You'll know if you're on one of these sites as there'll be a padlock sign in the web address bar or if it starts with 'https.'

This means that any data you exchange on them may be at risk - basically any site where you have a username and password. Not all sites are affected but it's better to be on the safe side.

A few simple steps you can take:

1. Change your passwords

We recommend you do this on all websites including online banking.

2. Make your passwords different

Try to have different ones for different sites to limit any risk. Mix cases, symbols and numbers.

3. Use your common sense

Think twice when you're asked to create an account. Do you really need it?

Always check that the websites have fixed their vulnerability beforehand.

FIND YOUR CAR

Here's a weird trick to getting way more distance out of your car's remote key fob.

All you need to do is use your head! The science behind it will definitely fascinate you.

www.youtube.com/embed/0Uqf71muwWc?feature=player_embedded

TECH TIPS FOR SENIORS

Tech Tips for Seniors strives to assist Baby Boomers and Seniors by offering technology tutoring on a variety of software and products. They offer FREE personal consultations -- simply fill out the Contact Us form or schedule an Appointment, which can be done over phone, email, or in person, by visiting this:

<http://www.techtipsforseniors.org/>

"We also offer discounts for low-income seniors and Veterans, simply because it's the right thing to do."

5THINGS TO THINK ABOUT WHEN BUYING AN IPAD, ANDROID OR WINDOWS TABLET

Whether buying your first tablet or upgrading an older model, it makes sense to research the market, and have a good understanding of what you're looking for.

WE WANT YOU TO KNOW

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

We actively partner and work with other NH advocates.

Formal Partnerships

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

Active Collaborations & Groups:

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

Other Groups we work with:

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

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More than 250 Million tablets were sold in 2013 and that number will surely grow in 2014 and beyond. With so many to choose from, how do you choose between a 7-inch, 9.7-inch or 10-inch? Android, Windows, or iOS? Do you need cellular connectivity, or just WiFi? What about a case? One with a keyboard attachment? Horizontal or vertical flip cover? What material? Should it also function as a stand? Where do you start?

Rather than changing your needs to fit what the cheapest tablet can or cannot do for you, understand your needs first, then finding the tablet that will suit these needs.

Read on for the top 5 things to think about when buying a tablet.

1. Your Intended Uses

Probably the most important thing to think about before buying a tablet is what you're actually going to be using it for. Until you have at least some idea of the key reasons for buying, you won't be able to make a truly informed decision.

Some common uses:

- Social networking – Facebook, Twitter, Pinterest, Google+ etc. – Keeping in touch with friends & family.
- Taking and viewing photos and videos.
- Online shopping – eBay, Amazon, supermarkets, etc.
- Reading – books, blogs, news
- Listening to music, podcasts
- Writing – Emails, journals, general notes
- Watching videos and movies

- Being productive – Keeping to-do lists, calendar, tracking projects
- Surfing the web
- Playing games

Once you're clear about how you'll use a tablet to make your life easier, let's move on...

2. Screen Size & Resolution

Screen size is the next most important factor to consider when buying a tablet computer. A smaller device, like the Nexus 7 or iPad Mini, can be ideal if you plan to take it out and about with you, although the screen resolution (the number of physical pixels in the display) might mean that text and images appear smaller. Both iPad models have the same screen resolution, so text and images on the iPad Mini will appear smaller than on the iPad Air. This difference will be less pronounced between the Nexus 7 and Nexus 10, as the screen resolutions are different and more relative to their physical screen size.

The aspect ratio, referring to the "shape" of the screen is another thing to consider here, and is important for two key reasons:

Firstly the shape of the device itself – if you hold an Apple iPad and a Samsung Galaxy Tab, you'll notice that the Samsung device (16:9 aspect ratio) feels more "natural" in landscape orientation – even the logo is on the bottom bezel, as if it were designed to be held that way only. The iPad on the other hand (4:3 aspect ratio) is slightly more "square" and it's clear to see that it was designed to

be held whichever way the user wants to hold it.

Secondly, if you're intending to watch television or movies, a device with a 16:9 aspect ratio might be better as you won't get horizontal bars at the top and bottom of the screen, giving a true "full screen" experience.

There is no substitute for "hands on" when it comes to buying a tablet. Visit a shop, have a "play" with the demo devices they have on display, and remember that research is an important stage, so don't be pressured in to making a purchase decision in the shop there and then.

