



A Citizen Voice for the Aging Experience

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# ENGAGING NH NEWS

## GUEST OPINION:

### An Insider's Guide to a Hospital Stay

by Christopher Bullock, MD,  
Carolyn A. Bernstein, MD, FAHS

Hopefully, you'll never experience what it's like to be an inpatient in the hospital. But even if it's not you, it's likely that someone — family member, good friend, colleague — will experience a hospital stay at some point. We want you to help you be as informed (and comfortable) as possible.

#### *The emergency room*

Although people sometimes use the emergency room for a routine doctor visit, it's really a place for... emergencies. If you need to go to an emergency room, you'll first be "triaged." That means that based on your symptoms or type of injury, you will be assigned to a status that will determine how quickly you are seen and treated. Chest pain, a sudden severe headache, bleeding from a wound that doesn't stop, shortness of breath: these are all emergencies, and these patients will be seen immediately for urgent evaluation.

If you have a cold or a sore ankle, you'll be assigned a less urgent spot, and may wait hours before being seen. Unless it really is a true emergency, it's

### ***Be as Informed as Possible***

best to call your primary care provider first. She or he can help determine if in fact you need an emergent visit, and can call ahead and let the medical staff know that you're on your way and what's wrong. This may expedite your care.

Once you are checked in, you'll start with an assessment by a nurse, and then a medical assistant may check your blood pressure and heart rate, as well as your temperature and pain level ("vital signs"). You may be assessed by a physician's assistant (PA). These health care

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professionals will examine you and take a careful history, and will then “present” your situation to the emergency room “attending,” the senior physician in charge. He or she will likely check in with you as well, but most often, a PA or “house staff” (doctors in training who are often specializing in emergency medicine) will manage your care.

Each person who enters your cubicle — and there may not be much privacy — should identify him/herself to you. The team will order and interpret any testing needed, treat your acute issue, and decide whether you need to be admitted or (hopefully) go home with a care plan and follow-up arranged.

Never leave the emergency room unless you know exactly what to do if you feel worse or develop new symptoms.

*Admission: A hospital sleep-over*

If the team decides you are too ill to go home, you’ll stay at the hospital (be admitted).

An ICU stay is for patients who are unstable and need to be closely monitored. ICUs are busy places. Each patient has his/her own

nurse. The medical team usually includes interns, residents, and fellows (doctors who have completed residency but are getting additional training). Less-experienced physicians are carefully supervised. There may be PAs or nurse practitioners on the team, and the senior staff physician (attending) has ultimate responsibility for your care. The team may call in specialists (consultants) to help determine your diagnosis and treatment.

If you are more stable/less sick, you’ll go to the “floor” with a similar team of health care professionals caring for you. Many hospitals have only private rooms, but not all. When you feel sick and vulnerable and are lying in a bed wearing a “johnnie” (hospital gown), a roommate is probably the last thing you want. You have the right to have your room be quiet, and if your roommate has visitors, they need to re-

spect your comfort as well. Every day, you’ll have a nurse who is responsible for caring for you and other patients.

Both in the ICU and on the floor, a group of doctors and nurses will likely visit you early in the morning as they make “rounds,” checking on each patient and planning care for that day. Again, if you have a roommate, you’ll have no privacy during medical visits to your bedside. There is an unwritten “code of silence” but patient confidentiality is quickly sacrificed when you’re admitted.

*Going home: Discharge from hospital*

When you are ready to go home (be discharged), a member of the medical staff will review a care plan with you. This might include follow-up visits with your doctor or specialists, prescriptions, home care instructions, and (for some people) arrangements for a

**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.*

visiting nurse to help during your recovery.

Don't be afraid to ask questions, no matter how small or "silly" they might seem. Write down the answers or have a friend or family member write them down for you. You want to be sure you leave feeling a lot better, and empowered, than when you arrived.

*Insider tips for your hospital stay*

If time and your situation allow, bring reading material, phone chargers, and a list of all your medications when you go to the emergency room.

Make sure your primary care doctor stays informed during your stay, and gets written documentation when you are discharged.

Ask any and all questions. Use the nurse call button if you are in pain or need anything (for example, if you're feeling worse, or need help using the bathroom).

Make sure the staff knows how to reach your family or health care proxy.

If you don't already have a health care proxy in place, create one as soon as you finish reading this blog post. You want to have someone you trust understand your wishes for med-

ical care should you become unable to express them yourself.

If any member of the medical staff says something that you don't understand, ask for an explanation. It's useful to repeat back what you have heard, so that you are sure you are clear on the explanation.

Although you sacrifice some of your own autonomy as a patient (you are vulnerable, feeling ill, lying in a bed), take what control you can. Ask each person who cares for you who he/she is, what role that person has, and to explain what is happening (for example, the purpose of any test or procedure).

There are often services available to help you during your stay, but you need to know about them. Most hospitals have a patient/family liaison who can guide you. For example, you can request a spiritual visit, a pain consult, or a nutritionist to help with your diet. Many hospitals have social workers who can help identify

**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](http://www.shaheen.senate.gov)

Senator Maggie Hassan  
1589 Elm Street, Third Floor  
Manchester, NH 03101  
603-622-2204  
[www.hassan.senate.gov](http://www.hassan.senate.gov)

Rep. Carol Shea-Porter  
1<sup>st</sup> Congressional District  
660 Central Ave., Unit 101  
Dover, NH 03820  
603-285-4300  
[www.shea-porter.house.gov](http://www.shea-porter.house.gov)

Rep. Annie Kuster  
2<sup>nd</sup> Congressional District  
18 North Main Street, Fourth Floor  
Concord, NH 03301  
603-226-1002  
[www.kuster.house.gov](http://www.kuster.house.gov)

resources when it's time to go home.

Some aspects of care may not go as well as possible. Communication may be the biggest problem. Strong emotions such as fear, guilt about being sick, confusion, and anger are common. Your doctor recognizes what a tough experience this is, and it's okay to share these emotions with your treatment team. Tending to your emotional health is a part of getting well.

*(Editor's note: If you stay overnight for observation it is not an official "admission". This is important if you are discharged to a rehab or nursing facility as Medicare requires a 3-day hospital admission stay to qualify for coverage of such services.)*

## NH Updates

### **DRIVER LICENSE CHANGES**

If you need to renew your NH Driver's License be aware that the State is moving to the Real ID format and you will be required to provide the following:

- Proof of Identity;
- Proof of Social Security Number; and
- Proof of Residency.

- If your name has changed from your birth certificate, proof of changes.

Birth certificates must have the raised State seal, Social Security cards cannot be laminated, torn or tattered. Residency proof requires two forms of documentation such as a NH Driver's License and property tax bill.

[www.nh.gov/.../forms/documents/identification-residency-uscitizen-compliant.pdf](http://www.nh.gov/.../forms/documents/identification-residency-uscitizen-compliant.pdf)

### **DRUG PLAN RENEWAL TIME**

ServiceLink, New Hampshire's Aging and Disability Resource Centers, saved New Hampshire Medicare beneficiaries \$3,344,020 on their Part D prescription plans during the 2017 Medicare Annual Enrollment Period (AEP)!

The Medicare AEP runs from October 15th through December 7th. Beneficiaries can review, compare, and change 2019 options during this time. Here are three ways to get free and unbiased information about your personal options by:

- contacting your local ServiceLink office, 1-866-634-9412, to speak to a State Health Insurance Information Provider (SHIP) Counselor

- going onto Medicare.gov and doing a plan comparison on the built in Plan Finder

- calling 1-800-MEDICARE

It is estimated that beneficiaries save an average of \$400 a year by changing Part D prescription plans. Plans, prices, and formularies change every year. Give your local ServiceLink a call at 1-866-634-9412 during the Medicare Annual Enrollment Period, October 15th through December 7th!

### **MORE NH BABY BOOMERS PUTTING OFF RETIREMENT**

As NH's baby boomers age, the state's 212,000 workers 50 to 64 are contemplating retirement in different ways and at ages older than previous generations. As people live longer and healthier lives, the 65 benchmark for stopping work to embark on a relaxed and quiet existence no longer applies for reasons ranging from inadequate retirement savings to a desire to stay as active and productive as long as possible.

"Historically the retirement age of 65 was tied to eligibility for Social Security benefits," says Todd Fahey, state director of AARP NH.

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Forward it on!

“That was when life expectancies were less. Now it’s 67 and climbing. Not only do people want to work longer, a lot of people need to work longer to ensure that they can sustain themselves.”

It’s important to take a careful and complete look at health insurance options and future income sources, including Social Security benefits, which are considerably less at 62 than at age 70, and personal savings and investment accounts, as well as retirement benefits from employers or military service.

National research has shown that roughly 30 percent of workers in their 50s have saved sufficiently for retirement. 401(k) retirement savings plans offered by employers, funded by paycheck deductions and directed by employees who often don’t have the time or training to make informed investment deci-

sions, have not fared as well as the managed pension plans of previous generations.

The good news, says Fahey, is that NH’s older, educated, and experienced workforce is looking at retirement differently, and deciding to delay by choice. An AARP survey released in 2015 found that 85 percent of NH workers over 50 enjoy working and want stay at their jobs; only 10 percent want to retire completely to a life of leisure.

“Older workers need to look at themselves differently. They’ve developed skills over many years that are transferable in many ways. Or they can find retraining in new skills,” Fahey said. “Companies can retain older employees to mentor younger workers. In a state with an educated workforce, age needs to be viewed as a capable and competitive workplace advantage.”

For those born between 1947 and 1967, retirement can be seen as a time of opportunity and personal goal fulfillment.

“The people I see are welcoming it,” Fahey says. Because they’re healthier and living longer, “they’re looking forward to volunteering, learning a new skill,

becoming citizen-activists, and starting a business.”

The retirement series at the Center for Health Promotion covers health and wellness, navigating the emotional aspects of retirement, personal development during retirement, and filling your time, fine-tuning connections to community and family, and finding meaning and purpose.

Research has shown that 31 percent of baby boomers never discuss retirement — and spend more time vacation planning than retirement planning.

“A lot of time, they’re so focused on the money piece they’re not really thinking about what retirement will be like,” says Maureen Miller, the life and wellness coach leading the series. “My goal is to help people figure that out beforehand.”

*Roberta Baker, Union Leader, 9/13/18*

**SENIOR HEALTHY LIVING EXPO**

“Silver Linings” is a continuing NH Union Leader and NH Sunday News report focusing on the issues of New Hampshire’s aging population and seeking out solutions. Through the conversations and dialogue

generated by the column, we discovered a need to easily and affordably connect seniors, their families and caretakers with services and programs available to them.

The FREE expo will include information, demonstrations and various health care screenings from over 40 vendors with door prizes and giveaways throughout the day. There will also be panel presentations and discussions on a variety of topics.

The Senior Healthy Living Expo will be held from 10 a.m. to 3 p.m., Saturday, Sept. 29, at Manchester Community College, 1066 Front St, Manchester.