3. Operating System (iOS, Windows, Android)

Microsoft are late to the tablet party with their "Surface" devices, and where this really shows is the availability of applications for the Windows 8 platform. Think very carefully before investing in a Microsoft Surface of any sort, unless you have a very specific reason for doing so.

For the senior user, the operating system choice is Android or iOS. You may have an Android or iOS smartphone already, in which case it may make sense for you to choose a tablet with the same operating system for a familiar "feel", although there is no technical reason why this should be your default choice. Apple re-engineered their iOS operating system specifically for the iPad, it's not just the same operating system on a larger screen, like it is with Android; there are too many different hardware options for this

to make sense. Also, manufacturers will often add their own “twists” to the Android experience, meaning no two Android devices are exactly the same.

Operating system choice is down to personal preferences, unless, again, you have a specific reason for choosing one over the other. In my opinion, iOS is easier for a first-time user to pick up and navigate around, although Android is more customizable, if that is an important factor for you.

4. Connectivity

Once you’ve decided on a particular device, the next thing to think about is whether you need Internet access away from home, or whether WiFi-only would be more suited to your usage.

Many buyers opt for the WiFi-only option to simply save on the upfront cost, as cellular connectivity does add to the cost of the device; however the major mobile phone networks regularly have tablet-and-data packages on offer, where they subsidize the cost of the tablet in return for a 24-month data contract. There’s nothing that says you have to use a certain amount of data each month, so this should be something you consider, if you don’t mind being tied to a contract.

If you know you don’t have a need (or the desire) for Internet access everywhere, a WiFi-only tablet would be your better option; they are also slightly lighter.

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

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

5. Cost

There are some incredibly cheap tablets on the market today, however like with most things in life, you really do get what you pay for. Battery life, screen quality, build quality, speed and storage are all areas that can be cut back to the bare minimum to drive costs down. The drawbacks are too great, to justify buying a super-cheap tablet, especially when for less than \$200, you can have a Google Nexus 7, probably the best “low-cost” tablet money can buy (in April 2014, the time of writing).

At the other end of the market, is the top-spec Apple iPad Air 128GB WiFi & Cellular at \$600+. Most people will go for something in between.

5. Warrantees

The final area of cost to consider is extended warrantees. The reason in-store sales people push extended warrantees is because they are paid commission on the sales value. Don’t be pressured into buying an extended warranty just for the accidental damage cover, as this may be covered by your home contents insurance policy. It goes without saying that you

should check with your insurance provider whether accidental damage is included and if this extends to tablet computers.

Summary

There are many things to consider when making a tablet computer purchase decision, and as a not-insignificant amount of money is at stake, it should be a decision that you make with confidence.

Our aim here at Seniors Tech Tips is to provide information and support to enable you to make buying decisions confidently

<http://www.seniorstechtips.co.uk5-things-to-think-about-when-buying-an-ipad-android-or-windows-tablet/>

Fun Video Clips Online

Classical musicians compete to play their instruments in the weirdest way:

<http://m.wimp.com/musicianscompete/>

There are many jukebox sites but this one beats all!

<http://www.1959bhsmustangs.com/VideoJukebox.htm>

Partnering

THANKS DRC!

From time to time we write about successful projects and activities between ENH and organizations with whom we collaborate on a regular or ad hoc basis. ENH's "We think You Should Know" column often discusses these efforts, including recently about collaborative efforts with *Granite State Future* and *Children's Alli-*

ance of New Hampshire Oral Health Project.

Another success story followed a call out to ENH newsletter readers in the February post. We needed help from someone with computer knowledge necessary to understand required upgrades by our web host so that the ENH newsletter keeps coming to you electronically.

The Disabilities Rights Center, ENH's fiscal agent, came to the rescue. Julia, DRC's website guru who makes sure its readers get news and information ASAP, was able to solve our "crisis" in short order – something about "embedded files" and "downloadable links."

Thanks Julia and DRC!

Dollars & Sense

WHEN YOU MOVE, YOUR ESTATE PLAN NEEDS A REVIEW

Q. My husband and I had wills drawn up when we were working and living in Massachusetts. The wills list us as residents of Massachusetts. We have since retired and moved to live permanently in New Hampshire. Will the Massachusetts address on the wills cause any delay or problems for the executor of our estates upon our deaths?

A. Generally speaking, an estate plan (collectively a will, health care advance directive, financial power of attorney and a trust) validly executed in another state (a

"foreign plan") is valid here. However, there may be good reasons to modify a foreign plan after a move or at the very least have an attorney review it.

Having a valid estate plan does not cure all issues created by a move. Validity merely ensures enforcement. Validity does not ensure your intentions are fulfilled. The law varies state to state. Upon moving to this state, the terms of a foreign plan are interpreted under New Hampshire law and not the law where the plan was written. This can result in unintended consequences.

For instance, the source of the payment of the decedent's debts and expenses is treated differently state to state. This can affect the size or amount of an inheritance or bequest given under the terms of a will. Of course this result can be adjusted by modifying the terms of the will after a move.

A foreign will requires an extra step in the probate process before the court accepts the will. The probate court mandates that an attorney licensed in the state where the foreign will was made sign an "Affidavit of Counsel" that the foreign will is valid under such other state's laws.

A validly executed foreign power of attorney and foreign health care advance directive are also valid under New Hampshire law. However, similar to the will, there may be situations where not having a New Hampshire "form" of the document could result in unnecessary delays or other problems. The New Hampshire health care ad

Contact Information For NH Members of the U.S. Congress				
Name	Mailing Address	Phone	Fax	E-Mail Contact Form
U.S. Representative Carol Shea-Porter	1530 Longworth HOB Washington, DC 20515	(202) 225-5456	(202) 225-5822	https://shea-porter.house.gov/contact/email-me
U.S. Representative Ann Kuster	137 Cannon House Office Building, Washington, DC 20515	(202) 225-5206		https://kuster.house.gov/contact/email-me
U.S. Senator Kelly Ayotte	144 Russell Senate Office Building Washington DC, 20510	(202) 224-3324	(202) 224-4952	http://www.ayotte.senate.gov/?p=contact
U.S. Senator Jeanne Shaheen	520 Hart Senate Office Building Washington, DC 20510	(202) 224-2841	(202) 228-3194	http://shaheen.senate.gov/contact/

vance directive form is particular. You grant end of life decision making powers in a very specific manner to your agent. It is unlikely that a health care power made outside of New Hampshire will include the specific language. In the event of a controversy over what your end of life wishes are, not having the specific New Hampshire language could make it difficult for the agent to be able to make end of life decisions, without court involvement.

Having a New Hampshire attorney review your estate plan ensures your intentions are carried out efficiently and effectively.

Denis Dillon can be reached at denis.dillon@mclane.com.

Laugh & Live Longer

TRUE STORY

A while back, I got a call at about 10:45 PM. It was my mother and she had a very worried tone of voice.

“Bob,” she said, “We have a problem here. I don't think it's serious, but I thought I'd better call you.”

My parents are in their 80's and their health is not the best, so when I get a call like that at that hour, I start reaching for my car keys and a phone to call 911.

Then she said, “It's this damn printer.”

(as told by Steve Bass)

CONFUSION

I have always wished that my computer would be as easy to use as my telephone. My wish has come true. I no longer know how to use my telephone.

WEIGHT LOSS

Mr. Lee was terribly overweight, so his doctor put him on a diet. “I want you to eat regularly for 2 days, then skip a day, and repeat this procedure for 2 weeks. The next time I see you, you'll have lost at least 5 pounds.”

When Mr. Lee returned, he shocked the doctor by losing nearly 20 pounds.

“Why, that's amazing!” the doctor said, “Did you follow my instructions?”

Mr. Lee nodded, “I'll tell you though, I thought I was going to drop dead that 3rd day.”

“From hunger?” asked the doctor.

“No, from skipping.”

Purposeful Living

THE GIVING GOES TWO WAYS

It appears that volunteering may pay special dividends for seniors who have chronic health conditions such as arthritis, diabetes, depression, high blood pressure, dementia or Alzheimer's disease.

Three-fourths of these seniors in the U.S. (75 percent), and even more in Canada (86 percent) say that staying active through volunteering helps them manage these conditions, according to research conducted by the Home Instead,

Inc. franchisor for the Home Instead Senior Care® network.

Seniors with chronic conditions devote slightly more hours to community service each month when compared with seniors who have no chronic conditions. They are more likely than other seniors to say that their volunteer hours will decrease in the next five years, but they also are more likely to say they plan to continue volunteering “forever”.