**From Our Readers**

**BE PREPARED**

I recently went to the DMV to renew my driver's license and was shocked to find all the new documentation requirements. You might warn your readers to be prepared by going to the DMV website for guidance. Anna

*(Editor's note: see more under NH Updates)*

**FEDERAL BUDGET**

A new Federal Budget, including funding for Older Adults Services was

passed. To see and compare funding proposals by the President, Senate and House, and the final appropriation, go to:

<https://www.ncoa.org/wp-content/uploads/FY19-LHE-final.pdf>

RC

**STOPPING AGEISM**

**Laugh: And Don't Call Me Elderly!**

Thirty-seven years ago, before anyone would dare to refer to me as elderly, a movie was released called "Airplane." Starring an unlikely comedic cast, including Leslie Nielsen, this spoof of Hollywood disaster films, much to everyone's surprise, became a sensation. Of the many brilliant sight gags and clever lines, the following brief dialogue between Leslie Nielsen and Robert Hays, remains one of my favorites:

(LN) Can you fly this plane and land it?

(RH) Surely you can't be serious.

(LN) I am serious. And don't call me Shirley!

Fortunately, over the intervening years, I

have encountered only a few women named Shirley, which has limited my number of embarrassing moments caused by uncontrollable giggling. And, finally, I can borrow the line, or at least, paraphrase it, to air a grievance.

I'd like to deliver a message to the media, and I am serious. Don't call me elderly! In fact, don't call me anything at all. If you must state my age in your story, it should not require a modifier.

Whenever a news story appears about a 73 year-old, for example, he or she is invariably referred to as "elderly." In fact, they are often labeled as "elderly" before you are even told their age.

Here's an example. The headline states: "Elderly Woman Robs Bank." The story then goes on to report that Mamie Green, age

**WHO IS MY LEGISLATOR?**

Use this quick link to find and contact your local State Rep and Senator: <http://www.gencourt.state.nh.us/house/members/wml.aspx>

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

**Tell them your ideas, thoughts & concerns!**

69, held up the Yucca City Bank at gun point, and eluded police by hiding in a tree. Now I ask you, should a 69 year-old woman who can wield a pistol, rob a bank, and climb a tree be called elderly?

Obviously this example is fictitious and a bit silly, and created to make a point. But there are very real examples. An NPR story reported on a 71-year old midwife and referred to her as "elderly." Elderly!? Really?!? She's still working, delivering babies. There's nothing elderly about her, and these days, not even her age. And does labeling her as elderly enhance the story about midwifery? Totally irrelevant, if you ask me. If the woman was 55, would NPR have referred to her as "borderline middle-aged woman?"

If a woman of a certain age had the misfortune of getting hit by a bus, is that any more tragic than a 40 year-old-being hit by a bus? Yet you can be sure that the former would be cited as "Elderly Woman Gets Hit By A Bus," while the 40 year-old would merely be a "woman" who had the misfortune of crossing the street as the bus was pulling away from the curb. (In both cases,

### 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.

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

I'm happy to report the women survived.)

So what does "elderly" mean, exactly? The dictionary defines "elderly" as past middle age and approaching the rest of life. It then goes on to add parenthetically (sometimes considered offensive).

The meaning of the word appears harmless enough. It's the connotation of the word that I find damaging. In our culture, the word "elderly" unfortunately car-

ries the image of "frail," "feeble," and "dependent." And what robust 75 or 80 year-old wants to be lumped into that stereotype?

I recognize that in some circles "elder" is not a four-letter word. If I was a member of a certain church, perhaps, or some Native American tribe, being called an elder would be an honor. I would be a respected advisor, a bestower of wisdom, perhaps even a goddess. (I like the sound of that!)

But unfortunately, that is not the world in which most of us live. Instead, elderly is an ageist label.

You might think that none of this is important, but words do shape attitudes and responses. So, what word should we use instead? Geezer? (Can a woman be a Geezer?) Long in the tooth? Over the hill? Mature? Senior Citizen? Or simply Old? I don't have the answer, and as far as I can tell, neither does anyone else.

I like to think that age is more a matter of how you feel rather than a number. Therefore, I ask not to be assigned to a category based on the year in which I was born.

So, Leslie Nielsen, rest assured. Although you were the ripe old age of 54 when you made the career move from a romantic dramatic actor to comedy genius, I would never call you elderly.

*Susan Goldfein, Unfiltered Wit, 1/18*

### **Do Something**

LeadingAge. Org has the vision of "An America Freed from Ageism" and have developed some excellent resources. Look here for additional resources if you want to join the battle to stop ageism. It includes a 2 page Quick Guide to share with friends and family.

<http://www.leadingage.org/ageism-resources-0>

*bs*

### **News You Can Use**

#### **FUN FACTS ABOUT FUNGI**

Who knew that mushrooms could be more than edible or a hallucinogenic, and just maybe the solution to some of our environmental issues?

1. Fungi are in a kingdom of their own but are closer to animals than plants;
2. They have chemicals in their cell walls shared with lobsters and crabs;
3. A fungus has been discovered capable of break-

### **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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ing down plastics in weeks rather than years;

4. Plastic car parts, synthetic rubber and Lego are made using itaconic acid derived from a fungus;

5. Fungi are being used to turn crop waste into bio-ethanol; and 6. Products made from fungi can be used as replacements for polystyrene foam, leather and building materials.

### NEW RAZOR DESIGNED FOR ASSISTED SHAVING

Shaving can be pretty tricky, even for those of us who've been doing it for years. I'll admit that I sometimes end up with unfortunate nicks around my knees and ankles, and I've been shaving my legs since I was about 13 years old. So I'd imagine attempting to help someone else shave would be an even more intimidating experience, but it's one many caregivers do for folks who need assistance every single day.

And until now, there hasn't been much improvement upon the design of the razor for this specific group of people. However, Gillette is hoping to change that with TREO, the first razor designed to offer a safer, easier, and more comfortable shave for any-

one who can't shave on their own.

The TREO is different from typical razors in a number of ways. The blade is designed to provide a safer shave by preventing clogging. The handle is also revolutionary, and is said to operate like a paintbrush. It has a unique divot for control and comfort, which both helps those providing care and those being cared for. Perhaps the coolest design is that it's made with shaving gel built right into the handle, which provides moisture and eliminates excess mess.

It is still in development, so check Gillette.com for updates. Gillette is a finalist in the 2018 Innovation By Design Awards for this new concept.

### WHO CAN YOU TRUST

While there's tons of research on the actions and behaviors that create trust, few studies have successfully identified what makes some people more trustworthy than others to begin with.

New research published in the *Journal of Personality and Social Psychology* does just that, showing that "guilt proneness"—a person's tendency to antici-

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pate feeling guilty—is a surprisingly powerful indicator of trustworthiness!

### THE TELESCOPING TREKKING POLE ALSO PURIFIES WATER

If you spend much time backcountry hiking, chances are you're the sort of person who would find a use for at least two things: a trekking pole and a water purifier. Well, PurTrek combines them both in one-carbon fiber-bodied device.

[newatlas.com/purtrek-trekking-pole-water-purifier/56104/](http://newatlas.com/purtrek-trekking-pole-water-purifier/56104/)

### MEDICARE PART D

The donut hole or coverage gap is the phase of Part D coverage after the end of your initial coverage period. After falling into the donut hole, the amount you pay for your prescriptions increases. If you've

noticed that you are suddenly paying more for your drugs, you may be in the donut hole.

In all Part D plans, after you have paid \$5,000 in 2018 in out-of-pocket costs for covered drugs (this amount is just the amount you have paid, not the total drug costs that you and your plan have paid), you leave the donut hole and reach catastrophic coverage. During this period, you pay significantly lower copays or co-insurance for your covered drugs for the remainder of the year. The out-of-pocket costs that help you reach catastrophic coverage include:

- Your deductible
- What you paid during the initial coverage period
- Almost the full cost of brand-name drugs (including the manufacturer's discount) purchased during the coverage gap
- Amounts paid by others, including family members, most charities, and other persons on your behalf
- Amounts paid by State Pharmaceutical Assistance Programs (SPAPs),

- AIDS Drug Assistance Programs, and the Indian Health Service

Costs that do not help you reach catastrophic coverage include monthly premiums, the cost of non-covered drugs, the cost of covered drugs from pharmacies outside your plan's network, and the 56% generic discount. During catastrophic coverage, you will pay 5% of the cost for each of your drugs, or \$3.35 for generics and \$8.35 for brand-name drugs (whichever is greater). Your Part D plan should keep track of how much money you have spent out of pocket for covered drugs and your progression through coverage periods—and this information should appear in your monthly statements.

*[www.medicareinteractive.org/get-answers/medicare-prescription-drug-coverage-part-d](http://www.medicareinteractive.org/get-answers/medicare-prescription-drug-coverage-part-d)*

### **Focus on Community**

#### **TSCA**

Tri-State Learning Collaborative On Aging serves Maine, NH and Vermont. Its mission is "helping to build strong communities that support healthy aging through shared learning and collaborative relation-

ships in Maine, NH and Vermont."

The TSLCA Community Network helps to find all the information, tools and resources needed to build, strengthen and grow a community initiative that helps older adults thrive in their homes and communities. TSLCA hosts webinars and live events focusing on strategies and success stories that will help improve community initiatives.

*<http://agefriendly.community>*

#### **FOOD INSECURITY PERSISTS**

With the economy nearing full-employment levels and political turmoil in Washington, D.C., dominating news cycles, the topic of food insecurity easily gets lost in the shuffle.

But experts in NH say it shouldn't be, and rising levels of food insecurity in the state could be a canary in the coal mine — a warning of troubling economic trends.

According to a September 2017 report by the NH Fiscal Policy Institute, levels of food insecurity in 2016 stayed at 12.3 percent nationally, the same as 2015. Based on economic research released this year by the U.S. Department of Agriculture, these figures

nationally and in NH are higher than those seen in the three-year period preceding the 2008 recession.

“What these figures may be saying is that the economic recovery has not reached everyone equally,” said Phil Sletten, a policy analyst with NHFPI.

“There’s still a lot of work to do. The working poor who work in many of the low-wage jobs created during the recovery are among the larger number left behind.”

According to the USDA, to be “food secure” is defined as having enough food for an active, healthy life, and food security is necessary for a healthy and well-nourished population.

“Food insecurity” is also defined as not knowing where the next meal is coming from.

Data suggest children tend to be less likely to be food insecure than other members of households. And it affects residents in all parts of NH. But, in the North Country, the food insecurity problem is growing.

The Berlin-based Tri-County Community Action Program is the sole provider of senior congregate dining and Meals on Wheels in Coos County and oversees the distribution of

the USDA Emergency Food Assistance Program in Coos, Carroll and Grafton counties.

According to TCCAP’s 2016 report, it served 1,640 Meals on Wheels clients, who received 131,792 meals at a cost of \$7.74 per meal made in three kitchens. The meals were distributed among 15 congregate meal sites and home-delivered clients. More than 50 participating food pantries, soup kitchens and nonprofit programs receive bi-monthly deliveries throughout the three counties through the USDA program. Between the food pantries, soup kitchens and nonprofit programs, over 15,000 clients are assisted annually.

Coos County continues to see an increase in aging seniors who have been hit with stagnant wages and little increase in Social Security benefits.