The emotional benefits of volunteering are particularly relevant for seniors with chronic conditions. For example, 77 percent of seniors with chronic conditions say an important reason they volunteer is to overcome feeling depressed, compared with 63 percent of seniors without chronic conditions.

Following are other benefits of volunteering those 65 and older in the U.S. have reported, according to this research.

Strengthened Mission—99 percent want to make a difference. Whether it’s passing out lunches to the homeless or building a home for a family in need, nearly all senior volunteers want to make a difference.

Improved Physical Health—98 percent stay active and feel better physically. Recent research confirms what other studies have revealed: giving back pays special dividends in increased activity, which often results in improved health.

Stronger Emotional Foundation—98 percent feel better emotionally. Perhaps it’s the idea of putting

others’ needs before one’s own, but older volunteers almost always feel better emotionally.

Renewed Spiritual Purpose—98 percent gain a sense of purpose. Along with a need to make a difference, senior volunteers overwhelmingly want to gain a sense of purpose.

Shared wisdom—90 percent want to share their talents, skills and experience. Many older adults have spent a lifetime in careers or honing domestic and creative skills that they are more than happy to share with others.

Refreshed Perspective and Mental Acuity—84 percent want to occupy their free time. Published studies from the Baltimore Experience Corps Trial showed that senior volunteering in the classroom helped support certain mental tasks like “executive function” or brain activity in key areas of the brain.

Effective Pain Remedy—75 percent with chronic conditions say volunteering helps them manage these conditions. It appears that giving back could serve as an important stress reliever and distraction for seniors suffering from various chronic conditions such as arthritis, diabetes and high blood pressure.

Invigorated Social Networks—74 percent are able to overcome feeling isolated. There’s no time when the risk of isolation is as great as the senior years. Volunteering gives many seniors a reason to walk out the door each morning.

Better Mental Outlook—70 percent are able to overcome feeling depressed. Depression is among the biggest challenges faced by older adults who have lost spouses or whose families have moved away or are too busy for them. Nearly three-fourths in the survey say volunteering can help.

Long-Lasting Legacies—53 percent say that they learned the importance of volunteering from their parents’ community service and 84 percent say they have encouraged their children to give back to their communities

<http://www.salutetoseniorservice.com/volunteering-seniors/benefits/>

Board Notes

ACT YOUR AGE AND BE PROUD OF IT.

Anyone past the stage of adding ... “and a half” ... to their stated age probably suffers from the undercurrent of being “OLD”. “Sixty is the new 50”, etc. Fear of being “old” is a pandemic! Just ask a newly retired baby boomer if they’ve been to their local senior center!

So what is it about us that stands in the way of seeing the value of maturity? Better yet, how do we turn that challenge to an opportunity? It might be as simple as expanding our view on the importance of individuality!

Our history has been one of fierce protection of individual rights and should continue to be so. Individual uniqueness is critical to our

growth and progress. But so is the need to value what we can achieve collectively. It is not and cannot be an “either or” point of view; it must be balanced. Is this a hidden opportunity?

After joking around about some of our complaints about being older, like dentures, hearing aids and chin hair, we started to look at what we liked about being older. At the top of the list was the fact that there is now time for family, friends, and community. There are numerous chances to do things, big and small that bring a certain sense of contributing. And sometimes that’s as simple as being a good listener.

Something else that maturity brings is an appreciation of working together rather than being competitive. There are groups who knit caps for newborns, or hats for people undergoing chemotherapy.

There are groups in nursing homes doing fundraising for the food pantries. There are the quilters, the story readers, cooks and servers at fundraising dinners. The contributions are as varied as the individuals involved with each person doing whatever they can. That’s the key point: honoring individuality within the group. It’s a balance that is needed by people of all ages, is more natural for older adults and it’s time we recognize and appreciate it as a gift.

Philosopher and international activist Joanna Macy suggests five guidelines for doing the best we can regardless, of age or circumstance:

1. Come from gratitude;
2. Don’t be afraid of the dark;
3. Dare to vision;
4. Link arms with others; and
5. Act you age.

She also suggests that we get creative and come up with other guidelines. What’s important is that we shift our focus from our limitations to what we can give. And here’s the interesting thing: studies show that when we value ourselves, we’re valued by others. Imagine what a gift that could be to our grandchildren. Imagine what it could do to help create more livable and supportive communities.

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ADDRESS CORRECTION
REQUESTED