In addition to an increase in clients for its home meal program, according to TCCAP surveys, 33 percent of Senior Meals clients face food insecurity while 36 percent of Senior Meals clients eat less food on the days they do not attend congregate dining or do not have meal delivery. TCCAP says clients have told them

that the home meal program has allowed more seniors to remain in their homes.

### *Solutions*

Deb Anthony is executive director of Gather NH, formerly Seacoast Food Pantry, which has changed its name to illustrate its expanded reach. Anthony said Gather NH opens its doors five days a week by serving most families once a month, seniors twice a month and families with children once a week. On Friday, the doors are open to everyone, no questions asked, for fresh produce, bread and other goods.

### **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.

Gather NH draws on generous donations three to four days a week from regional grocers like Trader Joe's, Hannaford, Sam's Club, BJ's and US Foods as well as the NH Food Bank.

"We live in a wealthy area and in the richest country in the world. We shouldn't have this problem," Anthony said. "We've been very fortunate to get the help and support we need from local businesses and corporations. We don't hoard and share with 16 other pantries."

Gather NH is developing a more comprehensive way to reach people who need help, said Anthony.

"We didn't want to be identified as just a food pantry. We are trying to be more innovative to build a better model to help more people," she said.

That innovation to stretch its \$1.2 million budget includes immediately sharing excess shipments of yogurt or turning 400 pounds of fresh carrots into carrot cakes and soups before they go bad and adding to a healthy meal focus.

The organization has little to no concern about fraud among the more than 1,400 Seacoast residents it serves. "There is so much need and we don't make

**HELP SPREAD THE WORD!**

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

people take a zillion tests, so there's very little barrier. We think (fraud) is non-existent," Anthony said.

*NH Business Review, 1/19/18*

**CAREGIVING TAKES A COMMUNITY**

I once asked my neighbor Rene why she and Kathy were always helping people, volunteering for the elderly and just giving back to their community.

Her answer was simple. "Because someday we're going to be old like that, we might need some help and we would hope that others would be kind to us, too."

Good Catholic girl that she is, I understood Rene's message clearly.

She is right; we all get there sooner or later. Luckily, both men and women are living longer, healthier lives, but that has also put a significant strain on those family members who eventually become caregivers. And I have met

several as of late with stories similar to mine.

My parents got married in their 30s, which isn't unusual today but back then was considered almost ancient for walking down the aisle. So, they had us a bit later in life.

Like many of you, we were blessed, because my mother enjoyed excellent health all the way up until 90. Weak bones and falling had become her main issues in the last few years. Other than that, she was always a vibrant, elegant and lovely woman who treasured her freedom.

She loved driving her Buick Park Avenue when she wanted, tending to her favorite rose bushes, keeping an eye on Wall Street, taking long walks swinging her little hand weights back and forth, petting Lexi every night when my brother and sister-in-law brought their adorable Goldendoodle by and remaining super active.

When she had just turned 91, we found ourselves in the hospital. It took them a few more ER visits from us to find the correct diagnosis, but further testing showed my mother had suffered a small stroke. It wasn't anything she did, "just an old brain", accord-

ing to the blunt words from the expert who had seen her.

The hospital wanted us out quickly, not their fault, just how things go today. Temporary rehab in a nursing home became our next step, a place my mother stated emphatically that she would not visit. She was frightened.

Our options were few, so she was headed to rehab, and I was going to stay there with her for a while. They kindly allowed me to sleep in the same room in a reclining chair. They even fed me breakfast and snacks for free. They were genuinely decent people at a decent facility trying to do their best for elderly folks who needed it.

I finally got her back home to the place she loved with all her heart. But she was failing. My brothers helped the best they could; neighbors, friends and family were all wonderful, too, but most of it rested on my shoulders, and it was a heavy burden to carry. She tried so hard to live, but three months later, and she was gone.

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

County	Name	Email
Belknap		
Carroll	Susan Ticehurst	Susan.Ticehurst@gmail.com
Cheshire	Susan Emerson	semerson435@aol.com
Coos	Mark M. E. Frank	maxfra@aol.com
Grafton		
Hillsborough	Kathy Baldrige	scoainnh@gmail.com
	Ken Berlin, Chair	kaberlin@comcast.net
Merrimack		
Rockingham	Nancy Formella	naformella@gmail.com
	Susan Nolan	suznnolan@aol.com
	Kristi St. Laurent	ic.thus@hotmail.com
Strafford	John Kennedy	johnk@rhanh.org
Sullivan	Mary Catherine Rawls	Mary.catherine.rawls@hitchcock.org
NH Senate	Ruth Ward	ruth.ward@leg.state.nh.us
NH House	James McKay	james.mackay@mygait.com
HHS Oversight	Frank Kotowski	frkotowski@comcast.net
BEAS Liaison	Jo Moncher	Jo.Moncher@dhhs.nh.gov
Website:	<a href="http://www.dhhs.nh.gov/dcbcs/beas/aging/">www.dhhs.nh.gov/dcbcs/beas/aging/</a>	

And that's the lesson here. The numbers show that most older persons with long-term care needs — 65 percent — rely exclusively on family and friends to provide assistance, says the FCA, Family Caregiver Alliance, National Center on Caregiving.

An estimated 66 percent of caregivers are female. And trust me, if you're trying to do this solo, it's not easy, no matter how much you love your family member. That is why there are excellent resources out there to consider. You might swear you would never call upon them, but from my

experience, do take advantage. As family caregivers, we provide love and a backbone of support, but trying to play the hero or rescuer can break you. Those who have been there understand what I'm talking about.

*Joan T. Stylianos, Union Leader, 8/1/16*

*(Editor's Note: Contact ServiceLink to discover resources near you. [www.servicelink.nh.gov](http://www.servicelink.nh.gov))*

**Health & Wellness**

**PLASTIC FOOD CONTAINERS WARNING**

Most of our food containers — from bottles to the linings in aluminum cans to plastic wraps and salad bins — are made using polycarbonate plastics, some of which have bioactive chemicals, like bisphenol A (BPA) and phthalates. These man-made chemicals can leach from the containers or wrappings into the food and drinks they're holding — especially when they're heated.

Research released earlier this year found that more than 90 percent of bottled water from the world's leading brands was contaminated with microplastics, sparking a review of

plastics in drinking water by the World Health Organization.

The main cause for concern is that these chemicals can mess with our hormones. Specifically, they can mimic hormones like estrogen, interfere with important hormone pathways in the thyroid gland, and inhibit the effects of testosterone.

Hormones are essential to the body's ability to regulate itself; they function like little messengers, floating through the bloodstream and triggering different organs and systems to work together. Now imagine eating something that has a similar structure to your hormones and can act like hormones in your body. It can interfere with the delicate balance our bodies need to maintain. And that's what ingesting even low doses of chemicals from plastic, over years, can do.

But because we're exposed to these chemicals from many sources simultaneously, it's tricky to measure their health impact. Even so, there's compelling evidence that their "endocrine disrupting" capabilities have a range of disturbing health effects, from an increased risk of obesity and diabetes to problems

with reproductive development.

"Whatever organ or system under development in the fetus or child during an exposure could be altered in subtle yet significant ways, even at low doses," Tom Neltner, the chemicals policy director at the Environmental Defense Fund.

That's why a major pediatricians group, the American Academy of Pediatrics, in July called on families to limit their use of plastic food containers and demanded "urgently needed" oversight and reforms to the way these substances are regulated in the US.

But right now, that's not happening. So, as pediatricians have suggested, you might want to rethink the plastics your food is stored in.

[www.vox.com/science-and-health/2018/9/11/17614540/plastic-food-containers-contamination-health-risks](http://www.vox.com/science-and-health/2018/9/11/17614540/plastic-food-containers-contamination-health-risks)

**CHOCOLATE LOVERS REJOICE!**

According to a new study on more than a half a million adults, eating three bars of chocolate a month can reduce chances of heart failure. The researchers contribute this reduction in risk to the natural compounds in cocoa called

flavonoids that boost vessel health and help reduce inflammation.

Of course, the researchers warned against having too much chocolate, and sugar, which will increase your risk of heart failure.

*www.telegraph.co.uk/news/2018/08/27/three-bars-chocolate-month-can-reduce-chances-heart-failure/*

## NEW MS TREATMENT

Multiple Sclerosis (MS) is a debilitating disease where the immune system mistakenly attacks myelin, the sheaths protecting neurons in the nervous system. Like exposed electrical wires, this effectively short-circuits the nerves, disrupting communication between the brain and the body that leads to impaired motor skills and cognition.

Now, researchers at Melbourne University have developed a synthetic peptide that helps regenerate myelin, potentially slowing the progression of the disease.

MS is a complicated disease, but on the plus side that means there are several targets for potential treatment. One is to stop the immune system over-reacting to myelin, which has been attempted in past studies by destroying

"rogue" B cells, conditioning the body to better tolerate myelin, or even "re-booting" the whole immune system. On the other hand, progression can be slowed or reversed by finding ways to restore damaged myelin through drugs, stem cells and gene therapy.

The Melbourne University study falls into the latter camp. The researchers focused on a growth factor called Brain-Derived Neurotrophic Factor (BDNF), which helps to grow and replenish brain cells and myelin.

*newatlas.com/multiple-sclerosis-peptide-repair-myelin/56090/*

## 7 WAYS TO HELP PREVENT DEMENTIA

### 1. Watch your weight

Among the biggest risk factors for dementia are diabetes and mid-life obesity, which can double your chances of dementia at a later age. Links have also been found between elevated blood pressure, high cholesterol levels and the risk of dementia, although

these are not conclusive. Monitoring your weight and cardiovascular health in middle age could greatly reduce your likelihood of dementia.

### 2. Don't smoke

The brain may be affected by the long-term consequences of heavy smoking. Scientists have found smoking to increase the risk of cognitive decline in old age, with one study showing that middle-aged people who smoked more than two packs a day more than doubled their risk of later-life dementia.

### 3. Keep active

Numerous studies have shown that regular, vigorous physical activity - and in some cases, even mild exercise such as walking - can preserve your faculties in later life. Staying active is particularly important for the elderly, with studies finding that older individuals who began a regular exercise program experienced improved cognitive function.

### 4. Cognitive training

People with more years of school and university education are known to have a lower risk of dementia, but there is evidence that everyone can reduce their risk of dementia through trying

### RAISE YOUR VOICE!

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

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

new things as they get older. Taking up new hobbies, learning new skills and partaking in a daily intellectual activity such as doing crossword puzzles are all thought to have neuroprotective effects.

5. Stay sociable

Maintaining social activities as you get older, such as going to clubs or volunteering, have been found to have a protective effect against dementia. Studies have shown that individuals who maintain a larger social network into old age tend to have better cognitive functions and a reduced risk of cognitive decline.

6. Adopt the Mediterranean diet

Scientists are still not completely clear on how various nutrients, vitamins and food groups affect your risk of dementia. However, there have been a few studies focusing on the Mediterranean diet – which consists of small amounts of meat, and an emphasis on whole grains, fruits, vegetables, fish, nuts and olive oil – that suggest it can reduce risk of dementia, possibly by preventing high blood pressure.

7. Keep to normal sleep patterns

Sleep disturbances, for example chronic insomnia, have been linked to increased risk for cognitive decline in later life. Taking steps to deal with any sleep problems could reduce your chances of getting dementia. However scientists still don't understand exactly how disturbed sleep may contribute to the condition, and whether certain dysfunctional sleep patterns pose more of a risk than others.

*www.theguardian.com/lifeandstyle/2018/sep/03/seven-ways-to-help-avoid-dementia*

**Dollars & Sense**

**CAREGIVING FINANCIAL ASSISTANCE RESOURCE**

Caring for an elder parent can be challenging in many ways, but it can be especially difficult financially if you have to miss work or quit your job. There are government programs, tax breaks and other tips that may help you. Here are some options:

**Veterans' benefits**

Veterans who need assistance with daily-living activities can enroll in the Veteran-Directed Care program. This program, available through VA Medical Centers in 40 states, pro-

vides as much as \$2,000 a month, which can be used to pay family members for home care. Search "Home and Community Based Services" at VA.gov/geriatrics.

Also available to wartime veterans and their surviving spouses is a benefit called Aid and Attendance, which helps pay for in-home care, as well as assisted-living and nursing home care. This benefit can be used to pay family caregivers.

To be eligible the veteran must need assistance with daily-living activities like bathing, dressing or going to the bathroom. A surviving spouse's annual income must be under \$14,133 or \$21,962 for a single veteran, after medical expenses. His/her assets must also be less than \$80,000 excluding her home and car. Visit Vets.gov/pension.

**Tax breaks**

Example: If you pay at least half of the yearly expenses, and the gross income is below \$4,050 (in 2017) not counting Social Security or disability, you can claim that person as a dependent on your taxes and get a \$500 tax credit. Visit IRS.gov/help/ita and click on "Whom May I Claim as a Dependent?"

If you can't claim the person as a dependent, you may still be able to get a tax break if you're paying more than half of the living expenses including medical and long-term care costs, and they exceed 7.5 percent of your adjusted gross income. Include your own medical expenses in calculating the total.

See IRS publication 502, Medical and Dental Expenses (IRS.gov/pub/irs-pdf/p502.pdf) for details.

**Long-term care insurance**

If the person has long-term care insurance, check whether it covers in-home care. Some policies permit family members to be paid, although they may exclude people who live in the same household.

**Family funds**

If the person has some savings or other assets, discuss the possibility of paying you for the care you provide. If he/she agrees, consult with an elder law attorney about drafting a

short-written contract that details the terms of the work and payment arrangements.

The National Council on Aging has a website that can assist you with finding assistance programs covering a wide range of issues. The site is interactive, confidential and simple to use; just enter your zip code to get started.

BenefitsCheckup.org, a free, confidential Web tool that can help you search for financial assistance programs.

**Tech Tips**

**7 SIGNS YOUR PHONE HAS A VIRUS**

Not sure how to tell if your phone has a virus? Mobile malware is on the rise, but by following a few simple steps it's easy to scan and remove viruses from Android phones and even iPhones. (Apple's safety precautions, makes it extremely rare for an iPhone or iPad to become infected with malware. The exception is if the device is jail-broken, which allows iPhone and iPad users to download apps from sources other than the App Store, thus exposing them to potential threats.)

Signs you may have a Virus:

**1. Increased data usage**

If you notice a sudden spike in data usage, this could be a sign that a virus is running background tasks on your device or trying to use the Internet to transmit information from your phone. (While you're at it, find out how to keep your data usage under control on mobile phones).

[www.avg.com/en/signal/6-great-ways-to-reduce-mobile-data-usage](http://www.avg.com/en/signal/6-great-ways-to-reduce-mobile-data-usage)

**2. Excessive app crashing**

Apps crash from time to time, but if your apps start crashing regularly for seemingly no reason, your phone could have a virus.

**3. Adware pop-ups**

Most pop-up ads are just annoying, not malicious. And the good news is that these can easily be blocked by using an ad block browser extension, or the free Opera Browser app, which comes with a built-in ad blocker.

However, if you're seeing pop-up ads on your Android or iPhone even when your browser is closed, these could be malicious pop-ups caused by mal-

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[www.engageingnh.org](http://www.engageingnh.org)

ware trying to steal your data.

**4. Phone bill higher than normal**

Some malware strains attack by sending premium rate SMS messages from your phone, causing your phone bill to take a hit. Last year, Ztorg Trojans were found doing this, in addition to deleting incoming messages.

**5. Unfamiliar apps**

Again with the fake apps, if you notice an app on your phone that you don't recall downloading, stay away! A common symptom of malware on Android phones, uninstall unfamiliar apps immediately.

**6. Faster battery drain**

Malware mischief can use up a lot of energy, which subsequently takes a toll on your Android or iPhone's battery. If your battery is draining faster than usual, you shouldn't rule out a virus as the cause.

**7. Overheating**

While the majority of reasons your phone is overheating normal and relatively harmless, it's also possible that the cause is a malware infection.

Google Play is full of antivirus apps that you can use to scan for and remove a

virus from your phone. If you have installed an app on your iPhone from other than the App Store and suspect a particular app may be compromised you can try uninstalling it.

Other options: Clear history and data or restore from an earlier backup features.

*AVG News*

**Laugh & Live Longer**

**RIDDLES**

What do you call an alligator detective?

An investi-gator.

What kind of ghost has the best hearing?

The eeriest.

What do you call fake spaghetti?

An im-pasta.

**ON IT!**

Two police officers crash their car into a tree. After a moment of silence, one of them says, "Wow, that's got to be the fastest we ever got to the accident site."

**HERE WE GO AGAIN**

When NASA was preparing for the Apollo project, some of the training of the astronauts took place on a Navajo reservation.



One day, a Navajo elder and his son were herding sheep and came across the space crew. The older man, who spoke only Navajo, asked a question that his son translated.

"What are these guys in the big suits doing?"

A member of the crew said they were practicing for their trip to the moon. The old man got all excited and asked if he could send a message to the moon with the astronauts. Recognizing a promotional opportunity, the NASA folks found a tape recorder.

After the old man recorded his message, they asked his son to translate it. He refused. The NASA PR people brought the tape to the reservation, where the rest of the tribe listened and laughed, but refused to translate the elder's message.

Finally, the NASA crew called in an official government translator. His

translation of the old man's message was: "Watch out for these guys; they have come to steal your land."

**Purposeful Living**

Lawrence Underhill was named Caleb Caregiver's 2017 Volunteer of the Year at our Annual Volunteer Recognition Lunch on October 14th, 2017.

In 2017, Lawrence drove approximately 2,398 miles, spent 115 hours of his free time and took 144 trips to help seniors remain independent in their own home. He drove them locally to their doctor's appointments and to get their groceries whether it was in Lancaster, Littleton or even in St. Johnsbury, Vermont.

Lawrence is also one of our long-distance drivers which include trips to the eye doctor in Concord NH, the VA Clinic in White River Junction VT and trips to Dartmouth Hitchcock Medi-



**Lawrence Underhill**

cal Center in Lebanon NH.

He assists with Commodity Food deliveries for our home-bound cli-

ents, which occurs six times a year. This involves carrying two heavy boxes into each client's home and some clients live in a second-floor apartment.

He also helps us with our fundraisers. In May of 2017, he helped by hauling a dunk tank to one of our events in the pouring rain and had to drive no more than five miles per hour due to shaking. To top it off, he even volunteered to bring it back at the end of the event. Most recently on March 2nd, 2018, he helped move tables from a church to our Quarter Auction and once again it was raining/snowing.

In 2017, Lawrence also bonded with one of our more "difficult" clients. He brought this client to Tilton NH and the client was able to see Franconia Notch for the first time in many years.

He goes above and beyond for Caleb and our clients. Without our volunteers like Lawrence we would not be here. He is the type of volunteer we are always looking for, but they are so hard to find. He is always willing to pitch in and he does it with a smile. Lawrence is one of a kind and he is a treasured volunteer here at Caleb Caregivers.

**Board Notes**

**RAISE YOUR VOICE**

As little as fifty or sixty years ago, if your family didn't go back five generations in New Hampshire, you were a "newcommah". Today the portion of native-born is only twenty-five percent! But regardless of where you were born, or how long you called the 603 home, most of us share Yankee values. Fiercely independent, we don't expect or want a hand out. We take care of ourselves and help one another. In fact, NH has high social capitol and is known for a high level of volunteerism. And it's perhaps from the value of a helping hand, that we assume when we need a little something for us to maintain our independence, it will be there.

A little known fact is that NH doesn't have an agency on aging, or even a council or commission. The State Council on Aging was downgraded to a Committee (SCOA) and its staff and budget were transferred to the Bureau of Elderly and Adult Services (BEAS) within the Department of Health and Human Services (HHS) back in the 1980's.

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

Name	Mailing Address	Phone	E-Mail Contact Form
U.S. Rep. Carol Shea Porter	1530 Longworth House Office Building, Washington, DC 20515	202-225-5456	<a href="https://shea-porter.house.gov/contact/email">https://shea-porter.house.gov/contact/email</a>
U.S. Rep Ann Kuster	137 Cannon House Office Building, Washington, DC 20515	202-225-5206	<a href="https://kuster.house.gov/contact/email-me">https://kuster.house.gov/contact/email-me</a>
U.S. Senator Maggie Hassan	B85 Russell Senate Office Building, Washington, DC 20510	202-224-3324	<a href="https://www.hassan.senate.gov/content/contact-senator">https://www.hassan.senate.gov/content/contact-senator</a>
U.S. Senator Jeanne Shaheen	506 Hart Senate Office Building, Washington, DC 20510	202-224-2841	<a href="http://www.shaheen.senate.gov/contact/contact-jeanne">www.shaheen.senate.gov/contact/contact-jeanne</a>

Over the years as the Department reorganized, various components of programs for older adults were no longer exclusively administered by BEAS. Yet SCOA interactions with the Department remain with BEAS. While legislatively mandated to be advisory to the HHS Commissioner, SCOA rarely has access to all policy decisions that affect older adults. But things are changing and now there is a chance for the public voice and involvement that and we want you to be aware of it.

A major source of funding to support programs for older adults comes from the Older American's Act. Each State within certain guidelines, creates a State Plan describing the services it will provide. NH is in the initial steps of creating the

next plan that will include a survey. The EngAGING NH Board of Directors is involved in a reviewing the draft survey and we were pleased with the openness, receptivity and interaction we are receiving from the state staff in charge of the project. As retired older adults, we had a number of comments and suggestions which we feel confident will be thoughtfully considered.

The need of services around the State vary; for example, transportation may be less of an issue in Manchester, but a significant problem in our small more rural towns, including the communities surrounding Manchester. What we as Board members have learned over our careers is that while there is great diversity, there is also wisdom within communities

for what is both needed and wanted. And that's why we urge you to participate in the survey when it's released. (We will forward it to our mailing list when it becomes available.)

When you look at the services for older adults that NH has provided, going back to the 60's, you will find that there is a strong correlation between federal funding and what NH has provided--in fact, it is best described as a dependency. It is therefore critical that you participate in the process of developing the State Plan, through the survey, community listening sessions and by providing your thoughts, experiences and wisdom. We will let you know when the opportunity is yours.